UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: October 17, 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
Dennis Haghighat, MD
Sean Ponder
Velma Speight
Wayne Turnage
Mina Yacoub, MD

UMC
UNITED
MEDICAL CENTER

OUR MISSION

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

OUR VISION

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

UMC will employ innovative approaches that yield excellent experiences.

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

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

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

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MEDICAL CENTER

NFPHC Board of Directors General Meeting
Wednesday, October 17, 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, October 17, 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
September 26, 2018

V. CONSENT AGENDA

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

VII. EXECUTIVE MANAGEMENT REPORT
Chief Executive Officer, Matthew Hamilton

VIII. COMMITTEE REPORTS
Patient Safety and Quality Committee
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, September 26, 2018

Phoned in: LaRuby May, Dr. Malika Fair, Director Brenda Donald, Director Girume Ashenafi, Director Turnage, Director Velma Speight, Director Millicent Gorham, Director Angell Jacobs, Dr. Haghighat, Matthew Hamilton, Lilian Chukwuma, Dr. Mina Yacoub, and Dr. Li.

Absent: Sean Ponder, Dr. Dawson, Director Bowens

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 9:13 AM. Quorum determined by Michael Austin.	
	Meeting chaired by LaRuby May.	
Approval of the Agenda	Motion. Second. Agenda approved as written.	
Approval of the Minutes	Motion. Second. Minutes approved as written.	
Discussion	**CONSENT AGENDA** **Status Update of New Hospital, Jay Melder, Chief of Staff at DC Health and Human Services Deputy Mayor**	

	• Jay Melder provided the same presentation that the City Administrator provided to the DC Council. • GW was selected to operate the new hospital because of their reputation for high quality care; financial strength and stability; ability to offer a continuum of care throughout the District; strong brand and favorable reputation; modern IT platform; experience operating community or safety-net hospitals; established physician network; experience developing ambulatory programs; and their strong management team. • The letter of intent set the framework for a new hospital that will: establish a new, state-of-the-art community hospital as part of a comprehensive health system; be operated, managed, and maintained by GW Hospital; include approximately 125 – 150 beds; provide non-high risk obstetric services; be governed by a board, with at least 20% District representation; open in 2023 or sooner if possible. • A copy of the full presentation is included in the Board book. **CHIEF OF MEDICAL STAFF REPORT: Dr. Haghighat** • Mobile health unit is running well. We now have a dedicated provider on the mobile clinic. UMC is having meetings to figure out the best strategy for the unit. • K2 epidemic is an issue in the District and our service area. We are exploring ways to treat this crisis and how the mobile unit can be leveraged for this. • The department admitted 342 of 464 patients admitted to the hospital. • The department also discharged 335 of 442 patients discharged from the hospital for the month of August. • The average length of stay was 6.58 days compared to 6.19 for the hospital. • For the month of August 2018, the Surgery Department performed a total of 203 procedures. Over the second quarter of 2018 our surgical volumes have shown a consistent increase over the corresponding months of the previous years and are more in line with the consistency and growth we would expect.	

MEDICAL CHIEF OF STAFF REPORT: Dr. Yacoub

- In September the Medical Staff voted to add an Ambulatory Care Department into the organizational structure of the Medical Staff. A chairperson for the Ambulatory Care Department would be a voting member of the Medical Executive Committee.
- The Medical Staff began the process of electing officers for the Medical Executive Committee for the term January 2019 to December 2020. A nominating committee has been approved by MEC and a slate of candidates would be announced in October.

EXECUTIVE REPORT

- UMC will have highlight Diabetes Awareness Month in November.
- Patient registration renovation (new floors, seating, patching/painting); new triage area to accommodate shoulder to shoulder initiative.
- HR Expansion/Renovation: Addition of four (4) new offices, file room refresh (carpet, ceiling tiles and lighting).
- Biomed and Facilities Work Order and Preventive Maintenance System. Imported all historical data from Crothall system, configured/trained staff.
- Facilities/EVS: 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; renovate loading dock/receiving area.
- Inventory of all Assets: Biomed and Facilities departments
- Monthly exterior power washing
- New Flag Ceremony (week of Labor Day)_A special Thank You to the Naval Color Guard and the following UMC Departments: Facilities, Security, Purchasing and Materials Management, and Food Services!

COMMITTEE REPORTS

PATIENT SAFETY AND QUALITY: Dr. Fair

- PSQ Committee met in August 2018.
- Former VP of Quality, Tina Rein, resigned from UMC.
- UMC welcomes Suzette Creighton as the new VP of Quality.
- Since using the Wavex software, we have seen an increase in adverse events reporting.
- SNF: CMS rating is a 4-star, which is an increase from a 2-star.

FINANCE COMMITTEE: Director Jacobs

- Finance will meet in the third week of October 2018 before the full Board meeting.
- Cash on hand at the end of August 2018 was 21 days.
- The month of August shows an operating gain of $857k which is reflecting 2M of already received subsidy.
- August 2018 year to date net operating loss totals $9M due to unrealized initiatives.
- FTE reduction is not expected to materialize in 2018.
- Outside and overtime agency cost reduction are not expected to materialize in 2018.
- ER admits volume increase will not materialize in 2018.

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** n/a **Other Business** n/a **Announcements** **September 2018 Board Meeting Adjourned after 3 hours and 34 mins by Chair May.**	

Tab 3

Consent Agenda

UMC

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General Board Meeting

Date: October 17, 2018

CMO REPORT

Presented by:
Dennis Haghighat, 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.**
October 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

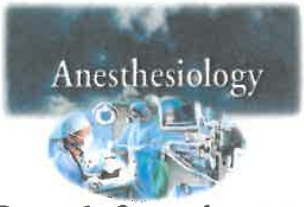
ABO Rh	Blood Typing and Rhesus Factor
ALOS	Average Length of Stay
AMA rate	Against Medical Advice Rate
BHU	Behavior Health Unit
BI RADS	Breast Imaging Reporting and Data System
CAUTI	Catheter Associated Urinary Tract Infection
CCHD	Critical Congenital Heart Defect
CLABSIs	Catheter Associated Urinary 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 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. Thus far an improvement project has been completed to bring a triage nurse closer to the ER waiting room and the team is currently working on a project to reduce the time from ER presentation to admission to the BHU for psychiatric patients.



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

PERFORMANCE SUMMARY:
The overall cases for the month of ***SEPTEMBER 2018*** were 191.Total surgical cases were 95 while Endoscopy cases were 96.

We have substantially reduced late surgical cases (Elective) after 17:30 with the continued assistance from the surgical department.

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 proud to announce that we had deployed the anesthesia pyxis machine! This is milestone, almost 3 years in the making. This allows us to have a centralized medication management system in the operating rooms. It provides for medication waste management and appropriate utilization of resources.

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

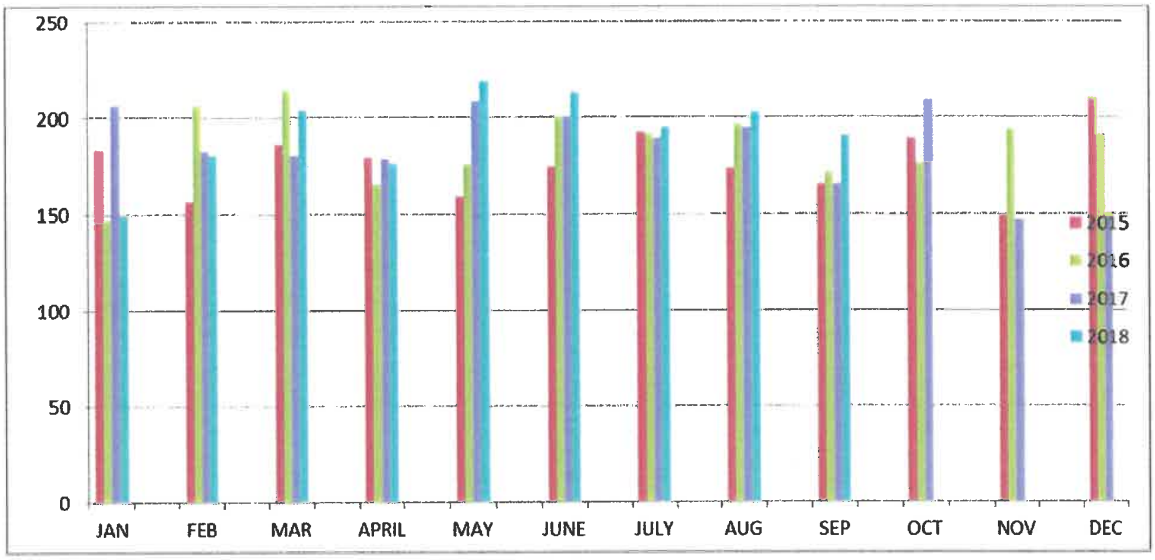
We will reintroduce REGIONAL ANESTHESIA service to support the surgical orthopedic patient service. Our goal is to improve patient satisfaction, reduce overall opioid requirement for post-op pain control and reduce patients hospital length of stay.

CHRONIC PAIN SERVICE: This is a much needed service for the hospital and has commenced services including interventional pain procedures.

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.



Mina Yacoub, M.D., Chairman

In September 2018, the Intensive Care Unit had 72 admissions, 71 discharges, and 268 Patient Days, with an Average Length of Stay (ALOS) of 3.8 days. The ICU managed a total of 76 patients in September. Overall ICU mortality was 4% for the month of September. The ICU managed 13 patients for Severe Sepsis/Septic Shock in September with no reportable deaths attributed to Severe Sepsis/Septic Shock for the month of September.

QUALITY OUTCOMES

Core Measures Performance
ICU continues to work with Quality Department to meet goal sepsis metrics. ICU is working with new Quality Department leadership to obtain standardized Severe Sepsis data abstraction methods and Sepsis Specific mortality reporting criteria.

Morbidity and Mortality Reviews

ICU Mortality -ICU had 3 deaths for 76 patients managed, with an overall ICU mortality rate of 4 % for September. Mortality review is conducted in October Critical Care Committee meeting with Quality Department.

Severe Sepsis and Septic Shock - ICU managed 13 patients with severe sepsis and septic shock in September. No ICU deaths were directly attributable to severe sepsis and septic shock in September. ICU is working with Quality Department to obtain standardized Severe Sepsis data abstraction methods and Sepsis Specific Mortality reporting criteria. ICU is working in a multi-disciplinary effort with Quality Department, and Hospitalist services to improve and monitor performance on sepsis measures.

Infection Control Data -For September 2018 the ICU had 83 ventilator days with no Ventilator Associated Pneumonia (VAP), 122 Central Line Device days with no Catheter Associated Blood Stream Infections (CLABSI), and 185 indwelling Foley 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 generated, compiled and reviewed by Quality Department and presented in Critical Care Committee meeting. 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 September, 76 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of transfer out.

Evidence-Based Practice (Protocols/Guidelines) - Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, ventilator weaning, infection control practices, and patient centered practices.

Growth/Volumes - 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, especially as we approach the winter months when census tends to increase. We need more 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**

Attached are the summary of Emergency Department (ED) volume, key measures and throughput data for September 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 through the department by identifying systemic barriers which limits patient flow out of the 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							
Daily Avg Census	158							
Admit	572	12%						
- Med/Surg	472	9.9%						
- Psych	100	2.1%						
Transfer	82	1.7%						
AMA	58	1.2%						
Eloped	60	1.3%						
LWBS	149	3.1%						
Left Prior to Triage	280	5.9%						
Ambulance Arrivals	1340	28.2%						

ED Throughput September 2018 (time in minutes)

	Median Times	Average Time
Admissions		
Door to triage	15	26
Door to room	30	62
Door to provider	32	62
Door to decision	264	301
Door to departure	304	465
Time to provider	2	0
Time to admit decision	232	239
Boarding time	40	164
Discharges		
Door to triage	24	33
Door to room	81	109
Door to provider	93	118
Door to decision	211	234
Door to departure	265	282
Time to provider	12	9
Time to discharge decision	118	116
Waiting to depart	54	48
Transfers		
Door to triage	15	29
Door to room	43	64
Door to provider	43	66
Door to decision	284	312
Time to provider	0	2
Time to transfer decision	241	246

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

Musa Momoh, M.D., Chairman

The Department of Medicine remains the main source of hospital admissions and discharges

For the month of Sept 2018 there were 155 observation admission of a total of 158 (98%) and 151 observation discharges of a total of 152 (99%). The department was responsible for 320 of 439 (73%) regular admission and 305 of 360 (83%) discharges.

The department also carried out the following procedures:

EGD:	50
Colonoscopy:	42
Bronchoscopy:	3
ERCP:	1

Morbidity and Mortality Conference was held on 09/19/2018. The next conference is scheduled for 10/16/2018.

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			
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	98% 15/16	100% 20/20			
Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)	100%	100%	100%			
Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)	100%	100%	100%			
Review of Unacceptable Blood Bank specimen (Goal 90%)	99%	100%	100%			
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators (Benchmark <90%)	100%	100%	100%			
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.1	1.2	1.2			
Wasted/Expired Blood and Blood Products (Goal 0)	8	4	1			
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%			
Hematology Analytical PI Body Fluid	100% 12/12	100% 9/9	100% 14/14			
Sickle Cell	0.0	0/0	0/0			
ESR Control	100% 27/27	100% 30/30	100% 62/30			
Delta Check Review	100% 172/172	99% 257/258	100% 195/195			

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.

Surendra Kandel, M.D., Chairman

	March	April	May	June	July	Aug	Sept	YTD
Total Admissions	**114**	**100**	**105**	**99**	**95**	**124**	**111**	**959**
Referral Sources								
CPED	**32**	**28**	15	11	11	17	6	**168**
UMC ED	73	**65**	89	83	84	102	100	**720**
GWU	0	**0**	0	0	0	0	0	**4**
Providence	1	**1**	0	0	0	0	0	**4**
Georgetown	6	**1**	0	1	0	0	0	**8**
Sibley	0	**0**	0	0	0	0	0	**2**
UMC Medical/Surgical Unit	1	**0**	1	2	1	4	3	**22**
Children Hospital	0	**0**	0	0	0	0	0	**0**
Howard	0	**0**	0	0	0	0	1	**6**
Laurel Regional Hospital	1	**0**	0	0	0	0	0	**1**
Washington Hospital Center	0	**2**	0	0	0	0	0	**2**
Suburban	0	**0**	0	0	0	0	0	**0**
PIW	0	**0**	0	0	0	1	0	**1**
Other/Not Listed	0	**0**	0	2	0	0	1	**20**
OTHER MESURES								
ED to Psych Admissions (Target: <2 hours)	4.5	3.8	2.7	1.9	2.3	2.5	2.6	3.0556
Psychosocial Assessments (Target: 100%)	91%	88.60 %	86%	91%	89%	87%	82%	88%
Discharge Appointments for D/C'ed > 72 hours (target 100%)	91%	92%	80%	95%	88%	81%	91%	90%
Treatment Planning (Target: 100%)	78%	71%	79%	78%	74%	57%	65%	73%
Average Daily Census					14.6			
Average Length of Stay					4.78			
DISCHARGE APPOINTMENTS								
Discharged appointments for those D/C'ed > 72 hours	63	62	74	75	80	94	97	678
# discharged to home without appointments/No discharge appointment information provided	0	0	0	4	1	3	5	19
Patient declines outpatient services	**3**	**1**	0	**0**	**0**	**0**	**1**	**6**
Discharged to medical unit	1	1	1	11	1	3	3	23
Patient left AMA	0	0	0	0	1	2	0	3
Transferred to St. Elizabeth's	2	3	1	3	1	3	1	20
Discharge appointments for those D/C'ed> 72 hours (Target: 100%)	91%	92%	80%	95%	88%	81%	91%	90%
Other								
Patients who went to court	1	0	1	1	0	1	0	8

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

Performance Summary:

Volumes September 2018

	INP		ER		OUT		TOTAL	
EXAM TYPE	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	2						2	
CT SCAN	95		629		203		927	
FLUORO	15		1		10		26	
MAMMOGRAPHY					126		126	
MAGNETIC RESONANCE ANGIO	1		0		0		1	
MAGNETIC RESONANCE IMAGING	27		11		35		73	
NUCLEAR MEDICINE	12		0		4		16	
SPECIALS	17		0		4		21	
ULTRASOUND	114		222		196		532	
X-RAY	216		1048		781		2045	
CNMC CT SCAN			25				25	
CNMC XRAY			469				469	
GRAND TOTAL	499		2405		1359		4263	

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

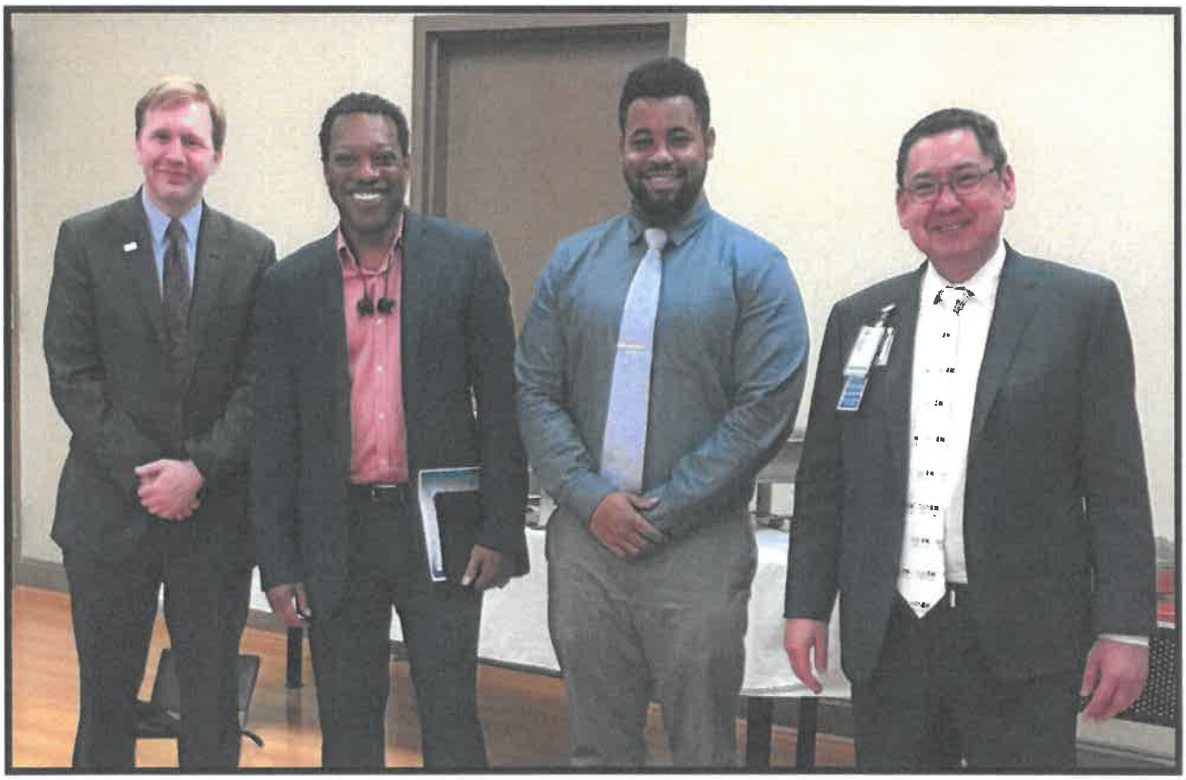
Evidence-Based Practice (Protocols/Guidelines) We continue to improve patient transportation into and out of the emergency department. Imaging protocols and reporting are being reviewed

and improved. Radiology PACS is accessible to all providers and members of the medical staff for reports via the MergePACS iConnect feature to aim to eliminate faxing of reports. The department is addressing temperature and humidity issues in the interventional radiology suite with facilities.

Stewardship: Dr. Tu met with Dr. McDonald-Pinkett to discuss importance of health care to residents throughout the city particularly those at the east side of the city. Dr. Tu and the information technology department are continuing implementing necessary requirements for clinical decision support. We thank Howard University with coordination and collaboration of imaging studies.

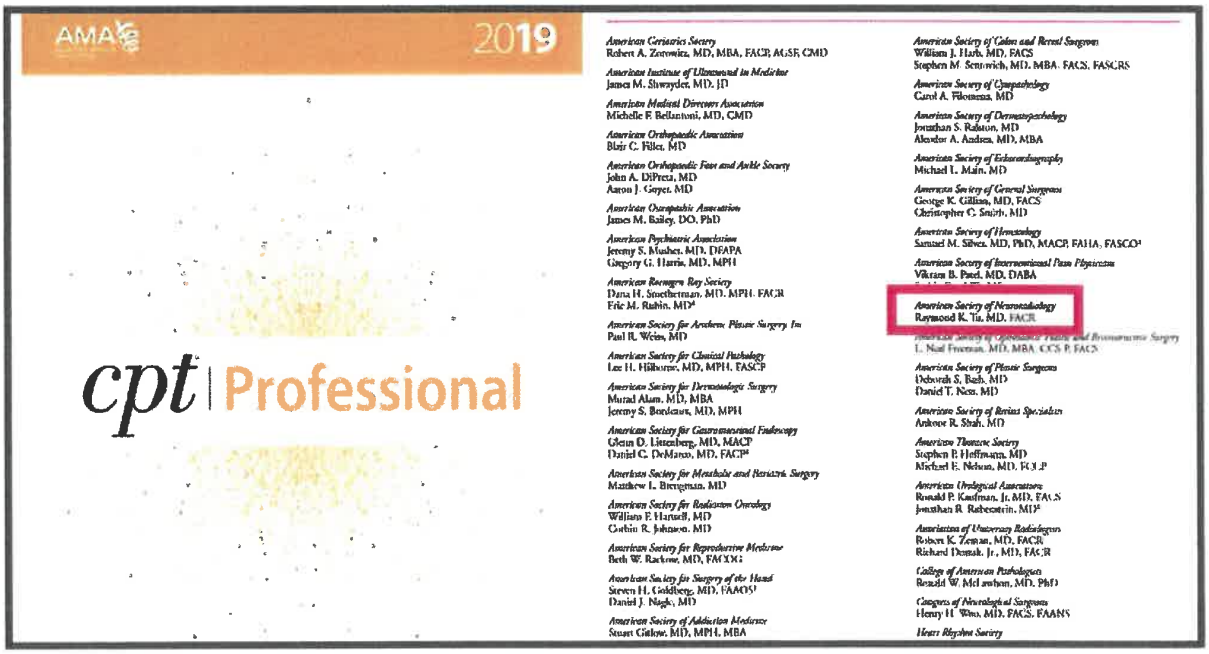
Dr. Raymond Tu (left), Dr. Shelly McDonald-Pinkett, Chief Medical Officer, Howard University (middle), Robert Hay, EVP Medical Society of the District of Columbia (right).

Dr. Tu provided a presentation to the medical staff quarterly to recommend continued engagement with the Medical Society of the District of Columbia which represents all 10,000 licensees. Dr. Tu will be sworn as President of the Medical Society October 19, 2018.



Robert Hay, EVP Medical Society of the District of Columbia (***left***), Dr. Morrow, UMC Chair of Sugary (***left of center***), Damani McIntosh-Clark, GW Medical Student Class of 2020 recipient of the President's Award (***right of center***) by Dr. Raymond Tu UMC Chairman of Radiology (***right***)

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu is advisor to the AMA CPT Editorial Panel and provides the experience and insight to coding integrity and improvement. Dr. Tu attended the AMA CPT Editorial Panel meeting in September to discuss and present new coding recommendations to the AMA and CMS as the representative of the American Society of Neuroradiology.

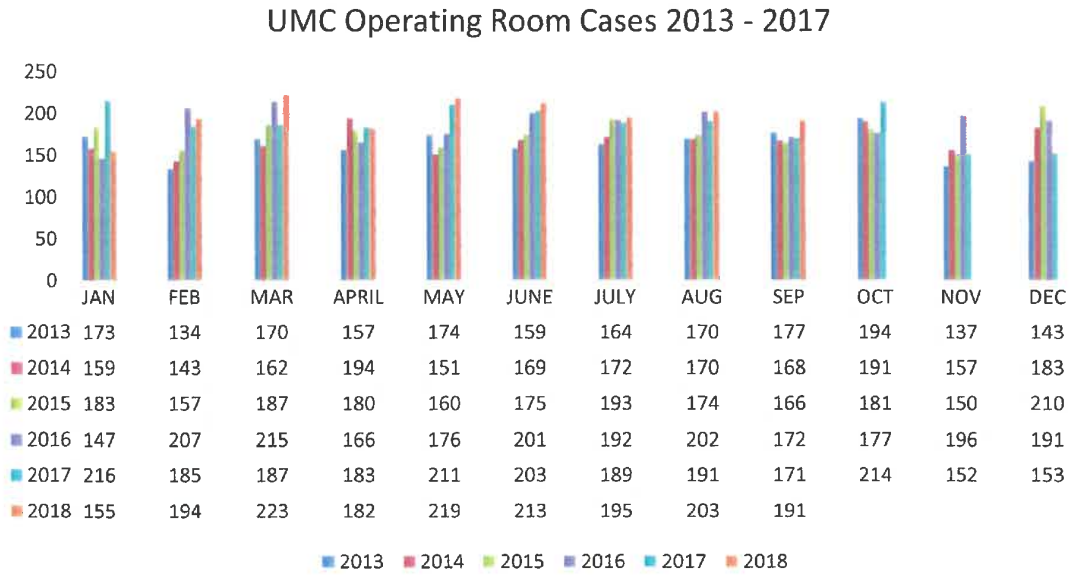


Gregory Morrow, M.D., Chairman

For the month of September 2018, the Surgery Department performed a total of **191** 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	
NOV	137	157	150	196	152	
DEC	143	183	210	191	153	



The ending of the third 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 be in line with or 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 September 2018 was postponed secondary to lack of attendance (only the OR personnel were in attendance and none of the ancillary members).

The following action items are still being evaluated and will updated at the next meeting.

1. On-going evaluation of OR start times and room turnover times to determine where our processes can be made more efficient.
2. Continued monitoring of after-hours cases to determine the appropriateness and optimization of available resources.

3. On-going assessment of how best to utilize technology to improve our patient throughput and overall satisfaction across the entire perioperative spectrum.
4. 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.

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

- ***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.

- ***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.

- 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.

Ultimate Goals

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.

In addition, we have officially initiated the process with 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.

Sarah D. Davis, **BSHA, CPMSM**
Manager

APPLICATIONS IN PROCESS

(Applications received through September 30, 2018)

Department	# of Application in Process
Allied Health Practitioners	8
Anesthesiology	0
Critical Care	1
Emergency Medicine	4
Medicine	4
Pathology	0
Psychiatry	0
Radiology	2
Surgery	3
TOTAL	22

DEPARTMENT HIGHLIGHTS AND ANNOUNCEMENTS

	2015	2016	2017	2018 Through September 30th
Total Number of Initial Appointments	48	30	23	71

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Total Number of Initial Appointments in 2018	2	4	27	1	9	14	6	3	5

MEDICAL STAFF CREDENTIALING ACTIVITY
JULY – SEPTEMBER 2018

NEW APPOINTMENTS

Balhara, Aseem S., M.D. (Internal Medicine/Hospitalist)
Behseta, Babak, M.D. (Emergency Medicine)
Desai, Sangeeta, M.D. (Emergency Medicine)
Dominguez, Luis W., M.D. (Internal Medicine/Hospitalist)
Edwards, Cedric, M.D. (Internal Medicine/Hospitalist)
Elliott, Michael P., M.D. (Internal Medicine/Hospitalist)
Frasure, Sarah, M.D. (Emergency Medicine)
Gill, Harwant, M.D. (Psychiatry)
Griffiths, Kevin O., M.D. (Nephrology)
Gupta, Ekta, M.D. (Infectious Disease)
Haile, Haimanot, M.D. (Internal Medicine/Hospitalist)
Lucas, Jared, M.D. (Emergency Medicine)
Poon, Adrienne N., M.D. (Internal Medicine/Hospitalist)
Wilder, Marcee, M.D. (Emergency Medicine)

PROVISIONAL REVIEW

Bodagala, Siva, M.D. (Radiology/Telemedicine)
Fagen, Kimberly, M.D. (Radiology/Telemedicine)
Kalejaiye, Adedoyin, M.D. (Otolaryngology/Provisional Extended)
Mekonnen, Ermias, M.D. (Neurology/Courtesy)
Pratt, Alan, M.D. (Radiology/Telemedicine)
Rahbar, Rodeen, M.D. (Surgery/Provisional Extended)
Rezazadeh-Tehrani, Ali, M.D. (Urology/Active)
Sodhi, Namrita, M.D. (Internal Medicine/Active)
Tiba, Melik, M.D. (Gastroenterology/Active)

CHANGE IN CATEGORY

Barclift, Songhai, M.D. (Gynecology/Affiliate)
Hope, Shelley, M.D. (Gynecology/Affiliate)
Jones, Richard, M.D. (Gynecology/Affiliate)

MEDICAL STAFF CREDENTIALING ACTIVITY
APRIL – JUNE 2018

REAPPOINTMENTS

Allen, Michael, M.D. (Radiology/Telemedicine)
Brown, Emmanuel, M.D. (Internal Medicine/Active)
Charafeddine, Riad, M.D. (Radiology/Active)
Dawson, Konrad, M.D. (Plastic Surgery/Courtesy)
Goni, Michelle, M.D. (Radiology/Telemedicine)
Hartman, Elizabeth, M.D. (Radiology/Courtesy)
Huang, Abbott, M.D. (Radiology/Active)
Kerr, Allison, M.D. (Endocrinology/Courtesy)
Magee, Eugene, M.D. (Nephrology/Active)
McFarren, Krista, M.D. (Radiology/Active)
Monteferrante, Mark, M.D. (Radiology/Active)
Osman, Amina, N.P. (AH-Internal Medicine/Allied Health)
Postal, Eric, M.D. (Radiology/Telemedicine)
Quiaoit, Ysmael, M.D. (Nephrology/Active)
Ram, Priti, M.D. (Radiology/Telemedicine)
Sachs, Howard, M.D. (Radiology/Active)
Sydow, Gregg P., M.D. (Radiology/Telemedicine)
Thomas, Joylene, M.D. (Internal Medicine/Active)
Wilkens, Jill, M.D. (Radiology/Active)
Williamson, Evon, M.D. (Anesthesiology/Active)

RESIGNATIONS

Aberra, Martha, PA-C (Internal Medicine)
Bassey, Victoria, CFNP (Internal Medicine)
Blatt, Ellen R., M.D. (Radiology)
Gaskins, Melvin, M.D. (Oncology)
Gipson, Katrina, M.D. (Emergency Medicine)
Gold, Jordan, M.D. (Radiology)
Kumar, Meena, NP (Internal Medicine)
Lawrence, David, M.D. (Radiology)
Mendelsohn, Marc, M.D. (Emergency Medicine)
Obeng, Simeon, M.D. (Internal Medicine)
Olasewere, Oyinlola, PA-C (Emergency Medicine)
Silverberg, Chad, M.D. (Radiology)
Smith, Edward, M.D. (Radiology)
Warchol, Jordan, M.D. (Emergency Medicine)
Webb, Aneesa, PA-C (Internal Medicine)
Williams, Patience, M.D. (Pediatrics)

ANNOUNCEMENTS

Medical Staff Meetings July

October 8, 2018 at 12:00 pm	Peer Review Committee
October 9, 2018 at 12:30 pm	Nominating Committee
October 9, 2018 at 2:00 pm	Critical Care Committee
October 10, 2018 at 1:30 pm	Medical Education Committee
October 10, 2018 at 2:00 pm	Health Information Management Committee
October 10, 2018 at 2:00 pm	Pharmacy & Therapeutics Committee
October 11, 2018 at 12:30 pm	Prevention & Control of Infections Committee
October 11, 2018 at 12:30 pm	Credentials Committee
October 15, 2018 at 12:00 pm	Medical Executive Committee
October 17, 2018 at 8:00 am	Mortality and Morbidity Committee
October 17, 2018 at 9:00 am	Board of Directors

UMC

UNITED
MEDICAL CENTER

Chief of Medical Staff Report

Chief of Staff Report
October 2018

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.

Peer Review action items will be presented to the Board shortly.

Mina Yacoub, MD
Chief of Medical Staff

UMC

UNITED
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General Board Meeting

Date: October 17, 2018

Executive Management Report

Presented by:

Matthew Hamilton
Chief Executive Officer

UMC
UNITED
MEDICAL CENTER

United Medical Center
Executive Management Report
October 2018

Foundational Elements

- Achieved Meaningful Use (MU) Attestation – UMC was penalized last year $381,000 for not achieving Meaningful Use. Beginning fiscal October 1, 2018 the hospital will no longer be penalized.
- Workman's Compensation Program to Begin November 1, 2018 – Met with AIG to go over our plan to institute a first time ever at UMC a full scale program designed to provide oversite and manage risk and drive down cost.

Infrastructure Fundamentals

- Nursing documentation for SNF went LIVE. In process of bringing the CPOE, ADLs, Analytics and many more features.
- Completed full inventory of software applications, servers, locations and administrators which enhances security of all applications.
- Completed implementation of 3M 360 to improve billing and charge capture a project that was on bench for over a year.
- Brought eCW back online – the project was wrongly implemented twice leading to house wrong data. An interface was wrongly done. UMC lost communication with eCW. The Informatics department was able to take up the responsibility, escalated the communication issue and made eCW come back on track with pending projects. In the recent Nation conference held by eCW, UMC's issues were escalated to

eCW CEO who immediately assigned the task to regional manager. The regional manager came on site to UMC to discover all the issues that our Clinical/Finance and IT had identified as issues. They assigned a Business Optimization team to UMC who will be on site to get to the root cause and provide us guidance on how to address the issues. Informatics team will be leading this project until go live and provide continuous support.

- Currently implementing discharge application to make our case management department's life easier.
- Working with radiology to enhance clinical decision support system.
- Physician and Nursing documentation enhancements ongoing.
- ICU enhancements completed and approved by Dr. Yacoub and P&T.
- Hemodialysis orders for physicians – Go live scheduled, approved by Drs. Dawachi & Isabel.
- ED Physician Documentation enhancement – Phase I finished – Approved by Dr. O'Connell. Phase II testing in progress. Many enhancements to Tracker Boards were done.
- Dietary Consults enhancements in progress.
- Nursing documentation enhancements in progress.
- Supply reports enhancements in progress.
- Centralized web data analytics – will house all data in a data warehouse for all applications and with a help BI tool application, provide more power to the end user based on their roles to run their own reports.
- Implementing anesthesia electronic documentation.
- Implementing HRIS system.

UMC
UNITED
MEDICAL CENTER

United Medical Center
Management Report
Operations Summary – October 2018

PATIENT CARE SERVICES

5 West and 8 West

Education
All RNs on telemetry unit are currently registered or taking Dysrhythmia classes offered by the Sr. Director/Director of Education.

PI Initiatives

- 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.
  53 (75%) charts in compliance and 18 (25%) charts were not in compliance. 66 charts were reviewed for allergies, 58 (88%) charts were completely updated and 8 charts (12%) charts were not updated.
- 63 charts were reviewed for medication reconciliation. 56 (89%) charts in compliance and 7 (11%) charts were not in compliance.

Service Recovery
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.

Fiscal Sufficiency Forms submitted for non-budgeted sitter positions. A total of 5.4 FTE position requisition and sufficiency forms were created for 12 different sitter positions, awaiting approval.

BEHAVIORAL HEALTH

Month	ADM	ADC	AMA	Disch.	Falls	Elop.	Seclusion	Rapid Response	Restraints	Diabetic Event
Sept	109	26	2	107	0	0	0	2	0	0

Education

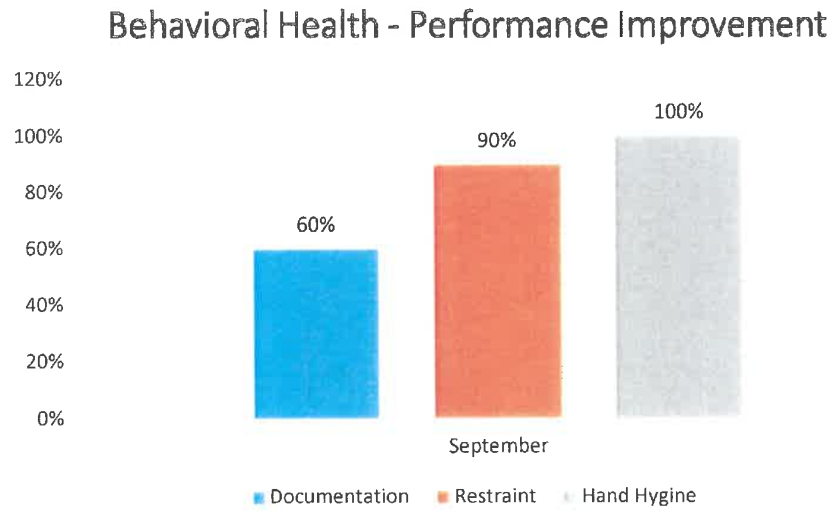
Comprehensive Crisis Management (CCM) Recertification Training conducted on 9/26/18 – thirteen (13) staff attended. Additional classes scheduled to maintain staff competency.

PI Initiatives:

- Documentation – Thirty (30) charts were audited with focus on documentation of the admission assessment, medication reconciliation, and patient notes. While we did not achieve the established goal of 100%, we are assessing individual opportunities and establishing individual plans of correction. Overall documentation = 60%.

- Restraints – Charts audited with focus on patients in restraints. Chart is audited within 24 hours of an event. Restraint events continues to decline. Documentation of events is at 90%. Staff coached.

- Hand Hygiene – Hand hygiene is observed daily by the BHU manager and/or charge nurse during meal time. Each client is provided antimicrobial hand sanitizer before receiving meal tray and upon return of the trays. Patients are also primarily encouraged to actually wash their hands before meals are served. Achieved 100%.



Service Recovery

- Attend unit-based change of shift huddle daily
- Conduct environmental/safety rounds daily: round on each client/each room
- Attend daily multidisciplinary rounds

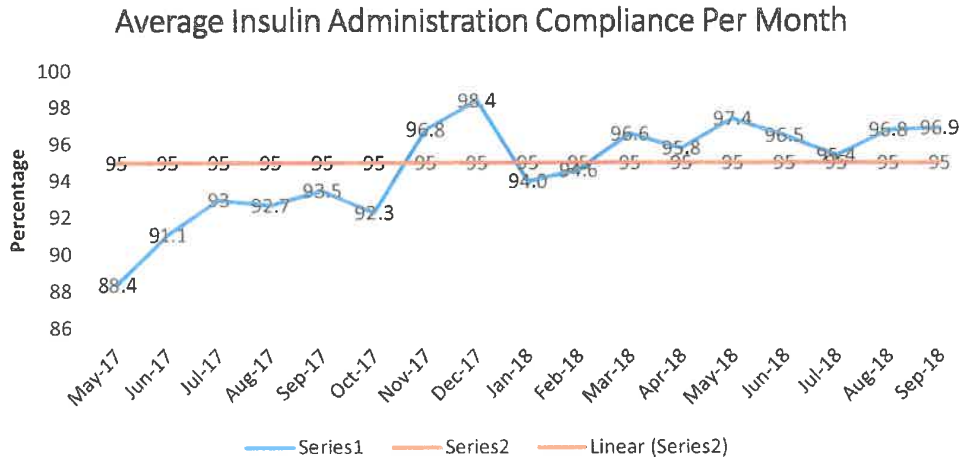
DIABETES CENTER

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.

The diabetes educators work with the provider to improve inpatient glucose control by making recommendations for insulin orders that follow the adult insulin order set using basal, prandial and correction insulin. When needed, recommendations are made to obtain an endocrine consult for patients with difficult to control glucose levels (known history of hypoglycemia in the hospital, patients on TPN requiring insulin, insulin pump).

Insulin Audit

Accurate administration of insulin continues to be monitored.



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. Mangers meet with the nurse identified to provide coaching and progressive discipline.

Insulin Drip Documentation in the EMAR

Working with IT, an insulin drip EMAR screen has been developed and implemented in ICU. This allows for the nurse to record not only the drip rate but the blood glucose level in the EMAR. This insures that all insulin administration is documented in the medication record. ICU staff was instructed by the diabetes educators on how to use the new screen. Staff has utilized the screen and positive feedback has been obtained thus far.

Staff Education

Insulin administration accuracy is included as part of nursing orientation. Huddles are presented on the nursing unit to address identified knowledge deficits. Diabetic Keto-acidosis (DKA), there have been recent episodes of patients developing DKA on the nursing unit post treatment with insulin drip in the ICU. A close review of the circumstances of these cases will be done. Suggest implementation of plan that any patient admitted with DKA must have an endocrine consult and be followed throughout the hospitalization.

Community Outreach

Participated in two (2) presentations on diabetes - Calvary Women's Shelter and Amerigroup Wellness Roundtable in Adams Morgan.

CRITICAL CARE

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
September 2018	17	9.1	3	14	19	3

Education

- In-services were conducted on the insulin pumps and titration documentation in Meditech. This was provided by Cherrel Christian, Diabetic Educator.
- In-service on Santyl wound supplies, proper use of products for patients with wounds, and patients at risk for wounds was facilitated by the wound care department.
- Some ICU RNs attended the telemetry course given by the Education department for a refresher.

PI Initiatives

- Monitoring twice daily narcotic administration audits to track narcotics that were not wasted and not documented timely.
- Huddles started with staff to streamline hospital and departmental communication.

Service Recovery

Continue to round on patients. No issues during this month.

EDUCATION

Number of Classes Provided						
Month	**8W**	**5W**	**ICU**	**BHU**	**ED**	**OR/PACU/ASU**
Sept 2018	2	2	2	2	2	2

Education

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

PI Initiatives

- Top 5 Practice Updates – Huddles: BHU; ICU; 8 WEST; 5 WEST, and EVS
- EBSCO Health collaborated with *Nursing Resources* for *Nursing Reference Center Plus*
- Pyxis ES planning and collaboration for new Pyxis machine implementation at UMC
- IV Insulin Administration – collaborated with Pharmacy, IT and Diabetes Education

Service Recovery

Top 5 Practice Updates developed to help improve clinical practice and customer satisfaction

- Documentation
- Patient Environment Safety
- Patient Discharge Process
- Professional Environment
- Culture of Caring

EMERGENCY DEPARTMENT

ED Metrics Empower Data	Sept	Oct	Nov	Dec	Jan
Visits	**4721**				
Change from Prior Year (Visits)	**4968**				
% Growth	**-5.23%**				
LWBS	**220**				
Ambulance Arrivals	**1349**				
Ambulance Patients Admission Conversion	**294**				
% of ED patients arrived by Ambulance	**28.57%**				
% of Ambulance Patients Admitted	**21.79%**				
Reroute + Diversion Hours	**2**				
Ambulance PG Median Offloading Times	**14/33**				
Ambulance DC Median/Mean Offloading Times	**14/33**				

ED Metrics Empower Data (Minutes) Goal		Sept	Oct	Nov	Dec	Jan
Door to triage **30**		**33**				
Door to room **45**		**101**				
Door to provider **60**		**107**				
Door to departure	**150**	**251**				
Decision to admit to floor	**240**	**286**				
Door to transfer	**240**	**309**				

Education

- FD 12 Protocol – including attire
- New Uniform Attire by discipline beginning 11/1/18
- Mandatory Flu Immunization beginning 10/1/18
- Appropriate procedure obtaining blood cultures

PI Initiatives

- Throughput – 100% pull till full
- Bedside Shift Report
- Communication Boards – bedside
- Quick Look RN to initiate in October: Triage goal < 30 min/EKG < 10 min of arrival.
- Departing Patients Appropriately – finance

Service Recovery (2 occasions 9/2018)

Positive Service Recovery letters was mailed to patients as a follow-up

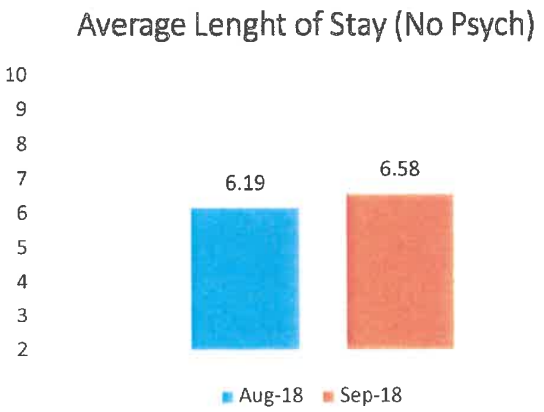
CASE MANAGEMENT

Status

- New Director of Case Management started on Monday, September 17, 2018
- FY18 (October 1, 2017 through September 30, 2018) contract labor cost = $636,631.00
- Implemented CM huddle meetings four (4) times per week to discuss ALOS and outliers
- Strategic plan to restructure department to improve operational oversight

Metrics

- In September 2018 6.58, an increase in the ALOS over August 2018 6.19 days.



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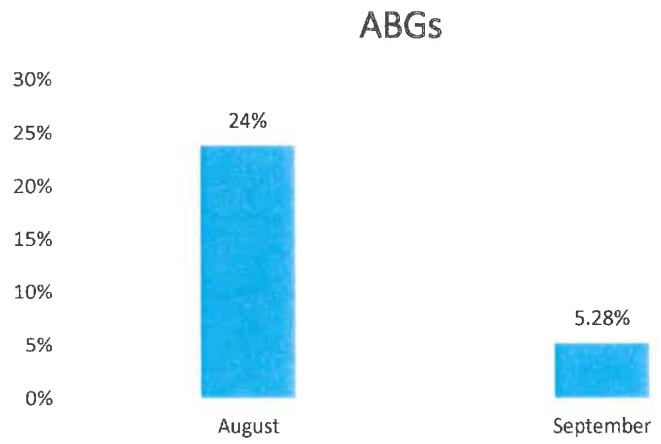

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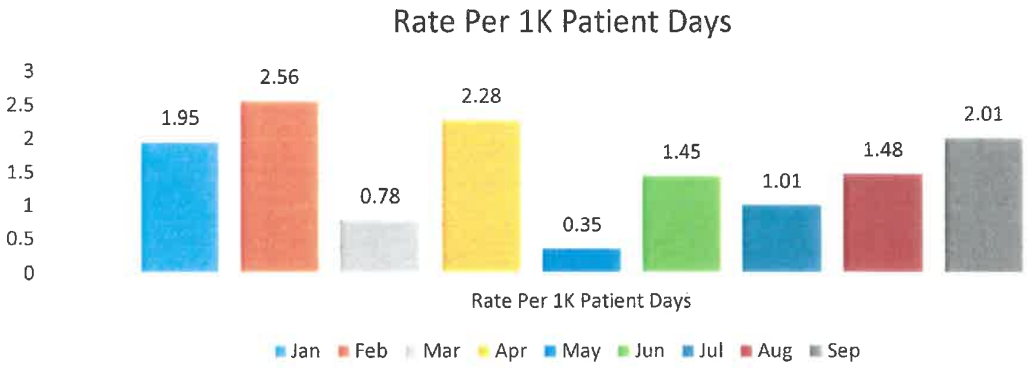

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- Consulted with IT for further investigation and resolution
- IT confirmed problem resolution within 24 hours

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Number of Surgeries 3rd Quarter 2018	**JULY**	**AUG**	**SEPT**	**OCT**	**NOV**	
In house	**64**	72	73			
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Total	**178**	**186**	**174**			
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OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS

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

- Radiology X-Ray Rooms: **Training starting 10/12; DOH notification**
  - Room #1 – Devos Suite Fuji equipment decommissioned and removed by Fuji 6/19. Facilities staff painting, replacing sink/faucet and preparing flooring. All work done internally.
  - Physicist and Structural Engineer engaged
  - Additions: electrical switch; install Interlock system; new sink
- Radiology Fluoroscopy Rooms (#3 & #4): (In Progress)
  - Architectural design proposal completed
  - Reviewing bids
- Radiology Dressing/Restroom Area: (In Progress)
  - Architectural design proposal completed
  - Reviewing bids
- Completion of Mammography Suite: (In Progress)
  - Contractor selected
- ED Renovation: (In Progress)
  - Architectural design proposal completed
- Kitchen Walk-in Cooler and Freezer Replacement Construction begins October 28, 2018 – To reduce freezer and refrigeration annual repair costs by 40%. Compliant with Department of Health requests. Reducing possible citations
- IR Room HVAC and mechanical upgrade: (In Progress)
  - Assessing compressor

Completed Projects

- Emergency Department: Patient Registration Renovation (new floors, seating, patching/painting); new triage area to accommodate shoulder to shoulder initiative; renovate space off ED waiting room for case management team and manager. **COMPLETED 10/2/2018**
- HR Expansion/Renovation: Addition of four new offices, file room refresh (carpet, ceiling tiles and lighting). **COMPLETED 10/2/2018**

Future Projects

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

Implementation of Maintenance Connection system – Biomed and Facilities Work Order and Preventive Maintenance system. Imported all historical data from Crothall system, configured/trained staff.

Update – Rolled out iPads for Facilities staff members to perform preventive maintenance tasks and assigned work orders.

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.

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: Biomed and Facilities Departments
- Monthly exterior power washing

Biomed Department:

- Coordinated an in-service for training on the Pulmonary Function system in Respiratory for three (3) respiratory therapists
- Located a vendor to conduct a complete inventory of all beds, stretchers and wheelchairs
- Contacted nurse call vendor (CTSI) to inquire about RFID tracking for beds, stretchers and wheelchairs
- Met with nursing administration and vendor (Nihon Kohden) to update viewing for telemetry throughout 8th floor corridors and at the nursing station
- Ordered battery back-ups for telemetry central stations and ER/ICU server
- Upgrading dialysis wall connects for machine connection to help alleviate leaks and floods

EVS Department:

- Command Center – Strip and wax
- ER Ebola offices as well as adjacent office - Strip and wax
- CT Floors – Scrub
- Special Procedures – Scrub and recoat floors
- X-Ray 1 – Strip and wax
- X-Ray 5 – Strip and wax
- ICU- New Dr. office strip and wax
- Continued removing wax from ED
- Meditation Room – Extract carpet
- EMT – Strip and wax
- MOB – 211, 301 Strip and wax 302 scheduled for 10/6
- Resurface Main Lobby after major scratches
- RN Station on 7 and 6 – Scrub and recoat
- Ground Floor – Scrub and recoat
- Burnish Patient Rooms on 7 and 6
- New ED Registration – Scrub and wax
- ED Registration Office – Strip and wax
- Wound Care – Scrub and recoat
- IR Procedure Room – Scrub and recoat

Support Services (Environment of Care) Rounds – Actively engage non-clinical staff in delivering a positive patient experience. Implement 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: Case Management ED office; new HR offices; SNF Rehab Department; General Counsel office suite; Procurement Office; Quality suite offices for new members; ICU office; DECO offices.

Human Resources

UPCOMING HR BEST PRACTICES IMPLEMENTATION:

- Streamline the Labor Management Action Team (LMAT) Process
  - Train Managers on the proper LMAT steps, which are as follows:
    1. Manager prepares Personnel Action Request (PAR) or Fiscal Sufficiency Form (Sufficiency Form)
    2. Managers discuss PAR or Sufficiency Form with reporting executive
    3. Reporting executive submits form(s) to LMAT Review List
    4. LMAT Review List is published to Management Council
    5. Manager plans to attend LMAT Meeting
    6. Managers present during the weekly LMAT Meetings PAR(s) and Sufficiency Form(s) to LMAT Committee for signature
    7. PARs and Sufficiency Forms are sent to CEO for signature
    8. PARs and Sufficiency Forms are sent to Finance after CEO signature
    9. PARs and Sufficiency Forms are returned to Human Resources (HR) for further action (posting a new requisition, back-filling a position, termination of employment) and filing to the respective employee file
- 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
- Execute an Efficient Workers Compensation Process
  - Implement guidelines for timely reporting by managers of accident reports to HR, and a Metrics-Based Time Frame of Expeditious Entry of Report into IntelliRisk.
  - Audit on a weekly basis the number of accident reports received to ensure all reports are recorded in Meditech and via an Excel database
- Implement a Progressive Discipline Process for Management
  - Train managers on the effective way to progressively discipline employees to ensure it is mandatory for managers to use Disciplinary Action Record (DAR) Forms, consult HR on all disciplinary actions taken, and keep HR abreast of disciplinary actions, apart from verbal warnings, to avoid risk of litigation against the organization
  - Progressive Disciplinary Action Training is scheduled to take place in November 2018
- Conversion from a Paper-Based File System to a Cloud-Based File System
  - Fully use the HR functionalities of Kronos to house employee files, including but not limited to the following: Offer Letters, Pre-Employment Paperwork, Employment Agreements, Performance Review Documentation, Disciplinary Action Documentation, and Salary Changes
- 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.

INFORMATION TECHNOLOGY

October 12, 2018

Initiative	Status	Timeline for Completion	Comments
Create and Maintain Appropriate IT Governance and Management Structure			
IT Steering Committee		Completed	•Governance team in place to prioritize and guide UMC's Information Technology initiatives
Develop and implement formal IT Security Program		June 2019	•Recruiting for Information Security Officer •IT security assessment completed; remediation efforts underway
Develop and implement IT policies and procedures		March 2019	•All IT policies and procedures are being reviewed and updated
Institute Project Management processes		Ongoing	•Project Management processes used for all current and new projects
Restructure IT organization and fill critical vacancies		December 2018	•Realigned IT department team; new Network/Server Manager hired •Recruiting for network, telecom, desktop and interface positions
Update and Expand Applications			
Upgrade Meditech Magic to current release level		December 2018	•Completed operating system upgrade on September 12, 2018 •Work has started on application upgrade to current release
CareFusion Pyxis Medication Distribution		Completed	•All medDispense units have been successfully replaced by Pyxis units
CareFusion MedMined Infection Control & Medication Stewardship		Completed	•System live since June 7, 2018 •Providing additional training to new VP of Quality and team
3M360 Foundations Coding Tool		Completed	•Successfully brought live 3M360 Foundations, replacing old system
Interface Meditech to eClinical Works outpatient system		November 2018	•Working with eClinical Works vendor to code and test
Curaspan - Post Acute Patient Management		October 2018	•Project kicked-off; project plan in place; weekly calls in progress
Point Click Care clinical documentation - SNF		November 2018	•Nursing electronic documentation went live July 30, 2018 •CPOE to start after completion of contract with vendor
Implement Meaningful use tools		December 2018	•Finalized contract with application vendor; implementation has begun
Patient data reports for downtime periods		October 2018	•Successfully utilized system and reports for recent downtime •Installing additional printers and emergency power to devices
Refurbish Infrastructure			
Overhaul of cable plant and wiring/communications closets		March 2019	•Implemented new UPS in closets; have avoided several outages •Evaluating additional vendors due to poor responses to Request for Proposal (RFP) for cabling, cooling, and electrical
Develop and maintain Business Continuity / Disaster Recovery plan and processes		June 2019	•In August, successfully completed a Meditech disaster recovery test •Pursuing measures for other systems to ensure preparedness
Replacement of printer/copier vendor - functionality and cost savings		Completed	
Wireless communications		March 2019	•Completed pilot on 8th floor for remediation of the wireless coverage •Wireless improvements to floors 5 and 4 are temporarily delayed until early November 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

UMC
UNITED
MEDICAL CENTER

United Medical Center
Management Report
Operations Summary – October 2018

PATIENT CARE SERVICES

5 West and 8 West

Education
All RNs on telemetry unit are currently registered or taking Dysrhythmia classes offered by the Sr. Director/Director of Education.

PI Initiatives

- 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.
  53 (75%) charts in compliance and 18 (25%) charts were not in compliance. 66 charts were reviewed for allergies, 58 (88%) charts were completely updated and 8 charts (12%) charts were not updated.
- 63 charts were reviewed for medication reconciliation. 56 (89%) charts in compliance and 7 (11%) charts were not in compliance.

Service Recovery
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.

Fiscal Sufficiency Forms submitted for non-budgeted sitter positions. A total of 5.4 FTE position requisition and sufficiency forms were created for 12 different sitter positions, awaiting approval.

BEHAVIORAL HEALTH

Month	ADM	ADC	AMA	Disch.	Falls	Elop.	Seclusion	Rapid Response	Restraints	Diabetic Event
Sept	109	26	2	107	0	0	0	2	0	0

Education

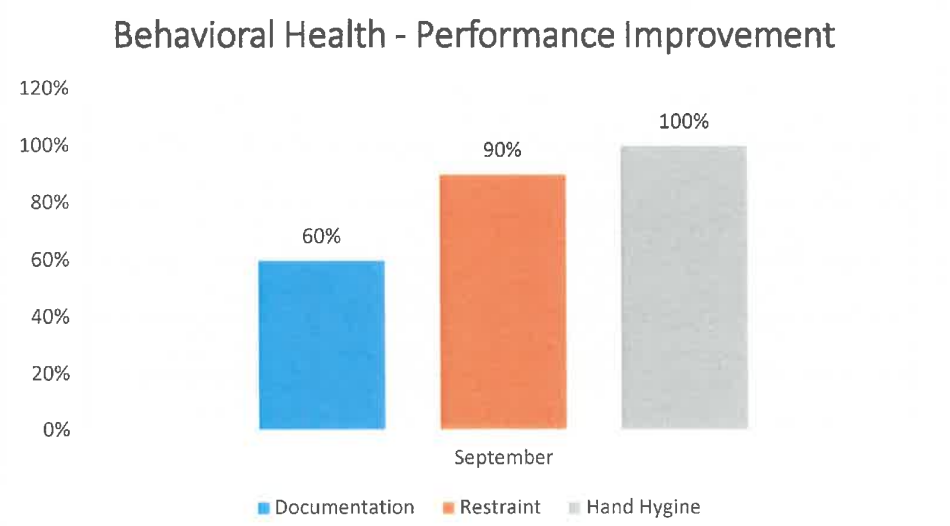
Comprehensive Crisis Management (CCM) Recertification Training conducted on 9/26/18 – thirteen (13) staff attended. Additional classes scheduled to maintain staff competency.

PI Initiatives:

- Documentation – Thirty (30) charts were audited with focus on documentation of the admission assessment, medication reconciliation, and patient notes. While we did not achieve the established goal of 100%, we are assessing individual opportunities and establishing individual plans of correction. Overall documentation = 60%.

- Restraints – Charts audited with focus on patients in restraints. Chart is audited within 24 hours of an event. Restraint events continues to decline. Documentation of events is at 90%. Staff coached.

- Hand Hygiene – Hand hygiene is observed daily by the BHU manager and/or charge nurse during meal time. Each client is provided antimicrobial hand sanitizer before receiving meal tray and upon return of the trays. Patients are also primarily encouraged to actually wash their hands before meals are served. Achieved 100%.



Service Recovery

- Attend unit-based change of shift huddle daily
- Conduct environmental/safety rounds daily: round on each client/each room
- Attend daily multidisciplinary rounds

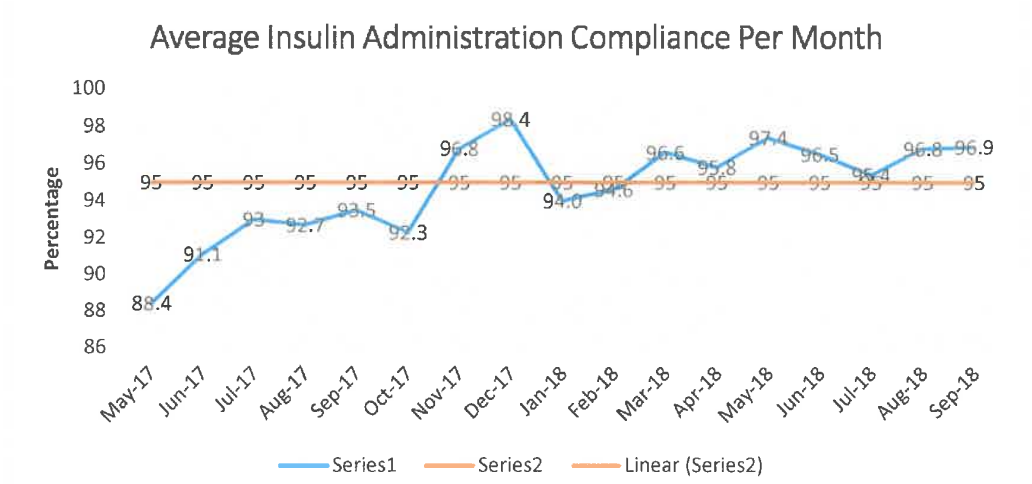
DIABETES CENTER

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.

The diabetes educators work with the provider to improve inpatient glucose control by making recommendations for insulin orders that follow the adult insulin order set using basal, prandial and correction insulin. When needed, recommendations are made to obtain an endocrine consult for patients with difficult to control glucose levels (known history of hypoglycemia in the hospital, patients on TPN requiring insulin, insulin pump).

Insulin Audit

Accurate administration of insulin continues to be monitored.



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. Mangers meet with the nurse identified to provide coaching and progressive discipline.

Insulin Drip Documentation in the EMAR

Working with IT, an insulin drip EMAR screen has been developed and implemented in ICU. This allows for the nurse to record not only the drip rate but the blood glucose level in the EMAR. This insures that all insulin administration is documented in the medication record. ICU staff was instructed by the diabetes educators on how to use the new screen. Staff has utilized the screen and positive feedback has been obtained thus far.

Staff Education
Insulin administration accuracy is included as part of nursing orientation. Huddles are presented on the nursing unit to address identified knowledge deficits. Diabetic Keto-acidosis (DKA), there have been recent episodes of patients developing DKA on the nursing unit post treatment with insulin drip in the ICU. A close review of the circumstances of these cases will be done. Suggest implementation of plan that any patient admitted with DKA must have an endocrine consult and be followed throughout the hospitalization.

Community Outreach
Participated in two (2) presentations on diabetes - Calvary Women's Shelter and Amerigroup Wellness Roundtable in Adams Morgan.

CRITICAL CARE

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
September 2018	17	9.1	3	14	19	3

Education
- In-services were conducted on the insulin pumps and titration documentation in Meditech. This was provided by Cherrel Christian, Diabetic Educator.
- In-service on Santyl wound supplies, proper use of products for patients with wounds, and patients at risk for wounds was facilitated by the wound care department.
- Some ICU RNs attended the telemetry course given by the Education department for a refresher.

PI Initiatives
- Monitoring twice daily narcotic administration audits to track narcotics that were not wasted and not documented timely.
- Huddles started with staff to streamline hospital and departmental communication.

Service Recovery
Continue to round on patients. No issues during this month.

EDUCATION

Number of Classes Provided						
Month	**8W**	**5W**	**ICU**	**BHU**	**ED**	**OR/PACU/ASU**
Sept 2018	2	2	2	2	2	2

Education
- Telemetry Class 2018
- Clinical Orientation (new hires)
- Glucose Training/Observation
- Relias Training for Managers and Staff

PI Initiatives

- Top 5 Practice Updates – Huddles: BHU; ICU; 8 WEST; 5 WEST, and EVS
- EBSCO Health collaborated with *Nursing Resources* for *Nursing Reference Center Plus*
- Pyxis ES planning and collaboration for new Pyxis machine implementation at UMC
- IV Insulin Administration – collaborated with Pharmacy, IT and Diabetes Education

Service Recovery

Top 5 Practice Updates developed to help improve clinical practice and customer satisfaction

- Documentation
- Patient Environment Safety
- Patient Discharge Process
- Professional Environment
- Culture of Caring

EMERGENCY DEPARTMENT

ED Metrics Empower Data	Sept	Oct	Nov	Dec	Jan
Visits	**4721**				
Change from Prior Year (Visits)	**4968**				
% Growth	**-5.23%**				
LWBS	**220**				
Ambulance Arrivals	**1349**				
Ambulance Patients Admission Conversion	**294**				
% of ED patients arrived by Ambulance	**28.57%**				
% of Ambulance Patients Admitted	**21.79%**				
Reroute + Diversion Hours	**2**				
Ambulance PG Median Offloading Times	**14/33**				
Ambulance DC Median/Mean Offloading Times	**14/33**				

ED Metrics Empower Data (Minutes) Goal		Sept	Oct	Nov	Dec	Jan
Door to triage **30**		**33**				
Door to room **45**		**101**				
Door to provider **60**		**107**				
Door to departure	**150**	**251**				
Decision to admit to floor	**240**	**286**				
Door to transfer	**240**	**309**				

Education

- FD 12 Protocol – including attire
- New Uniform Attire by discipline beginning 11/1/18
- Mandatory Flu Immunization beginning 10/1/18
- Appropriate procedure obtaining blood cultures

PI Initiatives

- Throughput – 100% pull till full
- Bedside Shift Report
- Communication Boards – bedside
- Quick Look RN to initiate in October: Triage goal < 30 min/EKG < 10 min of arrival.
- Departing Patients Appropriately – finance

Service Recovery (2 occasions 9/2018)

Positive Service Recovery letters was mailed to patients as a follow-up

CASE MANAGEMENT

Status

- New Director of Case Management started on Monday, September 17, 2018
- FY18 (October 1, 2017 through September 30, 2018) contract labor cost = $636,631.00
- Implemented CM huddle meetings four (4) times per week to discuss ALOS and outliers
- Strategic plan to restructure department to improve operational oversight

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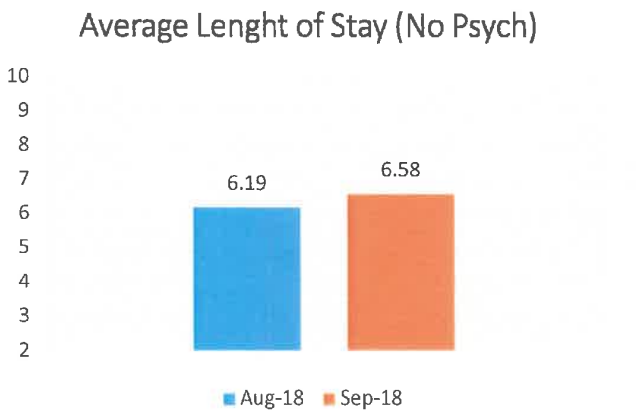

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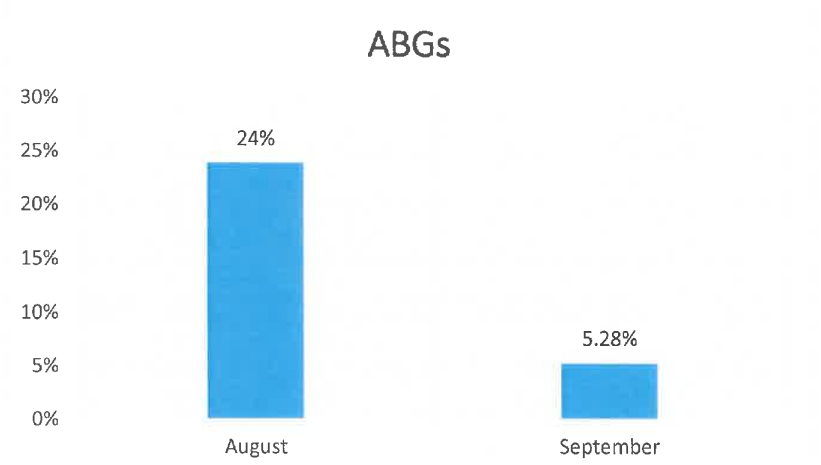

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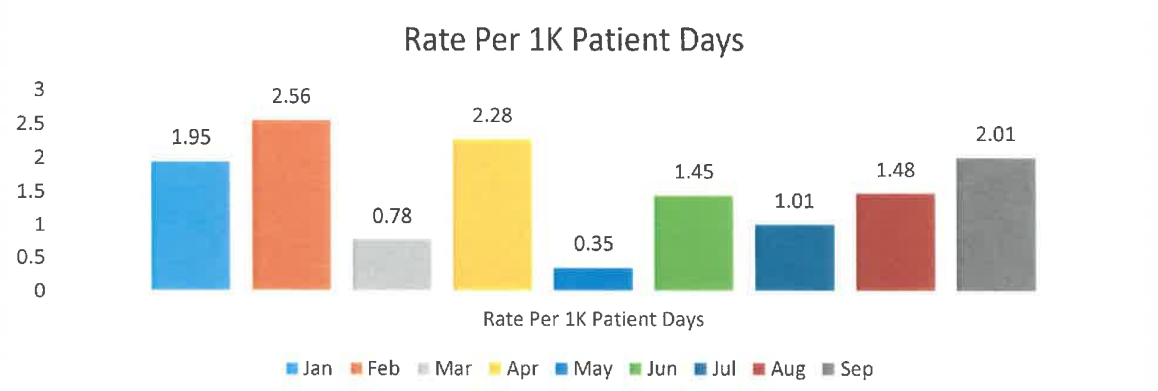

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- Fifty (50) cases surveyed; 41 cases met 20 minutes' bench mark turn-over time – it improved 79% to 82% from 2nd quarter 2018

OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS

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

- Radiology X-Ray Rooms: **Training starting 10/12; DOH notification**
  - Room #1 – Devos Suite Fuji equipment decommissioned and removed by Fuji 6/19. Facilities staff painting, replacing sink/faucet and preparing flooring. All work done internally.
  - Physicist and Structural Engineer engaged
  - Additions: electrical switch; install Interlock system; new sink
- Radiology Fluoroscopy Rooms (#3 & #4): (In Progress)
  - Architectural design proposal completed
  - Reviewing bids
- Radiology Dressing/Restroom Area: (In Progress)
  - Architectural design proposal completed
  - Reviewing bids
- Completion of Mammography Suite: (In Progress)
  - Contractor selected
- ED Renovation: (In Progress)
  - Architectural design proposal completed
- Kitchen Walk-in Cooler and Freezer Replacement Construction begins October 28, 2018 – To reduce freezer and refrigeration annual repair costs by 40%. Compliant with Department of Health requests. Reducing possible citations
- IR Room HVAC and mechanical upgrade: (In Progress)
  - Assessing compressor

Completed Projects

- Emergency Department: Patient Registration Renovation (new floors, seating, patching/painting); new triage area to accommodate shoulder to shoulder initiative; renovate space off ED waiting room for case management team and manager. **COMPLETED 10/2/2018**
- HR Expansion/Renovation: Addition of four new offices, file room refresh (carpet, ceiling tiles and lighting). **COMPLETED 10/2/2018**

Future Projects

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

Implementation of Maintenance Connection system – Biomed and Facilities Work Order and Preventive Maintenance system. Imported all historical data from Crothall system, configured/trained staff.

Update – Rolled out iPads for Facilities staff members to perform preventive maintenance tasks and assigned work orders.

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.

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: Biomed and Facilities Departments
- Monthly exterior power washing

Biomed Department:

- Coordinated an in-service for training on the Pulmonary Function system in Respiratory for three (3) respiratory therapists
- Located a vendor to conduct a complete inventory of all beds, stretchers and wheelchairs
- Contacted nurse call vendor (CTSI) to inquire about RFID tracking for beds, stretchers and wheelchairs
- Met with nursing administration and vendor (Nihon Kohden) to update viewing for telemetry throughout 8th floor corridors and at the nursing station
- Ordered battery back-ups for telemetry central stations and ER/ICU server
- Upgrading dialysis wall connects for machine connection to help alleviate leaks and floods

EVS Department:

- Command Center – Strip and wax
- ER Ebola offices as well as adjacent office - Strip and wax
- CT Floors – Scrub
- Special Procedures – Scrub and recoat floors
- X-Ray 1 – Strip and wax
- X-Ray 5 – Strip and wax
- ICU- New Dr. office strip and wax
- Continued removing wax from ED
- Meditation Room – Extract carpet
- EMT – Strip and wax
- MOB – 211, 301 Strip and wax 302 scheduled for 10/6
- Resurface Main Lobby after major scratches
- RN Station on 7 and 6 – Scrub and recoat
- Ground Floor – Scrub and recoat
- Burnish Patient Rooms on 7 and 6
- New ED Registration – Scrub and wax
- ED Registration Office – Strip and wax
- Wound Care – Scrub and recoat
- IR Procedure Room – Scrub and recoat

Support Services (Environment of Care) Rounds – Actively engage non-clinical staff in delivering a positive patient experience. Implement 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: Case Management ED office; new HR offices; SNF Rehab Department; General Counsel office suite; Procurement Office; Quality suite offices for new members; ICU office; DECO offices.

Human Resources

UPCOMING HR BEST PRACTICES IMPLEMENTATION:

- Streamline the Labor Management Action Team (LMAT) Process
  - Train Managers on the proper LMAT steps, which are as follows:
    1. Manager prepares Personnel Action Request (PAR) or Fiscal Sufficiency Form (Sufficiency Form)
    2. Managers discuss PAR or Sufficiency Form with reporting executive
    3. Reporting executive submits form(s) to LMAT Review List
    4. LMAT Review List is published to Management Council
    5. Manager plans to attend LMAT Meeting
    6. Managers present during the weekly LMAT Meetings PAR(s) and Sufficiency Form(s) to LMAT Committee for signature
    7. PARs and Sufficiency Forms are sent to CEO for signature
    8. PARs and Sufficiency Forms are sent to Finance after CEO signature
    9. PARs and Sufficiency Forms are returned to Human Resources (HR) for further action (posting a new requisition, back-filling a position, termination of employment) and filing to the respective employee file
- 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
- Execute an Efficient Workers Compensation Process
  - Implement guidelines for timely reporting by managers of accident reports to HR, and a Metrics-Based Time Frame of Expeditious Entry of Report into IntelliRisk.
  - Audit on a weekly basis the number of accident reports received to ensure all reports are recorded in Meditech and via an Excel database
- Implement a Progressive Discipline Process for Management
  - Train managers on the effective way to progressively discipline employees to ensure it is mandatory for managers to use Disciplinary Action Record (DAR) Forms, consult HR on all disciplinary actions taken, and keep HR abreast of disciplinary actions, apart from verbal warnings, to avoid risk of litigation against the organization
  - Progressive Disciplinary Action Training is scheduled to take place in November 2018
- Conversion from a Paper-Based File System to a Cloud-Based File System
  - Fully use the HR functionalities of Kronos to house employee files, including but not limited to the following: Offer Letters, Pre-Employment Paperwork, Employment Agreements, Performance Review Documentation, Disciplinary Action Documentation, and Salary Changes
- 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.

INFORMATION TECHNOLOGY

INFORMATION TECHNOLOGY

October 12, 2018

Initiative	Status	Timeline for Completion	Comments
Create and Maintain Appropriate IT Governance and Management Structure			
IT Steering Committee		Completed	•Governance team in place to prioritize and guide UMC's Information Technology initiatives
Develop and implement formal IT Security Program		June 2019	•Recruiting for Information Security Officer •IT security assessment completed; remediation efforts underway
Develop and implement IT policies and procedures		March 2019	•All IT policies and procedures are being reviewed and updated
Institute Project Management processes		Ongoing	•Project Management processes used for all current and new projects
Restructure IT organization and fill critical vacancies		December 2018	•Realigned IT department team; new Network/Server Manager hired •Recruiting for network, telecom, desktop and interface positions
Update and Expand Applications			
Upgrade Meditech Magic to current release level		December 2018	•Completed operating system upgrade on September 12, 2018 •Work has started on application upgrade to current release
CareFusion Pyxis Medication Distribution		Completed	•All medDispense units have been successfully replaced by Pyxis units
CareFusion MedMined Infection Control & Medication Stewardship		Completed	•System live since June 7, 2018 •Providing additional training to new VP of Quality and team
3M360 Foundations Coding Tool		Completed	•Successfully brought live 3M360 Foundations, replacing old system
Interface Meditech to eClinical Works outpatient system		November 2018	•Working with eClinical Works vendor to code and test
Curaspan - Post Acute Patient Management		October 2018	•Project kicked-off; project plan in place; weekly calls in progress
Point Click Care clinical documentation - SNF		November 2018	•Nursing electronic documentation went live July 30, 2018 •CPOE to start after completion of contract with vendor
Implement Meaningful use tools		December 2018	•Finalized contract with application vendor; implementation has begun
Patient data reports for downtime periods		October 2018	•Successfully utilized system and reports for recent downtime •Installing additional printers and emergency power to devices
Refurbish Infrastructure			
Overhaul of cable plant and wiring/communications closets		March 2019	•Implemented new UPS in closets; have avoided several outages •Evaluating additional vendors due to poor responses to Request for Proposal (RFP) for cabling, cooling, and electrical
Develop and maintain Business Continuity / Disaster Recovery plan and processes		June 2019	•In August, successfully completed a Meditech disaster recovery test •Pursuing measures for other systems to ensure preparedness
Replacement of printer/copier vendor - functionality and cost savings		Completed	
Wireless communications		March 2019	•Completed pilot on 8th floor for remediation of the wireless coverage •Wireless improvements to floors 5 and 4 are temporarily delayed until early November 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

Tab 5

Committee Reports

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: October 17, 2018

Patient Safety & Quality Committee

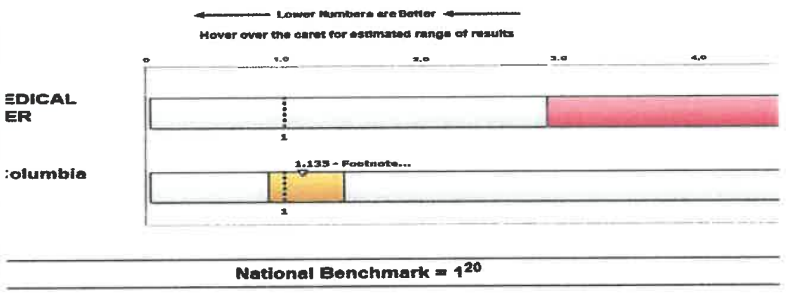
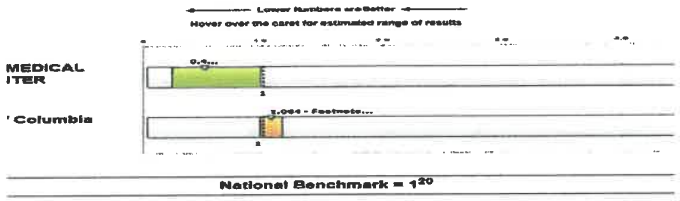
Dr. Malika Fair, Chair

Not-For-Profit Hospital Corporation
Patient Safety & Quality Committee Meeting Minutes
August 8, 2018

Present: Chair, Dr. Malika Fair, Director Girume Ashenafi, Tina Rein, Suzette Creighton, Dr. Dennis Haghighat, Dr. Mina Yacoub, Marcela Maamari, Derrick Lockhart, Andrea Gwyn, Sylvia Clagon, Nannette Barry

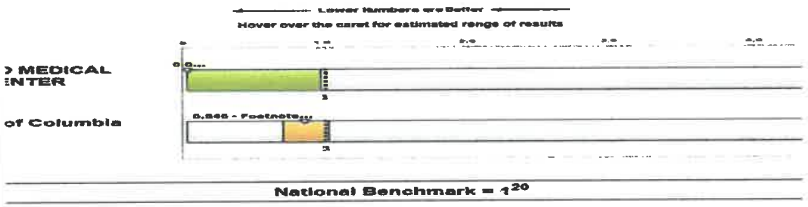
Absent: Director Millicent Gorham

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 4:36 P.M. Quorum determined by Michael Austin	
Approval of the Agenda	Agenda approved as written.	
Discussion	Previous meeting minutes approved with the following edits: The four bullet points listed under SNF update should be moved to the heading "Update on ER security."	
Meeting Discussion	Gratitude extended to Ms. Tina Rein for her dedication to UMC. Suzette Creighton welcomed to UMC as the new VP of Quality. **Ms. Tina Rein/ Ms. Sylvia Clagon:** • Infection Control Plan Approval post Department of Health Survey	

Dr. Haghighat:	**Infection Control Metrics and Update** • No ventilator associated pneumonias • No central line infections • Infection control is a pride of UMC. We need to improve our patient satisfaction scores. **esistant *Staphylococcus Aureus* (MRSA) blood infections** ortant?  ational averages do not include VHA hospital data. ***difficile* (C.diff.) intestinal infections** nportant?  national averages do not include VHA hospital data.	

associated urinary tract infections (CAUTI) in ICUs and select wards

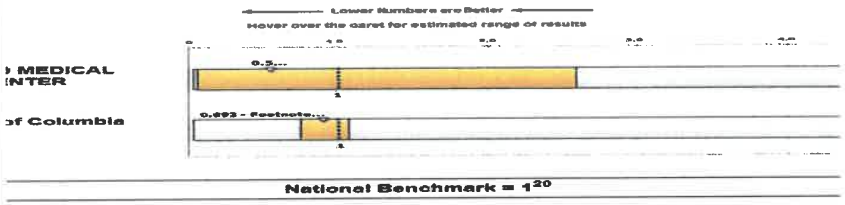
important?



d national averages do not include VHA hospital data.

ne-associated bloodstream infections (CLABSI) in ICUs and select war

important?



d national averages do not include VHA hospital data.

REGULATIONS AND ACCREDIATION: TINA REIN

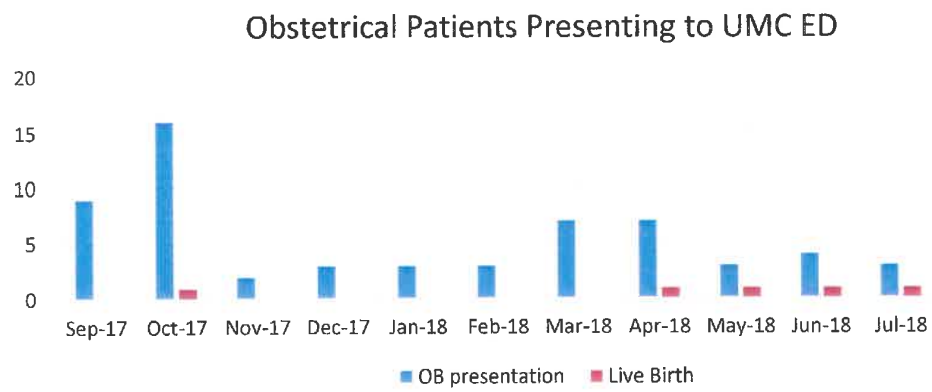
DOH Annual Survey 2017 (11 Findings)

- Obstetrical Service Line Suspension
- Sentinel Event Reported to Joint Commission

Joint commission Sentinel Event Update

DOH, Complaint Survey (9 Findings) OB Deemed Status Plan of Correction 2017

- Four live births in the ED in 2018



Navex - Reporting Quality in Real-time;

A. Identified $130,000 in duplicative software and worked with Compliance and risk to identify a software to allow real-time reporting of Quality, Risk, and Compliance.
B. Adverse Event reporting increased over 60% giving the organization a pathway of communication to respond quickly to identified and potential safety and quality issues
C. 7/2018 Extended the reporting to security, previously a paper format for incidents.

ED competencies:

- Developed policies to assess, stabilize, and transfer obstetrical patients and monitor fetal heart tones

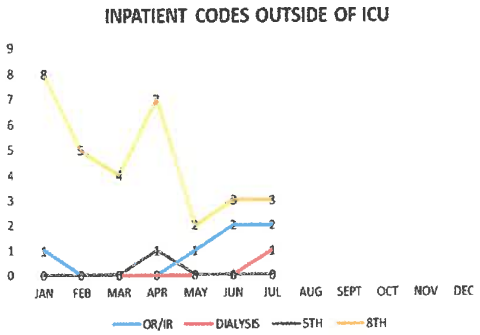
Follow up

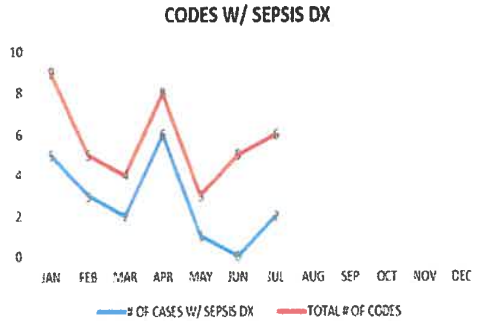
- Quarterly case study, mock drill, or table top drill through the end of 2018
- Continued competencies of new staff, agency and traveling nurses with verified PALS, NRP, or modified NRP

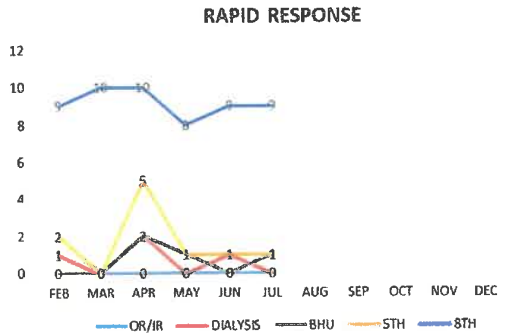
Specialty Specific OPPE/FPPE

a) First two quarters of data have been completed for 2018
b) Next steps- Work with the specialties to narrow down the number of metrics based on value to the organization i.e. Core Measures, Management Action Plan, Department Dashboards.
c) ED specialty is working on the shared metrics and established Dash board
d) General Medicine require ongoing assistance in the development of the Dashboard and specialty specific metrics
e) The Surgical Committee Dashboard measures the Surgical Global Triggers;

Global Trigger Tool Metrics update






RAPID RESPONSE
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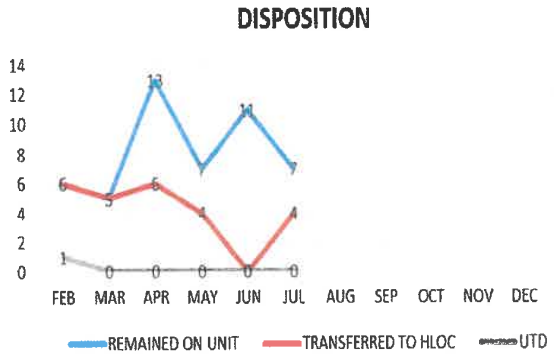
DISPOSITION
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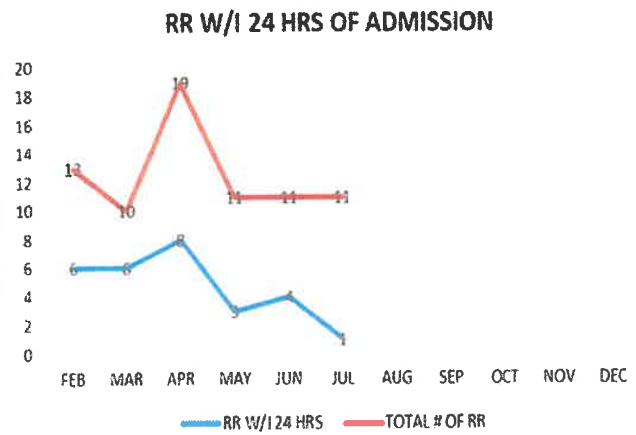
RR W/I 24 HRS OF ADMISSION
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18
16
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12
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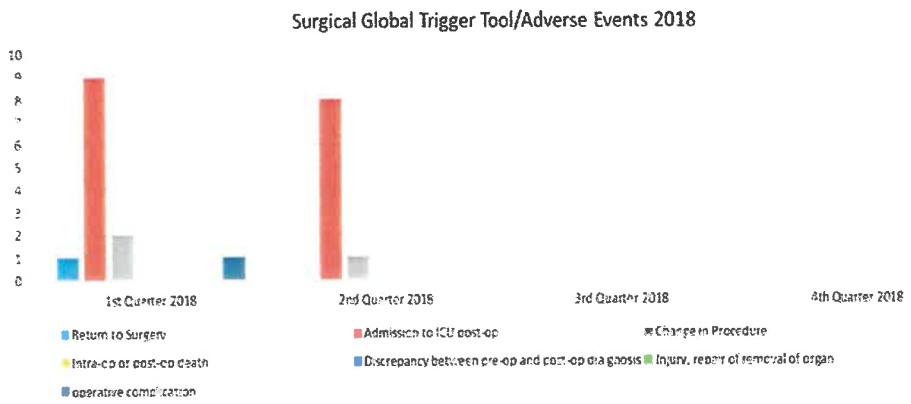
4
2
0
FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
RR W/I 24 HRS
TOTAL # OF RR



Medication Reconciliation update;

- 95% compliance in the First Quarter 2018
- Policy was reviewed and updated.to reflect best practices including completion of the medication reconciliation on admission, transfer and discharge.
- 100% of the working RN nursing staff were re-educated on Medication reconciliation requirements and documentation
- Next Steps- continued competencies of new staff, agency and traveling nurses

Fluoroscopy-

- Finding in 2017 and 2018
- Equipment delivery date 10/8/18
- Waiting for design with the architect and engineers, waiting on additional bids

- **ED Staffing Complaint Survey, 10/2017 (1 Finding)**
  - Staffing was at 7 RNs per shift, current staffing pattern is 8-9 RNs per shift, manager reports 80% compliance with the staffing metric

Joint Commission Triennial Survey, September 2017;

Compliance, Risks

- **Life Safety Checklist** due 7/2018, See Attachment.
- Crothal- proof of compliance in Crothal Binders
- Consistency with Environment of Care rounds and Reporting
- Ligature risk/Behavioral Health Patients in the Ed
- SPD remodeling project; 5-phase remodeling process to begin ~ January 2018
- Intra-cycling monitoring due 9/22/18

- **Bronchoscopy Update:**
- Currently utilizing a suite in the OR that is negative pressure

- **EMTALA Plan of Correction;**
  - Audits with 100% compliance with the Plan of Correction
  - 100% of pediatric patient population, mostly 15-18-year-old, Assessed, Stabilized, and Transferred as necessary.
  - UMC has met the audit requirement.
  - Recommend random audits of pediatric patients presenting to the ED

Next Steps

UMC must complete a quarterly case study, mock drill, or table top drill through the end of 2018

- **DOH Survey 2018 (11 Findings):**
- Annual survey was April 2-11, 2018
- Repeat Survey July 2018
- 5 Surveyors including Pharmacy, Facilities, and Nursing
- Clinical findings:
  - Compliance with Nursing education for Insulin administration and Wound Care

- Condition of the Pharmacy
- Sanitation of the Physical Environment

- **Outstanding items**
  - Mock survey due First Quarter 2019
  - Department Reporting
    - Pharmacy
    - Environment of Care- Action Pro
    - Infection Control and EOC monthly reporting

- **Complaint Surveys/ DOH On-site Investigation**

2017

- **6 surveys, (9 Findings)**

2018

- **7 surveys (4 Findings)**

Skilled Nursing Facility (SNF):

- High-risk patients in SNF update
  Star Rating in CMS improved from a 2 star to a 4 star overall and 5 stars in Quality measures

Days Since Last Serious Safety Event- 210 days

Length of Stay
Average LOS 6.5
Barriers and Corrections

- Staffing – unable to capture needs with current level of staffing (extended time to receive viable candidates) Interviews in progress
- Lack of weekend/afterhours services (MRI/IR/Surgical Procedures/No Physical Therapy)

	• Lack of in house transport (Nursing provides – creating delays from unit to unit/procedure, etc) • Lack of discharge referral system to expedite discharge (now being implemented with proposed Go Live on 10/16/18) • Availability of specialty services for consulting (decreased availability of services on weekend and decreased availability of some services altogether – Neuro/Oncology) Leap Frog update- data was submitted in June and we are awaiting the updated grade. **Adjourn: 5:57pm**	

Not-For-Profit Hospital Corporation
Patient Safety & Quality Committee Meeting Minutes
June 20, 2018

Present: Chair, Dr. Malika Fair, Director Girume Ashenafi, Director Millicent Gorham, Matthew Hamilton, Tina Rein, Dr. Dennis Haghighat, Dr. Mina Yacoub, Marcela Maamari, Derrick Lockhart

Absent: N/A

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 4:34 P.M. Quorum determined by Michael Austin.	
Approval of the Agenda	Agenda approved as written.	
Discussion	Previous meeting minutes approved.	
Meeting Discussion	**Regulation:** • EMTALA plan of correction and root cause analysis were accepted by DOH. • Monthly Education Completed, 3 months. We will be doing quarterly meetings moving forward. We were partnering with Sibley and will continue to work with them for monthly education. • Policy was updated and approved through MEC • Education provided to staff of the policy	• UMC will be participating in LEAP FROG. There is a medication safety component and an evaluation that needs to be done.

	Sentinel Event Update • Quality department is completing auditing. The issue was that our accounts were not up to par; we didn't have two people verifying, but we are now 100% in compliance with the plan of correction. • The Surgical Count policy has been updated to reflect best practices/Approved by OR committee • Education to OR staff regarding new policy completed The documented counts are built into the EHR **Update on ER security** • Cost analysis to ensure effective protocol for a "Lockdown". • Lockdown protocol was not effective. • UMC does not have capability to lock all doors. • Need for process to prevent recurrence. • Recommendation from RCA is to construct process to lock the ED. • Colored gowns have been purchased to prevent elopements • Special bays will be added to prevent suicides • Off-duty officers have been added to increase security forces: 12pm – 6am • Domestic violence officer has been added to the MOB; Children's has an officer; and now everyone has a radio for streamlined communications **SEPSIS UPDATE:**	• Escaped custody patients were apprehended by law enforcement quickly. They were in police custody and UMC is no longer admitting them after this event. • There have been behavioral health issues with the SNF patients. Not to be confused with the Behavioral Health Patients

	• UMC is saving 150 lives per year with 95% compliance with the current sepsis shock plan. • Severe Sepsis is a Life-threatening organ dysfunction caused by a systemic infection • Severe Sepsis and Septic shock can occur in any of our patient care departments and the early identification and treatment of severe sepsis and septic shock are directly related to positive outcomes. • Our goal is to reduce the mortality related to severe sepsis and septic shock by 25% in 2018 **SANITATION OF PHYSICAL ENVIRONMENT** **ENVIRONMENTAL SERVICES** • HVAC system was a concern and overall temperature within the hospital. Marcela said the issue was being taken care of. Tina said there was one complaint but the issue was resolved quickly. **INFECTION CONTROL PROGRAM MONITORING OF PHARMACY SERVICES** **INFECTION CONTROL** • Infection Control Program Policy (Tag 749) – policy reviewed and approved. Serious Safety Events/Near Misses: 0 **Adjourn: 5:50pm**	

Executive Dashboard

2018

Organizational Indicators	Jan	Feb	Mar	1Q	Apr	May	Jun	2Q	Jul	Aug	Sep	3Q	Oct	Nov	Dec	4Q	YTD
Fall Rate																	
Fall Rate with Injury																	
ADR Rate																	
HAPU Rate																	
Restraint Rate																	
# of Reportable Events				0				0				0				0	0
# of Workers Comp Claims				0				0				0				0	0
Infection Prevention & Control	Jan	Feb	Mar	1Q	Apr	May	Jun	2Q	Jul	Aug	Sep	3Q	Oct	Nov	Dec	4Q	YTD
CAUTI Rate																	
CLABSI Rate																	
VAE Rate																	
HAI CDI Rate																	
Pneumococcal Vaccine Rate																	
Patient Perception of Care	Jan	Feb	Mar	1Q	Apr	May	Jun	2Q	Jul	Aug	Sep	3Q	Oct	Nov	Dec	4Q	YTD
Recommended Hospital																	
Overall Rating of Hospital																	
# of Complaints/Grievances				0				0				0				0	0
Operational Indicators	Jan	Feb	Mar	1Q	Apr	May	Jun	2Q	Jul	Aug	Sep	3Q	Oct	Nov	Dec	4Q	YTD
Turnover Rate - All Employees																	
# of New Hires				0				0				0				0	0
Staff Vacancies - All Positions				0				0				0				0	0
Overall Cost Per Patient Day																	
Medication Cost Per Patient Day																	

Executive Dashboard
Operational Performance
2018

Financial Operations	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Overall Cost Per Patient Day													
Medication Cost Per Patient Day													

Human Resources	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total Current Employees													0
Number of New Hires													0
Number of Terminations													0
Staff Vacancies - All Positions													0
Staff Vacancies - RN/LPN													0
Turnover Rate - All Employees													
Turnover Rate - RN/LPN													
Turnover Rate - RT													
Agency Hours Per Patient Day													
Nursing Hours Per Patient Day													
RT Hours Per Patient Day													
Staff Evaluation Completion Rate													

Service Excellence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Survey Response Rate													
Recommended Hospital													
Overall Rating of Hospital													
Nursing Courtesty & Respect													
Nurses Listened Carefully													
Clear Nurse Explanations													
Call Light Response													
Physician Courtesy & Respect													
Physician Listened Carefully													
Clear Physician Explanations													

Executive Dashboard
Operational Performance
2018

Service Excellence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Cleanliness of Room													
Noise Level of Room													
Toileting Needs Met													
Well Controlled Pain													
Staff Met Pain Mgmt. Needs													
New Medications Explained													
Side Effects Explained													
Discharge Planning Needs Met													
Discharge Plan in Writing													

Executive Dashboard
Utilization Review Performance
2018

Patient Statistics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# Admissions													0
Total Patient Days - All Payors													0
Total Patient Days - Medicare													0
Average Daily Census													
Case Mix Index (CMI)													
# Discharges - All Payors													0
# Discharges - Medicare													0
Average Length of Stay (LOS)													
Medicare Average LOS													

Utilization Review	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Average Length of Stay (LOS)													
Medicare Average LOS													
# of Interrupted Stays													0
Interupted Stay Rate													
# of Unplanned D/C													0
Unplanned Discharge Rate													

Discharge Dispositions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# Home													0
% Home													
# STACH (All Payors)													0
% STACH (All Payors)													
# STACH (Medicare)													0
% STACH (Medicare)													
# SNF													0
% SNF													
# Hospice													0
% Hospice													
# Other													0
% Other													

Executive Dashboard
Utilization Review Performance
2018

Payor Mix	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
% Medicare													
% Managed Medicare													
% Medicaid													
% Commercial													
% Other													

Executive Dashboard
Medical Staff Performance
2018

Clinical Outcomes	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Mortality													0
Unadjusted Mortality Rate													
Adjusted Mortality Rate													
Code Blue Events													
Code Blue Event Rate													
Rapid Response Events													0
Rapid Response Event Rate													
Hospital Acquired VTE													0
VTE Rate													
Critical Lab Value Compliance													

HIM Compliance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Delinquent Charts													0
Medical Record Deliquency Rate													
Restraint Documentation													
Authentication													
History and Physical													
Discharge Summary													

Utilization Review	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Average Length of Stay (LOS)													
Medicare Average LOS													
% Medicare Short Stay D/C													
% Medicare Long Stay D/C													
Number of Interrupted Stays													0
Interupted Stay Rate													
AMA Discharges													0
AMA Discharge Rate													

Executive Dashboard
Nurse Sensitive Indicators
2018

Staffing Utilization	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Nursing Hours Per Patient Day													
RN													
LPN/LVN													
UAP (Unlicensed Assistive Personnel)													
Skill Mix													
RN													
LPN/LVN													
UAP (Unlicensed Assistive Personnel)													
% Total Nursing Hours - Agency													
Voluntary Nurse Turnover													0
Nurse Vacancy Rate													

Clinical Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Patient Falls													0
Fall Risk Index													
Patient Falls With Injury													0
First Aid Only													0
Medication Only													0
Clinical Intervention													0
Death and/or Diability													0
Pressure Ulcer Prevalence													0
HAPU Rate													
Psychiatric Physical/Sexual Assault													0
Restraint Utilization (In Min)													0
Seclusion Utilization (In Min)													0
Medication Event Rate													

Executive Dashboard
Infection Prevention & Control Performance
2018

Hospital Acquired Infections	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
CAUTI													0
CAUTI Rate													
CLABSI													0
CLABSI Rate													
VAE													0
VAE Rate													
C Diff													0
C Diff Rate													
C Diff Lab ID Event Rate													
MDRO													0
MDRO Rate													
MRSA Lab ID Event Rate													

Infection Prevention	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Hand Hygiene - Overall													
Patient Influenza Vaccination													
HCW Influenza Vaccination													
Pneumococcal Vaccine Rate													

Wound Care	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Pressure Ulcers POA													0
# of HAPU													0

IPC Data taken from NHSN

Executive Dashboard
Safety Performance
2018

Clinical Safety Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Patient Falls													0
Patient Falls with Injury													0
Medication Event Rate													
ADR Rate													
Number of Restraint Days													0
Restraint Rate													
Number of Deaths in Restraints													0
Blood Incompatibility													0
Poor Glycemic Control													0
Wrong Site / Procedure Events													0
Air Embolism													0

Operational Safety Indicators	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
# of Serious Safety Events													0
Serious Safety Event Rate													
# of Incident Reports													0
# of Complaints													0
# of Grievances													0
# of Reportable Events													0
# of Sentinel Events													0
OSHA Reportable Injuries													0
# of Workers Comp. Claims													0
# of Sharps/BBP Exposures													0
# of Security Incidents													0
# of Visitor Injuries													0
# of Unplanned Utility Failures													0
# of Medication Recalls													0
# of Equipment Recalls													0

Executive Dashboard
Zero Harm Dashboard
2018

Overall Mortality Measures - Acute Care Inpatients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Mortality Rate													0

Patient Safety Measures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PSI 03 Pressure Ulcer													0
PSI 15 Accidental Puncture or Laceration													0
PSI 12 Perioperative Pulmonary Embolism or DVT													0
Hospital Acquired Injuries													0
Foreign Body Left During Procedure													0
Wrong Surgical/Invasive Procedure													0

Sepsis Measures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Sepsis (Principal DX) 30 Day Readmit													0
Simple/Severe Sepsis Progressed to Shock													0
Sepsis Pts Observed Mortality (APR DRG 720)													0
Sepsis Patients Volume (APR DRG 720)													0

Other PSI 90 Measures	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PSI 90 Occurrence Count - All Included Measures													0
PSI 06 Iatrogenic Pneumothorax													0
PSI 07 CLABSI													0
PSI 08 Postoperative Hip Fracture													0
PSI 13 Postoperative Sepsis													0
PSI 14 Postoperative Wound Dehiscence													0

CMS Readmission Reduction Project	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
AMI, Medicare													0
AMI, All Payers													0
COPD, Medicare													0
COPD, All Payers													0
Heart Failure, Medicare													0
Heart Failure, All Payers													0
Pneumonia, Medicare													0
Pneumonia, All Payers													0
Stroke, Medicare													0
Stroke, All Payers													0
Hospital, Overall, Medicare													0
Hospital, Overall, All Payers													0

Reporting Source Mapping

Meditech Reports
Number of Patient Falls
Fall Risk Index
Number of Patient Falls with Injury
Fall Rate with Injury
Number of Other Patient Injuries
Number of HAPU - New/Worsening
HAPU Rate-New/Worsening
Number of Patients w/Restraints
Number of Restraint Days
Restraint Rate
Number of Restraint Deaths
Death/Disability Restraint Rate
Blood Incompatility
Poor Glycemic Control
Air Embolism
Number of Pressure Ulcers POA
Number of Deaths
Total Unadjusted Mortality Rate
Total Adjusted Mortality Rate
Patients DC'd Alive after Code Blue
% Ventilator Admissions
Number of Hospital Acquired VTE
VTE Rate
Discharge Case Mix Index (CMI)
Patient Influenza Vaccination Rate
Number of Code Blue Events
Code Blue Rate

Manual Reports	Department
% HCW Influenza Vaccination	Employee Health RN / IC
Number of Emergency Drills	EOC Safety Officer
Required Fire Drills Completed	EOC Safety Officer
Medical Equip. PM Completion Rate	EOC Safety Officer / Biomed
Number of Unplanned Utility Failures	EOC Safety Officer
Number of Wound Care Patients	Wound Care Nurse
% Wound Care Patients	Wound Care Nurse
Number of Patients w/Wound Vac	Wound Care Nurse
Wound Volume Healing Rate	Wound Care Nurse
Average Days Ventilator to Wean	Respiratory
Ventilator Weaning Rate	Respiratory
Critical Lab Value Compliance Rate	Laboratory
STAT Radiology Exam Compliance	Radiology

KRONOS Reports	Department
Agency Hours Per Patient Day	Nursing
Nursing Hours Per Patient Day	Nursing
RT Hours Per Patient Day	Respiratory

Pyxis or Manual Report ?	
Number of ADR's	Pharmacy
Number of PADR	Pharmacy
ADR Rate	Pharmacy
PADR Rate	Pharmacy

Finance / Push	Department
Total Admissions	Finance
Total Patient Days - All Payers	Finance
Total Patient Days - Medicare	Finance
Average Daily Census	Finance
Total Discharge Days - All Payers	Finance
Total Discharge Days - Medicare	Finance
Total Discharges - All Payers	Finance
Total Discharges - Medicare	Finance
Average Length of Stay (LOS)	Finance
Medicare Average LOS	Finance
% Medicare Short Stay Discharge	Utilization Management
% Medicare Long Stay Discharge	Utilization Management
% Medicare Optimal Stay Discharge	Utilization Management
Number of Unplanned Discharges	Utilization Management
Unplanned Discharge Rate	Utilization Management
% Discharges-Home	Finance
% Discharges-Home w/Home Health	Finance
% Discharge - All Pt's DC Home	Finance
% Discharges - SNF	Finance
% Discharges - SNF (All Payers)	Finance
% Discharge - SNF (Medicare)	Finance
% Discharges - Inpatient Rehab	Finance
% Discharges - Other	Finance
% Discharges - Expired	Finance
% Medicare	Finance
% Managed Medicare	Finance
% Medicaid	Finance
% Commercial	Finance
% Other	Finance
Overall Cost Per Patient Day	Finance
Medication Cost Per Patient Day	Finance

Reporting Source Mapping

Number of Delinquent Charts	HIM
Medical Record Delinquency Rate	HIM
Authentication/Legibility Compliance	HIM
History and Physical Compliance	HIM
Discharge Summary Compliance	HIM
SNF - Number of Interrupted Stays	Utilization Management
SNF - Interrupted Stay Rate	Utilization Management
Total Current Employees	Human Resources
Number of New Hires	Human Resources
Number of Terminations	Human Resources
Staff Vacancies - All Positions	Human Resources
Staff Vacancies - RN/LPN	Human Resources
Turnover Rate - All Employees	Human Resources
Turnover Rate - RN/LPN	Human Resources
Turnover Rate - RT	Human Resources
Patient Influenza Vaccination Rate	Director Nursing
Rehab Functional Outcome Score ↑	Rehab
CAUTI Bundle Rate	Infection Preventionist
CLABSI Bundle Rate	Infection Preventionist
Ventilator Bundle Rate	Infection Preventionist
CDI Bundle Rate	Infection Preventionist
Median Days from Work/Restrictions	Employee Health RN / Risk
Number of LH Medication Recalls	Director Pharmacy
Number of Reportable Events	Risk / Quality
Number of Self Reported Events	Risk / Quality
Number of Sentinel Events	Risk / Quality
Workers Compensation Claim Rate	Employee Health RN / Risk
Number of Workers Compensation Claims	Employee Health RN / Risk
Number of LH Equipment Recalls	EOC Safety Officer
Turnover Rate - RT	Nursing
Staff Evaluation Completion Rate	Human Resources
Number of Complaints/Grievances	Risk / Patient Relations
Level of Anticipated Sedation Met	OR
Overall Hand Hygiene Compliance	Infection Preventionist

Navix Analytics	**Department**
Number of Medication Events	Risk/Quality
Medication Event Rate	DQM
Wrong Site/Procedure Events	OR, Risk
Number of Serious Safety Events	Risk
Serious Safety Event Rate	Risk
Number Precursor Safety Events	Risk
Number of Incident Reports	Risk
Number of Near-Misses	Risk
Overall YTD % Increase in Reporting	Risk
Number of Security Incidents	EOC Safety Officer
Number of Visitor Injuries	EOC Safety Officer/ Risk
Number of Employee Injuries	Employee Health RN / Risk
OSHA Reportable Employee Injuries	Employee Health RN
Number of Sharps/BBP Exposures	Employee Health RN / IC
Number of Reportable Events	Risk / Quality
Number of Self Reported Events	Risk / Quality
Number of Sentinel Events	Risk / Quality
Workers Compensation Claim Rate	Employee Health RN / Risk
Number of Workers Compensation Claims	Employee Health RN / Risk

Data Map

Measure/Indicator	Department	Individual	Data Source
Agency Hours Per Patient Day	Nursing	Alfredo Jackson	**KRONOS Report
Nursing Hours Per Patient Day	Nursing	Martin Constable	**KRONOS Report
RT Hours Per Patient Day	Respiratory	Martin Constable	**KRONOS Report
Staff Evaluation Completion Rate	Human Resources		**KRONOS Report / Manual Report
Number of Code Blue Events	Respiratory	Nursing	Manual Report / Code Blue Review Form / Navex / **Meditech Report**
Code Blue Rate	Respiratory	Nursing	Manual Report / Code Blue Review Form / Navex / **Meditech Report**
Number of Complaints/Grievances	Patient Relations	Anthony Akinnlolu	Manual Report / Complaint Log
% HCW Influenza Vaccination	Employee Health RN / IC	Karon Dixon	Manual Report
Number of Emergency Drills	EOC Safety Officer	Derrick Lockhart	Manual Report
Required Fire Drills Completed	EOC Safety Officer	Derrick Lockhart	Manual Report
Medical Equip. PM Completion Rate	EOC Safety Officer / Biomed	Candace Brown	Manual Report
Number of Unplanned Utility Failures	EOC Safety Officer	Derrick Lockhart	Manual Report
Number of Wound Care Patients	Wound Care Nurse	Inpt vs Outpt- Carol Hill/ Augustina Fofanah	Manual Report
% Wound Care Patients	Wound Care Nurse	Inpt vs Outpt- Carol Hill/ Augustina Fofanah	Manual Report
Number of Patients w/Wound Vac	Wound Care Nurse	Inpt vs Outpt- Carol Hill/ Augustina Fofanah	Manual Report
Wound Volume Healing Rate	Wound Care Nurse	Inpt vs Outpt- Carol Hill/ Augustina Fofanah	Manual Report
Average Days Ventilator to Wean	Respiratory		Manual Report
Ventilator Weaning Rate	Respiratory		Manual Report
Critical Lab Value Compliance Rate	Laboratory	Alfea Leyva	Manual Report
STAT Radiology Exam Compliance	Radiology	Jean Mabout	Manual Report
Number of Delinquent Charts	HIM	Mary Spruill	Manual Report
Medical Record Delinquency Rate	HIM	Mary Spruill	Manual Report
Authentication/Legibility Compliance	HIM	Mary Spruill	Manual Report
History and Physical Compliance	HIM	Mary Spruill	Manual Report
Discharge Summary Compliance	HIM	Mary Spruill	Manual Report
SNF - Number of Interrupted Stays	Utilization Management	Kimmie	Manual Report
SNF - Interrupted Stay Rate	Utilization Management	Kimmie	Manual Report
Total Current Employees	Human Resources		Manual Report
Number of New Hires	Human Resources		Manual Report
Number of Terminations	Human Resources		Manual Report
Staff Vacancies - All Positions	Human Resources		Manual Report
Staff Vacancies - RN/LPN	Human Resources		Manual Report
Turnover Rate - All Employees	Human Resources		Manual Report

Data Map

Measure/Indicator	Department	Individual	Data Source
Turnover Rate - RN/LPN	Human Resources		Manual Report
Turnover Rate - RT	Human Resources		Manual Report
Patient Influenza Vaccination Rate	Nursing	Sylvia Clagon	Manual Report / **Meditech Report**
Rehab Functional Outcome Score ↑	Rehab	Tonia Johnson	No Report
Level of Anticipated Sedation Met	OR	Amaechi Erondu	Manual Report / Conscious Sedation Audit Form
CAUTI Bundle Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Data Collection Form
CLABSI Bundle Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Data Collection Form
Ventilator Bundle Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Data Collection Form
CDI Bundle Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Data Collection Form
Overall Hand Hygiene Compliance	Infection Preventionist	Sylvia Clagon	Manual Report / Hand Hygiene Audit
Median Days from Work/Restrictions	Employee Health RN / Risk	Chinor Collick	Manual Report / Employee Personnel File
Number of LH Medication Recalls	Director Pharmacy	Maxine Lawson	Manual Report / FDA Notification / Manufacturer Notification
Number of LH Equipment Recalls	EOC Safety Officer	Derrick Lockhart	Manual Report / Manufacturer Notification
Number of Reportable Events	Risk / Quality	Cecelia Davis	Manual Report / Navex
Number of Self Reported Events	Risk / Quality	Cecelia Davis	Manual Report / Navex
Number of Sentinel Events	Risk / Quality	Cecelia Davis	Manual Report / Navex
Workers Compensation Claim Rate	Employee Health RN / Risk	Derrick Lockhart	Manual Report / Navex / Workers Compensation Carrier Report
Number of Workers Compensation Claims	Employee Health RN / Risk	Derrick Lockhart	Manual Report / Navex / Workers Compensation Carrier Report
Number of ADR's	Pharmacy/Quality	Maxine Lawson	Manual Report / Pharmacy Audit / Navex
Number of PADR	Pharmacy/Quality	Maxine Lawson	Manual Report / Pharmacy Audit / Navex
ADR Rate	Director Pharmacy	Maxine Lawson	Manual Report / Pharmacy Audit / Navex
PADR Rate	Director Pharmacy	Maxine Lawson	Manual Report / Pharmacy Audit / Navex
Number of Rapid Responses	Respiratory		Manual Report / Rapid Response Form / Navex
Rapid Response Rate	Respiratory		Manual Report / Rapid Response Form / Navex
Restraint Documentation Compliance	HIM	Walt Matthey	Manual Report / Restraint Audit
Number of Patients w/Restraints	Director Nursing	Alfredo Jackson	Manual Report / S/R report or log
Number of Restraint Days	Director Nursing	Alfredo Jackson	Manual Report / S/R report or log
Restraint Rate	Director Nursing	Alfredo Jackson	Manual Report / S/R report or log
Death/Disability Restraint Rate	Director Nursing	Alfredo Jackson	Manual Report / S/R report or log
Number of Restraint Deaths	Director Nursing	Alfredo Jackson	Manual Report / S/R report or log / Mortality Report
Number of CDI Cases	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance
CDI Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance
Number of MDRO's	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance
MDRO Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance
Number of CAUTI's	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
Number of Device Days	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
CAUTI Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
Number of CLABSI's	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
Number of Line Days	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
CLABSI Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
Number of VAE's	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report

Data Map

Measure/Indicator	Department	Individual	Data Source
Number of Ventilator Days	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
VAE Rate	Infection Preventionist	Sylvia Clagon	Manual Report / Surveillance / Daily Census Report
Discharge Case Mix Index (CMI)	UM / Finance / HIM	Walt Matthey	Meditech
Number of Patient Falls	Risk / Nursing	Walt Matthey	Meditech or Navex
Fall Risk Index	Risk / Nursing	Walt Matthey	Meditech or Navex
Number of Patient Falls with Injury	Risk / Nursing	Walt Matthey	Meditech or Navex
Fall Rate with Injury	Risk / Nursing	Walt Matthey	Meditech or Navex
Number of Other Patient Injuries	Risk / Nursing	Walt Matthey	Meditech or Navex
Number of Pressure Ulcers POA	Wound Care Nurse	Carol Hill/ Augustina Fofanah	Meditech Report
Number of Deaths	HIM/ Quality	Walter Matthey/ Mary Spruill	Meditech Report
Total Unadjusted Mortality Rate	HIM	Walt Matthey	Meditech Report
Total Adjusted Mortality Rate	HIM	Walt Matthey	Meditech Report
Patients DC'd Alive after Code Blue	Nursing	Walt Matthey	Meditech Report
Number of Hospital Acquired VTE	Quality	Walt Matthey	Meditech Report
VTE Rate	Quality	Walt Matthey	Meditech Report
% Ventilator Admissions	Respiratory	Walt Matthey	Meditech Report / Charge Journal from History Report
HAPU Rate-New/Worsening	Wound Care Nurse	Carol Hill/ Augustina Fofanah	Meditech Report / Manual Report
Number of HAPU - New/Worsening	Wound Care Nurse	Carol Hill/ Augustina Fofanah	Meditech Report / Manual Report
Blood Incompatility	Laboratory / Quality	Alfea Leyva	Meditech Report / Manual Report / Navex
Poor Glycemic Control	Nursing	Cherrel Christian	**Meditech Report** / Manual Report / Navex
Air Embolism	Quality	Walt Matthey	Meditech Report
Number of Medication Events	Risk/Quality	Cecelia Davis	Navex
Medication Event Rate	DQM	Cecelia Davis	Navex
Wrong Site/Procedure Events	OR, Risk	Bo Young Frost	Navex
Number of Serious Safety Events	Risk	Cecelia Davis	Navex
Serious Safety Event Rate	Risk	Cecelia Davis	Navex
Number of Navexs	Risk	Cecelia Davis	Navex
Number of Near-Misses	Risk	Cecelia Davis	Navex
Overall YTD % Increase in Reporting	Risk	Cecelia Davis	Navex
Number of Security Incidents	EOC Safety Officer	Derrick Lockhart	Navex
Number of Visitor Injuries	EOC Safety Officer	Derrick Lockhart	Navex
Number of Employee Injuries	Employee Health RN	Derrick Lockhart/ Chinor Colick	Navex / Employee Injury Report
OSHA Reportable Employee Injuries	Employee Health RN	Chinor Collick	Navex / Employee Injury Report
Number of Sharps/BBP Exposures	Employee Health RN / IC	Chinor Collick	Navex / Employee Injury Report
HCAHPS - Patient Satisfaction Survey	Patient Relations	Anthony Akinnlolu	Patient Satisfaction Survey - Press Ganey
Total Admissions	Finance	Walt Matthey	Meditech Report

Data Map

Measure/Indicator	Department	Individual	Data Source
Total Patient Days - All Payers	Finance	Walt Matthey	Meditech Report
Total Patient Days - Medicare	Finance	Walt Matthey	Meditech Report
Average Daily Census	Finance	Walt Matthey	Meditech Report
Total Discharge Days - All Payers	Finance	Walt Matthey	Meditech Report
Total Discharge Days - Medicare	Finance	Walt Matthey	Meditech Report
Total Discharges - All Payers	Finance	Walt Matthey	Meditech Report
Total Discharges - Medicare	Finance	Walt Matthey	Meditech Report
Average Length of Stay (LOS)	Finance	Walt Matthey	Meditech Report
Medicare Average LOS	Finance	Walt Matthey	Meditech Report
% Medicare Short Stay Discharge	Utilization Management		
% Medicare Long Stay Discharge	Utilization Management		
% Medicare Optimal Stay Discharge	Utilization Management		
Number of Unplanned Discharges	Utilization Management		
Unplanned Discharge Rate	Utilization Management		
% Discharges-Home	Finance	Walt Matthey	Meditech Report
% Discharges-Home w/Home Health	Finance	Walt Matthey	Meditech Report
% Discharge - All Pt's DC Home	Finance	Walt Matthey	Meditech Report
% Discharges - SNF	Finance	Walt Matthey	Meditech Report
% Discharges - SNF (All Payers)	Finance	Walt Matthey	Meditech Report
% Discharge - SNF (Medicare)	Finance	Walt Matthey	Meditech Report
% Discharges - Inpatient Rehab	Finance	Walt Matthey	Meditech Report
% Discharges - Other	Finance	Walt Matthey	Meditech Report
% Discharges - Expired	Finance	Walt Matthey	Meditech Report
% Medicare	Finance	Walt Matthey	Meditech Report
% Managed Medicare	Finance	Walt Matthey	Meditech Report
% Medicaid	Finance	Walt Matthey	Meditech Report
% Commercial	Finance	Walt Matthey	Meditech Report
% Other	Finance	Walt Matthey	Meditech Report
Overall Cost Per Patient Day	Finance	Walt Matthey	Meditech Report
Medication Cost Per Patient Day	Finance	Walt Matthey	Meditech Report

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: October 17, 2018

Finance Committee

Wayne Turnage, Chair

Not-For-Profit Hospital Corporation
Gap Reconciliation for 2018 Acutal & 2019 Proposed Budget
As of September 2018

DRAFT

	FY 2019 Proposed Budgeted Gain/(Loss)	FY 2018 Reforecast Net Income/(Loss)
FY 2019 Proposed Budget & FY 2018 Reforecast Net Income (Loss) from Operations:	**($39,495,000)**	**($8,264,000)**
Add: Initiatives to be Realized		
Revenue Cycle:		
A. Documentation Enhancements and Accounts Receivable	$5,000,000	($206,361)
B. Charge Capturing (Infusion/Therapy)	1,000,000	-
C. Hospital Based Clinics Charges	1,000,000	-
GWUMFA Professional Professional Fees Collection	7,200,000	267,073
GWUMFA Additional Cost Funding	7,500,000	0
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**	**$60,712**
Adjusted Net Operating Income/(Loss)	**($670,000)**	**($8,203,288)**
District Subsidy	**$10,000,000**	
2018 Gap	**($8,203,288)**	
Final Net Operating Income/(Loss)	**$1,126,712**	**($8,203,288)**

5:08 PM10/16/2018

Not-For-Profit Hospital Corporation
FY 2019 Proposed Budget (Scenario)
Consolidated Statement of Operations
Dollars in Thousands

DRAFT

Description	2019 Proposed Budget	2018 Actual
Statistics:		
Acute admissions	5,214	5,112
SNF admissions	81	74
Total Admissions	**5,295**	**5,186**
Acute patient days	31,668	31,047
SNF resident days	42,081	38,444
Total Patient Days	**73,749**	**69,491**
Adjusted patient days	65,598	64,275
Emergency room visits	58,729	57,297
Other outpatient visits	32,896	32,199
Full time equivalents	918	852
Surgeries	2,343	2,254
Collection Rate	28.77%	27.90%
Revenues:		
Gross inpatient revenue	$ 165,960	155,281
Gross outpatient revenue	177,815	166,189
Total gross revenues	343,775	321,470
Deductions from Revenues:		
Contractual discounts	231,499	223,831
Charity care	1,000	0
Provision for Bad Debt	12,373	9,440
Other deductions/adjustments	0	(2,125)
Total deductions from revenues	244,872	231,146
Net patient service revenue	$ 98,905	$ 90,324 = 10%
Disproportionate share receipts	-	
CNMC revenue	3,298	2,679
Other revenues	12,881	35,736
Total Operating Revenues	**$ 115,084**	**$ 128,740**
Operating Expenses:		
Salaries and wages	65,843	58,171
Employed Physicians	*3,803*	
Other Employees	*62,040*	
Employee benefits	17,119	15,189
Contract labor	3,900	3,994
Supplies	15,800	15,454
Medical	*12,045*	
Non-Medical	*3,755*	
Professional fees	22,490	14,922
Purchased Services	18,100	20,057
Other Expenses	11,327	9,216
Total Operating Expenses	**154,579**	**137,003**
Net Income (Loss) from Operations	**$ (39,495)**	**$ (8,264)**

UMC
UNITED
MEDICAL CENTER

NOT-FOR-PROFIT HOSPITAL CORPORATION

August 22, 2018

To whom it may concerns,

This letter is reference to current administration leadership performance. New administration has worked in our hospital since February. This group was chosen after many hires and fires over last couple of years.

The new UMC administration came on board during the most changing times in our hospital. They assimilated easily into our hospital, quickly and thoroughly learning about all of our operations. The group is competent and organized, and our CEO, Mr. Matthew Hamilton, positive attitude has influenced coworkers and made him popular among patients as well as physicians.

Mr. Matthew Hamilton emphasis the patient safety as our culture. They have passed DOH inspection with high mark. I believe that his broad experience and willingness to take an active leadership rule in hospital transformation had bring very positive changes. He poses in-depth understanding of our hospital essentials. We, as physicians, want our leader to be "steady, stable and successful". After all, a long, steady leadership should become the hallmark.

We need a fundamental changes in operation of the hospital. We cannot afford any more Short Sightedness frequent leadership changes. The great big thing stamped on the new administration is character. By character, we meant integrity, self-discipline, courage, honesty, resolve, and decision, but also forbearance, and respect for individuals. These fundamental changes take time.

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