UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: September 28, 2016
Location: Conference Rooms 2/3

2016 BOARD OF DIRECTORS

Chris G. Gardiner, Chair
Luis A. Hernandez, Chief Executive Officer

Girume Ashenafi
Jacqueline Bowens
Dr. Julian R. Craig
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

UMC
UNITED
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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.

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Saturday, July 23, 2016

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Tab 1

Agenda

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

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will be held at 9:00am on Wednesday, September 28, 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. SWEARING-IN CEREMONY

IV. APPROVAL OF AGENDA

V. CONSENT AGENDA

VI. READING AND APPROVAL OF MINUTES
A. July 23, 2016 – General Board Meeting

VII. EXECUTIVE MANAGEMENT REPORTS
A. Luis A. Hernandez, Chief Executive 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. Strategic Steering Committee
C. Finance Committee

IX. OTHER BUSINESS
A. Old Business

B. New Business

X. ANNOUNCEMENT(S)

Next Meeting – **Wednesday, October 26, 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

Board Education

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Tab 3

Meeting Minutes

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

Present: Chris Gardiner, Chairman, Girume Ashenafi , Dr. Julian Craig, Luis Hernandez, CEO, Veritas of Washington, LLC, Dr. Konrad Dawson, Steve Lyons, Virgil McDonald, Sean Ponder, Khadijah Tribble, Dr. Raymond Tu, Donna Freeman (Corporate Secretary)
Excused: Malika Fair, MD, Maria Gomez
Guests: Charletta Y. Washington, COO
Public: Rogers Morgan, Philip Pannell, Ambrose Lane, Jr.

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:03 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 June 22, 2016 were approved with the following correction: Page 3 – Lilian Chukwuma, CFO responded to Chairman Gardiner's question of having to return to the District for subsidy funds: Yes, she is confident	

	a District subsidy will NOT be needed for the balance of FY 2016.	
Non- Consent Agenda	N/A	
Executive Management Reports	The following Executive Management Reports were presented. **Luis A. Hernandez, CEO**, presented the CEO Report. *(Report presented to Board Members)* Board moved to accept and approve the CEO report. Seconded. Passed unanimously. *The following highlights were discussed*: • Introduction of Charletta Y. Washington, newly appointed Chief Operating Officer and Dr. Diane Kelly (absent) who will oversee Patient Quality, acting as VP of Quality and Regulatory Affairs. • **Volumes** - Admissions, Emergency Visits, Surgical Volume, Revenue, and Expenses • **Physician Recruitment** • **Grant Activity** • **Community Events** ◦ Volunteer Program ◦ Back-to-School Health Fair ◦ Continued community presence • Expressed appreciation for the appointment to Chief Executive Officer **Chief Medical Officer** Dr. Julian Craig, Chief Medical Officer highlighted: • Medical record deficiency and compliance with Joint Commission • Physician Recruitment and Orthopedic Clinic • Pathologist to be hired due to current physician retirement • Lowered length of stay from 5.19 to 4.64 days	Khadijah Tribble asked Mr. Hernandez to provide resumes of all of the Veritas leadership team to be distributed to the Board.

	• Patient Safety and Quality must have high visibility • Physician compensation The Board moved to accept and approve the CMO's report. Seconded. Passed unanimously. **Medical Chief of Staff** Dr. Raymond Tu, Medical Chief of Staff, presented the Credentialing report. The Board moved to accept and approve the Medical Chief of Staff's credentialing report dated July 14, 2016. Seconded. Passed unanimously.	
Committee Reports	**Governance Committee Report** : Virgil McDonald, Committee Chair, highlighted the following: • Board Retreat – October 15th, 2016. • Details will be forthcoming during the month of August. • Review the Self-Assessment Report and make suggestions • Evaluation of the June 22, 2016 meeting The Board moved to accept and approve the Governance Report. Seconded. Passed unanimously. **Audit Committee Report:** No report to be submitted at this meeting. **Strategic Steering Committee:** Khadijah Tribble, Committee Chair, highlighted the following: • Identified previous goals implemented by previous committee	

	• Identified approximately 18 activities previously set and 50% were completed. • Streamlined the list and assigned priority levels on each activity • Specific goals to be addressed are found in the minutes **Finance Committee Reports** Steve Lyons, Finance Committee Chair, presented the financials for UMC. *(Reports presented to the Board Members and filed in the Office of the Secretary of the Corporation) The following highlights were discussed*: • Year to date net income is better than budgeted loss of $12.7M and prior year losses of $16.1M. • New report format presented by Finance • Current budget and annualized rate of spending • Operating expenses were below budget which shows we are going in the right direction. • Cash flow management • Radiology is increasing volume The Board moved to accept and approve the Finance Report. Seconded. Passed unanimously.	
Public Questions & Answers	The following topics were addressed: • Emergency Department • Violence in the Emergency Department • UMC's current financial condition • Community Outreach and its effectiveness • Growing medical staff and subspecialties needed to serve our community • The need for the resurgence of UMC's support for local organizations	

	Chairman Chris Gardiner asked for a vote to enter into Executive *Closed* Session. The vote was unanimous. Chairman Gardiner convened Executive *Closed* Session to discuss personnel and contract matters pursuant to D.C. Official Code § 2-575(b)(2) at 10:40 a.m.	
	Chairman Chris Gardiner reconvened the public General Board meeting at 12:50 p.m.	
Announcement	The next General Board meeting is scheduled on **Wednesday, September 28, 2016 at 9:00 a.m.** in Conference Rooms 1/2/3 on the ground level.	
	The meeting was adjourned at 12:52 p.m.	

Tab 4

Executive Management Reports

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General Board Meeting

Date: September 28, 2016
Location: Conference Rooms 2/3

Executive Mgt. Reports

Presented by:
Mr. Luis A. Hernandez,
Chief Executive Officer

Dr. Julian R. Craig,
Chief Medical Officer

Dr. Raymond Tu,
Medical Chief of Staff

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UNITED
MEDICAL CENTER

General Board Meeting

Date: September 28, 2016
Location: Conference Rooms 2/3

Management Report

Presented by:
Luis A. Hernandez, Chief Executive Officer

MANAGEMENT REPORT

FY17 Management Action Plan/Budget

The hospital management team has worked closely with the CFO on developing the budget and aligning the management action plan (MAP) with the budget. Numerous meetings have been held with the CFO to discuss methodology, assumptions, data sources targets and various budget scenarios. The budget process has been an interactive one demonstrated by meetings with and gathering input from hospital executive leadership and department directors. The budget and plan were extended from a one year to three years with the MAP focusing on initiatives that will drive the budget in FY2017 and what to do in FY2017 that will drive volumes in FY2018 and FY2019.

The FY2017, FY2018 and FY2019 budgets and the FY2017 Management Action Plan were presented to the OCFO and Director of DHFC on Friday, August 26. The budget and MAP were discussed and feedback given. Their feedback, input and suggestions have been incorporated into fine-tuning the initiatives in the MAP.

On August 30, 2016 the budget was presented to the Finance Committee for their initial review. On September 20, 2016 the Finance Committee approved the budget and it will be forwarded to the Board for their review and approval during the September 28, 2016 Board of Trustee meeting.

A meeting of the Board of Trustees was held on September 7, 2016 where they unanimously approved the MAP.

OPERATIONS

Expand UMC Medical Staff Network

Three (3) Family Medical providers will be joining the Primary Care Center October 2016.

Dr. Parungao, Gastroenterologist began work in the month of September solidifying the first of Gastroenterologist joining UMC Team.

Dr. Chohan, Urologist began working September 12, 2016 completing the search for Urology coverage at the Hospital.

Dr. Li, Pathologist will begin October 1, 2016 replacing Dr. David Reagin who will retire at the end of October.

Implement Comprehensive, Hospital Based Ambulatory Center

The Primary Care and Specialty Care Center will go live on it electronic health records, eClinicalWorks (eCW), on 10/10/2016. The implementation of eCW will be the first step in automating the ambulatory health record and allow for an impact to population health.

Patient Centered Medical Home (PCMH)

The Ambulatory Center has begun the activity for PCMH, a model of care that emphasizes care coordination and communication to transform primary care into "what patients want it to be" allowing the patient to be in charge of their healthcare. The National Committee Quality Assurance (NCQA) PCMH Recognition is the most widely adopted model for transforming primary care practices into medical homes. Research confirms medical homes can lead to higher quality and lower cost, and can improve patients' and providers' experience of care.

Chesapeake Regional Information System for our Patients (CRISP) launches 9/30/2016. CRISP participation will allow the outpatient providers to access patient medical records who have received care throughout the District of Columbia, Maryland and Virginia; allowing for a better continuum of care, reduction in hospital readmissions and billing increase for new transition of care codes.

Construction of the UMC Medical Mall is on schedule with construction bids expected to be evaluated in November 2016. Department moves have begun to accommodate the changes to the front of the building.

Managed Care

UMC has renewed our agreement with CareFirst Blue Cross Shield and will continue that partnership through 2017. Administration continues to work toward finalizing our behavioral health commercial contracts and local District of Columbia and Maryland Managed Care Organizations (MCOs). Administration is in the process of finalizing contract negotiations with the following organizations.

Magellan
Value Options
Trusted Health Plan
Health Services for Children with Special Needs
Amerihealth
Beacon
Cigna
CareFirst BCBS
United Health Care
MedStar Family Choice
Aetna
Priority Partners

NURSING

We began conversation with AMR transport to arrange for more timely discharge for our patients. Currently there is often a 6-8 hour delay which has a large impact on house-wide throughput on busy admission days and prolong Length of Stays.

We hosted DC Fire and EMS Chief and Assistant Medical Director at UMC in an effort to collaborate on ways to increase EMS traffic and to also provide an improved experience for EMS providers and community. Ideas discussed included decreasing offloading times and better utilization of existing technology to leverage EKGs for patients experiencing chest pains that were taken prior to arrival. This will increase likelihood of early identification of patients having a

cardiac event that requires intervention in a more timely fashion. UMC is pleased to report that our EMS offload times are the third lowest in the District at 33 minutes on average, compared to a city-wide average of 38 minutes. We'd like to see this consistently under 30 minutes to provide better service. Similar discussions are planned for Prince George's County officials.

Last week, we successfully and safety moved 30 patients from our 8th floor to the newly refreshed 3E nursing unit. These patients will remain there while the 8th floor is renovated.

We continue to review the research and implement best practices at the bedside. We just recently launched our new vascular team. This team provides timely venous access to patients who have deteriorated veins, allowing us to treat our patients with the appropriate medications. The team allows Interventional Radiology to decompress their workload thus patients can be discharged quicker.

PUBLIC RELATIONS AND COMMUNICATIONS

Upcoming community outreach events:

United HealthCare will host its fall kick-off meeting at UMC on September 30th. 40 agents are expected at the meeting to hear presentations provided by physicians, nurses and members of the hospital's Executive Team.

UMC, in conjunction with AmeriHealth, will host a breast screening event on **October 1** to kick-off Breast Cancer Awareness Month.

ADVERTISING

Print

Prostate cancer print ads are running in the Informer and East of the River Newspapers. The ads encourage men to call UMC to make appointment to be tested for the condition.

Television

UMC ads are now airing on WTTG FOX 5 and EDCA TV 20. The ads appears in the early morning on FOX 5 and in the early evening hours on channel 20. The

current television ads shows the mobile health clinics, hyperbaric chambers, and other services provided at UMC. Cancer ads will begin airing, in conjunction with Breast Cancer Awareness Month, in October.

Radio

WHUR, WMMJ and Praise are running ads on prostate cancer awareness. Next month, a major campaign will begin promoting mammogram testing in conjunction with Breast Cancer Awareness Month.

Social Media

UMC'S Facebook page is now being regularly updated with information about the hospital, our physicians and services. Twitter will only be used to communicate with stakeholders and the news media – not with the general public.

Website

UMC's website page is currently being updated to include information about our physicians and the new specialists that have joined the medical staff. Management and staff were interviewed for a new hospital video that we're producing to tell UMC's story. The video will be placed on the website, YouTube and on the hospital's monitors.

Collateral Materials

New brochures are being written in support of all of UMC's specialty areas including cardiology, urology, primary care, surgery, OB/GYN, gastrointestinal, and other areas. The information from the brochures will also be placed on the website and promoted over our Facebook page.

Videos

We have started producing new video products about the hospital that will be shown on our monitors, on the website, and YouTube. All of the specialty areas (cardiology, primary care, etc.) will have videos including overview slides and animation about the upcoming hospital renovations.

SKILLED NURSING FACILITY (SNF)/NURSING HOME

In an effort to improve overall operations, the following issues are being addressed:

Discharge of highly functional residents - In May, twenty-one residents were identified as requiring outside placement in a safe secure environment. Mr. Barrera, from the Mayors' office has connected us with the Department of Behavioral Health, who will identify a psychiatrist to temporarily work with the identified residents (conducting assessments) to ensure a successful discharge. A multidisciplinary Transition Team is being convened and will be headed by the Deputy Associate Director of the DC Office of Aging (ADRC) and the Supervisor of Nursing Home Transition Team of the DC Office of Aging (ADRC) to meet with the identified residents.

Census - Overall, the average daily census has increased from 93% in Q1-Q2 FY16 to 98% in Q4 FY16. The number of Medicare patients has increased from 3% to 8% of the total volume during the same time period.

Quality - On September 28, UMC SNF unit will be recognized for improvements made in the reduction of resident falls, by Delmarva, the Medicaid Quality Improvement organization for DC. Staff have been asked to share their experience, in achieving the positive outcomes, in an open forum discussion.

QUALITY

Patient Satisfaction – Overall Emergency Department experience of care top box scores increased slightly in July. Overall inpatient patient experience of care top box scores declined slightly which is most likely due to the very hot weather in July combined with air conditioning outage at the hospital causing patient rooms to be very warm. Temporary cooling measures were put into place and the cooling system repaired.

Quality Council – Meetings have been resumed after a hiatus due to leadership turnover. The first Quality Council meeting in several months was held on August 24. The Quality Council members agreed on the common focus over the next few months of improving patient satisfaction with each department doing their respective parts.

Accreditation Preparation – The accreditation team leaders are meeting every two weeks for status updates, questions and discussions regarding The Joint Commission standards and their current operations. Readiness continues to progress.

Physician engagement – While the quality coordinators meet monthly with the Emergency Department physicians, meetings with the hospitalist group has historically been sporadic. This month, a meeting was held with the hospitalists to review quality reporting requirements, address their questions about the measures and discuss ways to improve communication between the group and the hospital quality coordinators.

Observation Patients – The first of several Observation Patients improvement meetings was held and attended by Dr. Momoh, Dr. Daniel, Dr. Sattarian, Dr. Craig, Maribel Torres, and Adam Winebarger and facilitated by Diane Kelly. The scope of the meeting was to clarify the purpose, criteria, standard of care and responsibilities for patients in observation status.

ED Operations – A bi-monthly, interdisciplinary Emergency Department (ED) operations team was started for the purpose of bringing stakeholders together to provide a forum from the numerous departments involved in caring for patients in the ED to identify, address and collectively resolve ED issues.

Utilization – Case management rounds have been increased from three days a week to five days a week to more actively review and intervene on issues related to patient utilization and placement.

INFORMATION TECHNOLOGY AND SYSTEMS

Clinical Initiatives

Electronic Prescribing **–** the e-Rx project is underway with a planned go-live date in October 2016. The dictionaries are being built, interfaces set-up and physician training planned. The system will send out electronic prescriptions directly to pharmacies and will also pull in existing prescriptions from pharmacies and insurers when patients are admitted.

OR Module Implementation **–** OR system implementation went live on July 27th. All systems are running smoothly and as planned. The next phase will be to add the anesthesia record beginning later in 2016.

eClinicalWorks Outpatient EMR **–** The scheduling interface is now running in test. The physician documentation templates are being created and training has begun. The go-live date is planned in October.

gMed Gastro Imaging and Documentation System – The implementation of the new software to improve care and documentation in the OR for gastroenterology procedures began in June. The server was installed by IT and the conversion of the existing data has begun. OR and IT staff have begun regular meetings with the vendor to build the system dictionaries and train the OR staff on the procedures. The go-live date is planned for 12/15/2016.

Dose Range Checking – Dose range and lab value checking for the computerized physician order entry are now running in the live system. All recommended checks are now in theproduction environment and will have a positive impact on our quality and our Leapfrog quality scores.

Picture Archive and Communication System for Radiology (PACS) – The system installation continues and is scheduled for completion by December 2016. The hardware is installed and the conversion of the existing images and data has begun. This system will greatly improve the workflow in Radiology, as well as improving the transmission of images to radiologists and other providers and hospitals working with us.

WORKFORCE DEVELOPMENT

Benefit Carrier Selection

With the onset of the 2016 Open Enrollment period, November 2016, we are also afforded the opportunity to conduct a Market review of potential Benefits Carriers. Through our partnership with USI, UMC's Benefits Broker, UMC has initiated Requests for Proposal from five (5) major carriers – CareFirst (UMC's current Healthcare and Dental provider). Kaiser Permanente, Cigna, Aetna (Dental Only) and United Health Care (UHC).

After the initial round of quotes, we have narrowed our focus to two (2) Healthcare providers – Kaiser Permanente and CareFirst, and two (2) Dental providers – CareFirst and Aetna.

Through the weeks of September 12th through September 22nd, the benefits programs will be evaluated on their overall value and service level to our employees, the range of products and services provided, and the premium cost.

Worker's Compensation Loss Mitigation

In August, UMC met with Workers Comp provider AIG to discuss several loss trends which continue to drive loss costs including strains during patient handling, slip/falls and patient aggression.

AIG's risk consulting practice is designed to assist in the identification, development and implementation of the most effective management programs and solutions available to address the aforementioned issues.

The following Risk Management Programs are being implemented as a means to effectively manage loss costs:

Management

Executive Safety Committee **–** A partnership with Risk Management, HR and Safety meets on a regular basis to review losses and programs.

Prevention

Ergonomic Task Analysis **–** Identifying opportunities to assess and reduce potential force repetition injuries.

Ergonomic Accident Investigation **–** Identifying branch safety advocates to train in effective "ergonomic accident investigations' to ensure the principles of force, repetition and posture are considered in all strain and sprain claims with the appropriate Return to Work accommodations.

Biomechanics, a.k.a., "Move Smart" training **–** Implement Move Smart Biomechanics training for all of Nursing, Tech and EVS to support efforts towards the mitigation of strain and sprain claims.

Post Loss Injury Management

24/7 Nurse Triage **–** 1-800- "TeleDoc" triage programs to help provide immediate care and prevent unnecessary emergency room and/or clinic care and cost.

Alternative Return to Work (RTW) options – When medical restrictions do not allow restricted duty accommodations at the work location, the use of alternative RTW options such as charities or paid programs are fully vetted with the adjuster – thus returning injured workers back into the work-life environment as soon as possible.

Return to Work Council – Upon return to work after any accident, the Executive Safety Committee will review the incident with the employee and their supervisor to coach/educate the injured worker and their supervisor about this restrictions (if any), findings of the accident investigation and any process changing or training deemed necessary.

Studies have shown the aforementioned programs to be the most effective combined practice to effectively reduce cost in significant proportions.

UMC

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General Board Meeting

Date: September 28, 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

September 2016

MEDICAL STAFF SUMMARY

MEDICAL STAFF COMMITTEE MEETINGS

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

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

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

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

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

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

Credentials Committee, Dr. Barry Smith, Committee Chairman

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

Medical Education Committee, Dr. David Reagin, Committee Chairman

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

Performance Improvement Committee, Committee Chairman

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

Bylaws Committee, Dr. David Reagin, Committee Chairman

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

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

Physician IT Committee,

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

Physician Champions Meditech Program

Julian Craig, MD
Russom Ghebrai, MD
Raymond Tu, MD
Mina Yacoub, MD
Gilbert Daniel, MD
Cynthia Morgan, MD
Deborah Wilder, MD

CHIEF MEDICAL OFFICER

Julian Craig, M.D.

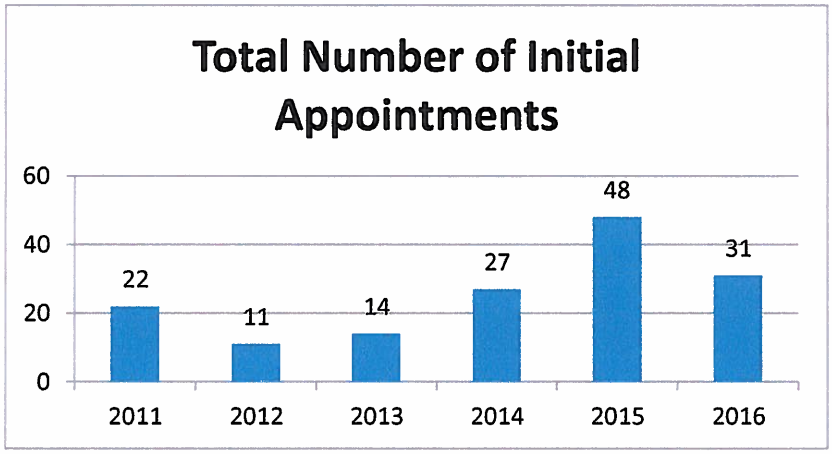
In the months of July and August, the United Medical Center maintained stability despite a 10% reduction in workforce at the end of the first quarter. The emergency department volume remained unchanged when compared with July and August of 2015. Ambulance volume saw a 27% increase over the same time period last year. There has been a slight increase with the number of patients that left without being seen and the turnaround time for discharge. We are paying very close attention to these quality metrics.

The United Medical Center continues to generate interest for physicians joining the medical staff.
Last year new applications almost doubled that of 2014, and year to date, we are on track to equal
that number ***(Figure 1).***

Figure 1

SUMMARY REPORT OF INITIAL APPOINTMENTS BY YEAR

	2011	2012	2013	2014	2015	2016 Through 8/31/2016
Total Number of Initial Appointments	22	11	14	27	48	31

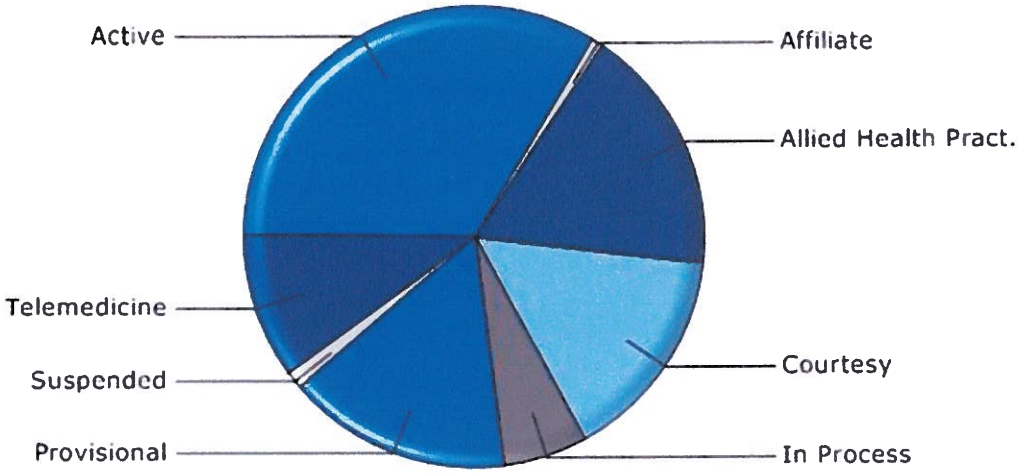


A current snapshot of our providers by status is shown below (Figure 2)

Figure 2

Number of Providers by Status

Status	Number	Percent
Active	79	33.47%
Affiliate	02	0.85%
Allied Health Practitioner	41	17.37%
Courtesy	36	15.25
In Process	14	5.93
Provisional	37	15.68
Suspended	03	1.27
Telemedicine	24	10.17
TOTAL: 236		



Special mention goes to the Obstetrics Department that added three (3) new physicians to the on roster for August. Our Chief of Staff, Dr. Raymond Tu, had a very busy month continuing his community outreach at the Ward 8 Faith Leaders program at the United Medical Center. Dr. Tu was also featured in the American College of Radiology Bulletin discussing the importance of

Physician engagement in radiology in the Medicaid community.

DEPARTMENT CHAIRPERSONS

Anesthesiology ..... ***Dr. Amaechi Erondu (Medical Director)***

Critical Care ..... ***Dr. Mina Yacoub***

Emergency Medicine ..... ***Dr. Mehdi Sattarian (Medical Director)***

Medicine ..... ***Dr. Musa Momoh***

Obstetrics and Gynecology ..... ***Dr. Sylvester Booker***

Pathology ..... ***Dr. David Reagin***

Pediatrics ..... ***Dr. Marilyn McPherson-Corder***

Psychiatry ..... ***Dr. Lisa Gordon***

Radiology ..... ***Dr. Raymond Tu***

Surgery.....*Dr. Gregory Morrow*

DEPARTMENTAL REPORTS

ANESTHESIOLOGY

Amaechi Erondu, M.D., Chairman

Performance Summary:

The last two months of July and August reflects a steady surgical volume of the past several months. We remain optimistic at the growth potentials of the surgical department.

Quality Initiatives and Outcome:

Core Performance Indicators:

INDICATOR	TARGET	2015 Annual Average	1Q206	2Q2016	3Q2016	4Q216
SCIP-Inf. 1a – Prophylactic Antibiotic Received within 1 hour prior to Surgical Incision - Overall	99%	94%	93%	90%	98%	

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. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care.

Service (HCAHPS) Satisfaction:

The Anesthesia Providers continue to provide quality service to our patients. We provide real-time performance assessment of the anesthesia providers. We provide standardized service that ensures patient satisfaction.

Billing and Revenue Cycle Management:

We have ensured that our providers are oriented to the ICD-10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

CRITICAL CARE DEPARTMENT

Mina Yacoub, M.D., Chairman

July 2016

PERFORMANCE SUMMARY:

In July 2016, the Intensive Care Unit had 304 patient days, 87 admissions and 83 discharges. ICU Average Length of Stay (ALOS) for July was 3.5 days.

QUALITY OUTCOMES:

Core Measures Performance

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

Morbidity and Mortality Reviews

July morbidity and mortality data is presented at September Critical Care Committee meeting.

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. July report is being presented at September Critical Care Committee.

Ventilator Associated Event (VAE) bundle

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

Infection Control Data

For the month of July 2016, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSIs), 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 July 2016, there were 149 ventilator days with no VAPs, 176 central line days with no CLABSI, and 230 Foley catheter days with no CAUTI. ICU infection rates for 2016 continue to be below national benchmarks.

Care Coordination/Readmissions
For July 2016, there were two readmissions to ICU within 72 hours of transfer to the medical floor. One returned as a Rapid Response and the other as a Code Blue. Cases were discussed with nursing and with respiratory therapy.

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.

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 continues to be well below national benchmarks in that area. We are hoping to start working on these measures this month September with Quality Department.

Growth/Volumes
July was a busier than average month for this time of the year. 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.

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.

August 2016

PERFORMANCE SUMMARY

In August 2016, the Intensive Care Unit had 284 patient days, 73 admissions and 70 discharges. ICU Average Length of Stay (ALOS) for August was 3.89 days.

QUALITY OUTCOMES

Core Measures Performance

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

Morbidity and Mortality Reviews

August morbidity and mortality data is presented at September Critical Care Committee meeting.

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. August report is being presented at September Critical Care Committee.

Ventilator Associated Event (VAE) bundle

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

Infection Control Data

For the month of August 2016, ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSIs), 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 August 2016, there were 116 ventilator days with no VAPs, 135 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.

EMERGENCY MEDICINE

Mehdi Sattarian, M.D., Chairman

Performance Summary:

Emergency department had following performance metrics for the months of ***July*** and ***August*** 2016:

July 2016 department metrics:

Patient Volumes:	5,085
% Change from 2015:	Same as July 2015
Ambulance Volume:	1400 (27.5%)
Median Left without Treatment:	2.0 %
Admission Rate:	11.3%
Transfers:	73 patients (1.4%)
Turn-around Time for D/C Patients:	215 minutes

August 2016 department metrics:

Patient Volumes:	5,261
% Change from 2015:	Same as June 2015
Ambulance Volume:	1431 (27.2%)
Median Left without Treatment:	3.1 %
Admission Rate:	11.0%
Transfers:	68 patients (1.3%)
Turn-around Time for D/C Patients:	228 minutes

Quality Initiatives, Outcomes, etc.

Improving the provider productivity -1.95 patient/ hour

Improving throughput process including - Door – Provider: 49 minutes in July and 66 minutes in August and Door – Disposition was 158 minutes in July and 179 in August.

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

Elopement Rate: 41 patients (0.9%) in July and 38 patients (0.7%) in August. Suicide attempts: 0

Readmissions within 72h: 11 Cases (0.21%) in July and 12 Cases (0.22%) in August

AMA rate was 0.4%

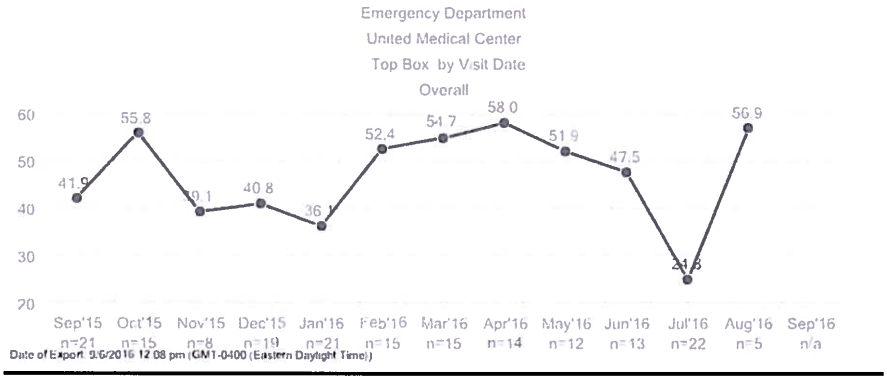
LWBS rate was 2.0 % in July and 3.1% in August

Transferred Patients was 1.4 % in July and 1.3% in August

These are the main category of transferred patients:

- Trauma
- Psychiatric
- Cardiology
- Kaiser

Service (HCAHPS Performance/Doctor Communication)



Growth/Volumes

ED Volume: Emergency department has been steady in the month of July and August but LWBS showed some increases.

Process Improvement: The ED group will collaborate with hospital administration on Bi-weekly ED operations meeting to review and improve the ED processes.

INTERNAL MEDICINE

Musa Momoh, M.D., Chairman

July 2016 – Report

The Department of Medicine continues to be the main source of the hospital admissions. There were **398 (72%)** admissions and **402 (72%)** discharges. There were also **207** observation admissions.

The average length of stay for the hospital was 5.2 days. The length of stay for the department was 5.1 days.

Procedures done by the department included **196** dialysis encounters, **(31)** EGDs, **(38)** Colonoscopies, and **(1)** Bronchoscopy, amongst others.

The patient satisfaction scores continue to trend up. Responders reported a score of **85.3%** when asked about communications with their doctors.

There were no new appointments or resignations.

August 2016 – Report

The Department of Medicine remains the main source of the hospital admissions. There were **402 (69%)** admissions and **397 (72%)** discharges. There were **159** observation admissions.

The average length of stay for the hospital **was 5.2** days. For the Department of Medicine the length of stay was **5.49** days.

Procedures done by the department included **213** dialysis encounters, **9** EGDs, **52** Colonoscopies, and **3** Bronchoscopies, amongst others.

The patient satisfaction scores continue to trend up. Responders reported a score of **66.7%** when asked about communications with their doctors.

There were no new appointments or resignations.

OB/GYN

Sylvester Booker, M.D., Chairman

MATERNAL CHILD HEALTH REPORT

Indicator	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Breastfeeding				45%	56%	28%	53%	39%				
IMC Admission	01	02	02	03	01	2	2	2				
NICU Admission	04	02	03	02	04	1	1	1				
Infant on Vent	01	---	---	01	03	01	01	01				
# of infant transferred	01	01	02	01	03	1	1	1				
# of infant on IV Therapy	02	02	02	02	03	2	1	1				
Infant on Antibiotic Therapy	02	02	02	03	0	2	1	1				
Phototherapy	---	01	01	---	01	0	1	1				
Circumcision	14	06	04	04	08	20	16	21				
Infant (+) Substance Abuse	01	01	04	04	04	8	12	14				
Boarding Baby	01	02	01	02	01	1	1	1				
Failed Hearing Screen	---	01	01	---	01	4	1	1				
# of Bili scan	34	24	26	24	25	32	38	38				
# of CCHD Screening	34	24	26	24	25	32	38	38				
GYN patients	05	12	04	21	10	9	7	7				
Premature babies receiving steroids prior to birth*	01	---	---	02	-0-	4	1	1				
Code Purple	30	15	17	17	16	23	26	27				
Neonatal Death	-0-	01	-0-	-0-	-0-	0	0	0				

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total Deliveries	37	26	29	24	32	32	40	40				
Vaginal Deliveries	28	21	21	14	28	25	34	31				
Vacuum assisted deliveries	01	02	-0-	-0-	01	1	2	1				
Primary C-Section	05	03	05	03	03	3	5	6				
Repeat C-Section	04	02	03	07	01	4	1	3				
VBAC Attempt	01	-0-	-0-	01	01	1	1	4				
VBAC Successful	01	-0-	-0-	01	01	1	1	4				
# of Induction of Labor	03	02	01	03	02	5	5	2				
# of Aug. of Labor	03	03	03	04	-0-	0	0	0				
HIV + Mom	01	-0-	02	-0-	-0-	0	1	0				
HIV + Babies	-0-	-0-	-0-	-0-	-0-	0	0	0				
Mother + for Substance	01	01	04	04	01	2	8	14				
Abuse	-0-	-0-	-0-	-0-	-0-							
Still Birth	02	-0-	-0-	01	03	0	1	1				
No Prenatal Care	04	03	03	16	13	4	4	1				
Mother to ICU	-0-	01	-0-	-0-	01	0	0	0				
Multiple Gestation	01	01	-0-	01	-0-	1	0	0				
HTN/PIH	03	03	03	01	01	2	2	1				
Placenta Abruption	-0-	02	-0-	-0-	-0-	0	1	0				
Placenta Previa	-0-	-0-	-0-	-0-	-0-	0	0	0				
Meconium	01	07	01	04	01	7	8	6				

MRSA + Carrier	-0-	-0-	-0-	-0-	-0-	0	0	0				
Maternal Transfer	02	02	04	-0-	01	1	1	1				
PP Hemorrhage	-0-	-0-	-0-	01	-0-	0	0	0				
Cord Prolapsed	-0-	-0-	01	-0-	-0-	0	0	0				
Epidural Anesthesia	15	08	12	07	15	8	18	16				
Spinal Anesthesia	06	06	06	07	02	4	6	8				
General Anesthesia	-0-	-0-	01	01	02	0	0	1				
Diabetic	-0-	-0-	02	-0-	-0-	0	0	0				
Eclampsia	01	01	-0-	-0-	-0-	2	2	1				
HELLP Syndrome	-0-	-0-	-0-	-0-	-0-	0	0	0				
TOTAL TRIAGE PATIENTS	180	147	181	202	186	221	231	188				

NOTE: 19 out of 40 deliveries had no prenatal care

PATHOLOGY

David Reagan, M.D., Chairman

Preliminary study shows improvement in turnaround test results in the Coagulation section after implementation of auto verification. This will be implemented in all eligible sections by the end of September 2016 for Hematology and end of October for Chemistry.

I am resigning from the Position of Laboratory Director, Medical Director of Transfusion Services, and Chairman of Pathology. I will remain in an as needed basis for the Hospital and continue my Medical Staff membership. In that capacity I will be available to work when the new pathologist will be away (vacation, inspection of other labs, continuing Medical Education, etc.). I will also be available to serve on the Medical Staff Committees and perform other duties as assigned.

All laboratory licenses and accreditation are up to date. The laboratory was inspected this year by CAP (biennial) AABB (biennial), and DOH for infectious disease (annual).

PEDIATRICS

Marilyn McPherson-Corder, M.D., Chair

July 2016

Performance Summary:

For the month of July 2016, 39 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 215.

The Departmental meeting was held on July 12, 2016. Dr. Marilyn Corder met with Trusted Health Plan to finalize plans for the 2nd Annual Back to School Health Fair to be held at UMC on August 13, 2016. Our department was instrumental with the Fair last year which was a success.

Core Measures Performance:

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

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

Morbidity and Mortality Reviews:

One infant was born prematurely at 28 weeks of gestation. The infant was transferred to Children's National Medical Center. The infant is stable and progressing 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 in2.cidence of healthcare associated bloodstream infections of the newborn.

Growth/Volumes:

UMC continues to discuss with Trusted concerning educational modules for pregnant mothers to decrease infant morbidly 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 postnatal care with all mothers.

Stewardship:

The Pediatric Contract has provided financial stability and has maintained operation below the budgeted expenses.

Financials:

The Pediatric group provides 24 hours coverage, 7 days a week, without cost of overtime

Activities:

Dr. Marilyn is working on the 2nd Annual Back to School Health Fair to be held on Saturday, August 13, 2016 at UMC.

August 2016

Performance Summary: For the month of August 2016, 39 babies were admitted to the nursery. Two were outside deliveries. 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 254.To date averaging over 32 infants per month.

The Departmental meeting was held on August 10, 2016. The 2nd Annual Back to School Health Fair sponsored by Trusted Health Plan was held at UMC on August 13, 2016.In spite of it being 100 degrees the turn-out was even better than last year. Dr. Corder and our entire department participated in prevention education screening, physical exams and labs for over 65 children. Dr. Corder did a live broadcast of her radio show WOL 1450 AM from the Health Fair. She interviewed former mayor Vince Gray, Ms. Charletta Washington (UMC). Mr. Kenny Greene (Trusted HP) and several families and other vendors who participated in this successful event.

Dr. Corder met with Ms. Torres to discuss the final steps for 'Baby Friendly' readiness. A follow up meeting will be scheduled in September to continue to establish and follow the protocol and criteria needed for a successful program.

Core Measures Performance

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

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

Morbidity and Mortality Reviews

One infant was born prematurely at 28 weeks of gestation. The infant was stabilized and transferred to Children's National Medical Center. The infant is stable and progressing well. No fetal deaths.

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

PSYCHIATRY Department

Lisa Gordon, M.D., Chair

July 2016

Performance Summary:

For the month of July please see the table below. The year-to-date total number of admissions is 419. Our average length of stay for July was 6.22 and YTD was 6.74 days.

Description	Jan	Feb	Mar	Apr	May	June	July	Total	MTD
ALOS	7.56	5.93	5.95	5.62	9.77	6.13	6.22	6.74	
UMC Admissions Legal Status-Voluntary	28	46	35	31	34	28	31	233	45%
UMC Admissions Legal Status-In-Voluntary	31	40	39	45	27	35	38	255	55%
Total Admissions	**59**	**86**	**74**	**76**	**61**	**63**	**69**	**488**	**100%**
CPEP	27	45	29	17	17	18	18	171	26.1%
Other (UMC ED)	30	37	40	49	40	39	44	279	63.8%
GWU	1	2	3	2	2	2	2	14	2.9%
Providence	0	0	0	0	0	0	1	1	1.4%
Georgetown	1	0	0	2	1	0	0	4	0.0%
Sibley	0	1	1	1	0	0	0	3	0.0%
UMC Medical Surgical Unit	0	0	1	0	0	0	0	1	0.0%
Children's Hospital	0	1	0	0	0	0	0	1	0.0%
Howard	0	0	0	1	0	0	1	2	1.4%
Holy Cross	0	0	0	0	0	0	0	0	0.0%
Washington Hospital Center	0	0	0	0	0	1	0	1	0.0%
DYRS	0	0	0	0	0	0	0	0	0.0%
All Others	0	0	0	1	0	0	0	1	0.0%
PIW	0	0	0	3	1	3	3	10	4.3%
Total # of Patients	59	86	74	76	61	63	69	488	100.0%

Description	Jan	Feb	Mar	Apr	May	June	July	Total
St. Elizabeth Transfers	2	1	5	2	3	2	0	15
Transfers with LOS over 15 days	2	1	4	0	2	1	0	10
Number of Court Hearings	0	0	1	0	5	3	0	09

Quality Initiatives, Outcomes, etc.

Core Measures Performance

BHU is continuing to work with the PI team to improve the validity of the abstration process for core measures. We receive daily reports on potential fall-outs. We are also preparing to institute new HBIPs qualitymeasures. To date, the BHU is in 100% compliance on the timely completion of multi-disciplinary treatment plan.

Morbidity and Mortality Reviews – NA

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

There were no suicide attempts or other harassment complaints in the month of July. There were no patient to staff assaults. Aggressive patients continue to be managed safely by BHU staff. Staff are currently undergoing recertification of CCM training.

Care Coordination/Readmissions: NA

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

BHU continues to work to implement a broader programming schedule to provide our patients more therapeutic groups. Group attendance is monitored daily. All staff are encouraging patients to attend groups.

Growth/Volumes:

BHU has two full time physicians who are covering for 20 patients and consults. Recruitment efforts for a thirdprovider continue.

Financials:

BHU is working with patient billing and admissions to reduce payment denials from insurance providrs and a monthly meeting is in the process of being scheduled.

Active Steps to Improve Performance:

The renovations are supposed to start in October.

August 2016

Performance Summary:

For the month of August please see the table below. The year-to-date total number of admissions is 419. Our average length of stay for August was 6.20 and YTD was 6.67 days.

Description	Jan	Feb	Mar	Apr	May	June	July	Aug	Total	MTD %	YTD %
ALOS	7.56	5.93	5.95	5.62	9.77	6.13	6.22	6.2	6.67		
UMC Admissions Legal Status-Voluntary	28	46	35	31	34	28	31	42	275	50%	48.1%
UMC Admissions Legal Status-In-Voluntary	31	40	39	45	27	35	38	42	297	50%	51.9%
Total Admissions	59	86	74	76	61	63	69	**84**	**572**	**100%**	**100.0%**
Referral Source:											
CPEP	27	45	29	17	17	18	18	29	200	26.1%	35.0%
Other (UMC ED)	30	37	40	49	40	39	44	43	322	63.8%	56.3%
GWU	1	2	3	2	2	2	2	1	15	2.9%	2.6%
Providence	0	0	0	0	0	0	1	1	2	1.4%	0.3%
Georgetown	1	0	0	2	1	0	0	3	7	0.0%	1.2%
Sibley	0	1	1	1	0	0	0	1	4	0.0%	0.7%
UMC Medical Surgical Unit	0	0	1	0	0	0	0	3	4	0.0%	0.7%
Children's Hospital	0	1	0	0	0	0	0	0	1	0.0%	0.2%
Howard	0	0	0	1	0	0	1	2	4	1.4%	0.7%
Holy Cross	0	0	0	0	0	0	0	0	0	0.0%	0.0%
Washington Hospital Center	0	0	0	0	0	1	0	0	1	0.0%	0.2%
DYRS	0	0	0	0	0	0	0	0	0	0.0%	0.0%
All Others	0	0	0	1	0	0	0	0	1	0.0%	0.2%
PIW	0	0	0	3	1	3	3	1	11	4.3%	1.9%
Total # of Patients	59	86	74	76	61	63	69	**84**	**572**	**100.0%**	**100.0%**

Description	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
St. Elizabeth Transfers	2	1	5	2	3	2	0	3	18
Transfers with LOS over 15 days	2	1	4	0	2	1	0	1	11
Number of Court Hearings	0	0	1	0	5	3	0	0	09

The number of psychiatric consults to other services within UMC increased from **20** in July to **55** in August.

Quality Initiatives, Outcomes, etc.

Core Measures Performance
BHU is continuing to work with the PI team to improve the validity of the abstraction process for core measures. We receive daily reports on potential fall-outs. We are also preparing to institute new HBIPs quality measures. To date, the BHU is in 100% compliance on the timely completion of multi-disciplinary treatment plan.

Morbidity and Mortality Reviews - NA

Adverse events (i.e. elopement, suicide attempts, sexual harassment, assaults, etc.)
There were no suicide attempts or other harassment complaints in the month of August. There were no patient to staff assaults. Aggressive patients continue to be managed safely by BHU staff. Staff is currently undergoing re-certification of CCM training.

Care Coordination/Readmissions - NA
Service (HCAHPS Performance/Doctor Communication) NA
BHU continues to work to implement a broader programming schedule to provide our patients more therapeutic groups. Group attendance is monitored daily. All staff are encouraging patients to attend groups.

Growth/Volumes

BHU has two full-time physicians who are covering for 20 patients and consults. Recruitment efforts for a third provider continue.

Financials
BHU is working with patient billing and admissions to reduce payment denials from insurance providers and a monthly meeting is in the process of be scheduled.

Active Steps to Improve Performance
The renovations are scheduled to start October 3rd.

RADIOLOGY

Raymond Tu, M.D., Chairman

July 2016

Performance Summary:

	INP		ER		OUT		TOTAL	
EXAM TYPE	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	6				1		7	
CT SCAN	83		614		314		1011	
FLUORO	16		0		11		27	
MAMMOGRAPHY					271		271	
MAGNETIC RESONANCE ANGIO	4				2		6	
MAGNETIC RESONANCE IMAGING	26		4		48		78	
NUCLEAR MEDICINE	21				6		27	
SPECIAL PROCEDURES	32		0		3		35	
ULTRASOUND	127		200		231		558	
X-RAY	187		858		1002		2047	
CNMC CT SCAN			21				21	
CNMC XRAY			453				453	
GRAND TOTAL	502		2150		1888		4541	

Core Measures Performance:

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

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

Morbidity and Mortality Reviews:
There were no departmental deaths

Code Blue/Rapid Response Teams ("RRTs") Outcomes: none

Care Coordination/Readmissions: N/A

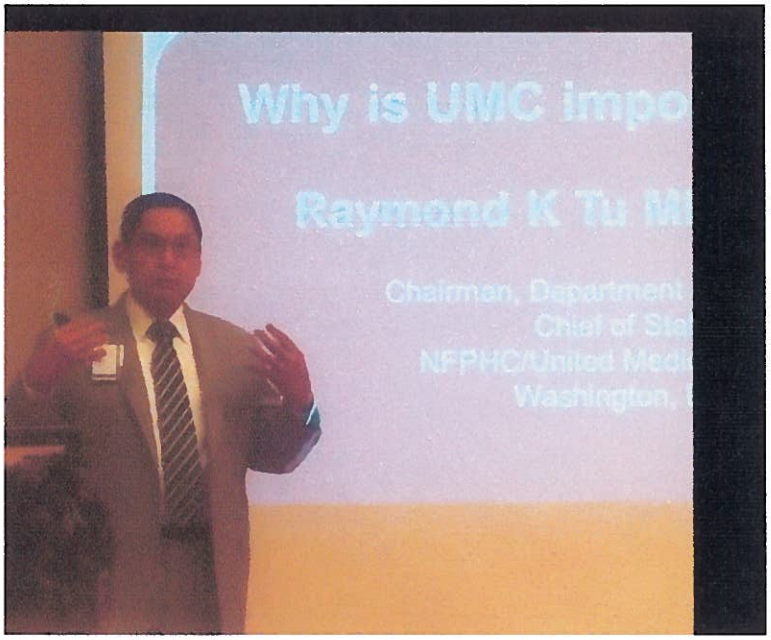
Evidence-Based Practice (Protocols/Guidelines)
We continue to improve patient transportation into and out of the emergency department.

Service (HCAHPS Performance/Doctor Communication)

The radiology department's new equipment has been very well received for by our clinical staff elevating the status of our hospital.

Stewardship:

Dr. Tu continues to strongly recommend clinical decision support at the point of order entry to reduce unnecessary examinations and to aid in practioners to order the right test, the right time for the right patient. Dr. Tu spoke at the Ward 8 Faith Leaders program at UMC Saturday Jul7 8th which was shared on the Global Social Media News Healthcare platform https://www.facebook.com/GlobalSocialMediaNewsHealthcare/videos/vb.274170142774580/490910294433896/?type=2&theater



Global Social Media News Healthcare
was live.
Like This Page · July 9 · Edited ·

Dr. Raymond Tu, Chief of Staff and Chairman of th Radiology Dept. at the United Medical Center in Washington, DC, offers his thoughts about the importance of the hospital in Southeast Washington. #unitedmedicalcenter

57 Views

Dr. Tu was featured in the American College of Radiology Bulletin discussing the importance of physician engagement in radiology in the Medicaid community.

https://acrbulletin.org/acr-bulletin-august-2016/647-conversations-from-acr-2016-why-is-medicaid-important

ACR Bulletin

HOME DEPARTMENTS PAST ISSUES ABOUT MVRP BLOG TOPICS

Conversations from ACR 2016

Raymond Tu, MD discusses Patient Engagement

The important work at UMC and our Medicaid Community appears in this month ACR News.

http://www.acr.org/~/media/ACR/Documents/PDF/Pubs/Bulletin%20Archive/2016/August%202016.pdf

SPECIAL REPORT

ECONOMICS FORUM: THE STORY OF RADIOLOGY

This year's forum explored the intersection between patient care and the economics of radiology.

The importance of storytelling and placing patients at the center of care took center stage at the two-part 2016 Economics Forum. Moderated by Geraldine B. McGinty, MD, MBA, FACR, outgoing chair of the Commission on Economics, the presentations marked ACR's progress in patient-centered care while highlighting opportunities for improvement.

Radiology: The Untold Story

McGinty kicked off the proceedings by introducing Rowena Ryan, former CEO of the marketing communications company J. Walter Thompson. Ryan spoke to the audience about the importance of radiology communicating its story to the public. Her concept of "StoryDoing" (learn more at bctly/ACRStoryDoing) involves storytelling that leads to organizational change that, in turn, engenders customer loyalty.

Grounding the theme of storytelling firmly in the realm of radiology, Ezequiel Silva III, MD, FACR, incoming chair of the Commission on Economics, spoke about the value of taking ownership of radiology's message for the purpose of fair reimbursement. Instruments like the Harvey L. Neiman Health Policy Institute™ Inpatient Cost Evaluation Tool (available at bctly/NIHPI-ICET), explained Silva, are powerful storytelling mechanisms.

Silva went on to underscore the need for a powerful narrative in radiology, especially in light of the reimbursement uncertainty facing imaging experts. A compelling narrative, concluded Silva, will enable radiologists at the local level to be successful no matter what the final reimbursement rules look like.

MACHINE LEARNING AND RADIOLOGY

Machine learning is no radiology apocalypse. In fact, the technology presents many opportunities for the specialty, according to ACR 2016 presenters on the topic.

"I, for one, am not worried about computers taking over," said Ross W. Filice, MD, assistant professor and chief of imaging informatics in the department of radiology at MedStar Georgetown University Hospital and chief of imaging informatics at MedStar Medical Group Radiology.

Simply put, machine learning is a statistical algorithm that improves with training.

Keith Dreyer, DO, PhD, FACR, associate professor of radiology at Harvard Medical School, noted the ACR has two machine-learning solutions: ACR Select® (a clinical decision support tool) and ACR Assist® (a structured reporting framework).

Such tools will "make us have to do less of the tedious kind of stuff," said Tarik K. Alkasab, MD, PhD, radiologist in the division of emergency imaging in the department of radiology and service chief of informatics/IT and operations at Massachusetts General Hospital.

To prepare, radiologists should start collecting the data to train the algorithms, said J. Raymond Geis, MD, FACR, radiologist with Advanced Medical Imaging Consultants PC

1. Geraldine B. McGinty, MD, MBA, FACR, outgoing chair of the Commission on Economics and incoming vice chair of the ACR Board of Chancellors, moderates this year's Economics Forum.
2. Ezequiel Silva III, MD, FACR, incoming chair of the Commission on Economics, compels radiologists to take ownership of radiology's narrative.
3. Rowena Ryan, former CEO of J. Walter Thompson, emphasizes the importance of communication radiology's story.
4. Raymond K. Tu, MD, FACR, discusses the economics of imaging.

The Patient-Centered Path

Part two of the Economics Forum featured a snapshot of where radiology is now in terms of its evolution toward providing value-based care. James V. Rawson, MD, FACR, P.L., J. Luther and Ada Warren Professor and chair of radiology and imaging at the Medical College of Georgia, implored radiologists to engage patients. "If you don't talk to the patient, you won't know what they're looking for," said Rawson, who chairs the ACR Commission on Patient- and Family-Centered Care.

Raymond K. Tu, MD, FACR, chief of staff at the Not-for-Profit Hospital Corporation and chair of the ACR Medicaid Network, noted that Medicaid beneficiaries include millions of children and disabled people. Tu quoted Hubert Humphrey: "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."

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 and providing the optimal radiology study for the right patient at the right time.

August 2016

Performance Summary:

	INP		ER		OUT		TOTAL	
EXAM TYPE	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	4				2		6	
CT SCAN	70		624		279		973	
FLUORO	8				16		24	
MAMMOGRAPHY					300		300	
MAGNETIC RESONANCE ANGIO	1						1	
MAGNETIC RESONANCE IMAGING	42		9		67		118	
NUCLEAR MEDICINE	10				8		18	
SPECIAL PROCEDURES	33				10		43	
ULTRASOUND	130		203		310		643	
X-RAY	138		850		1029		2017	
CNMC CT SCAN			26				26	
CNMC XRAY			481				481	
GRAND TOTAL	436		2193		2019		4650	

<u>Quality Initiatives, Outcomes, etc.</u>

Core Measures Performance

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

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

Morbidity and Mortality Reviews:
There were no departmental deaths.

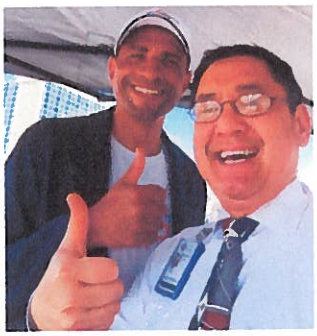
Code Blue/Rapid Response Teams ("RRTs") Outcomes:
None

Care Coordination/Readmissions: N/A

Evidence-Based Practice (Protocols/Guidelines):
We continue to improve patient transportation into and out of the emergency department. **Service (HCAHPS Performance/Doctor Communication)**

The radiology department's new equipment has been very well received for by our clinical staff elevating the status of our hospital.

Stewardship:
Dr. Tu continues to strongly recommend clinical decision support at the point of order entry to reduce unnecessary examinations and to aid in practioners to order the right test, the right time for the right patient. Dr. Tu was all thumbs up with Mr. Tommy Duncan of Trusted Health plan, the sponsor and partner of the UMC Health Fair Saturday August 13, 2016.



Active Steps to Improve Performance:
The active review of staff performance and history to be provided for radiologic interpretation continues with improvement. Dr. Tu is very enthusiastic about the radiology department's participation in Dose Index Registry (DIR) program. This allows UMC to compare our CT dose indices to regional and national values. The information collected is masked, transmitted to the ACR, and stored in a database. Our performance will be reported quarterly feedback reports comparing their results to aggregate results by body part and exam type.

NRDR
DIR™
DOSE INDEX REGISTRY
AMERICAN COLLEGE OF RADIOLOGY

Dr. Tu is enthusiastic with interest in Low Dose Lung Cancer Screening as well as participation in 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.

SURGERY

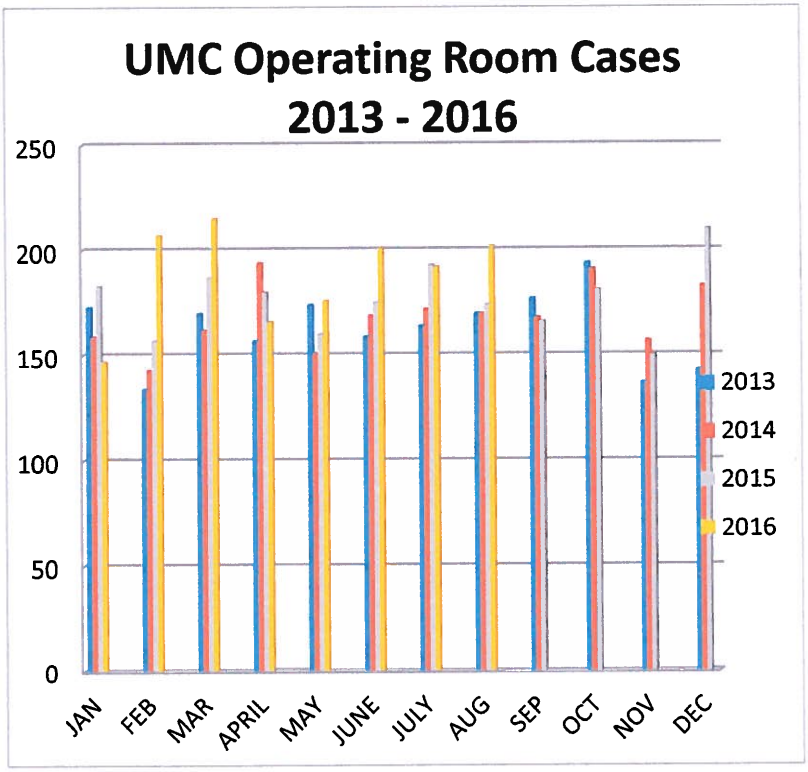
Gregory Morrow, M.D., Chairman

For the months of July and August, the Surgery Department performed **192** and **202** total procedures, respectively.

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

Month	2013	2014	2015	2016
JAN	173	159	183	147
FEB	134	143	157	207
MAR	170	162	187	215
APRIL	157	194	180	166
MAY	174	151	160	176
JUNE	159	169	175	201
JULY	164	172	193	192
AUG	170	170	174	202
SEP	177	168	166	
OCT	194	191	181	
NOV	137	157	150	
DEC	143	183	210	
ANNUAL TOTAL	1952	2019	2116	1506

SURGERY SUMMARY REPORT FROM JULY AND AUGUST 2016



Our surgical volumes are still experiencing monthly as well as annualized increases. 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.

SURGERY SUMMARY REPORT FROM JULY AND AUGUST 2016

In coordination with the Hospitalist service and Nursing, we are continuing to make progress towards launching 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:

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

2. 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.
3. Expanding availability of available OR time during regular business hours. We are working with the Anesthesia Department and Nursing to achieve these goals.
4. The department is in the process of reviewing all subspecialty delineation of privileges to make certain that they are up-to-date and reflect advances that now considered integral parts of residency and fellowship training.

We are anticipating the initiation of the OR renovations slated to begin September 15, 2016 with a 6 months' completion time. Once the renovations have begun, we will implement our strategic plan to increase our operative volumes to accommodate the 4 new ORs. This will include broadening daytime anesthesia coverage to stepwise accommodate higher volumes and also to bolster the service lines that are lagging in volumes or non-existent; these specifically include Orthopedics and Bariatric Surgery.

MEDICAL AFFAIRS
Sarah Davis, BSHA, CPMSM

UMC Medical Affairs Monthly Report

September 2016

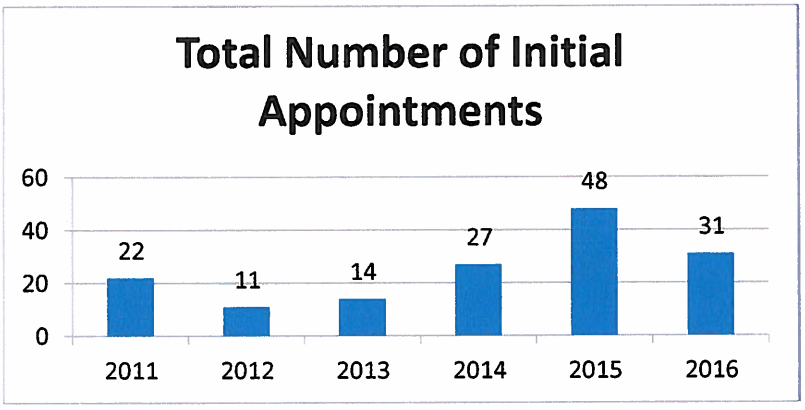
APPLICATIONS IN PROCESS

(Applications received through August 31, 2016)

Department	# of Application in Process
Allied Health Practitioners	1
Anesthesiology	0
Behavioral Health	0
Emergency Medicine	1
Medicine	2
Obstetrics & Gynecology	1
Pathology	1
Pediatrics/Neonatology	0
Radiology	5
Surgery	0
TOTAL	11

SUMMARY REPORT OF INITIAL APPOINTMENTS BY YEAR

	2011	2012	2013	2014	2015	2016 Through 8/31/2016
Total Number of Initial Appointments	22	11	14	27	48	31



SUMMARY REPORT OF PERFORMANCE IMPROVEMENT ACTIVITIES

Indicator/Goal/Benchmark	*1st Qtr.*	*2nd Qtr.*
1. Indicator: Timely processing of initial application following receipt (30) days **Goal:100%** Benchmark: 90%	100%	100%
2. Indicator: All expirable documents are current (license, physical, DEA, DC, insurance, etc.) **Goal: 100%** Benchmark: 90%	87%	81%
3. Indicator: Complete initial appointment credential files **Goal: 100%** Benchmark: 90%	100%	86%
4. Indicator: Timely processing of re-appointment application following receipt (30) days **Goal: 100%** Benchmark: 90%	100%	100%

MEDICAL STAFF CREDENTIALING ACTIVITY
July & August 2016

NEW APPOINTMENTS

Audrey McCarron, MD (Radiology)
Jeffrey Belair, MD (Radiology)
Shelley-Ann Hope, MD (Maternal Health and Child Care)
Richard Jones, MD (Maternal Health and Child Care)
Michael Nitzberg, MD (Emergency Medicine)
Lisa Brown, PA-C (Emergency Medicine/Allied Health)
Noelle Barber, PA-C (Emergency Medicine/Allied Health)

REAPPOINTMENT

Roopali Gupta, MD (Medicine/Nephrology)
Raymond Tu, MD (Radiology)
Shona Chandon-Cooke, PA-C (Emergency Medicine/Allied Health)

PROVISIONAL REVIEW

Nima Bushehri, DO (Provisional to Courtesy)
India Rogers, DDS (Provisional Status Extended)

CHANGE IN CATEGORY

Patience Williams, MD (Courtesy to Affiliate)

RESIGNATIONS

Marielia Gerena, MD (Radiology)
Arash Radparvar, MD (Radiology)
Numu Kamara, CFNP (Internal Medicine/Allied Health)

MEDICAL STAFF MEETING ANNOUNCEMENTS

Medical Staff Meetings September

September 8, 2016 at 12:30 pm	Credentials Committee
September 12, 2016 at 12:30 pm	Peer Review Committee
September 12, 2016 at 12:30 pm	Critical Care Committee
September 15, 2016 at 12:00 pm	Bylaws Committee
September 19, 2016 at 12:00 pm	Medical Executive Committee
September 20, 2016 at 12:30 pm	Prevention and Control of Infections Committee
September 20, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
September 21, 2016 at 4:00 pm	Department of Surgery
September 21, 2016 at 5:00 pm	Department of Medicine
September 21, 2016 at 6:00 pm	**QUARTERLY MEDICAL STAFF MEETING**
September 28, 2016 at 9:00 am	Board of Directors Meeting

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: September 28, 2016
Location: Conference Rooms 2/3

Medical Staff Report

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

Tab 5

Committee Reports

UMC

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General Board Meeting

Date: September 28, 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 STATMENT

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	*Highlights included:* **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. **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.	

	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. **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. **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. **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. **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.	Virgil McDonald requested Mr. Davis to review the UMC mission and vision during the Orientation Session.
Other Business	**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.	

Chairman Phil Mendelson
at the request of the Mayor

A PROPOSED RESOLUTION

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

Chairman Phil Mendelson, at the request of the Mayor, introduced the following resolution, which was referred to the Committee on _____

To confirm the appointment of Ms. Jacqueline Bowens to the Not-For-Profit Hospital Corporation Board of Directors.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that this resolution may be cited as the "Not-For-Profit Hospital Corporation Board of Directors Jacqueline Bowens Confirmation Resolution of 2016".

Sec. 2. The Council of the District of Columbia confirms the appointment of:

Ms. Jacqueline Bowens

as a member of the Not-For-Profit Hospital Corporation Board of Directors, established by section 5115 of the Not-For-Profit Hospital Corporation Establishment Amendment Act of 2011, effective September 14, 2011 (D.C. Law 19-21; D.C. Official Code § 44-951.04) (2012 Supp.)), replacing Dr. Julianne Malveaux, for a term to end July 9, 2017.

Sec. 3. The Council of the District of Columbia shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.

MURIEL BOWSER
MAYOR

JUN - 9 2016

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

In accordance with section 2 of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01 (2014 Supp.)) and pursuant to section 5115 of the Not-For-Profit Hospital Corporation Establishment Amendment Act of 2011, effective September 14, 2011(D.C. Law 19-21; D.C. Official Code § 44-951.04) (2012 Supp.)), I am pleased to nominate the following persons:

Ms. Jacqueline Bowens

as a member of the Not-For-Profit Hospital Corporation Board of Directors, replacing Dr. Julianne Malveaux, for a term to end July 9, 2017.

Enclosed, you will find biographical information detailing the experience of the above-mentioned nominee, together with proposed resolution to assist the Council during the confirmation process.

I would appreciate the Council's earliest consideration of this nomination for confirmation. Please do not hesitate to contact me, or Steven Walker, Director, Mayor's Office of Talent and Appointments, should the Council require additional information.

Sincerely,

Muriel Bowser

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Board of Directors Evaluation Summary

July 23, 2016

Areas of Evaluation	Average Response Rank
Proper notice was given to Board Members & community	4.6
The Board packet was received in a timely manner	4.6
The meeting agenda is appropriate.	4.6
The Board packet provided the appropriate information to support solid discussions and decisions	4.4
Executive reports were concise, yet informative	4.2
Directors' discussions were on target and focused	4.2
Directors were prepared and involved	4.2
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.4
Appropriate Board and staff assignments were made	3.6
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.6
Meeting ran on time	4.6
I am satisfied with this meeting	4.6

Board member attendance: 10 **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?

- Reports

What aspects of this meeting were particularly bad?

Do you have any suggestions or comments about this meeting?

UMC

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MEDICAL CENTER

General Board Meeting

Date: September 28, 2016
Location: Conference Rooms 2/3

Finance Committee Report

Steve Lyons, Chair

- Minutes
- 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

- July financial report (brief)

V. OTHER BUSINESS

- Financial issues, pressures and adjustments impacting year-end close out and FY 2017 budget
- Status of revised spending/revenue plan
- Revenue Cycle Report (brief)
- FY 2017 Budget
- Status of contract with Veritas
- Contract approvals
- Other new business

VI. ANNOUNCEMENTS

The next Finance Committee conference call will be September 20, 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
July 19, 2016

Present: Steve Lyons, (Committee Chair), Sean Ponder, Girume Ashenafi, Konrad Dawson, MD, Lilian Chukwuma, CFO, Perry K. Sheeley, Hugh (Mickey) Blackman, Luis Hernandez, CEO, Donna Freeman (Corporate Secretary)

Excused:

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:37pm 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 June 21, 2016 were approved subject to 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 June 30, 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**: The financial results for the month of June 30, 2016, reflect a net loss of $108 thousand, which is better than budgeted loss of $329 thousand or 75%. ○ **Net Income (Loss)** from operations: the net income from operations for the month was $535 thousand, which was higher than the budgeted loss of $600 thousand or 189%. • **Operating Expenses** ○ The total operating expenses for the month were above budget by $93 thousand, or 1.0%, and exceeded YTD budget by 5.6%. ○ SWBCL accounted for 61% of the total operating expenses for the month. SWBCL expenses totaled to $5.8M, which were $281 thousand below budget but above YTD budget by $2.2M. ▪ Paid FTEs for the period were 823, (81 below budget). ▪ Hospital FTEs – 721 (78 FTEs below budget). ▪ SNF FTEs-101 (3 FTEs below budget). ▪ Average hourly rate for paid employees was $32.16 compared to a budgeted $33.37. ○ Overtime accounted for $223 thousand of total salary expense. Overtime represents 5.3% of total salary expense.	

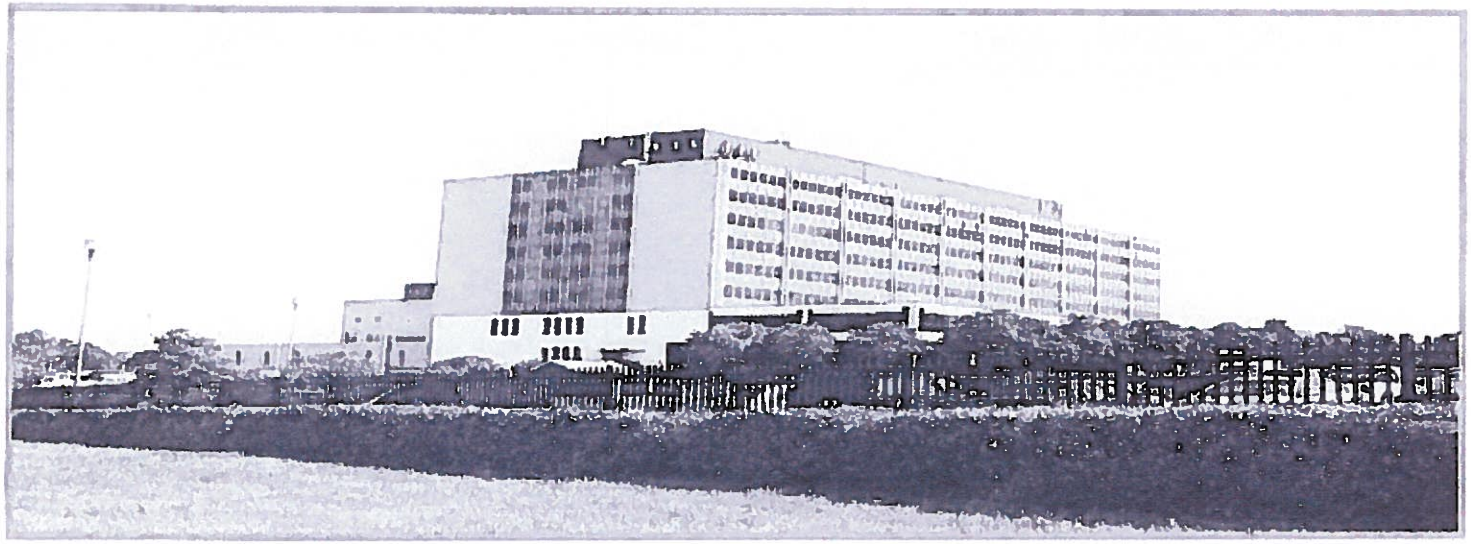
	• **Professional Fees** The Professional Fees expense exceed budget June by $217 thousand and YTD by $1.2M. • **Purchased Services** The Purchased Services expense for the month was $1.0M, reflecting an unfavorable budget variance of $72 thousand or 7.5%. YTD expenses are over budget by $452 thousand. • **Other Operating Expenses** The Other Expenses for the month of June were $665 thousand, reflecting an unfavorable budget variance of $47 thousand or 7.6%. YTD, other expenses total $5.6M and reflect a budget savings of $26 thousand. • **Cash Flow** On June 30, 2016, NFPHC held $23.9M of cash, an increase of $668 thousand over prior month. ○ Day's cash on hand (excluding capital reserves) was 33.4 days, an increase of 2.16 days from the previous month. ○ $1.8M in cash was used for Operations. ○ $702 thousand was used for capital additions. • **Collections** Total cash collections were 34.8% above budget. • **Accounts Receivable** Net patient accounts receivable (AR) totaled $14.7M as of June 30, 2016, and is below the prior month by $856 thousand. • **Aged Trade Payable** As of June 30, 2016, trade accounts payable (AP) totaled $7.1M, which was	

	$743M thousand lower than the AP balance for the prior month. • **Liquidity** At the end of June 2016, net working capital was $23.6M, a decrease in net working capital of approximately $289 thousand compared to the prior month. **Volume – Inpatient** Total admissions for the reporting period were 563, which were 42 admissions lower than the budgeted admissions of 605. • **Hospital admissions** – Hospital admissions were below budget by 48 admissions for the month. • **Med/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. • **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were above budget by 16.4% for the reporting period. • **SNF admissions** – Admissions on SNF were above budget by 16.4% for the reporting period. • **Case Mix Index** – The Hospital Case Mix Index was at 1.1400 for the month. The Medicare Case Mix Index was at 1.5900 for the month. **Volume – Outpatient** • **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** – Accounted for 53.5% of gross patient revenue which is above the budgeted target of 9%. • **ED Volumes** – ED visits were above budget by 5%.	

	• **Radiology Visits** – Radiology visits were below budget by 20%.
	• **Clinic Visits** – Clinic visits were below budget by 2.1%.
	• **Same Day Surgery** – The actual visits in this category were 31% 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.
	
	An extensive discussion was held on the following regarding the June 30, 2016 report:
	• Charge Master Pricing
	• Systems and Meaningful Use
	• Employee overtime and agency utilization
	• Retention of Clinical Staff
	• Expense Management
	• Supply Chain Management
	• Staffing
	• Physicians Document
	• Insourcing & Outsourcing for coding
	• Deficiency Record Compliance
	• Claim Denials
	• FY 2017 Budget	

Other Business	**Any expected financial issues/pressures** Extensive discussions were held on the following: **2011 and 2013 SNF Audit–** Lilian Chukwuma, CFO addressed the update. **REVISED REVENUE SPENDING PLAN:** Lilian Chukwuma, CFO explained the methodology of the process. **VERITAS and SITE SELECTION STUDY:** Steve Lyons and Luis A. Hernandez, CEO provided background on the status of both contracts.	

	REVENUE CYCLE REPORT: Lilian Chukwuma, CFO and Luis A. Hernandez, CEO led the discussion on the progress report. **BOARD APPROVAL OF CONTRACTS:** Steve Lyons reminded the committee; Chairman Gardiner requested complete compliance regarding contracts exceeding $200,000.00 or with a term longer than 6 months, come to the Board for approval.	Luis Hernandez will provide an update on the proposed revenue cycle company during the General Board meeting on July 23rd.
New Business	**The next Finance Committee conference call will be Tuesday, August 16, 2016 at 2:30pm.**	
Announcements	Meeting adjourned at 3:40pm.	



Board of Directors
FINANCIAL REPORT
July 2016

UNITED MEDICAL CENTER

Report Summary

UNITED MEDICAL CENTER

Highlights

- Outdated Systems
- Overtime Utilization
- Expense Management
- Supply Chain Management
- **Staffing**
  - Supply Chain
  - Quality
  - Compliance
  - Human Resource
  - Case Management
- Physicians documentation
- Huron Systems Liability
- Coding challenges
- Deficiency Record Compliance
- Denials
- FY 2017 Budget & Action Plan

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 July 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 July 31, 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

Monthly July			Budget Var		Prior Year Var			Year To Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
$ 9,773	$ 9,348	$ 9,098	$ 424	5%	$ 675	7%	Net patient services revenue	$ 97,716	$ 91,665	$ 90,332	$ 6,051	7%	$ 7,384	8%
(1,165)	(984)	(1,295)	(181)	18%	130	-10%	Provision for bad debt	(11,305)	(9,717)	(9,649)	(1,588)	16%	(1,656)	17%
8,607	8,364	7,803	243	3%	805	10%	Net patient services revenue	86,411	81,948	80,683	4,463	5%	5,728	7.1%
(9,726)	(9,370)	(10,157)	(357)	4%	431	-4%	Total operating expenses	(99,543)	(94,278)	(93,357)	(5,265)	5.6%	(6,186)	6.6%
(1,119)	(1,006)	(2,355)	(113)	11%	1,235	-52%	Contribution from operations	(13,132)	(12,330)	(12,674)	(802)	7%	(458)	4%
919	122	-	797	652%	919	0%	Disproportionate share revenue	5,106	1,222	2,277	3,883	318%	2,829	124%
234	222	190	12	5%	44	23%	CHHC revenues	2,147	2,106	2,031	41	2%	116	6%
533	414	1,174	119	29%	(640)	-55%	Other revenues	4,342	4,105	4,704	236	6%	(362)	-8%
567	(248)	(991)	815	329%	1,558	157%	Net income (loss) from operations	(1,538)	(4,897)	(3,663)	3,359	69%	2,124	58%
8,185	163	2,241	8,022	4923%	5,944	265%	Non operating inc (exp)	19,666	1,629	(1,815)	18,037	1107%	21,481	1184%
$ 8,752	$ (85)	$ 1,250	$ 8,837	10445%	$ 7,502	600%	Net income (loss)	$ 18,128	$ (3,267)	$ (5,477)	$ 21,395	655%	$ 23,605	431%

Net Income

- **The financial results for the month ending July 31, 2016, reflect net income of $8.8 million and year-to-date of $18.1M which exceeds budget by $21.3 due to DC Capital Subsidy received in July 2016 for capital expenditures.**

Net Income (Loss) from Operations

- **Income from operations for the reporting month was $567K and $1.5M loss year-to-date compared to budgeted loss of $248K and $4.9M year-to-date.**

  - **Net patient services revenue for the month was above budget by $424K for July 2016 and $6.1M year-to-date.**

Summary of Operating Results for the Month Ended July 2016

- DSH revenue exceeds budget for the month of July and year to date by $797K and $3.9 million respectively due to favorable prior year settlement and current year increase.

- Other operating revenue exceeds the reporting month budget by $119K, mainly attributable to pass thru revenue.

Non-Operating Revenues

- Capital funds in the amount of $8.8 million were received from the District and recognized as income in July 2016.

Operating Expenses

- The total operating expenses for the month were above budget by $357 thousand, or 3.8%, and exceeded year to date budget by $ 5.3 million or 5.6%

Summary of Operating Results for the Month Ended July 2016

Table T2 shows actual operating expenses along with the Board approved budget for the period ending July 31, 2016.

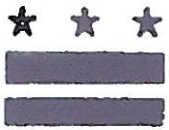
T2 – Operating Expenses

Month of July			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Operating Expenses:							
4,559	4,643	4,290	(84)	-1.8%	269	6.3%	Salaries and wages	47,143	46,029	41,910	1,114	2.4%	5,232	12.5%
1,085	1,215	1,123	(130)	-10.7%	(38)	-3.4%	Employee benefits	12,046	12,317	11,210	(271)	-2.2%	836	7.5%
313	187	472	126	67.3%	(159)	-33.7%	Contract labor	3,242	1,843	4,231	1,399	75.9%	(989)	-23.4%
1,211	1,172	1,298	39	3.3%	(87)	-6.7%	Medical supplies	12,748	11,779	12,301	969	8.2%	448	3.6%
714	578	787	136	23.5%	(73)	-9.3%	Professional fees	7,194	5,836	6,498	1,358	23.3%	696	10.7%
1,203	963	1,404	240	24.9%	(201)	-14.3%	Purchased services	10,676	9,985	10,571	692	6.9%	105	1.0%
642	612	782	30	4.9%	(141)	-18.0%	Other operating expenses	6,494	6,490	6,636	4	0.1%	(142)	-2.1%
9,726	9,370	10,157	357	3.8%	(431)	-4.2%	Total	99,543	94,278	93,357	5,265	5.6%	6,186	6.6%

Table T3 presents the components of the operating expenses as a percentage of the total operating expense for the actual and budget for reporting periods.

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

Month of July								Year-To-Date						
Actual	% Total	Budget	% Total	Prior Year	% Total	$ Var		Actual	% Total	Budget	% Total	Prior Year	% Total	$ Var
							Operating Expenses:							
5,957	61%	6,046	65%	5,885	58%	1%	SWBCL	62,430	63%	60,188	64%	57,351	61%	9%
1,211	12%	1,172	13%	1,298	13%	-7%	Medical supplies	12,748	13%	11,779	12%	12,301	13%	4%
714	7%	578	6%	787	8%	-9%	Professional fees	7,194	7%	5,836	6%	6,498	7%	11%
1,203	12%	963	10%	1,404	14%	-14%	Purchased services	10,676	11%	9,985	11%	10,571	11%	1%
642	7%	612	7%	782	8%	-18%	Other operating expenses	6,494	7%	6,490	7%	6,636	7%	-2%
9,726	100%	9,370	100%	10,157	100%	-4%	Total	99,543	100%	94,278	100%	93,357	100%	7%



Summary of Operating Results for the Month Ended July 2016

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 $5.96 million, which were $89 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 819 (95 below budget).
  - Hospital FTEs - 719 (91 FTE below budget)
  - SNF FTEs - 100 (4 FTEs (below budget)
  - Average hourly rate for hospital paid employees was $32.16 compared to a budgeted $32.37.

- Overtime accounted for $333 thousand of total salary expense. Overtime as a percent of total salary expense was 7.3%. Overtime FTEs were 26.57 for the hospital, 8.7 for the SNF. The top five departments utilizing overtime are:
  - ER Nursing - $52k or 15.5%
  - SNF Nursing - $41k or 12.3%
  - 5W Telemetry - $33k or 10.0%
  - 8W Med/Surg - $30k or 9.1%
  - Respiratory Therapy - $19k or 5.6%

- Contract Labor expenses totaling $313 thousand was above budget for the reporting month by $126 thousand. Areas contributing to this negative variance include:
  - Physical Therapy above budget $55k
  - Cardiology above budget by $25k
  - Radiology Administration above budget by $24k
  - Infectious Disease above budget by $13k
  - Medical Staff administration above budget by $11k

Employee Benefits

- The total expenses for the month were below budget at $130 thousand. Areas contributing to this variance include:
  - Due to salaries being under budget, FICA expense was below budget by $55K

- Federal and state unemployment taxes (FUTA, SUI) was below budget by $25K due to employer taxes incurred on the first $7,000 and $9,000 of each employee's earnings respectively, for the first calendar quarter.
- Due to reduction in force, vacation accrual was under budget by $29K.
- Group Health Insurance expense is under budget by $39K.

Medical/Other Supplies

- The total supplies expenses for the month was $1.2 million, above budget by $39K. Year to date medical supplies in total reflect an overage of $969K. Areas contributing to this variance include:
  - Medical and general supplies are above target with budget for both the month and year to date by $20 and $449K respectively.
  - Pharmaceuticals were above target for the month and year to date by $19K and $520K respectively.

Professional

- The Professional Fees expense exceed both July and year to date budget by $136K and $1.4 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. Departmental charges contributing to the year to date overage are ER Nursing, Anesthesiology and Radiology.

Purchased Services

- The Purchased Services expense for the month was $1.4 million, reflecting an unfavorable budget variance of $240K, or 24.9%. Year to date expenses are over budget by $692K.
  - Contributing factors for the variance are monthly expenses for the VERITAS operators totaling $300K. There is offsetting amount in other revenue.

Other Expense

- The Other Expenses for the month was $642K, reflecting an unfavorable budget variance of $30K or 4.9%. The variance can be attributed to overages in utilities, repairs and other ($77k) offset by savings in insurance and lease expense ($47k). Year to date, other expenses total $6.5 million and reflect a budget overage of $5K.

Cash Flow

On July 31, 2016 NFPHC held $30.9 million of cash, an increase of $6.9 million from prior month. Day's cash on hand was 27.2 days (excluding capital reserves), a decrease of 6.2 days from the previous month.

- $1.5 million in cash was used in Operations
- $630K was used for capital additions

Summary of Operating Results for the Month Ended July 2016

T4 – Cash Collections

Month of July			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%	Cash Collections:	Actual	Budget	Prior Year	$	%	$	%
8,185	8,044	7,580	141	1.8%	605	8.0%	Hospital	78,762	78,535	74,298	227	0.3%	4,464	6.0%
1,069	956	854	113	11.8%	215	25.2%	SNF	8,439	9,624	8,554	(1,185)	-12.3%	(115)	-1.3%
-	-	-	-	0.0%	-	0.0%	DSH	4,195	1,100	2,306	3,095	281.4%	1,889	81.9%
9,254	9,000	8,434	254	2.8%	820	9.7%	Total	91,396	89,259	85,158	2,137	2.4%	6,238	7.3%

*Cash collections for fiscal year-to-date do not include $15.9 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.

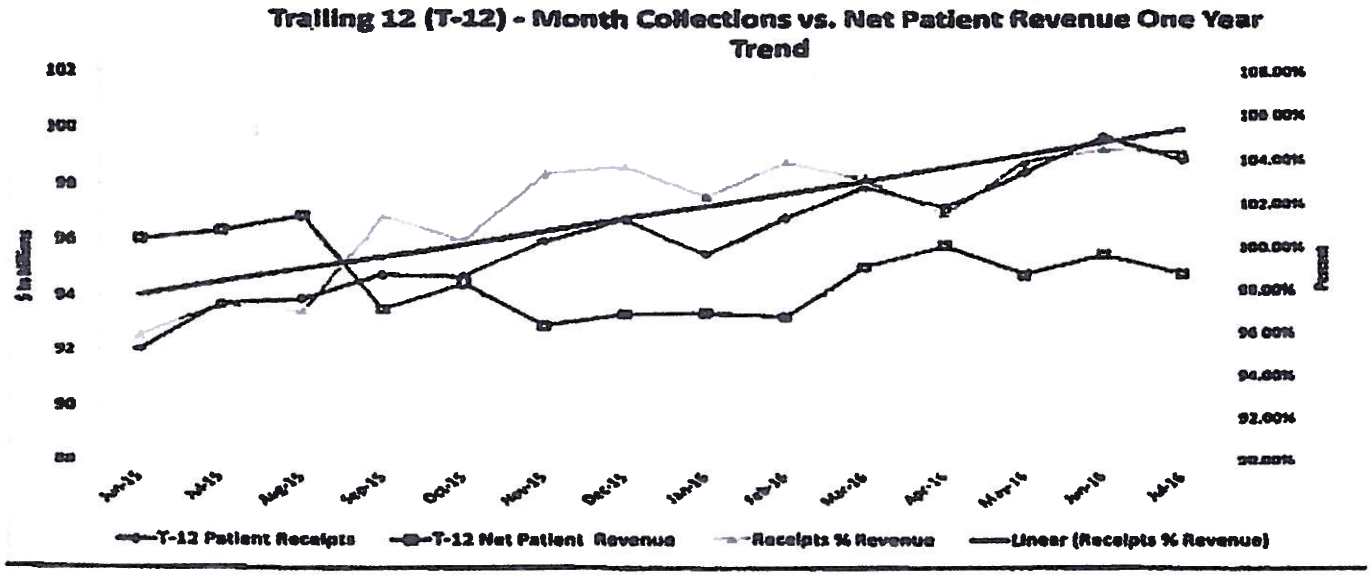
- Total collections were 2.8% above budget.
- Hospital collections were above budget by 1.8%.
- SNF collections were above budget by 11.8%

Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 104.3% for July.
Trailing 12 – month collections are 4.3% above the hospital's desired goal of 100%.

Summary of Operating Results for the Month Ended July 2016

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



Accounts Receivable

Net patient accounts receivable (AR) totaled $13.6 million as of July 31, 2016 and is lower than the prior month by $1.1 million.

- Net Days in A/R – Finished at 47.9 days for July 2016 year- to-date.

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled $7.3 million, which was $176 thousand higher than the AP balance for the prior month.
- Average payment period –shows 56.7 days for fiscal year 2016 to date.

Summary of Operating Results for the Month Ended July 2016

C2 – Weekly AP Trend

Liquidity

At the end of July 2016, net working capital was $30.5 million. This increase of approximately $7 million compared to the prior month.
Current Ratio – Finished at 2.65 in the current month, compared to 2.22 in the previous month.

Statistical information

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

T6 – Selected Statistics

Month of July			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Selected Statistics:							
2.22	2.11	2.11	0	5%	0	5%	Conversion factor (acute services)	2.11	2.09	2.06	0	1%	0	3%
553	576	606	(23)	-4%	(53)	-9%	Total admissions	6,022	5,926	5,854	96	2%	168	3%
6,681	6,616	6,866	65	1%	(185)	-3%	Total days	68,178	66,818	65,425	1,360	2%	2,753	4%
215.5	213.4	221.5	2.1	1%	(6.0)	-3%	Total average daily census	223.5	219.8	215.2	3.7	2%	8.3	4%
60.9%	60.3%	62.6%	0.6%	1%	-1.7%	-3%	Occupancy	63.1%	62.1%	60.8%	1.1%	2%	2.4%	4%
5,105	4,841	5,098	264	5%	7	0%	ER Visits	49,835	47,988	46,186	1,847	4%	3,649	8%
191	180	181	11	6%	10	6%	Surgeries	1,766	1,687	1,661	79	5%	105	6%
819	914	867	(95)	-10%	(47)	-5%	Paid FTEs (excl agency)	881	896	855	(15)	-2%	26	3%
$7,017	$6,886	$6,097	131	2%	920	15%	Adj net patient revenue per AA	$6,786	$6,620	$6,686	166	3%	99	1%
$581	$600	$538	(19)	-3%	43	8%	Adj net patient revenue per APD	$599	$587	$598	12	2%	1	0%
1.12	1.09	1.16	0.03	2%	(0.04)	-3%	Case mix (Inpatient)	1.08	1.09	1.10	(0.01)	0%	(0.01)	-1%

Summary of Operating Results for the Month Ended July 2016

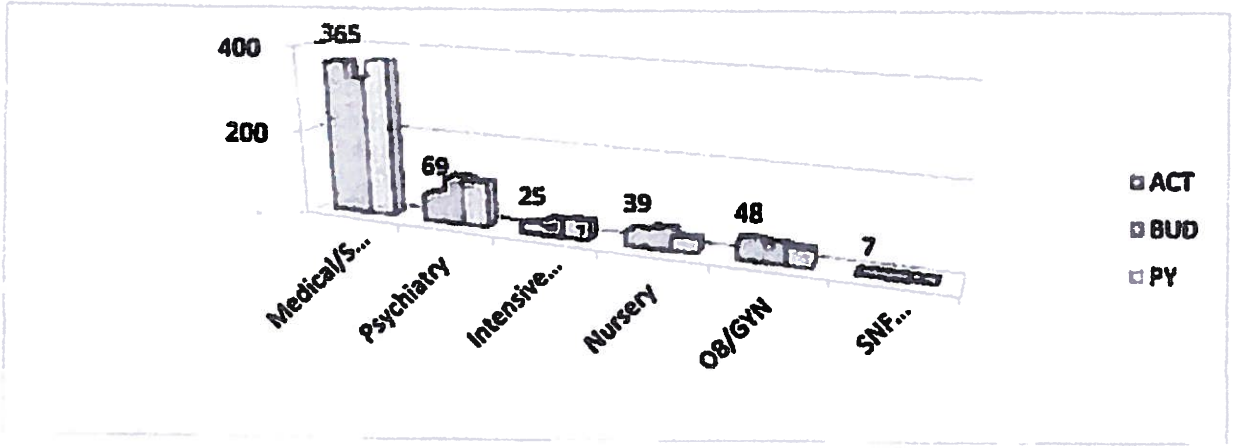
Volume - Inpatient

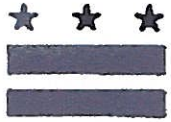
Total admissions for the reporting month were 553 which were lower than the budgeted and prior year admissions by 23 and 53, respectively.

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

Month of July						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Admissions					
365	326	39	11.9%	373	Medical/Surgical	4,198	3,635	563	15%	3,598
69	114	(45)	-39.5%	108	Psychiatry	789	962	(173)	-18%	1,072
25	39	(14)	-35.4%	44	Intensive Care Unit	290	435	(145)	-33%	403
39	48	(9)	-17.9%	34	Nursery	298	388	(90)	-23%	347
48	43	5	11.4%	40	OB/GYN	369	437	(68)	-16%	378
546	569	(23)	-4.1%	599	Hospital Admissions	5,944	5,857	87	1%	5,798
7	7	0	1.0%	7	SNF Admissions	78	69	9	13%	56
553	576	(23)	-4.0%	606	Total Admissions	6,022	5,926	96	2%	5,854

C3 – Inpatient Admissions – July 2016





Summary of Operating Results for the Month Ended July 2016

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

- **Hospital admissions** – Hospital Admissions were below budget by 23 admissions for the month.
- **Medical/Surgical admissions (including ICU)** – Admissions to the Medical/Surgical unit were 6.8% higher than the budget. Medical/Surgical admissions accounted for 71.4% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 39.5% for the reporting month. (12.6% of total acute admissions)
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were above the budget by 15.9% for the reporting month.
- **SNF admissions** – Admissions on SNF were on target for the reporting month.
- **Case Mix index** – The Hospital Case Mix index was at 1.1200 for the month. The Medicare Case Mix index was at 1.5167 for the month.

C4 -Inpatient Patient Days

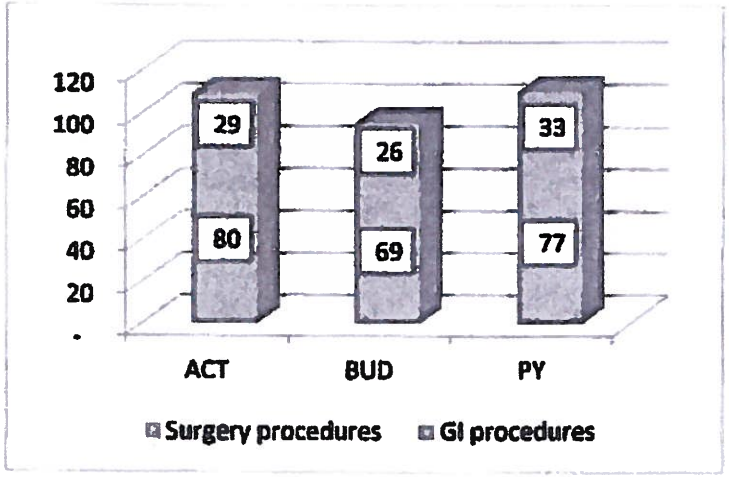
Month of July						Year-To-Date				
Actual	Budget	Var	Var %	Prior Year		Actual	Budget	Var	Var %	Prior Year
2,148	1,868	280	15.0%	2,264	Medical/Surgical	22,705	20,456	2,249	11%	21,014
545	830	(285)	-34.4%	706	Psychiatry	6,184	6,915	(731)	-11%	6,661
242	293	(51)	-17.4%	318	Intensive Care Unit	2,970	3,314	(344)	-10%	3,114
81	125	(44)	-35.1%	81	Nursery	773	891	(118)	-13%	926
113	130	(17)	-12.9%	115	OB/GYN	951	1,310	(359)	-27%	1,129
3,129	3,246	(117)	-3.6%	3,484	Hospital Patient Days	33,583	32,887	696	2%	32,844
3,552	3,371	181	5.4%	3,382	SNF Resident Days	34,595	33,931	664	2%	32,581
6,681	6,616	65	1.0%	6,866	Total Days	68,178	66,818	1,360	2%	65,425

- The total patient days for the month were 6,681, above budget by 1.0%.
- Acute LOS for the month was 5.7 days, slightly over budget by .5%.
- Occupancy (licensed beds) – 54.1% acute | 93.9% SNF

Summary of Operating Results for the Month Ended July 2016

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

C4 –Inpatient Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed were above expectations by 14.7% for the reporting month.

Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month was 15.4% above budget.

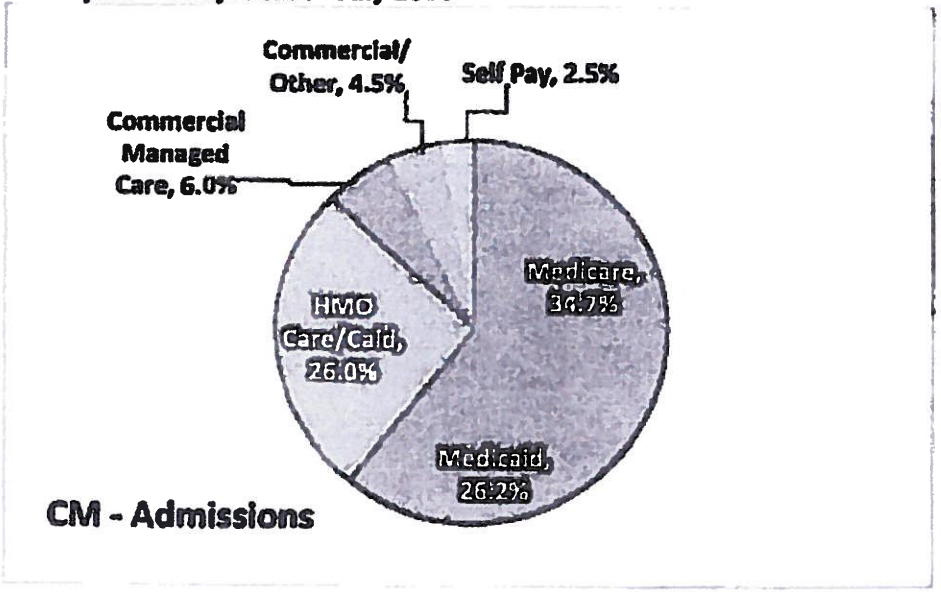
GI Procedures – GI procedures performed were 12.9% above budget for the reporting period

Summary of Operating Results for the Month Ended July 2016

Inpatient Payor Mix

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

C5 - Inpatient Payor Mix – July 2016



Summary of Operating Results for the Month Ended July 2016

T7 (1) – Inpatient Payor Mix

Month of July					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Admissions				
192	159	212	21%	Medicare	2,042	1,745	1,837	17%
145	150	143	-3%	Medicaid	1,467	1,541	1,571	-5%
144	190	162	-24%	HMO Care/Caid	1,692	1,854	1,744	-9%
33	36	56	-8%	Commercial Managed Care	367	357	409	3%
25	23	17	9%	Commercial	285	236	214	21%
14	19	16	-26%	Self Pay	169	193	79	-12%
553	577	606	-4%	Total	6,022	5,926	5,854	2%

T7 (2) – Inpatient Payor Mix Percentages

Month of July					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Admissions %				
34.7%	27.6%	35.0%	26%	Medicare	33.9%	29.4%	31.4%	15%
26.2%	26.0%	23.6%	1%	Medicaid	24.4%	26.0%	26.8%	-6%
26.0%	32.9%	26.7%	-21%	HMO Care/Caid	28.1%	31.3%	29.8%	-10%
6.0%	6.2%	9.2%	-4%	Commercial Managed Care	6.1%	6.0%	7.0%	1%
4.5%	4.0%	2.8%	13%	Commercial/Other	4.7%	4.0%	3.7%	19%
2.5%	3.3%	2.6%	-23%	Self Pay	2.8%	3.3%	1.3%	-14%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Summary of Operating Results for the Month Ended July 2016

Volume -Outpatient

Total outpatient visits for the reporting period were 7,818, which were lower than budget by 12%. 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 July						Year-To-Date				
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Budget Variance %
					Visits					
5,105	4,841	5,098	264	5.5%	Emergency services	49,835	47,988	46,120	1,847	3.8%
1,028	1,533	1,083	(505)	-32.9%	Radiology	11,461	14,758	1,083	(3,297)	-22.3%
1,375	2,159	1,435	(784)	-36.3%	Clinics	17,837	25,547	14,188	(7,710)	-30.2%
228	300	283	(72)	-24.0%	Laboratory	2,395	2,780	2,463	(385)	-13.8%
82	85	75	(3)	-3.5%	Same Day Surgeries	831	793	785	38	4.8%
7,818	8,918	7,974	(1,100)	-12.3%	Total	82,359	91,866	64,639	(9,507)	-10.3%
615	526	549	89	16.9%	ER Visits Admitted as IP	5,836	5,039	5,026	2,937	15.8%

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Summary of Operating Results for the Month Ended July 2016

T9 – Visits per Day

Month of July						Year-To-Date				
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Budget Variance %
					Visits Per Day					
164.7	156.2	164.5	8.5	5.5%	Emergency services	163.4	157.3	151.2	6.1	3.8%
33.2	49.5	34.9	(16.3)	-32.9%	Radiology	37.6	48.4	3.6	(10.8)	-22.3%
44.4	69.6	46.3	(25.3)	-36.3%	Clinics	58.5	83.8	46.5	(25.3)	-30.2%
7.4	9.7	9.1	(2.3)	-24.0%	Laboratory	7.9	9.1	8.1	(1.3)	-13.8%
2.6	2.7	2.4	(0.1)	-3.5%	Same Day Surgeries	2.7	2.6	2.6	0.1	4.8%

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

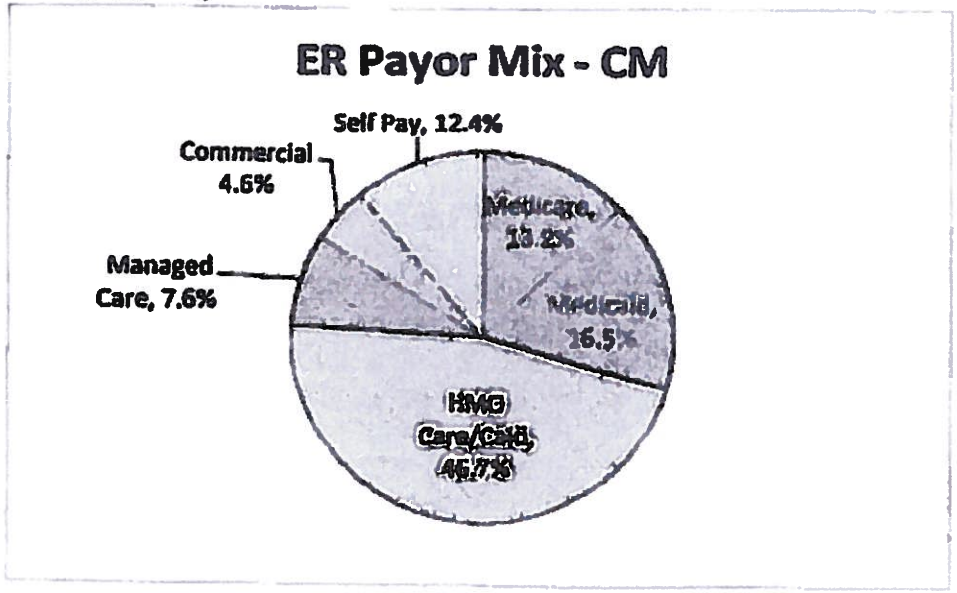
- Outpatient visits –Outpatient visits were lower than budget by 12% primarily due to negative budget variances in all locations except emergency services.
- Outpatient revenue –Outpatient revenue accounted for 51.18% of gross patient revenue which is above the budgeted target by 9 %.
- ED volumes –ED visits were above budget by 5%.
- Radiology Visits –Radiology visits were below by 33%.
- Clinic Visits –Clinic visits were below budget by 36%.
    - Primary Care was up 22% compared to budget.
    - Obstetrics was down by 32% compared to budget.
    - Wound Care was below budget by 52%
    - Occupational Health was above budget by 87%.
    - Mobile Health Van visits were below budget by 94%.
- Same Day surgery – Actual visits in this category were below budget by 3%.
- Observation admissions – There were 333 observation admissions, exceeding budget by 24%.
- ER visits –ER visits were above budget by 5%.
    - There were 615 admissions from ED, representing 100% of total admissions and 12.06% of total ED visits.
    - 2.1% of ED visits had zero charges applied.

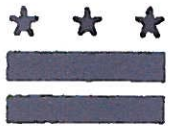
Summary of Operating Results for the Month Ended July 2016

Volume –Emergency Department Visits

Total emergency department visits for the reporting period were 5,105, 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.

C6 – ED Visit Payor Mix





Summary of Operating Results for the Month Ended July 2016

T10 —Emergency Room Visits Payor Mix

Month of July					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Emergency Visits				
675	615	689	10%	Medicare	6,676	6,101	6,257	9%
843	810	828	4%	Medicaid	8,244	8,030	7,698	3%
2,334	2,071	2,259	13%	HMO Care/Caid	22,871	20,532	21,174	11%
387	388	417	0%	Commercial Managed Care	4,002	3,845	3,919	4%
235	271	240	-13%	Commercial	2,579	2,687	2,490	-4%
631	686	625	-8%	Self Pay	5,463	6,793	4,582	-20%
5,105	4,841	5,058	5%	Total Emergency Visits	49,835	47,988	46,120	4%

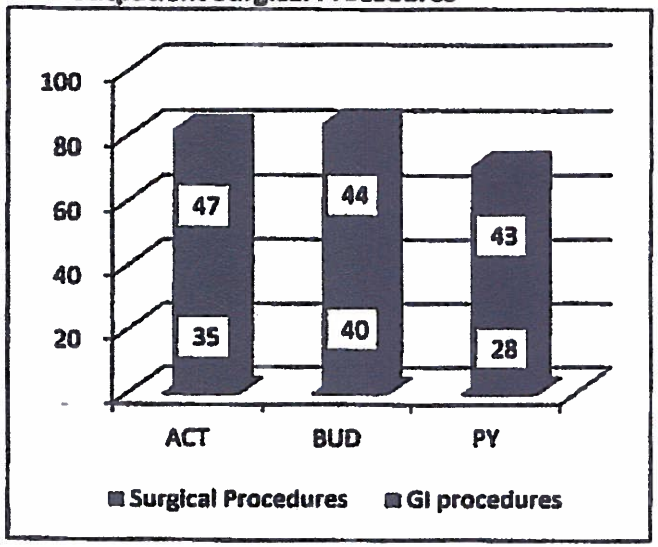
T11 —ER Outpatient Payor Mix by percentages

Month of July					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Emergency Visits %				
13.2%	12.7%	13.6%	4%	Medicare	13.4%	12.7%	13.6%	5%
16.5%	16.7%	16.4%	-1%	Medicaid	16.5%	16.7%	16.7%	-1%
45.7%	42.8%	44.7%	7%	HMO Care/Caid	45.9%	42.8%	45.9%	7%
7.6%	8.0%	8.2%	-5%	Commercial Managed Care	8.0%	8.0%	8.5%	0%
4.6%	5.6%	4.7%	-18%	Commercial/Other	5.2%	5.6%	5.4%	-8%
12.4%	14.2%	12.4%	-13%	Self Pay	11.0%	14.2%	9.9%	-23%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Summary of Operating Results for the Month Ended July 2016

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

C7 – Outpatient Surgical Procedures



Outpatient Surgical Procedures – The total outpatient surgical procedures performed were below expectations by 3%.

Outpatient Surgeries – The total number of outpatient surgeries performed in July were 13% below budget.

Outpatient GI Procedures – The total number of GI procedures performed in July were 6% above budget.

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United Medical Center
Consolidated Statement of Operations
For the ten month period ending July 31, 2016

Month of July						Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Statistics:					
553	576	(23)	-4%	606	Total Admissions	6,022	5,926	96	2%	5,854
6,681	6,616	65	1%	6,866	Total Days (Acute & SNF)	68,178	66,818	1,360	2%	65,425
5.7	5.7	0.0	1%	5.8	Hospital Average Patient Stay	5.6	5.6	0	1%	5.7
5,105	4,841	264	5%	5,098	ER Visits	49,835	47,988	1,847	4%	46,186
819	914	(95)	10%	867	Full Time Equivalents	881	896	(15)	-2%	855
					Revenues:					
$ 13,563	$ 13,786	(223)	-2%	$ 13,233	Gross inpatient revenues	$ 136,341	$ 137,242	(901)	-1%	$ 130,795
14,219	13,086	1,134	9%	12,843	Gross outpatient revenues	131,495	127,813	3,682	3%	119,921
27,783	26,872	911	3%	26,076	Total Gross Revenues	267,835	265,055	2,780	1%	250,717
					Deductions From Revenues:					
17,904	17,159	745	4%	16,682	Contractual discounts	167,373	169,798	(2,425)	1%	157,572
1,185	984	181	18%	1,295	Provision for bad debt	11,305	9,717	1,588	16%	9,649
91	298	(207)	69%	291	Charity care	1,842	2,935	(1,093)	37%	1,970	
1	67	(52)	77%	5	Other deductions/adjustments	904	656	248	38%	842
			0%		DC OP Supplemental Payment				0%	
(919)	(122)	(797)	652%		Disproportionate share revenues	(5,106)	(1,223)	(3,883)	318%	(2,277)
18,257	18,386	(129)	-1%	18,273	Total Deductions From Revenues	176,319	181,885	(5,566)	-3%	167,757
9,526	8,486	1,040	12%	7,803	Net patient services revenue	91,516	83,170	8,346	10%	82,960
234	222	12	5%	190	CNMC revenues	2,147	2,106	41	2%	2,031
533	414	119	29%	1,174	Other revenues	4,342	4,105	236	6%	4,704
10,293	9,122	1,171	13%	9,166	Total Operating Revenues	98,005	89,381	8,623	10%	89,694
					Operating Expenses:					
4,559	4,643	(84)	-2%	4,290	Salaries and wages	47,143	46,029	1,114	2%	41,910
1,085	1,215	(130)	11%	1,123	Employee benefits	12,046	12,317	(271)	2%	11,210
313	187	126	67%	472	Contract labor	3,242	1,843	1,399	76%	4,231
1,211	1,172	39	3%	1,298	Medical/ other supplies	12,748	11,779	969	8%	12,301
714	578	136	23%	787	Professional fees	7,194	5,836	1,358	23%	6,498
1,203	963	240	25%	1,404	Purchased services	10,676	9,985	692	7%	10,571
642	612	30	5%	782	Other expenses	6,494	6,490	4	0%	6,636
9,726	9,370	357	4%	10,157	Total Operating Expenses	99,543	94,278	5,265	6%	93,357
567	(248)	815	329%	(991)	Net Income (Loss) From Operations	(1,538)	(4,897)	3,359	-69%	(3,663)
					Nonoperating (Income)/Expense:					
3	19	(16)	85%	(36)	Interest (income)/Expense	16	271	(255)	94%	89
615	683	(68)	10%	1,449	Depreciation and amortization	6,286	6,833	(548)	8%	6,298
(8,803)	(865)	(7,938)	917%	(3,653)	District Cap. Rev./ Other	(25,968)	(8,734)	(17,234)	197%	(4,572)
(8,185)	(163)	(8,022)	4923%	(2,241)	Total Nonoperating (Inc)/Exp	(19,666)	(1,629)	(18,037)	1107%	1,815
$ 8,752	$ (85)	$ 8,837	10445%	$ 1,250	Net Income (Loss)	$ 18,128	$ (3,267)	$ 21,395	-655%	$ (5,477)

UNITED
MEDICAL CENTER

United Medical Center
Consolidated Net Position
July 31, 2016

Dollars in Thousands

Jul-16	Jun-16	MTD Change		Jul-15	Sep-15	YTD Change
			Current Assets:			
$ 30,891	$ 23,950	$ 6,941	Cash and equivalents	$ 20,642	$ 22,829	$ 8,062
13,566	14,690	(1,124)	Net accounts receivable	11,512	10,804	2,762
1,761	1,846	(86)	Inventories	1,680	1,460	300
2,848	2,402	446	Prepaid and other assets	1,860	1,942	906
49,066	42,888	6,177	Total current assets	35,695	37,035	12,030
			Long-Term Assets:			
1,181	837	344	Estimated third-party payor settlements	334	837	344
67,327	67,600	(273)	Capital assets	58,989	62,240	5,088
			Intangible assets	1		
68,508	68,437	72	Total long term assets	59,325	63,076	5,432
$ 117,574	$ 111,325	$ 6,249	Total assets	$ 95,020	$ 100,112	$ 17,462
			Current Liabilities:			
$ 45	$ 55	(9)	Current portion, capital lease obligation	$ 57	$ 159	$ (114)
7,282	7,106	176	Trade payables	7,117	9,812	(2,530)
9,007	9,880	(872)	Accrued salaries and benefits	5,967	7,134	1,873
			Unearned District Capital Fund	15,627	(1,041)	1,041
2,180	2,254	(74)	Estimated third-party payor settlements			
18,515	19,295	(780)	Other liabilities	2,686	2,237	(57)
			Total current liabilities	31,454	18,302	213
			Long-Term Liabilities:			
1,450	1,750	(300)	Unearned grant revenue			1,450
132	132	(0)	Capital lease obligations	255	132	(0)
3,040	4,465	(1,425)	Subsidy from District of Columbia	1,004	1,041	(1,041)
2,335	2,335	-	Estimated third-party payor settlements	1,002	4,339	(1,299)
6,957	8,683	(1,725)	Contingent & other liabilities	1,773	2,335	
			Total long term liabilities	4,034	7,848	(890)
92,102	83,348	8,754	**Net Position:**			
92,102	83,348	8,754	Unrestricted	59,532	73,962	18,139
$ 117,574	$ 111,325	$ 6,249	Total net position	59,532	73,962	18,139
			Total liabilities and net position	$ 95,020	$ 100,112	$ 17,462

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

Dollars in Thousands

Month of July				Year-to-Date	
Actual	Prior Year		Actual	Prior Year	
		Cash flows from operating activities:			
$ 8,882	$ 8,132	Receipts from and on behalf of patients	$ 87,112	$ 76,561	
(4,344)	(4,506)	Payments to suppliers and contractors	(45,192)	(34,788)	
(6,517)	(6,825)	Payments to employees and fringe benefits	(57,316)	(53,922)	
468	456	Other receipts and payments, net	7,939	12,407	
(1,511)	(2,743)	Net cash provided by (used in) operating activities	(7,457)	258	
		Cash flows from noncapital financing activities:			
8,804	13,402	Receipts (payments) from/(to) District of Columbia	25,968	13,818	
8,804	13,402	Net cash provided by noncapital financing activities	25,968	13,818	
		Cash flows from capital and related financing activities:			
(10)	(10)	Repayment of capital lease obligations	(114)	(520)	
(342)	(1,557)	Change in capital assets	(10,336)	(9,353)	
(352)	(1,567)	Net cash (used in) capital and related financing activi	(10,450)	(9,873)	
6,941	9,092	Net increase (decrease) in cash and cash equivalents	8,062	4,203	
23,950	11,550	Cash and equivalents, beginning of period	22,829	16,439	
$ 30,891	$ 20,642	Cash and equivalents, end of period	$ 30,891	$ 20,642	

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United Medical Center
Consolidated Inpatient Statistics
For the ten month period ending July 31, 2016

	Month of July						Year-To-Date				
	Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
Admissions											
Medical/Surgical	365	326	39	11.9%	373		4,198	3,635	563	15%	3,598
Psychiatry	69	114	(45)	39.5%	108		789	962	(173)	18%	1,072
Intensive Care Unit	25	39	(14)	-35.4%	44		290	435	(145)	33%	403
Nursery	39	48	(9)	17.9%	34		298	388	(90)	23%	347
OB/GYN	48	43	5	11.4%	40		369	457	(88)	16%	378
Hospital Admissions	546	569	(23)	-4.1%	599		5,944	5,857	87	1%	5,798
SNF Admissions	7	7	0	1.0%	7		78	69	9	13%	56
Total Admissions	553	576	(23)	-4.0%	606		6,022	5,926	96	2%	5,854
Patient Days											
Medical/Surgical	2,148	1,868	280	15.0%	2,264		22,705	20,456	2,249	11%	21,014
Psychiatry	545	830	(285)	34.4%	706		6,184	6,915	(731)	11%	6,661
Intensive Care Unit	242	293	(51)	17.4%	318		2,970	3,314	(344)	10%	3,114
Nursery	81	125	(44)	35.1%	81		773	891	(118)	13%	926
OB/GYN	113	130	(17)	12.9%	115		951	1,310	(359)	27%	1,129
Hospital Patient Days	3,129	3,246	(117)	3.6%	3,484		33,583	32,887	696	2%	32,844
SNF Resident Days	3,552	3,371	181	5.4%	3,382		34,595	33,931	664	2%	32,581
Total Days	6,681	6,616	65	1.0%	6,866		68,178	66,818	1,360	2%	65,425
Average Patient Stay											
Medical/Surgical	5.9	5.7	0.2	2.7%	6.1		5.4	5.6	(0.2)	4%	5.8
Psychiatry	7.9	7.3	0.6	8.4%	6.5		7.8	7.2	0.7	9%	6.2
Intensive Care Unit	9.7	7.6	2.1	27.9%	7.2		10.2	7.6	2.6	34%	7.7
Nursery	2.1	2.6	(0.5)	20.9%	2.4		2.6	2.3	0.3	13%	2.7
OB/GYN	2.4	3.0	(0.7)	-21.8%	2.9		2.6	3.0	(0.4)	-14%	3.0
Hospital average patient st.	5.7	5.7	0.0	0.5%	5.8		5.6	5.6	0.0	1%	5.7
Per Day Analysis											
Admissions	17.8	18.6	(0.8)	-4.0%	19.5		19.7	19.5	0.3	1%	19.3
Hospital Average Daily Census	100.9	104.7	(3.8)	-3.6%	112.4		110.1	108.2	1.9	2%	108.0
SNF Average Daily Census	114.6	108.7	5.8	5.4%	109.1		113.4	111.6	1.8	2%	107.2
Surgical Procedures											
Surgery procedures	80	69	11	15.4%	77		672	547	125	23%	585
GI procedures	29	26	3	12.9%	33		296	347	(51)	-15%	308
Total	109	95	14	14.7%	110		968	894	74	8%	893
Cash Collections											
Disproportionate Share	$ 1,069	$ 956	113	0.0% 11.8%	$ 854		$ 4,195	$ 1,100	3,095	281%	$ 2,306
SNF Collections	17,044	8,044	9,000	111.9%	7,580		8,439	9,624	(1,185)	12%	8,554
Hospital Collections	$ 18,113	$ 9,000	9,113	101.3%	$ 8,434		87,620	78,535	9,085	12%	74,298
Total Collections							$ 100,254	$ 89,259	10,995	12%	$ 85,158
Case Mix Index (CMI)											
Hospital	1.1163	1.0900	0.0263	2.4%	1.1560		1.0812	1.0900	(0.0088)	1%	1.0956
Medicare	1.5167	1.5100	0.0067	0.4%	1.7500		1.5781	1.5100	0.0681	5%	1.5267
Medicaid	0.9736	1.0400	(0.0664)	6.4%	0.9800		0.9339	1.0400	(0.1061)	10%	1.0333

UNITED

United Medical Center
Consolidated Outpatient Statistics
For the ten month period ending July 31, 2016

Month of July							Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year	Growth %		Actual	Budget	Var.	Var. %	Prior Year	Growth %
						Visits						
5,105	4,841	264	5%	5,098	0%	Emergency services	49,835	47,988	1,847	3.8%	46,120	8.1%
1,028	1,533	(505)	-33%	1,083	-5%	Radiology	11,461	14,758	(3,297)	-22.3%	1,083	958.3%
1,375	2,159	(784)	-36%	1,435	-4%	Clinics	17,837	25,547	(7,710)	-30.2%	14,188	25.7%
228	300	(72)	-24%	283	19%	Laboratory	2,305	2,780	(385)	-13.9%	2,463	-2.8%
82	85	(3)	-3%	75	9%	Same Day Surgeries	831	793	38	4.8%	785	5.9%
7,818	8,918	(1,100)	-12%	7,974	-2%	Total	82,359	91,866	(9,507)	-10.3%	64,639	27.4%
						Emergency Visits						
97	113	(16)	-14%	118	-18%	ED No Service	1,074	1,476	(402)	-27.2%	1,413	-24%
159	135	24	18%	142	12%	Triage	1,611	1,955	(344)	-17.6%	1,870	-14%
36	27	9	32%	29	24%	ED Level 1	334	330	4	1.2%	321	4%
799	640	159	25%	675	18%	ED Level 2	5,694	3,847	1,847	48.0%	3,766	51%
2,036	2,026	10	1%	2,133	-5%	ED Level 3	21,021	20,164	857	4.3%	19,409	8%
1,457	1,456	1	0%	1,534	-5%	ED Level 4	14,847	15,418	(571)	-3.7%	14,801	0%
229	188	41	22%	197	16%	ED Level 5	2,265	2,021	244	12.1%	1,944	17%
292	256	36	14%	270	8%	Critical Care	2,989	2,778	211	7.6%	2,662	12%
0	0	-	0%	0	0%	Other	0	0	-	0.0%	0	0%
5,105	4,841	264	5%	5,098	0%	Total	49,835	47,988	1,847	3.8%	46,186	8%
615	526	89	17%	549	12%	ER Visits Admitted as IP	5,836	5,039	797	15.8%	5,026	16%
						Clinic Visits						
836	683	153	22%	871	-4%	Primary Care	10,446	6,352	4,094	64.4%	8,948	16.7%
116	244	(128)	-52%	170	-32%	Wound Care	1,491	2,268	(777)	-34.3%	989	50.8%
250	365	(115)	32%	264	-5%	Obstetrics	2,635	3,400	(765)	-22.5%	2,887	-8.7%
10	11	(1)	-6%	7	43%	Pulmonary	84	99	(15)	-15.4%	89	-5.6%
27	14	13	87%	27	0%	Occupational Health	278	135	143	105.4%	240	15.8%
102	257	(155)	-60%	96	6%	Rehab	2,323	2,388	(65)	-2.7%	1,035	124.4%
34	586	(552)	-94%			Mobile Van	580	5,452	(4,872)	-89.4%		
1,375	2,159	(784)	-36%	1,435	-4%	Total	17,837	20,095	(2,258)	11.2%	14,188	25.7%
						Radiology Procedures						
78	104	(26)	-25%	74	5%	MRI	1,083	1,119	(36)	-3.2%	684	58%
1,011	748	263	35%	826	22%	Cat Scan	9,180	7,176	2,004	27.9%	6,838	34%
3,452	3,592	(140)	-4%	3,164	9%	Other procedures	35,626	34,503	1,123	3.3%	30,905	15%
4,541	4,445	96	2%	4,064	12%	Total	45,889	42,798	3,091	7.2%	38,427	19%
						Surgical Procedures						
35	40	(5)	-13%	28	25%	Surgery procedures	341	319	22	6.8%	330	3%
47	44	3	6%	43	9%	GI procedures	457	474	(17)	-3.5%	438	4%
82	85	(3)	-3%	71	15%	Total	798	793	5	0.7%	768	4%
						Observations						
333	270	63	24%	223	49%	Observation Admissions	2,368	2,086	282	13.5%	1,861	27%
523	404	119	29%	273	92%	Observation Patient Days	3,483	3,130	353	11.3%	2,200	58%
						Visits Per Day						
164.7	156.2	9	5%	164.5	0%	Emergency services	163.4	157.9	6	3.5%	151.7	8%
33.2	49.4	(16)	-33%	34.9	-5%	Radiology	37.6	48.5	(11)	-22.6%	39.0	-4%
44.4	69.7	(25)	-36%	46.3	-4%	Clinics	58.5	66.1	(8)	-11.5%	46.7	25%
7.4	9.7	(2)	-24%	9.1	-19%	Laboratory	7.9	9.1	(1)	-14.1%	8.1	-3%
2.6	2.7	(0)	3%	2.4	9%	Same Day Surgeries	2.7	2.6	0	4.5%	2.6	6%

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United Medical Center
Consolidated Payor Mixtures
For the ten month period ending July 31, 2016

Month of July							Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year	Growth %		Actual	Budget	Var.	Var. %	Prior Year	Growth %
						Admissions						
192	159	33	21%	212	-9%	Medicare	2,042	1,745	297	17%	1,837	11%
145	150	(5)	-3%	143	1%	Medicaid	1,467	1,541	(74)	-5%	1,571	7%
144	190	(46)	-24%	162	-11%	HMO Care/Caid	1,692	1,854	(162)	-9%	1,744	3%
33	36	(3)	-8%	56	-41%	Commercial Managed Care	367	357	10	3%	409	10%
25	23	2	8%	17	47%	Commercial	285	236	49	21%	214	33%
14	19	(5)	-25%	16	-13%	Self Pay	169	193	(24)	13%	79	114%
553	576	(23)	-4%	606	-9%	Total Admissions	6,022	5,926	96	2%	5,854	3%
						Patient Days						
1,515	2,090	(575)	-27%	1,873	-19%	Medicare	15,864	21,485	(5,621)	-26%	14,374	10%
4,118	3,372	746	22%	3,970	4%	Medicaid	40,672	33,890	6,782	20%	40,155	1%
651	787	(136)	-17%	603	8%	HMO Care/Caid	7,557	7,725	(168)	-2%	7,476	1%
124	147	(23)	-16%	274	-55%	Commercial Managed Care	1,745	1,477	268	18%	1,960	11%
208	117	91	77%	74	181%	Commercial	1,551	1,219	332	27%	1,097	41%
65	103	(38)	-37%	72	-10%	Self Pay	789	1,022	(233)	23%	363	117%
6,681	6,616	65	1%	6,866	-3%	Total Days (Acute & SNF)	68,178	66,818	1,360	2%	65,425	4%
						Emergency Visits						
675	615	60	10%	689	2%	Medicare	6,676	6,101	575	9%	6,257	7%
843	810	33	4%	828	2%	Medicaid	8,244	8,030	214	3%	7,698	7%
2,334	2,071	263	13%	2,259	3%	HMO Care/Caid	22,871	20,532	2,339	11%	21,174	8%
387	388	(1)	0%	457	15%	Commercial Managed Care	4,002	3,845	157	4%	3,919	2%
235	271	(36)	-13%	240	-2%	Commercial	2,579	2,687	(108)	-4%	2,490	4%
631	686	(55)	-8%	625	1%	Self Pay	5,463	6,793	(1,330)	-20%	4,582	19%
5,105	4,841	264	5%	5,098	0%	Total Emergency Visits	49,835	47,989	1,846	4%	46,120	8%
						Admissions %						
34.7%	27.6%	0.071	26%	35.0%	-1%	Medicare	33.9%	29.5%	0.045	15%	31.4%	8%
26.2%	26.0%	0.002	1%	23.6%	11%	Medicaid	24.4%	26.0%	(0.016)	-6%	26.8%	9%
26.0%	33.0%	(0.069)	21%	26.7%	3%	HMO Care/Caid	28.1%	31.3%	(0.032)	10%	29.8%	6%
6.0%	6.2%	(0.002)	-4%	9.2%	-35%	Commercial Managed Care	6.1%	6.0%	0.001	1%	7.0%	13%
4.5%	4.0%	0.005	13%	2.8%	61%	Commercial/Other	4.7%	4.0%	0.008	19%	3.7%	29%
2.5%	3.2%	(0.007)	-22%	2.6%	-4%	Self Pay	2.8%	3.3%	(0.005)	14%	1.3%	108%
100.0%	100.0%		0%	100.0%	0%	Total	100.0%	100.0%		0%	100.0%	0%
						Emergency Visits %						
13.2%	12.7%	0.005	4%	13.5%	-2%	Medicare	13.4%	12.7%	0.007	5%	13.6%	-1%
16.5%	16.7%	(0.002)	-1%	16.2%	2%	Medicaid	16.5%	16.7%	(0.002)	-1%	16.7%	-1%
45.7%	42.8%	0.029	7%	44.3%	3%	HMO Care/Caid	45.9%	42.8%	0.031	7%	45.9%	0%
7.6%	8.0%	(0.004)	-5%	9.0%	-15%	Commercial Managed Care	8.0%	8.0%	0.000	0%	8.5%	-5%
4.6%	5.6%	(0.010)	-18%	4.7%	-2%	Commercial/Other	5.2%	5.6%	(0.004)	-8%	5.4%	-4%
12.4%	14.2%	(0.018)	13%	12.3%	1%	Self Pay	11.0%	14.2%	(0.032)	-23%	9.9%	10%
100.0%	100.0%		0%	100.0%	0%	Total	100.0%	100.0%		0%	100.0%	0%

United Medical Center
Hospital Performance Indicators

	Definition	Year to date				Benchmarks		
		FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals	Desir Tren
Capacity and Utilization:								
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds - 234	Patient days / 365 Beds in service	47.1%	46.0%	45.4%	42.0%	73.2%	66.0%	▲
Average length of stay (acute) Measures the average number of days a patient stays in the hospital.	Total inpatient days (acute) Total inpatient admissions (acute)	5.6	5.7	5.7	5.9	4.9	4.4	▼
Profitability:								
Total Margin Shows the percentage of revenues collected from operating and nonoperating activities that is kept as profit.	Revenues in excess of expenses Total revenues	18.5%	-4.0%	0.3%	0.5%	5.8%	5.3% **	▲
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit.	Net operating income Total operating revenue	1.6%	2.6%	0.7%	-0.0%	6.7%	2.2% **	▲
Deductible Ratio Measures the percentage discount that third-party payers get, on average, from listed charges.	Contractual discounts Gross patient service revenue	62.5%	62.4%	65.5%	66.9%	60.4%	66.5%	▼

United Medical Center
Hospital Performance Indicators

	Definition	FY2016	FY2015	FY2014	FY2013			
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	2.7	1.6	1.8	1.5	1.3	1.8	▲
Days Cash On Hand Illustrates the number of days the hospital could continue to operate without collecting any additional cash.	Current cash and investments / (Operating expenses/365)	94.7	59.3	25.9	10.9	125.0	212.0 **	▲
Days in Net Accounts Receivables (Hospital only) Illustrates the number of days it takes to collect outstanding patient receivables.	Net accounts receivable / 3 month average net patient revenue	49.1	43.8	38.0	49.5	47.6	51.1 **	▼
Average Payment Period Illustrates the number of days it takes to pay account payables.	Current liabilities - due to District of Columbia / (Operating expenses)/365	56.7	59.4	55.9	58.1	47.0	63.7 **	▼

United Medical Center
Hospital Performance Indicators

	Definition	FY2016	FY2015	FY2014	FY2013			
Productivity and Efficiency:								
FTEs per average daily census (acute)								
Measures the number of FTEs necessary to provide care to all patients.	Number of full-time equivalent personnel / Adjusted average daily census (acute)	3.3	3.5	3.4	3.7	5.6	6.0	▼
Salary and benefit expense per FTEs ($)								
Measures the average direct labor expense per employee.	Salary and benefits expense / Number of full-time equivalent personnel	$80,365	$75,426	$78,073	$75,828	$77,647	$68,068	▼
% of salary and benefits expense								
Measures the proportion of hospital's costs that is attributable to employee labor costs	Salary and benefits expense / Operating expense	55.9	56	60	63	47.0	46.1	▼
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.	Unrestricted net assets / Total unrestricted assets	78.3%	73.3%	73.7%	68.5%	n/a	n/a	▲

Source: 2010 Thomson Healthcare, The Comparative Performance of U.S Hospitals (except those marked with "••")
- The 50th percentile was used for this comparison of hospitals with a bed size of 250 to 399.

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

Source: Days Cash On Hand; FitchRatings for Nonprofit Hospitals