



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: April 24, 2019

Location: United Medical Center
1310 Southern Ave., SE, Auditorium
Washington, DC 20032

2019 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Matthew Hamilton, *CEO*

Robert Bobb
William Sherman
Girume Ashenafi
Jacqueline Bowens
Dennis Haghighat, MD
Konrad Dawson, MD
Brenda Donald
Malika Fair, MD
Millicent Gorham
Angell Jacobs
Velma Speight
Wayne Turnage
Marilyn McPherson-Corder, MD



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.



**NFPHC Board of Directors General Meeting
Wednesday, April 24, 2019**

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Finance Committee – Deputy Mayor Wayne Turnage, Chair	



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

LARUBY Z. MAY, BOARD CHAIR

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 convene at Roundtree Residences at 2515 Alabama Avenue, SE, Washington, DC, 20020 at **9:00 a.m. on Wednesday, April 24, 2019**. Any 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. READING AND APPROVAL OF MINUTES**
March 27, 2019
- V. CONSENT AGENDA**
 - A. Dr. Dennis Haghighat, Chief Medical Officer
 - B. Dr. Marilyn McPherson-Corder, Medical Chief of Staff
- VI. EXECUTIVE MANAGEMENT REPORT**
Matthew Hamilton, Chief Executive Officer
- VIII. COMMITTEE REPORTS**
Patient Safety and Quality, Dr. Malika Fair
Finance, Deputy Mayor Turnage
- IX. PUBLIC COMMENT**
- X. OTHER BUSINESS**
 - A. Old Business
 - B. New Business
- XI. ANNOUNCEMENTS**

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).



Not-For-Profit Hospital Corporation
 GENERAL BOARD MEETING
Wednesday, March 27, 2019

Present: Chair LaRuby May, Dr. Malika Fair, Director Brenda Donald, Director Girume Ashenafi, Director Turnage, Director Velma Speight, Director Millicent Gorham, Director Angell Jacobs, Director Bobb, Director Sherman, Dr. Dawson, CEO Matthew Hamilton, CMO Dr. Haghighat, CFO Lilian Chukwuma

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 9:13 AM. Quorum determined by Michael Austin.	
	Meeting chaired by LaRuby May.	
Approval of the Agenda	Motion. Second. Agenda approved as written.	
Approval of the Minutes	Motion. Second. Minutes approved as written.	
Discussion	<p><u>CONSENT AGENDA</u></p> <p>CHIEF OF MEDICAL STAFF REPORT: Dr. Haghighat</p> <ul style="list-style-type: none"> • An area on the 5th floor is serving as a temporary ICU due to a flood. • The former ICU location is projected to 4 to 6 months. 	

- UMC is working on all aspect of patient flow. Efforts are ongoing to address staffing, ancillary test times and flow of admitted patients both to the medical and BHU floors. GW and UMC leadership are meeting weekly and multidisciplinary flow teams meet twice monthly to assure we stay on track
- Surgical volumes at UMC continue to grow with the first two months of the year showing a volume increase of over 10% compared to the first two months of 2018.
- Infection rates are significantly below national rates. UMC has major initiatives to improve the care of the septic patients.
- UMC passed its annual DC Health licensing survey and the number of findings was significantly reduced.

EXECUTIVE REPORT: CEO Hamilton

- UMC endured a flood to the critical care unit in January. The temporary ICU is on the 5th floor. The ICU has 14 beds and is maintaining quality, patient safety standards.
- DOH regulators visited UMC on February 22, 2019. They conducted UMC's Annual Licensure survey until March 1, 2019. Preliminary observations were around the water intrusion incident.
- UMC hosted a training for AuditPro to train new leaders on the use and capabilities of the software. AuditPro is utilized during the environment of care rounds to capture findings that are non-compliant with the Joint Commission standards.
- UMC held a Performance Improvement Committee meeting in February. The goal of the meeting is to use data and information to guide decisions and to understand the variation in the performance of process supporting safety and quality.

COMMITTEE REPORTS

PATIENT SAFETY AND QUALITY: Dr. Fair

- PSQ Committee met on March 21, 2019.
- Restoration is underway for ICU flood that occurred on Jan 21, 2019. Mold remediation and abatement is a concern for PSQ Committee.
- PSQ Committee requested a document that tracks progress for the ICU remodeling.
- Post-DOH survey results for each department were submitted to PSQ Committee.
- 0 births in February 2019.
- Length of Stay time is 5.3 days.
- A new ambulatory company is being used for non-emergencies.

AUDIT COMMITTEE: Director Speight

- UMC's 2018 Financial Highlights from the most recent audit were:
- UMC's assets exceed its liabilities
- UMC's decrease in net position was primarily due to 10.1% reduction in operating expense and 11.3% increase in total operating expenses
- UMC's operating loss includes \$11.7M and \$9.1M depreciation for the years ending at September 2018 and 2017
- UMC's liabilities increased from \$29.1M to \$31.8M for FY18

Vote to return to Enter Closed Session:

Roll Call: Quorum determined to enter closed session.

Voter Return to Open Session:

Roll Call: Quorum determined to exit closed session.

Closed Session Minutes transcribed separately.

Public Comment

Roundtree Residence residents highlighted positive experiences at UMC.

Union representatives spoke regarding the new hospital and the need for continued partnership with the UMC Board.

Other Business

n/a

Announcements

March 2019 Board Meeting Adjourned after 3 hours and 34 mins by Chair May.



UMC

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General Board Meeting

Date: April 24, 2019

CMO Report

Presented by:

**Dennis Haghigaht,
MD, Chief Medical
Officer**



The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC, is a District of Columbia government hospital (not a private 501(c)(3) entity) serving Southeast DC and surrounding Maryland communities

Our Mission:

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care.

Our Vision:

- UMC is an efficient, patient-focused, provider of high quality healthcare the community needs.
- UMC will employ innovative approaches that yield excellent experiences.
- UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.
- UMC will empower healthcare professionals to live up to their potential to benefit our patients.
- UMC will collaborate with others to provide high value, integrated and patient-centered services.



Dennis P. Haghighat, M.D.

April 2019



Medical Staff Summary

Medical Staff Committee Meetings

Medical Executive Committee Meeting, Dr. Marilyn McPherson-Corder, 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. Haimanot Haile, 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. Dianne Thompson, 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.

Bylaws Committee, Dr. Asghar Shaigany, 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.

Health Information Management Committee, Dr. Russom Ghebrai, Committee Chairman

The Health Information Management Committee Mortality and Morbidity Committee were formed to review the appropriateness of the medical record documentation and the integrity of the medical record.

Mortality and Morbidity Committee, Dr. Amaechi Erondy, Committee Chairman

The Mortality and Morbidity Committee was formed to provide the Medical Staff a routine forum for the open examination of adverse events, complications, and errors that may have led to complications or death in patients at United Medical Center.

DEPARTMENT CHAIRPERSONS

Anesthesiology*Dr. Amaechi Erondu*

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

Emergency Medicine*Dr. Francis O'Connell*

Medicine*Dr. Musa Momoh*

Pathology*Dr. Eric Li*

Psychiatry.....*Dr. Surendra Kandel*

Radiology*Dr. Raymond Tu*

Surgery*Dr. Gregory Morrow*





Departmental Reports



Key

ABO Rh	Blood Typing and Rhesus Factor
ALOS	Average Length of Stay
AMA rate	Against Medical Advice Rate
BHU	Behavior Health Unit
BI RADS	Breast Imaging Reporting and Data System
CAUTI	Catheter Associated Urinary Tract Infection
CCHD	Critical Congenital Heart Defect
CLABSIs	Catheter Associated Urinary Tract Infections
CPEP	Comprehensive Psychiatric Emergency Program
CT	Computerized Tomography
ED	Emergency Department
EGD	Esophagogastroduodenoscopy
ERCP	Endoscopic Retrograde Cholangiopancreatography
FT FTE	Full-time employee
ESR Control	Erythrocyte Sedimentation Rate
HELLP Syndrome	Hemolysis, Elevated Liver Enzymes, Low Platelet Counts
HCAHP	Hospital Consumer Assessment of Healthcare Providers and Systems
HIM	Health Information Management
HTN/PIH	Hypertension/Pregnancy-Induced Hypertension
ICD 10	International Classification of Diseases
ICU	Intensive Care Unit
IMC	Intermediate Care Unit
LWBS	Left without Being Seen
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
NICU	Neonatal Intensive Care Unit
NHSN	National Healthcare Safety Network
NASCET	North American Symptomatic Carotid Endarterectomy
OR	Operating Room
PI	Performance Improvement
PICC	Peripherally Inserted Central Venous Catheter
PIW	Psychiatry Institute of Washington
PP Hemorrhage	Post-Partum Hemorrhage
RRT	Rapid Response Team
SW	Social Worker
VAP	Ventilator Associated Pneumonias
VAE	Ventilator Associated Event
VBAC	Vaginal Birth After Cesarean
VTE	Venous Thromboembolism

Chief Medical Officer



Dennis P. Haghighat, M.D

April 2019 CMO Board Report

1. Service disruptions- Although new service disruptions occurred in the month of March UMC continues to experience the residual effects of the lack of MRI services (12/18) and the ICU flood (1/19). The UMC leadership team met with DC Health in both March and again in early April to keep the department up to date on plans to resume full services in both areas. The prior ICU location continues to undergo lead abatement in a contained area while our architects are working on plans for rebuilding the ICU once the lead abatement has been completed. We are hopeful that the lead abatement process will have been completed by May of 2019. At this point it appears that UMC will be without MRI services until late July of 2019. The timeline includes safe removal of the old MRI unit, building a cement pad as a foundation for the new permanent MRI, construction of a connection between the main building and the new MRI, and then placement of the new MRI unit. Each one of these steps also has required permitting and inspection approvals prior to moving to the next and once the MRI is in place clearance by DC Fire, DC Health, and a physicist (for the magnet) as further requirements.
2. Regulatory issues- UMC received a final plan of deficiency from DC Health following its annual licensing visit. The deficiencies were as described in the exit interview and UMC submitted its official plan of correction on 4/8/19. Official acceptance by DC Health is pending, but acceptance will trigger a timeline for a revisit from DC Health to assure compliance with the plan of correction. We are anticipating a repeat visit either in late May or the month of June. UMC also continues to move forward plans for both Fluoroscopy and Bronchoscopy rooms which were findings on prior licensing surveys. DC Health was updated on plans for both of these projects during their April visit.
3. Volumes- A rise in surgical case volumes that was seen early in the year was unfortunately reversed in recent months. The attached surgery chairman's report cites the timing of surgeon vacations and low overall hospital volumes as contributing factors. I would also add that our severe reduction in ICU capacity through much of the month of February was probably also a contributing factor to decreased hospital volumes. BHU volumes continue to maintain themselves and a further positive trend is that the portion of patients that are referred to us by the Department of Behavioral Health (CPEP) has risen relative to the first quarter of 2018. This is an encouraging trend as the reimbursement to UMC for this category of patient is relatively higher and the increased volume is due to a focused effort by our new BHU manager. ER volumes rose in March relative to the same month in 2018, reversing a recent downward trend and this trend reversal has continued thus far into the early days of April.
4. ER Wait Times- UMC leadership and GW MFA ER leadership continue to meet weekly trying to improve both the wait times and the patient experience for our community. Identified barriers that are the current areas of focus include: ER RN staffing (improved and hitting target more often)

ER tech staffing (current competency levels of ER techs not felt to be adequate to the work required and a new job description and acceptance by union will be required, nursing and HR are working on this), lab turnaround times (currently lab results are available within an hour only approximately 80% of the time, we are trying to both achieve a higher target percentage and a lower time target- 45 minutes), radiology transport time (hampered both by the availability of transportation and the availability of both specialized techs and clerical assistance in the imaging department), issues with staffing in the ICU leading to increased boarding times, shortages in telemetry beds (limited number of telemetry boxes that can be used with current telemetry system) and tech and RN staffing when the total hospital census exceeds 110 patients. Work plans are being developed for all of these barriers, some can be fixed relatively quickly but others are more complex and will require longer time frames. Leadership is committed to continuing weekly meetings until it is clear that we are moving towards sustained improvement.

5. Performance against national benchmarks- UMC continues to be exceptional in the area of preventing hospital acquired infections. Mortality rates are also very good and rates of mortality for severe sepsis, which consistently run between 10 and 15%, are better than national performance due to a large extent to the in house presence of an intensivist 24/7. Patient satisfaction continues to be our biggest opportunity for improvement leading UMC to launch a new major initiative in March called the “The Language of Caring” for all UMC leadership which it is hoped will improve both patient and employee satisfaction scores. This is a long term initiative and an attempt at cultural change and thus results should be evidenced over the next several years but are unlikely before the next 6 to 12 months.
6. Staffing in the ambulatory care clinics- working in conjunction with the finance department all current open positions have been posted; however, although we now have adequate staffing when all MA’s are present, vacations and sick days require management to step in and function as MA’s for that day. Furthermore, we have an opportunity to expand one of our specialty clinics but will need more MA capacity in order to take advantage of this opportunity. In the next month I will be working with the operations team to get the position approved and once this has been done, the Finance team to get final approval for posting.

Anesthesiology



Amaechi Erondy, M.D., Chairman

March

PERFORMANCE SUMMARY

The overall cases for the month of MARCH 2019 were 158 a decrease from 180 in February 2019.

QUALITY INITIATIVES AND OUTCOME

SCIP protocol is consistently ensured for all our patients with no fall outs. Surgical and anesthesia time outs are followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics.

Review of the facility anesthesia performance benchmarked with Age and co-morbidity compares well with other facilities.

OR UTILIZATION

We are working with the surgeons and perioperative staffs to improve on-time surgical case start; turnover times and downtimes to improve the overall OR utilization.

We are tracking after-hour elective cases by surgeons to ensure appropriate use of the OR. After-hour elective cases make it impossible for the OR to attend to surgical emergencies.

We are still hoping to secure an Anesthesia Information Management System (AIMS). This will centralize all documentations, quality metrics and facilitate efficient revenue cycle management. We have completed a vendor review process to select the best system for the hospital. Discussions on how best to proceed are on-going with the Health Information Department.

EVIDENCE-BASED PRACTICE

We are working with the **orthopedic group** to develop a system throughput for the patients including a Pain management protocol.

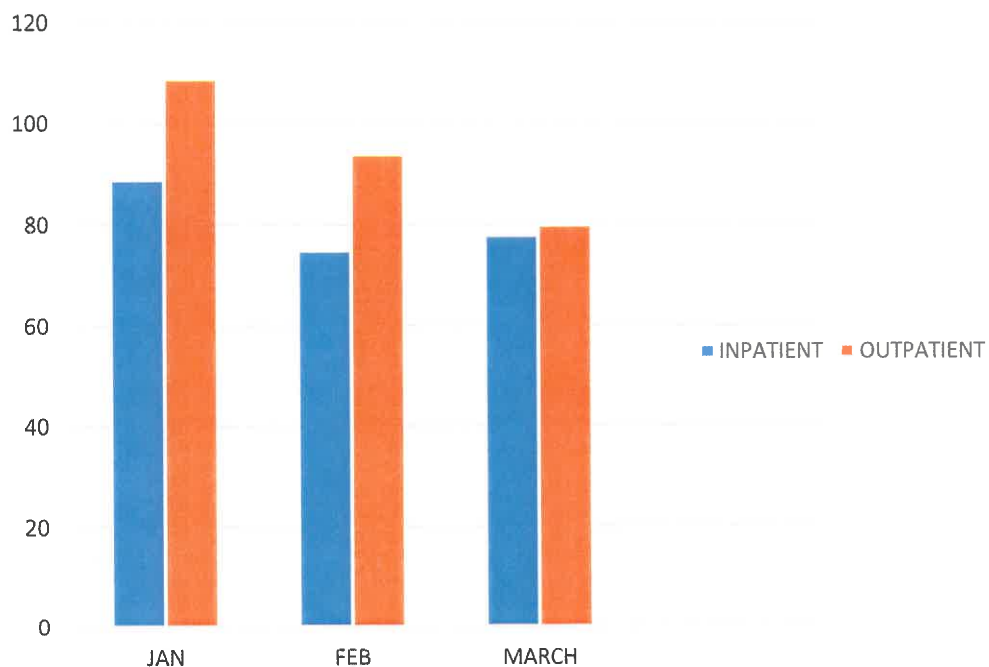
The **Mortality and Morbidity Conference** continues with increasing interest among the Provider community.

SERVICE (HCAHPS) SATISFACTION

The Anesthesia Providers continue to provide quality service to our patients. We continue to 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.



LATE CASES BY SURGEONS

2019	DATES	TIME	SURGEON
JAN	1/7/2019	18:35	W. NEDD
	1/17/2019	18:15	J. BYAM
FEB	2/1/2019	18:58	W. NEDD
	2/7/2019	19:16	W. NEDD
	2/8/2019	18:21	W. NEDD
MARCH	3/6/2019	17:06	W. NEDD
	3/7/2019	18:10	W. NEDD
	3/8/2019	17:55	G. MORROW
	3/11/2019	16:30	J. BYAM
	3/20/2019	17:27	G. MORROW
	3/29/2019	21:45	G. MORROW

CRITICAL CARE MEDICINE



Mina Yacoub, M.D., Chairman

March

PERFORMANCE SUMMARY

In March, the Intensive Care Unit had 64 admissions, 65 discharges, and 217 Patient Days, with an Average Length of Stay (ALOS) of 3.3 days. The ICU managed 68 patients in March with 7 deaths. Overall ICU mortality rate for March was 10.8 %. The ICU managed 17 patients with severe sepsis and septic shock in March with 2 deaths attributed to severe sepsis/septic shock. The sepsis specific ICU mortality rate was 11.8 %, which remains below national averages. Three patients were transferred to Tertiary Care Hospitals for needed higher levels of care.

QUALITY OUTCOMES

Sepsis Core Measures Performance

ICU continues to work with Quality Department to meet sepsis metrics. The past few months have shown ICU severe sepsis and septic shock mortality to be below national averages.

Morbidity and Mortality Reviews

1. ICU Mortality

ICU had 7 deaths for 65 discharges, with an overall ICU mortality rate of 10.8 % for March. Mortality review is conducted in monthly Critical Care Committee meeting with Quality Department.

2. Severe Sepsis and Septic Shock

ICU managed 17 patients with severe sepsis and septic shock in March. Two ICU deaths were directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 11.8 % which remains below national averages. UMC Sepsis committee needs to be reconvened for continued support and monitoring of performance.

3. Infection Control Data

For March, the ICU had 74 ventilator days with no Ventilator Associated Pneumonias (VAP), 102 Central Line device days with no Central Line Associated Blood Stream Infections (CLABSI) and 145 Urinary Indwelling Catheter days with no Catheter Associated Urinary

Tract Infections (CAUTI). ICU infection rates continue to be much lower than national averages. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN). ICU Hand Hygiene compliance was 100% in March.

4. Rapid Response and Code Blue Teams

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed monthly in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes.

5. Care Coordination/Readmissions

In March, 68 patients were managed in the ICU. There were two readmissions to the ICU within 48 hours of transfer out. Both were for different medical conditions.

In March, three patients were transferred from UMC ICU to GW University ICU for higher level of care. One patient was transferred for need for GI angiography, one for neurosurgery, and one for cardiac surgery, all of which are services not provided at UMC.

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. Infection Prevention team is monitoring performance on Hand Hygiene initiative.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 14 bed capacity in the current temporary ICU located on 5E. Hospital is anticipating repairs of the original ICU on 4th floor to be completed within several months. ICU is looking forward to operating at full capacity and full potential.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low.

ICU continues to precept George Washington University Physician Assistant students during their clinical rotations in UMC ICU.

Financials

We are requesting feedback on ICU financial performance.

Needed Steps to Improve Performance

Nursing staffing continues to be a challenge and we need more effective critical care nurse recruitment, and importantly, nurse retention. 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.

Mina Yacoub, MD

Chairman, Department of Critical Care Medicine



Francis O'Connell, M.D., Chairman

February and March

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume, key measures, and throughput data for February and March 2019. Also included are graphic tables to better highlight historical trends for key measures.

It should be noted that the data used for this and past ED reports was derived from Meditech (hospital EMR) data with the analysis performed independently of the hospital's IT department and Meditech software. We are working closely with the IT department to derive a common data analysis process.

Definitions of the terms used in this report are as follows:

- **Total Patients:** number of patients who register for treatment in the ED
- **Admit:** number of admissions to UMC
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
 - **LAT:** All patients who leave after nursing triage
 - **LPTT:** All patients who leave after registration but prior to being triaged
- **Eloped-** a patient who has been seen by a provider but leaves the ED without having completed the exam and received a disposition from a provider

Throughput intervals

Door to Departure: This is the total time the patient is in the ED. It is measured from the first point of patient contact until the patient physically departs from the ED. It is made up of the following subintervals:

- **Door to Triage-** The time between when a patient arrives at the hospital seeking care and when they are evaluated by the triage nurse
- **Triage to Room-** The time between the nursing triage evaluation and when a patient is placed in a treatment room
- **Room to Provider-** The time that a patient is waiting in a treatment room to see a provider

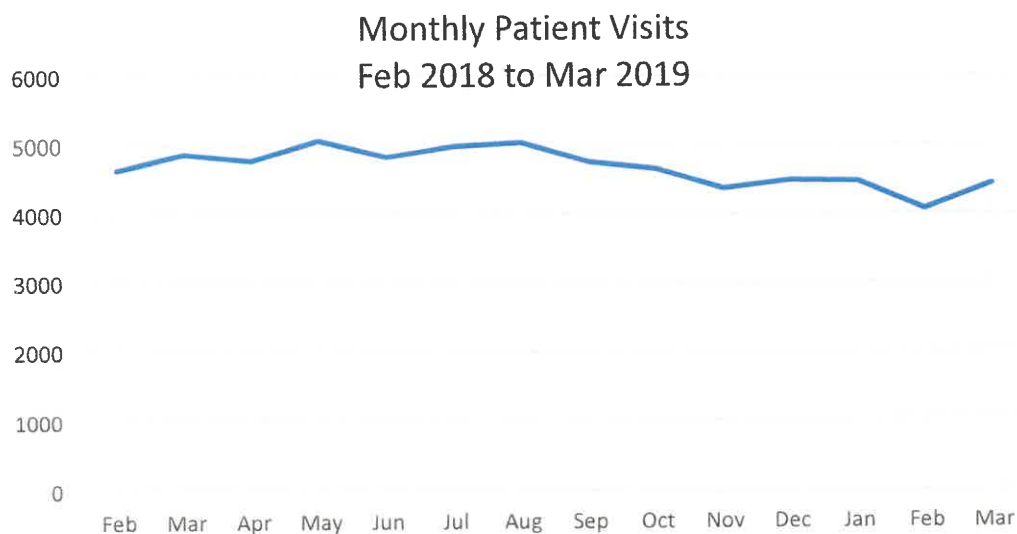
- **Provider to Decision-** The interval between when a provider first sees a patient and the provider makes a decision to admit, discharge, or transfer the patient
- **Decision to Departure-** the interval between a provider’s decision and when the patient physically leaves the ED.

Data tables:

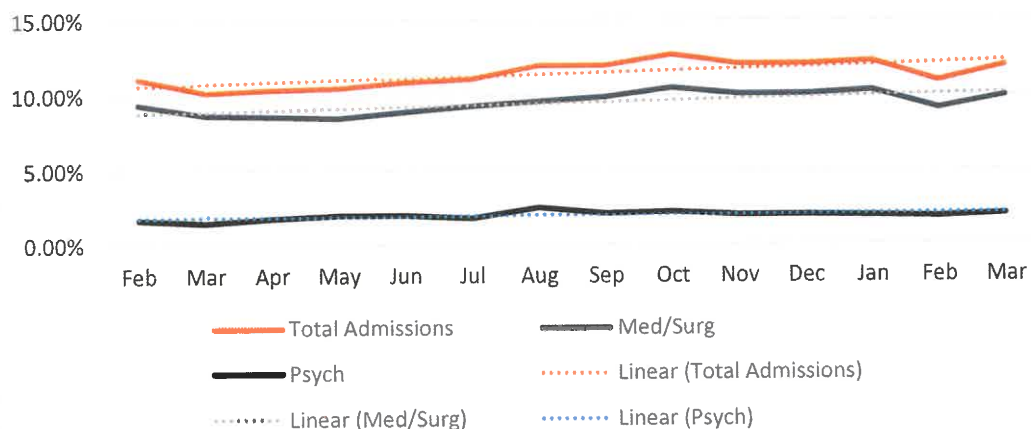
ED Volume and Events				
	Feb 2018	%	Feb 2019	%
Total patients	4656		4057	
Daily Avg Census	166		145	
Admit	515	11.1%	488	10.9%
• Med Surg	437	9.4%	406	9.1%
• Psych	78	1.7%	82	1.8%
Transfer	55	1.2%	69	1.5%
AMA	55	1.2%	46	1.0%
Eloped	35	0.8%	66	1.5%
LWBS				
• Left After Triage	-	-	-	
• Left Prior to Triage	-	-	-	
Ambulance Arrivals	1364		1159	26.0%

ED Volume and Events

	Mar 2018	%	Mar 2019	%
Total patients	4881		4419	
Daily Avg Census	157		143	
Admit	498	10.2%	533	12.0%
• Med Surg	425	8.7%	443	9.9%
• Psych	73	1.5%	90	2.0%
Transfer	86	1.8%	96	2.2%
AMA	56	1.1%	47	1.1%
Eloped	45	0.9%	78	1.7%
LWBS				
• Left After Triage	-	-	-	-
• Left Prior to Triage	-	-	-	-
Ambulance Arrivals	1453	29.8%	1172	26.3%



UMC Admissions Feb 2018 to Mar 2018



ED Throughput February 2019 (time in minutes)

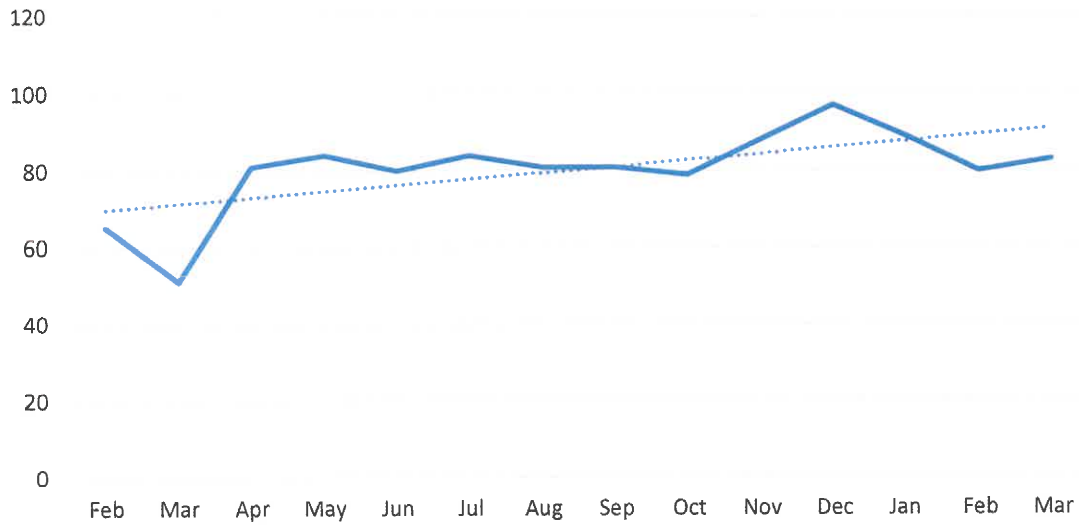
	Median Times	Mean Time
Admissions		
Door to triage	12	22
Triage to Room	22	52
Room to provider	0	0
Provider to decision	228	215
Decision to departure	71	411
Door to departure	335	700
Discharges		
Door to triage	12	29
Triage to room	68	90
Room to provider	3	5
Provider to decision	126	114
Decision to departure	56	63
Door to Departure	265	291
Transfers		
Door to triage	12	23
Triage to room	20	33
Provider to room	0	0
Provider to decision	242	236

ED Throughput Comparison (median times in minutes)		
	Feb 2018	Feb 2019
Admissions (Med/Surg)		
Door to triage	16	12
Triage to room	7	24
Room to provider	0	0
Provider to decision	241	228
Decision to departure	22	71
Door to Departure	286	335
Discharges		
Door to triage	22	12
Triage to room	43	68
Room to provider	13	3
Provider to decision	110	126
Decision to departure	46	56
Door to Departure	234	265
Transfers		
Door to triage	15	12
Triage to room	7	20
Room to provider	6	0
Provider to decision	239	242

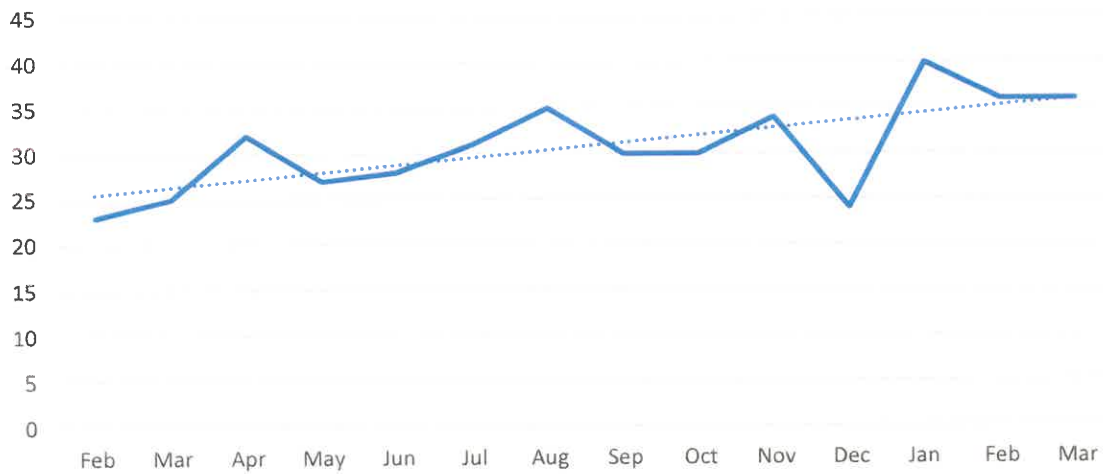
ED Throughput March 2019 (time in minutes)

	Median Times	Mean Time
Admissions (Med/Surg)		
Door to triage	14	23
Triage to Room	22	50
Room to provider	0	0
Provider to decision	233	257
Decision to departure	82	485
Door to departure	351	815
Discharges		
Door to triage	14	22
Triage to room	69	95
Room to provider	4	0
Provider to decision	126	122
Decision to departure	58	59
Door to Departure	271	298
Transfers		
Door to triage	13	20
Triage to room	21	46
Provider to room	0	0
Provider to decision	195	206

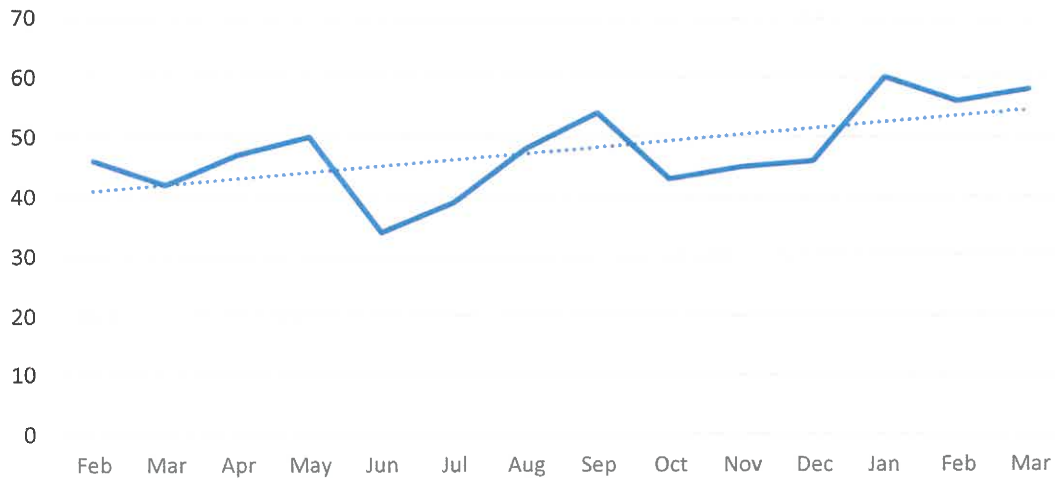
Median Wait Time - Discharged Patients (in minutes)
Feb 2018 to Mar 2019



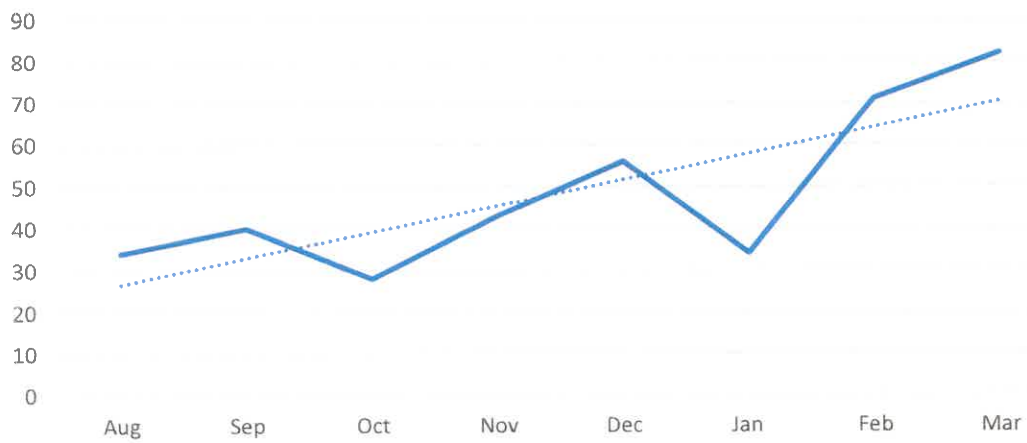
Median Wait Time - Admitted Patients (in minutes)
Feb 2018 to Mar 2019



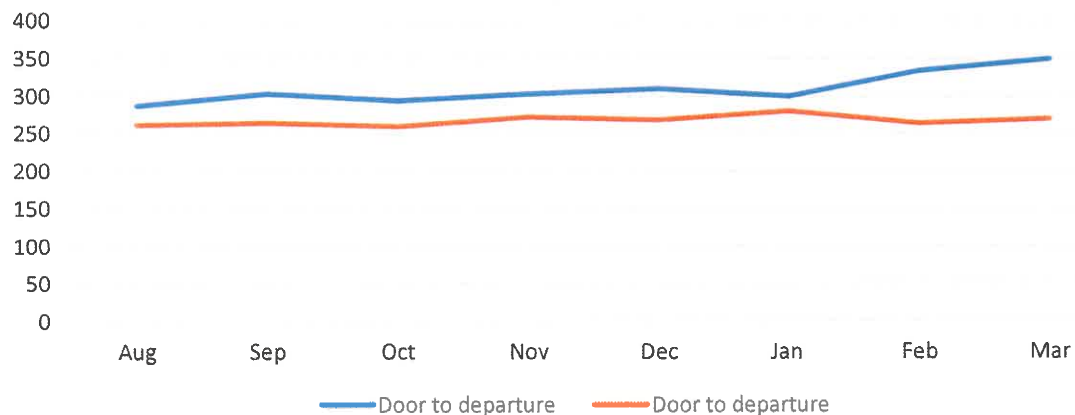
Median Time to Depart (in minutes)
Feb 2018 to Mar 2019



Median Boarding Time (in minutes)
Aug 2018 to Mar 2019



Median Length of Stay (in minutes)
Jan 2018 to Jan 2019



Analysis:

1. The census has remained fairly steady over the past few months with some variations due to season and temporary closure of the ICU in January.
2. The percentage of patients who left without seeing a provider (LWBS), both those who were triaged (LAT) and those who departed prior to triage (LPTT) was omitted from the report this month. After our most recent meeting with IT, we suspect that the data reflected in previous reports may not reflect the true LWBS. It is our hope in the coming months as we centralize the data analysis to arrive at the most accurate depiction of the LWBS. We suspect that the true LWBS is higher than what was reported previously.
3. Median waiting times and boarding times are trending upward. These are connected in that patients occupying a room in the ED while waiting for a bed in the hospital limit the available space to see patients from the waiting room.
4. The difference between mean and median times for lengths of stay (door to departure) are normal for an ED, as a small percentage of complex patients are often responsible for lengthening the mean times. We are using median times as they better reflect the ED system's performance. The February and March 2019 data demonstrate differences between the mean and median times for door to triage, triage to room, and time to departure (for all patient types). As mean and median provider times to decision are similar we suspect factors other than patient complexity account for the observed differences.

The ED at UMC has nursing and technician shortages, though there has been progress with regards to improving nursing staffing. However, we have had occasional closures of sections of the ED due to staffing shortages. With continued improvements in staffing we suspect there will be less closures moving forward. While social work coverage has improved, throughput remains affected by limited patient transporters and sitters for high risk patients.

Our plan for future data analysis will be to establish a relationship between hospital staffing, total length of stay and the LWBS. This is something that we are working with hospital administration and the IT department. We continue to hold each provider responsible for their decision making and establish targets in an attempt to improve the areas of throughput directly affected by providers.

In the meantime, we continue to work with the hospital leadership to identify ways to improve throughput in the ED and identifying ways to facilitate the transport of women in labor, late term obstetric emergencies, and other critically ill patients.

Francis O'Connell M.D.
Chairman, Department of Emergency Medicine



Musa Momoh, M.D., Chairman

March

The Department of Medicine remains the major source of admissions to and discharges from the hospital.

- Admissions:
 - Observation admissions: Medicine 132
 Hospital 132
 Percentage: 100%
 - Regular admissions: Medicine 219
 Hospital 292
 Percentage: 75%
- Discharges:
 - Observation discharges: Medicine 127
 Hospital 127
 Percentage: 100%
 - Regular discharges: Medicine 189
 Hospital 261
 Percentage: 72%
- Procedures
 - Hemodialysis 118
 - EGD's 26
 - Colonoscopy 31
 - ERCP 0
 - Bronchoscopy 4
- Quality
 - Cases referred to peer review: 0
 - Cases reviewed: 0

Department of Medicine met on March 13, 2019.

The next meeting is on June 12, 2019.

Morbidity and Mortality is scheduled for April 17, 2019.

Musa Momoh, M.D.

Chairman, Department of Medicine



Eric Li, M.D., Chairman

MONTH	JAN	FEB	MAR	APR	MAY	JUN
Reference Lab Test – Intake PTH 90% 2 days	100% 21	97% 30	96% 28			
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	100% 16/16	100% 20/20			
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%			
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%			
Review of Unacceptable Blood Bank specimen Goal 90%	97%	100%	100%			
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%			
Utilization of Red Blood Cell Transfusion/ CT Ratio 1.0 – 2.0	1.2	1.3	1.4			
Wasted/Expired Blood and Blood Products Goal 0	1	5	10			
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%			
Hematology Analytical PI Body Fluid	100% 15/15	100% 16/16	100% 12/12			
Sickle Cell	0/0	0/0	1/1			
ESR Control	100% 26/26	100% 28/28	100% 70/31			
Delta Check Review	100% 202/208	99% 170/171	99% 184/185			
Blood Culture Contamination – Benchmark 90%	92%	100%	94%			
ER HOLDING	98%	90%	89%			
ICU	92%	91%	95%			
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%						
ER	83%	84%	82%			
LAB	80%	85%	87%			

LABORATORY PRODUCTIVITY RESULTS - We developed performance indicators we use to improve quality and productivity.

TURNAROUND TIME - Turnaround time is a critical factor that directly influences customer satisfaction.

CUSTOMER SATISFACTION - The key to business is providing great customer service, superior quality, and creating a unique customer experience.

COMPLAINTS - Complaints are an important metric for evaluating the quality of our laboratory processes.

EQUIPMENT DOWNTIME - It is important that laboratories track, monitor, and evaluate equipment failure rates and down time.

Eric Li, M.D.

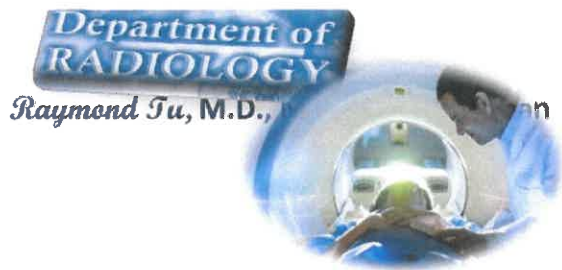
Chairman, Department of Pathology



Surendra Kandel, M.D., Chairman

DESCRIPTION	01	02	03	04	05	06	YTD
ADMISSIONS							
ALOS (Target <7 days)	6.26	5.67	5.70				5.9
Voluntary Admissions	22	33	41				96
Involuntary Admissions	47	52	54				153
Total Admissions	69	85	95				249
REFERRAL SOURCES							
CPEP	22	11	22				55
UMC ED	66	74	72				212
GWU	2	0	0				2
Providence	1	0	0				1
Georgetown	0	0	0				0
Sibley	1	0	0				1
UMC Medical/Surgical Unit	3	0	1				4
Children's Hospital	0	0	0				0
Howard	2	0	0				2
Laurel Regional Hospital	0	0	0				0
Washington Hospital Center	0	0	0				0
Suburban	0	0	0				0
PIW	0	0	0				0
Washington Adventist Hospital	0	0	0				0
Other/Not Listed	0	0	0				0
OTHER MEASURES							
Average Throughput	3.8	3.1	3.8				3.6
Target: <2 hours							
Psychological Assessments (Target: 100%)	95%	98%	90%				94.3%
DISCHARGE APPOINTMENTS							
Discharge Appointments for those d/c > 72 hours	68	74	87				229
Discharged to home without appointments/No discharge appointment information provided	5	3	5				13
Discharge Appointments for those d/c > 72 hours (Target: 100%)	93%	87% (AMA)	87%				89%
OTHER							
Patients who went to Court	3	0	0				3

Surendra Kandel, M.D.
Chairman, Department of Psychiatry



March

MONTHLY DEPARTMENT CHAIR REPORT

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	2				2		4	
CT SCAN	116		478		172		766	
FLUORO	18		2		17		37	
MAMMOGRAPHY					127		127	
MAGNETIC RESONANCE ANGIO							0	
MAGNETIC RESONANCE IMAGING							0	
NUCLEAR MEDICINE	21		1		2		24	
SPECIAL PROCEDURES	17				5		22	
ULTRASOUND	127		200		232		559	
XRAY	180		906		757		1843	
ECHO								
CNMC CT SCAN			20				20	
CNMC XRAY			380				380	
GRAND TOTAL	481		1987		1314		3782	

Quality Initiatives, Outcomes, etc.

1. Core Measures Performance

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

Radiology staff continues to work to improve the turnaround of patients for radiology procedures. The MRI area including the equipment room and MRI system itself remains closed with ongoing selection of a mobile unit solution.

2. Morbidity and Mortality Reviews: There were no departmental deaths.

3. Code Blue/Rapid Response Teams ("RRTs") Outcomes: There was no rapid response.

4. Care Coordination/Readmissions: Memorandum of understanding for transfer of patients from UMC to Howard University was executed.

- 5. Evidence-Based Practice (Protocols/Guidelines)** We continue to improve patient transportation into and out of the emergency department. Imaging protocols and reporting are being reviewed and improved. Radiology protocols are being reviewed and optimized to reduce the need for repeat procedures if patients are transferred to other facilities.

Service (HCAHPS Performance/Doctor Communication) Stewardship:

Dr. Tu at the LSF event for education of all the underserved community in the District of Columbia on March 14, 2018 which provided networking opportunity with DC Public Schools, DC Health Link and many community partners. Ambassador Llorca of Costa Rica, also a physician, lead the most effective Zika eradication program in an endemic area while he was Minister of Health of Costa Rica prior to his most recent post as Ambassador of Costa Rica here in Washington, DC.



Dr. Tu with Dr. Ivette Canjura de Centeo Ambassador of El Salvador and physician, Mr. Otarola Deputy Chief of Mission, Costa Rica and Mayor Bowser.



Dr. Tu with Wilton Nedd, MD and UMC Director Mr. Mabout introducing 2 brand new digital C-Arm fluoroscopy systems to provide versatility of digital imaging in the radiology and surgical department.

Dr. Tu spoke on March 23rd at the American College of Radiology Leadership Institute. Career selection and opportunities residents consider in selecting private vs hospital practices, university vs community settings and various payors as Medicaid, Medicare and commercial insurance are discussed.



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Regional Physician Lead of Cultural Competence
 Kaiser Permanente, Montebello, CA



March 29, 2019

Raymond Tu, MD, MS, FACR
President
 Medical Society of the District of Columbia
 1250 23rd St NW
 Washington, DC 20037

Dear Dr. Tu,

Congratulations on your nomination for the 2019 Hispanic Health Leadership Award of the National Hispanic Medical Association. The award will be presented during the Leadership Awards Gala at our upcoming 2019 National Hispanic Health Conference co-hosted with the Hispanic Dental Association. The Annual Conference will be held on April 11-14, 2019 at the Hyatt Regency Crystal City Hotel in Arlington, VA.

Dr. Tu was nominated to receive the 2019 Hispanic Health Leadership Award at the National Hispanic Medical Association annual meeting for work advocating and educating access to health care as the Spanish speaking community is the largest group often in food service and construction with unusable insurance with deductibles and copayments too high for affordability to access care. Preventive services as mammography, coronary artery calcium scoring CT and low dose lung CT screening for lung cancer are sometimes deferred helpful imaging services for communities who would benefit from them the most.

Dr. Tu presented was awarded the UMC physician of the year star on March 29, 2019. The entire Progressive Radiology team is committed to provide the best care to our patients and service for our clinicians.



Dr. Tu at the UMC National Doctor Day lunch March 29, 2019 with Ms. Rust, Ms. Davis of Medical Staff office, Dr. Daniel, Dr. Morrow, Chair of Surgery and Vice Chief of Staff, Dr. Li, Chair of Pathology and Dr. O'Connell, Chair of Emergency Medicine.

Page 5

Board Report Radiology

April 2019

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. The reinstatement of fluoroscopy and MRI services will improve patient care and provide greater depth of services for the hospital. Dr. Tu continues to advocate for clinical decision support to provide optimal use of resources while enhancing our publicly reported rating.

Raymond K. Tu, M.D., MD, MS, FACR
Chairman, Department of Radiology



General Surgery

Gregory Morrow, M.D., Chairman

March

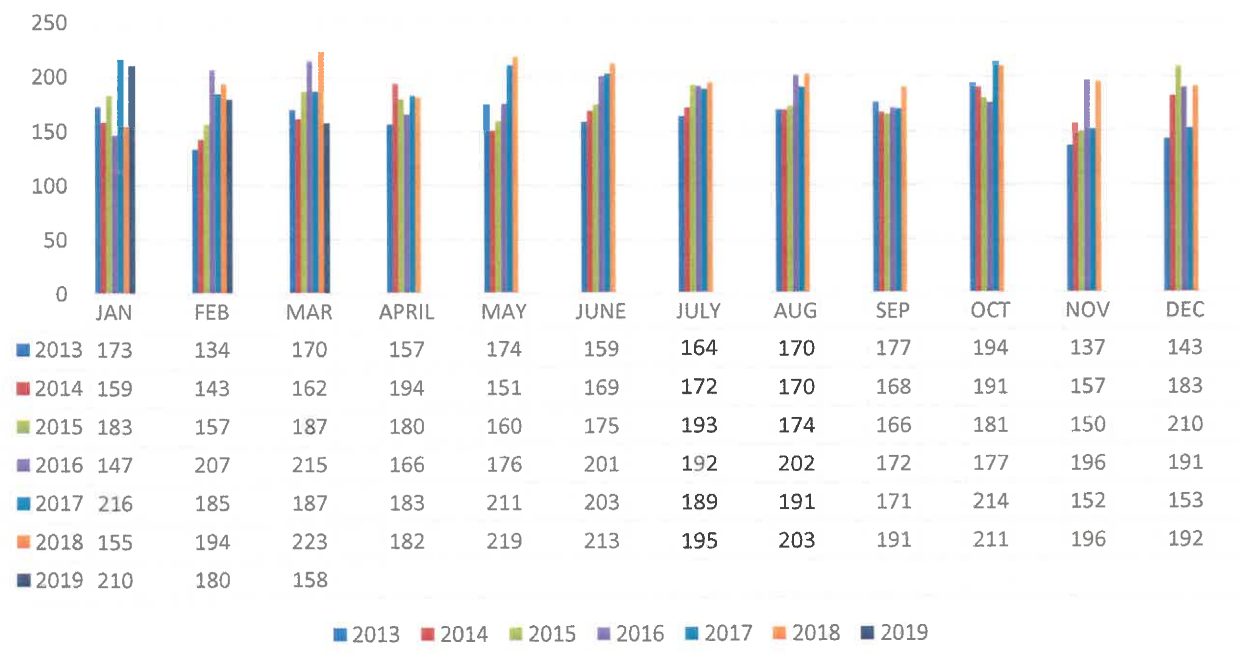
SUMMARY REPORT FOR MARCH 2019

For the month of March 2019, the Surgery Department performed a total of 158 procedures.

The chart and graft below show the annual and monthly trends over the last 6 calendar years:

	2013	2014	2015	2016	2017	2018	2019
JAN	173	159	183	147	216	155	210
FEB	134	143	157	207	185	194	180
MAR	170	162	187	215	187	223	158
APRIL	157	194	180	166	183	182	
MAY	174	151	160	176	211	219	
JUNE	159	169	175	201	203	213	
JULY	164	172	193	192	189	195	
AUG	170	170	174	202	191	203	
SEP	177	168	166	172	171	191	
OCT	194	191	181	177	214	211	
NOV	137	157	150	196	152	196	
DEC	143	183	210	191	153	192	

UMC Operating Room Cases 2013 - 2019



We started 2019 relatively strong, however, the volume of cases over the last 2 months have experienced a precipitous fall. We will continue to monitor for any specific trends or underlying contributing factors. One contributing factor has been the number of vacationing surgeons and the length of their absences during the first quarter. Another is that the hospital volumes have also been on the low side for the corresponding period of time.

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.

These include Selection of Prophylactic Antibiotics, VTE Prophylaxis, Anastomotic Leak Interventions and Unplanned Reoperations.

The following projects are going well and will undergo continuous evaluation and modification as necessary:

1. **Weekly OR Rounds** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This will begin with the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.

2. **Monthly / Bi-Monthly Morbidity and Mortality Rounds** where ALL Complications and Adverse outcomes for patients will be analyzed. This will be a multidisciplinary conference including but not limited to Surgery, Internal Medicine, Anesthesia, Pathology and ICU. This will be a Retrospective Review. The next conference is scheduled for April 17, 2019.

It is our goal to use these initiatives to improve standardization and reduce unnecessary variability of care and to bolster patient satisfaction and outcomes.

Surgery and Perioperative Services continue to collaborate with Finance to obtain vital data that will allow for better evaluation our current volumes as they relate to the needs of the community and current allocation of resources. This is an ongoing process and will continue to be modified as necessary to meet the outlined goals and objectives.

The ultimate goals being:

1. To identify the SERVICE LINES that are best suited for UMC and the community
2. To develop a STRATEGIC PLAN that will focus of meaningful and sustainable growth in the market place NOT just the volume of cases alone
3. To improve our PATIENT CARE AND SAFETY objectives

We were in the final stages of completing the agreements for the joint educational venture with the Howard University Surgery Department regarding reinstatement a surgery residency “Major Participating Site” program here at UMC. However, this process has been placed on HOLD for undisclosed reasons. We are waiting for further details regarding this process. This is another in a series of steps to make our surgical program more robust and attractive to more community physicians and enhance the services that we provide to our patients.

Gregory D. Morrow, M.D., F.A.C.S.
Chairman, Department of Surgery



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 24, 2019

Chief of Medical Staff

Presented by:
**Marilyn McPherson-
Corder, MD, Chief of
Medical Staff**



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 24, 2019

Management Report

Presented by:
**Matthew Hamilton,
Chief Executive
Officer**



United Medical Center Management Report Operations Summary – April 2019

QUALITY

PATIENT SAFETY

The Quality department met as a group to review and plan upcoming meetings. Part of the review of the meetings will be to focus on the culture of patient safety survey. The quality team will meet to plan the dates of this survey. This survey will assist the quality team to assess and understand the perception staff have on reporting safety risks to the organization. Our goal is to utilize this tool to assist in creating a high reliability organization where staff feel comfortable reporting patient and or environmental safety concerns. UMC feels promoting and improving patient safety starts with our front line staff. Every UMC employee is accountable for reporting, promoting and improving patient safety measures.

The Quality team is also revamping the Quality Dashboard. This dashboard is scheduled to go live on May 1, 2019. This dashboard will display quality measures that are currently being analyzed by the hospital. We will also include other measures to be in alignment with The Joint Commission.

PERFORMANCE IMPROVEMENT (PI)

UMC continues with the Performance Improvement Committee meetings. Moving forward we are changing the name of the committee to QAPI (Quality Assessment and Performance Improvement) which will be in alignment with CMS. The QAPI program as stated by CMS “involves all hospital departments and services and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. See 42 C.F.R. §482.21.” Part of this change will be to ensure the QAPI plan is updated.

This month we had eight departments present performance improvement projects. Projects highlighted were from the Diabetes Center, Critical Care Unit (CCU) and the Emergency Department (ED). The Diabetes Center is currently focusing on improving insulin administration. This is a critical area as insulin is a high risk drug. Thus far UMC is doing a great job with improving insulin administration education. The CCU focused on the utilization of the rapid response nurse throughout the hospital. The rapid response nurse is an important role to assist in patient emergencies. The ED focused on door to triage time, clinical nurse education and retraining. This project is very important as the ED is the first place patients are seen and assessed for priority treatment for emergent conditions and/or hospital admission.

REGULATORY COMPLIANCE

UMC received the Annual Licensure Survey results from the DC Health Department on March 29, 2019. The results were in alignment with the preliminary observations which were discussed during the exit debriefing. The results were disseminated among the C-Suite Leaders with a plan to create a Plan of Correction (PoC) for each finding in each leaders' respective department(s). The PoC was submitted to DC Health on April 8, 2019.

The Quality Department revamped the policies and procedures task force which will be meeting weekly and at a minimum biweekly. We are committed to ensuring our policies are up to date and are evidence-based in practice. The goal is to create a time line in which the policies will be updated to include a plan to upload into a policy software system. This will improve the accessibility of the policies and assist UMC in ensuring policies will be prompted for updates in the future.

PATIENT CARE SERVICES

8W

Month	Admission	ADC	Falls	Elopement	AMA	Restraints	Code Blue	Rapid Response
March	366	45.9	2	0	14	1	0	3

Education:

- Tracheostomy Care
- Use of *Wound Vac* –Washout System
- Review of appropriate Narcotic disposal in PYXIS
- Review of Nurse witnessing informed consent within scope of practice
- Review of accurately filling out patient consent ensuring date, patient, physician, procedure and site are correct
- Review of revised pharmacy list of *Look Alike Sound Alike Drugs*

PI Initiatives:

- 100% Compliance with Positive Patient Identification (DOH plan of correction)
- Screening and identification of isolation patients (DOH plan of correction)
- Improve responsiveness of hospital staff to call lights and patient requests
- Improve patient communication related to medication administration
- Utilize PDCA (Plan-Do-Check-Act) method to prevent patient falls
- Developed and implemented Patient Care Technician Hand-off Sheet
- Developed and implemented Communication Escalation Log for team

Service Recovery:

- Implement Language of Caring “Heart Head Heart” with patients and team
- Continuous HCAPS monitoring and action planning
- Manager proactively rounds on all new admissions daily
- Manager/Charge Nurse rounds with purpose on patients Monday, Wednesday and Friday and as needed to address any questions comments or concerns.
- Manager conducts discharge/follow up phone calls to patients 24-48 hours post discharge.

5W

Month	Admission	ADC	Falls	Elopement	AMA	Restraints	Code Blue	Rapid Response
March	89	14	2	0	1	0	1	1

Education:

- 18/24 RNs required telemetry remediation classes. 17/18 attended of which 8 received passing grades. Collaborating with the Education department to coordinate additional classes for those who failed.
- Tracheostomy care refresher classes offered by the Education department. Several RNs attended.

PI Initiatives:

Pain Management:

- 21 charts were reviewed for pain reassessment for the month of March. There was 100% compliance with reassessment, 6 reassessments were late. Re-education done with RNs involved.

Allergies:

- 17 charts were reviewed for Allergies. 82% (14 charts) were completely updated and 16% (3) were not.

Medication Reconciliation:

- 17 charts were reviewed for medication reconciliation. 82% (14 charts) were in compliance and 18% (3 charts) were not in compliance.

Wounds:

- There were no HAPIs for the month of March.
- There were a total of 25 wounds noted, including pressure and non-pressure related.

Falls:

- There were two reported falls in the month of March, an improvement from five in February. Both were unwitnessed and in both instances the Morse scale assessments were completed prior. None of the falls resulted in injury.
- *No Pass Zone* remains in effect. Fall kits are utilized for patients identified as high fall risk and hourly rounding continues. All call bells are placed within patients’ reach.

Elopement(s):

There were no elopements for the month of March.

Service Recovery:

- A total of 172 patient rounds were done for the month of March by nursing leadership. The most frequent complaints were related to poor communication from MDs regarding plan of care (80%), lack of professionalism of staff (8%) and improper timeliness of response to call lights (10%). Patient complaints were properly addressed. Staff continues to be educated on how to address patient complaints and other issues related to patient safety in staff meetings and huddles.

BEHAVIORAL HEALTH

Month	ADM	ADC	AMA	Disch	Falls	Elop.	Seclusion	Rapid Response	Physical/ Chemical Restraints	Diabetic Event
March	95	20.5	6	99	0	0	0	0	5 chemical	0

Education:

- Mandatory 1-on-1 restraint and seclusion re-education, documentation and coaching with attestation continues.
- Confirmation on Comprehensive Crisis Management (CCM) Train the Trainer Program: scheduled for the Week of April 15 – April 19.

PI Initiatives:

- Joint UMC & Mosaic meeting held to discuss the logistical implementation of a grant sponsored, Medication Assistance Therapy (MAT) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. Go live date remains scheduled for April 23, 2019.

- *Violence & Aggression (Restraints & Seclusion)*: BHU continues to experience a decline in the use of restraints and seclusion as evidenced by no physical restraints and/or seclusions were deployed throughout the month of March. BHU frontline staff as well as the psychiatry team continue to demonstrate a proactive approach with keeping our patients safe.
- *ED-to-BH Intake moved completely In-house - Step 1*: March 2019 marked the first month in which UMC performed Intake 24/7, M-F. For the entire month, Psych Tech Baraki, Clinical Supervisor Rosalyn Sanders-Nixon, and Manager Ronald Anderson functioned in the Intake role. Initiation of **Step 2** moving Intake in-house objective is bring on board new hire RNs. Training/re-training each BHU RN on how to (1) Initiate preauthorization if applicable; (2) Locate a bed on BHU; and (3) Call Department of Behavioral Health (DBH) for a tracking number if patient is an FD12.
- *DOH findings*: Education with attestation of the importance of Q 15 minute observational rounding. Random video audit of entire shift performed in the month of March. The random video audit specifically assessed observational rounding on 4 East. Two RNs and one Psych Tech observed attentive and involved the entire shift. The Manager was pleased to see both a second RN come over from 4 West to 4 East to provide mutual support and was pleased with the attentiveness and adherence to ensuring the safety of the BHU environment.

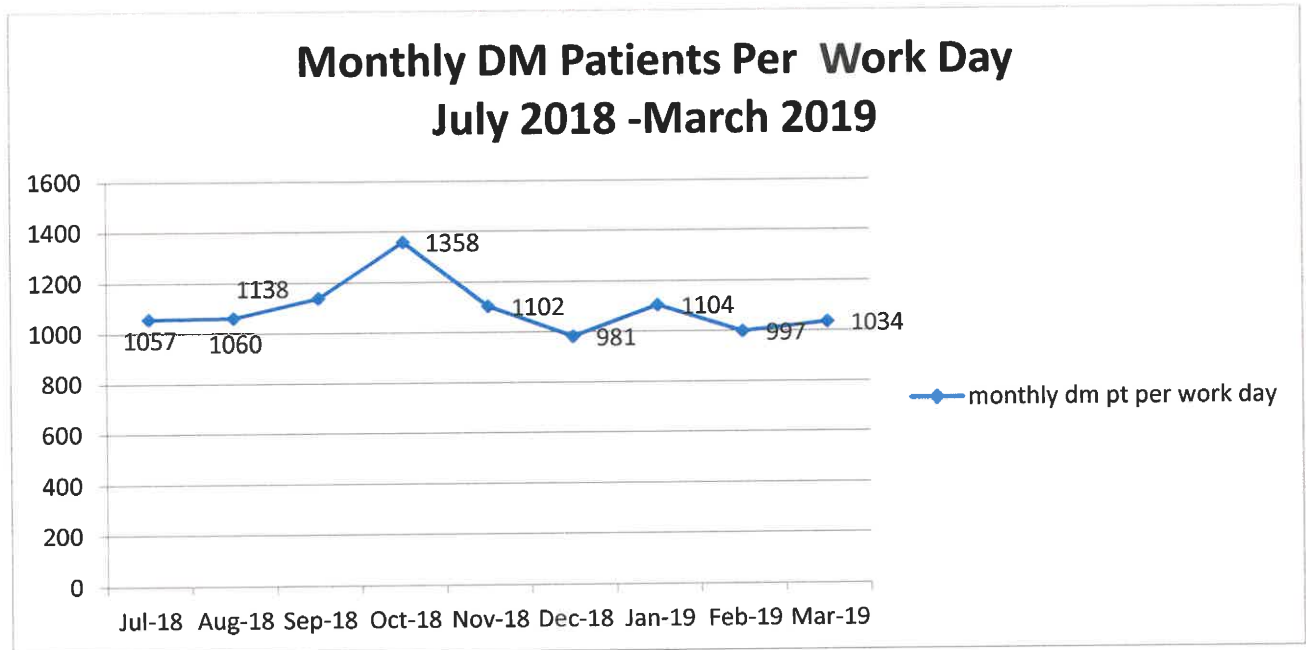
Service Recovery:

No service recovery incidents were reported in the month of March.

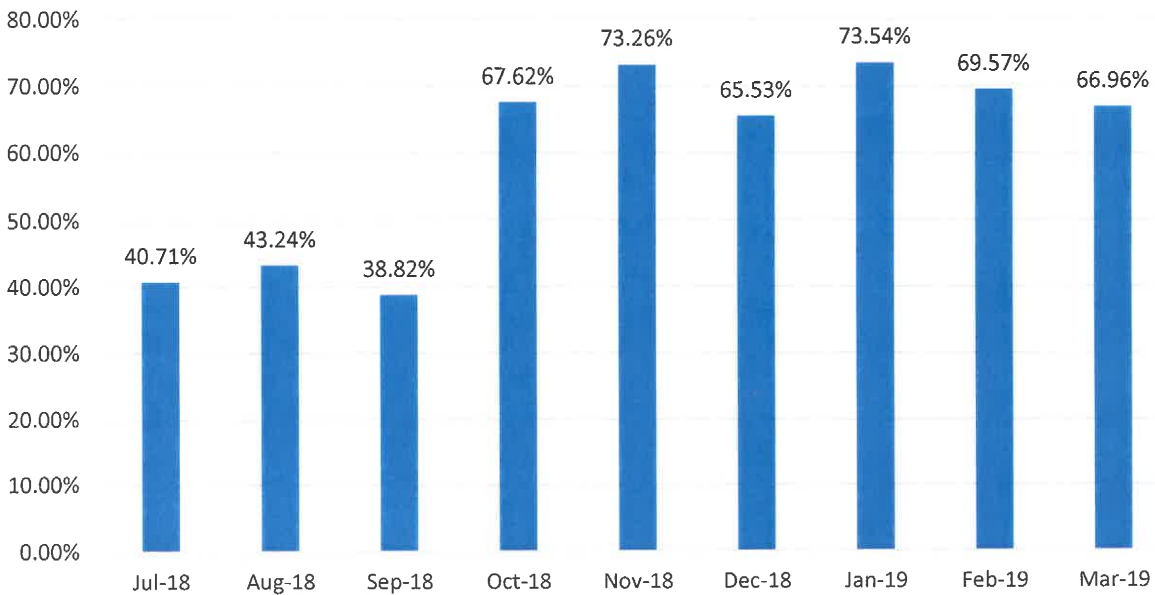
DIABETES CENTER

Diabetes Census per Workday:

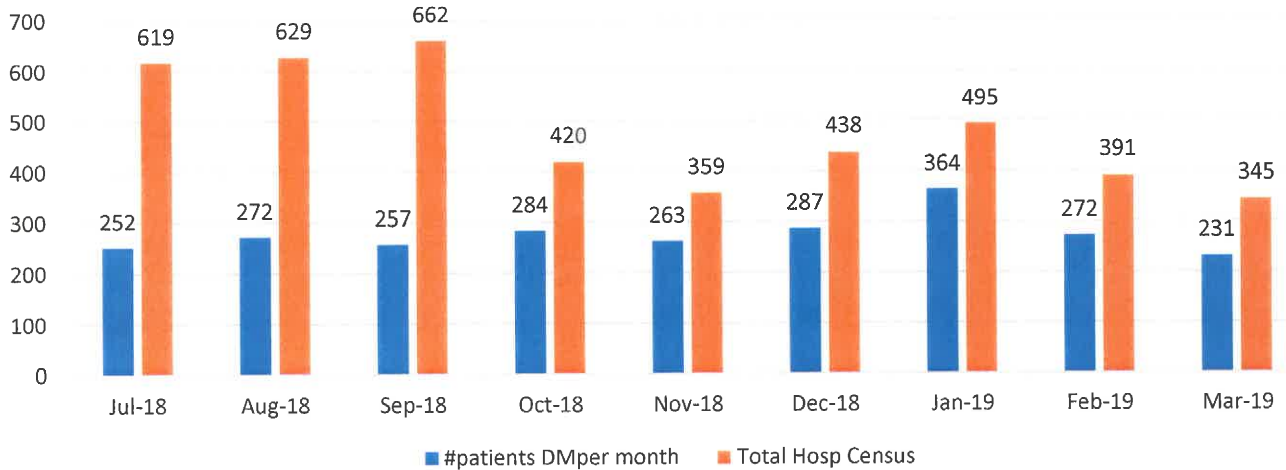
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total # of Diabetes days per month	1057	1060	1138	1358	1102	981	1104	997	1034
Percent DM days/month	36.57%	34.13%	33.56%	46.71%	40.34%	37.73%	43.33%	44.10%	51.29%
Average Pt per workday	48	48	54	54	52	47	53	50	49
#patients DM per month	252	272	257	284	263	287	364	272	231
Total Hospital Census	619	629	662	420	359	438	495	391	345
Hospital Pt Days	2890	3106	3391	2907	2732	2600	2548	2261	2016
% of patient with DM/month	40.71%	43.24%	38.82%	67.62%	73.26%	65.53%	73.54%	69.57%	66.96%



% of patient with DM/month



Patient with DM and Total Hospital Census July 2018-March 2019

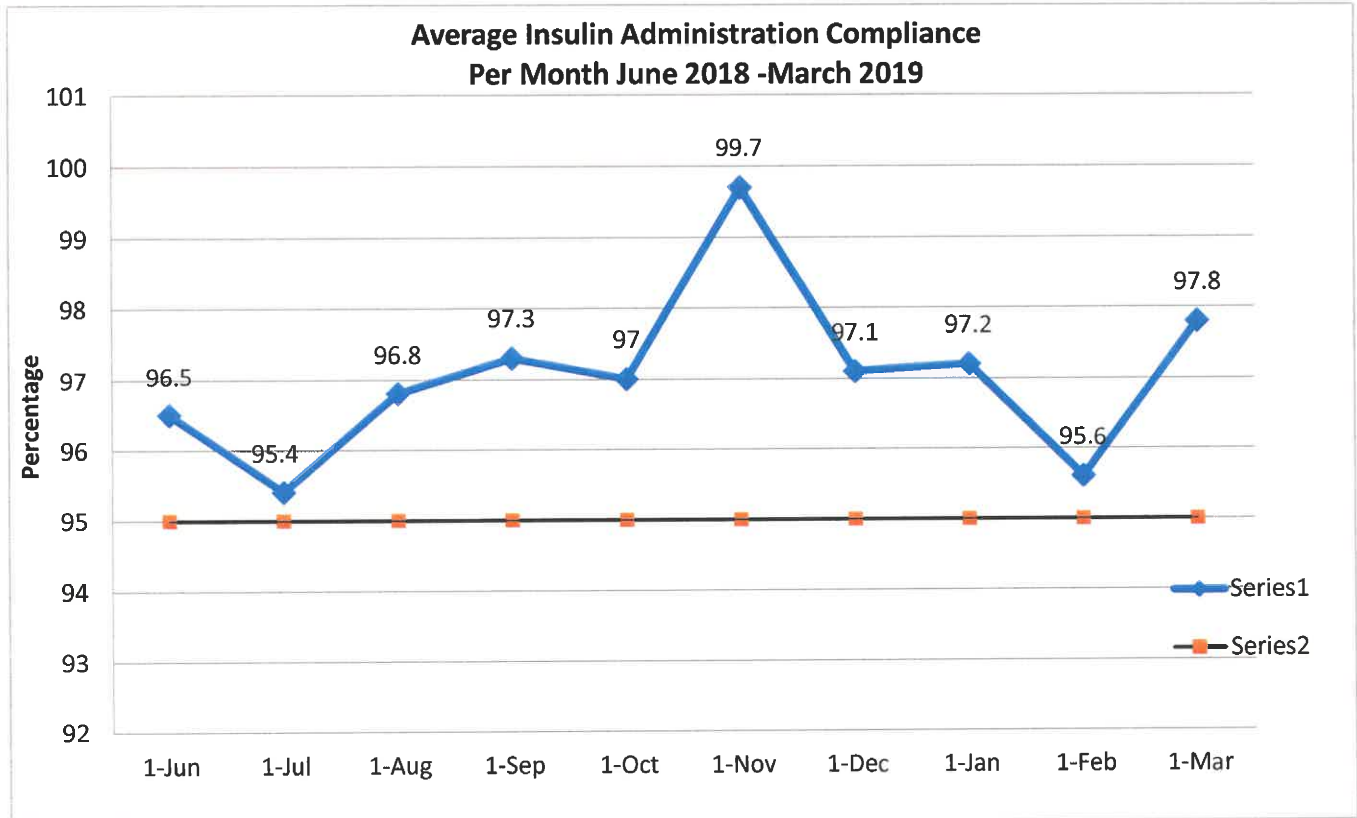


Diabetes educator to work with IT and Pharmacy to develop a discharge order set that matches the patient insurance with the approved diabetes medication and monitoring supplies for the plan. This will lessen the chance that post discharge patients are not able to receive the prescribed medications due to insurance issues.

Update: Discharge order set for approved diabetes medications has not been initiated as yet. IT has a number of projects that are currently in process. Diabetes Center is researching the Medicaid Formulary online to determine if there are any changes. The diabetes discharge order set may not be able to be implemented until later in 2019, as insurance plans often make adjustments in formulary during open enrollment.

Insulin Audit:

Accurate administration of insulin continues to be monitored. UMC has been above the benchmark for 12 months.



March 2019 is the second anniversary of the insulin audit. Missed insulin without documentation of reason not given continues to be a finding. This occurs most often with the correction (prn) rather than the scheduled fixed dose of insulin. The system fixes have worked well to lessen errors. Plan to meet with IT to see if insulin orders can be grouped together to lessen chance of missing the correction order.

There is a need for more direct education of the nursing staff via huddle and RELIAS to increase the basic knowledge of diabetes management and develop skills to talk with providers about adjustments to treatment plan such as when the patient is NPO.

Insulin Drip Documentation in the EMAR

There were 14 insulin drips in March 2019. The correct documentation of insulin drip is tracked by the diabetes educator. The chart is reviewed for the location and start time of the insulin drip, nurses who care for the patient, and accurate titration of the drip. The majority of insulin drips are started in the ER and patient is then transferred to the ICU.

March 2019: IT continues to develop a report for insulin drip. The nursing supervisor continues to note patient on insulin drip in the shift report.

Insulin Drip EMAR has been fully implemented in ICU. Staff were instructed by the diabetes educators. Staff has utilized the screen and positive feedback has been obtained thus far.

Implementation of the insulin drip EMAR has not gone live in the ER. Scanning of meds in the ER started in December. Due to limitations of Meditech, the insulin drip can only be scanned one time.

Pharmacy and Therapeutics (P&T) Committee

The order time of diabetes medication was approved at the most recent P&T committee meeting.

Staff Education

Insulin administration accuracy is included as part of nursing orientation. Huddles are presented on the nursing unit to address identified knowledge deficits.

The update of the Accucheck Inform II competency was implemented mid-March. The updated exam includes information re: proper patient identification and entry of comments for critical results. Part 2 of the competency began April 1 with direct observation of all authorized glucose meter users. Moving forward Accucheck competency will take place every year in April.

DKA – in process

Diabetes educator is working with Intensivist, ER Medical Director and ER/ICU Nursing to review DKA management.

Insulin Infusion Protocol (Non-DKA) - this protocol involves 4 titration levels. The educator will work with the ICU educator, Pharmacy and IT to get the most recent version entered into Meditech.

CRITICAL CARE

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
March	60	7.3	17	3	0	4

Education:

- Hypoglycemic management
- Venodyne trial
- Hypothermia protocol
- Review of revised pharmacy list of *Look Alike Sound Alike Drugs*
- Glucometer recertification

PI Initiatives:

- Hypoglycemic protocol for rechecking blood glucose (DOH plan of correction)
- Management of insulin drip
- Improve wound documentation on admission to CCU

Service Recovery:

- Implement Language of Caring “*Heart Head Heart*” with patients and team
- Manager proactively rounds on all new admissions daily
- Manager/Charge Nurse rounds with purpose on patients Monday, Wednesday and Friday and as needed to address any questions comments or concerns

EDUCATION

# of Classes Provided						
Month	8W	5W	ICU	BHU	ED	OR/PACU/ASU
March	4	0	2	2	2	1

Education:

- Basic Life Support/Cardiopulmonary Resuscitation (BLS/CPR) class
- Emergency Severity Index (ESI) Triage class
- Telemetry remedial class
- Emergency Obstetrics (OB) mock drill
- Clinical Orientation

PI Initiatives:

Each educator is assigned to multiple patient care units. Educators assists the staff with just in time training as needed and are engaged in meaningful rounding on assigned units. They attend relevant hospital wide committee meetings based on their assigned units.

EMERGENCY DEPARTMENT

ED Metrics Empower Data	Nov	Dec	Jan	Feb	March
Visits	4336	4595	4433	4021	4389
Change from Prior Year (Visits)	4585	4602	4919	4557	4826
% Growth	-5.74	-0.15233	-10.9632	-13.33	-9.956
LWBS	121	139	165	73	112
Ambulance Arrivals	1185	1297	1142	1143	1163
Ambulance Patients Admission Conversion	330	367	296	285	314
% of ED patients arrived by Ambulance	27%	28%	26%	28%	26%
% of Ambulance Patients Admitted	28%	28%	26%	25%	27%
Reroute + Diversion Hours			264	0	335/321

ED Metrics Empower Data	Goal	Nov	Dec	Jan	Feb	March
Door to triage	30	24	24	26	19	22
Door to room	45	113	113	123	109	111
Door to provider	60	122	118	122	103	110
Door to departure	150	249	250	261	231	249
Decision to admit to floor	240	304	294	304	309	321

Education:

- Pain Assessment at triage, discharge, pre/post medication and during vital signs
- Re-education - must complete medication reconciliation on all patients
- Mandatory Triage Class - ESI algorithm
- Document Q 2 hours or more often if applicable
- EKG prior to triage for all chest pain patients
- Pharmacy Medication Shortages
- Debriefing huddle after every code blue
- Monitoring lab and diagnostic turnaround time
- Telemetry Remedial Sessions
- Review Policy HRD 03-017 & HRD 03-018
- Monthly Staff Meeting

PI Initiatives:

Medication Audits and 100% medication scanning

Service Recovery:

All service recovery provided in real time
No additional recovery required

RESPIRATORY SERVICES

Education:

- One of the Lead Respiratory Therapist (RT) is continuing to give refresher courses on caring for tracheostomy patients. This course is taught in partnership with the Education Department. Our goal is to have 100% of our nursing staff on the 5th and 8th floors feel even more confident with caring for a stoma or tracheostomy patient.

PI Initiatives:

- ABG critical values Read Back in February 2019 was at 98%. Currently, the Read Back value shows a 1.3% improvement during the last 30-day audit.

WOUND CARE

Education:

- There is a teamwork effect currently with the respiratory team, education, and wound care to develop and execute a prevention decision tree for preventing wounds in the OR, ED, ICU and Respiratory Department to prophylactically use foams to fragile areas of the skin. Update: The wound care team met with respiratory team again to provide sample posters and discuss the type of foams that would be tailored to the patient's needs here at UMC. The OR, ICU, and ED have begun to formulate posters that reflect criteria for prophylactic use of foams with the goal of preventing skin breakdown in vulnerable patients.
- ICU, 5th and 8th floors have received rolling in-services regarding the functionality of the wound vacuum (vac) Veraflo and how to trouble shoot problems. A particular focus was made towards having the RN's exchange the vac canister seamlessly by performing a return demonstration.
- New hire RN's and nursing assistants received the updated Wound Care PowerPoint presentation at the new hire orientation.
- Wound care team facilitated in-services regarding the wound vac Veraflo to the operating room RN's as well as ICU. There will be more dates for continuing in-services to follow.
- Wound care team facilitated an introduction to case managers and social workers to the wound vac liaison that aids in discharging/transferring patients with a wound vac.
- An updated version of the Admission PowerPoint was completed and presented for orientation. It highlights all areas of assessments and maintenance of wounds during orientation. Update: Training has been well received and is inclusive of the expectations for RN's and CNA's. "Badge buddies" have been handed out to the new employees that summarizes key points of the Orientation PowerPoint.
- The Veraflo VAC system has been a success and well received by physicians. Update: A Veraflo in-service from vendor KCI was forwarded to the surgeons. Also, surgeons are aware that there are wound vacs on par in storeroom for convenience and usage.
- Wound Care team has met with Materials Management personnel to assure wound vac supplies are available as this is a new process. Additionally, the vac supplies have been added to the charge sheets so each patient is charged for their supplies seamlessly.
- Wound Care team has worked collaboratively with Materials Management to achieve organization of the wound care supplies in one area for ease of finding supplies.
- The process of initiating and discharging wound VAC has been up and running seamlessly - the distributors have dropped off and picked up VAC without any incidence of loss or misplacement.
- A wound care binder is successfully being utilized by the staff for added reinforcement. Update: The binder continues to be updated and the staff is reminded to locate and utilize their binders.
- After DOH visit, Wound Care has launched a corrective action plan aimed at strengthening the nurses' documentation, preventing skin/wound breakdown, and reacting to a Braden Scale score less than 18. This project will include a mandatory PowerPoint presentation, auditing the charts in "real time" and working collaboratively with the managers to assure wound care documentation compliance.

PI Initiatives:

Unit Based and Wound Stages

Unit	# of Patients	# of Pressure Injuries	# of HAPIs
CCC	6	17	0
BHU	0	0	0
5 th Floor	2	6	0
8 th Floor	12	42	3
Total	20	65	3 *See note below

Unit	Stage I	Stage II	Stage III	Stage IV	Unstageable	DTI	Reportable
CCC							
BHU							
5 th Floor							
8 th Floor		**4	**1				1
Total	0	4	1	0	0	0	*1

**There is a total of 5 HAPI(s) but only 1 will be reportable to the state (Reportable wounds: Stage 3, 4, Unstaged)*

Please note the rule of thumb is only 1 wound is reported per patient (despite the number of wounds the patient has)

*** Patient: (a) had two stage 2 hospital acquired pressure injuries, (b) had two stage 2 hospital acquired pressure injuries, (c) had one stage 3 hospital acquired pressure injury*

CNO's Note:

Staffing continues to remain an issue. Currently engaged with an additional staffing agency *FlexRN* to provide supplemental staffing for the Emergency Department, Intensive Care Unit and Behavioral Health Unit (BHU). Recruiting qualified nurses for BHU is challenging. Working aggressively with Human Resources on recruitment and retention efforts.

Primary review of UMC pay rates reflects lower than local market. In addition, tuition reimbursement is not competitive. Intent is for UMC to collaborate with labor unions to review not only pay rates but also staff to patient ratios particularly on BHU.

OPERATIONS – NON-CLINICAL

HIGHLIGHTS:

Develop facilities and operational standards to support existing facilities, renovations and future operations. Latest projects:

- Radiology Fluoroscopy Rooms (#3 and #4): (permit issued; reviewed by DC Health Team; RFP in progress)
 - Architectural design proposal completed
 - RFQ
- Radiology Dressing/Restroom Area: (permit issued; reviewed by DC Health Team; RFP in progress)
 - Architectural design proposal completed
 - RFQ
- Completion of Mammography Suite: (In Progress)
 - Contractor selected; permit application with Expediter (previous permit submitted by another contractor)
- ED Renovation: (Scope reduction – review Phase I proposal)
 - Architectural design proposal completed. Scope reduced a second time – new proposal received 4/11/19.
- Kitchen Walk-in Cooler and Freezer Replacement Construction– To reduce freezer and refrigeration annual repair costs by 40%. Compliant with Department of Health. Reducing possible citations. Permit awarded 4/11/19. Project start date: 4/17/19
- IR Room HVAC and mechanical upgrade: (In Progress)
- Radiology/Pathology Air Handler Unit (AHU) Replacement: Coil replaced; install 2 additional cooling units in CT Rooms 1 and 2. Replacement of AHU will begin late summer.
- Pharmacy Renovation (USP 797,800 compliant by December 1, 2019): Waldon Studios provided an updated proposal reducing scope to address only USP compliant items.
- Cart Storage and Store Front Construction: (Permit needs to be reissued)
(This construction will assist with faster more efficient service to our patients and resident.)
 - Architectural design proposal completed
 - RFQ in process
- Cart Storage and Store Front Construction: (Permit needs to be reissued)
Architects updated plans for permit submittal

Completed Projects:

- Rehab (Outpatient) Department: clinical area refresh (new seating, patching/painting, lighting, ceiling tiles, replacing diffusers); staff break room, gym area.
- SNF Department: Refresh 6th floor SNF staff breakroom
- SNF Department: Waterproof all SNF shower rooms
- SNF Department: Installed shades in all patient rooms on SNF
- OR/Anesthesia Department: Anesthesiology workroom renovation

- Plant: Obtained DCRA certification for boiler 2
- OR/Surgical Department: OR chiller maintenance project
- Ground Mechanical Area: Fixed steam leak on ground floor (purchasing tunnel)
- Emergency Room Registration/Administration: Enclosure for ED desk registration area
- IR Room HVAC and mechanical maintenance: Completed

Construction/Renovation Projects:

Grounds and Landscaping: address exterior entrance refurbish needs, update Exit Egress lighting to battery backup lights, entrance and elevator cleaning, Spring landscaping campus-wide, power washing main entrances, identify projects for back entrances updates (UDC, Security Entrance).

Update: Identified vendor for employee entrance, security entrance and UDC – invite SBE/CBE vendors to bid on work.

Hospital wide: Continuing to install new ceiling tiles; install/replace corner panel moldings, baseboards and add additional lighting to main hallways. Patching/painting/decluttering office and clinical spaces.

Flooding Restoration Work: Leading efforts with key stakeholders: Facilities, EVS, Risk Management and Infection Control departments. CNA engaged with JS Held to provide a moisture assessment of impacted spaces and adjacent areas and clearance. JS Held provided a detailed scope of work and completed bid process. **Update:** 2nd, 3rd and 4th remediation work completed, ICU - 4th floor lead abatement completed. Insurance and Engineers assessed pipe insulation in ICU area for additional remediation needs. Architects/Engineers finalizing ICU renovation plans by 4/15/19.

Special Projects:

Hospital Clean/Declutter Campaign continues:

- Facilities/EVS/Biomed: removal of items that can be discarded or stored in designated areas; deep cleaning of all areas; maintenance to do a comprehensive PM of all areas for any deficiencies
- Removal of all documents/forms with patient identifiers (to be shredded)
- Security: fire/safety rounds of floors, test all cameras and access points, added additional keypads and cameras to Plant/Boiler Room area.
- Materials Management: assist with consolidation of storage areas
- Inventory of all Assets (continued): Biomed and Facilities departments – upload and update in Maintenance Connection system.
- Monthly exterior power washing

EVS DEPARTMENT:

- Received 2 new auto scrubbers to assist with the hardwood floors on 5 and 8
- Scrubbed and recoated the Main Entrance
- Scrubbed and recoated main hall to the ED
- Created patient rounding initiative
- Created management checklist for patient and staff rounding
- Changed supply vendors to reduce supply cost
- Reduced PAR for chemicals, cut back on wasteful spending (Reduced PAR TB cleaning solution, reduced PAR for large waste can liners)
- Completed scrub and recoat of entire Lab area
- Scrubbed and recoated conference rooms
- Cleaned carpet in Auditorium – needs to be done again aisle carpet
- Scrubbed and recoated Radiology area
- Scrubbed Cafeteria floors and behind Service Line in Retail area
- Scrubbed and recoated 2nd floor into Food Services
- Scrub and recoat ED Registration and Triage area
- Scrub and recoat EMS entrance in ED

On the Horizon:

- Complete main hall by Physical Therapy and Meditation Room
- Begin stripping 7th and 6th floors – currently stripping patient rooms 1-2 daily, based on access
- FNS offices – Scrub and recoat
- Patient room restrooms – Scrub tile
- ED waiting room
- ED EMS Hall

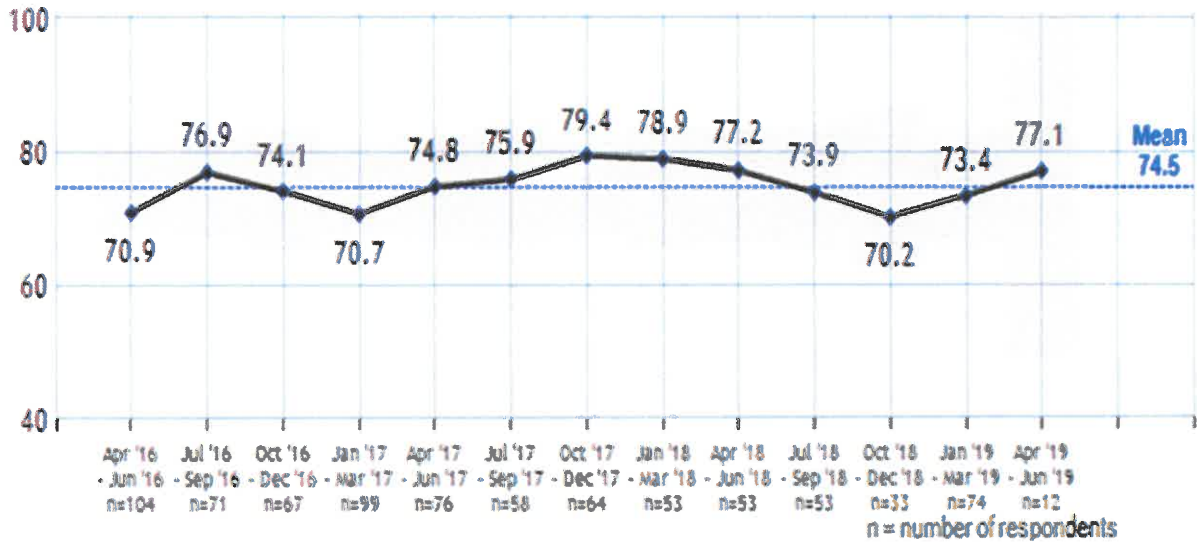
Support Services (Environment of Care) Rounds – Actively engage non-clinical staff in delivering a positive patient experience. Implemented zone maintenance; multi-disciplinary rounding.

Furniture needs throughout the hospital: To address some of the deficiencies found during our Environment of Care rounds and daily rounds in clinical/admin areas, we have had several visits to our GSA Surplus Warehouse. Current areas: HR offices; SNF Activity Rooms (6 and 7); Respiratory Therapy offices; Patient Relations offices; Medical Staff office; Conference Rooms.

FOOD AND NUTRITION SERVICES

Patient Satisfaction:

Two straight quarters of positive growth to report. Department consistently above contractual target of 70 – Source: (Press Ganey).



Expense Reduction initiatives – Over Time:

Over time - Food Services Labor Tracker

Payroll	Hour Worked	FTE	PTO Hours	FTE	Over-time Hours	FTE	Over-time Expense	Annualized Expense
1/19/2019	3345.75	41.82	284.07	3.55	547	6.84	\$12,466.13	\$324,119.38
2/2/2019	2836.5	35.46	426.82	5.34	284	3.55	\$6,472.36	\$168,281.36
2/16/2019	2967.75	37.1	243.02	3.04	293	3.66	\$6,677.47	\$173,614.22
3/2/2019	2865.75	35.82	279	3.49	165.75	2.07	\$3,777.44	\$98,213.51
3/16/2019	2894	36.18	221.5	2.77	153.5	1.92	\$3,498.27	\$90,954.89
3/30/2019	2844	35.55	308	3.85	132.5	1.66	\$3,019.68	\$78,511.55

Potential expense savings based on current reductions over the next 12month \$245K on expense reductions

Expense Reduction initiatives – Food Expense:

Food expense reduced from a high of \$180k in November/December 2018 to a low of \$135k in February/March 2019 average savings of \$20k/month annualized food expense savings over the next 12 months of \$240k.

Community Relations:

Partnership with the “Physician’s Group” of DC to educate our community on the benefits of plant based diets and build awareness related to the overall nutritional health of our surrounding community. We were able to bring several food tastings to our campus; as well as a lunch and learn focused on these initiatives.



Capital Expenditures:

Capital Construction Projects: Total FY19 Funding: \$14,785,798

FY20 – FY22 Capital: Requests for FY20 in progress – review/approval process

	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 20-25 Total
Current Allotment	\$4,500,000.00	\$3,000,000.00	\$2,300,000.00	-	-	-	\$9,800,000.00
Renovation (Regulatory Compliance)	\$2,500,000.00	\$2,000,000.00	\$1,300,000.00	-	-	-	\$5,800,000.00
Information Technology	\$1,000,000.00	\$500,000.00	\$500,000.00	-	-	-	\$2,000,000.00
Facility Infrastructure	\$1,000,000.00	\$500,000.00	\$500,000.00	-	-	-	\$2,000,000.00
Total	\$4,500,000.00	\$3,000,000.00	\$2,300,000.00	-	-	-	\$9,800,000.00

The Capital distribution for each year covers capital projects that will allow:

- Renovations/upgrades required by a regulatory authority and/or are directly related to the health and safety of the community utilizing/working at the facility
- Clinical documentation and financial reporting requirements
- Telecommunication to support information technology demand
- Compliance with patient regulatory and building code standards

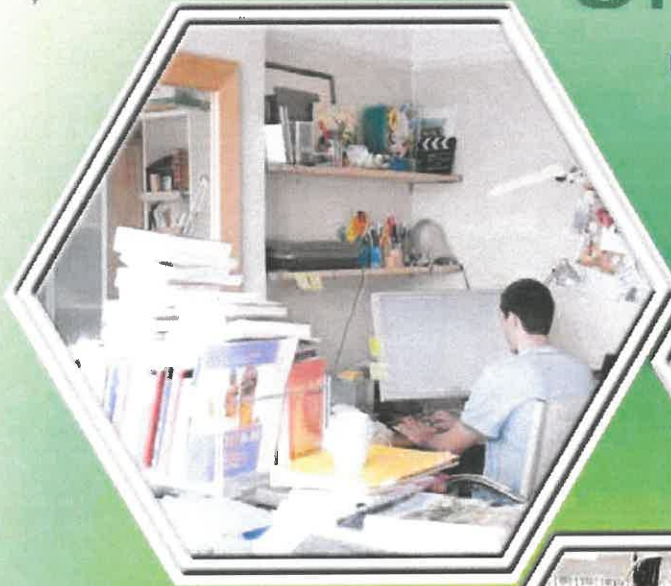
Project Listing (Capital Projects will be presented to both PSQ and Finance Committees):

United Medical Center

PROJECT NAME	Project Lead	RFP/RFQ	Ready to bid?	SCOPE SUMMARY
PHARMACY (USP 797/800)	Marcela Maamari	RFQ	Y	Design & Building new Pharmacy & Sterile Compounding in nearby soft space while existing Pharmacy remains operational. Back fill old pharmacy with displaced functions and incorporate Hospital Clean Supplies, Crash Cart Processing, and coordinate with Materials Management.
IT CLOSET HVAC (Phase 1 &2)	David Parry	RFP	Y	Conduct Feasibility Study on 31 existing IT Closets identified as overheating. Follow up study with A&E design documents. Most if not all closets with get new Split-A/C units. Hospital also needs help with low voltage cable issues, but explained this is not an A&E design solution. Work will be done on 9 closets.
Radiology FLOURO 3 & 4	Marcela Maamari	RFQ	Y	Met with DC Health to review project on 4/5/19 - approved by DC Health & DCRA (permits); Project includes renovating existing dressing room space between R/F 3 & 4 for new ADA Toilets & Dressing. Estimate excludes imaging equipment cost. Enviser has been awarded HVAC #7 Replacement. Permits approved 3/29/19.
EMERGENCY DEPARTMENT	Marcela Maamari	RFP	Y	Reviewed project with DC Health Team 4/5/19. Includes all new patient bays, nurse stations, new BH Flex-Bays, new Code Rooms, new ED Acute care Bays and support areas to accommodate program.
Rehab: PT/OT	Marcela Maamari	RFP	Y	Project displaces PT/OT, Pulmonary & Respiratory Therapy. Outpatient Rehab will be displaced during ED Renovation.
KITCHEN CART STORAGE	Marcela Maamari	RFQ	3 quotes	Project design, permitted and put on hold. New dietary director contacted Patner for pricing and wants to move forward. E4H inquiring about permit renewal. Some tweaks to design being discussed, but don't believe it warrants permit resubmission.
KITCHEN REFRIGERATION	Marcela Maamari	RFQ	3 quotes	Permits approved. Check Request submitted. Check ready for pickup by Expediter: 4/4/19. Scheduled call with EMR, e4H to review final plans and next steps: 4/8/19
STERILE PROCESSING	Marcela Maamari	RFP	ON HOLD	Full designed by RS& and ready for permit but put on hold. Possibly revise as part of AHU effort since the AHU service is in poor condition. Original fee did not include AHU work as it was under JC contract.
BRONCHOSCOPY/ENDO DESIGN	Marcela Maamari	RFP	3 quotes	Possible revisions to coordinate with adjacent Pharmacy project.
MRI Mobile (Coach & MRI)	Marcela Maamari	RFQ	3 quotes	Capital Approved 3/28/19
MRI Modular Demo/Abatement (Modular & MRI)	Marcela Maamari	RFQ	3 quotes	Met with DC Health on 4/5/19 to review project. A few follow up items related to MRI project.
ICU Restoration/Renovation (Post ServPro work)	Marcela Maamari	RFP	ON HOLD	0
Flooding (Jan 2019)	Marcela Maamari	Insurance		0
- HIM	Marcela Maamari	Insurance		0
- Kitchen/Café	Marcela Maamari	Insurance		0
- L &D, NICU, OR on 3rd	Marcela Maamari	Insurance		0
Flooding (Mar 2018)	Marcela Maamari	Insurance		0
IT Suite (Leak/Mold Remediation)	Marcela Maamari	RFQ		0
OR Decomission/Abatement/Demo	Marcela Maamari	RFQ		Met with DC Health on 4/5/19 to review project. A few follow up items related to MRI project.



SPRING CLEANING



Declutter & Organize

Clinical & Administrative Areas



Contact:

Biomed: Medical devices/equipment to repurpose/dispose.

Facilities: Trash items and furniture no longer needed, e.t.c.

Materials Management: To donate extra supplies.

HUMAN RESOURCES

HUMAN RESOURCES (HR) BEST PRACTICES IMPLEMENTATION

HR Recent Successes:

Creation of electronic HR shared drive to properly file the items below:

- Recruitment tracking
- Tuition reimbursement
- Union documentation
- Contracts
- Meeting minutes
- Response time of union communication

HR Organizational Efforts:

Emergency Department (ED) Medication Assisted Treatment (MAT): **ED MAT- Peer Recovery Program:**

- Partnered and collaborated with ED and Behavioral Health Department clinicians at UMC and District of Columbia Hospital Association (DCHA) to assist in the timely recruitment of Peer Recovery Coaches. The ED-MAT program, in partnership with UMC ED medical directors and leaders and the Department of Health, was implemented in response to the opioid crisis in the District.
- There were over 120 applicants for this program to meet the expectation of filling five Peer Recovery Coach positions. The five Peer Recovery Coaches will start with UMC on April 29, 2019.

Workers Compensation:

- Continued progress of the HR team in data analysis, including the cross-reference of approximately 1,000 HR files to ensure the proper FTE entry into our Information Systems.
- Continuous timeliness and organization regarding monthly Union dues.
- The organization continues to be 100% compliant with timely recording of Worker's Compensation claims.

Streamlining of Various Processes:

Implementation of Technology for the Onboarding Process:

- Inclusion of New Hire documentation on Intranet "New Hire Portal", scheduled for launch by June 2019.

Created a tracking system on the following various payments and leave:

- Family and Medical Leave
- Tuition-CME Reimbursements
- Invoice Reconciliation
- Recruitment
- Contract Rates

Benefits Update:

- The HR team saved the organization over \$200,000.00 on invoices related to benefits as a result of the continuous, thorough data analysis and reconciliation.
- An on-going reconciliation process is now in place to ensure continued accuracy in invoice billing and payment.

INFORMATION TECHNOLOGY

INFORMATION TECHNOLOGY - April 12, 2019				
Initiative	IT Leader	Status	Target	Comments
Update and Expand Applications				
Interface GW's system with Meditech	Tania	Completed	Completed	•Daily interface file being sent to GW for their billing; went 'live' February 15, 2019
Interface Meditech and eClinical Works (eCW)	Tania	Yellow	April 2019	•ADT and Scheduling went live March 22 •Billing interface: Coding and UAT in progress
Technical and Professional charges (eCW, Meditech)	Tania	Yellow	April 2019	•Implement Technical billing charges (started; phasing-in) •Eliminate outsourcing of professional billing
Post Acute Patient Management (NaviHealth)	Tania	Completed	Completed	•Facilitates discharge management processes •System successfully went live November 14, 2018
Cost Accounting and Patient Analytics (Premier)	Tania	Completed	Completed	•Go-live was successful on December 7, 2018; training of the Finance team has been completed
Meaningful Use Reporting (Medisolv)	Vineela	Completed	Completed	•To improve data capture and reporting of Meaningful Use measures for the Hospital. Completed February 15, 2019.
Meditech Magic release update	Tania	Completed	Completed	•Upgraded to current release level on January 31, 2019
Medication Assisted Treatment Project - ED (Meditech)	Tania	Completed	April 2019	•ED Triage, assessment and reports; from Grant funding
Materials Management Inventory - Phase 1 (Meditech)	Tania	Completed	April 2019	•Establish/manage Storeroom PAR levels and control costs
Intelligent Medical Object (IMO) 2.0 upgrade	Tania	Completed	June 2019	•Tool to facilitate physician documentation and coding in Meditech
Skilled Nursing Facility (SNF) documentation enhancements (Point Click Care)	Vineela	Red	TBD	•CPOE and additional specialty modules will be implemented •Contract for Core system needs to be signed
Rehab Therapy documentation - SNF	Vineela	Red	TBD	•Following the removal of Optima and Casamba, we are evaluating alternatives to meet this need
Medical Records coding stage 2 (MD Communications)	Tania	Yellow	TBD	•Will enhance data communications between coders and physicians in Meditech •Evaluating 3M and an alternative vendor solution
Ambulatory EHR Optimization (eCW)	Vineela	Yellow	TBD	•Enable all modules within eCW and train users to utilize the system •Optimization project will resume once eCW interface is completed
ED Patient Identification Scanning (Meditech)	Tania	Completed	Completed	•Successfully enabled 3 rights of med administration in the emergency department
Case Management (Interqual)	Vineela	Completed	Completed	•Upgraded to current version; end-user training provided
Human Resource Information System - HRIS (Kronos Dimensions)	Vineela	Yellow	TBD	•Contract has been signed; project arrangements in progress •Will provide improved human resource system functionality
Workflow Management tools (DocuSign)	Vineela	Red	TBD	•Legal counsel teams are working through agreement
Reporting and Dashboard tools	Vineela	Red	TBD	•Contract for product not signed; evaluating other tools •To enhance UMC's data management and reporting capabilities
Develop a Corporate Intranet	Vineela	Yellow	July 2019	•To enhance communications throughout the organization •Working with multi-disciplinary team to obtain "seed" data
Active Directory pilot sign-on to replace generic logins	Abdul	Completed	Completed	•March pilot identified issues to be addressed for further rollout; planning in progress for required remediations
Work Order software (Maintenance Connection)	Abdul	Completed	Completed	•Enabled end-user access throughout the organization

Infrastructure				
Implement formal IT Security Program and remediation of risk assessment items	Abdul		September 2019	<ul style="list-style-type: none"> IT staffing is impacting the timeline for completion Security officer role still outstanding IT security remediation efforts include: Firewall, intrusion detection, encryption, spam, patches, and anti-virus
Overhaul of cable plant and wiring/communications closets	Abdul		September 2019	<ul style="list-style-type: none"> Performing a design analysis in order to facilitate vendor selection for cooling and electrical work; received report; pursuing estimates
Develop Disaster Recovery plan and processes	Abdul		September 2019	<ul style="list-style-type: none"> Evaluating alternative solutions to provide disaster recovery for systems housed in UMC's data center
Expand storage for PACS	Abdul		Completed	<ul style="list-style-type: none"> Equipment received and expansion completed
Update Security surveillance server and system	Abdul		April 2019	<ul style="list-style-type: none"> Initial build done; finalizing camera configurations with Security
Help Desk software (ServicePro)	Dannette		Completed	<ul style="list-style-type: none"> Updated software to improve tracking and resolution of issues
Wireless Communications	Abdul		September 2019	<ul style="list-style-type: none"> Wireless network improvements to floor 5 and 1/2 of 4 are done Wireless phones to floors 8, 5 and ICU are fully deployed Wireless for entire hospital and MOB will be addressed
Mobile Device Management System	Abdul		June 2019	<ul style="list-style-type: none"> Will provide secure, audited remote device management
Server enhancements and management	Abdul		April 2019	<ul style="list-style-type: none"> Replace non-supported OS versions Reconfigure VM and PACs servers to enable redundancy Inventory servers and apps; implement structured patch schedule
Device Management (Citrix)	Abdul		August 2019	<ul style="list-style-type: none"> Identify VDI solution to enhance deployment, management and security components for end-user access; Citrix is being trialed
IT Governance and Management				
Develop and implement IT policies and procedures	David		September 2019	<ul style="list-style-type: none"> All IT policies and procedures are being reviewed and updated
Align IT organization to support and accomplish Corporate goals; fill critical vacancies	David		May 2019	<ul style="list-style-type: none"> Realign security work across Network and Server team Bring in Agency staff to address telecom operator staffing needs Adjust project priorities to align with IT staff availability
Achieve Meaningful Use Compliance - 2018 - Stage 2	Vineela		Completed	<ul style="list-style-type: none"> Thresholds (results) have been achieved for 2018 Submitted measures to CMS (February, 2019)
Achieve Meaningful Use Compliance - 2019 - Stage 3	Vineela		December 2019 (results) By Feb 29 2020 (submission)	<ul style="list-style-type: none"> Implement Meditech add-ins (April) Identify and plan all required components/projects (April) Plan for interface updates (May)

Key:		
■ = On target	■ = Proceed with caution	■ = Needs attention



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 24, 2019

PSQ Committee

Presented by:

**Dr. Malika Fair, PSQ
Chair**



Not-For-Profit Hospital Corporation
 Patient Safety & Quality Committee Meeting Minutes
April 16, 2019
1630-1800

Present:

Absent:

Attachments:

Agenda Item	Discussion	Action Item
Call to Order		
Approval of the Agenda		
Discussion		
Meeting Discussion	DOH visits/notifications <ul style="list-style-type: none"> - SNF Visit Regarding HIPPA Complaints - DC Health Survey Results (received on March 29, 2019) - Facilities Projects - Water Intrusion - IV room not USP compliant 	

	<p>Standing Reports</p> <ul style="list-style-type: none">- Executive Quality Dashboard (including core measures, sepsis, and SSE)- Deliveries in ED- Length of Stay <p>Regulations & Accreditation (Updates on Plans of Correction Items)</p> <ul style="list-style-type: none">- ED/Children's Transfer policy- ED (Staffing, Peds/OB Mock Drills)- Committee Updates (Pharmacy, Infection Control, Safety/EOC, Patient Safety)- Mock Survey in 2019 <p>Other Topics</p>	
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Not-For-Profit Hospital Corporation
 Patient Safety & Quality Committee Meeting Minutes
March 21, 2019

Present: Dr. Fair, Director Ashenafi, Director Gorham Dr. Shephard, Marcela Maamari, Dr. Payne-Borden, Andrea Gwyn, Ambrose Warren, Regina Kim

Absent:

Agenda Item	Discussion	Action Item
Call to Order	Meeting was called to order at 4:37 PM. Quorum determined by Mike Austin.	
Approval of the Agenda	Agenda approved as written.	
Discussion	Previous meeting minutes approved	
Meeting Discussion	DOH visits/notifications <ul style="list-style-type: none"> - Exit Briefing/Quality Safety Huddle Overview - ICU Flooding – current ICU is on the fourth floor and includes 14 beds. Given the flood damage that occurred a total renovation is needed for the old ICU. 	Share document that tracks ICU remodeling progress with PSQ Committee.

	<p>Mold remediation is needed. A document that tracks progress of the remodeling progress was recently shared with DOH.</p> <ul style="list-style-type: none"> - Water Intrusion – In old OR there was extensive water damage. UMC is hiring an abatement company to assess and fix the damage. The rooms were being used for storage only. - Behavioral Health – No active issues - SNF Survey – SNF is currently in good standing with DOH. There was a visit by DOH on 3/21 because of a new incident that was reported. - ED Sentinel Event – A quick look nurse is on schedule at all times. Data is currently being collected to send to the Joint Commission in May. - MRI air sampling – There was fungal growth after air sampling. SHPDA, DC FEMS, and DOH are all committed to helping resolve this. - BHU Bathroom remodel – The plan is to complete in Summer 2019. <p>Standing Reports</p> <ul style="list-style-type: none"> - Executive Quality Dashboard (including core measures, sepsis, and SSE)- data is not currently available, no recent SSE - Deliveries in ED – 0 deliveries in February 2019. - Length of Stay 5.3 days. A new ambulatory transportation company is in use for non-emergencies. In need of 24hr case management coverage in ED <p>Regulations & Accreditation (Updates on Plans of Correction Items)</p> <ul style="list-style-type: none"> - Medication Reconciliation – On par with target - Fluoroscopy/ Bronchoscopy update – Permits currently pending with the District. After approval, a RFQ will be posted. - ED/Children’s Transfer policy – Policy currently with Children’s Legal team - Pharmacy & Sterile Processing Department remodel – Paperwork is finishing - ED (Staffing, Behavioral health risk, Peds/OB Mock Drills) – 6 new per diem nurses have been hired, Mock drills will be completed in March. 	
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| | <ul style="list-style-type: none">- Committee Updates (Pharmacy, Infection Control, Safety/EOC, Patient Safety) – No new reports of hospital-acquired infections. DOH concerns on IV room not in compliance with the USP standards, the area was tested (March 4th, 2019) the hood was assessed, waiting on report from vendor. The override issue was also addressed by implementing a process to control medication orders/ override. DOH concerns on water intrusion in multiple areas of the building, Infection Control is working with Facilities to address the findings, policy will be also written. Will work with areas on infection control signage outside of patient rooms.- Mock Survey in 2019 – CNO will take the lead on the mock survey. | |
|--|--|--|

Other Topics

- Medical Office Building – medical emergencies – Live process communication tools are being used. Signs are up.

Meeting adjourned at 5:29pm



SBAR Summary- ER OB Mock Drill 3/29/19 @10 am

S

Situation:

35-year-old female presented to ER with lower abdominal pain and vaginal bleed that worsened an hour prior to arrival.

B

Background:

She is 35 weeks' gestation and reported episodes of occasional spotting throughout this pregnancy. This is her 2nd pregnancy and she smoked ½ pack of cigarettes daily. She has no medical problems, is only on prenatal vitamins and has NKDA.

A

Assessment:

Positives

- Upon entrance to ER, registrar was quick in attempting to obtain information to register patient
- Triage nurse and tech quickly transferred patient to the core via stretcher and alerted charge nurse and MD.
- Code bay was occupied but another room was identified promptly
- Doctor was swift on his assessment of mother.
- Charge nurse quickly gathered information to triage patient.
- Other staff members brought incubator/infant warmer to the bedside
- Other nurses & techs came to assist primary nurse.

Concerns

- Delayed fetal monitoring- MD requested sonogram machine but had to retrieve it himself from another area several minutes later.
- Delay in placing pregnant mother on monitor and obtaining initial vital signs.
- Delay in collecting supplies for hepllock start and blood draw



R

Recommendation:

According to evidence based practice, positive outcomes are more likely to occur when the patient has an assessment and intervention completed within the first 5 minutes of arrival to ER.

- In the event of multiple emergencies simultaneously and the code bay nurse is occupied, the charge nurse should have another allocated area available and ready for use.
- Have ultrasound machine readily available to assess fetus.
- Nursing staff need to be quicker in obtaining vital signs on expectant mother. Upon entrance to room, immediately undress and apply monitor to patient.
- Have a pre-packaged OB pack in designated area containing heplock insertion & blood draw supplies along with IV tubing and commonly used IV fluids.

United Medical Center

PROJECT NAME	Project Lead	RFP/RFQ	Ready to bid?	Vendor(s) Selected	Permits	Contract Review Dt	Contract Approval Dt	Start Dt	SCOPE SUMMARY	Summary of Project Costs
PHARMACY (USP 797/800)	Marcela Maamari	RFQ	Y						Design & Building new Pharmacy & Sterile Compounding in nearby soft space while existing Pharmacy remains operational. Back fill old pharmacy with displaced functions and incorporate Hospital Clean Supplies, Crash Cart Processing, and coordinate with Materials Management.	\$ 950,000.00
IT CLOSET HVAC (Phase 1 & 2)	DP	RFP	Y						Conduct Feasibility Study on 31 existing IT Closets identified as overheating. Follow up study with A&E design documents. Most if not all closets with get new Split-A/C units. Hospital also needs help with low voltage cable issues, but explained this is not an A&E design solution. Work will be done on 9 closets.	\$ 580,000.00
Radiology FLOURO 3 & 4	Marcela Maamari	RFQ	Y		Y				Met with DC Health to review project on 4/5/19 - approved by DC Health & DCRA (permits). Project includes renovating existing dressing room space between R/F 3 & 4 for new ADA Toilets & Dressing. Estimate excludes imaging equipment cost. Envis has been awarded HVAC #7 Replacement. Permits approved 3/29/19.	\$ 572,000.00
EMERGENCY DEPARTMENT	Marcela Maamari	RFP	Y						Includes all new patient bays, nurse stations, new BH Flex-Bays, new Code Rooms, new ED Acute care Bays and support area to accommodate program.	\$ 4,080,000.00
Rehab: PT/OT	Marcela Maamari	RFP	Y						Project displaces PT/OT, Pulmonary & Respiratory Therapy.	\$ 750,000.00
KITCHEN CART STORAGE	Marcela Maamari	RFQ	3 quotes	Horizon					Project design, permitted and put on hold. New dietary director contacted Partner for pricing and wants to move forward. E4H inquiring about permit renewal. Some tweaks to design being discussed, but don't believe it warrants permit resubmission.	\$ 71,500.00
KITCHEN REFRIGERATION	Marcela Maamari	RFQ	3 quotes	EMR	Y				Permits approved. Check Request submitted. Check ready for pickup by foodliner. 4/8/19. Scheduled call with EMR, e4H to review final plans and next steps: 4/8/19	\$ 357,500.00
STERILE PROCESSING	Marcela Maamari	RFP	ON HOLD						Full designed by PS&K and ready for permit but put on hold. Possibly revise as part of AHU effort since the AHU service is in poor condition. Original fee did not include AHU work as it was under IC contract.	\$ 2,574,000.00
BRONCHOSCOPY/ENDO DESIGN	Marcela Maamari	RFQ	3 quotes						Possible revisions to coordinate with adjacent Pharmacy project.	\$ 500,500.00
MRI Mobile (Coach & MRI)	Marcela Maamari	RFQ	3 quotes	United Imaging					Capital Approved 3/28/19	\$ 1,350,000.00
MRI Modular Demo/Abatement (Modular & MRI)	Marcela Maamari	RFQ	3 quotes						Met with DC Health on 4/5/19 to review project. A few follow up items related to MRI project.	\$ 321,750.00
ICU Restoration/Renovation (Post ServPro work)	Marcela Maamari	RFP	ON HOLD						0	\$ 2,574,000.00
Flooding (Jan 2019)	Marcela Maamari	Insurance		ServPro					0	\$ -
- HIM	Marcela Maamari	Insurance		ServPro	Y	3/25/2019	4/9/2019		0	\$ -
- Kitchen/Café	Marcela Maamari	Insurance		ServPro	Y	3/25/2019	4/9/2019		0	\$ -
- L & D, NICU, OR on 3rd	Marcela Maamari	Insurance		ServPro	Y				0	\$ -
Flooding (Mar 2018)	Marcela Maamari	Insurance		Eli's Contracting	Y				0	\$ -
IT Suite (Leak/Mold Remediation)	Marcela Maamari	RFQ			Y				0	\$ -
OR Decommission/Abatement/Demo	Marcela Maamari	RFQ		E4H, ACM					Met with DC Health on 4/5/19 to review project. A few follow up items related to MRI project.	\$ -
										\$ 14,681,250.00



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General Board Meeting

Date: April 24, 2019

**Finance
Committee**

Presented by:
**Deputy Mayor
Turnage, Finance
Chair**