UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: October 26, 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
MEDICAL CENTER

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.

Board of Directors Meeting
Wednesday, October 26, 2016

Table of Contents

Tab 1

Agenda

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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 9:30 a.m. on Wednesday, October 26, 2016. The meeting will be held at 1310 Southern Avenue, SE, Washington, DC 20032, in Conference Rooms 1/2/3. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. CONSENT AGENDA

V. READING AND APPROVAL OF MINUTES
1. September 28, 2016 – General Board Meeting

VI. 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

VII. COMMITTEE REPORTS
A. Governance Committee Report
B. Patient Safety & Quality Committee
C. Strategic Steering Committee
D. Finance Committee

VIII. OTHER BUSINESS

A. Old Business
B. New Business

X. ANNOUNCEMENT

Next Meeting – **Thursday, November 17, 2016 at 6:00 p.m.** in Conference Rooms 1/2/3 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

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: October 26, 2016
Location: Conference Rooms 2/3

Reading and Approval of Minutes

- September 28, 2016

Not-For-Profit Hospital Corporation
General Board Meeting Minutes
September 28, 2016

Present: Chris Gardiner, Chairman, Girume Ashenafi , Jacqueline Bowens, Dr. Julian Craig, Malika Fair, MD, Maria Gomez, Luis Hernandez, CEO, Veritas of Washington, LLC, Steve Lyons, Virgil McDonald, Sean Ponder, Khadijah Tribble, Dr. Raymond Tu, Donna Freeman (Corporate Secretary)

Excused:

Guests: Charletta Y. Washington, COO, David Thompson, Director of Marketing, Devin Price, David Boucree and Dr. Diane Kelly, Veritas Team, Emil Hirsch, Polsinelli

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 9:09 a.m.	
Determination of a Quorum	A quorum was determined by Donna Freeman, Corporate Secretary.	
Swearing-In Ceremony	Malika Fair, MD was sworn in by Alan Karnofsky, from the Mayor's Office of Talent and Appointments (MOTA) as a Council appointee to NFPHC Board of Directors at United Medical Center.	
Introduction of New Board Member	Ms. Jacqueline Bowens was introduced as the new board member representing the District of Columbia Hospital Association.	

Approval of the Agenda	The Board moved to approve the agenda.	
Approval of Minutes	The meeting minutes of July 23, 2016 were approved with the following comment: Page 4 - bullet points should include an additional sentence to explain the topic further.	
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 the Board Members and filed in the Office of the Secretary of the Corporation)* Board moved to accept and approve the CEO report. Seconded. Passed unanimously. *The following highlights were discussed*: • Complimented the positive teamwork and completion of the FY 2017 Budget. • When the draft of the Management Action Plan (MAP) will be final. • The Board has approved the MAP and monthly updates will be submitted from the Veritas Team. • Increased violence from patients due to the increased use of K-2 and other drugs; the negative reports are affecting the perception of UMC. • Improved relations with EMS and continued improvement in the ED. • Increased usage (in the District) and UMC of EMS services being used for non-life threatening illnesses. • HVAC system requires replacement • Introduction of the on-site Veritas Team: ◦ David Boucree ◦ Devin Price ◦ Dr. Diane Kelly	

	• How to increase traffic in Prenatal and OB/GYN departments • UMC needs to improve the Prenatal services to our community. • Increase opportunities for more sub-specialty physicians • Integration of medical services and physicians to offer our patients through The Howard agreement. • Raise the priority of Women's Health at UMC. Introduction of UMC's General Counsel: Mr. Emil Hirsch of Polsinelli, PC **Chief Medical Officer** Dr. Julian Craig, Chief Medical Officer highlighted: • Medical Staff office is receiving applications regularly. • UMC added thirty one (31) new medical practitioners to the UMC staff. • In 2015 UMC received 48 applications which doubled the number for 2014. • 236 medical practitioners on the UMC staff • Added a neurologist and urologist to UMC's staff in September 2016 • Tele-medicine is used in the Radiology Dept. 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. Highlights: • Recognized Dr. David E. Reagin at the quarterly Staff for his retirement as the Chair of Pathology • Recognized UMC's Chief Medical Officer, Dr. Julian R. Craig, MD, as the incoming President of the Medical Society of the District of Columbia. • A celebration will be planned for Dr. Regain from the hospital.	

	The Board moved to accept and approve the Medical Chief of Staff's credentialing report dated September 8, 2016. Seconded. Passed unanimously.	
Committee Reports	**Governance Committee Report** : Virgil McDonald, Committee Chair, highlighted the following: • The committee decided to postpone the Board, Medical Staff and Executive Team Retreat until March 25th or April 1st, 2017. • The Annual Community Meeting being planned on November 17th, 2016, on the UMC campus. • Introduction of the BOD to new board members. • Standing Committee Descriptions and Assignments were discussed. • An annual review of the NFPHC Bylaws is underway and BEGA and Polsinelli will assist in the process. • Board of Directors Evaluation Form for July 23, 2016 The Board moved to accept and approve the Governance Report. Seconded. Passed unanimously. **Audit Committee Report:** Girume Ashenafi, Committee Chair reported the following: • S B & Company, LLC are currently on site at UMC preparing the FY 2016 audit. • A preliminary report will be presented to the Board possibly by December 2016.	Virgil McDonald requested Donna Freeman to send the Governance Committee agenda and minutes of the September 13th meeting to the Board.

	Strategic Steering Committee: Khadijah Tribble, Committee Chair, highlighted the following: • Committee agreed not to meet in September, to allow the Management Action Plan (MAP) to be drafted and used as a guide in future meetings. • Chair Gardiner will appoint a replacement for Dr. Konrad Dawson, whose term has expired. • Maria Gomez is not a member of the Strategic Planning Committee. **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*: • Two part process this year marrying the Management Action Plan (MAP) with the FY 2017 Budget. • The Finance Committee is using the revised format • Reviewed the financial highlights for the month of August 2016. • Operating expenses were higher than budget however below prior year. • Cash flow management • The Income Statement was reviewed. • Capital expenditures were addressed • Radiology is increasing their volume. • Collections are trending upward slightly. • The challenges of overtime and controlling expenses were reviewed. • The daily cost to run the hospital and projected cash flow for the future. • The Capital Plan for FY 2017 and the District's rationale for the allocation • The status of the Revenue Cycle Assessment and vendor selection.	Khadijah Tribble requested the minutes of the August Strategic Steering committee meeting be sent to the full Board.

	Steve Lyons shared in detail the collaborative effort in preparing the FY 2017 Budget. Extensive discussions and meetings were held reviewing the budget line by line and tying it to the Management Action Plan (MAP) and long term projections. The Finance Committee agreed the FY 2017 Budget be brought to the Board for approval. The Board moved to accept and approve the Finance Report. Seconded. Passed unanimously.	
FY 2017 Budget	Lilian Chukwuma, CFO presented the FY 2017 Budget and led the discussion on the topics below: *(Report presented to the Board Members and filed in the Office of the Secretary of the Corporation)* • Concern was expressed about the negative perceptions the news media continues to project regarding UMC. • More focus on family care to increase patient traffic • Cash flow projections for FY 2017 were discussed • Obstetrics and Women's Health needs to be priority in FY 2017 • Concern on the impact of the FY 2017 budget on Patient Safety & Quality • The Management Action Plan (MAP) and the FY 2017 Budget addresses the area of Patient Safety and Quality on an on-going basis. The Board moved to accept the FY 2017 Budget in the amount of $119,947M as presented. Seconded. Passed unanimously.	
	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 12:09 p.m.	

	Chairman Chris Gardiner reconvened the public General Board meeting at 12:52 p.m.	
Vote	The following contract and capital expenditures were presented: 1. Emcare 2. Johnson Controls (Nurse Call System) 3. Crothall Healthcare 4. RHI – flooring The Board moved to approve the contract and capital expenditures as noted above. Seconded. Passed unanimously.	
Announcement	The next General Board meeting is scheduled on **Wednesday, October 26, 2016 at 9:00 a.m.** in Conference Rooms 1/2/3 on the ground level.	
	The meeting was adjourned at 1:05 p.m.	

Tab 4

Executive Management Reports

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Date: October 26, 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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General Board Meeting

Date: October 26, 2016
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Management Report

Presented by:
Luis A. Hernandez, Chief Executive Officer

United Medical Center

Management Report

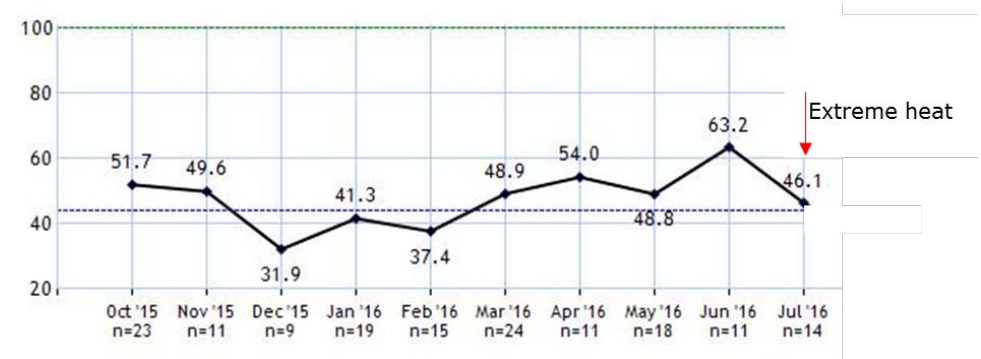
Operations Summary – October 2016

QUALITY

Patient Satisfaction. Research into survey response rates and time frames has been conducted to determine the most accurate way to monitor and evaluate the patient's experience of care. Challenges with response rates and with the length of time for responses to be returned are important considerations when evaluating patient satisfaction scores at UMC. At least 90 days are needed for responses to return. Overall patient experience of care scores. Overall inpatient top box scores dipped in July. We believe this was due to the extremely hot weather and malfunctioning of the hospital cooling system, in addition to several malfunctions with the nurse call system. Both situations are being addressed and permanent solutions will be made.

Overall Inpatient Top Box Score

Overall Emergency Department Top Box Score



The Performance Improvement Committee has established a hospital-wide, cross-departmental list of synergistic action items to improve the patient satisfaction to complement those already identified in the Management Action Plan.

Observation Services. Three meetings of the hospitalists, ED physicians, CMO and utilization MD have been held to complete the plan for improving the process, communication and expectations for UMC Observation Services. The physicians have been very engaged and taken leadership of this improvement effort. The first education session for emergency department staff, inpatient nurses, case managers and providers is scheduled for October 27 with implementation of the new process starting immediately after the education session.

Joint Commission readiness. The Joint Commission readiness teams are continuing to move forward with assembling evidence of standards compliance. The quality staff continue to meet with the team leaders and/or teams to provide support, answer questions and offer assistance. UMC has started the intracycle monitoring process which is due to The Joint Commission by 12/12/16. Interviewing continues for the vacant Quality Director position.

Case Management. Daily case management/utilization review rounds have been expanded from three days per week to five days per week. New admissions, patients with barriers to discharge, and patients with extended social problems are being addressed during these rounds. Observation rounds are also being held daily (Monday – Friday) to review each patient, identify the plan of care and facilitate discharge as appropriate.

Event reporting. The process for handling occurrence reports and patient complaints has been redesigned to ensure that we are "closing the loop" on follow-up actions. Based on occurrence data analysis, we have identified that patients leaving against medical advice is happening more frequently than national averages. A team consisting of the CMO, CNO, VP Patient Care Services, Quality Consultant has been organized to evaluate this issue.

NURSING AND PATIENT CARE SERVICES

Clinical Practice:

In efforts to improve efficiency, patient throughput and communication, our hospitalists are initiating twice daily rounds (at 7am and 2pm) with case management, nursing management and social workers to start on November 1st. These rounds are intended to ensure patients are receiving the appropriate level of care (i.e. observation status, inpatient admission or discharge), and ensure appropriate patient length of stay which will reduce denials and address social and medical needs to achieve timely discharge.

EMERGENCY SERVICES

Performance Indicators

Metrics	January	February	March	April	May	June	July	August	Sept	YTD Avg
Visits	4,841	4,725	5,271	5,156	5,169	5,032	5,085	5,261	4,981	5,058
Change from Prior Year (Visits)	↑354	↑880	↑702	↑635	↑44	↑523	↓68	↓13	↓84	↑402
% Growth	7.90%	23.00%	15.40%	14.00%	0.90%	12.20%	-1.3%	-0.24%	-1.6%	10.45%
LWBS	0.60%	0.90%	1.30%	1.50%	2.50%	1.30%	2.00%	3.10%	2.5%	1.65%
Ambulance Arrivals	1405	1317	1284	1393	1424	1364	1400	1431	1334	1372.44
Ambulance Patients Admission Conversion	341	317	323	347	329	331	432	321	285	324.71
% of ED patients arrived by Ambulance	29.00%	27.90%	24.40%	27.00%	27.50%	27.10%	27.50%	27.20%	26.8%	27.16%
% of Ambulance Patients Admitted	24.30%	24.10%	25.10%	26.00%	23.10%	24.50%	28%	30.56%	27%	24.87%
Reroute + Diversion Hours	100	29	87	124	26	64	121	72	19.5	61.20
Door to Triage	37	37	45	19	22	32	21	21	22.9	30.70
Door to Room	61	65	81	45	48	60	37	52	51.9	58.84
Door to Provider	76	74	95	56	62	72	49	66	63.4	71.20
Door to Departure	207	206	237	201	175	205	195	179	170	200.14

Skilled Nursing Facility (SNF):

On September 28, UMNC graciously accepted an award from **the Delmarva Foundation,** the Quality Improvement Organization (QIO) assigned by the Centers for Medicare and Medicaid Services.

The award was a part of their 2015-2016 city-wide collaborative focusing on custom solutions that resulted in improvements in patient safety. As a result, UMNC received the award from a solution that resulted in reducing the number of resident falls, pressure ulcers and clinical practices. Additionally, we were recognized for reducing the number of psychotropic drugs administered to our residents. Both of these categories are important quality metrics that ultimately help consumers make informed decisions about our care quality.

OPERATIONS

Expand UMC Medical Staff Network

- Dr. Council joined the Primary Care team October 2016. Dr. Council is the first of three Family Medicine Physicians joining the team this fiscal year.
- Dr. Li., Pathologist began October 4, 2016 replacing Dr. David Reagin.
- Orthopedic surgeon group scheduled to begin in November
- Provider Training and Implementation for E-Clinical Works (electronic health record) to begin in December for ambulatory clinics.

Community Health and Engagement (Grants)

New Grant Sourcing

- Avon Foundation Breast Cancer Screening: $60,000
  - Radiology focus grant to link and educate women to breast cancer screening services and follow-up
- Alkermes – Mental Health Care Coordination: $100,000
  - Behavioral health grant focus on outpatient behavioral health linkage and coordination of care
- Kellogg Foundation – Care Coordination: $150,000
  - Care Coordination grant focused on impacting the social determinants of healthcare.
- Kresge Foundation – $70,000
  - Care Coordination grant focused on impacting the social determinants of healthcare.

Managed Care

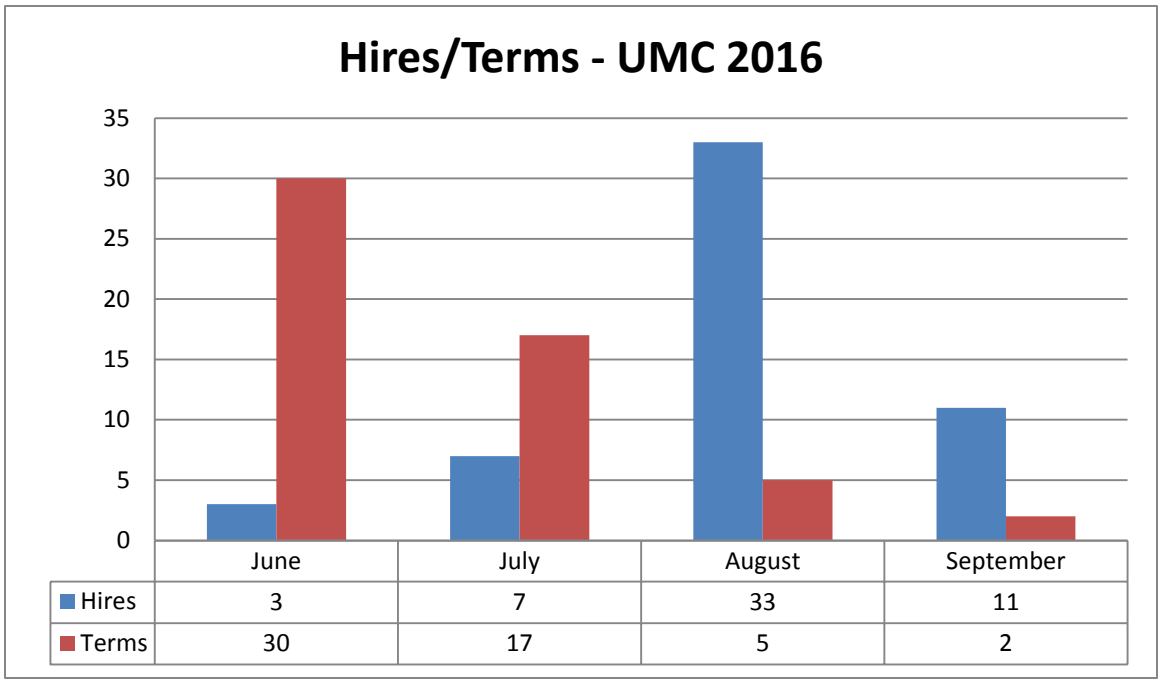
- We have begun contract processes with Kaiser, Cigna and Aetna.
- We are also working with Department of Corrections to solidify new rates for the correctional patients.

Construction Updates

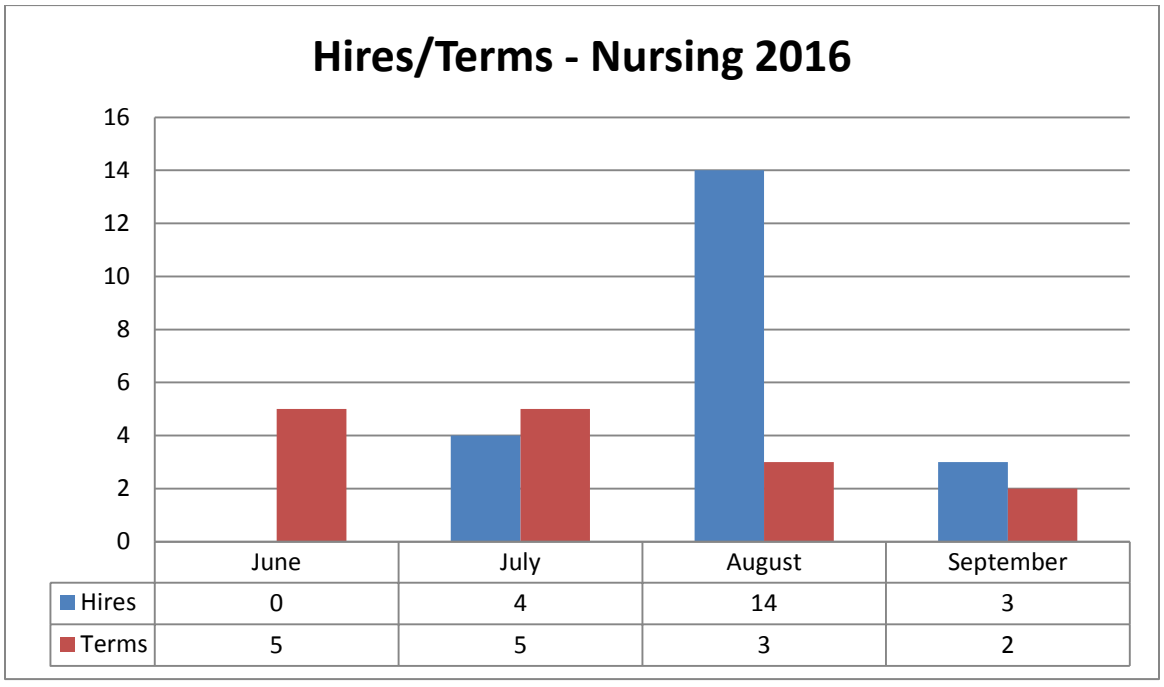
- HIM and Physician Lounge Renovation complete on the second floor
- Patient Unit Refresh has begun on the 8th floor
- Isolation Rooms construction has begun throughout the hospital acute care units

HUMAN RESOURCES

Hires and Terms - UMC



Hires and Terms – Nursing



INFORMATION TECHNOLOGY

Clinical Initiatives:

- **Electronic Prescribing** –
  - **Goals**: Improve quality of care by removing manual data entry and paper forms
    Improve finances with additional meaningful use money for **2016**

  - **Status:** Drug dictionaries and interfaces built and being tested. Entering local pharmacies for direct links to fill prescriptions. Setting up admissions process to notify patients. Planning for physician training beginning week of 10/17/2016.

- **Nuance Voice Recognition for physician documentation** –
  - **Goals:** Improve care by creating a more complete record
    Increase revenue with more complete documentation of care provided

  - **Status:** The system has been purchased, the server has been built and the templates are being reviewed. The software needs to be installed in October and the physician review of templates and training will begin in November with a live date planned for December.

- **eClincalworks Outpatient EMR** –
  - **Goals:** Improve clinical care in the clinics by creating an immediately available single patient record including evidenced based templates, drug interaction checking, allergy checks and readily available historical data.
    Increase revenue by using templates and documentation system to insure all aspects of each visit are properly documented and coded to insure proper payment is received.

  - **Status:** The scheduling interface is running and being tested. The physician documentation templates are being reviewed by physicians. Live date has been moved to December due to problems with the interfaces and workflow setup.

- **gMed gastro Imaging and documentation System -**
  - **Goals:** Improve clinical documentation using system that combines images with reporting capabilities.
    Improve physician satisfaction and retention by providing system to document care more efficiently.

  - **Status:** The implementation of the new software to improve care and documentation in the operating room (OR) for gastro procedures has begun in June. The server has been 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 live date is planned for 12/15/2016. The interfaces out from MEDITECH have begun to be built.

- **Dose Range Checking** –
  - **Goals**: Reduce medication errors by checking for proper dosing based on drug, patient weight and lab values.

    Improve quality scores from outside agencies such as Leapfrog

  - **Status**: 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 our production environment.

- **PACS System –**
  - **Goals:** Increase the efficiency and report turnaround for reading and creating reports for imaging studies

    Improve patient care with readily available prior studies and faster results to providers

    Increase system uptime by moving to the data center building in necessary redundancies

  - **Status**: the servers are all set up for the new PACS system. All reports and patient data has been converted to the new system. Image conversion is still planned and will continue even after the live date. Workflow setup continues. The live date is planned for mid-December 2016.

Operational Initiatives:

- **New Public Address System** –
  - **Goals:** Improve patient care by insuring that codes are heard throughout the facility
    - Improve patient, employee and visitor safety with appropriate sound level codes that are always broadcast to the correct areas.
    - Decrease noise level where possible by having system which can page only to specific areas when appropriate.

  - **Status:** The new Public Address system was installed and we began using it in September 2016. All areas of the facility have been thoroughly tested and we continue to adjust for the best sound level setting for each area.

PUBLIC RELATIONS AND COMMUNICATIONS

Internal Communications:

Town Hall Meetings

A series of Town Hall meetings with employees were conducted by the Executive Team to articulate the direction of UMC, answer questions and to listen to their concerns. The sessions were held over four days to enable and encourage as many people as possible to attend.

Events:

United Healthcare Meeting

United Medical Center hosted United Healthcare's Fall kick-off meeting for 25 of its sales representatives. They were given an overview of the hospital and a presentation of upcoming renovations that will dramatically improve the look and feel of the building for patients and visitors. Dr. Council (primary care), Dr. Chohan (urology), Dr. Parungao (gastroenterology), and Dr. Byam (surgery) -- all newly hired physicians at UMC made presentations about their specialty areas and answered questions posed by the attendees.

Community Outreach/Speakers Bureau:

Ward 8 Health Council

The CEO spoke at the Ward 8 Health Council's October meeting, detailed management's plans for the hospital, noted that UMC has hired a number of new physicians in 2016, and provided information about upcoming renovations to make the building more attractive and modern for the community. He also discussed the collaborative agreement between Howard University Hospital and UMC.

East Washington Heights Baptist Church

Dr. Christine Council, a new primary care physician at UMC, spoke at the East Washington Heights Baptist Church for a Women's Day Prayer Breakfast. Dr. Council covered a variety of topics pertaining to women's health issues including diabetes, breast cancer, osteoporosis, hypertension and other conditions. She stressed that regular check-ups, diet, exercise and proper rest go a long way in mitigating various illnesses.

External Communications:

Press Releases

- UMC issued a press release on breast cancer awareness month to prompt women to be screened at the hospital for the condition.
- UMC issued a press release announcing Dr. Eric Li as the new Chairman of the Pathology Department succeeding Dr. David Reagin who retired after 40 years of service.
- UMC issued a press release about the flu season, the benefits of the vaccine, and the warning signs of the condition.

Interview

David Thompson was interviewed by the Washington Informer Newspaper about the Affordable Care Act and that even though more people have insurance coverage, there has not been a decrease in the number of patients visiting our emergency rooms. More people in the community need to have primary care physicians for preventive care.

Advertising

- The UMC television ads airing on FOX 5 and Channel 20 promote women having breast cancer exams at UMC with low dose radiology.
- Print ads in the Informer and East of the River Newspaper give statistics about women and breast cancer punctuating that every 13 minutes a woman dies from breast cancer in the U.S.

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CMO REPORT

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

Chief Medical Officer

Julian Craig, MD

Board Report

October 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
Gilbert Daniel, MD
Cynthia Morgan, MD
Deborah Wilder, MD
Mina Yacoub, MD

CHIEF MEDICAL OFFICER

Julian Craig, M.D.

September brought the end to a very challenging third quarter for the medical staff. The Critical Care Department continues to meet and exceed national benchmarks for hospital acquired infections. The Intensive Care Unit for the month of September had 204 ventilator days with no ventilator associated pneumonias (VAPS), 172 central line days with no central line associated blood stream infections (CLABSI) and 272 Foley catheter days with no catheter associated urinary tract infections (CAUTI). This infection control data is reported to the National Healthcare Safety Network.

The Emergency Department (ED) continues to monitor the spike in emergency room violence that has been observed across the District of Columbia, and continues to institute best practices to ensure safety to staff as well as patients. Compared with September 2015, there was a 1.6% decrease in patient volume through the ED. Patients that left without treatment was 2.6% for September.

The Department of Surgery continues to demonstrate growth in surgery volumes year over year. The next 6 months will be challenging as significant renovations to the operating rooms (OR) began in September. At the end of the project, United Medical Center will have 4 new state of the art operating rooms. As the construction work takes place, the OR team has taken every precaution to ensure that there will be little or no disruption to surgical services for the duration of the project.

In my first report to the hospital board in July of last year, I mentioned 4 distinct challenges ahead for the United Medical Center, if it is to survive the rapidly changing healthcare environment. As we begin FY 2017, it is worthwhile reviewing these challenges.

The first challenge is developing what I call the **CORE** of the medical staff. These are the physicians that provide the basic patient care services that meet the most critical needs of the community we serve. These services are both inpatient and outpatient, and need to be coordinated, in a manner that is aggressive and bold, utilizing best practices and information technology, with the patients' satisfaction and outcomes being paramount to success. When the CORE is in place, it gives the United Medical Center legitimacy in the eyes of the community. The CORE forms the basis for which we can then build the various revenue cycles needed to achieve financial solvency. When pieces are missing from the CORE, the coordination of care falters, outcomes do not meet expectations, patient satisfaction dwindles and as an institution we lose the legitimacy that we have been fighting so hard to obtain. Since my first board report, there has been significant movement on the physician recruitment front. Only one subspecialty remains absent but is well within reach. Once successful, we can then begin to usher in a new era of coordination of medical care, which will first define us as a legitimate entity, and then attract other service lines to our system.

The second challenge is that of medical **documentation** to successfully support claims and optimize reimbursement for services rendered. This is multifaceted and relies on input from several departments,

including Health Information Management (HIM) /coding specialists, case management, and information technology (IT). The hospitals electronic health record (EHR) with computerized physician order entry (CPOE), has been in existence for just over 2 years, and is still undergoing developmental changes to make the system work more efficiently. Physicians must adapt the necessary documentation skills right away, and it will require a team effort, involving coding experts and educators working with our IT department to build an EHR that is responsive and efficient. Failure to act quickly, will result in poor revenue growth and propagate financial strain that threatens the existence of the CORE. This month we have started a 9 point management action plan to achieve these desired goals.

The third challenge is achieving benchmarks for core measures and patient satisfaction scores. More than 75% of the residence in ward 7 and 8, have sought medical attention from other area hospitals. These statistics should be reversed. We must regain the trust and support of the community at large. Utilizing evidenced based medicine while providing patient care that promotes the lifestyle changes necessary to improve outcomes, is critical to improving the hospitals image. Patients must feel valued, secure, informed and safe when they seek care at the United Medical Center. Members of the medical staff and patient care services must be engaged, and make a conscious effort to treat every patient encounter in the most professional manner. I cannot emphasize how important it is for our HCAHPS scores and Leapfrog grades to meet and even exceed our neighboring hospitals. I am encouraged by the Governing Boards Patient Safety and Quality Committee, focusing on these areas.

The history of turbulence and periods of uncertainty regarding the future of the United Medical Center, coupled with a predominantly Medicaid payer mix, is a cause of concern for any physician that seeks to practice at this institution. Whether a physician is already established or is thinking of joining the medical staff, the fourth and final challenge is one of humility and the willingness to place the love of medicine and contribution to society, over financial gain and security. This is a simple truth that should be universal, but is more profound at UMC than any other hospital in the nations' capital. To meet this final challenge, it is important for physicians to understand the potential for growth of this hospital and the need to take the necessary leadership in their respective fields to make this a reality.

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. Eric Li***

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

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

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

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

DEPARTMENTAL REPORTS

ANESTHESIOLOGY DEPARTMENT

Amaechi Erondu, M.D., Chairman

PERFORMANCE SUMMARY:

The month of September reflects a steady surgical volume of 190 (One hundred and Ninety) cases. We remain optimistic at the growth potentials of the surgical department.

QUALITY INITIATIVES AND OUTCOME

CORE PERFORMANCE INDICATORS:

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

MORTALITY AND MORBIDITY REVIEWS:

No mortality was recorded in the OR this past month.
No anesthesia related morbidity was recorded.

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

PERFORMANCE SUMMARY:
In September 2016, the Intensive Care Unit had 317 patient days, 71 admissions and 73 discharges. The ICU managed a total of 70 patients in September. ICU Average Length of Stay (ALOS) for September was 4.4 days.

QUALITY OUTCOMES

CORE MEASURES PERFORMANCE:
ICU continues to meet target goals for Venous Thromboembolism (VTE) prophylaxis. ICU is continuing to work with Quality Department and is monitoring performance.

MORBIDITY AND MORTALITY REVIEWS:
September morbidity and mortality data will be presented and discussed at the next Critical Care Committee meeting in November 2016.

CODE BLUE/RAPID RESPONSE TEAMS (RRT) OUTCOMES:
ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Monthly reports are reviewed in 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 September 2016.

INFECTION CONTROL DATA:
For the month of September 2016, the 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). For September 2016, there were 204 ventilator days with no VAPs, 172 central line days with no CLABSI and 272 Foley catheter days with no CAUTIs. ICU infection rates for 3rd quarter 2016 continue to be below national benchmarks. The ICU has had 1107 days with no VAP, 243 days with no CAUTI, and the CLABSI rate for 2016 is 0.7, well below the NHSN rate of 1.5.

CARE COORDINATION/READMISSIONS:
For September 2016, 70 patients were managed in the ICU. There were two readmissions to ICU within 72 hours of transfer out. ICU continues to work with nursing to assess and evaluate reasons for readmissions. Of note, UMC does not have a step-down unit or an Intermediate Care Unit. ICU continues to work with case management to facilitate discharges and decrease ICU ALOS.

EVIDENCE-BASED PRACTICE (PROTOCOLS/GUIDELINES):
Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, ventilator weaning, infection control practices, and patient centered practices.

GROWTH/VOLUMES:
September saw a significant increase in patient days and in acuity. ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity and 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 precept George Washington University Physician Assistant students during their clinical rotations in UMC ICU.

FINANCIALS:
ICU continues to operate within its projected budget.

ACTIVE STEPS TO IMPROVE PERFORMANCE:
Goal is to continue to provide safe and high quality patient care, caring for patients with increased illness acuity, providing best evidence based practice, all while keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks.

EMERGENCY MEDICINE

Mehdi Sattarian, M.D., Chairman

PERFORMANCE SUMMARY:
Emergency department had a census of 4,980 patients.

SEPTEMBER 2016 DEPARTMENT METRICS:

Patient Volumes:	4,980
% Change from 2015:	1.6 % drop compare to 2015
Ambulance Volume:	1336
Median Left without Treatment:	2.6 %
Admission Rate:	11.0%
Transfers:	67 patients (1.3%)
Turnaround Time for D/C Patients:	223 minutes

QUALITY INITIATIVE, OUTCOMES, ETC.

Improving the provider productivity:

1.98 patient/hour

Improving throughput process including:

Door – Provider: 64 minutes

Door – Disposition: 170 minutes

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

Elopement Rate: 43 patients (0.8%)

Suicide attempts: 0

Readmissions within 72h:

15 Cases (0.3%)

AMA Rate:

0.4%

LWBS Rate:

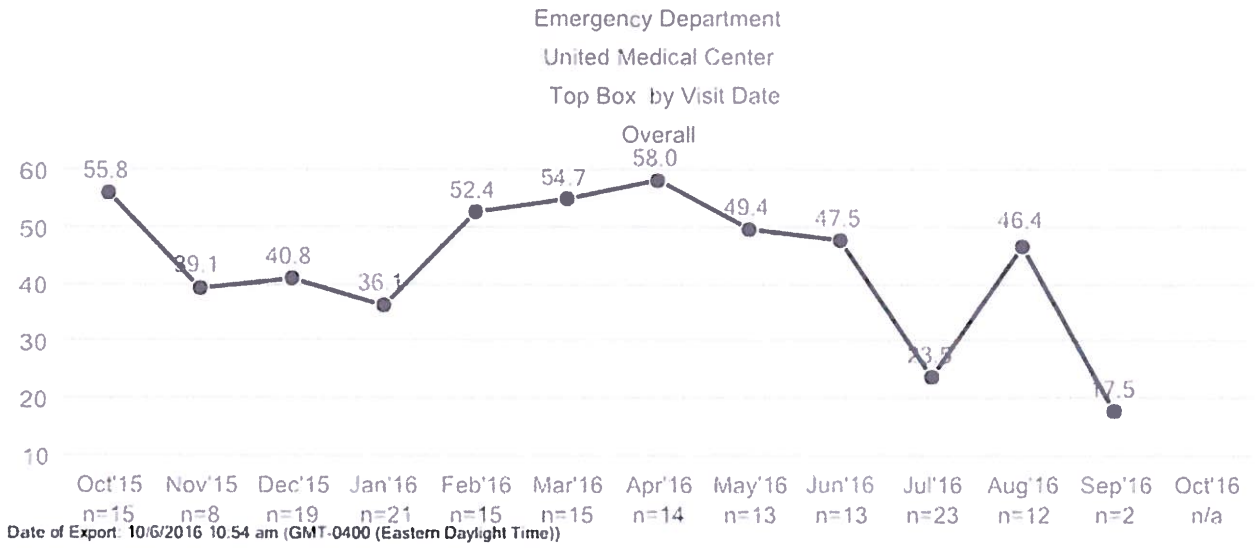
2.6%

TRANSFERRED PATIENTS

These are the main category of transferred patients:

- Trauma: 17 patient
- Psychiatric: 5 patient
- Cardiology: 9 patient
- Kaiser: 9 patient

SERVICE (HCAHPS) PERFORMANCE/DOCTOR COMMUNICATION:



GROWTH/VOLUMES:

1. **ED Volume:** Emergency department has decrease of 1.6% in the month of September, we will monitor this number.
2. **Process Improvement:** The main focus of consistent staffing of ED, and focus of front end process of decrease LWBS and increase the census.

INTERNAL MEDICINE

Musa Momoh, M.D., Chairman

Admission and Discharges

Admissions

UMC Total admissions	542
Department of Medicine admissions	382
Percent of total admissions	70.48%

Discharges

UMC Total discharges	560
Department of Medicine discharges	395
Percent of total discharges	70.54%

ALOS 6.36 days

PROCEDURES:

EGD and Colonoscopies	72
Bronchoscopies	01
ERCP	0
Dialysis	210

SATISFACTION SCORES:

Communication with physicians	75.3%
Pain Management	71.9%

NEW STAFF APPOINTMENTS:

Jose Parungao/Gastroenterologist - Already seeing patients.

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%	50%			
IMC Admission	01	02		02	03	01	2	2	2	2			
NICU Admission	04	02		03	02	04	1	1	1	0			
Infant on Vent	01	---		---	01	03	01	01	01	0			
# of infant transferred	01	01		02	01	03	1	1	1	0			
# of infant on IV Therapy	02	02		02	02	03	2	1	1	1			
Infant on Antibiotic Therapy	02	02		02	03	0	2	1	1	1			
Phototherapy	---	01		01	---	01	0	1	1	2			
Circumcision	14	06		04	04	08	20	16	21	13			
Infant (+) Substance Abuse	01	01		04	04	04	8	12	14	7			
Boarding Baby	01	02		01	02	01	1	1	1	2			
Failed Hearing Screen	---	01		01	---	01	4	1	1	1			
# of Bili scan	34	24		26	24	25	32	38	38	30			
# of CCHD Screening	34	24		26	24	25	32	38	38	30			

GYN patients	05	12		04	21	10	9	7	7	7			
Premature babies receiving steroids prior to birth*	01	---		---	02	-0-	4	1	1	0			
Code Purple	30	15		17	17	16	23	26	27	20			
Neonatal Death	-0-	01		-0-	-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	31			
Vaginal Deliveries	28	21	21	14	28	25	34	31	25			
Vacuum assisted deliveries	01	02	-0-	-0-	01	1	2	1	2			
Primary C-Section	05	03	05	03	03	3	5	6	1			
Repeat C-Section	04	02	03	07	01	4	1	3	5			
VBAC Attempt	01	-0-	-0-	01	01	1	1	4	1			
VBAC Successful	01	-0-	-0-	01	01	1	1	4	1			
# of Induction of Labor	03	02	01	03	02	5	5	2	1			
# of Aug. of Labor	03	03	03	04	-0-	0	0	0	1			
HIV + Mom	01	-0-	02	-0-	-0-	0	1	0	0			
HIV + Babies	-0-	-0-	-0-	-0-	-0-	0	0	0	0			
Mother + for Substance	01	01	04	04	01	2	8	14	7			
Abuse	-0-	-0-	-0-	-0-	-0-							
Still Birth	02	-0-	-0-	01	03	0	1	1	1			
No Prenatal Care	04	03	03	16	13	4	4	1	1			
Mother to ICU	-0-	01	-0-	-0-	01	0	0	0	0			

Multiple Gestation	01	01	-0-	01	-0-	1	0	0	0			
HTN/PIH	03	03	03	01	01	2	2	1	4			
Placenta Abruption	-0-	02	-0-	-0-	-0-	0	1	0	2			
Placenta Previa	-0-	-0-	-0-	-0-	-0-	0	0	0	0			
Meconium	01	07	01	04	01	7	8	6	4			
MRSA + Carrier	-0-	-0-	-0-	-0-	-0-	0	0	0	0			
Maternal Transfer	02	02	04	-0-	01	1	1	1	0			
PP Hemorrhage	-0-	-0-	-0-	01	-0-	0	0	0	0			
Cord Prolapsed	-0-	-0-	01	-0-	-0-	0	0	0	0			
Epidural Anesthesia	15	08	12	07	15	8	18	16	9			
Spinal Anesthesia	06	06	06	07	02	4	6	8	5			
General Anesthesia	-0-	-0-	01	01	02	0	0	1	1			
Diabetic	-0-	-0-	02	-0-	-0-	0	0	0	0			
Eclampsia	01	01	-0-	-0-	-0-	2	2	1	0			
HELLP Syndrome	-0-	-0-	-0-	-0-	-0-	0	0	0	0			
TOTAL TRIAGE PATIENTS	180	147	181	202	186	221	231	188	204			

PATHOLOGY

Eric Li, M.D., Chairman

The laboratory implemented auto verification in the Hematology section. Chemistry is the next and last section to be completed. IQCP (Individual Quality Control Program) will be the next new project. This program will reduce costs while maintain quality.

Dr. Eric Li has arrived to take the position of Laboratory and Blood Bank Director and Chairman of the Department of Pathology. Dr. Reagin will be available as a substitute to allow Dr. Li time of for vacations, meetings, and other duties. Dr. Li as new Chairman of Pathology will maintain a positive working environment

and create more opportunities. We will continue to have high standards of performance and quality improvement.

PSYCHIATRY

Lisa Gordon, M.D., Chairman

Performance Summary: For the month of September, please see the table below. The year to date total number of admissions is 657.Our average length of stay for September was 6.12 and YTD was 6.61 days.

Description	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	MTD %	YTD %
ALOS	7.56	5.93	5.95	5.62	9.77	6.13	6.22	6.2	6.12	6.61		
UMC Admissions Legal Status-Voluntary	28	46	35	31	34	28	31	42	43	318	51%	48.4%
UMC Admissions Legal Status-In Voluntary	31	40	39	45	27	35	38	42	42	339	49%	51.6%
Total Admissions	59	86	74	76	61	63`	69	84	85	657	100%	100%
Referral Sources:												
CPEP	27	45	29	17	17	18	18	29	28	228	32.9%	34.7%
Other (UMC ED)	30	37	40	49	40	39	44	43	45	367	52.9%	55.9%
GWU	1	2	3	2	2	2	2	1	2	17	2.4%	2.6%
Providence	0	0	0	0	0	0	1	1	0	2	0.0%	0.3%
Georgetown	1	0	0	2	1	0	0	3	1	8	1.2%	1.2%
Sibley	0	1	1	1	0	0	0	1	0	4	0.0%	0.6%
UMC Medical Surgical Unit	0	0	1	0	0	0	0	3	2	6	2.4%	0.9%
Children's Hospital	0	1	0	0	0	0	0	0	0	1	0.0%	0.2%
Howard	0	0	0	1	0	0	1	2	0	4	0.0%	0.6%
Laurel Regional Hospital	0	0	0	0	0	0	0	0	1	1	1.2%	0.2%
Washington Hospital Center	0	0	0	0	0	1	0	0	1	2	1.2%	0.3%
Suburban Hospital	0	0	0	0	0	0	0	0	1	1	1.2%	0.2%
All Others	0	0	0	1	0	0	0	0	2	3	2.4%	0.5%
PIW	0	0	0	3	1	3	3	1	2	13	2.4%	2.0%
Total # of Patients	**59**	**86**	**74**	**76**	**61**	**63**	**69**	**84**	**85**	**657**	**100%**	**100%**

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
St. Elizabeth Transfers	2	1	5	2	3	2	0	3	1	19
Transfers with LOS over 15 days	2	1	4	0	2	1	0	1	0	11
Number of Court Hearings	0	0	1	0	5	3	0	0	1	10

QUALITY INITATIVE, 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.

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

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

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

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

ACTIVE STEPS TO IMPROVE PERFORMANCE:

The renovations are scheduled to start in October.

RADIOLOGY

Raymond Tu, M.D., Chairman

PERFORMANCE SUMMARY:

	INP		ER		OUT		TOTAL	
EXAM TYPE	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	2						2	
CT SCAN	73		511		288		872	
FLUORO	12				23		35	
MAMMOGRAPHY					277		277	
MAGNETIC RESONANCE ANGIO	6				3		9	
MAGNETIC RESONANCE IMAGING	35		5		44		84	
NUCLEAR MEDICINE	11		1		7		19	
SPECIAL PROCEDURES	27				3		30	
ULTRASOUND	126		201		281		608	
X-RAY	165		766		886		1817	
CNMC CT SCAN			35				35	
CNMC XRAY			617				617	
GRAND TOTAL	457		2136		1812		4405	

QUALITY INITIATIVES, OUTCOMES, ETC.

CORE MEASURES PERFORMANCE

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

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

MORBIDITY AND MORTALITY REVIEWS:
There were no departmental deaths.

CODE BLUE/RAPID RESPONSE TEAMS ("RRTs") OUTCOMES: none

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 discussed lung cancer detection at the Lung Cancer Alliance national conference held in Washington, DC

LUNG CANCER ALLIANCE

SCREENING & CARE CONFERENCE

FRIDAY, SEPTEMBER 23

7:00 – 8:00 am
Breakfast (Salon B Foyer)

8:00 – 9:30 am
Opening Session

- Welcome
  Laurie Fenton Ambrose, President and CEO, Lung Cancer Alliance
- Opening Remarks
  Douglas E. Wood, MD, Professor and Interim Chair, Department of Surgery, Chief, Division of Cardiothoracic Surgery, Endowed Chair in Lung Cancer Research, University of Washington
- Expert Panel: Updates on Coverage and Billing for Lung Cancer Screening
  - *Solomon Banjo, The Advisory Board*
  - *Anita McGlothlin, American College of Radiology*
  - *Raymond Tu, MD, MS, FACR, Progressive Radiology*

Dr. Tu discussed the availability of low dose lung CT scanning at UMC using the new General Electric Revolution EVO CT 128 slice CT scanner

FINANCIALS:

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. Dr. Tu is introducing R-SCAN™ a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based upon a growing list of imaging Choosing Wisely (CW) topics. R-SCAN delivers immediate access to Web-based tools and clinical decision support (CDS) technology that help us optimize imaging care, reduce unnecessary imaging exams and lower the cost of care. There is no cost to participate. The project is funded by the CMS Innovation Center Transforming Clinical Practice Initiative, which has the goal of moving practices towards value-based payment models.

SURGERY

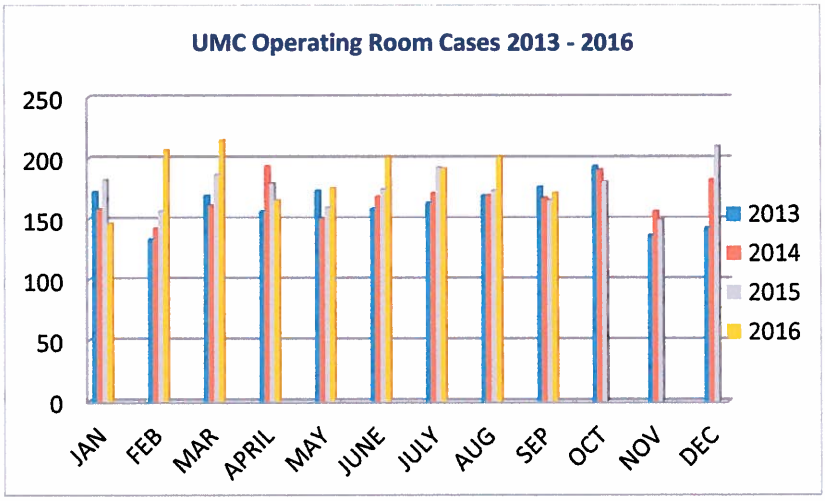
Gregory Morrow, M.D., Chairman

For the month of September, the Surgery Department performed 172 total procedures.

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

	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	172
OCT	194	191	181	
NOV	137	157	150	
DEC	143	183	210	
ANNUAL TOTAL	**1952**	**2019**	**2116**	**1678**

SURGERY SUMMARY REPORT FROM SEPTEMBER 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 SEPTEMBER 2016

In coordination with the Hospitalist service and Nursing, we have launched 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:

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

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

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

- 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.

The OR renovations have begun with a 6 months' anticipated completion time. We are in process of implementing 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

October 2016

APPLICATIONS IN PROCESS

(Applications received through September 30, 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 PERFORMANCE IMPROVEMENT ACTIVITIES

Indicator/Goal/Benchmark	*1st Qtr.*	*2nd Qtr.*	*3rd Qtr.*
1. Indicator: Timely processing of initial application following receipt (30) days Goal:100% Benchmark: 90%	100%	100%	100%
2. Indicator: All expirable documents are current (license, physical, DEA, DC CDS, insurance, etc.) Goal: 100% Benchmark: 90%	87%	86%	80%*
3. Indicator: Complete initial appointment credential files Goal: 100% Benchmark: 90%	100%	100%	100%
4. Indicator: Timely processing of re-appointment application following receipt (30) days Goal: 100% Benchmark: 90%	100%	100%	100%

*** The 20% expired documentation comprised of 13 PPD Tests and 7 physicals.**

MEDICAL STAFF CREDENTIALING ACTIVITY
SEPTEMBER 2016

NEW APPOINTMENTS

Chohan, Salman, MD (Urology)
Ferraro, Richard, MD (Emergency Medicine)
Goni, Michelle, MD (Telemedicine)
Postal, Eric, MD (Telemedicine)
Rahbar, Rodeen, MD (Thoracic Vascular Surgery)
Ram, Priti, MD (Telemedicine)
Sydow, Gregg, MD (Telemedicine)

REAPPOINTMENT

Brown, Emmanuel, MD (Internal Medicine/Active)
Charafeddine, Riad, MD (Radiology/Active)
Dawson, Konrad, MD (Plastic Surgery/Courtesy)
Huang, Abbott, MD (Radiology/Active)
Magee, Eugene, MD (Nephrology/Active)
McFarren, Krista, MD (Radiology/Active)
Obeng, Simeon, MD (Internal Medicine/Active)
Oke, Luc, MD (Cardiology/Active))
Rezazadeh-Tehrani, Ali, MD (Urology/Active))
Sachs, Howard, MD (Radiology/Active)
Wilkens, Jill, MD (Radiology/Active)

PROVISIONAL REVIEW

Banks, Sandra, MD (Emergency Medicine/Active)
Dennis, Robert, MD (Plastic Surgery/Courtesy)
Hoque, Mohammad, MD (Gastroenterology/Courtesy)
Kazi, Aneela, MD (Psychiatry/Active)
Sherman, Nicholas, MD (Emergency Medicine/Active)
Taylor, Gordon, MD (Emergency Medicine/Active)
Williamson, Evon, MD (Anesthesiology/Active)

RESIGNATIONS

Dhawal Goradia, MD (Radiology)
Jarita Hagans, MD (Family Medicine)

MEDICAL STAFF MEETING ANNOUNCEMENTS

Medical Staff Meetings November

November 7, 2016 at 12:30 pm	Peer Review Committee
November 8, 2016 at 12:30 pm	Prevention and Control of Infections Committee
November 8, 2016 at 2:00 pm	Pharmacy & Therapeutics Committee
November 10, 2016 at 12:30 pm	Credentials Committee
November 14, 2016 at 12:30 pm	Critical Care Committee
November 16, 2016 at 2:00 pm	Health Information Management Committee
November 16, 2016 at 3:00 pm	Performance Improvement Committee
November 17, 2016 at 5:00 pm	Department of Medicine
November 21, 2016 at 12:00 pm	Medical Executive Committee
November 22, 2016 at 2:00 pm	Utilization Review Committee

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MEDICAL CENTER

General Board Meeting

Date: October 26, 2016

Location: Conference Rooms 2/3

Medical Staff Report

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

Dr. Tu receives on behalf of all medical staff the District of Columbia City Council Resolution for our excellence toward patient care and stewardship for all residents of the District of Columbia at our September Quarterly Staff Meeting voted unanimously, presented to Dr. Tu by Councilwoman Yvette Alexander, Chairperson of the Committee on Health.

Financials: 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. Dr. Tu is introducing R-SCAN™ a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based upon a growing list of imaging Choosing Wisely (CW) topics. R-SCAN delivers immediate access to Web-based tools and clinical decision support (CDS) technology that help us optimize imaging care, reduce unnecessary imaging exams and lower the cost of care. There is no cost to participate. The project is funded by the CMS Innovation Center Transforming Clinical Practice Initiative, which has the goal of moving practices towards value-based payment models.

Tab 5

Committee Reports

UMC

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MEDICAL CENTER

General Board Meeting

Date: October 26, 2016
Location: Conference Rooms 2/3

Governance Committee Report

Virgil McDonald, Chair

- Minutes
- Meeting Materials

Not-For-Profit Hospital Corporation
Board of Directors
Governance Committee Agenda
Virgil McDonald, Committee Chair
October 11, 2016 at 8:00 a.m.

I. CALL TO ORDER

II. ROLL CALL

III. CONSENT AGENDA
- REVIEW MINUTES OF THE SEPTEMBER 13, 2016 MEETING

IV. BOARD MEMBER TERMS

V. ANUUAL COMMITTEE MEETING – THURSDAY, NOVEMBER 17, 2016

VI. UPDATE – UMC MISSION, VISION AND VALUES STATEMENT
- VIRGIL MCDONALD

VII. STATUS OF BOARD PORTAL
- DONNA M. FREEMAN

VIII. NFPHC – BYLAWS ANNUAL REVIEW

IX. BOARD RETREAT
- **SUGGESTED DATE: SATURDAY, MARCH 25, 2017 OR APRIL 1, 2017**
- STATUS OF MARKETING TRAINING FOR BOARD MEMBERS

X. COMMITTEE AND BOARD OFFICER TERMS

XI. BOD ATTENDANCE TRACKING SUMMARY – PERIOD ENDS 12/31/16

XII. ANNUAL SPECIAL MEETINGS

XII. NEXT MEETING – TUESDAY, NOVEMBER 8, 2016 @ 8:00am

Not-For-Profit Hospital Corporation
Governance Committee Meeting Minutes
September 13, 2016

Present: Virgil McDonald, Committee Chair, Steve Lyons, Luis Hernandez, Khadijah Tribble, Dr. Julian Craig, Donna Freeman (Corporate Secretary)

Excused:

Guests:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:05 a.m.	
Determination of a Quorum	Virgil McDonald, Committee Chair determined a quorum.	
Approval of the Agenda	The agenda was approved as printed.	
Approval of Minutes	The minutes of July 19, 2016 were approved.	
Discussions	*Highlights included:* Virgil McDonald, and David Thompson, Director of Marketing led the discussion on the following: **Annual Meetings: Board Retreat and Community Meeting** Community Meeting – proposed date November 17, 2016 @ UMC – 6:00pm-8:00pm • Seeking broader appeal to the community • Improved attendance of the community • Panel discussion is the proposed format • ANC's, civic organizations and churches by October 1.	

	• Adopt-A-School Launch and Social Media • Building a relationship with Giant and Safeway – may engage for giveaways • Promote through Facebook, UMC website and radio spots • Food basket giveaways for Thanksgiving **Ideas to extend our community outreach for the Community Meeting:** • Direct mailing or electronic call • Collaborate with Medical Insurers i.e. Trusted, Ameri-Health, etc. • Insert announcement in the MCO's newsletters to their clients. • Look for earned media – i.e. physicians speaking to the community • Partner with Turkey Giveaways from Councilmember in Ward 8 • Include HMO partners and UMC to provide employment opportunities and apply on site • Panel discussion – Exec. Team and physicians outlining the MAP will create dialogue • Community Service Awards to residents of Wards 7 & 8 • Door prizes or gift cards to a supermarket • Mobile Van available and offer flu shots • Be specific on the message to the community • Make a decision on location: auditorium and or conference rooms • Local media coverage is needed/possibly TV coverage • MAP will be discussed during the meeting • Requested a creative name for the community meeting • Create a giveaway that will return the patients to the hospital for care • Introduce the new physicians to the community • Informative videos will be available • Vendor relationships and their participation **Board Appointments** • Ms. Jacqueline Bowens will be sworn-in as a new board member on September 28, 2016. • She has also been appointed as the President of DCHA **UMC Mission, Vision and Values Statement** • The Mission and Vision Statement have been approved. • Revisit the mission and values statement • Resolution by early October	Management Action Plan (MAP) will be addressed and Chair McDonald asked Mr. Hernandez to prepare for a moderate report for the Community meeting. Send creative names for the Community Meeting to Donna Freeman promptly.

	Board Portal – Donna Freeman provided an update. The rollout is tentatively scheduled for October. Chair McDonald requested a demonstration at the September BOD meeting. **NFPHC-Bylaws Annual Review-**Chair McDonald led the discussion regarding the Bylaws. Legal Counsel (Polsinelli) will be engaged to review and identify updates where needed. • Mr. Lyons suggested having BEGA review the Bylaws before sending to Polsinelli. • Send to BEGA and hoping to have response on or before October Governance Meeting. **Board Retreat 2016 –** Chair McDonald led the discussion regarding the Retreat. • MAP will be in effect for 6 months • Proposed date: March 25, 2017 • A poll will be sent to the Board and Staff to confirm the date. • Marketing training deferred to the October meeting. **Committee and Board Officer Terms –** Chair McDonald led the discussion • Propose to create a structured term of officer • Deferred to the October meeting **Board Attendance Tracking** • Period ends 2016 • Keep commitment attendance for all meetings	
Other Business	**The next conference call will be held on Tuesday, October 11, 2016 @ 8:00 a.m.** The meeting was adjourned at 9:10a.m.	

Board of Directors Evaluation Summary

September 28, 2016

Areas of Evaluation	Average Response Rank
Proper notice was given to Board Members & community	4.7
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	3.7
Executive reports were concise, yet informative	4.3
Directors' discussions were on target and focused	4.4
Directors were prepared and involved	4.4
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	4.3
Appropriate Board and staff assignments were made	4.4
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	4.8
Meeting ran on time	3.4
I am satisfied with this meeting	4.5

Board member attendance: ____12____ Present ___0____ Absent

In the evaluation form, the Board Members were invited to provide feedback on three specific questions. Some of the comments received are summarized below.

What aspects of this meeting were particularly good?

- Good discussion.
- Abbreviated reports with enough time for questions.
- Detailed reports.
- Finance PowerPoint presentation.
- Really excellent questions.
- Great discussions by board members

What aspects of this meeting were particularly bad?

- None
- The reports by the leaders need to be more strategic and informative.

Do you have any suggestions or comments about this meeting?

- Consider starting the next meeting at 8:00 a.m. in closed session for the Finance orientation.
- Possibly giving the leader a template on what their report should include:
    1. Salient points
    2. Opportunities
    3. Accomplishments
    4. Concerns

Board of Directors Evaluation Form
Wednesday, October 26, 2016

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

	Exceeds Expectation		Meets Expectation		Below Expectation
Proper notice was given to Board Members & community	5	4	3	2	1
The Board packet was received in a timely manner	5	4	3	2	1
The meeting agenda is appropriate.	5	4	3	2	1
The Board packet provided the appropriate information to support solid discussions and decisions	5	4	3	2	1
Executive reports were concise, yet informative	5	4	3	2	1
Directors' discussions were on target and focused	5	4	3	2	1
Directors were prepared and involved	5	4	3	2	1
All recommendations and decisions made by the Board are documented and monitored to ensure implementation	5	4	3	2	1
Appropriate Board and staff assignments were made	5	4	3	2	1
Board Members' conduct was business-like, cordial, results-oriented and respectful of diversity	5	4	3	2	1
Meeting ran on time	5	4	3	2	1
I am satisfied with this meeting	5	4	3	2	1

What aspects of this meeting were particularly good?

What aspects of this meeting were particularly bad?

Do you have any suggestions or comments about this meeting?

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: October 26, 2016
Location: Conference Rooms 2/3

Patient Safety & Quality Committee Report

Maria Gomez, Chair

- Minutes
- Meeting Materials

Governing Board Patient Safety & Quality Committee

October 11, 2016
4:30 p.m.-5:30 p.m.
Location: Hospital Board Room (2nd Floor)

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

Governing Board Patient Safety & Quality Committee Meeting
October 11, 2016
Location: Hospital Board Room (2nd Floor)

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

Agenda

I.	**Welcome**	All
II.	**Call to Order**	M. Gomez
III.	**Approval of Minutes**	All
IV.	**Old Business**	
	A. Committee Responsibilites	Dr. D. Kelly
	B. Leapfrog Survey Progress Report	
	C. Core Measures Progress Report	
V.	**New Business**	
	A. Patient Satisfaction	Dr. D. Kelly
	• Measurement and Reporting Challenges	
	• Proposed Report Format	
	B. Top 10 Priorities	
	• Review	
	• Alignment with Management Action Plan (MAP)	
	• Adapt as Needed	
VI.	**Other Business**	All

Adjournment

Next Meeting: Tuesday, November 8, 2016

Leapfrog Survey
Comparison of 2014 to January – September 2015

Component	Description	2015 Based on 2014 data	2016 Based on 2015 data
Bar Code Medication Administration	Bar Code Medication Administration	Yes	Yes
Managing Serious Errors	1. Near events policy 2. Hospital-acquired infection – CLABSI 3. Hospital-acquired infection – CAUTI 4. Surgical site infection: major colon surgery 5. Facility-wide inpatient hospital onset Methicillin-resistant Staphylococcus aureus (MRSA) 6. Facility-wide inpatient hospital onset Clostridium difficile Infection (CDI) 7. Hospital-acquired pressure ulcers 8. Antibiotic stewardship measure	Yes 0% <.001% 2 0	Yes 0% 0% 0% 0.37% 0.37%
IPS	ICU Physician staffing	Yes	Yes
Leapfrog SPS	Leapfrog Safe Practices Score (number of items positive for UMC / total items in section) 1. Culture of safety leadership structures and system 2. Culture Measurement Feedback and Intervention 3. Teamwork training and skill-building 4. Risks and hazards 5. Nursing workforce 6. Medication reconciliation 7. Hand hygiene 8. Prevention of ventilator-associated complications	 93% (13/14) 64% (8/9) 50% (5/10) 91% (10/11) 96% (24/25) 73% (11/15) 100% (10/10) 100% (13/13)	 85% (11/13) 38% (5/13) 45% (5/11)+ 75% (9/12) 94% (16/17) 73% (11/15) 80% (8/10) 92% (11/12
CPOE	Computerized Physician Order Entry System		Yes (implemented medication ordering)

EBHR	Evidence-Based Hospital Referral Standards (Aortic valve replacement, abdominal aortic aneurysm, pancreatic resection, esophagectomy)	NA	NA
Maternity	1. Early elective delivery 2. Cesarean section (C-section) 3. Episiotomy 4. Process measures of quality: • Bilirubin screening • Deep vein thrombosis in women undergoing C-section 5. High-risk Deliveries	2% (n=56) 30% (n=105) 0% (n=353) Yes NA	0% (n=40) 28% (n=60) 4% (n=27) Yes 92% (n=13) NA
Readmission for Acute Conditions & Procedures	Readmission for Acute Conditions & Procedures 1. AMI 2. Heart Failure 3. Pneumonia 4. CABG 5. COPD 6. Total Hip /Knee		Utilization Review Committee

Core Measures

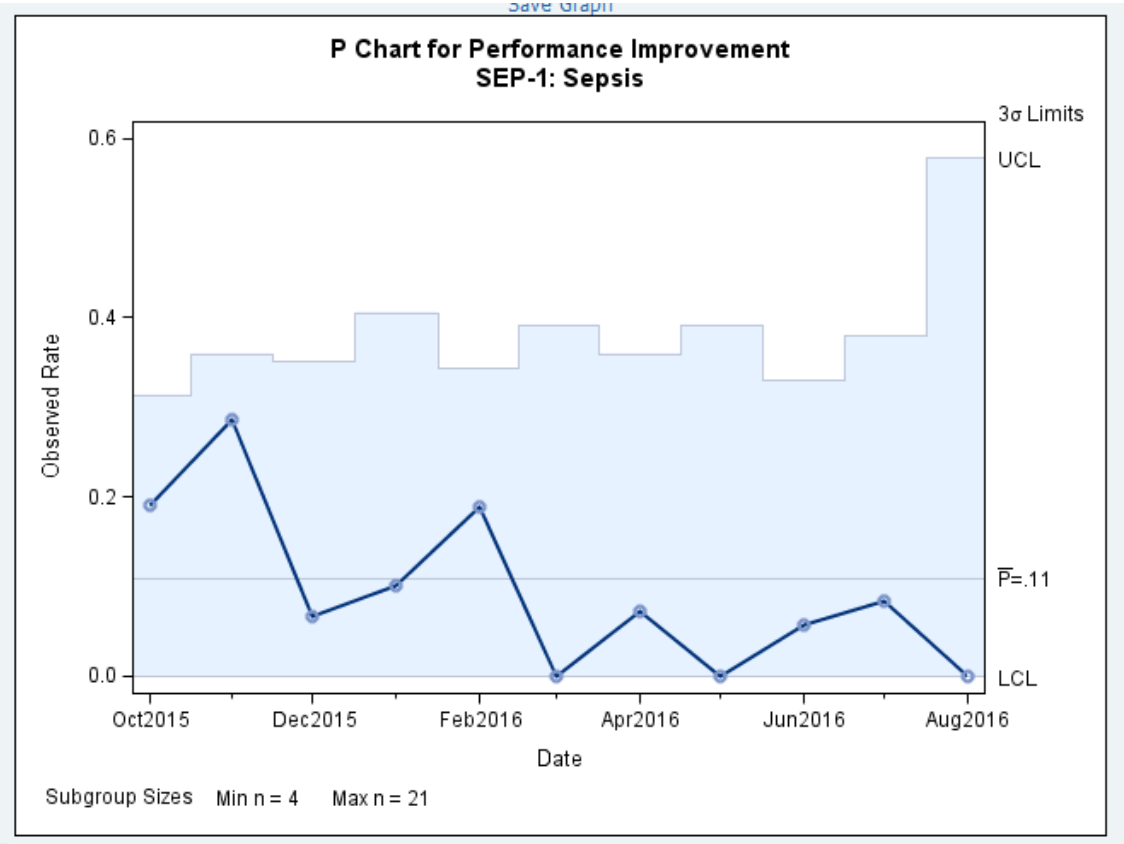
UMC Quality and Safety Subcommittee

October 11, 2016

MEASURE	CMS	TJC	ACCOUNT-ABILITY MEASURE	CHART ABSTRACTED	eCQM	MEANING-FUL USE 16
HBIPS	X			X		
SUB 1	X			X		
SUB 2	X			X		
SUB 3	X			X		
TOB 1	X			X		
TOB 2	X			X		
TOB 3	X			X		
ED 1a	X	X		X		X
ED 1b	X	X		X		X
ED 1c	X	X		X		
ED 2a	X	X		X		
ED 2b	X	X		X		X
ED 2c	X	X		X		
PC 01	X	X	X	X		X
PC 02	X	X		X		
PC 03	X	X	X	X		
PC 04	X	X		X		
PC 05	X	X		X		
STK 4	X	X	X	X	X	
VTE 5	X	X	X	X	X	
VTE 6	X	X		X	X	X
IMM 2	X	X	X	X		
eSTK 2		X			X	X
eSTK 3		X			X	X
eSTK 4		X		X	X	X
eSTK 5		X			X	X
eSTK 6		X			X	X
eSTK 8		X			X	X
eSTK 10		X			X	X
eSCIP INF 1		X			X	X
eSCIP INF 9		X			X	X
eVTE 1		X			X	
eVTE 2		X			X	
eVTE 3		X			X	X
eVTE 4		X			X	X
eVTE 5		X		X	X	X
eVTE 6		X		X	X	
SEP	X			X		

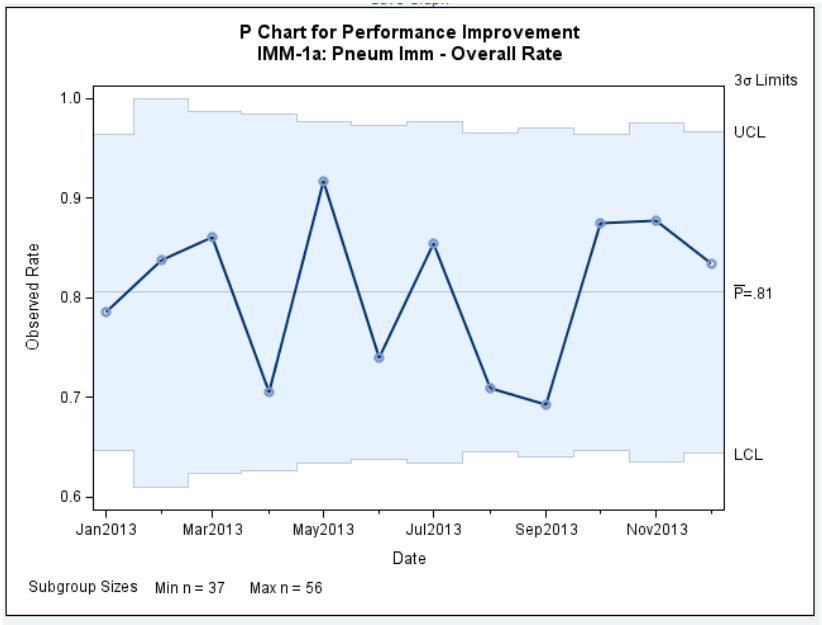
Summary of Reported Measures with Methodology

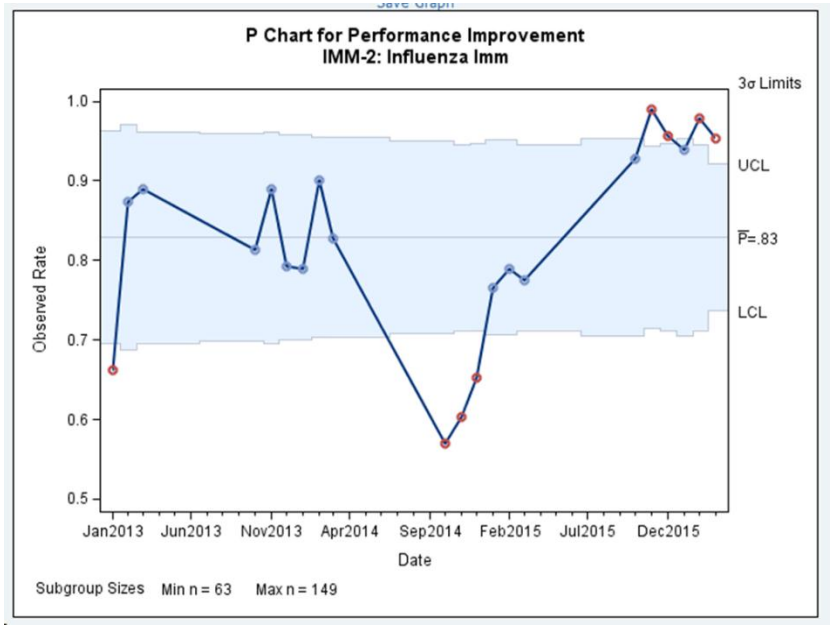
Sepsis Bundle



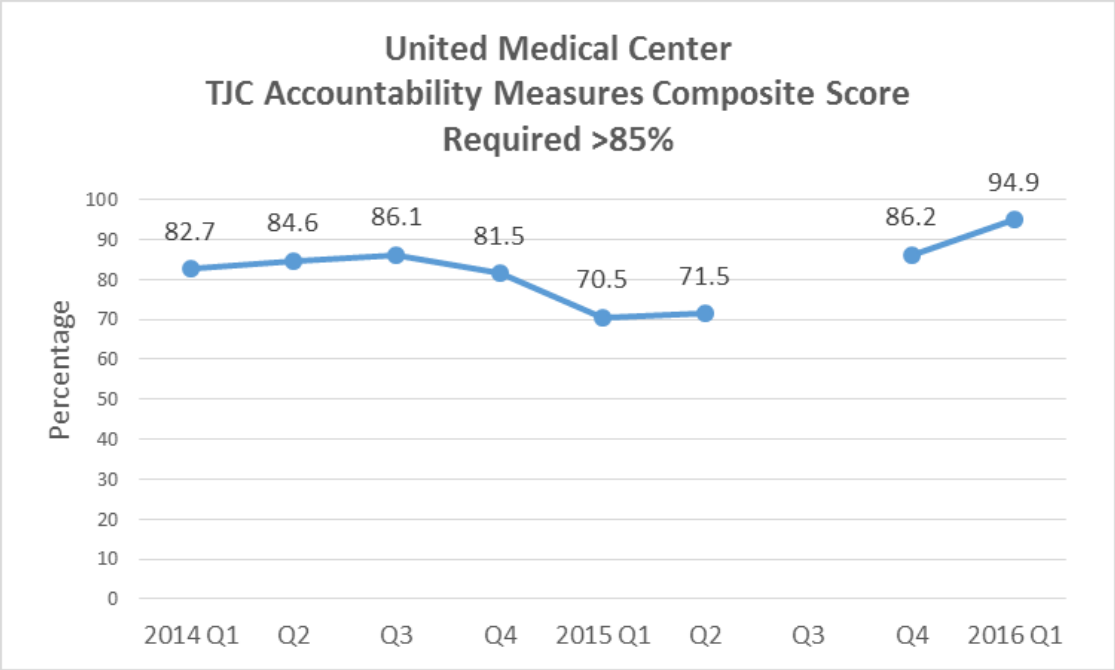
- Focus on early detection and intervention
- Measure is complex with multiple elements
- Small team worked on protocol
- Interdisciplinary, inter-departmental kickoff with education on September 29
- Sub-committee established to design implementation strategy for med-surg areas

Immunizations





Accountability Measures



Composite of: (total numerator / total denominator)

- Antenatal Steroids
- Elective Delivery
- Thrombolytic Therapy
- Stroke
- Influenza Immunization

Patient Experience of Care

UMC Quality and Safety Subcommittee

October 11, 2016

Survey Response Rates

Press Ganey average response rate = 19

UMC site	Year	Response Rate
Inpatient	2015	7.5%
ED	2016	7.2% (projected based on Jan – Aug)

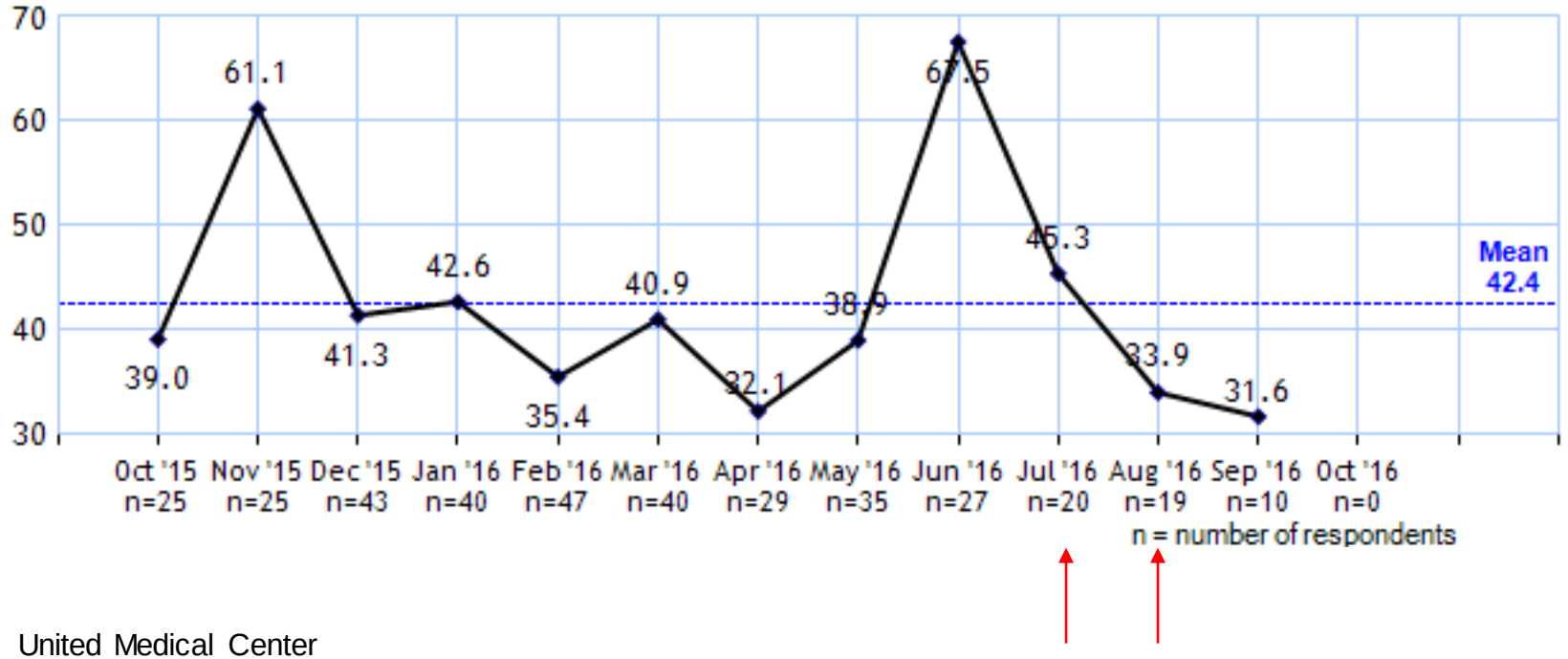
- A minimum of 90 days is needed before 85% of surveys are returned to be statistically significant
- Government payer patient base tend to have more address and phone number changes making reaching them more difficult

Top Box Trends

Inpatient

United Medical Center

Overall



United Medical Center

Note: in July and August, extreme heat was experience while at the same time, the air conditioning system went down throughout the hospital. The HVAC system has since been repaired.

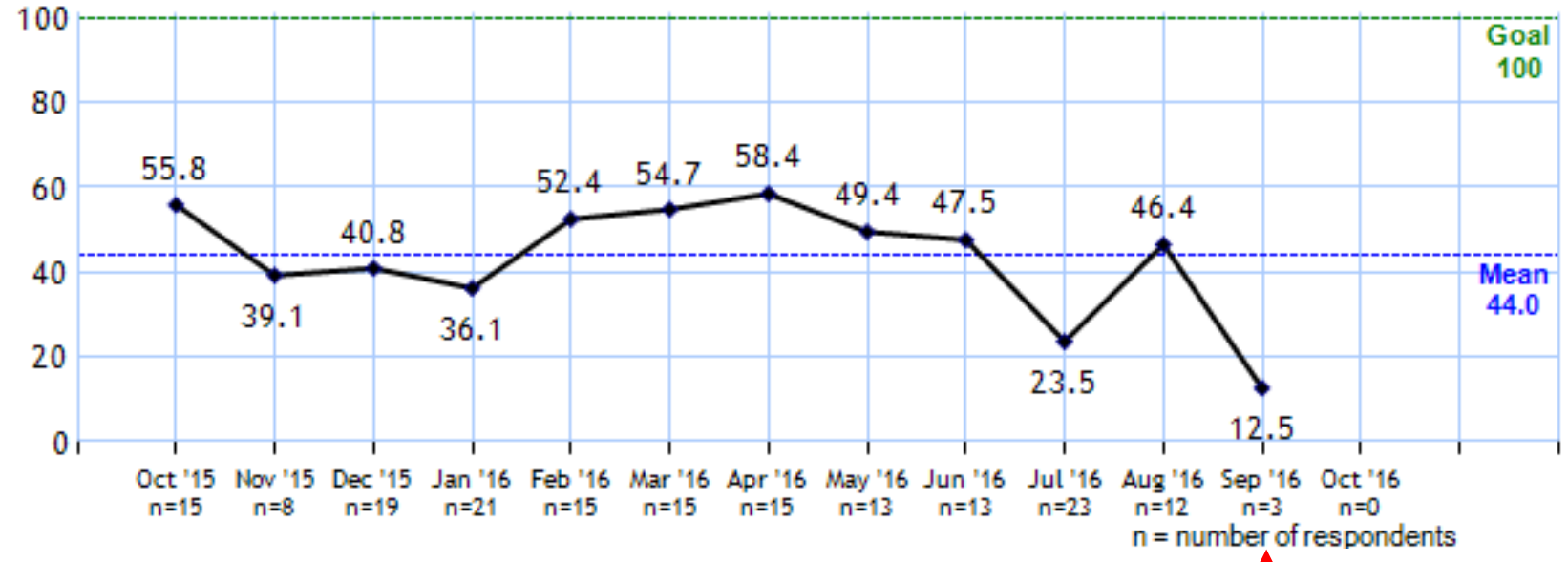
Displayed by Discharge Date

Top Box Trends

Emergency Department

United Medical Center

Overall



United Medical Center

Note: sample size too small to evaluate

Displayed by Visit Date

Inpatient: Positive to Negative Comments

positive negative mixed mixed

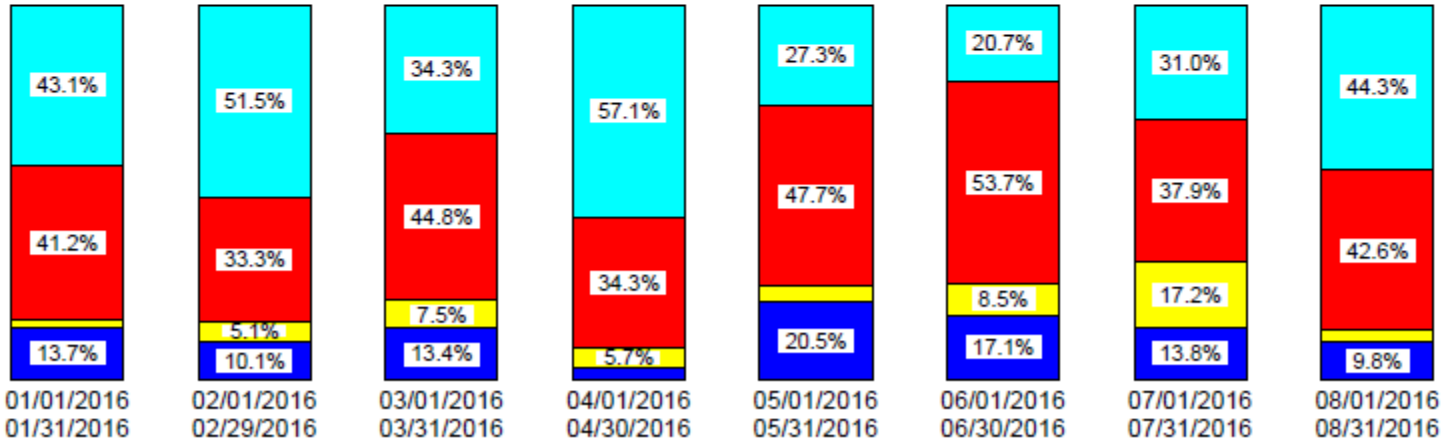
United Medical Center 08/01/2016 - 08/31/2016

Inpatient Comments Report
Section / Nursing Unit

Report Summary

Comments Processed:	61	Total Surveys Processed:	16
Positive Reactions:	27	Mixed Reactions:	2
Negative Reactions:	26	Neutral Reactions:	6
Pos/Neg Ratio:	1.04	Open-ended Comments:	0

Report Reaction Trending



ED Positive to Negative Comments

positive negative mixed mixed

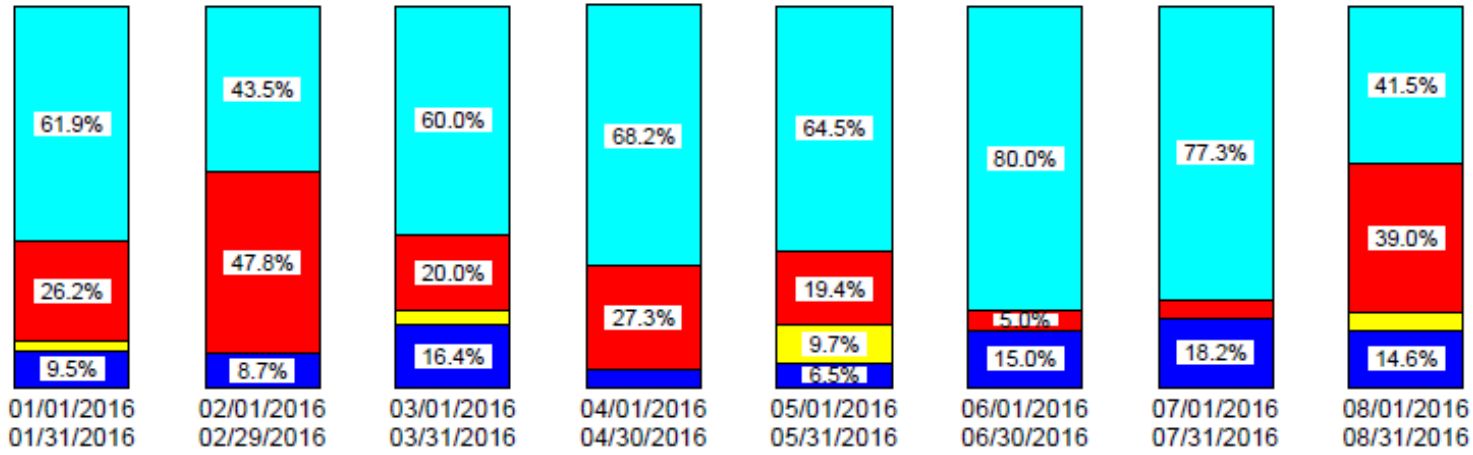
United Medical Center 08/01/2016 - 08/31/2016

ER Comments Report
Section / Shift

Report Summary

Comments Processed:	41	Total Surveys Processed:	17
Positive Reactions:	17	Mixed Reactions:	2
Negative Reactions:	16	Neutral Reactions:	6
Pos/Neg Ratio:	1.06	Open-ended Comments:	0

Report Reaction Trending



2017 Quality and Performance Improvement

Top Priorities

1. Achieve successful licensure survey (hospital and skilled nursing facility	Management Action Plan #12
2. Improve Leapfrog Hospital Safety Score from a C to a B	
3. Complete Cultural Competency training for 40% of the workforce	Add to Management Action Plan #10
4. Meet and / or exceed national benchmarks for core measures and publicly reported data	
5. Improve overall patient experience scores to nation average (HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems)	Management Action Plan #10
6. Hardwire established patient experience tactics ((AIDET, white board usage, bedside shift, report, hourly rounding)	Management Action Plan #10
7. Adopt at lease evidence-based protocols (ICU and ED)	Sepsis
8. Maintain healthcare acquired infections below national benchmarks	ongoing
9. Adopt an “all hands on deck” or the “UMC family-home” approach to maintaining a clean, clutter-free and well maintained hospital environment by achieving 70% of HCAHPS cleanliness rate.	

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: October 26, 2016
Location: Conference Rooms 2/3

Strategic Planning Committee Report

Khadijah Tribble, Chair

Minutes
Meeting Materials

Not-For-Profit Hospital Corporation
Board of Directors
Steering Committee Agenda
August 16, 2016 at 8:00am

Khadijah Tribble – Committee Chair

Conference Call - Dial-In: 1 (800) 457-9859 Passcode: 8260653#

I. CALL TO ORDER

II. ROLL CALL

III. CONSENT AGENDA
   a. Review Committee Meeting Minutes of July 19, 2016

IV. REVIEW RECOMMENDATION OF AN ADDITIONAL SUBCOMMITTEE MEMBER

V. BOARD RETREAT DISCUSSION
   a. Recommendation-Media Training in collaboration with the Governance Committee

VI. PLAN A PRESENTATION FROM UMC STAFF
   a. Progress of Foundation

VI. ADJOURNMENT

Not-For-Profit Hospital Corporation
Strategic Planning Committee Meeting Minutes
August 16, 2016

Present: Khadijah Tribble, Chair, Virgil McDonald, Julian R. Craig, MD, Luis Hernandez, Donna Freeman (Corporate Secretary)
Excused: Konrad Dawson, MD
Guests: Thomas Hallisey, CIO and David Thompson, Director of Marketing

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 8:03 a.m.	
Determination of a Quorum	Donna Freeman, Corporate Secretary determined a quorum.	
Approval of the Agenda	The agenda was approved as printed.	
Approval the Minutes	The meeting minutes of July 19, 2016 were approved.	
Discussions	*Highlights included:* Khadijah Tribble led the discussion regarding the following topics. • Committee composition and voting members ◦ The committee agreed Sean Ponder would be a welcomed addition ◦ Chair Tribble will discuss the recommendation with Board Chair	

	• Chair Tribble proposed media training for specific board members. ◦ David Thompson agreed on the media training and the timing will will be early Fall. ◦ The training will include videotaping of all participants. ◦ Virgil McDonald will present the training idea to the Governance Committee and add to the agenda at the retreat. **Tom Hallisey, CIO -** *(Report presented to the Board Members and filed in the Office of the Secretary of the Corporation)* Information Technology Strategic Overview: ◦ Initiatives pending: short term and long term ◦ Information Security and patient care ◦ Weakness and strengths of current systems were explained ◦ Clinical Improvements planned ◦ Recommendations and future plans for the department ◦ Long –term plan is vital to UMC's future ◦ What is needed to get us to the optimum position in the industry? Chair Tribble proposed to the committee for consideration: ◦ Fund-raising on the agenda for the October meeting ◦ Agreement to proceed by the committee. **David Thompson, Director of Marketing** - *(Report presented to the Board Members and filed in the Office of the Secretary of the Corporation)* ◦ Branding and the value of same ◦ Dispel the negative reputation and image of UMC ◦ TV and radio spots will return ◦ Theme slogan selected ◦ Print ads and effectiveness of same ◦ Social media penetration	Chair Tribble asked David Thompson to reply with the following: what is the capacity of the marketing team (FTE's) and what tool is used to measure the effectiveness of the marketing dollars spent?

	◦ Search engine optimization ◦ Exposure of our new and current physicians in the community ◦ Community Outreach ◦ Local businesses ◦ Mobile Vans ◦ Press Releases Additional areas of importance: ◦ Increase reputation and image of the hospital ◦ Increasing more traffic to the hospital ◦ Increasing community data base	
Other Business	**The next conference call will be held on Tuesday, September 20, 2016 @ 8:00am.** The meeting was adjourned at 9:15 a.m.	

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: October 26, 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

- September financial report
- Preliminary FY 2016 year-end results

V. OTHER BUSINESS

- Financial issues, pressures and adjustments impacting FY 2017 budget
- Revenue Cycle Report (brief)
- Contract approvals (including discussion on process and Finance Committee responsibilities)
- Other new business

VI. ANNOUNCEMENTS

The next Finance Committee conference call will be November 15, 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
September 20, 2016

Present: Steve Lyons, (Committee Chair), Girume Ashenafi, Chris Gardiner, Board Chair, Sean Ponder, Lilian Chukwuma, CFO, Luis Hernandez, CEO, Perry K. Sheeley, Hugh (Mickey) Blackman, Charletta Washington, COO, David Boucree, Devin Price and Donna Freeman (Corporate Secretary)

Excused:

Public:

Agenda Item	Discussion	Action Item
Call to Order	The meeting was called to order at 2:34 p.m. by Steve Lyons, Committee Chair.	
Determination of a Quorum	A quorum was determined by Chair Steve Lyons	
Approval of the Agenda	The agenda was approved as printed.	
Approval of Minutes	The meeting minutes of August 30, 2016 were approved.	
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 August 31, 2016. (*Attachments presented to Committee members and filed in the Office of the Secretary of the Corporation)* Discussion Highlights *(Please refer to financial statements provided in Finance materials):* o **Net Income**: The financial results for the month of August 31, 2016, reflect a net income of $5.2M which exceeds budget by $5.2M. YTD net income is $23.4M, which exceeds budget by $26.6M. o **Net Income (Loss)** from operations: The net income from operations for the month was $1.7M which was higher than the budgeted loss of $164K by $1.9M. YTD net income from operations is $202K, reflecting an operating profit as opposed to a budgeted loss of $5.1M. • **Operating Expenses** o The total operating expenses for the month were above budget by $390K, or 4.2%, and exceeded YTD budget by $5.7M or 5.5%. o SWBCL accounted for 59% of the total operating expenses for the month, and 62% YTD. SWBCL expenses totaled to $5.8M, which were $238K below budget for the month but above YTD budget by $2.0M. ▪ Paid FTEs for the period were 829 (85 below budget). ▪ Hospital FTEs – 725 (85 FTEs below budget). ▪ SNF FTEs-104 – on target. ▪ Average hourly rate for paid employees was $33.69 compared to a budgeted $31.50. o Overtime accounted for $384K of total salary expense. Overtime represents 8.6% of total salary expense.	

- **Professional Fees**
  The Professional Fees expense for the month exceeded budget by $120K and YTD by $1.5M.

- **Purchased Services**
  The Purchased Services expense for the month is $1.4M, reflecting an unfavorable budget variance of $434K. YTD expenses are over budget by $1.1M.

- **Other Operating Expenses**
  Other Expenses for the month of August are over budget by $28K.

- **Cash Flow**
  On August 31, 2016, NFPHC held $37.1M of cash, an increase of $6.2M from prior month.
  - Day's cash on hand (excluding capital reserves) was 41.9 days, a decrease of 6.2 days from the previous month.
  - $2.8M in cash was used for Operations.
  - $652K was used for capital additions.

- **Collections**
  Total cash collections were 8.4% above YTD budget.

- **Accounts Receivable**
  Net patient accounts receivable (AR) totaled $13.8M as of August 31, 2016, and is above the prior month by $252K.

- **Aged Trade Payable**
  As of August 31, 2016, trade accounts payable (AP) totaled $8.5M, which is $1.3M higher than the AP balance for the prior month.

- **Liquidity**
  At the end of August 2016, net working capital was $36.1M, an increase in net working capital of approximately $6.0M compared to the prior month.

Volume – Inpatient

Total admissions for the reporting period were 587, which was higher than budget by 8. Year to date is higher than budget by 104, or 2%.

- **Hospital admissions** – Hospital admissions were above budget by 8 admissions for the month.
- **Med/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 2.4% higher than the budget. Medical/Surgical admissions accounted for 75% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 33.9% for the reporting period.
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were under budget by 8.2% for the month.
- **SNF admissions** – Admissions on SNF were above the budget by 1 for the reporting period.
- **Case Mix Index** – The Hospital Case Mix Index was at 1.1600 for the month. The Medicare Case Mix Index was at 1.69 for the month.

Volume – Outpatient

- **Outpatient Visits** – Outpatient visits were lower than budget by 10%. primarily due to negative budget variances in all locations except emergency services.
- **ED Volumes** – ED visits were above budget by 5%.
- **Radiology Visits** – Radiology visits were above budget by 5%.

	• **Clinic Visits** – Clinic visits were below budget by 32%. • **Same Day Surgery** – The actual visits in this category were above budget by 35%. • **Observation admissions** – There were 289 observation admissions, exceeding budget by 37%. • **ER visits** – ER visits were above budget by 5%. o There were 477 admissions from ED, representing 100% of total admissions and 9.11% of total ED visits. o 3.17% of ED visits had zero charges applied. An extensive discussion was held on the following regarding the August 31, 2016 report: • Auditors – On site and control testing until September 30, 2016. • DSH funds received this year– not projected in FY 2017 Budget • Focusing on expense reduction challenges • Trends are tracking in positive direction – we are in the positive through August 2016	
Other Business	**Any expected financial issues/pressures** Extensive discussions were held on the following: **LITIGATION UPDATE -** Steve Lyons led the discussion. **REVENUE CYCLE REPORT -** Luis Hernandez, CEO addressed the update. • A revenue cycle assessment report from the consultant is expected within the next two weeks. • A Consultant to be engaged/contracted by October 2016 **BUDGET FY 2017** – Steve Lyons, Luis Hernandez and Lilian Chukwuma, led the discussion on the following:	

	• Three year projection remains the same • Revenue and projections are solid A motion was made to present the FY 2017 Budget to the Board of Directors on September 28, 2016. Seconded. Passed unanimously. **CONTRACT APPROVALS** - Luis A. Hernandez, CEO and Charletta Washington, COO led the discussion on the following: • EmCare Anesthesiology • Crothall Healthcare – Building Services • Nurse Call System • RHI – Patient Room Refresh A recommendation was made by Chair Lyons to send the above contracts to the full BOD on September 28th, 2016. Question: Will the BOD review all contracts for operations or capital expenditures over $250K? Answer: Yes, the Board will review and approve all contracts for operations and capital expenditures over $250K.	
New Business	**The next Finance Committee conference call will be Tuesday, October 18, 2016 at 2:30pm.**	
Announcements	Meeting adjourned at 3:42pm.	

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Board of Directors
PRELIMINARY FINANCIAL REPORT
September 2016

UNITED MEDICAL CENTER
Report Summary

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UNITED MEDICAL CENTER
Highlights

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

Attestation

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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

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

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 September 30, 2016, and compares these results to the corresponding FY 2016 Board-approved budget results.

T1 – Statement of Operations

Month of September			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
$10,140	$ 9,372	$ 3,563	$ 768	8%	$ 6,578	185%	Net patient services revenue (before bad debt)	$117,816	$110,460	$102,709	$ 7,356	7%	$ 15,107	15%
(889)	(975)	(81)	86	-9%	(808)	1002%	Provision for bad debt	(13,226)	(11,677)	(10,694)	(1,549)	13%	(2,532)	24%
9,252	8,398	3,482	854	10%	5,770	166%	Net patient services revenue	104,590	98,783	92,015	5,807	6%	12,575	13.7%
(10,023)	(9,411)	(11,927)	(612)	7%	1,903	-16%	Total operating expenses	(119,317)	(113,050)	(115,122)	(6,267)	5.5%	(4,195)	3.6%
(772)	(1,013)	(8,445)	241	-24%	7,673	-91%	Contribution from operations	(14,727)	(14,267)	(23,107)	(460)	3%	8,379	-36%
-	122	-	(122)	-100%	-	0%	Disproportionate share revenue	6,943	1,467	2,277	5,477	373%	4,666	205%
153	217	135	(65)	-30%	18	14%	CNMC revenues	2,484	2,547	2,341	(63)	-2%	143	6%
669	414	1,326	255	62%	(657)	-50%	Other revenues	5,552	4,934	6,320	618	13%	(767)	-12%
51	(259)	(6,984)	310	120%	7,034	-101%	Net income (loss) from operations	252	(5,320)	(12,169)	5,572	105%	12,421	-102%
(726)	163	15,527	(889)	-546%	(16,253)	-105%	Non operating inc (exp)	22,426	1,955	21,122	20,471	1047%	1,304	6%
$ (676)	$ (96)	$ 8,544	$ (579)	-603%	$ (9,219)	-108%	Net income (loss)	$ 22,679	$ (3,364)	$ 8,953	$ 26,043	774%	$ 13,725	153%

Net Income

- The financial results for the month ending September 30, 2016, reflect net loss of $676K, which exceeds budget by $579K. Year to date net income is $22.7M, exceeding the budget by $26.0M.

Net Income (Loss) from Operations

- The net income from operations for the reporting month is $51K, which was higher than the budgeted loss of $259K by $310K. Year to date net income from operations is $252K, reflecting an operating profit as opposed to a budgeted loss of $5.3M.

  - Net patient services revenue excluding bad debt for the month is above budget by $854K or 10%, due to third party settlements and revenue cycle improvements, exceeding both year to date budget and prior year by $5.8M and $12.6M respectively.

Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

- DSH revenue exceeds year to date by $5.5M respectively.

Non-Operating Revenues

- No capital funds were received from the District during September 2016.

Operating Expenses

- The total operating expenses for the month were above budget by $612K, or 6.5%, and exceeded year to date budget by $6.3M or 5.5%.

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

T2 – Operating Expenses

Month of September			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Operating Expenses:							
4,280	4,674	5,182	(394)	-8.4%	(903)	-17.4%	Salaries and wages	55,891	55,309	51,449	583	1.1%	4,443	8.6%
1,088	1,221	1,327	(134)	-10.9%	(240)	-18.1%	Employee benefits	14,152	14,774	13,615	(622)	-4.2%	537	3.9%
381	188	574	193	102.9%	(193)	-33.6%	Contract labor	3,920	2,211	5,207	1,709	77.3%	(1,287)	-24.7%
1,599	1,143	1,499	456	39.9%	100	6.7%	Medical supplies	15,550	14,079	15,074	1,471	10.4%	475	3.2%
707	609	650	98	16.2%	58	8.9%	Professional fees	8,621	7,045	7,822	1,576	22.4%	799	10.2%
1,253	950	1,749	302	31.8%	(496)	-28.4%	Purchased services	13,330	11,901	13,784	1,428	12.0%	(454)	-3.3%
716	626	945	90	14.4%	(229)	-24.3%	Other operating expenses	7,853	7,731	8,172	123	1.6%	(319)	-3.9%
10,023	9,411	11,927	612	6.5%	(1,903)	-16.0%	Total	119,317	113,050	115,122	6,267	5.5%	4,195	3.6%

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.

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

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

Month of September								Year-To-Date						
Actual	% Total	Budget	% Total	Prior Year	% Total	% Var		Actual	% Total	Budget	% Total	Prior Year	% Total	% Var
							Operating Expenses:							
5,748	57%	6,083	65%	7,084	59%	-19%	SWBCL	73,963	62%	72,294	64%	70,270	61%	5%
1,599	16%	1,143	12%	1,499	13%	7%	Medical supplies	15,550	13%	14,079	12%	15,074	13%	3%
707	7%	609	6%	650	5%	9%	Professional fees	8,621	7%	7,045	6%	7,822	7%	10%
1,253	12%	950	10%	1,749	15%	-28%	Purchased services	13,330	11%	11,901	11%	13,784	12%	-3%
716	7%	626	7%	945	8%	-24%	Other operating expenses	7,853	7%	7,731	7%	8,172	7%	-4%
10,023	100%	9,411	100%	11,927	100%	-16%	Total	119,317	100%	113,050	100%	115,122	100%	4%

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

- SWBCL accounted for 57% of the total operating expenses for the month, and 62% year to date. SWBCL expenses totaled to 5.7M, which is 335K below budget for the month but higher than year-to-date budget by $1.7M.

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

- Paid FTEs for the month is 836 (78 below budget).
  - Man-hours per Adjusted Patient Day below target.
  - Hospital FTEs - 724 (86 FTE below budget)
  - SNF FTEs - 112 (8 FTE above target)
  - Average hourly rate for hospital paid employees is $31.99 compared to a budgeted $31.96.

- Overtime accounts for $328K of total salary expense. Overtime as a percent of total salary expense is 11.8%. Overtime FTEs is 43.57 for the hospital 7.94 for the SNF. The top five departments utilizing overtime are:
  - 8W Med/Surgical - $41K or 12.5%
  - SNF Nursing - $40K or 12.2%
  - 5W Telemetry - $38K or 11.6%
  - Security - $25K or 7.6%
  - ER Nursing - $58K or 17.7%

- Contract Labor expenses totaling $381K is above budget for the reporting month by $193K. Areas contributing to this negative variance include:
  - Occupational Therapy above budget $71K
  - 4W Psych Unit II above budget by $32K
  - Radiology Administration above budget by $23K
  - Respiratory Therapy above budget by $31K
  - Healthcare Information Management above budget by $35K

Employee Benefits

- The total expenses for the month are below budget at $134K. Areas contributing to this variance include:
  - FICA expense is below budget by $59K
  - Federal and state unemployment taxes (FUTA, SUI) is 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 is under budget by $64K.
  - Group Health Insurance expense is under budget by $70K.

Medical/Other Supplies

- The total supplies expenses for the month is $1.6M, above budget by $456K. Year to date medical supplies in total reflect an overage of $1.5M.

Professional Fees

- The Professional Fees expense for the month and year to date exceed budget by $98K and $1.6M 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 is $1.3 million, reflecting an unfavorable budget variance of $302K. Year to date expenses are over budget by $1.4M.

- Contributing factors for the variance are monthly expenses for the VERITAS operators totaling $300K for the month and $1.4M year to date. There is offsetting amount in other revenue.

Other Expense

- Other expenses are over budget for the month by $90K as a result of charges for utilities, dues, and non-insurance settlements. Year to date overage in other expense is $123K.

Cash Flow

On September 30, 2016 NFPHC held $37.6M of cash, an increase of $500K from prior month. Day's cash on hand was 44.9 days (excluding capital reserves), an increase of 3.1 days from the previous month.

- $2.0M in cash is provided by operations
- $764K is being used for capital additions

T4 – Cash Collections

Month of September			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Cash Collections:							
7,302	8,110	8,670	(808)	-10.0%	(1,368)	-15.8%	Hospital	98,319	94,742	90,600	3,577	3.8%	7,719	8.5%
318	920	721	(602)	-65.4%	(403)	-55.9%	SNF	9,359	11,521	9,786	(2,162)	-18.8%	(427)	-4.4%
-	-	-	-	0.0%	-	0.0%	DSH	6,951	1,467	2,306	5,484	373.8%	4,645	201.4%
7,620	9,030	9,391	(1,410)	-15.6%	(1,771)	-18.9%	Total	114,629	107,730	102,692	6,899	6.4%	11,937	11.6%

*Cash collections for fiscal year-to-date do not include $23M received for capital and $10M received for operational funds from the District.

C1 - Collection Trends – Patient Services

Below are the highlights of cash collections for the month.

- Total collections are 15.6% below budget.
- Hospital collections is below budget by 10%.
- SNF collections is below budget by 65.4%

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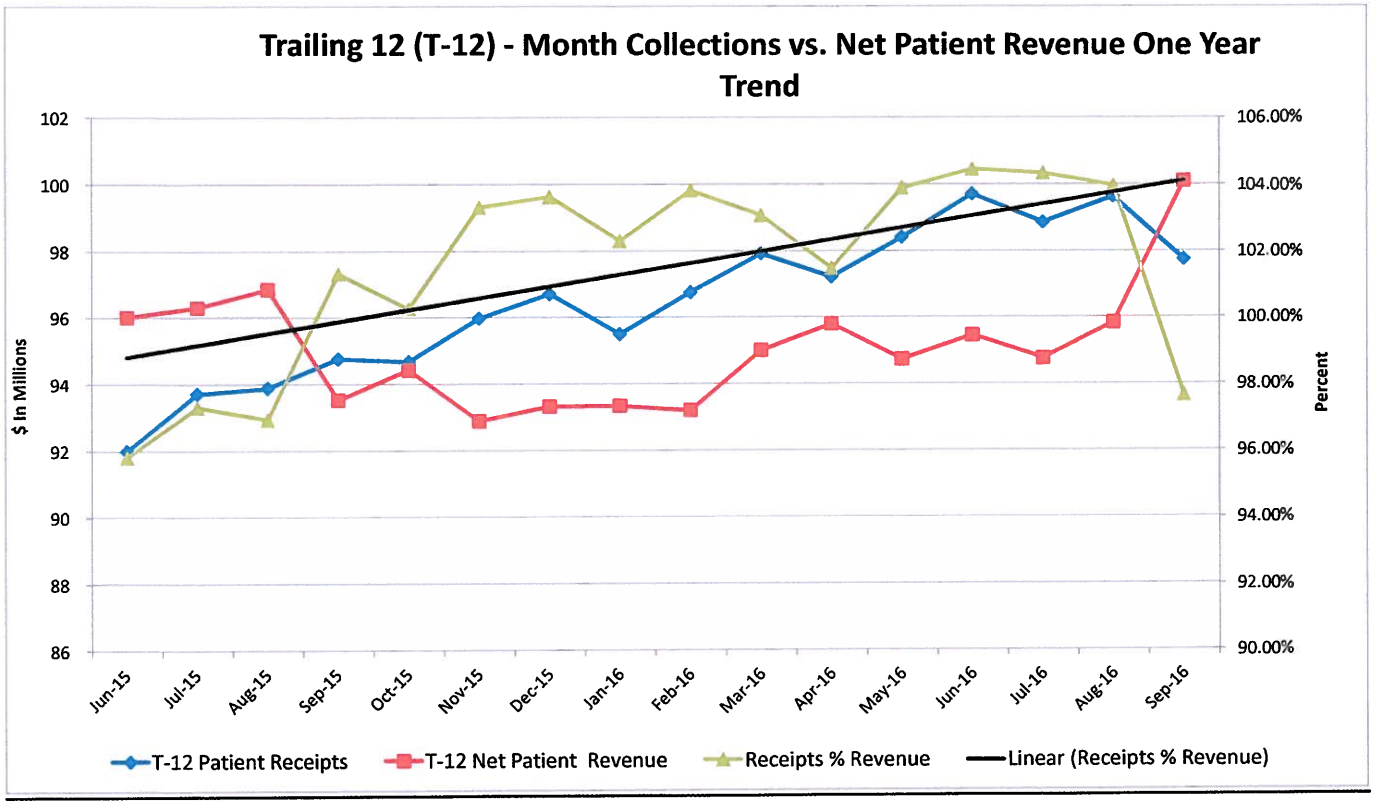
Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

Collections Trend – Patient Services

Trailing 12 – month collections as a percent of net patient service revenue finished at 97.6% for September.

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



Accounts Receivable

Net patient accounts receivable (AR) totaled $10.5M as of September 30, 2016 and is below the prior month by $3.2M.

- Net Days in A/R – Finished at 51.7 days for September 2016 year- to-date.

C2 – Weekly AP Trend

Aged Trade Payable

- As of the end of the month, trade accounts payable (AP) totaled $7.9M, which is $600K lower than the AP balance for the prior month.
- Average payment period –shows 59.1 days for fiscal year 2016 to date.

Liquidity

At the end of September 2016, net working capital was $33.7 million. This is a decrease of approximately $2.4M compared to the prior month.
Current Ratio – Finished at 2.75 in the current month, compared to 2.83 in the previous month.

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

Statistical information

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

T6 – Selected Statistics

Month of September			Budget Var		Prior Year Var			Year-To-Date			Budget Var		Prior Year Var	
Actual	Budget	Prior Year	$	%	$	%		Actual	Budget	Prior Year	$	%	$	%
							Selected Statistics:							
2.21	2.20	2.19	0	0%	0	1%	Conversion factor (acute services)	2.13	2.10	2.09	0	2%	0	2%
546	578	588	(32)	-6%	(42)	-7%	Total admissions	7,155	7,083	7,037	72	1%	118	2%
6,386	6,445	6,459	(59)	-1%	(73)	-1%	Total days	81,219	79,960	78,233	1,259	2%	2,986	4%
212.9	214.8	215.3	(2.0)	-1%	(2.4)	-1%	Total average daily census	221.9	219.1	214.3	2.8	1%	7.6	4%
60.1%	60.7%	60.8%	-0.6%	-1%	-0.7%	-1%	Occupancy	62.7%	61.9%	60.5%	0.8%	1%	2.1%	4%
4,929	5,006	5,009	(77)	-2%	(80)	-2%	ER Visits	59,997	58,000	56,373	1,997	3%	3,624	6%
190	176	162	14	8%	28	17%	Surgeries	2,494	2,035	1,985	459	23%	509	26%
836	914	868	(78)	-9%	(32)	-4%	Paid FTEs (excl. agency)	873	899	857	(26)	-3%	16	2%
$7,683	$6,605	$2,707	1,078	16%	4,976	184%	Adj. net patient revenue per AA	$6,849	$6,634	$6,263	215	3%	586	9%
$657	$593	$246	64	11%	410	167%	Adj. net patient revenue per APD	$603	$588	$563	16	3%	40	7%
1.06	1.09	1.08	(0.04)	-3%	(0.02)	-2%	Case mix (hospital)	1.09	1.09	1.10	(0.00)	0%	(0.01)	-1%

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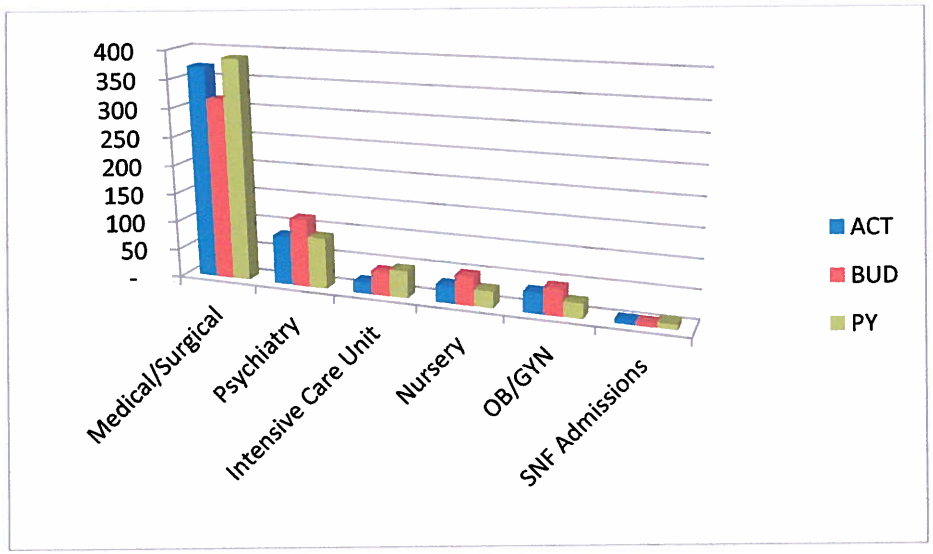
Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

Volume - Inpatient

Total admissions for the reporting period is 546 which was lower than budget by 32. Year to date admissions exceed budget by 72 or 1.0%.

Chart C3 below shows inpatient admissions for September 2016.

C3 – Inpatient Admissions – September 2016



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

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

- **Hospital admissions** – Hospital Admissions were below budget by 32 for the month.
- **Medical/Surgical admissions** (including ICU) – Admissions to the Medical/Surgical unit were 8.9% higher than the budget. Medical/Surgical admissions accounted for 72% of the total hospital admissions.
- **Psychiatry admissions** – Admissions to this unit were lower than budget by 28.0% for the reporting period.
- **Nursery/OBGYN admissions** – Admissions to Nursery/OBGYN were under budget by 32.3% for the month.
- **SNF admissions** – Admissions on SNF were on target for the reporting period.
- **Case Mix index** – The Hospital Case Mix index was at 1.055 for the month. The Medicare Case Mix index was at 1.53 for the month.

Inpatient Patient Days

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance		Actual	Budget	Prior Year	Budget Variance
				Patient Days				
1,492	2,041	1,478	-27%	Medicare	18,748	25,654	17,222	-27%
4,007	3,261	3,916	23%	Medicaid	48,836	40,580	47,944	20%
624	779	695	-20%	HMO Care/Caid	8,940	9,276	8,951	-4%
86	145	182	-41%	Commercial Managed Care	1,959	1,769	2,343	11%
160	117	154	37%	Commercial	1,896	1,454	1,347	30%
17	102	34	-83%	Self Pay	840	1,227	426	-32%
6,386	6,445	6,459	-1%	Total Days (Acute & SNF)	81,219	79,960	78,233	2%

- The total patient days for the month are 6,386, below budget by 1.0%
- Acute LOS for the month is 5.5 days, below budget by .01%.
- Occupancy (licensed beds) – 46.5% acute | 93.9% SNF

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

Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

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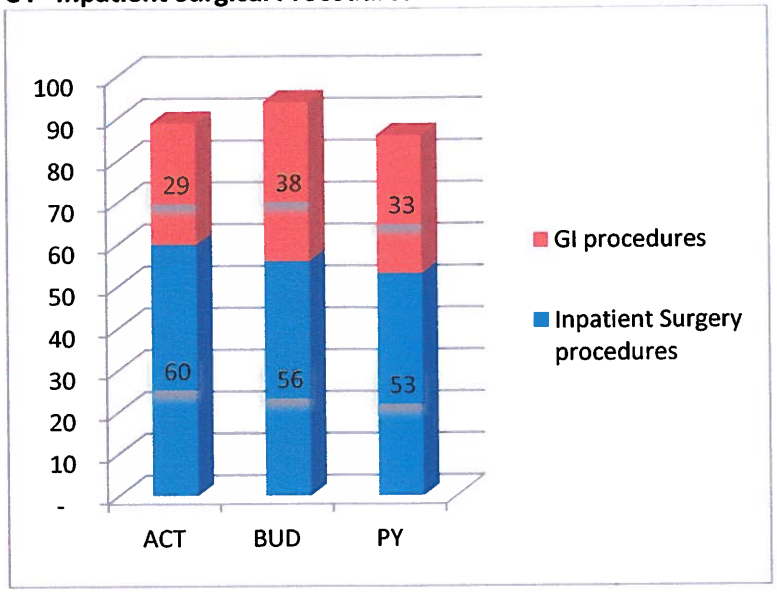
C4 –Inpatient Surgical Procedures



Surgical Procedures – The total inpatient surgeries performed are below expectations by 5.1% for The month.

Inpatient Surgery Procedures – The total number of inpatient surgery procedures performed in the month is 8.2% above budget.

GI Procedures – GI procedures performed are 24.3% below budget for the reporting month.

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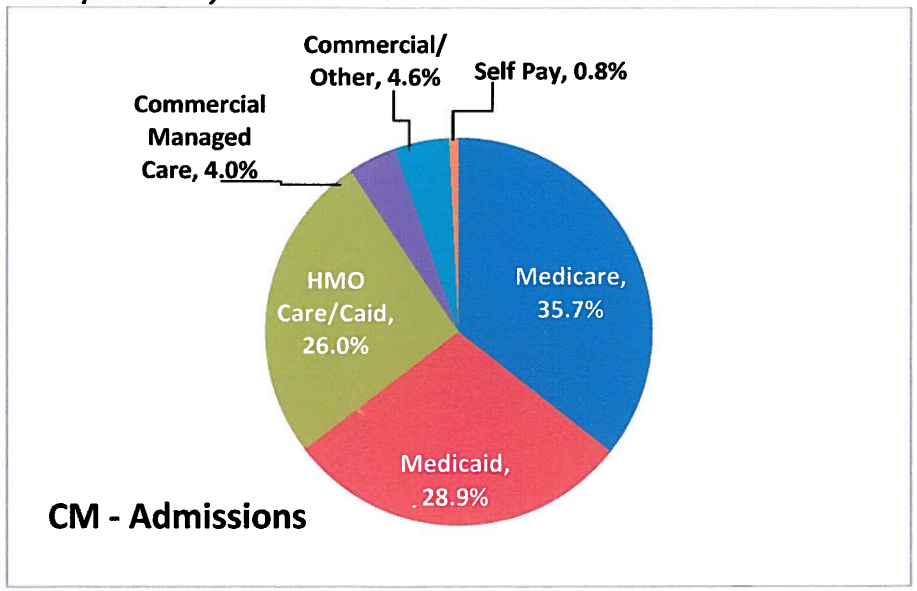
Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

Inpatient Payor Mix

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

C5 - Inpatient Payor Mix – 2016



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

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

T7 (1) – Inpatient Payor Mix

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Admissions				
195	163	197	20%	Medicare	2,427	2,075	2,219	17%
158	152	174	4%	Medicaid	1,775	1,846	1,900	-4%
142	186	146	-24%	HMO Care/Caid	2,014	2,222	2,073	-9%
22	36	33	-39%	Commercial Managed Care	425	428	490	-1%
25	23	30	9%	Commercial	333	282	260	18%
4	19	8	-79%	Self Pay	181	231	95	-22%
546	579	588	-6%	Total	7,155	7,084	7,037	1%

T7 (2) – Inpatient Payor Mix Percentages

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Admissions %				
35.7%	28.2%	33.5%	27%	Medicare	33.9%	29.3%	31.5%	16%
28.9%	26.3%	29.6%	10%	Medicaid	24.8%	26.1%	27.0%	-5%
26.0%	32.1%	24.8%	-19%	HMO Care/Caid	28.1%	31.4%	29.5%	-10%
4.0%	6.2%	5.6%	-35%	Commercial Managed Care	5.9%	6.0%	7.0%	-2%
4.6%	4.0%	5.1%	15%	Commercial/Other	4.7%	4.0%	3.7%	17%
0.7%	3.3%	1.4%	-78%	Self Pay	2.5%	3.3%	1.4%	-22%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

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Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

Volume -Outpatient

Total outpatient visits for the reporting period is 7,773 which is lower than budget by 16.8%. 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 September						Year-To-Date				
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Budget Variance %
					Visits					
4,929	5,006	5,009	(77)	-1.5%	Emergency services	59,997	58,000	56,373	1,997	3.4%
1,134	1,674	1,253	(540)	-32.3%	Radiology	13,759	17,963	1,253	(4,204)	-23.4%
1,391	2,248	1,452	(857)	-38.1%	Clinics	20,707	31,160	16,942	(10,453)	-33.5%
230	330	262	(100)	-30.3%	Laboratory	2,772	3,411	2,990	(639)	-18.7%
89	83	82	6	7.2%	Same Day Surgeries	1,029	956	946	73	7.6%
7,773	9,341	8,058	(1,568)	-16.8%	Total	98,264	111,490	78,504	(13,226)	-11.9%
454	527	562	-73	0.0%	**ER Visits Admitted as IP**	6,767	6,091	6,163	2,937	11.1%

T9 – Visits per Day

Month of September						Year-To-Date				
Actual	Budget	Prior Year	Variance	Budget Variance %		Actual	Budget	Prior Year	Variance	Budget Variance %
					Visits Per Day					
164.3	166.9	167.0	(2.6)	-1.5%	Emergency services	163.9	158.5	154.0	5.5	3.4%
37.8	55.8	41.8	(18.0)	-32.3%	Radiology	37.6	49.1	3.4	(11.5)	-23.4%
46.4	74.9	48.4	(28.6)	-38.1%	Clinics	56.6	85.1	46.3	(28.6)	-33.5%
7.7	11.0	8.7	(3.3)	-30.3%	Laboratory	7.6	9.3	8.2	(1.7)	-18.7%
3.0	2.8	2.7	0.2	7.2%	Same Day Surgeries	2.8	2.6	2.6	0.2	7.6%

Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

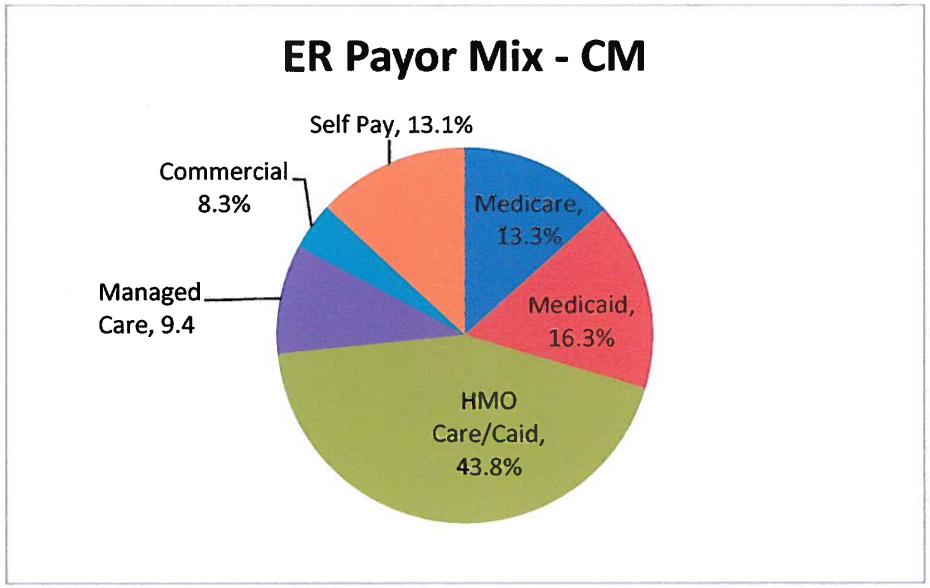
Below are the highlights of the outpatient statistics for the month:

- **Outpatient visits** –Outpatient visits are lower than budget by 17% primarily due to negative budget variances in all locations except emergency services and same day surgeries.
- **ED volumes** –ED visits are below budget by 2%.
- **Radiology Visits** –Radiology visits are below budget by 32%.
- **Clinic Visits** –Clinic visits are below budget by 38%.
    - Primary Care is up 16% compared to budget.
    - Obstetrics is down by 49% compared to budget.
    - Wound Care is below budget by 47%
    - Occupational Health is above budget by 66%.
    - Mobile Health Van visits are below budget by 93%.
- **Same Day surgery** – Actual visits in this category are above budget by 8%.
- **Observation admissions** – There are 293 observation admissions, exceeding budget by 7%.
- **ER visits** –ER visits were below budget by 2%.
    - There were 454 admissions from ED, representing 100% of total admissions and 9.% of total ED visits.
    - 3.17% of ED visits had zero charges applied.

Volume –Emergency Department Visits

Total emergency department visits for the reporting period are 4,929, which is below than budget by 2%. 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



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T10 —Emergency Room Visits Payor Mix

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Emergency Visits				
654	636	682	3%	Medicare	8,023	7,374	7,606	9%
802	838	917	-4%	Medicaid	9,864	9,705	9,510	2%
2,161	2,142	2,189	1%	HMO Care/Caid	27,358	24,816	25,655	10%
465	401	413	16%	Commercial Managed Care	4,916	4,647	4,772	6%
201	280	253	-28%	Commercial	3,024	3,248	3,003	-7%
646	708	555	-9%	Self Pay	6,812	8,210	5,761	-17%
4,929	5,005	5,009	-2%	Total Emergency Visits	59,997	58,000	56,307	3%

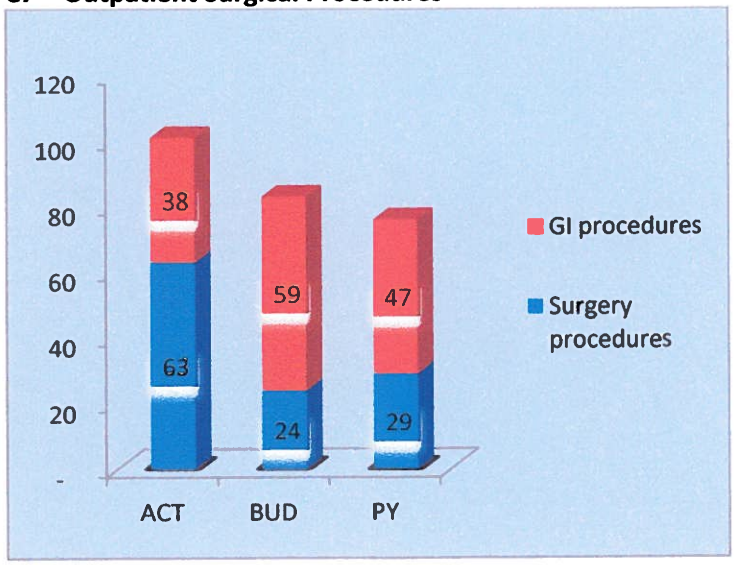
T11 —ER Outpatient Payor Mix by percentages

Month of September					Year-To-Date			
Actual	Budget	Prior Year	Budget Variance %		Actual	Budget	Prior Year	Budget Variance %
				Emergency Visits %				
13.3%	12.7%	13.6%	4%	Medicare	13.4%	12.7%	13.5%	5%
16.3%	16.7%	18.3%	-3%	Medicaid	16.4%	16.7%	16.9%	-2%
43.8%	42.8%	43.7%	2%	HMO Care/Caid	45.6%	42.8%	45.6%	7%
9.4%	8.0%	8.2%	18%	Commercial Managed Care	8.2%	8.0%	8.5%	2%
4.1%	5.6%	5.1%	-27%	Commercial/Other	5.0%	5.6%	5.3%	-10%
13.1%	14.1%	11.1%	-7%	Self Pay	11.4%	14.2%	10.2%	-20%
100.0%	100.0%	100.0%	0%	Total	100.0%	100.0%	100.0%	0%

Summary of Operating Results for the Month Ended September 2016 (PRELIMINARY)

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 are above expectations by 22%.

Outpatient Surgeries – The total number of outpatient surgeries performed are 169% above budget.

Outpatient GI Procedures – The total number of GI procedures are 36% below budget.

UNITED MEDICAL CENTER

United Medical Center
Consolidated Statement of Operations
For the period ending Sepembert 30, 2016

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Dollars in Thousands

Month of September						Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year		Actual	Budget	Var.	Var. %	Prior Year
					Statistics:					
546	578	(32)	-6%	588	Total Admissions	7,155	7,083	72	1%	7,037
6,386	6,445	(59)	-1%	6,459	Total Days (Acute & SNF)	81,219	79,960	1,259	2%	78,233
5.5	5.6	(0.1)	-2%	5.3	Hospital Average Patient Stay	5.6	5.6	(0)	0%	5.6
4,929	5,006	(77)	-2%	5,009	ER Visits	59,997	58,000	1,997	3%	56,373
836	914	(78)	-9%	868	Full Time Equivalents	873	899	(26)	-3%	857
					Revenues:					
$ 13,200	$ 13,186	14	0%	$ 12,765	Gross inpatient revenues	$ 162,779	$ 164,072	(1,293)	-1%	$ 155,518
13,627	13,525	101	1%	13,042	Gross outpatient revenues	159,469	154,661	4,808	3%	145,872
26,826	26,711	115	0%	25,807	Total Gross Revenues	322,248	318,733	3,515	1%	301,390
					Deductions From Revenues:					
16,564	16,978	186	1%	22,235	Contractual discounts	201,443	203,956	(1,913)	-1%	195,695
889	975	(86)	-9%	81	Provision for bad debt	13,226	11,677	1,549	13%	10,694
102	295	(193)	-66%	(9)	Charity care	1,951	3,528	(1,577)	-45%	2,113
20	66	(46)	-70%	19	Other deductions/adjustments	1,039	789	250	32%	874
-	-	-	0%	-	DC OP Supplemental Payment	-	-	-	0%	-
-	(122)	122	-100%	-	Disproportionate share revenues	(6,943)	(1,467)	(5,477)	373%	(2,277)
17,574	18,191	(17)	0%	22,325	Total Deductions From Revenues	210,715	218,484	(7,169)	-3%	207,098
9,252	8,520	132	2%	3,482	Net patient services revenue	111,533	100,249	10,684	11%	94,293
153	217	(65)	-30%	135	CNMC revenues	2,484	2,547	(63)	-2%	2,341
669	414	255	62%	1,326	Other revenues	5,552	4,934	618	13%	6,320
10,074	9,152	322	4%	4,943	Total Operating Revenues	119,570	107,730	11,239	10%	102,954
					Operating Expenses:					
4,280	4,674	(394)	-8%	5,182	Salaries and wages	55,891	55,309	583	1%	51,449
1,088	1,221	(134)	-11%	1,327	Employee benefits	14,152	14,774	(622)	-4%	13,615
381	188	193	103%	574	Contract labor	3,920	2,211	1,709	77%	5,207
1,599	1,143	456	40%	1,499	Medical/ other supplies	15,550	14,079	1,471	10%	15,074
707	609	98	16%	650	Professional fees	8,621	7,045	1,576	22%	7,822
1,253	950	302	32%	1,749	Purchased services	13,330	11,901	1,428	12%	13,784
716	626	90	14%	945	Other expenses	7,853	7,731	123	2%	8,172
10,023	9,411	612	7%	11,927	Total Operating Expenses	119,317	113,050	6,267	6%	115,122
51	(259)	310	-120%	(6,984)	Net Income (Loss) From Operations	252	(5,320)	4,972	-93%	(12,169)
					Nonoperating (Income)/Expense:					
2	19	(17)	-90%	5	Interest (Income)/Expense	21	309	(288)	-93%	98
726	683	42	6%	77	Depreciation and amortization	7,689	8,200	(511)	-6%	7,052
(1)	(865)	864	-100%	(15,609)	District Cap. Rev./ Other	(30,136)	(10,465)	(19,671)	188%	(28,273)
726	(163)	889	-546%	(15,527)	Total Nonoperating (Inc)/Exp	(22,426)	(1,955)	(20,471)	1047%	(21,122)
$ (676)	$ (96)	$ (579)	603%	$ 8,544	Net Income (Loss)	$ 22,677	$ (3,364)	$ 25,443	-756%	$ 8,953

United Medical Center
Consolidated Net Position
September 30, 2016

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Dollars in Thousands

Sep-16	Aug-16	MTD Change		Sep-15	YTD Change
			Current Assets:		
$ 37,622	$ 37,117	$ 505	Cash and equivalents	$ 22,829	$ 14,793
10,524	13,818	(3,294)	Net accounts receivable	10,804	(280)
1,566	1,743	(176)	Inventories	1,460	106
3,270	3,192	77	Prepaid and other assets	1,942	1,328
52,982	55,869	(2,887)	Total current assets	37,035	15,947
			Long-Term Assets:		
262	307	(45)	Estimated third-party payor settleme	837	(575)
68,216	67,426	791	Capital assets	62,240	5,976
-	-	-	Intangible assets	-	-
68,478	67,733	746	Total long term assets	63,076	5,402
$ 121,461	$ 123,602	$ (2,141)	Total assets	$ 100,112	$ 21,349
			Current Liabilities:		
$ 120	$ 35	85	Current portion, capital lease obligati	$ 159	$ (39)
7,939	8,534	(595)	Trade payables	6,437	(1,874)
7,487	8,875	(1,388)	Accrued salaries and benefits	7,134	353
-	-	-	Unearned District Capital Fund	(1,041)	1,041
-	-	-	Estimated third-party payor settleme	-	-
3,705	2,287	1,418	Other liabilities	5,612	1,467
19,251	19,731	(480)	Total current liabilities	18,302	949
			Long-Term Liabilities:		
850	1,150	(300)	Unearned grant revenue	-	850
36	132	(96)	Capital lease obligations	132	(96)
-	-	-	Subsidy from District of Columbia	1,041	(1,041)
2,333	2,923	(590)	Estimated third-party payor settleme	4,339	(2,006)
2,335	2,335	-	Contingent & other liabilities	2,335	-
5,555	6,540	(985)	Total long term liabilities	7,848	(2,293)
			Net Position:		
96,655	97,331	(676)	Unrestricted	73,962	22,693
96,655	97,331	(676)	Total net position	73,962	22,693
$ 121,461	$ 123,602	$ (2,141)	Total liabilities and net position	$ 100,112	$ 21,349

United Medical Center

Consolidated Statement of Cash Flows

For the period ending September 30, 2016

DRAFT

Dollars in Thousands

Month of September			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 12,875	$ 8,126	Receipts from and on behalf of patients	$ 110,383	$ 92,878
(5,410)	(4,515)	Payments to suppliers and contractors	(53,660)	(43,676)
(5,254)	(5,285)	Payments to employees and fringe benefits	(68,190)	(64,696)
(181)	764	Other receipts and payments, net	8,886	14,075
2,030	(910)	Net cash provided by (used in) operating activities	(2,581)	(1,419)
		Cash flows from noncapital financing activities:		
2	(154)	Receipts (payments) from/(to) District of Columbia	30,136	20,462
2	(154)	Net cash provided by noncapital financing activitie	30,136	20,462
		Cash flows from capital and related financing activities:		
(11)	203	Repayment of capital lease obligations	(135)	(115)
(1,516)	(1,697)	Change in capital assets	(12,628)	(12,513)
(1,527)	(1,494)	Net cash (used in) capital and related financing act	(12,763)	(12,628)
505	(2,558)	Net increase (decrease) in cash and cash equivaler	14,792	6,415
37,117	25,413	Cash and equivalents, beginning of period	22,829	16,439
$ 37,622	$ 22,855	Cash and equivalents, end of period	$ 37,622	$ 22,855

UNITED MEDICAL CENTER

United Medical Center

Consolidated Inpatient Statistics

For the period ending September 30, 2016

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Month of September							Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Growth %		Actual	Budget	Var.	Var. %	Prior Year
						Admissions					
371	317	54	17.0%	388	-4.4%	Medical/Surgical	4,947	4,286	661	15%	4,384
85	118	(33)	-27.7%	89	-4.5%	Psychiatry	958	1,200	(242)	-20%	1,247
19	41	(22)	-53.5%	47	-59.6%	Intensive Care Unit	340	516	(176)	-34%	485
30	51	(21)	-41.0%	29	3.4%	Nursery	367	478	(111)	-23%	406
35	46	(11)	-24.2%	26	34.6%	OB/GYN	452	522	(70)	-13%	437
540	572	(32)	-5.7%	579	-7%	Hospital Admissions	7,064	7,002	62	1%	6,959
6	6	0	2.4%	9	-33%	SNF Admissions	91	81	10	12%	78
546	578	(32)	-5.6%	588	-7%	Total Admissions	7,155	7,083	72	1%	7,037
						Patient Days					
1,910	1,859	51	2.8%	2,134	-10%	Medical/Surgical	26,576	24,221	2,355	10%	25,115
539	755	(216)	-28.6%	494	9%	Psychiatry	7,265	8,490	(1,225)	-14%	7,657
295	306	(11)	-3.7%	274	8%	Intensive Care Unit	3,560	3,919	(359)	-9%	3,682
99	137	(38)	-27.8%	61	62%	Nursery	971	1,146	(175)	-15%	1,056
114	133	(19)	-14.6%	87	31%	OB/GYN	1,180	1,558	(378)	-24%	1,307
2,957	3,191	(234)	-7.3%	3,050	-3%	Hospital Patient Days	39,552	39,334	218	1%	38,817
3,429	3,254	175	5.4%	3,409	1%	SNF Resident Days	41,667	40,626	1,041	3%	39,416
6,386	6,445	(59)	-0.9%	6,459	-1%	Total Days	81,219	79,960	1,259	2%	78,233
						Average Patient Stay					
5.1	5.9	(0.7)	-12.2%	5.5	-6%	Medical/Surgical	5.4	5.7	(0.3)	-5%	5.7
6.3	6.4	(0.1)	-1.3%	5.6	14%	Psychiatry	7.6	7.1	0.5	7%	6.1
15.5	7.5	8.0	107.0%	5.8	166%	Intensive Care Unit	10.5	7.6	2.9	38%	7.6
3.3	2.7	0.6	22.4%	2.1	57%	Nursery	2.6	2.4	0.2	10%	2.6
3.3	2.9	0.4	12.6%	3.3	-3%	OB/GYN	2.6	3.0	(0.4)	-13%	3.0
5.5	5.6	(0.1)	-1.8%	5.3	4%	Hospital average patient stay	5.6	5.6	(0.0)	0%	5.6
						Per Day Analysis					
18.2	19.3	(1.1)	-5.6%	19.6	-7%	Admissions	19.5	19.4	0.1	1%	19.3
98.6	106.4	(7.8)	-7.3%	101.7	-3%	Hospital Average Daily Census	108.1	107.8	0.3	0%	106.3
114.3	108.5	5.8	5.4%	113.6	1%	SNF Average Daily Census	113.8	111.3	2.5	2%	108.0
						Surgical Procedures					
60	55	5	8.2%	53	13.2%	Surgery procedures	1,107	666	441	66%	687
29	38	(9)	-24.3%	33	-12.1%	GI procedures	360	413	(53)	-13%	373
89	94	(5)	-5.1%	86	3.5%	Total	1,467	1,079	388	36%	1,060
						Cash Collections					
$ -	$ -	-	0.0%	$ -	0%	Disproportionate Share	$ 6,951	$ 1,467	5,484	374%	$ 2,306
318	920	(602)	-65.4%	721	-56%	SNF Collections	9,359	11,521	(2,162)	-19%	9,786
7,302 *	8,110	(808)	-10.0%	8,670	-16%	Hospital Collections	98,319	94,742	3,577	4%	90,600
$ 7,620	$ 9,030	(1,410)	-15.6%	$ 9,391	-19%	Total Collections	$ 114,629	$ 107,730	6,899	6%	$ 102,692
						Case Mix Index (CMI)					
1.0550	1.0900	(0.0350)	-3.2%	1.0780	-2.13%	Hospital	1.0885	1.0900	(0.0015)	0%	1.0956
1.5300	1.5100	0.0200	1.3%	1.4900	2.68%	Medicare	1.5783	1.5100	0.0683	5%	1.5267
0.9500	1.0400	(0.0900)	-8.7%	0.8600	10%	Medicaid	0.9491	1.0400	(0.0910)	-9%	1.0333

United Medical Center

Consolidated Outpatient Statistics

For the period ending September 30, 2016

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Month of September							Year-To-Date				
Actual	Budget	Var.	Var. %	Prior Year	Growth %		Actual	Budget	Var.	Var. %	Prior Year
						Visits					
4,929	5,006	(77)	-2%	5,009	-2%	Emergency services	59,997	58,000	1,997	3.4%	56,307
1,134	1,674	(540)	-32%	1,253	-9%	Radiology	13,759	17,963	(4,204)	-23.4%	1,253
1,391	2,248	(857)	-38%	1,452	-4%	Clinics	20,707	31,160	(10,453)	-33.5%	16,942
230	330	(100)	-30%	262	-12%	Laboratory	2,772	3,411	(639)	-18.7%	2,990
89	83	6	8%	82	9%	Same Day Surgeries	1,029	956	73	7.6%	946
7,773	9,341	(1,568)	-17%	8,058	-4%	Total	98,264	111,490	(13,226)	-11.9%	78,438
						Emergency Visits					
140	152	(12)	-8%	152	-8%	ED No Service	1,380	1,784	(404)	-22.6%	1,727
154	158	(4)	-2%	158	-3%	Triage	1,986	2,292	(306)	-13.4%	2,213
59	61	(2)	-3%	60	-2%	ED Level 1	434	407	27	6.6%	398
577	708	(131)	-19%	709	-19%	ED Level 2	6,798	5,214	1,584	30.4%	5,156
2,132	2,019	113	6%	2,020	6%	ED Level 3	25,359	24,266	1,093	4.5%	23,584
1,354	1,442	(88)	-6%	1,443	-6%	ED Level 4	17,750	18,309	(559)	-3.1%	17,742
256	181	75	42%	181	41%	ED Level 5	2,772	2,375	397	16.7%	2,304
257	286	(29)	-10%	286	-10%	Critical Care	3,518	3,354	164	4.9%	3,249
0	0	-	0%	0	0%	Other	0	0	-	0.0%	0
4,929	5,006	(77)	-2%	5,009	-2%	Total	59,997	58,000	1,997	3.4%	56,373
454	527	(73)	-14%	562	-19%	ER Visits Admitted as IP	6,767	6,091	676	11.1%	6,163
						Clinic Visits					
823	711	112	16%	887	-7%	Primary Care	12,157	7,748	4,409	56.9%	10,586
135	254	(119)	-47%	187	-28%	Wound Care	1,751	2,766	(1,015)	-36.7%	1,318
193	380	(187)	-49%	237	-19%	Obstetrics	3,113	4,147	(1,034)	-24.9%	3,390
14	11	3	26%	5	180%	Pulmonary	107	121	(14)	-11.6%	100
25	15	10	66%	39	-36%	Occupational Health	326	165	161	97.8%	320
160	267	(107)	-40%	97	65%	Rehab	2,591	2,912	(321)	-11.0%	1,228
41	610	(569)	-93%	-		Mobile Van	662	6,650	(5,988)	-90.0%	-
1,391	2,248	(857)	-38%	1,452	-4%	Total	20,707	24,510	(3,803)	-15.5%	16,942
						Radiology Procedures					
84	124	(40)	-32%	75	12%	MRI	1,284	1,352	(68)	-5.1%	825
872	809	63	8%	877	-1%	Cat Scan	11,029	8,721	2,308	26.5%	8,546
3,449	3,921	(472)	-12%	3,364	3%	Other procedures	42,632	42,019	613	1.5%	37,302
4,405	4,854	(449)	-9%	4,316	2%	Total	54,945	52,093	2,852	5.5%	46,673
						Surgical Procedures					
63	23	40	169%	29	117%	Surgery procedures	471	378	93	24.6%	394
38	59	(21)	-36%	47	-19%	GI procedures	556	578	(22)	-3.8%	531
101	83	18	22%	76	33%	Total	1,027	956	71	7.4%	925
						Observations					
293	275	18	7%	207	42%	Observation Admissions	2,950	2,572	378	14.7%	2,286
545	412	133	32%	271	101%	Observation Patient Days	4,490	3,858	632	16.4%	2,766
						Visits Per Day					
164.3	166.9	(3)	-2%	167.0	-2%	Emergency services	163.9	158.9	5	3.2%	154.3
37.8	55.8	(18)	-32%	41.8	-9%	Radiology	37.6	49.2	(12)	-23.6%	38.9
46.4	74.9	(29)	-38%	48.4	-4%	Clinics	56.6	67.2	(11)	-15.7%	46.4
7.7	11.0	(3)	-30%	8.7	-12%	Laboratory	7.6	9.3	(2)	-19.0%	8.2
3.0	2.8	0	8%	2.7	9%	Same Day Surgeries	2.8	2.6	0	7.3%	2.6

UNITED MEDICAL CENTER

United Medical Center

Consolidated Payor Mixtures

For the period ending September 30, 2016

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Month of September							Year-To-Date					
Actual	Budget	Var.	Var. %	Prior Year	Growth %		Actual	Budget	Var.	Var. %	Prior Year	Growth %
						Admissions						
195	163	32	19%	197	-1%	Medicare	2,427	2,075	352	17%	2,219	9%
158	152	6	4%	174	-9%	Medicaid	1,775	1,846	(71)	-4%	1,900	-7%
142	186	(44)	-24%	146	-3%	HMO Care/Caid	2,014	2,222	(208)	-9%	2,073	-3%
22	36	(14)	-38%	33	-33%	Commercial Managed Care	425	428	(3)	-1%	490	-13%
25	23	2	9%	30	-17%	Commercial	333	282	51	18%	260	28%
4	19	(15)	-79%	8	-50%	Self Pay	181	231	(50)	-22%	95	91%
546	578	(32)	-6%	588	-7%	Total Admissions	7,155	7,083	72	1%	7,037	2%
						Patient Days						
1,492	2,041	(549)	-27%	1,478	1%	Medicare	18,748	25,654	(6,906)	-27%	17,222	9%
4,007	3,261	746	23%	3,916	2%	Medicaid	48,836	40,580	8,256	20%	47,944	2%
624	779	(155)	-20%	695	-10%	HMO Care/Caid	8,940	9,276	(336)	-4%	8,951	0%
86	145	(59)	-41%	182	-53%	Commercial Managed Care	1,959	1,769	190	11%	2,343	-16%
160	117	43	36%	154	4%	Commercial	1,896	1,454	442	30%	1,347	41%
17	102	(85)	-83%	34	-50%	Self Pay	840	1,227	(387)	-32%	426	97%
6,386	6,445	(59)	-1%	6,459	-1%	Total Days (Acute & SNF)	81,219	79,960	1,259	2%	78,233	4%
						Emergency Visits						
654	636	18	3%	682	-4%	Medicare	8,023	7,374	649	9%	7,606	5%
802	838	(36)	-4%	917	-13%	Medicaid	9,864	9,705	159	2%	9,510	4%
2,161	2,142	19	1%	2,189	-1%	HMO Care/Caid	27,358	24,816	2,542	10%	25,655	7%
465	401	64	16%	413	13%	Commercial Managed Care	4,916	4,647	269	6%	4,772	3%
201	280	(79)	-28%	253	-21%	Commercial	3,024	3,248	(224)	-7%	3,003	1%
646	708	(62)	-9%	555	16%	Self Pay	6,812	8,209	(1,397)	-17%	5,761	18%
4,929	5,005	(76)	-2%	5,009	-2%	Total Emergency Visits	59,997	58,000	1,997	3%	56,307	7%
						Admissions %						
35.7%	28.2%	0.075	26%	33.5%	7%	Medicare	33.9%	29.3%	0.046	16%	31.5%	8%
28.9%	26.3%	0.027	10%	29.6%	-2%	Medicaid	24.8%	26.1%	(0.013)	-5%	27.0%	-8%
26.0%	32.1%	(0.061)	-19%	24.8%	5%	HMO Care/Caid	28.1%	31.4%	(0.032)	-10%	29.5%	-4%
4.0%	6.1%	(0.021)	-34%	5.6%	-28%	Commercial Managed Care	5.9%	6.0%	(0.001)	-2%	7.0%	-15%
4.6%	4.0%	0.006	15%	5.1%	-10%	Commercial/Other	4.7%	4.0%	0.007	17%	3.7%	26%
0.7%	3.3%	(0.025)	-78%	1.4%	-46%	Self Pay	2.5%	3.3%	(0.007)	-23%	1.4%	87%
100.0%	100.0%	-	0%	100.0%	0%	Total	100.0%	100.0%	-	0%	100.0%	0%
						Emergency Visits %						
13.3%	12.7%	0.006	4%	13.6%	-3%	Medicare	13.4%	12.7%	0.007	5%	13.5%	-1%
16.3%	16.7%	(0.005)	-3%	18.3%	-11%	Medicaid	16.4%	16.7%	(0.003)	-2%	16.9%	-3%
43.8%	42.8%	0.011	2%	43.7%	0%	HMO Care/Caid	45.6%	42.8%	0.028	7%	45.6%	0%
9.4%	8.0%	0.014	18%	8.2%	14%	Commercial Managed Care	8.2%	8.0%	0.002	2%	8.5%	-3%
4.1%	5.6%	(0.015)	-27%	5.1%	-19%	Commercial/Other	5.0%	5.6%	(0.006)	-10%	5.3%	-5%
13.1%	14.1%	(0.010)	-7%	11.1%	18%	Self Pay	11.4%	14.2%	(0.028)	-20%	10.2%	11%
100.0%	100.0%	-	0%	100.0%	0%	Total	100.0%	100.0%	-	0%	100.0%	0%

United Medical Center
Hospital Performance Indicators

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	Definition	Year to date				Benchmarks		
		FY2016	FY2015	FY2014	FY2013	DC Wide Hospitals	Public Hospitals	Desired Trend
Capacity and Utilization:								
Occupancy Rate Measures the amount of bed capacity utilized by inpatients. Total beds = 234	Patient days / 365 Beds in service	46.2%	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	18.6%	-4.0%	9.3%	0.5%	5.8%	5.3% **	▲
Operating Margin Shows the percentage of revenues collected from operations that is kept as profit.	Net operating income Total operating revenue	-0.3%	2.6%	0.7%	-6.0%	6.7%	2.2% **	▲
Deductible Ratio Measures the percentage discount that third-party payers get, on average, from listed charges.	Contractual discounts Gross patient service revenue	62.7%	62.4%	65.5%	66.9%	60.4%	66.5%	▼

United Medical Center
Hospital Performance Indicators

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Capacity and Utilization:	Definition	Year to date FY2016	FY2015	FY2014	FY2013	Benchmarks DC Wide Hospitals	Public Hospitals	Desired Trend
Current Ratio Measures how many times the hospital is able to meet its short-term obligations with short-term resources.	Current assets / Current liabilities	2.8	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)	115.4	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	51.7	43.8	38.0	49.5	47.8	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	59.1	59.4	55.9	58.1	47.0	63.7 **	▼

United Medical Center
Hospital Performance Indicators

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	Definition	Year to date				Benchmarks		
		FY2016	FY2015	FY2014	FY2013	DC Wide	Public	Desired
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	$79,998	$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	55.1	56	60	63	42.0	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	79.1%	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

Tab 6

Announcements