



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

2016 BOARD OF DIRECTORS

Chris G. Gardiner, *Chairman*

Andrew L. Davis, *CEO*

Girume Ashenafi

Dr. Julian R. Craig

Dr. Konrad Dawson

Dr. Malika Fair

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 Wednesday, May 25, 2016. The meeting will be held at 1310 Southern Avenue, SE, Washington, DC 20032, in Conference Room 2/3. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. CONSENT AGENDA**
- V. READING AND APPROVAL OF MINUTES**
April 23, 2016 – General Board Meeting
- VI. NONCONSENT AGENDA**
- VII. CHIEF EXECUTIVE REPORTS**
 - A. Dr. Julian R. Craig, Chief Medical Officer
 - B. Dr. Raymond Tu, Medical Chief of Staff
 - C. Andrew L. Davis, Chief Executive Officer
 - D. Luis A. Hernandez, Chief Restructuring Officer,
Veritas – Hospital Operator
- VIII. COMMITTEE REPORTS**

- A. Governance Committee Report
- B. Finance Committee Report

IX. OTHER BUSINESS

- A. Old Business
- B. New Business

X. ANNOUNCEMENT(S)

Next Meeting – Wednesday, June 22, 2016 at 9:00am in Conference Rooms 2/3 on the ground level.

XI. ADJOURNMENT

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



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General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

Reading and Approval of Minutes

- April 23, 2016



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

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

Excused: Steve Lyons

Guests: Jeffrey DeWitt, CFO of District of Columbia representing Steve Lyons, Messrs. Corbett Price and Luis Hernandez, Veritas, LLC

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:06 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.	
Approval of Minutes	The meeting minutes of March 23, 2016 were approved.	
Introduction of New Board Member and Guests	Chairman Gardiner introduced and welcomed Dr. Malika Fair. Mr. Jeffrey DeWitt was also welcomed as he represented Steve Lyons in his absence.	
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 	
Introduction of Veritas, LLC Team	Chairman Gardiner introduced Mr. Corbett Price, Chairman of Veritas, LLC. Mr. Price shared his background and introduced Mr. Luis Hernandez, the Chief Restructuring Officer.	
Chief Executive Reports	<p>Andrew L. Davis, CEO, presented the CEO Report. <i>(Report presented to Board Members)</i> Board moved to accept and approve the CEO report. Seconded. Passed unanimously.</p> <p><i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • Veritas, LLC and Mr. Luis Hernandez began working on site April 15th. • On April 12th, the hospital celebrated its 50th Anniversary • May 6th through the 12th is Nurses Week. • UMC celebrated Doctors Day and Dr. Julian Craig was recognized as physician of the year. • On April 28th Mr. Davis will be speaking in front of the Health and Human Services Committee, chaired by CM Yvette Alexander for UMC's budget hearing. • Renovation of the cafeteria is nearing completion. • UMC celebrated Patient Safety Awareness and the Quality Department continues to improve in areas of patient care. • Physician recruitment status update was reported. 	

Finance Committee Report	<ul style="list-style-type: none"> • Restructuring Plan for UMC and its implementation. • Status of employees' retroactive payment and financial solvency was discussed. <p>Lilian Chukwuma, Chief Financial Officer, 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 cash flow report (in Dashboard format) areas of expenses, savings on contracts, and renegotiating contracts for greater savings. Chairman Gardiner discussed the necessity of the cost reducing measures to be implemented immediately. Ms. Chukwuma discussed the FY 16 and the proposed budget for FY17 and three year forecast.</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 is the responsible individual.
Chief Medical Report	Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. The Board moved to accept and approve the credentialing report dated April 14, 2016. Seconded. Passed unanimously. <i>(Report presented to Board Members and filed in the Office of the Secretary of the Corporation)</i>	
Governance Committee Report	<p>Virgil McDonald, Committee Chair, presented the Committee Report. Moved. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p> <p>Mr. McDonald reviewed the four vacancies currently on the board and the urgency of getting them filled.</p> <p>A motion was made to fill the office of Parliamentarian. Maria Gomez was nominated. Seconded. Passed unanimously.</p>	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 were reviewed. Moved. Seconded. Passed unanimously. 	Virgil McDonald suggested benchmarks be included on the plan for each priority.

Q & A for the Audience	Chairman Gardiner led the Q & A session from the audience. The questions asked involved, finances, staffing and long term plans for UMC.	
	Chairman Chris Gardiner announced the General Board meeting will go into Executive Closed Session.	
	Chairman Chris Gardiner reconvened the public General Board meeting @ 11:15 a.m.	
Action Items	<p>Chris Gardiner reviewed the following items and their status:</p> <ul style="list-style-type: none"> • Reviewed the reduction in legal costs – effective immediately. • Compliance Officer vacancy and recruitment strategy 	Chairman Gardiner deferred the report on the effectiveness of our marketing strategy and a report on the subsidy/contribution funds from the District given to UMC, for the next BOD meeting.
Announcement	The next General Board meeting is scheduled on Wednesday, May 25, at 9a.m. in Conference Rooms 2/3 on the ground level.	
	The meeting was adjourned at 11:30a.m.	



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General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

CMO REPORT

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



Chief Medical Officer
Julian Craig, MD
Board Report
May 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

The month of April showed the United Medical Center (UMC) continuing to show growth in its quest to promote quality and patient safety. The Leapfrog Group announced its spring 2016 Hospital Safety Score Update. Letter grades were assigned to over 2500 U.S. hospitals, assessing medical errors, accidents, injuries and infections. United Medical Center must consider its performance as commendable as it received the same grade as MedStar Georgetown University Hospital and Sibley Memorial Hospital located in North West Washington DC. These two neighboring hospitals are demonstrating growth, serve a more affluent community, but do not experience the severity of healthcare disparities, shortage of healthcare professionals or less attractive payer mix that is seen at the United Medical Center. It is also noteworthy that UMC received a higher grade than MedStar Washington Hospital Center, Providence Hospital and Howard University Hospital. The analysis finds that despite considerable improvement in the safety of hospital care since the Scores launch in 2012, avoidable deaths remain high. The findings point to a 9% higher risk of death in B hospitals, 35% higher in C hospitals, and 50% higher in D and F hospitals, than in A hospitals. One notable highlight mentioned in the report was that for the third year in a row, no hospitals in Washington DC received an A grade. A goal of this medical staff, is for the United Medical Center to achieve an A grade rating from the Leapfrog group. I would like to thank Pam Lee, Stanley Pierre and all the staff in our quality department for challenging our physicians, data collection and information reporting. For more details of the Leapfrog Groups Spring 2016 Hospital Safety Score update go to <http://www.leapfroggroup.org/news-events>.

Continuing Medical Education (CME) at the United Medical Center, continued to attract healthcare practitioners to our facility in the month of April. CME activity is required for renewal of licensure every 2 years, and our weekly Wednesday grand rounds are showing growing interest and attendance by practitioners. Last month we had excellent speakers on topics including Sexually Transmitted diseases, Wound Care, Diabetes Mellitus and HIV Disease. Kudos to Cheron Rust and the medical staff office for putting together the program each week. The medical staff office received 12 new applications for the month of April. Departments receiving applications were Emergency Medicine, Surgery, Medicine, Obstetrics and Gynecology, Radiology and Allied Health Practitioners.

In the month of April, over 50% of deliveries in Obstetrics did not receive prenatal care. This continues a disturbing trend in our community, which again signals the need for a robust prenatal clinic that has a close working relationship with UMC. The UMC nurse must be commended for meeting the core measures of performance. The emergency room saw a 14% increase in patient volume compared with the same period last year, while maintaining a median left without treatment of 1.5%, safely below the national benchmark.

I would like to thank all the Department Chairpersons for their continued diligence and attention to patient safety as we navigate through the difficult head winds.

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 Erundu

PERFORMANCE SUMMARY

For the month of April 2016, the Anesthesia Department remains optimistic at the growth potentials of the surgical department. Our volume has been challenged by the prevailing constraints and we look forward to improvement in the coming months.

QUALITY INITIATIVES AND OUTCOME

Core Performance indicators:

INDICATOR	Target	2015 Annual Average	1Q2016	2Q2016	3Q2016	4Q2016
SCIP – Inf. 1a- Prophylactic Antibiotic Received within 1 hour prior to Surgical Incision - Overall	99%	94%	93%			

Mortality and Morbidity Reviews:

No mortality was recorded in the OR this past month

No anesthesia related morbidity was recorded

EVIDENCE-BASED PRACTICE:

Anesthesia department 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 reply on the Press Ganey for system-wide performance assessment.

CRITICAL CARE

Dr. Mina Yacoub

PERFORMANCE SUMMARY

In April 2016, the Intensive Care Unit had 279 patient days, 50 admissions and 54 discharges. The ICU managed a total of 65 patients in April. ICU Average Length of Stay (ALOS) for April increased to 5.6 days from 4.7 days in March.

QUALITY OUTCOMES

Core Measures Performance

ICU is meeting and exceeding target goals for Venous ThromboEmbolic (VTE) prophylaxis. ICU is continuing to work with Quality Department and is monitoring performance.

Morbidity and Mortality Reviews

March and April morbidity and mortality data are being reviewed and are to be presented at next Critical Care Committee meeting. Three cases are still being reviewed by Quality Department.

Code Blue/Rapid Response Teams (RRT) Outcomes

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

Ventilator Associated Event (VAE) bundle

ICU continues to implement evidence-based best practices for patients on mechanical ventilators and the ICU has had no (VAEs) for the month of April 2016.

Infection Control Data

For the month of April 2016, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSI), and no 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 April 2016, there were 194 ventilator days with no VAPs, 207 central line days with no CLABSI and 257 foley catheter days with no CAUTI. ICU infection rates for 1st quarter 2016 continue to be below national benchmarks. The case of CLABSI occurring in March was reviewed by infection Preventionist and appropriate standard care was deemed provided. Use of disinfection caps for central lines is being evaluated.

Care Coordination/Readmissions

For April 2016, 65 patients were managed in the ICU. There was one readmission to ICU within 72 hours of transfer to the medical floor. Case was reviewed and no change in practice or recommendation is made. Practice processes are being modified in May, with goal to decrease ICU length of stay (LOS) given the increase in LOS we saw in April. This includes nightly rounding, expediting consults and procedures, and working closer with case management. Critical Care Department is closely monitoring LOS.

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. ICU is working with Infection Preventionist in evaluating the use of central line port disinfection caps to maintain low infection rates.

Growth/Volumes

April was a much slower month than March in the ICU, a trend seen throughout the hospital. We are beginning to see an increase in volume with the start of May. 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.

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EMERGENCY MEDICINE

Dr. Mehdi Sattarian

Performance Summary:

Emergency department had a census of 5,156 patients.

April 2016 department metrics:

Patient Volumes:	5,156
% Change from 2015:	14% increase
Ambulance Volume:	1393

Median Left without Treatment:	1.5 %
Admission Rate:	10.9%
Transfers:	40 patients (0.7%)
Turn Around Time for D/C Patients:	203 minutes

Quality Initiatives, Outcomes, etc.

Improving the provider productivity

1.89 patient / hour

Improving throughput process including

Door – Provider: 57 minutes

Door – Disposition: 164 minutes

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

Elopement Rate: 42 patients (0.8%)

Suicide attempts: 0

Readmissions within 72h

14 Cases (0.27%)

AMA rate

a. 0.5%

LWBS rate

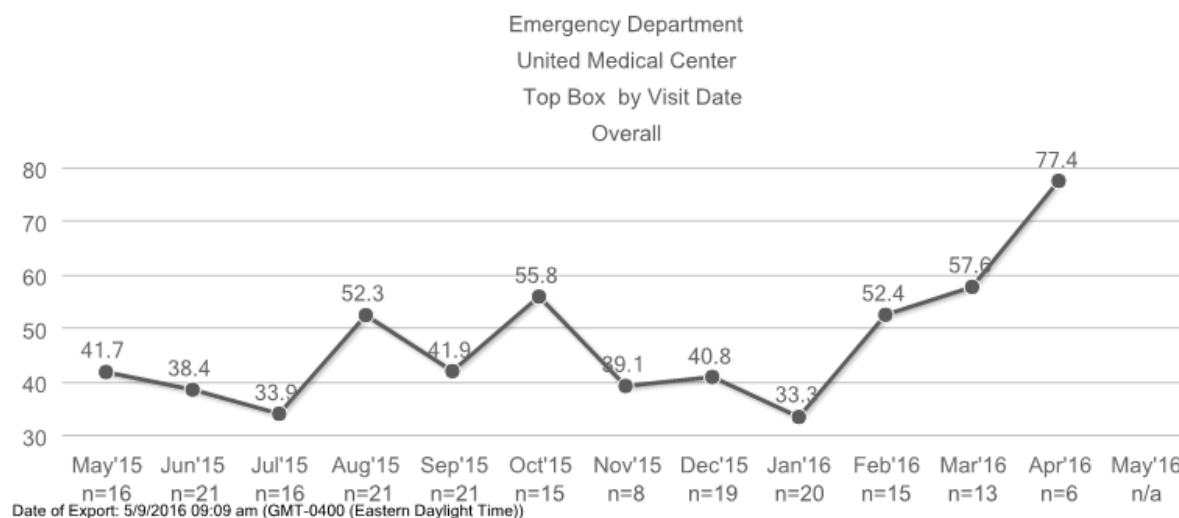
b. 1.5%

Evidence-Based Practice (Protocols/Guidelines)

Continue Implementation of:

1. Low risk chest pain pathway implementation process
2. Acute stroke management based on last AHA guidelines.
3. Sepsis work up and treatment in emergency department

Service (HCAHPS Performance/Doctor Communication)



Growth/Volumes

1. **ED Volume:** Emergency department had 14% increase in number of patients in the month of March and was able to operate in an efficient way and keep the LWBS at 1.5%.
2. **Process Improvement:** In April 2016 emergency department implemented the new triage process with the goal of decreasing the time from patient arrival to triage.

Active Steps to Improve Performance:

1. Quick Triage process
2. Improving fast track process.

INTERNAL MEDICINE

Dr. Musa Momoh

The Department of Medicine continues to be the main source of the hospital's admissions. There were 417 admissions (73.8%) of all admissions and 434 discharges (74.2%) of all discharges. 82 patients were admitted on observation status. The case mix index was 1.29.

The average length of stay for the hospital was 6.1 days and 5.17 days for the department. The length of stay for the hospitalist group was 5.0. Procedures done by the department included 213 dialysis encounters, 68 endoscopies, and 6 cardiac cath, amongst others.

The patient satisfaction scores continues to make a steady climb over the last several months, with the average scores around 50%.

A member of the hospitalist group completed a course on medline placement last month. We expect to see shorter waits for line placement.

OBSTETRICS & GYNECOLOGY

Dr. Sylvester Booker

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Deliveries	37	26	29	24								
Normal Deliveries	28	21	21	14								
Vacuum assisted deliveries	1	2	0	0								
Primary C-Section	5	3	05	3								
Repeat C-Section	4	2	03	7								
VBAC Attempt	1	0	00	1								
VBAC Successful	1	0	00	1								
# of Induction of Labor	3	2	1	3								
# of Aug. of Labor	3	3	3	4								
HIV + Mom	1	0	2	0								
HIV + Babies	0	0	00	0								
Mother + for Substance	1	1	04	4								
Abuse												
Still Birth	2	0	00	1								
No Prenatal Care	4	3	03	16								
Mother to ICU	0	1	00	0								
Multiple Gestation	1	1	00	1								
HTN/PIH	3	3	03	1								
Placenta Abrupton	0	2	00	0								
Placenta Previa	0	0	00	0								
Meconium	1	7	01	4								
MRSA + Carrier	0	0	00	0								
Maternal Transfer	2	2	04	0								
PP Hemorrhage	0	0	00	1								
Cord Prolapsed	0	0	01	0								
Epidural Anesthesia	15	8	12	7								
Spinal Anesthesia	6	6	06	7								
General Anesthesia	0	0	01	1								
Diabetic	0	0	02									
Eclampsia	1	1	00	0								
HELLP Syndrome	0	0	00	0								
TOTAL TRIAGE PATIENTS	180	147	181	202								
CHECK & CALL	142	121	152	178								

MATERNAL CHILD HEALTH REPORT

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Breastfeeding	17		11	10								
IMC Admission	1	2	02	03								
NICU Admission	4	2	03	02								
Infant on Vent	1	0	00	01								
# of Infant Transferred	1	1	02	01								
Infant on IV Therapy	2	2	02	02								
Infant on Antibiotic Therapy	2	2	02	03								
Phototherapy	0	1	01	00								
Circumcision	14	6	04	04								
Infant (+)Substance Abuse	1	1	04	04								
Boarding Baby	1	2	01	02								
Failed Hearing Screen	0	1	01	00								
# of Bili scan	34	24	26	24								
# of CCHD Screening	34	24	26	24								
GYN patient	5	12	04	21								
Premature babies receiving steroids prior to birth *	1	0	00	02								
Code Purple	30	15	17	17								

Neonatal Death 0 1 0 0

PATHOLOGY

Dr. David Reagin

The laboratory received its Certificate of Accreditation from the College of American Pathologists (CAP). The accreditation is good until February 22, 2018.

PEDIATRICS***Dr. Marilyn McPherson-Corder*****Performance Summary:**

For the month of April 2016, 24 babies were admitted to the nursery. On the average length of stay was 2 days for NSVD and 3.5 days for C-sections. The year-to-date total number of newborns admitted to the nursery is 114.

The Departmental meeting was held on April 7, 2016. Dr. Corder met with Mr. Davis, Ms. Washington and Dr. Craig on the collaboration of the asthma program with Trusted. Plans are to implement this program at UMC.

Core Measures Performance

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

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

Morbidity and Mortality Reviews

One infant was born at 27 weeks of gestation. This infant was transfer to Children's National Medical Center. One fetal dismissed due to placental abruption.

All others were cared for in the UMC nursery and discharged home with planned follow up care.

Evidence-Based Practice (Protocols/Guidelines)

Neonatal resuscitations guidelines continue to be followed resulting in no mortalities or morbidities. Increase education on the benefits of breastfeeding and skin-to-skin encouraged right after delivery of the infant with >60% breastfeeding rate within the first 24 hours. Hand washing encouraged repeatedly to prevent healthcare associated blood stream infections in the newborn. Zero incidence of healthcare associated bloodstream infections of the newborn.

Growth/Volumes

UMC is currently in discussion with Trusted on educational modules for pregnant mothers to decrease infant morbidity and mortality and to increase prenatal care visits and deliveries at UMC. Dr. Corder met with Mr. Davis, Ms. Washington and Dr. Craig on the collaboration of the asthma program with Trusted. Plans are to implement this program at UMC.

The department continues to work to extend the breast feeding initiatives and to encourage pre and post-natal care with all mothers.

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



In an effort to help relay accurate health information to the residents of Flint, Steve also welcomes Dr. Marilyn McPherson-Corder (the chair of pediatrics at United Medical Center in Washington, D.C.

Since the airing of the show, Dr. Corder has been on several radio and TV programs as an expert on lead poisoning.

PSYCHIATRY

Dr. Lisa Gordon

Performance Summary: For the month of April, please see the table below. The average length of stay for April was 5.62 days. The census remains at 20 maximum.

Description	Jan.	Feb.	March	April	MTD %
UMC Admissions / Legal Status:	7.56	5.93	5.95	5.62	100
Voluntary	28	46	35	31	47.5%
Involuntary	31	40	39	45	52.5%
Total Admissions	59	86	74	76	100.0%
Referral Source:					
CPEP	27	45	29	17	22.4%
Other (UMC ED)	30	37	40	49	64.5%
GWU	1	2	3	2	2.6%
Providence	0	0	0	0	0.0%
Georgetown	1	0	0	2	2.6%
Sibley	0	1	1	1	1.3%
UMC Medical Surgical unit	0	0	1	0	0.0%
Children's Hospital	0	1	0	0	0.0%
Howard	0	0	0	1	1.3%
Holy Cross	0	0	0	0	0.0%
Washington Hospital Center	0	0	0	0	0.0%
DYRS	0	0	0	0	0.0%
All Others	0	0	0	1	1.3%
PIW	0	0	0	3	3.9%
Total # of Patients	59	86	74	76	100.0%

Description	Jan.	Feb.	March	April
St. Elizabeth Transfers	2	1	5	2
Transfers with LOS over 15 days	2	1	4	0
Number of Court Hearings	0	0	1	0

Quality Initiatives, Outcomes, etc.

Core Measures Performance

BHU is continuing to work with the PI team to improve the validity of the abstraction process for core measures. We receive daily emails regarding possible drop-outs.

Morbidity and Mortality Reviews – NA

Adverse events (i.e. elopement, suicide attempts, sexual harassment, assaults, etc.)

Acuity during April has decreased. We continue to manage patients with verbal interventions and appropriate medication and group treatment.

Care Coordination/Readmissions –

Since the last report, the Intake Coordinator Core was subject to the initial reduction in force. BHU Nurses have been trained and assumed these duties.

Evidence-Based Practice (Protocols/Guidelines) on hold.

Service (HCAHPS Performance/Doctor Communication) -NA

Behavioral Health Unit has two full time physicians who are covering for 20 patients and has implemented 12 hour shifts schedule for psychiatric technicians to minimize call outs and overtime.

Behavioral Health Unit is working with patient billing and admissions to reduce payment denials from insurance providers.

Active Steps to Improve Performance:

The renovations continue to be on hold. However new furniture has been delivered and installed.

RADIOLOGY

Raymond Tu

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	6						6	
CT SCAN	86		538		224		848	
FLUORO	18				12		30	
MAMMOGRAPHY					271		271	
MAGNETIC RESONANCE ANGIO	6				3		9	
MAGNETIC RESONANCE IMAGING	27		3		60		90	
NUCLEAR MEDICINE	24				2		26	
SPECIAL PROCEDURES	18				1		19	
ULTRASOUND	134		215		303		652	
X-RAY	227		948		955		2130	
CNMC CT SCAN			28				28	
CNMC XRAY			656				656	
GRAND TOTAL	546		2388		1831		4765	

Quality Initiatives, Outcomes, etc.

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 were no rapid responses in radiology.

Care Coordination/Readmissions: N/A

Evidence-Based Practice (Protocols/Guidelines)

We continue to improve patient transportation into and out of the emergency department.

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. Power fluctuation issues are being addressed for improved scanner operation.

Stewardship:

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

Financials:

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

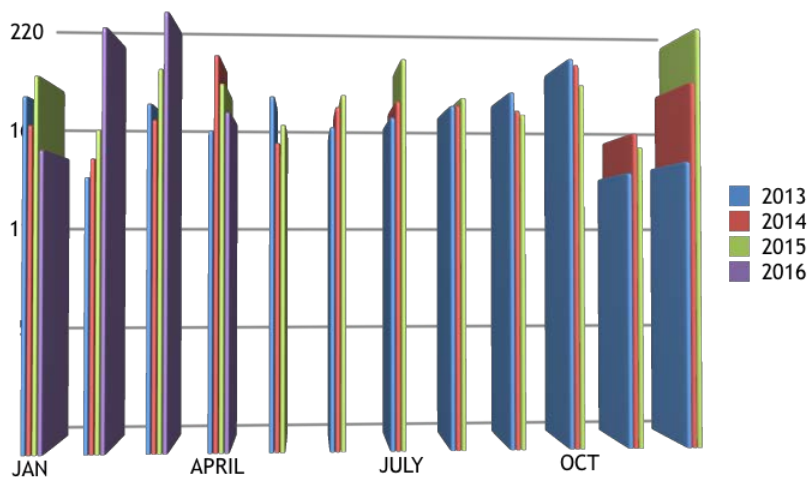
SURGERY

Dr. Gregory Morrow

For the month of April, the Surgery Department performed 166 total procedures.

The chart and graph below show the monthly trends over the last 4 years:

UMC Operating Room Cases 2013 - 2016



Our surgical volumes are still experiencing an annualized increase in spite of a significant drop in volume this past month. We continue to work diligently to increase our efficiencies and productivity while, at the same time, delivering the highest quality of care.

We continue to meet and / or exceed the quality measures outlined for the Surgery Department

The department is continuing to work on:

Adding more physicians to orthopedic surgery staff to increase our elective and outpatient procedures, as well as, obtaining coverage for Emergency, In-patient and Out-patient (Clinic) coverage.

On-going evaluation of the service lines that will most benefit from implementation of best practices policies and procedures.

Moving the surgical assistant staff from under nursing to the medical staff to better utilize their skill sets and work-flow to best serve the OR and in-patient needs under direct physician supervision. The proposal has been submitted to the bylaws committee for review.

Finalizing the needs for the new ORs as it relates to the general design and work flow to include total information integration system.

Expanding availability of available OR time during regular business hours. We are working with the Anesthesia Department and Nursing to achieve these goals.

MEDICAL AFFAIRS

Sarah Davis, BSHA, CPMSM

UMC Medical Affairs Monthly Report

May 2016

APPLICATIONS IN PROCESS

(Applications received through April 30, 2016)

Department	# of Application in Process
Allied Health Practitioners	2
Anesthesiology	0
Behavioral Health	0
Emergency Medicine	3
Medicine	2
Obstetrics & Gynecology	1
Pathology	0
Pediatrics/Neonatology	0
Radiology	3
Surgery	1
TOTAL	12

PERFORMANCE IMPROVEMENT DATA

1ST QUARTER 2016

Medical Affairs Department Indicators	Target	1 st Quarter 2016
Timely receipt of initial application with required ID (60 days)	100%	100%
All expirable documents are current (license, physical, DEA, CDS, etc.)	100%	74%
Complete credential files	100%	100%
Timely processing of reappointment applications following receipt (30 days).	100%	100%

MEDICAL STAFF ACTIVITY
MAY 2016

NEW APPOINTMENTS

Shioban Burke, MD (OB/GYN)
Kyriacos Charalambides, MD (Internal Medicine)
Jose Mari Parungao, MD (Gastroenterology)
Drew Shiner, MD (Emergency Medicine)

REAPPOINTMENT

Khalida Harrif, PA-C (Allied Health)
Kiwuka Nsubuga, PA-C (Allied Health)
Danielle Telesford, PA-C (Allied Health)

PROVISIONAL REVIEW

Don Coleman, MD (Provisional to Active)
Woo Kim, MD (Provisional to Active)
Alex Mohseni, MD (Provisional to Active)
Omolara Oyedele, MD (Provisional to Active)
Juan-Maria Sanfuentes, DO (Provisional to Active)
Mehdi Sattarian, MD (Provisional to Active)

ANNOUNCEMENTS

Medical Staff Meetings June

June 6, 2016 at 12:00 pm	Peer Review Committee
June 8, 2016 at 4:00 pm	Department of Surgery
June 8, 2016 at 5:00 pm	Department of Medicine
JUNE 8, 2016 at 6:00 pm	QUARTERLY MEDICAL STAFF MEETING
June 9, 2016 at 12:30 pm	Credentials Committee
June 13, 2016 at 12:00 pm	Critical Care Committee
June 14, 2016 at 12:30 pm	Prevention & Control of Infections Committee
June 14, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
June 15, 2016 at 2:00 pm	Health Information Management Committee
June 15, 2016 at 3:00 pm	Performance Improvement Committee
June 20, 2016 at 12:00 pm	Medical Executive Committee
June 27, 2016 at 2:00 pm	Utilization Review Committee



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

Medical Staff Report

Prepared by:
Dr. Raymond Tu,
Medical Chief of Staff



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

CEO Report

Presented by:
Andrew L. Davis
CEO



United Medical Center

Management Report

Operations Summary – May 2016

Celebrating 50 Years

United Medical Center celebrated its 50th Anniversary with a special program attended by guest speakers. Mr. Calvin Cafritz, President, CEO, and Chairman of the Board of the Cafritz Foundation was the keynote speaker. He is the son of the late Morris Cafritz, the philanthropist and D.C. businessman who raised monies and donated personal funds to ensure the hospital was built and opened its doors on April 12, 1966. The hospital was originally named Cafritz Memorial Hospital.

Other guests included Mses. Chris and Jamie Groover. Ms. Chris Groover was a pediatric nurse at the hospital in 1987 when she adopted a border baby. Both she and her daughter, Jamie Groover, spoke at the program and shared what UMC means to them and their family members.

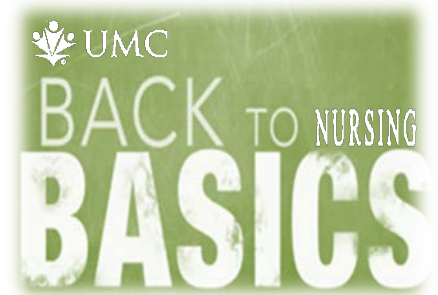
UMC employees who have worked at the hospital for over 20 years were recognized with certificates signed by Chairman of the Board Chris Gardiner and CEO Andy Davis. Two employees, Ms. Doris Handy and Ms. Ella Cole, were honored for being loyal and devoted employees of the hospital for 50 years. Photos were also taken of employees who have worked at UMC for 20 years or more and will be displayed in various areas throughout the hospital.

Quality

Back to Nursing Basics

The ED kicked off the month of May with launching a new program called Back to Nursing Basics. This program will focus on revitalizing and creating new energy around key best practices to optimize care delivery and patient satisfaction. The first two initiatives are focusing on door-to-EKG time (D2EKG) and the concept of direct bedding or “pull until full”.

D2EKG is part of the core measure requirement related to when a patient is experiencing a myocardial infarction (or heart attack). Because “time is muscle”, the importance of early identification and treatment are paramount. The practice of performing an EKG for ED patients indicating chest pain will be changed from the current 15 to 20 minutes to within 10 minutes of patients’ arrival.



The other initiative which is key to optimal throughput and patient satisfaction is the concept of direct bedding, also called “pull until full”. In this concept, patients are placed directly in open beds upon presentation to the department. They are then evaluated by a physician and nurse, generally simultaneously, and a comprehensive triage is performed at the bedside rather than in the triage area. This reduces our patients’ length of stay, increases efficiencies and the overall patient experience. We will focus on both of these initiatives for the next 90 days and re-evaluate our progress.

Other Clinical Initiatives

CRISP Connection – CRISP is the Health Information Exchange used by all Maryland and DC hospitals. It has the capability to be used by clinicians to access patient records from other facilities in the area. The contract with CRISP has been signed. The interface work is underway, as well as the scheduling of training for all physicians. UMC will have complete access to the CRISP network by June 10, 2016.

E-Clinicalworks (ECW) Outpatient Electronic Medical Records (EMR) - The new outpatient EMR system is running in a test environment. The interface to MEDITECH is being setup and testing will begin in May. The system is planned for a live rollout in June.

Meditech Upgrade to release 5.67 - The upgrade to the latest release of our MEDITECH Magic system went live on May 4, 2016. There were no major problems reported with the upgrade and we are running smoothly on the new system.

Volumes

Admissions

For the month of April, hospital admissions were 575. The budgeted admissions were 594 and prior year admissions were 588. In April, several physicians were on vacation which resulted in slightly lower volumes than anticipated. However, our admissions over the entire year have exceeded budget by 4%. Case mix index for April was 1.14, which exceeded the budgeted case mix index of 1.09.

Emergency Visits

The United Medical Center continues to be one of the busiest emergency rooms in the District. For the month of April, we had 5,121 visits, an increase of 15% from the prior year, and exceeded budget by 4%. We continue to market and develop strong relationships with the EMS providers.

Surgical Volume

Hospital surgeries were 161 for the month of April. This was below the budgeted surgeries of 202 and prior year of 174. Again, several of our surgeons were on vacation in April. We expect surgical volumes to increase in the next month. In August and September, we will have Dr. Parungao (Gastroenterology) and Dr. Chohan (Urology) join our surgical team on a full-time basis.

Revenue

Net patient service revenue totaled \$8.6 million reflecting a positive variance to budget of \$102,000 for the month of April. Total operating revenue was \$9.7 million which resulted in a positive variance of \$531,000.

Total gross revenue for April was \$26.5 million. Inpatient gross revenue and outpatient revenue are both 50% of the total gross revenue. Gross revenue was slightly below budget by 2% (\$455,000). However, gross revenue exceeded prior year by \$1.9 million or 7.5%. The increases on the inpatient side are driven by higher patient days. The outpatient increase is attributable to our increases in clinic visits.

Expenses

The Hospital continues to implement its restructuring plan to address its financial situation. During April 2016, the hospital's salaries and wages were \$191,000 (4%) below budget. Fringe benefits were \$15,000 (1%) below budget. We will continue to focus on reducing overtime, which was 4.7% for April.

Supplies totaled \$1.3 million reflecting a negative variance to budget of \$90,000 for the month of April. We saw an increase in our reagent costs and food costs. Both were a function of increases in volume.

Contract labor continued to exceed budget by \$149,000. This was attributable to agency costs in cardiology and radiology and information technology costs related to interfacing Meditech with other software systems.

Purchased services exceeded budget by \$250,000. Most of the variance is due to an extra accrual for bio-med costs and elevator costs. \$150,000 is related to the new management consulting agreement. However, we received a grant from the Department of Health Care Finance, which is reflected in Other Revenue that offsets this amount. Professional fees exceeded budget by

\$112,000. These amounts will decrease in coming months because the Hospital will not be incurring the strategic partnerships costs or legal costs as associated in the past. Management continues to monitor other expenses and is focused on restructuring vendor agreements, and tightening its internal approval process.

Other expenses were below budget by \$176,000.

Cash Flow

On April 30, 2016, the Hospital held \$22.5 million (includes capital). This is a decrease of \$1.2 million over prior month. Days cash on hand was 38 days (excluding capital reserves). This is a decrease of 4.8 days from the previous month. The forecast through September projects that it will not have any deficits in cash.

Physician Recruitment

We are excited to welcome the following physicians to our medical staff. Listed below are the names along with their start dates:

- Dr. Kyriacos Charalambides (Internal Medicine) – May 9, 2016
- Dr. Jose Mari De Guia Parungao (Gastroenterology) – starts August 2016
- Dr. Namrita Sodhi (Family Medicine) – starts in September 2016
- Dr. Christina Council (Family Medicine) – starts in September 2016
- Dr. Johnny Guzman (Family Medicine) – starts in September 2016
- Dr. Salmon Chohan (Urology) – starts in September 2016
- Dr. Melik Tiba (Gastroenterology) – starts in January 2017

In conjunction with our Medical Staff, we have identified our critical recruitment needs as Orthopedics, Neurology, and Pathology. We have engaged our recruiting department and firm to assist us on our recruitment efforts in these areas.

Community Events

Marion S. Barry Summer Youth Employment Program

In partnership with the District's Department of Employment Services, UMC will be hosting approximately ten (10) Summer Youth Employment Program Interns in various departments within the Hospital.

The Mayor Marion S. Barry Summer Youth Employment Program (SYEP) is a locally funded initiative, sponsored by the Department of Employment Services (DOES) that provides District youth ages 14 to 24 with enriching and constructive summer work experiences through subsidized placements in the private and government sectors. The Hospital does not provide any financial funding.

UMC will sponsor interns in the following areas:

- The Primary Care Clinic – (2) Administrative Interns
- The Diabetes Center – an Administrative Assistant
- The Medical Staffing Office – a Unit Clerk
- Environmental Services – (3) Environmental Services Attendant I
- The Medical/Surgical Unit – Unit Clerk
- Radiology – a Transporter
- The Human Resources Department – an Administrative Assistant

Through the SYEP, program participants will not only have an opportunity to receive practical “hands-on” experience, they will also be afforded the opportunity to experience real-world business culture experience and exposure.

Other Notables

I provided testimony at the Committee on Health and Human Services FY17 Budget Oversight Hearing on April 28, 2016 for Not-For-Profit Hospital Corporation.

I spoke at Ward 8B’s Advisory Neighborhood Commission meeting on May 17, 2016. I provided an update on the Hospital and new physicians joining the staff. I also discussed the various changes in healthcare and its impact on our community.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

Veritas, Hospital Operator

Prepared by:

Luis A. Hernandez,
Chief Restructuring
Officer



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 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
May 17, 2016

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. CONSENT AGENDA**
 - REVIEW MINUTES OF THE APRIL 12, 2016 MEETING**
- IV. BOARD OF DIRECTORS ORIENTATION MANUAL**
- V. PFAC AND CBA COMMITTEES**
- VI. BOARD APPOINTMENTS-MOTA NOMINATIONS**
- VII. UPDATE - *UMC MISSION, VISION AND VALUES* STATEMENTS**
- VIII. BOARD RETREAT UPDATE**
- VIII. ADJOURNMENT**



Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
April 12, 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 8:06 a.m.	
Determination of a Quorum	Virgil McDonald, Committee Chair determined a quorum.	
Approval of the Agenda	Virgil McDonald added two topics to the agenda: the vacant Parliamentary position and an update on the Board Orientation Manual. The agenda was approved with the two additions.	
Approval of Minutes	Minutes from March 8, 2016 were approved.	
Discussions	<p><i>Highlights include:</i></p> <p>The Board of Directors Orientation Manual - Pamela R. Lee and Donna Freeman Donna Freeman provided a detailed review of the meeting with Pam Lee regarding the organization and editing of the manual. The manual will be divided into 2 parts: one being a smaller manual with specific topics and the second section will be loaded on the board portal. Steve Lyons is continuing to update the financial contribution section as requested. The orientation meeting date is predicated on the completion of the manual.</p>	

	<p>2016 Board Self- Assessment Survey Virgil McDonald addressed the need for the Board Education Sessions and how the Board Self-Assessment surveys will determine the topics to be presented. He reviewed the number of surveys received to date and discussed next steps to obtain the missing survey. There is one survey that has not been received (Dr. Konrad Dawson).</p> <p>Hospital Operator – Veritas Andrew L. Davis, CEO led the discussion on the hospital operator. Corbett Price (Veritas) will be on site at the hospital on Friday, April 15, 2016. Mr. Davis reviewed the process for approval in the District Council. Steve Lyons provided a chronological review of the approval process.</p> <p>List of Hospital Activities for 2016: David Thompson and Donna Freeman will collaborate and send the list to all board members for planning.</p> <p>The Parliamentarian Vacancy: Virgil McDonald proposed to have a vote on Maria Gomez’s acceptance of the position during the April 23, 2016 BOD meeting.</p> <p>CEO Goals and Objectives Andrew L. Davis, CEO led the discussion regarding the Performance Goals and the document format being used to capture his progress to date. The time frame will be April 2016 to September 2016. The review period would be 3 month intervals for FY 2016. The committee voted to approve the first evaluation period which will occur in late June and 3 month intervals thereafter. In FY 2017, the review intervals will return to every 4 months. Mr. McDonald would like to have this approved in the April 23, 2016 BOD meeting.</p> <p>Patient Family Advisory Council and Community Benefits Advisory Council Andrew L. Davis, CEO, reported, according to General Counsel one of the problem areas for PFA & CBA is its perception to be another authority making group. General Counsel’s response stated the committees would not have terms and the organizational structure needed to be changed. Kai Blissett will draft another document to address the concerns of the District. Mr. McDonald would like to vote on the two committees during the April 23, 2016 meeting.</p>	<p>Virgil McDonald requested Andrew L. Davis to add a status/baseline to the Performance Goals document. Virgil McDonald requested all comments be submitted to him by Friday, April 15, 2016.</p>
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	<p>Policy on Honoring BOD Members with Expired Terms: Virgil McDonald led the discussion on this topic. Mr. McDonald is seeking an appropriate way to honor our board members whose terms have expired. The following suggestions were made: a reception before the BOD meeting, a certificate of appreciation, and engage the DC Council and Mayor for a recognition resolution. Steve Lyons confirmed the Mayor has a budget for recognition of service.</p> <p>Board Retreat 2016 – Date and Location – Virgil McDonald suggested October 2016 and the committee agreed. Donna Freeman was instructed to begin searching for a location.</p> <p>Mission, Vision, and Values Update Andrew (Andy) Davis, CEO led the discussion. He suggested waiting until the Restructuring Plan is implemented before moving forward on the <i>Values</i> statements. He suggested a rollout to be late April 2016. An extensive discussion continued regarding the current mission and vision statements. Mr. Davis proposed having the Governance Committee to work with him as the process continues.</p> <p>Update of MOTA Nominations to the UMC Board Kai Blissett, General Counsel was unable to attend; no report was given.</p>	
Other Business	<p>The next conference call will be held on Tuesday, May 10, 2016 @ 8:00 a.m.</p> <p>The meeting was adjourned at 9:25 a.m.</p>	



Board of Directors Evaluation Summary

April 23, 2016

Areas of Evaluation

Average Response Rank

Proper notice was given to Board Members & community	3.8
The Board packet was received in a timely manner	4.4
The meeting agenda is appropriate.	4.4
The Board packet provided the appropriate information to support solid discussions and decisions	3.4
Executive reports were concise, yet informative	3.8
Directors' discussions were on target and focused	3.4
Directors were prepared and involved	3.8
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.0
Appropriate Board and staff assignments were made	3.4
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.8
Meeting ran on time	4.4
I am satisfied with this meeting	4.6

Board member attendance: 11 Present 0 Absent

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?

- Open dialogue
- CFO and Finance - detailed discussion and reporting
- Thoroughness of the reporting
- Strategic discussion – still could do more of this.
- Very timely
- Public questions being asked

What aspects of this meeting were particularly bad?

- We should assess the outreach to the community for better participation.

Do you have any suggestions or comments about this meeting?

- Keep this positive and informative discourse moving forward.
- Liked having some of the meetings on Saturdays.
- Loved the Saturday meeting



Board of Directors Evaluation Form May 25, 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?

Date: April 26, 2016

To: Virgil McDonald, Vice Chair

From: Donna M. Freeman, Corporate Secretary

Subject: Summary of 2016 Board Self-Assessment Survey

Participants: G. Ashenafi

Dr. K. Dawson

C. G. Gardiner

M. Gomez

S. Lyons

V. McDonald

K. Tribble

Mission & Goals: The mission and vision statements are known. A value statement strategy is planned in the next few weeks. The strategic direction of the hospital is not understood by the majority.

Responsibilities: The responses clearly indicate the Board understands its responsibilities; however the Board does NOT attend most of the UMC events.

Leadership: The majority of the Board is clear about the evaluation process of the CEO.

Board Effectiveness – General: Question number five (5) which addresses: the process for improving individual Board Member effectiveness when non-performance becomes an issue; needs attention. The responses indicate the Board either doesn't *know* the process or doesn't believe there *is* a process.

Board Effectiveness – Recruitment and Preparation: Question number (5) which asks about an effective succession plan for officers; the majority of the Board answered "no".

Strategic Information for Future Planning: The area the Board is least comfortable in their knowledge is *Long-term Care Issues*.

The list of training areas that would benefit the Board:

1. Effective Hospital Systems
2. Value Payment Reform for Hospitals
3. Effective Revenue Cycle Solutions in the field.
4. The rapid and continual changes to the provision of healthcare in the U.S.
5. Long term care issues
6. Billing practices
7. Legislative updates

8. All areas except Finance.
9. Strategic Planning
10. Finance
11. Compliance

The top three (3) priorities for UMC in the next 12 months

1. Sustainability
2. Strategic Direction
3. Recruitment of new physicians
4. Improve marketability
5. A viable partner
6. Improved quality care
7. Bringing better care to our community
8. A new hospital
9. Attempt to manage operating costs and increase operating revenues
10. Continue to improve community outreach
11. Resolve the issue of third-party participation (merger, sale, etc.)
12. Clear direction of the future of the hospital.
13. Quality improvement of care and physical plant.
14. Revenue generating

The list of areas that need improvement:

1. Better management/forecasting of financial standing
2. Internal controls as per last audit.
3. More engaged Board – having members that only participate by phone is NOT effective for team-building, etc.
4. Cost containment
5. Physician recruitment
6. Financial Management
7. Relationship with District officials
8. Timely appointments to fill BOD vacancies
9. Strategic planning
10. Follow-up on policy implementation
11. All areas
12. More transparency
13. CEO/CFO needs to be more forthcoming
14. Board/Administration relationship



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, May 25, 2016

Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

- Minutes – April 19
- Meeting Materials



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
April 19, 2016

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

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:40pm by Virgil McDonald.	
Determination of a Quorum	A quorum was determined by Virgil McDonald who chaired the meeting in the absence of Steve Lyons, Committee Chair.	
Approval of the Agenda	The printed agenda was accepted.	
Approval of Minutes	The meeting minutes of March 15, 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 March 31, 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"> ○ Net Income: For the year to date ending March 31, 2016, the hospital had a net income of \$7.6 M, which was \$10 M higher than the budgeted net loss of \$2.4M, mainly due to receipt of District Subsidy of \$12.5 M ○ Net Income (Loss) from operations: the net loss was \$5.8 M, which exceeded the budgeted loss of \$2.5M. ● Operating Expenses <ul style="list-style-type: none"> ○ The total operating expenses for March 2016 YTD were above budget by \$4.2 M, or 7.6% and YTD exceeded budget by \$6.5 or 12%. ○ SWBCL accounted for 62% of the total operating expenses for the month. SWBCL expenses totaled to \$38.8M, which were \$3.0M above budget year to date. <ul style="list-style-type: none"> ▪ Paid FTEs for the period were 896, two (2) above budget. ▪ Hospital FTEs – 793 (3 FTEs above budget). ▪ SNF FTEs-103 (1 FTEs below budget). ▪ Average hourly rate for paid employees was \$36.39 compared to a budgeted \$31.02 ○ Overtime accounted for \$2.3 M of year to date total salary expense. Overtime represents 6.9% of total salary expense. 	
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	<ul style="list-style-type: none"> Professional Fees The Professional Fees expenses were \$4.07M, which exceeded budget by \$569 thousand or 16%. Purchased Services The Purchased Services YTD expense for March 2016 was \$5.8M, reflecting a positive budget variance of \$663 thousand. Other Operating Expenses The Other Expenses YTD were \$3.9 M in March 2016, reflecting a positive comparison to budget of \$31 thousand. Cash Flow On March 31, 2016, NFPHC held \$23.7M of cash, an increase of \$1.7M 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. \$12.1M in cash was used by Operations year to date. \$9.8M was used for capital additions through March 2016 Collections Total cash collections for the year to date were 1.4% below budget. Accounts Receivable Net patient accounts receivable (AR) totaled \$13.4M as of March 31, 2016, and is below the prior month by \$516 thousand but a year to date increase of the \$2.6M. Aged Trade Payable As of March 31, 2016, trade accounts payable (AP) totaled \$9.7M, which was lower than the AP balance for the prior month. 	
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	<ul style="list-style-type: none"> • Liquidity At the end of March, net working capital was \$23.8M, an increase in net working capital of approximately \$6.9 compared to the prior month. <p>Volume – Inpatient Total admissions for the year to date were 3,732 which were 180 admissions higher than the budgeted admissions of 3,552.</p> <ul style="list-style-type: none"> • Hospital admissions – Hospital admissions were above budget by 5% for the month. • Med/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. • Nursery/OBGYN admissions – Admissions to Nursery/OBGYN were below 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. <p>Volume – Outpatient</p> <ul style="list-style-type: none"> • Outpatient Visits – Outpatient visits were below budget by 2.5% primarily due to the clinic activity which reflected an increase in visits of 22.3%. • 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%. • Same Day Surgery – The actual visits in this category were 8.5% above 	
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	<p>budget.</p> <ul style="list-style-type: none"> • Observation admissions – There were 204 observation admissions, exceeding budget by 6.9%. • ER visits – ER visits were above budget by 6.9%. <ul style="list-style-type: none"> ○ There were 3,496 admissions from ED, represents 93.6% of total admissions and 12.03% of total ED visits. ○ 2.28% of ED visits had zero charges applied. <p>An extensive discussion was held on the following regarding the March 31, 2016 report:</p> <ul style="list-style-type: none"> • Medicare billing and reimbursements rates • Huron • Overtime plan for 2016 • Contractual Processes 	<p>Virgil McDonald requested a copy of the cash flow report to be available at the BOD meeting on April 23, 2016.</p>
Other Business	<p>Any expected financial issues/pressures</p> <p>Extensive discussions were held on the following: Lilian Chukwuma, CFO led the discussion updating the financial picture resulting from the reduction in the workforce.</p> <p>STATUS OF REVISED SPENDING/REVENUE PLAN: Report was included in the CFO's report and there are no contracts to be approved at this time.</p> <p>REVENUE CYCLE: Lilian Chukwuma, CFO and team are continuing to review UMC's systems and the current reporting process. She and her team will provide a detailed report at the May 25th BOD meeting.</p> <p>HOSPITAL OPERATOR CONTRACT: Chris Gardiner, Board Chair provided an update on the progress of Veritas. Chairman Gardiner expects a smooth transition once they arrive on campus at the hospital and they will be represented at the BOD meeting on April 23rd.</p>	

New Business	N/A	
Announcements	The next Finance Committee conference call will be Tuesday, May 17, 2016 at 2:30pm	
	Meeting adjourned at 3:50pm	



FINANCE COMMITTEE

IV. FINANCIAL STATEMENT REVIEW

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



Summary of Operating Results for the Month of April 2016

Financial Results

The following table, table T1, provides a summary of the operating results of the Not-for-Profit Hospital Corporation (NFPHC) for the month ended April 30, 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

Month of April			Budget FY16			Prior Year Var			Year-to-Date			Budget FY16			Prior Year Var		
Actual	Budget	Variance	\$	%	\$	%		Actual	Budget	Variance	\$	%	\$	%	Actual	Budget	Variance
\$ 9,503	\$ 9,399	\$ 8,639	\$ 104	1%	\$ 864	10%	Net patient services revenue	\$ 66,970	\$ 63,594	\$ 63,325	\$ 3,376	5%	\$ 3,644	6%			
(1,013)	(988)	(941)	(24)	2%	(72)	8%	Provision for bad debt	(7,337)	(6,734)	(5,968)	(804)	9%	(1,169)	23%			
8,490	8,411	7,698	80	1%	792	10%	Net patient services revenue	59,632	56,860	57,357	2,772	5%	2,275	4.0%			
(9,875)	(9,658)	(9,051)	(217)	2%	(824)	9%	Total operating expenses	(70,328)	(65,863)	(63,015)	(4,466)	6.8%	(7,313)	11.6%			
(1,385)	(1,247)	(1,353)	(138)	11%	(32)	2%	Contributions from operations	(10,696)	(9,003)	(5,658)	(1,693)	19%	(5,038)	89%			
145	122	600	22	18%	(455)	-76%	Disproportionate share revenue	1,012	856	2,277	157	18%	(1,265)	-56%			
252	217	234	35	16%	18	8%	CHC revenues	1,500	1,436	1,439	65	5%	62	4%			
808	414	535	394	95%	273	51%	Other revenues	2,180	2,862	3,133	(682)	-24%	(953)	-30%			
(181)	(494)	16	313	-63%	(196)	-1257%	Net income (loss) from operations	(6,003)	(3,850)	1,190	(7,154)	56%	(7,194)	-804%			
(632)	163	(72)	(795)	-488%	(560)	775%	Non operating inc (exp)	12,820	1,141	(3,731)	11,687	1025%	16,959	-444%			
\$ (813)	\$ (331)	\$ (57)	\$ (482)	146%	\$ (756)	1334%	Net income (loss)	\$ 6,825	\$ (2,709)	\$ (2,540)	\$ 9,534	-352%	\$ 9,365	-369%			

Net Income

- The financial results for the period ending April 30, 2016, reflect a net loss of \$813 thousand, which exceeded the budget by \$482 thousand or 146%.

Net Income (Loss) from Operations

- The net income from operations was \$181 thousand, which was lower than the budgeted loss of \$494 thousand or 63 %.
- Net patient services revenue was slightly higher than budget by 1%.
- Other operating revenue exceed budget by \$429 thousand, mainly attributable to receivable recorded for seven months of DC Medicaid outpatient supplemental revenue totaling \$407 thousand.

Non-Operating Revenues

- No capital funds were received from the District and recognized as income.

Operating Expenses

- The total operating expenses for the month were above budget by \$217 thousand, or 2.3%, and exceeded year to date budget by 6.8%

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



Summary of Operating Results for the Month Ended April 2016

Table T2 shows actual operating expenses along with the Board approved budget for the period ending April 30, 2016.

T2 – Operating Expenses

Month of April				Budget Var				Prior Year Var				Year-To-Date				Budget Var				Prior Year Var			
Actual	Budget	Encumbr		\$	%	\$	%	\$	%	\$	%	Actual	Budget	Encumbr		\$	%	\$	%	\$	%	\$	%
Operating Expenses:																							
4,527	4,718	4,132		(191)	-4.0%	395	9.6%	Salaries and wages	31,859	32,073	29,109	1,706	5.6%	4,749	16.3%								
1,214	1,229	1,117		(15)	-1.2%	97	8.7%	Employee benefits	8,622	8,597	7,768	25	0.3%	854	11.0%								
337	188	332		149	79.2%	5	1.4%	Contract labor	2,398	1,281	2,707	1,118	87.3%	(388)	-11.4%								
1,278	1,188	1,396		90	7.6%	(118)	-8.5%	Medical supplies	9,149	8,209	8,257	939	11.4%	891	10.8%								
691	579	514		112	19.2%	177	34.3%	Professional fees	4,767	4,087	3,997	681	16.7%	771	19.3%								
1,319	1,070	1,039		249	23.3%	280	26.9%	Purchased services	7,100	6,976	6,596	124	1.8%	505	7.0%								
509	685	528		(176)	-25.7%	(11)	-2.1%	Other operating expenses	4,433	4,640	4,582	(207)	-4.5%	(148)	-3.3%								
9,875	9,698	9,051		217	2.3%	824	9.1%	Total	70,328	65,863	63,015	4,466	6.8%	7,313	11.6%								

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 April								Year-To-Date							
Actual	% Total	Budget	% Total	Actual	% Total	Budget	% Total	Actual	% Total	Budget	% Total	Actual	% Total	Budget	% Total
Operating Expenses:															
6,078	62%	6,135	64%	5,581	62%	9%	SWBCL	44,879	64%	41,951	64%	39,584	63%	13%	
1,278	13%	1,188	12%	1,396	15%	-8%	Medical supplies	9,149	13%	8,209	12%	8,257	13%	11%	
691	7%	579	6%	514	6%	34%	Professional fees	4,767	7%	4,087	6%	3,997	6%	19%	
1,319	13%	1,070	11%	1,039	11%	27%	Purchased services	7,100	10%	6,976	11%	6,596	10%	8%	
509	5%	685	7%	520	6%	-2%	Other operating exps	4,433	6%	4,640	7%	4,582	7%	-3%	
9,875	100%	9,698	100%	9,051	100%	9%	Total	70,328	100%	65,863	100%	63,015	100%	12%	

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

- SWBCL accounted for 62% of the total operating expenses for the month. SWBCL expenses totaled to \$6.1 million, which were \$57 thousand below budget for the month but above the year-to-date budget by \$2.9 million.

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

- Paid FTEs for the month were 957 (63 above budget).
 - Man-hours per Adjusted Patient Day remain on target.
 - Hospital FTEs - 749 (51 FTE below budget)
 - SNF FTEs - 100 (4 FTEs (below budget)

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



Summary of Operating Results for the Month Ended April 2016

- Average hourly rate for hospital paid employees was \$33.89 compared to a budgeted \$32.62.
- Overtime accounted for \$214 thousand of total salary expense. Overtime as a percent of total salary expense was 4.7%. Overtime FTEs were 30.1 for the hospital, 6.8 for the SNF. The top five departments utilizing overtime are:
 - ER Nursing - \$38k or 17.6%
 - SNF Nursing - \$38k or 17.6%
 - Environmental Service - \$14k or 6.5%
 - SW Telemetry - \$14k or 6.3%
 - Dietary - \$12k or 5.8%
- Contract Labor expenses totaled \$337 thousand exceeding the budget by \$149 thousand. Areas contributing to this negative variance include:
 - Information Technology exceeded budget by \$55k due to services performed by Summit Healthcare.
 - Physical Therapy exceeded budget \$42k.
 - Cardiology and Radiology incurred overages during the month of \$37k and \$35k respectively.

Employee Benefits

- The total expenses for the month were on target with budget at \$1.1 million. Areas contributing to this variance include:
 - Due to salaries being over budget, FICA expense exceeded budget by \$44 thousand
 - Federal and state unemployment taxes (FUTA, SUI) exceeded budget by \$78 thousand due to employer taxes incurred on the first \$7,000 and \$9,000 of each employee's earnings respectively, for the first calendar quarter.
 - Due to FTEs being over budget, vacation accrual exceeded budget by \$73 thousand.

Medical/Other Supplies

- The total expenses for the month were \$1.28 million, exceeding budget by \$91 thousand. The following areas contributed to these variances:
 - Food Services – Exceeded budget by \$136k due to additional food and supplies.
 - Reagents – Exceeded budget by \$55k due to increase laboratory tests and procedures.
 - Dietary supplies (Other) – unfavorable budget variance of \$39k.

Professional

- The Professional Fees expense was \$691 thousand, which exceeded budget by \$112 thousand or 26%. The negative variance is due to changes made in ER physicians, specifically replacing EMCARE with EMA.

Purchased Services

- The Purchased Services expense for the month was \$1.3 million, reflecting an unfavorable budget variance of \$249 thousand, or 23%. Departments that contributed to the negative variance were;
 - Plant Maintenance – exceeded budget by \$177k due to payments made to Crothall for management services and facility assessment.
 - Admitting – exceeded budget by \$88k due to payments made to Relay Health

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



Summary of Operating Results for the Month Ended April 2016

- Information Technology – exceeded budget by \$73k for support services from Meditech and Cloudwave.

Other Expense

- The Other Expenses for the month was \$509 thousand, reflecting a positive budget variance of \$176k or 26%.

Cash Flow

On April 30, NPHC held \$22.5 million of cash, a decrease of \$1.2 million over prior month. Day's cash on hand was 68.1 days (excluding capital reserves), a decrease of 4.8 days from the previous month.

- \$1.2 million in cash was used for Operations
- \$964 thousand was used for capital additions

T4 – Cash Collections

Month of April			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	\$	%	\$	%		Actual	Budget	Prior Year	\$	%	\$	%
Cash Collections:														
8,297	8,108	8,703	189	2.3%	(406)	-4.7%	Hospital	54,597	54,393	54,512	204	0.4%	85	0.2%
873	934	747	(61)	-6.5%	126	16.9%	SNF	5,792	6,765	6,199	(973)	-14.4%	(367)	-6.0%
-	-	629	-	0.0%	(629)	-100.0%	DSH	868	733	2,306	135	18.4%	(1,438)	-62.4%
9,170	9,042	10,079	128	1.4%	(909)	-9.0%	Total	61,257	61,891	62,977	(634)	-1.3%	(1,720)	-2.7%

*Cash collections for fiscal year-to-date do not include \$7.1 million received for capital and \$10 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		
	Actual	Budget
Total Collections	\$ 61,257	\$ 61,891
DSH Variance		(12)
Net Patient Revenue Variance		2,917
Other Revenue Variance		(682)
	<u>\$ 61,257</u>	<u>\$ 64,114</u>
		-4.46%

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



Summary of Operating Results for the Month Ended April 2016

C1 - Collection Trends – Patient Services

Below are the highlights of cash collections for the month.

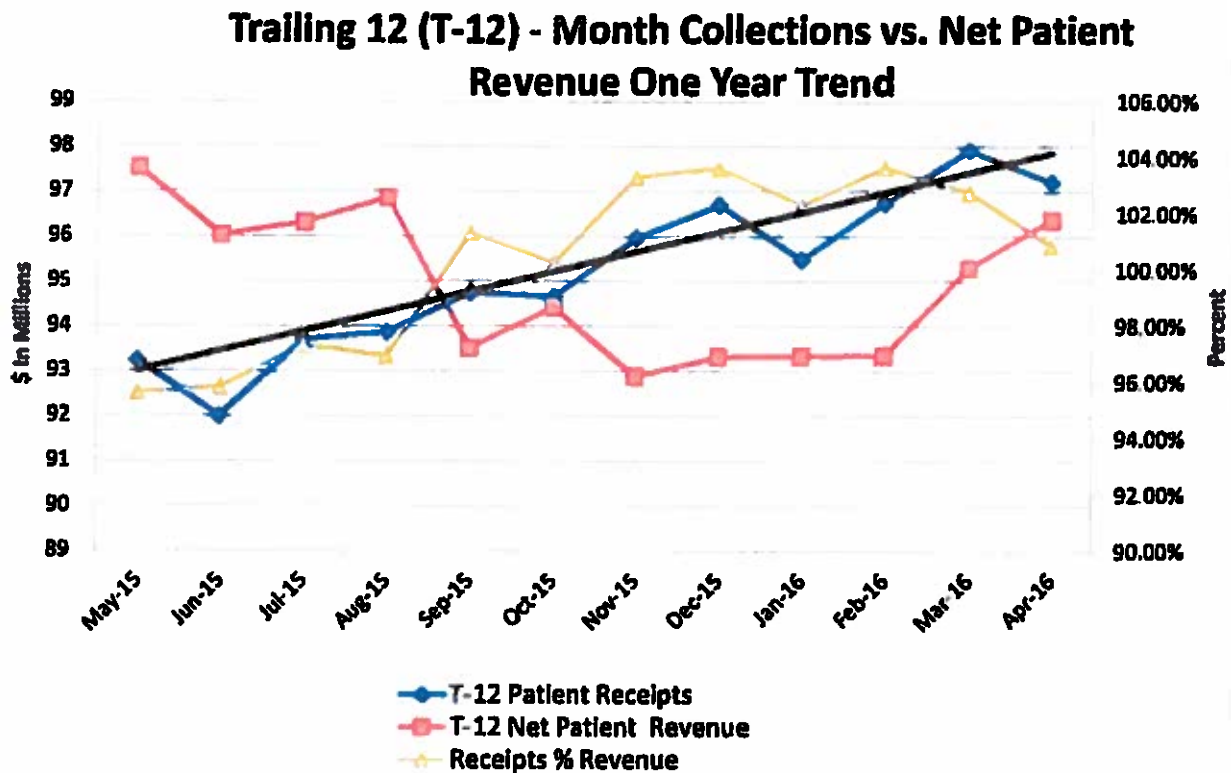
- Total collections were 1.4% above budget.
- Hospital collections were slightly above budget by 1.3%.
- SNF collections were below budget by 6.5%

Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 100.9% for April.

Trailing 12 – month collections are .9% below the hospital's desired goal of 100%.

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



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



Summary of Operating Results for the Month Ended April 2016

Accounts Receivable

Net patient accounts receivable (AR) totaled \$12.8 million as of April 30, 2016 and is below the prior month by \$554 thousand.

- Net Days in A/R – Finished at 45.4 days for April 2016 year- to-date.

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled \$9.2 million, which was \$436 thousand lower than the AP balance for the prior month.
- Average payment period –shows 62.4 days for fiscal year 2016 to date.

C2 – Weekly AP Trend

Liquidity

At the end of April 2016, net working capital was 19.8 million. This is a decrease of approximately \$489 thousand compared to the prior month.

Current Ratio – Finished at 1.93 in the current month, compared to 1.92 in the previous month.

Statistical Information

Tables T6 below presents selected statistics for the month end and year-to-date ended on April 30, 2016.

T6 – Selected Statistics

Month of April			Budget var			Prior Year Var			Year to Date			Budget var			Prior Year Var		
Actual	Target	Final	1	2	3	4	5	6	Actual	Target	Final	1	2	3	4	5	6
Selected Statistics:																	
218	216	218	0	1%	0	0%	Connection factor (acute services)	2.07	2.08	2.02	(0)	0%	0	2%			
575	594	588	(19)	-3%	(13)	-2%	Total admissions	4,307	4,145	4,045	162	4%	262	6%			
6,533	6,571	6,197	(38)	-1%	336	5%	Total days	48,539	46,743	45,320	1,796	4%	3,219	7%			
217.8	219.0	206.6	(1.3)	-1%	11.2	5%	Total average daily census	227.9	220.5	213.8	7.4	3%	14.1	7%			
61.5%	61.3%	58.4%	-0.4%	-1%	3.2%	5%	Occupancy	64.4%	62.3%	60.4%	2.1%	3%	4.0%	7%			
5,121	4,904	4,464	217	4%	657	15%	ER Visits	34,169	32,970	30,945	1,199	4%	3,224	10%			
161	282	174	(41)	-20%	(13)	-7%	Surgeries	1,219	1,171	1,166	48	4%	53	5%			
849	904	852	(55)	-6%	(3)	0%	Post FTEs (local agency)	906	891	852	15	2%	54	6%			
\$6,758	\$6,560	\$6,004	198	3%	753	13%	Adj net patient revenue per AA	\$6,694	\$6,605	\$7,016	89	1%	(322)	-5%			
\$595	\$593	\$570	2	0%	25	4%	Adj net patient revenue per APD	\$594	\$586	\$626	8	1%	(32)	-5%			
1.14	1.09	1.10	0.05	5%	0.04	4%	Case mix (hospital)	1.08	1.09	1.10	(0.01)	-1%	(0.01)	-1%			

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



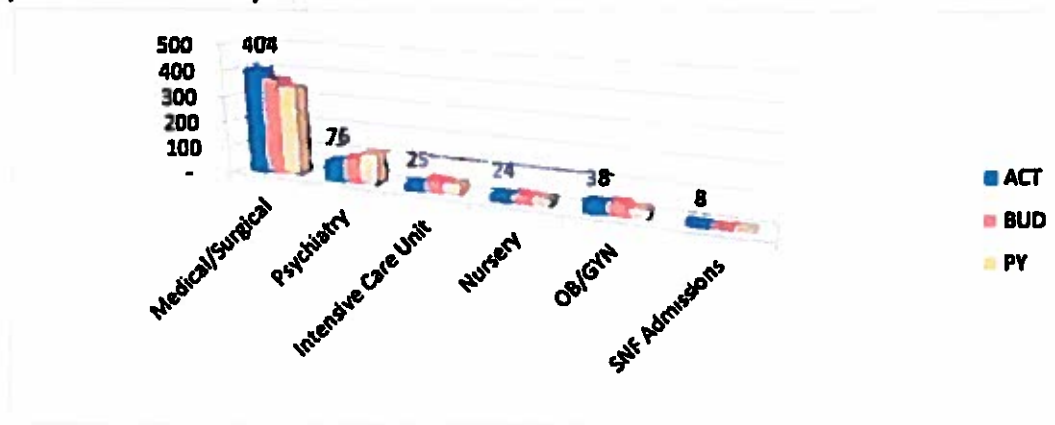
Summary of Operating Results for the Month Ended April 2016

Volume - Inpatient

Total admissions for the reporting period were 575, which were 19 admissions lower than the budgeted admissions of 594.

Chart C3 below shows Inpatient admissions for the month of April 2016

C3 – Inpatient Admissions – April 2016



Below are highlights on Inpatient admissions monthly as of April 2016.

- Hospital admissions – Hospital Admissions were below budget by 3.1% for the month.
- Medical/Surgical admissions (including ICU) – Admissions to the Medical/Surgical unit were 16.7% higher than the budget. Medical/Surgical admissions accounted for 78.0% of the total hospital admissions.
- Psychiatry admissions – Admissions to this unit were lower than budget by 19.0% for the reporting period. (12.2% 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 31.4% for the reporting period.
- Case Mix Index – The Hospital Case Mix Index was at 1.1400 for the month. The Medicare Case Mix Index was at 1.5900 for the month.

Inpatient Patient Days

- The total patient days for the month were 6,533, slightly below budget by .6%.
- Acute LOS for the month was 5.4 days, slightly over budget by 0.2%.
- Occupancy (licensed beds) – 54.1% acute | 93.9% SNF

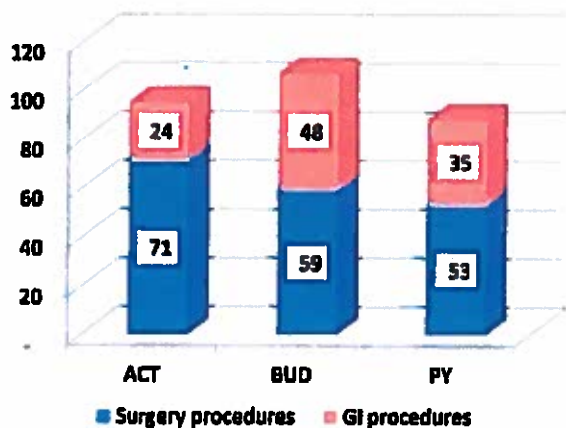
OFFICE OF THE CFO – NOT-FOR-PROFIT HOSPITAL CORPORATION



Summary of Operating Results for the Month Ended April 2016

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

C4 – Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed were below expectations by 10.9% for the reporting period.

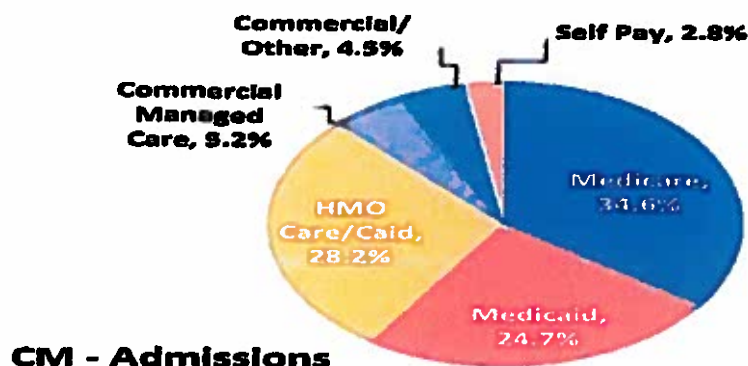
Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month was 20.0% above budget.

GI Procedures – GI procedures performed were 49.5% below budget for the reporting period

Inpatient Payor Mix

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

C5 - Inpatient Payor Mix – April 2016



CM - Admissions

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



Summary of Operating Results for the Month Ended April 2016

T7 (1) – Inpatient Payor Mix

Month of April				Year-To-Date			
Actual	Budget	Prior Year	Variance %	Actual	Budget	Prior Year	Variance %
Admissions							
199	179	179	11%	1,463	1,214	1,224	21%
142	153	165	-7%	1,081	1,069	1,091	1%
162	183	189	-11%	1,205	1,309	1,247	-8%
30	36	28	-17%	246	251	268	-2%
26	24	24	8%	202	166	161	22%
16	19	3	-16%	110	135	54	-19%
575	594	588	-3%	589	4,307	4,144	4%

T7 (2) – Inpatient Payor Mix Percentages

Month of April				Year-To-Date			
Actual	Budget	Prior Year	Variance %	Actual	Budget	Prior Year	Variance %
Admissions %							
34.6%	30.1%	30.4%	15%	34.0%	29.3%	30.3%	16%
24.7%	25.8%	28.1%	-4%	25.1%	25.8%	27.0%	-3%
28.2%	30.8%	32.1%	-9%	28.0%	31.6%	30.8%	-11%
5.2%	6.1%	4.8%	-14%	5.7%	6.1%	6.6%	-6%
4.5%	4.0%	4.1%	12%	4.7%	4.0%	4.0%	17%
2.8%	3.2%	0.5%	-13%	2.6%	3.3%	1.3%	-22%
100.0%	100.0%	100.0%	0%	100.0%	100.0%	100.0%	0%

Volume -Outpatient

Total outpatient visits for the reporting period were 8,259, which were higher than budget by 14%. 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 April					Year-To-Date					
Actual	Budget	Prior Year	Var	Variance %		Actual	Budget	Var	Variance %	
Visits										
5,121	4,904	4,464	217	4.4%	Emergency Services	34,169	32,970	1,199	3.6%	
1,369	1,579	1,287	(210)	-13.3%	Radiology	8,005	10,119	1,287	(2,113)	-20.9%
2,319	1,575	1,347	744	47.2%	Clinics	13,552	13,581	9,948	(29)	-0.2%
277	314	240	(37)	-11.8%	Laboratory	1,692	1,898	1,719	(206)	-10.9%
70	95	94	(25)	-26.3%	Same Day Surgeries	564	550	562	14	2.5%
9,156	8,467	7,432	689	8.1%	Total	57,983	59,118	44,396	(1,135)	-1.9%
516	591	476	-75	-12.7%	ER Visits Admitted as IP	4,087	3,459	3,413	620	18.2%

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



Summary of Operating Results for the Month Ended April 2016

T9 – Visits per Day

Month of April					Year-To-Date				
Actual	Budget	Prior Year	Var.	Budget Variance %	Actual	Budget	Prior Year	Var.	Budget Variance %
Visits Per Day									
170.7	163.5	148.8	7.2	4.4%	160.4	154.8	145.0	5.6	3.6%
45.6	52.6	42.9	(7.0)	-13.3%	37.6	47.5	6.0	(9.9)	-20.9%
77.3	52.5	44.9	24.8	47.2%	63.6	61.8	48.7	(0.1)	-0.2%
9.2	10.5	8.0	(1.2)	-11.8%	7.9	8.9	8.1	(1.0)	-10.9%
2.3	3.2	3.1	(0.8)	-26.3%	2.6	2.6	2.6	0.1	2.5%

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

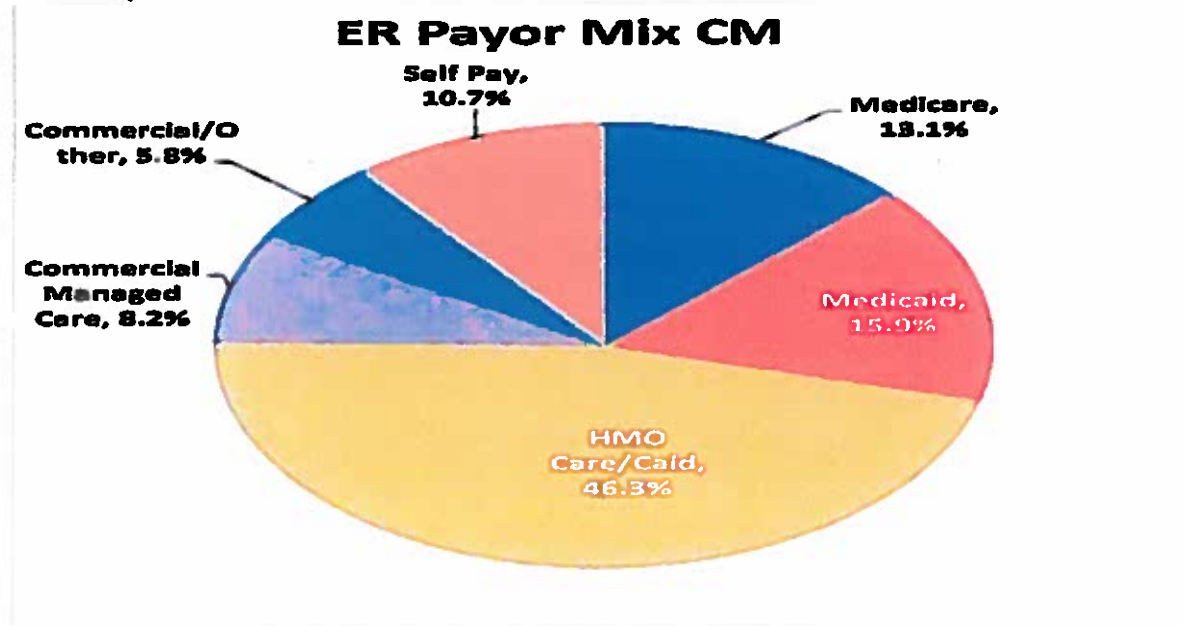
- **Outpatient visits** – Outpatient visits were higher than budget by 14% primarily due to the clinic activity which reflected an increase in visits of 67%.
- **Outpatient revenue** – Outpatient revenue accounted for 48.0% of gross patient revenue which is above the budgeted target of 47.3%.
- **ED volumes** – ED visits were above budget by 7%.
- **Radiology Visits** – Radiology visits were higher than budget by 4%.
- **Clinic Visits** – Clinic visits were above budget by 7%.
 - Primary Care was up 125% compared to budget.
 - Obstetrics was down by 15% compared to budget.
 - Wound Care was below budget by 50%
 - Occupational Health was above budget by 94%.
 - Mobile Health Van visits were below budget by 89%.
- **Same Day surgery** – Actual visits in this category were below budget by 26%.
- **Observation admissions** – There were 253 observation admissions, exceeding budget by 15%.
- **ER visits** – ER visits were above budget by 4%.
 - There were 591 admissions from ED, representing 100% of total admissions and 11.5% of total ED visits.
 - 1.46% of ED visits had zero charges applied.

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



Summary of Operating Results for the Month Ended April 2016

C6 – ED Payor Mix



T10 (1) –ED Outpatient Payor Mix

Month of April					Year-To-Date			
Actual	Budget	Prior Year	Variance %		Actual	Budget	Prior Year	Variance %
Emergency Visits								
677	624	610	8%	Medicare	4,681	4,192	4,188	12%
820	821	741	0%	Medicaid	5,750	5,517	5,132	4%
2,385	2,098	2,055	14%	HMO Care/Cald	15,447	14,107	14,359	9%
423	393	373	8%	Commercial Managed Care	2,797	2,641	2,612	6%
299	275	225	9%	Commercial	1,822	1,846	1,691	-1%
552	684	460	-20%	Self Pay	3,673	4,669	2,897	-21%
5,156	4,905	4,464	5%	Total Emergency Visits	34,170	32,972	30,879	4%

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

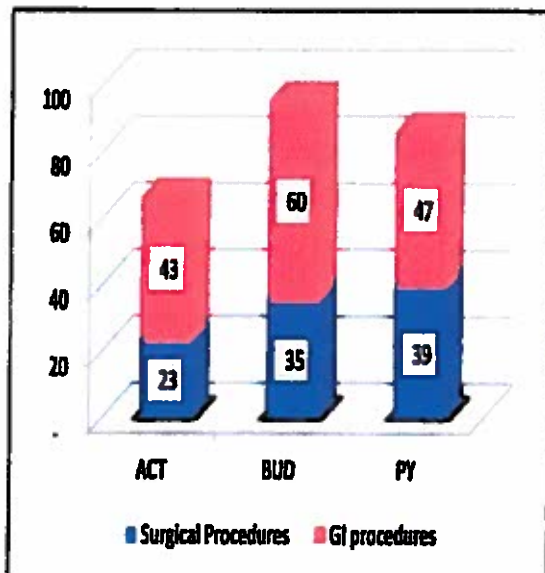


Summary of Operating Results for the Month Ended April 2016

T10(2) –ER Outpatient Payor Mix by percentages

Month of April					Year-To-Date			
Actual	Budget	Prior Year	Variance %		Actual	Budget	Prior Year	Variance %
Emergency Visits %								
13.1%	12.7%	13.7%	3%	Medicare	13.7%	12.7%	13.6%	8%
15.9%	16.7%	16.6%	-5%	Medicaid	16.8%	16.7%	16.6%	1%
46.3%	42.8%	46.0%	8%	HMO Care/Cald	45.2%	42.8%	46.5%	6%
8.2%	8.0%	8.4%	2%	Commercial Managed Care	8.2%	8.0%	8.5%	2%
5.8%	5.6%	5.0%	3%	Commercial/Other	5.3%	5.6%	5.5%	-5%
10.7%	14.1%	10.3%	-24%	Self Pay	10.7%	14.2%	9.4%	-24%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

C7 – Outpatient Surgical Procedures



Outpatient Surgical Procedures – The total outpatient surgical procedures performed were below expectations by 31%.

Outpatient Surgeries – The total number of outpatient surgeries performed in April were 34% below budget.

Outpatient GI Procedures – The total number of GI procedures performed in April were 29% below budget.

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



Summary of Operating Results for the Month Ended April 2016



Not-For-Profit Hospital Corporation

**UNAUDITED
Financial Statements
April 30, 2016**

DRAFT

Last Update

5/13/2016 16:49

**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 seven month period ending April 30, 2016

					Dollars in thousands				
Month of April					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Statistics:									
575	594	(19)	-3%	588	4,307	4,145	162	4%	4,045
6,533	6,571	(38)	-1%	6,197	48,539	46,743	1,796	4%	45,320
5.4	5.6	(0.2)	-3%	5.3	5.7	5.6	0	3%	5.7
5,121	4,904	217	4%	4,464	34,169	32,970	1,199	4%	30,949
849	904	(55)	-6%	852	905	891	15	2%	852
Revenues:									
\$ 13,152	\$ 13,530	(378)	-3%	\$ 12,230	\$ 96,881	\$ 95,764	1,117	1%	\$ 92,647
13,391	13,458	(67)	0%	12,443	89,921	88,089	1,833	2%	81,968
26,543	26,988	(445)	-2%	24,673	186,802	183,853	2,949	2%	174,614
Deductions From Revenues:									
16,643	17,223	(580)	-3%	15,866	117,852	117,783	67	0%	108,789
1,013	988	24	2%	941	7,337	6,734	604	9%	5,968
172	289	(128)	-43%	151	1,405	2,032	(627)	-31%	1,825
82	67	14	21%	16	432	452	(21)	-5%	695
-	-	-	0%	-	-	-	-	0%	-
-	(122)	122	-100%	(600)	(868)	(858)	(10)	1%	(2,377)
17,929	18,456	(527)	-3%	16,375	126,158	126,147	11	0%	114,980
8,635	8,533	102	1%	8,298	60,644	57,715	2,929	5%	59,634
252	217	35	16%	234	1,500	1,436	65	5%	1,439
808	414	394	95%	535	2,180	2,862	(682)	-24%	3,133
9,695	9,164	531	6%	9,067	64,325	62,013	2,312	4%	64,206
Operating Expenses:									
4,527	4,718	(191)	-4%	4,132	33,859	32,073	1,786	6%	29,109
1,214	1,229	(15)	-1%	1,117	8,622	8,597	25	0%	7,768
337	188	149	79%	332	2,398	1,281	1,118	87%	2,707
1,278	1,188	90	8%	1,396	9,149	8,209	939	11%	8,257
691	579	112	19%	514	4,767	4,087	681	17%	3,997
1,318	1,070	249	23%	1,039	7,100	6,976	124	2%	6,596
509	688	(178)	-26%	520	4,433	4,640	(207)	-4%	4,882
9,675	9,629	217	2%	9,051	70,328	65,863	4,464	7%	63,013
(181)	(494)	313	-83%	16	(6,003)	(3,850)	(2,154)	56%	1,190
Nonoperating (Income)/Expenses:									
3	19	(16)	-83%	8	4	214	(211)	-98%	111
629	603	(54)	-9%	416	4,320	4,783	(463)	-10%	3,974
(0)	(865)	865	-100%	(352)	(17,152)	(8,138)	(11,014)	129%	(384)
632	(183)	795	-49%	72	(12,828)	(1,141)	(11,687)	1025%	3,731
\$ (813)	\$ (231)	\$ (482)	146%	\$ (57)	\$ 6,829	\$ (2,709)	\$ 9,538	-752%	\$ (3,940)

United Medical Center
Consolidated Net Position
April 30, 2016

Dollars in Thousands

<u>Apr-16</u>	<u>Mar-16</u>	<u>MTD Change</u>		<u>Apr-15</u>	<u>Sep-15</u>	<u>YTD Change</u>
			Current Assets:			
\$ 22,479	\$ 23,694	\$ (1,215)	Cash and equivalents	\$ 11,901	\$ 22,829	\$ (351)
12,842	13,396	(554)	Net accounts receivable	11,862	10,804	2,038
1,788	1,775	13	Inventories	1,591	1,480	328
2,713	2,234	479	Prepaid and other assets	1,996	1,942	771
<u>39,821</u>	<u>41,099</u>	<u>(1,277)</u>	Total current assets	<u>27,350</u>	<u>37,035</u>	<u>2,786</u>
			Long-Term Assets:			
981	837	145	Estimated third-party payor settlements	334	837	145
67,622	68,277	(655)	Capital assets	56,156	62,240	5,382
-	-	-	Intangible assets	15	-	-
<u>68,603</u>	<u>69,114</u>	<u>(511)</u>	Total long term assets	<u>56,505</u>	<u>63,076</u>	<u>5,526</u>
<u>\$ 108,424</u>	<u>\$ 110,212</u>	<u>\$ (1,788)</u>	Total assets	<u>\$ 83,855</u>	<u>\$ 100,112</u>	<u>\$ 8,312</u>
			Current Liabilities:			
\$ 75	\$ 86	(10)	Current portion, capital lease obligation	\$ 121	\$ 159	\$ (84)
9,242	9,678	(436)	Trade payables	6,273	9,812	(571)
9,136	9,354	(218)	Accrued salaries and benefits	6,417	7,134	2,002
-	-	-	Unearned District Capital Fund	-	(1,041)	1,041
-	-	-	Estimated third-party payor settlements	(54)	-	-
<u>2,150</u>	<u>2,275</u>	<u>(125)</u>	Other liabilities	<u>3,326</u>	<u>2,237</u>	<u>(87)</u>
<u>20,603</u>	<u>21,392</u>	<u>(789)</u>	Total current liabilities	<u>16,084</u>	<u>18,302</u>	<u>2,302</u>
			Long-Term Liabilities:			
-	-	-	Unearned grant revenue	1,036	-	-
132	132	(0)	Capital lease obligations	255	132	(0)
-	-	-	Subsidy from District of Columbia	1,507	1,041	(1,041)
4,561	4,749	(188)	Estimated third-party payor settlements	732	4,339	221
<u>2,335</u>	<u>2,335</u>	<u>-</u>	Contingent & other liabilities	<u>1,773</u>	<u>2,335</u>	<u>-</u>
<u>7,028</u>	<u>7,216</u>	<u>(188)</u>	Total long term liabilities	<u>5,302</u>	<u>7,848</u>	<u>(820)</u>
			Net Positions:			
<u>80,793</u>	<u>81,604</u>	<u>(811)</u>	Unrestricted	<u>62,469</u>	<u>73,962</u>	<u>6,830</u>
<u>80,793</u>	<u>81,604</u>	<u>(811)</u>	Total net position	<u>62,469</u>	<u>73,962</u>	<u>6,830</u>
<u>\$ 108,424</u>	<u>\$ 110,212</u>	<u>\$ (1,788)</u>	Total liabilities and net position	<u>\$ 83,855</u>	<u>\$ 100,112</u>	<u>\$ 8,312</u>

United Medical Center
Consolidated Statement of Cash Flows
For the seven month period ending April 30, 2016

Month of April		Year-to-Date	
Actual	Prior Year	Actual	Prior Year
\$ 8,767	\$ 9,152	\$ 58,684	\$ 23,035
(5,100)	(3,699)	(30,643)	(9,667)
(5,959)	(6,369)	(40,478)	(16,141)
1,059	1,348	3,680	2,409
(1,233)	431	(8,758)	(364)
-	-	-	0.29
-	-	-	0.29
-	3	17,152	3
-	3	17,152	3
(11)	(31)	(84)	(104)
29	(1,136)	(8,662)	(2,415)
18	(1,166)	(8,746)	(2,520)
(1,215)	(732)	(351)	(2,881)
23,694	14,291	22,829	16,439
\$ 22,478	\$ 13,558	\$ 22,479	\$ 13,558

United Medical Center
Consolidated Inpatient Statistics
For the seven month period ending April 30, 2016

Month of April					Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Admissions					
404	371	33	8.9%	347	Medical/Surgical	3,014	2,536	478	19%	2,440
76	94	(18)	-19.0%	120	Psychiatry	594	656	(62)	-9%	764
25	47	(22)	-46.6%	44	Intensive Care Unit	216	302	(86)	-28%	282
24	32	(8)	-24.0%	30	Nursery	197	291	(94)	-32%	257
38	45	(7)	-15.6%	35	OB/GYN	238	312	(72)	-23%	274
567	589	(21)	-3.6%	576	Hospital Admissions	4,258	4,098	158	4%	4,017
8	5	3	50.0%	12	SNF Admissions	51	47	4	8%	28
575	594	(19)	-3.1%	588	Total Admissions	4,307	4,145	162	4%	4,045
					Patient Days					
2,117	2,067	50	2.4%	1,944	Medical/Surgical	16,510	14,241	2,269	16%	14,505
479	677	(198)	-29.3%	694	Psychiatry	4,531	4,767	(236)	-5%	4,506
295	342	(47)	-13.7%	250	Intensive Care Unit	2,202	2,289	(87)	-4%	2,263
72	64	8	13.4%	67	Nursery	555	666	(111)	-17%	687
97	122	(25)	-20.4%	103	OB/GYN	624	937	(313)	-33%	824
3,060	3,272	(212)	-6.5%	3,039	Hospital Patient Days	24,422	22,909	1,512	7%	22,785
3,473	3,299	174	5.3%	3,139	SNF Resident Days	24,117	23,843	274	1%	22,535
6,533	6,571	(38)	-0.6%	6,197	Total Days	48,539	46,743	1,796	4%	45,320
					Average Patient Stay					
5.2	5.6	(0.3)	-5.9%	5.6	Medical/Surgical	5.5	5.6	(0.1)	-2%	5.9
6.3	7.2	(0.9)	-12.7%	5.8	Psychiatry	7.6	7.3	0.4	5%	5.9
11.8	7.3	4.5	61.6%	5.7	Intensive Care Unit	10.2	7.6	2.6	35%	8.0
3.0	2.0	1.0	49.1%	2.2	Nursery	2.8	2.3	0.5	23%	2.7
2.6	2.7	(0.2)	-6.6%	2.9	OB/GYN	2.7	3.0	(0.3)	-11%	3.0
5.4	5.6	(0.2)	-3.0%	5.3	Hospital average patient stay	5.7	5.6	0.1	3%	5.7
					Per Day Analysis					
19.2	19.8	(0.6)	-3.1%	19.6	Admissions	20.2	19.6	0.7	3%	19.1
102.0	109.1	(7.1)	-6.5%	101.9	Hospital Average Daily Census	114.7	108.0	6.6	6%	107.5
115.8	110.0	5.8	5.3%	104.6	SNF Average Daily Census	113.2	112.5	0.8	1%	106.3
					Surgical Procedures					
71	59	12	20.0%	53	Surgey procedures	469	385	104	29%	404
24	48	(24)	-49.5%	35	GI procedures	209	256	(47)	-18%	221
95	107	(12)	-10.9%	88	Total	678	621	57	9%	625
					Cash Collections					
\$ -	\$ -	-	0.0%	\$ 629	Disproportionate Share	\$ 868	\$ 733	135	18%	\$ 2,306
873	934	(61)	-6.5%	747	SNF Collections	5,792	6,765	(973)	-14%	6,159
8,297	8,108	189	2.3%	8,793	Hospital Collections	54,597	54,393	204	0%	54,812
\$ 9,170	\$ 9,042	128	1.4%	\$ 10,079	Total Collections	\$ 61,257	\$ 61,891	(634)	-1%	\$ 62,977
					Case Mix Index (CMI)					
1.1400	1.0900	0.0500	4.6%	1.1000	Hospital	1.0806	1.0900	(0.0092)	-1%	1.0956
1.5900	1.5100	0.0800	5.3%	1.5000	Medicare	1.5933	1.5100	0.0833	6%	1.5267
0.9800	1.0400	(0.0600)	-5.8%	1.0900	Medicaid	0.9450	1.0400	(0.0950)	-9%	1.0333

United Medical Center
Consolidated Outpatient Statistics
For the seven month period ending April 30, 2016

Month of April					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Visits									
5,121	4,904	217	4%	4,464	34,169	32,970	1,199	3.6%	30,879
1,369	1,579	(210)	-13%	1,287	8,006	10,119	(2,113)	-20.9%	1,287
2,319	1,573	744	47%	1,347	13,532	13,381	(29)	-0.2%	9,948
277	314	(37)	-12%	240	1,692	1,898	(206)	-10.9%	1,719
70	95	(25)	-26%	94	564	550	14	2.5%	563
9,156	8,467	689	8%	7,432	57,883	59,118	(1,135)	-1.9%	44,396
Emergency Visits									
84	184	(100)	-54%	168	749	1,089	(340)	-31.2%	1,024
170	219	(49)	-23%	200	1,038	1,523	(485)	-31.8%	1,436
48	25	23	91%	23	209	243	(34)	-14.1%	233
524	287	237	83%	261	3,524	1,814	1,710	94.2%	1,688
2,263	2,031	232	11%	1,849	14,568	13,931	637	4.6%	13,085
1,526	1,667	(141)	-8%	1,517	10,426	10,936	(510)	-4.7%	10,251
220	189	31	17%	172	1,551	1,463	88	6.0%	1,378
286	301	(15)	-5%	274	2,104	1,969	135	6.8%	1,840
0	0	-	0%	0	0	0	-	0.0%	0
5,121	4,904	217	4%	4,464	34,169	32,970	1,199	3.6%	30,879
591	516	75	15%	476	4,087	3,459	628	18.2%	3,413
Clinic Visits									
1,538	683	855	125%	831	8,228	4,293	3,935	91.7%	6,438
121	244	(123)	-50%	75	984	1,533	(549)	-35.8%	568
310	366	(56)	-15%	276	1,862	2,298	(436)	-19.0%	2,016
2	11	(9)	-81%	14	52	67	(15)	-22.5%	64
28	14	14	94%	26	213	92	121	132.1%	146
256	257	(1)	0%	125	1,799	1,614	185	11.5%	716
64	586	(522)	-89%	-	414	3,695	(3,271)	-88.6%	-
2,319	2,161	158	7%	1,347	13,532	13,381	(29)	-0.2%	9,948
Radiology Procedures									
99	122	(23)	-19%	91	589	746	(157)	-21.0%	469
848	798	50	6%	688	5,672	4,967	705	14.2%	4,436
3,817	3,638	179	4%	3,154	22,698	23,632	(934)	-4.0%	20,862
4,764	4,579	185	4%	3,933	28,959	29,345	(386)	-1.3%	25,767
Surgical Procedures									
23	35	(12)	-34%	39	230	217	13	6.2%	228
43	60	(17)	-29%	47	311	334	(23)	-6.8%	313
66	91	(25)	-27%	86	541	550	(9)	-1.7%	541
Observations									
253	219	34	15%	168	1,463	1,351	112	8.3%	1,305
342	329	13	4%	191	2,099	2,026	73	3.6%	1,522
Visits Per Day									
171.9	163.5	8	5%	148.8	160.4	155.5	5	3.2%	145.7
45.6	52.6	(7)	-13%	42.9	37.6	47.7	(10)	-21.3%	38.8
77.3	52.5	25	47%	44.9	63.6	46.7	17	36.3%	46.9
9.2	10.5	(1)	-12%	8.0	7.9	9.0	(1)	-11.3%	8.1
2.3	3.2	(1)	-26%	3.1	2.6	2.6	0	2.0%	2.7

**United Medical Center
Consolidated Payor Mixtures
For the seven month period ending April 30, 2016**

Month of April					Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Admissions									
199	179	20	11%	179	1,463	1,214	249	20%	1,224
142	153	(11)	-7%	165	1,081	1,089	12	1%	1,091
162	183	(21)	-12%	189	1,205	1,309	(104)	-8%	1,247
30	36	(6)	-16%	28	246	251	(5)	-2%	268
26	24	2	10%	24	202	166	36	22%	161
16	19	(3)	-17%	3	110	135	(25)	-19%	54
575	594	(19)	-3%	588	4,307	4,145	162	4%	4,045
Patient Days									
1,545	2,147	(602)	-28%	1,460	11,209	14,993	(3,784)	-25%	9,368
4,074	3,319	755	23%	3,778	28,899	23,729	5,170	22%	28,225
619	739	(120)	-16%	689	5,540	5,425	115	2%	5,335
127	145	(18)	-13%	147	1,222	1,032	190	18%	1,327
106	120	(14)	-12%	108	1,088	852	236	28%	805
62	100	(38)	-38%	15	581	711	(130)	-18%	280
6,533	6,571	(38)	-1%	6,197	48,539	46,743	1,796	4%	45,320
Emergency Visits									
677	624	53	9%	610	4,681	4,192	489	12%	4,188
820	821	(1)	0%	741	5,750	5,517	233	4%	5,132
2,385	2,098	287	14%	2,055	15,447	14,107	1,340	10%	14,359
423	393	30	8%	373	2,797	2,641	156	6%	2,612
299	275	24	9%	225	1,822	1,846	(24)	-1%	1,691
552	694	(142)	-20%	460	3,873	4,669	(996)	-21%	2,897
5,156	4,904	252	5%	4,464	34,170	32,972	1,198	4%	30,879
Admissions %									
34.6%	30.1%	0.045	15%	30.4%	34.0%	29.3%	0.047	16%	30.3%
24.7%	25.8%	(0.011)	-4%	28.1%	25.1%	25.8%	(0.007)	-3%	27.0%
28.2%	30.9%	(0.027)	-9%	32.1%	28.0%	31.6%	(0.036)	-11%	30.8%
5.2%	6.0%	(0.008)	-13%	4.8%	5.7%	6.0%	(0.003)	-6%	6.6%
4.3%	4.0%	0.005	13%	4.1%	4.7%	4.0%	0.007	17%	4.0%
2.8%	3.3%	(0.005)	-14%	0.5%	2.6%	3.3%	(0.007)	-22%	1.3%
100.0%	100.0%	-	0%	100.0%	100.0%	100.0%	-	0%	100.0%
Emergency Visits %									
13.1%	12.7%	0.004	3%	13.7%	13.7%	12.7%	0.010	8%	13.6%
15.9%	16.7%	(0.008)	-5%	16.6%	16.8%	16.7%	0.001	1%	16.6%
46.3%	42.8%	0.035	8%	46.0%	45.2%	42.8%	0.024	6%	46.5%
8.2%	8.0%	0.002	2%	8.4%	8.2%	8.0%	0.002	2%	8.5%
5.8%	5.6%	0.002	4%	5.0%	5.3%	5.6%	(0.003)	-5%	5.5%
10.7%	14.2%	(0.034)	-24%	10.3%	10.7%	14.2%	(0.034)	-24%	9.4%
100.0%	100.0%	-	0%	100.0%	100.0%	100.0%	-	0%	100.0%

United Medical Center
Combining Statement of Operations
Fiscal Year 2016

Dollars in Thousands

	Month of April			Year - To - Date			
	Hospital	SNF	Total	Hospital	SNF	Eliminations	Total
Revenues:							
Gross inpatient revenues	\$ 11,301	\$ 1,851	\$ 13,152	\$ 84,177	\$ 12,704	\$ -	\$ 96,881
Gross outpatient revenues	13,391	-	13,391	89,921	-	-	89,921
Total Gross Revenues	24,692	1,851	26,543	174,099	12,704	-	186,803
Deductions From Revenues:							
Contractual discounts	15,871	772	16,643	112,169	5,682	-	117,852
Provision for bad debt	935	77	1,013	6,792	545	-	7,337
Charity care	172	-	172	1,405	-	-	1,405
Other deductions/adjustments	82	-	82	432	-	-	432
DC OP Supplemental Payment	-	-	-	-	-	-	-
Disproportionate share revenues	-	-	-	(868)	-	-	(868)
Total Deductions From Revenues	17,060	849	17,909	119,831	6,227	-	126,158
Net patient services revenue	7,633	1,002	8,635	54,168	6,477	-	60,644
CNMC revenues	252	-	252	1,500	-	-	1,500
Other revenues	808	-	808	2,180	0	-	2,180
Total Operating Revenues	8,693	1,002	9,695	57,848	6,477	-	64,325
Operating Expenses:							
Salaries and wages	4,119	409	4,527	30,708	3,150	-	33,859
Employee benefits	1,126	88	1,214	7,921	700	-	8,622
Contract labor	277	60	337	2,013	385	-	2,398
Medical/ other supplies	1,160	118	1,278	8,253	896	-	9,149
Professional fees	688	3	691	4,750	18	-	4,767
Purchased services	1,030	289	1,319	5,078	2,023	-	7,100
Other expenses	438	71	509	3,923	509	-	4,433
Total Operating Expenses	8,837	1,038	9,875	62,647	7,681	-	70,328
Net Income (Loss) From Operations	(144)	(36)	(181)	(4,799)	(1,205)	-	(6,003)
Nonoperating (Income)/Expense:							
Investment income	-	-	-	-	-	-	-
Interest expense	3	-	3	4	-	-	4
Depreciation and amortization	601	28	629	4,124	196	-	4,320
District Cap. Rev./ Other	(33)	33	(0)	(17,379)	228	-	(17,152)
Total Nonoperating (Inc)/Exp	572	61	632	(13,252)	424	-	(12,828)
Net Income (Loss)	\$ (716)	\$ (97)	\$ (813)	\$ 8,453	\$ (1,629)	\$ -	\$ 6,824

United Medical Center
Combining Net Position
Fiscal Year 2016

	<i>Dollars in Thousands</i>			
	Hospital	SNF	Eliminations	Total
Current Assets:				
Cash and equivalents	\$ 22,365	\$ 114	\$ -	\$ 22,479
Net accounts receivable	11,905	937	-	12,842
Due from SNF	29,803	-	(29,803)	-
Inventories	1,788	-	-	1,788
Prepaid and other assets	2,713	-	-	2,713
Total current assets	68,573	1,051	(29,803)	39,821
Long-Term Assets:				
Estimated third-party payor settlements	981	-	-	981
Capital assets	67,622	-	-	67,622
Intangible assets	-	-	-	-
Total long term assets	68,603	-	-	68,603
Total assets	\$ 137,176	\$ 1,051	\$ (29,803)	\$ 108,424
Current Liabilities:				
Current portion, capital lease obligation	\$ 75	\$ -	\$ -	\$ 75
Trade payables	9,035	206	-	9,242
Accrued salaries and benefits	8,614	523	-	9,136
Unearned District Capital Fund	-	-	-	-
Estimated third-party payor settlements	-	-	-	-
Due to UMC	-	29,803	(29,803)	-
Other liabilities	20,351	(18,201)	-	2,150
Total current liabilities	38,075	12,332	(29,803)	20,603
Long-Term Liabilities:				
Unearned grant revenue	-	-	-	-
Capital lease obligations	132	-	-	132
Estimated third-party payor settlements	4,561	-	-	4,561
Contingent & other liabilities	2,335	-	-	2,335
Total long term liabilities	7,028	-	-	7,028
Net Position:				
Unrestricted	92,074	(11,281)	-	80,793
Total net position	92,074	(11,281)	-	80,793
Total liabilities and net position	\$ 137,176	\$ 1,051	\$ (29,803)	\$ 108,424

United Medical Center
Hospital Statement of Operations
For the seven month period ending April 30, 2016

Month of April				
Actual	Budget	Var.	Var. %	Prior Year
567	588	-21	-4%	576
3,060	3,272	-212	-6%	3,058
5.4	5.6	-0.2	-3%	5.3
102.0	109.1	-7	-6%	101.9
3,121	4,904	217	4%	4,464
749	800	-51	-6%	762
3.4	3.4	0.0	-1%	3.4

Statistics:

Hospital Admissions	576
Hospital Patient Days	3,058
Hospital Average Patient Stay	5.3
Hospital Average Daily Census	101.9
ER Visits	4,464
Full Time Equivalents	762
Hospital FTE per Adj. Occupied Bed	3.4

Dollars in Thousands				
Year - To - Date				
Actual	Budget	Var.	Var. %	Prior Year
4,256	4,098	158	4%	4,017
24,422	22,900	1,522	7%	22,785
5.7	5.6	0	3%	5.7
114.7	108.0	7	6%	107.5
34,169	32,970	1,199	4%	30,679
798	787	11	1%	758
3.4	3.5	0	-4%	3.2

Revenues:

\$ 11,301	\$ 11,600	-299	-3%	\$ 10,542
13,391	13,458	-67	0%	12,443
24,692	25,058	-365	-1%	22,994

Gross inpatient revenues	\$ 84,177	\$ 81,813	2,364	3%	\$ 80,273
Gross outpatient revenues	89,921	88,098	1,823	2%	81,968
Total Gross Revenues	174,099	169,912	4,187	2%	162,241

Deductions From Revenues:

15,671	16,303	-632	-3%	15,076
935	912	24	3%	932
172	299	-128	-43%	151
82	67	14	21%	16
-	-	0	0%	-
-	(122)	122	0%	(600)
17,660	17,459	-399	-2%	15,576
7,633	7,599	34	0%	7,409
252	217	35	16%	234
808	414	394	95%	535
8,693	8,230	463	6%	8,178

Contractual discounts	112,169	111,143	1,027	1%	103,023
Provision for bad debt	6,792	6,188	604	10%	5,839
Charity care	1,405	2,032	-627	-31%	1,825
Other deductions/adjustments	432	452	-21	-5%	695
DC OP Supplemental Payment	-	-	0	0%	-
Disproportionate share revenues	(848)	(856)	-12	0%	(2,277)
Total Deductions From Revenues	118,931	118,960	-29	1%	109,105
Net patient services revenue	54,168	50,952	3,216	6%	53,136
CNMC revenues	1,500	1,436	65	5%	1,439
Other revenues	2,189	2,861	-681	-24%	3,131
Total Operating Revenues	57,849	55,249	2,600	5%	57,706

Operating Expenses:

4,119	4,292	-174	-4%	3,808
1,126	1,116	10	1%	1,023
277	130	147	113%	318
1,160	1,074	86	8%	1,272
688	579	109	19%	514
1,030	774	256	33%	755
438	609	-171	-28%	457
8,837	8,575	263	3%	8,148
(144)	(345)	200	0%	30

Salaries and wages	30,708	29,289	1,420	5%	26,627
Employee benefits	7,921	7,832	89	1%	7,238
Contract labor	2,013	875	1,138	130%	2,336
Medical/ other supplies	8,253	7,386	867	12%	7,483
Professional fees	4,750	4,087	663	16%	3,997
Purchased services	5,078	4,841	237	5%	4,593
Other expenses	3,923	4,104	-181	-4%	4,076
Total Operating Expenses	62,647	58,414	4,233	7%	56,349
Net Income (Loss) From Operations	(4,799)	(3,165)	-1,633	0%	1,357

Nonoperating (Income)/Expenses:

-	(2)	2	0%	-
3	21	-18	-85%	8
601	652	-51	-8%	388
(33)	(898)	865	0%	(384)
572	(227)	799	0%	12
\$ (716)	\$ (118)	-598	-508%	\$ 18

Investment income	-	69	-69	-100%	(2)
Interest (Income)/Expense	4	146	-142	-98%	59
Depreciation and amortization	4,124	4,564	-440	-10%	3,778
District Cap. Rev./ Other	(17,379)	(6,368)	-11,014	0%	(582)
Total Nonoperating (Inc)/Exp	(13,252)	(1,587)	-11,664	0%	3,252
Net Income (Loss)	\$ 8,483	\$ (1,972)	10,031	636%	\$ (1,926)

United Medical Nursing Center
SNF Statement of Operations
For the seven month period ending April 30, 2016

Month of April				
Actual	Budget	Var.	Var. %	Prior Year
8	5	3	50%	12
3,473	3,299	174	5%	3,139
115.8	110.0	6	5%	104.6
100	104	(4)	-4%	91
\$ 288	\$ 283	\$ 5	2%	\$ 283
\$ 299	\$ 328	(29)	-9%	\$ 288
Revenues:				
\$ 1,851	\$ 1,930	(80)	-4%	\$ 1,688
1,851	1,930	(80)	-4%	1,688
Deductions From Revenues:				
772	920	(148)	-16%	790
77	77	-	1%	9
849	997	(148)	-15%	799
1,002	934	68	7%	889
-	0	(0)	-100%	-
1,002	934	68	7%	889
Operating Expenses:				
409	426	(17)	-4%	324
88	113	(25)	-22%	94
60	58	2	4%	14
118	114	4	4%	124
3	-	3	0%	-
289	296	(7)	-2%	284
71	76	(5)	-7%	63
1,038	1,083	(45)	-4%	903
(36)	(149)	113	0%	(15)
-	-	-	-	-
28	31	(3)	-11%	28
33	33	-	0%	33
61	64	(3)	-5%	61
\$ (97)	\$ (213)	117	-55%	\$ (78)

Statistics:

SNF Admissions	51	47	4	8%	28
SNF Resident Days	24,117	23,843	274	1%	22,535
SNF Average Daily Census	113.2	112.5	1	1%	108.3
Full Time Equivalents	109	104	5	5%	94
Revenue Per Resident Day	\$ 269	\$ 284	(15)	-5%	\$ 288
Operating Cost Per Resident Day	\$ 319	\$ 312	6	2%	\$ 296

Revenues:

Gross resident revenues	\$ 12,704	\$ 13,951	(1,247)	9%	\$ 12,374
Total Gross Revenues	12,704	13,951	(1,247)	9%	12,374

Deductions From Revenues:

Contractual discounts	5,682	6,642	(960)	-14%	5,746
Provision for bad debt	545	545	(0)	0%	129
Total Deductions From Revenues	6,227	7,187	(960)	-13%	5,875
Net resident revenues	6,477	6,764	(287)	-4%	6,498
Other revenues	0	1	(1)	-95%	2
Total Operating Revenues	6,477	6,765	(288)	-4%	6,500

Operating Expenses:

Salaries and wages	3,150	2,784	366	13%	2,482
Employee benefits	700	764	(64)	-8%	530
Contract labor	385	406	(21)	-5%	371
Medical/ other supplies	896	823	73	9%	775
Professional Fees	17	-	17	0%	-
Purchased services	2,023	2,136	(113)	-5%	2,003
Other expenses	509	535	(26)	-5%	506
Total Operating Expenses	7,681	7,449	232	3%	6,667
Net Income (Loss) From Operation:	(1,205)	(684)	(521)	0%	(167)

Nonoperating (Income)/Expense:

Interest expense	-	-	-	0%	54
Depreciation and amortization	196	219	(23)	-11%	196
District Cap. Rev./ Other	228	228	-	0%	228
Total Nonoperating (Inc)/Exp	424	447	(23)	-5%	477
Net Income (Loss)	\$ (1,629)	\$ (1,131)	(497)	44%	\$ (644)

Dollars in Thousands

Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year
51	47	4	8%	28
24,117	23,843	274	1%	22,535
113.2	112.5	1	1%	108.3
109	104	5	5%	94
\$ 269	\$ 284	(15)	-5%	\$ 288
\$ 319	\$ 312	6	2%	\$ 296
Revenues:				
\$ 12,704	\$ 13,951	(1,247)	9%	\$ 12,374
12,704	13,951	(1,247)	9%	12,374
Deductions From Revenues:				
5,682	6,642	(960)	-14%	5,746
545	545	(0)	0%	129
6,227	7,187	(960)	-13%	5,875
6,477	6,764	(287)	-4%	6,498
0	1	(1)	-95%	2
6,477	6,765	(288)	-4%	6,500
Operating Expenses:				
3,150	2,784	366	13%	2,482
700	764	(64)	-8%	530
385	406	(21)	-5%	371
896	823	73	9%	775
17	-	17	0%	-
2,023	2,136	(113)	-5%	2,003
509	535	(26)	-5%	506
7,681	7,449	232	3%	6,667
(1,205)	(684)	(521)	0%	(167)
Nonoperating (Income)/Expense:				
-	-	-	0%	54
196	219	(23)	-11%	196
228	228	-	0%	228
424	447	(23)	-5%	477
\$ (1,629)	\$ (1,131)	(497)	44%	\$ (644)

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	6,533	0	0	0	0	0	48,539
Total OP Visits	8,294	7,499	7,926	7,769	8,299	9,080	9,156	0	0	0	0	0	57,983
FRE's	884	899	926	933	957	896	849	0	0	0	0	0	906
Revenues:													
Gross inpatient revenues	\$ 13,332	\$ 12,092	\$ 13,840	\$ 14,578	\$ 14,235	\$ 15,653	\$ 13,152	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 96,881
Gross outpatient revenues	13,132	11,968	12,754	12,309	12,675	13,892	13,381	-	-	-	-	-	89,921
Total Gross Revenues	26,464	24,059	26,594	26,887	26,910	29,545	26,543	-	-	-	-	-	186,802
Deductions From Revenues:													
Contractual discounts	15,742	15,749	16,901	17,560	15,892	19,766	16,643	-	-	-	-	-	117,852
Provision for bad debt	1,118	1,374	372	1,060	1,386	1,015	1,013	-	-	-	-	-	7,337
Charity care	490	178	489	(115)	160	31	172	-	-	-	-	-	1,405
Other deductions/adjustments	45	5	35	70	134	61	82	-	-	-	-	-	432
DC OP Supplemental Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Disproportionate share revenues	(115)	(124)	(145)	(145)	(145)	(145)	-	-	-	-	-	-	(860)
Total Deductions From Revenues	17,229	17,130	17,232	18,421	17,427	20,729	17,909	-	-	-	-	-	126,158
Net patient services revenue	9,185	6,929	9,341	8,456	9,483	8,616	8,635	-	-	-	-	-	60,645
CHMC revenues	193	207	205	186	157	301	252	-	-	-	-	-	1,508
Other revenues	207	241	292	245	248	139	808	-	-	-	-	-	2,189
Total Operating Revenues	9,585	7,377	9,838	8,887	9,888	9,056	9,695	-	-	-	-	-	64,325
Operating Expenses:													
Salaries and wages	4,839	4,639	4,834	4,946	4,856	5,217	4,527	-	-	-	-	-	33,859
Employee benefits	1,098	1,407	1,185	1,419	1,110	1,188	1,214	-	-	-	-	-	8,622
Contract labor	355	430	395	309	439	134	337	-	-	-	-	-	2,388
Medical/ other supplies	958	1,358	1,505	1,231	1,229	1,598	1,278	-	-	-	-	-	9,149
Professional fees	679	662	725	615	720	655	691	-	-	-	-	-	4,767
Purchased services	1,172	958	1,167	913	1,374	198	1,319	-	-	-	-	-	7,100
Other expenses	653	633	623	797	607	649	509	-	-	-	-	-	4,433
Total Operating Expenses	9,757	10,107	10,484	10,139	10,324	9,632	9,675	-	-	-	-	-	70,228
Net Income (Loss) From Operation	(172)	(2,730)	(647)	(1,252)	(446)	(576)	(181)	-	-	-	-	-	(6,003)
Nonoperating (Income)/Expenses:													
Investment income	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Income)/Expense	3	2	7	8	(8)	(11)	1	-	-	-	-	-	4
Depreciation and amortization	560	560	640	595	622	713	629	-	-	-	-	-	4,320
District Cap. Rev./ Other	(1,635)	(1,135)	(6,681)	(3,321)	(0)	(5,000)	(0)	-	-	-	-	-	(17,152)
Total Nonoperating (Inc)/Exp	(472)	(573)	(6,014)	(2,718)	614	(4,288)	632	-	-	-	-	-	(12,828)
Net Income (Loss)	\$ 309	\$ (2,157)	\$ (3,267)	\$ (1,465)	\$ (1,090)	\$ (3,722)	\$ (813)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (6,832)

United Medical Center
Consolidated Net Positions-Trend
Fiscal Year 2016

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Current Assets:												
Cash and equivalents	\$ 21,025	\$ 25,381	\$ 26,361	\$ 24,070	\$ 21,987	\$ 23,694	\$ 22,479	\$ -	\$ -	\$ -	\$ -	\$ -
Net accounts receivable	12,177	10,905	11,476	12,453	13,912	13,396	12,842	-	-	-	-	-
Inventories	1,533	1,608	1,633	1,717	1,702	1,775	1,788	-	-	-	-	-
Prepaid and other assets	1,614	2,202	2,394	2,445	2,323	2,234	2,713	-	-	-	-	-
Total current assets	36,454	39,951	41,864	40,685	39,924	41,099	39,821	-	-	-	-	-
Long-Term Assets:												
Estimated third-party payor settlements	837	837	837	981	692	837	981	-	-	-	-	-
Capital assets	64,049	64,728	64,694	66,180	67,883	68,277	67,622	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-
Total long term assets	64,886	65,565	65,531	67,162	68,575	69,114	68,603	-	-	-	-	-
Total assets	\$ 101,340	\$ 105,515	\$ 107,395	\$ 107,847	\$ 108,508	\$ 110,212	\$ 108,424	\$ -	\$ -	\$ -	\$ -	\$ -
Current Liabilities:												
Current portion, capital lease obligation	\$ 153	\$ 143	\$ 133	\$ 123	\$ 96	\$ 86	\$ 75	\$ -	\$ -	\$ -	\$ -	\$ -
Trade payables	10,160	10,578	9,160	9,952	11,585	9,678	9,242	-	-	-	-	-
Accrued salaries and benefits	7,937	8,627	7,382	8,526	8,727	9,354	9,136	-	-	-	-	-
Other liabilities	3,054	2,173	2,506	2,960	2,611	2,275	2,150	-	-	-	-	-
Total current liabilities	19,229	25,456	21,534	21,561	23,018	21,392	20,603	-	-	-	-	-
Long-Term Liabilities:												
Unearned grant revenue	-	86	-	-	-	-	-	-	-	-	-	-
Capital lease obligations	132	132	132	132	132	132	132	-	-	-	-	-
Subsidy from District of Columbia	1,841	1,841	1,841	-	-	-	-	-	-	-	-	-
Estimated third-party payor settlements	4,350	4,260	4,880	4,880	5,144	4,749	4,561	-	-	-	-	-
Contingent & other liabilities	2,335	2,335	2,335	2,335	2,335	2,335	2,335	-	-	-	-	-
Total long term liabilities	7,858	7,953	8,389	7,348	7,611	7,216	7,028	-	-	-	-	-
Net Position:												
Unrestricted	74,262	72,105	77,472	78,938	77,879	81,604	80,793	-	-	-	-	-
Total net position	74,262	72,105	77,472	78,938	77,879	81,604	80,793	-	-	-	-	-
Total liabilities and net position	\$ 101,340	\$ 105,515	\$ 107,395	\$ 107,847	\$ 108,508	\$ 110,212	\$ 108,424	\$ -	\$ -	\$ -	\$ -	\$ -

United Medical Center
Consolidated Statement of Cash Flows - Trend
Fiscal Year 2016

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD
Cash Flows from operating activities:													
Receipts from and on behalf of patients	\$ 7,708	\$ 10,641	\$ 9,146	\$ 5,293	\$ 8,577	\$ 8,582	\$ 8,767						\$ 58,684
Payments to suppliers and contractors	(3,442)	(5,209)	(5,762)	(2,751)	(2,938)	(5,440)	(5,100)						(30,642)
Payments to employees and fringe benefits	(5,134)	(5,337)	(7,285)	(5,220)	(5,765)	(5,778)	(5,959)						(40,479)
Other receipts and payments, net	400	448	497	431	405	440	1,059						3,680
Net cash provided by (used in) operating activities	(468)	543	(3,404)	(2,287)	279	(2,186)	(1,233)	0	0	0	0	0	(8,754)
Cash Flows from investing activities:													
Receipts of interest	0	0	0										0
Net cash provided by investing activities	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flows from noncapital financing activities:													
Receipts (Payments) from (to) District of Columbia	0	5,063	5,001	2,087		5,000							17,151
Net cash provided by (used in) noncapital financing activities	0	5,063	5,001	2,087	0	5,000	0	0	0	0	0	0	17,151
Cash Flows from capital and related financing activities:													
Payment of capital lease obligations	(6)	(18)	(10)	(10)	(27)	(10)	(11)						(84)
Change in capital assets	(1,330)	(1,248)	(608)	(2,061)	(2,325)	(1,107)	29						(8,662)
Net cash (used in) capital and related financing activities	(1,336)	(1,266)	(618)	(2,091)	(2,352)	(1,117)	18	0	0	0	0	0	(8,746)
Net increase (decrease) in cash and cash equivalents	(1,804)	4,236	980	(2,291)	(2,073)	1,897	(1,215)	0	0	0	0	0	(351)
Cash and equivalents, beginning of period	23,829	21,828	25,361	26,261	24,070	21,997	23,804	22,479	22,479	22,479	22,479	22,479	23,829
Cash and equivalents, end of period	\$ 22,025	\$ 26,064	\$ 26,341	\$ 23,970	\$ 21,997	\$ 23,894	\$ 22,479	\$ 22,479	\$ 22,479	\$ 22,479	\$ 22,479	\$ 22,479	\$ 22,479

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	496	447	511	404	-	-	-	-	-	3,014
Psychiatry	110	92	119	59	73	65	76	-	-	-	-	-	594
Intensive Care Unit	34	38	44	26	21	28	25	-	-	-	-	-	216
Nursery	25	33	24	35	26	29	24	-	-	-	-	-	197
OB/GYN	28	26	28	44	33	29	38	-	-	-	-	-	225
Hospital (patient)	589	573	635	630	607	671	567	-	-	-	-	-	4,254
Skilled Nursing Facility (reside)	10	2	8	7	7	9	8	-	-	-	-	-	51
Total	600	575	643	637	607	680	575	-	-	-	-	-	4,307
Deliveries	26	33	24	35	26	29	30	-	-	-	-	-	203
Observation Admissions	225	192	193	183	204	213	253	-	-	-	-	-	1,463
Patient & Resident Days													
Medical/Surgical	2,236	2,106	2,282	2,678	2,365	2,726	2,117	-	-	-	-	-	16,510
Psychiatry	724	751	772	710	556	539	479	-	-	-	-	-	4,531
Intensive Care Unit	327	240	324	329	321	358	295	-	-	-	-	-	2,202
Nursery	73	118	64	93	64	71	72	-	-	-	-	-	555
OB/GYN	88	86	78	115	77	83	97	-	-	-	-	-	624
Hospital (patient)	3,448	3,381	3,520	3,925	3,383	3,777	3,080	-	-	-	-	-	24,422
Skilled Nursing Facility (reside)	2,500	2,389	2,633	2,693	2,227	2,582	2,473	-	-	-	-	-	24,117
Total	5,948	5,770	6,153	6,618	5,610	6,359	5,553	-	-	-	-	-	48,539
Adjusted Patient Days-Hospital	7,387	7,155	7,258	7,722	6,814	7,511	6,686	0	0	0	0	0	50,510
Average Daily Census:													
Medical/Surgical	72.1	70.2	73.6	86.4	81.6	87.9	70.6	-	-	-	-	-	77.5
Psychiatry	23.4	25.0	24.9	22.9	19.2	17.4	16.0	-	-	-	-	-	21.3
Intensive Care Unit	10.5	8.3	10.5	10.6	11.1	11.5	9.8	-	-	-	-	-	10.3
Nursery	2.4	3.9	2.1	3.0	2.2	2.3	2.4	-	-	-	-	-	31.6
OB/GYN	2.8	2.9	2.5	3.7	2.2	2.7	2.2	-	-	-	-	-	2.9
Hospital (patient)	111.2	110.3	113.5	124.6	116.7	121.8	102.8	-	-	-	-	-	103.7
Skilled Nursing Facility (reside)	117.9	113.6	114.9	113.7	111.3	113.9	115.8	-	-	-	-	-	113.2
Occupancy %													
Medical/Surgical	49.7%	48.4%	50.8%	59.6%	56.2%	60.8%	48.7%	0.0%	0.0%	0.0%	0.0%	0.0%	53.5%
Psychiatry	68.7%	73.6%	73.2%	67.4%	56.4%	51.1%	47.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.6%
Intensive Care Unit	65.9%	51.7%	65.3%	66.3%	69.3%	72.2%	61.5%	0.0%	0.0%	0.0%	0.0%	0.0%	64.6%
Nursery	9.8%	16.4%	8.6%	12.5%	9.2%	9.5%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	131.7%
OB/GYN	18.7%	19.1%	16.7%	24.7%	17.7%	17.8%	21.5%	0.0%	0.0%	0.0%	0.0%	0.0%	19.5%
Hospital (patient)	67.1%	67.1%	68.5%	74.5%	68.5%	71.1%	61.5%	0.0%	0.0%	0.0%	0.0%	0.0%	61.4%
Skilled Nursing Facility (reside)	70.1%	66.5%	66.4%	69.2%	67.8%	69.1%	66.3%	0.0%	0.0%	0.0%	0.0%	0.0%	64.4%

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	5.2	-	-	-	-	-	5.5
Psychiatric	6.6	6.2	6.5	12.0	7.6	8.3	6.3	-	-	-	-	-	7.6
Intensive Care Unit	9.6	6.5	7.4	12.7	15.3	12.8	11.8	-	-	-	-	-	10.2
Nursery	2.8	3.6	2.7	2.7	2.5	2.4	3.0	-	-	-	-	-	2.8
OB/GYN	3.1	3.3	2.8	2.6	2.3	2.2	2.6	-	-	-	-	-	2.7
Hospital (patient)	5.8	5.8	5.5	6.3	5.6	5.6	5.4	-	-	-	-	-	5.7
Surgical Procedures:													
Inpatient	89	80	109	77	117	111	95	-	-	-	-	-	678
Outpatient	81	66	93	63	79	91	66	-	-	-	-	-	541
Total	170	146	202	140	196	202	161	-	-	-	-	-	1,219
Emergency Visits:													
ED No Service	188	56	102	70	65	184	84	-	-	-	-	-	749
Triage	152	125	115	115	126	225	170	-	-	-	-	-	1,036
ED Level 1	43	32	27	45	12	2	48	-	-	-	-	-	209
ED Level 2	619	488	494	453	399	547	524	-	-	-	-	-	3,524
ED Level 3	2,163	1,978	2,057	1,898	2,022	2,187	2,263	-	-	-	-	-	14,588
ED Level 4	1,292	1,405	1,445	1,602	1,573	1,583	1,526	-	-	-	-	-	10,426
ED Level 5	196	177	231	251	215	261	220	-	-	-	-	-	1,551
Critical Care	306	257	314	312	312	317	286	-	-	-	-	-	2,104
Total	4,959	4,528	4,785	4,746	4,724	5,386	5,121	-	-	-	-	-	34,189
ER Visits Admitted on IP	597	545	599	593	604	558	591	0	0	0	0	0	4,087
Outpatient Visits:													
Clinic	1,840	1,590	1,757	1,926	2,081	2,039	2,319	-	-	-	-	-	13,552
Radiology	1,164	1,083	1,084	857	1,112	1,327	1,369	-	-	-	-	-	8,006
Same Day Surgeries	81	71	96	64	80	100	70	-	-	-	-	-	564
Laboratory	250	217	204	174	263	308	377	-	-	-	-	-	1,692
Total	3,335	2,971	3,141	3,021	3,535	3,774	4,035	-	-	-	-	-	23,814
Cash Collections													
Disproportionate Share	\$ -	\$ 433,794	\$ -	\$ -	\$ 433,794	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 867,588
CHF Collections	\$ 965,681	\$ 675,788	\$ 1,064,663	\$ 622,749	\$ 863,161	\$ 726,094	\$ 873,349	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,791,505
Hospital Collections	\$ 7,475,628	\$ 6,548,285	\$ 8,548,545	\$ 7,410,339	\$ 7,393,880	\$ 8,922,576	\$ 8,295,813	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 54,597,147
Total	\$ 8,441,309	\$ 7,657,867	\$ 9,613,208	\$ 8,033,188	\$ 8,690,815	\$ 9,648,670	\$ 9,170,162	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 61,256,239
Case Mix Index:													
Hospital	1.1000	1.0410	1.1120	1.1540	0.9407	1.0779	1.1400	-	-	-	-	-	1.0808
Medicare	1.5200	1.4900	1.5100	1.7800	1.6700	1.5828	1.5900	-	-	-	-	-	1.5913
Medicaid	0.8500	0.9600	0.9800	0.9200	0.9000	1.0050	0.9800	-	-	-	-	-	0.9450
FTEs:													
Hospital	772	787	816	832	845	793	749	-	-	-	-	-	798
Skilled Nursing Facility	111	112	111	111	112	103	100	-	-	-	-	-	109
Total FTEs	884	899	926	933	957	896	849	-	-	-	-	-	906

United Medical Center
Hospital Statement of Operations - Trend
Fiscal Year 2015

Dollars in thousands

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Statistical:													
Patient days	3,448	3,309	3,520	3,925	3,383	3,777	3,080	0	0	0	0	0	24,422
Total OP Visits	8,294	7,499	7,926	7,769	8,259	9,080	9,156	0	0	0	0	0	57,983
FTE's	772	787	816	822	845	793	749	0	0	0	0	0	798
Revenues:													
Gross inpatient revenues	\$ 11,495	\$ 10,298	\$ 12,010	\$ 12,726	\$ 12,496	\$ 13,851	\$ 11,301	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 84,177
Gross outpatient revenues	12,132	11,868	12,754	12,309	12,675	13,692	13,391	-	-	-	-	-	89,921
Total Gross Revenues	24,627	22,165	24,764	25,035	25,171	27,544	24,692	-	-	-	-	-	174,099
Deductions From Revenues:													
Contractual discounts	14,950	14,962	15,700	16,705	15,068	18,912	15,871	-	-	-	-	-	112,169
Provision for bad debt	987	1,176	360	963	1,383	988	935	-	-	-	-	-	6,792
Charity care	490	178	489	(115)	160	31	172	-	-	-	-	-	1,405
Other deductions/adjustments	45	5	35	70	134	61	82	-	-	-	-	-	432
DC OP Supplemental Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
Disproportionate share revenues	(115)	(174)	(145)	(145)	(145)	(145)	-	-	-	-	-	-	(869)
Total Deductions From Revenues	16,357	16,147	16,440	17,479	16,801	19,948	17,060	-	-	-	-	-	119,921
Net patient services revenue	8,270	6,119	8,324	7,556	8,570	7,696	7,633	-	-	-	-	-	54,168
CHC revenues	193	207	205	186	157	301	252	-	-	-	-	-	1,500
Other revenues	207	241	292	245	248	139	808	-	-	-	-	-	2,180
Total Operating Revenues	8,670	6,567	8,821	7,987	8,974	8,136	8,693	-	-	-	-	-	57,848
Operating Expenses:													
Salaries and wages	4,371	4,161	4,393	4,482	4,431	4,752	4,119	-	-	-	-	-	30,708
Employee benefits	1,000	1,306	1,078	1,314	1,009	1,088	1,126	-	-	-	-	-	7,921
Contract labor	303	381	350	257	376	68	277	-	-	-	-	-	2,013
Medical/other supplies	823	1,241	1,369	1,068	1,113	1,479	1,160	-	-	-	-	-	8,253
Professional fees	679	682	716	612	717	655	688	-	-	-	-	-	4,750
Purchased services	897	675	861	899	1,053	(37)	1,030	-	-	-	-	-	5,078
Other expenses	581	553	597	618	549	587	438	-	-	-	-	-	3,823
Total Operating Expenses	8,655	8,928	9,365	8,950	9,248	8,992	8,817	-	-	-	-	-	62,647
Net Income (Loss) from Operation	15	(2,431)	(544)	(963)	(274)	(456)	(144)	-	-	-	-	-	(4,798)
Nonoperating (Income)/Expenses:													
Investment income	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest (Income)/Expense	3	2	7	8	(8)	(11)	3	-	-	-	-	-	4
Depreciation and amortization	532	532	612	567	594	685	601	-	-	-	-	-	4,124
Direct Cap. Rev./ Other	(1,027)	(1,168)	(6,693)	(3,353)	(23)	(5,032)	(33)	-	-	-	-	-	(17,379)
Total Nonoperating (Inc)/Exp	(532)	(633)	(6,074)	(2,728)	553	(4,399)	572	-	-	-	-	-	(13,252)
Net Income (Loss)	\$ 15	\$ (2,431)	\$ (544)	\$ (963)	\$ (274)	\$ (456)	\$ (144)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,798)

United Medical Center
Hospital Net Position-Trend
Fiscal Year 2016

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<i>Subject to Fluctuation</i>												
Current Assets:												
Cash and equivalents	\$ 20,899	\$ 25,273	\$ 26,332	\$ 24,065	\$ 21,956	\$ 23,631	\$ 22,365	\$ -	\$ -	\$ -	\$ -	\$ -
Net accounts receivable	11,477	10,163	10,842	11,648	13,087	12,436	11,905	-	-	-	-	-
Due from SNF	26,882	27,369	27,873	28,384	28,895	29,320	29,803	-	-	-	-	-
Inventories	1,533	1,808	1,633	1,717	1,702	1,775	1,788	-	-	-	-	-
Prepaid and other assets	1,614	2,202	2,394	2,445	2,323	2,234	2,713	-	-	-	-	-
Total current assets	62,321	66,470	69,073	68,260	67,962	69,395	68,573					
Long-Term Assets:												
Estimated third-party payor settlements	837	837	837	981	892	837	981	-	-	-	-	-
Capital assets	64,049	64,728	64,694	66,180	67,883	68,277	67,622	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-
Total long term assets	64,886	65,565	65,531	67,162	68,775	69,114	68,603					
Total assets	\$ 127,406	\$ 132,034	\$ 134,604	\$ 135,422	\$ 136,737	\$ 138,508	\$ 137,176	\$ -	\$ -	\$ -	\$ -	\$ -
Current Liabilities:												
Current portion, capital lease obligation	\$ 153	\$ 143	\$ 133	\$ 123	\$ 96	\$ 86	\$ 75	\$ -	\$ -	\$ -	\$ -	\$ -
Trade payables	9,961	10,381	8,898	9,749	11,392	9,476	9,035	-	-	-	-	-
Accrued salaries and benefits	7,511	8,122	7,006	8,041	8,302	8,891	8,614	-	-	-	-	-
Other liabilities	19,836	19,216	20,011	20,451	20,252	20,051	20,351	-	-	-	-	-
Total current liabilities	35,386	41,716	38,322	38,364	40,043	38,504	38,075					
Long-Term Liabilities:												
Unearned grant revenue	-	86	-	-	-	-	-	-	-	-	-	-
Capital lease obligations	132	137	132	132	132	137	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	4,561	-	-	-	-	-
Contingent & other liabilities	2,335	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	7,028					
Net Position:												
Unrestricted	84,162	82,364	87,894	89,710	88,883	92,788	92,074	-	-	-	-	-
Total net position	84,162	82,364	87,894	89,710	88,883	92,788	92,074					
Total liabilities and net position	\$ 127,406	\$ 132,034	\$ 134,604	\$ 135,422	\$ 136,737	\$ 138,508	\$ 137,176	\$ -	\$ -	\$ -	\$ -	\$ -

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	3,473	0	0	0	0	0	24,117
FTE's	111	112	111	111	112	103	100	0	0	0	0	0	109
Revenues:													
Gross resident revenues	\$ 1,837	\$ 1,794	\$ 1,830	\$ 1,852	\$ 1,739	\$ 1,801	\$ 1,851	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,794
Total Gross Revenues	1,837	1,794	1,830	1,852	1,739	1,801	1,851	-	-	-	-	-	12,794
Deductions From Revenues:													
Contractual discounts	791	786	801	855	823	854	772	-	-	-	-	-	5,682
Provision for bad debt	131	198	12	97	3	27	77	-	-	-	-	-	545
Total Deductions From Revenues	922	984	813	952	826	881	849	-	-	-	-	-	6,227
Net resident revenues	915	810	1,016	900	914	920	1,002	-	-	-	-	-	6,477
Other revenues	-	-	-	-	0	-	-	-	-	-	-	-	0
Total Operating Revenues	915	810	1,016	900	914	920	1,002	-	-	-	-	-	6,477
Operating Expenses:													
Salaries and wages	468	478	441	463	425	465	409	-	-	-	-	-	3,150
Employee benefits	98	101	107	105	101	100	88	-	-	-	-	-	700
Contract labor	51	48	45	52	62	66	60	-	-	-	-	-	385
Medical/ other supplies	135	117	135	163	116	111	118	-	-	-	-	-	896
Professional fees	-	-	9	3	3	-	3	-	-	-	-	-	18
Purchased services	275	283	306	314	320	236	289	-	-	-	-	-	2,023
Other expenses	74	80	76	89	58	61	71	-	-	-	-	-	529
Total Operating Expenses	1,102	1,109	1,119	1,189	1,086	1,040	1,038	-	-	-	-	-	7,681
Net Income (Loss) From Operator	(187)	(299)	(103)	(289)	(172)	(120)	(36)	-	-	-	-	-	(1,205)
Nonoperating (Income)/Expenses:													
Interest (Income)/Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation and amortization	28	28	28	28	28	28	28	-	-	-	-	-	196
Dispos. Cap. Rev./ Other	33	33	33	33	33	33	33	-	-	-	-	-	228
Total Nonoperating (Inc)/Exp	61	61	61	61	61	61	61	-	-	-	-	-	424
Net Income (Loss)	\$ (247)	\$ (288)	\$ (163)	\$ (228)	\$ (233)	\$ (189)	\$ (97)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,629)

United Medical Center

SNF Net Position-Trend

Fiscal Year 2016

	<small>Positive is Thousands</small>											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Current Assets:												
Cash and equivalents	\$ 126	\$ 108	\$ 29	\$ 4	\$ 41	\$ 63	\$ 114	\$ -	\$ -	\$ -	\$ -	\$ -
Net accounts receivable	700	742	634	805	826	960	937	-	-	-	-	-
Total current assets	941	795	663	809	866	1,024	1,052	-	-	-	-	-
Total assets	\$ 941	\$ 795	\$ 663	\$ 809	\$ 866	\$ 1,024	\$ 1,052	\$ -	\$ -	\$ -	\$ -	\$ -
Current Liabilities:												
Trade payables	\$ 199	\$ 277	\$ 282	\$ 203	\$ 192	\$ 201	\$ 206	\$ -	\$ -	\$ -	\$ -	\$ -
Accrued salaries and benefits	426	505	376	485	424	463	523	-	-	-	-	-
Due to LMC	26,882	27,369	27,873	28,384	28,895	29,320	29,803	-	-	-	-	-
Other liabilities	(16,782)	(17,843)	(17,425)	(17,491)	(17,641)	(17,776)	(18,201)	-	-	-	-	-
Total current liabilities	10,725	11,108	11,085	11,580	11,870	12,308	12,332	-	-	-	-	-
Net Position:												
Unrestricted	(9,990)	(10,259)	(10,422)	(10,771)	(11,004)	(11,184)	(11,281)	-	-	-	-	-
Total net position	(9,990)	(10,259)	(10,422)	(10,771)	(11,004)	(11,184)	(11,281)	-	-	-	-	-
Total liabilities and net position	\$ 826	\$ 890	\$ 663	\$ 809	\$ 866	\$ 1,024	\$ 1,051	\$ -	\$ -	\$ -	\$ -	\$ -

**United Medical Center
Hospital Performance Indicators**

	Definition	Year to date				Benchmarks		Desired Trend
		FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals	
Capacity and Utilization:								
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds = 234	Patient days / 365 Beds in service	49.0%	46.0%	45.4%	42.0%	73.2%	66.0%	A
Average length of stay (acute) Measures the average number of days a patient stays in the hospital	Total inpatient days (acute) Total inpatient admissions (acute)	5.7	5.7	5.7	5.9	4.9	4.4	V
Profitability:								
Total Margin Shows the percentage of revenues collected from operating and nonoperating activities that is kept as profit.	Revenues in excess of expenses Total revenues	10.6%	-4.0%	9.3%	0.5%	5.8%	5.3% **	A
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit.	Net operating income Total operating revenue	-9.3%	2.8%	0.7%	-6.0%	6.7%	2.2% **	A
Deductible Ratio Measures the percentage discount that third-party payers get, on average, from listed charges.	Contractual discounts Gross patient service revenue	61.1%	62.4%	65.5%	66.9%	60.4%	66.5%	V
Liquidity:								
Current Ratio Measures how many times the hospital is able to meet its short term obligations with short-term resources	Current assets Current liabilities	1.9	1.6	1.6	1.5	1.3	1.8	A
Days Cash On Hand Illustrates the number of days the hospital could continue to operate without collecting any additional cash	Current cash and investments (Operating expenses/365)	68.1	59.3	25.9	10.9	125.0	212.0 **	A
Days in Net Accounts Receivables (Hospital only) Illustrates the number of days it takes to collect outstanding patient receivables	Net accounts receivable 3 month average net patient revenue	45.4	43.6	38.0	49.5	47.8	51.1 **	V
Average Payment Period Illustrates the number of days it takes to pay account payables	Current liabilities - due to District of Columbia (Operating expenses/365)	62.4	59.4	55.9	50.1	47.0	63.7 **	V
Productivity and Efficiency:								
FTEs per average daily census (acute) Measures the number of FTEs necessary to provide care to all patients	Number of full-time equivalent personnel Adjusted average daily census (acute)	3.4	3.5	3.4	3.7	5.6	6.0	V
Salary and benefit expense per FTEs (\$) Measures the average direct labor expense per employee	Salary and benefits expense Number of full-time equivalent personnel	\$80,318	\$75,425	\$78,073	\$75,828	\$77,647	\$68,068	V
% of salary and benefits expense Measures the proportion of hospital's costs that is attributable to employee labor costs	Salary and benefits expense Operating expense	56.9	56	60	63	42.0	46.1	V
Subsidiary:								
Equity Financing Shows how much of the hospital's assets were paid for using equity, and how much of its assets were paid for using debt	Unrestricted net assets Total unrestricted assets	74.5%	73.3%	73.7%	69.5%	n/a	n/a	A

Source: 2016 Thomson Healthcare, The Comparative Performance of U.S. Hospitals (except those marked with **)

* The 80th percentile was used for this comparison of hospitals with a bed size of 250 to 320

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

Source: Days Cash On Hand, FitchRatings for Nonprofit Hospitals