Outlook

Re: Messages & Communications Doc. No. 38GL-26-2774 through 2777.

From Guam Legislature Clerks <clerks@guamlegislature.gov>
Date Mon 8/24/2026 10:28 AM
To 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Elijah Untalan
Clerks Office
I Mina'trentai Ocho na Liheslaturan Guåhan
Guam Congress Building, 163 Chalan Santo Papa, *Hagåtña,* Guam 96910
Voice: (671) 472-3465/3460 Fax: (671) 472-3524
guamlegislature.gov

From: 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Sent: Monday, August 24, 2026 9:57 AM
To: Guam Legislature Clerks <clerks@guamlegislature.gov>
Cc: Frank Blas Jr. <speakerblas@guamlegislature.gov>
Subject: Messages & Communications Doc. No. 38GL-26-2774 through 2777.

Håfa Adai Clerks Office,

Please see attached, **Messages & Communications Doc. No. 38GL-26-2774 through 2777** for processing:

✓	**38GL-26-2774**	Department of Public Health and Social Services	Guam Board of Examiners for Pharmacy Regular Board Meeting Packet for August 20, 2026*
✓	**38GL-26-2775**	Department of Administration	Prior Year Obligation to pay The Guam Daily Post, LLC in the total amount of $224.00*
✓	**38GL-26-2776**	Guam Memorial Hospital Authority	FY2026 3rd Quarter Travel Report.
✓	**38GL-26-2777**	Office of the Attorney General	Prior Year Obligation to pay ERC Hardware in the total amount of $109.31.

Please retrieve Doc. No. 38GL-26-2776 from link below:

Messages & Communications Physical Scanned Copy - Google Drive

Kindly reply to this email.

Si Yu'os ma'åse',
Marie Crisostomo
Committee on Rules Assistant
COMMITTEE ON RULES
Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

Messages and Communications 38GL-26-2776.

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Thu, Aug 20, 2026 at 4:49 PM
To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Håfa adai,

Please see attached M&C Doc. No. 38GL-26-2776

38GL-26-2776	Guam Memorial Hospital Authority	FY2026 3rd Quarter Travel Report.

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

38GL-26-2776.pdf
24147K

38th Committee On Rules <committeeonrules@guamlegislature.gov> Fri, Aug 21, 2026 at 12:48 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Si Yu'os ma'åse',

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

I Mina'trentai Ocho Na Liheslaturan Guåhan

38th Guam Legislature

[Quoted text hidden]

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

August 18, 2026

38GL-26-2776
OFFICE OF THE SPEAKER
FRANK F. BLAS JR.
AUG 20 2026
Time: 1:55pm
Received:

VIA HAND DELIVERY
The Honorable Frank Blas, Jr.
Senator and Legislative Speaker
Chairperson of Committee on Rules
Thirty-Eighth Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Hafa Adai Speaker Blas:

Buenas yan Saludu! In accordance with Public Law 36-107, Chapter XIII, Part II, Section 17 regarding Reporting Requirements for Travel, the Guam Memorial Hospital Authority is submitting herewith the FY2026 third (3rd) quarter report of all off-island government travels. Also attached are the trip report of the travelers regarding the conferences and trainings attended.

Please feel free to contact me or Ms. Yukari Hechanova, Chief Financial Officer at (671) 648-6746, if any further information is required.

Si Yu'us Ma'ase'.

Senseramente,

JOLEEN M. AGUON, MD
Interim Hospital Administrator/CEO

JMA/YBH:cc
Attachments
Admin Repository #A2026-1635

cc: GMHA Board of Trustees

38GL-26-2776
Messages and Communications
RECEIVED
COMMITTEE ON RULES
August 20, 2026
4:49 p.m.
Marie Crisostomo

HEALTHCAREASIA AWARDS 2021
COVID Management Initiative of the Year - Guam
GMHA COVID-19 RESPONSE INITIATIVES
GUAM MEMORIAL HOSPITAL AUTHORITY

HEALTHCAREASIA AWARDS 2021
Hospital of the Year - Guam
GMHA COVID-19 RESPONSE INITIATIVES
GUAM MEMORIAL HOSPITAL AUTHORITY

FY 2026 GMHA 3RD QUARTER OFF-ISLAND TRAVEL REPORT

Traveler's name & Title	Purpose and Location of Travel	Source of Funding	Travel Amount
Genevieve Austria, OR/PACU Unit Supervisor	Participated in the AORN Global Surgical Conference & Expo in New Orleans, Louisiana.	Registration fee paid by Hospital Operating Fund (Traveler paid for the expenses of airfare, hotel and per diem)	$1,225.00
Janna Malig-on, Staff Nurse II, Operating Room	Participated in the AORN Global Surgical Conference & Expo in New Orleans, Louisiana.	Registration fee paid by Hospital Operating Fund (Traveler paid for the expenses of airfare, hotel and per diem)	$815.00
Christine Tuquero, Assistant Administrator, Nursing Services	Attended the AONL 2026 Inspiring Leaders Conference in Chicago, IL.	Hospital Operating Fund	$6,986.65
Manny Gabriel, Hospital IT Administrator	Attended the Pacific Digital Health Interoperability Bootcamp in Nadi, Fiji	Per diem paid by Hospital Operating Fund [Airfare and hotel expenses are covered by the Pacific Community (SPC) and the Commonwealth Scientific and Industrial Research Organization (CSIRO)]	$452.00
Luis Miclat, Hospital Utilization Review Specialist	Attended the 2026 BRINetwork Discharge Planning and Capacity Management Summit in Orlando, Florida	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$4,274.42
Jannica Quintanilla, Hospital Social Services Administrator	Attended the 2026 BRINetwork Discharge Planning and Capacity Management Summit in Orlando, Florida	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$4,279.40
Suma Joseph, Clinical Case Manager	Attended the 2026 BRINetwork Discharge Planning and Capacity Management Summit in Orlando, Florida	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$4,274.40
Carlos Pangelinan, Assistant Chief Financial Officer	Attended the HFMA Leadership Summit in Austin, TX	100% funded by The Office of Insular Affairs 2025 Technical Assistance Program (TAP Grant)	$3,173.79
Jonighna Vallero, Hospital Unit Supervisor, Special Services	Attended the Shockwave Medical Education Intravascular Lithotripsy Masters Super User Course, Orange, California	100% funded by the Pacific Community (SPC) and the Commonwealth Scientific and Industrial Research Organization (CSIRO)	$0.00
Rodrigo Patdu, Cardiovascular Technician, Special Services	Attended the Shockwave Medical Education Intravascular Lithotripsy Masters Super User Course, Orange, California	100% funded by the Pacific Community (SPC) and the Commonwealth Scientific and Industrial Research Organization (CSIRO)	$0.00
Yuka Hechanova, Chief Financial Officer	Attended 2026 Healthcare Finance Management Association (HFMA) Annual Conference in National Harbor, Maryland	100% funded by The Office of Insular Affairs 2025 Technical Assistance Program (TAP Grant)	$5,453.59
Rodalyn Gerardo, Assistant Administrator, Operations	Attended 2026 Healthcare Finance Management Association (HFMA) Annual Conference in National Harbor, Maryland	100% funded by The Office of Insular Affairs 2025 Technical Assistance Program (TAP Grant)	$6,051.42
Julianne Duban, Accountant III	Attended 2026 Healthcare Finance Management Association (HFMA) Annual Conference in National Harbor, Maryland	100% funded by The Office of Insular Affairs 2025 Technical Assistance Program (TAP Grant)	$5,439.45
Adrian Manuel, Hospital Facilities Maintenance Manager	Attended 5-day training for DRX Excel Fluoroscopy in Isabela, Philippines.	Per diem paid by Hospital Operating Fund (Airfare and hotel expenses were covered by the supplier, MedPharm)	$325.00
Joefrelyn De Guzman, Electronic Technician Leader	Attended 5-day training for DRX Excel Fluoroscopy in Isabela, Philippines.	Per diem paid by Hospital Operating Fund (Airfare and hotel expenses were covered by the supplier, MedPharm)	$325.00
Carlos Pangelinan, Assistant Chief Financial Officer	Traveled to meet with the Chuuk Dept. of Health Services and related agencies in Chuuk State, Federated States of Micronesia	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$1,185.89
Jannica Quintanilla, Hospital Social Services Administrator	Traveled to meet with the Chuuk Dept. of Health Services and related agencies in Chuuk State, Federated States of Micronesia	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$1,280.39
Joseph McDonald, GMHA Legal Counsel	Attended the American Health Law Association Annual Meeting and In-House Counsel Program in New York City, New York	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$7,540.98
Theo Pangelinan, EEO Officer	Attended the 2026 SHRM Annual Conference & Expo in Orlando, FL.	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$6,775.87
Joseph Santos, Management Analyst IV	Attended the 2026 SHRM Annual Conference & Expo in Orlando, FL.	Hospital Operating Fund (to be reimbursed by the DOA Special Services Initiative Grant)	$6,841.81
			$66,700.06

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2022 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'HÅGAN GUÅHAN*

This is to certify that **Substitute Bill No. 276-36 (COR), "AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2023, MAKING OTHER APPROPRIATIONS, AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS,"** was on the 31st day of August 2022, duly and regularly passed.

Therese M. Terlaje
Therese M. Terlaje
Speaker

Attested:
Amanda L. Shelton
Amanda L. Shelton
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 31 day of Aug, 2022, at 10:34 o'clock P.M.

POS MA Staffy-Lizarra
Assistant Staff Officer
Maga'håga's Office

APPROVED:
Lourdes A. Leon Guerrero
Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 9/12/2022

Public Law No. 36-107

RCVD AT GENERAL FILE
SEP 1 '22 AM9:20
Elaine Tajalle

(a) a schedule of personnel count indicating the number of filled positions by department, fund source, and amount expended as of September 30, 2022; and

(b) a combined schedule of expenditures, encumbrances, and continuing appropriations by department, fund source, and object classification as of September 30, 2022.

Section 17. Reporting Requirements for Travel. All governmental entities (including line and autonomous agencies), instrumentalities, and public corporations shall submit a quarterly report of all off-island government travel that is publicly funded during Fiscal Year 2023. This report shall be submitted to the Speaker of *I Liheslaturan Guåhan* and shall include:

the name of the traveler;

the source of funds;

the purpose of the travel;

the cost of the travel; and

individual or group reports from the travelers highlighting the impact the information gathered at the conference or meeting has on the agency, and how the information acquired will be beneficial to the agency's function.

A presentation of the information obtained from the meetings and conferences may be required at the discretion of the agency's director.

Section 18. Guam Police Department (GPD), Guam Fire Department (GFD), Customs and Quarantine Agency (CQA), and Department of Corrections (DOC) Overtime Reporting Requirements. The GPD, GFD, CQA and DOC shall submit a written report to the Speaker of *I Liheslaturan Guåhan* no later than twenty (20) days after the end of each quarter in Fiscal Year 2023 which shall include the amount of overtime owed to each employee at each respective agency, by fiscal year in which such overtime was incurred, by division, and by

GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

Date: April 23, 2026

To: Dr. Joleen Aguon, MD , CEO/Hospital Administrator

From: Genevieve Austria, RN, Unit Supervisor, OR/PACU

Via: Christine Tuquero, MSN, RN, Assistant Administrator, Nursing Services

Subject: Travel Report – AORN Global Surgical Conference & Expo 2026

Hafa Adai!

I am submitting this report following my attendance at the AORN Global Surgical Conference & Expo held April 11–14, 2026, in New Orleans. I also attended the Leadership Summit, which focused on strengthening perioperative leadership, communication, and team coordination.

The sessions I attended were very relevant to our day-to-day operations in the OR and PACU. Topics included infection prevention, patient safety, workflow efficiency, and updates to AORN guidelines. These reinforced what we are already doing well, while also highlighting areas where we can improve—especially in standardizing processes and strengthening documentation to stay survey-ready.

One of the biggest benefits of the conference was being able to see and evaluate new equipment and technologies in person. This helps us make more informed decisions when it comes to purchasing, ensuring we choose options that are both cost-effective and appropriate for our setting. It also gave insight into how other facilities are improving efficiency and managing similar challenges.

Attending this conference builds on what I gained from the 2024 AORN conference, where we were able to apply several improvements in our workflows and overall readiness. This year's conference provided updated practices and new ideas that we can continue to incorporate into our department.

Over the next few weeks, I will share key takeaways with the OR/PACU team through staff meetings and short in-services, as well as incorporate relevant updates into our QAPI activities. I also continue to support sending staff to this conference, as it is a valuable opportunity for growth and helps strengthen the team as a whole.

Thank you for your support.

Respectfully,
Genevieve Austria, RN
Unit Supervisor, OR/PACU

TA# 18-26

GUAM MEMORIAL HOSPITAL AUTHORITY

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850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

May 26, 2026

MEMORANDUM

TO: For Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

VIA: Christine Tuquero, MSN, RN, Assistant Administrator, Nursing Services

FROM: Janna Malig-on, Staff Nurse II. OR/PACU
(Association of perioperative Registered Nurses)

SUBJECT: Trip Report – AORN Global Surgical Conference & Expo 2026 Initiatives

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Hafa Adai Dr. Aguon,

Thank you for allowing me to attend the AORN Global Surgical Conference & Expo from April 11-14, 2026 in New Orleans, Louisiana. It was a great opportunity for me to interact with members of the global surgical community, attend informational sessions and connect with prospective vendors to strengthen GMH's capability to provide perioperative care for patients on Guam.

Throughout four days, I attended several informational sessions as follows: Perioperative Considerations for Patients Taking GLP-1 Medications, Surveyor Insight into Sterilization & High-Level Disinfection Citations, Maintaining Normothermia, Tourniquet Application and Management, Surgical Smoke Evacuation, Patient Positioning & Prevention of Nerve Injury, and lastly Prevention of Retained Surgical Items. I also had the opportunity to join a skills lab for Sutures and Hemostasis. I chose to attend these sessions because I believed that the knowledge I would gain could be directly transferred to our practices here at the GMH OR.

In particular, I was interested in learning about GLP-1 medications, which are commonly prescribed for management of diabetes and weight loss. These medications are becoming increasingly prevalent on Guam. The medications primarily affect the rate of gastric emptying, which in turn affects the length of time patients need to fast before a procedure. Currently, the GMH OR does not have specific guidelines for patients on such medications. I believe that it would be helpful to implement, as recommended by AORN, a risk-stratification tool that guides preoperative assessment of these patients. Risk stratification will then help determine the intraoperative plan for anesthesia.

Another interesting session was hosted by a Joint Commission surveyor regarding citations on sterilization and high-level disinfection processes. The key takeaway for me was that GMH is not alone in its struggle to comply with Joint Commission standards. Some citations notable to me were the use of non-surgical grade spoons, etching on instruments and chipped instruments. These were exactly the citations we incurred during the CIHQ mock survey so it was fascinating to me that it happened enough in other hospitals to warrant mentioning by the Joint Commission. It will require herculean effort by our materials management, sterile processing and fiscal departments to solve those particular issues, but it is not impossible. The OR has been doing what it can with the instruments inherited from decades ago, but we should work to comply with updated standards.

Overall, I am grateful that I was able to attend this conference and look forward to improving my unit with insights gained from this experience.

Respectfully,

jmaligon

Janna Malig-on, RN
Staf Nurse II, OR-PACU

TA# 19-26

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

received
5/12/26 Candy

Date: April 6, 2026
To: Hospital Administrator/ CEO
From: Assistant Administrator, Nursing Services
Subject: Trip Report for the AONL 2026 Conference, Chicago, Illinois

Hafa Adai Dr. Aguon,
I would like to express my sincere appreciation for the opportunity to attend the American Organization for Nursing Leadership (AONL) 2026 Conference, from April 29 to May 1, 2026. This conference is recognized as a premier national event for nurse leaders, bringing together healthcare executives and nursing leaders from across the country.
Attendance provided valuable exposure to current trends, best practices, and innovations in nursing leadership, as well as opportunities to network with peers and explore emerging technologies that support patient care and workforce sustainability.

Summary of Key Learnings

1. Innovation and Technology in Nursing Practice

Through the session *AI-Powered Nursing Transformation*, I gained insight into how artificial intelligence and emerging technologies are reshaping nursing workflows and improving efficiency. Key takeaways include:

- Technology can enhance care delivery by reducing administrative burden and allowing nurses to focus on direct patient care.
- AI-enabled tools, predictive analytics, and digital dashboards support better coordination, decision-making, and workforce sustainability.
- Nursing leaders play a critical role in ensuring technology is implemented in a way that supports—not replaces—clinical judgment.

2. Patient Safety and Fall Prevention Technology

From the session *A Synergistic Approach to Fall Prevention Technology*, I learned:

- Falls remain a significant safety concern, with high financial and patient care impact.
- Traditional interventions alone are insufficient; innovative technologies such as motion-detection and LiDAR-based systems can help predict and prevent falls before they occur.
- Leadership involvement at the unit level is essential to successfully adopt new technologies and improve outcomes.

3. High Reliability and Safety Culture

The session on *Administrative Supervisors Implementing High Reliability Safety Rounds* emphasized:

- The critical role of administrative supervisors as 24/7 leadership presence ensuring patient safety and operational oversight.

TA# 20-26

- High Reliability Organizations (HROs) focus on anticipating and preventing harm, rather than reacting after events occur.
- Key elements include situational awareness, frontline engagement, and identifying system risks early.

4. Workforce Engagement and Culture

Sessions such as *Building Respectful Nursing Workplaces* and *Harmony at Work* highlighted:

- The importance of addressing workplace violence, incivility, and burnout to improve retention and engagement.
- Strengthening **social capital**—trust, teamwork, and communication—directly impacts patient outcomes and staff satisfaction.
- Leaders must focus on fixing systems rather than individuals to drive sustainable improvements.

5. Professional Identity and Leadership Development

From *Cultivate Professional Identity, Empower Ownership, Transform Culture*:

- Building professional identity among nurses promotes accountability, engagement, and leadership at all levels.
- Encouraging shared governance and distributed leadership helps address burnout and strengthens organizational culture.

6. Leadership Challenges and Resilience

Sessions addressing leadership dynamics emphasized:

- Strategies to navigate difficult or dysfunctional leadership behaviors while maintaining influence and professionalism.
- The importance of emotional intelligence, boundary setting, and maintaining focus on organizational priorities.

7. Emotional Support and Reflective Practice

Participation in *Schwartz Rounds* reinforced:

- The importance of creating safe spaces for healthcare workers to share experiences and emotional challenges.
- Supporting staff well-being is essential to sustaining resilience and compassionate care delivery.

Application to GMHA

The knowledge gained from this conference has direct applicability to GMHA operations:

- Enhancing Patient Safety: Opportunities to explore advanced fall prevention technologies and strengthen high reliability rounding practices.

- Workforce Strengthening: Reinforcing retention strategies through improved engagement, culture, and professional development.
- Technology Integration: Evaluating AI-driven tools and digital solutions to improve workflow efficiency and reduce administrative burden.
- Leadership Development: Promoting shared governance, professional identity, and leadership growth among nursing staff.
- Culture of Safety and Support: Expanding initiatives that support staff well-being, communication, and psychological safety.

Conclusion

Attending the AONL 2026 Conference provided valuable insights into advancing nursing leadership, improving patient outcomes, and strengthening the nursing workforce. The exposure to national best practices, innovative technologies, and collaborative networking will support ongoing efforts at GMHA to enhance quality of care and meet the healthcare needs of our community.

Thank you again for the opportunity to attend this important conference.

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

May 19, 2026

MEMORANDUM

TO: Joleen M. Aguon, MD
FOY Interim Hospital Administrator/CEO

VIA: Jesse Quenga
Associate Administrator, Operations, Acting

Rodalyn Gerardo
Assistant Administrator, Operations

FROM: Manny Gabriel , Hospital Information Technology Administrator

SUBJECT: Trip Report for attending Pacific Digital Health Interoperability (PDHI) Bootcamp & Regional FHIR Initiatives in Fiji

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1. Executive Summary

This report summarizes the key insights and actionable takeaways from the recent Pacific Digital Health Interoperability (PDHI) Bootcamp held in Nadi, Fiji (April 28–30, 2026), as well as foundational context from the preceding Manila bootcamps and connectathons. Hosted by the Pacific Community (SPC), CSIRO, the World Bank, and the Pacific Health Information Network (PHIN), these events focused on transitioning regional health systems from fragmented, paper-based records to a unified, interoperable digital health ecosystem using the HL7 FHIR standard.

The ultimate goal of these regional initiatives is to break down barriers to information sharing, leading to more coordinated care and informed decision-making at every level of the healthcare system.

2. Meeting Highlights & Core Themes (Based on Transcripts)

The events gathered Ministry of Health representatives, technical experts, and innovators across the region. Discussions and transcripts from the sessions highlighted several key themes:

- **The "Right Information at the Right Time":** The overarching goal of adopting digital interoperability is to ensure that the right information is available at the exact point in time it is needed by consumers, clinicians, and government officials.
- **Data Quality Drives Funding & Planning:** Improving data quality through standardized systems directly enhances health analytics. As noted by leaders at the event, "if our analytics are superb, my funding, my planning, and management of the problems" will follow suit.

TA # 21-26

- **Global Community Support:** Guam is not making this transition alone. Adopting FHIR connects us to a 24-hour global community of practice, meaning there is constant support available for navigating technical challenges.

3. Bootcamp Agenda & Key Outputs

The bootcamps utilized an immersive "Learn-Build-Connect" methodology designed for capacity building across all levels of maturity. The agenda and hands-on workshops focused on:

- **Co-Design & Standardization:** Collaborative development of the Pacific Common Dataset and a Pacific Core FHIR approach to establish a reusable and scalable interoperability framework.
- **Real-World Use Cases:** The technical sessions were grounded in real-world public health scenarios prioritizing Immunization, Maternal Health, and Non-Communicable Diseases (NCDs).
- **Blueprint Toolkit:** A central output of the 2026 bootcamp was understanding and enabling the Country Blueprint Toolkit, which helps governments move from strategy to practical implementation.

4. Strategic Recommendations for Guam & GMHA

While Guam is geographically part of the Pacific region, our status as a U.S. territory requires adherence to strict U.S. Federal laws, distinguishing our implementation path from other Pacific Island nations. Based on the bootcamp findings, the following actions are recommended for Guam and GMHA:

- **Adopt HL7 FHIR with a Focus on U.S. Compliance:** The bootcamps heavily emphasize HL7 FHIR, which perfectly aligns with the U.S. Office of the National Coordinator for Health IT (ONC) Cures Act Final Rule mandating FHIR APIs for data exchange. Guam should leverage the Pacific Core FHIR frameworks taught at the bootcamp, but adapt them to map directly to the United States Core Data for Interoperability (USCDI) standards and HIPAA security requirements.
- **Prioritize Foundational Systems (MPI & IIS):** To address fragmented patient records across the island's clinics and GMHA, we should prioritize the development of a centralized Master Patient Index (MPI) to ensure unified patient identity management, as well as a real-time Immunization Information System (IIS) to prevent disease outbreaks.
- **Leverage Sandboxes for Safe Testing:** Before deploying new digital workflows at GMHA, we should utilize vendor-neutral testing environments like FHIRLab (powered by AWS), which allows us to safely test HL7 FHIR compliance, terminology services, and SMART on FHIR app launches without risking actual patient data.
- **Consideration to Adapt the Digital Health Blueprint Toolkit for U.S. Funding:** The World Bank's Digital Health Blueprint Toolkit was a major focus for planning 10-year enterprise architectures. GMHA should apply the five sequential workshops from this toolkit to build our digital health roadmap, but we must contextualize the "investment rationale" to target U.S. Federal Grants (e.g., CMS or HHS funding) rather than international World Bank loans.
- **Invest in Local Workforce Development:** We must actively upskill Guam's health informatics workforce by participating in the newly launched regional Digital Health Academy, ensuring our local developers and health administrators are trained in FHIR, SDC components, and health information exchange.

Conclusion: The PDHI Bootcamp demonstrated that the transition to a connected digital health ecosystem is a long journey, but a necessary one. By adopting FHIR standards, integrating with regional knowledge networks, and strictly aligning with U.S. Federal mandates, Guam can successfully modernize its healthcare infrastructure to deliver safer, more equitable, and highly coordinated care.

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

May 22,2026

MEMORANDUM

TO: Joleen M. Aguon 070826
Interim Hospital Administrator/CEO

VIA: Dr. Ricardo Eusebio, Associate Administrator, Medical Services
Belle Rada, Assistant Administrator, Professional Support
Christine Tuquero, Assistant Administrator , Nursing Services

FROM: Luis Miclat Jr., Hospital Utilization Review Specialist
Jannica Quintanilla, Medical Social Services Administrator
Suma Joseph, Clinical Case Manager, Nursing Services

SUBJECT: Joint Trip Travel Report: 2026 Discharge Planning & Capacity Management Summit

Introduction This report outlines the key takeaways and strategic benefits derived from my attendance at the 2026 Discharge Planning & Capacity Management Summit, hosted by the Business Research Intelligence (BRI) Network in Orlando, Florida, on April 27–28, 2026. The conference focused on optimizing hospital throughput, leveraging predictive analytics, and refining the "whole patient" approach to care transitions.

Executive Summary of Conference Themes The overarching theme of the summit was that hospital capacity is primarily a "time problem" rather than a "space problem". The sessions emphasized shifting from traditional status-update rounds to "Action-Oriented Rounds" that focus specifically on identifying and removing barriers to discharge.

Key Operational Takeaways

Attendance at this program provided actionable insights into several high-impact areas:

- **Discharge Unit (DCU) Implementation:** Data from the WellStar case study demonstrated that dedicated DCUs serve as critical "Internal Step-Down" areas. Implementing a "Bed-Ahead" strategy—moving patients to a DCU by 10:00 AM—allows environmental services to prepare beds for Emergency Department (ED) admissions by 11:00 AM, effectively preventing midday ambulance diversions.
- **Observation Unit (OU) Optimization:** Dr. Sharon Mace highlighted that a dedicated, physically centralized OU can reduce lengths of stay by 20–30% compared to "virtual" observation. The goal for these units should be a clinical disposition within 16 to 18 hours, adhering to a strict "Rule of 24" to ensure they do not become "parking lots" for the ED.
- **The "Five D's" of Discharge:** The summit established a new, patient-facing standard for discharge summaries to improve compliance and safety:
    - **Diagnosis:** Explained in simple, non-medical terms.
    - **Drugs:** A visual "New/Stop/Continue" list to prevent medication errors.
    - **Dangers:** Three specific "Call 911" symptoms to reduce unnecessary ED returns.
    - **Dates:** All follow-up appointments booked before the patient leaves.
    - **Diet/Duties:** Clear physical and food restrictions.

Benefits to the Hospital

The information gathered from this summit can be directly applied to improve our facility's efficiency in the following ways:

1. **Enhanced Throughput:** By adopting the "Discharge by Noon" initiative—aiming for 50% of orders by 10:00 AM and 50% of physical departures by noon—we can significantly reduce ED boarding times.
2. **Reduced Readmissions:** Utilizing AI-driven tools for post-discharge medication adherence and adopting the "Five D's" paperwork standard will improve patient understanding and safety, potentially lowering 30-day readmission rates.
3. **Improved Bed Turn:** Strategic use of DCUs as "exit strategies" and OUs as "entry strategies" ensures that high-cost inpatient beds are reserved for the sickest patients.
4. **Strategic Benefits of Optimized Observation Units (OUs)** A major focus of the Sharon Mace lecture was the financial and operational advantage of a protocol-driven OU. Implementing these strategies offers the following specific benefits to our facility:
    A. **Reduced Unnecessary Admissions:** Protocol-driven care for conditions like chest pain and syncope can reduce unnecessary inpatient admissions by up to 40%.

B. **Operational Efficiency (The "Speedway" Model):** Unlike standard floors, dedicated OUs use aggressive therapy "bursts" for conditions like asthma or cellulitis to achieve discharge readiness in under 18 hours, avoiding multi-day stays.

C. **Financial Risk Mitigation:** By utilizing "Bridge Huddles" at the 24-hour mark, the hospital can avoid the financial danger of "Long-Stay" (48-hour) observation patients.

D. **Improved Clinical Decision Making:** Using written protocols instead of provider preference leads to a 20% lower conversion rate from observation to inpatient status.

    1. **Chest Pain:** Using high-sensitivity Troponin pathways can clear patients in 6–8 hours.
    2. **Syncope & TIA:** Utilizing the "San Francisco Syncope Rule" and accelerated neurology consults avoids unnecessary imaging and admissions.
    3. **Aggressive Therapy:** Targeted IV fluid or antibiotic "bursts" for dehydration and cellulitis can achieve discharge readiness in under 18 hours.

Conclusion The 2026 Discharge Planning & Capacity Management Summit provided a comprehensive roadmap for transitioning from "chasing KPIs" to utilizing "Improvement Science". I look forward to discussing how we can integrate these "Action-Oriented" strategies into our current workflows to enhance our capacity management.

GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

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MEMORANDUM

TO: Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

VIA: Yukari Hechanova
Chief Financial Officer

FROM: Carlos Pangelinan
Assistant Chief Financial Officer

DATE: May 21, 2026

SUBJECT: Trip Report for attending 2026 HFMA Leadership Summit in Austin, Texas

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Buenas yan Hafa Adai! On April 26 to 28, 2026, I had the opportunity to be the first person from to Guam participate in the Healthcare Finance Management Association (HFMA) Leadership Summit. This year's 2026 Leadership Conference took place in Austin, Texas. I was able to attend nine different breakout sessions and discussions covering a range of different topics including AI, RCM, and leadership. Of particular interest to me, I would like to share the following:

Healthcare AI Deployment and ROI

The conference addressed the significant challenges in implementing artificial intelligence in healthcare settings. A critical finding is that only 1 in 8 healthcare AI pilots deliver measurable results, with failure rates ranging from 60-95% depending on the study. The primary cause of failure is data quality (80% driver), not just data availability but integrity, context, and trustworthiness. Other major barriers include scalability issues when expanding beyond pilot programs and insufficient attention to human factors like change management and staff engagement.

Key recommendations for successful AI deployment include starting with small, well-defined pilots on low-risk processes, maintaining ongoing human oversight for validation, and ensuring robust IT support post-deployment. The most common healthcare AI applications discussed were denial management, claims reconciliation, and eligibility verification. Organizations were advised to assess their data readiness before deployment and focus on quick wins with mundane, repetitive tasks to build team confidence and momentum.

Healthcare Payment Process Optimization

The conference revealed that healthcare has the highest cost of getting paid among industries, with 8-25% of every dollar earned spent on collection, compared to 2-4% in other sectors. This "friction tax" results from the disconnection between data, payment, and rate information across multiple parties and systems. Despite technological advances, there has been regression in payment methods, with check usage increasing from 6% to 68% among some payers over two years.

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Providers were encouraged to shift their mindset from passive recipients to empowered partners in the payment process. Actionable strategies include demanding transparency in payer contracts (requesting detailed product and membership mix data quarterly), pushing for ACH/EFT as the default payment method, and evaluating vendors based on their ability to deliver value rather than just process transactions. The hidden costs of paper checks and manual reconciliation were emphasized as areas requiring immediate attention.

Leadership Transformation

A major theme was the shift from "heroic" leadership to "guiding" leadership. Heroic leaders position themselves as the primary problem-solver and answer-giver, which creates bottlenecks and dependency. In contrast, guiding leaders empower team members to solve problems independently, fostering growth and developing future leaders. This distinction is critical since 70% of team engagement is determined by the manager's leadership style, yet only 31% of U.S. employees are actively engaged at work.

Three key strategies for building high-performing teams were presented: establishing a shared sense of meaning (helping employees see the bigger purpose), collaborating across the five generations now in the workforce, and handling conflict through "learning conversations" rather than difficult conversations. The ACE model for learning conversations includes: Anchor in neutral facts, Collaborate on solutions, and Execute with clear next steps.

Overarching Themes

Across all sessions, several common themes emerged: the critical importance of human factors in technological and organizational change, the need for leaders to empower rather than control, the value of starting small and scaling thoughtfully, and the necessity of clear, transparent communication. The conference emphasized that sustainable improvement in healthcare operations requires addressing both technical systems and the people who use them, with particular attention to building trust, fostering engagement, and creating shared understanding across diverse teams and stakeholders.

Thank you for allowing me to participate in this conference. For the second item above regarding payment process optimization I have already presented this idea to key members our fiscal team and will be insisting on formulating an action plan to implement for future payer agreements.

Thank you for your time and kind consideration.

Carlos Pangelinan

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MEMORANDUM

To: Joleen Aguon, MD 6/18/26
Interim Hospital Administrator / CEO

Via: Ana Belen Rada, BSN, RN 6/17/26
Assistant Administrator, Professional Support

From: Jonighna S. Vallero, BSN, RN, CV-BC
Hospital Unit Supervisor, Special Services Department

Rodrigo Patdu, Jr.
Cariovascular Technician

Date: June 11, 2026

Subject: **TRAINING REPORT – INTRAVASCULAR LITHOTRIPSY (IVL) MASTER SUPER USER COURSE: Interactive Training for Nurses and Technologists**

Attendees: Jonighna Vallero, BSN, RN CV-BC, Hospital Unit Supervisor
Rodrigo Patdu, Jr. Cardiovascular Technician
Training Program: Shockwave IVL Masters Super User Course
Location: Providence St. Joseph's Hospital, Orange, California
Training Dates: April 27–28
CEU Credit: 9 CEU credits

I. Purpose of Training

Jonighna Vallero, RN CV-BC, Hospital Unit supervisor and Rodrigo Patdu, Cardiovascular Technician, attended the Shockwave Intravascular Lithotripsy (IVL) Masters Super User Course in Orange, California. The training was designed for nurses and technologists who are involved in the care of patients requiring treatment for calcified peripheral artery disease and coronary artery disease.

The purpose of this training was to expand clinical knowledge and hands-on competency with Shockwave IVL technology, including appropriate patient selection, device preparation, procedural support, troubleshooting, and best practices to improve patient outcomes.

II. Training Overview

The course included case-based presentations, live case observations, hands-on IVL workshop rotations, and discussions led by experienced physicians and clinical faculty. The training focused on both peripheral and coronary applications of IVL, with emphasis on safe and effective treatment of calcified lesions.

III. The program faculty included

1. Michael Chan, MD
2. Mahmood Razavi, MD
3. Brian Kolski, MD

IV. Course Topics Covered

The training agenda included the following topics:

- Peripheral IVL presentation and discussion
- Live case observation for peripheral IVL
- Coronary applications of IVL
- Live case observation for coronary IVL
- Intracoronary imaging and complex coronary cases
- Hands-on rotations and IVL workshop
- IVL best practices
- Course assessment and evaluation
- Key Learning Points
- The attendees gained additional knowledge and practical exposure in the following areas:

a) **Understanding IVL Technology**
The course reinforced how Shockwave IVL uses sonic pressure waves to modify calcium within the vessel wall, allowing improved vessel compliance and better balloon expansion.

b) **Patient and Lesion Selection**
Training emphasized identifying ideal clinical scenarios for IVL use, particularly in patients with moderate to severe calcified coronary or peripheral lesions.

c) **Procedure Preparation and Support**
Attendees reviewed appropriate equipment preparation, procedural workflow, and the roles of nurses and technologists during IVL procedures.

d) **Hands-On Device Familiarization**
The hands-on workshop provided practical exposure to IVL system setup, catheter handling, connection, activation, and procedural best practices.

e) **Clinical Application and Outcomes**
Case discussions highlighted how IVL can support better procedural success, reduce complications related to severe calcium, and improve overall treatment outcomes.

f) **Team-Based Approach**
The course emphasized the importance of proper communication and coordination between physicians, nurses, technologists, and procedural staff during IVL cases.

V. Relevance to GMHA / Angio Suite

This training is highly relevant to the continued development of the GMHA Angio Suite and the expansion of advanced cardiovascular services. The knowledge gained will support readiness for Shockwave IVL procedures and strengthen the competency of staff assisting in complex coronary and peripheral interventions.

The training also supports the department's goal of improving procedural capability, reducing the need for off-island referrals when appropriate, and enhancing patient access to advanced cardiovascular treatment locally.

VI. Post-Training Plan

Following completion of the course, the attendees can assist with the following:

- Share training updates with the Angio Suite/Cardiac Cath team
- Support development of IVL workflow and procedure checklist
- Assist in creating or updating Shockwave IVL competency requirements, policy and procedure.
- Participate in staff education regarding device setup and procedural support
- Help identify supply, equipment, and workflow needs prior to implementation
- Support team readiness for future IVL cases

VII. Conclusion

The Shockwave IVL Masters Super User Course provided valuable education and hands-on training for nurses and technologists/technician involved in cardiovascular procedures. The training strengthened the attendees' understanding of IVL technology, patient selection, procedural support, and best practices.

Our attendance supports GMHA's preparation for advanced cardiovascular procedures and contributes to the continued growth and capability of the Angio Suite

6/11/26

Jonighna S. Vallero, BSN, RN, CV-BC
Hospital Unit Supervisor, Special Services Department

06/11/26

Rodrigo Patdu, Jr.
Cariovascular Technician

received
7/16/26 Candy

Guam Memorial Hospital Authority
MEMORANDUM

Date: July 16, 2026

To: Joleen Aguon, MD, Hospital Administrator/CEO

From: Yuka Hechanova, CFC

Subject: Trip report – Healthcare Financial Management Association Annual Conference
Dare to Resolve

From June 7-10, 2026, I attended the HFMA Annual Conference at the Gaylord National Hotel in National Harbor, Maryland. This event also marked HFMA's 80th anniversary. The conference was well attended by approximately 3,500 healthcare professionals. There was over 70 educational sessions and 20 continuing professional education credits sanctioned by NASBA (National Association of State Boards of Accountancy). These credits were applied to my Guam CPA licensing requirements of 120 CPEs per three-year cycle including ethics.

Sunday, June 7, 2026

Pre-Conference AI Workshop: *Trust, Control, Deliver: Governed GenAI for Healthcare Finance Workflows* (1100-1500)
Glenn Hopper, VAi Consulting
A survey of healthcare systems revealed that mature AI governance is rarely found despite the critical importance of robust oversight to ensure accurate AI outputs. **Employees are using their own versions of AI in the workplace that necessitates governance to create environments to reduce hallucinated information.** This is about control but not about limiting what AI can do. It is about being clear on who is responsible when it matters.

- Organizations cannot expect AI wins on top of broken processes.
- Canned prompts should be used with caution since they will have slight variances every time you use it.
- **AI hallucination rate remains around 12%** meaning that roughly every 1 in 8 responses may contain fabricated information.
- Every AI-assisted output should be documented well enough that it can be explained and reconstructed two years later (to the new CFO, CEO, auditors; to defend lawsuits; etc.)
- Agentic AI – when AI stops waiting for you to ask.
- Powerful agents need human loop; think of AI as thought partner.

Monday, June 8, 2026

Standards that Matter: *What FASB & GASB Mean Right Now* (0800-0850)
Jeffrey D. Mechanik, FASB Senior Staff Chair
Alan Skelton, GASB Director of Research and Technical Activities
Most relevant standards GASB 103 (operating and non-operating revenue framework effective FY 2026) and GASB 104 (capital assets disclosures effective FY 2026).

HFMA P & P Board CFO Panel Discussion (0910-1000)
Gordon Edwards – CFO, Akron Children's Hospital
Kimberly Hodgkinson – CFO, JPS Health Network
Becky Speight – CFO, Crescent Medical Center
Ms. Hodgkinson was the most impactful for me. JPS Health Network operates safety-net hospitals serving uninsured and Medicaid patients and preparing for a new replacement hospital.

- Put yourself first to have enough energy to do this job.
- All panelists mainly use Claude for AI and agreed AI should not sit in IT; needs risk oversight.
- **We are all dealing with a lot of inefficiencies.**

CEO Keynote Address from C. Ann Jordan, President and Chief Executive Officer, HFMA (1030-1100)
Ms. Jordan discussed HFMA's partnership with Vitalic Health, a multi-stakeholder initiative focused on affordability, financial stability, and better outcomes. Vitalic Health's survey of healthcare leaders led to a recent report on the path forward which includes considerations for 1) a commitment to shared efforts to advance affordability, 2) look for quick wins to move affordability from theory to practice, and 3) shift resources from sick care to preventive care.

Reimagining Healthcare Financial Sustainability: *From Cost Containment to Vitality* (1100-1200)
Seema Verma – Executive Vice President & General Manager, Oracle Health and Life Science
Scott Hawig – Executive Vice President & CFO, BJC Health
Mike Marks – Executive Vice President & CFO, HCA Healthcare
The panel discussed affordability, the importance of Medicare and Medicaid, AI, and the need for efficiency.

- 25% of Americans are opting out of healthcare because they cannot afford it.
- **Public trust in healthcare systems remains low because of inefficiencies, it is not affordable, and access is limited.**
- AI offers efficiency but layering new technology over old infrastructure is bad. **We need to make better decisions about the tech we are purchasing.**
- Reducing administrative burden on clinicians with better technology and reduce "pajama time" (staying up late to do admin work).
- **Cost of denials now with all the back and forth means it was cheaper for the payer to just pay the claim!**

From Pressure to Performance: *Leveraging AI to Drive Operational and Financial Excellence* (1300-1325)
Erik Webb – Chief Development Officer, Pointecore
Kirsten Largent – CFO, OSF Healthcare System
OSF's shift from manual processes to leveraging AI in ERP, inventory, and maintenance. The new structure and strategy replaced bottom-up request models with data driven decisions.

- Insatiable capital needs in healthcare should look at data, not who is the loudest.
- AI governance first to engage AI and prioritize needs based on the entire organization.
- Data was trapped in all different systems.

AI for Financial Resilience in Acute Care Hospitals: *An Actionable CFO Guide* (1330-1355)
Raghav Sharma – Director of HIM, UCI Health
AI can revolutionize financial operations in hospitals. Overturning denials cost $18B a year and average cost per denial appeal is $57. AI has the ability to handle repetitive tasks, like denials.

From Superhero to Super Leader: *Leveraging Executive Coaching & Partnership to Elevate Teams* (1400-1425)
Alex Chamorro – Central Business Office Director, Houston Methodist
Darin Coble – Executive Coach and Leadership & Organization Advisor, Versa Business Partners
Alex described her journey from a hands-on leader to empowering mentor. She started as an exhausted manager and her speed was her limitation and led her to believe she could do it faster and better.

- Her leaders needed to identify problems, solve them, and own their outcome.
- She resisted the urge to solve their problems and let them struggle.
- She did this by **being curious, asking a lot of questions and it forced her leaders to figure it out.**
- What mountain am I still climbing for my team that I should be coaching them to climb?

The Shift to an Exception-Driven Revenue Cycle: *Automation, Intelligence, and Margin Protection* (1430-1455)
Akash Magoon – Co-Founder & CEO, Adonis
Salonia Brown – SVP of Revenue Cycle, Mount Sinai Health Systems
Allowing AI to handle high-volume, low-dollar tasks and allowing humans to handle complex, high-yield activities. Decide what you want humans to do and what you want to automate because it is impossible to have enough staff to handle all the complexities of payers. **Introduce AI with proper governance and workflows to avoid digitizing chaos.**

From Documentation to Dollars: *Transforming Revenue Cycle Performance Through Clinically Driven AI* (1500-1550)
Joshua Catron – Lead Revenue Cycle Executive, Oracle Health
Sabrina Anderson – Lead Revenue Cycle Executive, Oracle Health
AI assists providers in capturing accurate documentation. An example was presented of a 55yo patient with dehydration. The AI agent documented symptoms, lab results, and clinical decisions. It even applied modifier 91 so duplicate labs would not be denied. This type of denial is prevalent in GMH's RCM now. **It is important to document the clinical complexity for proper coding.**

HFMA Region IV CFO Spotlight (1610-1700)
Bryon Gabbard – CFO, Appalachian Regional Healthcare, Inc.
Elizabeth Staas – Regional VP of Sales, Meduit
Marco Priolo, SVP Finance, University of Maryland Upper Chesapeake Health
Zach Kerns, Vice President of Finance, WVU Medicine - East

Tuesday, June 9, 2026

The Path to the Autonomous Revenue Cycle: *Key Components to Turn AI Promise into Reality* (0810-0900)
Lisa Osborne – SVP, Waystar
Jake Hess – VP, Coding/HIM/CDI, Corewell
Chris Kiser – Enterprise VP, Advocate Health

- **Revenue cycle is ripe for AI but know what problems you want to solve.**
- Bring your staff along for this AI journey and understand their satisfaction with the products.
- Rework is expensive!
- Move teams to be more payer focused.

- Everything runs through AI governance committee. Although AI is exciting but governance is important.
- **Be prepared to know what to do with staff that cannot upskill and grasp AI. These are difficult conversations.**

Changing Physician Documentation with Predictive Analytics (0920-1010)
Terrance Govender, MD – Vice President of Medical Affairs, ClinIntel
Dawn Diven, RN, BSN, CCDS, CDIP, CCDS-O – Clinical Documentation Integrity Leader, Corewell
The shift required is moving from looking for severity in medical records to looking for severity in patients. **Variations in severity is why CDI exists because you will get different answers from physicians for the same condition.** Some physicians are numb to severity. Approximately 10 clinical conditions can be standardized to reduce CDI and constant queries which burdens physicians. When physicians consistently document key conditions correctly, CDI's role shifts from being primary severity capture mechanism to serving as a safety net for exceptions. This requires physician engagement to define and agree on terminology and clinical criteria. Physician ego was highlighted as a key communication barrier.

What's Ahead for Healthcare (1030-1100)
Kevin Holloran, CHFP – Senior Director, U.S. Public Finance, Fitch Ratings
Dan Steingart – Associate Managing Director, Moody's Ratings
Dennis Dahlen, FHFMA, CPA – Chief Financial Officer, Mayo Clinic
AI disruption and its transformative impact on revenue cycle coding and supply management.

Future Economy: *Impact on Healthcare* (1100-1200)
Andrew Busch – Economic Futurist

Special Session: State of CMS: *Words from the CMS Administrator Oz* (1300-1330)
Dr. Mehmet Oz – Administrator, Centers for Medicare & Medicaid Services
Discussed with us the fraud, waste, and abuse focus at CMS to help the Medicare Trust Fund last longer, as well as now Americans need to get healthier to cut healthcare costs

From Complexity to Clarity: *Redesigning the Revenue Integrity Operating Model* (1330-1355)
Harold Mueller – SVP/CRO, BJC Healthcare
Noah Breslow – Chief Executive Officer, Revecore
Of all healthcare finance metrics, cash and AR remain the primary indicators that CFOs and boards care about most.

From Reactive to Predictive: *Using AI to Prevent Claim Denials Before They Happen* (1400-1425)
Michael Dale – Director, Product Management, Inovalon
Jessica Wutzer – Director of Patient Access, St. Mary's Healthcare
AI should elevate billing teams. Not replace them**. AI handles pattern detection while skilled billers focus on exceptions, complex cases, and cases that require human judgment.** Staff concerns about AI are real and require empathetic leadership. Three primary concerns slow down AI adoption – 1. Accuracy concerns, 2. Unfamiliarity with evolving technology, and 3. The human element wherein experienced billers hold decades of institutional knowledge that cannot easily be transformed to programmable information. **Denials are rising; 11% of claims are denied.**

Scaling Smarter: *How WVU Medicine Automated Radiology and Pathology Coding at Enterprise Scale* (1430-1455)
Endia Kendrick – Senior Director, Mid-Revenue Cycle M&A – Professional Coding & Outpatient CDI, WVU Medicine
Lawren Koffa – Senior Account Director, CodaMetrix
Start autonomous coding in high-volume, low-complexity areas.

Practical Microsoft AI Applications for Accountants (1500-1550)
David Mayo – Director, Technology Consulting, Forvis Mazars
Christian Segurado – Senior Manager, System Integration, Forvis Mazars
M365 Copilot

From Dictation to Dollars: *A Beginner's Guide to Building Real-Time CDI with AI* (1610-1700)
Jimmy Comfort – VP, Product Management, Zotec Partners
CMS guidelines can be automatically integrated into prompts.
LLMs don't require years of clinical training data to be effective because the general models have already been trained on extensive clinical context. **The key takeaway is that documentation problems can now be addressed in minutes with a real-time nudge.** Using an example for an EKG interpretation prompt shows that adding specificity about requiring two distinct interpretive findings and examples of what does not qualify (EKG unremarkable) results in better nudges.

Wednesday, June 10, 2026

Clarity, Consolidation, Cash: *A Revenue Cycle leader's Turnaround Playbook* (0800-0850)
Alicia Auman – Associate Vice President of revenue Cycle, Lake Regional Health System
Casey Williams – SVP, Engagement, Analytics and Payment Applications, RevSpring
Ms. Auman started as a housekeeper and moved up to leading revenue cycle. She discussed three main factors for her successful turnaround of RCM.

1. **Leadership reset** – Take care of your people and the numbers will work out. People need to trust you. Collaboration with accounting, and IT to understand and explain impacts to her staff about advancing technology and allay fears of job loss.
2. **Vendor consolidation** – Consolidated 5 payment processors into one unified platform. Reviewed all vendor agreements to see if they were still relevant, removed redundancies, and improving front end issues causing denials (resulted in daily increase in cash of $450k).
3. **Payment optimization** – Understanding affordability issues with options to respond to specific population needs.

Hot Topics, Real Impacts: *Accounting & Auditing Now* (0910-1000)
Lindsey Roe – Partner, Ernst & Young LLP
Martha Garner, CPA – Retired Managing Director, PWC

Keynote Session – Built to Win: *Thriving Through Change, Pressure, and Complexity* (1030-1130)
Emmit Smith – President and CEO, Emmit Smith Enterprises

Conclusion
This HFMA conference was heavy on artificial intelligence and the benefits and necessity of including it in the revenue cycle. The amount of work involved in billing, collections, monitoring, and denials (to name a few) require AI because it is practically impossible to do all this work with just staff alone. I

appreciated the cautions that were consistently communicated throughout all the sessions about how governance is first and foremost to AI's successful implementation. CDI is sorely needed at GMH to improve the chances of getting paid more (from better documentation and properly documenting severity) and quicker with cleaner claims. CDI is moving towards and AI platform which makes it an even more exciting endeavor.

Date: June 15, 2026

received
8/4/26 Candy

To: Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

Via: Jesse Quenga, CM, LPEC
Associate Hospital Administrator, Operations (Acting)

Fr: Rodalyn Gerardo, CPA, CIA, CGFM, CGAP, CGMA, CICA
Assistant Administrator of Operations

Re: HFMA Annual Conference 2026 Trip Report

Location: National Harbor, Maryland

Dates Attended: June 7-10, 2026

Purpose

This trip report summarizes key insights and practical takeaways from attendance at the HFMA Annual Conference 2026 in National Harbor, Maryland, including the June 7 pre-conference workshop and the main conference held June 8-10, 2026. The conference brought together healthcare finance leaders to discuss affordability, AI governance, revenue cycle modernization, financial sustainability, and policy developments affecting providers and payers.

Overview

The strongest throughline across sessions was that healthcare affordability is now the sector's defining challenge. Discussions on AI, interoperability, revenue cycle, and leadership repeatedly returned to the same core issue: organizations need better data, better coordination, and better operating models to deliver financially sustainable care.

A second major theme was that AI is moving quickly from experimentation to operational use. Speakers generally framed AI as a practical productivity tool for drafting, pattern recognition, coding support, and workflow automation, while emphasizing that governance, auditability, and human review remain essential.

Key Themes and Takeaways

1. Governed AI adoption is more effective than restrictive AI adoption

The pre-conference workshop on governed GenAI stressed that bottom-up AI usage is already happening in most organizations. When staff cannot access approved tools that fit their workflow, they often turn to unapproved alternatives, increasing data, privacy, and compliance risks.

A practical message from the workshop was that governance should clarify responsibility, decision rights, and acceptable use rather than simply limit experimentation. Strong governance

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begins with enterprise policy, contract review, vendor oversight, and clear expectations for human review of AI-generated work.

The workshop highlighted several vendor diligence questions that are useful for any AI procurement process:

- What happens to organizational data after it is entered into the system?
- Is data retained, and if so, for how long?
- Is customer data used for model training?
- Where does data physically reside?
- Which subcontractors or downstream providers are involved?
- Can decisions, prompts, and outputs be reconstructed later for audit purposes?

The practical takeaway is that AI should be treated as a governed assistant, not an unaccountable decision-maker. The value remains in staff expertise, judgment, and review.

2. AI has immediate value in finance, but context determines quality

Sessions on financial analysis reinforced that AI performs best in drafting, summarization, variance commentary, document review, and structured extraction. Useful examples included monthly variance analysis, board-prep support, document comparison, and retrieval-based question answering from curated internal sources.

A consistent lesson was that context is non-negotiable. Without access to appropriate financial data, business background, and prior narratives, AI tends to fill gaps by guessing; with structured inputs, materiality thresholds, and review checkpoints, outputs become more reliable and operationally useful.

The most practical framing from these sessions was that AI behaves like a highly capable but inexperienced analyst. It can accelerate first drafts and surface patterns, but finance leaders still own the interpretation, validation, and final communication.

3. Revenue cycle transformation is shifting toward exception-based work

Multiple revenue cycle sessions focused on redesigning work so automation handles repetitive activities while people focus on exceptions, judgment, and escalation. Speakers distinguished among rules-based automation, AI-assisted task support, and more advanced agentic workflows that can sequence decisions and use tools toward a defined objective.

The most credible presenters were clear that fully autonomous agents are not yet ready for most healthcare finance applications. Near-term value is more likely to come from human-supervised automation in denial prevention, prior authorization support, coding assistance, and claims quality improvement.

Operationally, the message was to automate repetitive tasks without trying to automate every decision. Organizations should define where automation stops, where human intervention begins, and how every automated action is logged and monitored.

4. Interoperability and real-time data remain foundational
Several sessions argued that technology investments have often been deployed in silos, limiting enterprise value. Speakers repeatedly tied affordability, operational efficiency, and AI performance to the ability to exchange clinical, financial, and operational data in more timely and standardized ways.

The implication is that organizations cannot expect strong results from advanced tools while relying on fragmented systems and delayed data. Interoperability and shared standards were framed not as technical side projects, but as prerequisites for lower administrative cost, better throughput, and stronger financial performance.

5. Affordability is now a system-wide strategic issue
Conference leadership and policy-focused sessions emphasized that affordability is not solely a payer issue, provider issue, or patient issue. It is a system-wide challenge shaped by cost growth, administrative burden, workforce pressure, uneven incentives, and limited coordination across stakeholders.

The most useful insight was that institutional financial health must increasingly be viewed alongside the financial reality facing patients and families. That perspective strengthens the case for efficiency, standardization, transparency, and more deliberate investment in technologies that reduce friction rather than add complexity.

6. Leadership and change management matter as much as technology
Leadership sessions reinforced that transformation efforts often fail because of poor adoption, limited trust, or weak cross-functional alignment rather than flawed technology alone. Executive coaching, structured collaboration, and visible leadership support were presented as practical tools for helping teams navigate change and build resilience.

Several speakers also emphasized that leaders should ask more questions, develop emerging talent, and resist solving every problem themselves. The broader lesson was that sustainable improvement requires both operational discipline and stronger leadership capacity.

GASB Update
The GASB sessions provided timely updates on Statements 103, 104, and 105, with a useful reminder that statements need not be applied to immaterial items. Statement 105, on subsequent events, defines those events as transactions or developments that occur after the financial statement date but before the financial statements are available to be issued.

Statement 105 also clarifies that financial statements are available to be issued when they are complete in GAAP-compliant form and all necessary approvals for issuance have been obtained.

It requires disclosure of the date through which subsequent events were evaluated and is effective for fiscal years beginning after June 15, 2026, with earlier application encouraged.

The GASB update also highlighted ongoing attention to subsidies, proprietary fund presentation, disclosure of certain capital assets, and future technical agenda topics such as revenue and expense recognition, going concern or severe financial stress, and infrastructure assets.

Implications for the Organization

Several near-term implications stand out for healthcare finance teams and affiliated operational leaders, which I plan to work with the Executives to implement at GMHA:

- Focus AI efforts on low-risk, high-value use cases such as variance commentary drafts, structured document review, and operational summarization.
- Strengthen AI governance by clarifying approved tools, data boundaries, review requirements, logging expectations, and vendor standards.
- Review workflow design before automating tasks, especially in revenue cycle and coding environments.
- Prioritize interoperability, data quality, and standardization as enablers of both efficiency and future AI value.
- Continue building cross-functional leadership relationships, especially between finance, clinical, IT, compliance, and operational teams.

These actions are practical because they do not depend on waiting for perfect systems. They support incremental progress while keeping governance, accountability, and long-term scalability in view.

Notable Observations

Three impressions stood out most clearly from the conference:

1. AI discussions were more practical than speculative, with much more emphasis on governance, workflows, and measurable use cases than on broad disruption claims.
2. Affordability was treated as a shared responsibility across the healthcare ecosystem rather than a problem any one stakeholder can solve alone.
3. Many of the most promising strategies depended less on acquiring another tool and more on improving data access, process design, trust, and leadership alignment.

Conclusion

The HFMA Annual Conference 2026 offered a useful mix of strategic perspective and operational guidance. The most valuable takeaway was not that AI will replace healthcare finance professionals, but that organizations that combine sound governance, better data, disciplined process redesign, and effective leadership will be better positioned to improve performance and respond to mounting affordability pressure.

I am deeply appreciative of the opportunity to attend this conference and to learn from many hospital financial subject matter experts. As you can read from my trip report, this year's theme centered on AI, and I can truly say that I learned so much. I look forward to implementing several of the concepts I learned from the conference, as noted under Implications for the Organization.

Guam Memorial Hospital Authority
MEMORANDUM

received 7/17/26 Candy

Date: July 17, 2026

To: Joleen Aguon, MD, Hospital Administrator/CEO

Via: Yuka Hechanova, CFO

From: Julianne Bernadette Duban, Accountant III

Subject: Trip report – Healthcare Financial Management Association Annual Conference (*Dare to Solve)*

I attended the 2026 Healthcare Financial Management Association (HFMA) Annual Conference, held from June 7–10, 2026, at the Gaylord National Resort & Convention Center in National Harbor, Maryland. The conference, which celebrated HFMA's 80th anniversary, brought together approximately 3,500 healthcare finance professionals and featured more than 70 educational sessions on current issues, best practices, and emerging trends in healthcare finance.

Attending the conference provided valuable insights into industry challenges, innovative solutions, and leading practices that can be applied to strengthen our organization's financial management and support continuous improvement.

Sunday, June 7, 2026

Session: Pre-Con Workshop - *Trust, Control, Deliver: Governed GenAI for Healthcare Finance Workflows*
Time: 11:00 AM – 3:30 PM ET
Venue: Potomac Rooms 4-6
Speaker: Glenn Hopper – Head of AI, VAi Consulting

With the growing adoption of AI in healthcare, strong governance is not optional—it is essential. Organizations must evaluate AI solutions beyond marketing claims by focusing on data privacy, reliability, auditability, workflow integration, total cost of ownership, and data portability, while ensuring performance claims are supported by transparent, measurable evidence. Data shows that AI systems can have a 12% hallucination rate, reinforcing that AI outputs cannot be accepted without validation and human oversight.

A responsible AI workflow should follow four key steps: generate, validate, human review, and document. AI can significantly enhance productivity, but human judgment remains the critical safeguard for accuracy, accountability, and responsible decision-making—especially in healthcare. Clear governance,

TA # 29-26

documentation standards, and responsible-use guidelines enable organizations to maximize AI's benefits while reducing compliance, operational, and legal risks.

Monday, June 8, 2026

Session: Standards that Matter: *What FASB & GASB Mean Right Now*
Time: 8:00 AM – 08:50 AM ET
Venue: Maryland D
Speakers: Jeffrey D. Mechanik – FASB Senior Staff Chair
Alan Skelton – GASB Director of Research and Technical Activities

Key GASB Updates Effective FY 2026:
GASB 103 – introduces a revised framework for classifying operating and non-operating revenues.
GASB 104 – enhances capital asset disclosure requirements.
GASB 105 – establishes a new disclosure requirement for the financial statement evaluation date related to subsequent events, clarifying that the assessment period ends when financial statements are available for issuance, rather than when they are formally issued or posted.

Session: Vitalic Health: Where Tech Meets Financial Reality
Time: 9:10 AM– 10:00 AM ET
Venue: Maryland C
Speakers: Ann Jordan, President & CEO of HFMA
Dennis Dahlen, CFO of Mayo Clinic
Marcus Whitney, Founding Member of Jumpstart Health Investors
Jeremy Friese, Founder and CEO of Humata Health

The session highlighted the Vitalik Health Initiative, which seeks to redesign U.S. healthcare through greater affordability, interoperability, and sustainability. Its U.S. Healthcare Vitals Tracker scored the system 35.9/100, underscoring the affordability paradox—decades of innovation have increased costs without proportional improvements in patient outcomes.

Panelists emphasized that business model transformation must come before operating model changes, with aligned incentives driving lasting reform. Interoperability was identified as the top priority for unlocking AI's potential, reducing costs, and improving patient care, while data silos and blocking remain significant barriers. The discussion concluded that meaningful healthcare transformation will require bold leadership, cross-sector collaboration, and interoperable data to create a more affordable, sustainable, and patient-centered system.

Session: CEO Keynote Address from Ann Jordan, President and Chief Executive Officer, HFMA
Time: 10:30 AM – 11:00 AM ET
Venue: Potomac A-D
Speakers: Ann Jordan, President & CEO of HFMA

The speaker emphasized that U.S. healthcare has reached a critical tipping point, requiring bold leadership, collaboration, and innovation to address affordability, financial sustainability, workforce challenges, and declining margins. She highlighted the Vitalik Health Initiative, which illustrates the affordability paradox—healthcare spending continues to rise without proportional improvements in patient outcomes.

A key message was that standardization and interoperability are essential to reducing administrative waste, enabling AI, and modernizing healthcare's outdated financial infrastructure. She also stressed that provider financial sustainability and patient affordability are interconnected, requiring aligned incentives, shared accountability, and cross-sector collaboration to build a more affordable, transparent, and sustainable healthcare system.

Session: Reimagining Healthcare Financial Sustainability: *From Cost Containment to Vitality*
Time: 11:00 AM– 12:00 PM ET
Venue: Potomac A-D
Speaker: Scott Hawig – Executive Vice President and CFO, BJC Health
Seema Verma – Executive Vice President & General Manager, Oracle Health and Life Science
Mike Marks – Executive Vice President & CFO, HCA Healthcare
Jason A. Wolf – President & CEO, The Beryl Institute
Ann Jordan – President & CEO of HFMA

The panel discussion underscored that long-term healthcare sustainability depends on transforming how care is financed and delivered—not simply reducing costs. Key takeaways included the critical role of insurance coverage in improving affordability, the urgent need for payers and providers to collaborate in eliminating administrative waste, particularly in prior authorization, and the importance of interoperability to streamline operations. The discussion also emphasized that the greatest challenge in AI adoption is not the technology itself, but effective change management and organizational readiness. As government priorities shift toward reducing waste, fraud, and abuse rather than expanding funding, healthcare organizations must lead the transformation through innovation, collaboration, and patient-centered solutions.

Session: From Pressure to Performance: Leveraging AI to Drive Operational and Financial Excellence
Time: 1:00 PM– 1:25 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Kirsten Largent – CFO, OSF Healthcare System President, Pointcore
Erik Webb – Chief Development Officer, Pointcore

Session: AI for Financial Resilience in Acute Care Hospitals: An Actionable CFO Guide
Time: 1:30 PM– 1:55 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Raghav Sharma – Director of health Information management, UCI Health

Session: From Superhero to Super Leader: Leveraging Executive Coaching & Partnership to Elevate Teams
Time: 2:00 PM– 2:25 PM ET

Venue: Exhibit Hall: Monument Theater
Speaker: Darin Coble – Executive Coach and Leadership, Versa Business Partners LLC
Alex Chamorro – Central Business Office Director, Houston Methodist

Session: Learning Transformation at HFMA: Let's Get You Ready for Greater Impact
Time: 2:30 PM– 2:55 PM ET
Venue: Exhibit Hall: Thought Leader Studio
Speaker: Michael Grant – Director of Learning Experience, HFMA

Session: Health System Financial Health and Benchmark Executive Outlook
Time: 3:00 PM– 3:50 PM ET
Venue: Maryland C
Speaker: Melinda Hancock – CFO, Sentara
Jamie Richardson – Managing Director of Research, Municipals Fidelity Investments
Michael Driscoll – Vice President Fidelity Investments
Todd Nelson – Health Policy Director HFMA

The session emphasized key priorities for health systems in 2026: AI adoption, affordability, cybersecurity, and financial sustainability. Sentara Health, a $14 billion health system with 12 hospitals, highlighted the importance of AI governance, workforce education, and long-term capital planning through 2032. Fidelity Investments, managing $7 trillion in assets, discussed strategies to address rising healthcare costs through innovative benefit designs and investment approaches.

Key takeaways included leveraging AI to personalize employee benefits, automate processes, and improve engagement, strengthening cybersecurity and technology governance, and balancing cost-management strategies with affordability and equity. The discussion reinforced that disciplined planning, innovation, and strategic investments are essential for long-term health system resilience.

Session: HFMA Region IV CFO Spotlight
Time: 4:10 PM– 5:00 PM ET
Venue: Exhibit Hall: Maryland D
Speakers: Bryon Gabbard – CFO, Appalachian Regional Healthcare,Inc.
Elizabeth Staas – Regional VP of Sales, Meduit
Marco Priolo, SVP Finance, University of Maryland Upper Chesapeake
Health Zach Kerns, Vice President of Finance, WVU Medicine - East

The session outlined key steps healthcare finance leaders should take to strengthen financial sustainability and leadership effectiveness:

- Plan proactively for funding uncertainty by incorporating conservative assumptions for potential Medicaid and reimbursement changes.
- Align financial strategies with organizational goals to balance cost management, operational performance, and patient care priorities.
- Leverage self-insured health opportunities to improve employee health outcomes while reducing long-term costs.

- Invest in leadership development through mentorship, collaboration, and continuous learning.

Adopt innovation thoughtfully by using technology and data-driven insights to improve decision-making and efficiency.

Tuesday, June 9, 2026

Session: Autonomous Healthcare Revenue: A new way of thinking about revenue cycle management through an AI Data

Time: 8:10 AM– 9:10 PM ET
Venue: Exhibit Hall: Maryland A Rooms 1-3
Speaker: Sharon Barnicie – Executive Director, Revenue Integrity Springhill Medical Center

Session: From Negotiation to Market Strategy: How Northwell Uses Price Transparency to Compete and Win

Time: 9:20 AM– 10:10 AM ET
Venue: Exhibit Hall: Maryland D
Speaker: Nick Stefanizzi – CEO, Northwell Direct
Lawrence Robertson – AVP of Managed Care Contracting, Northwell Health

Session: What's Ahead for Healthcare

Time: 10:30 AM– 11:00 AM ET
Venue: Potomac A-D
Speaker: Kevin Holloran – Senior Director U.S. Public Finance, Fitch Ratings
Dennis Dahlen – CFO of Mayo Clinic
Dan Steingart – Associate Managing Director Moody Ratings

The session emphasized the importance of strategic adaptation, innovation, and financial discipline as healthcare organizations navigate ongoing industry pressures. Key steps include accelerating responsible AI adoption to improve efficiency and competitiveness, strengthening workforce development beyond physicians and nurses to address critical support and technical staffing gaps, and enhancing cybersecurity preparedness as a growing financial risk. Organizations should also maintain a strong culture, develop flexible multi-year strategies, and apply disciplined capital planning to balance growth opportunities with financial sustainability.

Session: Future Economy: Impact on Healthcare

Time: 11:00 AM– 12:00 PM ET
Venue: Potomac A-D
Speaker: Andrew Busch – Economic Futurist

The healthcare industry is facing significant transformation driven by economic uncertainty, workforce shortages, and technological disruption. The session emphasized the need for organizations to take proactive steps, including accelerating responsible AI adoption to improve productivity, strengthening workforce strategies, building resilient supply chains, and developing flexible long-term financial plans. With Medicare Part A facing potential 12% cuts by 2031–2033 without policy action and a declining

workforce pipeline, healthcare leaders must focus on innovation and operational efficiency to sustain growth and affordability. Organizations that prepare early and adapt strategically will be better positioned to navigate future challenges.

Session: Innovative & Create: Building the Workforce of the Future through Innovation & Automation
Time: 12:30 PM– 12:55 PM ET
Venue: Thought Leader Studio
Speaker: Nikki Harper – Revenue Cycle Chair-Analytics, AI & Automation, Diversified Revenue, Mayo Clinic

Session: State of CMS: Words from the CMS Administrator Oz
Time: 1:00 PM– 1:30 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Dr. Mehmet Oz – Administrator, Centers for Medicare & Medicaid Services

The session emphasized CMS's focus on healthcare affordability, innovation, and sustainability. Key points included reducing fraud, waste, and abuse to protect Medicare funding, addressing chronic disease through prevention and new treatments, and leveraging technology and AI to improve care delivery, interoperability, and operational efficiency. The discussion also highlighted efforts to modernize outdated systems, streamline prior authorization, and strengthen collaboration across the healthcare industry to improve outcomes and affordability.

Session: From Complexity to Clarity: Redesigning the Revenue
Time: 1:30 PM– 1:55 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Harold Mueller – SVP/CRO,BJC HealthCare
Noah Breslow – CEO, Revecore

The session outlined key strategies to strengthen revenue integrity and operational performance. Organizations should prioritize cash flow and accounts receivable as critical executive metrics, while integrating revenue cycle teams early in strategic planning to ensure billing, coding, and reimbursement readiness. The discussion emphasized that a strong operating model—supported by effective leadership, clear accountability, and performance metrics—is essential before leveraging technology solutions.

The session also highlighted the importance of dedicated denials management teams, using data-driven insights to reduce preventable denials and improve financial outcomes. Sustainable growth requires expanding services while maintaining cost efficiency, supported by strong vendor management practices and proactive collaboration to quickly resolve operational challenges.

Session: From Reactive to Predictive: Using IA to prevent Claim Denials Before They Happen
Time: 2:00 PM– 2:25 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Michael Dale – Director, Product Management, Inovalon
Jessica Wutzer – Director of Patient Access, St. Mary's Healthcare

Session: Scaling Smarter: How WVU Medicine Automated Radiology and Pathology Coding at Enterprise Scale

Time: 2:30 PM– 2:55 PM ET
Venue: Exhibit Hall: Monument Theater
Speaker: Endia Kendrick – Senior Director, Mid-Revenue Cycle M&A, WVU Medicine
Lawren Koffa – Senior Account Director, CodaMetrix

Session: Practical Microsoft AI Applications for Accountants

Time: 3:00 PM– 3:50 PM ET
Venue: Maryland D
Speaker: David Mayo – Director, Technology Consulting, Forvis Mazars
Christian Segurado – Senior manager, System Integration, Forvis Mazars

The session explored how Microsoft AI solutions can enhance finance and accounting functions through automation, improved productivity, and data-driven insights. Key takeaways included leveraging M365 Copilot and AI agents to automate. The discussion also reinforced the importance of strong data foundations, governance, and security controls to support effective and responsible AI implementation.

Session: Financial Visibility: The Hidden Driver of Quality Patient Care

Time: 4:10 PM– 5:00 PM ET
Venue: Maryland D
Speaker: Melissa O'Dowd – Senior Growth Manager, Sage
Nancy McCarthy – Vice President and Corporate Controller, AbsoluteCare

The session emphasized how financial visibility enables stronger decision-making, operational efficiency, and improved patient outcomes. Key insights included the value of FP&A's macro-level perspective in identifying trends and opportunities beyond traditional accounting reconciliation, enabling better payer contract decisions, revenue optimization, and performance management. The discussion also highlighted the impact of behavioral health initiatives, member engagement strategies, and collaboration between finance and clinical teams. Additionally, the session reinforced the importance of responsible AI adoption, supported by strong governance and oversight to drive innovation while managing risk.

Wednesday, June 10, 2026

Session: Beyond Compliance: Mastering Yellow Book and Uniform Guidance Audits

Time: 8:00 AM– 8:50 AM ET
Venue: Maryland D
Speakers: Brian Conner – Principal Bakertilly
Brian Pavona – Partner Forvis Mazars

The session discussed significant single audit changes, including the need for timely evaluation of control and compliance exceptions, the impact of 2026 program restructuring on audit procedures, and evolving risks as pandemic-related funding programs decline. It also emphasized the importance of proactive

auditor and organization collaboration to ensure alignment on risk assessments, program selection, and audit testing strategies.

Session: Hot Topics, Real Impacts: *Accounting & Auditing Now*
Time: 9:00 AM– 10:00 AM ET
Venue: Maryland D
Speakers: Lindsey Roe – Partner, Ernst & Young LLP
Martha Garner, CPA – Retired Managing Director, PWC

The session focused on key considerations for healthcare financial reporting, including (1) adopting a more conservative approach to supplemental Medicaid revenue recognition amid funding uncertainty, (2) reassessing revenue recognition assumptions as payer policies and reimbursement models continue to evolve, (3) maintaining transparency and consistency in charity care and community benefit disclosures, (4) preparing for the impact of new accounting standards related to government grants, internal-use software, and financial reporting, and (5) proactively monitoring Medicaid and regulatory developments that may affect reimbursement and compliance.

Session: Keynote Session – Built to Win: *Thriving Through Change, Pressure, and Complexity*
Time: 10:30 AM– 11:30 AM ET
Venue: Potomac A-D
Speaker: Emmitt Smith – President and CEO, Emmit Smith Enterprises

The session highlighted that exceptional leadership and sustained success are built on mindset, discipline, and resilience. Key takeaways included tackling complex challenges through incremental progress, embracing humility and continuous learning, and recognizing that thorough preparation drives confidence and high performance. The speaker also emphasized that trust is earned through accountability, growth comes from healthy competition, and effective leaders create lasting impact by advocating for themselves while empowering others through shared knowledge.

Conclusion

The 2026 HFMA Annual Conference provided valuable insights into the future of healthcare finance, with a strong focus on artificial intelligence (AI), automation, data management, accounting standards, and operational transformation. A consistent message throughout the conference was that while AI can improve efficiency, streamline processes, and enhance decision-making, human review, professional judgment, and strong governance remain critical to ensure accuracy, compliance, and responsible use.

The knowledge gained will support me in identifying opportunities to improve general ledger processes, strengthen controls, enhance efficiency, and maintain reliable financial information to support GMHA's operations.

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Travel Report

Carestream DRX Excel Plus Digital Radiography and Fluoroscopy System

May 04–08, 2026 | Southern Isabela Medical Center, Santiago City, Isabela, Philippines

Traveler's Name and Position: Adrian Manuel
Facilities Maintenance Manager

Traveler's Name and Position: Joefrelyn De Guzman
Electronics Technician Leader

Department: Facilities Maintenance Department
Company: Guam Memorial Hospital Authority

Acknowledged By:

Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

Purpose of Travel

This report summarizes the technical training completed for the **Carestream DRX Excel Plus Digital Radiography and Fluoroscopy System**. The training strengthens GMHA's internal capability to maintain, troubleshoot, and ensure safe operation of the DRX Excel Plus system. The competencies gained directly support patient safety, regulatory compliance, equipment uptime, and cost-effective operations.

Overview of Training Content

The training focused on the technical servicing specially on preventive maintenance, and operational requirements of the DRX Excel Plus system. Key areas covered include:

- Remote-controlled table mechanical and electrical systems
- Collimator inspection, filtration alignment, and blade verification
- Compression assembly inspection and torque limiter testing
- Generator, PDU, and X-ray tube servicing
- ADAM DRF digital imaging system maintenance
- System backups and log retrieval
- Safety system verification, including emergency stop and hand switch functionality

GMHA Benefits

A. **Improved Equipment Uptime**
The training enables us to perform troubleshooting on mechanical, electrical, and imaging-related issues in-house. As first responder, this reduces downtime for Radiology and ensures continuous availability of diagnostic services.

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B. Reduced Vendor Dependence and Cost Savings

GMHA can reduce the frequency of external service calls. This results in measurable cost savings possible over the lifespan of the equipment.

C. Enhanced Patient and Staff Safety

The training strengthens our ability to ensure:

- Proper function of emergency stops systems
- Accurate AEC and ABS performance
- Correct collimator alignment
- Safe compression force limits
- Early detection of mechanical wear or oil leakage

These contribute directly to safer imaging operations and compliance with CMS and Joint Commission standards.

D. Long-Term Asset Protection

Proper lubrication, chain tension checks, bearing inspections, and internal cleaning extend the lifespan of the table, generator, tube, and imaging subsystems. This protects GMHA's capital investment and delays costly replacements.

Radiation Safety Practices:

Emphasis on radiation safety measures, including proper use of lead aprons, safety booties, safety glasses, lead screen and understanding scatter radiation.

Production of X-ray Images:

Exercise on system alignment, beam centering, and effective utilization of the Automatic Exposure Control (AEC) system.

Recommendation: Power Quality Protection

We recommend installing an **Uninterruptible Power Supply (UPS)** on the DRX Excel Plus system. During our training, the host facility experienced recurring issues caused by dirty power and frequent power interruptions, which resulted in the system components failing to synchronize during startup. Their team reported that they often needed to "trick" the system and the ADAM PC to power on simultaneously to achieve proper initialization.

This behavior is consistent with power-related instability and poses risks such as:

- Improper system boot sequencing
- Communication loss between subsystems
- Increased wear on electronic components
- Potential corruption of system logs or imaging data
- Unnecessary downtime and service calls

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Given Guam's known challenges with power fluctuations and outages, installing a UPS/TVSS will:

- Stabilize voltage supplied to sensitive imaging electronics
- Protect the generator, PDU, ADAM PC, and digital imaging subsystems
- Ensure proper synchronization during system startup
- Reduce risk of component failure due to surges or brownouts
- Support compliance with manufacturer recommendations and best practices for radiology equipment

This mitigation measure will significantly enhance system reliability and protect GMHA's investment in the DRX Excel Plus platform.

Conclusion

The training significantly enhances GMHA's internal capability to maintain the DRX Excel Plus system safely, efficiently, and in compliance with regulatory standards. This investment directly benefits patient care, reduces operational costs, and strengthens the hospital's technical self-sufficiency.

Signature:

Adrian Manuel
Facilities Maintenance Manager

Joefrelyn De Guzman
FM Biomed Shop Leader

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MEMORANDUM

TO: For Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

VIA: Yukari Hechanova
Chief Financial Officer

FROM: Carlos Pangelinan
Assistant Chief Financial Officer

Jannica Taimanglo
Deputy Assistant Administrator of Operations, Acting

DATE: August 4, 2026

SUBJECT: Trip Report for Meeting with Chuuk Health Officials – June 3 - 5, 2026

Buenas yan Hafa Adai! In the morning June 5, 2026, in the conference room of the Chuuk State Hospital we visited with various officials from Chuuk State Government and the national government of the Federated States of Micronesia in Weno, Chuuk to discuss how to better serve Chuuk migrants in Guam. Specifically, we met with representatives including Social Security Office, Vital Statistics Office, the hospital, the public health department, Chuuk State Health Plan, and a high school.

The importance of this meeting was to share the challenges migrants have in being able to qualify for various welfare programs including Medicaid, the Supplemental Nutrition Assistance Program, and other programs and to secure contacts that can be called upon to lend assistance when needed to facilitate the eligibility process. We made a presentation to the panel about Guam's Chuuk population and the growing number of patient seeking hospital services at GMH without any health coverage. 1,246 patients visited GMHA in FY 2025 and left the hospital with bills averaging $2,243 to $13,581. In total, there were $8,010,267 in balances owed.

It was explained to these officials that when their bills go unpaid, it can cause undo stress on the family because such accounts can result in forfeiture of tax refunds (inclusive of Earned Income Tax Credits) until the balances are cleared. FSM migrants can qualify for Medicaid under federal law and that often all that is standing in the way of their eligibility are missing documents patients could only obtain in Chuuk. The panel was very receptive and expressed appreciation for the information presented. We also responded to their questions, including whether their consulate office is able to assist. Jannica in particular was able to obtain additional contacts for our social services department.

Another purpose of the meeting was to follow-up on Chuuk State Health Program consideration of GMHA as a networked provider. The matter was discussed and though subsequent email correspondence, the program's administrator Mr. Bosco Buliche relayed their board's plans for a site visit in late August.

Thank you for your time and kind consideration.

Attachment

CHUUK STATE POPULATION

Served by the Guam Memorial Hospital Authority

Patients Served

	FY 2023 (Actual)	FY 2024 (Actual)	FY 2025 (Actual)	FY 2026 (Projected)
Inpatient Admissions				
Adult & Pediatric	1,068	1,027	1,061	1,151
Newborns	502	477	459	575
Skilled Nursing Facility	8	8	10	6
Total	1,578	1,512	1,530	1,731
Outpatient Visits	2,559	2,730	3,016	3,365

Primary Insurance (FY25)

Self Pay Patients (FY25)

	Inpatient	Outpatient	Grand Total
Self-Pay Count	460	786	1,246
Total Balances Due	$6,247,070	$1,763,196	$ 8,010,267
Average Balance	**$ 13,581**	**$ 2,243**	**$ 6,429**

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MEMORANDUM

To: Joleen M. Aguon, M.D.
Interim Hospital Administrator/CEO

Date: August 11, 2026

Subject: TRIP REPORT (New York, NY)
2026 AHLA Annual Meeting & In-House Counsel Program
(June 29, 2026 — July 1, 2026)

GMHA Delegation: Joseph B. McDonald, In-House Counsel

Purpose: Obtaining current information on health care law, regulatory compliance, and emerging legal issues relevant to Guam Memorial Hospital Authority. The knowledge gained will assist in identifying and mitigating legal and compliance risks, strengthening policies and practices, protecting patient information, and supporting GMHA's continued delivery of safe, quality, and compliant health care services.

I. Executive Summary

The 2026 Annual Meeting in New York City provided an opportunity to gain current knowledge and insights into legal, regulatory, and compliance issues affecting health care organizations, with particular relevance to the operations of **Guam Memorial Hospital Authority (GMHA)**. The conference featured educational sessions addressing artificial intelligence, payment and reimbursement, fraud and abuse, health care transactions, telehealth, privacy and health information technology, compliance, public policy, and legal ethics. The information presented provided valuable insight into emerging legal developments, regulatory requirements, and best practices that may assist GMHA in identifying and mitigating legal and compliance risks, strengthening internal policies and procedures, protecting patient information, and supporting the Hospital's delivery of safe, quality, and compliant health care services. The conference also provided opportunities to engage with health care attorneys, in-house counsel, compliance professionals, and health care executives and gain perspectives on issues and practices applicable to health care organizations.

II. Meaningful Dialogue with Guam Leadership

The conference provided valuable insight into the challenges facing Guam's health care system and the importance of collaboration among government agencies, health care leaders, and community stakeholders. Discussions with Guam leadership emphasized the need for coordinated planning, long-term investment, and innovative approaches to ensure that the island's health care system remains responsive to the needs of its residents.

- **Interagency Collaboration:** The conference highlighted the importance of strengthening communication and coordination among government agencies and health care organizations. Effective collaboration was identified as essential to addressing operational challenges and developing solutions that benefit the broader community.
- **Long-Term Health Care Planning:** Conversations emphasized the importance of looking beyond immediate operational needs and developing long-term strategies for Guam's health care system. Planning for future population needs, workforce demands, technological advancements, and emergency preparedness was identified as an important component of sustainable health care delivery.
- **Community and Government Partnership:** The conference reinforced the value of maintaining an open dialogue between government leadership and health care organizations. Continued engagement with policymakers and key stakeholders can help ensure that health care priorities are appropriately represented in future policy, funding, and infrastructure decisions.

III. Next Steps

- **Compliance Review:** Review current GMHA policies and procedures in light of recent health care legal and regulatory developments discussed at the conference and identify areas requiring updates or additional guidance.
- **Privacy & Health Information:** Evaluate existing practices related to patient privacy, health information technology, and telehealth to ensure continued compliance with applicable privacy and security requirements.
- **Artificial Intelligence:** Monitor emerging legal and regulatory guidance concerning the use of artificial intelligence in health care and evaluate potential applications, risks, and compliance considerations for GMHA.
- **Fraud & Abuse Prevention:** Review current compliance practices and internal controls related to fraud, abuse, billing, and reimbursement to identify opportunities to strengthen risk mitigation and oversight.

- **Legal & Regulatory Updates:** Continue monitoring significant developments in health care law and regulations and communicate relevant updates to appropriate GMHA departments and leadership.
- **Knowledge Sharing:** Share relevant information and best practices obtained from the conference with GMHA leadership, legal counsel, compliance personnel, and other applicable departments to support informed decision-making and organizational compliance.

IV. Conclusion

Participation in the 2026 AHLA Annual Meeting & In-House Counsel Program provided a valuable opportunity to expand knowledge of current health care legal and regulatory developments and to gain perspectives that may be applied to GMHA's ongoing legal, compliance, and operational needs. The information and insights obtained through the conference will support continued efforts to identify emerging risks, strengthen organizational practices, and promote informed decision-making.

I am grateful to GMHA for the opportunity to attend this conference and for its continued support of professional development and education. The opportunity to participate in this program was both informative and beneficial, and the knowledge gained will be shared and applied, as appropriate, to support GMHA's mission and continued delivery of safe, quality, and compliant health care services to the people of Guam.

Joleen M. Aguon, M.D.
Interim Hospital Administrator/CEO

Joseph B. McDonald
In-House Counsel

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MEMORANDUM

TO: Ricardo B. Eusebio, M.D.
Acting, Interim Hospital Administrator/CEO

Concurred by: *Initial here*

FROM: Theo M. Pangelinan
Special Projects Coordinator

DATE: August 3, 2026

SUBJ.: SHRM26 Trip Report

Purpose

I attended the SHRM 2026 Convention looking for practical leadership ideas we can bring back to our workplace. While SHRM is centered on human resources, many of the sessions were really about leading teams well. That matters to me because I am a leader first, even though my role has HR components in it. My biggest takeaway is simple: if we do not have a formal process, we will have problems. People work is human work, but it still needs structure. Without structure, we rely on memory, preference, urgency, and personality. That is where inconsistency starts.

The convention also reinforced that leadership is culture work. HR may be the custodian of many people systems, but leaders create the day-to-day human experience. Our work is to help the business get better through people: putting people in the right roles, helping managers manage, creating trust through feedback, and making sure our processes hold up when decisions are difficult.

Key lessons for our workplace

The EEOC discussion was a reminder that employment decisions are easier to defend when the path to the decision is visible. Accommodation requests need a consistent intake, review, documentation, and follow-up process. Remote work, intermittent needs, religious accommodations, service animals, and leave requests are fact-specific. The answer is rarely "always yes" or "always no." The better answer is a disciplined process: identify essential job functions, have the interactive conversation, consider effective alternatives, document the decision, and revisit the accommodation when circumstances change.

The Pregnant Workers Fairness Act discussion made this even clearer. Supervisors need to recognize that an accommodation request does not have to arrive with formal language. If an employee says they need an adjustment because of pregnancy, childbirth, or a related condition, that is enough to begin the process. Documentation matters, but so does judgment. Positive commentary over time followed by an unsupported negative decision weakens us. Consistency is part of fairness.

The feedback sessions challenged annual-review thinking. Feedback creates fairness, trust, and growth when it is timely and specific. Quarterly check-ins and strong 1:1s give people examples to learn from and advice to act on. Adults learn by being included in the solution, not just being told what to do. HR can coach and support, but leaders have to manage.

AI: useful, but not a replacement for accountability

The AI conversations mattered because AI is already showing up in hiring, performance management, communications, and decision support. My takeaway is that AI can help us prepare the work, but it cannot become the work. It can summarize, draft, organize, compare, and help us see patterns when the inputs are accurate and the use case is appropriate. But AI is not intended to replace human judgment, empathy, legal review, or leadership accountability.

In the workplace, AI should not be the final decision-maker for hiring, promotion, discipline, termination, pay, or accommodations. It should not infer protected-class information or make medical, disability, pregnancy, religious, race, sex, age, or other protected-trait assumptions. It should not be a shortcut around documentation, and it does not absolve us from discrimination risk because a vendor or tool produced the output. The focus has to be on the input, the process, the review, and the decision owner.

For leaders, this means we need guardrails before the use cases multiply: where AI is allowed, where it is prohibited, who reviews tools, what data cannot be entered, how we check for bias or accessibility issues, and who owns the final decision. The human still has to interact with the human. That was one of the strongest leadership themes of the convention.

Leadership and culture takeaways

Several speakers came back to the same point in different ways: people want to feel safe, cared for, and included. Transparency means giving context. Toxic positivity is real. People want to know how change affects them. A good leader does not humiliate people, because once someone feels humiliated, they do not forget it. A good manager helps people grow without making them guess where they stand.

The leadership message I am bringing back is steady but practical: stay flexible, keep your sense of humor, and do not confuse talent with readiness to manage. Not everyone with talent should be a manager, and one of the biggest mistakes leaders make is waiting too long to address the wrong fit. We run a business through relationships, but we still have to make clear decisions.

Recommended follow-through

I recommend we turn the trip lessons into five near-term actions:

1. Refresh our accommodation procedures, including supervisor training and periodic check-ins.
2. Create clear AI guardrails for leadership and people decisions, including prohibited uses and required human review.
3. Move toward quarterly performance check-ins supported by better 1:1 expectations.
4. Strengthen documentation standards so performance and employment decisions tell a consistent story.
5. Coach managers to own people issues directly, with HR as a partner rather than a substitute.

The convention did not change my view that leadership work is deeply human. It sharpened it. The better we are at process, feedback, and responsible use of technology, the more room we create for people to do great work.

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SHRM 2026 TRIP REPORT

TO: JOLEEN ~~JOLENE~~ AGUON
INTERIM HOSPITAL ADMINISTRATOR/CEO

FROM: JOSEPH SANTOS
MANAGEMENT ANALYST IV

RE: SHRM 2026 TRIP REPORT

DATE: AUGUST 7, 2026

As always, attending the SHRM 2026 Annual Conference is an invaluable opportunity that gave me exposure to all the current developments shaping the HR profession. However this year's conference was unlike the previous conferences I attended, in that the dominant theme this year was Artificial Intelligence. This year's conference was a pivot point, identifying HR"s need to redefine its purpose and assert its leadership role. The future of HR is contingent on embracing AI proactively, ethically and most importantly humanely.

In this trip report I will summarize my observations as follows;

1. Overall themes and insights
2. Key themes and insights specifically related to Employee Management Relations.
3. Actionable takeaways I learned from the convention that can support and strengthen EMR operations and enhance the employee experience.

Key Themes & Insights

AI Dominated the Conversation

AI was not a side topic—it was the primary topic of conversation for the very first time. Speakers warned that HR faces an "extinction threat" if it fails to adapt, but also emphasized that AI should augment, not replace, human judgment.

- SHRM CEO Johnny Taylor emphasized that HR risks becoming irrelevant unless it reclaims ownership of a people centric strategy in a future AI driven workforce.
- Simon Sinek emphasized a Human-centered AI adoption. The fear, anxiety and uncertainty around AI are human emotions which HR must address directly. Ignoring these fears and anxieties leads to failed adoption.

- I heard the term Authentic Intelligence in one of my sessions which still resonates with me. The session speaker urged HR to elevate uniquely human skills which AI cannot replicate – imtuition, empathy and judgement – rather than fixating solely on automation,
- HR must lead responsible AI adoption, not simply follow IT.
- AI should support better management, not substitute for it.

Human-Centered Transformation

Convention speakers Simon Sinek and JohnnyTaylor emphasized that HR's future depends on protecting its humanity in the workplace. HR should embrace AI as a partner, and not as a replacement.

Leadership Is Being Redefined

The common theme running through the conference's sessions and keynot messages all foreshadowed a future where leaders must excel at employee empowerment, emotional intelligence, adaptability and strategic thinking. The old command and control model no longer works.

The future leader is less a commander and more a coach and culture-shaper.

Culture as Competitive Advantage

First of all, I had to clearly identify what is culture is culture and what are its connotations in the workplace:

- Values: What the company cares about most, like honesty or hard work.
- Leadership: How bosses treat and guide their workers.
- Communication: How openly and clearly people share ideas.
- Environment: The physical or virtual space where work happens.

Good vs.Bad Culture

- Good Culture: People feel safe, respected, and happy. Workers trust their bosses and feel supported.
- Bad Culture: People feel stressed, unvalued, or scared to speak up. This leads to high stress and workers leaving often
- Organizations with strong cultures outperform in retention, engagement, and resilience.

Looking through the scope of Employee Management Relations (EMR), I managed to divine the following key themes and insights:

Manager Capability Is Now the #1 Driver of Employee Management Relations Cases

Multiple sessions I attended echoed these familiar truths:

- Employees don't leave companies — they leave managers.
- SHRM 2026 highlights leaders who empower employees, communicate clearly, and build trust — all foundational to strong employee relations.
- Manager capability has clearly emerged as the #1 driver of EMR cases. The Employee Relations 2.0 research study, found that manager capability gaps are the top factor limiting EMR transformation and a major contributor to the number of EMR cases.

  - Many frontline and middle managers are promoted for technical skill rather than leadership ability, creating an "accidental manager" dynamic. This leads to inconsistent handling of conflict, performance issues, and policy application.
  - Managers often lack confidence in resolving issues informally, causing avoidable escalation into formal EMR cases.
  - Employees and managers perceive relational behaviors and interpersonal communication very differently, and weak relational skills correlate with higher conflict and lower trust.
  - Managers directly shape the employment relationship—grievances, discipline, communication, inclusion, and fairness all flow through them. When capability is low, EMR cases rise.

AI and Employee Management Relations

Human centered transformation Technology is accelerating change, but SHRM 2026 stresses that *people remain the core of organizational success*. Employee relations must balance innovation with empathy, well-being, and meaningful experiences.

Instead of chasing flashy AI tools, In Jim Link, SHRM AI at Work, encouraged practical use cases: drafting communications, summarizing information, analyzing workforce data, and automating repetitive tasks. The message: AI should strengthen human connection, not replace it. Mr. Link also warned that unchecked AI can create bias, legal risk, and unrealistic productivity expectations — making HR the frontline for responsible implementation.

Simon Sinek stressed the following:

> *Human skills — Empathy, honest communication, emotional intelligence, active listening, and trust-building become* more *valuable as technology advances. Sinek*

argued that organizations have over-invested in technical efficiency and under-invested in the skills AI cannot replicate.

AI introduces new cognitive loads, legal risks, and fairness concerns. SHRM 2026 urges HR to redesign work around people + AI, not automation alone.

- Positive Impacts of AI on Employee Management Relations

  - Proactive issue detection - AI analyzes anonymous reports and case data to detect patterns of misconduct, conflict, or problematic management behavior. This helps shift EMR from reactive to proactive, improving workplace climate
  - AI drafts case summaries, organizes documentation, and ensures consistent language and record-keeping.

- Negative impact of AI on Employee Management Relations

  - AI can dehumanize workplace relationships. Over reliance on AI can weaken empathy, interpersonal communication, and the human judgement needed for conflict resolution

  - AI struggles with nuance, what appears to be misconduct may actually be miscommunication. This may lead to overly rigid decisions.

AI will make EMR faster and more efficient, but judgment, empathy, and fairness remain human responsibilities.

Culture Is Becoming a Compliance Issue

Oprah Winfrey reinforced a major theme:

> HR is the "custodian of culture. HR is the custodian of culture, responsible for shaping environments where people thrive. "

Culture, communication, and recognition were among the top concerns voiced in the sessions I attended. Culture was framed as a strategic asset. A business-critical driver of retention and performance. Organizations with strong cultures outperform in retention, engagement, and resilience.

Employee Management Relations is now deeply tied to culture, it is the ongoing management of the relationship between employees, managers, and the organization. It includes daily interactions, communication norms, conflict resolution, policy enforcement, and how employees feel heard and supported

Strong EMR reinforces a positive culture by ensuring people feel respected, included, and supported. A healthy culture typically includes:

- Trust building – where employees feel safe about raising concerns without retaliation.
- Conflict resolution – early intervention prevents escalation.
- Legal compliance – protects both the employee and the organization.

EMR isn't just reactive (handling complaints). They're proactive: shaping culture, coaching managers, and using data to spot issues before they surface. Organizations that treat EMR as a strategic function—not just a compliance task—see higher engagement, lower turnover, and stronger performance.

EMR Action Plan

Based on the foregoing, the following are key actionable EMR takeaways and proposed action plan to be implemented with Managers/Supervisors:

- Manager capability training – focus on the 65capabilities that help reduce EMR cases:

1. Early intervention - Managers who act within the first 72 hours of a conflict or performance dip prevent ~60–70% of formal cases from ever forming.

➢ Clear expectations
➢ Quick check-ins
➢ Addressing behavior immediately

2. Quality conversations - Most EMR cases begin as *avoidance*. Managers need skill in:

➢ Giving feedback without triggering defensiveness
➢ Asking questions that surface root causes
➢ Staying calm and structured

3. Policy confidence - Managers escalate cases because they fear "doing it wrong."

➢ Micro-learning on key policies
➢ Scenario-based practice

4. Documentation discipline - Good documentation reduces ER case complexity and speeds resolution.

➢ Short, factual notes
➢ Behavior-based descriptions

5. Relational competence - Trust is the #1 buffer against conflict escalation.

- Fairness and consistency
- Empathy without over-accommodation

- Managers need training in conflict resolution, not just performance management. This is the Conflict Resolution Process I learned in one of my sessions:

1. Clarify the Disagreement - Identify exactly what the conflict is.

- Gather each party's perspective.
- Ask clarifying questions until everyone agrees on the core issue.
- Focus on unmet needs and facts, not assumptions.

2. Establish a Common Goal - Define what both parties want the resolution to achieve.

- Identify shared interests (e.g., "We both want the conflict to end").
- Create a unifying objective that guides the rest of the process.

3. Discuss Ways to Meet the Goal - Collaboratively explore possible paths forward.

- Brainstorm options without judging them yet.
- Encourage creativity and openness.

4. Identify Barriers - Surface obstacles that could prevent resolution.

- Practical barriers (resources, time, authority).
- Emotional or relational barriers (trust, communication issues).

5. Agree on the Best Solution - Select the most workable option.

- Evaluate feasibility and fairness.
- Ensure both parties commit to the chosen path.

6. Acknowledge the Agreement & Assign Responsibilities - Formalize the resolution and define next steps.

- Document commitments.
- Clarify who will do what and by when.
- Reinforce accountability and follow-up.

The SHRM 2026 Conference reinforced how rapidly the field of Employee Management Relations is evolving and how essential it is for EMR leaders to stay ahead of emerging workplace trends. Across the keynote sessions I attended, several themes consistently surfaced: the increasing

importance of trust-building between employees and management, the need for proactive conflict-resolution frameworks, and the growing expectation that HR serve as a strategic partner rather than a reactive problem-solver.

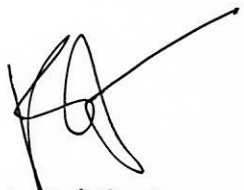
These insights directly support our organization's goals. The tools and strategies presented—particularly around modern performance-dialogue models, early-intervention conflict techniques, and data-driven engagement metrics—can be applied immediately to strengthen our internal processes. The conference also provided access to leading practitioners who shared practical examples of how organizations are reducing turnover, improving manager capability, and creating psychologically safe workplaces. These learnings will help us refine our own employee-relations approach and ensure alignment with current best practices.

Beyond the content, SHRM 2026 demonstrated the value of ongoing professional exposure to national HR trends. The ability to benchmark our practices against organizations of varying sizes and industries is something we cannot replicate locally. The conference offered direct access to experts, legal updates, and emerging technologies that will shape HR operations over the next several years. Maintaining this level of awareness is critical for anticipating workforce challenges rather than reacting to them.

For these reasons, attendance at future SHRM conferences should be considered a strategic investment. Continued participation will allow us to:

- Stay current with evolving labor regulations, compliance requirements, and case law that directly affect our policies.
- Strengthen employee-management relations through exposure to new frameworks, tools, and research.
- Expand professional networks that provide ongoing support, benchmarking opportunities, and collaboration.
- Identify emerging HR technologies that can improve efficiency, analytics, and employee experience.
- Bring back actionable insights that directly enhance our organization's culture, retention, and leadership capability.

Overall, SHRM 2026 delivered measurable value and positioned us to make informed, forward-looking decisions in employee-management relations. Continued attendance will ensure EMR is aligned with national best practices—ultimately strengthening our organization's ability to attract, retain, and support a high-performing workforce.



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