Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

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

August 23, 2019

VIA HAND DELIVERY

Honorable Tina Muña Barnes
Speaker of I Minatrentai Singko Na Liheslaturan Guåhan
163 Chalan Santo Papa
Hagåtña, GU 96910

35GL-19-0925
Speaker Tina Rose Muña Barnes

AUG 23 2019
Time 10:08 AM / PM
Received By: alan

RE: Reporting Requirements for Boards and Commissions

2019 AUG 23 AM 11:52

Dear Speaker Barnes:

To comply 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 the materials presented and discussed at the August 21, 2019 regular meeting of the GMHA Board of Trustees.

Please contact Theo Pangelinan from our Board Office at 647-2104 for any questions or concerns.

Kindest Regards,

Lillian Perez-Posadas, RN, MN
Hospital Administrator/CEO

Enclosure

0925

MEETING IN PROGRESS

GMHA Board of Trustees

Wednesday, August 21, 2019 | 5:30 p.m.

Daniel L. Webb Conference Room

GMHA Board of Trustees

ATTENDANCE SHEET

Wednesday, August 21, 2019 | 5:30 p.m. | Daniel L. Webb Conference Room

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Theresa Obispo	Chairperson	
	Melissa Waibel	Vice-chairperson	~~Absent~~
	Sarah Thomas-Nededog	Secretary	
	Byron Evaristo	Treasurer	
	Sharon Davis	Trustee	Absent
	Sonia Siliang	Trustee	
	Glynis Almonte	Trustee	Absent
	Michael Um	Trustee	
	Evangeline Allen	Trustee	Absent
Executive Management	Lillian Perez-Posadas	Hospital Administrator/CEO	
	William N. Kando	Associate Administrator of Operations	
	Annie Bordallo, M.D.	Associate Administrator of Medical Services	
	Joleen Aguon, M. D.	Assistant Associate Administrator of Medical Services	
	Jemmabeth Simbillo	Assistant Administrator of Nursing Services	
	Christine Tuquero	Deputy Assistant Administrator of Nursing Services	
	Benita A. Manglona	Chief Financial Officer	
	Yukari Hechanova	Assistant Chief Financial Officer	
	Rodalyn Gerardo	Chief Auditor	Absent
Medical Staff	James Last, MD	Medical Staff President	Absent
Guest(s)	Natasha Charfauros	Sen. Therese Terlaje	
	DOM RABAGAT	AAAS	

GMHA Board of Trustees

AGENDA

Wednesday, August 21, 2019 | 5:30 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 24, 2019

III. OLD BUSINESS

A. Biannual Review of Board of Trustees Bylaws
B. Board of Trustees Self-evaluations
C. 2018 Life Safety Management Plan Evaluation
D. 2018 Medical Equipment Management Plan Evaluation
E. 2018 Utilities Management Plan Evaluation

IV. NEW BUSINESS

V. BOARD SUBCOMMITTEE REPORTS

A. Joint Conference and Professional Affairs
    1. 2019-37, Relative to the Reappointment of Active Medical Staff Privileges
    2. 2019-38, Relative to the Conditional Approval of Reappointment of Active Medical Staff Privileges
    3. 2019-39, Relative to the Appointment of Provisional Medical Staff Privileges
    4. 2019-40, Relative to Approving Revisions to the Medical Staff Bylaws

B. Human Resources
    1. 2019-41, Relative to the Creation of the Clinical Nurse Wound Care Supervisor and Specialist Positions
    2. 2019-42, Relative to Extending Hazardous Pay to all GMHA Employees While Performing Duties at the Department of Corrections

C. Governance, Bylaws & Strategic Planning
D. Facilities, Capital Improvement & Information Technology
E. Quality & Safety
F. Finance & Audit

VI. MANAGEMENT'S REPORT

VII. PUBLIC COMMENT

VIII. ADJOURN MEETING

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

July 24, 2019 | 6:00 p.m.
Daniel L. Webb Conference Room

ATTENDANCE

Board Members:
Theresa Obispo, Melissa Waibel, Sarah Thomas-Nededog, Byron Evaristo, Sharon Davis, Sonia Siliang, Glynis Almonte, Dr. Michael Um, Evangeline Allen

Leadership:
Lillian Perez Posadas, William Kando, Dr. Annie Bordallo, Dr. Joleen Aguon, Jemmabeth Simbillo, Christine Tuquero, Benita Manglona, Yukari Hechanova, Rodalyn Gerrardo

Absent: Dr. James Last

Guests: Carlos Pangelinan

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 Obispo called to order the regular meeting of the GMHA Board of Trustees at 6:00 p.m. on Wednesday, July 24, 2019 in the Daniel L. Webb Conference Room of the GMHA located in Tamuning, Guam.	Trustee Obispo	None	None
II. ACCEPTANCE OF REGULAR SESSION MINUTES				
A. June 26, 2019	Trustee Dr. Um motioned, and it was seconded by Trustee Almonte, to approve the June 26, 2019 minutes as printed. The motion carried with all ayes.	All Board members	None	Approved
III. OLD BUSINESS				
A. Biannual Review of Board of Trustees Bylaws	Trustee Nededog informed the Board that the Governance, Bylaws, and Strategic Planning (GBSP) subcommittee had completed reviewing around 75% of the Bylaws. She explained that the subcommittee members were tasked with comparing the verbiage in the applicable laws and Bylaws to ensure that they were not contradictory. So far, there have been no significant recommendations made; however, there may be a need to seek legislative amendments to certain sections of the mandates so that they are tailored in a way that is more suitable to the hospital's needs and operations. The goal was to complete the primary reviews within the next three months.	Chair & Vice-chair, GBSP Subcommittee	Updates to be provided at the next scheduled meeting.	Open
B. Board of Trustees Self Evaluations	The Board was informed that the GBSP subcommittee was working on developing self-evaluations for Board members.	Chair & Vice-chair, GBSP Subcommittee	Updates to be provided at the next	Tabled

	The purpose of the self-evaluations is to assess how well members are fulfilling their duties and responsibilities and giving their due diligence to the planning and oversight over the organization.		scheduled meeting.	
IV. NEW BUSINESS				
A. 2018 Life Safety Management Plan Evaluation B. 2018 Medical Equipment Management Plan Evaluation C. 2018 Utilities Management Plan Evaluation	Mr. Kando informed the Board that these evaluations were for 3 of 7 plans that were monitored under the Environment of Care Committee. He noted that the hospital had already begun implementing the action plans identified in the evaluations. The Board deferred these items to the Facilities, Capital Improvement Projects, & Information Technology subcommittee for review.	Chair & Vice-chair, Fac, CIP, & IT Subcommittee	Updates to be provided at the next scheduled meeting.	Deferred
V. BOARD SUBCOMMITTEE REPORTS				
A. <u>Joint Conference and Professional Affairs</u> 1. 2019-31, Relative to the Reappointment of Active Medical Staff Privileges 2. 2019-32, Relative to the Appointment of Active Associate Medical Staff Privileges 3. 2019-33, Relative to the Appointment of Provisional Medical Staff Privileges	Dr. Um presented Resolutions 2019-31, 2019-32, and 2019-33 to the Board for approval. Trustee Dr. Um motioned, and it was seconded by Trustee Waibel, to approve said resolutions as printed. The motion carried with all ayes.	Chair & Vice-chair, JCPA	None	Approved
B. <u>Human Resources</u> 1. 2019-34, Relative to the Creation of the Hospital Pharmacy Technician Supervisor Position 2. 2019-35, Relative to the Creation of the Clinical Nurse Informatics Specialist and Supervisor Positions	Trustee Waibel presented resolutions 2019-34 and 2019-35 to the Board for approval. It was mentioned that the roles for these positions were being fulfilled by incumbents and that the proposed creations served to “right size” the duties and responsibilities to the proper title and compensation. Trustee Davis motioned, and it was seconded by Trustee Siliang, to approve Resolution Nos. 2019-34 & 2019-35 as printed. The motion carried with all ayes.	Chair & Vice-chair, Human Resources Subcommittee	None	Approved

3. Rules for Collective Bargaining Agreement Negotiations btw. GMHA and GFT	Trustee Waibel informed the Board that the Human Resources subcommittee had reviewed and recommended the approval of the Rules for Collective Bargaining Agreement Negotiations btw. GMHA and GFT. Mr. Kando mentioned that the most significant revisions made to the agreement was the change in each party's negotiating team members. Trustee Waibel motioned, and it was seconded by Trustee Davis, to approve the rules for negotiations as printed. The motion carried with all ayes.		None	Approved
C. <u>Governance, Bylaws, & Strategic Planning</u>	Refer to Old Business, A. and B.	Chair & Vice-chair, GBSP Subcommittee	Updates to be provided at the next scheduled meeting.	Informational
D. <u>Facilities, Capital Improvement, & Information Technology</u>	Trustee Davis informed the committee that there were no significant updates to be reported.	Chair & Vice-chair, Fac, CIP, & IT Subcommittee	Updates to be reported at the next scheduled meeting.	Informational
E. <u>Quality & Safety</u>	Trustee Almonte reported the following: • There were no new policies and procedures presented to the subcommittee for review and approval. • There were no new updates to accreditation and CMS. • There were no new patient grievances/complaints to report. • QAPI Updates: o Fiscal Division compliance rates were 99.4% for Accuracy & documentation of Aps; 78% for payroll Documentation of Managers' Responses (this was an OPA recommendation); and 83% for Signed MD Time-study Forms. o Operations Division compliance rates were 92% for Stock Control (% of available stock items in warehouse); 89% Procurement (% of requisitions	Chair & Vice-chair, Quality & Safety Subcommittee	Updates to be reported at the next scheduled meeting.	Informational

	processed within 8 days after funds certification); and 23% vacancy rate which included Buyers, a Buyer Supervisor, and an Assistant Materials Management Administrator. ○ Nursing Services compliance rates were 98% for Pain Management; 98% for Labor Room Patient Education; 99% for L&D & OB Fall Risk Assessments; 100% for NICU Expressed Breast Milk Monitoring; 100% for NICU Babies with two ID bands; 100% for PPE Usage in Pediatrics; 96% for Peds/PICU Home Meds Listing & reconciliation; 90% for OB Home Meds Listing; and 99% for OB Shift Assessments. ○ Professional Support Services compliance rates were 100% for ABG Documentation; 100% ABG Machine Proficiency Testing Success Rate; 96% for Documentation of Medication Reconciliation; 100% Chart Reviews; 2.3% for Discharge Planning with Delayed Discharge; and 97% Case Closures within 7 days of Discharge. ○ EEO Report: There were two sexual harassment complaints that were investigated and resolved/closed; a total of 158 interviews were conducted between Jan. to Apr. 2019. Comments and recommendations taken from exit interviews resulted in an overall score of Good/Excellent. The hospital was commended for good teamwork, bonus & benefits, good morale, and great supervisors. Low morale comments taken were ineffective communication, poor staffing, poor training and burn out.			

	Some strengths included excellent camaraderie; great skills trainings; frequent educational trainings, loyal staff, good healthcare benefits; good team work and close-knit supportive environment. Some weakness included low wages/rates, no upward mobility, poor support from management, poor supervision; lack of incentives and recognition, limited leave. Some recommendations made to improve retention were increase staffing to reduce burnout, increase salary with better benefits, flexible schedules, encourage mutual respect among physicians, provide training to address physician/professional bullying, and Ensure consistent, proper, and transparent communication from management to staff. ○ Patient Safety Committee Dashboard results included 26 falls incidents (75% decrease from FY-2015 and 59% decrease from FY-2018). The units with the highest fall incidents were Med-Surg, Telemetry, Surgical and SNF occurring between the hours of 3-11 p.m., and were among patients between the ages of 50-70 years old. The committee is currently monitoring wound care management and medication safety events. There were 135 total elopements; an average length of time from ER sign-in to Triage of 32:51 and ER sign-in to Doctor of 54:27 (the target goal is 28:48 minutes).			

	The committee is focusing on "Sterilization of Surgical Instruments" for its Hospital Failure Mode Effects Analysis as recommended by the ECRI consultants. Lastly, 40% of staff have been trained on the use of the Safety Learning System (SLS).			
F. <u>Finance & Audit</u> 1. 2019-36, Relative to Approving 120 New Fees	Trustee Evaristo presented Resolution 2019-36 for the Board's approval. Discussions took place regarding the methodology used by the hospital to determine its fees for supplies and services. Ms. Manglona stated that cost, freight, and mark-up were also taken into consideration. Ms. Manglona informed the Board that the fiscal team will be looking at revising the pricing methodology, and addressing new room and board fees and non-revenue generating service areas. Discussions also took place regarding billing, collections, financial assistance available to self-pay patients, and the need to improve the collection of information from self-pay patients for better collection outcomes. Ms. Posadas mentioned that an option worth exploring was a sliding scale fee that provides variable prices for supplies and services rendered based on a patient's ability to pay. Trustee Evaristo motioned, and it was seconded by Trustee Dr. Um, to approve Resolution 2019-36 as printed. The motion carried with all ayes.	Chair & Vice-chair, Finance & Audit Subcommittee	Updates to be reported at the next scheduled meeting. None	Informational Approved
<u>Other discussions</u>: • Credit Card Policy	Trustee Evaristo informed the Board that the Finance & Audit subcommittee was in the process of developing a credit card policy that will eventually be routed to the Board of Trustees for approval.			

• On-call Pay	Trustee Evaristo informed the Board that the issue of On-call Pay was raised at the subcommittee level. It was noted that management was taking the necessary steps to address the matter, including, meeting with the Department of Labor and eventually with the affected departments. It was estimated that the hospital would save anywhere from $500 to $700K once a new policy on compensation is implemented.			
• Concerns regarding participation at Public Hearings	Trustee Evaristo informed the Board that the subcommittee discussed concerns in regard to the low participation from the community at the public hearings for new fees and services. He stated that the fiscal team was asked to ensure that every effort was made to notify and invite the community to attend these hearings. A suggestion was also made to reach out to the commercial insurers and ask for their reasons for not attending.			
• First Amendment to Agreement for Professional Services btw. Law Offices of Minakshi V. Hemlani, P.C. and GMHA	Trustee Evaristo presented the First Amendment to Agreement for in-house legal services for approval. Several Trustees expressed their concerns with the delay in seeking the Board's approval of this amendment that was first proposed in August 2018. It was noted that the past administration did not provide a memorandum to file to support the proposed revisions as requested by the former Chairman, Mr. Eloy Lizama. It was also noted that the financial impact was nominal, because the proposal was to change the hourly rate of pay with no change in the total amount budgeted for the year. After thorough discussions, Trustee Waibel motioned, and it was seconded by Trustee Allen, to approve the First Amendment to Agreement for Professional Services btw. Law Offices of Minakshi V. Hemlani, P.C. and GMHA. The motion carried with all ayes.		None	Approved

VI. MANAGEMENT'S REPORT				
	On behalf of the management team, Ms. Perez-Posadas reported the following: • There was a 20% increase in patient revenues. • As mentioned previously by the Chair of the Finance & Audit Subcommittee, management is taking a deep dive into the On-call Pay policy. • There are ongoing challenges in regard to bed capacities, especially in the adult units. This situation results in holdings in the ER and ER diversions when at full capacity. • The Hospital has taken initiatives to hire staff departing from GRMC. So far, 5 registered nurses have been hired and there are around 6 potential candidates to fill the LPN vacancies. • On the agendas for the Executive Management Council and Quality & Safety Subcommittee is the discussion on accreditation. One potential accrediting body is DNV Global. • There are as many as eight ICF-level of care patients occupying acute care beds which has been a long standing issue for the hospital. Efforts are being taken to transfer these patients to the SNF or Saint Dominic's, but there are still obstacles like criteria and healthcare coverage requirements. • The hospital is meeting with management from the Department of Corrections and the Department of Revenue & Taxation to address the outstanding payments owed to GMHA by DOC. There is a possibility that the amount owed to GMH could be off-set with the amount GMH owed for tax withholdings. • A Request for Information was issued for the Electronic Health Record. It was noted that	All Executive Managers	Updates to be reported at the next scheduled meeting.	Informational

	funding was needed in order to move forward with an RFP. The Hospital will be working with the Chair of the Committee on Health on possible ways to fund this project. Trustee Nededog recommended for the hospital to seek grants to fund a new EHR system or to piggy-back off of the CNMI for the system they are acquiring. • $32M in Medicaid funding had already been distributed to the various health entities, including GRMC. A total of $12M has been recorded in Medicaid funding receipts, according to Ms. Manglona. • The go-live date for the Pyxis system was extended due to the recent network issues experienced. • A Human Resources Taskforce was developed to address the recruitment and other HR related challenges for the hospital. • The hospital will be hiring an Assistant Administrator of Administrative Services to oversee the clinical EHR system project, among other assigned duties and responsibilities.			
VII. PUBLIC COMMENT				
	There were no public comments taken.	None	None	None
VIII. ADJOURNMENT				
	There being no further business matters for discussion, Trustee Obispo declared the meeting adjourned at 8:24 p.m., motioned by Trustee Evaristo and seconded by Trustee Dr. Um. The motion carried with all ayes.	All Board members	None	Approved

Transcribed by: _____
Theo M. Pangelinan
Administrative Assistant

Submitted by: _____
Sarah Thomas-Nededog
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the July 24, 2019 regular session meeting was accepted and approved by the GMHA Board of Trustees on this 21st day of August 2019.

Certified by: _____

Theresa Obispo
Chairperson

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BOARD OF TRUSTEES
Official Resolution No. 2019-37

"RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Milton Kim, MD	Surgery	General Surgery	July 31, 2021
Jerone Landstrom, MD	Surgery	General/Hand Surgery	July 31, 2021
Daniel Medina, MD	Surgery	General Surgery	July 31, 2021
Shih Hao Lin, MD	Medicine	Internal Medicine	July 31, 2021
Marcin Czerniakow, MD	Medicine	Internal Medicine	July 31, 2021
Rengaragu Ramasamy, MD	Medicine	Internal Medicine	July 31, 2021
Brinda Rengaragu, MD	Medicine	Internal Medicine	July 31, 2021
Robert Nerves, MD	Medicine	Nephrology	July 31, 2021
Elliot Ross, MD	Emergency	Emergency Medicine	July 31, 2021
Mary Ann Legaspi, MD	Emergency	Emergency Medicine	July 31, 2021
Johnny Kim, MD	Emergency	Emergency Medicine	July 31, 2021

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 July 24, 2019 and the Joint Conference and Professional Affairs Committee on August 20, 2019 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 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

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BOARD OF TRUSTEES
Official Resolution No. 2019-38

"RELATIVE TO THE CONDITIONAL APPROVAL OF REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Samir Ambrale, MD	Medicine	Hematology/Oncology	July 31, 2021

WHEREAS, the above listed practitioner 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 July 24, 2019 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner, and the Joint Conference and Professional Affairs Committee on August 20, 2019 recommended the Board's approval of said privileges on the condition that Dr. Ambrale completes the required HIPAA Training; 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 practitioner to Active Medical 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 reappointment; 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 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2019-39

RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES

Practitioner	Department	Specialty	Expiration Date
Maria Alano, MD	Pediatrics	Neonatology	July 31, 2020

WHEREAS, the above listed practitioner 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 July 24, 2019 and the Joint Conference and Professional Affairs Committee on August 20, 2019, 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 practitioner to Provisional Medical 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 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

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BOARD OF TRUSTEES
Official Resolution No. 2019-40

RELATIVE TO APPROVING REVISIONS TO THE MEDICAL STAFF BYLAWS

WHEREAS, the Medical Staff Bylaws and Medical Executive committees, had reviewed the Medical Staff Bylaws; and

WHEREAS, as a result of the review, proposed revisions were made to the Medical Staff Bylaws, Article VII: Allied Health Professionals, Section 7.10: Department Review; and Article IV: Categories of the Staff, Section 4.2 Active Staff; and

WHEREAS, on August 20, 2019, 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 recommendations; 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 21ST DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE

PROPOSED REVISIONS FORM

Item: **Medical Staff Bylaws**

Existing	Proposed	Rationale
ARTICLE VII: ALLIED HEALTH PROFESSIONALS **7.10 DEPARTMENT REVIEW** Nothing contained in these Bylaws should be interpreted to entitle an Allied Health Professional to the Fair Hearing Plan for Medical Staff Members set forth in Article VIII of these Bylaws. 7.10-1 **Grievance Procedure** A. When any Allied Health Professional receives written notice from the Department Chairperson, Medical Executive Committee, or Administrator that will adversely affect that appointment or re-appointment and delineation of privileges, his or her hospital's status or exercise of privileges, that individual shall be entitled to file an appeal. Such grievance shall be filed with the Chairperson of the Department to which the Allied Health Professional has applied or been assigned and in which he/she has applied for or has exercised privileges. This must be submitted within fifteen days of receiving notice. B. Upon receipt of such an appeal, the Department Chairperson shall appoint a Committee to review the proposed action. The Department Committee shall include if	**ARTICLE VII: ALLIED HEALTH PROFESSIONALS** **7.10 DEPARTMENT REVIEW** Allied Health Professional shall be entitled to the same Fair Hearing Plan as other Medical Staff Members as set forth in Article VIII of these Bylaws.	**GMHA Bylaws amended to bring GMHA in-line with February 2018 law granting full practice authority to Allied Health Professionals (AHPs).** GMHA Bylaws now allow for full practice authority (i.e. independent practice) by licensed AHPs, subject to their scope of practice and the privileges granted to them by their respective departments as deemed appropriate to their level of experience. Certain elements of the Bylaws remain skewed with regard to AHPs, however, including a clear indication of voting rights and practitioner rights to fair hearing. The following proposal aims to make the bylaws consistent with regard to providing appropriate privileges and rights to all independently practicing providers. (Please note that "Allied Health Professionals" is clearly defined in the bylaws and thus requires no further definition in the following sections.) *Section 7.10 denies to AHPs the right to Fair Hearing as outlined for MDs/DOs. Section 7.10-1 outlines a completely separate grievance process for AHPs.* **Given their independent practice authority, eliminate Section 7.10-1 in its entirety, to read as proposed**

available, one or more Allied Health Professionals having the same or similar license or certification as the affected Allied Health Professional. C. The Committee shall initiate an investigation and the Allied Health Professional shall be afforded the opportunity for an interview before the Departmental Committee within 45 days of receipt of the appeal. At the interview, the Allied Health Professional may provide information relevant to the circumstances giving rise as to the proposed action. D. A record of the findings and recommendations of such review shall be made to the Medical Executive Committee. E. The decision of the Medical Executive Committee shall be final.		
No existing section. New Section		
4.2 ACTIVE STAFF 4.2-1 **Qualifications** The Active Staff shall consist of physicians, dentists and podiatrists each of whom:	**4.2 ACTIVE STAFF** 4.2-1 **Qualifications** The Active Staff shall consist of physicians, dentists, podiatrists, and allied health professionals, each of whom:	*Section 4.2 lists the categories of Active Staff to "consist of physicians, dentists and podiatrists, each of whom:"* **This section will be amended to add AHPs, to read as proposed**

Reviewed by Bylaws: 5/10/19

Approved:
Bylaws Committee:
MEC: 05/29/2019
Medical Staff 1st Reading: 07/25/2019
JCPAC:
BOT:

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BOARD OF TRUSTEES
Official Resolution No. 2019-41

"RELATIVE TO THE CREATION OF THE CLINICAL NURSE WOUND CARE SUPERVISOR AND SPECIALIST POSITIONS"

WHEREAS, on July 8, 2019, the Hospital Administrator/CEO approved the creation of the Clinical Nurse Wound Care Supervisor and the Clinical Nurse Wound Care Specialist positions in the classified service at the request of the Assistant Administrator, Nursing Services; and

WHEREAS, GMHA is faced with many challenges in improving and maintaining its wound care standard of practices; and

WHEREAS, in order to effectively treat problem wounds utilizing universal state-of-the-art procedures and techniques, it is imperative that permanent specialized nurse positions be established to promote, develop, and implement wound care programs and methods that are in accordance with the latest standards of nursing practices; and

WHEREAS, the provisions of 4 GCA, Chapter 6, § 6303.1(a) - Transparency and Disclosure for the creation of positions have been met; and

WHEREAS, the class specifications of the positions are hospital specific and that there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on July 15, 2019 recommended approval to create and establish the positions of Clinical Nurse Wound Care Supervisor and Clinical Nurse Wound Care Specialist;

NOW, THEREFORE BE IT, RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the creation of positions and establishment of the class specifications as recommended by the Human Resources Department; 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 21ST DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

CLINICAL NURSE WOUND CARE SUPERVISOR

NATURE OF WORK IN THIS CLASS:

This is complex supervisory nurse work accountable for overseeing the delivery of high quality wound care in a hospital.

Employees in this class function as a consultant, oversee patient care and education, and collaborate or coordinate with interdisciplinary health care teams on wound care nursing. Work involves assessment, planning, development, implementation and evaluation of plan of care and patient care programs that enhance outcomes. The position reports to the Assistant Administrator, Nursing Services.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Participates as a member of the leadership and/or interdisciplinary team; assesses, plans, implements and evaluates wound care nursing management throughout the hospital; ensures that treatment and rehabilitation within the nursing units are evidence-based wound care nursing in accordance with standards of nursing practice.

Supervises all clinical functions on wound care nursing; works with wound care physicians and/or interdisciplinary teams to provide a comprehensive treatment program for patients; addresses patient issues and works through all patient/staff-related matters for the wound care program.

Collaborates with nursing management in the assessment of staff competencies and learning needs; assesses and analyzes data to identify practice environment and patient care issues to develop appropriate programs and change processes to improve clinical nursing practice.

Facilitates the integration of wound care education with other healthcare disciplines to support patients and staff in the wound care management decision-making process.

Assesses the need for new wound care modalities and policies to support and enhance nursing practices; implements new dressing techniques and wound care supplies and equipment that support nursing practices and promotes holistic wound care healing.

Leads the evaluation and measurement of wound care outcomes; participates in the development of policies and the production of protocols (workflow) as needed in the implementation of new hospital clinical systems.

Coordinates the introduction and the implementation of wound care practices and systems with key stakeholders; coordinates with nursing leadership and/or interdisciplinary team with development, implementation, maintenance and monitoring of increasingly complex wound care management, care coordination and transition from the hospital to community settings.

Coordinates with nursing leadership to allocate resources that support wound healing (treatment, management and rehabilitation).

Participates in research, evidence-based practice and performance improvement activities related to wound care nursing; supports integration of research into nursing practice.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and theory of professional nursing.

Knowledge of CMS, TJC, and HIPPA requirements in the nursing management and treatment of different classification of wounds and associated modalities.

Knowledge of wound care nursing.

Knowledge of the principles and practices of supervision.

Ability to evaluate and problem-solve complex wound management plan of care.

Ability to exercise independent judgment.

Ability to analyze data and evaluate activities and to take actions necessary to implement desired changes.

Ability to lead and train others.

Ability to communicate effectively, orally and in writing.

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

a) Master's degree in wound care nursing from a recognized college or university and five years of experience in professional hospital nursing work including two years as a wound care nurse; or
b) Master's degree in nursing from a recognized college or university and six years of experience in professional hospital nursing work including two years as a wound care nurse; or
c) Bachelor's degree in nursing from a recognized college or university and seven years of experience in professional hospital nursing work including two years as a wound care nurse; or
d) Any equivalent combination of experience and training beyond the Bachelor's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in wound care nursing is preferred.

ESTABLISHED: August 21, 2019

PAY GRADE/PLAN:	N-O (NPP)	
HAY EVALUATION		
KNOW HOW:	E+I3	264
PROBLEM SOLVING:	E3+(38%)	100
ACCOUNTABILITY:	E1P	132
TOTAL POINTS -		496

THERESA OBISPO, Chairperson
Board of Trustees

CLINICAL NURSE WOUND CARE SPECIALIST

NATURE OF WORK IN THIS CLASS:

This is complex nurse work accountable for supporting the delivery of high quality wound care in a hospital.

Employees in this class function as a consultant, provide direct patient care and education, and collaborate or coordinate with wound care teams on complex wound care nursing. Work involves assessment, planning, development, implementation and evaluation of plan of care and patient care programs that enhance outcomes. The position reports to the Clinical Nurse Wound Care Supervisor.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Participates as a member of the wound care team; assesses, plans, implements and evaluates wound care nursing management throughout the hospital; ensures that treatment and rehabilitation within the nursing units are evidence-based wound care nursing in accordance with standards of nursing practice.

Provides consultation to associates and/or direct patient care in the management of complex wounds of varying classifications, types, forms and severity.

Assists patients and families in understanding the latest information related to wound management and treatment.

Develops and presents the latest wound management information and materials for associates, patients and families through facilitation of support groups and/or education programs.

Participates in program data collection, interpretation, evaluation and recommendation.

Assesses the need for new wound care modalities and policies to support and enhance nursing practices; assists in the development of policies and the production of protocols (workflow) as needed in the implementation of new hospital clinical systems.

Participates in research, evidence-based practice and performance improvement activities related to wound care nursing; supports integration of research into nursing practice.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and theory of professional nursing.

Knowledge of the practices, methods and techniques of wound care nursing.

Knowledge of CMS, TJC, and HIPPA requirements in the nursing management and treatment of different classification of wounds and associated modalities.

Ability to evaluate and problem-solve complex wound management plan of care.

Ability to exercise independent judgment.

Ability to collect and analyze data and/or clinical statistics.

Ability to make recommendations to improve program services.

Ability to lead and train others.

Ability to communicate effectively, orally and in writing.

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

a) Master's degree in wound care nursing from a recognized college or university and three years of experience in professional hospital nursing work; or
b) Master's degree in nursing from a recognized college or university and four years of experience in professional hospital nursing work; or
c) Bachelor's degree in nursing from a recognized college or university and five years of experience in professional hospital nursing work; or
d) Any equivalent combination of experience and training beyond the Associate's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in wound care nursing is preferred.

ESTABLISHED: August 21, 2019

PAY GRADE/PLAN:	N-N (NPP)	
HAY EVALUATION		
KNOW HOW:	E+I2	230
PROBLEM SOLVING:	E3+(38%)	87
ACCOUNTABILITY:	E1C+	100
TOTAL POINTS -		417

THERESA OBISPO, Chairperson
Board of Trustees

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

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

BOARD OF TRUSTEES
Official Resolution No. 2019-42

"RELATIVE TO EXTENDING HAZARDOUS PAY TO ALL GMHA EMPLOYEES WHILE PERFORMING DUTIES AT THE DEPARTMENT OF CORRECTIONS"

WHEREAS, Title 4 G.C.A. Section 6222(a), provides, in relevant part, that "any employee of the government who performs the duty of guarding prisoners or supervising or counseling parolees, shall be entitled to hazardous pay, calculated at the rate of his or her regular wage, plus ten percent (10%), for all periods he or she is on such duty. The differential shall be applicable only during the time of exposure."

WHEREAS, the Department of Administration's 1996 Personnel Rules and Regulations Appendix D (Hazardous/Environment Pay Policy) defines the parameters of hazardous pay and states, in relevant part, that "any employee of the government who performs the duty of guarding prisoners in transit, **or is otherwise exposed to a life-threatening environment with respect to incarceration of prisoners** shall be entitled to hazardous pay for all periods he or she is on such duty. The differential shall be applicable only during time of exposure." (Emphasis added).

WHEREAS, the Office of the Attorney General Opinion Memorandum Ref No. DOC 16-0015, dated January 21, 2016, and attached herein ("OAG Opinion"), determined the allowance for hazardous pay under 4 G.C.A, Section 6222(a) and DOA rules for "those GMH health care employees whose base salaries do not reflect the inherent dangers of working in a correctional setting, which is a highly dangerous environment."

WHEREAS, the OAG Opinion concluded that classified employees of the GMHA are entitled to hazardous pay while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

WHEREAS, GMHA Board of Trustees (the "Board") recognizes that all GMHA employees – whether classified or unclassified – are exposed to a life-threatening environment while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

NOW, THEREFORE, BE IT RESOLVED, the Board has determined it to be in the best interests of the GMHA to extend the 10% hazardous pay differential provided by Title 4 G.C.A, Section 6222(a) and DOA rules to all classified and unclassified employees of the GMHA while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

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

DULY AND REGULARY ADOPTED ON THIS 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913

January 21, 2016
Ref: DOC 16-0015

OPINION MEMORANDUM

TO: Director, Department of Corrections

FROM: Attorney General

SUBJECT: **Hazardous Pay for Guam Memorial Hospital Employees Working at DOC Clinic**

This office is in receipt of your letter dated January 14, 2016, in which you requested an opinion on the following issue:

REQUEST: Are Guam Memorial Hospital (GMH) employees entitled to hazardous pay while performing duties at the Department of Corrections (DOC) clinic?[1]

ANSWER: Yes.

STATEMENT OF FACTS:

As a result of the Stipulated Judgment in the District Court case of *United States v. Government of Guam*, Guam District Court Civil Case No. 91-00020, DOC and GMH entered into a Consolidated Cooperative Agreement ("Agreement"), effective June 26, 2015, for the provision of health care services to the Department of Corrections' Clinic ("DOC Clinic"). Classified employees from GMH, such as registered nurses, LPNs, certified nurse assistants, ward clerks, clerks, medical records personnel, pharmacists, and pharmacy technicians have been performing medical duties at the DOC Clinic in conformity with efforts to assure full compliance with the Stipulated Judgment.

The DOC Clinic is housed in two locations under the control of DOC: the Mangilao and Agana facilities. Due to the nature of the medical services being provided (medical intake, health records, sick call, screening, etc.) and the size and layout of both facilities, GMH employees are in close proximity and often face-to-face with incarcerated inmates and detainees. Additionally,

[1] The request addressed "non-contractual" employees, but upon further discussion with the agency, the intent of the request was to address primarily the classified staff of GMH. Classified employees from other agencies may also be called upon to perform services at the DOC Clinic; however, we have not been requested by those agencies to specifically address similar concerns. This opinion, therefore, is applicable only to the classified employees of the Guam Memorial Hospital.

employees are often called upon to administer medication, collect and respond to sick call requests, and to respond to medical emergencies at various residential posts and other areas within the prison and lock-up facilities.

The intent of the Agreement between DOC and GMH was to establish a fully operational medical clinic within the jurisdiction of the DOC that would comport with all standards for prisoner health care as required by the National Institute of Corrections and the National Commission on Correctional Health Care. Inter-governmental processes and procedures were established for the operation of a fully functioning correctional medicine outpatient clinic, never heretofore administered nor embodied within the GMH. As a result, GMH questioned the entitlement of its staff to hazardous pay, a benefit normally accruing to law enforcement work. GMH has declined, under funding provided pursuant to the Agreement, to compensate its nurses or on-call staff for work performed at the DOC Clinic without clear direction that hazardous pay is legally allowable.

DISCUSSION:

Title 4 G.C.A. § 6222(a) governs generally entitlement to hazardous pay as follows:

> "A corrections officer or a parole officer or ***any employee*** of the government who performs the duty of ***guarding prisoners*** or supervising or counseling parolees, shall be entitled to hazardous pay, calculated at the rate of his or her regular wage, plus ten percent (10%), for all periods he or she is on such duty. The differential shall be applicable only during the time of exposure" (emphasis added).

Historically, hazardous pay was first recognized as compensation due for work solely involving the guarding of prisoners or for those positions requiring close proximity to prisoners or detainees. It was expanded by health statutes and personnel regulations to cover other forms of hazardous conditions related to dangerous environmental conditions and temporary exposure to life-threatening situations. For purposes of this opinion, we focus only on conditions related to the traditional role of government work done in proximity to inmates and detainees within a prison or jail setting, and more specifically, to the work of medical personnel from GMH working in a correctional health care clinic.[2]

With regard to hazardous pay related to the "guarding of prisoners" referred to in Section 6222(a), the Department of Administration's (DOA) 1996 Personnel Rules and Regulations APPENDIX D (Hazardous/Environment Pay Policy) define the parameters of such pay in the following manner:

---

[2] This opinion does not apply to law enforcement personnel whose base pay incorporates the inherent hazardous nature of law enforcement work in the first instance, as well as recent across-the-board pay increases for all law enforcement positions within the government of Guam.

GUARDING OF PRISONERS
A Uniformed Officer ***or any employee of the government*** who performs the duty of guarding prisoners in transit, ***or is otherwise exposed to a life-threatening environment with respect to incarceration of prisoners shall*** be entitled to hazardous pay for all periods he or she is on such duty. The differential shall be applicable only during time of exposure (emphasis added).

The regulatory interpretation by DOA is consistent with the long history of defining the numerous situations where government employment involved work in close proximity to prisoners, whether or not it specifically involved guarding, security, or the supervision of prisoners. This interpretation permitted law enforcement agencies greater flexibility and usage of hazardous pay for purposes of compensating government employees who, by virtue of their proximity to prisoners, faced life-threatening conditions. Working at the DOC Mangilao and Agana prison and detainee facilities is inherently dangerous. Therefore, compensation to the class of positions providing medical care in prisons/jails must include compensation for the inherent danger associated with such duties and responsibilities, which differ greatly from the administration of medical care to the general population.

Throughout the United States, there are numerous accounts of nurses and medical personnel working alongside corrections officers in very violent, dangerous and stressful jail and prison work environments. Some recent examples include incidents of attacks on nurses at jails in Missouri's Saginaw County, California (Costa County), and Mahoning County in Youngstown, Ohio. Injuries to nurses have also been reported in prison settings at Central Prison in North Carolina and Folsom State Prison in California.

Prison health care is an emerging, although not yet fully developed field, across the nation and on Guam. Compensation to address the hazards related to working within a prison/jail setting is necessarily unaccounted for within the normal base pay structure for health care professionals not otherwise employed full time by DOC. The allowance for hazardous pay under the statute and DOA rules provide special compensatory benefits to those GMH health care employees whose base salaries do not reflect the inherent dangers of working in a correctional setting, which is a highly dangerous environment.

CONCLUSION:

We support the sound definitions of hazardous conditions incorporated into DOA's personnel regulations, and believe they are consistent and comport with the overall intent of the statutes and the history of hazardous pay compensation within a correctional system. It is therefore our opinion that under 4 G.C.A. § 6222(a) and DOA's Personnel Rules and Regulations, classified employees of GMH including registered nurses, LPNs, certified nurse assistants, health administrators, ward clerks, clerks, medical records personnel, pharmacists, and

pharmacy technicians are entitled to the payment of hazardous pay at the rate of ten percent (10%) for all periods on duty at the DOC facilities. A copy of Executive Order No. 2001-10 (GMH's adoption of DOA Personnel Rules and Regulations) is attached hereto as Attachment 1.

Such compensation is legally allowable, and GMH classified employees are entitled by law to hazardous pay accruing, as of June 26, 2015, the effective date of the Agreement between DOC and GMH.

THIS IS AN OPINION OF THE ATTORNEY GENERAL OF GUAM. IN MAKING ANY INQUIRY TO OUR OFFICE IN REGARD TO THIS OPINION PLEASE USE THE REFERENCE NUMBER SHOWN.

OFFICE OF THE ATTORNEY GENERAL

By: **ELIZABETH BARRETT-ANDERSON**
Guam Attorney General

Enclosure: Attachment 1

cc: Dr. Larry Lizama, DOC Medical Director and
Acting GMH Hospital Administrator
Zennia Pecina, Clinical Administrator
Director of Administration

Theo Pangelinan

From: Theo Pangelinan <theo.pangelinan@gmha.org>
Sent: Wednesday, August 14, 2019 1:59 PM
Subject: FIRST NOTICE of GMHA Board of Trustees Meeting

Importance: High

FOR IMMEDIATE RELEASE - August 14, 2019

NOTICE OF PUBLIC MEETING

In accordance with the Open Government Law, relative to notice of meetings, this serves as public notice for the regular meeting of the GMHA Board of Trustees on Wednesday, August 21, 2019 at 5:30 p.m. in the Daniel L. Webb Conference Room.

You may contact Toni Tenorio at 647-2218 or via e-mail at toni.tenorio@gmh.org for special accommodations, auxiliary aids, or other services.

Theo M. Pangelinan
Administrative Assistant | Guam Memorial Hospital Authority | Hospital Administration/Board Office
phone: (671) 647-2104
site: www.gmha.org
email: theo.pangelinan@gmha.org
address: 850 Gov. Carlos G. Camacho Road, Tamuning, Guam 96913

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GUAM 5-DAY FORECAST

AccuWeather - DOWNLOAD THE FREE APP

Today	Tonight	Thursday	Friday	Saturday	Sunday
A t-storm in the area	A heavy t-storm	A few showers	A t-storm in the area	A shower or t-storm	Mostly cloudy, a t-storm
88°	77°	86° 77°	86° 78°	85° 78°	86° 78°
Winds: NE 4-8 mph	**Winds:** NE 3-6 mph	**Winds:** NE 4-8 mph	**Winds:** SSW 4-8 mph	**Winds:** S 6-12 mph	**Winds:** SSW 8-16 mph
Precipitation: 45%	**Precipitation:** 55%	**Precipitation:** 65%	**Precipitation:** 45%	**Precipitation:** 60%	**Precipitation:** 60%

Almanac

Statistics through Monday

Temperature

High	88°
Low	80°
Normal high	87°
Normal low	76°
Record high	91° in 1988
Record low	71° in 1947

Precipitation

Monday	0.03"
Month to date	11.28"
Normal month to date	6.16"
Year to date	34.47"
Normal year to date	45.53"

UV Index

1 2 3 4 5 6 7 8 9 10 11+

The higher the AccuWeather.com UV Index™ number, the greater the need for eye and skin protection. 0-2 Low; 3-5 Moderate; 6-7 High; 8-10 Very High; 11+ Extreme.

Sun & Moon

Sunrise today	6:09 a.m.
Sunset tonight	6:44 p.m.
Moonrise today	5:55 p.m.
Moonset today	4:48 a.m.

Full	Last	New	First
Aug 15	Aug 24	Aug 30	Sep 6

Surf Report

Small craft advisory is in effect through Tuesday night. Mostly cloudy and breezy with a passing shower. Winds south-southwest at 10-20 knots. Gusts to 25 knots. Seas 6-9 feet and surf 8-10 feet.

Tides

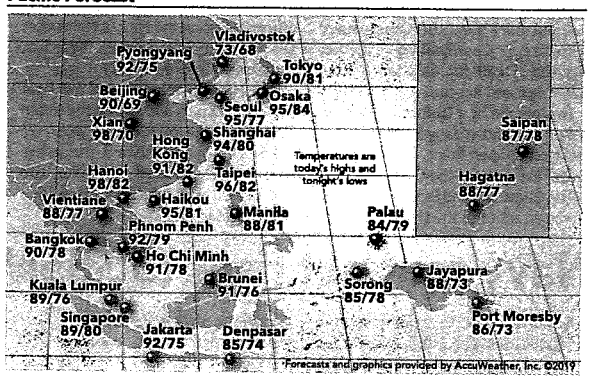
Apra Harbor

	August 14		August 15	
High	5:56 a.m.	2.3 ft.	6:40 a.m.	2.3 ft.
Low	1:01 a.m.	1.4 ft.	1:42 a.m.	1.4 ft.
High	8:18 p.m.	2.2 ft.	8:47 p.m.	2.3 ft.
Low	1:17 p.m.	-0.2 ft.	1:55 p.m.	-0.2 ft.

Pago Bay

	August 14		August 15	
High	5:05 a.m.	1.6 ft.	5:47 a.m.	1.6 ft.
Low	12:11 a.m.	1.2 ft.	12:49 a.m.	1.2 ft.
High	7:56 p.m.	1.5 ft.	8:23 p.m.	1.5 ft.
Low	12:48 p.m.	-0.1 ft.	1:25 p.m.	0.0 ft.

Pacific Forecast



Palau

Today	High/Low **84°/77°** An afternoon shower **Precipitation:** 40% **Winds:** S 4-8 mph
Thursday	High/Low **84°/79°** Brief afternoon showers **Precipitation:** 70% **Winds:** SSE 3-6 mph
Friday	High/Low **85°/79°** An afternoon shower or two **Precipitation:** 70% **Winds:** WSW 3-6 mph

Pohnpei

Today	High/Low **87°/73°** A brief morning shower or two **Precipitation:** 60% **Winds:** SSE 3-6 mph
Thursday	High/Low **88°/74°** Mostly sunny and nice **Precipitation:** 20% **Winds:** SW 3-6 mph
Friday	High/Low **88°/74°** Partly sunny, a few showers **Precipitation:** 65% **Winds:** WNW 3-6 mph

Chuuk

Today	High/Low **83°/77°** Rather cloudy, showers around **Precipitation:** 65% **Winds:** SSE 4-8 mph
Thursday	High/Low **83°/77°** Partly sunny; showers at night **Precipitation:** 25% **Winds:** SSW 4-8 mph
Friday	High/Low **83°/77°** Times of clouds and sun **Precipitation:** 25% **Winds:** WSW 4-8 mph

IMPROVING our Airport & ENHANCING Guam's BUSINESS Investment Potential

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Hon. Governor Maga'hâga
JOSHUA F. TENORIO
Hon. Lt. Governor Sigundo Maga'lâhi

REQUEST FOR PROPOSAL

Construction Management Services for Terminal Building Structural Upgrade and Concourse Isolation

RFP NO: RFP-009-FY19
PROJECT NO: GIAA-FY14-01-1
DEADLINE for RECEIPT of
WRITTEN QUESTIONS: Aug. 23, 2019 - 5:00 PM (CHST)
RFP SUBMISSION DEADLINE: Sept. 13, 2019 - 4:00 PM (CHST) GIAA Admin. Office

The Antonio B. Won Pat International Airport Authority, Guam (GIAA) a public corporation and autonomous instrumentality of the Government of Guam, is soliciting proposals from professional firms and/or individuals to provide construction management services for the Terminal Building Structural Upgrade and Concourse Isolation construction project. A complete Request for Proposal (RFP) package is available for download from GIAA's website at www.guamairport.com. A copy of the RFP is available for inspection at the GIAA Administration Office, 3rd Floor, Main Terminal Building, Chalan Pasaheru, Tamuning, Guam, anytime from Monday through Friday, excluding holidays, between 8 a.m. and 5 p.m. A non-refundable payment of Ten Dollars ($10.00) in cash, certified check, or cashier's check is required for an electronic file (.pdf format) on a USB flash drive, which can be obtained at the GIAA Administration Office. GIAA recommends that any and all prospective proposers register by submitting to GIAA the Acknowledgement of Receipt Form included as part of this RFP. GIAA shall not be liable for failure to provide notice(s) to any proposer who did not submit an Acknowledgement of Receipt Form. GIAA shall have the right to reject, in whole or in part, proposals or offers which have been submitted in response to this RFP, pursuant to 2 GAR Div. 4, § 3115(a)(2), and/or cancel this RFP if it is determined to be in the best interest of GIAA and/or for whatever reason allowed by the Guam Procurement Law or Regulations. For additional information, please contact the Single Point of Contact, Mr. Henry M. Cruz, via email at giaarfp919@guamairport.net.

THOMAS C. ADA, Executive Manager
JOHN M. QUINATA, Deputy Executive Manager
AD PAID FOR BY: ATURIDAT PUETTON BATKON AIREN ENTENASIONAT GUAHAN
WE'RE ON IT 24/7
P.O. BOX 8770 Tamuning, GU 96931
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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: Wednesday, August 21, 2019
Time: 5:30 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

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

/s/ Lillian Perez-Posadas, MN, RN
Acting, Hospital Administrator/CEO

This advertisement was paid for with government funds.

Committee On Health, Tourism, Historic Preservation, Land and Justice

SENATOR THERESE M. TERLAJE
I Mina'trentai Singko na Liheslaturan Guåhan
35th Guam Legislature

PUBLIC HEARING • 5:00 p.m. • FRIDAY, August 16, 2019
Guam Legislature Public Hearing Room, Guam Congress Building, Hagåtña

AGENDA:

- **5:00 PM** – Confirmation Hearing on the **Executive Appointment of Arlene P. Bordallo** to serve as a **Member** of **CHamoru Land Trust Commission**

If you require any special accommodations or for further information, please contact the Office of Senator Therese M. Terlaje at 472-3586. Testimonies may be submitted to our office at Ada Plaza Center, Suite 207, 173 Aspinall Avenue, Hagåtña, Guam 96910, to the Guam Congress Building, or via email at senatorterlajeguam@gmail.com. The hearing will broadcast on local television, GTA Channel 21, Docomo Channel 117/82.4 and stream online via I Liheslaturan Guåhan's live feed at http://www.guamlegislature.com/live_feed.htm. This ad is paid for with government funds.

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THE GUAM DAILY POST

Marchers mark Slave Trail of Tears

ALEXANDRIA, Va. (The Washington Post) – When the cotton-candy-color sky faded to black above the old cemetery, they started marching.

They numbered in the dozens: men and women, young and old, black and white. They bowed their heads, watched their step on ragged brick sidewalks, cupped electric candles in their palms. They were silent – a silence they kept for the mile-long journey from the Alexandria Contrabands and Freedmen Cemetery to the small, yellow rowhouse that was once the largest slave-trading depot in the nation.

Earlier that Friday evening, the Rev. Joseph Thompson, the director of multicultural ministries at the Virginia Theological Seminary, had reminded the crowd – including faith leaders, politicians, historians, students, couples and families – why it gathered.

"It's all so we can get an idea, some insight into what it must have been like to march for days and weeks on end," Thompson said. "We must raise awareness."

Thompson was referring to a painful slice of history that, until recently, was known only to scholars: the "Slave Trail of Tears," in which about a million enslaved people were forced to walk from the Upper South – Virginia, Maryland and Kentucky – to labor on plantations in the Deep South. The migration, which took place between 1810 and 1865, reshaped the country, won slave traders immense fortunes and ripped apart countless families.

Friday's event, organized by the Episcopal seminary in collaboration with the Episcopal Diocese of Southwestern Virginia, was meant to honor the enslaved marchers. It was also timed to coincide with the 400th anniversary of enslaved Africans' arrival in North America – and it kicked off a weekend of church-organized ceremonies that will all take place in sites located along the path enslaved marchers traveled, what is today U.S. Route 50 and U.S. Route 11.

Speakers at the historic cemetery, where former slaves are buried, evoked the enslaved people's pain through prayer, poetry and song. Marchers walked up to 10 hours a day – covering about 20 miles – in all kinds of weather, and many died along the way from hunger, thirst, exhaustion or disease.



COMMEMORATING: *Marchers move silently through Alexandria, Va., commemorating the Slave Trail of Tears on Aug. 16. Marvin Photos by Joseph/The Washington Post*



RAISING AWARENESS: *Kimberly Banks-Brown, of the United Church of Christ, sings a Negro spiritual at the Contrabands and Freedmen Cemetery in Alexandria, Va., Aug. 16. The event concluded with a silent march commemorating the Slave Trail of Tears on Friday.*

One speaker on Friday gripped his throat with both hands as he exhorted the audience to imagine the horror of a slave collar.

"We march, remembering the reality that the vestiges of slavery we thought had long ago passed away are present and with us each and every day," said the Rev. Kim Coleman, the rector of Trinity Episcopal Church in Arlington.

The Slave Trail of Tears was so seminal that it leeched through to the nation's language. The phrase "sold down the river" stems from that march, as does the notion of a "chain gang"; as they marched, enslaved men and boys walked with their wrists handcuffed together. Women and girls followed, tied with ropes.

Yet Americans forgot – or chose to forget, said Jacqueline Copeland, the executive director of the Reginald F. Lewis Museum of Maryland African American History and Culture.

"This history has been in the shadows, it hasn't seen the light of day because people don't want to acknowledge what happened in our slave past," Copeland said.

Melissa Hays-Smith, a deacon for the Episcopal Diocese of Southwestern Virginia, decided a few months ago that she had to fight the fading of that history. She began reaching out to churches across the diocese to gauge their interest in commemorating the enslaved people's march.

> "We march, remembering the reality that the vestiges of slavery we thought had long ago passed away are present and with us each and every day."
>
> – *Rev. Kim Coleman, rector of Trinity Episcopal Church*

"I think the time is right for this," Hays-Smith said. "In our diocese, we've been preparing people to feel strong and empowered to address racial injustice – and then, we see injustice in our world and it's really being highlighted politically."

Alexandria was the perfect place to start, Hays-Smith said, because it's where most enslaved marchers began their journeys. Specifically, they started at the yellow Alexandria townhouse that Isaac Franklin and John Armfield bought and converted to a "slave pen" in 1828.

The pair went on to become the most successful slave traders in the pre-Civil War United States, shipping an estimated 25,000 enslaved people south. Franklin and Armfield, whom Smithsonian Magazine dubbed the "undisputed tycoons" of the domestic slave trade, made more money and tore apart more families than almost anyone else.

"We cannot be forgetting these atrocities," Thompson said.

The Friday night marchers' journey would end at the former slave pen, today a museum. But it began with song: As the crowd exited the graveyard, one woman remained behind, trilling a hymn into the cooling, late August air.

In my trials, Lord, walk with me;
when my heart is almost breaking,
Lord, I want Jesus to walk with me.

Many continued humming the chorus to themselves – though otherwise remaining silent out of respect – as they spilled into the dusky streets. A police car and an officer on a motorcycle, provided by the city, guided the procession through intersections.

The blue-and-red police lights painted faces and windows in carnival colors as passersby stared and whispered. Stopped traffic formed lines that stretched for blocks. No one honked.

The marchers, walking mostly in twos, passed restaurants, banks, churches. Some establishments suggested the details of lives enslaved people never got to lead: here an elementary school, there a bridal boutique, across the street a funeral home.

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
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Tamuning, Guam 96913

PUBLIC NOTICE

BOARD OF TRUSTEES MEETING

Date: Wednesday, August 21, 2019
Time: 5:30 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

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

/s/ Lillian Perez-Posadas, MN, RN
Acting, Hospital Administrator/CEO

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Guam Housing and Urban Renewal Authority (GHURA) will receive sealed proposals for IT EQUIPMENT - Desktop Computers, Impact Printers, Laptop Computer, Uninterruptible Power Supply (UPS), and Network Equipment (router and switches) until 10:00 a.m. on August 28, 2019 in the Board Room located at the Main Office in Sinajana.

Copies of the IFB packet documents will be available beginning August 12, 2019 between the hours of 8:00 a.m. to 12:00 p.m. and between 1:00 p.m. to 4:00 p.m. Monday through Friday except on holidays at the GHURA Main Office. A pre-bid conference will be held on August 15, 2019 at 10:00 a.m. at the GHURA Main Office in Sinajana.

A $25.00 non-refundable deposit (cash, money order, or company check) is required for each IFB packet. Personal checks will not be accepted. GHURA reserves the right to waive any minor informalities, cancel this solicitation at any time and reject any and all proposals.

GHURA is an Equal Opportunity Employer

Ray S. Topasna
Executive Director

GHURA does not discriminate against persons with disabilities. The Chief Planner has been designated as Section 504 Coordinator. The Coordinator can be contacted at the above address and telephone numbers.

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