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UNITED
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Monthly Board Meeting

Date: April 22, 2020
Location: Conference Call 1-866-820-5602
Passcode 7266397#

2020 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Colene Y. Daniel, *CEO*

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

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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, April 22, 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

March 25, 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

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: April 22, 2020

Reading and Approval of Minutes

Minutes Date:
March 25, 2020

Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, March 25, 2020

Present:
Directors: Chair LaRuby May, Dr. Malika Fair, 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-Borden, CFO Lillian Chukwuma, COO Marcela Maamari, GC Kameka Waters, Sec. Toya Carmichael, HR Dir. Trenell Bradley, Dr. Isabel Shepard, Tammi Hawthorne, Perry Sheeley, Kendrick Dandridge
Other: Kai Blisset

Agenda Item	**Discussion**
	Chairwoman May
Call to Order	The meeting was called to order at approximately 12:04 pm. Quorum determined by Corporate Secretary Toya Carmichael.
Approval of the Agenda	Motion to approve agenda. Motion by Dir. Speight, second by Dir. Ashenafi. Agenda approved with unanimous vote.
Approval of the Minutes	CFO asked about the note of her comment regarding prior CEO reduction of social workers. CNO – Last name needs to be corrected on the last page. Motion by Dir. Bobb, second by Dir. Ashenafi. Minutes approved with edits by unanimous vote.

Discussion	**CONSENT AGENDA** **CHIEF OF MEDICAL STAFF REPORT: Dr. Tu** • Congratulations to radiology department for completion of MSQA Survey. • Thanks to CEO for JC readiness and getting us on point to start our application for disaster and emergency priviliges. She took this action on February 18, 2020 not even thinking abou-19 COVID but as part of our on boarding process. • Medical staff very engaged with documentation process and statistics from HIN show physician reports needing documentation have improved over 60% and only one physician has a report that is over 30 days. ***Discussion:*** • Dr. Fair asked about length of stay? What is the overall length of stay in the hospital? Would like to see this information reflected in the board book as well as ED statistics. • Dir. Jacobs asked whether Dr. Tu is overseeing the hiring of the additional case managers? CEO indicated that she will cover this during the closed session along with her detailed plan for social workers. **Action Items:** • Dr. Tu to follow up with Dr. Fair with information regarding length of stay. **MEDICAL CHIEF OF STAFF: Dr. Marilyn McPherson-Corder** • In the coronavirus spread and the medical staff is making every effort to keep patients and families safe and keep equipment available. • Elective surgeries have been cancelled. • Kudos to CEO and administrative staff who have been very transparent and thoughtful in providing the medical front line staff what they need. ***Discussion:*** • Dir. Donald asked whether the board will get a more detailed report regarding the COVID-19 experience and preparedness. CEO responded that she will provide a more detailed report and would like to have a video conference with the board either Friday or Monday. • CEO stated the mayor's announcement is regarding a partnership with the federal government and DC Health. That partnership will provide all the additional testing resources and staff to make the test site work. CEO stated that UMC is like other hospitals with regard to test kits, etc.

	• Chairwoman stated that the CEO has been keeping up with CDC with regard to anticipated surge in coronavirus cases and will provide a detailed report and video footage of additional resources. **<u>CHIEF NURSING OFFICER: Jacqueline Payne-Borden</u>** • 4 nurses have accepted positions and have been on boarded and another 4 are completing paperwork and waiting for orientations. • Bargaining with unions is ongoing but not yet complete. GC will continue to assist and provide update during closed session. • UMC has provided ongoing education from diverse hospital staff (EVS and C-Suite) regarding donning PPE and treating PUIs. • Continue daily readiness in terms of surveys. DC Health was on site 3/5-3/12. We are preparing for JC but got a notice stating JC has delayed their surveys but we are plugging along. • UMC has over 2100 policies (not including laboratory) so departments are revising, merging, and deleting outdated policies. • We continue to engage in structured meaningful leadership rounds. • Participated in black history month with historic facts and replicas including interesting facts about nurses including Dir. Gorham. • Co-keynote speaker at Black Nurses Association event held in March and will include in her March report. Chairwoman asked if the policies are stored in one central location. • Yes, we have a centralized place that is further divided into folders by area that is stored electronically on our desktop computers.
Approval of the CMO, Medical Chief of Staff & CNO Reports	Motion by Dir. Donald, second by Dir. Speight. Approved as submitted.
	<u>EXECUTIVE REPORT: Colene Daniel</u> • Capital Budget Projects – The plan is complete and some projects were switched out to allow us to prepare for COVID-19 surge. • Kenneth Blackwell added we are preparing 5 additional rooms in outpatient center, 3rd floor renovations underway, and tent should be delivered today. We are experiencing permitting issues so Ken has a call with DOH this afternoon. Chairwoman asked if permit issues are with DOH or DCRA? Ken said both and he will have more insight this afternoon.

- GC Waters added the ICU RFP has been added to the website and submitted to DSLBD.
- CEO reported to JC readiness. Should have a report from the quality department on the documentation that has been submitted based on the outcomes of the executive rounds by the end of the month.
- Working with Quality and Infection Control to do rounds to make sure we are following the process for (attachment 15 – COVID surge plan)
- MEC as of 3/16 primary clinics will remain open so we don't inundate the ER with people who need to see a doctor for asthma or other issues. As of 3/17 all elective surgeries are cancelled. MEC voted to have an emergency process for the credentialing of practitioners. We have been working for the past 7 days to empty out the hospital of patients who do not need to be in the hospital to prevent patient mixing as the surge hits.
- Final SNF report was handed out at Performance Improvement Committee but it is available to anyone who wants a copy of the full report.
- Communications are going out to staff via intranet and a newsletter.
- COVID -19 activity is bulleted in the CEO report. The activities listed outside of the COVID-19 plan occurred in the last 7 days.
- PPE report regarding the number of supplies will be updated on a weekly basis. Right now we are in good shape but we are hurting like all hospitals regarding ventilators and negative pressure machines. Ken and Dr. Tu and Dr. Yacoub have been creative to find some old ventilators that will be sent to Florida for preventive maintenance and altering to fit our current machines. We have 13 currently and this will increase our number by 8 but we still won't have enough for the 3rd floor and additional beds we are creating.

Discussion:

- Dir. Ashenafi asked the CEO to discuss the old dialysis center on campus and how that will be used. CEO said the center is under renovation but the ED doctors have decided they want to use the ED dept. and tent to examine and isolate patients and use the 3rd or 5th floor to admit patients. Dr. Morgan, Tu, and case management in an attempt to keep the hospital empty, we are looking at discharging difficult patients who we may not want to release in the community to self-quarantine especially if they don't have a place to go so we are looking at the dialysis building as a safe discharge space to provide food and care for a few days until we can connect with DOH to get placed in a home. This is an additional cost but we all feel they should not be released into the community due to their infections. Phase 1 was complete (6 rooms available now), phase 2 is underway now and the entire building should be ready by the end of April. This morning we have 30 infectious patients 20 are PUIs. So we are really trying to co-locate these patients from others as the numbers increase.

- Dir. Ashenafi asked about the doctor who tested positive and any other staff exposure. What is the update on the physician coming back to work? CEO stated the GW physician will be tested by GW and cleared by them and us before he comes back to work but he is not on the schedule anytime soon.
- Chairwoman asked the CEO to outline the surge timeline. CEO has been working with DC Health and Dr. Shaw an epidemiologist for DC Gov., what is happening in NY is slowly moving to the NE (Boston and Massachusetts) and then west to Illinois. It is believed that in the next 14 days the number in DC will start to increase. It is a good thing that they keep adding weeks on to this timeline. Dr. Nesbitt and Dr. Lewis were at UMC on Friday for a tour and to see what we have in place. They were happy but Dr. Lewis said she would help us get permitting for the tent and 3rd floor and when it is ready and we have enough staff to open a number of beds, Marcela and Dr. Tu will have to notify JC that we have increased our services which may trigger a survey. Hopefully they will come review that area and leave instead of conducting a full survey.
- Dir. Dawson asked about our PPE supplies. CEO referred to PPE report and said so far we are doing well. In terms of N95s we have had to lock them up because we have gone through over 1,700 masks. Now the process requires the department manager to sign for the PPE when they receive their par levels. Each unit has mechanisms to secure the supplies. We are in good shape with the exception of two items. i.e. facial shields so we purchased hundreds of googles. (report is located in CEO Attachments Closed Book Materials)
- Chairwoman asked about revised visitor policy and continuing revisions. CEO communicated that as of this morning we have voted to follow suit with other city hospitals to severely restrict visitors and we are working out the logistics today. Board Sec will work on final notice and send it out to the hospital. Exceptions will be end of life or a patient who is unable to communicate. Other than having the clinics operational and escorts to the ED, as of Friday at 8pm all visitors will be temporarily restricted. By the end of the week every hospital will likely take this step. Chairwoman asked if Power of Attorneys and/or next of kin will be allowed under the exceptions? CEO said yes and we even want to be able to contact shelters or individuals

Action Items:

- Chairwoman asked Ken Blackwell as a part of the CEO report or a separate report create a dashboard of the facilities projects that UMC is working on to explain to the board so they can see it and follow it.
- Chairwoman asked that DM Turnage or Dir. Donald to notify CM Gray and White about the policy.

Motion to accept CEO report Dir. Speight, second by Dir. Gorham. Unanimous vote.

CORPORATE SECRETARY: Toya Carmichael

- Media coverage we were in 10 news stories in the past two weeks.
- Oversight follow up, responses to questions from CM Gray submitted.
- April Board meeting scheduled to be in the community will be rescheduled for a later date.
- Free meals for staff will start on Friday.

Motion to approve Sec. report by Dir. Bobb, second by Dir. Gorham. Unanimous approval.

COMMITTEE REPORTS

PERFORMANCE IMPROVEMENT: Dir. Girume Ashenafi, Interim Chair

- Committee heard about COVID-19 plan.
- Committee waiting for report of DC Health Survey.
- Quality dashboard still looks good with lots of green.
- Welcome back Dr. Fair who will resume chairing the committee. Welcome back from Chairwoman. Appreciation for Dir. Ashenafi' s leadership from Chairwoman and Fair.
- Chairwoman mentioned City Paper article and thanked committee and UMC for keeping us informed.

Action Items:

GOVERNANCE COMMITTEE: Dr. Dawson

- Charged by Chairwoman to meet and discuss litigation.
- GC asked that the committee report to be discussed during closed session.

EXECUTIVE COMMITTEE: Chairwoman May

- Committee was briefed on what we need for COVID-19 and CEO will provide more details during Closed Session.

AUDIT COMMITTEE: Dir. Speight

- Now audit and accountability committee.
- Met and approved the audit report and on page 14 of the report is the highlight which shows our financial position and will be posted on the website. If there are questions directors can ask Dir. Speight or Lillian.
- Accountability report will be moved to closed session.

FINANCE COMMITTEE: Wayne Turnage

- Committee did not meet. Due to the work that Mazars was asked to do for the balancing plan and then hit with the preparation for COVID-19 and some consideration that it would be folly to have a report that showed they are $7-8mil

away from a balanced budget. Seeing that we will need to increase beds for coronavirus surge, committee stood down and decided to revisit when time allows as we prepare to beat this virus. CEO and CFO can probably clarify that we won't have a balanced budget and will have to spend $ we don't have to fight the virus.

- Dir. Bobb agrees with DM Turnage and ask that we continue to work our way through this virus with regards to the budget as of now. Somewhere downstream we will have a more comprehensive report that can show our pre and post operations with the virus. Dir. Jacobs asked that we ask someone to look at opportunities as a result of the rescue package from the federal government (large amount of $ for hospitals) to see what the implications are for us. The Mayor also announced a fund for equipment. CEO said 3 days ago DM Turnage connected her to Mr. Rhodes? Who has been working with UMC to go after HUD $, and CMS/CDC Money for grants and programs and $ from the federal government.
- Dir. Jacobs reminded board that we have to track and know where the funds are coming from before we can spend it whether it is for coronavirus or not. Chairwoman stated absolutely and we will also have to make payroll. Will look to guidance from CFO and finance committee about our financial needs that need to go to the administration now. We can't approve purchases or services if we do not have the funds. We need to have a deeper conversation with finance committee and CFO to know where we are now and a plan to how we look to get funds immediately.
- Dir. Donald pointed out that we have a deficient at the hospital in general so we need to do some planning about how to move forward. In the city council legislation Gray's amendment suspends the control board provision but we still need to look at our options to put something in place after the crisis ends. We should not wait until the crisis is over.
- Dir. Bobb in agreeing with DM Turnage's approach doesn't mean we don't look at where we are currently. The second bucket is the virus. So downstream we need to know where we are post coronavirus so we will have a comprehensive look.
- DM Turnage reminded board about CM Gray's amendment regarding our subsidy. We still need to figure out where we are with respect to a balanced budget and possibly apprise the CA and the Mayor that the hospital will need support to battle the coronavirus. Right now it seems we can't get a balance without shrinking operations which we can't do during this crisis. DCHF staff will do a deep dive of reviewing what the federal bill means for UMC while Colene works on grant funds. Question now for the board is if we want the operator to go further and say ok we have identified a delta of 8 or 9 mil that will get us there or Wayne go to the CA and say we need some money, this should capture Dir. Jacobs and Dir. Bobb's concerns.
- Dir. Donald noted that we have not received any information from the operator as of yet. CM Gray's amendment will help but we will all be faced with budget cuts due to
- Dir. Jacobs If one of the options the operator is putting on the board is reducing beds, that is not an option, the operator needs to back and find other options. We should not give them the impression that they no longer try and find ways to close the gap, we should not just go to the city and ask for money. Then with regard to COVID we

need to make sure that we are properly documenting expenses that are COVID related and were not in need prior to the emergency.

- Dir. Bobb said it is really important that we separate our expenses for the emergency from the expenses for our regular hospital operations. The process becomes very surgical to document that the funds we receive are for the emergency.
- CEO added that for the past 5 days working with CFO and staff UMC has been putting together a COVID-19 budget that includes capital needs (tents, 3rd floor, and ICU) PPE budget for supplies, and staffing. This budget will be separate from what the CFO has been creating with Mazars on creating a balanced budget. COVID-19 budget should be ready by the end of next week. Balanced budget she will reach out to Ira for deadline on that. Dir. Jacobs asked if the COVID budget has a separate source of funding? CEO said she may be in trouble with the board but she went out to get as many PPE supplies in the country and started storing them. Some of these PPE supplies can be placed under the capital budget. We have not hired anyone as of yet, we just have a staffing plan but no $ for the plan so will need to return to the board to ask how to move forward next. CEO has never been in a hospital with 30 infectious patients in a day.
- CFO added that CEO is tracking everything that she wants to do and turning it in to CFO and when the entire plan is finished the CFO will take it and overlay it in the whole budget and see where it flushes out. Our needs are many whether COVID or not, when FEMA comes to reimburse us they will make sure the expenses are COVID related. We will need to show the city the entire budget and we can point out which part is related to the emergency. CFO has not heard from Mazars that they can't make the budget, if anything they have sent people to come and figure out how to balance the budget. In the meantime, we will take what CEO is putting together and overlay it and send it to DM Turnage to call a meeting of the finance committee to decide if we need to race to council for additional funding. Nothing should be purchased without approval from the CFO under the anti-deficiency rules. The Board resolution allows UMC to order supplies without returning to the board each time but still has to go to CFO and be overlaid with what we have.
- Chairwoman added that we need a deadline for the COVID-19 budget and our balanced budget as if there was no COVID-19 by next week as well. The conversation needs to occur in the Finance Committee for the Board to accept and so Wayne will know what to present to the administration.
- Dir. Jacobs asked whether CEO procured equipment individually or did she go through the procurement process? 99% of the procurement was done through the purchasing rules and process. This past weekend we ran out of masks and goggles so CEO used her personal credit card to purchase as many masks and goggles as they could find.
- Dr. Dawson asked if we have adequate PPE supplies but then said just purchased PPE this weekend. CEO said we are in good shape now but that occurred after we acquired what we needed. Today we are in good stead and CEO will put together a weekly list of PPE supplies for the Board.

	• Chairwoman asked CEO to communicate to Mazars that once the surge budget is complete next week the balanced budget needs to be complete as well. Conversations regarding the budget should happen simultaneously. Kai stated that once the information comes to DM Turnage, Kai and Toya will work together to get the finance committee meeting scheduled. After Finance Committee has reviewed both budgets we need to have an emergency board meeting to review the proposals. • DM Turnage says the proposal to reduce beds should not be included in the budget. CFO doesn't know how that would have been presented at any time not considering COVID-19. DM Turnage said the operator believed reducing beds was the only way to get to a balanced budget but that doesn't mean the Board has to accept it. It is not unreasonable for the operator to propose that we close beds. CFO said that's true but the documents she has seen have other options besides closing beds. Motion to accept committee reports: Motion by Dir. Gorham, second by Dir. Ashenafi. Unanimous vote for approval.
Public Comment	N/A
Other Business	N/A
Closed Session	Notice to close read by GC Waters at 1:48 with additional provision regarding COVID-19 and public health emergency. Unanimous roll call vote to enter closed session. • Tammi Hawthorne, Kai Blisset, Trenell Bradley, Lillian Chukwuma, and CEO to join during closed session. • Recess at 1:51. • Closed Session began at 2:00 Motion to terminate closed session by Dir. Ashenafi, second by Dir. Jacobs. Motion to terminate closed session passed unanimously at 3:57pm.
Announcements	• During closed session the board approved four contracts as presented.

Adjourned.	Motion to adjourn by Dir. Bobb, second by Dir. Gorham. The Board meeting was adjourned at approximately 3:58 pm by Chair May.

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General Board Meeting

Date: April 22, 2020

Consent Agenda

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General Board Meeting

Date: April 22, 2020

CMO REPORT

Presented by:
Raymond Tu, MD
Chief Medical Officer

Raymond Tu, **MD, MS, FACR**
Chief Medical Officer

March 2020 CMO Report

COVID-19 Readiness

Daily COVID-19 preparation meetings with DC Hospital Association and various government authorities throughout March prepared the UMC medical staff to respond to the COVID-19 surge. Planning sessions with emergency medicine and critical care chairs outlined the needs for patient triage, patient flow, treatment and clinical service expansion for resources and staffing for surge beds. We met with the Department of Human Services to address the existing programs and resources for homeless patients who are COVID-19 positive or under investigation as congregate emergency shelters; we implemented a plan for COVID-19 homeless patients to a renovated discharge lounge to place approximately 12 female and 60 male individuals. Leadership completed a code yellow table top expertise, reviewed a code yellow plan and developed an educational plan for room turnaround of a patient under investigation in collaboration with infection control. The UMC ethics committee met several times building a response to the surge. We were able to obtain Hydroxychloroquine through collaboration with Excel pharmacy and our hospital pharmacy department for potential use by our critically ill COVID-19 positive patients.

COVID-19 Testing

UMC was able to obtain an in house COVID-19 rapid test analyzer with the hard work of the UMC laboratory team and purchasing. The inventory of analyzers was quickly sold out nationally; however, we are very pleased to begin operation of our Qiagen COVID-19 analyzer soon with results in slightly over an hour. Collaboration with State of Maryland Department of Health Dr. Kenny Feder of Maryland Epidemiology and DC Department of Health Epidemiology, Ankour Shah MD, Kate Drezner and Regan Trattler of DC Epidemiology were instrumental in addressing COVID-19 testing resources, treatment policy as patients under investigation and confirmed COVID-19 were identified. MC COVID-19 Surge Medical Shorter Procedure. We wish to extend appreciation to the UMC laboratory and information technology teams as we streamlined COVID-19 testing betweeen Quest and DCHealth; reports are now integrated into MEDITECH independent of the testing location.

Nursing home dialysis

We met with the UMC dialysis center director Dr. Davachi to communicate with all referrals for dialysis to stratify patients who may need dialysis to reduce COVID-19 exposure. To provide care of our nursing home residents in the hospital, we met with the State Health Planning and Development Agency to request a COVID-19 emergency exemption so our nursing home residents may obtain this service at UMC. A letter authored by Dr. Davachi, director of the unit, Dr. Momoh, medical director of the UMNC and Regina Kim, UMNC Administrator and myself to the interim director Ms. Thompson was submitted.

Case Management and Social Work

Dr. Cynthia Morgan as the new Director of Case Management and Social Work and the Mazars team of social workers and case managers began implementation of the improvement plan and staffing support to reduce denials due to medical necessity and to improve the accuracy of clinical documentation. The Case Management Implementation Plan is evaluating document review and gap analysis with Case Management Re-Organization, Social Worker: Discharge Planning, Case Manager: Care Coordination, Case Manager: Utilization Review, Compliance, Case Management Education and Training and Case Management Program Effectiveness. The psychiatry module and renewal of Change Healthcare Interqual software will optimize inpatient and behavioral health discharge planning.

Analytics

Overall March admissions was 350, a 10.5% reduction from last year. Behavioral health admissions increased 19% to 118 compared to 2019. Clinic visits decreased 42% to 698 compared to last year. UMC Analytics reported average length of stay 5.34 days and average daily census 87. Total surgeries decreased 50% to 80 compared to 2019. There are 282 providers in March with 5 in anesthesia, 9 in critical care, 63 in emergency medicine, 3 in gynecology, 108 in medicine, 1 in pathology, 11 in behavioral health, 58 in radiology and 23 in surgery. In anticipation of an expanded providers the medical executive committee approved the Application for Disaster and Emergency Privileges. The CMO cabinet met with ambulatory medicine under the lead of Dr. Janelle Dennis to identify and notify providers who will provide coverage. UMC telemedicine coverage has been initiated through work with UMC information technology, telephychiatry with Axis healthcare, tele court for our FD12 behavioral health residents and GWMFA/UMC Telehealth.

Amaechi Erondu, M.D., Chairman

MARCH 2020

PERFORMANCE SUMMARY:
The overall cases for March 2020 dropped significantly, as we suspended elective surgical cases to reduce possible patient exposure to the Coronavirus pandemic.

General surgery had 24 cases, gastroenterology had 23, and vascular had 11 cases. Orthopedic group did 4 cases, making a total of 80 cases.

QUALITY INITIATIVES AND OUTCOME:
SCIP protocols were ensured for all our patients with no fall-outs. Surgical and anesthesia time outs followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics. All relevant quality metrics documented in the various anesthesia record for easy access and reference.

VASCULAR ACCESS SERVICE:
We have increased the number of credentialed providers for the service to meet the volume demand while ensuring quality service.

	PIV	MIDLINE	PICC	TOTAL
OCTOBER	124	14	6	144
NOVEMBER	133	13	4	150
DECEMBER	104	16	6	126
JANUARY	162	11	3	176
FEBRUARY	168	12	3	183
TOTAL	691	66	25	782

BEDSIDE PICC LINE:
We have updated Policy to include bedside 3-CG monitoring for PICC line placements and have commenced the service. The

PAIN MANAGEMENT SERVICE
We are facilitating the chronic pain management to ensure adequate service coverage for hospital inpatient.

Interventional Pain Management service volume was 85 procedures for the last few months of 2019. We had 14 procedures for January 2020 and 12 for February 2020. We are awaiting a Radiofrequency Ablation machine for

increase the interventional service procedures we offer. *Five (5) interventional cases were done before we suspended elective procedures.*

We are working with hospital management towards a full hospital Pain Management service.

OR UTILIZATION:
Our on-time case start, first-case start time and turnover times has improved hence, the overall utilization has been improving to accommodate changes in case volume.

We are tracking after-hour elective cases by surgeons to ensure appropriate use of the OR. After-hour elective cases make it impossible for the OR to attend to surgical emergencies.

Our current utilization has decreased due to low surgical volume. We accommodate cases to ensure staff utilization.

EVIDENCE-BASED PRACTICE:
The **Mortality and Morbidity Conference** continues with increasing interest amongst the Provider community. We will incorporate some aspect of clinical practice management involving the Physicians and Nursing staff.

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

BILLING AND REVENUE CYCLE MANAGEMENT:
We would continue to support the hospital to ensure adequate revenue capture for the services we provide. We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

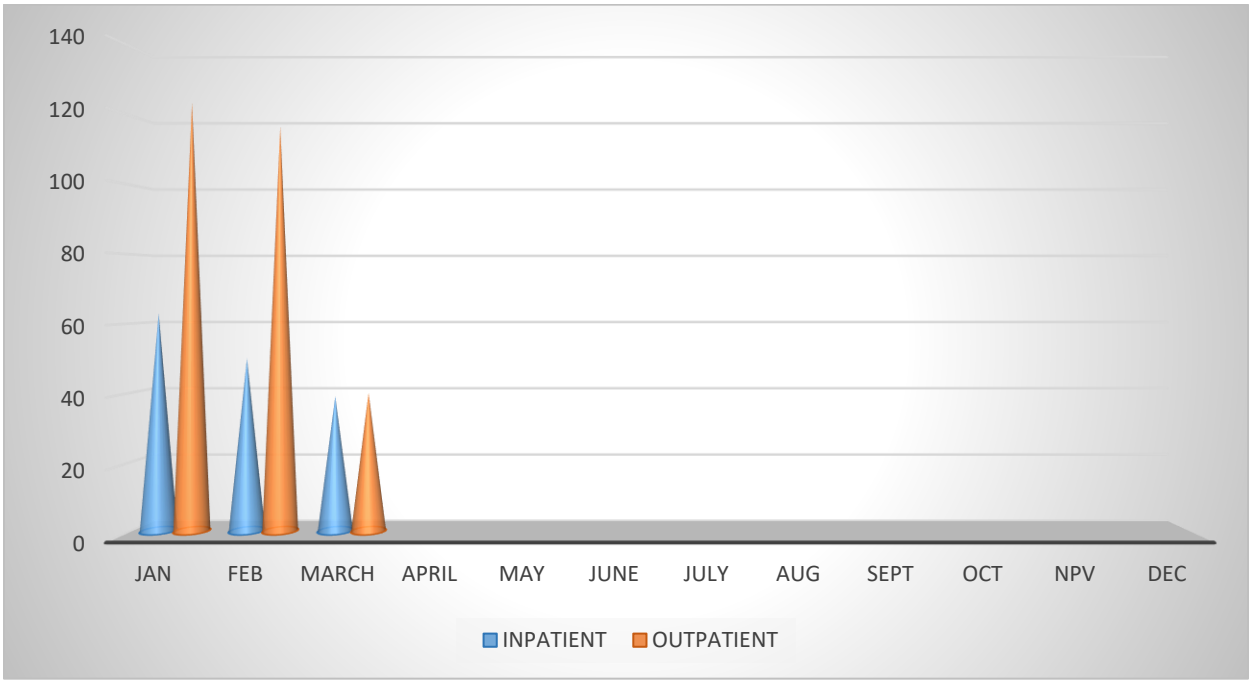
COVIG-19 PREPAREDNESS:

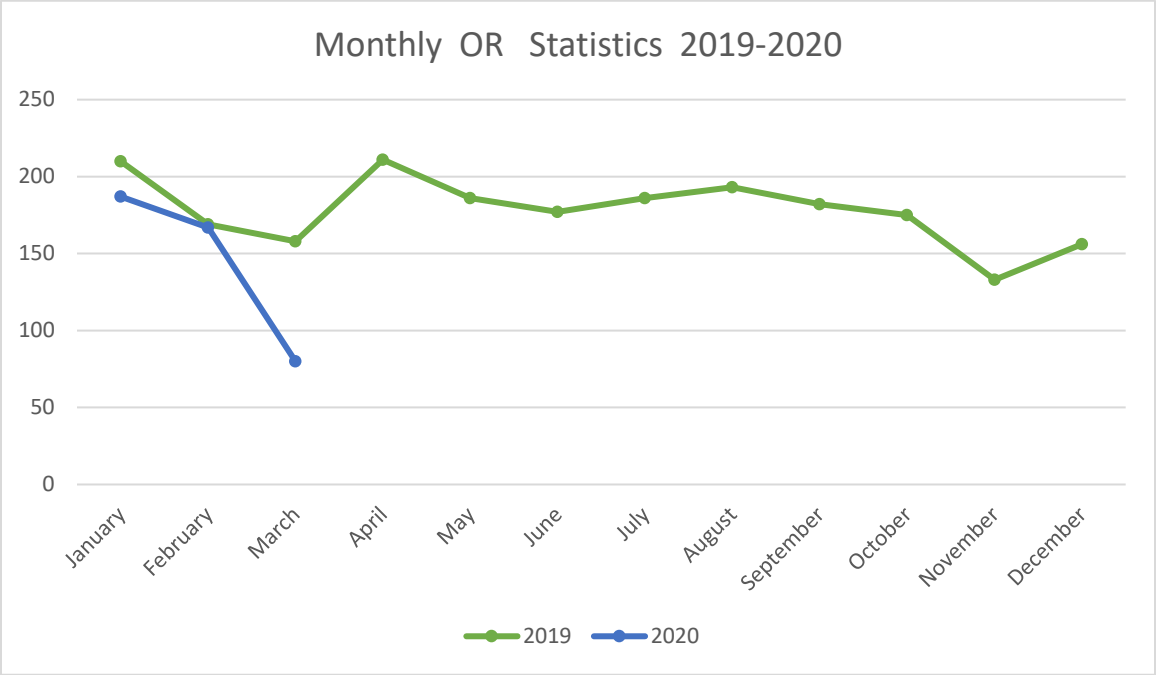
ANESTHESIA & PERIOPERATIVE SERVICES
We have secured appropriate PPE for the providers and put safety measures in place for all the service line providers.
The Anesthesia machines has been serviced to ensure adequate efficiency

We are working to provide a dedicated operating room for all *Patients-Under Investigation* and Covig-19 positive patients undergoing surgery

VASCULAR ACCESS SERVICE:
We are preparing for increased service demand due to the upsurge from the ER, ICU and the hospitalist services. We have requested for appropriate PPE, equipment and increased labor support to meet the increased demand.

MONTH	2018	2019	2020
JAN	150	210	187
FEB	181	169	167
MARCH	204	158	80
APRIL	177	211	
MAY	219	186	
JUNE	213	177	
JULY	195	186	
AUG	203	193	
SEPT	191	182	
OCT	211	175	
NOV	195	133	
DEC	192	156	
TOTAL	2,331	2136	





Amaechi Erondu, M.D.
Chairman, Anesthesiology Department

Mina Yacoub **M.D.,** Chairman

MARCH 2020

ICU continues to prepare for surge planning in anticipation of increased numbers of COVID-19 patients requiring Intensive Care Unit admission and treatment. UMC currently has 17 fully functional ventilators, and 8 more ventilators that do not have full oxygen titration capabilities but can be used in emergencies. UMC is purchasing more ventilators at this time, with expected arrival this month.

Once the ICU surge plan and budget is approved by UMC, and according to census and acuity, ICU is prepared to staff UMC with an additional ICU physician for 12 hours daily to support the current staffing pattern of one physician presence in-house 24/7. This would include the staffing of the anticipated 3rd floor Respiratory Unit with ICU physicians as needed.

The Code Blue and Intubation practices at UMC have been updated to align with best and safe practices for UMC in the midst of the COVID-19 situation and are rolled out this week for the duration of the COVID-19 pandemic. Updated practices were developed in coordination between, ED, ICU, Internal Medicine and Nursing Departments.

ICU has provided the hospital with critical supplies and equipment needed to service the expected surge and the anticipated 3rd floor respiratory unit. ICU nursing staffing will be a challenge with the expected surge and with the need to move patients out of the ED in a timely manner.

The first few weeks of the COVID-19 preparation were an educational experience for the organization and the scarcity of PPE remains an ongoing challenge. This is especially because large numbers of patients are tested to rule out COVID-19, resulting in the significant consumption of PPE resources till lab results returned, which at times took in excess of ten days. The very recent ability of Quest labs this week to return COVID-19 test results within 48-72 hours would now hopefully work to preserve valuable PPE resources. We are looking to monitor Quest lab performance on turnaround time for COVID-19 results testing.

ICU staff is now more efficient in Donning and Doffing procedures, but staff in ICU and across the organization need to be continually educated and monitored for proper PPE use.

The Ethics committee has reconvened at UMC and is ready to consult on issues of end of life decision making, healthcare provider protection practices, and resource utilization. This is a valuable and necessary resource in the midst of the COVID-19 pandemic.

ICU continues to operate on a temporary basis on unit 5E pending completion of repairs of the main 4th floor ICU by the hospital. The 5th Floor ICU remains a non-ideal long term replacement for a functioning Intensive Care Unit.

MARCH 2020 PERFORMANCE DATA

In March, the Intensive Care Unit had 49 admissions, 55 discharges, and 235 Patient Days, with an Average Length of Stay (ALOS) of 4.3 days. ICU managed 60 patients in March. There were 8 deaths for 655 discharges, with an overall ICU mortality rate of 14.5 %. Two of the ICU deaths in March were for confirmed COVID-19 patients. ICU managed 29 patients with severe sepsis and septic shock in March, with 4 deaths attributed to severe sepsis/septic shock. Mortality rate for severe sepsis/septic shock in ICU for March was 13.8 %. One patient was transferred to GWU ICU for a required procedure not performed at UMC. There were no readmissions to ICU within 48 hours of discharge. The ICU continues to monitor performance of the Rapid Response and Code Blue teams.

Contamination rates for blood cultures drawn in ED for ICU patients were elevated above accepted national benchmarks. Emergency Room department provided training and education to nursing and technician staff on blood draw techniques. In March, the contamination rates of blood culture specimens drawn for ICU patients at point of entry in the Emergency Department demonstrated a significant decrease. Continuing to monitor the trend.

Infection Control Data

March ICU infection control data would be provided to us by Infection Prevention RN. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN). ICU infection control performance remains well above national standard benchmarks.

Rapid Response and Code Blue Teams

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

Evidence-Based Practice (Protocols/Guidelines)

Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, ventilator weaning, infection control practices, and patient centered practices. Infection Prevention team is monitoring performance on Hand Hygiene initiative.

Needed Steps to Improve Performance

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

Mina Yacoub, M.D.
Chairman, Critical Care Department

Francis O'Connell, M.D., Chairman

MARCH 2020

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for March 2020. Also included are graphic tables to better highlight historical trends for key measures.

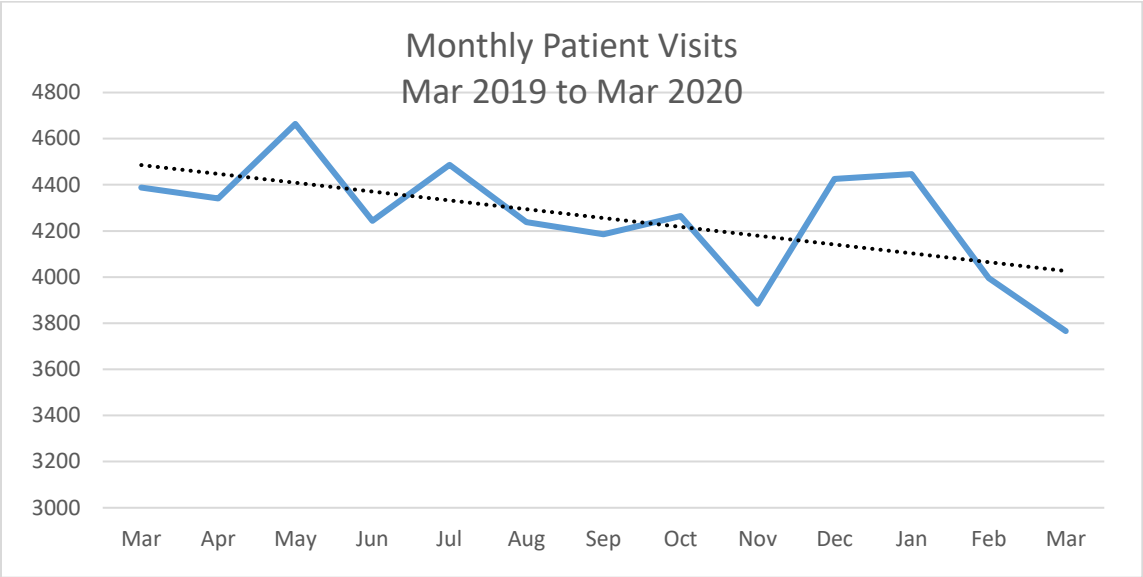
Data used for this and past ED reports was derived from Meditech (hospital EMR) data provided by hospital's IT department.

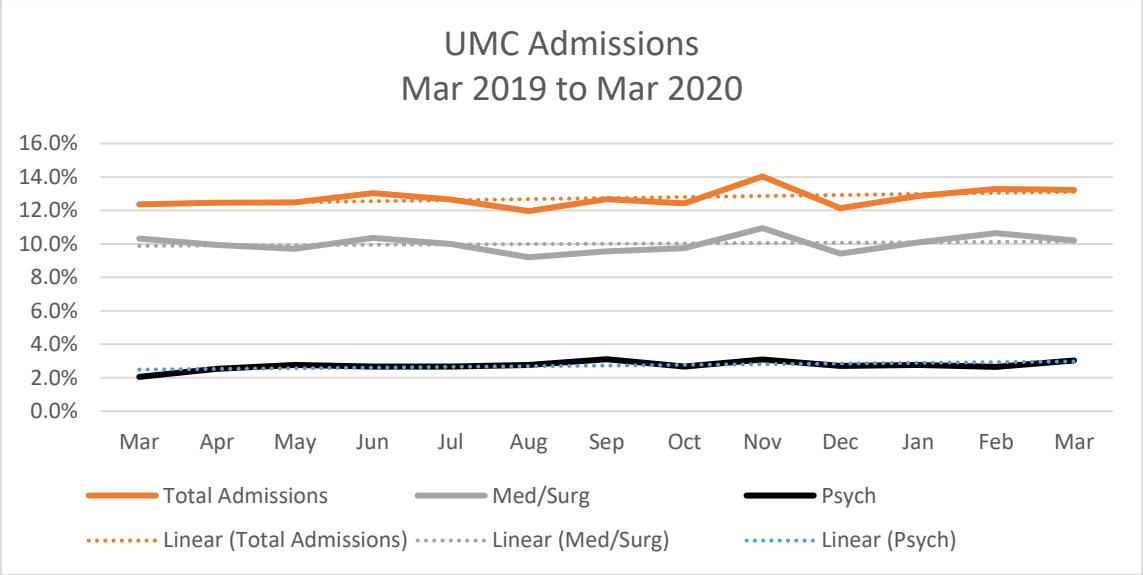
Definitions of the terms used in this report are as follows:

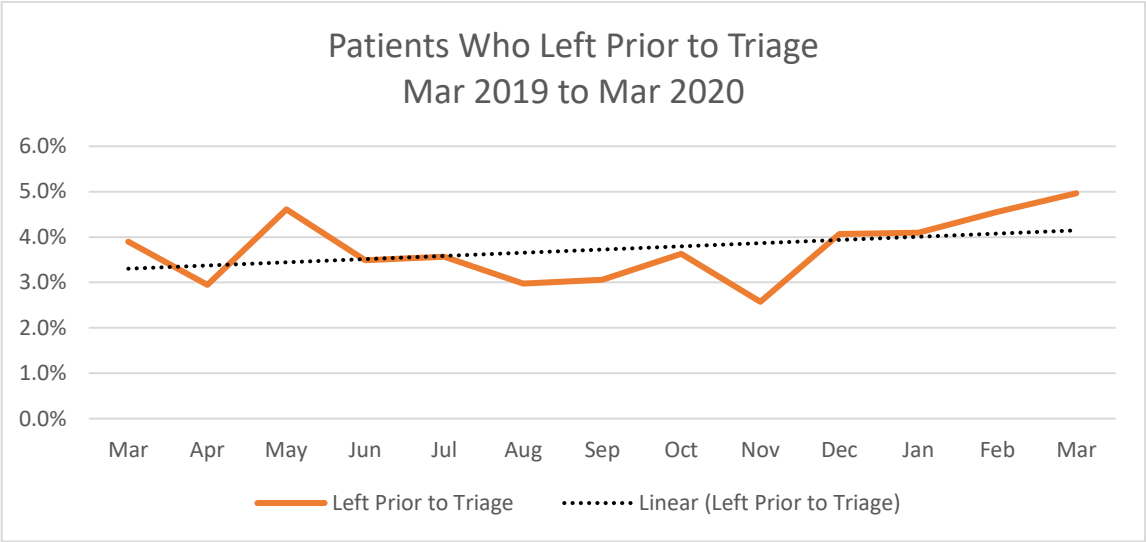
- **Total Patients**: number of patients who register for treatment in the ED
- **Admit**: number of admissions to UMC
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
  - **LAT**: All patients who leave after nursing triage
  - **LPTT**: All patients who leave after registration but prior to being triaged
- **Eloped**- a patient who has been seen by a provider but leaves the ED without having completed the exam and received a disposition from a provider

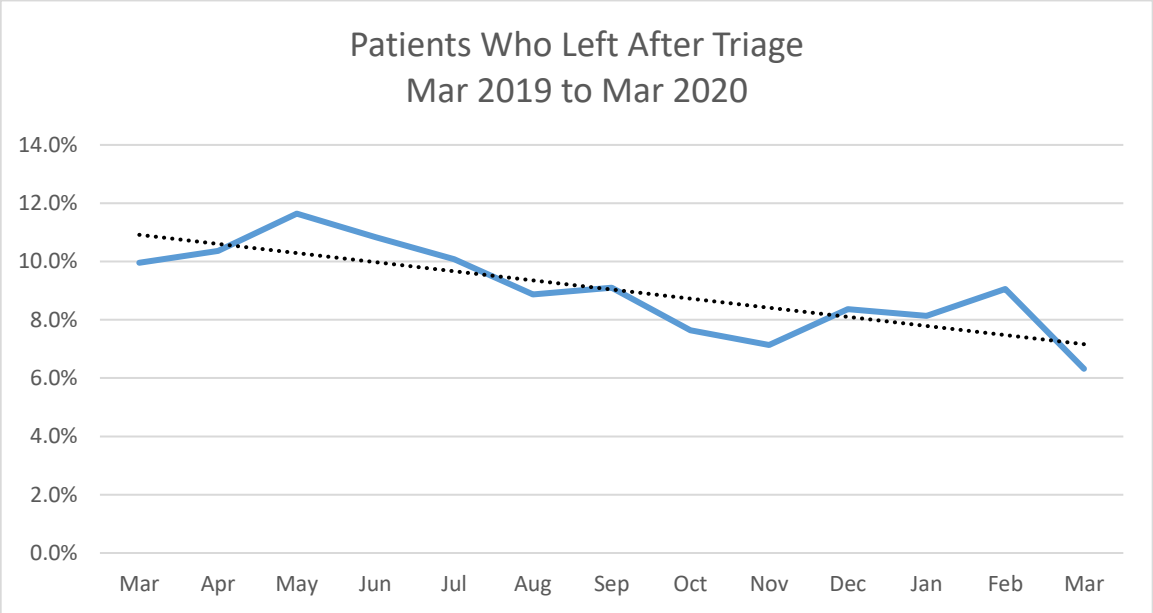
Data table:

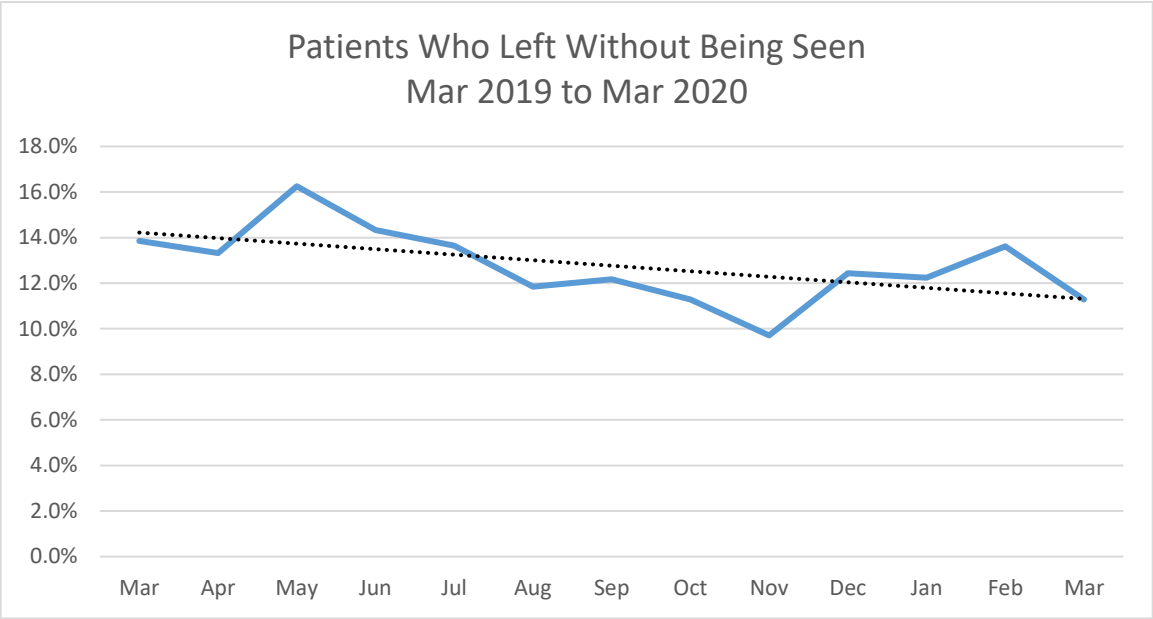
ED Volume and Events				
	Mar 2019	%	Mar 2020	%
Total patients	4388		3766	
Daily Avg Census	142		121	
Admit	543	12.4%	498	13.2%
• Med Surg	453	10.3%	384	10.2%
• Psych	90	2.1%	114	3.0%
Transfer	88	2.0%	67	1.8%
AMA	42	1.0%	56	1.5%
Eloped	72	1.6%	34	0.9%
LWBS	608	13.9%	425	11.3%
• Left Prior to Triage	171	3.9%	187	5.0%
• Left After Triage	437	10.0%	238	6.3%
Ambulance Arrivals	1163	26.5%	1227	32.6%


Monthly Patient Visits
Mar 2019 to Mar 2020
4800
4600
4400
4200
4000
3800
3600
3400
3200
3000
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


UMC Admissions
Mar 2019 to Mar 2020
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)


Patients Who Left Prior to Triage
Mar 2019 to Mar 2020
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Left Prior to Triage
Linear (Left Prior to Triage)


Patients Who Left After Triage
Mar 2019 to Mar 2020
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar


Patients Who Left Without Being Seen
Mar 2019 to Mar 2020
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Mar
Apr
May
Jun
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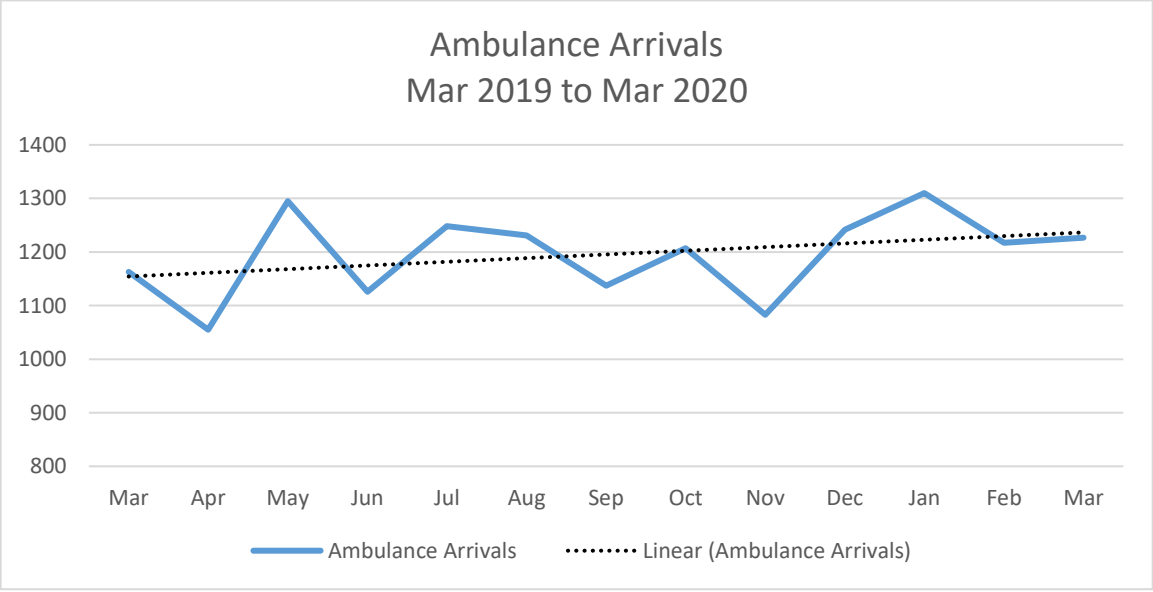
Jan
Feb
Mar


Ambulance Arrivals
Mar 2019 to Mar 2020
1400
1300
1200
1100
1000
900
800
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Ambulance Arrivals
Linear (Ambulance Arrivals)

Analysis:

1. The census for March 2020 is down from March 2019 despite a rise in ambulance traffic.

2. Admissions remain steady.

3. The percentage of patients who left without seeing a provider (LWBS), both those who were triaged (LAT) and those who departed prior to triage (LPTT) is largely unchanged.

The decrease in volume appears to be related to COVID-19 pandemic. Many of the DC area hospital emergency departments are experiencing similar decreases in patient volume.

We are starting to see a rise in the number of patients who are testing positive for COVID as well as patients coming to the hospital in critical condition. This trend will likely continue and increase in the weeks to come as the estimated peak of COVID-19 infections in DC is expected to occur later in the Spring. It is likely we will see cases throughout May and June as the peak for DC and Maryland is expected to be in late April/May.

In response to the pandemic, the Emergency Department dedicated a great deal of effort to establishing protocols for screening, testing and treating COVID-19 patients. We are focused identifying and testing high-risk patients, providing education to lower risk patients, and preparing for a surge in volume that may test the hospital's limits.

Sincerely,

Francis O'Connell M.D.
Chair, Emergency Medicine
United Medical Center
Assistant Professor of Emergency Medicine
George Washington University

Musa Momoh, M.D., Chairman

MARCH 2020

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	151	196	165										**512**
HOSPITAL	151	196	166										**513**
PERCENTAGE	**100%**	**100%**	**99%**										**99%**
REGULAR													
MEDICINE	203	251	230										**684**
HOSPITAL	308	368	350										**1026**
PERCENTAGE	**66%**	**68%**	**66%**										**67%**
DISCHARGES													
OBSERVATION													
MEDICINE	152	196	167										**515**
HOSPITAL	152	196	268										**172**
PERCENTAGE	**100%**	**100%**	**99%**										**99%**
REGULAR													
MEDICINE	172	215	203										**590**
HOSPITAL	273	323	316										**912**
PERCENTAGE	**63%**	**67%**	**64%**										**65%**
PROCEDURES													
HEMODIALYSIS	151	164	118										**315**
EGD'S	40	36	8										**76**
COLONOSCOPY	52	33	13										**86**
ERCP	0	0	0										**0**
BRONCHOSCOPY	0	0	0										**0**
QUALITY													
Cases Referred to Peer Review	0	0	0										**0**
Cases Reviewed	0	0	0										**0**
Cases Closed	0	0	0										**0**

Department of Medicine met on December 11, 2019.

The next meeting is June 10, 2020.

Musa Momoh, M.D.
Chairman, Department of Medicine

Eric Li, M.D., Chairman

MARCH 2020

Month	01	02	03	04	05	06	07	08	09	10	11	12
Reference Lab test – K2 Urine (3DTAT) 90%	98% 82	96% 76	100% 81									
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	100% 20/20	100% 16/16									
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%									
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%									
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%									
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%									
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.1	1.1	1.4									
Wasted/Expired Blood and Blood Products Goal 0	1	3	1									
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%									
Hematology Analytical PI Body Fluid	100% 16/12	100% 10/9	100% 17/13									
Sickle Cell	0/0	0/0	1/1									
ESR Control	100% 46/22	100% 56/14	100% 43/22									
Delta Check Review	100% 297/297	100% 267/267	100% 260/260									
Blood Culture Contamination – Benchmark 90%	100% ER Holding 90.6% ER 97.3 ICU	100% ER Holding 93.7% ER 99% ICU	95% ER Holding 93% ER 95% ICU									
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	78% ER 86% Lab	93% ER 92% Lab	92% ER 91% Lab									
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/1 Frozen vs Permanent									

	0/4 In house vs consultation	0/5 In house vs consultation	0/1 In house vs consultation									

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

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

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

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

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

Eric Li, M.D.
Pathology Department

Shanique Cartwright, M.D., Chairwoman

MARCH 2020

UMC Behavioral Health Unit Board Report

Description		January	February	March
Admissions				
	ALOS (Target <7 Days)	4.01	4.57	4.5
	Voluntary Admissions	52	79	56
	Involuntary Admissions	77	36	62
	Total Admissions	129	115	118
Other Measures	**Average Throughput (Target: <2 hrs)**	4.2	4.1	3.8
	Psychosocial Assessments (Target: 80%)	74%	92%	76%
Discharge				
	Discharges	129	107	119

Revenue:
Behavioral Health is finding a positive balance between the average length of stay (ALOS) and the average daily census (ADC). If you recall, Behavioral Health's ALOS decreased to 2.9 days and their ADC's basement was 16. Over the past few months, Behavioral Health leadership has strategically implemented action plans to increase both the ADC and the ALOS. A universal ALOS benchmark for most 'Acute Inpatient Psychiatric Units' is between 3-5 days. As the overall number of admissions is forecasted to decrease due to COVID-19, it's essential that Behavioral Health is tracking their ALOS and ADC and making adjustments to their staffing based on their daily census. Flexing staff based on the census and a healthy ALOS are two revenue determinants that must be closely monitored.

Psychosocial Audit Report:
Behavioral Health has hired and on boarded a License Independent Social Worker. This new hire, along with the previous Case Management new hire, are both being educated on the psychosocial workflow and will be taking the lead. Psychosocial completion percentage is expected to rebound over the next 2 months.

Shanique Cartwright, M.D.
Department of Psychiatry

Riad Charafeddine, M.D., Interim Chairman

MARCH 2020

1. Procedure in radiology numbers are lower than prior month by total 21%, mainly by drop in outpatients.

2. Staff attention and education for COVID -19 is continuous. A dedicated CT room is reserved. There is a coordination with ER, Internal Medicine, ICU, to reduce exposure of Radiology staff only for clinically actionable portable chest X-ray and CT exams.

3. No code in Radiology IR in March.

Riad Charafeddine, M.D.
Interim Chairman, Department of Radiology

Gregory Morrow, M.D., Chairman

MARCH 2020

For the month of February 2020, the Surgery Department performed a total of 82 procedures.
The chart and graft below show the annual and monthly trends over the last 8 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020
JAN	173	159	183	147	216	155	210	195
FEB	134	143	157	207	185	194	180	167
MAR	170	162	187	215	187	223	158	82
APRIL	157	194	180	166	183	182	211	
MAY	174	151	160	176	211	219	186	
JUNE	159	169	175	201	203	213	177	
JULY	164	172	193	192	189	195	186	
AUG	170	170	174	202	191	203	193	
SEP	177	168	166	172	171	191	182	
OCT	194	191	181	177	214	211	175	
NOV	137	157	150	196	152	196	138	
DEC	143	183	210	191	153	192	156	
TOTAL	1952	2019	2116	2242	2255	2374	2152	444

This month we experienced a decrease in OR volumes (52%) as compared to last month.

This has been in direct response to the Covid-19 pandemic which led closure of the operative rooms for all ambulatory and non-urgent/emergent procedures.

We will continue to monitor the course of the pandemic and make determinations of when it will be safe to resume normal operations.

We continue to meet or exceed the monthly quality measures benchmarks outlined for the Surgery Department.

MEASURE	UMC	NAT'L AVG
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	No Occurrences	2.2%
4) Unplanned Reoperations	2.4%	3.5%
5) Surgical Site Infection	No Occurrences	4.8%

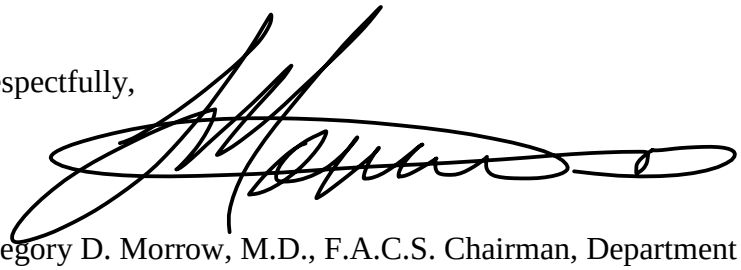
We will continue to make improvements where possible.

All educational conferences within the department have been place on hold in order to comply with social distancing mandates.

Surgery and Perioperative services continue to evaluate how best to utilize our resources to respond to the anticipated surge of hospitalized patients in response to the Covid-19 pandemic and will continue to collaborate with other departments to formulate a comprehensive strategic plan.

It is key is effective collaboration that respects the expertise of all parties involved.

Respectfully,



Gregory D. Morrow, M.D., F.A.C.S. Chairman, Department of Surgery

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: April 22, 2020

Medical Chief of Staff Report

Presented by: Marilyn McPherson-Corder
Medical Chief of Staff

NO REPORT SUBMITTED

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: April 22, 2020

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing Board Report
March 2020

Nursing Administration/Patient Care Services continually strives to provide safe, effective, evidenced based care in a collaborative manner. During this uncertain time of the COVID-19 pandemic it is certain that now more then ever we need to think, perform and deliver care like a team; "Team UMC."

- Nursing/Patient Care Services along with Dr. Francis O'Connell, Medical Director, Emergency Department, Patient Registration and other vital departments repurposed the current Superfast Track area to effectively function as a Respiratory Triage Waiting Area. This is essential to protect our vulnerable patient population and protect our workforce. Patients are placed 6 feet apart while waiting to be seen and are behind closed doors. This area is equipped with a HEPA (High Efficiency Particulate Air) Filter that creates a negative pressure isolation that meets CDC and OSHA guidelines. The space is being actively used.
- Nursing Administration has been working jointly with all C-Suite Officers including OCFO. Engaged in constant scenarios and plans for the best approach to increase bed capacity to help city provide beds for pending surge of COVID-19 patients. Staffing patterns for various disciplines and support services have been projected should we have to resort to a crisis level posturing.
- This was writer assigned to the ongoing DC Medical Surge Planning Clinical Staff Work Group facilitated by Dr. Sharon Lewis. Work group exploring and solidifying Alternate Care Site (ACS), looking at recommendations for Central Triage and Patient Distribution, managing change in condition for patients in ACS, treatment protocols and practice guidelines, staffing of diverse disciplines, determining how to staff e.g. utilizing a centralized staffing plan versus each hospital competing for limited resources. In addition, looking at possibly standardizing just in time training for staff to enhance skills related to example caring for patients with respiratory conditions.
- DC Health Annual unannounced survey occurred March 7-12, 2020. UMC was complimented on the general improvements in our Environment of Care (EC) and the willingness of staff to engage with surveyors. We await a comprehensive report.
- Professional Development/Education joined with our Emergency Preparedness and Infection Preventionist to provide information on COVID-19, proper use and disposal off PPEs during townhall meetings and PPE marathons.
- The judicious use of PPE is paramount. This writer continues to work with department leaders to determine realistic PPE PAR levels for each unit for staff on any given shift. This number is often fluid depending on the number of admissions of PUI, waiting for confirmations of COVID-19, other isolation cases and the quantity of therapeutic and diagnostic activities. We are in the process of determining the realistic "burn rate" of PPE with most variables taken into consideration.
- Increased rounding on clinical units to help dispel anxieties surrounding care of patients under investigation (PUI) for Covid-19 and COVID-19 positive, nurses freely expressed concerns. Provided memo to show appreciation. * See attachment
- At the onset of the pandemic, Human Resources Department with input from nursing has committed to aggressively recruit nursing and nursing personnel.

- UMC's Staffing Resource Personnel has been tirelessly attempting to secure supplemental staff as we have several staff out on self-quarantine, recuperating from COVID-19 or typical call ins. Staffing has become increasing challenging as our average daily census has increased.
- Received donation of 45 beautiful homemade face coverings of various sizes from St. Paul's Moravian Church, Upper Marlboro, MD. These face-coverings will be very useful in non-clinical settings.
- UMC's Clinical Ethics Committee was reinvigorated after being dormant. This is ideal timing as our clinical teams might have to face some ethical considerations during this global pandemic-COVID-19. Our goal is to provide the best possible care to all patients under these circumstances. Once recommended members are finalized, the names will be presented to the Board for approval.
- Presented as Co-keynote speaker on March 7, 2020 "Implicit Bias and its Impact on You" at the Black Nurses Association of Greater Washington, DC,140th Award Celebration Luncheon. CNO sponsored 5 nurses to attend; UMC had a table of 10. There were over 650 nurses from the DMV in attendance. Dr. Sharon Lewis was honored as the Nurse of The Year for all her contributions and accomplishment over the many years.

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

NOT-FOR-PROFIT HOSPITAL CORPORATION

MEMORANDUM

To: All Nurse Leaders, Nurses, Nursing Personnel,
Respiratory Leaders

From: Jacqueline Payne-Borden, PhD, RN
Chief Nursing Officer

Date: March 27, 2020

Subject: Solidarity & Honor

In honor of UMC's frontline staff and all who are in healthcare, I honor you for your hard work and dedication during this time as the nations of the world tackle the COVID-19 pandemic.

As the guidelines come forth from the top scientists, we must be mentally agile and flexible in how we carry out our care of patients. Unfortunately, it cannot be business as usual. However, we must continue to provide safe effective patient care while being safe as frontline healthcare workers. Your safety and welfare is my top priority. Please help me help you and our patients. Our hospital is working in conjunction with the CDC, DC Health and other scientists who have all our welfare as their primary focus along all the other citizens of our great nation. Please let us comply with the changes as they come, the changes may not always reflect the "textbook" way; none-the-less the recommended changes will be safe. We must temporarily adjust our thinking and some of our practice.

Effective today, as a simple symbol of my respect, honor and standing in solidarity with ALL healthcare workers, I will be wearing scrubs until this pandemic is over.

Thank you.

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

UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: April 22 2020

Executive Management Report

Presented by:
Colene Y. Daniel
Chief Executive Officer

Not for Profit Hospital Corporation – Executive Management Report
April 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.

Case Management & Social Services

The new Case Management & Social Services program was implemented with the additional staff and the Mazars team, and according to the physicians the new program is working well. Dr. Cynthia Morgan, as the Director and physician liaison has worked with physicians, nurses, and outside agencies to develop a leadership realignment and to produce a new Operational Improvement Plan – Attachment 1. The plan focuses on the following activities:

- Case Management (CM) staffing support
- CM Departmental reorganization: Triad Model
- Redefine roles, responsibilities and expectations
- CM tools: Efficient workflows to eliminate gaps in care and duplicative work
- Ensuring completeness and accuracy of clinical documentation, including appropriate level of care, severity of illness, intensity of services
- Monitoring and auditing
- Update, develop CM policies and procedures, required reporting to meet state and federal rules and regulations
- Establish integration and cross-departmental communication pathways: Multidisciplinary rounds
- Ongoing training and education.

Capital Budget

During the month of April, the capital budget was adjusted to meet the COVID-19 Surge requirements and the Joint Commission SAFER Matrix and the DC Health Survey needs from 2019. The goal is to completely achieve the COVID-19 Surge Plan and to be in compliance with the following standards: Environment of Care, Emergency Management, Infection Prevention, Human Resources, Information Technology, Life Safety, Medication Management, and Record of Care, Treatment, and Services. UMC's next assignment shall be to separate the Capital Budget Plan based upon the SAFER MATRIX and the COVID-19 expenditures. The team kept detailed information on both activities and shall be updating the worksheets and DHCF documentation requirements.

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 survey report has been received and the UMC Management Team submitted a Plan of Correction on April 19, 2020

Human Resource Report

Separate report is submitted for your perusal. Attachment 4

Joint Commission Readiness

The UMC Management Council has not focused on Joint Commission Readiness much this month. The Quality Office will be developing a new readiness plan as the hospital prepares for opening the new COVID-19 Surge beds.

UMC's Executive Team Accomplishments/Significant Activities (April)

COVID-19 – Activities

The UMC Executive Team has been working and focused on the COVID-19 Surge Plan, which included the following:

- Working with the Mayor's Tasks Force to established the UMC campus as one of the District's COVID-19 Testing sites.
- Completed multiple surveys and data requests from DCHA, DC Health, and the COVID-19 Task's Force.
- Developed with the UMC Management Team to establish the "Crisis Standards of Care" staffing ratios as a foundation for the COVID-19 budget.
- Surveying the campus with Russel Phillips Associates for the purpose of validating the final surge bed count – Attachment 5
- Worked as a team to develop the Operational COVID-19 Budget for approvals
- Based upon the surge bed plan, developed the capital "readiness" worksheets

Summary:

- On Sunday, April 12, 2020, Ms. Patricia Lyles was given her wings to the heavens. "Ms. Pat" had served UMC within the Food Service & Dietary Department. She was well loved and she will be greatly missed by all of the UMC family. Human Resources arranged for the Employee Assistance Program (EAP) to provide grief counseling for employees within their department.

UMC
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General Board Meeting

Date: April 22, 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: April 21, 2020

CRISIS MANAGEMENT FIRM

UMC recently hired kglobal to assist with our COVID-19 response. kglobal is working with Corp. Secretary and Risk Management to develop a playbook for UMC to follow with regards to internal/external communications, minimizing the hospital's risks, and creating a centralized command team.

COVID COMMUNITY SUPPORT

UMC recently received a grant of $250,000 from the NFL Players' Coalition. Working through DC government procedures and with donor to process the payment. We need a recommendation from board on how to allocate these funds. UMC also received a grant of $14,500 from the Nora Roberts Foundation. Dir. Speight as Director of the McKinley Crudup Food Pantry at Allen Chapel AME Church served as our non-profit partner to accept the donation on our behalf. Funds will be used to provide continuing support, meals, appreciation activities, and PPE for hospital staff. Distributed over 2500 donated to meals to staff over the last month. Huge thank you to the Food & Nutrition team and HR Staff member Laquanta Moore for their assistance in distributing the meals. The list of donors and pictures are included in the weekly newsletter. Currently working with repeat donor organizations to schedule regular delivery dates and times to streamline distribution and avoid competition with hospital cafeteria. Collected $2,3000 from donors to purchase meals directly from the cafeteria.

PUBLIC RELATIONS

Weekly Newsletter – Distributed every Friday via all staff email and included on UMC website. If Board members would like to include a special note, please send by Thursday of each week.

News Media– Currently tracking news articles and social media mentions which are now listed in weekly newsletter.

UMC Activities – Will celebrate Laboratory Professionals Week with Laboratory team on Thursday, April 23, 2020.

Awards & Special Announcements – Congratulations to Dir. Gorham for a successful Virtual Town hall Meeting with the Black Nurses Association held on April 9, 2020. The event received coverage in Heart & Soul: http://www.heartandsoul.com/news/giving-voice-to-nurses-on-the-front-lines-in-the-fight-against-the-coronavirus/

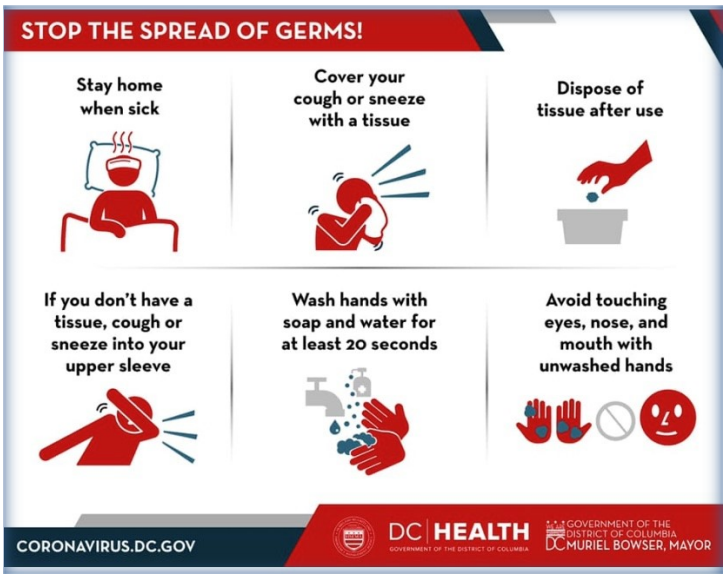
COVID-19 Newsletter #4– April 17, 2020

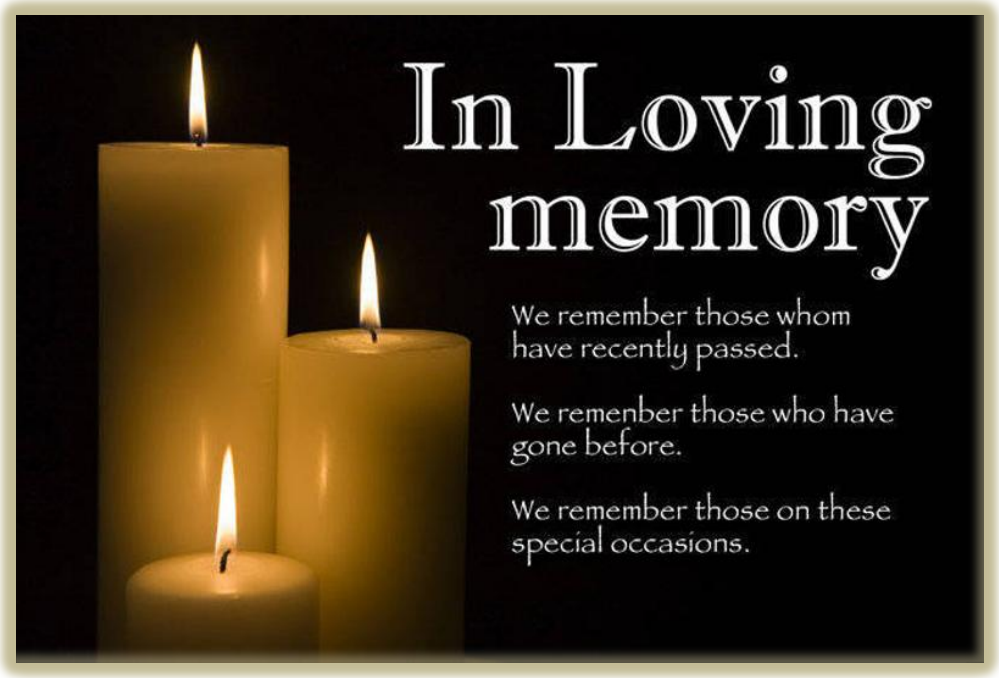
The Not-For-Profit Hospital Corporation commonly known as United Medical Center ("UMC") is dedicated to the health and well-being of the individuals and communities entrusted in our care. The medical staff, UMC Executive leadership team, and the hospital's Board of Directors are committed to providing 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 month 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.

STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Thus, please continue to adhere to the safety, shut-in, and social distancing mandates in effect throughout the region.





On Sunday, April 12, 2020, one of UMC's own ***Ms. Patricia Lyles***, lost her battle against COVID-19. "Ms. Pat" was a member of the UMC team for over 20 years. As a dedicated member of the Food Services & Dietary team, Ms. Pat was known for her listening ear, joyful laugher, maternal nature, and mischievous but positive disposition. Ms. Pat was so dedicated to UMC she never called out and even walked to work in a snowstorm to make sure the Café was open for staff, patients, and visitors. She will be missed by all, as she was often the first and last face we saw in the Café.

More information regarding her memorial services is forthcoming. The Food Services & Dietary team is accepting donations in the Café for those who would like to contribute. *May she rest in peace.*

YOU ARE APPRECIATED

Being a healthcare professional is a calling and we are so thankful that you accepted the call. The daily demands on your physical, mental, and emotional self is more than many people will ever experience. During this COVID-19 Pandemic we just want to say thank you and ask that you STAY ENCOURAGED.

We especially want to thank ***Regina Kim,*** MSG, LNHA, (SNF Administrator). Ms. Kim has instilled many positive changes in the nursing home during her two years as the SNF Administrator. She was chosen as SNF's employee of the month due to her outstanding leadership, ability to encourage and support her staff during this tough and demanding time. Staff report that she also ensures that her residents are comfortable, safe and well taken care of at all times. She puts her residents and staff first, taking very few breaks even when she works until very late at night and until the early morning hours. Her team stated, "We are all grateful for her continued support and assistance on building up SNF to where it is. We are extremely proud of how much dedication and time she consistently puts in to make SNF better and ensure high quality standards in patient care."
Congratulations Ms. Kim!!!

TAKE A MOMENT FOR YOURSELF

Remember, you can't pour from an empty cup, so take at least five minutes to care for yourself, each and every day!

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

THANK YOU!!!!

We are so grateful to the District residents and local businesses who have poured out an overflow of support to UMC through donated meals and/or PPE. Please share expressions of gratitude to the businesses directly or send a note to Toya Carmichael, VP of Public Relations / Corporate Secretary @ Tcarmichael@united-medicalcenter.com. You may also follow UMC on Instagram @unitedmedicaldc.

Donated Meals

Temple of Praise Church
Monumental Sports Foundation
DC Central Kitchen
Brother Jimmy's BBQ

Donated PPE 4/11-4/16/20

Linda Fialkoff
Shaundra Turner Jones / Allstate Insurance, Capitol Region

Coronavirus Data for April 16, 2020

Friday, April 17, 2020

(Washington, DC) – The District's reported data for Thursday, April 16, 2020 includes 126 new positive coronavirus (COVID-19) cases, bringing the District's overall positive case total to 2,476.

The District reported five additional COVID-19 related deaths:

- 61-year-old male
- 68-year-old female
- 72-year-old female
- 82-year-old male
- 91-year-old female

Tragically, 86 District residents have lost their lives due to COVID-19.

Below is the District's aggregated total of positive COVID-19 cases, sorted by age and gender.

Patient Age (yrs)	Total Positive Cases	%	Patient Gender					
			Female	%	Male	%	Unknown	%
All	2476	100	1207	49	1265	51	4	<1
Unknown	1	<1	0	0	1	<1	0	0
0-18	68	3	33	1	34	1	1	<1
19-30	400	16	218	9	181	7	1	<1
31-40	511	21	244	10	266	11	1	<1
41-50	412	17	203	8	209	8	0	0
51-60	429	17	180	7	249	10	0	0
61-70	362	15	163	7	198	8	1	<1
71-80	165	7	81	3	84	3	0	0
81+	128	5	85	3	43	2	0	0

Below is the District's aggregated total of positive COVID-19 cases, sorted by ward.

Ward	Total Positive Cases	Percent
All	2476	100
1	282	11
2	207	8
3	176	7
4	423	17
5	328	13
6	337	14
7	382	15
8	316	13
Unknown	25	1

Below is the District's aggregated total of positive COVID-19 cases, sorted by race.

	Total Positive Cases	Percent
All	2476	100
Race		
Unknown	383	15
American Indian/Alaska Native	7	<1
Asian	36	1
Black/African American	1171	47
Native Hawaiian/Pacific Islander	4	<1
Other/Multi-Racial	386	16
White	461	19
Refused During Interview	28	1
Ethnicity		
Unknown	544	22
Hispanic or Latinx	403	16
NOT Hispanic or Latinx	1522	61
Refused During Interview	7	<1

Below is the District's total lives lost due to COVID-19, sorted by race.

Race	Total Lives Lost	Percent
All	86	100
Asian	2	2
Black/African American	66	77
Hispanic/Latinx	8	9
Non-Hispanic White	10	12
Other	0	0

With ongoing community transmission, contact tracing is focused on positive cases associated with health care workers (including first responders), senior care facilities, correctional and detention centers, childcare facilities, and facilities serving individuals who are experiencing homelessness. Guidance has been published for healthcare providers, employers and the public to provide information on what to do if you have been diagnosed with or are a contact of someone who has COVID-19.

District residents are encouraged to STAY AT HOME and take the following actions to help prevent the spread of COVID-19:

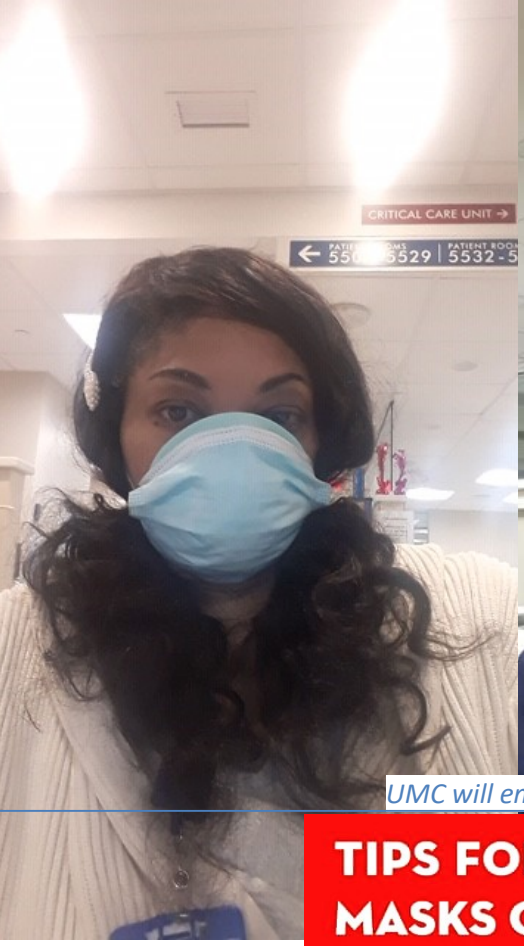
- Stay home when you are sick
- Avoid close contact with people who are sick
- Wash hands with soap and water for at least 20 seconds. An alcohol-based hand sanitizer can be used if soap and water are not available
- Avoid touching eyes, nose and mouth with unwashed hands
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces

If you have to leave home for an essential purpose, practice social distancing and stay six feet apart from others. For more information on the District's response, visit coronavirus.dc.gov.

ADMINISTRATIVE NOTICES

You may have noticed the additional tents erected in the UMC parking lot. As we continue to host our federal and local government partners providing testing to first responders and residents, our lot will continue to fill up.

DDOT is providing on street parking to assist with parking for staff. Specifically, the locations are the west side of 13th Street SE from the second entrance to Varney Street SE and Southern Ave opposite of the hospital. **PLEASE DISPLAY YOUR UMC PARKING PERMIT WHEN PARKING ON THE STREET.**



UMC will employ innovative approaches that yield excellent experiences.

TIPS FOR USING NON-MEDICAL MASKS OR FACE COVERINGS

6'

Masks or face coverings do not eliminate the need for **social distancing** and staying home when sick!

Before putting on a cloth mask, **clean hands** with soap and water or use hand sanitizer.

Cover **mouth and nose**, make sure there are no gaps.

Avoid touching the mask when using it.

After using, **toss single-use masks in the garbage** or immediately **wash cloth masks** and clean your hands with soap and water or use hand sanitizer.

N95

Please **don't purchase N95 respirator masks**, they are needed for healthcare workers and first responders.

CORONAVIRUS.DC.GOV

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

INFECTION PREVENTION (IP) REMINDERS

DATE: **March 25, 2020**

TO: **To All Staff**

FROM: **Dr. Raymond Tu, CMO**
Sylvia Clagon – Infection Preventionist

SUBJECT: **Re-use of N95 Respirator (mask)**

Extended use has been recommended as an option for conserving respirators during previous respiratory pathogens outbreaks and pandemics.

Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it (doffing) after each encounter.

- The respirator is stored in-between encounters to be put on again (donning) prior to the next encounter with a patient.
- CDC recommends that a respirator classified as disposal can be used by the same worker as long as it remains functional and is used with local infection control procedures.

Procedure for reuse of N95 respirators:

- Clean hands with soap and water or an alcohol – based sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit)
- Avoid touching the inside of the respirator
- Use a pair of clean (non-sterile) gloves when donning (putting on) a used N95 respirator (mask) and performing a user seal check. Discard gloves after the N95 is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal
- Perform hand washing with soap and water of use alcohol-base sanitizer
- Use a pair of clean (non-sterile) gloves prior to removing N95 respirator; remove the mask using the straps on the side of the mask and avoid touching the front of the mask. Place the respirator (mask) in a paper bag for storage.

When to discard (through away) the respirator:

- Discard N95 respirator if torn, or damaged or straps are stretched out so much that they no longer provide enough tension to your face
- Discard N 95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following use during aerosol generating procedures (such as bronchoscopy)

Length of time respirator can be used:

- 3 M 1860 – no limit to the length of time a respirator can be used per manufacturer
- 3 M 1870- no limit to the length of time a respirator can be used per manufacturer

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Table 1: Epidemiologic Risk Classification for Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations. This table was amended from its original version (provided by CDC) by DC Health to include different monitoring recommendations for Skilled Nursing Facilities and all other type of healthcare facilities in DC.

Definitions:
Self-monitoring – Taking temperatures twice a day and remaining alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat) without supervision. Only report to occupational health (or alternative per facility protocol) if symptoms develop.
Active monitoring – The healthcare facility establishes regular communication with exposed HCPs to assess for the presence of fever and respiratory symptoms (e.g., cough, shortness of breath, sore throat) at least once daily. If the healthcare facility cannot support this, please consult with DC Health.
Self-Monitoring with delegated supervision – Reporting to occupational health (or alternative per facility protocol) for temperature and respiratory symptom (e.g., cough, shortness of breath, sore throat) screening prior to starting work.
HCP=healthcare personnel; **PPE**=personal protective equipment

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact[2] with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	**SNFs**: Active monitoring **All other facility types**: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	**SNFs**: Active monitoring **All other facility types**: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	**SNFs:** Self with delegated supervision **All other facility types**: Self-monitoring	None
HCP PPE: Not wearing gown or gloves[3]	Low	**SNFs:** Self with delegated supervision **All other facility types**: Self-monitoring	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	**SNFs:** Self with delegated supervision **All other facility types**: Self-monitoring	None
Prolonged close contact[2] with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	**SNFs**: Active monitoring **All other facility types**: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	**SNFs**: Active monitoring **All other facility types**: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[4]	Medium	**SNFs**: Active monitoring **All other facility types**: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[3,4]	Low	**SNFs:** Self with delegated supervision **All other facility types**: Self-monitoring	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[4]	Low	**SNFs:** Self with delegated supervision **All other facility types**: Self-monitoring	None

[2] **Close contact** for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
[3] The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
[4] The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

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.

Extended UMC Café Hours

To ensure all staff have access to a selection of food and beverage options throughout the day, the Café has extended its hours.

- **Daily Hours will be from 8:00AM – 7:00PM – Sunday – Saturday**
- **A Breakfast Menu will be served daily from 8:00AM – 10:00AM**
- **A Combined Lunch/Dinner Menu will be served from 10:00AM – 3:00PM**
- **A Variety of Grab-N-Go items will be offered from 3:00PM – 7:00PM**

Below are additional local resources and information to assist you as you deal with the realities of the Coronavirus outside of the walls of UMC.

Childcare

FREE CHILD CARE FOR FIRST RESPONDERS

While health care workers, elder caregivers and first responders are on the frontlines of the fight against COVID-19, we know you are in need of care too. High-quality, safe, and nurturing care for your own children is essential so you can get to work and have the peace-of-mind to focus on your critical job. **#FirstRespondersFirst** has brought together Thrive Global, Harvard School of Public Health, CAA and Bright Horizons to open special child care hubs that meet your needs...and those of your child.

With the generous support of First Responders First, a select group of Bright Horizons centers will operate with special COVID-19 protocols in place, including limited capacity and small group sizes, enhanced teacher:child ratios, and intensive hygiene and cleaning practices. Care will be available for free for health care workers, elder caregivers, and first responders who have limited access to quality child care.

To inquire about care:
email: lstreet@brighthorizons.com
phone: 202-887-8433

FIRST RESPONDERS FIRST
Bright Horizons. Child Care Hub

SPONSORED BY:
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH · THRIVE GLOBAL · CAA · Bright Horizons.

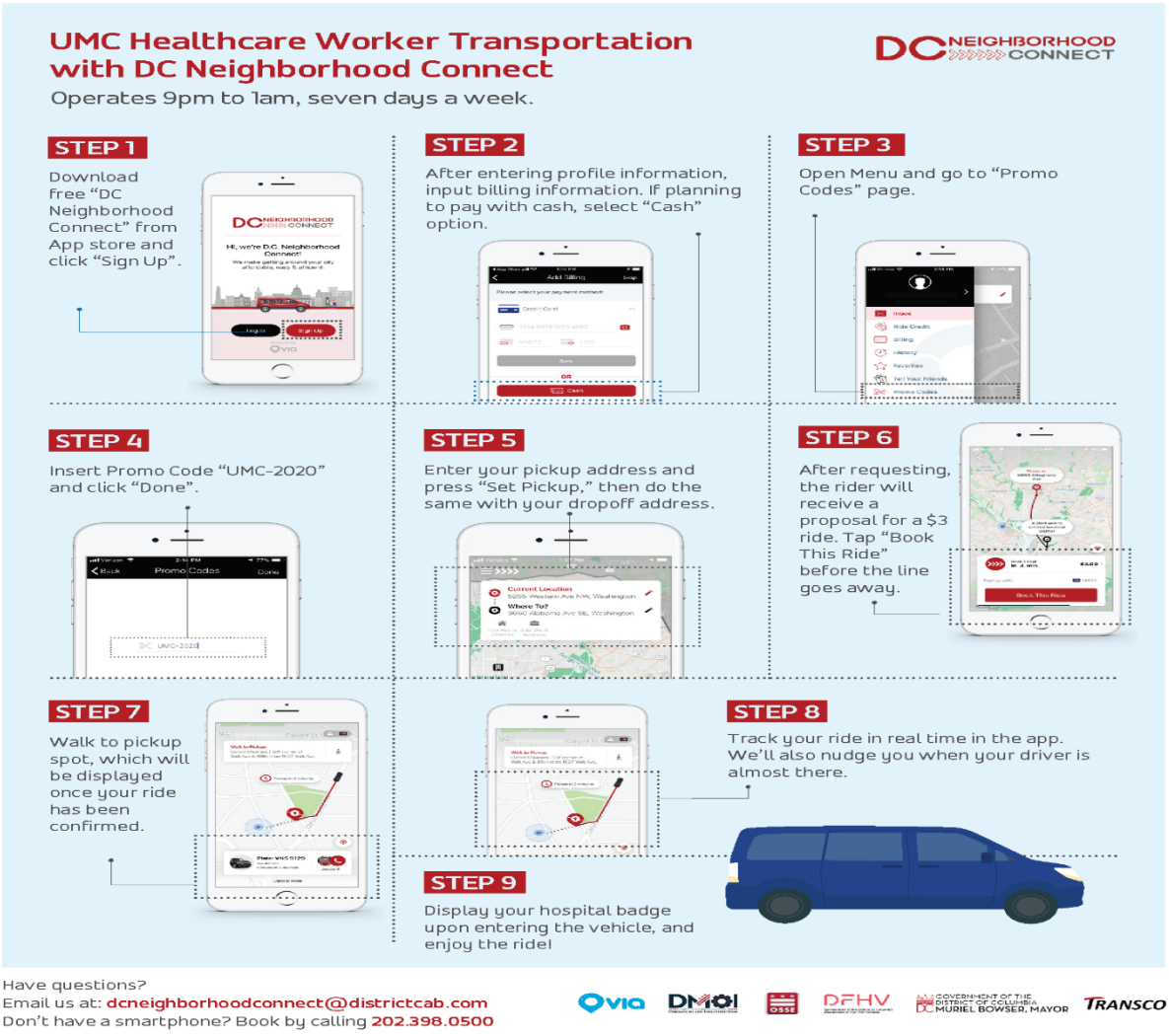
Transportation

In response to public transportation limitations during COVID-19 pandemic, UMC has partnered DC Neighborhood Connect to provide discounted for evening and night shifts during this pandemic.

The following outlines the program, please refer to the attached to use this service:

- The program begins **April 14, 2020 at 9 pm**
- Employees can access trips from Washington, DC or Prince George's County to United Medical Center
- Each ride costs $3
- Operates from 9pm to 1am, daily
- Employees may use an app on their phone or call directly

Please refer to the attached flyer for instructions on how to use DC Neighborhood Connect. Managers, please share with your staff.



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

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
- Visit https://individual.carefirst.com/individuals-families/about-us/coronavirus-resource-center.page for additional information on resources related to COVID-19.

District Residents:

For the latest developments visit: coraonavirus.dc.gov or contact DC Health: (202) 576-1117

Maryland Residents:

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

County	Telephone #	Telephone #
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

Virginia Residents:

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

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

UMC IN THE NEWS– April 17, 2020

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael, VP of Public Relations @Tcarmichael@united-medicalcenter.com.

The Not-For-Profit Hospital Corporation commonly known as United Medical Center (“UMC”) in the news: Sometimes, **“no news is good news!”**

UMC
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General Board Meeting

Date: April 22, 2020

Performance Improvement Committee Report

- **Last meeting was held on Wednesday, April 15, 2020.**

NFPHC Performance Improvement Committee

(Quality and Safety)

Wednesday, April 15, 2020 | 1530pm | Conference Call 1-866-820-5602 Passcode 7266397#

AGENDA ITEMS

1. Call Meeting to Order

2. Approval of the Minutes (March)

3. Infection Prevention & Control – Sylvia Clagon, Missi Sylvain, Colene Y. Daniel
    a. Update (Isolation, PUI& Covid -19 cases)

4. Facilities Update – Ken Blackwell
    a. ICU
    b. Dialysis Center

5. Regulations & Accreditation/Regulatory Visits
    a. DC Health Survey Results (Attached)
    b. UNMC (Skilled Nursing Facility) POC Submitted – Regina Kim

6. Standing Reports – Dr. Isabel Shephard
    a. Executive Quality Dashboard (Review Dashboard)
        i. Medication Reconciliation –
        ii. Sepsis-
        iii. Leapfrog -

7. Closed Session
    - Cecelia Davis

8. Adjournment

Next scheduled meeting
TBD
Executive Conference Room
1600-1800

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 by Dr. Fair, Second by Dir. Gorham – Unanimous Approval	
Call 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 dawning. c. Visitors restricted and screened at security when entering. d. All clinical staff were fitted for N95 and everyone has enough PPE as of today. e. Met with ED Director, Hospitalists and Dr. Yacoub 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.	

	f. 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 MRSA which is worse than coronavirus and we do not want to release that into the community so they are being isolated as well. g. 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. Tents 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 whose 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 with a person 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.	Marcela to provide tracking guidance from DC Health.
	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 social services. Surveyors did not ask for a management report within two days. Dir. Ashenafi asked when we are expecting a 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. Survey is conducted annually.

c. UNMC (Skilled Nursing Facility): Exit Conference- Regina Kim (CEO Memo Attached)

- Deficiencies and plan of correction. 15 deficiencies total - 4 tags in resident rights, 3 tags in resident assessment, 3 tags in comprehensive resident (inaudible), 1 tag in quality of life, 1 tag for quality of care, 1 tag for food and nutrition services, 1 tag in administration, and 1 tag for infection control.
- 2nd survey – total of 9 deficiencies, 6 of which are a cross over from federal survey. 1 tag for incident reporting, 1 tag for medication administration, and 1 tag for staffing.
- Life safety – total of 2 tags
- Emergency preparedness survey – 4 tags
- Legionella – 0 tags, low level tags and no immediate jeopardy tags unlike last year.
- Overall we had a good survey.
- Dir. Ashenafi asked about staffing tag – Regina said they compared staffing levels from weekends in 2019 and saw we were below 4.1 on three weekends during a two-month time period.
- Dir. Fair asked if any of the deficiencies in the SNF are exacerbating under the current circumstances? The quality of care jumps out and the deficiencies of emergency services and environmental services found on the hospital survey. 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. Department 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 VREs so the rate is a little higher. 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 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. 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.

	6. Facilities Updates – Ken Blackwell & Marcela Maamari a. Nuclear Medicine services update- project complete services started on February 2nd. b. Pharmacy Renovation – Weekly meetings being held 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.
	7. Policy/Procedure Review – Attachment – Colene – Delayed because hospital policies are being revised.	CEO will have statement ready by the next meeting.
	8. Entered closed session at 5:15 pm.	
	9. Adjournment Gorham Fair, Unanimous Adjourned at 5:28pm, Dr. Fair will resume as Chair of the committee in April.	

Next scheduled meeting
TBD
Conference Call 1-866-820-5602 Passcode 7266397#

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
BLOOD PRODUCTS MANAGEMENT																		
BLOOD TRANSFUSION REACTIONS																		
# Transfusion Reaction Cases	—	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allergic Reaction		1	0											1	0	0	0	1
Febrile Reaction	—	0	0											0	0	0	0	0
Hemolytic Reaction	—	0	0											0	0	0	0	0
Non-Specific Reaction	—	0	0											0	0	0	0	0
BLOOD TRANSFUSION RECORD REVIEW																		
Transfusions		185	198	0	0	0	0	0	0	0	0	0	0	383	0	0	0	383
Cryoprecipitate Transfusions		8	0											8	0	0	0	8
Fresh Frozen Plasma Transfusions		17	17											34	0	0	0	34
Platelet Transfusions		2	8											10	0	0	0	10
RH Immunge Globulin (RhIG)		2	3											5	0	0	0	5
Total Red Blood Cells (RBCs) Transfused		156	170											326	0	0	0	326
Total RBC units Crossmatched		177	185	0	0	0	0	0	0	0	0	0	0	362	0	0	0	362
Crossmatch/Transfusion Ratio Threshold <2		1.1346	1.08824	-	-	-	-	-	-	-	-	-	-	1.110429	-	-	-	1.11043
BLOOD TRANSFUSION JUSTIFICATION																		
# Times O- BLOOD TRANSFUSED TO NON O- PT		0	12											12	0	0	0	12

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
BLOOD TRANSFUSION DOCUMENTATION		**THRESHOLD 100%**																
Crossmatch Compatibility		100%												100%	#DIV/0!	#DIV/0!	#DIV/0!	100%
MD Order Confirmed		100%												100%	#DIV/0!	#DIV/0!	#DIV/0!	100%
Consent Signed		83%												83%	#DIV/0!	#DIV/0!	#DIV/0!	83%
2 RN Signature		98%												98%	#DIV/0!	#DIV/0!	#DIV/0!	98%
FALL PREVENTION																		
# Falls Housewide		7	8											15	0	0	0	15
# Falls - ED		0	0											0	0	0	0	0
# Falls - Outpatient		1	0											1	0	0	0	1
# Falls - Inpatient		6	8											14	0	0	0	14
# Falls - Visitor		0	0											0	0	0	0	0
Inpatient Days		2201	2619											4820	0	0	0	4820
# Falls - With Injury		0	0											0	0	0	0	0
INPATIENT FALL RATE		2.7	3.1	-	-	-	-	-	-	-	-	-	-	2.9	-	-	-	2.9
INFECTION PREVENTION AND CONTROL																		
NPSG: REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS																		
INFECTION SURVEILLANCE - DEVICE ASSOCIATED HAI																		
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI)		THRESHOLD <1/YR																

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
CLABSI -Medical/Surgical		0	0											0	0	0	0	0
Medical/Surgical CLABSI RATE		0	0	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0
CLABSI Telemetry		0	0											0	0	0	0	0
Telemetry CLABSI rate		0	0	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0
CLABSI-Critical Care Unit (CCU)		0	0											0	0	0	0	0
CCU CLABSI RATE		0	0	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0
CATHETER ASSOCIATED URINARY TRACT INFECTON (CAUTI)							THRESHOLD < 1/YR											
CAUTI -Medical/Surgical		0	0											0	0	0	0	0
Medical/Surgical CAUTI Rate		0	0	-	-	-	-	-	-	-	-	-	-	0	-	-	-	0
CAUTI- Telemetry		0	0											0	0	0	0	0
Telemetry CAUTI Rate		0	0	-	-	-	-	-	-	-	-	-	-	0	-	-	-	0
CAUTI -CCU		0	0											0	0	0	0	0
CAUTI -CCU RATE		0	0	-	-	-	-	-	-	-	-	-	-	0	-	-	-	0
VENTILATOR ASSOCIATED EVENTS							THRESHOLD < 1/YR											
Ventilator Associated Condition (VAC)		0												0	0	0	0	0
Ventilator Associated Condition Rate		0		-	-	-	-	-	-	-	-	-	-	0	0	0	0	0
MULTI DRUG RESISTANT ORGANISMS (MDRO)							THRESHOLD RATE <1/YR											
MRSA-HAI (Healthcare Acquired Infection)		0	1											1	0	0	0	1

UMC QUALITY Dashboard		At or Exceeds Target							Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
MRSA Rate		0	0.38183	-	-	-	-	-	-	-	-	-	-	0.207469	-	-	-	0.20747
CLOSTRIDIUM DIFFICILE (C.DIFF)						THRESHOLD RATE <1/YR												
C.Diff-HAI (Healthcare Acquired Infection)		0												0	0	0	0	0
C.Diff Rate		0		-	-	-	-	-	-	-	-	-	-	0	-	-	-	0
VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE)						THRESHOLD RATE <1/YR												
VRE Healthcare Acquired Infection		3	3											6	0	0	0	6
VRE Rate		1.363	1.14548	-	-	-	-	-	-	-	-	-	-	1.244813	-	-	-	1.24481
INFECTION SURVEILLANCE : SURGICAL SITE INFECTIONS (SSI)						THRESHOLD <4 INCIDENCE/YR												
# Colon Surgeries		3	2											5	0	0	0	5
#SSI from Colon Surgeries		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Major Orthopedic Surgeries		2	0											2	0	0	0	2
# SSI fromOrthopedic Surgeries		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DEVICE UTILIZATION RATE (DUR)																		
# PATIENT DAYS-TOTAL		2225	2140	0	0	0	0	0	0	0	0	0	0	4,365	0	0	0	4,365
# Patient Days - MS		594	478											1,072	0	0	0	1,072
#Patient Days-Tele		1351	1379											2,730	0	0	0	2,730
#Patient Days MS/T		1945	1857	0	0	0	0	0	0	0	0	0	0	3,802	0	0	0	3,802
# Patient Days - CCU		280	283											563	0	0	0	563

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
FOLEY DUR							THRESHOLD: < 1/YR											
# Foley Days - MS		62	42											104	0	0	0	104
FOLEY DUR - MS		0.10	0.09	-	-	-	-	-	-	-	-	-	-	0.10	-	-	-	0.10
#Foley Days-Tele		215	168											0	0	0	0	383
FOLEY DUR - Tele		0.16	0.12	-	-	-	-	-	-	-	-	-	-	0.00	-	-	-	0.14
# Foley Days - CCU		184	159											343	0	0	0	343
FOLEY DUR - CCU		0.66	0.56	-	-	-	-	-	-	-	-	-	-	0.61	-	-	-	0.61
# Foley Days - TOTAL		461	369	0	0	0	0	0	0	0	0	0	0	830	0	0	0	830
CENTRAL LINE DUR							THRESHOLD: MS< 1/YR TELE < 1/YR CCU < 1/YR											
# Central Line Days - MS		17	3											20	0	0	0	20
CENTRAL DUR - MS		0.03	0.01	-	-	-	-	-	-	-	-	-	-	0.02	-	-	-	0.02
#Central Line Days Tele		19	31											50	0	0	0	50
CENTRAL DUR TELE		0.0141	0.02248	-	-	-	-	-	-	-	-	-	-	0.02	-	-	-	0.02
# Central Line Days CCU		71	74											145	0	0	0	145
CENTRAL DUR - CCU		0.25	0.26	-	-	-	-	-	-	-	-	-	-	0.26	-	-	-	0.26
# Central Line Days TOTAL		107	108	0	0	0	0	0	0	0	0	0	0	215	0	0	0	215
VENTILATOR DUR							THRESHOLD: TELE< 1/YR CCU 1/YR											
# Ventilator Days - CCU		120	117											237	0	0	0	237

UMC QUALITY Dashboard		At or Exceeds Target							Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
VENT DUR - CCU		0.43	0.41	-	-	-	-	-	-	-	-	-	-	0.420959	-	-	-	0.42096
# Ventilator Days TOTAL		120	117	0	0	0	0	0	0	0	0	0	0	237	0	0	0	237
TRANSMISSION BASED PRECAUTIONS																		
Airborne-MS/T		0	5											5	0	0	0	5
Airborne-CCU		0	0											0	0	0	0	0
Airborne-Total		0	5	0	0	0	0	0	0	0	0	0	0	5	0	0	0	5
Droplet - MS/T		21	27											48	0	0	0	48
Droplet - CCU		1	8											9	0	0	0	9
Droplet - TOTAL		22	35	0	0	0	0	0	0	0	0	0	0	57	0	0	0	57
Contact - MS/T		180	124											304	0	0	0	304
Contact - CCU		80	64											144	0	0	0	144
Contact - Total		260	188	0	0	0	0	0	0	0	0	0	0	448	0	0	0	448
Contact Enteric - MS/T		49	24											73	0	0	0	73
Contact Enteric - CCU		10	6											16	0	0	0	16
Contact Enteric - TOTAL		59	30	0	0	0	0	0	0	0	0	0	0	89	0	0	0	89
Neutropenic - MS/T		0	0											0	0	0	0	0
Neutropenic - CCU		0	0											0	0	0	0	0
Neutro - TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
HAND HYGIENE COMPLIANCE		**THRESHOLD >90%**																
# Hand Hygiene Compliance		192	194											386	0	0	0	386
# Hand Hygiene Obs.		210	202											412	0	0	0	412
Compliance-Hospital Wide		91%	96%	-	-	-	-	-	-	-	-	-	-	94%	-	-	-	94%
HAND HYGIENE COMPLIANCE STRATIFIED PER ROLE		**THRESHOLD>90%**																
# Obs. EMPLOYEE (Non Provider)		193	179											372	0	0	0	372
# Compliant Obs. Employee (Non Provider)		175	172											347	0	0	0	347
EMPLOYEE RATE		91%	96%	-	-	-	-	-	-	-	-	-	-	93%	-	-	-	93%
# Obs. PROVIDER		17	23											40	0	0	0	40
# Compliant Obs. PROVIDER		16	22											38	0	0	0	38
PROVIDER RATE		94%	96%	-	-	-	-	-	-	-	-	-	-	95%	-	-	-	95%
HAND HYGIENE COMPLIANCE STRATIFIED PER PATIENT CARE DEPARTMENT		**THRESHOLD 90%**																
# Obs. ED		40	30											70	0	0	0	70
# Compliant Obs.ED		35	28											63	0	0	0	63
ED RATE		88%	93%	-	-	-	-	-	-	-	-	-	-	90%	-	-	-	90%
# Obs. PeriOperative (PeriOP)		30	30											0	0	0	0	60
# Compliant Obs. PeriOp		30	30											60	0	0	0	60
PeriOp Services RATE		100%	100%	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	100%

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Obs. MS/T		100	100											200	0	0	0	200
# Compliant Obs. MS/T		89	94											183	0	0	0	183
MS/T RATE		89%	94%	-	-	-	-	-	-	-	-	-	-	92%	-	-	-	92%
# Obs. CCU		30	30											60	0	0	0	60
# Compliant Obs. CCU		28	30											58	0	0	0	58
CCU RATE		93%	100%	-	-	-	-	-	-	-	-	-	-	97%	-	-	-	97%
TERMINAL CLEANING VALIDATION OF THE OR ROOMS - THRESHOLD 100%																		
OR Room 1 Cleanings		31												31	0	0	0	31
OR Room 1 Validation		31												31	0	0	0	31
OR Room 1 Cleaning Rate	100%	100%	-	-	-	-	-	-	-	-	-	-	-	100.0%	-	-	-	100.0%
OR Room 2 Cleanings		31												31	0	0	0	31
OR Room2 Validation		31												31	0	0	0	31
OR Room 2 Cleaning Rate	100%	100%	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	100%
OR Room 3 Cleanings		31												31	0	0	0	31
OR Room 3 Validation		31												31	0	0	0	31
OR Room 3 Cleaning Rate	100%	100%	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	100%
OR Room 4 Cleanings		31												31	0	0	0	31
OR Room 4 Validation		31												31	0	0	0	31

UMC QUALITY Dashboard		At or Exceeds Target							Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
OR Room 4 Cleaning Rate	100%	100%	-	-	-	-	-	-	-	-	-	-	-	100%	-	-	-	100%
MEDICATION SAFETY																		
BARCODE MEDICATION ADMINISTRATION (BCMA) - Hospital Wide																		
%Pt Scanned		99.94%	99.94%	-										99.94%	#DIV/0!	#DIV/0!	#DIV/0!	99.94%
%Medications Scanned		84.00%	83.68%											83.39%	#DIV/0!	#DIV/0!	#DIV/0!	83.39%
MEDICATION RECONCILIATION COMPLETED - INPATIENT ADMISSION																		
# Patient Records Reviewed		138	3782											3920	0	0	0	3920
# Records Med Rec Complete		103	2878											2981	0	0	0	2981
% Med. Reconciliations completed		74.6%	76.1%	-	-	-	-	-	-	-	-	-	-	76.0%	-	-	-	76.0%
MEDICATION ERRORS REPORTED																		
# TOTAL ERRORS		8	18	0	0	0	0	0	0	0	0	0	0	26	0	0	0	26
ERROR TYPE																		
MED-GIVEN IN SPITE OF DOCUMENTED ALLERGY		0	0											0	0	0	0	0
MED-DELAY		0	2											2	0	0	0	2
MED-WRONG STRENGTH		0	0											0	0	0	0	0
MED-OMISSION		4	7											11	0	0	0	11
MED-UNORDERED MED.		0	0											0	0	0	0	0
MED-OTHER		1	3											4	0	0	0	4

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
MED-WRONG DOSE		3	6											9	0	0	0	9
MED-WRONG MEDICATION		0	0											0	0	0	0	0
MED-WRONG PATIENT		0	0											0	0	0	0	0
MED-WRONG RATE		0	0											0	0	0	0	0
MED-WRONG TIME		0	0											0	0	0	0	0
PATIENT SATISFACTION/PERCEPTION OF CARE																		
#Grievances/Complaints		8	20											28	0	0	0	28
Recommend Hospital UMC Target 50%		66.7	38.5											52.6	#DIV/0!	#DIV/0!	#DIV/0!	52.6
Overall Hospital Rating UMC Target 50%		66.7	53.8											60.25	#DIV/0!	#DIV/0!	#DIV/0!	60.25
STAR Rating		2	2											4	0	0	0	4
CLINICAL OUTCOMES																		
Total Code Blue Events (outside of CCU)		1	4	0	0	0	0	0	0	0	0	0	0	5	0	0	0	5
Code Blue Rates		0.4494	1.5273	-	-	-	-	-	-	-	-	-	-	0.988369	#DIV/0!	0	0	0.98837
Patient Days		2225	2619											4844	0	0	0	4844
Tele		1	3											4	0	0	0	4
M/S		0	0											0	0	0	0	0
BHU		0	0											0	0	0	0	0
Dialysis		0	0											0	0	0	0	0

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
OR		0	0											0	0	0	0	0
PACU		0	0											0	0	0	0	0
Radiology		0	1											1	0	0	0	1
Total Rapid Response Events		17	7	0	0	0	0	0	0	0	0			24	0	0	0	24
Rapid Response Rates		7.6404	2.67278	-	-	-	-	-	-	-	-	-	-	4.954583	-	-	-	4.95458
Tele		13	5											18	0	0	0	18
M/S		1	1											2	0	0	0	2
BHU		0	0											0	0	0	0	0
Dialysis		3	1											4	0	0	0	4
OR		0	0											0	0	0	0	0
PACU		0	0											0	0	0	0	0
Radiology		0	0											0	0	0	0	0
Mortality Rate%		0.00%												0.00%	0.00%	0.00%	0.00%	0.00%
VTE Prophylaxis MS/T Compliance >95%		92.09%	93.34%											92.72%	#DIV/0!	#DIV/0!	0.00%	92.72%
VTE Prophylaxis CCU Compliance >95%		100%	100%											100.00%	#DIV/0!	#DIV/0!	100.00%	100.00%
CLINICAL SAFETY INDICATORS																		
Number of Restraint Hours Behavioral Health Unit		2.4	0.116											2.516	0	0	0	2.516
Restraint Rate		4.94	0.0021											4.9421	0	0	0	4.9421

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Deliveries in the ED		0	0											0	0	0	0	0
SQ Insulin Administration Adherence >95%		97%	97%	-	-	-	-	-	-	-	-	-	-	97%	#DIV/0!	#DIV/0!	#DIV/0!	97%
PRESSURE ULCERS																		
Total Patient Days		2225	2619											4844	0	0	0	4844
# Present on admission		23	26											49	0	0	0	49
Prevalance Rate %		1.0337	0.99275	-	-	-	-	-	-	-	-	-	-	1.011561	-	-	-	1.01156
# Hospital Acquired Pressure Injuries		1	0											1	0	0	0	1
Incidence Rate		0.0004	0	-	-	-	-	-	-	-	-	-	-	0.020644	-	-	-	0.02064
OCCURRENCE REPORTS																		
# OCCURRENCE REPORTS		117	135	0	0	0	0	0	0	0	0	0	0	252	0	0	0	252
EQUIPMENT		1	1											2	0	0	0	2
FALLS		7	8											15	0	0	0	15
MEDICATION		8	18											26	0	0	0	26
OTHER		101	108											209	0	0	0	209
# NEAR MISSES		UNK	UNK											0	0	0	0	0
# SENTINEL EVENTS		0	1											1	0	0	0	1
SEPSIS MEASURES																		
Sepsis (Principal DX) 30 Day Readmit		0	1											1	0	0	0	1
Simple Severe Sepsis w/Shock		11	9											20	0	0	0	20

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Sepsis Patients Observed Mortality (APR DRG 720)		0	0											0	0	0	0	0
Sepsis Patients Volume (APR DRG 720)		24	28											52	0	0	0	52
CASE MANAGEMENT				THRESHOLD LOS < 5.5														
Average Length of Stay		5.18	4.82	-	-	-	-	-	-	-	-	-	-	5	#DIV/0!	#DIV/0!	#DIV/0!	5
FD12 PATIENT ADMISSIONS/ELOPEMENT TRACKING																		
FD12 ADMISSIONS		80	73	-	-	-	-	-	-	-	-	-	-	153	0	0	0	153
FD12 Elopement Cases		0	0	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0

UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: April 22, 2020

Finance Committee Report

- Meetings were held on Monday, April 20, 2020 and Thursday, April 2, 2020.

April 20, 2020 Regular Finance Committee Meeting
- Agenda (Attachment A) [OPEN]
- March Financials (Attachment C) [OPEN]

April 2, 2020 Emergency Finance Committee Meeting (postponed regular March mtg)
- Corrected Agenda (Attachment E) [OPEN]
- February 2020 Financials (Attachment G) [OPEN]

ATTACHMENT A

Not-For-Profit Hospital Corporation Board of Directors
Finance Committee: DM Turnage, Chair
Agenda: Monday, April 20, 2020 @ 530-7p

I. CALL TO ORDER / RECORDING / ROLL CALL

Approved updated agenda: 4/20/2020

II. MINUTES - *POSTPONED*

- FY19
- FY20: January, February, March (Apr 2 Emergency Mtg)

III. FINANCE, FINANCIALS & BUDGET

- Updated Emergency Balanced FY20 Budget *(discussion)*
- Case Management Initiatives Progress Report *(discussion)*
- Monthly Financials & Key Indicators: March *(vote)*

IV. COVID-19 COSTS *(discussion)*

- Operating
- Capital
- COVID Funding Sources: Timing & Need *(WT/District Update)*
  - Federal payments; District; FEMA reimbursement
  - Other
    - DCHA
    - Donations

V. CAPITAL BUDGET: COVID & NONCOVID *(discussion)*

Intentionally left blank

VI. CONTRACTS

- Contracts for approval *(vote)*
- Contracts and PO monthly dashboard *(FYI only) - POSTPONED*

VII. NEW BUSINESS/OLD BUSINESS

- Mayor & Council FY21 Budget Submission and Review *(WT update)*

VIII. ANNOUNCEMENTS *(Dates subject to change)*

- Wednesday, April 22, 2020 at 12p: Next regular UMC Board Meeting
- Monday, May 18, 2020 at 3p: Next regular UMC Finance Committee Meeting

IX. ADJOURNMENT

Notice of Intent to close. The NFPHC Board hereby gives notice that it if necessary, it may close and move to executive session to discuss contracts, legal matters with an attorney, and personnel matters. D.C. Official Code §§2-575(b)(2)(4A)(10).

ATTACHMENT C

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending March 31, 2020

DRAFT

Table of Contents

Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of March 2020

	FY 2020 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY20 Adjusted Gap Measures)
FY20 Annualized Net Income/(Loss) from Operations:			($7,564,000)	
Add: Initiatives to be Realized				
Various Issues Affecting Admission	$4,000,000	$500,000	$3,500,000	12.5%
GWUMFA Professional Fees Collection	$7,200,000	$3,599,852	$3,600,148	50.0%
Supply Chain/Contracts	$1,000,000	$0	$0	0.0%
Legal	$1,000,000	$0	$0	0.0%
Length Of Stay Reduction	$500,000	$0	$0	0.0%
Agency Staffing	$1,000,000	$0	$0	0.0%
Subtotal	**$14,700,000**	**$4,099,852**	**$7,100,148**	27.9%
Projected Net Income (Loss) from Operations			**($463,852)**	
Original Projected Income			$9,979,000	
Reforecasted Loss			($10,442,852) *	
Additional Suggested Initiatives to be Monitored				
Managed Care	$1,000,000	$0	$1,000,000	0.0%
Overtime	$1,000,000	$0	$1,000,000	0.0%
Supply Chain	$1,000,000	$0	$1,000,000	0.0%
Agency Staffing	$250,000	$0	$250,000	0.0%
Subtotal	**$3,250,000**	**$0**	**$3,250,000**	
Adjusted Net Income (Loss) from Operations			**($7,192,852)**	

***Need a plan from Mazar how to close the 10.4M gap**

Report Summary

- **Revenue**
  - **Total operating revenue is below budget by 13% (1.5M) month-to-date (MTD) and 7% (5.3M) year-to-date (YTD)**
  - **Contributing Factors:**
    - **Net patient revenues are below budget by 16% (1.5M) MTD and 9% (4.3M) YTD, due to:**
      - **Admissions are below budget by 18% MTD and 11% YTD**
      - **ER visits are below budget by 22% MTD and 15% YTD respectively**
      - **Inpatient surgeries are below budget by 57% for the month, and 39% YTD**
      - **Outpatient surgeries are below budget by 60% for the month, and 6% YTD**
      - **Clinics visits are below budget 79% MTD and 71% YTD**
    - **District subsidy revenue of 11M recognized YTD**

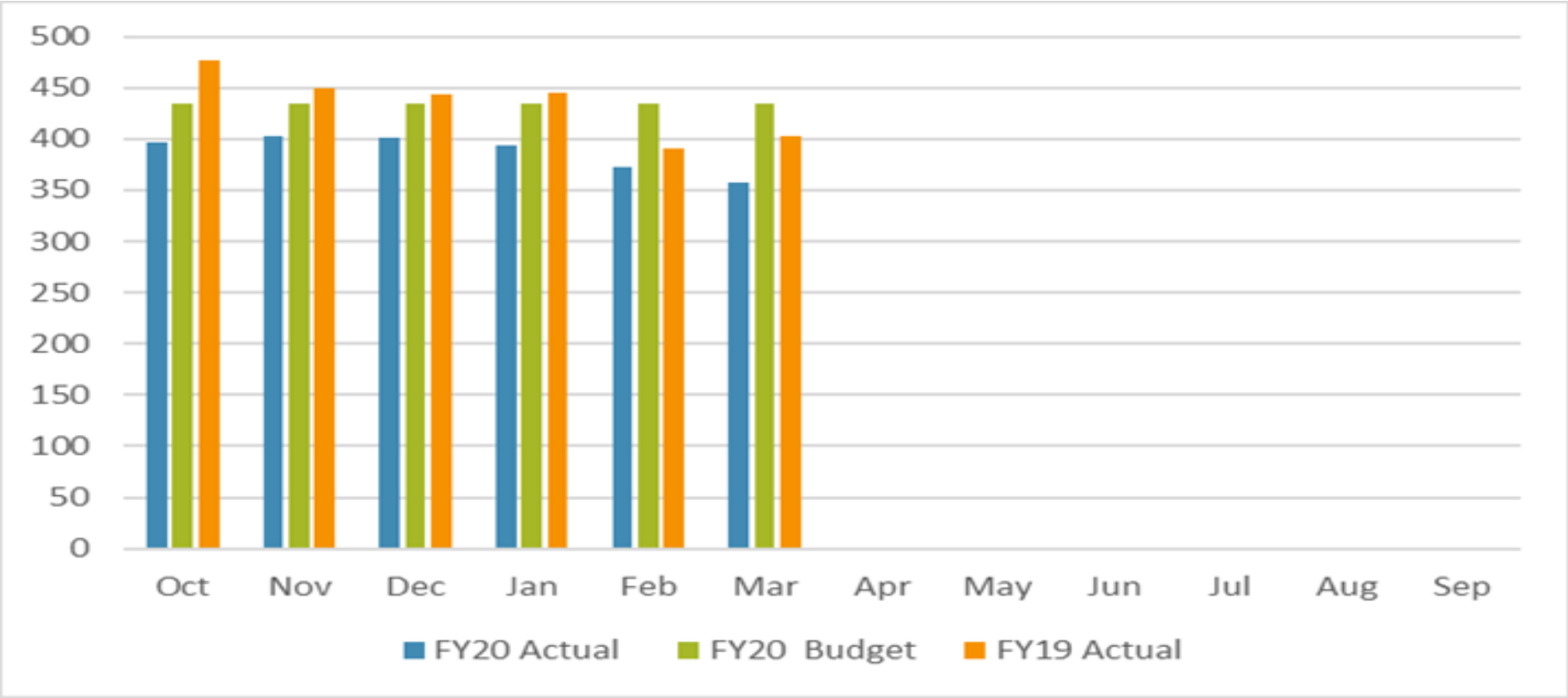
- **Expenses**
  - **Total operating expenses are higher than budget by 8% (862K) MTD and 8% (5.3M) YTD**
  - **Contributing Factor**
      - **Salaries are higher than budget by 11% (474K) MTD, primarily due to overtime, and 4% (993K) YTD. Overtime is 2.5M YTD.**
      - **Employee Benefits are higher than budget by 10% (117K) MTD and 8% (589K) YTD respectively**
      - **Contract labor is higher than budget by 69% (105K) MTD and 71% (649K) YTD**
      - **Supplies are higher than budget by 28% (230K) MTD and 22% (1M) YTD**
      - **Purchased services are higher than budget by 38% (470K) MTD and 41% (3M) YTD**
      - **Other expenses are higher than budget by 10% (112K) MTD, but lower than budget by 7% (458K) YTD**

- **Cash on Hand – 52 days**

Key Indicators

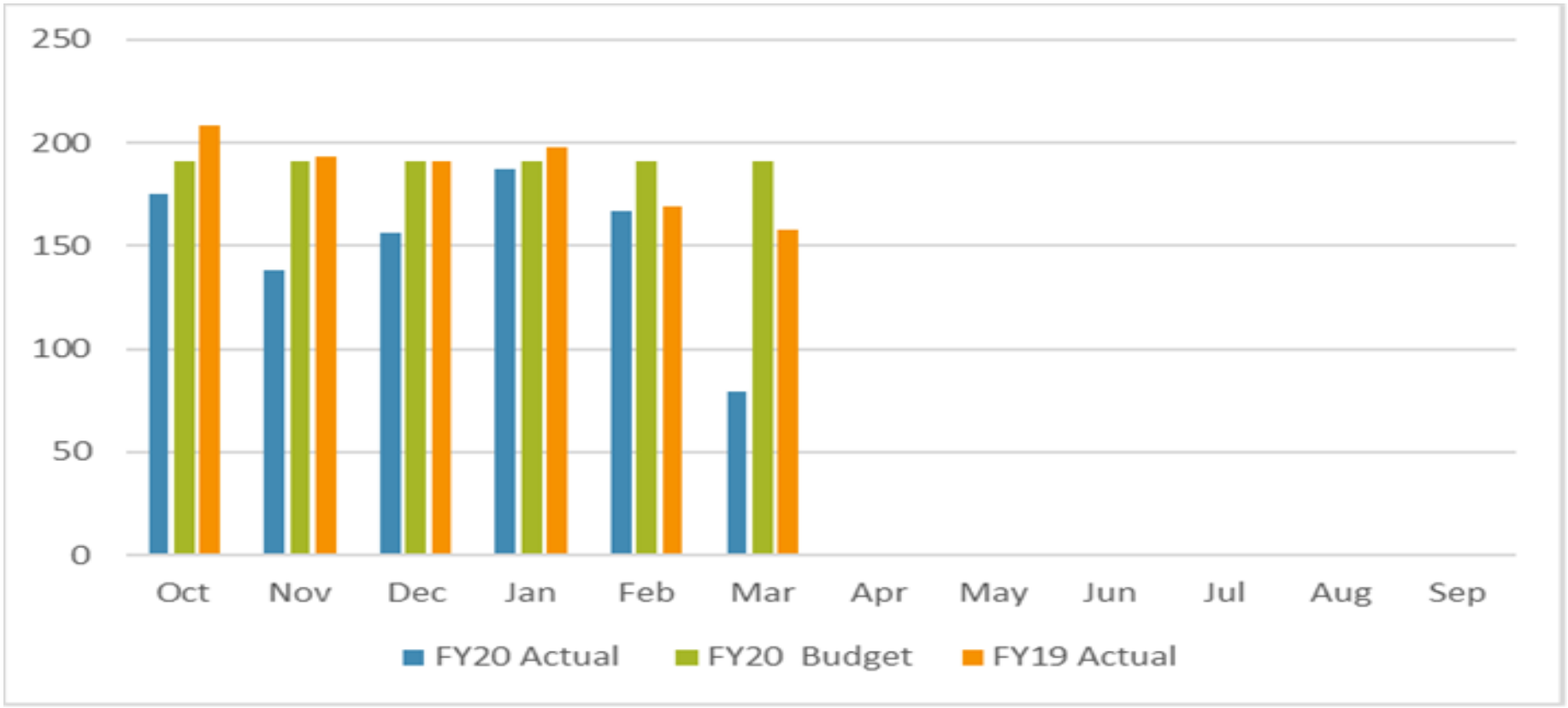
Year to 03/31/2020 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY19	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	357	434	402	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	79	191	158	▼	▲
Emergency Room Visits	Actual Visits	3,755	4,797	4,369	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	793	726	796	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.29	1.23	1.31	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (exludes contract services)	60%	59%	55%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	77.0	85.0	99.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	96%	92%	107%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	52	45	28	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-5.7%	7.0%	-4.9%	▼	▲

Total Admissions (Consolidated)



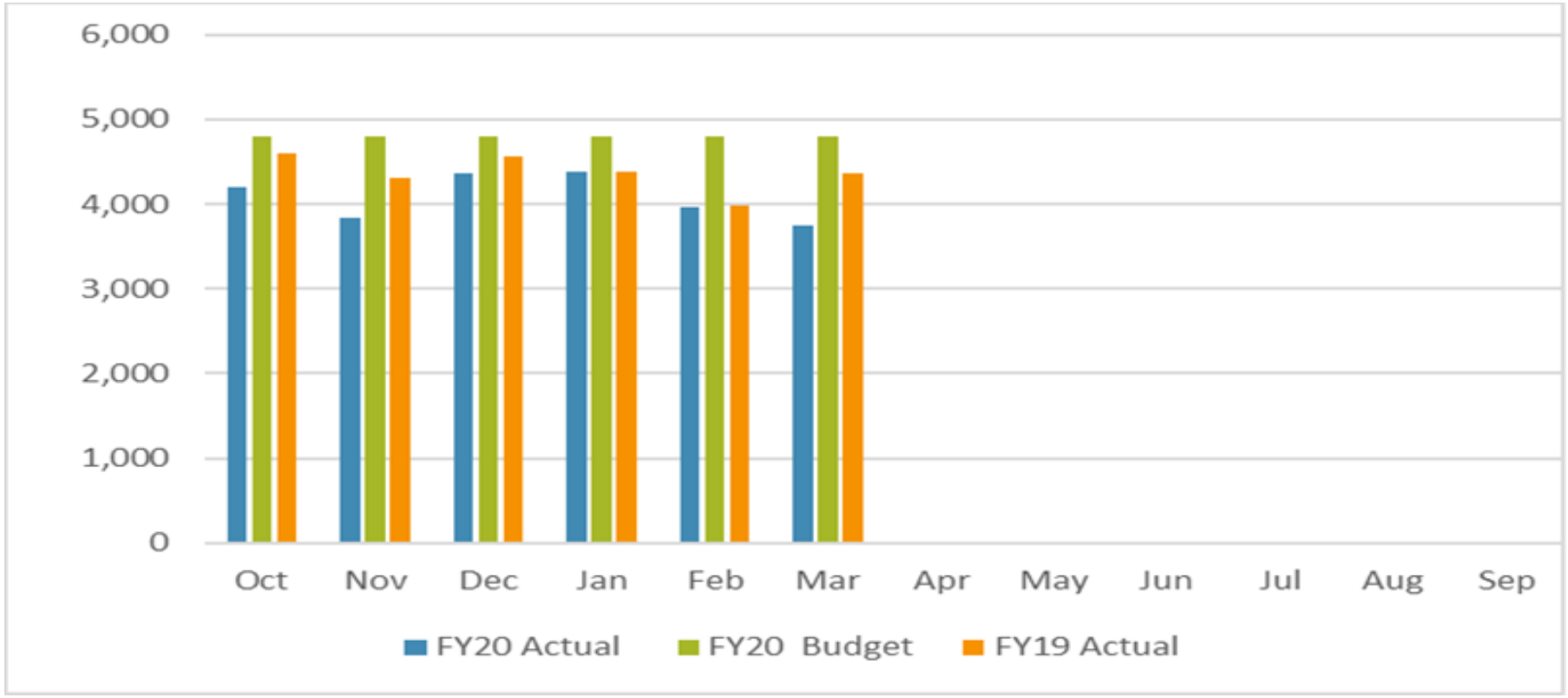
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	395	403	401	393	372	357						
FY20 Budget	434	434	434	434	434	434						
FY19 Actual	476	450	443	445	390	402						

Inpatient/Outpatient Surgeries



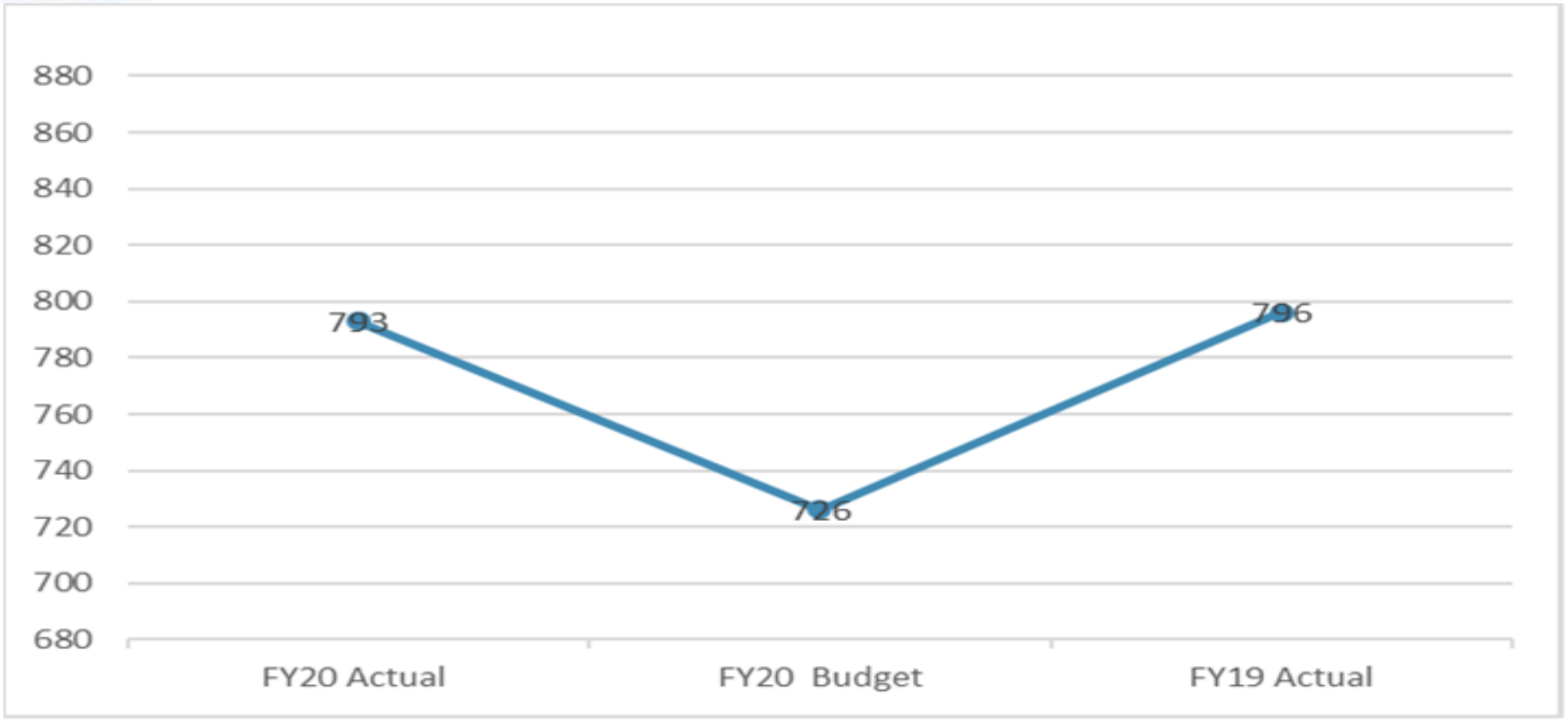
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	175	138	156	187	167	79						
FY20 Budget	199	191	191	191	191	191						
FY19 Actual	208	193	191	198	169	158						

Total Emergency Room Visits



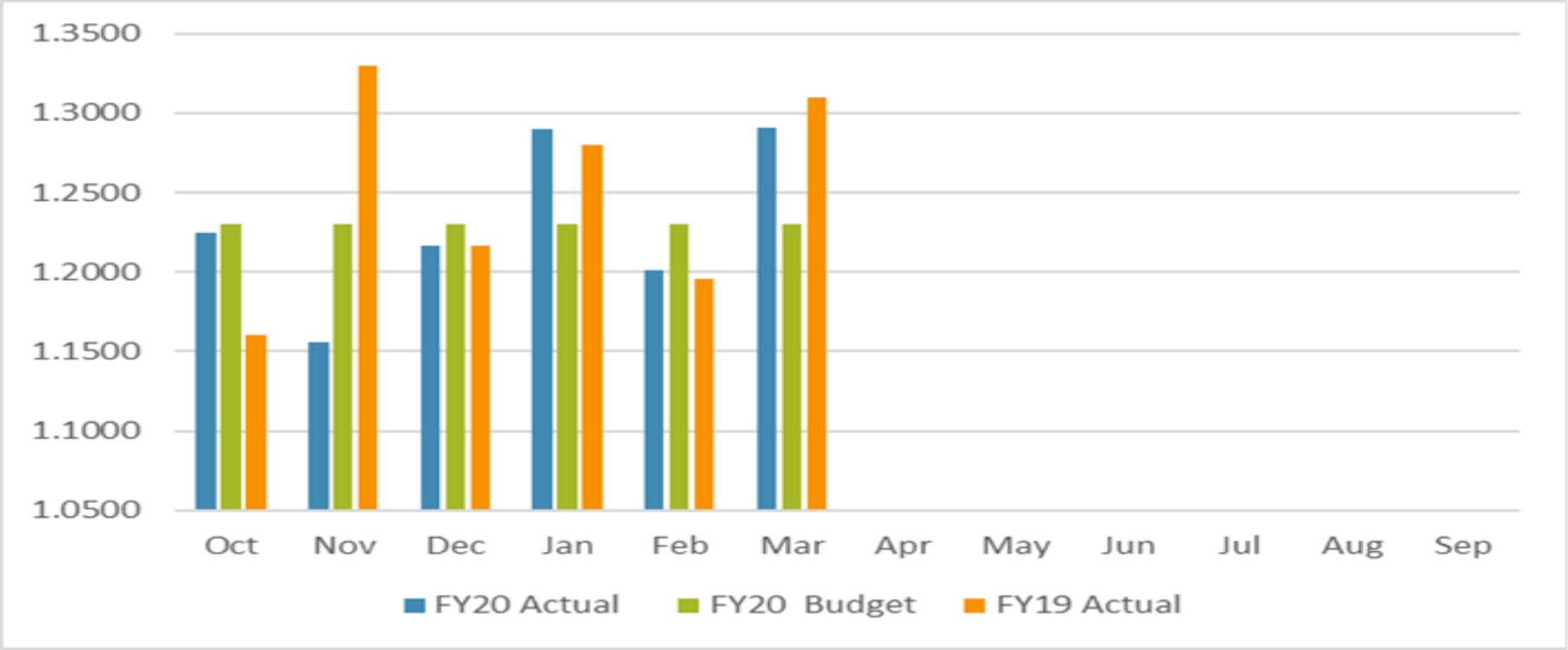
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	4,194	3,836	4,365	4,386	3,965	3,755						
FY20 Budget	4,797	4,797	4,797	4,797	4,797	4,797						
FY19 Actual	4,600	4,305	4,568	4,389	3,982	4,369						

Number of FTEs



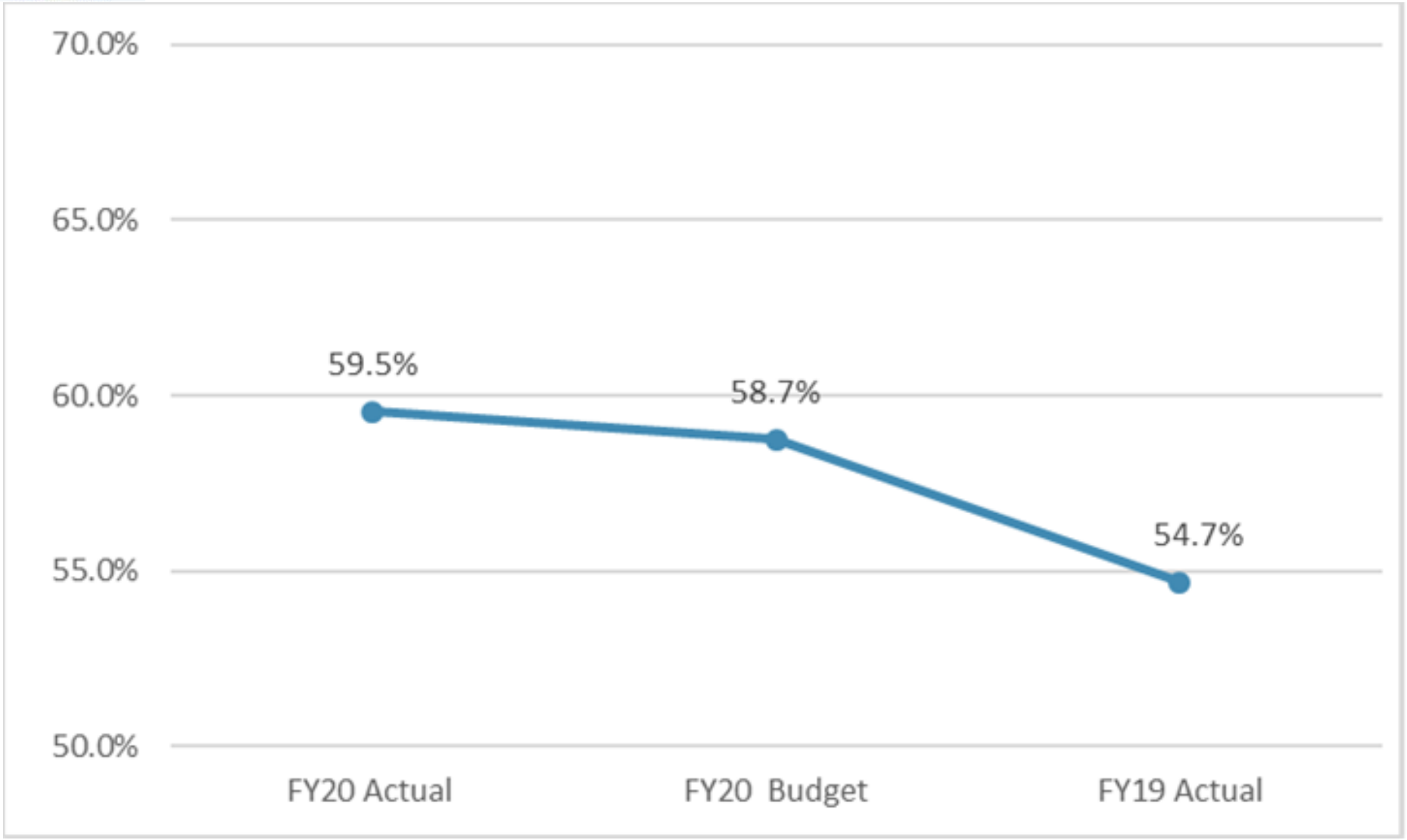
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	747	770	766	788	804	793						
FY20 Budget	726	726	726	726	726	726						
FY19 Actual	878	857	857	840	820	796						

Case Mix Index



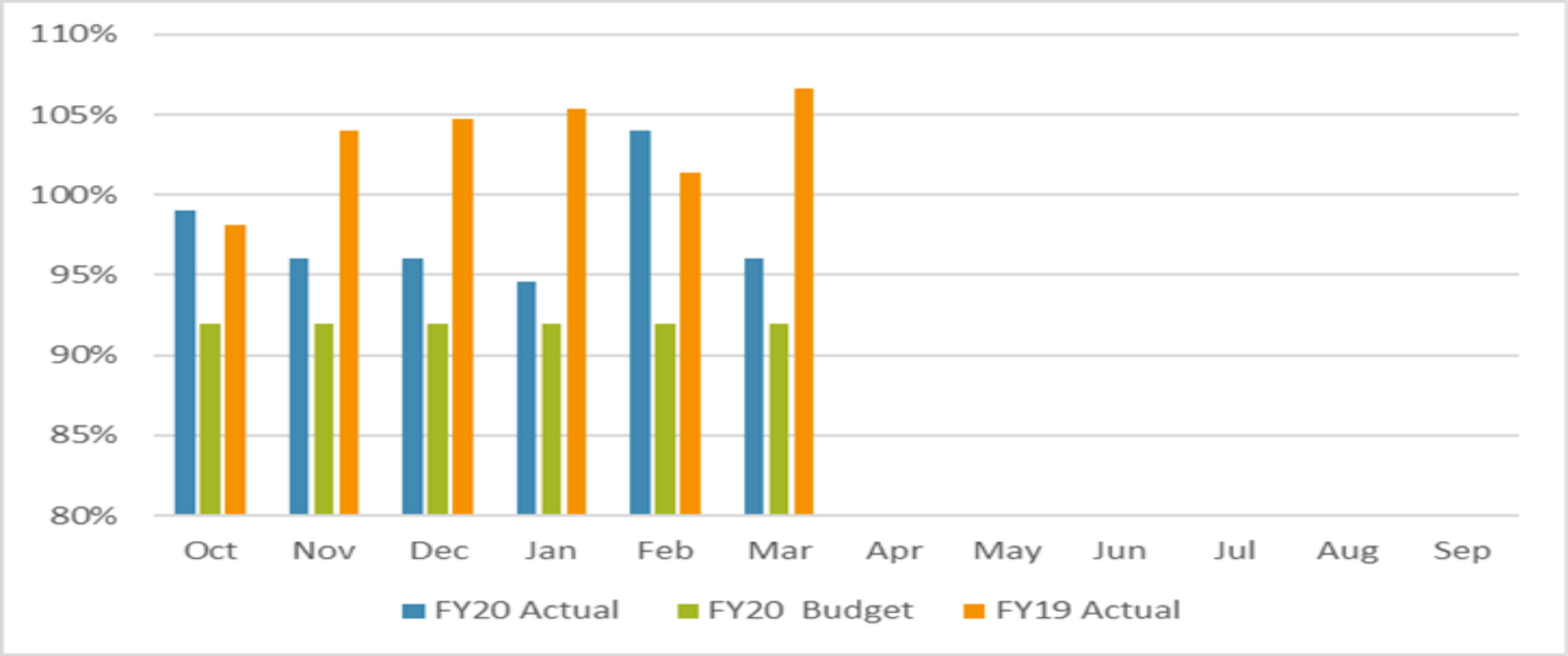
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	1.2250	1.1560	1.2170	1.2900	1.2010	1.2910						
FY20 Budget	1.2300	1.2300	1.2300	1.2300	1.2300	1.2300						
FY19 Actual	1.1600	1.3300	1.2170	1.2800	1.1960	1.3100						

Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



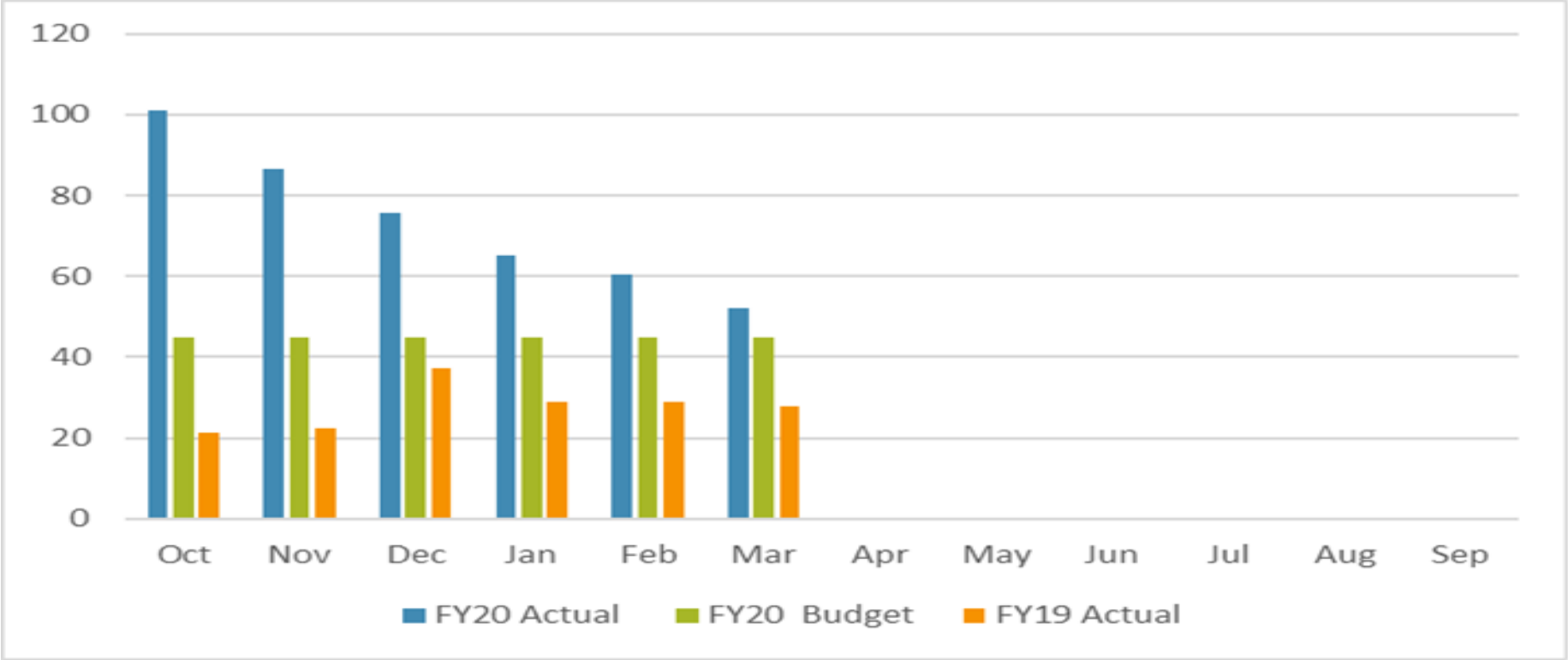
Net Accounts Receivable (AR) Days With Unbilled

Cash Collection as a % of Net Revenues



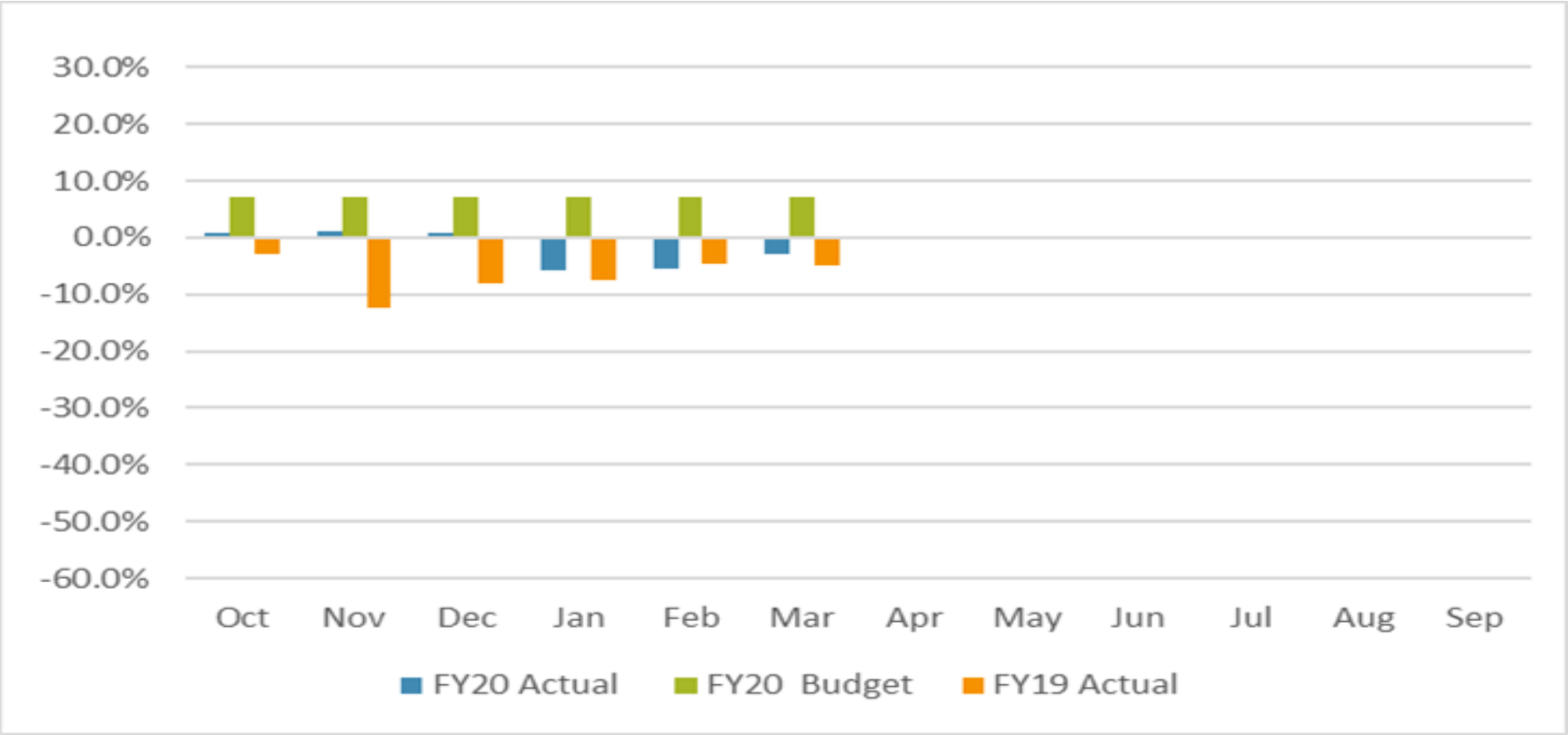
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	99%	96%	96%	95%	104%	96%						
FY20 Budget	92%	92%	92%	92%	92%	92%						
FY19 Actual	98%	104%	105%	105%	101%	107%						

Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	101	87	76	65	61	52						
FY20 Budget	45	45	45	45	45	45						
FY19 Actual	21	22	37	21	29	28						

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	0.7%	1.2%	0.8%	-5.7%	-5.2%	-5.7%						
FY20 Budget	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%						
FY19 Actual	-2.9%	-12.4%	-8.2%	-7.6%	-4.5%	-4.9%						

Income Statement
FY20 Operating Period Ending March 31, 2020

	Month of March			Variance				2020 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	357	434	402	(77)	-18%	(45)	-11%	2,328	2,604	2,606	(276)	-11%	(278)	-11%
Patient Days	4,972	4,651	5,365	321	7%	(393)	-7%	29,325	27,906	32,074	1,419	5%	(2,749)	-9%
Emergency Room Visits	3,737	4,797	4,369	(1,060)	-22%	(632)	-14%	24,483	28,782	26,213	(4,299)	-15%	(1,730)	-7%
Clinic Visits	761	3,560	1,204	(2,799)	-79%	(443)	-37%	6,291	21,360	7,363	(15,069)	-71%	(1,072)	-15%
IP Surgeries	39	91	78	(52)	-57%	(39)	-50%	335	546	575	(211)	-39%	(240)	-42%
OP Surgeries	40	100	80	(60)	-60%	(40)	-50%	567	600	542	(33)	-6%	25	5%
Radiology Visits	293	1,000	1,015	(707)	-71%	(722)	-71%	4,931	6,000	5,668	(1,069)	-18%	(737)	-13%
Revenues														
Net Patient Service	6,467	7,659	7,289	(1,192)	-16%	(822)	-11%	41,649	45,956	37,810	(4,307)	-9%	3,839	10%
DSH	964	964	-	-	0%	964	0%	5,784	5,784	-	(0)	0%	5,784	0%
CNMC Revenue	195	212	274	(17)	-8%	(79)	-29%	1,308	1,273	1,283	36	3%	26	2%
Other Revenue	2,587	2,889	5,275	(302)	-10%	(2,688)	-51%	18,194	19,177	29,731	(983)	-5%	(11,536)	-39%
Total Operating Revenue	**10,213**	**11,724**	**12,839**	**(1,511)**	**-13%**	**-2,626**	**-20%**	**66,936**	**72,190**	**68,824**	**(5,254)**	**-7%**	**(1,888)**	**-3%**
Expenses														
Salaries and Wages	4,956	4,482	5,529	474	11%	(574)	-10%	27,885	26,891	29,591	993	4%	(1,706)	-6%
Employee Benefits	1,314	1,197	1,297	117	10%	16	1%	7,769	7,180	7,542	589	8%	227	3%
Contract Labor	257	152	243	105	69%	14	6%	1,560	911	1,661	649	71%	(102)	-6%
Supplies	1,061	831	713	230	28%	348	49%	6,074	4,989	5,514	1,085	22%	560	10%
Pharmaceuticals	229	233	414	(4)	-2%	(185)	-45%	1,292	1,399	1,501	(108)	-8%	(209)	-14%
Professional Fees	1,031	1,673	1,637	(642)	-38%	(605)	-37%	9,589	10,040	10,420	(451)	-4%	(832)	-8%
Purchased Services	1,705	1,235	2,142	470	38%	(437)	-20%	10,472	7,410	9,567	3,062	41%	905	9%
Other	1,201	1,089	1,733	112	10%	(532)	-31%	6,077	6,535	6,399	(458)	-7%	(322)	-5%
Total Operating Expenses	**11,754**	**10,893**	**13,709**	**862**	**8%**	**(1,955)**	**-14%**	**70,717**	**65,355**	**72,195**	**5,362**	**8%**	**-1,478**	**-2%**
Operating Gain/ (Loss)	**(1,541)**	**832**	**(870)**	**(2,373)**	**-285%**	**(671)**	**77%**	**(3,782)**	**6,835**	**(3,372)**	**(10,616)**	**-155%**	**(410)**	**-1%**

Balance Sheet

As of the month ending March 31, 2020

Mar-20	Feb-20	MTD Change		Sep-19	YTD Change
			Current Assets:		
$ 46,692	$ 44,480	$ 2,212	Cash and equivalents	$ 31,933	$ 14,759
17,548	17,220	328	Net accounts receivable	18,295	(747)
953	976	(23)	Inventories	1,273	(320)
3,865	3,637	229	Prepaid and other assets	2,403	1,462
69,059	66,313	2,746	Total current assets	$ 53,904	$ 15,155
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
64,859	64,934	(75)	Capital Assets	68,253	(3,394)
64,859	64,934	(75)	Total long term assets	68,253	(3,394)
$ 133,918	$ 131,247	$ 2,671	Total assets	$ 122,157	$ 11,761
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
13,681	13,383	298	Trade payables	12,129	1,552
9,391	8,761	631	Accrued salaries and benefits	8,588	803
1,559	1,411	148	Other liabilities	1,411	148
24,631	23,555	1,076	Total current liabilities	22,128	2,503
			Long-Term Liabilities:		
15,330	12,144	3,186	Unearned grant revenue	-	15,330
6,308	6,120	189	Estimated third-party payor settlements	6,012	296
2,117	2,117	-	Contingent & other liabilities	2,117	(0)
23,755	20,381	3,375	Total long term liabilities	8,129	15,626
			Net Position:		
85,532	87,311	(1,780)	Unrestricted	91,900	(6,368)
85,532	87,311	(1,780)	Total net position	91,900	(6,368)
$ 133,918	$ 131,247	$ 2,671	Total liabilities and net position	$ 122,157	$ 11,761

Statement of Cash Flow
As of the month ending March 31, 2020

Dollars in Thousands

Month of March			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 7,991	$ 7,689	Receipts from and on behalf of patients	$ 48,476	$ 36,519
(5,240)	(5,668)	Payments to suppliers and contractors	(34,480)	(33,938)
(5,639)	(6,210)	Payments to employees and fringe benefits	(34,851)	(32,251)
5,966	1,291	Other receipts and payments, net	12,792	8,877
3,078	(2,898)	Net cash provided by (used in) operating activities	(8,062)	(20,793)
		Cash flows from investing activities:		
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
-	10,000	Receipts (payments) from/(to) District of Columbia	22,285	34,000
-	10,000	Net cash provided by noncapital financing activities	22,285	34,000
		Cash flows from capital and related financing activities:		
-	-	Net cash provided by capital financing activities	-	-
82	-	Receipts (payments) from/(to) District of Columbia	3,225	-
(948)	(99)	Change in capital assets	(2,690)	(833)
(866)	(99)	Net cash (used in) capital and related financing activitie	535	(833)
2,212	7,003	Net increase (decrease) in cash and cash equivalents	14,758	12,374
44,480	**33,518**	**Cash and equivalents, beginning of period**	**31,933**	**28,148**
$ 46,692	**$ 40,522**	**Cash and equivalents, end of period**	**$ 46,692**	**$ 40,522**
		Supplemental disclosures of cash flow information		
		Cash paid during the year for interest expense		
		Equipment acquired through capital lease		
		Net book value of asset retirement costs		

Not-For-Profit Hospital Corporation Board of Directors
Emergency Finance Committee: DM Turnage, Chair
Agenda*(corrected):* Thursday, April 2, 2020 @ 5p

I. CALL TO ORDER / RECORDING / ROLL CALL

II. FINANCE, FINANCIALS & BUDGET

- Mazars Proposed OCFO Certifiable Balanced Budget *(discussion)* Attachment A
- Monthly Financials & Key Indicators: February *(vote - PASSED)* Attachment B

III. COVID-19 *(discussion)*

- March 2020 UMC Board Meeting Follow up: surge to 101 beds
  - Surge Plan Attachment
  - Operating Expenses
    - Nurse staffing Attachment
    - ~~Non-nursing~~ ll UMC staffing Attachment
    - Supplies (PPE & nonPPE) Attachment
  - Capital Expenses Attachment
- April 1, 2020 Mayor Bowser New Request: surge to 277 beds
  - Surge Plan Attachment
  - Financial/cost reporting impact of potential SNF resident and DBH consumer transfers
- Ongoing tracking & documentation

April 8, 2020 Staff Note:

Updated materials from this section will be provided as part of the Hospital's report

IV. ANNOUNCEMENTS *(FYI only – dates subject to change)*

- April 2020: Emergency Board Meeting for Balanced Budget & COVID (TBD)
- Monday, April 20, 2020 at 3p: Next regular UMC Finance Committee Meeting
- Wednesday, April 22, 2020 at 12p: Next regular UMC Board Meeting

V. ADJOURNMENT

Notice of Intent to close. The NFPHC Board hereby gives notice that it if necessary, it may close and move to executive session to discuss contracts, legal matters with an attorney, and personnel matters. D.C. Official Code §§2-575(b)(2)(4A)(10).

ATTACHMENT B

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending February 29, 2020

DRAFT

Table of Contents

Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of February 2020

	FY 2020 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY20 Adjusted Gap Measures)
FY20 Annualized Net Income/(Loss) from Operations:			**($7,058,400)**	
Add: Initiatives to be Realized				
Various Issues Affecting Admission (Adjusted)	$4,000,000	$0	$4,000,000	0.0%
GWUMFA Professional Fees Collection	$7,200,000	$2,980,749	$4,219,251	41.4%
Supply Chain/Contracts	$1,000,000	$0	$0	0.0%
Legal	$1,000,000	$0	$0	0.0%
Length Of Stay Reduction	$500,000	$0	$0	0.0%
Agency Staffing	$1,000,000	$0	$0	0.0%
Subtotal	**$14,700,000**	**$2,980,749**	**$8,219,251**	20.3%
Projected Net Income (Loss) from Operations			**$1,160,851**	
Original Projected Income			$9,979,000	
Reforecasted Loss			($8,818,149) *	
Additional Suggested Initiatives to be Monitored				
Managed Care	$1,000,000	$0	$1,000,000	0.0%
Overtime	$1,000,000	$0	$1,000,000	0.0%
Supply Chain	$1,000,000	$0	$1,000,000	0.0%
Agency Staffing	$250,000	$0	$250,000	0.0%
Subtotal	**$3,250,000**	**$0**	**$3,250,000**	
Adjusted Net Income (Loss) from Operations			**($5,568,149)**	

***Need a plan from Mazar how to close $8.8M gap**

Report Summary

- **Revenue**
  - **Total operating revenue is below budget by 1% (157K) month-to-date (MTD) and 7% (4.4M) year-to-date (YTD)**
  - **Contributing Factors:**
    - **Net patient revenues are on budget MTD but below budget by 10% (3.8M) YTD, due to:**
      - **Admissions are below budget by 13% MTD and 9% YTD**
      - **ER visits are below budget by 17% MTD and 14% YTD respectively**
      - **Inpatient surgeries are below budget by 45% for the month, and 35% YTD**
      - **Clinics visits are below budget 69% for February and 69% YTD**
    - **District subsidy revenue of 9.2M recognized YTD**

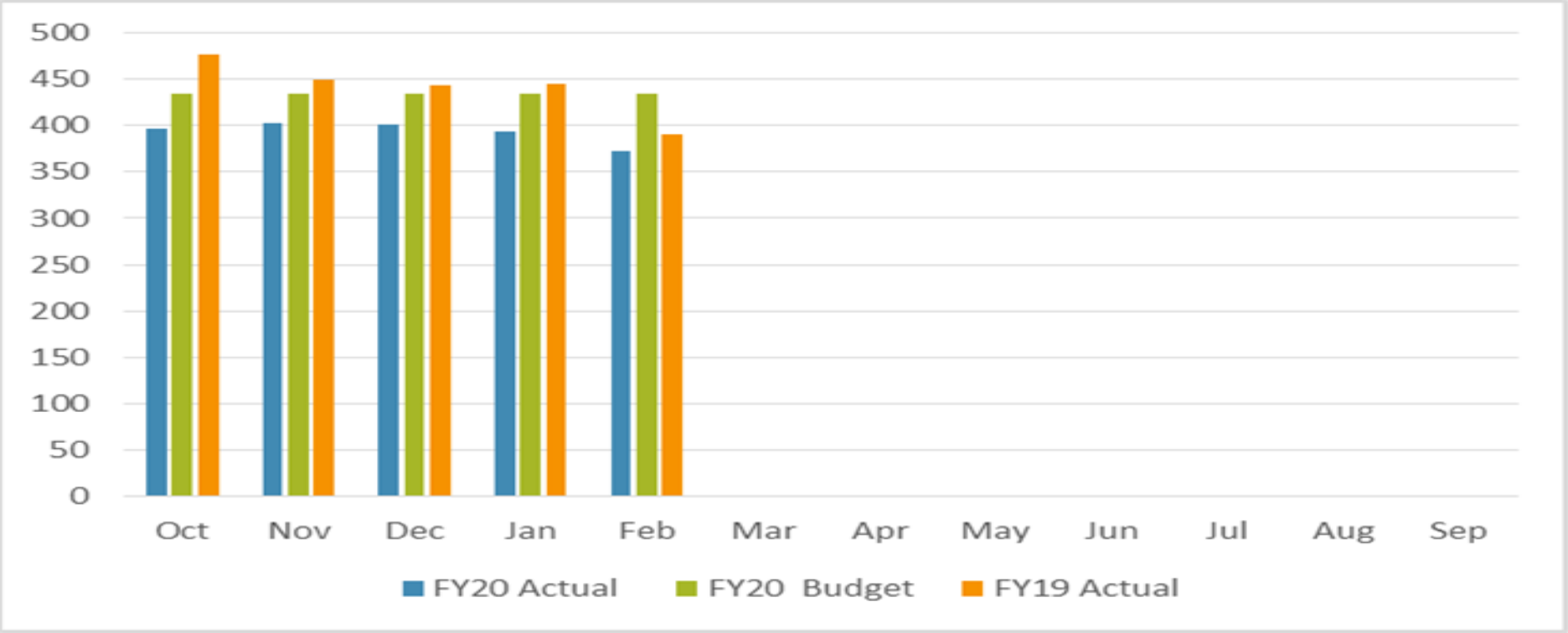
- **Expenses**
  - **Total operating expenses are higher than budget by 14% (1.5M) MTD and 8% (4.5M) YTD**
  - **Contributing Factor**
      - **Even though salaries are 500K over budget YTD, overtime is an issue at 2M YTD**
      - **Employee Benefits are higher than budget by 24% (282K) MTD and 8% (472K) YTD respectively**
      - **Contract labor is higher than budget by 186% (283K) for February and 72% (544K) YTD**
      - **Supplies are higher than budget by 26% (218K) for February and 19% (800K) YTD**
      - **Professional fees are higher than budget by 26% (439K) MTD and 2% (191K) YTD**
      - **Purchased services are higher than budget by 14% (168K) MTD and 42% (2.5M) YTD**
      - **Other expenses are higher than budget by 27% (297K) MTD, but lower than budget by 10% (571K) YTD**

- **Cash on Hand – 61 days**

Key Indicators

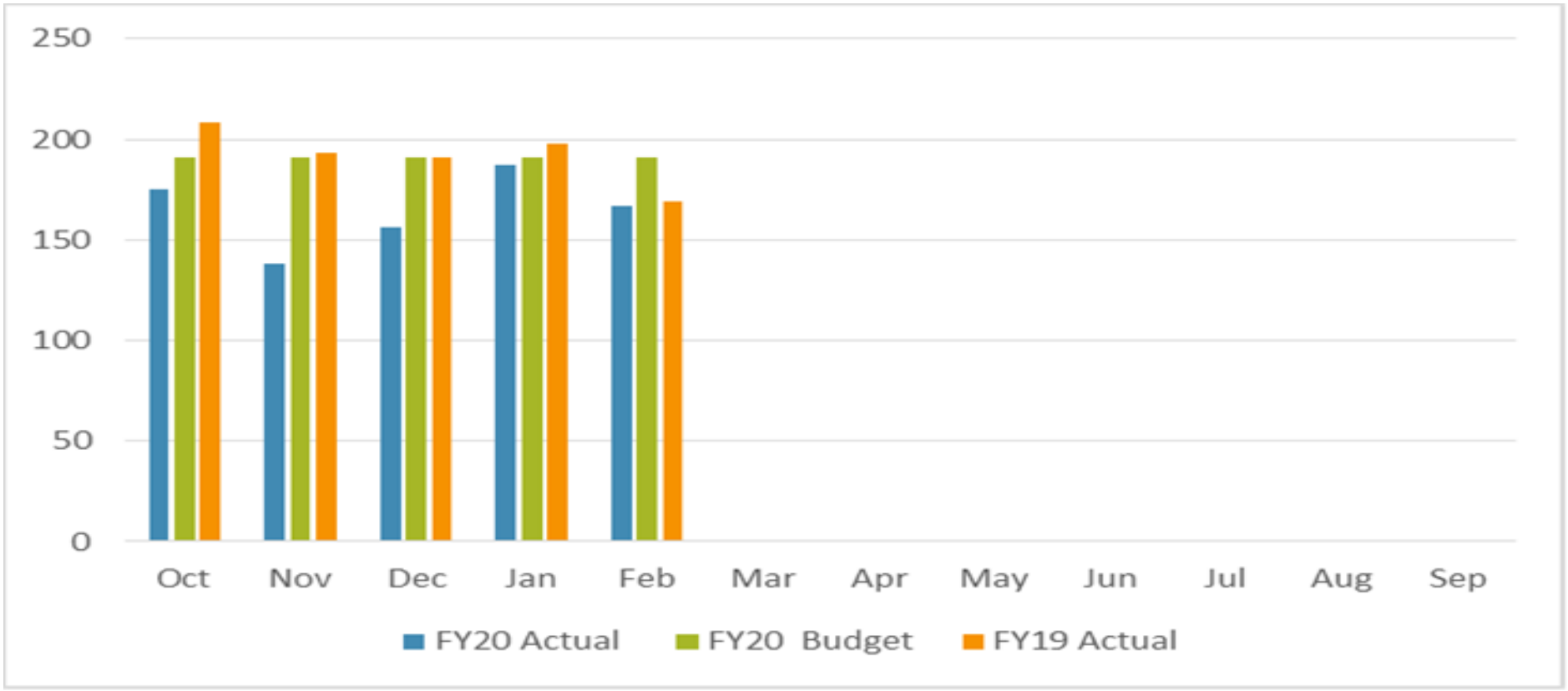
Year to 02/29/2020 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY19	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	372	434	445	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	167	191	198	▼	▲
Emergency Room Visits	Actual Visits	3,965	4,797	4,389	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	804	726	820	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.20	1.23	1.22	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (exludes contract services)	52%	59%	55%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	76.0	85.0	99.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	104%	92%	101%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	61	45	29	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-5.2%	7.0%	-4.5%	▼	▲

Total Admissions (Consolidated)



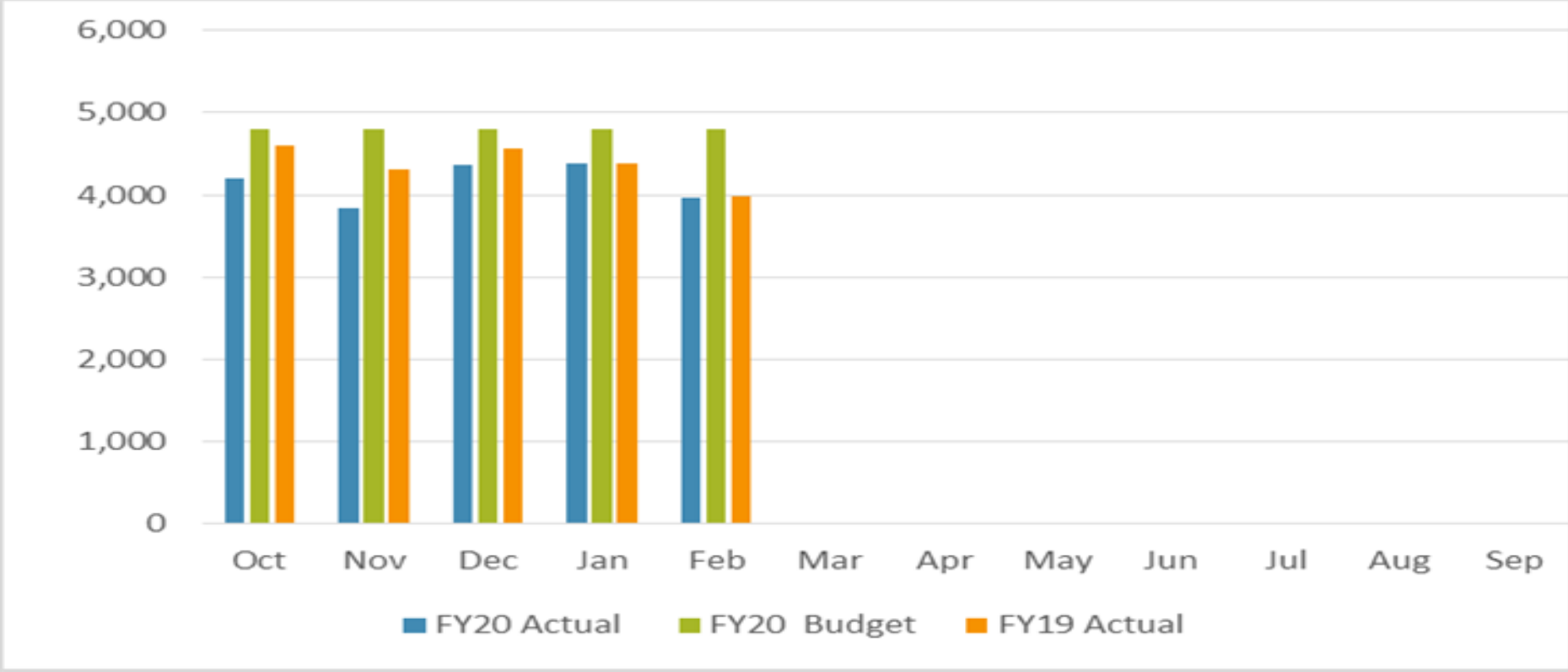
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	395	403	401	393	372							
FY20 Budget	434	434	434	434	434							
FY19 Actual	476	450	443	445	390							

Inpatient/Outpatient Surgeries



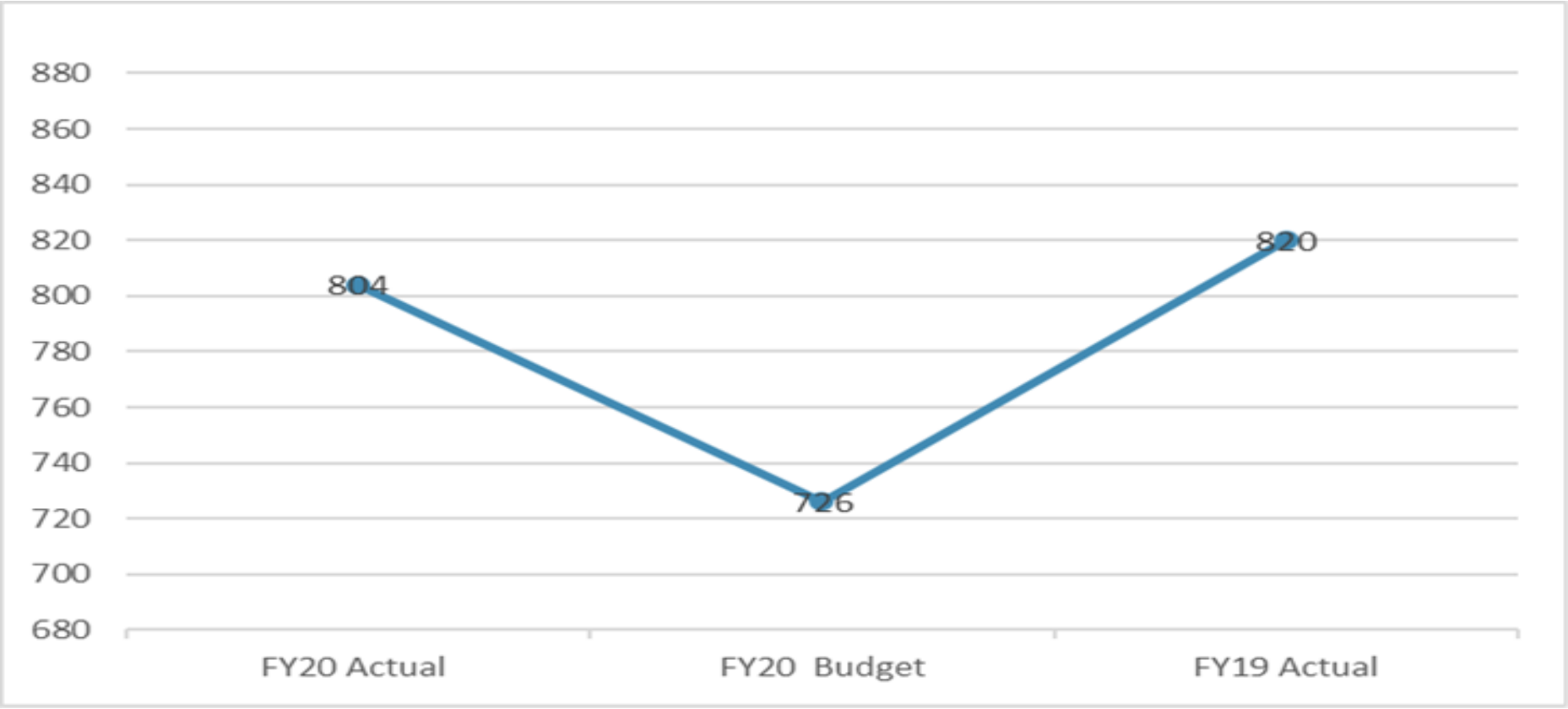
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	175	138	156	187	167							
FY20 Budget	199	191	191	191	191							
FY19 Actual	208	193	191	198	169							

Total Emergency Room Visits



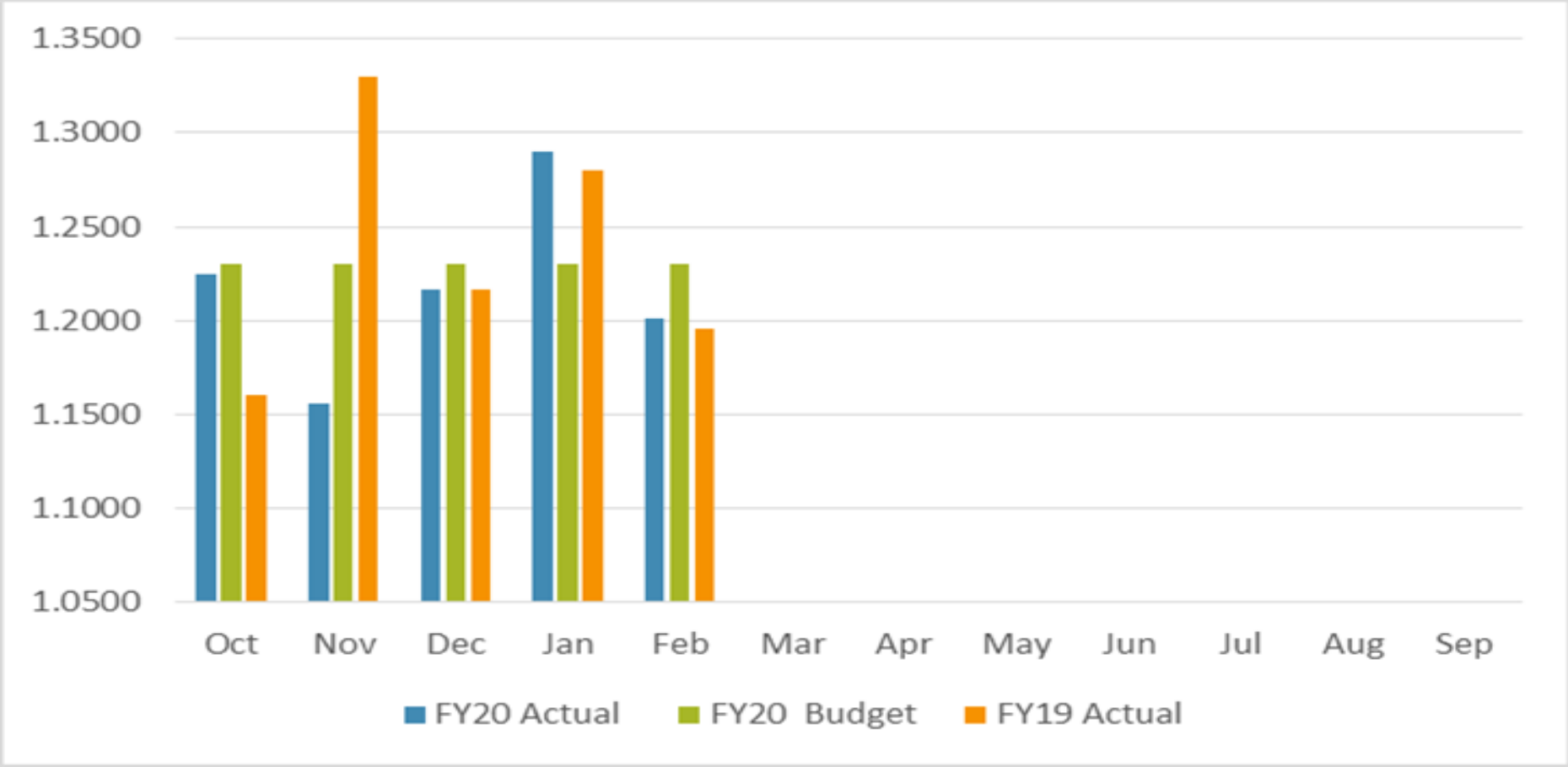
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	4,194	3,836	4,365	4,386	3,965							
FY20 Budget	4,797	4,797	4,797	4,797	4,797							
FY19 Actual	4,600	4,305	4,568	4,389	3,982							

Number of FTEs



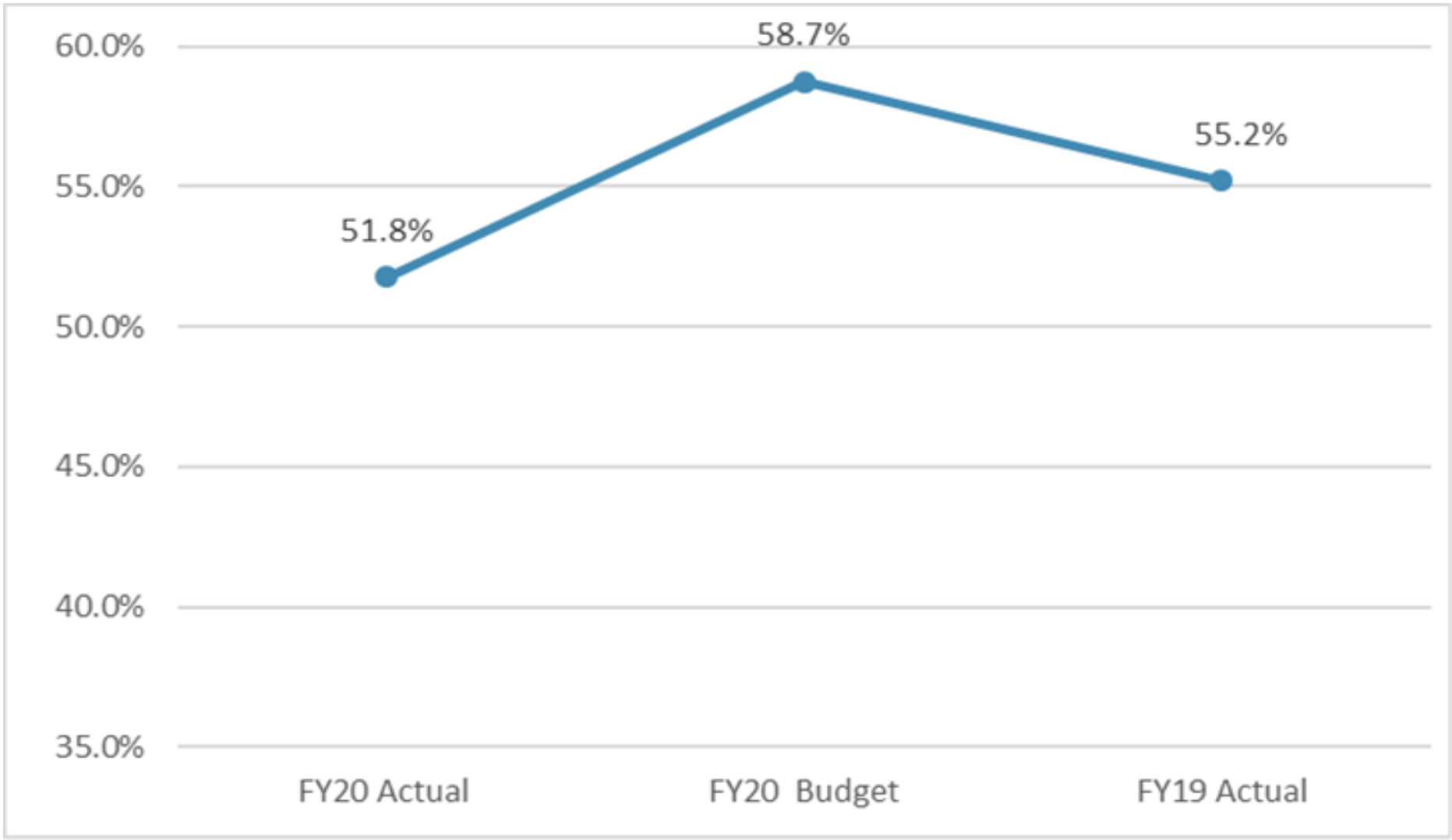
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	747	770	766	788	804							
FY20 Budget	726	726	726	726	726							
FY19 Actual	878	857	857	840	820							

Case Mix Index

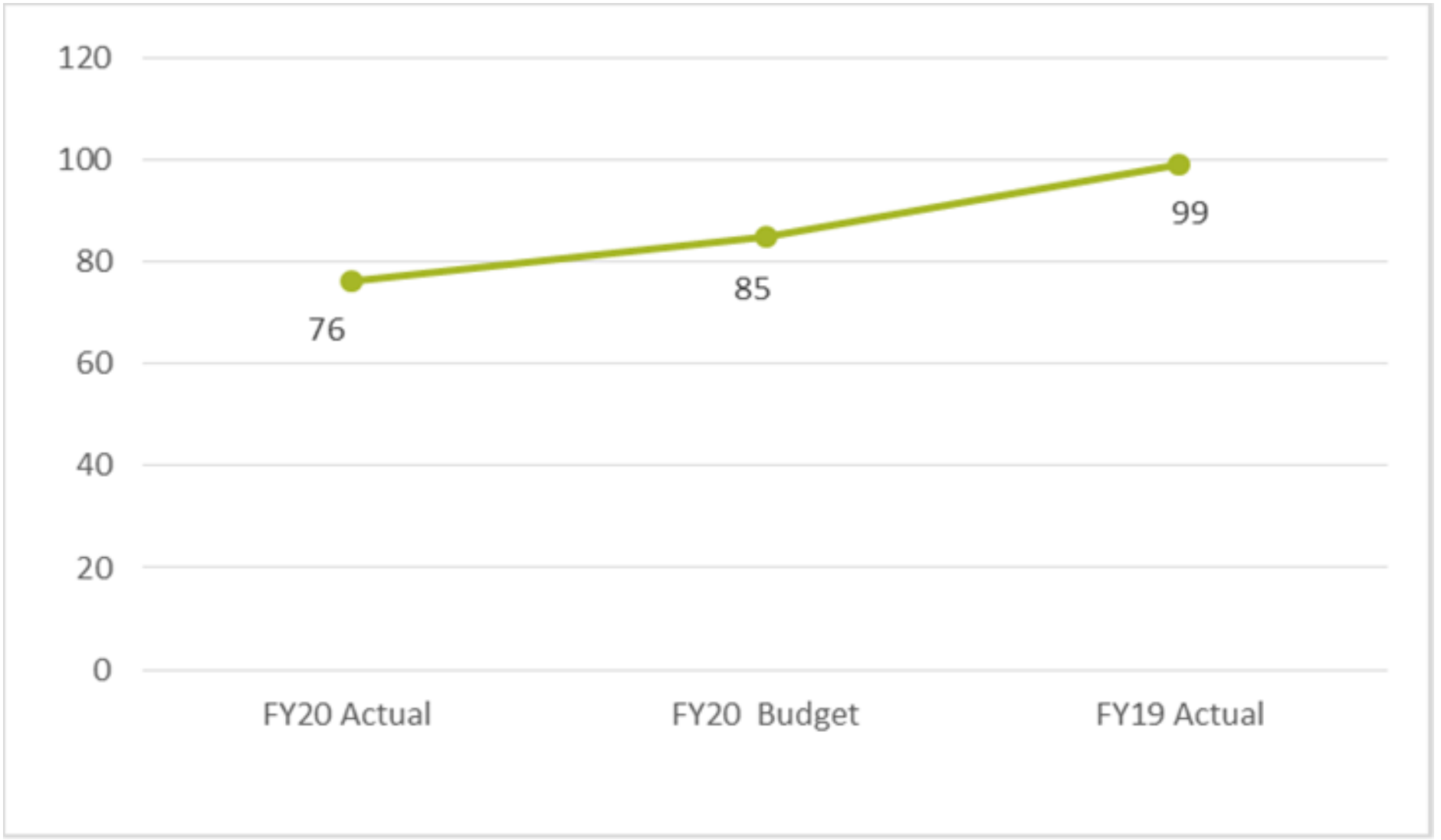


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	1.2250	1.1560	1.2170	1.2900	1.2010							
FY20 Budget	1.2300	1.2300	1.2300	1.2300	1.2300							
FY19 Actual	1.1600	1.3300	1.2170	1.2800	1.1960							

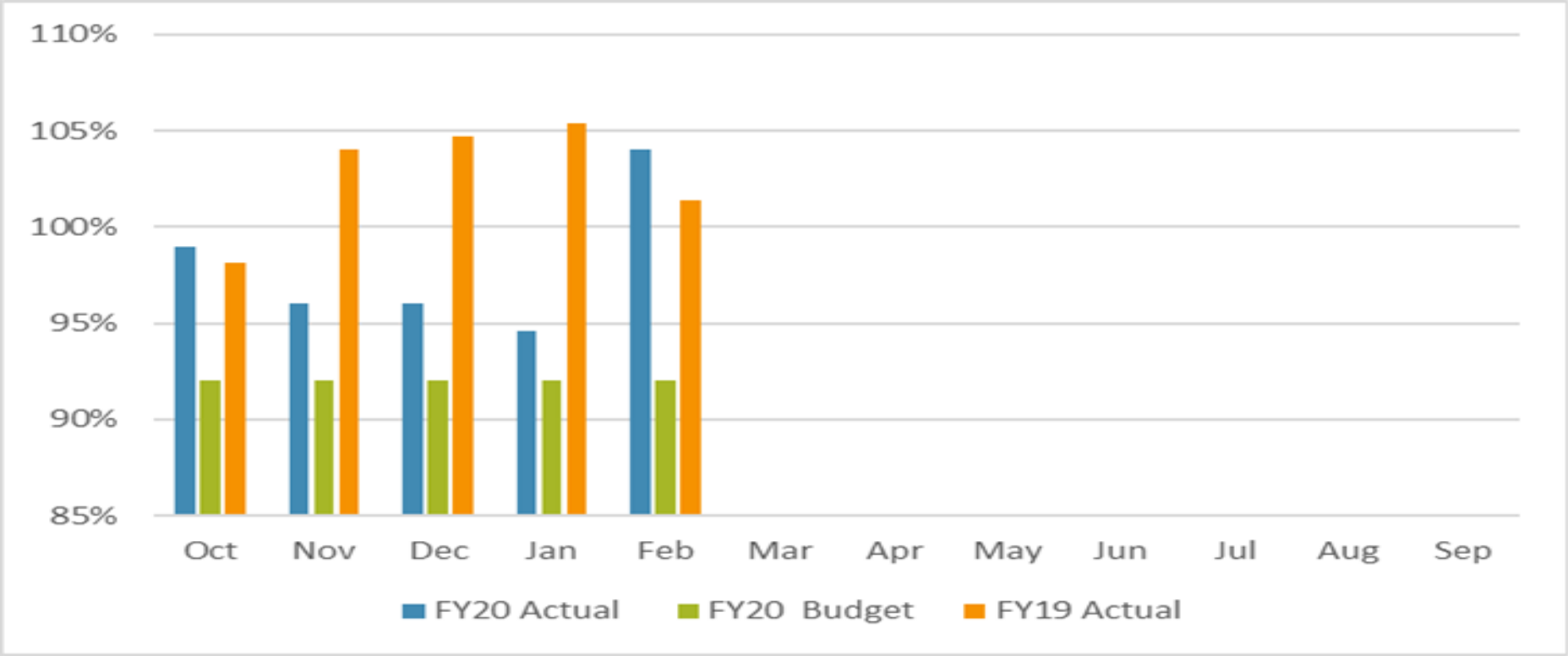
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

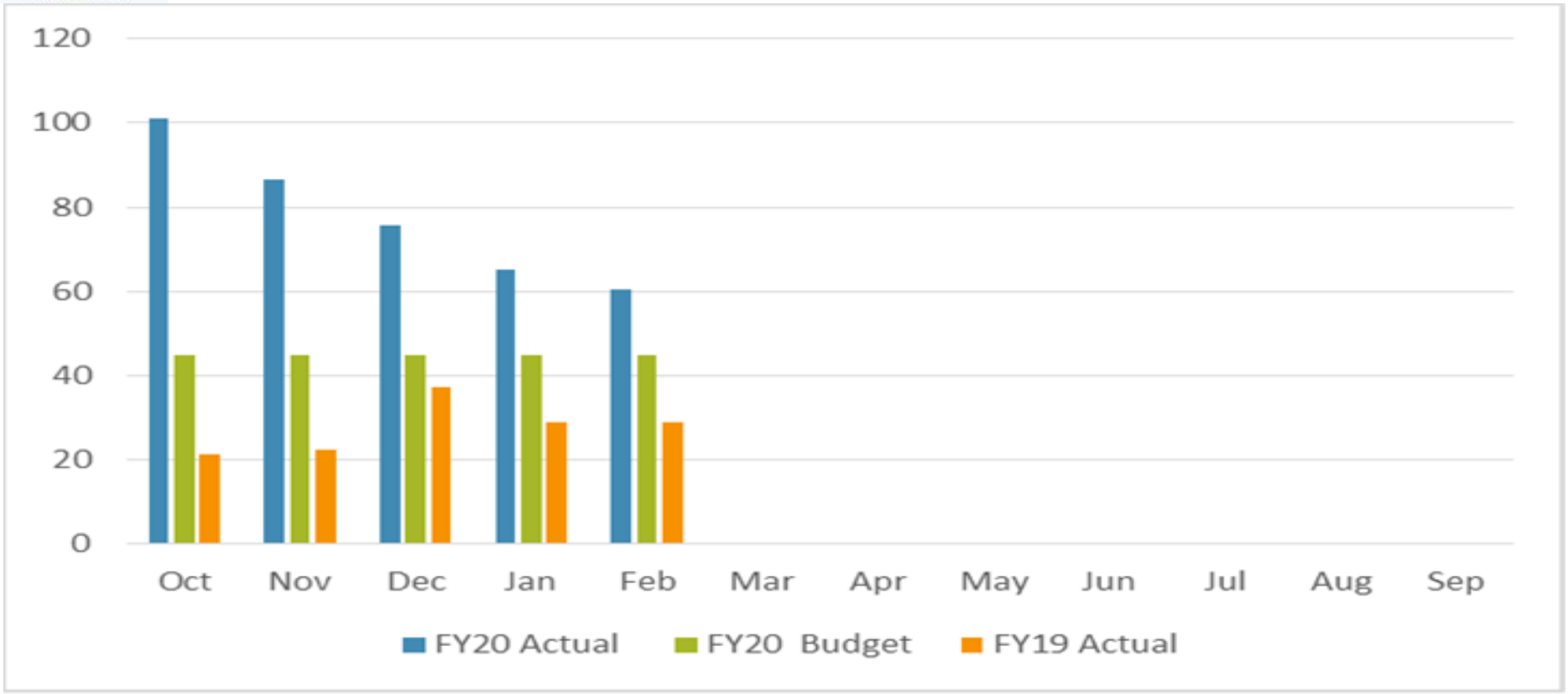


Cash Collection as a % of Net Revenues



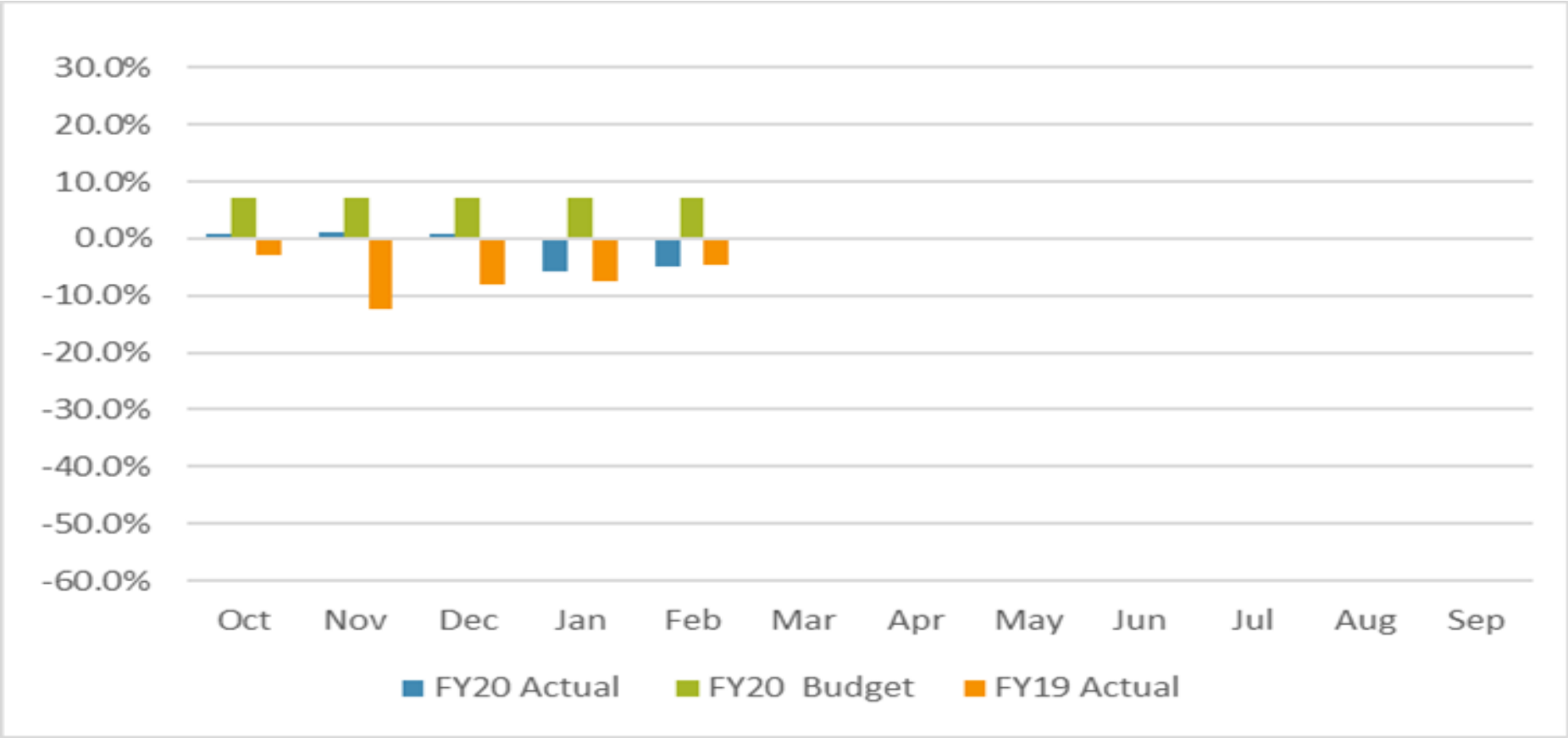
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	99%	96%	96%	95%	104%							
FY20 Budget	92%	92%	92%	92%	92%							
FY19 Actual	98%	104%	105%	105%	101%							

Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	101	87	76	65	61							
FY20 Budget	45	45	45	45	45							
FY19 Actual	21	22	37	21	29							

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	0.7%	1.2%	0.8%	-5.7%	-5.2%							
FY20 Budget	7.0%	7.0%	7.0%	7.0%	7.0%							
FY19 Actual	-2.9%	-12.4%	-8.2%	-7.6%	-4.5%							

Income Statement

FY20 Operating Period Ending February 29, 2020

	Month of February			Variance				2020 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	377	434	390	(57)	-13%	(13)	-3%	1,971	2,170	2,204	(199)	-9%	(233)	-11%
Patient Days	4,714	4,651	4,896	63	1%	(182)	-4%	24,353	23,255	26,709	1,098	5%	(2,356)	-9%
Emergency Room Visits	3,965	4,797	3,982	(832)	-17%	(17)	0%	20,746	23,985	21,844	(3,239)	-14%	(1,098)	-5%
Clinic Visits	1,101	3,560	1,042	(2,459)	-69%	59	6%	5,530	17,800	6,159	(12,270)	-69%	(629)	-10%
IP Surgeries	50	91	75	(41)	-45%	(25)	-33%	296	455	497	(159)	-35%	(201)	-40%
OP Surgeries	117	100	94	17	17%	23	24%	527	500	462	27	5%	65	14%
Radiology Visits	761	1,000	860	(239)	-24%	(99)	-12%	4,638	5,000	4,653	(362)	-7%	(15)	0%
Revenues														
Net Patient Service	7,680	7,659	6,652	21	0%	1,028	15%	34,482	38,297	30,521	(3,815)	-10%	3,961	13%
DSH	964	964	-	-	0%	964	0%	4,820	4,820	-	(0)	0%	4,820	0%
CNMC Revenue	250	212	186	38	18%	64	34%	1,113	1,060	1,009	53	5%	105	10%
Other Revenue	4,518	4,734	5,201	(216)	-5%	(683)	-13%	15,607	16,289	24,455	(681)	-4%	(8,848)	-36%
Total Operating Revenue	**13,412**	**13,569**	**12,039**	**(157)**	**-1%**	**1,374**	**11%**	**56,022**	**60,466**	**55,985**	**(4,443)**	**-7%**	**38**	**0%**
Expenses														
Salaries and Wages	4,312	4,482	4,258	(170)	-4%	54	1%	22,929	22,410	24,062	520	2%	(1,133)	-5%
Employee Benefits	1,479	1,197	1,240	282	24%	239	19%	6,456	5,983	6,245	472	8%	211	3%
Contract Labor	435	152	355	283	186%	79	22%	1,303	759	1,419	544	72%	(116)	-8%
Supplies	1,050	831	477	218	26%	572	120%	4,958	4,157	4,562	800	19%	395	9%
Pharmaceuticals	229	233	414	(4)	-2%	(185)	-45%	1,118	1,166	1,325	(49)	-4%	(208)	-16%
Professional Fees	2,112	1,673	1,787	439	26%	325	18%	8,557	8,366	8,784	191	2%	(226)	-3%
Purchased Services	1,403	1,235	1,432	168	14%	(29)	-2%	8,767	6,175	7,424	2,592	42%	1,343	18%
Other	1,387	1,089	1,218	297	27%	168	14%	4,876	5,446	4,665	(571)	-10%	210	5%
Total Operating Expenses	**12,406**	**10,893**	**11,182**	**1,513**	**14%**	**1,224**	**11%**	**58,963**	**54,463**	**58,486**	**4,500**	**8%**	**477**	**1%**
Operating Gain/ (Loss)	**1,007**	**2,676**	**857**	**(1,670)**	**-62%**	**150**	**17%**	**(2,941)**	**6,003**	**(2,501)**	**(8,944)**	**-149%**	**(439)**	**-1%**

Balance Sheet

As of the month ending February 29, 2020

Feb-20	Jan-20	MTD Change		Sep-19	YTD Change
			Current Assets:		
$ 44,480	$ 45,133	$ (653)	Cash and equivalents	$ 31,933	$ 12,547
17,220	17,636	(416)	Net accounts receivable	18,295	(1,075)
976	1,275	(300)	Inventories	1,273	(297)
3,637	5,122	(1,485)	Prepaid and other assets	2,403	1,234
66,313	69,167	(2,854)	Total current assets	$ 53,904	$ 12,409
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
64,934	65,146	(212)	Capital Assets	68,253	(3,319)
64,934	65,146	(212)	Total long term assets	68,253	(3,319)
$ 131,247	$ 134,313	$ (3,066)	Total assets	$ 122,157	$ 9,090
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
13,383	14,981	(1,598)	Trade payables	12,129	1,254
8,761	8,271	490	Accrued salaries and benefits	8,588	173
1,411	1,411	-	Other liabilities	1,411	0
23,555	24,663	(1,108)	Total current liabilities	22,128	1,427
			Long-Term Liabilities:		
12,144	13,863	(1,719)	Unearned grant revenue	-	12,144
6,120	6,096	24	Estimated third-party payor settlements	6,012	108
2,117	2,117	-	Contingent & other liabilities	2,117	(0)
20,381	22,076	(1,695)	Total long term liabilities	8,129	12,252
			Net Position:		
87,311	87,574	(263)	Unrestricted	91,900	(4,589)
87,311	87,574	(263)	Total net position	91,900	(4,589)
$ 131,247	$ 134,313	$ (3,066)	Total liabilities and net position	$ 122,157	$ 9,090

Statement of Cash Flow
As of the month ending February 29, 2020

Dollars in Thousands

Month of February			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 9,084	$ 7,689	Receipts from and on behalf of patients	$ 40,485	$ 36,519
(6,731)	(5,668)	Payments to suppliers and contractors	(29,239)	(33,938)
(5,300)	(6,210)	Payments to employees and fringe benefits	(29,212)	(32,251)
3,084	1,291	Other receipts and payments, net	6,826	8,877
137	(2,898)	Net cash provided by (used in) operating activities	(11,140)	(20,793)
		Cash flows from investing activities:		
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
-	10,000	Receipts (payments) from/(to) District of Columbia	22,203	34,000
-	10,000	Net cash provided by noncapital financing activities	22,203	34,000
		Cash flows from capital and related financing activities:		
-	-	Net cash provided by capital financing activities	-	-
23	-	Receipts (payments) from/(to) District of Columbia	3,225	-
(813)	(99)	Change in capital assets	(1,742)	(833)
(790)	(99)	Net cash (used in) capital and related financing activitie	1,483	(833)
(653)	7,003	Net increase (decrease) in cash and cash equivalents	12,546	12,374
45,133	**33,518**	**Cash and equivalents, beginning of period**	**31,933**	**28,148**
$ 44,480	**$ 40,522**	**Cash and equivalents, end of period**	**$ 44,480**	**$ 40,522**
		Supplemental disclosures of cash flow information		
		Cash paid during the year for interest expense		
		Equipment acquired through capital lease		
		Net book value of asset retirement costs		