



## Economic Adjustment Committee

### Guam Socioeconomic Project Needs Assessment (S-PNA) Worksheet

**SUMMARY DATE:** October 28, 2010

**PROJECT CATEGORY:**  Health Care  Cultural Resources  Environmental Protection  
 Education  Emergency Services  Customs & Border Security

**PROJECT TITLE:** **Guam Memorial Hospital (GMH) Expansion**

**PROJECT AT A GLANCE:** **Project:** Guam Memorial Hospital (GMH) Expansion – Additional 90 Beds, Renovation of 45 beds and the construction of an Air Ambulance Helipad

**Cost:**  
\$86.0 million

**Property Ownership / Acquisition Cost:**  
GovGuam / Not Applicable

**Location:**  
Old Hospital Site (Oka Point),  
Village of Tamuning

**Site Infrastructure Status:**  
Improved

**Site and Facility Size:**  
53.6 acres / Renovation - 33,000 SF  
New – 35,400 SF

**Timing for Funding:**  
FY 2013 / 2014

**DESCRIPTION OF PROJECT:** The Guam Memorial Hospital (GMH) Expansion project consists of:

- Construction of a new 35,400 square foot hospital wing (90 beds) located on the Old Hospital site known as Oka Point (located less than ½ mile from the existing GMH).
- Renovation of approximately 33,000 square feet of the existing GMH (45 beds) which includes the conversion of the existing Pediatric, OB Ward, and Nursery rooms (that are being relocated to the new wing) to 4 operating rooms, 12 post op rooms, 25 Critical Care Unit (CCU) / Intensive Care Unit (ICU) / Progressive Care Unit rooms and an overflow nursing unit.
- Construction of an air ambulance helipad located adjacent to the GMH Emergency Room.



A detailed summary of the new construction and renovation follows:

Construction of New Hospital Wing:

- Pediatrics Unit: 40 beds
- Pediatric Intensive Care Unit (PICU): 10 beds
- OB Ward: 40 beds
- Nursery: 10 Neonatal Intensive Care Unit (NICU), 20 Intermediate bassinets, and 20 Well Baby Bassinets
- Labor & Delivery: 2 Delivery Rooms (w/ a mini Operating Room Capability), and approximately 10 other rooms to cover Maternal-Fetal ICU, Multi-Purpose, Laboring Beds, Recovery and Exam Room.
- Medical and Nursing Staff Administrative Support, Professional Support Services, Fiscal Services, and Operations Departments to include the following: Medical and Nursing Staff Administrative Support Offices, Laboratory, Radiology, Respiratory, Pharmacy, Rehabilitative Services, Social Services, Pastoral Care Services, Dietetic Services, Patient Registration, Medical Records, Business Office, Materials Management, Central Sterile Supply, Facilities Maintenance, Environmental Services, Safety and Security.
- Power Plant, with appropriate redundancies required for a self-sustaining facility, to include but not limited to the following systems: Emergency Power (one 1.6 Meg Genset and one 650 KW Genset) and Electrical Distribution Systems; HVAC System (100% Negative Pressure to create Isolation Ward Capability on demand for all facility areas) (one 500-Ton Chiller and one 265-Ton Backup Chiller); Underground Water Storage (7 Day Supply), Water Distribution and Water Heating Systems; Above-Ground Fuel Tanks (7 Day Supply); Steam Production, Distribution and Sterilization Systems; Medical Grade Gases, Air and Vacuum Systems, LP Gas Storage and Distribution System; Fire Alarm System; Autoclave System (contingency requirement if GMH Autoclave goes down for waste/trash sterilization and disposal); and a Surveillance and Access Control System (ACS).
- Warehouse to maintain 2-3 months supply of medical supplies and equipment to sustain the Facility during both normal and emergency operations.

Renovation of Existing GMH:

- Conversion of 45 beds and 28 bassinets / incubators located on the 2<sup>nd</sup> floor (B & C-Wings) and 4<sup>th</sup> Floor Pediatrics Unit (B-Wing) that will relocate to the new wing:
  - Pediatrics Unit: 22 beds
  - Pediatric Intensive Care Unit (PICU): 3 beds
  - OB Ward: 20 beds, and
  - Nursery: 12 Bassinets, 12 Incubators, 4 NICU incubators
- Conversion to:
  - Expand and update the Operating Room to include 4 State-of-the-Art Suites and a Cystoscopy Room.
  - Expand the Post Op/Recovery Room by 4 beds to a capacity of 10 beds plus 2 post op isolation rooms; and

- Expand the CCU/ICU by 15 rooms to a capacity of 25 beds to include 5 beds to accommodate step down patients or "Progressive Care" (25 total); and
- Utilize the Pediatrics Ward (4<sup>th</sup> Floor B-Wing) as an overflow Nursing Unit for the Surgical Ward.

Construction of an Air Ambulance Helipad:

- Construct an Air Ambulance Helipad outside the Emergency Room Department (behind the hospital) to allow for a helicopter approach and departure from the ocean which is a safer approach to hospital than landing over a designated parking area which is located near existing residential areas, vehicular traffic and pedestrian traffic.
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**PROJECT**

**JUSTIFICATION:**

This project provides greatly needed additional capacity for the Government of Guam to handle the significant amount of additional GMH service population that is anticipated from the construction activities as well as steady state associated with the military buildup.

Guam has a very percentage of births on the island. The existing labor and delivery room and nursery are very overcrowded. Guam is also unique in the sense that during typhoons all third trimester pregnant mothers need to be admitted to the hospital because of the high risk of early delivery due to changes in barometric pressure.

The construction of a new 90 bed Women and Children's Wing provides the opportunity for the renovation of the 45 women and children beds and a nursery in the existing hospital.

**Background:** The GMH is operated by the Guam Memorial Hospital Authority (GMHA). GMHA's enabling statute established the hospital as a public corporation and autonomous instrumentality of the Government of Guam (10 GCA Chapter 80). The GMHA was created in 1964 to administer and operate the Guam Memorial Hospital. Its creation separated hospital services from community health services provided by the Department of Public Health and Welfare Corporation. Its operations represent a major change in the history of the government's role in the delivery of medical care to the community.

**Hospital medical care history on Guam:** Historically, the U.S. government provided free hospital and health care services to the people of Guam. The U.S. Navy assumed responsibility for the Island's medical needs at the turn of the 20th century when Spain ceded formal possession of Guam to the United States. 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 of the Government of Guam's Department of Public Health and Welfare in the postwar 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. Thirteen years later in 1977, the Guam Memorial Hospital 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 1978, GMH took over the private hospital (existing GMH facility) after the private hospital was unable to continue to provide service due to fiscal issues. The Oka Point hospital facility was demolished in the late 1990's.

**In July 2010, GMHA was notified it was granted "Full Accreditation" for all services surveyed by the Joint Commission, permitting them to start providing care to military TRICARE patients:** GMH is accredited and/or certified by a number of different organizations which continue to demonstrate their success in improving health care services. The following illustrates the numerous accreditations / certifications:

- "Preliminary Accreditation" was awarded in October 2009;
- Centers for Medicare/Medicaid Services (CMS) certified for Hospital and Skilled Nursing Services;
- College of American Pathologists (CAP) accredited for Laboratory Services and the Blood Bank is registered with the Food and Drug Administration (FDA);
- American College of Radiology (ACR) accredited for Mammography Services and registered with the FDA;
- Nuclear Regulatory Commission (NRC) accredited for Nuclear Medicine Services;
- American Heart Association accredited as a Training Facility to provide certification programs for Basic and Advanced Cardiac Life Support, as well as Pediatrics and Neonatal Advanced Life Support, thus covering Guam's entire spectrum of special needs populations with respect to cardiac life support. These are vital programs offered to Guam's entire healthcare community to include Physicians, Physicians Assistants, Midwives, Registered Nurses, Licensed Practical Nurses (LPNs), Allied Health Professionals, Corpsman, and the critical first responders that comprise Guam's Emergency Medical Services (EMS), which includes Guam's civilian and military first responders; and
- GMHA's Education Department is also accredited, by the Hawaii Medical Association and California Board of Registered Nurses, to provide education credits for both Continuing Medical Education (CME) and Continuing Nursing Education (CNE), respectively.

**GMH, by law, has to provide free medical care to both citizens of Guam (GovGuam Law) and Nationals of the Federal States of Micronesia per the Federal Compact-Impact Agreement:** A large percentage of the GMH patients are unable to pay for their health care. Many of the non paying patients are Nationals of the Federal States of Micronesia. It is anticipated that with the economic downturn that there will be an additional

increase of Nationals from the FSM that was not projected as part of the FEIS/SAIS. This high percentage of patrons who are unable to pay for medical care puts an additional burden on operating and maintaining the hospital.

**GMH existing conditions provide minimal opportunity for growth on the current site and the facility does not meet all the American Hospital National standards:** Guam Memorial Hospital is currently located in the middle of a suburban residential neighborhood; is accessed via local neighborhood roads, has 158 acute beds and a current deficiency of 276 acute beds, majority of hospital acute care rooms do not meet current American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities, has a current parking deficiency, and has no available land to expand on its existing site.

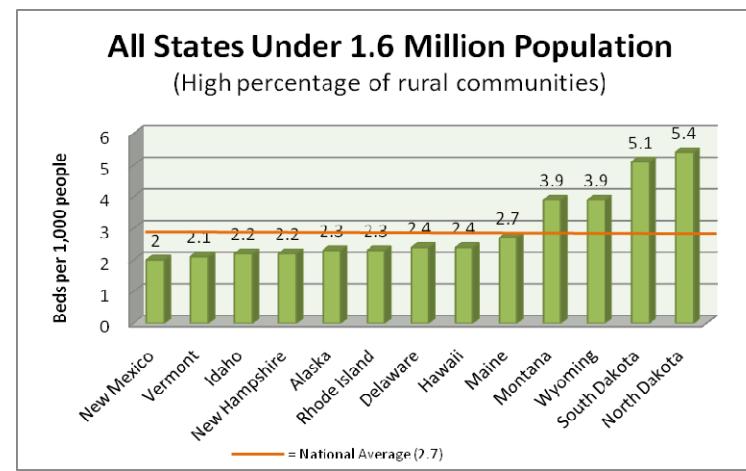
- **GMH is located within an incompatible land use area:** Hospitals are generally located within a commercial / office area in order to minimize the potential for incompatible land use issues, such as glare, noise and traffic. GMH is currently located in the middle of a suburban residential neighborhood. Noise generated by traffic and emergency vehicles travelling to and exiting the hospital generates a nuisance for the neighboring residential area.
- **Inadequate roadway access to GMH:** Traffic generated by a hospital requires access to and from the buildings via an arterial roadway. Currently, GMH is accessed by two-lane local roads that traverse through a residential neighborhood and terminate at the hospital. These local roadways generate excessive traffic through the neighboring residential neighborhood.

The existing local roadways also maximize their allocated right-of-way, leaving no ability to improve the local roadway to the collector or arterial roadway classification required to efficiently move the traffic serving the hospital today and in the future.

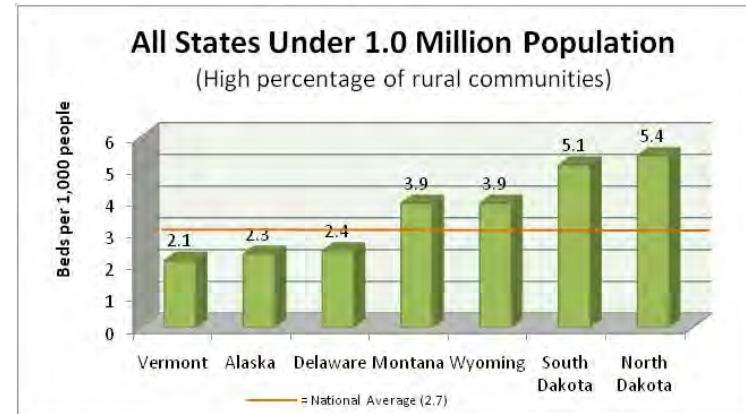
- **Current parking deficiency:** GMH currently has a major parking problem and does not have enough parking spaces to serve the patients, families, visitors, volunteers, nursing students, medical staff, employees, and contract workers. It is difficult to find parking spaces during any hour. Due to the parking deficiency, hospital parking tends to overflow onto the adjacent neighborhood roads in front of the neighboring single family homes. There is no land available on the existing site to add additional parking spaces unless a parking structure is constructed-which would potentially remove surface parking spaces.
- **Inadequate hospital rooms:** The majority of hospital acute care rooms do not meet current American Institute of Architects (AIA) Guidelines for Design and Construction of Health Care Facilities in terms of room size, air ventilation systems, required support functions (such as proper soiled and clean utility spaces), etc.



- GMH has a current deficiency of 276 acute beds per National Hospital Standards and is comparable to similar rural communities which are isolated from urban areas: In order to use a beds per capita standard that is valid for Guam, a comparison of states that exhibit a high percentage of rural communities and are isolated from urban areas was completed. The results of the comparison identified that these states produce a range of 2.0 to 5.4 beds per capita as illustrated in the table below. Hawaii, although not rural, has a standard of 2.4 beds per capita. A more comparable analysis would focus on the states that are comprised of predominately rural communities and are isolated from most of the urban areas of the United States (Montana, Wyoming, South Dakota, and North Dakota). These states generate an existing beds per capita standard that ranges from 3.9 to 5.4 beds per capita. The average among all of the states with a total population of 1.6 million people or less and comprised of mostly rural communities is 2.7 beds per capita (see table below). **Per the analysis of comparable states, the beds per capita standard for GMH that is recommended for planning purposes is 2.7 beds per capita.** GMH currently has a service population of 160,797 (does not include the military or their dependents). **Using the 2.7 beds per capita standard produces a requirement of 434 beds, which generates a deficiency of 276 beds after subtracting the existing supply of 158 beds.**



Source: American Hospital Association (AHA) Hospital Statistics, 2010



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- **Critical Need for an Air Ambulance Helipad:** An Air Ambulance Helipad continues to be critically needed at GMH to support ongoing emergency air lift casualties and search and rescue operations on, and proximate to, Guam. As population growth continues, due to the buildup, this helipad is especially critical in supporting mass casualty events on Guam in which expedited transport of victims (to both GMH and the U.S. Naval Hospital, Guam) is vital to saving lives.
- **No room for expansion on the existing site:** The existing site cannot support the required expansion of the hospital to meet the existing deficiency of beds, let alone the future requirements associated with the military buildup. The construction of a new hospital wing that would accommodate 90 new beds is proposed to be constructed on the Old Hospital site known as Oka Point. GovGuam's long-range plan for Oka Point is to build a Medical and Health Care Campus for both public, semi-public, private, and non-profit health care facilities. Oka Point is located less than  $\frac{1}{2}$  mile from the existing hospital, which provides the transition for close proximity of sharing medical staff and phasing of any future hospital expansions. Over the years, medical and health care companies have located within close proximity of the existing hospital and the hub of private health care providers, creating a center of excellence inclusive of both the existing hospital and the proposed new Medical and Health Care Campus on Oka Point.
- **GMH has approximately 10 to 15 years of usable life remaining.** Due to the limited life span of the existing hospital facility, and in strategically planning for sustainability, the addition of 90 new beds is recommended to be built as a standalone new wing with all supporting ancillary requirements. This new 90 bed wing will serve as a building block to phasing in a new replacement hospital on a site that will be dedicated to serve as a Medical and Health Care Campus at Oka Point.
- **The Oka Point Medical and Health Care Campus will serve as a health care center of excellence.** This site is large enough to contain a mix of public, private, and non-profit medical/health care facilities and providers. Oka Point Medical Health Care Campus is currently planned to include the GMH, Department of Public Health and Social Services Clinic and Administrative Facility, and the Guam Mental Health and Social Services Facility. The parcel is large enough for a phased approach to rebuilding a new hospital that would be connected to the proposed Women's and Children's Wing. The land is currently under the management of the Chamorro Land Trust (which is charged with leasing land to generate revenue) as well as private and non-profit health care providers.



**PROJECT “NEXUS”:** Population Growth Associated with the Military Buildup generates the requirement for an additional 148 beds during the peak construction years (FY12 – FY15) and an additional 16 beds during steady state (FY17+) on an existing stressed hospital infrastructure that exhibits a current deficiency of 276 beds: It is anticipated that GMH’s service population will increase by an additional 54,639 people during the peak construction years of the military buildup. This is an increase of 34% in service population that generates the requirement of an additional 148 beds in addition to the existing deficiency of 276 beds. After the construction peak years are complete, the steady state requirement generates the need for an additional 16 beds to serve an additional service population of 6,088, representing a four percent increase (see table below).

In July 2010, GMHA was notified it was granted “Full Accreditation” for all services surveyed by the Joint Commission, permitting them to start providing care to military TRICARE patients. It is anticipated that with the change in GMH becoming accredited that the percentage of TRICARE patients will increase, specifically veterans. Prior to being accredited, TRICARE was not obligated to pay for the services that were provided to TRICARE patients. Because the accreditation occurred after the FEIS/SIAS was completed, this population increase is not part of the projected increase in hospital service population identified in the FEIS/SIAS. As a point of reference, the following chart illustrates the number of TRICARE patients that GMH has provided service to by year since 2006.

Patient Encounters Count

Type of Patients	FY-2006	FY-2007	FY-2008	FY-2009	FY-2010 To-Date	5 YEAR TOTAL
TRICARE	261	231	233	266	91	1,082

The proposed hospital expansion project recommends the addition of 90 beds, which is 60 percent of the projected peak year service population.

### Overview of Hospital Bed Requirements and Deficiencies

Population Served by GMHA (per FEIS)	Requirement (2.7 beds per capita)	Current (Number of Beds)	Deficiency (Number of Beds)
<b>Current population served by GMHA</b> <b>160,797</b>	■ 434 Beds	■ 158 Beds	■ 276 Beds
<b>Peak Years</b> <b>FY12 – FY15 Additional Service Population</b> <b>54,639</b>	■ 148 Beds		148 Beds
<b>Steady State</b> <b>FY17 +</b> <b>Additional Service Population</b> <b>6,088</b>	■ 16 Beds		16 Beds
<b>TOTAL</b> <b>(during peak year)</b>	164 Beds		424 Beds

Source: Guam and CNMI Military Relocation FEIS (SIAS) page 4-81, Table 4.4-30 , July 2010



**PROGRAM COST:** ***TOTAL PROGRAM COST FOR A GUAM MEMORIAL HOSPITAL ADDITION  
RANGES FROM \$78.5 MILLION TO \$91.9 MILLION***

<b>GUAM MEMORIAL HOSPITAL EXPANSION</b>					
<b>DESCRIPTION</b>				<b>CONSTRUCTION COSTS</b>	
	<b>DoD Facility Code (*1)</b>	<b>QUANTITY</b>	<b>UNITS</b>	<b>UNIT COST</b>	<b>TOTAL COST</b>
<b>New Hospital Addition: (~35,400 SF)</b>					
Hospital (90 Bed Addn)	5100	22,680	SF	\$ 482.85	\$10,951,038
Nurses Station(s) (90 Bed Add'n)	6100	2,025	SF	\$ 204.70	\$414,518
Storage and Administrative Work Area (90 Bed Addn)	6100	2,000	SF	\$ 204.70	\$409,400
Incubator/Bassinet Nursery	5100	2,000	SF	\$ 482.85	\$965,700
Labor & Delivery Nurses Station	6100	506	SF	\$ 204.70	\$103,578
Storage and Administrative Work Area (Nursery)	6100	500	SF	\$ 204.70	\$102,350
Labor & Delivery Operating Rm (8 Beds)	5101	3,200	SF	\$ 521.05	\$1,667,360
Remote Delivery Facility (Connector)	6106	2,000	SF	\$ 165.07	\$330,140
General Administrative Building	6100	500	SF	\$ 204.70	\$102,350
Stand-By/Emergency Power	8112	500	kW	\$ 252.46	\$126,230
Bulk Liquid Fuel Storage	4111	12	BL	\$ 65.23	\$783
Water Tank, Fire Protection	8435	5,000	GA	\$ 2.60	\$13,000
Site Development		12.0	AC	\$ 175,000.00	\$2,100,000
Vehicle Parking, Surfaced	8521	2,500	SY	\$ 29.16	\$72,900
					\$0
<b>Existing Hospital Renovations: (~33,000 SF)</b>					\$0
Renovate/Upgrade Exist'g Facility (Labor & Delivery, Nursery & OB)		16,000	SF	\$ 127.41	\$2,038,587
Upgrade Five (5) Operating Rooms		2,000	SF	\$ 127.41	\$254,823
Renovate Ten (10) Beds to CCU/ICU		5,000	SF	\$ 127.41	\$637,058
Renovate Eleven (11) Beds to PICU		5,000	SF	\$ 127.41	\$637,058
Renovate Eleven (11) Beds to CARDIO/Special Surgical Services		5,000	SF	\$ 127.41	\$637,058
Rotary-Wing Landing Area, Surfaced	1112	400	SY	\$ 76.44	\$30,576
Airfield Lighting	1362	20	EA	\$ 3,423.58	\$68,472
<b>TOTAL GROSS BUILDING AREA NEW</b>		35,411	SF	\$ 424.91	
<b>TOTAL GROSS BUILDING AREA RENOVATIONS</b>		33,000	SF	\$ 127.41	
<b>SUBTOTAL</b>					<b>\$21,662,980</b>
<b>Area Cost Adjustment Delta</b>					\$35,527,287
<b>SUBTOTAL using Area Cost Factor</b>					<b>\$57,190,267</b>
<b>SIOH</b>					\$3,717,367
<b>Contingency</b>					\$18,272,290
<b>TOTAL CONSTRUCTION COST (*2)</b>					<b>\$79,179,924</b>
<b>Planning and Design</b>					\$5,542,595
<b>TOTAL FACILITY COST (*3)</b>					<b>\$84,722,519</b>
<b>Escalation Rate (FY2013) Delta</b>					\$7,175,997
<b>TOTAL ADJUSTED COST (*4) using Escalation Rate</b>					<b>\$91,898,516</b>

DESCRIPTION				FURNISHING & EQUIPMENT COSTS	
		QUANTITY	UNITS	UNIT COST	TOTAL COST
Hospital furniture, beds, deluxe (RS Means)		90	EA	\$ 4,375.00	\$393,750
Patient wall systems, deluxe (RS Means)		90	EA	\$ 2,025.00	\$182,250
Nurses Station, door type, laminated plastic (RS Means)		180	LF	\$ 386.00	\$69,480
No other equipment except as described above is included.					

SUBTOTAL		\$645,480
Escalation Rate (FY2013) Delta		\$54,672
<b>TOTAL ADJUSTED COST <sup>(*)4</sup> using Escalation Rate</b>		<b>\$700,152</b>
<b>TOTAL PROGRAM COST <sup>(*)5</sup></b>		<b>\$92,598,669</b>

(\*1) Costs from *Unified Facilities Criteria (UFC) DOD Facilities Pricing Guide, UFC 3-701-09, 15 September 2009*

(\*2) Total Construction Cost derived by applying Cost Adjustment Factors 1 - 3 from table below.

(\*3) Total Facility Cost derived by applying Cost Adjustment Factor 4 from table below.

(\*4) Total Adjusted Cost derived by applying Cost Adjustment Factor 5 from table below.

(\*5) Total Program Cost is the sum of construction and furnishing & equipment costs and is inclusive of Area Cost Factor, SIOH, Contingency, Planning and Design, and Escalation Rate.

COST ADJUSTMENT FACTORS	FACTOR
1. Area Cost Factor	2.640
2. Supervision, Inspection and Overhead (SIOH) Factor (%)	6.500
3. Contingency Factor (%)	30.000
4. Planning and Design Factor (%)	7.000
5. Escalation Rate (FY2012)	1.0655
5. Escalation Rate (FY2013)	1.0847
5. Escalation Rate (FY2014)	1.1042

### Source of Cost Estimates:

- KLMK Group LLC, 100 West Franklin Street Suite 200, Richmond, Virginia 23220, Patient Room of the Future, By Gary Wilkinson, Consultant and Lauren Wilson, Associate Consultant
- Unified Facilities Criteria DOD Facilities Pricing Guide UFC 3-701-09 September 15, 2009
- RS Means Cost Works – Cost Estimating 2009

### Project Costs Allocated by Fiscal Year:

Category	Project Element Title	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
Design				\$5.4M					
Construction					\$77.2M				
Procurement						\$700k			
Program Management							\$1.1M	\$1.1M	\$1.1M

**Estimated Start and Completion Dates:**

- Assuming funds are available – Program Year: **FY2013**
- Estimated Program Year for construction/implementation start date- PY+1: **FY2014**
- Estimated Program Year for project/construction period/completion date- PY+2: **FY2015**
- Estimated Program Year for Equipment delivery - PY+1:**FY2014**

**Proposed Implementation Plan:**

The Guam Memorial Hospital Expansion involves the initial capital investment in the design and construction of new space within the existing hospital site. The design funds are to be allocated in FY 2012 to initiate the timely design and construction effort. Requests for funding of construction will follow in FY 2013. If these key milestones are met, this proposed project will provide expanded health care assets and capabilities to Guam in a timely manner- to not only meet the peak demand timeframe (projected for 2014) but also the steady state in 2020.

**On-Going Operation and Maintenance / Sustainability:**

The ability of GovGuam to sustain the operations and maintenance of this enhanced capability, to improve health care services, is anticipated to be accommodated by DPHSS via GovGuam in FY 2014. The increases in General Fund revenues accruing from the economic activities generated by the direct, indirect and induced construction and population growth generated by the military buildup effort are expected to accommodate GovGuam's obligation for adequate operation and maintenance needs.

**Military Buildup Impact on GMHA Staffing**

Staffing Type	Current Staffing Numbers	Peak Year	Peak Year Staffing Requirements	Peak Year Percent Increase	Steady Staffing Requirements (going forward)	Steady Staffing Requirements Percentage increase
Physicians	57	2014	19	33%	2	4%
Nurses and Allied Health Professionals	355	2014	121	34%	13	4%

Source: *Guam and CNMI Military Relocation FEIS (SIAS)*, July 2010

**GMH Women and Children Wing Nursing Staff Projections**

	Existing Staffing	Additional Needed	Total Needed
<b>Acute Care Units</b>			
Pediatrics Unit	1 Unit Sup	0	1
17 RNs		17	24
2LPNs		2	4
7NAs		7	14
2WCs		1	3
<b>Non-Acute Care Units</b>			
L&B, OB Ward, Nursery	3 Unit Sups	0	3
58 RNs		0	58
6LPNs		0	6
8OB techs		0	8
14 Nas		0	14
3WCs		0	3
2 Couriers		0	2

There are several challenges associated with workforce development in the medical field. These include:

- The limited pool of qualified doctors and nurses
- The highly competitive salaries for doctors and nurses from the Navy hospital
- The DOL cap of the number of skilled and qualified doctors and nurses from Asia that can practice here on Guam due to the J1 Visa Training Program (potential solution would be to put a waiver on the J1 Visa cap during the peak construction years)

Due to the ongoing challenging financial posture of the overall Government of Guam, the only CIP funding that GMH is able to obtain is:

- In the form of Compact Impact Funds from the Department of the Interior (DOI). In the past year GMH provided Nationals from the FSM approximately \$54 million of services but only received \$3.6million Compact Impact Funds as reimbursement for the \$54million. This is due to the cap associated with the Compact Impact Fund reimbursement.
- Local General Obligation Bond (GOB) Series A Proceeds that we have been appropriated in support of GMH's Emergency Department and CCU/ICU Expansion Project.
- 4% of the Gross Receipts Tax is allocated to pharmaceutical's fund (\$8.1million is budgeted for 2011)
- Healthy Future's Funds (\$2.4million is budgeted for 2011)
- Also, the amount of Compact Impact funds that GMHA is able to dedicate to its CIP needs is dwindling. A large percentage of it goes towards GMHA's Vendor Payables, which is at approx. \$16M.

The main variable is that the Government of Guam gets between \$5M to \$7M per year and that money is prioritized (by the Governor) amongst all the different GovGuam agencies. The bottom line is that GMHA does not have any of the funds that we need to proceed with its Hospital Expansion Project beyond the ED and the CCU/ICU Expansion. The bottom line is that GMH is cash poor and we barely have enough monies to meet payroll every two weeks. Because of the poor financial cash flow state, GMH does not have the

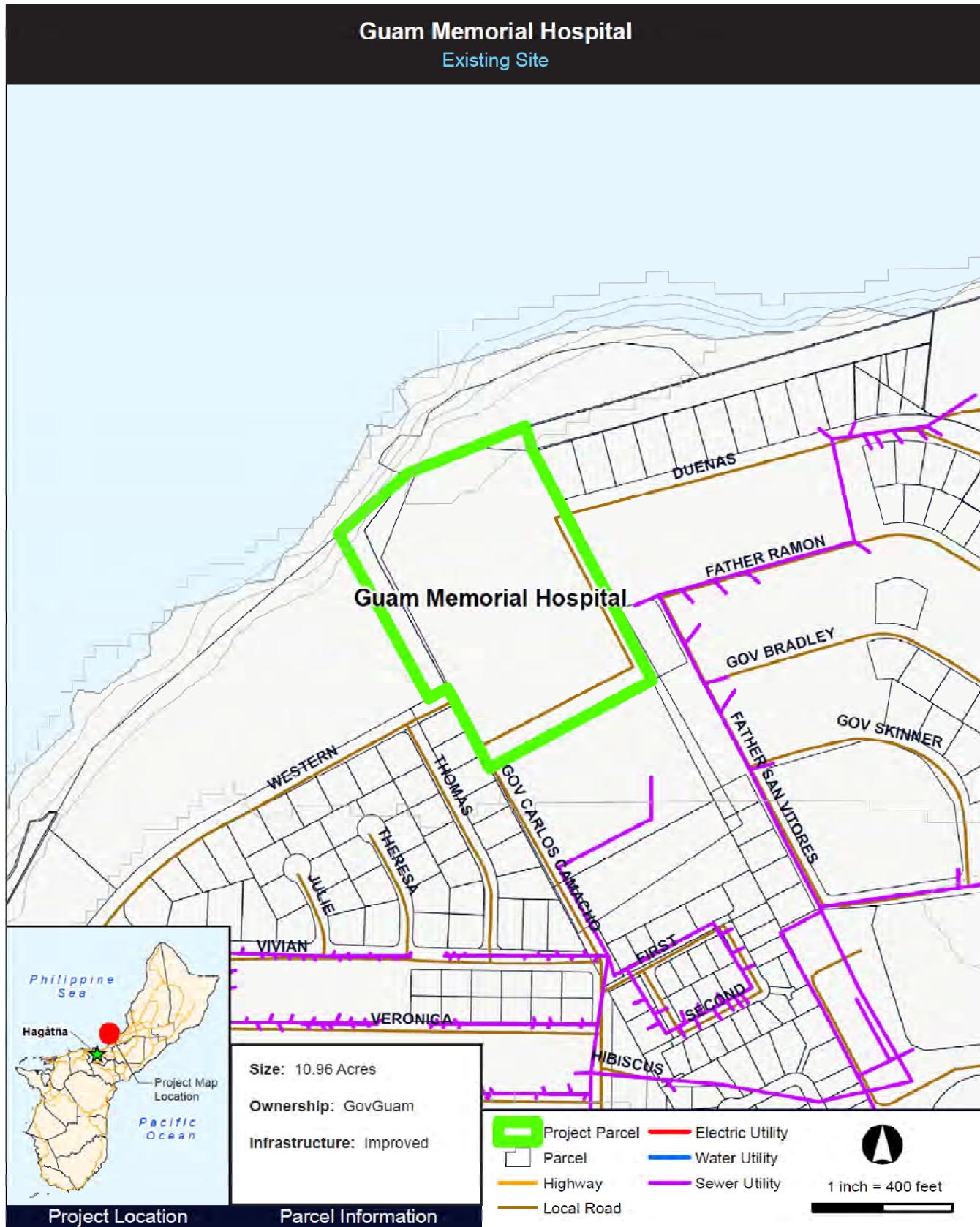


matching funds required for Medicaid. In addition, the match required for the Territory is higher than other rural states.

**Information Sources:**

- Draft Environmental Impact Statement, 2009
- Final Environmental Impact Statement, 2010
- GovGuam Civilian Military Task Force Report
- Interviews with GMH staff, July 2010



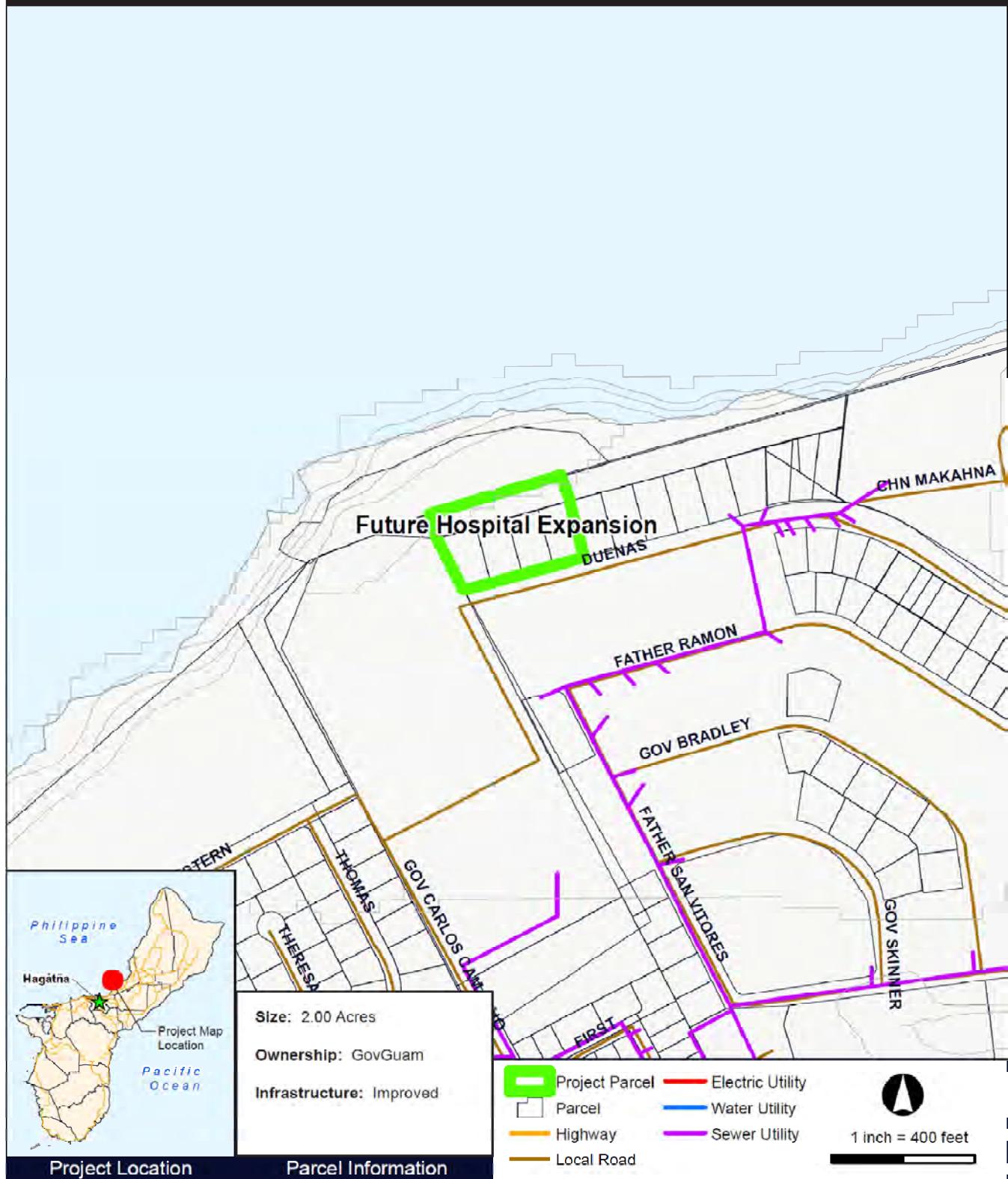




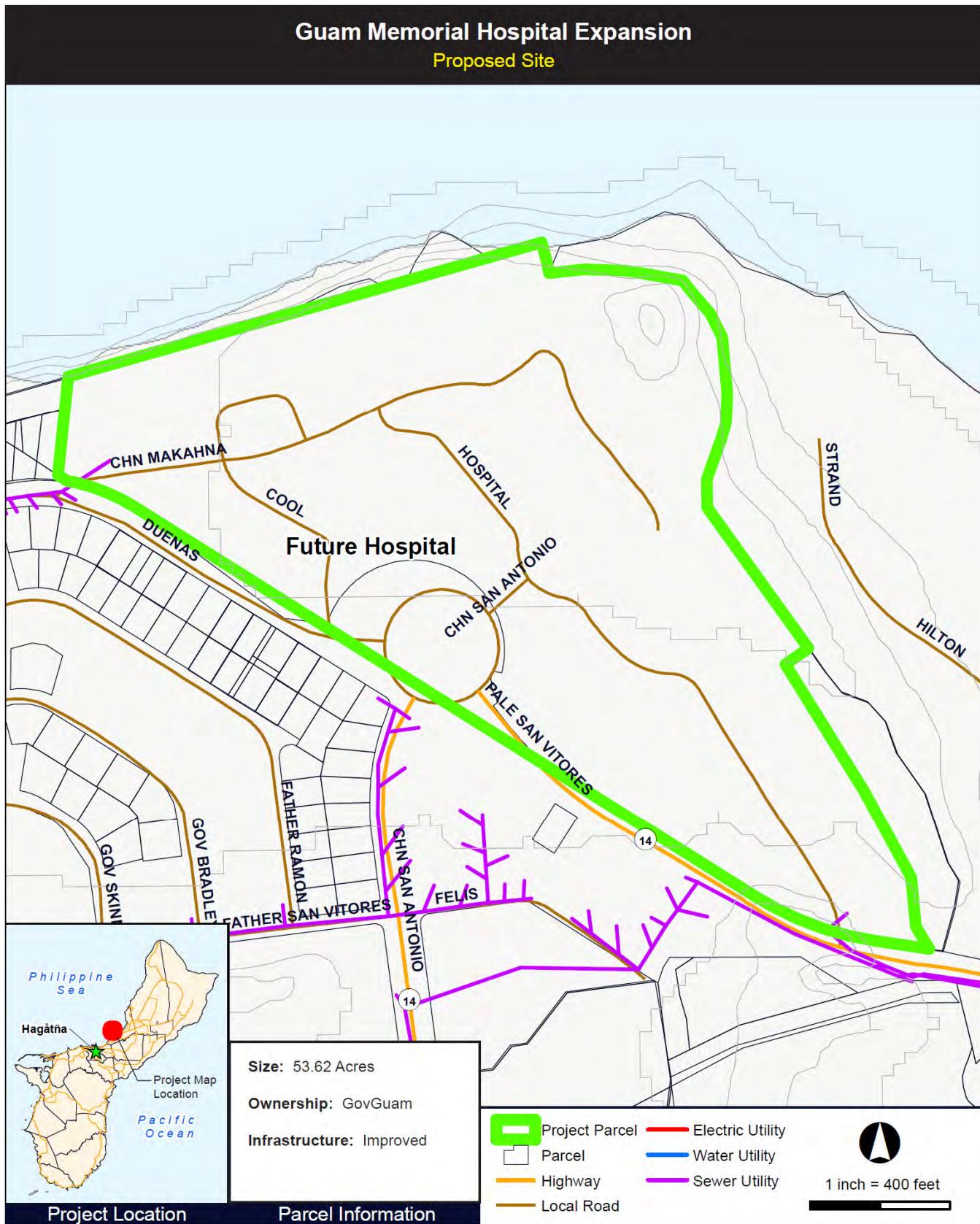


## Guam Memorial Hospital Expansion

Proposed Site







**PHOTO LOG**

Photo	Description
 A photograph showing the exterior of the Guam Memorial Hospital (GMH) building. The building is a multi-story structure with a light-colored facade and several levels. A prominent feature is a tall, rectangular tower-like structure on the left side. The words "GUAM MEMORIAL HOSPITAL" are visible on the side of the building. In front of the building is a large, well-maintained green lawn with several palm trees scattered across it.	<b>Existing Facility:</b> Guam Memorial Hospital (GMH) front view
 A photograph of the interior of a utility room at GMH. The room is filled with various industrial equipment, including large pipes, valves, and what appears to be a large green pump or compressor unit. The floor is made of polished concrete, and there are some items stacked against the left wall, including a blue cabinet and some boxes.	<b>Dilapidated Infrastructure:</b> GMH utilities in need of upgrade
 A photograph of a large parking lot in front of the GMH. The parking lot is filled with numerous cars parked in rows. In the background, there are other buildings and some greenery under a clear sky.	<b>Vehicle Storage:</b> Lack of adequate parking



## S-PNA Worksheet

Photo	Description
	<b>No Space:</b> Overcrowded Trauma Room
	<b>Staffing Working Constraints:</b> Nursing Station poor staff-patient visibility
	<b>Overcrowded Facilities:</b> Lack of space causing medical equipment to block transit areas

Photo	Description
 A photograph showing a hospital hallway. On the left, there is a windowed area. In the center, a medical cart with a patient bed is being pushed by a person in blue scrubs. The hallway is relatively empty.	<b>Temporary Storage Impedes Access:</b> Beds in hallways due to lack of space
 A photograph of a small, enclosed treatment area. It features blue and white curtains partially drawn. Inside, there is a patient bed on a cart, some medical equipment, and a small monitor. The space appears cramped.	<b>Lack of Appropriate Operations Area:</b> Tight spaces for emergency treatment areas



## S - PNA Worksheet

*Please see the next page.*