



**Board of Trustees**  
**Commonwealth Healthcare Corporation**  
Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



CHCC Board of Trustee Meeting  
Wednesday, August 15, 2018 at 12:00 pm in Conference Room #3

Present:

Lauri Ogumoro, Chair/David Rosario, Vice Chair/William Cing (via phone)/Esther Muna, CEO/Derek Sasamoto, CFO/Trinidad Diaz, Recorder/Miles Guerrero/Dr. Maksy/Niki Sablan (via phone)

Absent:

Dr. Lorenzo Hocog

- I. Call to Order at 12:07 pm
- II. Determination of Quorum – There was a quorum
- III. Review and Adoption of Agenda - Motion made to amend the Agenda to include: VI. To vote and approve PHI Contract. Was seconded. Agenda approved with amendment.
- IV. End Stage Renal Disease Program Presentation: The Board were briefed on reports of the ESRD (End State Renal Disease) – Dialysis Program. Dr. Maksy (locum) has been caring for the patients. It is anticipated that CMS will inspect ESRD when they arrive. There was only one finding during their last visit which has been addressed. The main finding was the need to hire a Dietician which has been corrected.

The reports contain April, May and June 2018 data. Total Patient Census: January totaled 129 patients; three new; 124 undergoing outpatient hemodialysis; two Peritoneal Dialysis (PD). February – 129; two new; 127 outpatients; two transferred out of the unit; two PD. March – 134; six new; 126 outpatients; two transferred out; two PD. April – 134; 131 outpatients; two new; one death; three PD. May – 135; 132 outpatients; four new; three PD. June – 138; 135 outpatients; three deaths; three PD. The number of patients continue to grow with the need to have more staff. There are 27 chairs available – 25 regular and two isolation chairs. There are three shifts. Monday to Saturday – Unit is open 5 am to 9 pm. There are nine Rota and eight Tinian patients that are currently being treated as outpatients.

The total number of outpatient treatments that does not include inpatient treatment are as follows: January – 1,350; February – 1,272; March – 1,436; April – 1,392; May – 1,511; June 1,452. Total CHCC patients that are inpatient treatment: January 40; February 25; March 43; April 28; May 50; June 20. Acute patients and SJRC patients: January 16; February 10; March 10; April 13; May 7; June 7.

The process needed when an admission occurs for CHCC or SJ patients: social worker speaks to the patient; start treatment – depending on need they are either treated on the floor; for acute patients it requires one to one treatment depending on the severity; staffing on hand – 13 registered nurses; four LPN; nine technicians; one CAN; three Biomed technicians - one is contracted – four total.

Software needed - will improve greatly data to be viewed for reports, and to improve revenue. Insurance breakdown for patients: Medicare – 88; Medicaid – 65; private insurance – 54; non-insured – 14. Aetna is the only private insurance that covers dialysis. The cover 80% of the cost; no insurance: FAS citizens Medicaid covers them – Compact Impact Funds. All Guam based insurance companies do not cover Dialysis. For Medicaid we get 55% reimbursement.

After reviewing the numbers on the report – it shows diabetes is still the number one trigger for dialysis. Advertisement and education by Public Health is currently not working. Strategy to reduce diabetes should be revamped to decrease the numbers.

The increased rate of dialysis patients with in the US and Saipan – much higher here. Many of these patients have not visited a doctor until there kidney is almost gone; if they were properly screened early, it could be prevented. In third world countries, doctors provide screenings for high blood pressure, kidney functions and other NCDs. The problem is there are not enough providers to provide these services, as is the problem here. The goal is to prevent NCDs and to educate the public aggressively.

The biggest wish for this unit is: The Peritoneal Dialysis is growing slowly and need to be developed, along with staffing to be trained; the availability of supplies; and having a transplant option available to the patients; facility score from CMS – Vascular Surgeon – the workload is too much for one person – many of the patients have to wait for procedure to be done. The number of patients have gone way up, while the number of qualified physicians remain the same.

Policy is still being worked on and will be done by the end of the month. CMS requires the Governing Board to approve the appointment of the person in charge of the Dialysis Center.

Also met with the Biomed staff to let them know what the requirements are to be included in their monthly report.

V. Adjournment: 1:05 pm.