



UMC  
UNITED  
MEDICAL CENTER

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## **General Board Meeting**

Date: February 1, 2019

Location: Conference Rooms 2/3

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### **2019 BOARD OF DIRECTORS**

LaRuby Z. May, *Chairman*

Dr. Malika Fair, *Vice-Chair*

Matthew Hamilton, CEO

Brenda Donald

Girume Ashenafi

Velma Speight

Dr. Dennis Haghighat

Millicent Gorham

Dr. Konrad Dawson

Wayne Turnage

Angell Jacobs

Jackie Bowens

Dr. Corder



## OUR MISSION

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

## OUR VISION

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

UMC will employ innovative approaches that yield excellent experiences.

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

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

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



**NFPHC Board of Directors General Meeting  
Friday, February 1, 2019**

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**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 **9:00 a.m. on Wednesday, February 1, 2019**. The meeting will be held at the United Medical Center, 1310 Southern Ave., SE, Washington, DC 20032 in the Conference Room. 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](http://www.united-medicalcenter.com)).

**DRAFT AGENDA**

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- VIII. COMMITTEE REPORTS**
  - Patient Safety and Quality
  - Finance Committee
- IX. PUBLIC COMMENT**
- X. OTHER BUSINESS**
  - A. Old Business
  - B. New Business
- XI. ANNOUNCEMENTS**

***NOTICE OF INTENT TO CLOSE.*** The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§2 -575(b)(2)(4A)(5),(9),(10),(11),(14).



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**General Board Meeting**

Date: February 1, 2019

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**Patient Safety  
and Quality  
Committee  
Report**

Dr. Malika Fair, Chair



Not-For-Profit Hospital Corporation  
 Patient Safety & Quality Committee Meeting Agenda  
**January 29, 2019**

**Present:**

**Absent:**

**Attachments:** Joint Commission Acceptance Letter, Nov Patient Safety Committee minutes

Agenda Item	Discussion	Action Item
Call to Order		
Approval of the Agenda		
Discussion		
Meeting Discussion	<b>DOH visits/notifications</b> <ul style="list-style-type: none"> <li>- ICU Flood</li> <li>- Behavioral Health (2 visits)</li> <li>- SNF Survey</li> <li>- ED Sentinel Event</li> </ul>	

	<ul style="list-style-type: none"> <li>- MRI Update</li> <li>- BHU Bathroom remodel</li> </ul> <p><b>Standing Reports</b></p> <ul style="list-style-type: none"> <li>- Executive Quality Dashboard (including core measures, sepsis, and SSE)</li> <li>- Deliveries in ED</li> <li>- Length of Stay</li> </ul> <p><b>Regulations &amp; Accreditation (Updates on Plans of Correction Items)</b></p> <ul style="list-style-type: none"> <li>- Medication Reconciliation</li> <li>- Fluoroscopy/ Bronchoscopy update</li> <li>- ED/Children's Transfer policy</li> <li>- Pharmacy &amp; Sterile Processing Department remodel</li> <li>- ED (Staffing, Behavioral health risk, Peds/OB Mock Drills)</li> <li>- Sanitation of physical environment (Behavioral health, lab, SPD, ED)</li> <li>- Committee Updates (Pharmacy, Infection Control, Safety/EOC, Patient Safety)</li> <li>- Mock Survey in 2019</li> </ul> <p><b>Other Topics</b></p> <ul style="list-style-type: none"> <li>- Medical Office Building – medical emergencies</li> <li>- Hospital Patient Safety Committee</li> </ul>	
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Not-For-Profit Hospital Corporation  
 Patient Safety & Quality Committee Meeting Agenda  
**December 13, 2018**

**Present:** Dr. Fair, Director Gorham, Andrea Gwyn, Dr. Hammad, Shirilita Cropper, Derrick Lockhart, Ambrose Warren, Dr. Haghighat, Marcela Maamari  
**Absent:** Girume Ashenafi

**Attachments:**, Corrective Action Summary Document, Leapfrog Results, Hospital PS Committee Charter

<b>Agenda Item</b>	<b>Discussion</b>	<b>Action Item</b>
<b>Call to Order</b>	Meeting was called to order at 4:04 PM. Quorum determined by Mike Austin.	
<b>Approval of the Agenda</b>	Agenda approved as written	
<b>Discussion</b>	Previous meeting minutes approved	
<b>Meeting Discussion</b>	<u>New DOH visits/notifications</u> <ul style="list-style-type: none"> <li>• Behavioral Health: Two incidents, pending DOH final reports</li> <li>• SNF Survey: Awaiting survey results. Anticipate DOH's return within 30 days of the survey results</li> </ul>	



	<ul style="list-style-type: none"> <li>• ED Sentinel Event: Pending Joint Commission call on 1/10/19. All plans of corrections from last August will be brought to the meeting to see what we are missing. It is important this information is available in case questions are asked and in preparation for Joint Commission.</li> <li>• Transfer Agreement: was being negotiated in the past but needs to be revisited with Children's Hospital.</li> <li>• MRI: Mold was detected. Plan of action was submitted for the remediation; DOH was notified Project started on 12/6 and was completed on 12/13.</li> </ul> <p style="text-align: center;"><b>Standing Reports</b></p> <ul style="list-style-type: none"> <li>• Executive Quality Dashboard (including core measures, sepsis, and SSE): still in progress:</li> <li>• Length of Stay – majority of cases were awaiting beds in SNF. Applications for waivers have been the main issue.</li> </ul> <p><u>Regulations &amp; Accreditation (Updates on Plans of Correction Items)</u></p> <ul style="list-style-type: none"> <li>• Medication Reconciliation: Plans to add medication reconciliation as a standard agenda item for hospital-level Patient Safety Committee (PSC)</li> <li>• Fluoroscopy/ Bronchoscopy update: X-Ray room 1 complete, 3 and 4 still underway</li> <li>• Pharmacy &amp; Sterile Processing Department remodel: Should be late December. Will move forward with IV room to address flooring concerns. Also considering pharmacy renovation.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Sanitation of physical environment (Behavioral health, lab, SPD, ED): Staffing has been adequate. Environment of care rounds ongoing.</li> <li>• Committee Updates (Pharmacy, Infection Control, Safety/EOC, Patient Safety): Ventilator days were 99 days in November and 0 infection. Urinary days with a rate of 0. MRSA 5 cases in the blood – present on admission. Hand hygiene rate improved to 87% and hand hygiene event starting in January.</li> <li>• Mock Survey in 2019: Both internal and external efforts are being worked to conduct a Mock Accreditation Survey within the first quarter of 2019.</li> <li>• Mock Drills: An ED/OB-related informal drill planned for the end of the year. Formal drill planned for the first quarter of 2019.</li> </ul> <p style="text-align: center;"><b>Other Topics</b></p> <ul style="list-style-type: none"> <li>• Medical Office Building – medical emergencies: Policy needed to solidify what’s already happening. Rapid response is nice gesture but logistically is not working.</li> <li>• Hospital Patient Safety Committee: hospital-level committee that will help us meet national standards and track trends.</li> <li>• Leapfrog: our grade is lower because patient satisfaction scores are low and that is the basis of the score if it not completed. Previous UMC grade was F. It may be better to spend time focusing on other patient safety concerns.</li> </ul>	
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**Meeting adjourned after 5:47pm**



January 10, 2019

Incident:#312654  
HCO ID:#472805

Matthew Hamilton  
CEO  
Not-for-Profit Hospital Corporation  
1310 Southern Ave. SE  
Washington, District of Columbia 20032

Dear Mr. Hamilton:

Thank you for collaborating with The Joint Commission to reduce the risk of adverse events. We reviewed your root cause analysis and action plan and have found them acceptable.

The next step in the sentinel event process is to ascertain whether Not-for-Profit Hospital Corporation 's planned improvements have been effectively implemented as demonstrated by the measure of success of the measurement period. In order to do this, your organization is required to submit a Sentinel Event Measure(s) of Success (SE-MOS) report, which is due on 5-10-2019.

To access the SE-MOS tool, please log on to your extranet site and locate the Continuous Compliance Tools section. Select the Sentinel Event Activities link to access the instructions for submission.

If you have any questions, contact your Patient Safety Specialist, John Delacruz, at (630) 792-5237. Please have the incident number listed at the top of this letter when you call.

Sincerely,

Lisa Buczkowski, RN, MS  
Associate Director, Sentinel Event Unit  
Office of Quality and Patient Safety  
Division of Healthcare Improvement

cc: Jasmin Hammad



## Patient Safety Working Group Meeting Minutes

November 26, 2018

Location: Conference Rooms Two and Three

Members Present:	
Manager, Diabetes Center: Ms. Cherrel Christian PI Coordinator: Dr. Missi Sylvain IC Liaison: Ms. Shirlitta Warren-Cropper PI Coordinator: Ms. Leslie Rodney PI Coordinator: Ms. Tracy Follin Nursing Director, ED: Ms. Teka Henderson Director, Pharmacy: Dr. Maxine Lawson Director, CCU/Dialysis: Dr. Isabel Shephard VP, Quality & PI: Dr. Jasmin Hammad	VP, Office of Patient Relations: Mr. Anthony Akinlolu Laboratory Manager: Ms. Alfea Leyva Director of Nursing: Dr. Fay Goode-Vaddy Director of Security & Safety Srvc: Mr. Derrick Lockhart ED Supervisor, Patient Access Services: Ms. Sonya King Director, Risk Management: Ms. Cecelia Davis Director, Med/Surg and Tele: Ms. Doris Onyima Admin Director, Radiology: Mr. Jean "Vlad" Mabout

Agenda Item	Discussion	Action Item	Status
<b>Purpose</b>	The purpose of the Patient Safety Working Group meeting forum was explained and definitions provided. The intent is to evolve this forum into a Patient Safety Committee.	➤ Develop Charter for Patient Safety Committee	<b>COMPLETE</b>
	<i><b>Purpose:</b> A culture of patient safety is demonstrated through an organization's commitment to provide safe, high quality care with collaborative teamwork, communication, and effective processes. This commitment must be shared by leadership and staff members at all levels. Organizations with a culture of patient safety acknowledge that medical errors can and will occur and strive to identify and reduce risk before it results in harm. This committee will serve to promote a culture of safety in which errors are identified and reported freely without retribution.</i>	➤ Present Charter for review/ approval by the Patient Safety & Quality Committee	<b>COMPLETE</b> Presented and approved on Dec 13, 2018
	<i><b>Goal:</b> The goal of this committee is to reduce variability and vulnerability for error in processes. Safety is rooted in the daily operations of the healthcare organization where proactive risk identification, assessment and control are the foundation for safe and effective healthcare.</i>	➤ Patient Safety Program Policy	<b>IN PROGRESS</b>



	<p><b>Patient Safety Definitions:</b></p> <ul style="list-style-type: none"> <li>• <u>Institute of Medicine (IOM):</u> <i>The prevention of harm to patients</i></li> <li>• <u>Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network:</u> <i>Freedom from accidental or preventable injuries produced by medical care.</i></li> </ul> <p>Ms. Christian noted that there was no Physician representation and encouraged the committee to ensure Physicians are represented at this forum in future meetings.</p>	<p>➤ Inquire if the CMO would like to be the Chair of this Committee</p>	<p><b>COMPLETE</b> CMO agreed to be a Co-Chair with another physician</p>																
<p><b>Reporting Structure</b></p>	<p>Once approved, the Patient Safety Committee will report to the following committees:</p> <ul style="list-style-type: none"> <li>• Performance Improvement Committee (PIC)</li> <li>• Medical Executive Committee (MEC)</li> <li>• Patient Safety and Quality Committee (PSQ)</li> </ul>																		
<p><b>Meeting Schedule</b></p>	<p>The committee will aim to meet 10 times within a calendar year and will typically be scheduled for the fourth Monday.</p>																		
<p><b>Standing Agenda Items</b></p>	<p><b>National Patient Safety Goals:</b> A listing of the 2019 Hospital National Patient Safety Goals was discussed to determine appropriate points of contact for data collection to determine compliance with NPSGs.</p> <table border="1" data-bbox="423 1171 990 1738"> <thead> <tr> <th>National Patient Safety Goal</th> <th>POC</th> </tr> </thead> <tbody> <tr> <td>Identify patients correctly</td> <td>Patient Access Svc</td> </tr> <tr> <td>Improve Staff Communication</td> <td>Laboratory/Radiology</td> </tr> <tr> <td>Use medicines safety (Medication Reconciliation)</td> <td>Pharmacy/IT</td> </tr> <tr> <td>Use alarms Safely</td> <td>Biomed</td> </tr> <tr> <td>Prevent Infection</td> <td>IPC</td> </tr> <tr> <td>Identify patient safety risks</td> <td>ED/BHU/RM</td> </tr> <tr> <td>Prevent mistakes in surgery (Universal Protocol)</td> <td>OR</td> </tr> </tbody> </table>	National Patient Safety Goal	POC	Identify patients correctly	Patient Access Svc	Improve Staff Communication	Laboratory/Radiology	Use medicines safety (Medication Reconciliation)	Pharmacy/IT	Use alarms Safely	Biomed	Prevent Infection	IPC	Identify patient safety risks	ED/BHU/RM	Prevent mistakes in surgery (Universal Protocol)	OR	<p>➤ Identify NPSG POCs</p> <p>➤ Send follow up emails to identified POCs specifying type of date and reporting cycle</p>	<p><b>COMPLETE</b></p> <p><b>IN PROGRESS</b></p>
National Patient Safety Goal	POC																		
Identify patients correctly	Patient Access Svc																		
Improve Staff Communication	Laboratory/Radiology																		
Use medicines safety (Medication Reconciliation)	Pharmacy/IT																		
Use alarms Safely	Biomed																		
Prevent Infection	IPC																		
Identify patient safety risks	ED/BHU/RM																		
Prevent mistakes in surgery (Universal Protocol)	OR																		



	<p><b><u>Adverse Events, Near Miss, and Unsafe Condition</u></b> Discussed that Adverse Events, Near Misses, and Unsafe Conditions will be reported at this forum.</p> <p><b><u>Intracycle Monitoring (ICM) Process/Plans of Correction – related to JC Patient Safety standards</u></b> Items identified through the intracycle monitoring process and other plans of corrections related to Patient Safety will be reported in this forum as well as the Performance Improvement Committee (PIC)</p> <p><b><u>Proactive Risk Assessment</u></b> Joint Commission standard LD.03.09.01 EP7, which requires hospitals to select one high-risk process and conduct a proactive risk assessment at least every 18 months. The committee will assist in the selection of the high-risk process and status updates will be provided during committee meetings.</p> <p><b><u>Notifications/Recalls</u></b> Notifications and recalls that pertain to equipment, supplies, medication, etc. will be reported at this committee. POCs include Pharmacy, Biomed, and Supply.</p>	<p>➤ Info will be available at next meeting</p> <p>➤ Info will be available at next meeting</p> <p>➤ Info will be available at next meeting</p> <p>➤ Info will be available at next meeting</p>	<p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p> <p><b>IN PROGRESS</b></p>
<p><b>Leapfrog Hospital Safety Grade</b></p>	<p>The Leapfrog Hospital Safety uses national performance measures from the Centers for Medicare &amp; Medicaid Services (CMS), the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), and the American Hospital Association’s Annual Survey and Health Information Technology Supplement to assign grades to over 2,600 general acute-care hospitals across the nation twice annually.</p> <p>UMC received a grade of “D”. There were three areas out of the five National Quality Forum (NQF) Safety Practice measures that were identified as areas for improvement due to their significantly low scores:</p>		



	<ul style="list-style-type: none"><li>• Culture of Safety Leadership Structures &amp; Systems</li><li>• Culture Measurement, Feedback, and Intervention</li><li>• Risks and Hazards</li></ul> <p>Initial recommendations include:</p> <ul style="list-style-type: none"><li>• UMC participation in nationally recognized culture of safety survey</li><li>• Re-establish the Performance Improvement Committee</li><li>• Hire/appoint a dedicated Patient Safety Officer/Manager</li><li>• Consider conducting customer service or professionalism training for staff</li><li>• Ensure communication from leadership reaches the frontline staff</li><li>• Restructure Environment of Care rounds to include a rotating schedule which a member from leadership</li></ul>		
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**Next Meeting: Thursday, Dec 27<sup>th</sup> (1:00pm – 2:00pm)**

# 2019 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

## Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

## Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

## Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

## Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).



UMC Leaning Hospital Safety Grade Breakdown

Measure Domain	Measure	UMC's Measure Score	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	2016 Leaning Hospital Survey	2016	2017 AHA Annual Survey IT Supplemental	2016
	Bar Code Medication Administration (BCMA)	50	2016 Leaning Hospital Survey	2016	2017 AHA Annual Survey IT Supplemental	2016
	ICU Physician Staffing (PFS)	100	2016 Leaning Hospital Survey	2016	2018 AHA Annual Survey <sup>1</sup>	2016
	Safe Practice 1: Leadership Structures and Systems	92.31	2016 Leaning Hospital Survey	2016	N/A	N/A
	Safe Practice 2: Culture Measurement, Feedback & Intervention	0	2016 Leaning Hospital Survey	2016	N/A	N/A
	Safe Practice 4: Identification and Mitigation of Risks and Hazards	72.73	2016 Leaning Hospital Survey	2016	N/A	N/A
	Safe Practice 5: Nursing Workforce	94.12	2016 Leaning Hospital Survey	2016	N/A	N/A
	Safe Practice 10: Hand Hygiene	42	2016 Leaning Hospital Survey	2016	N/A	N/A
	H-ODMP-1: Nurse Communication	83	CMS Hospital Compare	10/01/2016 - 09/30/2017	N/A	N/A
	H-ODMP-2: Doctor Communication	88	CMS Hospital Compare	10/01/2016 - 09/30/2017	N/A	N/A
	H-ODMP-3: Staff Responsiveness	63	CMS Hospital Compare	10/01/2016 - 09/30/2017	N/A	N/A
	H-ODMP-5: Communication about Medicines	70	CMS Hospital Compare	10/01/2016 - 09/30/2017	N/A	N/A
	H-ODMP-6: Discharge Information	70	CMS Hospital Compare	10/01/2016 - 09/30/2017	N/A	N/A
	Foreign Object Retained	0	Delta.cms.gov	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	Air Embolism	0	Delta.cms.gov	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
Falls and Trauma	0	Delta.cms.gov	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017	
Outcome Measures	CLABSI	0	2016 Leaning Hospital Survey	01/01/2017 - 12/31/2017	CMS Hospital Compare	10/01/2016 - 09/30/2017
	CAUTI	0	2016 Leaning Hospital Survey	01/01/2017 - 12/31/2017	CMS Hospital Compare	10/01/2016 - 09/30/2017
	SSI: Colon	N/A	2016 Leaning Hospital Survey	01/01/2017 - 12/31/2017	CMS Hospital Compare	10/01/2016 - 09/30/2017
	MRSA	3.383	2016 Leaning Hospital Survey	01/01/2017 - 12/31/2017	CMS Hospital Compare	10/01/2016 - 09/30/2017
	C. Diff.	0.376	2016 Leaning Hospital Survey	01/01/2017 - 12/31/2017	CMS Hospital Compare	10/01/2016 - 09/30/2017
	PSI 3: Pressure Ulcer Rate	0.44	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions	N/A	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 6: Ventilator Pneumonia Rate	0.25	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 11: Postoperative Respiratory Failure Rate	N/A	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 12: Postoperative PE/DVT Rate	3.01	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 14: Postoperative Wound Dehiscence Rate	1.31	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017
	PSI 15: Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.70	CMS Hospital Compare	10/01/2015 - 09/30/2017	MHC <sup>a</sup>	10/01/2015 - 09/30/2017

<sup>1</sup> 2017 AHA Annual Survey IT Supplemental © 2018 Health Forum, LLC

<sup>2</sup> 2018 AHA Annual Survey © 2018 Health Forum, LLC

<sup>3</sup> The Maryland Health Services Cost Review Commission (HSCRC) Hospital Inpatient Discharge Data set for Medicare Fee-for-Service patients was used to generate HMC and PSI rates for Maryland hospitals only.

Safety Grade Hospital Comparison

Measure Domain	Measure	UMC's Measure Score		Worst Performing Hospital		Avg Performing Hospital		Best Performing Hospital		Howard University Hospital		George Washington University Hospital		MedStar Georgetown		MedStar Washington		Providence		MedStar Southern MD		
		Grade: D	Score	Hospital	Hospital	Hospital	Hospital	Grade: D	Score	Hospital	Grade: C	Score	Grade: D	Score	Grade: D	Score	Grade: D	Score	Grade: D	Score	Grade: D	Score
Process/Structural Measures	Completed Physician Order Entry (COPE)	100	5	68.8	100	100	70	50	100	100	45	45	45	45	45	45	45	45	45	45	45	
	Outpatient Medication Administration (OMA)	50	5	68.25	100	100	100	100	100	100	45	45	45	45	45	45	45	45	45	45	45	
	Outpatient Staffing (PS)	100	5	43.17	100	100	100	100	100	100	45	45	45	45	45	45	45	45	45	45	45	
	Safe Practice 1: Laundry Structures and Systems	0	0	117.14	120	120	116.77	100	100	100	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	
	Safe Practice 2: Culture Measurement, Feedback & Intervention	0	0	114.54	100	100	101.54	100	100	100	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	
	49533415	17.73	0	68.83	100	100	61.82	100	100	100	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	
	Safe Practice 6: Hand Hygiene	64.12	8	87.88	100	100	94.2	100	100	100	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	
	Safe Practice 18: Hand Hygiene	42	8	57.58	90	90	54	90	90	90	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	Declined to Report	
	H-COAP-1: Nurse Communication	83	78	90.95	98	98	84	98	98	98	91	88	88	88	88	88	88	88	88	88	88	88
	H-COAP-2: Doctor Communication	98	82	84.16	80	80	68	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
	H-COAP-3: Staff Responsiveness	83	83	84.2	84	84	75	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84
	H-COAP-4: Doctor Communication	70	61	72.98	89	89	74	89	89	89	78	78	78	78	78	78	78	78	78	78	78	78
	H-COAP-5: Communication about Medication	70	60	88.88	90	90	80	90	90	90	88	88	88	88	88	88	88	88	88	88	88	88
	H-COAP-6: Discharge Information	70	60	88.88	90	90	80	90	90	90	88	88	88	88	88	88	88	88	88	88	88	88
	Factual Output Related	0	0.382	0.021	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4x Catheter	0	0.045	0.001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Safe and Timely	0	1.747	0.424	0	0	0.290	0.237	0.237	0.237	0.308	0.308	0.308	0.308	0.308	0.308	0.308	0.308	0.308	0.308	0.308	0.308	
CLABSI	0	2.035	0.789	0	0	2.935	0.814	1.808	1.808	0.814	1.807	1.807	1.807	1.807	1.807	1.807	1.807	1.807	1.807	1.807	1.807	
CAUTI	0	2.183	0.874	0	0	0.271	1.724	1.724	1.724	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	0.814	
SBE: Colon	N/A	3.272	0.889	0	0	1.883	0.481	0.481	0.481	0.288	0.288	0.288	0.288	0.288	0.288	0.288	0.288	0.288	0.288	0.288	0.288	
MRSA	3.383	3.383	0.881	0	0	1.883	1.118	1.118	1.118	0.912	0.912	0.912	0.912	0.912	0.912	0.912	0.912	0.912	0.912	0.912	0.912	
Q. DNR	0.279	1.089	0.789	0	0	1.889	1.482	1.482	1.482	0.874	0.874	0.874	0.874	0.874	0.874	0.874	0.874	0.874	0.874	0.874	0.874	
PSI 3: Pressure Ulcer Rate	N/A	1.51	0.28	0.02	0.02	0.10	0.54	0.54	0.54	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	
PSI 4: Death Rate among Staged Inpatients with Serious Treatable Condition	N/A	204.76	181.85	98.82	98.82	N/A	147.89	157.45	157.45	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	
PSI 6: In-hospital Pneumonia Rate	0.26	0.47	0.28	0.11	0.11	0.29	0.27	0.27	0.27	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	
PSI 11: Postoperative Respiratory Failure Rate	N/A	17.81	8.23	1.71	1.71	8.23	11.31	11.31	11.31	8.59	8.59	8.59	8.59	8.59	8.59	8.59	8.59	8.59	8.59	8.59	8.59	
PSI 12: Postoperative FEED/T Rate	N/A	7.32	3.84	1.2	1.2	3.28	3.85	3.85	3.85	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	
PSI 14: Postoperative Wound Dehiscence Rate	1.31	1.9	0.85	0.3	0.3	0.91	1.29	1.29	1.29	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	
PSI 15: Unintentional Abrasion/Inpatient Acquired Pressure Ulceration Rate	1.70	2.15	1.29	0.57	0.57	1.87	1.29	1.29	1.29	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	1.85	

I: 2017 AHA Annual Survey/IT Supplement © 2016 Health Forum, LLC  
 II: 2018 AHA Annual Survey © 2016 Health Forum, LLC  
 III: The Maryland Health Services Cost Review Commission (HSCRC) Hospital Inpatient Discharge Data set for Modern For-Profit patients was used to generate HMC and PSI rates for Maryland hospitals only.

Leapfrog Hospital Safety Grades (2015 - 2018)

Hospital	Fall 2018	Spring 2018	Fall 2017	Spring 2017	Fall 2016	Spring 2016	Fall 2015	Spring 2015
Hospital UMC	D	Not Scored	F	C	F	C	C	C
Howard	D	F	F	D	D	D	F	D
George Washington	C	C	D	C	D	Not Scored	C	C
MedStar Georgetown	C	C	C	B	C	C	C	C
MedStar Washington	D	D	D	D	D	D	C	C
Providence	D	F	D	D	D	F	D	F
MedStar Southern MD	D	D	D	Not Scored	Not Scored	Not Scored	Not Scored	Not Scored

**MEETING SIGN-IN SHEET**

**Meeting Name:** Patient Safety Working Group  
**Facilitator:** Jasmin Hammad

**Meeting Date:** Mon, November 26, 2018  
**Place/Room:** Conference Rms 2 & 3

Prefix	Name	Title	Dept	Signature
	Cherrel Christy	an Manager, Diab. Ctr	DEI	
	Missi SYLVIA	PI Coordinator	Quality	
	Shirley Warren	PI coordinator	IC	
	Leslie Rodney	PI coordinator	QM	
	Tracy Follin	PI Coordinator	QM	
	Anthony A. J. Pa	VP. Patient Rel.	PR	
	Alfreda Jayva	Lab. Manager	Lab	
	Fay George	Sr. Dev	NSQ ADM	
	Derrick Lockhart	Director of Security	Security	
	Sonyia King	PT Access	MARKS	
	Tasha Henderson	Nursy Director	ER	
	Cecelia Davis	Res Dir	CC	
	Maxine Lawson	Director of Pharmacy	Pharm	
	Doris Dwyne	Don MS/Tele	Telest	
	Isabel Shykel	Director CCU/med		
	Vina HAZRAF	RAD DIRECTOR	Radiology	



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## General Board Meeting

Date: February 1, 2019

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# Finance Committee Report

Wayne Turnage, Chair

Not For Profit Hospital Corporation  
United Medical Center

Board of Directors Meeting  
Preliminary Financial Report Summary  
For the month ending November 30, 2018



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  - 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

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 Not-For-Profit Hospital Corporation  
 FY 2019 Actual Gap Measures  
 As of November 2018

	FY 2019 Original Gap Measures Gain/(Loss)	Adjusted	Realized/ Recognized	Unrealized/ Unrecognized	Percentage Completed/ Updated
--	--	----------	-------------------------	-----------------------------	-------------------------------------

FY19 YTD Annualized Net Income (Loss) from Operations:

**(\$15,936,000)**

Add: Initiatives to be Realized

Revenue Cycle:

A. Documentation Enhancements/AR Review	\$5,000,000		\$0	\$5,000,000	0.0%
B. Charge Capturing (Infusion/Therapy)	\$1,000,000		\$0	\$1,000,000	0.0%
C. Hospital Based Clinics Charges	\$1,000,000		\$0	\$1,000,000	0.0%
GWUMFA Professional Fees Collection	\$7,200,000		\$950,573	\$6,249,427	13.2%
GWUMFA Subsidy	\$7,500,000		\$3,375,849	\$4,124,151	45.0%
Psych Volume Growth	\$1,500,000		\$0	\$1,500,000	0.0%
Supply Chain Management	\$3,300,000		\$0	\$3,300,000	0.0%
SNF/Wound Care / Clinic (Expense Reduction)	\$1,000,000		\$0	\$1,000,000	0.0%
Managed Care Contract	\$1,500,000		\$0	\$1,500,000	0.0%
Overtime Costs	\$2,000,000		\$0	\$2,000,000	0.0%
Outside Agency Costs	\$2,000,000		\$0	\$2,000,000	0.0%
Length Of Stay Reduction	\$500,000		\$0	\$500,000	0.0%
Organizational Staffing	\$5,325,000	\$2,700,000	\$0	\$2,625,000	0.0%
Total	<b>\$38,825,000</b>		<b>\$4,326,422</b>	<b>\$31,798,578</b>	<b>11.1%</b>
2018 Balance Brought Forward				<b>(15,203,288)</b>	
Adjusted Net Income (Loss) from Operations:				<b>\$659,290</b>	





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## Report Summary

### Revenue

- ❖ 19% (\$2.4M) lower than budget for the month of November 14% (\$3.4M) year to date
- ❖ Contributing Factors:
  - ❖ Net Patient Revenue is 21% (\$2.0M) and 13% (\$2.3M) lower than budget and prior year for the month respectively due to the following:

- ❖ Unrealized initiatives in the area of Psych volume growth, managed care contracting and revenue cycle due to lower activities
- ❖ OP surgeries are lower than budget and prior year for the month by 15% and 9% respectively.
- ❖ Radiology visits are lower than budget and prior year for the month by 6% and 11% respectively.
- ❖ ER visits are lower than budget and prior year for the month by 12% and 6% respectively.
- ❖ Clinics visits are lower than budget and prior year for the month by 24% and 8% respectively.

### Expenses

- ❖ 7% (\$755K) higher than budget and higher than prior year activity by 14% (\$1.5M).
- ❖ Contributing Factors:
  - ❖ Even though Salaries and Wages are on target for current month, management and supervision salary as well as overtime continue to increase. It is also higher by 11% when compared to prior year.
  - ❖ Contract Labor continues to increase and is above budget by 66% but below prior year by 23% primarily due to a prior year reclassification of expense.
  - ❖ Supplies are above budget by 16% but below prior year by 12%. Prior year decrease is due to lower activity compared to current year.
  - ❖ Purchased Services are above budget by 8% but below prior year by 10%. Prior year decrease due to conversion of outsourced services.
  - ❖ Professional Fees are above budget and prior year by 17% and 236% respectively due to the full implementation of the GW MFA contract



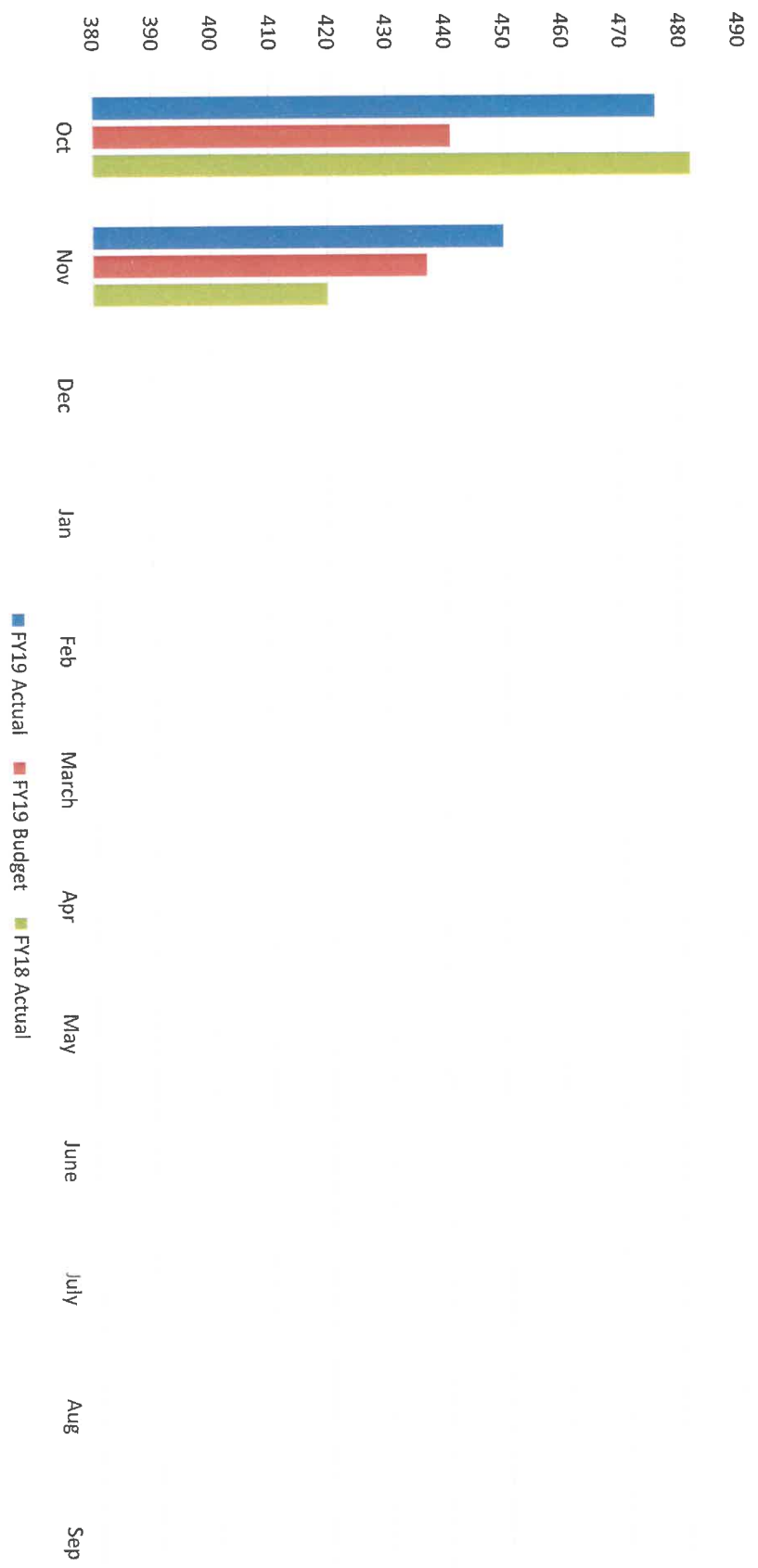
# Key Indicators

Year to Date 11/30/2018

Key Performance Indicators	Calculation	MTD	MTD	MTD	MTD	Actual Trend	Desired Trend
		Prior	Actual	Budget	FY18		
<b>VOLUME INDICATORS:</b>							
Admissions (Consolidated)	Actual Admissions	476	450	437	420	▼?	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	192	193	192	165	-	▲
Emergency Room Visits	Actual Visits	4,600	4,305	4,890	4,576	▼?	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>							
Number of FTES	Total Hours Paid/Total Hours YTD	883	862	848	842	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.172	1.330	1.2998	1.40	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	56.0%	61.0%	53.0%	55.9%	▲	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>							
Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily Net Patient Revenues	75	83	70	95	▲	▼
Discharged Not Final Billed AR Collection Days	DNFB AR/Revenue Days	6	9	4	8	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	94.0%	97.8%	92.0%	85.6%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	19	43	45	17	▲	▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Revenue	-3.0%	-12.4%	6.6%	-13.3%	▼?	▲



# Total Admissions (Consolidated)



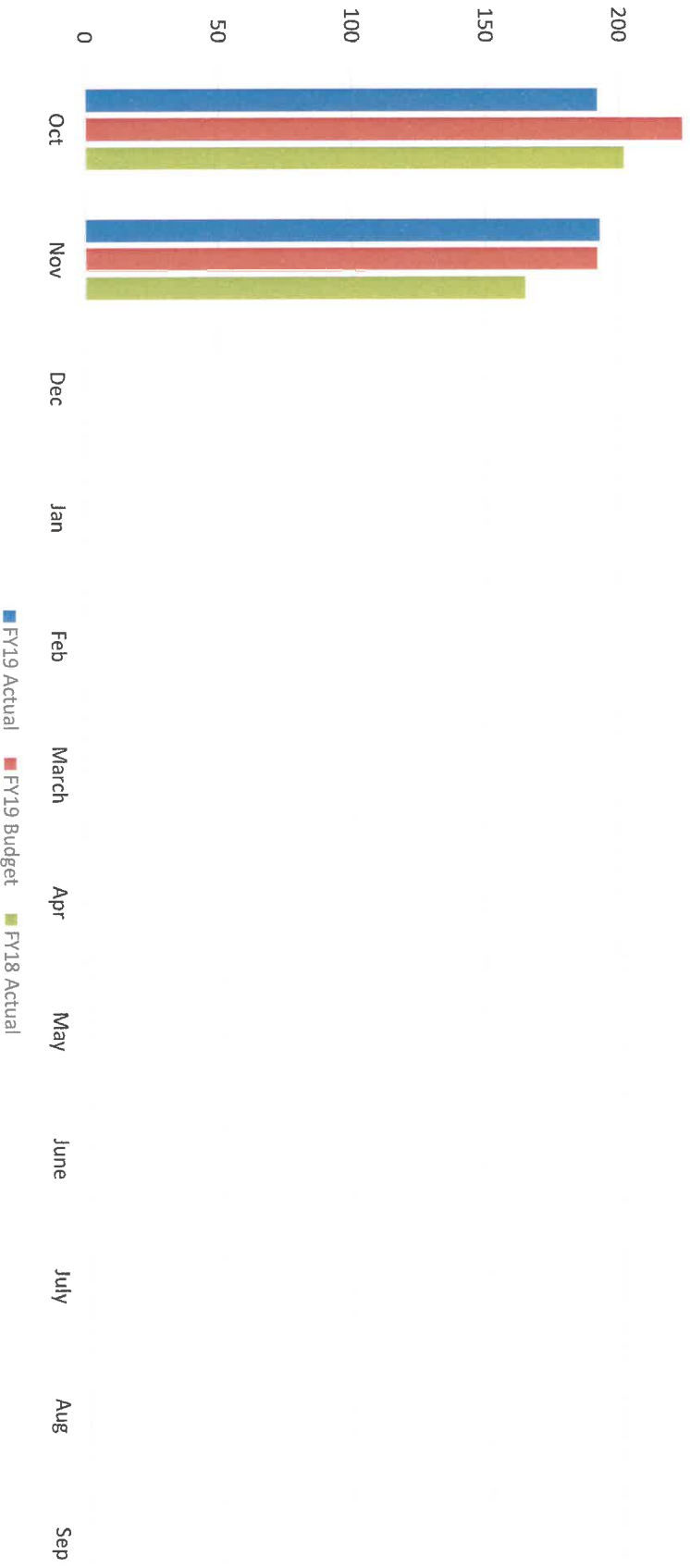
	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	476	450										
FY19 Budget	441	437										
FY18 Actual	482	420										



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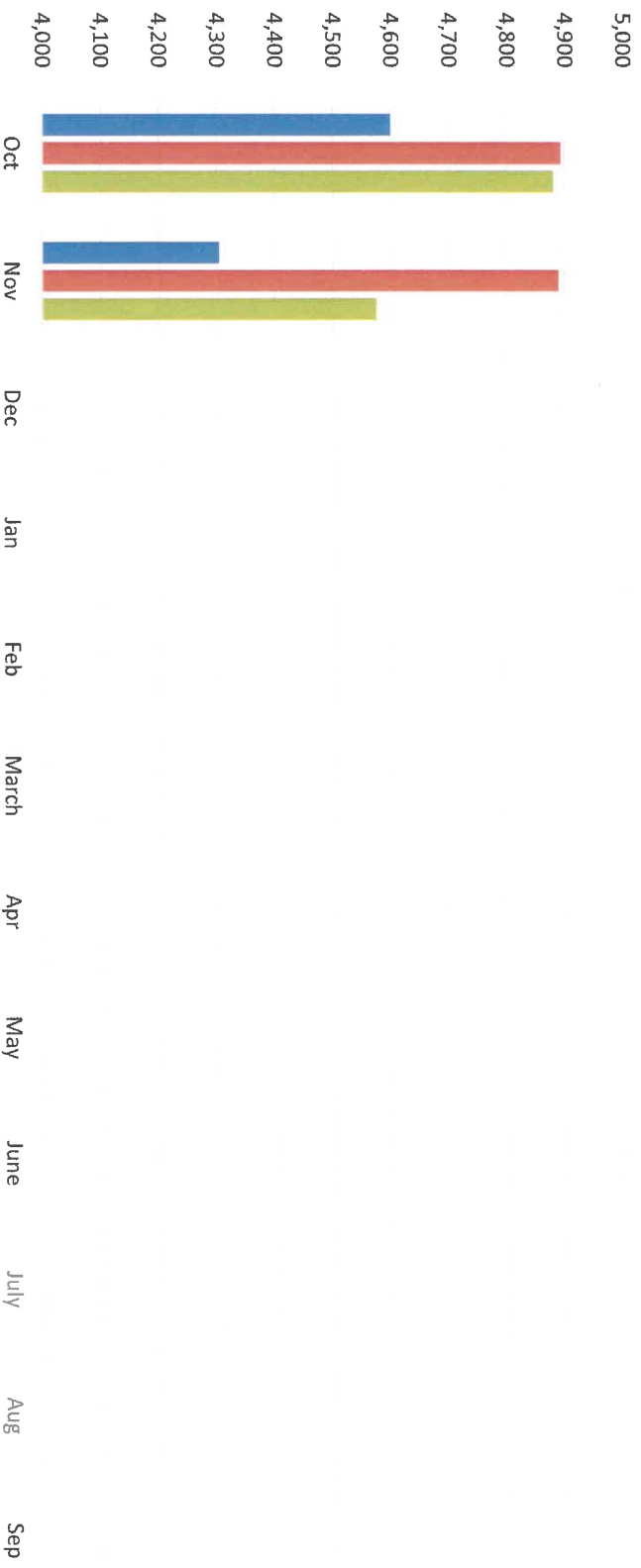
# Inpatient/Outpatient Surgeries

250



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	192	193										
FY19 Budget	224	192										
FY18 Actual	202	165										

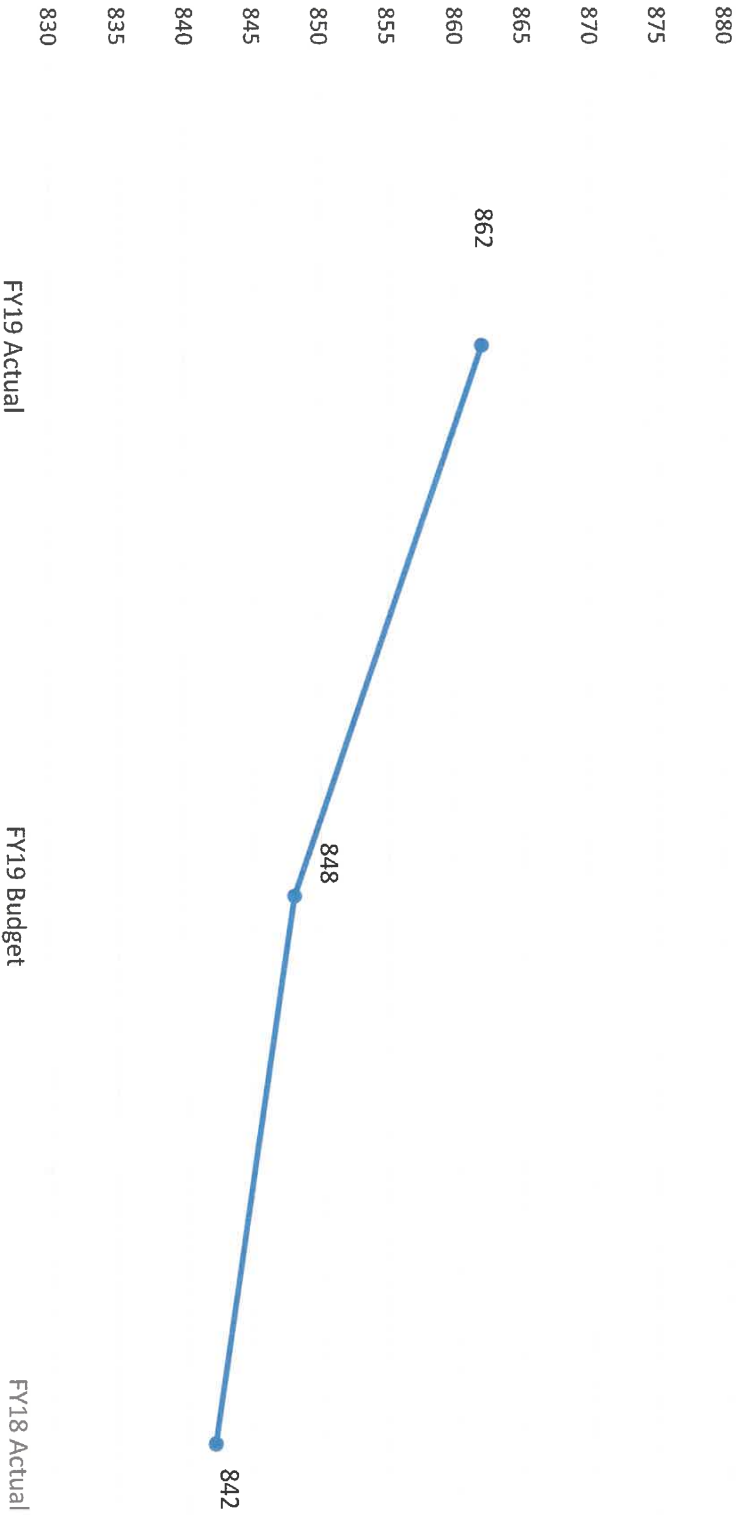
# Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	4,600	4,305										
FY19 Budget	4,894	4,890										
FY18 Actual	4,881	4,576										



# Number of FTEs



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	883	862										
FY19 Budget	843	848										
FY18 Actual	836	842										



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1.4500

1.4000

1.3500

1.3000

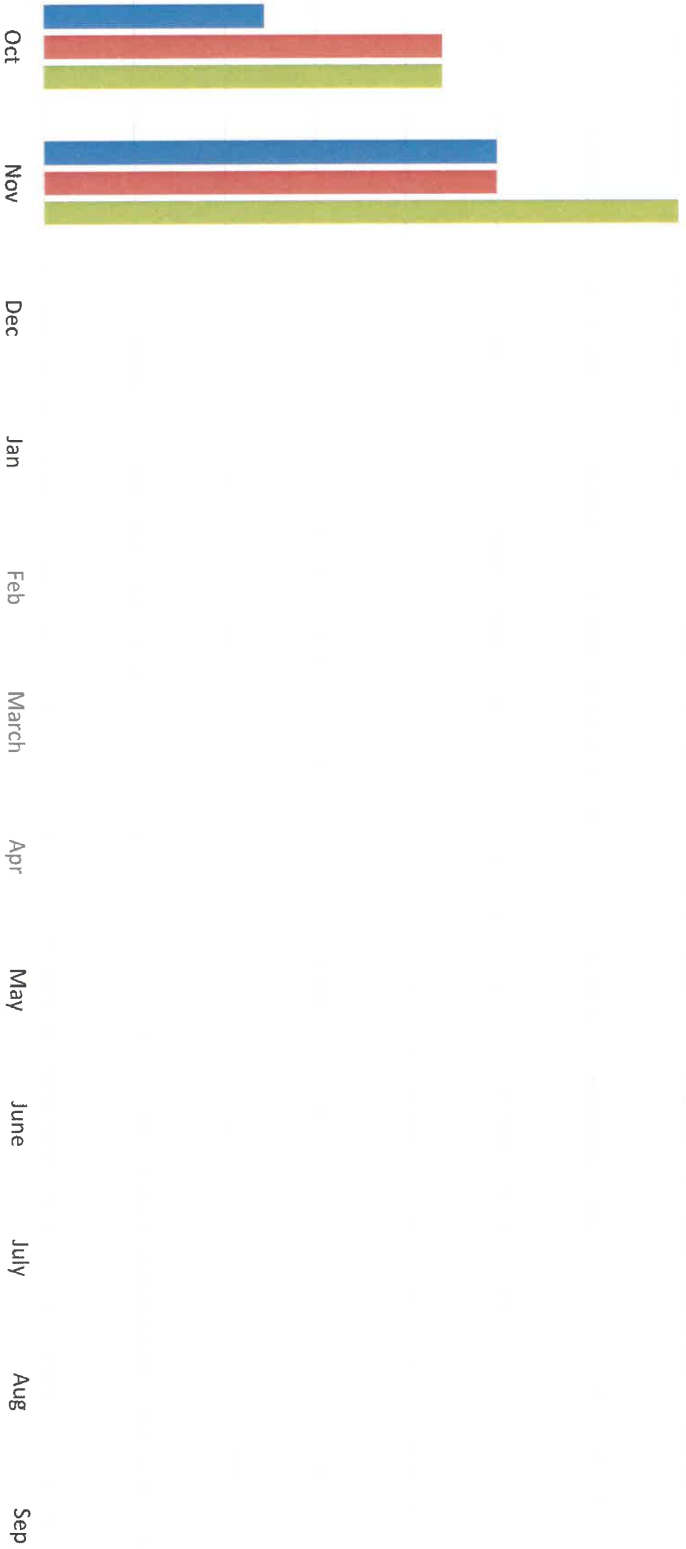
1.2500

1.2000

1.1500

1.1000

1.0500

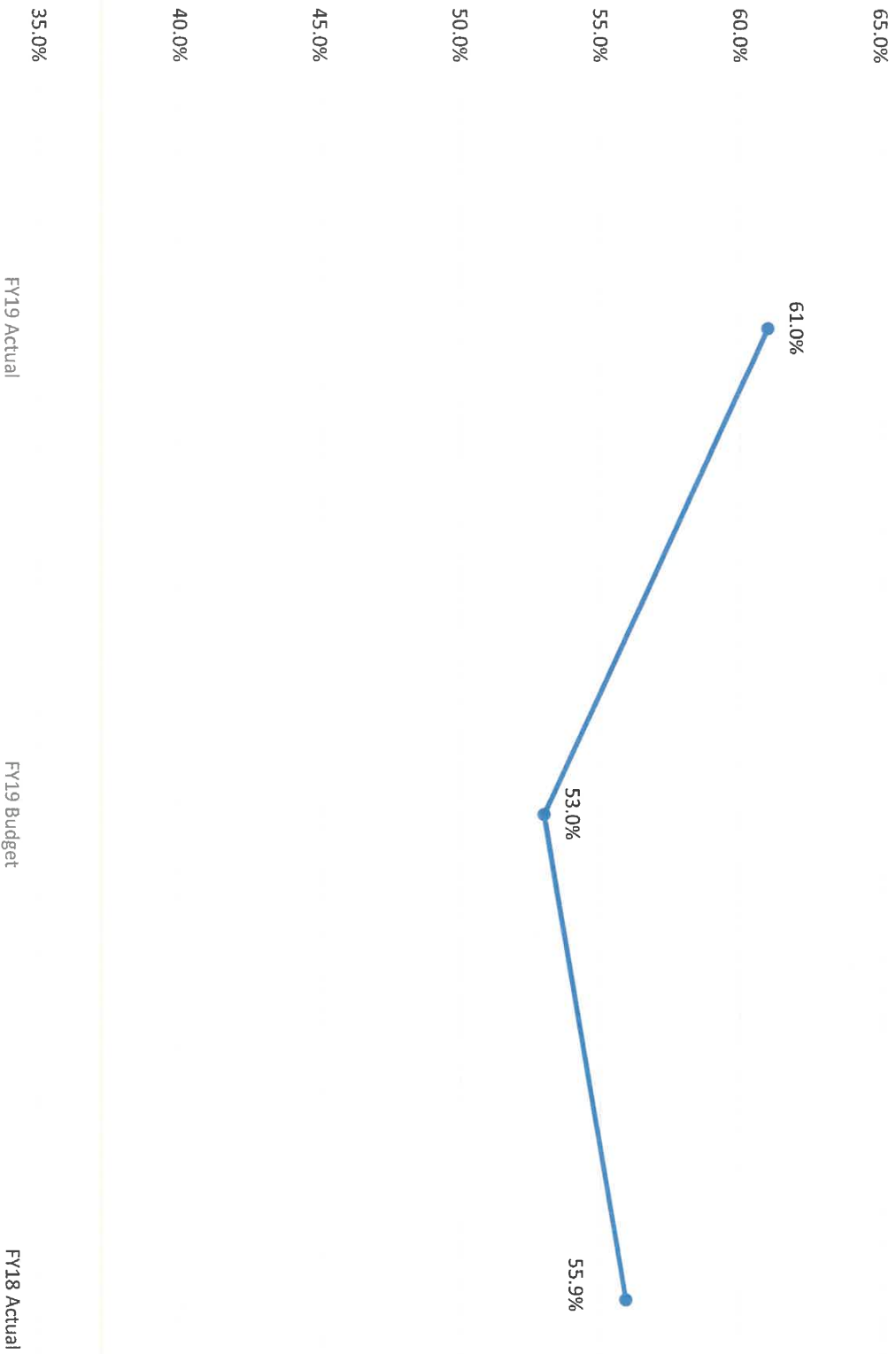


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	1.1720	1.3000										
FY19 Budget	1.2700	1.2998										
FY18 Actual	1.2700	1.4000										



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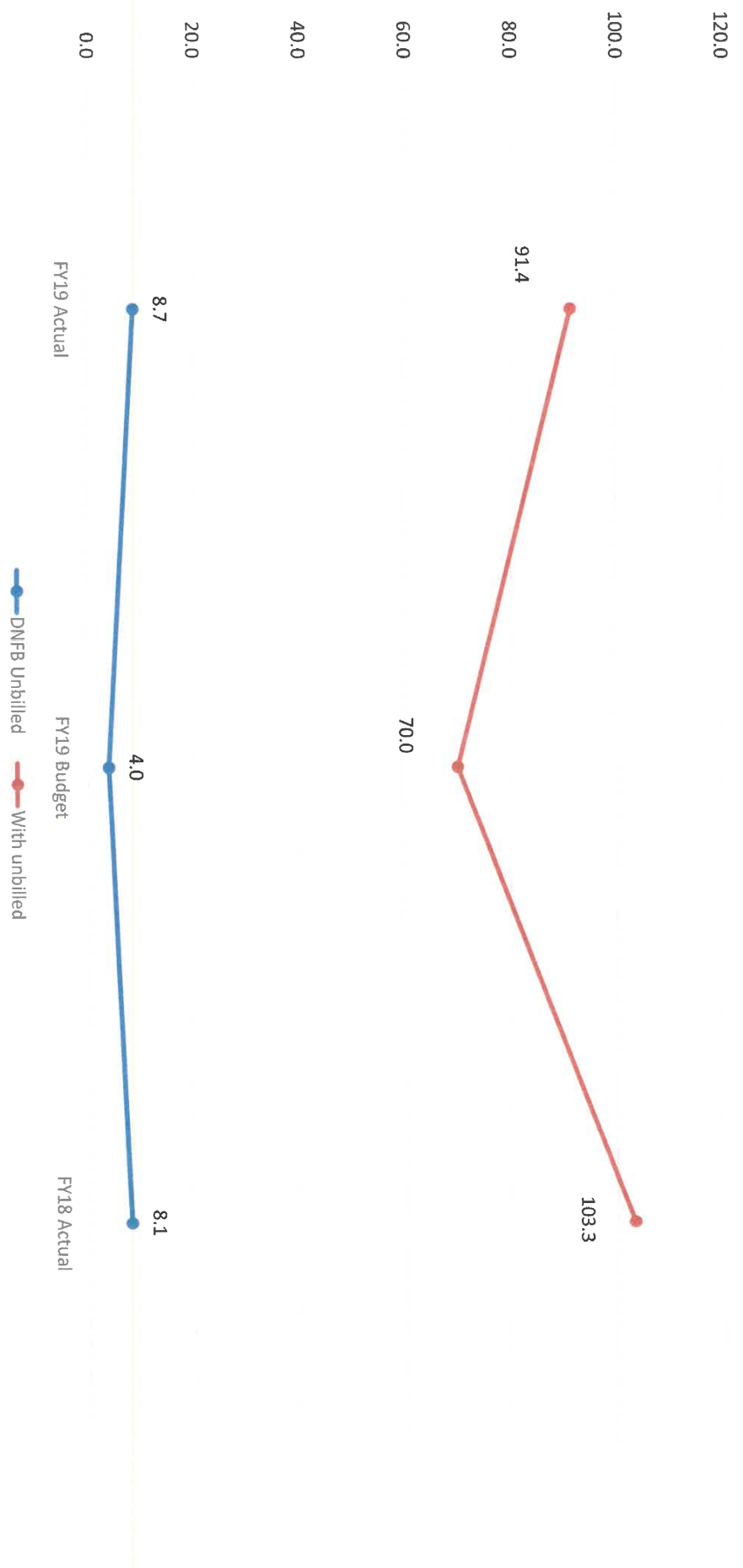
# Salaries/Wages & Benefits as a % of Total Operating Expenses







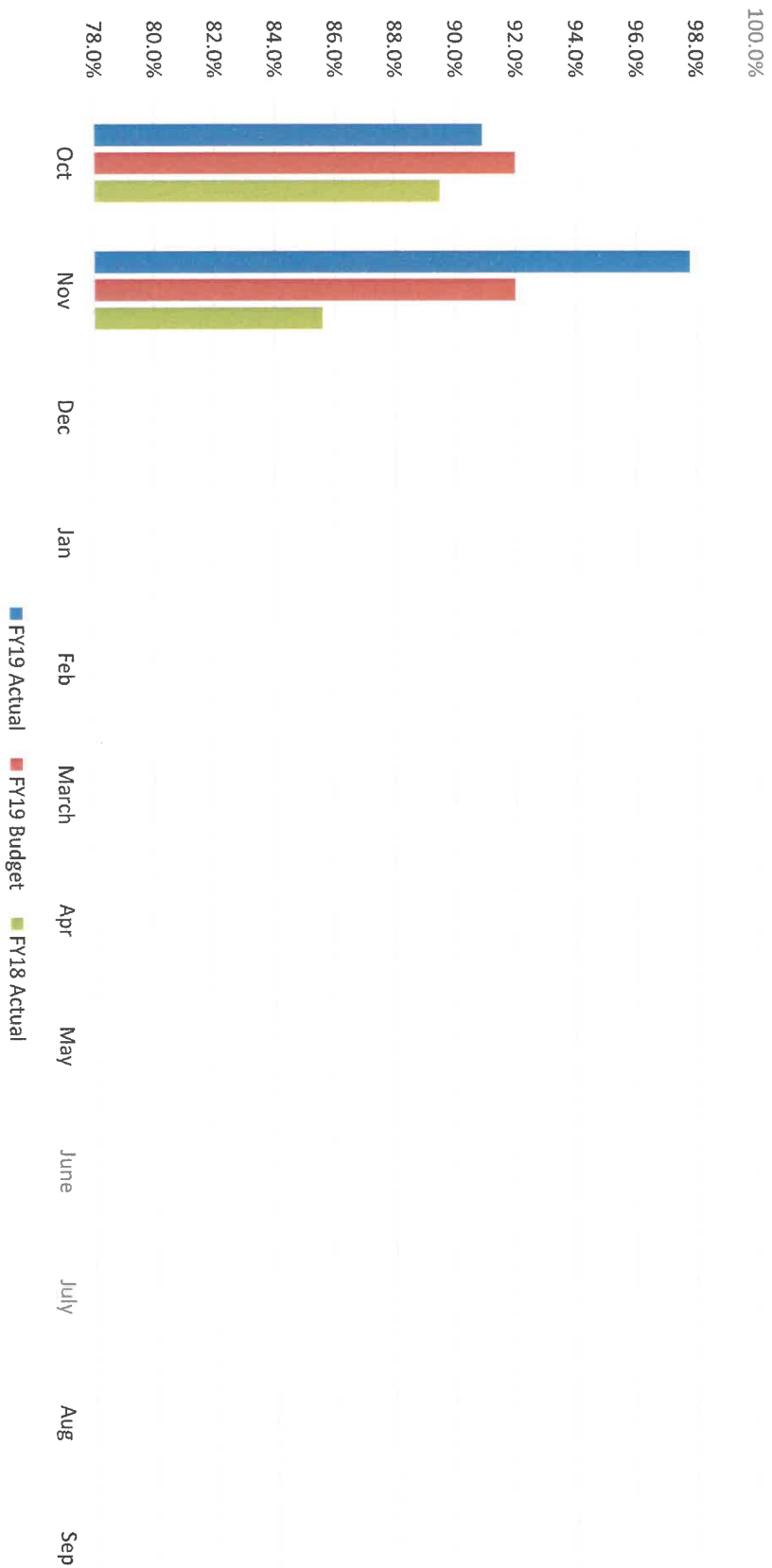
# Net Accounts Receivable (AR) Days With Unbilled & Unbilled Days





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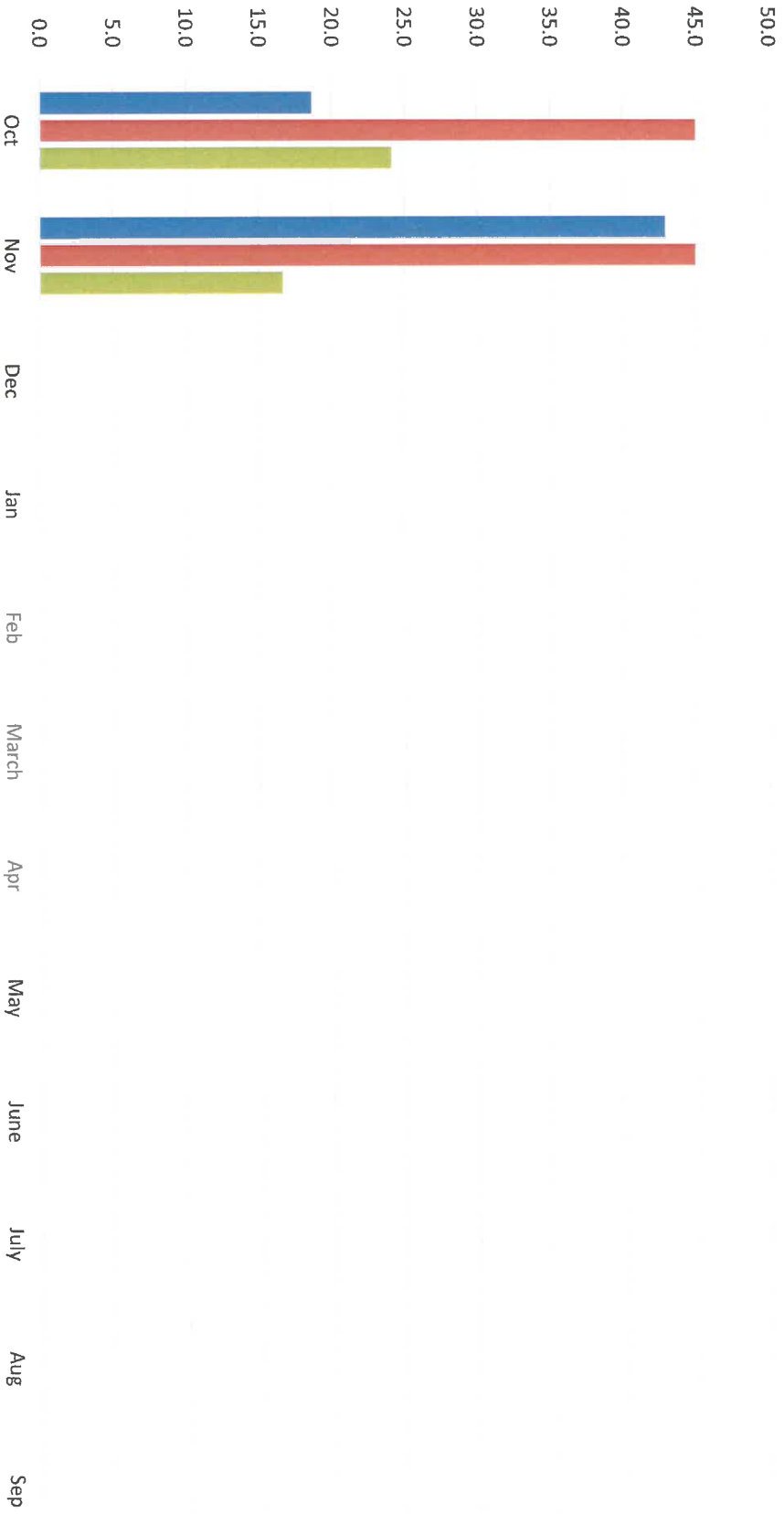
# Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	90.9%	97.8%										
FY19 Budget	92.0%	92.0%										
FY18 Actual	89.5%	85.6%										



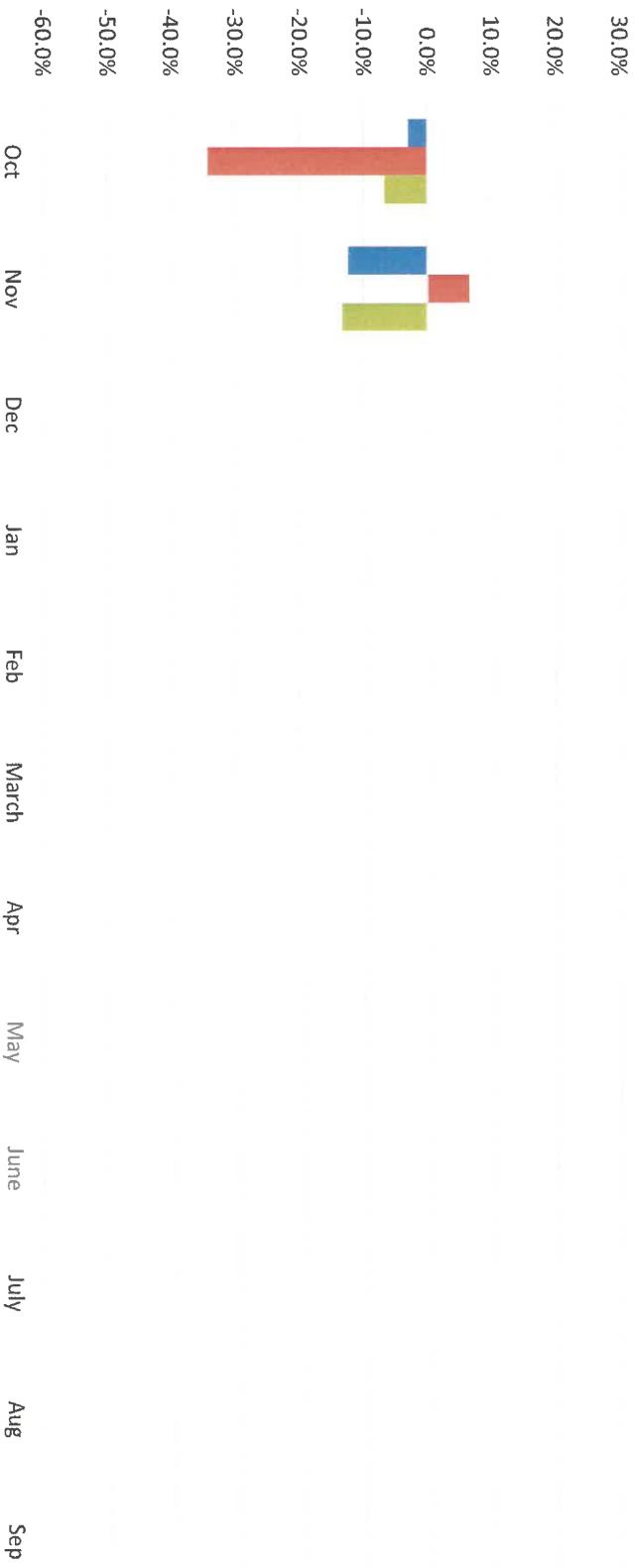
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	18.7	42.9										
FY19 Budget	45.0	45.0										
FY18 Actual	24.1	16.7										



# Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	-34.3%	6.6%										
FY19 Budget	-3.0%	-12.4%										
FY18 Actual	-6.7%	-13.3%										



# Income Statement

## FY19 Operating Period Ending November 30, 2018

Statistics	Month of November			Variance			2019 Year to Date			Variance				
	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior				
Admission	450	437	420	13	3%	30	7%	926	882	902	44	5%	24	3%
Patient Days	5,291	6,140	5,826	(849)	-14%	(535)	-9%	10,984	12,702	11,985	(1,718)	-14%	(1,001)	-8%
Emergency Room Visits	4,305	4,890	4,576	(585)	-12%	(271)	-6%	8,905	9,780	9,457	(875)	-9%	(552)	-6%
Clinic Visits	1,342	1,758	1,461	(416)	-24%	(119)	-8%	2,957	3,572	3,685	(615)	-17%	(728)	-20%
IP Surgeries	107	91	71	16	18%	36	51%	219	186	170	33	18%	49	29%
OP Surgeries	86	101	94	(15)	-15%	(8)	-9%	182	205	197	(23)	-11%	(15)	-8%
Radiology Visits	932	990	1,051	(58)	-6%	(119)	-11%	2,126	1,980	2,132	146	7%	(6)	0%
<b>Revenues</b>														
Net Patient Service	7,148	9,075	8,176	(1,927)	-21%	(1,028)	-13%	15,853	18,150	16,776	(2,297)	-13%	(923)	-6%
CNMC Revenue	169	275	221	(106)	-39%	(52)	-24%	295	550	368	(255)	-46%	(73)	-20%
Other Revenue	2,649	3,009	525	(360)	-12%	2,124	405%	5,182	6,018	1,404	(836)	-14%	3,778	269%
<b>Total Operating Revenue</b>	<b>9,966</b>	<b>12,359</b>	<b>8,922</b>	<b>(2,393)</b>	<b>-19%</b>	<b>1,044</b>	<b>12%</b>	<b>21,330</b>	<b>24,718</b>	<b>18,548</b>	<b>(3,388)</b>	<b>-14%</b>	<b>2,782</b>	<b>15%</b>
<b>Expenses</b>														
Salaries and Wages	4,858	4,835	4,394	23	0%	464	11%	10,063	9,670	9,055	393	4%	1,008	11%
Employee Benefits	1,195	1,286	1,520	(91)	-7%	(325)	-21%	2,320	2,572	2,682	(252)	-10%	(362)	-13%
Contract Labor	262	158	340	104	66%	(78)	-23%	516	316	721	200	63%	(205)	-28%
Professional Fees	2,186	1,874	651	312	17%	1,535	236%	3,500	3,748	1,271	(248)	-7%	2,229	175%
Supplies	847	731	961	116	16%	(114)	-12%	1,982	1,462	1,958	520	36%	24	1%
Pharmaceuticals	204	228	323	(24)	-11%	(119)	-37%	619	456	581	163	36%	38	7%
Purchased Services	1,607	1,483	1,791	124	8%	(184)	-10%	3,032	2,966	3,437	66	2%	(405)	-12%
Other	1,135	944	789	191	20%	346	44%	1,954	1,888	1,308	66	3%	646	49%
<b>Total Operating Expenses</b>	<b>12,294</b>	<b>11,539</b>	<b>10,769</b>	<b>755</b>	<b>7%</b>	<b>1,525</b>	<b>14%</b>	<b>23,986</b>	<b>23,078</b>	<b>21,013</b>	<b>908</b>	<b>4%</b>	<b>2,973</b>	<b>14%</b>
<b>Operating Gain/(Loss)</b>	<b>(2,328)</b>	<b>820</b>	<b>(1,847)</b>	<b>(3,148)</b>	<b>-384%</b>	<b>(481)</b>	<b>26%</b>	<b>(2,656)</b>	<b>1,640</b>	<b>(2,465)</b>	<b>(4,296)</b>	<b>-262%</b>	<b>(191)</b>	<b>8%</b>



# November 2018 Income Statement with FY19 Approved Budget

	NOV 2018		NOV 2018		NOV 18		ORIGINAL		
	YTD	ACTUAL	YTD	BUDGET	YTD	BUDGET	YTD	2019	
					ACTUAL/ BUDGET	VAR	YTD VARIANCE	APPROVED BUDGET	
<b>STATISTICS</b>									
Admissions	926		882		44		4.99%	5,295	
Patient Days	10,984		12,702		(1,718)		-13.53%	73,749	
Emergency Room Visits	8,905		9,780		(875)		-8.95%	58,729	
Clinic Visits	2,957		3,572		(615)		-17.22%	18,400	
IP Surgical Visits	219		186		33		17.74%	1,305	
OP Surgeries	182		205		(23)		-11.22%	1,039	
<b>OPERATING REVENUE</b>									
Net Patient Service Revenue	\$ 15,853		\$ 18,150		(2,297)		-12.66%	\$ 98,905	
CNNC Revenue	295		550		(255)		-46.36%	3,298	
Other Revenue	5,182		6,018		(836)		-13.89%	12,881	
<b>Total Operating Revenue</b>	<b>\$ 21,330</b>		<b>\$ 24,718</b>		<b>\$(3,388)</b>		<b>-13.71%</b>	<b>\$ 115,084</b>	
<b>OPERATING EXPENSE</b>									
Salaries & Wages	\$ 10,063		9,670		393		4.06%	\$ 65,843	
Employee Benefits	2,320		2,572		(252)		-9.80%	17,119	
Contract Labor	516		316		200		63.29%	3,900	
Professional Fees	3,500		3,748		(248)		-6.62%	22,490	
Supplies	1,982		1,462		520		35.57%	12,045	
Pharmaceuticals	619		456		163		35.75%	3,755	
Purchased Services	3,032		2,966		66		2.23%	18,100	
Other	1,954		1,888		66		3.50%	11,327	
<b>Total Operating Expense</b>	<b>\$ 23,986</b>		<b>\$ 23,078</b>		<b>908</b>		<b>3.93%</b>	<b>\$ 154,579</b>	
<b>Operating Gain / (Loss)</b>	<b>\$ (2,656)</b>		<b>\$ 1,640</b>		<b>\$ (4,296)</b>		<b>-261.95%</b>	<b>\$ (39,495)</b>	

# Balance Sheet

## As of the month ending November 30, 2018

Nov-18	Oct-18	MTD Change		Sep-18	YTD Change
<b>Current Assets:</b>					
\$ 40,341	\$ 30,478	\$ 9,863	Cash and equivalents	\$ 28,148	\$ 12,193
23,755	24,643	(888)	Net accounts receivable	22,907	848
1,608	1,551	57	Inventories	1,520	88
2,947	2,546	401	Prepaid and other assets	1,940	1,007
68,651	59,218	9,433	Total current assets	\$ 54,515	\$ 14,136
<b>Long-Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
71,566	71,933	(367)	Capital Assets	71,823	(257)
71,566	71,933	(367)	Total long term assets	71,823	(257)
\$ 140,217	\$ 131,151	\$ 9,066	Total assets	\$ 126,338	\$ 13,879
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,892	14,697	195	Trade payables	14,638	254
6,832	7,840	(1,008)	Accrued salaries and benefits	8,313	(1,481)
476	477	(1)	Other liabilities	1,887	(1,411)
22,200	23,014	(814)	Total current liabilities	24,838	(2,638)
<b>Long-Term Liabilities:</b>					
22,695	11,149	11,546	Unearned grant revenue	1,755	20,940
2,848	2,826	22	Estimated third-party payor settlements	2,816	32
2,392	2,392	0	Contingent & other liabilities	2,416	(24)
27,935	16,367	11,568	Total long term liabilities	6,987	20,948
<b>Net Position:</b>					
90,082	91,770	(1,688)	Unrestricted	94,513	(4,431)
90,082	91,770	(1,688)	Total net position	94,513	(4,431)
\$ 140,217	\$ 131,151	\$ 9,066	Total liabilities and net position	\$ 126,338	\$ 13,879



## Statement of Cash Flow

### As of the month ending November 30, 2018

		<i>Dollars in Thousands</i>	
		Year - to - Date	
Month of	November	Actual	Prior Year
Actual	Prior Year		
<b>Cash flows from operating activities:</b>			
\$ 8,058	\$ 5,542	\$ 15,037	\$ 12,654
(6,198)	(4,285)	(14,039)	(10,615)
(7,061)	(4,369)	(13,864)	(9,635)
1,595	440	1,554	921
(3,606)	(2,672)	(11,312)	(6,675)
<b>Cash flows from investing activities:</b>			
Proceeds from sales of investments			
-	-	-	-
Purchases of investments			
-	-	-	-
Receipts of interest			
-	-	-	-
Net cash provided by (used in) investing activities			
-	-	-	-
<b>Cash flows from noncapital financing activities:</b>			
Repayment of notes payable			
14,000	-	24,000	2,655
14,000	-	24,000	2,655
<b>Cash flows from capital and related financing activities:</b>			
Repayment of capital lease obligations			
-	(5)	-	(9)
Receipts (payments) from/(to) District of Columbia			
-	-	(495)	0
(531)	(580)	(495)	(56)
Change in capital assets			
(531)	(585)	(495)	(65)
Net cash (used in) capital and related financing activities			
9,863	(3,257)	12,193	(4,085)
<b>30,478</b>	<b>25,027</b>	<b>28,148</b>	<b>25,855</b>
<b>Cash and equivalents, beginning of period</b>			
<b>\$ 40,341</b>	<b>\$ 21,770</b>	<b>\$ 40,341</b>	<b>\$ 21,770</b>
<b>Cash and equivalents, end of period</b>			





Not For Profit Hospital Corporation  
United Medical Center

Board of Directors Meeting  
Preliminary Financial Report Summary  
For the month ending December 31, 2018



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3. Key Indicators with graphs
4. Income Statement with Prior Year Numbers
5. Income Statement with Forecast Variances
6. Balance Sheet
7. Cash Flow



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# Gap Measures Tracking

**Not-For-Profit Hospital Corporation**  
**FY 2019 Actual Gap Measures**  
**As of December 2018**

**DRAFT**

	FY 2019 Original Gap Measures Gain/(Loss)	Original/ Adjusted	Realized/ Recognized/ Adjusted	Unrealized/ Unrecognized	Percentage Completed/ Updated/ (Realized/Adjusted)
--	--	-----------------------	--------------------------------------	-----------------------------	---

**FY19 YTD Annualized Net Income (Loss) from Operations:**  
Net Loss Carryover from 2018  
Adjusted Total

**(\$10,496,000)**  
**(8,203,288)**  
**(18,699,288)**

**Add: Initiatives to be Realized**

Revenue Cycle:					
A. Documentation Enhancements/AR Review	\$5,000,000	\$5,000,000	\$644,000	\$4,356,000	12.9%
B. Charge Capturing (Infusion/Therapy)	\$1,000,000	\$1,000,000	\$192,025	\$807,975	19.2%
C. Hospital Based Clinics Charges	\$1,000,000	\$1,000,000	\$255,804	\$744,196	25.6%
GWUMFA Professional Fees Collection	\$7,200,000	\$7,200,000	\$1,636,564	\$5,563,436	22.7%
GWUMFA Subsidy	\$7,500,000	\$7,500,000	\$3,375,849	\$4,124,151	45.0%
Psych Volume Growth	\$1,500,000	\$1,500,000	\$414,011	\$1,085,989	27.6%
Supply Chain Management	\$3,300,000	\$2,200,000	\$0	\$2,200,000	0.0%
SNF/Wound Care / Clinic (Expense Reduction)	\$1,000,000	\$1,000,000	\$0	\$1,000,000	0.0%
Managed Care Contract	\$1,500,000	\$0	\$0	\$0	0.0%
Overtime Costs	\$2,000,000	\$2,000,000	\$0	\$2,000,000	0.0%
Outside Agency Costs (See Organizational Staffing)	\$2,000,000	\$0	\$0	\$0	0.0%
Length Of Stay Reduction (See Organizational Staffing)	\$2,000,000	\$0	\$0	\$0	0.0%
Organizational Staffing	\$5,325,000	\$3,625,000	\$329,959	\$3,295,041	9.1%
<b>Total</b>	<b>\$38,825,000</b>	<b>\$32,025,000</b>	<b>\$6,848,212</b>	<b>\$25,176,788</b>	<b>21.4%</b>
Net income (Loss) from Operations			<b>\$6,477,500</b>		
Additional Cash Needs for Timing of Initiatives				<b>10,000,000</b>	
Adjusted Balance to cover needs in cash report				<b>\$16,477,500</b>	

**United Medical Center**  
**Work Plan to Realize Initiatives**

Initiative	Action Owner	Impact
------------	--------------	--------

**Accounts Receivable & Collections Improvement** CFO \$ 3,000,000

1. Opportunities in new billing and collection process for Clinics and Professional fees including collaboration with all hospital departments to reduce Discharge Not Final Billed (DNFB) \$600K
2. Aggressively appeal and overturn denials that will yield additional \$1M opportunity by collaborating with Case Management resource Denial Management to reduce clinical denials and optimize cash collections
3. Adjudication of all accounts receivable below 150 days on a timely manner
4. Increase collection due to projected increase of activities \$1.7M (.05%) and working with all revenue generating departments to accomplish a 95% clean claim rate

**Clinical Documentation Improvement** CFO \$ 1,500,000

1. 70% of inpatient records will be reviewed for Medicare
2. 25% of inpatient records will be reviewed for DC Medicaid
3. Physician response will remain 95- 100% for Clinical Documentation queries
4. Accomplish rate of 40% of queries reviewed for Medicare and Medicaid
5. 30% Major Complication or Comorbidity (MCC) impact change for 2019
6. 40% increase in Complications and Comorbidities (CC) capture
7. 30% increase in severity in Medicaid cases
8. Consistently maintain 10% change in principal diagnosis as result of query
9. Consistently maintain 10% change in present of admission (POA) as result of query
10. Move case mix index dial 0.2

Initiative	Action Owner	Impact
------------	--------------	--------

**Charge Capture & Revenue Leakage Mitigation** CFO \$ 2,000,000

1. Maintain Clinic technical and ED IV Hydration billing initiatives \$1.6M
2. Re-engineer the charge capturing process enterprise wide to meet industry standard and mitigate loss of revenue \$400K

**Regulatory/Reimbursement** CFO \$ 500,000

1. Completion and implementation of SNF audit \$350K
2. Review all open cost reporting years for Medicare bad debt and Disproportionate Share (DSH) opportunities \$150K

**Organizational Staffing** COO/CEO \$ 3,625,000

1. Conducted Span of Control to review staffing across all departments
2. Completed analysis of all vacancies
3. Reviewed all highly compensated employees and administrative positions
4. Defined and conducted first phase of RIF
5. Met with all departments to identify additional efficiencies and consolidation of duties
6. Reviewed all vacancies and discussed expected vacancies by department with department leaders
7. Identified FTE list for second phase of RIF
8. Reviewed FTE list with OCFD
9. Complete second phase of RIF
10. Union affected employees scheduled for March 1 pending 30 day notification
11. Calculated final severance amounts for applicable individuals
12. Calculated final vacation payouts for applicable individuals
13. Freeze all open non-essential positions and vacancies

Initiative	Action Owner	Impact
------------	--------------	--------

**Overtime** COO/CEO \$ 2,000,000

1. Mandatory meeting with all department leaders for ongoing staffing model analysis
2. Ensure custom Kronos report to measure OT by department is available to all department leaders for daily management
3. Conduct daily review of timekeeping at manager level
4. Establish centralized timekeeping team
5. Implement leader weekly sign off all time
6. Evaluate exempt/non exempt status of all supervisory positions
7. Mandate manager approvals for all disputed time discrepancies
8. Set up alerts to be reported to management for employees approaching overtime
9. C-level admin to review regular schedules to ensure over time is not built in
10. Validate clock assignments of all employees
11. Determine disciplinary actions and process to combat violations
12. Conduct weekly overtime meetings with administration

**Outside Agency Costs** COO/CEO See Organizational Staffing

1. Monitor agency spend report by department
2. Justify/eliminate necessary hospital agency positions
3. Convert agency employees to FTEs where appropriate
4. Hire and onboard interested candidates to reduce agency spend for essential functions

**Psych Volume Growth** CMO/CEO \$ 1,500,000

1. Continue meeting weekly with UMC ER staff and Mindoula Health intake staff to improve throughput from ER to BHU for admitted patients
2. Work with vendor to improve the flow of BHU patients from neighboring emergency rooms to UMC (currently 95% of our volume comes from the UMC ER)
3. Improve provider availability and eliminate gaps

Initiative	Action Owner	Impact
------------	--------------	--------

**MD Savings** CMO/CEO \$ 1,000,000

1. Reduced UMC Employed Physician Costs
2. Analyzed overall clinic processes and efficiency
3. Informed low productivity PCP of the need to eliminate their positions
4. Reduced UMC Contracted Physician Costs
5. Analyzed the grant funding for the Care Center and confirm that the funding for the medical director position has ended in 2018
6. Informed the Care Center Director that her position has been eliminated
7. Reorganized Infectious Disease Clinics
8. Correlated the FTE's with remaining funding
9. Negotiated the FTE's to remain with medical director
10. Eliminated unfunded positions and assure smooth transition of remaining functions
11. Negotiated reduced clinic days and reduced compensation for ID physician
12. Reduced UMC Hospital Based Service Costs (Imaging and Anesthesia services)
13. Presented proposed new compensation to Imaging Director
14. Analyzed current anesthesia contract and send reduce cost proposal to current contractor
15. Renegotiated following contracts: Dr. S. Chohan; Dr. A. Woldabezgi; Dr. Tu; Healogics; Axis

**Length of Stay** CMO/CEO See Organizational Staffing

1. Increase the efficiency of the transfer process to District of Columbia SNFs
2. New Case Management Director reaches out to various SNFs and DC Medicaid
3. Conducted staff flexing plan feasibility analysis
4. CNO created a float pool for the inpatient unit to allow greater availability in staffing
5. Work with local LTAC to help expedite transfer to LTAC when appropriate
6. New Case Management Director engages Bridgepoint Leadership
7. Nursing leadership to develop and institute a plan for flexing staffing for decreased census
8. Unit managers hired for each floor to improve on site leadership and flexibility
9. Implement system of daily rounding between case managers and physicians to address barriers to
10. Case Management Director presenting daily summary to barriers to discharge at safety huddle
11. Use daily dashboard report as the template for following monthly and longer term trends in LOS

Initiative	Action Owner	Impact
------------	--------------	--------

Supply Chain CPO/CEO \$ 2,200,000

1. Decrease Med Surg Spend by 12%
2. Decrease Linen Spend by 50% no longer purchase uniforms for employees hired after December
3. Obtain pound per patient report from vendor
4. Implement monthly inventory counts and make monthly adjustments as needed
5. Reduce overstocking of excess inventory on each floor to align with patient volume
6. Standardize physician preferences
7. Decrease pharmacy drug spend by 10%
8. Ongoing formulary update; increase number of inventory turns
9. Eliminate off contract pharmaceutical spend

TOTAL \$ 17,325,000





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## Report Summary

- Revenue

- ❖ 14% (\$1.7M) lower than budget and 36% (\$2.8M) higher than prior year due to District subsidy.

- ❖ Contributing Factors:

- ❖ Net Patient Revenue is 11% (\$1.0M) lower than budget and 13% higher than prior year by \$913k due to better collections from last year. The lower than budget is due to the following:

- ❖ Unrealized initiatives in the area of Psych volume growth, managed care contracting and revenue cycle due to lower activities.

- ❖ OP surgeries are lower than budget and higher than prior year for the month by 26% and 22% respectively due to increase in activity from physicians.

- ❖ Radiology visits are lower than budget and prior year for the month by 18% and 1% respectively.

- ❖ ER visits are lower than budget and prior year for the month by 7% and 1% respectively.

- ❖ Clinics visits are lower than budget and prior year for the month 33% and 17% respectively.

- Expenses

- ❖ 8% (\$925K) lower than budget but 4% higher than prior year by \$399k.

- ❖ Contributing Factors:

- ❖ Salaries and Wages are above budget and prior year for the month by 4% (\$173K) and 3% (\$167K) respectively due to continued use of overtime and increase in management and supervision positions

- ❖ Contract Labor is above budget and prior year for the month by 59% (\$93K) and 21% (\$43K) respectively, despite increase in salaries

- ❖ Supplies are above budget by 19% (\$139K) but below prior year by 18% (\$196K). Prior year decrease is due to lower activity compared to current year.

- ❖ Purchased Services are above budget and prior year for the month by 3% (\$45K) and 12% (\$168K) respectively.

- ❖ Professional Fees are below budget by 30% (\$562K) but above prior year by 117% (\$708K) for the current month due to timing of physician contracts and implementation of the GW MFA contract.

- Cash on Hand – 37 days



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# Key Indicators

Year to Date 12/31/2018

Key Performance Indicators	Calculation	MTD	MTD	MTD	MTD	Actual	Desired
		Prior	Actual	Budget	FY18		

**VOLUME INDICATORS:**

Admissions (Consolidated)	Actual Admissions	450	443	445	397	▼?	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	193	191	199	154	-	▲
Emergency Room Visits	Actual Visits	4,305	4,568	4,890	4,624	▲?	▲

**PRODUCTIVITY & EFFICIENCY INDICATORS:**

Number of FTEs	Total Hours Paid/Total Hours YTD	862	860	855	852	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.330	1.254	1.2998	1.2998	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	61.0%	64.0%	53.0%	56.1%	▲	▼

**PROFITABILITY & LIQUIDITY INDICATORS:**

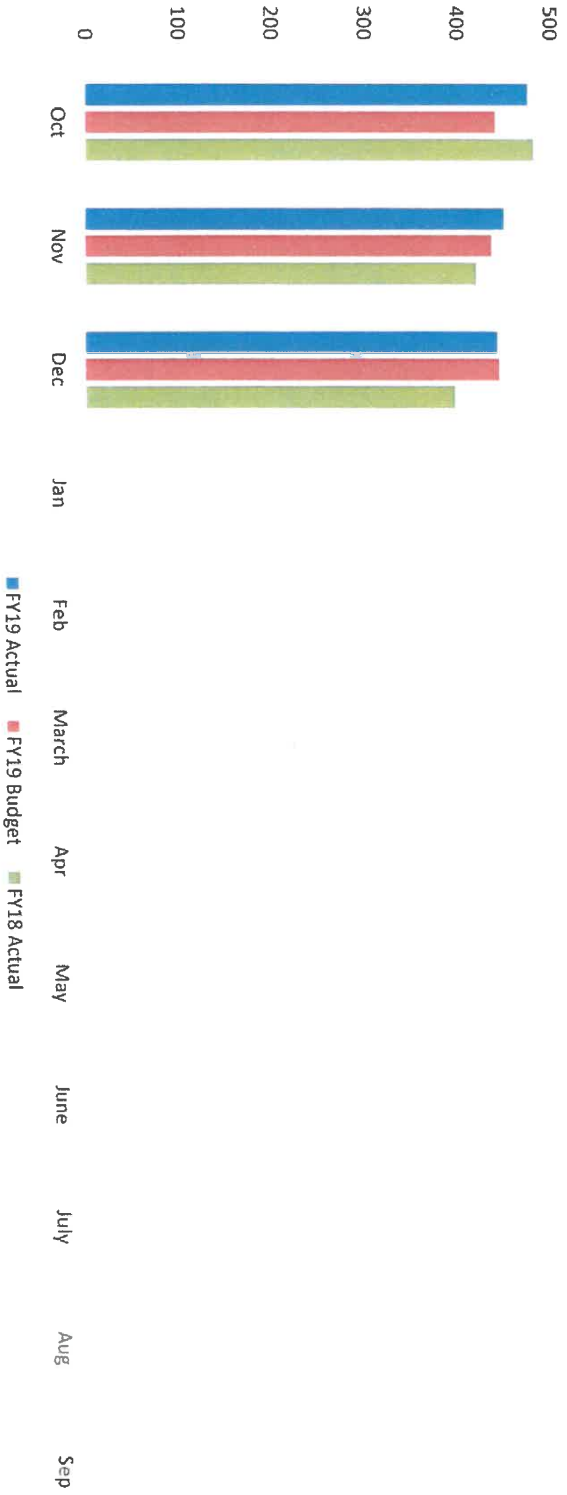
Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily/Net Patient Revenues	83	88	70	100	▲	▼
Discharged Not Final Billed AR Collection Days	DNFB AR/Revenue Days	9	7	4	3	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	97.8%	97.0%	92.0%	85.3%	▼?	▲
Days Cash on hand	Total Cash /((Operating Expenses less Depreciation)/Days)	43	36	45	5	▼?	▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Revenue	-12.4%	-8.2%	6.6%	-18.3%	▲	▲



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600

# Total Admissions (Consolidated)



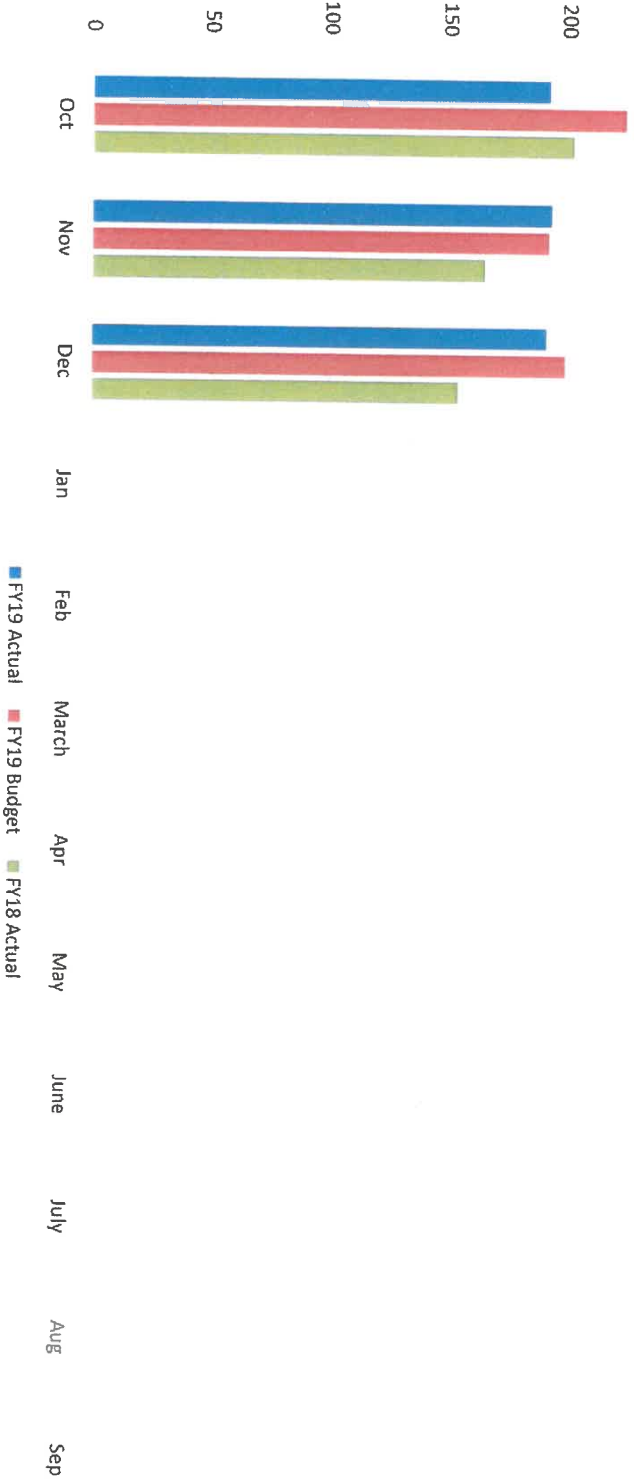
	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	476	450	443									
FY19 Budget	441	437	445									
FY18 Actual	482	420	397									



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# Inpatient/Outpatient Surgeries

250



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	192	193	191									
FY19 Budget	224	192	199									
FY18 Actual	202	165	154									



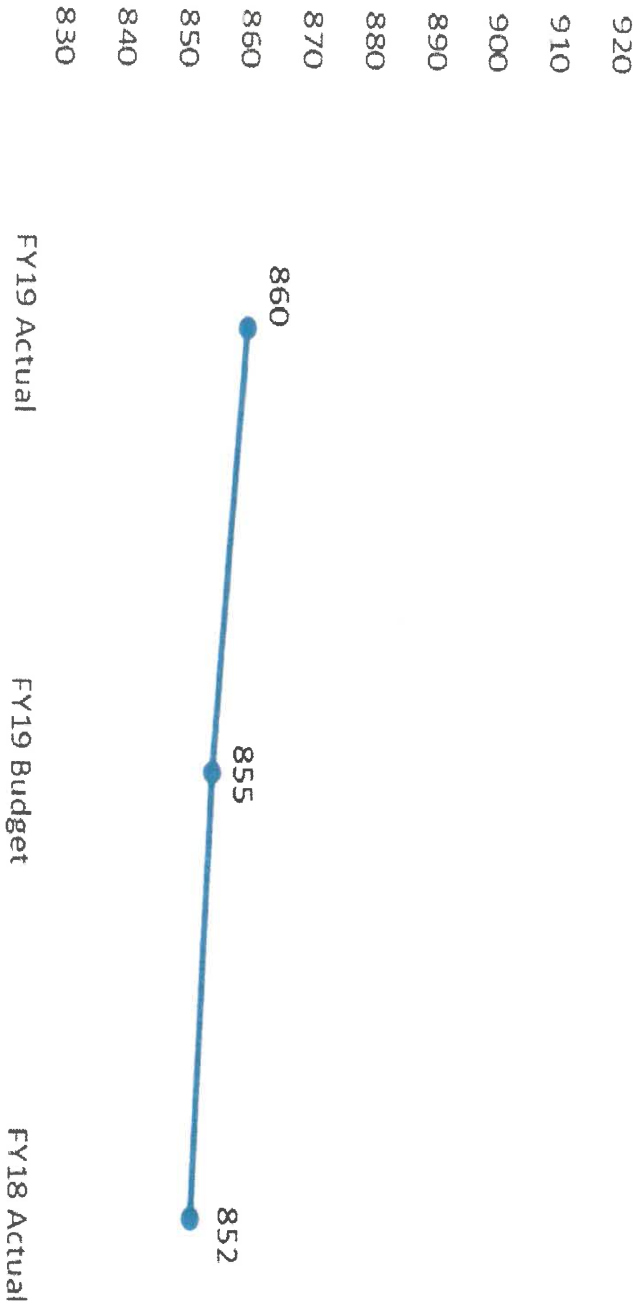
# Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
<b>FY19 Actual</b>	4,600	4,305	4,568									
<b>FY19 Budget</b>	4,894	4,890	4,890									
<b>FY18 Actual</b>	4,881	4,576	4,624									



# Number of FTEs

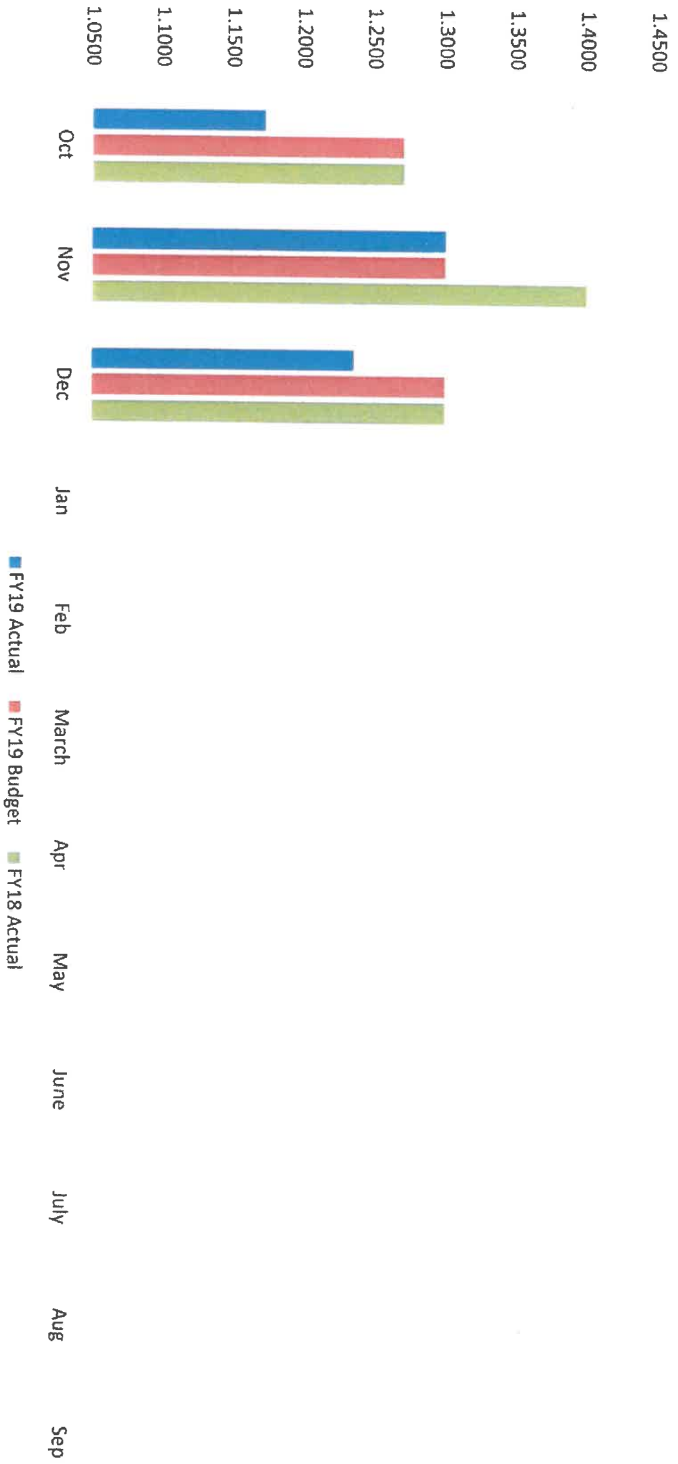


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	883	862	860									
FY19 Budget	843	848	855									
FY18 Actual	836	842	852									



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# Case Mix Index

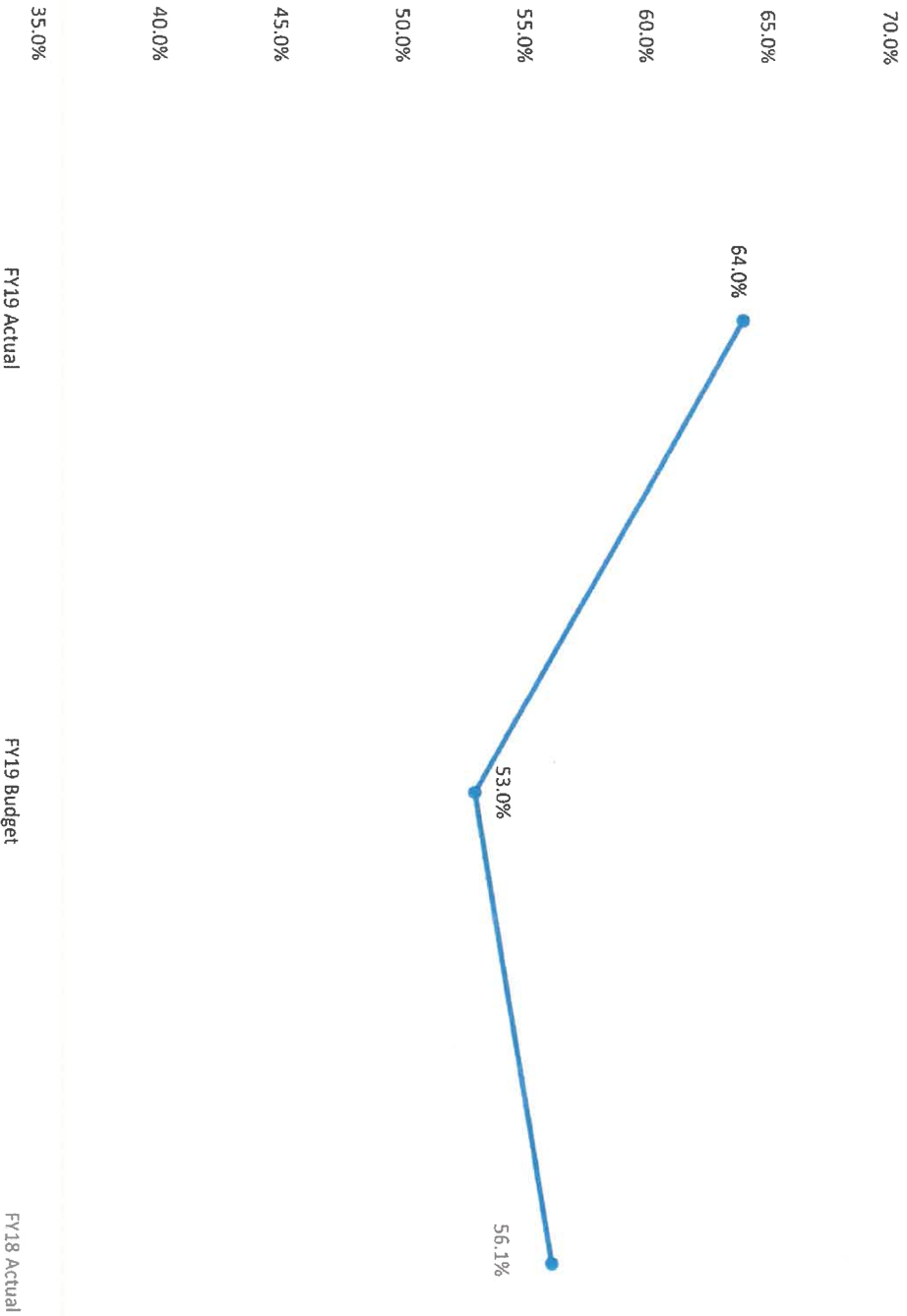


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	1.1720	1.3000	1.2357									
FY19 Budget	1.2700	1.2998	1.2998									
FY18 Actual	1.2700	1.4000	1.2998									



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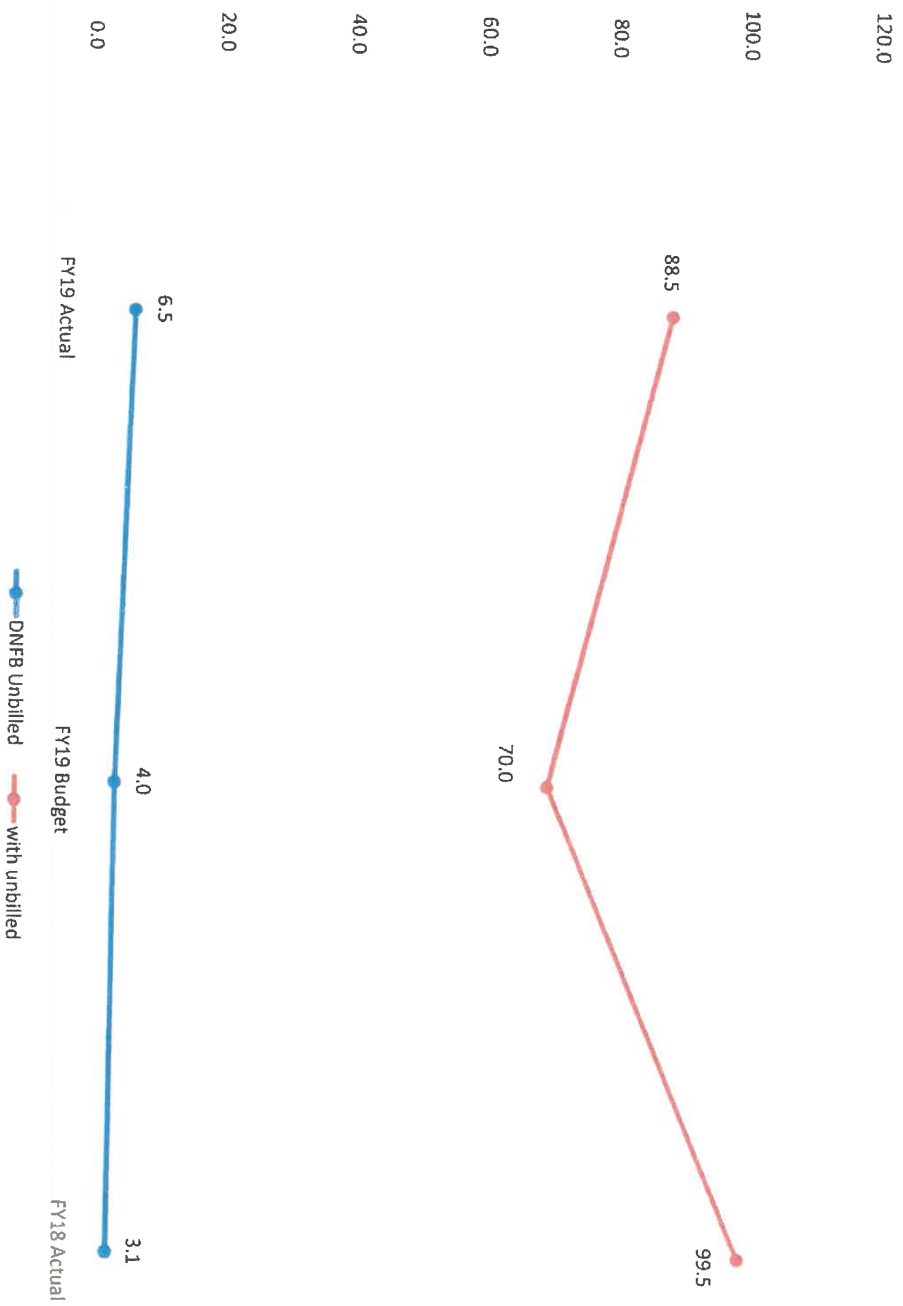
# Salaries/Wages & Benefits as a % of Total Operating Expenses







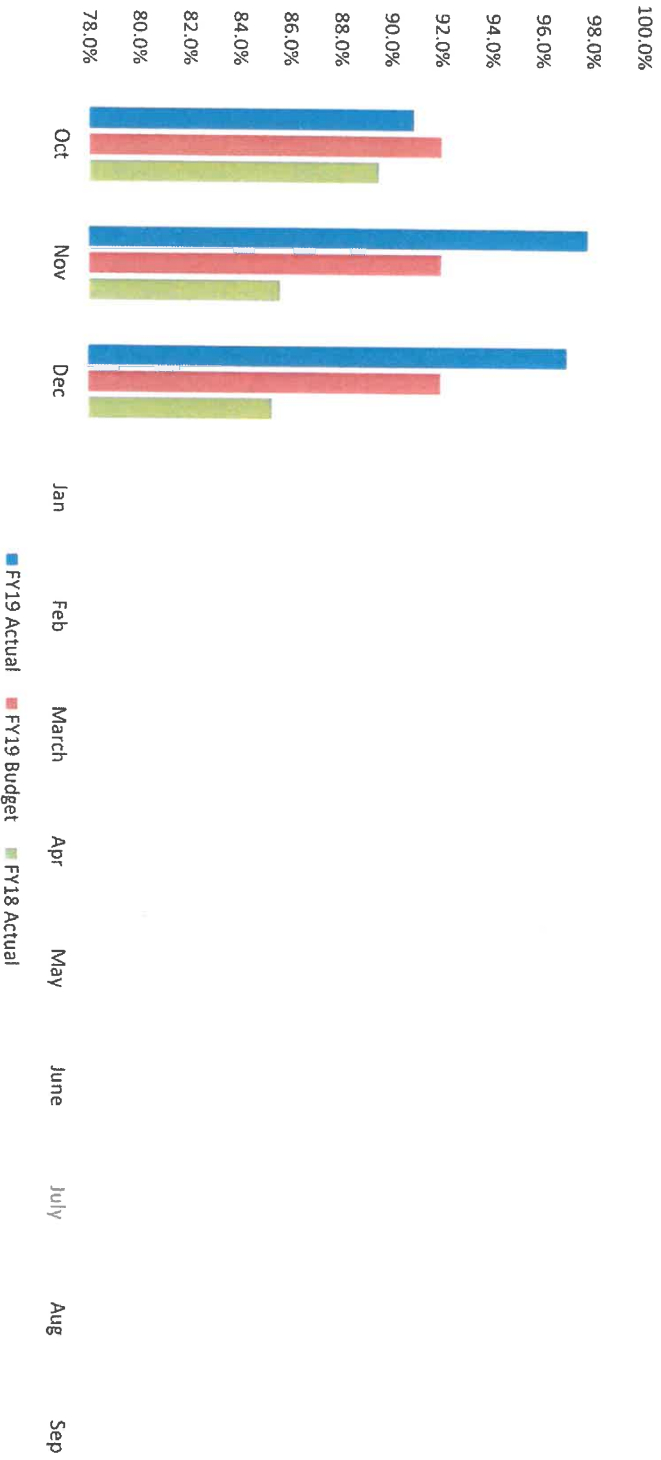
# Net Accounts Receivable (AR) Days With Unbilled & Unbilled Days





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# Cash Collection as a % of Net Revenues

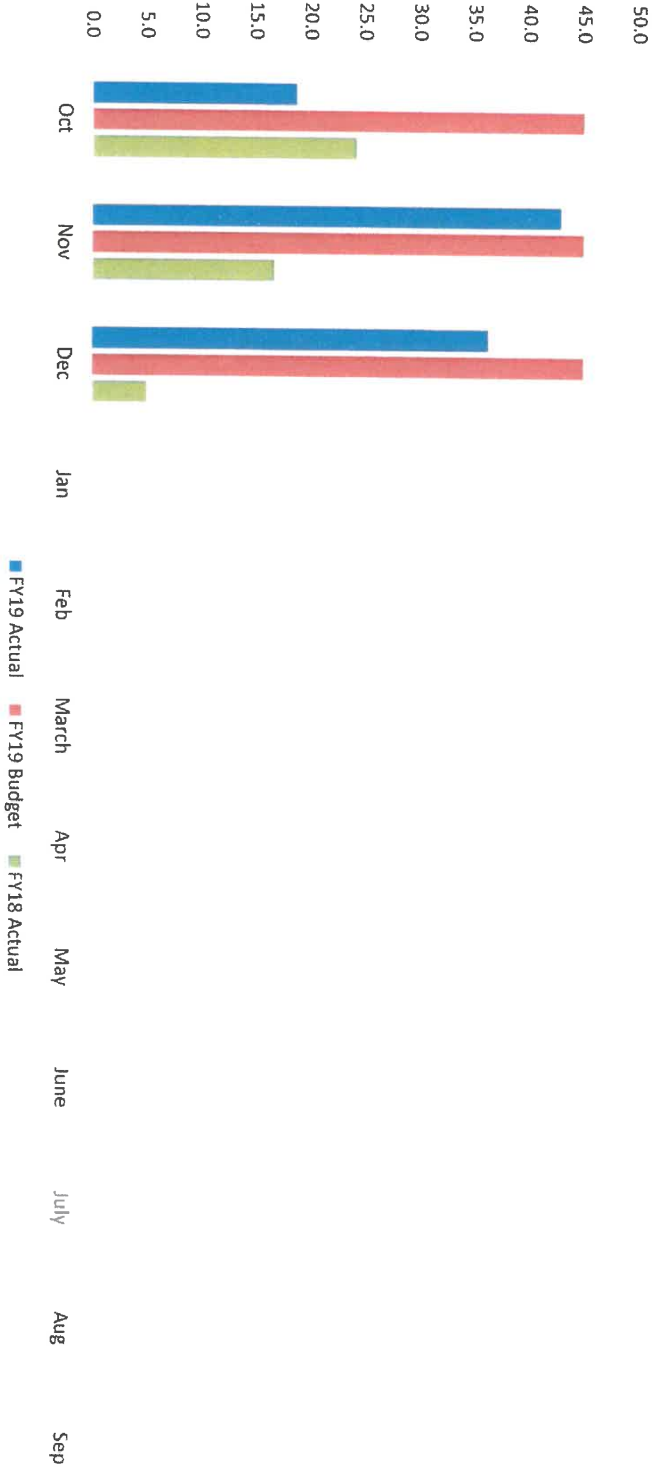


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	90.9%	97.8%	97.0%									
FY19 Budget	92.0%	92.0%	92.0%									
FY18 Actual	89.5%	85.6%	85.3%									



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# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	18.7	42.9	36.3									
FY19 Budget	45.0	45.0	45.0									
FY18 Actual	24.1	16.7	4.98									



# Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	-3.0%	-12.4%	-8.2%									
FY19 Budget	-34.3%	6.6%	6.6%									
FY18 Actual	-6.7%	-13.3%	-18.3%									



## Income Statement

### FY19 Operating Period Ending December 31, 2018

Statistics	Month of December			Variance			2019 Year to Date			Variance					
	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior					
Admission	443	445	397	(2)	0%	46	12%	1,369	1,327	1,299	42	3%	70	5%	
Patient Days	5,417	6,881	6,054	(1,464)	-21%	(637)	-11%	16,401	19,583	18,039	(3,182)	-16%	(1,638)	-9%	
Emergency Room Visits	4,568	4,890	4,624	(322)	-7%	(56)	-1%	13,473	14,670	14,081	(1,197)	-8%	(608)	-4%	
Clinic Visits	1,210	1,814	1,450	(604)	-33%	(240)	-17%	4,167	5,386	3,685	(1,219)	-23%	482	13%	
IP Surgeries	114	95	91	19	20%	23	25%	333	281	261	52	19%	72	28%	
OP Surgeries	77	104	63	(27)	-26%	14	22%	259	309	260	(50)	-16%	(1)	0%	
Radiology Visits	808	990	820	(182)	-18%	(12)	-1%	2,934	2,970	2,952	(36)	-1%	(18)	-1%	
<b>Revenues</b>															
Net Patient Service	8,041	9,075	7,128	(1,034)	-11%	913	13%	23,894	27,225	23,905	(3,331)	-12%	(11)	0%	
CNMIC Revenue	286	275	184	11	4%	102	55%	581	825	552	(244)	-30%	29	5%	
Other Revenue	2,318	3,009	527	(691)	-23%	1,791	340%	7,500	9,027	1,932	(1,527)	-17%	5,568	288%	
<b>Total Operating Revenue</b>	<b>10,645</b>	<b>12,359</b>	<b>7,840</b>	<b>(1,714)</b>	<b>-14%</b>	<b>2,805</b>	<b>36%</b>	<b>31,975</b>	<b>37,077</b>	<b>26,389</b>	<b>(5,102)</b>	<b>-14%</b>	<b>5,586</b>	<b>21%</b>	
<b>Expenses</b>															
Salaries and Wages	5,008	4,835	4,841	173	4%	167	3%	15,070	14,505	13,895	565	4%	1,175	8%	
Employee Benefits	1,207	1,286	957	(79)	-6%	250	26%	3,527	3,858	3,639	(331)	-9%	(112)	-3%	
Contract Labor	251	158	208	93	59%	43	21%	767	474	929	293	62%	(162)	-17%	
Professional Fees	1,312	1,874	604	(562)	-30%	708	117%	4,812	5,622	1,875	(810)	-14%	2,937	157%	
Supplies	870	731	1,066	139	19%	(196)	-18%	2,940	2,193	3,024	747	34%	(84)	-3%	
Pharmaceuticals	230	228	296	2	1%	(66)	-22%	761	684	877	77	11%	(116)	-13%	
Purchased Services	1,528	1,483	1,360	45	3%	168	12%	4,559	4,449	4,797	110	2%	(238)	-5%	
Other	208	944	883	(736)	-78%	(675)	-76%	2,162	2,832	2,191	(670)	-24%	(29)	-1%	
<b>Total Operating Expenses</b>	<b>10,614</b>	<b>11,559</b>	<b>10,215</b>	<b>(925)</b>	<b>-8%</b>	<b>399</b>	<b>4%</b>	<b>34,599</b>	<b>34,617</b>	<b>31,228</b>	<b>(18)</b>	<b>0%</b>	<b>3,371</b>	<b>11%</b>	
<b>Operating Gain/(Loss)</b>	<b>31</b>	<b>820</b>	<b>(2,375)</b>	<b>(789)</b>	<b>-96%</b>	<b>2,406</b>	<b>-101%</b>	<b>(2,624)</b>	<b>2,460</b>	<b>(4,839)</b>	<b>(5,084)</b>	<b>-207%</b>	<b>2,215</b>	<b>-46%</b>	



## December 2018 Income Statement with FY19 Approved Budget

	DEC 2018 YTD ACTUAL	DEC 2018 YTD BUDGET	DEC 18 YTD ACTUAL/ BUDGET VAR	YTD VARIANCE %	ORIGINAL 2019 APPROVED BUDGET
<b>STATISTICS</b>					
Admissions	1,369	1,327	42	3.17%	5,295
Patient Days	16,401	19,583	(3,182)	-16.25%	73,749
Emergency Room Visits	13,473	14,670	(1,197)	-8.16%	58,729
Clinic Visits	4,167	5,386	(1,219)	-22.63%	18,400
IP Surgical Visits	333	281	52	18.51%	1,305
OP Surgeries	259	309	(50)	-16.18%	1,039
<b>OPERATING REVENUE</b>					
Net Patient Service Revenue	\$ 23,894	27,225	(3,331)	-12.24%	\$ 98,905
CNMC Revenue	581	825	(244)	-29.58%	3,298
Other Revenue	7,500	9,027	(1,527)	-16.92%	12,881
<b>Total Operating Revenue</b>	<b>\$ 31,975</b>	<b>\$ 37,077</b>	<b>\$ (5,102)</b>	<b>-13.76%</b>	<b>\$ 115,084</b>
<b>OPERATING EXPENSE</b>					
Salaries & Wages	\$ 15,070	14,505	565	3.90%	\$ 65,843
Employee Benefits	3,527	3,858	(331)	-8.58%	17,119
Contract Labor	767	474	293	61.81%	3,900
Professional Fees	4,812	5,622	(810)	-14.41%	22,490
Supplies	2,940	2,193	747	34.06%	12,045
Pharmaceuticals	761	684	77	11.26%	3,755
Purchased Services	4,559	4,449	110	2.48%	18,100
Other	2,162	2,832	(670)	-23.64%	11,327
<b>Total Operating Expense</b>	<b>\$ 34,599</b>	<b>\$ 34,617</b>	<b>\$ (18)</b>	<b>-0.05%</b>	<b>\$ 154,579</b>
<b>Operating Gain / (Loss)</b>	<b>\$ (2,624)</b>	<b>\$ 2,460</b>	<b>\$ (5,084)</b>	<b>-206.66%</b>	<b>\$ (39,495)</b>



## Balance Sheet

As of the month ending December 31, 2018

Dec-18	Nov-18	MTD Change		Sep-18	YTD Change
<b>Current Assets:</b>					
\$ 37,113	\$ 40,341	\$ (3,228)	Cash and equivalents	\$ 28,148	\$ 8,965
24,652	23,755	897	Net accounts receivable	22,907	1,745
1,617	1,608	9	Inventories	1,520	97
4,321	2,947	1,374	Prepaid and other assets	1,940	2,381
67,703	68,651	(948)	Total current assets	54,515	13,188
<b>Long-Term Assets:</b>					
70,864	71,566	(702)	Capital Assets	71,823	(959)
70,864	71,566	(702)	Total long term assets	71,823	(959)
\$ 138,568	\$ 140,217	\$ (1,650)	Total assets	\$ 126,338	\$ 12,230
<b>Current Liabilities:</b>					
14,351	14,892	(541)	Trade payables	14,638	(287)
6,320	6,832	(512)	Accrued salaries and benefits	8,313	(1,993)
467	476	(9)	Other liabilities	1,887	(1,420)
21,139	22,200	(1,061)	Total current liabilities	24,838	(3,699)
<b>Long-Term Liabilities:</b>					
23,068	22,695	373	Unearned grant revenue	1,755	21,313
2,837	2,848	(11)	Estimated third-party payor settlements	2,816	21
2,392	2,392	-	Contingent & other liabilities	2,416	(24)
28,297	27,935	362	Total long term liabilities	6,987	21,310
<b>Net Position:</b>					
89,131	90,082	(951)	Unrestricted	94,513	(5,382)
89,131	90,082	(951)	Total net position	94,513	(5,382)
\$ 138,568	\$ 140,217	\$ (1,650)	Total liabilities and net position	\$ 126,338	\$ 12,230



## Statement of Cash Flow

### As of the month ending December 31, 2018

<i>Dollars in Thousands</i>	
Year - to - Date	
Actual	Prior Year
Month of December	Prior Year
Actual	Prior Year
\$ 7,133	\$ 7,993
(6,333)	(4,899)
(6,726)	(7,563)
2,980	752
(2,946)	(3,717)
<b>Cash flows from operating activities:</b>	
Receipts from and on behalf of patients	
Payments to suppliers and contractors	
Payments to employees and fringe benefits	
Other receipts and payments, net	
Net cash provided by (used in) operating activities	
-	-
-	-
Net cash provided by (used in) investing activities	
Proceeds from sales of investments	
Purchases of investments	
Receipts of interest	
-	-
-	-
Net cash provided by (used in) financing activities	
Repayment of notes payable	
Receipts (payments) from/(to) District of Columbia	
Net cash provided by noncapital financing activities	
-	-
-	-
<b>Cash flows from noncapital financing activities:</b>	
Repayment of capital lease obligations	
Receipts (payments) from/(to) District of Columbia	
Change in capital assets	
-	-
(282)	(334)
(282)	(334)
<b>Cash flows from capital and related financing activities:</b>	
Repayment of capital lease obligations	
Receipts (payments) from/(to) District of Columbia	
Change in capital assets	
-	-
-	-
(3,228)	(4,051)
40,341	21,770
\$ 37,113	\$ 17,719
<b>Cash and equivalents, beginning of period</b>	
<b>Cash and equivalents, end of period</b>	
8,965	(8,136)
28,148	25,855
\$ 37,113	\$ 17,719