UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: November 28, 2018
Location: United Medical Center
1310 Southern Ave., SE,
Conference Rooms 2-3
Washington, D.C. 20032

2018 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Malika Fair, Vice-Chair
Matthew Hamilton, CEO

Girume Ashenafi
Jacqueline Bowens
Konrad Dawson, MD
Brenda Donald
Millicent Gorham
Angell Jacobs
Eric Li, MD
Sean Ponder
Velma Speight
Wayne Turnage
Mina Yacoub, MD

UMC
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OUR MISSION

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

OUR VISION

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

UMC will employ innovative approaches that yield excellent experiences.

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

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

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

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NFPHC Board of Directors General Meeting
Wednesday, November 28, 2018

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UMC 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 **9:00 a.m. on Wednesday, November 28, 2018**. 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).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES
October 17, 2018

V. CONSENT AGENDA

A. Dr. Dennis Haghighat, Chief Medical Officer
C. Dr. Mina Yacoub, Medical Chief of Staff

VII. EXECUTIVE MANAGEMENT REPORT
Chief Executive Officer, Matthew Hamilton

VIII. COMMITTEE REPORTS
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).

Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, October 17, 2018

Phoned in: Chair LaRuby May, Dr. Malika Fair, Director Girume Ashenafi, Director Turnage, Director Angell Jacobs, Director Gorham, Dr. Dawson, Dr. Haghighat, Matthew Hamilton, Lilian Chukwuma, Dr. Mina Yacoub
Absent: Sean Ponder, Director Bowens, Director Speight

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 9:30 AM. Quorum determined by Michael Austin.	
	Meeting chaired by LaRuby May.	
Approval of the Agenda	Motion. Second. Agenda approved as written.	
Approval of the Minutes	Motion. Second. Minutes approved as written pending minor PSQ edits from Dr. Fair	
Discussion	**CONSENT AGENDA** **CHIEF OF MEDICAL STAFF REPORT: Dr. Haghighat** • The month of September saw positive trends compared to projected and prior year's September in terms of admission growth, and Medicare and Medicaid case mix index. Volumes in the behavioral health unit continued their positive trend that started in April of this year.	

- If the current trend in OR procedures continues for the last quarter of calendar 2018 there will be a 5 percent growth compared to the volume for the past two calendar years. Despite significant difficulties with medical assistant staffing the primary care clinic has experienced volumes in August and September that are 15% above their rolling 12 month averages.
- UMC's clinical performance continues to be quite good with drops in severe sepsis mortality, a reduction in MRSA bloodstream infections and no C Difficile associated diarrhea in the past month.
- A hospital wide flow team which was started in August continues to meet on a biweekly basis with attendees representing ER physicians, hospitalists, and UMC nursing and administrative leadership.
- Exploring use for second mobile van with DBH to combat K2 epidemic.
- FLOW Team is working to improve flow to an increase in ER. A triage nurse is there to assist more.

MEDICAL CHIEF OF STAFF REPORT: Dr. Yacoub

- Medical Staff continues to work with GWMFA and administration to ensure optimal integration of ED and Hospitalist groups into UMC.
- Medical Staff is working with new Quality Department leadership to continue to improve on quality metrics. Sepsis data is favorable for the month of September.
- Medical Executive Committee (MEC) has approved recommendations for updates and modifications to the Medical Staff Bylaws which will be presented to Medical Staff for review and approval.
- Medical Executive Committee has approved a slate of candidates for the election of Medical Staff Officers for MEC term 2019-2020. Results of the elections are expected to be announced in December 2018.
- A total of 960 rounds were completed on 8 West and 5 West for the month of September by nursing leadership. Patient complaints were appropriately addressed and each departmental head was notified. Staff educated on how to

address patient complaints and other issues related to patient safety in staff meetings and during daily huddles. Use of cell phones has been piloted and initiated for 8 West. Awaiting cell phone delivery for 5 West.

- There is potential to hire experienced nurses from recent job fair at Providence Hospital. Applicants will be called for follow-up. Most of the applicants stated they will be available after December 14, 2018.
- Patients are followed for diabetes education and glucose control. Diabetes education includes survival skill education and coordination of discharge plan with case management and providers. A need has been identified to work with IT and Pharmacy to develop a discharge order set that matches the patient insurance with the approved diabetes medication and monitoring supplies for the plan. This will lessen the chance that post discharge patients are not able to receive the prescribed medications due to insurance issues.

EXECUTIVE REPORT

CONSTRUCTION/RENOVATION PROJECTS

- Grounds and Landscaping – Address exterior entrance refurbish needs, update all lighting to LED, entrance and elevator cleaning, landscaping campus wide, power washing main entrances, identify projects for back entrances updates (UDC, Security Entrance). **Update:** Identified vendor for employee entrance, security entrance and UDC.
- Hospital-wide - Continuing to install new ceiling tiles; install/replace corner panel moldings, baseboards and add additional lighting to main hallways. Patching/painting/decluttering office and clinical spaces.
- Flooding Restoration Work – Leading efforts with key stakeholders: Facilities, EVS, Risk Management and Infection Control departments. CNA engaged with JS Held to provide a moisture assessment of impacted spaces and adjacent areas. JS Held provided a detailed scope of work and completed bid process. **Update:** 1st Floor completed, currently on 3rd floor.

- A total of 85 charts reviewed for pain reassessment for the month of September. Late pain assessment was noted on 4 charts and 3 had no pain score documentation. Staff coached. 71 charts were reviewed for care plan updates for September 2018.
- For the month of August, a total of 289 patients were seen by the Wound Care Team. Of the 289 patients, 18 patients had pressure ulcers and 109 non-pressure related wounds to include diabetic, vascular, dermal lesions, skin tears, abrasions, fungating wounds, lacerations, etc. One hundred sixty-two (162) patients had intact skin, six (6) patients were for follow-up.

Human Resources

- Maintain an HR Culture of Transparency, Integrity, Respect, and Exceptional Customer Service
  - Create a monthly newsletter to update staff on new hires, employee anniversary milestones, open enrollment, change of policies, and procedures, etc.
- Streamline the Hiring and Onboarding Process
  - Implement Full Life-Cycle Recruiting Metrics and Track Metrics
  - Structure onboarding day one to convey the excellent culture of UMC
  - Inclusion of executive suite members to briefly greet the new hires to enhance the new employee experience

SPECIAL PROJECTS

Hospital Clean/Declutter Campaign continues:

- Facilities/EVS/Biomed: removal of items that can be discarded or stored in designated areas; deep cleaning of all areas; maintenance to do a comprehensive PM of all areas for any deficiencies
- Removal of all documents/forms with patient identifiers (to be shredded)
- Security: fire/safety rounds of floors, test all cameras and access points, need to add additional keypads to back of HR records room; Finance; Executive suite; and Compliance area.

COMMITTEE REPORTS

PATIENT SAFETY AND QUALITY: Dr. Fair

- PSQ Committee met on 10/11/18
- Will now be working with Dr. Hammad as VP of Performance Improvement and Quality
- 1 live birth in the ED.
- Length of stay continues to be an issue and PSQ Committee will continue to monitor length of stay
- Executive Dashboard will be implemented and includes several aspects that the PSQ Committee has been asking for.

FINANCE COMMITTEE: Director Turnage

- Finance Committee met on 10/16/18
- Even with District subsidy ($27M) in FY18, UMC still ended the year with a loss.
- Mr. Hamilton and Ms. Chukwuma have been working hard to close the gap for UMC.
- Initiatives to be realized include: document fee enhancement and accounts receivable; hospital based clinics charges; psych volume growth; supply chain management; managed care contacts; SNF wound care clinic; overtime costs; length of stay reduction; and others.

Vote to return to Enter Closed Session:

	Roll Call: Quorum determined to enter closed session. **Voter Return to Open Session:** Roll Call: Quorum determined to exit closed session. *Closed Session Minutes transcribed separately.* **Public Comment** Dr. Li expressed his satisfaction with the Mazars team and their performance at UMC. **Other Business** n/a **Announcements** **October 2018 Board Meeting Adjourned after 1 hours and 32 mins by Chair May.**	

Tab 3

Consent Agenda

UMC
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General Board Meeting

Date: November 28, 2018

CMO REPORT

Presented by:
Dennis Haghigaht, MD
Chief Medical Officer

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

Our Mission:

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

Our Vision:

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

Dennis P. Haghighat, M.D.
November 2018

Medical Staff Summary

Medical Staff Committee Meetings

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

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

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

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

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

Bylaws Committee, ***Dr. David Reagin, Committee Chairman***
Members include physicians who meet to discuss implementation of new policies and procedures for bylaws, as it pertains to physician conduct.

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

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

DEPARTMENT CHAIRPERSONS

Anesthesiology.....*Dr. Amaechi Erondu*

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

Emergency Medicine.....*Dr. Francis O'Connell*

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

Pathology.....*Dr. Eric Li*

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

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

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

Departmental Reports

Key

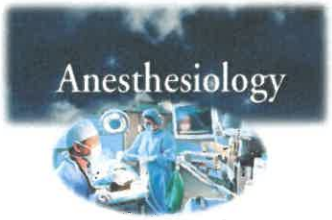
ABO Rh	Blood Typing and Rhesus Factor
ALOS	Average Length of Stay
AMA rate	Against Medical Advice Rate
BHU	Behavior Health Unit
BI RADS	Breast Imaging Reporting and Data System
CAUTI	Catheter Associated Urinary Tract Infection
CCHD	Critical Congenital Heart Defect
CLABSIs	Catheter Associated Urinary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

Dennis P. Haghighat, M.D.

The positive trends that began in September in inpatient volumes and inpatient surgery has continued through the month of October and thus far into November. MediCare and DC MediCaid Case Mix index continued their upward trend that started around the same time. BHU volume continues to trend at a rate 40% above calendar 2017 volumes.

Unlike the prior month the hospital has experienced several regulatory visits in October and this trend has persisted into the current month. Several of these visits were related to Behavioral Health Unit patients, one to an ER related incident, and one related to temperatures within the hospital. These incidents are in various states of investigation by DOH and UMC has yet to receive final recommendations from DOH for any of the visits. UMC has completed internal root cause analysis on all incidents and implemented changes to improve patient safety and care based on these internal investigations.

UMC's performance on national quality benchmarks continues largely unchanged with superior infection prevention scores, good mortality scores for the treatment of common diseases, slightly higher spending rates than benchmark for MediCare beneficiary, and the relatively poor patient satisfaction scores. The Patient Relations and Nursing Departments are working on implementing staff training with the goal of strengthening a culture of attentiveness to the patients spoken and unspoken needs.



Amaechi Eroundu, **M.D.**, Chairman

PERFORMANCE SUMMARY:
The overall cases for the month of OCTOBER 2018 were 211.Total surgical cases were 96 while Endoscopy cases were 115.

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

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

We are awaiting the completion of the Anesthesia storage and work room. This provides storage for all anesthesia-related patient equipment.

We are hoping to secure an Anesthesia Information Management System (AIMS). This will centralize all documentations, quality metrics and facilitate efficient revenue cycle management.

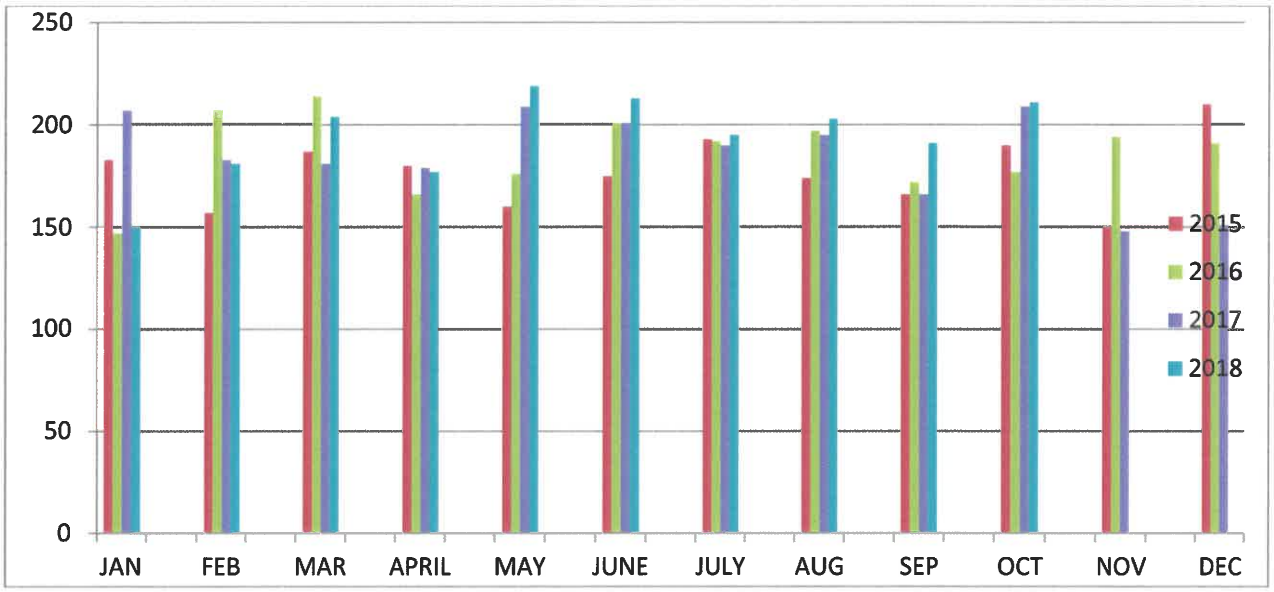
PERIOPERATIVE CONFERENCE:
We would commence a PeriOperative conference that focus on OR related topics for all OR providers. This will include the Nurse, Extenders and physicians. Our goal is to ensure adequate team building for quality patient care.

EVIDENCE-BASED PRACTICE:
Anesthesia department is continuing to review all current policies and update them to align with the best practices. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care

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

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

JAN	159	183	147	207	150	
FEB	143	157	207	183	181	
MAR	162	187	214	181	204	
APRIL	194	180	166	179	177	
MAY	151	160	176	209	219	
JUNE	169	175	201	201	213	
JULY	172	193	192	190	195	
AUG	170	174	197	195	203	
SEP	168	166	172	166	191	
OCT	181	190	177	209	211	
NOV	157	150	194	148		
DEC	183	210	191	151		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Mina Yacoub, M.D., Chairman

PERFORMANCE SUMMARY

In October 2018, the Intensive Care Unit had 69 admissions, 69 discharges, and 273 Patient Days, with an Average Length of Stay (ALOS) of 3.96 days. The ICU managed 75 patients in October with 5 deaths, for an overall ICU mortality rate for October of 6.7%. The ICU managed 19 patients with severe sepsis and septic shock in October with 1 death attributed to severe sepsis/septic shock for a sepsis specific ICU mortality rate of 5.3 %.

QUALITY OUTCOMES

Sepsis Core Measures Performance

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

Morbidity and Mortality Reviews

ICU Mortality

ICU had 5 deaths for 75 patients managed, with an overall ICU mortality rate of 6.7 % for October. Mortality review is conducted in monthly Critical Care Committee meeting with Quality Department.

Severe Sepsis and Septic Shock

ICU managed 19 patients with severe sepsis and septic shock in October. One ICU death is directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 5.3 %.

Infection Control Data

For October, the ICU had 137 ventilator days with no Ventilator Associated Pneumonias (VAP), 112 Central Line device days with no Central Line Associated Blood Stream Infections (CLABSI) and 205 Urinary Indwelling Catheter days with no Catheter Associated Urinary Tract Infections (CAUTI). ICU infection rates continue to be much lower than national averages. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN).

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

Care Coordination/Readmissions
In October, 75 patients were managed in the ICU. There were two readmissions to the ICU within 48 hours of transfer out. Both cases were due to persistence of a primary medical problem. Cases were reviewed and no further recommendations or actions warranted.

Evidence-Based Practice (Protocols/Guidelines)
Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, ventilator weaning, infection control practices, and patient centered practices. New initiative being implemented with Infection Prevention team is Hand Hygiene. Initial performance data is encouraging, but need to monitor for consistency. Infection Prevention team is monitoring performance.

Growth/Volumes - ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity and is looking forward to operating at full capacity and full potential.

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

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

Financials - We are requesting feedback on ICU financial performance.

Needed Steps to Improve Performance
Nursing staffing continues to be a challenge and we need more effective critical care nurse recruitment, and importantly, nurse retention. Goal is to continue to provide safe and high quality patient care, caring for patients with increased illness acuity, providing best evidence based practice, all while keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks.

Francis O'Connell, M.D., **Chairman**

Below are the summary of Emergency Department (ED) volume, key measures and throughput data for October 2018 as well as data from the preceding months of 2018. The daily census and ambulance traffic dropped slightly from the previous months.

With regards to hospital admissions, general psychiatric admissions have remained steady with a small increase in med/surg admissions in comparison to last month.

We are working with the hospital to identify ways to improve throughput in the Emergency Department.

We continue to work with hospital leadership in identifying ways to facilitate the transport of women in labor, late term obstetric emergencies, and other critically ill patients.

ED Volume and Events 2018

	Jan	%	Feb	%	Mar	%	Apr	%
Total patients	5027		4656		4881		4783	
Daily Avg Census	162		166		157		159	
Admit	507	10.1%	515	11.1%	498	10.2%	496	10.4%
- **Med/Surg**	436	8.7%	437	9.4%	425	8.7%	409	8.6%
- **Psych**	71	1.4%	78	1.7%	73	1.5%	87	1.8%
Transfer	60	1.2%	55	1.2%	86	1.8%	90	1.9%
AMA	73	1.5%	55	1.2%	56	1.1%	49	1.0%
Eloped	36	0.7%	35	0.8%	45	0.9%	38	0.8%
LWBS	109	2.2%	79	1.7%	101	2.1%	107	2.2%
Left Prior to Triage	189	3.8%	168	3.6%	156	3.2%	235	4.9%
Ambulance Arrivals	1541	30.7%	1364	29.3%	1453	29.8%	1314	27.5%

ED Volume and Events 2018

	May	%	Jun	%	Jul	%	Aug	%
Total patients	5071		4832		4981		5032	
Daily Avg Census	169		161		161		163	
Admit (total)	533	10.5%	526	10.9%	556	11.1%	606	12%
- **Med/Surg**	431	8.5%	429	8.9%	465	9.3%	481	9.6%
- **Psych**	102	2.0%	97	2.0%	91	1.8%	125	2.5%
Transfer	90	1.8%	69	1.4%	87	1.7%	90	1.8%
AMA	40	0.8%	44	0.9%	59	1.1%	54	1.1%
Eloped	45	0.9%	36	0.7%	47	0.9%	63	1.3%
LWBS	148	2.9%	149	3.1%	136	2.7%	128	2.5%
Left Prior to Triage	249	4.9%	260	5.4%	268	5.3%	239	4.7%
Ambulance Arrivals	1468	28.9%	1319	27.3%	1492	30.0%	1471	29.2%

ED Volume and Events 2018

	Sep	%	Oct	%	Nov	%	Dec	%
Total patients	4750		**4652**					
Daily Avg Census	158		**150**					
Admit	572	12%	**592**	**12.7%**				
- **Med/Surg**	472	9.9%	**490**	**10.5%**				
- **Psych**	100	2.1%	**102**	**2.2%**				
Transfer	82	1.7%	**70**	**1.5%**				
AMA	58	1.2%	**58**	**1.2%**				
Eloped	60	1.3%	**36**	**0.7%**				
LWBS	149	3.1%	**166**	**3.6%**				
Left Prior to Triage	280	5.9%	**218**	**4.7%**				
Ambulance Arrivals	1340	28.2%	**1248**	**26.8%**				

ED Throughput October 2018 (time in minutes)		
	Median Times	**Average Time**
Admissions		
Door to triage	**16**	**23**
Door to room	**30**	**67**
Door to provider	**30**	**67**
Door to decision	**267**	**291**
Door to departure	**295**	**558**
Time to provider	**0**	**0**
Time to admit decision	**237**	**224**
Boarding time	**28**	**267**
Discharges		
Door to triage	**19**	**28**
Door to room	**79**	**114**
Door to provider	**79**	**125**
Door to decision	**217**	**235**
Door to departure	**260**	**286**
Time to provider	**8**	**11**
Time to discharge decision	**130**	**110**
Waiting to depart	**43**	**51**
Transfers		
Door to triage	**15**	**29**
Door to room	**30**	**52**
Door to provider	**33**	**56**
Door to decision	**289**	**279**
Time to provider	**3**	**4**
Time to transfer decision	**256**	**223**

ED Throughput 2018 (median times in minutes)

	Jan	Feb	Mar	Apr	May
Admissions (Med/Surg)					
Door to triage	17	16	15	19	15
Door to room	22	23	25	32	27
Door to provider	22	23	25	33	27
Door to decision	245	264	245	256	265
Door to departure	271	286	261	300	296
Time to provider	0	0	0	1	0
Time to admit decision	223	241	220	223	238
Boarding time	26	22	16	44	31
Discharges					
Door to triage	22	22	19	24	24
Door to room	63	65	51	81	84
Door to provider	75	78	67	92	95
Door to decision	187	188	180	229	220
Door to departure	233	234	222	276	270
Time to provider	12	13	16	11	11
Time to discharge decision	112	110	113	137	125
Waiting to depart	46	46	42	47	50
Transfers					
Door to triage	16	15	13	12	14
Door to room	24	22	22	26	36
Door to provider	24	28	26	29	36
Door to decision	266	267	291	221	239
Time to provider	0	6	4	3	0
Time to transfer decision	242	239	265	192	203

ED Throughput 2018 (median times in minutes)

	Jun	Jul	Aug	Sep	Oct
Admissions (Med/Surg)					
Door to triage	13	15	15	15	**16**
Door to room	28	31	35	30	**30**
Door to provider	28	31	35	32	**30**
Door to decision	256	276	254	264	**267**
Door to departure	492	502	288	304	**295**
Time to provider	0	0	0	2	**0**
Time to admit decision	228	245	219	232	**237**
Boarding time	236	226	34	40	**28**
Discharges					
Door to triage	21	24	20	24	**19**
Door to room	80	84	81	81	**79**
Door to provider	91	95	88	93	**87**
Door to decision	231	238	214	211	**217**
Door to departure	265	277	262	265	**260**
Time to provider	11	11	7	12	**8**
Time to discharge decision	140	143	126	118	**130**
Waiting to depart	34	39	48	54	**43**
Transfers					
Door to triage	14	12	13	15	**15**
Door to room	37	35	31	43	**30**
Door to provider	37	35	31	43	**33**
Door to decision	228	244	241	284	**289**
Time to provider	0	0	0	0	**3**
Time to transfer decision	191	209	210	241	**256**

Musa Momoh, M.D., Chairman

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

- Admissions:
  - Observation admissions: Medicine 139 (100%)
  - Observation admissions: Hospital 139
  - Regular admissions: Medicine 365 (76.8%)
  - Regular admissions: Hospital 475

- Discharges:
  - Observation discharges: Medicine 134 (100%)
  - Observation discharges: Hospital 134

- Procedures
  - EGD's 59
  - Colonoscopies 52
  - ERCP 2
  - Bronchoscopies 2
  - Dialysis 229

- Performance Improvement
  - Cases reviewed: 3
  - Cases closed: 3

- Morbidity and Mortality was held on 10/17/2018; next conference is scheduled for 11/21/2018
- Department of Medicine quarterly meeting is on 12/12/2018.

Eric Li, M.D., Chairman

Month	07	08	09	10	11	12
Reference Lab test – Urine Protein 90% 3 days	98.6% 76	96% 91	100% 72	97% 67		
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	98% 15/16	100% 20/20	75% 12/16		
Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)	100%	100%	100%	100%		
Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)	100%	100%	100%	99%		
Review of Unacceptable Blood Bank specimen (Goal 90%)	99%	100%	100%	100%		
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators (Benchmark <90%)	100%	100%	100%	100%		
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.1	1.2	1.2	1.1		
Wasted/Expired Blood and Blood Products (Goal 0)	8	4	1	2		
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%		
Hematology Analytical PI Body Fluid	100% 12/12	100% 9/9	100% 14/14	100% 11/11		
Sickle Cell	0.0	0/0	0/0	0/0		
ESR Control	100% 27/27	100% 30/30	100% 62/30	100% 26/26		
Delta Check Review	100% 172/172	99% 257/258	100% 195/195	100% 189/189		
Blood Culture Contamination Benchmark 90%			92% ER 92.6% ERG ICU 95%	81% ER holding 100% ERG 76% Non-compliant ICU 100%		

Board Report Pathology
November 2018

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

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

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

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

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

Psychiatry

Surendra Kandel, M.D., Chairman

	April	May	June	July	Aug	Sept	Oct	YTD
Total Admissions	**100**	**105**	**99**	**97**	**124**	**110**	**107**	**868**
3.6			3.11					
CPED	**28**	15	11	11	17	6	12	**180**
UMC ED	**65**	89	83	84	102	99	93	**812**
GWU	**0**	0	0	0	0	0	0	**4**
Providence	**1**	0	0	0	0	0	0	**4**
Georgetown	**1**	0	1	0	0	0	1	**9**
Sibley	**0**	0	0	0	0	0	1	**3**
UMC Medical/Surgical Unit	**0**	1	2	1	4	3	0	**22**
Children Hospital	**0**	0	0	0	0	0	0	**0**
Howard	**0**	0	0	0	0	1	0	**6**
Laurel Regional Hospital	**0**	0	0	0	0	0	0	**1**
Washington Hospital Center	**2**	0	0	0	0	0	0	**2**
Suburban	**0**	0	0	0	0	0	0	**0**
PIW	**0**	0	0	0	1	0	0	**1**
Washington Adventist Hospital				0	0	1	0	**1**
Other/Not Listed	**0**	0	2	0	0	0	0	**20**
OTHER MESURES								
ED to Psych Admissions (Target: <2 hours)	3.8	2.7	1.9	2.3	2.5	2.6	3.6	3.11
Psychosocial Assessments (Target: 100%)	88.60 %	86%	91%	89%	87%	82%	82%	87%
Discharge Appointments for D/C'ed > 72 hours (target 100%)	92%	80%	95%	88%	81%	91%	96%	91%
Treatment Planning (Target: 100%)	71%	79%	78%	74%	57%	65%	56%	71%
DISCHARGE APPOINTMENTS								
Discharged appointments for those D/C'ed > 72 hours	62	74	75	80	94	97	90	768
# discharged to home without appointments/No discharge appointment information provided	0	0	4	1	3	5	3	22
Patient declines outpatient services	**1**	0	**0**	**0**	**0**	**1**	**0**	**6**
Discharged to medical unit	1	1	11	1	3	3	0	23
Patient left AMA	0	0	0	1	2	0	1	4
Transferred to St. Elizabeth's	3	1	3	1	3	1	3	23
Discharge appointments for those D/C'ed> 72 hours (Target: 100%)	92%	80%	95%	88%	81%	91%	96%	91%
Other								
Patients who went to court	0	1	1	0	1	0	0	8

Raymond Tu, M.D., MS, FACR, Chairman

Performance Summary:

	INP		ER		OUT		TOTAL	
EXAM TYPE	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	1		0		1		2	
CT SCAN	112		594		212		918	
FLUORO	24		1		15		40	
MAMMOGRAPHY	1		0		145		146	
MAGNETIC RESONANCE ANGIO	5		1		0		6	
MAGNETIC RESONANCE IMAGING	28		11		63		102	
NUCLEAR MEDICINE	14		2		8		24	
SPECIAL PROCEDURES	19		0		3		22	
ULTRASOUND	126		231		196		553	
X-RAY	200		1069		866		2135	
ECHO	84		46		3		133	
CNMC CT SCAN			26				26	
CNMC XRAY			537				537	
GRAND TOTAL	614		2518		1512		4644	

Quality Initiatives, Outcomes, etc.

Core Measures Performance

100% extra cranial carotid reporting using NASCET criteria
100% fluoroscopic time reporting
100% presence or absence hemorrhage, infarct, mass
100% reporting <10% BI RADS 3

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

Morbidity and Mortality Reviews: There were no departmental deaths.

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

Care Coordination/Readmissions: N/A

Evidence-Based Practice (Protocols/Guidelines) We continue to improve patient transportation into and out of the emergency department. Imaging protocols and reporting are being reviewed and improved. Dr. Tu is working with UMC and GW PACS administrators to improve image sharing and integration into each system as patients obtain care at both facilities.

Service (HCAHPS Performance/Doctor Communication)

Stewardship: Dr. Tu has spoken at dozens of breast cancer awareness events in October. He was sworn as the 201st President of the Medical Society of the District of Columbia (MSDC) on October 19, 2018 and first radiologist to be president of the 13th oldest state medical society in the country. He was joined by UMC leadership and medical staff. Dr. Tu as a member of the medical staff at UMC as well as MSDC leadership with the over 12,000 licensees of the District strive to promote excellent patient care and tools for all District physicians so excellence may be delivered.

MSDC

Medical Society of the District of Columbia • 2018 Annual Meeting and Reception
October 19, 2018 • Cosmos Club, Washington, DC

Dear Colleagues:

Welcome to the 2018 Annual Meeting and Reception of the Medical Society of the District of Columbia (MSDC) at the historic Cosmos Club, where we celebrate our 201st year together in anticipation of our next 200 years. It is my honor to be installed as President of your Medical Society. As a radiologist born and raised here in Washington, DC, I embrace MSDC's vision to make DC the best place to practice medicine.

We are a diverse, minority-majority city, and I see medicine to be someday free of bias, discrimination, and barriers to access. We aren't there yet. We have seen racial bias in medicine, and discrimination based on sex, gender identity, sexual orientation, and country of origin is becoming more apparent. This affects patients and DC's next generation of doctors, and it needs to change. District physicians need to be role models of our women and under-represented minority residents and medical students at our historically significant medical schools.

Tonight, you'll mingle with and hear from people who are part of that future. Your medical society and its leadership are solid partners, as are our panelists, award winners, DC Health and Medicaid officials and many others in the room. Don't be a stranger in a strange new place tonight; search for an old familiar face. Make new friends and become emboldened to make a difference!

Sincerely,

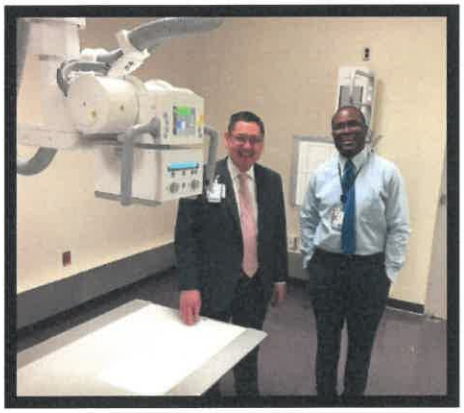
Raymond Tu, MD, MS, FACR
President, 2018-19

CURRENT POSITIONS AND TITLES: Partner, Progressive Radiology; Clinical Associate Professor, Radiology, The George Washington University; Chairman, Department of Radiology, United Medical Center; Chairman, Department of Radiology, BridgePoint Hospital, National Harbor and Capitol Hill; Relativity Update Committee (RUC) advisor and Common Procedural Terminology (CPT) Committee advisor to the AMA; District of Columbia Metropolitan Radiological Society Counselor and Past President

WHY DO YOU PRACTICE IN DC? For me, Washington, DC, is more than a place to practice. My first home was on the corner of Pennsylvania and Southern Avenue in Southeast Washington, DC. Born and raised here, DC is my "Anatevka" (*my little village…where else could a Sabbath be so sweet, where I know everyone I meet*). It is a city of opportunities and anyone who sees a step has the opportunity to climb it.

UMC Leadership Representation at the Medical Society of the District of Columbia
Ms. Angela Stewart, UMC Lead ER Technologist (***left***), Ms. Andrea Gwyn, UMC COO (***second left***), Raymond Tu MD, MSDC President and UMC Chair of Radiology (***center***), Ms. Jacqueline Payne-Borden, UMC CNO (***second right***), Ms. Fay Goode-Vaddy, UMC Director of Nursing (***right***)

UMC Radiology began operations of the new digital radiology multipurpose general radiology room which offers high resolution, fully digital low dose images for all adult and pediatric applications. This ew Fuji Digital Radiology suite enhances the already digital portable radiology and fixed system in the radiology department.



*Raymond Tu MD MS FACR, Chairman of Radiology **(left)** and Jean Vladimir Mabout, MBA Administrative Director, Radiology and Cardiology **(right)** in new Digital Radiography Suite.*

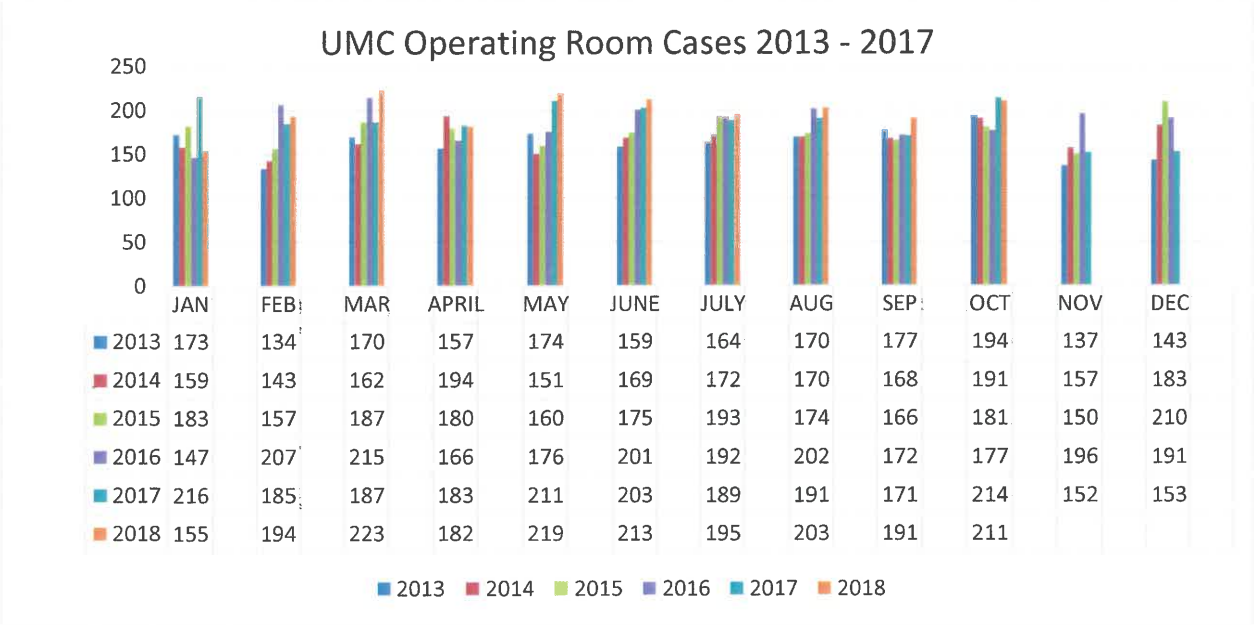
Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu will be collaborating with stakeholders to implement the new coding policy of the AMA CPT Editorial Panel. Coding integrity is essential.

Gregory Morrow, M.D., Chairman

For the month of October 2018, the Surgery Department performed a total of 211 procedures.

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

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



The start of the fourth quarter of 2018 reveal our surgical volumes have shown a consistent increase over the corresponding months of the previous years and are on pace to exceed the previous year's growth pattern. This has been due, in part, to our increase in Orthopedic surgical procedures.
We continue to work diligently to increase our efficiencies and productivity while, at the same time, delivering the highest quality of care.
We continue to meet and / or exceed the quality measures outlined for the Surgery Department. These include Selection of Prophylactic Antibiotics, VTE Prophylaxis, Anastomotic Leak Interventions and Unplanned Reoperations.

The OR Committee meeting for October 2018 was a combined meeting with Materials Management and Product Review and Standardization.
The following action items came out of this meeting:

1. Need for more structure regarding access of vendors to the OR. Will need to have a more robust system for identifying company representatives, making certain that the products have been approved and compulsory sign-in with Materials Management on every visit to the hospital. No impromptu visits to the OR.
2. Assessment of equipment needs in the OR and to address how the closing of Providence Hospital will impact the services that we provide.
3. Engage Providence Hospital regarding some of their OR equipment and the option to obtain some of their inventory

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

1. ***Weekly OR Rounds*** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This will begin with the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.
2. ***Monthly / Bi-Monthly Morbidity and Mortality Rounds*** where ALL Complications and Adverse outcomes for patients will be analyzed. This will be a multidisciplinary conference including but not limited to Surgery, Internal Medicine, Anesthesia, Pathology and ICU. This will be a Retrospective Review. The next conference is scheduled for November 29, 2018 at 0800.

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

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

The ultimate goals being:

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

With the recent announcement of the closure of in-patient services at Providence Hospital effective December 14, 2018, we are anticipating recruiting and credentialing new surgeons that hopeful will bring a better mix of elective surgeries to UMC.

We are now entering into the final stages of completing the agreements for the joint educational venture with the Howard University Surgery Department regarding reinstitution a surgery residency "Major Participating Site" program here at UMC. This is another in a series of steps to make our surgical program more robust and attractive to more community physicians.

Chief of Medical Staff Report

At the Quarterly Medical Staff meeting on December 12th, 2018, The Medical Executive Committee will announce the election results of officers for the 2019/2020 MEC term. Also at the Quarterly Medical Staff meeting, recommendations for updates to Medical Staff Bylaws will be voted on.

The Medical Executive Committee approved and submitted the following action items to the Board of Directors beginning July 2018 through November 2018:

MONTH	ACTION ITEM
JULY	1. The Credentials Committee requested approval of initial appointment, reappointment, change in category, and resignations in good standing. 2. The Medical Education Committee requested approval of the following in response to the State of Maryland Medical Society (MedChi) Reaccreditation survey findings: a. Modification of the CME Evaluation Summary Form; b. Continuing Medical Education (CME) Policy 01 titled "Continuing Medical Education Program"; c. Continuing Medical Education (CME) Policy 02 titled "Continuing Medical Education Planning Process"; d. Modification of the CME Flyers regarding control of content;
AUGUST	*No Medical Executive Committee Meeting held.*
SEPTEMBER	1. The Credentials Committee requested approval of initial appointment, reappointment, change in category, and resignations in good standing.
OCTOBER	1. The Credentials Committee requested approval of initial appointment, reappointment, change in category, and resignations in good standing. 2. The Bylaws Committee requested approval of the following revisions to the Medical Staff Bylaws, Rules and Regulations: a. Bylaws Article 2.6.5 titled "Admission History" b. Bylaws Article 3.1.1-F titled "Provisional Staff Category" c. Bylaws Article 5.4.1 A and B titled "Conditions for Privileges of Limited License Practitioners – Admissions" d. Bylaws Article 5.4.2 –a titled "Conditions for Privileges of Limited License Practitioners – Surgery and High Risk Interventions by Limited License Practitioners" e. Bylaws Article 5.4.3 titled "Conditions for Privileges of Limited License Practitioners – Medical Appraisal" f. Bylaws Article 9.2 titled "Departments – Designations" g. Rules and Regulations Article 2.16 titled "Treatment and Care Written Orders" h. Rules and Regulations Article 2.17 titled "Alterations/Correction of

OCTOBER (continued)	Medical Record Entries" i. Rules and Regulations Article 3.2 titled "Written/Verbal/Telephone Treatment Orders for Inpatients and Observation Patients" j. Rules and Regulations Article 4.3 titled "Admission of Podiatric Patients" 3. The Medical Education Committee requested approval of the revision to the Continuing Medical Education Program weekly regularly-scheduled sessions (RSS). 4. The Pharmacy and Therapeutics Committee requested approval of the following: a. Addition of Buprenorphine and Naloxone (Suboxone) to the Formulary b. Renal dose adjustment protocol for antimicrobials c. Adult extended infusion Piperacillin/Tazobectam protocol d. Controlled Substance Diversion Monitoring and Investigation (informational only).
NOVEMBER	1. Requests for initial appointment, reappointment, change in category, and resignations in good standing from the Credentials Committee. 2. The Bylaws Committee requested approval of the following revisions to the Medical Staff Bylaws, Rules and Regulations: a. Bylaws Article 3.1.1 H titled "Resident Staff" b. Bylaws Article 5.5 titled "Special Conditions for Residents in Training" 3. The Health Information Management Committee requested approval of the following forms from the hospitals Department of Rehabilitation Services: a. Inpatient Occupational Therapy Downtime Evaluation Form b. Inpatient Physical Therapy Downtime Evaluation Form 4. The Medical Education Committee requested approval of the following in response to the State of Maryland Medical Society (MedChi) Reaccreditation survey findings: a. Modification of the needs assessment process and implementation of a new Needs Assessment annual survey b. Modification of the Needs Assessment Survey for Continuing Medical Education Program c. Modification of process to include adding a mechanism to collect presenter information regarding the referencing of "Off Labe" uses of products or devices to ensure disclosure is made to the learners. 5. The Pharmacy and Therapeutics Committee submitted the Clinical Intervention Report for informational purposes only.

It is my pleasure to present to the Board, Dr. Marilyn McPherson-Corder as the incoming Chief of UMC Medical Staff, and her term would start on January 1st 2019. Dr. Corder is a 1978 graduate of Howard University College of Medicine. Dr. Corder completed her residency in Pediatrics and went on to do two fellowships one in Medical Genetics and the other in Adolescent Medicine at Howard University Hospital. Dr. Corder currently serves as Assistant

Professor in the Pediatric Department at Howard University College of Medicine, the George Washington College of Medicine, University of Maryland Allied Health and Duke University Medical School. She is the CEO and President of her private pediatric practice, Children's Medical Care Center of DC since 1982.

Dr. McPherson-Corder served as the Medical Director of the Adero House in 1987 through 1992, the District of Columbia first co-ed adolescent drug rehabilitation program. She also served as the Medical Director of the District's First school bases clinic housed at Ballou Sr. High School in 1993 through 1997. Dr. McPherson-Corder also served as the Deputy of Medical Services for the District of Columbia Department of Youth Rehabilitation Services from 2000-2009. She was recently asked by the Department of Health to staff and Chair the Neonatal Nursery of the United Medical Center in S.E. Washington, DC.

Dr. McPherson-Corder is board certified in the American Academy of Pediatrics. Her memberships include; The National Medical Association (President of the Prince Georges County Chapter 1991-1997 and 2004-present), The American Medical Association, Howard University Hospital Residency Association (former President and Chairman of the Board), Howard University Alumni Association (Board member 1998-2005), Charter Life Member and Board Member, Coalition of 100 Black Women: Charter member of the Prince George's County Chapter and a member of The Prince George's County Links.

Dr. McPherson-Corder has served on various committees to name a few; The Peer Review Committee: NYL Care, HMO 1993-1999, The Medical Advisory Committee: Charter Health Plan 1998- present, DC Teen Pregnancy Prevention Campaign: 1999-present, Child Morbidity and Fatality, Prince George's County Medical Advisory Committee for Charter Health Plan, D.C. HIV Advisory Committee .She has published articles in Parents, National Medical Association etc. She has been asked to speak to numerous local and national groups including the Deltas, AKA, Links, Congressional Black Caucus, The National Conference of Black Mayors, National 100 Black Men Association, HUMA, American Academy of Pediatricians as a CATCH recipient, National Medical Association, Dr. McPherson-Corder has appeared on numerous talk shows dating back over 25 years ago as Adolescent Specialist for BET "Teen Summit", NBC " View Point" with Joe Grab, CBS "Health Watch" with Anita Brickman, ABC Health Consultant with Rea Blackey as a medical expert on various medical topics. She is often heard nationally over the airs on various radio broadcasting networks including NPR "Tell Me More" with Michelle Martin, WHUR "The Evening Drum", WPGC as the HIP-HOP DOC, and her own weekly radio show "Village Talk" WOL Radio One. She was recently recognized for her pediatric excellence in the care of one of her patients in the Washington Post and on the following television shows Dateline: "Eye on America:" Katie Couric, CBS Evening News, "The Rachel Ray" and "The Oprah Winfrey Show". Her numerous radio and television appearances have highlighted on Children and Adolescent Health and Behavior. She host her own Saturday radio show WOL: 1450 The Village Radio Show and is known for her candid and informative discussion on the care

Dr. McPherson-Corder has numerous faculty and recognitions awards just to mention a few, The Prince Georges County chapter, Alpha Kappa Alpha Sorority Inc. Service award 1996, The Black Woman's Health Council, Inc. 1997, The Outstanding Woman of Medicine, and Prince George's County Delta Sigma Theta Sorority, Inc. Fortitude Award of year 1995.

She has been an advocate for child and teen health for over 30 years and has been dedicated to serving the community both nationally and in the Caribbean especially the

underserved youth. Her most recent passions are the fight against childhood obesity and the spread of HIV.

Thank you
Mina Yacoub, MD
Chief of Medical Staff

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: November 28, 2018

Executive Management Report

Presented by:

Matthew Hamilton
Chief Executive Officer

UMC
UNITED
MEDICAL CENTER

United Medical Center
Management Report
Operations Summary – November 2018

QUALITY

Environment of Care (EOC)

UMC passed preoccupancy inspection for the newly installed X-ray machine. UMC now has 2 X-ray rooms improving patient access and capacity.

EOC rounding continues as weekly activity for the Quality Department. The Skilled Nursing Facility has recently been incorporated into the regular schedule to address any EOC and patient safety issues. The Quality Department continues to track all issues in Audit Pro.

Training and Development

Two members of the Quality Department attended a two day MedMined® training course in which they gained valuable insight regarding the monitoring of Hospital Acquired Infections (HAIs), sentinel events, isolation cases, and antibiotic stewardship. Additional areas of focus included infection prevention workflow, graphing and reports, compiling data for submission to the National Healthcare Safety Network (NHSN), and identifying clusters and possible outbreaks.

Patient Safety

Leapfrog released UMC's Fall 2018 Hospital Safety Grade. The grade of D was primarily based on data Leapfrog gathered for calendar year 2017. Key areas of improvement that we have solidified action plans on are as follows: participation in a nationally recognized patient's safety culture survey, robust patient safety program and committee, improvement of patient satisfaction scores around staff responsiveness, communication about medication, and discharge information.

Performance Improvement (PI)

Current hospital-wide PI initiatives include reducing the ED throughput time and streamlining the New Employee Orientation to reduce duplication, delays, and increase attendee satisfaction.

Regulatory Compliance

United Medical Center was issued a certificate of licensure as a general hospital with an authorized total capacity of 210 beds.

During the month of October DC Health initiated three investigations related to patient care provided in the Emergency Department (ED) and on the Behavioral Health Unit (BHU). UMC is currently awaiting receipt of final report of findings. Corrective action plans are in process based off of preliminary findings.

United Medical Center voluntarily disclosed to DC Health and Joint Commission a reportable sentinel event. The corrective action plans developed from the Root Cause Analysis (RCA) will be reviewed with Joint Commission in January 2019.

POLICIES AND PROCEDURES

The Quality Department is working collaboratively with multiple departments to facilitate the transition of the current policy and procedure process to a fully electronic management process. Currently the policies and procedures are being reviewed/verified for correct version to ensure the most up to date policies are uploaded to the Navex system which will serve as a policy revision tool, approval routing system, and policy repository. The Policy and Procedure Committee will meet on a bi-weekly basis to continue to identify, review, approve policies and procedures in preparation for subsequent upload into Navex.

PATIENT CARE SERVICES

5 WEST AND 8 WEST

Education

All RNs on Telemetry and Med/Surg unit are currently taking the dysrhythmia class offered by the Director of Education.

The Pharmacy Department initiated training on 11/13/18 for the Extended Pip/Tazob infusion protocol and pilot study on 5 West. Projected go-live date is 11/26/18. All 5 West staff (RNs), will complete course in Relias after the Pharmacy training.

PI Initiatives

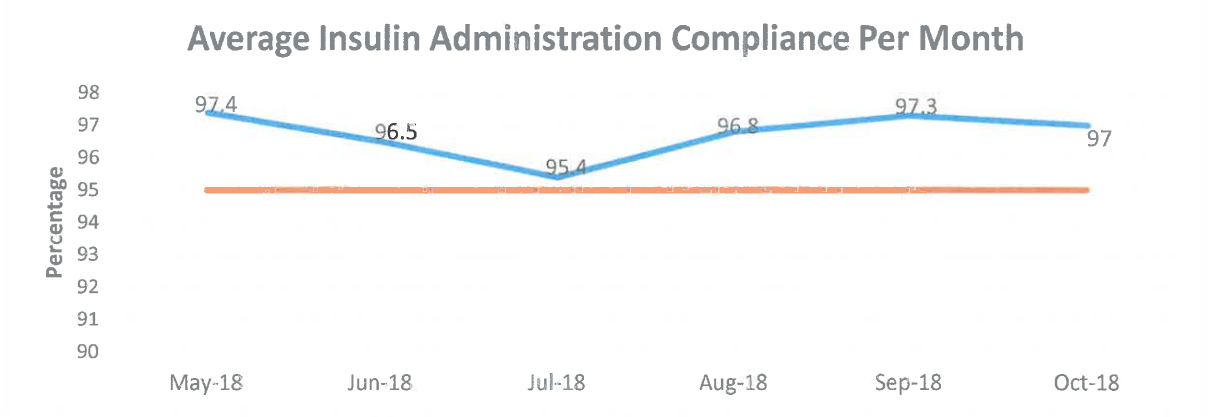
A total of 66 charts were reviewed for pain reassessment for the month of October:

- 30 charts were reviewed for care plan update and completion in October
- 26 (95%) charts were in compliance and 4 (5%) charts were not in compliance. 54 charts were reviewed for Allergies, 47 (87%) charts were completely updated and 7 (13%) charts were not updated.
- 48 charts were reviewed for medication reconciliation. 45 (94%) charts were in compliance and 3 (6%) charts were not in compliance. Staff was counseled whose charts reflected non-compliance.

Service Recovery

A total of 860 rounds were done on 8 West and 5 West for the month of October by nursing leadership. Patient complaints were properly addressed and each departmental head was notified. Staff was educated during daily huddles on how to address patient complaints and other issues related to patient safety.

DIABETES CENTER



Most frequent errors are missed insulin without documentation and giving insulin at HS that is only ordered TID with meals. Results are reported to managers along with supporting documentation. Manger meets with the nurse identified to provide coaching and progressive discipline.

Insulin Drip Documentation in the EMAR

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

October Update: An IT request has been made to display insulin drip as part of the diabetes daily report. The report writing team is in the process of identifying how to pull this information from Meditech.

Insulin Drip EMAR has been fully implemented in ICU; staff was instructed by the diabetes educators. Staff has utilized the screen and positive feedback has been obtained thus far. Implementation of the insulin drip EMAR has not gone live in the ER.

October Update: - IT is currently working on developing a screen for ER similar to the drip titration screen used in ICU. Plan is to use this until ED can implement scanning of medications. This will have an area to record the glucose, current drip rate and the adjusted drip rate. ER continues to document in the rounding note.

Staff Education

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

CRITICAL CARE

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
October	12	9.06	2	12	30	3

Education

New Stryker beds were delivered. In-services were provided for staff regarding use of beds with a live demonstration. Staff was also able to use a skills checklist to learn and provide a return demonstration on bed functions.

We currently have a new nurse educator for the department and are working closely to develop an education plan and orientation material. CCU continues to reinforce the insulin drip education.

The staff are advised to complete their Relias education in anticipation of the hands on skills fair for the annual competencies.

PI Initiatives

Monitoring random narcotic administration audits to track narcotics that were not wasted and not documented timely. Joint Commission survey tools are being used to ensure Joint Commission compliance and readiness.

Service Recovery

Continuing to round on patients. No issues found during rounding.

EDUCATION

Number of Classes Provided						
Month	**8W**	**5W**	**ICU**	**BHU**	**ED**	**OR/PACU/ASU**
Oct 2018	3	3	3	3	3	3

Education:

- Telemetry Class 2018
- Leadership Class
- Clinical Orientation (new hires)
- Glucose Training/Observation
- Relias Training for Managers and Staff
- Relias Training for EVS Staff In-Service

PI Initiatives:

- Top 5 Practice Updates
- Collaborated with EBSCO Health for Nursing Resources: Nursing Reference Center Plus
- Sage Oral Care Products - collaborated with UMC Representative for In-Service preparation of Ventilator Oral Care kits for 5 and 8 West
- SiTEL - collaboration with MedStar Health Simulation Training and Education OB Emergency
- Simulation Drills

EMERGENCY DEPARTMENT

Average Time (Minutes)	Goal	SEPT	OCT
Door to triage	30	33	27
Door to room	45	101	89
Door to provider	60	107	100
Door to departure	150	251	158
Decision to admit to floor	240	286	205

ED Metrics	SEP	OCT	NOV
Visits	4721	4636	
Prior Year Visits	4968	5053	
% Growth	-5.23%	-8.99	
LWBS	220	185	
Ambulance Arrivals	1349	1245	
Ambulance Admissions	294	356	
% of ED patients arrived by Ambulance	**29%**	**27%**	
% of Ambulance Patients Admitted	**22%**	**29%**	

Education:

- Initiation of quick look protocol/competency
- Initiation of Flu immunization
- Black Waste Bin - medication only
- Navex - documentation of all incidents
- Splint - documentation by discipline applying splint (finance)
- TTY phone with operator/review policy
- New Wound Camera for identifying admitted patients with wounds

PI Initiatives:

- Triage within 15 minutes (goal 30 minutes)
- EKG on arrival (goal < 10 minutes)
- Quick Look RN 24/7
- Vital Signs Q 4 hours or < if warranted
- Pain reassessment 1 hour or 30 minutes after PO/IV medication

Service Recovery:

- Able to provide service recovery in real time
- No additional recovery required

CASE MANAGEMENT

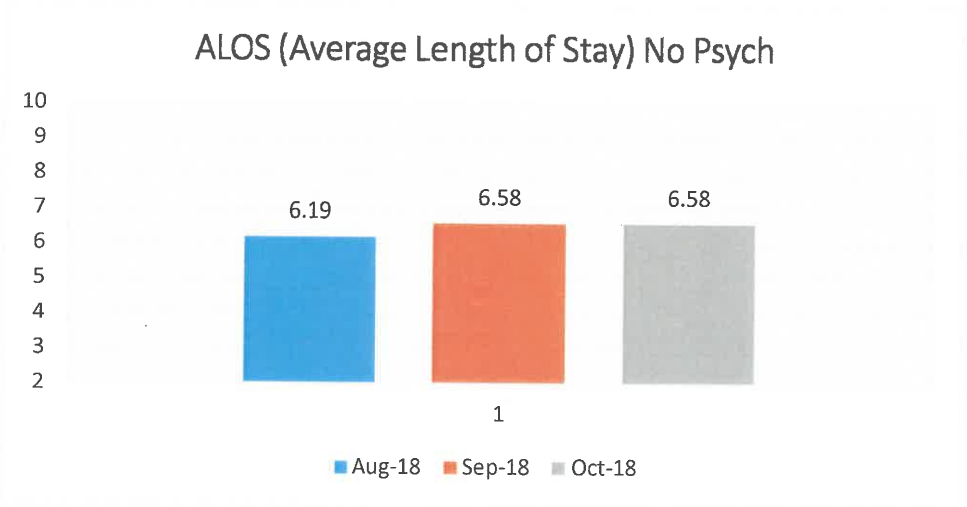
Status:

- Vendor selected for ambulance/patient transportation has withdrawn from consideration; indicates not able to take on additional contract at this time. Plan to move forward with alternate vendor.
- Interviews underway to fill critical Clinical Social Worker positions

- Strategic plan to restructure department to improve operational oversight
- On target to implement web-based naviHealth discharge planning application on November 14, 2018

Metrics

In October 2018, 6.58 days; no change in the ALOS over September 2018 6.58 days.



MAJOR Barriers:

- DC Medicaid outlier cases with length of stay greater than 20 days with no accepting facility
- LTAC refusing to accept patient back due to prior outstanding balance
- Patient refusing to spend income to pay for assistance needed; requires maximum assistance
- Lack of DC Medicaid beds at skilled nursing facilities
- Manual referral process used for discharge planning; this will be improved with go-live of naviHealth in mid-November
- Lack of physician advisor services to adequately address LOS issues (Peer to Peer) and provide denials prevention
- Lack of staffing - critical staffing needs are not being filled adequately or timely
- Challenges recruiting and retaining clinical Social Worker staff due to salary structure

RESPIRATORY SERVICES

Education

On October 17, 2018, several UMC Respiratory Therapist (RT) attended the 15th Annual Mechanical Ventilation Conference in College Park, MD. Learned about treating an obese ventilator patient, treating a mechanical ventilator patient with bio-trauma, and many other current updates in mechanically ventilated patients. Each RT in attendance earned 7 CRCE continuing education contact hours from the American Association for Respiratory Care.

PI Initiatives

A total of 284 Arterial Blood Gas (ABG) samples were drawn from patients by Respiratory Therapist in October 2018. Five, or 1.76%, of the ABG samples reported did not have a

necessary "read back" of confirmation of a critical value. In comparison, in September 2018, a total of 264 ABG samples were obtained. Of these blood samples, two, or 0.75%, did not have documentation of a critical value being reported properly.

OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS

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

- Radiology Fluoroscopy Rooms (#3 and #4): (In Progress)
  - Architectural design proposal completed
  - RFQ
- Radiology Dressing/Restroom Area: (In Progress)
  - Architectural design proposal completed
  - RFQ
- Completion of Mammography Suite: (In Progress)
  - Contractor selected; permit application
- ED Renovation: (In Progress)
  - Architectural design proposal completed. Scope reduced – new proposal slated for beginning of December.
- Kitchen Walk-in Cooler and Freezer Replacement Construction – To reduce freezer and refrigeration annual repair costs by 40%. Compliant with Department of Health requests. Reducing possible citations. On Hold pending permit approval.
- IR Room HVAC and mechanical upgrade: (In Progress)
  - Proposal/Scope of work under review

Completed Projects:

- SNF Department – 6th and 7th floor refresh (new seating, patching/painting, lighting, ceiling tiles, replacing diffusers); Staff break room, activity rooms, beauty salon area. **COMPLETED 11/20/2018**
- Auditorium Renovation – Auditorium refresh (new seating, carpet, ceiling tiles and lighting, and audio visual equipment). **COMPLETED 11/9/2018**

Future Projects:

- Cart Storage and Store Front Construction:
  (This construction will assist with faster more efficient service to our patients and residents.)
  - Architectural design proposal completed
  - RFQ in process
- Pharmacy Renovation
- Bronchoscopy Study

CONSTRUCTION/RENOVATION PROJECTS

Grounds and Landscaping: Address exterior entrance refurbish needs, update all lighting to LED, entrance and elevator cleaning, landscaping campus wide, power washing main entrances, identify projects for back entrances updates (UDC, Security entrance). **Update:** Identified vendor for employee entrance, security entrance and UDC – install date beginning of December. New matting at all 3 entrances: Main Hospital entrance, ED entrance, and MOB entrance (11/24/18).

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

Flooding Restoration Work: Leading efforts with key stakeholders: Facilities, EVS, Risk Management, and Infection Control departments. CNA engaged with JS Held to provide a moisture assessment of impacted spaces and adjacent areas. JS Held provided a detailed scope of work and completed bid process. **Update:** 1st, 2nd, and 3rd floors completed, BHU/4th floor hallways slated for early December.

SPECIAL PROJECTS

Hospital Clean/Declutter Campaign continues:

- Facilities/EVS/Biomed – Removal of items that can be discarded or stored in designated areas; deep cleaning of all areas; maintenance to do a comprehensive PM of all areas for any deficiencies
- Removal of all documents/forms with patient identifiers (to be shredded)
- Security – Fire/safety rounds of floors, test all cameras and access points, need to add additional keypads to back of HR records room; Finance; Executive suite; and Compliance area
- Materials Management – Assist with consolidation of storage areas
- Inventory of all Assets (continued) – Biomed and Facilities departments – upload and update in Maintenance Connection system.
- Monthly exterior power washing

EVS Department:

- Completely stripped and waxed X-ray room 1
- Visitor waiting rooms in ICU scrubbed and waxed
- Continued to strip wax from PEDS ER floors
- Completed adult ER halls
- Ground floor corridors scrubbed and waxed
- 7th floor rehab scrubbed and waxed – additional areas this week
- Offices on 6 scrubbed and waxed
- Doctor's office in ICU scrubbed and waxed
- Offices on 3 scrubbed and waxed 308, 310, 311 and 312
- MOB halls on the 2nd and 3rd floors scrubbed and waxed
- Pharmacy lounge scrubbed and waxed
- HR floors scrubbed and waxed
- 2 offices on the 6th floor scrubbed and waxed
- Cleaned out shed behind facility
- Scrubbed and waxed control room in auditorium

- Scrubbed back lower landing in auditorium
- Conference room 712 scrubbed and waxed
- 7th floor RN station scrubbed and waxed

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

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

HUMAN RESOURCES

UPCOMING HR BEST PRACTICES IMPLEMENTATION:

- HR Recent Successes
    - Successful Interim Audit with no findings notated thus far
        - Positive feedback from Auditors included notation of the increased organization within HR, increased accessibility and collaborative interaction with HR professionals, and effective presentation of file documentation
    - Team fully staffed with Nurse Recruiter and Worker's Compensation Manager to aid the team in future successes
        - All outstanding worker's compensation claims are now entered into IntelliRisk and the organization is 100% compliant with timely claim entries

- The Labor Management Action Team (LMAT) Process to Now Include DocuSign
    - Incorporation of DocuSign for routing of PARs and Sufficiency Forms
        - Proposed DocuSign routing is outlined below:
            - DocuSign Workflow - Pre-steps to onboarding process
            - Supervisor/Manager (Department Head) initiates document including pertinent details, signs, and sends PAR/Sufficiency by DocuSign desktop icon (Department Leads)
            - HR Generalist to receive notification of initiation of document, notate accordingly on LMAT spreadsheet, and begin initiation of the document routing
            - COO Signature
            - HR Signature
            - LMAT Committee signature (Jacqueline Payne-Borden or Marcela Maamari)
            - CEO Signature
            - Finance signature for approval
            - Document routed back to HR through DocuSign
            - HR to provide needed action: posting requisitions, initiating transfers, processing terminations, resignations, etc.

- Streamline the Hiring and Onboarding Process
    - Implementation of technology for the onboarding process
        - Inclusion of new hire documentation on Intranet "New Hire Portal" accessible to all new hires
    - Utilize newly created Applicant Tracking System to track recruitment time
    - Restructure of day one process to shorten the time duration to enable new hires Extend time on day one to acclimate with their respective teams
        - Assign each new hire with a peer coach or mentor to provide support

- Benefits Open Enrollment
    - Open Enrollment for UMC for benefits eligible employees begins on December 3rd through December 17th
        - The organization is increasing its contribution to 80 percent to make the Kaiser HMO plan more attractive and to increase employee participation
        - The organization is increasing its contribution to 30 percent to the Kaiser Flexible Signature Plan, which allows participants to see providers outside of the Kaiser Network
        - Colonial is the new Life Insurance Provider for UMC
            - Highlights of Colonial Coverage Includes:
                - Accident Coverage
                - Annual Mammograms with no out of pocket cost
                - Cancer Prevention Screening with no out of pocket cost

INFORMATION TECHNOLOGY

INFORMATION TECHNOLOGY

November 15, 2018

Initiative	Status	Timeline for Completion	Comments
IT Governance and Management			
Develop and implement formal IT Security Program		June 2019	•Recruiting for Information Security Officer •IT security assessment remediation efforts in progress
Develop and implement IT policies and procedures		September 2019	•All IT policies and procedures are being reviewed and updated
Restructure IT organization and fill critical vacancies		January 2019	•New Network/Server Manager in place •Recruiting for network, telecom, desktop and command center staff
Achieve Meaningful Use Compliance -2018		March 2019	•Multi-disciplinary team working to meet measure thresholds •Working with local HIE (Health Information Exchange) to achieve the electronic transmission of transition of care documents
Update and Expand Applications			
Upgrade Meditech Magic to current release level		January 2019	•Upgrade will enable UMC to achieve Meaningful Use for 2019
3M360 Medical Records Coding Documentation Enhancement		March 2019	•Will enhance data sharing and clinician communications between 3M and Meditech
Interface Meditech to eClinical Works outpatient system		December 2019	•Will facilitate billing of eClinical Works accounts
NaviHealth - Post Acute Patient Management		Completed	•To facilitate discharge management processes •System successfully went live November 14, 2018
Point Click Care clinical documentation - SNF		April 2019	•Nursing electronic documentation went live July 30, 2018 •CPOE and additional specialty modules will be implemented
Implement Kronos HRIS		May 2019	•HRIS (Human Resource Information System) will provide significantly improved human resource and payroll management tools for the organization
Develop and implement a Corporate Intranet		Feb 2019	•To enhance communications throughout the organization and provide a standard launching platform for applications •System successfully went live November 14, 2018
Refurbish Infrastructure			
Overhaul of cable plant and wiring/communications closets		March 2019	•Implemented new UPS in closets; have avoided several outages •Performing a design analysis in order to facilitate vendor selection for cooling and electrical work
Develop and maintain Business Continuity / Disaster Recovery plan and processes		June 2019	•Evaluating alternative solutions to provide disaster recovery for systems housed in UMC's data center
Wireless communications		March 2019	•Wireless improvements to floors 5 and 4 have been temporarily delayed until December due to availability of funds •All Hospital and Medical Office Building areas will be remediated •Nursing phones are ready to be deployed as wireless network is fixed

Key:
= On target Proceed with caution Needs attention

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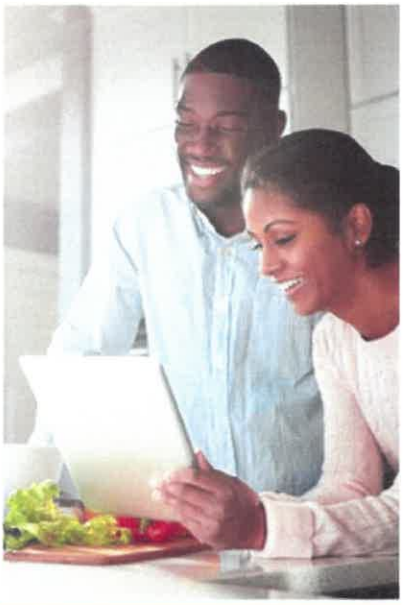
The Not-For-Profit Hospital Corporation

2019 OPEN ENROLLMENT GUIDE








Open Enrollment will be held
DECEMBER 3 through DECEMBER 17, 2018

This is the period during which you have the opportunity to enroll or make changes to medical, dental, life insurance, and other benefit elections for you and your family.

WELCOME

to the 2019 Open Enrollment!

The Not-For-Profit Hospital Corporation strives to offer you and your dependents a competitive and comprehensive benefits package. This year is no exception and as an example of your commitment to you we have restructured our employee vs. employer contribution share on the medical plans to make them more affordable for you and your family.

We encourage you to take the time to educate yourself about the available benefit options. The benefits you elect during Open Enrollment will be effective from January 1, 2019 to December 31, 2019. Once you have made your elections, you will not be able to change them until next Open Enrollment period unless you experience a qualified change in status.

2019 Benefit Highlights

Medical Plans
Our Benefit Consultants reviewed other carrier and plans options and the most competitive option (both financially and by plan design) remains with Kaiser. **We have realigned our employee vs. employer cost sharing to make it more affordable for employees to enroll in the medical plans.** We are also providing you with a plan option where you can visit non-Kaiser providers. More details on the 2019 medical plans and payroll contributions can be found on pages 4-5. Please make sure you read the information regarding the two plans we are eliminating.

Wellness Benefit - NEW!
Employees who are able to certify that they are non-tobacco users will be eligible for a reduction to their medical plan payroll contributions. Please see page 6 for further information.

Dental Plan - PRICE DECREASE!
We were able to negotiate a **DECREASE** to the current Aetna Dental rates. Plan details and payroll contributions can be found on page 7.

Vision Plan – PRICE HOLD!
We were able to negotiate a no-increase renewal with VBA. Therefore the current plan and payroll contributions will remain for the new plan year and can be found on page 8.

Basic Life/AD&D—100% EMPLOYER PAID
The Not-For-Profit Hospital Corporation will continue to provide all benefit eligible employees with this benefit paid for 100% by the company. Benefit details can be found on page 9.

VOLUNTARY PLANS - NEW CARRIER/PLANS!
Colonial Life is offering our employee's competitive rates for the following voluntary plans. Please schedule an appointment to meet with a Colonial Representative during open enrollment.

- Disability
- Additional Term Life or Whole Life
- Accident or Hospital
- Critical Illness/Cancer

Enrollment Information

What do I need to do now?

This is a passive enrollment so you must log into Plan Source for only the following reasons:

- **Medical Plan:** We have narrowed our plan portfolio down to two plans, which means we are eliminating two plans. If you are currently enrolled in the HMO Select Plan or the High Deductible Health Plan (HDHP) we are automatically going to enroll you into the Kaiser DHMO plan unless you select another plan via Plan Source (see page 4). Also you can log into Plan Source to change your dependent coverage status.
- If you have not used tobacco products in the past six months, please certify via Plan Source to be eligible for the discounted medical employee contribution.
- **Flexible Spending Account (FSA):** Each year you are required to re-enroll in this plan as your current election cannot rollover to the new plan year; this is an IRS rule. See page 10 for information on the FSA.
- You want to change your enrollment in the **Vision or Dental Plans**, or the dependents you cover in those plans. If you do not make any changes via Plan Source to these plans, your current plan and dependent elections will rollover to 2019.

YOU MUST MAKE ANY PLAN CHANGES NO LATER THAN MONDAY, DECEMBER 17TH

Instructions to Enroll via Plan Source:

1. Go to **www.plansource.com**
2. Click on **"Login"**
3. Click on **"Benefits Administration"**
4. Follow instructions on how to input Username and password
   Your Username will be capital initial of first name, lowercase first 4 letters of last name, and last 4 SSN

   Your Temporary password is capital initial of last name and date of birth without dashes (LMMDDYYYY). You will be prompted to change your password. Once Logged in, the employee will need to select each benefit and indicate whether or not they are enrolling or denying each benefits plan.
5. Click checkout and submit for processing.

If you have questions regarding Plan Source, please contact James Neuvieme at JNeuvieme@United-MedicalCenter.com or via (202) 574-6079.

Making Plan Changes

Unless you experience a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified status changes include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in your spouse's benefits or employment status.

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period," which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

You must notify Human Resources within 31 days of experiencing a qualified status change.

Medical Plans: *Kaiser Permanente*

We have narrowed down our plans to make it more affordable for our employees to cover themselves and their families. We have also given you freedom via the Flexible Choice Plan (Flex Plan) to utilize providers outside the Kaiser HMO network.

If you are currently enrolled in the HMO Select Plan, we are going to automatically enroll you in the new "Base Plan", Deductible HMO (DHMO) plan. If you would like to enroll in the Flex plan instead, please log into the Plan Source system and make your selection (see page 3 for instructions).

NOTE: if you are currently enrolled in the HMO Select Plan, by moving to the Base Plan/DHMO, you will be saving $1,300 single/$3,900 family per year in employee payroll deductions! **This savings is greater than the in-network deductible in the DHMO Base Plan.** See page 6 for employee contributions.

	Kaiser Deductible HMO	Flexible Choice Plan		
BENEFIT DESCRIPTION	IN-NETWORK	KP PLAN PROVIDER	PHCS	OUT-OF-NETWORK
Deductible Individual/Family	$1,000 / $2,000	None / None	$1,000 / $2,000	$2,000 / $4,000
Out-of-Pocket Maximum Individual/Family	$3,000 / $6,000	$2,250/ $4,500	$3,000 / $6,000	$6,000 / $12,000
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visit	$30 copay* **(deductible does not apply)**	$30 copay	$45 copay**	Plan pays 60%
Specialist Office Visit	$40 copay* **(deductible does not apply)**	$40 copay	$55 copay**	Plan pays 60%
Diagnostic Lab/ X-Ray	$30 copay* **(deductible does not apply)**	No charge	Plan pays 80%	Plan pays 60%
Diagnostic Imaging (MRI, CT-Scan)	Plan pays 80%	$100/test	Plan pays 80%	Plan pays 60%
Emergency Room	$100 copay* (waived if admitted) **(deductible does not apply)**	$100 copay	$100 copay	$100 copay
Urgent Care Center	$40 copay* **(deductible does not apply)**	$40 copay	$55 copay	Plan pays 60%
Inpatient Hospital	Plan pays 80%	$250 per admission	Plan pays 80%	Plan pays 60%
Outpatient Surgery	Plan pays 80%	$100 copay	Plan pays 80%	Plan pays 60%

*Deductible HMO Plan -PCP, specialist, emergency room, urgent care, etc. are not subject to the deductible.

** Flexible Choice Plan - PCP, Specialist, etc. is not subject to the deductible

For a more detailed listing of benefits, please refer to the Kaiser Permanente benefit summaries.

Prescription Benefits: *Kaiser Permanente*

The two Kaiser medical plans include prescription drug benefits administered by Kaiser. If you elect to participate in one of the medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice.

Kaiser Deductible HMO

	PRESCRIPTIONS OBTAINED AT "PLAN PHARMACIES" (KAISER PHARMACIES LOCATED INSIDE KAISER MEDICAL CENTERS)	PRESCRIPTIONS OBTAINED AT "PARTICIPATING PHARMACIES" (SUCH AS RITEAIDE, WALMART, SAFEWAY, GIANT, ETC.)
Generic	$15.00	$25.00
Preferred Brand	$35.00	$55.00
Non-Preferred Brand	$60.00	$80.00
Mail Order	2x Retail Copay	

Flexible Choice Plan

	PRESCRIPTIONS OBTAINED AT "PLAN PHARMACIES" (KAISER PHARMACIES LOCATED INSIDE KAISER MEDICAL CENTERS)	PRESCRIPTIONS OBTAINED AT "PARTICIPATING PHARMACIES" (SUCH AS RITEAIDE, WALMART, SAFEWAY, GIANT, ETC.)
Generic	$10.00	$25.00
Preferred Brand	$30.00	$50.00
Non-Preferred Brand	$55.00	$75.00
Mail Order	2x Retail Copay	

About the Mail Order Program

With the Kaiser HMO, Deductible HMO, HDHP and KP Plan Provider plans, using the mail order program for your maintenance medications will save you money. You will receive **up to a 90-day (3-month) supply** for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using mail order, simply complete a mail order form at ***healthy.kaisepermanente.org*** *and send along with your prescription(s) written for a 90-day supply of medication.*

Medical: *Employee Contributions*

The medical/prescription drug employee contributions will be effective from January 1, 2019 to December 31, 2019. If you are currently enrolled in the HMO Select Plan, by moving to the Base Plan/DHMO Plan, you will be saving $1,300 single/$3,900 family per year in employee payroll deductions! This savings is greater than the in-network deductible in the DHMO Base Plan. (Note: Colonial Life is offering a voluntary hospital plan that you can purchase to bridge the deductible gaps in both medical plans.)

A $10.00 per month discount will apply to those who can certify they have not used tobacco products within the past six months. For this discount, please log into the Plan Source enrollment portal and certify that you are a non-tobacco user.

Bi-weekly Medical/Prescription Contributions - Non-Tobacco User

ENROLLMENT TIER	KAISER DEDUCTIBLE HMO	KAISER FLEXIBLE CHOICE
Employee	$54.30	$126.96
Employee + Spouse	$114.03	$266.61
Parent + Child(ren)	$103.17	$241.22
Family	$162.90	$380.87

Bi-weekly Medical/Prescription Contributions - Tobacco User

ENROLLMENT TIER	KAISER DEDUCTIBLE HMO	KAISER FLEXIBLE CHOICE
Employee	$64.30	$136.96
Employee + Spouse	$124.03	$276.61
Parent + Child(ren)	$113.17	$251.22
Family	$172.90	$390.87

Monthly Medical/Prescription Contributions - Non-Tobacco User

ENROLLMENT TIER	KAISER DEDUCTIBLE HMO	KAISER FLEXIBLE CHOICE
Employee	$117.65	$275.07
Employee + Spouse	$247.06	$577.66
Parent + Child(ren)	$223.53	$522.64
Family	$352.95	$825.22

Monthly Medical/Prescription Contributions - Tobacco User

ENROLLMENT TIER	KAISER DEDUCTIBLE HMO	KAISER FLEXIBLE CHOICE
Employee	$139.32	$296.74
Employee + Spouse	$268.73	$599.33
Parent + Child(ren)	$245.20	$544.31
Family	$374.62	$846.89

Dental Plan: *Aetna Dental*

UMC offers its employees dental insurance through Aetna. Listed below is a brief summary of benefits; a more detailed description can be found on the Plan Source site.

	Active PPO w/ PPOII Network	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual Family	 $25 $50	 $25 $50
Calendar Year Maximum (per patient)	$1,000	$1,000
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays Fluoride Treatment	Plan pays 100%	Plan pays 80%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Plan pays 80%*	Plan pays 60%*
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	Plan pays 50%*	Plan pays 30%*
Orthodontia Benefits (children age 19 and below)	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Maximum (per patient)	$1,000	$1,000

*After deductible

Dental Employee Contributions

Contributions are effective January 1 - December 31, 2019.

ENROLLMENT TIER	EMPLOYEE	EMPLOYEE + SPOUSE	PARENT + CHILD(REN)	FAMILY
Bi-Weekly Contribution	$2.46	$5.67	$4.56	$7.11
Monthly Contribution	$5.34	$12.29	$9.88	$15.40

Vision Plan: *Vision Benefits of America*

There are no changes to the vision plan benefits or costs for 2019 plan year.

If you need help finding an in-network vision provider, please visit **www.vbaplans.com**. Click on "Vision Plan" and then choose "I am a Member" from the drop down menu. Click on "Provider Finder" from the left column.

	IN-NETWORK	OUT-OF-NETWORK
Exam	Covered 100%	Up to $40
Frames	Covered 100% if within the plan's wholesale allowance	Up to $45
Lenses		
Single Vision Lenses	Covered	Up to
Bifocal Lenses	100%	$40
Trifocal Lenses	100%	$60
Lenticular Lenses	100%	$80
	100%	$100
Contact Lenses		
Elective Contact Lenses*	Up to $75	Up to $75
Elective Contact Lens Fit Fee	15% discount	N/A
Medically Necessary (prior authorization from VBA)	100% In lieu of all other materials/services	Up to $250 In lieu of all other materials/services
Frequency		
Vision Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

*The contact allowances can be applied to contact lens fit and/or contact lens materials and there is no guarantee that these amounts will be sufficient to cover the full cost of said fits and/or materials.

Vision: Employee Contributions

The contributions are effective January 1, 2018 to December 31, 2019.

ENROLLMENT TIER	EMPLOYEE	EMPLOYEE + SPOUSE	PARENT + CHILD(REN)	FAMILY
Bi-Weekly Contribution	$0.40	$0.74	$0.65	$0.98
Monthly Contribution	$0.87	$1.60	$1.41	$2.12

Life and Disability Insurance, Critical Illness/Cancer Plan, Accident & Hospital Plans: *Sun Life & Colonial*

Basic Term Life and AD&D Insurance

The Not-For-Profit-Hospital Corporation provides all benefit eligible employees with a Basic Life & AD&D Benefit - **paid for 100% by the company.**

BASIC TERM LIFE AND AD&D PLAN	
Benefit Amount	1x basic annual earnings, up to a maximum of $150,000 salary
Benefit Reductions: Benefits are reduced by a certain percentage as employees age	Benefits are reduced to 65% at age 65 and to 50% at age 70.

Disability Insurance

In the past we have offered a 100% employee-paid short term and long term disability benefit with SunLife. If you are currently enrolled with the SunLife disability plan(s) you can remain grandfathered in these plans and not make any changes.

NEW DISABILITY BENEFITS: We are now offering a catalog of voluntary products by Colonial Life, including disability benefits. These benefits are affordable and offer comprehensive benefits coverage. **PLEASE SCHEDULE A TIME TO MEET WITH THE COLONIAL LIFE REPRESENTATIVE DURING OPEN ENROLLMENT.**

NEW PRODUCTS WITH COLONIAL LIFE:

We will be offering the following individual voluntary coverages via Colonial Life:

- Disability
- Additional Term Life & Whole Life
- Accidental
- Hospital
- Critical Illness/Cancer

Colonial Life Policies are not listed on the Plan Source enrollment site. These benefits require you to meet with a Colonial Life Representative. Please schedule your one-on-one meeting for open enrollment!

Flexible Spending Account: *Plan Source*

What is a Flexible Spending Account

A Flexible Spending Account (FSA) is an employee benefit that can save you money on eligible health care and dependent care expenses for you and your family.

There Are Two Types of FSAs:

- **The Health Care FSA** is used to pay for eligible out-of-pocket medical expenses not paid by insurance or other source.
    - The maximum you can contribute to the Healthcare FSA is **$2,700**
- **The Dependent Care FSA** is used to pay for eligible child or elder care expenses including daycare, before/after-school care and summer camp.
    - The maximum you can contribute to the Dependent Care FSA is **$5,000** if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately.

How Will an FSA Save Me Money?

When you enroll in an FSA, your deductions are taken on a pre-tax basis. Therefore, you pay less in taxes. Here's an example:

ANNUAL SAVINGS*	WITH FSA	WITHOUT FSA
Annual Pay	$50,000	$50,000
FSA pre-tax contribution	($2,000)	$0
Taxable income	$48,000	$50,000
Federal income, Social Security and Medicare taxes	($11,444)	($12,097)
After-tax dollars spent on eligible expenses	$0	($2,000)
Real spendable income	$36,556	$35,903
Savings with an FSA	$653	$0

*Sample tax savings for a single taxpayer with no exemptions. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information

Should I Enroll?

If any of the following apply to you or eligible family members, enrolling in an FSA can save you money on:

Health Care

- Copays, deductibles or coinsurance for medical, dental or vision plans
- Prescription Medications
- Glasses, contacts or laser eye surgery
- Orthodontia treatments, such as braces

Dependent Care

You and your spouse (if married) are working, looking for work or attend school full-time and

- Have children under age 13 who attend daycare, before-/after-school care or summer day camp, or
- You provide care for any other person who is mentally or physically incapable of caring for himself or herself, and comply with IRS regulations

How Much Should I Contribute to My FSA?

The amount you elect to contribute is unique to your health care and dependent care situation. Look at what you typically spend each year on out-of-pocket health care and child care.

Visit **www.spendingaccounts.info** for more information.

What is Use-It-or-Lost-It?

Because FSAs have tax benefits, the IRS places guidelines on them. **As a general rule, any funds left in your account at the end of the plan year are forfeited and are NOT rolled-over to the new plan year.** Plan carefully when determining how much you want to contribute.

To avoid forfeiting funds we offer a grace period as allowed by IRS regulations:

*** Participants have a ____month extension – until _____, 2019 – called the "grace period" to incur claims and use their 2018 fund monies. Note that the grace period only applies to the Health Care FSA. Unused Dependent Care FSA amounts will be forfeited at the end of the plan year (December 31st).**

Flexible Spending Account cont.

How Do I Enroll?

Enroll in the FSA via the Plan Source site. Once you have determined your annual FSA election, your employer deducts the amount from your pay in equal amounts throughout the year, before taxes.

What Expenses are FSA-Eligible?

Health Care FSA

- Copays, deductibles and coinsurance for medical, dental and vision plans
- Prescriptions
- Eyeglasses and contacts
- First aid supplies
- Smoking Cessation products
- Braces
- And more!

Dependent Care FSA

- Daycare and elder care
- Before-/After/school care
- Summer day camp

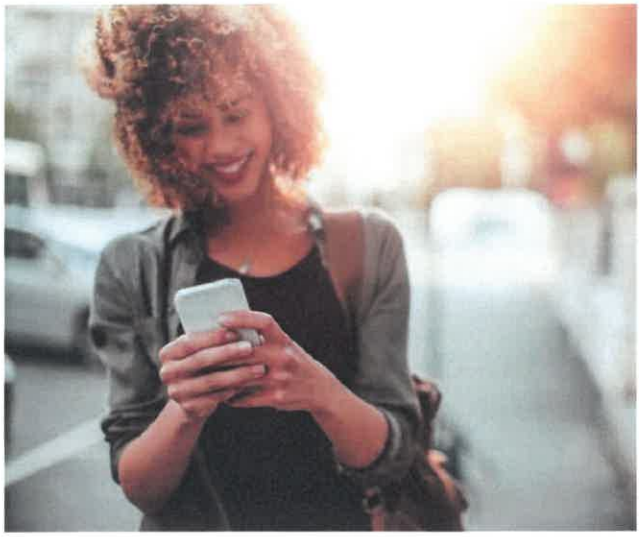
Note: Eligible expenses are subject to change based on IRS guidelines. Over-the-Counter medications (except insulin) are NOT eligible for reimbursement from a Health Care FSA unless the medication is prescribed.

When Can I Change My Payroll Allocation?

A Qualifying Life Event refers to an event defined by the Internal Revenue Service (IRS) Section 125 that allows you to change your FSA election outside of the open enrollment period. Here are the specific events that can give you a chance to raise or reduce your allocations:

- A change in your number of tax dependents
- A change in your legal marital status (marriage, legal separation, divorce or death of a spouse)
- A death of a dependent
- Birth of a child, adoption of a child or placement for adoption
- A change in your employment status that affects eligibility for health insurance benefits (for yourself, a spouse or one of your dependents)
- A change in your dependent's eligibility, such as when a child reaches age 13 and no longer qualifies for coverage under a Dependent Care FSA
- A change in child/elder care cost or coverage, but this only applies to those who use a Dependent Care FSA

Additional Resources



BeneService, a Member Advocacy Program: Conner Strong & Buckelew

We know it is often difficult to fully understand your health benefits and use them properly—especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. If you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or terminating a dependent
- Need help to resolve a problem you've been working on

Please contact the Conner Strong & Buckelew Member Advocacy Unit for assistance:

- Via phone: **800-563-9929**, Monday through Friday, 8:30 am to 5 pm EST
- Via the web: Go to **www.connerstrong.com/beneservice** and complete the fields.

United Medical Center reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail .

Additional Resources

Benefit Perks

With Conner Strong & Buckelew Benefit Perks, members gain access to premium discounts on valuable services and items.

CSB Benefit Perks is a discount and rewards program, provided by Conner Strong & Buckelew (CSB), is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers. Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **http://connerstrong.corestream.com**

GlobalFit

Save money and achieve your fitness goals with GlobalFit!

- Choose from over 10,000 gyms
- Save with GlobalFit's Lowest Price Guarantee!
- Transfer to other network gyms easily if you move your membership
- Flexible membership options
- Freeze your membership for up to 2 months a year with no billing
- Travel with access to other gyms nationwide
- Save on various home health and fitness products
- Free Tips and Resources help you stay motivated
- And more!

Call **800-294-1500** or visit **www.globalfit.com/connerstrong** for more information!

Good Rx

Stop paying too much for your prescriptions!

Good Rx, provided by Conner Strong & Buckelew, allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. The cost for the same medications - even when using a network retail pharmacy - vary drastically from one drug store to the next. And while prescription drug plan copays may be the same no matter which pharmacy you go to, the retail cost to your employer may be greatly reduced when you get your medications from a pharmacy that charges a lower discounted price. Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Start saving on your prescriptions today at **www.connerstrong.goodrx.com**

HealthyLearn

HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner. The data and information is laid out in an easy-to-follow format. HealthyLearn includes the following interactive features:

- Ask the Coach
- Rotating Health Tip-of-the Day
- Symptom Checker
- A to Z Encyclopedia
- Health News
- Wellness and Disease Management
- Nutrition and Weight Loss
- Monthly Wellness Newsletter
- Home Safety Guide
- And more!

Learn more and get started on your path to wellness today by visiting HealthyLearn at **www.healthylearn.com/connerstrong**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General Board Meeting

Date: November 28, 2018

Finance Committee

Wayne Turnage, Chair

Not-For-Profit Hospital Corporation Board of Directors
Finance Committee Meeting
Agenda: Monday, November 26, 2018 @ 5:30PM

I. CALL TO ORDER / RECORDING / ROLL CALL

Agenda Printed: 11/26/2018

II. REVIEW & APPROVAL OF MINUTES – *POSTPONED*

- Board Secretary's Office needed additional time

III. COMPLIANCE – TWO MIDNIGHT RULE (CONFIDENTIAL)– *DISCUSSION*

IV. CONTRACTS & PROCUREMENTS - *ACTION REQUIRED*

V. MONTHLY FINANCIALS & KEY INDICATORS – *ACTION REQUIRED*

VI. FY 19 GAP CLOSING PLAN IMPLEMENTATION – *DISCUSSION*

- To be discussed in detail at the 12/3/18 Mazars Accountability Committee meeting

VII. FISCALLY CERTIFIED FY 19 PROPOSED REDUCTION-IN FORCE PLAN - *DISCUSSION*

VIII. BRIDGEPOINT & SNF STAFFING ANALYSIS UPDATES - *DISCUSSION*

IX. LEGAL COSTS – *POSTPONED*

- OCFO follow up provided to Committee Chair; additional time requested by Hospital

X. OTHER BUSINESS

- New business/Old business
- CY 2019 Finance Committee Schedule forthcoming

XI. ANNOUNCEMENTS

- The next regular Finance Committee will be held January 21, 2019 @ 3pm
- The next full Board meeting will be held November 28, 2018 @ 9am
- The Board's Annual Community Meeting will be TBD (December 2018)
- The next Mazars Accountability Committee meeting will be held December 3, 2018 @3pm

XII. ADJOURNMENT

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Not For Profit Hospital Corporation
United Medical Center

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

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Table of Contents

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Gap Measures Tracking

	Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Unrealized/ Unrecognized	Percentage Completed/ Updated
FY19 Proposed Budgeted Net Income (Loss) from Operation			**($39,495,000)**	
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	$0	$7,200,000	0.0%
GWUMFA Subsidy	$7,500,000	$0	$7,500,000	0.0%
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	$0	$5,325,000	0.0%
District Subsidy (Proposed)	$1,796,712	$0	$1,796,712	0.0%
Adjusted Net Income (Loss) from Operations:	**$40,621,712**	**$0**	**$1,126,712**	**0.0%**

Gap Measures Tracking

	FY 2019 Proposed Budgeted Gain/(Loss)
FY 2019 Proposed Budget:	**($39,495,000)**
Add: Initiatives to be Realized	
Revenue Cycle:	
A. Documentation Enhancements and Accounts Receivable	$5,000,000
B. Charge Capturing (Infusion/Therapy)	1,000,000
C. Hospital Based Clinics Charges	1,000,000
GWUMFA Professional Professional Fees Collection	7,200,000
GWUMFA Subsidy	7,500,000
Psych Volume Growth	1,500,000
Supply Chain Management	3,300,000
SNF/Wound Care/Clinic (Expense Reduction)	1,000,000
Managed Care Contract	1,500,000
Overtime Costs	2,000,000
Outside Agency Costs	2,000,000
Length Of Stay Reduction	500,000
Organizational Staffing Analysis	5,325,000
Total Opportunities to Be Realized:	**$38,825,000**
FY19 Adjusted Net Operating Income/(Loss)	**($670,000)**
District Subsidy	**$10,000,000**
Applied to 2018	**($8,203,288)**
Applied to 2019	**$1,796,712**
Final Net Operating Income/(Loss)	**$1,126,712**

Report Summary

- **Revenue**
  - 14% ($1.4M) higher than budget and 14% ($1.3M) higher than prior year.
  - Contributing Factors:
    - Net Patient Revenue shows a favorable variance in both budget and prior year of $463k and $105k respectively. Other operating revenue reflects positive variance in both budget and prior year, $1.1M and $1.3M respectively.
      - Admissions are above target by 8% but slightly below prior year by (1%).
      - IP surgeries are slightly below target but above prior year by 8%.
      - Radiology visits are above budget and prior year by 21% and 10% respectively.
      - ER visits are below budget and prior year by 6% and 6% respectively.
      - Clinics visits are above budget by 5% but below prior year activity by7%.
- **Expenses**
  - -12% (-$1.6M) lower than budget but higher than prior year activity by $1.01M.
  - Patient days are below both budget and prior year by 7% and 8% respectively.
  - All of the expense classifications are under budget for October 18 except supplies which exceeds budget and prior year by 5% and 6% respectively. The FY19 budget presented in the statements are based on 1/12 monthly spread and have not been seasonalized.
    - Salaries and Wages are below budget by 5% but above prior year by 12%.
    - Employee Benefits are below budget and prior year by 21% and 3% respectively.
    - Contract Labor is below budget and prior year by 22% and 33% respectively.
    - Purchased Services are on target with budget and below prior year by 9%.

- Cash on Hand – 19 days

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Key Indicators

Year to Date 10/31/2018 Key Performance Indicators	Calculation	MTD Prior	MTD Actual	MTD Budget	MTD FY18	Actual Trend	Desired Trend
VOLUME INDICATORS:							
Admissions (Consolidated)	Actual Admissions	442	476	441	482	▲	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	199	192	195	202	▼	▲
Emergency Room Visits	Actual Visits	4,722	4,600	4,894	4,881	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:							
Number of FTEs	Total Hours Paid/Total Hours YTD	883	878	843	836	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.190	1.172	1.27	1.27	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	53.5%	56.0%	53.7%	56.8%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:							
Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily Net Patient Revenues	77	75	43	87	▲	▼
Dishcarged Not Final Billed AR Collection Days	DNFB AR/Revenue Days	7	6	4	6	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	90.9%	94.0%	92.0%	89.5%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	15	19	45	24	▼	▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Revenue	-6.4%	-3.0%	-34.3%	-6.7%	▲	▲

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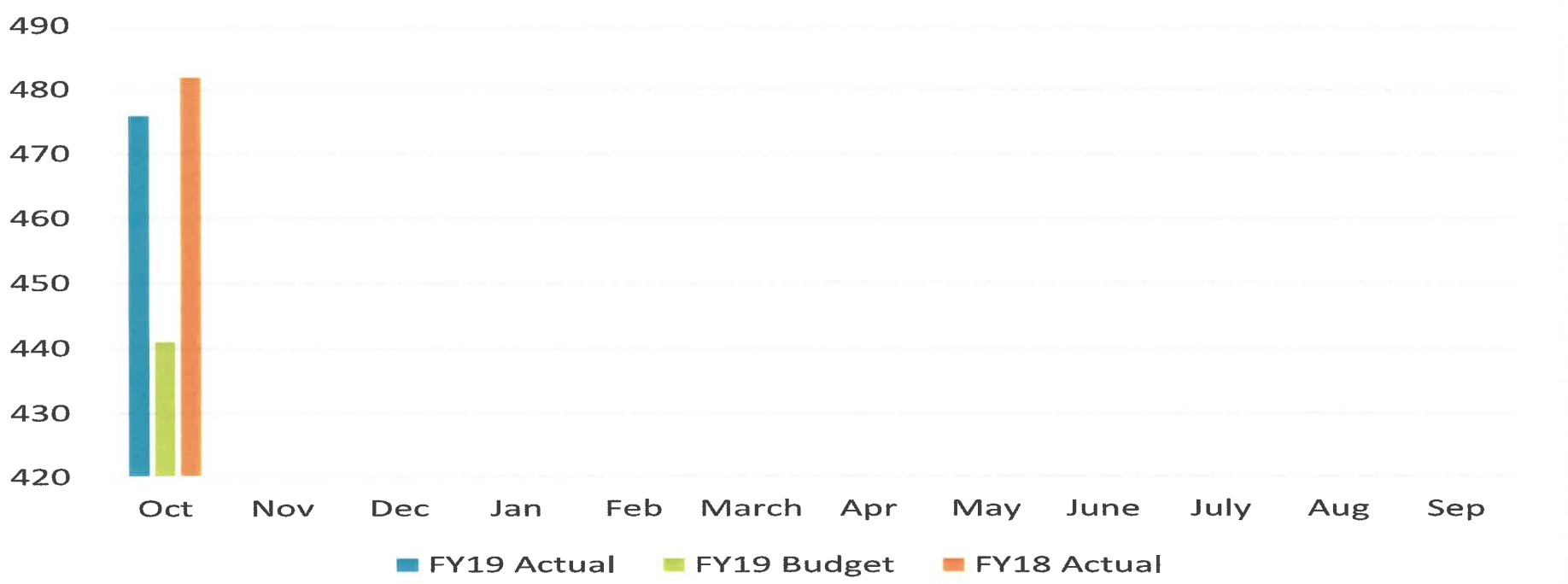
Total Admissions (Consolidated)



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

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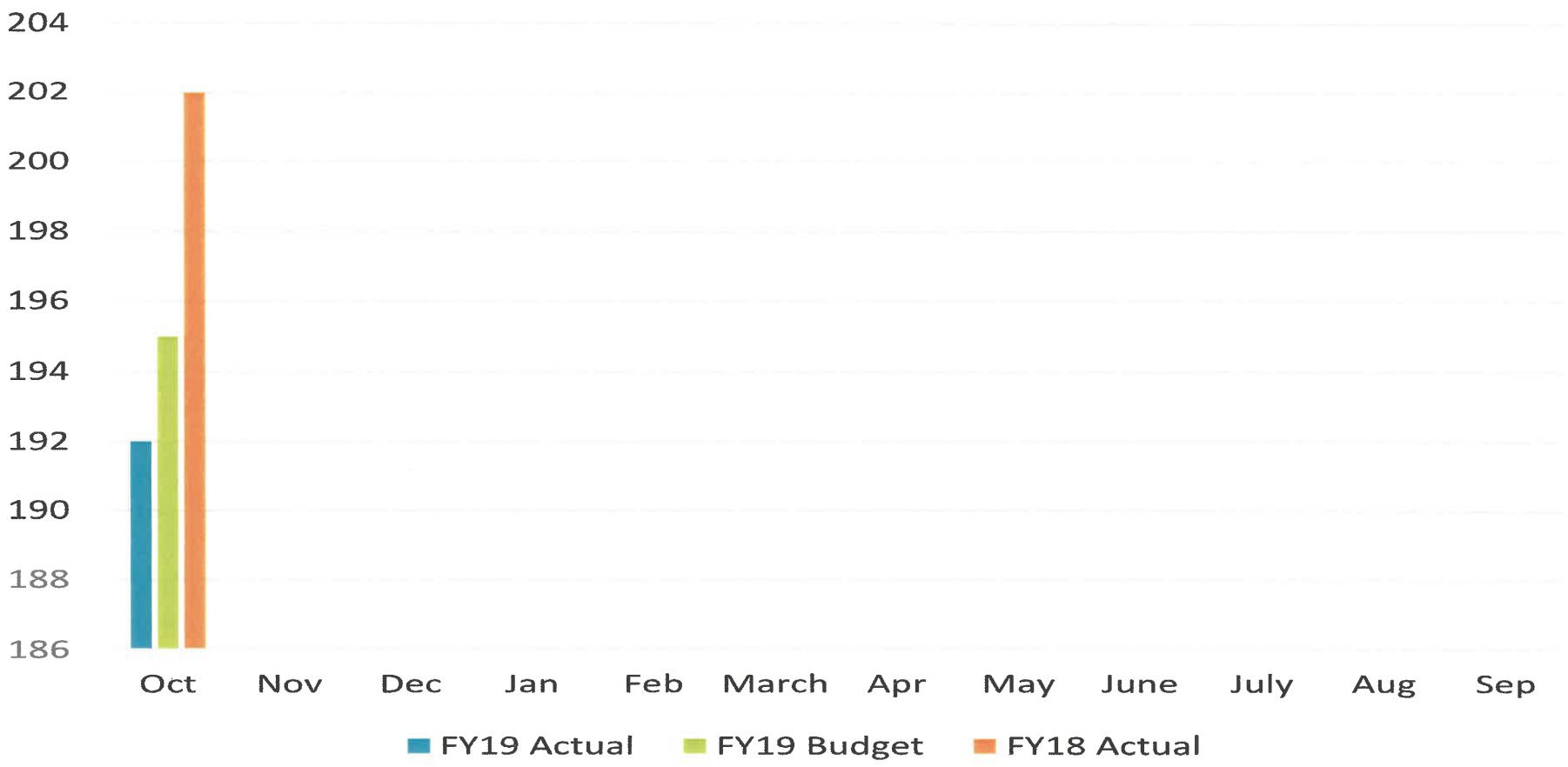
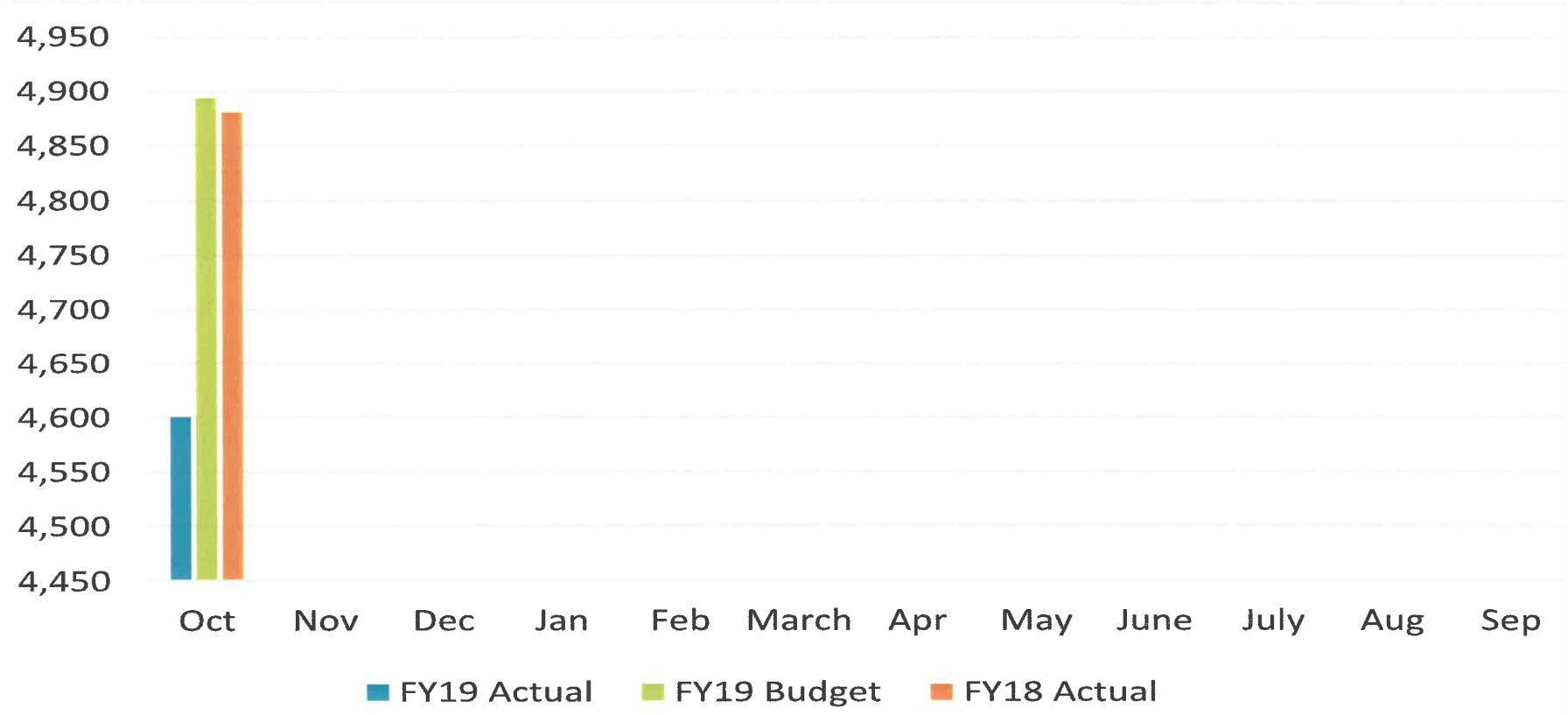
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	192											
FY19 Budget	195											
FY18 Actual	202											

Total Emergency Room Visits



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

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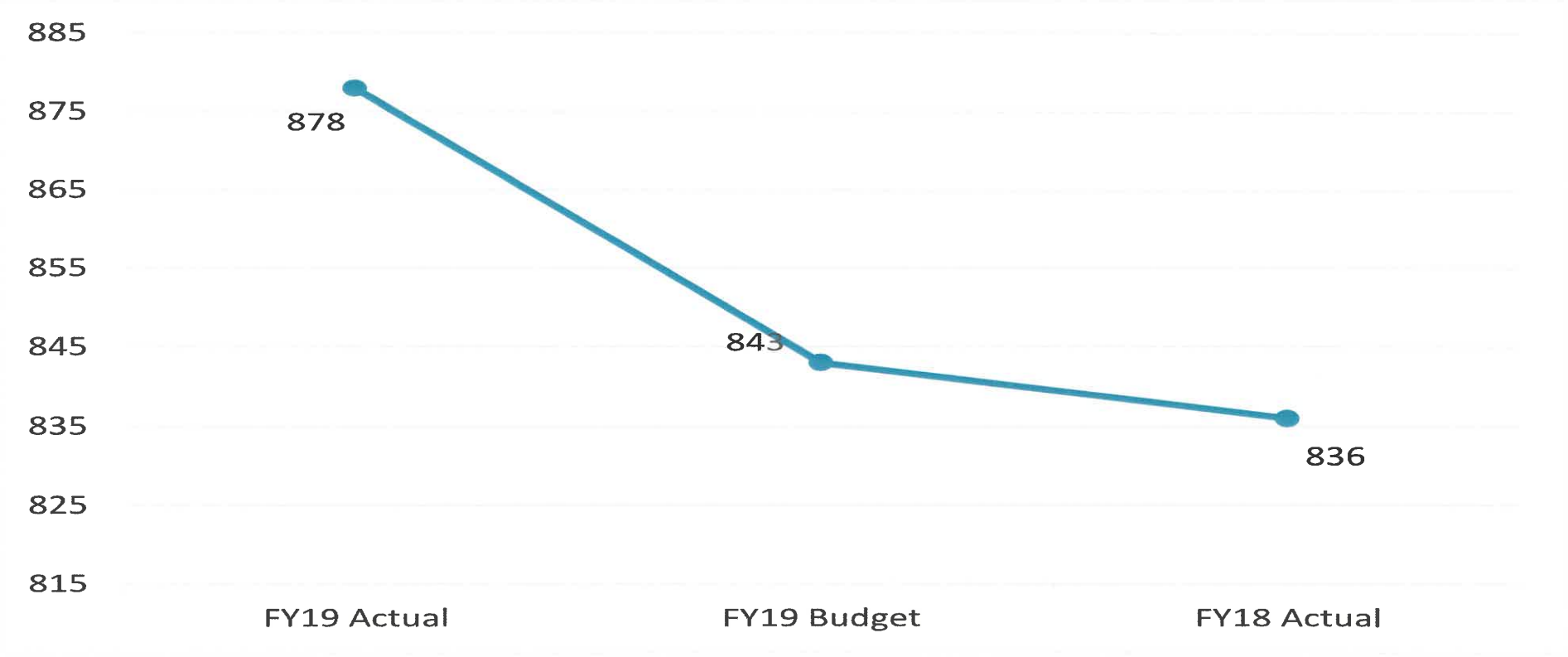
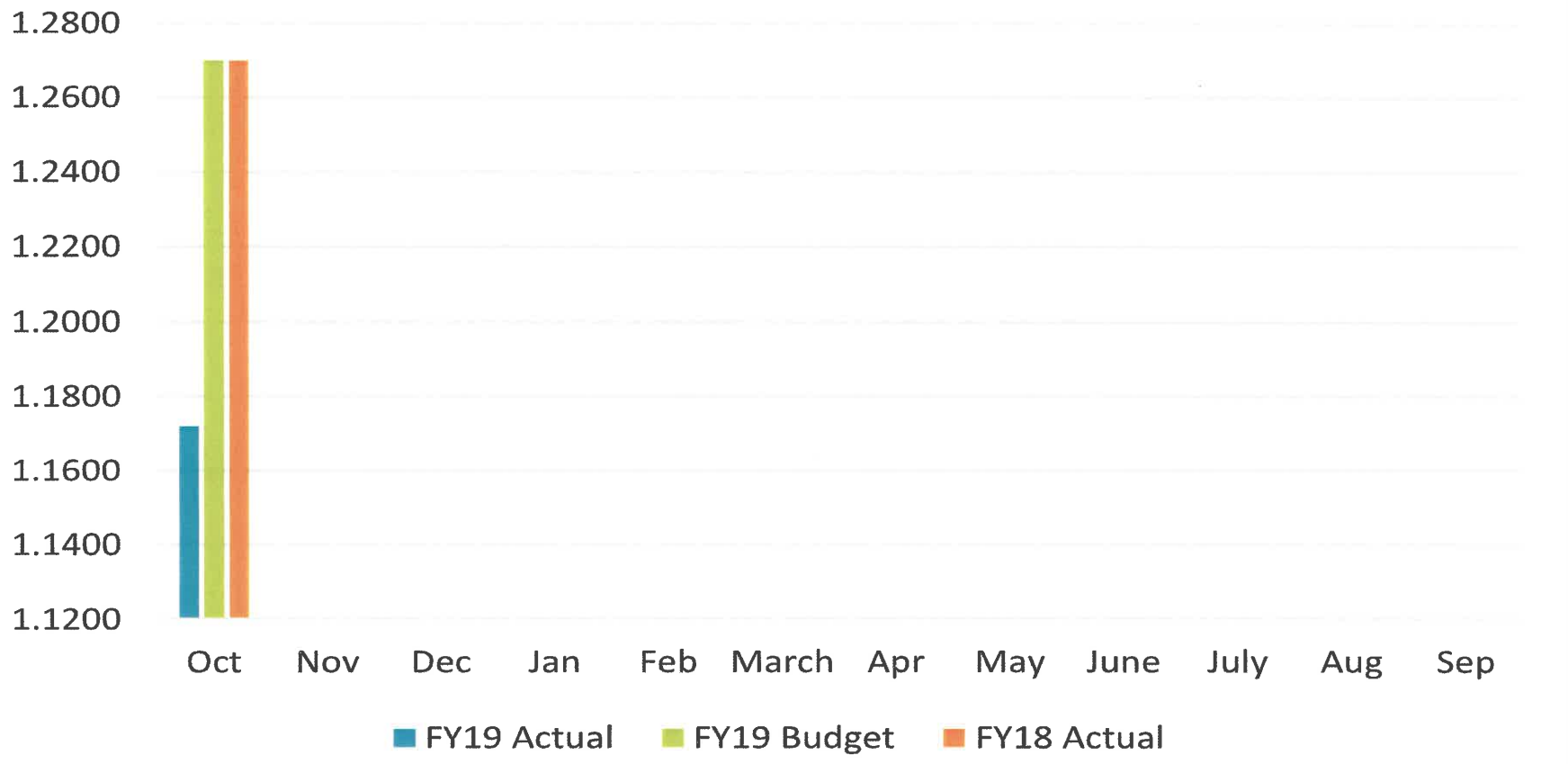
Number of FTEs



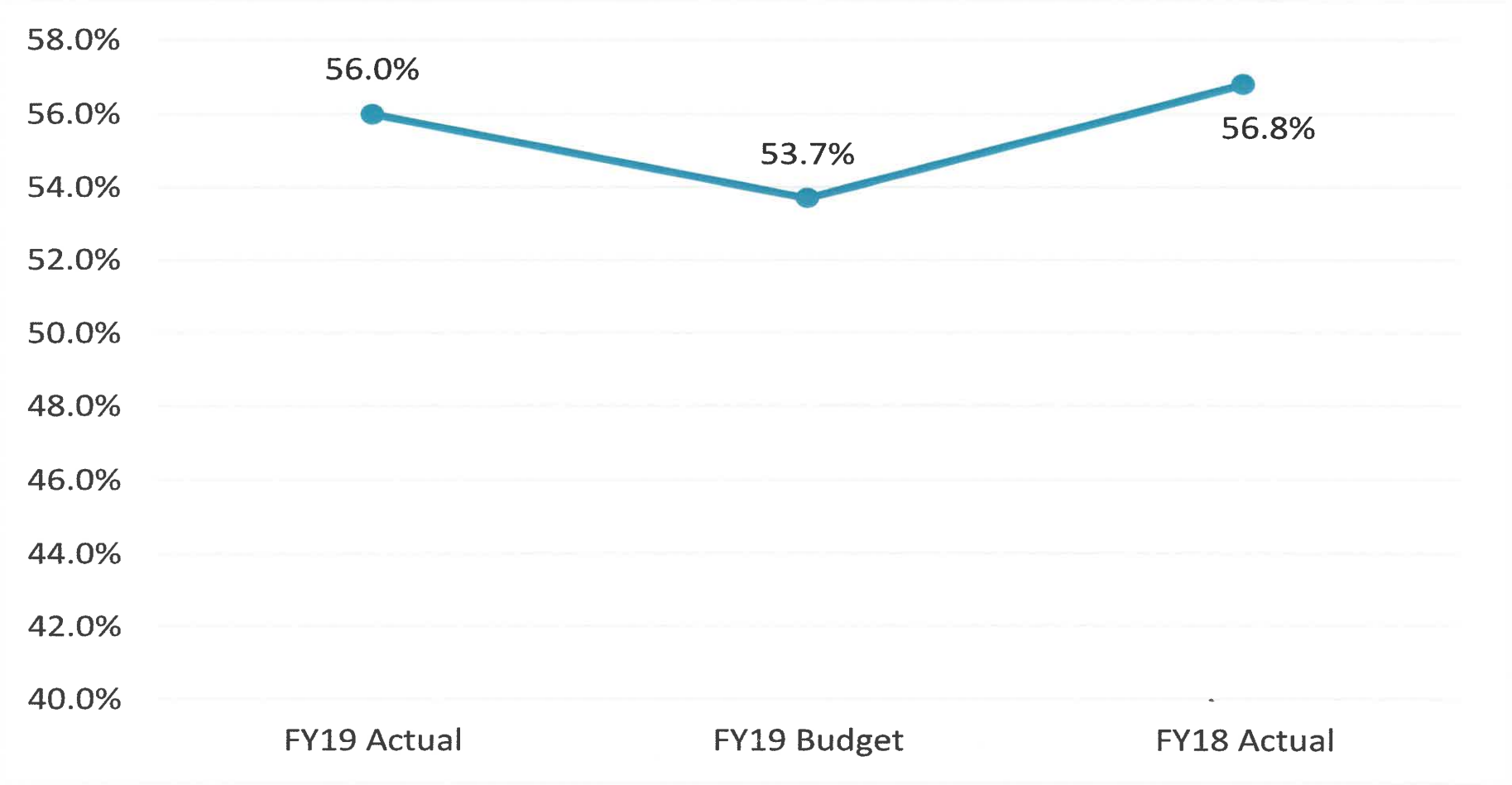
	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	878											
FY19 Budget	843											
FY18 Actual	836											

Case Mix Index



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

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



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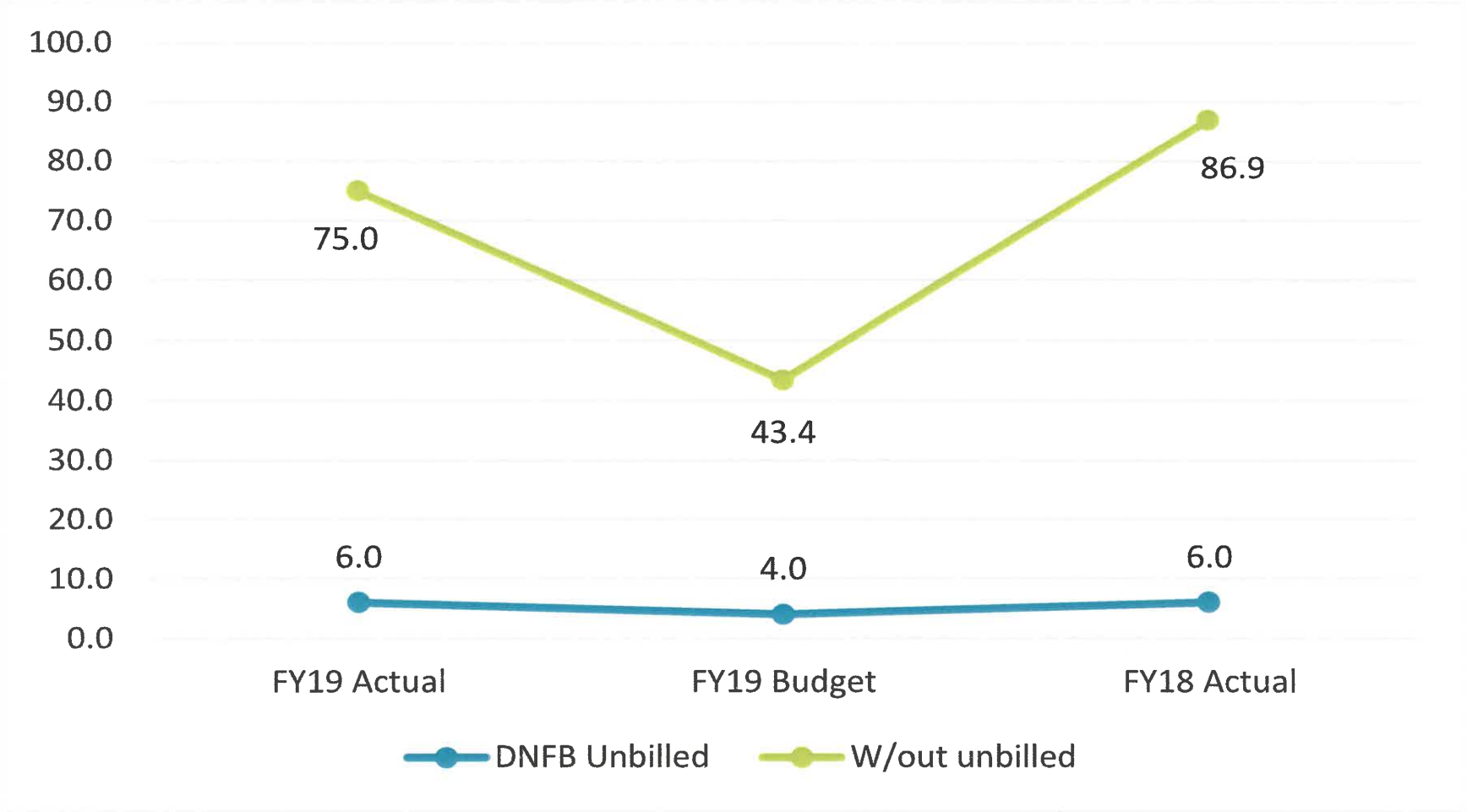
Net Accounts Receivable (AR) Days With & Without Unbilled



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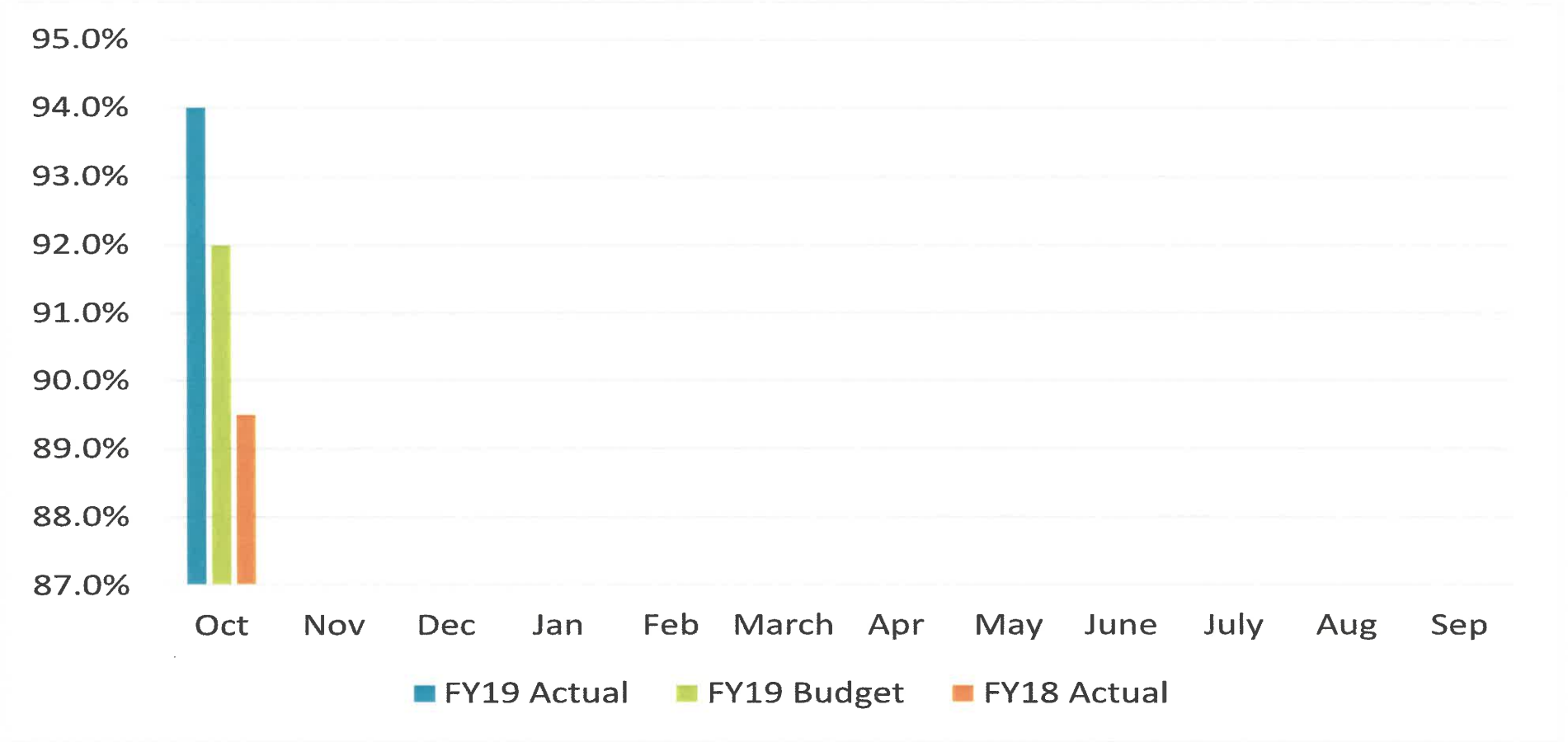
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sep
FY19 Actual	94.0%											
FY19 Budget	92.0%											
FY18 Actual	89.5%											

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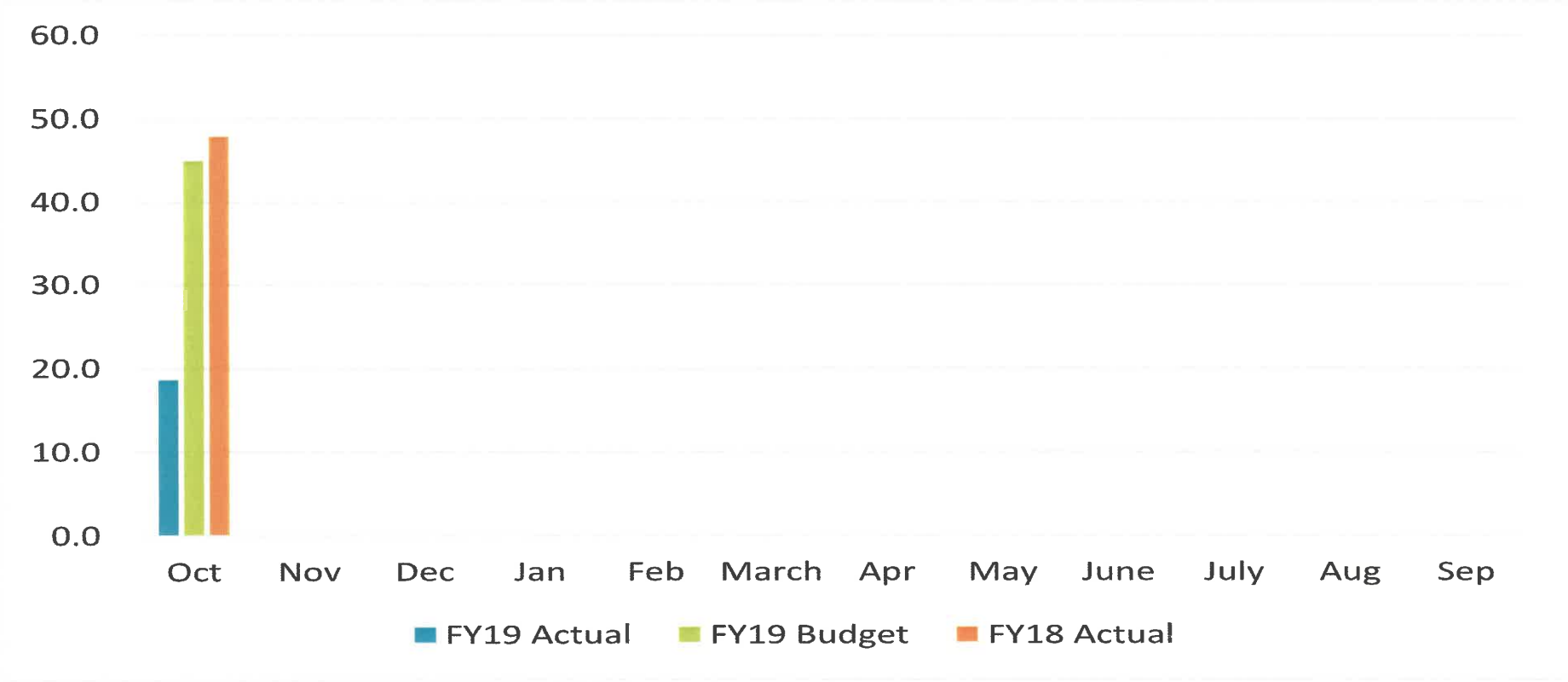
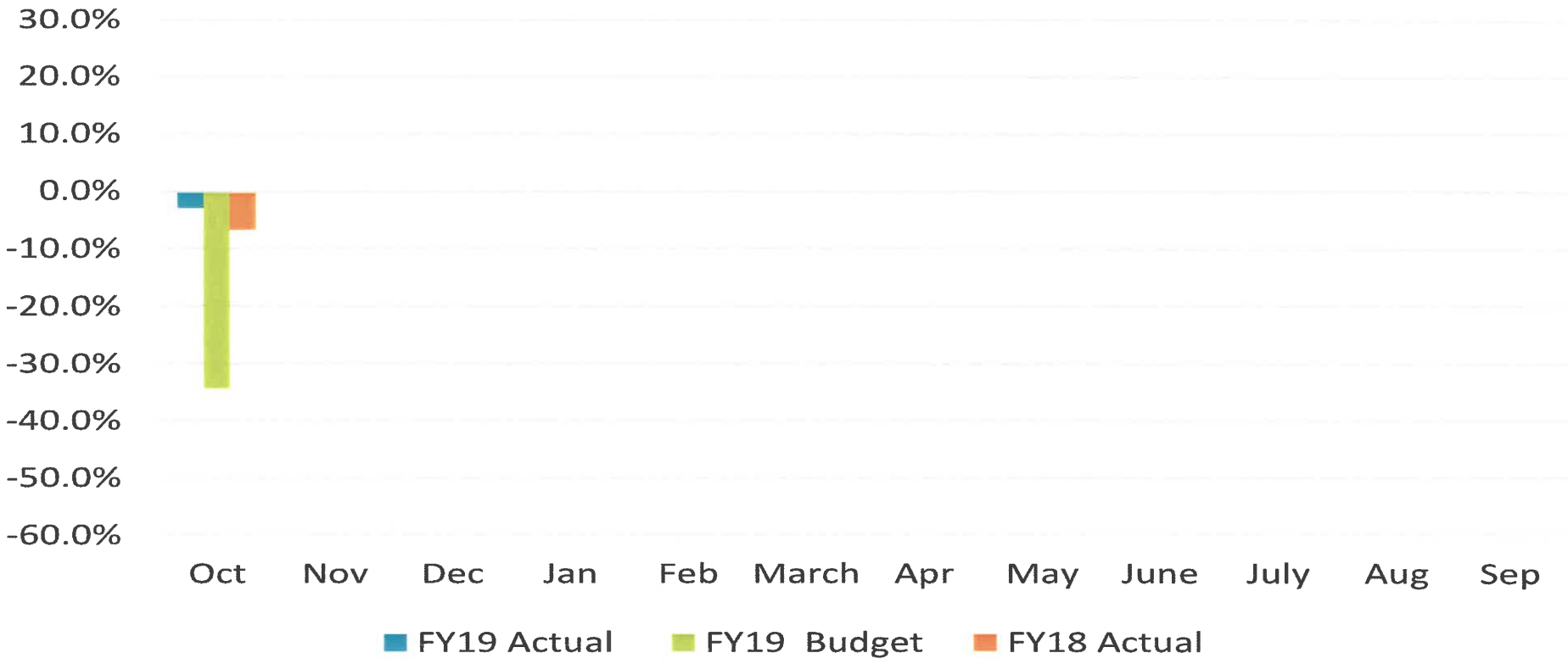
Days Cash On Hand



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

Operating Margin % (Gain or Loss)



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

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Income Statement

FY19 Operating Period Ending October 31, 2018

	Month of October			Variance				2019 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	476	441	482	35	8%	(6)	-1%	476	441	482	35	8%	(6)	-1%
Patient Days	5,693	6,146	6,159	(453)	-7%	(466)	-8%	5,693	6,146	6,159	(453)	-7%	(466)	-8%
Emergency Room Visits	4,600	4,894	4,881	(294)	-6%	(281)	-6%	4,600	4,894	4,881	(294)	-6%	(281)	-6%
Clinic Visits	1,615	1,533	1,731	82	5%	(116)	-7%	1,615	1,533	1,731	82	5%	(116)	-7%
IP Surgeries	88	117	99	(29)	-25%	(11)	-11%	88	117	99	(29)	-25%	(11)	-11%
OP Surgeries	104	107	103	(3)	-3%	1	1%	104	107	103	(3)	-3%	1	1%
Radiology Visits	1,194	990	1,081	204	21%	113	10%	1,194	990	1,081	204	21%	113	10%
Revenues														
Net Patient Service	8,705	8,242	8,600	463	6%	105	1%	8,705	8,242	8,600	463	6%	105	1%
CNMC Revenue	126	275	147	(148)	-54%	(21)	-14%	126	275	147	(148)	-54%	(21)	-14%
Other Revenue	2,141	1,073	880	1,068	99%	1,261	143%	2,141	1,073	880	1,068	99%	1,261	143%
Total Operating Revenue	**10,973**	**9,590**	**9,627**	**1,382**	**14%**	**1,346**	**14%**	**10,973**	**9,590**	**9,627**	**1,382**	**14%**	**1,346**	**14%**
Expenses														
Salaries and Wages	5,205	5,487	4,660	(282)	-5%	545	12%	5,205	5,487	4,660	(282)	-5%	545	12%
Employee Benefits	1,125	1,427	1,162	(302)	-21%	(37)	-3%	1,125	1,427	1,162	(302)	-21%	(37)	-3%
Contract Labor	255	325	381	(70)	-22%	(126)	-33%	255	325	381	(70)	-22%	(126)	-33%
Professional Fees	1,286	1,874	620	(588)	-31%	666	107%	1,286	1,874	620	(588)	-31%	666	107%
Supplies	1,054	1,004	998	50	5%	56	6%	1,054	1,004	998	50	5%	56	6%
Pharmaceuticals	300	313	258	(13)	-4%	42	16%	300	313	258	(13)	-4%	42	16%
Purchased Services	1,502	1,508	1,646	(6)	0%	(144)	-9%	1,502	1,508	1,646	(6)	0%	(144)	-9%
Other	573	944	519	(371)	-39%	54	10%	573	944	519	(371)	-39%	54	6+%
Total Operating Expenses	**11,300**	**12,882**	**10,244**	**(1,582)**	**-12%**	**1,056**	**10%**	**11,300**	**12,882**	**10,244**	**(1,582)**	**-12%**	**1,056**	**10%**
Operating Gain/ (Loss)	**(327)**	**(3,291)**	**(617)**	**2,964**	**-90%**	**290**	**-47%**	**(327)**	**(3,291)**	**(617)**	**2,964**	**-90%**	**290**	**-47%**

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October 2018 Income Statement with FY19 Approved Budget

	OCT 2018 YTD ACTUAL	OCT 2018 YTD BUDGET	OCT 18 YTD ACTUAL/ BUDGET VAR	YTD VARIANCE %	ORIGINAL 2019 APPROVED BUDGET
STATISTICS					
Admissions	476	441	35	7.94%	5,295
Patient Days	5,693	6,146	(453)	-7.37%	73,749
Emergency Room Visits	4,600	4,894	(294)	-6.01%	58,729
Clinic Visits	1,615	1,533	82	5.35%	18,400
IP Surgical Visits	107	109	(2)	-1.83%	1,305
OP Surgeries	85	86	(1)	-1.16%	1,039
OPERATING REVENUE					
Net Patient Service Revenue	$ 8,705	$ 8,242	463	5.62%	$ 98,905
CNMC Revenue	126	275	(149)	-54.04%	3,298
Other Revenue	2,141	1,073	1,068	99.57%	12,881
Total Operating Revenue	**$ 10,973**	**$ 9,590**	**$ 1,383**	14.42%	**$ 115,084**
OPERATING EXPENSE					
Salaries & Wages	$ 5,205	5,487	(282)	-5.14%	$ 65,843
Employee Benefits	1,125	1,427	(302)	-21.16%	17,119
Contract Labor	255	325	(70)	-21.54%	3,900
Professional Fees	1,286	1,874	(588)	-31.38%	22,490
Supplies	1,054	1,004	50	4.98%	12,045
Pharmaceuticals	300	313	(13)	-4.15%	3,755
Purchased Services	1,502	1,508	(6)	-0.40%	18,100
Other	573	944	(371)	-39.30%	11,327
Total Operating Expense	**$ 11,300**	**$ 12,882**	**$ (1,582)**	-12.28%	**$ 154,579**
Operating Gain / (Loss)	**$ (327)**	**$ (3,292)**	**$ 2,965**	-90.06%	**$ (39,495)**

UNITED
MEDICAL CENTER

Balance Sheet

As of the month ending October 31, 2018

Oct-18	Sep-18	MTD Change		Sep-18	YTD Change
			Current Assets:		
$ 30,302	$ 27,972	$ 2,330	Cash and equivalents	$ 27,972	$ 2,330
22,741	22,907	(166)	Net accounts receivable	22,907	$ (166)
1,772	1,890	(118)	Inventories	1,890	$ (118)
3,266	2,664	602	Prepaid and other assets	2,664	$ 602
58,081	55,433	2,648	Total current assets	$ 55,433	$ 2,648
			Long- Term Assets:		
235	235	0	Estimated third-party payor settlements	235	0
71,629	71,823	(194)	Capital Assets	71,823	(194)
71,865	72,058	(193)	Total long term assets	72,058	(193)
$ 129,946	$ 127,491	$ 2,455	Total assets	$ 127,491	$ 2,455
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
11,499	14,280	(2,781)	Trade payables	14,280	(2,781)
7,840	8,313	(473)	Accrued salaries and benefits	8,313	(473)
477	1,887	(1,410)	Other liabilities	1,887	(1,410)
19,816	24,480	(4,664)	Total current liabilities	24,480	(4,664)
			Long-Term Liabilities:		
10,316	1,755	8,561	Unearned grant revenue	1,755	8,561
2,615	2,816	(201)	Estimated third-party payor settlements	2,816	(201)
2,392	2,416	(24)	Contingent & other liabilities	2,416	(24)
15,324	6,987	8,337	Total long term liabilities	6,987	8,337
			Net Position:		
94,806	96,024	(1,218)	Unrestricted	96,024	(1,218)
94,806	96,024	(1,218)	Total net position	96,024	(1,218)
$ 129,946	$ 127,491	$ 2,455	Total liabilities and net position	$ 127,491	$ 2,455

UNITED
MEDICAL CENTER

Statement of Cash Flow
As of the month ending October 31, 2018

Dollars in Thousands

Month of October			Year - to - Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 8,670	$ 6,127	Receipts from and on behalf of patients	$ 8,670	$ 6,127
(10,707)	(5,685)	Payments to suppliers and contractors	(10,707)	(5,685)
(6,803)	(5,306)	Payments to employees and fringe benefits	(6,803)	(5,306)
830	3,519	Other receipts and payments, net	830	3,519
(8,010)	(1,345)	Net cash provided by (used in) operating activities	(8,010)	(1,345)
		Cash flows from investing activities:		
		Proceeds from sales of investments		
		Purchases of investments		
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
10,000	-	Receipts (payments) from/(to) District of Columbia	10,000	-
10,000	-	Net cash provided by noncapital financing activities	10,000	-
		Cash flows from capital and related financing activities:		
-	(22)	Repayment of capital lease obligations	-	(22)
-	-	Receipts (payments) from/(to) District of Columbia	-	0
340	524	Change in capital assets	340	524
340	502	Net cash (used in) capital and related financing activities	340	502
2,330	(843)	Net increase (decrease in cash and cash equivalents)	2,330	(843)
27,972	**25,835**	**Cash and equivalents, beginning of period**	**27,972**	**25,835**
$ 30,302	**$ 24,992**	**Cash and equivalents, end of period**	**$ 30,302**	**$ 24,992**