



UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: February 26, 2020
Location: United Medical Center
1310 Southern Avenue, SE, Conference Room 1
Washington, DC 20032

2020 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Colene Y. Daniel, *CEO*

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



**UNITED
MEDICAL CENTER**

**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 12:00PM on Wednesday, February 26, 2020. The meeting will be held at the United Medical Center, 1310 Southern Ave., SE, Washington, DC 20032, in the Ground Floor Conference Rooms. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES**
January 29, 2020
- V. CONSENT AGENDA**
 - A. Dr. Raymond Tu, Chief Medical Officer
 - B. Dr. Marilyn McPherson - Corder, Medical Chief of Staff
 - C. Dr. Jacqueline Payne-Borden, Chief Nursing Officer
 - D. Lillian Chukwuma
- VI. EXECUTIVE MANAGEMENT REPORT**
Colene Daniel, Chief Executive Officer
- VII. CORPORATE SECRETARY REPORT**
Toya Carmichael, VP Public Relations/Corporate Secretary
- VIII. NFPHC COMMITTEE REPORTS**
Performance Improvement Committee
Finance Committee
Executive Committee Report
- IX. PUBLIC COMMENT**
- X. OTHER BUSINESS**
 - A. Old Business
 - B. New Business
- XI. ANNOUNCEMENTS**
- XII. ADJOURN**

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)(1)(2)(4A)(5),(9), (10),(11),(14).



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General Board Meeting
Date: February 26, 2020

**Reading and
Approval of
Minutes**

**Minutes Date:
January 29, 2020**



Not-For-Profit Hospital Corporation
 GENERAL BOARD MEETING
 Wednesday, January 29, 2020

Present: Chair LaRuby May, Director Girume Ashenafi, Director Robert Bobb, Director Brenda Donald, Director Millicent Gorham, Director Angell Jacobs, Director William Sherman, Director Velma Speight, Dr. McPherson Corder, CEO Colene Daniel, CMO Dr. Tu.
Absent: Director Wayne Turnage, Director Malika Fair, Director Konrad Dawson,

Agenda Item	Discussion
Call to Order	The meeting was called to order at approximately 12:11 pm. Quorum determined by General Counsel Kameka Waters.
Chair's Remarks	Moment of silence for lives lost in the District and on 1/26/20 in Los Angeles. Introduction and welcome of new CEO Colene Daniel and Board Secretary Toya Carmichael. Kudos to General Counsel Kameka Waters.
Approval of the Agenda	Motion. Second. Agenda approved as written.
Approval of the Minutes	(Minutes approved for December 4 and December 12, 2019 meetings) Motion. Second. Minutes approved as written.
Discussion	<p style="text-align: center;"><u>CONSENT AGENDA</u></p> <p style="text-align: center;"><u>CHIEF OF MEDICAL STAFF REPORT: Dr. Tu</u></p> <ul style="list-style-type: none"> • The overall admissions for November were 396 compared to 442 in 2018, -10.6% change. Admissions for December were 393 compared to 435 in 2018, -9.66% change. Behavioral health admissions increased to 27.7%. • Fast tracking up and running with 15-20 patients being seen per day. • CMO Open Office hours were very well attended. • There were 962 clinic visits in November compared to 1,241 in 2018, -22.5% change. There were 870 clinic visits in December compared to 1,165 in 2018, -11.8% change. • The average length of stay in November was 4.8 compared to 5.66 in 2018, -2.12% change. In December the average length of stay was 5.5 compared to 5.5 in 2018.

	<ul style="list-style-type: none"> • The average daily census was 101 compared to 104 in November and 90 compared to 89 in 2018. • Month to month total surgeries in November was 133 compared to 182 in 2018. In December the yearly total was 2,197 compared to 2,198 in 2018 -3% change. • Overall admissions for 2019 was 4,772 compared to 5,193 in 2018, -8.11% change. • Behavioral health admissions increased to 22.65%. • Ongoing implementation of the suicidal/homicidal patient FD12 patient, sitter guidelines have been effective with zero FD12 elopements in the months of November and December. • UMC attended the Ward 8 Health Council meeting on December 16, 2019. <p style="text-align: center;"><u>MEDICAL CHIEF OF STAFF: Dr. Marilyn McPherson-Corder</u></p> <ul style="list-style-type: none"> • Medical staff is 99% compliant for the flu shot vaccine. • Medical staff office has been relocated to the 1st floor of the hospital. <p style="text-align: center;"><u>CHIEF NURSING OFFICER: Jacqueline Payne-Border</u></p> <ul style="list-style-type: none"> • Nursing staff is 99.9 % compliant for the flu shot vaccine. • Recruitment for nurses is ongoing with a job fair scheduled at UMC on February 18, 2020 from 4-7pm. • Nursing team is signed up to recruit at National Black Nurses Association event in March. • Dr. Tu and nursing team have visited local universities to attract additional nurses to UMC. • A refresher training was held for new sitters on January 9-10, 2020 and the training was well received with 34 of 36 sitters attending. There is a need for additional sitters for the evening shift from 3-11pm.
<p>Approval of the CMO, Medical Chief of Staff & CNO Reports</p>	<p>Motion. Second. Approved as submitted.</p>
	<p style="text-align: center;"><u>EXECUTIVE REPORT: Colene Daniel</u></p> <p>During the past month, December 2019 and January 2020, we have continued to focus on improving the quality of care, turning around the downward trend in patient volume, and operating within the approved FY20 budget. Key challenges and</p>

	<p>accomplishments encountered include the following:</p> <ul style="list-style-type: none"> • The 2019 Annual Report has been provided. Report starts with Patient Safety & Quality and Dir. Ashenafi can provide a more extensive overview of the restructuring. • ED activity is going well with no elopements. • Nursing opened the discharge lounge which is open 24/7 and provides a comfortable transitional space for those discharged inpatients waiting to be picked up by family members. Space on 5w includes entertainment, refreshments, etc. Patients are also being connected to services they may need post discharge. The patient’s pharmaceutical orders are being sent to the new Excel pharmacy and will be packaged and ready for patients upon discharge. • Significant preparations were completed to ensure a successful College of American Pathology and AABB (American Association of Blood Banks) survey. • The February job fair will also include recruitment for social workers. • CEO extremely proud of the work UMC staff completed in a short amount of time to prepare for surveys. • UMC completed our Annual Security Risk Assessment administered by IT Dept. • UMC completed the Joint Commission “Mock Survey” to help focus the organization’s resources on the appropriate standards that will improve safety and quality of care. <p><u>People</u></p> <ul style="list-style-type: none"> • Completed the new employee benefits policy; changed health insurance carrier to CareFirst; UMC and 218 physicians will be in-network. • UMC provided a holiday meal for staff. • Nursing conducted CPR & Comprehensive Management Training (CCM) for newly on-boarded sitters. <p><u>Infrastructure</u></p> <ul style="list-style-type: none"> • Pharmacy capital funding approved, contract approved by DC Council in December and construction set to start in January with a projected completion date of May 2020. • New Nuclear Medicine camera is installed. Awaiting physicist approval and staff training with an estimated “go-live” date of February 4, 2020.
Approval of the CEO Report	Motion. Second. Approved as submitted.
	<p style="text-align: center;"><u>COMMITTEE REPORTS</u></p> <p style="text-align: center;"><u>PATIENT SAFETY AND QUALITY: Dir. Girume Ashenafi, Interim Chair</u></p>

- Committee has revamped the reporting structure and will work on highlighting key points when reporting to full board.
- Over the last month the hospital's metrics were much improved. Saw a significant jump in patient referrals between October and November.
- ICU is still in a temporary space but the design is complete.
- No FD12 elopements during the past month.
- Chairwoman May added that it might be helpful to have a conversation with DCRA regarding outstanding permit requests for our MRI space and other construction projects.

FINANCE COMMITTEE: Dir. Angell Jacobs

The Committee met and discussed the financial position of the hospital. The downward trend in activity continues and we are slightly in the black but there is some cause for concern.

Remainder of report provided by: Lilian Chukwuma, CFO

- Reviewed preliminary financial reports for November and December 2019.
- CFO reported that year should end at FY20 Annualized Net Income of \$72,000. Month to date is \$18,000.
- Dir. Robert Bob inquired about unrecognized and unrealized terminology. The CFO explained that if we have earned the funds, then we realized it, but the funds are not considered recognized until the revenue has been spent.
- ED activity is 14% down which is tremendous, OR, and Radiology department activity is down which is a cause for concern.
- The new MRI machine will help increase activity in radiology.
- Contracting renegotiations are helping to bring some expenses down.
- Working to put in more gap measures to bring expenses down. For example, supply chain and contract renegotiations via the general counsel's office.
- Nursing shortages impact expenses because we have to hire contractors and/or spend more on compensation for overtime.
- The GW contract calls for GW to return every collection from the professional fees back to UMC. In the first quarter they have already returned 1.8 million out of 7.2 million. We are hoping to exceed the 7.2 million but right now we are on track.
- UMC is not able to operate without the subsidy from the city but we do have a capital account to address some of those needs.

MAZARS ACCOUNTABILITY COMMITTEE

No January Committee meeting was held.

	<ul style="list-style-type: none"> • CFO is awaiting the release of the District CAFR. Once it is released it will be sent to the Board. • Chairwoman May reported that the finance team, herself, and General Counsel met with DSLBD team regarding UMC's utilization of CBE's despite the hospital's independence. Chairwoman May reassured DSLBD that the UMC Board is committed to doing business with businesses in Ward 8 and East of the River. Goal is to be the largest employer and contractor for businesses in Ward 8.
Approval of the Financial and CFO Report	<u>Motion. Second. Approved as submitted.</u>
Public Comment	N/A
Other Business	<ul style="list-style-type: none"> • Chairwoman recognized the dedicated work of the General Counsel who has been working double duty as General Counsel and Corporate Secretary.
Closed Session	<p>Motion and Vote to enter closed session. General Counsel read regulatory reasons for the closure.</p> <p>Roll Call: Quorum determined to enter closed session.</p> <p>Motion and Vote to Return to Open session:</p> <p>Roll Call: Quorum determined to exit closed session</p>
Announcements	<ul style="list-style-type: none"> • During closed session the Board voted on approval of contracts, the new procurement process, and a credentialing matter regarding a physician.
Adjourned.	The Board meeting adjourned at approximately 3:35 pm by Chair May.



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Consent Agenda



OUR MISSION

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

OUR VISION

UMC is an efficient, patient-focused provider of high-quality of healthcare the community needs.

UMC will employ innovative approaches that yield excellent experiences.

UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.

UMC will empower healthcare professionals to live up to their potential to benefit our patients.

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



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CMO Report

Presented by:
Raymond Tu
Chief Medical Officer



February 2020 CMO Report

Our meeting on January 22 with President Mason of the University of the District of Columbia and Dr. Jehan El-Bayoumi of the Rodham Institute continues the discussion of community collaboration and work force training between our organizations. Executive rounding throughout the building has been very helpful to identify areas of improvement for survey readiness. In fact, our clinical laboratory successfully completed the biennial College of American Pathologists Accreditation Assessment survey on January 23, 2020 with 7 surveyors from Mercy Medical Center lead by Dr. Edgar Alonsozana. Congratulations to the entire Pathology Department for a successful survey. The Skilled Nursing Facility CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey and Legionella Survey were completed simultaneously. During the exit interview the surveyors commented the improvement compared to the prior visit. The American Association of Blood Banks accreditation survey for 2020 was led by Ms. Bridget Head. Only 1 minor deficiency was noted with no recommendation compared to the prior survey with 3. Thank you to the partnership with biomed, nursing, perioperative services, anesthesia, security and safety and Ms. Regina Kim, the Advance Team Member. UMC Press Ganey survey of physicians improved from 88.9 in December 2019 to 100 in January 2020 on communication with doctors. The CMO open office hours on January 8th for any member of the hospital staff and was very well attended.

Though the overall admissions for January 2020 have decreased, the behavioral health admissions continue to increase; there were 389 overall admissions in January compared to 332 in January 2018, - 11.99% change. Behavioral health admissions increased 41.3% to 130 compared to 92 in 2019. The overall clinic visits have increased nearly 5% to 1,195 clinic visits compared to 1,120. Using data provided by IT average length of stay was 5.5 compared to 5.5 in 2018. The average daily census was 94 compared to 93 in 2018. Total annual surgeries decreased slightly by 3% to 2,127 compared to 2,198 in 2018 -3%. Total emergency department visits were 4,507 in January compared to 4,470 in 2018, a 0.8% change.

Ongoing implementation of the suicidal/homicidal patient FD12 patient, sitter guideline has been effective with zero FD12 elopements in the month of January.

Case management, social worker and medical staff initiatives continue as we recruit more staff and consider improvements to the case management and social work coverage. There were 263 total observation admissions in January 2020 compared to 154 in 2019 and 387 total admissions in January 2020 compared to 449 in January 2019, 93 observation to inpatient conversions in January 2020 compared to 50 in 2019, and average length of stay in observation 2 days in January 2020 compared to 2.72 on January 2019 and 2.19 days in January 2018 per report from IT.

The nuclear medicine gamma camera replacement project is complete and open for clinical use.

We welcome Ms. Maria Jackson back to the Medical Affairs team under the leadership of Ms. Cheron Rust. Saturday new staff orientation began in January. The medical staff has 275 providers with 117 active and 46 allied health practitioners, among those are 105 medicine, 62 emergency medicine, 55 radiology physicians, 27 hospitalist physicians, 38 emergency physicians, 23 emergency medicine and 10 hospitalist allied health providers.

The intensive care unit continues to exhibit excellent quality metrics with no Ventilator Associated Pneumonias, no Catheter Associated Blood Stream Infections and no Catheter Associated Urinary Tract Infections. The emergency department reported improvements in the left without seen by a provider, triaged and those who departed prior to triage. As Super Track has been implemented since December 2019 the increased patient care spaces for these lower acuity patients is being evaluated for assessment of throughput. The upcoming job fair is planned for February 18, 2020 for nurses, case managers and social workers.

During January Medical Executive Committee meeting Bylaws-Article 16, Section 16.1, Article 7, Section 7.2, TB Symptom Survey Form, Policy MS-01-001 Medical Shortage Policy, Medication Shortages Flow Chart, Medication Samples Policy. Non-Formulary Request Form, Formulary Additions and Deletion Policy, Formulary Addition Request Physician Disclosure Form, Formulary Available to Hospital Personal Policy, Policy IC 7-02, IC 8G-07, IC 6-03, ADM 03-027 and Informed Consent for Surgery, Anesthesia or Special Procedures were approved.



Not-For-Profit Hospital Corporation
CREDENTIALS COMMITTEE REPORT
 February 13, 2020

- Report to Credentials Committee: February 13, 2020
- Report to Medical Executive Committee: February 17, 2020
- Report to Board of Directors: February 26, 2020

Credentials Committee Signature:

Cynthia Morgan
 Cynthia Morgan, MD, Vice-Chair of Credentials Committee

Date: 2-13-20

Medical Executive Committee Signature:

Marilyn McPherson-Corder, M.D., Chief of Staff

Date: _____

Board of Directors Signature:

Laruby Z. May, Chairwoman

Date: _____

CREDENTIALING RECOMMENDATIONS

The credentials of the following individuals including current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified. The resulting recommendations indicated below have been approved by the Chair and are hereby submitted to Credentials Committee and the Medical Executive Committee which will be submitted to the Governing Board Committee for final action.

NEW MEDICAL STAFF APPOINTMENT		
NAME	SPECIALTY	COMMENTS
Hoyos, Francisco F., M.D.	Critical Care	Provisional
Shibli, Muhammad, M.D.	Critical Care	Provisional
Trevino, Jesus, M.D.	Emergency Medicine	Provisional
Turner, Terri, M.D.	Psychiatry	Provisional



Not-For-Profit Hospital Corporation
 CREDENTIALS COMMITTEE REPORT
 February 13, 2020

MEDICAL STAFF REAPPOINTMENTS				
NAME	SPECIALTY/ PRIVILEGES	REAPPOINTMENT PERIOD DATE (FROM/TO)	STATUS (FROM/TO)	COMMENTS*
Alford, Lisa, M.D.	Vascular Surgery and Wound Care & Hyperbaric Medicine	03/23/2018 - 03/23/2020	Active	DUAL PRIVILEGES
Chang, John, M.D.	Radiology	03/23/2018 to 03/23/2020	Telemedicine	
Faggett, Walter, M.D.	Pediatrics	03/23/2018 to 03/23/2020	Affiliate	

PROVISIONAL REVIEW		
NAME	SPECIALTY	COMMENTS
Abu-Hamda, Eyad, M.D.	Critical Care	Provisional to Active
Cartwright, Shanique, M.D.	Psychiatry	Provisional to Active

ADDITIONS/CHANGES IN PRIVILEGES	
NAME	SPECIALTY
None	

LIFTING OF PHYSICIAN FOCUSED REVIEW REQUIREMENTS	
NAME	SPECIALTY
None.	

LEAVE OF ABSENCE REVIEW REQUIREMENTS	
NAME	SPECIALTY
None.	

RESIGNATIONS	
NAME	SPECIALTY
Rolle, Monique, DPM	Podiatry



Not-For-Profit Hospital Corporation
 CREDENTIALS COMMITTEE REPORT
 February 13, 2020

ALLIED HEALTH PRACTITIONER - INITIAL PRACTICE PRIVILEGES		
NAME	SPECIALTY	SUPERVISING PHYSICIAN
None		

ALLIED HEALTH PRACTITIONER - RENEWAL OF PRACTICE PRIVILEGES		
NAME	SPECIALTY	SUPERVISING PHYSICIAN
Buller-Jarrett, Christiana, NP	AH-Internal Medicine	Gilbert Daniel, M.D.

ALLIED HEALTH PRACTITIONER - CHANGE IN PRIVILEGING		
NAME	SPECIALTY	COMMENTS
None.		

ALLIED HEALTH PRACTITIONER - LIFTING OF PROCTORING REQUIREMENTS		
NAME	SPECIALTY	SUPERVISING PHYSICIAN
None		

ALLIED HEALTH PRACTITIONER - RESIGNATIONS		
NAME	SPECIALTY	COMMENTS
Kelly-Williams, Deborah, NP	AH-Internal Medicine	Voluntary Resignation

DECEASED PROVIDERS (Informant Only)		
NAME	SPECIALTY	COMMENTS
None		



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**General Board Meeting
Date: February 26, 2020**

**Medical Chief
of Staff Report**

Presented by:
Marilyn McPherson-
Corder
Medical Chief of Staff



**REPORT OF THE CHIEF OF STAFF
MARILYN MCPHERSON-CORDER, M.D.
JANUARY 2020**

1. We are proud to report the clinical Laboratory has successfully completed the College of American Pathologists (CAP) Accreditation Assessment survey on January 23, 2020. The survey resulted in a full CAP reaccreditation for the laboratory for the next two-year cycle. We would like to give thanks to the UMC staff under the leadership of Dr. Eric Li.
2. The Medical Affairs department would like to welcome back Ms. Maria Jackson as a Credentialing Assistant.
3. As you aware, the flu vaccine is still be given in Occupational Health. The number of people getting the flu this year very high. I am pleased to announce that the Medical Staff is currently 99% in compliance.
4. The Medical Executive Committee is actively recruiting Sub-specialty physicians of need for the hospital.
5. The Medical Executive Committee met on Monday, January 27, 2020 and submits several action items for the Board of Director's review and approval (see attached).



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CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing Board Report

January 2020

8W- Telemetry

Month	Admission	ADC	Falls	Elopement	AMA	Restraints	Code Blue	Rapid Response
January	389	45.6	1	0	8	1	2	6

Education

- Inspection for insulin pumps and continuous glucose monitors
- Storage and administration of patients' personal medication
- Blood glucose bar code for visitors in rapid response
- Heparin infusion protocol
- Care of Department of Corrections (DOC) patient
- Gel foam mattress
- Cardinal Health Sequential Compression Device (SCD) machines
- Kendall EKG electrodes
- FD12 Policies and Procedures

PI Initiatives

- Workforce Safety-Inpatient Behavioral Health Solutions Starter - Your feeling of safety on the unit. The Road to High Reliability (Press Ganey article)
- Fall Prevention Risk Assessment
- Prepare and present family with Bereavement basket/cart when patient transitions
- Develop unit-based PI and QI committees (wounds, falls, patient satisfaction)
- DC Health Plan of Correction ongoing for PPID when performing glucose monitoring
- DC Health Plan of Correction ensuring appropriate isolation signage is displayed
- HCAPS monitoring and action planning.

Service Recovery

- Continue to implement Heart-Head-Heart Language of Caring attributes
- Manager proactively rounds on all new admissions daily.
- Charge Nurses round on patients to address any questions comments or concerns.
- Manager conducts discharge/follow up phone calls to patients 24-48hours post discharge.
- Patients and or family will receive customer service letter as follow up to any complaint.

5W- Medical/Surgical

Month	Admission	ADC	Falls	Elopement	AMA	Restrains	Code Blue	Rapid Response
January	91	13	1	1	2	0	0	0

Education

- 100% staff compliance with completion of Relias Mandatories and Competencies.
- Ongoing reinforcement related to DC Health POC as well as TJC standards at monthly meetings and daily huddles.
- Preparation for TJC and DC Health visits

PI Initiatives

Pain Management

- 87 charts were reviewed for pain reassessment for the month of January. There was 100% compliance with reassessment, 0 reassessments were late.

Medication Reconciliation

- 57 charts were reviewed for medication reconciliation. 93% compliance (53/57). Counseled staff accordingly.

Allergies

- 57 charts were reviewed for allergies. 91% were completely updated on admission (52/57).
- There was 89% compliance with the allergy band (17/19). Counseled staff accordingly.

Falls

- There was 1 reported fall in the month of January.
- The fall was unwitnessed and occurred due to disorientation secondary to hypoglycemia. No injury was sustained.
- Fall prevention interventions continue.

FD12s/ Sitters

- There was 1 FD12 patient admitted to 5W for the month of January.
- There was a total of 3 sitters for the month of January.

Service Recovery

- 47 patient rounds were done for the month of January by nursing leadership. 20% (1/5) of concerns were related to pain management, 40% (2/5) to discharge planning and 40% (2/10) related to other factors.

Behavioral Health

Month	ADM	ADC	AMA	Discharge	Falls	Elope	Seclusion	Mechanical	Rapid Response	Chemical	Physical/Chemical Restraints	Diabetic Event
January	129	16	14	129	0	0	2	1	0	0	0/0	0

Transfers to St. Elizabeth's = 0

Transfers to Medical floor = 0

Education

- Continuation of Comprehensive Crisis Management (CCM) Training Program: 5 CCM training classes were scheduled.
- Registered Nurses were (RN) coached and educated on initiating treatment plans (green sheets) per policy. Plan to continue to align treatment plan initiation with the applicable policy.

PI Initiatives

- Violence & Aggression (Restraints & Seclusion): Overall, aggression and violence decreased in acuity when compared to December, 2019. No employee injuries were occurred throughout the month of January.
- The physicians informed the CMO and Axis/Mindoula that they have noticed a decrease in violence on the unit and they believe that it is mostly due to the Psych Technicians interacting more with the patients. The physicians also see a marked improvement in the overall safety since onboarding the new Psych Technicians.
- Joint Commission (TJC) Readiness: Annual EOC rounding was performed with Quality and the Director of Security. Overall objective calls for 100% anti-ligature BHU.
- Senior Executive (C-Suite) rounding continues on BHU.

Service Recovery

No service recovery incidents were reported throughout the month of January.

Diabetes Center

DM = Diabetes Mellitus

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Total diabetes patient days per month	1196	1453	909	767	794	934	948
Percent DM days/month	65.21%	63.70%	43.47%	35.05%	31.81%	39.64%	41.36%
Average Pt per workday	39	50	38	40	50	44	53
#patients with DM per month	219	226	171	203	227	210	206
Total Hosp Census	346	353	383	395	397	393	389
Hosp Pt Days	1834	2281	2091	2188	2496	2356	2292
% of patient with DM/month	63.29%	64.02%	44.65%	51.39%	57.18%	53.44%	52.96%

Insulin Audit

2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
DIABETES CENTER → QAPI																		
INSULIN ADMINISTRATION COMPLIANCE BENCHMARK-95%																		
Total Insulin Given		293	52											345	0	0	0	345
Total Insulin Given Correctly		287	50											337	0	0	0	337
% Compliance		98%	96%	-	-	-	-	-	-	-	-	-	-	98%	-	-	-	98%

Accurate administration of insulin continues to be monitored. Benchmark of 95% continues to be met. * Please note February's data continues to be collected.

Insulin Drip Documentation in the EMAR

There were 14 insulin drips in January. No gaps in documentation. ER is still not able to use the EMAR for complete documentation. Therefore, they continue to use the rounding note to document insulin drip. Two of the drips used the non-DKA protocol. IT has begun to look at building the new screens for an updated non-DKA protocol.

Staff Education

Preparing team members for survey readiness. Posters were distributed to all departments that use the glucose meter highlighting the key points of meter use; this enhances user understanding and compliance.

Plan of Correction – Diabetes Findings

- Educate 100% of all authorized users on point of care policy. New hires will also be included.
- Continue to meet with PI coordinator for diabetes center– to review plan of correction.
- Insulin audit – monitoring of correct insulin administration continues. Benchmark is 95%. January 98% compliance.

Critical Care

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
January	75	8	24	9	28	4

Education

- Maintain screen protectors on computers
- Store oxygen tanks in the cradles provided and never free-standing.
- Never place an oxygen cylinder in a patient’s bed for transport.
- Detriments of alarm fatigue
- Pain management with alternatives and documentation of alternatives to analgesics

PI Initiatives

- Maintenance of accurate documentation of code blues and rapid response (RRT) to include evaluations of these events.

Service Recovery

- Located belongings for patient who died in CCU; family expressed appreciation.
- Continue daily charge nurse rounds on all patients.
- Follow up with families and patients on all issues and concern

Dialysis

There were 172 dialysis treatments

Education

- Maintain screen protectors on computers
- Store oxygen tanks in the cradles provided and never free-standing.
- Never place an oxygen cylinder in a patient's bed for transport.
- Detriments of alarm fatigue
- Pain management with alternatives and documentation of alternatives to analgesics

PI Initiatives

- Hepatitis B surface antigen result to be documented in each EMR.
- Documentation of Pre and Post dialysis weight on all patients.
- Pre handoff of all dialysis patients.

Education/Professional Development

Education

- Created PPE training for UMC Staff, (Clinical & non-clinical) continuing PPE Training
- Preparation for upcoming hands on clinical competency for all clinical units - primarily for nurses and technicians.
- Resource as needed for non-nursing disciplines in preparation for their hands-on competency.
- Support provided to Unit Directors/Managers as needed with educational needs.
- Participates in New Hire Orientation

Relias

- Educated new hires on Relias
- Continued to reset employees passwords
- Assign modules for new employees

Emergency Department

ED Metrics Empower Data	Sept	Oct	Nov	Dec	Jan
Visits	4188	4265	3884	4425	4451
Change from Prior Year (Visits)	4721	4636	4336	4592	4433
% Growth	-12.73	-8.70	-11.64	-3.77	0.40
Left Without Being Seen (LWBS)	100	73	70	54	28
Ambulance Arrivals	1138	1207	1083	1242	1310
Ambulance Admissions	325	341	324	350	397
% of ED patients arrived by Ambulance	0.27	0.28	0.28	0.28	0.29
% of Ambulance Patients Admitted	0.29	0.28	0.30	0.28	0.30
Reroute + Diversion Hours	0	0.28	0	3	0

ED Metrics Empower Data	Goal Mins	Sept	Oct	Nov	Dec	Jan
Door to triage	30	22	24	20	27	30
Door to room	45	92	91	89	97	104
Door to provider	60	93	86	83	96	104
Door to departure	150	221	216	209	231	231
Decision to admit to floor	240	289	296	299	310	300

Education

- Welcoming of New CEO Colene Daniel
- ED Policy Review of Sexual Assault (ED-1604) & Conscious Sedation/IV Sedation (ED-1004)

- 2 hour Meditech Training of new employees by ED on January 9, 2020
- Bus Tokens – can be obtained from social work during the day & nursing supervisor at night
- Meditation Room – is used for meditation, lactation, prayer and critical patients family consults
- Supertrack
- Technician Meeting, Charge Nurse Meeting
- Procure transports
- Communication Binder – biomed, IT, EVS, maintenance
- Sitter Duties – non-clinical
- Mandatory 2019 Relias competency completion by 1/31/2020
- Joint Commission Readiness – 2020 patient safety goals, policies, protocols
- Proper discharge & depart of all patients including Left Without Being Seen (LWBS)
- Coronavirus – proper PPE, triage/screening, quarantine (Super Track assessment area)
- Downtime – Wednesday, February 5, 2020 0130-0500

Security – provided all ER staff names to obtain access to med surg

PI Initiatives

- Blood Culture Contamination
- Urine Culture Contamination
- Hand Hygiene
- Medication Scanning

Service Recovery

In real time

Respiratory Services

Education:

- Donning and Doffing Personal Protective Equipment

PI Initiatives:

- Focus on Safety, Hand Hygiene, Barrier precautions (gown, mask, hat, gloves, wide barrier)

Service Recovery:

- None needed during this reporting period

Wound Care

PI: Wound Stages

Unit	# of Patients	# of Pressure Injuries	# of HAPIs
CCC	6	10	1
BHU	0	0	
5 Floor	3	10	
8 Floor	12	36	
Total	23	56	1

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

*****Please note, there is 0 reportable wound.***

Education & Wound Care Initiatives

- **Wound Wednesday:** Thanks to the efforts of our respiratory and critical care team there is a significant decrease in mechanical device and mucosal related pressure injuries from airway equipment. Wound Wednesday will remain the selected day of choice for prevalence on vulnerable respiratory patients
- The education with the respiratory team remains ongoing until all members of the team are educated on prevention of mechanical device and mucosal related pressure injuries.
- **Resources:** The staff is encouraged to revisit all wound care resources to improve documentation. (“Wound Whisperer newsletter”, flyers, and wound care binders, one on one education (incidence), quizzes, chart auditing awareness sheet and badge buddies).

PI Initiatives

- A complete breakdown of the institution expectation of wound care documentation, treatment and education will be placed on the Workstation on Wheels (WOW) as a reference guide via a link. This will include useful guide for the patients' admission, during the patients stay and discharge. Monthly Kudos will also be added to boost the staffs' moral.

Service Recovery

- All members of the team to include providers, social services, rehabilitation services, staff nurses and techs will be aware of new WOW information.

Chief Nurse's Notes

- Daily "readiness" is UMC's goal; however, readiness activities have been amplified in preparation for upcoming TJC and DC Health unannounced visits.
- The Plan of Corrections activities for DC Health continues to be executed; data collected and submitted to the Quality Department.
- Collective bargaining with support from UMC's General Council continues with the District of Columbia Nurses Association. Goal is a win: win for our hospital and our nurses.
- Reviewing and revising Patient Care Services policies for currency and relevance based on trends and evidence within the health care arena. This activity is ongoing.
- Collaboration with Human Resources continues in preparation for upcoming hiring fair aimed specifically for nurses and social workers recruitment.
- Continue to engage in structured, meaningful leadership rounding; this has resulted in real time correction/escalation of *Environment of Care* (EOC) needs and improved accountability of staff.

Respectfully submitted,
Jacqueline Payne-Borden, PhD, RN
Chief Nursing Officer



Nursing Board Report January 2020

Chief Nurse's Notes

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Respectfully submitted,
Jacqueline Payne-Borden, PhD, RN
Chief Nursing Officer



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General Board Meeting
Date: February 26, 2020

**Chief
Financial
Officer
Report**

Presented by:
Lillian Chukwuma,
CFO



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending January 31, 2020

DRAFT



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1. Gap Measure
2. Financial Summary
3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Income Statement with Forecast Variances
6. Balance Sheet
7. Cash Flow



Gap Measures Tracking

Not-For-Profit Hospital Corporation
 FY 2020 Actual Gap Measures
 As of January 2020

	FY 2020 Original Gap Measures Gain/(Loss)	Realized/Recognized/Adjusted	Balance to be Realized	Percentage Completed (Realized/FY20 Adjusted Gap Measures)
--	---	------------------------------	------------------------	--

FY20 Annualized Net Income/(Loss) from Operations: (\$7,305,000)

Add: Initiatives to be Realized

Various Issues Affecting Admission	\$3,500,000	\$0	\$0	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$2,368,906	\$4,831,094	32.9%
Supply Chain/Contracts	\$1,000,000	\$0	\$0	0.0%
Legal	\$1,000,000	\$0	\$0	0.0%
Length Of Stay Reduction	\$500,000	\$0	\$0	0.0%
Agency Staffing	\$1,000,000	\$0	\$0	0.0%
Subtotal	\$14,200,000	\$2,368,906	\$4,831,094	16.7%
Projected Net Income (Loss) from Operations			(\$2,473,906)	
Original Projected Income			\$9,979,000	
Reforecasted Loss			(\$12,452,906) *	

Additional Suggested Initiatives to be Monitored

Managed Care	\$1,000,000	\$0	\$1,000,000	0.0%
Overtime	\$1,000,000	\$0	\$1,000,000	0.0%
Supply Chain	\$1,000,000	\$0	\$1,000,000	0.0%
Agency Staffing	\$250,000	\$0	\$250,000	0.0%
Subtotal	\$3,250,000	\$0	\$3,250,000	0.0%
Adjusted Net Income (Loss) from Operations			(\$9,202,906)	

* Need a plan from Mazar how to close \$12.5M gap



Report Summary

- Revenue
 - ❖ Total operating revenue is below budget by 21% (2.5M) month-to-date (MTD) and 9% (4.3M) year-to-date (YTD), due to low activities
 - ❖ Contributing Factors:
 - ❖ Net patient revenues are lower than budget by 31% (2.4M) MTD and 13% (3.8M) YTD
 - ❖ Admissions are below budget by 9% MTD and 8% YTD and results in \$2.1M shortfall
 - ❖ ER visits are below budget by 9% MTD and 13% YTD respectively
 - ❖ Inpatient surgeries are below budget by 31%, for the month, and 32% YTD
 - ❖ Clinics visits are below budget 67% for January and 69% YTD
 - ❖ District subsidy revenue of 1.8M recognized for the month
 - ❖ Expenses
 - ❖ Total operating expenses are higher than budget by 8% (827K) MTD and 3% (1.5M) YTD
 - ❖ Contributing Factors:
 - ❖ Total FTEs is 66 higher than budgeted and contributing \$6M to the shortfall
 - ❖ Employee Benefits are higher than budget by 30% (359K) MTD and 4% (190K) YTD respectively
 - ❖ Contract labor is higher than budget by 50% (75K) for January and 43% (261K) YTD
 - ❖ Purchased services are higher than budget by 14% (174K), for the month, and 25% (1.2M) YTD
 - ❖ Other expenses are higher than budget by 22% (242K) MTD, but lower than budget by 20% (868K) YTD
- Cash on Hand – 65 days



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Key Indicators

Year to 01/31/2020

Key Performance Indicators

Calculation

MTD Actual MTD Budget MTD FY19 Actual Trend Desired Trend

VOLUME INDICATORS:

Admissions (Consolidated)	Actual Admissions	393	434	445	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	187	191	198	▼	▲
Emergency Room Visits	Actual Visits	4,386	4,797	4,389	▼	▲

PRODUCTIVITY & EFFICIENCY INDICATORS:

Number of FTEs	Total Hours Paid/Total Hours YTD	788	705	840	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.29	1.23	1.28	▼	▲

Salaries/Wages and Benefits as a % of Total Expenses

Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes contract services)

57%

▼

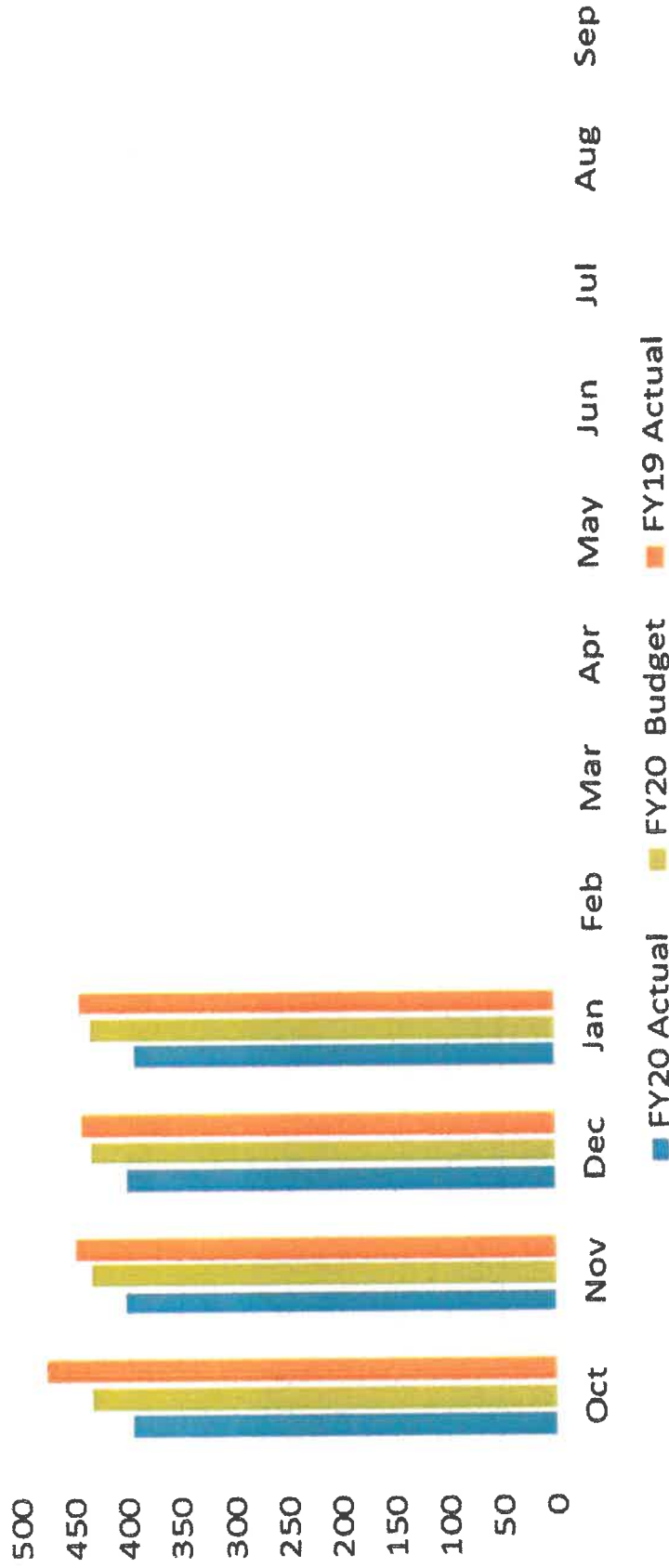
54%

PROFITABILITY & LIQUIDITY INDICATORS:

Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	81.0	85.0	104.9	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	108%	92%	105%	▲	▲
Days Cash on hand	Total Cash /((Operating Expenses less Depreciation)/Days)	65	45	29	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-5.7%	7.0%	-7.6%	▼	▲



Total Admissions (Consolidated)

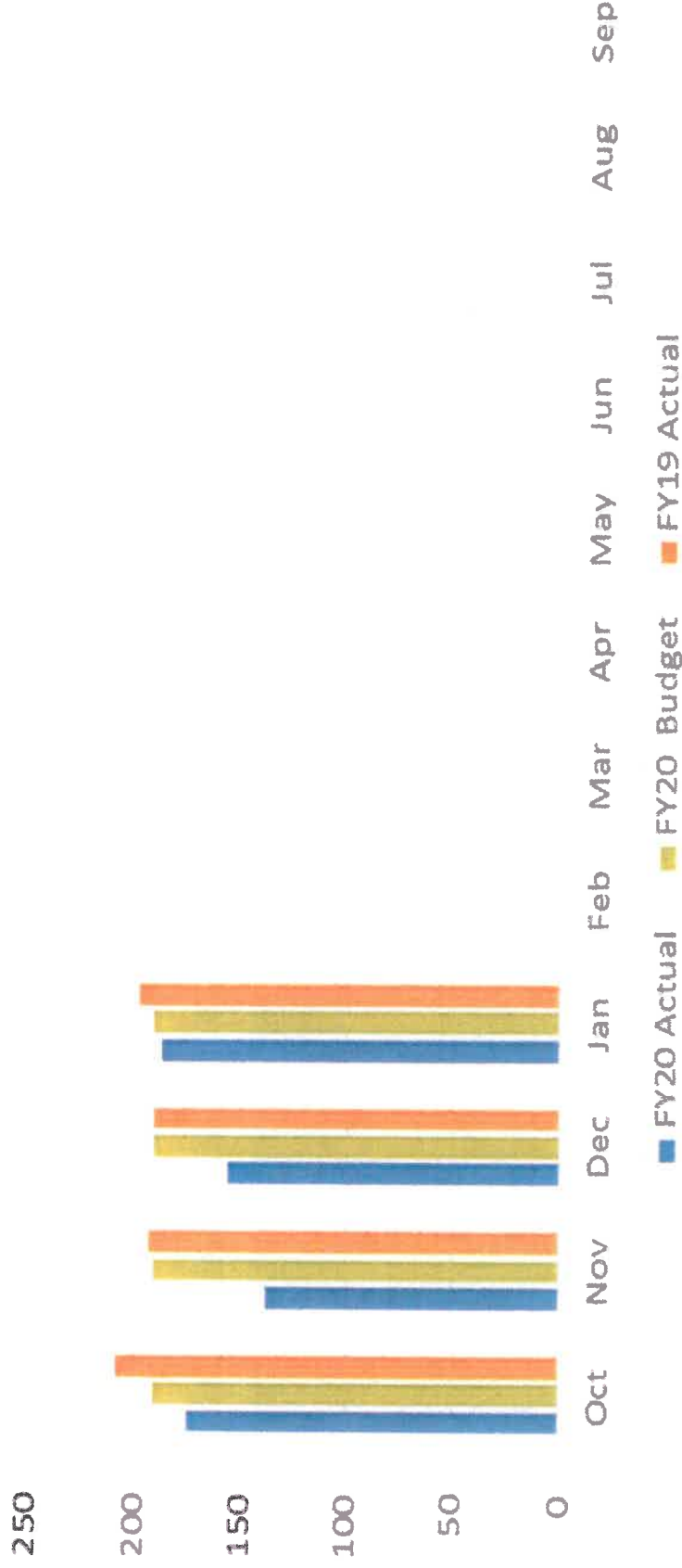


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	395	403	401	393								
FY20 Budget	434	434	434	434								
FY19 Actual	476	450	443	445								



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Inpatient/Outpatient Surgeries

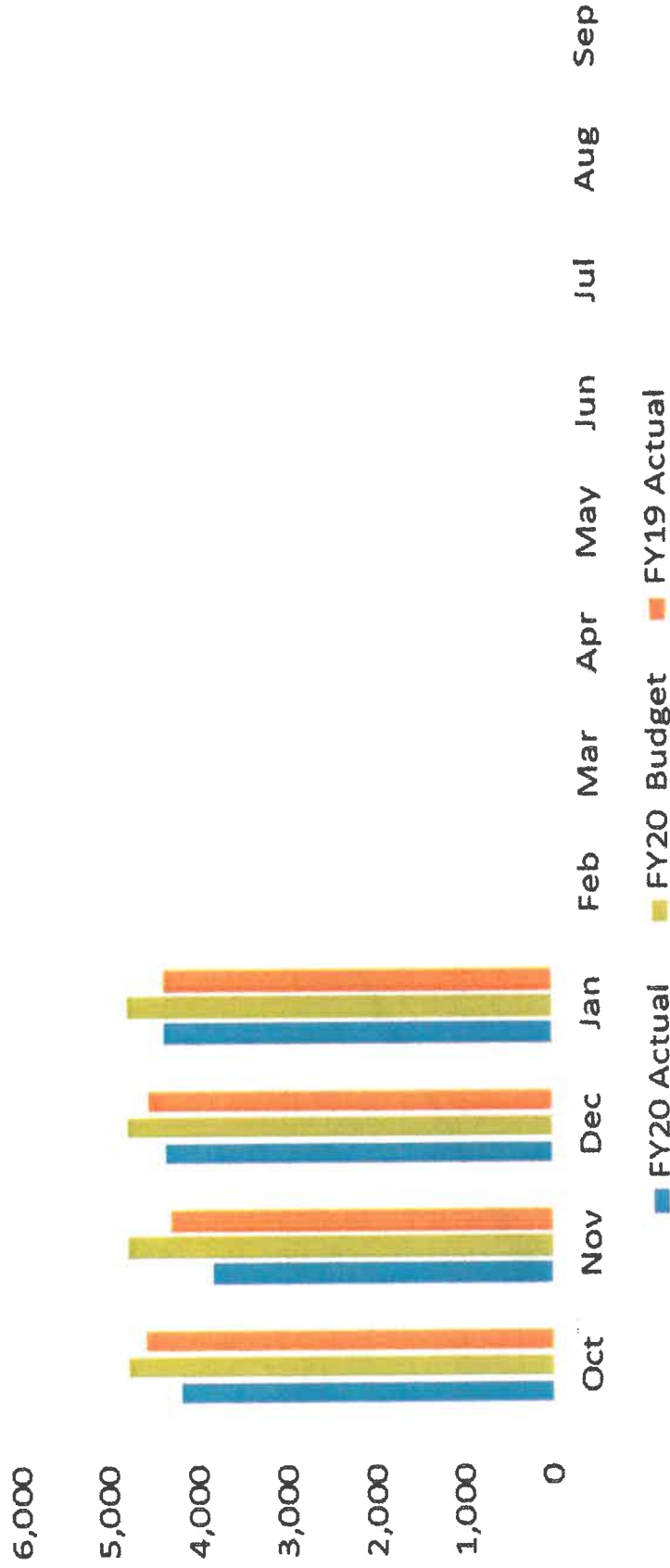


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	175	138	156	187								
FY20 Budget	199	191	191	191								
FY19 Actual	208	193	191	198								



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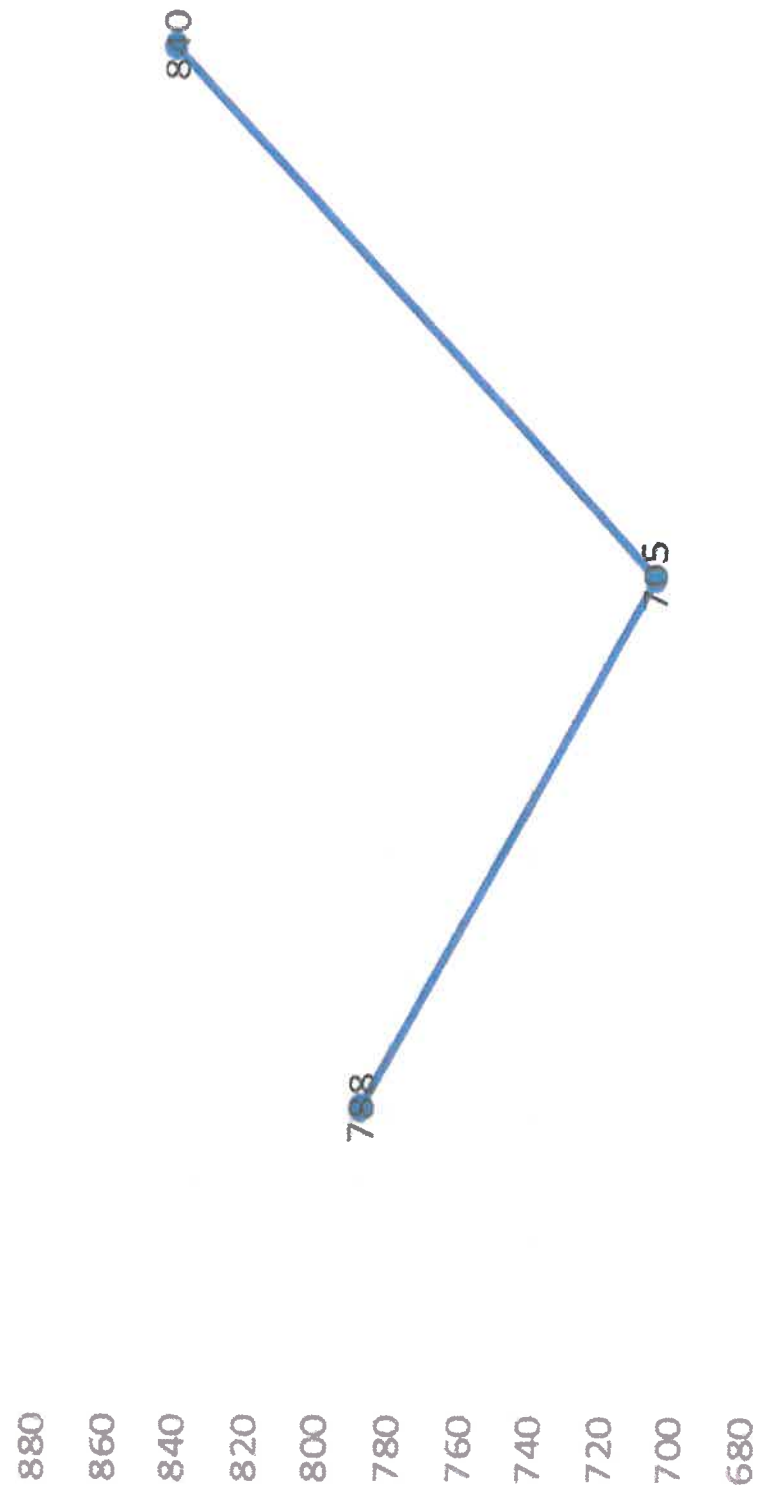
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	4,194	3,836	4,365	4,386								
FY20 Budget	4,797	4,797	4,797	4,797								
FY19 Actual	4,600	4,305	4,568	4,389								

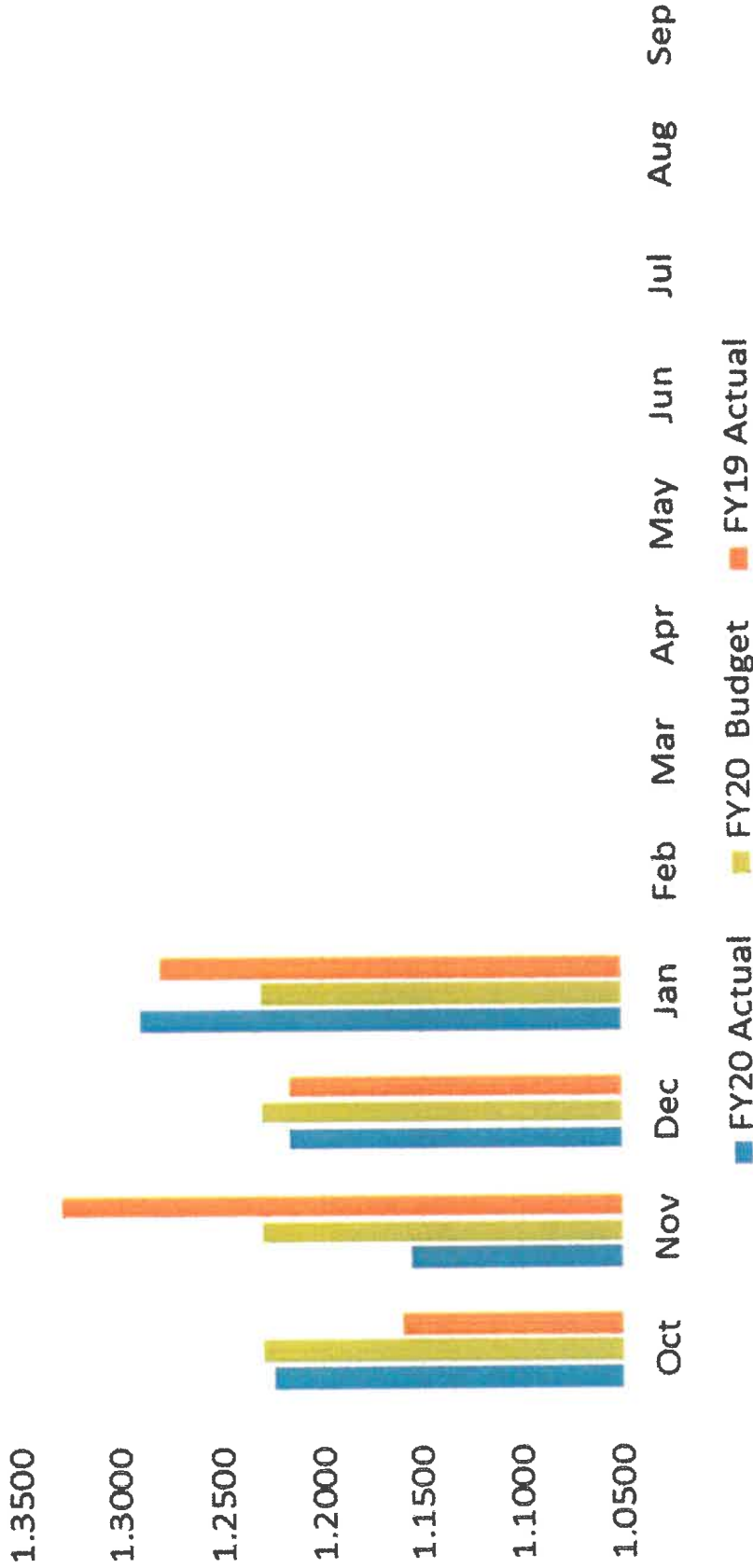


Number of FTEs





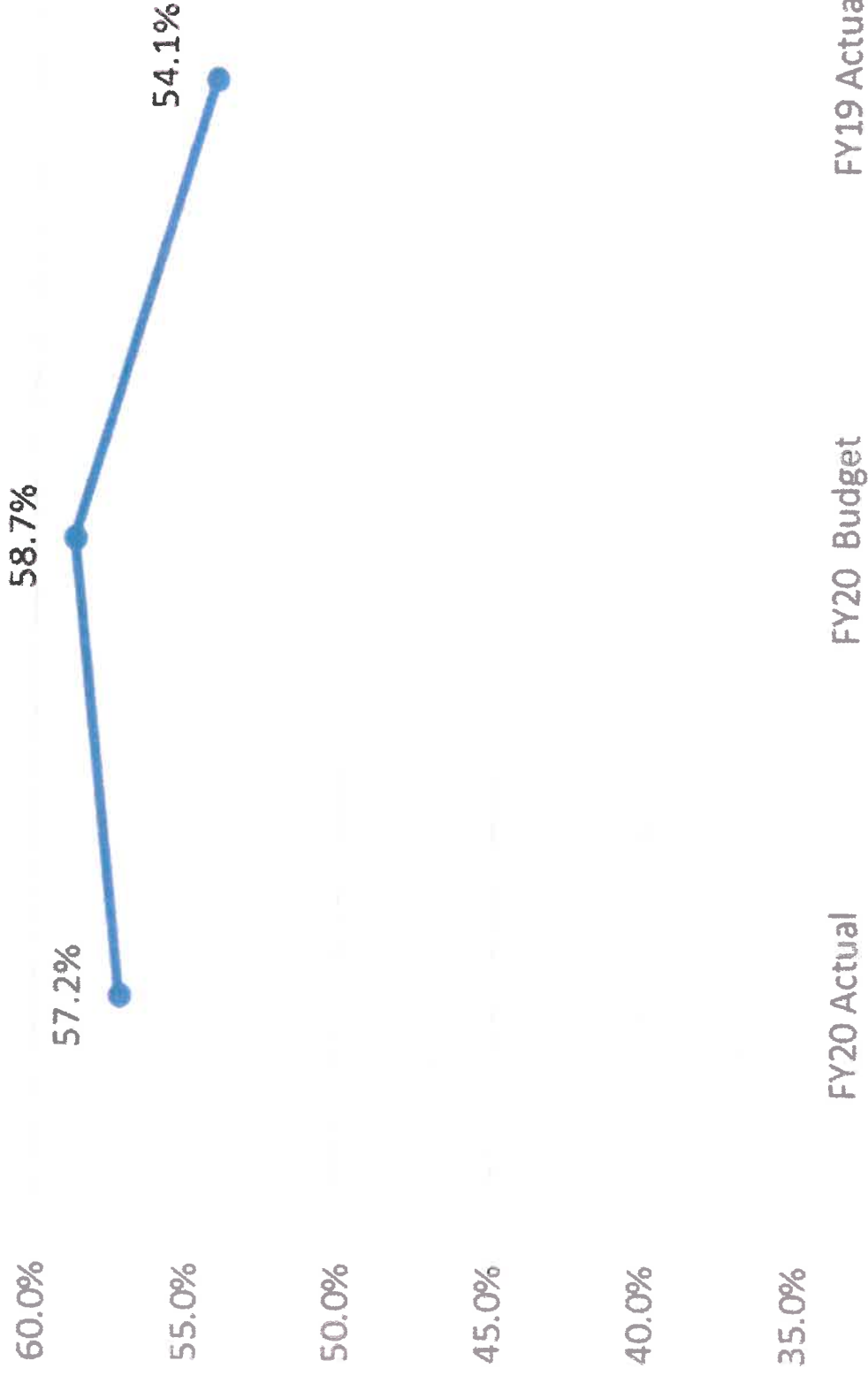
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	1.2250	1.1560	1.2170	1.2900								
FY19 Budget	1.2300	1.2300	1.2300	1.2300								
FY18 Actual	1.1600	1.3300	1.2170	1.2800								

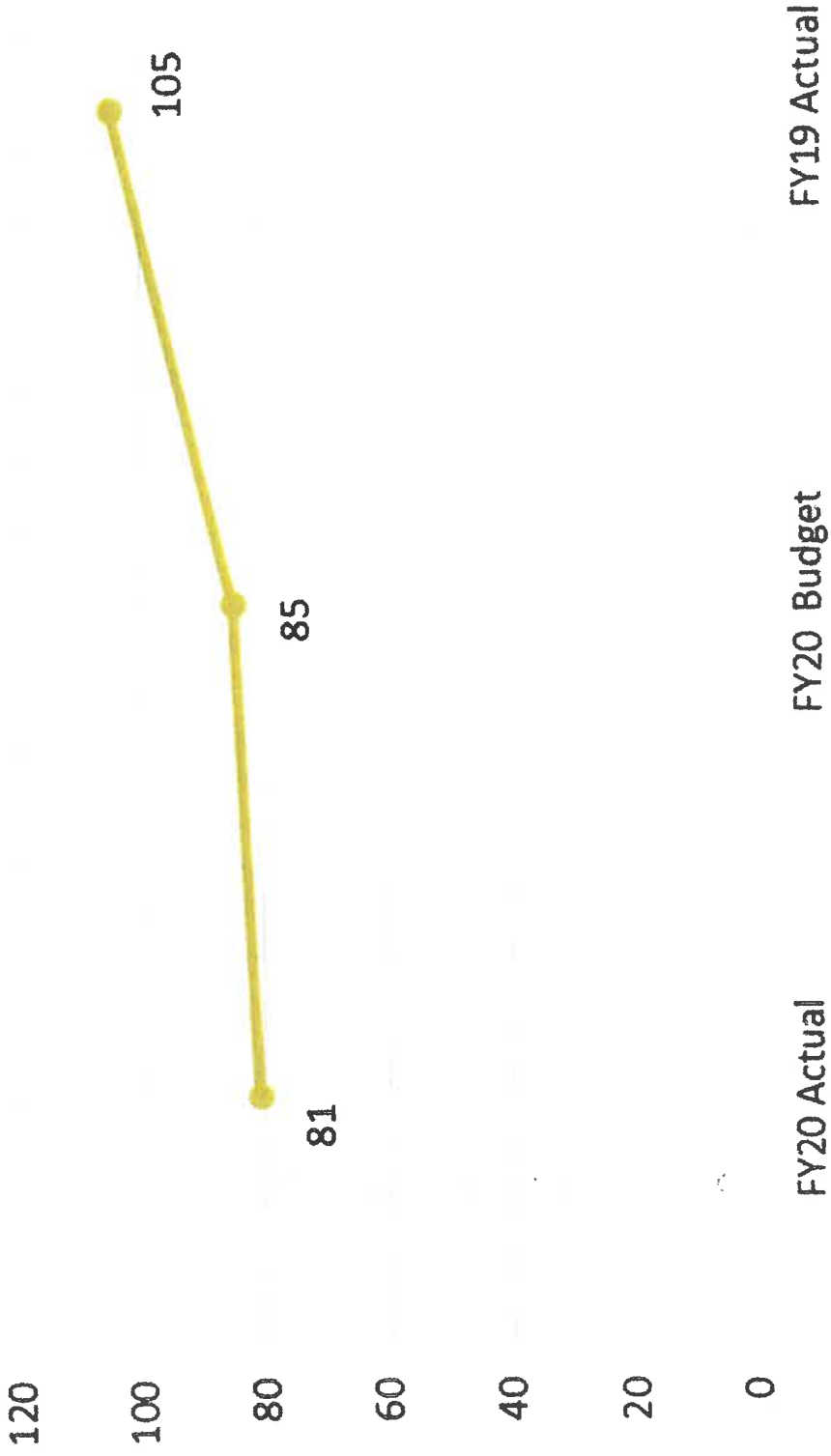


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





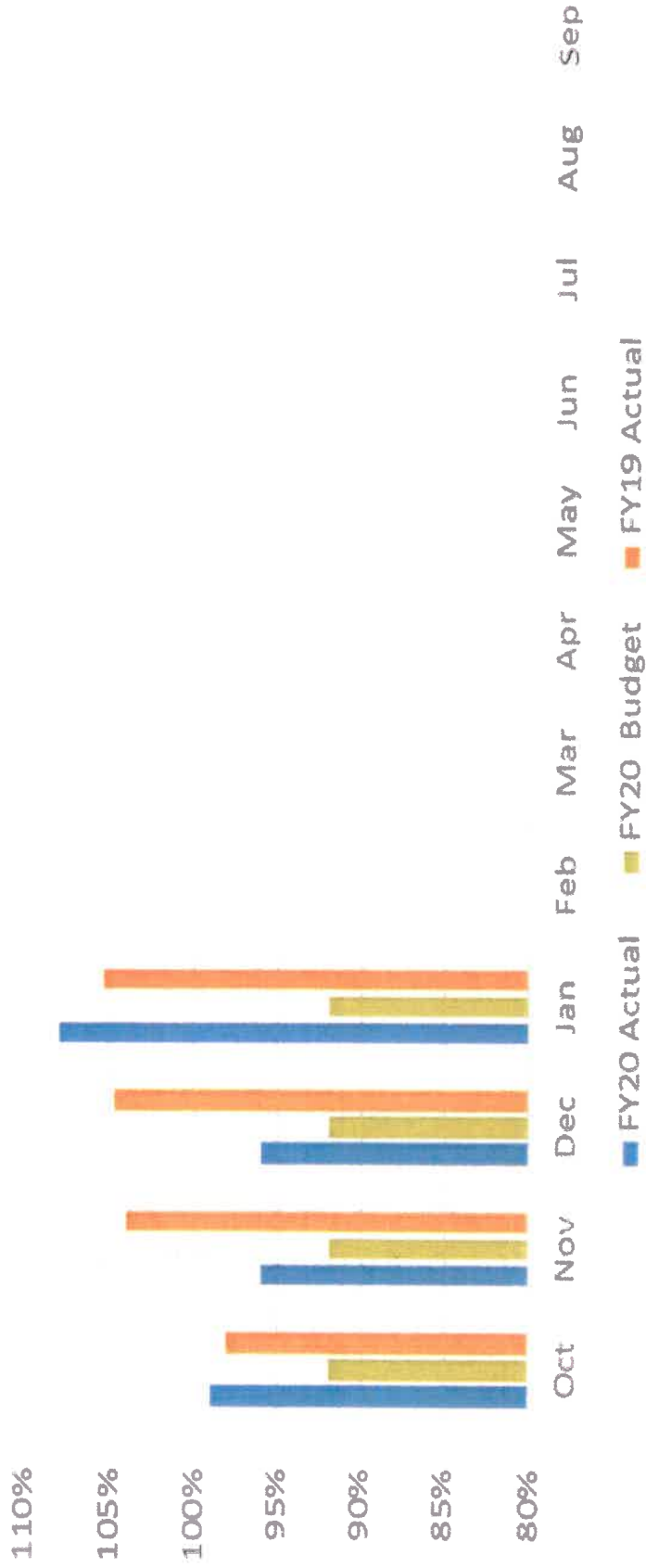
Net Accounts Receivable (AR) Days With Unbilled





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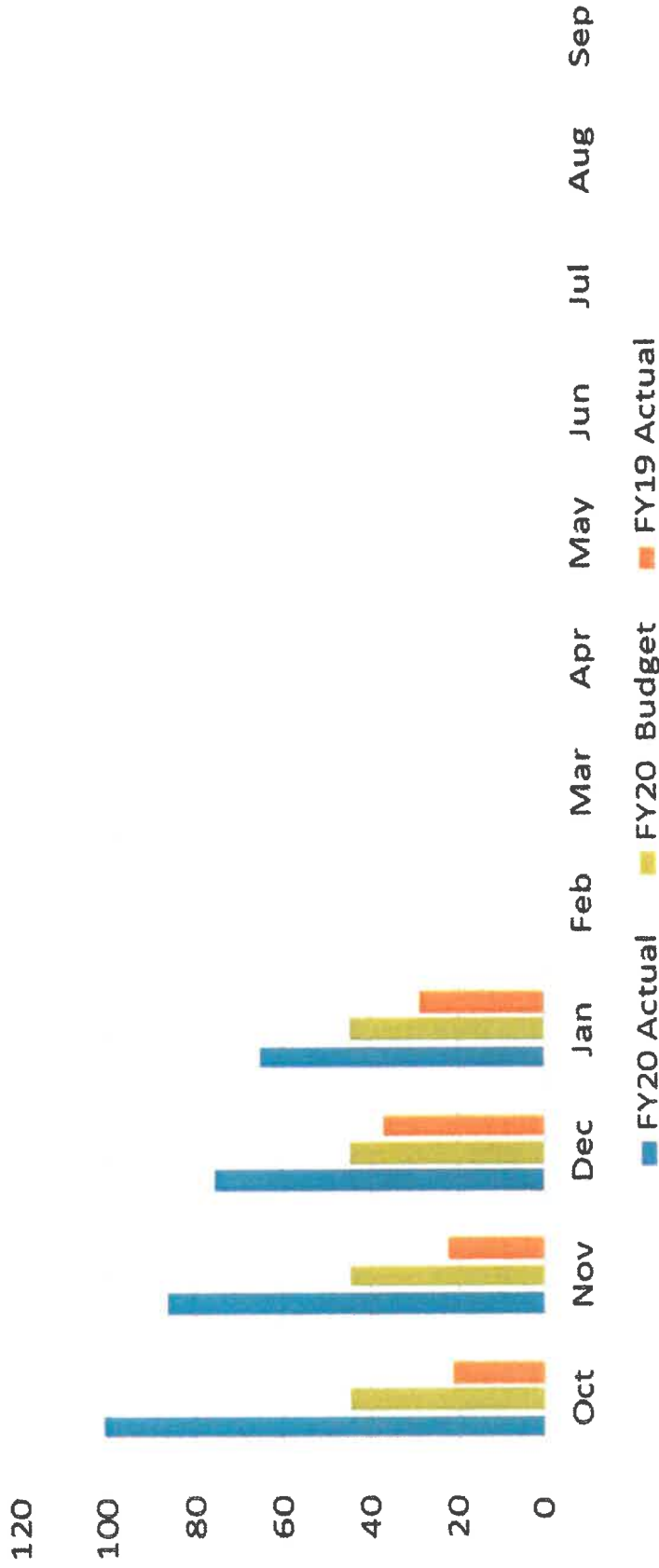
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	99%	96%	96%	108%								
FY19 Budget	92%	92%	92%	92%								
FY18 Actual	98%	104%	105%	105%								



Days Cash On Hand

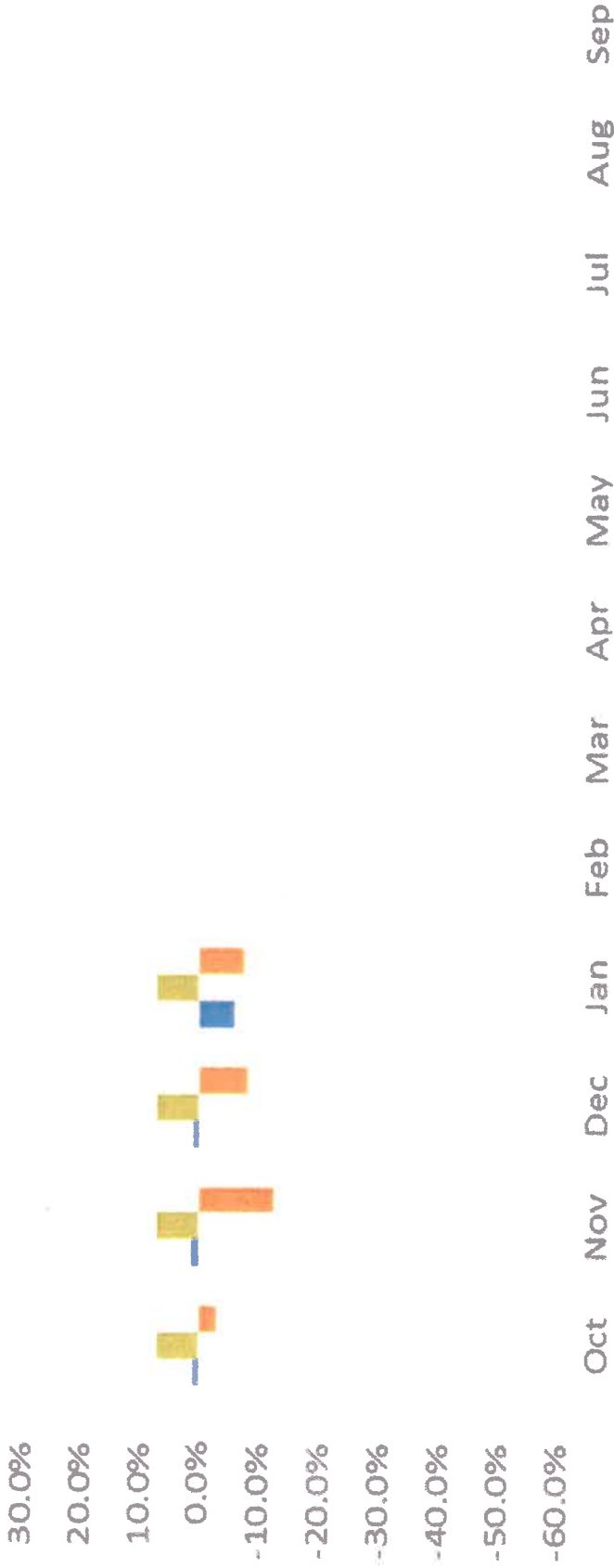


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	101	87	76	65								
FY20 Budget	45	45	45	45								
FY19 Actual	21	22	37	29								



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Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	0.7%	1.2%	0.8%	-5.7%								
FY20 Budget	7.0%	7.0%	7.0%	7.0%								
FY19 Actual	-2.9%	-12.4%	-8.2%	-7.6%								



Income Statement

FY20 Operating Period Ending January 31, 2020

	Month of January			2020 Year to Date			Variance					
	Actual	Budget	Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Variance			
Statistics												
Admission	393	434	445	(41)	-9%	(52)	-12%	1,814	(142)	-8%	(220)	-12%
Patient Days	5,008	4,651	5,412	357	8%	(404)	-7%	21,813	1,035	6%	(2,174)	-10%
Emergency Room Visits	4,386	4,797	4,389	(411)	-9%	(3)	0%	17,862	(2,407)	-13%	(1,081)	-6%
Clinic Visits	1,175	3,560	1,123	(2,385)	-67%	52	5%	5,117	(9,811)	-69%	(688)	-13%
IP Surgeries	63	91	89	(28)	-31%	(26)	-29%	422	(118)	-32%	(176)	-42%
OP Surgeries	124	100	109	24	24%	15	14%	368	10	3%	42	11%
Radiology Visits	1,017	1,000	859	17	2%	158	18%	3,793	(123)	-3%	84	2%
Revenues												
Net Patient Service	5,302	7,659	6,820	(2,357)	-31%	(1,518)	-22%	23,869	(3,835)	-13%	2,934	12%
DSH	964	964	-	-	0%	964	0%	3,856	(0)	0%	3,856	0%
CNMC Revenue	202	212	242	(10)	-5%	(40)	-17%	823	15	2%	41	5%
Other Revenue	2,798	2,889	4,909	(90)	-3%	(2,111)	-43%	19,255	(466)	-4%	(8,165)	-42%
Total Operating Revenue	9,266	11,724	11,971	(2,458)	-21%	-2,705	-23%	46,897	(4,286)	-9%	(1,335)	-3%
Expenses												
Salaries and Wages	4,451	4,482	4,734	(31)	-1%	(283)	-6%	19,804	690	4%	(1,187)	-6%
Employee Benefits	1,556	1,197	1,478	359	30%	77	5%	5,005	190	4%	(28)	-1%
Contract Labor	227	152	296	75	50%	(69)	-23%	1,063	261	43%	(195)	-18%
Supplies	907	831	880	76	9%	27	3%	3,869	262	8%	(281)	-7%
Pharmaceuticals	229	233	414	(4)	-2%	(185)	-45%	1,126	(30)	-3%	(224)	-20%
Professional Fees	1,610	1,673	2,185	(64)	-4%	(575)	-26%	6,997	(248)	-4%	(552)	-8%
Purchased Services	1,409	1,235	1,433	174	14%	(24)	-2%	5,993	1,219	25%	166	3%
Other	1,331	1,089	1,285	242	22%	46	4%	3,447	(868)	-20%	42	1%
Total Operating Expenses	11,720	10,893	12,705	827	8%	(986)	-8%	47,304	1,476	3%	-2,258	-5%
Operating Gain/ (Loss)	(2,453)	832	(734)	(3,285)	-395%	(1,719)	234%	(3,358)	(5,762)	-173%	923	2%



Balance Sheet

As of the month ending January 31, 2020

Jan-20	Dec-19	MTD Change	Sep-19	YTD Change
Current Assets:				
\$ 45,133	\$ 46,553	\$ (1,419)	\$ 31,933	\$ 13,200
17,636	19,431	(1,795)	18,295	(659)
1,275	1,341	(66)	1,273	2
5,122	3,801	1,321	2,403	2,719
69,167	71,126	(1,959)	53,904	15,263
Long-Term Assets:				
-	-	-	-	-
65,146	66,221	(1,075)	68,253	(3,107)
65,146	66,221	(1,075)	68,253	(3,107)
\$ 134,313	\$ 137,346	\$ (3,034)	\$ 122,157	\$ 12,156
Current Liabilities:				
\$ -	\$ -	\$ -	\$ -	\$ -
13,775	13,877	(102)	12,129	1,646
8,271	8,206	65	8,588	(317)
1,411	1,411	-	1,411	0
23,457	23,494	(37)	22,128	1,329
Long-Term Liabilities:				
13,863	16,671	(2,809)	-	13,863
6,096	6,084	12	6,012	84
2,117	2,117	-	2,117	(0)
22,075	24,872	(2,797)	8,129	13,946
Net Position:				
88,780	88,980	(200)	91,900	(3,120)
88,780	88,980	(200)	91,900	(3,120)
\$ 134,313	\$ 137,346	\$ (3,034)	\$ 122,157	\$ 12,156



Statement of Cash Flow

As of the month ending January 31, 2020

Dollars in Thousands

	Month of January			Year-to-Date	
	Actual	Prior Year		Actual	Prior Year
Cash flows from operating activities:					
Receipts from and on behalf of patients	\$ 8,073	\$ 6,660		\$ 31,401	\$ 28,830
Payments to suppliers and contractors	(7,070)	(7,028)		(22,508)	(28,270)
Payments to employees and fringe benefits	(5,942)	(5,453)		(23,911)	(26,042)
Other receipts and payments, net	226	2,182		3,781	7,586
Net cash provided by (used in) operating activities	<u>(4,712)</u>	<u>(3,639)</u>		<u>(11,239)</u>	<u>(17,896)</u>
Cash flows from investing activities:					
Proceeds from sales of investments	-	-		-	-
Purchases of investments	-	-		-	-
Receipts of interest	-	-		-	-
Net cash provided by (used in) investing activities	<u>-</u>	<u>-</u>		<u>-</u>	<u>-</u>
Cash flows from noncapital financing activities:					
Repayment of notes payable	-	-		22,142	24,000
Receipts (payments) from/(to) District of Columbia	-	-		22,142	24,000
Net cash provided by noncapital financing activities	<u>-</u>	<u>-</u>		<u>44,284</u>	<u>48,000</u>
Cash flows from capital and related financing activities:					
Net cash provided by capital financing activities	-	-		3,225	-
Receipts (payments) from/(to) District of Columbia	3,225	-		(929)	(734)
Change in capital assets	67	43		2,296	(734)
Net cash (used in) capital and related financing activities	<u>3,293</u>	<u>43</u>		<u>1,319</u>	<u>5,370</u>
Net increase (decrease) in cash and cash equivalents	<u>(1,419)</u>	<u>(3,596)</u>		<u>31,933</u>	<u>28,148</u>
Cash and equivalents, beginning of period	46,553	37,113		\$ 45,133	\$ 33,518
Cash and equivalents, end of period	\$ 45,133	\$ 33,518			

Supplemental disclosures of cash flow information

- Cash paid during the year for interest expense
- Equipment acquired through capital lease
- Net book value of asset retirement costs



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General Board Meeting
Date: February 26, 2020

**Executive
Management
Report**

Presented by:
Colene Y. Daniel
Chief Executive Officer



Not for Profit Hospital Corporation – Executive Management Report January’s Report

Respectfully Submitted: Colene Y. Daniel

“If a man is called to be a street sweeper, he should sweep streets even as Michelangelo painted, or Beethoven composed music, or Shakespeare wrote poetry. He should sweep streets so well that all the host of heaven and earth will pause to say, here lived a great street sweeper who did his job well.” The Rev. Dr. Martin Luther King Jr.

At NFPHC, the executive management team has begun to create a “Gold Standard” culture. One that would encompass Michelangelo’s management, clinical practice, and that of Hospitality (Facilities & Support Services). During the month of January, the executive team focused on improving system-wide practices, instituting collaborations to improve patient outcomes, and appreciating staff for exceeding the department’s objectives using the “Gold Standards of Management (GSM)” practices. In short, NFPHC shall become a team of excellent street sweeper, Michelangelo painters, Beethoven composers, and Shakespeare writers.

From January 2020 to September 2020, Leadership shall focus on the following to obtain the “Gold Standard” culture:

- **Quality Work Systems** – to streamline work processes and expand the quality of care and services.
- **Value-Driven Performance** – to encourage more community physician participation to increase volumes, decrease barriers & increase patient flow, and create a positive environment.
- **Financial vitality** – reduce practice variations, increase flexibility with resources to decrease costs, and meet the accreditation(s) & regulation standards.
- **Innovative Leadership** – to empower all employees to learn, communicate how to improve work systems, and to be transparent.
- **Customer-Focused Processes** – meet/exceed customer expectation, build physician & community relationship.

Accomplishments/Significant Activities

- UMC Board Chair LaRuby May, Dr. Raymond Tu and Marcela Maamari met with President Mason of the University of the District of Columbia and Dr. Jehan El-Bayoumi of the Rodham Institute to continue the discussions of community collaboration for developing training programs at NFPHC.
- Successful conversations with Dr. Mina Yacoub to become the physician champion of the NFPHC Quality & Safety Committee. The hospital-wide Quality & Safety Committee shall oversee all quality & safety activities to resolve operational issues timely.
- Began negotiating with Dr. Cynthia Morgan to become the Physician Advisor/Director of Case Management. Dr. Morgan will champion case management issues to help reduce denials and increase clinical productivity.

- The CMO had “open office hours” for all members of the medical staff, and the first meeting was well attended. A monthly schedule shall be published to encourage communications and collaborations of ideas to improve care.
- Aldene Doyle, RN, our Wound Care Specialist attained her Master’s degree and passed her Family Nurse Practitioner certification boards.
- Oluwakemi Oladele, RN, one of our Administrative Nursing Supervisors, attained her Master’s degree and passed her Family Nurse Practitioner certification boards.
- Initiated a small discharge lounge located on the 5th Floor. This will help with expediting throughput as patients can now wait in the lounge versus in their patient room when awaiting a ride home.
- Per the D.C. mandate, all flu vaccines were to be completed for all employees working within a healthcare setting. By the deadline of January 31, 2020, NFPHC successfully had a 96% compliance rate. Only employees that were on leave were not recorded. The DC government required a compliance rate of 90%.
- By D.C. mandate and CMS rulings, all education and training for healthcare staff had to be completed by January 31, 2020. NFPHC has a 71% compliance rate.

Clinical & Operational Services:

- NFPHC Laboratory Service was surveyed by The College of American Pathologist (CAP) on January 23, 2020. The CAP surveyors recommended full CAP reaccreditation of the laboratory services for the next two-year cycle. The official results totaled eight minor deficiencies. NFPHC had a remarkable improvement compared to the 2018 CAP survey, which found 36 deficiencies.
- The CNMC Skilled Nursing Facility (SNF) successfully completed their biannual CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey on January 23, 2020 – January 31, 2020. There are 21 federal regulatory groups/sections for Long Term Care facilities. The 2020 survey net 8 deficiencies, a significant improvement from the 2019 survey, which cited 15 federal deficiency groups.
- Imaging volume in January was up from the prior year (excluding MRI, Nuclear Medicine, and Special Procedures).
- CT Scan was up 5% (859 in 2020/817 in 2019).
- Fluoroscopy was up 30% (39 in 2020/30 in 2019).
- Mammography was up 46% (133 in 2020/91 in 2019).
- X-ray was up 11% (2243 in 2020 /2020 in 2019).
- Pediatric imaging volume was up 24% (527 in 2020/424 in 2019).

- All clinic physicians are now fully trained on utilizing eCW medical record to chart ambulatory patients. This will enable the billing information and documentation on ambulatory patients to be pulled from eCW.
- A new system has been initiated by appointing an administrator to work directly with MedHelp to credential physicians for payment. Per MedHelp, the system is working well and the company has the documentation required for NFPHC.
- Emergency Management Training: The hospital completed its “Active Shooter Training” for all staff.
- Preconstruction/Demolition Capital Construction Projects:
 - IT closets & Radiology Fluoroscopy projects are in the pre-construction phase.
 - The Pharmacy Renovation project is in the demolition phase of construction.

Due to the critical requirements for Information Technology and Health Information Management, the following activities were completed during the month of January:

- Enhanced/updated currently used applications and systems, including:
 - Patient Works (Form utilities to complement Meditech)
 - NaviHealth (Patient discharge management)
 - eClinicalWorks (GYN/OB clinic screens)
 - Nuclear Medicine (Server and software)
 - 3M (Coding to the latest release)
 - Meditech:
 - Medication Assisted Treatment Toolkits
 - Electronic prescriptions for new UMC pharmacy
 - Benefit deductions for employees
 - Relias (Created ED nurse Meditech training package)
 - Lab Analyzer (New device is now operational)
- Provided data/reports for multiple areas, including:
 - Cost reporting (Finance)
 - GW (Activity and process studies)
 - Administration (LOS, resource utilization and other studies)
 - Initiated Data Governance committee to review and streamline all reports and data management
- Security and Infrastructure
 - Successfully updated/patched servers
 - Updated desktop (WSUS) tool and pushed security patches to end-user devices
 - Updated UMC Leadership on security issues and monitoring and monthly IT Steering Team meeting
 - “Go Live” the centralized log server and placed over a dozen servers on the system
 - Implemented the mobile phone MDM tool
 - Made daily rounds throughout hospital to assess and remediate end-user devices

Summary: Reaccreditations

The entire Executive Team are now focused on two significant reaccreditations. The DC Department of Health annual survey is due – the open window is February – September, 2020. However, since the 2019 survey was in February, we expect a DC Health survey within the next 60 days. We have teams working to correct the 2019 citing and recommendations.

The Joint Commission has accepted the NFPHC–UMC application. The Joint Commission has officially stated that the bi-annual survey is due – the open window is also anytime from February – September 23, 2020. The survey shall be difficult due to the multiply capital projects that must be completed. All teams are collaborating to help ensure compliance with the standards.

HOSPITAL LICENSURE / SURVEY / ACCREDITATION ACTIVITIES

PENDING ACCREDITATIONS			
DUE	ACTIVITY	REGULATORY BODY	FREQUENCY
December 2019 – June 2020	Radiology	Nuclear Regulatory Commission (NRC)	Every 3 Years
January – September 2020 Revision/Submission January 31, 2020 – Submitted June 2020	Joint Commission Accreditation	The Joint Commission	Every 3 Years
February – July 2020	Hospital Safety Survey	The Leapfrog Group	Biannual
February – July 2020	Annual Hospital License Survey	DC Health	Yearly
February 7, 2021 February 15, 2021 March 1, 2021 May 29, 2021 October 19, 2021	Radiology	American College Radiology (ACR)	MRI Nuclear Medicine CAT Scan Ultrasound Mammography
COMPLETED ACCREDITATIONS			
DUE	ACTIVITY	REGULATORY BODY	FREQUENCY
December 2019 – January 2020	Boiler Inspection	Inspection performed by Insurance Carrier & DCRA Inspection & Compliance Admin provides Certificate of Inspection	Yearly (Between December – January) Last Inspected: Dec. 2019 Verbal Report – In Compliance Awaiting Written Report Next Inspection – 2022
January 6, 2020	Skilled Nursing Facility	Department of Health/CMS Survey	Annually Successful Inspection January 2020 Next Inspection – January 2021
January – February 2020	Radiology	Mammography Quality Standards Act (MQSA/FDA)	Yearly Successful Inspection February 2020 Next Inspection – 2021
February 2020 – August 2020	IV Hood Certification	Laminar Flow Consultants	6 Months Successful Inspection August 2019 Next Inspection – February 2020



UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: February 26, 2020

**CORPORATE
SECRETARY
Report**

*Presented by: Toya
Carmichael
VP Public Relations/
Corporate Secretary*



CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
VP Public Relations / Corporate Secretary

DATE: February 25, 2020

The first month at UMC has been a very fast paced transition but enjoyable to say the least. As we move into March I want to provide you an overview of activities from February and outline my focus areas for March.

BOARD COMMUNICATION / PROCESS

Contact Information – Please review the Board Contact list I provided and ensure your preferred contact information, your term date, and committee assignments are listed correctly.

Committee Assignments & Meeting Dates – Please review the Committee Assignment list. This list was updated in consultation with Chairwoman May on February 24, 2020. To ensure a streamlined process and eliminate confusion regarding meeting schedules, please select a standard meeting date to the extent possible. If a date or time change is required, please email me and provide me your preferred meeting date and time so that I may make the adjustment and ensure we have a conference call line and meeting space if necessary. I will provide meeting minutes from each committee meeting to the Committee Chair within one week following the meeting. If you would like meeting minutes sooner, please let me know.

Website & Social Media – In February, I updated the website and added the NFPHC Board Meeting dates for 2020 as well as added the January Board Book and an updated list of the Executive Leadership. I am in need of profile pictures from Directors Dawson, Bowens, and Bobb. In March, I will continue to update the website by adding the missing Board Books for 2019. Our Instagram account is up and running and we went from 10 to 48 followers. If you work or are affiliated with a related agency or organization or want to follow us on IG please follow

@unitedmedicaldc. If you have something you would like me to post, please send it to me via email. Thank you to Director Gorham for the content she provided earlier this week. I will continue to update our other social media accounts including Facebook, Twitter, and LinkedIn and provide those handles at our March meeting.

Awards & Special Announcements – Congratulations to Director Donald, on her recognition as Outstanding Government Partner at the First Annual East of the River Family Strengthening Collaborative’s Fundraising Gala held on February 13, 2020. If you are receiving an award or special recognition in the community, please send me an email with the date and time if the event is open to the public so that I can attempt to attend or at least request photographs and details to add to our website.

PUBLIC RELATIONS

DC Council Oversight Hearing – NFPHC’s oversight hearing is scheduled for Thursday, March 5, 2020. I am working with CEO Daniel to prepare her testimony which will be delivered to the Committee and Mayor’s Office by hand sometime prior to the hearing. I will send a link to everyone so that you can watch the hearing from your personal computer if you so choose.

Community Events & Meetings – On February 19, 2020, UMC hosted the Ward 8 Health Council Meeting. There were over 80 people in attendance and we have offered to host the April and possibly May meetings. I have also asked that we work with the Health Council to create a clothing drive for UMC’s clothes closet. In March, I plan to attend (joined by the CEO when possible) ANC meetings in Wards 7 & 8, the Wards 7 & 8 Health Council meetings, local Civic Association meetings, and monthly DCHA meetings to share our list of services and community resources (attached) as well as talk about our new CEO. If you live in Wards 7 or 8, I will let you know when we will be in your community so that you can join and support us while we are in your community. The Chairwoman has asked that we hold more community meetings so my goal is one community meeting per quarter beginning in Q2. I am in the process of scheduling our April meeting a local library and will provide the information as soon as it is confirmed. If you work for an agency or organization that has a nice meeting space we can open to the public, please let me know and I will see if it is feasible to hold a meeting there.

UMC Activities – UMC participated in the Citywide “Wear Red Day” on February 7, 2020, (photo on IG). On February 12, 2020, we had a special recognition of employees who have been here for more than 25 years which an award presentation to three women: Ella Cole, Gloria Ellis, and Ann Turner who have been employed here for over 50 years! You can view the entire UMC Honor Roll at the end of the History of UMC Slideshow on display before the meeting. Finally, on Friday, February 28, 2020 we will have a special Black History Month Celebration for staff and SNF patients at 2:00pm. The event will feature the Malcolm X Drummers and Dancers and light refreshments.

Special Events – The UMC Mobile has been requested for two community events occurring in March. We are working to get the mobile staffed and available for those requests.



Not-For-Profit Hospital Corporation Board of Directors Membership Tracking Summary

	Name	Mayor/Council/ Ex-Officio	Term Expires	Committee/ Board	Phone	Address Email	Assistant/CC
1	LaRuby May, Chair	M	June 9, 2020	All (Optional) Executive	202-423- 4137	3200 Martin Luther King, Jr. Avenue, 3 rd Floor, Washington, DC 20032 lmay@United- MedicalCenter.com larubymay@gmail.com	Toya S. Carmichael Tcarmichael@united- medicalcenter.com
2	Robert Bobb	M	July 9, 2019	Strategic Planning Performance Improvement	202-731- 0006	1737 Taylor St. NW. Washington, DC, 20011 bob@robertbobbgroup.com	
3	Wayne Turnage	M	July 19, 2019	Finance MAC Executive Audit/Compliance	202-442- 8018	441 4th Street, NW, 900S, Washington, DC 20001 Wayne.Turnage@dc.gov	Dawn B. Smith Dawn.smith@dc.gov Kai Blissett kai.blissett@dc.gov
4	Brenda Donald	M	July 9, 2020	Finance MAC Strategic Planning	202-200- 3903	200 I St SE, Washington, DC 20003 Brenda.Donald@dc.gov	Angela Robinson Angela.drobinson@dc.gov
5	Velma Speight	M	March 15, 2021	MAC (Chair) Audit Governance	202-583- 1302	2000 32 Place, SE, Washington, DC, 20020 VSpeight@United- MedicalCenter.com	
6	William Sherman	M		Dis Appeal Governance Audit/Compliance	202-372- 9117	801 Pennsylvania Ave., N.W. Suite 610 Washington, DC 20004 william.sherman@dinsmore.com	
7	Dr. Malika Fair	C	March 15, 2021	Performance Improvement Executive Strategic Planning	734-717- 7676	2804 33 RD St, SE Washington, DC, 20020 MFair@United- MedicalCenter.com	



Not-For-Profit Hospital Corporation Board of Directors Membership Tracking Summary

8	Dr. Konrad Dawson	C	March 15, 2019	Performance Improvement Executive Dis Appeal Finance Governance	202-413-0691	1601 Kalima Road, NW Washington, DC, 20012 konrad.dawson@gmail.com	
9	Millicent Gorham	C	March 21, 2020	Performance Improvement Audit Dis Appeal	202-957-3200	102 Longfellow St. NW, Washington, DC, 20011 Millicent@nbna.org	Kodnr
10	Girume Ashenafi, Labor Representative	Ex-Off	No expiration	Performance Improvement (Interim Co-Chair) Executive Audit Strategic Planning	443-610-6896	611 N. Eutaw Street, Baltimore, MD 21201 Girume.ashenafi@gmail.com	
11	Angell Jacobs, OCFO Representative	Ex-Off	No expiration	Finance MAC Executive Audit/Compliance	202-727-0049	Office of the Chief Financial Officer 1350 Pennsylvania Avenue, NW, Suite 203 Washington, DC 20004 angell.jacobs@dc.gov	Traci Fuller Traci.fuller@dc.gov
12	Dr. Dr. Marilyn-McPherson Corder Medical Chief of Staff (non-voting)	Ex-Off	Effective January 2019		202-574-6611	1310 Southern Avenue, SE Washington, DC, 20023 MCorder@United-MedicalCenter.com	
13	Dr. Raymond Tu CMO (non-voting)	Ex-Off	No expiration	Performance Improvement MAC	202-997-7000	1310 Southern Avenue, SE Washington, DC, 20023 rtu@United-MedicalCenter.com	



Not-For-Profit Hospital Corporation Board of Directors Membership Tracking Summary

14	Colene Daniel CEO (non-voting)	Ex-Off	No expiration	All (except Executive)		1310 Southern Avenue, SE Washington, DC, 20023 CDaniel@United- MedicalCenter.com	Yvette Boyd YBoyd@United- MedicalCenter.com
15	Jackie Bowens (non-voting)	Ex-Off	No expiration				



NFPHC Board of Directors Committees 2020

Executive Committee –

3rd Thursday, 5:00pm

1. LaRuby May, Chair
2. Dr. Malika Fair, Vice-Chair (Girume Ashenafi – Interim Vice-Chair)
3. Wayne Turnage, Treasurer
4. Konrad Dawson, Parliamentarian
5. Angel Jacobs

Performance Improvement (formerly Quality and Patient Safety Committee) –

3rd Tuesday, 4:00pm

1. Malika Fair, Chair
2. Millicent Gorham
3. Girume Ashenafi (Acting Chair)
4. Robert Bobb

Audit/MAC (formerly Audit/Compliance and Mazars – Two committees were merged)

Day/Time TBD

1. Velma Speight, Chair
2. Brenda Donald
3. Wayne Turnage
4. Angel Jacobs

Governance Committee

Day/Time TBD

1. Konrad Dawson, Chair
2. William Sherman
3. Millicent Gorham
4. Velma Speight

Strategic Planning Committee

Day/Time TBD

1. Girume Ashenafi, Chair
2. William Sherman
3. Malika Fair
4. Robert Bobb

Finance Committee

Day/Time TBD

1. Wayne Turnage, Chair
2. Angel Jacobs
3. Brenda Donald
4. Konrad Dawson

Discipline Appeals

Day/Time TBD

1. Williams Sherman
2. Konrad Dawson
3. Millicent Gorham

UMC is your hospital...

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center (UMC), is a 354-bed acute care hospital offering community based services for residents residing east of the Anacostia River, and specifically to residents of Wards 7, 8, and surrounding communities in Prince George's county.

Our Services

- » Behavioral Health
- » Cardiology
- » Critical Care
- » Emergency Medicine
- » Gastroenterology
- » Geriatrics
- » Infectious Disease
- » Internal Medicine
- » Laboratory Services
- » Mobile Health Clinic
- » Nursing
- » Obstetrics-Gynecology
- » Pain Management
- » Primary Care
- » Pulmonology
- » Radiology
- » Rehabilitation
- » Sleep Disorders
- » Surgery
- » Urology
- » Wound Care

Our Departments

Administration	(202) 574-6611
Admissions	(202) 574-6601
Cardiology	(202) 574-6967
The Care Center	(202) 574-6909
Children's National Medical Center	(202) 741-4100
Emergency Department (UMC Campus)	
Centralized Scheduling	(202) 574-6141
Emergency Department	(202) 574-6545
Health Information Management	(202) 574-6521
Human Resources	(202) 574-6079
Intensive Care Unit	(202) 574-5465
Pathology/Laboratory	(202) 574-6959
Pre-Admission Testing	(202) 574-7040
Primary Care Services	(202) 574-6055
Psychiatry	(202) 574-6176
Radiology & Imaging	(202) 574-6581
Rehabilitation Medicine	(202) 574-6795
Respiratory Care	(202) 574-6530
Security	(202) 574-6667
Social Services	(202) 574-6776
Surgical Services	(202) 574-6631
Center for Advanced Wound Care and Hyperbaric Medicine	(202) 574-7222

Call us today 202-574-6141 to make your appointment.

Come visit our group of caring physicians and staff. We will provide you with the personal attention you and your family deserve.

Programs and Services

THE CENTER FOR ADVANCED WOUND HEALING AND HYPERBARIC MEDICINE 202-574-7222



The Center for Advanced Wound Healing and Hyperbaric Medicine is a comprehensive outpatient facility designed for the treatment of chronic, non-healing wounds. Hyperbaric oxygen therapy helps to stimulate the healing of wounds and the growth of new blood

vessels in damaged tissue and eliminates chronic infections both in bones and tissue.

INFECTIOUS DISEASE CENTER (THE CARE CENTER) 202-574-6909

The Care Center provides care and treatment for a variety of infectious disease in the DC metropolitan area. The mission of The Care Center is to provide comprehensive, culturally appropriate treatment and to promote health and wellness to people living with infectious disease.

MOBILE HEALTH CLINICS 202-574-7121

UMC provides two Mobile Health Clinics to address the healthcare needs of residents in Southeast Washington, D.C. and parts of Southern Prince George's County, Maryland. The two units, measuring 38ft. by 12ft. and 43ft by 12ft, respectively, regularly circulate throughout the community providing testing, screening, immunizations, dental and other services. UMC's nurse practitioners and medical technicians staff the mobile clinics.



RADIOLOGY & IMAGING DEPARTMENT 202-574-6581

The Radiology Department at UMC delivers quality diagnostic and therapeutic services through a variety of modalities and procedures including: Diagnostic Radiology, Nuclear Medicine, Low-dose Mammography, Computed Tomography (CT), Ultrasound and Magnetic Resonance (MRI), Interventional Angiography, Digital Fluoroscopy, and Digital Check Imaging.

DIABETES EDUCATION PROGRAM 202-574-6648

UMC provides a comprehensive diabetes education program. The program focuses on improving clinical outcomes through education and training of diabetic patients.

UNITED MEDICAL CENTER SKILLED NURSING FACILITY 202-574-7121

Located within United Medical Center is a 120 bed skilled nursing unit providing the highest level of care for adults. The facility offers comprehensive rehabilitation and medication services along with 24-hour care from highly trained medical professionals.

LGBTQ RESOURCE CENTER 202-574-7121

Located within the Care Center, the LGBT Health Resource Center provides a safe space where LGBTQ+ members of wards 7 and 8 as well as communities within Prince George's County can come to participate in groups, classes and trainings that provide support, health education and a sense of community.



UNITED MEDICAL CENTER

BLACK HISTORY CELEBRATION

**Featuring the
Malcolm X Drummers**



Friday, February 28, 2020

2-3:30pm : Conf. Rms. 1 & 2

**Experience traditional African drumming and
dance and have the opportunity to learn a few
moves!**

Light refreshments will be served.



UMC

**UNITED
MEDICAL CENTER**

General Board Meeting

Date: February 26, 2020

**Audit/ MAC
Committee
Report**

- No meeting was held in January or February.



UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: February 26, 2020

**Performance
Improvement
Report**

*Dr. Girume Ashenfair,
Interim Chair*

- Meeting Materials



The Performance Improvement Committee met on February 20, 2020 but did not have a quorum to approve the January meeting minutes or any formal reports. The materials included here were approved at the January meeting and/or submitted for information purposes.

CONFIDENTIAL



MEMORANDUM

TO: NFPHC Board of Directors

FROM: Colene Y. Daniel,
Chief Executive Officer *Colene Y. Daniel*

DATE: January 31, 2020

RE: Skilled Nursing Facility CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey

Our Skilled Nursing Facility (SNF) has successfully completed their annual CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey. Four state surveyors arrived on January 23, 2020 and exited on January 31, 2020. The surveyors reviewed standard operating procedures to include the federal and state regulatory requirements of operations.

There are 21 federal regulatory groups/sections for Long Term Care facilities. In our November 2018 annual survey, SNF was cited in 15 federal group areas. During our exit today, SNF was cited in 8 federal group areas. A significant improvement from last year.

The surveyors continuously verbalized the great improvement they saw from last year to this year throughout the SNF facility to include life safety areas, environment of care, and in emergency preparedness.

In spite of the fact that five multiple surveys were occurring simultaneously, the team handled it extremely well and had a successful outcome. They worked very hard to prepare for these surveys.

The official outcome of the surveys will be shared once the 2567 Reports are received from the D.C. Department of Health within the next 10 days.

We would like to give a special "Thank You" to the following Departments for their partnership and support: Hospital Administration, Facilities, BioMed, Security & Safety, EVS, Procurement, Finance, Human Resources, Dietary, QA, Advanced Team, and the entire SNF Team. The success of this survey would not have been possible without everyone's collaborative efforts.

cc: Medical Executive Committee
UMC Management Council



NOT-FOR-PROFIT HOSPITAL CORPORATION

UMNC Performance Improvement Committee January 2020 Activities

The UMNC (Skilled Nursing Facility) survey took place January 23 – January 31, 2020. Five surveys took place to include CMS Federal, Licensure, Life Safety, Emergency Preparedness, and Legionella. The official outcome of the surveys will be shared once the 2567 Report is received. We received no environmental deficiencies. During the survey and survey exit the D.C. Department of Health surveyors noted the improvement and change they saw from last year to this year.

The following deficiencies were shared during the Survey exit:

- CMS Federal:
 - Resident Rights: (5) Tags
 - Assessments: (3) Tags
 - Care Plans: (3) Tags
 - Quality of Life: (2) Tags
 - Food and Nutrition Services (2)
 - Administration: (1)
 - Quality Assurance: (1) Tag
 - Infection Control (1) Tag
- Licensure (Some of the CMS Federal Tags will crossover to Licensure):
 - Incident Reporting (1)
 - Staffing (1)
- Life Safety:
 - (2) Tags (Door latch and Inspections of Fire Pump)
- Emergency Preparedness:
 - (4) Tags: P&P on Sewage, Volunteer Shelter in Place, Emergency plan communication with families, Diesel Contract for generator
- Legionella:
 - (2) Tags: Risk Assessment specific to SNF, SNF Water Mgmt. Program

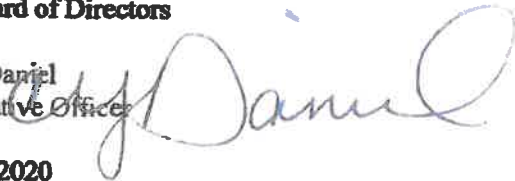
The main areas of focus during the survey were linen, establishing an emergency supply of linen, and repairs to the dish wash machine.



UMC
UNITED
MEDICAL CENTER

MEMORANDUM

TO: NPPHC Board of Directors

FROM: Colene Y. Daniel
Chief Executive Officer 

DATE: January 24, 2020

RE: College of American Pathologists (CAP) Accreditation Assessment Survey 2020

Our clinical laboratory has successfully completed the biennial College of American Pathologists (CAP) Accreditation Assessment survey on January 23, 2020. The CAP surveyors recommended full CAP re-accreditation for the laboratory for the next two-year cycle. We had seven surveyors from Mercy Medical Center led by Dr. Edgar Alonsozana. The surveyors review of the competencies, quality control records, standard operating procedures and direct performance observations of the laboratory leadership and technologists.

The primary sections of improvement were in Microbiology, Point of Care, Chemistry, Blood Gas, competency records, and adherence to standard operating procedures. The Microbiology and Point of Care sections had the most significant improvement with zero deficiencies in 2020.

The official results totaled eight minor deficiencies. UMC had a remarkable improvement compared to the 2018 CAP survey, which found 36 deficiencies.

The CAP survey is a highly intensive inspection process for the laboratory to ensure that laboratories are meeting national standards for laboratory processes, procedures, monitoring, and quality assessment and management. Our laboratory leaders and staff have been working diligently to prepare for this survey and the results reflect their hard work. Congratulations to the entire Pathology Department for a successful survey.

We would also like to give a special Thank You to the following Departments for their partnership and support: Nursing, Respiratory Therapy, Facilities, Biomed, Security & Safety, and EVS! The dedication and collaborative effort helped make this CAP survey a success.

In addition to the CAP survey, clinical laboratory will also have an AABB survey for transfusion services prior to February 22, 2020. UMC will be notified a week in advance of the survey.

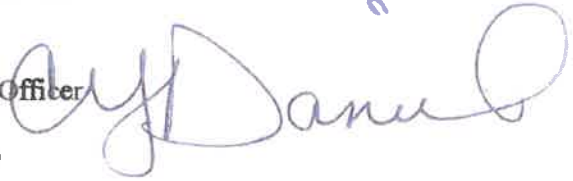
cc: Medical Executive Committee
UMC Management Council



UNITED
MEDICAL CENTER

MEMORANDUM

TO: NFPHC Board of Directors

FROM: Colene Daniel
Chief Executive Officer 

DATE: February 7, 2020


















RE: American Association of Blood Banks (AABB) Accreditation
Assessment Survey 2020


















The American Association of Blood Banks (AABB) accreditation assessment survey for 2020 began on Thursday, February 6, 2020. Ms. Bridget Head was the surveyor sent by AABB to review our staff competencies, quality control records, equipment maintenance, and direct observation of our transfusion process. The surveyor stated that she was impressed with our unique transfusion identification armband and our identification checks process prior to transfusion. She also gave kudos to ICU staff for their Knowledge and proficiency with the process.


















NFPHC-UMC clinical laboratory Transfusion Services successfully completed the biennial American Association of Blood Banks (AABB) Accreditation Assessment survey on February 7, 2020. The AABB surveyor recommends full AABB reaccreditation for the laboratory transfusion services for the next two-year cycle.

The official results totaled **1 minor deficiency, no recommendations**. Our transfusion service had a remarkable improvement compared to 2018 AABB survey, which found 4 deficiencies.

We would like to give special thank you for your support; and especially to the following departments for their partnership and support: Nursing, Biomed, Perioperative Services/Anesthesia, Facilities, Security & Safety, and Regina Kim (Advance Team Member).

UMC QUALITY Dashboard						At or Exceeds Target						Within 10% of Target					Target not Met				Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD				
BLOOD PRODUCTS MANAGEMENT																						
BLOOD TRANSFUSION REACTIONS																						
# Transfusion Reaction Cases		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Allergic Reaction		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Febrile Reaction		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Hemolytic Reaction		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Non-Specific Reaction		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
BLOOD TRANSFUSION RECORD REVIEW																						
Transfusions		233	122	100	130	149	114	105	102	125	79	120	370	455	393	332	569	1749				
Cryoprecipitate Transfusions		2	0	0	0	5	0	1	0	0	0	0	0	2	5	1	0	8				
Fresh Frozen Plasma Transfusions		39	7	19	0	14	4	11	12	4	2	13	2	65	18	27	17	127				
Platelet Transfusions		6	2	10	13	14	1	4	3	5	3	3	1	18	28	12	7	65				
RH Immune Globulin (RhIG)		0	2	3	0	1	2	1	0	1	0	0	2	5	3	2	2	12				
Total Red Blood Cells (RBCs) Transfused		186	111	68	117	115	107	88	87	115	74	104	365	365	339	290	543	1537				
Total RBC units Crossmatched		229	148	97	178	147	134	108	96	140	104	143	124	474	459	344	371	1648				
Crossmatch/Transfusion Ratio Threshold <2		1.2512	1.3503	1.4276	1.5214	1.2763	1.2528	1.3273	1.2084	1.2174	1.4054	1.175	0.3397	1.3009	1.3507	1.1827	0.12023	1.21564				
BLOOD TRANSFUSION JUSTIFICATION																						
# Times O- BLOOD TRANSFUSED TO NON O- PT		15	0	0	8	10	7	5	3	4	3	4	14	15	25	12	21	73				

UMC QUALITY Dashboard					At or Exceeds Target					Within 10% of Target					Target not Met				Amended																		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD																			
BLOOD TRANSFUSION DOCUMENTATION																			THRESHOLD 100%																		
Crossmatch Compatibility																				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
MD Order Confirmed																				100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	98%	89%						
Consent Completed (Patient)																				88%	91%	100%	95%	96%	92%	89%	88%	90%	92%	77%	86%						
2 RN Signature																				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Transfusion Reaction		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
FALL PREVENTION																																					
# Falls - Housewide		8	11	14	10	10	6	10	5	2	8	15	5	33	26	17	28	104																			
# Falls - ED		0	1	3	1	2	0	3	0	0	1	3	1	4	3	3	5	15																			
# Falls - Outpatient		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																			
# Falls - Inpatient		8	10	11	9	7	6	7	5	2	7	12	4	29	22	14	23	88																			
# Falls - Visitor		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1																			
Inpatient Days		1980	1666	1769	2339	2140	2360	1930	2086	1743	1716	2571	2201	5415	6839	5759	6488	24501																			
# Falls - With Injury		0	0	3	0	1	0	2	0	1	1	3	0	3	1	3	4	11																			
INPATIENT FALL RATE		4.0	6.0	6.2	3.8	3.3	2.5	3.6	2.4	1.1	4.1	4.7	1.8	5.4	3.2	2.4	3.5	3.6																			
INFECTION PREVENTION AND CONTROL																																					
NPSG: REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS																																					
INFECTION SURVEILLANCE - DEVICE ASSOCIATED HAI																																					

UMC QUALITY Dashboard					At or Exceeds Target					Within 10% of Target					Target not Met				Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD		
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI)				THRESHOLD <1/YR																
CLABSI -Medical/Surgical Telemetry (MS/T)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MS/T CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CLABSI-Critical Care Unit (CCU)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CCU CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)				THRESHOLD < 1/YR																
CAUTI -MS/T		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CAUTI -MS/T RATE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CAUTI -CCU		0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	1		
CAUTI -CCU RATE		0	0	0	0	0	0	0	0.4796	0	0	0	0	0	0	0.17364	0	0.44081		
VENTILATOR ASSOCIATED EVENTS				THRESHOLD < 1/YR																
Ventilator Associated Condition (VAC)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Ventilator Associated Condition Rate		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MULTI DRUG RESISTANT ORGANISMS (MDRO)				THRESHOLD RATE <1/YR																
MRSA-HAI (Healthcare Acquired Infection)		0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	1		
MRSA Rate		0	0	0	0	0	0	0	0	0.5737	0	0	0	0	0	0.17364	0	0.44081		
CLOSTRIDIUM DIFFICILE (C.DIFF)				THRESHOLD RATE <1/YR																
C.Diff-HAI (Healthcare Acquired Infection)		0	0	0	1	1	0	1	2	0	1	1	1	0	2	3	0	6		

UMC QUALITY Dashboard			At or Exceeds Target			Within 10% of Target			Target not Met			Amended						
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
C.Diff Rate		0	0	0	0.4275	0.4675	0	0.5163	0.9588	0	0.5828	0.385	0.4543	0	0.2874	0.52052	0.46735	0.32657
VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE) THRESHOLD RATE <1/YR																		
VRE Healthcare Acquired Infection		1	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	2
VRE Rate		0.5851	0	0	0	0	0	0	0	0.5737	0	0	0	0.1847	0	0.17364	0	0.08163
INFECTION SURVEILLANCE : SURGICAL SITE INFECTIONS (SSI) THRESHOLD <4 INCIDENCE/YR																		
# Colon Surgeries		4	0	2	2	1	0	1	2	0	1	3	0	6	3	3	4	16
SSI from Colon Surgeries		0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1
# Major Orthopedic Surgeries		2	2	5	3	3	2	1	1	1	2	1	2	9	8	3	5	25
# SSI from Orthopedic Surgeries		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DEVICE UTILIZATION RATE (DUR)																		
# PATIENT DAYS-TOTAL		1980	1666	1769	2339	2140	1794	1930	2086	1743	1716	2184	2375	5,415	6,273	5,759	6,275	23,722
# Patient Days - MS		447	435	430	683	435	507	518	566	483	391	619	677	1,312	1,625	1,567	1,687	6,191
#Patient Days-Tele		1288	995	1114	1389	1146	1194	1305	1464	1177	1221	1436	1419	3,397	3,729	3,946	4,076	15,148
#Patient Days MS/T		1735	1430	1544	2072	1581	1701	1823	2030	1660	1612	2055	2096	4,709	5,354	5,513	5,763	21,339
# Patient Days - CCU		245	236	225	267	69	93	107	56	83	104	129	279	706	429	246	512	1,893
FOLEY DUR THRESHOLD: < 1/YR																		
# Foley Days - MS		48	26	27	54	22	27	46	39	42	41	55	29	101	103	127	125	456
FOLEY DUR - MS		0.11	0.08	0.07	0.08	0.05	0.08	0.08	0.07	0.09	0.10	0.08	0.08	0.08	0.08	0.08	0.07	0.07

UMC QUALITY Dashboard														At or Exceeds Target		Within 10% of Target				Target not Met		Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD					
#Foley Days-Tele							97	188	135	151	98	256	204		97	474	558	1129					
FOLEY DUR - Tele							0.06	0.54	0.05	0.13	0.04	0.18	0.14		0.03	0.13	0.14	0.07					
#Foley Days - CCU		182	174	145	167	197	166	132	148	138	192	191	171	668	530	418	554	2003					
FOLEY DUR - CCU		0.74	0.74	0.64	0.83	1.05	0.74	0.73	0.84	0.68	1.05	1.08	0.61	0.55	1.14	1.78	1.08	1.06					
#Foley Days - TOTAL		48	26	27	54	22	124	234	174	193	139	311	233	101	200	601	683	1586					
CENTRAL LINE DUR THRESHOLD: MS < 1/YR TELE < 1/YR CCU < 1/YR																							
# Central Line Days - MS		36	20	31	42	50	1	5	62	79	67	17	16	87	93	146	100	426					
CENTRAL DUR - MS		0.08	0.05	0.07	0.06	0.11	0.00	0.03	0.11	0.16	0.17	0.03	0.02	0.07	0.06	0.09	0.05	0.07					
#Central Line Days Tele							13	30	76	21	21	45	51		13	127	117	257					
CENTRAL DUR TELE							0.0105	0.023	0.0529	0.0178	0.0172	0.0313	0.0358		0.03	0.03	0.03	0.02					
# Central Line Days CCU		97	93	102	101	88	102	49	66	81	127	113	68	292	291	196	308	1087					
CENTRAL DUR - CCU		0.40	0.39	0.43	0.38	0.37	1.10	0.46	1.14	0.58	1.22	0.82	0.24	0.41	0.62	0.80	0.60	0.57					
# Central Line Days TOTAL		133	113	133	143	138	116	84	204	181	215	175	135	379	397	469	525	1771					
VENTILATOR DUR THRESHOLD: TELE < 1/YR CCU 1/YR																							
# Ventilator Days - SW		0	0	0	0	0	0	2	15	1	1	14	5	0	0	18	20	38					
VENT DUR - SW		0	0	0	0	0	0	0.0035	0.0102	0.00	0.00	0.03	0.00	0	0	0.00458	0.0	0.00252					
# Ventilator Days - CCU		109	118	74	102	114	82	45	60	103	119	92	51	301	298	208	262	1069					
VENT DUR - CCU		0.44	0.50	0.33	0.38	0.42	0.88	0.42	1.07	1.04	1.24	0.71	0.18	0.4248	0.6956	0.44532	0.51	0.56474					

UMC QUALITY Dashboard						At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Ventilator Days TOTAL		109	118	74	102	114	82	47	75	104	120	106	56	301	298	226	282	1107
TRANSMISSION BASED PRECAUTIONS																		
Airborne-MS/T		2	2	4	6	2	3	UNK	6	1	3	1	7	8	11	7	11	37
Airborne-CCU		0	0	0	0	0	0		0	0	0	0	2	0	0	0	2	2
Airborne-TOTAL		2	2	4	6	2	3	0	6	1	3	1	9	8	11	7	13	39
Droplet - MS/T		3	1	5	4	2	1	UNK	3	0	3	8	20	9	7	3	31	50
Droplet - CCU		0	0	2	0	0	0		0	0	3	0	3	2	0	0	6	8
Droplet - TOTAL		3	1	7	4	2	1	0	3	0	6	8	23	11	7	3	37	58
Contact - MS/T		173	102	117	25	35	29	UNK	0	291	176	186	152	392	89	291	514	1286
Contact - CCU		23	15	9	4	14	11		62	42	46	24	28	47	29	104	98	278
Contact - Total		196	117	126	29	49	40	0	62	333	222	210	180	439	118	395	612	1564
Contact Enteric - MS/T		5	3	1	1	3	4	UNK	56	90	45	19	60	9	8	146	124	287
Contact Enteric - CCU		2	1	0	0	2	3		16	20	5	15	39	3	5	36	39	103
Contact Enteric - TOTAL		7	4	1	1	5	7	0	72	110	50	34	99	12	13	182	183	390
Neutropenic - MS/T		0	0	1	1	1	0	UNK	0	1	0	0	0	1	2	1	0	4
Neutropenic - CCU		0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Neutro - TOTAL		0	0	1	1	1	0	0	0	1	0	0	0	1	2	1	0	4
HAND HYGIENE COMPLIANCE THRESHOLD >90%																		

UMC QUALITY Dashboard																At or Exceeds Target		Within 10% of Target				Target not Met		Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD							
# Hand Hygiene Compliance		130	135	138	145	120	130	82	128	130	156	192	168	403	395	340	516	1654							
# Hand Hygiene Obs.		150	150	150	160	150	138	90	152	152	163	200	180	450	448	394	543	1835							
Compliance-Hospital Wide		87%	90%	92%	91%	87%	94%	91%	84%	86%	96%	96%	93%	90%	88%	86%	95%	90%							
HAND HYGIENE COMPLIANCE STRATIFIED PER ROLE THRESHOLD>90%																									
# Obs. EMPLOYEE (Non Provider)		115	106	119	138	131	110	77	135	139	143	176	156	340	379	351	475	1545							
# Compliant Obs. Employee (Non Provider)		101	100	114	126	101	104	69	111	117	137	168	146	315	331	297	451	1394							
EMPLOYEE RATE		88%	94%	96%	91%	77%	95%	90%	82%	84%	96%	95%	98%	93%	87%	85%	95%	90%							
# Obs. PROVIDER		35	44	31	22	19	28	13	17	13	20	24	24	110	69	43	68	290							
# Compliant Obs. PROVIDER		29	35	24	19	16	26	13	17	13	19	24	22	88	61	43	65	257							
PROVIDER RATE		83%	80%	77%	86%	84%	93%	100%	100%	100%	95%	100%	92%	80%	88%	100%	95.6%	91%							
HAND HYGIENE COMPLIANCE STRATIFIED PER PATIENT CARE DEPARTMENT THRESHOLD 90%																									
# Obs. ED		30	30	30	30	30	30	30	30	30	30	30	30	90	90	90	90	360							
# Compliant Obs.ED		24	20	19	22	20	28	26	24	23	29	28	27	63	70	73	84	290							
ED RATE		80%	67%	63%	73%	67%	93%	87%	80%	77%	97%	93%	90%	70%	78%	81%	93%	81%							
# Obs. PeriOperative (PeriOP)		30	30	30	30	10	30	30	30	30	30	30	30	1	70	90	90	340							
# Compliant Obs. PeriOP		30	30	30	30	5	28	30	30	29	30	30	30	90	63	89	90	332							
PeriOp Services RATE		100%	100%	100%	100%	50%	93%	100%	100%	97%	100%	100%	100%	100%	90%	99%	100%	98%							
# Obs. MS/T		60	60	60	80	80	57	18	60	60	70	100	80	180	217	138	250	785							

UMC QUALITY Dashboard				At or Exceeds Target				Within 10% of Target				Target not Met			Amended			
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Compliant Obs. MS/T		50	57	59	73	74	54	16	45	47	64	95	73	166	201	108	232	707
MS/T RATE		83%	91%	95%	91%	91%	85%	89%	75%	78%	91%	95%	81%	82%	91%	78%	93%	90%
# Obs. CCU		30	30	30	20	30	21	10	30	30	30	30	30	90	71	70	90	321
# Compliant Obs. CCU		26	28	30	18	25	20	9	27	29	30	30	29	84	63	65	89	301
CCU RATE		87%	93%	100%	90%	83%	95%	90%	90%	97%	100%	100%	97%	93%	89%	93%	99%	94%

TERMINAL CLEANING VALIDATION OF THE OR ROOMS - THRESHOLD 100%

OR Room 1 Cleanings		31	30	31	31	30	31	30	31	30	31	31	0	61	92	92	245
OR Room 1 Validation		31	30	31	31	30	31	30	31	30	31	31	0	61	92	92	245
OR Room 1 Cleaning Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100.0%
OR Room 2 Cleanings		31	30	31	31	30	31	31	30	31	31	31	0	61	92	93	246
OR Room2 Validation		31	30	31	31	30	31	30	31	30	31	31	0	61	92	93	246
OR Room 2 Cleaning Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%
OR Room 3 Cleanings		31	30	31	31	30	31	31	30	31	31	31	0	61	92	93	246
OR Room 3 Validation		31	30	31	31	30	31	30	31	30	31	31	0	61	92	93	246
OR Room 3 Cleaning Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%
OR Room 4 Cleanings		31	30	31	31	30	31	31	30	31	31	31	0	61	92	93	246
OR Room 4 Validation		31	30	31	31	30	31	30	31	30	31	31	0	61	92	93	246
OR Room 4 Cleaning Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%

UMC QUALITY Dashboard														At or Exceeds Target		Within 10% of Target				Target not Met		Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD					
MEDICATION SAFETY																							
BARCODE MEDICATION ADMINISTRATION (BCMA) - Hospital Wide THRESHOLD >95%																							
%Pt Scanned		95.80%	100%	100%	100%	100%	99.16%	99.97%	99.89%	100%	99.98%	100%	99%	99.93%	99.98%	99.94%	99.99%	99.75%					
%Medications Scanned		84.82%	86%	87%	86.21%	87.74%	88.12%	85.90%	86.06%	86.79%	85.87%	87%	84%	82.17%	87.96%	86.25%	85.72%	84.88%					
MEDICATION RECONCILIATION COMPLETED - INPATIENT ADMISSION THRESHOLD >95%																							
# Patient Records Reviewed						4361	4007	4180	4028	3967	4056	3672	4218	0	8368	12,195	11,946	32509					
# Records Med Rec Complete						3285	2983	2924	3083	2880	3251	2984	3276	0	6268	8,887	9,511	24666					
% Med. Reconciliations completed						75.3%	74.4%	70.0%	76.6%	72.6%	80.1%	81.3%	77.7%	-	74.8%	71.8%	79.6%	75.4%					
MEDICATION ERRORS REPORTED																							
# TOTAL ERRORS		4	3	4	2	2	7	5	2	6	4	4	14	11	11	13	22	57					
ERROR TYPE																							
MED-GIVEN IN SPITE OF DOCUMENTED ALLERGY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
MED-DELAY		2	0	2	0	1	0	0	0	0	1	2	1	4	1	0	4	9					
MED-WRONG STRENGTH		0	0	1	0	0	0	1	0	0	0	0	0	1	0	1	0	2					
MED-OMISSION		0	0	0	0	1	0	0	0	1	0	0	8	0	1	1	8	10					
MED-UNORDERED MED.		0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1					
MED-OTHER		2	3	1	2	0	2	2	1	3	3	2	3	6	4	6	8	24					
MED-WRONG DOSE		0	0	0	0	0	4	0	1	0	0	0	2	0	4	1	2	7					

UMC QUALITY Dashboard		At or Exceeds Target												Within 10% of Target				Target not Met		Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD			
PACU		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1			
Radiology		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Total Rapid Response Events		8	16	7	11	12	2	11	17	11	13	7	10	31	25	39	30	125			
Rapid Response Rates		4.611	11.189	4.534	4.7029	5.6075	0.8475	5.6995	8.1496	6.6265	7.5758	2.7227	4.5434	6.5831	3.6555	6.87104	4.62392	5.27159			
Tele		6	11	5	7	5	1	7	9	6	9	6	8	22	13	22	23	80			
M/S		1	2	1	4	1	1	4	2	0	2	0	1	4	6	6	3	19			
BHU		1	3	0	0	1	0	0	3	3	1	1	1	4	1	6	3	14			
Dialysis		0	0	1	0	4	0	0	3	2	1	0	0	1	4	5	1	11			
OR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
PACU		0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1			
Radiology		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Mortality Rate%		0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
VTE Prophylaxis MS/T Compliance >95%		93%	92%	92%	90%	93%	93%	91.79%	92.63%	88.59%	92.97%	89.10%	92.12%	93.00%	92.00%	91.81%	91.40%	91.85%			
VTE Prophylaxis CCU Compliance >95%		100%	100%	100%	100%	100%	100%	98.18%	98.78%	97.74%	100%	100%	100.00%	100.00%	100.00%	99.13%	100.00%	98.17%			
CLINICAL SAFETY INDICATORS																					
Number of Restraint Days Behavioral Health Unit						1	0	1	1	0	0	0	0					2	1	0	3
Restraint Rate						0.004	0	0.07	0.04	0	0	0	0					0.074	0.04	0	0.114
Deliveries in the ED		0	0	0	0	1	0	1	0	0	1	0	0	3	1	1	1	3			

UMC QUALITY Dashboard		At or Exceeds Target												Within 10% of Target				Target not Met		Amended
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD		
SQ Insulin Administration Adherence >95%		97%	95%	96%	98%	98%	97%	94%	95%	98%	97%	95%	98%	96%	95%	96%	96%	96%		
PRESSURE ULCERS THRESHOLD <6%																				
Total Patient Days		1980	1666	1769	2339	2140	2360	1930	2086	1743	1716	2184	2201	5415	6839	5759	6101	24114		
# Present on admission		50	65	65	56	34	33	41	29	47	45	48	35	180	123	117	128	548		
Prevalance Rate		2.5217	3.9016	3.678	2.3942	1.5889	1.3923	2.1246	1.3902	2.6925	2.6228	2.1978	1.5902	3.3281	1.7985	2.0216	2.09802	2.22756		
# Hospital Acquired Pressure Injuries		2	1	3	3	1	1	1	0	3	1	4	2	6	5	4	7	22		
Incidence Rate		0.101	0.06	0.17	0.1283	0.0467	0.0444	0.0516	0	0.1723	0.0583	0.1832	0.0909	0.1108	0.0731	0.06946	0.11474	0.09123		
OCCURRENCE REPORTS																				
# OCCURRENCE REPORTS		113	124	134	109	116	98	116	80	95	105	110	102	371	323	291	317	1302		
EQUIPMENT		1	1	1	2	2	1	3	0	1	1	2	0	3	5	4	3	15		
FALLS		8	11	14	10	10	6	10	5	2	8	15	5	33	26	17	28	104		
MEDICATION		5	3	4	2	2	7	4	2	6	5	4	14	12	11	12	23	58		
OTHER		99	109	115	95	102	70	73	78	85	91	89	83	323	267	232	263	1085		
# NEAR MISSES		UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	0	0	0	0	0		
# SENTINEL EVENTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
SEPSIS MEASURES																				
Sepsis (Principal DX) 30 Day Readmit		0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1		
Simple Severe Sepsis w/ Shock		17	11	8	8	8	6	9	7	0	6	7	6	36	22	16	19	93		
Sepsis Patients Observed Mortality (APR DRG 720)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

UMC QUALITY Dashboard		At or Exceeds Target				Within 10% of Target				Target not Met				Amended					
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD	
Sepsis Patients Volume (APR DRG 720)		40	29	27	31	22	18	19	22	0	19	19	19	96	71	41	57	265	
CASE MANAGEMENT		THRESHOLD LOS < 5.5																	
Average Length of Stay		5.98	5.5	5.99	5.6	5.75	4.85	4.63	5.41	5.54	4.75	4.88	5.98	5.82333	5.2	5.12	5.26333	5.34333	
FD12 PATIENT ADMISSIONS/ELOPEMENT TRACKING																			
FD12 ADMISSIONS									80	63	73	79	68				143	220	363
FD12 Elopement Cases									0	0	0	0	0				0	0	0



Infection Prevention & Control

Updates

Coronavirus

Over 900 deaths and around 35,000 persons have been infected with the Coronavirus in China. The World Health Organization (WHO) is reportedly close to calling this a pandemic due to its rapid spread. Currently the USA is at a low risk for influx of the Coronavirus; however, control measures are in place. Persons are screened at airports/plane and persons arriving from China are placed in quarantine for 14 days. Test kits are being sent to 100 reference labs in the USA.

UMC will activate policy IC 401 Influx of Infectious Patients when indicated. A Coronavirus protocol that addresses identification of persons who have traveled to China or have been exposed to someone who is infected with the Coronavirus and presents with fever, cough, SOB, or headache. They are masked and placed in the assessment room located in the emergency room until screened by physician and nurse. The Department of Health is notified of all suspects and will provide instructions for managing the patient. The ER staff have been educated on this process. UMC has participated in 4 meetings/calls with the Center for Disease Control, DC Health and The DC Hospital Association for updates on the virus.

A need for retraining and demonstration of personal protective was identified due to the emergence of new pathogens and the Coronavirus outbreak. This initiative was started to reinforce and to better equip our staff in the event of caring for patients with infectious diseases that could be easily spread (Contact, Droplet, Airborne). The reeducation includes demonstrations on proper donning and doffing of personal protective equipment. The education started in January and continues to be in progress.

Policies & Procedures

Quarter 1 Approved Policies & Procedures List

Administration

ADM 03-003 Blood and Blood Component Transfusion

Patient Care Services

PCS 02-150 Blood and Blood component



MEMORANDUM

TO: NFPHC Board of Directors

FROM: Colene Y. Daniel
Chief Executive Officer *Colene Y. Daniel*

DATE: January 31, 2020

RE: Skilled Nursing Facility CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey

Our Skilled Nursing Facility (SNF) has successfully completed their annual CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey. Four state surveyors arrived on January 23, 2020 and exited on January 31, 2020. The surveyors reviewed standard operating procedures to include the federal and state regulatory requirements of operations.

There are 21 federal regulatory groups/sections for Long Term Care facilities. In our November 2018 annual survey, SNF was cited in 15 federal group areas. During our exit today, SNF was cited in 8 federal group areas. A significant improvement from last year.

The surveyors continuously verbalized the great improvement they saw from last year to this year throughout the SNF facility to include life safety areas, environment of care, and in emergency preparedness.

In spite the fact that five multiple surveys were occurring simultaneously, the team handled it extremely well and had a successful outcome. They worked very hard to prepare for these surveys.

The official outcome of the surveys will be shared once the 2567 Reports are received from the D.C. Department of Health within the next 10 days.

We would like to give a special "Thank You" to the following Departments for their partnership and support: Hospital Administration, Facilities, BioMed, Security & Safety, EVS, Procurement, Finance, Human Resources, Dietary, QA, Advanced Team, and the entire SNF Team. The success of this survey would not have been possible without everyone's collaborative efforts.

cc: Medical Executive Committee
UMC Management Council



UMC

**UNITED
MEDICAL CENTER**

General Board Meeting

Date: February 26, 2020

**Finance
Committee
Report**

- No materials to distribute.
- Meeting was held on
Friday, February 21, 2020.



UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: February 26, 2020

**Executive
Committee
Report**

- No materials to distribute.
- Meeting was held on Monday, February 24, 2020.

