Guam Memorial Hospital Authority

2013 Strategic Plan

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Guam Memorial Hospital Authority
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Board of Trustees
Official Resolution
No. 13-21

"Approval of New 2013 Strategic Plan for Guam Memorial Hospital Authority"

WHEREAS, the Authority is committed to ensuring a new Strategic, Safety, and Culture direction with new strategic priorities are implemented at Guam Memorial Hospital Authority; and

WHEREAS, the Board of Trustees directed the new Hospital Administrator/CEO to develop a new strategic plan with input from members of the Board of Trustees, Medical Staff, Leadership and Staff

WHEREAS, the Board of Trustees has directed the new Hospital Administrator/CEO to develop and implement reforms and improvements across the organization based on the new Strategic Priorities and Plans

WHEREAS, the Hospital Administrator/CEO solicited input from the Hospital Department Heads and Staff on concerns and recommendations; and as a result identified major Goals and Strategic Objectives that will serve as the framework for developing the action steps to achieve and sustain a culture and environment of safe, quality patient care that meet national standards and addresses the needs of our Community; and

WHEREAS, the goals and objectives have been reviewed by the Hospital's Department Directors, Executive Management Council and the Strategic Planning Committee; and

WHEREAS, the Strategic Planning Committee has recommended approval of the strategic plan and its goals and objectives; now therefore be it

RESOLVED, that the Board of Trustees accepts, approves and adopts the new Strategic Priorities, set forth in the 2013 GMHA Strategic Plan; and be it further

RESOLVED, that the Hospital Administrator/CEO is authorized to initiate the processes and/or implement policies and procedures to effectuate said goals and objectives; and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 28th DAY OF February 2013.

Certified by:

LEE P. WEBBER
Chairman, Board of Trustees

Attested by:

EDNA V. SANTOS, MD
Secretary, Board of Trustees

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

2013 STRATEGIC PLAN

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.

Lee P. Webber
Board Chairperson

Frances Taitague-Mantanona
Board Vice-Chair

Edna Santos, MD
Board Secretary

Rose Grino, BSN, RN
Board Treasurer

Ricardo Terlaje, MD
Trustee

Table of Contents

Guam Memorial Hospital Authority
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A MESSAGE FROM THE BOARD OF TRUSTEES AND ITS CEO

We live in a world of unprecedented challenges. Guam Memorial Hospital Authority (GMHA) has been the only inpatient hospital on Guam since 1970 and has steadfastly met its mandate of providing quality care to the people of Guam and to all patients.

GMHA has faced many challenges over the years and continues to face many diverse issues on a daily basis. The BOT recognized that the old way of conducting business had to change and that GMH needed a total transformation. The BOT also recognized that a new strategic direction with new priorities had to be developed to transform GMHA.

In 2012, the BOT identified the need for seasoned leadership to move GMH forward. In the second half of 2012, a new professional administration took over the management with the recruitment of Joseph Verga as its Chief Executive Officer followed by Alan Ulrich as its Chief Financial Officer.

Transformations, reforms and improvements at GMHA began immediately and continue. The BOT recognized that this transformation would not happen quickly and would not be easy.

The BOT is determined to stay the course. To this end, the Board charged Mr. Verga to develop a new strategic plan to move the hospital forward to meet new goals, objectives and priorities. The CEO developed a new plan with input of the BOT, medical staff, executive leadership and staff. This plan outlines the goals, objectives and priorities that will move GMH into the future.

This document represents a collective set of new ideas for the hospital's direction and transformation. The plan is comprehensive and establishes a mission and vision that has energized our organization. It will accomplish nothing in itself unless it is enthusiastically embraced by everyone with the organization held accountable for accomplishing the objectives. The BOT and administration welcomes the input and ideas of everyone that share similar goals.

To accomplish the plan, GMHA has defined a new planning process that will incorporate metrics and benchmarks. The BOT is committed to providing GMHA the tools it needs to accomplish the initiatives contained herein.

Please join us in the continuing process to transform GMH into a hospital that is the equal of any healthcare center found in America that the people of Guam can be very proud of. The BOT and Administration pledge that the best interests of the hospital and its patients always come first.

This commitment to the total transformation of GMHA is unwavering. Working together, we will make our goals of a new GMHA a reality.

Thank you.

Lee Webber, Chair BOT

Joseph Verga, CEO

Section I: GMHA Environmental Assessment

The Guam Memorial Hospital Authority (GMHA) is a community-based hospital. Its primary service market is the civilian population on Guam. The secondary markets are the residents of the neighboring Pacific Islands. As the population changes, GMHA must prepare to accommodate changes in healthcare needs. GMHA's planning efforts focus mainly on Guam's civilian population, although utilization by regional neighbors is certainly taken into consideration.

COMMUNITY SERVED

Guam's civilian population has grown steadily over the years and its growth rate is expected to continue to rise in the future. Table 1 tracks the population growth experience since 2010 and projected through 2020. However, the figures are not reflective of Guam's Civilian Military Buildup population growth projection of approximately 5,000 marines that are expected to be relocated to Guam sometime between 2015 to 2017. Aside from the near future anticipated population spikes that may result from the Civilian Military Buildup, Guam's normal population is projected to continue to grow by an average of approximately 3,000 persons per year.

TABLE 1

Civilian Population Projections
Guam: 2010 - 2020

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Population	159,358	159,821	160,285	160,750	161,216	161,684	162,154	162,625	163,097	163,570	164,045

Source: Guam Bureau of Statistics and Plans

The growth in the Island's civilian population indicates an increase in the need for healthcare services. By examining the aging of the population, the Authority can project the types of services GMHA may be expected to provide. Table 2 details

Guam's civilian population by age from 2000 through 2010. Although the island's population is relatively young, the population projections indicate that the Community is aging.

TABLE 2

Civilian Population by Age Groups Guam: 2000-2010

Age Group	2010	2000	1990	1980
Under 5 years	14,289	16,785	15,097	13,002
5-9	13,984	16,090	13,078	12,632
10-14	15,046	14,281	11,777	11,338
15-19	14,408	12,379	12,121	10,993
SubTotal	**57,727**	**59,535**	**52,073**	**47,965**
20-24	12,375	11,989	14,379	11,108
25-29	10,743	12,944	13,490	10,324
30-34	10,346	12,906	11,786	9,289
35-39	11,403	12,751	10,186	6,246
40-44	11,660	10,390	8,143	5,049
SubTotal	**56,527**	**60,980**	**57,984**	**42,016**
45-49	11,074	9,042	5,471	4,189
50-54	9,203	7,506	4,808	3,983
55-59	7,719	4,993	4,059	2,914
60-64	6,363	4,534	3,527	1,927
SubTotal	**34,359**	**26,075**	**17,865**	**13,013**
65-69	3,888	3,399	2,433	1,418
70-74	3,031	2,461	1,368	809
75+	3,826	2,355	1,429	-
SubTotal	**10,745**	**8,215**	**5,230**	**2,227**
TOTAL:	**159,358**	**154,805**	**133,152**	**105,221**

The youngest segment of the population, **ages under 5 years,** shows a 15% decrease when comparing 2000 to 2010 census data. This may result in a decline for maternity services, as well as nursery and neonatal care over time. A population decrease of 13% for **ages 5 through 9 years** has similar implications. However, GMHA has experienced an annual average of approximately 2,450 deliveries from FY2010 – FY2012. Therefore,

we anticipate the provision of patient care services within the L&D, Nursery and Pediatrics Units to remain fairly steady for the foreseeable future.

The population of young and middle-aged adults, **ages 20 through 24 years** and **ages 40 through 44,** show increases of 3% and 12% respectively. However, the population for **ages 25 through 39** (both male and female) shows a significant 16% decrease when comparing 2000 to 2010 census data; and of that population that are female, there was a 13% decrease. This segment of the population represents the working-age population; and they also represent women of child-bearing age, which make up 42% of GMHA's FY2012 inpatient discharges.

In addition, the Hospital is seeing more patients, from **ages 45 through 64 years,** with complications of chronic diseases of diabetes and hypertension (i.e. Myocardial Infarction, Cerebral Vascular Accident). Comparing 2010 to 2000, this age group is showing a 32% population increase. Thus, it is no surprise that inpatient admissions are high for this age group, which is presenting at GMHA with acute illnesses that require longer lengths of stay. This will mean longer patient days in the Medical Surgical, Surgical and Telemetry Units. The senior population, **ages 65 years and above,** is also reflecting a significant increase of 31%. As the population ages and the life expectancy increases, there will be a growing need for long-term care.

The growth in specific age groups suggests an increase in the utilization. **Seniors** will be requiring skilled nursing care at the Skilled Nursing Unit; **adults** will continue to use emergency room services as well as receiving treatment for complications of chronic diseases; and **children/young adults** will also require services in the Emergency Department (ED) in addition to the Pediatrics Unit.

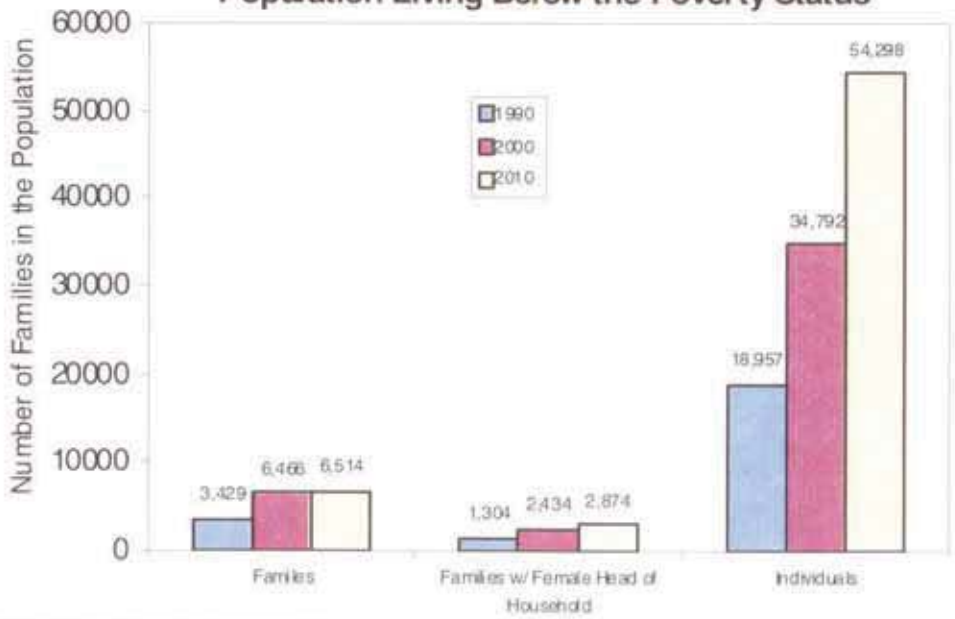
The changes in the Island's population affect the demand for Hospital services. This is evident when we compare inpatient acute care beds to the population. In the 1990s through 2003, GMHA's bed capacity was 192 acute care beds that provided 1.17 beds per 1,000 population. In FY2004, the number of beds reduced after converting the four-bed wards to semi private rooms. This brought the total bed capacity down to

158 acute care beds and the bed ratio to 1 per 1,000 population (using 2010 population projection of 159,358), unlike the U.S. national average, which is approx. 2.5 acute care beds per 1,000 population. Hawaii, in comparison, manages 2.6 beds per 1,000 population; the U.S. Pacific census division hospitals has 2.1 beds; Alaska 2.3 beds; and California manages 2.1 beds per 1,000 population.

GMHA's current acute care bed capacity, as well as outpatient services (e.g., ED) is in the process of slightly increasing to meet the current and future healthcare needs of Guam's growing population. Of course, in early CY2014, the opening of the new private, for-profit hospital (namely, the Guam Regional Medical City) will significantly enhance Guam's acute care bed capacity and services as well.

Figure 1 shows the population below the poverty level nearly doubling from 23,690 in 1990 to 43,692 in 2000, when approximately 28% of the population was living within the poverty status. However, the 2010 census revealed a trend reversal, as that number went down to 35, 848, which means that approximately 23% of the population is now living within the poverty status. Education attainment, employment

FIGURE 2
Population Living Below the Poverty Status

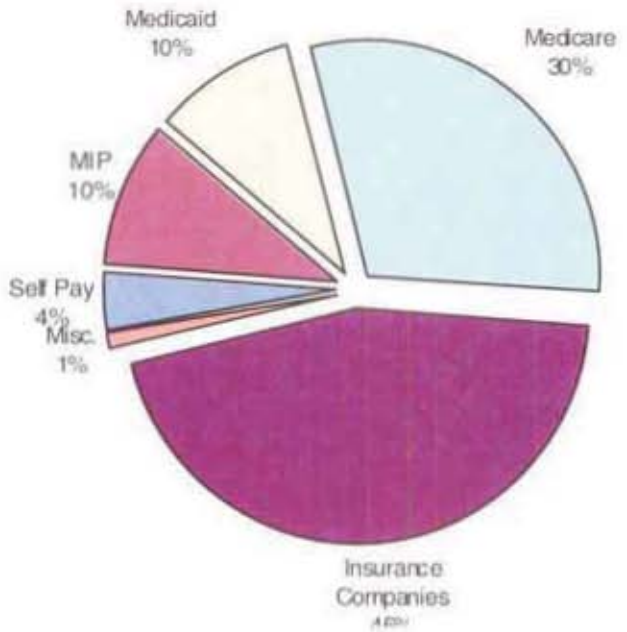


opportunities, childcare and cost of living may all have contributed to the increased numbers of poor and uninsured people.

Source: Guam Annual Economic Review 2000-2001, Bureau of Statistics; and the 2010 Census.

Figure 2 illustrates the types of hospital discharges by financial class for FY2012. Twenty-five percent (25%) of GMHA's patients either received medical assistance from the Department of Public Health and Social Services or were uninsured self-payers. Often the indigent or uninsured seek healthcare services when their condition has deteriorated to the point whereby hospitalization becomes a requirement.

FIGURE 2
DISCHARGE BY FINANCIAL CLASS
FISCAL YEAR 2012



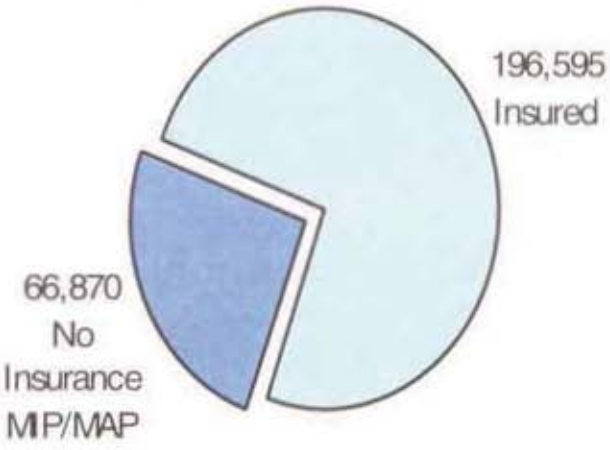
Source: GMHA, Management of Information Services Department

In Figure 3 the Department of Public Health and Social Services estimates 66,870 individuals on Guam are uninsured or underinsured. The cost of care for this population is borne by GMHA and private providers, at an expense of $30 million per

year (inpatient services only) and for GMHA, is an unfunded mandate by the Government of Guam to provide such services.

Figure 3

Insured vs. Uninsured/Underinsured Population



Source: Department of Public Health and Social Services

LEADING HEALTH ISSUES

When planning health care for a community, it is also important to consider the patterns of illnesses within the community. There are two health indicators that GMHA includes in its environmental assessment: the Island's leading causes of death and the Hospital's most common discharge diagnoses. Evaluating and understanding this information offers insight as to where GMHA will need to focus its efforts and plans for the future.

Leading Causes of Death

Guam's Office of Vital Statistics reports that **heart disease, neoplasm, cerebrovascular disease**, **diabetes mellitus** and **septicemia** have consistently ranked as the top five (5)

leading causes of death on Guam (refer to Table 3). Although the leading causes do not necessarily represent the most common reasons for hospitalization, the statistics do reflect the Community's health status and therefore, should be taken into consideration when planning for the Hospital's services.

Table 3

Top 10 Leading Causes of Death

	2008	R	2009	R	2010	R	2011	R
Diseases of the Heart	194	*1*	258	*1*	250	*1*	253	*1*
Malignant Neoplasms	126	*2*	142	*2*	143	*2*	156	*2*
Cerebrovascular Disease	67	*3*	63	*3*	67	*3*	53	*3*
Diabetes Mellitus	47	*4*	49	*4*	41	*4*	48	*4*
Septicemia	23	*8*	28	*6*			29	*5*
Suicide	30	*6*	30	*5*	31	*5*	28	*6*
Chronic Lower Respiratory Diseases	29	*7*	27	*7*			22	*7*
Other Accidents	32	*5*			29	*6*	20	*8*
Certain conditions originating in the perinatal period					27	*7*		
Influenza and pneumonia	20	*10*	21	*9*			19	*9*
Fibrosis of the liver	21	*9*	23	*8*	19	*9*	18	*10*
Nephrosis					20	*8*		
Motor Vehicle Accidents					17	*10*		
Nephritis, Nephrotic Syndrome			21	*10*				

Source: Department of Public Health and Social Services

Leading Discharge Diagnoses

In addition to the leading causes of death, GMHA analyzes the Hospital's leading discharge diagnoses. Table 4 lists the top 25 discharge diagnoses for FY2008 through FY2012. For FY2012, the top five (5) diagnoses were **previous cesarean delivery**, **congestive heart failure**, **pneumonia**, **normal delivery**, and **subend infarct - initial**.

TABLE 4
Top 25 Discharge Diagnosis

	FY08	R	FY09	R	FY10	R	FY11	R	FY12	R
Previous CD Nos-Del	448	**3**	276	**3**	268	**2**	298	**2**	323	**1**
Pneumonia	378	**2**	300	**2**	290	**1**	313	**1**	307	**2**
Congestive Heart Failure	204	**4**	220	**4**	207	**4**	240	**3**	268	**3**
Normal Delivery	448	**1**	440	**1**	219	**3**	187	**4**	186	**4**
Subend Infarct-Initial	108	**10**	95	**12**	127	**7**	151	**7**	159	**5**
Septicemia			74	**19**	112	**12**	160	**6**	158	**6**
Cereb Art Occl w Infarct	123	**7**	106	**10**	124	**8**	133	**8**	140	**7**
Anemia – Delivery	141	**5**	126	**7**	150	**5**	96	**13**	125	**8**
Delivery with 2deg Laceration	120	**8**	132	**6**	120	**9**	107	**11**	120	**9**
Cellulitis of Leg	131	**6**	134	**5**	142	**6**	177	**5**	115	**10**
Post Term Delivered			90	**13**	95	**15**	117	**10**	96	**11**
Delivery with 1deg Laceration	107	**11**	121	**8**	118	**10**	80	**17**	96	**12**
Early Onset Delivery-Del	66	**23**			115	**11**	122	**9**	94	**13**
Elderly Multigravida – Del	89	**14**	90	**14**	68	**20**	69	**20**	90	**14**
End Stage Renal Disease									76	**15**
Abn FHR/ Rhythm – Del			64	**23**					75	**16**
Dehydration	79	**16**	119	**9**	112	**13**	61	**22**	74	**17**
Acute Appendicities NOS	60	**25**	82	**16**	65	**22**	72	**18**	74	**18**
AC Respiratory Failure			66	**21**			84	**15**	71	**19**
Acute Pancreatitis	67	**22**	66	**22**			58	**24**	70	**20**
Noninf Gastroenteritis NEC	71	**17**	63	**24**						
Urinary Tract Infections	94	**13**	77	**18**	86	**17**	89	**14**	70	**21**
Abn Glucose Toler-Del									70	**22**
Atrial Fibrillation	69	**18**	85	**15**	64	**23**	84	**16**		
AC Bronchiolitis	119	**9**	97	**11**	88	**16**	105	**12**	69	**23**
Threat Premature Labor	69	**19**	61	**25**	75	**18**				
OBSTR/Fetal Malpos-DEL	68	**21**								
Interm Coronary Syndrome	88	**15**			66	**21**				
Oth Curr Condition – Del	104	**12**	82	**17**	99	**14**	70	**19**		
Uterine Inertia – Delivered	68	**20**	71	**20**			62	**21**		
Hypertension NOS	66	**24**								
DM w OT SP MAN, T2/Unsp C					60	**24**	60	**23**		
Intracerebral Hemorrhage					59	**25**				
Cholelith w AC Cholecyst							57	**25**	67	**24**
Anemia NOS									65	**25**

Source: GMHA Medical Records Department

For those discharges related to childbirth, we believe that Sagua Managu (a private birthing center and the only other childbirth delivery system on Guam), has contributed to the decreases that resulted in lower admissions in the maternity ward from FY2008 to FY2012.

Excluding discharges that relate to childbirth, the next leading discharge diagnoses for GMHA are those that present to the Hospital with pneumonia cases. They average 355 discharges per year and represent patients with inflammatory illness of the lungs admitted to the adult and pediatrics acute care units. Congestive Heart Disease ranked 4th in line, averaging 256 discharges per year; and then Subend Infarct-Initial was ranked 5th averaging 139 discharges per year.

UTILIZATION

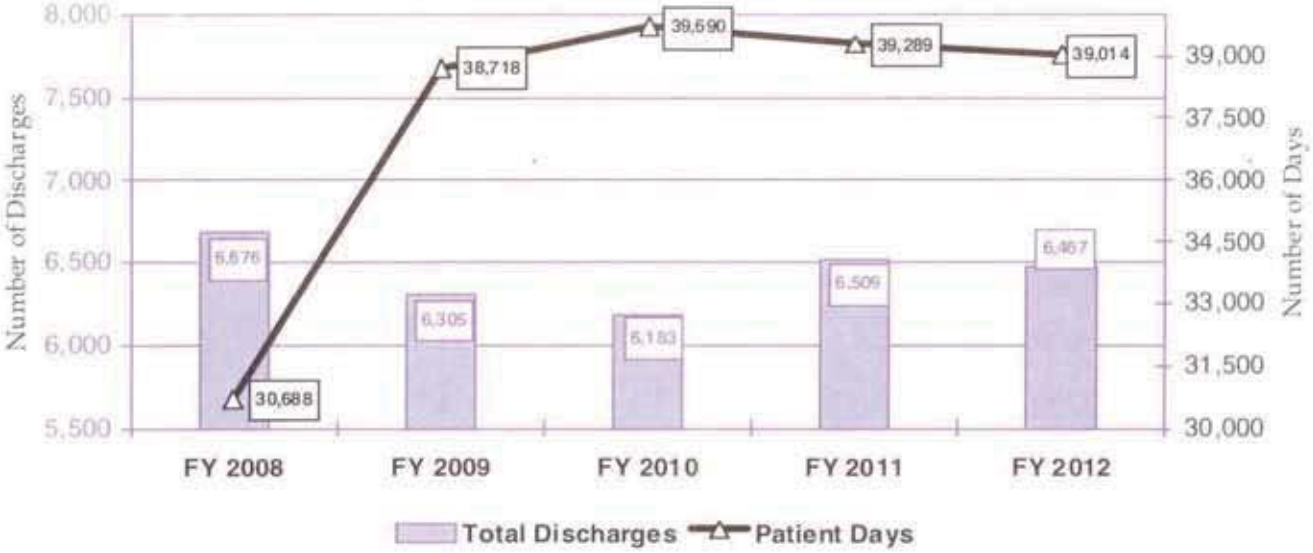
In addition to evaluating the leading discharge diagnoses, GMHA must assess the volume of hospital services. The Authority monitors the utilization of inpatient services, the number and type of Emergency Room visits, the number and type of surgeries, and trends in the use of outpatient services. Data related to hospital utilization is a significant factor in the Authority's plans for services and programs.

Inpatient Care: Discharges and Patient Days

When evaluating inpatient statistics, GMHA considers patient days and discharges for each Nursing Unit. Figure 4 depicts acute care trends in patient days and discharges.

FIGURE 4

GMHA DISCHARGES AND PATIENT DAYS
IN ACUTE CARE UNITS
FY 2008 – FY 2012



Source: GMHA Medical Records Department

The GMHA uses the number of discharges and patient days to measure inpatient utilization. From FY2008 through FY2012, the total number of discharges in the acute care units decreased by 13%. This reflects a 4% average annual decline.

Likewise, the total number of patient days increased 12% from FY2008 through FY2012. This represents an average increase of 2.5% each year during the 5-year period.

A declining number of discharges and increasing number of patient days suggest fewer admissions with longer stays in the acute care units. One contributing factor may be alternate care services offered by the private clinics. More clinics available to deliver quality primary care prevents acute illnesses requiring hospital stays.

Other factors are the opening of the Department of Public Health and Social Services' satellite clinics to provide services to its clientele; and the availability of cardiac services which stemmed from the Heart Project whereby physicians from Valley

Hearts Associated Medical Group from Modesto California began visiting GMHA two to three times a year to perform services.

Inpatient Care: Occupancy Rates

The Hospital's occupancy rate measures utilization in relation to bed capacity. As seen in Table 5, utilization of the acute care units show mid to high occupancy percentages in FY2012.

The Telemetry Unit maintained an extremely high occupancy rate of 105%. Other units with high occupancy rates were ICU/CCU at 83%, Surgical at 82% and Progressive Care Unit (PCU) at 74%. The other acute care units had occupancy rates as follows: Medical Surgical at 67%, Obstetrics at 61% and Pediatrics at 42%. Telemetry's high occupancy rate signaled to GMHA that it needed to expand its ICU/CCU to meet the demand for these specialized acute care services.

TABLE 5

OCCUPANCY RATES IN ACUTE CARE UNITS
Guam Memorial Hospital:
FY 2012

Acute Care Units	Patient Days	Bed Capacity	Occupancy Rate (Percent)
Surgical	9,831	33	81.62%
Medical Surgical	10,685	44	66.53%
Telemetry	7,657	20	104.89%
Progressive Care Unit(PCU)	1,621	6	74.02%
ICU/CCU	3,021	10	82.77%
Pediatrics	3,373	22	42.00%
Obstetrics	4,462	20	61.12%
*Neonatal Intensive Care (NICU)**			
Intermediate Newborn**			
TOTAL BEDS		**158**	(total bed capacity exclusive of NICU & Intermediate Newborn per notes below**)

Source: Medical Records Department

* Percentage estimated upward from 38.84% due to special situations of NICU patients overflowing into intermediate nursery bassinets and isolation rooms, but not always being captured as NICU patients.

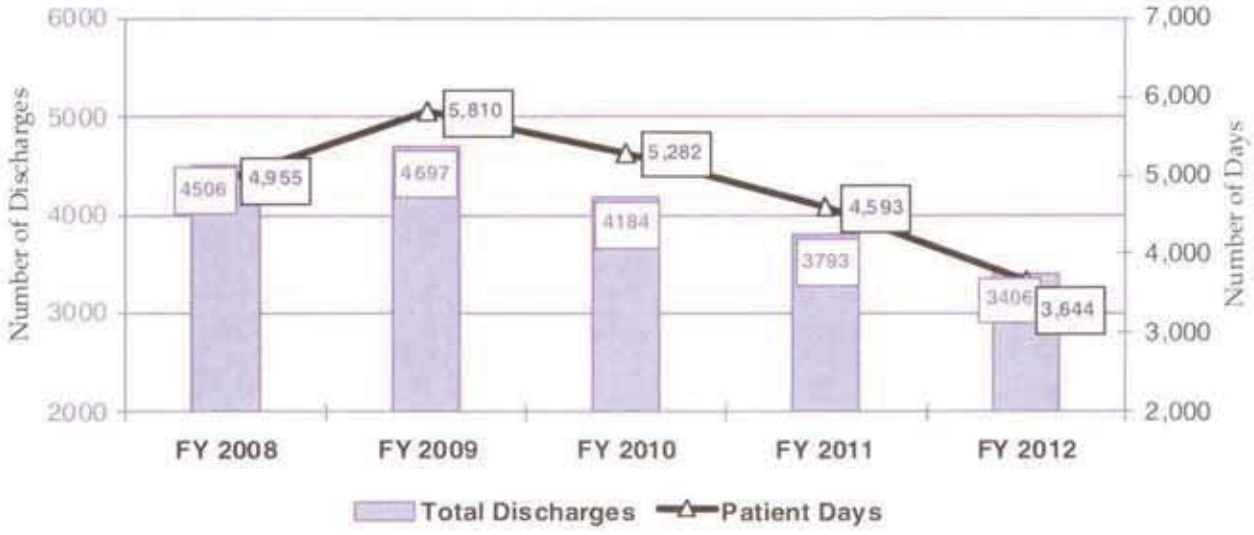
** NICU and Intermediate Newborn are not considered Acute Care Units as informed by CMS during their GMH Inspection in October 2008, which corrected our Acute Care Bed Capacity from 172 to 158.

Figure 5 represents utilization within the Obstetric Unit. Since obstetric cases comprise just under one-third (33%) of the Hospital's inpatient discharges, the utilization for the maternity ward is studied separately and apart from the other acute care units.

FIGURE 5

DISCHARGES AND PATIENT DAYS

IN OBSTETRICS
Guam Memorial Hospital:
FY 2008 – FY 2012



Source: GMHA Medical Records Department

Obstetrics patient days range from a low 3,644 to a high 5,810 spread over the 5-year period. Overall, the Unit experienced a 27% decrease in patient days and 24% decrease in total discharges from FY2008 through FY2012.

The decrease in patient days is reflective of shorter stays for maternity patients. Obstetric patients who are low risk with prenatal care average a 2-day stay in the Hospital after delivery. However, we also experience a large number of high risk maternity patients that present with complications as a result of little to no prenatal care or underlying medical conditions.

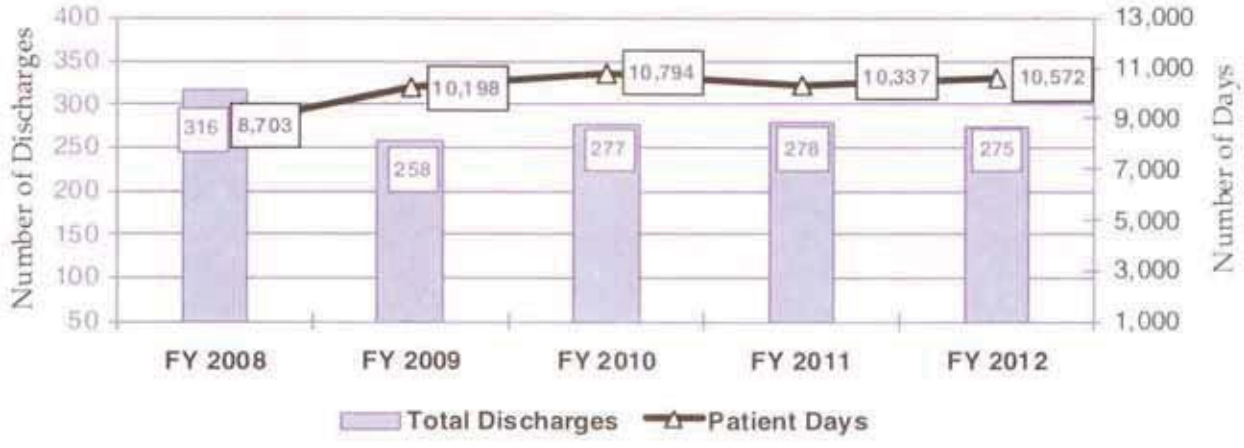
Regarding the decrease in total discharges, we believe that Sagua Managu (a private birthing center and the only other childbirth delivery system on Guam), has contributed to the decreases that resulted in lower admissions in the maternity ward from FY2008 to FY2012.

Figure 6 represents the Skilled Nursing Unit (SNU) and reflects that the average number of patient days rose 4 % from FY2008 through FY2012.

FIGURE 6

DISCHARGES AND PATIENT DAYS
IN THE SKILLED NURSING UNIT

Guam Memorial Hospital:
FY 2008 – FY 2012



Source: GMHA Medical Records Department

The annual total discharges decreased by 13% from FY2008 through FY2012. However, FY2008 appears to have been a deviation from the standard/average compared to the other years. The rise in patient days suggests that the length of stay rose during that period. Long-term medical conditions associated with strokes, diabetes, orthopedic injuries and other accidents are factors that contribute to longer stays in the Skilled Nursing Unit. The average length of stay at the Skilled Nursing Unit was 28 days during the 5-year period.

Outpatient Services

There are several sources of outpatient services at GMHA: the Emergency Medicine Department, Operating Room (OR), Radiology, Respiratory Care and Rehabilitative Services, Special Services, and Laboratory. For hospital planning purposes, outpatient visits and the number of procedures are evaluated in terms of service volume.

Figure 7, reflects that the number of **Emergency Department (ED)** outpatient and inpatient visits remained fairly steady over the five-year period.

FIGURE 7
EMERGENCY MEDICINE DEPARTMENT
Guam Memorial Hospital:

FY 2008 - FY 2012

Source: GMHA Emergency Room Department

What has been helpful is that the Department of Public Health's Northern Regional Health Center has extended its hours to provide services for MIP and Medicaid patients. Additionally, the Public Health's Southern Regional Community Health Center completed its expansion project in June of 2011. GMHA's ED visits may start to experience significant decreases in the future depending on how Guam moves forward with the implementation of urgent care services.

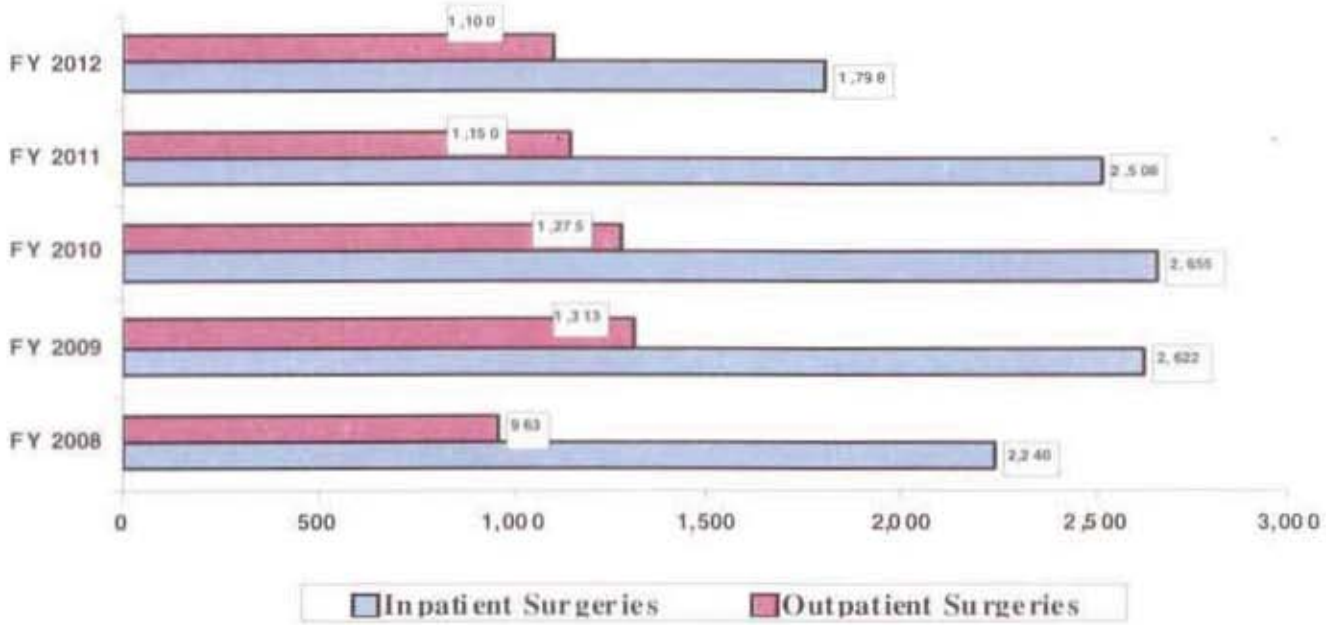
Figure 8, reflects that the **Operating Room** (OR) outpatient surgeries showed a significant spike up in FY2009 (1,313 cases) and then steady declines in the three (3) succeeding years through 2012. This declining trend in GMHA's outpatient surgeries may be attributed in part to the opening of the Guam Surgicenter, a Medicare approved ambulatory surgery center and more outpatient surgeries being performed in the physicians' offices. Private clinics are now able to perform special surgery procedures that once were only performed at GMH; and patients have the option to go off-island for such services as well.

GMHA's inpatient surgeries had similar spikes up in FY2009 and FY2010 followed by a declining trend with a significant drop off in FY2012. The initial rise in surgeries may be partly due to the number of patients requiring cesarean deliveries, as well as the increase in the provision of specialized procedures (e.g., GMHA's Heart Project). The following steady decline in GMHA's inpatient surgeries may be attributed to physician referrals for specialized care either to other Guam clinics (e.g., Surgicenter, etc.) or off-island referrals.

FIGURE 8

SURGICAL SERVICES

Guam Memorial Hospital:
FY 2008 - FY 2012



Source: GMHA Operating Room

The GMHA **Hemodialysis Unit** currently provides inpatient dialysis services only. Its former Outpatient Unit closed on September 30, 2011, as those services were able to be absorbed by the Private Outpatient Dialysis Clinics. The Unit's reduction of shifts, accompanied by the availability of four (4) private centers providing outpatient dialysis services on Guam, led to the closure.

The Inpatient Unit, located within the Medical Surgical Unit on the 3rd floor A-Wing, can accommodate a total of 9 (5 in the annex and 4 in room 322) for those acute patients who are admitted or those in the Emergency Medicine Department (EMD) waiting for a room. Additionally, if a patient is not stable and is unable to be moved to the unit, portable dialysis machines are available to address this situation. In FY2012,

a total of **3,346 inpatient dialysis treatments** were administered by the **Hemodialysis Unit**.

Radiology statistics show a 13% increase from FY2008 through FY2009 and a 45% increase in FY2010. Outpatient procedures were the highest in FY2010 at 7,930 procedures. Then significant declines in radiology outpatients/procedures in FY2011 and FY2012 were due to the private clinics expanding their radiology programs such as the Guam Radiology Consultants imaging clinic. Discontinuation of Nuclear Medicine and Mammography procedures as well as less outpatient visits seen in the ED also contributed to the decrease in radiology outpatient procedures.

Respiratory Care's outpatient services decreased 13% from FY2008 through FY2010. Outpatient services were the highest in FY2011 at 13,909 procedures. The following year the numbers dropped slightly to 13,601 in FY2012. Much of the decrease stems from the decline in the number of outpatients seen in the Emergency Department. The ED experienced a 2% drop each year in outpatient visits during the last five (5) years.

The **Special Services Department**, led by a group of Hospitalists and healthcare professionals (e.g., Registered Nurses, Technicians and Technologists, etc.), was newly established in 2005. This department provides diagnostic procedures such as Echocardiograms (Stress; Dobutamine); Electroencephalogram (EEG); Electrocardiogram (EKG); Cardiac Stress Test and Cardiac MIBI to both inpatients and outpatients. In addition to these numerous diagnostic tests, they also provide Cardiology, and Orthopedic consultations. The department provides these services on a 24/7 operation to all inpatients. For FY2012, these different services were rendered to both inpatient and outpatients totaling **18,181 patients**.

Additionally, the **Special Services Department** maintains a comprehensive, high quality cardiac program, namely the "Heart Program". A combined effort with the GMHA and a team of health professionals from the Valley Heart Associates from

Modesto, California (Cardiologists; Cardiothoracic Surgeons; Cardiac Anesthesiologists; Perfusionists and Cardiac Surgery ICU and Cardiothoracic Operating Room Registered Nurses) conduct the Diagnostic Cardiac Catheterizations typically four (4) times per year and Open Heart Surgeries typically two (2) times per year to the people of Guam and neighboring islands.

During FY2012, these "Heart Program" specialists performed a total of **99 cardiac catheterization procedures** and **638 Cardiology consultations**. Additionally, since the Project's inception in 2005, a total of **86 open heart surgeries** were performed without any major complications. As a direct result of the availability of these services, difficult situations continue to be alleviated such as long distance travel; increased financial burden; lack of emotional support from family while off island; and potential death while each respective patient is waiting or planning for off island treatment.

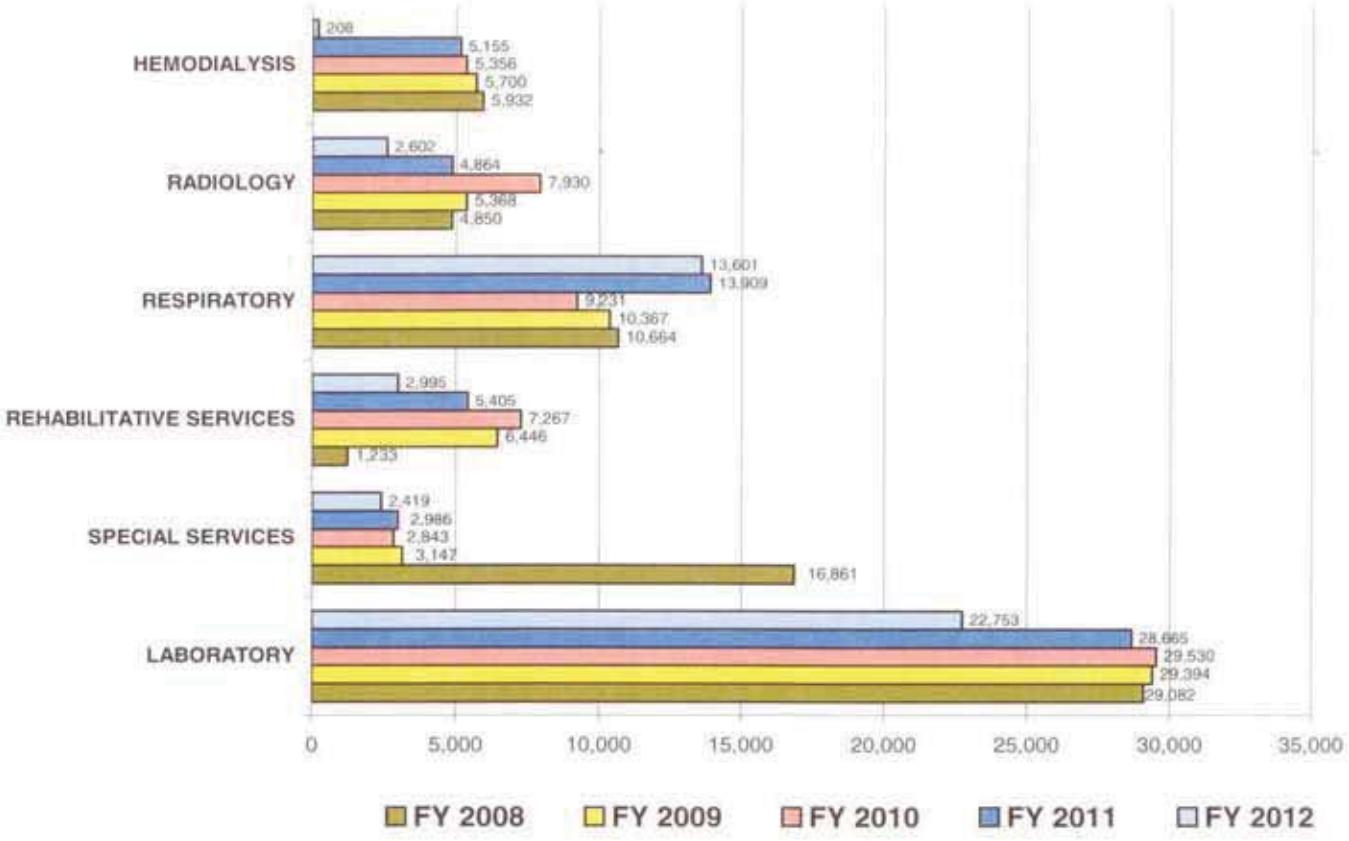
Rehabilitative Services experienced a low year in FY2008 for procedures performed of 1,233; and a high year in FY2010 of 7,267. From FY2010 to FY2012, the department experienced a 59% decrease in outpatient procedures. This significant decrease can be attributed to the loss of physical therapists, as well as the lack of treatment areas to meet the demand, causing patients to seek services with Home Health Care Services.

Laboratory Services saw a slight 1.4% decreasing trend in outpatient procedures from FY2008 to FY2011. Then the Department experienced a significant decline of 21% from FY2011 to FY2012, when they respectively went from 28,665 to 22,753 outpatient procedures. Some factors which may have impacted laboratory services include the increase of outpatient test services conducted by the Guam Cancer Center for patients that were previously being sent to GMHA for services either thru the ED or inpatient Laboratory Services.

FIGURE 9

OUTPATIENT PROCEDURES

Guam Memorial Hospital Authority:
FY 2008 – FY 2012



Source: GMHA Hemodialysis, Radiology, Respiratory, Rehabilitative and Laboratory Services

AVAILABILITY OF RESOURCES

In addition to examining the use of hospital services, GMHA must consider the resources available for delivery of services when outlining its plans for the future. The Hospital reviews the number of physicians as well as hospital employees.

Physician Resources

Table 6, indicates that as of November 29, 2012, there were 117 members of the Hospital's medical staff. The members represent broad spectrums of clinical specialties; and notably absent are Oral/Maxillofacial Surgeons, Physician Assistants, and Podiatrists.

Of the total medical staff membership, the Hospital employs fifty-two (52) physicians including pathologists, anesthesiologists and EMD physicians. Board certification has been achieved by 74% of all physicians.

The growing percentage of board certified physicians attests to the quality of care provided by GMHA. These certifications suggest that the Community will receive quality and continuity in the delivery of medical care over the next several years.

Despite, the medical staff's size and diversity, there are still critical physician shortages within the Community that need to be filled, such as, orthopedics and neuro-surgery, cardiac surgery and urology. Although GMHA has previously not been responsible for recruiting physicians for the Island, there is an active effort among the administration and the medical staff to recruit qualified physicians who can address the medical needs of the Community.

TABLE 6
GMHA Medical Staff
By Specialty, Board Certification & Age
November 29, 2012
TABLE 4

GMHA Medical Staff
by Specialty, Board Certification & Age

CLINICAL SPECIALTY	BOARD CERTIFIED	OTHER	AVERAGE AGE OF MEMBERS	% BOARD CERTIFIED
Anesthesiology	5	3	50	62.5%
Cardiac Anesthesia	1	0	57	100.0%
Cardiology	7	2	57	77.8%
Cardiothoracic Surgery	1	0	55	100.0%
Cardiovascular Surgery	1	0	56	100.0%
Certified RN Midwife	4	0	53	100.0%
Emergency Medicine	8	2	52	80.0%
Endocrinology	2	0	47	100.0%
Family Practice	16	3	48	84.2%
General Surgery	6	2	55	75.0%
Hand Surgery	1	0	55	100.0%
Hematology/Oncology	1	1	66	50.0%
Infectious Disease	2	0	49	100.0%
Internal Medicine	14	6	51	70.0%
Nephrology	3	0	47	100.0%
Neurology	1	0	76	100.0%
Neurosurgery	1	1	64	50.0%
Obstetrics & Gynecology	12	4	57	75.0%
Opthamology	1	1	50	50.0%
Oral/Maxillofacial Surgery	0	1	45	0.0%
Orthopaedics	2	2	64	50.0%
Otolaryngology	1	1	55	50.0%
Pathology	3	0	61	100.0%
Pediatic Cardiology	1	0	47	100.0%
Pediatrics	12	2		85.7%
Physician Assistant	0	1	36	0.0%
Plastic Surgery	1	0	44	100.0%
Podiatry	0	3	49	0.0%
Psychiatry, Child	1	0	56	100.0%
Pulmonary Disease	1	0		100.0%
Radiology	6	7	55	46.2%

Support Staff

Understanding that a successful hospital requires management of patient care and the staffing of professionals who perform these services, GMHA is also concerned with the ratio of health care providers in relation to the staffing level of the entire hospital. Therefore, GMHA continues to monitor the staffing patterns of full time, clinical and non-clinical employees, in an effort to meet the Hospital's staffing requirements in order to meet its mission "to provide quality patient care in a safe environment."

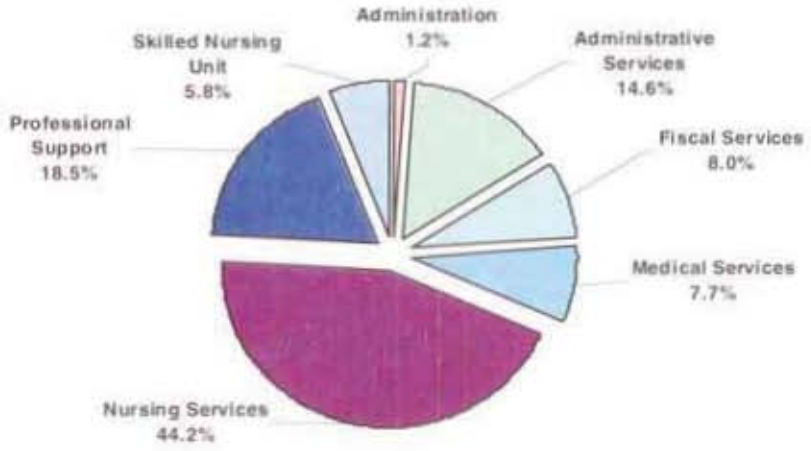
Figure 10 depicts the staffing levels for full-time employees (FTEs) by division and in relation to the GMHA's total budget. A greater percent of full-time employees are distributed among Nursing Services (44.2%) and Professional Support Services (18.5%). These divisions make up 62.7% of GMHA's total budget and are directly related to patient care services.

FIGURE 10

FULL TIME EMPLOYEES

Guam Memorial Hospital and Skilled Nursing Unit:

FY 2012



Source: Guam Memorial Hospital Authority Human Resources Department

Some ongoing challenges that GMHA faces are how to successfully recruit and retain qualified professionals. With respect to recruitment and retention, one set of key strategies is to improve recruitment efforts and expand staff development programs; expand services and capabilities to attract and support specialists; and provide additional avenues for healthcare professionals to work, educate, learn and/or provide services.

Section II: Strategic Goals, Objectives & Strategies for Success

Five (5) strategic goals were determined to be most important in fulfilling GMHA's mission and vision as outlined in Section III. Those strategic goals are as follows:

1. Achieve Financial Stability

GMHA's historical financial results and cash flow have not been adequate to fund the ongoing operations and needed technological and capital improvements. The costs of providing patient care are consistently greater than the ability of the federal or local governments to pay/reimburse for those patients who have insurance through government programs (e.g., Medicare, Medicaid and Medically Indigent Program) and those self-insured or uninsured patients who cannot afford to pay for hospital or medical care on Guam.

None-the-less, GMHA is mandated by law to provide care to all persons, regardless of their ability to pay; and the gap between the cost of providing care to the members of the Guam community and the government's abilities or willingness to pay for acute care, urgent care, long term care, and skilled nursing services constrains GMHA's capacity and performance.

This is a problem that continues to drain GMHA of cash, making it difficult, if not impossible, for the organization to fulfill its mission; and it is a problem that is not likely to be resolved soon. However, it is imperative that GMHA continue to forge ahead with multiple strategies/initiatives (outlined in Section IV) to achieve the financial stability that is so crucial for GMHA to fulfill its mission and vision.

2. Leadership Team Development

The GMHA Board of Trustees, Management Team and Staff are held accountable for their leadership, management, services and systems. To ensure staff responsibility and accountability, GMHA is working on improving its internal systems to ensure greater accountability and improved internal communications. It is developing and implementing new training programs for staff and management to enhance their skill sets specific to the provision and implementation of their respective services and systems.

3. Establish and Sustain Safety & Quality Culture

GMHA is committed to the Hippocratic Oath, "First, do no harm." The staff and management recognize that this commitment is not limited to ensuring just the physical safety of patients. It also applies to the security and privacy of the families of patients and their visitors. In order to be able to meet this value, GMHA will establish a culture of Safety and Quality inclusive of all patients, families, employees, visitors, volunteers, contractors, etc.

4. Training and Education Assessment & Implementation

In order to provide excellent and safe services in its acute care and skilled nursing environments, GMHA is committed to providing its dedicated staff with the training and education programs that they will need to meet all pertinent standards, guidelines, rules, regulations, policies, procedures, etc.

5. Capital Improvement Planning & Implementation

In order to meet the needs of a rapidly growing population, as well as local/federal mandates and compliance requirements, GMHA must continue to assess and meet its needs in the areas of Facilities, Capital Improvement Projects (CIPs) and Information Technology (IT). This assessment shall include immediate, intermediate and long term planning to include not only maintaining its current facilities, but shall also plan for a future new public hospital to better serve the Guam community.

Section III: Mission, Values, Vision and Strengths, Weaknesses, Opportunities and Threats (SWOT)

Mission

To provide quality patient care in a safe environment.

Values

GMHA serves by the following core values, abbreviated as *ACES + Q*:

i. **A**ccountability;

ii. **C**ost Efficiency;

iii. **E**xcellence in Service;

iv. **S**afety; plus

v. **Q**uality.

A. Accountability

The GMHA Board of Trustees, Management Team and Staff are held accountable for their leadership, management, services and systems. Since achieving accountability at all levels requires strong internal and external communications, GMHA will improve its internal systems to meet those communications requirements. For example, the planned upgrade to integrated financial systems will allow executive and departmental leaders to develop and monitor metrics by which processes, outcomes and staff will be measured, reported, evaluated, etc. GMHA shall also develop and implement new training programs for staff and management to enhance their skill sets specific to the provision and implementation of their respective services and systems.

B. Cost Efficiency

The staff and management of GMHA are dedicated to delivering its services in the most cost efficient manner possible. Fiscal accountability and responsibility must operate on all levels including GMHA's

i. ability to generate new revenue;

ii. ability to submit claims and collect for all services rendered to patients;
iii. development of fiscal, cost and other reports for managing operations and services;
iv. use of benchmarks from other hospitals having a similar patient mix;
v. development of department budget reports to which managers will be held accountable; and
vi. development of new services (e.g., medical programs) that meet the needs of the Community and which maximize the use of GMHA's campus.

C. Excellence in Service

GMHA is focused on delivering excellent services to the Guam community. Excellence in the provision of services will be measured and reported by

i. patient and staff satisfaction surveys;
ii. measuring performance improvement activities and outcomes against national benchmarks; and
iii. achieving "excellent" results from certification and accreditation agencies.

D. Safety

GMHA is committed to the Hippocratic Oath, "First, do no harm." The staff and management recognize that this commitment is not limited to ensuring just the physical safety of patients. It also applies to the security and privacy of the families of patients and their visitors to the best of the hospital's capability.

E. Quality

GMHA continually strives to meet the highest quality standards that it must comply with specific to hospitals and skilled nursing facilities. In line with this quality focus, GMHA has achieved and now continues to maintain hospital accreditation by *The Joint Commission* (TJC), as well as certification by the Centers for Medicare and Medicaid Services (CMS). Maintaining *TJC* accreditation and *CMS* certification are extremely important towards assuring the community of GMHA's commitment to quality patient care and safety. In demonstrating this commitment, GMHA actively maintains a continuum of care that supports patients and their families becoming more involved and informed regarding their own health care decisions. GMHA also recruits board-certified or board eligible physicians and other licensed providers to ensure that services meet the local and regional needs of the Guam community.

In meeting these high standards, GMHA is also a benefactor of the many opportunities for staff and management to review and improve governance, internal communications, quality standards and management systems. From these opportunities, GMHA and its staff sustain their commitment to a code of conduct based upon Trust, Respect, Integrity, and Professional standards.

In addition, the process has reinforced the commitment to evaluation systems that increase management effectiveness and confidence that resources are effectively utilized. Finally, accreditation and certification has reinforced a GMHA culture reflective of commitment to continuous improvement ... a commitment to provide verifiable assurance to the Community that the Guam Memorial Hospital Authority maintains the highest standards of patient care and safety comparable to any other accredited institution in the United States.

Vision

Based on the core values of the organization, the Strategic Planning Committee developed the following vision statement that guides all efforts and actions moving forward:

To achieve a culture and environment of safety and quality patient care meeting national standards and addressing the needs of the Community in a fiscally responsible, autonomous hospital.

Strengths, Weaknesses, Opportunities, and Threats

The GMHA Management Team is continually analyzing the organization's internal strengths and weaknesses as well as the external opportunities and threats facing the hospital (e.g., Cost Cutting Taskforce, Performance Improvement Committee, Environment of Care Committee, BOT Facilities/CIP/IT Committee, etc.). The assessment of internal strengths and weaknesses identified the major challenges and achievements of the hospital from the perspective of those who work there. Identification of external opportunities and threats, projected changes in the economy and the community as predicted by government planners and private sector sources were reviewed and incorporated into the plan.

Key GMHA strengths are as follows: (1) dedication and leadership of its Board of Trustees, its management team, and staff both clinical and non-clinical, as well as the strong support provided by the GMH Volunteers' Association; (2) constant focus on improving services and facilities – GMHA's accreditation by The Joint Commission (TJC) and certification by the *Centers for Medicare and Medicaid Services* (CMS) validates the excellence and quality in its medical services; and (3) support from the Legislature and the Governor's Office for initiatives to improve GMHA.

There are two (2) primary reasons for GMHA's weaknesses: (1) the organization does not have the capability for managing and processing large amounts of information. GMHA's existing legacy MIS system faces challenges in meeting all **current and future** information technology needs; a situation further complicated by the staff lacking the IT training necessary to take full advantage of the tools that are available and the eventual future use of the new IT systems; and (2) GMHA staff labor under processes and systems that have not progressed. The organization has not taken advantage of "best practices" that are applied at other medical facilities. Management and staff must be challenged to adopt new procedures to become more productive, more efficient and less dependent on meaningless paper reports.

At the same time, the continuing increase in population, as well as the weak economy, has generated an increase in the number of individuals who do not have access to health insurance, choose not to be covered by health insurance, or do not qualify for the Medicare, Medically Indigent Program (MIP) or the Medical Assistance Program (MAP) because they are unable to meet the respective program eligibility requirements. These individuals frequently do not consider medical treatment as a priority. This contributes to acute medical conditions which generate high medical expenses when the patients seek care at the Hospital in its Emergency Department or when hospitalized as an inpatient. These individuals usually cannot pay for the care they have received by GMHA.

The cash flow deficiencies caused by "free care" has limited GMHA's ability to provide cash flow for updating its facilities, acquiring new technologies, and adequately compensating its staff. The cash flow shortfall and revenue deficiencies have prevented GMHA from expanding its human and capital resources and have contributed to a negative public image and deficient existing legacy IT/MIS systems.

GMHA does have several opportunities to improve the situation. The organization benefits from the strong support offered by the GMH Volunteers Association (GMHVA). The Community recognizes the need to explore private and public partnerships to accelerate the development of acute care facilities on Guam. GMHA

intends to capitalize on these partnership opportunities and good will to generate more revenue, better planning, and the support required to sustain accreditation by *The Joint Commission*.

Section IV: Strategic Goals

Goal 1: Achieve Financial Stability

In order to achieve financial stability, GMHA must address three (3) distinct issues:

i. its ability to generate revenues;
ii. its capability to collect fees; and
iii. the resourcefulness to identify revenue sources for providing services to uninsured patients.

Revenue reflects the charges for services provided during a patient's encounter at the Hospital. Collection of that revenue which creates cash flow for GMHA is the significant challenge facing the organization. The profile of the hospital's patient population is at the root of the problem. For example,

i. Over 70% of GMHA's patient populations are inadequately reimbursed by Medicare and the Government of Guam (for Medicaid and MIP populations).
ii. Self pay and uninsured patients account for 20% of GMHA's charges based upon our FY12 Analysis; and approximately 35% of GMHA's "open" receivables (vs. the total of our "open" and "fully reserved" receivables) are from uninsured, self pay and patient share receivables. Note: These totals do not take into account the charge activity or receivables from Medicaid or MIP.
iii. GMHA does not have the legal or governmental means to actively pursue payment, unlike its counterparts, the utility agencies.
iv. While GMHA employs outside collection companies, the resulting cash flow is only a portion of the total revenue which GMHA is due.
v. Even if a patient does not have the means to pay, services are delivered without delay or hesitation.

Objective 1: To improve cash flow by improving hospital-wide services and systems delivered and managed by properly led and staffed departments.

Strategies:

1.1 Ensure that patients 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.

1.2 Tighten, improve, and enhance management, accountability, monitoring and reporting throughout the Fiscal Services Division.

1.3 Assess structures/processes, define accountability/responsibility, and establish mechanisms for maximizing billing (services) and collections (receivables) within the Fiscal Services Division. 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 in a timely and professional manner.

1.4 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 develop comprehensive health insurance programs for the uninsured; work with the Government of Guam and Insurers to ensure that the annual third party payer contracts (with GMHA) are executed in a timely manner; 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 to reflect the actual cost of services provided vice mirroring Medicaid or Medicare reimbursement plans.

1.5 Materials Management: (1) Recruit a qualified Materials Management Administrator and Assistant Materials Management Administrator as soon as possible; (2) Assess, revise and adopt a new set of procurement rules, regulations and processes that will result in lower costs while maintaining quality; and (3) 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.

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.

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.

1.8 Explore and leverage strategic alliance opportunities (new hospital, integration of other islands).

1.9 Explore revenue and service enhancements/modifications (new services such as Wound Care, Out-patient Services, Federally Qualified Health Center (FQHC) Designation for hospital-based Family Practice and Urgent Care Clinics, Request for Proposal (RFP) to outsource MRI/Radiological Services, Mental Health Services, Correctional Health Services; Alternate revenue sources, clinical trials, grants and fundraising).

1.10 Review all GMHA revenue producing departments and evaluate how 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.

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.

Strategies:

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).

2.2 Identify and fill key vacancies for new leadership team with clear accountability and performance expectations.

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.).

2.4 Provide training and education programs specific to leadership (Six Sigma, Lean, TJC, HR disruptive behavior etc).

2.5 Establish accountability measures, monitoring and expectations for leadership related to all priorities (ACES + Q).

Goal 3: Establish & Sustain Safety and Quality Culture

Objective 3: To effectively establish & sustain GMHA's safety and quality culture.

Strategies:

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).

3.2 Expedite recruitment for key critical vacancies (request GovGuam remove barriers, such as all GMHA requests needing to go to BBMR)

3.3 Adopt ACES+Q as GMHA's core values, as we value Accountability, Cost Efficiency, Excellence in Service, Safety, plus Quality.

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.

3.5 Maintain accreditation by *The Joint Commission* and compliance with all applicable standards and expectations (convert to CMS "Deemed Status").

3.6 Develop mechanisms to improve communications throughout the organization starting with the Medical Staff and Executive Management/Leadership and then up and down the organizational chain to include all employees, patients, families, visitors, volunteers, contractors, etc.

3.7 Engage Medical Staff as champions and leaders in all initiatives.

3.8 Assess all unsafe practices and make necessary improvements.

3.9 Develop staff and physician recognition/incentive programs to reward cost savings and safety recommendations and initiatives.

3.10 Develop program(s) to involve the Guam community in GMHA initiatives (i.e., physicians, groups, media, etc.).

Goal 4: Training & Education

Assessment, Development and Implementation

Objective 4: To effectively assess, develop and implement GMHA's Training & Education Plan.

Strategies:

4.1 Identify staff and Board member education gaps relative to quality and safety.

4.2 Develop and provide ongoing educational programs for quality and safety (i.e., disruptive behaviors, accountability, JC Accreditation, etc.).

4.3 Review and improve communication mechanisms throughout the organization.

4.4 Train Governance, Leadership, and Management in "Lean and Six Sigma" effectiveness principles, tools and techniques.

4.5 Provide billing and coding training (including the Medical Staff).

Goal 5: Capital Improvement Planning & Implementation

Objective 5: To effectively develop and implement GMHA's Capital Improvement Plan (CIP) to include Facilities, CIP and Information Technology.

Strategies:

5.1 Complete all currently funded Facilities/CIP/IT Projects; and seek out new funding sources to fund future priority capital facilities (e.g., plant and buildings) and equipment upgrades, projects, initiatives, etc.

5.2 Review, assess and implement immediate, intermediate and long term needs relative to GMHA's existing plans, facilities and properties (i.e., Z-Wing Upgrade/Replacement/Relocation to sustain Fiscal, Professional Support, Medical Staff, and Operations Divisions; Parking Expansion; Electrical Distribution & Generation; etc.). For example, GMHA is in the process of implementing a controlled employee/visitor parking program in CY2013.

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.

5.4 Review, assess and implement needed Information Technology and Management Information Systems (MIS) upgrades (to include integrated hardware and software systems between both internal and external partners) to enhance services and staff productivity wherever possible.