

GUAM MEMORIAL HOSPITAL AUTHORITY

STRATEGIC PLAN

Fiscal Years 1995-1997



850 Governor Carlos G. Camacho Road
Tamuning, Guam 96911

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Bureau of Planning

850 Governor Carlos G. Camacho Road
Tamuning, Guam 96911

The Board of Trustees for
the Guam Memorial Hospital Authority
is pleased to present the

STRATEGIC PLAN
for Fiscal Years 1995 - 1997

We are proud to present our plans for improving our organization and enhancing the delivery of quality health care on Guam. We commend the Medical Staff, the Executive Management Council and the Hospital staff for their commitment to providing excellent patient care. We offer our support and look forward to continued success.

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MESSAGE FROM THE HOSPITAL ADMINISTRATOR

The Guam Memorial Hospital Authority is *Growing, Managing, Healing and Assessing*. We are *growing* in terms of the number of patients we see; the volume of services we deliver; and in the facilities we operate. We *manage* a \$62 million healthcare operation through the dedication of highly skilled professionals and under the leadership of the Medical Staff and the Executive Management Council. Most importantly, we are committed to *healing*; to providing the care that facilitates recovery, that achieves good outcomes and that satisfies the expectations of our patients. We actively seek ways to improve the means of providing quality patient care by continuously *assessing* the effectiveness of our healthcare services.

These are the values of the Guam Memorial Hospital Authority. These values are the foundation of our organization and they are the guiding principles of the Strategic Plan for Fiscal Years 1995 - 1997.

The 3-year strategies for the Hospital were developed from numerous discussions of the Board of Trustees, the Medical Staff, the Executive Management Council, the management team and members of the community. The Strategic Plan represents a common vision of the Hospital for the future and the fundamental goal of providing quality health care services to the people of Guam and the neighboring Pacific.

The Guam Memorial Hospital Authority is proud of its accomplishments. But we are also challenged by the opportunities to improve our performance, increase patient satisfaction, foster continued staff development and to strengthen our financial base. We have developed the strategies that will allow us to maximize our opportunities. We are pleased to share them with you.

On behalf of the Guam Memorial Hospital Authority, I would like to acknowledge and extend our appreciation to Governor Joseph F. Ada, Lt. Governor Frank F. Blas and the Twenty-Second Guam Legislature for their continued support. I would also like to offer a note of special thanks to the Board of Trustees, the Medical Executive Committee

and the Executive Management Council for their leadership and commitment to continuing the Authority's progress. Many thanks also to our Medical Staff and our Hospital employees for their dedication to the delivery of quality care. It is only through the concerted efforts of the Hospital's leadership, our staff and our patients that the Guam Memorial Hospital Authority will continue on its road to success.

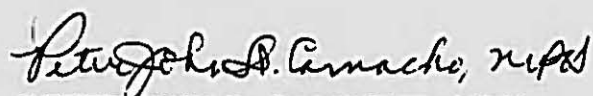

PETERJOHN D. CAMACHO, MPH
Hospital Administrator

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Introduction

INTRODUCTION

The Guam Memorial Hospital Authority (GMHA) is a semi-autonomous government agency that was created in 1964 to administer and operate the Guam Memorial Hospital. Its operations represent a major change in the history of the government's role in the delivery of medical care to the community. Historically, the U.S. Government provided free hospital and health care services to the people of Guam. The U.S. Naval forces assumed responsibility for the island's medical needs at the turn of the 20th century when the United States took formal possession of Guam. These services continued with the U.S. Navy's delivery of care after World War II, and culminated with their donation of the first hospital facility to the Government of Guam's Department of Public Health and Welfare in the post-war era. This "Quonset Hut" facility was replaced in 1956 with the construction of the Guam Memorial Hospital at Oka Point which originally served as a nurse training facility and tuberculosis hospital. As the need for hospital services increased, this Oka Point facility was renovated to serve as a 230-bed hospital that offered acute, psychiatric, and long-term care services.

In 1964, the Guam Memorial Hospital was established as a line agency of the government's executive branch. Its creation separated hospital services from community health services provided by the Department of Public Health and Welfare. Thirteen years later in 1977, the Guam Memorial Hospital Authority was created as a public corporation, and has since been operating as "a governmental, non-profit institution serving the people of Guam," under the governance of a Board of Trustees.

In 1974, the local and federal government's plans to replace the rapidly deteriorating Guam Memorial Hospital facility began to take root. The United States Department of the Interior purchased and transferred the Medical Center of the Marianas to the Government of Guam, to serve as the new Guam Memorial Hospital. The Medical Center of the Marianas facility was initially constructed by the Catholic Diocese to serve as a private

acute care hospital facility. Financial difficulties however, prompted the Diocese to consider sale of the facility to meet the Government's need to replace its old facility at Oka point. Along with the funds for the initial purchase of this facility, monies were also provided for the expansion of the facility to allow for the consolidation of all services onto a single campus. By 1978, all acute care hospital services were relocated to the new facility. Long-term care services, the outpatient Hemodialysis unit, and warehousing functions remained at the old GMH facility until 1987, when the Skilled Nursing Facility was relocated to the main campus for the delivery of long-term care.

In 1991, the Guam Memorial Hospital Authority completed the first phase of its capital improvement program. The extensive construction and remodeling of the new GMH facility included a new Hemodialysis unit; a new maternity wing and nursery; a larger labor & delivery unit; an expanded kitchen for preparing inpatient meals; new maintenance shops; as well as procurement offices and a warehouse for Hospital supplies. GMHA relocated all of these functions from the old GMH and successfully consolidated all of its Hospital services onto a single site by April 1991.

THE HOSPITAL TODAY

The Guam Memorial Hospital's bed capacity is currently 192 beds: 159 acute care beds and 33 long-term care beds in the Skilled Nursing Facility. The number of beds in use, however, varies with patient volume and the need for specialty staff.

The Hospital provides all customary acute services and certain specialty services. These include adult and pediatric medical services; inpatient and ambulatory surgery; intensive care (neonatal, pediatric and adult); skilled nursing care; laboratory and comprehensive blood bank services; radiology, nuclear medicine and CT scan diagnostic services; pharmacy; respiratory care and other diagnostic cardiopulmonary services; renal dialysis; physical, occupational and recreational therapy; and 24-hour emergency services. Public

and patient education on a variety of medical topics as well as social services and pastoral care services are also available.

The Authority's operating budget of \$51 million is funded by revenues generated from patient charges and legislative subsidies that are provided to fund operational shortfalls. The Hospital has an authorized staff level of 970 FTEs (full-time equivalents) that includes medical, nursing, ancillary, maintenance and administrative personnel. The Medical Staff is comprised of 128 physicians with Hospital privileges to practice in a variety of medical specialties. These services are augmented by those of 8 allied health professionals serving as Certified Registered Nurse Anesthetists, Surgical Assistants, Certified Registered Nurse Midwives, and Clinical Psychologists.

GMHA is presently certified by the Health Care Financing Administration, and its blood bank is accredited by the American Association of Blood Banks (AABB).

THE HOSPITAL'S MISSION

The Guam Memorial Hospital Authority operates the largest inpatient facility in the Marianas Islands and is one of the regional leaders in healthcare. As a leading provider, GMHA strives to deliver quality services to the various communities it serves. The Authority's mission statement articulates its commitment.

MISSION STATEMENT

It is the mission of the Guam Memorial Hospital Authority to offer general acute, long-term and ambulatory care along with a host of professional diagnostic, therapeutic and other specialty services to the people of Guam and the neighboring Pacific. We are dedicated to treating each of our patients with dignity and respect. Our services are intended to address the physical, psycho-social and spiritual needs of our patients. In so doing, we strive to deliver reasonably priced, quality care in accordance with locally and nationally accepted standards.

The Guam Memorial Hospital Authority is committed to serving the community by promoting health

and participating in education and research programs that address regional health care issues. We focus on programs to improve and maintain the community's health status. We promote public awareness to continuously improve healthcare and human resources within the Pacific area.

The Guam Memorial Hospital Authority is dedicated to meeting the personal and professional needs of our employees, physicians and practitioners and to empowering these individuals to create an environment that promotes service excellence and pride in performance. We are committed to continuously improving Hospital services and to facilitating professional and personal growth.

THE PLANNING PROCESS

The Guam Memorial Hospital Authority's strategic planning process is an evolving one. It began in 1990 with the development of GMHA's first Institutional Plan. In 1991, the Board of Trustees, the Medical Staff and the Hospital management convened the first strategic planning workshop wherein we examined our organization's mission, we focused our vision for the future and we developed key issues to be addressed. The result of the 1991 planning effort was the Long-Range Strategic Plan: Fiscal Years 1993-1995. Since then, the Hospital has held annual planning workshops to evaluate the long-range plans, to consider how current healthcare issues may affect our plans and to establish yearly goals for the organization.

In 1994, the Hospital's strategic planning process was expanded to increase the Medical Staff's participation, to solicit and incorporate community input and to communicate the mission, vision and plans throughout the organization. The Medical Staff leadership worked with the various Medical Staff departments and the Executive Management Council in February to identify their priorities and long-range goals. These were reviewed by the Board of Trustees in March then presented at the community planning session, "Partners in Health," as well as at the management team's strategic planning workshop later that month for further review and refinement. On April 27, 1994 the Board of Trustees adopted the revised Mission Statement and the strategic plan for fiscal years

1995 -1997.

Based on the adopted strategies, GMHA has identified four critical success factors:

- o Obtaining and maintaining accreditation from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO);
- o Improving patient satisfaction;
- o Recruiting and retaining qualified healthcare professionals and support staff; and
- o Strengthening the Authority's financial posture through fiscal responsibility

SUMMARY

In an effort to fulfill our mission, the Guam Memorial Hospital Authority has implemented a hospital-wide program to regain accreditation from the Joint Commission on the Accreditation of Healthcare Organizations. This reaccreditation program includes an assessment, measurement and refinement of continuous quality improvement activities on a hospital-wide basis; the development of collaborative efforts between the Hospital, our patients, their families and our community leaders; as well as the remodeling of the hospital's plant and facilities to enhance the delivery of care and comply with changes in the Life Safety Code.

This strategic plan is intended to serve as a statement of the direction established by the Hospital towards the attainment of our goals and mission. The plan is designed to balance the needs of the community with the strengths of the Hospital; to identify the best use of available resources, both human and financial, and to provide the Hospital and management with practical plans to implement strategies as well as to monitor and measure results towards attaining established goals.

The objectives of this plan are to provide a framework for measuring the Hospital's progress; to establish a common vision of the future among all constituencies of the

Hospital; to define the Hospital's role as a leading provider in Guam's health care delivery system; to determine the appropriate allocation of financial and human resources over the next few years; and to identify and respond to the needs of the community that the Hospital serves.

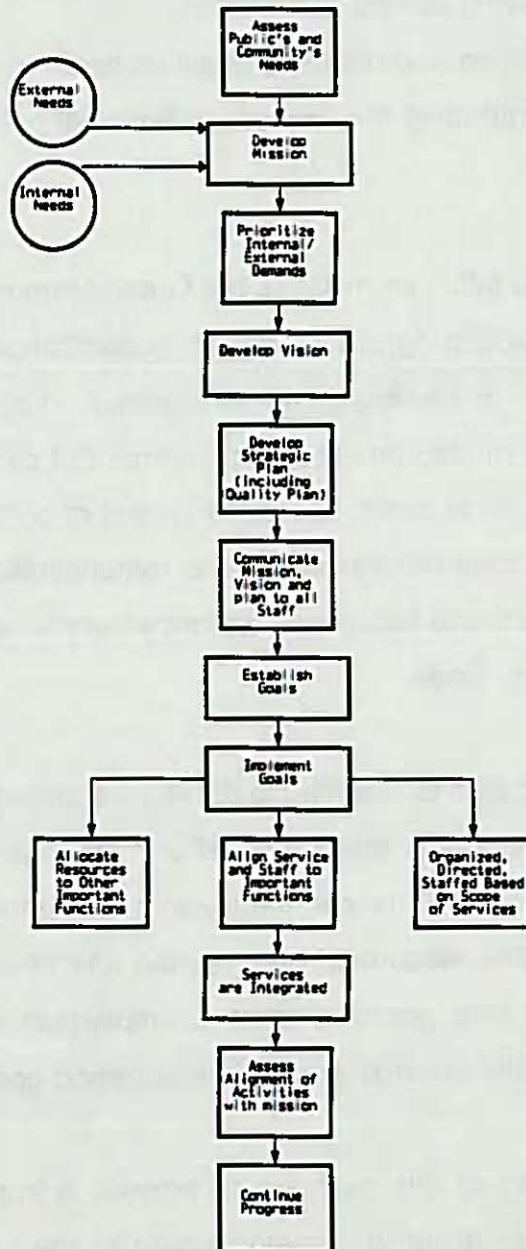
The Planning Process

Planning for Services

Directing Services

Implementing And Coordinating Services

Improving Services



Community Assessment

COMMUNITY ASSESSMENT

GEOGRAPHIC SERVICE AREA

The Guam Memorial Hospital's primary service area is the island of Guam, since GMH is the only inpatient facility for the civilian population. As the largest hospital in this region of the western Pacific, GMH considers the Commonwealth of the Northern Marianas, the Federated States of Micronesia, the Republic of Belau as well as the Republic of Yap to be encompassed within its service area.

The Guam Memorial Hospital, along with the majority of the island's health care providers, is located in close proximity to the more densely populated areas in northern and central Guam. The Hospital is situated in Tamuning, which makes it within an hour's travel time from any village. For the neighboring islands, GMH is within 2 hours' flight time.

CONSUMER POPULATION

Given that Guam is the primary service area for GMH, the Hospital focuses on the local population and its demographic characteristics for planning purposes. Vital events and the characteristics of age, sex and ethnicity are examined as indicators of the community's specific health status and likely determinants of Hospital utilization.

POPULATION PROJECTIONS

The preliminary population numbers from the 1990 census reflect a 24% increase over the 1980 census figures from 105,979 to 131,401. Projections for the year 2000 indicate that the total population will grow by an additional 21% to 158,438 (which would be 49% higher than the 1980 figure). Within the total population, certain groups are expected to increase in numbers at a faster pace than others.

Population: Age Distribution

Guam's population is considered to be young although the signs of changes to come are apparent. In 1990, half of the total population was under 25 years of age, one-third was below the age of 15 and 10% were 55 years of age or older. Population data from the past 10 years and projections for the next decade show that while the majority of the population has been and will continue to be under the age of 25, the proportion of senior citizens is steadily growing.

TABLE 1
Total Population Projections by Age
Guam: 1980 - 2000

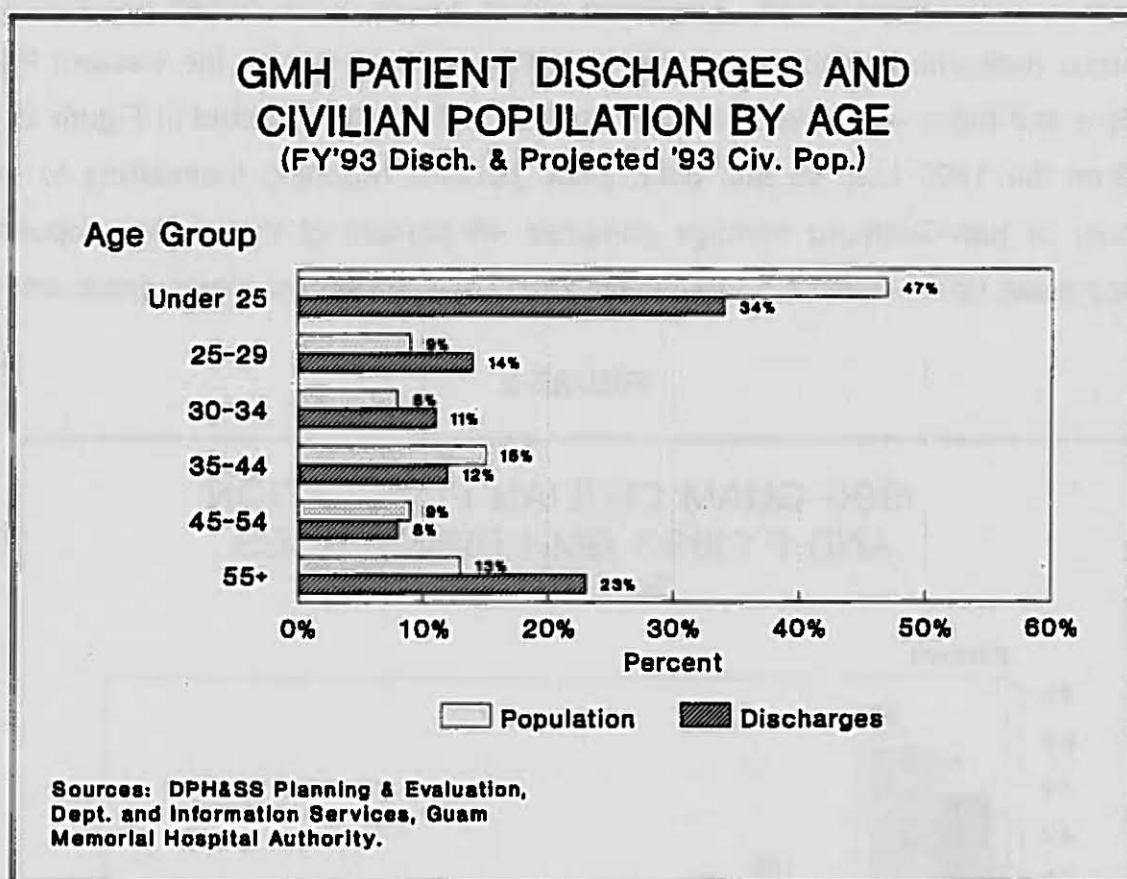
Age Group	1980	% of Total	1990	% of Total	2000	% of Total
Under 25	59,073	56%	66,160	50%	75,400	48%
25 - 29	10,324	10%	10,915	8%	12,500	8%
30 - 34	9,289	9%	11,017	8%	11,187	7%
35 - 44	11,295	11%	19,387	15%	21,672	14%
45 - 54	8,172	8%	10,987	8%	18,855	12%
55+	7,826	7%	12,935	10%	18,824	12%
TOTAL	105,979		131,401		158,438	

Source: Unpublished Tabulations, U.S. Bureau of the Census.

The aging of the island's population, as reflected in Table 1, will have a significant impact on the community's health care system. The elderly use health services more often than the younger population, primarily because of a higher incidence of chronic illness among the elderly. National data shows that "the elderly visit a physician nine times a year,

compared with five times a year for the general population, are hospitalized twice as often as the younger population and remain in the hospital longer when they are admitted."¹

FIGURE 1



Similar trends are noted at Guam Memorial Hospital. Although the senior population accounts for 13 percent of the civilian population more than 20 percent of the Hospital's inpatients are 55 years or older (Figure 1). The younger population, on the other hand, comprises about half of the civilian population and constitutes less than 40 percent of the

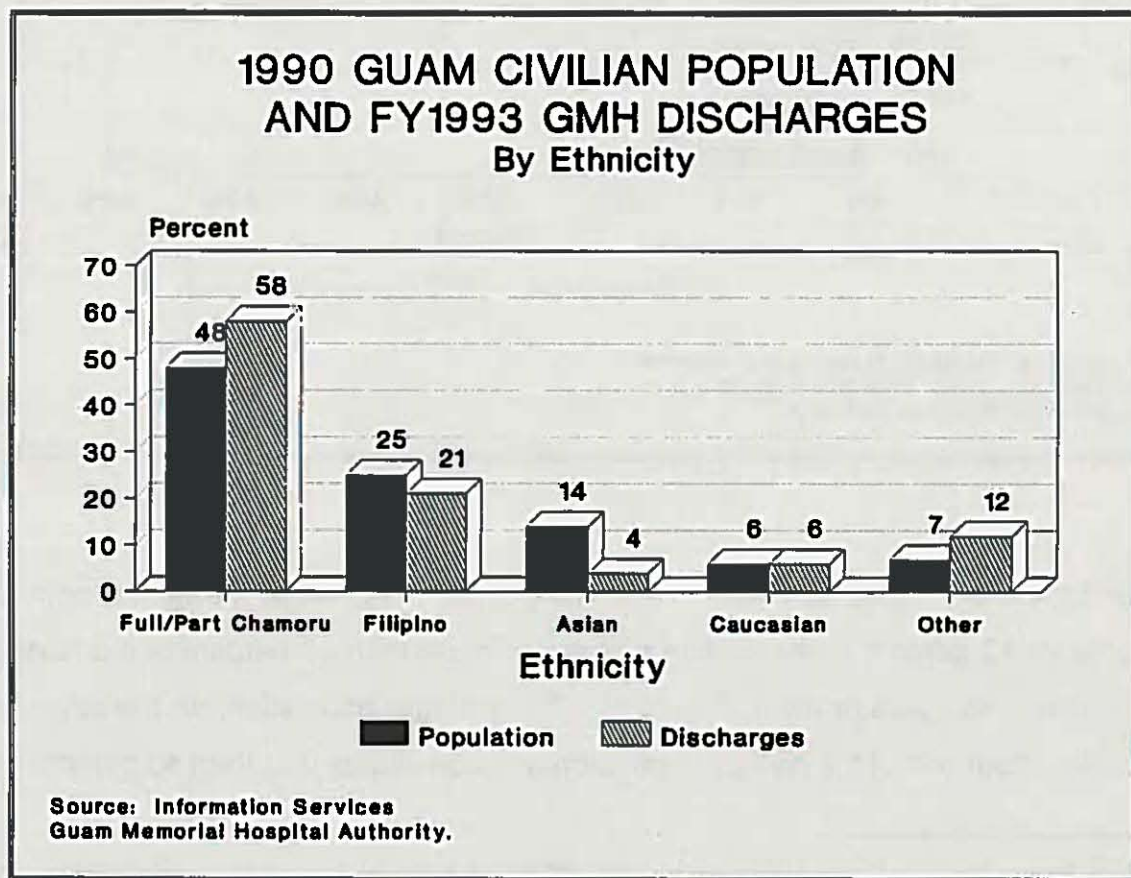
¹Vision, Values, Viability: Environmental Assessment 1989/1990, American Hospital Association, (Chicago, 1988), p.14.

inpatients discharged from the Hospital. As the number of elderly on Guam continues to grow the need for health care services will increase.

Civilian Population: Ethnic Distribution

Guam is a multi-cultural island. The major ethnic groups of the civilian population are Chamorus (indigenous inhabitants), Filipinos, Caucasians, Asians, the western Pacific islanders and those who originate from other countries. As depicted in Figure 2, and based on the 1990 U.S. census data, those persons reporting themselves to be of Chamoru or part-Chamoru heritage comprise 48 percent of the civilian population. Filipinos make up 25 percent of the population. The next largest ethnic group was

FIGURE 2



Asians with 14 percent of the total civilian population. Caucasians made up 6 percent and "Others" (Pacific Islanders, Blacks, etc.) constituted 7 percent of the civilian population.

Utilization data for the Guam Memorial Hospital indicates that the use of Hospital services is proportionately higher among certain groups. Chamorus account for less than half (48 percent) of the civilian population but constitute 58 percent of Hospital discharges for FY1993. Micronesians and other Pacific Island groups who make up only 7 percent of the civilian population, account for 12 percent of the Hospital's patients.

The civilian population for the Filipino and Caucasian groups correspond more directly with GMH's FY1993 patient population. Filipinos account for 25 percent of the island's civilian population and make up 21 percent of GMH's patient population. Caucasians make up 6 percent of the civilian population and represent 6 percent of GMH patients. The Asian groups, on the other hand, represent 14 percent of the civilian population but only account for 4 percent of GMH's patients.

While Guam's overall civilian population has experienced steady growth over the decades, the Filipino population has grown the most rapidly of any identified ethnic group. Substantial increases occurred after World War II, with the easing of immigration laws and regulations in the 1960s and again during the 1970s and 1980s when Guam experienced heavy economic and construction booms.

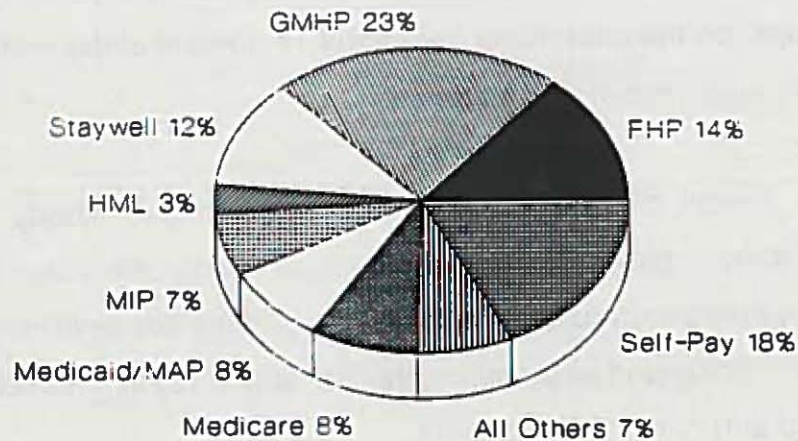
Similar increases in the proportion of Asians and Pacific Islanders are expected. Increased economic development of Guam has provided a wide array of employment opportunities that cannot be filled locally and will require bringing in skilled labor from off-island. In addition, the Compact of Free Association has enabled the Federated States of Micronesia to avail themselves of the services and programs offered on Guam.

The Poor and Uninsured

"Poor and uninsured people are more likely than non-poor and insured individuals to be sick, but they are less likely to use health services, especially physician services. . . Often, [sic] the poor and uninsured cannot afford health care or are confused by or distrusting of the health care system. As a result, they visit physicians less frequently than do non-poor and uninsured persons."² More often than not, minor health concerns go undetected, and when the poor and uninsured do seek health

FIGURE 3

GMH DISCHARGES BY FINANCIAL CLASS Fiscal Year 1993



Source: Information Services,
Guam Memorial Hospital Authority.

²Ibid., p. 18.

services their condition has deteriorated to the point where emergency treatment or hospitalization is required. Thus this group can be expected to need a greater intensity of services when they use any part of the health care system, including the hospital.

Based on the 1990 census report, 15 percent of all persons on Guam for whom poverty status was determined fell below the poverty level. Although the Hospital can reasonably expect a similar proportion of patients to either receive medical assistance or be uninsured. However, during Fiscal Year 1993, 33 percent of GMHA's patients either received medical assistance or were uninsured self-payors. The Hospital, then is seeing a larger proportion of those more likely to require intensive treatment than would normally be anticipated.

HEALTH STATUS

The health status of a community refers to the level of health enjoyed by the population as measured by a specific set of data. While the status of a population's physical, mental and social well-being is difficult to quantify, health officials and statisticians have developed certain methods for assessing health status. This section, examines the health of Guam's population in terms of the traditional measures of mortality and morbidity. Mortality indicators are static and thus believed to give a broad picture of ongoing health in a community. Morbidity measures, on the other hand, are dynamic indicators and as such provide a much better basis for community health planning than do mortality measures.

Mortality

Mortality refers to the frequency and extent of deaths associated by specific causes in a population. For hospital planning purposes, this section focuses on those indicators that suggest a need for specific hospital services and which may affect utilization. The mortality indices presented below include infant mortality as well as information about the

leading causes of death as well as infant mortality.

Leading Causes of Death

The most recent vital statistics show that the three leading causes of death on Guam are the same as those of the U.S.: (1) Heart Disease; (2) Cancer; and (3) Cerebrovascular Disease. Diabetes has moved up on Guam's list and together with Cerebrovascular

TABLE 2

**10 Leading Causes of Death
Guam: 1992 and U.S.: 1989**

Guam Rank	Cause of Death	<u>% of Total Deaths</u>		
		Guam	U.S.	U.S. Rank
1	Heart Disease	21.7	34	1
2	Cancer (Malignancies)	15.9	23	2
3	Cerebrovascular Disease	7.2	6.7	3
3	Diabetes	7.2	2.1	7
5	Other Accidents and Adverse Effects	5.0		
6	Suicide	4.8	1.4	8
7	Motor Vehicle Accidents	4.4	4.4	4
8	Conditions Originating in the Perinatal Period	2.9		
9	Pneumonia	2.7	3.5	6
10	Homicide	2.4	1.0	10
	Chronic Liver Disease	1.8	1.2	9
	Chronic Obstructive Pulmonary Diseases		3.9	5
	Acquired Immunodeficiency Syndrome (AIDS)		1.0	10

Source: Office of Vital Statistics, Department of Public Health, Guam; Health United States 1992, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Disease, now rank as the third leading cause of death. In the U.S., Diabetes ranked 7th and represents a much smaller proportion of deaths than those on Guam. This underscores the problems relating to the high incidence of diabetes in the local population. Deaths from Accidents and Adverse Effects have not shown significant increases but have ranked among the top five leading causes of death over the last 4 years. In 1992, 29 deaths were accident-related and 62% were the results of drowning and falls.

Of concern is the alarming proportion of suicides on Guam. Suicide has moved up from 7th to 5th place over the previous year and ranks higher than the U.S. in leading causes of death. In the last 4 years, 92 deaths were suicide-related; an average of 23 deaths per year on Guam.

Pneumonia and Chronic Liver Disease remain consistent between 8th and 10th place as causes of death over the years. Deaths associated with Conditions Originating in the Perinatal period are again amongst the 10 leading causes of deaths after being off the list for 2 years.

Infant Mortality

The infant mortality rate is widely used as an indicator of a community's health status. Rates are customarily reported for the neonatal period (the first 28 days of life) and the post-neonatal period (from 29 days to 1 year). Infant mortality rates are affected by environmental and socio-economic conditions such as poverty, malnutrition, poor housing and the quality of medical care in the prenatal and postpartum periods.

Guam's infant mortality rates have fluctuated over the last several years. In 1988, there were 9.9 infant deaths per 1,000 live births but the rate rose in 1989 to 12.2 infant deaths per 1,000 live births. By 1990, the infant mortality rate had dropped significantly to 8.4

and further still to 8.0 in 1991. However, in 1992, the infant mortality rate climbed 20% to 9.6 infant deaths per 1,000 live births.

The wide fluctuations in Guam's rates are a sharp contrast to the steady decline of infant mortality in the U.S. Table 3 shows that in 1988 infant mortality in the U.S. was comparable to Guam's rates but that by 1992, the infant mortality in the U.S. had dropped to 8.4 while infant mortality on Guam was on the rise. Despite Guam's lower rates in 1990 and 1991, the U.S. 5-year average of 9.2 is still better than Guam's 9.6 average infant mortality rate.

TABLE 3

**Infant Mortality Rates per 1,000 Live Births
Guam and the U.S.: 1988 - 1992**

Year	<u>Neonatal Death Rates</u>		<u>Post-Neonatal Death Rates</u>		<u>Infant Mortality Rates</u>	
	Guam	U.S.	Guam	U.S.	Guam	U.S.
1988	5.4	6.3	4.5	3.6	9.9	9.9
1989	8.6	6.2	3.6	3.6	12.2	9.8
1990	5.9	5.8	2.5	3.4	8.4	9.2
1991	5.8	5.5	2.2	3.4	8.0	8.9
1992	4.0	5.3	5.6	3.1	9.6	8.4
Average Rate, 1988-1992					9.6	9.2
NOTE: Guam data is based on deaths of infants born on Guam; U.S. data excludes on-residents of the U.S.						

Source: Office of Vital Statistics, Department of Public Health and Social Services, Guam; Health United States 1992, U.S. Department of Health and Human Services

Neonatal deaths accounted for the majority of infant deaths. In the 5-year period between 1988 and 1992, 63% of all infant deaths occurred during the first 28 days of life.

This large proportion of neonatal deaths as well as the wide variations in the overall rate of infant mortality suggest the need for improvements in prenatal education programs on proper management of pregnancies. These are also reflective of the limited medical technology available on Guam for neonates as compared to services in the nation as a whole.

Post-neonatal deaths had shown a steady decline from 1988 to 1991 but then rose again in 1992. Thirty-seven percent (37%) of all infants deaths were those from 29 days to 1 year old. The leading cause for post-neonatal deaths was Sudden Infant Death Syndrome (SIDS). Other deaths were associated with nutritional problems and infectious diseases such as pneumonia.

Morbidity

Morbidity refers to the extent and frequency of illness or disability in a population, and is usually expressed in terms of the incidence or prevalence of certain diseases or conditions within the population. Morbidity data provides a basis for direct measurement of health status, and in many cases, is a highly significant indicator of the health problems and health care needs of the population. While morbidity data more accurately reflects health status than mortality data, morbidity data is often less readily available than mortality information.

Discussions on morbidity typically include references to environmental health, immunization, all communicable and infectious diseases, morbid conditions arising from pregnancy, childbirth and early childhood, as well as chronic diseases and disabilities of a specific population. For hospital planning purposes, however, the prevalence of diseases that generally result in admissions tend to be the area of concern. Most commonly these include tuberculosis, hepatitis, and AIDS.

Hepatitis

Hepatitis is an acute inflammatory disease of the liver caused by a viral agent. There are at least four types of hepatitis: type A (infectious) hepatitis; type B (serum) hepatitis; delta hepatitis; and hepatitis type C. While the viruses of types A and B have been fairly well characterized, Type C and the delta virus have only recently been identified. For hospital planning purposes, Hepatitis B and C are of particular concern.

Hepatitis Type B and C have been associated with the transfusion of blood or blood products, whereas Hepatitis B can also be transmitted through needlestick accidents, the use of contaminated needles and syringes. Intimate sexual contact with an infected person is another mode of transmitting the disease. People with multiple blood transfusions, drug addicts, medical personnel and dialysis patients compose the high risk groups for this disease. Given the large number of dialysis patients treated at GMHA and the more than 600 patient care providers, Hepatitis B presents a real risk to the Hospital.

TABLE 4
Incidence of Reported Illness due to Hepatitis B
Guam: 1989 - 1993

Year	No. of Cases	Rate per 1,000 Population
1989	4	0.03
1990	6	0.05
1991	3	0.03
1992	8	0.08
1993	6	0.04
Average Rate, 1989-1993		0.05
Average Rate, 1984-1988		0.09

Source: Enteric Program, Communicable Disease Control Unit,
Department of Public Health and Services, Guam

The incidence rates of Hepatitis have fluctuated during the 5-year period between 1989 and 1993. In 1989, the incidence rate was 0.03 per 1,000 population but the rate rose to 0.05 per 1,000 population in 1990. The incidence rate dropped back to 0.03 in 1991, but climbed again to 0.08 in 1992 and then dropped again to 0.04 per 1,000 population in 1993.

Guam's average incidence rate of Hepatitis from 1989 to 1993 was 0.05 per 1,000 population. This represents a 44% decrease in the 5-year average for Hepatitis from the 1984-1988 average rate of 0.09 per 1,000 population.

Although the Hepatitis rate has shown a declining trend during the last decade, these figures do not include known carriers of Hepatitis which are considered to be much greater in numbers. The Department of Public Health and Social Services' reports show that a significant proportion of prenatal clients who were screened for Hepatitis tested positive to the Hepatitis virus. Public Health recorded 34 prenatal clients in 1991 and 33 clients in 1992 to be known carriers of Hepatitis. These represent 5% and 4% of all prenatal clients screened, respectively.

Tuberculosis

Tuberculosis is a chronic, progressively infectious and communicable disease, that is potentially of life-long duration, and is caused primarily by mycobacterium tuberculosis. On Guam, mycobacterium tuberculosis proliferates, causing pulmonary tuberculosis and in some cases, extra-pulmonary tuberculosis. In adults, pulmonary tuberculosis is the most common type of disease and accounts for nearly all of the fatalities caused by tuberculosis. In the early stages, tuberculosis might be completely symptomless. If left untreated, however, the disease will progress towards severe disability and death.

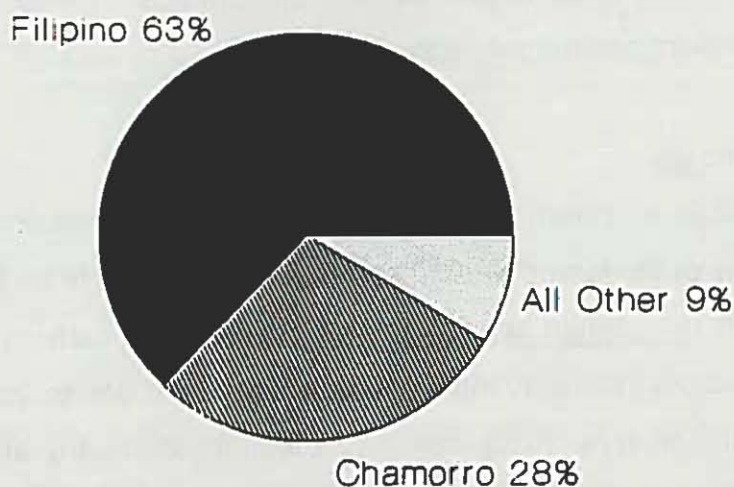
Guam's incidence and prevalence rates of tuberculosis have increased in the 5-year

period between 1988 and 1992. In 1988, the incidence rate of tuberculosis was 0.29 per 1,000 population. However, the incidence rate climbed 75% to 0.51 per 1,000 population in 1992. The same is true with the prevalence rates. The prevalence rate of tuberculosis was 0.33 per 1,000 population in 1988 and climbed 57% to 0.52 per 1,000 population in 1992.

Public Health statistics show that tuberculosis on Guam is significantly higher than the rates of Hawaii and the U.S. mainland. Guam's incidence rate of tuberculosis is two times higher than that of Hawaii's 1992 rate (0.23 per 1,000 population) and five times the 1992 rate of the U.S. (0.10 per 1,000 population).

FIGURE 4

**Tuberculosis Cases by Ethnicity
Guam: 1992**



**Source: TB Program, Communicable Disease
Control Unit, DPHSS**

The majority of Guam's TB patients are Filipinos and Chamorus. Sixty-three percent (63%) of the tuberculosis cases are Filipino and 28% are Chamorus. All Other ethnic groups comprised 9% of the TB cases in 1992.

The number of TB cases have significantly increased among the Filipino population. In 1991, a total of 37 TB patients were of Filipino descent. However the number of Filipino patients increased by 37% to 51 cases in 1992. There is no significant change in the proportion of TB cases among Chamorus. Twenty-eight (28%) of the TB patients were Chamorus in 1991 and the proportion of Chamoru patients still remained the same in 1992.

TABLE 5

**Incidence and Prevalence of Tuberculosis
for Total Population
Guam: 1988 - 1992**

Year	New Cases	Total	Population	Incidence Per 1,000	Prevalence Per 1,000
1988	36	41	123,863	0.29	0.33
1989	51	55	126,100	0.40	0.44
1990	55	57	133,152	0.41	0.43
1991	65	66	136,228	0.47	0.48
1992	72	73	140,717	0.51	0.52

Source: TB Program, Communicable Disease Control Unit, DPHSS.

Although tuberculosis is not one of the leading causes of death, the growing incidence and prevalence of the disease raises some concern. If the condition goes unchecked, the number of deaths attributed to tuberculosis is likely to increase. In addition, the

recent findings indicate that there are resistant strains of TB developing--strains that no longer respond to the established treatment regimens and are likely to result in chronic care requirements.

AIDS

There are several diseases which are transmitted chiefly by sexual contact with an infected person. All such cases are statutorily required to be reported to the Department of Public Health and Social Services for surveillance, treatment, counseling and follow up.

Of particular interest to health care providers on Guam and worldwide is the disease AIDS (Acquired Immune Deficiency Syndrome). It is a serious condition characterized by the deterioration of the body's immune system against diseases. The most common types of diseases that afflict AIDS patients are rare forms of cancers and pneumonia. At present, there is no known cure for AIDS and it is one of the leading causes of deaths in the United States.

The virus that causes AIDS is called HIV (Human Immunodeficiency Virus) and it is found in the blood, semen and vaginal secretion. The AIDS virus can be transmitted through sexual contact, blood transfusions and intravenous drug use. Babies born to women with AIDS can become afflicted with the virus. Healthcare workers who are exposed to body fluids and who treat AIDS patients or HIV carriers may be at risk of contracting the AIDS virus as well.

To date, 18 AIDS cases and 45 HIV positive cases have been reported on Guam. Eleven (11) of these cases have died.

The Department of Public Health & Social Services records clearly show that the incidence of AIDS and the number of known HIV positive cases are on the rise (See

Table 6). Sixty-seven percent (67%) of the known AIDS cases and 80% of the known HIV positive cases were reported in the last 4 years. The number of cases reported between 1990 and 1993 is more than double the number of cases reported in the previous 4 years.

Public Health statistics show that HIV/AIDS is most common among three ethnic groups. Fifty-two percent (52%) of the reported cases are Chamorus, 24% are Caucasian and 8%

TABLE 6

**Reported HIV and AIDS Cases
Guam: 1985 -1993***

Year	No. of HIV Cases	No. of AIDS Cases	Total
1985	0	1	1
1986	2	2	4
1987	0	1	1
1988	6	1	7
1989	1	1	2
1990	11	3	14
1991	10	3	13
1992	10	2	12
1993	<u>5</u>	<u>4</u>	<u>9</u>
Total	45	18	63

*Data through July 1993.

Eleven out of the 45 HIV cases developed AIDS and are reflected in the total number of AIDS cases.

Source: AIDS Program, Communicable Disease Control Unit,
Department of Public Health, Guam.

are of Filipino descent. The predominant age group of cases reported range from the ages of 20 to 39 years of age. Two (2) of the youngest cases reported are between 13 and 19 years of age, and 2 cases were 80 years old.

With neither a known cure nor effective treatment for AIDS, we can expect the number of cases to increase in the future. The failure to practice safe sex and the continued practice of sharing needles for illicit drug use have led to the spread of AIDS. The Hospital must be diligent in the proper use of universal precautions and community education programs must be strengthened in an effort to prevent and control this dreaded disease.

Summary

The morbidity data for TB, Hepatitis and AIDS suggests a need to increase Hospital efforts in the prevention and control of these communicable diseases. The Hospital's Infection Control, Employee Health and the Education Departments are key programs for developing and implementing disease prevention and infection control policies. Over the next few years, the Hospital will explore the possibility of reducing the risk of TB, Hepatitis B and AIDS among Hospital patients, employees, and visitors by improving our surveillance, screening and education programs and ensuring that OSHA guidelines for the use of universal precautions and respiratory personal protective equipment are fully implemented and adhered to by all staff.

Surveillance

- o Follow up annually with those employees who are PPD positive to ensure that x- rays are taken and that the employees are referred to the Department of Public Health for treatment; and periodically check on the effectiveness of the treatment.
- o Establish a health information system of the Hospital's employees' health records for surveillance, follow up and referrals for tuberculosis and Hepatitis testing and

treatment.

- o Monitor any changes in status from negative to positive to determine causes for change.
- o Monitor all needlestick incidents for development of subsequent infectious diseases.

Screening

- o Increase monitoring and follow up efforts of employees' physicals to ensure all employees undergo PPD and Hepatitis testing.
- o Continue to provide tuberculosis screening of the Hospital employees and contractors prior to work in the facility.
- o Coordinate outreach efforts with the Department of Public Health to provide voluntary screening of tuberculosis to visitors of the Hospital periodically throughout the year.
- o Continue to offer Hepatitis vaccinations on a routine basis to all employees and encourage local vendors with potential for employee exposures to do the same.

Education

- o Work in conjunction with the Department of Public Health and local organizations to establish counseling services for HIV/AIDS patients and families, and to bring support group services on site for Hospital patients.
- o Upgrade patient confidentiality of HIV/AIDS patients.
- o Make available health information literature and pamphlets to employees, patients and visitors on ways to prevent transmission of infectious diseases.
- o Provide staff and patient education on the proper use of universal precautions and other personal protective equipment to reduce the likelihood of transmission.

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Utilization of Hospital Services

UTILIZATION OF HOSPITAL SERVICES

The Guam Memorial Hospital Authority administers and operates the sole civilian inpatient facility on Guam. The Hospital offers acute, ambulatory and long-term care as well as a variety of diagnostic services. These services are provided on either an inpatient or outpatient basis and are available 24 hours a day.

INPATIENT SERVICES

The Guam Memorial Hospital has a bed capacity of 192. There are 159 beds in the acute care units and 33 beds in the Skilled Nursing Facility. GMH's bed count compares well with the U.S., where the median number of acute care beds per hospital reported in 1990 was 109.³ As such, GMH can be considered a mid-sized facility in comparison to national facilities.

Acute Care: Admissions, Patient Days and Length of Stay

Overall, the Guam Memorial Hospital has experienced a continuous growth in the need for acute care services. Between the 5-year period from Fiscal Year 1989 through Fiscal Year 1993, acute care admissions increased by 17 percent. Within this same 5-year period, the total number of patient days also increased by a corresponding 18 percent from 36,209 days in FY89 to 42,667 days in FY93. With the exception of the 3% drop in acute care admissions that GMH experienced in FY91, GMH has seen a steady annual growth of about 6 percent in the number of acute care admissions with each ensuing year. (The drop in acute care admissions in FY91 was attributed to the decrease in availability of beds during construction in that period.)

³The Source Book, p. 27.

The Guam Memorial Hospital admitted 11,227 patients to its acute care units during Fiscal Year 1993. This reflects a 6 percent increase from the previous year when the number of admissions to the acute care units was 10,593. The increase in admissions for FY93 corresponds with an increase in the number of patient days although the rate of increase is slightly less for patient days. The number of patient days climbed 4 percent from 41,055 in FY92 to 42,667 in FY93.

TABLE 7

**Comparative Acute Care Patient Statistics
Guam Memorial Hospital: FY89 - FY93**

Fiscal Year	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>	<u>FY92</u>	<u>FY93</u>
Admissions	9,579	10,163	9,903	10,593	11,227
Patient Days	36,209	38,427	42,067	41,055	42,667
Average Length of Stay	3.4	3.3	4.0	3.7	3.7

Source: Medical Records Department, Guam Memorial Hospital Authority.

The average length of stay (ALOS) remained the same for both periods at 3.7 days per patient. GMH's average length of stay is still significantly lower than the 6.3-day ALOS reported by the vast majority of hospitals in the U.S.⁴

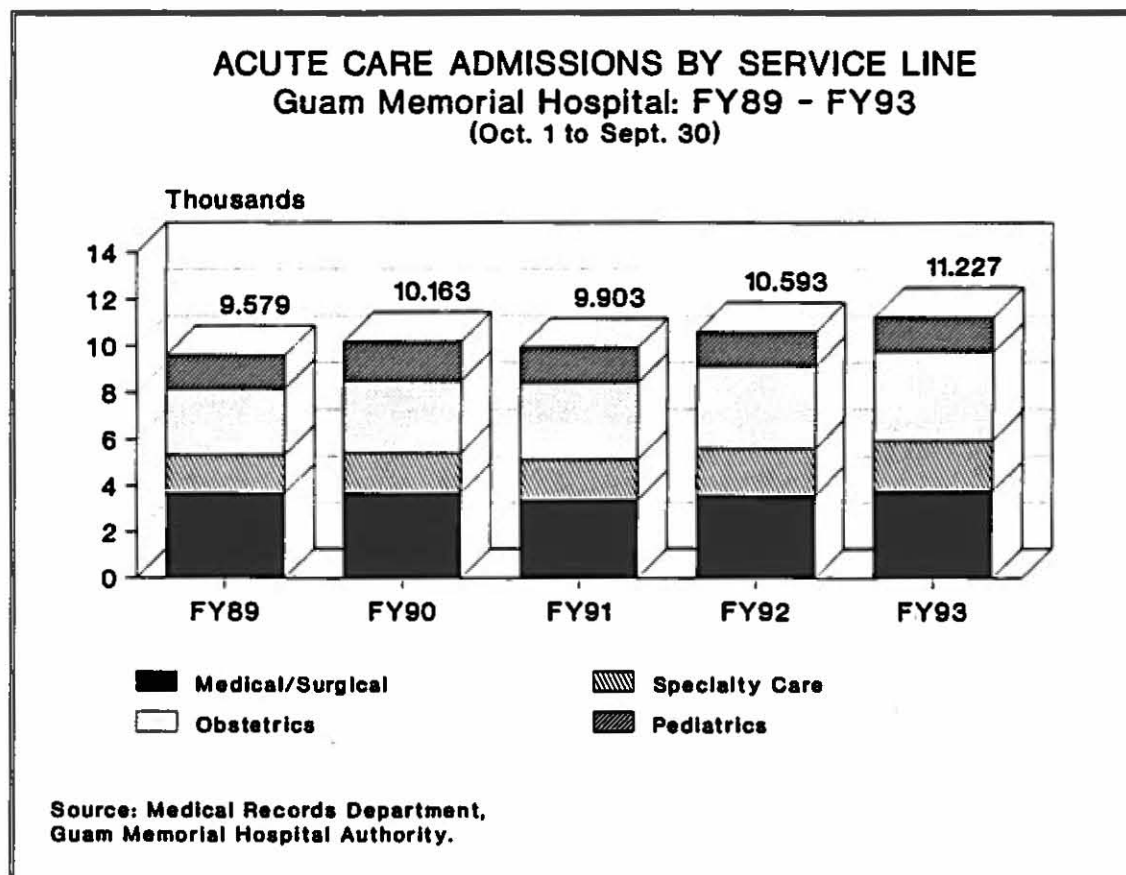
The volume of inpatient services has varied amongst the different service lines. Generally, these service lines are classified as: adult medical/surgical; intensive care; pediatrics; and obstetrics.⁵ The obstetrics and adult medical/surgical units (which include

⁴The Sourcebook, p.27.

⁵Environmental Assessment Workbook: 1989/1990, American Hospital Association, (Chicago 1989).

Medical, Surgical and Medical/Surgical wards at GMH) receive the majority of the Hospital's admissions.

FIGURE 5

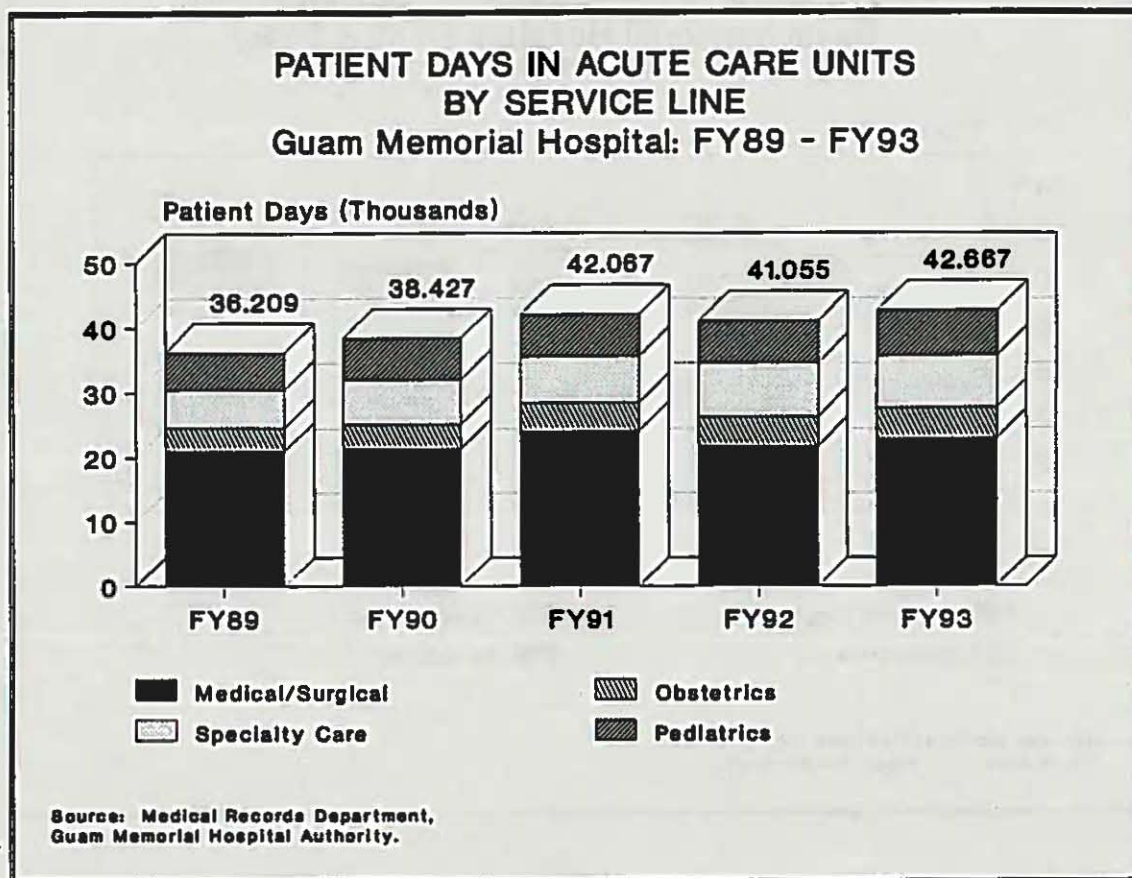


Two-thirds of GMH's admissions are for these two service lines combined. In FY93, the medical/surgical units handled 34 percent of the Hospital's acute care patients, while the maternity ward took care of another 33 percent of the Hospital's admissions.

The differences in patient days per unit also reflects the short hospital stays that are typical for maternity patients as opposed to the longer stays for hospital patients admitted

for acute medical conditions. In FY93, the average length of stay (ALOS) in the Obstetrics Unit was 1.3 days, compared with the 6.5 ALOS in the adult medical/surgical wards.

FIGURE 6

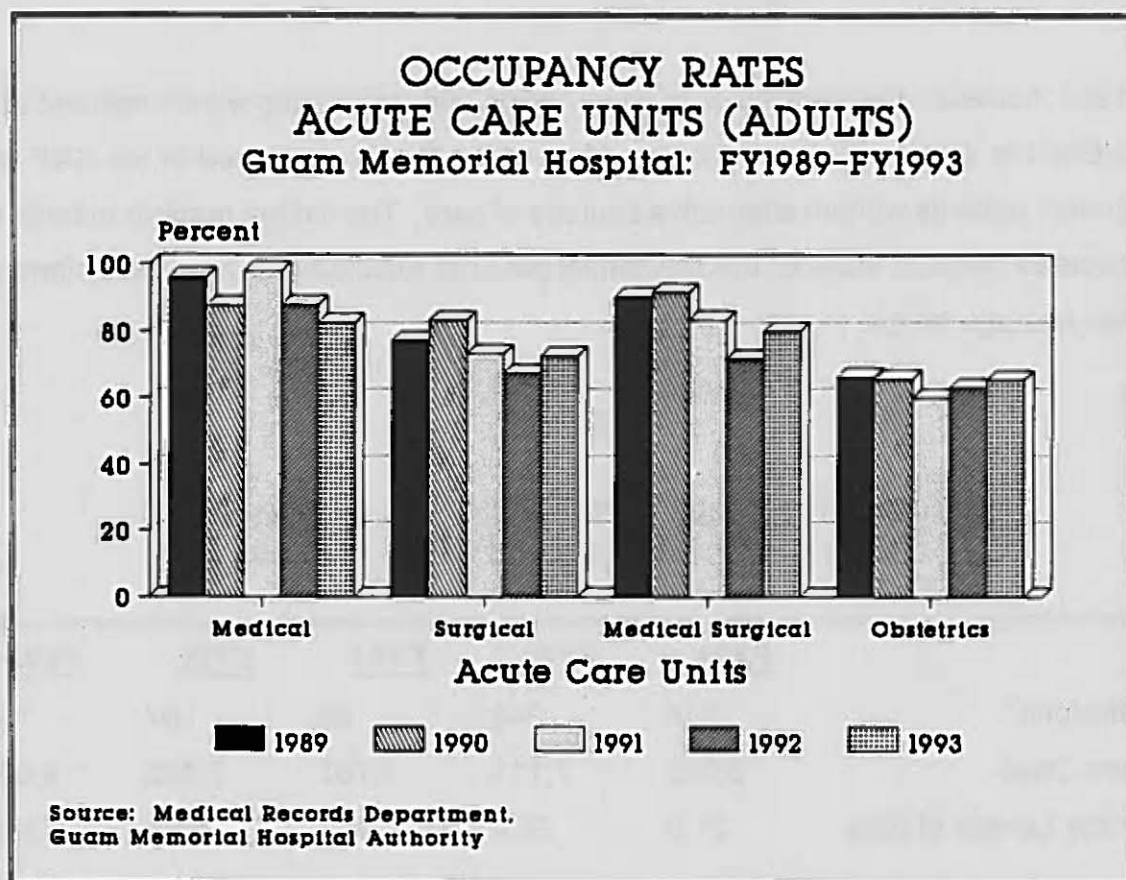


Acute Care: Occupancy Rates

The Hospital's occupancy rate measures utilization in relation to bed capacity. From the 5-year period between FY89 and FY93, there has been slight a decrease in the Hospital's occupancy rate. This is attributed to the recent expansion of the facility and the addition of 23 additional acute care beds.

As seen in Figure 7, occupancy of the acute care adult units has again started to climb. Notably, by the end of 1993, the adult medical/surgical units showed

FIGURE 7



occupancy rates above the 80 percent mark. This increase in occupancy rates reflects the gradual increases in admissions. Given that the growth trends are expected to continue, the occupancy rates also signify the need to expand our capacity for these particular services.

LONG TERM CARE IN THE SKILLED NURSING FACILITY

Utilization of the Hospital's long-term care services has varied over the last several years as a result of changes in both patient mix and bed capacity. During FY89, FY90 and FY92, the Skilled Nursing Facility experienced a fairly steady turnover of patients with a less than 30-day average length of stay.

In FY1991, however, the Hospital-wide construction and remodeling within inpatient areas forced GMH to limit its SNF beds to 10. Most of those who remained in the SNF were "residential" patients without alternative sources of care. The limited number of beds and the extensive hospital stays of the residential patients resulted in fewer admissions and a higher average length of stay.

TABLE 8

Comparative Long-Term Care Patient Statistics Guam Memorial Hospital: FY89 - FY93

	<u>FY89</u>	<u>FY90</u>	<u>FY91</u>	<u>FY92</u>	<u>FY93</u>
Admissions	214	248	95	197	197
Patient Days	6,026	7,111	4,787	7,482	8,034
Average Length of Stay	21.6	24.4	44.1	29.5	38.0

Source: Medical Records Department, Guam Memorial Hospital Authority.

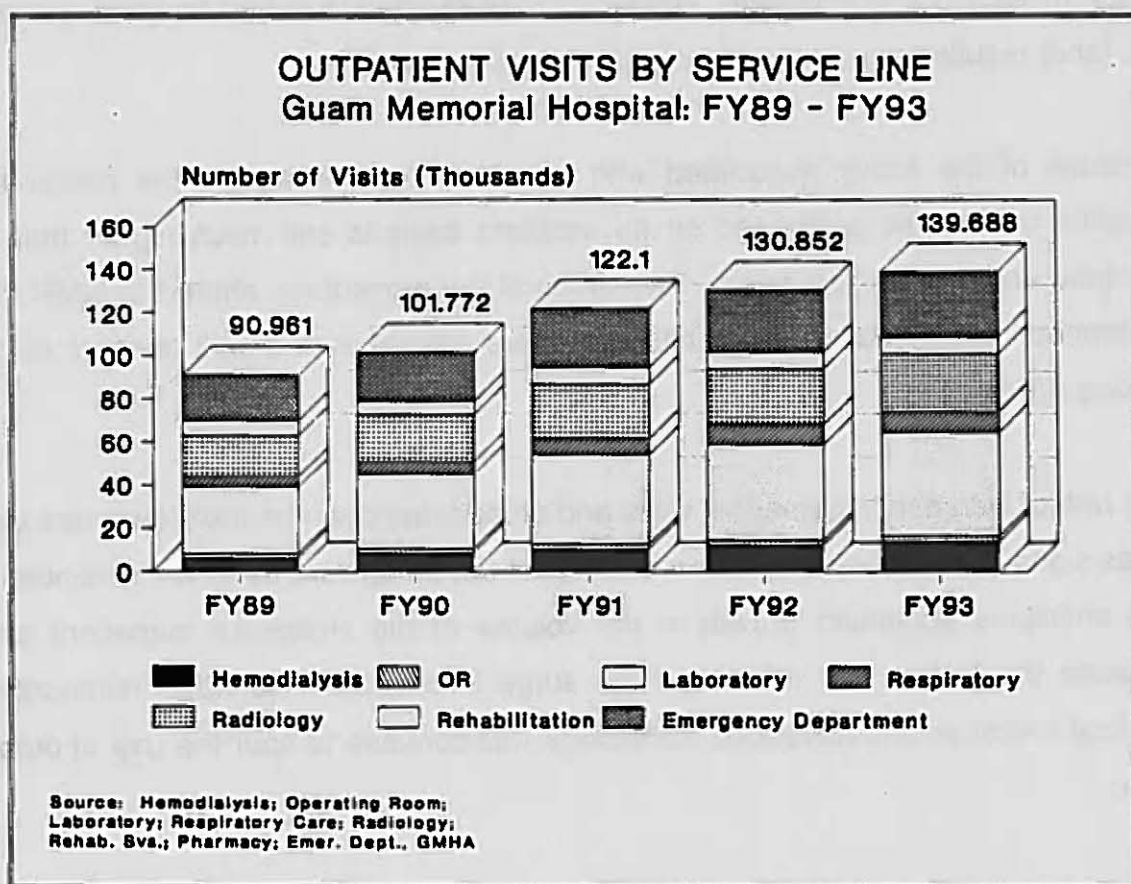
With completion of the major construction and remodeling projects in the inpatient units in FY1992, the number of GMH admissions to the SNF over the past two years has stabilized. Although the number of admissions were the same for FY92 and FY93, patient days rose by 8 percent from FY92 to FY93 and the average length of stay for this same period rose by 29 percent to 38 days.

OUTPATIENT SERVICES

There are several sources of outpatient services at GMH: the ancillary departments, the Emergency Department, Hemodialysis and the Operating Room (OR). For hospital planning purposes, outpatient visits and the number of outpatient procedures (or similar units of service) are evaluated in terms of volume and in relation to inpatient services.

Ancillary services include diagnostic tests and therapeutic treatments provided by the Laboratory, Radiology, Respiratory Care, Rehabilitative Services, the Pharmacy and Dietetic Services. Emergency Department (ED) visits refer only to those patient

FIGURE 8



encounters in the ED that do not lead to admission for overnight stays. (ED data is not included when totalling outpatient procedures.) Treatments in the Hemodialysis unit and "come-and-go" surgeries--both major and minor operations--are also included in the tabulation of outpatient services.

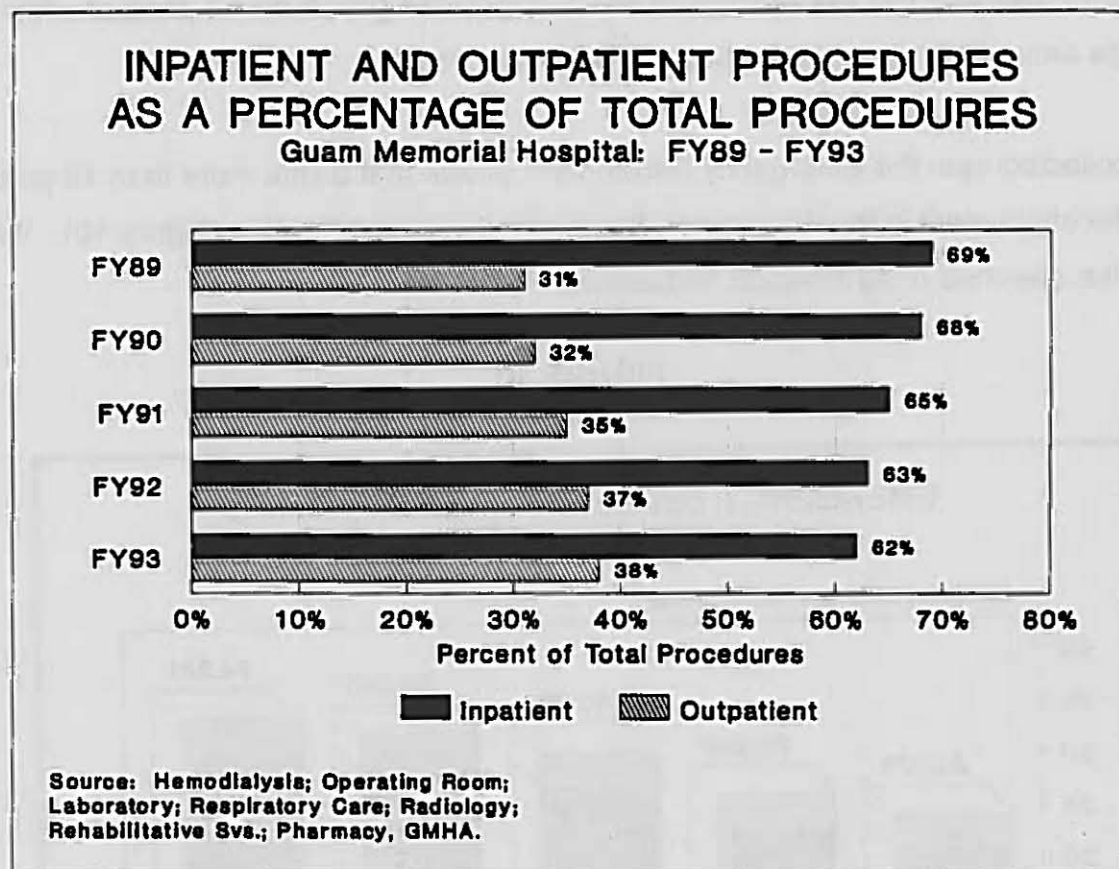
Patient and service records for Fiscal Years 1989 through 1993 show significant increases in the total volume of outpatient services. Between FY89 and FY93, outpatient visits rose by 49 percent; and the number of outpatient services and procedures jumped by nearly 75 percent. This 5-year growth in outpatient visits has been at a much higher rate than the increase in admissions to the inpatient care units. These different rates of growth are typical of hospitals throughout the nation. "Changes in hospital payment policy, medical practice patterns, and technology all acted to reduce hospital inpatient use . . . [and] resulted in a surge in hospital outpatient use."⁶

Because of the acuity associated with inpatient stays, however, the percentage of Hospital procedures performed on an inpatient basis is still much higher than those provided on an outpatient basis. Two-thirds of the procedures offered at GMH are performed on an inpatient basis although there are signs of a shift towards outpatient services (Figure 9).

The rate of increase in outpatient visits and procedures over the next few years may not be as significant as they have been in the past but an upward trend will continue. GMH can anticipate continued growth in the volume of the Hospital's outpatient services because the factors that influenced the surge in outpatient services--reimbursement, medical practices and advanced technology--will continue to spur the use of outpatient care.

⁶Hospital Statistics 1989-1990: A Hospital Fact Book, American Hospital Association, (Chicago 1989), p.xxxii.

FIGURE 9



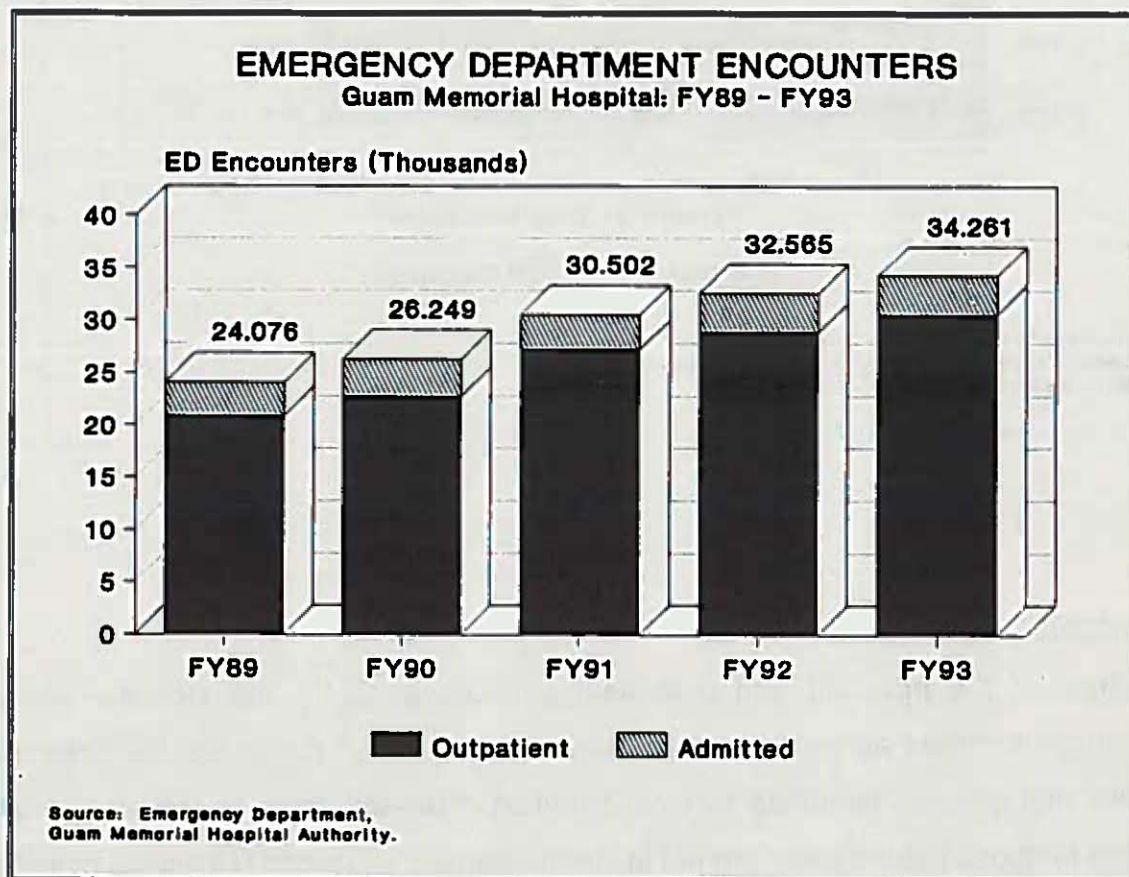
EMERGENCY SERVICES

In addition to the inpatient and outpatient services at GMH, the Hospital provides emergency treatment as well as urgent care. "Emergency" cases are life-threatening episodes that require immediate medical attention. "Urgent" care, on the other hand is available for those patients who are not in life-threatening situations but whose conditions cannot be put off until a physician's appointment is made. Both types of services are provided in GMH's Emergency Department (ED). Patients may be treated and then sent

home or they may be admitted if their condition warrants hospitalization. The volume of ED encounters has grown steadily over the last several years. During the five-year period between FY89 to FY93 the number of ED services has grown by 42 percent while the average annual growth rate has been about 9 percent.

Data collected from the Emergency Department shows that a little more than 10 percent of all the encounters in the Emergency Room result in hospitalization (Figure 10). These comprise one-third of all Hospital admissions.

FIGURE 10



HEMODIALYSIS SERVICES

End Stage Renal Disease is a medical condition whereby a patient suffers irreversible

damage to both kidneys and kidney functions totally cease. ESRD patients depend on dialysis treatments for survival. Kidney transplantation is the only other alternative for an ESRD patient.

The Hemodialysis Unit of the Guam Memorial Hospital has historically been the sole source of dialysis services on Guam for patients with End-Stage Renal Disease (ESRD). This was true until mid-1993 when a private enterprise opened its doors and offered an alternative form of treatment. In May 1993, the Pacific Dialysis Center opened its doors to ESRD patients and offered Continuous Ambulatory Peritoneal Dialysis, CAPD, as an alternative to Hemodialysis treatment. CAPD provides clinically qualified ESRD patients with the option of obtaining dialysis at home.

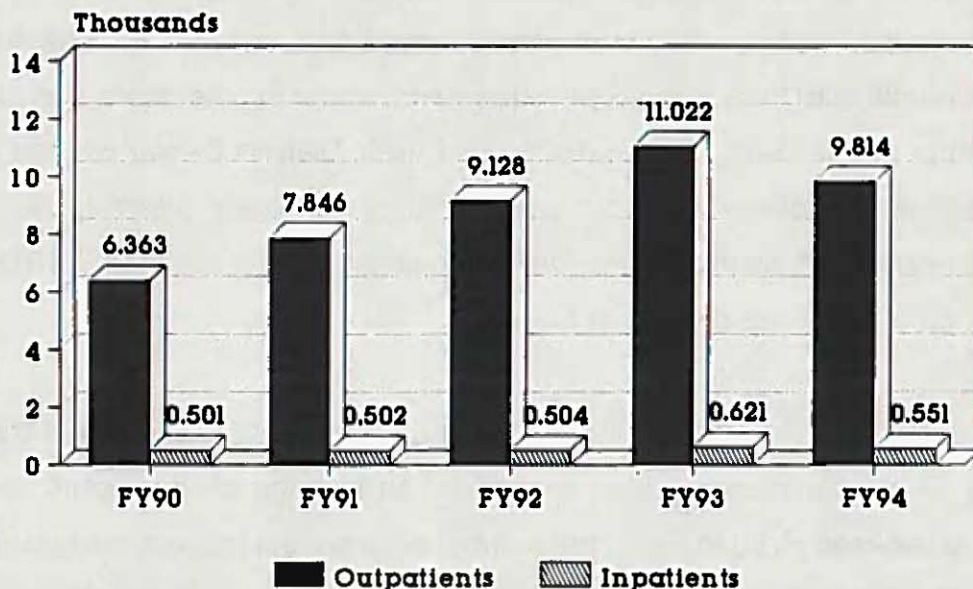
Before the opening of the Pacific Dialysis Center, the number of outpatient treatments provided by GMHA continued to grow annually at an average of 18 percent. Within the 4-year period between FY90 to FY93, the number of outpatient procedures had increased by 65 percent from 8,692 treatments in FY90 to 14,326 treatments in FY93.

Preliminary data for Fiscal Year 1994 shows that in the first 9 months of FY94, the number of outpatient hemodialysis treatments dropped by 11 percent, 11,022 treatments during the first 9 months in FY93 to 9,814 treatments in FY94. The initial reports also indicate a dramatic 65 percent decrease in the number of new/acute inpatient treatments.

Though it appears that the number of new patients needing dialysis is declining, it is also worth noting that for this same period, the number of treatments for the re-hospitalization of ESRD patients has increased significantly by 38 percent from 323 treatments in FY93 to 445 in FY94. Prior to FY93, the number of treatments rendered for re-hospitalized patients was quite low (18 percent decrease for the period between FY90-FY91; and 4 percent increase for the period between FY91-FY92).

FIGURE 11

HEMODIALYSIS TREATMENTS
Guam Memorial Hospital: FY90 - FY94
Third Quarter Report



Source: Hemodialysis Unit, GMHA.

Although the initial data is not conclusive, it is clear that GMHA will continue to be a primary provider of hemodialysis treatment -- whether the services are provided on an inpatient or outpatient basis. The prevalence of ESRD on Guam has led the Guam Memorial Hospital Authority to examine alternatives for reducing the incidence of renal disease through community education.

OFF-ISLAND REFERRALS

The Guam Memorial Hospital provides all customary acute care services and certain specialty services. Given that GMH is not a tertiary care facility, however, there are

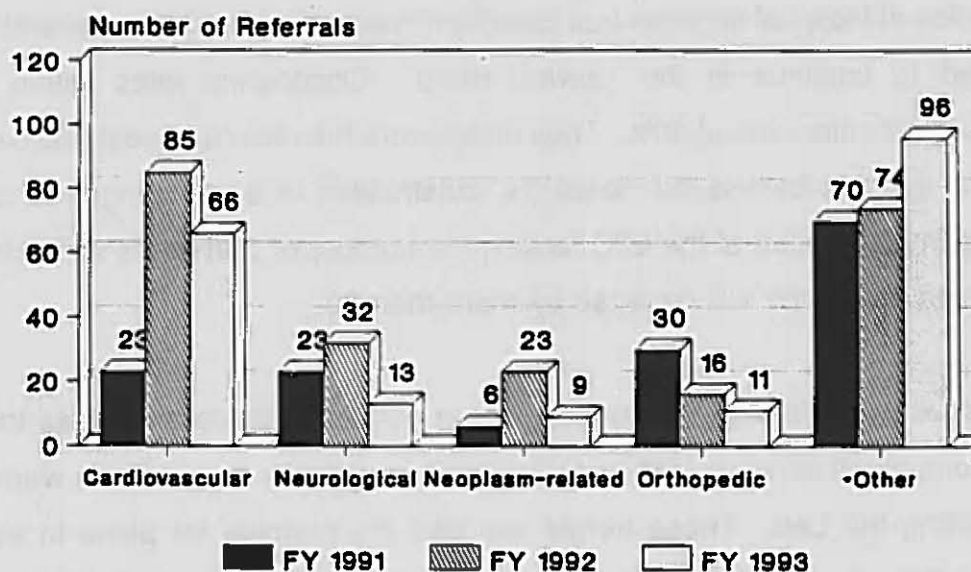
highly specialized services that are not available and must be obtained off-island. These include sophisticated diagnostic procedures and treatments for cardiovascular disease and neurological disorders; cancer, orthopedic cases; and "other" conditions such as neonatal anomalies, renal disease and serious burns (Figure 12).

The number of Hospital patients that are referred off-island for treatment represent less than 2% of all GMH admissions. Yet the impact of off-island referrals are significant in terms of transportation costs; disruptions to the continuity of quality care; as well as the negative effects on patient satisfaction.

FIGURE 12

OFF-ISLAND REFERRALS

Guam Memorial Hospital: FY1991 - FY1993



NOTE: •Other • Renal, Eyes, Burns,
Neonatal Anomalies, etc.
Source: GMHA Social Services Department.

The Guam Memorial Hospital Authority considers the reduction of off-island referrals as an opportunity to enhance the delivery of quality health care on Guam and increase patient satisfaction. Towards that end, the Authority has established several initiatives. In FY95, the Hospital will expand its wound care program through the construction of a hydro therapy room and the installation of a full-body whirlpool known as a hubbard tank. In FY96, the wound care program will be re-evaluated and GMHA will study the feasibility of offering hyperbaric chamber services to further program endeavors.

In FY96, the Hospital will also study the feasibility of providing cardiac catheterization, angioplasty and open-heart surgery. By the end of FY97, GMHA plans to offer cardiac rehabilitation, neuro-rehabilitation as well as radiology oncology and expanded chemotherapy.

SUMMARY

The utilization of Hospital services has steadily increased over the last several years and is expected to continue in this upward trend. Occupancy rates within the adult medical/surgical units exceed 80%. They underscore the need for additional patient beds and are the impetus behind the Hospital's construction of a new long-term care (LTC) facility. Upon completion of the LTC facility, the number of SNF beds will nearly double and the acute care beds will increase by more than 30.

The shift towards performing procedures on an outpatient basis as well as the growing volume of outpatient services in the ancillary and emergency departments were the basis for remodelling the Lab. These trends are also the premise for plans to expand the Emergency Department; to establish an urgent care unit; and to establish a centralized 23-hour observation unit.

The rise in Hospital utilization signifies more than a need for facility expansion. It

represents additional demands for patient care and growing expectations among the community. For the Guam Memorial Hospital Authority, our efforts to meet the community's demands and expectations are firmly rooted in our long-term goals of increasing patient satisfaction and improving patient outcomes.

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Strategic Plan

STRATEGIC PLAN

The 3-year plan that follows represents the priorities and strategies of GMHA's Board of Trustees, Medical Staff, Executive Management Council and Management Team. The plan also reflects the input of civic leaders, community health care providers and private citizens who participated in the Hospital's planning process during the "Partners in Health" planning session.

The Plan covers Fiscal Years 1995 through 1997. The strategies are divided into four sections:

- JCAHO Accreditation
- Care of the Patient
- Organizational Functions
- Structures with Important Functions

The first section is the Authority's statement of its commitment to attaining and maintaining accreditation from the Joint Commission on the Accreditation of Healthcare Organizations. The second section outlines GMHA's strategies for improving patient care, while the last two sections address those programs and strategies that support patient care.

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**Guam Memorial Hospital Authority
STRATEGIC PLAN FOR FISCAL YEARS 1995 - 1997**

FY1995 STRATEGIES

I. JCAHO ACCREDITATION

The Guam Memorial Hospital Authority will pass the JCAHO survey in December 1994 and obtain notice of conditional accreditation by February 28, 1995. **FY95**

II. CARE OF THE PATIENT

A. Rights of Patients/Organizational Ethics:

1. GMHA will treat each of our patients with courtesy and provide personalized care that reflects quality, professionalism and pride in performance. **FY95-97**

2. GMHA will implement the Guest Relations program as a direct means of addressing patient concerns and issues. The program will be managed by the Hospital and include participation by former patients and/or the GMH Volunteers Association. **FY95**

3. GMHA will replace the pay phones in patient areas with courtesy phones. **FY95**

4. GMHA will upgrade the Viewing Room to provide patients' families with a comfortable environment for mourning the loss of a loved one. The plans are to include a courtesy phone, staff support, art work and signage. **FY95**

B. Assessment of Patients and Nutritional Care and Education of Patients/Families:

1. GMHA will establish an interdisciplinary task force to refine the patient assessment techniques and incorporate them with nutritional care for the patient and the education of patients and their families. **FY95**

2. GMHA will develop an education plan for patients and their families. The plan will address the need to enhance patients' and their families' understanding of their illness, the services they will receive while they are at the Hospital as well as what can be expected and what can be done after their discharge from the Hospital. **FY95**

3. GMHA will establish a community education plan that addresses the leading health

issues facing the region. The plan will emphasize disease awareness, prevention and improving the community's health status.

FY95

C. Entry to Setting or Service

1. GMHA will enhance patients' and visitors' first impressions of the Hospital by
 - a. reducing the waiting time in all service settings to minimize waiting between the time a patient enters the Hospital and the time services are delivered;
 - b. keeping patients and families informed of the patient's status;
 - c. protecting patient privacy.

FY95
2. GMHA will provide clean, comfortable and aesthetically pleasing waiting areas throughout the facility.

FY95
3. GMHA will offer urgent care as separate and distinct from emergent care. We will set up a committee to develop a space program for remodeling and expanding the Emergency Department. The committee will include physicians from the Emergency Department and Surgery Department, Planning, Nursing and Ancillary personnel, Facilities Maintenance, EMTs, Patients and Architects with experience in health care design.

FY95
4. GMHA will offer screening services to field inquiries from physicians and healthcare practitioners (e.g., for intra-island referrals) and through which patients can call in and receive healthcare advice without having to come to the Hospital.

FY95-97
5. GMHA will set up an Information Center at the main entrance to the Hospital whereby patients and visitors can obtain information from a current, automated patient directory. The Information Center will have a bulletin board, courtesy phone with an outside line as well as an extension for in-house calls.

FY95

D. Coordinated Care:

1. GMHA will establish special task forces to:
 - a. reorganize the delivery of patient care around hospital services rather than functional departments;
 - b. design critical paths for the delivery of services;
 - c. create patient care management teams for the service units; and
 - d. systematically follow up on discharged patients and ambulatory care patients.

FY95

2. GMHA will complete the construction of the new Long-Term Care Facility and will open its doors for patients. **FY95**
3. GMHA will study the feasibility of establishing a centralized, multi-purpose 23-hour Observation Unit (e.g., for surgery, observation, chemotherapy) for patients who require extended observation but do not need to be admitted. The unit is to be staffed and equipped as a separate unit. **FY95**
4. GMHA will implement a hospital-based home healthcare program. **FY95-97**
5. GMHA will work with the Guam Fire Department to upgrade the communications system in the Emergency Department to improve the relay of information between ambulances and the Emergency Department. **FY95-97**
6. GMHA will plan for the creation of a pre-admission and post-discharge holding area to accommodate patients in the Emergency Department who are awaiting admission as well as patients who have been discharged but are awaiting transportation to their homes. **FY95**
7. GMHA will enhance the blood donor program by providing more of its services outside the Hospital setting and at the community level to increase donations and assure an adequate blood supply for the community. **FY95**
8. GMHA will assume a "baby-friendly" posture by encouraging breastfeeding of newborns and by working with the Department of Public Works Highway Safety program to increase the availability of infant car seats at the time a newborn is discharged. **FY95**
9. GMHA will enhance the delivery of critical care by
 - a. providing full hemo-dynamic monitoring throughout ICU/CCU;
 - b. offering EEGs in all ICU/CCU rooms; and
 - c. expanding the current number of beds that are available in ICU/CCU to the 10-bed capacity. **FY95**
10. GMHA will offer support services for referrals from off-island (e.g., through arrangements, special rates for hotel rooms). **FY95**

III. ORGANIZATIONAL FUNCTIONS

A. Leadership:

1. GMHA will offer ongoing training for the Executive Management Council, the Medical Staff leadership, department directors and supervisors to enhance skills in the management and delivery of Hospital and patient care services. **FY95-97**
2. GMHA's Medical Staff, EMC and department directors will move towards a participatory style of management that empowers staff to act by increasing staff authority, responsibility and strengthening staff accountability. **FY95**
3. GMHA will establish benchmarks for measuring and improving organizational and departmental performance. **FY95**

Hospital operations and efforts to improve services will be productivity-based.

FY95

4. GMHA will study the alternatives for developing a physician hospital organization. **FY95**
5. GMHA will provide an ongoing training program in CQI for the entire organization. **FY95-97**
6. The Board of Trustees and EMC will foster the continuity of leadership within GMHA by lobbying for:
 - a. the restructuring of the Board and staggering appointments to the Board of Trustees;
 - b. the conversion of EMC positions to classified positions;
 - c. the move towards healthcare "Hay" pay classifications for Hospital personnel; and
 - d. the implementation of incentive pay or "pay for performance."**FY95**

B. Management of Information :

GMHA will implement the first phase of its plan for a fully automated management information system. This plan will include

- o a needs assessment
- o vendor selection
- o application prioritization
- o phased implementation.

FY95

C. Management of Human Resources:

1. Department directors and Personnel Services will work together to redefine the recruitment process, reduce the vacancy rate and address the retention of health professionals and administrative/support staff. **FY95**
2. GMHA will establish and maintain optimal staffing based on acuity and other methods. The staffing will include physicians and healthcare practitioners. In recognition of the shortage of healthcare personnel, we will explore alternatives in creative staffing and sharing human resources to meet the requirements for the delivery of quality services. **FY95**
3. GMHA will establish an education plan that addresses the certification requirements for physicians and healthcare practitioners and that includes the timely certification/recertification of instructors and instructor-trainers. Classes will be offered during evenings and weekends to provide ample opportunity for staff on all shifts. **FY95**
4. GMHA will report on Hospital staff competency to the Board of Trustees at least semi-annually. **FY95**
5. GMHA will establish a continuing education program that
 - a. incorporates CQI activities;
 - b. develops the staff's professional skills and fosters career advancement;
 - c. enables staff to obtain training on-island whenever possible; and
 - d. requires staff who attend conferences or seminars to provide a summary of the course content to his/her professional peers.Classes will be offered during evenings and weekends to provide ample opportunity for staff on all shifts. **FY95**
6. GMHA will study the feasibility of expanding the education program to include
 - a. establishing GMHA as a training center for American Heart courses;
 - b. creating an educational "exchange" program for Hospital staff and the staff of other healthcare organizations.**FY95-96**
7. GMHA will implement an employee relations program that includes
 - a. employee assistance **FY95**
 - b. an ATM for employees. **FY95**

D. Management of the Environment of Care:

1. The EMC and Management Team will work with the SWOT (Service With Out Trash) Team to rid the facility and each work area of irreparable equipment and excessive supplies as well as to ensure that each area complies with life safety codes and policies. **FY95**
2. GMHA will establish and maintain standards of hospital cleanliness and facility maintenance. **FY95**
3. Facilities Maintenance will implement a landscaping program that enhances the Hospital environment and thereby helps to make patient stays and the public's visits more pleasant. **FY95**
4. GMHA will implement our transition plan for complying with the American Disabilities Act. **FY95**
5. GMHA will upgrade the inpatient nurse call system. **FY95**

E. Surveillance - Infection Control:

The Infection Control staff will, in cooperation with the Infection Control Committee, improve the existing Infection Control Program by:

1. revising the hospital-wide Infection Control Plan;
2. refining the surveillance program to make it hospital-wide and criteria-based;
3. training Hospital staff in infection control techniques; and
4. integrating efforts with the employee health program. **FY95**

F. Improving Organizational Performance :

1. GMHA will streamline the CQI reporting process for the Medical Staff and Hospital departments in FY94 and will reevaluate the effectiveness of the process in FY95. **FY95**
2. GMHA will establish special interdisciplinary task forces to study problems with Hospital processes and develop plans of corrective action that include redesigning these processes for better patient care and improved patient outcomes. Members on the task forces will include staff, management, physicians and external customers. **FY95-97**

3. GMHA will seek community input on improving the delivery of Hospital services through our patient satisfaction survey process. We will review and refine the patient satisfaction survey and strategic planning processes in FY94. We will routinely review the results of the Hospital's patient satisfaction surveys and modify Hospital performance to address problem areas and yield increased patient satisfaction beginning in FY95. **FY95-97**
4. The Guam Memorial Hospital Authority will improve the image of the Hospital within the community. We will continue working to change the community's perception of GMHA, instilling confidence in Hospital services and reducing the desire or need for off-island referrals. We will seize upon the opportunities offered by the media, making use of public service announcements and appearing on public programs. **FY95-97**
5. GMHA will strengthen the utilization management program to maximize bed availability and the appropriate use of resources. **FY95**
6. GMHA will improve its organizational performance and garner a Magnificent 7 Award for best government department. **FY95**

IV. STRUCTURES WITH IMPORTANT FUNCTIONS

A. Governing Body

1. The Board of Trustees will work with members of the Executive and Legislative branches to obtain full autonomy for the organization. The Board will seek ways to exercise its own autonomy and work towards self-sufficiency. **FY95**
2. The Board of Trustees will evaluate its composition to ensure that the Board is a representation of the community we serve. The Board will also reassess its committee structure, meeting schedule and agendas in an effort to streamline its operations and enhance its effectiveness. **FY95**
3. The Board of Trustees will re-examine the framework for Board and Management responsibilities, and will redefine the terms of accountability. **FY95**
4. GMHA will establish an orientation plan for the Board of Trustees and provide the Board with opportunities to obtain education in Hospital leadership, continuous quality improvement (CQI), hospital finance and other pertinent topics. **FY95**
5. GMHA's Board of Trustees will work to increase public awareness of the

organization's programs, customer-driven services and its continuing efforts to improve performance. **FY95-97**

6. The Board of Trustees will establish formal linkages with the GMH Volunteers Association as a means of recognizing the Association's role and contributions to the organization. **FY95**

B. Management and Administration

1. Fiscal Services will maintain Accounts Receivables at 70 days in FY95, and reduce the aging of accounts to 60 days by FY96. **FY95-96**
2. Fiscal Services will work with each cost center to establish a mechanism for correctly filing charges for all Hospital services and supplies. **FY95**
3. Materials Management will restructure the inventory control system to maintain the required stock of pharmaceuticals and supplies. **FY95**
4. Fiscal Services will work with third party payors to establish binding contracts between the Hospital and the payors. The contracts shall include at least utilization review, billing and payment as well as contract evaluations and continuous quality improvement efforts. **FY95**
5. Fiscal Services will implement a physician billing program. **FY95**
6. Fiscal Services will establish an organized rate review process to assure continuing financial viability. **FY95**
7. The EMC will work with the Department of Administration to upgrade GMHA's status on the Insurance Negotiations Committee to include physician representation and provide full membership to the Hospital and the physicians with voting rights. **FY95**
8. The Hospital's Capital Improvement Projects (CIP) Committee will assess and revise the parking plan to ensure that GMHA:
 - a. provides adequate parking for patients and the public; and
 - b. designates adequate parking areas for the Medical Staff, Hospital employees and volunteers. **FY95**
9. GMHA will enhance the staff's professionalism by
 - a. training the staff in customer relations and service excellence

- b. initiating the use of uniforms among patient support staff .

FY95

C. Medical Staff

1. The Medical Executive Committee will reevaluate its role and activities in an effort to streamline its meetings, to focus on policy issues and to promote inter-departmental continuous quality improvement (CQI). **FY95**
2. The Medical Staff leadership will be empowered to assume a more active role in the administration and budgeting of clinical services. They will participate in the development of the plans for CQI, staffing, equipment and supplies, training as well as plans for new programs or services. **FY95-97**
3. GMHA will establish a physician recruitment and retention plan. **FY95**
4. GMHA will employ full-time primary care physicians to function as "house" physicians. **FY95**
5. The Medical Executive Committee will work with the Hospital and the Medical Staff departments to establish a physician orientation program for new members of the Medical Staff. **FY95**
6. The Medical Staff will hold ongoing educational meetings for its members to provide opportunities to share information and keep the Medical Staff abreast of changes, new technologies, etc. **FY95**
7. The Medical Executive Committee and the Medical Staff Office personnel will evaluate and refine the administrative support systems for the Medical Staff in an effort to support the dynamics of the Office and the Medical Staff as a whole. **FY95**
8. GMHA will establish an education plan for the Medical Staff that provides for the continuing medical education (CME) of physicians and integrates the continuing education of nurses, allied health professionals, externs, residents and other healthcare students. **FY95**
9. GMHA will develop physicians compensation plan that is based on "pay for performance." **FY95-97**

D. Nursing Services

1. Nursing Services will refine the mechanisms for and the linkages between patient assessments and patient care plans. The patient care plan will incorporate a patient's entry to the Hospital, the patient's Hospital stay as well as the patient's post-discharge period. The care plan will be based on the patient assessment; it will be developed with physicians and other healthcare practitioners; and it will involve the patient and his/her family when appropriate. **FY95**
2. Nursing Services will ensure that nursing care is provided in accordance with the patient's needs and the Hospital's standards in all settings. **FY95**
3. Nursing Services will establish a continuing education plan to enhance the staff's clinical competency and foster professional development among the staff. The plan will incorporate CQI activities as well as current healthcare issues and nursing techniques. **FY95-97**
4. Nursing Services will use acuity-based staffing and resource sharing in order to meet patient care needs. **FY95-97**
5. Nursing Services will work with Infection Control to train staff and improve infection control techniques. **FY95**
6. Nursing Services will develop a leadership team, train its members and empower them to manage the clinical units. **FY95**

**Guam Memorial Hospital Authority
STRATEGIC PLAN FOR FISCAL YEARS 1995 - 1997**

FY1996 STRATEGIES

I. JCAHO ACCREDITATION

The Guam Memorial Hospital Authority will continue to comply with JCAHO standards in preparation for the triennial survey in 1997. **FY96**

II. CARE OF THE PATIENT

A. Rights of Patients/Organizational Ethics:

GMHA will treat each of our patients with courtesy and provide personalized care that reflects quality, professionalism and pride in performance. **FY95-97**

B. Entry to Setting or Service

1. The Emergency Department will be expanded to accommodate the increasing number of patients treated. **FY96**
2. GMHA will offer screening services to field inquiries from physicians and healthcare practitioners (e.g., for intra-island referrals) and through which patients can call in and receive healthcare advice without having to come to the Hospital. **FY95-97**
3. GMHA recognizes the shift from inpatient care to outpatient care and thereby will expand the scope and range of the Hospital's ambulatory services by providing home care, hospice care, oncology and sub-acute services. **FY96**

C. Coordinated Care:

1. GMHA will establish a centralized, multi-purpose 23-hour observation unit that is staffed and equipped. **FY96**
2. GMHA will implement the plan for a pre-admission/post-discharge holding area. **FY96**
3. GMHA will consider the feasibility of providing cardiac catheterization, angioplasty and open heart surgery. **FY96-97**

4. GMHA will establish a wound care program and study the feasibility of putting a hyperbaric chamber on campus.
5. GMHA will study the feasibility of providing hospital-based MRI services. **FY96**

III. ORGANIZATIONAL FUNCTIONS

A. Leadership:

1. GMHA will continue to provide training for the Executive Management Council, the Medical Staff leadership, department managers and supervisors to enhance skills in the management and delivery of Hospital and patient care services. **FY95-97**
2. GMHA will provide an ongoing training program in CQI for the entire organization. **FY95-97**
3. GMHA will establish a philanthropic organization to raise capital for Hospital improvements. **FY96**

B. Management of Human Resources

1. The EMC and Management Team will provide educational opportunities to the staff and management and see to it that GMHA employees use the opportunity to improve their professional skills. **FY95-97**
2. GMHA will study the feasibility of expanding the education program to include
 - a. establishing GMHA as a training center for American Heart courses;
 - b. creating an educational "exchange" program for Hospital staff and the staff of other healthcare organizations. **FY95-96**

C. Management of the Environment of Care

GMHA will provide a safe(s) for patient valuables in each patient room. **FY96**

D. Improving Organizational Performance

1. GMHA will establish special interdisciplinary task forces to study problems with Hospital processes and develop plans of corrective action that include redesigning these processes for better patient care and improved patient outcomes. Members on the task forces will include staff, management, physicians and external customers. **FY95-97**

2. GMHA will increase community participation in improving the delivery of Hospital services through our patient satisfaction survey and strategic planning processes. We will routinely assess the results of the Hospital's patient satisfaction survey; we will solicit community input at planning sessions; and we will modify Hospital performance to address problem areas and yield increased patient satisfaction.

FY95-97

3. The Guam Memorial Hospital Authority will improve the image of the Hospital within the community. We will continue working to change the community's perception of GMHA, instilling confidence in Hospital services and reducing the desire or need for off-island referrals. We will seize upon the opportunities offered by the media, making use of public service announcements and appearing on public programs.

FY95-97

IV. STRUCTURES WITH IMPORTANT FUNCTIONS

A. Governing Body

GMHA's Board of Trustees will work to increase public awareness of the organization's programs, customer-driven services and its continuing efforts to improve performance.

FY95-97

B. Management and Administration

1. Fiscal Services will reduce the aging of accounts to 60 days.
2. GMHA will establish a long-range capital plan that reflects the increasing volume of services being offered by the Hospital. We will network with the Guam Health Planning & Development Agency and the Department of Public Health & Social Services to develop a long-range capital program for the community's health services.

FY95-96

FY96

C. Medical Staff

1. The Medical Staff leadership will be empowered to assume a more active role in the administration and budgeting of clinical services. They will oversee the plans for CQI, staffing, equipment and supplies, training as well as plans for new programs or services.
2. GMHA will maintain a physicians compensation plan that is based on "pay for performance."

FY95-97

FY95-97

D. Nursing Services

1. Nursing Services will expand its continuing education plan to enhance the staff's clinical competency and foster professional development among the staff. The plan will incorporate CQI activities as well as current healthcare issues and nursing techniques. **FY95-97**
2. Nursing Services will use acuity-based staffing and resource sharing in order to meet patient care needs. **FY95-97**
3. Nursing Services will establish a pain management program for patients. **FY96**

**Guam Memorial Hospital Authority
STRATEGIC PLAN FOR FISCAL YEARS 1995 - 1997**

FY1997 STRATEGIES

I. JCAHO ACCREDITATION

The Guam Memorial Hospital Authority will continue to comply with JCAHO standards in preparation for the triennial survey in 1997. **FY97**

II. CARE OF THE PATIENT

A. Rights of Patients/Organizational Ethics:

GMHA will treat each of our patients with courtesy and provide personalized care that reflects quality, professionalism and pride in performance. **FY95-97**

B. Entry to Setting or Service

1. GMHA will offer screening services to field inquiries from physicians and healthcare practitioners (e.g., for intra-island referrals) and through which patients can call in and receive healthcare advice without having to come to the Hospital. **FY95-97**

2. The Emergency Department will be established as a trauma center. **FY97**

3. GMHA will study the feasibility of installing automatic doors throughout the facility to enhance movement and transporting of patients within the Hospital. **FY97**

C. Coordinated Care:

1. GMHA will establish an outpatient surgery unit that offers the full realm of ambulatory surgery services, incorporates family involvement and provides comfortable waiting for patients and family members. **FY97**

2. GMHA will create a Women's Center that includes a birthing center, provides for C-sections outside of the OR and that offers inpatient and ambulatory gynecological services. **FY97**

3. GMHA will assess and streamline the processes for transporting drugs, specimens, etc. within the facility. **FY97**

4. GMHA will offer the following new services:
 - a. cardiac rehabilitation
 - b. neuro-rehabilitation
 - c. radiation oncology and expanded chemotherapy
 - d. hospice care

FY97
5. GMHA will consider the feasibility of providing cardiac catheterization, angioplasty and open heart surgery.

FY96-97
6. If proven feasible, a hyperbaric chamber as well as the staff to operate, support and maintain it will be brought on-line to support the Hospital's wound care program.

FY97
7. GMHA will start up a kidney harvesting/transplant program.

FY97
8. GMHA will provide patient "family rooms" by eliminating some of the beds and remodeling the 4-bed wards.

FY96-97

III. ORGANIZATIONAL FUNCTIONS

A. Leadership:

1. GMHA will expand its training program for the Executive Management Council, the Medical Staff leadership, department directors and supervisors to enhance skills in the management and delivery of Hospital and patient care services.

FY95-97
2. GMHA will provide an ongoing training program in CQI for the entire organization.

FY95-97

B. Management of Information

1. The MIS plan will be fully implemented.

FY97
2. GMHA will procure and install the necessary software and modems to allow for tele-transmission and readings of diagnostics within the facility (e.g., between Radiology and CCU or OR) as well as to and from external resources.

FY97

C. Management of Human Resources

1. The EMC and Management Team will provide educational opportunities to the staff and management and see to it that GMHA employees use the opportunity to

improve their professional skills.

FY95-97

2. GMHA will expand its employee relations program by providing an employee fitness center. **FY97**

D. Management of the Environment of Care

1. GMHA will install closed-circuit TV monitors to provide continuous surveillance of the facility. **FY97**
2. GMHA will install telephones and televisions in all patient rooms. **FY97**

E. Improving Organizational Performance

1. GMHA will establish special interdisciplinary task forces to study problems with Hospital processes and develop plans of corrective action that include redesigning these processes for better patient care and improved patient outcomes. Members on the task forces will include staff, management, physicians and external customers. **FY95-97**
2. GMHA will continue to increase community input on improving the delivery of Hospital services through our patient satisfaction survey and strategic planning processes. We will assess patient satisfaction and improve Hospital performance to address problem areas and yield increased patient satisfaction. **FY95-97**
3. The Guam Memorial Hospital Authority will improve the image of the Hospital within the community. We will continue working to change the community's perception of GMHA, instilling confidence in Hospital services and reducing the desire or need for off-island referrals. We will seize upon the opportunities offered by the media, making use of public service announcements and appearing on public programs. **FY95-97**

IV. STRUCTURES WITH IMPORTANT FUNCTIONS

A. Governing Body

GMHA's Board of Trustees will work to increase public awareness of the organization's programs, customer-driven services and its continuing efforts to improve performance. **FY95-97**

B. Management and Administration

1. GMHA will offer valet parking to patients and visitors, and will provide van pools for employees. **FY97**
2. GMHA will develop a long-range storage plan that addresses the organization's records retention policies and the Hospital's storage needs. **FY97**

C. Medical Staff

1. The Medical Staff leadership will be empowered to assume a more active role in the administration and budgeting of clinical services. They will oversee the plans for CQI, staffing, equipment and supplies, training as well as plans for new programs or services. **FY95-97**
2. GMHA will continue its physicians compensation plan that is based on "pay for performance."

FY95-97

D. Nursing Services

1. Nursing Services will assess and improve its continuing education plan to enhance the staff's clinical competency and foster professional development among the staff. The plan will incorporate CQI activities as well as current healthcare issues and nursing techniques. **FY95-97**
2. Nursing Services will use acuity-based staffing and resource sharing in order to meet patient care needs. **FY95-97**

Plan Implementation And Evaluation

PLAN IMPLEMENTATION AND EVALUATION

The Guam Memorial Hospital Authority has developed the Strategic Plan for Fiscal Years 1995 - 1997 to direct our operations for the next three years. The Strategic Plan establishes a framework for the delivery of Hospital services and enables us to focus our efforts towards clearly stated objectives.

OPERATIONAL PLANS AND BUDGETS

GMHA will establish an operational plan for each department within the Hospital. The operational plans and the departmental budgets will define the goals and resources for implementing the Strategic Plan. Each department's plan will include measurable goals and target dates for achieving these goals. Each plan will be evaluated quarterly.

CRITICAL SUCCESS FACTORS

In order to assess and evaluate the Authority's effectiveness in achieving our objectives, we have identified four critical success factors. Our progress will be measured against these four factors.

1. JCAHO Accreditation
2. Patient Satisfaction
3. Recruitment and Retention
4. Fiscal Responsibility

The charts that follow delineate each critical success factor as well as the respective goals and activities.

