


<b>GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER</b>		
<b>TITLE:</b> GBHWC Committees and Committee Guidelines	<b>POLICY NO:</b> AD-ORG- 06	Page 1 of 3
<b>RESPONSIBILITY:</b> Department-Wide		
<b>APPROVED BY:</b>  THERESA C. ARRIOLA, DIRECTOR	<b>DATE OF ORIGINAL APPROVAL:</b> 06/02/2017	
	<b>LAST REVIEWED/REVISED:</b> 11/14/19	

**PURPOSE:**

The purpose of this policy is to ensure committee business will be transacted effectively, to provide a mechanism for rotating committee membership among different individuals, and to ensure attendance at scheduled committee meetings.

**POLICY:**

Guam Behavioral Health and Wellness Center (GBHWC) recognizes the need for stakeholders' opinions in the decision making process of the department and for the continued evaluation and assessment of the different functional structures and program plans. For this reason, the Department Director or Committee Chair shall form committees, each with an identified purpose and designated membership. GBHWC committees consist of but are not limited to the following:

1. Management Committee
2. Environment of Care (EOC) Committee
3. Strategic Planning Committee
4. Quality Performance Improvement Committee
5. Peer Review Committee
6. Clinical Team Committee

**RESPONSIBILITIES:** (Each committee's main functions consist of but are not limited to the following:)

**A. Management Committee**

1. Sets the strategic direction to guide and direct the activities of GBHWC toward its mission, vision, and strategic goals.
2. Reviews and adopts policies and procedures relevant to the operation of GBHWC.
3. Reviews pertinent findings of other committees and individual clinical programs' goals, progress, and other operational issues.
4. Communicates extraordinary events and issues requiring administrative action.

**B. Environment of Care (EOC) Committee**

1. Develops and monitors the accessibility plan and reviews it annually for relevance.
2. Implements an ongoing process for identification and removal of barriers, such as but not limited to architecture, environment, attitudes, transportation, and communication for the consumers and other stakeholders.

3. Develops plans and policies covering security, safety, and maintenance which will ensure GBHWC provides a safe environment to staff, consumers, and visitors.
  4. Reviews critical incident reports, assesses the potential risks of injury to consumers, staff, and visitors, and implements programs or policies to minimize such risks.
- C. Strategic Planning Committee
1. Provides direction and counsel, under the oversight of the GBHWC Leadership, throughout the strategic planning process.
  2. Develops and reviews the Strategic Plan and assesses the strategic direction and achievement of the Department's strategic goals at least annually.
  3. Helps management identify critical strategic issues facing the organization and assists in the analysis of alternative strategic options.
  4. Tracks progress against their strategic goals by using identified performance indicators.
- D. Quality Performance Improvement Committee
1. Develops the Quality Improvement Plan and Risk Management Plan.
  2. Identifies areas for improvement, develops methods for implementation, and recommends methods of improvement to the management team.
  3. Provides ongoing, operational leadership of continuous quality improvement activities.
  4. Meets regularly to review quarterly data gathered from each department in order to monitor the quality of work done at the administrative and program levels.
- E. Clinical Team Committee
1. Meets regularly to discuss administrative matters pertaining to the different clinical programs.
  2. Develops and reviews policies and protocols pertaining to clinical matters.
  3. Plans and schedules both mandatory and educational trainings.
- F. Peer Review Committee
1. Provides ongoing monitoring of the quality of services delivery, appropriateness, and patterns of service utilization, as well as identifying training needs through a medical records peer review process.

**PROCEDURE:**

- A. Committee membership is appointed by the Director or the Committee Chair on an annual or as needed basis in accordance with policy guidelines.
- B. Chairpersons of committees are responsible for preparing minutes and keeping attendance rosters.
- C. Committee members **MUST** attend a minimum of 75% of all committee meetings. Failure to do so will be noted in the individual's annual performance evaluation. The member's immediate supervisor shall make accommodations to promote maximum participation.

Failure to attend meetings will be communicated by the committee chairperson to the employee's supervisor on a quarterly basis.

- D. Should a member fail to participate in three (3) consecutive meetings, the Chairperson shall notify the Director and may recommend removal from the committee. The Director shall designate a new member to fill the vacancy. Removal from a committee will be documented in the individual's annual performance evaluation.

**REFERENCES:**

**RELATED POLICY (IES):**

- A. *AD-QM-01 Quality Performance Improvement Plan* for full function of the committee
- B. *AD-MR-01 Clinical Peer Review and Medical Records Review*

**SUPERSEDES:**

**ATTACHMENTS:**



**GUAM BEHAVIORAL HEALTH & WELLNESS CENTER**

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

**Policy Title: GBHWC Committees and Committee Guidelines**

**Policy No: AD-ORG-06**

**Initiated by: Regulatory Compliance/QI Office**

Date	Signature
9/16/19	

Cydsel Toledo  
Quality Improvement Coordinator

Date	Signature
9/20/19	

Reina Sanchez  
Clinical Administrator

Date	Signature

Annie Unpingco  
CASD Administrator

Date	Signature
9-18-19	

Leonora Urbano, MSN, RN-BC  
Psychiatric Nurse Administrator

Date	Signature
11/8/19	

Carissa Pangelinan  
Deputy Director