



UMC

UNITED  
MEDICAL CENTER

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### **General Board Meeting**

**Date:** September 26, 2018

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

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### **2018 BOARD OF DIRECTORS**

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

Girume Ashenafi  
Jacqueline Bowens  
Dennis Haghighat, MD  
Konrad Dawson, MD  
Brenda Donald  
Malika Fair, MD  
Millicent Gorham  
Angell Jacobs  
Sean Ponder  
Velma Speight  
Wayne Turnage  
Mina Yacoub, MD  
Lilian Chukwuma



## **OUR MISSION**

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

## **OUR VISION**

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

UMC will employ innovative approaches that yield excellent experiences.

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

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

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



**NFPHC Board of Directors General Meeting  
Wednesday, September 26, 2018**

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

**LARUBY Z. MAY, BOARD CHAIR**

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at **9:00 a.m. on Wednesday, September 26, 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](http://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**  
July 25, 2018
- V. CONSENT AGENDA**
  - A. Status Update of New Hospital, Jay Melder, DC Health and Human Services
  - B. Dr. Eric Li, Interim Chief Medical Officer
  - C. 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, July 25, 2018**

**Phoned in:** LaRuby May, Brenda Donald, Velma Speight, Dr. Konrad Dawson, Angell Jacobs, Dr. Haghghat, Matthew Hamilton, Lilian Chukwuma, Dr. Mina Yacoub, Dr. Malika Fair, Girume Ashenafi, Dr. Mina Yacoub, Dr. Li.

**Absent:** Sean Ponder

Agenda Item	Discussion	Action Item
<b>Call to Order</b>	Meeting called to order at 9:24 AM. Quorum determined by Michael Austin.	
<b>Approval of the Agenda</b>	Meeting chaired by LaRuby May. Motion. Second. Agenda approved as written pending technical amendments.	
<b>Approval of the Minutes</b>	Motion. Second. Minutes approved as written.	
<b>Discussion</b>	<b><u>CONSENT AGENDA</u></b>  <b>FINANCE COMMITTEE: DIRECTOR JACOBS</b>  <ul style="list-style-type: none"> <li>• Finance Committee met on 7/18.</li> </ul>	

- UMC is currently experiencing a loss of \$4M, however, many of the gap measures are being realized. If all gap measures are realized by year end, we expect to have a small surplus slight under a half million dollars.

- Charge Capturing and the original \$625k projection is on track to be realized by the year end.
- The method to close UMC's gaps are: revenue cycle (document enhancement, charge capture, and hospital based clinic charges); GWMFA Professional Fee Collection, GWMFA additional cost; Psych Volume; ER Admits; Supply Chain Management; Overtime and Outside Agency Costs; Length of Stay Reduction; and, FTE Reduction
- Cash on hand at the end of June 2018 was 38 days because of the \$10M subsidy received.
- Hospital Clinic projection of \$816k has been re-analyzed and current volume trends require a downward trend of \$539k.

**CHIEF OF MEDICAL STAFF REPORT: Dr. Li and Dr. Haghghat**

- Average length of stay continues to be a problem.
- The DOH revisited UMC on July 2<sup>nd</sup> 2018 and UMC was found to be deficient in several areas. The areas of deficiency included findings in the area of the tracking of pain medication and insulin administration and although many of the problems in the pharmacy IV room were resolved there continued to be some residual problems. On a positive note the findings in the area of Infection Prevention have been resolved. We are working diligently on the new and remaining findings and anticipate another DOH visit this month.

**Ms. Chukwuma  
and Mr.  
Hamilton**

- ER visits and admissions remained stable while we continued to experience positive trends in Behavioral Health Unit census compared to recent historical trends. This increase in census started in April and has been sustained into July.
- UMC successfully transitioned to a new hospitalist group on July 1<sup>st</sup>. To date no major problems have been identified and UMC and GW continue to meet weekly and as needed to assure a smooth transition. As we get beyond our initial integration we anticipate improvements in length of stay and patient flow as a result of this new relationship.
- In conjunction with UMC's primary care providers and staff we have begun to address ways in which we can serve more of our community's patients. I am also happy to announce that we have hired a full time provider for the mobile van who will start working in August. Her presence will allow one of our vans to be in the community 5 days per week.

**EXECUTIVE MANAGEMENT REPORT: CEO Hamilton**

**DEPARTMENT OF HEALTH**

- The DC Department of Health surveyors presented on July 2, 2018 with five surveyors to review the findings from the annual April survey plan of correction.
- The organization was found to be non-compliant with areas related to education requirements and pharmacy processes related to controlled substances. An additional Plan of Correction (POC) has been submitted and we expect to have a revisit in the next few weeks.
- **Hospital Improvements**  
Lobby entrance improvements: 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).

- Hospital-wide improvements: Installing new medical valve covers throughout hospital (85%); continuing to install new ceiling tiles; install/replace corner panel moldings, baseboards and add additional lighting to main hallways, lobbies (Main, ED, Pharmacy, MOB).
- HR leadership is collaborating with Nurse Education, Nursing Management and Occupational Health in order to facilitate a smooth onboarding process for new hires.
- HR continues to work with UMC Benefits Broker on benefits renewal for Plan Year 2019.
- HR recently completed the employee reconciliation project which provided the total number of active employees.

**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.*

**July 2018 Board Meeting Adjourned at 1:28 PM by Chair May.**



**Not-For-Profit Hospital Corporation**  
**Emergency Board Teleconference**  
**July 3, 2018**

**Present:** Chair May, Director Wayne Turnage, Lillian Chukwuma, Director Angell Jacobs, Matthew Hamilton, Director Brenda Donald, Director Velma Speight, Millicent Gorham, Dr. Fair  
**Absent:** Sean Ponder, Jackie Bowens

Agenda Item	Discussion	Action Item
<b>Call to Order.</b>	The meeting was called to order by Chair May	
<b>Roll Call.</b>	A quorum was determined by Mike Austin.	
<b>Review and Approval of Minutes.</b>	Motion to approve agenda. Agenda approved. Motion to approve previous meeting minutes. Minutes approved.	
	<p align="center"><b>Chair May</b></p> <ul style="list-style-type: none"> <li>• Congratulations extended to Dr. Fair for being reappointed. Thank you for continuing to serve on the UMC Board.</li> </ul> <p align="center"><b>Roll Call to Enter Closed Session</b></p> <ul style="list-style-type: none"> <li>• Open Meetings Act Exception: Authorized to discuss negotiation and contracts, and consulting with attorney for attorney-client privilege.</li> <li>• Yes: May, Turnage, Donald, Dr. Fair, Gorham, Jacobs, Speight, Dawson.</li> <li>• Discussion of contracts extended.</li> <li>• No vote taken.</li> </ul>	

Tab 3

# Consent Agenda



UMC

UNITED  
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**General Board Meeting**

Date: September 26, 2018

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**CMO REPORT**

*Presented by:*

Dennis Haightat

Chief Medical Officer



## September 2018 Board Report

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.



## Chief Medical Officer



*Dennis P. Haghighat, M.D.*





# 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.

### **Performance Improvement Committee, Committee Chairman**

The Performance Improvement Committee is comprised of 1-2 representatives from each department who report monthly on the activity of each department based on standards established by the Joint Commission, the Department of Health, and the Centers for Medicare and Medicaid Services (CMS).

### **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 Erongu*

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

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

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

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

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

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

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



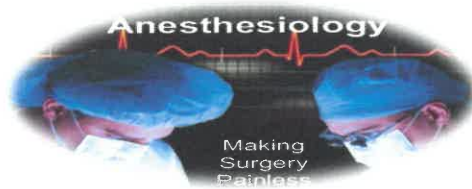
# Departmental Reports



# 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



*Amaechi Eroundu, M.D., Chairman*

**PERFORMANCE SUMMARY:**

The overall cases for the month of AUGUST 2018 were 203. Total surgical cases were 94 while Endoscopy cases were 109.

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:**

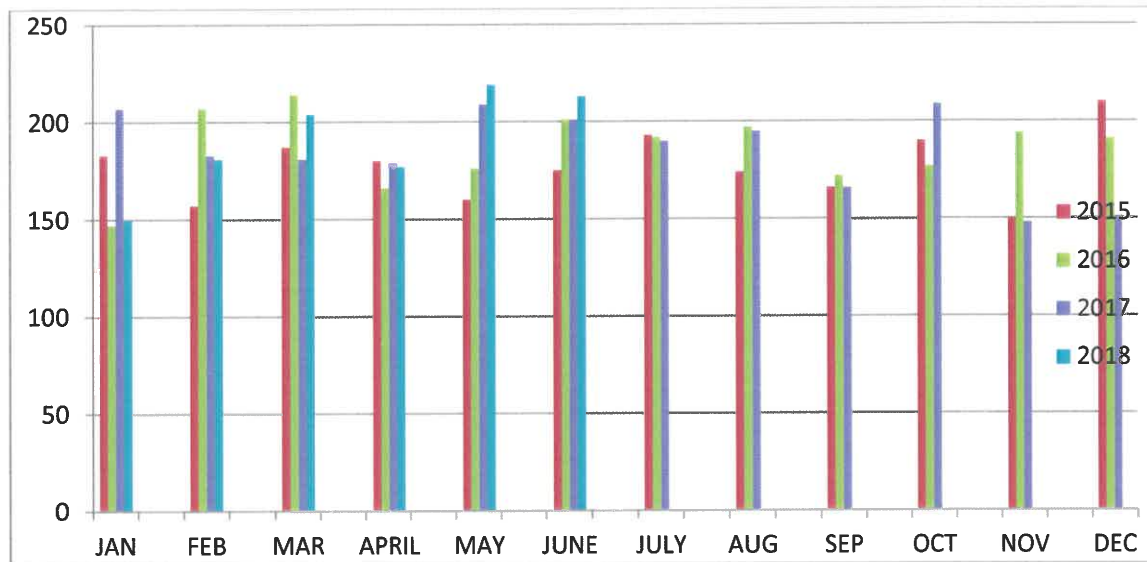
Anesthesia department is continuing to review all current policies and update them to align with the best practices. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care

**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 August 2018, the Intensive Care Unit had 73 admissions, 74 discharges, and 248 Patient Days, with an Average Length of Stay (ALOS) of 3.4 days. The ICU managed 79 patients in August. The ICU managed 26 patients for severe sepsis/septic shock in August with 5 deaths attributed to severe sepsis/septic shock and an ICU sepsis specific mortality rate of 19.2 %

### **QUALITY OUTCOMES**

**Core Measures Performance** - ICU continues to work with Quality Department to meet sepsis metrics.

**ICU Mortality** - ICU had 13 deaths for 79 patients managed, with an overall ICU mortality rate of 16 % for August. Mortality review is conducted in September Critical Care Committee meeting with Quality Department.

**Severe Sepsis and Septic Shock** - ICU managed 26 patients with severe sepsis and septic shock in August. Five ICU deaths are directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 19 %. Quality Department is working in a multidisciplinary effort with ICU, ED and Hospitalists to improve and monitor performance on sepsis measures.

**Infection Control Data** - For August 2018 the ICU had 118 ventilator days with no Ventilator Associated Pneumonia (VAP), 119 Central Line Device days with no Catheter Associated Blood Stream Infections (CLABSI), and 168 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 compiled by Quality Department and reviewed 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 August, 79 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 August 2018 as well as data from the preceding months of 2018. The daily census and ambulance traffic was similar to 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 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	%
<b>Total patients</b>	5027		4656		4881		4783	
<b>Daily Avg Census</b>	162		166		157		159	
<b>Admit</b>	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%
<b>Transfer</b>	60	1.2%	55	1.2%	86	1.8%	90	1.9%
<b>AMA</b>	73	1.5%	55	1.2%	56	1.1%	49	1.0%
<b>Eloped</b>	36	0.7%	35	0.8%	45	0.9%	38	0.8%
<b>LWBS</b>	109	2.2%	79	1.7%	101	2.1%	107	2.2%
<b>Left Prior to Triage</b>	189	3.8%	168	3.6%	156	3.2%	235	4.9%
<b>Ambulance Arrivals</b>	1541	30.7%	1364	29.3%	1453	29.8%	1314	27.5%

### ED Volume and Events 2018

	May	%	Jun	%	Jul	%	Aug	%
<b>Total patients</b>	5071		4832		4981		5032	
<b>Daily Avg Census</b>	169		161		161		163	
<b>Admit (total)</b>	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%
<b>Transfer</b>	90	1.8%	69	1.4%	87	1.7%	90	1.8%

<b>AMA</b>	40	0.8%	44	0.9%	59	1.1%	54	1.1%
<b>Eloped</b>	45	0.9%	36	0.7%	47	0.9%	63	1.3%
<b>LWBS</b>	148	2.9%	149	3.1%	136	2.7%	128	2.5%
<b>Left Prior to Triage</b>	249	4.9%	260	5.4%	268	5.3%	239	4.7%
<b>Ambulance Arrivals</b>	1468	28.9%	1319	27.3%	1492	30.0%	1471	29.2%

### ED Throughput August 2018 (time in minutes)

	Median Times	Average Time
<b>Admissions</b>		
Door to triage	15	23
Door to room	35	69
Door to provider	35	69
Door to decision	254	289
Door to departure	288	648
Time to provider	0	0
Time to admit decision	219	220
Boarding time	34	359
<b>Discharges</b>		
Door to triage	20	28
Door to room	81	109
Door to provider	88	117
Door to decision	214	231
Door to departure	262	286
Time to provider	7	8
Time to discharge decision	126	114
Waiting to depart	48	55
<b>Transfers</b>		
Door to triage	13	20
Door to room	31	60
Door to provider	31	60
Door to decision	241	256
Time to provider	0	0
Time to transfer decision	210	196

**ED Throughput 2018 (median times in minutes)**

	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>
<b>Admissions (Med/Surg)</b>					
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
<b>Discharges</b>					
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
<b>Transfers</b>					
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)**

	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>
<b>Admissions (Med/Surg)</b>			
Door to triage	13	15	15
Door to room	28	31	35
Door to provider	28	31	35
Door to decision	256	276	254
Door to departure	492	502	288
Time to provider	0	0	0
Time to admit decision	228	245	219
Boarding time	236	226	34
<b>Discharges</b>			
Door to triage	21	24	20
Door to room	80	84	81
Door to provider	91	95	88
Door to decision	231	238	214
Door to departure	265	277	262
Time to provider	11	11	7
Time to discharge decision	140	143	126
Waiting to depart	34	39	48
<b>Transfers</b>			
Door to triage	14	12	13
Door to room	37	35	31
Door to provider	37	35	31
Door to decision	228	244	241
Time to provider	0	0	0
Time to transfer decision	191	209	210



*Musa Momoh, M.D., Chairman*

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

- 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.
- Procedures performed by members of the department included:
  - EGD's            40
  - Colonoscopy    67
  - Bronchoscopy   2
  - ERCP            2
  -
- Morbidity and mortality meeting is scheduled for 9/19/18.



# PATHOLOGY AND LABORATORY MEDICINE

*Eric Li, M.D., Chairman*

Month	07	08	09	10	11	12
<b>Reference Lab test – Urine Protein 90% 3 days</b>	98.6%	96%				
	76	91				
<b>Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday</b>	100%	98%				
	16/16	15/16				
<b>Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)</b>	100%	100%				
<b>Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)</b>	100%	100%				
<b>Review of Unacceptable Blood Bank specimen (Goal 90%)</b>	99%	100%				
<b>Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators (Benchmark &lt;90%)</b>	100%	100%				
<b>Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0</b>	1.1	1.2				
<b>Wasted/Expired Blood and Blood Products (Goal 0)</b>	8	4				
<b>Measure number of critical value called with documented Read Back 98 or &gt;</b>	100%	100%				
<b>Hematology Analytical PI</b>	100%	100%				
<b>Body Fluid</b>	12/12	9/9				
<b>Sickle Cell</b>	0.0	0/0				
<b>ESR Control</b>	100%	100%				
	27/27	30/30				
<b>Delta Check Review</b>	100%	99%				
	172/172	257/258				

**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*

	Jan	Feb	March	April	May	June	July	Aug	YTD
<b>Referral Sources</b>									
CPED	22	26	32	28	15	11	11	17	162
UMC ED	66	61	73	65	89	83	84	102	620
GWU	2	2	0	0	0	0	0	0	4
Providence	1	1	1	1	0	0	0	0	4
Georgetown	0	0	6	1	0	1	0	0	8
Sibley	1	1	0	0	0	0	0	0	2
UMC Medical/Surgical Unit	3	2	1	0	1	2	1	4	19
Children Hospital	0	0	0	0	0	0	0	0	0
Howard	2	3	0	0	0	0	0	0	5
Laurel Regional Hospital	0	0	1	0	0	0	0	0	1
Washington Hospital Center	0	0	0	2	0	0	0	0	2
Suburban	0	0	0	0	0	0	0	0	0
PIW	0	0	0	0	0	0	0	1	1
Other/Not Listed	6	12	0	0	0	2	0	0	20
<b>Total Admissions</b>	<b>103</b>	<b>108</b>	<b>114</b>	<b>100</b>	<b>105</b>	<b>99</b>	<b>95</b>	<b>124</b>	<b>848</b>
<b>OTHER MESURES</b>									
ED to Psych Admissions (Target: <2 hours)	3.8	3.4	4.5	3.8	2.7	1.9	2.3	2.5	3.1125
Psychosocial Assessments (Target: 100%)	95%	82%	91%	88.60%	86%	91%	89%	87%	89%
Discharge Appointments for D/C'ed > 72 hours (target 100%)	93%	98%	91%	92%	80%	95%	88%	81%	90%
Treatment Planning (Target: 100%)	75%	77%	78%	71%	79%	78%	74%	57%	74%
Average Daily Census							14.6	22.7	
Average Length of Stay							4.78	4.9	
<b>DISCHARGE APPOINTMENTS</b>									
Discharged appointments for those D/C'ed > 72 hours	68	65	63	62	74	75	80	94	581
# discharged to home without appointments/No discharge appointment information provided	5	1	0	0	0	4	1	3	14
Patient declines outpatient services	0	1	3	1	0	0	0	0	5
Discharged to medical unit	0	2	1	1	1	11	1	3	20
Patient left AMA	0	0	0	0	0	0	1	2	3
Transferred to St. Elizabeth's	3	3	2	3	1	3	1	3	19
Discharge appointments for those D/C'ed > 72 hours (Target: 100%)	93%	98%	91%	92%	80%	95%	88%	81%	90%
<b>Other</b>									
Patients who went to court	3	1	1	0	1	1	0	1	8





*Raymond Tu, M.D., Chairman*

**Performance Summary:**

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	4				2		6	
CT SCAN	86		650		207		943	
FLUORO	15				13		28	
MAMMOGRAPHY					132		132	
MAGNETIC RESONANCE ANGIO	1				1		2	
MAGNETIC RESONANCE IMAGING	41		7		44		92	
NUCLEAR MEDICINE	19				6		25	
SPECIAL PROCEDURES	17				8		25	
ULTRASOUND	103		230		254		587	
X-RAY	189		998		834		2021	
CNMC CT SCAN			26				26	
CNMC XRAY			375				375	
GRAND TOTAL	475		2286		1501		4262	

**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.

## Service (HCAHPS Performance/Doctor Communication)

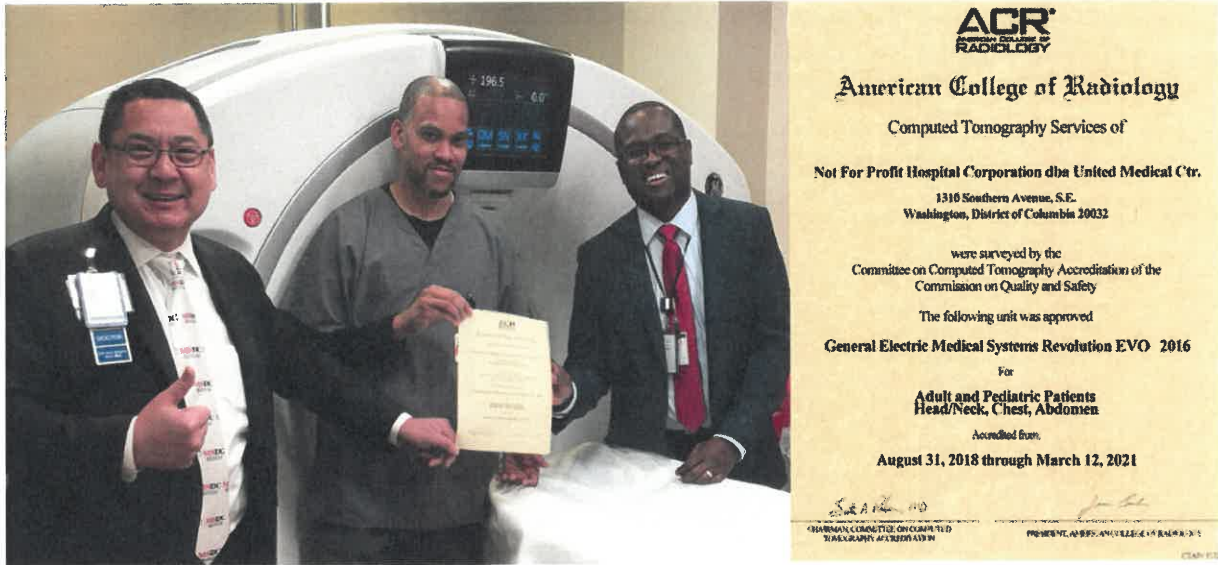
### Stewardship:

Dr. Tu continues to inform stakeholders the importance of the optimal radiology procedure for the right patient at the right time and dose. Discussions with Clinical Decision Support with the Director of UMC Radiology and UMC Director of Information Technology for implementation of ACR Select and Clinical Decision Support continue. The ordering of imaging studies is very complex with the availability of low cost to high cost options, contrast media, non-radiation imaging studies as ultrasound and MRI versus radiation exposing studies as CT, x ray and nuclear medicine offer a variety of approaches to determine a diagnosis and to monitor treatment effects. UMC radiology supports using practice parameters and evidence based criteria.

UMCs interest in education of health professionals was exemplified by Dr. Tu's manuscripts that appeared in 2 large radiology peer reviewed journals: the American Journal of Neuroradiology (AJNR) and the Journal of the American College of Radiology (JACR). Dr. Tu was faculty advisor on a UMC medical student's project on health policy with Dr. Tu's collaborators from Harvard Medical School, The George Washington University and American Society of Neuroradiology.



Dr. Tu with Director Jean Mabout and lead CT Technologist Mr. Chris Stewart RT-R (CT) obtained full ACR CT Accreditation with the new 64 Channel GE Revolution EVO CT Scanner. Rigorous accreditation process assures proper radiation dose settings and imaging parameters. The UMC new CT scanner provides the latest technology for our patients and has special metal suppression software to provide clear images in patients with metallic hardware and ballistic debris. UMC CT earned full accreditation at first application with both adult and pediatric procedures.



***Dr. Raymond Tu UMC Chairman of Radiology (left), Lead CT Technologist Mr. Chris Stewart (center), Director Mr. Jean Mabout (right)***

**Financials: Active Steps to Improve Performance:** The active review of staff performance and history to be provided for radiologic interpretation continues. UMC Radiology welcomes interventional radiologist Dr. Ali Albayati to the team.



*Gregory Morrow, M.D., Chairman*

For the month of August 2018, the Surgery Department performed a total of 203 procedures.

The chart below shows 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	
OCT	194	191	181	177	214	
NOV	137	157	150	196	152	
DEC	143	183	210	191	153	
TOTAL	1952	2019	2116	2242	2255	1584

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.

(Some of the current numbers may have changed from previous months reports and reflect corrections in how some procedures or sets of procedures were recorded)

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 will meet in September 2018 with the following action items:

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.

For our vascular surgery services, we have updated some of the patient monitoring and safety standards and have made the necessary purchase requests to meet these guidelines. These efforts are designed not only to improve care and safety, but also to expand the types of procedures that we will be able to offer the community we serve.

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

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

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

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

The ultimate goals being:

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

With the recent announcement of the closure of in-patient services at Providence Hospital effective January 1, 2019, we are anticipating recruiting and credentialing new surgeons that hopeful will bring a better mix of elective surgeries to UMC.

In addition, we have had preliminary discussions with Howard University Surgery Department regarding reinstatement 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.



# THE Medical Affairs

Sarah D. Davis, Manager

# Chief of Medical Staff Report

United Medical Center  
Chief of Staff Report  
September 24, 2018

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. This would allow UMC Medical Staff to appropriately oversee clinical practices by the Ambulatory Care Center medical providers who are credentialed by the Medical Staff office and have privileges at UMC.

Also in September, 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.

Mina Yacoub, MD  
Chief of Staff  
United Medical Center





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**General Board Meeting**

Date: September 26, 2018

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**Management  
Report**

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

Tab 5

# Committee Reports



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## General Board Meeting

Date: September 26, 2018

# Finance Committee Report

*Wayne Turnage, Chair*

- Meeting Materials



**Not-For-Profit Hospital Corporation**  
**FINANCE COMMITTEE**  
**July 23, 2018**

**Present:** Director Wayne Turnage, Lilian Chukwuma, Director Angell Jacobs, Matthew Hamilton, Marcella Maamari, and Kai Blissett, Director Brenda Donald  
**Absent:** Dr. Konrad Dawson

Agenda Item	Discussion	Action Item
<b>Call to Order.</b>	The meeting was called to order by Director Turnage	
<b>Roll Call.</b>	A quorum was determined by Mike Austin.	
<b>Review and Approval of Minutes.</b>	Motion to approve agenda. Agenda approved. Motion to approve previous meeting minutes. Minutes approved.	
<b>Kai Blissett</b>	This meeting is to on matters that were not finished from the previous July 2018 Finance Meeting.  <b>CONTRACTS &amp; PROCUREMENTS</b> <ul style="list-style-type: none"> <li>• GE Healthcare contract was approved for diagnostic imaging services and radiology parts.</li> </ul> <b>WORKERS' COMEPENSATION</b>  <ul style="list-style-type: none"> <li>• Insurance issue has been outdated. UMC was not previously tracking workers' compensation coverage properly. One of the provisions to</li> </ul>	Motion to approve contract. Seconded. Contract approved.

	<p>improve the workers' compensation issue is to get HR to audit the job descriptions, current workers' compensation claims, and policy premiums will be reviewed.</p> <ul style="list-style-type: none"> <li>• An additional \$1M is needed to pay for a current vendor so that coverage is maintained for worker's compensation.</li> <li>• The amount will be even higher because of UMC's adverse claim history.</li> <li>• A short-term policy will cover us on an interim basis from July 2018–November 2018.</li> <li>• Funding has to be found so that UMC can fund this insurance premium.</li> <li>• Board members discussed other insurance options.</li> <li>• More information is needed to understand the 3-year history and our adverse history.</li> <li>• No vote was taken.</li> </ul> <p style="text-align: center;"><b>ANNOUNCEMENTS</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<p>No vote was taken.</p>



**Not-For-Profit Hospital Corporation**  
**FINANCE COMMITTEE**  
**July 18, 2018**

**Present:** Director Wayne Turnage, Lillian Chukwuma, Director Angell Jacobs, Matthew Hamilton, Perry Sheely, Marcella Maamari, Dr. Konrad Dawson, and Kai Blissett  
**Absent:** Director Brenda Donald.

Agenda Item	Discussion	Action Item
<b>Call to Order.</b>	The meeting was called to order by Director Turnage	
<b>Roll Call.</b>	A quorum was determined by Mike Austin.	
<b>Review and Approval of Minutes.</b>	Motion to approve agenda. Agenda approved. Minutes not approved.	
<b>Ms. Chukwuma</b>	<p align="center"><b>GAP MEASURES TRACKING:</b></p> <ul style="list-style-type: none"> <li>• Month of June 2018 shows an operating loss of \$74K.</li> <li>• Cash on hand at the end of June 2018 was 38 days because of the \$10M subsidy received.</li> <li>• If we annualize loss it gives us a \$12.2M loss.</li> <li>• The method to close the 12M gap are: revenue cycle (document enhancement, charge capture, and hospital based clinic charges); GWMFA Professional Fee Collection, GWMFA additional cost; Psych Volume; ER</li> </ul>	

- Admits; Supply Chain Management; Overtime and Outside Agency Costs; Length of Stay Reduction; and, FTE Reduction of 20.
- Clinical Documentation and cash collection efforts show progress and \$2.6M has been realized.
- Charge Capturing and the original \$625k projection is on track to be realized by the year end.
- Hospital Clinic projection of \$816k has been re-analyzed and current volume trends require a downward trend of \$539k.
- Admissions are lower for June 433 compared to last year, but there is opportunity because activity is still on par with the forecast.
- Psych Volume Growth: the dollars will begin to populate more but need to be fleshed out more. Currently, \$140k have been contributed from this initiative.
- ER Admits Volume Growth has contributed \$100k.
- Supply Chain Management: \$190k has been realized due to a rebate.
- Overtime: First phase of FTE-analysis project with HR is almost complete because there was no metric for FTE analysis.
- FTE Reduction: FTE reduction related to OB is ongoing.

**Mr. Matthew Hamilton**

**MONTHLY FINANCIALS & KEY INDICATORS**

Motion to approve Monthly Financials and Key Indicators:

- Motion seconded. Motion not approved because the quorum was lost.

**CONTRACTS & PROCUREMENTS**

- No contracts approved because no quorum.

**ANNOUNCEMENTS**

- Management Action Plan: Mr. Hamilton stated that the MAP is being updated to be more specific for the Board.
- The next Finance Committee meeting date will be decided.



Not For Profit Hospital Corporation  
United Medical Center

Board of Directors Meeting  
Preliminary Financial Report Summary  
For the eleven months ending August 31, 2018





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



# Gap Measures Tracking

	FY 2018 Original Gap Measures Gain/(Loss)	Adjusted	Realized/Recognized/Adjusted	Unrealized/Unrecognized	Percentage Completed/Updated
<b>August 2018 Annualized Net Income (Loss) from Operations:</b>					
<b>(\$9,854,200)</b>					
<b>Add: Initiatives to be Realized</b>					
<b>Revenue Cycle:</b>					
A. Documentation Enhancements/AR Review	\$3,000,000		\$2,946,049	\$53,951	98.2%
B. Charge Capturing (Infusion/Therapy)	\$625,000		\$498,079	\$126,921	79.7%
C. Hospital Based Clinics Charges	\$816,000	\$682,646	\$0	\$682,646	0.0%
<b>GWUMFA Professional Fees Collection</b>	\$2,225,000		\$1,540,219	\$684,781	69.2%
<b>GWUMFA Additional Cost</b>	(\$2,700,000)		(\$2,700,000)	\$0	100.0%
<b>Psych Volume Growth</b>	\$375,000	\$927,100	\$927,100	\$0	100.0%
<b>ER Admits Volume Increase</b>	\$1,225,000		\$0	\$0	0.0%
<b>Supply Chain Management</b>	\$3,010,000	\$814,191	\$659,279	\$154,912	81.0%
<b>Overtime And Outside Agency Costs</b>	\$500,000		\$0	\$0	0.0%
<b>Length Of Stay Reduction</b>	\$200,000		\$0	\$0	0.0%
<b>FTE Reduction Of 20</b>	\$500,000		\$0	\$0	0.0%
<b>District Subsidy (Proposed)</b>	\$10,000,000		\$8,000,000	\$2,000,000	80.0%
<b>Adjusted Net Income (Loss) from Operations:</b>	<b>\$18,551,000</b>	<b>\$2,423,937</b>	<b>\$11,870,726</b>	<b>(\$6,150,989)</b>	<b>64.0%</b>

\*Note: There is one month left in the fiscal year



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# Key Financial Information Summary

- The August 2018 reporting is a comparative financials based on the original forecast run-rate- annualized and adjusted for gap measure initiatives. The initiatives reflect an adjustment in realized dollars and are reflected on the gap measure page as in other months.
- Cash on Hand at the end of August 2018 was 21 days.
- The Month of August 2018 shows an operating gain of \$857K which is reflecting \$2.0M of already received subsidy.
- August 2018 year to date net operating loss totals \$9.0M due to unrealized initiatives.

## **INITIATIVE WATCH:**

- Revenue Cycle:
  - Clinical Documentation effort initiative is at \$2.9M year to date. The initiative is expected to be fully realized by the end of the fiscal year.
  - The Charge Capturing (Infusion/Therapy) projection of \$625K is expected to be realized by the end of year.
  - Hospital Based Clinic adjusted projection of \$683K is expected to be realized by the end of year.
- Psych Volume Growth
  - \$927K has been reflected as an increase in psych volume.
- ER Admits Volume Increase:
  - ER admits volume increase will not materialize in 2018 per management.
- Supply Chain Management:
  - \$659K is reflected in Supply chain.
- Overtime and Outside Agency Costs Reduction:
  - Overtime and outside agency costs reduction are not expected to be realized in 2018.
- FTE Reduction:
  - FTE reduction is not expected to materialize in 2018.
- District Subsidy:
  - \$8.0M, of the already received subsidy, is included in the year to date number.



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# Key Indicators

Year to Date 08/31/2018

Key Performance Indicators	Calculation	Prior Month YTD	Actual	Budget	FY 2017	Actual Trend	Desired Trend
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## VOLUME INDICATORS:

Admissions (Consolidated)	Actual Admissions	4,277	4,744	5,844	6,280	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	1,874	2,055	2,656	2,297	▼	▲
Emergency Room Visits	Actual Visits	47,625	52,575	52,669	53,929	▼	▲

## PRODUCTIVITY & EFFICIENCY INDICATORS:

Number of FTEs	Total Hours Paid/Total Hours YTD	847	849	883	843	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.28	1.310	1.07	1.18	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	54.2%	53.5%	58.7%	57.0%	▼	▼

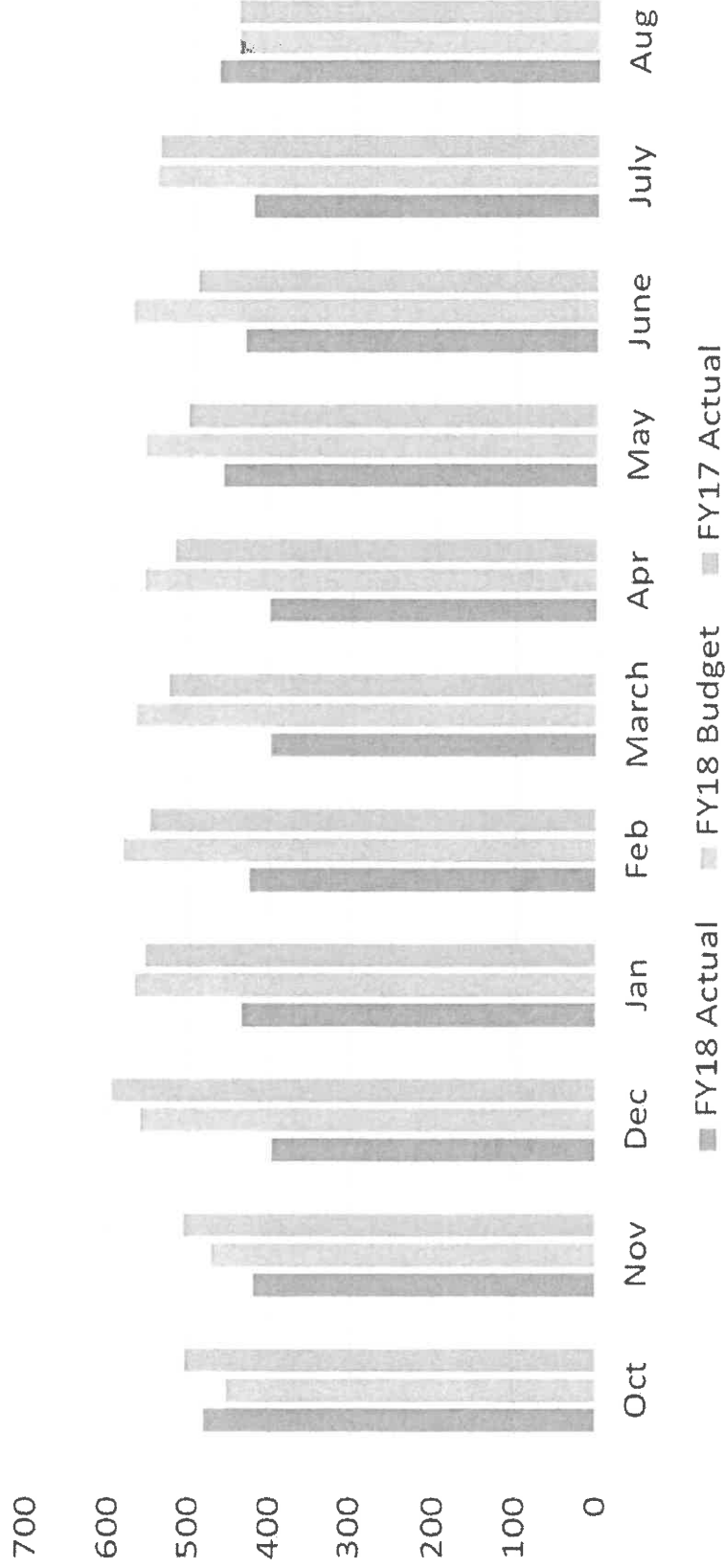
## PROFITABILITY & LIQUIDITY INDICATORS:

Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily Net Patient Revenues	74	79	43	76	▲	▼
Dishcharged Not Final Billed AR Collection Days	DNFB AR/Revenue Days	4	7	4	3	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	93.4%	90.9%	92.0%	92.0%	▼	▲
Days Cash on hand	Total Cash /((Operating Expenses less Depreciation)/Days)	30	21	45	29	▼	▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Revenue	-9.8%	-7.8%	1.0%	-2.5%	▼	▲



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# Total Admissions (Consolidated)



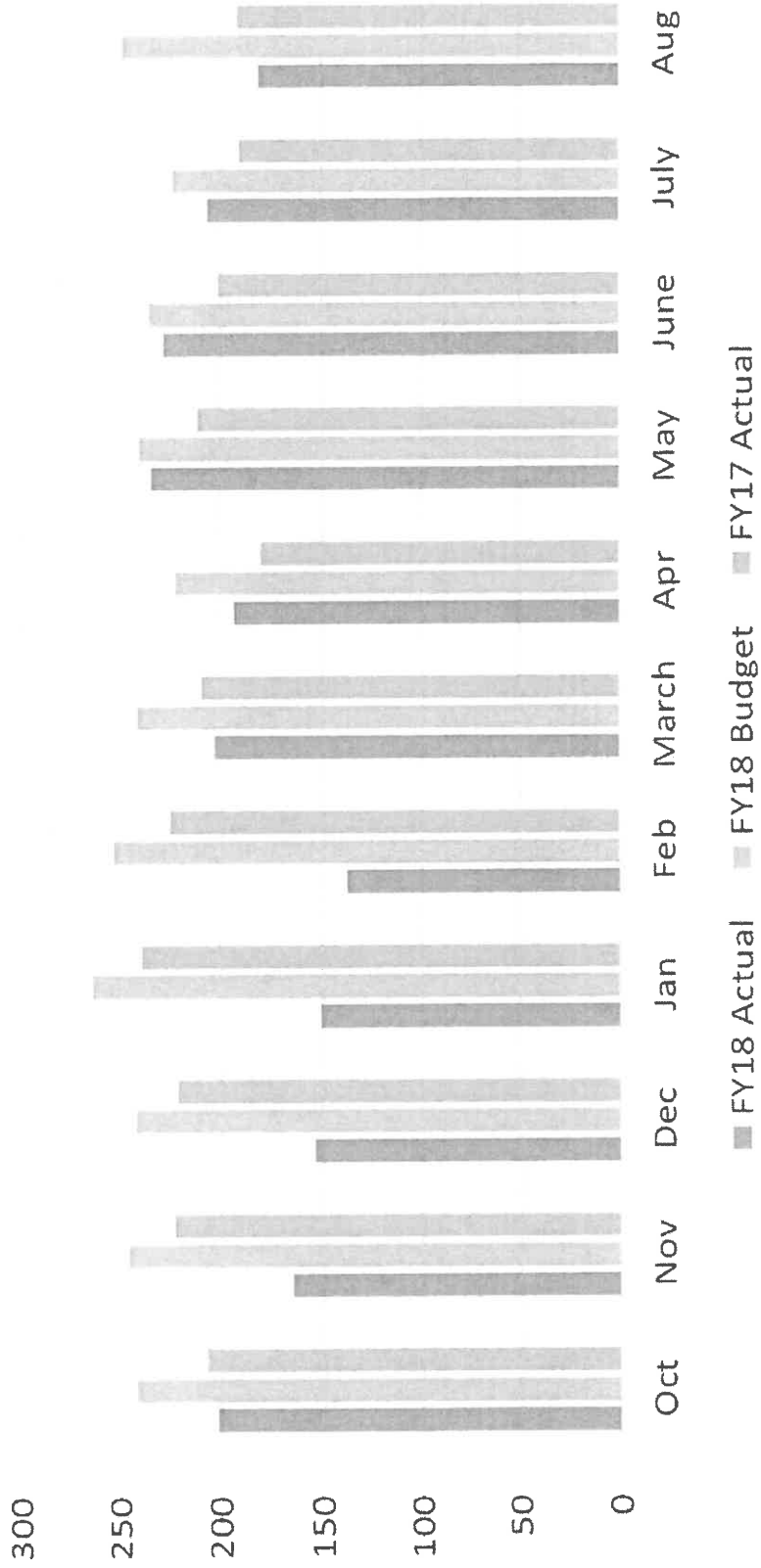
	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
FY18 Actual	482	420	397	435	426	399	401	460	433	424	467
FY18 Budget	453	472	562	570	584	568	558	557	574	544	442
FY17 Actual	506	507	598	556	551	527	520	504	493	541	443

Less Nursery and OB for FY  
2017



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# Inpatient/Outpatient Surgeries

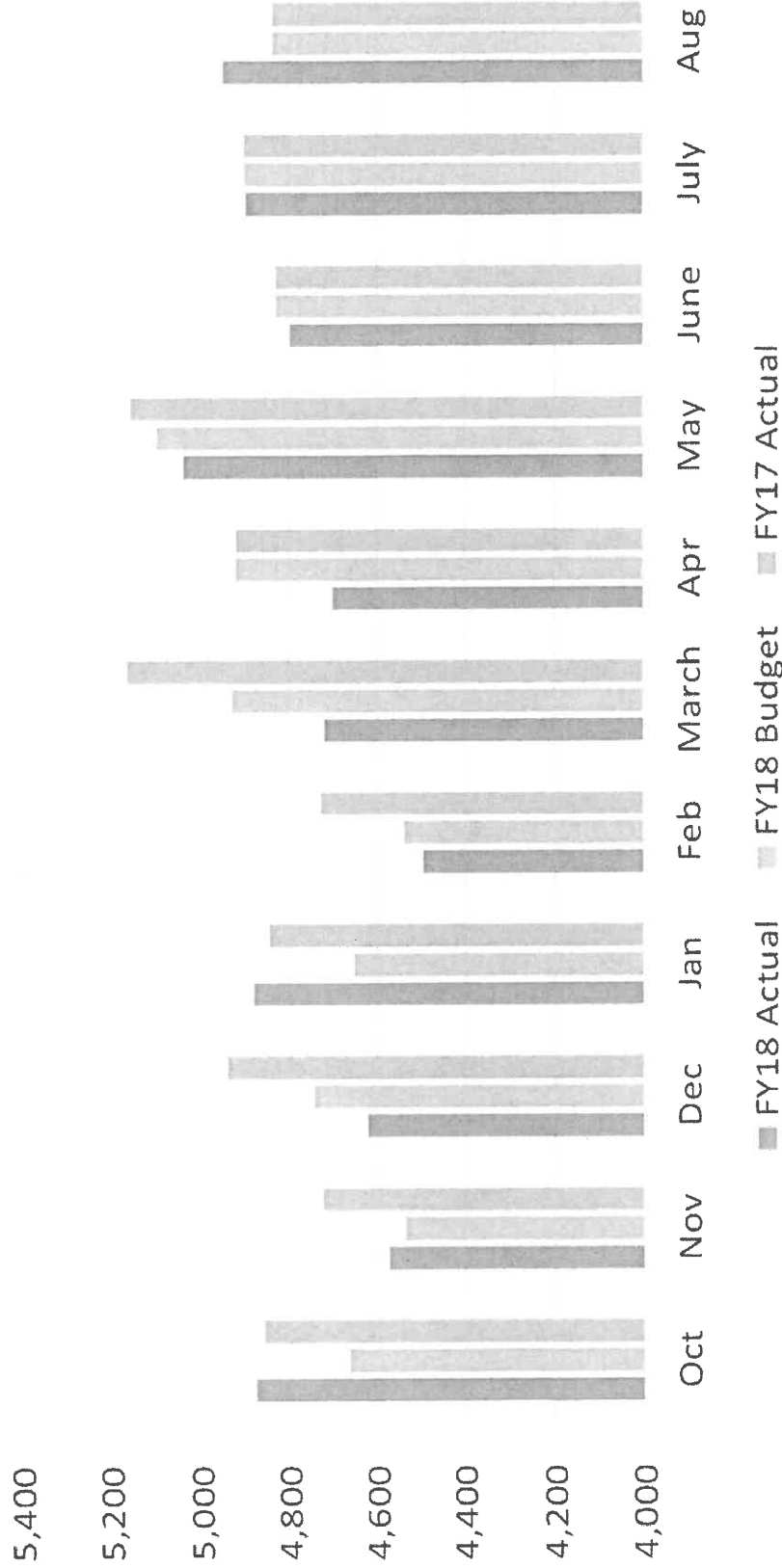


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
<b>FY18 Actual</b>	202	165	154	151	138	203	193	234	228	206	181
<b>FY18 Budget</b>	242	246	242	264	253	241	222	240	235	223	248
<b>FY17 Actual</b>	207	223	221	239	225	209	180	211	201	190	191



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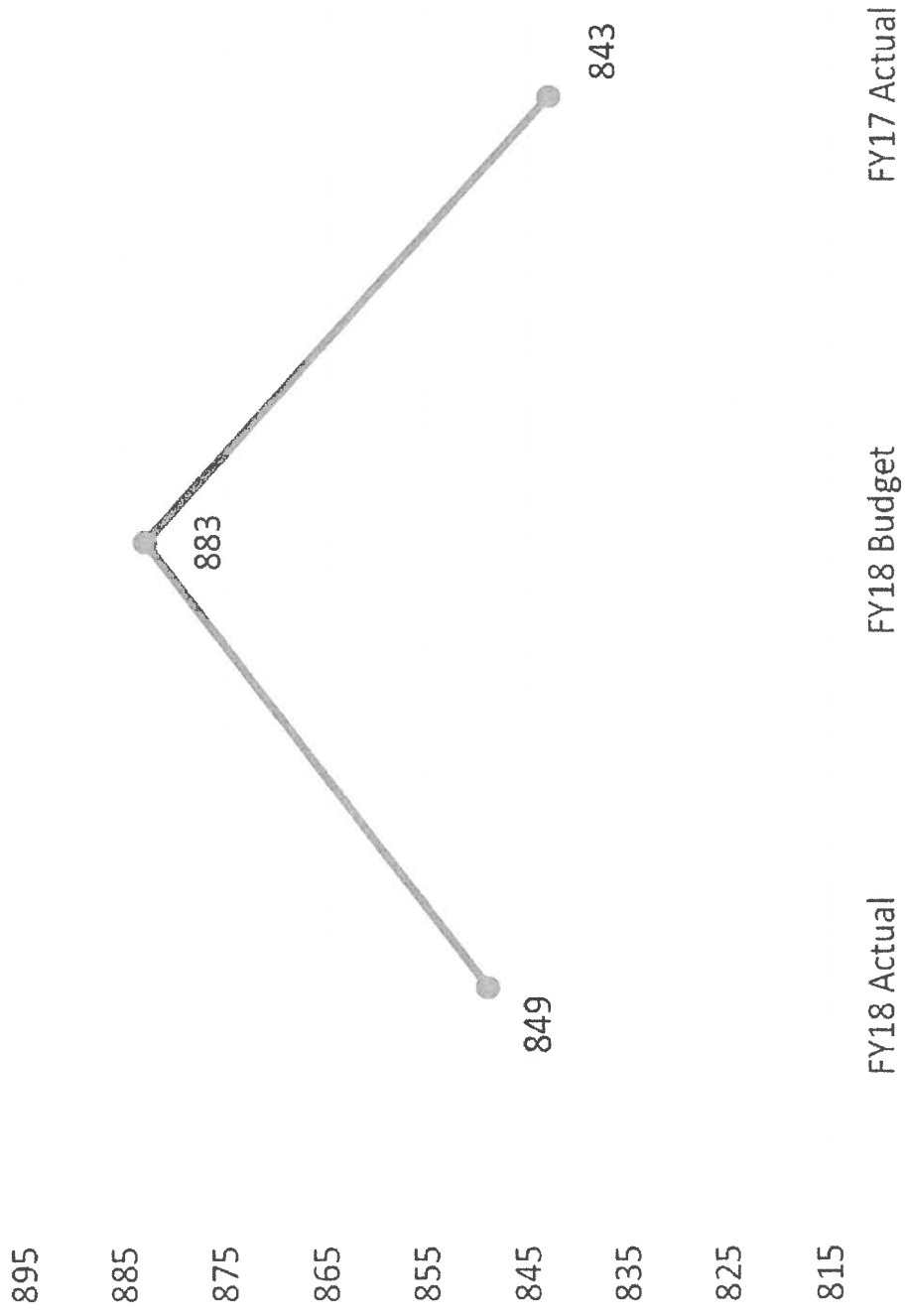
# Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
FY18 Actual	4,881	4,576	4,624	4,884	4,496	4,722	4,703	5,041	4,799	4,899	4,950
FY18 Budget	4,667	4,538	4,745	4,653	4,540	4,931	4,923	5,100	4,831	4,903	4,838
FY17 Actual	4,861	4,727	4,943	4,847	4,729	5,167	4,923	5,160	4,831	4,903	4,838



# Number of FTEs

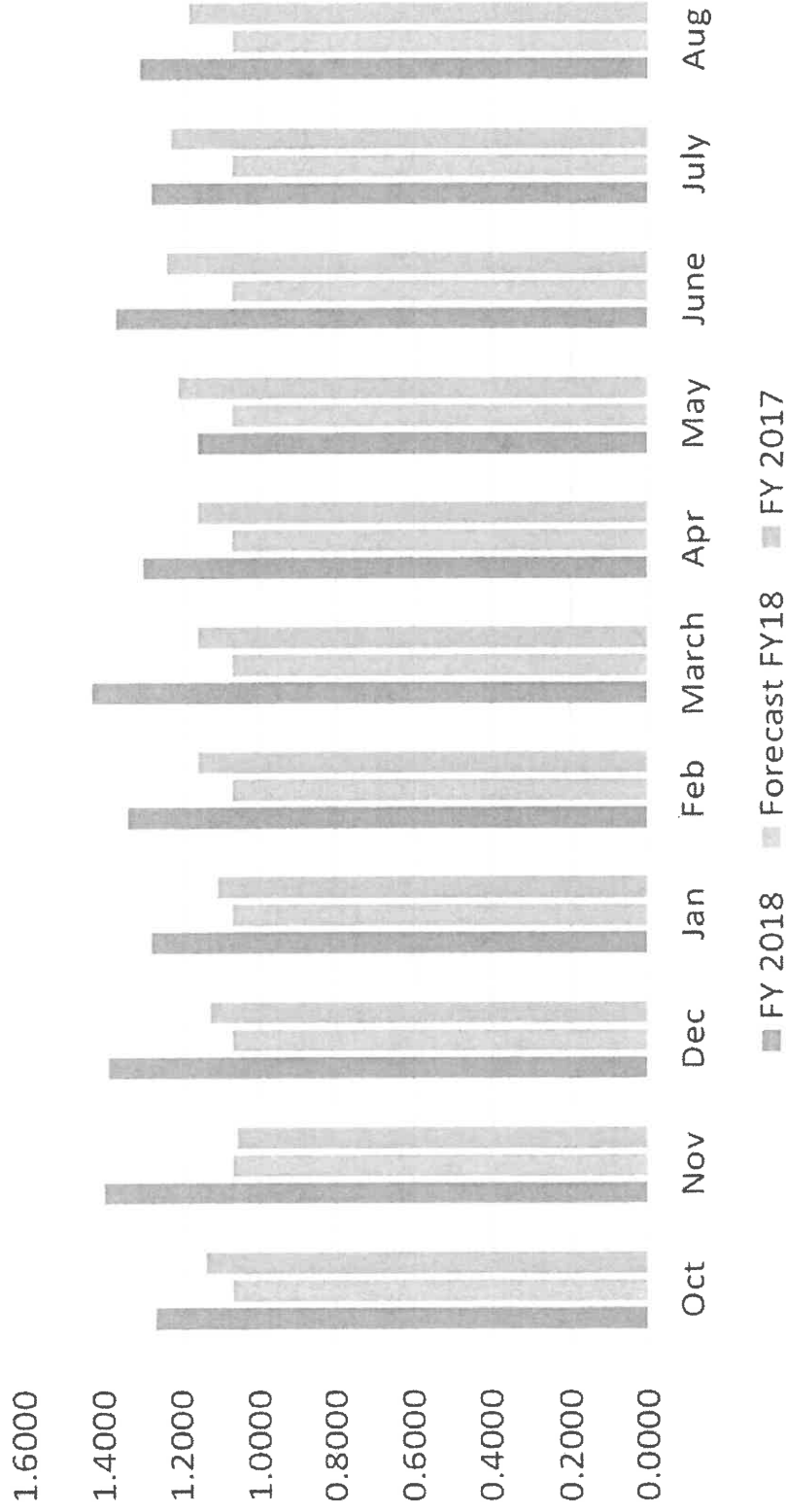






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# Case Mix Index

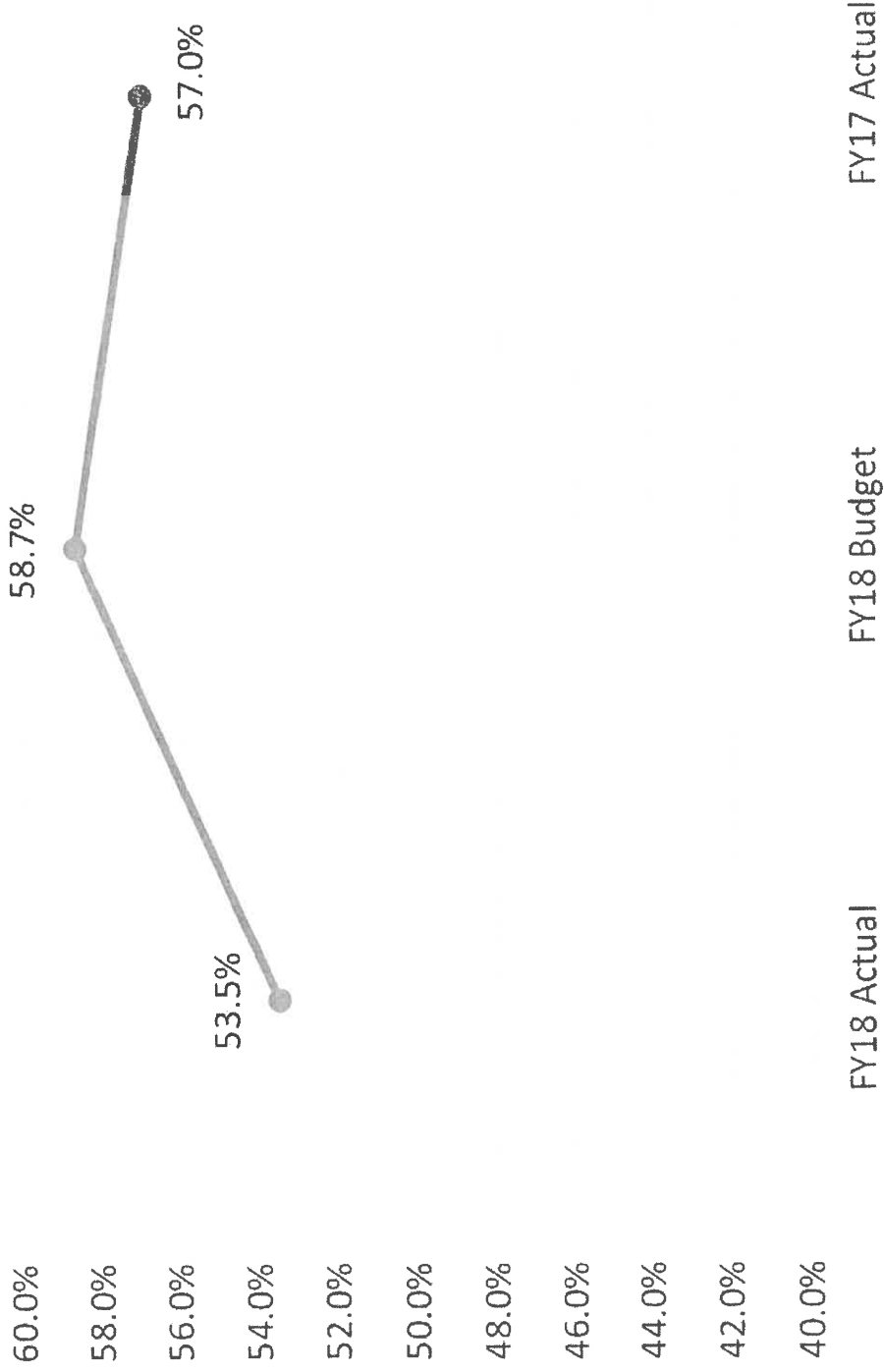


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
FY18 Actual	1.2700	1.4000	1.3900	1.2800	1.3400	1.4300	1.3000	1.1600	1.3700	1.2800	1.3096
FY18 Budget	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700	1.0700
FY17 Actual	1.1400	1.0600	1.1300	1.1090	1.1600	1.1600	1.1600	1.2100	1.2400	1.2300	1.1833



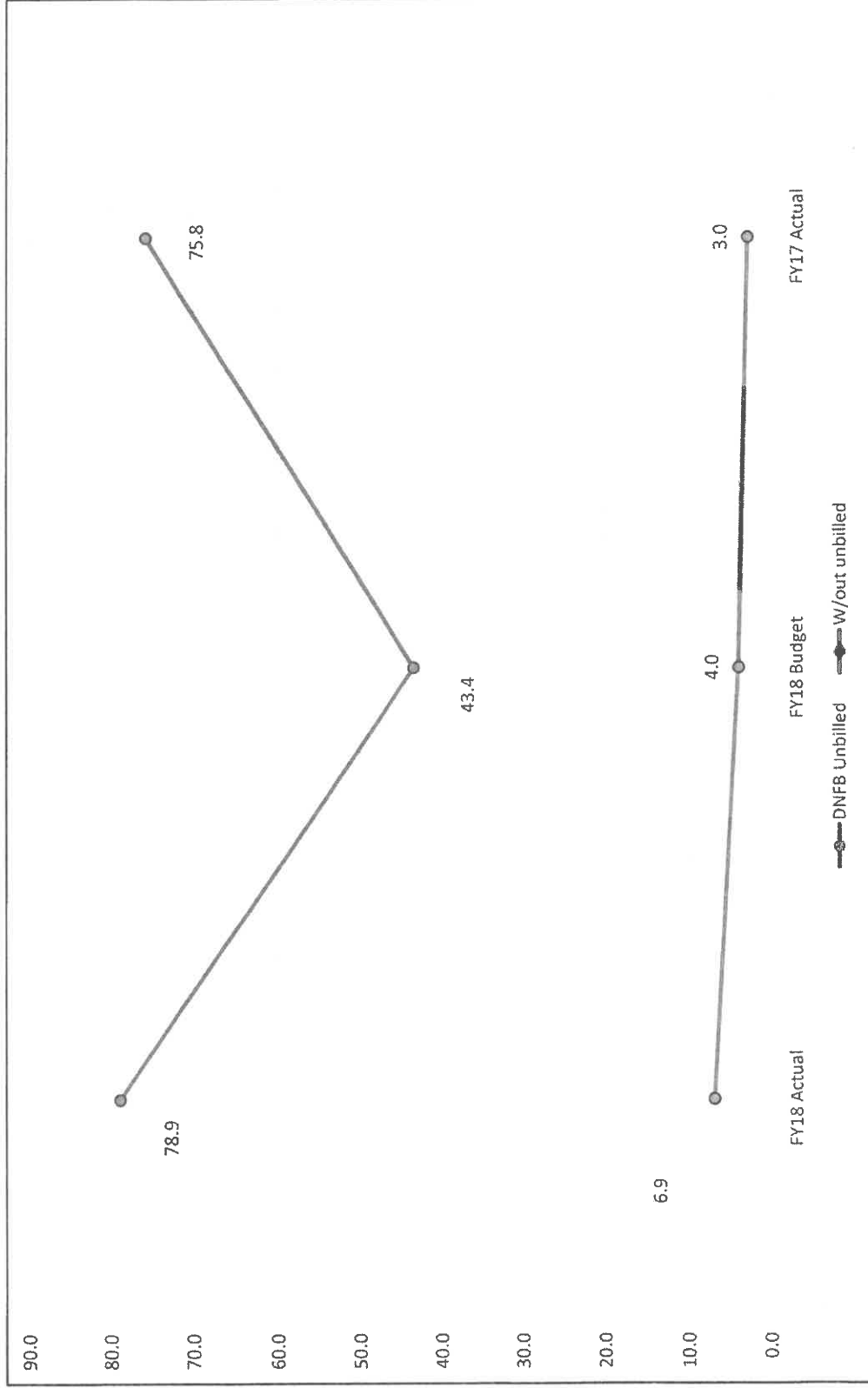
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# Salaries/Wages & Benefits as a % of Total Operating Expenses





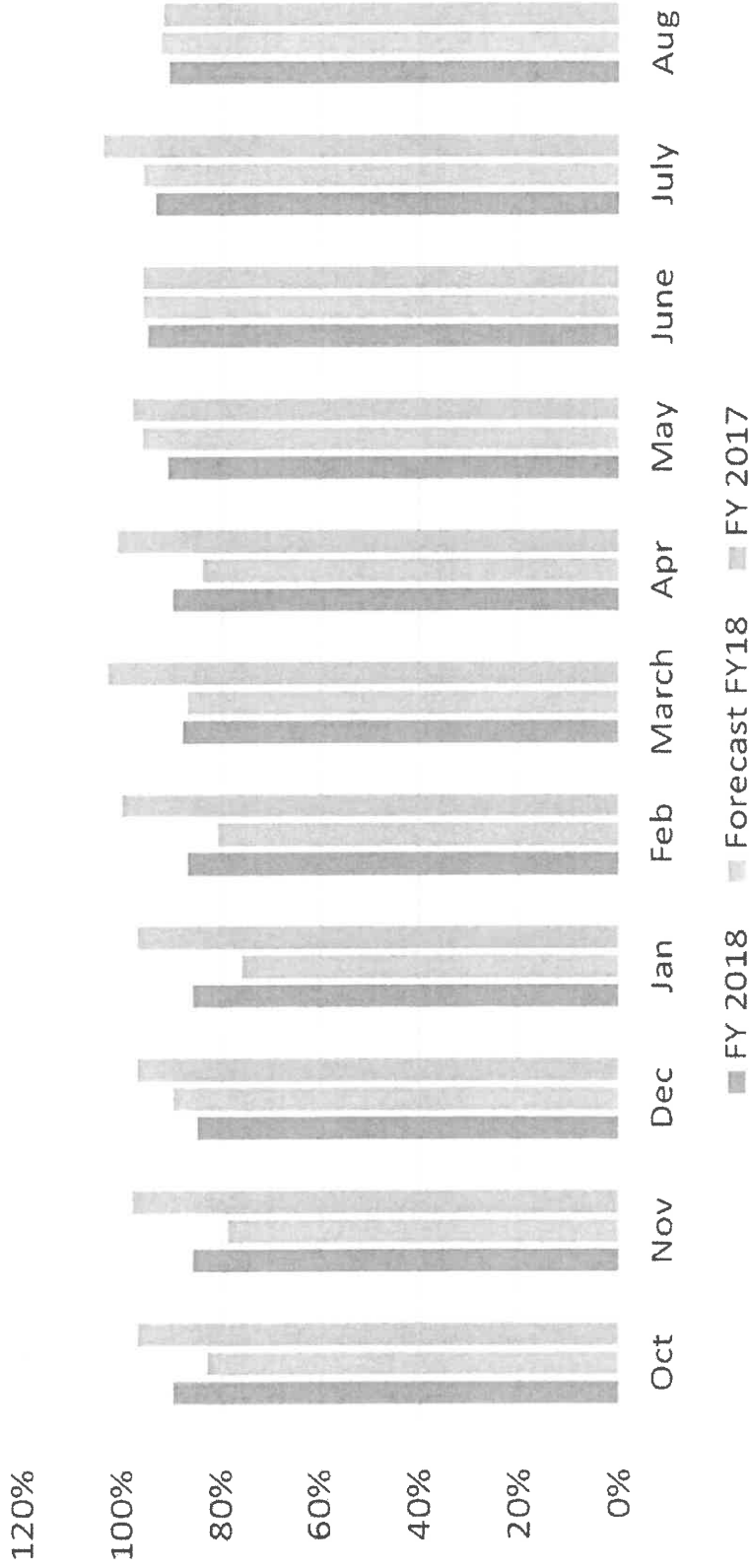
# Net Accounts Receivable (AR) Days With & Without Unbilled





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# Cash Collection as a % of Net Revenues

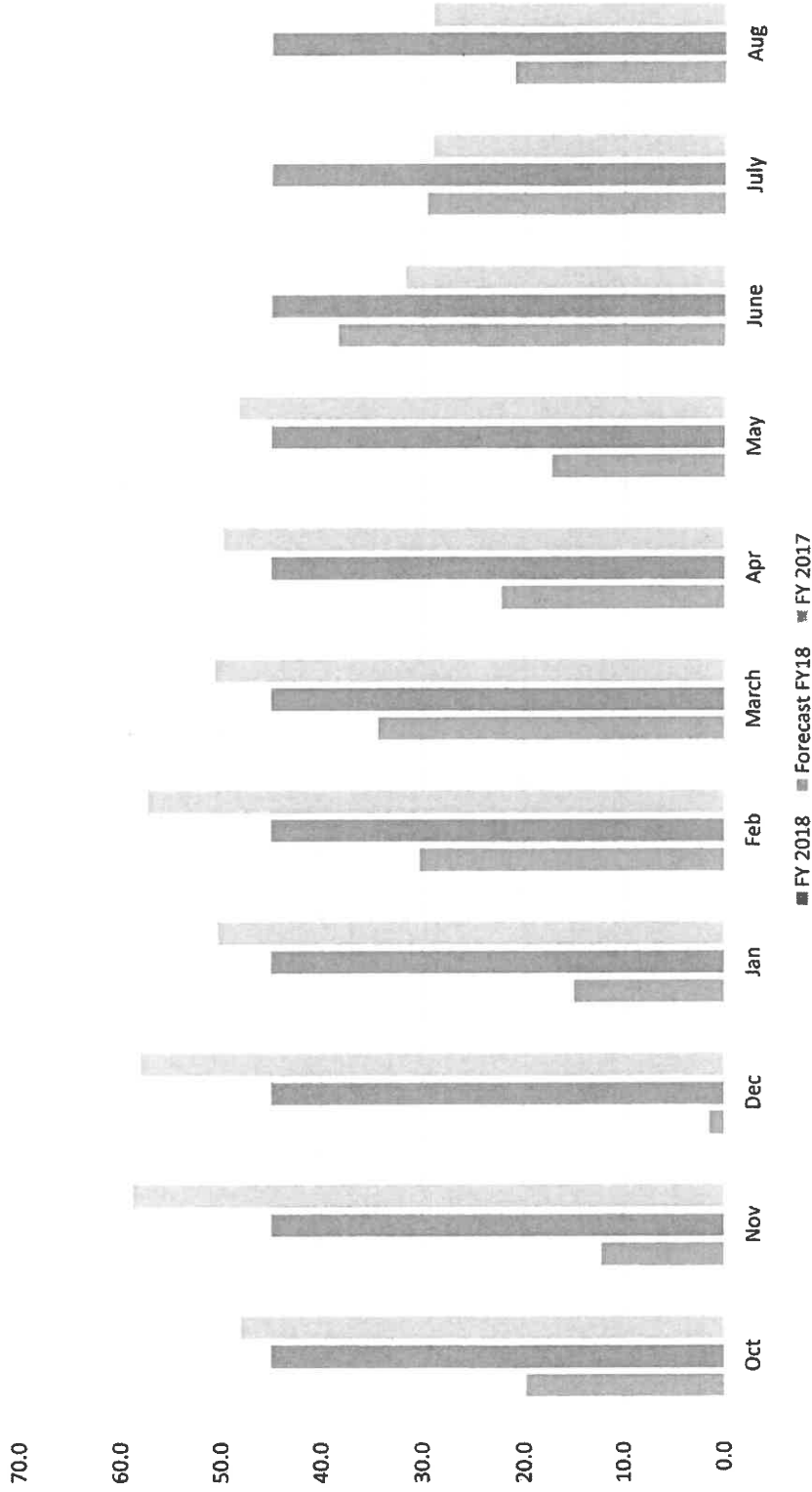


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
<b>FY18 Actual</b>	90%	86%	85%	86%	87%	88%	90%	91%	95%	93%	91%
<b>FY18 Budget</b>	83%	79%	90%	76%	81%	87%	84%	96%	96%	96%	92%
<b>FY17 Actual</b>	97%	98%	97%	97%	100%	103%	101%	98%	96%	104%	92%



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# Days Cash On Hand

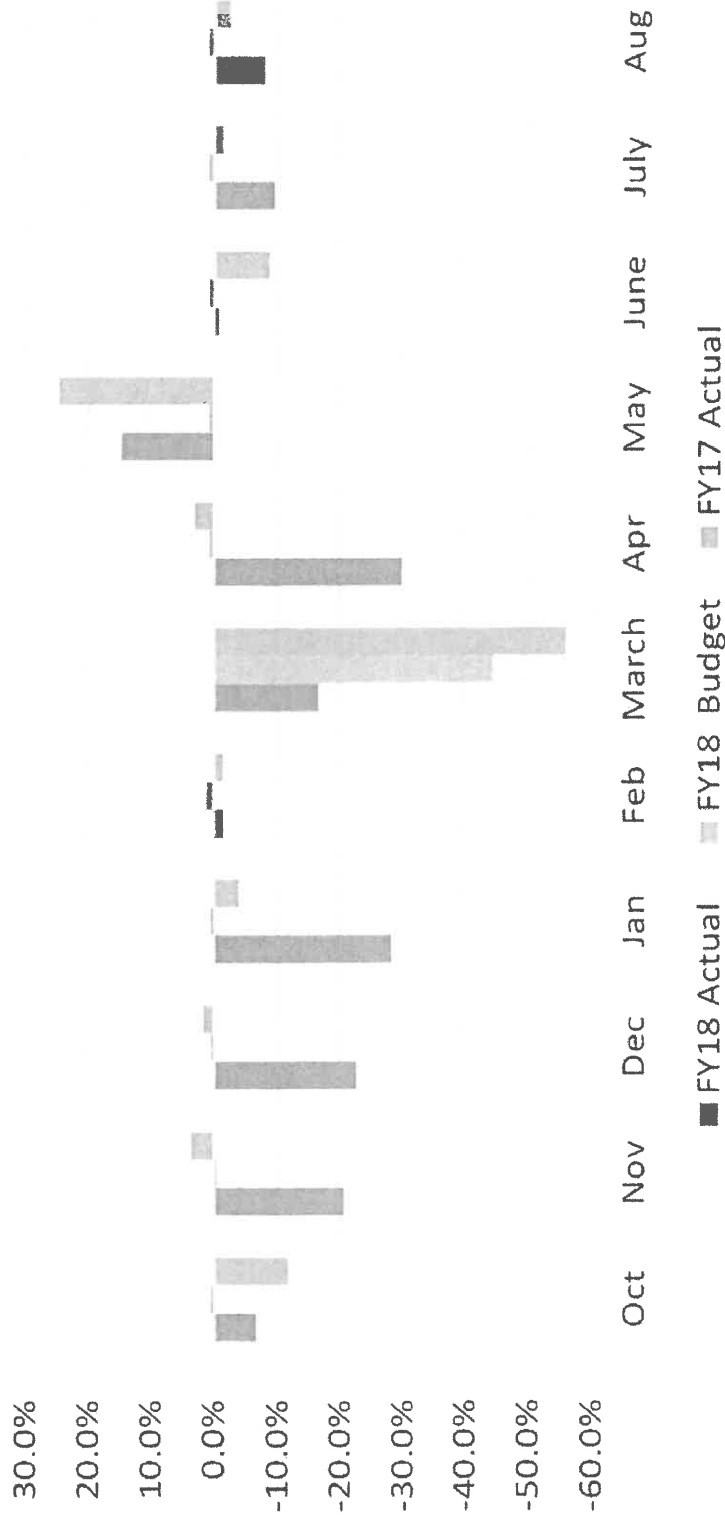


	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
FY18 Actual	19.8	12.3	1.5	15.0	30.3	34.4	22.3	17.3	38.4	29.6	21.0
FY18 Budget	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0	45.0
FY17 Actual	48.0	58.8	58.0	50.4	57.3	50.6	49.8	48.2	31.8	29.0	29.0



UNITED  
MEDICAL CENTER

# Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug
FY 2018 Actual	-6.6%	-20.7%	-22.7%	-28.2%	-1.4%	-16.6%	-29.9%	14.7%	-0.6%	-9.5%	-7.8%
FY2018 Budget	0.56%	0.51%	0.53%	0.54%	1.16%	-44.58%	0.79%	0.84%	0.79%	0.94%	0.99%
FY 2017 Actual	-11.7%	3.6%	1.7%	-3.9%	-1.5%	-56.3%	3.1%	24.8%	-8.7%	-1.3%	-2.5%



UNITED  
MEDICAL CENTER

# Income Statement

## FY18 Operating Period Ending August 31, 2018

Statistics	Month of August			2018 Year to Date			Variance			
	Actual	Budget	Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Variance	
Admission	467	442	443	24	5,884	6,280	(1,140)	(1,536)	-19%	-24%
Patient Days	5,588	6,403	6,384	(796)	72,629	71,443	(8,839)	(7,653)	-12%	-11%
Emergency Room Visits	4,950	4,838	4,838	112	52,669	53,929	(94)	(1,354)	0%	-3%
Clinic Visits	1,545	1,417	1,504	41	15,874	17,898	573	(1,451)	4%	-8%
IP Surgeries	81	120	82	(39)	1,230	1,114	(269)	(153)	-22%	-14%
OP Surgeries	100	128	109	(28)	1,426	1,183	(332)	(89)	-23%	-8%
Radiology Visits	948	820	915	128	10,890	11,609	(200)	(919)	-2%	-8%
<b>Revenues</b>										
Net Patient Service	10,667	9,735	8,186	932	106,206	95,133	(25,174)	(14,101)	-24%	-15%
DSH	-	-	(84)	(320)	-	3,909	-	(3,909)	0%	0%
CNMC Revenue	161	257	185	(24)	2,774	2,429	(307)	38	-11%	2%
Other Revenue	3,178	539	1,216	1,962	5,902	10,242	26,719	22,379	453%	219%
<b>Total Operating Revenue</b>	<b>14,006</b>	<b>10,531</b>	<b>9,503</b>	<b>4,503</b>	<b>114,882</b>	<b>111,713</b>	<b>1,238</b>	<b>4,407</b>	<b>1%</b>	<b>4%</b>
<b>Expenses</b>										
Salaries and Wages	4,927	4,722	4,826	205	53,487	51,663	(382)	1,442	-1%	3%
Employee Benefits	1,331	1,195	1,260	136	13,328	13,642	521	207	4%	2%
Contract Labor	420	209	738	(318)	2,357	5,273	1,294	(1,622)	55%	-31%
Professional Fees	1,680	649	802	878	7,835	8,353	483	-35	6%	0%
Supplies	1,176	565	1,039	137	8,696	10,274	1,987	409	23%	4%
Pharmaceuticals	382	474	474	(92)	3,544	3,603	(114)	-173	-3%	-5%
Purchased Services	2,334	1,858	848	476	16,692	13,545	7,101	10,248	43%	76%
Other	899	693	1,019	(206)	7,802	8,181	521	142	7%	2%
<b>Total Operating Expenses</b>	<b>13,149</b>	<b>10,366</b>	<b>11,006</b>	<b>2,783</b>	<b>113,741</b>	<b>114,534</b>	<b>11,412</b>	<b>10,619</b>	<b>10%</b>	<b>9%</b>
<b>Operating Gain/ (Loss)</b>	<b>857</b>	<b>165</b>	<b>(1503)</b>	<b>692</b>	<b>1,141</b>	<b>(2,821)</b>	<b>(10,174)</b>	<b>(6,212)</b>	<b>-892%</b>	<b>220%</b>

Dedicated to health & well-being



# August 2018 Income Statement with FY18 Approved Budget

	AUG 2018 YTD ACTUAL	AUG 2018 YTD BUDGET	AUG 18 YTD ACTUAL/ BUDGET	YTD VARIANCE %	ORIGINAL 2018 APPROVED BUDGET
<b>STATISTICS</b>					
Admissions	4,744	5,884	(1,140)	-19.37%	6,302
Patient Days	63,790	72,629	(8,839)	-12.17%	78,404
Emergency Room Visits	52,575	52,669	(94)	-0.18%	57,529
Clinic Visits	16,447	15,874	573	3.61%	18,619
IP Surgical Visits	961	1,230	(269)	-21.87%	990
OP Surgeries	1,094	1,426	(332)	-23.28%	1,006
<b>OPERATING REVENUE</b>					
Net Patient Service Revenue	\$ 81,032	\$ 106,206	(25,174)	-23.70%	\$ 115,972
CNMC Revenue	2,467	2,774	(307)	-11.07%	3,023
Other Revenue	32,621	5,902	26,719	452.71%	6,436
<b>Total Operating Revenue</b>	<b>\$ 116,120</b>	<b>\$ 114,882</b>	<b>\$ 1,238</b>	<b>1.08%</b>	<b>\$ 125,431</b>
<b>OPERATING EXPENSE</b>					
Salaries & Wages	\$ 53,105	53,487	(382)	-0.71%	\$ 58,016
Employee Benefits	13,849	13,328	521	3.91%	14,476
Contract Labor	3,651	2,357	1,294	54.90%	2,560
Professional Fees	8,318	7,835	483	6.16%	8,473
Supplies	10,683	8,695	1,988	22.86%	9,938
Pharmaceuticals	3,430	3,544	(114)	-3.22%	3,381
Purchased Services	23,793	16,692	7,101	42.54%	18,857
Other	8,323	7,802	521	6.68%	8,455
<b>Total Operating Expense</b>	<b>\$ 125,153</b>	<b>\$ 113,741</b>	<b>\$ 11,412</b>	<b>10.03%</b>	<b>\$ 124,156</b>
<b>Operating Gain / (Loss)</b>	<b>\$ (9,033)</b>	<b>\$ 1,141</b>	<b>\$ (10,174)</b>	<b>-891.52%</b>	<b>\$ 1,275</b>





# Balance Sheet

## As of the month ending August 31, 2018

Aug-18	Jul-18	MTD Change	Sep-17	YTD Change
<b>Current Assets:</b>				
\$ 30,459	\$ 33,003	\$ (2,544)	\$ 25,855	\$ 4,604
20,773	18,154	2,619	24,240	(3,467)
2,008	2,076	(68)	1,904	104
1,316	1,477	(161)	2,898	(1,582)
54,556	54,710	(154)	54,897	(341)
<b>Long- Term Assets:</b>				
235	235	-	235	-
71,906	72,823	(917)	79,387	(7,481)
72,141	73,058	(917)	79,622	(7,481)
\$ 126,697	\$ 127,768	\$ (1,071)	\$ 134,519	\$ (7,822)
<b>Current Liabilities:</b>				
\$ -	\$ -	\$ -	\$ 36	\$ (36)
12,987	12,006	981	10,259	2,728
7,378	6,620	758	8,808	(1,430)
1,887	1,887	-	1,979	(92)
22,252	20,513	1,739	21,082	1,170
<b>Long-Term Liabilities:</b>				
4,372	6,846	(2,474)	1,328	3,044
3,052	3,229	(177)	4,683	(1,631)
2,416	2,416	-	2,016	400
9,841	12,491	(2,650)	8,027	1,814
<b>Net Position:</b>				
94,604	94,746	(142)	105,410	(10,806)
94,604	94,746	(142)	105,410	(10,806)
\$ 126,697	\$ 127,769	\$ (1,072)	\$ 134,519	\$ (7,822)



# Statement of Cash Flow

## As of the month ending August 31, 2018

Month of August		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year - to - Date	Prior Year
\$ 7,871	\$ 8,583	\$ 82,868	\$ 95,622
(5,814)	(5,465)	(54,724)	(52,064)
(5,367)	(5,742)	(68,384)	(64,855)
846	1,024	6,902	13,869
<u>(2,462)</u>	<u>(1,600)</u>	<u>(33,338)</u>	<u>(7,428)</u>
<b>Cash flows from operating activities:</b>			
Receipts from and on behalf of patients			
Payments to suppliers and contractors			
Payments to employees and fringe benefits			
Other receipts and payments, net			
Net cash provided by (used in) operating activities			
<b>Cash flows from investing activities:</b>			
Proceeds from sales of investments			
Purchases of investments			
Receipts of interest			
Net cash provided by (used in) investing activities			
<b>Cash flows from noncapital financing activities:</b>			
Repayment of notes payable			
Receipts (payments) from/(to) District of Columbia			
Net cash provided by noncapital financing activities			
<b>Cash flows from capital and related financing activities:</b>			
Repayment of capital lease obligations			
Receipts (payments) from/(to) District of Columbia			
Change in capital assets			
Net cash (used in) capital and related financing activities			
Net increase (decrease in cash and cash equivalents)			
\$ (3,196)	(3,921)	4,603	(15,615)
<b>33,003</b>	<b>25,917</b>	<b>25,855</b>	<b>37,611</b>
<b>\$ 30,459</b>	<b>\$ 21,996</b>	<b>\$ 30,459</b>	<b>\$ 21,996</b>