



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 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

Sean Ponder

Khadijah Tribble

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 lives.

OUR VISION

UMC is an efficient, patient-focused, provider of high-quality 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 to live up to their potential to benefit our patients.

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



Table of Contents

Agenda.....	Tab 1
Board Education Session.....	Tab 2
Meeting Minutes.....	Tab 3
Executive Management Reports.....	Tab 4
1. Andrew L. Davis, CEO and Luis A. Hernandez, CRO	
2. Dr. Julian Craig, Chief Medical Officer	
3. Dr. Raymond Tu, Medical Chief of Staff	
Committee Reports.....	Tab 5
1. Governance Committee – Virgil McDonald, Chair	
2. Finance Committee – Steve Lyons, Chair	
Announcements.....	Tab 6

Tab 1



**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 **8:30am** on Wednesday, June 22, 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. NEW BOARD MEMBER CEREMONY**
- IV. APPROVAL OF AGENDA**
- V. CONSENT AGENDA**
- VI. NONCONSENT AGENDA**
- VII. EXECUTIVE MANAGEMENT REPORTS**
 - A. Andrew L. Davis, Chief Executive Officer and
Luis A. Hernandez, Chief Restructuring Officer
 - B. Dr. Julian R. Craig, Chief Medical Officer
 - C. Dr. Raymond Tu, Medical Chief of Staff
- 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 – **Saturday, July 23, 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).

Tab 2

Tab 3



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 2016

Location: Conference Rooms 2/3

Reading and Approval of Minutes

- May 25, 2016



**Not-For-Profit Hospital Corporation
General Board Meeting Minutes
May 25, 2016**

Present: Chris Gardiner, Chairman, Steve Lyons, Dr. Julian Craig, Andrew Davis, Dr. Malika Fair, Virgil McDonald, Khadijah Tribble, Dr. Raymond Tu, Donna Freeman (Corporate Secretary)

Excused: Dr. Konrad Dawson, Maria Gomez, Girume Ashenafi

Guests: Messrs. Corbett Price and Luis Hernandez, Veritas, LLC

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:26 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 April 23, 2016 were approved.	
Consent Agenda	N/A	
Non- Consent	N/A	

Agenda		
Executive Management Reports	<p>The following Executive Management Reports were presented.</p> <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"> • 50th Anniversary Celebration of the Hospital. The hospital history was shared, and certificates were given to employees who provided over 20 years of service to the hospital. Two employees were honored for being loyal and dedicated employees for over 50 years. • The Emergency Department launched a new program. The first two initiatives are focusing on <i>Door 2 EKG</i> and the concept of direct bedding. • Clinical Initiatives: E-Clinical Works and a new Health Information Exchange Program will be implemented in the hospital. • Surgical Visit Volumes were reviewed against budget and prior year. • Community Events: Marion S. Barry Youth Employment Program - UMC is participating in the program this year. <p>Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. The Board moved to accept and approve the credentialing report dated May 12, 2016. Seconded. Passed unanimously.</p> <p>Dr. Julian Craig, Chief Medical Officer reported on the Leapfrog results. The grade UMC received was equal to Georgetown Hospital and Sibley Hospital. The UMC score was higher than Washington Hospital Center, Howard and Providence Hospital. The Board moved to accept the Chief medical Officer's report. Seconded. Passed unanimously.</p> <p>Mr. Luis Hernandez, CRO, Veritas of Washington, LLC presented the working relationship with UMC as a management team. <i>(Report presented to Board Members)</i> The Board moved to accept the Chief Restructuring Officer's report. Seconded. Passed</p>	

<p>Finance Committee Reports</p>	<p>unanimously.</p> <p>The common goal is unity in moving the hospital forward. He discussed the following highlights:</p> <ul style="list-style-type: none"> • Working closely with CFO and team to increase revenue. • Meeting with SNF management and C. Barrera of EOM and G. Kasunic of OAG regarding Medicaid payments and other goals for the SNF. • Current organizational chart for UMC and reporting structure • Renegotiating current and future contracts • The structure and composition of the Revenue Cycle Team was presented by Lilian Chukwuma, CFO. • Legal representation <p>Steve Lyons, Finance Committee Chair, presented the financials for UMC. <i>(Reports presented to the Board Members and filed in the Office of the Secretary of the Corporation)</i> The Finance Committee Report was approved. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • UMC revenues were 5.9% higher than prior <i>month</i> and prior <i>year</i> for April. • Expenses 2.3% higher for April and 6.8% higher for 2016 YTD. • The Income Statement for the seven (7) month period ending April 2016. • 2016 Actual/Projection with GAP Measures & Budget <p>Lilian Chukwuma, CFO led the extensive discussion on the measures to reduce costs and increase revenues. The report copies were distributed to the Board prior to the meeting. An extensive discussion continued on the methodology of how we will reach a balanced budget before FY 2016 ends.</p>	<p>Mr. Andrew Davis, CEO and Mr. Luis Hernandez will have the organization chart completed by the June BOD meeting.</p> <p>The Assumptions and Projections for FY 2016 will be resent to the Board. They were sent to the Board for the April 2016 meeting.</p>
<p>Governance Committee Report</p>	<p>Virgil McDonald, Committee Chair, presented the Committee Report. Moved. Seconded. Passed unanimously. <i>The following highlights were discussed:</i></p>	

	<ul style="list-style-type: none"> • New appointee to the Board – Mr. Sean Ponder • Immediately following the General BOD meeting an Orientation Session will convene on Wednesday, July 22, 2016. • Plans for a Board Retreat in late September or early October 2016. More details to follow. • Board Evaluation Summary of Saturday, April 23, 2016 was reviewed. • Strategic planning was discussed and the resolution will be reviewed at the June BOD meeting. 	
	Chairman Gardiner requested a vote to enter into <i>Closed Executive Session</i> . The vote was unanimous.	
	Chairman Chris Gardiner announced the General Board meeting will go into Executive <i>Closed</i> Session. Chairman Gardiner convened Executive “Closed” Session to discuss personnel and contract matters pursuant to D.C. Official Code § 2-575(b)(2).	
	Chairman Chris Gardiner reconvened the public General Board meeting @ 11:10 a.m.	
Announcement	The next General Board meeting is scheduled on Wednesday, June 22, 2016 at 9a.m. in Conference Rooms 2/3 on the ground level.	
	The meeting was adjourned at 11:11a.m.	

Tab 4



General Board Meeting

Date: Wednesday, June 22, 2016

Location: Conference Rooms 2/3

Executive Mgt. Reports

Presented by:

Mr. Andrew Davis, CEO and
Mr. Luis A. Hernandez, CRO

Dr. Julian R. Craig, Chief
Medical Officer

Dr. Raymond Tu, Medical
Chief of Staff



General Board Meeting

Date: Wednesday, June 22, 2016

Location: Conference Rooms 2/3

Executive Report

Presented by:
Andrew L. Davis
CEO and
Luis A. Hernandez,
CRO



United Medical Center Management Report Operations Summary – June 2016

Quality

ICU

The Intensive Care Unit is a critical area for patient care. The ICU continues to strive for excellence by providing safe clinical practices. This month, we are proud to report that the ICU continued to have zero ventilator associated infections (VAPs); central line-associated bloodstream infections (CLABSI), or catheter associated urinary tract infections (CAUTI).

Medicare Access and CHIP Reauthorization Act

Healthcare providers continue to strategize concerning implementing certain provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Currently, Medicare measures the value and quality of care provided by doctors and other clinicians through several programs. These programs, which include Accountable Care Organizations, the Medicare Shared Savings program, Physician Quality Reporting Systems, and others.

The future framework would be to streamline these various programs into a single framework to help clinicians transition from payment based on volume to payments based on value. The framework will be called the Quality Payment Program. The Quality Payment Program will have two paths:

- The Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs).

Most physicians will initially participate in the Quality Payment Program through MIPS. MIPS allows providers to be paid for providing high value care through success in Quality, Advancing Care Information, Clinical Practice Improvement Activities, and Cost.

Alternative payment models will include the Comprehensive Primary Care Plus (CPC+) model, the Next Generation ACO model, and other alternative payment models based on risk and reward for providing coordinated, high-quality care.

These changes in healthcare reform will have significant impact on physicians and the way they practice medicine. Our institution has provided education to our physicians at the last quarterly staff meeting. We are currently on track for reporting under the Physician Quality Reporting Systems (PQRS) this summer. As our organization grows with more independent and employed physicians, it will be important for us to provide a structure for our physicians to practice from a value-based method. We are in the preliminary stages of interviewing a company (SA Ignite) who is currently conducting the educational process to GW Hospital physicians to work with us.

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. We are currently in the process of training our physicians and have complete access to the system. This is critical to connectivity to other providers, such as federally qualified health centers, and will broaden our care approach.

E-Clinicalworks (ECW) Outpatient Electronic Medical Records (EMR) - The new outpatient EMR system is running in a test environment. The interface to MEDITECH required additional time, but will begin in June.

Volumes

Admissions

For the month of May, hospital admissions were 599. The budgeted admissions were 600 and prior year admissions were 603. This was slightly higher than the previous month of April in which we had 575 admissions. Our admissions over the entire year have exceeded budget by 3%. Case mix index for May was 1.10, 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 May, we had 5,112 visits, an increase of 1% from the prior year, but were less than budget by 4%. We continue to market and develop strong relationships with the EMS providers.

Surgical Volume

Hospital surgeries were 164 for the month of May. This exceeded the budgeted surgeries of 159 and prior year of 149. 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 \$12.1 million reflecting a positive variance to budget of \$3.4 million for the month of May. The hospital received disproportionate share revenue in May of \$1.3 million dollars for redistribution by the District for FY 2012. The hospital experienced improvements in its revenue cycle management.

Total gross revenue for May was \$27.1 million. Inpatient gross revenue and outpatient revenue are both 50% of the total gross revenue. Gross revenue was slightly below budget by 3% (\$734,000). However, gross revenue exceeded prior year by \$2.4 million or 8.9%. 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 May 2016, the hospital's salaries and wages were \$140,000 (3%) below budget. Salaries and wages for May were \$4.5 million. This is less than the average of \$4.9 million in the first half of the budget year. Fringe benefits were \$142,000 (11%) below budget. We will continue to focus on reducing overtime, which was 5.1% for May.

Supplies totaled \$1.2 million reflecting a positive variance to budget of \$52,000 for the month of May. Contract labor was less than budget by \$35,000. We will continue to monitor our use of agency very closely.

Purchased services exceeded budget by \$256,000. The variance is due to the new management consulting agreement (\$300,000). 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 \$325,000. There were adjustments made to reserve for services incurred in the past from vendors. Management continues to monitor other expenses and is focused on restructuring vendor agreements, and tightening its internal approval process.

Other expenses exceeded budget by \$134,000. The variance can be attributed to charges for repairs for water damage, HVAC, and telemetry equipment.

Net Income (Loss) from Operations

The hospital's net income from operations for May was \$2.9 million, which exceeded budget. The year-to-date loss from operations is \$3.1 million. The budgeted year-to-date loss from operations is \$4.0 million.

Cash Flow

On May 2016, the Hospital held \$23.2 million (includes capital). This is an increase of \$803,000 over prior month. Days cash on hand was 27.28 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
- Dr. Matthew Thompson (Orthopedics) – starts in June 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

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. 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. UMC will be hosting approximately ten (10) Summer Youth Employment Program Interns in various departments within the Hospital. The students will begin June 27, 2016.

Other Notables

Ward 7 Health Alliance –I attended the Ward 7 Health Alliance meeting on June 13th and provided the audience with an update on the hospital and its services.

Fort Stanton Civic Association – I spoke at the Fort Stanton Civic Association June meeting to provide members of the community with an update on the hospital, new physicians, and its services. Some attendees were surprised to learn that the hospital handles almost 60,000 emergency room visits each year.

Rodman Institute – Approximately 150 Medical interns from George Washington University Medical School visited UMC on June 16th to learn about the hospital and become more familiar

with another part of the city. **Dr. Tu (Radiology), Dr. Yacoub (ICU), Dr. Thomas (Primary Care), and Dr. Hall (Wound Care)** all made presentations about their specialty areas and emphasized the importance of providing the population the hospital serves with convenient and quality care.



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 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
June 2016

MEDICAL STAFF SUMMARY

MEDICAL STAFF COMMITTEE MEETINGS

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

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

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

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

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

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

Credentials Committee, Dr. Barry Smith, Committee Chairman

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

Medical Education Committee, Dr. David Reagin, Committee Chairman

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

Performance Improvement Committee, Committee Chairman

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

Bylaws Committee, Dr. David Reagin, Committee Chairman

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

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

Physician IT Committee,

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

Physician Champions Meditech Program

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

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

DEPARTMENT CHAIRPERSONS

Anesthesiology *Dr. Amaechi 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 May 2016, the Anesthesia Department remains optimistic at the growth potentials of the surgical department. With the addition of new surgeons in orthopedics and gastroenterology, we believe that the volume will continue to improve.

Mortality and Morbidity Reviews:

No mortality was recorded in the OR this past month.

No anesthesia related morbidity was recorded.

EVIDENCE-BASED PRACTICE:

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

SERVICE (HCAHPS) SATISFACTION

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

CRITICAL CARE DEPARTMENT

Dr. Mina Yacoub

PERFORMANCE SUMMARY

In May 2016, the Intensive Care Unit had 274 patient days, 83 admissions and 84 discharges. The ICU managed a total of 88 patients in May. ICU Average Length of Stay (ALOS) for May was 3.3 days which is a continuation of a favorable downward trend.

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.

1. Morbidity and Mortality Reviews

April and May morbidity and mortality data were reviewed in June Critical Care Committee meeting. Two cases are being referred to Risk Management and Quality Dept. for review. With the effects of the recent Reduction in Force at UMC, we need to identify the roles and responsibilities of Quality dept. Staff to allow for continued collaboration on Quality metrics.

2. 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. May report was reviewed at June Critical Care Committee. UMC had 19 Rapid Responses and one Code Blue on the medical floors. This continues to be a favorable trend indicating rapid clinical interventions are occurring before cardiac arrest develops.

3. Ventilator Associated Event (VAE) bundle

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

4. Infection Control Data

For the month of May 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). UMC has again been randomly selected for validation of our infection control data by the national Clinical Data Abstraction Center (CDAC). For May 2016, there were 117 ventilator days with no VAPs, 139 central line days with no CLABSI, and 211 foley catheter days with no CAUTI. ICU infection rates for 2016 continue to be below national benchmarks.

5. Care Coordination/Readmissions

For May 2016, 88 patients were managed in the ICU. There were two readmissions to ICU within 72 hours of transfer to the medical floor. Cases were reviewed and one case is for review by risk management and quality. Practice processes have been modified in

May, with goal to decrease ICU length of stay (LOS) given the increase in LOS we saw in April. This included nightly rounding, expediting consults and procedures, and working closer with case management. We are seeing positive results with significant decrease in ICU length of stay. Critical Care Department is closely monitoring LOS.

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

Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, infection control practices and frequent communication with patient families. ICU is working with Infection Preventionist in evaluating the use of central line port disinfection caps to maintain low infection rates.

7. **CMS SEP-1 sepsis metrics**

With the effects of the recent Reduction in Force at UMC, we need to identify the roles and responsibilities of Quality Department staff to allow for continued collaboration on Quality metrics. The CMS SEP-1, sepsis measures which UMC signed on to in October 2015 needs more focus and attention as UMC performance data is well below national benchmarks in that area.

Growth/Volumes

May was a busier month for the ICU than April. 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 work 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. Sepsis metrics is an area needing renewed focus by Quality Dpt. and clinical units.

EMERGENCY MEDICINE

Dr. Mehdi Sattarian

Performance Summary:

Emergency department had a census of 5,169 patients.

May 2016 department metrics:

Patient Volumes:	5,169
% Change from 2015:	0.6% increase
Ambulance Volume:	1424
Median Left without Treatment:	2.5 %
Admission Rate:	13.9%
Transfers:	57 patients (1.1%)
Turnaround Time for D/C Patients:	222 minutes

Quality Initiatives, Outcomes, etc.

1 Improving the provider productivity

- a. 1.92 patient / hour

Improving throughput process including

- b. Door – Provider: 62 minutes
- c. Door – Disposition: 175 minutes

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

- a. Elopement Rate: 50 patients (0.9%)
- b. Suicide attempts: 0

3 Readmissions within 72h

a. 12 Cases (0.23%)

4 AMA rate

a. 0.5%

5 LWBS rate

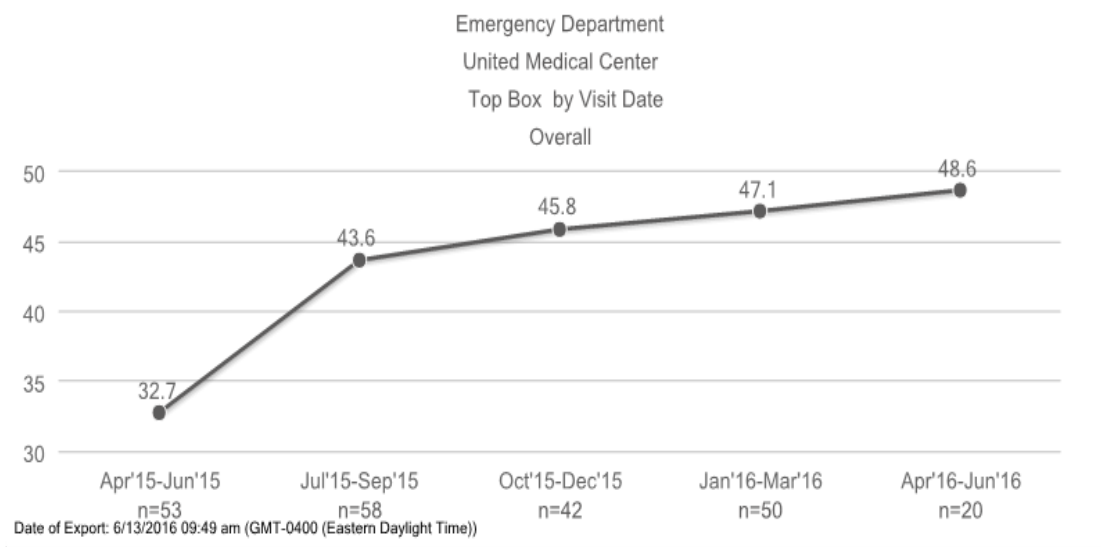
a. 2.5%

Transferred Patients:

These are the main category of transferred patients:

- Trauma: 13 patient
- Psychiatric: 12 patient
- Cardiology: 9 patient
- Kaiser: 6 patient

Service (HCAHPS Performance/Doctor Communication)



Growth/Volumes

1. **ED Volume:** Emergency department has been steady in the month of May and ED was able to keep the LWBS at 2.5%. Admission rate had a significant increase with 716 patients (13.9%).

2. **Process Improvement:** After implementing the new triage process, the door to triage has been steady at 20 minutes.

INTERNAL MEDICINE

Dr. Musa Momoh

The Department of Medicine continues to be the main source of the hospital admissions. There were **453** admissions out of a total of **592**, and **437** discharges out of a total of **571**. 127 patients were admitted on observation status. The case mix index was 1.26.

The average length of stay for the hospital was 5.18 days for the department. The length of stay for the hospitalist group was 4.6 days.

Procedures done by the department included 219 dialysis encounters, 29 EGDs, 41 Colonoscopies, and 5 Bronchoscopies, amongst others.

The patient satisfaction scores continue to trend up. Preliminary results show a composite score close to 60

OBSTETRICS & GYNECOLOGY

Dr. Sylvester Booker

The department of OB/GYN continue its efforts to recruit new physicians. Presently we are actively recruiting two new doctors to perform GYN surgeries, C-Sections, and Tubal ligations. Dr. Richard Jones and Dr. Siobhan Burke are the two new physicians currently being processed by the Medical Affairs Office. After the completion of the membership process Dr. Jones will become a part of United Medical Center Hospitalist group.

MATERNAL CHILD HEALTH REPORT

Indicator	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG		SEP	OCT	NOV	DEC
Breastfeeding	17		11	10	14								
IMC Admission	01	02	02	03	01								
NICU Admission	04	02	03	02	04								
Infant on Vent	01	---	---	01	03								
# of infant transferred	01	01	02	01	03								
# of infant on IV Therapy	02	02	02	02	03								
Infant on Antibiotic Therapy	02	02	02	03	0								
Phototherapy	---	01	01	---	01								
Circumcision	14	06	04	04	08								
Infant (+) Substance Abuse	01	01	04	04	04								
Boarding Baby	01	02	01	02	01								
Failed Hearing Screen	---	01	01	---	01								
# of Bili scan	34	24	26	24	25								
# of CCHD Screening	34	24	26	24	25								
GYN patients	05	12	04	21	10								
Premature babies receiving steroids prior to birth*	01	---	---	02	-0-								
Code Purple	30	15	17	17	16								
Neonatal Death	-0-	01	-0-	-0-	-0-								

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Deliveries	37	26	29	24	32							
Normal Deliveries	28	21	21	14	28							
Vacuum assisted deliveries	01	02	-0-	-0-	01							
Primary C-Section	05	03	05	03	03							
Repeat C-Section	04	02	03	07	01							
VBAC Attempt	01	-0-	-0-	01	01							

VBAC Successful	01	-0-	-0-	01	01							
# of Induction of Labor	03	02	01	03	02							
# of Aug. of Labor	03	03	03	04	-0-							
HIV + Mom	01	-0-	02	-0-	-0-							
HIV + Babies	-0-	-0-	-0-	-0-	-0-							
Mother + for Substance	01	01	04	04	01							
Abuse	-0-	-0-	-0-	-0-	-0-							
Still Birth	02	-0-	-0-	01	03							
No Prenatal Care	04	03	03	16	13							
Mother to ICU	-0-	01	-0-	-0-	01							
Multiple Gestation	01	01	-0-	01	-0-							
HTN/PIH	03	03	03	01	01							
Placenta Abruption	-0-	02	-0-	-0-	-0-							
Placenta Previa	-0-	-0-	-0-	-0-	-0-							
Meconium	01	07	01	04	01							
MRSA + Carrier	-0-	-0-	-0-	-0-	-0-							
Maternal Transfer	02	02	04	-0-	01							
PP Hemorrhage	-0-	-0-	-0-	01	-0-							
Cord Prolapsed	-0-	-0-	01	-0-	-0-							
Epidural Anesthesia	15	08	12	07	15							

Spinal Anesthesia	06	06	06	07	02							
General Anesthesia	-0-	-0-	01	01	02							
Diabetic	-0-	-0-	02	-0-	-0-							
Eclampsia	01	01	-0-	-0-	-0-							
HELLP Syndrome	-0-	-0-	-0-	-0-	-0-							
TOTAL TRIAGE PATIENTS	180	147	181	202	186							

PEDIATRICS

Dr. Marilyn McPherson-Corder

Performance Summary: For the month of May 2016, 29 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 143.

The Departmental meeting was held on May 11, 2016. Dr. Marilyn Corder met with Trusted Health Plan for the start of the asthma management program.

1. Core Measures Performance

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

INDICATOR	Target	2015 Annual Average	1Q2016	2Q2016	3Q2016	4Q2016
PC-04 - Health Care associated blood-stream infections in Newborns		0%	0%	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%

2. Morbidity and Mortality Reviews

Two infant were born prematurely at 31 and 32 weeks of gestation. The infants were transferred to Children's National Medical Center. A third infant was transferred for diagnosis and treatment of infantile fibro sarcoma, also to Children's National Medical Center. To date, all infants are doing well. No fetal deaths.

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 is still in discussion 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

4. Activities

Dr. Marilyn appeared with Roland Martin on TV1 News, discussing infant mortality reviewing District of Columbia and national statistics.

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



PSYCHIATRY Department

Dr. Lisa Gordon

Quality Initiatives, Outcomes, etc.

1. 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 reports on potential fall-outs. We are also preparing to institute new HBIPs quality measures.

Morbidity and Mortality Reviews - NA

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

There were no suicide attempts or other harassment complaints in the month of May. There were no patient to staff assaults. Aggressive patients continue to be managed safely by BHU staff.

Service (HCAHPS Performance/Doctor Communication) – N/A

BHU continues to work to implement a broader programming schedule to provide our patients more therapeutic groups.

BHU has two full time physicians who are covering for 20 patients. BHU 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.

RADIOLOGY**Raymond Tu**

Performance Summary:

	In Patient		ER		Out		Total	
Exam Type	Exams	Units	Exams	Units	Exams	Units	Exams	Units
Cardiac Cath	06				03		9	
CT Scan	68		616		268		952	
Fluoro	15		01		14		30	
Mammography					269		269	
Magnetic Resonance Angio			01				1	
Magnetic Resonance Imaging	36		06		83		125	
Nuclear Medicine	23		01		05		29	
Special Procedures	23		01		03		27	
Ultrasound	133		253		265		651	
X-Ray	184		1064		850		2098	
CNMC CT Scan			37				37	
CNMC X-Ray			627				627	
Grand Total	488		2607		1757		4855	

Quality Initiatives, Outcomes, etc.**1. Core Measures Performance**

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

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

2. **Morbidity and Mortality Reviews:** There were no departmental deaths.
3. **Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** There were no rapid responses in radiology.
4. **Care Coordination/Readmissions:** N/A
5. **Evidence-Based Practice (Protocols/Guidelines)** we continue to improve patient transportation into and out of the emergency department.
6. **Service (HCAHPS Performance/Doctor Communication)**

The radiology department’s new equipment has been very well received for by our clinical staff elevating the status of our hospital. Power fluctuation issues have been 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. Dr. Tu was visiting faculty at the Annual Meeting of the American College of Radiology for 80,000 physicians.



Economics Forum: The Economy of Care

Patient-centered care was front and center at this year's economic forum.

Why is Medicaid Important?

Raymond K. Tu, MD, MS, FACP
Chair, ACR Medicaid Network
Progressive Radiology

Chairman, Department of Radiology, Chief of Staff, NPHC/United Medical Center, Washington, DC
Chairman, Department of Radiology, BridgePoint Hospital/Vancouver Harbor, BridgePoint Sub-Acute and Rehabilitation/Vancouver Harbor, BridgePoint Hospital/Capitol Hill, Washington, DC
Clinical Associate Professor, Radiology, The George Washington University Hospital

The Importance of Medicaid

Raymond K. Tu, MD, MS, FACP, chief of staff at the Not-for-Profit Hospital Corporation and chair of the ACR Medicaid Network, also focused on patients during his presentation about the importance of Medicaid. Established in 1965, Medicaid provides health care coverage to people living in poverty. Medicaid and Medicare account for 40 percent of health care spending in the United States.

While Medicaid is sometimes considered a financial sink, Tu offered sobering statistics about who benefits from Medicaid, including 31 million children, nearly 4 million people with disabilities, and 11 million non-elderly adults who did not have health insurance prior to the Affordable Care Act, which expanded Medicaid coverage. In closing, Tu quoted Hubert Humphrey who said, "The moral test of government is how it treats those at the dawn of life, the children; at the twilight of life, the elderly; and in the shadows of life — the sick, the needy, and the handicapped." Tu concluded: That's why Medicaid is important.



Dr. Tu spoke on Medicaid and why the work at UMC and other safety net hospitals is so critical to the fabric of our society and Washington, DC. Dr. Tu's presentation was selected for Category 1 Continuing Medical Education credit as well as SAM credits for maintenance of certification.

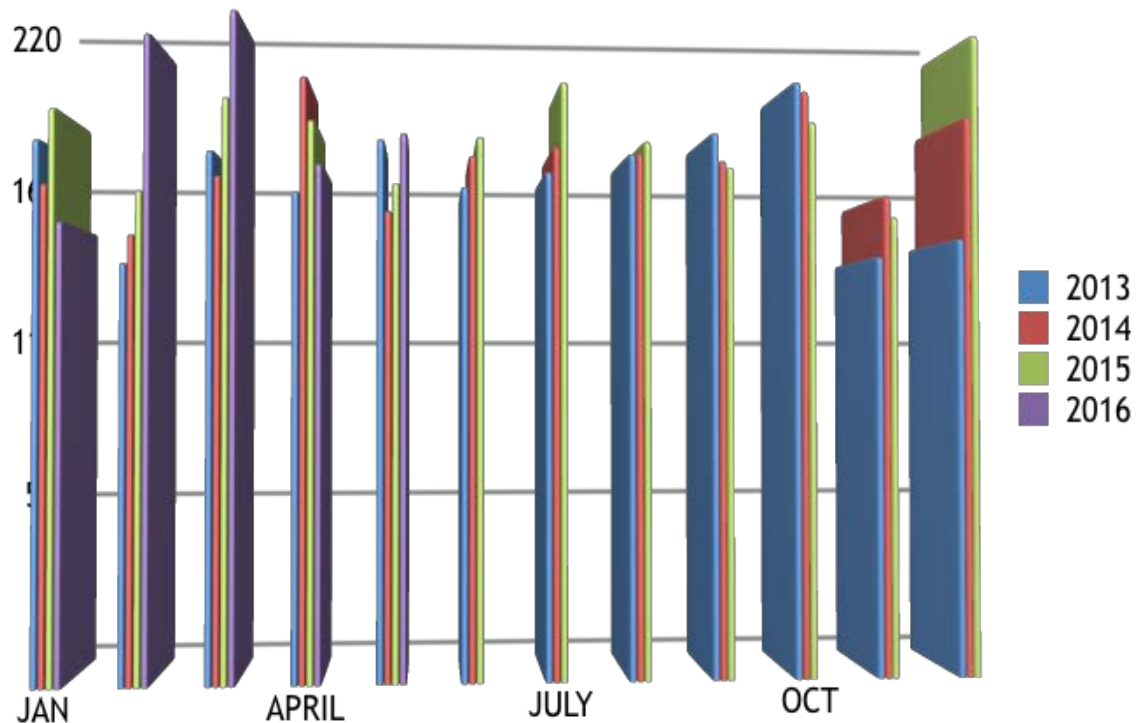
Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

SURGERY

Dr. Gregory Morrow

For the month of May the Surgery Department performed 176 total procedures. The chart and graft 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 and we are recovering well 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.

In coordination with the Hospitalist service and Nursing, we are implementing a vascular access (Midline and PICC line) service to improve upon patient satisfaction and delays in treatment due to lack of adequate intravenous access for therapies (i.e., pain medication, antibiotics) and procedures, especially as it pertains to surgery start delays.

The department is continuing its work on the following:

1. 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.

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

3. 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.

4. 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

June 2016

APPLICATIONS IN PROCESS

(Applications received through May 31, 2016)

Department	# of Application in Process
Allied Health Practitioners	2
Anesthesiology	0
Behavioral Health	1
Emergency Medicine	4
Medicine	3
Obstetrics & Gynecology	3
Pathology	0
Pediatrics/Neonatology	0
Radiology	2
Surgery	2
TOTAL	17

**CONTINUING MEDICAL EDUCATION (CME)/
GRAND ROUNDS COMPARATIVE DATA**

2014 – 2016

(THROUGH JUNE 8, 2016)

CME DATA	2014	2015	2016 Through 06/08/16
Total Number of Grand Rounds held	20	19	19
Total Number of Attendees	701	420	570
Total Amount of Grant Funding Secured	\$24,700.00	\$27,755.00	\$10,115.00

MEDICAL STAFF ACTIVITY
JUNE 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 July

July 11, 2016 at 12:00 pm	Critical Care Committee
July 11, 2016 at 1:00 pm	Peer Review Committee
July 12, 2016 at 12:30 pm	Prevention & Control of Infections Committee
July 12, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
July 14, 2016 at 12:30 pm	Credentials Committee
July 18, 2016 at 12:00 pm	Medical Executive Committee
July 20, 2016 at 2:00 pm	Health Information Management Committee
July 20, 2016 at 3:00 pm	Performance Improvement Committee
July 21, 2016 at 5:00 pm	Department of Medicine



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 2016

Location: Conference Rooms 2/3

Medical Staff Report

Prepared by:

Dr. Raymond Tu,

Medical Chief of Staff

Tab 5



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 2016

Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

- Minutes – May 17
- Meeting Materials



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Wednesday, June 22, 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
June 14, 2016

- I. CALL TO ORDER
- II. ROLL CALL
- III. CONSENT AGENDA
 - REVIEW MINUTES OF THE MAY 17, 2016 MEETING
- IV. BOARD APPOINTMENTS-MOTA NOMINATIONS
- V. BOARD OF DIRECTORS ORIENTATION –
 - FOLLOWING BOD MEETING ON JUNE 22, 2016
 - DRAFT AGENDA
- VI. PFAC AND CBA COMMITTEES
- VII. UPDATE - UMC MISSION, VISION AND VALUES STATEMENTS
- VIII. STATUS OF BOARD PORTAL
- IX.. BOARD RETREAT PROPOSED DATES – OCTOBER 1 or 15, 2016
- X. NEXT MEETING – JULY 12, 2016
- IX. ADJOURNMENT



Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
May 17, 2016

Present: Virgil McDonald, Committee Chair, Maria Gomez, Steve Lyons, Andrew Davis, Luis Hernandez, 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	The agenda was approved as printed.	
Approval of Minutes	The minutes of April 12 were approved with one correction - the last meeting date should be March 17 th , NOT March 8 th .	
Discussions	<p><i>Highlights include:</i></p> <p>The Board of Directors Orientation Manual Donna Freeman provided a detailed review of the format, progress update and an expected date of completion. 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 scheduled for Wednesday, June 22, 2016, immediately following the BOD meeting.</p> <p>Patient Family Advisory Council (PFAC) and Community Benefits Advisory Council (CBA) Andrew L. Davis, CEO, reported, according to General Counsel one of the problem areas for</p>	

	<p>PFAC & CBA is the 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 has been out sick and a final decision has not been reached. Mr. Davis will review the PFAC and CBA with Veritas for their comments.</p> <p>Update of MOTA Nominations to the UMC Board Donna Freeman, Corporate Secretary informed the committee Dr. Malika Fair is a Council appointee, Mr. Sean Ponder, a Mayoral appointee will be joining the BOD in June 2016 and Dr. Konrad Dawson is in his six month holdover which expires in September 2016.</p> <p>Mission, Vision, and Values Update Andrew (Andy) Davis, CEO led the discussion. He suggested waiting until the Restructuring Plan and Veritas' services have been implemented before moving forward on the <i>Values</i> statements. He suggested a rollout to be early June 2016.</p> <p>Board Retreat 2016 – Date and Location – Virgil McDonald suggested September/ October 2016 and the committee agreed. Donna Freeman was instructed to begin searching for a location. Minimal cost is an important factor. The skeleton program will be presented at the June BOD meeting.</p> <p>Board Orientation – Virgil McDonald led the discussion regarding the orientation. The time period will be approximately two hours. Steve Lyons proposed having the orientation immediately following the June BOD meeting. The committee decided the orientation will be June 22nd, immediately following the BOD meeting. Mr. McDonald suggested, Steve Lyons and Lilian Chukwuma, (CFO) take the topic of Finance, and Maria would discuss Patient Quality. Other assignments will be delegated as Mr. McDonald and Donna Freeman plan the Orientation meeting.</p>	
Other Business	<p>The next conference call will be held on Tuesday, June 14, 2016 @ 8:00 a.m.</p> <p>The meeting was adjourned at 9:27 a.m.</p>	



Board of Directors Evaluation Summary

May 25, 2016

Areas of Evaluation

Average Response Rank

Proper notice was given to Board Members & community	5.0
The Board packet was received in a timely manner	5.0
The meeting agenda is appropriate.	4.7
The Board packet provided the appropriate information to support solid discussions and decisions	4.7
Executive reports were concise, yet informative	4.7
Directors' discussions were on target and focused	4.7
Directors were prepared and involved	4.3
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.3
Appropriate Board and staff assignments were made	4.7
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.7
Meeting ran on time	4.0
I am satisfied with this meeting	4.0

Board member attendance: ____9____ Present ____2____ 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?

- The opportunity to review the Veritas contract.

What aspects of this meeting were particularly bad?

- The lack of clarity regarding Veritas' progress towards specific deliverables.

Do you have any suggestions or comments about this meeting?



Board of Directors Evaluation Form

Wednesday, June 22, 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?

Tab 6