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General Board Meeting

Date: March 25, 2020
Location: United Medical Center
1310 Southern Avenue, SE, Conference Room 1
Washington, DC 20032

2020 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
ColeneY. Daniel, *CEO*

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

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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 12:00PM on Wednesday, March 25, 2020. Due to the Coronavirus pandemic, the meeting will be held via conference call at 1-866-820-5602 passcode 7266397#. 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

February 26, 2020

V. CONSENT AGENDA

A. Dr. Raymond Tu, Chief Medical Officer
B. Dr. Marilyn McPherson-Corder, Medical Chief of Staff
C. Dr. Jacqueline Payne-Borden, Chief Nursing Officer

VI. EXECUTIVE MANAGEMENT REPORT

A. Colene Daniel, Chief Executive Officer

VII. CORPORATE SECRETARY REPORT

A. Toya Carmichael, VP Public Relations/Corporate Secretary

VIII. NFPHC COMMITTEE REPORTS

Performance Improvement Committee
Governance Committee
Executive Committee
Audit Committee

IX. PUBLIC COMMENT

X. OTHER BUSINESS

A. Old Business
B. New Business

XI. ANNOUNCEMENTS

XII. ADJOURN

NOTICE OF INTENT TO CLOSE. The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§2-575(b)(1)(2)(4A)(5),(9),(10),(11),(14).

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General Board Meeting

Date: March 25, 2020

Reading and Approval of Minutes

Minutes Date:
February 26, 2020

Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, February 26, 2020

Present:
Directors: Chair LaRuby May, Girume Ashenafi, Robert Bobb, Brenda Donald, Millicent Gorham, Angell Jacobs, William Sherman, Dr. Konrad Dawson, DM Wayne Turnage, Velma Speight,
UMC Staff: Dr. McPherson Corder, CEO Colene Daniel, CMO Dr. Tu., CNO Dr. Payne-Border, CFO Lillian Chukwuma, GC Kameka Waters, Sec. Toya Carmichael, HR Dir. Trenell Bradley
Absent: Dr. Malika Fair (Maternity Leave)

Agenda Item	Discussion
	Chairwoman May took a moment of privilege to thank those she serves with on the board. Board service is an opportunity to change health outcomes for those in need without resources. Happy birthday to Chairwoman's mother and acknowledgement of her father who passed away today 14 years ago.
Call to Order	The meeting was called to order at approximately 12:17 pm. Quorum determined by Corporate Secretary Toya Carmichael.
Approval of the Agenda	One edit: CFO will report under the Finance Committee. Motion to approve agenda as amended. Motion by Dir. Donald. Second by Dir. Ashenafi. Agenda approved.
Approval of the Minutes	(Minutes approved for January meeting) Motion by Dir. Jacobs. Second by Dir. Ashenafi. Minutes approved as written.

Discussion	**CONSENT AGENDA** **CHIEF OF MEDICAL STAFF REPORT: Dr. Tu** • Continuing to build relationships with community partners. Chairwoman, Dr. Tu, CEO Daniel, and Dr. Idume met with President of George Mason University. • The January open CMO office hours on 1/8, was very well attended by medical staff. • On boarded a new case manager for social work. • Nuclear medicine gamma camera complete and open for business. Anticipation is that we will get more robust cardiac referrals. • Radiology underwent their annual FDA survey, testing mammography services and we received full accreditation on our MQSA mammography program. ***Discussion regarding need for case managers in social work:*** • Chairwoman asked whether the Dir. of case management has any social workers to manage? Dr. Tu stated the new Dir. is also a physician so she is able to monitor and implement efficiencies and engage staff to build greater report turnaround time and prepare for secondary reviews. • Dir. Jacobs asked whether UMC intends to bring on more case managers? CEO Daniel responded that we need to offer higher salaries due to the level of experience we are requesting. CEO stated social workers are being paid $90k but we think we have found an individual who can fill one of the positions. Dir. Donald stated social workers in her agency are paid around $65-105k but the $90k and above is usually for supervisors. Dir. Ashenafi added that social workers in Baltimore are paid around $75k. CFO Chukwuma added that prior CEO reduced social workers. Asked if we lost additional social workers because she only knew of one who thought about leaving but then stayed. CFO asked for time to bring more information regarding staffing so we do not cut areas where we need to get services up. • Dir. Bobb asked if we generate more revenue from general vs. behavioral health unit? CFO stated the reimbursements are different but behavior health is almost double the amount of revenue. However, the costs to treat patients in behavioral health is also hire. Dir. Bobb asked if this information is reflected in the financial report and CFO answered it is not. **Action Items:** • Look to National Association of Black Social Workers to assist with recruitment. • Dir. Ashenafi will assist with connecting UMC to more MSWs.

	MEDICAL CHIEF OF STAFF: Dr. Marilyn McPherson-Corder • Dr. Morgan is now over case management. Physicians at UMC are so dedicated they play double roles. Some physicians are fearful and concerned about the longevity of the life of the hospital. • 99% of medical staff have been vaccinated for the flu. Maria Jackson came on board to help with credentialing. • Outside accrediting entities have approved our lab. • Action items attached to her report. ***General Discussion:*** • Dir. Jacobs asked if we are taking special precautions for Corona Virus. DM Turnage mentioned the CDC press conference and action plans that are being put in place in the city. Dr. Corder talked in more detail regarding the specialties we need. CEO said we have lost almost all of our specialty nurses we are looking at getting more advanced specialty nurses so the doctors feel more supported. **CHIEF NURSING OFFICER: Jacqueline Payne-Border** • We are continuing with daily readiness and efficiency. But we are on the window for joint survey and dc health visits. Passing out info during huddles and safety meetings. • Working with OGC on DCNA contract. • Nursing is revising patient care policies based on trends in healthcare. HR hiring fair for nurses and social workers with HR. Approx. 52 nurses attended. Hoping to close the loop very soon. Hoping to hire at least 20. Chairwoman asked how many have we offered jobs too? Trenell Bradley Dir. of HR gave detailed info on the hiring process post job fair. Managers are bringing their tier 1 offers now but he doesn't have the exact number of candidates right now. Moving quickly to close the loop so we don't lose momentum. Chairwoman asked if we worked with staffing companies to attract folks to the job fair or if any of our BI nurses came through staffing companies. • Doing real time rounds daily has resulted in approved accountability of staff and environmental issues.
Approval of the CMO, Medical Chief of Staff & CNO Reports	Motion by DM Turnage. Second by Dir. Ashenafi. Approved as submitted.
	EXECUTIVE REPORT: Colene Daniel • Introduced Ken Blackwell and his responsibilities here at UMC. Ken Blackwell spoke about his background and why he decided to come on board at UMC. Chairwoman welcomed him.

- CEO acknowledged nurses who have obtained their certifications in wound care. We are pushing education. Working with COS to do physician recruiting.
- Our new focus is getting ready for the dc health and joint commission surveys. Added the new hospital licensure schedule in her report.

Discussion regarding HR report included with CEO report:

- Chairwoman asked about Human Resources Report. Report presented by Trenell Bradley. Hired 1 certified nurse, credential assistant, rep therapist, (refer to report for details).
- Chairwoman asked for the information regarding who has been terminated and who has left voluntarily in the last month. Bradley said the information is available and they are working on a method to track and report those numbers out. Chairwoman wants to know about turnover. Dir. Donald added that we need additional data to see how the RIF last year impacted the decision to terminate and then rehire.
- Chairwoman noted that there is a discrepancy between how many FTEs we have vs. what the Finance Committee says we have. Bradley reported we pay 1,344 employees 212 live in DC. CEO Daniel pointed out that Andrea Gywn created the report not Bradley which may be why there are some discrepancies with the total numbers.
- Chairwoman also asked that HR and CEO consider the low % (15%) of employees who are also DC residents. GC Waters stated the UMC policies provide an advantage for DC residents when you have two equally qualified candidates.
- Dir. Speight asked what BI stands for and also pointed out that our direct staff should be around 700 people. Bradley explained that the 1344 is active people that we pay but not necessarily FTEs. Chairwoman stated we will dig deeper in how BIs are classified as employees when they are benefit ineligible individuals.
- Gorham stated that she appreciates the Chairwoman's goal to hire vendors and employees from DC. She stated that we should also look at how long employees have been here. Gorham pointed out that there has not been a lot of discussion of increasing the pay for nurses. Lower pay may be reason why a large # of employees live outside of the District. Dir Ashenafi added from a union perspective that SEIU has a dozen or two dozen employees who have been here for more than 20 years who had to move to PG for more affordable housing.
- Dir. Bobb applauded the CEOs report around management improvement. GSU improvements.
- Chairwoman added that she has been bombarded by employees who have praised the CEOs leadership and their feeling that the Board cares about what is going on at the hospital.

Action Items:

- HR Dir. Trenell Bradley should bring the Jan and Feb employee numbers with detail to the March meeting.

	CORPORATE SECRETARY: Toya Carmichael • Asked that Dirs. review their contact info and committee structures. • Gave update on social media, special recognitions, and oversight hearing preparation. • Chairwoman encouraged Board to join in on preparation for the oversight hearing. **Action Items:** • Send time for oversight preparation to the board for Monday and Tuesday.
Approval of the CEO & Sec. Reports	Motion by DM Turnage. Second by Dir. Ashenafi Approved as submitted.
	COMMITTEE REPORTS **PATIENT SAFETY AND QUALITY: Dir. Girume Ashenafi, Interim Chair** • Committee met on February 20, 2020 but did not have a quorum so will dive deeper and vote on reports at next mtg. • Dir. Ashenafi highlighted the memo from CEO regarding the SNF. • Highlighted the quality dashboard which has reached a year in age. First page is all green which is fantastic. Med reconciliation still needs improvement but ER and IT are working together to find solutions for those issues so we can document medication appropriately. • Dr. O'Connell reported mixed results for Supertrack. If we run supertrack and we don't have enough patients it is not cost efficient. Highlighted the Coronavirus memo in the packet. • CEO added that working to publish the results from the dashboard. Public should know how well are doing so we will work to publish this information. • Dir. Ashenafi mentioned that UMC submitted to Leapfrog and we are hopeful that we will have a good score. More details in closed session. Action Items: • Release Leapfrog results for public consumption once released. Motion to accept report by Dir. Jacobs. Second by Dir. Speight. Report approved. **FINANCE COMMITTEE: Wayne Turnage** • DM Turnage began with a review of the transition plan amendment act of 2019. Act provided $22.1mil from DC Council for operating subsidy for UMC but if after 1/23/2020 if we needed more than $15mil the board would be replaced by the fiscal management board headed by CFO of DC. Act was meant to curtail expenses or

	increase revenue. Reminded board and staff of the need to be good stewards on behalf of the hospital. • DM Turnage read prepared remarks which were distributed to board members outlining the financial report comparisons between December 2019 and January 2020. Turnage gave his recommendations on how to turn things around (refer to his report). • Dir. Bobb asked whether DM Turnage's report was circulated. Turnage said no but he will send it out to the Directors. Bobb said the hospital is financially bankrupt. If we were private, we would be bankrupt. Seems the plan should've been provided some time ago. The litigation report warrants significant discussion. • Dir. Ashenafi asked about DISH. DM Turnage responded that no news is good news but the law is on the books that says DISH should be reduced by billions but Congress has not yet reduced it. Dir. Ashenafi asked for more details on how we declined in financial status so quickly. DM Turnage said that there were outstanding expenses combined with continuing patient decline. **CFO REPORT:** N/A **MAZARS ACCOUNTABILITY COMMITTEE:** No January Committee meeting was held. **EXECUTIVE COMMITTEE:** N/A
Approval of the Financial Report	Motion by Dir. Jacobs. Second by Dir. Ashenafi. Approved as submitted.
Public Comment	N/A
Other Business	• Dir. Ashenafi reported that Dir. Fair will be back on the phone in March and in person in April.
Closed Session	• Notice to close read by GC Waters at 1:58. Dr. Corder, Kendrick Dandridge, Kai Blisset, and CEO to join during closed session. • Recess at 2:02. • Closed Session began at 2:10

	Motion to terminate closed session by Dir. Ashenafi. Second by Dir. Jacobs. Motion to terminate closed session passed.
Announcements	• During closed session the Board voted and approved the credentialing of new physician privileges and contracts as presented.
Adjourned.	The Board meeting was adjourned at approximately 3:35 pm by Chair May.

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Date: March 25, 2020

Consent Agenda

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CMO REPORT

Presented by:
Raymond Tu, MD
Chief Medical Officer

February 2020 CMO Report

Congratulations to radiology for successful completion of their Food and Drug Administration Mammography Quality Standards Act (MQSA) Survey with special thank you to mammographer Tracey Williams RT(R)(M), imaging and quality coordinator Jankeh Segnian, picture archiving and communication system (PACS) coordinator Tony Lanton, administrative director Jean Vlad Mabout and supervising MQSA physician Riad Charafeddine, MD. The surveyor commented that UMC image quality, positioning and documentation were excellent, in fact much improved since the surveyor's prior inspection. A well-attended Ward 8 Health Council at UMC, CMO open office hour, DC Council Ceremonial Recognition Resolution presentation at the Ward 8 Black History Month Celebration, CMO Cabinet meeting joined by Dr. Corder prioritizing physician documentation, meeting with nursing, infection control and infectious disease physician Dr. Woldeabezagi to author a unified response to the press regarding UMC's Coronavirus preparedness, and a successful meeting with Department of Human Services Mr. Melvin Smith, Ms. Dina Hasan and Dr. Morgan mapping resources for UMC's homeless patients at discharge highlight recent activities.

Though the overall admissions for February 2020 have decreased, behavioral health admissions continue to increase; there were 369 overall admissions in February compared to 381 in February 2010, -11.99% change. Behavioral health admissions increased 30% to 117 compared to 90 in 2019. The overall clinic visits have increased nearly 5% to 1,099 compared to 1,050 a year ago. Using data provided by IT average February length of stay in observation was 2.25 days compared to 1.94 2019. The average daily census was 94 compared to 93 in 2019. Total February surgeries decreased slightly by 1% to 1672 compared to 169 in 2019. Total emergency department visits were 4,044 in February compared to 4,045 in 2019, a -0.02% change.

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

The nuclear medicine gamma camera replacement project is complete and in clinical use. The MRI replacement will begin soon with all permits issued.

The medical staff has 277 providers with 118 active and 46 allied health practioners, among those are 56 radiology, 39 emergency medicine, 28 hospitalist, 16 nephrology 13 internal medicine, 11 critical care, 8 psychiatry, 9 critical care, 4 orthopedic, 4 surgery, 4 anesthesia physicians and 24 emergency medicine, 10 hospitalist and 7 medicine allied health providers.

The intensive care unit quality under the lead of Dr. Yacoub, our physician champion of Patient Quality, Safety and Experience continues to exhibit excellent metrics with no Ventilator Associated Pneumonias, Catheter Associated Blood Stream Infections or Catheter Associated Urinary Tract Infections as highlighted at the Committee on Health Oversight Hearing several times.

During February Medical Executive Committee meeting, non-prescribing memo for all new providers, Focused Practice Performance Evaluation in the Surgery department, PHA 6.21, Medication Error Reporting, Controlled Substance & High Risk Medication Diversion Prevention, PCS 02-032, PHA 04.16, Antimicrobial Stewardship Program Policy and Antibiotic Automatic Stop Order Policy, 2020 Infection Control Plan, ADM 04-18, MS 01-007, MS 01-010, Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation were approved.

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Date: March 25, 2020

Medical Chief of Staff Report

Presented by:
Marilyn McPherson-Corder
Medical Chief of Staff

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

1. The Coronavirus has spread throughout the nation including the District of Columbia. United Medical Center and the Medical Staff are making every effect to make sure the staff, the patients and our families are safe. We must be aware of any updates to keep ourselves informed. We must protect all healthcare personnel and non-COVID patients from accessing the facility with the infection. We must know the signs and symptoms, wash and sanitize your hands and if you are sick please stay home to protect others from potentially getting this infection.

2. As a follow-up from MEC, Dr. Corder called a meeting regarding the Bloodborne Pathogen Exposure Plan. The following entities attended: HR representative for Workers Compensation, Director of Outpatient Clinics, Infection Control preventionist, and Occupational Health Nurse Manager. The plan is to identify a physician for the exposure control and compliance with the standard precautions for the hospital.

3. The Medical Affairs department is looking to fill the gaps in Urology and Gastroenterology specialties. The Medical Affairs department is currently in the process of credentialing new physicians for Gastroenterology.

4. The Medical Executive Committee met on Monday, March 16, 2020 and submits several action items for the Board of Director's review and approval (see attached).

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CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing Board Report
February 2020

Nursing Administration/Patient Care Services continually strives to provide safe, effective, evidenced based care in a collaborative manner.

- Collaborated with UMC's Human Resource Department to host a hiring fair to recruit Registered Nurses, Nurse Case Managers and Social Workers. Fifty-one candidates attended job fair. At the time of preparing this report, 8 nurses have accepted positions.
- Collective bargaining for nurses continues with support from General Counsel, Human Resources and Finance. Progress has been made in our non-economic bargaining; economic bargaining has been steady but not complete as we aim for a win: win. Details will be provided in the closed session.
- Prior to the COVID-19 pandemic being evident in our region, UMC's initiated hospital wide educational initiatives regarding proper use, how to put on "don" and sequentially take of "doff" and dispose of Personal Protective Equipment- "PPE". Participation were from diverse hospital staff to include Environmental Services (EVS) to C-Suite Administration. In addition, early on, UMC's Infection Preventionist simultaneously provided information to the entire UMC Management Council on the then "Novel Corona Virus".
- Daily "readiness" is UMC's goal; however, readiness activities have been amplified in preparation for upcoming TJC and DC Health unannounced visits.
- UMC has over 1900 policies. Nursing along with all departments are rigorously reviewing, revising. merging or archiving policies. This will decrease redundancy and provide clear guidance for standardized care.
- Continue to engage in structured, meaningful leadership rounding; this has resulted in real time correction/escalation of *Environment of Care* (EOC) needs and improved accountability of staff.
- Participated in celebration of Black History Month by adorning Patient Care Services/Nurses Administration with information on historical facts and a few replicas of artifacts. Created simple poster to honor black nurses throughout the ages including Mary Seacole who cared for soldiers in the Crimean War just as Florence Nightingale did but was only recently recognized. Our very own Director Millicent Gorham was also honored for her diverse roles, and the voice supporting nursing for many decades.
- The Black Nurses Association of Greater Washington, DC, invited UMC's CNO to be a co-keynote speaker for their upcoming 40th Anniversary Award Celebration in March. Invitation accepted.

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

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General Board Meeting

Date: March 25, 2020

Executive Management Report

Presented by:
Colene Y. Daniel
Chief Executive Officer

Not for Profit Hospital Corporation – Executive Management Report
February and March 2020

Respectfully Submitted: Colene Y. Daniel

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

February

Capital Budget
During the month of February, there were several meetings between UMC and DHCF to help finalize the capital budget. **Attachment 1 (Closed Session)**

Human Resource Report
- Separate report is submitted for your perusal. **Attachment 2 (Closed Session)**

Joint Commission Readiness
The UMC Management Council is focused on Joint Commission Readiness. During the month of February, the team completed the following:
- Analyzed Executive Rounds – and followed up on issues
- Revised over 90% of UMC's Policies
- Updated the Infection Prevention Plan – including handling pandemics
- Completed the Medical Staff chapter

Procurement
The General Counsel's and Procurement Offices worked to complete a timeline to meet all of the required deadlines to complete the projects in the Capital Budget program. The procurement processes are following the NFPHC new process approved by the Board in January. The General Counsel's and Procurement Offices provided a training for all COTRs on February 12th.

March

Health Committee – Council Hearing
Testified on March 5, 2020, at the Health Oversight Committee. The testimony was robust and positive. During the Health Committee Hearing, Councilman Gray asked for the following items, and they were submitted timely. **Attachment 3**
- Results of the recent federal and DC Health Surveys
- The number of GSW treated and transferred to a level I Trauma Center
- Projection on Capital Budget for FY 2020
- Number of CBE/s doing business with the hospital
- A plan on how the hospital will we address the assertion made by witness/nurse that nurses are bring in their own supplies
- What is UMC's advertising campaign?

Case Management & Social Services
A Task Force was developed to analyze all of the issues relating to Case Management & Social Services. Several meetings occurred with the physician medical advisor, Dr. Cynthia Morgan, physicians, nurses, and outside agencies to develop a leadership realignment and to produce a new Operational Improvement Plan. **Attachment 4 (Closed Session)**

- Recruitment & staffing plan
- Organizational plan to realign responsibilities and ensure accountabilities
- Reduce denials
- Increase emergency room Through-put
- Increase reimbursements for the Behavioral Health Unit

DC Health Annual Hospital Licensure Survey & CMS Survey

United Medical Center Annual Hospital Licensure Survey took place on March 5 – March 12, 2020. The survey was conducted by nine DC Health surveyors. The survey included Emergency Preparedness, Water Management, and Life Safety. The official outcome of the survey will be shared once the 2567 report is received. During the survey and the survey exit the DC Health surveyors noted the change of improvement when comparing this 2020 to last 2019.

We would like to note that our Radiology and Medical Staff Departments did not receive any noted deficiencies.

UMC's Executive Team Accomplishments/Significant Activities (February & March)

Working with Dr. Erondu to formulate concept for an outpatient and inpatient pain management procedures at UMC. Dr. Tu also met with private practice Dr. Adaku Nwachuku who completes her private practice pain management cases at UMC. The overall goal was to assistance with marketing material for pain management to increase outpatient procedures.

Facilitated successful Ward 8 Health Council at UMC on February 19th and planning for future events at UMC.

Celebrated the grand opening and ribbon cutting of the new retail pharmacy. The pharmacy provides an opportunity for patients to fulfill their discharge, discussion with Melat Debla on 340B program. In Ward 8 particularly in the surrounding UMC area, pharmacies are in short supply, there are only 4 pharmacies in Ward 8 south of Suitland Parkway. In Ward 2 there are 41 pharmacies for 76,000 residents versus Ward 7 and 8 with 145,000 residents.

Medical Executive Committee

On March 16, 2020 the MEC voted and approved the following:

1. Primary Clinics will remain open to provide necessary care and to support the Emergency Room. Patient shall have access to specialty services by calling the Clinic Call Center (202-574-6161) to request an appointment. **Attachment 5**
2. All elective surgeries shall be cancelled effective March 17, 2020. Only emergency surgeries and surgeries deemed medically necessary "urgent acute" shall be performed.
3. The MEC voted to approve a process to credential practitioners during an emergency. The MEC established a set of clinical priorities to help ensure the readiness for the COVID-19 Surge.

IT accomplishments – February 2020

- Meaningful Use for calendar year 2019 completed
- Provided many special, important cost accounting and financial reports for Finance and Administration
- Successfully updated all systems with critical cybersecurity patches
- Updated 4 servers to new operating systems
- Implemented expanded back-up devices for UMC Data Center systems

- Installed application updates to Premier, Kronos and Relay Health systems

Recruitment

Interviewed several gastrointestinal medicine and urologic physicians to support hospital operations. The team that interviewed were Dr. Tu, Dr. Shaigany, Pearly, Dr. Ken Brown, Dr. Natasha Fontaine, US Healthcare staffing, Barton Associates and Dr. Javad Khalilzadeh,

UMNC (Skilled Nursing Facility) – Final DC Health Survey Results: January 2020

A summary of the SNF DC Health Survey Results is attached for your perusal. The full report is available upon request. **Attachment 6**

February – March COVID-19 – Activities

- COVID-19 media responses were developed with nursing, infection control leadership and infectious disease physician Dr. Woldeabezagi, and Toya Carmichael. **Attachment 7**
- Following the COVID-19 Surge Plan, a COVID-19 expansion plan was developed with the clinical teams and the initial plans were approved to be presented to the MEC.
- DC Health epidemiology service was contacted to ensure UMC the Infection Prevention & Control communication documents were correct and based upon science. **Attachment 8**
- Establish new Infection Prevention protocols and distributed the information daily via:
    - Desk Top Icon for all to obtain the latest information
    - Distributed a new COVID-19 Newsletter – **Attachment 9**
    - Distributed the latest CMS COVID-19 Newsletter to the MEC – **Attachment 10**
    - Held multiple Town Halls over several shifts – **Attachment 11**
    - Distributed the DCHA Guidance for Hospital Visitors Restrictions – **Attachment 12**
    - Distributed the DCHA Personnel COVID-19 Guidance – **Attachment 13**
- Finance gave the proper instruction for classifying all COVID-19 purchases
- The MEC reviewed and approved the COVID-19 Surge Program
- Drs. Francis, Yacoub, Momoh, and Fallouh were designated the medical coordinators
- Marcela had her first of several calls with DC Health regarding the completion of the steps
- C-Suite began coordinating with DCRA
- Communications were sent out to Management Council and all staff regarding the CDC guidelines, teaching materials, and directive memorandums
- Weekly Supply Inventories were established for PPE
- Meetings with physicians, nurses, allied health professionals (pharmacy, respiratory, laboratory & radiology), support, facilities, HR, Infection Prevention, Purchasing, SPD, environment of care, IT, and others to establish a detailed budget
- Physician Leadership verified the new patient flow
- Nursing leaders and HR began drafting the new staffing requirements and new positions (LPNs)
- Assignments were given to develop details for the implementation of the COVID-19 Surge Plan
- Checking in with Risk Management – the documentation for insurance shall be in place before the tent arrives on March 25, 2020
- Met with the DC power company to verify the increase in power requirements for the tent
- Schedule the Fire Department – will come after the medical tents and generators are in place
- Completing the Power/Generators/Climate Control/Fuel & Electrical Power permits
- Developing the HazMat Program
- Finalizing the COVID-19 Budget for the Board Presentation and COVID-19 Surge Plan

A new weekly Personal Protective Equipment (PPE) inventory is kept and reviewed by clinical leadership and the C-Suite. The most recent report is submitted for your perusal. **Attachment 14**

Summary:

The entire Executive Team members are now focused on two significant activities.

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

2. The COVID-19 Surge Program is submitted for your examination. – **Attachment 15** The COVID-19 Surge "Expansion" Plan includes opening 60+ new beds and once opened – the new expansion program must be submitted to Joint Commission for inspection/survey.

3. The update of Safer Matrix – **Attachment 16 (Closed Session)**

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March 16, 2020

Council of the District of Columbia
Committee on Health
1350 Pennsylvania Avenue, NW,
Washington, D.C. 20004
Attn: Chairman Vincent Gray

Re: The Not-for-Profit Hospital Corporation ("United Medical Center") Response to Oversight Hearing Questions

On Thursday, March 5, 2020, United Medical Center appeared for an Oversight Hearing before the Committee on Health. During the hearing, Chairman Gray asked a series of questions and provided ten (10) days for UMC to respond. Due to the Coronavirus pandemic the hospital has been focused on preparing for a surge of individuals requiring testing and/or treatment for the virus, as well as ensuring the hospital does its part to prevent a widespread community transmission. Based on these circumstances, UMC has provided answers to many of the Committee's questions below but respectfully request an extension until Monday, March 23, 2020 to provide additional responses.

During the hearing the Committee asked the following questions:

1. **Please submit results of the recent federal and DC Health surveys conducted at UMC.**
   Since January 2020, UMC has completed:
   - Skilled Nursing Facility CMS Federal Survey, Licensure Survey, Life Safety Survey, Emergency Preparedness Survey, and Legionella Survey. (Memo from CEO and survey results attached.)
   - College of American Pathologists (CAP) Accreditation Assessment Survey. (Memo from CEO attached.)
   - American Association of Blood Banks (AABB) Accreditation Assessment Survey. (Memo from CEO attached.)
   - US Food and Drug Administration Mammography Quality Standards Act Survey. (Memo from CEO and survey results attached.)
   - DC Health Annual Licensure Survey – Survey was completed last week but official results have not been released.

2. **How many of the gunshot wound patients we've treated in 2019 and 2020 required level 1 trauma care?**
   This information is still being gathered and UMC requests an extension until March 23, 2020.

3. **Projection on capital costs for the next year, calendar and FY20?**
   The requested plans are under DHCF and EOM review and will be provided to the committee once provided.

4. **Number of CBEs doing business with the hospital?**
   UMC is currently doing business with sixteen (16) CBEs. The hospital is working to expand this number by contracting with additional CBEs and businesses located in Wards 7 and 8.

5. **How will we address the assertion made by witness/nurse that nurses are bringing in their own supplies?**
   UMC is working with the Chief Nursing Officer to investigate the assertion made by witnesses during the hearing that nurses are bringing in their own supplies. We will determine what type of supplies nurses are bringing in and increase our supply if the supplies are the type provided by the hospital and/or necessary to provide quality healthcare.

6. **What is the advertising campaign?**
   UMC's advertising campaign has been postponed due to the Coronavirus Outbreak. However, once the pandemic subsides the campaign will include:
   - Attendance at monthly ANC7 and ANC8 meetings to advertise UMC community meetings, resources, and events.
   - Hosting NFPHC Monthly Board meetings in the community to increase public awareness and participation. The April NFPHC Board meeting is currently scheduled to be held at Anacostia Library on April 22, 2020.
   - Hosting the Ward 8 Health Council April and June meetings.
   - Attendance at the Ward 7 Health Alliance monthly meetings.
   - Largescale dissemination of the UMC list of services. (Attached)
   - UMC staff and Mobile Unit out in the community as vendors and volunteers at community events including the Anacostia River Festival, SE Porchfest, and Hillcrest Day.
   - Community announcements and advertising (when affordable) in local papers including the Washington Informer and WAMU 88.5.
   - Regular updates to the UMC website and social media accounts.
   - Press Releases to local and national media outlets. (Recent press releases attached.)

UMC is thankful for the time provided by the Committee on Health to provide the information presented above and looks forward to providing additional details and finalizing our response by March 23, 2020. Please feel free to contact me at Tcarmichael@united-medicalcenter.com or (202) 574-6123 if you have questions or concerns.

Respectfully,

Toya S. Carmichael
Toya S. Carmichael
United Medical Center
VP Public Relations / Corporate Secretary

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NOT-FOR-PROFIT HOSPITAL CORPORATION

MEMORANDUM

To: All Patient Care Providers and Visitors

From: Tonia Johnson, Director, Rehabilitation

Raymond Tu, CMO

Marcela Maamari, COO

Date: March 19, 2020

Subject: Outpatient Services

As approved at the March Medical Executive Committee, outpatient services as surgery, obstetrics, orthopedics, gastrointestinal medicine, radiology, urology and rehabilitation will be closed for approximately 4 weeks as a response to the COVID-19 issue for the safety of our patients and staff. Resumption of routine services will be reevaluated toward the end of this period. There will continue to be limited primary care and infectious disease services.

UMC physicians and staff are expected to be present during their regular assigned schedule to take telephone calls; physicians are to be available for hospital consultations.

If there are any specific questions, please call Ms. Johnson at 202-574-7101 or Ms. Lavan 202-574-6654.

UMNC Performance Improvement Committee
January 2020 Survey Results

The UMNC (Skilled Nursing Facility) survey took place January 23 – January 31, 2020. Five surveys took place to include CMS Federal, Licensure, Life Safety, Emergency Preparedness, and Legionella. We received our official 2567 reports for DC Health.

Below are the official deficiencies received:

- **CMS Federal Survey (Total: 15 Federal Tags):**
  - Resident Rights: (4) Tags
  - Resident Assessments: (3) Tags
  - Comprehensive Resident Centered Care Plans: (3) Tags
  - Quality of Life: (1) Tag
  - Quality of Care: (1) Tag
  - Food and Nutrition Services (1)
  - Administration: (1)
  - Infection Control (1) Tag
- **Licensure Survey (Total: 9 Licensure Tags of which 6 will crossover to Federal**, *meaning 6 tags are duplicated on both sides*)**:**
  - Incident Reporting (1)
  - Medication Administration (1)
  - Staffing (1)
- **Life Safety Survey (Total: 2 Tags):**
  - (2) Tags (Door latch and Inspections of Fire Pump)
- **Emergency Preparedness Survey (Total: 4 Tags):**
  - (4) Tags: P&P on Sewage, Volunteer Shelter in Place, Emergency plan communication with families, Diesel Contract for generator
- **Legionella Survey (Total: 0 Tags)**:
  - (0) Tags

We received low level deficiencies. We did not receive any Immediate Jeopardy deficiencies. The survey this year was an improvement from our last survey.

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FOR IMMEDIATE RELEASE
Saturday, March 14, 2020 (Washington, DC)

CONTACT:
Toya Carmichael – Tcarmichael@united-medicalcenter.com or (202) 574-6000

The Not-for-Profit Hospital Corporation ("United Medical Center")
Update on Coronavirus

Today, the United Medical Center (UMC) Hospital Administration received notification that a UMC staff member has tested positive for Coronavirus (COVID-19). The individual has not reported to work at the hospital since Wednesday, March 11, 2020 and is currently at home under self-quarantine. UMC has identified and contacted the few individuals who came in direct contact with this staff person on Wednesday, March 11, 2020 and has recommended they self-quarantine for 14 days. In addition, individuals experiencing worsening symptoms are directed to contact their primary care provider or UMC for examination and appropriate testing.

On behalf of the Board of Directors of UMC, Chairman LaRuby May would like to reassure our staff, patients, visitors, and the public that we are doing everything possible to prevent a widespread community transmission of the virus. The hospital recently added a separate waiting room and isolated spaces for patients who report to the hospital with flu like symptoms. The hospital has also distributed additional personal protective equipment throughout the hospital to protect staff required to engage in direct contact with patients. Educational information regarding COVID-19 is posted in our lobbies, waiting rooms, and clinical units for visitors and families. UMC is temporarily limiting visiting hours and guests.

UMC is in constant communication with DC Health and is following the guidance and protocols provided by the agency and the Center for Disease Control (CDC). Both clinical and non-clinical staff are undergoing continuous training regarding COVID-19 as new information becomes available and hospital procedures are updated.

For more information on the District's response to COVID-19 visit: https://coronavirus.dc.gov/.

For UMC specific inquiries contact: (202) 574-6000, Toya Carmichael, VP of Public Relations / Corporate Secretary.

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NOT-FOR-PROFIT HOSPITAL CORPORATION

MEMORANDUM

To: All Patient Care Providers

From: Sylvia Clagon, Infection Control Preventionist

Raymond Tu, CMO

Date: March 12, 2020

Subject: Placement of Patient Under Investigation (PUI) or Confirmed of COVID-19 infection.

This memorandum highlights recent Center for Disease Control (CDC) publication *Coronavirus Disease (COVID-19) Updates March 10, 2020- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.*

Coronavirus transmission is by droplets from person to person in close contact, defined as being within approximately 6 feet for a prolonged period of time.

A COVID-19 suspected or confirmed case should be admitted to a single room with a private bath if possible and placed on droplet/contact precautions. Persons entering the room should wear a mask (N95), face shield or goggles, gown and gloves.

The physician can request negative pressure isolation according to the needs of the patient.

Negative pressure isolation rooms are used for patients suspected of tuberculosis, measles or varicella.

HEPA filter units are used if aerosol-generating procedures are performed; this may be required of any patient independent of COVID-19.

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COVID-19 Newsletter – March 19, 2020

The Not-For-Profit Hospital Corporation commonly known as United Medical Center ("UMC") is dedicated to the health and well-being of the individuals and communities entrusted in our care. The medical staff, UMC Executive leadership team, and the hospital's Board of Directors are committed to providing continuous and safe quality care and truly thank you for all of your outstanding team work to implement the visitor restrictions and patient screening to help manage the spread of COVID-19 ("coronavirus"). Your participation in the process to operationalize the new steps to keep patient, visitors, and staff safe is appreciated, and your support of our commitment to quality patient care is very important.

We recognize that we have disseminated many communications and new policies over the past week and are working to streamline the flow of information. The goal of this newsletter is to provide comprehensive information on one document to make sure everyone at UMC is informed and in compliance with new policies and procedures as we continue to do our part to stop the spread of the Coronavirus.

TEMPORARY VISITOR GUIDELINES

The NFPHC CNMC-SNF and Intensive Care Unit are closed to all visitors unless preapproved by a physician or the SNF Administrator for medical necessity or end of life care.

In response to the Coronavirus/COVID-19, UMC has taken Precautions to Ensure Safety for our Community

Given this important goal, we have instituted new practices to screen patients and visitors. All visitors are required to answer screening questions and obtain a visiting pass from the security desk. Additional visitors or children under 18 are not permitted to enter the facility or to wait in lobbies or common areas, including any/all areas of the hospital/entity-lobbies, waiting areas, common spaces, chapels, cafeteria and/or any other areas within the care location. All visitors and patients will be directed to use specific entrances. Patients will be limited to 1-2 visitors at a time.

For example:

- **NO visitors will be allowed in the Skilled Nursing Facility (SNF) or Intensive Care Unit (ICU);**
- **you are visiting the emergency department only one visitor is allowed;**
- **If you are visiting the behavior health unit only one visitor is allowed from 10am – 12pm;**
- **If you are visiting the 5West and 8 West areas only two visitors are allowed from 10am – 12pm and 6pm - 8pm;**
- **If you are visiting patients under investigation only one visitor is allowed. Additionally, you MUST be provided personal protective equipment prior to entering the patient's room.**

Visitors under 18 are not permitted in any care location

INFECTION PREVENTION (IP) UPDATES –

What Does It Mean to Flatten The Curve? – Graphic Explained (link to video)

All employees should continue to practice good hygiene everyday

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Avoid touching your eyes, nose, and mouth. Avoid sharing food too.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash

March 19, 2020

This memorandum highlights recent Center for Disease Control (CDC) publication Coronavirus Disease

(COVID-19) Updates March 10, 2020-Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

Coronavirus transmission is by droplets from person to person in close contact, defined as being within approximately 6 feet for a prolonged period of time.

A COVID-19 suspected or confirmed case should be admitted to a single room with a private bath if possible and placed on droplet/contact precautions. Persons entering the room should wear a mask (N95), face shield or goggles, gown and gloves.

The physician can request negative pressure isolation according to the needs of the patient.

Negative pressure isolation rooms are used for patients suspected of tuberculosis, measles or varicella.

HEP A filter units are used if aerosol-generating procedures are performed; this may be required of any patient independent of COVID-19.

March 16, 2020

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes.

Standard Precautions should be used and are based on the principles that all blood, body fluids, secretions, except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. For example, personal protective equipment (PPE) a facemask and eye protection

should be worn during the care of a patient if splashes, sprays, or coughs could occur during the patient encounter. **Wearing mask in hallways and non-patient contact areas should be avoided.**

Persons who work in the emergency room may wear surgical mask due to the increase volume of persons presenting with respiratory symptoms who need to be assessed before a diagnosis is made.

Healthcare personnel (HCP) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (N95 mask) or facemask, gown, gloves and eye protection. When available, respirators (N95 masks) are preferred; they should be prioritized for situations where respiratory protection is most important.

Healthcare personnel should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gowns or gloves. Hand hygiene to be used on dry hands with a 60% - 95% alcohol based hand rub or hand hygiene should be performed with soap and water for 20 seconds if hands are visibly soiled.

Patients with known or suspected COVID-19 should be admitted in a private room with the door closed. Airborne Infection Isolation Rooms or rooms equipped HEPA filtration should be reserved for patients who will undergo aerosol-generating procedures.

Healthcare personnel should follow basic infection control practices between patients (e.g. hand hygiene, single use equipment is preferred, cleaning and disinfecting shared equipment.

Limit transport and movement outside of the room to medical essential purposes. Patient should wear a facemask to contain secretions during transport. If patient cannot tolerate a facemask or one is not available, they should use a tissue to cover their mouth and nose.

EVS personnel should wear all recommended PPE when entering a room with COVID-19 patient; perform hand hygiene before and after removing PPE. After discharge or transfer of the patient; terminal cleaning is performed. EVS personnel should refrain from entering the vacant room for 1 hour.

The hospital will continue to handle medical waste and linens with the appropriate PPE and the coverage of medical waste and linens at all times. For additional tips for healthcare professionals visit the CDC Website **HERE**.

Medical Staff

On March 16, 2020 the Medical Executive Committee (MEC)voted and approved the following:

1. Primary Clinics will remain open to provide necessary care and to support the Emergency Room. Patients shall have access to specialty services by calling the Clinic Call Center (202-574-6141) to request an appointment.
2. All elective surgeries shall be cancelled effective March 17, 2020. Only emergency surgeries and surgeries deemed medically necessary "urgent acute" shall be performed.
3. The MEC voted to approve a process to credential practitioners during an emergency. The MEC established a set of clinical priorities to help ensure the readiness for COVID-19

Nursing & Human Resource Departments

All UMC Departments including Nursing have been asked to submit revised staffing patterns that will address a possible influx of patients. More information will be released once the updating staffing patterns are approved.

Administration

A telework policy shall be released today for departments to develop a plan for approval. All decisions shall be based upon the UMC vision:

- UMC is efficient, patient-focused, provider of high quality healthcare and 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; and
- UMC will collaborate with others to provide high value, integrated and patient-centered services.

We are dedicated to maintaining excellence, integrity, and professionalism in all aspects of our operations and how we conduct business. We shall communicate often as we move through this experience.

Community Resources

The Hospital Board of Directors and Executive Leadership Team recognizes that you are more than an employee and that as much as you care for our patients, staff, and visitors you must also care for your families at home. Below are local resources and information to assist you as you deal with the realities of the Coronavirus outside of the walls of UMC.

Physical and mental health is extremely important, especially during stressful and uncertain times. Feeling anxious, stressed, scared, and/or worried are normal reactions to the unknowns about this virus, and to things that feel outside of our control.

If you find the emotions you are experiencing are impacting your daily life and functioning, reach out for help using professionally trained mental health experts. It's free of charge and open to anyone via www.inova.com/eap.

All UMC Employees have access to GuidanceResources (UMC Web ID: EAPComplete) or by dialing 1-877-595-5284. Guidance Resources provides information for personal and work-life issues including:

- Confidential Counseling
- Financial Counseling
- Online Will Preparation
- Legal Support
- Work-Life Solutions (Child-care, college planning, moving & relocation, etc.)

You can access additional mental health support from your respective health plan as well:

CareFirst BlueCross BlueShield

- Available 24/7 soothing music and relaxation videos to help break free from stress, unwind at the end of the day or ease into a restful night of sleep
- Yoga and meditation videos
- Airplay functionality using AppleTV
- Relax 360° can be viewed in virtual reality experience
- Visit carefirst.com/sharecare to register

The Capital Area Food Bank will continue to serve individuals in the DMV who are food insecure during these uncertain times information is available at: https://www.capitalareafoodbank.org/covid19response/ or by calling (202) 644-9800.

Physical Fitness – YMCA at http://www.ymca360.org– Free access to 60 online videos.

Online Learning – Online courses from various colleges and universities at https://www.freecodecamp.org/news/ivy-league-free-online-courses-a0d7ae675869/

Art - Free Frida Kahlo Art Exhibit by Google at artsandculture.google.com or Various Museums at Adventuresinfamilyhood.com

District Residents:

- For the latest developments visit: coronavirus.dc.gov or contact DC Health: (202) 576-1117 (8:15am – 4:45pm)

Meals for students in the District are available on weekdays from Monday, March 16th – Tuesday, March 31st from 10am – 2pm. See below for city- wide locations:

School Name	Address	Ward
Anacostia High School	1601 16th Street SE	8
Ballou High School	3401 4th Street SE	8
Banneker High School	800 Euclid Street NW	1
Brookland Middle School	1150 Michigan Avenue NE	5
Cardozo Education Campus	1200 Clifton Street NW	1
Columbia Heights Education Campus	3101 16th Street NW	1
Coolidge High School	6315 5th Street NW	4
Eastern High School	1700 East Capitol Street NE	6
Jefferson Middle School	801 7th Street SW	6
Kelly Miller Middle School	301 49th Street NE	7
Kimball Elementary School	3375 Minnesota Avenue SE	7
LaSalle-Backus Education Campus	501 Riggs Road NE	4
McKinley Education Campus	151 T Street NE	5
Stanton Elementary School	2701 Naylor Road SE	8
Walker-Jones Education Campus	1125 New Jersey Avenue NW	6
Woodson High School	540 55th Street NE	7

Maryland Residents:

- For the latest updates visit: https://coronavirus.maryland.gov/ or

Charles County	301-609-6900	301-932-2222
Montgomery County	240-777-1741	240-777-4000
Prince George's County	301-883-7834 301-883-7879	301-883-4748 301-883-7879

Meals for students in Prince George's County will be served while public schools are closed until March 27th:

- Andrew Jackson Academy
- Benjamin Tasker Middle School
- Buck Lodge Middle School
- Carmody Hills Elementary
- District Heights Elementary
- Drew-Freeman Middle School
- Dwight D. Eisenhower Middle School
- Hillcrest Heights Elementary
- Frank Dent Elementary
- John Bayne Elementary
- Judge Sylvania Woods Elementary
- Kenmoor Middle School
- Langley Park McCormick Elementary
- Longfields Elementary
- Martin Luther King Jr. Middle School
- Nicholas Orem Middle School
- Port Towns Elementary
- Samuel Chase Elementary
- Stephen Decatur Middle School
- Suitland Elementary
- Templeton Elementary
- Thurgood Marshall Middle School
- Walker Mill Middle School
- William Paca Elementary
- William Wirt Middle School

Virginia Residents:

For the latest updates visit: http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/ or

Virginia	Telephone #
Arlington County	703-228-5580
Alexandria County	703-746-4996
Fairfax County	703-534-8343 703-569-1031 703-246-7100 703-704-5203
Prince William County	703-792-7300

Alexandria Public Schools will be providing emergency meals at no cost for any child under 18 and/or enrolled in high school *and* any family who needs it - including free delivery.

There are two ways to access food while schools are closed:

1. Individual Meals to Go: Any child between the ages of 2 and 18 - whether or not they are eligible for Free or Reduced Price Meals - can pick up a meal to go in a bag. Stop by the Chinquapin Drive side of T.C. Williams High School (door 14) between 8 a.m. and 1 p.m. to pick up a meal-to-go (8 a.m. - 10 a.m. for breakfast and 11 a.m. to 1 p.m for lunch). You do not need to fill out any forms to pick up a meal-to-go.
2. Family Meal Packs: You can order a family meal pack online and pick it up at the drive through pick-up point outside Chinquapin Recreation Center (Chinquapin Drive side of T.C. Williams High School, door 14) between 8 a.m. and 1 p.m the following day. If transportation is an issue, please remember to check the box to request free meal delivery. Fill out the form to request a family meal pack.

For food pantry locations and schedules in Alexandria, visit www.hungerfreealexandria.com or call 703-662-1067.

COVID-19 Emergency Declaration
Health Care Providers Fact Sheet

The Trump Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers combat and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). In response to COVID-19, CMS is empowered to take proactive steps through 1135 waivers and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are available:

- **Skilled Nursing Facilities**
  CMS is waiving the requirement at Section 1812(f) of the Social Security Act for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay provides temporary emergency coverage of (SNF services without a qualifying hospital stay, for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period.

  Second, CMS is waiving 42 CFR 483.20 to provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission.

- **Critical Access Hospitals**
  CMS is waiving the requirements that Critical Access Hospitals limit the number of beds to 25, and that the length of stay be limited to 96 hours.

- **Housing Acute Care Patients In Excluded Distinct Part Units**
  CMS is waiving requirements to allow acute care hospitals to house acute care inpatients in excluded distinct part units, where the distinct part unit's beds are appropriate for acute care inpatient. The Inpatient Prospective Payment System (IPPS) hospital should bill for the care and annotate the patient's medical record to indicate the patient is an acute care inpatient being housed in the excluded unit because of capacity issues related to the disaster or emergency.

- **Durable Medical Equipment**
  Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

- **Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital**
  CMS is waiving to allow acute care hospitals with excluded distinct part inpatient psychiatric units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part psychiatric unit to an acute care bed and unit. The hospital should continue to bill for inpatient psychiatric services under the Inpatient Psychiatric Facility Prospective Payment System for such patients and annotate the medical record to indicate the patient is a psychiatric inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the hurricane. This waiver may be utilized where the hospital's acute care beds are appropriate for psychiatric patients and the staff and environment are conducive to safe care. For psychiatric patients, this includes assessment of the acute care bed and unit location to ensure those patients at risk of harm to self and others are safely cared for.

- **Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital**
  CMS is waiving requirements to allow acute care hospitals with excluded distinct part inpatient Rehabilitation units that, as a result of a disaster or emergency, need to relocate inpatients from the excluded distinct part rehabilitation unit to an acute care bed and unit. The hospital should continue to bill for inpatient rehabilitation services under the inpatient rehabilitation facility prospective payment system for such patients and annotate the medical record to indicate the patient is a rehabilitation inpatient being cared for in an acute care bed because of capacity or other exigent circumstances related to the disaster or emergency. This waiver may be utilized where the hospital's acute care beds are appropriate for providing care to rehabilitation patients and such patients continue to receive intensive rehabilitation services.

  CMS is waiving requirements to allow IRFs to exclude patients from the hospital's or unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.

- **Supporting Care for Patients in Long-Term Care Acute Hospitals (LTCH)s**
  Allows a long-term care hospital (LTCH) to exclude patient stays where an LTCH admits or discharges patients in order to meet the demands of the emergency from the 25-day average length of stay requirement which allows these facilities to be paid as LTCHs.

- **Home Health Agencies**
  Provides relief to Home Health Agencies on the timeframes related to OASIS Transmission. Allows Medicare Administrative Contractors to extend the auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies.

- **Provider Locations**
  Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid.

- **Provider Enrollment**
  - Establish a toll-free hotline for non-certified Part B suppliers, physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges
  - Waive the following screening requirements:
    - Application Fee - 42 C.F.R 424.514
    - Criminal background checks associated with FCBC - 42 C.F.R 424.518
    - Site visits - 42 C.F.R 424.517
  - Postpone all revalidation actions
  - Allow licensed providers to render services outside of their state of enrollment
  - Expedite any pending or new applications from providers

- **Medicare appeals in Fee for Service, MA and Part D**
  - Extension to file an appeal
  - Waive timeliness for requests for additional information to adjudicate the appeal;
  - Processing the appeal even with incomplete Appointment of Representation forms but communicating only to the beneficiary;
  - Process requests for appeal that don't meet the required elements using information that is available.
  - Utilizing all flexibilities available in the appeal process as if good cause requirements are satisfied.

Medicaid and CHIP

When the President declares an emergency through the Stafford Act or National Emergency Act, and the Secretary declares a Public Health Emergency, the Secretary is authorized to waive certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) authorities under Section 1135 of the Social Security Act.

There is no specific form or format that is required to submit the request for a Section 1135 waiver, but the state should clearly state the scope of the issue and the impact. States and territories may submit a Section 1135 waiver request directly to Jackie Glaze, CMS Acting Director, Medicaid & CHIP Operations Group Center for Medicaid & CHIP Services by e-mail (Jackie.Glaze@cms.hhs.gov) or letter.

The following are examples of flexibilities that states and territories may seek through a Section 1135 waiver request:

- Waive prior authorization requirements in fee-for-service programs
- Permits providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
- Temporarily suspend certain provider enrollment and revalidation requirements to increase access to care.
- Temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state, and
- Temporarily suspend requirements for certain pre-admission and annual screenings for nursing home residents
- States and territories are encouraged to assess their needs and request these available flexibilities, which are more completely outlined in the Medicaid and CHIP Disaster Response Toolkit. For more information and to access the toolkit, visit: https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html.

For questions please email: 1135waiver@cms.hhs.gov

UMC TOWN HALLS FOR ALL STAFF COVID 19 (CORONAVIRUS)

Come speak with UMC senior leadership to have your concerns and questions answered regarding COVID 19 (Coronavirus).

The Town Halls will take place today, **Thursday, March 12, 2020, at 6AM, 7AM, and 8AM** in the **UMC Auditorium**.

Please plan to attend.

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THURSDAY
MARCH 12, 2020
6AM
7AM
8AM
UMC AUDITORIUM

DCHA
District of Columbia Hospital Association

GUIDANCE FOR HOSPITAL VISITOR RESTRICTIONS for COVID-19

Voluntary Standard Restrictions*

For District of Columbia hospitals and health systems, there is no greater priority than the health and safety of patients. COVID-19 is a novel virus that poses an unprecedented threat to our patients, especially those who are elderly, have underlying medical conditions or have compromised immune systems. DC hospitals and health systems have partnered with the District of Columbia Hospital Association to initiate heightened precautions by adopting standardized visitor restrictions across our city. These precautions include:

- Screening of all visitors and vendors to include:
  - Cold or flu-like symptoms including fever, coughing, sneezing, runny nose and trouble breathing.
  - Recent travel history to nations with high coronavirus activity as listed in the CDC's travel alerts.
  - Any contact with individuals confirmed or determined to be a "person under investigation" for coronavirus.
  - If any of these conditions are present, the individual will not be allowed to visit.
- Minimizing visitors to two at a time.
- Prohibiting visitors under age 12.

Signage should be posted to promote awareness of these precautions (attached). These voluntary standards will remain in place until further notice as the District of Columbia health care community takes aggressive steps to protect our patients and our staff members from coronavirus.

Facility Access Restrictions

The Centers for Medicare & Medicaid Services urges hospitals with emergency departments to screen all patients presenting in the ED for COVID-19. While each hospital and health systems' ability to limit facility access and screen patients, visitors, and vendors differs, hospitals and health systems across DC may consider taking the steps below to the extent practical.

- Identify limited/minimal entrance and exit sites for staff, ED patients and visitors, EMS patients, and all other patients, visitors, and vendors, and temporarily close non-essential entrance and exits points.
- Place signs at closed entrance points informing patients and visitors that the entrance is closed and where they should go to enter the facility.
- Place signage on open entrance points informing patients and visitors about your facility's screening protocols (e.g. assessing travel history to a region with COVID-19, exposure risk and/or having signs and symptoms of respiratory illness).
- Store and secure masks away from access points inside external doors and within eyesight of security or triage personnel. Distribute masks based on your facility's protocol to ensure conservation and appropriate use of PPE.
- Require all vendors to enter through a designated entry point.

More information about COVID-19:

- **DC Health, https://coronavirus.dc.gov/**
- **District of Columbia Hospital Association, https://www.dcha.org/quality-safety/coronavirus**
- **Centers for Disease Control & Prevention, https://www.cdc.gov/coronavirus/2019-nCoV/index.html**
- **For general inquiries, call 202-576-1117**

**Individual hospitals may make modifications to the recommendations above based on situational changes and the needs and precautions necessary to protect patients, staff and visitors.*

DCHA
District of Columbia Hospital Association

Return to Work for Health Care Personnel with Confirmed or Suspected COVID-19 Guidance

This document provides guidance and recommendations about returning to work for health care personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 on a test-based or a non-test-based strategy. Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of individual hospital circumstances.

Staff Exposure to Patient with COVID-19 for High Risk Employees

High risk employees (over 60+, compromised immune system, underlying health condition) should be restricted from work and quarantine for 14 days. If the employee shows symptoms during the 14-day quarantine, they should immediately be tested for COVID-19.

- If the test is **NEGATIVE** for COVID-19, the employee should remain at home until they are symptom free for 24 hours.
- If the employee tests **POSTIVE** for COVID-19, they must stay home for at least seven days from symptom onset AND until at least 72 hours have passed since recovery. *
    - If the employee is symptom-free for 72 hours they may return to work following HCP precautions. **
    - If the employee **IS NOT** symptom-free for 72 hours, the employee must remain at home until symptom-free for 72 hours.

If the employee **DOES NOT** show symptoms during the 14-day quarantine, the employee can return to work on day 15, one day after the 14-day quarantine expires.

Staff Exposure to Patient with COVID-19 for Low Risk Employees

Low risk employees (healthy individual under age 60), may work with daily evaluation. If, upon daily evaluation, the employee show symptoms, the employee must immediately be tested for COVID-19.

- If the test is **NEGATIVE** for COVID-19, the employee must remain at home until symptom-free for 24 hours.
- If the test is **POSITIVE** for COVID-19, the employee must stay home for at least seven days from symptom onset **AND** until at least 72 hours have passed since recovery.* Once the employee is symptom-free for 72 hours, the employee can return to work following the HCP precautions.** If the employee **IS NOT** symptom-free for 72 hours, the employee must remain at home until symptom-free for 72 hours.

If the employee, upon daily evaluation, **DOES NOT** show symptoms, the employee may continue to work.

Health Care Personnel Sick with Symptoms of COVID-19

If the employee **DOES NOT** meet the criteria for testing, they must stay at home until fully recovered. If the employee is symptom-free for 24 hours, they may return to work. If the employee **IS NOT** symptom-free for 24 hours, they must remain home until symptom-free for 24 hours.

If the employee **DOES** meet the criteria for testing, they must get tested for COVID-19 immediately.

- If the test results are **NEGATIVE** for COVID-19 **AND** is symptom-free for 24 hours, they can return to work. If the employee **IS NOT** symptom-free for 24 hours, the employee must remain home until symptom-free for 24 hours.
- If the test results are **POSITIVE** for COVID-19, they must stay home for at least seven days from symptom onset **AND** until at least 72 hours have passed since recovery.* Once the employee is symptom-free for 72 hours, the employee can return to work following the HCP precautions.** If the employee **IS NOT** symptom-free for 72 hours, the employee must remain at home until symptom-free for 72 hours.

Employee Lives with Someone Who Tests Positive for COVID-19

If an employee lives with someone who tests positive for COVID-19, the employee must self-quarantine for 14 days after co-habitant tests positive.

If the employee shows symptoms during the 14-day quarantine, the employee must be tested for COVID-19.

- If the employee test **NEGATIVE** for COVID-19 and **IS NOT** symptom-free for 24 hours, the employee must remain at home until symptom-free for 24 hours.
- If the employee test **POSITIVE** for COVID-19, they must stay home for at least seven days from symptom onset **AND** until at least 72 hours have passed since recovery.* Once the employee is symptom-free for 72 hours, the employee can return to work following the HCP precautions.** If the employee **IS NOT** symptom-free for 72 hours, the employee must remain at home until symptom-free for 72 hours.

Paying Employees in Quarantine Situations Due to COVID-19

- If an employee is exhibiting medical symptoms, the employee should contact the employee's supervisor and HR should follow guidance/policy for advice to pay leave according to hospital policies.
- If an employee is not exhibiting medical symptoms, the time can be taken via appropriate leave. Any employee under this scenario should discuss options with facility HR to ensure that the time out of work is appropriately documented.
- An employee had exposure to a patient with COVID-19, and contracted the virus, the employee should contact the employee's supervisor and HR to determine if eligible for Workers' Compensation.

Recovery is defined as resolution of fever without the use of fever-reducing medications **AND improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND** at least seven days have passed since symptoms first appeared.*

***HCP precautions include:*

- *Wear a facemask at all times while in the health care facility until all symptoms are complete resolved or until 14 days after illness onset, whichever is longer.*
- *Be restricted from contact from severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.*
- *Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).*
- *Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.*

STATEMENT ON ELECTIVE PROCEDURES DURING COVID-19 PANDEMIC

The District of Columbia Hospital Association (DCHA) is committed to ensuring DC hospitals are prepared to address the unique challenges presented by COVID-19. DCHA has been working closely with both District and National leaders to ensure hospitals are equipped to meet the needs of every patient, including in the case of a patient surge. In line with recommendations from the U.S. Surgeon General and the American College of Surgeons, DC hospitals are regularly assessing their staff, supply, and space capacities and making necessary adjustments, with the support of DCHA and other community resources.

Our hospitals are committed to serving our patients and will adjust elective surgery policies on an as-needed basis. Criteria for elective and urgent procedures often require clinical evaluation, so individual procedures are therefore being managed on a case-by-case basis. Hospitals will communicate directly with patients if their procedures are impacted. Considering the rapidly evolving nature of this emergency, we will continue to update you if this approach changes.

DCHA supports our hospitals in making the best care delivery decisions to meet the needs of our patients and community, including those with suspected and confirmed COVID-19 cases.

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: March 25, 2020

CORPORATE SECRETARY Report

Presented by: Toya Carmichael
VP Public Relations/
Corporate Secretary

UMC
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CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
VP Public Relations / Corporate Secretary

DATE: March 24, 2020

PUBLIC RELATIONS

News Media– In March UMC released two press releases regarding COVID-19. The Board will always receive the release before the media. If you are contacted by the media and choose to speak to them, please be mindful of the messaging sent out from the hospital and also remember that what you share with them creates a hunger for more and often a negative headline. We appeared in over 10 new stories in the past month. I created a document with links to all the articles and can distribute that to anyone interested and/or include in report going forward. I have created a media contacts sheet to capture all the reporters I have been in communication with regarding COVID-19. I will continue to expand the list and utilize it to push out information and positive news from UMC.

DC Council Oversight Hearing – NFPHC's oversight hearing was held on Thursday, March 5, 2020. Follow up responses to questions from CM Gray were sent to the Committee on Health on Friday, March 20, 2020 and Tuesday, March 24, 2020. It is uncertain if the budget hearing will occur in April as scheduled. DC Council passed the COVID-19 Response Emergency Amendment Act. (Gray's Amendment pertaining to UMC attached).

Community Meetings – The April NFPHC Board meeting was scheduled to be held at Anacostia Library. This will be postponed due to COVID-19 but hopefully our first community meeting can be held at a DCPL in May.

UMC Activities – Currently working with Chairwoman, UMC Staff, and several generous residents to provide free meals to UMC Staff this Friday, March 27, 2020.

BOARD COMMUNICATION / PROCESS

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

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

Awards & Special Announcements – Congratulations to Dr. Tu for his recognition from CM Trayon White during CM White's Black History Month celebration held at the THEARC. Congratulations to Chairwoman May for the excellent remarks she gave as the keynote speaker at Allen Chapel AME Church's annual Toni P. Farmer Scholarship Breakfast held earlier this month. If you are receiving an award or special recognition in the community, please send me an email with the date and time if the event is open to the public so that I can attempt to attend or at least request photographs and details to add to our website.

Councilmember Vincent C. Gray

AMENDMENT #2

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

Date: March 17, 2020

Offered By: Councilmember Vincent C. Gray

Title: COVID-19 Response Emergency Amendment Act of 2020

Version:
_X_ Introduced
___ Draft Committee Print
__ Committee Print
___ First Reading
___ Amended First Reading
__ Engrossed
___ Enrolled
__ AINS

A new section 315 is added to read as follows:

Sec. 315. COVID-19 Emergency Public Health Protection Program.

Section 8a of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 23-16; D.C. Official Code § 7-771.07a), is amended as follows:

(a) A new subsection (a-3) is added to read as follows:

"(a-3) For Fiscal Years 2020 and 2021, upon the Mayor's declaration of a public health emergency pursuant to Section 5 of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304), the Mayor shall:

"(1)(A) Establish a COVID-19 Emergency Public Health Protection Program, for which the Mayor is authorized to provide:

"(i) Up to $25 million in grants pursuant to subparagraph (C) of this paragraph; and

"(ii) Supplemental resources to District agencies in response to the public health emergency.

"(B) Fund the Program with moneys from the Emergency Cash Reserve Fund or the Contingency Cash Reserve Fund as defined by District of Columbia Home Rule Act, approved November 22, 2002 (114 Stat. 2440; D.C. Official Code § 1-204.50a).

"(C) Have the authority to:

(i) Issue grants, subject to rules issued by the Mayor, to healthcare providers, including hospitals, skilled-nursing facilities, long-term acute care facilities, and primary care providers, from the fund created pursuant to paragraph (1)(A) of this subsection, to reimburse healthcare provider for services associated with preparing for and treating residents afflicted by the COVID-19 virus, provided that these grants are exempt from the requirements of the Grants Administration Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code § 1-328.11); and

(ii) Provide supplemental appropriations to District agencies for purposes of combating the COVID-19 virus.

"(2) The amount of any grant issued pursuant to this subsection to a Federally Qualified Health Center shall not be offset against the Federally Qualified Health Center's expenses for the purpose of determining its allowable costs in accordance with 29 DCMR § 4511.2.".

Rationale:

Hospitals, skilled-nursing facilities, long-term acute care facilities, primary care providers, and other health care providers may need additional funds to quickly respond to COVID-19. The

COVID-19 Program will be used, in part, to offset the enhanced financial and human resource costs borne by District healthcare providers due to the outbreak of the COVID-19 virus. Funds will be disbursed as grants, pursuant to eligibility criteria developed by the Mayor and approved by the Council.

Over the past few weeks, Congress has initiated certain appropriations aimed at addressing the COVID-19 public health emergency, including the Coronus Preparedness and Response Supplemental Appropriations Act and the Families First Coronavirus Response Act. To be sure, these measures will offer invaluable support on a number of fronts to combat this emergency, i.e. food and nutrition services, emergency paid leave and employer-funded sick days, and support for public health agencies.

An indispensable part of our public health response, however, has not received federal assistance, namely local health care providers. With the exception of a small appropriation directed to support Community Health Centers, the federal response is not providing additional direct support for local hospitals, long-term acute care facilities, skilled nursing facilities and primary care providers.

A robust response to the COVID-19 public health emergency in the District will require that its local health care providers to have access to emergency funds to purchase critical equipment and finance operations.

The following represents a sampling of pressing needs:

- **Capacity Surge Tents**. The tents will assist with Emergency Department waiting/patient throughput; they are intended to serve as a "mini-hospital"/ED Expansion unit. In addition, they can be equipped as low-acuity ED Respiratory Centers.

- **Critical and Scale Limiting Resource Purchases**. Needed equipment includes, but is not limited to:
    - Ventilators,
    - HEPA Air Scrubbers,
    - Lab Testing Equipment, permitting the fastest evolving assay panels to be run at District hospitals for COVID-19 testing,
    - ECMO (Extracorporeal Membrane Oxygenation) Machines/related supplies, which are needed for patients with heart and lung respiratory issues. These conditions are exacerbated by COVID-19, and
    - CVVH (Continuous Veno-Venous Hemofiltration) Machines for patients with acute renal failure.

- **Patient Protective Equipment (PPE) Expenses.** Ample quantities of PPE must will be purchased for patients and staff to keep a safe environment for screening possible COVID-19 patients. This is a significant issue. If shortages occur, staff will not feel comfortable in healthcare environments.

- **Telehealth Costs.** Additional expenses associated with expanded staff support, which will permit greater capacity for critical screening and care support.

- **Staffing Expenses.** District healthcare providers will be required to pay a premium to meet the increased patient demand. This situation will be further complicated by the expected staffing impact from school closings and related quarantines associated with staff exposure to COVID-19. Under the circumstances, District healthcare providers must be prepared to (i) provide childcare for some employees, (ii) contract for more expensive travel agency nurses, and/or (iii) offer premium pay to existing staff to work overtime/extra shifts/etc. These costs will weigh heavily across all provider.

OFFICE OF THE GENERAL COUNSEL
Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 4
Washington, DC 20004
(202) 724-8026

MEMORANDUM

TO: **Councilmember Vincent C. Gray**

FROM: **Nicole L. Streeter, General Counsel** NLS

DATE: **March 17, 2020**

RE: **Legal Sufficiency Determination for Amendment #2 to Bill 23-718, the COVID-19 Response Emergency Amendment Act of 2020 and Bill 23-___, Response Temporary Amendment Act of 2020**

The measure is legally and technically sufficient for Council consideration.

This amendment adds a new section 315 to the legislation. It amends section 8a of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 23-16; D.C. Official Code § 7-771.07a), to establish a COVID-19 Emergency Public Health Protection Program ("Program"), whereby the Mayor may issue grants of up to $25 million to health care providers to reimburse health care providers for services associated with preparing for and treating residents afflicted by the COVID-19 virus. The Program may be funded with moneys from the Emergency Cash Reserve Fund or the Contingency Cash Reserve Fund as defined by section 45A of District of Columbia Home Rule Act, approved November 22, 2002 (114 Stat. 2440; D.C. Official Code § 1-204.50a).

I am available if you have any questions.

COUNCIL OF THE DISTRICT OF COLUMBIA
Office of the Budget Director

FISCAL IMPACT STATEMENT

TO:	**The Honorable Phil Mendelson** **Chairman, Council of the District of Columbia**
FROM:	**Jennifer Budoff, Budget Director**
DATE:	**March 17, 2020**
SHORT TITLE:	**COVID-19 Response Emergency Amendment Act of 2020**
TYPE:	**Amendment #1 and Amendment #2**
REQUESTED BY:	**Councilmember Vincent C. Gray**

Conclusion

There are no costs to the District's FY20 budget and financial plan to implement these amendments.

- Amendment 1 removes the Fiscal Management Board trigger for the Not-for-Profit Hospital Corporation, also known as United Medical Center (UMC). There are no costs associated with removing this trigger as it does not require the Mayor to appropriate any additional funds to UMC.
- Amendment 2 establishes a COVID-19 Emergency Public Health Protection Program, which authorizes the Mayor to provide grants and additional resources to healthcare providers for services associated with preparing for, and treating residents afflicted by COVID-19. While this amendment authorizes the creation of this program for up to $25 million, it does not require funding. Accordingly, there are no costs associated with the authorization provided in this amendment. If the Mayor chooses to implement this program, the Mayor will need to utilize available resources to address any costs associated with this program.

Background

Current law requires the board of UMC to adopt a revised budget for FY2020 that is balanced with an operating subsidy from the District of $22.14 million or less. If the subsidy exceeds that amount, a financial control board is triggered to takeover operations of UMC. Amendment 1 removes that triggering language for FY2020.

Amendment 2 adds a new section to the bill authorizing, but not requiring, the Mayor to issue grants to healthcare providers and provide supplemental appropriations to District agencies for the purposes of combating the COVID-19 virus. The amendment makes further conforming amendments if grants are issued under the authority of this new program.

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: March 25, 2020

Performance Improvement Committee Report

- **February Meeting Minutes**
- **March Meeting Agenda**
- **Last meeting was held on Tuesday, March 17, 2020.**

NFPHC Performance Improvement Committee

(Quality and Safety)

Tuesday, March 17, 2020 | 1600pm

Meeting Minutes

Attendees:
Directors - Director Ashenafi, Dr. Fair, Dir Gorham
Other Attendees – CEO Colene Daniel, Dr. Isabel Shephard, Dr. Payne-Borden, Sylvia Clagon, General Counsel Kameka Waters, Board Secretary Toya Carmichael, Regina Kim, Tammi Hawthorne, Missi,

Agenda Items	Review	Action Item
Meeting Minutes	Motion to Approve Dir. Fair, Second Dir. Gorham – Unanimous Approval	
Meeting Discussion	Call Meeting to Order Dir. Ashenafi at 4:09pm	
Meeting Discussion	1. Infection Prevention & Control -Colene Y. Daniel a. Update on Surge Plan for COVID-19- Please see attachment b. Have held courses on proper dauning. c. Met with ED Director, Hospitalists and Dr. Yacuob regarding additional equipment and nursing needs including tent and the 5th floor rooms that will be renovated to respond to coronavirus surge. 3rd floor renovations will include 22 rooms and 44 beds that will be called the "Respiratory Unit" and the old patient dialysis building that will be finished in a month or so that can house patients who do not have a place to go after discharge. The District's beds for homeless individuals are full and we do not want to release individuals with respiratory issues whether it's coronavirus or any other issue into the general homeless population. d. Dir. Ashenafi asked how ED is responding to increased need? ED opened a separate respiratory area over the weekend and individuals reporting with respiratory issues are	

immediately provided a mask. Today we had 79 individuals report with respiratory issues. We have 9 negative pressure rooms and 7 of them are full. None of the individuals who reported today have coronavirus but they have mezrs which is worse than coronavirus and we do not want to release that into the community so they are being collocated as well.

e. Derrick and Ken reported that the tents will be here approximately on 3/25 or 3/26 and a company will set them up in the parking lot directly across from the ED entrance and will be utilized for triage and treatment of COVID-19 patients. One tent has negative pressure and the other does not. Can withstand winds up to 110 mph and can hold 9 patients.
   - Dir. Ashenafi asked about staff who were in contact with positive ED doctor. Marcela will provide details on direct contact virus transmission once it becomes available.
   - Dir. Fair asked whether staff who were in contact with staff who's wife tested positive were at home on self-quarantine. – CEO stated that specialists have indicated there is less than 1% chance of virus transmission when an individual has indirect contact who has direct contact with a positive individual. If at any time a staff person reports symptoms they are asked to immediately report it. Details regarding staff will be saved for closed session.
   - What is the timeframe for triage of PUIs? CEO stated it is almost immediate to the respiratory area.

2. Regulations & Accreditation/Regulatory Visits –
   a. DC Health Survey – CEO Daniel, 9-day survey, 9 surveyors every day except the first day. We were surveyed for DC Health and Annual licensure. (See attachment for list of anticipated deficiencies). If we get an IJ it will likely be for the lack of case management and ? services. Surveyors did not ask for a management report within two days. Expecting report back? Ten business days for the official report. The SNF report took more than a month to come back. CEO stated we will have a plan of correction ready before we receive the final report.
      - Dr. Fair asked CEO to describe emergency preparedness deficiency. CEO clarified no deficiencies in this area.
   b. MQSA Survey – Dr. Raymond Tu – We had the same surveyor from a few years ago who commented that we were much improved from the last time the surveyor was on site. UMC is the only facility in the mid-Atlantic with the radiology device that was tested. We were under even more scrutiny because of the unique technology.
   c. UNMC (Skilled Nursing Facility): Exit Conference- Regina Kim (CEO Memo Attached)

i. Deficiencies and plan of correction. (go back to recording to listen to the list of tags)
ii. 2nd survey – total of 9 deficiencies, 6 of which are a cross over from federal survey. 1 tag for incident reporting, medication administration, staffing.
iii. Life safety – total of 2 tags
iv. Emergency preparedness survey – 4 tags
v. Legionella – 0 tags, low level tags and no immediate jeopardy tags unlike last year.
vi. Overall we had a good survey.
vii. Dir. Ashenafi asked about staffing tag – Regina said they compared staffing levels from weekends in 2019 and saw we were below ?...
viii. Dir. Fair asked if any of the 10 deficiencies in the SNF be exacerbating under the current circumstances. Regina Kim said no. Same question for DC Health and CEO said she does not think the deficiencies will impact how we give care but we need to push physicians and nurses about documentation.

-

3. Emergency Department – Dr. Francis O'Connell – Not available due to influx of patients in ED.

4. Quality Assurance Performance Improvement (QAPI) Department Reports – Dr. Isabel Shephard
   a. January, February, and March Reports
   b. Dept is going to create a dashboard of all the findings so we can keep up with them this year since we had the survey so early.
   c. January numbers look good. On page 2 this represents nursing consents and the reports will be audited. Nurses are getting the consent but failing to check the boxes so we are working to get everything filled out accordingly. Page 3, Page 4 there were 3 incidents of ? so the rate is a little higher. No surgical ??Page 7, hand hygiene in ED is a little low, Med Surgery is 89% and a little below. Med Rec conciliation was low.
   d. Medical reconciliation will be complete by April 15th.
   e. Sepsis will be done by May 15th. IT help will really help to increase the numbers.
   f. Dir. Ashenafi asked if we can meet this deadline with the current coronavirus preparedness. IT said it will be difficult but they should be able to make the deadlines. Gave kudos for the patient satisfaction rate going up.

5. Standing Reports – Dr. Isabel Shephard
    a. Executive Quality Dashboard (Review Dashboard)
        i. Medication Reconciliation – UMC ended the year with 75.9% compliance rate for medication reconciliations completed. The IT department is currently working on the trigger tool to help redirect physician to the medication reconciliation screen. Target date is no later than April 15, 2020.
        ii. Sepsis- (will need an update from Physicians on initiative and meeting). Quality is working with IT to create reports on the sepsis bundle compliance. Target Date is no later than May 15, 2020.

6. Patient Experience/Patient Advocacy – Colene Y. Daniel
    a. Patient Rights & Responsibilities (Standards)
    Sat with Joint Commission and created a library and the policies are 90% complete and should be complete by the end of the month. Now we are working on printing the information in English and Spanish. Also working to complete a patient handbook by the end of April.

7. Facilities Updates – Ken Blackwell & Marcela Maamari
    a. Nuclear Medicine services update- project complete services started on February 2nd.
    b. Pharmacy Renovation – weekly meetings and projected completion date is 7/30 and trailer will be decommissioned.
    c. Radiology MRI – Permit acquired now in inspection phase.
    d. Radiology Fluoroscopy Suite- 3 weeks into construction phase.
    e. IT Closets- Preconstruction phase, tied to an overall project
    f. Dir. Ashenafi asked about ICU project? No timeline for RFP yet but we have a plan just need the business case memo. Colene reported that Dr. Yacoub asked the ICU project be put on a fast track. Kameka stated with council approval we can't get it done before June or July but there may be a way to isolate the project.
    ICU RFP update needs to be ready by the full board meeting. Kameka to report directly to Ashenafi.

8. Policy/Procedure Review – Attachment – Colene – delayed because hospital policies are being revised. CEO will have statement ready by the next meeting.

	9. Closed Session-	

	13. Adjournment Gorham Fair, Unanimous Adjourned at 5:28pm Dr. Fair will take over in April.	

Next scheduled meeting
Tuesday, March 17, 2020
Executive Conference Room
1600-1730

NFPHC Performance Improvement Committee

(Quality and Safety)

Tuesday, March 17, 2020 | 1600pm | Executive Conference Room

AGENDA ITEMS

1. Call Meeting to Order

2. Approval of the Minutes (January & February)

3. Infection Prevention & Control – Sylvia Clagon, Missi Sylvain, Colene Y. Daniel
    a. Update on Surge Plan for COVID-19

4. Regulations & Accreditation/Regulatory Visits
    a. DC Health Survey
    b. MQSA Survey – Dr. Raymond Tu
    c. UNMC (Skilled Nursing Facility): Exit Conference- Regina Kim (CEO Memo Attached)
        i. Deficiencies and plan of correction.

5. Emergency Department- Dr. Francis O'Connell

6. Quality Assurance Performance Improvement (QAPI) Department Reports – Dr. Isabel Shephard
    a. January, February, and March Reports

7. Standing Reports – Dr. Isabel Shephard
    a. Executive Quality Dashboard (Review Dashboard)
        i. Medication Reconciliation – UMC ended the year with 75.9% compliance rate for medication reconciliations completed. The IT department is currently working on the trigger tool to help redirect physician to the medication reconciliation screen. Target date is no later than April 15, 2020.
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8. Patient Experience/Patient Advocacy – Colene Y. Daniel
    a. Patient Rights & Responsibilities (Standards)

9. Facilities Updates – Ken Blackwell & Marcela Maamari
    a. Nuclear Medicine services update
    b. Pharmacy Renovation – Construction
    c. Radiology MRI – Preconstruction phase
    d. Radiology Fluoroscopy Suite- Preconstruction phase
    e. IT Closets- Preconstruction phase

10. Policy/Procedure Review – Attachment

11. Closed Session
12. Adjournment

Next scheduled meeting
TBD
Executive Conference Room
1600-1800

UMC
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General Board Meeting

Date: March 25, 2020

Finance Committee Report

- **No materials to distribute.**
- **Last meeting was held on Friday, February 21, 2020.**

UMC
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General Board Meeting

Date: March 25, 2020

Governance Committee Report

- **No materials to distribute.**
- **Last meeting was held on Friday, March 6, 2020.**

UMC
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General Board Meeting

Date: February 26, 2020

Executive Committee Report

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

UMC
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MEDICAL CENTER

General Board Meeting

Date: March 25, 2020

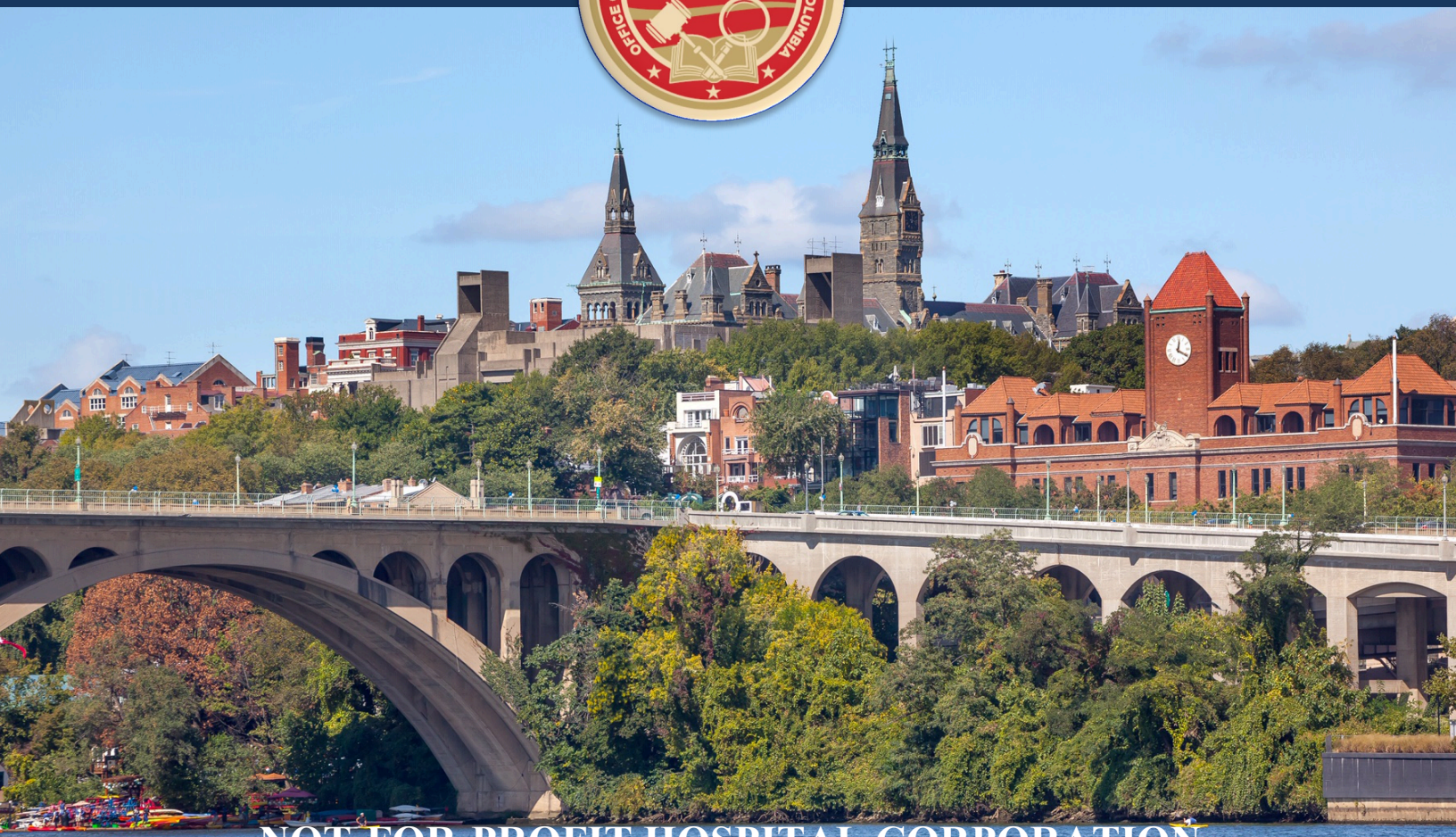
Audit Committee Report

- **NFPHC 2018-2019 Audit Report (will be posted on UMC website. Emailed upon request)**
- **Last meeting was held on Monday, March 23, 2020.**

DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

OIG Project No. 20-1-20HW

February 2020



NOT-FOR-PROFIT HOSPITAL CORPORATION UNITED MEDICAL CENTER MANAGEMENT RECOMMENDATIONS

For Fiscal Year Ended September 30, 2019

Guiding Principles

Workforce Engagement * Stakeholders Engagement * Process-oriented * Innovation * Accountability * Professionalism * Objectivity and Independence * Communication * Collaboration * Diversity * Measurement * Continuous Improvement

Mission

Our mission is to independently audit, inspect, and investigate matters pertaining to the District of Columbia government in order to:

- prevent and detect corruption, mismanagement, waste, fraud, and abuse;
- promote economy, efficiency, effectiveness, and accountability;
- inform stakeholders about issues relating to District programs and operations; and
- recommend and track the implementation of corrective actions.

Vision

Our vision is to be a world-class Office of the Inspector General that is customer-focused, and sets the standard for oversight excellence!

Core Values

Excellence * Integrity * Respect * Creativity * Ownership * Transparency * Empowerment * Courage * Passion * Leadership

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of the Inspector General

Inspector General

OIG

February 12, 2020

The Honorable Muriel Bowser
Mayor of the District of Columbia
Mayor's Correspondence Unit
1350 Pennsylvania Avenue, N.W., Suite 316
Washington, D.C. 20004

The Honorable Phil Mendelson
Chairman
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W., Suite 504
Washington, D.C. 20004

Dear Mayor Bowser and Chairman Mendelson:

Enclosed is the *Not-for-Profit Hospital Corporation United Medical Center Management Recommendations for Fiscal Year 2019* report (OIG No. 20-1-20HW) SB & Company, LLC (SBC) issued January 2, 2020. SBC submitted this report as part of our overall contract for the audit of the District of Columbia's general-purpose financial statements for FY 2019.

This report sets forth SBC's comments and recommendations intended to improve internal controls or result in other operating efficiencies in District government. The report also includes SBC's summary of prior year management recommendations and the corresponding implementation status.

If you have questions about this report, please contact me or Benjamin Huddle, Assistant Inspector General for Audits, at (202) 727-2540.

Sincerely,

Daniel W. Lucas
Inspector General

DWL/ws

Enclosure

cc: See Distribution List

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NOT-FOR-PROFIT HOSPITAL CORPORATION
UNITED MEDICAL CENTER
(A Blended Component Unit of the District of Columbia)

Management Recommendations

For the Year Ended September 30, 2019

SB & COMPANY, LLC
KNOWLEDGE • QUALITY • CLIENT SERVICE

The Mayor, Council of the Government of the District of Columbia
Inspector General of the Government of the District of Columbia, and the
Board of Directors of Not-For-Profit Hospital Corporation:

In planning and performing our audit of the financial statements of the Not-For-Profit Hospital Corporation, commonly known as United Medical Center (the Medical Center), a blended component unit of the Government of the District of Columbia as of and for the year ended September 30, 2019, in accordance with auditing standards generally accepted in the United States of America, we considered the Medical Center's internal controls over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances, for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. Accordingly, we do not express an opinion on the effectiveness of the Medical Center's internal controls.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect, and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal controls, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected, and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit, we did not identify any deficiencies in internal controls that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

During our audit, we noted a certain matter involving internal controls, and other operational matters that are presented for your consideration. This letter does not affect our report on the financial statements of the Medical Center. We will review the status of these comments during our next audit engagement. Our comments and recommendations, all of which have been discussed with appropriate members of management, are intended to improve the internal controls or result in other operating efficiencies. We will be pleased to discuss these comments in further detail at your convenience, perform any additional study of these matters, or assist you in implementing the recommendations. Our comments are summarized as follows:

1. Resolve Issue with Employee Pay Rate Changes

There was inadequate documentation to support employee's identified for testing for base pay and shift differential rates used in the processing of payroll. Per the Medical Center's written policy HRD 03-002 – Personnel Action Request: "1 – A Personnel Action Request Form must be filed with the Human Resources Department to record any of the following actions:…(g) Salary Adjustment, and (h) Change in differential status (Shift change)."

Management did not follow its written procedures relative to certain pay rate adjustments. We identified instances where pay rate change documentation was not maintained in the employees' personnel files as required by policy HRD 03-002 – 1(g)(h).

Recommendation

We recommend the Medical Center implement additional controls to ensure all pay rate changes are approved and documented in employee files as required by policy. Alternatively, the Medical Center should amend the payroll policy to include alternate approval and documentation methods for certain types of pay rate changes.

Management's Response

Several action remediation steps have been taken. Signatures are now on the PARs before input to Human Resources system. Management in charge of Human Resources is reviewing all employee rate changes and appropriate sign offs are happening at all levels including the CFO's office. The KRONOS system is the official sign off system for every change and differential not documented in the employee personnel file and happens before every payroll is processed. A new system has been purchased and will be implemented in 2020 to eliminate all manual processes and all minor rate discrepancies that are not documented in the PARs. Currently PARs are not required for every change that is made on a shift to accomplish patient care the way it is needed. All policies will be updated to reflect current practice and alternative ways to mitigate changes not documented in PARs will continue to be addressed.

2. Information Technology Recommendations

A. Network Security

Currently there is not a firewall between the Medical Center and the Meditech vendor OPSUS. Lack of firewall rules to restrict inbound traffic could increase exposures to traffic that either disrupts operations (e.g., ransomware) or results in the theft of data. Additionally, the Medical Center continues to have domain controllers and other servers that reside in the default VLAN 1. Because the default VLAN 1 is widely known, there could be increased risk to unauthorized access.

Recommendation

We recommend the Medical Center continue efforts to put in place a firewall between the Medical Center and the vendor OPSUS. Additionally, the Medical Center should continue efforts to remove all servers from VLAN 1.

Management's Response

We agree with these security recommendations and will be establishing firewall rules between the Medical Center and OPSUS (Cloudwave), and we will also move servers out of VLAN 1.

B. Processes to Verify Authorized Parameter Changes

There is no process in place to verify that only authorized parameter changes have been made to the production environment. Lack of processes to detect unauthorized parameter changes may result in unauthorized or inaccurate changes being introduced into the production environment and not detected timely.

Recommendation

We recommend the Medical Center evaluate the feasibility of implementing a report to identify parameter changes to verify that only authorized parameter changes are moved to production. Implementing above identified controls will help ensure only authorized and accurate parameter changes are migrated into the production environment.

Management's Response

Application changes we make in tailoring our Meditech system for end-users are not able to be made by the Medical Center IT staff at the source code level, which provides a safeguard to introducing malicious codes. We do not have access to the source code. Additionally, we also confirm in advance these tailored changes in TEST with end-users before implementing them in PROD. We also track and confirm with end-users after changes are made in PROD to validate the tailored work is performing as expected. We will pursue the recommendation with Meditech about the feasibility of a report that provides additional evidence that only the approved modifications have been made in PROD.

Status of Prior Year Recommendations

The following chart outlines the status of prior year management recommendations that had not been implemented as of October 1, 2018.

Year	Finding	Status
2018	Finding 2018-002a: Need for Enterprise Risk Assessment (Business Recommendation) Finding 2018-002b: Financial Sustainability (Business Recommendation)	In Process

This communication is intended solely for the information and use of management, Board of Directors, others within the organization, the Mayor and the Council of the Government of the District of Columbia and the Inspector General of the Government of the District of Columbia, and is not intended to be, and should not be, used by anyone other than these specified parties.

Washington, D.C.
January 2, 2020

SB & Company, LLC