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**Monthly Board Meeting**

**Date:** June 24, 2020

**Location** - Meeting link: <https://unitedmedicalcenter.webex.com/unitedmedicalcenter/j.php?>

MTID=m411e1e31e2052b19b59ee2a060cfb7b3

Meeting number: 717 322 395 Password:  
cBZYg9xeW73

**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



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, June 24, 2020. Due to the Coronavirus pandemic, the meeting will be held via **Meeting link:** <https://unitedmedicalcenter.webex.com/unitedmedicalcenter/j.php?MTID=m411e1e31e2052b19b59ee2a060cfb7b3> **Meeting number:** 717 322 395 **Password:** cBZYg9xeW73

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**

May 27, 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. HUMAN RESOURCES REPORT**

- A. Trenell Bradley, Human Resources Director

**VIII. CORPORATE SECRETARY REPORT**

- A. Toya Carmichael, VP Public Relations/Corporate Secretary

**IX. NFPHC COMMITTEE REPORTS**

**X. PUBLIC COMMENT**

**XI. OTHER BUSINESS**

- A. Old Business
- B. New Business

**XII. ANNOUNCEMENTS**

**XIII. 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: June 24, 2020**

# **Reading and Approval of Minutes**

**Minutes Date:**  
**May 27, 2020**



Not-For-Profit Hospital Corporation  
GENERAL BOARD MEETING  
**Wednesday, May 27, 2020**  
**Held via Webex**

**Present:**

**Directors:** Chair LaRuby May, Dr. Malika Fair, Girume Ashenafi, Robert Bobb, Brenda Donald, Millicent Gorham, Angell Jacobs, William Sherman, Velma Speight, Dr. Konrad Dawson & DM Wayne Turnage (Joined later in the meeting).

**UMC Staff:** COS Dr. McPherson Corder, CEO Colene Daniel, CMO Dr. Tu., CFO Lillian Chukwuma, COO Marcela Maamari, Corp. Sec. Toya Carmichael, HR Dir. Trenell Bradley, Perry Sheeley, CIO David Perry, Kenneth Blackwell, Tamika Hardy, Kenneth Whitaker

**Other:** Kai Blisset, Cheyenne Holland, Faith Saporsantos, Marc Grossman

Agenda Item	Discussion
	<b>Chairwoman May</b>
<b>Call to Order</b>	The meeting was called to order at approximately 12:09 pm. Quorum determined by Corporate Secretary Toya Carmichael.
<b>Approval of the Agenda</b>	Motion to approve agenda. Motion by Dir. Jacobs, second by Dir. Ashenafi. Agenda approved with unanimous vote.
<b>Approval of the Minutes</b>	Motion by Dir. Ashenafi, second by Dr. Gorham. Minutes approved by unanimous vote.

## Discussion

### CONSENT AGENDA

#### CHIEF OF MEDICAL STAFF REPORT: Dr. Tu

- Thanks leadership of Dr. Momoh and O'Connell. The medical staff has been engaged with all the activities related to the surge.
- Acknowledged Dr. Corder for having an outline of the triage plan of physicians if we need to extend physician staffing, also acknowledged Ms. Clagon for the infectious control policies that were put in place and the work done with radiology department to get procedures implemented in the COVID unit in a way that decreases the need to move equipment around the hospital.
- Acknowledged Dr. Momoh and Regina Kim for the 6<sup>th</sup> & 7<sup>th</sup> floor who did a number of things in April including transferring the residents to other facilities in DC and MD.
- Dr. Fair asked that Dr. Tu provide an update to the board regarding dialysis and testing kit availability in the hospital. Dr. Tu stated we only have two dialysis nurses on board but with COVID you have to have a two for one procedure so this has resulted in a backlog. Dr. Payne-Borden and Dr. Tu met who are trying to find a solution for this problem. The two staffing agencies we have an agreement with have been unable to provide a dialysis nurse. Dr. Tu spoke with DaVita Dir. Of Dialysis Center and we are trying to get some PRN coverage from Bridgepoint that may help. At this point we just have our two dialysis nurses.
- In terms of COVID testing we are in the process of acquiring kits for our onsite testing machine. We have two machines but we do not have any reagents to run those patients. The contract is being reviewed by legal and hopefully finance will sign off on it. We also have another analyzer called **keogin**, the manufacturer is overseas, there is a supply line delay and there is no firm delivery date for that machine yet. We are sending samples to Quest who takes one to two days to turn it around and report it back to Meditech which is seamless. We have a few kits left and we are using those for our behavioral health unit.

#### *Discussion:*

- Dr. Fair clarified that currently, if a patient comes in and they need to be tested they will not be able to get their results for at least a day until we can get more in house test. Dr. Tu said that is correct and we are night and day on the phone trying to get additional tests. Other hospitals in the city are having similar issues and they are willing to help us but we will have the same issue waiting for the results. It is a supply chain challenge.
- Dr. Fair stated that people needing results on the same day, they should not come to the hospital but should go to a citywide testing site including the one at UMC.
- Chair May asked about our capacity. Dr. Tu explained how the new equipment will increase our capacity once approved.

- Colene chimed in and stated that we have three machines but we are not able to get the reagents. If we get the reagents we can do 2,000 test but want to be clear on the expectation because it is not us but the supply line.
- Chair May asked if our methodology is the same as the testing site at UMC. Dr. Tu was not aware of the methodology being used outside. Chair May encouraged Dr. Tu to find out if we can use that resource.
- Chair expressed her appreciation for the city and stated that city's lab is great. Dr. Tu noted that the process is more involved for them to get the sample, there is a courier issue. Chair May asked if we can get our own courier sample.
- Dir. Jacobs asked if someone comes in and are exhibiting COVID symptoms and tested do we hold them in observation or do we release them and send them home while we wait for their results. Dr. Tu explained that if a person is feeling ok and they will go home and self-quarantine for 14 days. If we do not have their results, we send them home and call them with results. If a person is really sick they are admitted as a PUI (Person under investigation) and placed in a private room and their treatment depends on their result.
- Chair May acknowledged the supply chain issue but noted that whatever we can do to tap into the city's resources to move this process quicker. Dr. Tu said once they get the sample the turnaround time is very quick. Chair May said if we need to have a conversation with Dr. Smith who runs the lab and/or hire a specialized courier we should look into doing that. Dr. Tu said he followed up with Dr. Smith and will call her again today.
- Dr. Fair asked if we admit a person who is really sick and label them as a PUI? Dr. Tu clarified that if a person doesn't fit the categories for COVID testing they are not testing. Dr. Fair clarified that at other hospitals, everyone who is admitted is tested.
- Dir. Bobb asked if there is a chain of custody issue we should be concerned with when dealing with the courier? Dr. Tu said yes, DC Health has a chain of custody form that they use.
- Chair May informed Dr. Tu of a courier service she found on DSLBDs website.

**CHIEF NURSING OFFICER: Dr. Jacqueline Payne-Borden**

- Chair May welcomed Dr. Jackie back and is glad she is back and well.
- In April worked on staffing for the surge areas for the unit itself and as well as ordering supplies.
- In April-May Dr. Jacqi was assigned to DC Medical Surge Planning Clinical Staff Work Group facilitated by Dr. Sharon Lewis. Primary discussions related to e.g. planning of safe transfer of stable COVID-19 positive patients from hospitals to hospital or to Alternate Care Sites (ACS) during surge and staffing of various disciplines. District of Columbia Board of Nursing is an integral part of this work group; discussed the possibility of using Graduate Nurses to supplement staff during pandemic. The DC Board of Nursing would be the liaison between the hospitals and Graduate Nurses. United Medical Center and Howard University

Hospitals were the two DC hospitals eager to engage and utilize Graduate Nurses during the pandemic. Post- pandemic UMC would use the opportunity as a recruitment strategy when the Graduate Nurses were successful with the NCLEX nursing licensure exam. To date, no one has applied, the majority of the students went home.

- See written report for additional details.

Discussion:

- No discussion or questions.

**HR REPORT: HR Director Trenell Bradley (HR report given before Medical Chief of Staff because MCOS had not yet joined the meeting).**

- Right now the SNF staff reassignments are temporary.
- 11 new hires in April of the 11, 6 DC residents, 3 w7, 1 w8, 4 md, 1 VA, also had 11 separations. Many of the separations were involuntary due to time and attendance issues. Employees who could not get to the hospital or who decided not to work during the pandemic.
- We have been recruiting for the Compliance Officer, have completed 9 first round interviews and have 4 more. Second round interviews will be scheduled for June 1<sup>st</sup>. Expect to be able to make an offer in early June.
- Currently in bargaining with two unions. We have received agreements to expedite the collective bargaining with one of the unions. If anyone knows of any brokers in the area who may be interested, please let them know we are taking participants.

Discussion:

- Chair May asked what the 11 hire positions were?
- Trenell clarified that we hired a RN, pharmacy tech, one patient sitter, help desk support analyst, respiratory therapist, med surge tech, medical technologist, and one person in the receiving warehouse.
- Chair May asked if we are full to capacity with patient sitters? Trenell said no, he had a conversation with CNO about filling additional vacancies.
- Chair May noted that the sitters should be 100% DC residents and specifically east of the river because the qualifications are not very high. Trenell said that one of the questions we ask on our positing on Indeed is about residency and this will also be a part of our system that we will roll out in July. Chair May said hiring DC residents should be the same for the local broker.
- Dir. Jacobs asked why did we decentralize the sitters? Trenell said the decision was made in nursing administration and he does not know the justification behind it. Dr. Jacqi stated that for the past several months it became evident that we needed to put them in a particular unit because they didn't feel like they had a centralized place. Now they feel part of us by getting acclimated to the hospital in

their particular unit which is best for the continuity of care and the patients for the sitters to feel a sense of belonging.

- Dir. Jacobs asked about the hiring process for wards 7 & 8. Trenell said HR does submit applications to units of applicants who may not be DC residents but being a DC resident is a plus. If there are two equal candidates the DC resident will get extra credit which will make them a better fit for UMC. Non DC resident applicants are still able to move past the initial screening.
- Chair May asked if we have 1,000 applicants for sitters and 500 of them are qualified and DC Residents why would we send a MD applicant resume to a hiring manager? TB said that is something to consider and we can label the positions as DC residents only. Chair May asked if we label the positions as DC residents are given preference. TB will check with legal to find out how to legally structure the language. Chair May put it to the board to share their thoughts about making the sitter positions DC only.
- Dir. Ashenafi said it would seem to him that it would not be too much to add to a positing that “DC residents are strongly encouraged to apply” but anything beyond that we might run into legal trouble.
- Chair May said there were 4400 applications for contact tracers for DC Health and the mayor stated 100% of those positions went to DC residents.
- Dir. Donald stated that we can make certain positions for DC residents but residents go to the top of the list when they meet the basic qualifications so really the positions are not DC residents only so it would not be discriminatory in the way Dir. Ashenafi mentioned.
- Dir. Jacobs agreed and that we can give a preference but also clarified that making the preference for wards 7 and 8 would make it more complicated.
- Trenell asked how we would structure the credit, does Ward 8 get more credit over Ward 7 or are they equal? Chair May joked that Ward 8 is always more important than Ward 7.
- Dir. Jacobs said the more layers we put on the preference the greater the legal challenge we may face. We should talk to DCHR and also get strong legal guidance before we move forward with additional preferences.
- Ashenafi pulled up an application online and noted the questions regarding DC residency and ward and asked how HR is using this information.
- Trenell said that part of the issue at UMC is that we do not have position budget info so HR does not know how many sitters are needed per shift and unit. This decentralization just occurred so now managers can identify the number of vacancies on each floor and HR can take them through the recruiting process.
- Dir. Jacobs asked if HR does the centralized recruiting and vetting or does each department is doing this individually. Trenell shared the historic way HR did hiring when he started in November. The HR department was too small to do that vetting but now that they have added staff, they have begun doing the vetting and phone screening so it is a work in process. The plan is still underway.



	<p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• <b>Trenell to research how to implement residency preferences in hiring process and report back to the Board.</b></li> </ul> <p><b><u>MEDICAL CHIEF OF STAFF: Dr. Marilyn McPherson-Corder</u></b></p> <ul style="list-style-type: none"> <li>• Gave highlights from written report.</li> <li>• Number of COVID positive patients is going down.</li> <li>• Thanked everyone who played a part in the success of our surge preparations and we are continuing to do what we have been doing to stay prepared to serve our patients.</li> <li>• Appreciative of Dr. Fair's comments regarding testing patients admitted to the hospital.</li> </ul>
<b>Approval of the CMO, CNO, HR &amp; Medical Chief of Staff Reports</b>	<p>Motion to accept CMO, CNO, and MCOS Reports by Dir. Donald, second by Dir. Gorham. Unanimous approval as submitted.</p> <p>Motion to accept HR report by Dir. Donald, second by Dr. Fair. Unanimous approval as submitted.</p>
	<p><b><u>EXECUTIVE REPORT: Colene Daniel</u></b></p> <ul style="list-style-type: none"> <li>• Provided a general report and thanked the staff for all their hard work preparing for the surge.</li> <li>• Full report provided in closed session.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Dir. Bobb asked the CEO to give the update on the SNF she provided during the performance improvement meeting yesterday. CEO gave report on the SNF, 33 went to DC facilities, 7 expired, 3 home, and 42 went to MD facilities. There is an email from the Ombudsman to Regina acknowledging and thanking her team.</li> <li>• Dir. Donald wanted to echo Dir. Bobb commendation of the SNF staff and their movement of the residents. Yesterday during the Finance Committee meeting CEO was asked to come back to the board with a specific detailed report of all the SNF staff reassignments.</li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• <b>CEO to provide Finance Committee with specific detailed report of all the SNF staff reassignments.</b></li> </ul>

	<p style="text-align: center;"><b><u>CORPORATE SECRETARY: Tova Carmichael</u></b></p> <ul style="list-style-type: none"> <li>• Read highlights from written report.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• No discussion or questions from the Board.</li> </ul> <p>Motion to approve Corp. Sec. report by Dir. Bobb, second by Dir. Ashenafi. Unanimous approval as submitted.</p>
	<p style="text-align: center;"><b><u>COMMITTEE REPORTS</u></b></p> <p><b><u>PERFORMANCE IMPROVEMENT: Dr. Fair</u></b></p> <ul style="list-style-type: none"> <li>• The Committee had a quorum at their last meeting and were able to complete the meeting in record time despite the full agenda.</li> <li>• Dr. Fair gave brief summary of the facilities updates provided to the committee.</li> <li>• Colene mentioned the ICU capabilities on the 3<sup>rd</sup> floor. Dr. Fair noted a follow up discussion is necessary to discuss the ICU.</li> <li>• Employee screening process has not yet begun.</li> </ul> <p><b><u>GOVERNANCE COMMITTEE: Dr. Dawson</u></b></p> <ul style="list-style-type: none"> <li>• Committee is working through the assignments provided by the Chair and will report out during the closed session.</li> <li>• Dir. Sherman noted the committee has been communicating on a regular basis.</li> </ul> <p><b><u>FINANCE COMMITTEE: Dir. Jacobs, Cheyenne Holland, Faith Saporsantos, and Lillian Chukwuma</u></b></p> <ul style="list-style-type: none"> <li>• Noted the hospital still has a shortfall which Lillian will discuss during her financials report.</li> <li>• Cheyenne gave an overview of initiatives and payer areas they have been focused on in addition to the case management initiatives.</li> <li>• Faith noted staffing challenges are ensuring we have the right staffing to fill the gap and the right people to carry the initiatives forward considering travel and accommodation limitations.</li> <li>• We did have some COVID positives on our team so that has required some of our team to be on quarantine but we are working on a daily basis with HR to replace our existing team and to hard wire all the new processes for existing staff and new hires.</li> </ul>

- Directed attention to her PowerPoint presentation noting slides 4 case management, slide 5 emergency room through put, slide 6 and slide 14 shows how we are working to optimize reimbursement.
- Cheyenne directed attention to slide 15 as it reflects the report we are using to measure case management and track the results of the initiatives and reductions in denials.
- The categories we pulled out because they are directly connected to case management. We were disappointed to see medical necessity jump back up on April. We did a deep dive and identified that the issue is with one payer. So we are meeting medical director to director to get guidance from the payer directly to know what exactly they are looking for. This allows us to push back on them if they start to deny based on the areas they gave feedback in.
- We also noticed two areas where you should never see denials a late notification and drgs so now we have hard wired this into the case management process so we should see improvements month after month. There is still work to be done but we have seen significant improvements. Highlighted that the providers are eager to learn and do whatever is necessary to get UMC paid and on time. Slide 16 we pulled out COVID vs non COVID.
- Chair May asked what DRGs are? Cheyenne explained Diagnostic Resource Grouping which is a way for different diagnoses that are grouped together and given a weight which determines how much you get paid based on your rate.
- Chair May asked for examples of medical necessity since that seems to be the largest of our denials, does this mean we are providing care the patients do not need?  
Cheyenne said no this timeframe is October – April you will see 80% of this is from one payer. We are not seeing this across the board so it is really worth time being spent so we really understand what this payer is looking for. The finance team on the back end can sometimes appeals these but the goal is to make sure everything is done properly on the front end.
- Faith added we are working collaboratively with this payer to walk through the requirement specific to this payer.
- Chair May asked when there is an appeal and an adjustment made will we see it on this line or will we see the benefit somewhere else? Faith said there is a denials group who meets and there is a report that includes all of that information. What we are tracking for case management is the initial because they should be fixed up front.
- Chair May asked for the payer to be revealed during closed session. What is the time line for the conversation with the payer? Faith said there is a meeting scheduled for Friday they are just waiting for the confirmation.
- Lillian said it is not a secret that we have had a challenge with AmeriHealth and she brought them here to identify the issues. When Lillian came they gave her the benefit of the doubt and reversed a lot of denials and the previous CEO promised to do what needed to be done to avoid these denials. Lillian is glad Mazars is bringing them back to the table so we can now do what needs to be done. Medical necessity denials occur sometimes because we don't have enough documentation and other times it is a

question of how the physician determined what care needed to be provided. We have not had anyone on the managed care side working with the payers to say all these administrative rules that we can't reasonably meet. The payers are looking for an opportunity that we can't deliver but now we have someone on our side to look closely at what is happening. There are things the payer is denying just because. The rate we are going we will be at \$10mil denials. We have reversed \$1mil and the credit goes to Mazars in acknowledging it is a front end issue. When it comes back later it is too late that is why the work they are doing on the front side is what we need to succeed.

- Kai added that DM Turnage would add if he were here that he and his DHCF are available to be of assistance to Mazars in this process.

#### **April Financial Report – Lillian Chukwuma**

- As Dir. Jacobs mentioned it looks terrible.
- We agree with Mazars as they go forward with decreasing these denials. Our concern has been the money that we lose from the patients that do come in.
- Everyone is positive that we will be able to balance the budget. Page 3 this is the place where we see the numbers and how we look. When we did the initiatives we said we would end the year with \$10mil.
- If the year ends today, we would be in the negative \$8mil. That is why Mazars has continued to do the work and we have already accepted \$4mil of initiatives that we believe are certifiable and achievable. The first one is the denials and admissions which we hope will render another \$3mil.
- There are things that we have achieved like in legal we have saved so much money by bringing legal in house. However, the legal savings were swallowed by settlements but we are not incurring additional legal expenses.
- The second line is what I want to bring up. GW has been really good to us and every month they have been able to get the amount that we projected.
- This past April our activities was so low even in the ED. People across the nation are not going to the ED but for us this is our #1 source of revenue and so this may be impacted GW and we are hoping that this will not continue for the rest of the year. Remember we told Mazars if they can't realize these initiatives they still need to come forth with a plan on how they will balance this budget. Mazars plan will have to be presented in May for this plan to balance and for us to authenticate what we are taking to council.
- Page 4 is a written summary of what is included, page 16 shows the drastic drop in activities throughout the hospital. The clinic activity has been down for months but COVID has had the biggest impact on the ED. Page 16 shows our admissions were almost on target and these admissions were COVID related.
- So ED was down but admissions were ok due to COVID. What we are hoping is the plans the Dir. of OR are making for the reopening in each phase will help us with these numbers. When it is all said and done we have an \$11mil challenge. We have

spent so much money on COVID analysis that when we come in for May we will give you a schedule that shows you which ones are due to COVID and which ones are not. We received \$5mil for COVID and we opened so many beds but if we don't use them all some of them might be returned.

Discussion:

- Dir. Bobb thanked the Finance Committee for this comprehensive report. We don't like to see red ink but we have enough information to understand and comprehend. Dir. Bobb serves on another hospital board and the ED activity decline we see here is not just specific to UMC. Dir. Bobb stated he knows there will be a plan forward and we may still be in the red but we should be able to make a case as to where we stand as a hospital based on this report.
- Chair May asked what is our plan b on this \$11.7 mil challenge we have because we have seen measures before that have not worked. Cheyenne said there always has to be a plan b and one of the things this team is doing is looking under every rock to find every opportunity available. We agree there is a tremendous amount of revenue and if we continue to focus on documentation it will bear fruit whether it is one month or two months. Lillian has been on her ladder picking the high fruit and now we are in the tree to grow more fruit to make this attainable. The American Hospital Association just released a hospital report that hospitals collectively across the nation will lose \$2 billion dollars due to loss of electives. The difference is we have a team who is all looking forward to grab every single dollar despite what has happened in the plan. No detailed plan b to share today but there is the right team of people working on it.
- Chair May asked the finance committee if they have a date or a trigger for when they will return to the board and recommend that we make cuts or a RIF? We have 5 months and it looks like a hurdle but when will we know that we may not get there?
- Dir. Jacobs said it will be important to look at the results from May so we can see if we are gaining traction in the areas where we are hoping for. Looking at May will help us make a decision about what the path forward is.
- Lillian said when we return in May we will give you a projection because in June we have to implement whatever the plan is.
- Colene added that under Dr. Corder's leadership we are bringing a team of doctors together so we can bring electives back in a productive way so that it doesn't overwhelm the hospital but so we can bring on more patients.
- Dir. Jacobs reminded the board that UMC has its budget hearing on June 5<sup>th</sup>. The hearing will be about the FY21 budget and Colene and Lillian will be working together to draft the testimony and the committee will be available to assist.
- Chair May asked if Dir. Jacobs has any ideas around the legislation that was passed during the pandemic? Dir. Jacobs stated that as the legislation is currently written we will go back to the requirement that we receive no more than the \$15mil subsidy. We do not know whether by October 1 we will still be under the public health emergency

	<p>but the OCFO will remain conservative and operate like we will not receive more than the subsidy.</p> <ul style="list-style-type: none"> <li>Chair May shared that we do not know how long the public health emergency will last but we won't go into the new normal until after a vaccine comes in which may not be before the end of the calendar year. We should be concerned about a second wave of COVID.</li> </ul> <p style="text-align: center;"><b><u>AUDIT COMMITTEE: Dir. Speight</u></b></p> <ul style="list-style-type: none"> <li>The audit committee did not meet in April but sent a letter to Mazars asking for additional information to be submitted with their monthly invoice and asked them to complete the accountability tool by June 15<sup>th</sup> so we can meet on June 22<sup>nd</sup> to start drafting a contract.</li> <li>Dir. Speight asked that Board members please send information needed to include in the contract.</li> <li>Chair May asked for the deadline to have the contract ready for Council approval in the fall.</li> <li>Chair May stated we have been blessed that the surge did not hit as hard as anticipated but we should put some thought to taking an earlier summer break in June so that we are back and ready for any fall surge. Lillian said the months of May and June are really key for the board to see the big picture that will make the entire decision. June is when the finance committee will bring the May information so being off in June will be difficult for the committee.</li> <li>Kai added there will also be several contracts to put forth in June.</li> </ul> <p>Motion to accept committee reports: Motion by Dir. Jacobs, second by Dir. Ashenafi. Unanimous approval.</p> <p>Motion to accept April financial statement: Motion by Dir. Bobb second by Dir. Ashenafi. Unanimous approval.</p>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>Chair May received an email from Wala Blageny Counsel for DCNA. Chair invited DCNA to attend the board meeting. Chair received the nurses demand petition for hazard pay with the assertion that other hospitals are offering incentives to nurses and other dc employees are receiving incentives as well. Chair noted that the HR Director responded and that contract negotiations must go through the bargaining process and the CBA would have to be opened up to review the demand.</li> <li>Trenell added that it was explained that we do not fall into the same category as the Districts police officers and Colene has gone to the city to verify several times that no hospital in the city is paying hazard pay.</li> </ul>

<b>Other Business</b>	N/A
<b>Closed Session</b>	<p>Notice to close read by Assistant General Counsel Tammi Hawthorne at 2:47pm.</p> <p>Motion to enter closed session by Dir. Gorham, second by Dir. Ashenafi. Unanimous roll call vote to enter closed session.</p> <ul style="list-style-type: none"> <li>• Tammi Hawthorne, Kai Blisset, Trenell Bradley, Lillian Chukwuma,</li> <li>• Cheyenne, Faith and CEO to join during closed session.</li> <li>• Recess at 2:50.</li> <li>• Closed Session began at 2:56</li> </ul> <p>Motion to terminate closed session by Dir. Donald, second by Dir. Ashenafi. Motion to terminate closed session passed unanimously at 4:40 pm.</p>
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• During closed session the board approved two contracts, approved the recommendation of the Appeals Board related to a personnel matter, and approved the names of individuals for appointments, reappointments, and change in status for physicians at the hospital.</li> </ul>
<b>Adjourned.</b>	<p>Motion to adjourn by Dir. Donald, second by Dir. Jacobs.</p> <p>The Board meeting was adjourned at approximately 4:41 pm by Chair May.</p>



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## **General Board Meeting**

Date: June 24, 2020

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# **Consent Agenda**





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## General Board Meeting

Date: June 24, 2020

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### CMO REPORT

*Presented by:*  
Raymond Tu, MD  
Chief Medical Officer



**Not for Profit Hospital Corporation- Chief Medical Officer Report  
May 2020**

**Respectfully Submitted: Raymond Tu**

COVID-19 Readiness. The UMC Medical Staff was thoroughly engaged in the COVID-19 response with opening of the 3<sup>rd</sup> floor COVID-19 unit and close monitoring by the Medical Executive Committee Command Center for as needed additional medical staff resources. COVID-19 readiness rounds occurred daily with Quality to assure smooth transition of our COVID-19 patients to the new floor, adequate availability of personal protective equipment and supplies. We thank the leadership of pharmacy and critical care medicine to support the application for and receipt of emergency allocations of remdesivir. Dr. Yacoub, Dr. Corder, and Ms. Daniel with Mayor Bowser were featured on *This Week with George Stephanopoulos* highlighting “racial and socioeconomic disparities stemming from the pandemic, communities of Color hardest hit by the virus...exacerbating long standing inequality.” The discussion with Chairs of Emergency Medicine, Department of Medicine, Chief of Staff, private practice nephrologists, hospitalists, nursing leadership, case management, and director of UMC dialysis services was very helpful to initiate an urgent recruitment effort for dialysis nurses during the COVID-19 pandemic. UMC COVID-19 in house testing now includes QIAGEN, Cepheid, Abbott and Hologic analyzers each with their unique supply chain challenges. Currently we have ample Hologic and Abbott supplies. We thank the close collaboration with DC Division of Epidemiology for support and updates of our COVID-19 testing and reporting program as well as Children’s National Medical Center and Sibley Hospital as an emergency testing resource.

Case Management and Social Work. The efforts of the case management and social work team under Dr. Morgan’s leadership has implemented the restructuring plan. Sue Letzter will be working one-on-one with the Utilization Review Case Managers to review InterQual efficiencies and introduce recent documentation updates. Case Management is actively working with information technology on an interface between MediTech and InterQual to finalize the 72 Hour Reassessment form in MediTech. The effective case management has contributed to improvement in conversions from observation to inpatient admission status. In May 158 patients were converted from observation to inpatient compared to 88 in 2019 and 64 in 2018. There were 178 total observation admissions in May. According to UMC analytics the total average length of stay was 1.31 compared to 2.3 days in 2019.

Analytics. Per UMC Analytics, May admissions were 404 increased from 427 a 5% reduction. Inpatient behavioral health admissions decreased slightly to 133 from 139. There were 28 expirations in May increased from 10 last year. There were 679 clinic visits decreased 46% compared to 2019 due to COVID-19 restrictions. UMC’s ICU and medical surgical operational bed capacity was 61%. There were 67 total surgeries compared to 188 last year. There are 282 providers in May with 5 in anesthesia, 10 in critical care, 63 in emergency medicine, 3 in gynecology, 107 in medicine, 1 in pathology, 14 in behavioral health, 54 in radiology and 24 in surgery.

## CMO Highlights

### 1. Coordinating patient care and safety,

- a. instituted Monday, Wednesday and Friday rapid COVID 19 rounds with quality throughout the house to assure smooth migration of patient admissions throughout the hospital as the 3<sup>rd</sup> floor opened and medical staff patient flow was implemented.
- b. initiated safety warning on radiology procedure requisitions for staff "Corona Virus Risk: yes/no" with IT and radiology to facilitate staff safety so technologists know to have heightened aware COVID exposure risk as well as proper PPE readiness.
- c. Identified an existing exclusivity with GWMFA for contracted emergency medicine and hospitalist services. Recognizing the urgent need for potential added coverage, obtained waiver from GWFMA for exclusivity received from GWMFA legal May 15, 2020.
- d. followed up with discussions of a sepsis workgroup and the next week organized a meeting with IT, ICU, hospitalists, nursing, chief of staff, and ED physicians to review order sets and identifiers on the tracker to build an automatic visual alert. Order sets have been circulated and edited and are now sent to pharmacy for review. The plan is to have the sepsis alert go live in June.
- e. followed up with ongoing discussions of medication reconciliation workgroup meeting with IT, ICU, hospitalists, nursing and ED physicians to identify where the fall outs are occurring. Collective group agreed that IT is to provide an analysis to identify the source of the fall outs before making recommendations.

### 2. Overseeing and communication with health care programs at the hospital,

- a. Identified a gap in infection prevention coverage with unexpected absence of infection control preventionist. Spoke with human resources director early and urged an urgent search with director of nursing with agency and HR for staffing company search to begin. As an immediate effort to assist the team, obtained assistance Efsu Nagash RN and Christiana Buttler-Jarrett NP to assist with tracers, reporting to DOH and occupational health notifications
- b. organized discussions with UMC, DC Health and Division of Epidemiology-Disease Surveillance and Investigation for updated reporting. Collaborated with Missi to update and communicate Occupational Health Contact Tracing Process.
- c. took initiative to assemble the DC Health Plan of Correction tabs. Called stakeholders personally to collect the missing tracers, logs and documents.

Worked with Tracy Follin and Leslie Rodney with the various departments and assembled each plan of correction in tabs and communicated with departments for their updates and materials

- d. communicated with DC Health the UMC FD12 policy and clarification of behavioral health physician educational requirements on FD12. Worked with Axis Health and Ron Anderson to identify gaps in psychiatrist training in FD12 and immediately provided materials including the self-assessment and test.
3. Aided development, implementation, operation, maintenance and control of essential medical services by
- a. collaborating with DC Epidemiology to obtain Cephid COVID analyzers, expedited obtaining additional kits. Worked to seek alternatives to UMC COVID testing resources. Discussed strategy with chair of pathology and reached out to Children's National Medical Center, Med Star and Hopkins. Obtained loaner kits for Johns Hopkins. Initiated the CNMC contract for testing.
  - b. taking the initiative and collaborating with DC Health and Division of Epidemiology to obtain updates on reporting following May 7, 2020 reporting update with Dr. Tran, Dr. Emily Blake with RedCap reporting back to Soyinka Joseph, Christiana Buttler-Jarrett NP and Missi Sylvan.
  - c. worked with Randi Barclay in HR to initiate a search for Infection Prevention Control Nurse with staffing agency.
  - d. authored letter UMC Emergency COVID-19 surge readiness plan regarding UMNC to State Health Planning and Development Agency and received approval from Director Thompson on May 8, 2020 from SHPDA and SNF closure and transfer with multiple edits, supplemental materials and conference calls proving effectiveness in working with regulators
  - e. worked with chair of critical care and director of pharmacy to authored letter to Mr. Asley on May 13, 2020 for emergency allocation of remdesivir following multiple phone calls to optimize UMC to obtain this COVID-19 therapy
  - f. initiated business case memo for emergency purchase of COVID mobile radiographic imaging system on May 4, 2020. Facilitated use of a loner mobile radiographic imaging system from the vendor in view of the backorder of systems.
  - g. authored with Ms. Clagon the UMC Universal Masking Policy during COVID-19 with approval from legal with multiple edits following initiating discussion with nursing, staff, physicians and infection control

- h. collaborated with Dialysis center, Roopali Gupta, MD, Dr. O'Connell, Dr. Payne-Borden, Eric Giles of DaVita and Timothy of Fresenius during various meetings to discuss opportunities to expand dialysis services and improve coverage. Worked with director of dialysis to obtain additional dialysis nursing coverage. Included nursing for discussion at each step as nursing owns the staffing
- i. to build referrals and volume for hospital services and being mindful of the 2021 budget; working with and encouraging providers to develop programs that will benefit their practice and the hospital.
- j. took the initiative to speak with area hospitals as GW, Hopkins, and MedStar to obtain ideas on how these hospitals are planning their reopening programs. Collaboration with Dr. Janelle Dennis, Tonia Johnson, Dr. Corder, Dr. Morrow for reopening programs. Collaboration with Chair of Radiology for building referrals for upcoming MRI system and reopening safety strategy.
- k. worked with Nursing to modify existing Nursing Supervisor Shift Summary report with nursing to add bed capacity to the report and with IT Berhanu Embayale to build dashboard UMC Analytics to show percent occupancy. I was very mindful to have clear definitions and verify the calculations before roll out.
- l. worked with legal, Ms. Clagon for May 7, 2020 universal masking in the health care setting.
- m. lead the discussion on elopement of 8<sup>th</sup> floor patient who came from BHU, instituted training of BHU physician for FD12. Communication with Ms. Longstreth at DC Health. Spoke with multiple stakeholders including security, behavioral health, Axis, physicians, nursing education.
- n. facilitated discussion with chair of lab and emergency medicine regarding discordant lab results and patient flow; that is a positive COVID-19 test is sufficient and a negative screening COVID-19 test needs to be repeated with a confirmatory test to assure a true negative for behavioral health patients. Included all stakeholders including physicians, nursing, and case management to identify gaps in communication and testing.
- o. assessment of denials of what may be duplicated medical orders and explanation from coding, documentation or order entry error. Working with IT and lab to identify what may be the explanation to decrease denials. Investigation that use of modifier codes considered to decrease denials.
- p. Advanced personnel action requests and business case memos for filling case management and social work staff.



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Medical Chief of Staff Report**

*Presented by:* Marilyn  
McPherson-Corder  
Medical Chief of Staff



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

1. The medical staff continues to remain in COVID-19 surge alert mode. Ongoing COVID updates from the District have occurred from Ms. Colene Daniel, CEO. Numerous meetings, including the CEO's mandatory UMC COVID-19 Surge, over the past month have involved specific details including new policy and procedures, patient flow both within and outside of the hospital, staffing (from nurses, respiratory therapist as well as physicians) community and other medical facilities involvement. The discussions included training on, rapid testing, telemetry monitoring equipment and patient tracking. All department chairs have been updated and engaged in these discussions. The ethics committee has met under Dr. Momoh's leadership.
2. To ensure safety and quality of the patients, Dr. Corder, makes rounds with ICU, ED, MED and the department of nursing in the evenings and weekends. Dr. Tu and Ms. Daniel are updated on various findings of concerns as well as the Department Chairs. We are still making efforts to decrease the wait time for admissions in the ED, reliable rapid testing and appropriate patient placement once they are admitted. We are also working each day to make sure we have adequate staffing per shift.
3. Reopening plans: Phase 1: In accordance with the DC Department of Health recommendations, plans from the various department chairs have been submitted and reviewed by Dr. Corder, Dr. Tu and Ms. Daniels. In anticipation for the reopening including ambulatory services, the hospital is working to recruit physicians with various specialties needed.
4. Community outreach: Dr. Corder continues to work with community organizations, including: neighborhood churches, ANC commissioners, Ward 8 Health Council and various other organizations in Ward 7 & 8. On Saturday May 30<sup>th</sup>, Dr. Corder welcomed on behalf of UMC the kindness and contributions of the Mary Kay representatives who brought gift bags and refreshment in appreciation for our front line workers in their PINK Cadillacs. Radio One, WOL 1450 AM Village Talk with Dr. Corder was broadcasted live at UMC which included this event.
5. Several action items for the Board of Director's review and approval (see attached).



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**General Board**  
**Meeting Date: June 24,**  
**2020**

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## CNO Report

*Presented by:*  
Jacqueline Payne-Borden  
Chief Nursing Officer



# Nursing Board Report

## May 2020

The aim of Nursing Administration/Patient Care Services is to provide safe, effective, evidenced based care in a collaborative manner.

- Corrective actions and data collection are in progress to satisfy the deficiencies that were identified in March during the DC Health annual survey.
- Nurses' Week, May 6 – May 12, 2020 *The Year of the Nurse*, was successful. Thanks to Dr. McPherson-Corder and the entire Medical Executive team for their generous donation; this afforded each nurse to receive a beautiful tumbler with UMC's logo and a special inscription. Gratitude also to our CEO, Ms. Daniel for all the donated gifts used as giveaways and raffle prizes. Ms. Carmichael also coordinated the delivery and distribution of meals during this celebrations. All the donations and contributions positively impacted the morale of our valued nursing staff.
- Director/Mangers nominated six outstanding nurses from the various the units based on certain criteria. Helen Moore, RN, emergency Department, was selected as UMC's Nurse of the Year. Ms. Moore received an award and the opportunity to park in a designated parking space in the Executive Parking Lot for the next twelve months.
- United Medical Center with the assistance of DC Health's Clinical /Staff COVID-19 Work Group was able to onboard and utilize nursing staff and respiratory therapists through two agencies secured by the District in preparation for the surge and opening of the 3<sup>rd</sup> floor. On Wednesday May 20, with the collaboration of all departments, the 3<sup>rd</sup> floor was opened with 11 COVID positive telemetry patients. The total capacity is 16 telemetry patients; however the unit has the capability to effectively operate as a 32 bed Critical Care Unit. The 3<sup>rd</sup> floor is intended for COVID positive patients only.
- Approximately 12% nursing personnel are out with Covid-19 related illness or are on quarantine.
- Over the last 30 days, 5 of 11 dialysis staff of varying FTEs are out due to Covid-19 related issues; 2 of the 5 have since resigned. Human Resources, Nursing Administration and Chief Medical Officer are collaborating in an effort to aggressively and creatively recruit dialysis nurses; this services is crucial for our community.
- As of mid-May, the Skilled Nursing Facility (SNF) clinical staff has started a Clinical Transition Plan from long term care setting to acute care. The transition plan includes completing modules on Relias UMC's self-paced learning management system, face to face hands-on skills competency and a preceptorship/unit orientation. Staff are at various points of the transition process.
- Nursing leadership continues to provide support to staff through leadership rounds.
- Thanks to Ms. Toya Carmichael for keeping our hospital staff knowledgeable with up to date information regarding UMC and the District's involvement in the COVID-19 pandemic through our newsletter and postings on the monitor screens located throughout the hospital. Thanks to our CIO David Parry and staff for their flexibility and providing the technological support.

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



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Executive Management Report**

*Presented by:* Colene Y.  
Daniel Chief Executive  
Officer

- The attachments referenced are awaiting committee approval.



NOT-FOR-PROFIT HOSPITAL CORPORATION

## Not for Profit Hospital Corporation – Executive Management Report & Accomplishments June 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.*

### **Accreditations, Audits, Surveys & Inspections**

UMC has completed in FY 2020, an unprecedented number of Reaccreditations, Surveys, and Inspections. These activities not only consume an enormous amount of time, energy, focus, education and training of the staff, rewriting & updating policies, and a host of other documents; but have also had a significant impact on the operational budget. *The costs of preparing for and enduring surveys has substantially had an impact on overtime, agencies usage, contract services (environmental & facilities), and supplies.* Since October 1<sup>st</sup> - FY 2020, the following occurred:

- College of American Pathologist Reaccreditation – January, 2020
- DC Health SNF Survey – January, 2020
- Mammography Quality Standards/FDA Survey – February, 2020
- IV Hood Certification – February, 2020
- American Association of Blood Bank Reaccreditation – March, 2020
- DC Health Hospital Survey – March, 2020

### **From June, 2020 – September, 2020, the following are scheduled:**

- Joint Commission – (the hospital is within the window)
- Boiler Inspection – (the hospital is within the window)
- Nuclear Regulatory Commission – (the hospital is within the window)
- DC OIG Interim Financial Audit – July, 2020
- The Leapfrog Group – Hospital Safety Survey – August 2020
- Centers for Medicare & Medicaid (CMS Meaningful Use Audit) – September, 2020
- DC OIG Year-End Audit – September, 2020

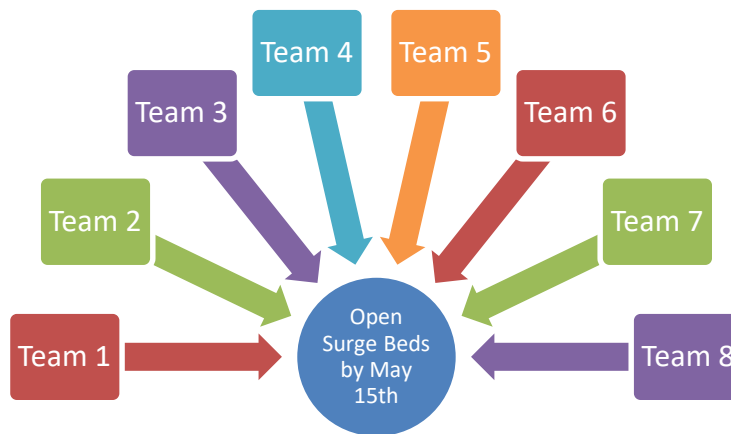
### **COVID-19 Surge Planning**

During the month of May, the Senior Executive Team continued to collaborate with the Medical Executive Team and the Management Council to meet the May 15<sup>th</sup> deadline per the Districts Surge Program. Our successful response to the coronavirus required all of our resources and every member of our team to dedicate significant time and effort to ensure we were able to meet the community's needs in collaboration with the Mayor's office, DC Health Department, DCRA, and other health care providers throughout the DC Metropolitan area.

To accomplish this objective, it was important for Leadership to complete the following:

- The assigned work was divided into separate work teams.

- All of the expenditures (capital & operations) relating to COVID-19 have been documented appropriately.
- All written changes or amendments in policies, clinical practices, and clinical protocols have been documented in a Quality/Infection Control Library.
- Team assignments overlap so collaboration was very important and having constant communication between various members.



UMC's response was successful for several reasons:

- UMC was able to increase the number of acute care beds by 153 by May 15<sup>th</sup> as required. The rapid response to COVID-19 required the re-engineering of the Hospital's infrastructure, processes, services offered, and the staffing complement.
- UMC actively participated in District-wide planning meetings, developed a comprehensive COVID-19 expansion plan in accordance with the COVID-19 Surge Plan.
- We prepared Infection Prevention and Control communication documents with review by the DC Health Epidemiology service to ensure they are accurate and based on science, and prepared media responses in collaboration with nursing, infection control leadership, and public relations.
- To keep our staff informed we distributed relevant information about COVID-19 on a daily basis electronically via hospital monitors and email and weekly through our newsletter.
- We established supply inventories for PPE and other hard to obtain supplies and equipment that will be needed, as well as completed staff training for PPE and Advanced PPE.
- In cooperation with physician leadership we developed new COVID-19 patient flows.
- The Medical Executive Committee voted unanimously to stop all elective procedures, surgeries, and specialty clinics.
- In collaboration with the Army Corps of Engineers, the UMC campus became a COVID-19 testing site, and with DC Health partnership – helped obtain the necessary permits for the Alternative Care Site (Convention Center).
- Transfer of the skilled nursing facility patients to alternative facilities for their safety and to expand the capacity of UMC to meet the community need for COVID-19 services.
- Backfilling staff with contract labor and overtime to account for employees in quarantine – documents were submitted in May's Performance Improvement Report.

DC Surge Task Force – Surge Staffing POC: worked closely with DC Health for immediate critical nurse staffing needs, clinical, ancillary & non-clinical staffing for surge areas.

Capital Budget Management:

- Updated Capital Spend Plan for Prior Years, FY 17 -19, Carryover to FY2020, & FY2020.
- Tracking COVID19 Capital spend; created a new spend plan to incorporate & reallocate for COVID19 capital expenditures
- Review of current Spend Plans to assess remaining funding (post COVID) for future infrastructure needs
- Coordinated Surge Staffing Onboarding & Orientation (HR & Departmental)

COVID19 Spend Tracking:

- Tracking COVID 19 spend (Capital & non-Capital expenditures) for Finance Committee/Board; documenting for Funding Sources (CARES, FEMA, District Surge, etc.)
- Staffing – OT & Agency spend during COVID19

COVID19 Surge Staffing & Medical Staff Budget preparations

Monitor & tracking COVID19 related reporting: HHS (Teletracking), DC Emergency Management Reporting (EMResources/NHSN), SHPDA and DC Health.

### **COVID-19 & Skilled Nursing Facility Update**

Resident transfer process and progress

- Proper communication and Approvals were made/received from SHPDA, HRLA, Ombudsman, DHCF, and DCHCA
- Proper communication was had verbally and letters of notification were mailed to Residents, Responsible Parties, and Guardians
- Proper communication was had with all staff
- All DC SNF Facilities were contacted and requests were made for bed availability to accept residents
- MD SNF Facilities were contacted and requests were made for bed availability to accept residents.
- Teams were established for discharge planning, finance, transportation, transitioning, and relocating to ensure a smooth transfer process for residents.

Residents were accepted at the following facilities:

- DC Total 33: Bridgepoint (18), Deanwood (1), Ingleside (4), Stoddard Baptist Global (7), and Home (3)
- MD Total 42: Adelphi (1), Clinton Nursing (8), Fox Chase (16), Hyattsville (1), Largo (2), Layhill (14)
- 7 residents expired (3 COVID-19, 4 Non-COVID-19)

The coordination of the resident transfer process began on April 20, 2020. Residents began the actual process of transferring on April 29, 2020 with the last in house resident transferring on May 19, 2020. Three residents remain in the hospital who have been accepted at SNF Facilities who await their arrival.



NOT-FOR-PROFIT HOSPITAL CORPORATION

- Follow up calls have been made to ensure all residents have transitioned without any transfer trauma.

Employee transitions, training, unions (Attachment 1)

- The employees are currently in coordinated trainings to ensure smooth transition.
- Proper continuous communications have been established with the union

### **Children's National Medical Center**

- The Transfer Agreement is fully executed.
- Awaiting the approval of the Children's legal team for the Purchased Service Agreement and the Lease Agreement.

### **Contracts & Procurement**

- Competitively bid & selected a new linen vendor, HandCraft. The hospital has a reliable vendor and is working well with the hospital.
- Ensured contracts in place for the following service lines during Surge: Linen, Food & Nutrition Services & Waste Management.
- Enhance Pathology Department COVID19 testing capabilities – worked with DC Department of Forensic Science for several instruments & supplies for rapid testing capabilities (Abbott ID Now, Cepheid); worked with existing vendor, Hologic, to prepare Panther instrument once UAE approved; operationalized in-house testing: workflow, communication & LIS/Meditech updates.
- Complete the final PPE supply award and has secured the PPE supply (Closed Book).
- The May 2020 – Procurement Savings is submitted for your perusal (Closed Book).

### **DC Government**

Completed several meetings to extend UMC'S hospital permits for the Alternative Care Site (Convention Center). At the invitation of Dr. Lewis because of UMC's collaboration, we walked through the Walter E. Washington Convention Center to see the wonderful accomplishments of DC Health.

- This Letter Agreement effective May 11, 2020, ("Agreement") represents the understanding between the Not-For-Profit Hospital Corporation, commonly known as United Medical Center, an instrumentality of the District of Columbia ("UMC"), and MedStar Health Corporation ("MedStar") regarding the use of UMC's CMS Certification Number ("CCN") at the Walter E. Washington Convention Center COVID-19 alternate healthcare site ("ACS").
- Completed the Agreement for the State Health Planning and Development Agency ("SHPDA") regarding your proposal to establish a new institutional service in the District of Columbia in response to the COVID-19. The Director of the D.C. Department of Health, Dr. LaQuandra S. Nesbitt, has informed the SHPDA that she has determined the establishment of certain services is necessary for the declared public health purpose of addressing the COVID-19 public health emergency as detailed in her declaration (the "Declaration").
- Completed "CMS - 116 CLIA (Clinical Laboratory Improvement Amendments) Application to add Walter E. Washington Convention Center COVID-19 alternate healthcare site and testing equipment.



NOT-FOR-PROFIT HOSPITAL CORPORATION

- Submitted a request to amend our Radiology license registration to include 3 additional devices to be used at the Walter E. Washington Convention Center COVID-19 alternate healthcare site.
- Completed DC Pharmacy License & Control License application to include the Walter E. Washington Convention Center COVID-19 alternate healthcare site.

### **Employee Communications**

Employees have shared their concerns as it relates to working in a hospital during a pandemic in regards to their personal safety and their families. We continue to listen and address each concern. Each manager is responsible for reporting back to their staffs. The Newsletter, UMC desktop portal and website provides written documents to share with all UMC Staff. Staff morale has improved greatly due to the outpouring of support from the local businesses and organizations that have supported us through donated meals, PPE, and acknowledgements. UMC is also forming an employee task force to address employee concerns. Employee engagement surveys will be conducted August 2020.

Working with KGlobal, completed the presentation and communications to implement Employee Screening & Tracing Program.

Prepared for a visit with Mayor Browser and ABC News with Martha Raddatz. The story highlighted the health disparities and the significant impact of COVID-19 on African Americans, Hispanics, and Native Americans.

### **Facilities & Support Services**

The Facilities & Support Services have worked on numerous projects to 1) prepare for reaccreditations, surveys, and inspections; 2) commissioned a wide-range of infrastructure and construction projects for COVID-19, including the 3<sup>rd</sup> floor build – Respiratory Unit; and 3) completed the projects listed on the SAFER Matrix (Attachment 2). The updated project list is below for your perusal.

<b>Project</b>	<b>Status</b>	<b>Completion Date</b>
<b>ICU</b>	The 5 <sup>th</sup> floor ICU refresh project includes upgrades to the doors, electrical system and additional corridor viewing of the patient.	July 2020
<b>Fluoroscopy</b>	80% Complete drywall is scheduled to be hung by 5/27. Phillips Fluoroscopy equipment is scheduled to be delivered on 6/22.	1 <sup>st</sup> patient seen on July 15.
<b>Nuclear Medicine</b>	Completed	
<b>Pharmacy</b>	70% Complete. The project is moving as planned. Furniture and equipment to	Phase I June 24 – Phase II July 30.



	be installed at the end of June.	
<b>Materials Management</b>	Design Phase 10%. New shelving was installed in late April.	August 30 <sup>th</sup>
<b>IT Closets</b>	The project is on Hold due to the hospital's COVID-19 response per the recommendation of the Infection Control department.	
<b>MRI</b>	The new Architectural Firm has validated all DCRA permit requirements. The project is currently in the Demolition phase of the old MRI space. Upon completion of the demolition, grading the asphalt will commence for the concrete pad where the new mobile unit will be secured.	Target: 1 <sup>st</sup> patient will be seen last week of August.
<b>9 Air Handler Unit Replacements</b>	Reviewing all proposals. Will select 3 finalists by Friday 6/12. Project is scheduled to awarded on 6/20. The project duration is scheduled for 7 months.	

### Information Technology

- Received 512 Help Desk and Service requests to support existing UMC operations – successfully addressed and closed 503 of those requests
- Implemented the latest Meditech Magic Application software upgrade
- All team members were focused on COVID-19 preparations
  - TENTS and PODs - On-time and successful completion:
    - Installed network switches and infrastructure
    - Enabled wireless connectivity (redundant) with UMC network and systems
    - Provided workstation-on-Wheels (WOWs), Spectralink and desktop phones, multi-drawer printers, and laptops
    - Created and tested charges and inventory locations in Meditech
    - Created, tested and documented all patient and unit phone lines
    - Performed IT and User acceptance testing of devices and applications
  - 3<sup>rd</sup> Floor ICU-ready and Med-Surg Beds - On-time and successful completion:



- Installed network switches and infrastructure
- Ran, terminated and activated data lines for telemetry monitors, patient monitors, wireless and desktop phones
- Mounted and brought live hallway patient telemetry monitors
- Reconfigured security monitors throughout the floor to ensure full coverage
- Surveyed and remediated wireless network to optimize performance
- Deployed and tested devices – WOWs, desktops, wireless and desktop phones, multi-tray printers, fax machines, lab Accucheck and I-stat machines, patient tracker boards, time clock stations, and Pyxis machines
- Created, tested and documented all patient phone lines
- Replaced and tested all patient TVs and speakers
- Created and tested the department accounting unit, charges and inventory locations in Meditech
- Built, tested, and brought live specialized physician order sets
- Performed IT and User acceptance testing of devices and applications
- 6<sup>th</sup> Floor
  - Built the following items in preparation for this area's future use:
    - WOWs, desktop devices, desktop and wireless phones, multi-drawer printer
  - Installed additional network switches and infrastructure
  - Replaced and tested all patient TVs and speakers
  - Created and tested the department accounting unit, charges and inventory locations in Meditech
  - Surveyed and remediated wireless network to optimize performance
- 7<sup>th</sup> Floor
  - Surveyed and remediated wireless network to optimize performance

#### **Medical Executive Committee – Closed Report**

- Initiated Budget Discussions
- A small MEC taskforce shall review the physician contract list to identify cost savings.

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
	EC.02.05.01 EP 14	Ken Blackwell	JCR recommended revising hospital water management plan	Water management plan is being updated for final review and will be added in the Life Safety Library.		4/30/2020
	EC.02.06.05 EP 2	Ken Blackwell	1. During the OR renovations there had been no updated or recent Infection Control Risk Assessment (ICRA) conducted. 2. The damaged area was not under negative pressure.	1. Conducted Infection Control Risk Assessment. 2. A proper ICRA barrier was constructed with daily negative pressure monitoring. Hospital is continually working with contractor to ensure IRCA barrier remains intact.		1. 12/14/2019 2. Monitoring
High	LD.03.06.01 EP 2	Executive Team	Throughout the mock survey process, JCR became aware of and observed staffing challenges throughout the hospital.	Staffing levels should be benchmarked against metrics from facilities of similar size, scope, and acuity level.	TBD	
	LS.01.02.01 EP 1	Ken Blackwell	The Interim Life Safety Policy incorrectly referenced the NFPA standards.	ILSM Risk Assessment/Policy NFPA reference were immediately corrected using NFPA 2012 standards. The documentation is in the Life Safety Library.		12/12/2019

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
High	NPSG.15.01.01 EP 2	Dr. Raymond Tu	The Emergency Room tool used for screening suicide patients was too generic. JCR requires an evidenced-based or validated tool to screen for suicide.	<p>1. The hospital will integrate the Columbia Suicide Severity Rating Scale into the electronic medical record. Until the electronic version is available, staff will be trained to use a paper version of the tool and those completed documents will be scanned into the EMR. Each emergency department nurse will be educated on using the tool for identified patients for harming self. The staff educational portal will be used to evaluate and validate the nurse competency.</p> <p>2. The MEDITECH electronic build for the Columbia Suicide Severity Rating Scale screening is in development, after which it will be tested, staff trained on usage, and implemented.</p>		3/3/2020

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
High	NPSG.15.01.01 EP 3	David Parry	The Emergency Room tool used for assessment of suicide patients was too generic. JCR requires an evidenced-based or validated tool to assess for suicide.	<p>1. The hospital will integrate the Columbia Suicide Severity Rating Scale (C-SSRS) into the electronic medical record. Until the electronic version is available, staff will be trained to use the paper version and those completed documents will be scanned into the electronic medical record. Each emergency department nurse and provider will be educated on using the tool for identified patients for harming self. The staff educational portal will be used to evaluate and validate nurse competency.</p> <p>2. The MEDITECH electronic build for the Columbia Suicide Severity Rating Scale assessment is in development, after which it will be tested, staff trained on usage, and implemented.</p>		3/3/2020 - live in production and staff trained/using

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
High	NPSG.15.01.01 EP 4	Dr. Raymond Tu	Identified that documentation for suicidal and homicidal ideations were not differentiated in the EMR. Also the current suicide assessment did not provide a stratify risk.	1. The hospital will integrate the Columbia Suicide Severity Rating Scale (C-SSRS) into the electronic medical record. Until the electronic version is available, staff will be trained to use the paper version and those completed documents will be scanned into the electronic medical record. Each emergency department nurse and provider will be educated on using the tool for identified patients for harming self. The staff educational portal will be used to evaluate and validate nurse competency. 2. The MEDITECH electronic build for the Columbia Suicide Severity Rating Scale assessment is in development, after which it will be tested, staff trained on usage, and implemented.		3/3/2020
	EC.02.02.01 EP 10	Ken Blackwell	Documentation for testing of hazardous gases, vapors, etc. was not available for review. The documentation was located in the annual medical gas inspection report.	Compiling library for ease of access to requested documentation. Current medical gas system has an in line monitoring system.		12/20/2019

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
	EC.02.05.05 EP 7	Ken Blackwell	1. The OR Line Isolation Monitors (LIMs) monthly inspections not conducted for prior years. 2. The OR LIMs annual preventative inspections maintenance were not conducted for prior years.	1. Due to the fact that hospital has a LIM self monitoring digital system that does not require a monthly inspection. 2. The hospital has contracted with a company to conduct annual preventive maintenance check. Company scheduled to arrive February 2020.		2. 2/22/2020
	EC.02.05.05 EP 8	Ken Blackwell	The ice machines throughout did not have a ground-fault circuit interrupter(GFCI) outlets.	GFCI outlets ordered and awaiting shipment.		2/22/2020
Moderate	EC.02.05.07 EP 1	Ken Blackwell	JCR recommended that hospital develop procedures to inspect and test all battery powered lights and exit signage used for egress for 90 minutes.	Implemented monthly inspections of battery lighting and the documentation is now maintained in the Life Safety library.		12/15/2020
	IC.01.02.01 EP 3	Ken Blackwell	In many of the soiled utility rooms, there were no sink or viable hand washing alternative either in the room or directly adjacent the utility rooms.	Hand sanitizing stations have been placed within soiled utility rooms without sinks or in adjacent locations.		1/13/2020

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
<b>Moderate</b>	RC.02.04.01 EP 3	Dr. Raymond Tu, David Parry	Emergency Services provider report is not available to nursing staff after discharge or transfer, not available to be printed, viewed or used as a reference.	1. Workflows will be modified for providers to complete their authentication of scribe reports by the end of their shifts. 2. Additionally, the hospital will pursue potential custom software solutions with MEDITECH to enable draft reports to be viewable by nursing staff.		1. 2/22/2020 2. 4/20/2020
<b>Low</b>	IC.02.02.01 EP 1	Dr. Raymond Tu	In several areas of the hospital, consultants interacted with staff who were unaware of the wet time requirements of low-level disinfection wipes.	Obtained manufacturer recommended wet times for all products used. Post education and provide facility wide reeducation of wet times for low level disinfectants.		1/15/2020

Risk Scale	Widespread	Champion	Description	Plan For Improvement	Target Date	Completion Date
	IM.02.01.03 EP 5	David Parry	Staff must protect the integrity of the electronic record by enforcing required attendance of open charts.	1. Implemented privacy screens on all public workstations and time-outs on screens to prevent unauthorized access or disclosure of medical records. 2. Implement badge readers for signing on and off the computer.	<del>2. 7/31/2020</del> 9/30/2020 The contract was finalized the end of February, 2020.	1. 12/31/2019
Low	PC.01.02.07 EP 5	Jacqueline Payne-Borden	JCR recommends that a team of interdisciplinary caregivers assess the current pain management policies, requirements for documentation, and interventions for revision purposes.	1. New pain management goals will be patient centric, measurable, and documented consistently. 2. Educate staff to involve patients in determining a realistic pain goal and offer patients non-pharmacological alternatives for lower pain scores. 3. Monthly audit charts shall be conducted to maintain compliance.		3/15/2020
	RC.01.01.01 EP 13	Dr. Raymond Tu	UMC form "Acknowledgment of Receipt of Forms and "Conditions of Admission" did not have time fields.	1. Staff education will be provided to insert time when signed. 2. The Forms will be amended to include time fields.	2. 7/1/2020	1. 2/11/2020
	RI.01.03.01 EP 2	Dr. Raymond Tu	While reviewing a chart, JCR noted the consent form did not include all of the risks and benefits associated with the proposed procedures; and also the risk and benefits of any alternative treatments.	1. The policy and consent form has been revised and approved by legal. 2. The policy and consent form will be approved by MEC. 3. The new policy and consent forms will be added to the EMR.	3. 7/1/2020	1. 1/21/2020 2. 1/27/2020





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## **General Board Meeting**

**Date: June 24, 2020**

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# **Human Resources Report**

*Presented by:*  
Trenell Bradley, HR  
Director



## HUMAN RESOURCES BOARD REPORT

June 24, 2020

TRENELL BRADLEY, HUMAN RESOURCES DIRECTOR

## STAFF COMPOSITION – MAY 2020

Employee Data							
Employee Data by Group			# of EEs		Ward 7	Ward 8	
Total FTE			752		45	89	
Key Vacancies to Fill ****			RN	30	n/a	n/a	
			Social Worker	2			
			Case Manager	2			
			Compliance Officer	1			
Total Active Employees (Full-time, Part-time, and relief staff)			925		49	105	
Total Union (Active EEs)			607		37	65	
Total Non-Union (Active EEs)			318		12	40	
Employee Demographics							
Age (Average)	49 Years Old	Race	African American 85.27%	Gender	Female, 70%	Average Tenure	9 Years
Union Data							
Total Active Union EE by Group			# of EEs		Ward 7	Ward 8	
Total Active Union EEs DCNA			225		0	4	
Total Active Union EEs SEIU			344		33	55	
Total Active Union EEs UFSO			27		4	6	
UMC Annual Turnover (YTD)							
	UMC Rates		NE Region		National Average		
Hospital Turnover	6.9%		~19.3%		~17.8-18%		
RN Turnover Rate	3.8%		13.8%(-3.9%)		15.9%		

The Hospital FY21 turnover rate is significantly below the national and northeast region averages according to the 2020 Nursing Solutions National Health Care Retention & RN Staffing Report.

## TALENT ACQUISITION/RECRUITING

New Hires (Year to Date)								
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Critical Care Unit	0	0	0	1	1	1	0	3
5W Med/Surg.	1	0	0	3	0	0	1	0
Telemetry Unit	0	2	5	1	4	0	1	0
Psych Unit	1	2	2	0	0	2	0	1
Emergency Dept.	0	3	7	3	2	3	2	1
Recovery Room	0	0	2	0	0	0	0	0
SPD Central Supply	0	0	0	0	1	0	0	0
Clinical Lab	2	0	1	0	0	3	1	0
MRI	0	0	1	0	0	0	0	0
Radiology	0	0	1	0	0	0	0	0
Cat Scan	2	0	0	0	0	0	0	0
Respiratory Therapy	0	0	0	1	0	0	1	1
Infectious Disease	0	0	1	0	1	0	0	0
Pharmacy	0	1	0	0	0	0	1	0
Security	1	2	0	2	2	0	0	0
Information Technology	1	1	0	0	0	0	1	0
Office of the CFO	0	0	0	0	0	1	0	0
Admission	0	0	0	1	0	1	0	0
Hospital Administration	0	0	0	1	1	0	0	0
Human Resources	0	1	0	0	1	1	1	4
Medical Affairs	0	0	0	1	0	0	0	0
Purchasing	0	0	0	0	0	1	0	0
Nursing Administration	0	2	0	0	0	0	1	0
Centralized Scheduling	0	0	0	0	0	1	0	0
General Council	1	1	1	0	0	0	0	0
Radiology Administration	0	0	0	1	1	0	0	0
Nursing	21	0	15	1	1	0	0	0
Receiving/Warehouse	0	0	0	0	0	0	1	0
Totals	30	15	36	16	15	14	11	10

May New Hire Residence	
Residence	Number
<b>Washington, DC</b>	<b>3</b>
<i>Washington, DC Ward 7</i>	<b>0</b>
<i>Washington, DC Ward 8</i>	<b>2</b>
<b>Maryland</b>	<b>6</b>
<b>Virginia</b>	<b>1</b>
<b>Totals</b>	<b>10</b>

New Hire Positions May 2020		
Position Title	Department	Number
Human Resources Manager	Human Resources	1
Human Resources Business Partner	Human Resources	1
Human Resources Admin Support	Human Resources	1
HR Information Systems Specialist	Human Resources	1
Psych Tech II	4W Behavioral Health	1
Phlebotomist	Clinical Laboratory	2
Sr. Lab Medical Tech	Clinical Laboratory	1
Patient Sitter	ER	1
Respiratory Therapist	Respiratory Therapy	1
	<b>Total</b>	<b>10</b>

## SEPARATIONS

Separations (Year to Date)								
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Critical Care Unit	0	0	0	1	0	0	0	0
4W Psych Unit	0	0	0	0	0	0	0	1
5W Med/Surg	0	0	0	1	0	1	0	2
Telemetry Unit	0	1	0	0	1	0	0	0
Psych Unit	0	3	0	1	0	0	0	1
Emergency	4	3	1	1	1	2	5	3
Emergency Admissions	0	0	0	0	1	0	0	0
Environmental Services	0	0	0	2	0	0	1	0
Clinical Lab	0	0	0	1	0	2	0	0
Radiology	0	0	0	0	1	0	0	0
Plant Maintenance	0	0	0	1	0	0	0	0
Office of the CFO	1	0	0	0	0	0	0	0
Respiratory Therapy	1	0	0	0	0	0	0	1
Centralized Scheduling	1	0	0	0	0	0	0	0
Security	1	0	0	0	0	0	0	0
Human Resources	0	1	0	0	1	0	1	0
Information Technology	0	1	0	0	0	0	0	1
Central Supply/SPD	0	0	0	0	0	0	0	0
Legal	0	0	0	0	0	0	2	0
Hospital Administration	0	1	0	1	0	1	3	0
Skilled Nursing Facility	1	0	0	1	1	0	0	1
Totals	9	10	1	10	6	7	11	10

Involuntary Separations (Year to Date)								
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Environmental Services	n/a	n/a	n/a	2	0	1	0	0
Emergency Dept.	n/a	n/a	n/a	1	0	3	3	1
8W Med Surg	n/a	n/a	n/a	0	0	0	0	1
5W Med/Surg	n/a	n/a	n/a	1	0	1	0	0
Respiratory Therapy	n/a	n/a	n/a	0	0	0	1	0
Skilled Nursing Facility	n/a	n/a	n/a	1	0	1	0	0
Medical Laboratory	n/a	n/a	n/a	0	0	1	0	0
Nursing Administration	n/a	n/a	n/a	0	0	2	4	0
Behavioral Health	n/a	n/a	n/a	0	0	0	0	1
Radiology	n/a	n/a	n/a	1	1	0	0	0
Totals	n/a	n/a	n/a	6	5	9	8	3

## CHIEF COMPLIANCE OFFICER

The final rounds of the Chief Compliance Officer search are underway. The top two candidates will interview with the search committee by June 19, 2020.

## BENEFITS

In response to the COVID-19 pandemic, UMC has an increased demand placed on our staff to ensure around-the-clock patient care and employees may not have been able to access Accumulated Leave consistent with normal operations. In addition, employees may have reached the maximum allowable Accumulated Leave, preventing them from accruing additional leave.

Given these challenges, UMC has allowed employees a one-time payout conversion for accumulated leave to employees who have accrued leave in excess of 240 hours.

Employees who had over 240 hours in leave as of May 8, 2020, were able to request a one-time payout conversion, reducing their AL balance to 240 hours.

As of May 22, 2020, 151 employees met the eligibility requirement for the one-time payout conversion. Ninety-six employees elected the payout conversion reducing UMC Accumulated Leave by 10,095 hours of accumulated leave or \$316,791. Fifty-five eligible employees did not elect to participate in the one-time, payout conversion. Those employees have 3,932 hours or \$123,730 in accumulated leave.

## SKILLED NURSING FACILITY

On May 15, 2020 all SNF employees (114) were temporarily reassigned to other areas/departments within the Hospital.

Employees were granted the opportunity to accept the temporary reassignment or decline the assignment. If the employee declined the reassignment, the employee would not be eligible to return to work until the SNF returned to normal business operations. Seven of the 114 SNF employees declined to accept their temporary assignment.

All other employees were given temporary job descriptions, reassignment letters, were provided clinical and IT training. The majority of the clinical staff (i.e. Registered Nurses, Licensed Practical Nurses, Certified Nurse Assistants, etc...) were assigned to the Med Surg Unit. Other non-clinical staff were reassigned to areas that need support during the expected surge.

## POLICY UPDATE

### TALENT ACQUISITION & RECRUITING

This policy has been amended to include the following language: *Recruitment efforts will focus on attracting talent from the local community and preference will be given to District of Columbia residents and especially to those of Wards 7 and 8 for all UMC recruitments.*





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## **General Board Meeting**

**Date: June 24, 2020**

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# **CORPORATE SECRETARY Report**

*Presented by:* Toya  
Carmichael  
VP Public Relations/  
Corporate Secretary



## **CORPORATE SECRETARY REPORT**

**TO:** NFPHC Board of Directors

**FROM:** Toya Carmichael  
VP Public Relations / Corporate Secretary

**DATE:** June 24, 2020

### **GENERAL UPDATE**

The Public Relations team grew this week with the addition of Kenneth Whitaker who previously served UMC for five years as the Assistant Activities Coordinated for the SNF. Jessie Armstrong, a GW Graduate Student in the School of Nursing also joined the team this week as a part-time volunteer who focus on social media. Please be sure to follow UMC on Facebook, Twitter, and Instagram.

### **CRISIS MANAGEMENT FIRM**

Kglobal expended 48.75 hours assisting UMC between May 1 – 22, 2020. The kglobal team along with Public Relations and Risk Management met with CEO Daniel on May 1, 2020 to discuss the employee screening process. Kglobal also participated in daily safety huddle and surge planning calls to gain a better understanding of UMC's structure and needs. Klgobal made recommendations for employee tracing, employee screening, and also assisted with media requests and messaging, created an expanded media contact list, and provided background information on best practices of other hospitals for employee town halls the request of the Human Resources Department. The full reports of kglobal activities will be presented to the NFPHC Governance Committee during their next meeting.

### **COVID COMMUNITY SUPPORT**

UMC continued to receive regular donations of meals and PPE from the community. On Saturday May 30, 2020 we were visited by Mary Kay representatives who donated over 200 gifts for staff. Public Relations also provided refreshments and distributed UMC logo face covers to staff during

the event. Photos of the event can be found in the June 5, 2020 newsletter. Thank you to Dr. Corder for attending and representing administration while broadcasting her Saturday radio show live from the hospital during the event.

### **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** – Public Relations with the support of the community have had additional support parades which will be reported out in July. Photos of June activities are also listed in the weekly newsletters.



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Executive Committee Report**

- No materials to distribute.
- Meeting scheduled for June 18, 2020.



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## **General Board Meeting**

**Date: June 24, 2020**

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## **Audit/ MAC Committee Report**

- No meeting was held, next meeting scheduled for June 22, 2020.



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Performance Improvement Committee Report**

- Last meeting held on May 19, 2020. No June meeting held to approve May reports.



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Audit Committee Report**

- Next meeting scheduled for June 22, 2020.



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## **General Board Meeting**

**Date: June 24, 2020**

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# **Governance Committee Report**

- Last meeting was held on Friday, May 1, 2020.





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## **General Board Meeting**

**Date: June 24, 2020**

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# **Finance Committee Report**

- Meeting scheduled for June 17, 2020 rescheduled.