



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

2016 BOARD OF DIRECTORS

Chris G. Gardiner, *Chairman*

Luis A. Hernandez, *Chief Restructuring Officer*

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 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 to live up to their potential to benefit our patients.

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



Saturday, July 23, 2016

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

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. CONSENT AGENDA**
- V. READING AND APPROVAL OF MINUTES**
 - 1. June 22, 2016 – General Board Meeting
- VI. EXECUTIVE MANAGEMENT REPORTS**
 - A. Luis A. Hernandez, Chief Restructuring Officer
 - B. Dr. Julian R. Craig, Chief Medical Officer
 - C. Dr. Raymond Tu, Medical Chief of Staff
- VII. COMMITTEE REPORTS**
 - A. Governance Committee Report
 - B. Audit Committee
 - C. Strategic Steering Committee
 - D. Finance Committee
- VIII. OTHER BUSINESS**
 - A. Old Business
 - B. New Business

IX. AUDIENCE Q & A

X. ANNOUNCEMENT

Next Meeting – **Wednesday, September 28, 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



Not-For-Profit Hospital Corporation
General Board Meeting Minutes
June 22, 2016

Present: Chris Gardiner, Chairman, Girume Ashenafi, Dr. Julian Craig, Andrew Davis, Dr. Konrad Dawson Dr. Malika Fair, Maria Gomez, Steve Lyons, Virgil McDonald, Sean Ponder, Khadijah Tribble, Dr. Raymond Tu, Donna Freeman (Corporate Secretary)
Excused:
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 9:06 a.m.	
Determination of a Quorum	A quorum was determined by Donna Freeman, Corporate Secretary.	
Swearing-In Ceremony	Director Steve Walker of the Mayor's Office of Talent and Appointments (MOTA) conducted the ceremony for: Chairman Chris G. Gardiner (reappointment), Ms. Khadijah Tribble (reappointment) and Mr. Sean Ponder. (new appointment)	
Approval of the Agenda	The Board moved to approve the agenda.	
Approval of Minutes	The meeting minutes of May 25, 2016 were approved.	

<p>Non-Consent Agenda</p>	<p>N/A</p>	
<p>Executive Management Reports</p>	<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. <i>The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • Mr. Davis congratulated the newly appointed and reappointed board members. • Medical Staff: the MACRA System is the Medicare payment system which will reimburse for quality of service and not quantity of patients. More details will be forthcoming. • CRISP Connection – CRISP is the Health Information Exchange used by all Maryland and DC hospitals. We are currently in the process of training physicians and staff as we implement the system at UMC. • Clinical Initiatives: E-Clinical Works, an outpatient EMR system is running in a test environment at UMC. • Physician Recruitment: Six physicians have and will join UMC in the following specialties: Internal Medicine, Orthopedics, Gastroenterology, Family Medicine and Urology. The critical recruitment areas are: Orthopedics, Neurology and Pathology. • Rodman Institute: 150 Medical interns from George Washington University Medical School visited UMC on June 16th to learn more about the hospital. • Value(s) Statement: The initial correspondence from Mr. Davis' office to create a "values" statement for UMC will be sent the week of June 27th. Mr. Davis shared the steps and anticipated collaboration between staff and the board of UMC in creating the value(s) statement. <p>Dr. Julian Craig, Chief Medical Officer highlighted no Ventilator Associated Pneumonia (VAP), no Central Line Associated Blood Stream Infections (CLABSIs) and no Catheter Associated Urinary Tract Infections (CAUTI's) for the month of May 2016. This has been</p>	

<p>Governance Committee Report</p>	<p>an 18 month period with no infections at UMC.</p> <p>Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report.</p> <p>The Board moved to accept and approve the CEO’s Report, the Chief Medical Officer’s Report and the Medical Chief of Staff’s credentialing report dated June 13, 2016. Seconded. Passed unanimously.</p> <p>Virgil McDonald, Committee Chair, highlighted the following:</p> <ul style="list-style-type: none"> • Board Retreat – The proposed dates are October 1 or October 15th, 2016. • Board Orientation Session will follow the General Board Meeting • Requested completion of the Board Evaluation Summary 	
<p>Finance Committee Reports</p>	<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) The following highlights were discussed:</i></p> <ul style="list-style-type: none"> • Surgical Procedures are reported monthly in the Finance Report from CFO. • Net Income for period ending May 31, 2016, reflects a net income of \$2.17M which exceeded budget by \$2.2M. A payment of \$1.34M was received from the 2011 DSH audit. • The Net Income was \$2.9M which was above budget. • Operating expenses were below budget which shows we are going in the right direction. <p>Lilian Chukwuma, CFO led the extensive discussion regarding the revenue cycle report. She also discussed the timeline for the District’s/UMC’s 2017 Budget. Chairman Chris Gardiner asked Lilian Chukwuma, CFO, “is she sure we would not have to go to the District for any additional funds for FY 2016.” She responded with a firm “no.”</p>	<p>Girume Ashenafi requested a date when a through revenue cycle report will be presented to the BOD.</p>

	<p>The Board moved to accept and approve the Governance Report and the Finance Committee Report. Seconded. Passed unanimously.</p>	
<p>Committee Assignments</p>	<p>Chairman Gardiner led the discussion regarding committee assignments. The assignments are as follows:</p> <p>Audit Committee: Girume Ashenafi , Chair Dr. Malika Fair Maria Gomez</p> <p>Executive Committee: Chris Gardiner, Chair Steve Lyons Virgil McDonald, Vice Chair Maria Gomez</p> <p>Governance Committee: Virgil McDonald, Chair Khadijah Tribble Steve Lyons Dr. Julian Craig</p> <p>Finance Committee: Steve Lyons, Chair Sean Ponder Girume Ashenafi DCHA representative Dr. Konrad Dawson</p> <p>Patient Safety & Quality Committee: Maria Gomez, Chair Sean Ponder Dr. Malika Fair DCHA representative</p> <p>Strategic Planning Committee: Khadijah Tribble, Chair Virgil McDonald Dr. Konrad Dawson Dr. Julian Craig</p> <p>Chairman Gardiner is an ex-officio member of all committees.</p>	

	<p>Chairman Chris Gardiner asked for vote to enter into Executive <i>Closed</i> Session.</p> <p>Chairman Gardiner convened Executive “Closed” Session to discuss personnel and contract matters pursuant to D.C. Official Code § 2-575(b)(2) at 9:57am.</p>	
	<p>Chairman Chris Gardiner reconvened the public General Board meeting at 11:34 a.m.</p>	
Announcement	<p>The next General Board meeting is scheduled on Saturday, July 23, 2016 at 9:00 a.m. in Conference Rooms 1/2/3 on the ground level.</p> <p>The meeting was adjourned at 11:40a.m.</p>	

Tab 4



UMC
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General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Executive Mgt. Reports

Presented by:

Mr. Luis A. Hernandez,
Chief Restructuring Officer

Dr. Julian R. Craig, Chief
Medical Officer

Dr. Raymond Tu, Medical
Chief of Staff



UMC
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General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Management Report

Presented by:

**Luis A. Hernandez,
Chief Restructuring
Officer**



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General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

CMO REPORT

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

BOARD REPORT

JULY 2016

CHIEF MEDICAL OFFICER

United Medical Center (UMC) has completed the first half of 2016 with several accomplishments that will prepare the path for future successes. The medical staff responded to the call to bring the medical record deficiency rate into compliance with the Joint Commission. A year after conversion to the electronic health record (EHR), the medical staff saw its incomplete medical record deficiency rate sky rocket to nearly 80%. With the help of medical staff leadership, HIM and IT Departments, the month of July ended with a deficiency rate of 35%. There is still more work to be done, but this demonstrates that goals can be achieved through teamwork at multiple levels. I would like to take this opportunity to thank all the members of the medical staff and various departments that contributed to making this a success and encourage our members to remain consistent with chart completion and strive for excellence in documentation.

The month of June saw the length of stay (LOS) on the MedSurg units fall to 4.64 days as compared to 5.19 days from June 2015. All of this occurring with a slight increase of 3.3% in the average ER acuity level. A reduction in the length of stay is inextricably linked to the financial survival of UMC. The Hospitalist group along with our voluntary primary care physicians must be commended for the sacrifices made in their individual practices, to ensure that the community continues to receive health care consistent with best practices across the country.

The second half of 2016 carries new challenges and goals that must be accomplished. In addition to continuing the progress made with our Quality initiatives including HCAHPS scores and Leapfrog ratings, we must solidify the steps taken over the first half of the year to improve connectivity with our primary care base. The CRISP HIE project plan, if successfully implemented will bring a new level of awareness to major health care providers east of the river, of the services offered at UMC. In addition to our subspecialty clinic, there is now great anticipation for the start of a robust Orthopedic clinic in close proximity to the Ambulatory Care Center, which will demonstrate the readiness of a highly skilled and experienced operating room staff.

With progress must come change, and the United Medical Center underwent a major restructuring of its workforce to start the second quarter of 2016. I would like to take this opportunity to thank Mr. Andy Davis, our outgoing CEO, for his tremendous leadership through some difficult times. I also welcome Mr. Luis Hernandez, our incoming CEO, who I know is ready to take the baton and work with the medical staff to ensure that the United Medical Center continues to achieve its goals. *Fervet Opus in Campis...Work is burning in the Fields.*



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General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Medical Staff Report

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



MONTHLY DEPARTMENT CHAIR REPORT

Date: July 4, 2016

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	11		0		4		15	
CT SCAN	60		629		337		1026	
FLUORO	15				14		29	
MAMMOGRAPHY					248		248	
MAGNETIC RESONANCE ANGIO	2						2	
MAGNETIC RESONANCE IMAGING	35				36		98	
NUCLEAR MEDICINE	14		1		6		21	
SPECIAL PROCEDURES	28				10		38	
ULTRASOUND	130		230		283		643	
X-RAY	147		1001		967		2115	
CNMC CT SCAN			27				27	
CNMC XRAY			520				520	
GRAND TOTAL	442		2408		1901		4782	

Quality Initiatives, Outcomes, etc.

1. Core Measures Performance

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

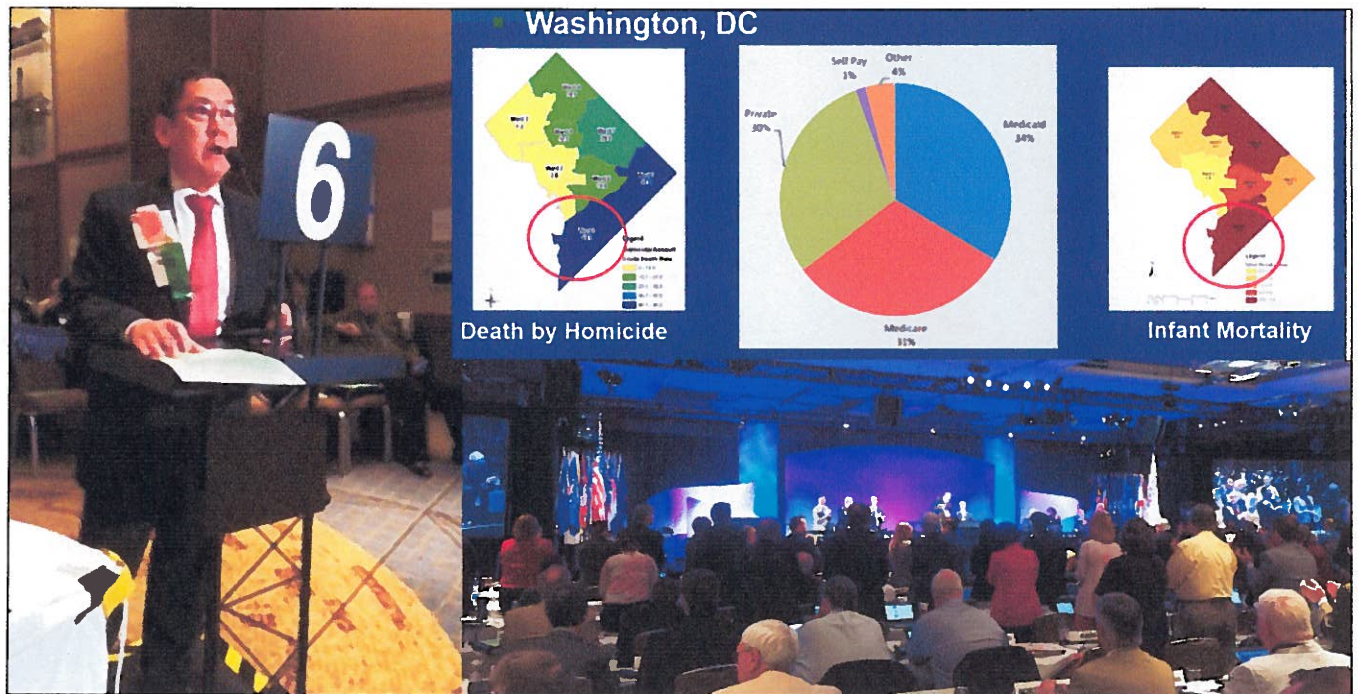
Radiology staff continues to work to improve the turnaround of patients for CT and MRI of the brain through the department.

- 2. Morbidity and Mortality Reviews:** There were no departmental deaths.
- 3. Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** There was no rapid response.
- 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. There have been no service calls to GE to repair the scanner since the power supply issue was addressed.

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 spoke at the microphone at the American Medical Association (AMA) House of Delegates (HOD) discussing the concerns our community East of the River with violent crime and infant mortality. Dr. Tu, alternate delegate for the District of Columbia, was quoted in the AMA open letter responding to the Orlando shooting which occurred on the Sunday of the AMA HOD meeting.









Dr. Tu addressed the medical staff at the Quarterly Staff meeting discussing the new merit based incentive payment system and offered R-SCAN to satisfy the CPIA requirement, Clinical Practice Improvement Activity.

Quality Payment Program
MACRA MIPS
UMC Quarterly Staff
June 8, 2016
Raymond K Tu MD MS FACR

MIPS: Performance Category Scoring

Summary of MIPS Performance Categories		
Performance Category	Maximum Possible Points per Performance Category	Percentage of Overall MIPS Score (Performance Year 1 - 2017)
 Quality: Clinicians choose six measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a crosscutting measure. Clinicians also can choose to report a specialty measure set.	80 to 90 points depending on group size	50 percent
 Advancing Care Information: Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	100 points	25 percent
 Clinical Practice Improvement Activities: Clinicians can choose the activities best suited for their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn full credit in this category, and those participating in Advanced APMs will earn at least half credit.	60 points	15 percent
 Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10 percent



Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu is very supportive and looking forward to working with the incoming operator to elevate radiology services to the next level, improving the revenue cycle for all patients; there has been year over year increase in volume of radiology studies with increase in outpatient volumes contributing to the increase in volume. Radiology workflow has seen increase in efficiency with staff reductions. Dr. Tu is enthusiastic with interest in Low Dose Lung Cancer Screening as well as progress toward the National Radiation Dose Registry which is concordant with our excellent patient care priorities. Outpatient volume is a reflection of the community supporting the wellness mission of our hospital.

2016								
EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	11		0		4		15	
CT SCAN	60		629		337		1026	
FLUORO	15				14		29	
MAMMOGRAPHY					248		248	
MAGNETIC RESONANCE ANGIO	2						2	
MAGNETIC RESONANCE IMAGING	35				36		98	
NUCLEAR MEDICINE	14		1		6		21	
SPECIAL PROCEDURES	28				10		38	
ULTRASOUND	130		230		283		643	
X-RAY	147		1001		967		2115	
CNMC CT SCAN			27				27	
CNMC XRAY			520				520	
GRAND TOTAL	442		2408		1901		4782	

2015								
EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CT SCAN	87		725		95		907	
FLUORO	5				15		20	
MAMMOGRAPHY					156		156	
MAGNETIC RESONANCE ANGIO	2		1				3	
MAGNETIC RESONANCE IMAGING	29		4		70		103	
NUCLEAR MEDICINE	19		2		11		32	
SPECIAL PROCEDURES	45				31		76	
ULTRASOUND	116		276		250		642	
X-RAY	175		1655		1029		3859	
GRAND TOTAL	478		2663		1029		4170	

Tab 5



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General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Governance Committee Report

Virgil McDonald, Chair

- Minutes
- Meeting Materials



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Not-For-Profit Hospital Corporation
Board of Directors
Governance Committee Agenda
July 19, 2016 at 8:00am

- I. CALL TO ORDER
- II. ROLL CALL
- III. CONSENT AGENDA
 - REVIEW MINUTES OF THE JUNE 14, 2016 MEETING
- IV. BOARD APPOINTMENTS-MOTA NOMINATIONS
 - A. Ms. J. Bowen
- V. PFAC AND CBA COMMITTEES
- VI. UPDATE – UMC MISSION, VISION AND VALUES STATEMENT
- VII. STATUS OF BOARD PORTAL
- VIII. BOARD RETREAT PROPOSED DATE – OCTOBER 15, 2016
 - A. Venue Update
 - B. Panel Discussions
 - C. 2016 Board Self-Assessment Summary
- IX. NEXT MEETING – TO BE DETERMINED
- X. ADJOURNMENT



Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
 June 14, 2016

Present: Virgil McDonald, Committee Chair, Steve Lyons, Andrew Davis, Luis Hernandez, Donna Freeman (Corporate Secretary)
Excused:
Guests:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:08 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 May 17, 2016 were approved.	
Discussions	<p><i>Highlights included:</i></p> <p>Update of MOTA Nominations to the UMC Board Virgil McDonald, Chair, informed the committee Sean Ponder, a Mayoral appointee will be joining the BOD later this month. Director Steve Walker of MOTA will attend the June BOD meeting to “Swear-In” Khadijah Tribble (new term), Chairman Chris Gardiner (reappointment), and Sean Ponder.</p> <p>Patient Family Advisory Council (PFAC) and Community Benefits Advisory Council (CBA) Andrew L. Davis, CEO, reported, due to the absence of Kai Blissett, General Counsel, he has been meeting with BEGA and MOTA and the Deputy Mayor’s office to ensure the proposed committees meet District legal guidelines. Mr. Davis will review the PFAC and CBA agreements with Veritas for their comments.</p>	

	<p>Mission, Vision, and Values Update Andrew (Andy) Davis, CEO led the discussion. He has been working on the values statement and plans to review with Luis Hernandez, Veritas. Once the meeting occurs, the statement (s) will be presented to the Board for their approval. He suggested a rollout to be late June or early July 2016.</p> <p>The Board Portal Donna Freeman, Corporate Secretary reported the update on the board portal. A new software package is being reviewed. The expected completion date will be in about 2-3 months.</p> <p>The Board of Directors Orientation Manual Virgil McDonald 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. The material for the session will be emailed to the members. The agenda and the presentation roles were discussed at length.</p> <p>Board Orientation Session – Virgil McDonald led the discussion regarding the orientation. The time period will be approximately two hours. 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 will discuss Patient Quality. Other assignments will be delegated as Mr. McDonald and Donna Freeman plan the Orientation meeting. A tour is planned before the actual Orientation Session begins.</p> <p>Board Retreat 2016 – Date and Location – Virgil McDonald discussed the dates of October 1st or 15th, 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 July BOD meeting.</p>	<p>Virgil McDonald requested Mr. Davis to review the UMC mission and vision during the Orientation Session.</p>
<p>Other Business</p>	<p>The next conference call will be held on Tuesday, July 12, 2016 @ 8:00 a.m. The meeting was adjourned at 8:58 a.m.</p>	



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



Retreat Evaluation Summary

October 2015

Exceeds Expectation 4-5 Meets Expectation 2-3 Below Expectation 1

Areas of Evaluation

Average Response Rank

Proper notice was given to participants	5.0
The Retreat packet was received in a timely manner	5.0
The meeting agenda is appropriate.	4.8
The appropriate participants were present	4.6
The Retreat packet provided the appropriate information to support solid discussions and decisions	3.8
The speakers were concise, yet informative	4.8
The speakers discussions were on target and focused	4.8
The accommodations were appropriate for the Retreat	5.0
The menu was appropriate for the Retreat	4.8
Meeting ran on time	4.5
I am satisfied with this meeting	4.8

In the evaluation form, the Retreat participants 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?

- Speakers
- Group involvement/participation
- Every aspect of the retreat provided me with relevant information.
- A lot of good information was presented and take home reading was distributed as well.
- Discussion on ACO's
- Speakers, location and organization
- The opportunity for the physician leaders, hospital executives and the board members to be in one space and interact is very important.

What aspects of this meeting were particularly bad?

- None
- Political guests not staying for discussion
- It ran a bit long but there was ample break time

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

- Not meant as a bad comment, but 8am-1pm is good for a Saturday

Do you have any suggestions or comments about this meeting?

- I look forward to next year.
- I suggest using a similar format during future board retreats.
- Perhaps a room that will allow us to drink liquids.
- Next time it shouldn't be so long; maybe a panel discussion instead of individual political speakers.
- Better pictures of the Executive Team
- More discussion on strategy
- Off-street parking

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



Board of Directors Evaluation Summary

June 22, 2016

Areas of Evaluation	Average Response Rank
Proper notice was given to Board Members & community	4.3
The Board packet was received in a timely manner	4.3
The meeting agenda is appropriate.	4.3
The Board packet provided the appropriate information to support solid discussions and decisions	3.6
Executive reports were concise, yet informative	5.0
Directors' discussions were on target and focused	4.3
Directors were prepared and involved	4.6
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	5.0
Appropriate Board and staff assignments were made	5.0
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.7
Meeting ran on time	3.7
I am satisfied with this meeting	4.0

Board members: Present: 12 Absent: -0-

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?

- Having the board books was nice
- Open session very short

What aspects of this meeting were particularly bad?

- Closed session was a bit long, especially given the orientation being held after the meeting.

Do you have any suggestions or comments about this meeting?

I think the scale (on the Evaluation Summary) does not accurately reflect the questions being asked. For example—"the board packet was received in a timely manner." This is more of a yes/no question instead of an "exceeds or meets expectations." For these questions I selected "meets expectation".

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



Board of Directors Evaluation Form Saturday, July 23, 2016

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

Exceeds **Meets** **Below**
Expectation **Expectation** **Expectation**

	5	4	3	2	1
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?



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

- Minutes – June 20
- Meeting Materials

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

I. CALL TO ORDER

II. ROLL CALL

III. REVIEW OF MINUTES FROM LAST MEETING

- Action Items from last meeting

IV. FINANCIAL STATEMENT REVIEW

- June financial report

V. OTHER BUSINESS

- Financial issues, pressures and adjustments
- Status of revised spending/revenue plan
- Status of contract with Veritas
- Status of proposed contract for site selection analysis
- Revenue Cycle Report
- Contract approvals
- Other new business

VI. ANNOUNCEMENTS

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

VII. ADJOURNMENT

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



Not-For-Profit Hospital Corporation
Finance Committee Meeting Minutes
June 21, 2016

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

Excused:
Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:33pm by Steve Lyons, Committee Chair.	
Determination of a Quorum	A quorum was determined by Chairman Steve Lyons	
Approval of the Agenda	The agenda was approved as printed.	
Approval of Minutes	The meeting minutes of May 17, 2016 were approved with any necessary corrections.	
Consent Agenda	N/A	
Review of Prior Meeting Action Items	N/A	

Financial Statement Review

FINANCIAL REPORT

Lilian Chukwuma, CFO presented the Summary of Operating Results for the month ending May 31, 2016. (Attachments presented to Committee members and filed in the Office of the Secretary of the Corporation)

Discussion Highlights (Please refer to financial statements provided in Finance materials):

- **Net Income:** For the year to date ending May 31, 2016, reflects a net income of \$2.17 M, which exceeded the budget by \$2.2M or 5985%.
- **Net Income (Loss)** from operations: the net income from operations was \$2.9M, which was higher than the budgeted loss of \$200 thousand by \$3.1M or 843%.

● **Operating Expenses**

- The total operating expenses for the month were above budget by \$345 thousand, or 4.0%, and exceeded YTD budget by 6.4%.
- SWBCL accounted for 58% of the total operating expenses for the month. SWBCL expenses totaled to \$5.8M, which were \$317 thousand below budget but above YTD budget by \$2.6M.
 - Paid FTEs for the period were 828, (77 below budget).
 - Hospital FTEs – 726 (75 FTEs below budget).
 - SNF FTEs-102 (2 FTEs below budget).
 - Average hourly rate for paid employees was \$33.66 compared to a budgeted \$32.02
- Overtime accounted for \$227 thousand of total salary expense. Overtime represents 5.1% of total salary expense.

● **Professional Fees**

The Professional Fees expenses were \$916 thousand, which exceeded budget

by \$325 thousand or 55%.

- **Purchased Services**
The Purchased Services expense for the month was \$1.3M, reflecting an unfavorable budget variance of \$256 thousand or 23.6%.
- **Other Operating Expenses**
The Other Expenses for the month were \$755 thousand, reflecting an unfavorable budget variance of \$134 thousand or 22%.
- **Cash Flow**
On May 31, 2016, NFPHC held \$23.2M of cash, an increase of \$803 thousand over prior month.
 - Day's cash on hand (excluding capital reserves) was 31.25 days, a decrease of 6.5 days from the previous month.
 - \$1.0M in cash was used for Operations.
 - \$868 thousand was used for capital additions.
- **Collections**
Total cash collections for the year to date were 5.4% below budget.
- **Accounts Receivable**
Net patient accounts receivable (AR) totaled \$15.5M as of May 31, 2016, and is below the prior month by \$2.7M.
- **Aged Trade Payable**
As of May 31, 2016, trade accounts payable (AP) totaled \$7.8M, which was \$1.4M lower than the AP balance for the prior month.

- **Liquidity**

At the end of May 2016, net working capital was \$22.8M, an increase in net working capital of approximately \$3.6M compared to the prior month.

- **Volume – Inpatient**

Total admissions for the reporting period were 599, which is 1 admission lower than the budgeted admissions of 600.

- **Hospital admissions** – Hospital admissions were below budget by one admission for the month.
- **Med/Surgical admissions (including ICU)** – Admissions to the Medical/Surgical unit were 6% 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 33.5% for the reporting period.
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were above budget by 8% for the reporting period.
- **SNF admissions** – Admissions on SNF were below budget by 12.4% for the reporting period.
- **Case Mix Index** – The Hospital Case Mix Index was at 1.1400 for the month. The Medicare Case Mix Index was at 1.1400 for the month.

- **Volume – Outpatient**

- **Outpatient Visits** – Outpatient visits were lower than budget by .02% primarily due to non-clinic activity which reflected a decrease in visits of 8.6%.
- **Outpatient Revenue** – Accounted for 49.6% of gross patient revenue which is below the budgeted target of 15%.
- **ED Volumes** – ED visits were above budget by 4%.
- **Radiology Visits** – Radiology visits were below budget by 23%.
- **Clinic Visits** – Clinic visits were above budget by 2%.
- **Same Day Surgery** – The actual visits in this category were 2% below budget.

	<ul style="list-style-type: none"> • Observation admissions – There were 279 observation admissions, exceeding budget by 24%. • ER visits – ER visits were above budget by 4%. <ul style="list-style-type: none"> ○ There were 532 admissions from ED, representing 100% of total admissions and 10.4% of total ED visits. ○ 1.97% of ED visits had zero charges applied. <p>An extensive discussion was held on the following regarding the May 31, 2016 report:</p> <ul style="list-style-type: none"> • A projection report is needed reviewing the end of FY 2016 and a balanced Budget for FY 2017. • Gap measures and methodology to achieve a balanced budget • Overtime plan for 2016 • Contractual Progress with DCNA • Professional Fees • SNF Facility 	
<p>Other Business</p>	<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>2017 BUDGET – Lilian Chukwuma, CFO addressed the process, evaluation and projections for FY 2017.</p> <p>VERITAS REPORT: The following areas that may require additional personnel: Revenue Cycle, Patient Quality & Safety, and Nursing Department ensuring improved standards and practices.</p>	

New Business	The next Finance Committee conference call will be Tuesday, July 19, 2016 at 2:30pm.	
Announcements	Meeting adjourned at 3:40pm.	



Board of Directors
FINANCIAL REPORT
June 2016
(PRELIMINARY)

Report Summary

1	Highlights
2	Attestation
3	Summary of Operating Results 1 - 16
4	Consolidated Statement of Operations
5	Consolidated Net Position
6	Consolidated Statement of Cash Flows
7	Consolidated Inpatient Statistics
8	Consolidated Outpatient Statistics
9	Consolidated Payor Mix
10	Selected Hospital Performance Indicators

Highlights

- Charge Master Pricing
- Inadequate systems & unrealized meaningful use.
- Employee overtime and agency utilization
- Retention of Clinical Staff
- Expense Management
- Supply Chain Management
- **Staffing**
 - Supply Chain,
 - Quality
 - Compliance
 - Human Resource
 - Case Management
- Physicians documentation
- Huron Systems Liability
- Insourcing & Outsourcing for coding
- Deficiency Record Compliance
- Denials
- FY 2017 Budget

Attestation

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.

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



Summary of Operating Results for the Month Ended June 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 June, 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

	Month of June		Budget Var		Prior Year Var		Year-To-Date		Budget Var		Prior Year Var			
	Actual	Budget	Prior Year	\$	%	\$	%	Actual	Budget	Prior Year	\$	%		
\$ 9,070	\$ 9,080	\$ 8,116	\$ 954	0%	12%	\$ 81,234	7%	\$ 87,943	\$ 82,317	\$ 81,234	\$ 5,627	7%	\$ 6,709	8%
(1,611)	(976)	(1,383)	(635)	65%	16%	(8,733)	16%	(10,140)	(8,733)	(8,354)	(1,407)	16%	(1,785)	21%
7,459	8,104	6,733	(645)	-8%	11%	73,584	6%	77,804	73,584	72,880	4,220	6%	4,924	6.8%
(9,541)	(9,448)	(10,196)	(93)	1%	-6%	(85,012)	5.6%	(89,812)	(85,012)	(83,199)	(4,799)	5.6%	(6,613)	7.9%
(2,082)	(1,344)	(3,464)	(738)	55%	-40%	(11,428)	5%	(12,008)	(11,428)	(10,319)	(580)	5%	(1,689)	16%
1,786	122	-	1,664	1362%	0%	1,100	227%	4,187	1,100	2,277	3,087	281%	1,910	84%
199	207	186	(9)	-4%	7%	1,884	2%	1,913	1,884	1,841	29	2%	72	4%
632	414	244	218	53%	160%	3,691	3%	3,808	3,691	3,530	117	3%	278	8%
535	(600)	(3,034)	1,135	-189%	-118%	(4,753)	-56%	(2,101)	(4,753)	(2,672)	2,653	-56%	571	-21%
(644)	163	(322)	(807)	-495%	100%	1,467	683%	11,481	1,467	(4,056)	10,014	683%	15,537	-383%
\$ (108)	\$ (437)	\$ (3,356)	\$ 329	-75%	-97%	\$ (3,287)	-385%	\$ 9,380	\$ (3,287)	\$ (6,727)	\$ 12,667	-385%	\$ 16,108	-239%

Net Income

- The financial results for the month ending June 30, 2016, reflect a net loss of \$108 thousand, which is better than budgeted loss of \$329 thousand or 75%. Year to date net income is \$9.4 million is better than budgeted loss and prior year by \$12.7 and \$16.1 million respectively.
- The net income from operations for the reporting month was \$535 thousand, which was better than the budgeted loss of \$600 thousand or 189%. Year to date net loss from operations is \$2.1 million, reflecting lower than anticipated budget and prior year losses by \$12.7 and \$16.1 million respectively.
- Net patient services revenue for the month was below than budget by 8% due mainly to additional bad debt reserves. Net patient service revenue year to date exceeds both budget and prior year by 6% and 6.8% respectively.

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



Summary of Operating Results for the Month Ended June 2016

- DSH revenue exceeds budget for the June and year to date by \$1.7 and \$3.1 million respectively due to favorable prior year settlement and minimal current year increase.
- Other operating revenue exceeds the reporting month budget by \$218 thousand, primarily due to pass thru revenue (\$750k) and DC Medicaid outpatient supplemental revenue (\$174k) even though anticipated meaningful use revenue was not realized.

Non-Operating Revenues

- No capital funds were received from the District and recognized as income in June 2016 due to delays in DCHC processing.

Operating Expenses

- The total operating expenses for the month were above budget by \$93 thousand, or 1%, and exceeded year to date budget by 5.6%

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

T2 – Operating Expenses

	Month of June		Budget Var		Prior Year Var		Year-To-Date		Budget Var		Prior Year Var	
	Actual	Budget	S	%	S	%	Actual	Budget	S	%	S	%
4,235	4,682	4,246	(447)	-9.6%	(11)	-0.3%	42,584	41,386	1,198	2.9%	4,964	13.2%
1,221	1,245	1,065	(24)	-1.9%	156	14.7%	10,961	11,206	(245)	-2.2%	873	8.7%
379	188	465	191	101.4%	(86)	-18.6%	2,928	1,655	1,273	76.9%	(830)	-22.1%
1,213	1,175	1,585	38	3.2%	(371)	-23.4%	11,533	10,607	926	8.7%	530	4.8%
797	580	761	217	37.4%	36	4.7%	6,480	5,258	1,222	23.2%	770	13.5%
1,031	959	1,366	72	7.5%	(334)	-24.5%	9,474	9,022	451	5.0%	307	3.3%
665	618	710	47	7.6%	(45)	-6.3%	5,853	5,879	(26)	-0.4%	(1)	0.0%
9,541	9,448	10,196	93	1.0%	(656)	-6.4%	89,812	85,012	4,799	5.6%	6,613	7.9%

Operating Expenses:

Salaries and wages

Employee benefits

Contract labor

Medical supplies

Professional fees

Purchased services

Other operating expenses

Total

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.

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



Summary of Operating Results for the Month Ended June 2016

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

Actual	Month of June				Year-To-Date				
	% Total	Budget	% Total	% Var	Actual	% Total	Budget	% Total	% Var
5,834	61%	6,115	65%	57%	56,473	63%	54,247	64%	10%
1,213	13%	1,175	12%	16%	11,533	13%	10,607	12%	5%
797	8%	580	6%	7%	6,480	7%	5,258	6%	13%
1,031	11%	959	10%	13%	9,474	11%	9,022	11%	3%
665	7%	618	7%	7%	5,853	7%	5,879	7%	0%
9,541	100%	9,448	100%	100%	89,812	100%	85,012	100%	8%
Operating Expenses:									
				1%					
				SWBCL					
				-23%					
				Medical supplies					
				7%					
				Professional fees					
				-24%					
				Purchased services					
				7%					
				Other operating expenses					
				-6%					
				Total					
				-6%					

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

- SWBCL accounted for 61% of the total operating expenses for the month, and 63% year to date. SWBCL expenses totaled to \$5.8 million, which were \$281 thousand below budget for the month but above the year-to-date budget by \$2.2 million.

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

- Paid FTEs for the month were 823 (81 below budget).
 - Man-hours per Adjusted Patient Day below target.
 - Hospital FTEs - 721 (78 FTE below budget)
 - SNF FTEs - 101 (3 FTEs (below budget)
 - Average hourly rate for hospital paid employees was \$32.16 compared to a budgeted \$32.37.
- Overtime accounted for \$223 thousand of total salary expense. Overtime as a percent of total salary expense was 5.3%. Overtime FTEs were 26.57 for the hospital, 8.7 for the SNF. The top five departments utilizing overtime are:
 - ER Nursing - \$43k or 19.2%
 - SNF Nursing - \$36k or 16.3%
 - Dietary - \$19k or 8.3%
 - 8W Med/Surg - \$21k or 9.3%

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



Summary of Operating Results for the Month Ended June 2016

- 5W Telemetry - \$18k or 8.1%
- Contract Labor expenses totaling \$379 thousand was above budget by \$191 thousand. Areas contributing to this negative variance include:
 - Physical Therapy above budget \$122k.
 - Occupational Therapy above budget by \$26k
 - Information Technology above by \$20k.
 - Infectious Disease above 19k.
 - Radiology Administration above budget \$17k.
- The total expenses for the month were below budget at \$24 thousand. Areas contributing to this variance include:
 - Due to reduction in force, vacation accrual was under budget by \$29 thousand.
- The total supplies expenses for the month was \$1.2 million, above budget by \$38 thousand. Year to date medical supplies in total reflect an overage of \$936 thousand. Areas contributing to this variance include:
 - Medical and general supplies are on target with budget for the month but higher than year to date budget by \$425 thousand or 5.2%
 - Pharmaceuticals were above target for the month and year to date by \$38 and \$501 thousand respectively.

Employee Benefits

Medical/Other Supplies

Professional Fees

Purchased Services

- The Professional Fees expense exceed both June and year to date budget by \$217 thousand and \$1.2 million respectively. The budget shortfall is due to unrealized savings as a result of delayed renegotiation of physician's contracts and physicians being on contract versus payroll.
- The Purchased Services expense for the month was \$1.0 million, reflecting an unfavorable budget variance of \$72 thousand, or 7.5%. Year to date expenses are over budget by \$452 thousand.
 - Contributing factors for the variance are monthly expenses for the VERITAS operators totaling \$300 thousand. There is offsetting amount in other revenue.

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



Summary of Operating Results for the Month Ended June 2016

Other Expense

- The Other Expenses for the month was \$665 thousand, reflecting an unfavorable budget variance of \$47 thousand or 7.6%. The variance can be attributed to charges for non-insurance settlements, dues, and travel reimbursements. Year to date, other expenses total \$5.6 million and reflect a budget savings of \$26 thousand.

Cash Flow

On June 30, 2016 NFPHC held \$23.9 million of cash, an increase of \$668 thousand from prior month. Day's cash on hand was 33.4 days (excluding capital reserves), an increase of 2.16 days from the previous month.

- \$1.8 million in cash was provided by Operations
- \$702 thousand was used for capital additions

T4 – Cash Collections

Month of June		Budget Var		Prior Year Var		Year-To-Date		Budget Var		Prior Year Var		
Actual	Budget	\$	%	\$	%	Actual	Budget	\$	%	\$	%	
7,721	7,809	5,000	(88)	-1.1%	2,641	70,577	70,490	66,718	87	0.1%	3,859	5.8%
716	916	694	(200)	-21.8%	22	7,371	8,669	7,700	(1,298)	-15.0%	(329)	-4.3%
3,327	-	-	3,327	0.0%	3,327	4,195	1,100	2,306	3,095	281.4%	1,889	81.9%
11,764	8,725	5,774	3,039	34.8%	5,990	82,143	80,259	76,724	1,884	2.3%	5,419	7.1%

Cash Collections:

	Actual	Budget	Prior Year	%
Hospital	70,577	70,490	66,718	52.0%
SNF	7,371	8,669	7,700	3.2%
DSH	4,195	1,100	2,306	0.0%
Total	82,143	80,259	76,724	103.7%

*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.

C1 - Collection Trends – Patient Services

Below are the highlights of cash collections for the month.

- Total collections were 34.8% above budget.
- Hospital collections were below budget by 1.1%.
- SNF collections were below budget by 21.8%

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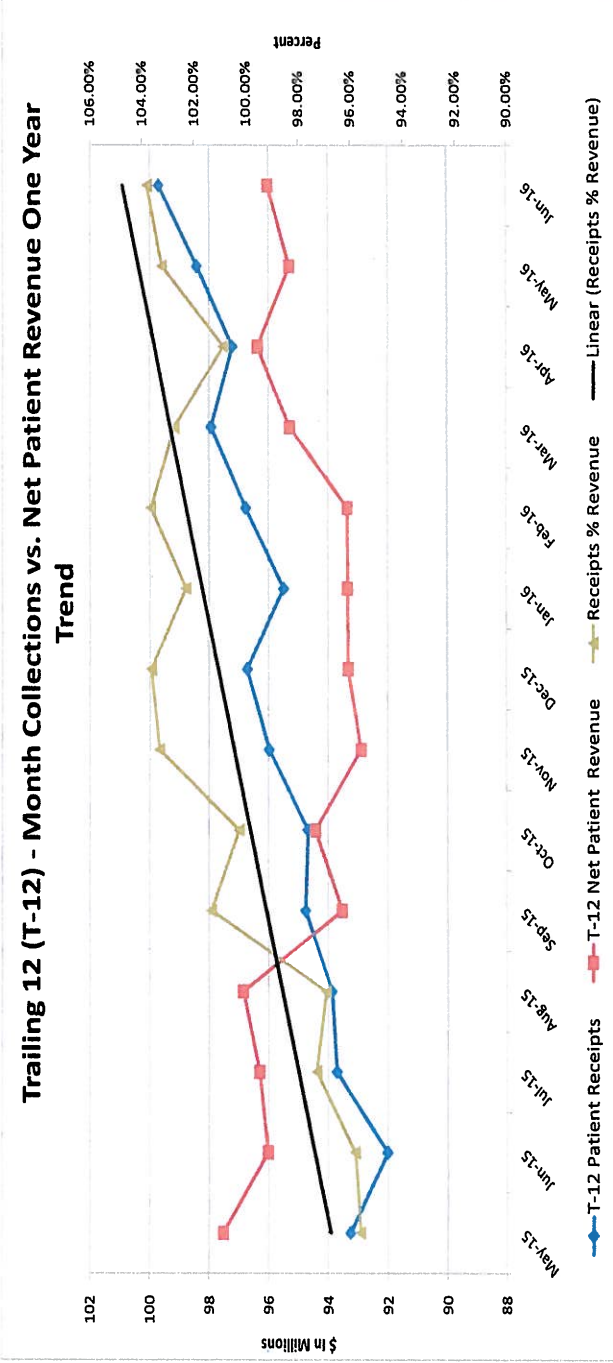


Summary of Operating Results for the Month Ended June 2016

Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 103.8% for June.
 Trailing 12 – month collections are 3.8% above the hospital’s desired goal of 100%.

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



Accounts Receivable

Net patient accounts receivable (AR) totaled \$14.7 million as of June 30, 2016 and is below the prior month by \$856 thousand.

- Net Days in A/R – Finished at 33.4 days for June 2016 year- to-date.

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



Summary of Operating Results for the Month Ended June 2016

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled \$7.1 million, which was \$743 thousand lower than the AP balance for the prior month.
- Average payment period –shows 58.9 days for fiscal year 2016 to date.

C2 – Weekly AP Trend

Liquidity

At the end of June 2016, net working capital was \$23.6 million. This is a decrease of approximately \$289 thousand compared to the prior month. Current Ratio – Finished at 2.22 in the current month, compared to 2.18 in the previous month.

Statistical information

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

T6 – Selected Statistics

Actual	Month of June		Budget Var		Prior Year Var		Year-To-Date		Budget Var		Prior Year Var	
	Budget	Prior Year	\$	%	\$	%	Budget	Prior Year	\$	%	\$	%
2,35	2,09	2,31	0	13%	0	2%	2,09	2,06	0	1%	0	2%
563	605	600	(42)	-7%	(37)	-6%	5,350	5,248	119	2%	221	4%
6,224	6,640	6,645	(416)	-6%	(421)	-6%	60,202	58,559	1,295	2%	2,938	5%
207.5	221.3	221.5	(13.9)	-6%	(14.0)	-6%	220.5	214.5	3.9	2%	9.9	5%
58.6%	62.5%	62.6%	-3.9%	-6%	-4.0%	-6%	62.3%	60.6%	1.1%	2%	2.8%	5%
5,114	4,860	5,064	254	5%	50	1%	43,147	41,088	1,583	4%	3,642	9%
192	177	165	15	8%	27	16%	1,507	1,480	68	4%	95	6%
823	904	867	(81)	-9%	(44)	-5%	894	854	(6)	-1%	34	4%
\$5,632	\$6,425	\$4,863	(794)	-12%	769	16%	\$6,592	\$6,756	172	3%	8	0%
\$509	\$585	\$439	(76)	-13%	70	16%	\$586	\$605	16	3%	(4)	-1%
1,06	1,09	1,08	(0.03)	-2%	(0.02)	-2%	1.08	1.10	(0.01)	-1%	(0.01)	-1%
Selected Statistics:												
Conversion factor (acute services)												
2.10												
Total admissions												
5,469												
Total days												
61,497												
Total average daily census												
224.4												
Occupancy												
63.4%												
BRVisits												
44,730												
Surgeries												
1,575												
Paid FTEs (excl. agency)												
888												
Adj. net patient revenue per AA												
\$6,764												
Adj. net patient revenue per APD												
\$602												
Case mix (hospital)												
1.08												

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



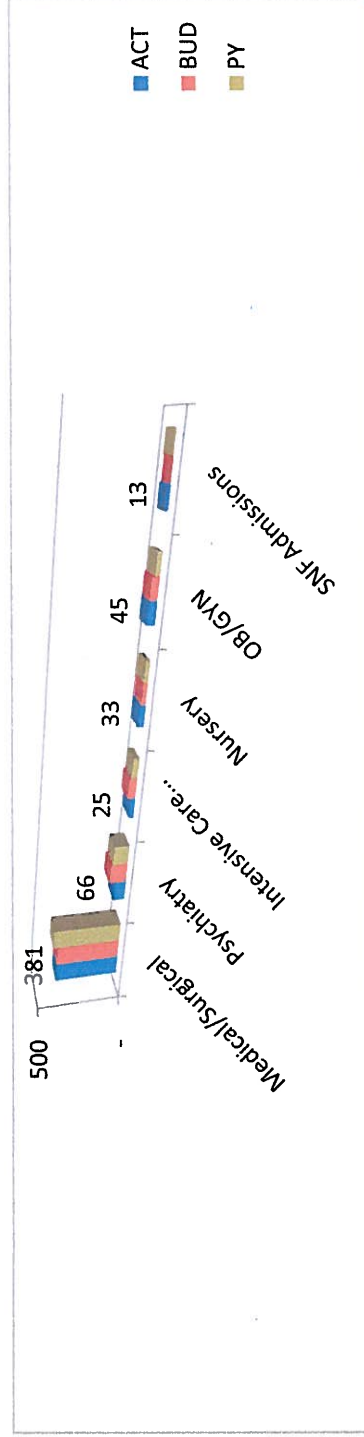
Summary of Operating Results for the Month Ended June 2016

Volume - Inpatient

Total admissions for the reporting period were 563 which were 42 admissions lower than the budgeted admissions of 605.

Chart C3 below shows inpatient admissions for the month of June 2016

– Inpatient Admissions – June 2016



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

- **Hospital admissions** – Hospital Admissions were below budget by 48 admissions for the month.
- **Medical/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 0.6% lower than the budget. Medical/Surgical admissions accounted for 73.8% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 35.6% for the reporting period. (12.0% of total acute admissions)
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were above the budget by 16.4% for the reporting period.
- **SNF admissions** – Admissions on SNF were above budget by 16.4% for the reporting period.

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

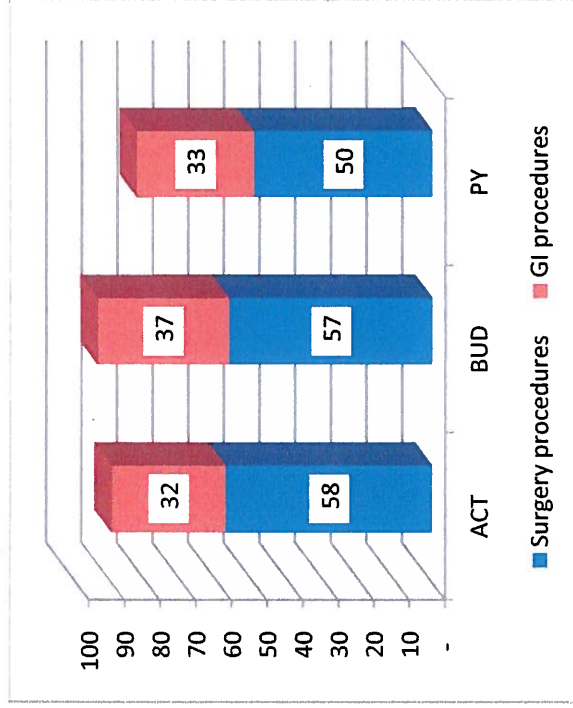


Summary of Operating Results for the Month Ended June 2016

- **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 6,224, below budget by 6.3%.
- **Acute LOS** for the month was 5.2 days, under budget by 7.9%.
- **Occupancy (licensed beds)** – 54.1% acute | 93.9% SNF

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

C4 – Inpatient Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed were below expectations by 4.0% for the reporting period.

Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month was 1.6% above budget.

GI Procedures – GI procedures performed were 12.7% below budget for the reporting period

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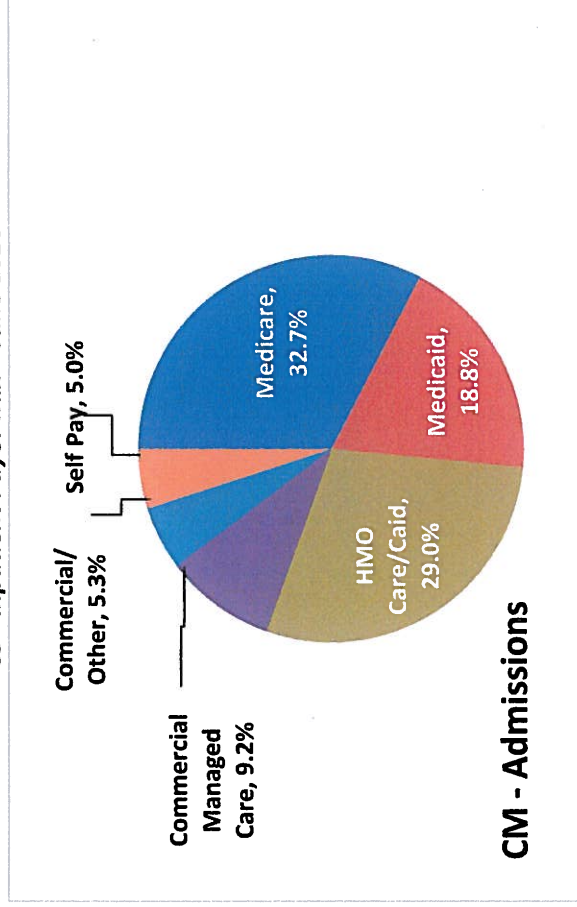


Summary of Operating Results for the Month Ended June 2016

Inpatient Payor Mix

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

C5 - Inpatient Payor Mix – June 2016



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Summary of Operating Results for the Month Ended June 2016

T7 (1) – Inpatient Payor Mix

Month of June			Year-To-Date				
Actual	Budget	Prior Year	Budget Variance %	Actual	Budget	Prior Year	Budget Variance %
Admissions							
184	186	219	-1%	1,850	1,586	1,625	17%
106	161	162	-34%	1,322	1,391	1,428	-5%
163	179	158	-9%	1,548	1,664	1,582	-7%
52	35	35	49%	334	321	353	4%
30	23	20	30%	260	213	197	22%
28	21	6	33%	155	175	63	-11%
563	605	600	-7%	5,469	5,350	5,248	2%

T7 (2) – Inpatient Payor Mix Percentages

Month of June			Year-To-Date				
Actual	Budget	Prior Year	Budget Variance %	Actual	Budget	Prior Year	Budget Variance %
Admissions %							
32.7%	30.7%	36.5%	6%	33.8%	29.6%	31.0%	14%
18.8%	26.6%	27.0%	-29%	24.2%	26.0%	27.2%	-7%
29.0%	29.6%	26.3%	-2%	28.3%	31.1%	30.1%	-9%
9.2%	5.8%	5.8%	60%	6.1%	6.0%	6.7%	2%
5.3%	3.8%	3.3%	40%	4.8%	4.0%	3.8%	19%
5.0%	3.5%	1.0%	43%	2.8%	3.3%	1.2%	-13%
100.0%	100.0%	100.0%	0%	100.0%	100.0%	100.0%	0%

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



Summary of Operating Results for the Month Ended June 2016

Volume -Outpatient

Total outpatient visits for the reporting period were 8,769, which were higher than budget by 6.0%. Tables T8 and T9 show the number of days and visits per day respectively for the month and year-to-date.

T8 – Outpatient Visits

Month of June				Year-To-Date					
Actual	Budget	Prior Year	Variance	Budget Variance %	Actual	Budget	Prior Year	Variance	Budget Variance %
5,114	4,860	5,064	254	5.2%	44,730	43,147	41,022	1,583	3.7%
1,178	1,474	1,193	(296)	-20.1%	10,433	13,225	1,193	(2,792)	-21.1%
2,118	2,163	1,540	(45)	-2.1%	16,462	22,801	12,753	(6,339)	-27.8%
250	300	241	(50)	-16.7%	2,167	2,480	2,180	(313)	-12.6%
109	83	77	26	31.3%	749	708	710	41	5.8%
8,769	8,880	8,115	(111)	-1.3%	74,541	82,361	57,858	(7,820)	-9.5%
602	518	560	84	16.2%	5,221	4,513	4,477	2,937	15.7%
					ER Visits Admitted as IP				

T9 – Visits per Day

Month of June				Year-To-Date					
Actual	Budget	Prior Year	Variance	Budget Variance %	Actual	Budget	Prior Year	Variance	Budget Variance %
170.5	162.0	168.8	8.5	5.2%	163.2	157.5	149.7	5.8	3.7%
39.3	49.1	39.8	(9.9)	-20.1%	38.1	48.3	4.4	(10.2)	-21.1%
70.6	72.1	51.3	(1.5)	-2.1%	60.1	83.2	46.5	(23.1)	-27.8%
8.3	10.0	8.0	(1.7)	-16.7%	7.9	9.1	8.0	(1.1)	-12.6%
3.6	2.8	2.6	0.9	31.3%	2.7	2.6	2.6	0.1	5.8%
					Visits Per Day				
					Emergency services				
					Radiology				
					Clinics				
					Laboratory				
					Same Day Surgeries				

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

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



Summary of Operating Results for the Month Ended June 2016

- **Outpatient visits** –Outpatient visits were higher than budget by 6.0% primarily due to same day surgeries which reflected an increase in visits of 31%.
- **Outpatient revenue** –Outpatient revenue accounted for 53.5% of gross patient revenue which is above the budgeted target by 9 %.
- **ED volumes** –ED visits were above budget by 5%.
- **Radiology Visits** –Radiology visits were below than budget by 20%.
- **Clinic Visits** –Clinic visits were below budget by 2.1%.
 - Primary Care was up 104% compared to budget.
 - Obstetrics was down by 17% compared to budget.
 - Wound Care was below budget by 46%
 - Occupational Health was above budget by 80%.
 - Mobile Health Van visits were below budget by 85%.
- **Same Day surgery** – Actual visits in this category were above budget by 31%.
- **Observation admissions** – There were 293 observation admissions, exceeding budget by 22%.
- **ER visits** –ER visits were above budget by 5%.
 - There were 602 admissions from ED, representing 100% of total admissions and 11.8% of total ED visits.
 - 2.3% of ED visits had zero charges applied.

Volume –Emergency Department Visits

Total emergency department visits for the reporting period were 5,114, which were higher than budget by 5%. Chart C6 below shows the ED visits payor mix during the reporting month. Tables T10 and T11 show the ED visit payor mix and distribution percentage respectively for the month and year-to-date.

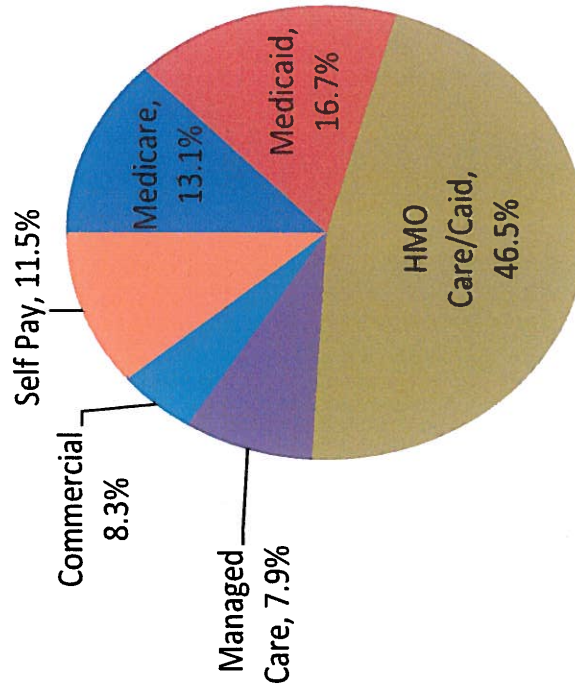
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Summary of Operating Results for the Month Ended June 2016

C6 – ED Visit Payor Mix

ER Payor Mix - CM



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Summary of Operating Results for the Month Ended June 2016

T10 —Emergency Room Visits Payor Mix

Month of June			Year-To-Date				
Actual	Budget	Prior Year	Budget Variance %	Actual	Budget	Prior Year	Budget Variance %
652	618	703	6%	6,001	5,486	5,568	9%
852	813	894	5%	7,401	7,220	6,870	3%
2,377	2,080	2,208	14%	20,537	18,461	18,915	11%
411	389	417	6%	3,615	3,457	3,462	5%
251	272	280	-8%	2,344	2,416	2,250	-3%
571	687	562	-17%	4,832	6,108	3,957	-21%
5,114	4,859	5,064	5%	44,730	43,148	41,022	4%
			Emergency Visits				
			Medicare	6,001	5,486	5,568	9%
			Medicaid	7,401	7,220	6,870	3%
			HMO Care/Caaid	20,537	18,461	18,915	11%
			Commercial Managed Care	3,615	3,457	3,462	5%
			Commercial	2,344	2,416	2,250	-3%
			Self Pay	4,832	6,108	3,957	-21%
			Total Emergency Visits	44,730	43,148	41,022	4%

T11 —ER Outpatient Payor Mix by percentages

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Summary of Operating Results for the Month Ended June 2016

Month of June			Year-To-Date				
Actual	Budget	Prior Year	Budget Variance %	Actual	Budget	Prior Year	Budget Variance %
Emergency Visits %							
12.7%	12.7%	13.9%	0%	13.4%	12.7%	13.6%	6%
16.7%	16.7%	17.7%	0%	16.5%	16.7%	16.7%	-1%
46.5%	42.8%	43.6%	9%	45.9%	42.8%	46.1%	7%
8.0%	8.0%	8.2%	0%	8.1%	8.0%	8.4%	1%
4.9%	5.6%	5.5%	-12%	5.2%	5.6%	5.5%	-6%
11.2%	14.1%	11.1%	-21%	10.8%	14.2%	9.6%	-24%
100.0%	100.0%	100.0%	0%	100.0%	100.0%	100.0%	0%

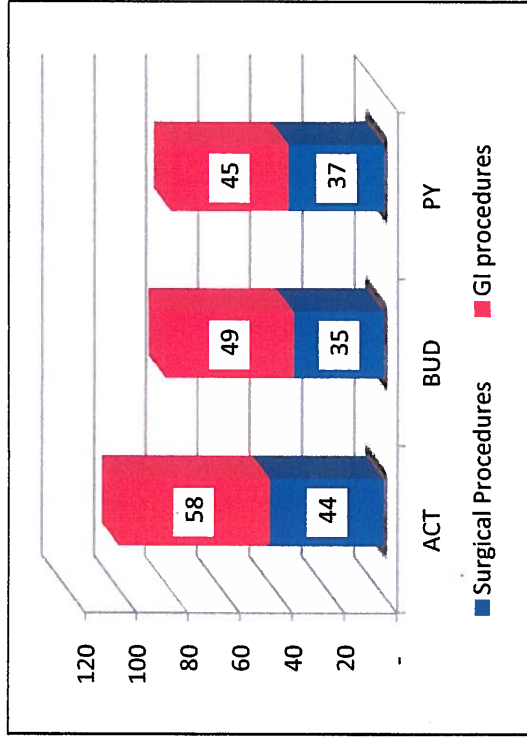
Chart C7 below shows the actual and budgeted Outpatient Surgical Procedures for the month.

C7 – Outpatient Surgical Procedures

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



Summary of Operating Results for the Month Ended June 2016



Outpatient Surgical Procedures – The total outpatient surgical procedures performed were above expectations by 23%.

Outpatient Surgeries – The total number of outpatient surgeries performed in June were 27% above budget.

Outpatient GI Procedures – The total number of

UMC Consolidated Net Position ending June 2016

	Jun-16	May-16	MTD Change	Jun-15	Sep-15	YTD Change
Current Assets:						
Cash and equivalents	\$ 23,950	\$ 23,282	\$ 669	\$ 11,550	\$ 22,829	\$ 1,121
Net accounts receivable	14,690	15,545	(856)	11,514	10,804	3,886
Inventories	1,846	1,780	67	1,667	1,460	386
Prepaid and other assets	2,402	2,394	7	1,625	1,942	460
Total current assets	<u>42,888</u>	<u>44,534</u>	<u>(1,646)</u>	<u>26,357</u>	<u>37,035</u>	<u>5,853</u>
Long-Term Assets:						
Estimated third-party payor settlements	837	837	(0)	334	837	(0)
Capital assets	67,600	67,146	453	59,091	62,240	5,360
Intangible assets	-	-	-	6	-	-
Total long term assets	<u>68,437</u>	<u>67,983</u>	<u>453</u>	<u>59,431</u>	<u>63,076</u>	<u>5,360</u>
Total assets	<u>\$ 111,325</u>	<u>\$ 112,517</u>	<u>\$ (1,192)</u>	<u>\$ 85,788</u>	<u>\$ 100,112</u>	<u>\$ 11,213</u>
Current Liabilities:						
Current portion, capital lease obligation	\$ 55	\$ 65	(10)	\$ 67	\$ 159	(105)
Trade payables	7,102	7,845	(743)	7,616	9,812	(2,710)
Accrued salaries and benefits	9,880	10,024	(144)	7,379	7,134	2,746
Unearned District Capital Fund	-	-	-	-	(1,041)	1,041
Estimated third-party payor settlements	-	-	-	-	-	-
Other liabilities	2,254	2,217	36	1,974	2,237	16
Total current liabilities	<u>19,290</u>	<u>20,152</u>	<u>(861)</u>	<u>17,035</u>	<u>18,302</u>	<u>988</u>
Long-Term Liabilities:						
Unearned grant revenue	1,750	-	1,750	6,822	-	1,750
Capital lease obligations	132	132	-	255	132	-
Subsidy from District of Columbia	-	-	-	1,004	1,041	(1,041)
Estimated third-party payor settlements	4,465	6,440	(1,974)	616	4,339	126
Contingent & other liabilities	2,335	2,335	-	1,773	2,335	-
Total long term liabilities	<u>8,683</u>	<u>8,907</u>	<u>(224)</u>	<u>10,471</u>	<u>7,848</u>	<u>835</u>
Net Position:						
Unrestricted	83,352	83,459	(106)	58,282	73,962	9,390
Total net position	<u>83,352</u>	<u>83,459</u>	<u>(106)</u>	<u>58,282</u>	<u>73,962</u>	<u>9,390</u>
Total liabilities and net position	<u>\$ 111,325</u>	<u>\$ 112,517</u>	<u>\$ (1,192)</u>	<u>\$ 85,788</u>	<u>\$ 100,112</u>	<u>\$ 11,213</u>

UMC Consolidated Statement of Cash Flow ending June 2016

	Month of June		Year-to-Date	
	Actual	Prior Year	Actual	Prior Year
	\$ 11,707	\$ 5,718	\$ 78,230	\$ 68,429
	(5,355)	(4,109)	(40,848)	(30,282)
	(5,605)	(4,990)	(50,799)	(47,097)
	1,026	332	7,471	11,951
	<u>1,773</u>	<u>(3,049)</u>	<u>(5,946)</u>	<u>3,001</u>
Cash flows from operating activities:				
Receipts from and on behalf of patients				
Payments to suppliers and contractors				
Payments to employees and fringe benefits				
Other receipts and payments, net				
Net cash provided by (used in) operating activities				
Cash flows from investing activities:				
Receipts of interest	-	-	-	-
Net cash provided by (used in) investing activities	-	-	-	-
Cash flows from noncapital financing activities:				
Receipts (payments) from/(to) District of Columbia	-	60	17,164	416
Net cash provided by noncapital financing activities	-	60	17,164	416
Cash flows from capital and related financing activities:				
Repayment of capital lease obligations	(10)	(44)	(104)	(510)
Change in capital assets	(1,095)	(726)	(9,994)	(7,796)
Net cash (used in) capital and related financing activities	(1,105)	(770)	(10,098)	(8,306)
Net increase (decrease) in cash and cash equivalents	668	(3,759)	1,121	(4,889)
Cash and equivalents, beginning of period	23,282	15,309	22,829	16,439
Cash and equivalents, end of period	\$ 23,950	\$ 11,550	\$ 23,950	\$ 11,550

UMC Consolidated Inpatient Statistics ending June 2016

	Month of June			Year-To-Date						
	Actual	Budget	Var.	Var. %	Prior Year	Actual	Budget	Var.	Var. %	Prior Year
Admissions										
Medical/Surgical	381	383	(2)	-0.6%	410	3,833	3,309	524	16%	3,225
Psychiatry	66	102	(36)	-35.6%	92	720	848	(128)	-15%	964
Intensive Care Unit	25	46	(21)	-45.8%	36	265	396	(131)	-33%	359
Nursery	33	25	8	33.8%	25	259	340	(81)	-24%	313
OB/GYN	45	42	3	8.3%	26	321	394	(73)	-18%	338
Hospital Admissions	550	598	(48)	-8.0%	589	5,398	5,288	110	2%	5,199
SNF Admissions	13	6	7	103.3%	11	71	62	9	15%	49
Total Admissions	563	605	(42)	-6.9%	600	5,469	5,350	119	2%	5,248
Patient Days										
Medical/Surgical	1,904	2,153	(249)	-11.6%	2,202	20,557	18,588	1,969	11%	18,750
Psychiatry	542	685	(143)	-20.9%	690	5,639	6,085	(446)	-7%	5,955
Intensive Care Unit	244	377	(133)	-35.2%	247	2,728	3,021	(293)	-10%	2,796
Nursery	82	48	34	71.4%	68	692	766	(74)	-10%	845
OB/GYN	108	136	(28)	-20.4%	79	838	1,180	(342)	-29%	1,014
Hospital Patient Days	2,880	3,399	(519)	-15.3%	3,286	30,454	29,641	813	3%	29,360
SNF Resident Days	3,344	3,241	103	3.2%	3,359	31,043	30,561	482	2%	29,199
Total Days	6,224	6,640	(416)	-6.3%	6,645	61,497	60,202	1,295	2%	58,559
Average Patient Stay										
Medical/Surgical	5.0	5.6	(0.6)	-11.1%	5.4	5.4	5.6	(0.3)	-5%	5.8
Psychiatry	8.2	6.7	1.5	22.8%	7.5	7.8	7.2	0.7	9%	6.2
Intensive Care Unit	9.8	8.2	1.6	19.6%	6.9	10.3	7.6	2.7	35%	7.8
Nursery	2.5	1.9	0.5	28.1%	2.7	2.7	2.3	0.4	19%	2.7
OB/GYN	2.4	3.3	(0.9)	-26.5%	3.0	2.6	3.0	(0.4)	-13%	3.0
Hospital average patient stay	5.2	5.7	(0.4)	-7.9%	5.6	5.6	5.6	0.0	1%	5.6
Per Day Analysis										
Admissions	18.8	20.2	(1.4)	-6.9%	20.0	20.0	19.6	0.4	2%	19.2
Hospital Average Daily Census	96.0	113.3	(17.3)	-15.3%	109.5	111.1	108.6	2.6	2%	107.5
SNF Average Daily Census	111.5	108.0	3.4	3.2%	112.0	113.3	111.9	1.4	1%	107.0
Surgical Procedures										
Surgery procedures	58	57	1	1.6%	50	592	478	114	24%	508
GI procedures	32	37	(5)	-12.7%	33	267	321	(54)	-17%	275
Total	90	94	(4)	-4.0%	83	859	799	60	8%	783
Cash Collections										
Disproportionate Share	\$ 3,327	\$ -	3,327	0.0%	\$ -	\$ 4,195	\$ 1,100	3,095	281%	\$ 2,306
SNF Collections	716	916	(200)	-21.8%	694	7,371	8,669	(1,298)	-15%	7,700
Hospital Collections	7,721	7,809	(88)	-1.1%	5,080	70,577	70,490	87	0%	66,718
Total Collections	\$11,764	\$ 8,725	3,039	34.8%	\$ 5,774	\$ 82,143	\$ 80,259	1,884	2%	\$ 76,724
Case Mix Index (CMI)										
Hospital	1.0630	1.0900	(0.0270)	-2.5%	1.0840	1.0812	1.0900	(0.0088)	-1%	1.0956

UMC Consolidated Outpatient Statistics ending June 2016

	Month of June			Year-To-Date				
	Actual	Budget	Var.	Actual	Budget	Var.	Var. %	Prior Year
Visits								
Emergency services	5,114	4,860	254	5%	5,064	254	5%	5,064
Radiology	1,178	1,474	(296)	-20%	1,193	(296)	-20%	1,193
Clinics	2,118	2,163	(45)	-2%	1,540	(50)	-17%	1,540
Laboratory	250	300	(50)	-17%	241	(59)	-19%	241
Same Day Surgeries	109	83	26	31%	77	(32)	-39%	77
Total	8,769	8,880	(111)	-1%	8,115	(665)	-8%	8,115
Emergency Visits								
ED No Service	117	106	11	11%	110	7	6%	110
Triage	208	98	110	112%	102	106	102%	102
ED Level 1	31	19	12	63%	20	11	5%	20
ED Level 2	653	729	(76)	-10%	759	(6)	1%	759
ED Level 3	2,109	1,985	124	6%	2,069	40	2%	2,069
ED Level 4	1,468	1,463	5	0%	1,524	(56)	-4%	1,524
ED Level 5	241	181	60	33%	189	52	32%	189
Critical Care	287	279	8	3%	291	(4)	-1%	291
Other	0	0	0	0%	0	0	0%	0
Total	5,114	4,860	254	5%	5,064	80	2%	5,064
ER Visits Admitted as IP								
Primary Care	602	518	84	16%	560	42	8%	560
Wound Care	1,393	684	709	104%	917	483	69%	917
Obstetrics	133	244	(111)	-46%	157	(22)	-15%	157
Pulmonary	304	366	(62)	-17%	313	(9)	-3%	313
Occupational Health	12	11	1	12%	5	(3)	-60%	5
Rehab	26	14	12	80%	30	(4)	-13%	30
Mobile Van	161	257	(96)	-37%	118	43	45%	118
Total	89	587	(498)	-85%	-	(498)	-85%	-
Total	2,118	2,163	(45)	-2%	1,540	(573)	-27%	1,540
Radiology Procedures								
MRI	100	102	(2)	-2%	74	26	23%	74
Cat Scan	1,028	705	323	46%	819	209	27%	819
Other procedures	3,654	3,467	187	5%	3,463	191	5%	3,463
Total	4,782	4,274	508	12%	4,356	426	10%	4,356
Surgical Procedures								
Surgery procedures	44	35	9	27%	37	7	19%	37
GI procedures	58	49	9	19%	45	13	30%	45
Total	102	83	19	23%	82	20	24%	82
Observations								
Observation Admissions	293	240	53	22%	178	115	65%	178
Observation Patient Days	455	360	95	26%	223	232	104%	223
Total	748	600	148	24%	401	347	88%	401
Visits Per Day								
Emergency services	170.5	162.0	8	5%	168.8	1.7	1%	168.8
Radiology	39.3	49.1	(10)	-20%	39.8	(0.5)	-1%	39.8
Clinics	70.6	72.1	(1)	-2%	51.3	19.3	27%	51.3
Laboratory	8.3	10.0	(2)	-17%	8.0	0.3	4%	8.0
Same Day Surgeries	3.6	2.8	1	31%	2.6	1.0	36%	2.6

UMC Consolidated Payor Mix ending June 2016

		Month of June			Year-To-Date		
Actual	Budget	Var.	Var. %	Actual	Budget	Var.	Var. %
			Prior Year				Prior Year
Admissions							
184	186	(2)	-1%	1,850	1,586	264	17%
106	161	(55)	-34%	1,322	1,391	(69)	-5%
163	179	(16)	-9%	1,548	1,664	(116)	-7%
52	35	17	47%	334	321	13	4%
30	23	7	28%	260	213	47	22%
28	20	8	40%	155	175	(20)	-11%
563	605	(42)	-7%	5,469	5,350	119	2%
Patient Days							
1,389	2,175	(786)	-36%	14,349	19,395	(5,046)	-26%
3,699	3,316	383	12%	36,554	30,517	6,037	20%
687	768	(81)	-11%	6,906	6,938	(32)	0%
222	150	72	48%	1,621	1,329	292	22%
148	125	23	18%	1,343	1,102	241	22%
79	105	(26)	-25%	724	920	(196)	-21%
6,224	6,640	(416)	-6%	61,497	60,202	1,295	2%
Emergency Visits							
652	618	34	6%	6,001	5,486	515	9%
852	813	39	5%	7,401	7,220	181	3%
2,377	2,080	297	14%	20,537	18,461	2,076	11%
411	389	22	6%	3,615	3,457	158	5%
251	272	(21)	-8%	2,344	2,416	(72)	-3%
571	687	(116)	-17%	4,832	6,108	(1,276)	-21%
5,114	4,859	255	5%	44,730	43,148	1,582	4%
Admissions %							
32.7%	30.7%	0.019	6%	33.8%	29.7%	0.042	14%
18.8%	26.7%	(0.079)	-29%	24.2%	26.0%	(0.018)	-7%
29.0%	29.5%	(0.006)	-2%	28.3%	31.1%	(0.028)	-9%
9.2%	5.9%	0.034	57%	6.1%	6.0%	0.001	2%
5.3%	3.9%	0.015	38%	4.8%	4.0%	0.008	19%
5.0%	3.3%	0.017	51%	2.8%	3.3%	(0.004)	-13%
100.0%	100.0%	-	0%	100.0%	100.0%	-	0%
Emergency Visits %							
12.7%	12.7%	0.000	0%	13.4%	12.7%	0.007	6%
16.7%	16.7%	(0.001)	0%	16.5%	16.7%	(0.002)	-1%
46.5%	42.8%	0.037	9%	45.9%	42.8%	0.031	7%
8.0%	8.0%	0.000	0%	8.1%	8.0%	0.001	1%
4.9%	5.6%	(0.007)	-12%	5.2%	5.6%	(0.004)	-6%
11.2%	14.1%	(0.030)	-21%	10.8%	14.2%	(0.034)	-24%
100.0%	100.0%	-	0%	100.0%	100.0%	-	0%

Selected Hospital Performance Indicators

	Year to date				Benchmarks	
	FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals
<u>Capacity and Utilization:</u>						
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds = 234	47.5%	46.0%	45.4%	42.0%	73.2%	66.0%
Average length of stay (acute) Measures the average number of days a patient stays in the hospital.	5.6	5.7	5.7	5.9	4.9	4.4
<u>Profitability:</u>						
Total Margin Shows the percentage of revenues collected from operating and nonoperating activities that is kept as profit.	10.7%	-4.0%	9.3%	0.5%	5.8%	5.3% **
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit.	-2.4%	2.6%	0.7%	-6.0%	6.7%	2.2% **
Deductible Ratio Measures the percentage discount that third-party payers get, on average, from listed charges.	62.3%	62.4%	65.5%	66.9%	60.4%	66.5%

Selected Hospital Performance Indicators

	Year to date			Benchmarks	
	FY2016	FY2015	FY2014	FY2013	Public Hospitals
	2.2	1.6	1.8	1.5	1.3
	73.1	59.3	25.9	10.9	125.0
	52.6	43.8	38.0	49.5	47.8
	58.9	59.4	55.9	58.1	47.0
					63.7

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

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)

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

Average Payment Period

Illustrates the number of days it takes to pay account payables.

Current liabilities - due to District of Columbia

(Operating expenses)/365

Selected Hospital Performance Indicators

	FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals
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Productivity and Efficiency:

FTEs per average daily census (acute)

Measures the number of FTEs necessary to provide care to all patients.

<u>Number of full-time equivalent personnel</u>	3.4	3.5	3.4	3.7	5.6	6.0
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Adjusted average daily census (acute)

Salary and benefit expense per FTEs (\$)

Measures the average direct labor expense per employee.

<u>Salary and benefits expense</u>	\$80,300	\$75,426	\$78,073	\$75,828	\$77,647	\$68,068
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Number of full-time equivalent personnel

% of salary and benefits expense

Measures the proportion of hospital's costs that is attributable to employee labor costs

<u>Salary and benefits expense</u>	56.1	56	60	63	42.0	46.1
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Operating expense

Solvency:

Equity Financing

Shows how much of the hospitals assets were paid for using equity, and how much of its assets were paid for using debt.

<u>Unrestricted net assets</u>	74.9%	73.3%	73.7%	68.5%	n/a	n/a
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Total unrestricted assets





UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: Saturday, July 23, 2016

Location: Conference Rooms 2/3

Strategic Planning Committee Report

Khadijah Tribble, Chair



UMC

UNITED
MEDICAL CENTER

Not-For-Profit Hospital Corporation
Board of Directors
Steering Committee Agenda
July 19, 2016 at 8:00am
Conference Call - Dial-In: 1 (800) 457-9859 Passcode: 8260653#

- I. CALL TO ORDER
- ROLL CALL
- II. CONSENT AGENDA
 - REVIEW MINUTES OF THE FEB 8, 2016 MEETING
- III. REVISIT PREVIOUS STRATEGIC PLAN INITIATIVES BOARD TO DETERMINE SHORT TERM AND LONG TERM PLANS.
- IV. NEXT MEETING – TO BE DETERMINED
- V. ADJOURNMENT



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

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

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

	<p>engage them in the process. The <i>next step</i> is to engage the employees, provide best practices and narrow down the choices. The process timeline will start next month.</p>	
<p>New Business</p>	<p>The Strategic Plan: Dr. Ricardo Brown reviewed the Strategic Plan and the objectives that were presented during the period of 2013-2015. The point of his review was to bring the history to those that were not part of the original committee. Upon review of the summary, it was agreed that Andy Davis will set the objectives for the hospital. In the next three (3) months: the strategic plan to the District is the first priority, update the summary with current achievements to date, and use this as the point of direction.</p> <p>The next steps for the next three (3) months:</p> <ol style="list-style-type: none"> 1. Formulate values 2. Understand what the restructuring plan encompasses and 3. Continual update of the next steps. <p>Strategic Partnership: this committee will ensure complete transparency during the process with the entire Board.</p> <p>Oversight Hearing: - Tuesday, February 23, 2016 – ensure that the board members will be in attendance.</p> <p>Requested Andy Davis for feedback on the slide presentation: by February 29, 2016.</p>	
<p>Other Business</p>	<p>N/A</p>	
<p>Announcements</p>	<p>Next meeting will be scheduled in March.</p>	
	<p>Adjourned: 5:10pm</p>	

Tab 6