UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

2016 BOARD OF DIRECTORS

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

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

Prepared and Filed by:
Donna M. Freeman, *Corporate Secretary*
Office of the Secretary of the Corporation

UMC
UNITED
MEDICAL CENTER

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, February 24, 2016. The meeting will be held 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. BOARD EDUCATION

Access and Use of the Board Portal – Thomas E. Hallisey, Chief Information Officer
Confidentiality and FOIA – Kai Blissett, General Counsel

V. CONSENT AGENDA

A. READING AND APPROVAL OF MINUTES

1. January 29, 2016 – General Board Meeting

B. EXECUTIVE REPORTS

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

VI. 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. Raymond Tu, Medical Chief of Staff

C. COMMITTEE REPORTS

1. Governance Committee Report
2. Strategic Planning Committee
3. Audit Committee

D. OTHER BUSINESS

1. Old Business
2. New Business

E. ANNOUNCEMENT

Next Meeting – Wednesday, March 23, 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).

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Date: February 24, 2016
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Reading and Approval of Minutes

- January 29, 2016

Not-For-Profit Hospital Corporation
General Board Meeting Minutes
January 29, 2016

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

Absent: Robert Malson

Excused:

Public: Councilmember LaRuby May, John Paul Brandt, Arthur Brown, Director Wayne Turnage

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:15am	
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 unanimously approved the following meeting minutes: • September 24, 2015 – General Board Meeting • October 24, 2015- General Board Meeting • November 25, 2015 – Emergency Board Meeting	
Consent Agenda	N/A	
Non consent Agenda	N/A	
Board Education Session	N/A	
Executive Reports	The following Executive Reports were moved. Second. Passed unanimously. • Dr. Julian Craig, Chief Medical Officer ◦ Dr. Craig reviewed the 50% increase over prior previous years in *initial* physician appointments which are a positive trend at UMC. Dr. Craig stated the increases are consistent in procedures, Radiology and across the board against prior year.	

	• Pamela Lee, EVP, Hospital Operations • Jackie Johnson, EVP, Human Resources ◦ Andy Davis, Interim CEO, addressed the questions in Ms. Johnson's absence. ▫ Nurse recruitment ▫ Compliance Officer recruitment • Maribel Torres, CNO • Tom Hallisey, CIO • David Thompson, Director of Communications and Public Relations • Charletta Washington, VP of Ambulatory & Ancillary Services	
Chief Executive Reports	Andrew Davis, Interim CEO, presented CEO Report. *(Report presented to Board Members)* Board moved to accept and approve the CEO report. Second. Passed unanimously. *The following highlights were discussed*: • Welcomed Khadijah Tribble (new Board member) and our new CFO, Ms. Lilian Chukwuma • Congratulated Chris G. Gardiner as the new Board Chairman • Robert Malson (Board member) announced his retirement from DCHA last evening • Blizzard *Jonas* Update ◦ Reached capacity on acute care side and serviced 115 residents ◦ Treated over 470 patients and delivered 12 babies during the storm ◦ Over 300 staff remained during the storm to ensure patient care was maintained • Several inspections this month: Dept. of Health survey,(no deficiencies) Pathology (successful survey), and a successful SNF annual survey. • Community Education Series to begin next month • An update on building renovations • The Command Center will open soon • The new Gift Shop is open • Added two Behavioral Health beds in the ER Virgil McDonald complimented the staff on the TV spots currently running, giving UMC a positive image.	

Chief Medical Report	Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. The Board moved to accept and approve the credentialing report. Second. Passed unanimously. *(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)*	
Patient Safety & Quality Committee	Maria Gomez, Patient Safety & Quality Committee Chair, presented the report. The Board moved to accept and approve the PS&Q committee report. Second. Passed unanimously. *The following highlights were discussed*: • The surveys mentioned by the CEO were *unannounced* surveys • The Radiology Dept. secured *full* accreditation for the first time in 50 years under Dr. Raymond Tu. • Dr. Raymond Tu reviewed the *specialty* equipment in the Radiology Dept. • The (PFAC)Patient Family Advisory Committee and (CBAC) Community Ben. Adv. Committee are being reviewed – Andrew L. Davis, Interim CEO provided additional detail on both proposed committees. • Reviewed the Medical Performance Dashboards and the progress being made in multiple categories. • Dr. Tu discussed Sentinel reports and UMC's reporting accuracy to CMS.	
Councilmember LaRuby May	Councilmember May expressed her excitement and appreciation for the work UMC is doing in Ward 8 and beyond.	
Governance Committee Report	Virgil McDonald, Committee Chair, presented the Committee Report. Moved. Second. Passed unanimously. *The following highlights were discussed*: • Performance Standards for Board Members • Board Attendance Evaluation was presented by Donna Freeman • Orientation Manual • CEO Evaluation and the Board relationship with CEO • Board composition and MOTA nominations were presented by Kai Blissett, GC • Calendar of events	Virgil McDonald requested the Board members to submit their evaluation forms to Donna Freeman

	• Board Evaluation forms	
Audit Committee	Girume Ashenafi, Audit Committee Chair, shared the preliminary results of a committee conference call earlier in the month. The Board moved to accept and approve the Audit Committee report. Second. Passed unanimously. Once SB & Co. finalizes the 2015 audit; they will present their findings to the full Board.	
	Chairman Chris Gardiner announced the General Board meeting will go into Executive *Closed* Session.	
Other Business	The next General Board meeting is scheduled on **Wednesday, March 23, 2016 at 9am** in Conference Rooms 2/3 on the ground level. The *public* General Board meeting adjourned at 10:55am.	

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General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Executive Mgt. Reports

Presented by:
Dr. Julian R. 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

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Chief Medical Officer

Julian Craig, MD

Board Report

February 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 Erondu (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

According to the Centers for Disease Control and Prevention (CDC), in 2013 nearly two million Americans abused prescription pain medication. Each day, almost 7000 people are treated in emergency departments for using these drugs in a manner other than as directed. Approximately 44 deaths per day occur from prescription pain medication overdose in the United States. Used appropriately, prescription opioids can provide life changing pain relief to patients. However, they are often prescribed in quantities and for conditions that are excessive, and in many cases, beyond the evidence base. The lack of attention to safe use, storage and disposal of opioids contribute to the misuse, abuse, addiction and overdose increases that have been documented.

Prescription drug abuse and undertreated pain are both public health concerns. The solution to one, should not undermine the other. So how do physicians and public health officials strike a balance to ensure that patients are receiving the appropriate care? Over the coming weeks, physicians at United Medical Center will take on the challenge of developing policy and guidelines that promote thoughtful opioid prescribing. The goal is to ensure that beneficiaries receive adequate pain control and that providers use available resources to make informed and evidence based decisions in the choice of opioid prescriptions.

Over the last decade there has been no shortage of consensus guidelines on the topic of opioid prescribing, and almost every agency has weighed in, from CMS, CDC and DEA to local and State Medical Boards. The District of Columbia Hospital Association (DCHA) has put together a task force to address this very issue. Potential recommendations for consideration by our Medical Staff will include:

1) Medical providers should screen for substance use disorders prior to prescribing opioid medications. If the screen is positive, information and resources on additional care services should be provided.
2) When opioid medications are prescribed, the medical provider should counsel the patient on proper use, risks and disposal. This should be documented in the medical record.
3) ED medical providers should not replace prescriptions for controlled substances that were lost, destroyed or stolen.
4) Mandate prescriber use of Prescription Drug Monitoring Programs (PDMP),
   And/or registering UMC with CRISP to help providers research the care that their patients received at other area hospitals.
5) Restrict the use of Intravenous Hydromorphone that has a high potential for addiction and abuse, to certain clinical departments.

The medical staff at United Medical Center will have to carefully analyze the scope of the epidemic in our community, as well as the needs for ethical pain management, and formulate guidelines that are proactive and lead to the overall health and wellbeing of the residents in Ward 7, 8 and surrounding territories.

DEPARTMENTAL REPORTS

ANESTHESIOLOGY
Dr. Amaechi Erondu (Medical Director)

PERFORMANCE SUMMARY:

For the month of **November 2015**, the Anesthesia Department had a total surgical and Obstetric anesthesia volume of 171 surgical cases. Our top three 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: **NOVEMBER 2015**

INDICATOR	Target	2015 Annual Average	1Q2015	2Q2015	3Q2015	4Q2015
SCIP-Inf. 1a - Prophylatic 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.

PERFORMANCE SUMMARY:

For the month of **January 2016**, the Anesthesia Department had a total surgical and Obstetric anesthesia volume of 174 surgical cases. Our top 3 service providers remain: Gastroenterology, Vascular Surgery, and General Surgery in that order. We anticipate volume growth going forward.

QUALITY INITIATIVES AND OUTCOME:

Core Performance indicators: **JANUARY, 2016**

INDICATOR	Target	2016 Annual Average	1Q2016	2Q2016	3Q2016	4Q2016*
SCIP-Inf. 1a - Prophylactic Antibiotic Received within 1 hour prior to Surgical Incision - Overall	**99%**	**94%**	**93%**			

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 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 reply on the Press Gainey for system wide performance assessment

CRITICAL CARE
Dr. Mina Yacoub

PERFORMANCE SUMMARY

In **January 2016**, the Intensive Care Unit had 303 patient days, 73 admissions and 70 discharges. The ICU managed a total of 80 patients in January. ICU Average Length of Stay (ALOS) was 4.1 days.

QUALITY OUTCOMES

Core Measures Performance

ICU met and exceeded target goals for Venous Thromboembolism prophylaxis for the entire year of 2015. ***January 2016 data is pending availability from Quality Department.*** ICU is continuing to work with Quality Department and is monitoring performance.

2015 data

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**

   The ICU managed 80 patients in January and had 8 deaths for a mortality rate of 10%. ICU mortality is submitted to and reviewed at critical care committee meetings. The ICU had one case of successful organ donation in January conducted by Washington Regional Transplant Consortium (WRTC).

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. As mentioned earlier, one case was referred to Quality Department and risk management.

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 January 2016.

4. **Infection Control Data**

   For the entire year of 2015, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSIs), 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). January infection control data is pending availability and will be reported with March report once available.

5. **Care Coordination/Readmissions**

   For January, 80 patients were managed in the ICU. There were two readmissions to the ICU within 72 hours of ICU discharge. Cases were reviewed in critical care committee. One of the two cases was referred to nurse educator for further evaluation.

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

   Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, infection control practices and frequent communication with patient families. After updating all critical care policies in 2015, ICU is embarking on a hand hygiene initiative in 2016 to continue to improve on best practices. ICU is working with Infection Preventionist on this initiative.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity. ICU experienced increased admissions in January and 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:
Emergency department had a census of 4,842 patients

January 2016 department metrics:

Patient Volumes:	4,842
% Change from 2015:	7.3% increase
Ambulance Volume:	1,405
Median Left without Treatment:	0.6 %
Admission Rate:	11.9%
Transfers:	63 patients (1.3%)
Turn around Time for D/C Patients:	207 minutes

Quality Initiatives, Outcomes, etc.

7. **Improving the provider productivity**

8. **Improving throughput process including**
    a. Door – Provider: 62 minutes
    b. Door – Disposition: 170 minutes

9. **Adverse events (i.e. elopement, suicide attempts, assaults, etc.)**

a. Elopement Rate: 33 patients (0.68%)
b. Suicide attempts: 0

10. Readmissions within 72h

a. 8 Cases (0.16%)

11. AMA rate

a. 0.5%

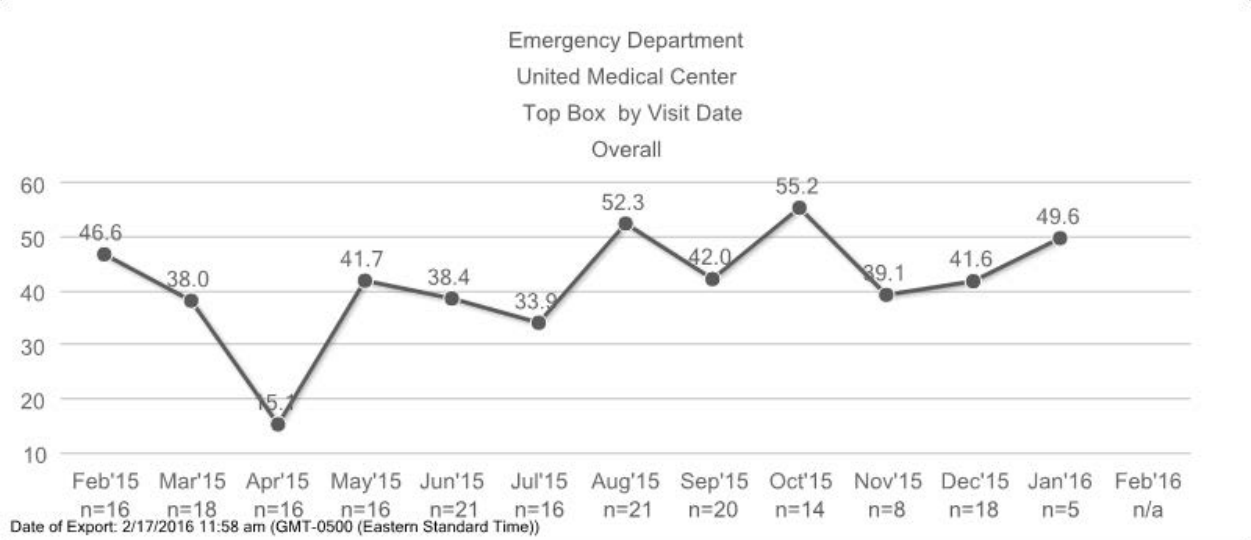
12. LWBS rate

a. 0.6%

13. Evidence-Based Practice (Protocols/Guidelines)

1. Implementation of low risk chest pain pathway implementation process
2. Implementation of acute stroke management based on last AHA guidelines.

Service (HCAHPS Performance/Doctor Communication)



Growth/Volumes

1. **EMS:** Emergency department will continue our strong relationship with DC and PG EMS. We will also focus on immediate bedding of ambulance patients.
2. **Process Improvement:** Continue working on triage and immediate bedding process improvement to decrease LWBS and helping volume growth.

Stewardship

1. The providers at emergency department will continue communication with patient's primary care physician to determine the appropriate admission through ED.
2. The emergency department with collaboration with hospital patient's concierge is increasing referral to Primary care clinic, and also specialists at the discharge time to help reducing the patient's re-admission through ED.

Active Steps to Improve Performance:

1. Improve front end process including triage process and immediate bedding.
2. Improve back end process including decreasing boarding time of admitted patients in ED.

MEDICINE
Dr. Musa Momoh

NOVEMBER 2015
For the month of **November 2015** there were 421 admissions to the department of Medicine. The number of discharges was 423. The average length of stay was 4.7 days.

Procedures performed by members of the department included:
41 EDG's
42 Colonoscopy
04 Bronchoscopies

144 patients we dialyzed as well

The Physician Satisfaction Scores were as follows:

Satisfying Communications with Doctors – 73.9%

Doctors treat patients with courtesy and respect – 81.8%

Doctors listen carefully to you – 70%

Doctors explained in a way you understand – 70%

Appointments:

Dr. Sylvester Okonkwo has been appointed to the Education Committee

Dr. Simeon Obeng has been appointed to the Peer Review Committee

DECEMBER 2015

For the month of **December 2015** there were 446 admissions to the department of Medicine. The number of discharges was 459. The average length of stay was 5.5 days.

Procedures performed by members of the department included:

48 EDG's
39 Colonoscopy
01 Bronchoscopies

224 patients we dialyzed as well

Appointments:

Dr. Ms. Ryland Copeland has been hired by the Hospital/Department of Case Management to help expedite discharges.

JANUARY 2016

For the month of **January 2016** the department of Medicine admitted 536 patients, our goal was 620. The department accounted for 86.4% of the total admissions and 77% of patient days. The average length of stay was 6.3 days. This was a slight increase from the previous month's length of stay of 5.5 days. The department's length of stay was affected by the late January storm. Members of the hospitalist group were in the hospital throughout the whole period of the storm.

The monthly department of Medicine meeting was cancelled because of the weather. The next meeting is scheduled for February 18, 2016

Appointments:

Dr. Leith Abdalla, Cardiologist. He is a partner of Dr. L. Oke

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OBSTETRICS & GYNECOLOGY

Dr. Sylvester Booker

January Maternal Child Health Report

Indicator	***January***
Total Deliveries	37
Normal Deliveries	28
Vacuum Assisted Deliveries	01
Primary C-Section	05
Repeat C-Section	04
VBAC Attempt	01
VBAC Successful	01
# of Induction of Labor	03
# of Aug. of Labor	03
HIV + Mom	01
HIV + Babies	0
Mother + for Substance	01
Abuse	
Still Birth	02
No Prenatal Care	04
Mother to ICU	0
Multiple Gestation	01
HTN/PIH	03
Placenta Abruption	0
Placenta Previa	0
Meconium	01
MRSA + Carrier	0
Maternal Transfer	02
PP Hemorrhage	0
Cord Prolapsed	0
Epidural Anesthesia	15
Spinal Anesthesia	06
General Anesthesia	0
Diabetic	0
Eclampsia	01
HELP Syndrome	0
TOTAL Triage Patients	180
CHECK & CALL	142

Maternal Child Health Report

Indicator	January
Breast Feeding	30
IMC	01
NICU Admission	04
Infant on Vent	01
# of Infant Transferred	01
Infant on IV Therapy	02
Infant on Antibiotic Therapy	02
Phototherapy	0
Circumcision	14
Infant (+) Substance Abuse	01
Boarding Baby	01
Failed Hearing Screen	0
# of Bili scan	34
# of CCHD Screening	34
GYN patient	05
Premature Babies receiving steroids prior to birth	01
Code Purple	30
Neonatal Death	0

PATHOLOGY

Dr. David Reagin

November 2015

The laboratory is reviewing both the CAP and AABB requirements for accreditation. The checklists contains hundreds of questions, most with evidence of compliance. Each laboratory section has a specific checklist. The CAP Transfusion Medicine checklist and AABB checklist overlap in requirements. To expedite the inspection, references and other documents are labeled with checklist numbers. Laboratory operations are functioning smoothly.

PEDIATRICS

Dr. Marilyn McPherson-Corder

Neonatal Unit
January 2016 - Report

Performance Summary: For the month of January 2016, 35 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 35. For the month of January, 35 live births. One infant was transfer to Children's National Medical Center.

The Departmental meeting was held on January 11, 2016

1. **Core Measures Performance**

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

INDICATOR	Target	2015 Annual Average	1Q2016	2Q2016	3Q2016	4Q2016
PC-04 - Health Care associated blood-stream infections in Newborns		0%	0%			
PC-05 - Exclusive breast milk feeding	50%	>65%	>65%			
PC-05a - Exclusive breast milk feeding considering the mother's choice after discharge	64%	>50%	>50%			

2. **Morbidity and Mortality Reviews**

No fetal deaths for the month of January. Four infants were < 35 weeks gestational age. One infant was transfer to Children's National Medical Center. All others were cared for in the UMC nursery and discharged home.

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 Dr. Long to discuss enhancing the collaboration with the DC Breast Feeding Coalition Follow Thru. Dr. Corder continues to work on a proposal to expand the Pediatrics department to include Asthma education/allergy test & enhancement utilization of the UMC medical staff.

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.

PSYCHIATRY
Dr. Lisa Gordon

Performance Summary: For the months of November and December, 2015; January 2016, please see the table below. The 2015 total number of admissions is 1255. Our average length of stay for November, December, and January 2016 were 6.11, 6.13, 7.56 days respectively.

Description	November	December	January
UMC Admissions / Legal Status:			
Voluntary	37	48	28
Involuntary	55	71	31
Total Admissions	**92**	**119**	**59**
Referral Source:			
CPEP	35	47	27
Other (ER)	53	60	30
GWU	2	8	1
Providence	1	0	0
Georgetown	1	2	1
Sibley	0	0	0
UMC Medical Surgical unit	0	1	0
DYRS	0	0	0
Howard	0	1	0
Holy Cross	0	0	0
Washington Hospital Center	0	0	0

PIW	0	0	0
Total # of Patients	**92**	**119**	**59**
Description	**November**	**December**	**January**
St. Elizabeth Transfers	2	2	2
Transfers with LOS over 15 days	1	2	2
Number of Court Hearings	1	1	0

Quality Initiatives, Outcomes, etc.

4. **Core Measures Performance**

INDICATOR	TARGET	2014 Annual Average	1Q2016	2Q2016	3Q2016	4Q2016
HBIPS						
HBIPS 1: Admission screening			95%			
HBIPS 2: Hours of Physical restraint use			NP			
HBIPS 3: Hours of seclusion use			NP			
HBIPS 4: Patients discharged on multiple antipsychotic medications			09%			
HBIPS 5: Patients discharged on multiple antipsychotic medications with justification			33%			
HBIPS 6: Post-discharge continuing care plan created			13%			
HBIPS 7: Post-discharge continuing care plan transmitted to next level of			08%			

care provider						
TOBACCO						
TOB 1: Tobacco use screening			90			
TOB 2: Tobacco use treatment provided or offered			21%			
SUBSTANCE						
SUB 1: Alcohol use screening			98%			
Psych Immunizations						
IMM-2 Influenza immunizations			17%			

Areas in red are currently under review as abstraction of Behavioral Health Charts is limited by the need to evaluate more than one document for these measures, including some which are not part of the EMR.

5. **Morbidity and Mortality Reviews – NA**

6. **Adverse events (i.e. elopement, suicide attempts, sexual harassment, assaults, etc.)** There have been no incidences of seclusion or restraint in the past three months.

7. **Care Coordination/Readmissions – NA**

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

   On hold.

Service (HCAHPS Performance/Doctor Communication)

NA

Growth/Volumes

We are currently at partial capacity, 20 beds secondary to physician limitations.

Stewardship

The contract with PIW has provided financial stability to the operations of the psychiatric unit. Recent financial statements have shown that we are meeting our projected budgeted revenue and maintaining operating below the budgeted expenses.

Financials

The BHU Administration has worked to manage over-time of staff in an effort not to exceed budgeted costs and ratios for staffing. Review of staffing is continuous.

Active Steps to Improve Performance:

We have hired a new full-time psychiatrist, Dr. Irina Samuels. She comes to us from Virginia and is an experienced inpatient practitioner. We have also welcomed Dr. Aneela Kazi who will provide coverage on weekends along with Drs. Ali and Rahman. We await delivery of new furniture for both units. Renovations remain on hold.

RADIOLOGY

Dr. Raymond Tu

January 2016 Data

Performance Summary:

	INP		ER		OUT		TOTAL	
EXAM TYPE	Exams	Units	Exams	Units	Exams	Units	Exams	Units
Cardiac Cath	11		0		2		13	
CT Scan	97		621		145		863	
Fluoro	11		0		11		22	
Mammography	0		0		193		193	
Magnetic Resonance Angio	7		0		1		8	
Magnetic Resonance Imaging	45		1		58		104	
Nuclear Medicine	10		2		6		19	
Special Procedures	42		0		7		49	
Ultrasound	160		228		211		599	
X-Ray	179		1115		647		1941	
CNMC CT Scan			16				16	
CNMC X-Ray			386				386	
GRAND TOTAL	562		2369		1281		4213	

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
   Radiology staff continues to work to improve the turnaround of patients for CT and MRI of the brain through the department.

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

3. **Code Blue/Rapid Response Teams ("RRTs") Outcomes:** There was 1 rapid response interventions in radiology.

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 radiology department's new equipment has been very well received for by our clinical staff elevating the status of our hospital. Additional training for technologist staff is planned to the full potential of the equipment may be utilized. The interventional radiology and cardiology services were affected by the scheduled leave of the nurse.

Stewardship: Dr. Tu continues to strongly recommend clinical decision support at the point of order entry to reduce unnecessary examinations and to aid in practioners to order the right test, the right time for the right patient.

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

January 2016

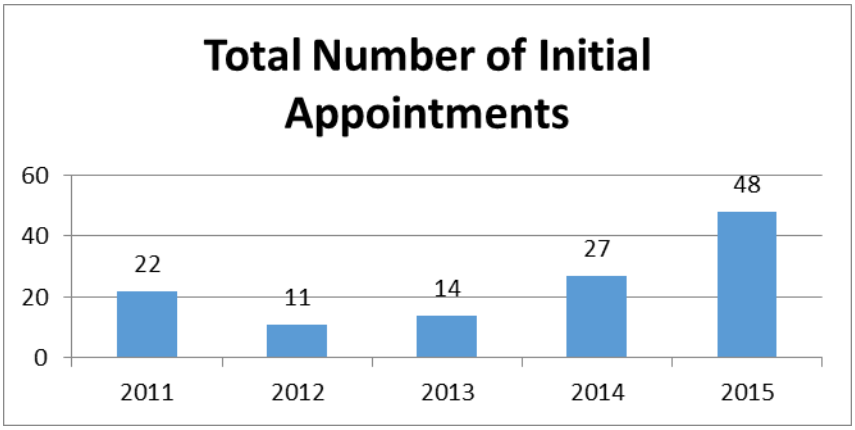
APPLICATIONS IN PROCESS

(Applications received through January 31, 2016)

Department	# of Application in Process
Allied Health Practitioners	5
Anesthesiology	0
Behavioral Health	0
Emergency Medicine	2
Medicine	4
Obstetrics & Gynecology	0
Pathology	0
Pediatrics/Neonatology	1
Radiology	0
Surgery	3
TOTAL	**15**

DEPARTMENT HIGHLIGHTS/ANNOUNCEMENTS

	2011	2012	2013	2014	2015
Total Number of Initial Appointments	22	11	14	27	48



MEDICAL STAFF ACTIVITY
JANUARY 2016

NEW APPOINTMENTS

Leith Abdulla, M.D. (Cardiology)
Victoria Bassey,CPNP (Allied Health)
Ryland Copeland, PA-C (Allied Health)
Etwar McBean, M.D. (Surgery)
Leolseged Mulushewa, PA-C (Allied Health)
Christian Paletta, M.D. (Plastic Surgery)
Aneesa Webb, PA-C (Allied Health)

REAPPOINTMENT

Cyril Allen, MD (Active)
Normal Allen, MD (Active)
Taghi Kimyai-Asadi, MD (Active)
Emmanuel Atiemo, MD (Active)
Rida Azer, MD (Active)
Salim Aziz, MD (Active)
Abel Batuure, MD (Active)
Sylvester Booker, MD (Active)
Karen Caldemeyer, MD (Teleradiology)
Andre Campbell, PA-C (Allied Health)
Gilbert Daniel, MD (Active)
Yudh Gupta, MD (Active)
Darnell Jones, PA-C (Allied Health)
John Kelly, MD (Active)
Parvez Khatri, MD (Active)
Meena Kumar, CPNP (Allied Health)
Kevin McDonnell, MD (Teleradiology)
Musa Momoh, MD (Active)
Gregory Morrow, MD (Active)
Joe Nuni, MD (Active)
Sylvester Okonkwo, MD (Active)
Uchechi Opaigbeogu, MD (Active)
Buari Osman, MD (Active)
Suleka Parshad, MD (Teleradiology)

MEDICAL STAFF ACTIVITY (continued)

REAPPOINTMENTS (continued)

Cedric Poku-Dankwah, MD (Active)
David Reagin, MD (Active)
Kenneth Serra, MD (Teleradiology)
Asghar Shaigany, MD (Active)
James Turner, MD (Teleradiology)
James Uy, MD (Active)
Mina Yacoub, MD (Active)
Meersaiid Zonozi, MD (Active)

NEW APPOINTMENTS

Leith Abdulla, M.D. (Cardiology)
Etwar McBean, M.D. (Surgery)
Christian Paletta, M.D. (Plastic Surgery)

RESIGNATIONS

Nigel Azer, MD (Orthopedic Surgery)
Abdul Ba, DPM (Podiatry)
Jeffrey Dormu, Jeffery, MD (Surgery)
Stuart Goodman, MD (Neurology)
Ngozi Iheoma, MD (AHP/Internal Medicine)
Albert Klekers, MD (Teleradiology)

ANNOUNCEMENTS

Medical Staff Meetings March

March 7, 2016 at 12:00 pm	Peer Review Committee
March 8, 2016 at 12:30 pm	Prevention & Control of Infections Committee
March 8, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
March 9, 2016 at 4:00 pm	Department of Surgery
March 9, 2016 at 5:00 pm	Department of Medicine
March 9, 2016 at 6:00 pm	**QUARTERLY MEDICAL STAFF MEETING**
March 10, 2016 at 12:00 pm	Credentials Committee
March 14, 2016 at 12:00 pm	Critical Care Committee
March 16, 2016 at 2:00 pm	Health Information Management Committee
March 21, 2016 at 12:00 pm	Medical Executive Committee
March 23, 2016 at 3:00 pm	Performance Improvement Committee
March 28, 2016 at 2:00 pm	Utilization Review Committee
March 30, 2016 at 12:00 pm	**NATIONAL DOCTORS DAY**

UMC

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MEDICAL CENTER

General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

CIO Report

Prepared by:
Thomas E. Hallisey,
Chief Information Officer

Information Technology and Systems
Board Report – February 2016

Clinical Initiatives:

- **Curaspan Case Management** – This software installation project will allow for a much faster and more efficient discharge process for the Case Managers. This project will begin in February 2016.

- **UpToDate** – The UpToDate system is a tool that links into our MEDITECH system and allows immediate contextual access to the latest medical information and research to assist caregivers in their decision making. This contract has been signed and the system will be installed in March 2016.

- **CRISP Connection** – CRISP is the Health information Exchange used by all Maryland and DC hospitals. It can be used by clinicians to access patient records from other facilities in the area. UMC will connect to the CRISP HIE by the end of February. The contract is expected to be signed in February and we will immediately notify physicians and have training to access the system. In March we will begin further integration with the CRISP data and our EMR.

- **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. The MM, billing, OR and IT staff are all involved in the process to improve the overall efficiency, documentation and billing that all part of this implementation.

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 has started in February 2016 and will be completed within 6-8 weeks.

- **Meaningful Use (MU)** All requested documentation for the MU Stage 1 Audit was sent to the auditors and accepted. We now await their review over the next several weeks. The MU Stage 1 Year 2 attestation will occur in February 2016 for the funds we expect to receive this year.

- **Move MEDITECH Systems In-house** – The decision has been made to move the MEDITECH servers and storage back into the UMC data center. This move is being done to provide better service (we experienced 3 unplanned downtimes in the last 6 months) and to save money, over $250,000 per year. This project is expected to be completed in April of 2016.

February 2016 CIO Report
Thomas Hallisey

The Application Support, Help Desk, and Infrastructure teams continue to provide ongoing operational support of UMC's systems. The team had 430 help desk requests and closed 416 in January 2016. 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.

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General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Human Resources Report

Prepared by:
Jackie Johnson,
EVP Human Resources

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Not-for-Profit Hospital Corporation

HUMAN RESOURCES

REPORT TO

Board of Directors

Submitted By:

Jackie W. Johnson
Executive Vice President Human Resources
February 2016

Workforce Development

- The Human Resources Department continues with its final phase of its financial audit by Bert Smith regarding all payroll and financial related processes and procedures. The audit addresses formal processes for employee records and how information is appropriately updated, reviewed and approved within our Meditech software system. At the conclusion of the audit, NFPHC ("UMC") will be provided a Notice of Finding and Recommendations.

- The Human Resources Department has partnered with the UMC IT and Payroll departments and Kronos Inc. to examine the "Statement of Work" (SOW) for the integration of the upcoming scheduled Kronos system upgrade. The SOW provides an overview of the System Upgrade from the perspective of scope, approach, costs and how the project will be managed. The upgrade will focus on the transition from the existing key pad configured system to a fully integrated Touch screen interface. Although the HR Department will not play a significant role in the initial integration phase, it will play a significant role in the "Go Live" implementation phase of the system upgrade, providing personnel and data upload capability verifications. The overall project is scheduled for an eight (8) week integration timeline.

- We begin 2016 with a renewed partnership with our, CEO Andy Davis as he reinstitutes the 1199 SEIU and NFPHC Restructuring Committee bi-monthly meetings. The original purpose of the meeting, led by the CEO or his designee, addressed hospital issues and possible solutions; departmental education and training of employees; and ways in which NFPHC and 1199 SEIU can work together to enhance and/or improve the Hospital's operations.

- With the introduction of 2016, the Human Resources Department will also be reinitiating the "Labor/Management Meeting" forums. The meetings are structured to allow the Union Delegates and UMC Leadership the opportunity to discuss systemic issues that fall outside the normal Grievance process, i.e. Policy and Contractual interpretation, Job Structure,

Training as well as disciplinary patterns. The intent is to address concerns and issues before they become a Grievance or impact the Hospital in a negative fashion. The initial Labor/Management meeting will be held on February 16th with the Skilled Nursing Facility leadership and will focus on the introduction of the interim Skilled Nursing Facility Administrator, Linda Pulley, LPN and CNA training, Job Posting policies and Labor Management Meeting structure. Subsequent meetings will be held with the Medical/Surgical, i.e. 8- West, and Emergency Department leadership.

Turnover Information

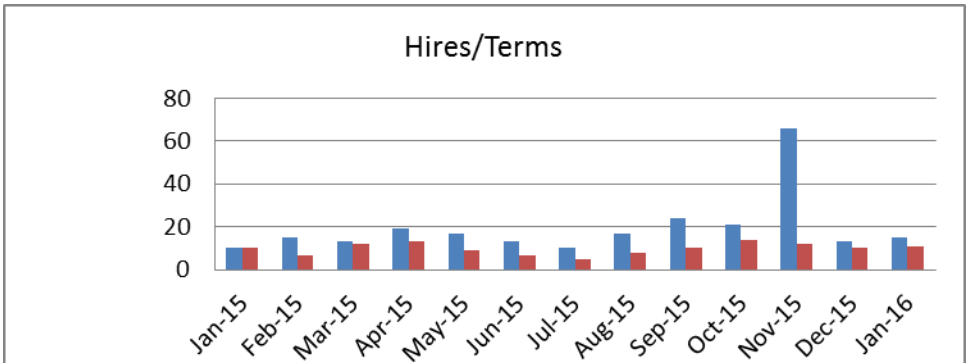
- UMC ended the month of January with a turnover rate 1.03%, The Skilled Nursing Center yielded a month end turnover rate of .67%.

Recruitment

Summary – Hiring / Terminations – January 2016

New Hires – January

The month of January and the beginning of 2016 began with relatively low number of hires, with 60% of the hires for January coming from Non-clinically related positions, i.e. EVS (2), Security (2) and Dietary (5), with 26% of the Nursing hires coming from critical hires in the Emergency Department and regulatory requirements in L & D. The on-going Recruitment focus for Nursing for February will be in the areas of critical need, i.e. ICU, OR and ED. Continuing efforts of focus will come by strategically targeting Professional Association, Publications and Networks.



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Hires	10	15	13	19	17	13	10	17	24	21	66	13	15
Terminations	10	7	12	13	9	7	5	8	10	14	12	10	11

Hiring by Department – January 2016

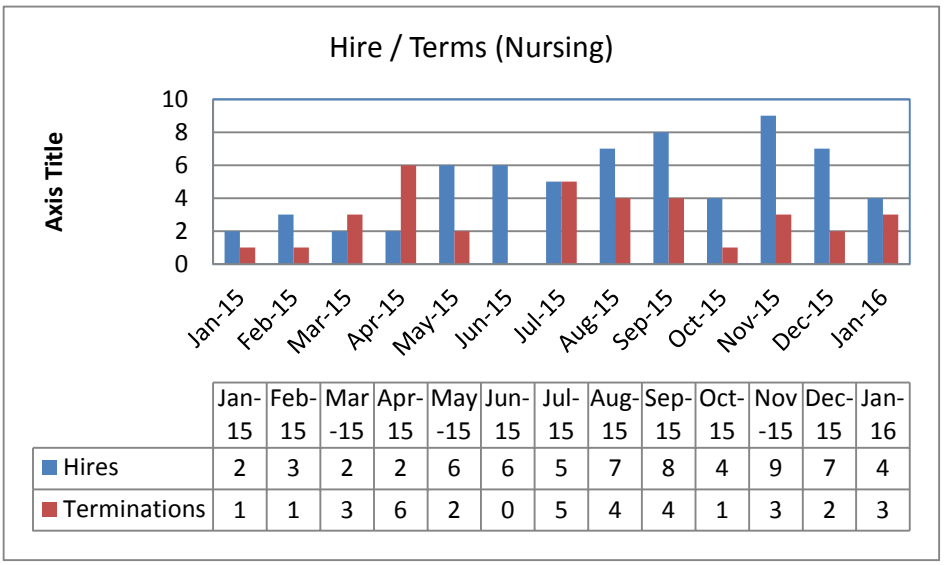
DEPARTMENT	NEW HIRE COUNT
TOTAL NEW HIRES	**15**
305.63402 - NFP 4W PSYCH UNIT	1
305.70100 - NFP ER NURSING EXP	2
305.74000 - NFP LABOR & DELIVE	1
305.83400 - NFP DIETARY EXPENS	5
305.84200 - NFP SECURITY EXP	2
305.84400 - NFP ENVIRONMENTAL	2
305.85610 - NFP ER ADMITTING	2

Terminations by Department – January

The Month of January found Terminations fairly low with the majority of Termination resulting from resignation and Corrective disciplinary Time and Attendance actions.

Summary Hiring / Terminations (Nursing) – January

DEPARTMENT	TERMINATION COUNT
TOTAL TERMINATIONS	**11**
305.61700 - NFP 5W TELEMETRY UNIT	1
305.63402 - NFP 4W PSYCH UNIT II EXP	1
305.70100 - NFP ER NURSING EXPENSE	2
305.75000 - NFP CLINICAL LAB EXPENSE	1
305.75800 - NFP MRI EXPENSE	1
305.76300 - NFP RADIOLOGY EXPENSE	1
305.78000 - NFP INFECTIOUS DIS CLINI	1
305.83400 - NFP DIETARY EXPENSE	1
305.86100 - NFP HOSPITAL ADMIN EXP	1
330.66000 - SNF NURSING	1



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Hires	2	3	2	2	6	6	5	7	8	4	9	7	4
Terminations	1	1	3	6	2	0	5	4	4	1	3	2	3

January New Hires / Terminations – Nursing

Hires: In mirroring the Hiring activity of the overall Hospital, the hiring for Nursing was relatively low with 50% of the hires for January going to Critical / Hard-to-fill roles in the Emergency Department and 25% of the hires meeting DOH regulatory requirements for the Labor and Delivery Unit.

DEPARTMENT	NEW HIRE COUNT
ACTIVE	**4**
305.63402 - NFP 4W PSYCH UNIT	1
305.70100 - NFP ER NURSING EXP	2
305.74000 - NFP LABOR & DELIVE	1

Terminations: Terminations for the Months of January also were relatively.

DEPARTMENT	TERMINATION COUNT
TERM	**3**
305.61700 - NFP 5W TELEMETRY UNIT	1

305.70100 - NFP ER NURSING EXPENSE	1
305.78000 - NFP INFECTIOUS DIS CLINI	1

TAREGETED POSITIONS

Registered Nurses

- Intensive Care Unit
- Emergency Department

Administrative Supervisors

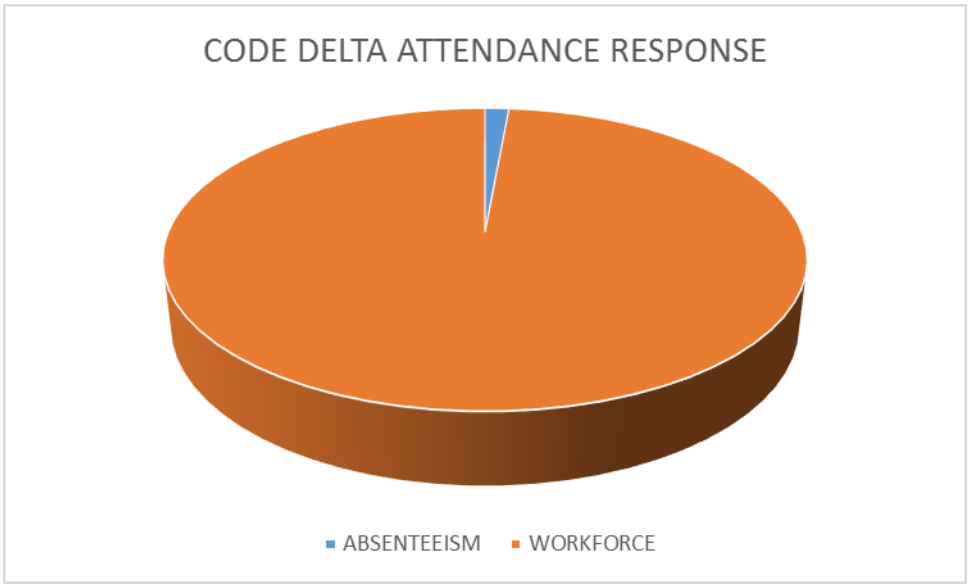
Projected Recruiting efforts

As we begin to plan our Nursing recruiting efforts for 2016, we look to participate in/initiate the following events:

- University of District of Columbia Career and College Fair – April 6, 2016
- Open House at UMC – TBD 2016
- Nursing Open House at Chamberlain, College of Nursing in June 2016
- The Temple of Praise – Spring 2016 Job Fair – April 9, 2016

Labor Relations – January

The snow storm of January 2016 left the Washington Metropolitan Area at a virtual standstill. We should be proud of the dedication and determination displayed by staff here at United Medical Center. Our employees showed up in full force with or without the provision of transportation arrangements. We only experienced a 1.5% absenteeism rate over the entire work force of over 1,100 employees. There were, however, a few exceptions. 10-16 employees received disciplinary actions for either calling in or refusing to stay during this recent Code Delta snow emergency. Management did not hesitate to reinforce through the disciplinary process a basic **patient- first** philosophy. Our patients depend on us. We must care enough to be present. Staff who did not adhere to our snow emergency guidelines and protocol received disciplines from written warnings to suspensions depending upon the severity of the circumstances that caused the absenteeism.


CODE DELTA ATTENDANCE RESPONSE
ABSENTEEISM
WORKFORCE

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General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Public Relations and Communications Report

Prepared by:
David Thompson,
Director
Public Relations and
Communications

Public Relations and Communications February Board Report

Internal Communications:

- Town Hall Meetings conducted by UMC CEO Andrew L. Davis were held with employees on Tuesday, February 16 and Thursday, February 17. Individuals that attended the meetings expressed concerns and offered their viewpoints on a variety of topics including how UMC responded to the January blizzard.
- UMC held two Black History Month programs. The first program of African American "song and word" was held on Friday, February 19 with a morning and afternoon performance. Hospital employees recited poetry and provided music for attendees. The second program, which will be held on Thursday, February 25, will be dedicated to the contributions African Americans made in the military. Lieutenant Myles Caggins, Director for Strategic Communications and Assistant Press Secretary National Security Council/The White House, will be providing the keynote remarks. Cherissa Jackson, a retired Air Force Captain and nurse, will also speak to UMC employees and hospital veterans.
- The UMC Pride newsletter published a special edition that applauded UMC physicians and staffers who worked through the blizzard to ensure patients continued to receive high quality care. The story emphasized how the various departments at the hospital responded to the emergency and worked together**.**

External Communications:

- Radio advertisements are airing to promote the UMC Mobile Health clinics and the United Medical Center Health Education Seminar. The radio ads aired on WHUR, Magic 102.3 and on Praise. Print ads to promote heart health will be appearing in the Informer Newspaper and East of the River through the end of February.
- Working with the Washington Business Journal to develop a feature story about the new 128 slice Cat Scan machine that is now in UMC's Radiology Department. UMC is the first and only hospital in the D.C. metro area with the technology.

Community Outreach:

- Members of the UMC Executive Team and hospital physicians will be speaking to the South County Economic Development Association (SCEDA) in Prince George's County about new initiatives and services available at UMC. The meeting will occur on Saturday, March 5. SCEDA is comprised of community associations, business leaders, clergy and civic associations from Hillcrest Heights, Forest Heights, Temple Hills, Oxon Hill, Ft. Washington, Suitland and other communities in the southern part of the county.

- The 50th Anniversary of the opening of the hospital will occur on April 12. We are currently planning a program and other activities to demonstrate why UMC will be here to serve the community for another 50 years. The mobile clinics will be used to support smaller events throughout UMC's service area.

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General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

CNO Report

Prepared by:
Maribel Torres,
Chief Nursing Officer

Maribel A. Torres, MSM, RN-BC • Executive Vice President & Chief Nursing Officer

Updates

The Emergency Department (ED) begins a new year with additional renovations, along with continued initiatives to increase staff engagement, retention, and improving patient satisfaction.

- In addition to the code-bay renovations, the Emergency Department has also created a necessary space, called the Behavioral Holding area. This area can accommodate two beds, which was purposefully situated away for the core of the Emergency Department. The Behavioral Holding area will provide a quite atmosphere to house patients who require less environmental stimulation and to assist in the safety of our patients, staff and visitors.

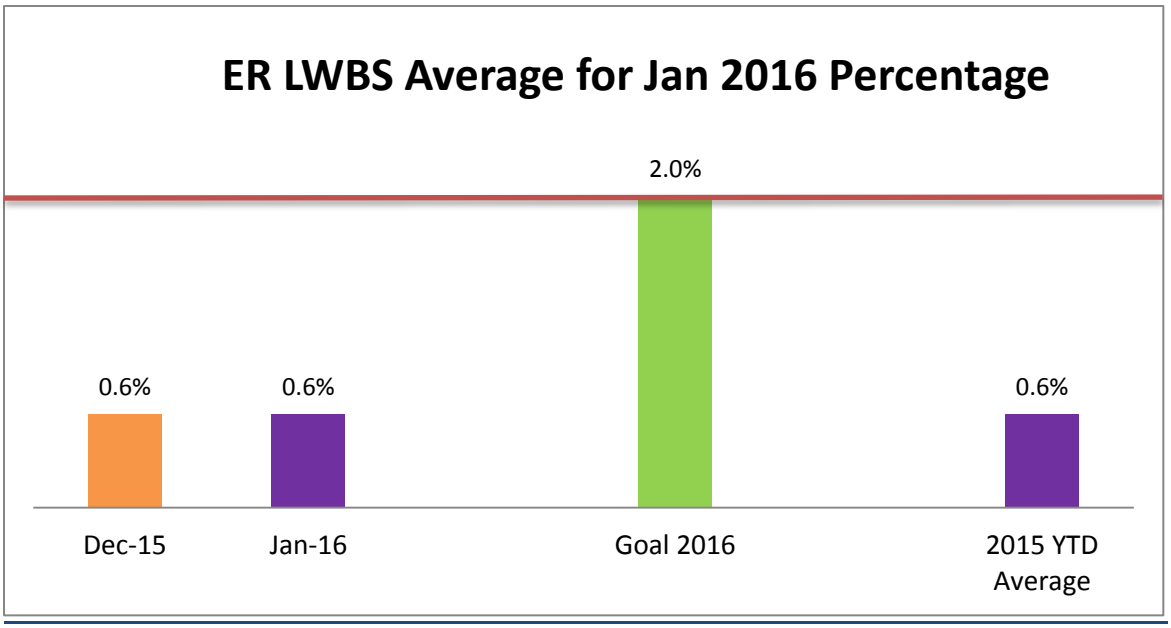
- The code bays in the Emergency Department have been renovated to include a more systematic review of the necessary supplies needed to provide life-saving interventions for our patients. The renovations included removing the previous shelving and counter-tops and replacing them with new counter-tops and cabinets with glass windows. This seemly small adjustment allows the staff to locate needed supplies immediately, in addition to providing a more aesthetic view for our patient.

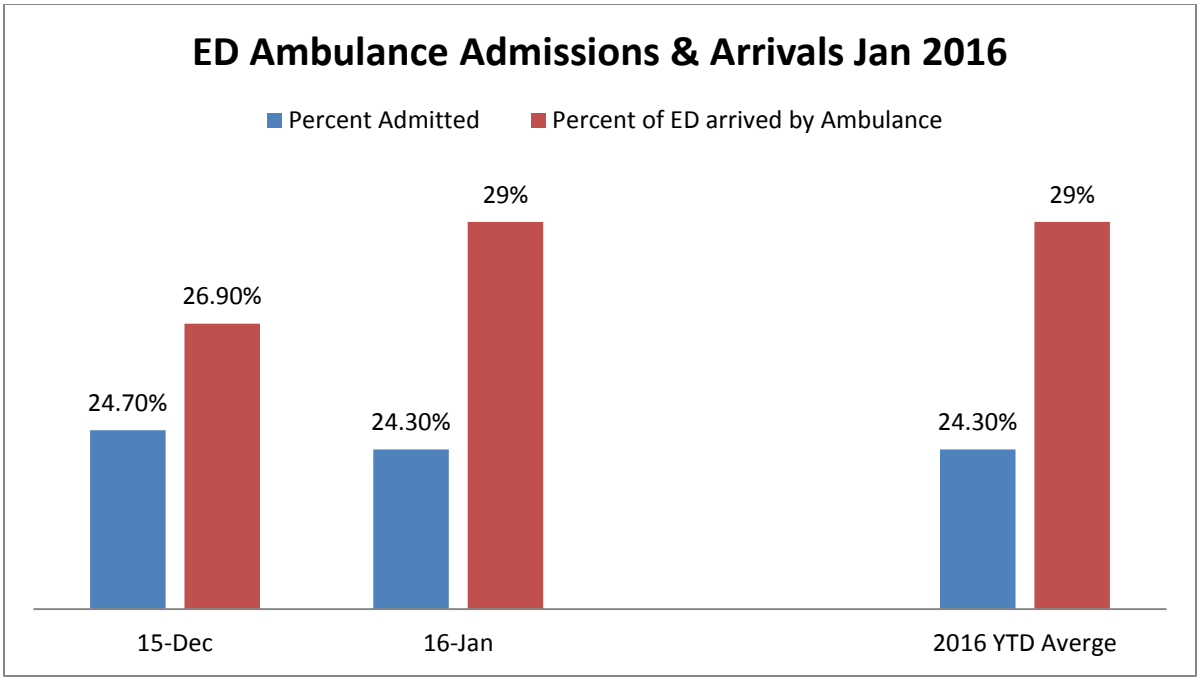
- The Emergency Department Leadership team has partnered with the Education Department to provide continuing education to the staff through the use of the on-line learning tool SWANK. The ED Leadership team continues to work towards improving and sustaining patient satisfaction scores. We can be seen throughout the core of the ED, as we are committed to addressing concerns in real time, and providing service recovery and follow up services as needed.

2016 EMERGENCY DEPARTMENT KEY PERFORMANCE INDICATORS (KPIs)

KPI	Dec-15	Jan-16	YTD Avg 2016	ED Goals
Visits	4895	**4841**	**4841**	TBD
Change from Prior Year (Visits)	↑180	**↑354**	**↑354**	TBD
% Growth	**3.8%**	**↑7.9%**	**↑7.9%**	TBD
LWBS	**0.6%**	**0.6%**	**0.6%**	**2.0%**
Ambulance Arrivals	1318	**1405**	**1405**	TBD
Ambulance Patients Admission Conversion	**326**	**341**	**341**	TBD
% of ED patients arrived by Ambulance	**26.9%**	**29.0%**	**29.0%**	TBD
% of Ambulance Patients Admitted	**24.7%**	**24.3%**	**24.3%**	TBD
Ambulance PG Median Offloading Times	0:06	**0:06**	**0:06**	TBD
Ambulance DC Median Offloading Times	0:05	**0:05**	**0:05**	TBD

Due to a computer malfunction some of the PG & DC
Ambulance Offloading data is missing for Dec 2015 & Jan 2016





- The **Intensive Care Unit** (ICU) ended last year, and continues this year, with no ventilator associated infections, no bloodstream or urinary tract infections. Safe clinical practices are emphasized in the ICU. The ICU is working closely with the educational department to develop and expand practices of onboarding ICU nurses as well as continuing education and development for seasoned staff. The ICU has seen a steady increase in the census, recruitment for qualified candidates is an ongoing challenge and process.

- **Maternal & Infant Services** The maternal department triaged 180 patients for the month of January, with a total of 37 births. Out of 7 birthing facilities in Washington DC, UMC is one of the 2 facilities that have submitted the mandatory report for Critical Congenital Heart Defect (CCHD). This is a law under D.C. Act 21-90.

- ✓ **Renovations** continue throughout the hospital. The behavior health unit has undergone an aesthetic transformation, with beautiful new population safe furniture throughout the unit.

- ✓ All staff are being retrained to SWANK. The goal for SWANK utilization is to be a 100% web-based tool for online learning and assessments. This will allow employees to complete mandatory, interactive in-services online as well as increasing compliance with regulatory bodies in addition to providing an automatic reporting system.

- ✓ **Open positions**

    - Continues to be a challenge recruiting qualified candidates to fill open positions. . Key positions include:
        - Director, Perioperative Service
        - Director, Emergency Department
        - Administrative Supervisor
        - Staff RNs (ICU/ER)

- ✓ **Current priorities and initiatives:**

    1. **Patient satisfaction**, including daily leader rounds, with immediate feedback and resolution to identified issues with staff and/or processes
    2. **Staffing and recruitment** for clinical and leadership positions
    3. **Construction** ongoing, capacity management plan addressed and will continue to be on the forefront as the need arises
    4. **Management-union** negotiations remain in progress

Education and Professional Development Updates

2015 COMPLETED PROJECTS

IN September/October the Professional Development Department was created with the staff of 3 clinical educators. Each works collaboratively with each other and holds individual responsibility for overseeing the development of educational initiatives for specific clinical areas. These are grouped according to the background of each educator. They are:

- Critical care/emergency services/surgical services
- Maternal and child health/behavioral health
- Medical/surgical/outpatient services/dialysis

As the department came into formation certain critical initiatives were of high priority. These were:

- Needs assessment to identify learning needs of the clinical staff
- 2015 annual competencies for both clinician and other hospital employees
- Unit-based competencies for the clinical areas

These were developed, presented and completed by mid-December of 2015.
Other programs and materials associated with those programs were in need of comprehensive review and updating for the department to move forward. These included:

- Clinical orientation two-day agenda and materials associated with the topics presented
- Unit-based clinical orientation and materials for nurses

- Unit-based clinical orientation and materials for technicians

The Professional Development Department developed a referral form for department managers to utilize when there is a concern regarding knowledge base of a member of that department. In 2016, the educators have worked with several clinicians in a response to these referrals. This has resulted in better performance by the employee.
Other programs that have been developed and presented by the staff of the Professional Development Department have been in a response to an identified need by unit managers.

These have included:

- ED triage
- Dysrhythmia course – both introductory and review
- Epidural pain management
- Pain management protocol release
- Nursing care plan development

The staff of the Professional Development Department has also concluded its review of current policies for the Patient Care Services Division. These amended policies are currently in the process of approval.

A Clinical Advancement Program was also developed in conjunction with executive leadership. This program is currently in the review and approval stages.
In 2016 there is increasing interest by local schools of nursing in using United Medical Center for clinical rotation of nursing students. The Professional Development Department in conjunction with the Nurse Recruiter is developing relationships with these schools and facilitating completion of contractual agreements so that nursing students can be provided opportunities for clinical rotations in the hospital.

In 2016, unit-based learning opportunities will focus on monthly topics and competencies presented by each educator responsible for that area of practice. This will foster the concept of continuous learning along with continuous assessment of practice. This will replace the week-long initiatives of the past regarding annual competency assessment and rather address this requirement throughout the calendar year. These topics will focus on identified unit/organizational needs as well as staff requests for learning. Currently topics that have been presented include:

- Hypoglycemia in the Newborn
- Epidural pump use
- Rhythm strip interpretation

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MEDICAL CENTER

General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Ambulatory & Ancillary Services Report

Prepared by:
Charletta Y. Washington
VP Ambulatory & Ancillary Services

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General Board Meeting

Date: February 24, 2016
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Chief Executive Reports

Presented by:
Andrew L. Davis,
Interim CEO

Steve Lyons,
Finance Committee Chair

United Medical Center

CEO Report

Operations Summary – February 2016

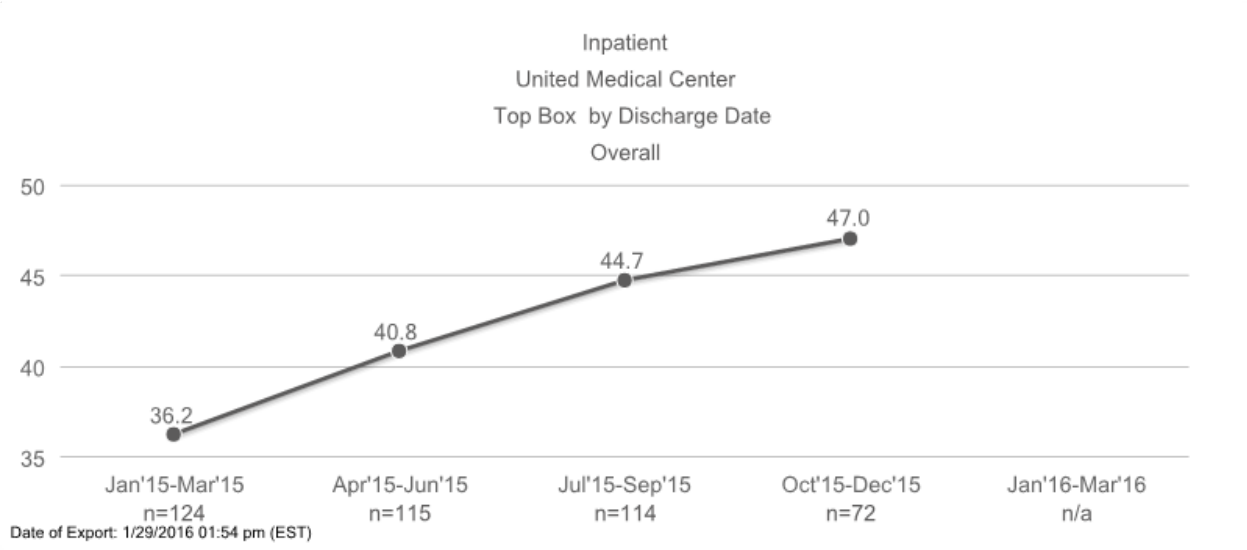
Quality

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. We are pleased to report that our data collection validation rate is at 95%.

Over the past several weeks, the organization had several reviews conducted by external agencies. The Hospital received its unannounced annual licensure survey January 11-15, 2016 by the Department of Health. Overall, the licensure survey went well and we will continue to maintain our licensure.

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. Our progress is noted below:



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 Strategic Steering Committee has asked that we post our current mission and vision statements on our website and more prominently throughout the organization. We have just begun to ask our Board, physicians, and employees to provide suggestions on our new core values. We anticipate having the values portion completed by March 2016.

Volumes

Admissions

Over the last month, hospital admissions were 627. The budgeted admissions were 606 and prior year admissions were 589. The increase from the prior year is attributable to the growth in the ER and our outreach initiatives. We have exceeded 600 admissions for three out of the four budgeted months.

Emergency Visits

The United Medical Center continues to be one of the busiest ERs in the District. In the month of January, we had 4,746 visits. This is an increase of 7% from the prior year. The construction work to add two behavioral health holding beds inside of the emergency room has just been completed.

Surgical Volume

Over the last month, hospital surgeries were 140. This was below the budgeted surgeries of 162 and prior year of 169. We experienced a decrease in surgeries due to winter storm Jonas.

Expenses

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.

We are also going through a process to establish a more comprehensive expense reduction plan. This plan will be completed in February 2016.

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

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

Upcoming community outreach events:

- **South County Economic Development Association or SCEDA** (Prince George's County) meeting. Members of the Executive Team and UMC physicians will be presenting to 100 -150 Prince George's County residents who live in Forest Heights, Hillcrest Heights, Temple Hills, Suitland, Fort Washington and other communities within the hospital's service area to provide them with information about the hospital's services and programs that are offered for the community. SCEDA is comprised of business owners, community leaders, civic associations, clergy and other organizations. **The meeting will occur on March 5th at Harmony Hall in Fort Washington, MD.**

- UMC will hold its second **Health Education Seminar on Behavioral Health on Thursday, March 17th.** We are seeking to collaborate with a church to hold the seminar.

- **Hillcrest Heights Civic Association** will hold its next monthly meeting on **March 22nd.** UMC Executive Team members will present information at the meeting along with physician specialists.

- **UMC at Allen Chapel AME Church on Sunday, February 28th**, following the Sunday morning service. Allen Chapel is celebrating Heart Month on the 28th. UMC will be providing testing for high blood pressure and other conditions in the fellowship hall. Congregants will wear red.

Strategic Meetings

I have continued to meet 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.

<u>Other Notable</u>

I will be testifying on February 23rd at the Health and Human Services FY15-16 Performance Oversight Hearing.

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Date: February 24, 2016
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CEO Report

Presented by:
Andrew L. Davis
Interim CEO

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General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

- Minutes
- Meeting Materials

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FINANCE COMMITTEE

Date: February 16, 2016

Time: 2:30 PM

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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

- January 2016 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 March 15, 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.

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FINANCE COMMITTEE

I. CALL TO ORDER

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FINANCE COMMITTEE

II. ROLL CALL

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FINANCE COMMITTEE

III. REVIEW OF MINUTES

Not-For-Profit Hospital Corporation
Finance Committee Meeting Minutes
January 19, 2016

Present: Steve Lyons (Chair), Virgil McDonald, Andrew Davis, Lilian Chukwuma, Michael McCoy, Girume Ashenafi, Konrad Dawson, MD
Donna Freeman (Corporate Secretary)

Excused:

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:36pm	
Determination of a Quorum	A quorum was determined by Steve Lyons, Finance Committee Chair	
Approval of the Agenda	The printed agenda was not approved. The current financial condition of UMC took precedence.	
Approval of Minutes	Minutes from December 15, 2015 were approved.	
Consent Agenda	N/A	
Review of Prior Meeting Action Items	N/A	

Financial Statement Review	**FINANCIAL REPORT** Steve Lyons opened the discussion regarding the current financial condition of UMC. Steve reviewed the issue of restructuring the FY 2016 budget, expenses and the financial shortfall. Steve gave a brief history of the subsidy amount the District has provided UMC since 2007. He also reminded the committee the District has provided a subsidy every year since 2007. In recent history, we have not been a fiscally healthy hospital. Lilian Chukwuma, CFO, presented Summary of Operating Results for the three month ending December 31, 2015. (*Attachments presented to Committee members and filed in the Office of the Secretary of the Corporation)* Discussion Highlights *(Please refer to financial statements provided in Finance materials):* o For the quarter ending December 31, 2015, the hospital had a net income of $3.5M, which was $4.9M more than the budgeted net loss of $1.4M, but that amount included the $5 million subsidy from the District. o Net Income from operations: a net loss for the quarter ending December 31, 2015 was $3.5M, which was higher than the budgeted loss by $1.6M. o Net patient service revenue – QTD revenue $25.5M was $1.2M or 5.1% higher than anticipated in Fiscal Year 2015. • **Operating Expenses** o The total first quarter operating expenses of $30.3M was $2.4M or 8.7% above budget. o SWBCL accounted for 63.2% of total operating expenses for the YTD of December 31, 2015. The total SWBCL expenses were $1.2M, or 6.9% higher than budget. ▪ Paid FTEs for the period were 903, above budget by 19. ▪ Hospital FTEs – 792 (12 FTEs above budget).	

	▪ SNF FTEs-111 (7 FTEs above budget). o Overtime accounted for $900 thousand of total salary expense. Overtime at 6.0% compared to a budget of 0%. • **Professional Fees** The total Professional Fees expense was $2.1M, which was 21% above budget. • **Purchased Services** The Purchased Services expense of $3.3M was 16.7% above budget. • **Other Operating Expenses** The total expense in this line item was $1.9M which was 3.7% above budget. • **Cash Flow** On December 31, 2015, NFPHC held $26.4M of cash, an increase of $980.3 thousand over prior month. o Day's cash on hand (including the reserve) was 28.6 days, a decrease of 13.1 days from the previous month. o $5.4M in cash was used by Operations. o $3.2M was used for capital additions. • **Collections** Total cash collections were $25.7M against a budget of $26.8M which was $297 thousand below budget. • **Accounts Receivable** Net patient accounts receivable (AR) totaled $10.8M as of December 31, 2015, which is down by $442 thousand from the prior year.	

- **Aged Trade Payable**
  As of December 31, 2015, trade accounts payable (AP) totaled $9.2M, which was $3.3M higher than the AP balance for the prior year.

- **Liquidity**
  As of December 31, 2015, net working capital was $5.7M, an increase in net working capital of approximately $11.0M compared to the prior year.

Volume – Inpatient

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

- **Hospital admissions** – Hospital admission was above budget by 4.3% for the three months.
- **Med/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 12.3% higher than the budget. Medical/Surgical admissions account for 66.5% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 14.1% for the reporting period.
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were below budget by 26.9% for the reporting period due to the retirement of one OB physician.
- **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 YTD. The Medicare Case Mix Index was at 1.51 for the YTD.

Volume – Outpatient

- **Outpatient Visits** – Outpatient visits were higher than budget by 5.8% driven primarily by the Lab.
- **Outpatient Revenue** – Accounted for 52.8% of gross patient revenue which is on pace with the FY 2016 budget.

	• **ED Volumes** – ED visits were above budget by 4.6%. • **Radiology Visits** – Radiology visits fell below budget by 26.1%. • **Clinic Visits** – Clinic visits were below budget by 11.5%. • **Same Day Surgery** – The actual visits in this category were 5.1% above budget. • **Observation admissions** – There were 610 observation admissions, which exceeded budget by 12.9%. • **ER visits** – For the current month, ER visits exceeded budget by 3.4%. o 1,741 admissions from ED, represents 96.8% of total admissions and 12.2% of total ED visits. o 2.4% of ED visits had zero charges applied compared to 3.3% in FY 2015. An extensive discussion was held on the following regarding the December 31, 2015 report : • Revenue cycle being validated by Lilian Chukwuma • The District required UMC to provide a plan to bring expenses in line for FY 2016 in early February 2016 to receive the additional subsidy. • Physician contracts will be reviewed for cost saving measures • Expenses must be decreased to balance with revenue • Discussed the $3.5M first quarter shortfall for UMC • Results of meeting with Jeff DeWitt, OCFO • Andrew Davis, Interim CEO shared the results of his various meetings with the, CM Alexander and May, SEIU, OCFO and the Mayor's Office • Expanding relationships with commercial payors such as: Ameri-Health, Trusted, CareFirst, etc.	Virgil McDonald requested Lilian Chukwuma report the *dollars* as well as the percentage amount it represents on the *Payor Mix* pie chart.

Other Business	**Any expected financial issues/pressures** Extensive discussions were held on the following: **FY 2015 AUDIT** Lilian Chukwuma led the discussion regarding a liability with CMS against 2011 payments we may owe. She discussed the critical rise in UMC's expenses versus prior year. **FY 2011 SNF AUDIT:** CMS is still awaiting the final liability from the 2011 audit. The UMC liability estimate is around $6M. **EMPLOYEE BENEFITS:** Lilian discussed the issue that employees were not being billed the entire amount as required for their benefits. UMC is absorbing a larger portion for payment as an employer than they should. **NET REVENUE:** The Auditors will review the Net Revenue for UMC in FY 2015. A report will be brought to the Board upon completion of the auditors review per Lilian Chukwuma. **AP VENDORS:** Lilian is reviewing all vendors to ensure we are being billed correctly and they are all legitimate vendors. The District has approved resources to assist with this audit.	
Announcements	**The next Finance Committee conference call will be Tuesday, February 16, 2016 at 2:30pm**	
	Meeting adjourned at 3:45pm.	

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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 Month Ended January 2016

Financial Results

The following table, table **T1**, provides a summary of the operating results of the Not-for-Profit Hospital Corporation (NFPHC) for the month ended on January 31, 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

Month of January			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
8,312	8,307	8,294	5	0%	18	0%	Net patient services revenue	33,332	32,112	33,517	1,221	4%	(184)	-0.6%
(10,139)	(9,489)	(8,822)	(650)	7%	(1,317)	15%	Total operating expenses	(40,488)	(37,412)	(35,456)	(3,075)	8.2%	(5,032)	14.2%
(1,827)	(1,182)	(528)	(645)	55%	(1,299)	246%	Contribution from operations	(7,155)	(5,301)	(1,939)	(1,855)	35%	(5,216)	269%
145	122	244	22	18%	(100)	-41%	Disproportionate share revenue	578	489	978	89	18%	(399)	-41%
186	191	188	(5)	-3%	(3)	-1%	CNMC revenues	791	825	836	(34)	-4%	(46)	-5%
245	414	158	(169)	-41%	87	55%	Other revenues	985	1,619	1,062	(634)	-39%	(76)	-7%
(1,252)	(455)	63	(798)	175%	(1,315)	-2101%	Net income (loss) from operations	(4,801)	(2,368)	936	(2,433)	103%	(5,738)	-613%
2,718	163	(606)	2,555	1568%	3,324	-549%	Non operating inc (exp)	9,776	652	(2,402)	9,124	1400%	12,178	-507%
$ 1,465	$ (292)	$ (543)	$ 1,757	-602%	$ 2,009	-370%	Net income (loss)	$ 4,975	$ (1,716)	$ (1,465)	$ 6,691	-390%	$ 6,440	-440%

Net Income

- The financial results for January, 2016 reflect a net income of $1.46 million, which was $1.78 million higher than the budgeted net loss of $292 thousand.

Net Income (Loss) from Operations

- The net loss from operations was $1.25 million, which was higher than the budgeted loss of $455 thousand.
- Net patient services revenue was slightly higher than budget. However, the following are highlights for the month:
  - Admissions and patient days were on target with budget.
  - Average length-of-stay was 12% higher than budget.
  - Emergency Department visits were slightly below budget due to the snowstorm.
  - Medicare and overall case mix exceeded budget by 18% and 5.9%, respectively.

Non-Operating Revenues

- Includes recognition of $3.3 million of the remaining capital funds received from the District, consistent with audit recommendation of capital funds recognized as income in 2015.

Operating Expenses

Summary of Operating Results for the Month Ended January 2016

- The total operating expenses for the month were above budget by $650 thousand, or 6.8%,and year-to-date exceeded budget by 8.2%

Table **T2** shows actual operating expenses along with the Board approved budget for the month of January and year-to-date as of January 31, 2016.

T2 – Operating Expenses

Month of January			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Operating Expenses:							
4,946	4,606	4,279	340	7.4%	666	15.6%	Salaries and wages	19,258	18,322	16,874	936	5.1%	2,384	14.1%
1,419	1,260	928	159	12.7%	491	52.9%	Employee benefits	5,110	4,954	4,381	156	3.2%	729	16.6%
309	181	258	128	70.9%	50	19.6%	Contract labor	1,489	722	1,273	767	106.2%	216	17.0%
1,231	1,177	1,322	55	4.6%	(90)	-6.8%	Medical supplies	5,052	4,706	4,488	346	7.3%	564	12.6%
615	599	516	16	2.7%	99	19.1%	Professional fees	2,701	2,324	2,245	378	16.3%	456	20.3%
913	967	916	(54)	-5.6%	(3)	-0.3%	Purchased services	4,210	3,793	3,585	417	11.0%	625	17.4%
707	701	603	6	0.9%	104	17.3%	Other operating expenses	2,668	2,592	2,610	76	2.9%	58	2.2%
10,139	9,489	8,822	650	6.9%	1,317	14.9%	Total	40,488	37,412	35,456	3,075	8.2%	5,032	14.2%

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 January								Year-To-Date						
Actual	% Total	Budget	% Total	Prior Year	% Total	% Var		Actual	% Total	Budget	% Total	Prior Year	% Total	% Var
							Operating Expenses:							
6,673	66%	6,046	64%	5,466	62%	22%	SWBCL	25,857	64%	23,998	64%	22,528	64%	15%
1,231	12%	1,177	12%	1,322	15%	-7%	Medical supplies	5,052	12%	4,706	13%	4,488	13%	13%
615	6%	599	6%	516	6%	19%	Professional fees	2,701	7%	2,324	6%	2,245	6%	20%
913	9%	967	10%	916	10%	0%	Purchased services	4,210	10%	3,793	10%	3,585	10%	17%
707	7%	701	7%	603	7%	17%	Other operating expe	2,668	7%	2,592	7%	2,610	7%	2%
10,139	100%	9,489	100%	8,822	100%	15%	Total	40,488	100%	37,412	100%	35,456	100%	14%

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

- SWBCL accounted for 66.5% of the total operating expenses for the month. SWBCL expenses totaled to $6.7 million, which were $627 thousand above budget for the month and $1.8 million year-to-date. Salaries and benefits attributable to the snow removal was $126 thousand.

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

- Paid FTEs for the month were 933 (39 above budget).
  - Man-hours per Adjusted Patient Day remain on target.
  - Hospital FTEs - 822 (32 FTE above budget)
  - SNF FTEs - 111 (7 FTEs above budget)
  - Average hourly rate for hospital paid employees was $33.09 compared to a budgeted $32.20.

- Overtime accounted for $490 thousand of total salary expense. Overtime as a percent of total salary expense was 9.9%. Overtime FTEs were 53.8 for the hospital, 8.7 for the SNF. The top five departments utilizing overtime are:
  - SNF - 12.4%
  - ER Nursing - 10.2%
  - 5 West Telemetry – 10.2%
  - 8 West Med/Surg – 11.6%
  - Security – 6.9%
- Contract Labor expenses were $309 thousand, above budget by $128 thousand. Areas contributing to this negative variance include:
  - Skilled Nursing Facility - Contract labor and nursing agency utilization to fill vacant and hard to fill positions exceeded budget by $20 thousand.
  - Case Management - Exceeded budget by $36 thousand due to four vacant positions.
  - Health Information Management - Exceeded budget by $68 thousand due to ongoing plans to bring coding back in-house.

Employee Benefits

- The total expenses for the month were $1.4 million, exceeding budget by $159 thousand. Areas contributing to this variance include:
  - Due to salaries being over budget, FICA expense exceeded budget by $47 thousand
  - Federal and state unemployment taxes (FUTA, SUI) exceeded budget by $78 thousand due to employer taxes incurred on the first $7,000 and $9,000 of each employee's earnings respectively, for the first calendar quarter.
  - Due to FTEs being over budget, vacation accrual exceeded budget by $88 thousand.

Medical/Other Supplies

- The total expenses for the month were $1.2 million, exceeding budget by $55 thousand. The following areas contributed to these variances:
  - Food Services – Exceeded budget by $30 thousand due to additional food and supplies for coverage during the snowstorm.
  - Blood Bank – Exceeded budget by $31 thousand due to increased demand for blood and related supplies.

Professional Fees

The total Professional Fees expense was $615 thousand, which exceeded budget by $16 thousand, or 3%. The negative variance is due to delays in the renegotiation of key physician contracts imbedded in the FY 2016 budget as part of the strategic initiatives.

Purchased Services

- The Purchased Services expense for the month was $913 thousand, favorable to budget by $54 thousand, or 6%.

Other Expense

- The Other Expenses for the month was $707 thousand, exceeding budget by 1%.

Cash Flow

On January 31, NFPHC held $24.0 million of cash, a decrease of $2.3 million over prior month. Day's cash on hand was 23.8 days (excluding capital reserves), a decrease of 4.8 days from the previous month.

- $940 thousand in cash was used for Operations
- $1.4 million was used for capital additions.

T4 – Cash Collections

Month of January			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Cash Collections:							
7,410	7,950	8,004	(540)	-6.8%	(594)	-7.4%	Hospital	29,984	30,600	30,763	(616)	-2.0%	(779)	-2.5%
623	962	1,103	(339)	-35.2%	(480)	-43.5%	SNF	3,329	3,955	3,831	(626)	-15.8%	(502)	-13.1%
-	-	-	-	0.0%	-	0.0%	DSH	434	367	733	67	18.3%	(299)	-40.8%
8,033	8,912	9,107	(879)	-9.9%	(1,074)	-11.8%	Total	33,747	34,922	35,327	(1,175)	-3.4%	(1,580)	-4.5%

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

Table T5 below show monthly reconciliation of cash collected to budget

T5 – Reconciliation of Cash Collected to Budget – YTD

Reconciliation of Cash Collected to Budget YTD		
	ACT	BUD
Total Collections	$ 33,747	$ 34,922
DSH Variance		67
Net Patient Revenue Variance		1,310
Other Revenue Variance		-668
	$ 33,747	$ 35,631
		-5.29%

Below are the highlights of cash collections for the month.

- Total collections were 9.9% below budget.
- Hospital collections were below budget by 6.8%, largely due to the snowstorm.
- SNF collections were below budget by 35.2% due to yearly patient re-certifications of eligibility required by the Medicaid program as well as 19 new applicants awaiting Medicaid approval.

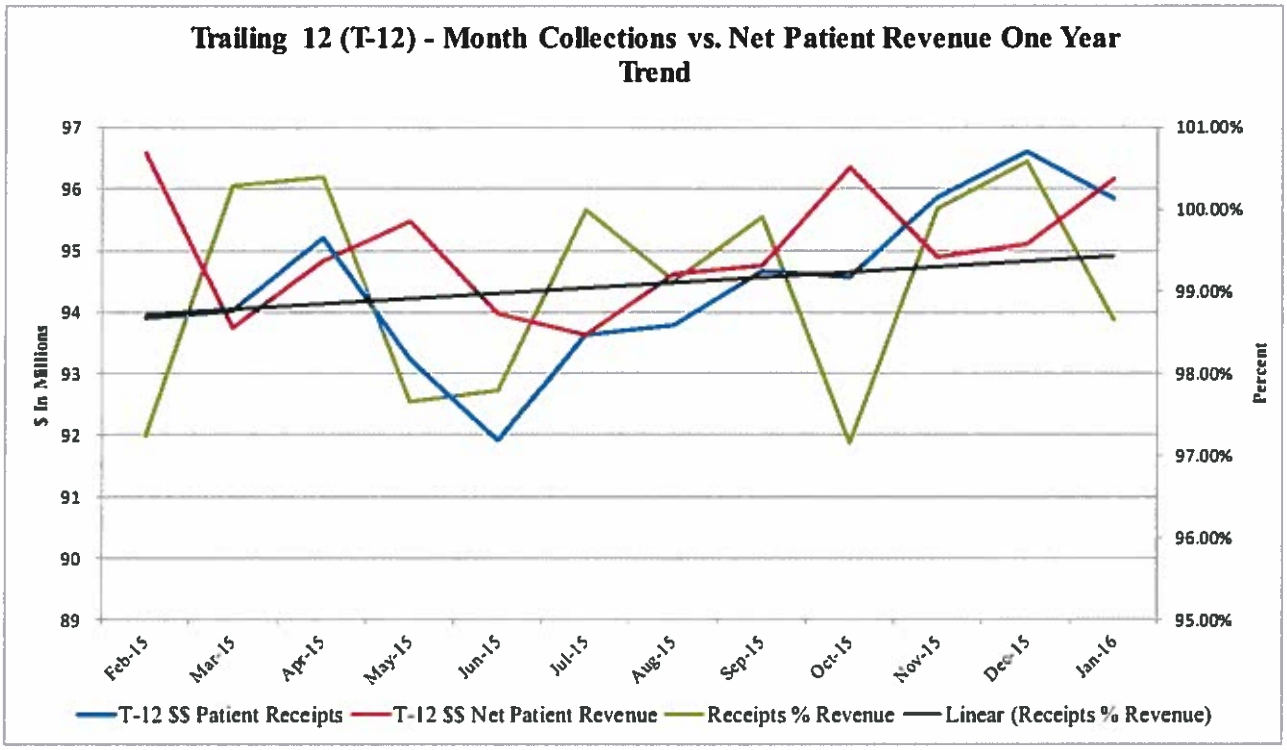
Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 98.7% for January.
Trailing 12 – month collections are 4.3% below the hospital's desired goal of 103%.

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

C1 - Collection Trends – Patient Services

Summary of Operating Results for the Month Ended January 2016



Accounts Receivable

Net patient accounts receivable (AR) totaled $12.5 million as of January 31, 2016 and is above the prior month by $976 thousand.

- Net Days in A/R – Finished at 49.8 days for January year- to-date.

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled $9.9 million, which was $792 thousand higher than the AP balance for the prior month.
- Average payment period –shows 65.5 days for fiscal year 2016 to date.

C2 – Weekly AP Trend

Liquidity

At the end of January, net working capital was $19.1 million. This is a decrease of approximately $1.2 million compared to the prior month.

Summary of Operating Results for the Month Ended January 2016

Current Ratio – Finished at 1.89 in the current month, compared to 1.94 in the previous month.

Statistical information

Tables **T6** below presents selected statistics for the month end and year-to-date ended on January 31, 2016.

T6 – Selected Statistics

Month of January			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Selected Statistics:							
1.97	2.07	1.88	(0)	-5%	0	5%	Conversion factor (acute services)	2.08	2.06	2.01	0	1%	0	3%
627	606	589	21	3%	38	6%	Total admissions	2,445	2,352	2,341	93	4%	104	4%
7,418	6,767	6,844	651	10%	574	8%	Total days	28,117	26,933	26,746	1,184	4%	1,371	5%
239.3	218.3	220.8	21.0	10%	18.5	8%	Total average daily census	228.6	219.0	217.4	9.6	4%	11.1	5%
67.6%	61.7%	62.4%	5.9%	10%	5.2%	8%	Occupancy	64.6%	61.9%	61.4%	2.7%	4%	3.1%	5%
4,746	4,927	4,431	(181)	-4%	315	7%	ER Visits	19,018	18,568	18,197	450	2%	821	5%
140	162	169	(22)	-14%	(29)	-17%	Surgeries	660	664	678	(4)	-1%	(18)	-3%
933	894	870	39	4%	63	7%	Paid FTEs (excl. agency)	911	887	851	24	3%	60	7%
$6,739	$6,608	$7,487	130	2%	(749)	-10%	Adj. net patient revenue per AA	$6,560	$6,611	$7,123	(51)	-1%	(563)	-8%
$570	$592	$644	(22)	-4%	(75)	-12%	Adj. net patient revenue per APD	$570	$577	$623	(7)	-1%	(53)	-9%
1.15	1.09	1.14	0.06	6%	0.01	1%	Case mix (hospital)	1.10	1.09	1.10	0.01	1%	0.01	1%

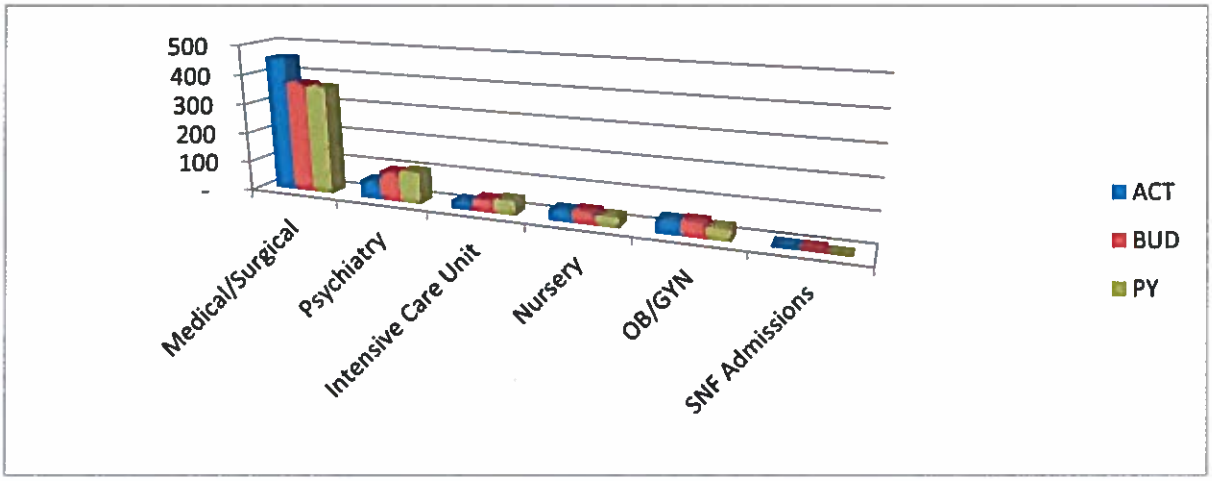
Volume - Inpatient

Total admissions for the reporting period were 627, which were 21 admissions higher than the budgeted admissions of 606.

Chart **C3** below shows inpatient admissions for the month.

Summary of Operating Results for the Month Ended January 2016

C3 – Inpatient Admissions –January 2016



Below are highlights on inpatient admissions monthly as of January 2016.

- **Hospital admissions** – Hospital Admissions were above budget by 3.7% for the month.
- **Medical/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 16.7% higher than the budget. Medical/Surgical admissions accounted for 77.7% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 39.1% for the reporting period. (9.4% of total acute admissions)
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were below the budget by 13.5% for the reporting period.
- **SNF admissions** – Admissions on SNF were below budget by 12.4% for the reporting period.
- **Case Mix index** – The Hospital Case Mix index was at 1.154 for the month. The Medicare Case Mix index was at 1.7800 for the month.

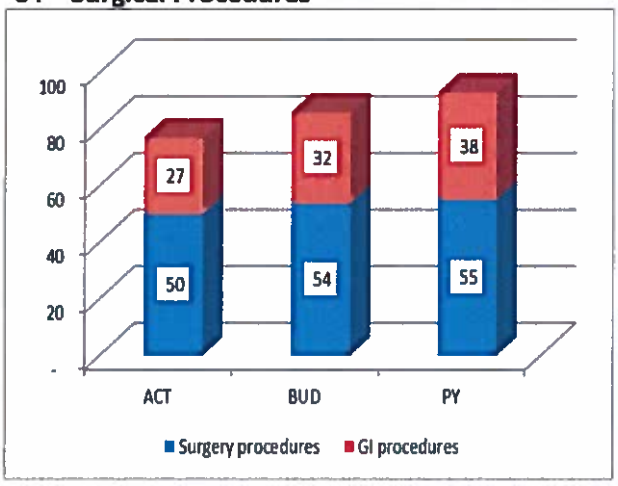
Inpatient Patient Days

- The total patient days for the month were 7,418, below budget by 9.6%.
- Acute LOS for the month was 6.3 days, above budget by 0.7 days.
- Occupancy (licensed beds) – 54.1% acute | 93.9% SNF

Summary of Operating Results for the Month Ended January 2016

Chart **C4** below shows the actual and budgeted Surgical Procedures for the month.

C4 – Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed were below expectations by 10.4% for the reporting period.

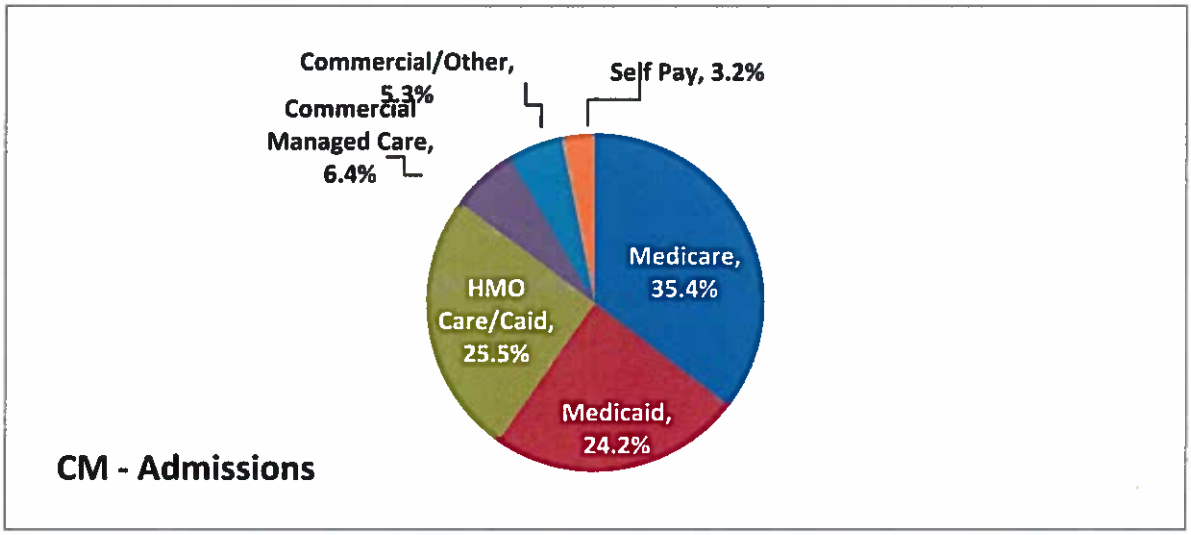
Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month was 7.0% below budget.

GI Procedures – GI procedures performed were 16.3% below budget for the reporting period.

Inpatient Payor Mix

Chart **C5** and table **T7** below show the various types of inpatient payors for the month.

C5 - Inpatient Payor Mix – January 2016



Summary of Operating Results for the Month Ended January 2016

T7 (1) – Inpatient Payor Mix Percentages

Month of January					Year-to-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
35.4%	29.6%	0.06	19.8%	Medicare	33.8%	29.6%	0.04	14.2%
24.2%	26.2%	-0.02	-7.4%	Medicaid	25.7%	26.1%	0.00	-1.4%
25.5%	31.1%	-0.06	-17.9%	HMO Care/Caid	27.0%	31.1%	-0.04	-13.1%
6.4%	6.0%	0.00	7.0%	Commercial Managed Care	6.0%	6.0%	0.00	-0.5%
5.3%	3.9%	0.01	33.5%	Commercial/Other	5.0%	4.0%	0.01	25.7%
3.2%	3.3%	0.00	-2.4%	Self Pay	2.5%	3.3%	-0.01	-23.3%
100.0%	100.0%	0.0	32.5%	Total	100.0%	100.0%	0.00	1.6%

- Compared to budget, the inpatient payor mix for the month reflects an increase of 32.5%.
- Commercial/Other, Medicare and Commercial Managed Care have increased by 33.5%, 19.8% and 7%, respectively; HMO Care/Caid, Medicaid and Self Pay have declined by -17.9%, -7.4% and -2.4%, respectively.

T7 (2) – Inpatient Payor Mix by Gross Revenue

Month of January					Year-to-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
$4,119	$4,981	-$863	-17.3%	Medicare	$18,594	$19,191	-597	-3.1%
4,865	5,025	-$160	-3.2%	Medicaid	17,173	19,833	-2,660	-13.4%
4,043	2,471	$1,572	63.6%	HMO Care/Caid	10,866	9,637	1,229	12.8%
596	596	$0	0.0%	Commercial Managed Care	2,367	2,313	54	2.3%
492	492	$0	0.0%	Commercial/Other	2,289	1,909	380	19.9%
463	445	$19	4.2%	Self Pay	2,552	1,747	804	46.0%
$14,578	$14,011	$568	4.1%	Total	$53,841	$54,631	-$790	-1.4%

Summary of Operating Results for the Month Ended January 2016

Volume -Outpatient

Total outpatient visits for the reporting period were 7,768, which were lower than budget by 3.0%. Tables **T8** and **T9** show the number of days and visits per day respectively for the month and year-to-date.

T8 – Outpatient Visits

Month of January					Year-to-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
				Visits				
4,746	4,927	(181)	-3.7%	Emergency services	19,018	18,568	450	2.4%
857	1,329	(472)	-36.1%	Radiology	4,198	5,848	(1,650)	-28.2%
1,926	1,386	540	39.0%	Clinics	7,113	7,765	(652)	-8.4%
174	286	(112)	-39.2%	Laboratory	845	1,058	(213)	-20.2%
65	76	(11)	-14.4%	Same Day Surgeries	313	312	1	0.4%
7,768	8,004	(236)	-3.0%	Total	31,487	33,551	(2,064)	-6.2%
593	511	82	16.0%	ER Visits Admitted as IP	2,334	1,970	364	18.5%

T9 – Visits per Day

Month of January					Year-To-Date			
Actual	Budget	Var.	Budget Variance %		Actual	Budget	Var.	Budget Variance %
153.1	158.9	6	4%	Emergency services	154.6	151.0	4	2.4%
27.6	42.9	(15)	-36%	Radiology	34.1	47.5	(13)	-28.2%
62.1	44.7	17	39%	Clinics	57.8	46.0	12	25.7%
5.6	9.2	(4)	-39%	Laboratory	6.9	8.6	(2)	-20.2%
2.1	2.5	0	-14%	Same Day Surgeries	2.5	2.5	0	0.4%

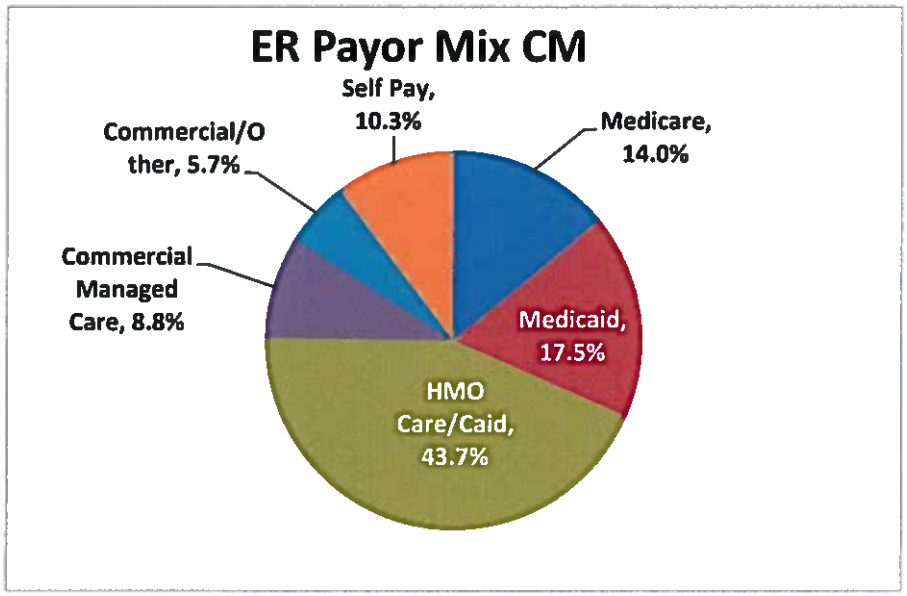
Below are the highlights of the outpatient statistics for the month:

- **Outpatient visits** –Outpatient visits were lower than budget by 3.0% primarily due to Laboratory visits below budget by 39.0%.
- **Outpatient revenue** –Outpatient revenue accounted for 45.8% of gross patient revenue which is below the budgeted target of 48.0%.
- **ED volumes** –ED visits were below budget by 3.7%.

- **Radiology Visits** –Radiology visits fell below budget by 36.0%.
- **Clinic Visits** –Clinic visits were above budget by 1%.
  - Primary Care was up 114% compared to budget.
  - Obstetrics was down by 39.0% compared to budget.
  - Wound Care was below budget by 36%
  - Occupational Health was above budget by 97%.
  - Mobile Health Van visits were below budget by 92%.
- **Same Day surgery** – Actual visits in this category were below budget by 14%.
- **Observation admissions** – There were 183 observation admissions, under budget by 9%.

- **ER visits** –ER visits fell below budget by 3.6%.
  - There were 593 admissions from ED, representing 95.6% of total admissions and 12.5% of total ED visits.
  - 1.5% of ED visits had zero charges applied.

C6 – Outpatient Payor Mix



Summary of Operating Results for the Month Ended January 2016

T10 (1) —Outpatient Payor Mix by Percentages

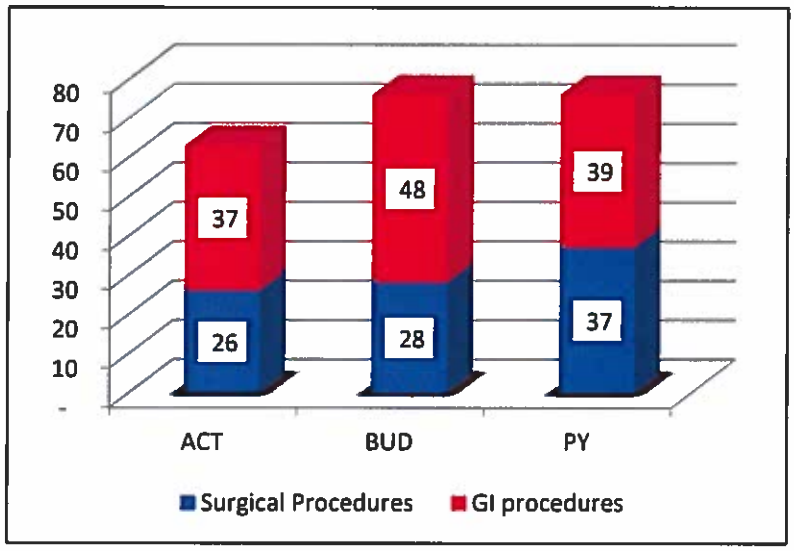
Month of January					Year-to-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
14.0%	12.7%	0.01	10.2%	Medicare	13.9%	12.7%	0.01	9.0%
17.5%	16.7%	0.01	4.8%	Medicaid	17.1%	16.7%	0.00	2.5%
43.7%	42.8%	0.01	2.0%	HMO Care/Caid	44.2%	42.8%	0.01	3.3%
8.8%	8.0%	0.01	9.7%	Commercial Managed Care	8.2%	8.0%	0.00	2.6%
5.7%	5.6%	0.00	1.2%	Commercial/Other	5.4%	5.6%	0.00	-3.5%
10.3%	14.1%	-0.04	-26.9%	Self Pay	11.2%	14.2%	-0.02	-21.2%
100.0%	100.0%	0.0	1.0%	Total	100.0%	100.0%	0.00	-7.3%

- Payor Mix Shift –Compared to budget, Commercial Managed Care (9.7%), Medicare (10.2%) and Medicaid (4.8%) showed increases as a percent of total while and Self Pay (-26.9%) showed a decrease as a percent of total.
- Government sponsored plans comprised 75.2% of total ED visits.

T10(2) —Outpatient Payor Mix by Gross Revenues

Month of January					Year-to-Date			
Actual	Budget	Variance	Budget Variance %		Actual	Budget	Variance	Budget Variance %
$1,704	$2,465	-$761	19.8%	Medicare	8,147	8,861	-713	-8.1%
2,335	3,651	-$1,316	-7.4%	Medicaid	8,469	8,214	256	3.1%
4,925	4,427	$498	-17.9%	HMO Care/Caid	20,223	23,368	-3,145	-13.5%
916	150	$766	7.0%	Commercial Managed Care	4,232	583	3,649	625.5%
679	657	$22	33.5%	Commercial/Other	2,446	2,521	-75	-3.0%
1,750	1,566	$185	-2.4%	Self Pay	6,646	5,945	700	11.8%
$12,310	$12,917	-$607	-4.7%	Total	50,163	49,492	671	1.4%

C7 – Outpatient Surgical Procedures



Outpatient Surgical Procedures – The total outpatient surgical procedures performed were below expectations by 17%.

Outpatient Surgeries – The total number of outpatient surgeries performed in January were 7% below budget.

Outpatient GI Procedures – The total number of GI procedures performed in January were 23% below budget.

Financial Statement Review

Financial Statements

UMC

UNITED
MEDICAL CENTER

Not-For-Profit Hospital Corporation

UNAUDITED
Financial Statements
January 31, 2016

DRAFT

Last Update: 2/15/2016 10:56

UNITED MEDICAL CENTER
FINANCIAL STATEMENTS

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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 four month period ending January 31, 2016

Dollars in Thousands

Month of January						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Statistics:					
627	606	21	3%	589	Total Admissions	2,445	2,352	93	4%	2,341
7,418	6,767	651	10%	6,844	Total Days (Acute & SNF)	28,117	26,933	1,184	4%	26,746
6.3	5.6	0.7	12%	6.1	Hospital Average Patient Stay	5.9	5.6	0	5%	5.7
4,746	4,927	(181)	-4%	4,431	ER Visits	19,018	18,568	450	2%	18,197
933	894	39	4%	870	Full Time Equivalents	911	887	24	3%	851
					Revenues:					
$ 14,578	$ 14,011	567	4%	$ 14,861	Gross inpatient revenues	$ 53,841	$ 54,631	(790)	-1%	$ 54,837
12,309	12,917	(608)	-5%	11,466	Gross outpatient revenues	50,163	49,492	671	1%	47,733
26,887	26,928	(41)	0%	26,327	Total Gross Revenues	104,004	104,123	(119)	0%	102,570
					Deductions From Revenues:					
17,560	17,265	295	2%	16,623	Contractual discounts	65,551	66,802	(1,251)	-2%	63,988
1,060	989	71	7%	950	Provision for bad debt	3,923	3,808	115	3%	3,422
(115)	299	(414)	-138%	356	Charity care	1,043	1,148	(105)	-9%	1,254
70	67	2	3%	104	Other deductions/adjustments	155	254	(99)	-39%	389
(145)	(122)	(22)	18%	(244)	Disproportionate share revenues	(578)	(489)	(89)	18%	(978)
18,431	18,499	(68)	0%	17,789	Total Deductions From Revenues	70,093	71,523	(1,429)	-2%	68,076
8,456	8,429	27	0%	8,538	Net patient services revenue	33,911	32,600	1,310	4%	34,494
186	191	(5)	-3%	188	CNMC revenues	791	825	(34)	-4%	836
245	414	(169)	-41%	158	Other revenues	985	1,619	(634)	-39%	1,062
8,887	9,034	(148)	-2%	8,885	Total Operating Revenues	35,686	35,044	642	2%	36,392
					Operating Expenses:					
4,946	4,606	340	7%	4,279	Salaries and wages	19,258	18,322	936	5%	16,874
1,419	1,260	159	13%	928	Employee benefits	5,110	4,954	156	3%	4,381
309	181	128	71%	258	Contract labor	1,489	722	767	106%	1,273
1,231	1,177	55	5%	1,322	Medical/ other supplies	5,052	4,706	346	7%	4,488
615	599	16	3%	516	Professional fees	2,701	2,324	378	16%	2,245
913	967	(54)	-6%	916	Purchased services	4,210	3,793	417	11%	3,585
707	701	6	1%	603	Other expenses	2,668	2,592	76	3%	2,610
10,139	9,489	650	7%	8,822	Total Operating Expenses	40,488	37,412	3,075	8%	35,456
(1,252)	(455)	(798)	175%	63	Net Income (Loss) From Operation	(4,801)	(2,368)	(2,433)	103%	936
					Nonoperating (Income)/Expense:					
8	19	(11)	-58%	13	Interest (Income)/Expense	19	76	(56)	-74%	32
595	683	(88)	-13%	593	Depreciation and amortization	2,356	2,733	(378)	-14%	2,372
(3,321)	(865)	(2,455)	284%	-	District Cap. Rev./ Other	(12,151)	(3,461)	(8,690)	251%	(3)
(2,718)	(163)	(2,555)	1568%	606	Total Nonoperating (Inc)/Exp	(9,776)	(652)	(9,124)	1400%	2,402
$ 1,465	**$ (292)**	**$ 1,757**	-602%	**$ (543)**	**Net Income (Loss)**	**$ 4,975**	**$ (1,716)**	**$ 6,691**	-390%	**$ (1,465)**

United Medical Center

Consolidated Net Position

January 31, 2016

Dollars in Thousands

Jan-16	Dec-15	MTD Change		Jan-15	Sep-15	YTD Change
			Current Assets:			
$ 24,070	$ 26,361	$ (2,291)	Cash and equivalents	$ 14,288	$ 22,829	$ 1,240
12,453	11,476	976	Net accounts receivable	11,063	10,804	1,649
1,717	1,633	85	Inventories	1,513	1,460	257
2,445	2,394	51	Prepaid and other assets	2,097	1,942	503
40,685	41,864	(1,179)	Total current assets	28,961	37,035	3,650
			Long-Term Assets:			
981	837	145	Estimated third-party payor settlements	1,444	837	145
66,180	64,694	1,486	Capital assets	56,269	62,240	3,940
-	-	-	Intangible assets	29	-	-
67,162	65,531	1,630	Total long term assets	57,742	63,076	4,085
$ 107,847	$ 107,395	$ 452	Total assets	$ 86,703	$ 100,112	$ 7,735
			Current Liabilities:			
$ 123	$ 133	(10)	Current portion, capital lease obligation	$ 454	$ 159	$ (36)
9,952	9,160	792	Trade payables	6,195	9,812	140
8,526	7,382	1,144	Accrued salaries and benefits	6,840	7,134	1,392
-	2,274	(2,274)	Unearned District Capital Fund	-	(1,041)	1,041
-	-	-	Estimated third-party payor settlements	685	-	-
2,961	2,586	375	Other liabilities	4,142	2,237	723
21,562	21,534	27	Total current liabilities	18,317	18,302	3,260
			Long-Term Liabilities:			
-	-	-	Unearned grant revenue	994	-	-
132	132	-	Capital lease obligations	255	132	-
-	1,041	(1,041)	Subsidy from District of Columbia	1,507	1,041	(1,041)
4,880	4,880	-	Estimated third-party payor settlements	313	4,339	541
2,335	2,335	-	Contingent & other liabilities	1,773	2,335	-
7,348	8,389	(1,041)	Total long term liabilities	4,842	7,848	(500)
			Net Position:			
78,937	77,472	1,465	Unrestricted	63,544	73,962	4,975
78,937	77,472	1,465	Total net position	63,544	73,962	4,975
$ 107,847	$ 107,395	$ 452	Total liabilities and net position	$ 86,703	$ 100,112	$ 7,735

United Medical Center

Consolidated Statement of Cash Flows

For the four month period ending January 31, 2016

Dollars in Thousands

Month of January			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 7,335	$ 9,152	Receipts from and on behalf of patients	$ 32,657	$ 23,035
(3,478)	(3,699)	Payments to suppliers and contractors	(17,790)	(9,667)
(5,220)	(6,369)	Payments to employees and fringe benefits	(22,976)	(16,141)
423	1,348	Other receipts and payments, net	1,756	2,409
(940)	431	Net cash provided by (used in) operating activities	(6,353)	(364)
		Cash flows from investing activities:		
0	0	Receipts of interest	-	0
0	0	Net cash provided by (used in) investing activities	-	0
		Cash flows from noncapital financing activities:		
6	3	Receipts (payments) from/(to) District of Columbia	12,151	3
6	3	Net cash provided by noncapital financing activities	12,151	3
		Cash flows from capital and related financing activities:		
(10)	(31)	Repayment of capital lease obligations	(36)	(104)
(1,347)	(1,136)	Change in capital assets	(4,523)	(2,415)
(1,357)	(1,166)	Net cash (used in) capital and related financing activities	(4,559)	(2,520)
(2,291)	(732)	Net increase (decrease) in cash and cash equivalents	1,240	(2,881)
26,361	**14,291**	**Cash and equivalents, beginning of period**	**22,829**	**16,439**
$ 24,070	**$ 13,558**	**Cash and equivalents, end of period**	**$ 24,070**	**$ 13,558**

United Medical Center
Consolidated Inpatient Statistics
For the four month period ending January 31, 2016

Month of January						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Admissions					
456	373	83	22.4%	366	Medical/Surgical	1,652	1,438	214	15%	1,422
59	97	(38)	-39.1%	106	Psychiatry	380	378	2	0%	422
26	40	(14)	-35.7%	47	Intensive Care Unit	142	175	(33)	-19%	164
35	40	(5)	-13.5%	33	Nursery	118	160	(42)	-26%	157
44	48	(4)	-7.7%	37	OB/GYN	126	171	(45)	-26%	169
620	598	22	3.7%	589	Hospital Admissions	2,418	2,322	96	4%	2,334
7	8	(1)	-12.4%	-	SNF Admissions	27	30	(3)	-11%	7
627	606	21	3.4%	589	Total Admissions	2,445	2,352	93	4%	2,341
					Patient Days					
2,678	2,169	509	23.5%	2,354	Medical/Surgical	9,302	8,175	1,127	14%	8,356
710	673	37	5.5%	624	Psychiatry	2,957	2,618	339	13%	2,536
329	308	21	6.7%	424	Intensive Care Unit	1,228	1,325	(97)	-7%	1,412
93	90	3	3.6%	95	Nursery	348	380	(32)	-8%	442
115	135	(20)	-15.1%	91	OB/GYN	367	514	(147)	-29%	505
3,925	3,375	550	16.3%	3,588	Hospital Patient Days	14,202	13,013	1,189	9%	13,251
3,493	3,392	101	3.0%	3,256	SNF Resident Days	13,915	13,920	(5)	0%	13,495
7,418	6,767	651	9.6%	6,844	Total Days	28,117	26,933	1,184	4%	26,746
					Average Patient Stay					
5.9	5.8	0.1	0.9%	6.4	Medical/Surgical	5.6	5.7	(0.1)	-1%	5.9
12.0	6.9	5.1	73.3%	5.9	Psychiatry	7.8	6.9	0.9	12%	6.0
12.7	7.6	5.0	65.9%	9.0	Intensive Care Unit	8.6	7.6	1.1	15%	8.6
2.7	2.2	0.4	19.8%	2.9	Nursery	2.9	2.4	0.6	24%	2.8
2.6	2.8	(0.2)	-8.0%	2.5	OB/GYN	2.9	3.0	(0.1)	-3%	3.0
6.3	5.6	0.7	12.2%	6.1	Hospital average patient stay	5.9	5.6	0.3	5%	5.7
					Per Day Analysis					
20.2	19.6	0.7	3.4%	19.0	Admissions	19.9	19.1	0.8	4%	19.0
126.6	108.9	17.7	16.3%	115.7	Hospital Average Daily Census	115.5	105.8	9.7	9%	107.7
112.7	109.4	3.3	3.0%	105.0	SNF Average Daily Census	113.1	113.2	(0.0)	0%	109.7
					Surgical Procedures					
50	54	(4)	-7.0%	55	Surgery procedures	235	207	28	14%	233
27	32	(5)	-16.3%	38	GI procedures	120	146	(26)	-18%	123
77	86	(9)	-10.4%	93	Total	355	352	3	1%	356
					Cash Collections					
$ -	$ -	-	0.0%	$ -	Disproportionate Share	$ 434	$ 367	67	18%	$ 733
623	962	(339)	-35.2%	1,103	SNF Collections	3,329	3,955	(626)	-16%	3,831
7,410	7,950	(540)	-6.8%	8,004	Hospital Collections	29,984	30,600	(616)	-2%	30,763
$ 8,033	$ 8,912	(879)	-9.9%	$ 9,107	Total Collections	$ 33,747	$ 34,922	(1,175)	-3%	$ 35,327
					Case Mix Index (CMI)					
1.1540	1.0900	0.0640	5.9%	1.1440	Hospital	1.1018	1.0900	0.0117	1%	1.0956
1.7800	1.5100	0.2700	17.9%	1.5100	Medicare	1.5750	1.5100	0.0650	4%	1.5267
0.9200	1.0400	(0.1200)	-11.5%	1.1500	Medicaid	0.9325	1.0400	(0.1075)	-10%	1.0333

United Medical Center
Consolidated Outpatient Statistics
For the four month period ending January 31, 2016

Month of January						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Visits					
4,746	4,927	(181)	-4%	4,431	Emergency services	19,018	18,568	450	2.4%	18,131
857	1,329	(472)	-36%	1,111	Radiology	4,198	5,848	(1,650)	-28.2%	1,111
1,926	1,386	540	39%	1,489	Clinics	7,113	7,765	(652)	-8.4%	5,700
174	286	(112)	-39%	235	Laboratory	845	1,058	(213)	-20.2%	936
65	76	(11)	-14%	78	Same Day Surgeries	313	312	1	0.4%	330
7,768	8,004	(236)	-3%	7,344	Total	31,487	33,551	(2,064)	-6.2%	26,208
					Emergency Visits					
70	147	(77)	-52%	132	ED No Service	416	595	(179)	-30.0%	586
115	296	(181)	-61%	266	Triage	517	944	(427)	-45.3%	923
45	30	15	51%	27	ED Level 1	147	167	(20)	-12.1%	166
453	264	189	71%	238	ED Level 2	2,054	988	1,066	107.8%	967
1,898	2,137	(239)	-11%	1,922	ED Level 3	8,096	7,980	116	1.5%	7,817
1,602	1,504	98	7%	1,353	ED Level 4	5,744	5,932	(188)	-3.2%	5,821
251	222	29	13%	200	ED Level 5	855	870	(15)	-1.7%	853
312	326	(14)	-4%	293	Critical Care	1,189	1,091	98	8.9%	1,064
0	0	-	0%	0	Other	0	0	-	0.0%	0
4,746	4,927	(181)	-4%	4,431	Total	19,018	18,568	450	2.4%	18,197
593	511	82	16%	528	ER Visits Admitted as IP	2,334	1,970	364	18.5%	2,045
					Clinic Visits					
1,284	601	683	114%	1,012	Primary Care	4,188	2,455	1,733	70.6%	3,705
137	215	(78)	-36%	73	Wound Care	585	876	(291)	-33.2%	328
196	322	(126)	-39%	279	Obstetrics	986	1,314	(328)	-25.0%	1,186
12	9	3	28%	7	Pulmonary	42	38	4	9.5%	35
25	13	12	97%	22	Occupational Health	149	52	97	187.1%	73
233	226	7	3%	96	Rehab	901	923	(22)	-2.4%	373
39	516	(477)	-92%	-	Mobile Van	262	2,107	(1,845)	-87.6%	-
1,926	1,902	24	1%	1,489	Total	7,113	7,765	(652)	-8.4%	5,700
					Radiology Procedures					
59	62	(3)	-4%	53	MRI	261	427	(166)	-38.9%	263
766	693	73	11%	648	Cat Scan	3,013	2,921	92	3.1%	2,584
2,826	3,099	(273)	-9%	2,931	Other procedures	11,907	13,609	(1,702)	-12.5%	12,010
3,651	3,854	(203)	-5%	3,632	Total	15,181	16,958	(1,777)	-10.5%	14,857
					Surgical Procedures					
26	28	(2)	-7%	37	Surgery procedures	137	122	15	12.8%	142
37	48	(11)	-23%	39	GI procedures	168	190	(22)	-11.7%	180
63	76	(13)	-17%	76	Total	305	312	(7)	-2.2%	322
					Observations					
183	201	(18)	-9%	189	Observation Admissions	793	741	52	7.0%	821
250	301	(51)	-17%	231	Observation Patient Days	1,145	1,111	34	3.0%	944
					Visits Per Day					
153.1	158.9	(6)	-4%	142.9	Emergency services	154.6	151.0	4	2.4%	147.4
27.6	42.9	(15)	-36%	35.8	Radiology	34.1	47.5	(13)	-28.2%	38.0
62.1	44.7	17	39%	48.0	Clinics	57.8	46.0	12	25.7%	46.3
5.6	9.2	(4)	-39%	7.6	Laboratory	6.9	8.6	(2)	-20.2%	7.6
2.1	2.5	(0)	-14%	2.5	Same Day Surgeries	2.5	2.5	0	0.4%	2.7

United Medical Center
Consolidated Payor Mixtures
For the four month period ending January 31, 2016

Month of January						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Admissions					
222	179	43	24%	183	Medicare	826	696	130	19%	687
152	159	(7)	-4%	157	Medicaid	629	614	15	2%	633
160	188	(28)	-15%	164	HMO Care/Caid	661	732	(71)	-10%	736
40	36	4	11%	52	Commercial Managed Care	146	141	5	3%	156
33	24	9	38%	22	Commercial	122	93	29	31%	96
20	20	0	1%	11	Self Pay	61	77	(16)	-20%	33
627	606	21	3%	589	Total Admissions	2,445	2,352	93	4%	2,341
					Patient Days					
1,738	2,185	(447)	-20%	1,416	Medicare	6,500	8,632	(2,132)	-25%	5,268
4,280	3,408	872	26%	4,221	Medicaid	16,614	13,745	2,869	21%	16,896
892	791	101	13%	747	HMO Care/Caid	3,203	3,079	124	4%	3,224
226	151	75	49%	271	Commercial Managed Care	793	586	207	35%	746
167	126	41	32%	147	Commercial	635	487	148	30%	446
115	105	10	9%	42	Self Pay	372	403	(31)	-8%	166
7,418	6,767	651	10%	6,844	Total Days (Acute & SNF)	28,117	26,933	1,184	4%	26,746
					Emergency Visits					
665	626	39	6%	618	Medicare	2,636	2,361	275	12%	2,449
832	824	8	1%	722	Medicaid	3,261	3,107	154	5%	3,015
2,072	2,108	(36)	-2%	2,024	HMO Care/Caid	8,409	7,945	464	6%	8,500
417	395	22	6%	384	Commercial Managed Care	1,563	1,488	75	5%	1,493
269	276	(7)	-3%	258	Commercial	1,028	1,040	(12)	-1%	996
491	697	(206)	-30%	425	Self Pay	2,121	2,629	(508)	-19%	1,678
4,746	4,927	(181)	-4%	4,431	Total Emergency Visits	19,018	18,570	448	2%	18,131
					Admissions %					
35.4%	29.6%	0.058	20%	31.1%	Medicare	33.8%	29.6%	0.042	14%	29.3%
24.2%	26.2%	(0.020)	-7%	26.7%	Medicaid	25.7%	26.1%	(0.004)	-1%	27.0%
25.5%	31.1%	(0.055)	-18%	27.8%	HMO Care/Caid	27.0%	31.1%	(0.041)	-13%	31.4%
6.4%	6.0%	0.004	7%	8.8%	Commercial Managed Care	6.0%	6.0%	(0.000)	-1%	6.7%
5.3%	3.9%	0.013	33%	3.7%	Commercial/Other	5.0%	4.0%	0.010	26%	4.1%
3.2%	3.3%	(0.001)	-2%	1.9%	Self Pay	2.5%	3.3%	(0.008)	-23%	1.4%
100.0%	100.0%	-	0%	100.0%	Total	100.0%	100.0%	-	0%	100.0%
					Emergency Visits %					
14.0%	12.7%	0.013	10%	13.9%	Medicare	13.9%	12.7%	0.011	9%	13.5%
17.5%	16.7%	0.008	5%	16.3%	Medicaid	17.1%	16.7%	0.004	2%	16.6%
43.7%	42.8%	0.009	2%	45.7%	HMO Care/Caid	44.2%	42.8%	0.014	3%	46.9%
8.8%	8.0%	0.008	10%	8.7%	Commercial Managed Care	8.2%	8.0%	0.002	3%	8.2%
5.7%	5.6%	0.001	1%	5.8%	Commercial/Other	5.4%	5.6%	(0.002)	-3%	5.5%
10.3%	14.1%	(0.038)	-27%	9.6%	Self Pay	11.2%	14.2%	(0.030)	-21%	9.3%
100.0%	100.0%	-	0%	100.0%	Total	100.0%	100.0%	-	0%	100.0%

United Medical Center
Hospital Performance Indicators

	Definition	Year to date				Benchmarks		
		FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals	Desired Trend
Capacity and Utilization:								
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds = 234	Patient days / 365 Beds in service	49.3%	46.0%	45.4%	42.0%	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)	5.9	5.7	5.7	5.9	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	13.9%	-4.0%	9.3%	0.5%	5.8%	5.3% **	▲
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit.	Net operating income Total operating revenue	-13.5%	2.6%	0.7%	-6.0%	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	63.0%	62.4%	65.5%	66.9%	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	1.9	1.6	1.8	1.5	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)	23.8	59.3	25.9	10.9	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	49.8	43.8	38.0	49.5	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	65.5	59.4	55.9	58.1	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)	3.3	3.5	3.4	3.7	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	$79,410	$75,426	$78,073	$75,828	$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	56.9	56	60	63	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	73.2%	73.3%	73.7%	68.5%	n/a	n/a	▲

Source: 2010 Thomson Healthcare, The Comparative 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

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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

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MEDICAL CENTER

General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

CFO Report

Prepared by:
Lilian Chukwuma
Chief Financial Officer
and
Steve Lyons,
Finance Committee
Chair

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: February 24, 2016

Location: Conference Rooms 2/3

Governance Committee Report

Virgil McDonald, Chair

- Minutes
- Meeting Materials

UMC UNITED MEDICAL CENTER	***Not-For-Profit Hospital Corporation*** **Board of Directors** **Governance Committee Agenda** **February 9, 2016**

I. CALL TO ORDER

II. ROLL CALL

III. CONSENT AGENDA

- **REVIEW MINUTES OF THE JANUARY 12, 2016 MEETING**

IV. BOARD OF DIRECTORS ORIENTATION MANUAL

V. MONTHLY BOARD EDUCATION SESSIONS

VI. CEO GOALS AND OBJECTIVES

VII. BOARD APPOINTMENTS-MOTA NOMINATIONS

- **KAI BLISSETT, GENERAL COUNSEL**

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

IX. 2016 BOARD SELF ASSESSMENT

X. BOARD COMMITTEE PREFERENCES

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	*Highlights include:* **The Board of Directors Orientation Manual** 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: • 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.

	• 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. 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. **Board Performance Policy** 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. **Meetings and Attendance** 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.	Donna Freeman will prepare the Board Performance Policy and send the document out to the BOD to be discussed during the January Board meeting. Donna Freeman will work with David Thompson to implement a centralized calendar for the Board and maintain accordingly.

	CEO Goals and Objectives 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. **Update of MOTA Nominations to the UMC Board** 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. **Mission, Vision and Values Update** 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. **Patient Family Advisory Council** Andy Davis will send the documents for Virgil McDonald to review later today. **Board Member Self-Assessment** The copy was distributed and Virgil asked the committee to review the document and send any questions or edits to Donna Freeman.	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. 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.
Other Business	**The next conference call will be held on Tuesday, February 9, 2016 @ 8:00am.** The meeting was adjourned at 9:18am.	

Board of Directors Evaluation Form
February 24, 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
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?

Board of Directors Evaluation Summary

January 29, 2016

Areas of Evaluation	Average Response Rank
Proper notice was given to Board Members & community	3.6
The Board packet was received in a timely manner	3.9
The majority of Board Members were present	3.3
The meeting agenda is appropriate.	4.4
The Board packet provided the appropriate information to support solid discussions and decisions	4.4
Executive reports were concise, yet informative	4.4
Directors' discussions were on target and focused	4.3
Directors were prepared and involved	4.4
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.1
Appropriate Board and staff assignments were made	4.6
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.7
Meeting ran on time	4.1
I am satisfied with this meeting	4.3

In the evaluation form, the board members were invited to provide feedback on three specific questions. Some of the comments received are summarized below.

What aspects of this meeting were particularly good?

- Good attendance given the weather
- Financial conversation, strategic conversation – bringing the Director was excellent
- Good discussion of financial picture. Wish CFO were physically present.
- The presence of Director Turnage

What aspects of this meeting were particularly bad?

- The change of date was a bit late but understandable due to the weather.

Do you have any suggestions or comments about this meeting?

- Monitoring the time a bit.
- Excellent report from Polsinelli and Governance. Please let us know in the future if the meeting will go past 1pm.

Thank you everyone for providing such valuable feedback. We can assure you that we will take your feedback in consideration in planning our next board meeting to increase overall productivity.

UMC

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MEDICAL CENTER

General Board Meeting

Date: February 24, 2016
Location: Conference Rooms 2/3

Strategic Planning Committee Report

Not-For-Profit Hospital Corporation
Strategic Planning Committee Meeting Minutes
February 8, 2016

Present: Dr. Julianne Malveaux, Andrew L. Davis, Girume Ashenafi, Dr. Ricardo Brown, Donna Freeman (Corporate Secretary)
Excused:
Others: N/A

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 4:10pm	
Determination of a Quorum	N/A	
Approval of the Agenda	Approved	
Approval of Minutes	N/A	
Consent Agenda	N/A	
Discussion		
Old Business	Highlights include: (*Discussion materials have been filed in the Office of the Secretary of the Corporation)* **UMC Vision, Mission and Values**-Andy Davis opened the discussion to the members. Dr. Ricardo Brown insisted there was a mission and vision statement approved during the Strategic Plan and that's what should be used throughout the hospital and all the social media. The group agreed and chose to focus on a "value" statement. **Value Statement**: Dr. Malveaux suggested engaging the employee platform for their input. The discussion continued and it was suggested to have employee forums to	Donna Freeman was requested to ensure the website is updated with current mission and vision statement.

	engage them in the process. The *next step* is to engage the employees, provide best practices and narrow down the choices. The process timeline will start next month.	.
New Business	**The Strategic Plan:** Dr. Ricardo Brown reviewed the Strategic Plan and the objectives that were presented during the period of 2013-2015. The point of his review was to bring the history to those that were not part of the original committee. Upon review of the summary, it was agreed that Andy Davis will set the objectives for the hospital. In the next three (3) months: the strategic plan to the District is the first priority, update the summary with current achievements to date, and use this as the point of direction. The next steps for the next three (3) months: 1. Formulate values 2. Understand what the restructuring plan encompasses and 3. Continual update of the next steps. **Strategic Partnership**: this committee will ensure complete transparency during the process with the entire Board. Oversight Hearing: - **Tuesday, February 23, 2016** – ensure that the board members will be in attendance. Requested Andy Davis for feedback on the slide presentation: **by February 29, 2016.**	
Other Business	**N/A**	
Announcements	Next meeting will be scheduled in March.	
	Adjourned: 5:10pm	

1. Review Mission, Values Vision
    a. Are we all on one page
    b. Are there revisions we would like to share
2. What should we do in the next 3 moths
    a. Suggestions/review of tasks
    b. What resources do we need

3. What is our term of work and what do we envision
    a-this is malleable, but we should begin to have this conversation
    b- does this change depending on external relationships

4. What do we see as the outcome of our work?
    a. Written strategic plan?
    b. participation in greater planning process?
    c. Other?

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.