



General Board Meeting

Date: Saturday, April 23, 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
Virgil McDonald
Khadijah Tribble
Dr. Raymond Tu

Prepared and Filed by:

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



OUR MISSION

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

OUR VISION

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

•

UMC will employ innovative approaches that yield excellent experiences.

•

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

•

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

•

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



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

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will be held at 9:00am on Saturday, April 23, 2016. The meeting will be held at 1310 Southern Avenue, SE, Washington, DC 20032, in Conference Rooms 1/2/3. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. CONSENT AGENDA

A. READING AND APPROVAL OF MINUTES

1. March 23, 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. Pamela R. Lee, EVP Hospital Operations & CQO
5. David Thompson, Director of Public Relations and Communications
6. Maribel Torres, Chief Nursing Officer
7. Charletta Y. Washington, VP of Ambulatory & Ancillary Services

A. CHIEF EXECUTIVE REPORTS

1. Veritas of Washington, LLC-Hospital Operator
2. Andrew L. Davis, Interim CEO
3. Finance Report, Steve Lyons, Finance Committee Chair

B. MEDICAL STAFF REPORT

1. Dr. Raymond Tu, Medical Chief of Staff

C. COMMITTEE REPORTS

1. Governance Committee Report
 - a. Parliamentary Vacancy
2. Patient Safety & Quality Committee
 - a. 2016 Quality & Improvement – Top 10 Priorities and Work Plan

D. AUDIENCE Q & A

E. ANNOUNCEMENT

Next Meeting – Wednesday, May 25, 2016 at 9:00am in Conference Rooms 2/3.

F. ADJOURNMENT

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



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Reading and Approval of Minutes

- March 23, 2016



**Not-For-Profit Hospital Corporation
General Board Meeting Minutes
March 23, 2016**

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

Excused: Khadijah Tribble

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:15 a.m.	
Determination of a Quorum	A quorum was determined by Donna Freeman, Corporate Secretary.	
Approval of the Agenda	The Board moved to approve the agenda.	
Board Education Session	Ms. Traci L. Hughes, Esquire, Director of the District of Columbia, Office of Open Government, and the Board of Ethics and Government Accountability (BEGA) conducted a training session on the process, requirements, responsibilities and board member compliance for each organization. She explained the relevance of the Open Meetings Act and the rules on subject matter discussed during <i>closed</i> session.	
Approval of Minutes	The meeting minutes of February 24, 2016 were approved.	
Consent Agenda	N/A	

Non Consent Agenda	N/A	
Executive Management Reports	<p>The following Executive Management Reports were moved. Seconded. Passed unanimously.</p> <ul style="list-style-type: none"> • Dr. Julian Craig, Chief Medical Officer • Jackie Johnson, EVP, Human Resources • Maribel Torres, CNO • Tom Hallisey, CIO • David Thompson, Director of Communications and Public Relations • Charletta Washington, VP of Ambulatory & Ancillary Services 	
Chief Executive Reports	<p>Andrew L. Davis, Interim CEO, presented the CEO Report. <i>(Report presented to Board Members)</i> Board moved to accept and approve the CEO report. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • The following physicians were introduced: <ul style="list-style-type: none"> ◦ Dr. Raymond Tu, Chief of Medical Staff ◦ Dr. Lisa G. Gordon, Chair of Behavioral Health ◦ Dr. Mina Yacoub, Chair of ICU Department ◦ Dr. Amaechi Erondue, Chief of Anesthesiology • The implementation of the Community Benefits Advisory Council and Patient Family Advisory Council is being reviewed by General Counsel. • Monthly Community Education Series – the preliminary topics planned are: Heart Health, Behavioral Health, Diabetes and Obesity. • Volume is increasing however spending must be controlled. 	

Finance Committee Report	<p>Steve Lyons, Finance Committee Chairman presented the financials for UMC. <i>(Reports presented to the Board Members and filed in the Office of the Secretary of the Corporation)</i></p> <p>Lilian Chukwuma, CFO reviewed the areas of expenses, savings on contracts, and renegotiating contracts for greater savings. She also spoke about her progress on implementing the dashboard format for financial reporting. Lilian updated the Board on legal expenses for UMC.</p> <p>The Finance Committee Report was approved. Seconded. Passed unanimously.</p>	Chris Gardiner, NFPHC Board Chair, requested a report from Lilian Chukwuma, CFO to address the <i>newly</i> established targets, <i>how</i> we're meeting those targets and who's responsible for us NOT meeting those targets.
Chief Medical Report	<p>Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. The Board moved to accept and approve the credentialing report dated March 10, 2016. Seconded. Passed unanimously. <i>(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)</i></p>	
Governance Committee Report	<p>Virgil McDonald, Committee Chair, presented the Committee Report. Moved. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • Mr. McDonald reviewed the four vacancies currently on the board. • The 2016 Board Meeting Evaluation Summary was discussed. Mr. McDonald discussed the importance, the methodology of reporting and compliance from all board members. • Kai Blissett, General Counsel, provided an update from MOTA on potential Board members to fill current vacancies 	Virgil McDonald requested the Board members to submit their board meeting evaluation forms to Donna Freeman.
Patient Safety & Quality Committee Report	<p>Maria Gomez, Committee Chair, presented the Committee report. Moved. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • The 2016 Patient Safety & Quality Priorities and Work Plan will be reviewed and voted on during the next BOD meeting – Saturday, April 23, 2016. 	Virgil McDonald suggested benchmarks be included on the plan for each priority.

	Chairman Chris Gardiner announced the General Board meeting will go into Executive Closed Session.	
	Chairman Chris Gardiner reconvened the public General Board meeting @ 12:20 p.m.	
Action Items	<p>Chris Gardiner reviewed the following items and their status:</p> <ul style="list-style-type: none"> • Total legal costs incurred by UMC in 2015 – sent via email 2/25/16 • UMC Cash Flow report in a dashboard format – in progress • Submission of the 2016 Board Self-Assessment Evaluation Survey – one survey missing (Dr. K. Dawson) 	Chairman Gardiner deferred the report on the effectiveness of our marketing strategy on UMC's target audience, and a report on the subsidy/contribution funds from the District given to UMC, for the April 23, 2016 BOD meeting.
Announcement	The next General Board meeting is scheduled on Saturday, April 23, at 9am in Conference Rooms 2/3 on the ground level.	
	The meeting was adjourned at 12:45 p.m.	



General Board Meeting

Date: Saturday, April 23, 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



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, April 23, 2016

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CMO REPORT

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



Chief Medical Officer
Julian Craig, MD
Board Report
April 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

CHIEF MEDICAL OFFICER

Dr. Julian Craig

As we start the second quarter of the year, the medical staff is committed to maintaining its focus on quality. It has now been two years since the implementation of Computerized Physician Order Entry (CPOE) systems at the United Medical Center. CPOE systems are considered the gold standard for preventing medication errors during hospital stays. Despite improvements in recent years, according to Leapfrog, a report released this month during Medication Safety Awareness Week, shows that not all hospitals have implemented crucial CPOE systems. The report **Preventing Medication Errors in Hospitals**, used data collected in the 2015 Leapfrog Hospital Survey, and analyzed by Castlight Health, found that even in cases where hospitals had CPOE systems in place, 39 % of potentially harmful drug orders were not flagged by the system to alert staff of potential errors. The report also found that 13 percent of potentially fatal orders failed to trigger an alert by the system.

Other key findings highlighted in the report include; 96% of hospitals report adoption of a CPOE system, up from 33% in 2010 and 2% in 2001 when Leapfrog first began reporting on CPOE; 64% fully met Leapfrog's standard for CPOE implementation and quality which is that the hospital must demonstrate its system alerts physicians to at least 50% of common, serious prescribing errors. Hospitals must also place at least 75% of medication orders through a CPOE system.

Hospitals that voluntarily report to The Leapfrog Hospital Survey are eligible to make use of the CPOE evaluation tool developed by leading researchers in medication safety and information technology. The survey and evaluation are free to hospitals and results are free to the public. For more information visit <http://www.leapfroggroup.org/news-events>.

Last month we recognized Patient Safety Awareness Week (March 13-19). The United Medical Center continues to focus on prevention of Health Care Associated Infections. We continue to do a remarkable job with having no Ventilator Associated Pneumonias (VAPs) in the Intensive Care Unit for the first Quarter of 2016. We still continue to enforce our protocols for avoiding central line-associated blood stream infections (CLABSI) and catheter-associated urinary tract infections (CAUTIs). Though hospitals have been making strides in reducing healthcare associated infections, analysis of Leapfrog data by Castlight Health in a report released in March 2016, shows patients nationwide are still experiencing these serious, and sometimes fatal, infections too frequently. The majority of hospitals (75 percent) have an infection rate that is too high. Only 25 percent of hospitals met The Leapfrog Group's target standardized infection ratio (SIR) of zero for CLABSI. Sixty seven percent of hospitals had an SIR between zero and 1.0 while Eight percent of hospitals had an SIR of above 1.0

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. Medical staff leadership is committed to improving hospital scores in each quarter of 2016. There are eleven HCAHPS measures (seven summary measures, two individual items and two global items) that are publicly reported on the Hospital Compare Web site, www.medicare.gov/hospitalcompare.

Each of the seven summary, or composite, measures is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience information and increases the statistical reliability of the measures. The seven composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about new medicines, whether key information is provided at discharge, and how well patients understood the type of care they would need after they left the hospital. The two individual items address the cleanliness and quietness of patients' rooms; the two global items capture patients' overall rating of the hospital and whether they would recommend it to family and friends.

The medical staff is confident that with the appropriate resources and administrative support, the United Medical Center will continue to make significant progress in achieving these quality goals. We thank the Hospital Board for its commitment and continued support of the medical staff.

DEPARTMENT CHAIRPERSONS

Anesthesiology*Dr. Amaechi Erundu (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*



DEPARTMENTAL REPORTS

ANESTHESIOLOGY

Dr. Amaechi Erondue (Medical Director)

PERFORMANCE SUMMARY:

For the month of March 2016, the Anesthesia Department remains optimistic at the growth potentials of the surgical department. We had a total surgical and Obstetric anesthesia volume of 221 surgical cases in February. Our top 3 service providers remain: Gastroenterology, Vascular surgery and General surgery in that order. This is a volume growth from 176 the previous month.

QUALITY INITIATIVES AND OUTCOME:

Core Performance indicators:

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

Mortality and Morbidity Reviews:

No mortality was recorded in the OR this past month.

No anesthesia related morbidity was recorded.

ACUTE PAIN MANAGEMENT SERVICE (APMS)

The department is developing a protocol to commence an Acute Pain Management Service starting with our Surgical Patients. The service will evolve from the O.R. through the transition of patient care to the floor during the acute phase of surgical procedure and recovery.

EVIDENCE-BASED PRACTICE:

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

SERVICE (HCAHPS) SATISFACTION

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

CRITICAL CARE

Dr. Mina Yacoub

PERFORMANCE SUMMARY

In March 2016, the Intensive Care Unit had 350 patient days, 75 admissions and 74 discharges. The ICU managed a total of 84 patients in March. ICU Average Length of Stay (ALOS) for March was 4.7 days.

QUALITY OUTCOMES

Core Measures Performance

ICU met and exceeded target goals for Venous ThromboEmbolic (VTE) prophylaxis for the first two months of 2016. ICU is at 98% compliance. ICU is continuing to work with Performance Improvement (PI) Department and is monitoring performance. Will report on March data once provided to us by PI.

1. Morbidity and Mortality Reviews

March morbidity and mortality data will be presented at next Critical Care Committee meeting in May 2016.

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

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

3. Ventilator Associated Event (VAE) bundle

ICU continues to implement evidence-based best practices for patients on mechanical ventilators and the ICU has had no Ventilator Associated Pneumonias (VAPs) for the month of March 2016.

4. Infection Control Data

For the month of March 2016, ICU had no Ventilator Associated Pneumonias (VAPs), one Central Line Associated Blood Stream Infections (CLABSIs), and one Catheter Associated Urinary Tract Infections (CAUTIs). ICU infection control data is reported regularly to the National Healthcare Safety Network (NHSN). Our infection control data is currently being validated by the national Clinical Data Abstraction Center (CDAC).

For 1st quarter of 2016, there were 549 ventilator days with no VAPs, 553 central line days with one CLABSI and 785 foley catheter days with one CAUTI.

5. **Care Coordination/Readmissions**

For March 2016, 84 patients were managed in the ICU. There were two readmissions to ICU within 72 hours of transfer to the medical floor. Cases are being reviewed in critical care committee meeting.

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.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity. ICU is looking forward to operating at full capacity and full potential

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 George Washington University 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 provide safe and high quality patient care, caring for patients with increased illness acuity, providing best evidence based practice, all while 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 5,267 patients.

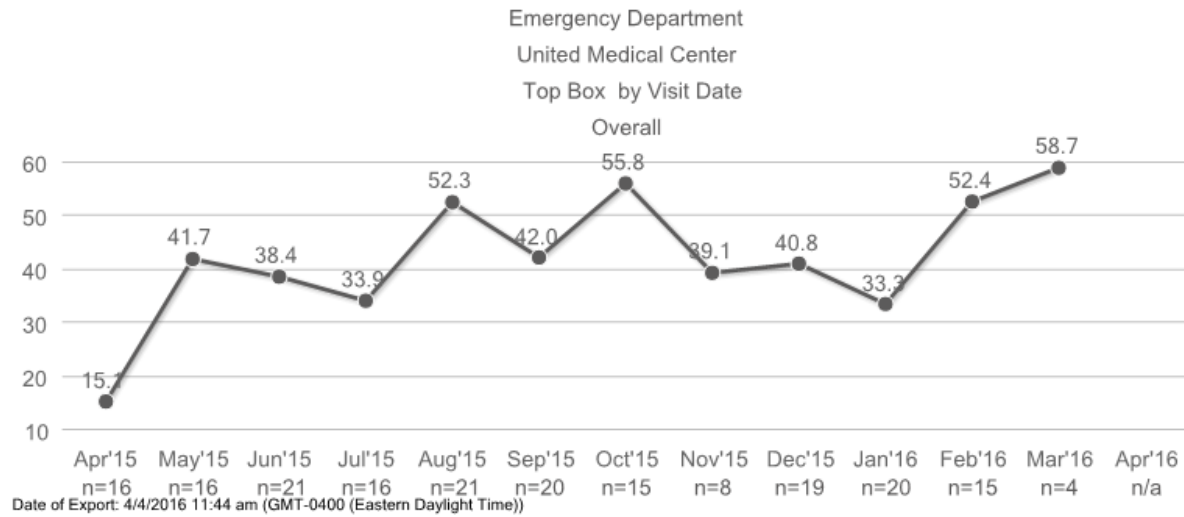
March 2016 department metrics:

Patient Volumes:	5,267
% Change from 2015:	15.3% increase
Ambulance Volume:	1283
Median Left without Treatment:	1.3 %
Admission Rate:	12.1%
Transfers:	62 patients (1.1%)
Turn Around Time for D/C Patients:	237 minutes

Quality Initiatives, Outcomes, etc.

7. Improving the provider productivity
 - a. 1.89 pt / hour
8. Improving throughput process including
 - a. Door – Provider: 80 minutes
 - b. Door – Disposition: 230 minutes
9. Adverse events (i.e. elopement, suicide attempts, assaults, etc.)
 - a. Elopement Rate: 38 patients (0.7%)
 - b. Suicide attempts: 0
10. Readmissions within 72h
 - a. 9 Cases (0.17%)
11. AMA rate
 - a. 0.5%
12. LWBS rate
 - a. 1.3%
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. **ED Volume:** Emergency department had 15% increase in number of patients in the month of March and was able to operate in an efficient way and keep the LWBS at 1.3%.
2. **Process Improvement:** Emergency department leadership is preparing improvement plan for 2016. With this plan we look at different processes and try to streamline our processes.

Active Steps to Improve Performance:

1. Emergency department improvement plan 2016.
2. Implementing the super-track area on busy days of week.

Dr. Musa Momoh

The number of patients admitted on observation status was 82. The average length of stay was 5.51 days. Patient satisfaction scores were up to 44%.

Renal: The Nephrology Department continues to remain busy. The Department performed 233 dialysis sessions. This is the highest number in the last two years.

Gastroenterology/Pulmonary: Over 80 endoscopies and bronchoscopies were performed. Beginning April 2016, all unassigned patients will be admitted to the Hospitalist service.

Dr. Sylvester Booker

[illegible]

Circumcision	14	6	04									
Infant (+)Substance Abuse	1	1	04									
Boarding Baby	1	2	01									
Failed Hearing Screen	0	1	01									
# of Bili scan	34	24	26									
# of CCHD Screening	34	24	26									
GYN patient	5	12	04									
Premature babies receiving steroids prior to birth *	1	0	00									
Code Purple	30	15	17									

Neonatal Death 0 1 0

PATHOLOGY

Dr. David Reagin

On March 29, 2016 the laboratory became the referral laboratory for Hadley Bridgepoint Hospital. The original date of implementation was June 1st. However, the Hospital Center who was providing lab service was hit by Hackers causing a shutdown of their computer services. They were not able to provide Hadley with referral laboratory services. Although there had been preparation for the implementation in June, the implementation occurred within a six hour period. Thanks go to all of the many staff members (both here and at Hadley) who worked on the project.

The histology section installed a new paraffin embedding instrument. There were no obtainable replacement parts for the old machine.

PEDIATRICS

Dr. Marilyn McPherson-Corder

Performance Summary: For the month of March 2016, 29 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 90.

The Departmental meeting was held on March 21, 2016. The Trusted collaboration and Asthma Protocol, as well as upcoming back-to-school physicals, were discussed.

1. Core Measures Performance

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

2. Morbidity and Mortality Reviews

One infant was born at less than 34 weeks of gestation and one infant was born with cardiovascular defect. They were both transferred to Children's National Medical Center. All others were cared for in the UMC nursery and discharged home with emphasis on follow-up care.

3. Evidence-Based Practice (Protocols/Guidelines)

Neonatal resuscitation guidelines continue to be followed resulting in one mortality and minimal morbidity. Increase education on the benefits of breastfeeding and skin-to-skin contact 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. There were zero incidences of healthcare associated bloodstream infections of the newborn.

4. Growth & Volumes

The department continues to work to extend the breast feeding initiatives and to encourage prenatal and postnatal care with all mothers.

Dr. Corder met with Trusted, in collaboration with UMC, for the planning stages of Asthma Education and Management of residents of Wards 7 and 8. UMC is in discussions with Trusted on educational modules for pregnant mothers to decrease infant

mortality and morbidity and increase prenatal care visits and to promote prenatal care and delivery service at UMC.

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

Activities

On March 8, 2016 Dr. Corder was presented with an award from the Maryland House of Delegates in the General Assembly in Annapolis, Maryland for her work in education and medical delivery and her commitment to health disparities. On Monday, March 14 she appeared as a special guest on The Steve Harvey (television) Show. She was introduced as the Chairperson of UMC Pediatrics and a medical expert on lead toxicity. The show was seen nationwide, was well-received and resulted in numerous follow-up calls.

Dr. Corder also served as a medical consultant to Roland Martin and appeared on TV One's "News One Now" with Roland Martin regarding disparities in infant mortality.

RADIOLOGY

Dr. Raymond Tu

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	11		0		1		12	
CT SCAN	111		607		215		933	
FLUORO	14		0		19		33	
MAMMOGRAPHY	0		0		329		329	
MAGNETIC RESONANCE ANGIO	3		0		0		3	
MAGNETIC RESONANCE IMAGING	39		3		64		106	
NUCLEAR MEDICINE	24		4		10		38	
SPECIAL PROCEDURES	36		0		7		43	
ULTRASOUND	134		215		281		630	
X-RAY	286		1036		1021		2343	
CNMC CT SCAN			22				22	
CNMC XRAY			601				601	
GRAND TOTAL	658		2488		1946		5093	

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

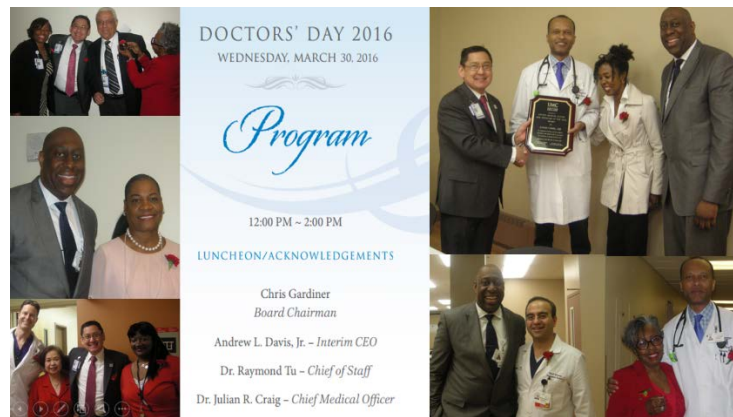
Radiology staff continues to work to improve the turnaround of patients for CT and MRI of the brain through the department.

- Morbidity and Mortality Reviews:** There were no departmental deaths.
- Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** There was 1 rapid response in nuclear medicine.
- Care Coordination/Readmissions:** N/A
- 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. There have been several service calls to GE to repair the scanner under warranty.

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. Dr. Tu lead the Doctor Day event at UMC and awarded Dr. Craig *Doctor of the Year* award.



Dr. Tu represented UMC radiology at the American Medical Association annual meeting for medical student education. Doctors from all 50 states were in attendance. Dr. Tu was faculty for the ultrasound workshop with the American College of Radiology.

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu is very supportive and looking forward to working with the incoming operator to elevate radiology services to the next level, improving the revenue cycle for all patients.

SURGERY

Dr. Gregory Morrow

For the month of March, the Surgery Department performed a total of 212 outpatient and inpatient procedures. This has been a steady increase in the number of surgeries performed for the first quarter of 2016.

JAN 2016	147
FEB	207
MAR	215

We continue to meet and exceed the quality measures set forth for the department.

We are in continuing efforts to continue to enhance our current service lines and to prepare for enhancing outpatient services. We also are continuing to improve our work flows and enhance our efficiencies.

The most recent layoffs, however, threatened our continued ability to provide the same level of services as our manpower resources were already stretched and working with the bare minimum of staff. These changes may effect a reduced number of operations the can be safely performed.

MEDICAL AFFAIRS
Sarah Davis, BSHA, CPMSM

UMC Medical Affairs Monthly Report

April 2016

APPLICATIONS IN PROCESS

(Applications received through March 31, 2016)

Department	# of Application in Process
Allied Health Practitioners	2
Anesthesiology	0
Behavioral Health	0
Emergency Medicine	3
Medicine	5
Obstetrics & Gynecology	1
Pathology	0
Pediatrics/Neonatology	0
Radiology	1
Surgery	1
TOTAL	13

DEPARTMENT HIGHLIGHTS/ANNOUNCEMENTS

- The Medical Affairs Department and the Information Technology Department are working closely with Applied Statistics to prepare for the interface between MD-Staff (credentialing management software) and Meditech in order to automate the focused professional practice evaluation and ongoing professional practice evaluation process at United Medical Center. Target date for completion is May 1, 2016.
- United Medical Center celebrated the 2016 National Doctors Day on March 30th. Celebration began with a continental breakfast and was followed by a luncheon. Dr. Julian Craig was honored for being chosen by his peers as the “Doctor of the Year”. Everyone who attended the event received a portable chargers for electronic devices (notebooks, cell phone, laptops), courtesy of Dr. Raymond Tu, Chief of Staff. Members of the Medical Staff were acknowledged for their dedication, commitment, and excellent service.



*MEDICAL STAFF ACTIVITY
FEBRUARY AND MARCH 2016*

NEW APPOINTMENTS

Christiana Buller-Jarrett, CFNP (Internal Medicine/Allied Health)
Ikenna Ezumba, M.D. (Internal Medicine)
Walter Faggett, M.D. (Pediatrics – No clinical privileges)
Mary Jacob, M.D. (Emergency Medicine)
Billy Wade Mahaney, M.D. (Radiology)
Terry Nunley, CFNP (Emergency Medicine/Allied Health)
Constantine Pappamihel, PA-C (Emergency Medicine/Allied Health)
Drew Shiner, M.D. (Emergency Medicine)

REAPPOINTMENT

Julian Craig, M.D. (Active)
Jose Chavez, M.D. (Active)
William Brownlee, Jr., M.D. (Active)
Alfred Burris, M.D. (Active)
John Chang, M.D. (Telemedicine)
Khosrow Davachi, M.D. (Active)
Ieon Dawson, M.D. (Active)
Linnie Delmonte, M.D. (Active)
George Drakes, M.D. (Courtesy)
Russom Ghebrai, M.D. (Active)
Bobby Hudson, PA-C (Allied Health)
Cynthia Morgan, M.D. (Active)
Wilton Nedd, M.D. (Active)
Massoud Nemati, M.D. (Active)
Ngozika Nwaneri, M.D. (Active)
Edger Potter, Jr., M.D. (Courtesy)
Richard Palmer, M.D. (Active)
Melanie Scott-Bowling, PA-C (Allied Health)
Musu Turay, CPNP (Allied Health)

PROVISIONAL REVIEW

Monique Rolle, DPM (Provisional to Active)

*MEDICAL STAFF ACTIVITY
FEBRUARY AND MARCH 2016*

RESIGNATIONS

Wayne Liu, M.D. (Otolaryngology)
Apolonio Canaria, M.D. (Anesthesiology)
Zena Eyassu, M.D. (Anesthesiology)
Naveen Maddineni, M.D. (Psychiatry)
Heshmat Majlessi, M.D. (Neurology)

ANNOUNCEMENTS

Medical Staff Meetings May

May 2, 2016 at 12:00 pm	Peer Review Committee
May 9, 2016 at 12:00 pm	Critical Care Committee
May 10, 2016 at 12:30 pm	Prevention & Control of Infections Committee
May 10, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
May 12, 2016 at 12:00 pm	Credentials Committee
May 16, 2016 at 12:00 pm	Medical Executive Committee
May 18, 2016 at 2:00 pm	Health Information Management Committee
May 18, 2016 at 3:00 pm	Performance Improvement Committee
May 19, 2016 at 5:00 pm	Department of Medicine



General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

CIO Report

Prepared by:
Thomas E. Hallisey,
Chief Information Officer

Information Technology and Systems Board Report – April 2016

Clinical Initiatives:

- **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 staff is working with CRISP now to schedule training and insure the proper security and network aspects are in place. The contract is expected to be signed in early April and we will immediately notify physicians. We are also working to send our data out to CRISP for access by other providers.
- **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 May 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.
- **Meditech Upgrade to release 5.67** - The upgrade to the latest release of our MEDITECH Magic system is underway with a live date that has been changed to May 4, 2016. We did not feel that the system had been properly tested to meet the previously planned live date. This upgrade contains many changes to our multiple MEDITECH applications, but is focused mostly on meaningful use requirements and physician documentation improvements.

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.
- **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 \$240,000 per year. This project is expected to be completed by June of 2016.

- **Security** – In light of the recent ransomware attacks, including right in our own backyard, we will highlight the work being done at UMC to keep our systems and records secure. We have been working diligently to improve security with a strong security plan and regular audits for more than 12 months now. The next phases of our plan are to expand and improve our employee notifications and training, create a comprehensive incident management plan, and removing administrative access for all users to all devices. This last piece will mean our users cannot customize their PC's, but will stop attachment and web site viruses from having the local authority to run and cause problems. Please see attachment for further information and actions at UMC.

The Application Support, Help Desk, and Infrastructure teams continue to provide ongoing operational support of UMC's systems. The team had 407 help desk requests and closed 368 in March 2016. We were not able to complete as many issues as we received and will closely track this to if it is a trend and what issues are not being met.

Dangerous Invasion of Ransomware

The latest in the arsenal of hacker tools is a very dangerous computer worm known as ransomware. This worm enters a computer through a downloaded file embedded within a fake-email designed to look like a legitimate business, phony FedEx/UPS tracking notices or through network vulnerabilities. Ransomware infects the computer by launching malware that restricts user access, and then the attackers demand a ransom payment for the restrictions to be removed. The worm will either encrypt files on the system's hard drive or lock the entire system, and then display the ransom message.

Ransomware is extremely dangerous because it acts quickly and the full extent of its damage cannot be determined. Therefore, once it launches, the only safe remedy is for the infected computer to be completely cleaned and rebuilt. Do not pay the ransom. These are criminals with no intent of removing the restriction.

Prevention is the best protection. UMC computers are protected against malware with anti-virus software, but user caution is still necessary. Here are some prevention tips for hospital and personal computers:

UMC Computers

- Use caution when clicking on links or browsing the web.
- Never click on embedded links in emails until you verify the authenticity of the sender and the message.
- If you believe your computer is infected, please immediately shut down OR turn off the infected system and contact the IT Help Desk (202-574-6199 or x6169).

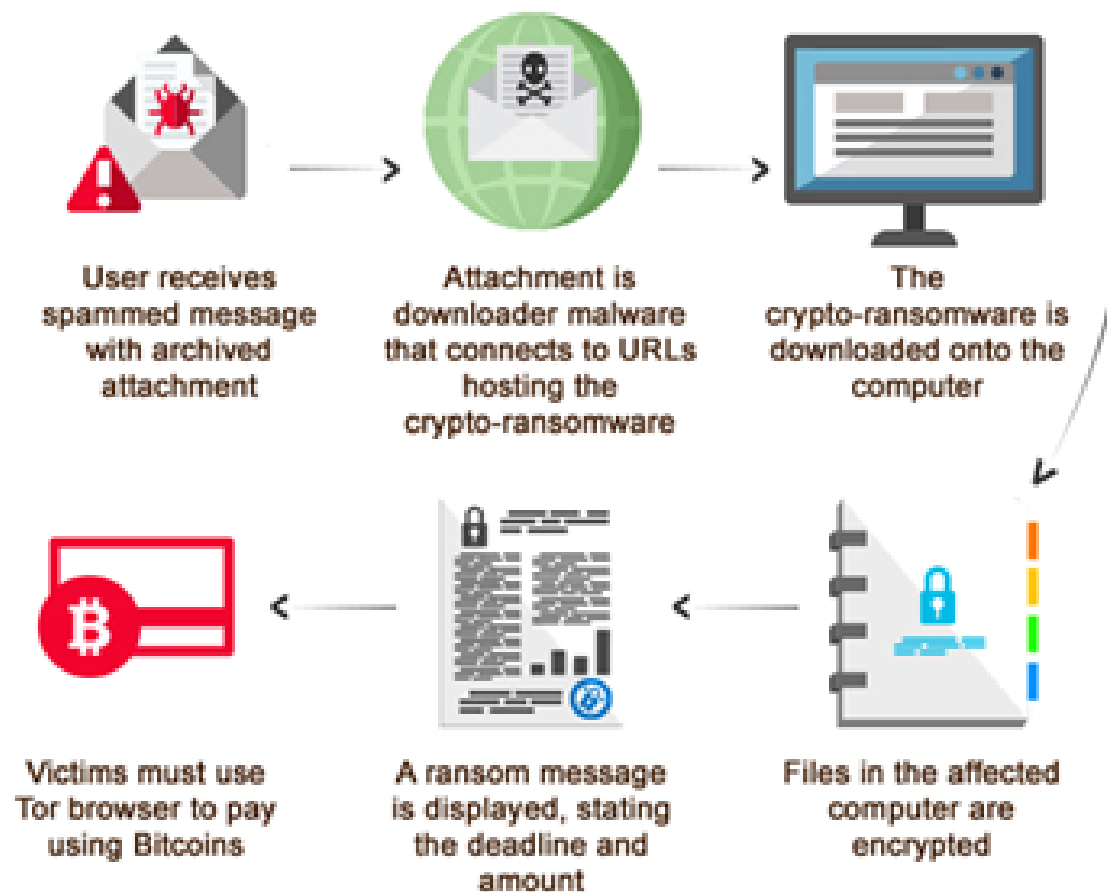
Personal Computers

- Keep your personal computer operating systems and software up-to-date with the latest patches
- Make certain your personal computer firewall is enabled.
- Your personal computer anti-virus software must be installed and the "auto-update" feature should be enabled. Auto-update will automatically check for and install updates whenever your computer is turned on.
- Always keep and up-to-date, off-line backup of all computer documents and files safely secured in the event your computer becomes infected and must be rebuilt. An encrypted electronic storage device, such as password protected flash drive, is a recommended solution.
- If you believe your computer is infected, immediately disconnect the infected system from the wireless or wired network. This may prevent the malware from further encrypting any more files on the network.

In the event of a ransomware infection, we have on-site and off-site backups to restore impacted files. Our MEDITECH system is located in an off-site location and will not be impacted by such an infection.

If you receive any unsolicited messages, do not respond. If you click on an embedded link in error, immediately contact the IT Help Desk at (202-574-6169 or x6169) so IT can take action to prevent the infection from spreading hospital wide. For questions regarding a specific message, contact the IT Help Desk.

Ransomware Attack Flow



Our Current Status...

- **BACKUPS:** Performing regular backup for all network services including File shares (G Drive), Kronos, and Exchange. This is absolute KEY to recovering from a success Ransomware infection.
- **MEDITECH:** EMR is co-located at ParkPlace. The database for this EMR system is a proprietary DB which is NOT susceptible to the Ransomware infection/attack.
- **MARCOS DISABLED:** Microsoft deliberately turned off auto-execution of macros by default many years ago as a security measure. A lot of malware infections rely on persuading you to turn macros back on.

What we are in the process of doing...

- **Upgrading MS OFFICE:** We are moving forward with upgrading all current versions of MS OFFICE to MS OFFICE 2013.
- **PC Local Administrator:** We will be demoting all users from “Local Administrator” to “User” level permissions. This will limit ability of an infected user execute the Ransomware virus
- **Installing the Microsoft Office viewers:** These viewer applications let you see what documents look like without opening them in Word or Excel itself. In particular, the viewer software doesn’t support macros at all, so you can’t enable macros by mistake!
- **Enabling Versioning on the Network Drives:** This allows for restoration of files from a previously “good known” version within a directory. This process doesn’t replace the backup/restore process.
- **SHAREPOINT:** Building build out SharePoint to house documents in the future. This platform will contain all existing documents currently on the G Drive. SharePoint is NOT susceptible to the Ransomware infection/attack.
- **Incident Response Process:** This process is an organized approach to addressing and managing the aftermath of a security breach or attack (also known as an incident). The goal is to handle the situation in a way that limits damage and reduces recovery time and costs. An incident response plan includes a policy that defines, in specific terms, what constitutes an incident and provides a step-by-step process that should be followed when an incident occurs.
- **Socialization of Best Practices:** We will provide the staff with security education.



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General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Human Resources Report

Prepared by:
Jackie Johnson,
EVP Human Resources



Not-for-Profit Hospital Corporation

HUMAN RESOURCES

REPORT TO

Board of Directors

Submitted By:

Jackie W. Johnson
Executive Vice President Human Resources
April 2016

Workforce Development

Reporting on the Affordable Care Act

- The Affordable Care Act contains comprehensive health insurance reforms and includes tax provisions that affect individuals, families, businesses, insurers, tax-exempt organizations and government entities. The IRS has a significant role in the implementation of the aforementioned tax provisions with the responsibility to implement and oversee the changes.

UMC, like many other Hospitals in the District, has entered the initial phase of this IRS reporting requirement, where we are required to file returns for each Benefit Eligible employee who has worked the requisite amount of hours to qualify them for ACA classification, i.e. eligible to receive Medical Benefits.

ACA Reporting Implementation

- Working in Partnership with our IT department and external vendor **Meditech**, UMC has completed the first phase of ACA reporting, i.e. confirming ACA eligibility status for each employee.
- The next phase of the process is to manually file ACA reports for those employees that have been classified as Benefit Eligible for 2015.
- The last phase of the reporting requirement will be electronic filing, which will be completed by the due date of June 1st, 2016.

Compliance Officer Search

- We continue in our efforts to provide UMC with a Corporate Compliance Officer. A finalist has been identified and we have begun the final range of interviews with Andy Davis, Board of Directors and his Senior Executive team. The candidates are assessed on their experience, their ability develop and oversee the Corporate Compliance Program and their ability to function as an independent and objective body that reviews and evaluates compliance issues/concerns within the organization. Additional review of their experience in ensuring the Board of Directors, management and employees are in compliance with the rules and regulations of regulatory agencies, that hospital policies and procedures are being followed and that behavior in the organization meets the Hospital's Code of Conduct Standards.

District of Columbia Health Association (DCHA)

- In our continuing effort to be an active member of the District of Columbia Health Association Board, on April 4, 2016, Eric Johnson, HR Manager, attended the DCHA-HR

session with the Department of Employee Services (DOES) as the keynote speaker. The speakers introduced several Workforce / Applicant Quality enhancement initiatives, i.e. Apprenticeships, Applicant Screening / Evaluations, the Summer Youth Employment Program (SYEP), etc., highlighting the benefits to the Hospital and DOES' role in the program implementation and on-going operations support.

UMC will participate in the SYEP for 2016. We have elected to receive 10 - 15 youth ranging in the age from 18 to 24. The youth will be placed in various departments throughout the hospital and participate in Business orientation workshops, i.e. Business Culture 101, designed to acclimate the program participants to the norms of a Professional / Hospital environment.

Health and Wellness Update

- During a normal Open Enrollment period, employees are given the opportunity to elect and decline their choice of Benefit options. In 2016, UMC partnered with BenefitFocus to make the transition to a paperless enrollment process, affording employees the convenience of 24 hour enrollment access via the Internet. Unfortunately, through a system processing error, BenefitFocus inadvertently gave approval to all UMC employees regardless of their selected benefit preference.
- Through a joint partnership with the Finance Department:
 1. All employees were properly classified and all providers were given the corrected benefit census.
 2. All invoicing charged to UMC has been corrected and reconciled with each provider with account credits forthcoming.

Nurse Recruitment Focus

Building University Partnerships

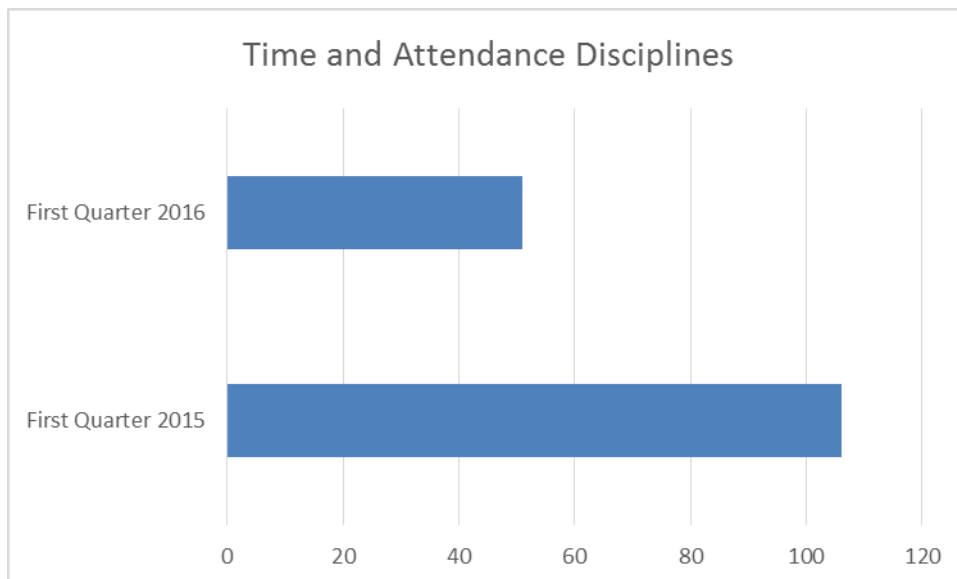
- A key aspect of UMC's on-going recruitment strategy comes through the cultivation of Business Partnerships with top producing Local Universities. These are Colleges/Universities that have a strong curriculum and a proven track record of developing strong graduates, We count our relationship with the University of the District of Columbia (UDC) among the Colleges / Universities of the aforementioned groups. To that end, UMC's Nurse Recruiter, Pauletta Hendrick attended the UDC Career/Job Fair on April 6, 2016 at the Van Ness Campus in Northwest D.C. The career fair provided the opportunity for Ms. Hendrick to network with candidates who were looking for Technicians position to work in while they continue to complete their requirement toward a BSN. UMC does not have a contract in place at this time for their students to conduct

their clinical; however, we are looking at the possibility of this happening in the near future as we continue to develop our nursing pool of candidates to fill nursing vacancies.

Labor Relations

As Not-For-Profit-Hospital Corporation ends the 1st quarter of 2016, there has been a tremendous downward trend in the number of employee disciplined for time and attendance. The 2015 1st quarter ended with a total of 106 employees who were disciplined for tardiness and absenteeism. Throughout the year the facility's managers and supervisors coached and provided counseling to employees who appeared be developing a negative pattern of arriving late and calling out. Open discussion and guidance from management was effective. Only 14% of the 106 employee disciplines were punitive (i.e. suspensions and/or terminations).

By the time the 1st quarter of 2016 ended the issuance of time and attendance disciplines were down to 51 employees. Policy education to the employees and management coaching is continuously provided by the Human Resources Department .This considerable improvement is a valid indicator of positive change in employee behavior that supports the facility's commitment to providing the highest quality patient care to each patient all day, every day.





General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Hospital Operations Report

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



Please refer to the Governing Board Patient Safety and Quality Committee Report.

Ms. Pamela R. Lee

EVP, Hospital Operations and CQO



General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Public Relations and Communications Report

Prepared by:
David Thompson,
Director
Public Relations and
Communications

April Public Relations and Communications Board Report

EXTERNAL COMMUNICATIONS

Community Outreach

- David Thompson spoke and answered questions at the Ward 8 Health Council meeting in March. Members of the organization were interested in gaining a better understanding of the restructuring announcement that was made on March 11. Interim CEO Andy Davis will be making a formal follow-up presentation to the group on Tuesday, April 19.
- UMC's Mobile Health Clinic provided health screenings at the Hop Into Health Spring Extravaganza held at the Hillcrest Heights Community Center. High blood pressure and other screenings were conducted for those who attended the event.
- Provided information about upcoming UMC outreach events to the Ward 8 Health Council, Ward 7 Health Alliance, and the Anacostia Coordinating Council. Also met with Dr. Faggett, co-chair of the Ward 8 Health Council and some of his associates to discuss how we can better work collaboratively on various projects.
- Completed the **Community Outreach Event Calendar** through the middle of May that includes speaking engagements, UMC Health Education Seminars and Mobile Health Clinic outreach initiatives.
- **Increasing involvement with the churches in Ward 7, Ward 8 and southern Prince George's County** to build community support and help drive more people to the hospital for primary care and specialty services such as radiology, cardiology, surgery and other areas.

Media Relations

- **Wrote and issued a press release to announce the restructuring at UMC** and detail why the cost cutting measures are necessary. The release was distributed to all of the major media outlets including the Washington Post, Washington Business Journal, FOX 5, WUSA Channel 9 and others in D.C. The Washington Informer, the Afro and other community newspapers also received the announcement.

- **David Thompson** was interviewed by WJLA TV's Sam Ford on the restructuring announcement and emphasized that though 112 employees would be leaving UMC, there would be no downturn in the quality of care provided to patients. He also emphasized that the hospital would still offer all of the programs and services currently available to the community. The news story aired on two local stations, WJLA News 7 and Newschannel 8 on Monday, March 14 and Tuesday, March 15.

Internal Communications

- **March was Women's History Month** and Communications, in conjunction with Tina Guevara, posted photos and narratives about women in America who have made significant contributions that have impacted people in the United States and around the globe. There were over 40 women on display to demonstrate how they have made a difference for all.
- **Conducted Town Hall Meetings** on Monday, Tuesday, and Wednesday (March 13, 14, and 15) immediately following the restructuring announcement. Mr. Davis met with employees to answer their questions about the reduction in force and explain why the action had to happen.



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General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

CNO Report

Prepared by:
Maribel Torres,
Chief Nursing Officer

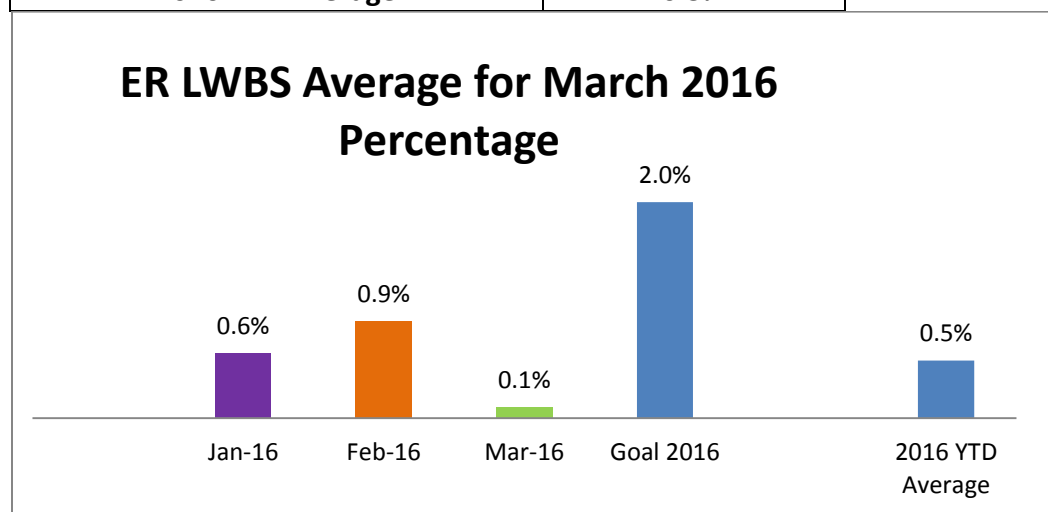
Maribel A. Torres, MSM, RN-BC • Executive Vice President & Chief Nursing Officer

NURSING HIGHLIGHTS

Emergency Department

The emergency department is the welcoming center for the majority of our customers. Every day the emergency room team strives for service excellence with the mindset of placing patients as our priority. The emergency department is actively pursuing initiatives to improve patient services with service excellence being the ultimate goal, along with employee safety, performance management, patient rounding and continuing education classes utilizing SWANK for all our employees.

ER LWBS Average for Mar 2016	
	Percentage
Jan-16	0.6%
Feb-16	0.9%
Mar-16	0.1%
Goal 2016	2.0%
2016 YTD Average	0.5%



Emergency Department Performance Improvement Goals March 2016

ED Metrics Empower Data	Jan-16	Feb-16	Mar-16	YTD Avg 2016
Visits	4841	4725	5271	4946
Change from Prior Year (Visits)	↑354	↑880	↑702	↑645
% Growth	7.9%	23.0%	15.4%	15.4%
LWBS	0.6%	0.9%	0.1%	0.5%
Ambulance Arrivals	1405	1317	1284	1335
% Ambulance Patients Admission Conversion	341	317	323	327
% of ED patients arrived by Ambulance	29.0%	27.9%	24.4%	27.1%
% of Ambulance Patients Admitted	24.3%	24.1%	25.1%	24.5%
Reroute + Diversion Hours	100	29	87	72

Ambulance PG Median Offloading Times	0:06	0:06		0:06
Ambulance DC Median Offloading Times	0:05	0:06		0:06

Critical Care Unit

March has proven to be a very busy month for the ICU with a steady census of 350 patient days. The ICU continues to strive for excellence; safe clinical practices are monitored and emphasized in the ICU. This month we are proud to report that the ICU continues to have no ventilator associated infections (VAP), we are reviewing the data for central line infections (CLABSI), and no urinary device associated infections (CAUTI). The ICU continues to work in collaboration with the educational department to develop and expand our practices. Recruitment for qualified candidates for the ICU has and continues to be an ongoing challenging process as the ICU is working closely with HR to onboard qualified candidates.

Perioperative Unit

The perioperative unit is working towards obtaining its endoscope certification for all staff within the department. We are always striving to be regulatory ready in our daily practices. The perioperative unit has partnered with the education department for cross training of the nurses, in addition to improving clinical practice through the usage of online SWANK. Additionally staff is being trained through the IT department on the new EMR. The OR physician lounge has been beautifully renovated. As we continue to see perioperative services grow we are excited to welcome all new physicians.

Clinical Practice

We continue to evaluate opportunities to improve clinical practice. Staff accomplished the following:

- 160 people were trained in EBOLA donning and doffing
- CPR classes with the new standards were presented
- Smoking cessation certification was obtained by two staff members
- ACLS certification was also obtained by two staff members allowing UMC to teach classes in house
- New graduate nurse follow up meeting
- Preceptor training seminar and charge nurse seminars were offered
- Care plan development workshop for the behavioral health staff
- Accuvein in-service for the Med/Surg staff
- Ultrasound vein locator in-service for the critical care staff
- SBAR handoff communication for all staff was reinforced

Professionally submitted,

A handwritten signature in cursive script, appearing to read "Maudel Jones".



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Ambulatory & Ancillary Services Report

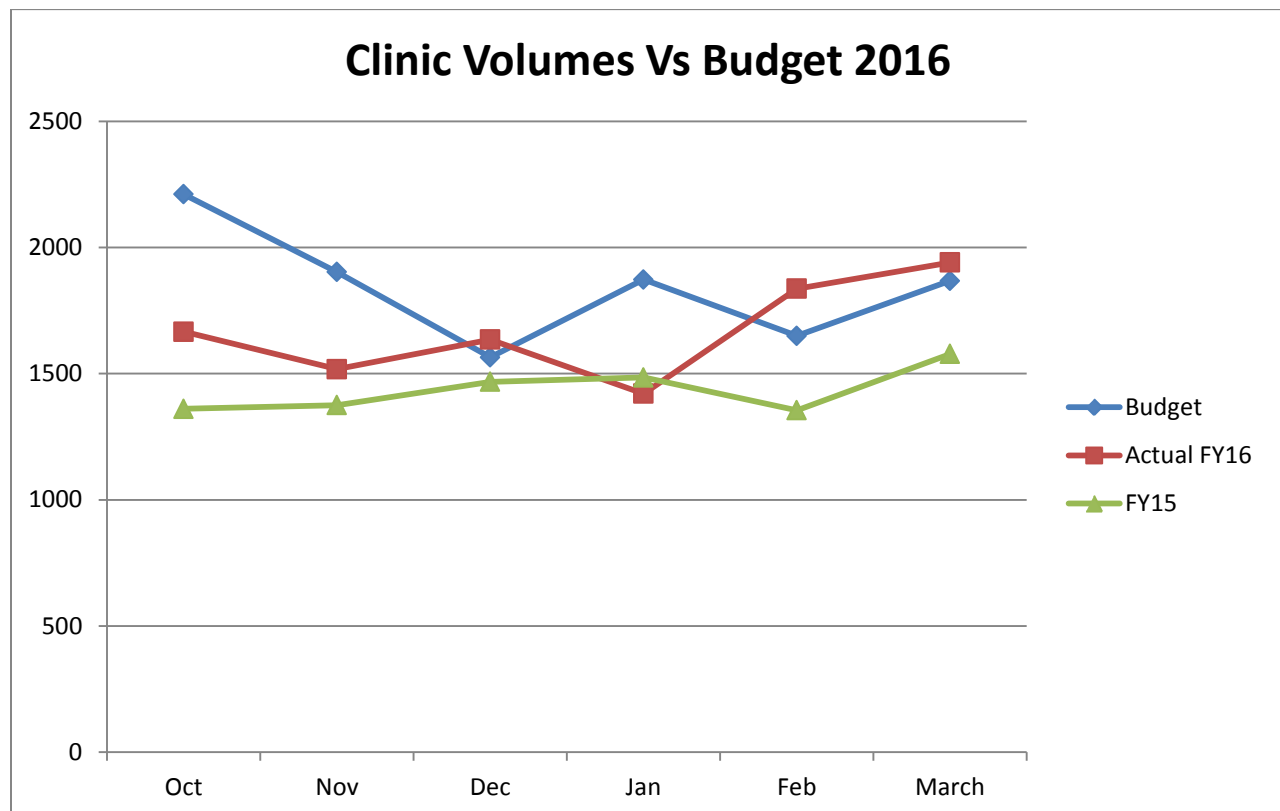
Prepared by:

Charletta Y. Washington

VP Ambulatory & Ancillary
Services

Division Ambulatory and Ancillary Services
April 2016

The Division of Ambulatory and Ancillary Services primary focus for 2016 is to improve access to comprehensive and quality health care services. Access to comprehensive and quality health care services is the cornerstone to achieving health impartiality in underserved areas and improvement of a quality care to achieve a healthy life. Operationally, the new providers within the primary and specialty clinics continue to have a positive impact on the clinics as evidenced by the increase patient volumes to the hospital providing for an increase in not just primary care services, but also additional volumes to specialty clinics and ancillary services. In the month of March, clinic volumes were 3.99% higher (1,941 patient visits versus the budget of 1,861 patient visits) than budget for the month and 237% higher than FY 15.



Ambulatory/Ancillary Data
April 2016

<i>Ambulatory Clinics</i>													
Services	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Totals
<i>WOUND CENTER</i>	193	139	116	146	178	147							772
<i>SURGERY</i>	20	20	30	47	50	30							167
<i>PCC</i>	666	615	727	600	770	836							3378
<i>ORTHOPEDICS¹</i>	0	0	0	0	0	0							0
<i>GI</i>	49	34	38	34	38	42							193
<i>UROLOGY</i>	36	63	32	14	46	46							191
<i>OB/GYN</i>	277	231	284	194	287	277							1273
<i>CARDIOLOGY</i>	22	24	51	18	33	47							148
<i>CARE CENTER</i>	120	125	156	154	166	182							721
<i>OUTPATIENT REHAB</i>	279	187	202	233	308	334							1209
<i>MOBILE UNIT</i>	79	72	72	39	35	53							297
<i>PRIMARY CARE TOTAL</i>	1741	1510	1708	1479	1911	1994							8350

¹ In search of Orthopedic Surgeon

Radiology/Cardiology Department

<i>March 2015</i>	Inpatient	Emergency Department	Outpatient	TOTAL
EXAM TYPE	EXAMS	EXAMS	EXAMS	EXAMS
CT SCAN	111	607	215	933
FLUORO	14	0	19	33
MAMMOGRAPHY	0	0	329	329
MAGNETIC RESONANCE ANGIO	3	0	0	3
MAGNETIC RESONANCE IMAGING	39	3	64	106
NUCLEAR MEDICINE	24	4	10	38
SPECIAL PROCEDURES	36	0	7	43
ULTRASOUND	134	215	281	630
X-RAY	286	1036	1021	2343
CNMC CT SCAN	0	22	0	22
CNMC XRAY		601		601
GRAND TOTAL	658	2488	1943	5093

Ambulatory/Ancillary Data
April 2016

ADVANCE WOUND CARE--DASHBOARD

Today's Date 04/12/16

Original Contract Date: 12/2014

PD-Melody Britt

Contract Scope: Wound Care Only ☐

WC & HBO ☒

Growth		Volumes: Patients, Encounters, HBOT							Financial						
		Last quarter totals	Budget quarterly	January	February	March	Quarter	YTD		Last Year totals	January	February	March	1 st quarter total	YTD
	New Patients	59	60	19	20	18	57		Revenue		\$64,125	24,889			
	Encounters	381	672	146	157	173	476		Expenses		\$107,274	7,089			
	HBO Segments	362	960	28	36	44	108		Income/Loss		\$43,149	17,800			
									Denials		Purchase services				

Highlights
Medical Director – Presenting – Ground Rounds:
Advance Wound Care – 4/13/2016

HSP – Healogics Specialty Physician
. Seeing pts on SNF
. Insurance - pending

Community Education
January – 25 visits
February – 35 visits
March – 73 visits

Vital Few

Reimbursement		Admin: Staffing, Safety, etc.	
*	PD—monitor daily charges-accuracy	*	Manual policy review
*	PD – monitor daily Dash Board	*	AVP/RDCO review/Consult
*	Reconciliation daily	*	Education/knowledge sharing
*	Charge master reviewed for accuracy	*	Monthly conference calls
*		*	
Community Education		*	Implementation of i-heal 2.0 April
*	Tracking Referral Sources	*	Leadership meeting every Monday
*	Letters to referring physicians	*	Action Plan—increase HBOT utilization
*	Physician visits		
*	Inpatient referral- in progress		Implementation of employee of the quarter - 2016
*			

Quality

	YTD	Last month	Bench mark
Cancellation rate	22%	18%	10%
Wound types			
Venous	40%	32%	
pressure	20%	15%	
DFU	11%	9%	
To create Patient Satisfaction survey for department			

People

	Last Month	Yr-to-Date		
Staffing Matrix				
Actual	2.91	2.64		
Budget	2.0	2.0		
Productivity/Effectiveness				
RN/Pts	2/173	2/476		
Turnover	0 FTE	0 FTE		

Clinical

Center KPIs			
Outcomes	Last Month	YTD	Benchmark
Healing			
Days to Heal	21	30	32
Heal Rate	80%	83.87%	92%
Outliers	5.71%	7.28%	<19%
Discharge Pts.	18	52	n/a

Active pts.		66	
New HBO pts.	0		

Managed Care Log

(Active Negotiations)

Managed Care Company	BHU	Acute	OP Clinic	OP ED	SNF	RAD	LAB
Magellan	X						
Value Options	X						
Trusted Health Plan		X	X	X			
Carefirst BCBS		X	X	X			
Health Services For Children with Special Needs		X	X	X			
Amerihealth		X	X	X			
MedStar Family Choice		X	X	X			
Beacon	X						
Riverside Health	state facilitated	X	X	X			



General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Chief Executive Reports

Presented by:

Andrew L. Davis,
Interim CEO

Steve Lyons,
Finance Committee Chair



General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

CEO Report

Presented by:
Andrew L. Davis
Interim CEO



United Medical Center

CEO Report

Operations Summary – April 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 fiscal year 2016 suggest steady performance quarter-over-quarter. We are pleased to report that our data collection validation rate is at 95%.

Last month we recognized Patient Safety Awareness Week (March 13-19). The United Medical Center continues to focus on prevention of Health Care Associated Infections. We continue to do a remarkable job with having no Ventilator Associated Pneumonias (VAPs) in the Intensive Care Unit for the first Quarter of 2016. We still continue to enforce our protocols for avoiding central line-associated blood stream infections (CLABSI) and catheter-associated urinary tract infections (CAUTIs).

Volumes

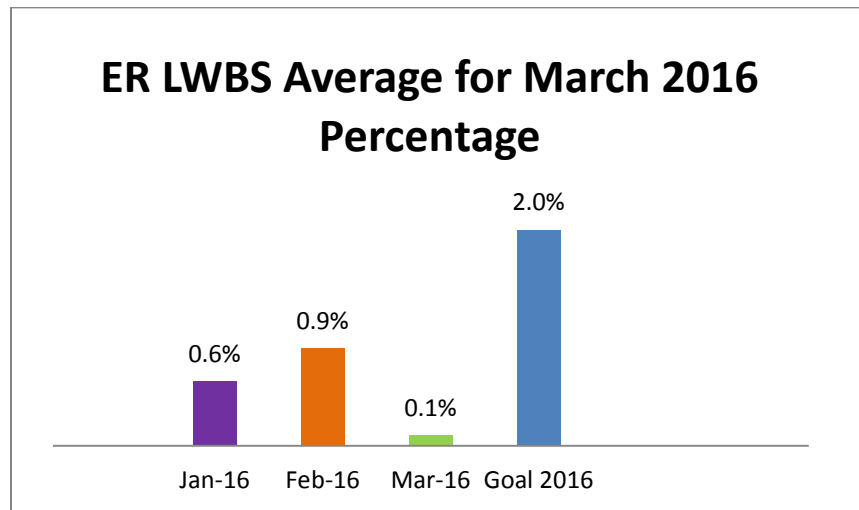
Admissions

Over the last month, hospital admissions were 671. The budgeted admissions were 604 and prior year admissions were 591. The increase from the prior year is attributable to the growth in the ER and our outreach initiatives. We have exceeded 600 admissions for four out of the six 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 5,272 visits. This is an increase of 15% from the prior year. It exceeded our budgeted target by 4%.

One of our main focus points has been on patients that leave without being seen. We have made great strides in this area.



Surgical Volume

Over the last month, hospital surgeries were 202. This was above the budgeted surgeries of 151 and prior year of 171. The increase in surgeries is due to general and vascular cases. Both inpatient and outpatient surgeries exceeded budget and the prior year amount.

Operations

The Hospital has been working on a restructuring plan to address its financial situation. As part of the plan, the Hospital proceeded with a reduction of force that eliminated 112 positions in the organization. This will result in \$8.4 million of savings. The Hospital is also restructuring various contracts to realize an additional savings of \$1.6 million. The Hospital will continue to monitor its operations and assess its various service lines to ensure that quality care continues but also maintain a sound cost structure.

The Hospital is in the process of finalizing a contract with an outside management consulting group. The management consulting group will provide strategic support and work with management on the operations of the facility. The management consulting group is estimated to start on or near April 15, 2016.

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) – pending visa approval
- 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. Johnny Guzman – starts in September 2016
- Dr. Salmon Chohan – 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.

Community Events

Community outreach events in April and early May:

- **Ebenezer AME Church Community Health Fair** at 7806 Allentown Road, Fort Washington, MD – UMC Mobile Health Clinic from 10am to 3pm on **Saturday, April 16th**
- **Ward 8 Health Council Meeting at 10:00 am** at BridgePoint – 4601 Martin Luther King, Jr. Ave., SW on **Tuesday, April 19th**
- **ANC 8B Meeting** at 7:00 pm on **Tuesday, April 19th**. Location to be determined.
- **Westminister Church/MedStar Health Seminar** at 400 I Street, SW – UMC Mobile Health Clinic from 10am to 2pm on **Wednesday, April 20th**
- **North Tanttallion (Ft. Washington) Civic Association Meeting** 7:30 pm at Harmony Hall, Fort Washington, MD on **Tuesday, April 26th**

Other Notables

We celebrated Doctor's Day on March 30th and provided a luncheon for our medical providers. Dr. Julian Craig was selected as Physician of the Year by the medical staff.

I will be testifying at the Committee on Health and Human Services FY17 Budget Oversight Hearing on April 22, 2016 for Not-For-Profit Hospital Corporation.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

CFO Report

Prepared by:

Lilian Chukwuma

Chief Financial Officer

and

Steve Lyons,

Finance Committee

Chair



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

- March 2016 financial report

V. OTHER BUSINESS

- 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 May 17, 2016 at 2:30pm.

VII. ADJOURNMENT

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



FINANCE COMMITTEE

I. CALL TO ORDER



FINANCE COMMITTEE

II. ROLL CALL



FINANCE COMMITTEE

III. REVIEW OF MINUTES



Not-For-Profit Hospital Corporation
Finance Committee Meeting Minutes
March 15, 2016

Present: Steve Lyons, (Committee Chair), Chris Gardiner, (NFPHC BOD Chairman), Andrew L. Davis, Lilian Chukwuma, Konrad Dawson, MD, Hugh (Mickey) Blackman, Perry K. Sheeley, Donna Freeman (Corporate Secretary)

Excused: Girume Ashenafi, Virgil McDonald,

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:35 p.m.	
Determination of a Quorum	A quorum was determined by Steve Lyons, Finance Committee Chair	
Approval of the Agenda	The printed agenda was accepted.	
Approval of Minutes	The meeting minutes of February 16, 2016 were approved.	
Consent Agenda	N/A	
Review of Prior Meeting Action Items	N/A	

<p>Financial Statement Review</p>	<p>FINANCIAL REPORT</p> <p>Steve Lyons presented Summary of Operating Results for the month ending February 29, 2016. <i>(Attachments presented to Committee members and filed in the Office of the Secretary of the Corporation)</i></p> <p>Discussion Highlights <i>(Please refer to financial statements provided in Finance materials)</i>:</p> <ul style="list-style-type: none"> ○ For the month ending February 29, 2016, the hospital had a net loss of \$1.06 M, which was \$1.1 M higher than the budgeted net loss of \$145 thousand. ○ Net Income (Loss) from operations: the net loss was \$446 thousand, which exceeded the budgeted loss of \$428 thousand or 2446%. <i>These numbers reflect adjustments since the Finance Committee met.</i> ● Operating Expenses <ul style="list-style-type: none"> ○ The total operating expenses for the month were above budget by \$1.45M, or 16% and YTD exceeded budget by 11.4%. ○ SWBCL accounted for 62% of the total operating expenses for the month. SWBCL expenses totaled to \$6.4M, which were \$841 thousand above budget for the month and \$3.8M YTD. <ul style="list-style-type: none"> ▪ Paid FTEs for the period were 957, above budget by 63. ▪ Hospital FTEs – 845 (55 FTEs above budget). ▪ SNF FTEs-112 (8 FTEs above budget). ▪ Average hourly rate for paid employees was \$31.60 compared to a budgeted \$32.70 ○ Overtime accounted for \$359 thousand of total salary expense. Overtime represents 7.4% of total salary expense. 	
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	<ul style="list-style-type: none"> Professional Fees The Professional Fees expenses were \$720 thousand, which exceeded budget by \$146 thousand, or 26%. Purchased Services The Purchased Services expense for the month was \$1.374M, unfavorable to budget by \$449 thousand or 49%. Other Operating Expenses The Other Expense for the month was \$607 thousand, exceeding budget by 11%. Cash Flow On February 29, 2016, NFPHC held \$22.0M of cash, a decrease of \$2.1M over prior month. <ul style="list-style-type: none"> Day's cash on hand (excluding capital reserves) was 23.8 days, a decrease of 4.8 days from the previous month. \$900 thousand in cash was used by Operations. \$1.2M was used for capital additions. Collections Total cash collections for the month were 0.5% below budget. Accounts Receivable Net patient accounts receivable (AR) totaled \$13.9M as of February 29, 2016, and is above the prior month by \$1.46M. Aged Trade Payable As of February 29, 2016, trade accounts payable (AP) totaled \$11.6M, which was \$1.63M higher than the AP balance for the prior month. 	
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	<ul style="list-style-type: none"> • Liquidity At the end of February, net working capital was \$17.6M, a decrease in net working capital of approximately \$1.5M compared to the prior month. <p>Volume – Inpatient Total admissions for the reporting period were 607 which were 11 admissions higher than the budgeted admissions of 596.</p> <ul style="list-style-type: none"> • Hospital admissions – Hospital admissions were above budget by 1.7% for the month. • Med/Surgical admissions (including ICU) – Admissions to the Medical/Surgical unit were 16.7% higher than the budget. Medical/Surgical admissions accounted for 78% of the total hospital admissions. • Psychiatry admissions – Admissions to this unit were lower than budget by 16% for the reporting period. • Nursery/OBGYN admissions – Admissions to Nursery/OBGYN were below budget by 49.3% for the reporting period due to the retirement of one OB physician. • SNF admissions – Admissions on SNF were above budget by 31.4% for the reporting period. • Case Mix Index – The Hospital Case Mix Index was at 0.9407 for the month. The Medicare Case Mix Index was at 1.6700 for the month. <p>Volume – Outpatient</p> <ul style="list-style-type: none"> • Outpatient Visits – Outpatient visits were higher than budget by 14% primarily due to the clinic activity which reflected an increase in visits of 67%. • Outpatient Revenue – Accounted for 48.0% of gross patient revenue which is above the budgeted target of 47.3%. • ED Volumes – ED visits were above budget by 7%. • Radiology Visits – Radiology visits fell below budget by 11.0%. 	
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	<ul style="list-style-type: none"> • Clinic Visits – Clinic visits were above budget by 22%. • Same Day Surgery – The actual visits in this category were 10% above budget. • Observation admissions – There were 204 observation admissions, exceeding budget by 11%. • ER visits – ER visits were above budget by 7%. <ul style="list-style-type: none"> ○ 604 admissions from ED, represents 100% of total admissions and 12.8% of total ED visits. ○ 1.38% of ED visits had zero charges applied. 	
Other Business	<p>Any expected financial issues/pressures</p> <p>Extensive discussions were held on the following:</p> <p>RESTRUCTURING PLAN: Andrew L. Davis, Interim CEO, led the discussion regarding the Restructuring Plan. The three unions were notified on Thursday evening and the notification to non-union personnel has begun. There have been three articles written in the media regarding UMC's Restructuring Plan and Mr. Davis continues to maintain communication with staff through Town Hall meetings. Mr. Davis also provided an update on the balance of the Restructuring Plan.</p> <p>HOSPITAL OPERATOR CONTRACT: Steve Lyons provided an update on the steps being taken toward the negotiation process. The contract is under review by a Board appointed Ad Hoc committee.</p> <p>REVENUE CYCLE: Lilian Chukwuma, CFO and team are continuing to review UMC's systems and the current reporting process.</p> <p>CONTRACTS: Three family physicians and an urologist are scheduled to begin practicing at UMC in late 2016.</p>	

New Business	N/A	
Announcements	The next Finance Committee conference call will be Tuesday, April 19, 2016 at 2:30 p.m.	
	Meeting adjourned at 3:13 p.m.	

DRAFT



FINANCE COMMITTEE

IV. FINANCIAL STATEMENT REVIEW

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



Summary of Operating Results for the March 2016

Financial Results

The following table, table T1, provides a summary of the operating results of the Not-for-Profit Hospital Corporation (NFPHC) for year to date March 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

Month of March			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
\$ 9,631	\$ 9,570	\$ 7,630	\$ 61	1%	\$ 2,001	26%	Net patient services revenue	\$ 57,756	\$ 54,195	\$ 54,686	\$ 3,561	7%	\$ 3,069	6%
(1,015)	(995)	(960)	(20)	2%	(55)	6%	Provision for bad debt	(6,325)	(5,745)	(5,027)	(579)	10%	(1,297)	26%
8,616	8,575	6,669	41	0%	1,946	29%	Net patient services revenue	51,431	48,449	49,659	2,982	6%	1,772	3.6%
(9,632)	(9,453)	(9,392)	(179)	2%	(240)	3%	Total operating expenses	(60,453)	(56,205)	(53,964)	(4,248)	7.6%	(6,489)	12.0%
(1,016)	(878)	(2,722)	(138)	16%	1,707	-63%	Contribution from operations	(9,022)	(7,756)	(4,305)	(1,266)	16%	(4,717)	110%
-	122	455	(122)	-100%	(455)	-100%	Disproportionate share revenue	578	733	1,677	(155)	-21%	(1,099)	-66%
301	205	210	96	47%	91	43%	CMMC revenues	1,249	1,219	1,205	30	2%	44	4%
139	414	559	(275)	-66%	(420)	-75%	Other revenues	1,372	2,448	2,598	(1,076)	-44%	(1,226)	-47%
(576)	(136)	(1,499)	(440)	323%	923	-62%	Net income (loss) from operations	(5,823)	(3,356)	1,175	(2,467)	74%	(6,998)	-596%
4,298	163	(658)	4,135	2538%	4,956	-753%	Non operating inc (exp)	13,461	978	(3,658)	12,483	1277%	17,119	-468%
\$ 3,722	\$ 27	\$ (2,157)	\$ 3,696	13876%	\$ 5,879	-273%	Net income (loss)	\$ 7,638	\$ (2,378)	\$ (2,483)	\$ 10,016	-421%	\$ 10,121	-408%

Net Income

- The financial results for year to date reflect net income of \$7.6 million, which was \$10 million higher than the budgeted net loss of \$2.4 million, mainly due to receipt of District Subsidy of \$12.5 million.

Net Income (Loss) from Operations

- The net loss from operations through March 2016 was \$5.8 million, which exceeded the budgeted loss by \$2.5 million.
 - Net patient services revenue was higher than budget by \$3 million attributable to increase in patient receivables..
 - Operating expenses exceed year to date budget by \$4.2 million or 7.6%.
 - Other revenues reflect a cumulative budget shortfall of \$1.2 million.

Non-Operating Revenues

- Advances received from the District for capital and operations are the major factor that year to date non-operating income exceeded budget by \$12.5 million through March 2016.

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



Summary of Operating Results for the March 2016

Operating Expenses

- The total operating expenses for March 2016 YTD were above budget by \$4.2 million or 7.6% and higher than prior year by \$6.5 million or 12%. The negative variance can be attributed to budget shortfalls in SWBCL (\$3M), medical supplies (849K) and professional fees (\$569K).

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

T2 – Operating Expenses

Month of March			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Operating Expenses:														
5,217	4,356	4,290	861	19.8%	927	21.6%	Salaries and wages	29,331	27,355	24,977	1,976	7.2%	4,354	17.4%
1,188	1,256	1,130	(67)	-5.3%	59	5.2%	Employee benefits	7,408	7,368	6,650	40	0.5%	758	11.4%
134	183	533	(49)	-26.8%	(398)	-74.8%	Contract labor	2,062	1,093	2,375	969	88.6%	(313)	-13.2%
1,590	1,177	1,385	413	35.1%	205	14.8%	Medical supplies	7,871	7,021	6,861	849	12.1%	1,010	14.7%
655	611	640	45	7.4%	15	2.4%	Professional fees	4,076	3,507	3,482	569	16.2%	594	17.1%
198	1,188	829	(990)	-83.3%	(630)	-76.1%	Purchased services	5,781	5,906	5,557	(125)	-2.1%	225	4.0%
648	682	585	(34)	-5.0%	63	10.7%	Other operating expenses	3,924	3,954	4,062	(31)	-0.8%	(138)	-3.4%
9,632	9,453	9,392	179	1.9%	240	2.6%	Total	60,453	56,205	53,964	4,248	7.6%	6,489	12.0%

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 March								Year-To-Date						
Actual	% Total	Budget	% Total	Prior Year	% Total	% Var		Actual	% Total	Budget	% Total	Prior Year	% Total	% Var
Operating Expenses:														
6,540	68%	5,795	61%	5,953	63%	10%	SWBCL	38,801	64%	35,816	64%	34,002	63%	14%
1,590	17%	1,177	12%	1,385	15%	15%	Medical supplies	7,871	13%	7,021	12%	6,861	13%	15%
655	7%	611	6%	640	7%	2%	Professional fees	4,076	7%	3,507	6%	3,482	6%	17%
198	2%	1,188	13%	829	9%	-76%	Purchased services	5,781	10%	5,906	11%	5,557	10%	4%
648	7%	682	7%	585	6%	11%	Other operating expe	3,924	6%	3,954	7%	4,062	8%	-3%
9,632	100%	9,453	100%	9,392	100%	3%	Total	60,453	100%	56,205	100%	53,964	100%	12%

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



Summary of Operating Results for the March 2016

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

- SWBCL accounted for 64% of the total operating expenses for the year. SWBCL expenses totaled to \$38.8 million, which were \$3.0 million above budget year-to-date.

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

- Paid FTEs for the month were 896 (2 above budget).
 - Man-hours per Adjusted Patient Day exceed target.
 - Hospital FTEs - 793 (3 above budget)
 - SNF FTEs - 103 (1 below budget)
 - Average hourly rate for hospital paid employees was \$36.39 compared to a budgeted \$31.02
- \$370 thousand of the increase in the payroll was accounted for by the Reductions in Work Force of 60 FTE's and the subsequent pay of the severance packages. Further an additional \$50 thousand increase was realized as the CEO was transferred from Huron Consulting to United Medical payroll.
- Overtime accounted for \$2.03 million of year to date total salary expense. Overtime as a percent of total salary expense was 6.9%. Overtime FTEs were 53.8 for the hospital, 9.04 for the SNF. The top five departments utilizing overtime are:
 - ER Nursing - 13.9%
 - SNF Nursing - 12.1%
 - 5W Telemetry – 11.1%
 - 8W Med/Surg – 9.4%
 - Security – 7.2%
- Contract Labor expenses totaled \$2.06 million through March 2016 exceeding the budget by \$969 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 \$68 thousand.
 - Case Management - Exceeded budget by \$86 thousand due to four vacant positions.
 - Health Information Management - Exceeded budget by \$240 thousand due outside firms contracted for coding. There are ongoing plans to bring coding back in-house.
 - Information Technology exceeded budget by \$281 thousand due to resources utilized for various IT projects.

Employee Benefits

- The total expenses for the year reflected a negative budget variance of \$40 thousand or 1%.

Medical/Other Supplies

- The total expenses through March 2016 were \$7.9 million, exceeding year to date budget by \$849 thousand. The following areas contributed to these variances:

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



Summary of Operating Results for the March 2016

- Food Services – Exceeded budget by \$173 thousand due to additional food and supplies because of a higher census from Dec 2015 – March 2016.
- Blood Bank – Exceeded budget by \$97 thousand due to increased demand for blood and related supplies.
- General Stores had an unfavorable budget variance of \$109 thousand
- Pharmaceuticals exceed YTD budget by \$450 thousand due to spend for HIV and infectious disease drugs and increase dosage of expensive drugs.

Professional Fees

- The Professional Fees expense for the year was \$4.07 million, which exceeded budget by \$569 thousand or 16%. 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. Also we have been trending over budget for Anesthesiology Pro Fees by \$40K monthly.

Purchased Services

- The Purchased Services expense through March 2016 totaled \$5.8 million, reflecting a positive budget variance of \$125 thousand. In March 2016, Huron fees were adjusted downward by \$663 thousand, based on the invoiced amounts for services rendered through March 2016.

Other Expenses

- Other Expenses YTD were \$3.9 million in March 2016, reflecting a positive comparison to budget of \$31 thousand.
- Other expenses are under budget in March 2016 primarily due to the FY2016 rents & leases budget being more focused on skilled care patients as opposed to long-term acute care patients in the prior year hence the assumption that expenses would increase.

Cash Flow

On March 31, NFPHC held \$23.7 million of cash and equivalents, an increase of \$1.7 million over prior month. The year to date change in cash was \$864 thousand. Day's cash on hand was 23.8 days (excluding capital reserves), a decrease of 4.8 days from the previous month.

- \$12.1 million in net cash was used for operations year to date.
 - \$9.8 million was used for capital additions through March 2016.
-

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



Summary of Operating Results for the March 2016

T4 – Cash Collections

Month of March			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Cash Collections:														
8,923	8,193	8,096	730	8.9%	827	10.2%	Hospital	46,300	46,285	45,809	15	0.0%	491	1.1%
726	1,001	855	(275)	-27.5%	(129)	-15.1%	SNF	4,918	5,831	5,412	(913)	-15.7%	(494)	-9.1%
-	-	733	-	0.0%	(733)	-100.0%	DSH	868	733	1,677	135	18.4%	(809)	-48.2%
9,649	9,194	9,684	455	4.9%	(35)	-0.4%	Total	52,086	52,849	52,898	(763)	-1.4%	(812)	-1.5%

*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	\$ 52,086	\$	52,849
DSH Variance	-		(155)
Net Patient Revenue Variance	-		2,981
Other Revenue Variance	-		(1,046)
	<u>\$ 52,086</u>	<u>\$</u>	<u>54,629</u>
			-4.7%

Below are the highlights of cash collections year to date.

- Total collections were 1.4% below budget mainly due to shortfalls in Skilled Nursing Facility Collections.
- Hospital collections were on target with budget.
- SNF collections were slightly below budget by 16% resulting from various intake document issues that are currently being address.

Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 102.8% for March 2016.

Trailing 12 – month collections are 2.8% above the hospital's desired goal of 100%.

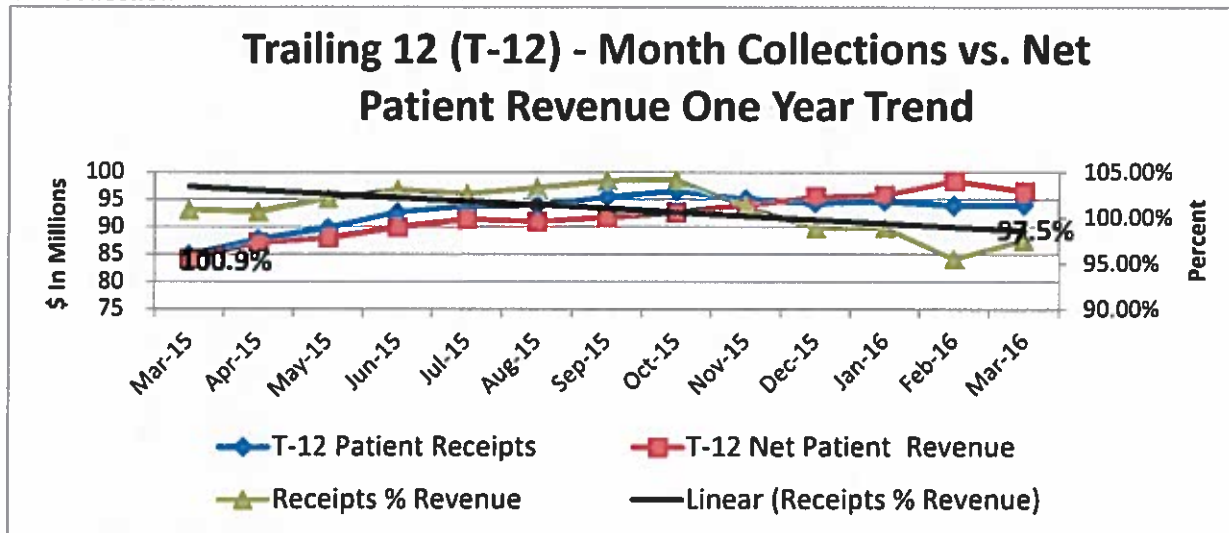
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Summary of Operating Results for the March 2016

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

C1 - Collection Trends – Patient Services



Accounts Receivable

Net patient accounts receivable (AR) totaled \$13.4 million as of March 31, 2016 reflecting a decrease from prior month by \$516 thousand but a year to date increase of \$2.6 million.

- Net Days in A/R – Finished at 47.9 days for March year- to-date.

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled \$9.7 million, which was lower than the AP balance for the prior month.
- Average payment period – shows 64.8 days for fiscal year 2016 to date.

C2 – Weekly AP Trend

Liquidity

At the end of March 2016, net working capital was \$23.8million. This is an increase of approximately \$6.9 million compared to the prior month.

Current Ratio – Finished at 2.4 in the current month, compared to 1.7 in the previous month.

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



Summary of Operating Results for the March 2016

Statistical information

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

T6 – Selected Statistics

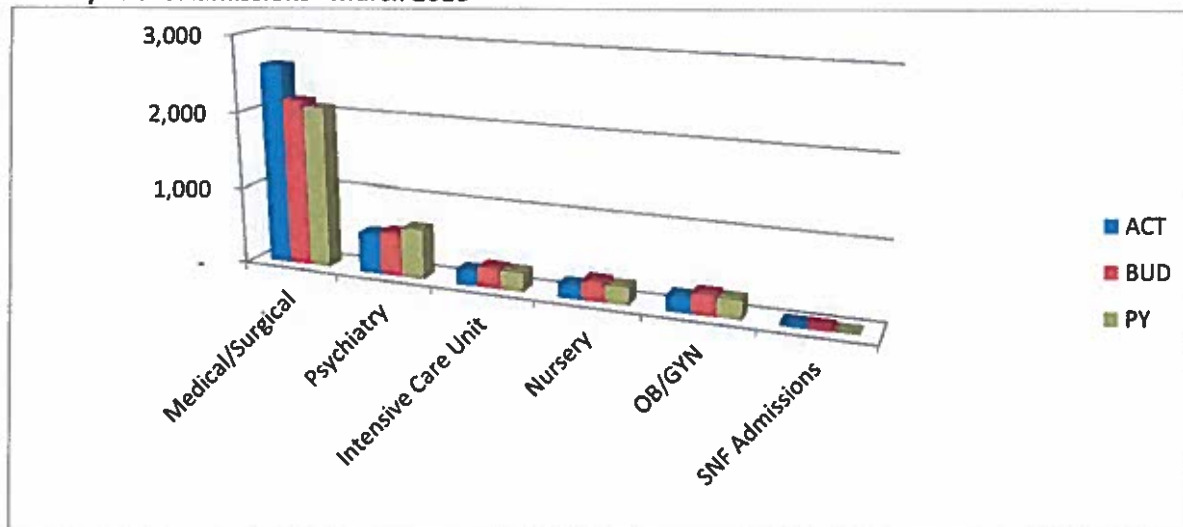
Month of March			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Selected Statistics:														
1.99	2.11	2.09	(0)	-6%	(0)	-5%	Conversion factor (acute services)	2.05	2.06	2.00	(0)	-1%	0	3%
680	604	600	76	13%	80	13%	Total admissions	3,732	3,552	3,457	180	5%	275	8%
7,279	6,827	6,424	452	7%	855	13%	Total days	42,006	40,172	39,123	1,834	5%	2,883	7%
234.8	220.2	207.2	14.6	7%	27.6	13%	Total average daily census	229.5	220.7	215.0	8.8	4%	14.6	7%
66.3%	62.2%	58.5%	4.1%	7%	7.8%	13%	Occupancy	64.8%	62.4%	60.7%	2.5%	4%	4.1%	7%
5,306	5,075	4,493	231	5%	813	18%	ER Visits	29,048	28,066	26,481	982	3%	2,567	10%
202	150	171	52	34%	31	18%	Surgeries	1,058	969	992	89	9%	66	7%
896	894	853	2	0%	43	5%	Paid FTEs (excl. agency)	916	889	852	27	3%	64	7%
\$6,372	\$6,721	\$5,317	(350)	-5%	1,054	20%	Adj. net patient revenue per AA	\$6,722	\$6,613	\$7,193	110	2%	(471)	-7%
\$595	\$594	\$497	1	0%	99	20%	Adj. net patient revenue per APD	\$597	\$585	\$636	13	2%	(38)	-6%
-	1.09	1.02	(1.09)	-100%	(1.02)	-100%	Case mix (hospital)	1.07	1.09	1.10	(0.02)	-2%	(0.03)	-2%

Volume - Inpatient

Total admissions for the year to date March 2016 were 3,732, which were 180 admissions higher than the budgeted admissions of 3,552.

Chart C3 below shows inpatient admissions for the month.

C3 – Inpatient Admissions – March 2016



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



Summary of Operating Results for the March 2016

Below are highlights on inpatient admissions March 2016 year to date.

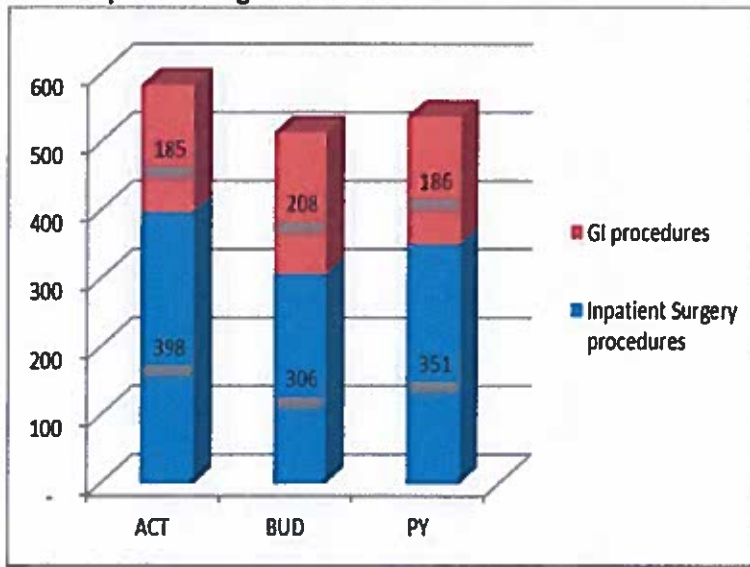
- **Hospital admissions** – Hospital Admissions were above budget by 5% for the month.
- **Medical/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 21% higher than the budget. Medical/Surgical admissions accounted for 69.9% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 8% for the reporting period. (13.9% of total acute admissions)
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were below the budget by 49.3% for the reporting period.
- **SNF admissions** – Admissions on SNF were above budget by 2% for the reporting period.
- **Case Mix index** – The Hospital Case Mix index was at 1.0779 year to date. The Medicare Case Mix index was at 1.5938 through March 2016.

Inpatient Patient Days

- The total patient days for the year were 42,006, above budget by 5%.
- Acute LOS for the month was 5.8 days, slightly over budget by 0.2% .
- Occupancy (licensed beds) – 54.1% acute | 93.9% SNF

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

C4 – Inpatient Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed were above expectations by 13% for the reporting period.

Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month was 30% above budget.

GI Procedures – GI procedures performed were 11% below budget for the reporting period.

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

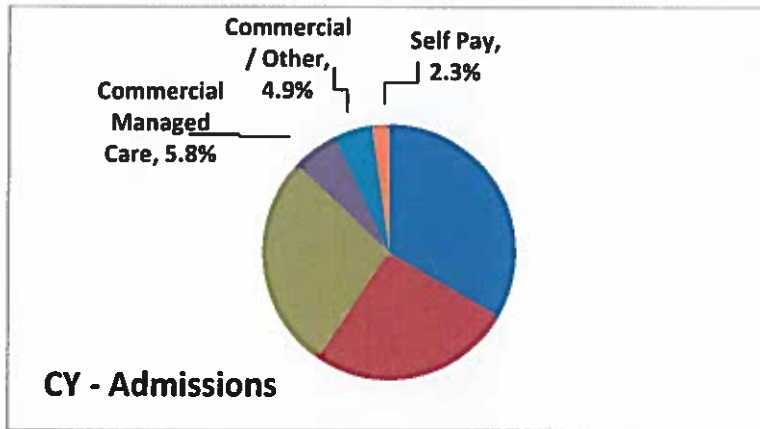


Summary of Operating Results for the March 2016

Inpatient Payor Mix

Chart C5 and table T7 below show the various types of inpatient payors for the March 2016

C5 - Inpatient Payor Mix – February 2016



T7 (1) – Inpatient Payor Mix Percentages

Month of March				Year-To-Date				
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
Admissions %								
32.9%	28.4%	30.8%	16%	Medicare	33.9%	29.2%	30.2%	16%
23.5%	25.4%	26.0%	-7%	Medicaid	25.2%	25.8%	26.8%	-2%
32.4%	32.7%	31.5%	-1%	HMO Care/Caid	27.9%	31.7%	30.6%	-12%
5.3%	6.1%	6.8%	-14%	Commercial Managed Care	5.8%	6.1%	6.9%	-4%
2.9%	4.1%	3.2%	-29%	Commercial/Other	4.7%	4.0%	4.0%	18%
2.9%	3.3%	1.7%	-11%	Self Pay	2.5%	3.3%	1.5%	-23%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

- Compared to budget, the inpatient payor mix for the month reflects an increase of 26.7%.

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



Summary of Operating Results for the March 2016

T7 (2) – Inpatient Payor Mix

Month of December					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
Admissions								
224	171	185	31%	Medicare	1,264	1,036	1,045	22%
160	153	156	5%	Medicaid	939	916	926	3%
220	197	189	12%	HMO Care/Caid	1,043	1,126	1,058	-7%
36	37	41	-3%	Commercial Managed Care	216	215	240	0%
20	25	19	-20%	Commercial	176	142	137	24%
20	20	10	0%	Self Pay	94	116	51	-19%
680	603	600	13%		3,732	3,551	3,457	5%

Volume -Outpatient

Total outpatient visits year to date for March 2016 totaled 48,825, which were below than budget by 2.5%. 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 March						Year-To-Date				
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Budget Variance %
Visits										
5,306	5,075	4,493	231	4.6%	Emergency services	29,048	28,066	###	982	3.5%
1,326	1,437	1,220	(111)	-7.7%	Radiology	6,636	8,540	1,220	(1,904)	-22.3%
2,038	1,420	1,536	618	43.5%	Clinics	11,232	11,420	8,601	(188)	-1.6%
308	291	309	17	5.8%	Laboratory	1,415	1,584	1,479	(169)	-10.7%
100	71	80	29	40.8%	Same Day Surgeries	494	455	469	39	8.6%
9,078	8,294	7,638	784	9.5%	Total	48,825	50,065	###	(1,240)	-2.5%
558	514	443	44	8.6%	ER Visits Admitted as IP	3,496	2,943	1,517	2,937	18.8%

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



Summary of Operating Results for the March 2016

T9 – Visits per Day

Month of March					Year-To-Date					
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Variance %
Visits Per Day										
171.2	163.7	144.9	7.5	4.6%	Emergency services	158.7	153.4	144.3	5.4	3.5%
42.8	46.4	39.4	(3.6)	-7.7%	Radiology	36.3	46.7	6.7	(10.4)	-22.3%
65.7	45.8	49.5	19.9	43.5%	Clinics	61.4	62.4	47.0	(1.0)	-1.6%
9.9	9.4	2.6	0.5	5.8%	Laboratory	7.7	8.7	8.1	(0.9)	-10.7%
3.1	2.3	2.5	0.8	35.2%	Same Day Surgeries	2.7	2.5	2.6	0.2	8.6%

Below are the highlights of the outpatient statistics year to date March 2016:

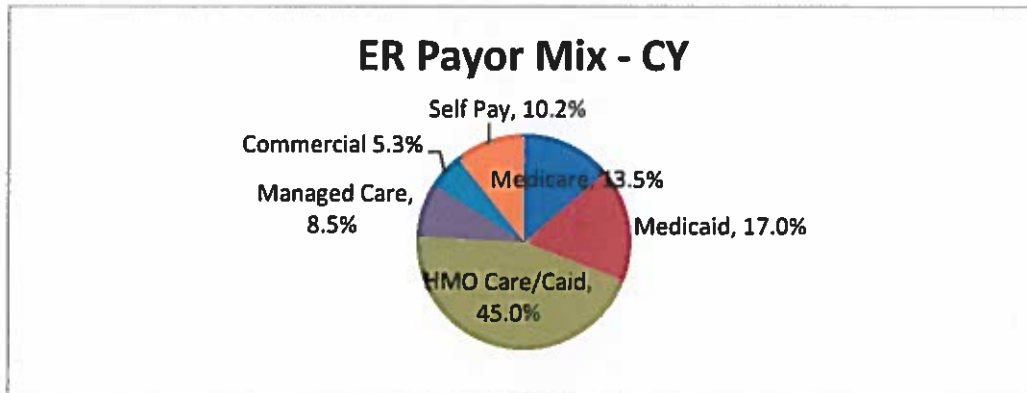
- **Outpatient visits** –Outpatient visits were below budget by 2.5% primarily due to the radiology activity which reflected a decrease in visits of 22.3%.
- **Outpatient revenue** –Outpatient revenue accounted for 47.75% of gross patient revenue which is above the budgeted target of 47.55%.
- **ED volumes** –ED visits were above budget by 3.5%.
- **Radiology Visits** –Radiology visits fell below budget by 22.3%.
- **Clinic Visits** –Clinic visits were above budget by 1.6%.
 - Primary Care was up 85.3% compared to budget.
 - Obstetrics was down by 19.8% compared to budget.
 - Wound Care was below budget by 33%
 - Occupational Health was above budget by 140.5%.
 - Mobile Health Van visits were below budget by 88.7%.
- **Same Day surgery** – Actual visits in this category were above budget by 8.5%.
- **Observation admissions** – There were 1,210 observation admissions, exceeding budget by 6.9%.
- **ER visits** –ER visits were above budget by 6.9%.
 - There were 3,496 admissions from ED, representing 93.6% of total admissions and 12.03% of total ED visits.
 - 2.28% of ED visits had zero charges applied.

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



Summary of Operating Results for the March 2016

C6 – ER Outpatient Payor Mix



T10 (1) —ER Outpatient Payor Mix by Percentages

Month of March					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
Emergency Visits %								
13.3%	12.7%	13.1%	5%	Medicare	13.8%	12.7%	13.5%	8%
16.6%	16.7%	16.7%	-1%	Medicaid	17.0%	16.7%	16.6%	1%
47.5%	42.8%	45.9%	11%	HMO Care/Caid	45.0%	42.8%	46.6%	5%
7.8%	8.0%	8.8%	-3%	Commercial Managed Care	8.2%	8.0%	8.5%	2%
4.5%	5.6%	5.9%	-19%	Commercial/Other	5.2%	5.6%	5.5%	-6%
10.2%	14.2%	9.5%	-28%	Self Pay	10.9%	14.2%	9.2%	-23%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

- Government sponsored plans comprised 75.23 of total ED visits.

T10(2) —Outpatient Payor Mix

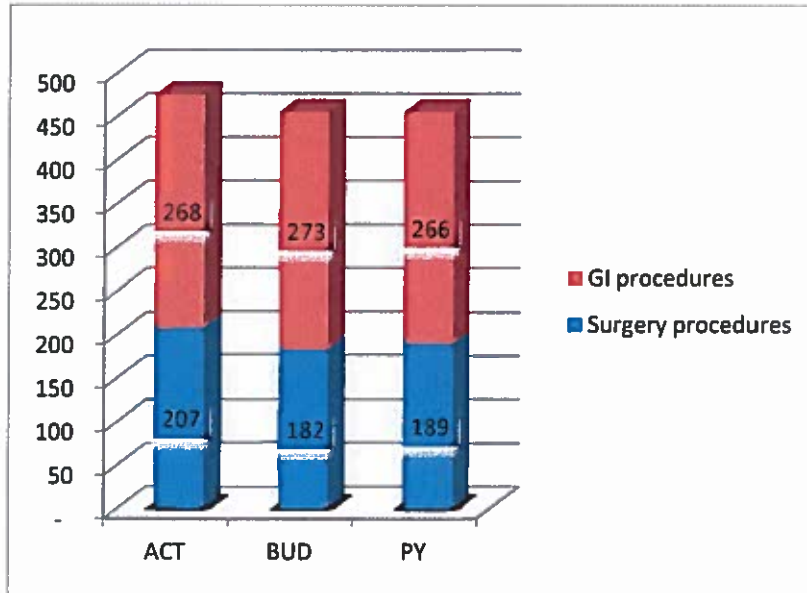
Month of March					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance		Actual	Budget	Prior Year	Budget Variance
Emergency Visits								
705	645	590	9%	Medicare	4,004	3,568	3,578	12%
883	849	751	4%	Medicaid	4,930	4,696	4,391	5%
2,521	2,171	2,062	16%	HMO Care/Caid	13,062	12,008	12,304	9%
414	407	397	2%	Commercial Managed Care	2,374	2,248	2,239	6%
241	284	265	-15%	Commercial	1,523	1,572	1,466	-3%
542	719	428	-25%	Self Pay	3,155	3,975	2,437	-21%
5,306	5,075	4,493	5%	Total Emergency Visits	29,048	28,067	26,415	3%

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



Summary of Operating Results for the March 2016

C7 – Outpatient Surgical Procedures



Outpatient Surgical Procedures – The total outpatient surgical procedures performed were above expectations by 4.3%.

Outpatient Surgeries – The total number of outpatient surgeries performed in February were 13.9% above budget.

Outpatient GI Procedures – The total number of GI procedures performed in February were 2% below budget.



Not-For-Profit Hospital Corporation

UNAUDITED
Financial Statements
March 31, 2016

DRAFT

Last Update:

4/14/2016 14:20

**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 six month period ending March 31, 2016

Dollars in thousands

Month of March				
Actual	Budget	Var.	Var. %	Prior Year
680	604	76	13%	600
7,279	6,827	452	7%	6,424
5.6	5.5	0.1	2%	5.7
5,306	5,075	231	5%	4,493
896	894	2	0%	853

Statistics:

Total Admissions	3,732	3,552	180	5%	3,457
Total Days (Acute & SNF)	42,006	40,172	1,834	5%	39,123
Hospital Average Patient Stay	5.8	5.6	0	4%	5.7
ER Visits	29,048	28,066	982	3%	26,481
Full Time Equivalents	916	889	27	3%	852

\$ 15,653	\$ 13,999	1,653	12%	\$ 12,497
13,692	13,300	393	3%	11,924
29,345	27,299	2,046	7%	24,422

Revenues:

Gross inpatient revenues	\$ 83,729	\$ 82,234	1,495	2%	\$ 80,417
Gross outpatient revenues	76,530	74,640	1,890	3%	69,525
Total Gross Revenues	160,259	156,874	3,385	2%	149,942

Deductions From Revenues:

19,714	17,360	2,354	14%	16,552
1,015	995	20	2%	960
-	301	(301)	-100%	98
-	68	(68)	-100%	142
-	-	-	0%	-
-	(122)	122	-100%	(455)
20,729	18,602	2,128	11%	17,297
8,616	8,697	(81)	-1%	7,124
301	205	96	47%	210
139	414	(275)	-66%	559
9,056	9,317	(261)	-3%	7,893

Contractual discounts	101,306	100,562	744	1%	92,903
Provision for bad debt	6,325	5,745	579	10%	5,027
Charity care	1,043	1,733	(691)	-40%	1,674
Other deductions/adjustments	155	385	(230)	-60%	679
DC OP Supplemental Payment	-	-	-	0%	-
Disproportionate share revenues	(578)	(733)	155	-21%	(1,677)
Total Deductions From Revenues	108,249	107,692	558	1%	98,605
Net patient services revenue	52,010	49,183	2,827	6%	51,337

CNMC revenues	1,249	1,219	30	2%	1,205
Other revenues	1,372	2,448	(1,076)	-44%	2,598
Total Operating Revenues	54,630	52,849	1,781	3%	55,139

Operating Expenses:

5,217	4,356	861	20%	4,290
1,188	1,256	(67)	-5%	1,130
134	183	(49)	-27%	533
1,590	1,177	413	35%	1,385
655	611	45	7%	640
198	1,188	(990)	-83%	829
648	682	(34)	-5%	585
9,632	9,453	179	2%	9,392
(576)	(136)	(440)	323%	(1,499)

Salaries and wages	29,331	27,355	1,976	7%	24,977
Employee benefits	7,408	7,368	40	1%	6,650
Contract labor	2,062	1,093	969	89%	2,375
Medical/ other supplies	7,871	7,021	849	12%	6,861
Professional fees	4,076	3,507	569	16%	3,482
Purchased services	5,781	5,906	(125)	-2%	5,557
Other expenses	3,924	3,954	(31)	-1%	4,062
Total Operating Expenses	60,453	56,205	4,248	8%	53,964
Net Income (Loss) From Operation	(5,823)	(3,356)	(2,467)	74%	1,175

Nonoperating (Income)/Expense:

(11)	33	(43)	-133%	65
713	683	29	4%	593
(5,000)	(879)	(4,121)	469%	-
(4,298)	(163)	(4,135)	2538%	658
\$ 3,722	\$ 27	\$ 3,696	13876%	\$ (2,157)

Interest (Income)/Expense	0	196	(195)	-100%	103
Depreciation and amortization	3,691	4,100	(409)	-10%	3,558
District Cap. Rev./ Other	(17,152)	(5,273)	(11,879)	225%	(3)
Total Nonoperating (Inc)/Exp	(13,461)	(978)	(12,483)	1277%	3,658
Net Income (Loss)	\$ 7,638	\$ (2,378)	\$ 10,016	-421%	\$ (2,483)

United Medical Center
Consolidated Net Position
March 31, 2016

Dollars in Thousands

Mar-16	Feb-16	MTD Change		Mar-15	Sep-15	YTD Change
			Current Assets:			
\$ 23,694	\$ 21,997	\$ 1,697	Cash and equivalents	\$ 12,221	\$ 22,829	\$ 864
13,396	13,912	(516)	Net accounts receivable	13,515	10,804	2,593
1,775	1,702	73	Inventories	1,536	1,460	314
2,234	2,323	(89)	Prepaid and other assets	1,896	1,942	292
41,099	39,934	1,165	Total current assets	29,168	37,035	4,063
			Long-Term Assets:			
837	692	145	Estimated third-party payor settlements	66	837	-
68,277	67,883	394	Capital assets	56,164	62,240	6,037
-	-	-	Intangible assets	20	-	-
69,114	68,575	539	Total long term assets	56,250	63,076	6,037
\$ 110,212	\$ 108,508	\$ 1,704	Total assets	\$ 85,418	\$ 100,112	\$ 10,100
			Current Liabilities:			
\$ 86	\$ 96	(10)	Current portion, capital lease obligation	\$ 377	\$ 159	\$ (74)
9,678	11,585	(1,907)	Trade payables	7,085	9,812	(135)
9,354	8,727	627	Accrued salaries and benefits	6,409	7,134	2,220
-	-	-	Unearned District Capital Fund	-	(1,041)	1,041
-	-	-	Estimated third-party payor settlements	234	-	-
2,275	2,611	(336)	Other liabilities	3,378	2,237	38
21,392	23,018	(1,626)	Total current liabilities	17,484	18,302	3,090
			Long-Term Liabilities:			
-	-	-	Unearned grant revenue	1,452	-	-
132	132	-	Capital lease obligations	255	132	-
-	-	-	Subsidy from District of Columbia	1,507	1,041	(1,041)
4,749	5,144	(396)	Estimated third-party payor settlements	421	4,339	409
2,335	2,335	-	Contingent & other liabilities	1,773	2,335	-
7,216	7,611	(396)	Total long term liabilities	5,408	7,848	(632)
			Net Position:			
81,604	77,879	3,725	Unrestricted	62,526	73,962	7,642
81,604	77,879	3,725	Total net position	62,526	73,962	7,642
\$ 110,212	\$ 108,508	\$ 1,704	Total liabilities and net position	\$ 85,417	\$ 100,112	\$ 10,100

United Medical Center
Consolidated Statement of Cash Flows
For the six month period ending March 31, 2016

Month of March			Dollars in Thousands	
			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
Cash flows from operating activities:				
\$ 24,504	\$ 9,152	Receipts from and on behalf of patients	\$ 49,826	\$ 23,035
(11,877)	(3,699)	Payments to suppliers and contractors	(26,190)	(9,667)
(16,914)	(6,369)	Payments to employees and fringe benefits	(34,520)	(16,141)
1,286	1,348	Other receipts and payments, net	2,620	2,409
(3,001)	431	Net cash provided by (used in) operating activities	(8,263)	(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:				
5,006	3	Receipts (payments) from/(to) District of Columbia	17,152	3
5,006	3	Net cash provided by noncapital financing activities	17,152	3
Cash flows from capital and related financing activities:				
(48)	(31)	Repayment of capital lease obligations	(74)	(104)
(2,337)	(1,136)	Change in capital assets	(7,955)	(2,415)
(2,384)	(1,166)	Net cash (used in) capital and related financing activities	(8,029)	(2,520)
(379)	(732)	Net increase (decrease) in cash and cash equivalents	861	(2,881)
21,997	14,291	Cash and equivalents, beginning of period	22,829	16,439
\$ 21,618	\$ 13,558	Cash and equivalents, end of period	\$ 23,691	\$ 13,558

United Medical Center
Consolidated Inpatient Statistics
For the six month period ending March 31, 2016

Month of March					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Admissions									
511	363	148	40.7%	341	2,610	2,165	445	21%	2,093
65	97	(32)	-32.9%	131	518	562	(44)	-8%	644
28	43	(15)	-34.2%	31	191	255	(64)	-25%	238
29	48	(19)	-40.0%	46	173	259	(86)	-33%	227
38	46	(8)	-17.7%	42	197	268	(71)	-26%	239
671	597	74	12.4%	591	3,689	3,509	180	5%	3,441
9	6	3	40.7%	9	43	42	1	2%	16
680	604	76	12.7%	600	3,732	3,552	180	5%	3,457
Patient Days									
2,726	1,968	758	38.5%	2,108	14,393	12,174	2,219	18%	12,561
539	765	(226)	-29.5%	718	4,052	4,090	(38)	-1%	3,812
358	321	37	11.5%	286	1,907	1,947	(40)	-2%	2,013
71	111	(40)	-36.0%	116	483	602	(119)	-20%	620
83	142	(59)	-41.7%	133	527	815	(288)	-35%	721
3,777	3,307	470	14.2%	3,361	21,362	19,627	1,735	9%	19,727
3,502	3,520	(18)	-0.5%	3,063	20,644	20,544	100	0%	19,396
7,279	6,827	452	6.6%	6,424	42,006	40,172	1,834	5%	39,123
Average Patient Stay									
5.3	5.4	(0.1)	-1.5%	6.2	5.5	5.6	(0.1)	-2%	6.0
8.3	7.9	0.4	5.1%	5.5	7.8	7.3	0.5	8%	5.9
12.8	7.5	5.2	69.5%	9.2	10.0	7.6	2.4	31%	8.5
2.4	2.3	0.2	6.7%	2.5	2.8	2.3	0.5	20%	2.7
2.2	3.1	(0.9)	-29.2%	3.2	2.7	3.0	(0.4)	-12%	3.0
5.6	5.5	0.1	1.6%	5.7	5.8	5.6	0.2	4%	5.7
Per Day Analysis									
21.9	19.5	2.5	12.7%	19.4	20.4	19.5	0.9	5%	19.0
121.8	106.7	15.2	14.2%	108.4	116.7	107.8	8.9	8%	108.4
113.0	113.6	(0.6)	-0.5%	98.8	112.8	112.9	(0.1)	0%	106.6
Surgical Procedures									
83	50	33	66.1%	58	398	306	92	30%	351
28	30	(2)	-5.2%	34	185	208	(23)	-11%	186
111	80	31	39.6%	92	583	514	69	13%	537
Cash Collections									
\$ -	\$ -	-	0.0%	\$ 733	\$ 868	\$ 733	135	18%	\$ 1,677
726	1,001	(275)	-27.5%	855	4,918	5,831	(913)	-16%	5,412
8,923	8,193	730	8.9%	8,096	46,300	46,285	15	0%	45,809
\$ 9,649	\$ 9,194	455	4.9%	\$ 9,684	\$ 52,086	\$ 52,849	(763)	-1%	\$ 52,898
Case Mix Index (CMI)									
1.0779	1.0900	(0.0121)	-1.1%	1.0200	1.0709	1.0900	(0.0191)	-2%	1.0956
1.5928	1.5100	0.0828	5.5%	1.3900	1.5938	1.5100	0.0838	6%	1.5267
1.0050	1.0400	(0.0350)	-3.4%	0.9900	0.9392	1.0400	(0.1008)	-10%	1.0333

United Medical Center
Consolidated Outpatient Statistics
For the six month period ending March 31, 2016

Month of March					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Visits									
5,306	5,075	231	5%	4,493	29,048	28,066	982	3.5%	26,415
1,326	1,437	(111)	-8%	1,220	6,636	8,540	(1,904)	-22.3%	1,220
2,038	1,420	618	44%	1,536	11,232	11,420	(188)	-1.6%	8,601
308	291	17	6%	309	1,415	1,584	(169)	-10.7%	1,479
100	71	29	41%	80	494	455	39	8.5%	469
<u>9,078</u>	<u>8,292</u>	<u>786</u>	<u>9%</u>	<u>7,638</u>	<u>48,825</u>	<u>50,065</u>	<u>(1,240)</u>	<u>-2.5%</u>	<u>38,184</u>
Emergency Visits									
184	164	20	12%	145	665	905	(240)	-26.5%	856
225	190	35	18%	168	868	1,303	(435)	-33.4%	1,236
2	30	(28)	-93%	27	161	218	(57)	-26.3%	210
547	268	279	104%	237	3,000	1,527	1,473	96.4%	1,437
2,187	2,069	118	6%	1,832	12,305	11,900	405	3.4%	11,236
1,583	1,855	(272)	-15%	1,643	8,900	9,269	(369)	-4.0%	8,734
261	219	42	19%	194	1,331	1,274	57	4.5%	1,206
317	279	38	14%	247	1,818	1,668	150	9.0%	1,566
0	0	-	0%	0	0	0	-	0.0%	0
<u>5,306</u>	<u>5,075</u>	<u>231</u>	<u>5%</u>	<u>4,493</u>	<u>29,048</u>	<u>28,066</u>	<u>982</u>	<u>3.5%</u>	<u>26,481</u>
558	514	44	9%	443	3,496	2,943	553	18.8%	2,937
Clinic Visits									
1,211	616	595	97%	989	6,690	3,610	3,080	85.3%	5,607
141	220	(79)	-36%	108	863	1,289	(426)	-33.0%	493
277	330	(53)	-16%	287	1,550	1,932	(382)	-19.8%	1,740
3	10	(7)	-69%	11	50	56	(6)	-11.4%	50
19	13	6	46%	26	186	77	109	140.5%	120
334	232	102	44%	115	1,543	1,357	186	13.7%	591
53	529	(476)	-90%	-	350	3,098	(2,748)	-88.7%	-
<u>2,038</u>	<u>1,949</u>	<u>89</u>	<u>5%</u>	<u>1,536</u>	<u>11,232</u>	<u>11,420</u>	<u>(188)</u>	<u>-1.6%</u>	<u>8,601</u>
Radiology Procedures									
109	84	25	30%	61	490	624	(134)	-21.4%	378
933	670	263	39%	600	4,824	4,168	656	15.7%	3,748
3,428	3,412	16	0%	3,061	18,881	19,974	(1,093)	-5.5%	17,708
<u>4,470</u>	<u>4,166</u>	<u>304</u>	<u>7%</u>	<u>3,722</u>	<u>24,195</u>	<u>24,766</u>	<u>(571)</u>	<u>-2.3%</u>	<u>21,834</u>
Surgical Procedures									
35	29	6	21%	29	207	182	25	13.9%	189
56	42	14	34%	50	268	273	(5)	-2.0%	266
<u>91</u>	<u>71</u>	<u>20</u>	<u>29%</u>	<u>79</u>	<u>475</u>	<u>455</u>	<u>20</u>	<u>4.3%</u>	<u>455</u>
Observations									
213	207	6	3%	166	1,210	1,132	78	6.9%	1,137
300	311	(11)	-4%	199	1,757	1,697	60	3.5%	1,331
Visits Per Day									
170.1	163.7	6	4%	144.9	158.5	154.2	4	2.8%	145.1
42.8	46.3	(4)	-8%	39.4	36.3	46.9	(11)	-22.7%	38.2
65.7	45.8	20	44%	49.5	61.4	45.7	16	34.2%	47.3
9.9	9.4	1	6%	10.0	7.7	8.7	(1)	-11.1%	8.1
3.2	2.3	1	41%	2.6	2.7	2.5	0	7.9%	2.6

United Medical Center
Consolidated Payor Mixtures
For the six month period ending March 31, 2016

Month of March					Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
Admissions										
224	171	53	31%	185	Medicare	1,264	1,036	228	22%	1,045
160	153	7	4%	156	Medicaid	939	916	23	2%	926
220	197	23	12%	189	HMO Care/Caid	1,043	1,126	(83)	-7%	1,058
36	37	(1)	-3%	41	Commercial Managed Care	216	215	1	0%	240
20	25	(5)	-18%	19	Commercial	176	142	34	24%	137
20	20	0	1%	10	Self Pay	94	116	(22)	-19%	51
680	604	76	13%	600	Total Admissions	3,732	3,552	180	5%	3,457
Patient Days										
1,714	2,168	(454)	-21%	1,358	Medicare	9,664	12,845	(3,181)	-25%	7,908
4,258	3,487	771	22%	3,846	Medicaid	24,825	20,410	4,415	22%	24,447
930	797	133	17%	858	HMO Care/Caid	4,921	4,687	234	5%	4,646
140	150	(10)	-7%	229	Commercial Managed Care	1,095	887	208	23%	1,180
158	121	37	30%	104	Commercial	982	732	250	34%	697
79	103	(24)	-23%	29	Self Pay	519	611	(92)	-15%	245
7,279	6,827	452	7%	6,424	Total Days (Acute & SNF)	42,006	40,172	1,834	5%	39,123
Emergency Visits										
705	645	60	9%	590	Medicare	4,004	3,568	436	12%	3,578
883	849	34	4%	751	Medicaid	4,930	4,696	234	5%	4,391
2,521	2,171	350	16%	2,062	HMO Care/Caid	13,062	12,008	1,054	9%	12,304
414	407	7	2%	397	Commercial Managed Care	2,374	2,248	126	6%	2,239
241	284	(43)	-15%	265	Commercial	1,523	1,572	(49)	-3%	1,466
508	719	(211)	-29%	428	Self Pay	3,121	3,975	(854)	-21%	2,437
5,272	5,075	197	4%	4,493	Total Emergency Visits	29,014	28,068	946	3%	26,415
Admissions %										
32.9%	28.4%	0.045	16%	30.8%	Medicare	33.9%	29.2%	0.047	16%	30.2%
23.5%	25.4%	(0.019)	-7%	26.0%	Medicaid	25.2%	25.8%	(0.006)	-2%	26.8%
32.4%	32.7%	(0.003)	-1%	31.5%	HMO Care/Caid	27.9%	31.7%	(0.038)	-12%	30.6%
5.3%	6.1%	(0.009)	-14%	6.8%	Commercial Managed Care	5.8%	6.1%	(0.003)	-4%	6.9%
2.9%	4.1%	(0.011)	-28%	3.2%	Commercial/Other	4.7%	4.0%	0.007	18%	4.0%
2.9%	3.3%	(0.003)	-10%	1.7%	Self Pay	2.5%	3.3%	(0.007)	-23%	1.5%
100.0%	100.0%	-	0%	100.0%	Total	100.0%	100.0%	-	0%	100.0%
Emergency Visits %										
13.4%	12.7%	0.007	5%	13.1%	Medicare	13.8%	12.7%	0.011	9%	13.5%
16.7%	16.7%	0.000	0%	16.7%	Medicaid	17.0%	16.7%	0.003	2%	16.6%
47.8%	42.8%	0.050	12%	45.9%	HMO Care/Caid	45.0%	42.8%	0.022	5%	46.6%
7.9%	8.0%	(0.002)	-2%	8.8%	Commercial Managed Care	8.2%	8.0%	0.002	2%	8.5%
4.6%	5.6%	(0.010)	-18%	5.9%	Commercial/Other	5.2%	5.6%	(0.004)	-6%	5.5%
9.6%	14.2%	(0.045)	-32%	9.5%	Self Pay	10.8%	14.2%	(0.034)	-24%	9.2%
100.0%	100.0%	-	0%	100.0%	Total	100.0%	100.0%	-	0%	100.0%

United Medical Center
Combining Statement of Operations
Fiscal Year 2016

Dollars in Thousands

	Month of March			Year - To - Date			
	Hospital	SNF	Total	Hospital	SNF	Eliminations	Total
Revenues:							
Gross inpatient revenues	\$ 13,851	\$ 1,801	\$ 15,653	\$ 72,876	\$ 10,853	\$ -	\$ 83,729
Gross outpatient revenues	13,692	-	13,692	76,530	-	-	76,530
Total Gross Revenues	<u>27,544</u>	<u>1,801</u>	<u>29,345</u>	<u>149,406</u>	<u>10,853</u>	<u>-</u>	<u>160,259</u>
Deductions From Revenues:							
Contractual discounts	18,860	854	19,714	96,395	4,911	-	101,306
Provision for bad debt	988	27	1,015	5,857	468	-	6,325
Charity care	-	-	-	1,043	-	-	1,043
Other deductions/adjustments	-	-	-	155	-	-	155
DC OP Supplemental Payment	-	-	-	-	-	-	-
Disproportionate share revenues	-	-	-	(578)	-	-	(578)
Total Deductions From Revenues	<u>19,848</u>	<u>881</u>	<u>20,729</u>	<u>102,871</u>	<u>5,378</u>	<u>-</u>	<u>108,249</u>
Net patient services revenue	7,696	920	8,616	46,535	5,475	-	52,010
CNMC revenues	301	-	301	1,249	-	-	1,249
Other revenues	139	-	139	1,372	0	-	1,372
Total Operating Revenues	<u>8,136</u>	<u>920</u>	<u>9,056</u>	<u>49,155</u>	<u>5,475</u>	<u>-</u>	<u>54,630</u>
Operating Expenses:							
Salaries and wages	4,752	465	5,217	26,590	2,741	-	29,331
Employee benefits	1,088	100	1,188	6,795	613	-	7,408
Contract labor	68	66	134	1,737	325	-	2,062
Medical/ other supplies	1,479	111	1,590	7,093	778	-	7,871
Professional fees	655	-	655	4,062	15	-	4,076
Purchased services	(37)	236	198	4,048	1,734	-	5,781
Other expenses	587	61	648	3,485	438	-	3,924
Total Operating Expenses	<u>8,592</u>	<u>1,040</u>	<u>9,632</u>	<u>53,810</u>	<u>6,643</u>	<u>-</u>	<u>60,453</u>
Net Income (Loss) From Operations	(456)	(120)	(576)	(4,654)	(1,169)	-	(5,823)
Nonoperating (Income)/Expense:							
Investment income	-	-	-	-	-	-	-
Interest expense	(11)	-	(11)	0	-	-	0
Depreciation and amortization	685	28	713	3,523	168	-	3,691
District Cap. Rev./ Other	(5,033)	33	(5,000)	(17,347)	195	-	(17,152)
Total Nonoperating (Inc)/Exp	<u>(4,359)</u>	<u>61</u>	<u>(4,298)</u>	<u>(13,824)</u>	<u>363</u>	<u>-</u>	<u>(13,461)</u>
Net Income (Loss)	<u>\$ 3,902</u>	<u>\$ (180)</u>	<u>\$ 3,722</u>	<u>\$ 9,169</u>	<u>\$ (1,532)</u>	<u>\$ -</u>	<u>\$ 7,638</u>

United Medical Center

Combining Net Position

Fiscal Year 2016

Dollars in Thousands

	Hospital	SNF	Eliminations	Total
Current Assets:				
Cash and equivalents	\$ 23,631	\$ 63	\$ -	\$ 23,694
Net accounts receivable	12,436	960	-	13,396
Due from SNF	29,320	-	(29,320)	-
Inventories	1,775	-	-	1,775
Prepaid and other assets	2,234	-	-	2,234
Total current assets	69,395	1,024	(29,320)	41,099
Long-Term Assets:				
Estimated third-party payor settlements	837	-	-	837
Capital assets	68,277	-	-	68,277
Intangible assets	-	-	-	-
Total long term assets	69,114	-	-	69,114
Total assets	\$ 138,508	\$ 1,024	\$ (29,320)	\$ 110,212
Current Liabilities:				
Current portion, capital lease obligation	\$ 86	\$ -	\$ -	\$ 86
Trade payables	9,476	201	-	9,678
Accrued salaries and benefits	8,891	463	-	9,354
Unearned District Capital Fund	-	-	-	-
Estimated third-party payor settlements	-	-	-	-
Due to UMC	-	29,320	(29,320)	-
Other liabilities	20,051	(17,776)	-	2,275
Total current liabilities	38,504	12,208	(29,320)	21,392
Long-Term Liabilities:				
Unearned grant revenue	-	-	-	-
Capital lease obligations	132	-	-	132
Estimated third-party payor settlements	4,749	-	-	4,749
Contingent & other liabilities	2,335	-	-	2,335
Total long term liabilities	7,216	-	-	7,216
Net Position:				
Unrestricted	92,788	(11,184)	-	81,604
Total net position	92,788	(11,184)	-	81,604
Total liabilities and net position	\$ 138,508	\$ 1,024	\$ (29,320)	\$ 110,212

United Medical Center
Hospital Statement of Operations
For the six month period ending March 31, 2016

Month of March				
Actual	Budget	Var.	Var. %	Prior Year
671	597	74	12%	591
3,777	3,307	470	14%	3,361
5.6	5.5	0.1	2%	5.7
121.8	106.7	15	14%	108.4
5,306	5,075	231	5%	4,493
793	790	3	0%	762
3.3	3.5	-0.2	-6%	3.2

Statistics:
Hospital Admissions
Hospital Patient Days
Hospital Average Patient Stay
Hospital Average Daily Census
ER Visits
Full Time Equivalents
Hospital FTE per Adj. Occupied Bed

Dollars in Thousands				
Year - To - Date				
Actual	Budget	Var.	Var. %	Prior Year
3,689	3,509	180	5%	3,441
21,362	19,627	1,735	9%	19,727
5.8	5.6	0	4%	5.7
116.7	107.8	9	8%	108.4
29,048	28,066	982	3%	26,415
806	785	21	3%	757
3.4	3.5	0	-4%	3.2

\$ 13,851	\$ 11,940	1,912	16%	\$ 10,935
13,692	13,300	393	3%	11,924
27,544	25,239	2,304	9%	22,859

Revenues:
Gross inpatient revenues
Gross outpatient revenues
Total Gross Revenues

\$ 72,876	\$ 70,214	2,663	4%	\$ 69,731
76,530	74,640	1,890	3%	69,525
149,406	144,854	4,553	3%	139,256

18,860	16,381	2,479	15%	15,879
988	916	72	8%	951
-	301	-301	-100%	98
-	68	-68	-100%	142
-	-	0	0%	-
-	(122)	122	0%	(455)
19,848	17,543	2,305	13%	16,614
7,696	7,696	0	0%	6,245
301	205	96	47%	210
139	414	-275	-66%	559
8,136	8,316	-180	-2%	7,014

Deductions From Revenues:
Contractual discounts
Provision for bad debt
Charity care
Other deductions/adjustments
DC OP Supplemental Payment
Disproportionate share revenues
Total Deductions From Revenues
Net patient services revenue
CNMC revenues
Other revenues
Total Operating Revenues

96,395	94,840	1,556	2%	87,947
5,857	5,277	580	11%	4,907
1,043	1,733	-691	-40%	1,674
155	385	-230	-60%	679
-	-	0	0%	-
(578)	(733)	155	0%	(1,677)
102,871	101,501	1,370	1%	93,529
46,535	43,352	3,183	7%	45,727
1,249	1,219	30	2%	1,205
1,372	2,447	-1,075	-44%	2,596
49,155	47,018	2,137	5%	49,528

4,752	3,929	823	21%	3,941
1,088	1,140	-51	-4%	1,064
68	126	-57	-46%	449
1,479	1,056	423	40%	1,288
655	611	45	7%	640
(37)	873	-910	-104%	502
587	606	-19	-3%	505
8,592	8,339	253	3%	8,389
(456)	(23)	-433	0%	(1,375)

Operating Expenses:
Salaries and wages
Employee benefits
Contract labor
Medical/ other supplies
Professional fees
Purchased services
Other expenses
Total Operating Expenses
Net Income (Loss) From Operations

26,590	24,996	1,593	6%	22,820
6,795	6,716	79	1%	6,215
1,737	745	992	133%	2,017
7,093	6,312	780	12%	6,211
4,062	3,507	555	16%	3,482
4,048	4,066	-19	0%	3,838
3,485	3,495	-10	0%	3,619
53,810	49,839	3,971	8%	48,201
(4,654)	(2,821)	-1,834	0%	1,327

-	12	-12	-100%	(0)
(11)	21	-32	-152%	15
685	652	33	5%	565
(5,033)	(911)	-4,121	0%	(33)
(4,359)	(227)	-4,132	0%	547
\$ 3,902	\$ 204	3,699	-1815%	\$ (1,922)

Nonoperating (Income)/Expense:
Investment income
Interest (Income)/Expense
Depreciation and amortization
District Cap. Rev./ Other
Total Nonoperating (Inc)/Exp
Net Income (Loss)

-	70	-70	-100%	(2)
0	125	-125	-100%	51
3,523	3,912	-389	-10%	3,390
(17,347)	(5,468)	-11,879	0%	(198)
(13,824)	(1,361)	-12,463	0%	3,241
\$ 9,169	\$ (1,460)	10,630	728%	\$ (1,914)

United Medical Nursing Center
SNF Statement of Operations
For the six month period ending March 31, 2016

Dollars in Thousands

Month of March				
Actual	Budget	Var.	Var. %	Prior Year
9	6	3	41%	9
3,502	3,520	(18)	-1%	3,063
113.0	113.6	(1)	-1%	98.8
103	104	(1)	-1%	91
\$ 263	\$ 284	(22)	-8%	\$ 287
\$ 297	\$ 317	(20)	-6%	\$ 327

Statistics:

SNF Admissions	43	42	1	2%	16
SNF Resident Days	20,644	20,544	100	0%	19,396
SNF Average Daily Census	112.8	112.9	(0)	0%	106.6
Full Time Equivalents	110	104	6	6%	95
Revenue Per Resident Day	\$ 265	\$ 284	(19)	-7%	\$ 289
Operating Cost Per Resident Day	\$ 322	\$ 310	12	4%	\$ 297

Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year
43	42	1	2%	16
20,644	20,544	100	0%	19,396
112.8	112.9	(0)	0%	106.6
110	104	6	6%	95
\$ 265	\$ 284	(19)	-7%	\$ 289
\$ 322	\$ 310	12	4%	\$ 297

Revenues:

Gross resident revenues	\$ 10,853	\$ 12,021	(1,168)	-10%	\$ 10,685
Total Gross Revenues	10,853	12,021	(1,168)	-10%	10,685

\$ 10,853	\$ 12,021	(1,168)	-10%	\$ 10,685
10,853	12,021	(1,168)	-10%	10,685

Deductions From Revenues:

Contractual discounts	854	979	(125)	-13%	673
Provision for bad debt	27	79	(52)	-65%	10
Total Deductions From Revenues	881	1,058	(177)	-17%	683
Net resident revenues	920	1,001	(81)	-8%	879
Other revenues	-	0	(0)	-100%	-
Total Operating Revenues	920	1,001	(81)	-8%	879

4,911	5,722	(811)	-14%	4,956
468	469	(1)	0%	120
5,378	6,190	(812)	-13%	5,076
5,475	5,830	(356)	-6%	5,609
0	1	(1)	-95%	2
5,475	5,831	(356)	-6%	5,611

Operating Expenses:

Salaries and wages	465	428	38	9%	349
Employee benefits	100	116	(16)	-14%	66
Contract labor	66	58	8	14%	84
Medical/ other supplies	111	121	(10)	-8%	97
Professional Fees	-	-	-	0%	-
Purchased services	236	315	(79)	-25%	326
Other expenses	61	76	(15)	-20%	81
Total Operating Expenses	1,040	1,114	(75)	-7%	1,003
Net Income (Loss) From Operation:	(120)	(113)	(6)	0%	(124)

2,741	2,359	383	16%	2,158
613	651	(39)	-6%	436
325	348	(23)	-7%	357
778	709	69	10%	650
15	-	15	0%	-
1,734	1,840	(106)	-6%	1,719
438	459	(21)	-5%	443
6,643	6,366	278	4%	5,763
(1,169)	(535)	(634)	0%	(152)

Nonoperating (Income)/Expense:

Interest expense	-	-	-	0%	54
Depreciation and amortization	28	31	(3)	-11%	28
District Cap. Rev./ Other	33	33	-	0%	33
Total Nonoperating (Inc)/Exp	61	64	(3)	-5%	111
Net Income (Loss)	\$ (180)	\$ (177)	(3)	2%	\$ (234)

-	-	-	0%	54
168	188	(20)	-11%	168
195	195	-	0%	195
363	383	(20)	-5%	417
\$ (1,532)	\$ (918)	(614)	67%	\$ (569)

United Medical Center
Consolidated Statement of Operations - Trend
Fiscal Year 2016

Dollars in Thousands

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Statistics:													
Total days	6,948	6,698	7,053	7,418	6,610	7,279	0	0	0	0	0	0	42,006
Total OP Visits	8,294	7,499	7,926	7,769	8,259	9,078	0	0	0	0	0	0	48,825
FTE's	884	899	926	933	957	896	0	0	0	0	0	0	916
Revenues:													
Gross inpatient revenues	\$ 13,332	\$ 12,092	\$ 13,840	\$ 14,578	\$ 14,235	\$ 15,653	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83,729
Gross outpatient revenues	13,132	11,968	12,754	12,309	12,675	13,692	-	-	-	-	-	-	76,530
Total Gross Revenues	26,464	24,059	26,594	26,887	26,910	29,345	-	-	-	-	-	-	160,259
Deductions From Revenues:													
Contractual discounts	15,742	15,749	16,501	17,560	16,041	19,714	-	-	-	-	-	-	101,306
Provision for bad debt	1,118	1,374	372	1,060	1,386	1,015	-	-	-	-	-	-	6,325
Charity care	490	178	489	(115)	-	-	-	-	-	-	-	-	1,043
Other deductions/adjustments	45	5	35	70	-	-	-	-	-	-	-	-	155
DC OP Supplemental Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Disproportionate share revenues	(115)	(174)	(145)	(145)	-	-	-	-	-	-	-	-	(578)
Total Deductions From Revenues	17,279	17,130	17,253	18,431	17,427	20,729	-	-	-	-	-	-	108,249
Net patient services revenue	9,185	6,929	9,341	8,456	9,483	8,616	-	-	-	-	-	-	52,010
CNMC revenues	193	207	205	186	157	301	-	-	-	-	-	-	1,249
Other revenues	207	241	292	245	248	139	-	-	-	-	-	-	1,372
Total Operating Revenues	9,585	7,377	9,838	8,887	9,888	9,056	-	-	-	-	-	-	54,630
Operating Expenses:													
Salaries and wages	4,039	4,639	4,834	4,946	4,856	5,217	-	-	-	-	-	-	29,331
Employee benefits	1,098	1,407	1,185	1,419	1,110	1,188	-	-	-	-	-	-	7,408
Contract labor	355	430	395	309	439	134	-	-	-	-	-	-	2,062
Medical/ other supplies	958	1,358	1,505	1,231	1,229	1,590	-	-	-	-	-	-	7,871
Professional fees	679	682	725	615	720	655	-	-	-	-	-	-	4,076
Purchased services	1,172	958	1,167	913	1,374	198	-	-	-	-	-	-	5,781
Other expenses	655	633	673	707	607	648	-	-	-	-	-	-	3,924
Total Operating Expenses	9,757	10,107	10,484	10,139	10,334	9,632	-	-	-	-	-	-	60,453
Net Income (Loss) From Operation	(172)	(2,730)	(647)	(1,252)	(446)	(576)	-	-	-	-	-	-	(5,823)
Nonoperating (Income)/Expense:													
Investment income	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Income)/Expense	3	2	7	8	(8)	(11)	-	-	-	-	-	-	0
Depreciation and amortization	560	560	640	595	622	713	-	-	-	-	-	-	3,691
District Cap. Rev./ Other	(1,035)	(1,135)	(6,661)	(3,321)	(0)	(5,000)	-	-	-	-	-	-	(17,152)
Total Nonoperating (Inc)/Exp	(472)	(573)	(6,014)	(2,718)	614	(4,298)	-	-	-	-	-	-	(13,461)
Net Income (Loss)	\$ 300	\$ (2,157)	\$ 5,367	\$ 1,465	\$ (1,060)	\$ 3,722	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,635

United Medical Center
Consolidated Net Positions-Trend
Fiscal Year 2016

Dollars in Thousands												
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
\$ 21,025	\$ 25,381	\$ 26,361	\$ 24,070	\$ 21,997	\$ 23,694	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12,177	10,905	11,476	12,453	13,912	13,396	-	-	-	-	-	-	-
1,533	1,608	1,633	1,717	1,702	1,775	-	-	-	-	-	-	-
1,614	2,202	2,394	2,445	2,323	2,234	-	-	-	-	-	-	-
36,464	39,951	41,864	40,685	39,934	41,099	-	-	-	-	-	-	-
837	837	837	981	692	837	-	-	-	-	-	-	-
64,049	64,728	64,694	66,180	67,883	68,277	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-
64,886	65,565	65,531	67,162	68,575	69,114	-	-	-	-	-	-	-
\$ 101,350	\$ 105,515	\$ 107,395	\$ 107,847	\$ 108,508	\$ 110,212	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
153	143	133	123	96	86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10,160	10,578	9,160	9,952	11,585	9,678	-	-	-	-	-	-	-
7,937	8,627	7,382	8,526	8,727	9,354	-	-	-	-	-	-	-
3,054	2,173	2,586	2,960	2,611	2,275	-	-	-	-	-	-	-
19,229	25,456	21,534	21,561	23,018	21,392	-	-	-	-	-	-	-
-	86	-	-	-	-	-	-	-	-	-	-	-
132	132	132	132	132	132	-	-	-	-	-	-	-
1,041	1,041	1,041	-	-	-	-	-	-	-	-	-	-
4,350	4,360	4,880	4,880	5,144	4,749	-	-	-	-	-	-	-
2,335	2,335	2,335	2,335	2,335	2,335	-	-	-	-	-	-	-
7,858	7,955	8,389	7,348	7,611	7,216	-	-	-	-	-	-	-
74,262	72,105	77,472	78,938	77,879	81,604	-	-	-	-	-	-	-
74,262	72,105	77,472	78,938	77,879	81,604	-	-	-	-	-	-	-
\$ 101,350	\$ 105,515	\$ 107,395	\$ 107,847	\$ 108,508	\$ 110,212	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

United Medical Center
Consolidated Operating Statistics-Trend
Fiscal Year 2016

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD
Available Beds:													
Medical/Surgical	145	145	145	145	145	145	145	145	145	145	145	145	145
Psychiatry	34	34	34	34	34	34	34	34	34	34	34	34	34
Intensive Care Unit	16	16	16	16	16	16	16	16	16	16	16	16	16
Nursery	24	24	24	24	24	24	24	24	24	24	24	24	24
OB/GYN	15	15	15	15	15	15	15	15	15	15	15	15	15
Hospital (patient)	234	234	234	234	234	234	234	234	234	234	234	234	234
Skilled Nursing Facility (reside	120	120	120	120	120	120	120	120	120	120	120	120	120
Total	354	354	354	354	354	354	354	354	354	354	354	354	354
Admissions													
Medical/Surgical	392	384	420	456	447	511	-	-	-	-	-	-	2,610
Psychiatry	110	92	119	59	73	65	-	-	-	-	-	-	518
Intensive Care Unit	34	38	44	26	21	28	-	-	-	-	-	-	191
Nursery	26	33	24	35	26	29	-	-	-	-	-	-	173
OB/GYN	28	26	28	44	33	38	-	-	-	-	-	-	197
Hospital (patient)	590	573	635	620	600	671	-	-	-	-	-	-	3,689
Skilled Nursing Facility (reside	10	2	8	7	7	9	-	-	-	-	-	-	43
Total	600	575	643	627	607	680	-	-	-	-	-	-	3,732
Deliveries													
	26	33	24	35	26	29	-	-	-	-	-	-	173
Observation Admissions													
	225	192	193	183	204	213	-	-	-	-	-	-	1,210
Patient & Resident Days													
Medical/Surgical	2,236	2,106	2,282	2,678	2,365	2,726	-	-	-	-	-	-	14,393
Psychiatry	724	751	772	710	556	539	-	-	-	-	-	-	4,052
Intensive Care Unit	327	248	324	329	321	358	-	-	-	-	-	-	1,907
Nursery	73	118	64	93	64	71	-	-	-	-	-	-	483
OB/GYN	88	86	78	115	77	83	-	-	-	-	-	-	527
Hospital (patient)	3,448	3,309	3,520	3,925	3,383	3,777	-	-	-	-	-	-	21,362
Skilled Nursing Facility (reside	3,500	3,389	3,533	3,493	3,227	3,502	-	-	-	-	-	-	20,644
Total	6,948	6,698	7,053	7,418	6,610	7,279	-	-	-	-	-	-	42,006
Adjusted Patient Days-Hospital													
	7,387	7,155	7,258	7,722	6,814	7,511	0	0	0	0	0	0	43,795
Average Daily Census:													
Medical/Surgical	72.1	70.2	73.6	86.4	81.6	87.9	-	-	-	-	-	-	78.7
Psychiatry	23.4	25.0	24.9	22.9	19.2	17.4	-	-	-	-	-	-	22.1
Intensive Care Unit	10.5	8.3	10.5	10.6	11.1	11.5	-	-	-	-	-	-	10.4
Nursery	2.4	3.9	2.1	3.0	2.2	2.3	-	-	-	-	-	-	32.6
OB/GYN	2.8	2.9	2.5	3.7	2.7	2.7	-	-	-	-	-	-	2.9
Hospital (patient)	111.2	110.3	113.5	126.6	116.7	121.8	-	-	-	-	-	-	146.7
Skilled Nursing Facility (reside	112.9	113.0	114.0	112.7	111.3	113.0	-	-	-	-	-	-	112.8
Occupancy %													
Medical/Surgical	49.7%	48.4%	50.8%	59.6%	56.2%	60.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	54.2%
Psychiatry	68.7%	73.6%	73.2%	67.4%	56.4%	51.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	65.1%
Intensive Care Unit	65.9%	51.7%	65.3%	66.3%	69.2%	72.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	65.1%
Nursery	9.8%	16.4%	8.6%	12.5%	9.2%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	135.7%
OB/GYN	18.9%	19.1%	16.8%	24.7%	17.7%	17.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	19.2%
Hospital (patient)	47.5%	47.1%	48.5%	54.1%	49.9%	52.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.7%
Skilled Nursing Facility (reside	94.1%	94.1%	95.0%	93.9%	92.7%	94.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	94.0%

United Medical Center
Consolidated Operating Statistics-Trend (continued)
Fiscal Year 2016

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD
Average Length of Stay:													
Medical/Surgical	5.7	5.5	5.4	5.9	5.3	5.3	-	-	-	-	-	-	5.5
Psychiatric	6.6	8.2	6.5	12.0	7.6	8.3	-	-	-	-	-	-	7.8
Intensive Care Unit	9.6	6.5	7.4	12.7	15.3	12.8	-	-	-	-	-	-	10.0
Nursery	2.8	3.6	2.7	2.7	2.5	2.4	-	-	-	-	-	-	2.8
OB/GYN	3.1	3.3	2.8	2.6	2.3	2.2	-	-	-	-	-	-	2.7
Hospital (patient)	5.8	5.8	5.5	6.3	5.6	5.6	-	-	-	-	-	-	5.8
Surgical Procedures:													
Inpatient	89	80	109	77	117	111	-	-	-	-	-	-	583
Outpatient	81	68	93	63	79	91	-	-	-	-	-	-	475
Total	170	148	202	140	196	202	-	-	-	-	-	-	1,058
Emergency Visits:													
ED No Service	188	56	102	70	65	184	-	-	-	-	-	-	665
Triage	152	135	115	115	126	225	-	-	-	-	-	-	868
ED Level 1	43	32	27	45	12	2	-	-	-	-	-	-	161
ED Level 2	619	488	494	453	399	547	-	-	-	-	-	-	3,000
ED Level 3	2,163	1,978	2,057	1,898	2,022	2,187	-	-	-	-	-	-	12,305
ED Level 4	1,292	1,405	1,445	1,602	1,573	1,583	-	-	-	-	-	-	8,900
ED Level 5	196	177	231	251	215	261	-	-	-	-	-	-	1,331
Critical Care	306	257	314	312	312	317	-	-	-	-	-	-	1,818
Total	4,959	4,528	4,785	4,746	4,724	5,306	-	-	-	-	-	-	29,048
ER Visits Admitted as IP	597	545	599	593	604	558	0	0	0	0	0	0	3,496
Outpatient Visits:													
Clinics	1,840	1,590	1,757	1,926	2,081	2,038	-	-	-	-	-	-	11,232
Radiology	1,164	1,093	1,084	857	1,112	1,326	-	-	-	-	-	-	6,636
Same Day Surgeries	81	71	96	66	80	100	-	-	-	-	-	-	494
Laboratory	250	217	204	174	262	308	-	-	-	-	-	-	1,415
Total	3,335	2,971	3,141	3,023	3,535	3,772	-	-	-	-	-	-	19,777
Cash Collections													
Disproportionate Share	\$ -	\$ 433,794	\$ -	\$ -	\$ 433,794	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 867,588
SNF Collections	965,681	675,788	1,064,663	622,769	863,161	726,094	-	-	-	-	-	-	4,918,155
Hospital Collections	7,476,628	6,548,285	8,548,545	7,410,339	7,393,860	8,922,576	-	-	-	-	-	-	46,300,234
Total	\$ 8,442,309	\$ 7,657,867	\$ 9,613,208	\$ 8,033,108	\$ 8,690,815	\$ 9,648,670	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,085,977
Case Mix Index:													
Hospital	1.1000	1.0410	1.1120	1.1540	0.9407	1.0779	-	-	-	-	-	-	1.0709
Medicare	1.5200	1.4900	1.5100	1.7800	1.6700	1.5928	-	-	-	-	-	-	1.5938
Medicaid	0.8500	0.9800	0.9800	0.9200	0.9000	1.0050	-	-	-	-	-	-	0.9392
FTEs:													
Hospital	772	787	816	822	845	793	-	-	-	-	-	-	806
Skilled Nursing Facility	111	112	111	111	112	103	-	-	-	-	-	-	110
Total FTEs	884	899	926	933	957	896	-	-	-	-	-	-	916

United Medical Center
Hospital Statement of Operations - Trend
Fiscal Year 2016

Dollars in Thousands

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Statistics:													
Patient days	3,448	3,309	3,520	3,925	3,383	3,777	0	0	0	0	0	0	21,362
Total OP Visits	8,294	7,499	7,926	7,769	8,259	9,078	0	0	0	0	0	0	48,825
FTE's	772	787	816	822	845	793	0	0	0	0	0	0	806
Revenues:													
Gross inpatient revenues	\$ 11,495	\$ 10,298	\$ 12,010	\$ 12,726	\$ 12,496	\$ 13,851	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72,876
Gross outpatient revenues	13,132	11,968	12,754	12,309	12,675	13,692	-	-	-	-	-	-	76,530
Total Gross Revenues	24,627	22,265	24,764	25,035	25,171	27,544	-	-	-	-	-	-	149,406
Deductions From Revenues:													
Contractual discounts	14,950	14,962	15,700	16,705	15,218	18,860	-	-	-	-	-	-	96,395
Provision for bad debt	987	1,176	360	963	1,383	988	-	-	-	-	-	-	5,857
Charity care	490	178	489	(115)	-	-	-	-	-	-	-	-	1,043
Other deductions/adjustments	45	5	35	70	-	-	-	-	-	-	-	-	155
DC OP Supplemental Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Disproportionate share revenues	(115)	(174)	(145)	(145)	-	-	-	-	-	-	-	-	(578)
Total Deductions From Revenues	16,357	16,147	16,440	17,479	16,601	19,848	-	-	-	-	-	-	102,871
Net patient services revenue	8,270	6,119	8,324	7,556	8,570	7,696	-	-	-	-	-	-	46,535
CNMC revenues	193	207	205	186	157	301	-	-	-	-	-	-	1,249
Other revenues	207	241	292	245	248	139	-	-	-	-	-	-	1,372
Total Operating Revenues	8,670	6,567	8,821	7,987	8,974	8,136	-	-	-	-	-	-	49,156
Operating Expenses:													
Salaries and wages	4,371	4,161	4,393	4,482	4,431	4,752	-	-	-	-	-	-	26,590
Employee benefits	1,000	1,306	1,078	1,314	1,009	1,088	-	-	-	-	-	-	6,795
Contract labor	303	381	350	257	376	68	-	-	-	-	-	-	1,737
Medical/ other supplies	823	1,241	1,369	1,068	1,113	1,479	-	-	-	-	-	-	7,093
Professional fees	679	682	716	612	717	655	-	-	-	-	-	-	4,062
Purchased services	897	675	861	599	1,053	(37)	-	-	-	-	-	-	4,048
Other expenses	581	553	597	618	549	587	-	-	-	-	-	-	3,485
Total Operating Expenses	8,655	8,999	9,365	8,950	9,248	8,592	-	-	-	-	-	-	53,810
Net Income (Loss) From Operation	15	(2,431)	(544)	(963)	(274)	(456)	-	-	-	-	-	-	(4,654)
Nonoperating (Income)/Expense:													
Investment income	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Income)/Expense	3	2	7	8	(8)	(11)	-	-	-	-	-	-	0
Depreciation and amortization	532	532	612	567	594	685	-	-	-	-	-	-	3,523
District Cap. Rev./ Other	(1,067)	(1,168)	(6,693)	(3,353)	(33)	(5,033)	-	-	-	-	-	-	(17,347)
Total Nonoperating (Inc)/Exp	(532)	(633)	(6,074)	(2,778)	553	(4,359)	-	-	-	-	-	-	(13,824)
Net Income (Loss)	\$ 547	\$ (1,798)	\$ 5,530	\$ 1,815	\$ (827)	\$ 3,902	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,170

United Medical Center

Hospital Net Position-Trend

Fiscal Year 2016

	Dollars in Thousands											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Current Assets:												
Cash and equivalents	\$ 20,899	\$ 25,273	\$ 26,332	\$ 24,065	\$ 21,956	\$ 23,631	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net accounts receivable	11,477	10,163	10,842	11,648	13,087	12,436	-	-	-	-	-	-
Due from SNF	26,882	27,369	27,873	28,384	28,895	29,320	-	-	-	-	-	-
Inventories	1,533	1,608	1,633	1,717	1,702	1,775	-	-	-	-	-	-
Prepaid and other assets	1,614	2,202	2,394	2,445	2,323	2,234	-	-	-	-	-	-
Total current assets	62,521	66,470	69,073	68,260	67,962	69,395	-	-	-	-	-	-
Long-Term Assets:												
Estimated third-party payor settlements	837	837	837	981	692	837	-	-	-	-	-	-
Capital assets	64,049	64,728	64,694	66,180	67,883	68,277	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-
Total long term assets	64,886	65,565	65,531	67,162	68,575	69,114	-	-	-	-	-	-
Total assets	\$ 127,406	\$ 132,034	\$ 134,604	\$ 135,422	\$ 136,537	\$ 138,508	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Current Liabilities:												
Current portion, capital lease obligation	\$ 153	\$ 143	\$ 133	\$ 123	\$ 96	\$ 86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Trade payables	9,961	10,301	8,898	9,749	11,392	9,476	-	-	-	-	-	-
Accrued salaries and benefits	7,511	8,122	7,006	8,041	8,302	8,891	-	-	-	-	-	-
Other liabilities	19,836	19,216	20,011	20,451	20,252	20,051	-	-	-	-	-	-
Total current liabilities	35,386	41,716	38,322	38,364	40,043	38,504	-	-	-	-	-	-
Long-Term Liabilities:												
Unearned grant revenue	-	86	-	-	-	-	-	-	-	-	-	-
Capital lease obligations	132	132	132	132	132	132	-	-	-	-	-	-
Subsidy from District of Columbia	1,041	1,041	1,041	-	-	-	-	-	-	-	-	-
Estimated third-party payor settlements	4,350	4,360	4,880	4,880	5,144	4,749	-	-	-	-	-	-
Contingent & other liabilities	2,335	2,335	2,335	2,335	2,335	2,335	-	-	-	-	-	-
Total long term liabilities	7,858	7,955	8,389	7,348	7,611	7,216	-	-	-	-	-	-
Net Position:												
Unrestricted	84,162	82,364	87,894	89,710	88,883	92,788	-	-	-	-	-	-
Total net position	84,162	82,364	87,894	89,710	88,883	92,788	-	-	-	-	-	-
Total liabilities and net position	\$ 127,406	\$ 132,034	\$ 134,604	\$ 135,422	\$ 136,537	\$ 138,508	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

United Medical Nursing Center

SNF Statement of Operations - Trend

Fiscal Year 2016

Dollars in Thousands

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Statistics:													
Resident days	3,500	3,389	3,533	3,493	3,227	3,502	0	0	0	0	0	0	20,644
FTE's	111	112	111	111	112	103	0	0	0	0	0	0	110
Revenues:													
Gross resident revenues	\$ 1,837	\$ 1,794	\$ 1,830	\$ 1,852	\$ 1,739	\$ 1,801	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,853
Total Gross Revenues	1,837	1,794	1,830	1,852	1,739	1,801	-	-	-	-	-	-	10,853
Deductions From Revenues:													
Contractual discounts	791	786	801	855	823	854	-	-	-	-	-	-	4,911
Provision for bad debt	131	198	12	97	3	27	-	-	-	-	-	-	468
Total Deductions From Revenues	922	984	813	952	826	881	-	-	-	-	-	-	5,378
Net resident revenues	915	810	1,016	900	914	920	-	-	-	-	-	-	5,475
Other revenues	-	-	-	-	0	-	-	-	-	-	-	-	0
Total Operating Revenues	915	810	1,016	900	914	920	-	-	-	-	-	-	5,475
Operating Expenses:													
Salaries and wages	468	478	441	463	425	465	-	-	-	-	-	-	2,741
Employee benefits	98	101	107	105	101	100	-	-	-	-	-	-	613
Contract labor	51	48	45	52	62	66	-	-	-	-	-	-	325
Medical/ other supplies	135	117	135	163	116	111	-	-	-	-	-	-	778
Professional fees	-	-	9	3	3	-	-	-	-	-	-	-	15
Purchased services	275	283	306	314	320	236	-	-	-	-	-	-	1,734
Other expenses	74	80	76	89	58	61	-	-	-	-	-	-	438
Total Operating Expenses	1,102	1,109	1,119	1,189	1,086	1,040	-	-	-	-	-	-	6,643
Net Income (Loss) From Operation	(187)	(299)	(103)	(289)	(172)	(120)	-	-	-	-	-	-	(1,169)
Nonoperating (Income)/Expense:													
Interest (Income)/Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation and amortization	28	28	28	28	28	28	-	-	-	-	-	-	168
District Cap. Rev./ Other	33	33	33	33	33	33	-	-	-	-	-	-	195
Total Nonoperating (Inc)/Exp	61	61	61	61	61	61	-	-	-	-	-	-	363
Net Income (Loss)	\$ (247)	\$ (359)	\$ (163)	\$ (349)	\$ (233)	\$ (180)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,532)

United Medical Center

SNF Net Position-Trend

Fiscal Year 2016

	<i>Dollars in Thousands</i>											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Current Assets:												
Cash and equivalents	\$ 126	\$ 108	\$ 29	\$ 4	\$ 41	\$ 63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net accounts receivable	700	742	634	805	826	960	-	-	-	-	-	-
Total current assets	941	705	663	809	866	1,024	1	-	-	-	-	-
Total assets	\$ 941	\$ 705	\$ 663	\$ 809	\$ 866	\$ 1,024	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ -
Current Liabilities:												
Trade payables	\$ 199	\$ 277	\$ 262	\$ 203	\$ 192	\$ 201	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Accrued salaries and benefits	426	505	376	485	424	463	-	-	-	-	-	-
Due to UMC	26,882	27,369	27,873	28,384	28,895	29,320	-	-	-	-	-	-
Other liabilities	(16,782)	(17,043)	(17,425)	(17,491)	(17,641)	(17,776)	-	-	-	-	-	-
Total current liabilities	10,725	11,108	11,085	11,580	11,870	12,208	-	-	-	-	-	-
Net Position:												
Unrestricted	(9,900)	(10,259)	(10,422)	(10,771)	(11,004)	(11,184)	-	-	-	-	-	-
Total net position	(9,900)	(10,259)	(10,422)	(10,771)	(11,004)	(11,184)	-	-	-	-	-	-
Total liabilities and net position	\$ 826	\$ 850	\$ 663	\$ 809	\$ 866	\$ 1,024	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

United Medical Center
Hospital Performance Indicators

		Year to date				Benchmarks		
	Definition	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	<u>Patient days / 365</u> Beds in service	49.9%	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.	<u>Total inpatient days (acute)</u> Total inpatient admissions (acute)	5.8	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.	<u>Revenues in excess of expenses</u> Total revenues	14.0%	-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.	<u>Net operating income</u> Total operating revenue	-10.7%	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.	<u>Contractual discounts</u> Gross patient service revenue	63.2%	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.	<u>Current assets</u> 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.	<u>Current cash and investments</u> (Operating expenses/365)	71.7	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.	<u>Net accounts receivable</u> 3 month average net patient revenue	47.8	43.8	38.0	49.5	47.8	51.1 **	▼
Average Payment Period Illustrates the number of days it takes to pay account payables.	<u>Current liabilities - due to District of Columbia</u> (Operating expenses)/365	64.8	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.	<u>Number of full-time equivalent personnel</u> Adjusted average daily census (acute)	3.4	3.5	3.4	3.7	5.6	6.0	▼
Salary and benefit expense per FTEs (\$) Measures the average direct labor expense per employee.	<u>Salary and benefits expense</u> Number of full-time equivalent personnel	\$80,006	\$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	<u>Salary and benefits expense</u> Operating expense	57.3	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.	<u>Unrestricted net assets</u> Total unrestricted assets	74.0%	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



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Governance Committee Report

Virgil McDonald, Chair

- Minutes
- Meeting Materials



Not-For-Profit Hospital Corporation
Board of Directors
Governance Committee Agenda
March 8, 2016

- I. CALL TO ORDER**
 - II. ROLL CALL**
 - III. CONSENT AGENDA**
 - REVIEW MINUTES OF THE FEBRUARY 9, 2016 MEETING**
 - IV. BOARD OF DIRECTORS ORIENTATION MANUAL**
 - V. BOARD OF DIRECTORS EDUCATION SESSIONS FOR 2016**
 - BOARD SELF ASSESSMENT SURVEYS – STATUS**
 - VI. CEO GOALS AND OBJECTIVES**
 - PFAC AND CBA COMMITTEES**
 - VII. BOARD APPOINTMENTS-MOTA NOMINATIONS**
 - KAI BLISSETT, GENERAL COUNSEL**
 - VIII. UPDATE - *UMC MISSION, VISION AND VALUES* STATEMENTS**
- ADJOURNMENT**

Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
March 8, 2016

Present: Virgil McDonald, Committee Chair, Maria Gomez, Steve Lyons, Andrew Davis, Donna Freeman (Corporate Secretary)
Excused: Kai Blissett, General Counsel
Guests:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:05 a.m.	
Determination of a Quorum	Virgil McDonald, Committee Chair determined a quorum.	
Approval of the Agenda	The Governance Committee approved the agenda as printed.	
Approval of Minutes	Minutes from February 9, 2016 were approved.	
Discussions	<p><i>Highlights include:</i></p> <p>The Board of Directors Orientation Manual Virgil McDonald led the discussion regarding the orientation manual. Members of the committee presented their comments for updates. Donna Freeman will meet with Pamela Lee this week and review the updates and discuss the assistance of her staff to provide the information required for the manual. Steve Lyons is continuing to update the contribution section as requested. The orientation meeting date is predicated on the completion of the manual.</p> <p>Monthly Board Education Sessions and 2016 Board Self- Assessment Survey Virgil McDonald addressed the need for the sessions and how the Board Self-Assessment</p>	

	<p>surveys will determine the topics presented to the board. He reviewed the number of surveys received to date and discussed next steps to obtain the missing surveys. Maria Gomez suggested calling the members for the missing surveys.</p> <p>CEO Goals and Objectives</p> <p>Virgil McDonald requested Andrew L. Davis, Interim CEO to include the Restructuring Plan into his goals and objectives for FY 2016. Once they have been formulated, they will be brought to the full Board.</p> <p>The discussion continued regarding the evaluation dates. The time period suggested would be 3 month intervals for FY 2015. The committee voted to approve the first evaluation period would be in late June and 3 month intervals thereafter. In FY 2017, the review intervals will return to every 4 months. Motion. Seconded. Passed unanimously.</p> <p>Patient Family Advisory Council and Community Benefits Advisory Council</p> <p>Andrew L. Davis, Interim CEO, reported the decision is still pending and awaiting approval from General Counsel.</p> <p>Mission, Vision, and Values Update</p> <p>Andrew (Andy) Davis, Interim CEO led the discussion. He suggested waiting until the Restructuring Plan is implemented before moving forward on the <i>Mission, Vision</i> and <i>Values</i> statements. He suggested a rollout to be late April 2016. An extensive discussion continued regarding the current mission and vision statements. Davis proposed having the Governance Committee to work with him as the process continues.</p> <p>Update of MOTA Nominations to the UMC Board</p> <p>Maria Gomez requested the Chair to meet with MOTA and relay to them the skillset needed on our board.</p>	<p>Virgil McDonald requested Donna Freeman to schedule a meeting with MOTA and include Kai Blissett, General Counsel.</p>
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	The next conference call will be held on Tuesday, April 12, 2016 @ 8:00 a.m.	
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DRAFT



Board of Directors Evaluation Summary

March 23, 2016

Areas of Evaluation

Average Response Rank

Proper notice was given to Board Members & community	5.0
The Board packet was received in a timely manner	5.0
The meeting agenda is appropriate.	5.0
The Board packet provided the appropriate information to support solid discussions and decisions	5.0
Executive reports were concise, yet informative	4.6
Directors' discussions were on target and focused	5.0
Directors were prepared and involved	4.0
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.6
Appropriate Board and staff assignments were made	4.6
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	5.0
Meeting ran on time	4.0
I am satisfied with this meeting	4.6

Board Attendance: Present 9 **Absent** 1

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?

- The Financial Report
- The Educational Session was excellent.
- The discussions on delicate matters were given the appropriate time.

What aspects of this meeting were particularly bad?

- When there are personnel issues we must always consider whether they should be present or not.

Do you have any suggestions or comments about this meeting?

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.



Board of Directors Evaluation Form

Saturday, April 23, 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 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?



General Board Meeting

Date: Saturday, April 23, 2016

Location: Conference Rooms 2/3

Patient Safety & Quality Committee Report

Maria Gomez, Chair

- Minutes
- Meeting Materials



Governing Board Patient Safety & Quality Committee

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

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



Governing Board Patient Safety & Quality Committee Meeting

April 19, 2016

Location: Hospital Board Room (2nd Floor)

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

Agenda

- | | |
|--|-----------|
| I. Welcome | All |
| II. Call to Order | M. Gomez |
| III. Approval of Minutes | All |
| IV. Old Business | |
| A. External Case Review Update | P. Lee |
| V. New Business | |
| A. 2016 Top 10 Priorities | P. Lee |
| B. 2016 Governing Board Patient Safety & Quality Work Plan | P. Lee |
| C. Hospital DOH licensure survey update | S. Pierre |
| D. 2016 Leapfrog Survey Gap Analysis | S. Pierre |
| VI. Other Business | All |

Adjournment

Next Meeting: May 10, 2016



Not-For-Profit Hospital Corporation
 GB Patient Safety & Quality Committee Meeting Minutes
 March 8, 2016

Present: Maria Gomez, Committee Chair, Andrew L. Davis, Pamela R. Lee, Chris Gardiner, NFPHC Board Chair, Dr. Raymond Tu, Dr. Stanley Pierre, Donna Freeman (Corporate Secretary)
Excused: Maribel Torres, Dr. Julian Craig
Others: N/A

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 12:51 p.m.	
Determination of a Quorum	No quorum determined due to board member absences.	
Approval of the Agenda	N/A	
Approval of Minutes	Delayed until the next meeting.	
Consent Agenda	N/A	
Discussion		
Old Business	<p>Highlights include: <i>(Discussion materials have been filed in the Office of the Secretary of the Corporation)</i></p> <p>Mortality & Morbidity Review: Dr. Stanley Pierre led the discussion regarding the Mortality & Morbidity Review. Dr. Pierre explained the reporting period, the methodology of reporting and the outcomes</p>	Andrew L. Davis, Interim CEO, offered to investigate

	for UMC. Pamela Lee discussed the composition of the peer review committee and the root cause analysis process.	additional peer review committee resources.
New Business	<p>The following New Business topics were discussed: <i>(Discussion materials have been filed in the Office of the Secretary of the Corporation)</i></p> <p>Patient Safety and Risk Management</p> <p>Dr. Stanley Pierre led the discussion regarding Patient Safety/Risk Management. He provided information regarding systems and process failures. He discussed the methodology of the process as well as outcomes.</p> <p>Environment of Care Plans</p> <p>Pamela Lee led the discussion regarding Environment of Care plans. There are seven (7) components: Utility Management, Fire Safety Management, Life Safety Management, Hazardous Material (Hazmat) Management, Medical Equipment Management, Safety/Security Management, and Emergency Management. She reviewed the programs and the performance metrics of each category. Maria Gomez complimented Pamela Lee on the achievement of the goals noted in the report.</p> <p>Infection Control – Annual Report for 2015</p> <p>Pamela Lee led the discussion regarding the Infection Control Review. Pamela gave an in-depth review of the goals met and those not met. Special thanks were given to the Intensive Care Unit for their efforts.</p>	<p>Chris Gardiner, BOD Chairman, suggested a specific number of cases be reviewed by a third party annually going forward.</p> <p>Maria Gomez asked the Dialysis Water narrative be corrected by the March board meeting.</p>

	<p>Quality Performance Indicators Pamela Lee reviewed the QPI report. The report compared 2014 to 2015 results and provided a percentage of change. She reviewed the report in detail.</p> <p>2016 Performance Improvement Plan and Priorities Pamela Lee reviewed the Performance Improvement Program for year 2015. She provided an in-depth review of the report. The committee made a motion to approve the plan and priorities for 2016. Seconded. Passed unanimously.</p> <p>Press Ganey – HCAHPS Report Pamela Lee reviewed the Press Ganey report dated from November 2015 through January 2016. She reviewed the methodology in preparing the reports and the results.</p> <p>Potential Impact of Hospital Restructuring on Patient Safety & Quality Andrew L. Davis, Interim CEO, led the discussion on the impact of the Restructuring Plan on UMC's quality of care to the patient. Overall, the Restructuring Plan has not negatively impacted patient care.</p>	<p>Maria Gomez requested a report of the employees affected by the Restructuring Plan be presented at the board meeting.</p>
Other Business	N/A	
Announcements	Next meeting will be held on April 12, 2016	
	Adjourned: 2:10 p.m.	

2016 Quality & Performance Improvement Top 10 Priorities

- 1. Achieve successful licensure surveys (hospital and skilled nursing facility)**
- 2. Improve Leapfrog Hospital Safety Score from a C to a B**
- 3. Complete basic TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) training for 40% of the workforce**
- 4. Meet and / or exceed all national benchmarks for core measures and publicly reported data**
- 5. Improve overall patient experience scores to national average (HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems)**
- 6. Hardwire established patient experience tactics (AIDET, white board usage, bedside shift report, hourly rounding)**
- 7. Adopt at least 2 evidence-based clinical protocols (ICU & ED)**
- 8. Maintain healthcare acquired infections below national benchmarks**
- 9. Carry out planned physical enhancements, renovations and maintenance projects to further improve patient experience and environmental safety**
- 10. Adopt an "all hands on deck" or the "UMC family-home" approach to maintaining a clean, clutter-free and well-maintained hospital environment by achieving 70% of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) cleanliness rate.**



Governing Board Patient Safety & Quality Committee 2016 Work Plan

Organizational Patient Safety & Quality Priorities				April	May	June	July	August	September	October	November	December	January	February	March		
(Task by month & GBPSQ Committee meeting date)				To Do (√)													
1. Achieve successful licensure & accreditation surveys (hospital & SNF)																	
▪ Information / Education							√		√				√				
▪ Anticipated Actions (acknowledge & offer recommendations)							√		√				√				
▪ Performance Review / Update							√		√				√				
▪ Recurring business (consent agenda, quality / safety report)							√		√				√				
2. Improve Leapfrog Hospital Safety Score from a C to a B																	
▪ Information / Education							√		√				√				
▪ Anticipated Actions (acknowledge & offer recommendations)							√		√				√				
▪ Performance Review / Update							√		√				√				
▪ Recurring business (consent agenda, quality / safety report)							√		√				√				
3. Complete TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) training for 40% of the workforce:																	
▪ Information / Education							√		√				√				
▪ Anticipated Actions							√		√				√				
▪ Performance Review / Update							√		√				√				
▪ Recurring business (consent agenda, quality / safety report)							√		√				√				
4. Meet or exceed all national benchmarks for core measures and publicly reported metrics																	
▪ Information / Education (2016 core measures & publicly reported metrics)							√		√		√		√		√		
▪ Approve 2016 priorities, work plan, & PI dashboard							√		√		√		√		√		
▪ Performance Review / Update							√		√		√		√		√		
▪ Recurring business (consent agenda, quality / safety report)							√		√		√		√		√		



Governing Board Patient Safety & Quality Committee 2016 Work Plan

Organizational Patient Safety & Quality Priorities				April	May	June	July	August	September	October	November	December	January	February	March		
				(Task by month & GBPSQ Committee meeting date)	To Do (√)												

5. Improve overall patient experience scores (HCAHPS)																
▪ Information / Education (2016 patient experience metrics & hospital goals)					√		√		√		√		√		√	
▪ Anticipated Actions (Approve 2016 priorities, work plan & PI dashboard)					√		√		√		√		√		√	
▪ Performance Review / Update					√		√		√		√		√		√	
▪ Recurring business (consent agenda, quality / safety report)					√		√		√		√		√		√	
6. Hardwire established patient experience tactics																
▪ Information / Education (See #5 above)					√		√		√		√		√		√	
▪ Anticipated Actions (See #5 above)					√		√		√		√		√		√	
▪ Performance Report Review					√		√		√		√		√		√	
▪ Recurring business (consent agenda, quality / safety report)					√		√		√		√		√		√	
7. Adopt at least 2 evidence-based clinical protocols (ICU & ED)																
▪ Information / Education (developed & upcoming evidence-based protocols)				√		√				√				√		
▪ Anticipated Actions (acknowledge & offer recommendations)				√		√				√				√		
▪ Performance Review / Update				√		√				√				√		
▪ Recurring business (consent agenda, quality / safety report)				√		√				√				√		
8. Maintain healthcare acquired infections below national benchmarks																
▪ Information / Education (Hospital readmissions & care coordination initiative)				√		√				√				√	√	
▪ Anticipated Actions				√		√				√				√	√	
▪ Performance Report Review				√		√				√				√	√	



Governing Board Patient Safety & Quality Committee 2016 Work Plan

Organizational Patient Safety & Quality Priorities				April	May	June	July	August	September	October	November	December	January	February	March		
(Task by month & GBPSQ Committee meeting date)				To Do (√)													
<ul style="list-style-type: none"> Recurring business (consent agenda, quality / safety report) 							√		√			√			√		
9. Carry out planned physical enhancements, renovations and maintenance Projects to further improve patient experience & environmental safety																	
<ul style="list-style-type: none"> Information / Education (Impact of physical environment on patient outcomes) 							√		√			√			√		
<ul style="list-style-type: none"> Anticipated Actions 							√		√			√			√		
<ul style="list-style-type: none"> Performance Report Review 							√		√			√			√		
<ul style="list-style-type: none"> Recurring business (consent agenda, quality / safety report) 							√		√			√			√		
10. Adopt an “all hands on deck” or the “UMC family-home approach to maintaining a clean, clutter-free and well-maintained hospital environment																	
<ul style="list-style-type: none"> Information / Education (patient experience hospital cleanliness metrics) 							√		√			√			√		
<ul style="list-style-type: none"> Anticipated Actions 							√		√			√			√		
<ul style="list-style-type: none"> Performance Report Review 							√		√			√			√		
<ul style="list-style-type: none"> Recurring business (consent agenda, quality / safety report) 							√		√			√			√		

Pocket Guide

TeamSTEPPS[®] 2.0

**Team Strategies & Tools
to Enhance Performance
and Patient Safety**

TeamSTEPPS[®] 2.0

Framework and Competencies

Team Competency Outcomes

Knowledge

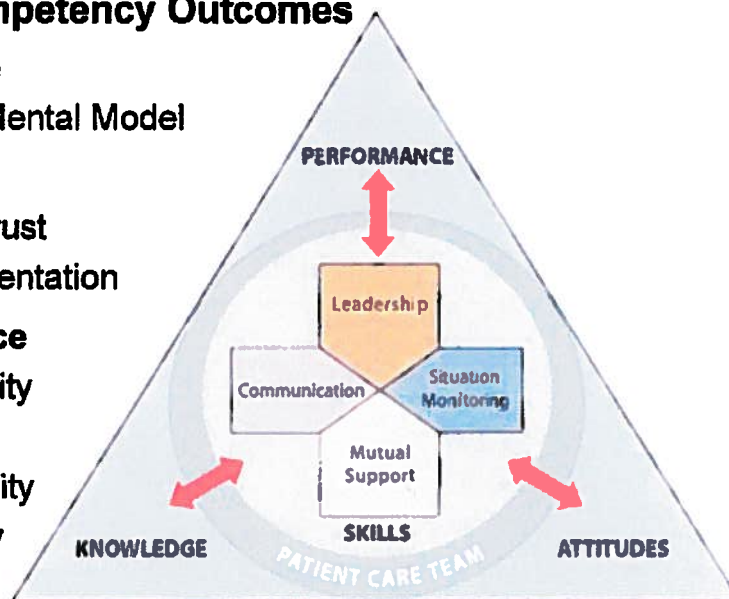
- Shared Mental Model

Attitudes

- Mutual Trust
- Team Orientation

Performance

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety



TeamSTEPPS has five key principles. It is based on team structure and four teachable-learnable skills: Communication, Leadership, Situation Monitoring, and Mutual Support. The arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care and support quality improvement. Encircling the four skills is the team structure of the patient care team, which represents not only the patient and direct caregivers, but also those who play a supportive role within the health care delivery system.

...TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery system.

Key Principles

Team Structure

Identification of the components of a multi-team system that must work together effectively to ensure patient safety

Communication

Structured process by which information is clearly and accurately exchanged among team members

Leadership

Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources

Situation Monitoring

Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

Mutual Support

Ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload