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#34-18-2217
Speaker Benjamin J.F. Cruz

August 10, 2018

AUG 13 2018
Time: 344 [ ] AM [ ] PM File No. ____
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 July 26, 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 AUG 13 PM 3:52

2217

CURRENCY EXCHANGE RATES — Keep posted and get more data and details online. Log on to see real time market data with our stock market tool at postguam.com/stock_market.

On July 23, $1 was worth: 53.464 PHP₱ | 110.94 JPY¥ | 1,131.22 KRW₩ | 30.627 TWD NT$ | 6.7650 CNY¥ | 1.3473 AUD A$ | 0.8530 EUR €

Appeals court upholds APL's Guam service

The U.S. Court of Appeals for the District of Columbia has dismissed Matson Navigation's petition for a review of a decision by the Maritime Administration that has allowed American President Lines to put two ships into service on the Guam route in competition with Matson.

Among the reasons cited by the court were Matson's failure to file a timely appeal.

In December 2014, APL asked the Maritime Administration for permission to pull two of its ships out of the Maritime Security Program because they no longer met the eligibility requirements for "militarily useful capability." APL replaced them with a couple of smaller "feeder" vessels.



APL then asked the administration if they could place those two older vessels formally in MSP into service on the Guam route. The Maritime Administration agreed and APL Guam went into service in 2016, followed by APL Saipan in 2017.

Matson didn't file its petition for review until June 2, 2017 – more than a year after the administration's decision – and long after the 60-day period set in the Hobbs Act for seeking a review.

Matson also argued that APL Guam and APL Saipan "did not meet the statutory requirements for 'replacement vessels,'" and that APL was "distorting the market and creating an unlevel playing field in service to Guam."

However, the court concluded that Matson "lacked standing to appeal" because they are not a MSP "contractor." The court also ruled that "the APL replacement vessels provide transportation in mixed foreign commerce and domestic trade," thus complying with MSP law.

According to a report in the trade journal "American Shipper," Matson is reviewing the decision.

The report also quotes an APL release, which states "although the court's decision leaves open the possibility that Matson could reassert at least part of its challenge in a different forum, nothing in the court's opinion provides any basis to think it would succeed. We remain confident that Matson's challenge to our MSP participation is completely lacking in merit as the courts have ruled."

(Daily Post Staff)

56 nominees for the 2018 hospitality awards

The Guam Visitors Bureau and the Guam Hotel and Restaurant Association announced the 56 nominees for the 2018 Hospitality Employees are Outstanding Awards. The annual hospitality industry awards ceremony will be held Friday at the Hyatt Regency Guam.

Fourteen winners will be selected, two from each of the seven award categories – Håfa Adai, Rookie of the Year, Middle Management, Supervisory, Non-Supervisory, Life-Saving and Integrity.

(Daily Post Staff)



Awards ceremony

The 2018 Hospitality Employees are Outstanding Awards ceremony will be held Friday at the Hyatt Regency Guam.

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, July 26, 2018
Time: 6:00 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

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.

GUAM LAND USE COMMISSION
Department of Land Management

EDDIE BAZA CALVO, Governor
RAY TENORIO, Lieutenant Governor

ITC Building, Third Floor, Tamuning, GU
P.O. Box 2950, Hagatna, Guam 96932
Tel: (671) 649-5263, Fax: (671) 649-5383

MICHAEL J.B. BORJA, Director
DAVID V. CAMACHO, Deputy Director

AGENDA

A regular meeting of the Guam Land Use Commission will be held on Thursday, July 26, 2018 at 1:30 pm, Department of Land Management Conference Room, 590 S. Marine Corps Dr., 3rd Floor, ITC Building, Tamuning.

I. Roll Call
II. Approval of Minutes – May 24, 2018 & June 28, 2018
III. Old Business (None)
IV. New Business (None)
V. Administrative & Miscellaneous Matters
A. Application No. 2015-29, Guam Wanfang Construction, Ltd., Order to Show Cause as to reason(s) and/or failure to submit its required six-month status report for Pago Bay Resort, Lot 164-4NEW-1, Yona.

Funding Source provided by above Applicants

Person(s) requiring special accommodations please call Cristina Gutierrez at 649-5263 Ext. 375

Navy electrician awarded for assistance at crash scene

Pluss offered help Monday night in Anigua

By John O'Connor
john@postguam.com



Petty Officer 2nd Class Andrew Pluss was traveling down Marine Corps Drive on Monday night when he happened upon a crash scene. On the ground was 55-year-old Kias Willy, who had been struck by a vehicle as he attempted to cross the road near the Bell Tower in Anigua.

"When I arrived up to him there was no breathing and at that point my training kicked in with CPR," said the Navy electrician.

Willy had no pulse.

Pluss attempted to resuscitate him, drawing on his military training as an electrician's mate. The 28-year-old from Denver, Colorado, continued trying to revive the pedestrian even as emergency personnel arrived to transport Willy to a hospital.

Video at the scene

The Guam Daily Post obtained video of the incident from a witness.

Pluss is seen performing chest compressions as other bystanders assist him at the scene. Sirens are heard blaring in the background as Guam Fire Department emergency personnel arrive.

At the same time, bystanders talk with each other about how difficult it is to see anyone crossing the road.

"The only thing going on in my mind is, 'Don't stop until relieved by professionals,'" Pluss said. "When (responders) arrived I was about to do two more air breaths and one of the fire department personnel said, 'Keep going, keep doing compressions,' as he took out a breath bag."

Pluss had not seen the video until the Post showed it to him Wednesday.

> "That's a pretty high-level award. ... We recognized him for his heroism and also his day-to-day performance."
>
> – Capt. Jeffrey Farah of the USS Frank Cable

Pedestrian dies

Willy died Monday night. An autopsy revealed that he had died of a crushed chest and broken back.

Pluss, after seeing the video and talking about his experience to media, said it was unfortunate he could not save the man's life.

However, for his quick thinking and heroism, Pluss was awarded the Navy and Marine Corps Achievement Medal on Wednesday morning.

"That's a pretty high-level award. Usually we reserve those for an end of tour, after completion of a two- to three-year tour. So we recognized him for his heroism and also his day-to-day performance," said Capt. Jeffrey Farah of the USS Frank Cable, where Pluss works in the repair department.

Fatal injuries

Kias Willy, 55, died Monday night after being struck by a vehicle. An autopsy revealed that he had died of a crushed chest and broken back.

Former principal charged with family violence

A former middle school principal has been arrested and charged with family violence and resisting arrest.

James Petitte placed a teen family member in reasonable fear of injury, the magistrate's complaint states.

Petitte was charged with resisting arrest. When police responded to a complaint from a Talofofo residence, the complaint states, Petitte started yelling at family members and punching and kicking a vehicle in the driveway as it was trying to leave with family members inside.

Struggle with police

He initially started to walk away when he was told he was under arrest, the complaint states. When an officer was trying to secure him into a police vehicle, the defendant attempted to pull away and a brief struggle ensued, stated the complaint, filed July 18 in the Superior Court of Guam.

The two charges against the former Agueda Johnston Middle School principal are misdemeanors.

(Daily Post Staff)

The charges

James Petitte was charged with family violence and resisting arrest, both as misdemeanors.



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850 Governor Carlos G. Camacho Road
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/s/ PeterJohn D. Camacho, M.P.H.
Hospital Administrator/CEO
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I. **Roll Call**
II. **Approval of Minutes – May 24, 2018 & June 28, 2018**
III. **Old Business [None]**
IV. **New Business [None]**
V. **Administrative & Miscellaneous Matters**
A. Application No. 2015-29, Guam Wanfang Construction, Ltd., Order to Show Cause as to reason(s) and/or failure to submit its required six-month status report for Pago Bay Resort, Lot 164-4NEW-1, Yona.

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Call (671) 649-1824 • Fax (671) 649-2007 • Email: ADMIN@postguam.com

GMHA Board of Trustees
AGENDA

Thursday, July 26, 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. ACCEPTANCE OF REGULAR SESSION MINUTES

A. July 6, 2018

III. OLD BUSINESS

A. Res. 2018-XX, Relative to the Delegation of Policy Approval to the Board of Trustees Subcommittees
B. Resolution No. 2018-43, Relative to the Declaration of Officers of the GMHA Board of Trustees and Subcommittee Appointments

IV. NEW BUSINESS

A. Res. 2018-53, Relative to Mandating Safety Event Reporting Education for Hospital Staff and Licensed Independent Contractors

V. BOARD SUBCOMMITTEE REPORTS

A. Joint Conference and Professional Affairs
    1. Resolution No. 2018-46, Relative to the Reappointment of Active Medical Staff Privileges
    2. Resolution No. 2018-47, Relative to the Appointment of Provisional Medical Staff Privileges
    3. Resolution No. 2018-48, Relative to Approving Revisions to the Medical Staff Bylaws

B. Quality and Safety
C. Human Resources
    1. Resolution No. 2018-49, Relative to the Addition of Accountability Factors to Performance Evaluations for all Supervisory and Managerial Positions
    2. Resolution No. 2018-50, Relative to the Creation of the Foodservice Production Supervisor Position in the Classified Service for the Dietetic Services Department
    3. Resolution No. 2018-51, Relative to the Creation of the Clinical Case Manager Position

D. Facilities, Capital Improvement, and Information Technology
E. Governance, Bylaws, and Strategic Planning
F. Finance and Audit
    1. Resolution No. 2018-52, Relative to the Approval of 88 New Fees

VI. ADMINISTRATORS REPORTS

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

VII. PUBLIC COMMENT

VIII. ADJOURN MEETING

GMHA Board of Trustees
ATTENDANCE SHEET
Thursday, July 26, 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	
	Treasurer	
Sharon Davis	Trustee	
Sonia L. Siliang	Trustee	Excused, Off-island
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
Vincent A. Duenas, MD	Associate Hospital Administrator of Medical Services/Professional Support Services, Acting	
James Last, MD	Medical Staff President	Excused, Off-island
Guests:		
AURORA CABANERO	MHMPO	
June Reny	RND	
	Comp Ofcr	Danielle Manglona

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

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

ATTENDANCE

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

Executive Management:
PeterJohn Camacho
Benita Manglona
Dr. Vincent Duenas
Zennia Pecina

Dr. James Last – Excused, Off-island

Guest:
Danielle Manglona – Compliance Office

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
*** * * This meeting is a make-up of for June 2018. A second meeting will be held this month to address July matters. * * ***				
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 6:05 p.m. on Friday, July 6, 2018 in the Daniel L. Webb Conference Room of the GMHA located in Tamuning, Guam.	Trustee Lizama	None	None
II. EXECUTIVE SESSION				
	At the written request of legal counsel, Fisher & Associates, Trustee Lizama called for a motion to go into executive session to discuss ongoing litigations. At 6:05 p.m. Trustee Posadas motioned, and it was seconded by Trustee Terlaje to convene into executive session. The motion carried with all ayes. The Board remained int Executive Session at the request of legal counsel, Minakshi V. Hemlani, to discuss a personnel matter. *Note: The minutes of the Executive Session are confidential and kept under separate cover in accordance with Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(7).*	All Board members	None	None

	Note: The Board went into regular session at 7:30 p.m. Trustee Terlaje motioned and it was accepted by Trustee Davis to accept legal counsel's recommended action relative to McNeil vs. GMH vs. Steele. The motioned carried with all ayes.	All Board members	None	Approved
III. ACCEPTANCE OF REGULAR SESSION MINUTES				
A. <u>May 31, 2018</u>	A draft of the May 31, 2018 meeting minutes was distributed and reviewed. Trustee Waibel motioned, and it was seconded by Trustee Davis to approve the minutes as printed. The motion carried with all ayes.	All Board members	Within five business days after the meeting.	Approved
IV. OLD BUSINESS				
There were no old business matters for discussion.	No decisions or actions taken.	None	None	None
V. NEW BUSINESS				
A. <u>Resolution No. 2018-43, Relative to the Delegation of Policy Approval to the Board of Trustees Subcommittees</u>	It was noted that this resolution was developed to delegate the approval of policies to the subcommittees to avoid overwhelming the full Board with policy review and approval. At Trustee Lizama's request, this policy was deferred to the Governance, Bylaws, and Strategic Planning subcommittee for review.	Trustee Siliang, Theo Pangelinan	Updates to be provided at the next scheduled meeting	Open
B. <u>Election of Officers (Pursuant to Title 10 G.C.A., Section 80108)</u>	After a brief discussion regarding the need to conduct an election of officers, the Board of Trustees agreed to continue with the current delegations, motioned by Trustee Posadas and seconded by Trustee Davis. The motion carried unanimously. A resolution will be drafted to ratify the Board's decision.	All Board members	July 2018 meeting.	Approved
C. <u>Subcommittee Appointments</u>	It was noted that subcommittee appointments shall be made at the first meeting following the election of officers, according to the Board of Trustees bylaws. Also noted was that committee appointment were at the discretion of the Board	All Board members	July 2018 meeting.	Open

	Chairman.			
VI. BOARD SUB-COMMITTEE REPORTS				
A. <u>Joint Conference and Professional Affairs (JCPA) Subcommittee</u>	Dr. Terlaje presented Resolution Nos. 2018-44 and 2018-45 to the Board. He noted that there were no issues preventing the granting of privileges for these physicians.	Trustee Terlaje		
1. Resolution No. 2018-44, Relative to the Reappointment of Active Medical Staff Privileges (exp. 05/20/20) for: • Thomas Shieh, MD • Martin Arrisueno, MD	Trustee Posadas motioned, and it was seconded by Trustee Davis to approve Resolution No. 2018-44 as presented. The motion carried with all ayes.	All Board members	None	Approved
2. Resolution No. 2018-45, Relative to the Reappointment of Provisional Medical Staff Privileges (exp.05/31/20) for: • Sohiel Hanjani, MD • Frankie Mendiola, MD • Lan Vu, MD	Trustee Davis motioned and it was seconded by Trustee Waibel to approve Resolution No. 2018-45 as presented. The motion carried with all ayes.	All Board members	None	Approved
B. <u>Quality and Safety Subcommittee</u>	Trustee Posadas informed the Board of the following: • (Status quo) The Patient Safety Program, policy no. A-PS800, was pending the Executive Management Council's review and approval. • Joint Commission representatives will hold a conference call on 07/16/18 to discuss the hospital's appeal and final decision. The Board will be informed as soon as feedback is received, and will decide on how to share the information with the public. • Trustee Posadas provided a summary of CMS findings as follows: o There were 6 allegations that were determined to be non-substantive.	Trustee Posadas	Updates to be provided at the next scheduled meeting.	Informational

	○ There was one allegation involving the credentialing process that was immediately corrected. ○ There was one allegation regarding patient care that was abated. ○ CMS found deficiencies related to the hospital's Quality Assurance and Performance Improvement (QAPI) program, incident reporting, professional standards in radiology, maintenance of facility and equipment, discharge planning follow-through, anesthesia not being monitored through the QAPI program; ○ With regard to QAPI, CMS found that 12 of 40 departments were not meeting QAPI requirements, and that executive responsibilities was a concern in that data was being collected but not analyzed. ○ There was a patient safety related finding involving a patient in radiology. ○ It was found that CRNA's lacked a DEA license, but the issue had been corrected. ○ There was a lack of nursing care plans for patients as discovered in the ICU. ○ It was found that a physician applied for and was granted a certain privilege without having the necessary training. ○ There were concerns with the administration of drugs and the reporting of transfusions and errors. ○ Unsecured medications were found during a tracer. It was			

	mentioned that the action plan was to separate supplies from medications on the carts and to lock the section where medications were stored. Daily audits will also be conducted. o There were concerns with potentially infectious blood and blood products. It was noted that verbiage was included the agreement with our blood supplier to address this finding o There were concerns with the hospital's failure to maintain kitchen equipment and the physical plant. It was noted that waivers were requested for several findings related to the physical environment. o As for the Skilled Nursing Unit, it was noted that most findings were related to the physical structure. Trustee Lizama had disseminated a CMS Findings Committee Referrals and instructed all subcommittees to include the findings as part of their respective subcommittee agendas. Trustee Lizama acknowledged the workload on the Compliance Office and requested for management to ensure that staffing support was provided.	All subcommittee chairs Executive Management		
C. <u>Human Resources Subcommittee</u>	Trustee Waibel informed the Board that a couple of position creations will be forthcoming for Board approval. The Clinical Case Manager and Foodservice Production Supervisor positions were critically needed and were both developed as a result of the CMS survey. Among the list of critical positions were also nurses and physicians. With respect to the staffing pattern, it was noted	Trustee Waibel	None	Informational

	that 1,000 full-time positions existed, but of that amount only 955 were filled. Trustee Waibel informed the Board that a physician had attended the last Human Resources subcommittee meeting and provided testimony with regard to the 2% differential for critical care nurses. The physician praised the Board for approving the incentive as a pilot program and recommended the continuation with an increase, if possible. Trustee Waibel noted that the Human Resources subcommittee supported the physician's recommendation noting an increase to the percentage was not possible due to current funding challenges.			
D. Facilities, Capital Improvement Projects (CIP), and Information Technology Subcommittee	The Facilities, CIP, and IT subcommittee did not meet in June 2018.	Trustee Davis	Updates to be reported at the next scheduled meeting.	Informational
E. Governance, Bylaws and Strategic Planning Subcommittee	The Governance, Bylaws and Strategic Planning subcommittee did not meet in June 2018.	Trustee Siliang	Updates to be reported at the next scheduled meeting.	Informational
F. Finance and Audit Subcommittee	Chairman Lizama deferred the financial reports to the Chief Financial Officer.	Trustee Lizama	None	Informational
VI. ADMINISTRATORS' REPORTS				
A. Hospital Administrator/CEO	Mr. Camacho provided his written report to the Board for reference. In summary, he went over the following: • Mr. Camacho attended public hearings on 06/05/18 & 06/11/18 for Bill nos. 262-34, 263-34, and 264-34 that proposed the repeal of Public Law 34-87, or added exemptions. Public Law 34-87 provided 0.75% of 1% of the 2% sales tax to GMHA. $30M was	Mr. Camacho	Updates to be reported at the next scheduled meeting.	Informational

	estimated for GMHA. • Public Law 34-87 was repealed by the 34th Guam Legislature on 07/02/18. • The GMHA received CMS's report of findings on 06/15/18. • GMHA submitted its Plans of Correction to CMS on 06/15/18. • Mr. Camacho attended the 06/18/18 GMHA Oversight Hearing. • A public hearing was held on 07/05/18 regarding the Governor Calvo's bill 1(9-S) which directed the GMHA to use funds from the dedicated funding source to first address Joint Commission and CMS findings before operational needs, capital improvements, and reserves. <u>Other discussions</u>: Mr. Camacho informed the Board that the Office of Public Accountability's (OPA) decision favored JMI Edison's protest of the Invitation for Bid for the CT Scanners. He explained that the OPA's position was that the GMHA's determination of JMI Edison's bid as non-responsive was in error. Mr. Camacho went over the bid analysis process and mentioned that decision at the time was based on recommendations provided by the radiology subject matter experts. After thorough discussions the Board agreed that, given the condition of the existing CT scanners, it was in the best interest of the GMHA to cancel the bid and proceed with emergency procurement. Mr. Camacho informed the Board that there was			

	a potential for vendors to protest the cancellation, but that he would discuss the matter further with legal counsel.			
B. <u>Associate Administrator of Medical Services</u>	Dr. Duenas informed that Board that the contract for UC Davis was under legal review. He explained that this contract would allow telemedicine capability and would address a Failure Mode and Effects Analysis that was conducted. Dr. Duenas will request for legal to prioritize its review of the contract.	Dr. Duenas	Updates to be reported at the next scheduled meeting.	Informational
C. <u>Associate Administrator of Professional Support Services</u>	Dr. Duenas informed the Board that staffing, and hot meals were issues in the Dietetic Services Department. He stated that the hospital was in the process of procuring a dishwasher which would allow the use of dinnerware instead of disposables. This will help increase temperature compliance that was currently at 30%. Dr. Duenas reported that Utilization Review was closely monitoring the appropriateness of admissions. Based in discussions at the Quality and Safety subcommittee meeting, it was mentioned that there was a downward trend of 98% to 97%. It wasn't too concerning, however, the hospital's goal was to ensure that all admissions are done appropriately.	Dr. Duenas	Updates to be reported at the next scheduled meeting.	Informational
D. <u>Assistant Administrator of Nursing Services</u>	Ms. Pecina reported the following: • Nursing Services had completed its action plans to both the CMS and Joint Commission findings. • There were six Pohnpeian nurses training in the hospital under a program with the University of Guam. • A total of 42 nurses were recruited for the Rachel Allen NCLEX review program.	Ms. Pecina	Updates to be reported at the next scheduled meeting.	Informational

	• The American Pacific Nursing Leaders' Council held its 40th Conference on Guam from June 25 – June 29th. She stated that Saipan shared that they had recently underwent a review of nurses salaries and implemented a 50 to 60% increase – similar to the salaries offered to nurses on Guam. Trustee Posadas informed the Board that Dr. Adelaida Rosario, a native of Guam who holds a key position at the National Institutes of Health, presented at the conference and informed the attendees that there was funding to be accessed for minority health and health disparities. She asked if Peter Sgro, Director of Business Development and Strategic Planning, could be assigned to look into writing a grant for this and other programs.			
E. <u>Chief Financial Officer</u>	Mrs. Manglona reported the following: • With regard to TEFRA, a response from CMS was pending for the FY-2014 and 2015 adjustment requests wherein $4.3M was estimated. A meeting with Congresswoman Bordallo's office was held to discuss the matter. It was mentioned that her office had sent a letter to CMS to push the effort. The Congresswoman's office will also be working to obtain interpretation regarding CMS's waiver authority for prior year adjustment requests for 2009 through 2012. $8M in adjustments was estimated for those years. The anticipated adjustments for 2016 and 2017 was $8M. The requests were	Mrs. Manglona	Updates to be reported at the next scheduled meeting.	Informational

	submitted and CMS had 180 days to make a decision. It was noted that the reimbursement of $8M was anticipated in December 2018. • With regard to financials, the AP was $15.1M of which $8.5M was for payroll payables. Of the $15.1M, $9.1M was over days. Accounts receivable was $31M. • Mrs. Manglona noted that payment for DOC services still had not been made for the 2nd and 3rd quarters of this fiscal year. In addition, $1.5M was owed for inpatient services. It was noted that inmates were not qualified for government assistance programs for healthcare. • The Fiscal team was working to revise the pricing model for pharmaceuticals that was last done in 1992, as well, as a proposal for new room and board rates. The proposal was expected to be presented in August 2018 for the latter. • Cafeteria prices were increased and resulted in an increase of $10K in sales.			
F. <u>Medical Staff President</u>	Dr. Last was not present to provide his report.	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 Lizama declared the meeting adjourned at 9:09 p.m.	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 July 6, 2018 regular session meeting was accepted and approved by the GMHA Board of Trustees on this 26th day of July 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 96913
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

Guam Memorial Hospital Authority (GMHA)
Board of Trustees Meeting

MEDIA ADVISORY:	**FOR IMMEDIATE RELEASE**
DATE:	July 23, 2018
CONTACT:	Theo M. Pangelinan Administrative Assistant (P) 647-2104

In accordance with Public Law 24-109, relative to notice of meetings, and in addition to the notices published in The Guam Daily Post, this serves as public notice for the regular meeting of the GMHA Board of Trustees.

Date:	**Thursday, July 26, 2018**
Time:	**6:00 p.m.**
Place:	**1st Floor, Daniel L. Webb Conference Room**

You may contact Toni Tenorio at 647-2218 for special accommodations, auxiliary aids, or other services.

###

Theo Pangelinan

From: Theo Pangelinan <theo.pangelinan@gmha.org>
Sent: Monday, July 23, 2018 9:38 AM
To: 'andrea@spbguam.com'; 'Businesseditor@glimpsesofguam.com'; 'dmwilliams@guampdn.com'; 'editor@pacificislandtimes.com'; 'editor@postguam.com'; 'gia@spbguam.com'; 'janela@spbguam.com'; 'jeffrey@spbguam.com'; 'jolene@spbguam.com'; 'joycelynn@spbguam.com'; 'kevin@postguam.com'; 'Lifestyleeditor@glimpsesofguam.com'; 'mediamaxguam@gmail.com'; 'news@guampdn.com'; 'news@k57.com'; 'news@sorensenmediagroup.com'; 'news@spbguam.com'; 'newsdirector@kuam.com'; 'pacificislandtimes@gmail.com'; 'pauly@spbguam.com'; 'phill@k57.com'; 'Publisher@glimpsesofguam.com'; 'publisher@pacificislandtimes.com'; 'Reporter2@glimpsesofguam.com'; 'Reporter4 @glimpsesofguam.com'; 'reporters@kuam.com'; 'reporters@postguam.com'; 'slimtiaco@guampdn.com'
Subject: PRESS RELEASE: GMHA BOT Meeting, July 26, 2018
Attachments: PRESS RELEASE_GMHA BOT Meeting 07-26-18.pdf

Importance: High

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

Guam Memorial Hospital Authority (GMHA)
Board of Trustees Meeting

MEDIA ADVISORY: **FOR IMMEDIATE RELEASE**
DATE: July 23, 2018
CONTACT: Theo M. Pangelinan
Administrative Assistant
(P) 647-2104

In accordance with Public Law 24-109, relative to notice of meetings, and in addition to the notices published in The Guam Daily Post, this serves as public notice for the regular meeting of the GMHA Board of Trustees.

Date: **Thursday, July 26, 2018**
Time: **6:00 p.m.**
Place: **1st Floor, Daniel L. Webb Conference Room**

You may contact Toni Tenorio at 647-2218 for special accommodations, auxiliary aids, or other services.

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CONFIDENTIALITY NOTICE: This e-mail message and any included attachments are intended only for the addressee or entity named above and may contain Confidential and Privileged information for the sole use of the intended recipient(s). If you have received this e-mail in error, please immediately notify the sender by return e-mail and delete this e-mail and any attachments from your computer system. To the extent the information in this e-mail and any attachments contain protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), PL 104-191; 43 CFR Parts 160 and 164; it is confidential and/or privileged. If you are not the intended recipient, any disclosure, copying, forwarding, printing, distribution or use of information is strictly PROHIBITED. (GMHA Policy No. 6420-2)

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BOARD OF TRUSTEES
Official Resolution No. 2018-43

RELATIVE TO THE DECLARATION OF OFFICERS OF THE GUAM MEMORIAL HOSPITAL AUTHORITY BOARD OF TRUSTEES AND SUBCOMMITTEE APPOINTMENTS

WHEREAS, at the July 6, 2018 regular meeting, the Board agreed to continue with the current delegation of officers of the Guam Memorial Hospital Authority Board of Trustees as follows; and

Name	Position
Eloy S. Lizama	Chairperson
Lillian Q. Perez-Posadas	Vice-chairperson
Melissa Y. Waibel	Secretary
	Treasurer

WHEREAS, pursuant to Article VI(c) of the GMHA Board of Trustees Bylaws, the Chairman hereby appoints the following individuals to serve in the Board Subcommittees:

Subcommittee	Assignments
Finance and Audit	Eloy Lizama as Chair, Sharon Davis as alternate
Human Resources	Melissa Waibel as Chair, Lillian Perez-Posadas as alternate
Joint Conference and Professional Affairs	Ricardo Terlaje, MD as Chair, Melissa Waibel as alternate
Facilities, Capital Improvement Projects, and Information Technology	Sharon Davis as Chair, Eloy Lizama as alternate
Quality and Safety	Lillian Perez-Posadas as Chair, Sonia Siliang as alternate
Governance, Bylaws, and Strategic Planning	Sonia Siliang as Chair, Ricardo Terlaje, MD as alternate

now, therefore be it

RESOLVED, that the Board of Trustees approves the aforementioned to serve as officers or subcommittee members until their successor(s) are duly elected/assigned, unless he or she resigns, is removed from office, or is otherwise disqualified from serving as an officer of this Board; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator/CEO to duly notify the hospital and medical staff of this election of officers; and be it further

RESOLVED, that the Board of Trustees chairperson certifies and the secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 2018.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Y. Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2018-46

"RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration
Michael Um, MD	Pediatrics	Pediatrics	June 30, 2020
Dina Domalanta-Villaluna, MD	Pediatrics	Pediatrics	June 30, 2020
Joleen Aguon, MD	Medicine	Pulmonary/Critical Care	June 30, 2020
Erika Alford, MD	Medicine	Endocrinology	June 30, 2020
Jonathan Sidell, MD	Ob/Gyn	Ob/Gyn	June 30, 2020
Virgilio Petero, MD	Surgery	Urology	June 30, 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 June 27, 2018 and the Joint Conference and Professional Affairs Committee on July 19, 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 26th DAY OF JULY 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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BOARD OF TRUSTEES
Official Resolution No. 2018-47

"RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration
Jennifer Law, MD	Emergency Room	Emergency Medicine	June 30, 2019

WHEREAS, the above listed practitioners met the basic requirements for Provisional Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.3; and

WHEREAS, the Medical Executive Committee on June 27, 2018 and the Joint Conference and Professional Affairs Committee on July 19, 2018, recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

WHEREAS, all appointments to Provisional Medical Staff Membership require Board approval; now, therefore be it

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

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

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

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

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BOARD OF TRUSTEES
Official Resolution No. 2018-48

"RELATIVE TO APPROVING REVISIONS TO THE MEDICAL STAFF BYLAWS"

WHEREAS, the Medical Staff Bylaws Committee the Medical Executive Committee, had reviewed the Medical Staff Bylaws and Medical Staff Rules and Regulations; and

WHEREAS, as a result of the review, proposed revisions to the Medical Staff Bylaws, Article III: Membership, Article X: Meetings, and Article XII: Committees of Staff; and

WHEREAS, on July 19, 2018, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the proposed revisions to the Medical Staff Bylaws; now, therefore be it

RESOLVED, that the Board of Trustees accepts and approves the Joint Conference and Professional Affairs subcommittee's recommendation; 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 26th DAY OF JULY 2018.

Certified By:

Eloy S. Lizama
Chairman, Board of Trustees

Attested By:

Melissa Waibel
Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE

Item: Medical Staff Bylaws **PROPOSED REVISIONS FORM**

Existing	Proposed	Rationale
ARTICLE III: MEMBERSHIP	**ARTICLE III: MEMBERSHIP**	
3.3 BASIC RESPONSIBILITIES OF MEMBERSHIP	**3.3 BASIC RESPONSIBILITIES OF MEMBERSHIP**	
Each member of the Staff shall:	Each member of the Staff shall:	
3.3-1 Provide patients with care at the professionally highest level of quality safety and efficiency and with care and compassion.	3.3-1 Provide patients with care at the professionally highest level of quality safety and efficiency and with care and compassion.	*To ensure compliance with all hospital mandated training and policies.*
3.3-2 Abide by the Medical Staff bylaws and rules and regulations, and by all other established standards, policies and rules of the hospital;	3.3-2 Abide by the Medical Staff bylaws and rules and regulations, and by all other established standards, policies and rules of the hospital;	
3.3-3 Discharge such staff, department, (service), committee and hospital functions for which he/she is responsible by appointment, election or otherwise;	3.3-3 Discharge such staff, department, (service), committee and hospital functions for which he/she is responsible by appointment, election or otherwise;	
3.3-4 Prepare and complete within the time limitation as specified in these bylaws, the medical and other required records for all patients admitted or in any way provided care in the hospital;	3.3-4 Prepare and complete within the time limitation as specified in these bylaws, the medical and other required records for all patients admitted or in any way provided care in the hospital;	
3.3-5 Abide by the ethical principles of his/her profession, including but not limited to: refraining from fee splitting or other inducements relating to patient referral; providing for continuous care of his/her patients; refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a practitioner who is not adequately qualified or supervised; seeking consultation whenever necessary;	3.3-5 Abide by the ethical principles of his/her profession, including but not limited to: refraining from fee splitting or other inducements relating to patient referral; providing for continuous care of his/her patients; refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a practitioner who is not adequately qualified or supervised; seeking consultation whenever necessary;	
3.3-6 Promptly notify the Administrator of the revocation or suspension of his/her professional license by any state, or of his/her loss of staff membership or privileges at any hospital or other health care institution;	3.3-6 Promptly notify the Administrator of the revocation or suspension of his/her professional license by any state, or of his/her loss of staff membership or privileges at any hospital or other health care institution;	
3.3-7 Promptly notify the Administrator of any change in health or	3.3-7 Promptly notify the Administrator of any change in health or	

mental status that would affect his/her ability to practice hospital privileges with reasonable sill and safety; 3.3-8 Participate in continuing medical education programs, which may include programs conducted by the hospital. 3.3-9 Avoid disruptive behavior and activities that are demeaning or threatening to other staff and/or place the patient at risk.	mental status that would affect his/her ability to practice hospital privileges with reasonable sill and safety; 3.3-8 Participate in continuing medical education programs, which may include programs conducted by the hospital. 3.3-9 Avoid disruptive behavior and activities that are demeaning or threatening to other staff and/or place the patient at risk. **3.3-10 Comply with all hospital requirements to include all hospital required compliance training and adhere to all applicable policies and procedures of the hospital.**	

Item: Medical Staff Bylaws
Reviewed by Bylaws: 02/09/18

Approved:
Bylaws Committee: 02/09/18
MEC: 02/28/2018
Medical Staff 1st Reading: 04/26/2018
JCPAC:
BOT:

GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE

Item: Medical Staff Bylaws **PROPOSED REVISIONS FORM**

Existing	Proposed	Rationale
ARTICLE X: MEETINGS **10.3 QUORUM** Twenty-five percent of those members, who are eligible to vote and have signed in, shall constitute a quorum for any regular or special meeting of the Staff. A quorum once having been found, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting. The exception would be for items not on the agenda unless approved by a quorum present. 10.4-4 **Quorum** A. The presence of twenty-five percent of the total membership of the department or committee eligible to vote at any regular or special meeting (but no fewer than three members) shall constitute a quorum for all actions. B. When a Medical Staff Committee has a multidisciplinary composition, a quorum shall consist of twenty five percent of the total membership of the committee. C. Once a quorum has been established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.	**ARTICLE X: MEETINGS** **10.3 QUORUM** **Fifteen (15%) percent of those members, who are eligible to vote and have signed in, shall constitute a quorum for any regular or special meeting of the Staff. A quorum once having been found, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting. The exception would be for items not on the agenda unless approved by a quorum present.** 10.4-4 **Quorum** **A. The presence of fifteen (15%) percent of the total membership of the department or committee eligible to vote at any regular or special meeting (but no fewer than one medical staff member) shall constitute a quorum for all actions.** **B. When a Medical Staff Committee has a multidisciplinary composition, a quorum shall consist of fifteen (15%) percent of the total membership of the committee.** C. Once a quorum has been established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.	*To ensure that all meetings of the medical staff are able to establish a quorum and conduct business in accordance with the bylaws.*

Item: Medical Staff Bylaws
Reviewed by Bylaws: 02/09/18
Approved:
Bylaws Committee: 02/09/18
MEC: 02/28/18
Medical Staff 1st Reading: 04/26/2018
JCPAC:
BOT:

GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE

Item: Medical Staff Bylaws **PROPOSED REVISIONS FORM**

Existing	Proposed	Rationale
ARTICLE XII: COMMITTEES OF THE STAFF 12.1-2 **Chairpersons** A. All medical staff committee and clinical departments' Multidisciplinary Working Subcommittee chairpersons, unless otherwise provided for in these Bylaws, will be appointed by the President of the Medical Staff subject to the approval of the Medical Executive Committee. All chairpersons shall be selected from among persons appointed to the Active Staff. After serving an initial term of one year, a chairperson may be reappointed by the President of the Medical Staff or the department chairperson, as appropriate, for a maximum of three additional yearly terms. B. Co-Chairpersons of the Multidisciplinary Subcommittees shall be the appropriate nurse director and shall be appointed by the Assistant Administrator of Nursing Services. The term of office for the co-chairperson shall be for an indefinite period.	**ARTICLE XII: COMMITTEES OF THE STAFF** 12.1-2 **Chairpersons** A. All medical staff committee and clinical departments' Multidisciplinary Working Subcommittee chairpersons, unless otherwise provided for in these Bylaws, will be appointed by the President of the Medical Staff subject to the approval of the Medical Executive Committee. All chairpersons shall be selected from among persons appointed to the Active Staff. After serving an initial term of one year, a chairperson may be reappointed by the President of the Medical Staff or the department chairperson, as appropriate, for a maximum of three additional yearly terms. B. Co-Chairpersons of the Multidisciplinary Subcommittees shall be the appropriate nurse director and shall be appointed by the Assistant Administrator of Nursing Services. The term of office for the co-chairperson shall be for an indefinite period. **C. The Chairpersons of all medical staff committees shall have the responsibility of ensuring that committee meetings are held and conducted in accordance with these bylaws.** **D. The Chairman identified in Bylaws 12.1-1 as being members of the Medical Executive Committee are expected to attend all MEC meetings. If a Chairman is not available for the MEC meeting, he/she may designate a representative to attend as proxy.** **E. If the Chairman of a committee has 2 consecutive unexcused absences from meetings of the committee of which he/she is Chairman, then it will be the responsibility of the MEC Chairman to speak with the Chairman of that committee and reschedule the meeting immediately. If the Chairman of a committee has 2 consecutive unexcused absences from**	*To ensure that Chairpersons of Committees discharge their responsibility of ensuring that meetings are held and meeting business is conducted in accordance with the bylaws.*

		meetings of the MEC, then it will be the responsibility of the MEC Chairman to counsel the Chairman of that committee.	
	F.	If the Chairman of a committee has 3 consecutive unexcused absences from meetings either of the committee of which he/she is Chair or of the MEC, then it will be the responsibility of the MEC Chairman to appoint a new Chairman of the committee.	
	G.	It will be the responsibility of the MEC Chairman to report to the Board of Trustees any committee which does not meet 3 consecutive times as scheduled by the Bylaws, regardless of the reason for not meeting.	

Item: Medical Staff Bylaws
Reviewed by Bylaws: 02/09/18
Approved:
Bylaws Committee: 02/09/18
MEC: 02/28/18
Medical Staff 1st Reading: 04/26/2018
JCPAC:
BOT:

GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE

Item: Medical Staff Bylaws **PROPOSED REVISIONS FORM**

Existing	Proposed	Rationale
ARTICLE XII: COMMITTEES OF THE STAFF 12.1-3 **Members** A. Medical staff members of each committee and subcommittee, except as otherwise provided for in these Bylaws, shall be appointed yearly by the President of the Staff, not more than ten (10) days after the end of the medical staff year, with no limitation in the number of terms they may serve. All appointed medical staff members may be removed and vacancies filled by the President of the Staff at his/her discretion. B. All appointed non-physician staff (sub) committee members may be removed and vacancies filled by the appropriate Hospital Administrative staff. Non-physician staff (sub) committee members or their respective designees, unless otherwise designated as ex-officio, shall be members, with vote, on all multidisciplinary (sub) committees.	**ARTICLE XII: COMMITTEES OF THE STAFF** 12.1-3 **Members** A. Medical staff members of each committee and subcommittee, except as otherwise provided for in these Bylaws, shall be appointed yearly by the President of the Staff, not more than ten (10) days after the end of the medical staff year, with no limitation in the number of terms they may serve. All appointed medical staff members may be removed and vacancies filled by the President of the Staff at his/her discretion. B. All appointed non-physician staff (sub) committee members may be removed and vacancies filled by the appropriate Hospital Administrative staff. Non-physician staff (sub) committee members or their respective designees, unless otherwise designated as ex-officio, shall be members, with vote, on all multidisciplinary (sub) committees. C. **Members of committees may designate a member of the medical staff to act as a proxy member in their absence. The proxy will have voting rights in accordance with these bylaws.** D. **The Chairman identified in Bylaws 12.1-1 as being members of the Medical Executive Committee are expected to attend all MEC meetings. If a Chairman is not available for the MEC meeting, he/she may designate a representative to attend as proxy.** E. **If the Chairman of a committee has 2 consecutive unexcused absences from meetings of the committee of which he/she is Chairman, then it will be the responsibility of the MEC Chairman to speak with the Chairman of that committee and reschedule the meeting immediately. If the Chairman of a committee has 2 consecutive unexcused absences from meetings of the MEC, then it will be the responsibility of the MEC Chairman to counsel the Chairman of that committee.** F. **If the Chairman of a committee has 3 consecutive unexcused absences from meetings either of the committee of which he/she is Chair or of the MEC, then it will be the responsibility of the MEC Chairman to appoint a new Chairman of the committee.** G. **It will be the responsibility of the MEC Chairman to report to the Board of Trustees any committee which does not meet 3 consecutive times as scheduled by the Bylaws, regardless of the reason for not meeting**	***To establish members by proxy for the purpose of ensuring the business of committee meetings are carried out and not stalled due to lack of quorum.***

Item: **Medical Staff Bylaws**

Reviewed by Bylaws: 02/09/18
Approved:
Bylaws Committee: 02/09/18
MEC:02/28/18
Medical Staff 1st Reading: 04/26/2018
JCPAC:
BOT:

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BOARD OF TRUSTEES
Official Resolution No. 2018-49

"RELATIVE TO THE ADDITION OF ACCOUNTABILITY FACTORS TO PERFORMANCE EVALUATIONS FOR ALL SUPERVISORY AND MANAGERIAL POSITIONS"

WHEREAS, supervisors and managers throughout the hospital play a critical role in the operations of their respective departments and at ensuring their departments are compliant with all applicable requirements; and

WHEREAS, department leaders are responsible for developing policies and procedures to provide guidance for decision-making and to streamline our internal processes, and for conducting periodic reviews to ensure best practices are incorporated; and

WHEREAS, department leaders are responsible for establishing a clear understanding of their employees' job duties, responsibilities, and priorities in an efficient and timely manner because it provides opportunities for coaching an employee on how to become more proficient and productive where needed; and

WHEREAS, department leaders are responsible for actively participating in the hospital's Quality Assessment and Performance Improvement Plan that was intended to support its Vision, Mission, Values and organizational/strategic priorities; and

WHEREAS, there is a need to hold department leaders accountable for the prioritization of the aforementioned; now, therefore be it

RESOLVED, that the Board of Trustees approves the addition of Policies & Procedures, Performance Evaluations, and Quality Assessment & Performance Improvement factors be added to all supervisory and managerial positions of the Guam Memorial Hospital Authority; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 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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BOARD OF TRUSTEES
Official Resolution No. 2018-50

"RELATIVE TO THE CREATION OF THE FOODSERVICE PRODUCTION SUPERVISOR POSITION IN THE CLASSIFIED SERVICE FOR THE DIETETIC SERVICES DEPARTMENT"

WHEREAS, the creation of this position was a result of a citation from the Centers for Medicare and Medicaid (CMS); and

WHEREAS, The Hospital and the Skilled Nursing Facility (SNU) must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, etc.; and

WHEREAS, CMS requirement §483.60 (a) (2) provides that "if a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the person-in-charge…;" and

WHEREAS, the creation of the Foodservice Production Supervisor position will satisfy the requirements of §483.60 (a) (2); now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the Human Resources Subcommittee and approves the establishment of the Foodservice Production Supervisor in the classified service for the Dietetic Services Department; and, be it further

RESOLVED, that this position be filled through the competitive recruitment process; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate the administrative processes to bring to fruition the utilization of this position; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Foodservice Production Supervisor

NATURE OF WORK IN THIS CLASS:

This position is responsible for the daily operations of the Foodservice Production Unit which includes participation in the nutritional assessment of residents/patients.

An employee in this class will provide supervision and guidance to ensure that food quality, safety standards, and resident/patient expectations and needs are met.

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

Oversee staff and daily operations of foodservice production and distribution, temperature control, waste and pilferage control, and sanitation.

Supervise and participate in a variety of activities of a food service unit to include food preparation, service, and record maintenance in an acute and semi-acute care setting.

Conduct resident/patient nutritional assessments which includes food/fluid intake information in collaboration with registered dieticians.

Identify standards and procedures for food preparation.

Participate in menu planning, including responding to resident/patient preferences, substitution lists, therapeutic diets, and industry trends.

Inspect meals and assure that standards for appearance, palatability, temperature, and serving times are met.

Manage the preparation and service of special nourishments and supplemental feedings.

Assure safe receiving, storage, preparation, and service of food in compliance with guidelines.

Takes corrective action as needed to determine appropriate utilization, storage or disposal of foodstuffs.

Ensure adherence to high quality standards and sanitation procedures of staff.

Record nutritional assessment data in the medical record and other required MDS forms.

Determine, review, revise and develop dietary plans in collaboration with a registered dietitian and physician orders; nutritional status and eating function of clients/patients.

Establish and implement policies and procedures.

Attend department/division meetings and participates in the development of quality and performance improvement reports.

Maintain records and prepare reports.

MINIMUM KNOWLEDGE, ABILITIES, AND SKILLS:

Knowledge of nutritional counseling techniques and methods for diet teaching.

Knowledge of food sanitation procedures.

Knowledge of the principles of menu planning for optimal nutrition of health and disease for clients/patients.

Knowledge of culturally sensitive and educational techniques and methods.

Ability to conduct nutritional assessments.

Ability to operate computer programs, i.e., Microsoft Word, Excel, etc.

Ability to supervise.

Ability to lift and carry in excess of 50 pounds.

Ability to withstand extreme temperatures, hot and cold.

Ability to work effectively with the public and employees.

Ability to communicate effectively, orally and in writing.

MINIMUM TRAINING AND EXPERIENCE REQUIREMENTS:

A. Two (2) years of experience in healthcare foodservice management and a Bachelor's degree in food service management, hospitality or related field; or

B. Four (4) years of experience in foodservice management or hospitality and an Associate's degree in foodservice management, hospitality or related field.

NECESSARY SPECIAL QUALIFICATION REQUIREMENT:

Possession of a valid Certification in Dietary Management (CDM) or similar national certification in food service management and safety from a national certifying body.

KNOW HOW	EI3 200
PROBLEM SOLVING	E3 (33%) 66
ACCOUNTABILITY	E1C 76
TOTAL	342
PAY GRADE	M

Approved:

Eloy S. Lizama, Chairman, Board of Trustees
Date: 7/26/18

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2018-51

"RELATIVE TO THE CREATION OF THE CLINICAL CASE MANAGER POSITION IN THE CLASSIFIED SERVICE FOR THE NURSING DEPARTMENT"

WHEREAS, the creation of this position is a result of a citation from the Centers for Medicare and Medicaid (CMS) regarding the development of a Discharge Planning Program for the Hospital; and

WHEREAS, The Hospital is required to provide coordination of care for patients who are most at risk for health deterioration; sentinel events; poor outcomes; and must ensure that care and discharge plans meet the physical, social, and emotional needs of patients; and

WHEREAS, this position will collaborate with interdisciplinary teams ensuring the coordination of care for those patients at risk by providing comprehensive disease management assessment, treatment, and follow-up evaluations; now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the HR, BOT Sub-Committee and approves the **establishment of the Clinical Case Manager in the classified service for the Nursing Department**; and, be it further

RESOLVED, that this position be filled through the competitive recruitment process; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate the administrative processes to bring to fruition the utilization of this position; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

CLINICAL CASE MANAGER

NATURE OF WORK IN THIS CLASS:

Employees in this class are responsible for the coordination of care for patients who are most at risk for health deterioration, sentinel events, and/or poor outcomes and work holistically, ensuring that care and discharge plans meet the physical, social, and emotional needs of patients.

Clinical Case Managers collaborate with interdisciplinary teams to provide comprehensive disease management assessment, treatment, and follow-up evaluation for patients receiving care within the hospital.**ILLUSTRATIVE EXAMPLES OF WORK:** (Any one position may not include all duties listed, nor do the examples cover all duties which may be performed and may be learned on the job.)

Conduct comprehensive assessment of patients by reviewing records and documentation.

Determine discharge planning, by completing intake interviews.

Collaborate with physicians, nurses, social workers and a wide range of medical and non-medical professionals in meeting complex patient needs.

Determine the need for therapeutic medical, psycho-social and psychiatric evaluations; reviewing therapist evaluations, treatment objective and plans.

Coordinate services and monitor care provided to patients.

Establish treatment programs by setting schedules and routines.

Monitor cases by verifying patient attendance at care conferences and by observing and evaluating treatments and responses.

Facilitate regular review meetings with interdisciplinary teams to discuss ongoing appropriateness of the plan of care.

Advocate for needed services and entitlements of patients; obtain additional resources; and intervene in crises.

Maintain patient records by reviewing case notes and logging events and progress.Communicate patient progress by conducting interdisciplinary meetings and evaluations;

Disseminate and explain results and obstacles to the clinical team and the family.

Prepare patient discharge by reviewing and amplifying discharge plans.

Coordinate discharge and post-discharge requirements.

Serve as liaison between patients, their families and healthcare providers.

Train and orient family members on learning opportunities and provide resources.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of electronic health record systems and associated applications.

Knowledge of hospital work processes and resources for patients.

Ability to access and document on an electronic health record system.

Ability to review and analyze clinical team member and patient information.

Ability to verify information and document into specific databases.

Ability to pay high attention to detail and to meet accuracy standards.

Ability to communicate effectively orally and in writing.

Ability in resolving conflicts effectively.

Ability to organize, multitask, and prioritize duties and responsibilities efficiently.

Must be proficient in medical terminology.

Ability to work in a team environment.

Skill in effective decision making.

MINIMUM EXPERIENCE AND TRAINING:

A. Five (5)years of experience in professional hospital nursing work, and graduation from a recognized college or university with a Bachelor's degree in nursing; or

B. Four (4) years of experience in professional hospital nursing work and graduation from a recognized college or university with a Master's degree in nursing.

NECESSARY SPECIAL QUALIFICATIONS:

1. Possession of a current license as a Registered Professional Nurse on Guam.
2. Possession of current Basic Life Support certification.
3. Must obtain Certified Case Manager (CCM) credential by the Commission on Case Manager Certification (CCMC) three years from the effective date of hire and must maintain certification.

KNOW HOW	EI3 230
PROBLEM SOLVING	E3 (38%) 87
ACCOUNTABILITY	E1C 87
TOTAL	417
PAY GRADE	N (NPP)

Approved:

Eloy S. Lizama, Chairman, Board of Trustees Date: 7/26/18

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

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OKA, TAMUNING, GUAM 96913
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FAX: (671) 649-0145

BOARD OF TRUSTEES
Official Resolution No. 2018-52

"RELATIVE TO APPROVING EIGHTY-EIGHT (88) NEW 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 June 29, 2018 and oral comments and written testimony have been solicited for the Eighty-Eight (88) new fees comprised of the following Hospital departments: Intensive Care Unit, Pediatrics, Radiology, Pharmacy, Respiratory, Laboratory, Operating Room and Special Services; and

WHEREAS, the GMHA Board of Trustees has reviewed the list of new 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 88 new fee items; 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 26th DAY OF JULY 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 June 29, 2018

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1700483	KIT FECAL MGMT FLEX-SEAL FMS	$ 965.90	INTENSIVE CARE UNIT
2	1702229	MATRIX SUTURABLE DURAGEN	$ 687.50	INTENSIVE CARE UNIT
3	1705310	CATHETER SWAN NECK CURL INFANT	$ 158.00	PEDIATRICS
4	1705801	SHUNT LUMBAR PERITONEAL SPETZL	$ 485.40	INTENSIVE CARE UNIT
5	1707270	KIT CRANIAL ACCESS W/DRILL	$ 645.70	INTENSIVE CARE UNIT
6	1708330	CATHETER LUMBAR OPEN TIP	$ 435.71	INTENSIVE CARE UNIT
7	1708401	ACCUDRAIN W/ANTIREFLUX VALVE	$ 634.00	INTENSIVE CARE UNIT
8	1708420	SET VENTRICULAR TRAUMACATH	$ 298.13	INTENSIVE CARE UNIT
9	1708700	BAG DRAINAGE ACCUDRAIN	$ 33.23	INTENSIVE CARE UNIT
10	1709020	LIMITORR VOLUME LIMIT EVD 20ML	$ 634.00	INTENSIVE CARE UNIT
11	2100001	GRID CT BIOPSY	$ 41.83	RADIOLOGY
12	2100014	TUBE FEEDING MIC*G 14FR	$ 254.99	RADIOLOGY
13	2100016	TUBE FEEDING MIC*G 16FR	$ 254.99	RADIOLOGY
14	2100018	TUBE FEEDING MIC*G 18FR	$ 254.99	RADIOLOGY
15	2100020	TUBE FEEDING MIC*G 20FR	$ 254.99	RADIOLOGY
16	2101030	ONCOZENE 100+25UM 3ML	$ 931.25	RADIOLOGY
17	2101109	WALLSTENT ENDOPRO 6F 6MMX135CM	$ 2,635.72	RADIOLOGY
18	2101530	SET IV ADMINISTRATION 92"	$ 16.56	RADIOLOGY
19	2101616	NEEDLE BX COAX 15GX13.8CM	$ 193.11	RADIOLOGY
20	2101617	NDLE BX MAX CORE INST 16GX16CM	$ 569.39	RADIOLOGY
21	2101618	NDLE BX MAX CORE INST 16GX10CM	$ 569.39	RADIOLOGY
22	2101816	NEEDLE BX COAX 17GAX13.8CM	$ 133.57	RADIOLOGY
23	2101825	INSTR BX MIS CORE 18GAX25CM	$ 267.14	RADIOLOGY
24	2102022	TUBE FEEDING MIC*J 22FR	$ 692.94	RADIOLOGY
25	2102024	TUBE FEEDING MIC*J 24FR	$ 692.94	RADIOLOGY
26	2103670	NDLE BX MIS CORE INST 20GX20CM	$ 511.51	RADIOLOGY
27	2103902	NEEDLE SPINAL QUINCKE 22GX5IN	$ 48.35	RADIOLOGY
28	2104031	WALLSTENT ENDPRO 10F 14MMX75CM	$ 3,300.00	RADIOLOGY
29	2104033	WALLSTENT ENDPRO 10F 16MMX75CM	$ 3,300.00	RADIOLOGY
30	2104170	NEEDLE BX COAX 19GX7.8CM	$ 202.76	RADIOLOGY
31	2104171	NEEDLE BX COAX 19GX17.8CM	$ 202.76	RADIOLOGY
32	2105021	DEVICE VASCULAR MYNXGRIP 5FR	$ 899.00	RADIOLOGY
33	2107427	INTRO CK FLO 5FR .035"X13CM	$ 79.88	RADIOLOGY
34	2107630	NDLE BX MIS CORE INST 20GX10CM	$ 511.51	RADIOLOGY
35	2108701	SET ANCHOR GASTROINTESTINAL	$ 690.26	RADIOLOGY
36	2116107	NDLE BX MIS CORE INST 16GX10CM	$ 511.51	RADIOLOGY
37	2116167	NDLE BX MIS CORE INST 16GX16CM	$ 511.51	RADIOLOGY

38	2118000	POWERPORT CLEARVIEW SLIM 8FR	$ 1,100.00	RADIOLOGY
39	2118107	NDLE BX MIS CORE INST 18GX10CM	$ 511.51	RADIOLOGY
40	2118167	NDLE BX MIS CORE INST 18GX16CM	$ 511.51	RADIOLOGY
41	2118207	NDLE BX MIS CORE INST 18GX20CM	$ 511.51	RADIOLOGY
42	2118257	NDLE BX MIS CORE INST 18GX25CM	$ 511.51	RADIOLOGY
43	2130022	TUBE FEEDING MIC*G 22FR	$ 254.99	RADIOLOGY
44	2130162	NEEDLE BX COAX 15GAX17.8CM	$ 133.57	RADIOLOGY
45	2130181	NEEDLE BX COAX 17GAX7.8CM	$ 133.57	RADIOLOGY
46	2130182	NEEDLE BX COAX 17GAX17.8CM	$ 133.57	RADIOLOGY
47	2130810	NDLE BX MAX CORE INST 18GX10CM	$ 569.39	RADIOLOGY
48	2130816	NDLE BX MAX CORE INST 18GX16CM	$ 569.39	RADIOLOGY
49	2130820	INSTR BX MIS CORE 18GAX20CM	$ 267.14	RADIOLOGY
50	2138370	CATH ANG CXI 2.3FR .014INX65CM	$ 788.94	RADIOLOGY
51	2138371	CATHETER CXI 2.3FR .014INX90CM	$ 788.94	RADIOLOGY
52	2138372	CATH ANG CXI 2.3FR .014INX90CM	$ 788.94	RADIOLOGY
53	2167630	NDLE BX MIS CORE INST 20GX16CM	$ 511.51	RADIOLOGY
54	2176302	TUBE FEEDING MIC*J 20FR	$ 692.94	RADIOLOGY
55	2184540	KIT RENEGADE FATHOM16 180CM	$ 1,456.25	RADIOLOGY
56	2187630	NEEDLE BX COAX 15GX7.8CM	$ 209.70	RADIOLOGY
57	2191300	BALLOON PTAX4-14-170-2-20	$ 958.56	RADIOLOGY
58	4208195	CALCIUM 600MG+VIT D3 800IU TAB	$ 0.91	PHARMACY
59	4210470	DEXAMETHASONE 0.4MG/ML OS	$ 6.40	PHARMACY
60	4213779	ENOXAPARIN 80MG/0.8ML SRN	$ 25.36	PHARMACY
61	4225438	HYDROMORPHONE 0.5MG/0.5ML INJ	$ 8.88	PHARMACY
62	4233285	SODIUM CITRATE 4% 250ML BAG	$ 51.24	PHARMACY
63	4233290	RIVAROXABAN 15MG TAB	$ 28.21	PHARMACY
64	4233291	RIVAROXABAN 20MG TAB	$ 29.80	PHARMACY
65	4233295	APIXABAN 2.5MG TAB	$ 7.48	PHARMACY
66	4233296	APIXABAN 5MG TAB	$ 6.49	PHARMACY
67	4233325	LEVETIRACETAM 500MG/100ML PMIX	$ 46.57	PHARMACY
68	5300501	TUBE BREATHING HFNC ADULT	$ 209.64	RESPIRATORY CARE
69	5304942	CANNULA NASAL OPTFLW ADULT-SML	$ 140.70	RESPIRATORY CARE
70	5304944	CANNULA NASAL OPTFLW ADULT-MED	$ 140.70	RESPIRATORY CARE
71	6882274	BLOOD OCCULT IMMUNOASSAY QUALI	$ 39.28	LABORATORY
72	7001978	SURGIFOAM GELATIN POWDER	$ 647.00	OPERATING ROOM
73	7003091	GUIDEWIRE SENSOR 0.038INX150CM	$ 543.10	OPERATING ROOM
74	7020081	BURR FLUTED MS 3MM SHORT	$ 680.00	OPERATING ROOM
75	7020083	BURR FLUTED MS 3MM LONG	$ 680.00	OPERATING ROOM
76	7074200	BURR FLUTED MS 3MM MEDIUM	$ 680.00	OPERATING ROOM
77	9303870	CATHETER PERCUTANEOUS 11CM 7FR	$ 196.06	SPECIAL SERVICES
78	9303871	KIT EVEREST 30 SURVIVAL	$ 713.74	SPECIAL SERVICES
79	9310387	CATHETER PERCUTANEOUS 11CM 6FR	$ 196.06	SPECIAL SERVICES
80	9381235	CATHETER GUIDE SBS35 6FR	$ 284.79	SPECIAL SERVICES
81	9381302	CATHETER GUIDE JL 4.0 6FR	$ 284.79	SPECIAL SERVICES

82	9381306	CATHETER GUIDE JR 5.0 6FR	$ 284.79	SPECIAL SERVICES
83	9386100	CATHETER GUIDE IM 6FR	$ 284.79	SPECIAL SERVICES
84	9386102	CATHETER GUIDE EG 7FR	$ 284.79	SPECIAL SERVICES
85	9392920	PRQ CARDIAC ANGIOPLAST 1 ART	$ 5,084.66	SPECIAL SERVICES
86	9392928	PRQ CARD STENT W/ANGIO 1 VSL	$ 10,509.72	SPECIAL SERVICES
87	9392937	PRQ REVASC BYP GRAFT 1 VSL	$ 10,509.72	SPECIAL SERVICES
88	9392943	PRQ CARD REVASC CHRONIC 1 VSL	$ 10,509.72	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.

6/19/18
Date

Frumen A. Patacsil
Hospital Quality Improvement Specialist

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

6/18/18
Date

Benita A. Manglona
Chief Financial Officer

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2018-53

"RELATIVE TO MANDATING SAFETY EVENT REPORTING EDUCATION FOR HOSPITAL STAFF AND LICENSED INDEPENDENT PRACTITIONERS"

WHEREAS, the Guam Memorial Hospital Authority's Board of Trustees desires to adopt a transparent, non-punitive approach to reporting so that the hospital can report to learn and can collectively learn from safety events and has approved a policy outlining a just safety culture, commits to put the data from event reporting to work by driving improvements; and

WHEREAS, the Board of Trustees realizes that every safety event (from close calls to events that cause major harm to patients, staff, or visitors) must be reported in order to allow the hospital to define the problem, identify solutions, achieve sustainable results, and disseminate the changes or lessons learned throughout the hospital; and

WHEREAS, safety is everyone's priority and through collective mindfulness staff and licensed independent practitioners realize that systems always have the potential to fail and thus should focus on finding and reporting hazardous conditions or close calls at early stages before a patient may be harmed so that system and processes can be further improved to prevent any defect; and

WHEREAS, staff who do not deny or cover up errors but rather want to report errors to learn from mistakes and improve system flaws that contribute or enable safety events must be given the knowledge, support, and resources for which to make these reports; and

WHEREAS, it is a requirement of the Centers for Medicare and Medicaid Services for the hospital to measure, analyze, and track medical errors and adverse events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital; now, therefore be it

RESOLVED, that the Guam Memorial Hospital Authority shall obtain and maintain an online event reporting system and the staff and licensed independent practitioners are hereby mandated to participate and complete annual training on Just Safety Culture and Event Reporting; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JULY 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees