

CHCC Board of Trustees

Minutes of 8/25/22

Prepared by: Trinidad S. Diaz	Approved by: Board of Trustees
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Present:

- Edward Deleon Guerrero, Chairman (via Teams Meeting)
- Polly Masga, Vice Chair
- Lauri Ogumoro, Trustee
- Esther Muna, CEO
- Perlie Santos, CFO
- Trinidad Diaz
- Carl Dela Cruz, AAG
- Krisha Sebaniol
- Evita Kawai
- Carmilyn Ogumoro

Absent:

- Corinne Santos, Trustee (excused)

Topic	Discussion	Resolution/Action
I. Meeting called to order	5:31pm	
II. Quorum	Three (3) Trustees present	Quorum
III. Agenda	Motion was made to Approve Agenda.	Approved
IV. Public Comments	None	
V. Credentials	<p>Credentials documents for each applicant were sent to all the Trustees for review.</p> <p><u>New Applicants</u></p> <ul style="list-style-type: none"> ●Dr. Sarah Ashley – ER/Locum - ACLS & BLS will expire in October. Reminder to be sent for renewal. ●Dr. Louis Yu – ER/Locum - Will start in September. ●Dr. Jaydon Kiernan – FM (RHC) - Will start in September. <p><u>Renewal Applicants</u></p> <ul style="list-style-type: none"> ●Dr. Elizabeth Kohnen – IM (FCC) ●Dr. Daniel Shead – Podiatry (FCC) ●Dr. Michael Hart – Anesthesiology ●Dr. Lesa Nord – FM (FCC) ●Dr. John Yarofalir – Surgery ●Annie Camacho - CRNA 	<p>Approved up to Nov. 24, 2022.</p> <p>Approved up to Oct. 26, 2022.</p> <p>Approved up to Jan. 31, 2024.</p> <p>Will be evaluated after 90 days.</p> <p>Approved for 1 year.</p> <p>Approved up to June 23, 2023.</p> <p>Approved up to Aug. 30, 2023.</p> <p>Approved for 1 year.</p> <p>Approved up to July 31, 2024.</p> <p>Approved up to Nov. 30, 2022.</p>
VI. Reports: A.	<p>CEO</p> <p>Strategic Planning:</p> <ul style="list-style-type: none"> ●Extensive review of the survey done in 2021. ●Sent survey out to staff and stakeholders for review. ●Need Board approval on what are the Mission, Vision, and Values. ●Recommendations on the Vision Statement, Mission and Values updates. ●<u>Vision</u>- “The Commonwealth Healthcare Corporation provides sustainable, innovative, equitable, and comprehensive culturally 	

responsive services to achieve accessible, high-quality, patient-centered wellness outcomes for all people in the CNMI.”
●**Mission**- “Providing quality comprehensive health services and promoting health environments for a resilient community.”
●**Values**- “CHCC committed to exceed standard by providing a culture of compassionate, effective, quality care, honoring the dignity of its stakeholders and community, and promoting equity and transparency as well as continued accountability and growth throughout the corporation.”

●The above Vision, Mission, and Value Statement was presented to the Board for approval. Motion was made, was seconded.

Operations:

- Integrated a lot of hospitals operations to the referral services to include Social Services.
- Phase one of the Emergency Department expansion is completed.
- Phase two has not started yet. Issues with Central Government not paying contractor, slowing the process. Should be starting soon.
- OR Suite Expansion – renovating Colonoscopy Room to meet CMS standards.
- MRI – waiting for IRP office to release ARPA funding.
- Parking – will request to meet with the Governor and SOF for further discussion.
- MSO – leaking roof still an issue; constant repair.
- Data on Admissions – a decline from last year’s admissions.
- Birth and Death Registration – a lot of deaths in the last couple of months; planning to put blood pressure cuffs machine that will be available for everyone like at the CHCC main entrance, or places with high volume patrons; information will also be available on how to avail for services; for mammogram, breast and cervical cancer initial screening, a standing order for public health will be created in order to prioritize the group that needs to be seen in the clinic. Leading cause of death is cancer, stroke and heart attacks.
- Overall Operations Management (AIMs) – focuses on the whole system to be on board with the safety of patients, staff and customers as well as ensuring compliance.
- Projects & Outcomes: vaccination compliance, CHCC organizational structure, Medical Referral Service, and Corporate Quality and Performance Management – stating their aims and how they are improving their outcomes. Hospital Multidisciplinary Rounding, CMS Compliance Monitoring, and CHCC Culture Improvement – their aims and outcome.
- Dialysis: no CAHPS survey received yet from the hospital side. Survey is on the doctors, the staff and the center. Treatment and overall satisfaction remain the same. Will update once a new survey is received.
- Staffing – a lot of new hires, and certification for CNAs; some resignation and transfers. Short staffing in some areas is always a challenge. Daisy Award – get the nurses to be competitive. Reasons for nursing resignation – most moving to US; pay; slow in processing EB contracts. Some are done with commitment for green card.
- Patient Safety and Risk Management: Pacific Biomedical Services – 91.5% - improving system of how equipment are tracks; inventory percentage due to software upgrade. Making sure that software is available, as well as training for staff.

Approved.

	<ul style="list-style-type: none"> ●Health Care Events – based on quarterly reports numbers are lower. Pressure Ulcer – needs to improve; Fall - decreased by allowing care givers; Violent Behavior – increased to 1; caregiver does not want to take patient home. No Harm 41% mild; Death – 4% small but significant; Mild Harm – 55%. Grievance – 2nd quarter 4 received. ●Infection Control Prevention – Surgical Site 2 in 2nd quarter; continued initiative on Hand Washing. ●Medical Referral: once referral is requested by a doctor, ways to transfer the patient right away is initiated. There were 14 emergency referrals in the 1st quarter and 20 referrals in the 2nd quarter – referred by specialty: Radiology (MRI). Got the United Explorer credit card to be used for air transportation; working on housing block groups; ground transportation – yellow cab account. ●Tinian Health Center: some improvements made, and some still need improvement. Submitted a grant application to DOD – hopeful for award. Types of treatment being seen, where Providers travel to Tinian: Oncology Services, Laboratory, and Pharmacy. ●Rota Health Center: upon approval of privileges Dr. Jayden Kiernan will join RHC as a Provider. Specialty Providers travel to Rota for clinics as well. ●CUC – Grants Management for the Office of the Governor applying for solar panel; asked Secretary of Finance for a write off on bills; Bill still in Senate Committee. They do not agree with Senate Bill 22-62; still paying CUC as agreed. ●Workforce: submitted an application for a Workforce Infrastructure Grant – hopeful for approval - \$3M annual funding for 5 years. ●Health Information Technology – CareVue System is close to crashing – billing backlog is one year; system is not user friendly; did not integrate with the 3M coding; kiosk upstairs not integrated. Meditech did a good presentation; has an Asia Pacific office. ●Medicaid – Certified Public Expenditure (CPE) application; Medicaid Region IX was not aware that CHCC was not getting paid for non-CPE items; getting data and hopeful for reimbursement. CPE could include Rota, Tinian and Dental – those that require a match. Presumptive Eligibility expires on January 20, 2023; FMAP at 83% will continue until December; will continue under Continuing Resolution. ●CGC – some data on referrals; information on consortium – have been have meetings with stakeholders to address the opioid disorder. 988 crisis center – automatically sends call to 670 since call is being initiated here. ●Population Health – holding first aid trainings; COVID19 vaccinations- BA4, BA5 omicron vaccination will be available after Labor Day. Environmental Health doing a good job on their duties and inspections. 	
B.	<p>CFO</p> <ul style="list-style-type: none"> ●Pending Appropriations dating back to FY2000 is \$24M. ·MRI was removed because CHCC will not be the expenditure authority. ●The payments made by the central government to CUC Is being deducted from the \$24M- specific for operations under the expenditure of the CEO. Pursuant to the Agreement that was signed, CHCC will pay \$69K and the CNMI share will be \$150K. A significant amount of the Appropriations was deducted – concluded that CHCC is owed around \$10M; awaiting detailed report. ●Central government also claimed that they made payments for Medical Referral; MRS was transferred October 1, 2021 – services 	

	<p>performed before this date is not CHCC obligation; waiting for detailed reconciliation from the Secretary of Finance.</p> <ul style="list-style-type: none"> ●Controlled Funds & Tobacco Settlement Funds: central government received \$598K – CHCC entitled to manage 40%; requesting SOF to transfer \$239K; also requested for detailed breakdown of all monies received from the Settlement, and all transferred monies to CHCC. ●Third Quarter Report – CHCC budgeted at \$104M. ●MRS appropriated \$15M (ARPA and local appropriation). To date expenditure exceeded operations appropriation budget by \$1.9M to include ongoing COVID activities. ●Total Budget – Actual Revenue: actual expenditure \$79M – revenue \$73M = deficit of \$6M; COVID activities pending reimbursement of \$6.5M – once received will wipe out deficit. ●Project Worksheets for the surge and some COVID activity have not been approved by FEMA. Working with the PA to get FEMA to approve. ●MOU with SOF signed for \$6.1M for prior Worksheets - \$3.3M was transferred to CHCC – hopeful balance will be transferred so vendors could be paid. ●Nu West Nursing Services have not been paid – services stopped; a copy of the guarantor agreement was provided to them, stated that should CHCC not be able to pay, central government will be responsible – signed by the Governor and SOF. ●Revenue – reports generated from RPMS and CareVue; numbers not correct. Billing backlog – 58M bills generated as of June 30, 2022 versus 109M in 2021. 60% of revenue are from Certified Public Expenditure (CPE). Federal match of \$3.8M received monthly. CareVue not giving needed and reliable report and data for data driven grants as well as to get more relevant grants. Complaints coming in from the Providers that it is not user friendly – harder to document. ●Meditech – came up with a proposal; \$5M for implementation and everything else; less then what is currently being paid to Medshpere - \$34M monthly. Meditech will charge \$27K monthly implementation fee. ●USDA – no grants for software available; will look at their loan department to see if it is available. A USDA loan age can go from 25 years to 40 years; low interest. DOI Infrastructure is a place where there is money; CHCC has to be placed on the Governor’s priority list; reaching out to Grants Management team as well. ●Motion was made to authorize CEO to initiate a loan from a financial institution to find alternative EHR system better suited for the needs of CHCC. Motion was seconded. No further discussion. ●CUC – their records show we owe \$46.6M; \$18.3M penalty; \$28.1M water, electric and sewer reconciled as of July 31; electricity went up because the fuel charge went up; started making monthly payment of \$69K in April; central government stopped paying the \$150K; proposed three way write off between the CNMI Government, CHCC and CUC regarding owed FMAP of \$28M. 	<p>Approved.</p>
<p>VII. Chagemaster Fee Edits</p>	<p>●After presentation and discussion of new fees to the Chagemaster, a motion was made to approve the addition, motion was seconded.</p>	<p>Approved</p>
<p>VIII. Discussion</p>	<p>Regarding Senator Managlona’s newspaper article about Medicaid and pharmacy in Guam: Aetna T for T pays directly for Medicaid claims. They would pay for providers who do not accept Medicaid. They withdraw funds automatically, then bill Medical Referral, who in</p>	

	turn request for replenishment of funds from the government. Contract was terminated for Aetna T for T; CHCC continues pay and no one is being denied. The article was misleading – the cost was \$60 instead of \$1000. The reason why some of the places decline to accept Medicaid – The Medicaid Office here still only process paper claims, does not accept electronic billing.	
IX. Executive Session	8:01pm	Exit 8:08pm
X. Announcement	None	
XI. Motion for adjournment	8:08pm	Meeting declared adjourned.