



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

2016 BOARD OF DIRECTORS

Chris G. Gardiner, *Chairman*
Andrew L. Davis, *Interim CEO*

Girume Ashenafi
Dr. Ricardo Brown
Dr. Julian R. Craig
Dr. Konrad Dawson
Maria Gomez
Steve Lyons
Robert Malson
Dr. Julianne Malveaux
Virgil McDonald
Khadijah Tribble
Dr. Raymond Tu

Prepared and Filed by:

Donna M. Freeman, *Corporate Secretary*
Office of the Secretary of the Corporation



OUR MISSION

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted to our care.

OUR VISION

UMC is an efficient, patient-focused, provider of high-quality of healthcare the community needs.

•

UMC will employ innovative approaches that yield excellent experiences.

•

UMC will improve the lives of District residents by providing high value, integrated and patient-centered services

•

UMC will empower healthcare professionals live up to their potential to benefit our patients

•

UMC will collaborate with others to provide high value, integrated and patient-centered services.



**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
BOARD OF DIRECTORS
NOTICE OF PUBLIC MEETING**

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will be held at 9:00am on Wednesday, January 27, 2016. The meeting will be located at 1310 Southern Avenue, SE, Washington, DC 20032, in Conference Room 2/3. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. CONSENT AGENDA

A. READING AND APPROVAL OF MINUTES

1. September 24, 2015 – General Board Meeting
2. October 24, 2015 - General Board Meeting
3. November 25, 2015 - Emergency General Board Meeting

B. EXECUTIVE REPORTS

1. Dr. Julian R. Craig, Chief Medical Officer
2. Thomas E. Hallisey, Chief Information Officer
3. Jackie Johnson, EVP of Human Resources
4. Pamela R. Lee, EVP of Hospital Operations & CQO
5. David Thompson, Interim Director of Public Relations and Communications
6. Maribel Torres, Chief Nursing Officer
7. Charletta Washington, VP of Ambulatory & Ancillary Services

V. NONCONSENT AGENDA

A. CHIEF EXECUTIVE REPORTS

1. Andrew L. Davis, Interim CEO
2. Finance Report - Steve Lyons, Finance Committee Chair

B. MEDICAL STAFF REPORT

1. Dr. Raymond Tu, Medical Chief of Staff

C. COMMITTEE REPORTS

1. Governing Board Patient Safety and Quality Committee
2. Governance Committee
 - a. Board Performance Standards and Protocols
 - b. Board Attendance Review
 - c. Board Orientation Manual
 - d. MOTA Nominations
3. Strategic Planning Committee

D. OTHER BUSINESS

1. Old Business
2. New Business

E. ANNOUNCEMENT

Next Meeting – Wednesday, February 24, 2016 at 9:00am in Conference Rooms 2/3.

F. ADJOURNMENT

NOTICE OF INTENT TO CLOSE. The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§2 - 575(b)(2)(4A)(5),(9),(10),(11),(14).



UMC

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MEDICAL CENTER

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Date: January 27, 2016

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Reading and Approval of Minutes

- September 24, 2015
- October 24, 2015
- November 25, 2015

Not-For-Profit Hospital Corporation
General Board Meeting Minutes
September 24, 2015

Present: Chris Gardiner (Vice-Chair), Virgil McDonald, Steve Lyons, Dr. Ricardo Brown, Girume Ashenafi, Dr. Julianne Malveaux, Andrew Davis, Dr. Raymond Tu, Dr. Julian Craig, Dr. Konrad Dawson, Donna Freeman (Corporate Secretary), Kai Blissett (General Counsel)

Absent: Robert Malson

Excused: Bishop C. Matthew Hudson, Jr., Chairman, Maria Gomez

Public: Matt Harrison, Huron

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:10am	
Determination of a Quorum	Donna Freeman, Corporate Secretary determined a quorum.	
Approval of the Agenda	The Board moved to approve the agenda.	
Approval of Minutes	The Board moved to approve the July 23, 2015 meeting minutes.	
Consent Agenda	N/A	
Non consent Agenda	N/A	
Board Education Session	N/A	
Executive Reports	<p>Board moved to accept and approve the following Executive reports. Second. Passed unanimously.</p> <ul style="list-style-type: none"> • Dr. Julian Craig, Chief Medical Officer • Pamela Lee, EVP, Hospital Operations • Jackie Johnson, EVP, Human Resources • Maribel Torres, CNO • Tom Hallisey, CIO • David Thompson, Director of Communications and Public Relations 	

	<ul style="list-style-type: none"> Charletta Washington, EVP of Ambulatory & Ancillary Services 	
Chief Executive Reports	<p>Andrew Davis, Interim CEO, presented CEO Report. <i>(Report presented to Board Members)</i> Board moved to accept and approve the CEO report. Second. Passed unanimously.</p> <ul style="list-style-type: none"> - Physician recruitment – 3 physicians have been hired - Employee arbitration concluded - Provider base reimbursement - Employee’s tragic death led to the crosswalk in front of the hospital - Community speaking engagements <p>Chris Gardiner, Vice Chair, announced “Closed Session” would begin and the public session will resume later.</p>	
CFO Report	Barbara Roberson, Interim CFO and Steve Lyons presented the Finance Report. <i>(Reports presented to the Board Members and filed in the Office of the Secretary of the Corporation)</i>	
Finance Committee Report	<p>Finance Committee Report presented by Steve Lyons, Committee Chair. Moved. Seconded. Passed unanimously.</p> <ul style="list-style-type: none"> - Present a realistic budget FY 16 – not overly optimistic - Implement a plan to reduce expenditures - Seeking to present a budget that will not require us to return to the District for additional operating funds. 	
FY 16 Budget	<p>Barbara Roberson, Interim CFO presented the FY 16 Budget. The Board moved to accept the FY16 Budget as presented. Second. Pass unanimously.</p> <ul style="list-style-type: none"> - Departmental budgets were established with accountability - Healthcare Insights software - Hugh Blackman was congratulated on his hard work during the budgeting process - Procurement team and process has been implemented 	Chris Gardiner requested a demonstration of the Health Care Insights software at the next Board Meeting

Chief Medical Report	Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. Board moved to accept and approve the credentialing report. Second. Passed unanimously. <i>(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)</i>	
Governance Committee Report	Virgil McDonald, Committee Chair, presented the Committee Report. Moved. Second. Passed unanimously. <ul style="list-style-type: none"> • Planning a Board Retreat – Saturday, October 24, 2015 • Speakers have been selected and on-line registration will be available • Board Evaluation Forms 	Virgil McDonald requested the Board members to submit their evaluation forms to Donna Freeman
Patient Safety & Quality Committee	Pamela Lee, EVP of Patient Safety & CQO, presented the Committee report. Moved. Second. Passed unanimously. <ul style="list-style-type: none"> • - Inpatient and outpatient Dashboard results 	
Strategic Planning Committee	Dr. Ricardo Brown, Committee Chair presented the report. He resigned as Chair and Dr. Julianne Malveaux is the new Chair. Dr. Brown will remain on the committee. Moved. Second. Passed unanimously. <ul style="list-style-type: none"> • - Mission, vision and values will be reviewed 	
Old Business	N/A	
New Business	N/A	
Other Business	The next General Board meeting is scheduled on Thursday, October 22, 2015 in Conference Rooms 2/3 on the ground level. Meeting adjourned at 12:46pm	

Not-For-Profit Hospital Corporation
General Board Meeting Minutes
October 24, 2015

Present: Chris Gardiner, Virgil McDonald, Steve Lyons, Andrew Davis, Dr. Julian Craig, Dr. Raymond Tu, Maria Gomez, Girume Ashenafi, Julianne Malveaux, Dr. Konrad Dawson, Kai Blissett (General Counsel), Donna Freeman (Corporate Secretary)

Excused: Bishop C. Matthew Hudson, Jr., Dr. Ricardo Brown, Robert Malson

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:45am	
Determination of a Quorum	Virgil McDonald, Governance Committee Chair determined a quorum.	
Approval of the Agenda	Single item agenda – Approval of Credentialing Reports	
Credentialing Report	<p>Dr. Raymond Tu, Chief of Staff, presented the credentialing report. Second. Passed unanimously. <i>(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)</i></p> <p>The Board immediately proceeded to “Closed Executive Session” for the scheduled Retreat.</p>	

Not-For-Profit Hospital Corporation
Emergency General Board Meeting Minutes
November 25, 2015

Present: Chris Gardiner, Vice Chair, Virgil McDonald, Girume Ashenafi, Dr. Julian Craig, Dr. Raymond Tu, Andrew (Andy) Davis, Khadijah Tribble, Dr. Juliann Malveaux, Donna Freeman (Corporate Secretary), Kai Blissett (General Counsel)

Excused: C. Matthew Hudson, Jr., Chair, Robert Malson, Dr. Ricardo Brown, Dr. Konrad Dawson

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 10:51am	
Determination of a Quorum	Donna Freeman, Corporate Secretary determined a quorum.	
Approval of the Agenda	Single Item - Approval of Credentialing Reports	
Introduction	Introduction of the new Board Member: Ms. Khadijah Tribble	
Credentialing Reports	<p>Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. Board moved to accept and approve the credentialing report. Second. Passed unanimously. <i>(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)</i></p> <p>The physician election report was presented by Dr. Raymond Tu. Board moved to accept and approve the election report. Second. Passed unanimously.</p>	
Other Discussion	Meeting adjourned at 10:57am.	



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Executive Mgt. Reports

Presented by:

Dr. Julilan Craig, CMO

Thomas Hallisey, CIO

Jackie Johnson, EVP

Pamela R. Lee, EVP

David Thompson, Director

Maribel A. Torres, CNO

Charletta Washington, VP



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CMO REPORT

Prepared by:
Dr. Julian R. Craig,
Chief Medical Officer



Chief Medical Officer
Julian Craig, MD
Board Report
January 2016

MEDICAL STAFF SUMMARY

MEDICAL STAFF COMMITTEE MEETINGS

Medical Executive Committee Meeting, **Dr. Raymond Tu, Chief of Staff**

The Medical Staff Executive Committee (MEC) provides oversight of care, treatment, and services provided by practitioners with privileges on the UMC medical staff. The committee provides for a uniform quality of patient care, treatment, and services, and reports to and is accountable to the Governing Board. The Medical Staff Executive Committee acts as liaison between the Governing Board and Medical Staff.

Peer-Review Committee, **Dr. Gilbert Daniel, Committee Chairman**

The purpose of peer review is to promote continuous improvement of the quality of care provided by the Medical Staff. The role of the Medical Staff is to provide evaluation of performance to ensure the effective and efficient assessments and education of the practitioner and to promote excellence in medical practices and procedures. The peer review function applies to all practitioners holding independent clinical privileges.

Pharmacy and Therapeutics Committee, **Dr. Mina Yacoub, Committee Chairman**

The Pharmacy and Therapeutics Committee discusses all policies, procedures, and forms regarding patient care, medication reconciliation, and formulary medications prior to submitting to the Medical Executive Committee for approval.

Credentials Committee, **Dr. Barry Smith, Committee Chairman**

The Credentials Committee is comprised of physicians who review all credential files to ensure all items such as applications, dues payment, etc. are appropriate. Once approved through Credentials Committee, files are submitted to the Medical Executive Committee and the Governing Board.

Medical Education Committee, **Dr. David Reagin, Committee Chairman**

The Medical Education Committee was formed to review all upcoming Grand Rounds presentations. The committee discusses improvements and new ideas for education of clinical staff.

Performance Improvement Committee, **Committee Chairman**

The Performance Improvement Committee is comprised of 1-2 representatives from each department who report monthly on the activity of each department based on standards established by the Joint Commission, the Department of Health, and the Centers for Medicare and Medicaid Services (CMS).

Bylaws Committee, **Dr. David Reagin, Committee Chairman**

Members include physicians who meet to discuss implementation of new policies and procedures for bylaws, as it pertains to physician conduct.

The Medical Staff Bylaws, Rules and Regulations have been revised in preparation for the upcoming Joint Commission inspection. The changes were reviewed, discussed and approved by the Bylaws Committee and will be forwarded to the Medical Executive Committee and then the Board of Directors for review and approval.

Physician IT Committee,

Members include physicians who meet to discuss the implementation of the new hospital-wide Meditech upgrade, as well as the physician documentation for ICD-10.

Physician Champions Meditech Program

Julian Craig, MD
Russom Ghebrai, MD
Raymond Tu, MD
Mina Yacoub, MD

Gilbert Daniel, MD
Cynthia Morgan, MD
Deborah Wilder, MD

DEPARTMENT CHAIRPERSONS

Anesthesiology	Dr. Amaechi Erondy (Medical Director)
Critical Care	Dr. Mina Yacoub
Emergency Medicine	Dr. Mehdi Sattarian (Medical Director
Medicine.....	Dr. Musa Momoh
Obstetrics and Gynecology.....	Dr. Sylvester Booker
Pathology	Dr. David Reagin
Pediatrics	Dr. Marilyn McPherson-Corder
Psychiatry	Dr. Lisa Gordon
Radiology	Dr. Raymond Tu
Surgery.....	Dr. Gregory Morrow

CHIEF MEDICAL OFFICER Dr. Julian Craig

The United Medical Center enters the New Year, ready to face the challenges ahead. The advances that were made last year in physician recruitment, HCAHPS survey, Information Technology and facility infrastructure have been well documented. As we try to overcome the stark disparities in healthcare that exist in wards 7 and 8, it may be helpful for us to pause and review how we create a path to health equity in the District of Columbia. For healthcare to be equitable, it should provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

The Patient-Centered Medical Home (PCMH) has been considered an important tool in achieving health equity¹. Organizing primary care in a way that improves care coordination and communication can lead to higher quality and lower costs². PCMH's can range from a private physicians office, Federally Qualified Health Center (FQHC) to a hospital system. Ward 7 and 8 have no shortage of PCMH's, and these entities seem to operate almost independently of each other. Sharing various components of patient healthcare needs, and operating with varying levels of efficiency, creating a system that has not succeeded in creating health equity for our community.

As we enter the first quarter of 2016, we need to begin the process of consolidating the major segments of the health care systems east of the river. The advances made in information technology as it pertains to the electronic health record, sharing of health information and data collection, have made this an achievable goal. There will still need to be the implementation of a central integrating network that can coordinate the activities of all stakeholders.

Figure 1.

The PCMH's that are well coordinated to meet the community needs, should reduce waste, redundancy and in turn lower costs to the health care system.

Building a successful PCMH is only one piece of the puzzle that is Health Equity. A larger piece is identifying and overcoming the so called "social determinants of health". These include the social imbalances in education, housing, and access to healthy food and physical activity. These are the factors that actually create disease and poor health. Forbes listed Washington DC as the 2nd healthiest city in America for 2015. Clearly communities east of the river were not considered in the compilation of their results. Moving forward the PCMH model must include a partnership with community stakeholders that seek to promote a new paradigm of community engagement and promotion of healthy lifestyle changes.

How does the United Medical Center fit into all of this? Access to high quality primary health care is a social determinant as well². It is critical to educational opportunity and fundamental for healthy communities. Access to healthcare plays a role in where people live and which neighborhoods thrive. Robust medical centers, primary care practices and hospitals contribute to the economic and social capital of communities, provide jobs, role models and infrastructure that promote wellness and good health¹.

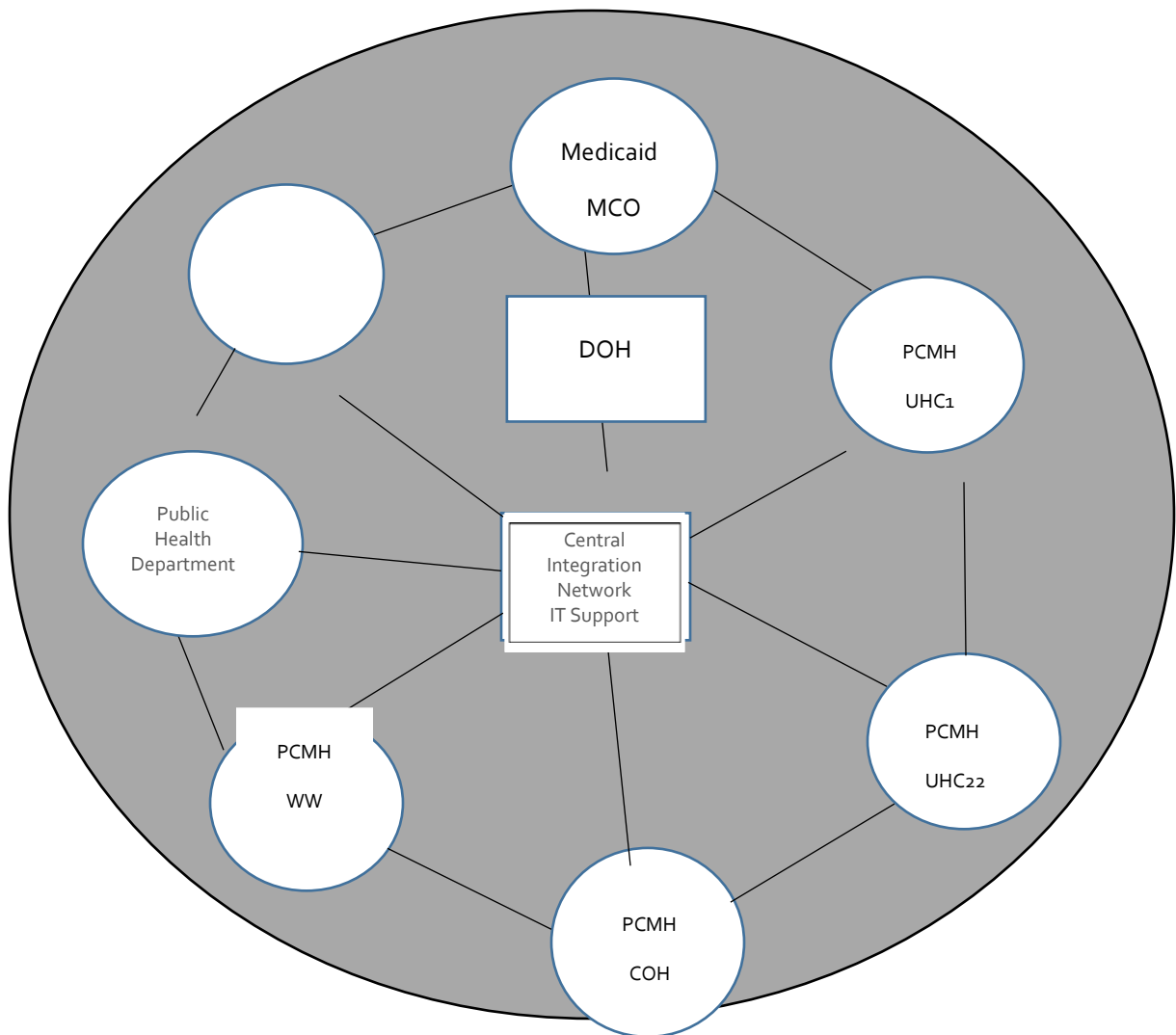


Figure 1 Central integration of Patient Centered Medical Homes and Information Technology
NB: MCO=Managed Care Organization; UMC=United Medical Center; WW=Whitman-Walker Health
COH=Community of Hope; UHC=Unity Health Care; DOH=Department of Health

Efforts to promote the PCMH and investments in addressing the social determinants of health, do not have to be mutually exclusive. The pieces of the puzzle exist and are on the table. Will stakeholders and the city of Washington DC be able to put them together?

References

National Academy of Sciences 2012-Winston Wong, Karen M. Anderson et al
Committee for Quality Assurance- NCQA.org

DEPARTMENTAL REPORTS

ANESTHESIOLOGY**Dr. Amaechi Erundu****PERFORMANCE SUMMARY:**

For the month of December, 2015, the Anesthesia Dept had a total surgical and Obstetric anesthesia volume of 183 surgical cases. Our top 3 service providers remain: Gastroenterology, Vascular surgery and General surgery in that order. Dr. Byum (Surgeon) and Dr. Bhatnagar (Orthopedics), have both started service provision. We anticipate volume growth going forward.

QUALITY INITIATIVES AND OUTCOME:**Core Performance indicators:**

INDICATOR	Target	2014 Annual Average	1Q2015	2Q2015	3Q2015	4Q2015*
SCIP-Inf. 1a - Prophylactic Antibiotic Received within 1 hour prior to Surgical Incision - Overall	99%	94%	93%	90%	98%	100%

Mortality and Morbidity Reviews:

No mortality was recorded in the OR this past month.

No anesthesia related morbidity was recorded.

EVIDENCE-BASED PRACTICE:

Anesthesia department is continuing to review all current policies and update them to align with the best practices and CPOE requirements. This will facilitate the evolution of the department into a Peri-operative service model and to include appropriate Care Coordination.

SERVICE (HCAHPS) SATISFACTION

Anesthesia Department has implemented the “Qualitick” program for real-time performance assessment of the anesthesia providers. Through this method, Patients and Surgeons will assess the anesthesia providers and give feedback. We would continue to rely on the Press Gurney for system wide performance assessment.

CRITICAL CARE MEDICINE

Dr. Mina Yacoub

November was a slow month for the ICU. For November 2015, the Intensive Care Unit had 250 patient days, 53 admissions and 55 discharges. The ICU managed a total of 62 patients in November. ICU Average Length of Stay (ALOS) was 4.7 days.

QUALITY OUTCOMES

Core Measures Performance

ICU achieved 100 % compliance for quality measure of Venous Thromboembolism Prophylaxis (VTE) for 3rd Quarter 2015 and so far 98% compliance for 4th Quarter. ICU is continuing to work with Quality Department and is monitoring performance.

INDICATOR	Target	2014 Annual Average	1Q2015	2Q2015	3Q2015	4Q2015
VTE Prophylaxis						
VTE-2 Patients who received VTE prophylaxis in ICU	94%	95%	100%	99%	100%	98%

1. **Morbidity and Mortality Reviews**

ICU cared for a total of 62 patients and had 7 deaths for November 2015 with a mortality rate of 11.2 %. ICU mortality is reported to and reviewed at Critical Care Committee meeting. Quality department is reviewing cases accordingly.

2. **Code Blue/Rapid Response Teams (“RRTs”) Outcomes**

ICU continues to lead, monitor and manage the early intervention Rapid Response teams at UMC. Results continue to be favorable and show improvement with more Rapid Response team interventions and less cardiac arrests on the medical floor. Reports are reviewed in Critical Care Committee meetings.

3. **Ventilator Associated Event (VAE) bundle**

ICU continues to implement evidence-based best practices for patients on mechanical ventilators and the ICU has had no Ventilator Associated Pneumonias (VAPs) for the month of November 2015. ICU is 100 % compliant with implementation of VAE bundle.

4. **Infection Control Data**

For the month of November 2015, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSI), and no Catheter Associated Urinary Tract Infections (CAUTI). This is the third year running with ICU complication rates significantly below national averages. ICU infection control data is reported regularly to the National Healthcare Safety Network (NHSN). Our infection control data is currently being validated by the national Clinical Data Abstraction Center (CDAC). For November 2015, ICU had 86 ventilator days with no VAPs, 141 Central Venous Catheter days with no CLABSI and 199 urinary indwelling catheter days with no CAUTI. It has been 882 days since ICU's last VAP, 1063 days since ICU's last CLABSA and 571 days since ICU's last CAUTI.

5. **Care Coordination/Readmissions**

For November, 62 patients were managed in the ICU. There were no readmissions to the ICU within 72 hours of ICU discharge.

6. **Evidence-Based Practice (Protocols/Guidelines)**

Critical Care Department is continuing to review all critical care policies to update and align with CPOE and best practices. Updated policies are being presented to MEC. We are reviewing our final ICU policies in November and December Critical Care Committee meetings. Policies are being presented to Policy/Protocol committee. Evidence based

practices continue to be implemented in ICU with multidisciplinary team rounding, infection control practices and frequent communication with patient families.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity. We are eager to reach full operational capacity. ICU has recruited additional qualified nursing staff to accommodate the growth.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low. This leads to significant cost-savings for the hospital. ICU continues to provide teaching opportunities for Physician Assistant students through their clinical rotations in UMC ICU.

Financials

ICU continues to operate within its projected budget.

Active Steps to Improve Performance

Goal is to continue to manage patients with higher acuity, keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks.

PERFORMANCE SUMMARY

In *December 2015*, the Intensive Care Unit had 305 patient days, 67 admissions and 66 discharges. The ICU managed a total of 75 patients in December. ICU Average Length of Stay (ALOS) was 4.5 days.

QUALITY OUTCOMES

Core Measures Performance

ICU achieved 98 % compliance for quality measure of Venous Thromboembolism Prophylaxis (VTE) for 4th Quarter 2015. ICU exceeded target for VTE prevention compliance for 2015. ICU is continuing to work with Quality Department and is monitoring performance.

INDICATOR	Target	2014 Annual Average	1Q2015	2Q2015	3Q2015	4Q2015
VTE Prophylaxis						
VTE-2 Patients who received VTE prophylaxis in ICU	94%	95%	100%	99%	100%	98%

1. Morbidity and Mortality Reviews

ICU cared for a total of 75 patients and had 7 deaths for December 2015 with a mortality rate of 9.33 %. ICU mortality is reported to and reviewed at critical care committee meeting. Quality department is reviewing cases accordingly. Two cases were referred to Quality Department for review.

2. Code Blue/Rapid Response Teams (“RRTs”) Outcomes

ICU continues to lead, monitor and manage the early intervention Rapid Response and Code Blue Teams at UMC. Reports are reviewed in Critical Care Committee meetings.

3. Ventilator Associated Event (VAE) bundle

ICU continues to implement evidence-based best practices for patients on mechanical ventilators and the ICU has had no Ventilator Associated Pneumonias (VAPs) for the month of December 2015. ICU is 100 % compliant with implementation of VAE bundle.

4. **Infection Control Data**

For the entire year of 2015, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSI), and no Catheter Associated Urinary Tract Infections (CAUTIs). This is the third year running with ICU complication rates significantly below national averages. ICU infection control data is reported regularly to the National Healthcare Safety Network (NHSN). Our infection control data is currently being validated by the national Clinical Data Abstraction Center (CDAC). For December 2015, ICU had 197 ventilator days with no VAPs, 198 Central Venous Catheter days with no CLABSI and 243 urinary indwelling catheter days with no CAUTI.

5. **Care Coordination/Readmissions**

For December, 75 patients were managed in the ICU. There were three readmissions to the ICU within 72 hours of ICU discharge. Cases were reviewed in critical care committee.

6. **Evidence-Based Practice (Protocols/Guidelines)**

During 2015, critical care committee reviewed, modified and updated all critical care policies and aligned them with EMR and best practices. This process is now complete. Next review process is scheduled for 2018. Policies are being presented to Policy/Protocol committee. Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, infection control practices and frequent communication with patient families.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity. We are eager to reach full operational capacity.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low. This leads to significant cost-savings for the hospital.

ICU continues to provide teaching opportunities for Physician Assistant students through their clinical rotations in UMC ICU.

Financials

ICU continues to operate within its projected budget.

Active Steps to Improve Performance

Goal is to continue to manage patients with higher acuity, keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks.

EMERGENCY MEDICINE**Dr. Mehdi Sattarian****Performance Summary:****November:**

Emergency department had a census of 4,636 patients.

November 2015 department metrics:

November Patient Volumes:	4,636
% Change from November 2014:	8% increase
Ambulance Volume:	1,249
Median Left without Treatment:	1.3 %
Admission Rate:	11.2 %
Transfers:	1.2%
Turn Around Time for D/C Patients:	200 minutes

December:

Emergency department had a census of 4,895 patients.

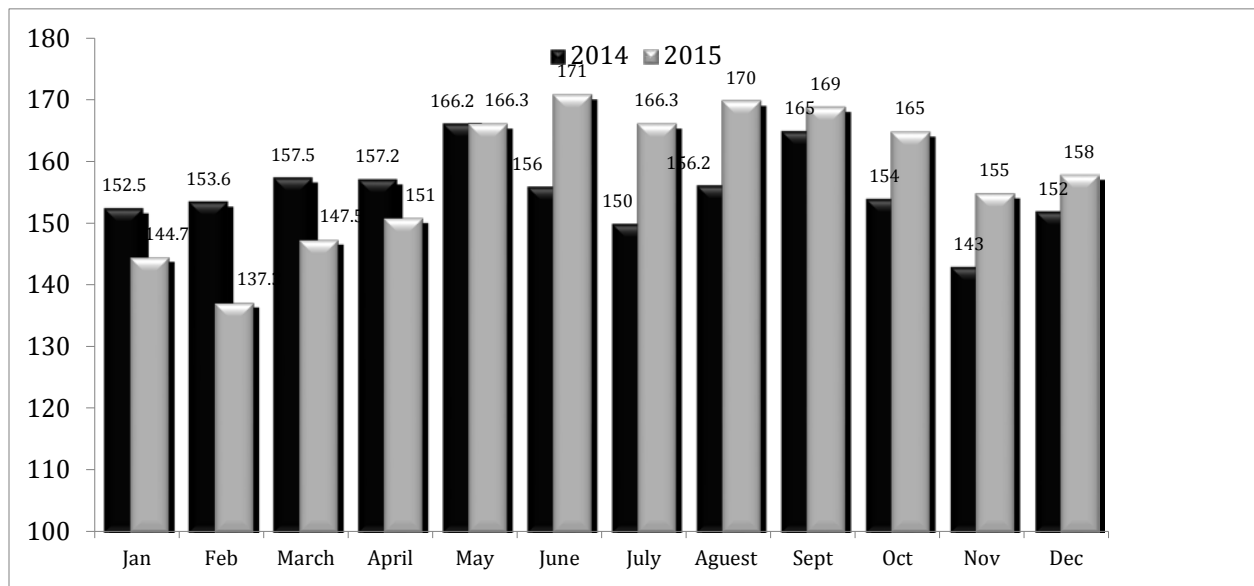
December 2015 department metrics:

November Patient Volumes:	4,895
% Change from December 2014:	3.7% increase

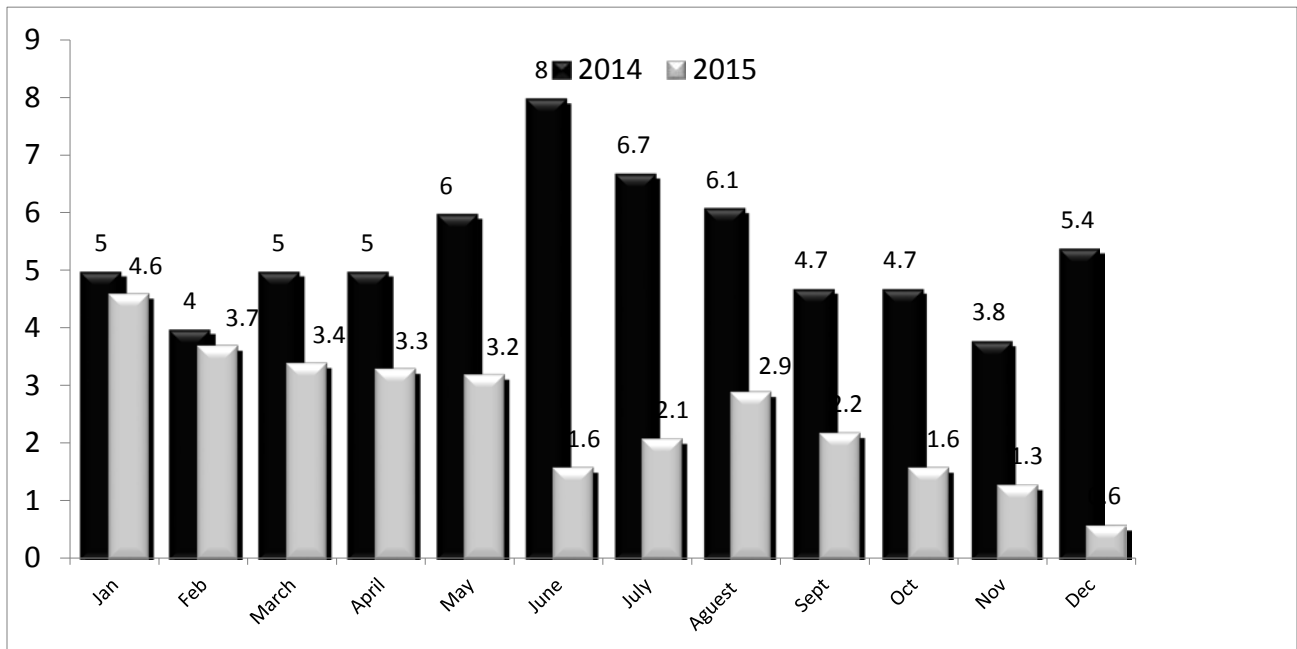
Ambulance Volume:	1,317
Median Left without Treatment:	0.6 %
Admission Rate:	11.8 %
Transfers:	1.0%
Turn Around Time for D/C Patients:	190 minutes

2015 Emergency department census:

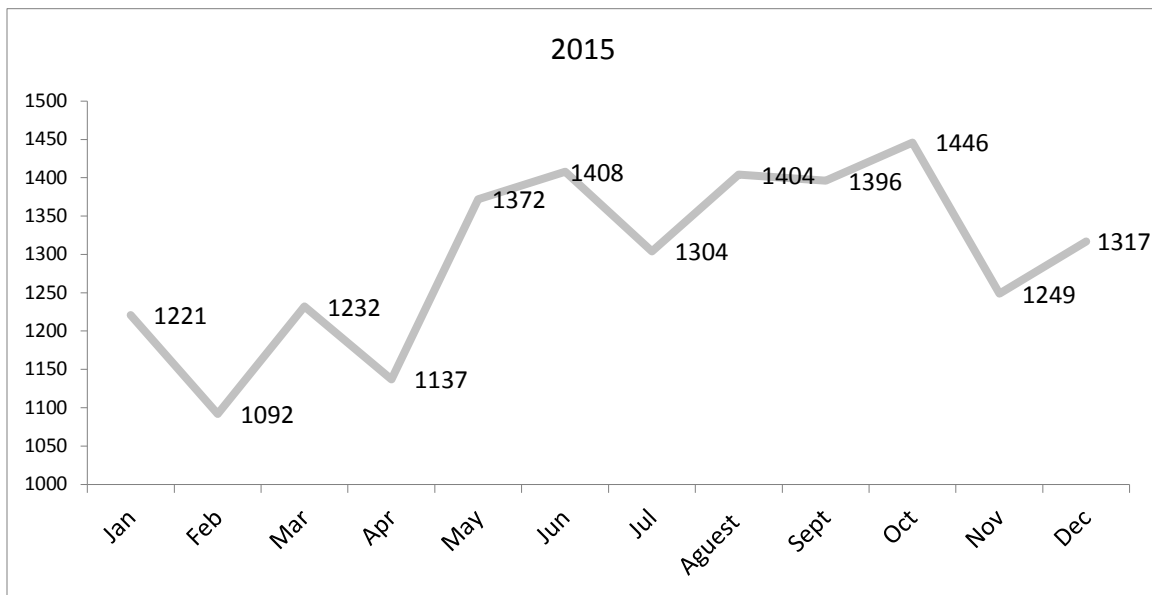
Day average census 2014 versus 2015:



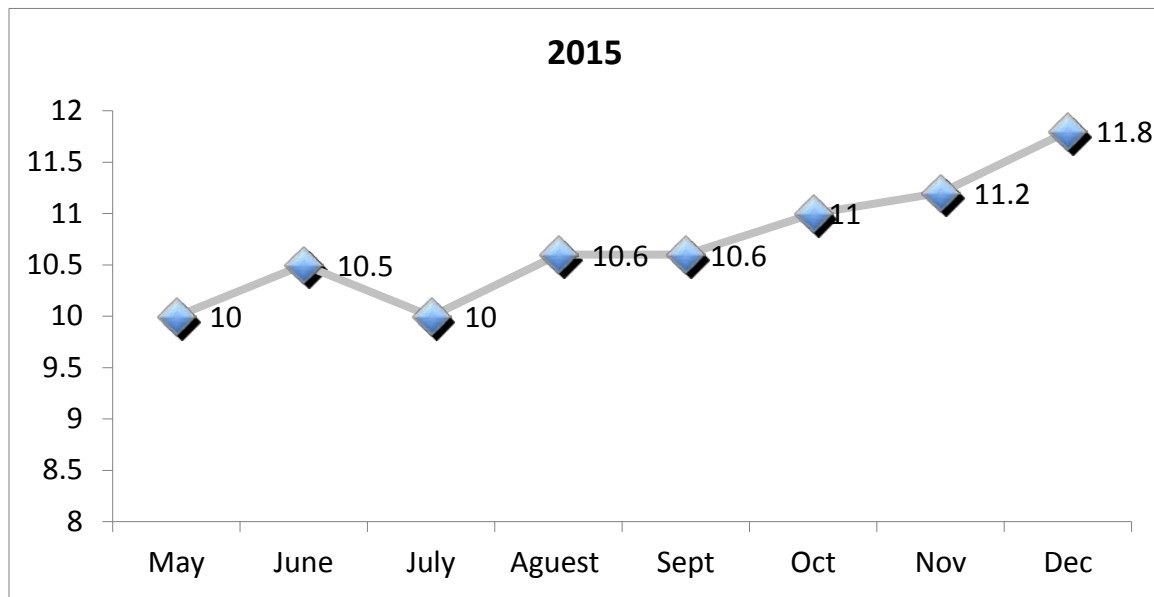
LWBS 2014 versus 2015



Ambulance arrival 2015



Admission Rate



Quality Initiatives, Outcomes, etc.

7. Improving the provider productivity
8. Improving throughput process including:
 - a. Door – Provider
 - b. Door – Disposition
9. Top percentile in Patient Satisfaction Score
10. Improving in Core Measure performance
11. Adverse events (i.e. elopement, suicide attempts, assaults, etc.)
 - a. Elopement Rate 0.5%
 - b. Suicide attempts: 0

12. Readmissions within 72h
a. 11 Cases (0.2%)

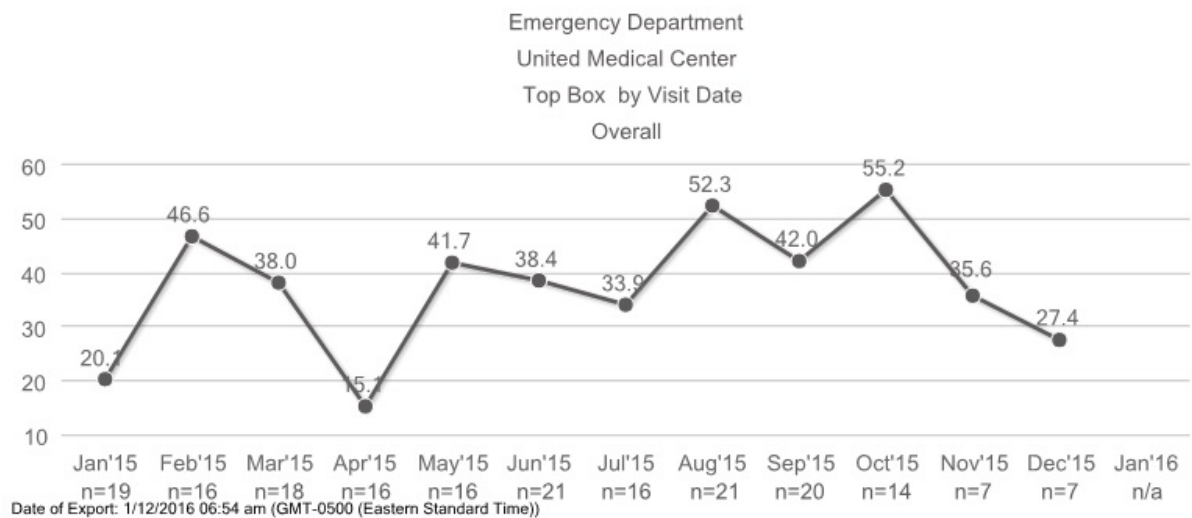
13. AMA rate
a. 0.5%

14. LWBS rate
a. 0.6 %

15. Evidence-Based Practice (Protocols/Guidelines)

Implementation of low risk chest pain pathway implementation process

Service (HCAHPS Performance/Doctor Communication)



Growth/Volumes

- Emergency department will continue to increase the census by collaboration with DC FEMS and PG EMS; and also with improvement of our throughput process specially triage.

OB/GYN

Dr. Sylvester Booker

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Deliveries	34	25	46	30	32	26	34	30	29	26	33	24
Normal Deliveries	30	16	27	25	25	23	26	24	22	18	27	19
Vacuum assisted deliveries	0	0	2	1	0	0	0	1	1	1	2	0
Primary C-Section	2	5	10	1	5	3	2	3	3	4	4	2
Repeat C-Section	2	2	9	4	3	0	6	3	4	4	2	3
VBAC Attempt	0	0	0	0	0	0	0	0	0	0	0	0
VBAC Successful	3	2	2	0	2	1	1	0	0	1	1	0
# of Induction of Labor	6	4	8	3	3	2	3	3	2	1	1	5
# of Aug. of Labor	0	0	1	0	1	0	0	2	1	0	0	0
HIV + Mom	0	0	0	1	0	1	0	0	0	0	0	0
HIV + Babies	0	0	0	0	0	0	0	0	0	0	0	0
Mother + for Substance	4	2	4	0	3	3	7	2	3	3	4	5
Abuse												
Still Birth	1	2	2	0	1	2	0	0	0	0	0	0

No Prenatal Care	4	13	4	1	4	3	6	3	0	5	5	4
Mother to ICU	0	0	0	0	1	1	0	0	0	0	0	0
Multiple Gestation	1	0	1	0	0	2	0	0	0	0	2	0
HTN/PIH	1	0	0	0	2	1	1	2	0	2	0	1
Placenta Abruptio	2	1	0	0	2	1	1	1	0	3	1	0
Placenta Previa	0	0	0	0	0	0	0	0	0	0	0	0
Meconium	2	1	4	3	3	4	3	2	1	2	6	2
MRSA + Carrier	0	0	0	0	0	0	0	0	0	0	0	0
Maternal Transfer	3	0	0	0	2	1	0	3	1	3	1	0
PP Hemorrhage	1	0	0	0	0	0	1	0	0	1	1	0
Cord Prolapsed	0	12	0	0	0	0	0	0	0	0	0	0
Epidural Anesthesia	36	12	17	11	13	10	13	9	11	5	15	9
Spinal Anesthesia	12	6	12	4	7	3	8	7	3	7	5	2
General Anesthesia	2	1	0	1	1	0	0	0	0	1	1	1
Diabetic	1	0	0	0	1	0	0	0	0	0	2	0
Eclampsia	0	0	0	0	1	0	0	0	0	0	0	0
HELLP Syndrome	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL TRIAGE PATIENTS	172	167	197	181	165	148	210	162	149	151	161	129
CHECK & CALL	132	142	151	151	133	122	176	132	120	135	130	105

UNITED MEDICAL CENTER
MATERNAL CHILD HEALTH REPORT

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Breastfeeding	11	12	7	12	9	4	2	4	7	12	14	14
IMC Admission	1	3	2	2	5	0	2	3	1	3	5	2
NICU Admission	4	2	2	1	1	2	0	0	3	5	0	0
Infant on Vent	2		1	0	1	2	0	0	1	4	0	0
# of Infant Transferred	4	1	1	1	1	2	1	0	2	3	0	0
Infant on IV Therapy	1	0	2	2	2	0	1	0	2	5	0	0
Infant on Antibiotic Therapy	1	0	2	1	3	0	1	3	3	1	0	0
Phototherapy	1	2	0	0	2	0	0	1	0	2	2	0
Circumcision	15	14	18	14	13	10	15	17	14	11	12	11
Infant (+)Substance Abuse	7	5	4	0	2	3	8	5	3	3	5	5
Boarding Baby	1	1	2	0	6	3	1	1	1	1	4	2
Failed Hearing Screen	1	0	1	0	0	0	0	1	0	0	0	0
# of Biliscan	29	22	43	29	29	21	33	30	25	22	33	24
# of CCHD Screening			43	29	29		33	30	25	22	33	

	29	22				21						24
GYN patient	3	2		19	14		20	13	4	10	10	13
Premature babies receiving steroids prior to birth *	1	0	2	0	1	0	0	0	1	2	0/1	0/0
Code Purple	18		34	17	22	14	18	20	20	18	20	15

2015

Neonatal Death 1

PATHOLOGY

Dr. David Reagin

The laboratory has filled two positions: LIS Coordinator and Point of Care Coordinator. The previous LIS Coordinator, Diane Epps retired after working at GSCH and UMC for 30(+) years/

The validation studies on the new coagulation instrument have been completed. Implementation will occur after computer interface is connected. Two technologist have received training for a week at the company's training site. Other techs will be trained in the laboratory.

PEDIATRICS

Dr. Marilyn McPherson Corder

Neonatal Unit

December Report

Performance Summary: For the month of December 24 babies were admitted to the nursery. On the average length of stay was 2 days for NSVD and 3.5days for C sections. The year-to-date total number of newborns admitted to the nursery is 363. For the month of December 24 live births. No transfers were done.

The Departmental meeting was held on December 16, 2015

1. Core Measures Performance

The Department of Pediatrics continues to meet the Core Measures Performance.

INDICATOR	Target	2014 Annual Average	1Q2015	2Q2015	3Q2015	4Q2015
PC-04 - Health Care associated blood-stream infections in Newborns			0%	0%	0%	0%
PC-05 - Exclusive breast milk feeding	50%		0%	67%	>65%	>65%
PC-05a - Exclusive breast milk feeding considering the mother's choice after discharge	64%		0%	NP	>50%	>50%

2. Morbidity and Mortality Reviews

No fetal deaths for the month of December. All infants were > 35 weeks gestational age. All were cared for in the UMC nursery and discharged home. No infants were transferred to CNMC.

3. Evidence-Based Practice (Protocols/Guidelines)

Neonatal resuscitations guidelines continue to be followed resulting in zero mortality and minimal morbidity. Increase education on the benefits of breastfeeding and skin-to-skin encouraged right after delivery of the infant with >60% breastfeeding rate within the first 24 hours. Hand washing encouraged repeatedly to prevent healthcare associated blood stream infections in the newborn. Zero incidence of healthcare associated bloodstream infections of the newborn.

Growth/Volumes

Dr. Corder met with Mr. Andy Davis with a proposal to expand the Pediatrics department to include Asthma education/allergy test & enhancement utilization of the UMC medical staff.

Dr. Walter Faggett has begun application to join the Pediatrics department.

Stewardship

The Pediatric Contract has provided financial stability and has maintained operation below the budgeted expenses.

Financials

The Pediatric group provides 24 hours coverage, 7 days a week, without cost of overtime.

RADIOLOGY **Dr. Raymond Tu**

December 2015 Performance Summary

	<i>Inpatient</i>		<i>ER</i>		<i>Out</i>		<i>Total</i>	
<i>Exam Type</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>
Cardiac Cath	04				02		06	
CT Scan	85		539		171		795	
Fluoro	03				10		13	
Mammography					264		264	
Magnetic Resonance Angio	03		01		02		06	

Magnetic Resonance Imaging	26		05		60		91	
Nuclear Medicine	08		01		05		14	
Special Procedures	46				18		64	
Ultrasound	113		240		195		548	
X-Ray	165		889		752		1806	
CNMC CT Scan			025				25	
CNMC X-Ray			537				537	
Grand Total	453		2237		1477		4163	

Quality Initiatives, Outcomes, etc.

7. Core Measures Performance

- 100% extra cranial carotid reporting using NASCET criteria
- 100% fluoroscopic time reporting
- 100% presence or absence hemorrhage, infarct, mass
- 100% reporting <10% BI RADS 3

8. **Morbidity and Mortality Reviews:** There were no departmental deaths.

9. **Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** There was 1 code blue intervention in radiology.

10. **Care Coordination/Readmissions:** N/A

11. **Evidence-Based Practice (Protocols/Guidelines)** We continue to improve patient transportation into and out of the emergency department.

12. Service (HCAHPS Performance/Doctor Communication)

The CT scanner down time was reduced to zero. The new CT scanner training went well and the staff are become acquainted with the capabilities of the new scanner. No patients were unable to be scanned due to weight.

Stewardship Dr. Tu and radiology staff have internally shared the benefits of the CT scanner. The CT staff had additional training so they are able to provide a full scope of technologist scanning

technique by all staff at all hours. Dr. Tu participated in presentation with the Anacostia Coordinating Council and joined Ms. JaNa Holyfield Far Southeast Family Strengthening Cooperative (left) and Anacostia Coordinating Committee discussing radiology, United Medical Center role in sustainability of relevance of our mission.



Dr. Tu getting fired up at the Far Southeast Family Strengthening Cooperative (left) and Anacostia Coordinating Council (right).

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

January 2016 Performance Summary:

	<i>Inpatient</i>		<i>ER</i>		<i>Out</i>		<i>Total</i>	
<i>Exam Type</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>	<i>Exams</i>	<i>Units</i>
Cardiac Cath	06				03		09	
CT Scan	77		548		180		805	
Fluoro	11		0		15		026	
Mammography	0		0		263		263	
Magnetic Resonance Angio	07		0		02		09	

Magnetic Resonance Imaging	47		11		49		107	
Nuclear Medicine	14		06		06		026	
Special Procedures	31		01		07		039	
Ultrasound	156		241		330		727	
X-Ray	207		1021		698		1926	
CNMC CT Scan			19				19	
CNMC X-Ray			481				481	
Grand Total	556		2328		1550		4428	

Quality Initiatives, Outcomes, etc.

1. Core Measures Performance

- 100% extra cranial carotid reporting using NASCET criteria
- 100% fluoroscopic time reporting
- 100% presence or absence hemorrhage, infarct, mass
- 100% reporting <10% BI RADS 3

2. Morbidity and Mortality Reviews: There were no departmental deaths.

3. Code Blue/Rapid Response Teams (“RRTs”) Outcomes: There were no code blues.

4. Care Coordination/Readmissions: N/A

5. Evidence-Based Practice (Protocols/Guidelines) We continue to improve patient transportation into and out of the emergency department.

6. Service (HCAHPS Performance/Doctor Communication)

The PACS system was down for 6 hours do to storage problem. Radiologist had been on site since 4:30am and there was no patient care interruption. There was a transient interruption of CT services but the error was corrected with a computer reset. There was interventional radiology and cardiology service interruption due to planned leave of the nurse, radiology is very thankful to nursing services for providing coverage when possible.

Stewardship Dr. Tu and radiology staff have internally shared the benefits of the CT scanner with the medical staff. We have identified additional training opportunities for the staff so the full

capabilities of the General Electric Revolution EVO CT scanner can be utilized. Dr. Tu and the radiologists are very thankful for the wonderful care our staff provides our patients.



Radiology Department Holiday Party organized by the wonderful and excellent staff.

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

MEDICAL AFFAIRS
Sarah Davis, BSHA, CPMSM**UMC Medical Affairs Monthly Report****December 2015****APPLICATIONS IN PROCESS**

(Applications received through December 31, 2015)

Department	# of Application in Process
Allied Health Practitioners	10
Anesthesiology	0
Behavioral Health	0
Emergency Medicine	3
Medicine	3
Obstetrics & Gynecology	0
Pathology	0
Pediatrics/Neonatology	1
Radiology	0
Surgery	3
TOTAL	20

DEPARTMENT HIGHLIGHTS/ANNOUNCEMENTS

- The election for the Vice-Chief of Staff and Member-At-Large for the Medical Executive Committee was concluded in November. Ballots were tallied on October 15, 2015 and results were announced at the December Quarterly Medical Staff Meeting. As a result, Dr. Mina Yacoub has assumed the role of Vice Chief of Staff and Dr. Deborah Wilder is the new Member-At-Large.
 - The December Quarterly Medical Staff Meeting was held on December 9, 2015. A presentation titled “Engaging Your Patients, Enjoying Your Practice – Key Skills to Create an Exceptional Experience of Care” was given by Ms. Linda Caccamo. Ms. Caccamo is the Vice President of Clinical Operations of EmCare Anesthesia Services and she also hold Allied Health privileges at United Medical Center as a Certified Registered Nurse Anesthetist.
-

MEDICAL STAFF ACTIVITY

NEW APPOINTMENTS

Rishi Bhatnagar, M.D. (Orthopedics Surgery)
Irina Samuels, M.D. (Psychiatry)

RESIGNATIONS

Dawnielle Kilby-Robb, M.D. (Emergency Medicine)
Nithin Prabhu, CRNA (Allied Health/Anesthesiology)
Sepideh Sarreshteh, PA-C (Allied Health/Emergency Medicine)
KerShi Wang, M.D. (Anesthesiology)

ANNOUNCEMENTS

Medical Staff Meetings February

February 1, 2016 at 12:00 pm	Peer Review Committee
February 8, 2016 at 12:00 pm	Critical Care Committee
February 10, 2016 at 12:30 pm	Prevention & Control of Infections Committee
February 10, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
February 11, 2016 at 12:00 pm	Credentials Committee
February 15, 2016 at 12:00 pm	Medical Executive Committee
February 17, 2016 at 2:00 pm	Health Information Management Committee
February 17, 2016 at 3:00 pm	Performance Improvement Committee
February 18, 2016 at 5:00 pm	Department of Medicine
February 23, 2016 at 3:00 pm	Performance Improvement Committee



General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

CIO Report

Prepared by:
Thomas E. Hallisey
Chief Information Officer

Information Technology and Systems Board Report – January 2016

Clinical Initiatives:

- **Multidisciplinary Psychiatric Summary** – The MEDITECH screens are being enhanced to create a multidisciplinary screen of the complete clinical pathway desired for the patients on our Behavioral Health unit. These changes are expected by February 2016.
- **EKG Scanning in ER** – A new scanner and process was set up in the ER to scan clinical documents. The EKG's, as well as the ambulance report, are now scanned directly into the electronic Medical Record in the ER and available for viewing by all physicians immediately.
- **Drug Dose Range Checking** – Interactions checking is an integral part of the Computerized Physician Order Entry implemented in 2014. A plan has been developed to expand that use to include Dose Range checking, lab result checking and diagnosis checking. We are setting up the team now and plan to start these checks by March of 2016, before our next Leapfrog survey.
- **OR Module Implementation** – The OR system implementation continues and is on track for the live date planned in June of 2016. MEDITECH will be on site the week of January 1/18/2016 for training of staff and assistance building the systems in the OR, billing and Materials Management.

Operational Initiatives:

- **Kronos Update** – The Kronos system which handles our time and attendance application for all employees to be paid properly is being updated to the latest software. The existing system is no longer supported and lacks desired functionality. This upgrade will include all new timeclocks with added features available to better track employee time. The update will be complete in March 2016.
- **Meaningful Use (MU)** – A firm called Figliozi and Company has contacted us to perform an audit of our Meaningful Use measures. They are contracted by CMS to perform audits of the meaningful use program. We are pulling together the list of documentation requested and will send that out by the requested date of 1/20/2016. We foresee no issues with the audit and have all the necessary documentation requested.
- **Email and Communications** – We are embarking on a plan to insure better communication with staff through the use of the email tool within the MEDITECH system. We are looking to expand email use to all employees of the hospital who sign into the system for any purpose. This will allow for faster and more direct communication to all employees. This process will be completed in February of 2016.

The Application Support, Help Desk, and Infrastructure teams continue to provide ongoing operational support of UMC's systems. The team had 510 help desk requests and closed 401 in December 2015. This shows that the team is not currently able to keep up with all the requests. We expect this to turnaround as the new Tech starts and the additional position is filled.



UMC

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General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Human Resources Report

Prepared by:
Jackie Johnson
EVP, Human Resources



Not-for-Profit Hospital Corporation

HUMAN RESOURCES

REPORT TO

Board of Directors

Submitted By:

Jackie W. Johnson
Executive Vice President Human Resources
January 2016

Workforce Development

- UMC and AIG Risk Consulting held its bi-monthly meeting to address UMC's risk control assessment updates and improvements. The updates and improvements included (a) management of the OSHA 300 record keeping log, (b) a back injury prevention plan, (c) CPI training for all patient care givers and the emergency department registration, (d) prevention program and education for slip/trip and falls and (e) implementing a fraud prevention policy and training. Timelines were established and AIG will provide support, documentation and information where needed to implement these policies and programs in 2016.
- Efforts are underway to identify a Corporate Compliance Officer for UMC. Several candidates have been identified and interviews are underway. We anticipate having identified a candidate on or before March 1, 2016.
- A comprehensive review for an HRIS (Human Resources Information System) was held with ADP on December 15, 2015. Eric Johnson, Human Resources Manager, in partnership with members of the IT Department, Sr. Director, Janice Akintewe and Tania Davis-Smith, reviewed the system for simplified reporting, Applicant Tracking and Meditech interfacing capabilities. UMC also will review several others to include Kronos, Work Day and iHire to identify the most effective system that will meet the HR needs and requirements of the Hospital.
- The 2016 Benefits Open Enrollment concluded on December 28, 2015. All eligible employees electing benefits have been electronically enrolled. Employees can now monitor their benefits online from anywhere they can access the internet. Thus providing speed, reliability and control over that of the previous paper driven system.

Turnover Information

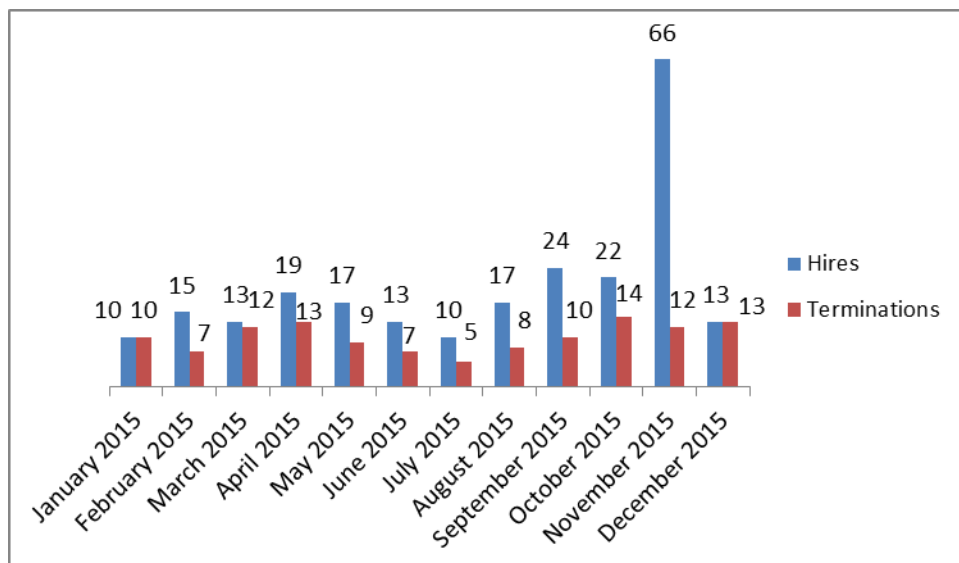
- UMC ended calendar year 2015 with a turnover rate 15.6%, The Skilled Nursing Center yielded an annual turnover rate of 21.58%. UMC continues to fall below the national turnover rate for hospitals published in Nursing Solutions' 2015 National Healthcare and Registered Nurse Retention Report: Hospital turnover rates in 2014 range from 8.8 to 30 percent nationwide.

Recruitment

Summary – Hiring / Terminations –Year-end 2015

New Hires – November and December

During the Month of November, we saw a significant increase in hiring activity as a result of 1.) The Nursing Open House held at the end of October, yielding a significant influx of New Hires at the beginning of the Month and 2.) The reconciliation of the Huron prescribed Census for patient care given current Patient volumes with 72% of the New Hires going into Clinical roles. In spite of approximately 91% of New Hires going into Clinical roles, December saw a sharp decrease in hiring volumes due in a large part to year-end Holiday Schedules and year-end closing priorities.



Hiring by Department – November & December

November Hires by Department	Hire Count
November	66
305.60001 - NFP FLOAT POOL EXPENSE	3
305.60300 - NFP CCU EXPENSE	1
305.61700 - NFP 5W TELEMETRY UNIT	9
305.61705 - NFP 8W MED/SURG ONC EXP	3
305.63402 - NFP 4W PSYCH UNIT II EXP	6
305.63800 - NFP 3LD OB/GYN EXPENSE	1
305.70100 - NFP ER NURSING EXPENSE	4
305.71000 - NFP PCC	5
305.74210 - NFP SURGERY EXPENSE	1
305.74270 - NFP RECOVERY ROOM EXPENS	1
305.75000 - NFP CLINICAL LAB EXPENSE	2
305.79250 - NFP CARDIOLOGY EXPENSE	1
305.79985 - NFP ACC MOBILE HEALTH VAN	2
305.83400 - NFP DIETARY EXPENSE	2
305.83600 - NFP SOCIAL SERVICES EXP	1
305.83601 - NFP CARE MANAGEMENT EXPE	1
305.84000 - NFP PURCHASING EXP	1
305.84200 - NFP SECURITY EXP	1
305.84400 - NFP ENVIRONMENTAL SERVIC	5
305.84600 - NFP PLANT MAINTENANCE EX	2
305.84800 - NFP INFORMATION TECHNOLO	1
305.85000 - NFP OFFICE OF THE CFO	2
305.86500 - NFP HUMAN RESOURCES EXP	1
305.87110 - NFP PERFORMANCE IMPR EXP	1
305.87200 - NFP NURSING ADMIN EXP	1
330.66000 - SNF NURSING	6
330.86100 - SNF ADMIN EXP	1
330.87000 - SNF HEALTH INFO MGMT	1
Grand Total	66

December Hires by Department	Hire Count
December	13
305.61700 - NFP 5W TELEMETRY UNIT	1
305.63402 - NFP 4W PSYCH UNIT II EXP	2
305.70100 - NFP ER NURSING EXPENSE	3
305.76700 - NFP ULTRASOUND EXPENSE	1
305.84200 - NFP SECURITY EXP	1
305.87550 - NFP RADIOLOGY ADMINISTRA	1
330.66000 - SNF NURSING	4
Grand Total	13

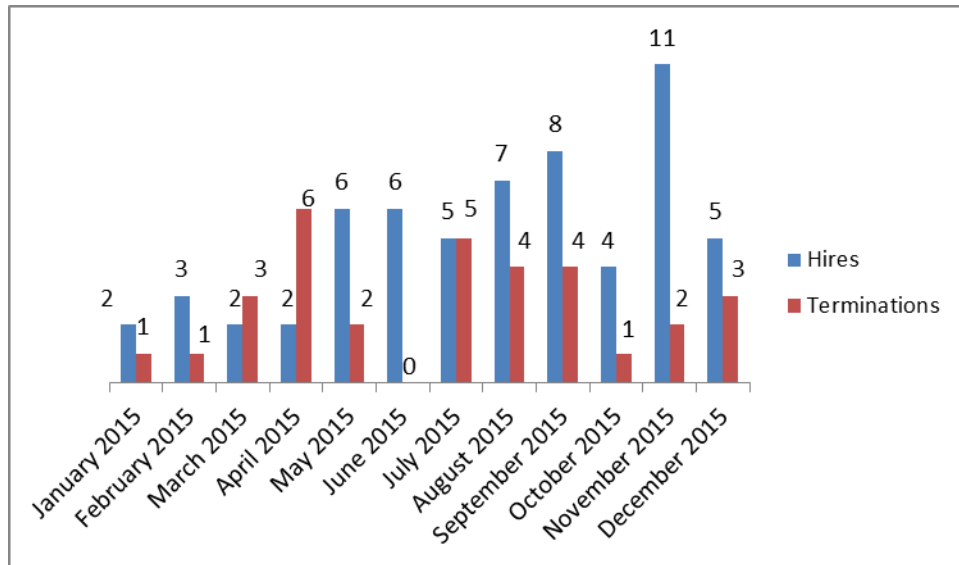
Terminations by Department – November and December

The Months of November and December were essentially flat with 85% and 67% of the terminations coming from Clinical roles, respectively.

November Terms by Department	Term Count
November	12
305.61705 - NFP 8W MED/SURG ONC EXP	3
305.63402 - NFP 4W PSYCH UNIT II EXP	2
305.70100 - NFP ER NURSING EXPENSE	1
305.84400 - NFP ENVIRONMENTAL SERVIC	3
305.86500 - NFP HUMAN RESOURCES EXP	1
330.66000 - SNF NURSING	1
330.86100 - SNF ADMIN EXP	1
Grand Total	12

December Terms by Department	Term Count
December	13
305.60300 - NFP CCU EXPENSE	1
305.61700 - NFP 5W TELEMETRY UNIT	2
305.63402 - NFP 4W PSYCH UNIT II EXP	1
305.63800 - NFP 3LD OB/GYN EXPENSE	1
305.70100 - NFP ER NURSING EXPENSE	1
305.74000 - NFP LABOR & DELIVERY EXP	1
305.75000 - NFP CLINICAL LAB EXPENSE	1
305.77200 - NFP RESPIRATORY THER EXP	1
305.83400 - NFP DIETARY EXPENSE	1
305.84400 - NFP ENVIRONMENTAL SERVIC	1
305.87110 - NFP PERFORMANCE IMPR EXP	1
330.86100 - SNF ADMIN EXP	1
Grand Total	13

Summary Hiring / Terminations – November and December



November & December New Hires / Terminations – Nursing

Hires: In correlation with the overall increase in Recruiting for November, the Nursing function saw a significant increase in New Hires vs. those in October as well as a corresponding decrease in the number of New Hires for December.

November Hires by Department	Hire Count
November	11
305.60300 - NFP CCU EXPENSE	1
305.61700 - NFP 5W TELEMETRY UNIT	5
305.71000 - NFP PCC	1
305.87200 - NFP NURSING ADMIN EXP	1
330.66000 - SNF NURSING	3
Grand Total	11

December Hires by Department	Hire Count
December	5
305.61700 - NFP 5W TELEMETRY UNIT	1
305.70100 - NFP ER NURSING EXPENSE	2
330.66000 - SNF NURSING	2
Grand Total	5

Terminations: Terminations for the Months of November and December remained low.

November Terms by Department	Term Count
November	2
305.70100 - NFP ER NURSING EXPENSE	1
330.66000 - SNF NURSING	1
Grand Total	2

December Terms by Dept.	Term Count
December	3
305.60300 - NFP CCU EXPENSE	1
305.61700 - NFP 5W TELEMETRY UNIT	1
305.74000 - NFP LABOR & DELIVERY EXP	1
Grand Total	3

TAREGETED POSITIONS

Registered Nurses

- Intensive Care Unit
- Emergency Department

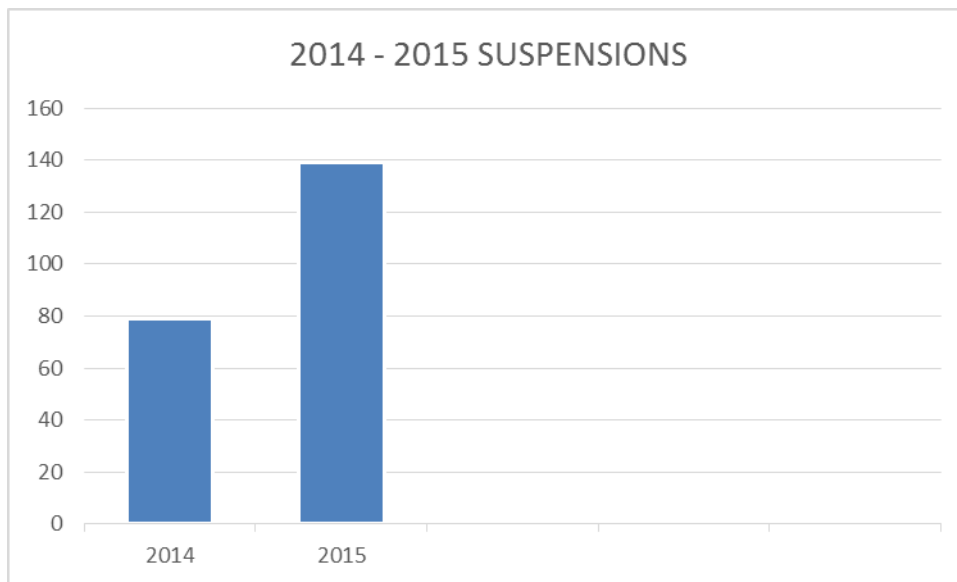
Administrative Supervisors

- **December 9, 2015 – Chamberlain, College of Nursing Open House** – UMC took part in the Chamberlain College of Nursing Career Fair 2015 in Arlington, Virginia. In addition to the Nurse Recruiter, Pauletta Hendrick, members of the Clinical Education Department, Beverly Johnson and Janese Nichols, were also in attendance to provide a cursory overview of the upcoming New Graduates Mentoring Program that will be rolled out in the summer of 2016. Both the visit and Mentoring Program are part of a larger strategy to develop a partnership with Chamberlain College as a clinical practice site for students in their BSN program.
- **December 14, 2015 – Bowie State Nursing Appreciation** – The Nurse Recruiter was given an opportunity to attend Bowie State University's Department of Nursing Appreciation Reception in Bowie, Maryland. A number of Key Faculty and Community leaders were in attendance. A main focus of the visit was the development of UMC as a possible clinical practice site for their BSN students. As we continue to develop strong relationships with colleges and universities, UMC will focus on hiring qualified, motivated, passionate and patient-focused nurses for the UMC team.

Labor Relations – FY 2015

The Not For Profit Hospital Corporation experienced a substantial increase in monetary disciplinary actions in fiscal year 2015 versus 2014. There were 137 employee suspensions in 2015 compared to only 79 in 2014. The increase is reflective of the implementation of a “zero” tolerance for substandard performance across the board. From management to their direct reports, every employee was held accountable in 2015 for meeting the organization’s highest expectation for quality customer services. From environmental services to patient care services, employees boarded the “change train” in 2014 and had to actually pay a price (suspension) to ensure the train continued to move in the right direction.

As we enter into 2016 suspensions are expected to level off and gradually decline over the course of the year. Employees who choose not to get on board, once they have been provided the necessary training and resources to succeed, will be left behind as Not For Profit Corporation plunges into a bright, optimistic future.





UMC

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General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Hospital Operations Report

Prepared by:
Pamela R. Lee,
EVP, Hospital Operations
& CQO



Governing Board Report Hospital Operations / Quality & Compliance Update January 27, 2016

Department of Health

The hospital received its annual licensure survey (earlier than anticipated) combined with a complaint survey January 11-14, 2016. See Governing Board Patient Safety and Quality report.

Quality Management

To verify data abstracted by hospitals are consistent and reproducible, Centers for Medicare and Medicaid Services (“CMS”) works with its subcontractor, Clinical Data Abstraction Center (“CDAC”), to randomly and periodically re-abtract medical records. At least 75% agreement on comparison of specific data elements is required for a hospital to be deemed certified for submitting valid data.

The hospital’s quality management staff continues to accurately abstract clinical data and ensure timely submission to regulatory agencies and accrediting bodies as required. Recently, CDAC re-abstracted a sample of the hospital’s clinical files from 3rd and 4th quarter 2014. Results of the re-abstracted files revealed data validation rates of 90% and 95%, respectively.

A change in quality data reporting requirements was made during 2015. Rather than submitting information through a third-party, organizations are now required to directly and electronically submit abstracted data for particular metrics—stroke, venous thromboembolism (VTE) and surgery (Eventually, e-Measures will be submitted electronically for all metrics). Submission of e-Measures for 100% of all patients with specific clinical conditions is also required versus data submission for a sample of patients with particular clinical conditions. Quality management staff continues to work with IT staff and the quality management vendor to successfully submit the required electronic measures.

Leadership staff are analyzing 2015 calendar year-end data and performing program evaluations to set the stage for establishing the current year’s performance improvement priorities. Focus for 2016 will be on taking necessary steps to further improve quality and patient safety performance. The 2015 Annual Performance Improvement Report will be made available next month after data harvest and analysis activities are complete.

Patient Experience

Efforts to improve patient experience continue to be made. The two overall patient experience metrics (Rate Hospital and Recommend Hospital) continue to show steady improvement. The number of patients scoring each metric with a “9” or “10” (out of 10) continues to increase. As with quality management, 2015 data continues to be obtained and analyzed. Calendar year performance will be made available after analysis activities are complete.

Facility Enhancements

Facility enhancements continue to be made in accordance with the hospital’s strategic and Master Facility Space Plan. The status of recent enhancements include the following:

Project	Status	Benefit / Result
1. 1 st floor public bathrooms	Complete	To enhance patient, visitor and staff satisfaction.
2. 1 st floor gift shop	Complete	To enhance patient, visitor and staff satisfaction.
3. Installation of parking structure for mobile health vehicles	In progress	To protect the hospital's investments while ensuring consistent delivery of care throughout the community.
4. Demolition of 7 th floor space	In progress	To create space for bed, wheel chair and stretcher repairs.
5. Upgraded systems (TV, public address, card access, telephone)	In progress	To enhance communication, safety, patient and staff experience.
6. New roof installation around key areas (ICU, Labor & Delivery, MRI, salt shed and cafeteria)	Complete	To maintain building structures and eliminate the risk of structural damage.
7. New boiler installation	Complete	To facilitate proper building and water temperatures, prevent infections, ensure sanitation requirements are met, etc.
8. Installation of parking pads for mobile health units	Complete	To provide a safe place for the vehicles to be parked while protecting the hospital's investments.
9. Installation of power plant valves (15). Installation of cooling tower heating and floater valves.	Complete	To promote energy efficiency and cost savings. Replacement of old equipment beyond useful life.
10. Installation of new floors in several departments & areas (ground floor, 2 nd floor, Food Service, Finance, PCS, Board Room, etc.)	Complete	Replacement of flooring beyond useful life. Cost savings due to installation of low-maintenance flooring will result in reduced floor care labor hours.
11. Renovation of hospital cafeteria and retail area	In process	To enhance patient, visitor and staff satisfaction. To replace equipment and other structural resources beyond useful life. Scheduled completion 3/1/16.
12. Creation of a communication / care coordination command center	In process	To enhance communication, efficiency and coordination of care. Completion date 3/15/16.
13. Creation of ground floor office suites (Quality, Risk Management, Infection Control, Case Management)	Complete	To promote interdepartmental synergy, efficiency and collaboration necessary for supporting clinical care and patient safety efforts.
14. Creation of new Patient Financial Services office space	Complete	To accommodate space for the skilled nursing facility rooftop healing garden.
15. Rooftop healing garden	Complete	To provide recreational and smoking space for skilled nursing facility residents in accordance with regulatory requirements. Furniture arrival 1/27/16.
16. Patient room enhancements	In process	Delayed until legal contract matters are resolved.
17. Enhancement of the surgeons' lounge	Complete	Adequate space for surgeons to prepare prior to performing surgical procedures.

		Increased efficiency throughout the peri-operative process.
18. Parking lot asphalt repairs and re-stripping	Complete	Enhance safety. Improved patient, visitor and employee experience. Promote clear delineation of parking spaces.
19. Refurbishment of 3 rd floor patient rooms	Complete	To facilitate patient room renovations within other patient care units. Provide overflow rooms to maintain patient census during room renovations.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Public Relations and Communications Report

Prepared by:
David Thompson,
Interim Director,
Public Relations and
Communications

United Medical Center

JANUARY PUBLIC RELATIONS AND COMMUNICATIONS Report

Internal Communications/Events:

- Planned and coordinated **UMC Pride Day (December 11)** with the Employee Advisory Committee (EAC). Members of the Executive Team and other managers served breakfast, lunch and dinner to employees. A photographer provided pictures for the employees. Toys were collected from UMC staff members and distributed to children from a nursery located across the street from the hospital and to Children's Hospital patients. Santa Claus appeared at the event and took photos with the children and employees who attended the event.
- Collaborated with the **American Red Cross** to encourage UMC employees to participate in a blood drive. Twenty-four employees from throughout the hospital decided to give the gift of life, blood. We will have a follow-up blood drive in 6 months.
- Posted flyers in the hospital to promote UMC's first Health Education Seminar on Pain Management. Also distributed flyers to the Ward 8 Health Council, Ward 7 Health Alliance and the Anacostia Coordinating Council.
- Wrote and edited the UMC Pride Newsletter and distributed the publication to employees and hospital stakeholders.

Press Releases:

- Issued press releases to announce that Dr. Jerome Byam, a surgeon, has joined the UMC staff. Also released news announcements about Dr. Joylene Thomas, a primary care physician and Dr. Irina Samuels, a psychiatrist. Preparing a press release on Dr. Rishi Bhatnager, an orthopedic surgeon, who joined the UMC team in December.
- Preparing a press release for Dr. Pauletta, the new Medical Director of the Wound Care Center. We are also preparing to issue a press release on the flu and the need for members in the community to receive vaccinations.
- A press release has been developed and will be issued on the new 3D HD glasses that are being used to perform surgeries.

Videos:

- Editing and producing videos of Mr. Davis, Ms. Lee and other UMC Executives that will be used and posted on video monitors at UMC and externally at community outreach events. The videos will provide general information about the hospital and the specific areas each executive manages.

Community Events:

Over the past three months, CEO Andy Davis and other UMC executives have represented the Hospital at the following events and provided key remarks:

Congress Heights Neighborhood Association Meeting in October

Ward 8 Health Alliance October Monthly Meeting

Anacostia Coordinating Council Monthly Meeting in October

Ward 7 Health Alliance November Monthly Meeting

Ward 7 and Ward 8 Holiday Luncheon (Held at UMC on December 16)

ANC 7C January Monthly Meeting Held at Presbyterian Church

Hillcrest Heights, Maryland Civic Association January Meeting

The Hospital has also participated in several community events including All About the Breast in conjunction with Mayor M. Bowser, Councilmember Yvette Alexander and other officials with the Department of Health.

Strategic Meetings:

Arranged series of strategic meetings with politicians who represent communities in southern Prince George's County that are in UMC's service area. Those towns/jurisdictions include Forest Heights, Hillcrest Heights, Temple Hills, Oxon Hill, Suitland, District Heights, Marlow Heights, and Ft. Washington. The purpose of the meetings was to inform and educate the county and state representatives about the array of services available at UMC and to let them know we are prepared to provide their constituents with more access to the quality healthcare they need.

Advertising:

The Hospital recently began advertising on WTTG Fox 5 and WDCA TV 20. One commercial touts the fact that UMC is the first hospital in D.C. to use 3D HD glasses to perform laparoscopy surgeries. Another ad promotes UMC as the first hospital to offer low dose radiation for breast cancer screenings and the third commercial promotes UMC's Mobile Clinics, 3D HD glasses and low dose radiation. The links to the commercials are below:

<https://foxtv.box.com/UMCBETTERVIEWCUT4>

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UMC is also advertising on WHUR Radio, WMMJ and Praise (Radio One Stations). The radio station ads promote UMC's Health Education Seminars and Mobile Health Clinic Services. A full page print ad appears in this month's issue of East of the River while weekly ads appear in the Informer Newspaper to promote the hospital and its services.



General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

CNO Report

Prepared by:
Maribel Torres,
Chief Nursing Officer

JOURNEY TO EXCELLENCE

Patient Care Services FY' 2015 Outcomes and Year-end Summary

PEOPLE

Enhancing Transformational Leadership

- The leadership team has adopted the definition of transformation leadership, with 95% of the team being master prepared or higher.
- The team has worked diligently towards the change process, by aligning and empowering the nurses to take control of their clinical practices. Out of this commitment the practice committee was developed to improve communication, employee engagement, clinical practices and the overall enhancement of shared governance.
- Management is dedicated to continuing and building a mutual understanding and respectful collaboration with the labor division.
- Improving communication with management and the staff, also include quarterly town hall meetings with the staff and the CNO, which allotted opportunities for the staff to voice their concerns and management to engage and capitalize on strategic initiatives, in addition to the leadership team hosting a 60 and 90 day breakfast with all new hires

Employee Retention

- Employees are recognized for each milestone during their tenure
- Employees are recognized by management and their peers for their outstanding clinical practices and exceptional service

Professional Development Department

The Professional Development Department (PDD) expanded this year in order to meet the ongoing educational and training needs of the clinical workforce. There is currently a Critical Care Services educator, Medical/Surgical educator and lastly, an educator for Obstetrical Services and the Behavioral Health Unit. In addition, the PDD serves as a liaison for colleges and universities desiring clinical rotation for students and oversees the onboarding of new clinical staff.

- Annual mandatory competency assessment for all employees
- Unit-based competency assessment for all clinical areas
- Revision of clinical orientation process to better address the needs of the newly hired clinician
- Elicited staff input/needs assessment for future planning in 2016
- In conjunction with nursing executive leadership, began review of current policy and procedure manual to ensure evidenced-based clinical practice
- Outreach to local universities for clinical placement of students
- Development of communication pathways for unit leadership to coordinate addressing the educational and training needs of staff members
- Investigation into additional certification for mandatory training courses, including ACLS instructor requirements

SERVICE

Patient experience

- **Leadership Rounding-** In spite of best efforts and good intentions, it's nearly impossible to know what's really happening on the front line without first-hand observations. Leadership rounding has built an increased level of trust with the front line staff by demonstrating to the staff and the patients that the organization's leaders are interested in the day-to-day operations and the quality of work being rendered. Leadership rounding has enabled the leaders to better understand what's really important to their staff. Lastly the first-hand knowledge gathered through the rounding process has provided invaluable opportunities for management to monitor, identify, collaborate, and make improvements throughout the organization. The Nursing leadership team are rounding daily, as we are committed to leading by example and not by exception.
- **Clinician Rounding** -Staff have become more engaged with their patients through the usage of hourly rounding. Each clinician understands the necessity and value of hourly rounding and addressing the four Ps' (PAIN , POSSESSIONS, POTTY and PERSONAL ITEMS), and how addressing each P has correlated in increasing our patient experience and scores as evidence by improved performance in patient satisfaction scores.
- **Whiteboards-** Clinicians are further engaging, and individualizing patients' goals, as well as communicating with their patients and families through the utilization of the white boards.
- **Bedside report-** One of last overarching goals of improving the patient experience involved changing communication methods between the clinicians. Relocating shift report to the bedside enforced transparency between the clinicians and the patients, as well as patient engagement and communication. The patients are able to hear exactly what their plan of care entails and are free to add any pertinent information which will further support patient satisfaction and the overall patient experience.

Clinical Excellence

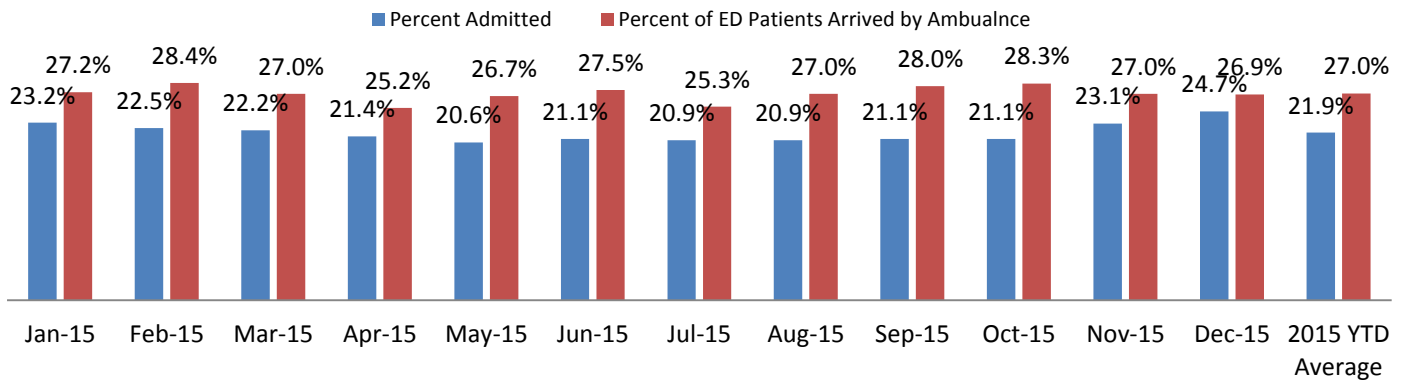
- **Wound management-** The wound care team (WCT) has developed and expanded to meet the many challenges of wound care management at UMC. The wound care team consist of a certified wound care RN specialist, an additional RN and three medical surgical technicians. The WCT makes rounds and treatment suggestions for all patients with wounds unless otherwise directed. The team implements and ensures that Q2 hourly synchronized turning is performed on all bedbound patients. From these efforts and treatments the number of hospital acquired wounds have drastically reduced since the induction of the wound care team.
- **Pain management** – The leadership team recognize the opportunity to improve pain management outcomes thus improving patient satisfaction scores. From this opportunity and physician onboarding and collaboration the pain management protocol was developed. The induction of the pain management protocol has greatly improved the patients' pain management, satisfaction scores and overall patient experience. .
- **Physician collaboration** - Understanding that a strong collaborative relationship between nurses and physicians is directly linked to optimal patient outcomes, experiences and satisfaction. Thus having improved communication between the nurses, the physicians, and the patients remains a key element to the attainment of quality outcomes and patient safety. Having this clear understanding, and need, a formal patient rounding process between nurses and physicians was developed on the 5th and 8th floor. Since the development of the

QUALITY	<p>daily patient focused rounding there has been an improvement in all physician/ nurse domains in HCAPS scores</p> <ul style="list-style-type: none"> ○ Partnering with IT – Leadership has partnered with MEDITECH to increase user friendliness, provide and improve real-time and on -demand reporting to ensure compliance with core measures and other key indicators and documentation metrics. ○ Core measures- The nursing department did well as a whole with regards to core measurement exceeding 90% or greater.
	<p><u>Unit-based PI initiatives-</u> <i>Intensivist Care Unit Metrics</i></p> <ul style="list-style-type: none"> ○ <i>Ventilator Associated Pneumonia</i> the ICU has had 197 days with no Ventilator Associated Infection with a total of 833 days since the last VAP ○ <i>Central line Associated Bloodstream Infection</i> the ICU had 198 days with no infections, with a total of 1064 days since the last central line blood stream infection ○ <i>Catheter Associated Urinary Tract Infection</i> the ICU had 243 days of indwelling devices with no infections at this time. The ICU has had 518 days of free of indwelling device related UTI <p><i>Emergency Department Metrics</i></p> <p>The emergency department ended the year with 4816 visits for the month of December with a total of 57,795 patient visits for the 2015 year.</p> <ul style="list-style-type: none"> ○ Ambulance traffic has remained steady at 26.9%, or 1318 patients, for the month of December, with an ambulance admission conversion consistently over 20% every month this year. ○ Our LWBS rate remained under 3%, slightly over the projected goal of 2%. ○ The emergency department has shown a steady downward trend of the LWBS, with the month of December being the lowest it has ever seen at 0.6%. ○ Throughput / wait times (Need data for throughput times)

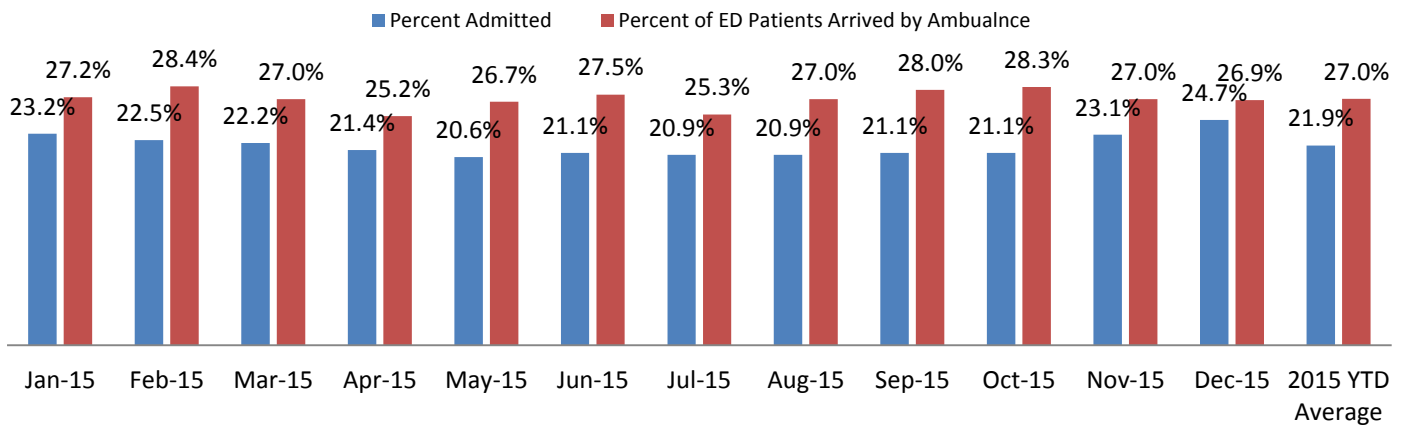
	Jan-15	Feb-15	Mar-15	15-Apr	15-May	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	YTD Avg
Visits	4487	3845	4569	4521	5134	5117	5153	5274	5065	5102	4633	4895	4816
Change from Prior Year (Visits)	↓239	↓457	2	↓195	↓17	↑442	8	↑42	↑94	↑309	9	0	↑29
% Growth	↓5.0 6%	↓10. 6%	↓6.4 %	↓4.1 3%	↓0.0 3%	↑8.6 3%	10.60 %	↑9.0 %	↑1.9 %	↑6.0 6%	↑7.9 %	↑3.8 %	↑6.2 %
LWBS	4.6%	3.7%	3.4%	3.3%	3.2%	1.6%	2.1%	2.9%	2.1%	1.8%	1.2%	0.6%	2.5%
Ambulance Arrivals	1221	1092	1232	1137	1372	1408	1304	1404	1396	1446	1250	1318	1298
Ambulance Patients Admission Conversion	283	246	274	243	282	297	273	293	295	305	289	326	284
% of ED patients arrived by Ambulance	27.2%	28.4%	27.0 %	25.2%	26.7%	27.5%	25.3 %	27.0 %	28.0 %	28.3%	27.0 %	26.9 %	27.0 %
% of Ambulance Patients Admitted	23.2%	22.5%	22.2 %	21.4%	20.6%	21.1%	20.9 %	20.9 %	21.1 %	21.1%	23.1 %	24.7 %	21.9 %
Ambulance PG Median Offloading Times	N/A	N/A	N/A	0:02	0:05	0:06	0:06	0:07	0:08	13:30	0:06	0:06	1:35

FINANCE	<ul style="list-style-type: none"> ○ Overtime- Continued monitoring and efforts to reduce overtime and agency usage remains on the forefront. Agency and overtime usage has remained consistent secondary to having a steady increase in the daily census and open RN positions.
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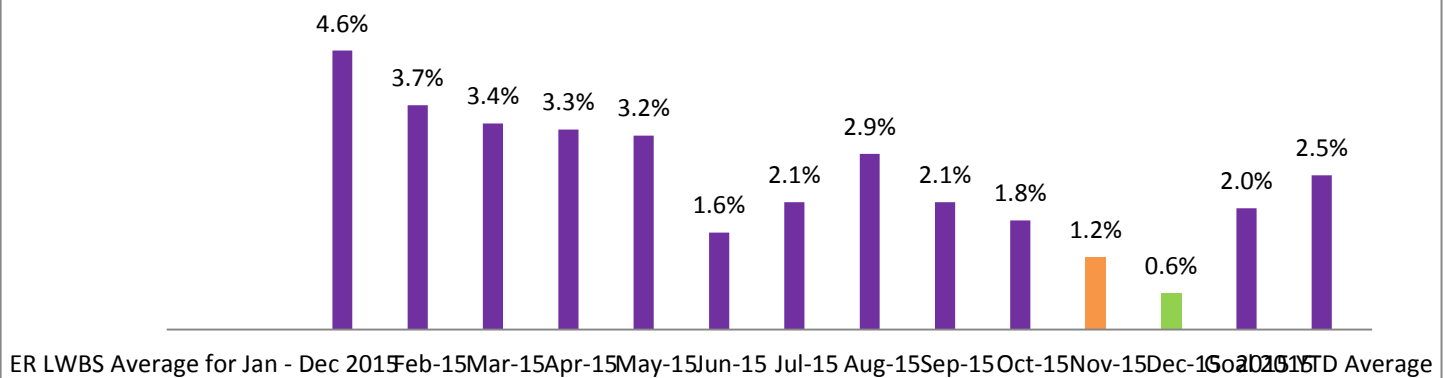
Emergency Services Ambulance Admissions & Arrivals Jan - Dec 2015



ED Ambulance Admissions & Arrivals Jan - Dec 2015



ER LWBS Average for Jan - Dec 2015 Percentage





UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Ambulatory & Ancillary Services Report

Prepared by:

Charletta Y. Washington

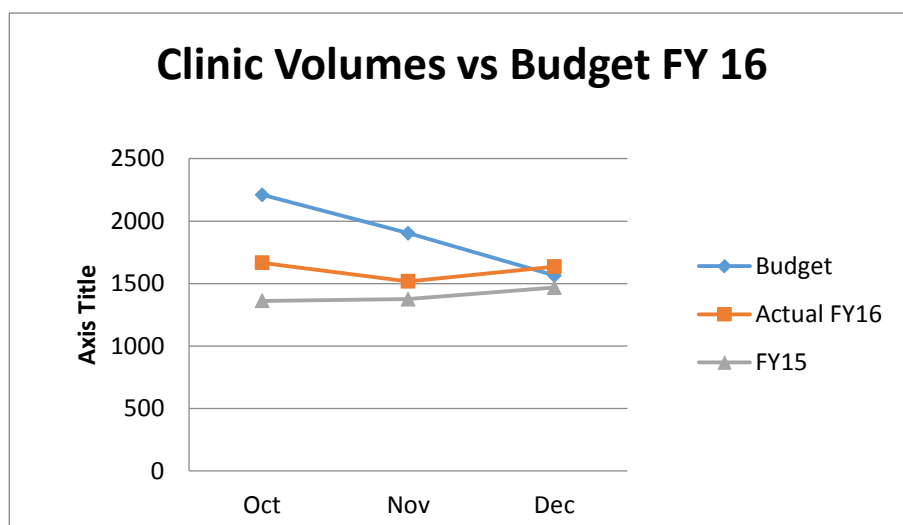
VP, Ambulatory & Ancillary
Services

Division Ambulatory and Ancillary Services January 2016

The Division of Ambulatory and Ancillary Services primary focus for 2016 is to improve access to comprehensive and quality health care services. Access to comprehensive and quality health care services is the cornerstone to achieving health impartiality in underserved areas and improvement of a quality and healthy life. Improved health care is dependent on ensuring that there is a usual and continual source of care.

The Primary Care Provider is the key to providing a stable source of care to the residents of Wards 7 and 8 and neighboring Prince George's County. In an effort to ensure that NFPHC is providing that foundation the hospital has added several new providers. In May 2015, Dr. Janelle Dennis joined the team as the Medical Director of the Primary Care Center; Dr. Joylene Thomas joined the Primary Care team in October bringing the total number of Primary Care Providers to 6 (inclusive of mid-level providers). This core group of primary care providers will develop meaningful and sustained relationships with patients to provide comprehensive services, greater patient trust, increase patient to provider communication, and increased chances patients will receive appropriate care.

Operationally, the addition of new providers will also increase patient volumes to the hospital providing for an increase in not just primary care services, but also additional volumes to specialty clinics and ancillary services. Total clinic volumes for the first quarter of FY16 were below budget due to the absence of an internal orthopedic surgeon to provide clinic coverage, however remain over budget by 10% from FY15.



Ambulatory/Ancillary Data
January 2016

<i>Ambulatory Clinics</i>													
Services	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Totals
<i>WOUND CENTER</i>	193	139	116										448
<i>SURGERY</i>	20	20	30										70
<i>PCC</i>	666	615	727										2008
<i>ORTHOPEDICS¹</i>	0	0	0										0
<i>GI</i>	49	34	38										118
<i>UROLOGY</i>	36	63	32										131
<i>OB/GYN</i>	277	231	284										792
<i>CARDIOLOGY</i>	22	24	51										97
<i>CARE CENTER</i>	120	125	156										401
<i>OUTPATIENT REHAB</i>	279	187	202										668
<i>MOBILE UNIT</i>	79	79	72										230
<i>PRIMARY CARE TOTAL</i>	1741	1517	1708										4966

¹ In search of Orthopedic Surgeon

Radiology/Cardiology Department

<i>December 2015</i>	Inpatient	Emergency Department	Outpatient	TOTAL
EXAM TYPE	EXAMS	EXAMS	EXAMS	EXAMS
CT SCAN	77	548	180	805
FLUORO	11	0	15	26
MAMMOGRAPHY	0	0	263	263
MAGNETIC RESONANCE ANGIO	7	0	2	9
MAGNETIC RESONANCE IMAGING	47	11	49	107
NUCLEAR MEDICINE	14	6	6	26
SPECIAL PROCEDURES	31	1	7	39
ULTRASOUND	156	241	330	727
X-RAY	207	1021	698	1926
CNMC CT SCAN	0	19	0	19
CNMC XRAY		481		481
GRAND TOTAL	556	2328	1550	4428

NFPHC

Mobile Unit Honored



The NFPHC Mobile Unit was recognized by Councilmember LaRuby May for the work related to the Councilmember's ***Mobile Pop-Up Office Hours*** initiative held in Ward 8. The Mobile Unit provided screenings and physicals to the District residents that participated.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Chief Executive Reports

Presented by:

Andrew L. Davis,
Interim CEO

Steve Lyons,
Finance Committee Chair



General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

CEO Report

Presented by:
Andrew L. Davis
Interim CEO

United Medical Center
CEO Report
Operations Summary – January 2016

Quality

The organization continues to focus its efforts on quality and patient safety. Overall, performance among publicly reported process and outcomes metrics continue to improve. Preliminary results throughout calendar year 2015 suggest steady performance quarter-over-quarter. Process development and concurrent clinical reviews performed by staff continue to add value. Confirmed performance will be reported through the next several months once finalized data are made available by the regulatory agency (Centers for Medicare and Medicaid Services).

Over the past several weeks, the organization had several reviews conducted by external agencies. In November 2015, the Hospital had its annual skilled nursing facility survey, which was conducted by the Department of Health. The Hospital received its unannounced annual licensure survey January 11-15, 2016. The Department of Health performed the licensure survey along with a compliant survey. Overall, the licensure survey went well and the Hospital will continue to maintain its licensure. Results of the complaint survey have not been finalized. The Hospital also received its College of Pathology (“CAP”) survey of laboratory and pathology services. The survey was successful and the laboratory will maintain its accredited status.

Patient Satisfaction

United Medical Center continues to work towards improving patient experience or perception of care. Although improved “Top Box” performance was noted among each HCAHPS performance metrics, the need to continue to hardwiring strategies to improve performance exists. Consistent implementation of improvement strategies will be achieved once the work is done to solidify the Hospital’s mission, vision, and values which will be led by the Strategic Steering Committee. The work to accomplish this will begin over the next few months.

Volumes

Admissions

Over the last month, hospital admissions were 635. The budgeted admissions were 582, but prior year admissions were 594. The increase from the prior year is attributable to the growth in the ER and our outreach initiatives. This month’s admissions were the highest in more than three years.

Emergency Visits

The United Medical Center continues to be one of the busiest ERs in the District. In the month of September, we had 4,895 visits. This is an increase of 4% from the prior year and 8% over budget. We have begun the construction work to add two behavioral health holding beds inside of the emergency room.

Surgical Volume

Over the last month, hospital surgeries were 203. This exceeded the budgeted surgeries of 152 and prior year of 172. We saw increases from several existing physicians within the specialties of gastroenterology and vascular. However, we experienced surgeries from our new general surgeon and new orthopedic physician.

Expenses

Case Management

We continue to target Case Management as a key driver for expense control. Our average length of stay was 5.19 days in December. This was below the budget target of 5.58. As reported last month, Case Management began reporting to our Executive Vice President of Operations. The plan to reduce length of stay includes the following:

- Restructuring of the Case Management department with new leadership
- Performance of daily multi-disciplinary discharge planning rounds
- Provision for increased staffing to meet social work, utilization and case management needs earlier in the admission process
- Use of software enhancements (Milliman and Roberts) to determine and manage admission and continued stay criteria
- Provision for auto-faxing capabilities (e.g. Curaspan) to transmit discharge-related documentation to the next level of care provider
- Collaboration with third-party payers
- Accommodations for staff education and other case management improvement strategies

Daily multi-disciplinary rounds are improving care coordination and utilization. Also, the hospital's hospitalist group hired a quality liaison to assist the Case Management department.

Operating Expenses

We continue to rely on our labor productivity reporting to monitor salary and wages. Salaries and wages, along with other costs are presented in the Finance section of the report. Our new CFO will be reviewing all disbursements and helping to reduce our costs.

Service Expansion

Congress Heights

The District's Department of General Services (DGS) continues to negotiate with the building owner at the former Unity Congress Heights location. According to officials at DGS, progress

has been made for a resolution but the timing of such a resolution is still unknown. We will keep the Finance Committee apprised of any changes in the status of this initiative.

BridgePoint Primary Care Expansion

We continue to work with BridgePoint to expand primary care services on their campus. Our plan is to have a primary clinic at that location in fiscal year 2016. We are still negotiating the terms of the new space. The space will have 13 exam rooms and provide preventive medicine for the local community.

Physician Recruitment

We are excited to welcome the following physicians to our medical staff. Those physicians, along with their start dates are as follows:

- Dr. Joylene Thomas (Internal Medicine) – started October 26, 2015
- Dr. Jerome Byam (General Surgery) – started November 16, 2015
- Dr. Kyriacos Charalambides (Internal Medicine) – starts December 1, 2015
- Dr. Rishi Bhatnager (Ortho) – starts December 1, 2015
- Dr. Irina Samuels (Psych) – started October 26, 2015
- Dr. Jose Mari De Guia Parungao (Gastroenterology) – starts July 2016
- Dr. Christian Paletta (Wound Care) – started January 11, 2016.
- Dr. Namrita Sodhi (Family Medicine) – starts in September 2016.
- Dr. Melik Tiba (Gastro) – starts in January 2017.

In conjunction with our Medical Staff, we have identified our critical recruitment needs as Orthopedics, Neurology, Primary Care (Internal Medicine and Family Medicine). We have engaged our recruiting department and firm to assist us on our recruitment efforts in these areas.

Provider-Based Reimbursement

The Hospital is in the process of filing for provider-based billing in its primary and specialty clinics. Hospitals are allowed this for patients that visit their clinics. We have filed the appropriate paperwork and expect notification in 4-6 weeks. This potential impact will add additional reimbursement to the facility. We are still working to obtain this designation.

Regulatory Issues

I have noted the various regulatory agency reviews in the quality section above. There have been no other agency reviews noted.

Community Events

Over the past three months, I have represented the Hospital at the following events and provided key remarks:

- Congress Heights Neighborhood Association Meeting in October 2015

- Ward 8 Health Alliance October 2015 Monthly Meeting
- Anacostia Coordinating Council Monthly Meeting in October 2015
- Ward 7 Health Alliance November 2015 Monthly Meeting
- Ward 7 and Ward 8 Holiday Luncheon (Held at UMC in December 2015)
- ANC 7C January 2016 Monthly Meeting Held at Presbyterian Church
- Hillcrest Heights, Maryland Civic Association January 2016 Meeting

The Hospital has also participated in several community events including All About the Breast in conjunction with Mayor M. Bowser, Councilmember Yvette Alexander and other officials with the Department of Health.

Strategic Meetings

I have had a series of meetings with politicians who represent communities in southern Prince George's County that are in UMC's service area. Those towns/jurisdictions include Forest Heights, Hillcrest Heights, Temple Hills, Oxon Hill, Suitland, District Heights, Marlow Heights, and Fort Washington. The purpose of the meetings was to inform and educate the county and state representatives about the array of services available at UMC and to let them know we are prepared to provide their constituents with more access to the quality healthcare they need. We have also met with Fort Washington Hospital on several occasions to discuss services and healthcare needs.

Other Notables

Advertising

The Hospital recently began advertising on WTTG Fox 5 and WDCA TV 20. One commercial touts the fact that UMC is the first hospital in D.C. to use 3D HD glasses to perform laparoscopy surgeries. Another ad promotes UMC as the first hospital to offer low dose radiation for breast cancer screenings and the third commercial promotes UMC's Mobile Clinics, 3D HD glasses and low dose radiation. The links to the commercials are below:

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<https://foxtv.box.com/UMCCANCERPREVCUT3A>

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Management Changes

We are pleased to welcome Lilian Chukwuma as the new Chief Financial Officer. Ms. Chukwuma brings extensive healthcare experience to our organization.



General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

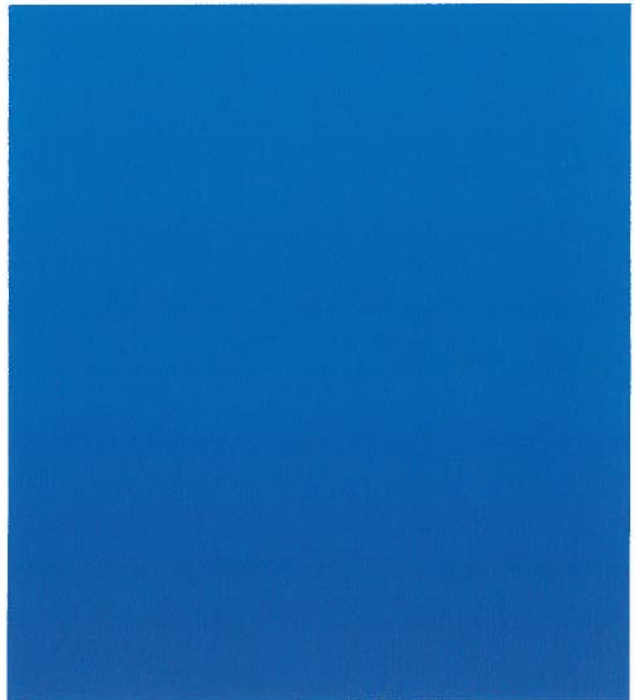
- Minutes
- Meeting Materials



FINANCE COMMITTEE

Date: January 19, 2016

Time: 2:30 PM





FINANCE COMMITTEE

AGENDA

**Not-For-Profit Hospital Corporation
Board of Directors
Finance Committee Agenda**

I. CALL TO ORDER

II. ROLL CALL

III. REVIEW OF MINUTES FROM LAST MEETING

- Action Items from last meeting

IV. FINANCIAL STATEMENT REVIEW

- First quarter financial report

V. OTHER BUSINESS

- Update on FY 2015 Audit
- Financial issues, pressures and adjustments
- Status of revised spending/revenue plan
- Revenue Cycle Report
- Contract approvals
- Other new business

VI. ANNOUNCEMENTS

The next Finance Committee conference call will be February 16, 2016 at 2:30pm.

VII. ADJOURNMENT

The Not-For-Profit Hospital Corporation, in partnership with its Medical Staff, will promote a healthy community through the provision of a positive patient experience, wellness programs, health education and career training opportunities, while building strategic relationships.



FINANCE COMMITTEE

I. CALL TO ORDER



FINANCE COMMITTEE

II. ROLL CALL



FINANCE COMMITTEE

III. REVIEW OF MINUTES



FINANCE COMMITTEE

IV. FINANCIAL STATEMENT REVIEW

Financial Statement Review

Narrative

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Financial Results

The following table, table T1, provides a summary of the operating results of the Not-for-Profit Hospital Corporation (NFPHC) for the three months ended on December 31, 2015, and compares these results to the corresponding FY 2016, Board-approved budget results. The tables and charts below present current month and year-to-date results. The narratives below the charts and tables discuss year-to-date results only.

T1 – Statement of Operations

Month of December			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
9,196	7,675	8,762	1,521	20%	433	5%	Net patient services revenue	25,020	23,805	25,223	1,216	5.1%	(202)	-0.8%
(10,484)	(9,261)	(9,474)	(1,223)	13%	(1,011)	11%	Total operating expenses	(30,348)	(27,923)	(26,633)	(2,425)	8.7%	(3,715)	13.9%
(1,288)	(1,586)	(711)	297	-19%	(577)	81%	Contribution from operations	(5,328)	(4,119)	(1,411)	(1,209)	29%	(3,917)	278%
145	122	244	22	18%	(100)	-41%	Disproportionate share revenue	434	367	733	67	18%	(299)	-41%
205	189	233	15	8%	(28)	-12%	CHMC revenues	605	634	648	(29)	-5%	(43)	-7%
292	414	201	(122)	-29%	91	45%	Other revenues	740	1,205	903	(465)	-39%	(163)	-18%
(647)	(860)	(33)	213	-25%	(614)	1871%	Net income (loss) from operations	(3,549)	(1,913)	874	(1,636)	85%	(4,423)	-506%
6,014	163	(590)	5,851	3591%	6,604	-1119%	Non operating inc (exp)	7,059	489	(1,796)	6,570	1344%	8,854	-493%
\$ 5,367	\$ (697)	\$ (623)	\$ 6,063	-870%	\$ 5,990	-961%	Net income (loss)	\$ 3,510	\$ (1,424)	\$ (922)	\$ 4,934	-346%	\$ 4,432	-481%

Net Income

- The fiscal year ended on December 31, 2015 reflects a net income of \$3.5 million, which was \$4.9 million higher than the anticipated net loss of \$1.4 million.

Net Income from Operations

- The net loss from operations for the three months ended on December 31, 2015 was \$3.5 million, which was above budget by \$1.6 million.
- The year-to-date net patient services revenue of \$25.0 million was \$1.2 million or 5.1% higher than anticipated in fiscal year 2015. The following net revenue assumptions did materialize in the first quarter:
 - The Hospital's Case Mix Index is in line with budget estimates.
 - Medicaid rebasing payments are on target with budget projections.
 - Hospital length of stay is on budget for the first quarter.
 - Contractual Adjustments are below budget helped by more outpatient revenue and less inpatient revenue in the first quarter. This even shift yielded better reimbursements overall since UMC's rebased payment favor better reimbursement on the outpatient volume side from Medicaid.
- DSH revenue of \$433.8 thousand was realized for the first quarter of fiscal year 2016.

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Non-Operating Revenues

- Includes \$5 million received from the District for operating funds and the recognition of \$3.8 million in District Funds for capital related purchases and physician recruiting subsidies paid to UMC in FY 2014.

Operating Expenses

- The total first quarter operating expenses of \$30.3 million were \$2.4 million or 8.7% above budget.

Table T2 shows actual operating expenses along with the Board approved budget for the three months ended on December 31, 2015.

T2 – Operating Expenses

Month of December			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Operating Expenses:														
4,834	4,541	4,174	292	6.4%	660	15.8%	Salaries and wages	14,313	13,716	12,595	596	4.3%	1,718	13.6%
1,185	1,238	1,149	(52)	-4.2%	36	3.1%	Employee benefits	3,691	3,694	3,453	(3)	-0.1%	238	6.9%
395	180	290	215	119.4%	106	36.4%	Contract labor	1,180	541	1,014	639	118.0%	165	16.3%
1,505	1,121	1,246	383	34.2%	258	20.7%	Medical supplies	3,821	3,530	3,167	291	8.3%	654	20.7%
725	567	675	157	27.8%	49	7.3%	Professional fees	2,086	1,724	1,729	362	21.0%	357	20.7%
1,167	967	1,159	200	20.7%	8	0.7%	Purchased services	3,297	2,826	2,669	471	16.7%	628	23.5%
673	646	780	27	4.2%	(107)	-13.7%	Other operating expenses	1,961	1,892	2,007	70	3.7%	(46)	-2.3%
10,484	9,261	9,474	1,223	13.2%	1,011	10.7%	Total	30,348	27,923	26,633	2,425	8.7%	3,715	13.9%

Table T3 presents the components of the operating expenses as a percentage of the total operating expense for the actual and budget for reporting periods.

T3 – Operating expense line items as percentage of the total operating expense

Month of December								Year-To-Date						
Actual	% Total	Budget	% Total	Prior Year	% Total	% Var		Actual	% Total	Budget	% Total	Prior Year	% Total	% Var
Operating Expenses:														
6,415	61%	5,959	64%	5,613	59%	14%	SWBCL	19,183	63%	17,952	64%	17,062	64%	12%
1,505	14%	1,121	12%	1,246	13%	21%	Medical supplies	3,821	13%	3,530	13%	3,167	12%	21%
725	7%	567	6%	675	7%	7%	Professional fees	2,086	7%	1,724	6%	1,729	6%	21%
1,167	11%	967	10%	1,159	12%	1%	Purchased services	3,297	11%	2,826	10%	2,669	10%	24%
673	6%	646	7%	780	8%	-14%	Other operating expense	1,961	6%	1,892	7%	2,007	8%	-2%
10,484	100%	9,261	100%	9,474	100%	11%	Total	30,348	100%	27,923	100%	26,633	100%	14%

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Salaries and wages, employee benefits and contract labor (SWBCL)

- SWBCL accounted for 63.2% of the total operating expenses year to date through December 31, 2015. The total SWBCL expenses totaled to \$19.2 million, which were \$1.2 million or 6.9% higher than budget.

The following items highlight the major factors contributing to the changes in the SWBCL.

- Paid FTEs for the year were 903 (19 FTE above budget).
 - Man-hours per Adjusted Patient Day ended at 21.74 compared to a budgeted 20.19, and 19.45 for FY 2015 YTD.
 - Hospital FTEs – 792 (12 FTEs above budget)
 - SNF FTEs – 111 (7 FTEs above budget)
 - Average hourly rate for hospital paid employees was \$32.99 compared to a budgeted \$32.32. This average rate includes accruals for the two pending union agreements (SEIU and DCNA) from October 2015 – December 2015.
- Overtime accounted for \$900 million of total salary expense. Overtime as a percent of total salary expense was 6.0% compared to a budgeted 0% (assumed full complement of staff). Overtime FTE's were 37.4 for the hospital, 7.9 for the SNF. The top five departments utilizing overtime are:
 - ER Nursing—15.7%
 - SNF—13.3%
 - 5 West Telemetry—8.7%
 - Security—8.6%
 - 8W Med/Surg—7.1%
- Contract Labor expenses ended at \$1.2 million, above budget by \$639 thousand. Areas contributing to this negative variance include:
 - Skilled Nursing Facility—Exceeded budget by \$50 thousand due to utilization of agency nurses for vacant and hard to fill positions.
 - Information Technology—Exceeded budget by \$151 thousand for costs related to Meaningful Use implementation requirements.
 - Health Information Management—Exceeded budget by \$100 thousand due to lack of qualified medical record coders and the need for expertise with ICD-10 coding; originally budgeted within salaries and wages.
 - Case Management—Exceeded budget by \$46 thousand due to four vacant positions budgeted under salaries and wages.
 - Physical Therapy—Exceeded budget by \$87 thousand due ramped up therapy. This amount should be offset by additional billings.
 - Patient Financial Services—Exceeded budget by \$23 thousand due to the need for additional staffing to deal with rebilling and additional collection efforts.
 - 5West Telemetry—Exceeded budget by \$60 thousand due to five vacant position being filled by agency staff.
 - ER Nursing—Exceeded budget by \$48 thousand due to four vacant positions being filled by agency for the additional case load.

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Medical/Other Supplies

- The total expenses for the year were \$3.8 million, exceeding budget by \$291.3 thousand. The following areas contributed to these variances:
 - Food Services—Supply costs exceeded budget by \$76 thousand due to volume and special programs hospital wide for employee training and appreciation.
 - Clinical Lab—Reagent Costs exceeded budget by \$98 thousand. Plans to purchase technically advanced Lab equipment, contributing to a reduction in reagent costs, were delayed.
 - Pharmacy—Drug Cost exceeded budget by \$139 thousand due to damaged supplies caused by a malfunctioning refrigerator which was replaced.

Professional Fees

- The total Professional Fees expense was \$2.1 million, which was \$362 thousand or 21.0% above budget. The negative variance is due to delays in the renegotiation of key physician coverage contracts embedded in the FY 2016 budget as part of the strategic initiatives for cost containment.

Purchased Services

- The Purchase Services expense is \$3.3 million, which exceeds budget by \$471 thousand or 16.7%. Areas contributing to this negative variance are as follows:
 - Legal fees exceeded budget by \$218 thousand due to the following items:
 - Delays in hiring support positions within the department.
 - The strategic partnership related activities
 - The absorption of the hospital's contracting function during the contracting department transition period,
 - Human Resources—OLRB payments for union negotiations of \$150 thousand, paid and expensed in October and December but budgeted for only one payment in December and the balance of the Memorandum of Understanding (MOU) from January forward.
 - Food and Nutrition—Exceeded budget by \$112 thousand due to volume increases in patient stay and executive lunch and learns for Press Ganey Reviews and operational initiative launch.
 - Administration—Exceeded budget by \$102 thousand due to special programs budgeted monthly occurring prior to budgeted time. The budget will self-adjust later in the fiscal year.

Cash Flow

On December 31, 2015, NFPHC held \$26.4 million of cash, an increase of \$980.3 thousand over prior month.

- Day's cash on hand (including reserve) was 28.6 days (decrease of 13.1 days from the previous month).
 - \$5.4 million in Cash was used in Operations.
 - \$3.2 million has been used for capital additions.
-

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

T4 – Cash Collections

Month of December			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Cash Collections:														
8,549	7,282	9,162	1,267	17.4%	(613)	-6.7%	Hospital	22,573	22,650	22,759	(77)	-0.3%	(186)	-0.8%
1,065	997	956	68	6.8%	109	11.4%	SNF	2,706	2,993	2,729	(287)	-9.6%	(23)	-0.8%
-	-	733	-	0.0%	(733)	-100.0%	DSH	434	367	733	67	18.3%	(299)	-40.8%
9,614	8,279	10,851	1,335	16.1%	(1,237)	-11.4%	Total	25,713	26,010	26,221	(297)	-1.1%	(508)	-1.9%

*Cash collections for fiscal year-to-date do not include \$7.1 million received for capital and \$5 million for operational funds from the District.

Table T5 below show year-to-date reconciliation of cash collected to budget

T5 – Reconciliation of Cash Collected to Budget - Year-to-Date

Reconciliation of Cash Collected to Budget YTD		
	ACT	BUD
Total Collections	\$ 25,713	\$ 26,010
DSH Variance	-	67
Net Patient Revenue Variance	-	1,216
Other Revenue Variance	-	(493)
	\$ 25,713	\$ 26,800
		-4.1%

Below are the highlights of cash collections for the three months ended on December 31, 2015:

- Total collections were 1.0% below budget.
- DSH payments are 18% above budgeted projections due to redistribution of available funds not previously known.
- SNF collections were below budget by 10.0% due to actual payor mix versus budgeted payor mix. The budget assumes a 10% increase in Medicare patients resulting in more rehab patients and less long-term care, thus boosting reimbursements.

Collections Trend – Patient Services

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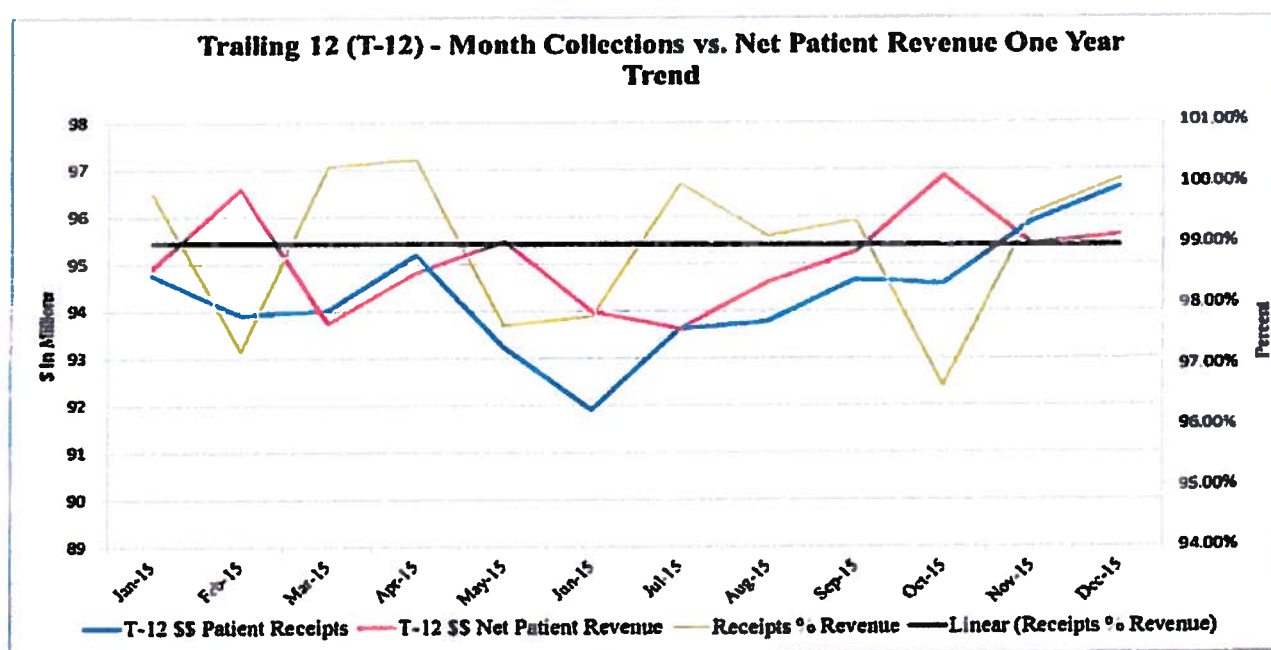
Summary of Operating Results for the Three Months Ending December 2015

Trailing 12 – month collections as a percent of net patient service revenue finished at 100.1% as of December 31, 2015.

Trailing 12 – month collections are 2.9% below the hospital's desired goal of 103%.

Chart C1 shows the collections trend for the last 12 months.

C1 - Collection Trends – Patient Services



Accounts Receivable

Net patient accounts receivable (A/R) totaled \$10.8 million as of December 31, 2015, and was down by \$442 thousand from the prior year.

- Net Days in A/R – Finished at 41.8 days for the first quarter fiscal year 2016.

Aged Trade Payable

- As of December 31, 2015, trade accounts payable (AP) totaled \$9.2 million, which was \$3.3 million higher than the AP balance for the prior year.
- Average payment period – 56.2 days for the first three months of fiscal year 2016.

Liquidity

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Summary of Operating Results for the Three Months Ending December 2015

As of December 31, 2015, net working capital was \$5.7 million. This is an increase in net working capital of approximately \$11.0 million compared to the prior year.

Current Ratio – Finished at 1.2 in the current month, compared to 1.6 in the previous year.

Statistical Information

Tables T6 below presents selected statistics for the three months ended on December 31, 2015.

T6 – Selected Statistics

Month of December			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Selected Statistics:														
2.06	2.07	2.13	(0)	0%	(0)	-3%	Conversion factor (acute services)	2.12	2.06	2.06	0	3%	0	3%
643	582	593	61	11%	50	8%	Total admissions	1,818	1,746	1,752	72	4%	66	4%
7,053	6,752	6,476	301	4%	577	9%	Total days	20,699	20,166	19,902	533	3%	797	4%
227.5	217.8	208.9	9.7	4%	18.6	9%	Total average daily census	225.0	219.2	216.3	5.8	3%	8.7	4%
64.3%	61.5%	59.0%	2.7%	4%	5.3%	9%	Occupancy	63.6%	61.9%	61.1%	1.6%	3%	2.4%	4%
4,785	4,547	4,697	238	5%	88	2%	ER Visits	14,272	13,641	13,766	631	5%	506	4%
202	152	169	50	33%	33	20%	Surgeries	520	502	509	18	4%	11	2%
926	884	854	42	5%	73	9%	Paid FTEs (exc. agency)	903	884	844	19	2%	59	7%
\$6,936	\$6,370	\$6,951	566	9%	(15)	0%	Adj. net patient revenue per AA	\$6,492	\$6,613	\$6,992	(120)	-2%	(499)	-7%
\$632	\$549	\$637	83	15%	(4)	-1%	Adj. net patient revenue per APD	\$570	\$573	\$615	(2)	0%	(45)	-7%
1.11	1.09	1.13	0.02	2%	(0.02)	-2%	Case mix (hospital)	1.08	1.09	1.10	(0.01)	-1%	(0.01)	-1%

Volume - Inpatient

Total admissions for the reporting periods were 1,818 which were 72 admissions higher than the budgeted admissions of 1,746

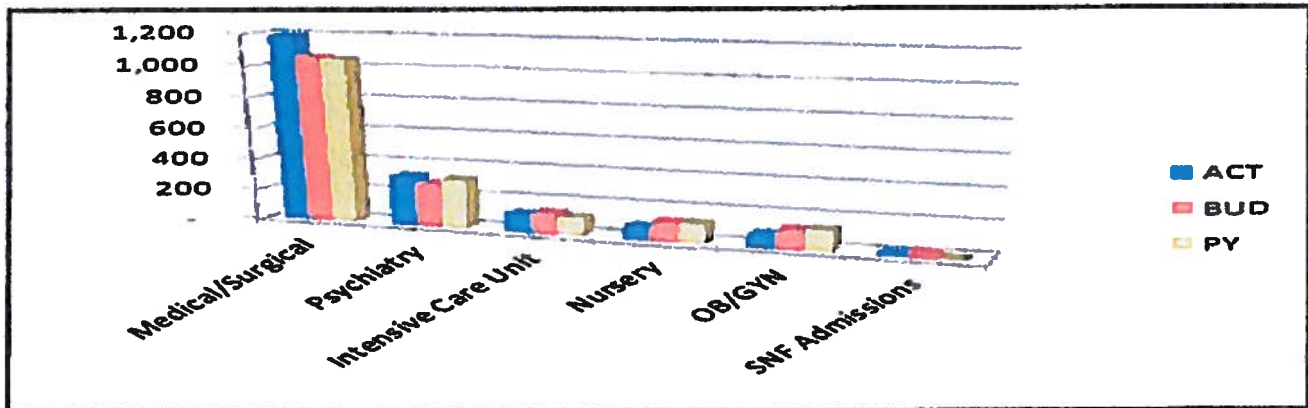
Chart C3 below shows inpatient admissions for the three months ended on December 31, 2015.

C3 – Inpatient Admissions – Year-to-Date

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Summary of Operating Results for the Three Months Ending December 2015



Below are highlights on inpatient admissions for the fiscal year, as of December 2015.

- **Hospital admissions** – Hospital Admission was above budget by 4.3% for the three months.
- **Medical/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 12.3% higher than the budget. Medical/Surgical admissions accounted for 66.5% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were higher than budget by 14.1% for the reporting periods. (17.9% of total acute admissions)
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were below the budget by 26.9% for the reporting periods due to the retirement of one OB physician. Management is actively recruiting to replace that position.
- **SNF admissions** – Admissions on SNF were below budget by 10.6% for the reporting period.
- **Case Mix index** – The Hospital Case Mix index was at 1.08 for the fiscal year-to-date which is slightly below the CMI for FY 2015 at this same point last year. The Medicare Case Mix Index was at 1.51 for the fiscal year-to-date.

Inpatient Patient Days

- The total patient days for the three months ended on December 31, 2015 were 20,699 which exceeded budget by 2.6%.
- Acute LOS for the three months was 5.7 which was higher than the budget by 1.7%.
- Occupancy (licensed beds) – 47.7% acute | 94.4% SNF

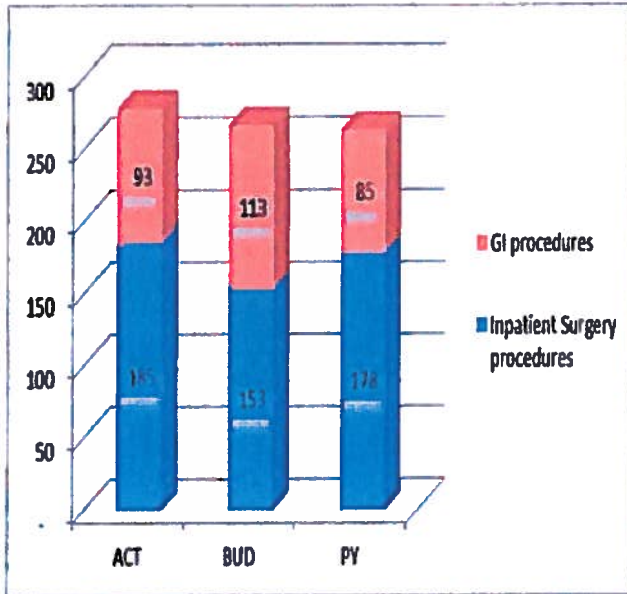
Chart C4 below shows the actual, budgeted and prior year Surgical Procedure for the three months ended on December 31, 2015.

C4 – Surgical Procedures

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Summary of Operating Results for the Three Months Ending December 2015



Surgical Procedures – The total inpatient surgeries were above expectations by 4.4% for the reporting periods.

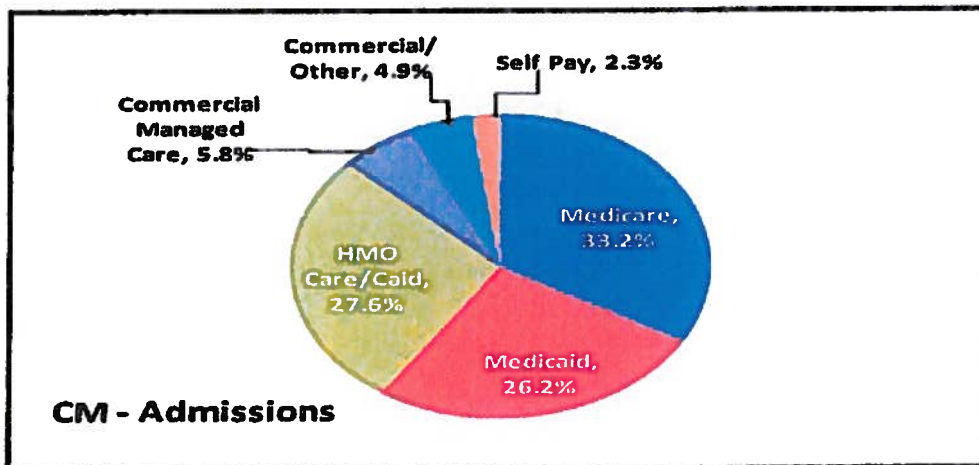
Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed for year to date was 20.9% above budget.

GI Procedures – GI procedures performed were 17.9% below budget for the reporting period.

Inpatient Payor Mix

Chart C5 and table T7 below show the various types of Inpatient payors for the three months ended on December 31, 2015.

C5 - Inpatient Payor Mix – December 2015



T7 – Inpatient Payor Mix

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Month of December					Year-To-Date			
			Budget					Budget
Actual	Budget	Prior	Variance		Actual	Budget	Prior	Variance
		Year	%				Year	%
Admisslons								
213	174	171	23%	Medicare	604	517	504	17%
177	152	178	17%	Medicaid	477	455	476	5%
170	180	180	-5%	HMO Care/Caid	501	544	572	-8%
37	35	31	6%	Commercial Managed Care	106	105	104	1%
33	23	25	43%	Commercial	89	70	74	28%
13	19	8	-31%	Self Pay	41	57	22	-28%
643	582	593	11%		1,818	1,746	1,752	4%

- Compared to budget, the inpatient payor mix through December 2015 reflects an increase of 4.1%.
- Self-pay has declined most significantly by 31.0%. HMO Care/Caid declined by 11.0%, while Medicare, Medicaid, and Commercial increased by 12.0%, 1.0%, and 23.0% respectively.

Volume -Outpatient

Total outpatient visits for the reporting periods were 23,719 which were higher than budget by 1.2%. Tables T8 and T9 show the number of days and visits per day respectively through the three months ended on December 31, 2015.

T8 – Outpatient Visits

Month of December					Year-To-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
Visits								
4,785	4,547	238	5.2%	Emergency services	14,272	13,641	631	4.6%
1,084	1,271	(187)	-14.7%	Radiology	3,341	4,519	(1,178)	-26.1%
1,757	1,202	555	46.2%	Clinics	5,187	4,272	915	21.4%
204	213	(9)	-4.4%	Laboratory	671	772	(101)	-13.1%
96	71	25	34.5%	Same Day Surgeries	248	236	12	5.1%
7,926	7,305	621	8.5%	Total	23,719	23,440	279	1.2%
599	497	102	20.4%	ER Visits Admitted as IP	1,741	1,458	283	19.4%

T9 – Visits per Day

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
154.4	146.7	141.9	5.2%	Emergency services	155.1	148.3	148.7	4.6%
35.0	41.0	36.5	-14.7%	Radiology	36.3	49.1	39.8	-26.1%
56.7	38.8	46.1	46.2%	Clinics	56.4	46.4	44.9	21.4%
6.6	6.9	6.9	-4.4%	Laboratory	7.3	8.4	7.6	-13.1%
3.1	2.3	2.7	34.5%	Same Day Surgeries	2.7	2.6	2.9	5.1%

Below are the highlights of the outpatient statistics for the three months ended December 2015:

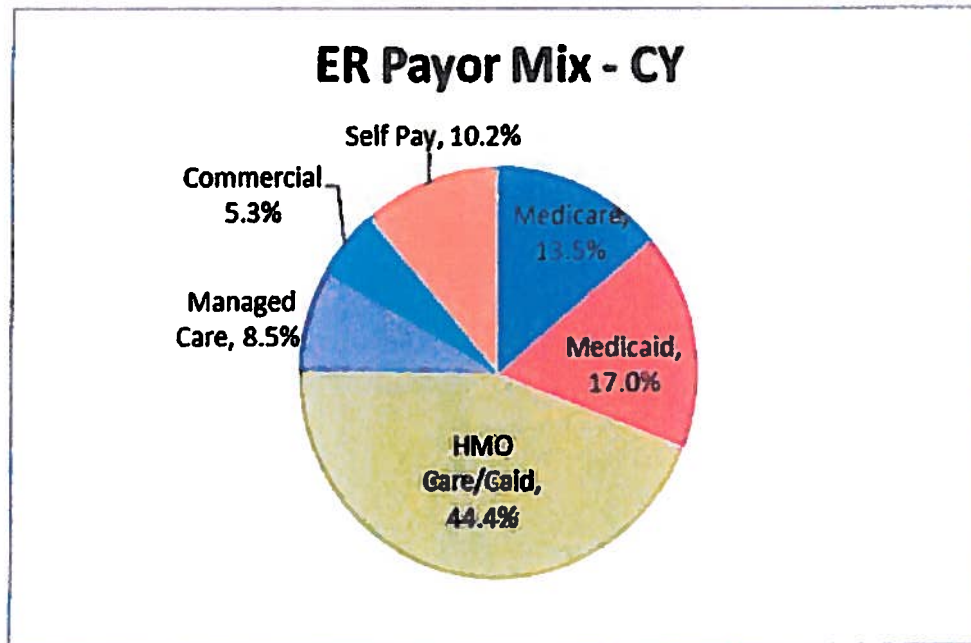
- **Outpatient visits** –Outpatient visits were higher than budget by 5.8% primarily driven by the Lab.
- **Outpatient revenue** –Outpatient revenue accounted for 52.8% of gross patient revenue which is on pace with the FY 2016 budget.
- **ED volumes** –ED visits were higher than budget by 4.6%.
- **Radiology Visits** –Radiology visits were 26.1% below budget. However, Radiology procedures were below budget by 12.0%.
- **Clinic Visits** –Clinic visits were down 11.5% compared to budget.
 - Primary Care was up 56.7% compared to budget.
 - Obstetrics was down by 20.4% when compared to budget.
 - Rehab visits were down by 4.1% compared to budget.
 - Wound Care fell below budget by 32.3%.
 - Occupational Health was above budget by 216.4%.
 - Mobile Health Van visits were below budget by 86.0%
- **Same Day surgery** – The actual number of visits was 5.1% above budget.
- **Observation admissions** – There were 610 observation admissions, which exceeded budget by 12.9%.
- **ER visits** –ER visits were 4.6% above budget.
 - 1,741 admissions from ED, represents 96.8% of total admissions and 12.2% of total ED visits.
 - 2.4% of ED visits had zero charges applied compared to 3.3% for FY 2015.

C6 – Outpatient Payor Mix

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015



T10 — Outpatient Payor Mix

Month of September				Year-To-Date				
Actual	Budget	Prior Year	Variance %		Actual	Budget	Prior Year	Variance %
13.8%	12.7%	13.3%	9%	Medicare	13.8%	12.7%	13.4%	9%
16.6%	16.7%	16.0%	-1%	Medicaid	17.0%	16.7%	16.7%	2%
44.3%	42.8%	46.4%	3%	HMO Care/Cald	44.4%	42.8%	47.3%	4%
8.5%	8.0%	8.3%	7%	Commercial Managed Care	8.0%	8.0%	8.1%	0%
5.3%	5.6%	6.0%	-5%	Commercial/Other	5.3%	5.6%	5.4%	-5%
11.5%	14.2%	9.9%	-19%	Self Pay	11.4%	14.2%	9.1%	-19%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

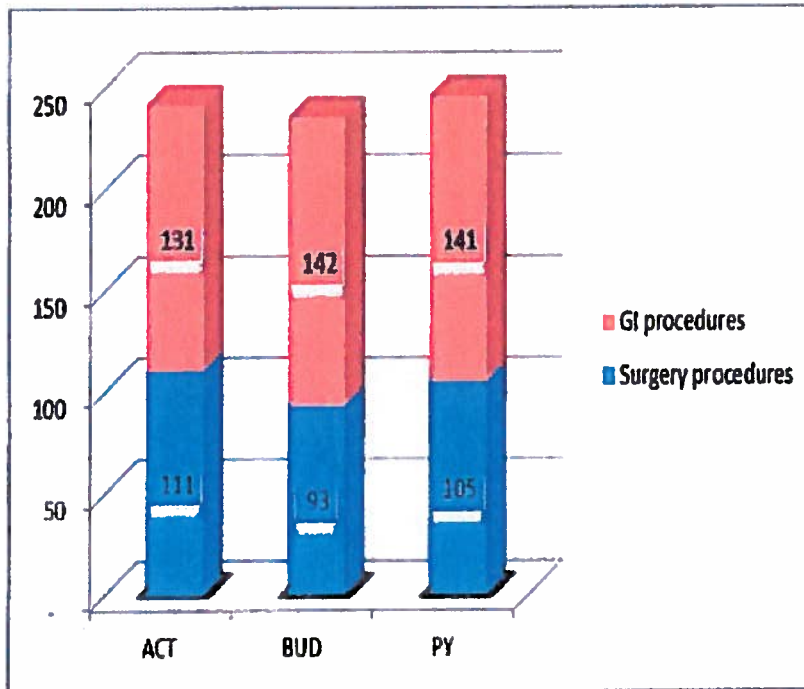
- Payor Mix Shift – Medicare and HMO Care/Cald showed the most growth, 9% and 4% respectively, while Self Pay showed the most significant decrease at 19% of total.
- Government sponsored plans increased to 75.2% of ED visits.

C7 – Outpatient Surgical Procedure

OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Three Months Ending December 2015



Financial Statement Review

Financial
Statements



Not-For-Profit Hospital Corporation

**UNAUDITED
Financial Statements
December 31, 2015**

DRAFT

Last Update

1/15/2016 11:59

**UNITED MEDICAL CENTER
FINANCIAL STATEMENTS**

OCFO Financial Statement Message

Dear Board Members:

As you are aware, the Office of the Chief Financial Officer of the District of Columbia ("OCFO") is responsible for managing the funds and financial operations of the Not-For-Profit Hospital Corporation ("Hospital"). As part of this on-going responsibility, the OCFO relies on management assumptions and assertions to generate, on a monthly basis, internal statements of the financial condition of the Hospital. These financial statements are based on available information, which often cannot be verified. Based on the nature of certain financial transactions and analyses, the statements should be considered preliminary until an independent audit has been completed.

United Medical Center
Consolidated Statement of Operations
For the three month period ending December 31, 2015

Dollars in thousands

Month of December				
Actual	Budget	Var.	Var. %	Prior Year

643	582	61	11%	593
7,053	6,752	301	4%	6,476
5.5	5.6	(0.1)	-2%	5.3
4,785	4,547	238	5%	4,697
926	884	42	5%	854

\$ 13,840	\$ 13,433	407	3%	\$ 12,812
12,754	12,190	564	5%	12,294
26,594	25,622	971	4%	25,106

16,501	16,671	(170)	-1%	15,291
372	933	(562)	-60%	668
489	281	209	74%	316
35	61	(26)	-42%	69
(145)	(122)	(22)	18%	(244)
17,253	17,825	(572)	-3%	16,099
9,340	7,797	1,543	20%	9,007

205	189	15	8%	233
292	414	(122)	-29%	201
9,837	8,401	1,436	17%	9,441

4,834	4,541	292	6%	4,174
1,185	1,238	(52)	-4%	1,149
395	180	215	119%	290
1,505	1,121	383	34%	1,246
725	567	157	28%	675
1,167	967	200	21%	1,159
673	646	27	4%	780
10,484	9,261	1,223	13%	9,474
(647)	(860)	213	-25%	(33)

7	19	(12)	-63%	(0)
640	683	(43)	-6%	593
(6,661)	(865)	(5,796)	670%	(3)
(6,014)	(163)	(5,851)	3591%	590
\$ 5,367	\$ (697)	\$ 6,063	-970%	\$ (623)

Statistics:

Total Admissions	1,818	1,746	72	4%	1,752
Total Days (Acute & SNF)	20,699	20,166	533	3%	19,902
Hospital Average Patient Stay	5.7	5.6	0	2%	5.5
ER Visits	14,272	13,641	631	5%	13,766
Full Time Equivalents	903	884	19	2%	844

Revenues:

Gross inpatient revenues	\$ 39,263	\$ 40,620	(1,357)	-3%	\$ 39,977
Gross outpatient revenues	37,853	36,575	1,278	3%	36,266
Total Gross Revenues	77,117	77,195	(79)	0%	76,243

Deductions From Revenues:

Contractual discounts	47,991	49,537	(1,546)	-3%	47,365
Provision for bad debt	2,863	2,819	44	2%	2,472
Charity care	1,157	848	309	36%	898
Other deductions/adjustments	85	186	(102)	-55%	285
Disproportionate share revenues	(434)	(367)	(67)	18%	(733)
Total Deductions From Revenues	51,663	53,024	(1,362)	-3%	50,297
Net patient services revenue	25,454	24,171	1,283	5%	25,956

CNMC revenues	605	634	(29)	-5%	648
Other revenues	740	1,205	(465)	-39%	903
Total Operating Revenues	26,800	26,010	790	3%	27,507

Operating Expenses:

Salaries and wages	14,313	13,716	596	4%	12,595
Employee benefits	3,691	3,694	(3)	0%	3,453
Contract labor	1,180	541	639	118%	1,014
Medical/ other supplies	3,821	3,530	291	8%	3,167
Professional fees	2,086	1,724	362	21%	1,729
Purchased services	3,297	2,826	471	17%	2,669
Other expenses	1,961	1,892	70	4%	2,007
Total Operating Expenses	30,348	27,923	2,425	9%	26,633
Net Income (Loss) From Operation	(3,549)	(1,913)	(1,636)	85%	874

Nonoperating (Income)/Expense:

Interest (Income)/Expense	12	57	(45)	-80%	20
Depreciation and amortization	1,761	2,050	(289)	-14%	1,779
District Cap. Rev./ Other	(8,831)	(2,596)	(6,235)	240%	(3)
Total Nonoperating (Inc)/Exp	(7,059)	(489)	(6,570)	1344%	1,796
Net Income (Loss)	\$ 3,510	\$ (1,424)	\$ 4,934	-346%	\$ (822)

United Medical Center
Consolidated Net Position
December 31, 2015

			<i>Dollars in Thousands</i>		
Dec-15	Nov-15	MTD Change	Dec-14	Sep-15	YTD Change
Current Assets:					
\$ 26,361	\$ 25,381	\$ 980	\$ 13,558	\$ 22,829	\$ 3,532
10,754	10,183	571	11,196	10,082	673
1,633	1,608	24	1,516	1,460	172
2,394	2,202	192	1,936	1,942	452
<u>41,142</u>	<u>39,373</u>	<u>1,768</u>	<u>28,205</u>	<u>36,313</u>	<u>4,828</u>
Long-Term Assets:					
837	837	-	1,199	837	-
64,694	64,728	(33)	56,539	62,240	2,455
-	-	-	33	-	-
<u>65,531</u>	<u>65,565</u>	<u>(33)</u>	<u>57,771</u>	<u>63,076</u>	<u>2,455</u>
<u>\$ 106,673</u>	<u>\$ 104,938</u>	<u>\$ 1,735</u>	<u>\$ 85,977</u>	<u>\$ 99,390</u>	<u>\$ 7,283</u>
Current Liabilities:					
\$ 133	\$ 143	(10)	\$ 472	\$ 159	\$ (26)
9,160	10,578	(1,418)	5,799	9,812	(652)
7,382	8,627	(1,245)	6,674	7,134	248
16,920	18,581	(1,661)	-	13,606	3,315
-	-	-	632	-	-
<u>1,863</u>	<u>1,682</u>	<u>182</u>	<u>3,628</u>	<u>1,515</u>	<u>348</u>
<u>35,459</u>	<u>39,611</u>	<u>(4,152)</u>	<u>17,206</u>	<u>32,226</u>	<u>3,232</u>
Long-Term Liabilities:					
-	-	-	994	-	-
132	132	-	255	132	-
1,041	1,041	-	1,507	1,041	-
4,880	4,360	520	353	4,339	541
<u>2,335</u>	<u>2,335</u>	<u>-</u>	<u>1,575</u>	<u>2,335</u>	<u>-</u>
<u>8,389</u>	<u>7,868</u>	<u>520</u>	<u>4,684</u>	<u>7,848</u>	<u>541</u>
Net Position:					
<u>62,825</u>	<u>57,459</u>	<u>5,367</u>	<u>64,087</u>	<u>59,316</u>	<u>3,510</u>
<u>62,825</u>	<u>57,459</u>	<u>5,367</u>	<u>64,087</u>	<u>59,316</u>	<u>3,510</u>
<u>\$ 106,673</u>	<u>\$ 104,938</u>	<u>\$ 1,735</u>	<u>\$ 85,977</u>	<u>\$ 99,390</u>	<u>\$ 7,283</u>

United Medical Center
Consolidated Statement of Cash Flows
For the three month period ending December 31, 2015

Month of December				<i>Dollars in Thousands</i>	
				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
\$ 9,287	\$ 9,152	Cash flows from operating activities:		\$ 25,321	\$ 23,035
(5,917)	(3,699)	Receipts from and on behalf of patients		(14,312)	(9,667)
(7,265)	(6,369)	Payments to suppliers and contractors		(17,756)	(16,141)
491	1,348	Payments to employees and fringe benefits		1,334	2,409
(3,404)	431	Other receipts and payments, net		(5,413)	(364)
		Net cash provided by (used in) operating activities			
0	0	Cash flows from investing activities:		-	0
0	0	Receipts of Interest		-	0
		Net cash provided by (used in) investing activities		-	0
5,001	3	Cash flows from noncapital financing activities:		12,146	3
5,001	3	Receipts (payments) from/(to) District of Columbia		12,146	3
		Net cash provided by noncapital financing activities		12,146	3
(10)	(31)	Cash flows from capital and related financing activities:		(26)	(104)
(606)	(1,136)	Repayment of capital lease obligations		(3,176)	(2,415)
(616)	(1,166)	Change in capital assets		(3,202)	(2,520)
980	(732)	Net cash (used in) capital and related financing activities		3,531	(2,881)
25,381	14,291	Net increase (decrease) in cash and cash equivalents		22,829	16,439
\$ 26,361	\$ 13,558	Cash and equivalents, beginning of period		\$ 26,361	\$ 13,558
		Cash and equivalents, end of period			

United Medical Center
Consolidated Inpatient Statistics
For the three month period ending December 31, 2015

Month of December					Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
Admissions										
420	351	69	19.5%	372	Medical/Surgical	1,196	1,065	131	12%	1,056
119	93	26	27.3%	100	Psychiatry	321	281	40	14%	316
44	43	1	1.7%	43	Intensive Care Unit	116	135	(19)	-14%	117
24	36	(12)	-32.4%	38	Nursery	83	119	(36)	-30%	124
28	51	(23)	-44.8%	40	OB/GYN	82	123	(41)	-33%	132
635	574	61	10.6%	593	Hospital Admissions	1,798	1,724	74	4%	1,745
8	7	1	7.2%	-	SNF Admissions	20	22	(2)	-11%	7
643	582	61	10.5%	593	Total Admissions	1,818	1,746	72	4%	1,752
Patient Days										
2,282	1,998	284	14.2%	2,009	Medical/Surgical	6,624	6,007	617	10%	6,002
772	687	85	12.4%	621	Psychiatry	2,247	1,945	302	16%	1,912
324	330	(6)	-1.9%	317	Intensive Care Unit	899	1,016	(117)	-12%	988
64	90	(26)	-28.7%	99	Nursery	255	290	(35)	-12%	347
78	140	(62)	-44.2%	120	OB/GYN	252	379	(127)	-33%	414
3,520	3,245	275	8.5%	3,166	Hospital Patient Days	10,277	9,638	639	7%	9,663
3,533	3,507	26	0.7%	3,310	SNF Resident Days	10,422	10,528	(106)	-1%	10,239
7,053	6,752	301	4.5%	6,476	Total Days	20,699	20,166	533	3%	19,902
Average Patient Stay										
5.4	5.7	(0.3)	-4.4%	5.4	Medical/Surgical	5.5	5.6	(0.1)	-2%	5.7
6.5	7.4	(0.9)	-11.8%	6.2	Psychiatry	7.0	6.9	0.1	1%	6.1
7.4	7.6	(0.3)	-3.5%	7.4	Intensive Care Unit	7.8	7.5	0.2	3%	8.4
2.7	2.5	0.1	5.5%	2.6	Nursery	3.1	2.4	0.6	26%	2.8
2.8	2.8	0.0	1.1%	3.0	OB/GYN	3.1	3.1	(0.0)	0%	3.1
5.5	5.6	(0.1)	-1.9%	5.3	Hospital average patient stay	5.7	5.6	0.1	2%	5.5
Per Day Analysis										
20.7	18.8	2.0	10.5%	19.1	Admissions	19.8	19.0	0.8	4%	19.0
113.5	104.7	8.9	8.5%	102.1	Hospital Average Daily Census	111.7	104.8	7.0	7%	105.0
114.0	113.1	0.8	0.7%	106.8	SNF Average Daily Census	113.3	114.4	(1.2)	-1%	111.3
Surgical Procedures										
72	43	29	65.8%	61	Surgery procedures	185	153	32	21%	178
37	37	(0)	-1.0%	32	GI procedures	93	113	(20)	-18%	85
109	81	28	34.9%	93	Total	278	266	12	4%	263
Cash Collections										
\$ -	\$ -	-	0.0%	\$ 733	Disproportionate Share	\$ 434	\$ 367	67	18%	\$ 733
1,065	997	68	6.8%	956	SNF Collections	2,706	2,993	(287)	-10%	2,729
8,549	7,282	1,267	17.4%	9,162	Hospital Collections	22,573	22,650	(77)	0%	22,759
\$ 9,614	\$ 8,279	1,335	16.1%	\$ 10,851	Total Collections	\$ 25,713	\$ 26,010	(297)	-1%	\$ 26,221
Case Mix Index (CMI)										
1.1120	1.0900	0.0220	2.0%	1.1300	Hospital	1.0843	1.0900	(0.0057)	-1%	1.0956
1.5100	1.5100	-	0.0%	1.4200	Medicare	1.5067	1.5100	(0.0033)	0%	1.5267
0.9800	1.0400	(0.0600)	-5.8%	0.9500	Medicaid	0.9367	1.0400	(0.1033)	-10%	1.0333

United Medical Center
Consolidated Outpatient Statistics
For the three month period ending December 31, 2015

Month of December					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Visits									
4,785	4,547	238	5%	4,631	14,272	13,641	631	4.6%	13,700
1,084	1,271	(187)	-15%	1,134	3,341	4,519	(1,178)	-26.1%	1,134
1,757	1,202	555	46%	1,472	5,187	5,863	(676)	-11.5%	4,211
204	213	(9)	-4%	236	671	772	(101)	-13.1%	701
96	71	25	35%	76	248	236	12	5.1%	252
<u>7,926</u>	<u>7,305</u>	<u>621</u>	<u>8%</u>	<u>7,549</u>	<u>23,719</u>	<u>25,031</u>	<u>(1,312)</u>	<u>-5.2%</u>	<u>19,998</u>
Emergency Visits									
102	198	(96)	-49%	205	346	448	(102)	-22.7%	454
115	295	(180)	-61%	305	402	648	(246)	-38.0%	657
27	33	(6)	-18%	34	102	137	(35)	-25.8%	139
494	193	301	156%	199	1,601	724	877	121.1%	729
2,057	1,870	187	10%	1,932	6,198	5,843	355	6.1%	5,895
1,445	1,479	(34)	-2%	1,528	4,142	4,428	(286)	-6.5%	4,468
231	226	5	2%	233	604	648	(44)	-6.8%	653
314	253	61	24%	261	877	765	112	14.6%	771
0	0	-	0%	0	0	0	-	0.0%	0
<u>4,785</u>	<u>4,547</u>	<u>238</u>	<u>5%</u>	<u>4,697</u>	<u>14,272</u>	<u>13,641</u>	<u>631</u>	<u>4.6%</u>	<u>13,766</u>
599	497	102	20%	517	1,741	1,458	283	19.4%	1,517
Clinic Visits									
1,053	521	532	102%	975	2,904	1,854	1,050	56.7%	2,693
116	186	(70)	-38%	79	448	662	(214)	-32.3%	255
284	279	5	2%	299	790	992	(202)	-20.4%	907
8	8	(0)	-2%	13	30	29	1	3.6%	28
22	11	11	100%	16	124	39	85	216.4%	51
202	196	6	3%	90	668	697	(29)	-4.1%	277
72	448	(376)	-84%	-	223	1,591	(1,368)	-86.0%	-
<u>1,757</u>	<u>1,649</u>	<u>108</u>	<u>7%</u>	<u>1,472</u>	<u>5,187</u>	<u>5,863</u>	<u>(676)</u>	<u>-11.5%</u>	<u>4,211</u>
Radiology Procedures									
60	79	(19)	-24%	58	202	366	(164)	-44.8%	210
728	679	49	7%	603	2,247	2,228	19	0.8%	1,936
3,092	2,929	163	6%	3,016	9,081	10,510	(1,429)	-13.6%	9,079
<u>3,880</u>	<u>3,687</u>	<u>193</u>	<u>5%</u>	<u>3,677</u>	<u>11,530</u>	<u>13,104</u>	<u>(1,574)</u>	<u>-12.0%</u>	<u>11,225</u>
Surgical Procedures									
44	28	16	55%	36	111	93	18	18.8%	105
49	43	6	14%	40	131	142	(11)	-8.0%	141
<u>93</u>	<u>71</u>	<u>22</u>	<u>30%</u>	<u>76</u>	<u>242</u>	<u>235</u>	<u>6</u>	<u>2.6%</u>	<u>246</u>
Observations									
193	193	(0)	0%	206	610	540	70	12.9%	632
283	290	(7)	-2%	229	895	810	85	10.5%	713
Visits Per Day									
154.4	146.7	8	5%	149.4	155.1	148.3	7	4.6%	148.9
35.0	41.0	(6)	-15%	36.6	36.3	49.1	(13)	-26.1%	38.7
56.7	38.8	18	46%	47.5	56.4	46.4	10	21.4%	45.8
6.6	6.9	(0)	-4%	7.6	7.3	8.4	(1)	-13.1%	7.6
3.1	2.3	1	35%	2.5	2.7	2.6	0	5.1%	2.7

United Medical Center
Consolidated Payor Mixtures
For the three month period ending December 31, 2015

Month of December					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Admissions									
213	174	39	23%	171	604	517	87	17%	504
177	152	25	17%	178	477	455	22	5%	476
170	180	(10)	-5%	180	501	544	(43)	-8%	572
37	35	2	6%	31	106	105	1	1%	104
33	23	10	43%	25	89	70	19	28%	74
13	19	(6)	-31%	8	41	57	(16)	-28%	22
<u>643</u>	<u>582</u>	<u>61</u>	<u>11%</u>	<u>593</u>	<u>1,818</u>	<u>1,746</u>	<u>72</u>	<u>4%</u>	<u>1,752</u>
Patient Days									
1,579	2,165	(586)	-27%	1,128	4,762	6,447	(1,685)	-26%	3,852
4,194	3,457	737	21%	4,247	12,334	10,337	1,997	19%	12,675
760	763	(3)	0%	823	2,311	2,288	23	1%	2,477
252	146	106	72%	144	567	435	132	30%	475
197	120	77	64%	95	468	360	108	30%	299
71	100	(29)	-29%	39	257	298	(41)	-14%	124
<u>7,053</u>	<u>6,752</u>	<u>301</u>	<u>4%</u>	<u>6,476</u>	<u>20,699</u>	<u>20,166</u>	<u>533</u>	<u>3%</u>	<u>19,902</u>
Emergency Visits									
661	578	83	14%	618	1,971	1,734	237	14%	1,831
792	761	31	4%	743	2,429	2,283	146	6%	2,293
2,118	1,946	172	9%	2,150	6,337	5,837	500	9%	6,476
409	364	45	12%	386	1,146	1,093	53	5%	1,109
255	255	0	0%	277	759	764	(5)	-1%	738
550	645	(95)	-15%	457	1,630	1,932	(302)	-16%	1,253
<u>4,785</u>	<u>4,549</u>	<u>236</u>	<u>5%</u>	<u>4,631</u>	<u>14,272</u>	<u>13,643</u>	<u>629</u>	<u>5%</u>	<u>13,700</u>
Admissions %									
33.1%	29.8%	0.033	11%	28.8%	33.2%	29.6%	0.036	12%	28.8%
27.5%	26.1%	0.015	6%	30.0%	26.2%	26.1%	0.002	1%	27.2%
26.4%	30.9%	(0.045)	-14%	30.4%	27.6%	31.1%	(0.036)	-11%	32.6%
5.8%	6.0%	(0.002)	-4%	5.2%	5.8%	6.0%	(0.002)	-3%	5.9%
5.1%	4.0%	0.012	30%	4.2%	4.9%	4.0%	0.009	23%	4.2%
2.0%	3.2%	(0.012)	-38%	1.3%	2.3%	3.2%	(0.010)	-31%	1.3%
<u>100.0%</u>	<u>100.0%</u>	<u>-</u>	<u>0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>-</u>	<u>0%</u>	<u>100.0%</u>
Emergency Visits %									
13.8%	12.7%	0.011	9%	13.3%	13.8%	12.7%	0.011	9%	13.4%
16.6%	16.7%	(0.002)	-1%	16.0%	17.0%	16.7%	0.003	2%	16.7%
44.3%	42.8%	0.015	3%	46.4%	44.4%	42.8%	0.016	4%	47.3%
8.5%	8.0%	0.005	7%	8.3%	8.0%	8.0%	0.000	0%	8.1%
5.3%	5.6%	(0.003)	-5%	6.0%	5.3%	5.6%	(0.003)	-5%	5.4%
11.5%	14.2%	(0.027)	-19%	9.9%	11.4%	14.2%	(0.027)	-19%	9.1%
<u>100.0%</u>	<u>100.0%</u>	<u>-</u>	<u>0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>-</u>	<u>0%</u>	<u>100.0%</u>

United Medical Center
Hospital Performance Indicators

	Definition	Year to date				Benchmarks		Desired Trend
		FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals	
Capacity and Utilization:								
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds = 234	Patient days / 365 Beds in service	47.7%	44.9%	42.3%	42.4%	73.2%	66.0%	▲
Average length of stay (acute) Measures the average number of days a patient stays in the hospital	Total inpatient days (acute) Total inpatient admissions (acute)	5.7	5.5	5.7	6.2	4.9	4.4	▼
Profitability:								
Total Margin Shows the percentage of revenues collected from operating and nonoperating activities that is kept as profit.	Revenues in excess of expenses Total revenues	13.1%	-3.4%	-2.6%	-13.8%	5.0%	5.2% **	▲
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit	Net operating income Total operating revenue	-13.2%	3.2%	2.4%	-8.1%	6.7%	2.2% **	▲
Deductible Ratio Measures the percentage discount that third-party payers get, on average, from listed charges.	Contractual discounts Gross patient service revenue	62.2%	62.1%	66.4%	65.7%	60.4%	66.5%	▼
Liquidity:								
Current Ratio Measures how many times the hospital is able to meet its short-term obligations with short-term resources	Current assets Current liabilities	1.2	1.6	1.7	1.0	1.3	1.8	▲
Days Cash On Hand Illustrates the number of days the hospital could continue to operate without collecting any additional cash	Current cash and investments (Operating expenses/365)	28.6	46.8	44.2	10.0	125.0	212.0 **	▲
Days in Net Accounts Receivables (Hospital only) Illustrates the number of days it takes to collect outstanding patient receivables	Net accounts receivable 3 month average net patient revenue	41.8	44.0	49.2	52.1	47.8	51.1 **	▼
Average Payment Period Illustrates the number of days it takes to pay account payables.	Current liabilities - due to District of Columbia (Operating expenses)/365	56.2	59.4	58.0	74.1	47.0	63.7 **	▼
Productivity and Efficiency:								
FTEs per average daily census (acute) Measures the number of FTEs necessary to provide care to all patients	Number of full-time equivalent personnel Adjusted average daily census (acute)	3.4	3.5	3.5	3.9	5.6	6.0	▼
Salary and benefit expense per FTEs (\$) Measures the average direct labor expense per employee.	Salary and benefits expense Number of full-time equivalent personnel	\$79,093	\$75,426	\$75,575	\$73,101	\$77,647	\$68,068	▼
% of salary and benefits expense Measures the proportion of hospital's costs that is attributable to employee labor costs	Salary and benefits expense Operating expense	56.1	56	62	54	42.0	46.1	▼
Solvency:								
Equity Financing Shows how much of the hospital's assets were paid for using equity, and how much of its assets were paid for using debt	Unrestricted net assets Total unrestricted assets	58.9%	74.5%	65.9%	63.2%	n/a	n/a	▲

Source: 2010 Thomson Healthcare, The Comprehensive Performance of U.S. Hospitals (except those marked with ***)

* The 50th percentile was used for this comparison of hospitals with a bed size of 250 to 399.

** Moody's Investor Services, "Preliminary U.S. Not-for-Profit and Public Hospital 2014 Median, Growth in Hospital Revenue Edges Ahead of Expenses in 2014," May 2015

Source: Days Cash On Hand: FitchRatings for Nonprofit Hospitals

Financial Statement Review

Narrative



FINANCE COMMITTEE

V. OTHER BUSINESS

Other Business

Any Expected Financial
Issues/Spending Pressures for
First Quarter and Beyond
(General Discussion)

Other Business

Committee FY15 Work Plan

Other Business

Other New Business

Revenue Cycle Report

Fiscal Year End Summary



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Patient Safety & Quality Committee Report

Maria Gomez, Chair

- Minutes
- Meeting Materials



Governing Board Patient Safety & Quality Committee

January 19, 2016
11:30pm-12:30 pm
Location: Hospital Board Room (2nd Floor)

Purpose: To provide oversight and guidance for the delivery of high quality, safe, cost-effective health care at Not-For-Profit Hospital Corporation.



Governing Board Patient Safety & Quality Committee Meeting
January 19, 2016
Location: Hospital Board Room (2nd Floor)

Purpose: *To provide oversight and guidance for the delivery of high quality, safe, cost-effective health care at Not-For-Profit Hospital Corporation.*

Agenda

- | | |
|---|-----------|
| I. Welcome | All |
| II. Call to Order | M. Gomez |
| III. Approval of Minutes | All |
| IV. Old Business | |
| A. Leapfrog Survey Gap Analysis | P. Lee |
| V. New Business | |
| A. Regulatory (DOH) and Accreditation (CAP) Surveys | P. Lee |
| B. 2015 Performance Metrics Dashboard | P. Lee |
| C. SNF Licensure Survey | M. Torres |
| D. Quality Data Abstraction Validation Scores | P. Lee |
| VI. Other Business | All |

Adjournment

Next Meeting: February 9, 2016

Not-For-Profit Hospital Corporation
Patient Safety & Quality Committee Meeting Minutes
September 8, 2015

Present: Maria Gomez, Andrew L. Davis, Pamela Lee, Maribel Torres, Dr. Raymond Tu, Stanley Pierre, Donna Freeman (Corporate Secretary)

Excused: Dr. Julianne Malveaux, Chris Gardiner

Others: N/A

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 11:38	
Determination of a Quorum	No quorum determined due to board member absences.	
Approval of the Agenda	N/A	
Approval of Minutes	Delayed until the next meeting.	
Consent Agenda	N/A	
Discussion		
Old Business	<p>Highlights include: <i>(Discussion materials have been filed in the Office of the Secretary of the Corporation)</i></p> <p>Expansion of the Clinical Documentation Improvement (CDI) Program: Pamela Lee suggested the program expand by 2 full time employees. Ms. Anna White has improved the financial impact of the program to well over \$1M to date. The necessity of this program has been proved according to Maria Gomez.</p> <p>Andrew L. Davis, Interim CEO, reported, UMC will purchase a software program (scheduled to be implemented shortly) to evaluate length of stay and coding issues.</p>	Andrew Davis has been reviewing the FY 16 Budget and he supports the program however he must complete the entire budget before making a final decision.

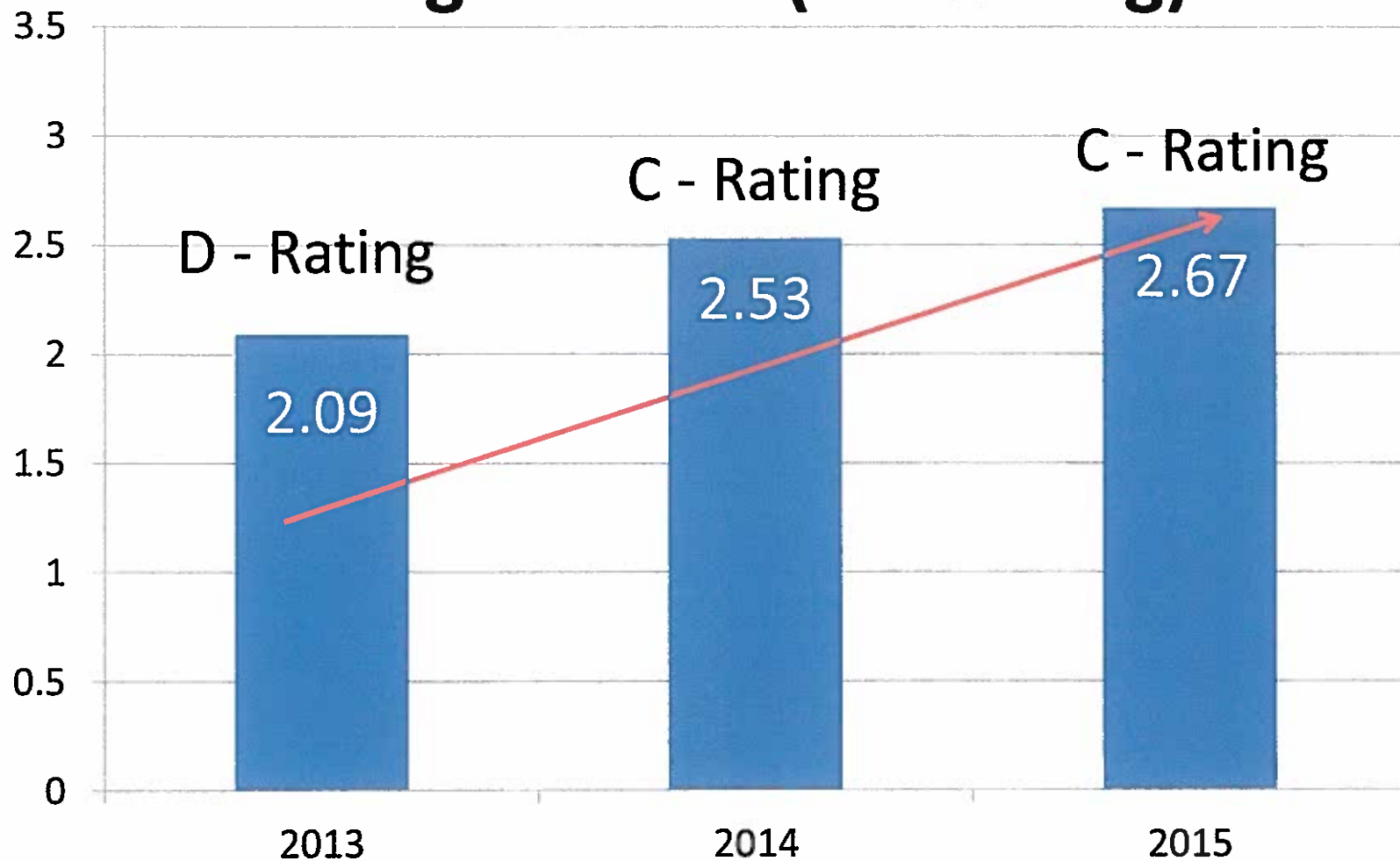
	<p>Maria Gomez asked if the providers will and are receiving coding training. Ms. Anna White is doing the basic training as new physicians come on staff.</p> <p>Dr. Tu shared a change in the transmittal of information for Mental Health Services during the coding process (improved documentation accuracy) that has increased the fee approval rate.</p> <p>SNF Licensure Survey Maribel Torres led the discussion regarding the SNF survey. UMC is in the time window for DOH to do an unscheduled routine annual licensure survey on the premises.</p> <p>SNF has no deficiencies at this time. A <i>mock survey</i> was done and the report was positive. The anticipated area of improvement will be: <i>documentation becoming electronic</i>. The SNF team is currently working with IT to have the electronic documentation process implemented.</p>	
New Business	<p>The following New Business topics were discussed: <i>(Discussion materials have been filed in the Office of the Secretary of the Corporation)</i></p> <p>2015 Core Measure Performance Dashboard: Pamela led the discussion regarding the Metrics and the Dashboard. Overall significant improvement continues to be made. She provided an in-depth explanation of the data and discussed the effect of real-time concurrent monitoring and clinical intervention efforts and information. The results are positive and improving. Many factors have played a role in the improvement.</p> <p>Maribel Torres reviewed the significant positive changes made in the ED Dept.</p>	<p>Maria Gomez asked questions regarding the dashboard metric use of paper bags in Behavioral Health. Pamela Lee explained the requirements for that area.</p> <p>NP- Means "no population"</p> <p>Andrew Davis, Interim CEO suggested having the EMA stats</p>

	<p>Pamela Lee discussed the plan to re-evaluate existing patient experience performance goals, adding incremental milestones and re-establishing stretch goals to the 99th percentile.</p> <p>Adoption of Evidence-Based Medicine – No Pain Tolerance Dr. Raymond Tu reported the progress to date. This area is addressed on the evaluation of the patient's experience that is publicly reported. The program will be launching on September 16.</p> <p>Medical Team Project Andrew Davis, Interim CEO, has requested the Patient Quality Team to prepare a summary of "what will it take to be in the "A" category in comparison to other hospitals. We have improved from a "D" to "C", now how do we get to an "A."</p> <p>HRO-Next Steps Maria Gomez inquired how can the committee embrace it and move to action throughout the entire organization. Pamela Lee and Andy Davis addressed the question. Andy discussed the vision, mission and value statement in the Strategic Planning Committee which will encompass input from the entire organization. Andy Davis mentioned 5 boxes: values, physician satisfaction, patient satisfaction, and growth and employee recognition that will shape the UMC culture. Pamela Lee reported since the hospital's HRO journey should be undertaken within the construct of the hospital's</p>	<p>at the BOD meeting in September.</p> <p>Maria Gomez and Andy Davis agreed the levels should be raised to the 99th Percentile.</p> <p>Maria Gomez requested literature to be distributed to the committee.</p> <p>Andy Davis, Interim CEO requested a status document be presented at the next committee meeting. Maria Gomez requested a plan be implemented before the end of the year.</p>
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	<p>mission, vision and values, leadership staff is taking a pause with the journey to allow the board, hospital leaders and staff time to first re-establish its new mission, vision and values in accordance with Andy Davis' plan.</p> <p>Crosswalk on Southern Avenue Dr. Tu thanked everyone for their assistance in securing and supporting the Southern Avenue crosswalk that was placed in response to the recent employee tragic incident. Andy Davis commented it was a total team effort.</p>	
Other Business	N/A	
Announcements	Next meeting will be held on October 13, 2015 at 11:30am	
	Adjourned: 12:40pm	

Leapfrog Patient Safety Score and Rating

Target = 3.15 (A – Rating)





Leapfrog Survey Gap Analysis and Action Plan

Components	Description	Weight	UMC (Structures & Processes)	Gap	Action Steps
CPOE	Computerized Physician Order Entry System	100	X	None	Continue with current practice
EBHR	Evidence-Based Hospital Referral Standards		N/A	N/A	N/A
	1) Aortic Valve Replacement		N/A	N/A	N/A
	2) Abdominal Aortic Aneurysm Repair		N/A	N/A	N/A
	3) Pancreatic Resection		N/A	N/A	N/A
	4) Esophagectomy		N/A	N/A	N/A
Maternity Care	Maternity Care	100	X	None	Continue with current practice
	1) Early Elective Delivery		X	None	Continue with current practice
	2) Cesarean Section		X	None	Continue with current practice
	3) Episiotomy		X	None	Continue with current practice
	4) Process Measures of Quality <ul style="list-style-type: none"> Newborn bilirubin screening Deep Vein Thrombosis prophylaxis in women undergoing C-Section Delivery) 		X	None	Continue with current practice
	5) High-Risk Deliveries		N/A	N/A	N/A



Leapfrog Survey Gap Analysis and Action Plan

Components	Description	Weight	UMC (Structures & Processes)	Gap	Action Steps
IPS	ICU Physician Staffing		X	None	Continue with current practice
Leapfrog SPS	Leapfrog Safe Practices Score	485	X	1, 2, 3	Implement steps outlined below in subsections
	1) Culture of Safety Leadership Structures and systems	120	X	X	Implementation of Phase 1: Patient Advisory Committee by 03/31/16
	2) Culture Measurement Feedback and intervention	20		X	Culture measurement feedback to be completed by 10/31/15
	3) Teamwork Training and Skill Building	40		X	Team STEPPS Training & implementation by 9/30/16
	4) Risks and Hazards	120	X	X	Risk identification training to staff & management in high risk patient safety units by 3/31/16
	5) Nursing Workforce	100	X	None	Continue with current practice
	6) Medication Reconciliation	35	X	None	Continue with current practice
	7) Hand Hygiene	30	X	None	Continue with current practice
	8) Prevention of Ventilator-Associated Complications	20	X	None	N/A



Leapfrog Survey Gap Analysis and Action Plan

Components	Description	Weight	UMC (Structures & Processes)	Gap	Action Steps
Managing Serious Errors	Managing Serious Errors		X	None	Continue with current practice
	1) Near Events Policy Statement		X	None	Continue with current practice
	2) Hospital-Acquired Conditions - CLABSI		X	None	Continue with current practice
	3) Hospital Acquired Conditions - CAUTI		X	None	Continue with current practice
	4) Leapfrog Safe Practices Score – Pressure Ulcer and Injuries		X	None	Continue with current practice
Bar Code Medication Administration	Bar Code Medication Administration		X	X	Implement Medication Safety Committee
Resource Use for Common Acute Conditions	Resource Use for Common Acute Conditions		X	1, 2, 3	Implement steps outlined below in subsections
	1) AMI		X	X	Decrease Length of Stay (LOS) by 01/31/16
	2) Heart Failure		X	X	Decrease Length of Stay (LOS) by 01/31/16
	3) Pneumonia		X	X	Decrease Length of Stay (LOS) by 01/31/16

Balanced Scorecard of Quality Performance Indicators

	Performance Indicators	2015	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Current Month		2016 YTD	
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SCIP	Prophylactic Antibiotic Received w/in 1h		99%	93%	99%	90%	99%	98%	99%	100%				
	Timely Removal of Urinary Catheters		98%	90%	98%	94%	98%	93%	98%	100%				
STROKE	Patients who received VTE Prophylaxis		73%	78%	73%	93%	73%	100%	73%	100%				
	Antithrombotics prescribed at d/c		99%	87%	99%	100%	99%	100%	99%	60%				
	Anticoagulants prescribed at d/c		95%	0%	95%	NP	95%	NP	95%	NP				
	IV thrombolytics was initiated		98%	NP	98%	NP	98%	NP	98%	NP				
	Statins prescribed at d/c		95%	79%	95%	50%	95%	80%	95%	60%				
	Education materials provided		90%	9%	90%	11%	90%	20%	90%	30%				
	Patients assessed for Rehab		98%	100%	98%	92%	98%	78%	98%	80%				
VTE	Prophylaxis given		88%	75%	88%	91%	88%	90%	88%	94%				
	Prophylaxis received in ICU		94%	100%	94%	96%	94%	96%	94%	98%				
	Overlap Therapy received		94%	67%	94%	100%	94%	75%	94%	100%				
	Unfractionated Heparin therapy received		98%	NP	98%	100%	98%	100%	98%	NP				
	Warfarin d/c Instructions provided		82%	100%	82%	50%	82%	86%	82%	56%				
	Confirmed VTE during hospitalization		8%	NP	8%	0%	8%	0%	8%	TBD				
People	Elective deliveries		4%	0%	4%	0%	4%	0%	4%	0%				
	C-Section delivery by nulliparous mothers			17%		24%		26%		TBD				
	Antenatal steroids administered		90%	NP	90%	75%	90%	NP	90%	95%				
	Healthcare-associated blood infections			0%		0%		NP		NP				
	Exclusive breast feeding		50%	0%	50%	8%	50%	5%	50%	24%				
Tobacco	Tobacco use Screening			90%		100%		100%		100%				
	Treatment provided			21%		2%		0%		89%				
Psych	Admission screening			95%		100%		100%		84%				
	Restraint use			TBD		TBD		TBD		TBD				
	Seclusion use			TBD		TBD		TBD		TBD				
	Multiple antipsychotic medications on d/c			9%		14%		13%		TBD				
	Care plan created			13%		61%		89%		97%				
	Care plan transmitted			8%		53%		8%		TBD				
SU	Alcohol use screening			98%		99%		99%		100%				
	Psych Immunization			17%						TBD				
IMM	Inpatient Immunization		95%	77%					95%	92%				
Outpatient	Time from Arrival to departure admitted pts		272'	687	272'	507	272'	460	272'	TBD				
	Dwell time in ER		97'	263	97'	192	97'	199	97'	TBD				
	Median time to transfer to another facility		59'	NP	59'	NP	59'	84	59'	TBD				
	Aspirin on arrival - AMI		97%	81%	97%	92%	97%	78%	97%	TBD				
	Aspirin on arrival - CP		97%	75%	97%	100%	97%	66%	97%	TBD				
	Median time to ECG - AMI		7'	27	7'	14'	7'	11'	7'	TBD				
	Median time to ECG - CP		7'	21	7'	10'	7'	7'	7'	TBD				
	Time from Arrival to departure d/c pts		133'	244	133'	192	133'	221	133'	TBD				
	Door to evaluation by Medical personnel		24'	131	24'	74'	24'	85'	24'	TBD				
	Time to pain mgt. to long bone fracture		55'	211	55'	135'	55'	164'	55'	TBD				
	Head CT/MRI scan results received w/in 45'		61%	0%	61%	0%	61%	0%	61%	TBD				
Key														
<75% of target			14		11		11		4					
75% - 89% of target			7		4		6		3					
90% - 100% of target			11		17		14		12					

Report Run Date: 12/31/2015
Validation Report Posted: 07/06/2015

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: All
Discharge Quarter: 07/01/2014 - 09/30/2014

090008 United Medical Center Washington, DC
Other Clinical Process of Care Reliability: 26/26

Abstraction Control Number: [REDACTED]

Case Status: Complete

Patient ID: 2 [REDACTED]

Comments:

Measure Set: IQR-HF

Admit Date: 08/15/2014

Discharge Date: 08/21/2014

Individual Case Reliability: (1 / 1)

Measure:	Original Outcome*	Validated Outcome*	Result
HF-2 Evaluation of LVS Function	E	E	Match

of Measures Matched: 1

of Measures Validated: 1

*For purposes of this report the measure will result in one of the following outcomes: B – Not in Measure Population, D – In Measure Population, E – In Numerator Population, or Y – Included in Measure (UTD)

*Any educational comment that contains bold red font describes an error or mismatch.

2 The Patient ID may be blank to protect patient confidentiality, if the only Patient Identifier available is the Patient HIC number. Refer to the Case Selection report to get identifying information for the case.

3 Element Names displayed in bold text denote element is utilized in at least one measure calculation

Results for the Venous Thromboembolism (VTE) measure set are provided for your education. VTE validation results will not be included in the confidence interval calculation for the annual payment determination.


Report Run Date: 12/31/2015
Validation Report Posted: 07/06/2015

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: All
Discharge Quarter: 07/01/2014 - 09/30/2014

090008 UNITED MEDICAL CENTER Washington, DC
Healthcare-Associated Infection Reliability: 8/10

Abstraction Control Number: 

Case Status: Complete

Patient ID: ² 

Comments:

Measure Set: IQR-HAI

Admit Date: 06/07/2014

Discharge Date: 08/07/2014

HAI Case Reliability: (0 / 1)

¹ Any educational comment that contains bold red font describes an error or mismatch.

² The Patient ID may be blank to protect patient confidentiality, if the only Patient Identifier available is the Patient HIC number. Refer to the Case Selection report to get identifying information for the case.

³ Element Names displayed in bold text denote element is utilized in at least one measure calculation

Results for the Venous Thromboembolism (VTE) measure set are provided for your education. VTE validation results will not be included in the confidence interval calculation for the annual payment determination.

Report Run Date: 12/30/2015
Validation Report Posted: 12/15/2015

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: All
Discharge Quarter: 10/01/2014 - 12/31/2014

090008 United Medical Center Washington, DC
Immunization Reliability: 4/5

Abstraction Control Number: 

Case Status: Complete

Patient ID: ² 

Comments:

Measure Set: IQR-IMM

Admit Date: 11/05/2014

Discharge Date: 11/13/2014

Individual Case Reliability: (1 / 1)

Measure:	Original Outcome*	Validated Outcome*	Result
IMM-2 Influenza Immunization	E	E	Match

of Measures Matched: 1

of Measures Validated: 1

*For purposes of this report the measure will result in one of the following outcomes: B – Not in Measure Population, D – In Measure Population, E – In Numerator Population, or Y – Included in Measure (UTD)

¹ Any educational comment that contains bold red font describes an error or mismatch.

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³ Element Names displayed in bold text denote element is utilized in at least one measure calculation

Results for the Venous Thromboembolism (VTE) measure set are provided for your education. VTE validation results will not be included in the confidence interval calculation for the annual payment determination.

Report Run Date: 12/30/2015
Validation Report Posted: 12/15/2015

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: All
Discharge Quarter: 10/01/2014 - 12/31/2014

090008 United Medical Center Washington, DC
Other Clinical Process of Care Reliability: 9/9

Abstraction Control Number: **00000000000000000000**

Case Status: Complete

Patient ID: ² **00000000000000000000**

Comments:

Measure Set: IQR-HF

Admit Date: 12/05/2014

Discharge Date: 12/08/2014

Individual Case Reliability: (1 / 1)

Measure:	Original Outcome*	Validated Outcome*	Result
HF-2 Evaluation of LVS Function	E	E	Match

of Measures Matched: 1

of Measures Validated: 1

*For purposes of this report the measure will result in one of the following outcomes: B – Not in Measure Population, D – In Measure Population, E – In Numerator Population, or Y – Included in Measure (UTD)

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³ Element Names displayed in bold text denote element is utilized in at least one measure calculation

Results for the Venous Thromboembolism (VTE) measure set are provided for your education. VTE validation results will not be included in the confidence interval calculation for the annual payment determination.

Report Run Date: 12/30/2015
Validation Report Posted: 12/15/2015

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: All
Discharge Quarter: 10/01/2014 - 12/31/2014

090008 UNITED MEDICAL CENTER Washington, DC
Healthcare-Associated Infection Reliability: 10/10

Abstraction Control Number: [REDACTED]

Case Status: Complete

Patient ID: ² 00000165

Comments:

Measure Set: IQR-HAI

Admit Date: 10/02/2014

Discharge Date: 10/03/2014

HAI Case Reliability: (1 / 1)

Event Reported	Measure:	Original Outcome	Validated Outcome	Result	Educational Comments ¹
	CLABSI	No Event	No Event	Match	

¹ Any educational comment that contains bold red font describes an error or mismatch.

² The Patient ID may be blank to protect patient confidentiality, if the only Patient Identifier available is the Patient HIC number. Refer to the Case Selection report to get identifying information for the case.

³ Element Names displayed in bold text denote element is utilized in at least one measure calculation

Results for the Venous Thromboembolism (VTE) measure set are provided for your education. VTE validation results will not be included in the confidence interval calculation for the annual payment determination.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 27, 2016

Location: Conference Rooms 2/3

Governance Committee Report

Virgil McDonald, Chair

- Minutes
- Meeting Materials



Not-For-Profit Hospital Corporation
Board of Directors
Governance Committee Agenda
January 12, 2016

I. CALL TO ORDER

II. ROLL CALL

III. CONSENT AGENDA

- **REVIEW MINUTES OF THE OCTOBER 13, 2015 MEETING**

IV. BOARD OF DIRECTORS ORIENTATION MANUAL

- **PAMELA LEE, EVP OF HOSPITAL OPERATION AND CQO**

V. BOARD PERFORMANCE POLICY/ MEETING ATTENDANCE

VI. CEO GOALS AND OBJECTIVES

VII. BOARD APPOINTMENTS-MOTA NOMINATIONS

- **KAI BLISSETT, GENERAL COUNSEL**

VIII. UPDATE - *UMC MISSION, VISION AND VALUES* STATEMENTS

ADJOURNMENT



Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
January 12, 2016

Present: Virgil McDonald, Andrew Davis, Maria Gomez, Steve Lyons, Donna Freeman (Corporate Secretary)
Excused: C. Matthew Hudson, Jr., Kai Blissett, General Counsel
Guests: Pamela R. Lee, EVP of Hospital Operations and CQO

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:05am	
Determination of a Quorum	Donna Freeman, Corporate Secretary determined a quorum	
Approval of the Agenda	The Governance Committee approved the agenda.	
Approval of Minutes	Minutes from October 13, 2015 were approved.	
Discussions	<p><i>Highlights include:</i></p> <p>The Board of Directors Orientation Manual</p> <p>Virgil McDonald led the discussion regarding the manual. Pam R. Lee attended the meeting to add depth to the manual discussion. Updates/edits suggested for the manual:</p> <ul style="list-style-type: none"> • Clarify/simplify legal terminology for ease of understanding • Improve the professional look of the manual • The manual should be reorganized into sections/groupings 	Steve Lyons volunteered to assist Pamela R. Lee and Staff in reorganizing the manual.

	<ul style="list-style-type: none"> • Consider loading the manual on the board portal website. • Include the financial summary, annual budget and supportive documents • Include the UMC acreage, who owns the acreage and a map of the campus • Parking location and fees (if any) • Nursing Home should be included • Personnel – number of employees • The names of the Executive Team, Executive Medical Team and Board Members • Board of Directors contact information to encourage communication • Personal expense reimbursement policy • Consider removing Huron as part of UMC's history since they were a consultant. <p>Virgil continued to poll the Board for additional suggestions and move towards a meaningful document that will be user friendly to the “new” Board member.</p> <p>Board Performance Policy</p> <p>Virgil McDonald discussed the Board Performance Policy and stated he would like the policy to be implemented immediately. More support of the community events inside and outside the hospital is needed by the Board. Steve Lyons suggested a centralized calendar for planning purposes for the Board members. The calendar should include the staff meetings so the board members may attend. The meetings for the calendar should also include the Executive Medical and Nursing staff meetings.</p> <p>Meetings and Attendance</p> <p>Virgil McDonald led the discussion regarding the attendance report for period ending on December 31, 2015, to be distributed to the Board on January 27, 2016.</p>	<p>Donna Freeman will prepare the Board Performance Policy and send the document out to the BOD to be discussed during the January Board meeting.</p> <p>Donna Freeman will work with David Thompson to implement a centralized calendar for the Board and maintain accordingly.</p>
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	<p>CEO Goals and Objectives</p> <p>Virgil gave a brief overview of the purpose of the report. The report will be reviewed and new goals will be set for Andrew L. Davis, Interim CEO.</p> <p>Update of MOTA Nominations to the UMC Board</p> <p>Donna Freeman provided an update to the committee on Dr. Ricardo Brown and Dr. Julianne Malveaux. Mayor Bowser will submit nominations by the end of the week and they will be notified by MOTA if their terms will be extended or has expired. MOTA will then notify the Board of same. Virgil and Maria Gomez discussed the need for the Mayor to nominate from our suggested nominees. The board wants to improve the skillset to move forward.</p> <p>Mission, Vision and Values Update</p> <p>Andrew (Andy) Davis, Interim CEO led the discussion. Andy was asked by Dr. Julianne Malveaux to submit a timeline of events and it was completed. She expects to have a Strategic Planning Committee meeting before the January board meeting.</p> <p>Patient Family Advisory Council</p> <p>Andy Davis will send the documents for Virgil McDonald to review later today.</p> <p>Board Member Self-Assessment</p> <p>The copy was distributed and Virgil asked the committee to review the document and send any questions or edits to Donna Freeman.</p>	<p>Virgil McDonald requested Donna Freeman to send the current report for former CEO David Small to the committee as a guide for the new document.</p> <p>Virgil and Maria would like for the Mayor to know the needs/skillset for the UMC Board. The issue will be raised at the January Board meeting.</p>
Other Business	<p>The next conference call will be held on Tuesday, February 9, 2016 @ 8:00am.</p> <p>The meeting was adjourned at 9:18am.</p>	



**United Medical Center
2016 Board Member Self-Assessment**

Full Name:

Date Completed:

Tenure on the Board:

I. MISSION AND GOALS

1. I know the mission of United Medical Center.

Yes Somewhat No

2. I can communicate our mission to others.

Yes Somewhat No

3. I know the vision of the United Medical Center and can communicate it to others.

Yes Somewhat No

4. I know the values of the organization and am able to communicate them to others.

Yes Somewhat No

5. I know the strategic direction/I understand UMC's strategic direction

Yes Somewhat No

II. RESPONSIBILITIES

1. I have an understanding of the Board's legal responsibilities.

Yes Somewhat No

2. I have an understanding of the Board's public responsibilities.

Yes Somewhat No

3. I understand my basic responsibilities as a board member.

Yes Somewhat No

4. I understand my fiduciary responsibilities as a board member.

Yes Somewhat No

5. I understand the operations of our United Medical Center.

Yes Somewhat No

6. I am an active member of one or more committees.

Yes No

7. I attend most events sponsored by the United Medical Center system.

Yes No

8. I believe I am an effective advocate for better community healthcare.

Yes No

9. I would be willing to do more for United Medical Center if asked.

Yes No

10. I understand the Board's Conflict of Interest Policy.

Yes Somewhat No

11. I routinely review meeting materials in advance.

Yes No

12. I make significant contributions to the Board's deliberations.

Yes No

13. I respect the confidentiality of decisions made in the Boardroom.

Yes No

III. LEADERSHIP

1. The Board's expectations and concerns are clearly and effectively communicated to the CEO.

Yes No

2. The Board evaluates the CEO based on mutually agreed upon performance objectives.

Yes No

3. The Board evaluates the CEO in a timely manner.

Yes No

4. The Board periodically reviews, discusses and, if necessary, modifies the CEO's performance objectives to ensure that they are current and reflect the changing market conditions and Board expectations.

Yes No

IV. BOARD EFFECTIVENESS – GENERAL

1. The working relationships among Board members are good.

Yes No

2. The Board reviewed its structure, committee practices, tenure and bylaws within the last year.

Yes No Don't know

3. Board Committees and ad-hoc committees have clearly defined roles and responsibilities.

Yes No Don't know

4. The Board has a process for determining when a Board Member is not performing to the Board's standards or requirements.

Yes No Don't know

5. The Board has a process for improving individual Board Member effectiveness when non-performance becomes an issue.

Yes No Don't know

6. The potential liabilities of governance are clearly spelled out to Board members.

Yes No Don't know

V. BOARD EFFECTIVENESS – RECRUITMENT AND PREPARATION

1. Board members are required to disclose possible conflicts of interest before their appointment and periodically throughout their terms as Board Members.

Yes No

2. Board education/development is a high priority for our Board.

Yes No

3. The Board has an effective orientation process that broadens a Board member's perspective and ensures high-quality decision-making.

Yes No

4. Board member development is conducted and complemented by Board retreats and ongoing education.

Yes No

5. The Board has an effective board succession plan for officers.

Yes No

VI. STRATEGIC INFORMATION FOR FUTURE PLANNING

1. I am comfortable with my knowledge of (check all that apply)

- a. Quality Improvement
- b. Medical Staff Credentialing
- c. Strategic Planning
- d. Finances
- e. Long-term Care Issues

2. I enjoy participation on the Board because (check all that apply)

- a. It gives me a feeling of accomplishment
- b. United Medical Center supports my personal interest in healthcare.
- c. The Board meetings are well managed and efficient.
- d. It helps me professionally.
- e. United Medical Center is working to make a healthier community.
- f. I do not enjoy my participation on this Board.

3. I could benefit from training in the following areas (please list)

1.

2.

3.

4. List your top three (3) priorities for United Medical Center in the next 12 months

1.

2.

3.

5. From your perspective, what areas need improvement?

1.

2.

3.



Board of Directors Evaluation Form

January 27, 2016

The purpose of this form is to evaluate the overall effectiveness of the monthly General Board Meeting process. Please rank the following items on a scale of 1-5. The results of this evaluation will demonstrate where changes can be made to increase the overall productivity of our meetings.

Exceeds Expectation	Meets Expectation	Below Expectation
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Proper notice was given to Board Members & community	5	4	3	2	1
The Board packet was received in a timely manner	5	4	3	2	1
The majority of Board Members were present	5	4	3	2	1
The meeting agenda is appropriate.	5	4	3	2	1
The Board packet provided the appropriate information to support solid discussions and decisions	5	4	3	2	1
Executive reports were concise, yet informative	5	4	3	2	1
Directors' discussions were on target and focused	5	4	3	2	1
Directors were prepared and involved	5	4	3	2	1
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	5	4	3	2	1
Appropriate Board and staff assignments were made	5	4	3	2	1
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	5	4	3	2	1
Meeting ran on time	5	4	3	2	1
I am satisfied with this meeting	5	4	3	2	1

What aspects of this meeting were particularly good?

What aspects of this meeting were particularly bad?

Do you have any suggestions or comments about this meeting?