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General Board Meeting

Date: January 29, 2020
Location: United Medical Center
1310 Southern Avenue, SE, Conference Room 1
Washington, DC 20032

2020 BOARD OF DIRECTORS

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

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

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

LARUBY Z. MAY, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 12:00PM on Wednesday, January 29, 2020. The meeting will be held at the United Medical Center, 1310 Southern Ave., SE, Washington, DC 20032, in the Ground Floor Conference Rooms. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES

December 4, 2019
December 12, 2019 (Special Board Meeting)

V. CONSENT AGENDA

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

VI. EXECUTIVE MANAGEMENT REPORT

Colene Daniel, Chief Executive Officer

VII. COMMITTEE REPORTS

Patient Safety and Quality Committee
Finance Committee
Mazars Accountability Committee

VIII. PUBLIC COMMENT

IX. OTHER BUSINESS

A. Old Business
B. New Business

X. ANNOUNCEMENTS

XI. ADJOURN

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

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General Board Meeting

Date: January 29, 2020

Reading and Approval of Minutes

Minutes Date:
December 4, 2019

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Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, December 4, 2019

Present: Chair LaRuby May, Director Brenda Donald, Director Girume Ashenafi, Director Wayne Turnage, Director Velma Speight, Director Angell Jacobs, Director Robert Bobb, Director Dr. Marilyn McPherson-Corder, Interim CEO Ira Gottlieb, Dr. Raymond Tu, CMO and Lilian Chukwuma, CFO.

Call to Order	The meeting was called to order at approximately 12:00PM. Quorum determined by Kameka Waters, General Counsel and Acting Corporate Secretary.
Approval of the Agenda	Motion. Second. Agenda approved as written.
Approval of the Minutes	Motion. Second. Minutes approved as written.
Discussion	**CONSENT AGENDA** **CHIEF MEDICAL OFFICER: Dr. Raymond Tu** • The overall admissions for October were 396 compared to 475 in 2018, -16.67% change. • There were 1,341clinic visits compared to 1,560 in 2018, -23.39% change. • The average length of stay was 4.75 compared to 5.74 in 2018, -17.25% change. • The average daily census was 85 compared to 109 in 2018, -22.02% change. • Month to month total surgeries was nearly unchanged at 176 compared to 184 in 2018. • Ongoing implementation of the suicidal/homicidal patient FD12 patient, sitter guidelines have been effective with zero FD12 elopements in the month of November. The plan of correction to DC Health was submitted September 11, 2019 and accepted with no findings. • The MRI and nuclear medicine camera replacement projects are underway. **MEDICAL CHIEF OF STAFF: Dr. Marilyn McPherson-Corder** The Medical Executive Committee met on Monday, November 18, 2019, and submitted several action items for the Board of Director's review and approval as follows:

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- November was March of Dime's Prematurity Awareness Month. Dr. McPherson-Corder dedicated two of her radio shows to this topic.
- Dr. Wilder discussed prevention, signs, symptoms, and risk factors of pregnancy, especially in women of color. This was an opportunity for Drs. McPherson-Corder and Wilder to market Women's health services that are still provided at UMC.
- Review and approval of recommendations for initial appointment, reappointment, provisional review, and resignations of medical personnel.
- Review and approval of TB Symptom Survey Form and Annual TB Education Material.

CHIEF NURSING OFFICER: Dr. Jacqueline Payne-Borden

- The CNO reviewed the education and PI initiatives conducted over the last month. Collaborated primarily with Human Resources and Chief Operating Officer to host a Hiring Fair for clinical staff and information technology personnel. There were 207 participants.
- To date 4 Registered Nurses and 12 Technicians accepted positions.
- Contemplating an additional hiring fair with focus on RNs, Case Managers, and Social Workers.
- Continue to strive towards decreasing dollars spent on supplemental staffing by hiring additional fulltime nursing staff.
- UMC's CFO secured funds for the new "sign-on" and referral program
- Since instituting "Code 12, Code 12 Transfer", utilizing Behavioral Health preferred rooms in the Emergency Department and hiring sitters UMC has been elopement free
- Patient Care Services Sitter Pool continues to grow; currently 29 sitters hired, oriented and working; 26 full time and 3-part time.

EXECUTIVE REPORT: Ira Gottlieb

During the past month, October-November, we have continued to focus on maintaining the quality of care, turning around the downward trend in patient volume, and operating within the approved FY20 budget. Key challenges and accomplishments encountered include the following:

- The hospital has continued to face numerous challenges in terms of fiscal stability, provision of a safe environment, declining patient volume, and infrastructure deterioration. Major challenges in the past month include:
  - Admissions (397) decreased 16.6% (79) in comparison to October FY19 continuing the downward trend.
  - Emergency visits (4,194) are down by 8.8% (406) from October FY19 continuing the downward trend.

- Total surgeries (176) dropped by 4.4% (8) from October FY19 (184).
- The MRI continued to be down due to mold which contributes to the reduction in patient volume.
- The Nuclear Medicine camera was recalled by the FDA.
- Key clinical and technical personnel vacancies.

- During October-November 2019, significant effort was once again devoted to reducing expenditures while maintaining quality of care. In addition, we identified alternative revenue and expense reduction opportunities to pursue in the event the patient volume continues to decline. Within each of the five pillars some of the key areas of progress were:

People

- Maintained a reduced staffing level; in October FTE's were at 747 for the second month in a row.
- Hired 7 new hires into sitter positions (for a total of 32 sitters) to work towards meeting the needs of FD-12 patients (85 in October).
- Developed a referral program for new RNs in an effort to reduce reliance on agency utilization and overtime.
- Held a Job Fair at UMC which was well attended and resulted in the hiring of 28 new employees including 4 RNs and 18 techs.
- Hired a new Human Resources Director who started November 11th
- Actively recruiting for a Compliance Officer
- Identified 3 additional candidates for CEO position; 2 candidates were interviewed by the selection committee and are being presented to the Board December 4.
- Finalizing new employee benefits policy; changed health insurance company to CareFirst (in place as of January 1st) UMC and 218 physicians will be in the network

Infrastructure

- Replacing broken/nonfunctioning Workstations On Wheels (WoWs) and those that cannot accommodate currently supported software.
- Contract and capital expenditure request approved for the MRI replacement.
- Super Track area ready for final approval by DC Health

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	COMMITTEE REPORTS **PATIENT SAFETY AND QUALITY: Director Girume Ashenafi** • Maintained strong record of preventing hospital acquired infections; recorded no central line, urinary catheter or ventilator associated infections. • No FD-12 elopements during the past month. • Established performance improvement metrics for each unit. • Started the Good Catch program to encourage a culture of near miss transparency and safety reporting by staff. • During October 2019 there were 122 Navex events, a 29% decrease in comparison to October 2018 (172). **FINANCE COMMITTEE: Director Turnage** Director Turnage and CFO Chukwuma discussed the fiscal year-end report for 2019. The committee also discussed the Fiscal year Budget with UMC and the OCFO initiatives (subsidy). The Capital Budget activity was discussed. The CFO presented the monthly financials for September and October which were upon motion properly seconded, were approved. **MAZARS ACCOUNTABILITY COMMITTEE** The Committee met and presented the Management Action Plan for approval. Upon motion properly moved and seconded, the Board approved the Management Action Plan submitted by the operator. *Closed Session Minutes transcribed separately.*
Public Comment	N/A
Other Business	N/A
Announcements	Board interviewing the final two candidates for CEO Congratulations to Dr. Malika Fair on the birth of her daughter Kira!

Adjourned.	The Board meeting adjourned at approximately 3:30PM by Chair May.

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General Board Meeting

Date: January 29, 2020

Reading and Approval of Minutes

Minutes Date:

- **December 12, 2019 (Special Board Meeting)**

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Not- For-Profit Hospital Corporation
Special Board Meeting
Wednesday, December 12, 2019

Present: Chair LaRuby May, Director Girume Ashenafi, Director Wayne Turnage, Director Velma Speight, Director Angell Jacobs, Director Robert Bob, Director Sherman and Dr. Konrad Dawson.

Also present: Kameka Alston Waters, General Counsel, Interim Corporate Secretary, Lilian Chukwuma, CFO and Ira Gottlieb, Interim CEO.

AGENDA ITEM	DISCUSSION
Call to Order	Meeting called to order at 6:01PM.
Roll Call	Roll Call was taken.
Determination of Quorum	A quorum was determined by Kameka Alston Waters, General Counsel and Interim Corporate Secretary.
1. **2020 Board Meeting Schedule** 2. **Appointing a CEO**	**Discussion** Chair LaRuby May presented the 2020 Board Meeting schedule. Discussion was held concerning the 2020 Community Board Meeting and it was determined that it would occur at a later date. A motion to approve the schedule was made by Director Turnage and properly seconded, and unanimously approved by the Board. The next item on the agenda was the appointment of the CEO. The Board reiterated that the Board interviewed two of the five final candidates at the December 4th Board Meeting during closed session. After the interviews, the Board held a discussion and selected Colene Daniel. During this meeting, Chair May read a Corporate Resolution appointing Colene Daniel as the Chief Executive Officer. The board approved the resolution and installed Colene Daniel as the new CEO of UMC. Kameka Alston Waters requested roll call and all board members' present answered in the affirmative as to the resolution appointing Colene Daniel as the new CEO of the Not-For-Profit Hospital Corporation.
Adjournment	The Board meeting adjourned at approximately 6:15PM by Chair May.

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General Board Meeting

Date: January 29, 2020

Consent Agenda

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General Board Meeting

Date: January 29, 2020

CMO Report

Presented by:
Raymond Tu
Chief Medical Officer

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC, is a District of Columbia government hospital (not a private 501(c)(3) entity) serving Southeast DC and surrounding Maryland communities

Our Mission:

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care.

Our Vision:

- UMC is an efficient, patient-focused, provider of high quality healthcare the community needs.
- UMC will employ innovative approaches that yield excellent experiences.
- UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.
- UMC will empower healthcare professionals to live up to their potential to benefit our patients.
- UMC will collaborate with others to provide high value, integrated and patient-centered services.

Raymond Tu, MD, MS, FACR
Chief Medical Officer
January 2020

Medical Staff Summary

Medical Staff Committee Meetings

Medical Executive Committee Meeting, Dr. Marilyn McPherson-Corder, Chief of Staff
The Medical Staff Executive Committee (MEC) provides oversight of care, treatment, and services provided by practitioners with privileges on the UMC medical staff. The committee provides for a uniform quality of patient care, treatment, and services, and reports to and is accountable to the Governing Board. The Medical Staff Executive Committee acts as liaison between the Governing Board and Medical Staff.

Peer-Review Committee, Dr. Gilbert Daniel, Committee Chairman
The purpose of peer review is to promote continuous improvement of the quality of care provided by the Medical Staff. The role of the Medical Staff is to provide evaluation of performance to ensure the effective and efficient assessments and education of the practitioner and to promote excellence in medical practices and procedures. The peer review function applies to all practitioners holding independent clinical privileges.

Pharmacy and Therapeutics Committee, Dr. Haimanot Haile, Committee Chairman
The Pharmacy and Therapeutics Committee discusses all policies, procedures, and forms regarding patient care, medication reconciliation, and formulary medications prior to submitting to the Medical Executive Committee for approval.

Credentials Committee, Dr. Barry Smith, Committee Chairman
The Credentials Committee is comprised of physicians who review all credential files to ensure all items such as applications, dues payment, etc. are appropriate. Once approved through Credentials Committee, files are submitted to the Medical Executive Committee and the Governing Board.

Medical Education Committee, Dr. Dianne Thompson, Committee Chairperson
The Medical Education Committee was formed to review all upcoming Grand Rounds presentations. The committee discusses improvements and new ideas for education of clinical staff.

Bylaws Committee, Dr. Asghar Shaigany. Committee Chairman
Members include physicians who meet to discuss implementation of new policies and procedures for bylaws, as it pertains to physician conduct.

The Medical Staff Bylaws, Rules and Regulations have been revised in preparation for the upcoming Joint Commission inspection. The changes were reviewed, discussed and approved by the Bylaws Committee and will be forwarded to the Medical Executive Committee and then the Board of Directors for review and approval.

Physician IT Committee
Members include physicians who meet to discuss the implementation of the new hospital-wide Meditech upgrade, as well as the physician documentation for ICD-10.

Health Information Management Committee, Dr. Russom Ghebrai, Committee Chairman
The Health Information Management Committee Mortality and Morbidity Committee were formed to review the appropriateness of the medical record documentation and the integrity of the medical record.

Mortality and Morbidity Committee, Dr. Amaechi Erondu, Committee Chairman
The Mortality and Morbidity Committee was formed to provide the Medical Staff a routine forum for the open examination of adverse events, complications, and errors that may have led to complications or death in patients at United Medical Center.

DEPARTMENT CHAIRPERSONS

Ambulatory Care Services.....*...Dr. Janelle Dennis*

Anesthesiology.....*Dr. Amaechi Erondu*

Critical Care .....*Dr. Mina Yacoub*

Emergency Medicine.....*Dr. Francis O'Connell*

Gynecology ..... *...Dr. Deborah Wilder*

Medicine .....*Dr. Musa Momoh*

Pathology .....*Dr. Eric Li*

Psychiatry .....*Dr. Shanique Cartwright*

Radiology.....*Dr. Riad Charafeddine (Interim)*

Surgery.....*Dr. Gregory Morrow*

Departmental Reports

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Key

ABO Rh	Blood Typing and Rhesus Factor
ALOS	Average Length of Stay
AMA rate	Against Medical Advice Rate
BHU	Behavior Health Unit
BI RADS	Breast Imaging Reporting and Data System
CAUTI	Catheter Associated Urinary Tract Infection
CCHD	Critical Congenital Heart Defect
CLABSIs	Catheter Associated Urinary Tract Infections
CPEP	Comprehensive Psychiatric Emergency Program
CT	Computerized Tomography
ED	Emergency Department
EGD	Esophagogastroduodenoscopy
ERCP	Endoscopic Retrograde Cholangiopancreatography
FT FTE	Full-time employee
ESR Control	Erythrocyte Sedimentation Rate
HELLP Syndrome	Hemolysis, Elevated Liver Enzymes, Low Platelet Counts
HCAHP	Hospital Consumer Assessment of Healthcare Providers and Systems
HIM	Health Information Management
HTN/PIH	Hypertension/Pregnancy-Induced Hypertension
ICD 10	International Classification of Diseases
ICU	Intensive Care Unit
IMC	Intermediate Care Unit
LWBS	Left without Being Seen
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
NICU	Neonatal Intensive Care Unit
NHSN	National Healthcare Safety Network
NASCET	North American Symptomatic Carotid Endarterectomy
OR	Operating Room
PI	Performance Improvement
PICC	Peripherally Inserted Central Venous Catheter
PIW	Psychiatry Institute of Washington
PP Hemorrhage	Post-Partum Hemorrhage
RRT	Rapid Response Team
SW	Social Worker
VAP	Ventilator Associated Pneumonias
VAE	Ventilator Associated Event
VBAC	Vaginal Birth After Cesarean
VTE	Venous Thromboembolism

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December 2019 CMO Report

The overall admissions for November 2019 were 396 compared to 442 in 2018, -10.6% change. Behavioral health admissions increased 34.4% to 129 compared to 96 in 2008. There were 962 clinic visits compared to 1,241 2018, -22.5%. The average length of stay was 4.48 compared to 5.66 in 2018, -2.12%. The average daily census was 101 compared to 104 2018. Month to month total surgeries was 133 compared to 182 in 2018.

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

Case management, social worker and medical staff initiatives continue. The average length of stay defined as the total length of stay for each admitted patient divided by the number of admitted patients was 6.1 in November and 5.4 in October. From UMC Analytics the average length of stay defined the average length of stay defined as the total length of stay for each discharged patient divided by the number of discharged patients in observation was 1.98 in November compared 2.2 days last year, a 6% reduction as provided by UMC IT. The number of observations patients converted to inpatient in November was 130 with 272 total admissions in observation compared to 51 conversions in November 2018 and 194 total admissions in observation in 2018. The total admissions in November were 397 compared to 446 in 2018 referencing 2019 InterQual® Level of Care Criteria enhancing assessments to safe and clinically appropriate care level in a condition-specific format and evidenced-based interventions.

The nuclear medicine gamma camera replacement project is underway.

The medical staff has 279 with 116 active and 43 allied health practitioners. There are 105 providers in medicine, 64 in emergency medicine, 59 in radiology, 26 in surgery, 9 in psychiatry, 7 b critical care, 5 in anesthesiology, 3 in gynecology and 1 in pathology.

UMC hosted Health Desk with the Pennsylvania Avenue Baptist Church on November 22 to introduce the UMC patient portal.

January 2020 CMO Report

The overall admissions for December 2019 were 393 compared to 435 in 2018, -9.66% change. Behavioral health admissions increased 27.27% to 126 compared to 99 in 2008. There were 870 clinic visits compared to 1,165 2018, -11.8%. The average length of stay was 5.5 compared to 5.5 in 2018. The average daily census was 90 compared to 89 in 2018. Total annual surgeries was 2,127 compared to 2,198 in 2018 - 3%. Total emergency department visits was 4,486 in December compared to 4,658 in 2018, a -3.69% change.

The overall admissions for 2019 was 4,772 compared to 5,193 in 2018, -8.11% change. Behavioral health admissions increased 22.62% to 1,442 compared to 1,176 in 2008. There were 13,892 clinic visits compared to 17,111in 2018, -18.88%. The average length of stay was 5.31compared to 5.66 in 2018. The average daily census was 92 compared to 91 in 2018. Total surgeries in 2019 was 2,127 compared to 2,198 in 2018, -3.2%. Total emergency room visits in 2019 was 52,117 compared to 57,758 in 2018, -9.77% change.

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

Case management, social worker and medical staff initiatives continue. The average length of stay defined as the total length of stay for each admitted patient divided by the number of admitted patients was 5.8 in December. From UMC Analytics the average length of stay defined the average length of stay defined as the total length of stay for each discharged patient divided by the number of discharged patients in observation at or below 2 days for the past 4 months, 1.83 days in December compared 2.59 days. The number of observations patients converted to inpatient in December was 126 with 230 total admissions in observation compared to 65 conversions in November 2018 and 211 total admissions in observation in 2018. The total admissions in November were 393 compared to 442 in 2018 referencing InterQual® Level of Care Criteria enhancing assessments to safe and clinically appropriate care level in a condition-specific format and evidenced-based interventions.

The nuclear medicine gamma camera replacement project is underway with operations resuming in February.

The medical staff has 279 with 116 active and 45 allied health practitioners, among those are 58 radiology physicians, 26 hospitalist physicians, 37 emergency physicians, 13 internal medicine physicians7, psychiatric physicians 10, allied health hospitalist providers, 25 allied health emergency medicine providers and 10 allied health hospitalist providers.

UMC's attended the Ward 8 Health Council on December 16th at 1900 Mississippi Avenue SE.

Raymond Tu, MD, MS, FACR
Chief Medical Officer

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ANESTHESIA

NOVEMBER and DECEMBER

PERFORMANCE SUMMARY:

The overall cases for 2019 (2136) is compared to 2018 (2331) below. There is 8.3% decrease in the overall surgical volume.

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

Review of the facility anesthesia performance benchmarked with Age and co-morbidity compares well with other facilities.

VASCULAR ACCESS SERVICE:

	PIV	MIDLINE	PICC	TOTAL
NOVEMBER	133	13	4	150
DECEMBER	104	16	6	126
TOTAL	237	29	10	276

OR UTILIZATION

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

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

EVIDENCE-BASED PRACTICE:

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

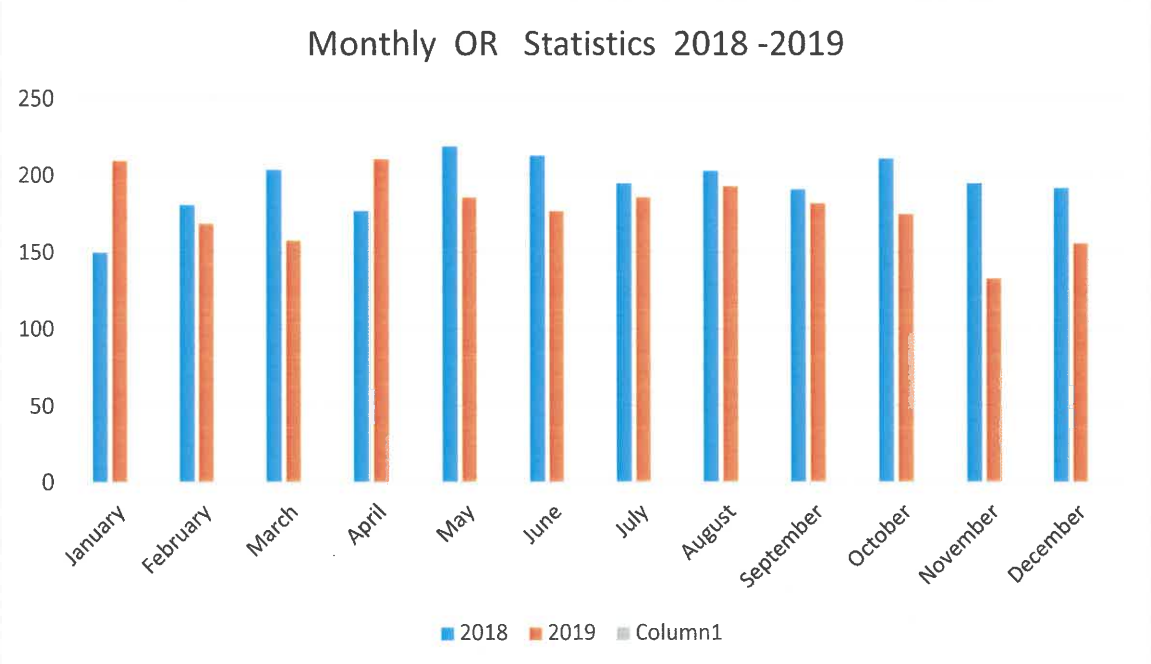
SERVICE (HCAHPS) SATISFACTION:

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

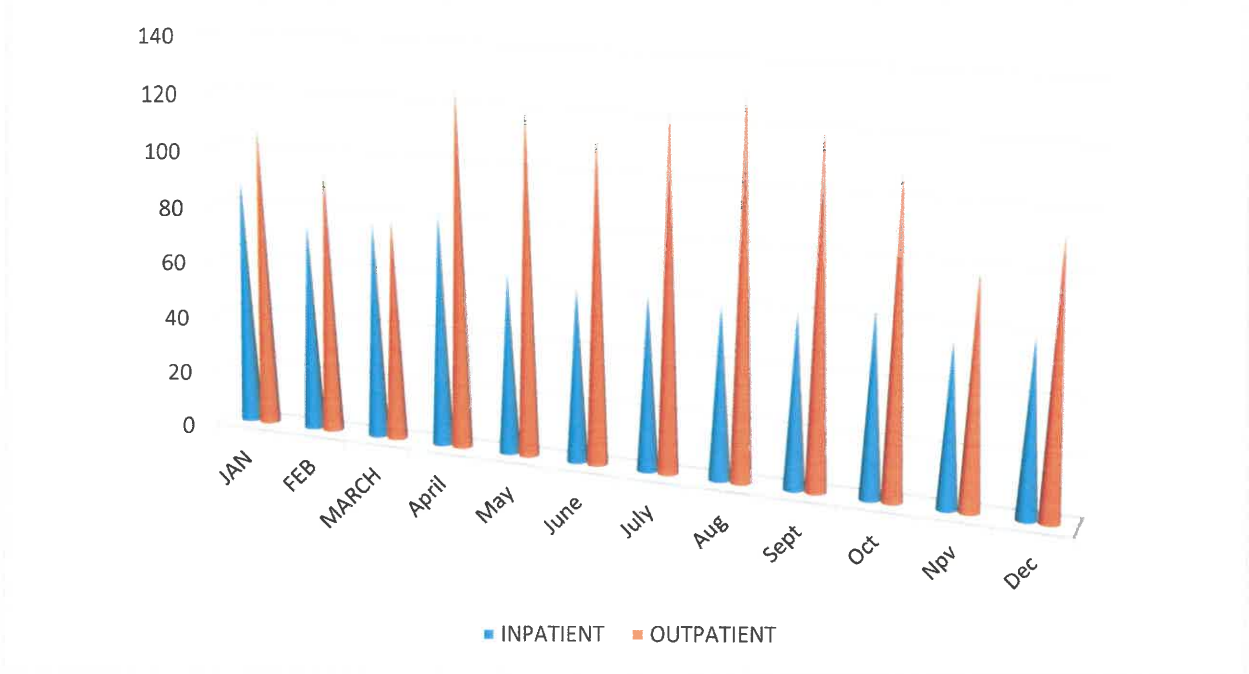
BILLING AND REVENUE CYCLE MANAGEMENT

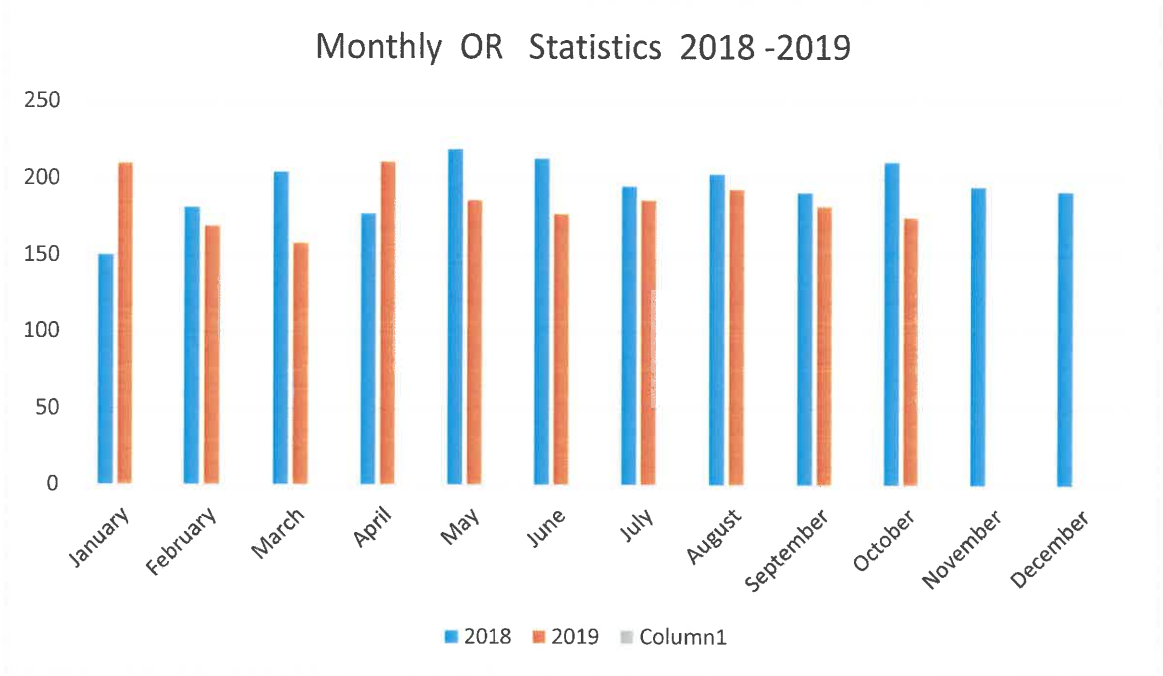
We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

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



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept 19	Oct-19	Nov 19	Dec 19
INPATIENT	113	89	80	89	75	78	83	64	62	62	61	61	65	57	61
OUTPATIENT	98	92	97	109	94	80	128	122	115	124	132	121	110	81	95





Amaechi Erondu, MD. MS. CPE
Chairman, Department of Anesthesiology

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Critical Care

NOVEMBER

In November, the Intensive Care Unit had 65 admissions, 65 discharges, and 268 Patient Days, with an Average Length of Stay (ALOS) of 4.1 days. ICU managed 72 patients in November. There were 7 deaths for 65 discharges, with an overall ICU mortality rate of 10.7 %. ICU managed 19 patients with severe sepsis and septic shock in November, with 2 deaths attributed to severe sepsis/septic shock. Sepsis specific ICU mortality rate was 10.5 %. One patient was transferred to Georgetown University Hospital for further management of a renal transplant. There were no readmissions to ICU within 48 hours of discharge. The ICU continues to lead the Rapid Response Team and Code Blue intervention teams and is glad to report that in November, no unexpected cardiac arrest episodes occurred on the medical floors outside of the critical care areas.

Contamination rate of blood culture specimens drawn in ED for ICU patient remains above acceptable national benchmarks and continues to be a challenge affecting clinical decision making, increasing risk and cost for patients. Consideration would be to require blood culture draws in the ED to be performed by phlebotomy team rather than ED staff.

1. **ICU Mortality**

   ICU had 7 deaths for 65 discharges, with an overall ICU mortality rate of 10.7 % for November. Mortality review is conducted in monthly Critical Care Committee meeting with Quality Department.

2. **Severe Sepsis and Septic Shock**

   ICU managed 19 patients with severe sepsis and septic shock in November. Two ICU deaths were directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 10.5 %. The UMC Sepsis committee has been reconvened under directorship of Quality Department for continued support and monitoring of performance.

3. **Infection Control Data**

   In November the ICU had 92 ventilator days with no Ventilator Associated Pneumonias (VAP), 113 central line days with no Catheter Associated Blood Stream Infections (CLABSI), and 191 foley catheter days with no Catheter Associated Urinary Tract Infections (CAUTI). ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN). ICU infection control performance remains well above national standard benchmarks.

4. **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.

5. **Care Coordination/Readmissions**

   In November, 72 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of discharge. In November one patient was transferred from UMC ICU to Georgetown University ICU for further management of a renal transplant.

Evidence-Based Practice (Protocols/Guidelines)

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

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 14 bed capacity in the current temporary ICU located on 5E. ICU is looking forward to operating at full capacity and full potential.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low.

ICU continues to precept George Washington University Physician Assistant students during their clinical rotations in UMC ICU.

Financials We are requesting feedback on ICU financial performance.

Needed Steps to Improve Performance

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

Mina Yacoub, MD
Chairman, Department of Critical Care Medicine

DECEMBER

For calendar year 2019, the ICU had a total of 1126 Ventilator days with no Ventilator Associated Pneumonias (VAP) and 1090 Central Line Days with no Central Line Associated Blood Stream Infections (CLABSI). The ICU at UMC continues to maintain and excellent record in preventing Hospital Acquired Infections.

The contamination rates of blood culture specimens drawn for ICU patients at point of entry in the Emergency Department continue to be above accepted national benchmarks. In the month of December, 20% of ICU patients had a blood culture drawn that was contaminated. The implications on clinical decision making, risk to patients and cost to hospital remain detrimental. Identified solutions to this problem include continued nursing education in the ED for proper blood culture drawing techniques, or staffing the Pathology Department appropriately to allow lab personnel to draw all blood cultures in the ED rather than ED staff.

In December, the Intensive Care Unit had 75 admissions, 74 discharges, and 245 Patient Days, with an Average Length of Stay (ALOS) of 3.3 days. ICU managed 82 patients in December. There were 6 deaths for 74 discharges, with an overall ICU mortality rate of 8.1 %. ICU managed 27 patients with severe sepsis and septic shock in December, with 2 deaths attributed to severe sepsis/septic shock. Sepsis specific ICU mortality rate was 7.4 %. Two patients were transferred to George Washington University Hospital for cardiac surgery procedures not available at UMC. There were no readmissions to ICU within 48 hours of discharge. The ICU continues to lead the Rapid Response Team and Code Blue intervention teams and is glad to report that in December, no unexpected cardiac arrest episodes occurred on the medical floors outside of the critical care areas.

6. **ICU Mortality**

   ICU had 6 deaths for 74 discharges, with an overall ICU mortality rate of 8.1 % for December. Mortality review is conducted in monthly Critical Care Committee meeting with Quality Department.

7. **Severe Sepsis and Septic Shock**

   ICU managed 27 patients with severe sepsis and septic shock in December. Two ICU deaths were directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 7.4 %. The UMC Sepsis committee has been reconvened under directorship of Quality Department for continued support and monitoring of performance.

8. **Infection Control Data**

In December the ICU had 119 ventilator days with no Ventilator Associated Pneumonias (VAP), 127 central line days with no Catheter Associated Blood Stream Infections (CLABSI), and 192 foley catheter days with no Catheter Associated Urinary Tract Infections (CAUTI). ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN). ICU infection control performance remains well above national standard benchmarks.

9. **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.

10. **Care Coordination/Readmissions**

In December, 82 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of discharge.

Evidence-Based Practice (Protocols/Guidelines)

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

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 14 bed capacity in the current temporary ICU located on 5E. ICU is looking forward to operating at full capacity and full potential.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low. ICU continues to precept George Washington University Physician Assistant students during their clinical rotations in UMC ICU.

Financials We are requesting feedback on ICU financial performance.

Needed Steps to Improve Performance

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

Mina Yacoub, MD
Chairman, Department of Critical Care Medicine

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Emergency Medicine

DECEMBER

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for November 2019. 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.

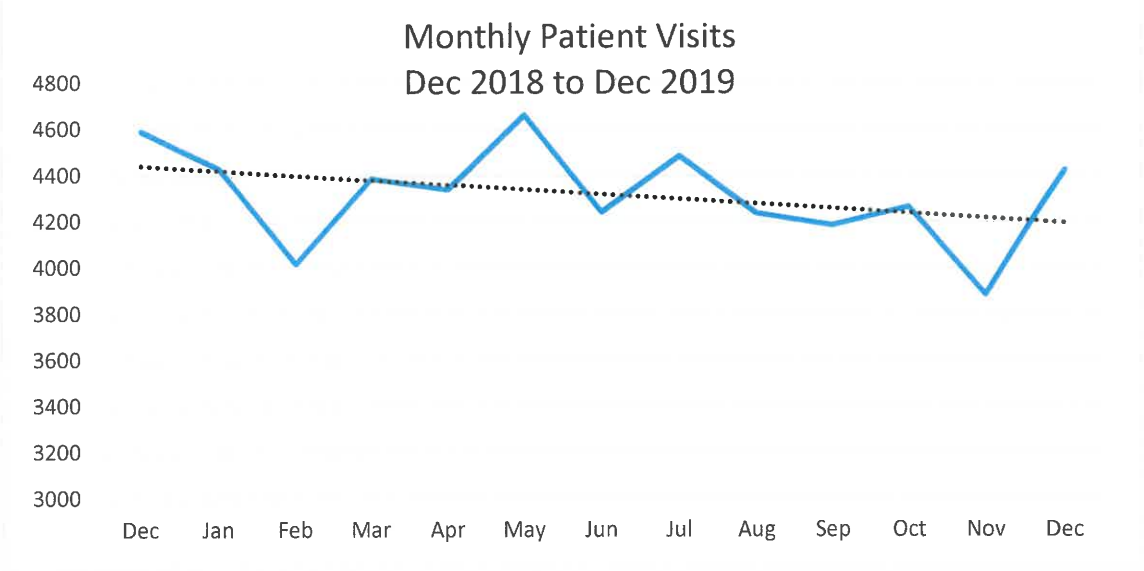
Definitions of the terms used in this report are as follows:

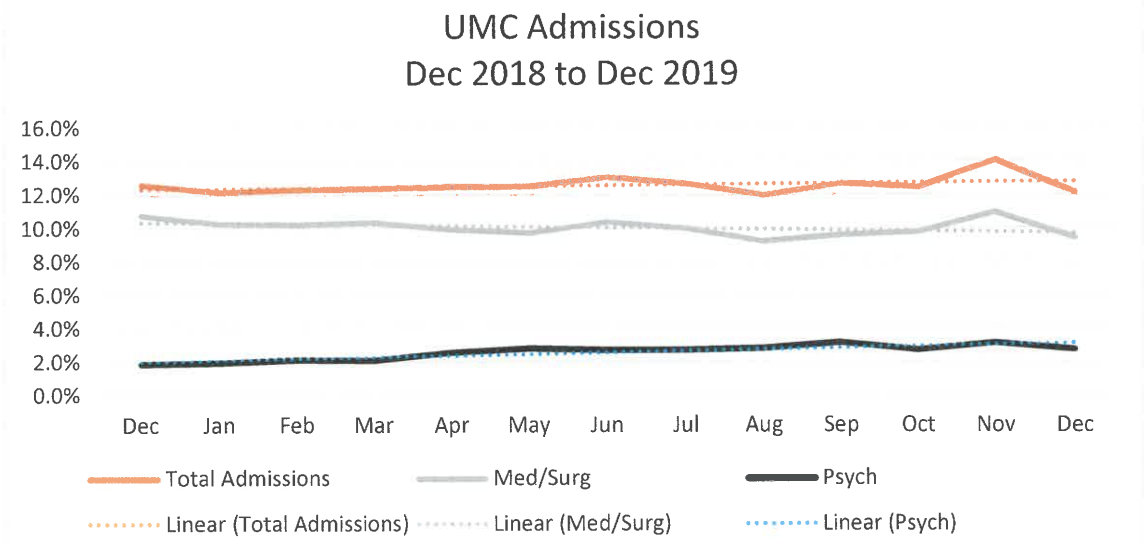
- **Total Patients**: number of patients who register for treatment in the ED
- **Admit**: number of admissions to UMC
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
  - **LAT**: All patients who leave 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

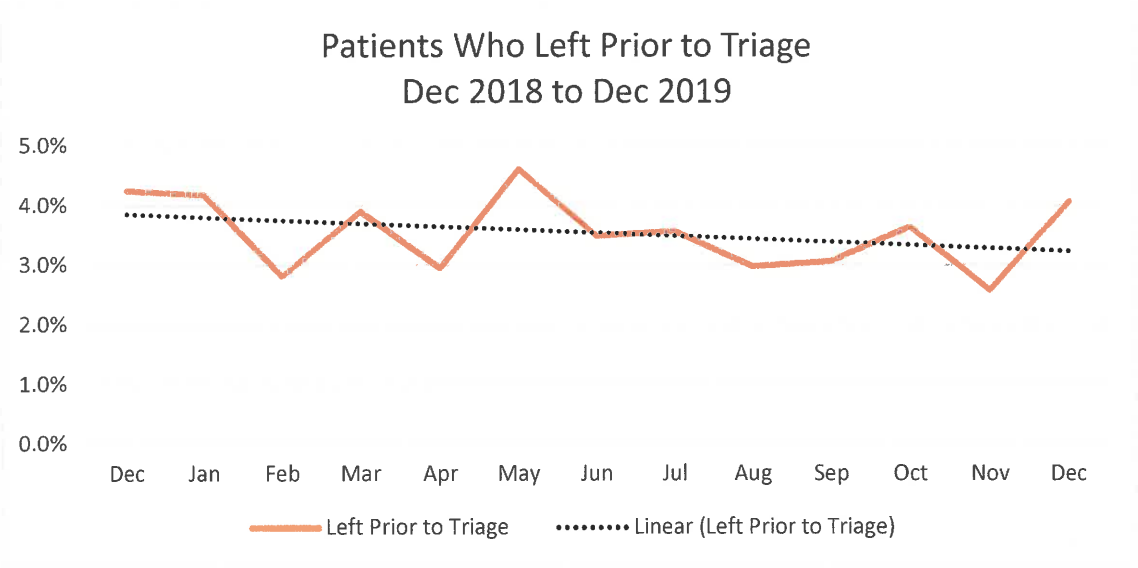
Data table:

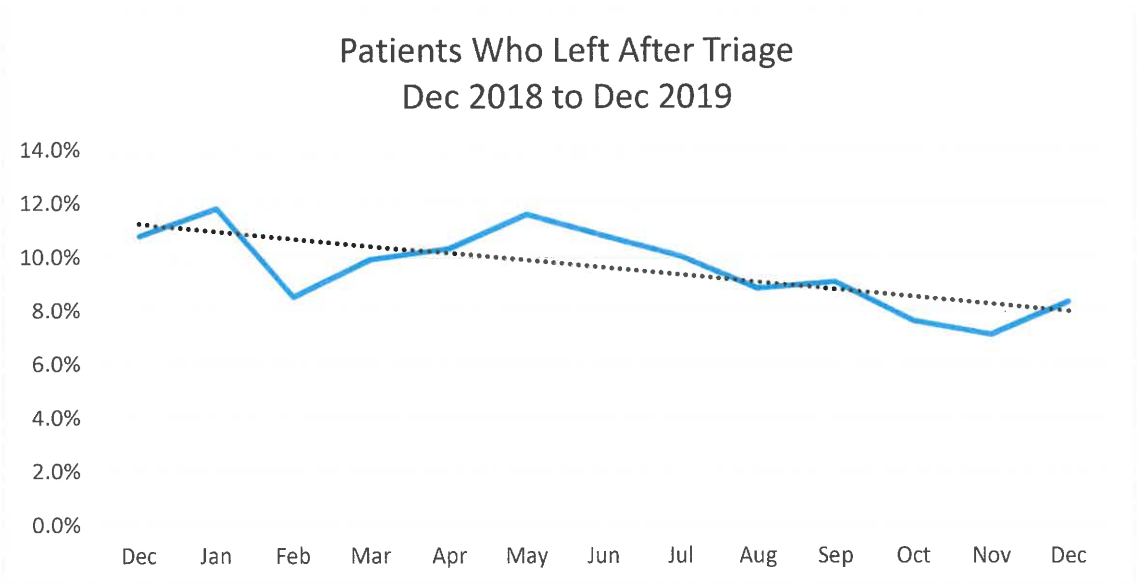
ED Volume and Events

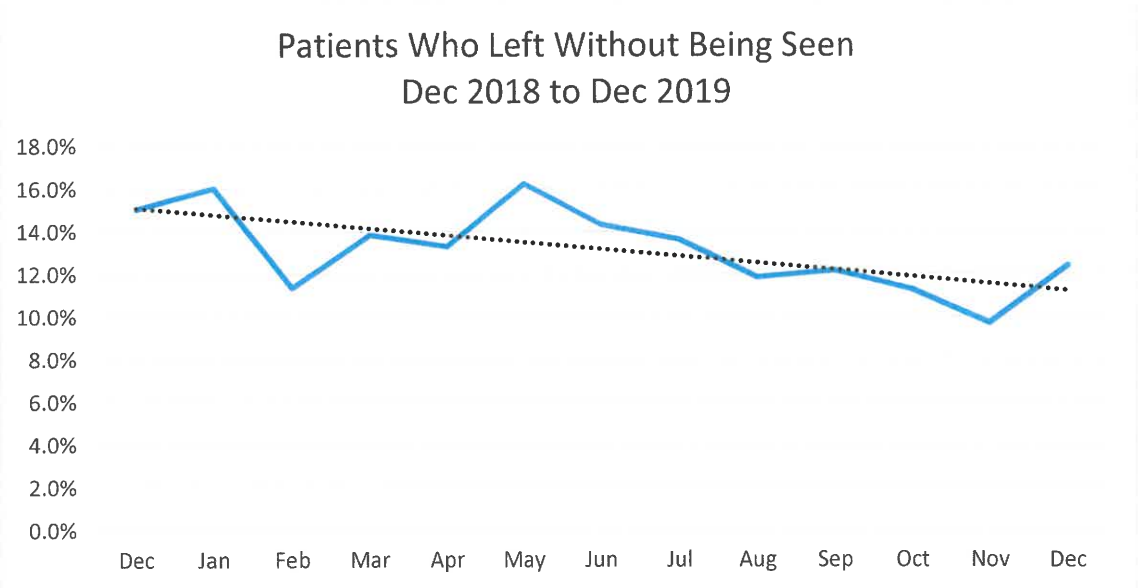
	Dec 2018	%	Dec2019	%
Total patients	4593		4425	
Daily Avg Census	148		143	
Admit	579	12.6%	537	12.1%
• **Med Surg**	494	10.8%	417	9.4%
• **Psych**	85	1.9%	120	2.7%
Transfer	81	1.8%	76	1.7%
AMA	66	1.5%	64	1.5%
Eloped	72	1.6%	55	1.2%
LWBS	692	15.1%	550	12.4%
• **Left Prior to Triage**	195	4.2%	180	4.1%
• **Left After Triage**	497	10.8%	370	8.4%
Ambulance Arrivals	1297	28.2%	1242	28.1%

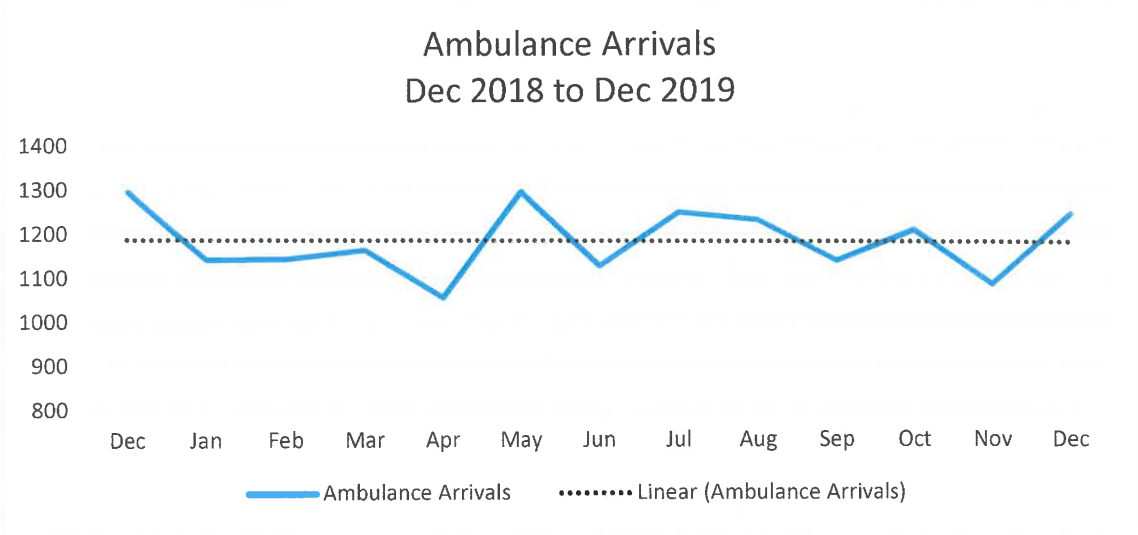

Monthly Patient Visits
Dec 2018 to Dec 2019
4800
4600
4400
4200
4000
3800
3600
3400
3200
3000
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec


UMC Admissions
Dec 2018 to Dec 2019
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)


Patients Who Left Prior to Triage
Dec 2018 to Dec 2019
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Left Prior to Triage
Linear (Left Prior to Triage)


Patients Who Left After Triage
Dec 2018 to Dec 2019
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec





Analysis:

1. The census declined slightly from the previous year.

2. Both ambulance arrivals and total number of admissions rose in the month of December, up from October and November. This reinforces the notion that changes in ambulance traffic correlate with changes in ED admissions.

3. Admissions to the med/surg units dipped slightly from the previous December, but remained fairly constant over the course of the entire year.

4. 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 elevated but appears to be down trending. Without additional data, it is unclear what may have led to the decrease in patients leaving before being seen.

The Hospital Leadership supported the development of an increased number of rooms to see lower acuity patients. These two additional spaces are referred to as SuperTrack.

SuperTrack was implemented in early December 2019 and are in the midst of assessing its overall impact on throughput in the department.

We welcomed the new CEO, Ms. Colene Daniel, to UMC in December 2019. We are working with Ms. Daniel to address the present challenges of the department, including establishing a data driven approach to measure throughput, staffing and productivity as well as the expedited transfer of women in labor, late-term obstetric emergencies, and critically ill patients.

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

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Medicine

NOVEMBER and DECEMBER

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	126	118	132	102	142	125	172	135	125	116	140	128	**1561**
HOSPITAL	126	118	132	102	143	125	172	135	125	116	140	128	**1561**
PERCENTAGE	**100%**	**100%**	**100%**	**100%**	**99%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**99%**
REGULAR													
MEDICINE	350	245	219	247	218	221	167	179	188	209	214	200	**2657**
HOSPITAL	442	323	292	347	326	330	273	284	298	300	309	294	**3818**
PERCENTAGE	**79%**	**76%**	**75%**	**71%**	**67%**	**67%**	**61%**	**63%**	**63%**	**70%**	**69%**	**68%**	**70%**
DISCHARGES													
OBSERVATION													
MEDICINE	132	118	127	97	131	137	164	138	127	112	143	123	**1549**
HOSPITAL	132	118	127	97	132	137	164	138	127	112	143	123	**1549**
PERCENTAGE	**100%**	**100%**	**100%**	**100%**	**99%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**99%**
REGULAR													
MEDICINE	298	221	189	193	194	190	147	144	161	183	168	166	**2254**
HOSPITAL	378	293	261	272	297	283	253	241	276	272	261	257	**3344**
PERCENTAGE	**79%**	**75%**	**72%**	**71%**	**65%**	**67%**	**58%**	**60%**	**58%**	**67%**	**64%**	**65%**	**67%**
PROCEDURES													
HEMODIALYSIS	223	113	118	171	119	122	70	108	127	115	170	105	**1560**
EGD'S	53	40	26	49	46	37	46	40	36	37	28	39	**477**
COLONOSCOPY	48	40	31	49	50	50	51	45	48	41	32	42	**527**
ERCP	1	0	0	1	0	0	0	0	0	2	2	0	**6**
BRONCHOSCOPY	5	1	4	3	1	4	2	3	2	1	1	3	**30**
QUALITY													
Cases Referred to Peer Review	0	0	0	0	1	0	0	0	2	2	0	0	**7**
Cases Reviewed	0	0	0	0	3	0	0	0	0	2	0	0	**5**
Cases Closed	0	0	0	0	3	0	0	0	0	2	0	0	**5**

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

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Pathology

NOVEMBER and DECEMBER

Reference Lab test – Intake PTH 90% 2 days	100% 21	97% 30	96% 28	87% 23	96% 26	100% 3	100% 13	93% 15	96% 13	100% 25		
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	100% 16/16	100% 20/20	94% 15/16	94% 15/16	100% 20/20	100% 18/18	94% 15/16	100% 18/18	100% 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%	100%	100%	100%
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Review of Unacceptable Blood Bank specimen Goal 90%	97%	100%	100%	99%	100%	100%	100%	100%	100%	99%	99%	100%
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.3	1.4	1.5	1.3	1.3	1.2	1.1	1.2	1.4	1.4	1.2
Wasted/Expired Blood and Blood Products Goal 0	1	5	10	2	3	0	1	2	3	5	2	1
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	99.3%	100%	100%	100%
Hematology Analytical PI **Body Fluid**	100% 15/15	100% 16/16	100% 12/12	100% 16/16	100% 7/7	100% 13/13	100% 17/17	100% 19/19	100% 11/11	100%	100%	100%
Sickle Cell	0/0	0/0	1/1	0/0	1/1	0/0	0/0	0/0	0/0	1/1	1/1	1/1
ESR Control	100% 26/26	100% 28/28	100% 70/31	100% 68/27	100% 60/27	100% 56/27	100% 52/27	100% 69/28	100% 25/25			
Delta Check Review	100% 208/208	99% 170/171	99% 184/185	100% 184/184	100% 204/204	100% 167/167	100% 212/212	100% 191/191	98.3% 237/241			

Board Report Pathology
November and December 2019

Blood Culture Contamination – Benchmark 90%	92% ER Holding 98% ER 92% ICU	100% ER Holding 90% ER 91% ICU	94% ER Holding 89% ER 95% ICU	100% ER Holding 86.54% ER 100% ICU	100% ER Holding 87.6 ER 92% ICU	100% ER Holding 81.18% ER 100% ICU	100% ER Holding 89.24% ER 89.28% ICU	100% ER Holding 90.1% ER 100% ICU	100% ER Holding 98.4% ER 100% ICU	100% ER Holding 90.4% ER 100% ICU	100% ER Holding 87% ER 100% ICU	100% ER Holding 83% ER 100% ICU
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	83% ER 80% Lab	84% ER 85% Lab	82% ER 87% Lab	82% ER 86% Lab	83% ER 90% Lab	85% ER 93% Lab	84% ER 92% Lab	81% ER 91% Lab	85% ER 92% Lab			
Pathology Peer Review Discrepancies Frozen Section vs Permanent Section In house vs Reference laboratory consultation									0/0 0/7	0/0 0/2	0/0 0/1	0/0 0/1

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.
Chairman, Department of Pathology

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Behavorial Health

NOVEMBER and DECEMBER

Description		March	April	May	June	July	August	September	October	November	December
Admissions											
	ALOS (Target <7 Days)	5.14	4.98	4.64	4.83	4.5	4.73	3.73	2.96	4.02	4.02
	Voluntary Admissions	41	54	54	56	62	47	58	48	44	52
	Involuntary Admissions	54	60	80	69	65	79	80	73	84	74
	Total Admissions	95	114	134	125	127	126	138	121	128	126
Referral Sources											
	CPEP	22	28	51	34	32	26	53	43	44	36
	UMC ED	72	83	77	86	91	98	82	71	79	85
	GWU	0	1	1	1	1	0	0	0	1	2
	Providence	0	0	0	0	0	0	0	0	0	0
	Georgetown	0	0	1	0	0	0	0	1	1	0
	Sibley	0	0	0	0	0	0	0	0	0	0
	UMC Medical/ Surgical Unit	1	1	3	3	2	1	3	5	3	3
	Children Hospital	0	0	0	0	0	0	0	0	0	0
	Howard	0	0	1	1	0	0	0	1	0	0
	Laurel Regional Hospital	0	0	0	0	0	0	0	0	0	0
	Washington Hospital Center	0	0	0	0	0	0	0	0	0	0
	Suburban	0	0	0	0	0	0	0	0	0	0
	Holy Cross	0	1	0	0	0	0	0	0	0	0
	PG Hospital	0	0	0	0	1	1	0	0	0	0
Other Measures	Average Throughput (Target:<2 hrs)	3.8 overall throughput									
	Direct Admits		2.8 (new reporting format)	1	2.4	#REF!	2	4	1	3.5	2.5
	ED Voluntary Admits		3.2 (new reporting format)	3.7	3	3.7	2.6	2.8	3.2	2.8	2.1
	FD12 Patient Admits		5.7 (new reporting format)	6	4	4.4	3.2	5.1	5.4	4.6	3.7
	Psychosocial Assessments (Target:100%)	90%	85%	99%	86%	97%	93%	98%	98%	89%	80%
	Discharged AMA	3	3	9	10	16	16	21	12	11	11
Discharge Appointments											
	Discharge Appointments Made (Target: 100%)	87	95	114	104	112	105	121	108	119	107
	# Discharged without appointments/No discharge appointment information provided	5	3	14	7	7	14	6	7	6	7
	Discharge Appointments (Target:100%)	88%	83%	87%	89%	82%	89%	82%	89%	92%	88%
	Patients who went to Court	0	0	0	0	0	0	0	1	0	0

UMC
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Radiology

DECEMBER

MONTHLY DEPARTMENT CHAIR REPORT

Performance Summary:

	INPATIENT		ER		OUTPATIENT		TOTAL	
EXAM TYPE	**EXAMS**	**UNITS**	**EXAMS**	**UNITS**	**EXAMS**	**UNITS**	**EXAMS**	**UNITS**
CARDIAC CATH	1						1	
CT SCAN	111		587		131		829	
FLUORO	15		1		8		24	
MAMMOGRAPHY					102		102	
MAGNETIC RESONANCE ANGIO								
MAGNETIC RESONANCE IMAGING								
NUCLEAR MEDICINE								
SPECIAL PROCEDURES	7		0		2		9	
ULTRASOUND	82		226		157		465	
X-RAY	149		1280		593		2022	
ECHO	84		1		43			
CNMC CT SCAN			35				35	
CNMC XRAY			473				473	
GRAND TOTAL	449		2603		1036		3960	

Quality Initiatives:

1. **Core Measures Performance**
   100% extra cranial 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:** There was no rapid response.

4. **Care Coordination/Readmissions:** Transfer of patients from UMC to other facilities proactively and as needed ongoing.

5. **Evidence-Based Practice (Protocols/Guidelines):**
   Standard operating procedures for CT scan reviewed and updated.
   CT lung cancer screening protocol reviewed and implemented on 64 and 128 detector scanner.

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

Services:
Nuclear Medicine replacement project: GE dual head camera installation is done. Physicist evaluation and GE applications within three weeks.

MRI update: New room construction is approved. Work permit pending approval from DC Regulatory Affairs.

Mammography: Breast density information is included in the patient lay letter as mandated by the amendment to DC cancer prevention act.
Letter are generated automatically for BI-RADS category 1 and 2 by Meditech to the patient attention.

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

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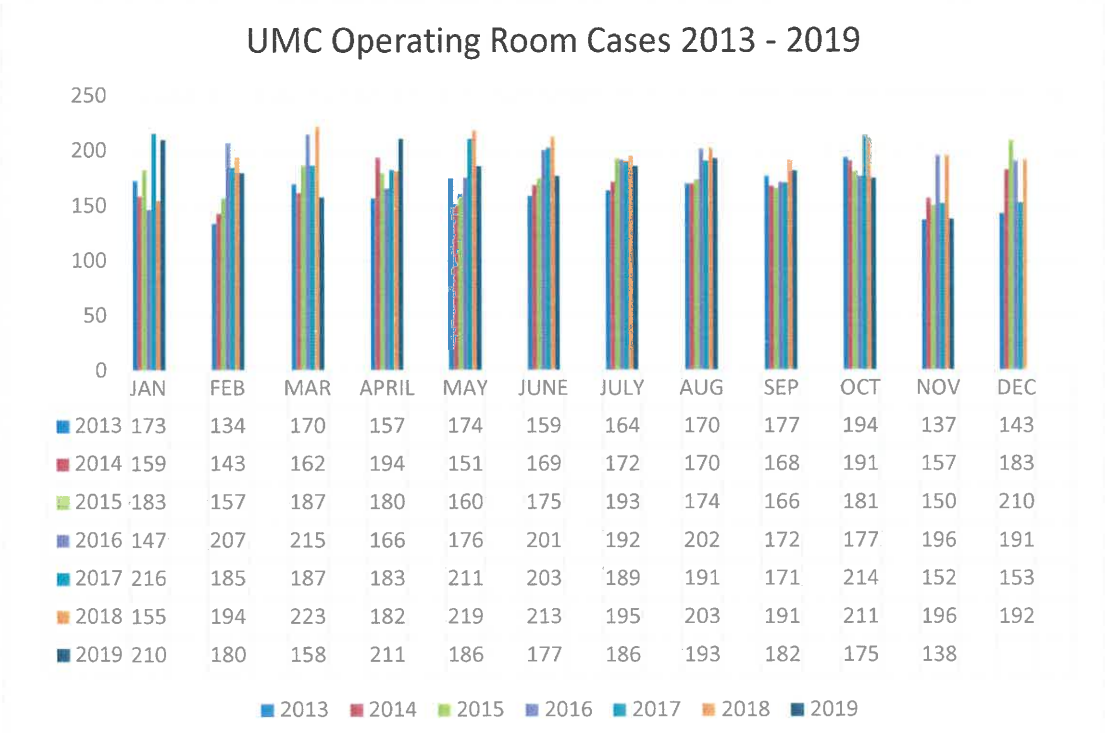
Surgery

NOVEMBER

For the month of November 2019, the Surgery Department performed a total of 138 procedures.
The chart and graft below show the annual and monthly trends over the last 7 calendar years:

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



SURGERY SUMMARY REPORT FOR NOVEMBER 2019

This month we experienced a significant drop in OR volumes (21%) as compared to last month. However, in comparison to 2018 statistics, we are experiencing a 8.5% reduction when measured against last year's numbers.

Despite these obstacles, we continue to work diligently to increase our efficiencies and productivity while, at the same time, delivering the highest quality of care.

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

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

The following projects are going well and will undergo continuous evaluation and modification as necessary:

1. ***Weekly OR Rounds*** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This initiated in the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.
2. ***Monthly / Bi-Monthly Morbidity and Mortality Rounds*** where ALL Complications and Adverse outcomes for patients will be analyzed. This will be a multidisciplinary conference including but not limited to Anesthesia, ICU, Internal Medicine, Pathology and Surgery. This will be a Retrospective Review. The next conferences are scheduled for January 15, 2020.
3. ***Standardized Post-operative Orders*** for all patients who will be in-patient after their surgical procedure. This applies to all surgical specialties.

It is our goal to use these initiatives to improve standardization and reduce unnecessary variability of care and to bolster patient satisfaction and quality outcomes.

Surgery and Perioperative Services continue to collaborate with Finance to obtain vital data that will allow for better evaluation our current volumes as they relate to the needs of the community and current allocation of resources. This is an ongoing process and will continue to be modified as necessary to meet the outlined goals and objectives.

The ultimate goals being:

1. To identify the SERVICE LINES that are best suited for UMC and the community
2. To develop a STRATEGIC PLAN that will focus of meaningful and sustainable growth in the marketplace NOT just the volume of cases alone
3. To improve our PATIENT CARE AND SAFETY objectives

Our current Peri-Operative Performance Improvement activities include:

1. Tracking and Improving First Case On-Time Start
2. Tracking and Curbing Weekday Late Cases and Weekend Cases

We were in the final stages of completing the agreements for a joint educational venture with the Howard University Surgery Department regarding reinstitution a surgery residency "Major Participating Site" program here at UMC. However, this process has been placed on HOLD for undisclosed reasons. Currently news of Howard partnering with Adventist Health system makes the proposed joint venture unlikely. We view this as a strategic loss for the Surgery Department, the education of Residents and the Community we serve.

We have finally taken possession of operable ultrasound units in the department, therefore, cases including vascular access procedures, nerve blocks and difficult IV access can now resume. This development will improve upon our productivity and safety for our patients.

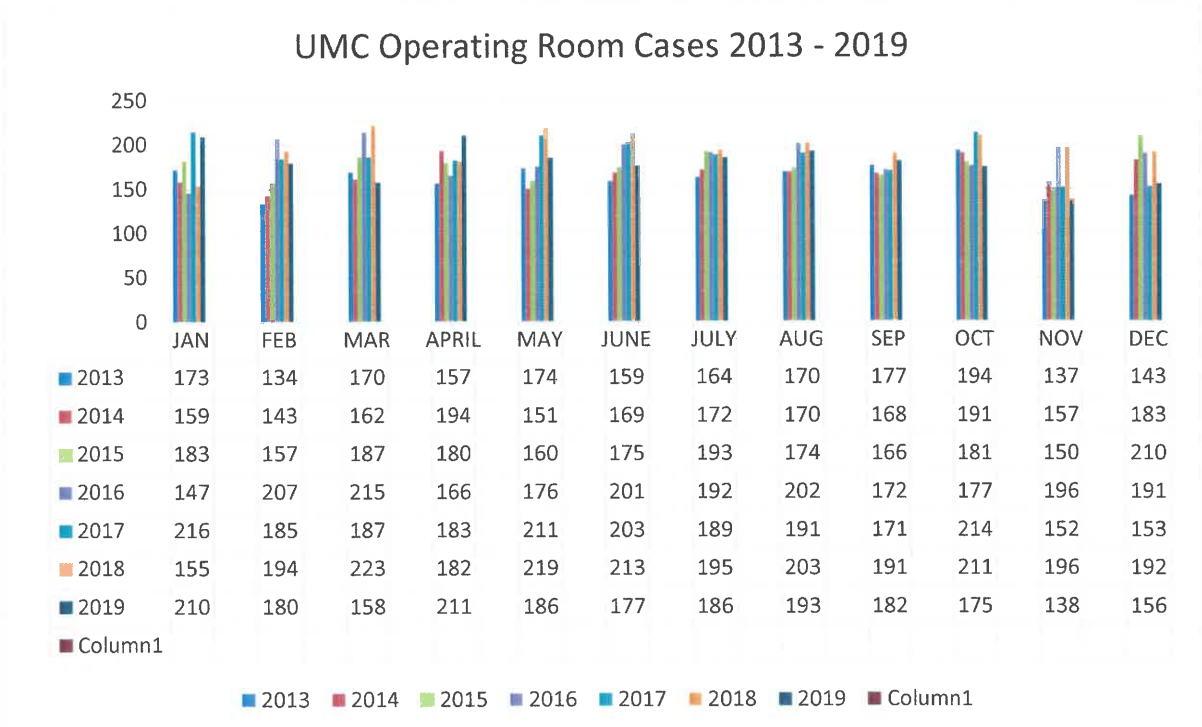
There are some serious concerns that have been brought to my attention that have a directly negative impact on the department and our ability to function effectively:

a. Inconsistent and often Non-Existent insurance credentialing of providers in the Specialty Clinics with payors. This has resulted in significant resources and services rendered that are not billed, and if billed, not collected.
b. Specialty Clinic Scheduling staff, due to improper training, not being aware of who the physicians are who service the clinics and subsequently failing to schedule visits appropriately. This has directly led to a dramatic decline in the number of patient visits per allocated clinic schedule blocks.

DECEMBER

For the month of December 2019, the Surgery Department performed a total of 156 procedures. The chart and graft below show the annual and monthly trends over the last 7 calendar years:

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



SURGERY SUMMARY REPORT FOR DECEMBER 2019

This month we experienced an increase in OR volumes (15%) as compared to last month. However, in comparison to 2018 statistics, we are experiencing a 9.4% reduction when measured against last year's numbers and the lowest annual numbers in the last 4 years. Over Q4 of 2019 we have identified areas and trends that have been contributing to the declining volumes. As we enter 2020, we have new measures that will be implemented to address areas of concern and correct some of the deficits that we have identified. Despite these obstacles, we continue to work diligently to increase our efficiencies and productivity while, at the same time, delivering the highest quality of care. We continue to meet or exceed the monthly quality measures benchmarks outlined for the Surgery Department.

MEASURE	UMC	NAT'L AVG
6) Selection of Prophylactic Antibiotics	100%	92%
7) VTE Prophylaxis	100%	95%
8) Anastomotic Leak Interventions	No Occurrences	2.2%
9) Unnplanned Reoperations	No Occurrences	3.5%
10) Surgical Site Infection	No Occurrences	4.8%

The following projects are going well and will undergo continuous evaluation and modification as necessary: Weekly OR Rounds where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This initiated in the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review. Monthly / Bi-Monthly Morbidity and Mortality Rounds where ALL Complications and Adverse outcomes for patients will be analyzed. This will be a multidisciplinary conference including but not limited to Anesthesia, ICU, Internal Medicine, Pathology and Surgery. This will be a Retrospective Review. The next conferences are scheduled for February 19, 2020. Standardized Post-operative Orders for all patients who will be in-patient after their surgical procedure. This applies to all surgical specialties. It is our goal to use these initiatives to improve standardization and reduce unnecessary variability of care and to bolster patient satisfaction and quality outcomes. Surgery and Perioperative Services continue to collaborate with Finance to obtain vital data that will allow for better evaluation our current volumes as they relate to the needs of the community and current allocation of resources. This is an ongoing process and will continue to be modified as necessary to meet the outlined goals and objectives.

The ultimate goals being: identify the SERVICE LINES that are best suited for UMC and the community, develop a STRATEGIC PLAN that will focus of meaningful and sustainable growth in the marketplace NOT just the volume of cases alone, improve our PATIENT CARE AND SAFETY objectives. Ongoing Peri-Operative Performance Improvement activities include: Tracking and Improving First Case On-Time Start, tracking and Curbing Weekday Late Cases and Weekend Cases

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

MEDICAL STAFF CREDENTIALING ACTIVITY
NOVEMBER and DECEMBER 2019

NEW APPOINTMENTS

Nana Amoah, MD (Internal Medicine)
Lauren Artinger, PA-C (Emergency Medicine)
Kristen Cadieux, DPM (Podiatry)
Patrick Conway, DO (Internal Medicine/ Hospitalist)
Sarah Conway, DO (Internal Medicine/Hospitalist)
Breanne Jacobs, MD (Emergency Medicine)
Sara Lenard, NP (Emergency Medicine)
Satheesh Ramineni, MD (Orthopedic Surgery)

REAPPOINTMENTS

Milton Mills, M.D. (Critical Care)

CHANGE IN STATUS

none

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General Board Meeting

Date: January 29, 2020

Medical Chief of Staff Report

Presented by:
Marilyn McPherson-Corder
Medical Chief of Staff

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REPORT OF THE CHIEF OF STAFF
MARILYN MCPHERSON-CORDER, M.D.
DECEMBER 2019

Happy New Year to All,

1. Occupational Health continues to offer the flu vaccines to the Medical Staff and the hospital employees. As reported from last month, Medical Staff was over 50% in compliance. I am pleased to announce that the Medical Staff is currently 90% in compliance.

2. Sadly, Ms. Sarah Davis has put in her resignation and her last day at UMC was December 20, 2019. She has worked at UMC for over 30 years in different capacities. Her performance as Medical Staff Manager was superb and she will be greatly missed. We welcome Ms. Cheron Rust as Interim Manager of the Medical Affairs who has worked closely with Ms. Davis over the past 5 years.

3. As of December 23, 2019, the Medical Affairs department has recently relocated to a much larger and medical staff friendly site. In this new location an extension of the physician lounge has been added.

4. The Medical Executive Committee met on Monday, November 18, 2019 and submits several action items for the Board of Director's review and approval (see attached).

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General Board Meeting

Date: January 29, 2020

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing Board Report
December 2019

8W

Month	Admission	ADC	Falls	Elopement	AMA	Restrains	Code Blue	Rapid Response
December	312	43.2	3	0	5	0	1	4

Education

- Inspection for insulin pumps and continuous glucose monitors
- Storage and administration of patients' personal medication
- Blood glucose bar code for visitors in rapid response
- Heparin infusion protocol
- Care of Department of Corrections (DOC) patient
- Gel foam mattress
- Cardinal Health SCD machines
- Kendall EKG electrodes
- FD12 Policies and Procedures

PI Initiatives

- Workforce Safety-Inpatient Behavioral Health Solutions Starter - Your feeling of safety on the unit. The Road to High Reliability (Press Ganey article)
- Fall Prevention Risk Assessment
- Prepare and present family with Bereavement basket/cart when patient transitions
- Develop unit-based PI and QI committees (wounds, falls, patient satisfaction)
- DOH Plan of Correction ongoing for PPID when doing accuchecks
- DOH Plan of Correction ensuring appropriate isolation signage is displayed
- HCAPS monitoring and action planning.

Service Recovery

- Continue to implement Heart-Head-Heart Language of Caring attributes
- Manager proactively rounds on all new admissions daily.
- Charge Nurses round on patients Monday, Wednesday and Friday and as needed to address any questions comments or concerns.
- Manager conducts discharge/follow up phone calls to patients 24-48hours post discharge.
- Patients and or family will receive customer service letter as follow up to complaint.

5W

Month	Admission	ADC	Falls	Elopement	AMA	Restraints	Code Blue	Rapid Response
December	79	13	1	0	3	0	0	0

Education

- Continuous reinforcement related to DOH POC as well as TJC standards at monthly meetings and daily huddles.
- Preparation for TJC and DOH visits
- Staff reminded to completed 2019 Mandatory Training and Competencies

PI Initiatives

Pain Management

- 97 charts were reviewed for pain reassessment for the month of December. There was 100% compliance with reassessment, 4 reassessments were late; staff counseled.

Allergies

- 51 charts were reviewed for allergies. 94% were completely updated on admission (48/51).
- There was 94% compliance with the allergy band (16/17).

Medication Reconciliation

- 51 charts were reviewed for medication reconciliation; 98% compliance (50/51).

Falls

- There was 1 reported fall in the month of December.
- The fall was unwitnessed and did not result in injury or extended LOS.
- Fall prevention interventions continue.

Elopement

- There were 0 elopements for the month of December

Service Recovery

- 50 patient rounds were accomplished for the month of December by nursing leadership. 50% (5/10) of concerns were related to pain management, 20% (2/10) to treatment plan and 30% (3/10) related to other factors.

Behavioral Health

Month	ADM	ADC	AMA	Discharge	Falls	Elope	Seclusion	Rapid Response	Chemical	Physical/Chemical Restraints	Diabeti Event
December	126	16	11	122	0	0	0	0	0	0/0	0

Transfers to St. Elizabeth's Hospital = 0
Transfers to UMC's Medical Unit = 0

Education

- Continuation of Comprehensive Crisis Management (**CCM**) Training Program: Over 75 UMC employees (BHU, Sitters, 5W, ED, SPO) received CCM-Crisis Prevention and De-escalation training.
- Treatment plan, auditing, coaching, and education has ramped up.

PI Initiatives

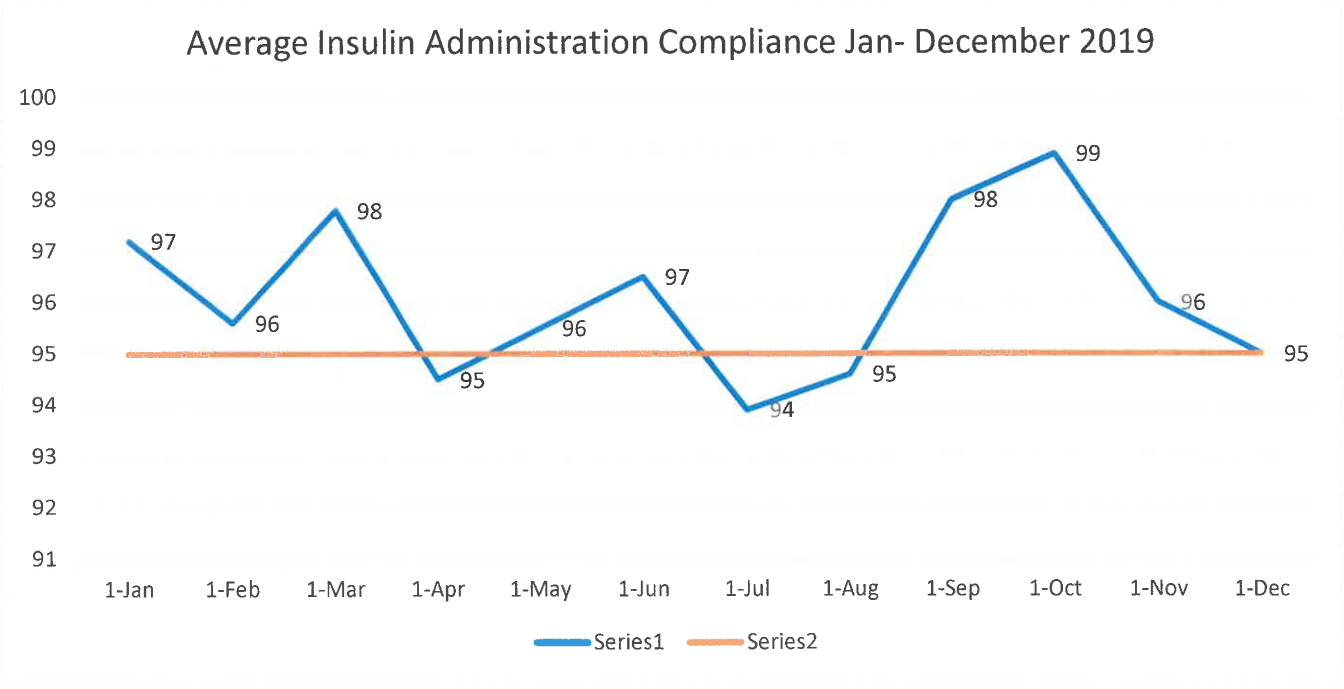
- Violence & Aggression (Restraints & Seclusion): BHU number of restraints and seclusion remained at 0.00. It is worth highlighting, 75 out of the 126 patients admitted in December were involuntary patients. Plan to continue to promote communication as well as proactive violence detection and mitigation.
- Newly hired Psych Techs continue to display professionalism and the ability to keep our BHU patient safe. BHU leadership has had several 1:1 meetings and check-in with each new hire. Plan to perform new hire employee evaluation and employee rounding on the new hires at 3, 6, 9, and 12 months.
- Joint Commission (TJC) Readiness: Continues on a daily basis and gaps addresses.
- BHU employee rounding continues.

Service Recovery

No service recovery incidents were reported throughout the month of December.

Diabetes Center

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total diabetes patient days per month	1196	1453	909	767	794	934
Percent DM days/month	65.21%	63.70%	43.47%	35.05%	31.81%	39.64%
Average Pt with DM per workday	39	50	38	40	50	44
#patients DM per month	219	226	171	203	227	210
Total Hospital Census	346	353	383	395	397	393
Hospital Pt Days	1834	2281	2091	2188	2496	2356
% of patient with DM/month	63.29%	64.02%	44.65%	51.39%	57.18%	53.44%



Insulin Drip Documentation in the EMAR

There were 8 insulin drips in December. One gap with documentation; team member was re-educated re: documentation in the EMAR

Staff Education

Continue to instruct new hires in the use of the Accuchek. There is challenge with new team members getting their barcode. This is due to delay in being entered into Meditech. The barcode cannot be printed until the employee is entered into Meditech. Escalated and resolved.

Diabetic Ketoacidosis- DKA

Diabetes educator is working with intensivist, ER medical director and ER/ICU nursing to review DKA management. It was found that there may be more than one choice of insulin drip orders in the ED. The goal is to have one set of orders for ED and ICU.

Insulin Infusion Protocol (Non-DKA)- Recent staffing changes have put this on hold. Awaiting IT staff reassignments.

Plan of Correction – Diabetes Findings

- Educate 100% of all authorized users on point of care policy. New hires will also be included
    - April 1-30th competency re-education was conducted – At present we are at 100% compliance for authorized users.
    - New hires complete the competency as part of orientation - Ongoing
    - Team members who are on FMLA will complete the competency as part of the process for return to work.
        - The diabetes educator will provide competency completion to returning employees due to recent staff changes in the education department.
    - Implemented direct observation of users starting 5/9/18.
        - Observations done for 3 months. All observations were at 100%. Met with diabetes PI coordinator discussed stopping direct observation as goal met.
        - Continue to meet with PI coordinator for diabetes center– to review plan of correction – Ongoing
    - Educate 100% of all authorized users on point of care policy. New hires to be included. New hires are completing the Accuchek 2019 competency during orientation.
    - Insulin audit – monitoring of correct insulin administration continues. Benchmark of 95% maintained in December.

2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		Q1	Q2	Q3	Q4	YTD
	DIABETES CENTER → QAPI																		
	INSULIN ADMINISTRATION COMPLIANCE									BENCHMARK-95%									
Total Insulin Given		385	915	185	84	558	752	791	1110	603	360	164	172		1485	1394	2504	696	6079
Total Insulin Given Correctly		373	869	178	79	533	726	743	1050	591	356	156	163		1420	1338	2384	675	5817
% Compliance		97%	95%	96%	94%	96%	97%	94%	95%	98%	99%	95%	95%		96%	96%	95%	97%	96%

- Accurate administration of insulin continues to be monitored. Benchmark of 95% met each quarter. Will continue to monitor. This audit began in 2017 with initial results of 68% accuracy. Over the 3-year time span system fixes, education and frequent updates with staff has brought us to an improvement level that is hardwired.

Critical Care

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
December	75	8	27	8	21	4

Education

- Staff continue to work on completing hospital mandatory and unit-based annual competencies in Relias.
- Continue to work on accurate weight documentation.
- Continue to educate/ remind nurses of the importance of the 10/10/10 rule with critical lab results.
- High priority given to daily chart checks.
- The use of the SBAR tool for shift report re-implemented and enforced.

PI Initiatives

- Continued effort to have staff compliant with hand hygiene protocol to include the fingernail policy.
- Continue to ensure proper documentation of code blues and RRT's to include evaluations of these events.
- Continue to reinforce the importance of scanning all meds prior to administration.

Service Recovery

- Daily charge nurse rounds on all patients to address or prevent any potential customer service issues
- Follow up with families and patients on all issues and concerns. No concerns voiced in December.

Education /Professional Development

1. Relias (Learning Management System)
    - Rolled out UMC 2019 Mandatories
    - Enrolled new users /deactivate past users
    - Reset password continuously - ongoing

2. Relias - Rolled out 2019-2020 Unit –based competencies
    - ED
    - ICU/Dialysis
    - Med/Surg Tele
    - Med/Surg
    - OR/PACU
    - BHU

3. Three Patient Sitter Orientations were hosted as follows:
    - December 5th - 13 sitters
    - December 22nd - 6 sitters
    - December 31st - 5 sitters

4. Conducted 3 CPR classes
    - December 18th - 7 employees
    - December 19th – 8 employees
    - December 20th - 7 employees

5. Assisted Managers with service recovery pertaining to Patient Sitter issues.
6. Preparation for upcoming hands on clinical competency for all clinical units - primarily for nurses and technicians.
7. Resource as needed for non-nursing disciplines in preparation for their hands on competency.

Emergency Department

ED Metrics Empower Data	Aug	Sept	Oct	Nov	Dec
Visits	4238	4188	4265	3884	4425
Change from Prior Year (Visits)	4975	4721	4636	4336	4592
% Growth	-17.39	-12.73	-8.70	-11.64	-3.77
LWBS	122	100	73	70	54
Ambulance Arrivals	1231	1138	1207	1083	1242
Ambulance Admissions	328	325	341	324	350
% of ED patients arrived by Ambulance	0.29	0.27	0.28	0.28	0.28
% of Ambulance Patients Admitted	0.27	0.29	0.28	0.30	0.28
Reroute + Diversion Hours	0	0	0.28	0	3

ED Metrics Empower Data	Goal Mins	Aug	Sept	Oct	Nov	Dec
Door to triage	30	22	22	24	20	27
Door to room	45	86	92	91	89	97
Door to provider	60	90	93	86	83	96
Door to departure	150	213	221	216	209	231
Decision to admit to floor	240	293	289	296	299	310

Education

- Joint Commission Readiness – staff reminded during safety huddle we are approaching our window for our annual survey. Reminders given re: hand hygiene, medication reconciliation, scanning of all medication, identifying sepsis patients initiated during triage & notifying MD if positive criteria met; all antibiotics must be administered within an hour.

- Review of 2019 Patient Safety Goals
- Super Track – begin 12/10/2019 to decrease wait times, facilitate throughput & increase patient satisfaction.
- Benefits Open Enrollment 11/18/19-12/9/19
- Welcome of New Employees during safety huddles
- Downtime 12/4/19 0130-0500 – use downtime forms, plan accordingly, IT will be on site
- Quick Look RN – reminder is a required 24/7 staffing requirement. Charge RN is responsible for ensuring there is a quick look RN.
- Review of ED Polices for each discipline – ED-603 Role of Staff Nurse, ED-604 Role of Technician, & ED-605 Role of Coordinator. Policies can be found on each desktop/WOW computer. In addition to copies being placed in every employee mailbox and discussed during daily patient safety huddle @ 7a & 7p. Each employee is responsible for reviewing polices, going forward a new policy will be implemented weekly to ensure we as a department are working collaboratively to ensure best practices & protocols of the organization.
- Direct Bedding – staff reminder during safety huddle for throughput
- Charge Nurse Meeting – up coming
- Communication Binder – for facilitates regarding all repairs, etc.
- Radio – reminder to staff to use for internal communication
- Sitters – reminder to staff sitters do not perform clinical duties
- Psych Intake Coordinator – must be called for all psych admissions/transfers
- NIH Credit Union – offer to employees to join
- Review of Sitter Guideline Policy (PCS 01-030) & Management of SI/HI Patient (FD-12) in the ED and Non-behavioral Health Units (PCS 02-182)
- Staff Meeting 12/10/2019 @ 7a & 7p
- Welcome New CEO
- Reminder Flu Vaccination Documentation due 12/31/2019
- Procare – reminder to staff to elevate all delays to management/nursing supervisors
- ED implemented a 2-hour Meditech training for all new employees

PI Initiatives

- Elopements – zero
- Blood Culture contamination ED – decreased from 90.4% to 87% encouraged lab staff to draw all blood cultures to mirror same protocol for all other in-house units

Service Recovery

- In real time

Respiratory Services

Education:

- Ms. Aldene Doyle, RN, held an in-service, on *Mechanical device related & mucosal membrane pressure injuries and prevention.* This in-service was held, to educate the RTs, on how to best prevent HAPIs, caused by respiratory devices.

PI Initiatives:

UMC QAPI Master Dashboard		At or Exceeds Target		Within 10% of Target		Target not Met		Amended										
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Respiratory Therapy→ QAPI MEETING																		
Nebulizer Administration					**BENCHMARK/THRESHOLD**													
Total # Of Nebulizer Tx ordered					481	455	431	406	305	192	368	397	463	0	1367	903	1228	3498
Total # Of Nebulizer Tx Administered					463	431	405	391	280	174	337	380	445	0	1299	845	1162	3306
% Compliance		-	-	-	96%	95%	94%	96%	92%	91%	92%	96%	96%	-	95%	94%	95%	95%

SUMMARY OF RESULTS & ANALYSIS	ACTION PLAN & FOLLOW UP
The Respiratory Therapy Department, had to comprise a Plan of Correction, to address hourly frequency and, PRN physician ordered missed nebulizer treatments. Lead RTs are responsible for auditing patient charts, weekly. Audits are done on patient charts from CCC, 5th floor, and the 8th floor. The RT department needs to achieve 95%, or better, in nebulizer treatment delivery.	*The Lead RTs, and Charge RTs, perform daily visual chart audits in Meditech. During the change of shift, while pulling their assigned patient list, the on coming RT, vets the EMAR, for any missed medication in Red. The therapists has an opportunity to address, any missed nebulizer treatments, before leaving the hospital.*

Service Recovery:

- A PFT patient, remarked that she had recently moved, and misplaced her Bible. The RT team, provided her, with a brand new, women's daily devotional Bible. This outpatient was very happy and satisfied with her UMC experience.

Wound Care

Education

- Ongoing education with the respiratory team remains current, in an attempt to decrease the amount of mechanical device related and mucosal pressure injuries. "Wound Wednesday" is initiated and vulnerable areas are inspected. Preventative measures, such as, non-border foam or hydrocolloid (duoderm) are utilized to protect these vulnerable areas. The dressings are also changed PRN if soiled.

- Wound Whisperer- is a newsletter that is filled with wound care information, trends, games, policy and protocol reminders, kudos to staff members for improved efforts in documentation. This will be updated periodically.

PI Initiatives

Unit Based and Wound Stages

Unit	# of Patients	# of Pressure Injuries	# of HAPIs
CCC	5	11	1
BHU	0	0	
5 Floor	4	8	
8 Floor	5	16	1
Total	**14**	**35**	**2**

Unit	Stage I	Stage II	Stage III	Stage IV	Unstageable	DTI	Reportable
CCC		1					0
BHU							
5th Floor							
8th Floor						1	1
Total							1

The processes for correct wound care documentation was evaluated. Over the past 12 months, there was limited improvement in wound care documentation despite all efforts. These efforts include power point presentations, DOH mandatory correctives, "Wound Whisperer Newsletter", flyers, and wound care binders, one on one education (incidence), quizzes, questionnaires, rolling in-service, deficiency awareness status post chart auditing and badge. Will begin different process in January 2020 for addressing gaps in documentation.

The current PI initiates will remain the same until improvements are noted.

- Staff compliance and growth
    - Ongoing communication and education are fostered in an attempt to:
        - Strengthen the nurses' documentation
        - Prevent skin/wound breakdown
        - Focus on the Braden Scale which is an evidence-based predictor tool for pressure injury
        - Facilitate 'real time' corrective action and transparency in a culture of caring
- Ongoing audit
    - A collaborative effort of auditing at least one to two charts a week is requested by the wound care team allow keep the team current in chart activity. This is all in the attempt to aid in accountability of the staff and awareness on the units. The audit team that input would make an impact are:
        - Managers (to include charge nurses)
        - Quality team
- Continued efforts are taken to promote continued care of the patient during admission and after discharge
    - Wound care nurse notes are written transparently to reflect
        - All dressing utilized per dressing change
        - Recommendation for discharges are clearly visible to the team
        - Discharges to include dressing types & continued care when necessary
    - Providers -updated verbally or in the charts with the patients progress or concerns
    - Nutrition – helps with needed calorie & protein intake
    - Rehabilitation- Facilitate patient mobility needs
    - ID providers- help with controlling infection
- Hospital acquired pressure injuries (HAPI)
    - Ongoing communication with the quality department
    - Collaboration with the respiratory department to decrease mechanical device related pressure injuries
    - Continuous communication of current HAPI along with action plan
    - HAPI uploaded to the new hospital dashboard

Service Recovery

Inpatient wound care team is dedicated to patient satisfaction and will continue to:

- Collaborate with the Chief Nursing Officer (CNO) and other leadership team to improve documentation and care to make hospital acquired pressure injuries (HAPI) a "never event".
- Teamwork, for example with; Hospitalists and Surgeons, Dietician, Rehab Department, and Case Management to tailor wound care interventions for each patient during each hospital stay and beyond discharge.
- Educate and keep the patients and family members a brisk to the current wound care plan.

Chief Nurse's Notes

- Mock Joint Commission (TJC) Survey December 10-12. Opportunities for improvement being addressed or already addressed. Surveyors identified UMC's strengths as:
  - Community Dedication and Support
  - ANCC Education provider for staff accessibility
  - Quality Assurance Performance Improvement (QAPI) program Leadership and Oversight
  - Infection Prevention Program
  - Quality Department Commitment
  - Pharmacy Adaptation and Processes
  - Medical Staff Office Process for Credentialing/Privileging/On Going Professional Practice Evaluation/Focused Professional Practice Evaluation (OPPE and FPPE)
- Daily "readiness" is UMC's goal; however, readiness activities have been escalated as are in the window for the upcoming TJC and DC Health unannounced visits.
- UMC's overall compliance 99% for receiving Influenza Vaccine
- Nurse recruitment continues to be challenging despite sign-on bonus.
- Collaboration with Human Resource to host job fair on February 11, 2020. specifically for Nursing Staff- this includes Nurse Case Managers.
- Continue discussions with University of District of Columbia, Prince George's Community College and Workforce Development Council- Washington, DC. Looking forward to concrete proposals for creating a pipeline for attracting potential candidates from these partnerships.
- Zero Elopements of involuntary patients (FD12). New process effective and hardwired.
- Currently 36 Sitters hired and working.

- Although less than 6 months of new sitter initiative, provided a "Refresher Training" on January 9 and 10, 2020 for Sitters. Well received, 94.5% sitters attended - 34/36.

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

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General Board Meeting

Date: January 29, 2020

Executive Management Report

Presented by:

Colene Y. Daniel,
Chief Executive Officer

- Annual Report
- Management Report
- Human Resources Report

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General Board Meeting

Date: January 29, 2020

Annual Report

2019 Annual Report of the Not-for-Profit Hospital Corporation – United Medical Center

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Table of Contents

Introduction

- This annual report for the United Medical Center details the major accomplishments achieved during Fiscal Year 2019 and the challenges which had to be addressed. During FY19, the UMC Board of Directors, Mazars, hospital staff members, Medical Staff, and the Office of the Chief Financial Officer continued to face challenges related to providing much needed high quality health care services within the communities of Wards 7 and 8 with limited fiscal resources, an infrastructure which is rapidly deteriorating, and rumors/misconception that UMC is either closed or about to close.
- Notwithstanding these challenges, we are happy to be able to report that UMC is alive and well, and thriving in terms of providing high quality care, meeting the basic emergency, acute care (with the exception of obstetrics), primary care, and long term care needs of the Ward 7 and Ward 8 communities.
- Despite the misinformation about the status of the Hospital and the subsequent continued decline in patient volumes (see Table 1), we managed to turn UMC's financial bottom line around with the assistance of the District subsidy and DSH funds.
- This success was the result of the commitment of the Board of Directors, Mazars' leadership, highly dedicated employees and physicians, and the continued support of the Mayor and District of Columbia Council.

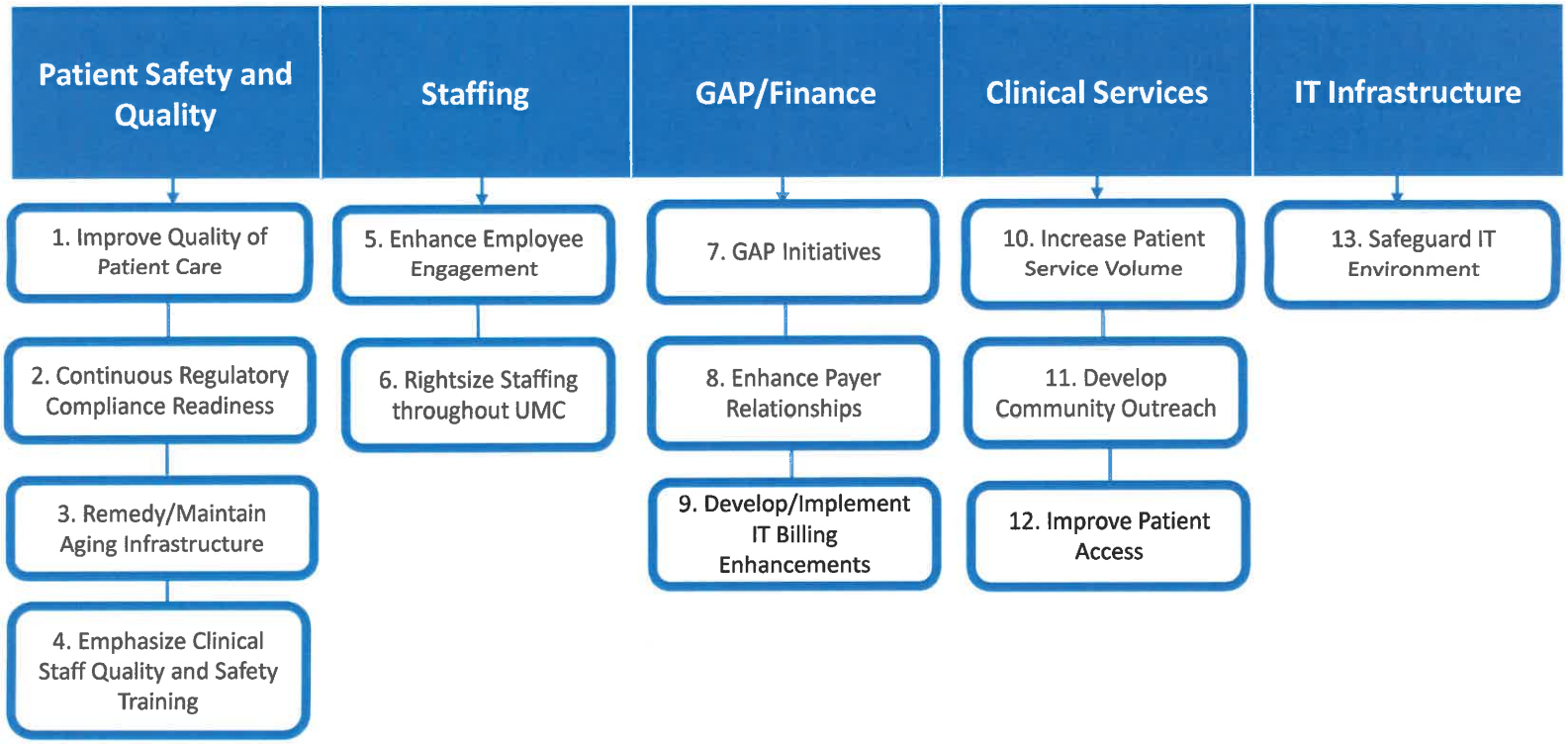
Introduction

Table 1: Patient Volume

	FY19	FY18	FY17
Total Admissions	4,952	5,112	6,616
Behavioral Health Admissions	1,373	1,002	811
ED Visits	51,939	57,297	58,867
Outpatient Visits	29,007	33,254	35,181
SNF Admissions	60	74	83

UMC FY19 Goals

Based on our assessment, the specific challenges identified during the past year, and an effort to maintain the progress made during FY18, we established major goals for FY19.



UMC FY19 Goals

Highlights of the progress made during FY19 include the following within each of the five pillars.

- **Patient Safety and Quality**
  - Established the foundation for a patient-centered culture of safety
  - Sustained a strong record preventing hospital acquired infections; recorded no central line, urinary catheter or ventilator associated infections
  - Set measurable quality metrics for each unit
  - Revamped communications and tracking of patient concerns
  - Fully integrated GWMFA ED and Hospitalist group into a high functioning and best practice seamless care team for UMC patients

UMC FY19 Goals

- **Patient Safety and Quality (continued)**
  - Established safety/quality daily huddles for each unit and the Executive team
  - Upgraded internal wireless network and rolled out mobile phones to nursing staff
  - Replaced servers and workstations on wheels (WOWs) which were broken/nonfunctioning or were unable to run current upgraded software
  - Revamped and provided patient safety and quality training for new physicians
  - Developed online educational material for new providers to be used during the onboarding process
  - Redesigned ligature free area with 3 rooms in the ED to address the needs of FD-12 behavioral health consumers

UMC FY19 Goals

- **Patient Safety and Quality (continued)**
  - Improved patient satisfaction

Patient Satisfaction Scores			
CAHPS	2017	2018	2019 YTD
Rate hospital 0-10	45.1 ▲	39.3 ▼	47.0 ▲
Recommend the hospital	31.3 ▼	28.1 ▼	34.1 ▲
Cleanliness of hospital environment	58.5 ▲	54.5 ▼	65.9 ▲
Quietness of hospital environment	52.4 ▼	49.5 ▼	45.0 ▼
Comm w/ Nurses	63.6 ▼	59.2 ▼	65.6 ▲
Response of Hosp Staff	41.6 ▲	37.3 ▼	44.5 ▲
Comm w/ Doctors	72.0 ▼	62.6 ▼	67.8 ▲
Hospital Environment	55.5 ▲	52.0 ▼	55.4 ▲
Communication About Pain	-	40.8	45.1 ▲
Comm About Medicines	52.3 ▲	46.5 ▼	50.0 ▲
Discharge Information	68.4 ▲	68.8 ▲	75.9 ▲

Source: Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS)

UMC FY19 Goals

- **Patient Safety and Quality (continued)**
  - In accordance with the District of Columbia's mandate to limit capital improvements to the facility given the plans to replace this structure within the near future, we have performed only emergent repairs and preventive maintenance that was absolutely necessary to provide a safe environment for patients and staff and avoid a negative impact on meeting regulatory requirements.
    - Due to flooding we relocated the ICU and moved all patients without incident
    - Replaced backup chiller and cooling towers mitigating risk
    - Completed roofing repairs thus eliminating structural concerns
    - Installed new air conditioning units in the CT rooms
    - Replaced all o-ring oxygen outlets in the ED bays
    - Replaced built-in refrigerators and freezers in the kitchen

UMC FY19 Goals

- **Staffing**
  - Rightsized staffing to reflect current patient volumes without any elimination of bedside personnel. To meet the fiscal constraints of the budget, we had a Reduction in Force without negatively impacting the quality of care provided.
  - Revamped the staffing makeup to more efficiently meet the needs of FD-12 behavioral health patients
  - With the assistance of the Board leadership, initiated sitter program to provide one-on-one patient coverage for specific needs where appropriate
  - To maintain employee morale, we have improved communications and contact with the staff on all shifts through daily Executive rounds and Town Hall meetings

UMC FY19 Goals

- **Finance**
  - Obtained DSH payments through the diligent efforts of the CFO and the Deputy Mayor, who also serves as Chair of the Board's Finance Committee
  - Improved clinical documentation and charge capture through the diligent efforts of the leadership team, UMC medical staff, IT department, and the Medical Records department
  - Realigned the staffing organizational structure to reflect the lower patient volumes and maintain a balanced budget without negatively impacting the quality of care
  - Increased behavioral health patient volume while providing a much needed service in the primary service area
  - Reduced expenditures on supplies and services
  - Adjusted par levels for supplies on the units to ensure availability of necessary supplies and proper inventory turns

UMC FY19 Goals

- **Finance (continued)**
  - Implemented plan to reduce expenditures for physician coverage in clinics and anesthesia to more effectively provide the level of services needed
  - Decreased hospital spend on pharmaceuticals by updating formulary and increasing inventory turns (i.e., number of times an item is utilized)
  - Interfaced Meditech (UMC's hospital information system) and eClinicalWorks (eCW) (UMC's ambulatory information system) to enhance outpatient billing capabilities
  - Met federal guidelines for utilization of Electronic Medical Records (EMR) resulting in the attainment of Meaningful Use dollars at the Hospital
  - Implemented discharge planning software to provide the necessary tools to assist Case Management in the appropriate discharge of patients in a timely manner

UMC FY19 Goals

- **Clinical Services**
  - Attained approval from the Board and the DC Department of Health for replacement of the MRI which was contributing to a reduction in patient volumes and transfer of all inpatients and outpatients needing MRI services
  - Developed and began to implement plans to enhance patient throughput in the ED as well as inpatient services
  - Utilizing industry standard clinical criteria, began to realize an appropriate reduction in the length of stay for observation patients
  - Increased admissions of psychiatric patients based on community outreach efforts
  - Implemented scanning of supplies by nursing staff which streamlined the process and improved the availability of critical supplies
  - Strengthened community relationships; Executive team participated in meetings with numerous community organizations including Ward 8 Health Council, DC Senior Advisory Coalition, UDC, Iona, Pennsylvania Avenue Baptist Church, and Mayor's Commission on Healthcare System Transformation to improve the needed health care services being provided in the community

UMC FY19 Goals

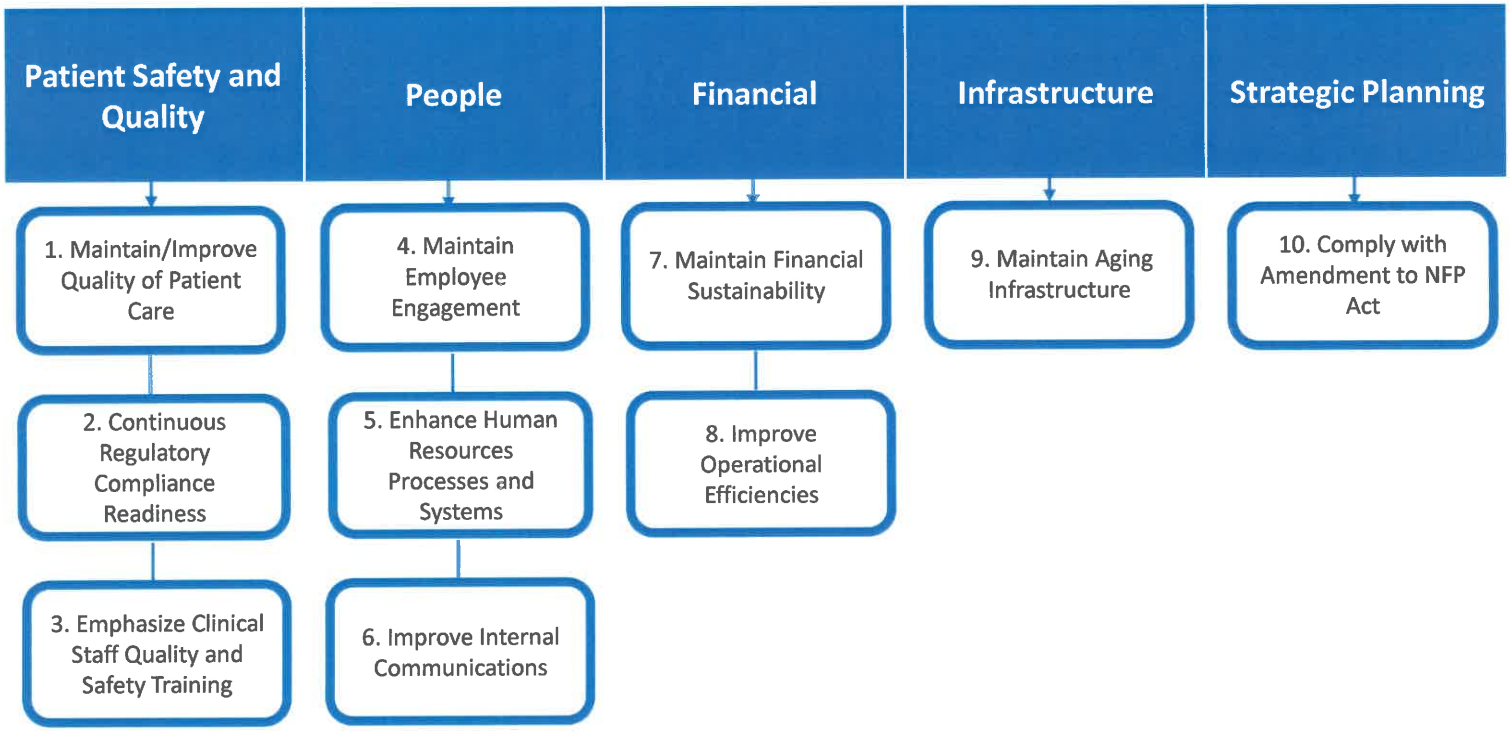
- **IT Infrastructure**
  - Installed backup power in several of the IT closets to prevent total loss of access to critical systems
  - Organized and cleaned up data center and closets to eliminate potential disasters and enable staff to remedy problems more efficiently
  - Completed encryption of all data at rest for UMC data center systems
  - Implemented screen locks on devices throughout UMC
  - Upgraded numerous systems to enable UMC to meet regulatory requirements, remain within the vendor's support window, and to enhance the systems' capabilities

Conclusion

- Significant progress was made during FY19
  - Achieved and maintained high quality patient care
  - Overcame the challenges of a deteriorating infrastructure and a reduction in patient volumes
  - Operated within fiscal constraints
  - Remained mindful of the District's plans for the future of healthcare in Wards 7 and 8
- In spite of the public's misbelief that UMC is either closed or about to be closed, we were able to make the necessary adjustments to stay within the approved budget with the District's support
- During FY20, we will be faced with many of the same challenges and will need to focus on increasing the patient volumes in order to stay viable until the new replacement facility is built and operational
- Lastly, we would like to thank the UMC Board, medical staff, and all UMC employees, who through these challenging times, have continued to put our patients first and provide quality care.

UMC FY20 Goals

Based on the specific challenges encountered during the past year, the mandates of the Amendment to the NFP Act, and an effort to maintain the progress made during FY19, we established major goals for FY20.



UMC FY20 Goals

Much of our effort in FY20 will be focused on reversing the trend of declining patient volumes. To this end, we have already initiated numerous initiatives including…

- Enhance the Emergency Department patient flow and reduce the wait time in collaboration with GW MFA (e.g., establish a "super fast track", restructure the staffing to efficiently handle FD-12 patients, improve the admitting process and prioritize timely ambulance offloading)
- Develop a concerted recruitment and retention program for key clinical positions the cost of which will be offset by the reduction in overtime and agency utilization

UMC FY20 Goals

- Continue to develop community and industry relationships to share our health care expertise and promote health literacy, and explore solutions to current challenges of placement following discharge
- Executive attendance at monthly community meetings including Ward 8 Health Council meetings and DC Senior Advisory Coalition events
- Collaborate with District agencies and local schools and organizations on workforce development

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General Board Meeting

Date: January 29, 2020

Management Report

MANAGEMENT REPORT December 2019

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Executive Summary

During the past month, December and January, we have continued to focus on improving the quality of care, turning around the downward trend in patient volume, and operating within the approved FY20 budget. Due to the complexities of the operations, resources, and the distribution of acute, urgent, and specialty care within Ward 7 and Ward 8, a number of creative solutions are being studied to provide excellent patient care and safety.

Accomplishments:

- Continue meeting with BridgePoint to prepare for the transition of skilled nursing care at the closure of United Medical Center. BridgePoint has plans to construct up to 150 new skilled nursing beds, which could be constructed for the relocation of UMC skilled nursing residents.
- UMC Nursing has opened a Discharge Lounge. Effective immediately the discharge lounge located on 5W is available to all discharged inpatients waiting to be picked up by family or ambulance, or waiting for other reasons preventing their immediate but imminent departure from the hospital. While in the lounge the patents will be assigned a sitter or a tech and snacks will be provided from the 5W nutrition room. Personnel from Excel Pharmacy will assist with a timely departure by filling the patient's prescription while they wait. The lounge will be available 24/7 based on need and staffing.
- SuperTrack opened on December 19th providing low acuity care to patients, improving the emergency department's patient flow. SuperTrack is operational on very high volume days serving as many as 25 patients.

Executive Summary

- Allied Health Professionals & Workforce Development Sub-Committee to engage with community partners, providers and residents of Ward 7 & 8.
- United-Medical Center has partnered with the Rodham Institute to access healthy foods for UMC staff, ambulatory patients, family, visitors, and the community. The Healthy DC Food Trucks have a variety of cuisine and shall be available when the café is closed on most days.
- IT Department: UMC achieved Meaningful Use of our electronic health record (EHR) for Calendar Year 2019, a CMS initiative to promote interoperability.
- IT Department: UMC completed our Annual Security Risk Assessment.
- UMC completed the Joint Commission "Mock Survey." The purpose of a "Mock Survey" is to help focus the organization resources on the appropriate standards that will improve safety and quality of care.

Challenges

UMC has continued to face numerous challenges in terms of fiscal stability, declining patient volumes, and infrastructure deterioration.

Executive Summary (cont.)

Highlights of December 2019

During December 2019, significant effort were devoted to reducing inefficiencies while maintaining quality of care. In addition, we identified alternative revenue and expense reduction opportunities to pursue in the event the patient volume continues to decline. Within each of the 5 pillars some of the key areas of progress were:

Patient Safety and Quality

- Maintained strong record of preventing hospital acquired infections; recorded no central line, urinary catheter or ventilator associated infections
- No FD-12 elopements during the past month
- During December 2019 there were 115 Navex incidents. For the calendar year 2019 there were 1,478 Navex incidents. In 2018 there were 1,1497 incidents.
- Significant preparations were completed to ensure the Skilled Nursing Facility has a successful survey to include deep cleaning of resident rooms and common areas, environmental and life safety rounding, resident care focus, and administrative documentation review.
- Significant preparations were completed to ensure a successful College of American Pathologist and AABB (American Association of Blood Banks) surveys.

Executive Summary (cont.)

People

- Completed the new employee benefits policy; changed health insurance company to CareFirst (in place as of January 1, 2020); UMC and 218 physicians will be in-network.
- UMC provided a Holiday meal for all staff.
- Nursing conducted CPR & Comprehensive Management Training (CCM) training for newly on-boarded sitters.

Infrastructure

- Pharmacy capital funding approved, contract approved by DC Council in December and construction set to start in January with a projected completion in May 2020.
- The new Nuclear Medicine camera is installed. Awaiting physicist approval and staff training with an estimated go-live date of February 4, 2020.
- DC Health has approved MRI project and awaiting other permits to start construction. Once construction is underway, the project is estimated to take 3 months to be operational.
- ICU renovation designs finalized and capital funding approved. RFP preparation in progress.
- Radiology Fluoroscopy room & ADA compliant waiting room renovation: contract and capital expenditure requests approved, permit on hand and construction set to start in January.

Executive Summary (cont.)

Financial

- ER inpatient conversion ratio (excluding Observation patients) increased by15% from October 2018 (.13 to .15) and remained flat from the prior month
- Average length of stay decreased a full day from 5.74 in October 2018 to 4.75 in October 2019; the ALOS also decreased by .79 from the prior month (5.54)
- Reduced number of medical necessity denials (after first level appeal) by 75% from 33 in October 2018 to 8 (so far with several still pending which may lower number) in October 2019 ; in September 2019 there were 6 denials due to medical necessity
- Reduced Observation ALOS by 37% in October 2019 compared with October 2018; in comparison to the prior month (September) the monthly reduction was 22%
- Under new agreement with CareFirst for employee health coverage, UMC and 218 physicians will be within the network for our employees and their families providing an opportunity for increased outpatient and inpatient activity
- December admissions remained steady (393 admissions) in comparison to November FY19 (396 admissions) *
- December emergency visits increased (4486 visits) in comparison to November FY19 (3939 visits) *
- December Total surgeries increased (156 surgeries) compared to November FY19 (133 surgeries) *

* Data source: Meditech, pending OCFO approval.

Executive Summary (cont.)

Strategic Planning

- Held weekly initiatives meeting with OCFO to track and monitor performance/compliance with NFP Act Amendment
- Developed and implementing additional initiatives plan to improve financial picture in the event the patient volume does not increase significantly and/or the certified budget initiatives do not materialize
- Increased community outreach programs; strengthening relationships with community organizations
  - Attended Ward 8 Health Council monthly meetings
  - UMC will host future Ward 8 Council monthly meetings at UMC beginning in February.
  - UMC hosted a Health Desk event at UMC in collaboration with Pennsylvania Baptist Church & GWMFA.
  - Met with several local community service organizations to establish stronger affiliations including Iona, Rodham Institute, and DC Senior Advisory Coalition.

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General Board Meeting

Date: January 29, 2020

Human Resources Report

Human Resources Board Report

December 2019

December Highlights

- Provided Holiday Celebration meal
- 12% increase in benefit enrollment for employees from prior year
- On boarded 31 new employees to UMC
- Provided Comprehensive Crisis Management and CPR training to newly on boarded Sitters
- 96% of all employees received flu vaccination

Staffing Update

(December 2019)

Positions	Number of Hires
Certified Nursing Assistant (CNA)	4
Certified Nursing Assistant (CNA) SNF	1
Patient Sitter	9
Medical Surgical Technician	4
MRI Technician	1
Psychological Technician	1
Clinical Social Worker	1
Radiographer	1
Emergency Department Technician	4
Contracts Administrator	1
Patient Coordinator	1
Histology Technician	1
Registered Nurse	1
Monitor Technician	1
Total	31

UMC Employee Demographics

Total Number of Active UMC Employees (FT, PT, PRN, BI)	1344
Total December New Hires	31
December Hires Ward 7	2
December Hires Ward 8	13

Upcoming New Hires January 2020

Leadership Hires

Vice President of Public Relations/Board Secretary
Toya Carmichael, JD
January 27, 2020

Title	Department	FTEs
Credentialing Assistant	Medical Staff Office	1
Program Director	Wound Care	1
Emergency Room Technician	Emergency Department	5
Patient Coordinator	Emergency Department	1
Special Police Officer	Security Department	1
Registered Nurse	8 West	2
Medical Surgical Technician	8 West	1
Monitor Technician	8 West	1
Registered Nurse	5 West	2
Medical Surgical Technician	5 West	1
Registered Nurse	ICU	1

Benefits

2020 Open Enrollment Participation

Benefits Coverage	Plan Year 2019	Plan Year 2020
Medical Coverage	397 employees	458 employees
Dental	440 employees	485 employees
Vision	413 employees	462 employees

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Date: January 29, 2020

Committee Reports

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General Board Meeting
Date: January 29, 2020

Finance Committee

No Report*

*Finance Meeting will occur on Monday, January 27, 2020.

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General Board Meeting

Date: January 29, 2020

Mazars Accountability Committee Report

No Report

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General Board Meeting

Date: January 29, 2020

Patient Safety and Quality Report

Presented by:

Girume Ashenafi,
Interim Chair,
PSQ Committee

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General Board Meeting

Date: January 29, 2020

- **Minutes**
  (November 25, 2019)

Not-For-Profit Hospital Corporation
Patient Safety & Quality Committee Meeting Minutes
November 25, 2019

Present: M. Gorham, G. Ashenafi, T. Henderson, Dr. Dawson, Dr. Tu, I. Shephard, I. Gottlieb, R. Kim, M.Mamari, K. Waters, F. Goode-Vaddy, D. Lockard, M.Sylvain, S. Clagon

Absent:

Agenda Item	Discussion	Action Item
Approval of the Agenda	4:10PM	
Discussion		
Meeting Discussion	**CNMC Pediatric ED Patient Safety & Quality Concerns (CLOSED SESSION)** - Follow-up on Concerns - Update on Safety Huddle Reporting **Regulatory Body Visits** - Quality continue to meet with departments for Joint Commission Survey Readiness Preparation. The chapter chiefs are responsible for providing proof for the elements of performance. - Mock Survey- UMC is awaiting the Unannounced Mock Survey for after the Holidays in December.	

Standing Reports

- Executive Quality Dashboard-highlighted areas of increased compliance for hand hygiene, Hospital acquired infections and zero FD12s elopements.
- Facilities Update –Pharmacy RFP released and awarded Columbia Enterprises which is in finance for approval. December 1st, request for mobile unit contracted until pharmacy is complete within the next two weeks for a 3-month lease with options to extend.
- MR Mobile being reviewed.
- ICU Plan-completed and awaiting permit.

Regulations & Accreditation

- Review of PoC Audits,Physicians continue to be 100% compliance with patient assess/reassess as per the PoC (for the FD12 Elopement).
- ED/Children's Transfer (CLOSED SESSION)
- ED Throughput- Triaging Ambulance Patients- Improved EMS off-loading times. "Pull to Full" Culture and Progress- improving, strategizing, floater nurse, from main lobby and triage to assess with off-loading from 11a-11p. Use of Space (superfast track/detox)- Awaiting confirmation from DC Health to use space. Initially this space will be used from 11a-7p then will expand from 11a-11p.
- Hiring /staffing (nurses, techs, sitters, night nurse supervisor)- sitters are working well. On boarded staff from job fair, 9-ED technicians, 2 RNs (started). The job fair resulted in 207 individuals who came through, 22/24 accepted offers. Nursing administration is planning another job fair to recruit nurses (TBD). Recruitment to be rescheduled after board meeting. A sign-on bonus/referral bonus approved.
- Committee Updates
    - Pharmacy- (see facilities updates)
    - Infection Control- Hospital Acquired Infection (HAI)rates are below the national average for the hospital. (see the dashboard included). MDROs-cases and screenings from C aureus came

	back negative for infections. The department of health was at UMC to observe compliance with hand hygiene and noted 86-97% compliance. Further education and safety huddles with hand hygiene to be disseminated for compliance. The Flu remains low in the D.C area at this time. ▪ Safety/EOC-preparing for The Joint Commission. Quality scheduled to meet with and review Emergency Management, Life Safety and Environment of Care. Live Process for Emergency Management for the hospital. This will include emails, texts and voicemails for effective emergency management of emergency situations. ▪ Patient Safety-Committee is waiting for "rewards/recognition" for program. A quality email was designated for staff to email "Good catches". Will continue with program and await for funding for the program to commence in January 2020. - Leapfrog-Hospital Survey to be submitted by November 29, 2019. **Other Topics** - Physician Quality Workgroup- Meeting with Physicians regarding Sepsis, Blood Consents and Medication Reconciliation. Looking for physician champions for each initiative. **Closed Session**	

Meeting Adjourned: 5:10PM

Next Meeting Date/Time TBD

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General Board Meeting

Date: January 29, 2020

- **Quality Dashboard**

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
BLOOD PRODUCTS MANAGEMENT																		
BLOOD TRANSFUSION REACTIONS																		
# Transfusion Reaction Cases		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allergic Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Febrile Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Hemolytic Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Non-Specific Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
BLOOD TRANSFUSION RECORD REVIEW																		
Transfusions		233	122	100	130	149	114	105	102	125	79	120	0	455	393	332	199	1379
Cryoprecipitate Transfusions		2	0	0	0	5	0	1	0	0	0	0		2	5	1	0	8
Fresh Frozen Plasma Transfusions		39	7	19	0	14	4	11	12	4	2	13		65	18	27	15	125
Platelet Transfusions		6	2	10	13	14	1	4	3	5	3	3		18	28	12	6	64
RH Immunge Globulin (RhIG)		0	2	3	0	1	2	1	0	1	0	0		5	3	2	0	10
Total Red Blood Cells (RBCs) Transfused		186	111	68	117	115	107	88	87	115	74	104		365	339	290	178	1172
Total RBC units Crossmatched		229	148	97	178	147	134	108	96	140	104	143		474	459	344	247	1524
Crossmatch/Transfusion Ratio Threshold <2		1.2312	1.3333	1.426	1.5214	1.2783	1.2523	1.2273	1.1034	1.2174	1.4054	1.375	-	1.3303	1.3507	1.1927	2.78041	1.3065
BLOOD TRANSFUSION JUSTIFICATION																		

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Times O- BLOOD TRANSFUSED TO NON O- PT		15	0	0	8	10	7	5	3	4	3	3		15	25	12	6	58
BLOOD TRANSFUSION DOCUMENTATION	THRESHOLD 100%																	
Crossmatch Compatibility						100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%
MD Order Confirmed						100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%
Consent Signed						88%	91%	100%	95%	96%	92%	88%			90%	97%	88%	92%
2 RN Signature						100%	100%	100%	100%	100%	100%	100%			100%	100%	100%	100%
Transfusion Reaction		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%	0%	0%	0%	0%
FALL PREVENTION																		
# Falls Housewide		8	11	14	10	10	6	10	5	2	8	15		33	26	17	23	99
# Falls - ED		0	1	3	1	2	0	3	0	0	1	3		4	3	3	4	14
# Falls - Outpatient		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
# Falls - Inpatient		8	10	11	9	7	6	7	5	2	7	12		29	22	14	19	84
# Falls - Visitor		0	0	0	0	1	0	0	0	0	0	0		0	1	0	0	1
Inpatient Days (Includes Observations.)		1980	1666	1769	2339	2140	2360	1930	2086	1743	1716	2571		5415	6839	5759	4287	22300
# Falls - With Injury		0	0	3	0	1	0	2	0	1	1	3		3	1	3	4	11
INPATIENT FALL RATE		4.0	6.0	6.2	3.8	3.3	2.5	3.6	2.4	1.1	4.1	4.7	-	5.4	3.2	2.4	4.4	3.8
INFECTION PREVENTION AND CONTROL																		

UMC QUALITY Dashboard						At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
NPSG: REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS																		
INFECTION SURVEILLANCE - DEVICE ASSOCIATED HAI																		
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI)	THRESHOLD <1/YR																	
CLABSI -Medical/Surgical Telemetry (MS/T)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
MS/T CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CLABSI-Critical Care Unit (CCU)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CCU CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CATHETER ASSOCIATED URINARY TRACT INFECTON (CAUTI)	THRESHOLD < 1/YR																	
CAUTI -MS/T		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CAUTI -MS/T RATE		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CAUTI -CCU		0	0	0	0	0	0	0	1	0	0	0		0	0	1	0	1
CAUTI -CCU RATE		0	0	0	0	0	0	0	0.4794	0	0	0		0	0	0.12364	0	0.04484
VENTILATOR ASSOCIATED EVENTS	THRESHOLD < 1/YR																	
Ventilator Associated Condition (VAC)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Ventilator Associated Condition Rate		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
MULTI DRUG RESISTANT ORGANISMS (MDRO)	THRESHOLD RATE <1/YR																	
MRSA-HAI (Healthcare Acquired Infection)		0	0	0	0	0	0	0	0	1	0	0		0	0	1	0	1

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
MRSA Rate		0	0	0	0	0	0	0	0	0.5737	0	0		0	0	0.17364	0	0.04484
CLOSTRIDIUM DIFFICILE (C.DIFF)						THRESHOLD RATE <1/YR												
C.Diff-HAI (Healthcare Acquired Infection)		0	0	0	1	1	0	1	2	0	1	1		0	2	3	2	7
C.Diff Rate		0	0	0	0.4275	0.4673	0	0.5181	0.9588	0	0.5828	0.389		0	0.2924	0.52092	0.46653	0.3139
VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE)						THRESHOLD RATE <1/YR												
VRE Healthcare Acquired Infection		1	0	0	0	0	0	0	0	1	0	0		1	0	1	0	2
VRE Rate		0.5051	0	0	0	0	0	0	0	0.5737	0	0	-	0.1817	0	0.17364	0	0.08969
INFECTION SURVEILLANCE : SURGICAL SITE INFECTIONS (SSI)						THRESHOLD <4 INCIDENCE/YR												
# Colon Surgeries		4	0	2	2	1	0	1	2	0	1	3		6	3	3	4	16
SSI from Colon Surgeries		0	0	0	0	0	0	0	1	0	0	0		0	0	1	0	1
# Major Orthopedic Surgeries		2	2	5	3	3	2	1	1	1	2	1		9	8	3	3	23
# SSI fromOrthopedic Surgeries		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
DEVICE UTILIZATION RATE (DUR)																		
# PATIENT DAYS-TOTAL		1980	1666	1769	2339	2140	1794	1930	2086	1743	1716	2184	0	5,415	6,273	5,759	3,900	21,347
# Patient Days - MS		447	435	430	683	435	507	518	566	483	391	619		1,312	1,625	1,567	1,010	5,514
#Patient Days-Tele		1288	995	1114	1389	1146	1194	1305	1464	1177	1221	1436		3,397	3,729	3,946	2,657	13,729
#Patient Days MS/T		1735	1430	1544	2072	1581	1701	1823	2030	1660	1612	2055	0	4,709	5,354	5,513	3,667	19,243
# Patient Days - CCU		245	236	225	267	69	93	107	56	83	104	129		706	429	246	233	1,614

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
FOLEY DUR							THRESHOLD: < 1/YR											
# Foley Days - MS		48	26	27	54	22	27	46	39	42	41	55		101	103	127	96	427
FOLEY DUR - MS		0.11	0.06	0.06	0.08	0.05	0.05	0.09	0.07	0.09	0.10	0.09	-	0.08	0.05	0.08	0.10	0.08
#Foley Days-Tele							97	188	135	151	98	256			97	474	354	925
FOLEY DUR - Tele							0.08	0.14	0.09	0.13	0.08	0.18	-		0.03	0.12	0.13	0.07
# Foley Days - CCU		182	174	145	167	197	166	132	148	138	192	191		668	530	418	383	1832
FOLEY DUR - CCU		0.74	0.74	0.64	0.63	2.86	1.78	1.23	2.00	1.66	1.85	1.48	-	0.95	1.24	1.78	1.64	1.34
# Foley Days - TOTAL		48	26	27	54	22	124	234	174	193	139	311	0	101	200	601	450	1353
CENTRAL LINE DUR							THRESHOLD: MS< 1/YR TELE < 1/YR CCU < 1/YR											
# Central Line Days - MS		36	20	31	42	50	1	5	62	79	67	17		87	93	146	84	410
CENTRAL DUR - MS		0.08	0.05	0.07	0.06	0.11	0.00	0.01	0.11	0.16	0.17	0.03	-	0.07	0.06	0.09	0.08	0.07
#Central Line Days Tele							13	30	76	21	21	45			13	127	66	206
CENTRAL DUR TELE							0.0109	0.023	0.0519	0.0178	0.0172	0.0313	-		0.00	0.03	0.02	0.02
# Central Line Days CCU		97	93	102	101	88	102	49	66	81	127	113		292	291	196	240	1019
CENTRAL DUR - CCU		0.40	0.39	0.45	0.38	1.29	**1.10**	0.46	1.18	0.98	1.29	0.88	-	0.41	0.63	0.80	**1.03**	0.63
# Central Line Days TOTAL		**133**	**113**	133	143	138	116	**84**	204	181	215	175	0	379	397	469	390	**1636**
VENTILATOR DUR							THRESHOLD: TELE< 1/YR CCU 1/YR											

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Ventilator Days - 8W		0	0	0	0	0	0	2	15	1	1	14		0	0	18	15	33
VENT DUR - 8W		0	0	0	0	0	0	0.0015	0.0102	0.00	0.00	0.01	-	0	0	0.00456	0.0	0.0024
# Ventilator Days - CCU		109	118	74	102	114	82	45	60	103	119	92		301	298	208	211	1018
VENT DUR - CCU		0.44	0.50	0.33	0.38	1.65	0.88	0.42	1.07	1.24	1.14	0.71	-	0.4263	0.6946	0.84553	0.91	0.63073
# Ventilator Days TOTAL		109	118	74	102	114	82	47	75	104	120	106	0	301	298	226	226	1051
TRANSMISSION BASED PRECAUTIONS																		
Airborne-MS/T		2	2	4	6	2	3	UNK	6	1	3	1		8	11	7	4	30
Airborne-CCU		0	0	0	0	0	0		0	0	0	0		0	0	0	0	0
Airborne-Total		2	2	4	6	2	3	0	6	1	3	1	0	8	11	7	4	30
Droplet - MS/T		3	1	5	4	2	1	UNK	3	0	3	8		9	7	3	11	30
Droplet - CCU		0	0	2	0	0	0		0	0	3	0		2	0	0	3	5
Droplet - TOTAL		3	1	7	4	2	1	0	3	0	6	8	0	11	7	3	14	35
Contact - MS/T		173	102	117	25	35	29	UNK	0	291	176	186		392	89	291	362	1134
Contact - CCU		23	15	9	4	14	11		62	42	46	24		47	29	104	70	250
Contact - Total		196	117	126	29	49	40	0	62	333	222	210	0	439	118	395	432	1384
Contact Enteric - MS/T		5	3	1	1	3	4	UNK	56	90	45	19		9	8	146	64	227
Contact Enteric - CCU		2	1	0	0	2	3		16	20	5	15		3	5	36	20	64

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Contact Enteric - TOTAL		7	4	1	1	5	7	0	72	110	50	34	0	12	13	182	84	291
Neutropenic - MS/T		0	0	1	1	1	0	UNK	0	1	0	0		1	2	1	0	4
Neutropenic - CCU		0	0	0	0	0	0		0	0	0	0		0	0	0	0	0
Neutro - TOTAL		0	0	1	1	1	0	0	0	1	0	0	0	1	2	1	0	4
HAND HYGIENE COMPLIANCE							THRESHOLD >90%											
# Hand Hygiene Compliance		130	135	138	145	120	130	82	128	130	156	192		403	395	340	348	1486
# Hand Hygiene Obs.		150	150	150	160	150	138	90	152	152	163	200		450	448	394	363	1655
Compliance-Hospital Wide		87%	90%	92%	91%	80%	94%	91%	84%	86%	96%	96%	-	90%	88%	86%	96%	90%
HAND HYGIENE COMPLIANCE STRATIFIED PER ROLE							THRESHOLD>90%											
# Obs. EMPLOYEE (Non Provider)		115	106	119	138	131	110	77	135	139	143	176		340	379	351	319	1389
# Compliant Obs. Employee (Non Provider)		101	100	114	126	101	104	69	111	117	137	168		315	331	297	305	1248
EMPLOYEE RATE		88%	94%	96%	91%	77%	95%	90%	82%	84%	96%	95%	-	93%	87%	85%	96%	90%
# Obs. PROVIDER		35	44	31	22	19	28	13	17	13	20	24		110	69	43	44	266
# Compliant Obs. PROVIDER		29	35	24	19	16	26	13	17	13	19	24		88	61	43	43	235
PROVIDER RATE		83%	80%	77%	86%	84%	93%	100%	100%	100%	95%	100%	-	80%	88%	100%	97.7%	91%
HAND HYGIENE COMPLIANCE STRATIFIED PER PATIENT CARE DEPARTMENT							THRESHOLD 90%											
# Obs. ED		30	30	30	30	30	30	30	30	30	30	30		90	90	90	60	330

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Compliant Obs.ED		24	20	19	22	20	28	26	24	23	29	28		63	70	73	57	263
ED RATE		80%	67%	63%	73%	67%	93%	87%	80%	77%	97%	93%	-	70%	78%	81%	95%	88%
# Obs. PeriOperative (PeriOP)		30	30	30	30	10	30	30	30	30	30	30		1	70	90	60	310
# Compliant Obs. PeriOp		30	30	30	30	5	28	30	30	29	30	30		90	63	89	60	302
PeriOp Services RATE		100%	100%	100%	100%	50%	93%	100%	100%	97%	100%	100%	-	100%	90%	99%	100%	97%
# Obs. MS/T		60	60	60	80	80	57	18	60	60	70	100		180	217	138	170	705
# Compliant Obs. MS/T		50	57	59	73	74	54	16	45	47	64	95		166	201	108	159	634
MS/T RATE		83%	95%	98%	91%	93%	95%	89%	75%	78%	91%	95%	-	92%	93%	78%	94%	90%
# Obs. CCU		30	30	30	20	30	21	10	30	30	30	30		90	71	70	60	291
# Compliant Obs. CCU		26	28	30	18	25	20	9	27	29	30	30		84	63	65	60	272
CCU RATE		87%	93%	100%	90%	83%	95%	90%	90%	97%	100%	100%	-	93%	89%	93%	100%	93%
TERMINAL CLEANING VALIDATION OF THE OR ROOMS - THRESHOLD 100%																		
OR Room 1 Cleanings						31	30	31	31	30	31	30		0	61	92	61	214
OR Room 1 Validation						31	30	31	31	30	31	30		0	61	92	61	214
OR Room 1 Cleaning Rate	100%					100%	100%	100%	100%	100%	100%	100%	-	-	100%	100%	100%	100.0%
OR Room 2 Cleanings						31	30	31	31	30	31	31		0	61	92	62	215
OR Room2 Validation						31	30	31	31	30	31	31		0	61	92	62	215

UMC QUALITY Dashboard						At or Exceeds Target			Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
OR Room 2 Cleaning Rate	100%					100%	100%	100%	100%	100%	100%	100%	-	-	100%	100%	100%	100%
OR Room 3 Cleanings						31	30	31	31	30	31	31		0	61	92	62	215
OR Room 3 Validation						31	30	31	31	30	31	31		0	61	92	62	215
OR Room 3 Cleaning Rate	100%					100%	100%	100%	100%	100%	100%	100%	-	-	100%	100%	100%	100%
OR Room 4 Cleanings						31	30	31	31	30	31	31		0	61	92	62	215
OR Room 4 Validation						31	30	31	31	30	31	31		0	61	92	62	215
OR Room 4 Cleaning Rate	100%					100%	100%	100%	100%	100%	100%	100%	-	-	100%	100%	100%	100%
MEDICATION SAFETY																		
BARCODE MEDICATION ADMINISTRATION (BCMA) - Hospital Wide																		
%Pt Scanned		99.80%	100%	100%	100%	100%	99.95%	99.80%	99.99%	100%	98.58%	100%	-	99.93%	99.98%	99.93%	99.24%	99.82%
%Medications Scanned		76.00%	76%	74%	86.21%	87.74%	88.12%	85.90%	86.06%	86.79%	85.87%	87%	-	75.17%	87.36%	86.25%	86.44%	82.93%
MEDICATION RECONCILIATION COMPLETED - INPATIENT ADMISSION THRESHOLD >95%																		
# Patient Records Reviewed						4361	4007	4180	4028	3987	4056	3672		0	8368	12,195	7,728	28291
# Records Med Rec Complete						3285	2983	2924	3083	2880	3251	2984		0	6268	8,887	6,235	21390
% Med. Reconciliations completed						75.3%	74.4%	70.0%	76.5%	72.2%	80.2%	81.3%	-	-	74.9%	72.9%	80.7%	75.6%
MEDICATION ERRORS REPORTED																		
# TOTAL ERRORS		4	3	4	2	2	7	5	2	6	4	4	0	11	11	13	8	43

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
ERROR TYPE																		
MED-GIVEN IN SPITE OF DOCUMENTED ALLERGY		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
MED-DELAY		2	0	2	0	1	0	0	0	0	1	2		4	1	0	3	8
MED-WRONG STRENGTH		0	0	1	0	0	0	1	0	0	0	0		1	0	1	0	2
MED-OMISSION		0	0	0	0	1	0	0	0	1	0	0		0	1	1	0	2
MED-UNORDERED MED.		0	0	0	0	0	0	1	0	0	0	0		0	0	1	0	1
MED-OTHER		2	3	1	2	0	2	2	1	3	3	2		6	4	6	5	21
MED-WRONG DOSE		0	0	0	0	0	4	0	1	0	0	0		0	4	1	0	5
MED-WRONG MEDICATION		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
MED-WRONG PATIENT		0	0	0	0	0	1	1	0	2	0	0		0	1	3	0	4
MED-WRONG RATE		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
MED-WRONG TIME		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
PATIENT SATISFACTION/PERCEPTION OF CARE																		
#Grievances/Complaints		6	13	8	15	20	19	15	20	15	20	20		151	54	50	40	171
Recommend Hospital UMC Target 50%		24%	33%	38%	22%	60%	37%	37.50%	40%	13%	25%	66.70%		30%	36%	35%	**45.85%**	34.56%
Overall Hospital Rating UMC Target 50%		30.80%	50%	42.30%	**49.70%**	**47.90%**	54.50%	50.00%	60%	25%	25%	78%		41%	51%	55%	51.40%	**48.15%**
STAR Rating		1	1	1	1	1	1	1	1	1	1			9	3	3	1	10
CLINICAL OUTCOMES																		

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended	
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Total Code Blue Events (outside of CCU)		5	5	2	3	5	2	0	3	0	1	3		12	10	3	4	29
Code Blue Rates		2.8818	3.4965	1.295	1.2826	2.3364	0.8475	0	1.4382	0	0.5828	1.1669	-	2.5579	1.4888	0.47939	0.87481	1.39345
Patient Days		1735	1430	1544	2339	2140	2360	1930	2086	1660	1716	2571		4709	6839	5676	4287	21511
Tele		3	4	2	1	2	2	0	3	0	1	3		9	5	3	4	21
M/S		2	0	0	1	1	0	0	0	0	0	0		2	2	0	0	4
BHU		0	1	0	0	1	0	0	0	0	0	0		1	1	0	0	2
Dialysis		0	0	0	1	0	0	0	0	0	0	0		0	1	0	0	1
OR		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
PACU		0	0	0	0	1	0	0	0	0	0	0		0	1	0	0	1
Radiology		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Total Rapid Response Events		8	16	7	11	12	2	11	17	11	13	7		31	25	39	20	115
Rapid Response Rates		4.611	11.189	4.534	4.7029	5.6075	0.8475	5.6995	8.1496	6.6265	7.5758	2.7227	-	6.5831	3.6555	6.87104	4.66527	5.3461
Tele		6	11	5	7	5	1	7	9	6	9	6		22	13	22	15	72
M/S		1	2	1	4	1	1	4	2	0	2	0		4	6	6	2	18
BHU		1	3	0	0	1	0	0	3	3	1	1		4	1	6	2	13
Dialysis		0	0	1	0	4	0	0	3	2	1	0		1	4	5	1	11
OR		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
PACU		0	0	0	0	1	0	0	0	0	0	0		0	1	0	0	1
Radiology		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Mortality Rate%		0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.01%	0.00%
VTE Prophylaxis MS/T Compliance >95%		95%	92%	92%	90%	93%	93%	91.79%	92.65%	88.59%	92.97%	89.10%		93.00%	92.00%	91.01%	91.04%	91.83%
VTE Prophylaxis CCU Compliance >95%		100%	100%	100%	100%	100%	100%	98.18%	98.18%	98.04%	100%	100%		100.00%	100.00%	98.13%	100.00%	99.48%
CLINICAL SAFETY INDICATORS																		
Number of Restraint Days Behavioral Health Unit					1	0	1	1	0	0	0	0			2	1	0	3
Restraint Rate					0.004	0	0.07	0.04	0	0	0	0			0.074	0.04	0	0.114
Deliveries in the ED		0	0	0	0	1	0	1	0	0	1	0		3	1	1	1	3
SQ Insulin Administration Adherence >95%		97%	95%	96%	94%	96%	97%	94%	95%	98%	99%	96%	-	96%	85%	96%	98%	96%
PRESSURE ULCERS					THRESHOLD <6%													
Total Patient Days		1980	1666	1769	2339	2140	2360	1930	2086	1743	1716	2184		5415	6839	5759	3900	21913
# Present on admission		50	65	65	56	34	33	41	29	47	45	48		180	123	117	93	513
Prevalance Rate		2.5253	3.9016	3.674	2.3942	1.5888	1.3983	2.1244	1.3902	2.6965	2.6224	2.1978	-	3.3241	1.7985	2.0316	2.38462	2.34108
# Hospital Acquired Pressure Injuries		2	1	3	3	1	1	1	0	3	1	4		6	5	4	5	20
Incidence Rate		0.101	0.06	0.17	0.1283	0.0467	0.0424	0.0518	0	0.1721	0.0583	0.1832	-	0.1108	0.0731	0.06946	0.12821	0.09127
OCCURRENCE REPORTS																		
# OCCURRENCE REPORTS		113	124	134	109	116	98	116	80	95	105	110	-	371	323	291	215	1200

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended		
2019	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
EQUIPMENT		1	1	1	2	2	1	3	0	1	1	2		3	5	4	3	15
FALLS		8	11	14	10	10	6	10	5	2	8	15		33	26	17	23	99
MEDICATION		5	3	4	2	2	7	4	2	6	5	4		12	11	12	9	44
OTHER		99	109	115	95	102	70	73	73	86	91	89		323	267	232	180	1002
# NEAR MISSES		UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK		0	0	0	0	0
# SENTINEL EVENTS		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
SEPSIS MEASURES																		
Sepsis (Principal DX) 30 Day Readmit		0	0	1	0	0	0	0	0	0	0	0		1	0	0	0	1
Simple Severe Sepsis w/Shock		17	11	8	8	8	6	9	7	0	6	7		36	22	16	13	87
Sepsis Patients Observed Mortality (APR DRG 720)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Sepsis Patients Volume (APR DRG 720)		40	29	27	31	22	18	19	22	0	19	19		96	71	41	38	246
CASE MANAGEMENT	THRESHOLD LOS < 5.5																	
Average Length of Stay		5.98	5.5	5.99	5.6	5.35	4.69	4.63	5.16	5.54	4.75	4.88	-	5.82333	5.2	5.31	4.815	5.27545
FD12 PATIENT ADMISSIONS/ELOPEMENT TRACKING																		
FD12 ADMISSIONS									80	63	73	79	-			143	152	295
FD12 Elopement Cases									0	0	0	0	-			0	0	0

UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: January 29, 2020

- CAHPS

PRESS GANEY

CAHPS

Inpatient

United Medical Center

CAHPS	Oct '19	Nov '19	Dec '19
	Top Box	Top Box	Top Box
Rate hospital 0-10	25.0	66.7 ▲	66.7
Recommend the hospital	25.0 ▲	77.8 ▲	66.7 ▼
Cleanliness of hospital environment	62.5 ▲	66.7 ▲	100 ▲
Quietness of hospital environment	50.0 ▲	55.6 ▲	66.7 ▲
Comm w/ Nurses	41.7 ▼	59.3 ▲	100 ▲
Response of Hosp Staff	45.2 ▲	56.3 ▲	100 ▲
Comm w/ Doctors	38.7 ▼	85.2 ▲	100 ▲
Hospital Environment	56.3 ▲	61.1 ▲	83.3 ▲
Communication About Pain	25.0 ▼	100 ▲	100
Comm About Medicines	25.0 ▼	56.3 ▲	75.0 ▲
Discharge Information	62.5 ▼	75.0 ▲	100 ▲
Care Transitions	21.7 ▼	50.5 ▲	77.8 ▲

Displayed by Received Date

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting

Preliminary Financial Report Summary

For the month ending November 30, 2019

DRAFT

UNITED
MEDICAL CENTER

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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of November 2019

	FY 2020 Original Gap Measures Gain/(Loss)	Original/ Adjusted	Realized/ Recognized/ Adjusted	Unrealized/ Unrecognized	Percentage Completed (Realized/ FY20 Original Gap Measures)
FY20 Annualized Net Income/(Loss) from Operations:				**($90,000)**	
Add: Initiatives to be Realized					
Various Issues Affecting Admission	$3,500,000	$3,500,000	$0	$3,500,000	0.0%
GWUMFA Professional Fees Collection	$7,200,000	$7,200,000	$1,219,331	$5,980,669	16.9%
Supply Chain/Contracts	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Legal	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Length Of Stay Reduction	$500,000	$500,000	$0	$500,000	0.0%
Agency Staffing	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Subtotal	**$14,200,000**	**$14,200,000**	**$1,219,331**	**$12,980,669**	8.6%
Projected Net Income (Loss) from Operations				**$12,890,669**	
Additional Suggested Initiatives to be Monitored					
Managed Care	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Overtime	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Supply Chain	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Agency Staffing	$250,000	$250,000	$0	$250,000	0.0%
Subtotal	**$3,250,000**	**$3,250,000**	**$0**	**$3,250,000**	
Adjusted Net Income (Loss) from Operations				**$16,140,669**	

Report Summary

- **Revenue**
  - **Total operating revenue is below budget by 5% (633K) due to lower activity**
  - **Other Contributing Factors:**
    - **Net patient revenues are lower than budget by -4% (314K), due to the following factors:**
      - **Admissions are below budget by 7%**
      - **Emergency Room Visits are below budget by 20%**
      - **Inpatient surgeries are below budget by 37%**
      - **Outpatient surgeries are below budget by 19%**
      - **Clinics visits are below budget by 72%**
    - **District subsidy of approximately 1M recognized.**

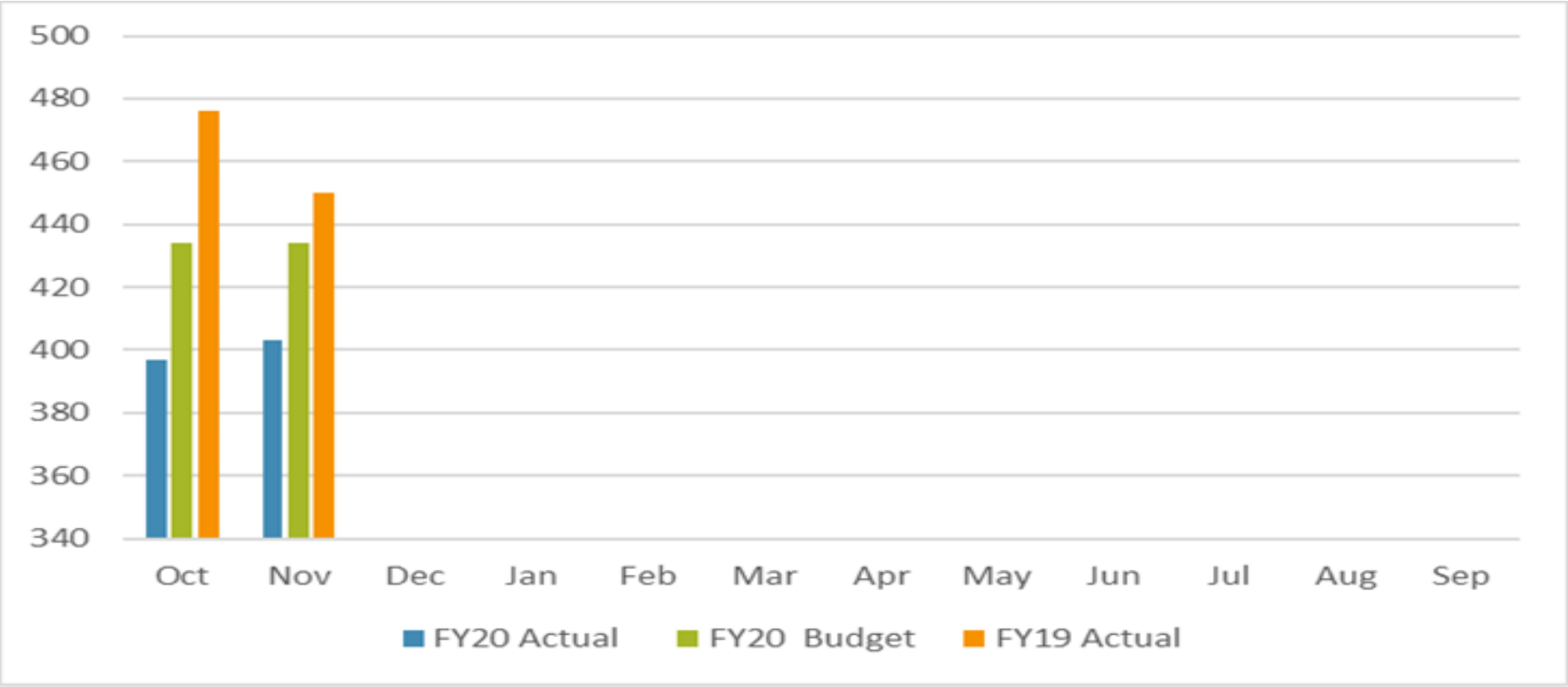
- **Expenses**
  - **Total operating expenses are higher than budget by about 2% (173K), however the areas below are still a challenge:**
    - **Professional fees are higher than budget by 11% (182K), due to timing of GW professional fees.**
    - **Purchased services are higher than budget by 47% (585K).**
    - **Overtime and Agency**

- **Cash on Hand – 86 days**

Key Indicators

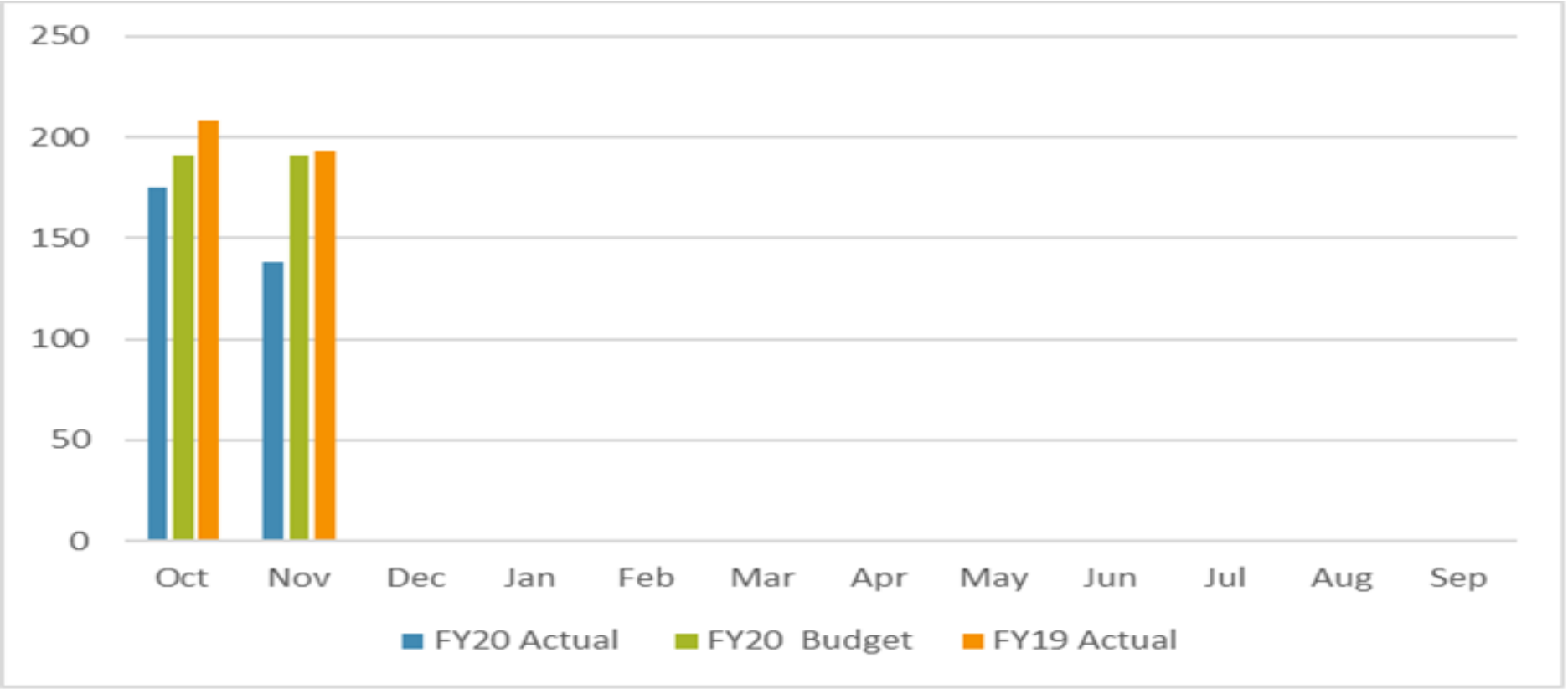
Year to 11/30/2019 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY19	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	403	434	450	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	138	191	193	▼	▲
Emergency Room Visits	Actual Visits	3,836	4,797	4,305	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	770	705	857	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.16	1.23	1.33	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (exludes contract services)	58%	52%	49%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	81.3	85.0	108.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	101%	92%	104%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	86	45	22	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-0.1%	7.0%	-12.4%	▼	▲

Total Admissions (Consolidated)



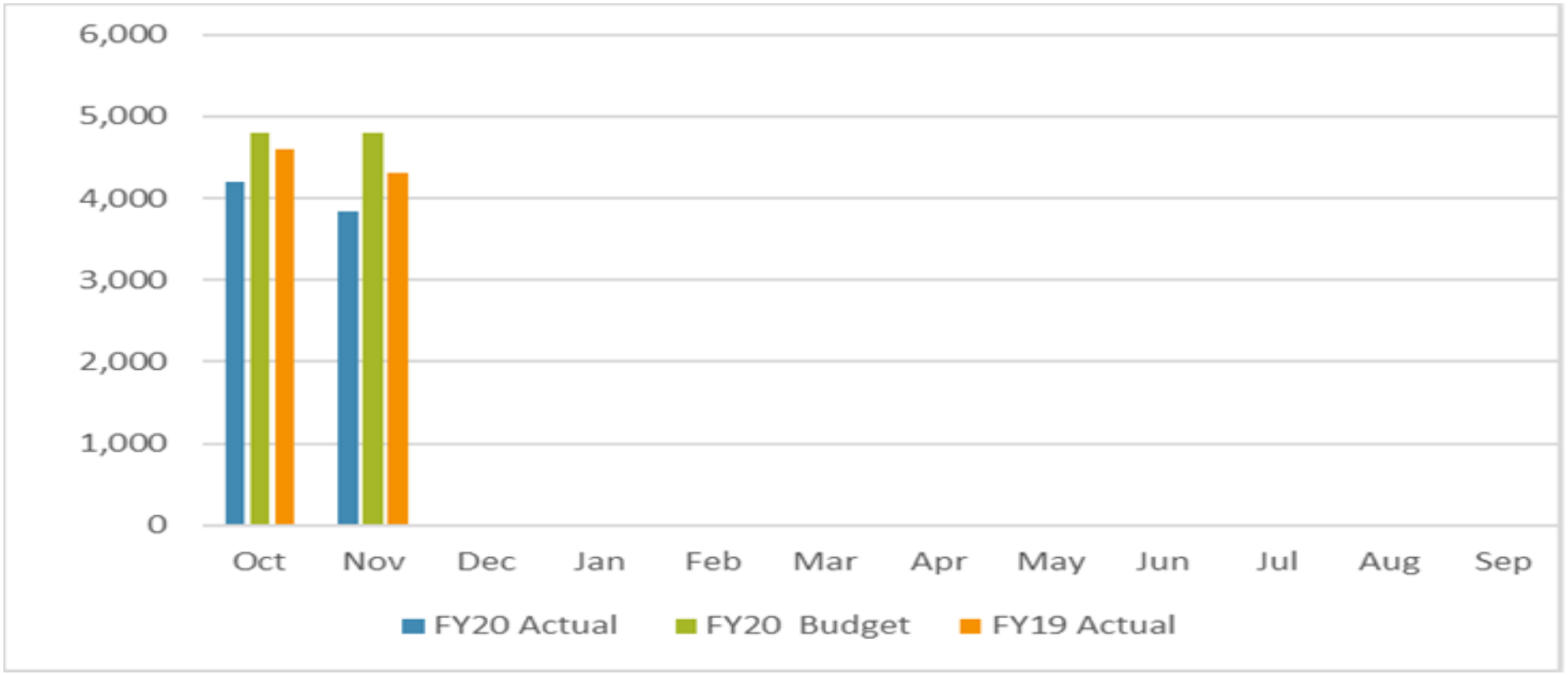
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	395	403										
FY20 Budget	434	434										
FY19 Actual	476	450										

Inpatient/Outpatient Surgeries



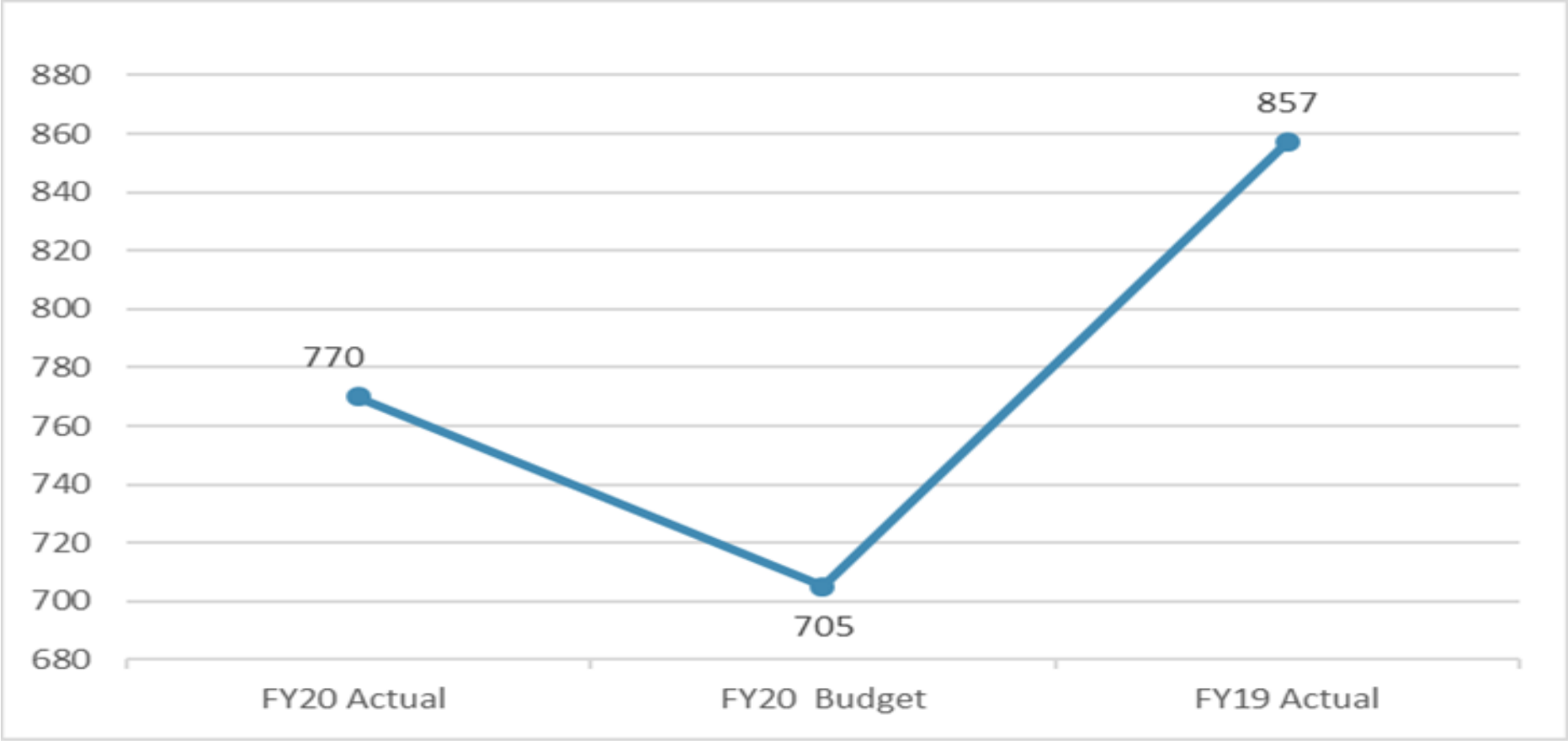
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	175	138										
FY20 Budget	199	191										
FY19 Actual	208	193										

Total Emergency Room Visits



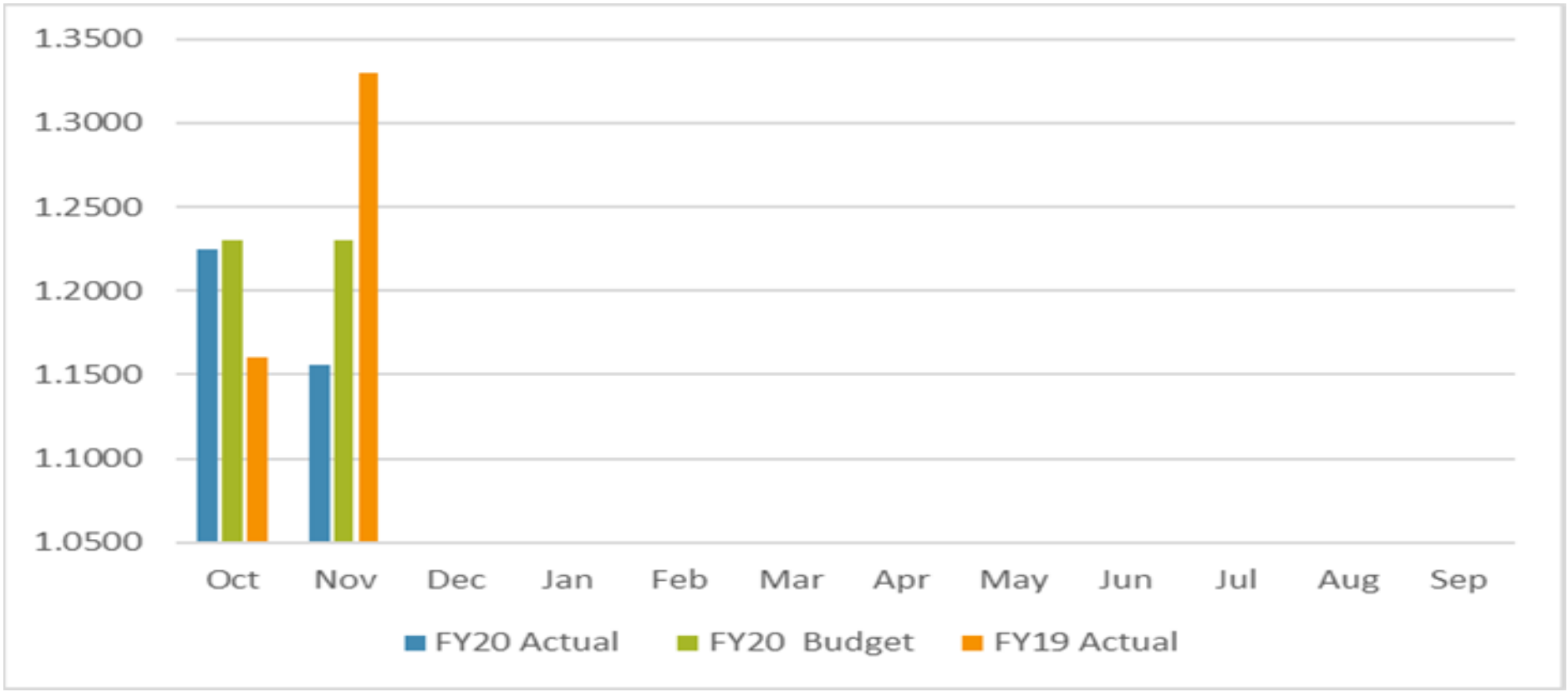
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	4,194	3,836										
FY20 Budget	4,797	4,797										
FY19 Actual	4,600	4,305										

Number of FTEs



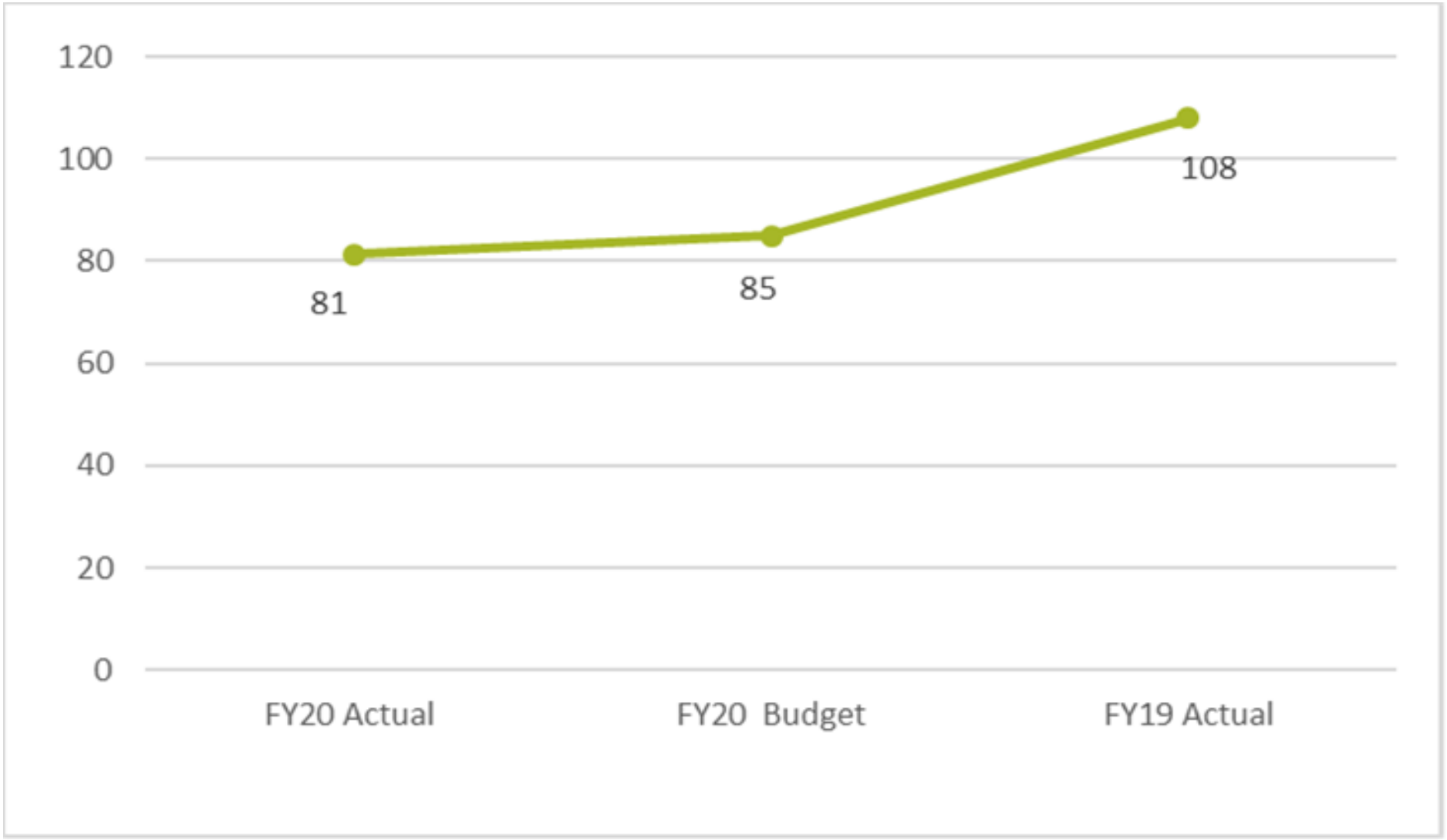
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	747	770										
FY20 Budget	750	705										
FY19 Actual	878	857										

Case Mix Index

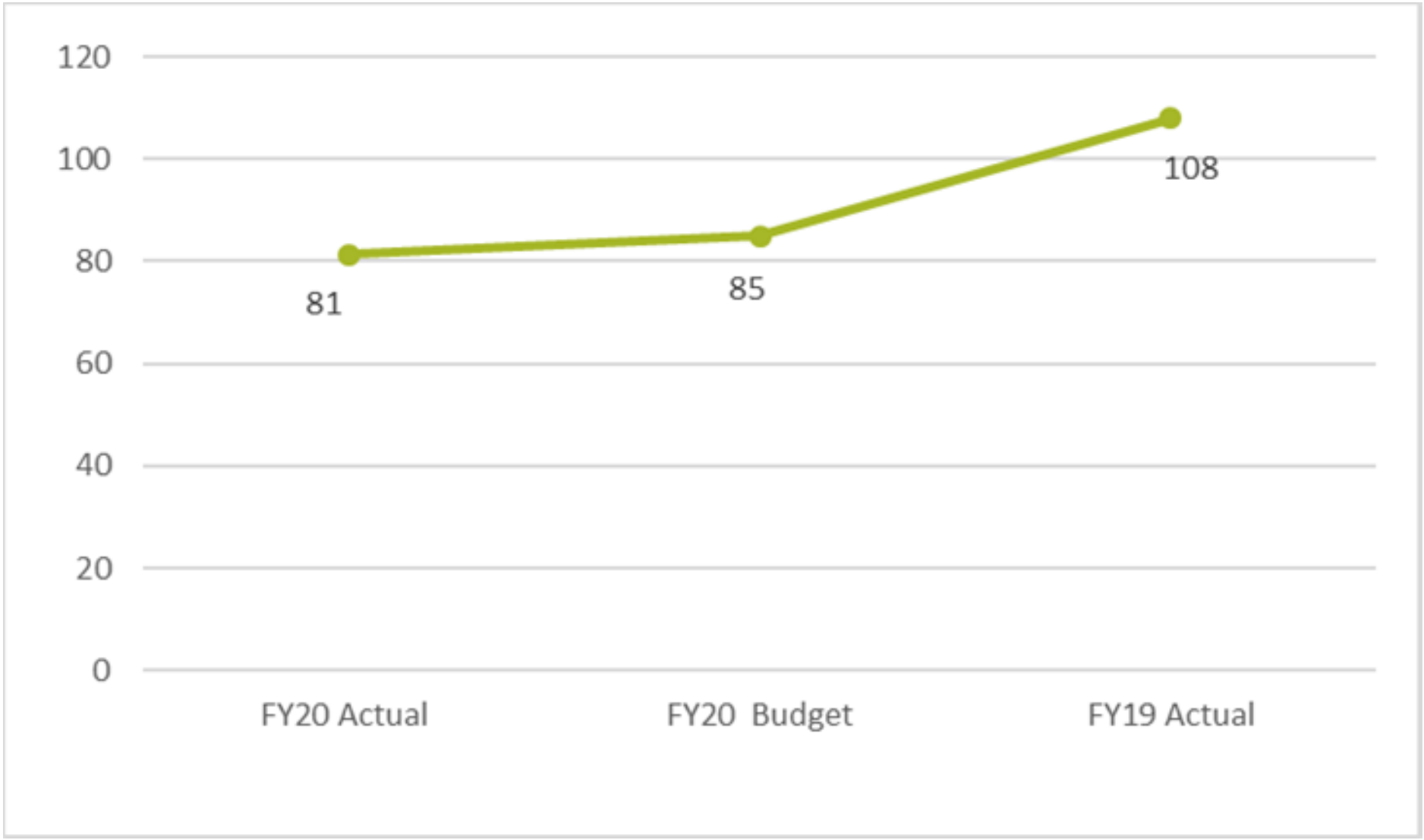


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	1.2250	1.1560										
FY19 Budget	1.2300	1.2300										
FY18 Actual	1.1600	1.3300										

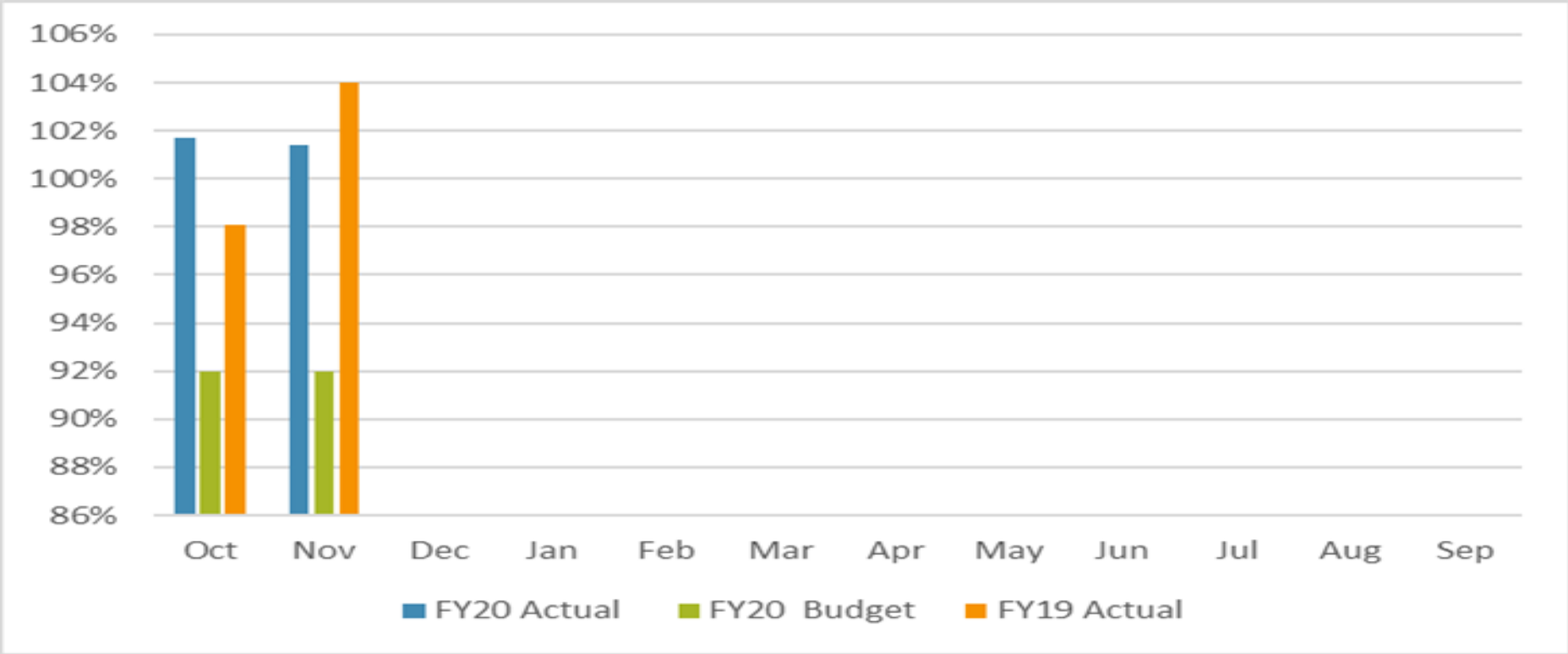
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

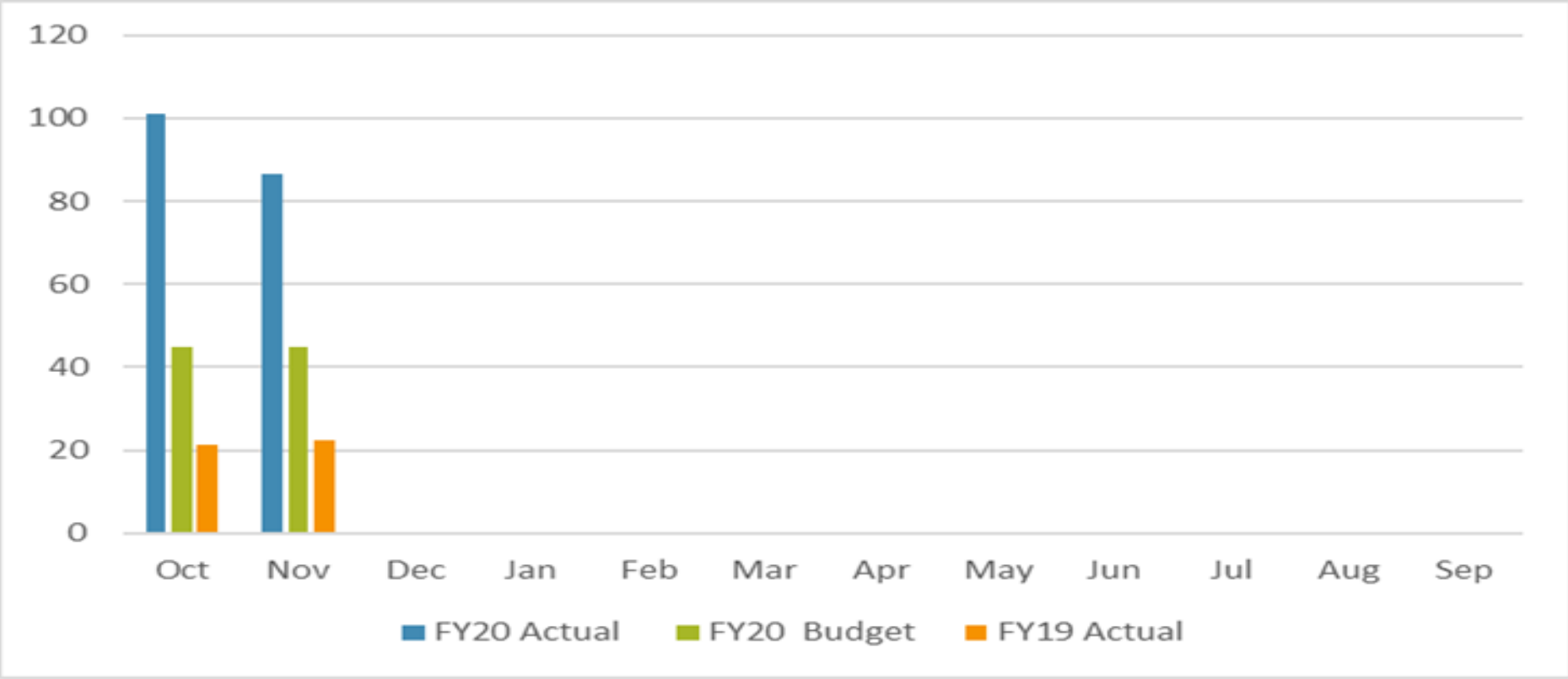


Cash Collection as a % of Net Revenues



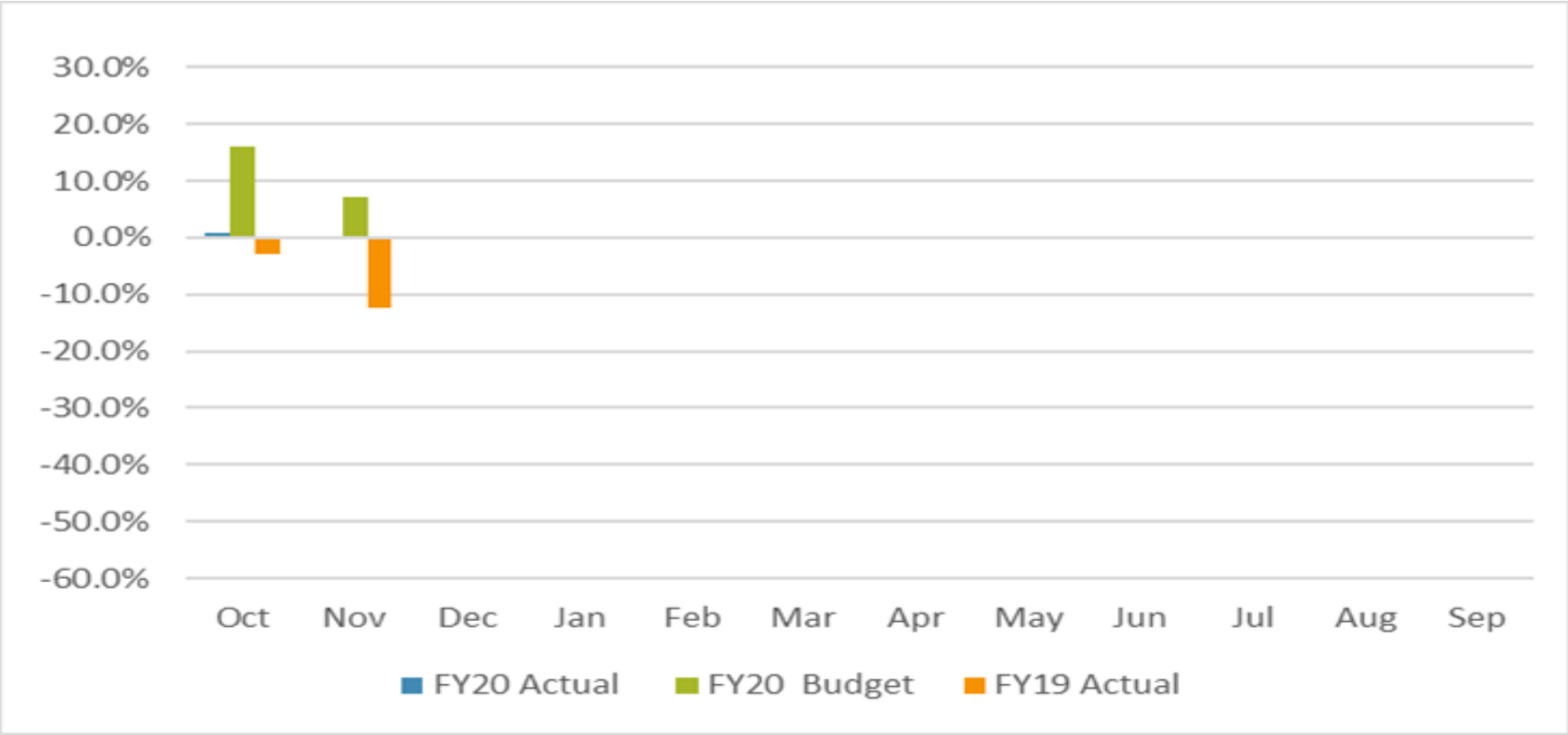
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	102%	101%										
FY19 Budget	92%	92%										
FY18 Actual	98%	104%										

Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	101	86										
FY20 Budget	45	45										
FY19 Actual	21	22										

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	-4.4%	-0.1%										
FY20 Budget	7.0%	7.0%										
FY19 Actual	-2.9%	-12.4%										

Income Statement

FY19 Operating Period Ending November 30, 2019

	Month of November			Variance				2020 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	403	434	450	(31)	-7%	(47)	-10%	800	868	926	(68)	-8%	(126)	-14%
Patient Days	4,920	4,651	5,291	269	6%	(371)	-7%	9,690	9,302	10,984	388	4%	(1,294)	-12%
Emergency Room Visits	3,836	4,797	4,305	(961)	-20%	(469)	-11%	8,030	9,594	8,905	(1,564)	-16%	(875)	-10%
Clinic Visits	1,004	3,560	1,283	(2,556)	-72%	(279)	-22%	2,366	7,120	2,830	(4,754)	-67%	(464)	-16%
IP Surgeries	57	91	107	(34)	-37%	(50)	-47%	122	182	219	(60)	-33%	(97)	-44%
OP Surgeries	81	100	86	(19)	-19%	(5)	-6%	191	200	182	(9)	-5%	9	5%
Radiology Visits	445	1,000	932	(555)	-56%	(487)	-52%	1,517	2,000	2,126	(483)	-24%	(609)	-29%
Revenues														
Net Patient Service	7,345	7,659	5,507	(314)	-4%	1,838	33%	14,561	15,319	10,248	(758)	-5%	4,313	42%
DSH	964	964	-	-	0%	964	0%	1,928	1,928	-	-	0%	1,928	0%
CNMC Revenue	193	212	169	(19)	-9%	24	14%	420	424	295	(4)	-1%	125	42%
Other Revenue	2,589	2,889	4,289	(299)	-10%	(1,700)	-40%	5,331	5,777	10,787	(447)	-8%	(5,456)	-51%
Total Operating Revenue	**11,091**	**11,724**	**9,965**	**(633)**	**-5%**	**1,126**	**11%**	**22,240**	**23,448**	**21,330**	**(1,209)**	**-5%**	**910**	**4%**
Expenses														
Salaries and Wages	4,592	4,482	4,858	110	2%	(265)	-5%	9,250	8,964	10,063	286	3%	(813)	-8%
Employee Benefits	1,140	1,197	1,195	(56)	-5%	(54)	-5%	2,292	2,393	2,320	(101)	-4%	(27)	-1%
Contract Labor	144	152	262	(8)	-5%	(118)	-45%	399	304	516	96	32%	(117)	-23%
Supplies	846	831	636	14	2%	209	33%	1,793	1,663	1,982	130	8%	(190)	-10%
Pharmaceuticals	229	233	414	(4)	-2%	(185)	-45%	385	466	618	(81)	-17%	(233)	-38%
Professional Fees	1,855	1,673	2,186	182	11%	(331)	-15%	3,564	3,347	3,500	218	7%	64	2%
Purchased Services	1,820	1,235	1,607	585	47%	213	13%	3,258	2,470	3,032	788	32%	226	7%
Other	438	1,089	1,135	(651)	-60%	(697)	-61%	1,312	2,178	1,954	(866)	-40%	(641)	-33%
Total Operating Expenses	**11,065**	**10,893**	**12,293**	**173**	**1.6%**	**(1,228)**	**-10%**	**22,254**	**21,785**	**23,984**	**469**	**2%**	**-1,730**	**-7%**
Operating Gain/(Loss)	**26**	**832**	**(2,328)**	**(806)**	**-97%**	**2,354**	**-101%**	**(15)**	**1,663**	**(2,655)**	**(1,678)**	**-101%**	**2,640**	**-99%**

Balance Sheet

As of the month ending November 30, 2019

Nov-19	Oct-19	MTD Change		Sep-19	YTD Change
			Current Assets:		
$ 50,490	$ 51,623	$ (1,133)	Cash and equivalents	$ 31,933	$ 18,557
19,409	19,134	275	Net accounts receivable	18,295	1,114
1,361	1,332	29	Inventories	1,273	88
3,425	3,108	317	Prepaid and other assets	2,403	1,022
74,684	75,197	(513)	Total current assets	$ 53,904	$ 20,780
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
67,024	67,795	(771)	Capital Assets	68,253	(1,229)
67,024	67,795	(771)	Total long term assets	68,253	(1,229)
$ 141,708	$ 142,992	$ (1,284)	Total assets	$ 122,157	$ 19,551
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
15,046	13,508	1,538	Trade payables	12,129	2,917
7,656	9,124	(1,468)	Accrued salaries and benefits	8,588	(932)
1,411	1,411	0	Other liabilities	1,411	0
24,113	24,043	70	Total current liabilities	22,128	1,985
			Long-Term Liabilities:		
19,464	20,293	(829)	Unearned grant revenue	-	19,464
6,060	6,048	12	Estimated third-party payor settlements	6,012	48
2,117	2,117	-	Contingent & other liabilities	2,117	(0)
27,640	28,458	(818)	Total long term liabilities	8,129	19,511
			Net Position:		
89,954	90,491	(537)	Unrestricted	91,900	(1,946)
89,954	90,491	(537)	Total net position	91,900	(1,946)
$ 141,708	$ 142,992	$ (1,284)	Total liabilities and net position	$ 122,157	$ 19,551

Statement of Cash Flow
As of the month ending November 30, 2019

Dollars in Thousands

Month of November			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 7,217	$ 6,980	Receipts from and on behalf of patients	$ 15,423	$ 6,980
(3,916)	(8,555)	Payments to suppliers and contractors	(8,895)	(8,555)
(7,336)	(6,804)	Payments to employees and fringe benefits	(12,474)	(6,803)
2,628	671	Other receipts and payments, net	3,147	671
(1,408)	(7,708)	Net cash provided by (used in) operating activities	(2,799)	(7,707)
		Cash flows from investing activities:		
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
2	10,000	Receipts (payments) from/(to) District of Columbia	22,142	10,000
2	10,000	Net cash provided by noncapital financing activities	22,142	10,000
		Cash flows from capital and related financing activities:		
-	-	Repayment of capital lease obligations	-	-
-	-	Receipts (payments) from/(to) District of Columbia	-	-
273	38	Change in capital assets	(786)	38
273	38	Net cash (used in) capital and related financing activitie	(786)	38
(1,133)	2,330	Net increase (decrease) in cash and cash equivalents	18,557	2,331
51,623	**28,148**	**Cash and equivalents, beginning of period**	**31,933**	**28,148**
$ 50,490	**$ 30,479**	**Cash and equivalents, end of period**	**$ 50,490**	**$ 30,479**
		Supplemental disclosures of cash flow information		
		Cash paid during the year for interest expense		
		Equipment acquired through capital lease		
		Net book value of asset retirement costs		

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending December 31, 2019

DRAFT

UNITED
MEDICAL CENTER

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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of December 2019

	FY 2020 Original Gap Measures Gain/(Loss)	Original/ Adjusted	Realized/ Recognized/ Adjusted	Unrealized/ Unrecognized	Percentage Completed (Realized/ FY20 Adjusted Gap Measures)
FY20 Annualized Net Income/(Loss) from Operations:				**$72,000**	
Add: Initiatives to be Realized					
Various Issues Affecting Admission	$3,500,000	$2,625,000	$0	$2,625,000	0.0%
GWUMFA Professional Fees Collection	$7,200,000	$7,200,000	$1,788,426	$5,411,574	24.8%
Supply Chain/Contracts	$1,000,000	$750,000	$0	$750,000	0.0%
Legal	$1,000,000	$750,000	$0	$750,000	0.0%
Length Of Stay Reduction	$500,000	$375,000	$0	$375,000	0.0%
Agency Staffing	$1,000,000	$750,000	$0	$750,000	0.0%
Subtotal	**$14,200,000**	**$12,450,000**	**$1,788,426**	**$10,661,574**	12.6%
Projected Net Income (Loss) from Operations				**$10,733,574**	
Additional Suggested Initiatives to be Monitored					
Managed Care	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Overtime	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Supply Chain	$1,000,000	$1,000,000	$0	$1,000,000	0.0%
Agency Staffing	$250,000	$250,000	$0	$250,000	0.0%
Subtotal	**$3,250,000**	**$3,250,000**	**$0**	**$3,250,000**	
Adjusted Net Income (Loss) from Operations				**$13,983,574**	

Report Summary

- **Revenue**
  - **Total operating revenue is below budget by 5% (620K) due to lower activity**
  - **Contributing Factors:**
    - **Net patient revenues are lower than budget by 9% (721K), due to the following factors:**
      - **Admissions are below budget by 8%**
      - **Emergency Room Visits are below budget by 9%**
      - **Inpatient surgeries are below budget by 33%**
      - **Outpatient surgeries are below budget by 5%**
      - **Clinics visits are below budget by 11%**
    - **District subsidy revenue of 1M recognized.**

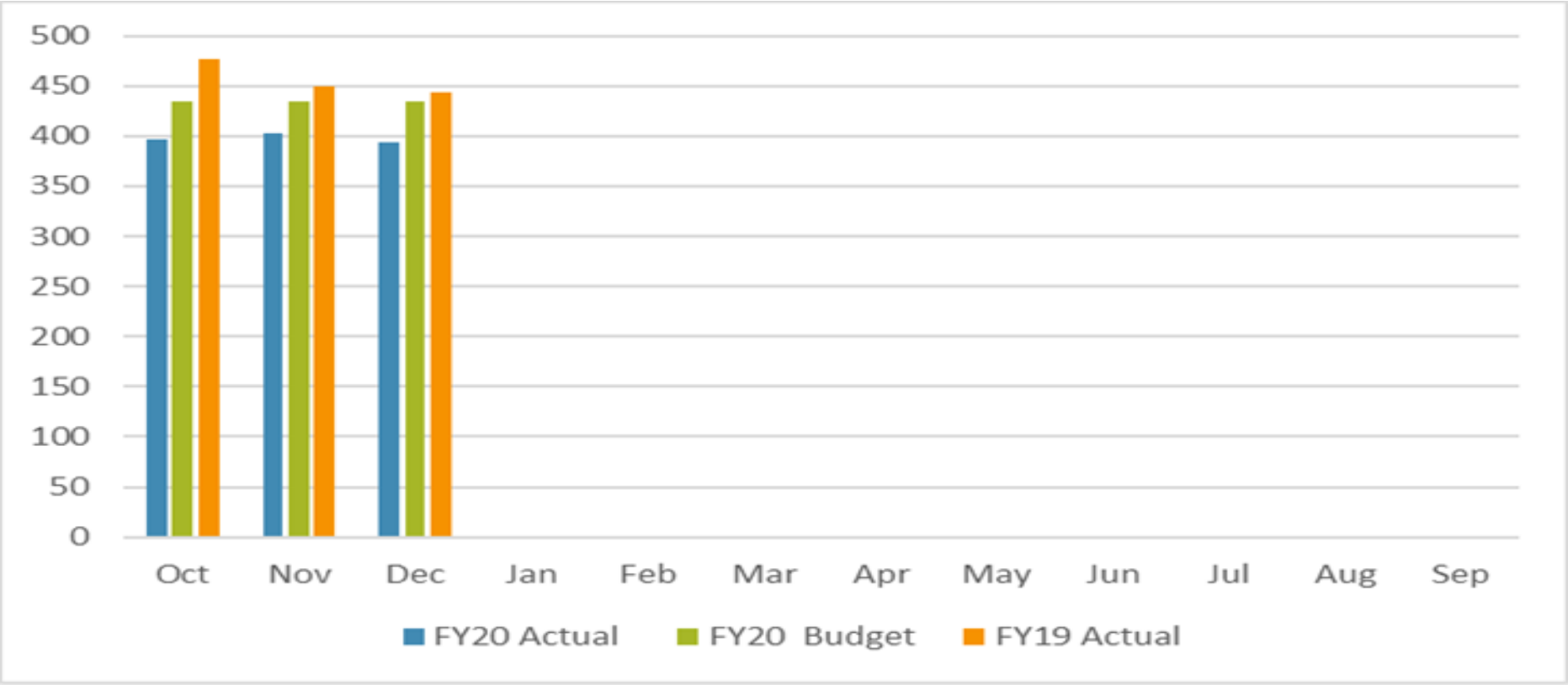
- **Expenses**
  - **Even though total operating expenses are higher than budget by 1.6% (179K), various areas below continue to pose challenges:**
    - **Salaries are higher than budget by 10% (435K)**
    - **Contract Labor is higher than budget by 59% (90K)**
    - **Supplies are higher than budget by 14% (115K)**
    - **Purchased services are higher than budget by 21% (257K))**
    - **Overtime and Agency**

- **Cash on Hand – 76 days**

Key Indicators

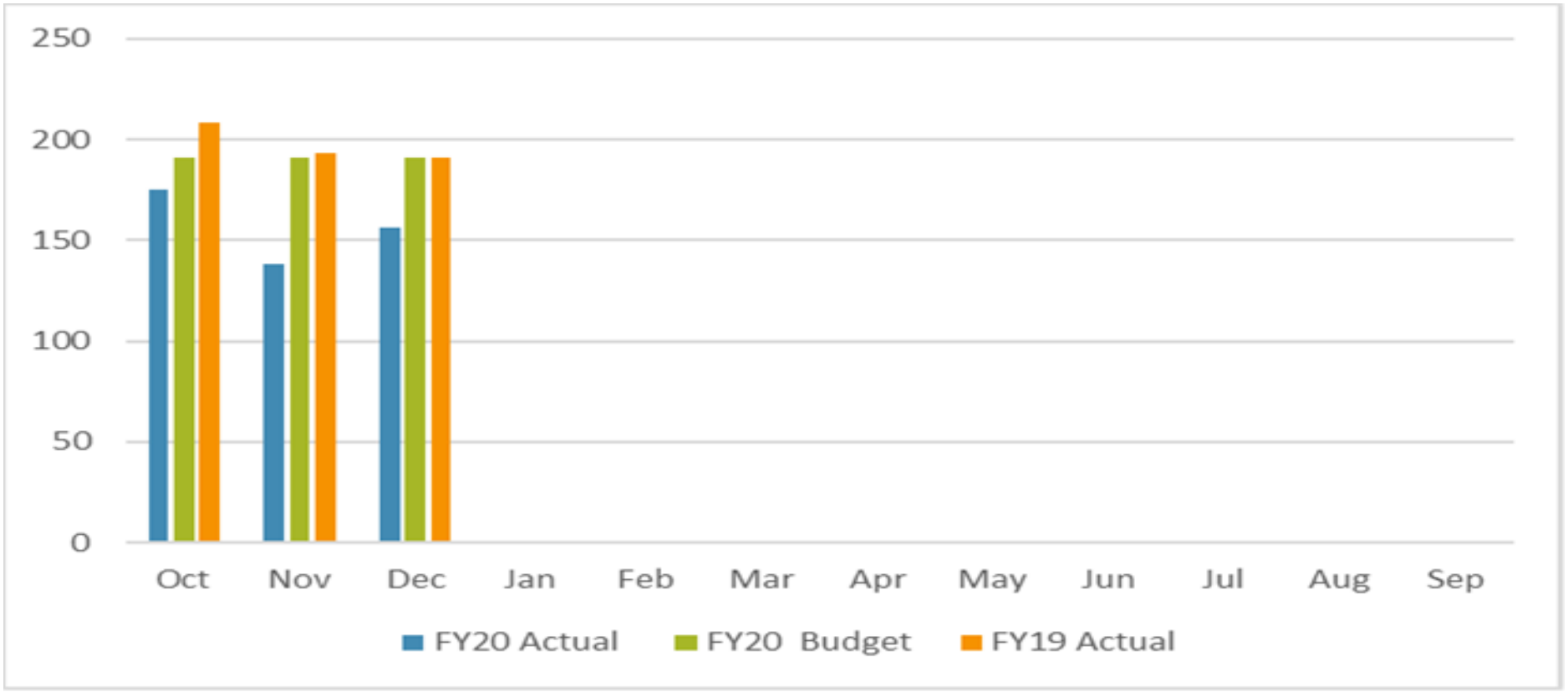
Year to 12/31/2019 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY19	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	393	434	443	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	156	191	191	▼	▲
Emergency Room Visits	Actual Visits	4,365	4,797	4,568	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	766	705	857	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.22	1.23	1.22	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (exludes contract services)	61%	52%	59%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	83.1	85.0	96.1	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	104%	92%	59%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	76	45	37	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	0.1%	7.0%	-8.2%	▼	▲

Total Admissions (Consolidated)



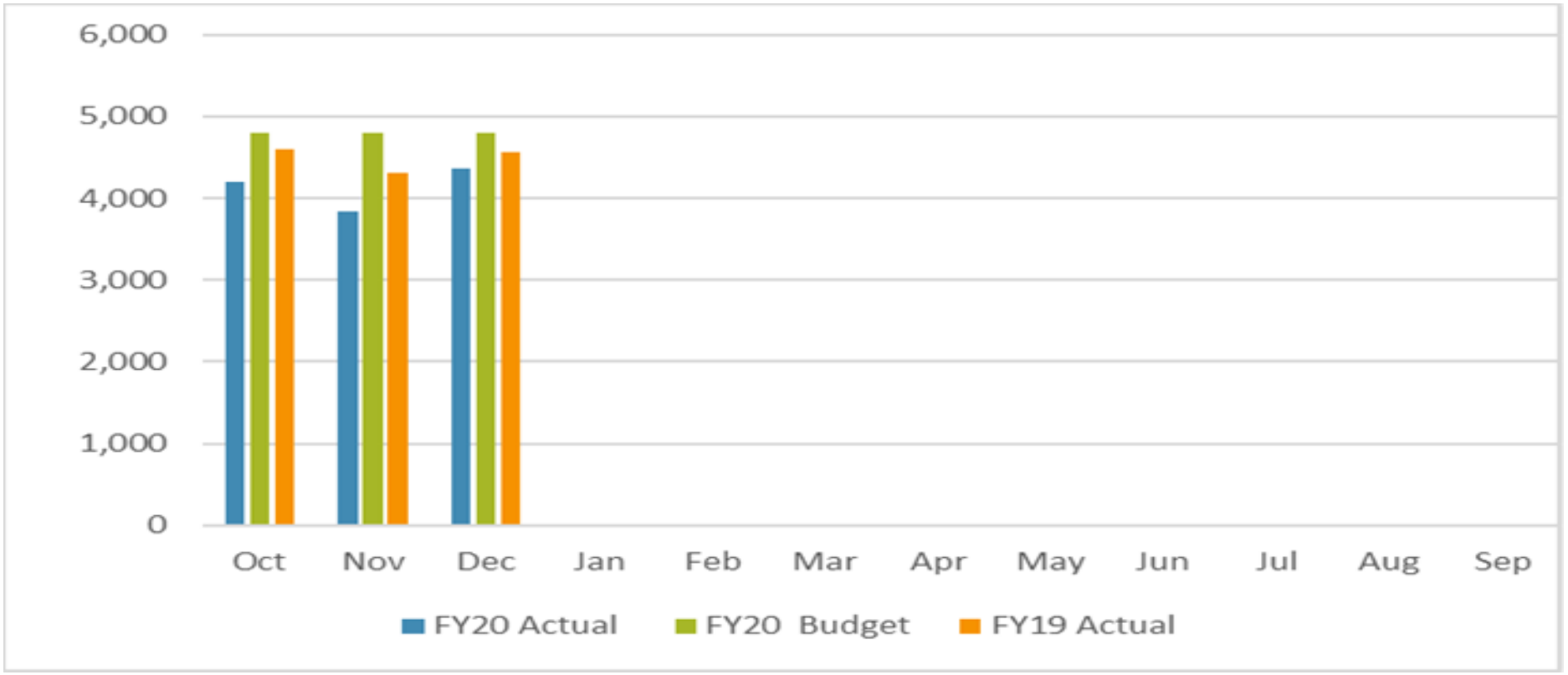
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	395	403	393									
FY20 Budget	434	434	434									
FY19 Actual	476	450	443									

Inpatient/Outpatient Surgeries



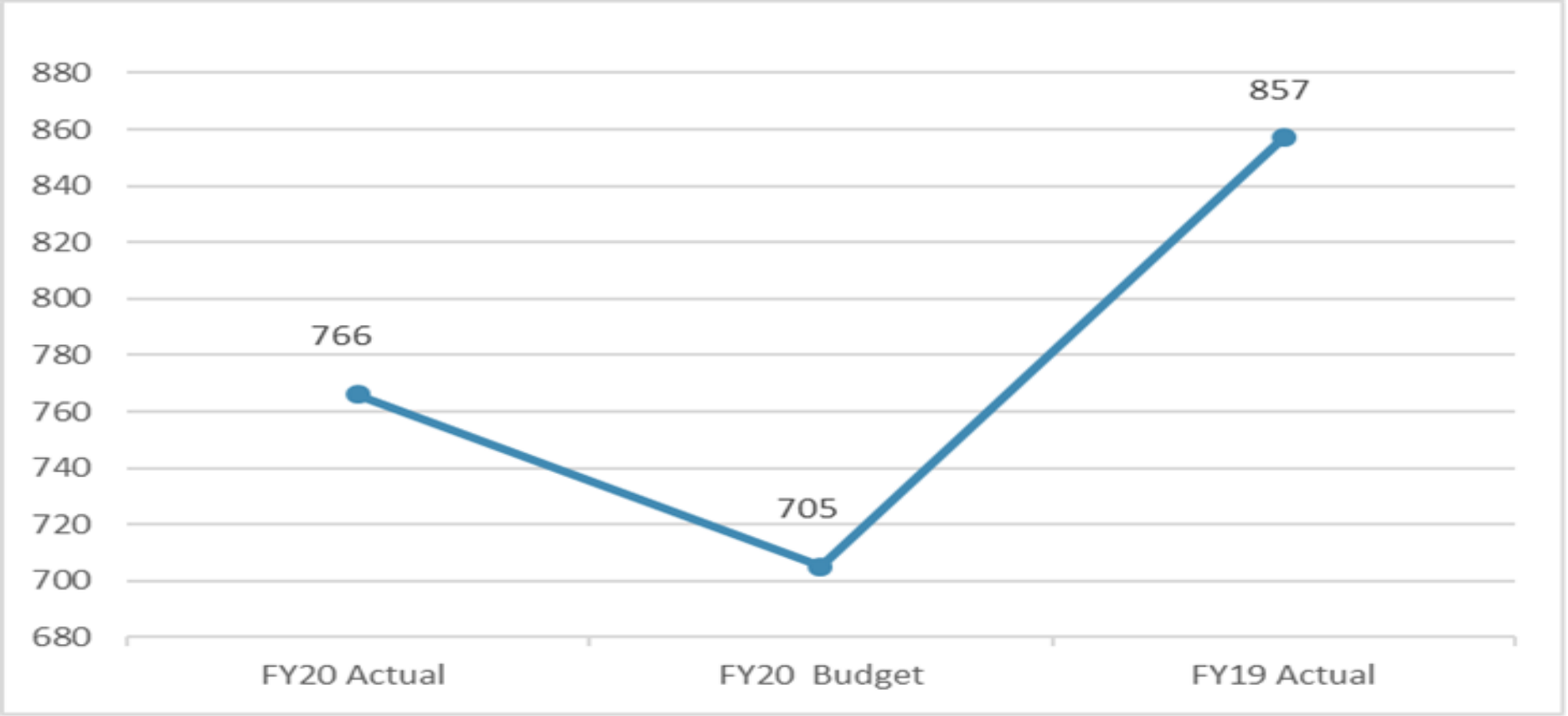
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	175	138	156									
FY20 Budget	199	191	191									
FY19 Actual	208	193	191									

Total Emergency Room Visits



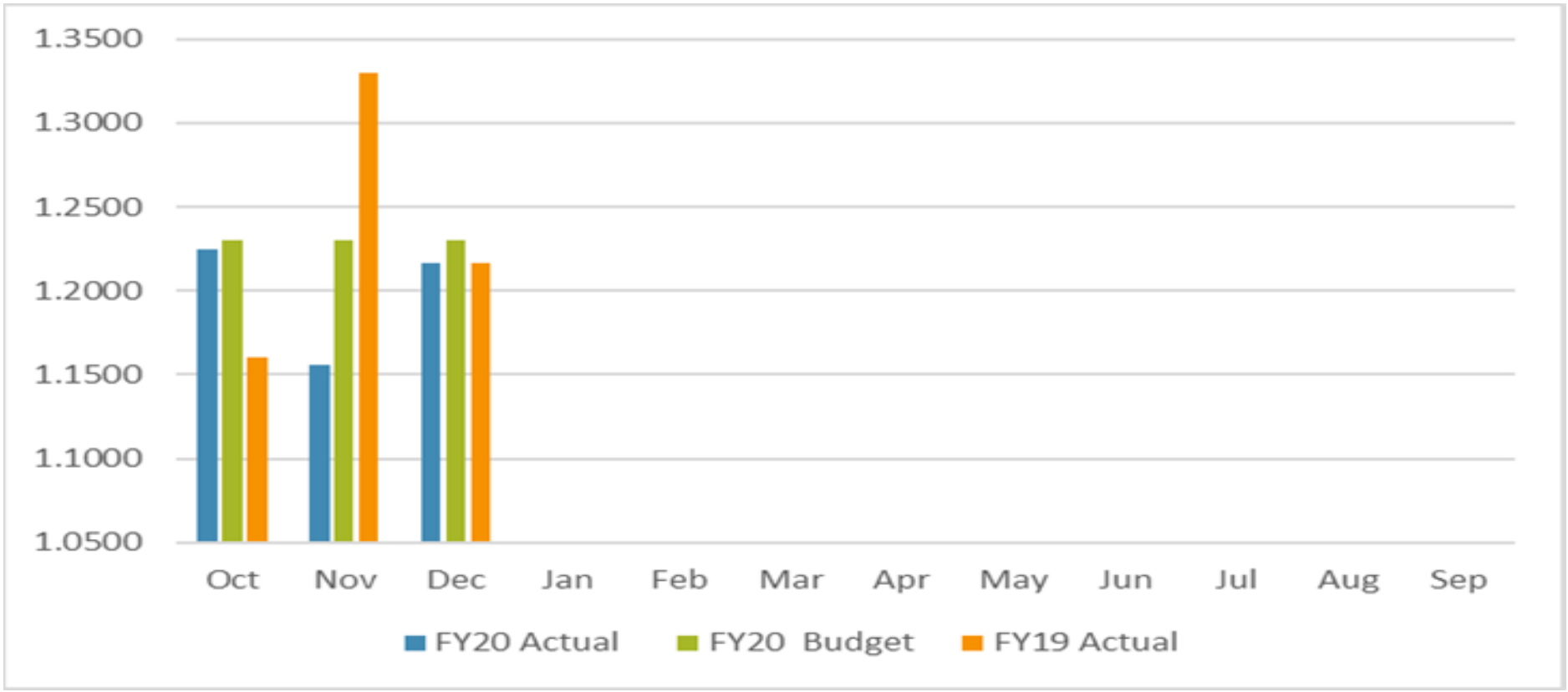
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	4,194	3,836	4,365									
FY20 Budget	4,797	4,797	4,797									
FY19 Actual	4,600	4,305	4,568									

Number of FTEs



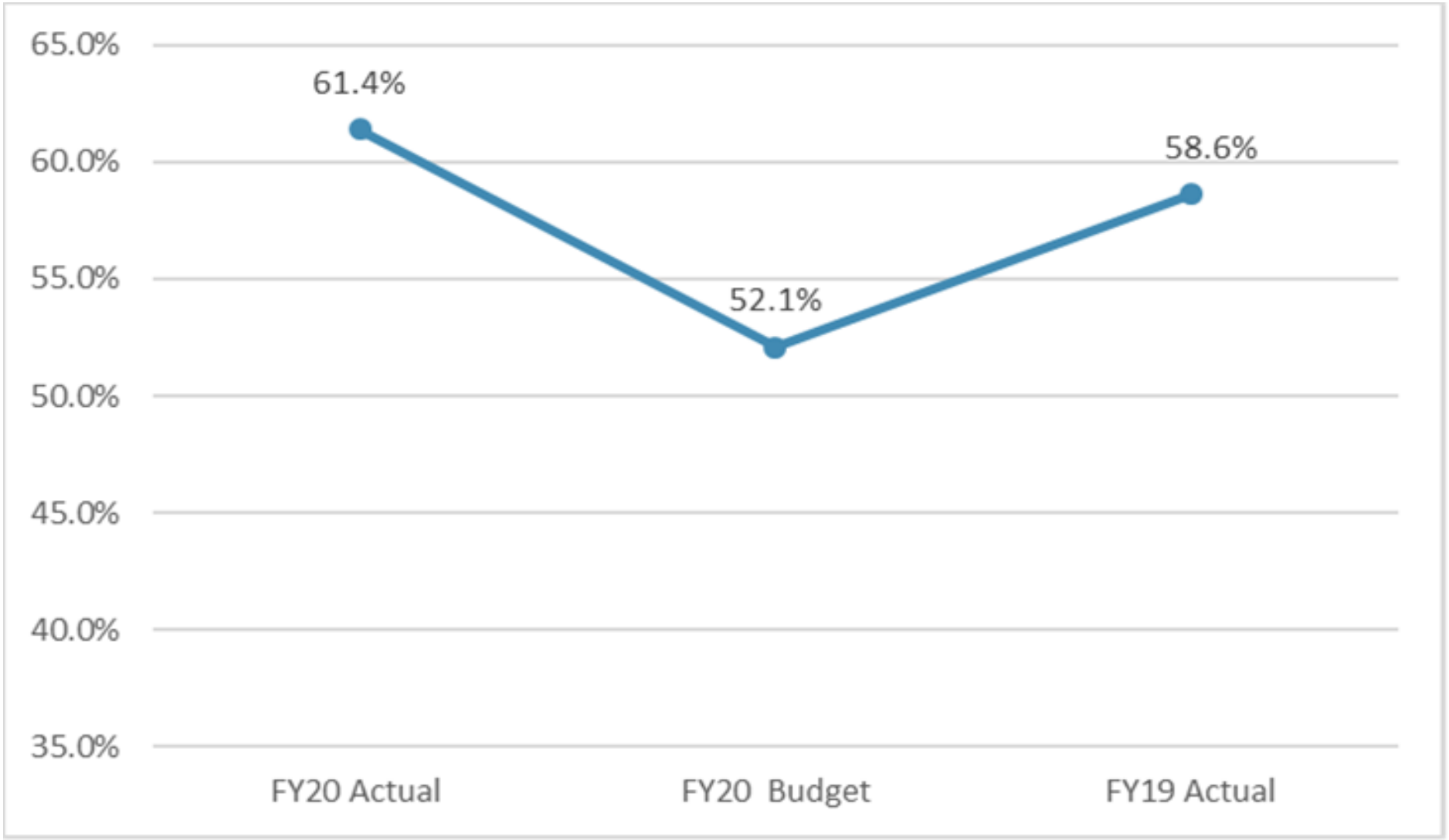
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	747	770	766									
FY20 Budget	750	705	705									
FY19 Actual	878	857	857									

Case Mix Index

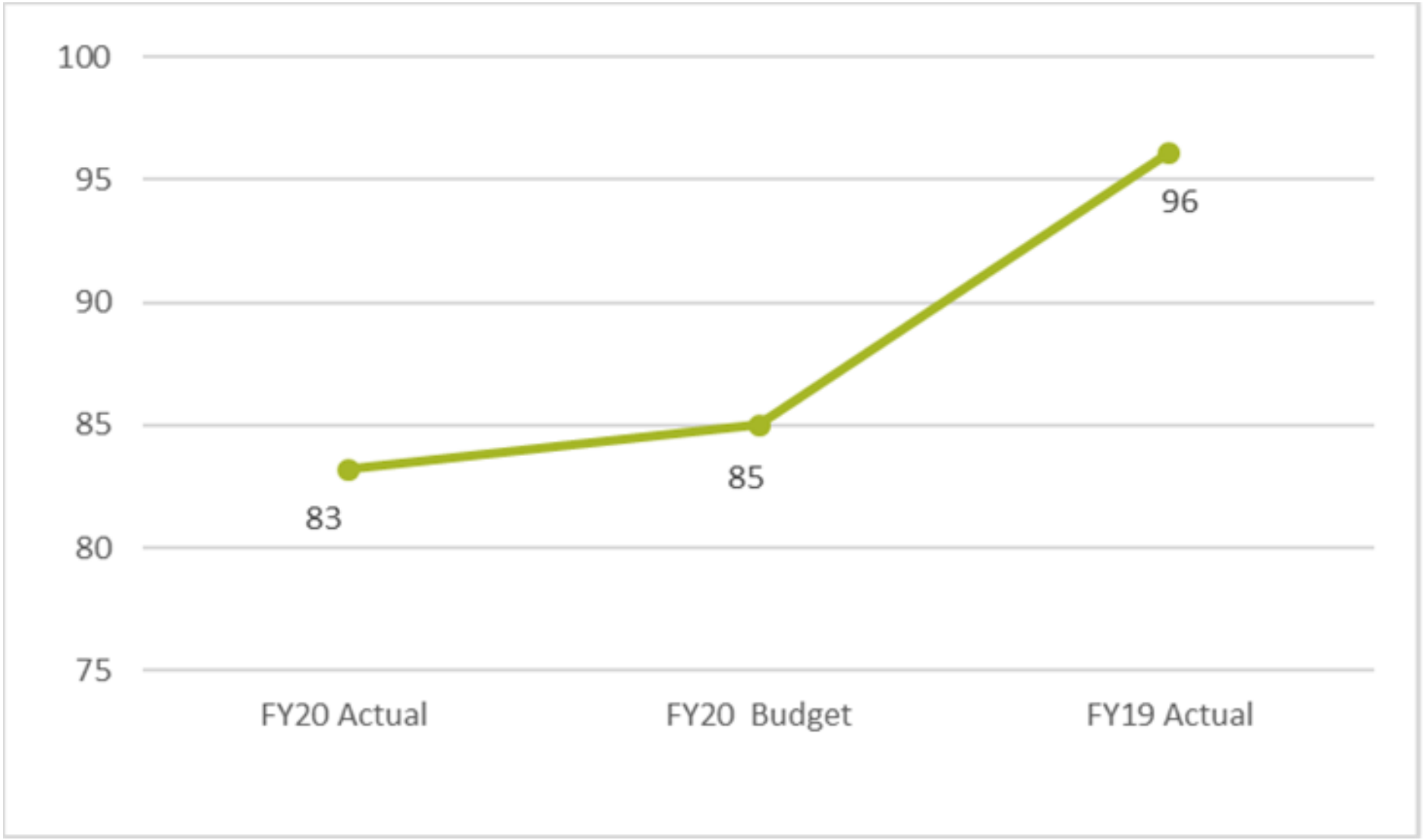


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	1.2250	1.1560	1.2170									
FY19 Budget	1.2300	1.2300	1.2300									
FY18 Actual	1.1600	1.3300	1.2170									

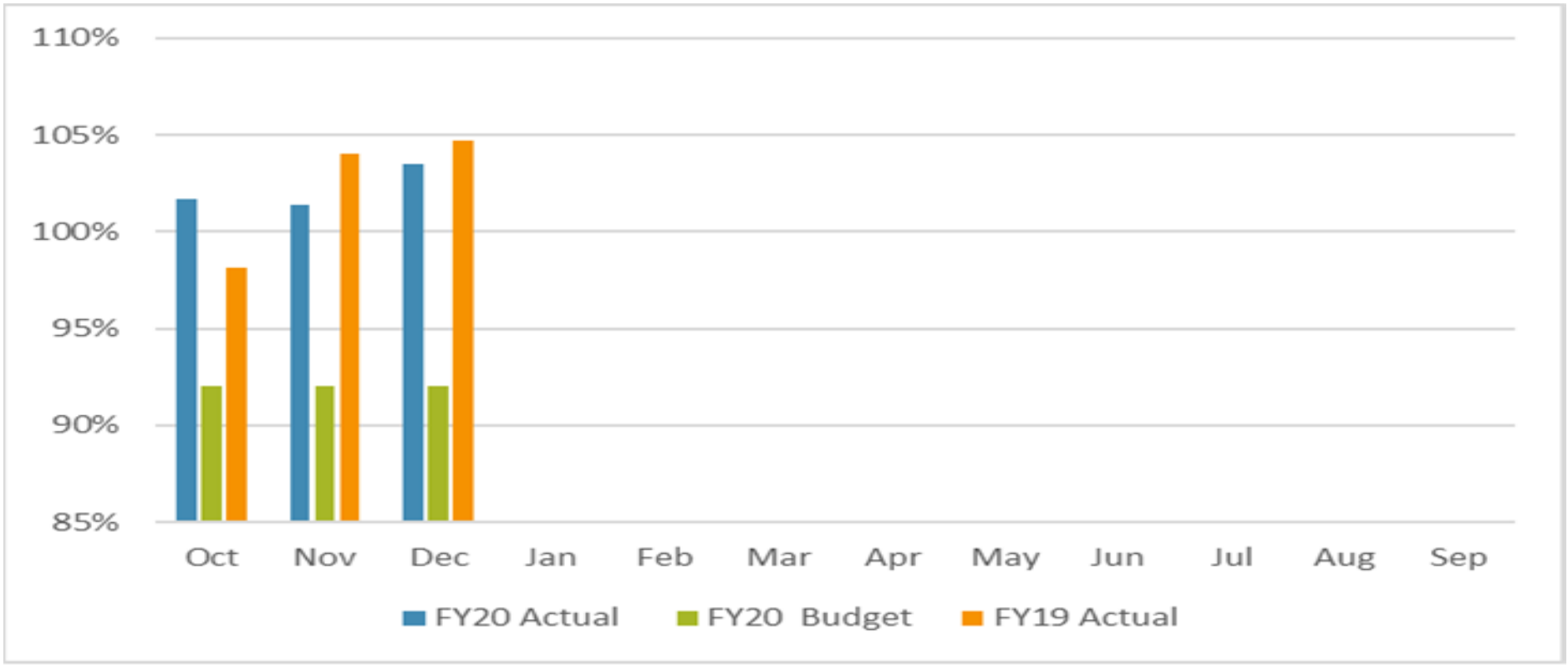
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

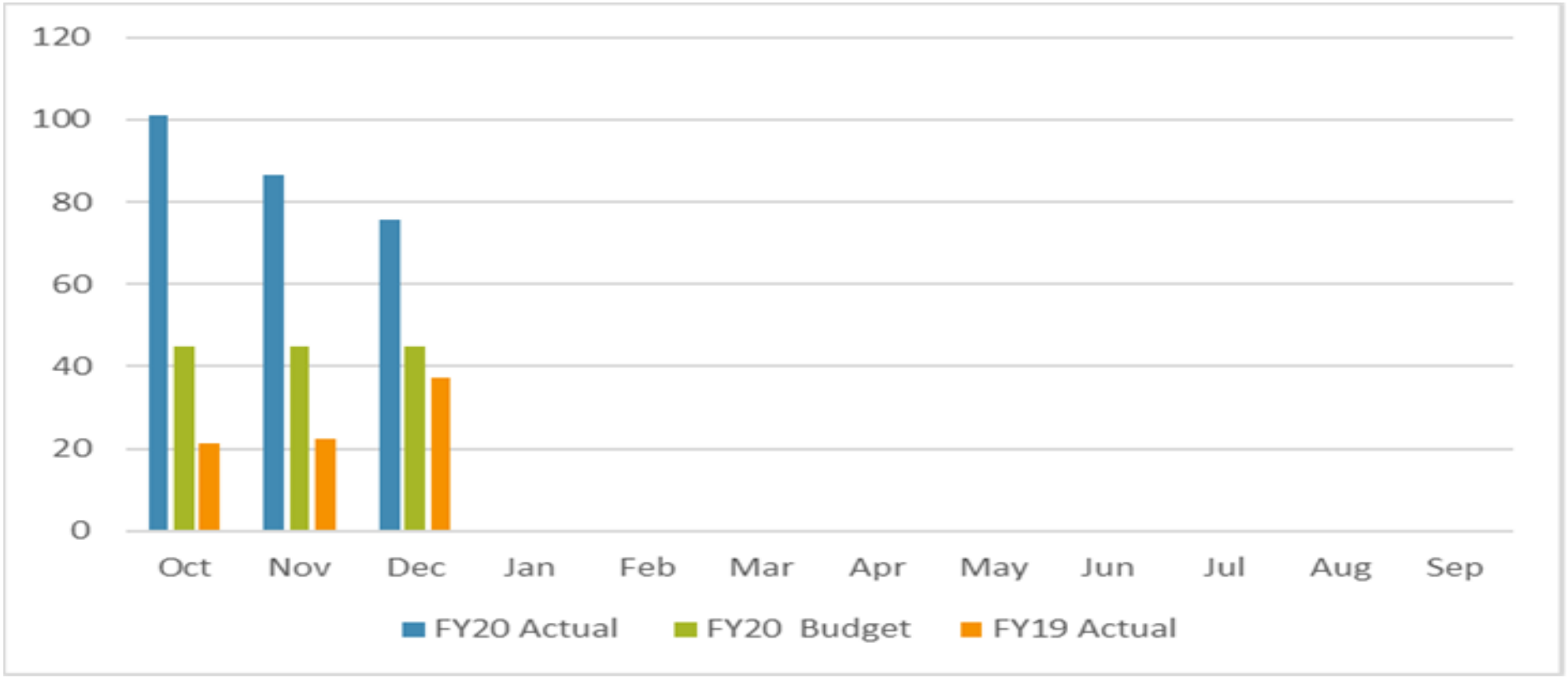


Cash Collection as a % of Net Revenues



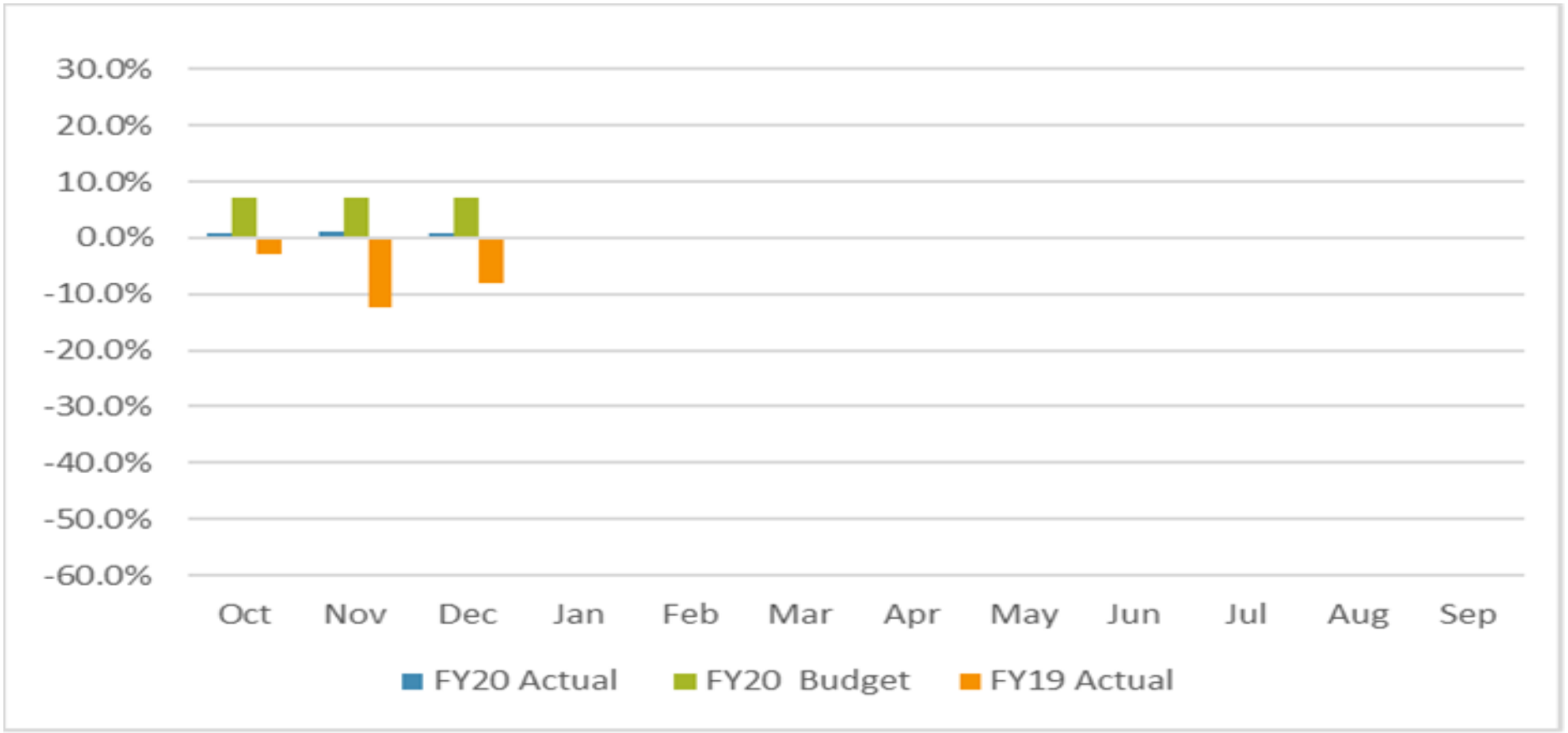
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY19 Actual	102%	101%	104%									
FY19 Budget	92%	92%	92%									
FY18 Actual	98%	104%	105%									

Days Cash On Hand



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

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY20 Actual	-4.4%	1.2%	0.1%									
FY20 Budget	7.0%	7.0%	7.0%									
FY19 Actual	-2.9%	-12.4%	-8.2%									

Income Statement

FY19 Operating Period Ending December 31, 2019

	Month of December			Variance				2020 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	401	434	443	(33)	-8%	(42)	-9%	1,201	1,302	1,369	(101)	-8%	(168)	-12%
Patient Days	4,941	4,651	5,417	290	6%	(476)	-9%	14,631	13,953	16,401	678	5%	(1,770)	-11%
Emergency Room Visits	4,365	4,797	4,568	(432)	-9%	(203)	-4%	12,395	14,391	13,473	(1,996)	-14%	(1,078)	-8%
Clinic Visits	3,153	3,560	1,164	(407)	-11%	1,989	171%	5,519	10,680	3,994	(5,161)	-48%	1,525	38%
IP Surgeries	61	91	114	(30)	-33%	(53)	-46%	183	273	333	(90)	-33%	(150)	-45%
OP Surgeries	95	100	77	(5)	-5%	18	23%	286	300	259	(14)	-5%	27	10%
Radiology Visits	421	1,000	808	(579)	-58%	(387)	-48%	1,938	3,000	2,934	(1,062)	-35%	(996)	-34%
Revenues														
Net Patient Service	6,939	7,659	6,801	(721)	-9%	138	2%	21,500	22,978	17,048	(1,478)	-6%	4,451	26%
DSH	964	964	-	-	0%	964	0%	2,892	2,892	-	(0)	0%	2,892	0%
CNMC Revenue	241	212	286	29	14%	(44)	-15%	662	636	581	25	4%	81	14%
Other Revenue	2,960	2,889	3,558	72	2%	(598)	-17%	8,291	8,666	14,345	(375)	-4%	(6,054)	-42%
Total Operating Revenue	**11,105**	**11,724**	**10,645**	**(620)**	**-5%**	**460**	**4%**	**33,344**	**35,173**	**31,975**	**(1,828)**	**-5%**	**1,370**	**4%**
Expenses														
Salaries and Wages	4,917	4,482	5,008	435	10%	(91)	-2%	14,167	13,446	15,070	721	5%	(904)	-6%
Employee Benefits	1,129	1,197	1,207	(68)	-6%	(78)	-6%	3,421	3,590	3,527	(169)	-5%	(106)	-3%
Contract Labor	242	152	251	90	59%	(9)	-4%	641	455	767	186	41%	(126)	-16%
Supplies	947	831	686	115	14%	261	38%	2,725	2,494	2,852	230	9%	(128)	-4%
Pharmaceuticals	229	233	414	(4)	-2%	(185)	-45%	630	700	849	(70)	-10%	(219)	-26%
Professional Fees	1,271	1,673	1,312	(402)	-24%	(41)	-3%	4,836	5,020	4,812	(184)	-4%	23	0%
Purchased Services	1,492	1,235	1,528	257	21%	(36)	-2%	4,750	3,705	4,559	1,045	28%	190	4%
Other	846	1,089	208	(244)	-22%	637	306%	2,158	3,268	2,162	(1,110)	-34%	(4)	0%
Total Operating Expenses	**11,072**	**10,893**	**10,614**	**179**	**1.6%**	**458**	**4%**	**33,326**	**32,678**	**34,599**	**649**	**2%**	**-1,273**	**-4%**
Operating Gain/ (Loss)	**33**	**832**	**30**	**(799)**	**-96%**	**2**	**7%**	**18**	**2,495**	**(2,624)**	**(2,477)**	**-99%**	**2,642**	**-101%**

Balance Sheet

As of the month ending December 31, 2019

Dec-19	Nov-19	MTD Change		Sep-19	YTD Change
			Current Assets:		
$ 46,553	$ 50,490	$ (3,937)	Cash and equivalents	$ 31,933	$ 14,620
19,431	19,409	22	Net accounts receivable	18,295	1,136
1,341	1,361	(20)	Inventories	1,273	68
3,801	3,425	376	Prepaid and other assets	2,403	1,398
71,126	74,685	(3,559)	Total current assets	$ 53,904	$ 17,222
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
66,221	67,024	(803)	Capital Assets	68,253	(2,032)
66,221	67,024	(803)	Total long term assets	68,253	(2,032)
$ 137,346	$ 141,709	$ (4,363)	Total assets	$ 122,157	$ 15,189
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
13,877	15,046	(1,169)	Trade payables	12,129	1,748
8,206	7,383	823	Accrued salaries and benefits	8,588	(382)
1,411	1,411	0	Other liabilities	1,411	0
23,494	23,840	(346)	Total current liabilities	22,128	1,366
			Long-Term Liabilities:		
16,671	19,464	(2,793)	Unearned grant revenue	-	16,671
6,084	6,060	24	Estimated third-party payor settlements	6,012	72
2,117	2,117	-	Contingent & other liabilities	2,117	(0)
24,872	27,641	(2,769)	Total long term liabilities	8,129	16,743
			Net Position:		
88,980	90,228	(1,248)	Unrestricted	91,900	(2,920)
88,980	90,228	(1,248)	Total net position	91,900	(2,920)
$ 137,346	$ 141,709	$ (4,363)	Total liabilities and net position	$ 122,157	$ 15,189

Statement of Cash Flow
As of the month ending December 31, 2019

Dollars in Thousands

Month of December			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 7,904	$ 6,980	Receipts from and on behalf of patients	$ 23,327	$ 6,980
(6,543)	(8,555)	Payments to suppliers and contractors	(15,439)	(8,555)
(5,495)	(6,804)	Payments to employees and fringe benefits	(17,970)	(6,803)
407	671	Other receipts and payments, net	3,554	671
(3,727)	(7,708)	Net cash provided by (used in) operating activities	(6,527)	(7,707)
		Cash flows from investing activities:		
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
1	10,000	Receipts (payments) from/(to) District of Columbia	22,143	10,000
1	10,000	Net cash provided by noncapital financing activities	22,143	10,000
		Cash flows from capital and related financing activities:		
-	-	Repayment of capital lease obligations	-	-
-	-	Receipts (payments) from/(to) District of Columbia	-	-
(211)	38	Change in capital assets	(996)	38
(211)	38	Net cash (used in) capital and related financing activitie	(996)	38
(3,937)	2,330	Net increase (decrease) in cash and cash equivalents	14,619	2,331
50,490	**28,148**	**Cash and equivalents, beginning of period**	**31,933**	**28,148**
$ 46,553	**$ 30,479**	**Cash and equivalents, end of period**	**$ 46,553**	**$ 30,479**
		Supplemental disclosures of cash flow information		
		Cash paid during the year for interest expense		
		Equipment acquired through capital lease		
		Net book value of asset retirement costs		