



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: October 28, 2020

Location - Meeting link: <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.phpMTID=m1fa4b236956ff0cbe15164ab85c49ab5> Meeting number: 132 033 2179 Password: N4Ym6APdmk5

2020 BOARD OF DIRECTORS

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

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



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

LARUBY Z. MAY, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 12:00PM on Wednesday, October 28, 2020. Due to the Coronavirus pandemic, the meeting will be held via **Meeting link:** https://unitedmedicalcenter.webex.com/unitedmedicalcenter/j.php?MTID=m411e1e31e2052b19b59_ee2a060cfb7b3 **Meeting number:**132 033 2179 **Password:** N4Ym6APdmk5

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).

I. CALL TO ORDER DRAFT AGENDA

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES

September 23, 2020

V. CONSENT AGENDA

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

VI. EXECUTIVE MANAGEMENT REPORT

- A. Colene Daniel, Chief Executive Officer
- B. Trenell Bradley, Human Resources Director
- C. Toya Carmichael, VP Public Relations/Corporate Secretary

VII. NFPHC COMMITTEE REPORTS

VIII. PUBLIC COMMENT

IX. OTHER BUSINESS

- A. Old Business
- B. New Business

X. ANNOUNCEMENTS

XI. ADJOURN



UMC

UNITED
MEDICAL CENTER

General Board Meeting
Date: October 28, 2020

**Reading and
Approval of
Minutes**

Minutes Date:
September 23, 2020



Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, September 23, 2020
Held via WebEx

Absent: Dir. Gorham

Directors: LaRuby May, Angell Jacobs, Brenda Donald, Velma Speight, Wayne Turnage, Dr. Konrad Dawson, Robert Bobb, Girume Ashenafi, Dr. Malika Fair, Millicent Gorham

UMC Staff: CEO Colene Daniel, Dr. McPherson Corder, CNO Dr. Jacqueline Payne-Borden, Raymond Tu, CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, HR Dir. Trenell Bradley, CCO Brian Gradle, Ken Blackwell

Other: Kai Blisset, Cheyenne Holland

Agenda Item	Discussion
Call to Order	Called to order by Chairwoman May at 12:08pm
Approval of the Agenda	Mot by Speight, 2 nd by Bobb, unanimous vote Chair May took a moment to note September is suicide prevention month.
Approval of the Minutes	Mot by Dir. Bobb, 2 nd by Dir. Speight. Unanimous vote

<p>Discussion</p>	<p style="text-align: center;"><u>CONSENT AGENDA</u></p> <p><u>CHIEF MEDICAL OFFICER REPORT: Dr. Raymond Tu</u></p> <ul style="list-style-type: none"> • CEO noted that Monday, September 21, 2020 was Dr. Tu's last day. He attended the meeting at the request of the CEO and gave his report as written. • Chair May thanked Dr. Tu for his significant contributions to the UMC. Thanked Dr. Tu for his commitment to the community and highlighted his work with youth techs who were working on old equipment. A letter of acknowledgement came from the district. • Dr. Dawson also thanked Dr. Tu for his contributions to UMC, his stewardship and the way he has conducted himself during this tenure here. <p><u>CHIEF OF MEDICAL STAFF REPORT: Dr. Marilyn McPherson-Corder</u></p> <ul style="list-style-type: none"> • Submits her report as written. • Thanked Dr. Tu for his service. • Has met with Brian Gradle several times to discuss the dos and don'ts at UMC and we are decreasing the don'ts. • Highlight Colene and she will talk more about the patient handbook. • Met with ED staff last night and discussed the wait time. Will continue to look for whatever support we need for nursing. • In the community working with The Faunteroy Center with Toya. <p><u>CHIEF NURSING OFFICER: Dr. Jacqueline Payne-Borden</u></p> <ul style="list-style-type: none"> • Remain in ready status for our JC survey visit. Staff from Quality Department joined Dr. Jacqui to do real time finding reviews and share the findings with management team for correction and management team has been pretty receptive. • It came to our attention that the physiatrist has not been master treatment plans were not being signed and submitted timely but were being saved for later. IT has added a function to our systems so we can have on time signatures. • We received our flu vaccines and we began our staff immunization initiatives in September which is typical for UMC. • During the retreat Dr. Jacqui provided an overview of the emergence of hospital ethics committees, this was a great learning experience for Dr. Jacqui as well. <p>Motion to accept CMO, COS, and CNO reports by Dir. Bobb, 2nd by Dir. Dawson, unanimous vote.</p>

EXECUTIVE MANAGEMENT REPORT: CEO Colene Daniel

- Highlighted the many celebrations we had for Dr Tu and the dedication we had in his honor.
- Noted that page 2 of her report contains an error with regards to the accreditations, the Finance Interim and Year End Audits are not yet complete.
- Joint Commission, we had a nice call and conversation with them. Our new window is on or after November 2, 2020. They will give us a call and say that they are onsite and we will be ready and set up. They will begin promptly at 8am and there will be a physician that will stay 4 days, a nurse that will stay 4 days and a life safety engineer that will stay 2 days.
- They will review all 14 chapters and will also review us for CMS so we can continue our Deemed Status. As soon as they show up on campus, CEO will alert Toya to notify the Board of the date and time Joint Commission would like to speak with which Board members, likely Chair May and Dr. Fair as Chair of the PI Committee.
- On page 3 our new focus is quadruple aim and we are working to change the logo. For better outcomes we are focused on education and training.
- We also have a new hospital handbook for our patients and Dr. Faye is currently working on a handbook for our emergency department.
- In terms of costs, working with Dr. Morrow and Corder and we have pretty well figured out how to reconfigure our clinical services to bring down cost of contracts, doing calendars to know when we can meet.
- Facilities updates submitted by Ken Blackwell included in CEO's report.

Questions:

- Chair May asked whether we have any major concerns that the board should be aware of for our Joint Commission visit that may prevent us from being successful?
- Colene said no we should receive reaccreditation but we are vulnerable because CMS requires certain personnel that we do not have and we have a very old building that presents many challenges but we are working with Mr. Blackwell to either fix them or develop a plan for repairs that we can share with Joint Commission.
- Joint Commission requires that we put together a mitigation plan to ensure that patients and staff are safe and we have that plan prepared.
- Ken Blackwell added that our biggest issue is the HVAC system and maintaining our pressure systems and it is an issue in new buildings as well but we have our mitigation plan in place and we are ready for them.
- Chair May asked if we have finished the facilities plan that was to be presented to the Finance Committee for the repairs we need for the duration of the hospital? Ken stated the plan is complete and is it pretty exhaustive.

- Dr. Jacqui stated she doesn't think we are doing badly in terms of prep, having been reviewing policies with staff in daily huddles at least 3 times. Feels confident we will do well. We may have a few deficiencies but nothing overwhelming.
- Chair May asked what our plan is to maintain our level of services that we put in place as we prepare for the Joint Commission visit?
- Colene noted that yes that is our quadruple aim initiative. We are doing rounds. Infection control is doing rounds for patient and staff safety and to keep up with all the infection control issues that need to be addressed right away, we are also putting in training programs because our staff need a lot of training over the next few years. CMS and Joint Commission are the minimum standards so they expect us to meet those standards and then go beyond.
- Chair May asked about our IT systems and email.
- David responded that we are working on identify some potential item that we could purchase that qualify for telehealth. Doesn't include services strictly products.
- Chair May added that she was contacted by some individual regarding a \$500k grant that we were approved for to get supplies and materials to provide telehealth to our patients and the grant needed to be spent by September 30th and we have not spent much of the funds.
- David said yes, we are trying to identify those products and get them purchased by the end of the month.
- Chair May asked if we have enough need to spend the \$500k by the end of the month?
- David said that is part of the challenge because initially we had operating costs that would only be covered for 6 months and we didn't want to buy anything that we would have to pay for after the 6 months. For example, cameras that could be used by patients to submit information to medical records.
- Chair May stated that she was informed that it is possible for the hospital to request to an extension of time to spend the funds. Does David think we need to request an extension of time?
- David stated that an extension of time would be helpful and he asked Vernon to reach out and find out if this is possible but the extension would be good for us to determine what we need and make sure we have funding for the operating costs.
- Chair May opened it up for discussion for the Board to decide if we want Ms. Daniel to submit an extension of time for us to utilize this grant funding.

Dir. Bobb moved that we request an extension of time for using the NFL grant funds.
2nd by Jacobs.

- Dir. Jacobs asked if there are ongoing operating costs after we purchase the software?

- David responded that it could be that's why we are trying to make sure that if we buy something that we minimize those ongoing expenses after the initial period. We are trying to be careful to avoid those expenses.
- Dir. Jacobs stated that it is great that we got the grant but if there are ongoing expenses with our already stressed budget we need to consider that before we make a decision.
- Dir. Donald asked if the increased telehealth visits might also increase our revenue that would help to offset the ongoing expenses?
- David said yes, it could potentially be additional revenue.
- Dir. Donald said someone should do a projection that considers the additional revenue.
- Colene added that hospitals are being reimbursed for telehealth visits but we are looking at purchasing other types of software that may not have additional ongoing operating costs which is why we need the extension.
- Chair May thanked Dir. Jacobs for the question and noted that her appreciation is we don't have an extra 500k sitting that we can spend and wait for reimbursement, wants to make sure that this is a consideration. The extension is asking for more time to think about it but not necessarily to confirm that we are going to use the funds.
- Chair May also asking CEO and her team for support. Chair May represents a client who was treated at UMC. He was hit by a car and came to the hospital for treatment but sent him to a pharmacy in MD to get his medication. We are the District's hospital and the continued actions of hospital staff sending our money outside of the District is disappointing. Local vendors who supply PPE are also available to the hospital and we do not use them and we are still purchasing PPE from a furniture company in Philadelphia. We keep sending District tax dollars outside of the city. Asking the CEO to fix this issue immediately. As a small business located in Ward 8, the Chair is committed that we are spending our money in a way that supports the folk who pay taxes here in the District and that are supporting people who live in the District.
- Colene asked for a copy of the letter but Chair May noted the letter is a copy of the client's medical record so she can't disclose that but the company is called Grace Care LLC which is a pharmacy in MD. We should at least be sending referrals to the pharmacy in our building.

CHIEF COMPLIANCE OFFICER REPORT: Brian Gradle

- Brian stated their goal is to move forward with each element of the 7 continuously. Have installed framed compliance hotline posters, in high traffic and high focus areas. Have enhanced new employee orientation program which starts with him talking for about an hour and a half. Addresses the culture of the hospital, myth of perfect performance and policy.

- Large number of unaddressed cases when he got here but he has addressed them and now there are only a handful remaining. Going forward these calls will be dealt with immediately. What the folks on the call know is where you get your whistleblowers is when people try to go to management or make a report and it is not addressed quickly.
- We have enhanced our excluded provider checks, we are doing it monthly by using the OAG list and the GOA list and the DC list.
- A Compliance program is only successful if there are partnerships and right relationships with other departments. Recently had an onboarding with the CFO and members of that department which was a good meeting. Realized that he had already worked with a few members of that department on a patient who had misstated his identity and it required participation from nursing, finance, etc. It went well. IT, facilities, the General Counsel's Office have all been great partners.

Questions:

- Chair May asked if Brian will work with departments when issues come up or will he work with them on an ongoing basis? Brian stated he is putting together a compliance committee who will meet regularly and have an agenda.
- Chair May appreciates the update on the Compliance Hotline. Chair May requested for Closed Session a summary of the type of complaints or issues that are coming in.

Motion to accept executive report by Dir. Donald, 2nd by Bobb. Unanimous vote.

- Chair May asked if we have done the BEGA training for the staff and/or Board yet?
- Brian said yes the BEGA training will be part of the training and education. Chair May requested Brian work with Corp Sec for the Board training.
- Dir. Bobb added that all the mayoral appointees receive training from the BEGA will this be an additional training?
- Chair May said yes, we can get clarity on whether additional training is needed but in the past BEGA has come to the Board Retreat, also there are some BOD who are not appointed by the mayor. When BEGA came before the training was specific to the BOD as the UMC Board.

CORPORATE SECRETARY REPORT: Tova Carmichael

- Report provided as written.

Motion to approve by Dir. Jacobs, 2nd by Dir. Donald. Unanimous approval.

COMMITTEE REPORTS

PERFORMANCE IMPROVEMENT: Dr. Fair

- Thanked Dr. Tu for his service did not have time to do so during the meeting.
- Heard concerns and readiness for Joint Commission visit.
- Staffing in general was a significant concern specifically staffing in the ED, the ED was on diversion at the time of the meeting.
- Two areas we have been asking about Sepsis and Med Reconciliation and we have seen some improvements there which is reflected in Dr. Tu's and Colene's reports.
- Dir. Bobb asked if the closed session will include the discussion of the item PI discussed during the committee closed session? Dr. Fair was not sure, not looking at the closed session materials. Chair May reserved the discussion for closed session.
- Chair May asked for clarity on the microbial report included with PI materials.
- Dr. Fair responded that this a way to take a step back and see how we compare to other hospitals.
- Colene added that all hospitals are required to do this, added that this started before the pandemic and JC made it a mandatory requirement going into 2020.

GOVERNANCE COMMITTEE: Dr. Dawson

- Dr. Dawson was no longer on the call so committee report reserved for closed session by Chair May.

FINANCE COMMITTEE: DM Turnage

- Gave an overview of the committee report and what they considered included the financials.
- Budget is balanced 1.5 million in black does not include payroll requirement OCFO asks us to be aware of.
- Balance was driven by 20.3 million and nearly 30 million in COVID spending should have full picture next month.

Discussed three options:

- Go to the city now and request funds but the challenge there is the city revenues are expected to be downward based on the activities downtown. And although we have an acknowledged balanced budget absent the payroll cash on hand we will have a hard time making a case for additional subsidies.
- The second option is to wait until FY21 and see what we can gain from continued initiatives but the concern there is that if we need more than the \$15mi subsidy in FY21 we will trigger the control board. If things don't radically reverse themselves in FY21.

	<ul style="list-style-type: none"> • The committee is recommending option two recognizing that we have a \$1.5mil surplus as of now although it is driven by non-reoccurring funding sources and see how we can manage and true revenue our picture for FY21. • The committee also talked briefly about the SNF closing and the committee is reviewing the financial impact of the closing and will follow up with the Board once they are comfortable. • Capital Budget was reviewed and given background. District informed UMC that it would need to cover those expenses itself and in May of 2020 UMC revised its capital plan. There were subsequent changes that caused the Committee to request UMC redo the Cap plan for the City Administrator who asked for a line by line justification. • Recommend the Board allow these spend plans that have not changed since May move forward to DHCF and the office of budget and planning so they can complete their review and advise the hospitals on next steps. • Had a lot of discussion about contracts in closed session and will defer any further discussion to closed session and we can turn it over to Michael and let him summarize where we are with contracts. • Had a vigorous discussion of the settlements that are out there and we can have that in closed session as well. • Chair had requested the Finance Committee drill down on several hospital systems including the qualifications and functions and people in those rolls. The problem is that we are uncertain about which committee is doing what and instead of having duplicate efforts that may come with different results it may be helpful to have some clarification on what should be before each committee. Will hold actions in ambience until we get further clarification. • Lillian is available to give more details on the financials if there are questions. • This was pretty weighty meeting considering the breath of issues we were asked to consider and it would not have been possible without the efforts of DM Turnage's senior Advisor Kai Blissett and the folks at Mazars and UMC who worked closely with her on this. • Dir. Bobb mentioned that in his committee meeting there was a discussion from the CEO about critical mission issues regarding staffing and wonders if this is a closed session discussion, the matters were supposed to be brought before the finance committee and it is not clear whether those were brought before the finance committee. • Colene responded that UMC is still working on physician contracts and still drilling down so not sure the issue is ready for discussion today. • Chair May noted that DM Turnage recommended option 2 and asked whether a place holder is set for these personnel issues as we discuss the FY21 budget. • Lillian added that the \$1.5mil that DM Turnage mentioned we will be at \$1.5mil positive but although it does not give us the reserve for our payroll we will be balanced for FY20. The discussion was should we go to the city now with our \$1.5 or wait until FY21 and see where the new subsidy takes us. If the city gives us money now and we don't use it they will take it back, they will not let us carry
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	<p>it over to FY21 so CFO believes the options DM Turnage mentioned is what needs to be voted on today.</p> <ul style="list-style-type: none"> • Dir. Bobb asked whether the new hospital will be non-subsidized (no operating subsidy from the District)? • DM Turnage said the District is setting aside \$5mil per year up to 10 years for hospital operations and that money can only be used to bring the hospital's balance sheet back to even and there is a cap on how much we can use per year and whatever is not used will be lost by the operator. Additionally, all three health plans will be required to pay the cost ratio 140% which is what they pay to GW now and so the health plans will lose their discretion to negotiate, this will continue as long as a certain percentage of residents in Ward 8 remain on Medicaid. Once that percentage drops it is a free for all negotiation. • Dir. Bobb asked if the same model was put in place for UMC until the new hospital is opened would that not be beneficial to UMC? • DM Turnage said yes absolutely. But UMC has a much more generous subsidy than the new hospital will ever get. This hospital gets \$21-22mil a year and the new hospital will not get anything like that. So UMC does not have the enhanced Medicaid rates but it does have a subsidy the new hospital would love to have but will never get and the new hospital will be fully responsible for eating any loss. Here the city steps in and covers UMCs losses although it comes with some stipulations like the control board or a request to make some changes to our cost structure. The city has not put these requests in place yet due to the ongoing pandemic. But for next year without some changes to our cost structure we are going to end up in a hole. • DM Turnage noted that we are in a pandemic and there is a great reluctance from the board to lay off people that are providing care. We may want to ask CM Gray to remove the control board provision for FY21 and say due to the pandemic and ask them to hold off until a vaccine is available. • Chair May asked if DM Turnages that we throw the gap closing measures out the window? • DM Turnage stated that we can try but there is no way these measures will get us to where we need to be. Shared experience working for HHS as an example of the challenges VCU faced trying to close their gap. <p>Motion to accept the committee reports specifically including the July and August Financial reports by Dir. Turnage, 2nd by Bobb. Unanimous vote.</p> <p style="text-align: center;"><u>AUDIT COMMITTEE: Dir. Speight</u></p> <ul style="list-style-type: none"> • Reserved for closed session.
Public Comment	. No public comment.

Other Business	N/A
Closed Session	Entered closed session at 2:11pm
Announcements	<p>While in closed session the board voted on the credentialing of doctors recommended by the MEC. Board also voted on the nomination of individuals to the nominating committee to the MEC.</p> <p>The board also voted to approve three contracts, extension to Mazars, Chubb our casualty insurance provider and Park place web hosting systems.</p> <p>The board also voted under conditions to approve the contracts for settlement payments to Carlton Fields, Whiteford Taylor and E4H once funds become available in FY21.</p>
Adjourned.	Motion to adjourn by Dr. Dawson, 2 nd by Ashenafi. Unanimous vote. Adjourned at 4:11pm.



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General Board Meeting

Date: October 28, 2020

Consent Agenda



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General Board Meeting
Date: October 28, 2020

Medical Chief of Staff Report

Presented by: Marilyn
McPherson-Corder
Medical Chief of Staff



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

1. Dr. Corder remains actively involved in meetings and discussions in preparation for the upcoming JACHO visit. Ongoing clinical rounds are made throughout the hospital to ensure adequate staffing and quality of care and patient safety.
2. Dr. Corder has been invited to participate in a Congress Heights Town Hall on October 24th.
3. Dr. Corder has been invited to be on the panel for the Barbara Powell Johnson Town Hall sponsored by the WDCAC, Delta Sigma Theta on October 12, 2020 to discuss maternal health in Ward 7 & 8.
4. Flu shots are being offered to all members of the medical staff.
5. The nominating committee has met and completed the slate for new officers to present for acceptance.
6. Several action items for the Board of Director's review and approval (see attached).



Amaechi Eriondu, M.D., Chairman

SEPTEMBER 2020

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for September was 151 while the August stood at 156. This consists of 61 inpatients and 90 outpatients. There has been considerable drop in Endoscopy cases.

QUALITY INITIATIVES AND OUTCOME:

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

VASCULAR ACCESS SERVICE:

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

We introduced the use of Accucath/Powerglide catheters that provide extended life of 5-7 days for the catheters. These catheters are powerful with high tensile strength to support power injections during interventional procedures in the cath. Lab or for rapid infusions. Their extended dwell capability provides an alternative to the use of PICC and Midlines.

	PIV	ACCUCATH/ POWERGLIDE	MIDLINE	PICC	TOTAL
OCTOBER	124		14	6	144
NOVEMBER	133		13	4	150
DECEMBER	104		16	6	126
JANUARY	162		11	3	176
FEBRUARY	168		12	3	183
MARCH	110	25	15	3	158
APRIL	115	35	10	4	164
MAY	102	28	30	3	163
JUNE	94	25	20	4	143
TOTAL	1112	113	141	36	1407

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

PAIN MANAGEMENT SERVICE

We are facilitating the chronic pain management to ensure adequate service coverage for hospital inpatient. Interventional Pain Management service has recommenced service slowly and ramping up the volume. We had 25 cases in September, and has an average of 12 cases every Monday going forward.

Radiofrequency ablation (RFA) has commenced as we increase awareness of the service in the region. It is important to note that, UMC is the only center that offers this service in the area. This will drive enormous revenue for the hospital as we increase the service.

OR UTILIZATION

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

EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.

Virtual **Mortality and Morbidity Conference for JUNE** focused on Review of Risk Management cases at United Medical Center.

OR CLINICAL MANAGEMENT QUARTERLY LECTURE SERIES to ensure adequate OR staff learning and clinical process management. Our first lecture was on Malignant Hyperthermia. We had a second presentation on this topic to the ER/Nursing and ICU staff to ensure awareness and clinical preparedness.

SERVICE (HCAHPS) SATISFACTION

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

BILLING AND REVENUE CYCLE MANAGEMENT

We would continue to support the hospital to ensure adequate revenue capture for the services we provide.

We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

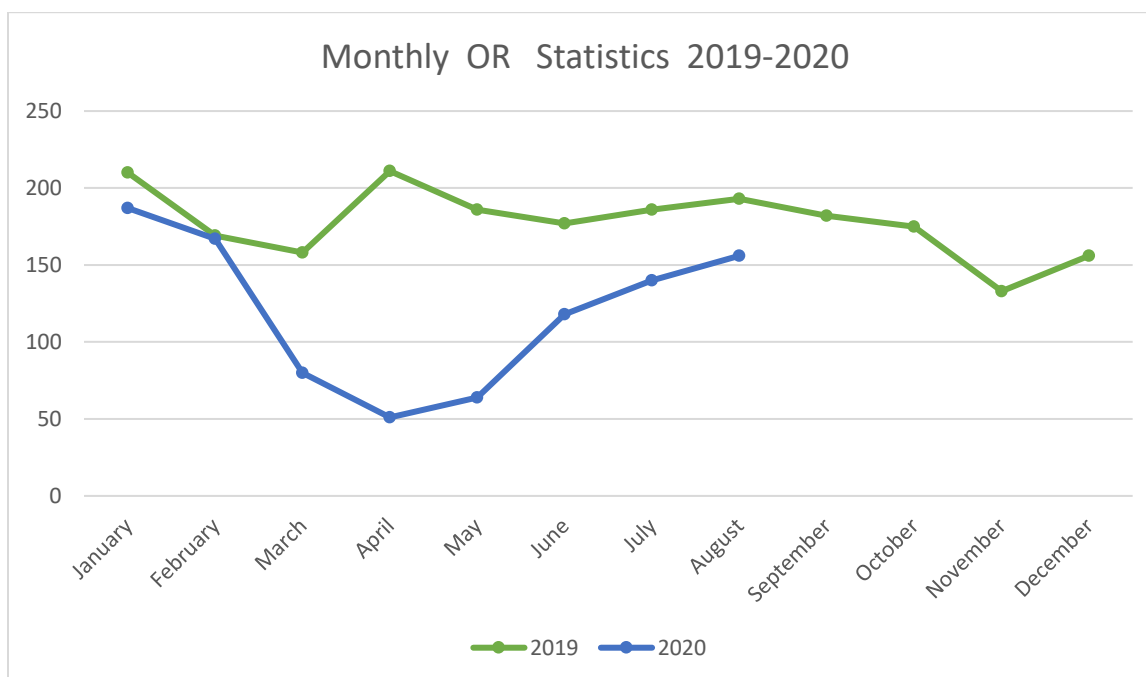
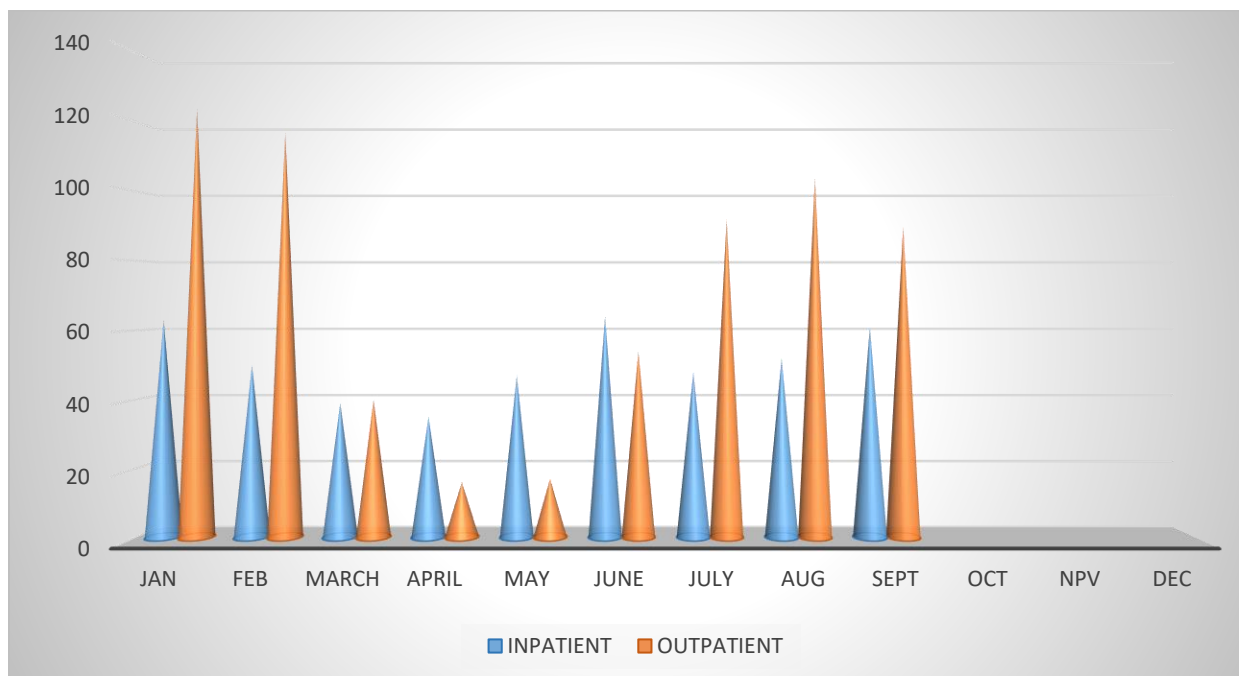
JOINT COMMISSION PREPAREDNESS:

The Anesthesia and Vascular Service policies has been updated and uploaded to the hospital portal. The documentation materials, medication management has been reviewed for appropriate compliance.

MONTH	2018	2019	2020
JAN	150	210	187
FEB	181	169	167
MARCH	204	158	80
APRIL	177	211	51
MAY	219	186	64
JUNE	213	177	118
JULY	195	186	140
AUG	203	193	156
SEPT	191	182	151
OCT	211	175	
NOV	195	133	
DEC	192	156	
TOTAL	2,331	2136	

ANESTHESIA: CASE TYPE/SEX

MONTH	ASA			MALE	FEMALE	GENERAL	MAC
JULY	ASA 4	ASA 3	ASA 2	54	66	32	88
	24	94	2				
AUGUST	41	111	9	68	85	29	124



SURGEON	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG
BERKENBLIT ,S	6	5	3	1	4	2	11	3
BROWNLEE ,W III	3	5	3	0	0	2	2	1
BYAM , J	14	8	10	10	6	9	7	3
CRAIG , J	0	0	2	0	0	1	3	0
FRAZIER , A	7	6	8	0	0	0	3	2
P-MONAGHAN ,K	2	0	0	1	0	0	1	0
MORROW , G.	13	21	11	7	6	11	14	11
NEDD , W.	25	20	11	7	17	24	9	27
NWACHUKU , A	14	12	5	0	0	8	29	27

Amaechi Erundu, M.D.

Chairman, Anesthesiology Department



Mina Yacoub, M.D., Chairman

SEPTEMBER 2020

UMC ICU COVID-19 DATA TO DATE

As of October 4th 2020 the ICU managed 69 patients with Covid-19 infection, of whom thirty-eight patients have died. The ICU mortality rate for Covid-19 patients to date is 55 %. The admissions of Covid-19 patients to ICU have significantly decreased, though the Covid-19 patients in the ICU continue to have long and protracted courses. The prolonged ICU courses of Covid-19 patients continues to impact ICU Average Length of Stay (ALOS)

SEPTEMBER 2020 PERFORMANCE DATA

In September, the Intensive Care Unit had 47 admissions, 52 discharges, and 272 Patient Days with an Average Length of Stay (ALOS) of 5.2 days (compared to 7.2 in August, 3.1 in July, 4.5 in June and 5.9 in May). ICU managed 59 patients in September. There were a total of 4 deaths for 52 discharges, with an overall ICU mortality rate of 7.7 % (compared to 21% in August, 9.38% in July, 25% in June, 33.9 % in May and 35.7% in April).

There were no readmissions to the ICU within 48 hours of transfer out. In September, one ICU patient was transferred to Washington Hospital Center for possible need for heart lung machine.

Overall, ICU admissions continue to be low for this time of the year, and the prolonged courses of Covid-19 patients continues to cause an increase in Average Length of Stay (ALOS) above usual, although this too is beginning to decrease. Accordingly, the Average daily census in September was 9 patients, (compared to 7.7 days in August, 6.4 patients daily in July and 8.5 in June).

ICU SEPSIS DATA

In September, the ICU managed 31 cases of sepsis. Three of those patient`s died due to sepsis, for a sepsis mortality rate of 9.7%. No patients with Covid-19 infection died in the ICU in September. The Quality Department is compiling and reporting overall sepsis data for the ICU and Hospital.

ICU INFECTION CONTROL DATA

In September, the ICU had 147 Ventilator days with no Ventilator Associated Pneumonias (VAPs), 77 central venous catheter days with no Central Line Associated Blood Stream Infections (CLABSIs) and 215 Urinary Catheter days with no Catheter Associated Urinary Tract Infections (CAUTIs). ICU infection control performance remains well above national standard benchmarks and is reported regularly to the National Healthcare Safety Network (NHSN)

BLOOD CULTURE CONTAMINATION

Contamination rates of blood culture specimens for ICU patients drawn on admission to ED continue to be significantly high. This presents challenges in clinical decision making and increases risk and cost. Solution remains ED staff education and/or staffing the Pathology lab to draw the specimens. Department of Pathology is conducting a study of performance and outcomes of blood culture collection practices.

New Initiatives

Working with Pharmacy and critical care committee to monitor performance of narcotic analgesia utilization. Plan is for consolidation of narcotic pain control regimens.

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
October 4th 2020



Francis O'Connell, M.D., Chairman

SEPTEMBER 2020

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

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

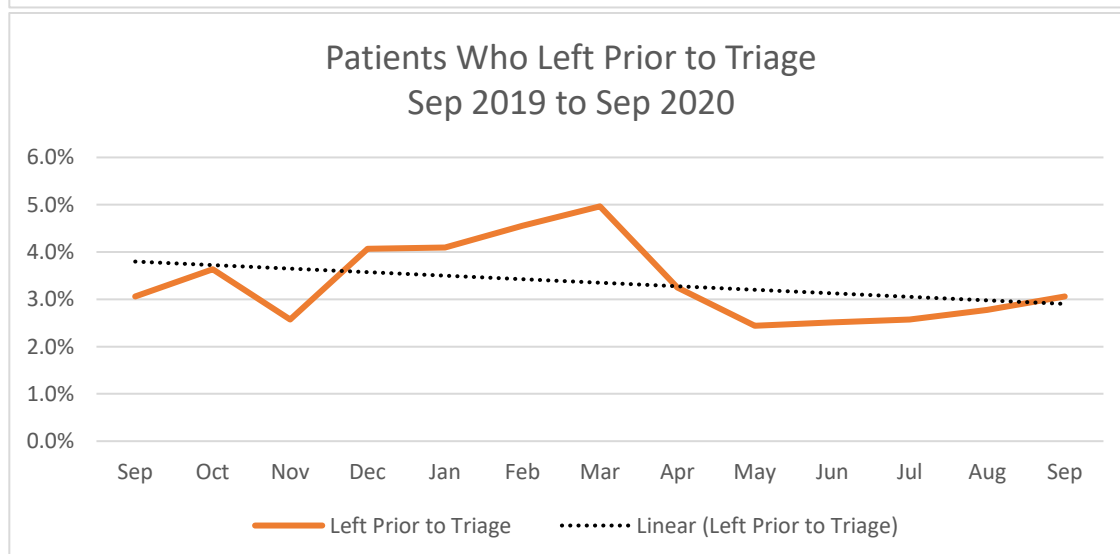
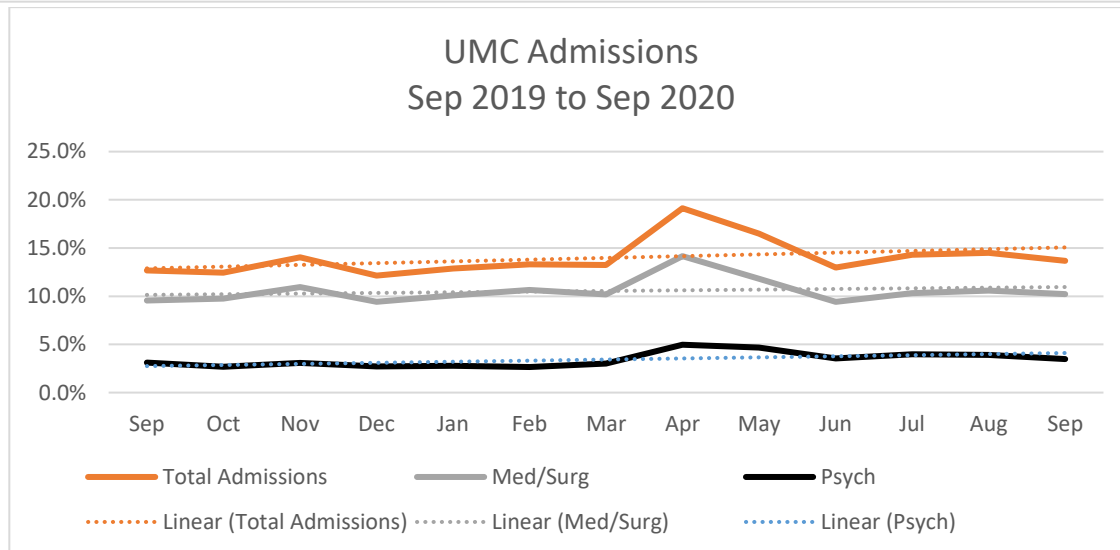
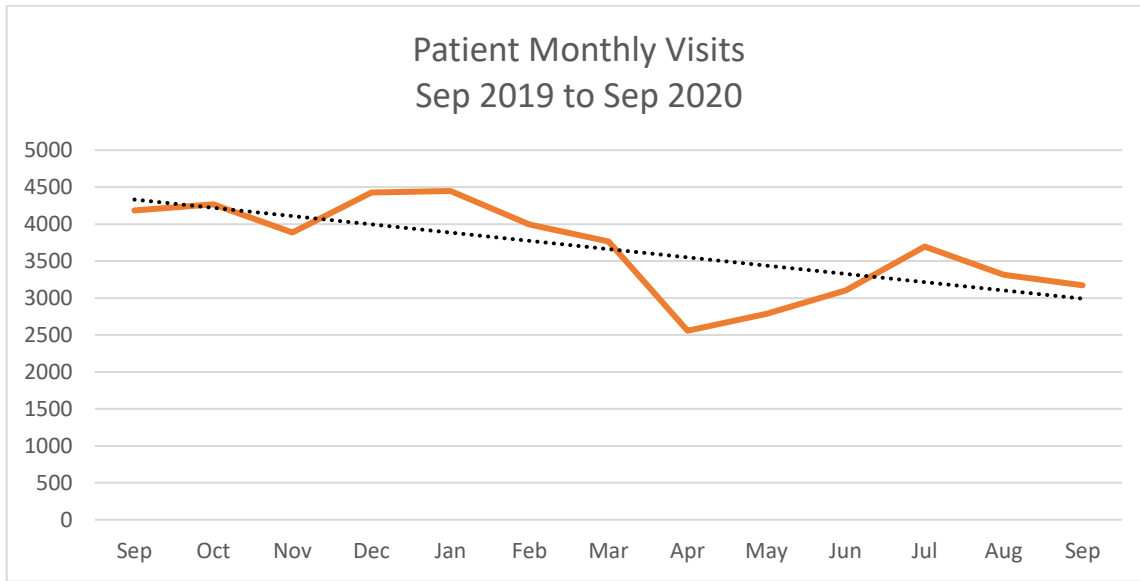
Definitions of the terms used in this report are as follows:

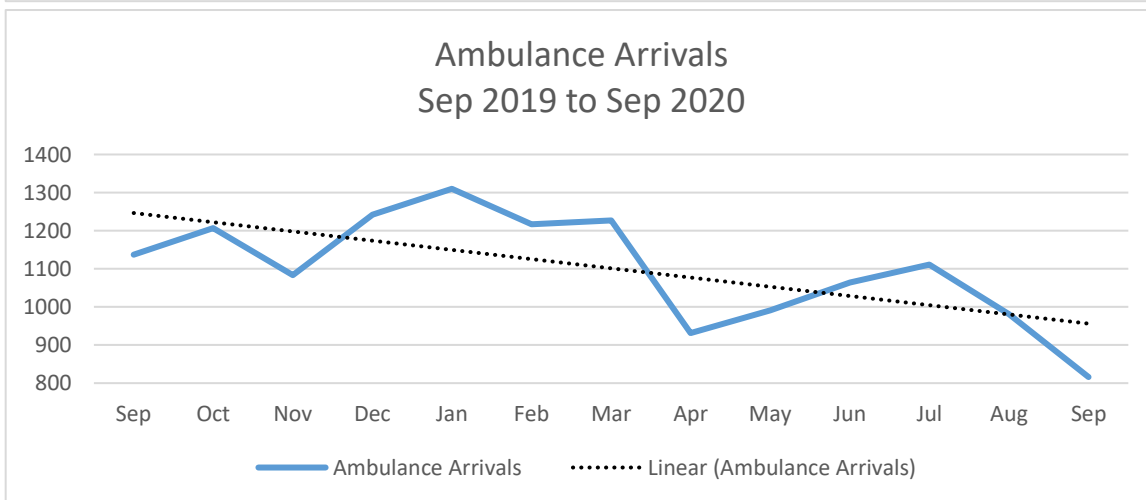
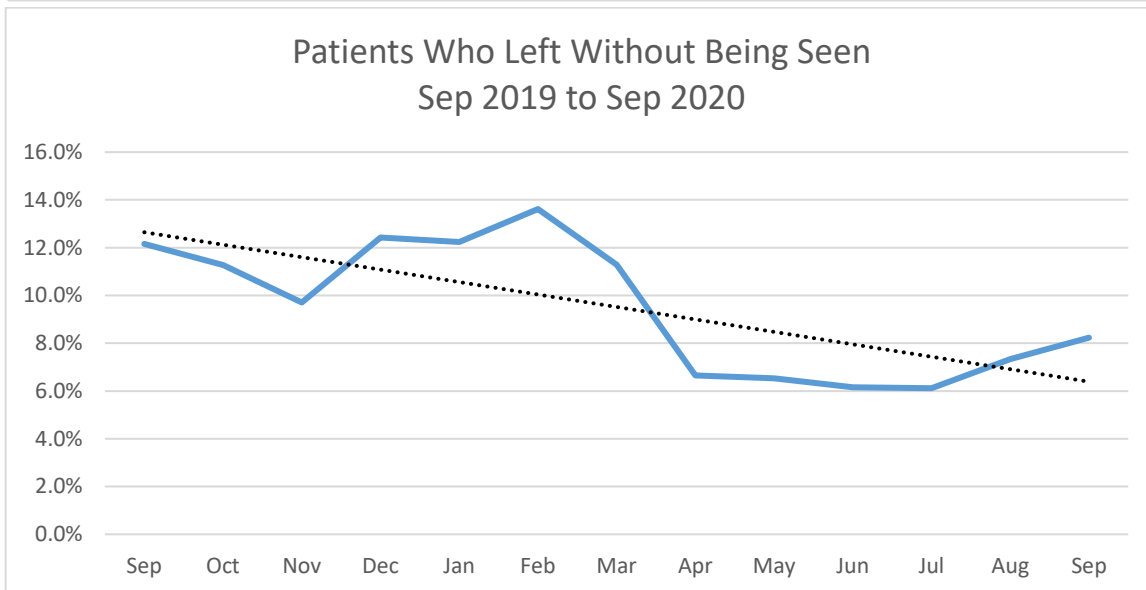
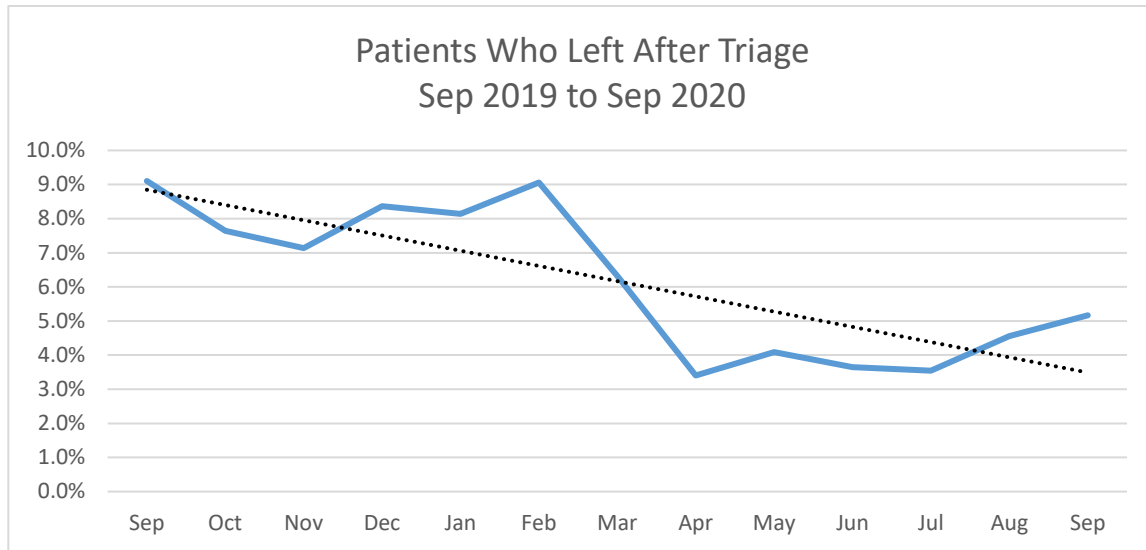
- **Total Patients:** number of patients who register for treatment in the ED
- **Admit:** number of admissions to UMC
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
 - **LAT:** All patients who leave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

Data table:

ED Volume and Events				
	Sept 2019	%	Sept 2020	%
Total patients	4185		3172	
Daily Avg Census	140		106	
Admit	530	12.7%	434	13.7%
• Med Surg	400	9.6%	324	10.2%
• Psych	130	3.1%	110	3.5%
Transfer	71	1.7%	73	2.3%
AMA	58	1.4%	49	1.5%
Eloped	47	1.1%	33	1.0%
LWBS	509	12.2%	261	8.2%
• Left Prior to Triage	128	3.1%	97	3.1%
• Left After Triage	381	9.1%	164	5.2%
Ambulance Arrivals	1137	27.2%	816	25.7%

Department of Emergency Medicine





Analysis:

1. The census for Sep 2020 shows a slight decrease from the previous month and is down from the previous year.
2. The percentage of admissions of med/surg patients is similar to the previous year, with psychiatric admissions up from the previous year. The total number of medicine admissions declined from the previous year due to a decline in total patient volume at the hospital.
3. The percentage of patients who left without seeing a provider (LWBS), both those who were triaged (LAT) and those who departed prior to triage (LPTT) remains lower than previous years. The percentage of LWBS and LAT rose from the previous four months, while the percentage of LPTT remained steady
4. The total number of ambulances arriving at UMC dropped from the previous month and continues to be large contributor to ED volume and admissions.

The decrease in Emergency Department volume this month, in comparison to the previous year, was anticipated as there continues to be a general trend of decreased patient visits due to the COVID-19 pandemic, which other regional hospitals continue to experience.

In comparison to recent months, however, the additional decrease in volume appears to be driven by the decrease in the ambulance traffic. There were multiple instances this month where the hospital went on ambulance diversion because of ICU staffing challenges and a flood in the ED. These periods of diversion caused a shift of ambulance traffic (and higher acuity patients) away from United Medical Center. As noted in previous letters, hospital admissions and ED census --to some degree -- are connected to the ambulance traffic. Any disruptions to ambulance traffic directly impact the total number of hospital admissions.

The percentage of LWBS rose again for the second month in a row. It is unclear if the rise of the LWBS is purely linked to recent decreases in ED and inpatient nursing staffing, though that is certainly contributory. The hope is that the hospital continues to maintain or build upon its current nursing staffing so to avoid further diversion periods and limit the rise in the LWBS.

We continue to support the preparations of an anticipated visit by the Joint Commission, while also working on the on the pre-pandemic issues of the ED and monitoring the rates of COVID positive patients in the region.

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



Musa Momoh, M.D., Chairman

SEPTEMBER 2020

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	151	196	165	103	73	57	71	73	100				989
HOSPITAL	151	196	166	103	73	57	71	73	100				990
PERCENTAGE	100%	100%	99%	100%	100%	100%	100%	100%	100%				99%
REGULAR													
MEDICINE	203	251	230	261	267	274	256	288	249				2280
HOSPITAL	308	368	350	392	404	390	384	428	365				3389
PERCENTAGE	66%	68%	66%	67%	66%	70%	67%	67%	68%				67%
DISCHARGES													
OBSERVATION													
MEDICINE	152	196	167	103	75	58	73	70	99				993
HOSPITAL	152	196	268	103	75	58	73	70	99				1094
PERCENTAGE	100%	100%	99%	100%	100%	100%	100%	100%	100%				99%
REGULAR													
MEDICINE	172	215	203	186	208	235	216	249	210				1894
HOSPITAL	273	323	316	322	333	355	341	384	333				2980
PERCENTAGE	63%	67%	64%	58%	62%	66%	63%	65%	63%				63%
PROCEDURES													
HEMODIALYSIS	151	164	118	165	294	205	115	133	138				1483
EGD'S	40	36	8	17	15	22	27	31	22				218
COLONOSCOPY	52	33	13	3	3	15	16	26	21				182
ERCP	0	0	0	0	0	0	0	0	0				0
BRONCHOSCOPY	0	1	3	0	0	2	3	0	2				11
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0				0
Cases Reviewed	0	0	0	0	0	0	0	0	0				0
Cases Closed	0	0	0	0	0	0	0	0	0				0

Department of Medicine met on September 9, 2020.

The next meeting is December 9, 2020.

Musa Momoh, M.D.

Chairman, Department of Medicine



Eric Li, M.D., Chairman

SEPTEMBER 2020

MONTH	1	2	3	4	5	6	7	8	9	10	11	12
Reference Lab test – K2 Urine (3DTAT) 90%	98%	96%	100%	100%	100%	100%	98%	100%	98%			
	82	76	81	79	80	86	107	103	103			
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	100%	100%	100%	100%	95%	100%			
	16/16	20/20	16/16	16/16	16/16	16/16	16/16	19/20	16/16			
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%	100%	100%	100%	99%			
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.1	1.1	1.4	1.3	1.2	1.3	1.2	1.3	1.1			
Wasted/Expired Blood and Blood Products Goal 0	1	3	1	5	7	2	1	0	3			
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Hematology Analytical PI Body Fluid	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	16/12	10/9	17/13	8/8	2/2	12/11	13/13	10/10	10/10			
Sickle Cell	0/0	0/0	1/1	0/0	2/2	2/2	0/0	1/1	0/0			
ESR Control	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	46/22	56/14	43/22	90/30	99/29	56/56	72/28	74/29	60/27			
Delta Check Review	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	297/297	267/267	260/260	232/232	230/230	191/191	145/145	197/197	191/191			
Blood Culture Contamination – Benchmark 90%	100% ER Holding 90.6% ER 97.3 ICU	100% ER Holding 93.7% ER 99% ICU	95% ER Holding 93% ER 95% ICU	96.2% ER Holding 87.3% ER 85% ICU	100% ER Holding 90.5% ER 83% ICU	100% ER Holding 95.2% ER 94.7% ICU	82% ER Holding 88% ER 79% ICU	84% ER Holding 89% ER 100% ICU	100% ER Holding 91.3% ER 100% ICU			
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	78% ER 86% Lab	93% ER 92% Lab	92% ER 91% Lab	90% ER 81% Lab	90% ER 80% Lab	91% ER 93% Lab	94% ER 98% Lab	93% ER 98% Lab	93% ER 98% Lab			
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/4 In house vs consultation	0/0 Frozen vs Permanent 0/5 In house vs consultation	0/1 Frozen vs Permanent 0/1 In house vs consultation	0/1 Frozen vs Permanent 0/4 In house vs consultation	0/1 Frozen vs Permanent 0/2 In house vs consultation	0/0 Frozen vs Permanent 0/6 In house vs consultation	0/0 Frozen vs Permanent 0/1 In house vs consultation	0/0 Frozen vs Permanent 0/3 In house vs consultation	0/0 Frozen vs Permanent 0/3 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

SEPTEMBER 2020

UMC Behavioral Health Unit September 2020 Board Report										
Description	January	February	March	April	May	June	July	August	September	
Admissions										
ALOS (Target <7 Days)	4.01	4.57	4.5	4.4	4.4	4.26	4.54	4.23	4.26	
Voluntary Admissions	52	36	56	51	39	27	36	33	37	
Involuntary Admissions = FD12	77	79	62	81	101	87	89	105	78	
Total Admissions	129	115	118	132	140	114	125	138	115	
Other Measures										
Average Throughput (Target: <2 hrs)	4.2	4.1	3.8	3.6	3.2	4	3.4	4.1	4.2	
New Data										
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	0	0	0	0	
New Data										
# Psych Consultations	TBA	TBA	TBA	TBA	75	82	115	102	115	
Psychosocial Assessments (Target: 80%)	74%	92%	76%	45%	33%	47%	70%	84%	90%	
Discharge										
Discharges	129	107	119	138	130	121	123	135	126	

Key - TBA - Data to be provided by Access.

Shanique Cartwright, M.D.
Department of Psychiatry



Riad Charafeddine, M.D., Interim Chairman

SEPTEMBER 2020

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath					1		1	
CT Scan	75		553		133		761	
Fluoro	8		1		33		42	
Mammography					132		132	
Magnetic Resonance Angio							0	
Magnetic Resonance Imaging							0	
Nuclear Medicine	19		1		2		22	
Special Procedures	15		0		15		30	
Ultrasound	61		187		162		410	
X-ray	139		983		579		1701	
Echo	51		0		19		70	
CNMC CT Scan			31				31	
CNMC X-ray			188				188	
Grand Total	368		1944		1076		3388	

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 3

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):

Continuous review and reassessment of policies, and infection control procedures in preparation for JCHAO.

- Optimized Ultrasound capacity with continuous 24 hours coverage.
- Mammography screening, and diagnostics have been pursued.
- Lung cancer screening protocols and follow-up guidelines applied.
- Staff attention and PPE procedures for COVID -19 is regular.
- Radiology protocols are being reviewed and optimized to reduce the need for repeat procedures if patients are transferred to other facilities

Services:

Fluoroscopy bariatric table applications have been conducted, expected to become fully functional in October 2020. This is tailored to general diagnostic exams mainly GI (gastrointestinal) applications, 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.

MRI control room and access is ready. MRI United 1.5T mobile equipment installation and functionality expected in November 2020.

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

Riad Charafeddine, M.D.

Interim Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

SEPTEMBER 2020

For the month of September 2020, the Surgery Department performed a total of 162 procedures. The chart and graft below show the annual and monthly trends over the last 8 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020
JAN	173	159	183	147	216	155	210	195
FEB	134	143	157	207	185	194	180	167
MAR	170	162	187	215	187	223	158	82
APRIL	157	194	180	166	183	182	211	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	
NOV	137	157	150	196	152	196	138	
DEC	143	183	210	191	153	192	156	

This month we experienced improvement in OR volumes (+1%, -11%) as compared to last month and last year, respectively. We are gradually approaching pre-Covid numbers and for the first time since February, our outpatient procedures have surpassed inpatient procedures.

This has been in response to partially reopening of the operating rooms to semi-elective outpatient surgery as of June 1, 2020. We will continue to monitor trends related to the Covid-19 pandemic 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.

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	1.2%	3.5%
5) Surgical Site Infection	2.4%	4.8%

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

Department of Surgery

All educational conferences within the department have been held by Zoom conferencing and focused on Covid-19 updates and procedures for UMC.

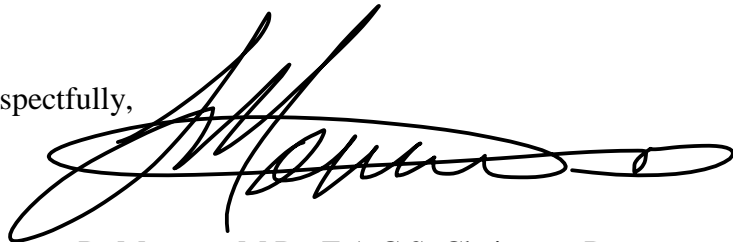
As we approach Fall and the regular flu season, Surgery and Perioperative services continue to evaluate how best to utilize our resources to respond to the anticipated surge of hospitalized patients in response to the Covid-19 pandemic and will continue to collaborate with other departments to formulate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

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

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 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.

Respectfully,

A handwritten signature in black ink, appearing to read 'Gregory D. Morrow', with a large, stylized initial 'G' and a long, horizontal flourish extending to the right.

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



UMC
UNITED
MEDICAL CENTER

General Board
Meeting Date: October 28, 2020

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer



NOT-FOR-PROFIT HOSPITAL CORPORATION

NURSING BOARD REPORT – SEPTEMBER 2020

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

- Nursing actively participated in the budget FY21 process, alongside other C-Suite members. Members of the Finance Team offered and provided support to Nurse Leaders to navigate through the “Premier Budget and Financial Reporting” system. This was very useful; it helped the clinician have a better appreciation for the financial/business aspect of health care.
- United Medical Center remains in the window for the triennial re-accreditation survey by The Joint Commission. All staff continue to be engaged in heightened preparation to ensure a successful survey. Unit Directors/Managers and CNO have been performing record reviews while providing findings in real-time to staff and managers for corrective actions. The staff and managers continues to be receptive to constructive feedback and guidance.
- Information Technology team completed the building/conversion of the paper Master Treatment Plan (MTP) to an electronic version for the Behavioral Health Unit. The “go-live” date will be determined, but definitely will occur sometime in October, 2020. Having an electronic format will be more efficient and will enable the multidisciplinary team to document timely. This documentation is a requirement of the Centers for Medicare and Medicaid, District of Columbia Health, and the Joint Commission.
- UMC began the annual mandatory (staff) Influenza Immunization (Flu Shot) initiatives this month. As typical, this is a collaborative process between Pharmacy, Infection Prevention and Occupational Health. To date 30% of the staff have presented to Occupational Health and received the vaccine. Deadline for 100% compliance is December 31, 2020. It is also mandatory to offer our patients the flu shot and to document in their records.
- Negotiations resumed with District Of Columbia Nurses Association. Support provided by Human Resource Department and UMC’s Employee Relations Specialist. Working diligently to work through the economic negotiations for a win: win for UMC and our nurses.
- Interviewed a Chief Medical Officer candidate and provided feedback accordingly to leadership. Candidate very knowledgeable administratively, clinically and recognizes the importance of team work and collaboration with all departments.

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



UMC
UNITED
MEDICAL CENTER

General Board Meeting
Date: October 28, 2020

Executive Management Report

Presented by: Colene Y.
Daniel Chief Executive
Officer & Brian Gradle,
Chief Compliance Officer

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

October 28, 2020

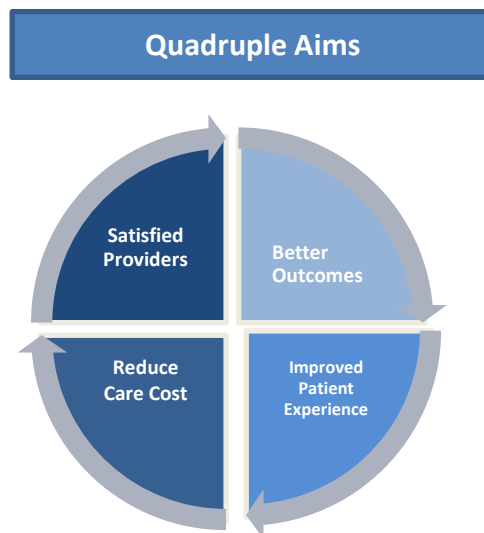
Respectfully Submitted: Colene Y. Daniel

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

FY 2020-2021

September was an active month and a successful month. The Leadership team focused on completing the Budget and it was submitted to the Finance Committee and Board for approval. There were continuous activities to provide all of the requested documents and inventories for the Finance Audit. In collaboration with Kai Blissett, the team completed the Finance Committee Oversight assignment, updating an abundant number of documents to close out FY 20 and to plan for FY 21. The team continues to comply with the DC Health requirements for the closure of the SNF. Overall, the last two months of the fiscal year have been extremely active due to a number of competing activities and responding to a number of infrastructure emergencies.

During the month, the Leadership Team worked with front-line workers to recommit to the Values of the hospital: Compassion, Excellence, Integrity, Collaboration, Equity, and Innovation. In FY 21, the hospital shall operate using the Quadruple Aims: Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Providers.



Based upon the Quadruple Aims – all departments have agreed upon the eleven goals and in October shall finalize the departmental **SMART** objectives. Attachment 1

Accreditations, Audits, Surveys & Inspections (October 2020 – December 2020)

- Boiler Inspection – (the hospital has completed the inspection phrase and awaiting for the DC Government verifications to be considered 100% complete)
- Finance Interim Financial Audit
- Finance Year-End Audit
- The Joint Commission – **on or after November 2, 2020**
- Centers for Medicare & Medicaid (CMS Meaningful Use Audit) September 2020 – December 2020
- Nuclear Regulatory Commission, CAT Scan, Ultrasound, & MRI certifications – (October 2020 – December 2020)
- The Leapfrog Group: Hospital Safety Survey – December 2020

As stated previously, these activities not only consume an enormous amount of time, energy, focus, education and training of the staff, rewriting & updating policies, and a host of other documents; but have also had a significant impact on the operational budget. ***The costs of preparing for surveys has substantially had an impact on overtime, agencies usage, contract services (Environmental of Care & Facilities), and supplies.***

Chief Medical Officer

The incoming Chief Medical Officer is William J. Strudwick, MD, FACEP. Dr. Strudwick will begin working in November 2020. Dr. Strudwick is a graduate of the University of Virginia and the Howard University College of Medicine in Emergency Medicine. Dr. Strudwick background includes several leadership roles at Providence Hospital and is serving as the Medical Director – California Emergency Physicians of America, Inc.

During the interim period from September 21, 2020 until Dr. Strudwick's arrival, Dr. Corder and Dr. Marrow are co-partners to cover the CMOs responsibilities.

Children's National Medical Center

- The Transfer Agreement is fully executed.
- CNMC legal team with UMC legal team are working to finalize the Purchased Service Agreement and the Lease Agreement.

Compliance

Compliance Department's New Employee Orientation (NEO) has been revamped and expanded.

- NEO now focuses on the importance of Mission, Vision, and Values in creating a Culture of Compliance; the meaning of the hospital's logo and the concept of the Quadruple Aim and its relevance to our FY 2021 Goals; how to build a Safety Culture, dispel the Myth of Perfect Performance, create a Blame-Free Just Culture, and act with Courageous Authenticity. The Code of Conduct, the Compliance Program, and the Justice Department's Essential Elements to a Compliance Program are summarized. The program concludes with Dr. Wendy Levinson's work on physician-patient communication, and lessons learned about corporate culture from the Enron

scandal. As part of NEO, employees now receive the recently created, wallet-sized Values Card for their ongoing reference.

Physician Contracting

- Collaborating with General Counsel Office's Contract Administrator to ensure all physician agreements (leases and professional agreements) are tracked and maintained on Contract Guardian. Assisted General Counsel's Office with FMV support for Medical Office Building physician lease.

Excluded Persons Initiative

- Collaborated with Procurement Office to ensure that vendors are checked for compliance with federal and local excluded people's restrictions. Continued monthly ongoing excluded provider checking with medical staff office, and conducted excluded person check against Board members. Revised Business Case Memo for excluded person provision.

Program Specialist | Board of Ethics and Government Accountability

- Interviewed BEGA Conflict of Interest officer regarding current BEGA COI processes and potential gaps and/or process improvements for hospital. Began drafting Conflict of Interest policy and Conflict of Interest Questionnaire for implementation by hospital.

Board Chair/Chief Compliance Officer Briefings

- Commenced monthly telecoms with Board Chair to brief on key issues and initiatives.

Enterprise Risk Management Survey

- Drafted Enterprise Risk Management Survey for distribution to key stakeholders upon completion of review and comment rounds.

Key Stakeholder Exit Interview.

- Conducted compliance exit interview with Dr. Raymond Tu, Chief Medical Officer.

In-Service Compliance Training.

- Provided in-person compliance training to MOB ambulatory staff.

Community Out-Reach.

- Co-Staffed UMC table at Woodland Community Family Success Center Launch

Contracts & Procurement

The Procurement Office initiated a new Monthly Operational Review (MOR) launched in July 2020 and continued the positive momentum with the team into September. 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

are seeing a tremendous amount of participation from the teams and have already identified several internal areas of improvement.

We managed to identify and complete with the help of our clinical staff a product conversion to ConvaTec and were able to utilize the Vizient Aptitude platform to create a list of products that were targeted. We also submitted a new recycling savings program with RoadRunner a local company that will help us reduce the fees we generate with our waste removal and disposal. The Procurement Department has resubmitted the business case documentation for switching cell phone providers from Verizon to AT&T to the OCFO which approved moving forward with the savings opportunity. UMC Legal team is presently negotiating with AT&T to try to finalize the contract. Finally, we were able to integrate UMC procurement activities into Vizient supplier diversity programs, which will help us increase and track our local spend more efficiently.

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

COVID-19

Capital Spend Plan:

Completed FY2021 Capital Spend Plan; updated existing prior year capital spend plans & COVID19 plan.

The COVID-19 Pandemic continues to have community transmission in this region. There have been 208 COVID-19 related admissions to UMC from March 2020 to August 2020; however, the number of COVID related admissions has significantly decreased.

UMC is following CDC recommendations to minimize exposures to respiratory pathogens including the virus that causes COVID-19 by implementing the following:

Universal Source Control

- The temperatures of all persons entering UMC is being monitored. Anyone who has a temperature > 100 degrees Fahrenheit or chills, cough, shortness of breath or difficulty breathing will be asked to keep their facemask or cloth face covering on and leave the workplace. Healthcare personnel (HCP) are encouraged to stay home if they are sick.
- All persons must wear a facemask or face covering to reduce the spread of respiratory secretions when they talk, sneeze or cough. Healthcare personnel should wear a hospital issued mask (medical, surgical or procedure) while in the healthcare facility or any alternative setting where patient care services are provided. HCP are screened at the beginning of their shift.
- When determining the time period when a patient, visitor, or HCP with confirmed COVID-19 could have been infectious, is 2 days before the onset of symptoms. HCP who meet COVID-19 exposure criteria in a healthcare and/or in the community must be restricted from work, even if they are asymptomatic.
- In addition to universal masking healthcare personnel must wear eye protection (goggles or face shields) in patient care areas and any staff areas where 6 feet of distance is unable to maintain.
- Hand Hygiene and maintaining 6 feet distance between person helps to minimize exposures.
- Attention should be made of the Donning and Doffing process of personal protective equipment (PPE).

The 2020 – 2021 Flu Season is in effect. UMC has a mandatory Influenza policy. The flu vaccine is available and the employee health clinic has extended their hours for the staff to provide the vaccine. Signage will be posted throughout the facility. Attachment 2

CaviWipes – disinfecting towelettes are used to disinfect surfaces. This product is a 2 step method; first towel is used to clean and must remain wet on the surface for 2 minutes; a second towel is used to disinfect and has a dwell time of 3 minutes. Information is posted on the units.

COVID19 Spend Tracking:

- Tracking COVID-19 spend (Capital & non-Capital expenditures) for Finance Committee/Board; documenting for Funding Sources (e.g., CARES, FEMA, District Surge)
- Monitor & tracking COVID19 related reporting: HHS (Teletracking), CDC, DCHA, DC Health, DC Emergency Management Reporting (EMResources/NHSN), and SHPDA.

Capital Budget Management:

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

Employee Communications

- Hospital-wide departments have developed a Communications Plan. In FY 2021, the Communication Plans will be monitored by the Quality Department to ensure on-going education and training, as well as, to allow employees to share their concerns or ideas to improve services.

Facilities & Support Services

Environment of Care Key Initiatives FY 21 – The Joint Commission (TJC) Compliance Requirements:

- Developed the Continuity of Operation Plan
- Revised the Emergency Operations Plan
- Revised the Hazard Vulnerability Analysis (HVA)
- Developed the 2021 Performance Indicators
- Completed the Annual Review of the 7 Management Plans
- Increased EOC Surveillance rounds for The Joint Commission Readiness
- Installed a dehumidifier in SPD Decontamination area
- Installed a negative pressure unit in the OR Isolation room
- Installed a negative pressure unit in the OR Isolation room
- Installed Telemetry Equipment for the 3rd Floor
- Complete the replacement of all medical gas piping on the 3rd Floor
- OR HVAC unit coil was replaced
- Replaced deficient Medical Gas Master Alarm panels

- Installed a Medical Gas Panel in Facilities
- Installed 3 new air compressors for Pneumatic Controls System
- Completed 2020 hospital wide Security Risk Assessment
- Completed Annual Test and Air Balance Report for Critical Care Spaces
- Completed the Ligature Risk Assessments throughout the hospital:
 - Behavioral Health Unit
 - Emergency Department
 - Intensive Care Unit
- Completed the hospital infrastructure projects – due to “Utility Emergencies.”

Project Updates

Project	Status	Targeted Completion Date
ICU Refresh	Completed	
Fluoroscopy	85% Complete. Awaiting DCRA final permit approval.	October 2020
Nuclear Medicine	Completed	
Pharmacy	90% Complete. The project is moving as planned. Application for Occupancy was completed. Will be submitted by 10/20/20 Awaiting DCRA final Permit approval.	November 2020
Materials Management	Design Phase 10%. New shelving was installed in late April. The remainder of the project can be completed after the new pharmacy space becomes operational.	TBD
Sterile Processing Unit	During the Tier1 Assessment Survey, a number of issues were identified that needed immediate resolution to be in compliance with EC & IC standards. All of the issues have been rectified and meet TJC standards.	The final monitoring and sign-off will be by the end of October 2020
IT Closets	The project is progressing as planned.	December 2020

MRI	50% complete. The project is moving as planned. The delivery date of the mobile trailer has been extended to November 2020, as a result of an additional DCRA permit requirement/approval. The purpose of the new permit request is to extend the length of the fire suppression system valve as oppose to relocating the said valve. Extending the length of the valve was the least expensive and less time consuming of the two options.	December 2020
9 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.	.
3rd Floor Reopening	Telemetry Equipment Installation	October 30,2020
Kitchen Cart Wash	Assigned To Architect preparing to reapply for DCRA permit.	TBD

- The Security Report – Attachment 3
- The Utility Report – Attachment 4

Grants

UMC Mobile Health Clinic:

United Medical Center Mobile Health Clinic is fully operational supporting the following programs:

- DC Housing Authority (twice a week)
- Faunteroy Community Enrichment Center (once a week)
- Ryan White Grant – Early Intervention Services (EIS)

Our services include primary & preventive health care screenings, health literacy and COVID19 Testing. The Mobile Health Clinic team includes a Nurse Practitioner (Erin Athey), Medical Assistant, Health Impact Specialist, Registration (PAO) assistant, Driver and other UMC volunteers. Attachment 5 & 6

Human Resources

The Human Resources report is submitted separately for your perusal. (Closed Book).

Information Technology

- Provided and reviewed all requested audit materials with UMC Hospital Auditors and Finance Department
- Updated contacts on the Website and Intranet, including Notice of Privacy, Code of Conduct, and photos
- Assisted GW with interface testing, associated with the billing software update
- Deployed WOWS and wireless SSID for filming event on 7th floor
- Applied software security patches to UMC servers and workstations
- Held monthly IT Steering Team meeting
- Held monthly Department meeting
- Provided statistics for use with FY2021 Budget plans
- Updated 3M software
- Expanded AUC (appropriate use criteria) to all areas of the hospital
- Completed additional modifications to Titration tools
- Completed Electronic Lab reporting interface with Department of Health (DOH)
- Updated Meditech to the latest release package
- Brought live first department (8th floor nursing) on single sign on
- Confirmed readiness/sufficient points for upcoming Meaningful Use attestation period starting October 1, 2020
- Successfully tested a replicated PACs system for business continuity in the event of an UMC Data Center problem
- Successfully completed migration of all servers from VLAN1 to resolve auditor issue
- Worked with Meditech to create and validate a 'change report' as requested by the hospital auditors
- Regularly monitored network and user traffic for potential security issues/attacks
- Successfully serviced 503 Help Desk/Service tickets in September, 2020

Key Initiatives in progress

- CMS Meaningful Use Audit (Performance Improvement Committee item)
 - We continued our preparations and are ready for the October-December 2020 attestation period. Successful attestation will avoid a potential \$500K loss in CMS reimbursement.
- Security and Privacy (Performance Improvement Committee item)
 - Safer Matrix open item: To improve the security of access to UMC's EMR and other systems; we have begun deployment of the secure sign on/badge reader project; target completion end of 2020
- Sepsis (Performance Improvement Committee item)
 - After going live with a new Sepsis tool in the ED during July, 2020, we subsequently expanded this tool on the Inpatient areas in early August. There were no further programming changes during September.
- IT Closet Cooling (Performance Improvement Committee item)
 - This project is to enhance the reliability of our systems throughout the organization. This project is targeted to be completed by 1/31/21.
- Network Architecture
 - In late August the CER and purchase order were initiated; project kick-off date was 9/8/20. This project will provide significant benefits in cybersecurity and network performance; target completion 3/31/21.

- Business Continuity
 - We are implementing an off-site, replication archive of our PACs system to improve our abilities to recover from a system failure or disaster

Skilled Nursing Facility (SNF) Closure Proceedings

Providing notification 60 to 90 days in advance of an anticipated closure date is strongly encouraged in order to facilitate optimal timeframes for residents and families to make informed choices about relocation. The following regulations provided guidance regarding closure:

- As required by the CMS Federal Regulations §483.70 (l) and §483.70 (m), the nursing facility administrator must provide written notification of an impending closure of a facility, which also includes the plan for relocation of residents, at least 60 days prior to the impending closure. Such notice must be provided to the State Survey Agency, the State Long Term Care Ombudsman, all residents, guardians, and responsible parties.
- As required by DC Municipal Regulation §4107, no person shall permanently close a health care facility (HCF) or health service, without notifying State Health Planning and Development Agency (SHPDA), in writing and obtaining approval. A person proposing to permanently close an HCF or health service shall notify SHPDA of the proposed closing no later than ninety (90) days before the proposed closing.

Maryland Facilities		DC Facilities	
Adelphi	1	BridgePoint	19
Clinton	6	Deanwood	1
Forestville	1	Ingleside	4
Fox Chase	16	Stoddard	6
Largo	2		
Layhill	14		
Total Residents Transitioned to MD	40	Total Residents Transitioned in DC	30
<i>Expired in MD</i>	<i>3</i>	<i>Expired in DC</i>	<i>1</i>
# Residents to Permanently Place	37	# Residents to Permanently Place	29

- Coordination and communication with the following agencies:
 - DC Health
 - DCHF
 - DC Long-Term Care Ombudsman
 - DC State Health Planning & Development Agency (SHPDA)
 - SNF Facilities in DC, MD & VA
- Coordination of COVID19 testing for Residents transferring.
- Mediating communication between SNF Facilities

- Establishing Care Plans
- Guardianship petitions
- All calls made to Residents/Family/Guardian must be made with Ombudsman.

Status of permanent placements:

- 49 of 66 Residents permanently placed
- 17 remaining transfer status:
 - 10 Residents transferring back to DC weeks of Oct 5th & 12th
 - 4 seeking guardianship
 - 2 undecided
 - 1 Resident to transfer to Virginia

For Residents that stay at a facility in Maryland, it will not impact their residency or Medicaid status and will remain a District of Columbia resident, and a District of Columbia Medicaid beneficiary.

Writer Notification Letter:

- The written notification letter includes:
- A detailed reason for closure
- A brief closure plan, including expected timeframes
- The name, address, and phone number of the State LTC Ombudsman
- The name of the contact person at the nursing facility for additional information
- Information about the Letter of Intent to Close is to be communicated to residents and responsible parties and guardians

Written notice must be sent to:

- SHPDA (*Notification sent 7/8/2020*)
- DC Health (*Notification sent 7/8/2020*)
- State Long Term Care Ombudsman (*Notification sent 7/8/2020*)
- DC Health Care Association (*Notification sent 7/8/2020*)
- DHCF (*Initial meeting held 7/17/2020*)
- Residents, responsible parties and guardians (*To be completed within next 2 weeks*)
- CMS Regional Office (*Meeting to be held with OCFO to determine notification*)

Written Notification to other impacted entities:

- Union (*HR has communicated and continues to communicate*)
- Nursing facility Medical Director and attending physicians (*Verbally communicated 7/8/2020*)
- Nursing facility contractual staff and consultants
- Nursing facility vendors
- Local hospitals
- Local community organizations
- Media

Patient Referral Process:

- Referral requests provided to Maryland Facilities via communication spreadsheet
- Maryland Facility sends referrals out to DC Facilities
- DC Facilities respond back to Maryland Facility with approval or decline
- Maryland Facility logs approvals/declines from DC Facilities on communication worksheet
- Maryland Facility sends communication worksheet to UMNC Team (Social Worker)

ONLY UMNC Team calls the resident/family/guardian to alert them of acceptances/declines:

- UMNC meets with Resident/Family/Guardian and chooses the facility they would like to transfer to in DC
- UMNC alerts Maryland Facility of resident choice
- Maryland Facility alerts the DC Facility that resident has chosen
- Email will be sent to those DC Facilities not chosen by resident/family/guardian
- Maryland Facility and chosen DC Facility collaborate to set up a transfer date/time
- Maryland Facility completes transportation request and sends to UMNC Team
- UMNC Team sets up transportation
- UMNC sends Maryland Facility transportation documentation of resident discharging
- Scheduled Transportation picks up residents and transfers to DC Facility
- UMNC Team will contact the DC Facility that resident was transferred to by close of business that day to ensure resident was admitted and had a safe transfer.

Transportation Process:

- Maryland Facility completes transportation request to include validation of inventory sheet and point of contact information for transportation company, and sends to UMNC Team
- UMNC Team completes Transportation Company Transportation Request Form
- For wheelchair transportation, the request form is emailed and a confirmation will be sent to UMNC confirming request
- For stretcher transportation, the request form is faxed and UMNC will call to validate receipt of request and pickup
- UMNC sends Maryland Facility a copy of transportation documentation for resident discharge to be placed in resident medical record
- Scheduled Transportation picks up residents and transfers to DC Facility



NFPHC'S FY 2021 GOALS

The Quadruple Aims is the
foundation to achieving a
High Reliability
Organization

ATTACHMENT 1

Better Outcomes	Improve the Patient & Customer Experience	Reduce Care Cost	Satisfied Providers
1. Provide High Quality Care with Better Outcomes	4. Enhance Patient Experience	7. Maintain Financial Sustainability	10. Improve Employee and Clinician Engagement
2. Embrace a Patient-Centric Culture of Safety	5. Increase Community Engagement	8. Maintain Aging Infrastructure	11. Develop Empowered Workforce
3. Continuous Regulatory Compliance Readiness	6. Expand Supplier Diversity	9. Prepare for Transition to New Facility	



Infection Control Update – October 6, 2020

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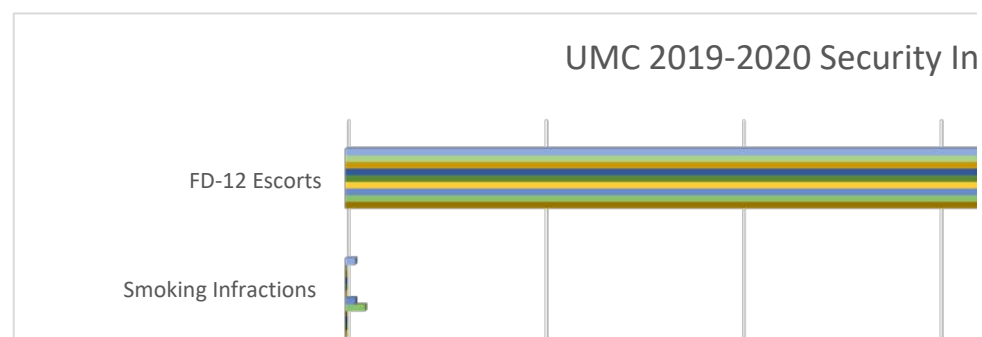
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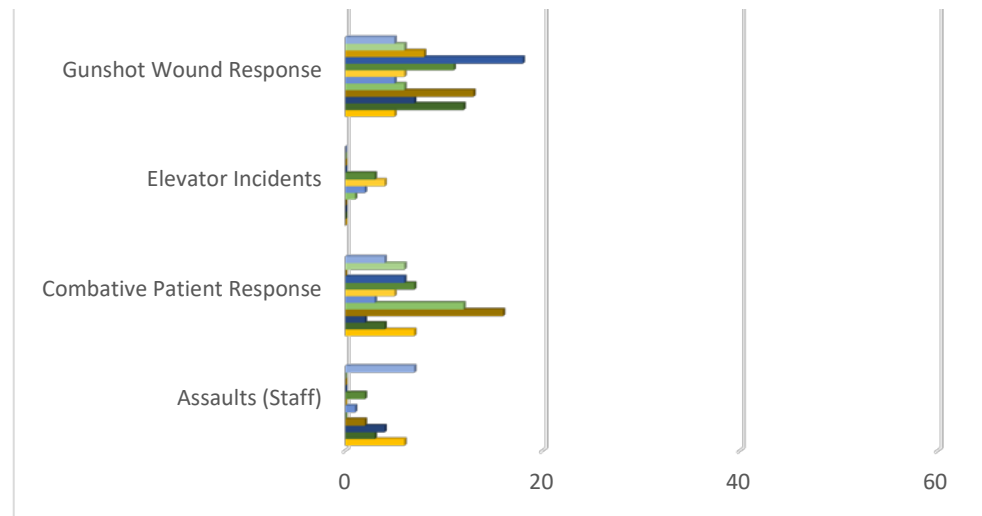
QUALITY / SAFETY / SCORECARD - SECURITY 2019-2020

#	MEASURE	GOAL		PERFORMANCE			
							
			YTD 2020	Oct' 19	Nov' 19	Dec' 19	Jan ' 20
#	PROCESS						
1	Assaults (Staff)			6	3	4	2
2	Combative Patient Response			7	4	2	16
3	Elevator Incidentts			0	0	0	0
4	Gunshot Wound Response			5	12	7	13
5	Smoking Infractions			0	0	0	0
6	FD-12 Escorts						72
7	Physician Ordered Restraints	100%		C	C	C	C
8	Usecured Door Checks (Evening & Night Shift)	100%		C	C	C	C
9	Fire Drills (1 Per Shift Per QTR)	100%		C	C	C	C
10	Fire Extinguishers Check	100%		C	C	C	C

Note:

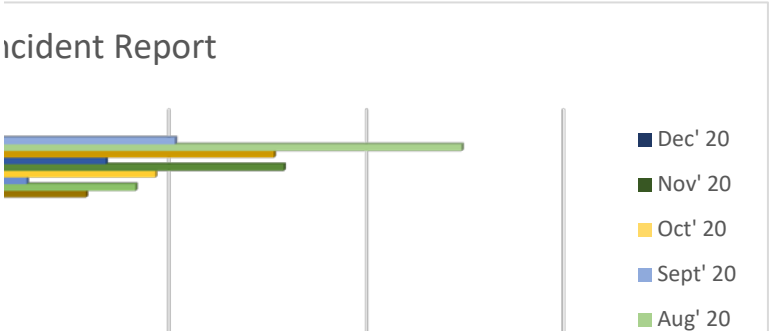
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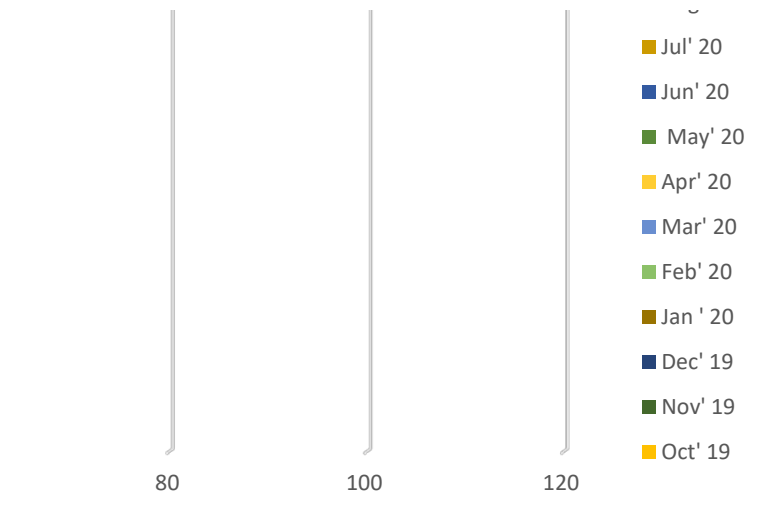






Feb' 20	Mar' 20	Apr' 20	May' 20	Jun' 20	Jul' 20	Aug' 20	Sept' 20	Oct' 20	Nov' 20	Dec' 20
0	1	0	2	0	0	0	7			
12	3	5	7	6	0	6	4			
1	2	4	3	0	0	0	0			
6	5	6	11	18	8	6	5			
2	1	0	0	0	0	0	1			
77	66	79	92	74	91	110	81			
C	C	C	C	C	C	C	C			
C	C	C	C	C	C	C	C			
C	C	C	C	C	C	C	C			
C	C	C	C	C	C	C	C			



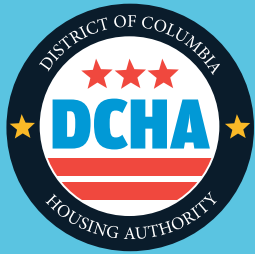


Utility Management Performance Indicators

QUALITY/SAFETY

UTILITIES

#		MEASURE	GOAL	PERFORMANCE											
			Years												
			YTD 2019	YTD 2020	Jan ' 20	Feb' 20	Mar' 20	Apr' 20	May' 20	Jun' 20	Jul' 20	Aug' 20	Sept' 20	Oct' 20	
#															PROCESS
1	PM Completion Rate on Utility Components or Systems	100%			50%	50%	50%	50%	50%	100%	100%	100%	100%		
2	Quarterly Differential Pressure Testing of Special Environment Areas	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%		
3	Domestic water sampling/treatment (commenced in March)	100%					100%	100%	100%	100%	100%	100%	100%		
4	Steam Utility Failures	10 % reduction or 5				1	0	0	1	1	2	1	2		
5	Air Handler Reliability	<5%			70%	70%	70%	70%	70%	70%	70%	70%	70%		
6	Power Fluctations/Outages				0	1	3	4	1	4	2	2	1		
7	Work Order Completion Rate	95%													
8	Water Intrution/Flooding Incidents				2	4	4	3	4	2	2	4	10		



D.C. HOUSING AUTHORITY

1133 North Capitol St N.E., Washington, D.C. 20002

MOBILE HEALTH UNIT from United Medical Center



SERVICES

- COVID-19 Testing
- Primary and Preventive Health Care Screenings
- ID and Insurance Cards Required

TUESDAY, OCTOBER
13
RAIN or SHINE

10 A.M.
to
3:30 P.M.

Judiciary Square Senior
461 H Street N.W., Washington, D.C. 20001

For more information contact Byron Pugh at (202) 535-1517 or bapugh@dchousing.org

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation or sign language interpreter service, please contact ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org with your complete request. Please allow at least 3 business days to make the necessary arrangements. If you need a foreign language translator, please contact ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.



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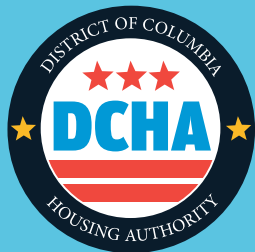
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외국어 통역사가 필요하시다면 (202) 535-2737 으로 또는 ADA504@dchousing.org 으로 ADA/504/Language Access Department [언어 액세스 부서]에 연락주세요. 필요한 준비를 위해 영업일 기준 최소 5일이 소요됩니다.

Nếu quý vị cần biên dịch viên ngôn ngữ nước ngoài, vui lòng liên hệ với ADA/504/Bộ Phận Hỗ Trợ Ngôn Ngữ theo số (202) 535-2737 hoặc ADA504@dchousing.org. Vui lòng cho chúng tôi ít nhất 5 ngày làm việc để chúng tôi thực hiện những sắp xếp cần thiết.



D.C. HOUSING AUTHORITY

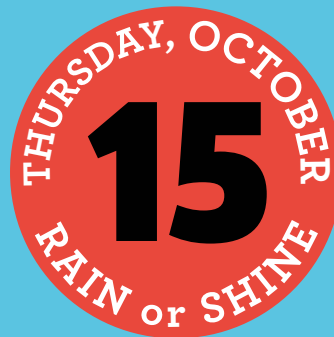
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MOBILE HEALTH UNIT from United Medical Center



SERVICES

- COVID-19 Testing
- Primary and Preventive Health Care Screenings
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**10 A.M.
to
3:30 P.M.**

Fort Dupont Terrace Family/Stoddert Terrace Family
155 Ridge Rd S.E., Washington, D.C. 20019

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Si necesita un traductor de idiomas extranjeros, comuníquese con ADA/504/Departamento de Acceso a Idiomas al (202) 535-2737 o ADA504@dchousing.org. Espere al menos 5 días hábiles para hacer los arreglos necesarios.

Si vous avez besoin d'un traducteur, veuillez contacter ADA/504/Département d'accès linguistique au (202) 535-2737 ou à l'adresse e-mail ADA504@dchousing.org. Veuillez prévoir au moins cinq jours ouvrables pour nous permettre de prendre les dispositions nécessaires.

如需外语翻译，请联系 ADA/504/语言服务部，电话 (202) 535-2737，邮箱 ADA504@dchousing.org。请预留至少 5 个工作日以作必要安排。

외국어 통역사가 필요하시다면 (202) 535-2737 으로 또는 ADA504@dchousing.org 으로 ADA/504/Language Access Department [언어 액세스 부서]에 연락주세요. 필요한 준비를 위해 영업일 기준 최소 5일이 소요됩니다.

Nếu quý vị cần biên dịch viên ngôn ngữ nước ngoài, vui lòng liên hệ với ADA/504/Bộ Phận Hỗ Trợ Ngôn Ngữ theo số (202) 535-2737 hoặc ADA504@dchousing.org. Vui lòng cho chúng tôi ít nhất 5 ngày làm việc để chúng tôi thực hiện những sắp xếp cần thiết.



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: October 28, 2020

Human Resources Report

Presented by:
Trenell Bradley, HR
Director

Human Resources Board Report

Trenell Bradley,
Human Resources Director
Wednesday, October 28, 2020



CURRENT PROJECTS

- UMC LOCAL HIRE PROGRAM
- MANAGER ORIENTATION
- OPEN ENROLLMENT (NOVEMBER 2020)
- 3 UNION NEGOTIATIONS for Collective Bargaining
- HRIS PROJECT KRONOS
- ELECTRONIC FILING SYSTEM

COLLECTIVE BARGAINING

In September, United Medical Center has been in collective bargaining for all three unions. Two of the three collective bargaining agreements are in negotiations regarding economics, DCNA and SEIU.

The finance department is providing an analysis for the proposals presented by the Hospital's registered nurses (DCNA), this agreement is in its final stages. SEIU, the Hospital's largest employment group, will be providing their economic proposal, to United Medical Center, in the upcoming weeks. Once the hospital has received their proposal, the finance department will provide financial analysis for leadership approval; once the hospital and union have come to an agreement, the contract will be signed.

The United Federation of Special Police and Security Officers Inc. (UFSPO), agreement is in progress. Bargaining has not begun on economic issues, following the union's economic proposal, the finance will provide financial analysis for leadership approval, once the hospital and union come to an agreement, the contract will be signed.

UMC HIRE LOCAL PROGRAM

PROGRAM OVERVIEW

The UMC Hire Local Program is a demonstration of the hospital's firm commitment to increase hiring of Washington DC, Ward 7, and 8 residents.

- The program will facilitate UMC's commitment and accountability through clear, measurable goals and regular reports on the progress.
- The program is designed to support UMC's policy on DC residence hiring preferences and target Ward 7 and 8 residents.
- The program involves a partnership with the DC Department of Employment Services (DOES) employment programs that provides job training for DC residents.
- All UMC positions will be advertised on the DOES website.
- A committee will be established to establish the parameters of the program, identify roles that may be sourced the DOES employment partnership.

REVISED RECRUITMENT PLAN

POLICY: HRD 03-004

Active recruitment of potential candidates will be undertaken to assure the effective and efficient operation of the Hospital.

Recruitment efforts will focus on attracting talent from **the local community and preference will be given to District of Columbia residents and especially to those of Wards 7 and 8 for all UMC** recruitments.

The full Recruitment Plan Policy (HRD-03-004) is available in the UMC policies and procedures.

**Updates to this policy became effective on July 1, 2020*

UMC HIRE LOCAL PROGRAM

IMPLEMENTATION

- HUMAN RESOURCES HAS MET WITH THE DOES REGARDING A PARTNERSHIP (Beginning of October)
- HIRING MANAGERS HAVE BEEN NOTIFIED OF THE UPDATED RECRUITING POLICY (July 2020)
- HIRING MANAGERS HAVE BEEN ORIENTED ON THE LOCAL HIRE PROGRAM AND UMC'S COMMITMENT TO HIRING WARD 7 & 8 RESIDENTS (Mid October).
- RECRUITERS CONTINUE TO REINFORCE UMC'S COMMITMENT TO HIRING WARD 7 & 8 RESIDENTS (Ongoing).

Employee Data								
Employee Data by Group				# of EEs			Ward 7	Ward 8
Total FTE				741			58	78
Total Active Employees (Full-time, Part-time, and relief staff)				909			67	100
Total Union (Active EEs)				596			48	64
Total Non-Union (Active EEs)				313			19	36
		Employee Demographics						
Age (Average)	50 Years Old	Race	African American 86%	Gender	Female - 70%	Male – 30%	Average Tenure	9 Years
		Union Data						
Total Active Union EE by Group				# of EEs			Ward 7	Ward 8
Total Active Union EEs DCNA				223			1	6
Total Active Union EEs SEIU				336			42	53
Total Active Union EEs UFSO				27			5	5

STAFF COMPOSITION – SEPTEMBER 2020

UMC Annual Turnover (YTD)			
	UMC Rates	NE Region	National Average
Hospital Turnover	10.375%	16.2% (-2.9%)	~18%
RN Turnover Rate	3.47%	13.8% (-3.9%)	~37%

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.

TALENT ACQUISITION/RECRUITING

New Hires (Year to Date)												
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
4W Psych Unit	1	2	2	0	0	2	0	1	1	0	0	0
5W Med/Surg.	1	0	0	3	0	0	1	0	4	1	0	0
Admission	0	0	0	1	0	1	0	0	1	0	0	0
Care Management	0	0	0	0	0	0	0	0	0	0	1	0
Central Scheduling	0	0	0	0	0	1	0	0	0	0	0	0
Clinical Lab	2	0	1	0	0	3	1	0	1	1	0	0
Critical Care Unit	0	0	0	1	1	1	0	3	1	0	0	0
Emergency Dept.	0	3	7	3	2	3	2	1	0	0	1	2
Environmental Svs.	0	0	0	0	0	0	0	0	2	1	0	0
General Counsel	1	1	1	0	0	0	0	0	0	0	0	0
Hospital Admin	0	0	0	1	1	0	0	0	0	1	0	0
Health Info Mgt.	0	0	0	0	0	0	0	0	0	0	1	1
Human Resources	0	1	0	0	1	1	1	4	0	1	1	0
Infectious Disease	0	0	1	0	1	0	0	0	0	0	0	1
Information Tech	1	1	0	0	0	0	1	0	0	1	0	0
Medical Affairs	0	0	0	1	0	0	0	0	0	0	0	0
Nursing	21	0	15	1	1	0	0	0	0	0	1	0
Nursing Admin	0	2	0	0	0	0	1	0	0	0	0	0
Office of the CFO	0	0	0	0	0	1	0	0	1	0	0	1
Operating Room	0	0	0	0	0	0	0	0	2	0	0	0
Patient Access	0	0	0	0	0	0	0	0	1	0	0	0
Patient Care Center	0	0	0	0	0	0	0	0	0	0	1	0
Pharmacy	0	1	0	0	0	0	1	0	0	0	2	1
Plant Operations	0	0	0	0	0	0	0	0	0	1	0	1
Purchasing	0	0	0	0	0	1	0	0	0	0	0	0
Radiology/MRI/Cat	2	0	2	0	0	0	0	0	0	0	0	0
Radiology Admin	0	0	0	1	1	0	0	0	0	0	0	1
Receiving/Warehouse	0	0	0	0	0	0	1	0	0	0	0	0
Recovery Room	0	0	2	0	0	0	0	0	0	0	0	0
Respiratory Therapy	0	0	0	1	0	0	1	1	0	0	0	2
Security	1	2	0	2	2	0	0	0	0	0	0	1
SPD Central Supply	0	0	0	0	1	0	0	0	0	0	0	0
Telemetry Unit	0	2	5	1	4	0	1	0	0	1	0	0
Totals	30	15	36	16	15	14	11	10	14	7	8	11

New Hire Positions September 2020		
Department	Position Title	Number
Plant Operations	Executive Assistant	1
Emergency Department	ED Tech	1
Emergency Department	ED Nurse	1
Respiratory Therapy	Respiratory Therapist	2
Pharmacy	Pharmacy Technologist	1
Radiology	Director of Radiology	1
Infectious Disease	Medical Driver	1
Security	Special Police Officer	1
	Total	11
OFFICE OF THE CHIEF FINANCIAL OFFICER		
OCFO	Director	1
OCFO	Supervisor	1
	Total	2

September UMC New Hire Residence	
Residence	Number
Washington, DC	1
<i>Washington, DC Ward 7</i>	0
<i>Washington, DC Ward 8</i>	1
Maryland	7
Virginia	1
Totals	9

September OCFO New Hire Residence	
Residence	Number
Washington, DC	0
<i>Washington, DC Ward 7</i>	0
<i>Washington, DC Ward 8</i>	0
Maryland	2
Virginia	0
Totals	2

SEPARATIONS

Separations (Year to Date)												
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
CCU/ICU	0	0	0	1	0	0	0	0	1	0	0	0
4W Psych Unit	0	3	0	1	0	0	0	1	0	1	1	0
5W Med/Surg	0	0	0	1	0	1	0	2	0	0	0	0
8W Tele/Med	0	1	0	0	1	0	0	0	1	0	0	3
Emergency Dept	4	3	1	1	1	2	5	3	0	1	1	0
Emergency Admissions	0	0	0	0	1	0	0	0	0	0	0	0
Environmental Services	0	0	0	2	0	0	1	0	0	1	0	0
Clinical Lab	0	0	0	1	0	2	0	0	0	1	0	0
Radiology	0	0	0	0	1	0	0	0	0	1	0	0
Plant Maintenance	0	0	0	1	0	0	0	0	0	0	0	0
Office of the CFO	1	0	0	0	0	0	0	0	0	0	0	1
Respiratory Therapy	1	0	0	0	0	0	0	1	0	0	0	0
Centralized Scheduling	1	0	0	0	0	0	0	0	0	0	0	0
Security	1	0	0	0	0	0	0	0	0	0	0	0
Human Resources	0	1	0	0	1	0	1	0	1	0	0	0
Information Technology	0	1	0	0	0	0	0	1	0	0	0	0
Central Supply/SPD	0	0	0	0	0	0	0	0	0	0	0	0
Legal	0	0	0	0	0	0	2	0	0	0	0	0
Hospital Administration	0	1	0	1	0	1	3	0	0	0	0	0
Skilled Nursing Facility	1	0	0	1	1	0	0	1	1	0	0	0
Totals	9	10	1	10	6	7	11	10	3	5	2	4

Involuntary Separations (Year to Date)												
Department Name	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Environmental Services	n/a	n/a	n/a	2	0	1	0	0	0	1	0	0
Emergency Dept.	n/a	n/a	n/a	1	0	3	3	1	0	0	0	0
Primary Care (MOB)	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	1
ICU	n/a	n/a	n/a	n/a	0	0	0	0	1	0	0	0
8W Med/Surg	n/a	n/a	n/a	0	0	0	0	1	1	0	0	1
5W Med/Surg	n/a	n/a	n/a	1	0	1	0	0	0	0	0	0
Resp. Therapy	n/a	n/a	n/a	0	0	0	1	0	0	0	0	0
Skilled Nursing Facility	n/a	n/a	n/a	1	0	1	0	0	1	0	0	3
Medical Lab	n/a	n/a	n/a	0	0	1	0	0	0	0	1	0
Special Police	n/a	n/a	n/a	n/a	0	0	0	0	0	0	2	0
Pharmacy	n/a	n/a	n/a	0	0	0	1	0	0	1	0	0
Nursing Administration	n/a	n/a	n/a	0	0	2	4	0	0	0	0	0
Communications				0	0	0	0	0	0	0	0	1
Behavioral Health	n/a	n/a	n/a	0	0	0	0	1	0	1	0	1
Radiology	n/a	n/a	n/a	1	1	0	0	0	0	0	0	0
Totals	n/a	n/a	n/a	6	5	9	8	3	3	3	3	7



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: October 28, 2020

**VP of Public
Relations/
Corporate
Secretary Report**

Presented by: Toya
Carmichael
VP Public Relations/
Corporate Secretary



NOT FOR PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
VP Public Relations / Corporate Secretary

DATE: October 28, 2020

GENERAL UPDATE

The Newsletter is now a general UMC Newsletter instead of a UMC COVID Newsletter and will be distributed on a bi-weekly basis. Our donated meals and PPE have ended and organizations that donated more than three times received an additional thank you note and UMC face cover. NFPHC Board members also should have received a UMC face cover in the mail during the month of September. The PR team submitted a budget request reflective of the resources presented in the Marketing Campaign provided in August and continues to find free opportunities to support the community and market hospital activities in the meantime.

COVID COMMUNITY SUPPORT

UMC one donated meal from Ascend Greater Washington's Feed Your Hospital initiative and breakfast from the Alabama Ave. IHOP.

PUBLIC RELATIONS

Weekly Newsletter – Distributed every Friday via all staff email and included on UMC website. New features added in September include UMC's Vision, Mission, and Values and a welcome to new employees. September newsletters also included articles from our VP of Facilities Kenneth Blackwell, tips on emergency preparedness, resources for suicide prevention month, encouraged participation in the Census and voting, and special



NOT FOR PROFIT HOSPITAL CORPORATION

recognition of our former CMO and longtime UMC employee Dr. Raymond Tu. If Board members would like to include a special note, article, or upcoming event please submit by Thursdays. Newsletter will be distributed bi-weekly beginning October 2, 2020.

News Media—Currently tracking news articles and social media mentions which are now listed in weekly newsletter. UMC appeared in one news articles in the month of September. (Articles focusing specifically on UMC and not referencing UMC in relation to the new hospital).

UMC Activities – UMC again served as a promotional partner for a free 8-week online Nutrition Course offered by the Physicians Committee. The course began on August 25th and runs through October 13, 2020. UMC’s mobile unit continued our partnership with The Faunteroy Center in Ward 7 to provide medical screenings and COVID tests on Wednesdays. UMC’s mobile unit also began our partnership with DC Housing Authority on Mondays and Tuesdays.