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Monthly Board Meeting

Date: March 24, 2021

Location - Meeting link: https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=m5d00c0e612ad9277278535956d0d8848

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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 5:30pm on Wednesday, March 24, 2021. Due to the Coronavirus pandemic, the meeting will be held via WebEx.

Meeting link: https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=m5d00c0e612ad9277278535956d0d8848
Meeting number:132 681 0644 **Password:** AEeqmmmx352 **Via Phone:** +1-415-655-0001, **Access code:** 1326810644

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 3, 2021

V. CONSENT AGENDA

A. William Strudwick- Chief Medical Officer
B. Dr. Gregory Morrow- Medical Chief of Staff
C. Dr. Jacqueline Payne-Borden, Chief Nursing Officer

VI. EXECUTIVE MANAGEMENT REPORT

A. Colene Daniel, Chief Executive Officer
B. Brian Gradle, Chief Compliance Officer

VII. HUMAN RESOURCES REPORT

A. Akia Embry, Employee Relations Specialist

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:
March 24, 2021

Reading and Approval of Minutes

Minutes Date:
March 3, 2021

Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, March 3, 2021
Held via WebEx

Absent: Dir. Bobb, Dr. Fair, Dir. Sherman

Directors:
LaRuby May, Angell Jacobs, Velma Speight, Wayne Turnage, Dr. Konrad Dawson, Girume Ashenafi, CM Eydie Whittington, Dr. Malika Fair, Millicent Gorham

UMC Staff: CEO Colene Daniel, Dr. Gregory Morrow, CMO, William Strudwick, CNO Dr. Jacqueline Payne-Borden, CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, CCO Brian Gradle, ~~Ken Blackwell~~, Derrick Lockhart

Mazars: Cheyenne Holland

Other: Kai Blissett

Agenda Item	Discussion
Call to Order	By Chair May at 5:39pm. Quorum determined by Toya Carmichael Chair May acknowledged and welcomed Director Whittington to the Board. Chair May acknowledged how the agenda has changed since the previously scheduled meeting and discussed how the hospital is adjusting to the new normal and how we are learning as a hospital and community how to treat and serve others. Reiterated that each of us are very privileged to serve board members and staff and we know that we can't pay staff enough for the dedication and services we provide our community. Encouraged us to think about the new normal as we look at the ways in which we choose to serve, especially as we navigate new decisions.
Approval of the Agenda	Chair May noted the agenda requires a correction of the date of the January meeting to January 2021 instead of January 2020. Motion to accept the agenda by Dir. Speight 2nd by Dir. Ashenafi, unanimous vote.

Approval of the Minutes	Motion by Dir. Speight 2nd by Dir. Ashenafi, unanimous vote.
Discussion	**CONSENT AGENDA** **CHIEF MEDICAL OFFICER REPORT: William Strudwick** • Chair May noted that she asked the board to review the reports in advance of the meeting and submit any questions in advance so the board can accept the reports as submitted. • Dr. Dawson commented that the Vaccination Clinic and everyone involved should be commended. He has been receiving lots of positive feedback and the clinic continues to be a source of inspiration for others. • Dir. Ashenafi asked how we are doing with the equitable distribution of the vaccine in Wards 7 & 8. Dr. Strudwick commented that our top zip codes are 20020 which is Anacostia at 11.5% and Congress Heights 20032 and Benning Heights 20019. Closely following these zip codes were Palisades and Tenleytown. Dir. Ashenafi asked these numbers to be included in Dr. Strudwick's next monthly report. • Dr. Dawson asked whether UMC is providing the J&J vaccine? Dr. Strudwick commented that we didn't accept the J&J vaccine during the first distribution because we wanted to do some education around the vaccine first. Dr. Dawson noted that we will have to do some work to communicate the effectiveness of the J&J vaccine to the community due to the misperception that it is not as effective. Dr. Strudwick explained why J&J is reporting less effectiveness and stated that it is not a lesser vaccine but the trials were conducted differently than Moderna and Pfzer. • Chair May noted that she is going to start knocking on her neighbors' doors and bring folks from Congress Heights 20032 to get vaccinated at a higher rate. **CHIEF OF MEDICAL STAFF REPORT: Dr. Gregory Morrow** • No questions or comments from the board. **CHIEF NURSING OFFICER: Dr. Jacqueline Payne-Border** • No questions or comments from the board. Motion to accept the MCOS and CNO reports by Dir. Ashenafi, 2nd by Dr. Dawson. Unanimous vote.

EXECUTIVE MANAGEMENT REPORT: CEO Colene Daniel

- Colene noted that during the month of February UMC worked on contracts to bring all the contracts and POs into one database.
- Had meetings with DCHA and DOH due to the rising number of FD12 patients we have been receiving the hospital. These increases have also resulted in an increase in violent incidents between patients and staff. Had another meeting today to develop a citywide plan.
- Working on equitable contracting process and competitive bids.
- Hospital is also working on improving our patient experience. Stated that Dr. Payne-Border has implemented a program were nurses are going on rounds more than they did previously to make sure the patients have all they need to be comfortable and receive quality care. Also restarting Executive Rounds which slowed down during COVID. Going through Joint Commission checklist during rounds as well.
- No questions or comments from the board.

CHIEF COMPLIANCE OFFICER – Brian Gradle

- No questions or comments from the board.

Motion to accept CEO and CCO reports by Dir Speight, 2nd Dir Ashenafi. Unanimous vote.

HUMAN RESOURCES REPORT: Trenell Bradley

- No questions or comments from the board.

Motion to accept by Dir Ashenafi, 2nd by Dir Speight. Unanimous vote.

CORPORATE SECRETARY: Toya Carmichael

- No questions or comments from the board.

Motion to accept management report by Dir Whittington, 2nd by Dir. Speight. Unanimous vote.

	COMMITTEE REPORTS **PERFORMANCE IMPROVEMENT: Dir. Ashenafi** • Dir. Ashenafi offered comments on behalf of Dr. Fair • The shortage of clinical staff continues to be an ongoing concern at UMC. This has been mentioned at the last few PEC meetings and was mentioned in the CNO report. As this can have an impact on patient safety and quality as well as throughput, I hope we can reach some resolution and hiring of new staff soon. • Our compliance officer mentioned a new mechanism for responding to patient and staff complaints of poor quality of care, abuse, neglect etc. We also mentioned that there have been high profile stories in the media of patients describing racist encounters in various US hospitals. We applaud UMC for developing this mechanism and hope it can contribute to a culture of transparency and accountability. • We also heard from IT that the hospital is investing in tablets to allow patients to virtually see their families through zoom. The pandemic has created a sense of loss and loneliness that is exacerbated by a hospital stay. We hope these and other efforts like this will allow patients health outcomes to improve because of a sense of connectedness. **FINANCE COMMITTEE: DM Turnage** • No items for open discussion. **AUDIT COMMITTEE: Dir. Speight** • No items for open discussion. **GOVERNANCE COMMITTEE: Dr. Dawson** • No items for open discussion. Motion to accept Committee report by Dir. Speight, 2nd by Dir. Ashenafi. Unanimous vote.
Public Comment	• Yahnae Barner, Attorney for 1199SEIU discussed how the union has been bargaining with the hospital for 3 years and the hospital and board has promised to bring someone to the table that has financial authority and someone from the CFO's office but that has not occurred. Chair May asked Lillian Chukwuma if we have had anyone from the CFO's officer at the table. Yahnae stated no, that has not happened and Akia Embry

from UMC has also made another request. Lillian stated that she attended one meeting after the board's January meeting and she did attend and provide answers to many of their questions, she was not aware that she was still needed at the table. Chair May asked Ms. Chukwuma to attend the next bargaining meeting on Monday and Ms. Chukwuma agreed to send a representative in her place because she is not available at that time.

- Chair May thanked Ms. Barner for her advocacy and reiterated that she supports the union and is thankful for their support trying to get more resources for the hospital. Chair May noted that our financial position is what it is and Ms. Chukwuma has informed the Board that we know what we can offer but we will continue to work to get this agreement done as if it were our family members who are being impacted.
- Dir. Ashenafi asked about the increases Ms. Barner mentioned and asked if she is referencing the COLA adjustment? Ms. Barner stated yes. Dir. Ashenafi echoed the union's frustration that nonunion employees received a raise and other unions have finalized their pay increases but many other union members have not received an increase.

  Lillian Chukwuma added that she meets with HR and management regularly regarding the union negotiations after each of her meetings.
- Chair May expressed again that she is tired of hearing from the union that things are not getting done and no one on our team can explain why these things are not getting done. Chair May is frustrated and she does not work at the hospital so she understands how they feel. Encouraged Ms. Chukwuma to not only have someone at the table on Monday but to send someone with the authority to approve the agreement.
- Akia Embry stated that they have achieved a lot and have tentatively agreed on over 100 positions and now we are down to 21 positions. She has received the authority from the CFO's office and provided the range we can work within. Ms. Barner and Ms. Embry have been in communication via email and have agreed to continue to work towards getting the entire contract agreed upon.
- Chair May asked if the issue with the 21 positions is that we can't give them what they are asking for? Akia Embry stated yes, we are not able to give what they are asking. Chair May challenged the hospital to resolve this issue before the next meeting so we do not have another month go by and this issue is not resolved. Chair May hears this a lot around the hospital not only this issue but others.
- Debra Jeje, an 1199 delegate and member who works in UMC's ER and did contract COVID which caused her to be out for 21 days and was not paid and had to exhaust all her leave. Feels like she does not matter and is not on the front line. The workers have been through a lot and going through a lot, she sees the patients who sit in the ER for 2 days, she sees the 10-12 FD patients coming through the door and we do not have enough sitters and not enough nurses. The staff and the patients deserve better.

	• Chair May stated that she agrees the staff and the patients we are privileged to serve deserve better and there is a shared frustration to get this done and have this matter resolved prior to the next scheduled board meeting. • Dr. Dawson stated that Ms. Barner's statement that management has a lack of respect for the union is a bit strong and does not help move negotiating forward. • B • Richardson is a ER staff member (ER Coordinator) who is a union member who have been at UMC for 17 years. Because of the number of patients and the no visitor rules puts the staff in more harm because they have to serve as the liaisons for the patients with their family and the doctors and the nurses. It is a slap in the face to come to work every day and continue to be told that UMC does not have any money. Her mother retired from UMC after 45 years so she loves the hospital and does not want to work anywhere else. Staff is not getting a cost of living increase although the cost is going up every day. Staff comes to work every day and everyone else is getting a COLA raise and they are sitting high and looking low and we are the low people. • Chair May thanked Ms. Richardson for being a legacy worker and knows the appreciation is in her blood. She wants her to know that herself and the board appreciates the work Ms. Richardson is doing and the sacrifice she makes every day to care for our patient. Chair May stated that if she has to come to the meetings to get this done she will.
Other Business	N/A
Closed Session	Motion to enter closed session by Dir Ashenafi 2nd by Dir Jacobs Mike Austin read the justification for entering closed session. Roll call vote: 7 yays, absent Dr. Fair, Dir. Bobb, Dir Sherman Open session suspended at 6:32pm Closed session began at 6:45pm. Motion to end closed session by Dr, 2nd by Dir., unanimous roll call vote. Closed session ended at 9:10pm.
Announcements	During closed session the board voted to accept credentials, change in status, reappointments, and recognition presented by the medical staff and voted to approve contracts for Deco Recovery Management, Mazars USA LLP, NAC Mechanical Services, JBN Corporation.

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General Board Meeting

Date: March 24, 2021

Consent Agenda

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General Board Meeting

Date: March 24, 2021

CMO Report

Presented by:
Dr. William Strudwick
Chief Medical Officer

Not-For-Profit Hospital Corporation
CMO March 2021 Report & Accomplishments

Dr. William Strudwick

I completed my first 100 days as CMO with some clear accomplishments, and a positive forward outlook on our existence over the next several years. The simplicity and success of the vaccination program should give us a template for sustainability of this hospital, however many more years it will operate. It is simply ease of access, and a focus on patient satisfaction, leading to great reviews, driving appropriate volumes.

COVID-19 Vaccination:

- We continue to keep a shine on United Medical Center with up to 700 doses being given per week, and we continue to get local, national, and international attention and inquiries about our process. Our process has been described by DC Health as, "High touch and low tech" – meaning we provide an outstanding personal experience while having no technical obstacles to access - as our appointments are managed by a phone bank with live schedulers
- We began doing vaccinations through our Mobile Clinic at Ward 7 and 8 senior centers including Knox Hill, Roundtree, and Kentucky Courts – all in Southeast Washington
- Recognizing that a disproportionate number of vaccines were going to residents of Ward 3, we responsibly focused our priority on Ward 7 and 8 residents. Of the five thousand plus people we have vaccinated, our most common zip code is 20020 – Anacostia, followed by 20032 – Congress Heights, and 20019 Benning Heights – all in Southeast Washington. Approximately 40% of our staff is fully vaccinated, and 62% of our vaccinated people identified themselves as Black or African American.

Medical Staff Office:

- We welcomed Dr. Ermias Mekonnen to the Neurology call schedule, and we give full appreciation to Dr. Asadi for covering Neurology by himself for the past several years.
- We made an offer for the position of Director of Medical Affairs to an experienced Medical Affairs Executive.
- I met with the former and the current Chiefs of Staff to discuss right-sizing the outpatient clinics and services, considering the needs of our community, volume estimates, productivity standards, and finances.

Quality and Performance Improvement:

- Considering our regulatory surveys, The Joint Commission has accepted our corrective action plans, and we are prepared to demonstrate compliance with those plans in the event that they return. Considering that, we have received our Joint Commission certification for the next 3 years. We are waiting for a Hospital Safety Score after submitting our Leapfrog survey in December, and we are prepared for our annual DC Health Survey that can occur at any time now

Case Management:

- Notified that the outsourced contract supporting Case Management will end in mid-March.
- Began aggressively recruiting Case Managers and Social Workers to manage the workload.
- Targeted and offered the Director of Case Management position to an experienced Case Management Executive and Dr. Morgan will continue her role as Physician Advisor.
- Looking forward to 24/7 Case Management and Social Work coverage in the Emergency Department.

Patient Advocacy:

- Emergency Department shows continued upward trend in Net Promoter Score
- Eighty-four percent of Emergency Department patient loyalty comments were positive
- Inpatient responses increased in February, with a significant increase in Net Promoter Score.
- Seventy-eight percent of Inpatient comments were positive.

Respectfully submitted,

William Strudwick, MD

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General Board Meeting Date:
March 24, 2021

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morrow
Medical Chief of Staff

EMERGENCY MEDICINE
The GW Medical Faculty Associates

2120 L Street, NW, Suite 450
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www.gwemed.edu

March 5, 2021

William Strudwick, MD
Chief Medical Officer
United Medical Center
1310 Southern Avenue, SE
Washington, DC 20032

Re: UMC Emergency Department Monthly Board Report

Dr. Strudwick:

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for February 2021. Also included are graphic tables to better highlight important data.

Data used for this and past ED reports was derived from Meditech (hospital EMR) raw 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
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals**: number of patients who arrive by ambulance
- **Admit**: number of admissions to UMC
    - **Med/Surg:** number of medical/surgical patients admitted (includes ICU admissions)
    - **Psych:** number of patients admitted to the behavioral health unit
- **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
- **Ambulance Admission Rate:** percentage of ambulance arrivals that are admitted
- **Walk-In Admission Rate:** percentage of walk-in patients that are admitted

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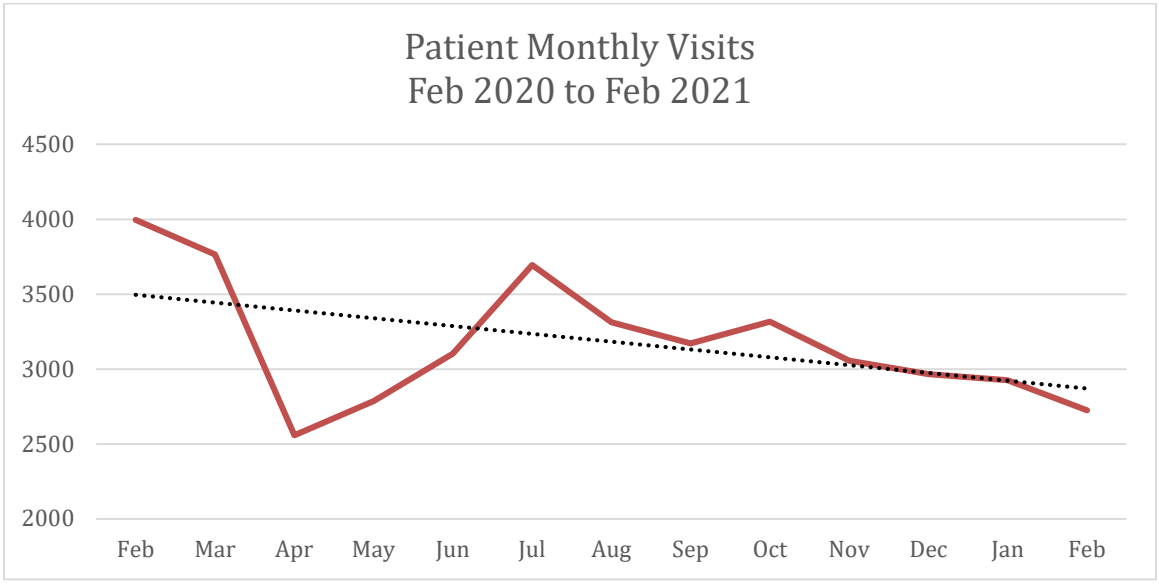

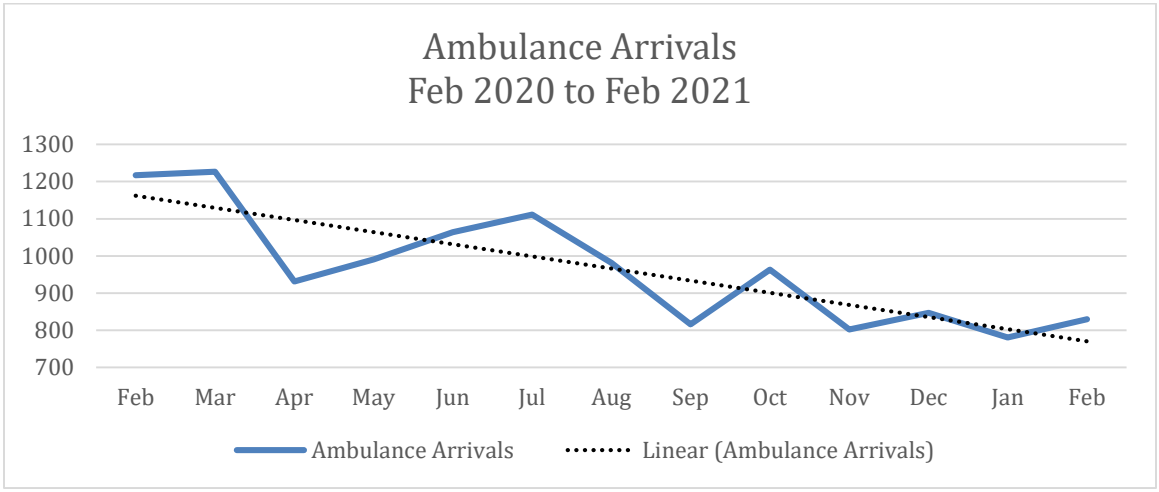

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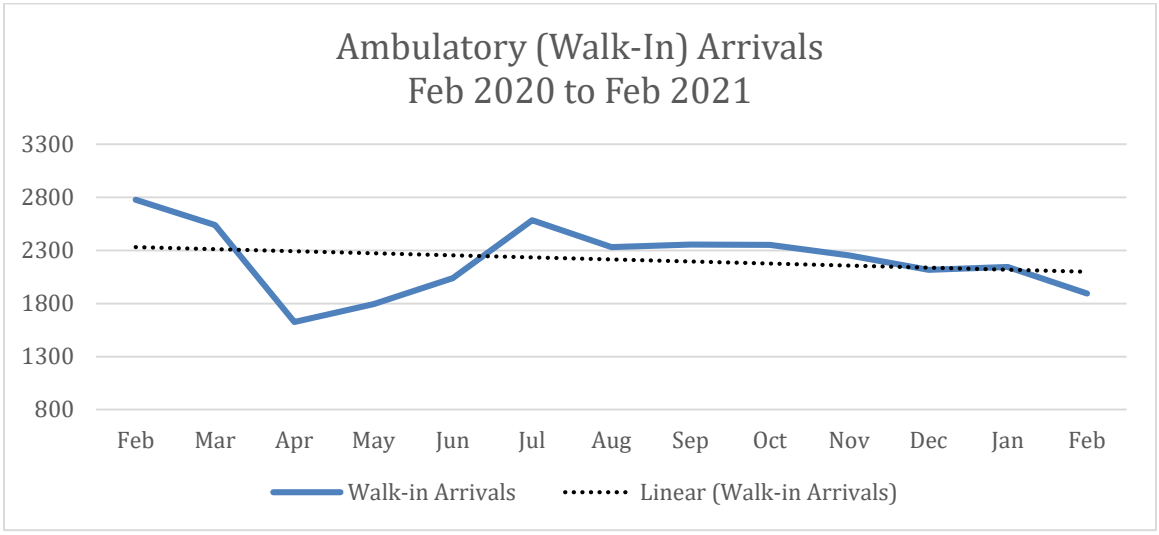

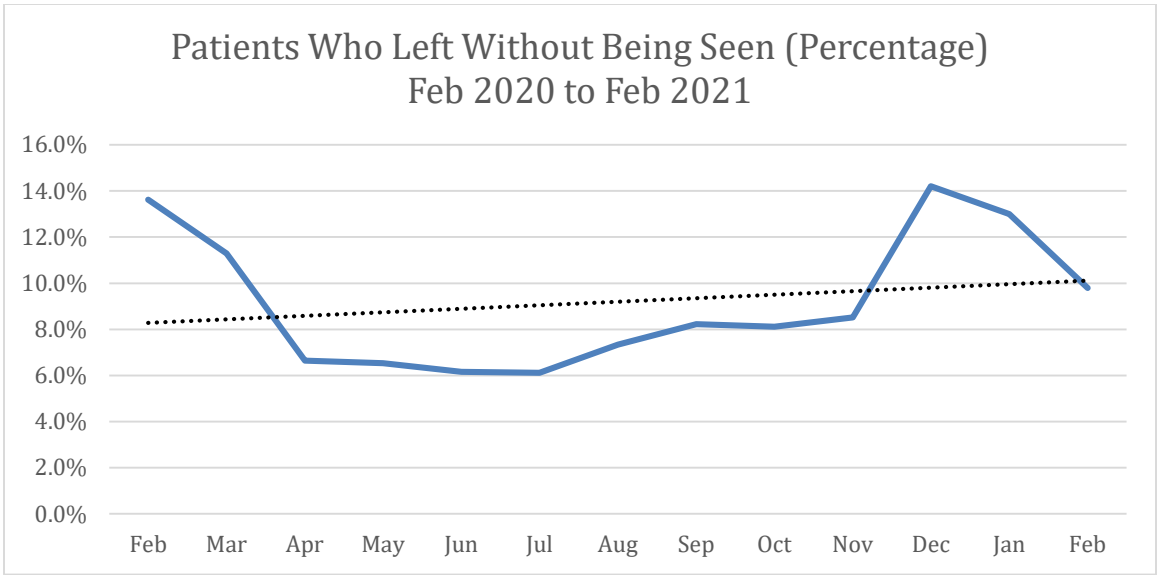

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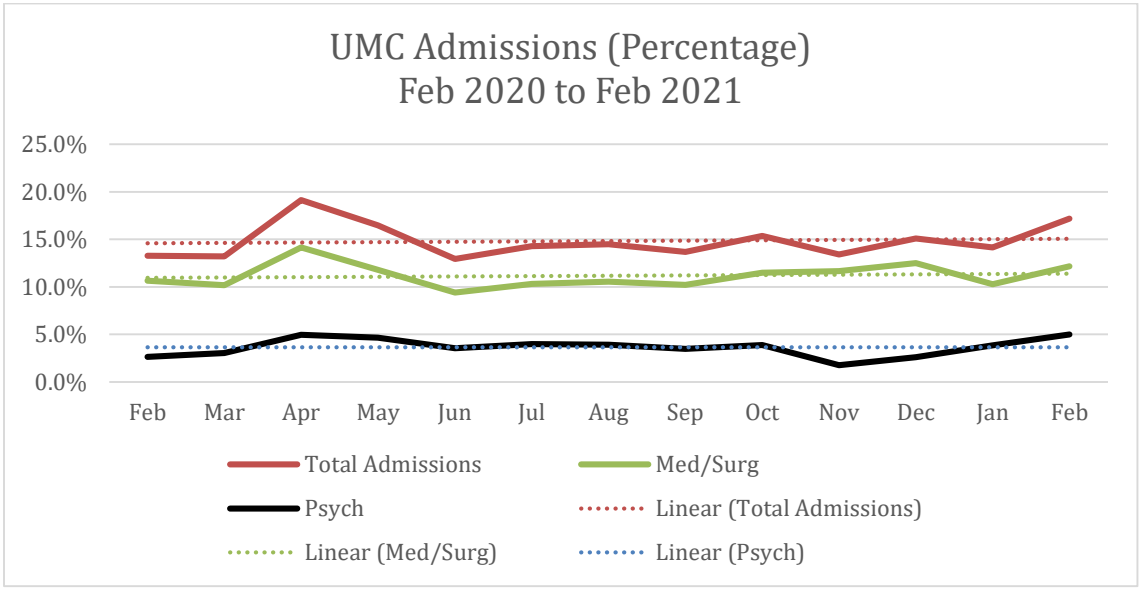

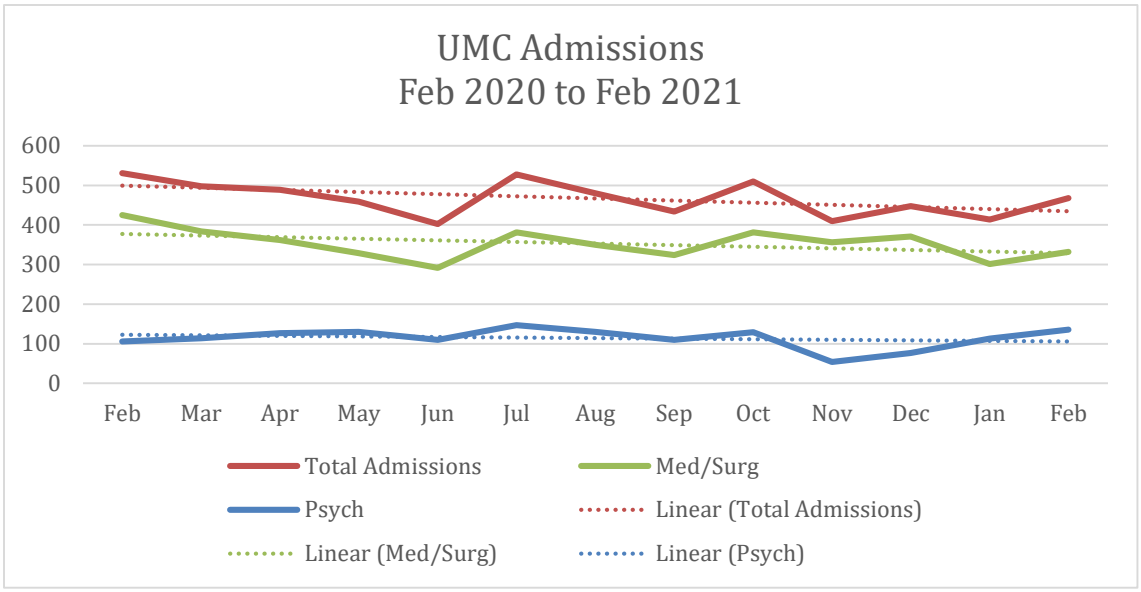

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Data tables:

ED Volume and Events - February				
	Feb 2020	**%**	**Feb 2021**	**%**
Total patients	3995		2725	
Daily Avg Census	138		94	
Ambulance Arrivals	1217	30.5%	830	30.5%
Admit	531	13.3%	468	17.2%
• Med Surg	425	10.6%	332	12.2%
• Psych	106	2.7%	136	5.0%
LWBS	544	13.6%	267	9.8%
Ambulance Admission Rate	28.7%		37.8%	
Walk-In Admission Rate	6.6%		8.1%	

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Analysis:

1. The monthly census for Feb 2021 decreased slightly from the previous month and is down 31% from the previous year.

2. The total number of medicine admissions in Feb 2021 is less than that of 2020. The percentage of admissions of med/surg and psychiatric patients rose slightly from the previous year.

3. The percentage of patients who left without seeing a provider (LWBS) is elevated and declined from the previous month.

4. The total number of ambulances coming to UMC declined from the previous month and continues to decline, approximately 32% down from the previous year.

5. Ambulance visits remains a large contributor to ED volume and admissions as more than one-third of patients who arrive by ambulance are admitted.

The pieces of data that are most significant are the persistent drop in ambulance traffic from the previous year and the slight improvement in LWBS from the previous month.

As noted in previous letters, most of the hospital admissions and approximately a third of the ED census are derived from ambulance traffic. Disruptions to ambulance traffic directly impact the ED census and hospital admissions.

There continue to be nursing, tech, and sitter shortfalls, however, the bolstering of the nursing workforce with traveler and agency nurses has helped somewhat. The number of patients boarding in the ED dropped for the month of February, though this may also be linked to the drop in total admissions as well (less admissions less patients waiting to be moved up to a room). This allowed more patients to be seen in the ED in a more expeditious fashion leading to a drop in the LWBS.

Ambulances are still queuing, though to slightly lesser degree, which subsequently led to a slight rise in ambulance traffic. Likely, DC and PG Fire and EMS are not having to reroute as many ambulances away from UMC.

Hospital-wide nursing, tech and sitter staffing shortfalls remain a problem and contribute to extended boarding periods, extended waiting room times, decreased ambulance traffic which all affect patient safety and satisfaction.

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During the lowest LWBS periods, the hospital did not have significant nursing staffing shortages. A comparison of nursing staffing levels and the LWBS would be likely show that is the case.

With more robust and consistent nursing, tech and sitter staffing, measures of patient safety and satisfaction (boarding, throughput, and ambulance rerouting) would improve. Additionally, with all other things remaining constant, the ED census will likely rise and the LWBS rate will decrease.

The goal remains to improve the Emergency Department throughput and the patient experience in the department. In order to do that, obtaining specific data from the electronic medical record (EMR) to better quantify, identify and comprehend the areas in most need of improvement are essential. Without a robust data analysis, we can only comment on noted trends and make broad, rather than targeted interventions to address the declining ED census and increasing LWBS rate.

We continue to support the efforts related to COVID patient visits over the last month.

Sincerely,

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

Mina Yacoub, M.D., Chairman

FEBRUARY 2021

UMC ICU COVID-19 DATA TO DATE

As of March 5th 2021, the ICU has managed 113 patients with Covid-19 infection, of whom 57 have died. The overall ICU mortality rate for Covid-19 patients to date is 50 %.

Covid-19 admissions to the ICU have decreased, but they remain with prolonged ICU courses. ICU length of stay has decreased towards our normal averages, and ICU admissions picked up in February.

Admissions, Average Daily Census and Average Length Of Stay

In February, the Intensive Care Unit had 63 admissions, 65 discharges, and 279 Patient Days. Average Length of Stay (ALOS) was 4.3 days (compared to 6.8 days in January and 6 days in December). The ICU managed a total of 72 patients in February.

Average daily census in February was 10 patients, compared to 11 in January and 8.5 patients in December. There were two readmissions to ICU within 48 hours of ICU discharge.

ICU Mortality Rate

ICU managed 72 patients in February. There were a total of 13 deaths for 65 discharges, with an overall ICU mortality rate of 20%, (compared to 27 % both in January and December). About one third of February ICU deaths were due to Covid-19 infection.

FEBRUARY 2021 PERFORMANCE DATA

ICU Infection Control Data

ICU infection control data is being compiled by Quality Improvement Department. The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN).

ICU Sepsis Data

Before the Covid-19 pandemic, the national goals for hospital deaths due to severe sepsis were at 15% or less. National deaths due to Covid-19 have driven the severe sepsis mortality rates for hospitals higher since the beginning of the pandemic. Overall, UMC ICU severe sepsis mortality for February was 23 %.

In February, the ICU managed 26 cases of severe sepsis (excluding Covid-19 patients). Five of those patients died due to severe sepsis, for a severe sepsis mortality rate of 19% (excluding Covid-19).

In February the ICU managed 13 cases of severe sepsis due to Covid-19. Four of those patients died, for a February sepsis mortality caused by Covid-19 of 30%.

BLOOD CULTURE CONTAMINATION

Contamination rates of blood culture specimens for ICU patients drawn on admission to ED continue to be unacceptably high. In December, 29% of ICU patients had at least one contaminated blood culture specimen. This presents challenges in clinical decision making and increases risk and cost. In January and February 2021, the contamination rate was 20%. The national benchmark for blood culture specimen contamination is less than 3%. The solution remains ED staff education and/or staffing the Pathology lab to draw the specimens.

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. Code Blue and Intubation practices have been modified during the Covid-19 pandemic to help improve outcomes and to protect healthcare providers.

Mina Yacoub, MD,
Chair, Department of Critical Care Medicine
March 5, 2021

Francis O'Connell, M.D., Chairman

FEBRUARY 2021

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for February 2021. Also included are graphic tables to better highlight important data.

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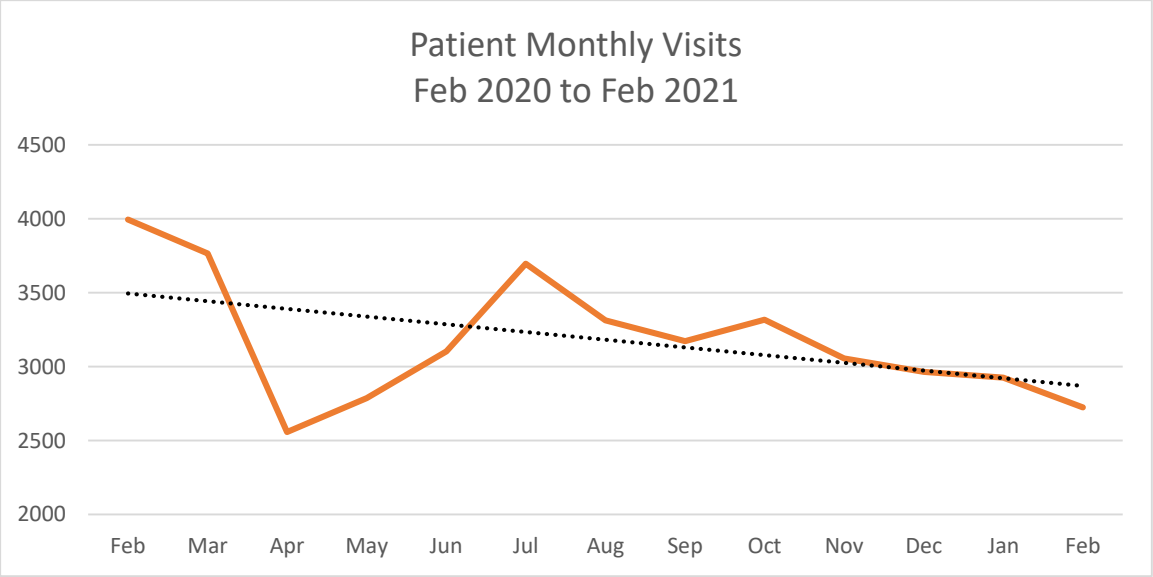
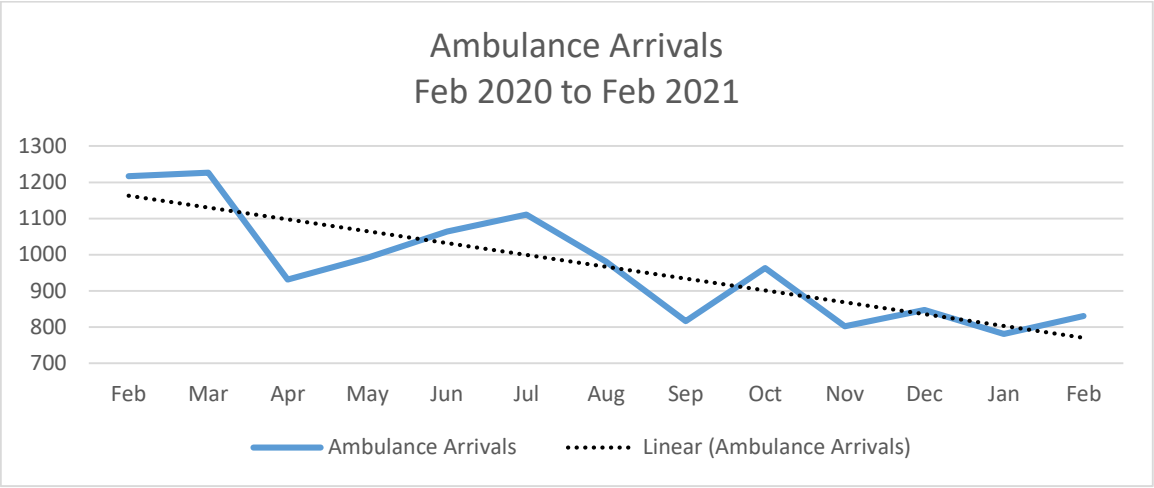
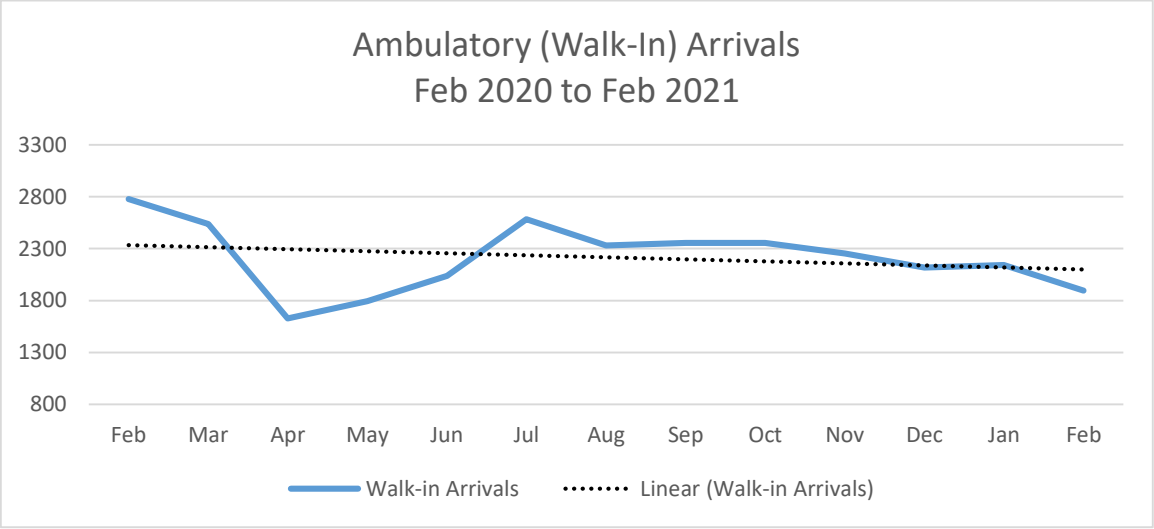
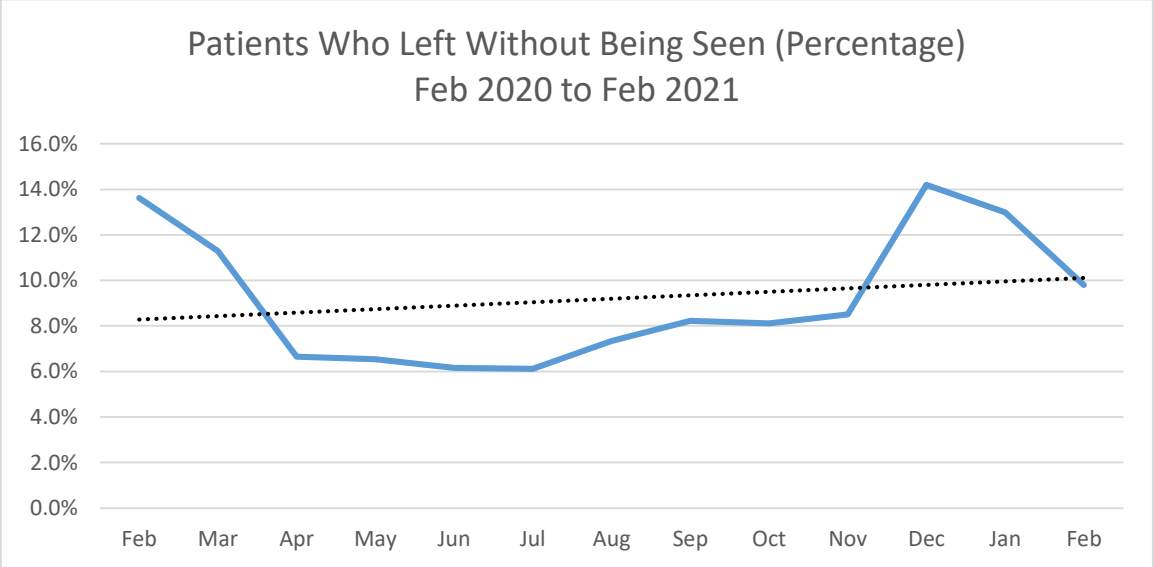
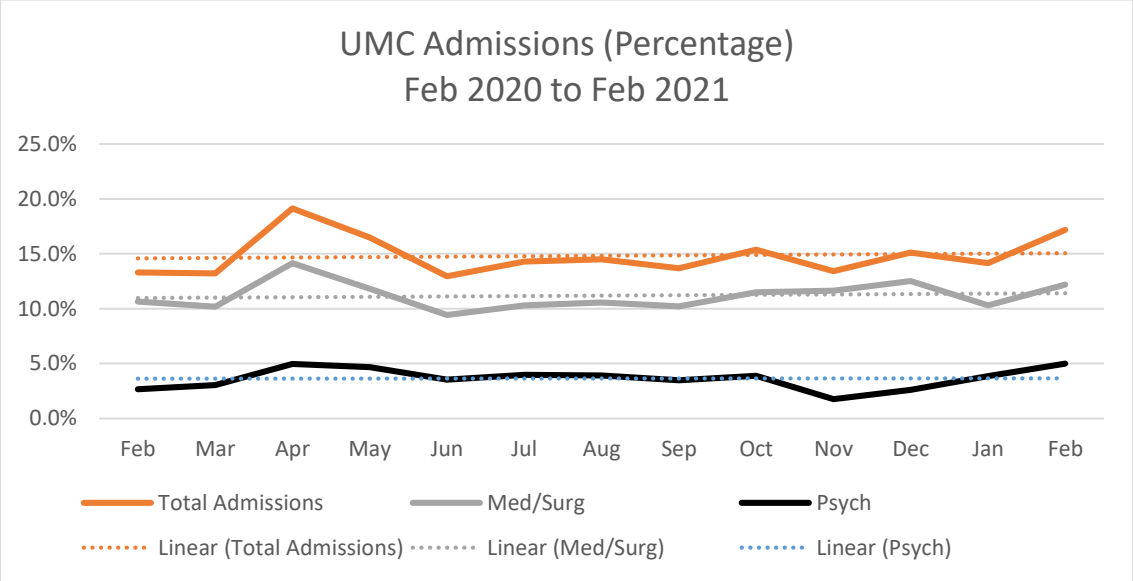
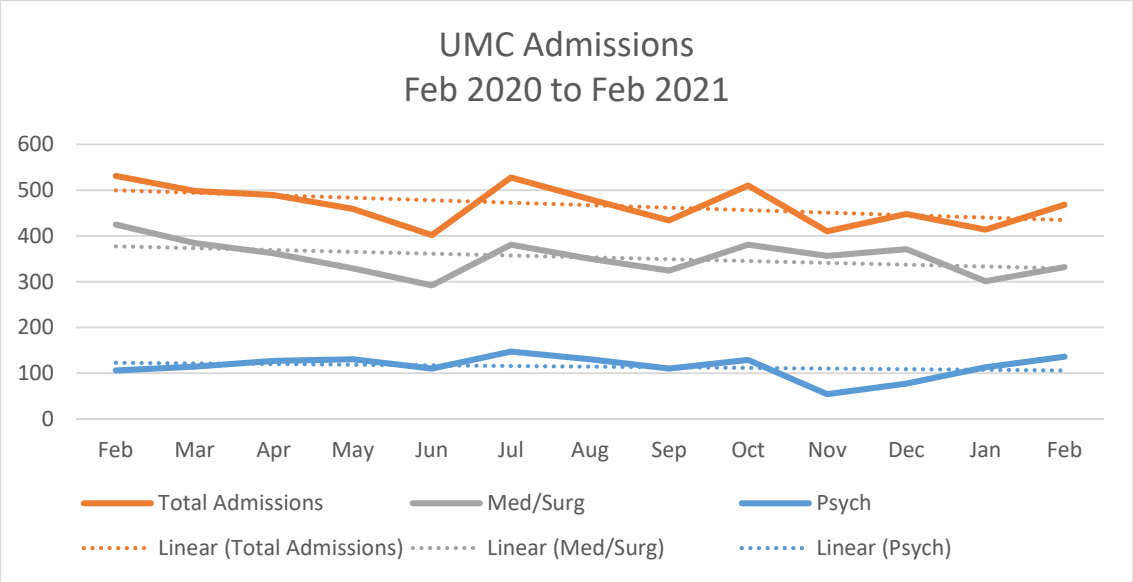



Ambulance Arrivals
Feb 2020 to Feb 2021
1300
1200
1100
1000
900
800
700
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Ambulance Arrivals
Linear (Ambulance Arrivals)


Ambulatory (Walk-In) Arrivals
Feb 2020 to Feb 2021
3300
2800
2300
1800
1300
800
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Walk-in Arrivals
Linear (Walk-in Arrivals)


Patients Who Left Without Being Seen (Percentage)
Feb 2020 to Feb 2021
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb


UMC Admissions (Percentage)
Feb 2020 to Feb 2021
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)


UMC Admissions
Feb 2020 to Feb 2021
600
500
400
300
200
100
0
Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)

Data tables:

ED Volume and Events - January				
	Feb 2020	**%**	**Feb 2021**	**%**
Total patients	3995		2725	
Daily Avg Census	138		94	
Ambulance Arrivals	1217	30.5%	830	30.5%
Admit	531	13.3%	468	17.2%
• Med Surg	425	10.6%	332	12.2%
• Psych	106	2.7%	136	5.0%
LWBS	544	13.6%	267	9.8%
Ambulance Admission Rate	28.7%		37.8%	
Walk-In Admission Rate	6.6%		8.1%	

Analysis:

1. The monthly census for Feb 2021 decreased slightly from the previous month and is down 31% from the previous year.

2. The total number of medicine admissions in Feb 2021 is less than that of 2020. The percentage of admissions of med/surg and psychiatric patients rose slightly from the previous year.

3. The percentage of patients who left without seeing a provider (LWBS) is elevated and declined from the previous month.

4. The total number of ambulances coming to UMC declined from the previous month and continues to decline, approximately 32% down from the previous year.

5. Ambulance visits remains a large contributor to ED volume and admissions as more than one-third of patients who arrive by ambulance are admitted.

The pieces of data that are most significant are the persistent drop in ambulance traffic from the previous year and the slight improvement in LWBS from the previous month.

As noted in previous letters, most of the hospital admissions and approximately a third of the ED census are derived from ambulance traffic. Disruptions to ambulance traffic directly impact the ED census and hospital admissions.

There continue to be nursing, tech, and sitter shortfalls, however, the bolstering of the nursing workforce with traveler and agency nurses has helped somewhat. The number of patients boarding in the ED dropped for the month of February, though this may also be linked to the drop in total admissions as well

(less admissions less patients waiting to be moved up to a room). This allowed more patients to be seen in the ED in a more expeditious fashion leading to a drop in the LWBS.

Ambulances are still queuing, though to slightly lesser degree, which subsequently led to a slight rise in ambulance traffic. Likely, DC and PG Fire and EMS are not having to reroute as many ambulances away from UMC.

Hospital-wide nursing, tech and sitter staffing shortfalls remain a problem and contribute to extended boarding periods, extended waiting room times, decreased ambulance traffic which all affect patient safety and satisfaction.

During the lowest LWBS periods, the hospital did not have significant nursing staffing shortages. A comparison of nursing staffing levels and the LWBS would be likely show that is the case.

With more robust and consistent nursing, tech and sitter staffing, measures of patient safety and satisfaction (boarding, throughput, and ambulance rerouting) would improve. Additionally, with all other things remaining constant, the ED census will likely rise and the LWBS rate will decrease.

The goal remains to improve the Emergency Department throughput and the patient experience in the department. In order to do that, obtaining specific data from the electronic medical record (EMR) to better quantify, identify and comprehend the areas in most need of improvement are essential. Without a robust data analysis, we can only comment on noted trends and make broad, rather than targeted interventions to address the declining ED census and increasing LWBS rate.

We continue to support the efforts related to COVID patient visits over the last month.

Francis O'Connell M.D.
Chair, Emergency Medicine

Musa Momoh, M.D., Chairman

FEBRUARY 2021

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													**144**
MEDICINE	70	74											**144**
HOSPITAL	70	74											**100%**
PERCENTAGE	**100%**	**100%**											
REGULAR													
MEDICINE	239	261											**503**
HOSPITAL	354	400											**754**
PERCENTAGE	**68%**	**65%**											**66%**
DISCHARGES													
OBSERVATION													
MEDICINE	74	70											**144**
HOSPITAL	74	70											**144**
PERCENTAGE	**100%**	**100%**											**100%**
REGULAR													
MEDICINE	180	207											**387**
HOSPITAL	280	349											**629**
PERCENTAGE	**64%**	**59%**											**62%**
PROCEDURES													
HEMODIALYSIS	176	140											**316**
EGD'S	22	29											**51**
COLONOSCOPY	23	30											**53**
ERCP	0	0											**0**
BRONCHOSCOPY	0	1											**1**
QUALITY													
Cases Referred to Peer Review	0	0											**0**
Cases Reviewed	0	0											**0**
Cases Closed	0	0											**0**

Department of Medicine met on December 9, 2020.
The next meeting is March 10, 2021.

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

Eric Li, M.D., Chairman

FEBRUARY 2021

Month	01	02						
Reference Lab test – Urine Eosinophil (2day TAT) 90%	100% 11	100% 7						
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	94% 15/16	88% 14/16						
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%						
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%						
Review of Unacceptable Blood Bank specimen Goal 90%	99%	99%						
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%						
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2						
Wasted/Expired Blood and Blood Products Goal 0	2	3						
Measure number of critical value called with documented Read Back 98 or >	100%	100%						
Hematology Analytical PI Body Fluid	100% 17/13	100% 10/8						
Sickle Cell	0/0	0/1						
ESR Control	100% 73/29	100% 59/25						
Delta Check Review	100% 230/230	100% 259/259						
Blood Culture Contamination – Benchmark 90%	94.2% ER Holding 82.6% ER 93.9% ICU	100% ER Holding 91.2% ER 93.9% ICU						
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	91% ER 93% Lab	95% ER 94% Lab						
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/2 In house vs consultation	0/0 Frozen vs Permanent 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

FEBRUARY 2021

	UMC Behavioral Health Unit February 2021 Board Report												
Description		**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Admissions													
	ALOS (Target <7 Days)	4.63	3.94										
	Voluntary Admissions	31	30										
	Involuntary Admissions = FD12	83	109										
	Total Admissions	114	139										
	Average Daily Census	17	21										
Other Measures	**Average Throughput (Target: <2 hrs)**	4.2	2.9										
	# TeleCourt Meetings (Pt Hearings)	0	0										
	# Psych Consultations	94	170										
	Psychosocial Assessments (Target: 80%)	44%	62%										
Discharge													
	Discharges	102	147										

Key - TBA - Data to be provided by Access.

Shanique Cartwright, M.D.
Department of Psychiatry

Riad Charafeddine, M.D., Chairman

FEBRUARY 2021

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	83		529		128		740	
Fluoro	13		1		16		30	
Mammography					104		104	
Magnetic Resonance Angio								
Magnetic Resonance Imaging								
Nuclear Medicine	6		1		2		9	
Special Procedures	14		0		6		20	
Ultrasound	54		169		121		344	
X-ray	171		792		456		1419	
Echo	64		0		16		80	
CNMC CT Scan			19				19	
CNMC X-ray			191				191	
Grand Total	405		1702		849		2956	

Quality Initiatives, Outcomes:

1. **Core Measures Performance**

   100% extracranial carotid reporting using NASCET criteria
   100% fluoroscopic time reporting
   100% presence or absence hemorrhage, infarct, mass.
   100% reporting <10% BI RADS

2. **Morbidity and Mortality Reviews:** There were no departmental deaths.
3. **Code Blue/Rapid Response Teams ("RRTs") Outcomes:** No code.
4. **Evidence-Based Practice (Protocols/Guidelines):**

Staff attention and PPE procedures for COVID -19 is regular. Most of Radiology full time staff has been vaccinated with initial Pfizer vaccine and Moderna at UMC.

IT and PACS administrator are in the process of merging Radiology data images in CRISP application, expected to be live within two months.

Radiology protocols are being reviewed and optimized to reduce the need for repeat procedures if patients are transferred to other facilities.

Services:
MRI: The new uMR 570 United 1.5T magnet is here and set-up. The MRI services to be fully functional pending permitting from DCRA. Significant progress has been made.

Fluoroscopy Philips bariatric table room completion is pending a dedicated humidifier. This is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, fluoroscopic radiological procedures, with added standing Chest X-ray/exams options.

Nuclear Medicine: GE Discovery dual head camera provides wide range of exams, including cardiac software and SPECT applications is readily available.

Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

Riad Charafeddine, Chairman
Department of Radiology

Gregory Morrow, M.D., Chairman

FEBRUARY 2021

For the month of February 2021, the Surgery Department performed a total of 153 procedures. The chart and graft below show the annual and monthly trends over the last 9 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021
JAN	173	159	183	147	216	155	210	195	147
FEB	134	143	157	207	185	194	180	167	153
MAR	170	162	187	215	187	223	158	82	
APRIL	157	194	180	166	183	182	211	57	
MAY	174	151	160	176	211	219	186	74	
JUNE	159	169	175	201	203	213	177	126	
JULY	164	172	193	192	189	195	186	140	
AUG	170	170	174	202	191	203	193	161	
SEP	177	168	166	172	171	191	182	162	
OCT	194	191	181	177	214	211	175	146	
NOV	137	157	150	196	152	196	138	156	
DEC	143	183	210	191	153	192	156	146	

In January, our volumes were down by 25% compared to last year, in February the deficit was only 8%. The Covid-19 pandemic continues to linger, but to a lesser extent yet still impacting outpatient procedure volumes. Our outpatient procedures continue to comprise nearly 60% of our total OR cases.

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional measures, as necessary. We currently test all elective patients for Covid-19 on or within 72hrs prior to the day of surgery.

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	0%	2.2%
4) Unplanned Reoperations	0.03%	3.5%
5) Surgical Site Infection	0.03%	4.8%

We will continue assess the data and make improvements where possible.

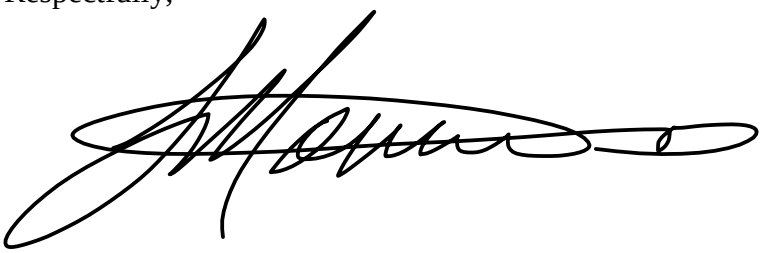
We are developing surgery specialty specific measures to support OPPE and the regularity with which these evaluations will be performed and reported.

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 the hospital administration to formulate a comprehensive strategic plan.

Our reopening plan for the operating rooms for elective procedures has worked well and there have been no identified problems noted. We will continue to make modifications as information is updated. We continue to evaluate and modify how we manage Covid-positive patients to minimize exposure to the staff in all areas of the hospital.

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be eliminated. We are evaluating and proposing revisions of the current physician contracts within the department. I hope that next month we will have a definitive plan mapped to present to the committee.

Respectfully,



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

UMC
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General Board
Meeting Date: **March 24, 2021**

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing: Board Report
February 2021

The Not-For-Profit Hospital Corporation's FY 2021 Goals are grounded by the Quadruple Aims of Better Outcomes, Improved Patient Experience, Reduced Care Cost and Satisfied Providers. As such, the Nursing Administration/Patient Care Services report is guided by those principles and the hospital's mission, vision and values.

Nursing Administration/Patient Care Services

I. Better Outcomes Better Outcomes

- During the month of January, nurses and nursing personnel cared for over 2726 patients via Emergency Department visits, 457 admissions; of that 137 were behavioral health admissions. Of the 137 behavioral health admissions, 91 (66 %) were involuntary/FD12 status. A patient in FD12 status, initially at a minimum requires additional support such as a Sitter, Security, and more frequent nursing assessment. Seventy- two patients received hemodialysis in the Dialysis Unit. Overall, there were 149 dialysis treatments performed. *Note: The admission numbers in Table 1 does not reflect potential interhospital unit transfers.

Table 1. Number of Admissions Dec.20 - Jan. 2021

UNIT	Dec. 2020 Admissions	Jan. 2021 Admissions	Feb.2021 Admissions
8W- Med/Surg/Telemetry	246	159	176
5W – Med/Surg	99	115	124
4E & 4W- Behavioral Health	81	114	137
ICU/Critical Care	18	15	20
Total	**444**	**403**	**457**

Data provided by UMC Analytics.

- Staffing challenges persists throughout the hospital units despite well-coordinated, routine, pre-scheduling six weeks staffing intervals. Factors such as staff absence due to illness, and staff call outs and hard to fill staffing vacancies such as the specialty areas and recently in the medical surgical areas.
- The hospital teams continue to attempt to recruit experienced staff for the specialty areas such as ICU/Critical Care, ED, and Dialysis. This month, we on- boarded: RN- 0.6, Techs 2.4 and Sitter 1.0.
- There are currently 17 supplemental agency nurses- 14 travelers and 3 Per Diem status. Supplemental staff are performing duties in the ED, ICU, Telemetry and Behavioral Health.

<u>Emergency Department</u>

- The Emergency Department continues to be the natural hub of activities for the hospital. Over this past month the ED throughput and throughput hospital wide continues to be negatively impacted due to various barriers to include staffing and frequent CPEP diversions due to

capacity. As a reminder, there are approximately 13 hospitals in DC, at least 8 of the hospitals provide psychiatric service, of the 8 hospitals, 3 accept patients with a FD12 designation. United Medical Center is one of three hospitals that accepts patients with an FD12 designation.

- Executive Team, Medical Director of the Emergency Department, Facilities and Nurse Leadership, have been meeting routinely to find strategies to improve the ED's and hospital wide operations.

Table 2. Emergency Dept. Metrics FY21

ED Metrics Empower Data	Dec	Jan	Feb
Visits	2968	2925	2726
Change from Prior Year (Visits)	4425	4451	3863
% Growth	-49.09	-52.17	-41.71
LWBS	12	19	11
Ambulance Arrivals	849	781	830
Ambulance Admissions	305	281	327
Ambulance Patients Admission Conversion	0.36	0.36	.39
% of ED Patients arrived by Ambulance	0.29	0.27	.30
% of Ambulance Patients Admitted	0.36	0.36	.39
Reroute + Diversion Hours	141	75	0

Data provided by UMC Analytics

Table 3. Emergency Dept. Metrics FY21

ED Metrics Empower Data	*Goal in Mins	Dec	Jan	Feb
Door to triage	30	33	35	28
Door to room	45	96	95	90
Door to provider	60	98	100	82
Door to departure	150	234	230	216
Decision to admit to floor	240	335	345	315

Data provided by UMC Analytics

*The goals in minutes are a national standard by the Emergency Medical Service (EMS)

Skin and Wound Care

- We currently have one Certified Wound Care nurse and awaiting onboarding of a Wound Care Tech. Many patients are admitted with wounds; our overall goal is for patients not to develop any Hospital Acquired Pressure Ulcers (HAPI).

Table 4. Patients with wounds and unit.

	# Patients	# Pressure Injuries	# HAPIs
ICU/CCU	8	29	3
BHU	0	0	0
5 W	9	39	0
8W	16	42	1
Total	33	110	4

Data provided by Wound Care Specialist

- Champions for Change (CFC) program will continue to improvement staff development, namely in the ICU and 8th Floor. Selected staff members are expected to shadow the wound care nurse for a total of 6 hours. Shadowing includes reinforcement of documentation skills, wound care legal risk, chart auditing to include the 7 components and as well as preventing skin breakdown by anticipating preventative measures (skin safety protocol) based on the total score of the Braden scale (less than 18) and the total value of each subscale within the model.

Diabetes Center

- Diabetic Center Manager/Diabetic Educator continues to provide a range of service for patients and staff education. On an average, over 50% of our hospitalized patients have Diabetes Mellitus (DM) as their primary diagnosis or co-morbid diagnosis.

Table 4. Diabetes Metrics

	Dec-20	Jan-21	Feb-21	Total
Average # DM patients per work day	47	56	52	155
Total DM patient days per month	840	1057	878	2775
Number patients with DM per month	237	226	227	690
Per Month % patients with Diabetes	63.54	63.84	56.61	61.33
Total Hospital Census	373	354	401	1128

- There were 18 patients who received an insulin drip – insulin given through intravenous route to decrease high blood glucose levels quickly and safely. A total of 194 insulin drips were administered for calendar year 2020.

- The Diabetes Educator, IT and multidisciplinary team continues to work to modify the screens in the electronic medical record Meditech to ensure the work flow for Non-Diabetic Ketoacidosis/Tight Glycemic control insulin administration is more proficient and clear for the end user.

- Continuous Glucose Monitoring (CGM) Project – IT received a grant that will allow for up to 20 patients in the medicine clinic to try CGM for 3 months. This will be at no cost to the participant. The goal is to improve glucose control, increase patient and provider satisfaction, and to increase patient ability to make decisions about their diabetes.

Respiratory Department

- The Respiratory department is in the process of implementing several new education initiatives. The first of these will be the introduction of mini sessions on each piece of equipment during shift huddle.
- There is also the "March Madness" Education Kick-off that will focus on Oxygen Therapy, Hi-Flo oxygen equipment and practices, and Chest Physiotherapy equipment and practices. These educational sessions will be progressive in nature, building on these concepts each week, and ending with best practice strategies.

- This will be followed by the enhancement of policies and procedures to infuse this knowledge into current practice.

Occupational Health

- At present 99.62 % staff received the flu vaccine or have a documented waiver. At the time of this report there is only 1 employee who have not provided evidence of compliance.

Table 5. Occupational Health Activities Dec. 2020-Feb. 2021

Month	Flu Vaccine	Pre-Employment Physicals	Annual Physical	COVID Testing	Back to Work Clearances	FIT Tests	Other Activities	Total
Dec.	89	12	7	473	18	21	7	627
January	18	21	5	241	25	37	14	361
February	17	12	26	127	19	56	19	276

Culture of Safety

- The hospital's Management Council which includes nursing services continues its proactive daily morning safety huddles. Potential safety risks are discussed in real time, are transparent, provide timely follow up and solutions.
- Nursing Administration/Patient Care Services continues a twice a day and as needed, throughput huddles to determine safe and effective movement of patients from admission, hospital stay and discharge. The Case Management Department works closely with nursing on these efforts.
- Members of the Executive Team including the CEO has joined in at least two meetings with the DC Hospital Association and Department of Behavioral Health to look at the Psychiatric Behavioral Health industry in the District to dialogue and brainstorm about more efficient ways of caring for psychiatric patients taking into consideration barriers such the limited resources of UMC and other entities such as Comprehensive Psychiatric Emergency Program (CPEP). The dialogues will continue.

Education/Training/Competency

- Each department has unit specific annual training or several spontaneous trainings depending on the needs. Training or refresher during this month included: new reusable isolation gowns, meals/feedings prior to dialysis, ongoing COVID-19 education and PPE training, therapeutic communication with behavioral health patients, and Artic Sun hypothermia equipment training.
- Twenty-one students, four instructors from Trinity University on-boarded for Med-Surg Unit for their clinical placements.
- Seven students from George Washington University fully on- boarded to assist in the COVID Vaccine Clinic.
- Created two forms to capture students' competency for assisting in the Covid-19 Vaccine Clinic: Competency Assessment Checklist and Administration of Intra Muscular Injections. These forms are used to document their competency on their orientation day.

II. Improve Patient and Customer Experience

- Reinforce – Consistent Handoff report to support a smooth transition from staff to staff from department to department. These reports include - evaluation of patient's response to both nursing and medical interventions, effectiveness of plan of care, goals and outcomes.
- Directors and Managers continue to provide real time service recovery to any patient who voiced a concern. The Patient Advocate as always is available if needed.

III. Reduced Care Cost

- Members of the nursing and respiratory teams remain active participants in weekly Revenue Cycle and Initiatives Monitoring meetings to explore ways to accurately and timely capture deserved revenue and explore cost savings and effective initiatives.
- Participation in daily Multi-Disciplinary Rounds facilitated by Case Management to improve care, ensure appropriate discharge and limit patient hours in observation status amongst other patient centered activities.

IV. Satisfied Providers

- Routine ED Throughput meeting continue for collaboration, insight and solutions to issues ranging from staffing, IT and supplies.
- Continue to await ratification of the District of Columbia Nurses Association (DCNA) contract in order to begin implementation of example - new nurse: patient ratios and increased compensation amongst other positive changes.

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

UMC
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General Board Meeting Date:
March 24, 2021

Executive Management Report

Presented by:
Colene Y. Daniel
Chief Executive Officer

NOT-FOR-PROFIT HOSPITAL CORPORATION

Not-for-Profit Hospital Corporation
Executive Management Report & Accomplishments

March 24, 2021

Respectfully Submitted: Colene Y. Daniel

"Of all the forms of inequality, injustice in health is the most shocking and inhuman."
The Rev. Dr. Martin Luther King Jr.

In the 55 years since Dr. Martin Luther King Jr. spoke those words, our nation has made some progress to ensure all individuals have an equal opportunity to reach their healthiest life — but we still have a long way to go. United Medical Center's mission is dedicated to the health and well-being of individuals and communities entrusted in our care. We are dedicated to achieve health equity for our community.

February's Accomplishments

On March 4th, I had the honor of representing NFPHC-UMC before the DC Council Committee on Health to discuss all our wonderful hospital accomplished in fiscal year 2020 and what we will accomplish in fiscal year 2021. UMC successfully was reaccredited for DC Health Hospital Survey, DC Health Skilled Nursing Facility Survey, Collage of American Pathologist, American Association of Blood Banks, The Joint Commission, and eight other audits, surveys and inspections. Notably, UMC's infection control performance remained well above the national standard throughout the year with no Catheter-Associated Urinary Tract infections, no Central Line-Associated Urinary Tract infections and no Central Line-Associated Blood Stream infections. We had zero FD-12 elopements during fiscal year 2020 and maintained greater than 95% compliance with FD-12 processing.

In FY 21, the hospital shall operate using the Quadruple Aim: Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Providers and Staff. At each Management Council we focus on teaching how to improve with one of the Quadruple Aim goals – and the results a higher patient satisfaction rate with inpatient care by 15% and the Emergency Department by 20%. Additionally, the hospital once again rose to contribute to the need of our residents and opened a COVID-19 Vaccination Clinic. To date the COVID-19 clinic has completed **5502** total doses (1st & 2nd shots) of vaccine. Recognizing that a disproportionate number of vaccines were going to residents of Ward 3, we have responsibly focused our priority on Ward 7 and 8 residents. Of those we have vaccinated our most common zip code is 20020 – Anacostia, followed by 20032 which is Congress Heights, and 20019 Benning Heights – all in Southeast Washington. Approximately 40% of our staff is fully vaccinated, and 62% of our vaccinated people identified themselves as Black or African American.

We are all aware of the unique challenges healthcare systems continue to face due to the unprecedented public health crisis. Despite these challenges, UMC maintained a safe environment for our patients, staff, and visitors. Through collaboration with our medical staff we shall move forward on developing and implementing plans to enhance patient throughput in the hospital. UMC will carry on and utilized industry standards to realize an appropriate reduction in the length of stay for observation patients.

Since the beginning of this fiscal year, the hospital's budget was essentially balanced due, and FY 2020 was balanced in part, due to the District's $15 million subsidy and significant federal funding to defray the hospital's cost for responding to the pandemic. Unfortunately, UMC's financial situation has worsened, leaving significant challenges and critical decision points for hospital leadership. As the first step, we must become more proactive and develop a plan that aligns -- step-by-step with the opening of the new hospital. The goal of this plan will be to ensure that the services which are utilized and necessary to maintain an acute care hospital in Ward 8 are properly funded, while other aspects of hospital operations are reduced to scale or permanently closed. As we work on a plan to restructure UMC's hospital services and support the hospitals' financial goals, leadership will continue to work with all staff to remain committed to our Mission & Values, and achieving the "Quadruple Aim" Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Provider and Staff. The Executive Team Tracking sheet is submitted for your perusal.

Chief Medical Officer

The Chief Medical Officer report is submitted separately by Dr. William Strudwick.

Chief Nursing Officer

The Chief Nursing Officer report is submitted separately by Dr. Jaqueline Payne-Borden

Children's National Medical Center

Children's National Lease & Purchased Services Agreement:

1. Three remaining items:
    a. FMV – we have submitted a summary of our FMV to the Children's team
    b. CDM review – Finance, Laboratory & Radiology to review CDM file and answer some of the questions related to rates.
    c. Security purchased service amount – we had agreed upon the monthly rate for providing security services and they have come back with a new request.

Compliance

Patient Neglect, Abuse, Safety and Satisfaction

• Formation of Patient Safety/Abuse Review Board. The Review Board is comprised of members of the hospital's Legal, Quality, Patient Advocacy, Quality, Risk Management and Compliance departments, with a goal of ensuring that all cases of patient abuse/neglect are promptly identified and reported, thoroughly and appropriately investigated, and that all disciplinary actions are imposed in a fair and equitable manner. The Review Board meets daily, upon the conclusion of the Safety Huddle.

• Address and resolve patient concerns regarding Emergency Department concerns with Patient Advocate from Hotline calls.

• Provide ongoing, in-person support/assistance to Emergency Department patients regarding wait-times, registration, related concerns.

• Develop and implement revised New Employee, New Contractor, and New Student Orientation program regarding obligation to report patient abuse and neglect.

Achieving Quadruple Aim and Becoming a High Reliability Organization

- Conduct weekly, in-person training sessions in UMC auditorium in Leadership Formation Program regarding *Empathy and Understanding the Patient Experience*. As of the beginning of March, over 75 employees from more than 15 departments have participated in the training. Beginning in late March, the next module in the Program*, Commitment to Resilience, Derek Redmond and the 92 Olympics*, will commence.

COVID-19 Vaccination Program – Education and Communication

- Prepare updated (to include discussion of Johnson & Johnson vaccine) Zoom-based vaccination education program for March presentation to neighborhood family center, in conjunction with Dr. William Strudwick.
- Prepare revised FAQs regarding newly approved Johnson & Johnson vaccine.
- Provide daily education and updates regarding vaccine program, Johnson & Johnson vaccine, revised CDC Guidelines for vaccinated persons, at morning Safety Huddle.
- Conduct periodic rounding on floors to provide education and training to staff regarding vaccination program.

Compliance Program Assessment and Development

- Prepare Grand Rounds presentation for March medical staff meeting, regarding Stark, Anti-Kickback, False Claims Act, and medical documentation. Collaborated with Revenue Cycle and Case Management in development of program.

Regulatory Compliance: Workers Compensation and Short-Term Disability

- Continue ongoing review, in conjunction with employee relations and in-house counsel, regarding hospital experience with Workers Compensation and Short Term Disability claims experience.

Improving the Patient Experience: Patient Theft Initiative

- In collaboration with recently-hired Risk Manager, research programs to address theft of patient valuables in order to reduce financial exposure (and related insurance claims).

Contracts & Procurement

Procurement was able to significantly reduce the Supplies spend for Q4 2020 by ~$200,000 from the previous year. Oct 2020~$40K from 2019 and Nov 2020~$48K from 2019 specifically, this is attributed to the great procurement sourcing work the team is completing along with the more streamlined fulfillment processes and enhancement to our PAR Levels throughout the organization.

This work has all been completed with the same number of resources from the start of the pandemic which is a testament to the team's overall commitment and agility to the organization during one of the worse

times. The Procurement Office initiated a new Monthly Operational Review (MOR) launched in July 2020 and continued the positive momentum with the team into January. We have developed 10 strategic KPIs to measure team and individual performance throughout SPD, Materials Management, and Procurement.

We are continuing to train the leaders of each KPI on how to measure each team's performance and expectations monthly to change the UMC environment into one of a continuous improvement mindset. We were able to identify some areas for improvement and initiated mini-project teams to improve our metrics to better run the department and hospital. These initiatives are to create procedures for reporting claims to suppliers timely, managing our patient lost charges and report to nursing staff, and conduct working instructions for all procurement activities to enhance our business continuity.

Our Sterile Processing Department had zero complaints on instruments delivered during December 2021 and January 2021, which highlights their processes assurance for the safety of patients and staff during procedures. Our Patient lost charges started to see a decline going into Jan 2021 over the previous year this information is now shared with nursing staff and is an area we plan to continue to reduce during Q1 2021, by strategic collaboration.

We have been able to integrate UMC procurement activities into Vizient supplier diversity programs, which will help us increase and track our local spend more efficiently. We also received PROCUREMENT ACCOMPLISHMENTS vendor contract finalized signature from Ramco a company that will enhance temperature screening processing into the hospital. This contract completely signed off from Legal and Budget Office. The new temperature screening devices have the potential if implemented and utilized correctly to generate a $488K annually cost savings on labor, while also enhancing the employee screening and safety experience. With the increasing cases of Covid-19 and more and more vendors become stressed with PPE ordering we are happy we were able to acquire so much product early in the pandemic to ensure the safety of our employees and patients.

- Procurement Savings (Closed Book)
- CBE/Diversity Spend (Closed Book)
- Contracts & Agreements (Closed Book)
- Procurement Dashboard (Closed Book)

Corporate Secretary – VP of Community Affairs

The Corporate Secretary – VP of Community Affairs report is submitted separately by Toya Carmichael.

Facilities & Support Services

Environment of Care Key Initiatives:

1. Fire drill matrix inspection - Compliant
2. Fire door repairs – 60% complete
3. Ice Machine Weekly inspection – Compliant
4. Revised Exit Light Monthly Documentation- Compliant
5. H-Cylinder Storage Inspection Log- Compliant
6. Fire Door Functional Inspections – Compliant

7. IT Closet Floor Penetration Inspections – Compliant
8. ICU Depicted as a Suite on LS Drawings – Compliant
9. NO Exit signs posted - Compliant
10. Storage rooms door functional test – Compliant
11. Missing Ceiling Tile Inspections - Compliant
12. Storage less than 18 inches to sprinkler head – Compliant
13. Escutcheon Plate Inspections – Compliant
14. Hydrocollator Water Change Inspection – Compliant
15. Ceiling inspections – Compliant
16. BHU EVS Room Inspections – Compliant
17. BHU thermostat covers Inspections - Compliant

Grants

Grant Program Oversight & operations

1. UMC Mobile Health Clinic is fully operational providing primary and preventive health care screenings, health literacy, and COVID-19 testing; the Mobile Health Clinic is collaborating with DC Housing Authority (twice a week), Faunteroy Community Enrichment Center (once a week):
    a. HIV Screening
    b. HIV Testing
    c. COVID19 Testing
    d. Added additional point of care testing
2. Starting in February, the mobile team has launched mobile vaccination administration to seniors in Ward 7 & 8 at housing communities.
    a. IT created new scheduling capability for mobile clinic vaccinations
    b. Provided Meditech training for clinical and registration staff
3. Partnership with DC Home Health Association to vaccinate home health workers
4. Initiated new community outreach program with The Roundtree Residences senior community.

Human Resources

The Human Resource Report is submitted separately by Trenell Bradley. (Closed Report)

Information Technology

Applications

- Successfully submitted to CMS, UMC's Meaningful Use Attestation for Calendar Year 2020
- Supported COVID vaccination teams
    - Created new mobile clinic location
    - Modified scheduling and registration screens to enable new categorization reporting needs
    - Manually updated all existing (4,000) vaccination records to reflect the new recipient categorizations
    - Created and ran new vaccination reports for internal planning and outside entity reporting needs

  - Reconciled and sent daily electronic transmission/reporting of COVID vaccinations to Health Department

- Assisted Human Resources and Finance with scripts for with cost-of-living and retroactive payment adjustments
- Trained new nursing staff on Meditech
- Implemented Meditech updates and enhancements
  - Emergency Department (ED) Provider templates
  - Titration protocols
  - Pyxis and Meditech mappings
  - Height and Weight uniform reporting
  - Patient personal belongings documentation
  - Drug database and formulary
  - Minimum pharmacy charges
- Produced cost accounting and other reports for Finance
- Successfully serviced 110 Help Desk/Service tickets in February 2021

Infrastructure

- Successfully applied security patches to servers and workstations
- Completed cabling and connected switches for new Pharmacy area network closet
- Completed cabling for new Radiology and Laboratory network closet
- Enabled new TV connections in MOB and Hospital building
- Installed new patient call system stations throughout Radiology Fluoroscopy and MRI areas
- Addressed camera and monitors issues in Command Center
- Received all 1st quarter departmental audit reports to validate end-user network access; updated Active Directory records accordingly
- Performed weekly termination audits with HRIS records to appropriately adjust end-user access rights
- Maintained the 3rd floor disaster recovery replication of PACs, Exchange, and Pyxis systems
- Continued 24/7 network monitoring tools and services with Mazars' team
- Regularly monitored network and user traffic for potential security issues/attacks
- Completed final walk-through and sign-off on with vendor to cool 7 of 9 network closets
- Successfully upgraded the PACS Archive Production server
- Updated/decommissioned several servers with unsupported operating systems
- Successfully serviced 333 Help Desk/Service tickets in January 2021

Operations

1. COVID19 Vaccination Clinic fully operational:
   a. Planning & coordination with DC Health & DCHA (include delivery, reporting & tracking of vaccine vials)
   b. Clinic operation activities
   c. Vaccination clinic expense tracking (staff, contract labor & supply expenses)
   d. Daily Reporting to HHS, DC Health, DCHA & HSEMA

e. Created a separate call line for cancellation/rescheduling of appointments
f. Onboard & schedule Nursing students to assist in vaccination clinic:
    i. HR Onboarding
    ii. IT Onboarding & Training
    iii. Relias Training
    iv. Nurse Training

FY2021 Activity:

COVID-19 PCR tests	Flu Vaccines	HIV tests	Rapid COVID tests	Moderna COVID Vaccines
406	110	110	162	136

2. Clinical Laboratory:
    a. CLIA certification for the next 2 years
    b. 90% staff received the COVID vaccine
    c. Implemented NAAT Testing (Nucleic Acid Amplification Technique).

3. Radiology:
    a. ACR (American College of Radiology) – ACR complete for Nuclear Medicine & CT Scanner #2
    b. MRI & Fluoroscopy operations preparations (including staffing onboarding)
    c. Registration/scheduling/billing setup.

4. Human Resources:
    a. Leadership oversight during both Director & Manager absences
    b. Negotiating lower rates with existing staffing agency to provide ED & ICU nurses
    c. Weekly meetings with nursing leaders to track recruiting/onboarding of nurses and nursing staff.
    d. Instituting new recruitment efforts, planning for virtual nursing job fair
    e. Addressed labor relation issues with HR Labor staff & Security
    f. Preparations for upcoming audits & upcoming regulatory surveys

5. Linen Services:
    a. I met with the Linen vendor and discussed additional ways to reduce our monthly expenses. We are currently running at ~$80,000 for 4 months – annualized to 320,000. Our contract is for $624,019.43 for a term of 12 months. At minimum, it is a savings of at least $300,000. We are putting into place some additional savings opportunities.
    b. Meeting with unit managers to address soiled linen

6. Screener Program Extension: extended screening staff with .5 Nursing FTE to provide coverage at all entrances (Main Lobby, ED, Security & MOB Entrances).

FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
2021 Budget	Download Budgets – Premier	EMC Team	Downloading Hospital and Departmental Budgets is imperative to monitor spending and to hold departments accountable.	On Hold	
	***Meditech	EMC Team	***Marcela and Cheyenne shall review October, November & December expense spend and OT tracking.	In Progress	
Kronos	***On-Boarding & Meditech	David Parry Marcela Maamari	Develop an On-Boarding Program	In Progress	
Auditors	Final Year-End Audit	Lilian Chukwuma Colene Y. Daniel EMC Team – as required	The final Year-End Audit must be completed over the next three (3) weeks.	In Progress	
COVID-19 Training	Woodland Terrace Family Shoppers Center	William Strudwick Brian Gradle Maxine Lawson	Conduct Zoom based training to Woodland Terrace regarding COVID-19 vaccines focusing on the safety and effectiveness of the vaccines and in accordance to the DC Health's categories.	March 2021	UMC to provide training to Woodland Terrace on March 17, 2021
3rd Floor Opening		William Strudwick Fay Goode-Vaddy Ken Blackwell EMC Team	Per the DC Government's requirement – the hospital needs to relocate from the 8th floor to the 3rd floor.	Awaiting on Telemetry monitoring system to be in place	
3rd Floor Opening – Clinical Decisions		William Strudwick Jacqueline Payne-Borden Ken Blackwell EMC Team	Relocate ICU Director's office to the current case management office on the 5th floor. ICU Director's office to be the new tele monitoring room on 5W.	Awaiting on Telemetry monitoring system to be in place	

FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
FEMA Money		Marlanna Dixon Marcela Maamari	Submission of expenditures and staffing expenses through December 2020	February 22, 2021	
Human Resources	Recruitment	EMC Team	• Medical Staff Director – • Infection Control Director –	Under Review Under Review	
Wound Care	Contract Review	William Strudwick Jacqueline Payne-Borden Lilian Chukwuma Colene Y. Daniel	Review the contract to provide additional support for the Wound Care Program: • Outpatient	February 28, 2021	
CRISP	Regional Health Information Exchange	David Parry Mike Austin	Legal needs to renew contract that expired over 14 month ago	March 12, 2021	
Executive Rounding	Visit various departments to help assist with checklist for TJC	EMC Team	Provide updated department executive rounding assignment list.	March 15, 2021	
COVID-19 Vaccination Clinic Call Center		William Strudwick David Parry	Johnson & Johnson Vaccination	March 18, 2021	
Projects	Operations	Marcela Maamari	MRI – Operational Plans to open the units	March 30, 2021	
	Emergency Management	Ken Blackwell	Finalize the Emergency Flip Chart	March 31, 2021	
	Finalize the AOC Booklet & Training Program	Colene Y. Daniel Marcela Maamari	Write the AOC Program – Including Diversion	March 31, 2021	

FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
Fire Suppressant	Auditors, TJC, & CMS Requirement	David Parry Ken Blackwell	Must implement the correct Fire Suppressant in the Data Center – Review	Awaiting vendor updates. Will be rescheduled for March 31, 2021	
Software Upgrade		David Parry	Merge PACs Software	March 31, 2021	
COVID-19 Budget		Marcela Maamari Lilian Chukwuma (Marlanna Dixon & Kim Bussie)	Retro/Ongoing	March 31, 2021	
File Room	Review and modify HR's current File System	Marcela Maamari Tamika Hardy Ken Blackwell	Materials Mgmt. & Facilities assist with removing existing shelving and replace with new shelving to accommodate HR filing needs	March 31, 2021	
Staffing		Jacqueline Payne-Borden Fay Goode-Vaddy	Ongoing recruitment via HR for ED, ICU, BHU and Telemetry Nurses to reduce contractor costs.	April 1, 2021	
5W Tele Monitoring		Fay Goode-Vaddy Ken Blackwell Quality EVS	Walkthrough on 5W to determine operability of tele monitoring system.	April 1, 2021	

FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
3rd Floor Patient Transfer to 5W		Fay Goode Vaddy 5W Staff	Transfer 5W patients from the 3rd floor back to 5W	April 5, 2021	
3rd Floor – 8th Floor Readiness		Fay Goode-Vaddy Ken Blackwell Quality EVS	Walkthrough on 3rd floor to establish readiness for 8th floor transfer	April 6, 2021	
Transfer 8th Floor Patients to 3rd Floor		Fay Goode-Vaddy Ken Blackwell Quality 8th Floor Staff	Transfer patients from 8th floor to 3rd floor	April 7, 2021	
Installation of Tele Cables – 5W		Ken Blackwell Candace Brown	Begin installation of tele cables on 5W	April 30, 2021	
Temperature Scanner Program – Electronic		Ken Blackwell	30-Day Trial	April 30, 2021	
Emergency Room	Glass Doors	Ken Blackwell	Work with Stanley regarding replacing/repairing ER glass doors	April 30, 2021	
	Bays	Ken Blackwell	Negative Room	April 30, 2021	
Projects	Building	Ken Blackwell	MRI – Building Plans to open the units	April 30 2021	
	Building	Ken Blackwell	New Inpatient Pharmacy	April 30 2021	

FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

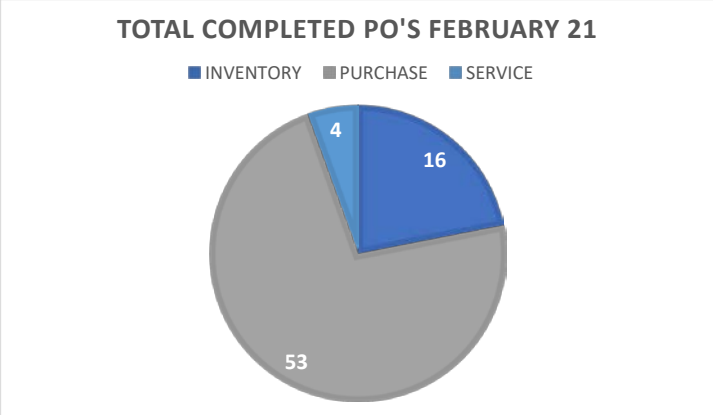
Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
Tele Wiring – 5W		Ken Blackwell Candace Brown	Complete tele wiring for 5W	April 30, 2021	
TJC & CMS – Evidence of Standards Compliance	Complete the Fire Door Contract	Ken Blackwell Mike Austin	***The Fire Door Project must be started with a detail plan for completion	April 30, 2021	
Cintas Scrub Machine	Procurement	Tamika Hardy	Implementation of scrub machine for nursing and administration	April 30, 2021	
Patient Safety and Abuse Initiative	The Patient Safety/Abuse Task Force is comprised of representatives from Compliance, Risk Management, Human Resources, Quality. Legal, Patient Advocacy, Nursing, Public Relations, and the medical staff, and will be directed by the Compliance and Risk Management Departments, who may add such additional members as deemed appropriate.	Brian Gradle Wendy Faulkner	Initiative will include new posters regarding use of Hotline for patient safety/abuse; whistle-blower protection for those that identify incidents; and additional training and education to managers and staff regarding patient safety and duty to report issue. Task Force is now meeting daily. New Employee Orientation has been enhanced to include direction to report abuse/neglect.	April 30, 2021	
Facility Wide Steam Outage		Ken Blackwell		Spring 2021	

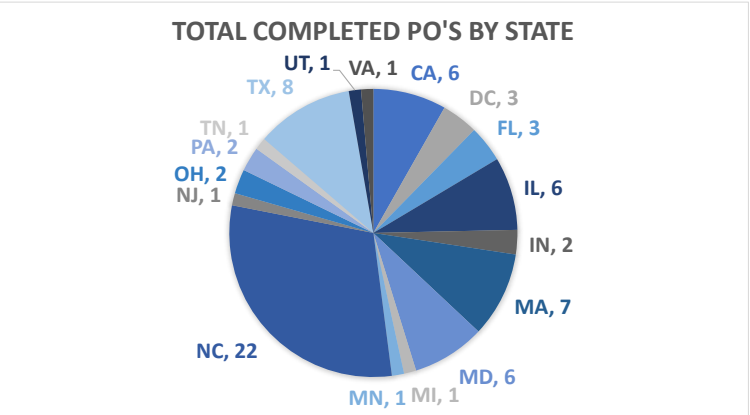
FY 2021 Executive Management Committee Tracking Sheet
January – February 2021

Issue Identified	Plan Description	Responsible Exec(s)	Discussion	Date/Priority	Date Completed
JUMP START	Inventory Software	Tamika Hardy David Parry Mike Austin	Management software to assist Meditech.	June 30, 2021	

CONTRACTS/AGREEMENTS EXECUTED IN FEBRUARY 2021							
DATE OF EXECUTION	**CONTRACT NO.**	**CONTRACTOR/VENDOR**	**LOCATION**	**VALUE**	**DEPT**	**SERVICES**	**TERM(S)**
2/2/2021	N/A	Walden Unversity	Minneapolis, MN	$0.00	Nursing	Academic Affiliation Agreement -2021 Addendum	02/02/2021 - 02/01/2022
2/3/2021	N/A	CareFirst Bue Cross Blue Sheild (BCBS)	Washington, DC	$0.00	Operations	Hosptital Participation Agreement	01/01/2021 - 12/31/2021
2/3/2021	N/A	CareFirst Bue Cross Blue Sheild (BCBS)	Washington, DC	$0.00	Operations	Professional Group Agreement	01/01/2021 - 12/31/2021
2/3/2021	N/A	CareFirst Bue Cross Blue Sheild (BCBS)	Washington, DC	$0.00	Operations	Amendment to Hosptital Participation Agreement	01/01/2021 - 12/31/2021
2/10/2021	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C	Kensington, M.D	$739,753.93	Medical Services	Amendment to contract for the provision of psychiatric services, assist the Hospital in the operation and management of certain BHU health programs by providing qualified psychiatrists and other mental health professionals that provide direct patient care, on-call and consultation services, administrative oversight and management and related virtual intake and coordination services.	02/10/2021 - 09/30/2021
2/15/2021	N/A	Aetna Health Inc. dba Aetna Better Health of Maryland	Linthicum, MD	$0.00	Operations	NEW “in-network” contract for the hospital	02/15/2021 02/14/2022
2/16/2021	N/A	Aetna Network Services LLC	Linthicum, MD	$0.00	Operations	Provider Agreement	03/01/2021 - 02/28/2022
2/18/2021	NFPHC-MS-2 l -PA-00028	Dr. Ermias Mekonnen OBA Capital Stroke Neurology Inc.	Washington, DC	$63,000.00	Medical Services	Provision of neurology on-call services for the Hospital	01/01/2021 - 12/31/2021
2/18/2021	NFPHC-MS-21-PA-00029	Taghi Kimyai-Asadi, MD	Washington, DC	$63,000.00	Medical Services	Provision of neurology on-call services for the Hospital	01/01/2021 - 12/31/2021
2/19/2021	NFPHCIT-19-C-004 Mod 2	Deco Recovery Magment LLC	Easton, MD	$600,000.00	Finance	Modification to exercise OY2 for the provision of eligibility services	02/01/2021 - 01/31/2022
2/25/2021	N/A	CareFirst BCBS Community Health	Washington, DC	$0.00	Operations	Plan PCP Agreement	01/01/2021 - 12/31/2021
2/25/2021	N/A	CareFirst BCBS Community Health	Washington, DC	$0.00	Operations	Plan Specialist Agreement	01/01/2021 - 12/31/2021
2/26/2021	NFPHC 2018-465 Mod 7	Mazars USA LLC	New York, NY	$581,869.80	Operations	Modification to exercise a thirty (30) day option period under the OY3 of the contract for the provision of hospital operator services	03/08/2021 - 04/06/2021

PROCUREMENT COMPLETED PO DASHBOARD -FEBRUARY 2021





VENDOR NAME	AMOUNT	VENDOR NAME	AMOUNT	VENDOR NAME	AMOUNT
ABBOTT LABORATORIES FORMERLY	$ 7,354.10	CARDINAL HEALTH/MEDICAL PRODUCTS	$ 27,846.36	ORTHO CLINICAL DIAGNOSTIC	$ 6,784.37
ABBOTT VASCULAR	$ 495.00	CAREFUSION 2200, INC.	$ 724.20	S. FREEDMAN & SONS	$ 4,770.80
ACELL INC.	$ 3,300.50	CLEARPATH SOLUTIONS GROUP LLC	$ 7,332.81	SPECIALTY SURGICAL INSTRUMENTATI	$ 346.06
ADVANCED ORTHOPAEDIC SOLUTIONS	$ 8,729.00	COOK MEDICAL INCORPORATED	$ 3,445.00	STERIS CORPORATION	$ 2,218.89
AIRGAS EAST	$ 2,616.43	DAYCON PRODUCTS COMPANY INC	$ 5,783.90	STRYKER INSTRUMENT DIVISON	$ 2,971.24
ALIMED, INC.,	$ 53.84	DELL MARKETING LP	$ 7,377.60	SURGICAL DIRECT INC	$ 5,790.00
ARGON MEDICAL DEVICES	$ 2,383.00	DEPUY MITEK	$ 2,077.00	TISSUE REGENIX WOUND CARE INC	$ 7,240.00
ARTHREX INC.,	$ 1,351.00	FRESENIUS USA MARKETING	$ 14,462.47	TRILLIANT SURGICAL	$ 6,125.00
BALTIMORE JANITORIAL SUPPLY CO	$ 2,738.00	ICU MEDICAL, INC.	$ 4,406.96	U.S. OFFICE SOLUTIONS (SBE)	$ 254.05
BARD ACCESS SYSTEMS INC	$ 15,371.70	IMPRA	$ 1,760.00	WASHINGTON METROPOLITAN AREA	$ 1,500.00
BARD PERIPHERAL TECHNOLOGY	$ 44,645.00	KENETIC CONCEPTS INC.	$ 4,140.00	WAYNE ENTERPRISES LLC	$ 29,700.00
BECKMAN COULTER	$ 1,855.07	MEDCOMP	$ 3,080.00		
BIO-RAD LABORATORIES, INC.,	$ 6,206.40	MERIT MEDICAL SYSTEMS	$ 993.90		
BOSTON SCIENTIFIC CORPORATION	$ 2,688.66	OAKDALE COMMUNICATIONS SOLUTIONS	$ 125.00		
C.R. BARD, INC.,	$ 30,160.00	OLYMPUS CORPORATION OF AMERICA	$ 544.00	**GRAND TOTAL**	**$ 281,747.31**

VENDOR NAME	VENDOR STATE	PO NUMBER	PO TYPE	ORDER DATE	PO VALUE
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60945	PURCHASE	2/1/2021	$ 2,843.03
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60951	PURCHASE	2/1/2021	$ 752.96
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60956	INVENTORY	2/1/2021	$ 219.78
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60962	INVENTORY	2/4/2021	$ 190.66
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60968	INVENTORY	2/5/2021	$ 6,069.74
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60971	PURCHASE	2/8/2021	$ 1,026.13
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60977	PURCHASE	2/8/2021	$ 4,751.03
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60992	INVENTORY	2/9/2021	$ 571.67
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60993	PURCHASE	2/9/2021	$ 586.80
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60995	INVENTORY	2/11/2021	$ 856.49
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60997	INVENTORY	2/12/2021	$ 602.92
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61011	PURCHASE	2/12/2021	$ 232.48

VENDOR NAME	VENDOR STATE	PO NUMBER	PO TYPE	ORDER DATE	PO VALUE
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61029	PURCHASE	2/16/2021	$ 471.49
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61033	PURCHASE	2/17/2021	$ 2,883.50
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61048	PURCHASE	2/19/2021	$ 880.20
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61073	PURCHASE	2/26/2021	$ 1,974.08
CARDINAL HEALTH/MEDICAL PRODUCTS	NC	61080	PURCHASE	2/26/2021	$ 2,933.40
STERIS CORPORATION	OH	60958	INVENTORY	2/2/2021	$ 942.40
STERIS CORPORATION	OH	61025	INVENTORY	2/15/2021	$ 1,276.49
C.R. BARD, INC.,	NJ	61007	PURCHASE	2/12/2021	$ 30,160.00
BECKMAN COULTER	CA	61000	PURCHASE	2/12/2021	$ 1,855.07
BOSTON SCIENTIFIC CORPORATION	MA	60988	PURCHASE	2/9/2021	$ 220.00
BOSTON SCIENTIFIC CORPORATION	MA	61067	PURCHASE	2/26/2021	$ 1,099.16
BOSTON SCIENTIFIC CORPORATION	MA	61078	PURCHASE	2/26/2021	$ 1,369.50
IMPRA	NC	60970	PURCHASE	2/8/2021	$ 1,760.00
AIRGAS EAST	IL	60941	PURCHASE	2/1/2021	$ 2,292.12
AIRGAS EAST	IL	61059	PURCHASE	2/25/2021	$ 324.31
ALIMED, INC.,	MA	61017	PURCHASE	2/15/2021	$ 53.84
FRESENIUS USA MARKETING	MA	60957	INVENTORY	2/2/2021	$ 4,567.65
FRESENIUS USA MARKETING	MA	61087	INVENTORY	2/26/2021	$ 9,894.82
ABBOTT LABORATORIES FORMERLY	IL	60950	SERVICE	2/1/2021	$ 703.80
ABBOTT LABORATORIES FORMERLY	IL	60989	PURCHASE	2/9/2021	$ 6,650.30
COOK MEDICAL INCORPORATED	IN	60972	PURCHASE	2/8/2021	$ 2,110.00
COOK MEDICAL INCORPORATED	IN	61004	INVENTORY	2/12/2021	$ 1,335.00
BARD ACCESS SYSTEMS INC	NC	60949	PURCHASE	2/1/2021	$ 15,371.70
MERIT MEDICAL SYSTEMS	UT	60979	PURCHASE	2/8/2021	$ 993.90
DEPUY MITEK	MA	61013	PURCHASE	2/12/2021	$ 2,077.00
ICU MEDICAL, INC.	CA	60969	INVENTORY	2/5/2021	$ 4,406.96
OLYMPUS CORPORATION OF AMERICA	TX	61053	PURCHASE	2/23/2021	$ 544.00
ORTHO CLINICAL DIAGNOSTIC	IL	61002	PURCHASE	2/12/2021	$ 6,784.37
ARTHREX INC.,	FL	61019	PURCHASE	2/15/2021	$ 1,351.00
BIO-RAD LABORATORIES, INC.,	CA	61006	PURCHASE	2/12/2021	$ 3,636.00
BIO-RAD LABORATORIES, INC.,	CA	61043	PURCHASE	2/19/2021	$ 2,570.40
STRYKER INSTRUMENT DIVISON	MI	61030	PURCHASE	2/16/2021	$ 2,971.24
BARD PERIPHERAL TECHNOLOGY	NC	60947	PURCHASE	2/1/2021	$ 10,245.00
BARD PERIPHERAL TECHNOLOGY	NC	60973	PURCHASE	2/8/2021	$ 4,240.00
BARD PERIPHERAL TECHNOLOGY	NC	60994	PURCHASE	2/10/2021	$ 30,160.00
KENETIC CONCEPTS INC.	TX	60963	INVENTORY	2/4/2021	$ 4,140.00
DELL MARKETING LP	TX	60955	PURCHASE	2/1/2021	$ 7,377.60
ADVANCED ORTHOPAEDIC SOLUTIONS	CA	61018	PURCHASE	2/15/2021	$ 8,729.00
S. FREEDMAN & SONS	MD	60964	INVENTORY	2/4/2021	$ 890.00
S. FREEDMAN & SONS	MD	61008	PURCHASE	2/12/2021	$ 3,880.80
BALTIMORE JANITORIAL SUPPLY CO	MD	60942	PURCHASE	2/1/2021	$ 1,813.00
BALTIMORE JANITORIAL SUPPLY CO	MD	61005	INVENTORY	2/12/2021	$ 925.00
MEDCOMP	PA	60987	PURCHASE	2/9/2021	$ 3,080.00
ABBOTT VASCULAR	CA	61069	PURCHASE	2/26/2021	$ 495.00
CAREFUSION 2200, INC.	IL	60966	PURCHASE	2/4/2021	$ 724.20
U.S. OFFICE SOLUTIONS (SBE)	DC	61027	PURCHASE	2/16/2021	$ 254.05
ARGON MEDICAL DEVICES	TX	60983	PURCHASE	2/8/2021	$ 2,383.00
SPECIALTY SURGICAL INSTRUMENTATI	TN	60952	PURCHASE	2/1/2021	$ 346.06

VENDOR NAME	VENDOR STATE	PO NUMBER	PO TYPE	ORDER DATE	PO VALUE
ACELL INC.	PA	61077	PURCHASE	2/26/2021	$ 3,300.50
WASHINGTON METROPOLITAN AREA	DC	60944	PURCHASE	2/1/2021	$ 1,500.00
SURGICAL DIRECT INC	FL	60953	PURCHASE	2/1/2021	$ 2,550.00
SURGICAL DIRECT INC	FL	61021	PURCHASE	2/15/2021	$ 3,240.00
CLEARPATH SOLUTIONS GROUP LLC	VA	61014	SERVICE	2/12/2021	$ 7,332.81
TISSUE REGENIX WOUND CARE INC	TX	61031	PURCHASE	2/16/2021	$ 2,240.00
TISSUE REGENIX WOUND CARE INC	TX	61037	PURCHASE	2/19/2021	$ 2,500.00
TISSUE REGENIX WOUND CARE INC	TX	61039	SERVICE	2/19/2021	$ 2,500.00
TRILLIANT SURGICAL	TX	60948	PURCHASE	2/1/2021	$ 6,125.00
DAYCON PRODUCTS COMPANY INC	MD	60975	PURCHASE	2/8/2021	$ 1,956.10
DAYCON PRODUCTS COMPANY INC	MD	61026	PURCHASE	2/16/2021	$ 3,827.80
OAKDALE COMMUNICATIONS SOLUTIONS	MN	60946	SERVICE	2/1/2021	$ 125.00
WAYNE ENTERPRISES LLC	DC	60960	INVENTORY	2/3/2021	$ 29,700.00

FEBRUARY CBE/DIVERSITY SPEND YTD FY21

CBE SPEND

VENDOR #	CBE	SERVICE	WARD	AP SPEND YTD
M01856	U.S. OFFICE SOLUTIONS	OFFICE SUPPLIES	5	$ 47,187.48
M02509	RSC ELECTRICAL & MECHANICAL	ELECTRICAL/HVAC	7	$ 171,500.00
M00561	MEDICAL SUPPLY SYSTEMS	MEDICAL/SURGICAL EQUIPMENT	4	$ 47,277.80
M02574	E-LOGIC, INC	INFORMATION TECHNOLOGY	2	$ 80,400.00
M02644	COLUMBIA ENTERPRISE	GENERAL CONTRACTING	6	$ 14,344.50
M02261	RATH ENTERPRISES	CONSTRUCTION/ASBESTOS	5	$ 95,910.00
M02624	WALDON STUDIO ARCHITECTS & PLANNERS	ARCHITECTURAL DESIGN	2	$ 131,168.29
M02647	GLOBAL PRINT MASTER	MARKETING/BRANDING	5	$ 260.00
M02692	NETWORKING FOR FUTURE INC	INFORMATION TECHNOLOGY	2	$ 379,749.63
M02597	AL'S TWIN AIR, LLC	HVAC	6	$ 138,698.39
M01157	COAST TO COAST HOSPITALITY LLC	SIGN LANGUAGE	8	$ 18,163.50
		TOTAL CBE SPEND YTD 2/28/21		**$ 1,124,660**

DC BASED BUSINESS

VENDOR #	DC BASED BUSINESS	SERVICE	WARD	AP SPEND YTD
M02270	BONNER KIERNAN TREEBACH CROCIATA LLP	LAW FIRM	2	$ 142,911.13
M02680	IM SO DC	DC CLOTHING APPAREL	8	$ 3,890.00
M02691	NOVA MEDICAL LLC	TERMINAL CLEANING	2	$ 264,849.00
M02710	NOW MARKETING SOLUTIONS	CUSTOM PRINT	7	$ 78,881.99
M02709	DILIGENT CORPORATION	SOFTWARE	2	$ 8,769.60
M02706	PACT PRO LLC	ASSET SECUTIRY MGMT	6	$ 179,858.00
M02682	WAYNE ENTERPRISES LLC	CONSULTING	8	$ 30,500.00
M02705	BENJI HOLDINGS LLC	MEDICAL SUPPLIES	1	$ 28,200.00
M02657	PITT ELECTRIC INC & CONSTRUCTION	ELECTRIC CONTRACTOR	8	$ 97,072.00
M02693	JH CONTRACTORS LLC	CONSTRUCTION	5	$ 394,025.00
		TOTAL SPEND YTD 2/28/21		**$ 1,228,957**

VIZIENT (GPO) SUPPIER DIVERSITY TIER 2 DISTRIBUTION SPEND

SUPPLIER NAME	VETERAN DISTRIBUTION	MINORITY DISTRIBUTION	WOMAN DISTRIBUTION	TOTAL
ABOBOTT LABORATORIES	$ 50.14	$ 176.30	$ 257.86	$ 484.30
DEROYAL INDUSTRIES	$ -	$ -	$ -	$ -
FRESENIUS-KABI USA, INC	$ 162.35	$ 713.06	$ 2,093.49	$ 2,968.90
GETINGE USA, INC	$ 8.89	$ 18.99	$ 23.81	$ 51.69
MEDTRONIC	$ 3,071.25	$ 6,442.87	$ 4,040.26	$ 13,554.38
PHILIPS NORTH AMERICA LLC	$ 14,578.72	$ 7,427.98	$ 17,560.23	$ 39,566.93
RR DONNELLEY & SONS COMPANY		$ 3.55	$ 34.59	$ 38.14
MORRISON MANAGEMENT SPECIALISTS	$ 4,705.10	$ 2,271.26	$ 10,657.35	$ 17,633.71
UPSHER-SMITH LABORATORIES, INC.	$ 25.11	$ -	$ 71.55	$ 96.66
HEALTHMARK INDUSTRIES CO INC		$ 86.18	$ 16,314.31	$ 16,400.49
VERIZON WIRELESS	$ 33.04	$ 490.72	$ 200.63	$ 724.38
TOTAL SPEND YTD 2/28/21				**$ 91,520**

** start date for tracking supplier diversity 9/1/20

TOTAL CBE/DIVERSITY SPEND YTD FY21 **$ 2,445,136**

UMC
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General Board Meeting Date:
March 24, 2021

Human Resources Report

Presented by:
Trenell Bradley,
HR Director

HUMAN RESOURCES BOARD REPORT

March 16th, 2021

STAFF COMPOSITION – FEBRUARY 2021

Employee Data				
Employee Data by Group	**# of EEs**	**DC**	**Ward 7**	**Ward 8**
Total FTE	704	170	56	86
Total Active Employees (Full-time, Part-time, and relief staff)	853	188	58	95
Total Union (Active EEs)	526	121	38	60
Total Non-Union (Active EEs)	327	67	20	35

Employee Demographics								
Age (Average)	50 Years Old	Race	African American 85%	Gender	Female - 70%	Male – 30%	Average Tenure	10 Years

Union Data				
Total Active Union EE by Group	**# of EEs**	**DC**	**Ward 7**	**Ward 8**
Total Active Union EEs DCNA	204	14	2	7
Total Active Union EEs SEIU	285	93	32	47
Total Active Union EEs UFSO	27	11	4	5

UMC Annual Turnover (YTD)			
	UMC Rates	NE Region	National Average
Hospital Turnover	8.5%	16.2%	17.1%
RN Turnover Rate	6.25%	15.9%	15.9%

The Hospital FY20 turnover rate is significantly below the national and northeast region averages according to the 2020 Nursing Solutions National Health Care Retention & RN Staffing Report.

*Due to the SNF Closure that took place at the end of the year, the Hospital Turner has increased to 8.5% from 6.9%.

TALENT ACQUISITION/RECRUITING

New Hires (Year to Date)												
Department Name	Oct 20	**Nov 20**	**Dec 20**	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
4W Psych Unit		1	-	-	2		-	-	-	-	-	-
5W Med/Surg.		2	-	1	2	-	-	-	-	-	-	-
8W Telemetry		1		1	3							
ER Admission (OCFO)		1	-	-	-	-	-	-	-	-	-	-
Care Management		-	3	-	-	-	-	-	-	-	-	-
Clinical Lab		2	1	1	-	-	-	-	-	-	-	-
Critical Care Unit	1	1	-	-	2	-	-	-	-	-	-	-
Emergency Dept.	4	5	1	.8	3	-	-	-	-	-	-	-
Hospital Admin		-	-	.1	-	-	-	-	-	-	-	-
Linen Department		-	-	-	1	-	-	-	-	-	-	-
Medical Affairs		1	-	-	-	-	-	-	-	-	-	-
Nursing Admin		-	-	-	2	-	-	-	-	-	-	-
Office of the CFO	2	-	-	-	-	-	-	-	-	-	-	-
Patient Care Center		1	-	-	-	-	-	-	-	-	-	-
Pharmacy		-	-	1	-	-	-	-	-	-	-	-
Radiology/MRI/Cat		3	1	-	2	-	-	-	-	-	-	-
Respiratory Therapy	1	-	-	1	-	-	-	-	-	-	-	-
Risk Management					1							
Security		-	-	1	-	-	-	-	-	-	-	-
Surgery				1	2							
Telecom		-	1	-	-	-	-	-	-	-	-	-
Totals	8	18	7	16	20	-	-	-	-	-	-	-

New Hire Positions – February 2021		
Department	Position Title	Number
Critical Care Unit	Registered Nurse	1
Critical Care Unit	Clinical Nurse	1
4W Psych Unit	Psych Nurse	1
4W Psych Unit	Psych Tech	1
Emergency Department	Benefit Ineligible RN	1
Emergency Department	Patient Sitter	2
8W Telemetry	Med/Surg Oncology Tech	3
5W Med/Surge	Progressive Care Med Surge Tech II	2
Nursing Admin	LPN	2
Linen Department	Linen Tech	1
Radiology/MRI/CAT	Radiographer	1
Radiology/MRI/CAT	MRI Technician	1
Risk Management	Director	1
Surgery	Clinical Nurse	1
Surgery	Coordinator	1
	Total	**20**

February2021 UMC New Hire Residence	
Residence	Number
Washington, DC	**4**
Washington, DC Ward 7	**2**
Washington, DC Ward 8	**2**
Maryland	**15**
Virginia	**1**
Totals	**20**

SEPARATIONS

Separations (Year to Date)												
Department Name	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
CCU/ICU		-	-	-	-	-	-	-	-	-	-	-
4W Psych Unit		1	-	.1	-	-	-	-	-	-	-	-
5W Med/Surg		1	-	-	2	-	-	-	-	-	-	-
8W Tele/Med		-	-	.1	-	-	-	-	-	-	-	-
Emergency Dept	2	-	1	-	1	-	-	-	-	-	-	-
Clinical Lab		-	-	-	1	-	-	-	-	-	-	-
Office of CFO				1								
Centralized Sched (OCFO)		-	1	-	-	-	-	-	-	-	-	-
Respiratory Therapy	1	-	-	-	-	-	-	-	-	-	-	-
Risk Mgt		1	-	-	-	-	-	-	-	-	-	-
Human Resources		-	1	-	-	-	-	-	-	-	-	-
Bio Medical Eng		1	-	-	-	-	-	-	-	-	-	-
Skilled Nursing Facility	2		78	-	-	-	-	-	-	-	-	-
Totals	5	4	81	3	4	-	-	-	-	-	-	-

Involuntary Separations (Year to Date)												
Department Name	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Environmental Services	-	-	-	-	.1	-	-	-	-	-	-	-
Emergency Dept.	-	-	-	-	.2	-	-	-	-	-	-	-
Primary Care (MOB)	-	-	-	-	.1	-	-	-	-	-	-	-
ICU	-	-	-	-	-	-	-	-	-	-	-	-
8W Med/Surg	-	-	-	-	-	-	-	-	-	-	-	-
5W Med/Surg	-	-	-	-	.1	-	-	-	-	-	-	-
Resp. Therapy	-	-	-	-	-	-	-	-	-	-	-	-
Skilled Nursing Facility	-	1	.78	-	.2	-	-	-	-	-	-	-
Medical Lab	-	-	-	-	.1	-	-	-	-	-	-	-
Special Police	-	-	-	-	.1	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Administration	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-
4W BHU	-	1	-	-	.1	-	-	-	-	-	-	-
Radiology	-	-	-	-	-	-	-	-	-	-	-	-
Totals	-	2	78	-	-	-	-	-	-	-	-	-

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General Board Meeting Date:
March 24, 2021

VP of Public Relations/ Corporate Secretary Report

Presented by: Toya Carmichael
VP Public Relations/ Corporate Secretary

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NOT-FOR-PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
VP Public Relations / Corporate Secretary

DATE: March 17, 2021

GENERAL UPDATE

During the month of February, the PR team continued to support the Vaccination Clinic and Mobile Unit by creating and distributing content educating the public about the vaccine and encouraging members of the public to get vaccinated when they are able. We also continued to foster new relationships with community organizations seeking to partner with our mobile unit and/or provide services inside the hospital to our patient community.

PUBLIC RELATIONS

Community Events – Toya Carmichael represented UMC and shared our programs and services during UPO's Black History Month Connecting Black Health and Wellness virtual celebration held on February 25, 2021. This participation led to further discussions regarding partnerships with MedStar Family Choice.

Weekly Newsletter – Distributed bi-weekly on Friday via all staff email and included on UMC website. During the month of February, the UMC Newsletter celebrated Black History Month and Happy Heart Month and provided tips on saving for retirement and maintaining a healthy lifestyle. If Board members would like to include a special note, article, or upcoming event please submit to the PR team.

News Media– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC appeared in six news articles in the month of February. Dr. Strudwick was also interviewed by NBC Universal.

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General Board Meeting

Date: March 24, 2021

Performance Improvement Report

Dr. Malika Fair

NFPHC Performance Improvement Committee
(Quality and Safety)
March 16, 2021 | 4:00 – 5:30 pm| Conference Call & Zoom Meeting

AGENDA ITEMS

1. Call Meeting to Order

2. Approval of the Minutes (February, 2021) Pg.5

New Business – Hospital-Wide Programs

3. Emergency Department Report – Dr. Francis O'Connell and Teka Henderson

4. Provisions of Care, Treatment & Services Report – Dr. Jacqueline Payne-Borden
   - Improvements with Patient Care (Attachment 1, Pg.13)
   - Staffing and Recruitment Updates

5. The Safety Culture Action Plan & Training & Education – Tracy Follin & Leslie N. Rodney
   - Safety Culture Education with all staff – quarterly training at the Management Council.

6. Compliance Report – Brian Gradle (Attachment 2, Pg.15)

7. DC Health Hospital Survey Readiness – Tracy Follin & Leslie N. Rodney
   - Action Plan for the upcoming hospital survey. (Window begins February onwards)

COVID-19 Reports

8. COVID-19 Vaccination Report – Dr. William Strudwick & Marcela Maamari (Attachment 3, Pg. 18)

Standing Reports – Standing Reports have been updated and are attached for your perusal and the Team is ready to address questions.

9. Quality Assessment Performance Improvement (QAPI) Department Reports and Quality Dashboards (Pg. 61)
   - February Reports – Tracy Follin & Leslie N. Rodney

10. Pharmacy – Maxine Lawson (Attachment 4, Pg. 20)

11. Patient Experience/Patient Advocacy – Denise Vernon
    - Press Ganey Report (Attachment 5, Pg. 25)
    - Management Council January Presentation – Management Council with Patricia Cummings

12. Environment of Care Key Initiatives: February 2021 – Ken Blackwell
    1. Fire drill matrix inspection - Compliant
    2. Fire door repairs – 60% complete
    3. Ice Machine Weekly inspection – Compliant

4. Revised Exit Light Monthly Documentation- Compliant
5. H-Cylinder Storage Inspection Log- Compliant
6. Fire Door Functional Inspections – Compliant
7. IT Closet Floor Penetration Inspections – Compliant
8. ICU Depicted as a Suite on LS Drawings – Compliant
9. NO Exit signs posted - Compliant
10. Storage rooms door functional test – Compliant
11. Missing Ceiling Tile Inspections - Compliant
12. Storage less than 18 inches to sprinkler head – Compliant
13. Escutcheon Plate Inspections – Compliant
14. Hydrocollator Water Change Inspection – Compliant
15. Ceiling inspections – Compliant
16. BHU EVS Room Inspections – Compliant
17. BHU thermostat covers Inspections - Compliant

Facilities: January 2021 Project Updates

Project	Status	Targeted Completion Date
IT Closets	80 % complete. The project is progressing as planned. Two additional closets were added which increased the targeted completion date.	April 30, 2021
MRI	75% complete. The project is moving as planned. The mobile unit was delivered. However, we've had to amend the current permit to include the required work within the mobile unit. Amended permit submitted, awaiting a response from DCHA.	April 30, 2021
Pharmacy	Certificate of Occupancy Received. Punch list Created.	April 30, 2021
Fluoroscopy	98% Completed. Application for the Certificate of Occupancy is in preparation.	April 30, 2021
Data Center	90% of the FM 200 unit Suppression unit has installed.	April 30, 2021
Fire Door Repairs (TJC Waiver)	85 % completed which includes all fire doors on floors 8 – Ground.	April 30, 2021
Chiller #1 Replacement	New chiller was ordered in November with a 20 lead time.	March 31, 2021

1 North Air Handler Unit Project	Approved by the NFPHC Broad. Awaiting DC Council Approval	TBD
Upgrade Equipment Management System Project.	Approved by NFPHC Board. Awaiting DC Council Approval	TBD
8 Air Handler Unit Replacements	Award was issued on 6/19. Upon final approval by DC Council, we anticipate the project to last 7 to 8 month.	TBD
3rd Floor Reopening	Telemetry Equipment Installation	Completed
5th Floor	Telemetry Equipment Installation	April 30, 2021
Kitchen Cart Wash	Assigned To Architect preparing to reapply for DCRA permit.	TBD
Materials Management	Design phase completed. New shelfing was installed as a part of the Pharmacy project	TBD

13. Information Technology: Key Performance Improvement Initiatives – David Parry
    - Expansion of clinical information on patient portal
        - We are on target to complete the expansion of available Meditech information by the original target date of April 5, 2021
        - Meditech will be releasing an update later this year (currently targeted for 2nd quarter of calendar year 2021) that will allow us to further expand the available data set; we will establish a target date once the release and pre-requisites are communicated by Meditech
    - ADT notification to providers (May 1, 2021)
        - We are working with the regional HIE to complete and expect to be done by the required target date
    - Authorized end-user audits – quarterly validations to ensure only authorized users have UMC system access (initial - March 1, 2021)
        - We completed our first quarter audit on time
        - We will be performing audits every quarter going forward
    - Pharmacy Drug Database Upgrade to improve charges and clinical interaction checks (April 1 2021)
        - We are on target to complete our initial update and then will initiate the plan to keep the database current
    - Patient and family video conferencing – Enable for ICU patients (March 1 2021)
        - We successfully deployed an initial device; the device is fully in use
        - We have received 3 other tablets and are in process of configuring them for additional use through the ICU and/or the facility

14. The Joint Commission – Ken Blackwell, Sylvia Clagon, and Dr. William Strudwick (Attachment 6, Pg. 46)
    The SAFER Matrix Monitoring Sheet and monthly monitoring is to ensure all corrections are in compliance.

15. Safety & Security Report and Fire Drill Matrix Report – Derrick Lockhart (Attachment 7, Pg. 51)

16. Facilities & Support Services – Ken Blackwell
    - Utility Report – Ken Blackwell (Attachment 8, Pg. 59)

17. Hospital Licensure/Survey/Accreditation Activities for 2021 (Attachment 9, Pg. 60)

Closed Session

18. Risk Management Report (RCAs) – Wendy Faulkner

19. Adjournment

NFPHC Performance Improvement Committee

(Quality and Safety)

February 16 2021 | 4:00 – 5:30 pm | Conference Call & Zoom Meeting

Meeting Minutes

Attendees:
Directors - Dr. Fair, Dir. Bobb, Dir Ashenafi,
UMC Staff –Toya Carmichael, Brian Gradle**,** Dr. Faye Goode-Vaddy, Dr. William Strudwick, David Parry, Ken Blackwell, Dr. Jacqueline Payne-Borden, Dr. Maxine Lawson, Missi Sylvain, Sylvia Clagon

Call to Order	Meeting called to order at 4:06pm by Dr. Malika Fair	
Agenda Items	Dr. Fair noted we will skip over the reports from staff who are not present on the call.	Action Item
Meeting Minutes	October 2020 and January 2021 Mot to approve by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.	
Meeting Discussion	**New Business** – Hospital-Wide Programs 1. ~~Emergency Department Report~~ – Dr. Francis O'Connell and Teka Henderson (No one on the line to report out). 2. Provisions of Care, Treatment & Services Report – Dr. Jacqueline Payne-Borden 3. Staffing and Recruitment Updates • This is the primary focus right now. There are lots of staffing gaps which affect our through put and it is very difficult because we are at the mercy of the staff and we had some resignations and call outs due to COVID and other illnesses. Gave specific numbers on the staffing shortages (go back to get numbers). Working very hard with HR to recruit and there were several positions approved for hiring. Now we are hoping that candidates apply for the	

	positions posted on Indeed. Hoping downtown will sign off on the bargaining agreements so we can honestly offer higher rates of pay and benefits to the new candidates. Lillian reported to the MEC that she has to answer some questions from the OCFO before they sign off. 4. Occupational Health – Flu Vaccine Report **(Attachment 2, Pg. 22)** • Now at 98.2% compliant and we are hoping to get to 100% by February 21, 2021. A memo was sent out to staff notifying them that February 21st is the last day OCC Health will provide the flu vaccine and the last day to provide documentation is March 4th or an employee will be terminated. • Dir. Bobb asked what the timing is on the CBA approval from downtown? Are offers being held up while we wait for the CBA to be approved? Dr. Jacque stated we do not have any pending offers at this time. Our internal CFO approved the positions but we can't offer them the new rate, they will have to accept the old rate. If the trends continue the way it has been, nine times out of ten they do not accept the old rate and decline the offer. No date was provided by Lillian. • Dr. Fair asked if there is anything the Board can do to help move the CBA approved? Dr. Jacque said she is not sure who can move the process forward, many people are leaving to work at places with higher pay and some are leaving to work at vaccination clinics where they are making more money. ~~5. Improvements with Patient Care **(Attachment 1, Pg. 20)**~~ ~~6. The Safety Culture Action Plan & Training & Education – Dr. Isabel Shepard~~ ~~7. Safety Culture Education with all staff – quarterly training at the Management Council.~~ ~~8. Departmental audits to review the patient safety and medication safety information.~~ ~~**9. Safety Survey included for reference on Pg. 64**~~ 10. Compliance Report – Brian Gradle **(Attachment 3, Pg. 23)** • Highlighted the initiative in his report which is the current focus. Presented to MEC yesterday and they made the point that we are not only talking about abuse but neglect. Already started some of the project by training new employees. Last week Denise Vernon presented to Management Council and we will have a more robust training for staff. This initiative will be interdepartmental, including our new Risk Manager, Security, Public Relations. You have probably seen the compliance hotline posters around the hospital and it is possible that our staff would not think	Toya to create a table of contents for the pdf document.

about using the compliance hotline to report those issues. Will create new posters that deal with patient safety, abuse, and neglect.

- Dr. Fair stated that it came to her attention in her work that there are nationwide efforts for patients to report instances of racism in healthcare and wonders if UMC will include this issue in our training and reporting. Brian said it is outside of the general scope but it can be encompassed in the work that we are doing. Dr. Jacque added that she presented on unconscious bias in her presentation to the Management Council, so we just started this conversation. Dr. Fair recalled the African American doctor who reported that she experienced racism while being treated for COVID-19 from which she later died.

~~11. DC Health Hospital Survey Readiness – Dr. Isabel Shepard~~
~~12. Action Plan for the upcoming hospital survey. (Window begins February onwards)~~

COVID-19 Reports

13. COVID -19: Monoclonal Antibody-Bamlanivimab Treatment for seniors – Dr. William Strudwick & Maxine Lawson – Updates
    - Dr. Strudwick says this treatment is for those who have severe illness but are not sick enough to be admitted. We have it here but can't provide the exact number of doses at this time.
    - Dr. Lawson added that we have administered 17 doses thus far and no patient has returned or been hospitalized due to the medication.

The NFPHC-UMC under the leadership of Dr. William Strudwick and Dr. Francis O'Connell will provide the Monoclonal Antibody-Bamlanivimab, treatment in the Emergency Department. NFPHC-UMC as required has partner with three locations:

- Transitional Care Center Capital City
- Jeanne Jugan Residence/St. Joseph
- Serenity Nursing Home

14. COVID-19 Vaccination Report – Dr. William Strudwick & Marcela Maamari **(Attachment 4, Pg. 26)**
    - As of today we have provided about 4,000 doses. We have really escalated our numbers this week, we gave 170 and 174 per day in the last two days. Last week began a partnership to vaccinate the DC Home Health Aides Association they have about 8,000 members and we will be doing 200-300

	per week. Today our mobile clinic went to Knox Hill Senior Center and vaccinated 40 senior residents at Knox Hill. • Dr. Fair asked if people are coming back for the 2nd dose of Moderna like they did for Pfizer. Dr. Strudwick responded that yes, for the most part people are coming back for their 2nd dose unless they had unexpected travel and needed to reschedule. Less than 2% of people have not come back. We have completed all 2nd doses of Pfizer and are now doing 2nd doses of Moderna. • Dir. Ashenafi asked if most of the folks coming in for their vaccines are residents of Wards 7 & 8 or other parts of the District? Dr. Strudwick explained that initially our instructions on who to vaccinate were relatively vague so we were seeing folks from all over the District including those who had never been to this hospital or southeast for that matter. This initially caused some disparities in who was receiving the vaccine versus who was most impacted by the virus. But once the DCHA and hospitals had a clear focus going forward to focus on seniors in Wards 7 & 8, we saw the number change but initially people in Ward 3 were the ones taking advantage of the vaccine and coming to the hospital. Dir. Ashenafi asked if we have the hard data on that and Dr. Strudwick mentioned that he should have the data by the board meeting. **Standing Reports – Old Business** ~~**15.** Quality Assessment Performance Improvement (QAPI) Department Reports and Quality Dashboards – Dr. Isabel Shephard~~ ~~a. January Reports **(Attachment 5, Pg. 28)**~~ 16. Pharmacy – Maxine Lawson **(Attachment 6, Pg. 43)** • PNT passed the three vaccines and the monoclonal protocol as well as the Kcentra protocol. With Kcentra we decided a protocol was needed because this medication is used for severe bleeds. We had an issue in the past so we decided to use Kcentra as opposed to the antidote because the antidote is $25-50k per patient and Kcentra in a head to head study was equally as successful. We have a protocol put in place and we have seen citizens request it for pre surgical version. These will all be going to MEC. • On our ASP outcomes we have seen 10-20% reduction in Quinolone (Levaquin) use in comparison to last year. Some of the issues we are seeing is a high percentage of Meropenem use which is above our national average by 155% so we are working on this.	Colene to send Dr. Fair the critical care report. Maxine to report out about the cost to patients and the hospital for Remdesivir.

- In summary we have decreased by 3.3% in antimicrobial expenditures since 2019 which is really good because we did have COVID and use was up. Some of the goals that we are pursuing is new Vancomycin monitoring requirement, were we looking at the AUC (Area under the Curve), instead of trough. We are developing a Metric, to further investigate Meropenem use; thereby singling in on reasoning of high usage at UMC. ASP Demographic Reports (provided by our BD Medmind Software) are being customized to compare our institution to cities and areas with similar patient populations and demographics.

~~17. Patient Experience/Patient Advocacy – Denise Vernon~~

~~a. Press Ganey Report **(Attachment 7, Pg. 52)**~~

~~b. Management Council January Presentation – Management Council with Patricia Cummings~~

18. Safety & Security Report and Fire Drill Matrix Report – Derrick Lockhart **(Attachment 8, Pg. 58)**
    - Had 4 assaults in January, 68 FD12 patient escorts, 0 elevators, 8 gunshot wounds and worked with MPD to help them solve a homicide because one of our gunshot patients was the shooter who shot 5 people earlier that day, 33 medication assist on the BHU unit and completed all our fire drills on 1/18, 1/12, and 1/22.
    - Had a distraught father lost his son at Children's and he came back with a gun threatening to injure others. We were on lock down for about 30 minutes but worked with security and MPD to bring the situation under control.
    - Dr. Fair asked if these disturbances are more than usual? Derrick said yes is higher in terms of FD12 and BHU patients.
    - Dr. Fair asked about staffing. Derrick said he is working with the staff they have right now. Dr. Fair asked if the staffing report was clinical only? Dr. Jacque said yes. Derrick noted that he has three vacancies in security which they have offered to applicants.

19. Facilities & Support Services – Ken Blackwell
    - Ken added that we are finalizing a security RFP that will hopefully give Mr. Lockhart additional staff.
    - Directed attention to page 2 of the agenda. Under environment of care initiative there are 17 items listed and we were compliant with the exception of the fire doors. At the time of the report we were at 60% and now we are at 65%. The vendor started on the 8th floor and have made their way down and are about to start working on the 2nd and 1st floors. The lower floors are wider than the top so they will take a little longer.

- Referred to the project updates, we are making progress but some of the slowdown was caused by having to resubmit permits. We should complete these projects by the deadlines reported on the document.

20. Utility Report – Ken Blackwell **(Attachment 9, Pg. 62**)
    - PM completion rate was 50% but our goal is 100%.
    - In our clinical areas like the OR wherever we have critical care that is being performed and requires pressure relationship we are doing testing.
    - Gave additional stats provided on the attachment. Steam utility failure we only had one which is really good for us.

21. Information Technology: Key Performance Improvement Initiatives – David Parry
    - Cures Act recent legislation requires additional information to be added to the portal for patients to see when they log into the portal to access their records. (April 5, 2021)
    - Required to make reasonable accommodations to providers and give notice when there is a transition in care.
    - Working on improving our cyber security in many avenues including regular audits of our users because it is easy to miss when an employee leaves. So now we are doing regular checks to make sure that only authorized users have access to UMC information.
    - CMS ADT notification to providers (May 1, 2021)
    - Pharmacy Drug Database Upgrade to improve charges and clinical interaction checks (April 1 2021)
    - We do not have a lot of visitors but want to make sure that patients can communicate with their family so we are expanding our abilities to provide patient and family video conferencing – Enable for ICU patients (March 1 2021)

Standing Reports –

22. Hospital Licensure/Survey/Accreditation Activities for 2021

23. The Joint Commission – Ken Blackwell, Sylvia Clagon, and Dr. William Strudwick
    The SAFER Matrix Monitoring Sheet and monthly monitoring is to ensure all corrections are in compliance. **Pg. 125**
    - Dr. Strudwick noted that the Joint Commission accepted all of our compliance measures so now we just have to be consistent with the things we said we are going to do and make sure we do them.

	• Leapfrog was submitted on time so now we are waiting for response and a safety score. Their initial response to us was favorable so we look forward to receiving the score. • Ken Blackwell referred attention to the second page of the agenda where it lists the items on the safer matrix. In January we met all of our compliance markers. • Dr. Fair asked for an update on medication reconciliation and increase in pressure ulcers. Dr. Jacque said we have been working for a very long time on pressure ulcers. Our latest activity is called "Champions for Change" so if a nurse finds a pressure ulcer in the ICU, the ICU manager will go on rounds with the wound nurse so they can address the wound the correct way. Believes the 8th floor has an uptick that could be increasing due to staffing. The numbers are getting better. At one point we had 11 happies now we are at 4. It is a work in progress and IT helped add points in MediTech to make it easier for the nurse. • Dr. Fair asked about medication reconciliation? Dr. Strudwick said he can't comment on that today but will provide an update at the next meeting. Teka Henderson added that we reached our goal this month and expects that we will continue to meet our target. Teka discovered some information that was more useful when working with our older system. Dr. Fair asked if the data Teka reported out is reflected on Dr. Shepard's dashboard? Teka did not have the report in front of her but stated if the dashboard includes January numbers it should. **Closed Session** *Risk Management Report (RCAs) – No RCAs to report* 1. Adjournment @ 5:01pm by Dr. Fair	Teka to check dashboard and ensure the data she provided is included there for the Board to see.

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

March 7, 2021

NFPHC Performance Improvement Committee

Provision of Care, Treatment & Service Report

- Improvement with Patient Care:
  The major focus at present is providing adequate and consistent staffing.
- Staffing and Recruitment Updates:
  There are gaps in staffing which proves challenging. Gaps include vacancies, terminations, resignations, and illnesses, including illnesses due to Covid-19.

Unit	Covid-19	FMLA	Other Illnesses	Termination	Resignation	On boarded
BHU	1.0 Tech	0	0	0	0	0
ICU/CCU	RN 0.9	RN 2.3	*RN 7.2	0	Tech 0.9	0
5W	0	RN 0.6	RN 2.0 Tech 1.0 Sitter 1.0	0	RN 0.9	Tech 1.5
8W/Tele	RN 2.1 M. Tech 0.6		RN. 0.9		RN 0.6	0
ED	RN 0.9	RN 3.4 Coord. 1.9	0	0	RN 0.9	RN 0.6 Tech 0.9 Sitter 1.0
OR/PACU	0	0	0	0	0	0
DIALYSIS	0	RN 0.9	0	0	0	0

*These staff were not out for the entire month, however due o small unit if call out on any given shift it severely impacts the operations of the ICU/CCU.

<u>Recruitment and Onboarding by Unit</u>

Recruitment efforts continues for all units. While we await outcome of recruitment efforts we continue to utilize supplemental staff for the Intensive Care Unit, Emergency Department, 8W and BHU. At present there are 17 supplemental staff.

- 3 Per Diem RNs
  - 1 BHU day shift, 2 ED staff night shift.
- 14 Traveler RNs
  - 2 ICU – day
  - 3 ICU - night

- 2 ED - day
- 4 ED – night
- 3 Telemetry – night

Prior to the pandemic, the rates for supplemental staff ranged from $73-$120 per hour paid to the agency. At present, the rates range from $69-225/hour paid to the agency. Leadership continues to anticipates positive outcomes with nurse recruitment efforts once the collective bargaining contracts for nurses and other non-licensed staff have been ratified. Reason: rate of pay and benefits will be closer to market trends.

- Occupational Health Influenza Vaccine Report
  At present 99.5 % staff received the flu vaccine or have a documented waiver. At the time of this report there were 4 staff members from 8W who have not provided evidence of compliance. These staff will be taken off schedule.

- Skin and Wound Care

We currently have one Certified Wound Care nurse and awaiting onboarding of a Wound Care Tech. Many patients are admitted with wounds; our overall goal is for patients not to develop any Hospital Acquired Pressure Ulcers (HAPI),

Units and Wounds

Unit	# of Patients	# of Pressure Injuries	# of HAPIs
ICU/CCU	8	29	3
BHU	0	0	0
5 Floor	9	39	0
8 Floor	16	42	1
Total	**33**	**110**	**4**

Wound Care PI Initiatives

- Champions for Change (CFC) program will continue to improvement staff development, namely in the ICU and 8th Floor. Selected staff members are expected to shadow the wound care nurse for a total of 6 hours. Shadowing includes reinforcement of documentation skills, wound care legal risk, chart auditing to include the 7 components and as well as preventing skin breakdown by anticipating preventative measures (skin safety protocol) based on the total score of the Braden scale (less than 18) and the total value of each subscale within the model.
- **"No HAPI zone campaign"** remains in effect.
- **Spot checks** - (incidence and prevalence– remains in effect.
- **Turn team** dedicated to turn and reposition vulnerable patients every two hours- remains in effect.

END OF REPORT

March 8, 2021

To: NFPHC/UMF Performance Improvement Committee
From: Brian D. Gradle, Chief Compliance Officer
Subject: Compliance Report - Patient Safety/Abuse Review Board

In response to a recognized need to enhance the safety and quality of patient-centered care, and to ensure that any deviations from such standards of care by the staff of the Not-for-Profit Hospital Corporation (NFPHC)/United Medical Center (UMC) are expeditiously identified and addressed, the Patient Safety/Abuse Review Board has been constituted and is now meeting on a daily basis.

As has been previously noted to this Committee, the work conducted by the Review Board in this area is intended to supplement, and not supplant, any and all related work that is currently underway at NFPHC/UMC.

A. Patient Safety/Abuse Review Board Composition

The Review Board is comprised of representatives from the hospital's Compliance, Risk Management, Human Resources, Quality, Legal, and Patient Advocacy Departments. The Review Board is meeting daily, immediately after the conclusion of the Safety Huddle. The Review Board is co-chaired by the hospital's Risk Manager and Chief Compliance Officer.

An initial area of focus for the Review Board is on the development and posting of posters or other signage as to the obligations of the hospital's workforce to report patient neglect and patient abuse, and the available mechanisms for making such reports. It will also serve as a tangible, public indicator of the hospital's commitment to patient safety.

B. Purpose of the Review Board and Goals of the Review Board

i. Purpose:

The Review Board's purpose is to ensure that all cases of patient abuse and/or neglect are (a) promptly identified and reported and (2) thoroughly and appropriately investigated, and that all disciplinary actions taken in response to any such patient abuse and/or neglect are imposed in a fair and equitable manner throughout the hospital and its departments.

ii. Goals:

The Review Board's Goals include the following:

a. Review and revision of all patient safety/abuse policies and procedures, consistent with its Purpose. This will include the Review Board's substantive involvement in any and all discussions and decisions regarding disciplinary actions involving actual or alleged patient safety/abuse matters.

b. Expansion of training with staff regarding, among other things, the duty to recognize and report patient safety/abuse issues.

c. Expansion of training with managers/directors to recognize and report patient safety/abuse issues.

d. Expansion of training with new employees and new contractors regarding duty to recognize/report patient safety/abuse issues.

e. Prepare and display posters and other information about the duty to report patient safety/abuse matters.

f. Addressing matters of implicit bias in the delivery of health care.

C. Highlights of Work Currently Underway

a. Expansion of Training with Managers/Directors regarding duty to recognize and report patient safety/abuse issues. Commenced on 2/11/21 during the Management Council's Zoom meeting, with a presentation by our Patient Advocate regarding "Patient Perception of Abuse & Neglect." This is a presentation that is very amenable to further presentations, both in-person and via Zoom.

b. Expansion of in-person training with New Employees, New Contractors, and New Students regarding duty to recognize and report patient safety/abuse issues. This expanded training focusing on patient safety and the duty to report is provided in-person on a weekly basis by the Chief Compliance Officer. The enhanced training commenced on 2/10/2021 and will be ongoing.

Not-For-Profit Hospital Corporation (UMC) Vaccination Clinic Daily Numbers 3-08-2021

Dr. William Strudwick

December 16th – **60** Pfizer #1
17th – **64** Pfizer #1
18th – **105** Pfizer #1
21st – **54** Pfizer #1

23rd – **60** Moderna #1
28th – **70** Moderna #1
29th – **70** Moderna #1
30th – **110** Moderna #1

January 5th – **96** Pfizer #2
6th – **10** Moderna #1 / **48** Pfizer #2 (**58**)
7th – **54** Pfizer #2
8th – **30** Pfizer #2
11th –**27** Pfizer #1 / **45** Pfizer #2 (**72**)

12th – **120** Moderna #1
13th – **120** Moderna #1
14th **- 130** Moderna #1
15th – **146** Moderna #1 / **3** Moderna #2 (**149**)

19th – **81** Moderna #1 / **40** Moderna #2 (**121**)
20th – **106** Moderna #1 / **15** Moderna #2 (**121**)
21st – **84** Moderna #1 / **56** Moderna #2 (**140**)
22nd – **84** Moderna #1 / **46** Moderna #2 (**130**)

25th – **38** Moderna #1 / **93** Moderna #2 (**131**)
26th – **101** Moderna #1 / **29** Moderna #2 (**130**)
27th – **107** Moderna #1 / **13** Moderna #2 (**120**)
28th – **99** Moderna #1 / **1** Moderna #2 (**100**)
29th – **70** Moderna #1

February 1st – **25** Pfizer #2 / **11** Moderna #2 (**36**)
2nd – **65** Moderna #1 / **6** Moderna #2 (**71**)
3rd – **66** Moderna #1 / **4** Moderna #2 (**70**)
4th – **118** Moderna #1 / **2** Moderna #2 (**120**)

5th – **35** Moderna #1 / **100** Moderna #2 (**135**)

8th – **154** Moderna #2
9th – **99** Moderna #2
10th – **58** Moderna #1 / **74** Moderna #2 (**132**)
11th – **69** Moderna #1 / **30** Moderna #2 (**99**)
12th – **99** Moderna #1 / **76** Moderna #2 (**175**)

15th – **11** Moderna #1 / **163** Moderna #2 (**174**)
16th – **59** Moderna #1 / **83** Moderna #2 / **40** Moderna #1 – Mobile {Knox Hill} (**182**)
17th – **92** Moderna #1 / **51** Moderna #2 (**143**)
19th – **22** Moderna #1 / **110** Moderna #2 (**132**)

22nd – **7** Moderna #1 / **102** Moderna #2 (**109**)
23rd – **70** Moderna #1 / **95** Moderna #2 (**165**)
24th – **34** Moderna #1 / **87** Moderna #2 (**121**)
25th – **66** Moderna #1 / **33** Moderna #2 / **56** Moderna #1 – Mobile {Roundtree} (**155**)
26th – **100** Moderna #1 / **21** Moderna #2 (**121**)

March 1st – **11** Moderna #1 / **154** Moderna #2 (**165**)
2nd – **67** Moderna #1 / **54** Moderna #2 / **40** Moderna #1 – Mobile {Kentucky Courts} (**161**)
3rd – **86** Moderna #1 / **2** Moderna #2 (**88**)
4th – **95** Moderna #1 / **5** Moderna #2 (**100**)
5th – **108** Moderna #1 / **2** Moderna #2 (**110**)

Totals: **310** Pfizer #1 doses; **298** Pfizer #2 doses; **3080** Moderna #1 doses; **1814** Moderna #2 doses / **5502** total doses of vaccine.

Recognizing that a disproportionate number of vaccines were going to residents of Ward 3, we have responsibly focused our priority on Ward 7 and 8 residents. Of those we have vaccinated our most common zip code is 20020 – Anacostia, followed by 20032 which is Congress Heights, and 20019 Benning Heights – all in Southeast Washington. Approximately 40% of our staff is fully vaccinated, and 62% of our vaccinated people identified themselves as Black or African American.

United Medical Center

Pharmacy Services

Department of Pharmacy DC Health Readiness

February 22, 2021

DOH/CMS Indicators

UMC UNITED MEDICAL CENTER

Audits:

- IV Narcotic Report—monitors nursing administering medication and documentation under 30min
- Narcotic Over-ride Report--- monitors over-rides from Pyxis with corresponding orders
- Pyxis Controlled Substance Discrepancy Report

- Narcotic Waste Report—hard stop created in Meditech to prevent by-pass

Pharmacy DC HEALTH Annual Survey Preparedness

Item	Action	Start Date	Updates	Complete
Finger Tip Testing for ALL Pharmacy Staff- IV Room Mandatory Compliance	Agar Plates and additional accessories ordered 2/15 from HCL---anticipated arrival 2/18	2/18	**Ongoing**	**PRN Staff pending**
IV hoods and Room Certification	Call to be made 2/17 to IV hood Certifier Luminar (Laminar Flow Consultants) to make appointment		**Call made 3/1, pending return confirmed appointment -email sent**	**3/9/21**
Confirm updated Licensure of All Pharmacy Staff	All Pharmacy Staff must renew licensure by 2/28 -Reminders already sent 2/12, 2/17	2/20 to confirm all staff compliance	- only 1/18 staff remains with inactive license I	**3/2/21**
McKesson Narcotic Reconciliation	Ongoing, currently couple months behind due to COVID-19 Vaccine Clinic	To resume 2/17	**ongoing**	
Organize all Narcotic Reverse Distribution --- Guaranteed RX	Ongoing—pending expired narcotic/ medication Fed-Ex pick up for destruction		-all medications have been boxed 2/15 and are pending return	**All files of reverse distribution is available and completed to stds.**
Review all narcotic compounding records—ensure compliance	Internal Audit and Inspection	**3/10-3/11**		
Review all pre-packing records to ensure compliance	Internal Audit and inspections	**3/10-3/11**		
Review all Nursing unit inspections to ensure compliance	Ongoing monthly		-presented to monthly P&T	**Complete**
Review all narcotic over-rides and wastes and discrepancies	Ongoing Dr. Farmer assigned---audit of his work pending		-presented at monthly P&T	**Complete**
Review all Medication Recall Binder to ensure up to date	Ongoing		-presented at monthly P&T	**Complete**
Ensure All Vendors/Warehouse for medication suppliers are licensed with both District and DEA	Print out/Storage of license is required prior to their arrival Ensure all medication vendors are licensed with DEA and DC HEALTH		-vendor's licensure required • Pfizer • Mckesson • ASD • Guaranteed Returns	**¾ Completed**

Pharmacy DC HEALTH Annual Survey Preparedness

Item	Action	Start Date	Updates	Complete
Ensure all P&T minutes are completed—with slides	Ongoing		March 2021 pending completion	-Jan + Feb 2021 P&T minutes complete
Ensure all Anticoagulation are up to date	Ongoing	3/10-3/11	Not audited as of 3/3	
Ensure biennial controlled substance count is dated signed and consist of DC Health Header page				Complete
Ensure all regulatory signs and posters are posted on units and updated	Ongoing house wide		Some units are missing multi-dose vials signs. Ongoing	3/12
Methadone Monitoring	Ongoing		Done weekly MWF	Complete in binder

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

- Patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States. The Survey is for adult inpatients, excluding psychiatric patients.
- Administered between 2 and 42 days after discharge to a random sample of adult patients.
- 29 questions
- 10 Measures

Survey Content

Why Is it Important?

- Voice of the patient
- Impacts reputation
- Impacts reimbursement

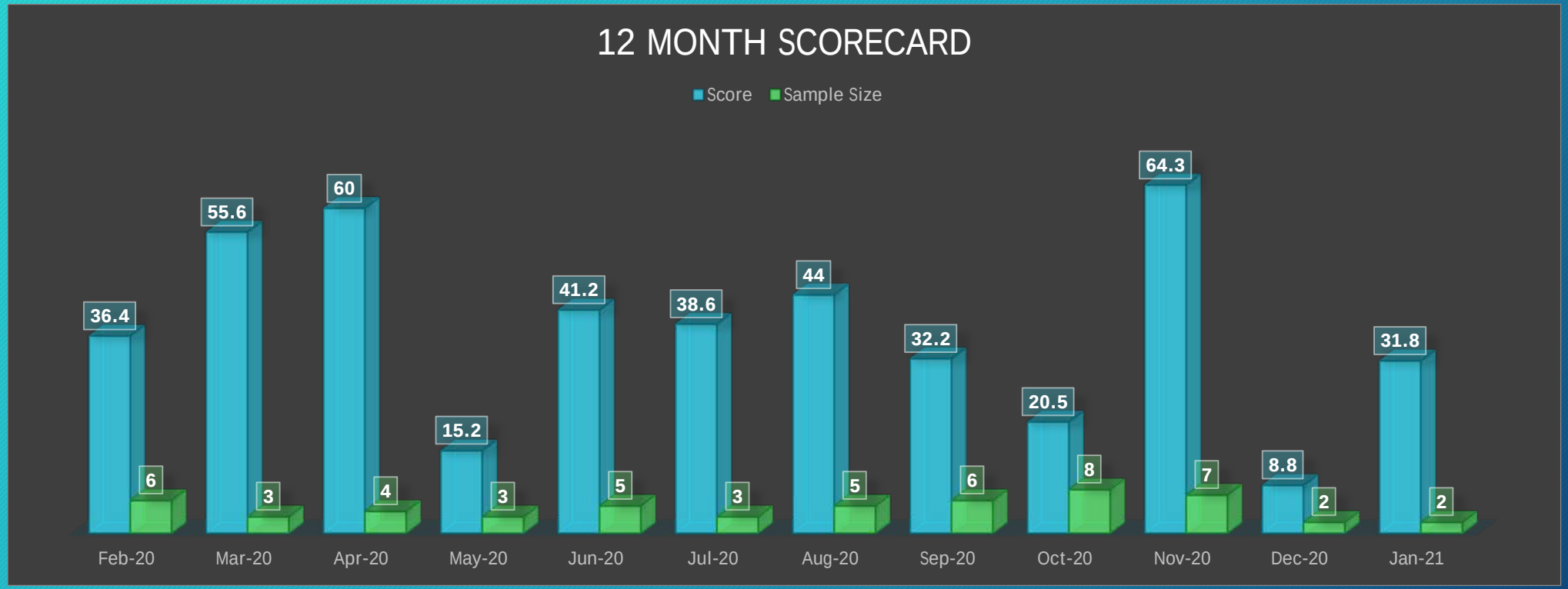
What Does it Cover?

- Doctor Communication - respect, listening skills and communication ability of doctors.
- Nurse Communication - respect, listening skills and communication ability of nurses.
- Staff Responsiveness - answering call bells and responding to toileting needs
- Hospital Environment - cleanliness and quietness of the hospital.
- Care Transitions – communication about post-discharge options

What Does it Cover?

- Pain Management – how well pain is controlled
- Communication About Pain – explaining pain medications to patients
- Medication Communication - explaining medications to patients
- Discharge Information – preparing patients to leave the hospital.
- Food Services – quality of food and the courtesy of those who serve it.
- Overall Rating of the Hospital – rating the hospital on a scale of 1-10.

5W Med/Surg Results



Results (January, 2021)

Overall Rating: 31.8%

Very Poor : n = 2 (9.1%)

Poor : n = 1 (4.6%)

Fair : n = 3 (13.6%)

Good : n = 9 (40.9%)

Very Good : n = 7 (31.8%)

No Response: n= 7

CAHPS - Nurses listen carefully to you Top Box Score: **100.0%**

CAHPS - Hosp staff took pref into account Top Box Score: **50.0%**

CAHPS - Nurses treat with courtesy/respect Top Box Score: **100.0%**

CAHPS - Cleanliness of hospital environment Top Box Score: **50.0%**

CAHPS - Nurses expl in way you understand Top Box Score: **100.0%**

CAHPS - Quietness of hospital environment Top Box Score: **0.0%**

CAHPS - Doctors treat with courtesy/respect Top Box Score: **100.0%**

CAHPS - Staff talk about help when you left Top Box Score: **50.0%**

CAHPS - Help toileting soon as you wanted Top Box Score: **0.0%**

CAHPS - Room temperature Top Box Score: **100%**

CAHPS – Quality of the food: **0.0%**

* Top Box score is the percentage of responses in the highest possible category for a question, section, or survey

Benchmark Comparison

2018 Medical Service Line Benchmarks (N=3,868 Hospitals)

Measure	Mean	Std Dev	Percentile 5th	10th	25th	50th	75th	90th	95th
Communication with Nurses	78.7	5.3	70	72	76	79	82	85	87
Communication with Doctors	77.6	5.9	69	71	74	77	81	85	88
Staff Responsiveness	65.6	9.3	51	55	59	65	72	78	82
Communication about Medicine	62.4	7.4	52	54	58	62	67	72	76
Cleanliness of Hospital Env.	73.4	8.4	61	63	68	73	79	85	88
Quietness of Hospital Env.	57.7	10.5	41	44	51	57	65	72	75
Discharge Information	84.6	4.4	77	79	82	85	87	90	91
Care Transition	49.0	6.8	38	41	45	49	53	57	60
Recommend the Hospital	68.8	10.0	51	56	62	69	76	81	84
Hospital Rating	70.2	8.8	56	59	65	70	76	81	84

2018 Surgical Service Line Benchmarks (N=2,985 Hospitals)

Measure	Mean	Std Dev	Percentile 5th	10th	25th	50th	75th	90th	95th
Communication with Nurses	81.8	5.5	73	75	78	82	85	89	91
Communication with Doctors	85.6	4.8	77	80	83	86	89	92	93
Staff Responsiveness	70.6	8.9	57	60	65	70	76	83	86
Communication about Medicine	67.5	6.7	57	60	63	67	71	76	79
Cleanliness of Hospital Env.	76.0	7.6	64	67	71	76	81	86	89
Quietness of Hospital Env.	59.9	11.1	42	46	52	60	67	74	79
Discharge Information	91.4	3.9	85	87	89	92	94	96	97
Care Transition	57.6	7.6	45	49	53	58	62	67	71
Recommend the Hospital	76.1	9.8	59	63	70	77	83	88	91
Hospital Rating	76.4	8.7	61	65	71	77	82	87	91

Note: The Service Line Benchmarks are derived from hospitals with at least 30 completed surveys in each service line and are based on patients discharged between January and December 2018.

Measure	5W Score
Comm w/ Nurses	100%
Comm w/ Doctors	100%
Response of Hosp Staff	50%
Comm About Medicines	100%
Cleanliness of Hosp Environment	50%
Quietness of Hosp Environment	0%
Discharge Information	75%
Care Transition	83.30%
Recommend the Hospital	0%
Hospital Rating	0%

Corrective Plan

- Benchmark for overall rating -80%
- Creative strategies to influence more responders
- Re-education/ training of staff via Relias and In-person
- Holding staff accountable (disciplinary action)
- Noise monitoring equipment
- Collaborate with other departments that impact rating: EVS, Dietary, Case Management, etc.

UNITED MEDICAL CENTER

Monthly Report Performance Improvement Committee

(March 16, 2021)

(Patient Experience)

Accomplishments

- Emergency Department overall scores and rank continue to increase.
- 84% of Emergency Department comments were positive as stated by the following:
    - "Excellent service all the way around. No discomfort anywhere. I have recommended others to UMC Emergency Department. Thank you all."
    - "All the nurses were very friendly, their attitude toward me and my request were very good."
- Inpatient number of responses (n) increased in February to 14 from 6.
- Increase in score and rank in all survey questions as shown on the inpatient survey detail report.
- 78% of inpatient comments for the month of February were positive as stated by the following:
    - "The Best. Thank you for your help."
    - "Very professional staff."
    - "All the nurses were very friendly, their attitude toward me and my request were very good."

Challenges and Current Action Plan

- Although scores and rank continue to improve on a 12 month rolling basis for the Emergency Department, the monthly response rate ("N") continues to decline.
    - Continue to inform patients of the Press Ganey survey
    - Encourage participation in completing the survey
- Survey questions showed an increase in score and rank but questions related to wait times and courtesy decreased as shown on the ED survey detail report. Focused area for improvement are the following:
    - "Wait time before noticed arrival"
    - "Wait time to treatment area"
    - "Wait time to see doctor"
    - "Courtesy of nurses"

- "Courtesy of person who took blood"
- "Courtesy shown to family/friends"
- "Informed about delays"

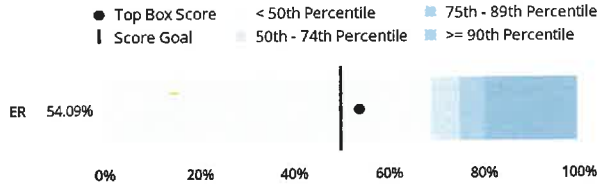
Regulatory/Corrective Action Follow-up

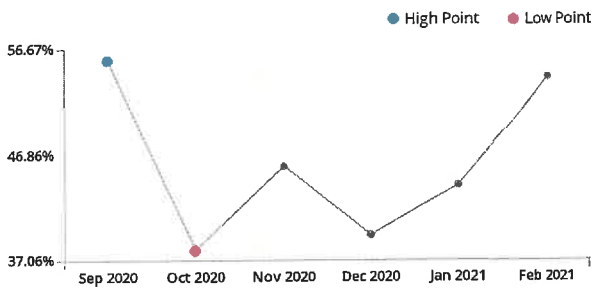
- N/A

Dashboard Name: Facility Scorecard| System Name: United Medical Center - System| System ID: 1410| Facility Name: United Medical Center| Facility ID: 1410| Service Line: Emergency Department| Measure: PG Overall| Metric: Top Box Score| Date Type: Received Date| Time Frame: Last Month| Peer Group: All PG Database| Priority Index - Survey Type: PG| Priority Index View: External| Current Benchmarking Period: 11/01/2020 - 01/31/2021| Fiscal Start Month: 01| Download Date & Time: Mar 4, 2021 10:21 am EST

Service Line Performance

PG Overall





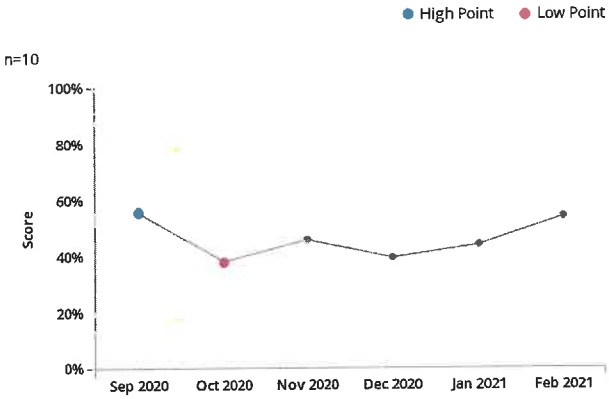
n	10
Top Box Score	54.09%
Score Goal	50.00%
Percentile Rank	5

Time Period	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
n	17	20	16	13	13	10
Top Box Score	55.67%	38.06%	45.83%	39.49%	44.05%	54.09%
Percentile Rank	7	1	1	1	1	5

Top Box Score

54.09%

PG Overall

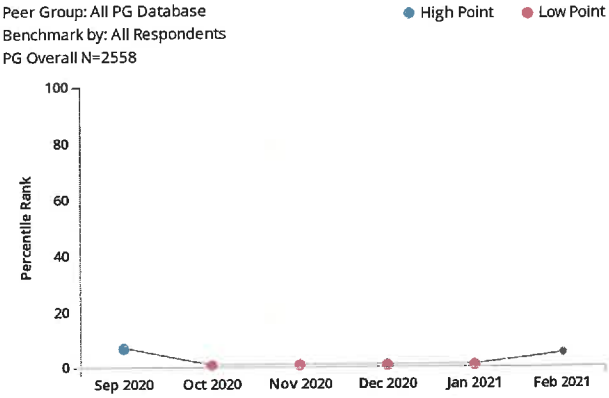


Top Box Percentile Rank

5th

PG Overall

Peer Group: All PG Database
Benchmark by: All Respondents
PG Overall N=2558



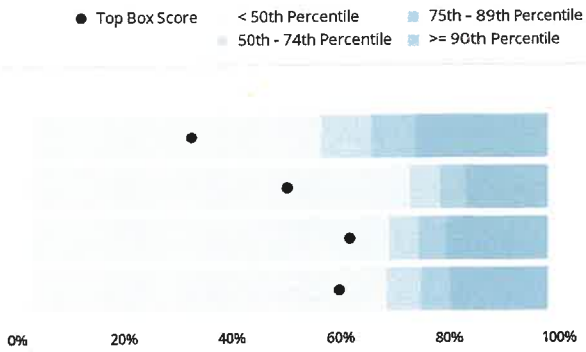
Time Period	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
n	17	20	16	13	13	10
Top Box Score	55.67%	38.06%	45.83%	39.49%	44.05%	54.09%
Percentile Rank	7	1	1	1	1	5

Section Performance

SORT BY: Default | SELECT: Standard

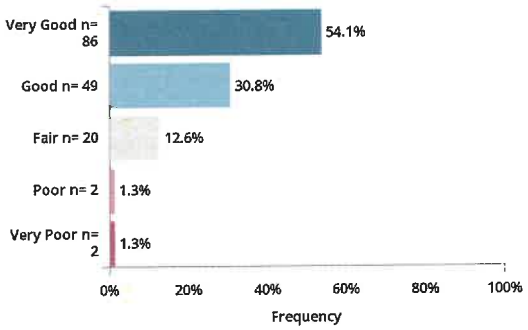
Peer Group: All PG Database
PG Overall N=2558

Survey Type	Section	n	Top Box Score	Percentile Rank
PG	Arrival	10	31.58%	2
PG	Nurses	10	50.00%	1
PG	Doctors	10	62.00%	19
PG	Overall Assessment	10	60.00%	18

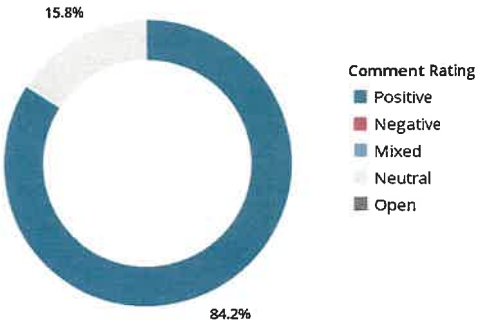


Distribution of Responses

PG Overall



Comment Distribution



PG Overall

Above Goal Below Goal

No Data Available

PG Overall

Above Goal Below Goal

No Data Available

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Courtesy of nurses	1	0.82
2	PG	Nurses took time to listen	3	0.88
3	PG	Helpfulness of first person†	2	0.82
4	PG	Staff cared about you as person	1	0.8
5	PG	Overall rating of care	5	0.89
6	PG	Nurses' attention to your needs	4	0.84
7	PG	Concern for comfort blood drawn†	1	0.79
8	PG	Nurses kept you informed†	4	0.82
9	PG	Nurses' concern for privacy	2	0.79
10	PG	Waiting time for radiology test†	2	0.77

† Custom Question ^ Focus Question

Dashboard Name: Survey Detail View | System Name: United Medical Center - System | System ID: 1410 | Facility Name: United Medical Center | Facility ID: 1410 | Service Line: Emergency Department | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Month | Peer Group: All PG Database | Current Benchmarking Period: 11/01/2020 - 01/31/2021 | Fiscal Start Month: 01 | Download Date & Time: Mar 4, 2021 10:22 am EST

▲ Positive ▼ Negative

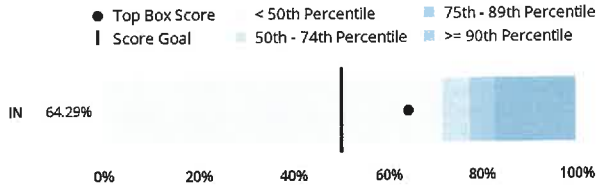
Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Feb-21)	Previous Period (Jan-21)	Change	
PG	Arrival	Waiting time before noticed arrival†	10	1	40.00%	53.85%	-13.85%	▼
PG	Arrival	Helpfulness of first person†	10	1	40.00%	46.15%	-6.15%	▼
PG	Arrival	Comfort of waiting area	9	8	33.33%	23.08%	10.26%	▲
PG	Arrival	Waiting time to treatment area	10	1	30.00%	38.46%	-8.46%	▼
PG	Arrival	Waiting time to see doctors†	10	1	30.00%	53.85%	-23.85%	▼
PG	Nurses	Courtesy of nurses	10	1	40.00%	46.15%	-6.15%	▼
PG	Nurses	Nurses took time to listen	10	8	60.00%	46.15%	13.85%	▲
PG	Nurses	Nurses' attention to your needs	10	40	70.00%	50.00%	20.00%	▲
PG	Nurses	Nurses kept you informed†	10	1	40.00%	41.67%	-1.67%	▼
PG	Nurses	Nurses' concern for privacy	10	1	40.00%	36.36%	3.64%	▲
PG	Nurses	Nurses' responses to quest/concerns	10	1	40.00%	0.00%	40.00%	▲
PG	Doctors	Courtesy of doctors	10	7	60.00%	50.00%	10.00%	▲
PG	Doctors	Doctors took time to listen	10	11	60.00%	58.33%	1.67%	▲
PG	Doctors	Doctors informative re treatment	10	19	60.00%	58.33%	1.67%	▲
PG	Doctors	Doctors' concern for comfort	10	58	70.00%	58.33%	11.67%	▲
PG	Doctors	Doctors include you trtmt decision	10	20	60.00%	33.33%	26.67%	▲
PG	Tests	Courtesy of person who took blood†	8	1	50.00%	55.56%	-5.56%	▼
PG	Tests	Concern for comfort blood drawn†	8	11	62.50%	33.33%	29.17%	▲
PG	Tests	Waiting time for radiology test†	8	53	62.50%	30.00%	32.50%	▲
PG	Tests	Courtesy of radiology staff†	8	1	50.00%	40.00%	10.00%	▲
PG	Tests	Concern for comfort radiology test†	8	1	50.00%	40.00%	10.00%	▲
PG	Family or Friends	Courtesy shown family/friends†	8	1	25.00%	50.00%	-25.00%	▼
PG	Family or Friends	Staff kept family/friends informed†	8	1	25.00%	28.57%	-3.57%	▼
PG	Family or Friends	Staff let family/friend be with you†	7	5	42.86%	57.14%	-14.29%	▼
PG	Personal/Insurance Info	Courtesy during pers/insur info†	10	1	50.00%	45.45%	4.55%	▲
PG	Personal/Insurance Info	Privacy during pers/insur info†	10	46	70.00%	45.45%	24.55%	▲
PG	Personal/Insurance Info	Ease giving pers/insur info†	10	10	60.00%	45.45%	14.55%	▲
PG	Personal Issues	Informed about delays†	10	1	20.00%	33.33%	-13.33%	▼
PG	Personal Issues	How well pain was addressed†	9	42	55.56%	25.00%	30.56%	▲
PG	Personal Issues	Information about home care†	10	73	70.00%	58.33%	11.67%	▲
PG	Overall Assessment	Overall rating of care	10	18	60.00%	41.67%	18.33%	▲
PG	Overall Assessment	Staff cared about you as person	10	20	60.00%	41.67%	18.33%	▲
PG	Overall Assessment	Likelihood of recommending	10	19	60.00%	50.00%	10.00%	▲
PG	Overall Assessment	Staff worked together care for you	10	17	60.00%	0.00%	60.00%	▲

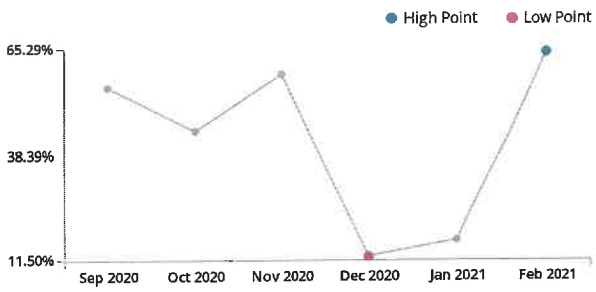
† Custom Question ^ Focus Question

Dashboard Name: Facility Scorecard | System Name: United Medical Center - System | System ID: 1410 | Facility Name: United Medical Center | Facility ID: 1410 | Service Line: Inpatient | Measure: CAHPS Rate 0-10 | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Month | Peer Group: All PG Database | Priority Index - Survey Type: Integrated | Priority Index View: External | CMS Reportable Responses: Not Applied | Skip Logic: Applied | Current Benchmarking Period: 11/01/2020 - 01/31/2021 | Fiscal Start Month: 01 | Download Date & Time: Mar 4, 2021 10:19 am EST

Service Line Performance

CAHPS Rate 0-10





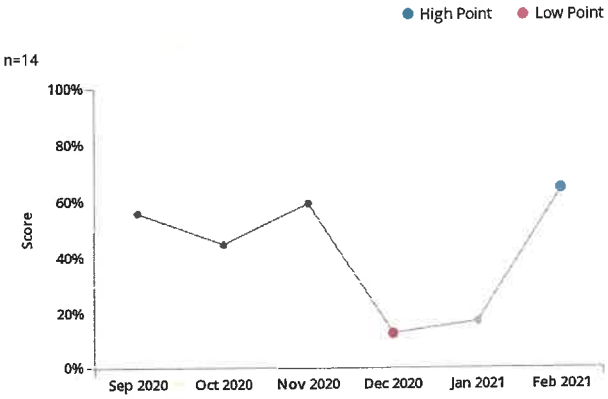
n	14
Top Box Score	64.29%
Score Goal	50.00%
Percentile Rank	21

Time Period	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
n	9	18	17	8	6	14
Top Box Score	55.56%	44.44%	58.82%	12.50%	16.67%	64.29%
Percentile Rank	5	1	9	1	1	21

Top Box Score

64.29% ▲

CAHPS Rate 0-10

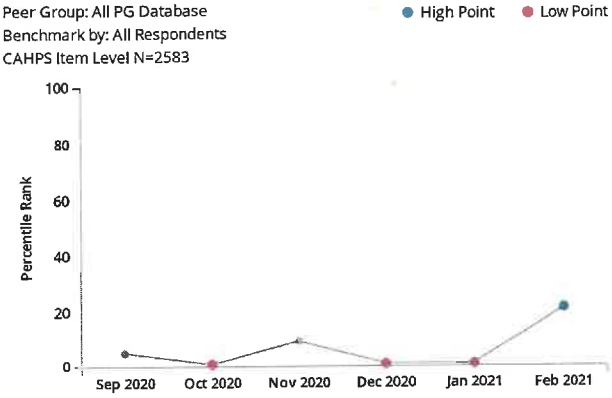


Top Box Percentile Rank

21st ▲

CAHPS Rate 0-10

Peer Group: All PG Database
Benchmark by: All Respondents
CAHPS Item Level N=2583



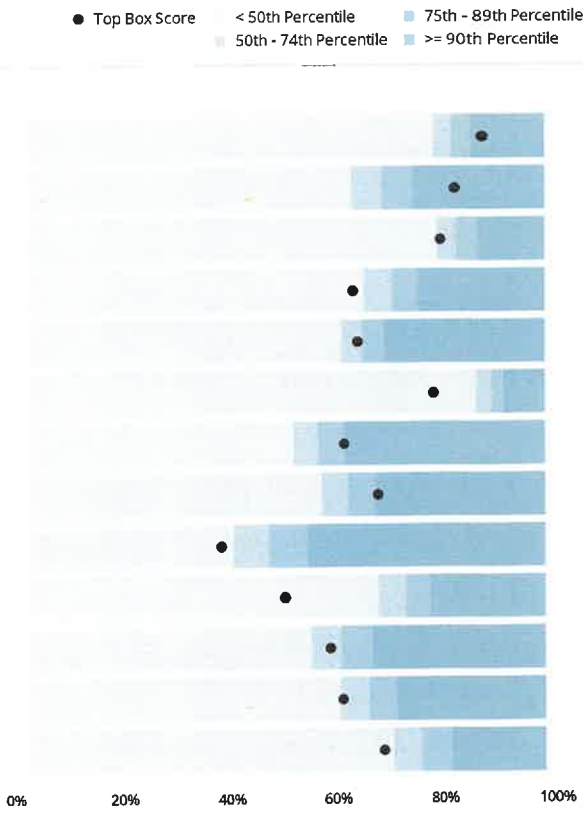
Time Period	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
n	9	18	17	8	6	14
Top Box Score	55.56%	44.44%	58.82%	12.50%	16.67%	64.29%
Percentile Rank	5	1	9	1	1	21

Section Performance

SORT BY: Default | SELECT: Standard

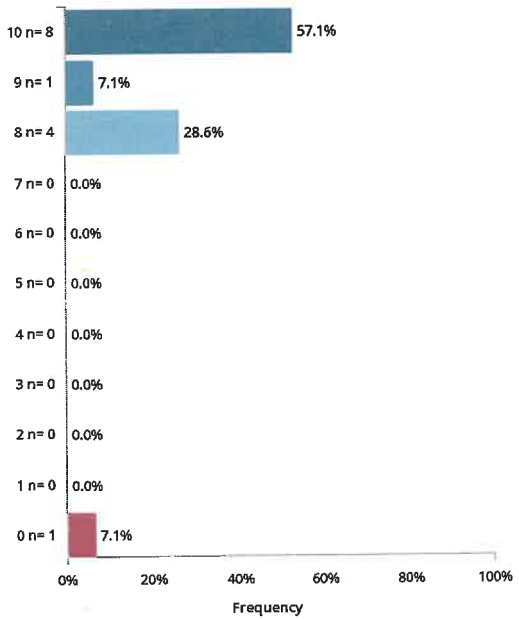
Peer Group: All PG Database
CAHPS Section/Domain Level N=2587 | PG Overall N=1494

Survey Type	Section	n	Top Box Score	Percentile Rank
CAHPS	Comm w/ Nurses	14	88.10%	94
CAHPS	Response of Hosp Staff	9	83.33%	97
CAHPS	Comm w/ Doctors	14	80.59%	54
CAHPS	Hospital Environment	14	63.46%	39
CAHPS	Comm About Medicines	7	64.29%	70
CAHPS	Discharge Information	12	79.17%	6
CAHPS	Care Transitions	14	61.63%	89
PG	Room	11	68.18%	90
PG	Meals	12	37.50%	39
PG	Nurses	11	50.00%	2
PG	Doctors	12	58.82%	66
PG	Personal Issues	13	61.22%	52
PG	Overall Assessment	13	69.23%	42

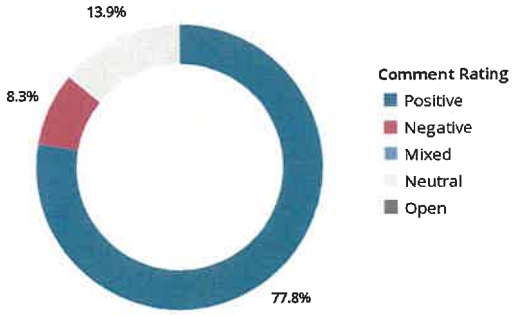


Distribution of Responses

CAHPS Rate 0-10

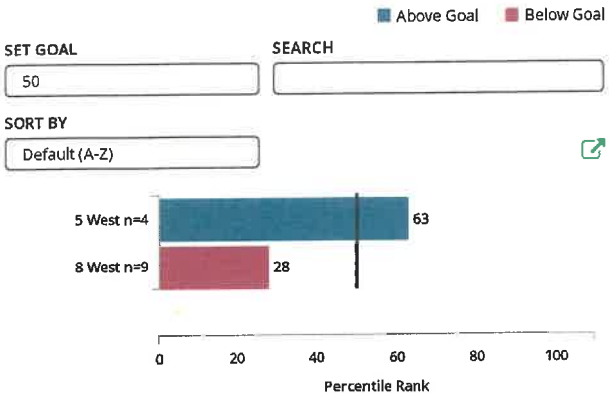


Comment Distribution



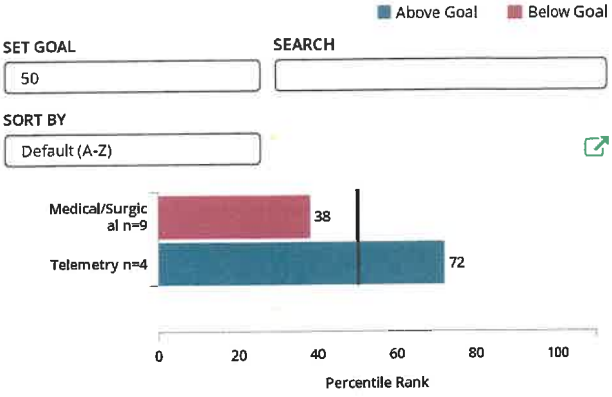
Unit Performance

CAHPS Rate 0-10



Specialty Performance

CAHPS Rate 0-10



Unit	n	Top Box Score	Percentile Rank
5 West	4	75.00%	63
8 West	9	66.67%	28

Specialty	n	Top Box Score	Percentile Rank
Medical/Surgical	9	66.67%	38
Telemetry	4	75.00%	72

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Likelihood of recommending	1	0.63
2	PG	Overall rating of care	1	0.59
3	PG	Attention to needs	1	0.57
3	CAHPS	Nurses listen carefully to you	1	0.57
5	CAHPS	Staff describe medicine side effect	2	0.6
6	CAHPS	Recommend the hospital	1	0.56
6	PG	Promptness response to call†	1	0.56
6	PG	Staff include decisions re:trtmnt	1	0.56
9	PG	Nurses kept you informed	1	0.55
10	PG	Response to concerns/complaints	1	0.54

† Custom Question ^ Focus Question

Dashboard Name: Survey Detail View | System Name: United Medical Center - System | System ID: 1410 | Facility Name: United Medical Center | Facility ID: 1410 | Service Line: Inpatient | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Month | Peer Group: All PG Database | CMS Reportable Responses: Not Applied | Skip Logic: Applied | Current Benchmarking Period: 11/01/2020 - 01/31/2021 | Fiscal Start Month: 01 | Download Date & Time: Mar 4, 2021 10:20 am EST

▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Feb-21)	Previous Period (Jan-21)	Change	
CAHPS	Global Items	Rate hospital 0-10	14	21	64.29%	16.67%	47.62%	▲
CAHPS	Global Items	Recommend the hospital	14	3	50.00%	33.33%	16.67%	▲
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	14	91	92.86%	66.67%	26.19%	▲
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	14	92	85.71%	66.67%	19.05%	▲
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	14	95	85.71%	66.67%	19.05%	▲
CAHPS	Response of Hosp Staff	Call button help soon as wanted it	9	72	66.67%	20.00%	46.67%	▲
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	1	99	100.00%	0.00%	100.00%	▲
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	14	7	78.57%	50.00%	28.57%	▲
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	14	48	78.57%	50.00%	28.57%	▲
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	13	91	84.62%	50.00%	34.62%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	14	1	50.00%	50.00%	0.00%	–
CAHPS	Hospital Environment	Quietness of hospital environment	13	93	76.92%	16.67%	60.26%	▲
CAHPS	Comm About Medicines	Tell you what new medicine was for	7	27	71.43%	33.33%	38.10%	▲
CAHPS	Comm About Medicines	Staff describe medicine side effect	7	89	57.14%	0.00%	57.14%	▲
CAHPS	Discharge Information	Staff talk about help when you left	12	36	83.33%	66.67%	16.67%	▲
CAHPS	Discharge Information	Info re symptoms/prob to look for	12	1	75.00%	66.67%	8.33%	▲
CAHPS	Care Transitions	Hosp staff took pref into account	13	22	38.46%	16.67%	21.79%	▲
CAHPS	Care Transitions	Good understanding managing health	14	98	71.43%	40.00%	31.43%	▲
CAHPS	Care Transitions	Understood purpose of taking meds	12	97	75.00%	33.33%	41.67%	▲
PG	Admission	Speed of admission†	10	57	60.00%	0.00%	60.00%	▲
PG	Admission	Courtesy of person admitting†	9	4	55.56%	0.00%	55.56%	▲
PG	Room	Pleasantness of room decor†	12	90	58.33%	0.00%	58.33%	▲
PG	Room	Room cleanliness†	11	29	54.55%	50.00%	4.55%	▲
PG	Room	Courtesy of person cleaning room	11	70	72.73%	50.00%	22.73%	▲
PG	Room	Room temperature	11	95	63.64%	25.00%	38.64%	▲
PG	Room	Noise level in and around room†	11	76	54.55%	0.00%	54.55%	▲
PG	Meals	Temperature of the food	12	45	41.67%	0.00%	41.67%	▲
PG	Meals	Quality of the food	12	32	33.33%	0.00%	33.33%	▲
PG	Meals	Courtesy of person served food†	10	3	50.00%	25.00%	25.00%	▲
PG	Nurses	Friendliness/courtesy of nurses†	12	2	58.33%	50.00%	8.33%	▲
PG	Nurses	Promptness response to call†	10	2	40.00%	0.00%	40.00%	▲
PG	Nurses	Nurses' attitude toward requests	11	3	54.55%	0.00%	54.55%	▲
PG	Nurses	Attention to needs	10	3	50.00%	25.00%	25.00%	▲

PG	Nurses	Nurses kept you informed	11	1	45.45%	25.00%	20.45%	▲
PG	Nurses	Skill of nurses†	10	1	50.00%	50.00%	0.00%	▬
PG	Tests and Treatments	Wait time for test or treatments†	12	50	50.00%	25.00%	25.00%	▲
PG	Tests and Treatments	Explanations:happen during T&T†	11	25	54.55%	50.00%	4.55%	▲
PG	Tests and Treatments	Courtesy of person who took blood†	11	4	54.55%	50.00%	4.55%	▲
PG	Tests and Treatments	Courtesy of person started IV†	10	1	50.00%	33.33%	16.67%	▲
PG	Visitors and Family	Accomm/comfort for visitors†	5	13	40.00%	0.00%	40.00%	▲
PG	Visitors and Family	Staff attitude toward visitors†	4	8	50.00%	0.00%	50.00%	▲
PG	Doctors	Time doctors spent with you	12	84	58.33%	25.00%	33.33%	▲
PG	Doctors	Doctors' concern questions/worries	11	34	54.55%	50.00%	4.55%	▲
PG	Doctors	Doctors kept you informed	11	74	63.64%	50.00%	13.64%	▲
PG	Doctors	Friendliness/courtesy of doctors†	11	27	63.64%	50.00%	13.64%	▲
PG	Doctors	Skill of doctors†	11	45	72.73%	50.00%	22.73%	▲
PG	Discharge	Extent felt ready discharge†	12	99	83.33%	50.00%	33.33%	▲
PG	Discharge	Speed of discharge process†	12	98	75.00%	33.33%	41.67%	▲
PG	Discharge	Instructions for care at home†	12	92	75.00%	33.33%	41.67%	▲
PG	Personal Issues	Staff concern for privacy	12	23	58.33%	50.00%	8.33%	▲
PG	Personal Issues	How well pain was addressed†	12	25	58.33%	33.33%	25.00%	▲
PG	Personal Issues	Staff addressed emotional needs	12	81	66.67%	40.00%	26.67%	▲
PG	Personal Issues	Response to concerns/complaints	12	79	66.67%	33.33%	33.33%	▲
PG	Personal Issues	Staff include decisions re:trtmnt	13	24	53.85%	33.33%	20.51%	▲
PG	Overall Assessment	Staff worked together care for you	13	40	69.23%	50.00%	19.23%	▲
PG	Overall Assessment	Likelihood of recommending	13	45	69.23%	33.33%	35.90%	▲
PG	Overall Assessment	Overall rating of care	13	37	69.23%	16.67%	52.56%	▲

† Custom Question ^ Focus Question

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Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN	% FEB
P. 13	**High**	**IC.02.02.01 EP 2**	**Standard Text:** The hospital reduces the risk of infections associated with medical equipment, devices, and supplies. **EP Text**: The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.	During tracer activities in the ED, it was discovered that reusable, sharp instruments are not being transported to the dirty utility room in a closed container, and are hand carried without a closed container. The ED Director and Quality Department scribe were present for the finding. The finding was corrected on site by placing 3 clean closed biohazard containers in the clean supply room for staff to use to transport the instruments from the procedure room to the dirty utility room.	The Infection Preventionist and ED Nurse Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The activities to monitor compliance will include random audits via Infection Control/Environment of Care Rounds on the availability and placement of the biohazard puncture resistant containers in the clean supply room. In addition other activities to ensure compliance will include random interviews of staff to ensure understanding of handling soiled surgical instruments. Review Staff compliance with Education material provided.	**100%**	**100%**
P. 12	**Moderate**	**EC.02.06.01 EP 20**	**Standard Text**: The hospital establishes and maintains a safe, functional environment. **EP Text:** Areas used by patients are clean and free of offensive odors.	During tracer activities on the BHU, in room 422 there were electrodes found stuck on the bathroom door. Room 422 was not occupied and was ready for a patient admission. The Unit Manager and Quality Department scribe was present for the observation.	The Behavioral Health Manager and ED RN Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Behavioral Health leadership will perform 10 random room inspections audits monthly.	**100%**	**100%**
P. 19	**Moderate**	**MM.03.01.01 EP 7**	**Standard Text:** The hospital safely stores medications. **EP Text:** All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.	During tour of the Orthopedic clinic, a multi dose vial of lidocaine was used. It was label for opening date. No 28 discard date was present as required by hospital policy: " Medication Administration Policy" dated 2/1/2020. This was witnessed by Ambulatory Director and scribe accompanying the surveyor.	The Director of Ambulatory Rehab Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To ensure proper medication management, labeling of vial monitoring will be put in place for multi-dose vials in specialty/orthopedic clinic in regards to beyond use dates. New and existing medical assistants and providers will have mandatory annual multi-dose vial education in Relias.	**100%**	**100%**
P. 20	**Moderate**	**NPSG.15.01.01 EP 1**	**Standard Text:** Reduce the risk for suicide. **EP Text:** For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For non-psychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.	During tracer activities on the BHU, in room 422 there was no plastic safety cover on the thermostat, which was identified as a safety risk on the unit risk assessment. Room 422 was not occupied and ready for a patient admission. The Unit Manager and Quality Department scribe were present for the observation. The finding was corrected on site.	The VP of Facilities and Support Services and Behavioral Health Unit is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	A semiannual Ligature Risk assessment will be documented to ensure compliance of safety measures.	**100%**	**100%**

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Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN	% FEB
P. 8	**Low**	**EC.02.02.01 EP 12**	**Standard Text:** The hospital manages risks related to hazardous materials and waste. **EP Text:** The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6)	During tracer activities in the ED it was discovered that dirty instruments were transported to the dirty utility room without a biohazard label. The ED Director and Quality Department scribe were present for the finding.	The Infection Preventionist and ED Nursing Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	UMC purchased additional biohazard puncture resistant containers. Random audits via Infection Control/Environment of Care Rounds to ensure biohazard puncture resistant containers are properly labeled.	**100%**	**100%**
P. 9	**Low**	**EC.02.04.03 EP 3**	**Standard Text:** The hospital inspects, tests, and maintains medical equipment. **EP Text:** The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.	Hydrocollator water changes and cleaning not performed per manufacturer's recommendations. Confirmed by Ambulatory director and QA staff with surveyor.	The VP of Facilities and Support Services and Director of Rehabilitation Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To monitor compliance a monthly review of the hydrocullator cleaning log book will be conducted.	**100%**	**100%**
P. 9	**Low**	**EC.02.05.05 EP 5**	**Standard Text:** The hospital inspects, tests, and maintains utility systems. **EP Text:** The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.	Ice machines in the 8th floor Telemetry Unit had an accumulation of white lime scale around the outside and inside of dispensing chute. This was verified by Unit manager and staff accompanying the surveyor.	The VP of Facilities and Support Services and Infection Control is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The procedures identified to monitor compliance with performance will include review of documentation and surveillance of the Preventive Maintenance (PM) of the ice machines during environment of care rounding.	**100%**	**100%**
P. 10	**Low**	**EC.02.05.07 EP 1**	**Standard Text:** The hospital inspects, tests, and maintains emergency power systems. **EP Text:** At least monthly, the hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented.	At the time of survey, the documentation of the monthly testing of battery lights and inspection of exit lights did not include an inventory to ensure that each and every one was completed.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The inspection logs will be reviewed on a monthly basis for compliance with battery powered lights and exit light inspections. For instances of non-compliance a corrective action plan will be sent to the VP of Facilities & Support Services.	**100%**	**100%**
P. 10	**Low**	**EC.02.05.07 EP 2**	**Standard Text:** The hospital inspects, tests, and maintains emergency power systems. **EP Text:** Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented.	At the time of survey, the documentation of the annual functional testing of battery lights did not include an inventory to ensure that each and every light had been tested.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Review the log for functional testing compliance monthly.	**100%**	**100%**

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Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN	% FEB
P. 11	**Low**	**EC.02.06.01 EP 1**	**Standard Text:** The hospital establishes and maintains a safe, functional environment. **EP Text:** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.	At the time of survey, there was a stained ceiling tile in the corridor by Radiology room #1030. During environmental tour of Pharmacy, peeled paint on furnace ducts above exposed ceiling was noted over area where medications were being stored. This was confirmed by pharmacy director and VP of Facilities & Support Services. Furnace ducts were repainted and defect corrected and confirmed by surveyor prior to leaving HCO.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	All thermostats will be removed from Behavioral Health Unit patient rooms. Address all stained ceiling tiles within 24 hours of discovery. Address peeling paint in clean areas within 24 hours of discovery.	**100%**	**100%**
P. 12	**Low**	**LS.02.01.10 EP 11**	**Standard Text:** Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. **EP Text:** Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited.	At the time of survey, the door in the 1-hour rated fire wall by OR#9 was in need of adjustment, rendering it to not be fully self-closing and positive-latching. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8), Other-Deficiency will be promptly corrected. (EP-15)	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform a documented monthly functional test on all fire doors ensuring the self-closer device operates appropriately thus causing the door to latch.	**100%**	**100%**
P. 13	**Low**	**LS.02.01.10 EP 14**	**Standard Text:** Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. **EP Text:** The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.	At the time of survey, the space around cables within a four-inch conduit sleeve penetrating the floor of the IT closet by room #755 was not properly sealed with an intumescent fire-stop system. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15). At the time of survey, the space around cables within two conduit sleeves penetrating the floor of the 3East IT closet were not properly sealed with an intumescent fire stop system. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15).	The VP of Facilities and Support Services and Chief Information Officer is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To monitor compliance monthly visual inspections and annually will be monitored for compliance with this element of performance. The vendor will use an approved fire stop material.	**100%**	**100%**
P. 13	**Low**	**LS.02.01.20 EP 1**	**Standard Text**: The hospital maintains the integrity of the means of egress. **EP Text:** Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3.	At the time of survey, the emergency exit stair door in the kitchen was in need of repair. Neither this surveyor nor members of the hospital team were able to open it, even after multiple tries. The hospital maintenance team immediately repaired it. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform monthly observation of all emergency exit stair doors. The inspection results will be reported to the Hospital's Joint Commission Compliance Committee, as well as the Environment of Care Committee on a monthly basis.	**100%**	**100%**

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Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN	% FEB
P. 13	**Low**	**LS.02.01.20 EP 14**	**Standard Text:** The hospital maintains the integrity of the means of egress. **EP Text:** Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice.	At the time of survey, there were multiple carts and equipment, not in use, located in the egress corridors in ICU. At this point, the area had not been identified as a suite as defined by Life Safety Code. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance(EP-8), Conduct education promoting awareness of deficiencies (EP-13). At the time of survey, there were seven pieces of equipment, not in use, stored in the egress corridor in the Radiology Department. This corridor was not within the area defined as a suite under Life Safety Code. It was adjacent to it. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Annually a vendor will be employed annually to evaluate the Life Safety drawings and make changes as necessary.	**100%**	**100%**
P. 15	**Low**	**LS.02.01.20 EP 41**	**Standard Text:** The hospital maintains the integrity of the means of egress. **EP Text:** Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit.	The "dead end" corridor by room #8835 and the "dead end" corridor by room #8803 could both be mistaken for paths to exit but are not. At the time of survey, they lacked the required "NO EXIT" signs. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15). The door to the patio in the Healing Garden could be mistaken for a path to exit but is not. At the time of survey, it lacked a "NO EXIT" sign. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The United Medical Center will continue to have their environment of care rounds and will inspect and evaluate the facility for specific doors and pathways that could be mistaken as a path to an exit.	**100%**	**100%**
P. 16	**Low**	**LS.02.01.30 EP 3**	**Standard Text:** The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke. **EP Text:** All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies.	Supply room #3342 is greater than one hundred square feet. At the time of survey, the door was in need of adjustment, rendering it to not be fully self-closing and positive-latching. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15). At the time of survey, the door to trash room SS91, a storage room greater than one hundred square feet, was in need of maintenance, rendering it to not be fully self-closing and positive-latching. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15).	The VP of Facilities Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform monthly a documented functional test for all doors located at the entrance all fully self-closing and positive-latching. The inspection results will be reported to the Hospital's Joint Commission Compliance Committee, as well as the Environment of Care Committee on a monthly basis.	**100%**	**100%**

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Limited Findings

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN	% FEB
P. 18	**Low**	**LS.02.01.35 EP 6**	**Standard Text:** The hospital provides and maintains systems for extinguishing fires. **EP Text:** There are 18 inches or more of open space maintained below the sprinkler to the top of storage.	At the time of survey, there was storage less than eighteen inches below the sprinklers in EOP Storage Room G072. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8), Conduct education promoting awareness of deficiencies (EP-13).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	All Emergency supply rooms located on the ground floor will be added to the Environment of Care rounding schedule.	**100%**	**100%**

Report Page No.	Risk Scale	Pattern Scope	Standard Text & EP Text	Findings	Assigning Accountability	Status	% JAN	% FEB
	High		**None**					
	Moderate		**None**					
P. 23	**Low**	**EC.02.03.03 EP 3**	**Standard Text:** The hospital conducts fire drills. **EP Text:** When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.	In review of fire drill documentation for calendar year 2020, there were multiple drills on each shift that were at exactly the same time or varied by less than one hour.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The VP of Facilities & Support services and the Director of Safety & Security will continue to provide written fire drill results (matrix) to the Environment of Care on a monthly basis.	**100%**	**100%**
P. 27	**Low**	**LS.02.01.34 EP 9**	**Standard Text:** The hospital provides and maintains fire alarm systems. **EP Text:** The ceiling membrane is installed and maintained in a manner that permits activation of the smoke detection system.	At the time of survey, there was a total of approximately forty square inches of open space around conduits penetrating the suspended ceiling of the OR Equipment Room that was not sealed, negatively impacting the function of the smoke detector and sprinklers in the room. Tthere were three ceiling tiles out in the 6th floor nursing station, negatively impacting the function of the smoke detectors and sprinklers in the area. There was an approximately 3/4-inch gap between a smoke detector in PACU and the ceiling, exposing the approximately four-inch in diameter hole in the ceiling above. There were two ceiling tiles out near room #3333, negatively impacting the function of the smoke detectors and sprinklers in the area. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected. (EP-15)	The VP of Facilities and Support Services and Facilities Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	All missing ceiling tiles were replaced on the 6th floor. All missing ceiling tiles were replaced on the 3rd floor. The gap around the conduit penetration in the drop ceiling located in the OR Equipment storage room was sealed. The smoke detector was mounted flush with the ceiling located in PACU.	**100%**	**100%**

Report Page No.	Risk Scale	Pattern Scope	Standard Text & EP Text	Findings	Assigning Accountability	Status	% JAN	% FEB
P. 27	**Low**	**LS.02.01.35 EP 14**	**Standard Text:** The hospital provides and maintains systems for extinguishing fires. **EP Text:** The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.	At the time of survey, there was an approximately 1/4-inch gap between a sprinkler escutcheon and the suspended ceiling. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected. (EP-15)	The VP of Facilities and Support Services and Facilities Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The escutcheon plate was affixed to the ceiling illuminating the gap. The missing ceiling tile was replaced. Upon receipt of a missing ceiling tile, a work order will be generated to replace the missing tile within 4-hours. All completed work orders are evaluated on a monthly basis. The work order completion % for the missing ceiling tiles will be reviewed monthly, and a monthly report will be provided to the Environment of Care Committee, Quality and the Performance Improvement Committee.	**100%**	**100%**
P. 27	**Low**	**MS.06.01.07 EP 9**	**Standard Text:** The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner's current licensure status, training, experience, current competence, and ability to perform the requested privilege. **EP Text:** Privileges are granted for a period not to exceed two years.	In 2 of 2 medical staff/credentialing files reviewed, gaps of 2 to 3 days from one two year credentialed period to the next cycle. Thus allowing the physician to be credentialed for more than the expected two year period. This was verified by the CMO and accreditation staff present.	The Chief Medical Officer is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Provisional reviews and re-appointment applications will be reviewed by the Medical Affairs Manager. Focused effort to ensure that no provisional reviews extend beyond the designated 12-month period and no appointments or re-appointments to the Medical Staff extend beyond the designated 24-month period. Any extension or gap of days prior to credentialing must be supported by clear documentation explaining why the extension or gap has occurred. It should be noted that according to the Medical Staff Bylaws, when a re-appointment application has not been fully processed before the member's appointment expires, the Medical Staff member's privileges shall be automatically suspended until the review is complete.	**100%**	**100%**

Report Page No.	Risk Scale	Widespread	Standard Text & EP Text	Findings	Assigning Accountability	Status	% JAN	% FEB
P. 11	High	EC.02.05.09 EP 12	**Standard Text:** The hospital inspects, tests, and maintains medical gas and vacuum systems. **EP Text:** The hospital implements a policy on all cylinders within the hospital that includes the following:- Labeling, handling, and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012: 11.5.3.1 and 11.6.2 - Physically segregating full and empty cylinders from each other in order to assist staff in selecting the proper cylinder - Adaptors or conversion fittings are prohibited- Oxygen cylinders, containers, and associated equipment are protected from contamination, damage, and contact with oil and grease- Cylinders are kept away from heat and flammable materials and do not exceed a temperature of 130°F - Nitrous oxide and carbon dioxide cylinders do not reach temperatures lower than manufacturer recommendations or -20°F- Valve protection caps (if supplied) are secured in place when cylinder is not in use- Labeling empty cylinders - Prohibiting transfilling in any compartment with patient care.	At the time of survey, there were 25 H-size medical gas chambers that were not secured in any manner, free standing on the floor, in the medical gas rooms at the receiving area.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Document the weekly checks will be submitted to the facilities Administrative Assistant who maintain written copies for review by the Facilities Director. In addition, a monthly check will be included in EOC hazard surveillance rounds	100%	100%
P. 19	Moderate	MS.08.01.03 EP 1	**Standard Text:** Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal. **EP Text:** The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.	In 3 of 3 medical staff/credentialing files reviewed, revealed the process was not ongoing as OPPE was completed only at the time of reappointment - every 2 years. This was verified by CMO and medical staff coordinator.	The Chief Medical Officer is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Medical Staff providers audit for compliance with OPPE/FPPE process. Provisional Staff will be reviewed every 6 months within the 12-month period, and reappointments will be reviewed every 8 months within the 24-month period.	100%	100%
P. 9	Low	EC.02.03.05 EP 25	**Standard Text:** The hospital maintains fire safety equipment and fire safety building features. **EP Text:** The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.	Documentation dated 2/19/2020 indicated that 105 of 180 rated door assemblies in the building had failed the required annual inspection. At the time of survey, 11/10/2020, repairs had not begun on these doors.	The VP of Facilities Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities department will request a PO immediately after receiving the annual fire inspection results to begin repairs on non-complaint doors.	100%	100%
P. 20	Low	TS.03.02.01 EP 2	**Standard Text:** The hospital traces all tissues bi-directionally. **EP Text:** The hospital identifies, in writing, the materials and related instructions used to prepare or process tissues.	In 3 of 3 patient records reviewed, In 3 of 3 patient records reviewed, the HCO did not record the lot number of the sterile normal saline used to reconstitute tissue. Confirmed by tissue manager and QA staff with surveyor.	The Operating Room Manager is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Monthly reporting of audit results, with the goal of obtaining 100% compliance.	100%	100%

COMPLETED FIRE DRILL MATRIX

Hospital Name: United Medical Center (UMC) Score at EC

Quarterly Hospital Fire D

Day = M, Tu, W, Th, F, Sa, Su **Time: 24 hour formatted**			Q1			Q2			
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.
1st Shift	Normal	**Location/Building**	1st Core	1st Fl HR					
		Day	F	F					
		Date	1/8/21	1/26/21					
		Time	1330	0903					
	ILSM	**Location/Building**		CNMC					
		Day		Su					
		Date		2/28/21					
		Time		1500					
2nd Shift	Normal	**Location/Building**	3rd Fl	4th Fl					
		Day	Tu	M					
		Date	1/12/21	2/15/21					
		Time	2001	1800					
	ILSM	**Location/Building**	CNMC						
		Day	Su						
		Date	1/31/21						
		Time	2130						
3rd Shift	Normal	**Location/Building**	5th Fl	2nd Fl					
		Day	Th	Su					
		Date	1/22/21	2/7/21					
		Time	0300	0500					
	ILSM	**Location/Building**							
		Day							
		Date							
		Time							

Previous and Current High Risk Fire Drills (recommended not requ

Location:	**Previous**	**Current**	**Location:**	**Previous**	**Current**	**Location:**	**Previous**	**Current**	**Location:**
Kitchen			**Surgery**			**Cath/EP Lab**			**MRI**
Day	W	Th	Day			Day			Day
Date			Date			Date			Date
Time			Time			Time			Time

Quarterly Ambulatory Fire Drills

		Q1	Q2	Q3	Q4		Q1
1st Shift	**Location/Building**	AST				**Location/Building**	
	Day	Tu				Day	
	Date					Date	
	Time					Time	

Annual Business Occupancy Fire Drills (2 Years of drills)

	Previous	**Current**		**Previous**	**Current**		**Previous**	**Current**	
Building	**Medical Office Buliding**		**Building**			**Building**			**Building**
Day	W	Th	Day			Day			Day
Date			Date			Date			Date
Time			Time			Time			Time

Definitions of Shifts: Provide timeframes for shift hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)

COMPLETED FIRE DRILL MATRIX

1st	
2nd	
3rd	

NA Not applicable for no shift, building,
NC Not completed or missed

COMPLETED FIRE DRILL MATRIX

C.02.03.03 EP3

rills

Q3		Q4		
Aug.	Sep.	Oct.	Nov.	Dec.

uired)

Previous	Current	Location:	Previous	Current
		Plant		
		Day		
		Date		
		Time		

Q2	Q3	Q4

Previous	Current		Previous	Current
		Building		
		Day		
		Date		
		Time		

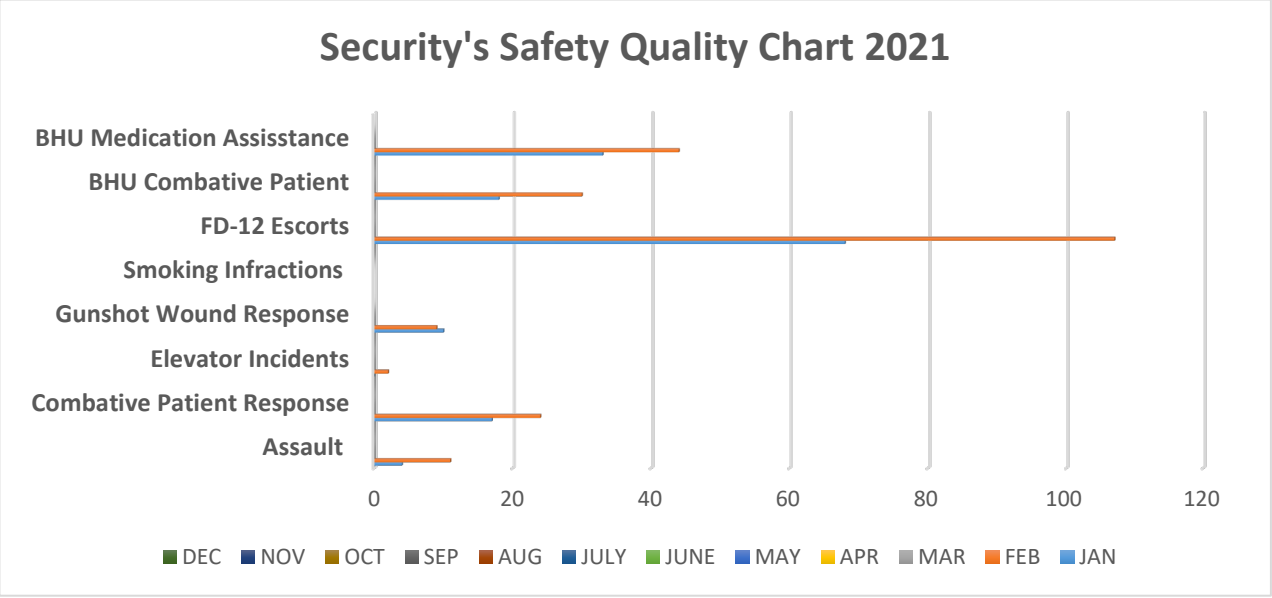
COMPLETED FIRE DRILL MATRIX

location or ILSM.

SECURITY 2021 QUALITY SAFETY SCORECARD

	MEASURE	GOAL		PERFORMANCE					
				JAN	FEB	MAR	APR	MAY	JUNE
1	Assault			4	11				
2	Combative Patient Response			17	24				
3	Elevator Incidents			0	2				
4	Gunshot Wound Response			10	9				
5	Smoking Infractions								
6	FD-12 Escorts			68	107				
7	BHU Combative Patient			18	30				
8	BHU Medication Assisstance			33	44				
9	Physician Ordered Restraints	100%		Yes	Yes				
10	Usecured Door Checks	100%		Yes	Yes				
11	Fire Drills (1 Shift Per QTR)	100%		Yes	Yes				
12	Fire Extinguishers Check	100%		Yes	Yes				
	C=Compliant - Grey= N/A								

				JULY	AUG	SEP	OCT	NOV	DEC
1	Assault								
2	Combative Patient Response								
3	Elevator Incidents								
4	Gunshot Wound Response								
5	Smoking Infractions								
6	FD-12 Escorts								
7	BHU Combative Patient								
8	BHU Medication Assisstance								
9	Physician Ordered Restraints	100%							
10	Usecured Door Checks	100%							
11	Fire Drills (1 Shift Per QTR)	100%							
12	Fire Extinguishers Check	100%							
	C = Compliant - Grey = N/A								



Utility Management Performance Indicators

QUALITY / SAFETY / SCORECARD - FACILITIES

#	MEASURE	GOAL	PERFORMANCE											
			Years											
			YTD 2020	YTD 2021	Oct' 20	Nov' 20	Dec' 20	Jan' 21	Feb' 21	Mar' 21	Apr'21	May' 21	Jun' 21	Jul' 21	Aug' 21	Sept' 21
#	PROCESS															
1	PM Completion Rate on Utility Components or Systems	100%			100%	100%	100%	100%	100%							
2	Quarterly Differential Pressure Testing of Special Environment Areas	100%			100%	100%	100%	100%	100%							
3	Domestic Water Sampling / Treatment	100%			100%	100%	100%	100%	100%							
4	Steam Utility Failures	10 % reduction or 5			3	2	2	0	1							
5	Air Handler Reliability / HVAC & Failure	<5%			70%	70%	70%	70%	70%							
6	Power Fluctations / Outages				0	1	0	0	0							
7	Water Intrusion / Flooding Incidents				14	5	9	8	7							
8	Contract Labor / HVAC/Chiller Rental				$98,075.00	$64,075.00	$64,075.00	$64,075.00	$23,890							
9	Contract Labor / Water Intrusion				$88,373.57	$15,868.32	$0.00	$0.00	$0.00							
10	OT Hrs				250	109	149	179.5	167.5							

*December & January Water Intrudions were managed by Facilties & EVS Personnel

HOSPITAL LICENSURE/SURVEY/ACCREDITATION ACTIVITIES FY 2021

DUE	ACTIVITY	REGULATORY BODY	FREQUENCY
December 2020 – January 2021	Boiler Inspection	Inspection performed by Insurance Carrier & DCRA Inspection & Compliance Admin. provides Certificate of Inspection	Yearly (Between December – January)
January- April, 2021	Fire Inspection Hospital Life Safety Inspection	Department of Health	Annual
TBD 2021	Radiology	Nuclear Regulatory Commission (NRC)	Triennial
January – February, 2021	Radiology	Mammography Quality Standards Act (MQSA/FDA)	Annual
January – February, 2021	Lab Accreditation	Clinical Laboratory Improvement Amendments (CLIA)	Biennial
TBD January, 2021	Joint Commission Application	The Joint Commission	Annual
February – July, 2021	Annual Hospital License Survey	DC Health	Yearly (Between February – July)
February 2021 – August 2021	IV Hood Certification	Laminar Flow Consultants	Biannual
February 7, 2021 **February 15, 2021** **March 1, 2021** **May 29, 2021** **October 19, 2021**	MRI Nuclear Medicine CAT Scan Ultrasound Mammography	American College Radiology (ACR)	Triennial
November 1, 2021	Hospital License Application	DC Health	Yearly Post Annual Survey
November 30, 2021	Hospital Safety Survey	The Leapfrog Group	Annual (TBD)
January 13, 2022	Lab Accreditation	College of American Pathology (CAP)	Biennial
January 13, 2022	Lab Accreditation	American Association of Blood Banks (AABB)	Biennial
November, 2023	Joint Commission Accreditation	The Joint Commission	Triennial

Finance Committee

Open Report

- March 23: Reg Mtg

Not-For-Profit Hospital Corporation Board of Directors
Finance Committee: DM Wayne Turnage, Chair
Reg Mtg Agenda: Tuesday, March 23, 2021 @1p

Draft Agenda – 3/23/2021, 12p
OPEN Report

I. CALL TO ORDER / RECORDING / ROLL CALL

II. MINUTES

Attachment/Agenda Item		Included in Shared Drive	Committee Action Req'd
B1	Minutes – Dec 18	Yes	Vote
B2	Minutes – Jan 25	Yes	
B3	Minutes – Mar 2	Yes	

III. FINANCE, FINANCIALS & BUDGET

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
High Priority	DM Request to Operator	Verbal only	Discuss
C1	Monthly Financials – February 2021	Yes	Vote
-	Financial Discussion	Verbal only	Discuss

IV. CONTRACTS & POs

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
D1	Proposed Contracts/POs for review and approval, if any, **but MUST include new operator contract**	Yes	Vote
D2	CY 2021 Council Transmittals Monthly Report with **April 6 Leg Mtg Update**	Yes	FYI
-	RFP Legal Review Update & Alternative Planning , if needed	*No – To be referred to Governance Committee (or other appropriate committee) for detailed legal review*	N/A

V. SETTLEMENTS

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
-	Vendor Reconciliation Update	*No – To be referred to Governance Committee (or other appropriate committee) for detailed settlement review*	N/A

VI. FINANCE COMMITTEE OPERATIONS

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
F1	Final CY2021 FC Meeting Schedule	Yes	FYI
F2	Introduction of proposed changes to FC review of contracts, settlements, POs	Yes	Discuss

VII. NEW BUSINESS/OLD BUSINESS

- Wed, March 31 – UMC transmittal deadlines for the April 6th leg mtg; talking points on new Mazars contract due to DM
- Fri, May 7 – FY22 Council COH Budget Hearing ***(new date)***

VIII. ANNOUNCEMENTS *(Dates subject to change)*

Tues, Mar 23	Finance Committee – Regular Monthly Meeting
Wed, Mar 24	Board – Monthly meeting
Tues, Apr 6	Council – Regular Leg mtg *(Mar 31 – UMC deadline)*
Apr 9 -16	Council – Spring Recess
Thurs, Apr 22	Mayor transmits proposed FY22 Budget & BSA
Fri, Apr 23	Council – Hearing on Mayor's proposed FY22 Budget & BSA
	Finance Committee – Regular Monthly Meeting
Wed, Apr 28	Board – Monthly meeting
Tues, May 4	Council – Regular Leg Mtg *(Apr 28 – UMC deadline)*
Fri, May 7	**Council – COH FY22 Budget & BSA Oversight Hrgs: NFPHC, DMHHS, DHCF**
Fri, May 21	Finance Committee – Regular Monthly Meeting
Tues, May 25	**Council – COH FY22 Budget & BSA Mark up Meeting**
Tues, June 1	Council – Regular Leg Mtg *(May 26 – UMC deadline)*
Mon, June 21	Finance Committee – Regular Monthly Meeting

IX. ADJOURNMENT

Notice of Intent to close. The NFPHC hereby gives notice that if necessary, it may close and move to executive session to discuss contracts, settlements, legal matters with an attorney, collective bargaining negotiations, personnel matters, and public health emergency matters. D.C. Official Code §§2-575(b)(2)(4A)(5)(8)(10).

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting

Preliminary Financial Report Summary

For the month ending February 28, 2021

DRAFT

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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2021 Actual Gap Measures
As of February 2021

	FY 2021 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
Net Income/(Loss) from Operations:			**($28,629,600)**	
Add: Initiatives to be Realized				
Various Issues Affecting Admission	$4,300,000	$0	$0	0.0%
GWUMFA Professional Fees Collection	$7,200,000	$2,020,312	$5,179,688	28.1%
Supply Chain/Contracts	$600,000	$0	$0	0.0%
Salary and Agency Reduction	$1,000,000	$0	$0	0.0%
Managed Care	$500,000	$0	$0	0.0%
Subtotal	**$13,600,000**	**$2,020,312**	**$5,179,688**	14.9%
Projected Net Income (Loss) from Operations			**($23,449,912)**	
Original Projected Income			$1,176,483	
Shortfall from Budget			($24,626,395) *	

***Need a plan to close the 24.6M gap from Mazar**

Report Summary

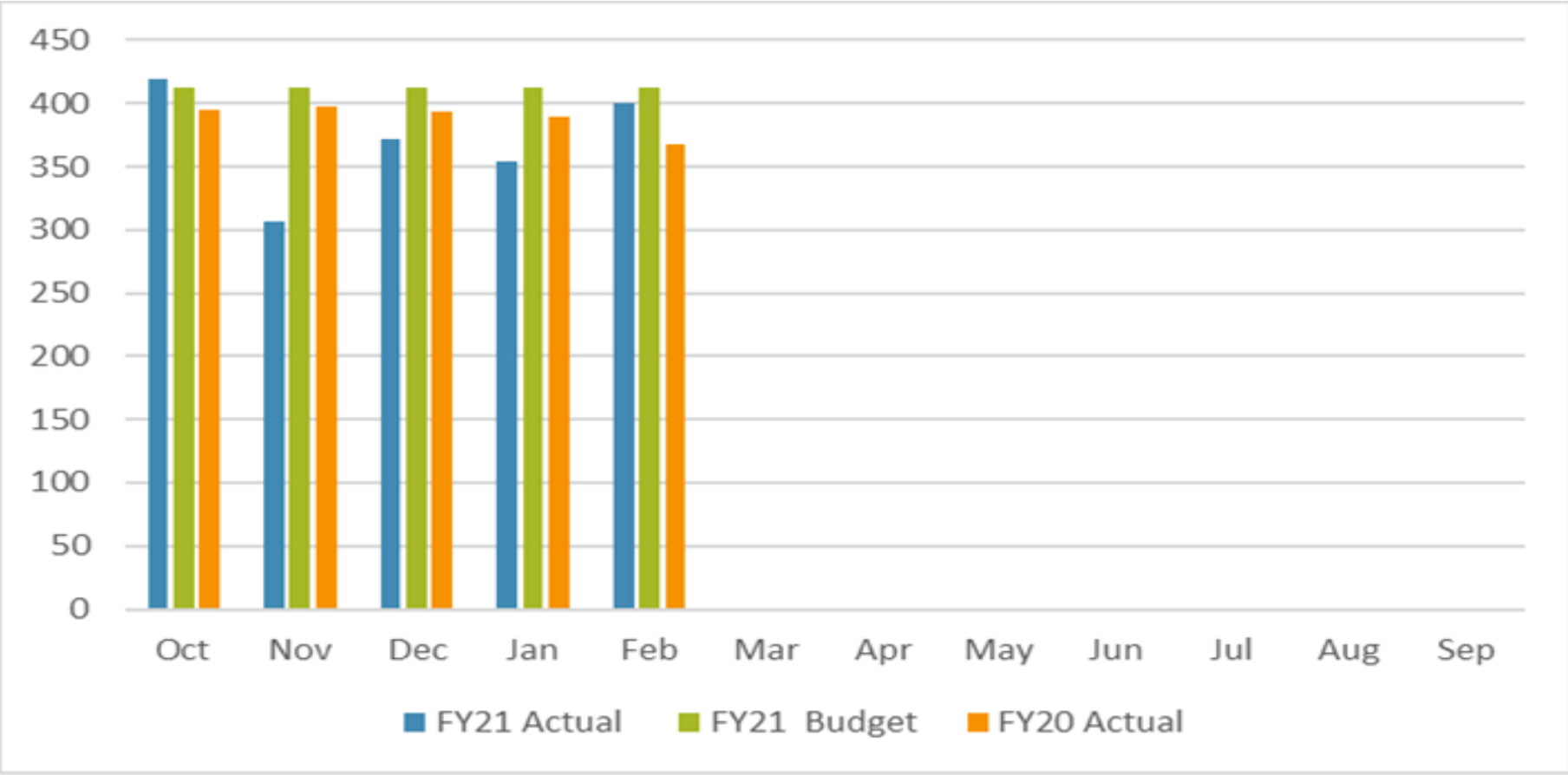
- **Revenue**
  - **Total operating revenue is lower than budget for the month by 6% (641K) and 15% YTD (8.1M), due to the following factors:**
    - **Net patient revenues are below budget by 19% (1.5M) MTD and 25% (10M) YTD, due to the following:**
      - **Admissions are below budget by 3% for the month and 10% YTD**
      - **ER visits are below budget by 34% MTD and 28% YTD**
      - **Radiology visits are below budget by 36% MTD and 26%YTD**
    - **DSH revenue is on budget MTD but below budget by 17% (813K) YTD**
    - **GWMFA collections are lower than budget by 35% (212K) MTD and 33% (980K) YTD**
- **Expenses**
  - **Total operating expenses are higher than budget by 11% (1.2M) MTD and 8% (4.3M) YTD**
  - **Contributing factors are as follows:**
      - **Salaries are below budget by 6% MTD (251K) but over budget by 8% (1.6M) YTD.**
        - **Overtime is 1.4M over budget YTD. Some of the variance can be attributed to increased security and facility issues to address hospital safety concerns.**
      - **Employee benefits are under budget by 4% (40K) MTD but over budget 19% (1M) YTD, due to the impact of various taxes.**
      - **Contract Labor is excessively over budget by 462% (769K) MTD and 111% (929K) YTD, due to clinical premium COVID rates.**
      - **Professional Fees are over budget 16% (277K) MTD and 2% (186K) YTD, due to timing of various contracts.**
      - **Purchased Services are over budget 23% (321K) and 5% (384K) YTD.**
      - **Other Expenses are higher than budget by 14% (193K) MTD and 31% (1.4M) YTD as a result of increases in insurance and unexpected repairs.**

- **Cash on Hand – 35 days**

Key Indicators

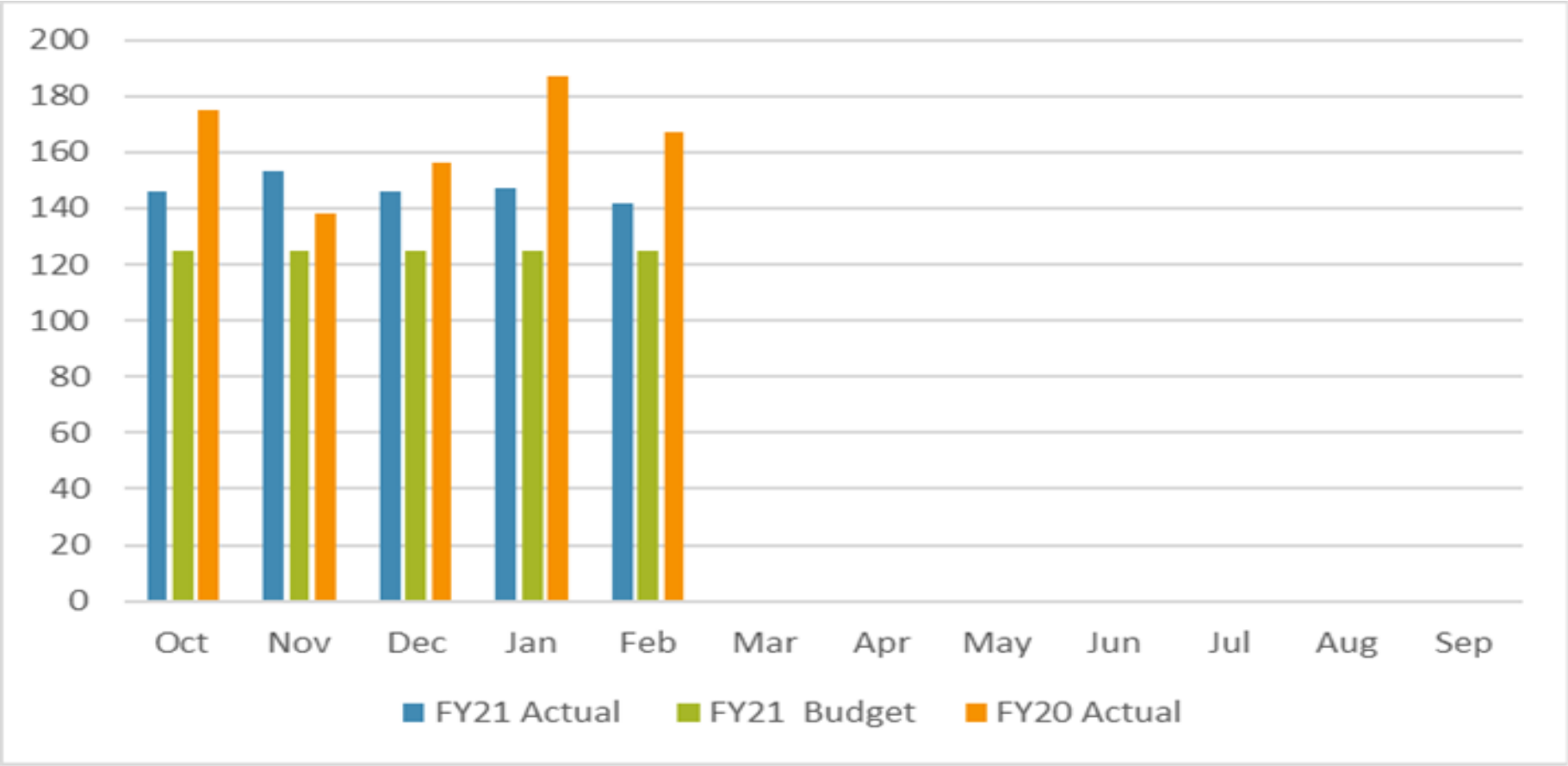
Fiscal Year 2021 thru 02/28/2021 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	400	413	368	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	142	125	167	▲	▲
Emergency Room Visits	Actual Visits	2,716	4,125	3,965	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	665	654	804	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.27	1.23	1.20	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (exludes contract services)	46%	54%	52%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	81.0	85.0	76.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	95%	92%	98%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	35	45	60	▼	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-25.4%	1.0%	-7.4%	▼	▲

Total Admissions (Consolidated)



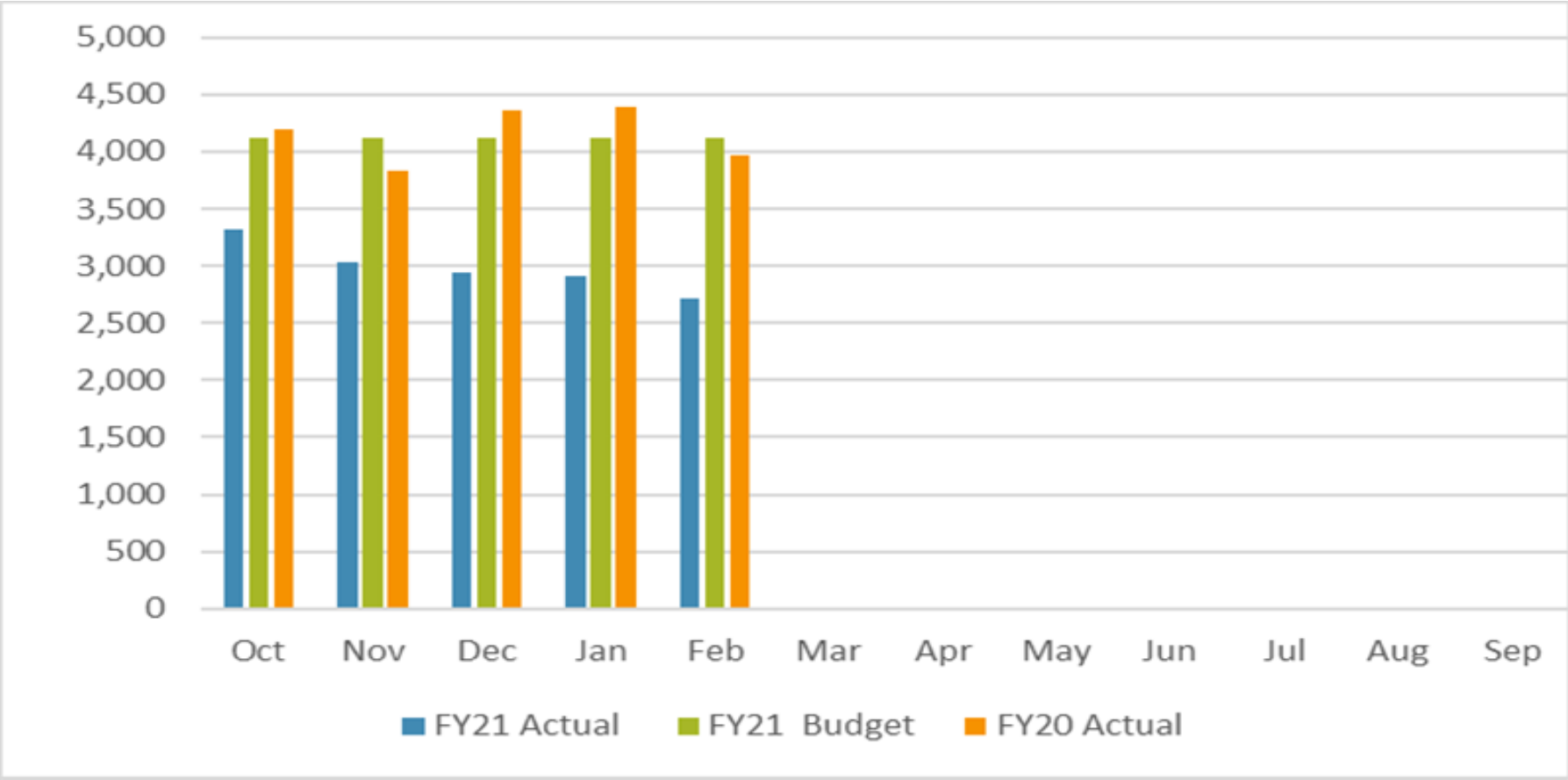
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419	306	372	354	400							
FY21 Budget	413	413	413	413	413							
FY20 Actual	395	398	393	389	368							

Inpatient/Outpatient Surgeries



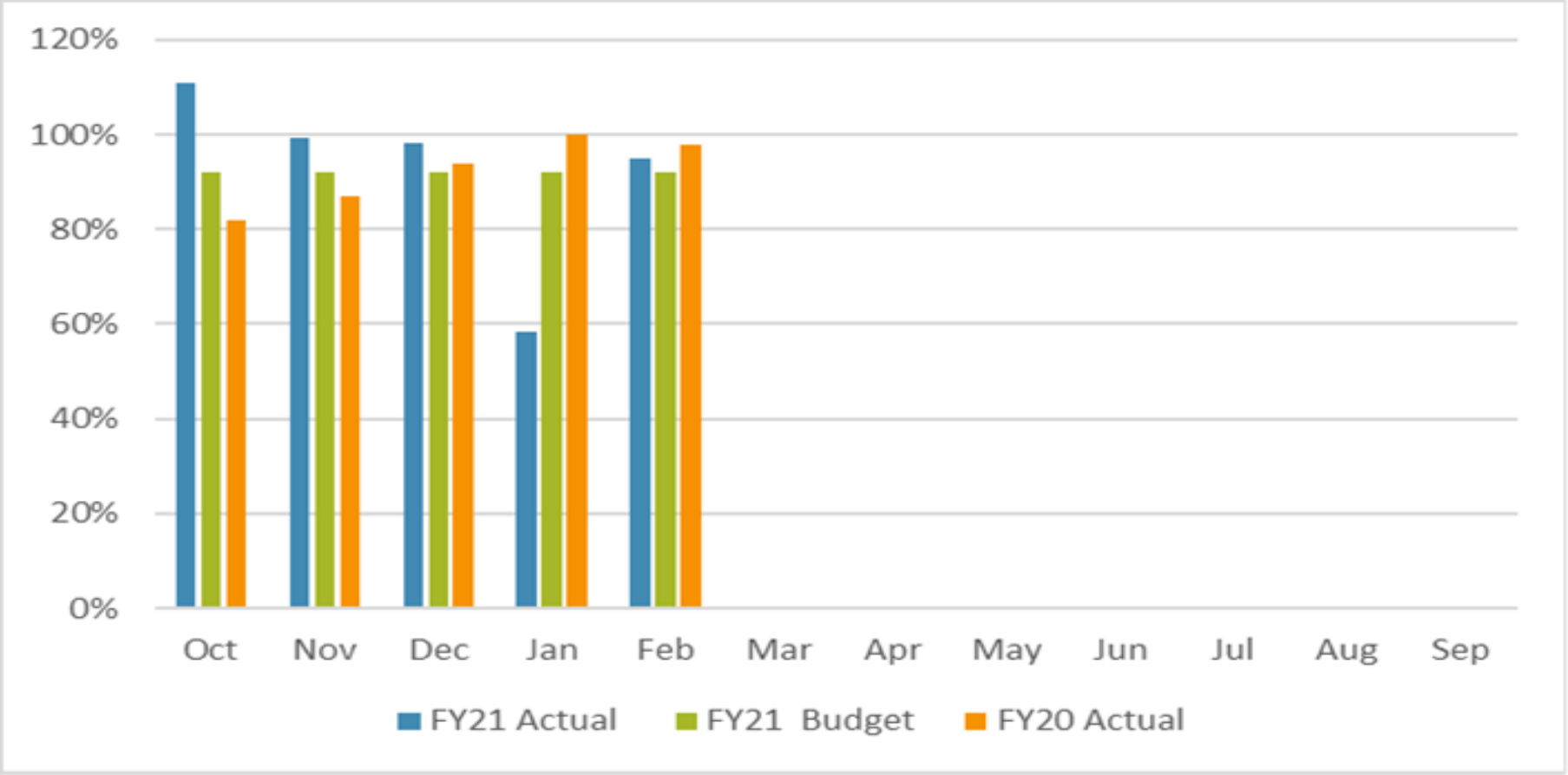
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146	153	146	147	142							
FY21 Budget	125	125	125	125	125							
FY20 Actual	175	138	156	187	167							

Total Emergency Room Visits



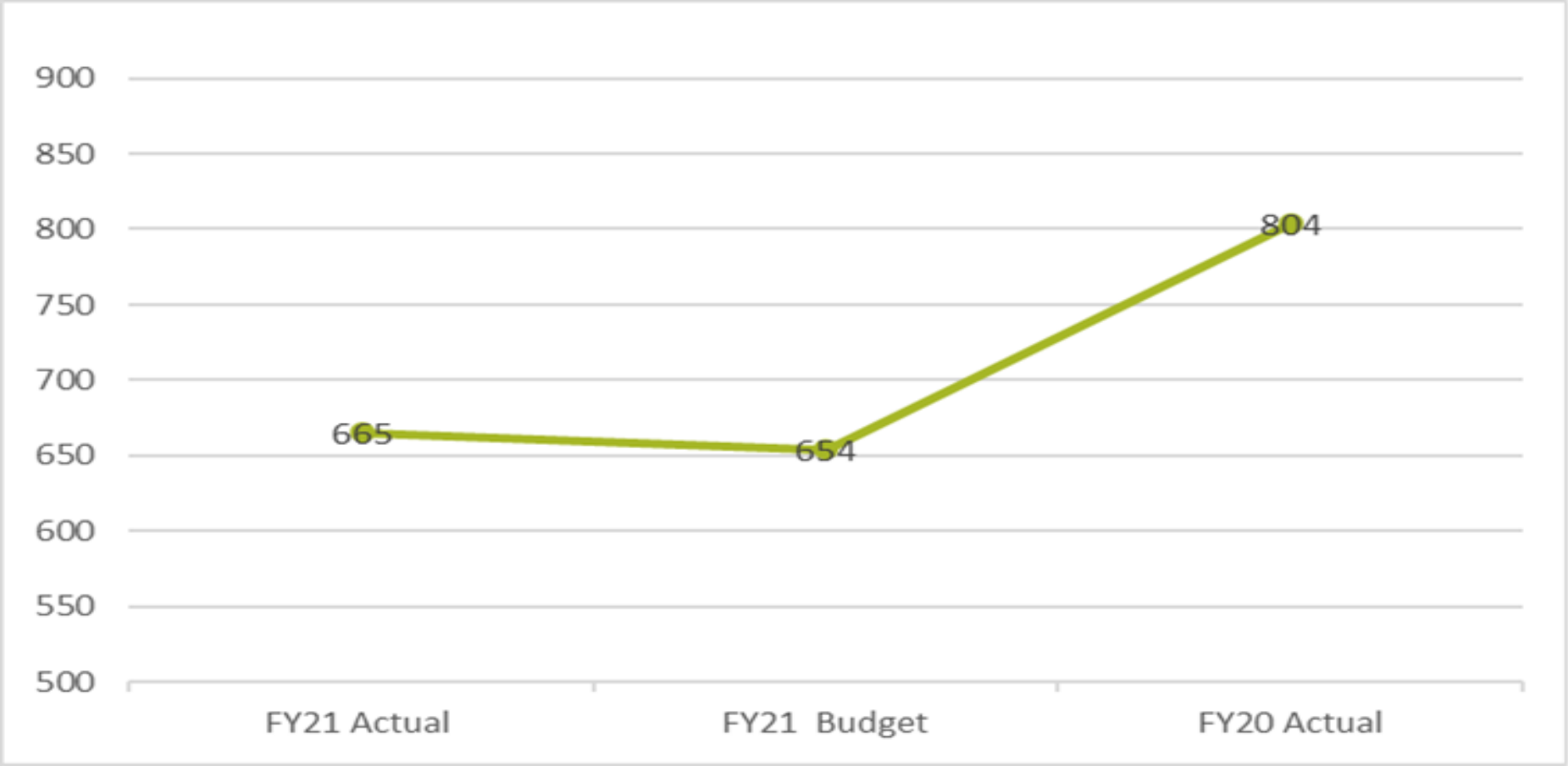
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	3,313	3,037	2,947	2,909	2,716							
FY21 Budget	4,125	4,125	4,125	4,125	4,125							
FY20 Actual	4,194	3,836	4,365	4,386	3,965							

Cash Collection as a % of Net Revenues



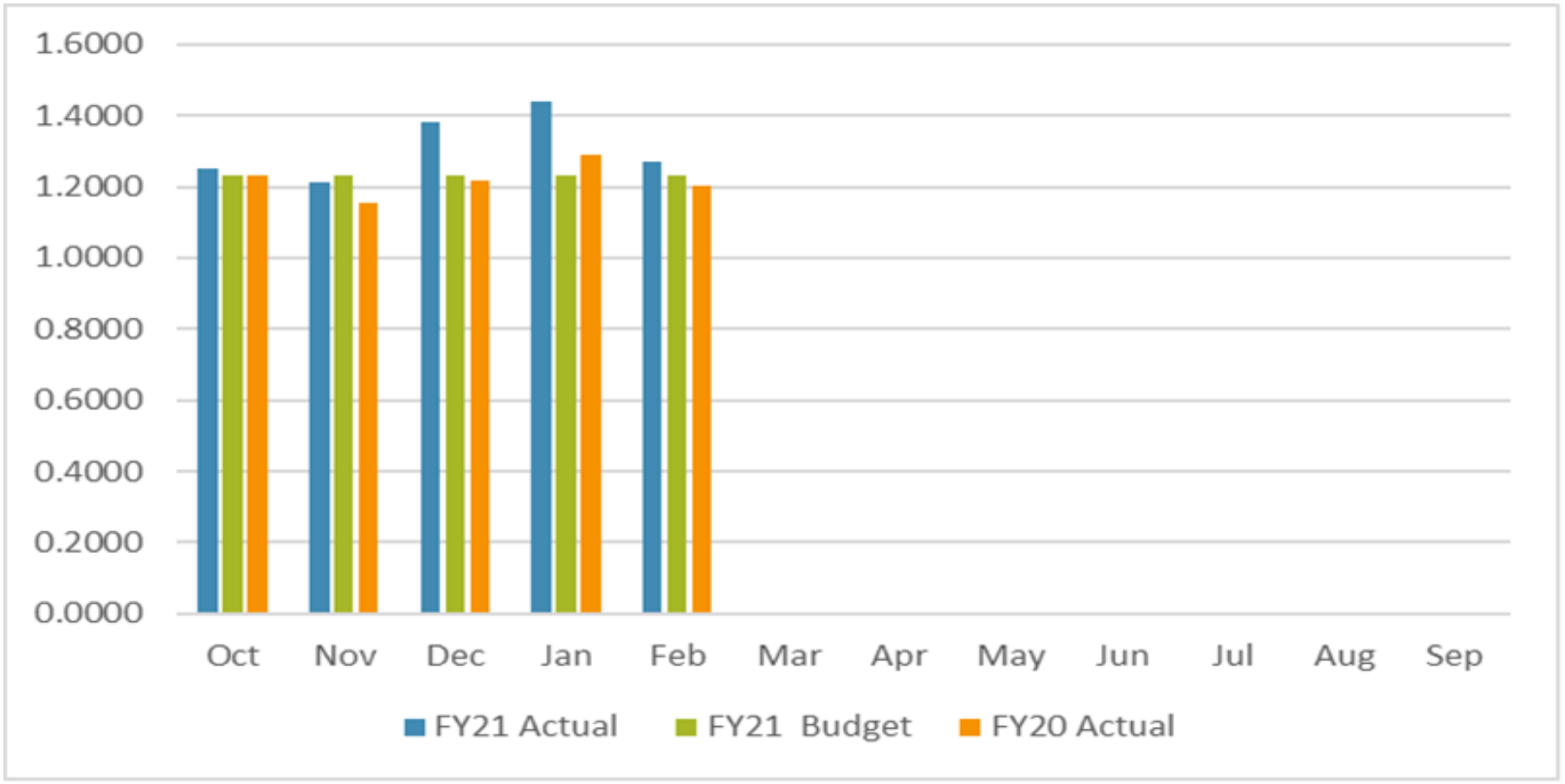
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%	99%	98%	58%	95%							
FY21 Budget	92%	92%	92%	92%	92%							
FY20 Actual	82%	87%	94%	100%	98%							

Number of FTEs



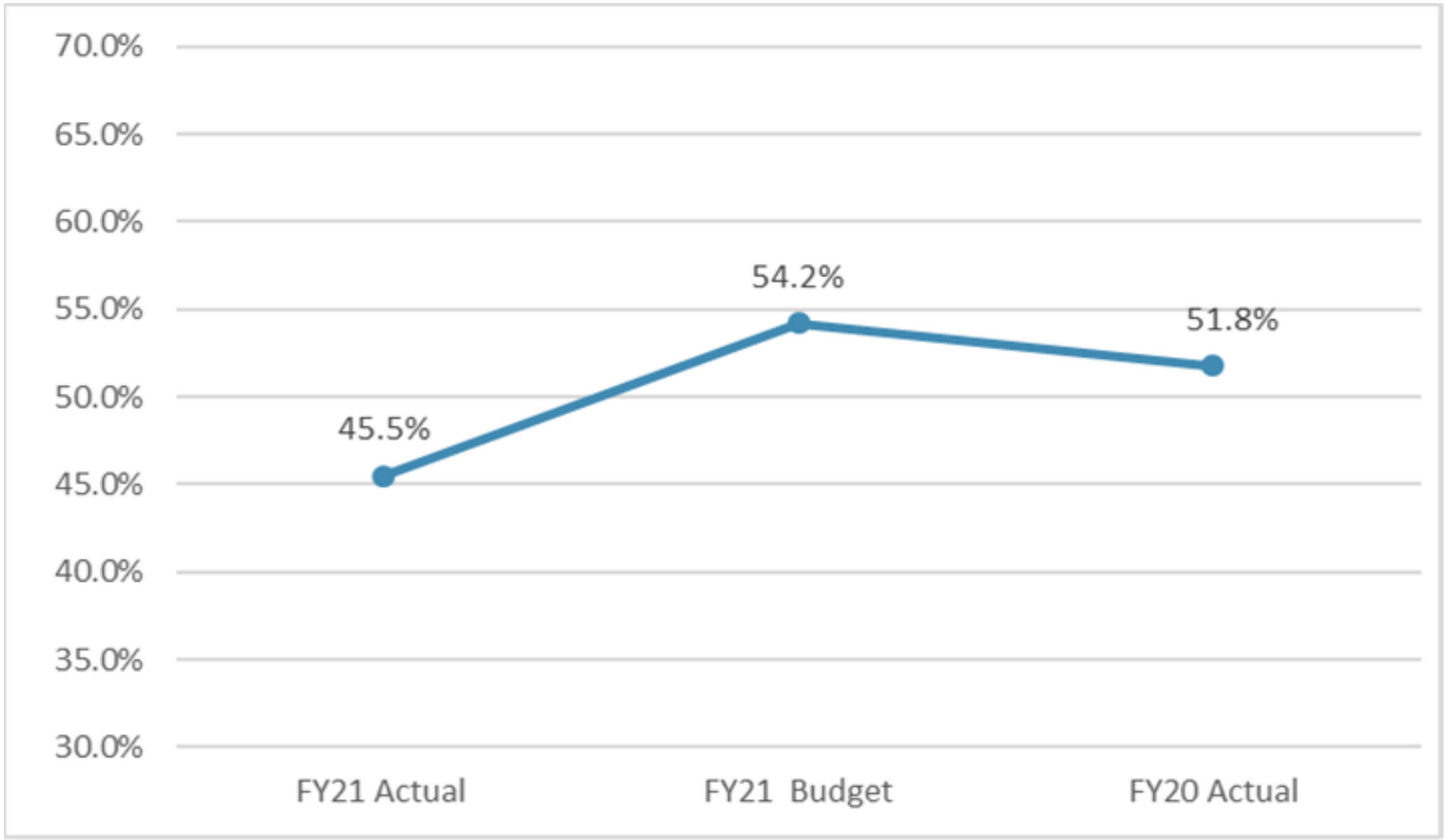
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771	766	725	665							
FY21 Budget	654	654	654	654	654							
FY20 Actual	748	770	779	788	804							

Case Mix Index

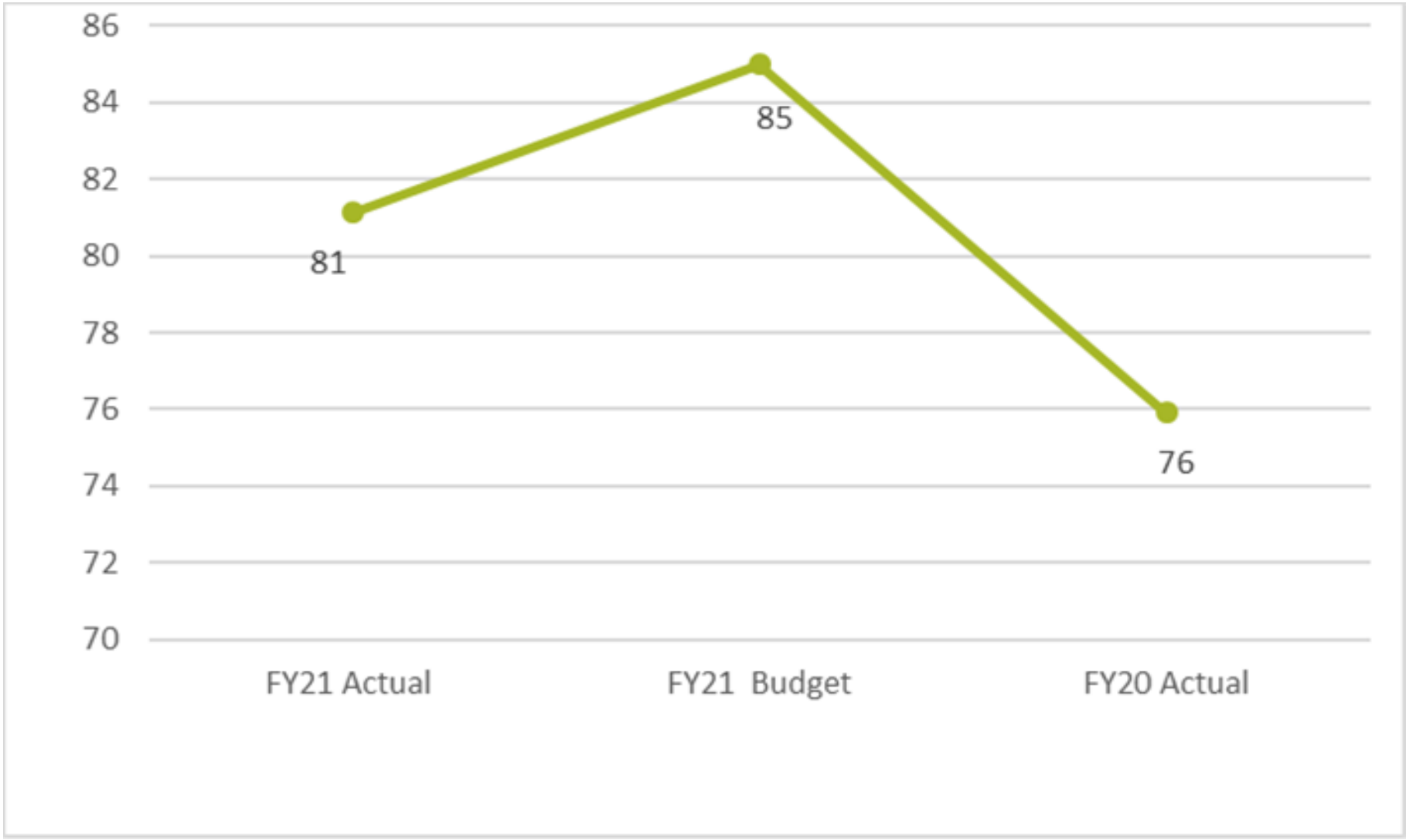


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700							
FY21 Budget	1.2300	1.2300	1.2300	1.2300	1.2300							
FY20 Actual	1.2300	1.1530	1.2190	1.2900	1.2010							

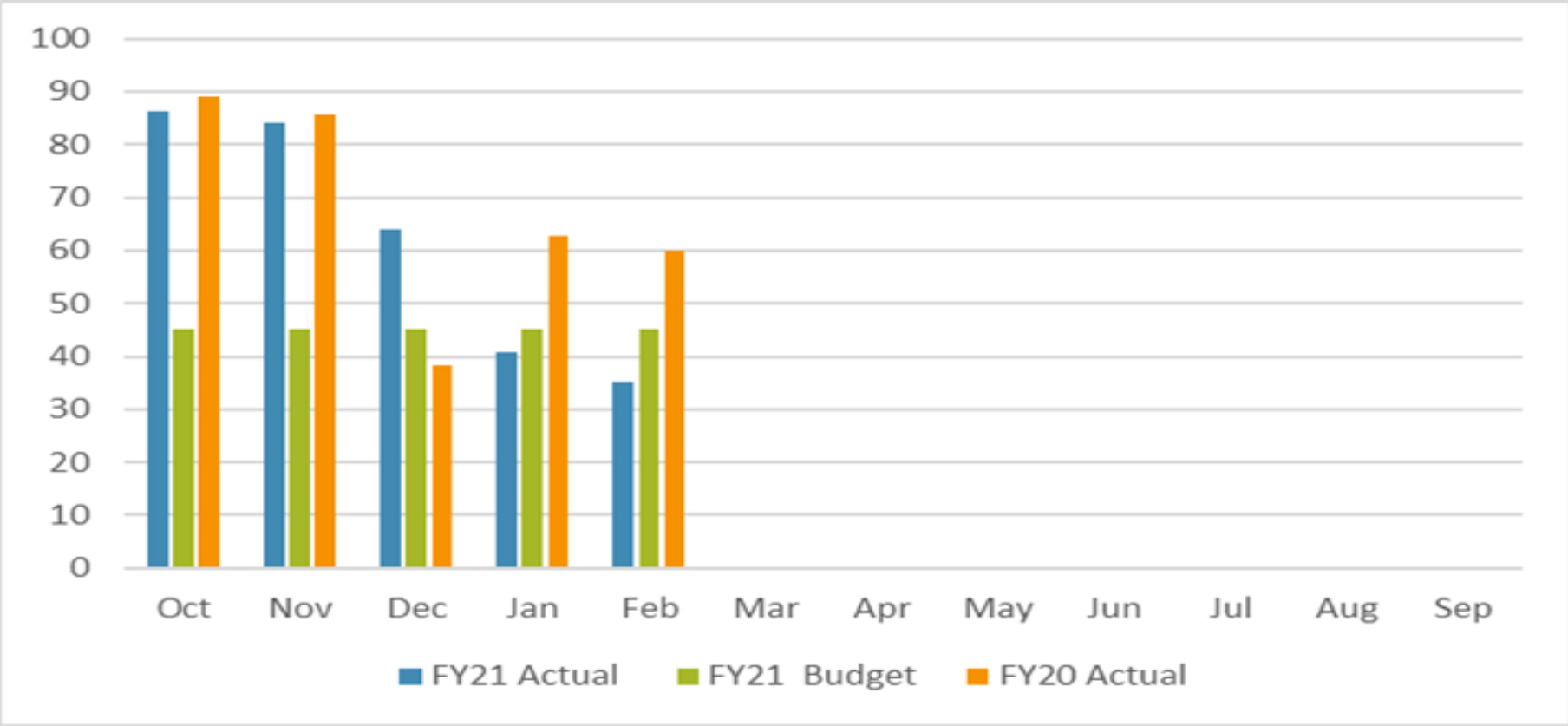
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

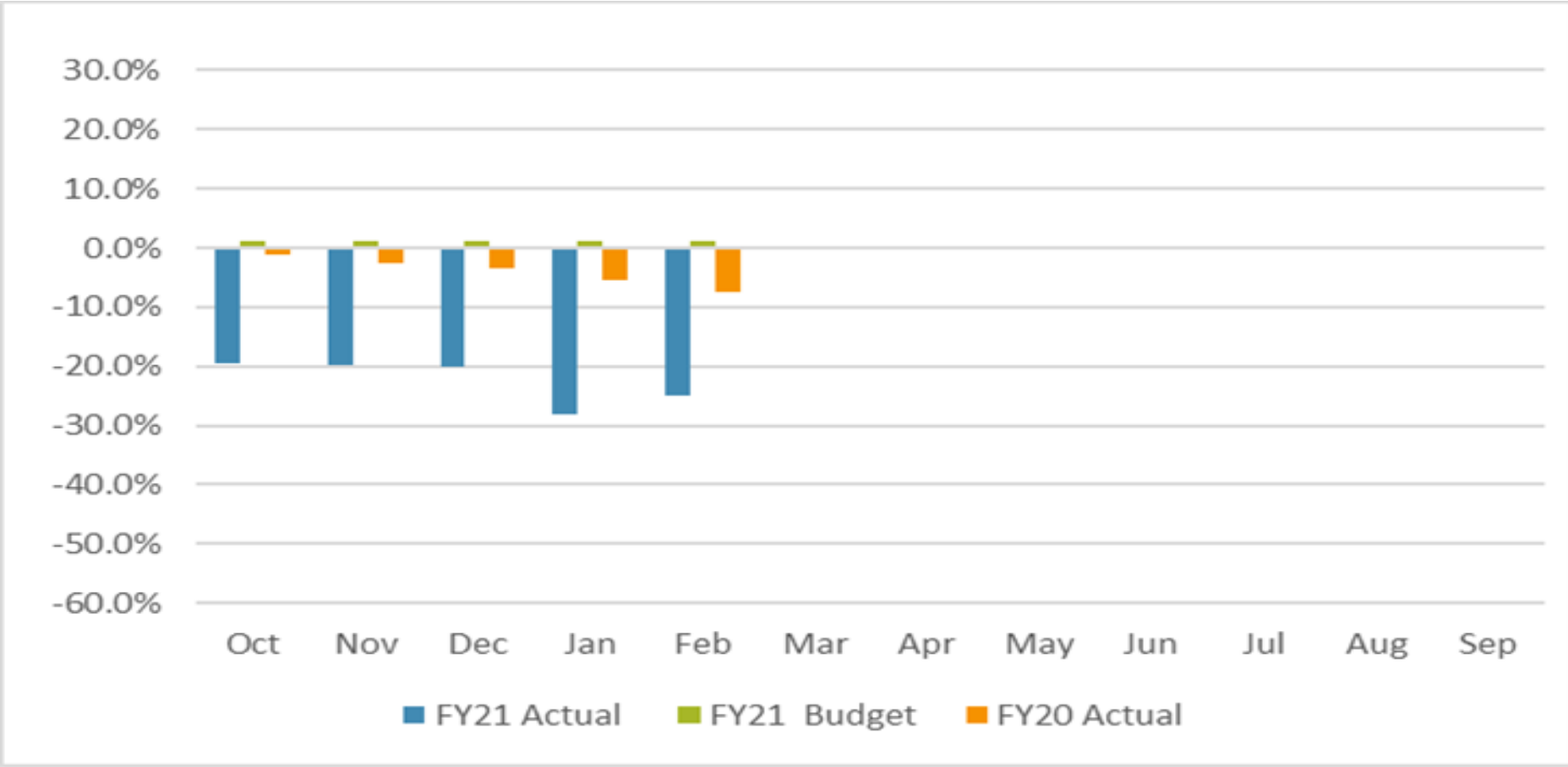


Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	86	84	64	40	35							
FY21 Budget	45	45	45	45	45							
FY20 Actual	89	86	38	63	60							

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	-19.4%	-19.7%	-20.0%	-27.8%	-25.4%							
FY21 Budget	1.0%	1.0%	1.0%	1.0%	1.0%							
FY20 Actual	-1.3%	-2.6%	-3.5%	-5.5%	-7.4%							

Income Statement

FY21 Operating Period Ending February 28, 2021

	Month of February			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	400	413	368	(13)	-3%	32	9%	1,851	2,063	1,943	(212)	-10%	(92)	-5%
Patient Days	2,429	2,308	4,714	121	5%	(2,285)	-48%	11,039	11,539	24,353	(500)	-4%	(13,314)	-55%
Emergency Room Visits	2,716	4,125	3,965	(1,409)	-34%	(1,249)	-32%	14,922	20,625	20,746	(5,703)	-28%	(5,824)	-28%
Clinic Visits	2,058	1,093	1,101	965	88%	957	87%	9,676	5,463	5,530	4,213	77%	4,146	75%
IP Surgeries	60	58	50	2	4%	10	20%	317	290	296	27	9%	21	7%
OP Surgeries	82	67	117	15	22%	(35)	-30%	417	335	527	82	24%	(110)	-21%
Radiology Visits	489	765	761	(276)	-36%	(272)	-36%	2,843	3,827	4,638	(984)	-26%	(1,795)	-39%
Revenues														
Net Patient Service	6,373	7,875	6,900	(1,502)	-19%	(528)	-8%	29,421	39,376	35,204	(9,955)	-25%	(5,783)	-16%
DSH	964	964	964	(0)	0%	-	0%	4,007	4,820	4,820	(813)	-17%	(812)	-17%
CNMC Revenue	177	177	250	0	0%	(73)	-29%	815	884	1,113	(68)	-8%	(298)	-27%
Other Revenue	2,869	2,007	2,673	862	43%	196	7%	12,755	10,037	13,762	2,718	27%	(1,008)	-7%
Total Operating Revenue	**10,383**	**11,023**	**10,787**	**(641)**	**-6%**	**-405**	**-4%**	**46,998**	**55,116**	**54,900**	**(8,118)**	**-15%**	**(7,901)**	**-14%**
Expenses														
Salaries and Wages	3,918	4,170	4,312	(251)	-6%	(393)	-9%	22,413	20,848	22,929	1,565	8%	(516)	-2%
Employee Benefits	1,044	1,084	1,479	(40)	-4%	(435)	-29%	6,425	5,421	6,456	1,004	19%	(31)	0%
Contract Labor	936	167	435	769	462%	501	115%	1,762	833	1,303	929	111%	459	35%
Supplies	1,173	1,208	1,050	(36)	-3%	123	12%	4,775	6,042	4,958	(1,267)	-21%	(183)	-4%
Pharmaceuticals	121	241	229	(120)	-50%	(109)	-47%	1,273	1,205	1,118	68	6%	155	14%
Professional Fees	2,011	1,734	2,112	277	16%	(102)	-5%	8,854	8,668	8,557	186	2%	297	3%
Purchased Services	1,733	1,412	1,403	321	23%	331	24%	7,442	7,059	8,767	384	5%	(1,325)	-15%
Other	1,194	910	1,387	284	31%	(193)	-14%	5,983	4,550	4,876	1,433	31%	1,107	23%
Total Operating Expenses	**12,129**	**10,925**	**12,406**	**1,204**	**11%**	**(277)**	**-2%**	**58,927**	**54,626**	**58,963**	**4,302**	**8%**	**-36**	**0%**
Operating Gain/ (Loss)	**(1,746)**	**98**	**(1,618)**	**(1,844)**	**-1881%**	**(128)**	**8%**	**(11,929)**	**490**	**(4,063)**	**(12,419)**	**-2534%**	**(7,866)**	**194%**

Balance Sheet

As of the month ending February 28, 2021

Feb-21	Jan-21	MTD Change		Sep-20	YTD Change
			Current Assets:		
$ 26,999	$ 38,107	$ (11,108)	Cash and equivalents	$ 53,402	$ (26,403)
15,806	14,817	989	Net accounts receivable	14,651	1,155
6,527	6,231	296	Inventories	6,024	503
4,584	4,311	273	Prepaid and other assets	1,054	3,530
53,915	63,465	(9,550)	Total current assets	$ 75,131	$ (21,216)
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
65,950	68,190	(2,239)	Capital Assets	69,722	(3,772)
65,950	68,190	(2,239)	Total long term assets	69,722	(3,772)
$ 119,865	$ 131,655	$ (11,789)	Total assets	$ 144,853	$ (24,988)
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
15,710	14,900	809	Trade payables	18,773	(3,063)
11,245	11,886	(641)	Accrued salaries and benefits	11,838	(593)
2,593	2,592	2	Other liabilities	2,594	(1)
29,548	29,378	170	Total current liabilities	33,205	(3,657)
			Long-Term Liabilities:		
10,156	12,872	(2,716)	Unearned grant revenue	13,890	(3,734)
7,304	7,270	34	Estimated third-party payor settlements	7,219	85
1,848	1,629	-	Contingent & other liabilities	1,629	219
19,308	21,772	(2,464)	Total long term liabilities	22,738	(3,430)
			Net Position:		
71,010	80,505	(9,496)	Unrestricted	88,910	(17,900)
71,010	80,505	(9,496)	Total net position	88,910	(17,900)
$ 119,865	$ 131,655	$ (11,790)	Total liabilities and net position	$ 144,853	$ (24,988)

Statement of Cash Flow
As of the month ending February 28, 2021

Dollars in Thousands

Month of February				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
		Cash flows from operating activities:			
$ 12,354	$ 9,084	Receipts from and on behalf of patients		$ 32,359	$ 38,820
(14,467)	(6,731)	Payments to suppliers and contractors		(36,968)	(25,391)
(11,203)	(5,300)	Payments to employees and fringe benefits		(29,431)	(29,212)
2,414	3,084	Other receipts and payments, net		(5,087)	4,684
(10,902)	137	Net cash provided by (used in) operating activities		(39,126)	(11,099)
		Cash flows from investing activities:			
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		-	-
-	-	Receipts of interest		-	1
-	-	Net cash provided by (used in) investing activities		-	1
		Cash flows from noncapital financing activities:			
-	-	Repayment of notes payable		-	-
-	-	Receipts (payments) from/(to) District of Columbia		15,000	22,140
-	-	Net cash provided by noncapital financing activities		15,000	22,140
		Cash flows from capital and related financing activities:			
-	-	Net cash provided by capital financing activities		-	-
7	23	Receipts (payments) from/(to) District of Columbia		(119)	3,248
(213)	(813)	Change in capital assets		(2,158)	(1,742)
(206)	(790)	Net cash (used in) capital and related financing activitie		(2,277)	1,506
(11,108)	(653)	Net increase (decrease) in cash and cash equivalents		(26,404)	12,547
38,107	**45,133**	**Cash and equivalents, beginning of period**		**53,402**	**31,933**
$ 26,999	**$ 44,480**	**Cash and equivalents, end of period**		**$ 26,999**	**$ 44,480**
		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			

CY2021 Finance Committee Meeting Schedule

3rd Monday of each month, except where noted; dates subject to change	
Monday, January 25, 430p	Friday, July 23, 2p
Mon, February 24 & Tues, March 2	Friday, August 20, 2p
Tuesday, March 23, 1p	Monday, September 20th, 3p
Friday, April 23, 2p	Friday, October 22, 2p
Friday, May 21, 2p	Friday, November 19, 2p
Monday, June 21, 3p	Monday, December 20, 330p