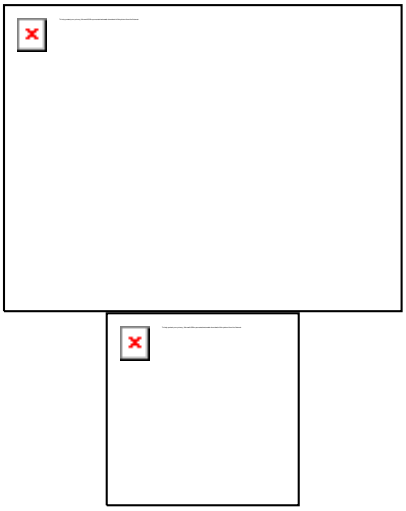
clerks@guamlegislature.org

From: Speaker's Office <speaker@guamlegislature.org>
Sent: Monday, June 8, 2020 2:33 PM
To: Clerks Office
Cc: Rennae Meno
Subject: Messages and Communications
Attachments: GMHA Memo 6-4-20.pdf; BOT Meeting 05-27-20.pdf

06-08-20	11:45 PM	06-04-20	Reporting Requirements for Boards and Commissions of the GMHA Board of Trustees during the May 27, 2020 Regular Meeting.	Guam Memorial Hospital Authority	35GL-20-1864



Sinseru yan Minagåhet,

Office of the Speaker • Tina Rose Muña Barnes
Committee on Public Accountability, Human Resources & the Guam Buildup

35th Guam Legislature
I Mina'trentai Singko na Liheslaturan Guåhan

Guam Congress Building | 163 Chalan Santo Papa | Hagatna, GU 96910
T: (671) 477-2520/1
speaker@guamlegislature.org

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Gumai pribilehu yan konfedensia este siha na mensåhi. Solo espesiåtmente para hågu ma entensioña pat ma aturisa para unrisibi. Sen prubidu kumu ti un ma aturisa para manribisa, na'setbe, pat mandespåtcha. Yanggen lachi rinisibu-mu nu este na mensåhi , put fabot ago' guatu gi I numa'huyong gi as speaker@guamlegislature.org yan despues destrosa todu siha I kopian mensåhi. Si Yu'os ma'åse'.

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

35GL-20-1864
Speaker Tina Rose Muña Barnes

JUN 0 8 2020
Time 11:45 (X)AM ( )PM
Received By: alon

June 4, 2020

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

RE: Reporting Requirements for Boards and Commissions

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 May 27, 2020 regular meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Administrative Assistant – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Kindest Regards,

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

Enclosure

MEETING IN PROGRESS

GMHA Board of Trustees

Wednesday, May 27, 2020 | 5:00 p.m.

Zoom Video Conference

GMHA Board of Trustees

ATTENDANCE SHEET

Wednesday, May 27, 2020 | 5:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Theresa Obispo	Chairperson	Present
	Melissa Waibel	Vice-chairperson	Present
	Sarah Thomas-Nededog	Secretary	Present
	Byron Evaristo	Treasurer	Present
	Sharon Davis	Trustee	Present
	Sonia Siliang	Trustee	Present
	Glynis Almonte	Trustee	Present
	Michael Um	Trustee	Present
	Evangeline Allen	Trustee	Present
Executive Management/Medical Staff	Lillian Perez-Posadas	Hospital Administrator/CEO	Present
	William N. Kando	Associate Administrator, Operations	Present
	Annie Bordallo, MD	Associate Administrator, Medical Services	Present
	Joleen Aguon, MD	Associate Administrator, Clinical Services	Present
	Don Rabanal	Assistant Administrator, Administrative Services	Present
	Jemmabeth Simbillo	Assistant Administrator, Nursing Services	Present
	Christine Tuquero	Deputy Assistant Administrator, Nursing Services	Present
	Yukari Hechanova	Acting, Chief Financial Officer	Present
	Rodalyn Gerardo	Chief Auditor	Present
	Dustin Prins, DPM	Medical Staff President	Present
Guest(s)			

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

May 27, 2020 | 5:00 p.m. | Zoom Video Conference

BOARD MEMBERS: Theresa Obispo, Chairperson; Melissa Waibel, Vice-chairperson; Sarah Thomas-Nededog, Secretary; Byron Evaristo, Treasurer; Sharon Davis, Trustee; Sonia Siliang, Trustee; Glynis Almonte, Trustee; Michael Um, MD, Trustee; Evangeline Allen, Trustee

Time	Item		Owner
5:00 p.m.	I.	Welcoming | Call Meeting to Order and Determination of Quorum	Trustee Obispo
5:01 – 5:05	II.	Review and approval minutes A. April 28, 2020	All Trustees
5:05 – 5:15	III.	Old Business A. US ACOE Facilities Condition Assessment, GMHA, 18-22 November 2019	Mrs. Posadas
5:15 – 5:25 5:25 – 5:35	IV.	New Business A. Bill No. 305-35 (COR) is an act to add Chapter 98 to Division 4 of Title 20, Guam Code Annotated, relative to a Public-Private Partnership for the management of the Guam Memorial Hospital Authority B. 2020 Strategic Plan Implementation Report Update	Mrs. Posadas
5:35 – 6:05	V.	Management's Report	Executive Management
6:05 – 6:15	VI.	Board Subcommittee Reports A. Governance, Bylaws, and Strategic Planning 1. Board of Trustees Self-Evaluation Preliminary Review	Trustees Thomas-Nededog, Siliang
6:15 – 6:20	VII.	Public Comment	
6:20	VIII.	Adjournment	Trustee Obispo

Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees

Tuesday, April 28, 2020 | 5:00 p.m.
Zoom Video Conference

ATTENDANCE

Board Members
Present: Theresa Obispo, Melissa Waibel, Sarah Thomas-Nededog, Sharon Davis, Sonia Siliang, Glynis Almonte, Evangeline Allen

Absent: Byron Evaristo, Dr. Michael Um

Leadership
Present: Lillian Perez-Posadas, William Kando, Don Rabanal, Jemmabeth Simbillo, Christine Tuquero, Yukari Hechanova, Rodalyn Gerardo, Dr. Dustin Prins

Absent: Dr. Joleen Aguon, Dr. Annie Bordallo

Guests:
Oyaol Ngirairikl (The Guam Daily Post), Rob Weinberg

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 GCA, 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 5:04 p.m. on Tuesday, April 28, 2020 via Zoom Video Conferencing.	Trustee Obispo	None	None
II. EXECUTIVE SESSION				
	At the written request of Chairperson Obispo, Trustee Waibel motioned, and it was seconded by Trustee Almonte, to hold an executive session to discuss a personnel matter. The motion carried with all ayes.	All Board Members	None	Approved
III. REVIEW AND APPROVAL OF MINUTES				
A. March 12, 2020	Trustee Waibel motioned, and it was seconded by Trustee Davis, to approve the March 12, 2020 minutes as presented. The motion carried with all ayes.	All Board Members	None	Approved
B. April 8, 2020	Trustee Nededog motioned, and it was seconded by Trustee Almonte, to approve the April 8, 2020 minutes as presented. The motion carried with all ayes.	All Board Members	None	Approved
IV. OLD BUSINESS				
A. Hospital Administrator/CEO Performance Evaluation	Trustee Allen motioned, and it was seconded by Trustee Almonte, to approve the Hospital Administrator/CEO's work Planning Performance Evaluation for the period of January 28, 2019 through January 27, 2020. The motion carried with all ayes.	All Board Members	None	Approved
B. US ACOE Facilities Condition Assessment, GMHA, 18-22 November 2019	Mr. Kando informed the Board that the GMHA had received the final version of the Facilities Conditions Assessment from the U.S. Army Corps of Engineers (USACE).	All Board Members	Updated to be provided at the next scheduled meeting.	Open

	The GMHA's request for a breakdown of the $21M in estimated costs for repairs was not provided in the final report, however, the USACE did include other recommendations provided by the GMHA. Mr. Kando stated that the Hospital Administrator's and Governor Leon Guerrero's desire was to build a new hospital, and to sustain the existing structure through major repairs and renovations as recommended by the USACE. It was noted that BBMR was looking into funding for renovations like the roof repairs which was estimated to cost $1.5M. Mr. Kando proposed that the Facilities, Capital Improvement, and Information Technology Subcommittee, chaired by Trustee Davis, take ownership of this project. Trustee Nededog expressed for a plan to be developed and shared with the Board. Trustee Allen expressed that the major repairs identified in the report posed a safety risk for patients and staff, and that it would be best to address them concurrently as much as possible.			
C. Board of Trustees Self Evaluations	Mr. Pangelinan informed the Board that self-evaluations were received from all nine (9) Trustees. The submissions were tallied and the results will be provided to the Chairperson and Vice-chairperson of the Governance, Bylaws, and Strategic Planning Subcommittee, Ms. Nededog and Ms. Siliang respectively. Trustee Nededog stated that she would have a report for the Board within a week's time.	All Board Members	Updates to be provided at the next scheduled meeting.	Closed
D. Takecare Insurance	Ms. Posadas reported that Takecare still owed the GMHA approximately $13M in claims for services rendered to its subscribers. She stated that the GMHA continued treating TakeCare subscribers, but noted that they were processed as self-	None	Updates to be provided at the next scheduled meeting.	Informational

	pay and were required to sign a payment agreement at discharge. It was noted that TakeCare filed a government claim against the GMHA dated April 13th. GMHA had yet to hear from the Office of the Attorney General on the matter.			
E. <u>COVID-19 Updates</u>	Ms. Posadas provided a thorough report of COVID-19 updates. The following are highlights of events: • The census of COVID patients had dropped significantly over the last several days and, as of April 28, 2020, there are no COVID positive patients at GMHA. • All 52 COVID patients that were admitted into GMHA since March 14 have recovered. • The GMHA laboratory now has the capability to test any PUI's and provide results within 15 minutes. • A total of 540 swabs were performed internally. The total number of patients who tested negative for COVID was 422, but the total number of negative results was 469 because some patients required repeat testing. • Of the 60 COVID positive patients, 48 were members of the community and 12 were hospital staff. It was noted that the employees who tested positive have fully recovered and were back to work. • Although four (4) patients tested negative twice, clinically, either by CT scan or by presenting respiratory symptoms, they were diagnosed as COVID positive. • The number of COVID deaths remained at five (5).	Hospital Administrator/ CEO	Updates to be provided at the next scheduled meeting.	Informational

	• The Department of Public Health and Social Services (DPHSS) started community-wide testing on Saturday in Astumbo, Dededo and will also test in other locations to accommodate those in the central and southern villages. In order to be swabbed for the virus, individuals must meet certain criterion. • GRMC continues operating as the non-COVID hospital, but GMHA is accepting non-COVID patients at the ER as well.			
F. <u>COVID-19 Response Differential Pay</u>	Ms. Posadas reported that Governor Leon Guerrero passed Executive Order No. 2020-08 establishing the creation of a three (3) tier COVID Response Differential Pay, made effective April 5, 2020, for essential employees who were required to report for duty as follows: • 25%- For employees who are in direct contact or proximity of PUIs or COVID positive patients; • 15%- For those who may incidentally come into contact with PUI's or COVID positive patients; • 10%- For essential employees who are not in direct contact with PUI's or COVID positive patients, and who reported to their work site. To date, the cost was approximately $150,000. Mrs. Posadas informed the Board that the differentials will be adjusted accordingly with the change in census of COVID patients, except for the emergency room where PUI's or COVID positive patients may enter at any given time.	Hospital Administrator	Updates to be provided at the next scheduled meeting.	Informational
V. NEW BUSINESS				
A. <u>2020-27, Relative to the Ratification of the Lease Agreement with Catholic Social Services (CSS)</u>	Mrs. Posadas informed the board that the Office of the Attorney General did not approve the lease agreement based on the following factors: 1. although an emergency was declared for Guam, the GMHA did not follow the procurement process accordingly;	Hospital Administrator	Updates to be provided at the next scheduled meeting.	Open

	2. the facility had a fire alarm system installed, but lacked a fire sprinkler system. To mitigate the lack of a sprinkler system, the GMHA had instituted a 24/7 fire watch which was approved by the Guam Fire Department and Department of Public Works, and was accepted by CMS via a waiver. 3. The structure was not built to operate as an inpatient facility, therefore, the occupancy code was not suitable for inpatients. In response to Trustee Nededog's inquiry, Mr. Kando stated that the cost to install a sprinkler system at the CSS facility would be in the hundred thousand range. The transfer of patients to the GRMC was considered, but the cost was significantly higher at $84,000/month compared to $10K/month at CSS. Mrs. Posadas stated that there was still an opportunity to collaborate/negotiate terms with the GRMC, but expressed that she was not in support of transferring residents a third time. According to Mr. Kando, the state surgeon visited the SNF at CSS and was satisfied with the renovations made to accommodate the residents. At present, there were nine (9) residents at the Skilled Nursing Facility (CSS).			
B. <u>Skilled Nursing Facility (SNF) Chiller</u>	Mrs. Posadas reported that the COVID Isolation Facility (CIF), formerly the SNF, was closed on April 15th because there were no patients. Coincidently, the chiller became inoperable on April 17th. As a temporary measure, the Guam Army National Guard installed blowers throughout the facility to keep the facility cool in order to sustain the equipment and prevent the growth of mold.	Associate Adm., Operations	Updates to be provided at the next scheduled meeting.	Informational

	The GMHA will implement a three-prong approach to addressing the matter long-term: • 1st Prong - GMHA requested for a 145 ton chiller from the Department of Defense; • 2nd Prong – Process of a purchase order for a contractor to repair the chiller; • 3rd Prong – Initiate the procurement for a new chiller. Mr. Kando informed the Board that that the contract for a new chiller will be routed to the Office of the Attorney General for review and approval. The expected time for completion was at the end of the year due to the pandemic. It was noted that security was still present to ensure that there is no tampering at the CIF.			
C. <u>Electronic Health Record (EHR) Update</u>	Mr. Rabanal reported that an Executive Kickoff with Medsphere was launched and will be followed by an EHR Project Team Kickoff on April 29, 2020. He noted that a first amendment, adding a tele-health component, was signed in order to take advantage of a FCC grant specifically for COVID tele-health services which can be used beyond the pandemic. The cost for the add-on was $633/month. Mrs. Posadas informed the Board that she would like to propose a second amendment in the future that would expand interconnectivity to the Department of Public Health and Social Services (DPHSS). Delays in the implementation of the EHR were expected due to the pandemic with the new dates in the first/second quarter 2021. Mr. Rabanal hoped to present Medsphere's 'generic' plan to the Board in the near future. He mentioned that three (3) project managers were assigned to the GMHA to assist with implementation.	Assistant Adm., Administrative Services	Updates to be provided at the next scheduled meeting.	Informational

	Mrs. Posadas reported that there were two potential candidates to take on the role as EHR Project Manager – a position that was recommended by the Board. One candidate was not available and she was in contact with the other candidate, recently. Trustee Davis requested for the plans to be shared with the candidates so that they can determine if they would, in fact, be able to offer their services.			
D. <u>Revenue Cycle Management (RCM) Update</u>	After being unable to secure approval by the Office of the Attorney General for the sole-source procurement for RCM services, the GMHA had prepared/issued a Request for Proposal for the same service. The signed agreement with Medhealth Solutions will be forwarded to the Office of the Attorney General for approval, and then routed to the Office of the Governor. Medhealth Solutions will be providing training for the staff to capture all possible claims, among other services. The desired effective date is June 2020, but delays were expected due to travel restrictions. Mr. Rabanal noted that the RCM Cloud demo will be conducted on April 28, 2020.		Updates to be provided at the next scheduled meeting.	Informational
VI. MANAGEMENT'S REPORT				
	• Mrs. Posadas reported that $4.5M in Medicare Advantage Advance Program funds was received around a week's time after the application was prepared and submitted by Acting, CFO, Yukari Hechanova. Another funding opportunity for the hospital was from the Payment Protection Program for reimbursement of COVID-19 related payroll expenses. However, one criteria required reimbursements less than 50% from government revenues with the exception of Medicaid.	Executive Managers	Updates to be provided at the next scheduled meeting.	Informational

	Mrs. Hechanova will look into this program further. She hoped that it was a loan that would be forgiven in the future. • Dr. Prins reported that the Medical Executive Committee (MEC) will resume its regular meetings on May 1st and will recur every 4th Wednesday of the month. He acknowledged the staff once again for their hard-work and dedication. Trustee Obispo expressed her gratitude towards the employees and medical staff of the GMHA, and how proud she was to be a member and Chairperson of the Board of Trustees.			
VII. BOARD SUBCOMMITTEE REPORTS				
A. Joint Conference and Professional Affairs (JCPA) 1. 2020-28, Relative to the Reappointment of Active Medical Staff Privileges (exp. 03/31/22) for: • Martin Arrisueno, MD 2. 2020-29, Relative to the Appointment of Provisional Medical Staff Privileges (exp. 03/31/21) for: • Daniel Hartmann, MD; • Maida Ribati, MD.	Trustee Waibel presented Resolutions 2020-28 and 2020-29. Trustee Davis motioned, and it was seconded by Trustee Waibel, to approve Resolutions 2020-28 and 2020-29 as presented. The motion carried with all ayes. *Note: Sera Rios, Medical Records Dept., confirmed that Dr. Arrisueno was compliant with medical chart requirements.*	Chair & Vice-chair, JCPA	None	Approved
B. Finance & Audit 1. FY 2021 Budget Request (Draft)	Ms. Hechanova reported the following: • The biggest challenge was reducing the budget by $18M, but adjustments were made to items such as: overtime, vacancies, specialty pay (hazardous pay, certification, etc.) and equipment. She pointed out that the budget included the vacancies that have been funded, and that	Chief Financial Officer; Chair & Vice-chair, F&A Subcommittee	None	Approved

	several minor equipment needs were procured during the COVID pandemic period. • There was an increase of $3M for the Medical Services Division. • Compared to the FY2020 budget, GMHA is requesting $800K more for FY 2021. • Capital Improvement Projects were not included in the budget, but will still be available as a separate report to the Legislature. Trustee Almonte motioned, and it was seconded by Trustee Davis, to approve the FY-2021 Budget Request as presented. The motion carried with all ayes. The proposed FY-2021 Budget will be submitted to the 35th Guam Legislature by April 30, 2020.			
VIII. PUBLIC COMMENT				
	Ms. Ngirairikl from The Guam Daily Post asked the following questions: 1. What was the final budget for FY2021 that was approved? *[Mrs. Posadas: $137,865,144.]* 2. How many GMHA nurses are working at GRMC, if any? *[Mrs. Posadas: There are quite a few employees who either work at GMHA full time and GRMC part time and vice-versa.]*	None	None	None
IX. ADJOURNMENT				
	There being no further business matters for discussion, Trustee Obispo declared the meeting adjourned at 6:51 p.m., motioned by Trustee Waibel and seconded by Trustee Davis. The motion carried with all ayes.	All Board members	None	Approved

Transcribed by: _____
Justine A. Camacho
Administrative Assistant

Submitted by: _____
Sarah Thomas-Nededog
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the April 28, 2020 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 27th day of May 2020.

Certified by: _____
Theresa Obispo
Chairperson



Facilities Condition Assessment
Guam Memorial Hospital
Tamuning, Guam

18-22 November 2019

Doc. No. 35GL-20-1864.*

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Executive Summary
Facilities Condition Assessment
Tamuning, Guam

The U.S. Department of the Interior, Office of Insular Affairs, requested the assistance of the U.S. Army Corps of Engineers (USACE) with conducting an onsite facilities infrastructure assessment of the Guam Memorial Hospital (GMH). The USACE Assessment Team was tasked to conduct a site investigation of the facility and determine short-term (maintenance repairs) and long-term recommendations (upgrades to meet current applicable Joint Commission Standards and guidelines promulgated by the Centers for Medicare and Medicaid Services (CMS) and applicable Codes (e.g., International Building Code, National Fire Protection Association, Facilities Guidelines Institute) for the facility with associated rough order of magnitude costs.

On 18-22 November 2019, architects and engineers from the USACE Honolulu District, Huntsville Engineering Center Medical Facilities Center of Expertise and Standardization, USACE Walla Walla District Cost Estimation Branch, and the USACE Japan District Structural Engineering Branch conducted the facilities infrastructure assessment survey.

The following major items of infrastructure concern are listed below:

- Failure of the roof and exterior window assemblies
- Z wing has structurally failed and is unsafe, A and B wings need structural analyses
- Noncompliant aged electrical distribution system
- Incomplete fire sprinkler protection throughout the facility
- Incomplete firewall barriers and fire zone separation
- Corrosive failure of mechanical air distribution systems
- Improper air pressurization of the facility
- Inadequate sizing of inpatient rooms, ADA Noncompliant, lack of medical air, and emergency power outlets
- Many inpatient rooms are shared, lack of privacy and HIPAA concerns
- Medical equipment is antiquated and in need of repair by replacement
- Lack of parking for patients and visitors, parking lot needs to be expanded

The current infrastructure of the GMH facility is in an overall state of failure due to age, environmental exposure, lack of financial resources to support pre-planned capital infrastructure replacements, and lack of previous facilities design adherence to building codes. Extensive repair and/or replacement of all GMH facility sections is required to ensure renewed compliance with hospital accreditation standards and to protect the life, health, and safety of staff, patients, and visitors.

The existing facility is incapable of providing enough space to meet the long term needs of the patient population. Further degradation of the infrastructure will result in additional non-

compliance with standards and will result in denial of CMS accreditation. The failure of GMH to provide essential services will degrade the delivery of care to the population of Guam.

GMH will require $21M immediately for repairs to support the reaccreditation of the facility and eliminate hazards to life, health, and safety. These repairs consist of: roof replacement, exterior building repairs, HVAC repairs, life safety repairs, and fire sprinkler repairs. The options below are proposed for end-state facilities infrastructure capital investment.

Option A: Construct a new multi-story hospital of equivalent size on a suitable site on the island. The estimated cost for a new hospital is $743M, including $21M to support reaccreditation. This would entail the construction of a new facility in compliance with current building code and hospital accreditation criteria. This assessment did not address any requirements related to land transfer, upgrades to island infrastructure, or a feasibility study that addresses potential impacts on patient travel to a new facility. This estimate does not address potential clinical space deficiencies nor meet the future end-state of clinical services that must be resolved prior to design.

Option B: Repair the infrastructure of the current facility (312,351 SF), to include the demolition and recapitalization of the “Z” Wing and a parking garage over the existing parking lot. The estimated construction cost is $761M. This involves retrofitting all infrastructure to meet current building code and hospital accreditation criteria, to include immediate correction of deficiencies in the architectural, electrical, fire protection, mechanical, and structural systems. Repair of the current facility will require numerous utilities outages and interim life safety measures that will impact the delivery of immediate patient care services. While individual systems could be brought up to current code standard through repair, this may not fully address the existing space deficiencies, meet the future end-state of services. There is a high risk of encountering differing site conditions which would further escalate the cost and complexity of repairs.

The recommendations provided in this report support the **REPLACEMENT** of the existing facility (Option A). Major repair to the current GMH structure without expansion will provide enhancement to the environment of care but is the suboptimal solution with no expansion capacity for clinical operations. The current hospital campus lacks critical expansion space to support replacements to the central utility plant, enhancements to the existing hospital wings, and will not support additional parking without the construction of parking structures (garages). Additional space will also be required within the already crowded campus to support construction material storage, swing space, and contractor parking. The optimal solution to enhancement of health care services on Guam is the construction of a new medical campus on a site to be determined.

Facilities Condition Assessment
Guam Memorial Hospital
Tamuning, Guam

1. **Background:** On 18-22 November 2019, the U.S. Army Corps of Engineers (USACE), Honolulu District (POH) and the USACE Medical Center of Expertise and Standardization (MX), along with support from the USACE Japan District (POJ) and the USACE Walla Walla District (NWW) conducted a facilities condition assessment of the Guam Memorial Hospital. This survey was in support of a request from the Office of Insular Affairs (OIA). The results of this assessment will be used to estimate the cost of renovating and modernizing the current facility and/or constructing a new facility in compliance with national healthcare accreditation standards.

   The Guam Memorial Hospital is a 161 bed acute care hospital, with a working footprint of approximately 312,351 square feet. The campus has an approximately 300,000 sf. of non-working space (parking lots, loading dock etc.). The Z wing was the earliest building constructed. It is scheduled for demolition and is no longer in service. The main hospital building A and B wings were constructed in 1978. In 1989 a major expansion added the B, C, D, M, S, G, and entry wings. In 2014 the emergency department expansion was added along with an expansion of the critical care unit (CCU) and the intensive care unit (ICU).

   Assessment Team Qualifications: In order to meet the requirements of the above, the USACE assembled a team of subject matter experts. These individuals included senior architect and engineers from the USACE Medical Center of Expertise and Standardization (MX) under the Command of Huntsville Center (HNC). Specialized support for seismic analysis was provided by (POJ) and cost estimation support was provided by (NWW). All team members have professional licensure and have established personnel competencies through direct participation in the Department of Defense Medical Military Construction (DODM MILCON) Program and the Department of Veterans Affairs Major Project Execution Portfolio. The individual team members are identified in Appendix A.

2. **Technical Approach:** The assessment team spent a week at GMH. The technical team of architect and engineers conducted a complete facilities assessment of GMH to include interstitial areas and occupied clinical and administrative areas. The visual tour was an assessment of facilities compliance with governing building criteria, to include, but not limited to, compliance with such standards as recommend by the Centers for Medicare and Medicaid Services (CMS), the American Society for Heating, Refrigeration, and Air-

Conditioning Engineers (ASHRAE), the Facilities Guideline Institute (FGI) for Architectural Standards, and the National Fire Protection Association (NFPA).

The main body of this report will be a condition assessment of the existing facility followed by an analysis of the estimated cost to repair and upgrade the existing hospital as compared to the construction of a comparable new facility. In order to delineate the hierarchy of repair priorities, the following definitions will be used to highlight the importance of the recommendation to remediate a failing condition.

- Emergency Repair: A repair action required immediately due to a hazard impacting life, health, and/or safety. The repair action is assumed to be addressable within current budget, manpower, and local contracting capabilities.
- Priority Repair: A repair action required within <1 year due to a high risk of failure associated with capital infrastructure that may eventually impact life, health, or safety.
- Major Scheduled Replacement (MSR): A repair action required within 1-5 years normally anticipated with the end of lifecycle and programmed replacement of a capital infrastructure component.

3. **Facility Condition Assessment:** With the help of extensive site investigation and interview encounters with the staff of the GMH, the team evaluated the various fire protection, life safety, architectural, mechanical, electrical, and structural systems. The current condition of these systems is discussed below. There are many systems that need to be repaired and upgraded to meet current facility standards for healthcare.

Architectural Observations:

- Roof, Slope, and Drains: The existing roof system has exceeded its useful life. The roof is composed of foam tapered insulation, with a top membrane and ½ inch thick concrete toping with painted top coat. The slope is minimal to non-existent in most areas with the exception of the more recent Emergency Department (ED) and Intensive Care Unit (ICU) additions. Poor water drainage and ponding is quite evident. Appropriate roof slope is ¼ inch per foot minimum with ½ inch per foot ideal for positive drainage. The primary drainage is provided by roof drains. Scuppers which drain down the side of the building provide backup. The roof drain caps are corroded, broken, or even missing. The top coat does not appear to be flashed or sealed properly. Major cracking has occurred throughout the top layer which the facility has attempted to patch. The roof leaks excessively causing major interior damage to ceilings, walls, and equipment. Water damage to the interior can lead to mold growth and infection control issues. The roof has major degradation and requires total replacement. This would be a priority repair as defined above.

- Exterior Envelope (Walls, Flashing, and Expansion Joints): The exterior walls are in fair condition but need significant repairs (caulk, flashing, paint). The building envelope is severely compromised with numerous penetrations, open joints, failed caulk/sealant/expansion joints, and openings not sealed. There are numerous abandoned

air transfer grilles through the exterior walls that are allowing moist humid air to infiltrate the building. Many locations have been observed where the ceilings were stained, warped, or corroded from moisture infiltration or condensation. There are numerous locations around the facility where utility piping are penetrating the exterior wall/eave/frieze and are not sealed. The exterior envelope requires repair. Recommend sealing all penetrations with appropriate materials and vapor/air barrier to minimize air infiltration. This would be a priority repair as defined above.

- Exterior Windows: The exterior windows are in poor condition. The windows are generally single pane (fixed glass) in aluminum framed systems (punched and storefront systems. Window seal/gaskets are failing, frames do not appear to be thermally broken and weeps at exterior are either not existent or sealed/caulked over. There is significant evidence of water damage/deterioration at the majority of the windows and knee walls. Recommend replacing the windows with true thermally broken window frames with insulated glazing/low e. This would prevent the transfer of temperature through the system eliminating any condensation. This would be considered a priority repair.

- Medical Equipment: The majority of the medical equipment is outdated, showing signs of significant wear. The Magnetic Resonance Imaging (MRI) has quenched, has not been recharged (helium) or used in the last 5 years. Future planning removes the MRI for repurpose of this area. The team encountered 15-20 year old radiology equipment, compressors and other equipment which are approaching their end of useful life. The facility has replaced some equipment such as the Computed Tomography (CT) units and Mammographic unit since 2014.

- Building Interior Spaces: The interior room sizes, layout, departmental flow and adjacencies are obsolete and no longer providing efficiency. From obsolete semi-private and private inpatient wards, OR's / LDR / Neonatal ICU rooms to insufficient sterile processing layout; the size of these rooms are small and inadequate for patient care which does not meet current standards. Other issues observed were inefficient patient flow with department adjacencies and travel distances which do not meet current code criteria to include the Facilities Guidelines Institute Standards for Hospitals (FGI) and the National Fire Protection Association Standard for Health Care Facilities (NFPA 99), Life Safety Code (NFPA 101) and American Disability Act (ADA)/Architectural Barriers Act (ABA) Accessibility Standards. The interior spaces require modernization through design and renovation. This would be considered a major scheduled replacement.

- Building Interior Finishes: The hospital interior finishes throughout (floors, walls, base, doors, door frames, ceilings, corner guards, handrails, crash rails, etc.) are all in GOOD to FAIR condition. However, there are numerous areas with damage to walls and door frames from equipment, water/moisture infiltration and a few areas with floor slab

degradation. The facility has an extensive ceiling tile replacement program but the ceiling grids are starting to rust. The finishes are well maintained but old, outdated and showing signs of significant wear, damage and age. These repairs should be considered priority repairs

- Floor to floor height: A standard commercial building may have a floor to floor height of 12 feet, while a hospital is more preferred at 16 feet or greater depending on critical overhead space needs like an Operating Room (OR)/surgical suite, which may increase to 20 feet. The higher floor to floor heights allow sufficient vertical allocation for the necessary placement and maintenance of duct work, plumbing, cable trays and other utilities needed for healthcare facilities. Some DoD and VA projects also have a separate and designated interstitial space for the distribution of utilities and terminal equipment. Designated interstitial space offers advantages by maximizing utility access and maintenance and providing future building flexibility while minimizing disruptions to patients, staff or medical services. For GMH, the first and second levels are 17 feet floor to floor, falling into the normal range. However, the third and fourth levels (floor to floor height) is only 13'-0". Much less than industry standard for healthcare occupancies. This significantly limits the above ceiling installation of utilities (duct work, cable tray, sprinkler, water piping, etc.).

- Exterior wall/interior drywall damage: There is significant evidence of moisture, water damage and mold at the majority of the exterior walls near window locations which needs to be repaired and/or replaced. The drywall has bubbles or delaminating, paint peeling, drywall fastener pops possibly due to rust, corner bead cracking, holes and mold. This appears to have been caused by a number of different factors: (1) possible water infiltration from the exterior windows, (2) water leaks from roof or exterior wall penetrations and/or (3) building negative pressure drawing the moisture into the building as discuss above in previous line items. This would be a priority repair.

- Exterior wall finish/cleaning/painting: The majority of the buildings have a significant amount of mold growth, peeling paint and discoloration on the exterior surface. The exterior wall itself appears to be in GOOD condition. Guam is located in a tropical extreme humid location. Although some of the mold may be located on the surface, other areas appear to be more significant. Mold feeds on organic materials, such as wood, paper, many fabrics, and even some types of glue. It literally eats away at these materials, causing them to rot and fall apart. Outside mold does not always stay outside. It will eventually find its way thru the envelope and into the building. Outside mold does carry health risks, but the risks are not as great as with inside mold. Although the concentration of mold will be less outside in the open air than it would be indoors. However, that doesn't mean exterior mold cannot lead to health problems. If someone does spend time outdoors in areas with significant amounts of mold, one's health can be at risk. Children are particularly susceptible to mold-related health problems. This mold may be caused from the moist

humid conditions/environment, low quality paint, from an inferior, damaged or missing vapor barrier or simply the exterior materials used. Another influence, could be negative pressure rooms located at/near the exterior wall drawing the moisture into the building. Buildings in general should be positively pressured. The GMH facility is actually under negative pressure. Recommend that the entire exterior of the facility be sprayed with chemicals to kill the mold, power washed, sealed, caulked, and painted with a high quality mold resistant paint. This would be a major scheduled replacement repair.

- Exterior doors: Exterior doors have a mixture of either aluminum or hollow metal. Majority of the original building doors are in GOOD condition. Typical door frames are hollow metal. The only issue identified are failed seals probably due to exposure and corrosive environment. A couple of the overhead doors at the central utility plant also needs to be replaced due to condition and damage. Recommend replace all door seals, recondition hardware to either full replacement of overhead coiling Central Utility Plant (CUP) doors to reconditioned (oil/lubricate) to replace latches, wheels, bearing and coil springs. This would be considered a priority repair.

- Front entrance vestibules: The hospital front entrance vestibules has both an exterior and interior single sliding door configuration with possible break away feature. However, the door separation depth is only about 6 feet. Both sliding doors open simultaneously when someone approaches at either side (ingress or egress) allowing the hot, humid, moist outdoor air to gust/enter into the building. The arrangement, operation and separation does not function properly as both sets of doors are open simultaneously the majority of the time (duration of the day) due to the traffic conditions. The mechanical air curtain installed does not provide any assistance. The main contributor is that the second set of entrance doors, opposite side of the front entrance, are not in operation. This also significantly increases the egress capacity/occupant load at this single vestibule.

  Vestibules are typically required for all medical facilities located at primary entrances. The depth of the vestibules shall comply with ABA requirements and should be sufficient depth to allow the outside doors to close before the inside doors are opened when someone passes through. ABA specifies the distance between two hinged or pivoted doors in series shall be 48 inches minimum plus the width of the door swinging into the space or about 10 feet. ASHRAE 90.1 also requires a minimum distance of 7’-0” between closed interior and exterior vestibule doors. These minimum separation distance requirements are typically NOT sufficient. The automatic closing speeds of these doors can have a significant impact on door function, timing/sequence and passage. The distance separating the doors combined with a large number of personnel passing through, especially at shift change, can results in both sets of doors staying open continually. Vestibules are provided to reduce infiltration losses (or gains) from wind and stack effects by creating an air lock entry. This has been a recurring problem with most facilities. Recommend (1) a building traffic study be completed to include “rush

hour" entry and exit volumes to properly configure and size vestibules such that the automated doors are not continuously open. (2) both vestibules will need to be modernized to a greater depth (10 feet +/-) and install new doors, sensors for more ideal operation or sequence and possibly offset of doors/ opening (diagonal) in lieu of aligning. Alternative option for consideration would be a large revolving door with an emergency man door located at both entrances. Recommend that the current closed, second vestibule be fixed and placed back in operation so one is dedicated to ingress traffic and the other egress. This would split the usage between two entrances, in lieu of one, reducing the wear and tear and air infiltration until they can be redesigned, reconfigured and updated. This would be considered a priority repair.

- OR layout: Although the current or existing OR room are functional, they are not compliant with today's newer standards for size, layout, clearance, equipment or flow as the design is outdated and does not comply with current codes or FGI guidelines. Recommend redesign of entire surgical suite/department for better flow, adjacencies, space allocation and upgraded OR's to current codes, standards and codes. This would be considered a major scheduled replacement.

- NICU Layout: Although the current or existing NICU rooms are functional, they are not compliant with today's newer standards for size, layout, clearances, equipment, light levels (controls) or flow as the design is outdated and does not comply with current codes or FGI guidelines. Recommend redesign of entire NICU suite/department for better flow, adjacencies, space allocation and upgraded nursery to current codes, standards and codes. This would be a major scheduled repair.

- Elevators: Two of the four elevators for the facility were down, not working and under significant repair. Another was down for a short time for maintenance related repairs. The facility did have interim life safety measures (ISLM) in place for the elevators. There is a current awarded project to modernize and replace the existing elevators (motors, gears, ropes, controls, etc.) and update the car/cabs to current standards. (LS03.01.50, NFPA, IBC, etc.) Recommend getting this project started as soon as possible to get all elevators up in operation. Elevators are essential for moving patients to/from upper floors and critical departments. Keep all ILSM's in place throughout the construction phase. This would be classified as a priority repair.

- Environment of care deficiencies: Numerous environment of care deficiencies were noted during the walk through. Some examples are improper storage, wall and ceiling damage, missing light covers, and missing cover plates. Please see Architectural appendix for detailed description and discussion.

- Single occupancy toilet rooms: There are a number of existing single occupancy toilet rooms throughout the facility that do not comply with ADA standards Section 213, that ALL toilet rooms provided, each shall comply with 603. The only exception applicable

would be item 4. Where multiple single user toilet rooms are clustered at a single location, no more than 50 percent of the single user toilet rooms for each use at each cluster shall be required to comply with 603. Recommend modernization due to the age of the facility the existing conditions are more than likely grandfathered in. However, if any alterations or renovations are provided to the facility, they will be required to comply with current codes. This is considered a major scheduled replacement.

- Interior finishes floors: Vinyl composite tile, sheet vinyl and some tile are generally used throughout the facility. Condition is GOOD to FAIR condition but appear to be old, brittle and wearing excessively. Some areas have concrete slab divots projecting through the material. Rubber base in some areas delaminating off walls or missing. Harsh chemicals from disinfecting and housekeeping over time has severely impacted these finishes. Recommend complete removal of flooring and base throughout facility with the installation of new healthcare quality products due to age. Grind high spots in concrete slab and/or use self-leveling floor compound to patch existing concrete slab prior to installation of new finishes. Ensure that the correct materials are used with respect to flexibility, durability, clean ability, and maintainability with correct finish for the room's purpose. This is considered a major scheduled replacement repair.

- Interior finishes paint: Interior surfaces are in GOOD to FAIR condition. Some areas of walls and other painted surfaces are worn limiting the protective properties as they are damaged, scuffed, peeling or have mold growth. There are a number of other areas throughout the facility that have been patched which are not finished. Drywall mud has not been sanded, walls primed and not painted. Selection of interior construction and finishes must consider the need for aseptic environments. Use smooth, nonporous, seamless materials to minimize contamination and reduce housekeeping requirements. Smooth, seamless wall and floor coverings facilitate cleaning. Cabinetry should be designed and installed without gaps behind or underneath base units. At a minimum, these areas shall be designed for ease of housekeeping, with elimination of materials or surfaces that could harbor contamination and to minimize maintenance. Painted surfaces should be durable, cleanable and maintained on a continuous basis to include annual maintenance plans. Recommend chemically cleaning and paint of all walls, doors and gypsum board ceilings throughout the facility. Areas where mold is found, perform in depth investigation as to extent, causes and treatment. Remove and replace drywall as necessary and finish. Facility should have a campus wide interior painting plan with a 2 to 5 year life expectancy as well as one for repairs. This is considered a major scheduled replacement repair:

- Interior Doors: Interior doors are typically laminated with hollow metal frames. The majority of the doors and frames are in GOOD condition. None appeared to need replacing. Recommend replacing doors as needed that are damaged, chipped,

delaminating, stained and/or failing. Currently the majority of the doors appear to be in good shape. This is considered a major scheduled replacement repair.

Electrical Observations:

- Primary Power Arrangement: There are two 13.8kV primary circuits (P401 and P403) entering a single pad-mounted switch. One is an overhead line, and the other is an underground line, and the two are fed from separate switching stations. The pad-mounted switch feeds a single pad-mounted transformer that is the sole normal power source for the entire facility. The single switch and single transformer each represents a single point of failure that could render the hospital without utility power for an extended period.

- Main Distribution Equipment in Poor Condition and Inadequate for Hospital: Because there is presently only one service transformer, the existing main switchboard 'MS' has only a single service feeder that terminates at the center of the board and splits into two buses that serve five main breakers between them. No redundancy exists in this type of switchboard. The fundamental components of the electrical distribution system are far beyond their reasonable lifespan. The Main Switchboard 'MS' and much of the other electrical equipment in the Power Plant area are over 40 years old. The harsh tropical climate, combined with much leaking over the years, have taken a great toll on the components of all of the normal and emergency electrical equipment in many areas of the hospital. In the Power Plant area in numerous locations, old electrical equipment no longer in use is still utilized for routing feeders to new equipment. Electrical equipment such as breakers, panelboards, and disconnect switches have been "bolted on" to existing equipment because of lack of space in the equipment or lack of free wall space. Many of these installations violate electrical code, and they could be overloading the equipment to which they are connected.

- Emergency Power System in Poor Condition and Not a Code-Compliant Essential Electrical System (EES): In most places, the system does not have an Essential Electrical System (EES) with Life Safety, Critical, and Equipment branches, as required by NFPA 72 and 99. The original electrical system was comprised of only a Normal system (with no generator backup) and an Emergency system (with generator backup). The present system is a combination of several generations of modifications, each of which attempted to make the hospital's emergency systems more compliant with code. These efforts have not resulted in a code-compliant system. Rather, the system is an overly complicated, non-code-compliant system with inconsistent segregation of loads.

  The fundamental components of the Emergency Power System are beyond their reasonable lifespan. The Generator Switchboard 'ES' is over 40 years old. The diesel generators 'EG-1,' 'EG-2,' and 'EG-3' are not as old as the main distribution equipment, but as generators go, they are very old (1992, 2005, and 1996, respectively) – especially for a tropical environment.

There are presently three generators and three Automatic Transfer Switches (ATSs #1, #2, and #4R) that feed mixed combinations of Life Safety, Critical, Equipment, and Non-Essential loads. There was a fourth ATS (ATS #3) for Life Safety, but it was taken out of commission by a typhoon, and its life safety loads were moved to the ATS #1, which also serves most of the Critical Branch loads. Generally, one generator is associated with one of the three ATS's, but a process has been implemented by the electrical maintenance staff to provide some level of redundancy. The process involves kirk-key backup procedures for electrical maintenance staff to execute during an outage when one of the three generators fails, but it is non-automatic, cumbersome, and somewhat complicated to perform during a crisis.

None of the ATS's have bypass/isolation capability, which would allow their load to still be fed if the ATS failed or needed maintenance. The Emergency equipment is not installed in a dedicated space. Rather, it is located in the Power Plant room with the normal power switchboard and the central mechanical equipment and is immediately adjacent to a 20,000-gallon water tank.

Some areas have only Normal and Emergency, while other areas have Life Safety, Critical, and Equipment branch panelboards. These panelboards, installed at different periods over 40-plus years, have very inconsistent naming conventions. Some even have color coding that is misleading as to their purpose, such as Normal system panels being painted red. This has resulted in many circuits fed by panels on the wrong system - Emergency panelboards serving Normal loads, Equipment Branch panelboards serving Critical loads, etc.

- Code violations in the power plant and throughout the facility: In the power plant, old electrical equipment no longer in use is still utilized for routing feeders to new equipment. Electrical equipment such as breakers, panel boards, and disconnect switches have been "bolted on" to existing equipment because of lack of space in the equipment or lack of free wall space. Many of these installations violate electrical code, and they could be overloading the equipment to which they are connected. The main normal and emergency equipment is not installed in dedicated spaces. Rather, they are located in the power plant room with all of the central mechanical equipment and are immediately adjacent to a 20,000 gallon water tank.
- Power System Not Selectively Coordinated: Selective coordination has apparently not ever been considered. Selective coordination is a vital component of the design and operation of a code-compliant hospital electrical system. This requires the system to be modeled and a short circuit analysis to be performed by the designer. The circuit breakers of the system must be selected to coordinate with each other in all load conditions, so that the most downstream breaker will open on a fault. The requirement for selective coordination also requires that adjustable-trip breakers be specified for the new distribution equipment.

- Recommendations for repair upgrades to existing facility for new construction option:
    1. Provide a second pad-mounted switch or replace the existing switch, so that a second transformer may be served.
    2. Provide a second pad-mounted transformer and a concrete-encased service ductbank to one end of the new switchboard. The existing service feeder will need to be terminated at the other end of the new switchboard; conduit must be reused where possible, and new conductors must be provided.
    3. Provide a new Main Electrical Room, following the intent, approach, and level of detail of the 2019 Electrical Design except as noted herein regarding separate rooms for generators and for the Emergency Power Supply System (EPSS).
    4. Provide a double-ended service switchboard, with full drawout construction, following the intent, approach, and level of detail of the 2019 Electrical Design.
    5. The new switchboard must supply normal power to all of the facility's equipment requiring electrical power, including the transfer equipment for the EES, the fire pump controller, the Non-Essential Electrical System, and all existing and new normal power distribution equipment. The design shall follow the intent, approach, and level of detail of the 2019 Electrical Design.
    6. Replace the older of the two 1.6 MW generators in kind. Provide repairs and/or upgrades to the two remaining generators as needed to give the hospital a satisfactory emergency power supply to support the EES for the 7-10 years or more before occupancy of the new hospital.
    7. The generators must connect to a common switchgear, following the intent, approach, and level of detail of the 2019 Electrical Design. The switchgear must be designed to connect to a permanent load bank and a load bank used for annual testing.
    8. Provide an EES for the hospital, fed by the Generator Switchgear, following the intent, approach, and level of detail of the 2019 Electrical Design except as noted herein. The scope of the work shall follow the intent of that design from the Generator Switchgear downstream, including transferring loads to proper branches, but shall also extend to electrical equipment provided by projects that were executed after the 2019 design was completed. The Generator Switchgear and transfer switches must be located in a dedicated room, separated from the Main Electrical Room, per NFPA 110-7.2.
    9. The contract that will perform the electrical design for the repairs/upgrades should include a short circuit analysis, selective coordination study, and arc flash analysis for all new work, and must extend downstream as far as the knowledge of installed conditions allows, to include at least the projects completed after the 2012 As-Built documents were generated.

- Recommendations for significant upgrade to existing facility option:

    1. Provide the Guam Power Authority owned and operated pad-mounted switchgear, two new pad-mounted service transformers, and two concrete-encased service ductbanks – one from each transformer to one end of the new switchboard described in the following section, following the intent, approach, and level of detail of the 2019 Electrical Design.

2. Provide a new Main Electrical Room, following the intent, approach, and level of detail of the 2019 Electrical Design except as noted herein regarding separate rooms for generators and for the EPSS.
3. Provide a double-ended service switchboard, with full drawout construction, following the intent, approach, and level of detail of the 2019 Electrical Design.
4. The new switchboard must supply normal power to all of the facility's equipment requiring electrical power, including the transfer equipment for the EES, the fire pump controller, the Non-Essential Electrical System, and all existing and new normal power distribution equipment. The design shall follow the intent, approach, and level of detail of the 2019 Electrical Design.
5. Replace the existing generator plant with two or more new diesel generators that will operate in parallel upon loss of utility power. The generators must be in a dedicated room per NFPA 110-7.2.
6. The generators must be of equal capacity and rating, and each generator must be sized to serve the combined loads of the Life Safety and Critical Branches, medical air compressor(s), medical-surgical vacuum pumps, fire pump(s), generator fuel pumps, and other generator set accessories plus 20 percent.
7. Provide a separate day tank for each generator, sized for a minimum of 4 hours runtime at full load. The fuel system must be redesigned as necessary to automatically supply fuel to the day tanks from the fuel storage tanks.
8. Provide a set of duplex transfer pumps for each main storage tank. Each fuel transfer pump must be sized to accommodate all generator sets. Provide fuel filtration system per recommendations of the generator set manufacturer, to meet NFPA 110 and maintain the integrity of on-site fuel.
9. The generators must connect to a common switchgear, following the intent, approach, and level of detail of the 2019 Electrical Design. The switchgear must be designed to connect to the permanent load bank and the load bank used for annual testing.
10. Provide an EES for the hospital, fed by the Generator Switchgear, following the intent, approach, and level of detail of the 2019 Electrical Design except as noted herein. The scope of the work shall follow the intent of that design from the Generator Switchgear downstream, including transferring loads to proper branches, but shall also extend to electrical equipment provided by projects that were executed after the 2019 design was completed. The Generator Switchgear and transfer switches must be located in a dedicated room, separated from the Main Electrical Room, per NFPA 110-7.2.
11. The contract that will perform the electrical design for the renovation must include a short circuit analysis, selective coordination study, and arc flash analysis for all new work, and must extend downstream to all remaining electrical equipment.

Information and Communications Systems Observations:

- HIPAA data protection: Cyber security practices are lacking risking care disruption and liability concerns. Recommend increased information technology (IT) security measures for protection of patient data in accordance with the Health Insurance Privacy and

Portability Act (HIPPA).

Methodologies for HIPAA compliance vary depending on the confidentiality, integrity, and availability of electronic protected health information. Recommend utilization of two factor authentication such as personal identity verification (PIV) card and user pin for access to HIPAA data. The PIV is required by the Federal Information Processing Standard (FIPS) – 201 and is an industry best practice.

Department of Defense Inspector General form 2018 included military findings on improper HIPAA protection. Recommend using the lessons learned from this report.

Staff training is a major component of HIPAA protection. Logical controls and user training should limit possibilities for patient data to transit by means other than approved devices. For example, USB thumb drives are convenient but present difficulty in maintaining integrity and confidentiality of data.

- Security of IT equipment and spaces: IT switches are located throughout the facility in areas lacking physical security such as offices, conference rooms, and mechanical and electrical spaces. Presence of IT equipment in electrical and mechanical spaces could cause disruption to each service during maintenance and renovations and could shorten lifespans of IT equipment. Numerous switches are wall mounted and do not appear seismically compliant. Recommend that the excess storage rooms be repurposed as proper telecommunication rooms. Excess storage poses a risk for future joint commission findings. Lack of 3' clearance between front of electrical panels and IT equipment can also lead to a joint commission finding. Modernization of IT equipment such as electronic health records, security cameras (TJC finding) will require additional space.

  Estimated size of telecommunications spaces is approximately 150 sf per 150,000 sf of hospital space. Current spaces are overpopulated. The new server room is an excellent upgrade. However, it was undersized for the number of equipment cabinets. Rear access to cabinets requires rolling it into the aisle which poses significant seismic risk. This can result in a loss of service and/or electrical hazards.

  Recommend access control systems for IT spaces be added for monitoring, logging and authorization rather than physical keys. Access control can utilize the same PIV cards mentioned in the data protection section for access to TRs and clinical wards.

- Network segregation: Recommend physical (preferred) or logical separation of IT functions within the facility. A possible solution would be networks for clinical (HIPPA data), administration (web, email, research), building management (chillers, utility monitoring), and patient/guest wi-fi/TV. DoD and the federal government are tending toward this approach to customize cybersecurity confidentiality, integrity and availability.

- Nurse call, infant protection, and Real Time Location Systems (RTLS): Overall the clinical staff were pleased with the current nurse call system. Staff indicated some rooms were currently inoperable. Recommend checking the installation design with vendor for possible addition of corridor zone lights. These would point staff into the direction of the call without having to check the master station. This can save valuable seconds in critical situations such as code blue.

  Recommend a hospital expansion or major upgrade include a modern infant protection system. These systems sometimes referred to as "Code Pink" can provide value considering the high operation tempo of the current labor and delivery ward. Modern code pink systems track infants with radio frequency identification (RFID) tags. Tags are paired with approved parent and staff tags to detect anomalous movement.

  RFID tags can also be used for RTLS for equipment, patients, and staff for communication and location. These types of systems require integration among different subsystems such as public address and access control. They have been shown to increase business efficiency and quality of care however, they are not required by code.

- Cable support, abatement and design: Removal of unused/abandoned cable is always problematic for older facilities. Health care facilities have greater constraints than most due to infection control risk analysis requirements. A major renovation effort should include removal of all unused cabling as per NFPA 70, 800.25. Furthermore, a major renovation should include installation of proper cable pathways (trays and/or conduit). Proper cable pathway design helps prevent IT cables from penetrating smoke/fire barriers which is a common TJC finding.

  Recommend that future substantial renovations or additions require stamped approval form a Registered Communication System Designer (RCDD). The RCDD professional would verify cabling requirements along with industry best practices. For example, the dedicated TR within the ICU has backbone fiber with unneeded and excessive bends. Proper design could adjust placement to avoid risks associated with strains on the fiber. The new exterior fiber pathway lacked an adequate number of pull boxes. This will make future cable removal or additions difficult due to the number of bends along the path.

- Security cameras: During the visit, staff indicated most security cameras are at end of life. The industry has largely migrated to power over Ethernet (PoE) security cameras. Recommend consultation for major upgrades with a RCDD and/or electronic security systems expert. Balancing tradeoffs between number of cameras, storage, staffing, access control points, and usability is a complex balancing act.

Structural Observations:

- Structural Evaluation: Perform structural evaluation of Buildings A & B since this is a major part of the complex and As-Built drawings are not available. This evaluation is critical to confirm present structural integrity and future expansion options.

- Existing Conditions: The GMH buildings have experienced typhoons, earthquakes, and an aggressive corrosive environment. As part of the facility survey, the exterior and the interior where accessible were inspected.

  Z-wing is the oldest building over 50 years old. Several 1st floor concrete columns have extensive spalling with exposed corroded vertical bars and ties. Some columns had no ties or ties spaced more than 12 inches apart. There are numerous smaller areas of spalling and cracks in columns and beams throughout the structure. There were also numerous areas of spalling in eaves and under roof slab. The concrete guardrail on the 2nd floor had a number of large cracks. The west side guard rail had been replaced with a steel pipe railing, however it has corroded and failed and is now lying on its side. Due to extensive first floor column damage the building is unsafe and may fail in a strong earthquake. It is still being used for storage and has a communications room which needs to be moved. This building should not be routinely occupied.

  A and B wing have the majority of concrete corrosion damage, however, compared to the entire complex the damage appears to be small. There are cracks and spalls in columns and walls. There appears to be delamination at the top of the balcony slabs. There is cracking and spalling in the precast concrete balcony railings. Concrete stair railing adjacent to the A-wing has corroded exposed rebar. Northeast corner of the B-wing, third floor has a large vertical crack and 4th floor has a lot of corrosion. The solarium parapet walls have cracking where water has been seeping through. Overall concrete corrosion damage in A & B wings is minor. There is evidence of seismic damage, 8" CIP walls have been pushed out by as much as 1 inch. Also the floor at the expansion joint at E-wing has settled by ¼ inch compared to B-wing and is sloping toward A-wing. However, seismic damage is still within acceptable limits and will not require repair.

  P-wing on the Northwest corner has standing water. Standing water will infiltrate into the concrete and reach the rebar. The floor should be redesigned to eliminate standing water.

  The exterior stair areas between A and B-wings and courtyards are very dirty. Since the courtyard is not being used this area appears to be neglected. The scum on the wall seems to collect moisture and maybe detrimental to the concrete. Eventually moisture will infiltrate the concrete and reach the rebar which will then start to corrode. This seems to be the same problem with scupper areas, where the scum is allowed to grow. These areas should be power washed to not allow the scum to grow.

Much of the steel railings and equipment supports are extremely corroded. The most extensive corrosion occurs at the base of the post, some posts are not connected to the base. Much of the steel railings would be considered unsafe. Railings should be replaced, possibly with stainless steel.

The roofing in A, B, and E wings (2nd and 4th floor roofs) needs to be replaced immediately, the original roofing which is 40+ years old has never been replaced. The roofing appears to be filled with moisture and drains are corroded or missing. The present roof is flat and has poor drainage. The roofing over the power plant should also be replaced as it was constructed sometime between 1978 and 1989. Except for C-wing, all roofing of the buildings built in 1989 (A-wing addition (D-wing), entry wing, S-wing, G-wing, and M- wing) should be replaced. C-wing roofing was replaced in 2000. Once the existing roofing is removed, existing concrete cracks and spalls must be repaired. Also the new roofing and equipment on equipment on the roof must be designed to resist high wind uplift pressures.

Corrosion through window condensation is currently a problem. Existing windows are of a single pane design. New windows should be IGU, outer pane and inner pane, to relief the condensation problem. To meet IBC 2009 for wind borne debris region glazing needs to be impact resistant.

- Recommendations: In review of the available plans and survey of GMH campus and existing conditions an additional 25 year life span is reasonable provided the following items are completed.

  Structural Evaluation: No available plans for existing Buildings A, B and connecting stairs, however records indicate they were constructed in 1978. Connecting stairs were open and later were enclosed between 1978 and 1989, also no available drawings. Immediate detailed structural evaluation is necessary to make wise future plans. Prior to evaluation, unless "As-Built" drawings can be located, non-destructive and destructive testing will be required to ascertain concrete strengths, reinforcing, foundation sizes, reinforcing steel sizes and spacing. Structural evaluation shall be made to resist gravity, seismic and wind loads in accordance with the International Existing Buildings Code (IEBC). Analysis shall be based on the current condition of the building, current live loading and added modifications. Deficiencies shall be identified with a retrofit plan. Evaluation shall also include the addition of a 5th story and additional two stories at the B-wing, East side. Evaluation shall be performed by a new structural engineer experienced in seismic retrofit design, with an independent technical reviewer. If plans are made to add a 5th story or add two stories at B-wing, structural engineer involved in the evaluation should also be part of the design team.

  Deficient Structural Design: Existing 2014 structural plans have an incorrect importance factor, which results in lower seismic design force 50% less than required. Hospital requires a higher standard than normal buildings, importance factor should be 1.5, not

1.25. Contact the original structural engineer to verify if his or her design is sufficient to resist the 1.5 importance factor.

Family Birthing Center structural drawings were based on a higher allowable soil bearing than the soils report. Please have the design engineer verify with soils engineer and provide changes if required.

Original structural engineer's work shall be reviewed by an independent technical reviewer.

Lack of maintenance in an aggressive corrosive environment will reduce the life span of the building.

Priority Repair: Power wash all interior courtyards and scupper areas on quarterly basis. A survey of concrete cracks and spalls shall be made on all GMH buildings to include but not limited to columns, walls, slabs, parapets, railings and precast fascia. Plans shall be provided for typical repair details, and surveys to take place every 2-3 years. Replace windows with impact resistant glazing according to IBC 2009. Replace roofing at A, B & E-wings (2nd and 4th floor roofs) immediately.

Emergency Repair: Another survey shall be taken of all corroded metal items to include but not limited to decks, railings, ladders, post, bracing, and supports. Corroded metal shall be replaced or repaired if more cost effective. New metal items shall be surveyed every 2-3 years and repaired as necessary. Damaged or leaking expansion joints shall be repaired.

Major Scheduled Repair: Roofing at the P-wing, A-wing addition (D-wing), Entry Wing, S-wing, G-wing and M-wing need to be replaced within 5 years.

Fire Protection Life Safety Observations:

- Fire suppression: There is no automatic sprinkler protection under the canopy over the entrance to the Emergency Department and "A" wing. Recommend extending automatic sprinkler protection to the exterior under the canopy.

  Several pairs of automatic sprinklers have been installed less than six feet from one another. For example, one location where this occurs is room B125 (Pharmacy Storage). Recommend moving automatic sprinkler protection such that the minimum distance between sprinklers is maintained.

  Upright sprinklers are installed more than 22 inches below ceilings in several communications rooms where room ceiling is considered to be obstructed construction for example, see room B236 (Electrical Room). Recommend moving upright sprinklers such that the maximum distance below the ceiling is maintained.

  There are several lengths of piping for automatic sprinkler protection where the

unsupported lengths exceed the maximum length permitted by NFPA 13. For example, room 108 (Corridor) and room A125 (Corridor). Recommend adding support to piping for automatic sprinkler protection such that the maximum distance between hangers or other acceptable means of support complies with NFPA13.

The existing flow meter on the piping at the fire pump is inadequate since the new fire pump is rated at 750 Gallons per Minute (GPM). For instance, a new flow meter must be able to account for the minimum requirement to test it to 150% of its volumetric water flow rating. Recommend replacing the existing flow meter with on that has a range of at least 1,500 GPM.

There are extra control valves provided for the automatic sprinkler system that serve no purpose and should be removed. For instance, there is a backflow preventer installed downstream of the new fire pump when there already is one installed at the connection to the water tank. In order to reduce long-term operations and maintenance costs associated with unnecessary equipment and appurtenances, recommend removing such unnecessary equipment.

Portions of piping for automatic sprinkler protection are being used to provide support for non-system components, like acoustical ceilings and runs of cables and wires above the suspended ceilings throughout the hospital. Recommend adding independent means of support where non-system components (as mentioned above) have been erroneously attached to piping for automatic sprinkler protection.

Automatic sprinkler protection has not been provided in Rm P101 (Power Plant). Recommend providing an adequate supply of spare sprinklers with respect to the types and number of sprinklers actually installed.

The fire pump is not protected from the remainder of Rm P101 (Power Plant). This violates Section 4.12 (Equipment Protection) of NFPA 20. Also, Section 4.12.1.1.4 of NFPA 20 states, “rooms containing fire pumps shall be free from storage, equipment, and penetrations not essential to the operation of the fire pump and related components.” Recommend reviewing Section 4.12 of NFPA 20 and providing adequate protection in accordance with Table 4.12.1.1.2 of NFPA 20. It is recommended that automatic sprinkler protection simply be extended to protect Rm P101 and that automatic fire detection (i.e., heat detectors) be decommissioned and removed.

A minimum vertical clearance of 18 inches from automatic sprinklers is not being maintained in a few areas in the hospital, e.g., Rm B125 (Pharmacy Storage). Recommend removing storage materials, to maintain this minimum vertical clearance from automatic sprinklers.

- Life safety and means of egress: The self-closing device has been removed from the door to Rm B152 (Storage). Recommend taking the necessary actions to make this a self-closing door. A door closer is a labeled device that, where applied to a door and frame,

causes an open door to close by mechanical force.

There are unsealed penetrations of smoke and fire separations. For example, see Rm B293 (Communications), Rm A110 (Storage Space), and the area above the ceiling in Rm A308 (Corridor) between hazardous rooms. Recommend reviewing all penetrations [through-penetrations and membrane penetrations] of smoke separations and fire separations and seal them with the proper firestopping assemblies. Apply the requirements in Section 8.3.5 of NFPA 101 for penetrations of fire-rated separations and the requirements in Section 8.4.4 of NFPA 101 for penetrations of smoke partitions and Section 8.5.6 of NFPA 101 for penetrations of smoke barriers.

The door at the exterior exit from the back of Rm C112 (Kitchen) could not be opened and thus was not readily available from the egress side during the site survey. Recommend making the necessary repairs to this exit from the kitchen.

Stair No 4, which is an interior exit enclosure, discharges onto a corridor on the ground floor at the level of exit discharge. This violates Section 7.1.3.2 (Exits) and Section 7.7 (Discharge from Exits) of NFPA 101. Recommend reviewing the means of egress, where Stair No 4 discharges onto the ground floor, and developing alternative methods to address and resolve this important egress issue that bring the means of egress into compliance with NFPA 101. At least one option to consider would be to extend the bottom of Stair No 4 with an interior exit passageway to the exterior exit discharge, which would provide a protected pathway for occupants during an emergency.

Fire-rated door assemblies, which have been provided with self-closers, throughout the hospital have been propped open with wedges and other similar obstructions. Recommend maintaining a constant surveillance program and removing such obstructions, plus reinforce this instruction into the existing safety program to educate staff.

Labels on several fire-rated door assemblies throughout the hospital have either been painted over or simply removed. Where labels have been removed (or are no longer legible), the listing of such doors is invalidated. For example, see door in Rm B183 (Corridor), where label has been pried from door and removed. Recommend maintaining a constant surveillance program and remove paint over labels on fire-rated door assemblies. Replace door assemblies where labels have been removed.

While no life safety plans were made available to the survey team, it appears that the ground floor may be considered to have a single-occupancy classification of business in accordance with NFPA 101. In particular, since GMH staff indicated that provisions for smoke compartments were added during the last major rehabilitation project, where health-care occupancies from other floors were temporarily relocated to the ground floor (as swing spaces only), it may be possible to declassify existing smoke compartments and their accompanying components. This would be a cost savings in terms of long-term operations and maintenance.

There is an intervening room issue in Labor and Delivery Department, where exit access from one space passes through two intervening rooms. Consider removing one or more doors such that no more than one intervening room is present.

- Fire Alarm and Fire Protection: The public address system interface with the facility's system for fire alarm and fire detection does not comply with Section 24.4.2.28 of NFPA 72. According to GMH staff, voice messages for emergency communications (e.g., fire alarm and mass notification) are delivered on the newer public address system, which is not interconnected with the existing system for fire alarm and fire detection. Section 23.1.5 of NFPA 72 requires compliance with Chapter 24 where in-building fire emergency voice/alarm communications systems are used. Recommend retaining the services of an emergency communications system designer to review and evaluate the current installation, programming, and interface between the two systems (i.e., one for fire alarm and the other for public address). See Section 24.4.2.27 of NFPA 72.

  All visual notification appliances provided throughout the hospital have been set at 15 candelas (cd) regardless of the area or space being served or covered. This procedure (which must have occurred during installation) appears to have been arbitrarily set. Thus, the current level of coverage for visual notification does not consistently comply with the minimum requirements of NFPA 72, especially Section 18.5.4.3 (Spacing in Rooms) and Section 18.5.4.4 (Spacing in Corridors). Recommend retaining the services of fire protection engineer to review and evaluate the current layout and distribution of visual notification throughout the hospital and then provide a report [to document that evaluation] along with recommendations to comply with NFPA 72.

- Fire extinguishment: The tops of some portable fire extinguishers have been installed over the maximum permitted height of five feet (or 60 inches). For example, see Rm C112 (Kitchen) and Rm A112 (Physical Therapy Corridor). Recommend making the necessary adjustments to ensure tops of PFEs do not exceed five feet.

  The room housing the defunct magnetic resonance imaging (MRI) apparatus ("Old Nuclear Medicine") is being used for storage. Also, there are damaged ceiling tiles and other unsealed penetrations such that an enclosed volume for the clean agent fire extinguishing system is no longer present. Enclosure inspections are required by NFPA 2001 to occur at least once per year. Recommend decommissioning this clean agent fire extinguishing system, which uses the clean agent, HFC-227ea, and is more commonly referred to as FM-200, and remove it from the three rooms currently being protected by this one system. It is also recommended to decommission and remove the other systems using FM-200 currently in use as well. Then, ensure automatic sprinkler protection is maintained in each space where these clean agent fire extinguishing systems have been removed.

Mechanical Observations

- Infection control and HVAC: No outbreaks were reported by the staff. Nosocomial infection rates were reported as stable and as would be expected. There have been local cases (on the island) of Dengue fever within the past year after 75 years of none. The single most significant HVAC observation that would relate to infection control was the lack of appropriate building pressure control. As a result of nearly all outside air systems being taken out of service (discussed later), the building is significantly negative. This negative pressure is demonstrated by the wind tunnel of incoming air through entry doors while they are open. Since the outside air is being forcibly drawn into the building through open doors, and cracks in the building envelope typically around windows or at building expansion joints, this air is not being conditioned or filtered. Effectively the HVAC system is bringing the great outdoors directly into the facility. The end result is high humidity, high temperatures, condensation, and in some areas mold within the building envelope. Finally, the negative building pressure makes maintaining pressure relationships between spaces within the building problematic. The facility has 14 certified Airborne Infection Isolation (AII) rooms and 45 negative pressure capable rooms. All the AII rooms assessed were functioning correctly as evidenced by the pressure monitor in spite of the negative building pressurization.

  The filtration in all of the in-patient systems investigated was not in compliance with current industry guidelines (FGI/ASHRAE STD 170). Only one bank of MERV 8 filters was installed. This bank was located upstream of all coils. ASHRAE STD 170 requires two sets of filters for all inpatient areas; a minimum MERV 7 upstream of all coils, and a minimum MERV 14 downstream of all wetted coils and supply fans. The installed filter meets the requirements of the first filter bank; however, no second filter bank is provided. It is important to note that even the most recently renovated areas (ICU/ED), based on the as-builts, do not have ASHRAE STD 170 compliant filtration.

  At the time of the survey, space temperature and humidity conditions within the patient care areas were mostly compliant with industry criteria (FGI/ASHRAE). In the areas that have not been recently renovated, the staff did mention that during extreme weather the humidity would often get high. This is most likely due to the extreme latent load, during extreme weather, being imposed on the ward space cooling HVAC systems from the unconditioned outside air being drawn in as mentioned above.

  With the exception of the recently renovated areas (ICU/ED), all outside air supply systems were non-functional. In all cases observed, this was a result of extreme corrosion, and the systems were blanked off and taken out of service. Without outside air, odor and contaminant dilution cannot take place and CO2 levels are not controlled. This violates Joint Commission requirements and the specific ventilation requirements of ASHRAE STD 170. In addition, the lack of sufficient outside air, to balance out the mandatory exhaust from the building, causes the building to be negatively pressurized as mentioned above. Of particular note is the

inoperative kitchen makeup air unit. The kitchen area has significant exhaust for cooking operations. Without the makeup air system operating, the space is severely negative and must pull air from surrounding areas. This negative pressure causes excessive door forces at the entrance to the cafeteria, and is a life safety issue.

The majority of HVAC equipment has exceeded its useful life. The condition is FAIR to POOR and in need of significant replacement. Accelerated corrosion due to the tropical marine environment has significantly reduced the useful life. The boilers have been re-tubed several times, one is currently out of service for re-tubing. The air cooled condenser coils for the critical back-up chiller are significantly corroded. All sections of fresh air ductwork observed exhibited significant corrosion to the point that the ductwork is no longer usable. At a minimum, all ductwork handling outside air needs to be evaluated and failed sections repaired. A capital investment plan/program for replacement should be developed for any continued long term operation of the facility.

- Recommendations: The local climate with its high temperatures, extreme humidity, and salt spray presents a high risk of condensation with the resultant microbial growth. It also subjects any exterior equipment and any equipment handling outside air to salt spray and its resultant brutal corrosion. As a result there are recommendations common to all courses of action. Any new construction (or renovation) must fully address critical design elements and features to mitigate the harsh climate and meet infection control requirements. The following is an abbreviated list of critical design features that should be incorporated into either a replacement facility or renovation of the existing facility:

    1. HVAC system must be designed to comply with prudent tropical design criteria. UFC 3-440-05N is an example of such criteria and could be utilized.
    2. The most conservative 99.6% and 0.4% ambient conditions must be used, especially for outside air. Both the 0.4% dehumidification dewpoint/MCDB and 0.4% enthalpy conditions must be considered for conditioning of outside air.
    3. Dedicated outside air systems should be considered to control outside air humidity before it enters the recirculating units. Outside air ductwork and air handling units starting at the air intakes and continuing through the cooling coil sections must be constructed of stainless steel.
    4. Designs must analyze any airstreams (outside and mixed) passing through pre-filters and measures incorporated to avoid filter wetting (and mold).
    5. Cooling coils should be provided with ultraviolet treatment to limit mold growth on the coils and drain pans.
    6. Direct expansion (DX), also known as split systems, should be avoided.
    7. All equipment (HVAC, Med gas, plumbing, etc.), to include both equipment within the facility and within the central plant, must be installed in a conditioned (dew-

point controlled) environment.
8. Building pressurization must be incorporated.
9. Building envelope design must control moisture and outside air infiltration.
10. All mechanical insulation must be carefully installed to ensure that all pipes, components, or equipment, operating below or within 5F degrees of the prevailing dewpoint, are protected from condensation by a continuous vapor barrier.
11. Condensate drainage must be addressed to ensure drain pans readily drain water (i.e. appropriate trap design). Condensate drain pans must be stainless steel.

Due to the age and condition of the mechanical systems in the facility, significant repair/renovation is required. Since nearly all the existing HVAC systems are outdated designs and not compliant with current healthcare facility standards, a total HVAC renovation of most areas within the facility is recommended. Following is a list of recommendations for the existing facility:

1. The non-compliant light gauge galvanized ductwork needs to be removed from the kitchen exhaust and replaced with 16 ga. welded black steel to comply with NFPA 96.
2. The kitchen make-up air system needs to be repaired and placed back in service.
3. All HVAC systems need to be evaluated and renovations/repairs made to provide ASHRAE STD 170 minimum outside ACH rates.
4. All HVAC systems need to be evaluated and renovations/repairs made to provide the minimum filtration levels required by ASHRAE STD 170.
5. The HVAC systems serving the patient wards, with the exception of the newly renovated areas, need to be completely replaced with a ducted return system. This, along with items 4 and 5 above, necessitate a complete HVAC remodel for these areas.
6. The back-up chiller condensing units require replacement. Any long term solution should consider providing robust automated redundancy of the chilled water system.
7. The steam boilers require replacement. Due to the age of the steam system, a complete steam system replacement should be considered.
8. The surgical department needs a complete HVAC renovation to provide the air change rates, filtration levels, and sterile field delivery concept required by ASHRAE STD 170. An analysis of system psychrometrics is required to keep OR humidity within limits without the use of portable dehumidifiers. A supply air dewpoint of 47F is recommended.
9. The central sterile department is in need of a complete HVAC renovation to provide sufficient cooling for the sterilization equipment, appropriate pressure differentials across the spaces, and adequate exhaust of the sterilizer equipment space to comply with ASHRAE STD 170. The renovation should be in conjunction with an architectural renovation to comply with current FGI requirements.

10. The facility management should monitor the status of the new USP 800 and revised USP 797, and affect the necessary modifications as these significantly revised standards become applicable.
11. An additional medical gas master alarm panel needs to be installed. This would typically be installed in the office of the personnel responsible for the maintenance of the medical gas system.
12. An Emergency Oxygen Supply Connection needs to be installed on the exterior of the building.
13. Domestic water systems should be evaluated for potential of legionella. This would include monitoring of disinfectant residual. Based on the configuration of the domestic water supply, secondary disinfectant treatment is likely required. ASHRAE STD 188 is the standard for addressing the risk of legionella in water systems. In addition the CDC has a toolkit on their website.

Cost Estimates for Replacement and Refurbishment:

The following table shows the estimated cost of a like in kind replacement, a rehabilitation of the existing facility and the cost of the immediate minor, major, and life safety items that need to be addressed.

Course of Action	Estimated Costs ($M)	Risk to Clinical Delivery	Advantages	Disadvantages
Option A: Construct a new replacement hospital. (Includes minor/major repairs and life safety costs.)	• $743 M	Some minor risk due to repairs to short term sustain the existing facility during construction of the new facility.	A new facility can be sized and shaped to meet the projected healthcare needs of the island. New fully code compliant facility.	New site is to be determined.
Option B: Rehabilitate the existing facility with limited expansion. (Includes the minor/major, and life safety costs)	• $761 M	High risk due to construction on an active care site.	Some planning work has been completed and some work could begin as soon as funding is available.	Very high risk of cost and schedule growth due to unforeseen / unknown conditions.
Minor/major repairs, and Life Safety costs	• $21M	Required for accreditation		

Estimated Cost of Building a New Hospital:

The estimated total cost of construction for a new hospital similar in size to the existing facility (315k SF) is estimated to be $743M based on current clinical operations and inflation cost factors associated with 5-year future construction costs. The estimate has no consideration for potential obstacles that could be present on the to-be-determined location,

does not include facilities demolition of the existing hospital, and would be for a more typical “clear” or “green field” construction using a design-bid-build acquisition strategy.

This cost is developed on the basis of a typical DOD Military type cost estimate using the Parametric Area Cost Estimating System Software (PACES) with the following assumptions:

A 5 year future midpoint of construction date.

The to-be-determined site has adequate power, water, and telecommunications infrastructure within a 2 mile radius to support the facility.

No land acquisition costs are considered or included.

A 20% of the estimated construction cost allowance is assumed for new hospital equipment and furnishings.

9.7% allowance for design and construction oversight is included.

A cost of $21M to make the Minor, Major, and life safety repairs to extend the existing hospitals life while the new facility is constructed is included in the estimate.

A 15% overall contingency is added based on the very preliminary information.

Estimated Cost of Completing all Renovations Necessary to Modernize the Hospital:

The estimated renovation cost necessary to restore the hospital is $761M referred to as Option B; the rough order of magnitude calculation is provided in this section. These costs represent the amount to fully rehabilitate the existing facility and extend its useful service life for at least 25 years. The cost estimate is based on the following assumptions and scope:

This assumes that seismic evaluation of the structure is sound and that it will not require seismic retrofit.

Demolition of the Z-wing structure and replacement with a new 14200sf building.

Full rehabilitation of the existing hospital to include full electrical, HVAC, and roofing replacement to meet current codes and standards.

New parking garage over the existing parking lot with a pedestrian bridge.

Replacement of supporting facilities to include: power transformers, water storage and treatment, backup generators, Liquid Oxygen (LOX) systems, fuel storage, paving, and sidewalks.

A 15% allowance for replacement medical equipment and furnishings.

A 9.7% allowance for design and construction management costs

A $15M allowance for transitional/swing space costs during construction.

Cost Discussion of Renovation and Replacement Options:

The estimates developed represent point estimates for costs with fixed contingency values. No Cost and Schedule risk analysis (CSRA) was specifically conducted on the two options and the contingency assigned is 15% based on estimator judgment. A typical rule of thumb in DOD for rehabilitation is 75% of the cost of a new structure (excluding any seismic abnormalities work). In this case the rehabilitation cost new construction cost are nearly equal. This is due to the harsh island conditions causing the significant deterioration of the existing facility that are much worse than are usually seen. The level of effort required to rehabilitate the facility is significantly higher than normal and poses significantly higher risks than normally encountered. The rehabilitation approach empirically has significantly more cost and schedule risk than a new replacement and could grow beyond the contingency assigned.

Construction of a new facility would provide several advantages in that the replacement facility would be optimized to meet the projected needs of the island for health care and could provide some areas for cost savings by designing to separate outpatient and inpatient facilities that have significantly different occupancy/construction code requirements. New construction versus a rehabilitation of the existing structure also poses significantly less risk in cost and schedule growth due to unforeseen conditions that may be encountered. Any adverse results from the proposed seismic study of the existing structure most likely would eliminate rehabilitation of the existing structure as a viable option. Even if the results are favorable there may be deficiencies due to undetected deterioration and or latent construction defects that may not be discovered until rehabilitation starts. These can cause significant cost and schedule growth.

4. Conclusions: The required clinical services to support the present and future health care needs of Guam support the **REPLACEMENT** of the existing facility. Due to the extensive deterioration and questionable seismic strength of the facility, a service life extension/rehabilitation may not be the best option to meet the islands long term needs. Remodeling the existing facility will introduce a higher level of risk to patients and staff with exposure to mold, dust, and other harmful contaminants during construction. Even if the decision is made to construct a new facility, immediate repairs to the existing roof, HVAC, and critical life safety items with an estimated cost of $21M must be undertaken to address the critical infrastructure needs to re-obtain accreditation and continue operations during construction.

Appendix A
Assessment Team

Appendix A:

Army Assessment Team Members, 18-22 November 2019:

Name	Office	Position
Mr. Brian Prediger, P.E., CHFM	USACE, MX	Team Leader
Mr. Donald Schlack	USACE, POH	Onsite District Project Manager
Mr. Scott Neyhart, P.E.,	USACE, MX	Project Director
Mr. Brendan Dingman, P.E.	USACE, MX	Senior Mechanical Engineer
Mr. Charles Buchanan, P.E.	USACE, MX	Senior Electrical Engineer
Mr. Douglas Kohns, R.A.	USACE, MX	Senior Architect
Mr. Bruce Abell, P.E.	USACE, MX	Fire Protection, Life Safety
Mr. Joshua Griffith, P.E.	USACE, MX	Communications Engineer
Mr. Glenn Nakasaki, P.E.	USACE, POJ	Structural, Engineer
Mr. Michael Jacobs	USACE, NWW	Cost Estimation

Key:

CHFM – Certified Healthcare Facilities Manager
NWW – Walla Walla District
P.E. – Registered Professional Engineer
POH – Honolulu District
POJ – Japan District
R.A. – Registered Architect
USACE – U.S. Army Corps of Engineers

I Mina'trentai Singko Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
305-35 (COR)	James C. Moylan	AN ACT TO *ADD* CHAPTER 98 TO DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED RELATIVE TO A PUBLIC-PRIVATE PARTNERSHIP FOR THE MANAGEMENT OF THE GUAM MEMORIAL HOSPITAL.	2/24/20 10:27 a.m.						

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN
2020 (SECOND) Regular Session

Bill No. 305 **-35 (** COR**)**

Introduced by: James C. Moylan

2020 FEB 24 AM 10:27

AN ACT TO *ADD* CHAPTER 98 TO DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED RELATIVE TO A PUBLIC-PRIVATE PARTNERSHIP FOR THE MANAGEMENT OF THE GUAM MEMORIAL HOSPITAL.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guahan* finds that Public Law 33-143, which was enacted in 2016, requested the Guam Economic Development Authority (GEDA) to determine the public's interest for the management and operation of the Guam Memorial Hospital Authority. Essentially it requested that GEDA issue a Request for Information (RFI) and that upon submittal of responses, to present a summary to the Guam Legislature for further action. It was determined in an official correspondence dated September 23, 2016 from former GEDA Administrator Jay Rojas, to former Speaker Judith Won Pat that there were three entities which responded positively, and simply requested that Guam Legislature pursue legislation to request that stakeholders establish a Request for Proposal to seek a Public-Private Partnership for the Management and Operations of the Guam Memorial Hospital (GMHA).

Unfortunately no actions to pursue such an endeavor were achieved in both the 33rd or 34th Guam Legislatures, and the concerns then were no different than

the concerns outlined today, and that is whether the government of Guam should continue to pursue managing the GMHA or contracting a professional entity with experience to instead step in and lead the way. This process not only would remove any political interference in the operations of the public facility, but would allow a private entity to bring their knowledge to assure that the objectives and legal mandates of the public hospital are met.

This Act provides a thorough process in pursuing the Public-Private Partnership through a Performance Management Contract (PMC). It authorizes the GMHA to develop a Request for Proposal (RFP), which shall be forwarded to the Guam Legislature for actions. Along with public input, the Guam Legislature would have to adopt the language for the final RFP, and after enactment by the Governor of Guam, GMHA (with the efforts of both the Guam Economic Development Authority and the General Services Agency) would issue the RFP. After the process closes, responses are submitted, GMHA would then provide a summary to the Guam Legislature for further action and approval.

A PMC, as this Act pursues, could be transferable in the event that a new GMHA is constructed, if that authority is indeed enacted into law. It may take years to finance, construct, and open a new facility, however in the meantime we have a facility that has issues with infrastructure needs and a management structure that many continue question (and have for years), hence the need to seek experience outside of the political box. As for what scope of operations should be outsourced, this is a discussion this Act shall place on the table. It mandates a process which would be thorough and with realistic timelines being pursued, while assuring that adequate input is provided by all stakeholders including the public.

Section 2. A new Chapter 98 is hereby *added* to Division 4 of Title 10, Guam Code Annotated to read as follows:

"CHAPTER 98

PUBLIC-PRIVATE PARTNERSHIP FOR THE MANAGEMENT OF THE GUAM MEMORIAL HOSPITAL AUTHORITY THROUGH A PERFORMANCE MANAGEMENT CONTRACT

§ 98101. Performance Management Contract.
§ 98201. Contract Limits.
§ 98301. Conflicts.

§ 98101. Performance Management Contract

(a) The Board of Trustees (hereinafter referred to as "BOT") of the Guam Memorial Hospital Authority (hereinafter referred to as "GMHA") *shall be* authorized to prepare a Request for Proposal (hereinafter referred to as "RFP") for a Public-Private Partnership (hereinafter referred to as "PPP") for the management, operation and maintenance of the Guam Memorial Hospital Authority through a Performance Management Contract (hereinafter referred to as "PMC"), subject to the procurement laws of Guam. The scope of work required through this RFP, *shall* include the daily management, operation and maintenance of the GMHA. The BOT *shall* work with the Guam Economic Development Authority (hereinafter referred to as "GEDA") in the preparation of the RFP pursuant to this Chapter.

(b) The RFP *shall* include performance standards which *shall* provide operating criteria and guidelines, organizational structure of the management of GMHA under a PMC, an understanding of the protection of classified employees of the GMHA, outlining the scope of management which *shall be* extended in the PMC, a maintenance plan, a compensation arrangement for the contract holder, and any pertinent information that the GMHA believes *shall be* needed to successfully incentivize potential bidders for the PMC, while assuring that GMHA's objectives and legal mandates are achieved.

(c) The BOT of the GMHA *shall* have up to ninety (90) days to

prepare the RFP, and *shall* submit the RFP to the Committee on Health of the Guam Legislature for further action. The Committee on Health *shall* introduce the RFP as legislation for further deliberations including at least two (2) public hearings, and *shall* have no more than sixty (60) days to act on the legislation, including any amendments.

(d) Upon enactment of the legislation by the Governor of Guam, which approves the RFP, the BOT of the GMHA, in coordination with GEDA, *shall* have up to thirty (30) days to issue the RFP pursuant to this Chapter. Parties interested in submitting proposals *shall* have sixty (60) days to prepare and submit a response to the GMHA. The General Services Agency Chief Procurement Officer *shall be* an observer throughout the RFP process pursuant to this Chapter, *shall* receive copies of all documents involved and *shall be* invited to any meetings regarding the public-private partnership process pursuant to this Chapter.

(e) The BOT of the GMHA *shall* submit their summary of the results of the RFP, along with their recommendation, provided, that qualified offerors have submitted proposals in compliance with the procurement laws of Guam, to the Committee of Health of the Guam Legislature, no more than thirty (30) days after the closing date of the RFP. The recommendation *shall be* introduced as legislation by the Committee, and the Guam Legislature shall have no more than sixty (60) days to act on the legislation, and approve or deny the recommendation. The Guam Legislature shall not make any amendments to the legislation, and *shall* hold at least two (2) public hearings for input.

(f) Upon enactment of the legislation by the Governor which *shall* approve the recommendation, the BOT of the GMHA *shall* award a performance management contract pursuant to the process detailed in this

Chapter in no later than ninety (90) days. The Attorney General *shall* act as legal advisor during all phases of the solicitation or procurement process and *shall* have the authority to extend the timelines as outlined in this Chapter as it deems necessary.

§ 98201. Contract Limits.

The awarded contract, which is subject to the provisions of this Act, *shall be* awarded for periods of not less than ten (10) years, with options to renew every five (5) years and not to exceed a total of twenty (20) years. The awarded contract, subject to the provisions of this Act, must contain performance reviews at least annually by GEDA, and provisions for contract termination and penalty based upon such review. Any recommendation by GEDA to terminate the contract prior to its renewal date *shall be* approved by the Guam Legislature by no less than two thirds (2/3rds) of the members present who *shall* vote in the affirmative.

§ 98301. Conflicts.

No contract awarded subject to the provisions of this Act *shall be* awarded to any party who has a blood or marital relationship to the third (3rd) degree of consanguinity with the Administrator of the GMHA, a Board of Trustee Member of the GMHA, the Governor of Guam, the Lieutenant Governor of Guam, or a Member of the Guam Legislature."

Section 3. Severability. If any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity *shall not* affect other provisions or applications of this Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

Section 4. Effective Date. The act *shall* become effective immediately upon enactment.

Guam Memorial Hospital Authority
2020 STRATEGIC PLAN IMPLEMENTATION REPORT (SPIR)

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
GOAL 1. Achieve Financial Stability								
Objective 1. To improve cash flow by addressing the following seven (7) distinct issues and improving organization-wide services and systems delivered and managed by properly led and staffed departments: (1) generating and maximizing revenues; (2) continuing effort to obtain underpayment reimbursement of Medicare Services through Annual Adjustment and Permanent Rebasing requests with the Centers for Medicare and Medicaid Services (CMS); (3) updating of fee schedules and collection of charges for services provided; (4) assisting uninsured patients in obtaining coverage through Medicaid or Medically Indigent Programs; (5) working with the Government of Guam to identify dedicated funding sources for its operational shortfalls and capital improvement requirements; (6) changing the "care model" from primarily "inpatient hospital-based" to "outpatient hospital-based;" and (7) providing resources and ongoing training to Fiscal Services (accounting, patient affairs, patient registration, and medical records) to keep up with constantly changing rules and regulations with the healthcare industry.								
1.1	Ensure that patients and residents receive proper levels of care by the appropriately trained and licensed staff; ensure that all appropriate charges are documented in a timely and professional manner at the "point of care;" and improve IT/MIS Systems (Electronic Health Records, Revenue Cycle Management, General Financials, Materials Inventory Management, Clinical iMed, eMAR, CPOE and Pharmacy-RX, e-billing, physician professional fees inputted into billing module within 72 hours of patient discharge, etc.) to allow for this timely and professional documentation to occur.	**5**	**(1)** Achieved an 8% reduction of GMHA's Clinical Staff Vacancy Rate (27% down to 19%); **(2)** Implemented 5% ICU Differential Pay and 16% Work Incentive Pay for RNs; **(3)** Maintained Certifications by Centers for Medicare and Medicaid Services (CMS) and College of American Pathologists (CAP) throughout CY2019; **(4)** Renewed effort to ehance daily capturing of charges in all applicable Depts./Units; **(5)** SNF admitting criteria and medicare updates reviewed and implemented by SNF Leadership Team (e.g., Medical Director, SNF Administrator, etc.); **(6)** Hired GMHA's own Internal Auditor to provide independent, objective assurance and consulting services designed to add value and improve GMHA's operations, meet its mission and objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes; **(7)** Completed Phase I Implementation of PYXIS Automated Pharmaceuticals Dispensing Machines (OB Ward, L&D Unit, Medical/Surgical Unit, Urgent Care Unit); **(8)** Comparing CY2018 and CY2019 Utiliztion Data, the following provides revealing increases in most GMHA Services: • 4,842 Admissions (8.2% increase); • 15,070 EMD Visits (2.3% increase); • 2,347 OR Cases (5.4% increase); • 2,462 L & D Deliveries (22.5% increase); • 17,059 Rehabilitative Services Procedures (17.2% decrease); • 28,221 Radiology & Interventional Radiological (IR) Procedures (9.0% decrease); • 2,680 Social Services patient cases (14.3% increase); • 472,944 Pharmacy orders processed (7.9% increase); • 520,425 Laboratory tests completed (11.4% increase); • 3,705 Inpatient Hemodialysis Treatments (5.4% increase); • 16,871 Special Services Procedures (7.2% increase); • 64,436 Respiratory Treatments (5.8% increase); and • 5,916 Urgent Care Visits (26.7% increase).	**(1)** Continue reducing GMHA's Clinical Staff Vacancy Rate; **(2)** Continue implementation of the 5% ICU Differential Pay and 16% Work Incentive Pay for RNs; **(3)** Maintain Certifications by Centers for Medicare and Medicaid Services (CMS) and College of American Pathologists (CAP) throughout CY2020; **(4)** Continue to ehance daily capturing of charges in all applicable Depts./Units; **(5)** SNF to continue admitting criteria and medicare updates reviewed and implemented by SNF Leadership Team (e.g., Medical Director, SNF Administrator, etc.); **(6)** Enhance Revenue Cycle Management via implementation of an RCM Services Contract to enhance billing and collections.	• Computer accessories and software for barcoding; additional staff. • GMH Leadership Support Team between SNF Leadership, SNF Medical Director, UR, Rehab, Fiscal Services and other involved Departments.	Primary: All Division Heads Subprimes: All Dept. Heads, Supervisors and Staff	• Actions to completed by 12-31-2020.	**8, 5, 7, 7, 7, 4, 4**

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1.2	Tighten, improve, and enhance management, accountability, monitoring and reporting throughout the Fiscal Services Division. Restructuring of the Fiscal Division to include an Internal Audit Unit and Charge Master Unit to improve accountability, maximization of revenues and collection.	**5**	Received $6.3M CMS Rebase payment for FYs 2014-2016. Enhanced collections through contracted partnership/services with the Collections Services of the AGO – payment collections of true self-pay customers increased 25% – 30%. The following summarized the December 2019 Financials: **(1) Cash:** The cash balance was $3.9 million as of 12/31/19 compared to $4.6 million as of 9/30/19. Cash decreased by $747K due to a decrease in collections and a decrease in accounts payable. We continue to pay vendors and get caught up on AP accounts. Total Medicaid/MIP funds received in December was $1.4 million. DOA allotments received was $2.2 million. **(2) Payables:** Total current liabilities decreased by $5.3 million which includes a decrease in amounts owed to DRT for past due withholding taxes by $2.4 million. As of 12/31/19 the amount owed to DRT was $2.9 million. As of 1/15/19, the amount is $2.4 million. The interest ($482,456) and penalties ($1.4 million) are not included in this amount. We are planning to submit a revised waiver request after DRT informed me that they needed more substantial evidence such as financials in the request. The draft is being reviewed now before we transmit. **(3) Revenues:** Net patient revenues for December 2019 were $11.0 million compared to $8.8 million in December 2018 which is a 26% increase. This is attributed to patient census increases as well as the annual 5% fee increase. In comparison to December 2018, notable increases for gross revenues (before contractual allowances and bad debt allowance) were in inpatient acute care ($1.2 million), pharmacy ($799K), outpatient care ($584K), and laboratory ($107,830). Pharmacy increases may be attributed to the implementation of Pyxis. Year to date (YTD) gross revenues were $52.4 million which is $9.9 million above projections. YTD net revenues were $32.0 million compared to $25.5 million YTD FY 2019, a 26% increase.	**(1)** Enhance Revenue Cycle Management via implementation of an RCM Services Contract to enhance billing and collections; **(2)** Complete the development and implementation of a GMHA Internal Audit Policy & Procedure; **(3)** SNF Leadership, with Executive Management Team support, to explore opportunities for increasing reimbursements; **(4)** Improve collections of 30-120 days accts, reduce denials from 3rd party payors, execute new contracts with all major 3rd party payors.	• Funding Support for needed Contractual Services (e.g., RCM Services).	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors. • CFO, Collection Mgr., Other Division Heads & Middle Managers	• Actions to completed by 12-31-2020. • Ongoing, monitor monthly	**6, 5, 7, 7, 7, 4, 4**

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1.2 (cont'd)	Tighten, improve, and enhance management, accountability, monitoring and reporting throughout the Fiscal Services Division. Restructuring of the Fiscal Division to include an Internal Audit Unit and Charge Master Unit to improve accountability, maximization of revenues and collection.	**5**	**(4) Collections:** YTD collections were 48% of gross revenues or $25.1 million of which $8.0 million was Medicaid collections and $3.9 million was MIP collections. The 3 M's collected 53% of 3M gross renvenues while 3rd party payors collected 48% and self-pay patients collected 31% of their respective gross revenues. December 2019 monthly collections were $4.8 million. This is $1.4 million more than collections in December 2018 but less than previous FY 2020 months. GMHA's billing is experiencing a backlog because coding is behind. We are currently interviewing candidates for Coder I and Coder II positions and exploring outsourcing for coding services to ease the backlog that started in October from major system issues in September and shortage of coders. The additional help should begin later in January. YTD third party payers' collection rate of gross revenues was 46% while the 3 M's was 51%. Self-pay was 33%. We continue to collaborate with the Office of the Attorney General for collection referrals and work with DRT on garnishments. **(5) Insurance Companies Updates:** We continue to discuss ongoing issues (portal, denials, out-of-network physicians, and rejected claims) with Aetna and relations continue to improve but collections are still quite slow. Aetna representative, Jennifer Teti, was on island in January and we were able to discuss these issues with her in more detail. The provider agreement should be finalized soon. The most immediate resolution appears to be the out-of-network physicians, followed by the agreement, and portal. Takecare claims GMH owes them $6.4 million in credits from overpayments from 2017. They have been extremely slow to pay claims with an $11 million receivable. Because it appears these collections will be difficult, I plan to engage legal counsel on preparing a demand letter for immediate payment and possibly placing Takecare out of network for a couple of reasons: (1) no provider agreement and (2) no payments. **(6) Expenses:** Operating expenses in December 2019 were 17% higher than December 2018 mainly in supplies & materials and contractual costs. Personnel costs were 12.6% higher than December 2018 due to more FTEs. We have 54 more nurses than a year ago. Increases in supplies & materials were for medical supplies and pharmaceuticals. Increases in contractual services were mainly for repairs and maintenance. YTD operating expenses were $33.3 million, an 11% ($3.2 million) increase from YTD FY 2019. Supplies & materials increased the most by 45%, or $1.2 million for medical supplies, pharmaceuticals, and linen.	**(1)** Enhance Revenue Cycle Management via implementation of an RCM Services Contract to enhance billing and collections; **(2)** Complete the development and implementation of a GMHA Internal Audit Policy & Procedure; **(3)** SNF Leadership, with Executive Management Team support, to explore opportunities for increasing reimbursements; **(4)** Improve collections of 30-120 days accts, reduce denials from 3rd party payors; **(5)** execute new contracts with all major 3rd party payors to improve and streghthen these relationships.	• Funding Support for needed Contractual Services (e.g., RCM Services).	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors. • CFO, Collection Mgr., Other Division Heads & Middle Managers	• Actions to completed by 12-31-2020. • Ongoing, monitor monthly	**6, 5, 7, 7, 7, 4, 4**

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1.3	Review and assess processes, define accountability, responsibility, and establish mechanisms for maximizing billing of and collections of services. Examples are reviewing and improving business practices to enhance collections and cash flow (garnishments, coding, billing to clients for denials, billing to insurance providers, billing to other GovGuam agencies such as DOC, GFD, GPD for GMHA services) and reviewing and implementing OPA Audit Findings and Recommendations timely.	**5**	**(1)** Trained and certified some Hospital Billers and Medical Records Coders; **(2)** Utilized services and support of Office of the Attorned General's Collections Division to collect from Self-Pay Patients; **(3)** Assoc. Administrator of Medical Services began the process of assessing the Utilization Review (UR) Depts.' UR Process to determine and implement process improvement opportunities towards how UR goes about reviewing patient care plans to assure alignment with appropriateness of care, which will lead to clean hospital bills in a shorter period time; reduction of insurance claim denials; and enhanced revenue generation.	**(1)** Recruit, train and certify more Hospital Billers and Medical Records Coders (we have 5 Medical Records Coders, we need a total of approx. 11); **(2)** Assoc. Administrator of Medical Services to continue the process of assessing the UR Depts.' Process to determine and implement process improvement opportunities towards how UR goes about reviewing patient care plans to assure alignment with appropriateness of care, which will lead to clean hospital bills in a shorter period time; reduction of insurance claim denials; and enhanced revenue generation; **(3)** Upgrade Electronic Health Record (EHR) and IT System; **(4)** SNF to research other healthcare delivery systems opportunities (e.g., Long Term Care/ICF, Assisted Living, etc.) to maximize the fiscal utility and full capacity of the Facility; **(5)** Engage a Contractor for services to ehance Revenue Cycle Management.	• Support by GMHA BOT and Executive Leadership Team. • Funding Support for Hospital Billing and Medical Records Coding Certification Course.	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors	• Actions to completed by 12-31-2022.	**6, 4, 5, 7, 6, 4, 4**
1.4	In addition to actively pursuing TEFRA rebasing and Annual Adjustments, explore and propose alternate funding mechanisms and products (especially for self-pays and comparable insurance programs);work with the Government of Guam and Insurers to modify the Prompt Payment Act from 45 to 30 days; and collaborate with other GovGuam agencies to change MIP reimbursement to reflect the actual cost of services provided.	**5**	**(1)** Received $6.3M CMS Rebase payment for FYs 2014-2016; **(2)** Enhanced collections through contracted partnership/services with the Collections Services of the AGO – payment collections of true self-pay customers increased 25% – 30%; **(3)** Hired an Eligibility Specialist to provide applications to self-pay patients for financial medical assistance through the DPHSS.	**(1)** Continue to enhance collections through contracted partnership/services with the Collections Services of the AGO – payment collections of true self-pay customers increased 25% – 30%; **(2)** SNF to explore/research the applicability and profitability of these possible new services and compare to the existing source of income; **(3)** Explore developing a Patient Charity Program for GMHA.	• Support and funding from external entities (e.g., Legislature, Governor's Office, CMS, DOI OIA, etc.) to enhance and bolster GMHA's continued efforts relative to this Objective and associated Activities.	Primary: CFO & rest of Executive Leadership Team. Subprimes: Fiscal Services Dept. Heads & Supervisors; hospital-wide Department Heads.	• Actions to be completed by 12-31-2020 and ongoing thru CY2022.	**6, 5, 8, 6, 8, 4, 6**

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1.5	Materials Management: (1) Assess, revise and adopt a new set of procurement rules, regulations and processes that will result in lower costs while maintaining quality; and (2) Review and improve utilization of hospital resources throughout the organization (at all levels) to include: oversight/management of the procurement process; proper processing of departmental requests for supplies/equipment; maintenance of product standardization when appropriate; and maintenance of accountability/security of supplies and equipment.	**5**	**(1)** Commenced working with GMHA's Procurement Rules & Regs Taskforce to assess, revise and adopt a new set of procurement rules, regulations and processes; and **(2)** Re-established GMHA's Product Standardization Committee.	**(1)** Continue to work with GMHA's Procurement Rules & Regs Taskforce to assess, revise and adopt a new set of procurement rules, regulations and processes; **(2)** Sustain GMHA's Product Standardization Committee meetings and efforts to enhance hospital-wide product standardization for more focused procurement, patient and staff safety, cost savings, waste reduction, etc.; **(3)** Continue to work with GMHA Legal Counsel to propose legislation to change procurement laws that unduly restrict purchases of medications, medical supplies, and equipment.	• Support by GMHA BOT and Executive Leadership Team.	Primary: Executive Leadership Team supporting Materials Management Administrator Subprimes: Dept. Heads & Supervisors	• Actions to be completed by 12-31-2020 and ongoing thru CY2022.	**5, 3, 5, 5, 4, 4, 1**
1.6	All Departments (Contract Management): Maintain, monitor, evaluate and replace hospital resources and services needed in the provision of excellent GMHA services in the most cost effective manner. This shall also include reviewing Hospitalist contracts and ensuring that all such staff with hours in excess of 2,080 per year are justified and properly processed for approval.	**5**	**(1)** Commenced working with GMHA's Procurement Rules & Regs Taskforce to assess, revise and adopt a new set of procurement rules, regulations and processes; **(2)** Commenced inclusion of Contract Management activity in hospital-wide QAPI Program; **(3)** Re-established GMHA's Product Standardization Committee.	**(1)** Continue to work with GMHA's Procurement Rules & Regs Taskforce to assess, revise and adopt a new set of procurement rules, regulations and processes; **(2)** Sustain GMHA's Product Standardization Committee meetings and efforts to enhance hospital-wide product standardization for more focused procurement, patient and staff safety, cost savings, waste reduction, etc.; **(3)** Sustain GMHA's Contract Management activity in the hospital-wide QAPI Program; **(4)** Launch GMHA's Contract Management Systems Improvement Project (heavy focus on Physician's Contracts).	• Support by GMHA BOT and Executive Leadership Team.	Primary: All Division Heads Subprimes: All Dept. Heads & Supervisors	• Actions to be completed by 12-31-2020 and ongoing thru CY2022.	**5, 3, 5, 6, 4, 4, 1**
1.7	Conduct staffing assessment/analysis focusing on utilization of staffing resources and staffing levels (e.g., staffing types, numbers, distribution, utilization, and effectiveness). This can include departmental staff time and motion studies and development of department-specific benchmarks.	**5**	**(1)** Engaged in more focused, hospital-wide involvement in development of GMHA's Annual Budget; **(2)** Successfully recruited and hired key positions to build GMHA's Executive Leadership Team and Management Team; **(3)** Conducted and effectuated ongoing organization-wide assessment/initiative to reduce both oncall and overtime pay.	**(1)** Sustain engaging all department in hospital-wide development of GMHA's Annual Budget; **(2)** Sustain the successful recruitment and hiring of key positions to complete the buildout of GMHA's Executive Leadership Team and Management Team; (3) Continue to conduct and effectuate ongoing organization-wide assessment/initiative to reduce both oncall and overtime pay.	• GMHA BOT and Executive Leadership Support Team of hospital-wide Management Team.	Primary: All Division Heads Subprimes: All Department Heads & Supervisors	• Actions to be completed by 12-31-2020 and ongoing thru CY2022.	**6, 3, 6, 7, 7, 4, 1**

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1.8	Explore and leverage strategic alliance opportunities (new hospital, integration of other islands).	**5**	**(1)** GMHA re-engaged with NavHosp and GRMC at quarterly Tri-Hospital Meetings; **(2)** GMHA meeting with DPHSS, GBHWC, DISID via Governor's monthly Health & Wellness Meetings; **(3)** Meeting monthly with Governor's Planning Group to prepare for Governor's 1st Health Summitt scheduled for April 2 & 3, 2020. The Theme is Making Guam's Healthcare Affordable, Available and Accessible.	**(1)** Sustain GMHA's re-engagement with NavHosp and GRMC at quarterly Tri-Hospital Meetings; **(2)** Continue to meet with DPHSS, GBHWC, DISID via Governor's monthly Health & Wellness Meetings; **(3)** Complete GMHA's part in the planning and development of Governor's 1st Health Summitt scheduled for April 2 & 3, 2020; and actively participate in the same.	• Related activities requirements for either funding, staffing, or both.	Primary: Executive Leadership Team Subprimes: TBD	• Actions to be completed quarterly and ongoing from CY2020 thru CY2022.	**6, 4, 7, 6, 10, 7, 2**
1.9	Explore revenue and service enhancements/modifications (e.g., Wound Care, Out-patient Services, etc.).	**5**	**(1)** Received $6.3M CMS Rebase payment for FYs 2014-2016; **(2)** Enhanced collections through contracted partnership/services with the Collections Services of the AGO – payment collections of true self-pay customers increased 25% – 30%; **(3)** Commenced the development and implementation of a New Wound Care Program.	**(1)** Enhance Revenue Cycle Management via implementation of an RCM Services Contract to enhance billing and collections; **(2)** Upgrade Electronic Health Record (EHR) and IT System; **(3)** Expand Emergency Department EPOWERdoc to Urgent Care Unit for enhanced electronic patient documentation; **(4)** Complete the development and implementation of a GMHA Internal Audit Policy & Procedure; **(5)** SNF Leadership, with Executive Management Team support, to explore opportunities for increasing reimbursements; **(6)** Improve collections of 30-120 days accts, reduce denials from 3rd party payors, execute new contracts with all major 3rd party payors; **(7)** Complete the development and implementation of a New Wound Care Program; **(8)** Update GMHA Fee Schedule to ensure coverage of costs.	• Related activities requirements for either funding, staffing, or both.	Primary: All Division Heads Subprimes: Applicable Dept. Heads	• Actions to be completed quarterly and ongoing from CY2020 thru CY2022.	**6, 4, 5, 7, 7, 4, 2**
1.10	Continue reviewing all GMHA revenue producing departments and evaluate and implement ways to maximize revenues and minimize losses. This shall include respective departments conducting cost benefit analyses of low volume services to determine viability of such services relative to the best interests of GMHA and the Guam community.	**5**	**(1)** Transferred Urgent Care Unit to former ED Annex and increased hours of operation; and moved Special Services Dept. from 1st to 2nd Floor adjacent to New Urgent Unit Area.	**(1)** Enhance Revenue Cycle Management via implementation of an RCM Services Contract to enhance billing and collections; **(2)** Complete the development and implementation of a GMHA Internal Audit Policy & Procedure; **(3)** Expand Emergency Department EPOWERdoc to Urgent Care Unit for enhanced electronic patient documentation; **(4)** Continue to research and determine best use of underutilized SNF, which is currently CMS-Certifed at 40 bed capacity, but census is currently fluctuating between 20-25 Residents and about 50% of them do not qualify for SNF level of care; **(5)** Update GMHA Fee Schedule to ensure coverage of costs.	• Related activities requirements for either funding, staffing, or both.	Primary: Executive Leadership Team Subprimes: TBD	• Actions to be completed by 12-31-2020 and ongoing thru CY2022.	**6, 4, 7, 7, 8, 4, 1**

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GOAL 2: Leadership Team Development								
Objective 2. To develop a Leadership Team capable of properly leading, managing and holding accountable the staff that comprise GMHA's divisions/departments.								
2.1	Assess existing leadership capabilities and identify gaps, define GMHA leadership, membership and knowledge deficits (i.e. address leadership and accountability deficiencies at all levels).	**4**	**(1)** Began assessing existing leadership capabilities and started identifying gaps, defining GMHA Leadership Team, Membership and Knowledge Deficits (both GMH and SNF); **(2)** Provided Leadership Development Training Programs (Executive Management, Middle Management and Staff in key leadership positions).	**(1)** Contine analyzing job descriptions and evaluation forms of all Executive Leadership Team Members (both GMH and SNF); **(2)** Initiate an Executive Leadership Needs Assessment.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	6, 4, 7, 8, 7, 5, 1
2.2	Identify and fill key vacancies for new leadership team with clear accountability and performance expectations.	**4**	**(1)** Identified vacancies; **(2)** Recruited and began filling key leadership positions in order to build new, strong Executive Leadership Team.	**(1)** Continue recruitment efforts to complete the build out of the New Executive Leadership Team; **(2)** Reclassify leadership and middle management positions where appropriate; **(3)** Hire critical leadership positions to improve GMHA business model.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	6, 5, 5, 8, 8, 5, 3
2.3	Assess, define and communicate clear accountability expectations at all levels of leadership through training and development programs; ongoing monitoring, evaluation and improvement opportunities (e.g., Medical Committees, Executive Management Council, Performance Improvement Committee, Environment of Care Committee, Divisional and Departmental Meetings & Activities, etc.)	**4**	**(1)** Began assessing, defining and communicating more clear accountability expectations at all levels of leadership; **(2)** Contracted Leadership In Action Workshops in July, August and September of 2019 (3 Programs, 127 Participants) and an Advanced Leadership Seminars in October 2019 (1 Program, 4 Participants).	**(1)** Coordinate additional Leadership In Action and Advanced Leadership Seminars; **(2)** Initiate an organization-wide training needs assessment in order to identify, establish and implement other forms of needed training and development programs for all management and staff (e.g., leadership, communications, safety, etc.).	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	6, 4, 7, 8, 9, 5, 2
2.4	Provide training and education programs specific to leadership (Six Sigma, Lean, TJC, HR Disruptive Behavior, etc.).	**4**	**(1)** Contracted Leadership In Action Workshops in July, August and September of 2019 (3 Programs, 127 Participants) and an Advanced Leadership Seminars in October 2019 (1 Program, 4 Participants).	**(1)** Initiate an assessment on the training needs of leadership; dedicate funds for training staff; **(2)** Coordinate additional Leadership In Action and Advanced Leadership Seminars; **(3)** Conduct Lean PDSA Training and similar types of programs; **(4)** Subscribe or research on articles regarding leadership and management of long term care facilities.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	6, 4, 5, 7, 9, 6, 1

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2.5	Establish accountability measures, monitoring and expectations for leadership relative to addressing all top priorities (ACES + Q).	**4**	**(1)** Continued implementation of ACES+Q in organization-wide QAPI Program and received QAPI Training in that Process; **(2)** Continued implementation of fairly new Safety Learning System (SLS) for enhanced quality and safety incident reporting organization-wide in alignment with GMHA's QAPI Program and received needed, mandatory SLS Training in that Process.	**(1)** All Division Heads/Department Heads need to continue to identify more meaningful QAPI Indicators that are high risk, high volume, problem prone to more effectively focus GMHA's QAPI Program; **(2)** Continue to roll out ongoing SLS and QAPI Training Programs organization-wide.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 4, 7, 6, 7, 4, 3**

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GOAL 3: Establish and Sustain Safety and Quality Culture								
Objective 3. To effectively establish & sustain GMHA's safety and quality culture.								
3.1	Assess and identify existing issues and areas that negatively impact our Safety and Quality Culture (i.e. disruptive behaviors, staff morale, vacancies, etc.); and plan to address and improve each area that negatively impacts our Safety and Quality Culture (especially for Medical Staff, eliminate disruptive and self-serving behaviors, recognize/reward those that are exemplary).	**5**	**(1)** Conducted Annual Culture of Safety Survey; and Root Cause Analysis on negative or high risk patient outcomes; **(2)** Conducted monthly and quarterly organization-wide QAPI activities; **(3)** Identifed weaknesses in the lack of permanently filled key positions (e.g., Facilities and Maintenance Manager, Biomedical Superintendant, Chief Planner) and worked to fill or towards filling these key positions; **(4)** Contracted and benefitted from the servcies of Emergency Care Research Institute (ECRI), which provides evidence-based research and and assessments on new technologies and clinical guidelines, patient safety improvement and risk reduction initiatives, etc..	**(1)** Continue Just Culture Initiatives/Involvement of Physicians; **(2)** Push and Support Speak Up Campaign; **(3)** Risk Manager to continue completing and sharing monthly/quarterly trending report of all Patient Safety incidents via the Safety Learning System (SLS) which can be queried to retrieve useful information to determine strenths and weaknesses and initiate programs as appropriate; **(4)** Continue to monitor and identify existing issues at least monthly to resolve safety and quality issues and sustain the Safety & Quality Culture; **(5)** Continue to recruit and hire required leadership/management positons; **(6)** Continue to engage Medical Staff to gain their ownership/buy-in in accepting and meeting responsibilities for Patient Safety Programs.	• Buy-In and Support by GMHA BOT, Executive Leadership, MEC, Managers, and Staff for GMHA's Quality and Safety Program Initiatives, such as TeamSTEPPS, Just Culture, etc. • Financial Support for needed resources (e.g., web-based training, reporting systems, etc.).	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors; HR Taskforce; Patient Safety Committee; Environment of Care Committee.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 5, 5, 8, 7, 4, 4**
3.2	Improve recruitment, compensation, and retention of key critical vacancies (e.g., request GovGuam remove barriers, such as all GMHA requests needing to go to BBMR for pre-approval).	**5**	**(1)** Enhanced processing of Personnel Recruitment GG1s due to focused review of the same GovGuam-wide by the Office of the Governor, BBMR, DOA, and Team GMHA (including Legal Counsel); **(2)** Started the process of creating a hospital-specific set of Personnel Rules and Regulations for GMHA.	**(1)** Continue to enhance processing of Personnel Recruitment GG1s due to focused review of the same GovGuam-wide by the Office of the Governor, BBMR, DOA, and Team GMHA (including Legal Counsel); **(2)** Complete the process of creating a hospital-specific set of Personnel Rules and Regulations for GMHA; **(3)** Fill GMHA's Personnel Administrator Vacancy ASAP.	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs. • Avail HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges.	Primary: BOT & EMC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**6, 4, 6, 8, 4, 5, 2**

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.2.1	GMHA's Medical Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key physician shortfalls (e.g., Outpatient Services, Neurosurgeons, Oral/Maxillofacial Surgeons, Plastic Surgeons and Pulmonary Disease/Critical Care Specialists, etc.). • Creative Recruitment may include, but not be limited to: (a) Local as well as the National Practitioner Data Base (NPDB); (b) Online Recruitment; (c) Healthcare Industry-Focused and General Job Fairs; (d) University of Guam (UOG) Graduates; (e) Guam Community College (GCC) Graduates; (f) Contingent Recruiters as well as Retained Recruiters; (g) Improving hiring flexibility in highly central systems; (h) Maintaining a pre-screened applicant pool; (i) Realistic Job Previews; (j) Word of Mouth; (k) Targeted Recruitment; (l) Interns; and (m) Other creative recruitment strategies.	**5**	**(1)** Developed and implemented the Medical Services Division FY2020 Budget in alignment with GMHA's Strategic Plan; **(2)** Recruited and filled key executive leadership, management and staff positions; **(3)** Mobilized, reviewed, evaluated, and considered continuation vs discontinuation of key Medical Services Contracts (e.g., Physicians Contracts, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment;" **(4)** Started assessing Physians' Performance and renewing contracts on a short term basis to provide time needed to improve Physician Contracts; **(5)** Started reviewing all Physicans' Contracts for appropriateness/completeness/fairness with respect to Scope of Responsibilities, Salaries, Level of Standardization, etc.; **(6)** Recruited and hired a Medical Staff Officer Manager to enhance coordination of Medical Staff Office Operations to include all Medical Department Meetings, Medical Staff Orientation, Priviliging, etc.; **(7)** Started the recruitment of a Process Management Consultant that will help to improve such GMHA Processes/Systems such as Contracts Management.	**(1)** Continue to effectively implement the Medical Services Division FY2020 Budget and effectively develop and implement the FY2021 Budget in alignment with GMHA's Strategic Plan; **(2)** Continue to recruited and fill key executive leadership, management and staff positions; **(3)** Continue to mobilize, review, evaluate, and consider continuation vs discontinuation of key Medical Services Contracts (e.g., Physicians Contracts, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment;" **(4)** Continue assessing Physians' Performance and renewing contracts on a short term basis to provide time needed to improve Physician Contracts; **(5)** Continue reviewing all Physicans' Contracts for appropriateness/completeness/ fairness with respect to Scope of Responsibilities, Salaries, Level of Standardization, etc.; **(6)** Continue to support the new Medical Staff Office Manager to enhance coordination of Medical Staff Office Operations to include all Medical Department Meetings, Medical Staff Orientation, Priviliging, etc.; **(7)** Completed and now mobilze the efforts of the newly hired/contracted Process Management Consultant to help improve such GMHA Processes/Systems such as Contracts Management.	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs and Contract Management Process. • Avail AAMO, Medical Staff Office, HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges to improve Physicians Contract Mgmt. Process.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	**7, 5, 5, 7, 5, 5, 4**

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.2.2	GMHA's Nursing Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively fill key nursing resource shortfalls in the Specialty Care Areas (e.g., ICU/CCU, Telemetry, ED). • The Recruitment Plan will center on identifying the real recruitment needs of the Nursing Division and tying it to the overall Strategic Plan. The Nursing Division needs range and vary from the immediate to medium and long term needs. • Recruitment of nursing professionals involves utilization of several methods to accomplish the goal to include, but not limited to: (a) Local Advertisements; (b) National Advertisements; (c) Travel Companies; (d) Collaborating with Guam's local Colleges (e.g., GCC) and Universities (e.g., UOG); (e) Healthcare Industry-Focused and General Job Fairs; (f) Foreign Recruitment; and (g) Other Government Agencies to include the Department of Labor and the Professional and International Programs.	**5**	**(1)** Implemented 5% ICU Differential Pay and 16% Work Incentive Pay for RNs; **(2)** Achieved an 8% reduction of GMHA's Clinical Staff Vacancy Rate (27% down to 19%); **(3)** Developed and implemented the Nursing Services Division FY2020 Budget in alignment with GMHA's Strategic Plan; **(4)** Recruited and filled key executive leadership, management and staff positions; **(5)** Mobilized, reviewed, evaluated, and considered continuation vs discontinuation of key Nursing Services Contracts (e.g., Travel Nurses Recruitment Contract, UOG & GCC Nursing Students Internship Agreements) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	**(1)** Continue to implement 5% ICU Differential Pay and 16% Work Incentive Pay for RNs; **(2)** Continue to achieve reductions in GMHA's Clinical Staff Vacancy Rate; **(3)** Continue to develop and implement the Nursing Services Division FY2020 and FY2021 Budgets in alignment with GMHA's Strategic Plan; **(4)** Continue to recruit and fill key executive leadership, management and staff positions; **(5)** Continue to mobilize, review, evaluate, and consider continuation vs discontinuation of key Nursing Services Contracts (e.g., Travel Nurses Recruitment Contract, UOG & GCC Nursing Students Internship Agreements, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs and Contract Management Process. • Avail AAMO, Medical Staff Office, HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges to improve Nursing Staff Shortfalls or Gaps.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	**7, 6, 6, 8, 7, 6, 4**

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.2.3	GMHA's Professional Support Services Nursing Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Professional Support Departments.	**5**	**(1)** Developed and implemented the Professional Support Services Division FY2020 Budget in alignment with GMHA's Strategic Plan; **(2)** Recruited and filled key executive leadership, management and staff positions; **(3)** Mobilized, reviewed, evaluated, and considered continuation vs discontinuation of key Pro Support Contracts (e.g., Radiology Equipment Maintenance) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	**(1)** Develop and implement the Professional Support Services Division FY2020 and FY2021 Budgets in alignment with GMHA's Strategic Plan; **(2)** Continue to recruit and fill key executive leadership, management and staff positions; **(3)** Continue to mobilize, review, evaluate, and consider continuation vs discontinuation of key Pro Support Contracts (e.g., Radiology Equipment Maintenance, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs and Contract Management Process. • Avail AAMO, Medical Staff Office, HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges to improve Pro Support Staff Shortfalls or Gaps.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	**7, 5, 5, 7, 6, 6, 3**

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.2.4	GMHA's Fiscal Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Fiscal Services Departments.	**5**	**(1)** Developed and implemented the Fiscal Services Division FY2019 and FY2020 Budgets in alignment with GMHA's Strategic Plan; **(2)** Recruited and filled key executive leadership, management and staff positions; **(3)** Mobilized, reviewed, evaluated, and considered continuation vs discontinuation of key Fiscal Services Contracts (e.g., Collections, Medicare Cost Report) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	**(1)** Develop and implement the Fiscal Services Division FY2020 and FY2012 Budgets in alignment with GMHA's Strategic Plan; **(2)** Continue to recruit and fill key executive leadership, management and staff positions; **(3)** Continue to mobilize, review, evaluate, and consider continuation vs discontinuation of key Fiscal Services Contracts (e.g., Collections, Medicare Cost Report, RCM, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs and Contract Management Process. • Avail AAMO, Medical Staff Office, HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges to improve Fiscal Services Staff Shortfalls or Gaps.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	**6, 5, 5, 6, 6, 4, 6**

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3.2.5	GMHA's Operations/ Administration Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Operations/Administration Services Departments.	**5**	**(1)** Developed and implemented the Operations/Administration Division FY2019 and FY2020 Budgets in alignment with GMHA's Strategic Plan; **(2)** Recruited and filled key executive leadership, management and staff positions; **(3)** Mobilized, reviewed, evaluated, and considered continuation vs discontinuation of key Ops/Admin Contracts (e.g., Laundry Services, Biomedical Services, Secure Safe, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	**(1)** Develop and implement the Operations/ Administration Division FY2020 and FY2021 Budgets in alignment with GMHA's Strategic Plan; **(2)** Continue to recruit and fill key executive leadership, management and staff positions; **(3)** Continue to mobilize, review, evaluate, and consider continuation vs discontinuation of key Ops/Admin Contracts (e.g., Laundry Services, Biomedical Services, Secure Safe, EHR) to identify strenghts and weaknesses, opportunities and threats in an effort towards achieving best practices relative to Contracts Management, maintaining CMS Certification and meeting GMHA's mission "to provide quality patient care in a safe environment."	• Ongoing support from Governor, BBMR, DOA, Executive Leadership Team to continue to streamline the process and support development of New GMHA Personnel Rules & Regs and Contract Management Process. • Avail AAMO, Medical Staff Office, HR Dept. Staff with needed Training, Expertise and IT Upgrades to overcome significant challenges to improve Ops/Admin Services Staff Shortfalls or Gaps.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	**6, 5, 7, 7, 4, 5, 3**
3.3	Continue to implement ACES+Q as GMHA's core values, as we value Accountability, Cost Efficiency, Excellence in Service, Safety, plus Quality.	**5**	**(1)** Continued implementation of the Strategic Plan's ACES+Q (GMHA's Core Values) in alignment with GMHA's Quality Assurance and Performance Improvement (QAPI) Program. This implementation was demonstrated through QAPI Training, QAPI Reporting, SLS Reporting, etc.	**(1)** Continue implementation of the Strategic Plan's ACES+Q (GMHA's Core Values) in alignment with GMHA's Quality Assurance and Performance Improvement (QAPI) Program. This implementation was demonstrated through QAPI Training, QAPI Reporting, SLS Reporting, etc.	• Ongoing support via various forms of Training Programs (e.g., QAPI, SLS, Leadership) that are in alignment with ACES+Q.	Primary: BOT, EMC, and MEC. Subprimes: All Dept. Heads, Supervisors & Staff.	• Actions to completed Quarterly throughout CY2020 and ongoing thru 2022.	**6, 5, 7, 7, 8, 5, 4**

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.4	Assess and refine current dashboards and quality indicators; and develop and implement accountability measures relative to governance, leadership and management effectiveness, and patient outcomes.	**5**	**(1)** The Performance Improvement Coordinator and the Administrator of Quality, Patient Safety, and Regulatory Compliance held meetings with the various departments and committees to review their quality monitoring metrics/indicators to provide guidance on the selection of high volume, high risk, and problem prone issues as well as tying monitoring to patient outcome improvements; **(2)** The Performance Improvement Coordinator created an online Quality Assessment/Performance Improvement (QAPI) training video for staff, department managers, and division heads; **(3)** The Performance Improvement Coordinator continues to review departmental and committee QAPI reports providing feeback for improved data analysis; **(4)** The Performance Improvement Coordinator has revised the QAPI dashboards to streamline reporting to the Performance Improvement Committee and the Governing Board's Quality & Safety SubCommittee.	**(1)** The Performance Improvement Coordinator will continue to provide hands-on guidance and feedback for the departments and committees; **(2)** The departments will showcase their QAPI successes in a Governing Body sponsored QAPI fair to occur during National Healthcare Quality Week on an annual basis during the month of October.	• Ongoing support from GMHA BOT Subcommittees and Full BOT, EMC, MEC, and Medical Staff to include leadership, training, funding, as needed.	Primary: BOT, EMC, and MEC. Subprimes: Dept. Heads & Supervisors.	• Actions to completed Quarterly, as well as by 12-31-2020 and ongoing thru 2022.	7, 5, 7, 8, 8, 5, 7
3.5	Engage in ongoing hospital-wide efforts to maintain conditions of participation certification by the Centers for Medicare and Medicaid Services (CMS); and engage in any future hospital-wide efforts to regain and sustain accreditation by The Joint Commission and compliance with all applicable standards and expectations (e.g., convert to CMS “Deemed Status”), as directed and guided by GMHA’s Executive Leadership Team.	**5**	**(1)** After several Surveys/Re-Visits/Complaint Surveys conducted by the Centers for Medicare and Medicaid Services (CMS), GMHA maintained CMS Certification by successfully developing and implementing Plans of Corrective Actions; **(2)** The 2019 Focused Standards Assessment started in 2nd half of CY2019 to enable department managers/leaders to interally determine GMHA's current level of compliance with TJC Standards. Final Scoring is expected in 1st Qtr of CY2020; **(3)** Multi-disciplinary Tracer Groups conducted tracings and mock surveys in preparation for unannounced CMS Surveys; **(4)** Conducted Multi-disciplinary Environment of of Care (EOC) Physical Environment Assessments (1st Floor Exterior, 1st Floor Interior). Resolved over 95% of Exterior Deficiencies; however, now need to address Interior Deficiencies.	**(1)** Continue to maintain CMS Certification by successfully developing and implementing Plans of Corrective Actions; **(2)** Complete 2019 Focused Standards Assessment to enable department managers/leaders to interally determine GMHA's current level of compliance with TJC Standards. Final Scoring is expected in 1st Qtr of CY2020; and identify the Accrediting Body for which GMHA will begin making preparations for regaining hospital accreditation; **(3)** Continue to deploy Multi-disciplinary Tracer Groups to conduct ongoing tracings and mock surveys in preparation for unannounced CMS Surveys; **(4)** Continue to conducted Multi-disciplinary Environment of of Care (EOC) Physical Environment Assessments (2nd, 3rd & 4th Flrs) and resolve 1st Flr Interior Deficiencies.	• BOT & Executive Leadership determination of if/when/how GMHA will pursue Accreditation given existing challenges (e.g., Finances, Existing Projects/ Priorities such as EHR, etc.).	Primary: BOT, EMC, and MEC. Subprimes: All Dept. Heads, Supervisors & Staff.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	8, 5, 6, 8, 7, 5, 5
3.6	Develop mechanisms to improve communications throughout the organization starting with the Medical Staff and Executive Management/Leadership and then up/down the organizational chain to include all employees, patients, families, visitors, volunteers, contractors, etc.	**4**	**(1)** Conducted Executive Leadership Meetings, but very few Director's Meetings; **(2)** SNF leadership representation on the Patient Safety Committee continued, as it helps the facility to be more aware on the required safety and quality practices.	**(1)** Continue to conduct Executive Leadership Meetings, but very few Director's Meetings; **(2)** Continue SNF leadership representation on the Patient Safety Committee continued, as it helps the facility to be more aware on the required safety and quality practices.	• BOT & Executive Leadership Support to overcome existing challenges (e.g., Finances, Existing Projects/ Priorities such as EHR, etc.).	Primary: BOT & EMC, Subprimes: All Dept. Heads, Supervisors & Staff.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	7, 4, 4, 8, 8, 4, 5

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GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
3.7	Engage Medical Staff as champions and leaders in all initiatives.	**4**	**(1)** Physicians serve as champions for Hand Hygiene, Catheter-associated Urinary Tract Infections, Central Line-associated Blood Stream Infections, Antimicrobial Stewardship Program, and Wound Care. Physicians have also taken a more active role in participating as team members of Root Cause Analysis Investigation; **(2)** The Medical Staff has reestablished Morbidity and Mortality Reviews.	**(1)** Implement positive strategies to engage, inspire, and leverage the dynamic knowledge, skills, and abilitites of GMHA's Medical Staff to assist GMHA in meeting its Strategic Plan Goals and Objectives.	• Ongoing support from Governor, Executive Leadership Team, Medical Executive Committee.	Primary: BOT, EMC and MEC. Subprimes: All Dept. Heads, Supervisors & Staff, Employee Recognition Taskforce, Patient Safety Committee.	• Actions to completed Quarterly throughout CY2020 and ongoing thru 2022.	**6, 5, 7, 8, 5, 6, 3**
3.8	Assess all unsafe practices and make necessary improvements.	**5**	**(1)** Reported Disruptive Practitioners via the Safety Learning System (SLS); **(2)** Reported both safe and unsafe practices by Medical Staff; **(3)** Reported disruptive employees via the SLS; **(3)** Continued strong SNF representation on the Patient Safety Committee to help the SNF maintain awareness of required safety and quality practices; **(4)** Detected and effectively implemented corrective actions to overcome unsafe practices through appropriate measures (e.g., staffing, preventive maintenance, contracts management, funding).	**(1)** Continue to report Disruptive Practitioners via the SLS; **(2)** Continue to report both safe and unsafe practices by Medical Staff; **(3)** Continue to report disruptive employees; **(4)** Continue to maintain strong SNF representation on the Patient Safety Committee to help the SNF maintain awareness of required safety and quality practices and establish the SNF's own Resident Safety Committee under the umbrella of GMH Patient Safety Committee; **(5)** Continue to detect and effectively implement corrective actions to overcome unsafe practices through appropriate measures (e.g., staffing, preventive maintenance, contracts management, funding).	• BOT & Executive Leadership Support to overcome existing challenges (e.g., Finances, Existing Projects/Priorities such as EHR, etc.).	Primary: BOT, EMC, and MEC. Subprimes: All Dept. Heads, Supervisors & Staff.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 5, 7, 8, 6, 6, 3**
3.9	Develop staff and physician recognition/incentive programs to reward cost savings and safety recommendations and initiatives.	**3**	**(1)** Successfully implemented Quarterly Employee Recognition Program; **(2)** Participation in MagPro Awards Program.	**(1)** Continue successfully implementation of Quarterly Employee Recognition Program; **(2)** Continue participating in future Governor Awards Programs; **(3)** Patient Safety Committee to look into implementing reward program specfic to Patient Safety.	• Ongoing support from Governor, Executive Leadership Team, Medical Executive Committee.	Primary: BOT, EMC and MEC. Subprimes: All Dept. Heads, Supervisors & Staff, Employee Recognition Taskforce, Patient Safety Committee.	• Actions to completed Quarterly throughout CY2020 and ongoing thru 2022.	**7, 5, 6, 6, 7, 5, 6**

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3.10	Develop program(s) to involve the Guam community in GMHA initiatives (i.e., physicians, groups, media, etc.).	**3**	**(1)** Sustained GMHA's Urgent Care Unit and moved it to former ED Annex to enhance the UC Services and proximity to ED; and increased its Urgent Care Services to the Guam community after GRMC's closure of the same; **(2)** Became Guam's sole public provider of Maternal and Child Health (MCH) Services to include offering support to the Naval Hospital Guam for the same services; **(3)** Partnership with the University of Guam and the Skilled Nursing Facility with the HRSA Geriatric Workforce Enhancement Program (GWEP) Grant that took effect July 2019. This grant is worth $3.7M and its overall goal is to introduce an age-friendly health care system in providing restorative nursing care to our Manamko (elderly), geriatric patients/residents and those with Alzheimer's and related dementias on Guam.	**(1)** Sustain GMHA's Urgent Care Unit and make further refinements as needed; **(2)** Sustain GMHA's Operations as the sole public provider of Maternal and Child Health (MCH) Services to include offering support to the Naval Hospital Guam for the same services; **(3)** Start receiving the implementation benefits to be gained from the Partnership between UOU and SNF with the HRSA Geriatric Workforce Enhancement Program (GWEP) Grant that took effect July 2019.	• Ongoing positive communications and support between GMHA and the Guam community and other Public and Private Entities (e.g.,. Office of Governor, Legislature, GovGuam Partners, Tri-Hospital Partnership).	Primary: EMC & Division Heads Subprimes: Dept. Supervisors & Staff.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**6, 5, 8, 6, 6, 4, 3**

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GOAL 4: Training & Education Assessment, Development and Implementation								
Objective 4. To effectively asses, develop and implement GMHA's Training & Education Plan.								
4.1	In alignment with Goal 2, Leadership Team Development (Strategy 2.1 on page 48), (1) assess existing Board of Trustees, Management and Staff Leadership Capabilities and identify Gaps; and (2) based upon that assessment, identify or detail opportunities for improving GMHA's BOT, Management and Staff Leadership and Management knowledge Gaps (i.e. address leadership and accountability deficiencies at all levels).	**3**	**(1)** Conducted Board of Trustees Orientation Training; **(2)** Began conducting regular BOT Subcommittee Meetings and Full BOT Meetings.	**(1)** Conduct Board of Trustees Orientation Refresher Training; **(2)** Continue to conduct regular BOT Subcommittee Meetings and Full BOT Meetings.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**6, 4, 7, 7, 8, 7, 1**
4.2	Develop and provide ongoing educational programs for quality and safety (i.e., disruptive behaviors, accountability, CMS Certification, TJC Accreditation, etc.).	**3**	**(1)** Continued implementation of ACES+Q in organization-wide QAPI Program and received QAPI Training in that Process; **(2)** Continued implementation of fairly new Safety Learning System (SLS) for enhanced quality and safety incident reporting organization-wide in alignment with GMHA's QAPI Program and received SLS Training in that Process; **(3)** Continued to conduct Annual EOCC, Infection Control, and Patient Safety Fairs.	**(1)** Continue implementation of ACES+Q in organization-wide QAPI Program and received QAPI Training in that Process; **(2)** Continue implementation of fairly new Safety Learning System (SLS) for enhanced quality and safety incident reporting organization-wide in alignment with GMHA's QAPI Program and received SLS Training in that Process; **(3)** Continue to conduct Annual EOCC, Infection Control, and Patient Safety Fairs.	• BOT & Executive Leadership Support • Dedication of required funds. • Required meetings, spaces and educational materials.	Primary: BOT and EMC Subprimes: All Dept./Unit Heads and Staff	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 5, 8, 8, 8, 7, 5**
4.3	Review and improve communication mechanisms throughout the organization.	**3**	**(1)** Started conducting regular BOT and EMC Meetings; **(2)** Started to conduct Directors Meetings, but need to conduct them more frequently.	**(1)** Continue conducting regular BOT and EMC Meetings; **(2)** Conduct more frequent, regularly scheduled Directors Meetings to enhance organization-wide communications at all levels.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 4, 6, 8, 8, 4, 1**

Guam Memorial Hospital Authority
2020 STRATEGIC PLAN IMPLEMENTATION REPORT (SPIR)

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
4.4	Identify trainer(s) and establish a formal training program/schedule to provide leadership, management and quality/safety improvement training to Governance, Leadership, and Management (e.g., "Lean and Six Sigma" effectiveness principles, tools and techniques). In so doing, GMHA may benefit from partnering with local and international institutions of higher learning (e.g., UOG and their Professional and International Program).	**3**	**(1)** Began assessing, defining and communicating more clear accountability expectations at all levels of leadership; **(2)** Contracted Leadership In Action Workshops in July, August and September of 2019 (3 Programs, 127 Participants) and an Advanced Leadership Seminars in October 2019 (1 Program, 4 Participants).	**(1)** Coordinate additional Leadership In Action and Advanced Leadership Seminars; **(2)** Initiate an organization-wide training needs assessment in order to identify, establish and implement other forms of needed training and development programs for all management and staff (e.g., leadership, communications, safety, etc.); **(3)** Initiate an assessment on the training needs of leadership; dedicate funds for training staff; **(4)** Conduct Lean PDSA Training and similar types of programs; **(5)** Subscribe or research on articles regarding leadership and management of long term care facilities.	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**7, 4, 6, 7, 8, 5, 1**
4.5	Provide billing and coding training (to include the Medical Staff).	**5**	**(1)** Mountain Pacific provided training on billing and coding (to our physicians as well).	**(1)** Mountain Pacific to provide additional training on billing and coding (to include participation by physicians).	• GMHA BOT and Executive Leadership Support.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	• Actions to completed by 12-31-2020 and ongoing thru 2022.	**6, 5, 6, 5, 6, 5, 5**

Guam Memorial Hospital Authority
2020 STRATEGIC PLAN IMPLEMENTATION REPORT (SPIR)

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
GOAL 5: Capital Improvement Planning & Implementation								
Objective 5. To effectively develop and implement GMHA's Capital Improvement Plan to include modernization of its Facilities and replacement of obsolete Capital Infrastructure, which includes, but is not limited to, Clinical and Non-Clinical Space Design & Construction/Renovation Projects, Utility Systems, Medical Equipment and Information Technology (IT).								
5.1	Coordinate and complete all currently funded Capital Improvement Projects (CIPs) with oversight leadership provided by the GMHA BOT Facilities/CIP/IT Subcommittee; and seek out new funding sources to fund future priority capital facilities (e.g., plant and buildings) and equipment upgrades, projects, initiatives, etc.	**5**	Completed the following CIPs in CY2018 and CY2019: **(1)** Design-Build GMH 120 KW (DC) Rooftop Solar Photovoltaics (PV) System (DOI EIC Funds); **(2)** Biometric Payroll Time Clocks Project (GMHA Operational Funds); **(3)** AccuReg IT Software Upgrade Project to enable insurance verification and enhanced patient registration (GMHA Operational Funds); **(4)** GMH Emergency Department (ED) ePower Patient Management/Tracking System (GMHA Operational Funds); **(5)** GMH Maternal & Child Health Units (OB Ward, L&D, Nursery/NICU) Nurse Call Systems (DOI CIP Funds); **(6)** Expansion of GMH and SNF Voice over Internet Provider (VoIP) Converged Phone System (HPP and GMHA Operational Funds); **(7)** GMH Public Address System Upgrade (Head End Only using federal Hospial Preparedness Program Funds); **(8)** Additional GMH PA System Speakers (e.g., GMH Exterior ED Area, Permanent Decon Area, Warehouse, Administration Area, etc.); **(9)** SNF Exterior Emergency Walkway Project (GMHA Operational Funds); **(10)** Removal & Replacement of GMH East & West Exterior Emergency Egress Walkways (GMHA Operational Funds); **(11)** Procurement, Dissemination and Use of GMH, GRMC and SNF Emergency Handheld Radios and PPE for GMH and GRMC Decontamination Teams (HPP Funds); **(12)** Portable Decontamination Systems (HPP Funded for GMH and GRMC); **(13)** Medical Transport Vehicles (1 Funded by GCTF, 1 donated by Cars Plus); **(14)** Skilled Nursing Facility Upgrade of Network Connectivity and Replacement of Legacy Phone System with New Converged VoIP Telephone System (GMHA Operational Funds); **(15)** Endobronchial Ultrasound Machine (EBUS) Procurement (HPP Funds); **(16)** GMH Energy Efficient Perimeter & Parking Lot Lighting Project (both GMH) (DOI OIA EIC Grant Funds); **(17)** Mammography Program Supplies & Certification (Funded by GCTF); **(18)** 64-Slice CT Scanners Upgrade to include Room Renations such as E-Power hookup for one of the two Rooms, Room Enhancements and a Lead Line Wall Improvement (Locally Appropriated Funds); **(19)** Hospital-wide Network Infrastructure Upgrade to a dual ring multi-mode Fiber Optic Spoke Network (GMHA Operational Funds); **(20)** GMH Rear Stairwell Glass Blocks Replacement Project (GMHA Operational Funds); **(21)** Completed Phase I Implementation of PYXIS Automated Pharmaceuticals Dispensing Machines (OB Ward, L&D Unit, Medical/Surgical Unit, Urgent Care Unit).	• Executive Leadership, Planning, FM, IT, MM and Accounting to manage currently funded/approved Facilities/CIP/IT Projects from Procurement to Completion & Contractor Payment. The following CIPs are planned for completion or at least commencement during CY2020: **(1)** Modernization of GMH Vertical Elevators #1 & #2 by June CY2020 (Operational Funds); **(2)** Complete Phase II Implementation of PYXIS Automated Pharmaceuticals Dispensing Machines; **(3)** Additonal upgrades to CT Scanners to inlcude the Picture Archiving and Communication System (PACS) and the Radiological Information System (RIS); **(4)** Hospital-wide HVAC Upgrades (DOI CIP Funds & Operational Funds); **(5)** Upgrade Electronic Health Record (EHR)/IT Systems; **(6)** GMH Communications Center Relocation/Upgrade; **(7)** Design Phase for the planned GMH Z-Wing Demolition; **(8)** Remove & Replace one Hospital 1.6 Meg Emergency Generator; **(9)** Remove & Replace one (1) Hospital Steam Boiler and associated Steam Line Distribution System; **(10)** Address required GMH Roof and Envelope Upgrade; **(11)** Upgrade GMH Parking Lot (Design-Build) to increase Parking Capacity. • Research, apply for and receive needed federal and/or local funds to support prioritized capital equipment and improvement projects identified in annual budget(s) and other supporting documents. For example, write and implement following grants: HPP, GCTF, DOI OIA (e.g., CIP, COFA, TAP, MAP). • Source Grant Training (both offisland or local) to train/develop more GMHA Managers/Staff to source, write, implement grants related to their areas of expertise.	• GMHA BOT and Executive Leadership Support.	Primary: BOT Facilities/CIP/IT SubCommittee Members Subprimes: Applicable Dvision & Dept. Heads	Refer to Facilities/CIP /IT Report for details on various capital projects.	**7, 7, 9, 6, 5, 4, 8**

Guam Memorial Hospital Authority
2020 STRATEGIC PLAN IMPLEMENTATION REPORT (SPIR)

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 highest]	ACTION STEPS TAKEN CY2018/2019	ACTION STEPS TO BE TAKEN 2020-2022	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	CY2019 Scoring 1-10 [10 highest]
5.2	Review, assess and implement immediate, intermediate and long term modernization needs relative to and in alignment with GMHA's existing plans (e.g., Hospital Expansion Feasibility Study, Business Development Plan, Strategic Plan, etc.), facilities and properties (both GMH and Skilled Nursing Facility) to include such projects as the Z-Wing Demolition & Replacement that is so critically needed in order to fully implement hospital-based outpatient services model to include both Clinical and Non-Clinical Services such as Medical, Nursing, Professional Support, Fiscal Services and Operations Divisions; Parking Structure Development; and Electrical Distribution & Generation; etc.).	**5**	**(1)** Focused on completing high priority CIPs identified in GMHA's Annual Budget; aligned with its Strategic Plan and Business Sustainability Plan; and supported by Federal and Local Grant Programs and GMHA Operational Funds (e.g, see list of CIPs completed in CY2019, see BOT Facilites/CIP/IT Subcommittee Minutes); **(2)** Executive Leadership collaborated with GMHA BOT and Office of Governor to coordinate with DOI OIA and Army Corps of Engineers to conduct a Preliminary GMH Infrastructure Assessment duirng week of 11-18-2019.	**(1)** Continue to focus on completing high priority CIPs identified in GMHA's FY2020 and FY2021 Annual Budget; aligned with its Strategic Plan and Business Sustainability Plan; and supported by Federal and Local Grant Programs and GMHA Operational Funds (e.g, see list of CIPs completed in CY2019, see BOT Facilites/CIP/IT Subcommittee Minutes); **(2)** Executive Leadership to continue to collaborate with GMHA BOT and Office of Governor to coordinate with DOI OIA and Army Corps of Engineers by reviewing/revising Draft Assessment in 1-2020 in anticipation of Final ACOE Assessment in 3-2020. Note: this shall allow Team Guam to make the most informed decision to either Retrofit GMH or Build New GMH.	• GMHA BOT and Executive Leadership Support.	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Dvision & Dept. Heads	Refer to Facilities/CIP /IT Report for details on various capital projects.	**7, 6, 8, 7, 6, 4, 6**
5.3	Develop or refine GMHA's Master Plan for a New or expanded Guam Memorial Hospital, as it is critical that GMHA have a roadmap for building its future facility.	**5**	**(1)** Focused on completing high priority CIPs identified in GMHA's Annual Budget; aligned with its Strategic Plan and Business Sustainability Plan; and supported by Federal and Local Grant Programs and GMHA Operational Funds (e.g, see list of CIPs completed in CY2019, see BOT Facilites/CIP/IT Subcommittee Minutes); **(2)** Executive Leadership collaborated with GMHA BOT and Office of Governor to coordinate with DOI OIA and Army Corps of Engineers to conduct a Preliminary GMH Infrastructure Assessment duirng week of 11-18-2019.	**(1)** Continue to focus on completing high priority CIPs identified in GMHA's FY2020 and FY2021 Annual Budget; aligned with its Strategic Plan and Business Sustainability Plan; and supported by Federal and Local Grant Programs and GMHA Operational Funds (e.g, see list of CIPs completed in CY2019, see BOT Facilites/CIP/IT Subcommittee Minutes); **(2)** Executive Leadership to continue to collaborate with GMHA BOT and Office of Governor to coordinate with DOI OIA and Army Corps of Engineers by reviewing/revising Draft Assessment in 1-2020 in anticipation of Final ACOE Assessment in 3-2020. Note: this shall allow Team Guam to make the most informed decision to either Retrofit GMH or Build New GMH.	• GMHA BOT and Executive Leadership Support.	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Dvision & Dept. Heads	Refer to Facilities/CIP /IT Report for details on various capital projects.	**7, 6, 5, 7, 6, 4, 6**

Guam Memorial Hospital Authority 2020 STRATEGIC PLAN IMPLEMENTATION REPORT (SPIR)							
GOALS & OBJECTIVES	**STRATEGIES**	**PRIORITY 1-5 [5 highest]**	**ACTION STEPS TAKEN CY2018/2019**	**ACTION STEPS TO BE TAKEN 2020-2022**	**ASSUMPTIONS & NEEDED RESOURCES**	**RESPONSIBLE PARTIES**	**COMPLETION DATES (Projected & Actual)**	**CY2019 Scoring 1-10 [10 highest]**
5.4	Review, assess and implement needed Information Technology upgrades (to include integrated hardware and software systems between both internal and external partners) to enhance services and staff productivity wherever possible.	**5**	• In alignment with GMHA's identified high priority CIPs as reflected in GMHA's Annual Budget; aligned with its Strategic Plan and Business Sustainability Plan; and supported by Federal and Local Grant Programs and GMHA Operational Funds (e.g, see list of CIPs completed in CY2019, see BOT Facilites/CIP/IT Subcommittee Minutes), GMHA is in the process of replacing its Electronic Health Record (EHR), as its contractor Cantata is is scheduled to sunset GMHA's existing EHR in 11-2020.	• GMHA's EHR Taskforce shall continue to lead the planning and implementation of this major, high priority CIP with direct support from GMHA's BOT, Office of the Governor, the Guam Legislature, GMHA's Executive Leadership Team, and all hospital-wide Divisions/Departments. By 2-2020, GMHA shall have a clear picture of the planned EHR System procurement via a "novation" or upgrade of its existing Cantata Health "iMed" EHR to a Medsphere "CareVue" EHR as both contractors are currently in a partnership that will greatl enhance GMHA's EHR System for far reaching, organization-wide benefits to include patient quality and safety, fiscal servcies/billing & collections, connectivity with GMHA's local and regional healthcare partners, etc.	• GMHA BOT and Executive Leadership Support.	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Dvision & Dept. Heads	Refer to Facilities/CIP /IT Report for details on various capital projects.	**7, 6, 6, 8, 5, 5, 5**

GMHA Board of Trustees
Self-Evaluation Review 05/03/20

Note: Distributed and collected by GMHA Staff Justine Camacho and Theo Pangelinan
Survey review, compilation, and recommendations by GMHA BOT members Sonia Siliang and Sarah Thomas Nededog. 0506/2020

Nine (9) members of the Board of Trustees completed this survey. The instrument was developed by a similar organization, tweaked, and distributed by staff after board approval. The staff then collected the surveys and submitted it to the Strategic Planning Committee to review and make recommendations. The impetus for the survey was the training and development of board members to work towards greater competency in carrying out the board's fiduciary responsibilities. There were no hesitations or complications in distribution and collecting the surveys. All board members are noted as being cooperative and interested.

There were 5 sections of the survey focused on self-reflection of board responsibilities individually and collectively. A summation of the responses are as follows:

Q1: **A how well has the Board done its job?**

A1. Three of the nine board members were are not sure that GMHA has a have a 5-year strategic plan and a 1-year operational plan.

Recommendation: Need to do another review and include updates at board meetings.

A2. Seven of nine members do not believe that the board gives direction to staff to achieve the goals. This may be the grey area where the board and governor have oversight of the hospital.

Recommendation: Review with legal counsel, management, and board,

A3. Most members are either unclear or do not believe that what the board has accomplished is communicated to the Governor and other stakeholders.

Recommendation. Board to consider media releases monthly and after every board meeting. Regular reports and visits with the Governor at least quarterly.

Q2. **How well has the board conducted itself?**

B1. Most members did not know if board members were prepared for meetings prior to a meeting and if they had received any reports to review to prepare.

Recommendation: Three days prior to meetings, board members will be surveyed to see if they have read the previous meeting minutes and the agenda for the upcoming meeting. Board members will be asked if there are any questions or concern at this time.

B2. The board does not see its role as recruiting or orientating new board members. Note that all positions of the board are currently filled.

Recommendations: (1) Discuss with Governor when a vacancy exist what features would be helpful for a new board member. (2) An annual orientation is held to review laws, changes in rules and policies and update on staffing and budget,

B3. Board meetings are productive but necessarily fun.

Recommendation: Board members to rotate responsibility of ice breakers and tips to be more effective board members (approximately 5 minutes) to be presented at each meeting.

Q3. **Board relationship with hospital administrator/CEO?**

C1. Most board members feel that they understand the role of the CEO, however, most still seem to be unclear on how the CEO is evaluated. Members do not feel there has been an evaluation in the past 12 months – this was just completed recently. However, there is no training or development plan in place as of this date. No plan to acknowledge CEO and staff for their good work. Note that about a month ago, board members sent in a video showing the board's appreciation to staff for their work during this pandemic.

Recommendations: (1) Presentation on the CEO evaluation process and content by Chair. (2) Draft training and development plan to be presented to Board for review and concurrence by HR committee. (3) Appreciation plan for CEO to be devised by Board by June 2020.

Q4. **Performance of Individual Board members**

D1. Board members feel positive about their knowledge of roles of the board and there is good board meeting attendance. However, either they do not receive or do not read board meeting minutes in advance. More than half, 4 of 9 do not feel sure about bylaws and governing policies. 6 of 9 do not feel they encourage other board members to express their opinions at board meetings or feel encouraged to do so by others. Most feel they promote the hospital in any way they can.

Recommendations: (1) Ensure that board meeting minutes are distributed no later than seven (7) days after board meeting is adjourned. (2) Distribute bylaws and governing policies to board members in May with documentation of receipt. (3) Include review of bylaws and governing policies in annual orientation. (4) Chair to continue to encourage board members to express their opinions and document the response from board members when asked if they have any comments or opinions. (5) Marketing and promotion plan for GMHA to be developed by staff and submitted to board for review and adoption.

Q5. **Feedback to the Chair of the Board**

E1. Most board members, 6 of 9, feel they have not discussed the role and responsibilities of the Chair.

Generally, the members feel the board chair is carrying out her role of facilitating meetings and hearing board opinions. Most though are unsure how and if the chair helps direct inappropriate behavior by members.

Recommendation: Chair to share her process with directing inappropriate behavior by members to the board and give general feedback on these experiences as appropriate. Suggestions as a result of these experiences to be sent forward for training and development of board.

Wednesday, May 27, 2020

2:00 PM - Department of CHamoru Affairs Board of Trustees

The Department of CHamoru Affairs will hold its regular Board meeting on Wednesday, May 27, 2020 at 2:00 p.m. This Board meeting is open to the public via Zoom Video Conference.

AGENDA: Call to Order, Roll Call, Approval of Minutes, Treasurer's Report, President's Report, Old Business, New Business, Other Discussion, Adjournment.

Join Zoom Meeting:
ID: 8200616910
PW: 5xpiGw

Individuals requiring special accommodations, please contact Ann Marie Arceo at (671) 482-4630 or via email at annmarie.arceo@dca.guam.gov

5:00 PM - Guam Memorial Hospital Board of Trustees

The GMHA Board of Trustees will convene for a meeting via Zoom Video Conferencing on Wednesday, May 27, 2020 at 5:00 p.m.

To join the meeting, you may enter this link (https://zoom.us/j/92265889530?pwd=ZnJFUkx2SFN0TzJKbms4S2JRMUlXZz09) into your browser or download the app on your mobile device, and enter Meeting ID: 922 6588 9530; Password: 778188.

For further inquiries, please contact the Board Desk at 648-7997.