

Answers to the
Subpoena *Duces Tecum*
for
Pedro T. Untalan, Acting Secretary of Public Health and Acting
Deputy Secretary for Hospital Administration

Introduction

I would like to thank the Committee for this opportunity to discuss the staff and accomplishments of the Department of Public Health. As Acting Secretary, I am honored to work with a group of dedicated and hard working health care professionals, and I feel that their many accomplishments, often with the barest of resources, do not get enough mention.

While I have read and reviewed all the answers in this Appendix, please understand that I did not provide all the answers. While I believe the answers to be true, I do not have personal knowledge of all the facts and, rather, have relied on the dedicated staff of DPH who have collected a great deal of this information, and have relied on them to provide many of the answers. Accordingly I must reserve the right to change, amend or supplement the answers as other facts become known to me.

I understand that not all the questions have been answered at this time, and I wish to assure the Committee that the lack of an answer does not translate to a lack of respect for the Committee or the investigation. Rather, when we were less than certain about an answer we did not guess and instead will attempt to provide the information should the Committee still require it after the three days of testimony that are scheduled. It is my hope that the testimony of DPH's experts will provide all the Committee requires.

Again, I would like to thank the Committee for this opportunity to demonstrate the dedication and efficiency of DPH. For example, in the very short time that the committee gave us to answer its comprehensive list of questions, we have dedicated over 100 man hours to researching the answers. Concurrently with these efforts, we have experienced approximately 514 ER visits, 184 admissions, 8 deaths and 44 births. I am proud of the staff of DPH and trust that, after your investigation, the Committee will be proud of DPH as well.

1. CHC MANAGEMENT

a. Questions

1.) Concerns have been raised regarding the lack of proper management of the Department of Public Health. What is your stance on this allegation?

Answer:

The Department has management whom has experience and is successful in working and maintaining each department/division, even though some programs have limited to almost crippling resources.

2.) Is there political interference with the managing of the Department of Public Health? If yes, explain how and why.

Answer:

I do not feel that there is political interference with the management of the Department of Public Health.

3.) Is there adequate communication between management and employees?

Answer:

I believe there is adequate communication between management and employees.

4.) How does management deal with concerns raised by employees?

Answer:

The Personnel Service System Rules and Regulations provide guidance for both the management and the Department of Public Health employees on how to deal with concerns raised by employees.

5.) How do you rate the morale of the Department's staff? Explain

Answer:

I feel that, overall, our employees' morale is great. However, there are certain issues that have been brought up which impacts the employees' morale:

- 1. Employees have not received ANY increases in regards to compensation (salary)**
- 2. The discontinued housing allowance benefit makes it hard to keep excepted service employees who have been employed with the Department of Public Health for more than five (5) years.**

6.) Allegations have been raised regarding the frequent absences of top hospital management. Is this true? Explain.

Answer:

I am not aware of these allegations.

7.) Are there occasions of temporary/acting appointments to positions without proper compensation? Explain

Answer:

Yes. (Please refer to Attachment A)

8.) Are there benefits offered to foreign employees that are not offered to local employees and vice versa? If yes, explain what kind of benefits and why.

Answer:

If an individual is hired off-island they receive a housing allowance for the first five years. However, this does not apply to all off-island hires.

9.) Does the Department award or recognize good behavior and performance of employees?

Answer:

Yes, I believe the Department recognizes good behavior but as a result of the economy, budgetary restraints, public laws and regulations, the Department is unable to give monetary rewards for their performance or service to the hospital.

10.) Are there ways, such as suggestion boxes or service evaluation forms, for the public to communicate their concerns or complaints?

Answer:

I believe so. DPH encourages its staff to provide information to the patients and a form is available for the public to report any grievances suffered.

11.) How does management deal with concerns or complaints raised by the public? Are there standard procedures for this?

Answer:

Management attempts to deal with every complaint personally. DPH welcomes any issues or concerns in regards to services, departments, or individual employee.

12.) Are doctors, nurses or other staff a part of the decision making process of the Department or hospital? Explain.

Answer:

I believe doctors, nurses or other staff are a part of the decision making process of the Department and hospital. We have Senior Management Meetings, Division Program Manager Meetings, Medical Staff Meetings, etc., in which they participate in and their opinions and concerns are taken under consideration.

13.) Has there ever been an evaluation of the Department or hospital? If yes, provide such evaluation to the Committee?

Answer:

Yes, Medicare did an evaluation. (Please refer to attachment B)

14.) Is the Department or hospital actively applying for federal grants or similar funding? Does the Department or hospital currently receive federal grants or funds? If yes, provide the Committee with a breakdown for the past 5 years of all grants and other federal funds received and how there were spent?

Answer:

Department of Public Health's Division of Public Health has increased its annual Federal Grants from \$3 million to \$10+ million with the later addition of the Women, Infants and Children Nutrition Program and Public Health Preparedness and Response

Programs. CHC does not apply for federal grants for the reason that, rarely, do these grants apply to a hospital. (Please refer to attachment C for the breakdown as requested)

15.) Is management a part of the high turn over ratio of employees? Explain.

Answer:

While there are several reasons why employees leave CHC, I do not believe management is a major factor. I believe a large reason for the medical staff turnover is the inability to provide competitive salaries.

16.) What is the management's overall position on its performance?

Answer:

The staff of CHC/DPH continue to meet the needs of the community with minimal financial support and a lack of adequate resources.

b. Request for documents

2. HUMAN RESOURCES/RECRUITMENT

a. Questions

1.) Please elaborate or provide us the organizational chart of the HR department.

a.) Currently, do you have a director or manager or in an acting capacity?

b.) Who does the director or manager directly report to?

Answer:

a. Yes, the Department of Public Health has a Manager for Administrative Services/Human Resources.

b). The Manager for Administrative Services/Human Resources reports directly to the Secretary of Health.

2.) How many employees are assigned to the HR department? a.) What are their functions?

b.) How many are full time and how many are part time?

Answer:

2). Including the Manager, the Human Resource Department consists of six (6) employees.

a). Please refer to attached Position Descriptions.

b). All employees are full time employees.

3.) Do you outsource any of your functions to a private contractor? a.) If yes, who? How many employees and at what cost?

Answer:

We do not believe the Department of Public Health outsources any of its Human Resource functions to a private contractor. But see question 6(g).

4.) Presently, how many employees does CHC have? Please categorize these employees by department and by full time or part time.

Answer:

Please see attached employee listing.

a.) Does the current number of employees equal the FTE's allowed pursuant to current fiscal budget?

Answer:

Yes , the current number of employees is based on the 2009 Fiscal Year's approved budget.

b.) If not, how many employees are you short necessary to operate CHC efficiently and effectively?

Answer:

N/A

c.) How long have these positions been vacant?

Answer:

N/A

d.) Which department lacks the most personnel? Nurses? Doctors? Maintenance?

Answer:

N/A

e.) What steps have your department initiated or completed to resolve the lack of personnel?

Answer:

Once a funded FTE is vacated, HR will process Request for Personnel Action for Announcement for vacated position. Once approved, Office of Personnel Management will announce for three (3) weeks, receive applications, review and rate, and forward qualified applicants for the position for the department to interview and select.

5.) Do you recruit locally?

Answer:

Yes, the Department of Public Health recruits locally.

a.) What tools or means are used, i.e. advertisements, referrals, walk-ins, etc.?

Answer:

We recruit locally with advertisements with the Office of Personnel Management, referrals, and walk-ins.

6.) Do you recruit abroad?

Answer:

Yes, the Department of Public Health recruits abroad.

a.) If yes, how is recruitment done? b.) Universities?

Answer:

Yes, we have medical residents from University of Virginia, UCSF, and University of New Mexico, others that performs their rotations at the Commonwealth Health Center. This rotation experience provides them actual feel of the hospital, staff, and island.

f.) Head Hunter? If yes, how much do you pay the Head Hunter?

Answer:

Yes. We have an agreement with Head Hunters

g.) Does the Head Hunter receive additional compensation for retention?

Answer:

Should they provide a successful recruit, finders fee is \$25,000.00 per recruit.

h.) On line advertisements?

Answer:

Yes. We have advertisements online with the 3RNET website, National Health Service Corps, as well as hospital website.

e.) Media advertisements?

Answer:

No.

7.) Which countries do you recruit from?

Answer:

We recruit from the United States, Canada, and Philippines.

a.) Is the Philippines one country you recruit from? What positions?

Answer:

Yes, we recruit from Philippines. We have recruited nurses, pharmacist specialists, clinical lab scientists, etc.

b.) Do you recruit doctors from the Philippines? If not, why not?

8.) For off-island recruits, how is the contract determined?

Answer:

For off-island recruits, the conditions of employment for Outside the CNMI Hire are applied.

9.) Do you recruit from the U.S. National Health Services Corps?

Answer:

Yes, we recruit from the United States National Health Services Corps.

10.) Do you recruit physicians who worked for U.S. Public Health Service or U.S. Indian Health Service?

11.) Is there a standard guideline for salaries & wages and benefits? a.) Please elaborate on the minimum and maximum salaries & wages and benefits CHC offers.

Answer:

Yes

b.) Are the salaries & wages and benefits comparable to other medical institutions in the U.S, Guam?

Answer:

Please see payscale as approved by Office of Personnel Management and Civil Service Commission for classified positions.

12.) When a prospect or viable candidate is found, who does the interview and how is it conducted; personally, via telecommunication? Take us through the process.

a.) Is an Interview Analysis completed?

b.) Are Reference Checks completed?

Answer:

The Department Heads conduct interviews either personally should situation permit or via telephone interviews and then forward recommendation of selection to Human Resources for review for completeness for recommendation letters, degrees/certification, police clearance, etc.

13.) Are prospective candidates given a true picture of what to expect; that is, job requirement, duties and responsibilities, working environment, island life, absence from family, high cost of living, climate, etc.?

Answer:

We believe so.

14.) From the day a position is vacant, usually how long does it take to fill that position; for local and off-island?

Answer:

Time varies. For local hire, after announcement is completed and interview is done, routing of Request for Personnel Action (RFPA) for Hire will have to route to Office of Management & Budget, Secretary of Finance and Office of Personnel Management. For Excepted Service Contracts, in addition to the offices listed above, employment contracts must also be routed to the Attorney General's Office, Governor's Office, employee, and then lastly back to Office of Personnel Management for processing of the Notification of Personnel Action (NOPA).

15.) Does CHC have an on-going recruitment policy? Even if there are no vacancies available?

Answer:

We have continuous announcements for hard to fill positions advertised at Office of Personnel Action.

16.) Once the position is filled, please take us through the process.

a.) Is there constant communication with the new recruit? How often?

Answer:

We believe our communication is sufficient.

b.) Who arranges for airfare, transportation and accommodations?

Answer:

HR staff arranges for airfare, transportation and accommodations.

c.) Does CHC Personnel greet new recruits at the airport?

Answer:

HR staff or CHC personnel attempts to greet and provide airport pickup for all new recruits.

d.) When is the contract signed by the new recruit?

Answer:

New recruits generally sign off on their employment contracts prior to their start date. However on occasions for physicians only, a contract is routing while the physician is scheduled to provide coverage.

e.) Usually how long does it take for the contract to be signed by all the required signatories in the CNMI?

Answer:

Usually 4-6 weeks.

f.) Are the contracts of new recruits as discussed, offered and agreed upon by both parties?

Answer:

We believe so.

g.) Is CHC honoring the contracts as written?

Answer:

Yes, we believe so, although there is ambiguity concerning housing allowance for employees who have worked over five years. Employment contracts for these employees still includes housing allowance payments, however, housing allowance has ceased to be paid out pending clarification.

h.) After arrival, when is the new recruit required to report to work?

Answer:

New recruits generally report to work about a day or two upon arrival. When we work on their flight itinerary, we plan to have them arrive before their scheduled start date to allow them to rest from their travel.

17.) What are the accommodations for off-island hires?

a.) How much housing allowance is given? Computed into their salaries & wages?

Answer:

We provide them a room at the C&R Apartment at Gualo Rai up to 30 days if needed to allow them ample time to find their own accommodations.

a). \$600.00 or \$800.00 per month depending on their status.

18.) When a newly hired employee starts work, is there a Handbook and or Orientation package given to them?

a.) How long is the orientation and who conducts it?

b.) What is the composition of the orientation?

c.) Do they shadow anyone at first before they perform their duty alone, and how long?

Answer:

No handbook is provided but they are advised of the New Employee Orientation Workshop provided by the Office of Personnel Management.

a. New Employee Orientation Workshop is a full day workshop conducted by personnel from the Office of Personnel Management.

b. New Employee Orientation Workshop provides newly hired employees information about their rights, benefits, and opportunities and responsibilities as public service employees.

c. Yes, new employees generally shadow their immediate supervisor/manager or one senior employee for at least a couple of days.

19.) Are employees of CHC given a Performance Evaluation or Appraisals?

a.) How often?

b.) Is the Performance Evaluation task oriented?

c.) How are they rated? Objectively or subjectively or both? d.) Who evaluates the employees?

Answer:

Yes, employees of the CHC are given a performance evaluation or appraisal.

a. Annually.

b. Yes

c.

d. Evaluation forms are completed by their immediate supervisors/managers.

20.) For off-island contract employees; such as doctors and nurses, are they given Performance Evaluations? Who does the evaluations and recommendations?

Answer:

Renewal of contracts are initiated about three (3) months prior to expiration of contract to allow HR to complete contract routing prior to expiration of current contract. HR will contact employees to submit needed requirements for processing such as updated license if needed, police clearances, health clearances, etc. (this requirement is mostly needed for Non Resident employees to comply with Department of Labor).

21.) When an off-island employee's contract is nearing expiration, when is he/she informed of a contract extension or non contract extension; one month, 3 months, or 6 months before?

Answer:

Please see answer for question number 20.

22.) Are employee meetings regularly held at each department? Who conducts the meetings?

Answer:

Yes, meetings are held regularly at each department. Unit Managers conduct their departmental meetings with their employees.

23.) How often does upper management meet with employees for information purposes or just to improve rapport; monthly, every 3 months, every 6 months?

24.) How often does the HR manager call in an employee inclusive of nurses and doctors just to talk about their welfare or any concerns?

Answer:

HR has an open door policy. Employees are welcomed to meet with the HR Manager or staff should they have any concerns/questions. The HR Manager will call in employees should their immediate supervisor/manager request assistance or advises HR that employee may need counseling.

25.) How do you disseminate information to all the employees?

Answer:

Email, mailboxes, or meetings along with Secretary of Health for critical issues.

26.) Does CHC have an Exit Interview policy for terminated employees?

a.) Who conducts the interview?

b.) If there are concerns brought up, how are they handled?

- 27.) Does CHC have an Incentive Program for employees?
- 28.) Does CHC have an on Training Program for all employees?
- 29.) For each position held at CHC, is there a job description for each position?

Answer:

Yes, there are job descriptions for each position.

- 30.) For recruiting purposes only, how much is expended annually?
- 31.) Does CHC have any retirees currently on payroll? If yes, how many and what positions are held?

Answer:

No, we do not believe there are any retirees currently on payroll.

32.) Please provide us with a list of all employees that have left their employment at CHC either voluntarily or involuntarily, inclusive of doctors and nurses whose contracts were not renewed since January 2006 to the present. Please indicate the date of hire, date of separation and the reason for separation.

Answer:

Please see attached documents for list of all employees that have left their employment at CHC either voluntarily or involuntarily since January 2006 to the present.

b. Request for documents

- 1.) HR organizational chart.
- 2.) Copy of contract with Headhunter (recruiter).
- 3.) Copies of letters of resignations of doctors and nurses from 2006 to October 1, 2009.
- 4.) List of personnel that receive housing benefits including name, position, and amount of housing.
- 5.) List of personnel that are employed by CHC but lost housing benefit including name, position, and amount of housing.

3. MEDICAL SUPPLIES AND EQUIPMENT

a. Questions

1.) What are the current policies and procurement and supply process pertaining to medical supplies and equipment?

Answer:

The present policy is to meet the identified daily operational medical/hospital supplies through our Medical Supply Office housed in lower base. The unit maintains the supplies and orders when the “order reentry point” is met. We normally allow approximately 2to 3 month lead time when ordering to resupply. Items not in the inventory system or special order is generated by the unit then transmitted to MSO for processing.

2.) Are there ample medical supplies and equipment that are readily available when needed?

Answer:

Yes, we believe so.

3.) At what point is there a decision made to procure more supplies or equipment?

Answer:

The only time that a decision will be made to procure additional medical supplies is usually based on emergent situations but in normal situations it is based upon the items established “reorder entry point”. Equipment replacement is based on the critical need of the equipment as there is not budget identified in the current fiscal year.

4.) Is the current equipment of the hospital up to date or compliant with medical or federal standards? Explain.

Answer:

To date, we believe CHC is in compliance with Medicare standards.

5.) At what point is there a decision made to upgrade equipment? Who makes the decision? Are doctors, nurses and other staff a part of this decision making process?

Answer:

At the moment, there is no funding available to upgrade equipment; therefore, this has not been an activity that we practice with regularity.

6.) What is management's opinion pertaining to the overall procurement process of medical supplies and equipment?

Answer:

We believe excellent, CHC/DPH have not had any problems or complaints in providing, procuring and acquiring equipments or supplies.

b. Request for documents

4. HOSPITAL BILLING AND COLLECTIONS

a. Questions

1.) Please provide and explain to the committee the hospital's billing and collections process or procedures.

Answer:

Please See Attachment.

2.) Who manages the billing and collections process? Is there a comptroller? Explain.

Answer:

Miss Rosalyn Gibbons is the Acting Manager for the Billing Office.

Mrs. Rosa Sorensen is the Manager for the Collections Office.

Both Offices report to the Financial Services Administrator

3.) Is there adequate staffing to manage the billing and collections process? Explain.

Answer:

In FY 2009 Budget, 2 FTE's from the Billing Office and 2 FTE's from the Collections Office were zero funded.

4.) Is there a need to improve or upgrade the billing and collections process? Explain.

Answer:

Yes, there is a need and both management and staff are working diligently to improve it. They have reduced the gap of all insurance claims to 6 months and a project is already underway to also reduce the gap on the self-pay claims.

5.) How much is currently uncollected by the hospital for services rendered?

Answer:

Out of \$118,045,422:

\$75,715,922 are uncollected from Government payers (HPMR, Government Insurance, and Medicaid);

\$15,828,408 are due from patients

\$10,751,982 are due from patients but have already been referred for collections

\$7,331,482 are owed by employers

\$4,555,192 are owed by Medicare and other payers

****These figures are approximate and change as payments are collected and additional bills are generated.**

How is the hospital handling this?

Answer:

We are diligently reviewing each account and are appropriately referring them for collections. Any outstanding due from Medicare and Commercial payers are mostly paid within 15-30 days.

6.) What is management's overall opinion of its billing and collections process?

Answer:

We see so much improvement with the hard work of the staff. The staff promptly responds to inquiries from any patient and payer.

b. Request for documents

5. MEDICAL RECORDS

a. Questions

1.) How many employees are assigned to the Medical Records Office? a.) Job titles along with duties and responsibilities.

Answer:

2 Medical Transcriptionist

1 Inpatient Coder

3 Medical Records Technician II

7 Medical Records Technician I

b.) How long has each staff been employed in their positions?

Answer:

3 Medical Records Technician I were hired this year. All others worked for 5 years or more.

c.) Please provide organization chart pertaining to this office?

Answer:

Please See Attachment

d.) How many are full time and part time?

Answer:

All are Full-time

e.) Does the current number of employees equal the number of FTE's allowed pursuant to the current fiscal budget?

Answer:

Yes.

f.) If not, how many employees are you short by to operate the medical records office efficiently and effectively?

2.) How would you rate the staff's morale from this office?

Answer:

We believe the staff's morale is good.

3.) Describe in detail the process once a chart is requested?

Answer:

A tracer is then created and replaces the actual chart. The chart number and requesting unit is logged and then delivered to the requesting unit.

4.) How long does it take the medical records staff to provide charts to the ER or Ward once requested?

Answer:

This varies. Charts are mostly delivered to the unit within 15 min. upon request. Misfiled charts take longer. All personnel, however, are trained to locate misfiled charts.

5.) Numerous complaints have been made about staff being non responsive or extremely slow in retrieving charts and forwarding them to the appropriate ward. Please explain.

Answer:

We believe the staff is responsive to all requests for charts. Please see our answer for Question no. 4.

6.) Has the person in charge formulated a plan to help speed up the process in which charts are delivered? If so, what improvements have been seen? If not, why?

Answer:

Yes. The plans require the move to the new wing. Because the entry to the new wing requires the old Dialysis facility to be closed, the project will proceed when the new dialysis facility opens.

7.) How are charts organized?

Answer:

Charts are organized using the Terminal Digit System.

8.) Can they be easily retrieved?

Answer:

Yes.

9.) What system do you use to organize the charts?

Answer:

The Terminal digit system.

10.) Is your office overwhelmed with the volume of charts?

Answer:

Yes.

11.) Is there ample room to properly store the charts?

Answer:

Not at the current location.

12.) Do you need to digitize?

Answer:

Yes.

13.) Will digitizing help the Medical records office run more efficiently thus eliminating the daunting time it takes to wait for charts to arrive.

Answer:

The reduction in record retrieval time will be reduced but not eliminate it.

14.) Is your staff properly trained?

Answer:

Yes.

15.) Do you require training for your staff? If so, what type and how would it help make your office run more efficiently.

Answer:

Yes front-line staff are required to attend annual training on HIPAA and Customer Service. Certified Coders and Transcriptionists are required to obtain Continuing Education credits. Outpatient coders are provided in-service training.

b. Request for documents

6. CUSTOMER SERVICE

a. Questions

1.) Does CHC have a mission statement? If yes, please provide a copy. If not, why?

Answer:

To provide compassionate, quality health care and promote health for all people in the Commonwealth of the Northern Mariana Islands.

2.) Presently, does CHC have a Customer Service Representative to address non medical questions raised by patients or family members? a.) If not, where does one go to have questions or concerns heard?

Answer:

Yes, the Business Office Manager is the contact person for all nonmedical and medical inquiries.

3.) When concerns are raised, how are they addressed?

Answer:

Patients have the option of bringing concerns to the unit manager or using our grievance process. When it is raised, we attempt to address them quickly. However, if an

investigation is required, the concern is given to the QM where it is logged and transmitted to the appropriate managers.

a.) On the spot, telecommunication, correspondence, or personal appointment?

b.) Does CHC respond on a timely manner? What is the response time policy, if any?

Answer:

Please see our answer to no. 3 above.

4.) Does CHC have a Comment Card questionnaire available for solicitation of comments from patients or family members regarding the quality of service, patient care received, etc?

Answer:

A Grievance Form is available.

5.) Does CHC encourage employees and customers to give comments or suggestions for improvement of institution?

Answer:

Yes.

6.) Does CHC provide a Customer Service training program for employees, inclusive of managers and supervisors, nurses and physicians?

Answer:

Yes, thru the Office of Personnel Management Services and thru the Monthly Inservice, covering Patient Rights and Responsibilities.

a.) If yes, do they also attend Customer Service seminars on island or abroad? How often?

Answer:

All Customer Service seminars are on island.

7.) In the last year, has CHC received any complaints regarding quality of service? How many?

8.) In the last year, has CHC received any complaints regarding poor attitude of staff including nurses and doctors? How many?

9.) If so, how are the above complaints addressed or resolved?

Answer:

All are addressed in a prompt and efficient manner.

10.) Do nurses and doctors respond quickly to in-patient needs when asked?

Answer:

Yes.

Is there a management policy for response time or at the leisure of on duty personnel?

Answer:

Physicians respond to patient needs, as required by the regulating authority of Centers for Medicare and Medicaid Services, and our staff are very hard working.

11.) While we understand that each patient is unique in its own treatment and depending on each case and situation, but under normal condition, how much time does an on duty doctor allot to see each in-patient?

Answer:

The question is difficult to answer for, as pointed out in the question, each patient is unique and requires their own treatment, therefore the time allotted for each patient is different.

12.) Currently, when a walk-in patient arrives at the hospital via the Emergency Room, how quickly is he/she seen by the on duty doctor? Is there a management policy for response time, or at the leisure of the on duty doctor?

Answer:

Please see answers to the ER Department questions.

13.) Presently, are all emergency patients seen and treated by the on duty doctor or are they referred to private clinics? If there are referrals, who makes the determination to refer to private clinics?

Answer:

Please see answers to the ER Department questions.

14.) In the last year, how many walk-in patients were referred to private clinics?

Answer:

Please see answers to the ER Department questions.

15.) With an appointment, how long does it take for a patient to be seen by a doctor?

Answer:

It depends on availability of the physician or specialty. However, the option to see a private physician is usually offered.

16.) For follow-up treatment or consultation, how many patients are scheduled to be seen by a doctor in one hour?

Answer:

We are unclear as to what this question is asking.

17.) Please provide us with an average of how many patients are seen by one doctor on a daily basis; both in-patient and out-patient.

18.) Please provide us with an average of how many emergency patients are seen or treated on a daily basis.

Answer:

Please see answers to the ER Department questions.

19.) Does CHC have private rooms, semi-private rooms?

Answer:

Yes.

20.) How many patients are usually assigned in one room?

Answer:

Always 1 person per room, private or semi-private.

21.) Are patients provided with adequate pillows, blankets, bed covers, etc.?

Answer:

Yes, we believe so.

b. Request for documents

1.) Copy of CHC mission statement?

2.) Copy of customer service manual, if any?

3.) Copy of customer service training record? Include list of staff trained and date of training.

7. MEDICAL REFERRAL

a. Questions

1.) How much has CHC spent on medical referral from year 2006 to the present date? Please breakdown per fiscal year.

Answer:

Please see attachment (#1) Fiscal and Statistical Report

2.) Does medical referral have sufficient employees to handle the all the referral patients? And 3) How many employees does medical referral need and please identify those positions. Also, please provide how many employees are currently employed at Medical Referral.

Answer:

Currently MRS has 17 FTE's. Saipan(7, 2 vacant) Guam(4, 2 vacant) and Hawaii(6, 1 vacant, 1 in other department). Please see attachment (#2) MRS Organizational Chart recently approved. Based on the current case loads MRS requires a minimum of 24 FTE's.

4.) Please give the most recent expenditures and date of service for the Air Transportation per Medivac Patient? Where was the patient being transported to and what was the patient's medical diagnosis?

Answer:

Please see attachment (#1) Fiscal and Statistic Report under Medivac. Due to confidentiality issues we can't not provide names and diagnosis of patients.

5.) How many patients have we sent to Guam, Philippines, Hawaii, and other places in the last fiscal year? Please indicate the name, date, and medical diagnosis of each patient.

Answer:

Please see attachment (1) Fiscal and Statistical Report. Again, names and diagnosis of patients are confidential matters.

6.) How many patients have passed away under medical referral care in the last year? How much have medical referral spent to bring the remains back?

Answer:

Please see Attachment (#3) supplemental statistical report. On repatriation expense of expired patients, From Guam \$3,200, Philippines \$5,500 and Hawaii \$7,200.

7.) How many pending cases do we have under medical referral?

Answer:

Please see attachment (#3), roughly 200 cases at any given time. Each MRA case worker on an average is processing about 65 pending cases.

8.) Is medical referral up-to-date payments for off-island medical providers? Please provide all list of providers/vendors, type of service and amount paid and/or owed from Saipan, Guam, Hawaii, and the Philippines.

Answer:

All invoices submitted to MRS are generally immediately processed and forwarded to Finance and Accounting for payment. Generally, most accounts are paid within 45-60 days after receipt of invoices.

9.) Why do we only have Asian Medical Center as a partnership with CHC?

Answer:

Asian Hospital and Medical Center was the only recognized and reputable provider in the Philippines willing to accept our patients on open account due to past history of poor payment record. Other providers have put our patients under a hostage situation until account is settled.

10.) What is the medical referral process?

Answer:

Step One: Before Medical Referral Services act on any case, a Patient must first be referred by their primary physician by completing and submitting the referral package with all required documents.

Step Two: All submissions are reviewed for completeness, accuracy of information and verification of insurance coverage then entered into our Fox Information System for case number assignment. The Medical Referral Committee meets every Tuesday to review all pending and new cases. All cases are decided specifically on medical merits. The only if they are approved, the patient is referred to a medical facility in accordance with the MRS Rules and Regulations.

Step Three: Immediately after the MRC's action, the case is then assigned to an MRA case worker for processing in accordance with the SOP of MRS. The appointment request is then sent out and acceptance is dependent on the providers' case loads and Insurance company's confirmation of benefits. Once completed and an appointment date is confirmed, the MRA again enters the relevant information in the JD Edwards Financial System with Finance and Accounting for funding obligation and assignment of a Travel Authorization Number.

Step Three: After the Travel Authorization is assigned, it's back to the Fox System for the final entry to be able to print out the Treatment Authorization for the patient, MRS Manager and the secretary of health's signature.

11.) How many referral committee members are currently in the committee?

Answer:

The MRC is comprised of six (6) Physicians of different medical background and four advisory members for expediency purpose. Presently, only three physicians are active due to lack of appointments mainly due to the shortage of doctors.

12.) On Sept. 28, 2009, medical referral was interviewed by the Marianas Variety and were quoted that your office handles at least 15 cases each day. Is this information correct?

13.) In FY 2007, medical referral stated that CHC accommodated 565 referrals, about 47 patients per month or 10 to 11 patients per week. Is this information correct?

14.) In FY 2008, medical referral also stated that CHC accommodated 816 referrals, about 68 patients per month or 15 to 16 patients per week, which is an increase of 31%. Is this information correct?

15.) In FY 2008, medical referral also stated that CHC accommodated 907 referrals, about 76 patients per month or 19 patients per week, which is an increase of 10%. Is this information correct?

Answer:

The numbers you have supplied for questions 12-15 are correct but they do not take into account or include existing and on-going patients not to mentioned the Emergency Medivacs that when on the roll, the regular processing is put aside contributing to further delays.

16.) Who decides where the patients are going for treatment?

Answer:

The Medical Referral Committee

17.) Do you have a UR (Utilization Review) in Hawaii or the Philippines?

Answer:

No.

18.) In the past, Hawaii had a UR but she retired. That individual is working at Queens Hospital now.

Answer:

This question doesn't seem to require an answer.

19.) Who is conducting the review and decides if the patients are fit to travel back to Saipan?

Answer:

The Receiving or Attending Physician

20.) The committee understands that there are some patients that are referred to Hawaii for six months and at times more. If this is so, please explain the reason for the longevity of the referrals.

Answer:

These are complicated and catastrophic cases only. Some are purely economics as it would be costlier to go back and forth when their next appointment with a specialist is only a couple of weeks away. This has only occurred, we believe, with three patients in the last three years.

21.) How many patients are currently in the Philippines and Hawaii for referral?

Answer:

Please see attachment (#3)

22.) The committee understands that in Guam the Liaison Office is not entertaining anybody after 3:00pm. As a result, who assists the patients after their appointments?

Answer:

We believe this is untrue. We take care of patients till the last appointment is done even if it goes beyond the normal working hours. Patients have the cell numbers of all of our Guam staff for emergency purposes.

23.) If there is an emergency patient that needs to be referred, who decides what airline will be used?

Answer:

The attending physician plus a medical member of the committee decides the urgency of the situation and if no regular commercial flight is available or their requirements would delay the transport of the patient, MRS is task of bringing in the fastest transport available after consultation with the attending physician.

24.) Lately, we hear that medical referral can fly by medivac or CAREJET. Who is the owner of that aircraft?

Answer:

We use Americopters and Aviation Concepts (carejet) both a Guam based Corporation. They are also the only license FAA Air Ambulance Transport Service.

25.) To date, how much has medical referral spent on CAREJET?

Answer:

Please see attachment #1.

26.) How much has been spent on Asia Med in the Philippines?

Answer:

CNMI paid \$2,338,250.27 this fiscal year.

27.) Who picks up patients in the Philippines? Do we have contact with them? If so, how much are we paying them on a monthly basis or annually? Please provide the committee with a copy of the contract.

Answer:

SEAS Corporation, a Saipan based company. \$7,500 per month.

28.) Many patients are complaining on how they were treated upon their arrival and their daily appointment to and from the hotel. Is medical referral aware of these concerns?

Answer:

95% or better are very satisfied. Medical Referral is there for the patients' medical requirements Not personal needs or preference.

29.) Does medical referral have a cap on total expenses per patient? If so, how much?

Answer:

Yes, \$50,000

30.) Has any patient gone over the medical referral expense cap since 2006? If so, how many patients and how much per patient?

Answer:

Yes, 4. Any amount beyond the lifetime limit becomes a personal liability

31.) What is the scope of work for the Kaiser Permanente contract?

Answer:

The Department of Public Health doesn't do any business with Kaiser Permanente.

b. Request for documents

- 1.) Copies of all contracts pertaining to Medical Referral, for example but not limited to, Kaiser Permanente (Consultant in P.1.), Headhunters, travel agency and any physicians outside CHC for Saipan, Guam, Hawaii, and the Philippines. Please include the scope of work.
- 2.) Medical referral contract with Philippine company transporting patients from airport to hospital.
- 3.) CAREJET, medivac, airambulance, and helicopter contracts and expenses from 2006 up to October 1, 2009.
- 4.) Copies of all original billing and negotiated billing from Kaiser Permanente.

- 5.) Copy of Dr. Arafiles contract.

8. ER DEPARTMENT

a. Questions

- 1.) How many full time doctors are there in the ER department?

Answer:

3 full-time doctors.

- 2.) Do we have any part time doctors in the ER department?

Answer:

Yes

- 3.) How many full time doctors are necessary to sufficiently provide the proper healthcare in the ER department?

Answer:

5 full time ER doctors.

4.) Do we have any ER certified doctor? If so, how many? Please list the name of certified ER doctors. If not, why?

Answer:

All of our full-time doctors are board-certified in either Family Medicine or Internal Medicine. Over 30% of the Emergency Rooms in the United States, particularly in rural and remote locations, are staffed similarly. The practice of emergency medicine in Saipan is much more suited to a generalist than a sub-specialist.

5.) How many ER doctors have resigned or contract not renewed from 2006 to the present? Please list the name of each doctor, the date of employment, the date of resignation or non-renewal of contract, and the reason for resignation or non-renewal.

6.) How many nurses, staff clerk, etc. are currently employed at ER department? How many nurses, staff, clerk, etc. are needed to run the ER efficiently?

7.) Does the medical equipment at the ER department conform to regulatory standards or federal standards?

Answer:

Generally, yes. There are occasional shortages, but they are usually temporary.

8.) On average, how many patients does an ER doctor examine each day?

Answer:

In a 12-hour shift, a doctor typically sees 20-30 patients

9.) Are there a limited number of patients an ER doctor can see or a limited amount of hours a doctor can work in the ER department?

Answer:

No. The providers on duty will see as many patients as there are to be seen. It is generally accepted that working more than 60 hours/week is unhealthy and imprudent, both for providers and for the patients they care for.

10.) Does the ER department have sufficient medical supplies and equipment to treat emergency patients? If not, what supplies or equipment does the ER need to run efficiently?

Answer:

Generally, yes. There are occasional shortages, but they are usually temporary.

11.) Is there a shortage of medical supplies or equipment in the ER? If so, why?

Answer:

Please see answers to question 7 and 10.

12.) What supplies or equipment is most needed by the ER?

Answer:

More sutures and sets for laceration repair, and incision/drainage of abscesses (boils). We see these sorts of injuries/illnesses a lot.

13.) What is the ER admission process?

Answer:

Patients register to be seen. A nurse checks their vital signs (temperature, blood pressure, etc.). If it is an urgent situation, they are immediately brought to a bed. If it is not, they are asked to wait their turn.

14.) What is the average waiting time before a patient sees a doctor in the ER?

Answer:

It varies and is dependent on numerous factors. If you come to the ER with an inappropriate complaint (like back pain that has been bothering you for 3 months, or a simple cold), you may wait up to 4 hours because there are much more seriously ill patients to be seen. If you come with a serious condition, you are seen immediately.

15.) Many patients complain of 2-4 hour waiting periods before they see a doctor. What causes such a delay? Are patients informed of the delay or the reason for the delay?

Answer:

Most patients who wait this long do so because they have come to the wrong facility. The ER is for emergencies. The clinics are for routine complaints, like cough/cold, minor aches/pains, etc. If you come to the ER with a minor complaint that can be better handled at a clinic, the nurse informs you immediately. He/she also informs you that if you choose to

be seen at the ER, you may have to wait quite a while, because more seriously ill patients need to be attended to first.

16.) Many patients complain that after waiting for hours, they are told to go to a private clinic? Is this correct?

Answer:

No. They are informed of their options from the beginning. If they choose to wait, they will be seen.

17.) Many patients complain that after waiting for hours, they are told that there is no ER doctor? Is this correct?

Answer:

This is incorrect. There is no point in time when there is no doctor in the ER.

18.) Has the ER ever operated without an attending ER doctor? If so, how many times this past year?

Answer:

Absolutely not.

b. Request for documents

1.) Copies of all correspondences from the Headhunter and CHC pertaining to the hiring of ER doctors.

9. SURGERY DEPARTMENT

a. Questions

1.) How many employees are assigned to the Surgery Department?

Answer:

Operating Room – 7 RN's

a) Job titles along with duties and responsibilities.

Answer:

Registered Nurses care for patients upon admittance for operational services.

b) How long has each staff been employed in their position.

Answer:

It varies, however, longest serving employee is still with CHC after 27 yrs. and newly hired employees are equipped with 3 to 4 yrs. prior experience in surgery.

c) Please provide organization chart pertaining to this Department.

d) How many are full time and part time.

Answer:

All 7 RNs are full time employees.

e) Does the current number of employees equal the number of FTE's allowed pursuant to the current fiscal budget.

f) If not, how many employees are you short by to operate the Surgery Department efficiently and effectively.

2.) How many full time surgeons are currently working at CHC?

Answer:

2; 1 – Orthopedic Surgeon & 1- General Surgeon

3.) How many part time or locum surgeons at CHC?

Answer:

2 on island, and 1 on the way.

4.) What types of surgeons are employed at CHC?

Answer:

Currently, there are 2 General Surgeons, 1 Orthodontic Surgeon, and a Plastic Surgeon.

5.) What type of surgeons does CHC need?

Answer:

CHC has many vacancies for surgeons and is looking for surgeons to cover a variety of different positions.

6.) Does this department have ample supplies and equipment?

Answer:

Yes and no. Some operating services have adequate and proper supplies to function properly. Other areas have to make do with what is available.

7.) What type of equipment and supplies are needed in this department to run effective and efficiently?

Answer:

Many OR equipments need to be upgraded due to the fact that they are at least ten (10) to fifteen (15) years old.

8.) Has the department requested to purchase the required equipment and supplies?

Answer:

Yes. Awaiting response.

b. Request for documents

10. HEMODIALYSIS UNIT

1. Does CHC have a full time nephrologist at the Hemodialysis Unit? If not, why? If yes, who? And for how long?

Answer:

Yes. Dr. Dastoor is a full time Nephrologist on a 2 month contract.

2. When was the last time CHC had a full time nephrologist on island? Why did he left?

Answer:

Before Dr. Dastoor the last full time nephrologist was Dr. Loutoby. His contract ended May 4, 2009. His reasons for not staying were personal.

3. Does CHC have a part time or locum nephrologist at the Hemodialysis Unit? Under what terms and conditions is this nephrologist treating the patients?

Answer:

Dr. Safa from Guam is under contract with CHC until May 2010 as part time Nephrologist. His agreement with the Hospital is for consult and phone coverage in the absence of an attending nephrologist.

4. The new Hemodialysis Unit is not open. Why is this so?

Answer:

Design flaws of the new Hemodialysis Unit have been one of the reasons that the new facility is not opened. CHC administration has addressed all that issue that pertains to the facility's physical environment. The Water treatment system also had major issues. A non FDA approved RO system was placed by the contractors to treat medical grade water which is unacceptable.

5. What is delaying the opening of the new Hemodialysis Unit?

Answer:

- a. Medicare certification.
 - i. Medicare will not certify the facility without a medical director, CEO/ESRD administrator, Masters-prepared Social Worker and Renal Dietitian.
 - ii. The new facility will not be certified unless issues in the existing dialysis facility have been resolved.
- b. The RO system. The Non FDA approved RO machine has been removed but part of the system has been left in place. The control panels & the distribution pumps are part of the Severn & Trent RO system. Taking out the RO machine must include taking out this components of the system because they have not been approved for dialysis water treatment.

6. Does the new RO system for the Hemodialysis unit meet all federal requirements? If not, why? If not, what is being done to correct the problem?

Answer:

No it does not. Medicare condition for water and dialysate quality states that water and equipment used for dialysis should meet the water and dialysate quality standards and equipment found in the Association for the Advancement of Medical Instrumentation (AAMI). AAMI provision for Water Purification Systems states that devices marketed to purify water for hemodialysis are also subject to U.S. Food and Drug Administration's 510(k) approval process (*This includes the control panels and distribution system*). The FDA has published guidelines for water purification devices used in hemodialysis. Water purification devices marketed for use in hemodialysis applications must be approved by the FDA, and users should ensure that devices obtained from the vendors have been approved by the FDA. Recently, a private company has been contracted to correct the issues in the RO system.

7. The New Hemodialysis Unit construction cost at least 3x more than the original estimated amount. What caused the inflated cost of completing the facility?

8. How much is the total cost of the new Hemodialysis unit?

9. Does the new Hemodialysis unit meet all federal requirements? If not why?

Answer:

The physical structure does. But there is certain part of the unit that is being worked on to comply with all federal requirements like the Water treatment aspect.

10. Has the new Hemodialysis Unit been certified by CMS? If Not, why?

Answer:

No. Medicare will not inspect the facility until all issues have been addressed in both the existing and the new dialysis unit. Medicare also does not just check the unit. It looks at the entire facility. That includes the governing body, the Medical director, ensures that all staff is qualified and all key positions filled. Medicare will also assess how we can sustain to operate the new Hemodialysis facility.

11. Have the new dialysis machines been installed in the new Hemodialysis unit? If not, why?

Answer:

2 dialysis machines have arrived for training of all the staff. It has been installed in the new facility since September 22, 2009 and we are waiting for the arrival of 29 more machines. Once it has all arrived, it will be validated by CHC biomedical department and then accepted by ESRD program Medical director and Administrator.

12. How many dialysis machines are in the new unit?

Answer:

Only 2 for now. But there will be 31.

13. Do the new dialysis machines comply with all federal requirements? If not, why?

Answer:

Yes.

14. How many patients can be treated at the same time in the new unit?

Answer:

27 patients/shift.

15. How many current dialysis patients are there in Saipan, Tinian and Rota?

Answer:

There are many patients receiving dialysis in CNMI. 102 are dialyzing in CHC are dialyzing in a private clinic (St. Jude Renal Care). On CHC, 93 of these patients received Hemodialysis. 9 are on Peritoneal Dialysis Program.

Island	CHC	St. Jude
Saipan	91 <i>(83 on HD, 8 on PD)</i>	29
Tinian	4 <i>(3 on HD, 1 on PD)</i>	0
Rota	7	1
Total	102	30

16. Is the existing dialysis unit sufficient to treat all current dialysis patients?

Answer:

Yes.

17. Is there sufficient staff to operate the existing dialysis unit?

Answer:

No.

18. How many nurses are there in the existing dialysis unit?

Answer:

<i>Position</i>	<i># of Staff</i>
Registered Nurse (RN)	11
Licensed Practical Nurse (LPN)	4
Patient Care Technician (PCT)	12
Nurse assistant (NA)	1

19. Does the existing dialysis unit have a social worker?

Answer:

No. temporary coverage only by CHC social worker.

20. Do we have a nutritionist available to assist the dialysis patients?

Answer:

No. We don't have a renal dietitian.

21. How many dialysis machines are there in the existing dialysis unit?

Answer:

25 dialysis machines.

22. How old are the machines?

Answer:

More than 9 years old.

23. What is the procedure for a patient under the dialysis treatment?

Answer:

c. Pre Hemodialysis

- i. Check weight and vital signs.**
- ii. When machine and chair is ready, patient is seated and physically assessed and interviewed by a Registered Nurse. For any untoward symptoms, Physician is notified before initiation of dialysis.**
- iii. Dialysis prescription is then reviewed by RN. Machine being checked if all safety alarms are working.**
- iv. Patient vascular access for dialysis is then disinfected and prepared.**

- v. Needles are placed by specially trained staff and then connected to dialysis machine.
- d. **Intra Hemodialysis**
 - i. Vital signs checked every 30 minutes or more often when necessary.
 - ii. Machine parameters also reviewed by assigned personnel periodically.
 - iii. Patients are never left unattended during the entirety of treatment.
 - iv. Lengths of treatment are based on Physician orders. They range from 3 to 4 hours, 2 to 3 times per week.
 - v. Physician visits. A Nephrologist is required by Medicare to see patients at least every month in the clinic and periodically during treatment so patient's response can be assessed.
 - vi. Staff monitors patient during dialysis and reports to Physician any untoward incident/adverse events during dialysis.
 - vii. Some medications ordered by physician are administered during dialysis.
 - viii. Documentation ensured for every care and action done by staff or Physician.
- e. **Post Hemodialysis**
 - i. Vital signs & weight checked.
 - ii. Registered Nurse assesses each patient post dialysis before they are cleared to go home.
 - iii. Abnormal vitals are reported to physician and addressed.
 - iv. Documentation completed by staff assigned.

24. How many dialysis shifts are there? How many patients per shift? How long is each shift?

Answer:

Shift	Mon-Wed- Fri	Tues-Thu-Sat
1st Shift (5:00 AM-10:00 AM)	16	16
2nd Shift (10:00 AM-3:00 PM)	17	17
3rd Shift (3:00 PM- 9:00 PM)	14	14

25. Who assists the patients during their dialysis treatment if a Nephrologist is not available?

Answer:

Nurses specially trained for hemodialysis assist patients during their dialysis treatment. Nephrologists are not required to be there during treatments. If problems arise and patients need medical attention, Internal medicine doctors are called. For severe/immediate needs, patients are sent to ER department where immediate medical care are provided.

26. Do we have dialysis patients being treated off –island? If so, why?

Answer:

Right now no dialysis patients are being treated off island. If we ever have, most of these patients are sent because of Non-Dialysis related problem. (Cardiology referral, oncologist referral etc...)

27. How much does each dialysis treatment cost per patient?

Answer:

\$548-\$620 per treatment, depending on the patient's health problem.

28. How does the Medicaid/Medicare reimbursement process work for the treatment of dialysis patients?

Answer:

CHC bills claims to Medicare the same way as they bill other insurers.

29. How long does it take Medicaid/Medicare to reimburse CHC for dialysis treatments?

Answer:

Claims are usually paid in 15 days.

30. Do all current dialysis patients have health insurance or Medicaid/ Medicare coverage? If not, how many do not have coverage?

Answer:

No. Four (4) patients have no coverage and are not eligible for any program.

31. If a dialysis patient does not have medical coverage, who pays for their treatments?

Answer:

The patient or if they are eligible for the MIAP program, the Department.

11. INTENSIVE CARE UNIT

a. Questions

1.) How many employees are assigned to the Intensive Care Unit?

Answer:

There are nine employees at the Intensive Care Unit.

a) Job titles along with duties and responsibilities.

Answer:

b) How long has each staff been employed in their position.

Answer:

The longest staff member has been employed at the Intensive Care Unit for four years, the shortest has been employed for one month.

c) Please provide organization chart pertaining to this Department.

d) How many are full time and part time.

Answer:

All of the employees at the Intensive Care Unit are full time.

e) Does the current number of employees equal the number of FTE's allowed pursuant to the current fiscal budget.

Answer:

I do not believe that the current number of employees equals the number of full time employees allowed pursuant to the current fiscal budget.

f) If not, how many employees are you short by to operate the Intensive Care Unit efficiently and effectively

Answer:

Currently there are seven full time employees, if the Intensive Care Unit employed another seven full time employees it would take care of the AL and SL.

2.) What is the current moral of the ICU Staff?

Answer:

We believe that the current morale of the Intensive Care Unit Staff is satisfactory, although it may be improved by allowing for within grade increases and more funding.

3.) How many rooms does the ICU currently have? Is it sufficient?

Answer:

Currently, the intensive care unit has 4 rooms. This is not sufficient and the Intensive Care Unit needs to expand through the acquisition of more funding.

4.) If not, how many rooms does the ICU need in order to operate the unit efficiently and effectively?

Answer:

At this time, in order to operate more efficiently, the Intensive Care Unit would benefit from an additional four rooms.

5.) Are their adequate supplies in the ICU?

Answer:

I do not believe that the Intensive Care Unit currently has adequate supplies to run at its most effectiveness.

6.) What types of supplies does the ICU drastically need?

Answer:

The Intensive Care Unit requires certain special supplies for close monitoring of patients.

7.) What type of equipments does the ICU require to run more efficiently and effectively?

Answer:

The Intensive Care Unit requires monitors, electronic beds, new EKG machines, more in-services, journals to keep staff up to date with new and current trends, knowledge as well as technologies to run both more efficiently and more effectively.

b. Request for documents

12. RADIOLOGY/LAB DEPARTMENT

a. Questions

1.) At present, do we have a radiologist at CHC? If so, how many?

Answer:

At present, we do not have a full-time, on-site radiologist at CHC. Presently, we have 2 part-time, off-site radiologists providing interpretations for all CT and Mammography exams, with very limited X-Ray and Ultrasound interpretation coverage.

2.) If there is no radiologist at CHC, what is CHC doing to hire one?

Answer:

CHC has been actively recruiting a radiologist for several years without success. This is due to the high demand for qualified radiologists, the shortage of qualified radiologists and the lack of a competitive salary to recruit a qualified, full-time radiologist.

3.) Are there any prospective candidates to be hired?

Answer:

At present, there are no prospective candidates for the radiologist position. However, there are locums radiologists who have expressed their interest in working on-site, for short-term periods of 3 to 4 months.

4.) If CHC does not have a radiologist, who takes care of the radiology department?

Answer:

As previously mentioned, 2 part-time, off-site radiologists are contracted to provide limited exam interpretations for the CHC Radiology Department. Initially, they were recruited from the Guam Naval Hospital to provide remote interpretations and consultations from Guam with monthly site-visits to Saipan. Presently, they both reside on the US Mainland and as a result provide only remote interpretations.

5.) Who reads cat scans, ultra sounds, x-rays, etc?

Answer:

Presently, the aforementioned off-site radiologists read all CT and Mammography exams. Very few Ultrasound or X-Ray exams are read.

6.) Do we send tests off-island to be read? If so, where?

Answer:

All Mammography and Breast Ultrasound exams are sent off-island to be read. These exams are shipped via DHL to the 2 part-time radiologists on the US Mainland (Kensington, MD & Coronado, CA). All CT exams are remotely read via the CHC PACS (Picture Archiving & Communications System) digital reading network.

7.) How much does CHC spend to send tests off-island to be read? How long does it usually take to get the results back?

Answer:

CHC spends approximately \$180 to \$230 per r/t shipment for Mammograms and Breast Ultrasounds. This expense is covered by the DPH's Breast & Cervical Screening Program. Typically, results are received via encrypted e-mail within 7 to 10 days after shipment.

8.) Row many radiology technicians do we have at CHC? What are their qualifications? Do they undergo training and how often?

Answer:

Presently, there are 9 CNMI licensed technologists covering the 4 radiology specialties offered at CHC; 2 CT techs, 2 Mammography techs, 2 X-Ray techs and 3 Ultrasound techs. All but one has at least an Associate Degree in Radiologic or Ultrasound Technology from an accredited Allied Health Program from the Philippines or the US Mainland. All have at least 10 years of experience in their respective specialties. Our 2 Mammography techs are FDA certified to perform mammograms. Two of our Ultrasound techs are certified by the American Registry of Diagnostic Medical Sonographers (ARDMS). Due to immigration and monetary constraints, AMA approved continuing education credits have only been available to our Mammography techs and 2 of our Ultrasound techs. All others rely on free continuing education opportunities that are available on-line.

9.) Do we have an MRJ machine? If not, why?

Answer:

Presently, we DO NOT have an MRI unit at CHC due to:

- 1. the initial cost of the system,**
- 2. the expense of a preventive maintenance contract,**
- 3. the close proximity of an existing MRI unit in Guam,**
- 4. the lack of a qualified technologist to perform MRI exams, and**
- 5. the lack of a radiologist to interpret results and supervise & consult in it's use.**

10.) How much does an MRI machine cost?

Answer:

A new MRI system runs between \$1.5 and \$3 million, with an additional 10% per year for preventive maintenance. Used MRI systems can be purchased for significantly less however, their preventive maintenance contracts are significantly higher. The purchase of a new or used Multi-Slice CT scanner would be a much more cost-effective and beneficial approach for one-fourth to one-half the cost.

11.) How much does CHC spend to send a patient off-island to get an MRI (total cost including travel) per patient? Please list each patient, where the MRI was taken, and total cost for that patient for the past year.

Answer:

These statistics are available through the CNMI Medical Referral Division of CHC.

12.) We have information that a certain Dr. Burk once offered to provide his services here on our island, what happened to that offer? Did we take him up on his offer?

Answer:

From August, 2006 thru December 2008 Dr. Nathaniel Berg from the Guam Radiology Consultants Clinic provided limited, off-site radiology interpretation services for CHC via our PACS digital network. The total cost of that service was \$177,863.89, or approximately \$10,463 per month.

From 12/15/08 thru 1/16/09, Dr. Yervant Arzoumanian provided full-service, on-site locums coverage for a prorated \$13,958 per month.

From 1/16/09 thru 3/23/09, Dr. Edward Kolner provided full-service, on-site locums coverage for a prorated \$41,875 per month.

From 4/1/09 thru Drs. Glenn Richard & Robert Silk from 4/1/09 to present providing limited, off-site radiology interpretation services for CHC via our PACS digital network for a prorated \$8,974 per month.

13. Is the CHC Laboratory equipped with all essential supplies, instruments and equipments? What is the condition of these items? Good, Satisfactory, Bad or Poor?

Answer:

- a. The lab has most of the essential equipment that is required to perform the required testing for CHC patients.**
- b. The lab does not consistently have adequate supplies to perform all required testing, due to delays in the government procurement mechanism. The procurement process has multiple steps, which result in delays at each level. If government funds are inadequate payments cannot be processed, resulting in credit hold from vendors. Very frequently, patient testing is discontinued temporarily because of lack of reagents and supplies. One of the critical areas affected by this is the blood supply. Because of the poor payment history from the CNMI government to American Red Cross, the lab is not able to stock a safe and adequate supply of blood in the blood bank. The blood bank has to regularly ration blood for transfusion use. The safety net for blood supply is to have at least 15 units of blood on the shelf at all times. The blood bank frequently has only 5-6 units on shelf. This is a serious problem for the lab.**
- c. The condition of all supplies in the lab is generally good. Supplies are ordered and stocked in appropriate quantities, based on the usage frequency in the lab. Nothing is thrown away.**
- d. The majority of the testing equipment is in good condition, having been acquired in the last 4 years. The testing equipment is well maintained by lab staff and also by the manufacturer's regular service maintenance provisions. Most of the refrigerators, freezers, and centrifuges in the lab are more than 8-10 years old and are beginning to show signs of deterioration. These will need to be replaced soon.**

14. How equipped is the Lab?

Answer:

The lab has 5 departments that can provide the majority of acute care testing for CHC. The departments are: Chemistry, Blood Bank, Hematology, Microbiology,

Serology/Urinalysis. The equipment in the chemistry, hematology, and microbiology areas is less than 5 years old and is operating well. The equipment in serology is more than 10 years old and is not functioning properly. Most of the refrigerators and freezers are more than 10 years old and will need to be replaced soon. The lab space is extremely limited and makes it difficult to accommodate all required equipment effectively and safely.

15. What lab tests/procedures can be performed at CHC.

Answer:

- a. Chemistry: electrolytes, metabolic chemistry tests, liver screen tests, kidney screen tests, lipid screen tests, thyroid function tests, iron screen test, therapeutic drug test, drugs of abuse/alcohol test, urine chemistry test**
- b. Hematology: Complete blood count (CBC), hemoglobin/hematocrit, reticulocyte count, manual differential, sperm analysis, coagulation testing – PT, PTT**
- c. Blood bank: ABO/Rh typing, blood antibody identification, cross match for transfusion**
- d. Microbiology: bacterial culture and sensitivity, gram stains, acid fast stain for TB**
- e. Serology: urinalysis, microscopic exams, rapid test for influenza, pregnancy testing, syphilis test-qualitative and quantitative**

16. What lab tests/procedures must be performed at a private lab.

Answer:

A number of tests have to be sent to reference labs. There are no private labs on Saipan that can perform these tests. Specimens are referred to labs in Hawaii and the mainland US. These tests are: esoteric chemistry tests, complicated bacterial/viral culture tests, esoteric tests for monitoring dialysis patients.

17. Does CHC have a lab director?

Answer:

Currently, there is no lab director at CHC. CHC is in the process of finalizing a contract for a lab director. This provision is to be a locum tenens pathologist from Hawaii Pathology Laboratory, to cover lab director requirements.

18. Does CHC have a clinical pathologist?

Answer:

Currently, there is no clinical pathologist in the lab. We are in the process of finalizing a contractual agreement with HPL for a clinical pathologist lab director.

19. Does CHC have a lab consultant? If so, why? What is the scope of work of a lab consultant?

Answer:

The lab does not have a lab consultant; however, CHC is in the process of finalizing a contract with a lab consultant from Guam. The lab consultant will function in the main role of overseeing/managing lab operations, to include: overseeing quality assurance activities and compliance, assist in recruiting and hiring of lab personnel, oversee and direct lab procurement activities, assist in finance activities for the lab-budget preparation and review of monthly statistics, work with lab personnel on performance and disciplinary issues, undertake required activities to maintain CLIA certification.

20. How many lab technicians are at the lab? Are they trained or qualified to read the results of tests?

Answer:

- a. There are 3 laboratory technologists (with a lab degree and US license): trained and qualified to perform all current testing in the lab.**
- b. There are 4 laboratory technicians (with a lab degree but no US license): trained and qualified to perform all current testing in the lab.**
- c. CNMI health professional licensing law allows lab technicians to perform the same level of testing. This is based on a college degree in lab sciences together with training and work experience in a qualified lab setting.**
- d. There are 6 lab phlebotomists in the lab. These individuals do not require college degrees or licenses to perform their duties. The requirement for phlebotomists is job experience which is also provided in the lab as on-the-job training. With current CNMI regulations, these individuals can only perform the following: blood collection procedures, processing of specimens for testing, processing specimens for send-out, other lab clerical function. They cannot perform lab testing or reporting activities.**
- e. Currently, the lab is experiencing a severe shortage of technicians/technologists. There are 4 vacancies that need to be filled and the lab is having a difficult time performing required testing and reporting results appropriately.**

21. If not, where do we send lab tests for reading?

Answer:

- a. Lab tests that are not performed at CHC must be referred to a CLIA certified lab (or equivalent).**
- b. Current tests are sent out because the procedures are not performed at CHC, due to lack of procedures, costly equipment and supplies, lack of technical expertise.**
- c. The reference labs currently utilized are: Diagnostic Lab Services-Honolulu, Hawaii Pathology Lab-Honolulu, USAF Regional Testing Lab-Brooks, Texas, Oregon Public Health Lab-Portland.**

22. How long does it usually take for lab tests sent out to be returned to CHC? How much does it cost to send-out lab tests?

Answer:

For the majority of tests sent out, results are obtained in 7-10 days. Currently, send out testing that is being ordered at CHC costs approximately \$20,000 a month.

23. What are AMI and CLA? What are they used for?

Answer:

I think that you are trying to discuss AMT not AMI and CLIA not CLA. AMT is a US lab technologist licensing board. CNMI currently recognizes 2 US licensing accreditations for lab technologists; AMT and ASCP. CLIA (Clinical Laboratory Improvement Act) is the US federal regulations for laboratory practice and requirements. In the US, CLIA regulation is overseen by CMS and CHC's CLIA compliance is under the jurisdiction of the Section 9 CMS office, thru Hawaii.

24. What is the waiting period for patients to be assisted at the lab?

Answer:

- a. Patients admitted to the hospital have main priority for being assisted with lab orders.**
- b. Emergency room, OR, labor and delivery lab requests are considered life threatening and are given the highest priority. These lab requests are collected, tested, and reported within 1 hour.**

- c. **Other hospitalized patient lab requests are processed and reported within 4 hours.**
- d. **Patients coming to the lab to have lab orders completed are considered outpatients. These patients have their blood collected within 20-30 minutes of when they are processed in the lab. Outpatient results are reported 4-8 hrs after they are collected.**
- e. **These turn-around-times are following industry standards for laboratory practice and can vary considerably if there are staffing shortages.**

25. Do lab technicians explain the lab test/procedure to patients?

Answer:

- a. **The lab personnel who interact with the patients most frequently are lab phlebotomists.**
- b. **The phlebotomists will identify the patient appropriately and will explain that they are to collect a blood specimen**
- c. **If patients inquire about lab procedures, the phlebotomists will provide explanations and if unable to, they will refer the question to a lab technician or lab technologist.**

b. Request for documents

- 1.) Copy of lab consultant contract.

13. NURSING DEPARTMENT

a. Questions

- 1.) Is there an organizational chart for the nursing section? Please provide and explain the protocols of this section.

Answer:

I believe that there is an organizational chart for the nursing section.

2.) Concerns have been raised about the nursing section not having a qualified nursing director. Who is the nursing director and provide documentation to substantiate his/her qualifications.

Answer:

Currently there is no nursing director, nor has one being appointed in an “Acting Capacity.”

3.) What are the standard salaries of nurses? Provide the Committee with pay scales for all nurses.

Answer:

RN Nurse Manager- \$33,345- \$35,012; SN I-\$21,506 -\$28,807; SNII- \$23,706- \$33,345; HN- \$24,889- \$31,757; NMW I- \$27,437- \$28,807; NMW II-\$30,246.- \$31,757; LPN- \$17,700- \$22,576;-

4.) Is there a high turn over rate for nurses? Explain.

5.) Concerns have been raised pertaining to inexperienced nurses being employed by the hospital. Explain.

Answer:

Not likely to happen because we are mandated through the Nurse Practice Act to comply with the requirements established by the Act. The only exception is the legislatively established requirement for CHC to hire NRW who graduated from NMC and passed the NCLEX without the prescribed 2 year minimum required by the present labor law.

6.) Is there a sufficient amount of nurses to meet the needs of the general public? Explain.

Answer:

I believe that there is a sufficient amount of nurses to meet the needs of the general public. We have a dedicated nursing staff who continue to work for us to provide the necessary nursing care needed for all hospitalization.

7.) Is there a need to improve the nursing section? Explain

Answer:

There is always room for improvement in health care.

8.) What is management's position on the overall performance or situation of the nursing section?

Answer:

The management's position on the overall performance or situation of the nursing section is that our nursing staff is performing wonderfully.

b. Request for documents

14. PSYCHIATRI UNIT/PSYCHIATRISTS/TRANISTIONAL LIVING CENTER

a. Questions

1.) How many full time psychiatrists are employed at CHC?

Answer:

There is one full time psychiatrist on staff at CHC.

2.) What is their medical qualification/background and how many years of experience do they have? Please list each psychiatrist.

Answer:

Our psychiatrist is a Georgetown University graduate, 3 years residency in psychiatry, and 20+years of psychiatry work experience

3.) What is the psychiatrist/patient ratio?

Answer:

Based on CNMI population: 1:65,000, based on patient ratio approximately 1:500

4.) What is the turn-over rate for psychiatrists at CHC? How long do *they* usually last on island? If not long, why?

Answer:

The turnover rate is almost annually for past two years. Before 2007 the average retention was 2-5 years. Issues: salary, court protocols /requests, general delivery of services,

5.) Does the hospital have a full time Psychiatrist specifically for the Psych Unit, or are these psychiatrists also used at the Transition Living Center (TLC)?

Answer:

Both for Hospital, TLC, and Outreach (Tinian & Rota).

6.) Is there a Psychiatrist at the unit on a 24/7 basis? If not and a patient is committed, what procedure does the hospital take to accommodate the patient?

Answer:

I believe that there is a Psychiatrist available on a 24/7 basis.

7.) Does the Psych unit have any in-patients at this time? On average, how long is a patient usually committed either involuntarily or involuntary?

Answer:

I believe that there are in-patients at Psych unit.

8.) What is the usual treatment for in patients?

Answer:

The usual psychiatric inpatient treatment protocols – assessment/evaluation, diagnosing, prescription of medicines as appropriate, and developing of treatment plan and discharge.

9.) Is there a discharge plan for Psych unit patients?

Answer:

Discharge Plan development start at admission of patient and upon discharge day, family representative will be involved in finalizing discharge plan which include follow up treatment as outpatient and assigned a social worker to assist with case management activities.

10.) Are there follow up appointments for patients that leave the Psych unit?

Answer:

Yes, there are follow up appointments for patients that leave the Psych Unit.

11.) Are these patients or their family informed of their rights?

Answer:

Yes, the patients or their family are informed of their rights.

12.) How many staff/employees excluding Psychiatrist are at the Psych Unit?

Answer:

There are nine staff members excluding the Psychiatrist at the Psych Unit: 5 RNs, 2 LPNs, 2 Nursing Assistants.

13.) What are their qualifications?

Answer:

NCLEX RNs & LPNs

14.) Do these staff/employees undergo training in terms of dealing with mentally ill patients? Are they qualified or certified to tend to these patients needs? Are they trained to properly restrain a patient should the need arise? How often do they have to undergo such training?

Answer:

Yes, the staff/employees undergo training in terms of dealing with mentally ill patients. Yes, they are qualified or certified to tend to these patients needs. Restraining is not applied to inpatients. Seclusion is applied if warranted for two hours

15.) If these staff/employees are certified, who decides or selects what type of restraint procedure is appropriate in any given case. Are these procedures in compliance with hospital policy?

Answer:

The Psych Unit has Policy and Procedure Treatment Protocols/ Manual .

16.) Can these staff/employees provide or can they prescribe medications depending on the patient's needs without the presence of a psychiatrist?

Answer:

Only physician/psychiatrist can prescribe medication.

17.) Are the nurses at the Psych unit trained to deal with patients with mental illnesses?

Answer:

Yes, the nurses at the Psych unit trained to deal with patients with mental illnesses. Most of the psych unit nurses have 20+years of work experience in psychiatry and mental health

18.) What is the Transitional Living Center (TLC)?

Answer:

The Transitional Living Center is a place where community mental health services are offered to individuals with serious mental illnesses (SMI). It is also a facility where SMI clients can learn and/or improve daily living skills. The TLC operates on a 24 hours, 7 days a week.

19.) How many patients reside at the TLC?

Answer:

Currently, there are four (4) residents at the TLC.

20.) Do these long term patients have their own nurses or staff, or are they served by whoever is scheduled to work that day?

Answer:

The long term patients do not have their own nurse; they are served by whoever works during shift period.

21.) Who determines which patient is admitted to TLC?

Answer:

Normally, the psychiatrist recommends/orders admission. A multidisciplinary team consisting of a Psychiatrist, Registered Nurse, Social Worker and Activity Coordinator will assess a potential client. Only clients who have been determined by multidisciplinary assessment to meet program criteria and who will benefit from the TLC program will be admitted.

22.) What is the TLC mission?

Answer:

The Mission of the Transitional Living Center (TLC) is “ *to establish a supervised residential program where patients with mental illness who do not require acute hospital care will benefit from rehabilitation services in order to help them become integrated into their community*”

23.) How long to patients stay at TLC?

Answer:

Clients stay at the TLC on a short-term basis depending on the time frame set in their individualized treatment plan to work on their goals. Generally, an individual’s stay ranges from 3 to 6 months.

24.) How many psychiatrists are at the TLC?

Answer:

There is one psychiatrist serving the entire CNMI.

25.) What is the treatment program for patients living at TLC?

Answer:

TLC Provides as follow:

- **Day Rehabilitation Program – offers Living Skills Training, Functional skills training, Coping skills training, Leisure skills training, social skills training, and cognitive skills training. It is for individuals with chronic mental illness who do not require hospital care. Participants in the program are provided with opportunities to develop the skills they need to function independently at home and in their community. Treatment is individualized so that the client’s specific needs can be met.**
- **24 Hour Residential Rehabilitation Program – provides 24 hour seven days a week services to clients with serious mental illness who require 24 hour supervision due to insufficient functional living skills and/or lack of community supports necessary for the client to live independently or at a lesser level of supervision.**

26.) How many nurses are assigned to the TLC?

Answer:

There are a total of 4 registered nurses, 2 Licensed Practical nurses, and 2 nursing assistants. 1 RN and 1 Nurse Aid are assigned to work on each shift. (*Shifts are divided into either: three 8-hour shifts or two 12-hour shifts*)

27.) Does the TLC equipped with enough staff to run the facility?

Answer:

Staff is adequate to meet the need of current census. However, should the census increase, TLC will need additional staff at the TLC in ensure quality care services are provided. Current residents are chronic and a different type of placement is more

practical recommendable than what TLC can provide. Family of these residents hardly made any effort to interact more frequently with them and to connect with them as family.

28.) Do the staff/employees of TLC also work at the Psych unit?

Answer:

The staff/employees at the TLC only work at the Psych unit to assist with discharge planning and to carry out case management needs when patient is discharge from psych unit

29.) What programs are being provided to the patients to prepare or equip them so they can be independent?

Answer:

Aside from Day Program and Residential Program, the following are also provided to the outpatient consumers:

- **Illness Management and Recovery Training**
- **Case Management**
- **Outreach**
- **Psychiatric Evaluation/Follow up Appointment**
- **Medications**

b. Request for documents

15. TINIAN AND ROTA HEALTH CENTERS

a. Questions

1.) The committee reserves the right to ask questions regarding the Tinian and Rota Health Centers at the hearing.

b. Request for documents