



Accreditation Quality Report





Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals - measures the care of patients with specific conditions such as heart failure or pregnancy.




Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission




Summary of Quality Information

Symbol Key

-  The organization has met the National Patient Safety Goal.
-  The organization has not met the National Patient Safety Goal.
-  The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
 Hospital	Preliminary Denial of Accreditation	8/10/2017	4/22/2016	1/5/2018




The following standard(s) were found to be out of compliance:

- A time-out is performed before the procedure.
- Identify patients at risk for suicide. Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.
- Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals. Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (CDI), vancomycin-resistant enterococci (VRE), carbapenem-resistant enterobacteriaceae (CRE), and other multidrug-resistant gram-negative bacteria.
- Leaders create and maintain a culture of safety and quality throughout the hospital.
- Leaders use hospitalwide planning to establish structures and processes that focus on safety and quality.
- Medication orders are clear and accurate.
- Report critical results of tests and diagnostic procedures on a timely basis.
- Resuscitation services are available throughout the hospital.
- Staff are competent to perform their responsibilities.
- Staff participate in ongoing education and training.
- The governing body is ultimately accountable for the safety and quality of care, treatment, and services.
- The hospital assesses and reassesses the patient and his or her condition according to defined time frames.
- The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.
- The hospital compiles and analyzes data.
- The hospital complies with law and regulation.
- The hospital effectively manages its programs, services, sites, or departments.
- The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.
- The hospital evaluates staff performance.
- The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.
- The hospital has policies and procedures that guide and support patient care, treatment, and services.
- The hospital improves performance on an ongoing basis.
- The hospital maintains complete and accurate medical records for each individual patient.
- The hospital makes food and nutrition products available to its patients.
- The hospital manages risks associated with its utility systems.
- The hospital manages risks related to hazardous materials and waste.
- The hospital manages safety and security risks.
- The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.



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- The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
- The hospital safely manages emergency medications.
- The hospital safely stores medications.
- The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
- The hospital verifies staff qualifications.
- The medical record contains information that reflects the patient's care, treatment, and services.
- The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.
- The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.
- The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.
- The organized medical staff participates in organizationwide performance improvement activities.
- The organized medical staff, pursuant to the medical staff bylaws, evaluates and acts on reported concerns regarding a privileged practitioner's clinical practice and/or competence.
- The patient and his or her family have the right to have complaints reviewed by the hospital.
- Those who work in the hospital are focused on improving safety and quality.

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2017 National Patient Safety Goals		 *



Locations of Care




* Primary Location

Locations of Care	Available Services
<p>GMHA Skilled Nursing Unit DBA: Guam Memorial Hospital Authority 499 North Savana Drive Barrigada, GU 96921</p>	<p>Services:</p> <ul style="list-style-type: none"> ● Rehabilitation Services ● Skilled Nursing Care
<p>Guam Memorial Hospital Authority * 850 Governor Carlos G Camacho Road Tamuning, GU 96913</p>	<p>Services:</p> <ul style="list-style-type: none"> ● Cardiac Catheterization Lab (Surgical Services) ● CT Scanner (Imaging/Diagnostic Services) ● Dialysis Unit (Inpatient) ● Ear/Nose/Throat Surgery (Surgical Services) ● EEG/EKG/EMG Lab (Imaging/Diagnostic Services) ● Gastroenterology (Surgical Services) ● Gynecological Surgery (Surgical Services) ● Gynecology (Inpatient) ● Inpatient Unit (Inpatient) ● Interventional Radiology (Imaging/Diagnostic Services) ● Labor & Delivery (Inpatient) ● Medical /Surgical Unit (Inpatient) ● Medical ICU (Intensive Care Unit) ● Neurosurgery (Surgical Services) ● Normal Newborn Nursery (Inpatient) ● Orthopedic Surgery (Surgical Services) ● Outpatient Clinics (Outpatient) ● Pediatric Unit (Inpatient) ● Plastic Surgery (Surgical Services) ● Post Anesthesia Care Unit (PACU) (Inpatient) ● Surgical Unit (Inpatient) ● Teleradiology (Imaging/Diagnostic Services) ● Thoracic Surgery (Surgical Services) ● Ultrasound (Imaging/Diagnostic Services) ● Urology (Surgical Services) ● Vascular Surgery (Surgical Services)


















2017 National Patient Safety Goals

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	
	Eliminating Transfusion Errors	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	
Improve the safety of using medications.	Labeling Medications	
	Reducing Harm from Anticoagulation Therapy	
	Reconciling Medication Information	
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
	Preventing Multi-Drug Resistant Organism Infections	
	Preventing Central-Line Associated Blood Stream Infections	
	Preventing Surgical Site Infections	
	Preventing Catheter-Associated Urinary Tract Infection	
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	
Universal Protocol	Conducting a Pre-Procedure Verification Process	
	Marking the Procedure Site	
	Performing a Time-Out	