UMC UNITED MEDICAL CENTER

**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 9:00 a.m. on Friday, January 26, 2018. The meeting will be held at the United Medical Center, 1310 Southern Ave., SE, Washington, DC 20032 in the Conference Room. 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 13, 2017

V. **BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY TRAINING**

VI. **CONSENT AGENDA**
A. Dr. Eric Li, Interim Chief Medical Officer
B. Dr. Mina Yacoub, Medical Chief of Staff

VII. **EXECUTIVE MANAGEMENT REPORT**
Luis Hernandez, Chief Executive Officer

VIII. **COMMITTEE REPORTS**

Patient Safety and Quality Committee
Finance Committee
Governance Committee

## IX. PUBLIC COMMENT

## X. OTHER BUSINESS

A. Old Business
B. New Business

## XI. ANNOUNCEMENTS

***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)(2)(4A)(5),(9),(10),(11),(14).

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## OUR MISSION

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

## OUR VISION

UMC is an efficient, patient-focused provider of high-quality of healthcare the community needs.

UMC will employ innovative approaches that yield excellent experiences.

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## NFPHC Board of Directors General Meeting
## Friday, January 26, 2018

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**Not-For-Profit Hospital Corporation**
**Wednesday, December 13, 2017**

**Present:** Chairman Ms. LaRuby May, Mr. Sean Ponder, Mr. Wayne Turnage, Dr. Malika Fair, Dr. Konrad Dawson, Ms. Angell Jacobs, Mr. Girume Ashenafi, Dr. Julian Craig, Dr. Mina Yacoub, Mr. David Boucree, Ms. Jacqueline Bowens, Ms. Velma Speight, Ms. Millicent Gorham

| Agenda Item | Discussion | Action Item |
|---|---|---|
| **Call to order** | The meeting was called to order at 9:12 AM. | |
| **Determination of Quorum** | A quorum was determined by: Michael S. Austin. | |
| **Approval of the Agenda** | Agenda approved. | |
| **Review and Approval of Minutes** | Meeting minutes: November 16, 2017 approved. | |
| **Chief Medical Officer (CMO) Report** | **Dr. Julian Craig:**<br>• Departmental reports were submitted.<br>• Dr. Craig referred to his report as presented in the UMC Board of Directors December Board Book. | |

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| **Medical Chief of Staff Report** | **Dr. Mina Yacoub:**<br>• Action items were submitted to the Board for approval.<br>• Medical Staff has a lot of work to do before January.<br>• Medical Staff leadership is elected by the medical staff.<br>• Despite a transition of Medical Staff leadership, medical staff will always elect their leadership.<br>• Medical Staff recommends Dr. David Readin the Interim Chief Medical Officer.<br><br>**Chair May:**<br>• Motion to accept Dr. Craig and Dr. Yacoub's reports. Second.<br>• Reports accepted. Passed unanimously. | |
| **Executive Management Report** | **Mr. David Boucree:**<br>• On December 1, 2017, UMC transitioned from PIW to active for behavioral health services. UMC is actively monitoring.<br>• UMC is on target to install a new HVAC system in the ICU.<br>• Activity at UMC continues to be suppressed. A 20% reduction was anticipated, but more than that exists. | |
| **Committee Reports:** | **Chair May:**<br>• Motion to accept Mr. Boucree's report. Second.<br>• Reports accepted. Passed unanimously.<br><br>**Quality and Patient Safety Committee**<br>**Dr. Fair**<br>• UMC has full Joint Commission accreditation. | |

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| | • UMC received a letter from CMS identifying non-compliance based on a July survey from July regarding OB. A plan of correction has been submitted.<br>• A conversation with DOH is needed to provide updates.<br>• 2 new policies were approved by the Committee: a State Plan to improve overall quality of the hospital, the plan was approved by the Medical Staff; and a 20 Week Policy for OB patients that come to the ED, the policy was approved by Medical Staff.<br><br>**Dr. Craig**<br>• Medical Staff is concerned about the CMS Deemed Status Letter: 3 areas were cited: governance, surgical services, and emergency services.<br><br>Motion to accept 2 policies from Quality and Patient Safety Committee policies. Second. Passed unanimously.<br><br>**Finance Committee**<br>**Wayne Turnage, HealthCare Finance Director**<br>• 80% loss in revenue compared to what was budgeted due to several factors including: decrease in radiology, decrease in surgical procedures, and revenue from skilled nursing.<br>• Cash on hand is about 21 days.<br>• There's an immediate need for $5M.<br>• Medicare recoupment for $2M.<br>• Hospitalist and ED will need over $3M for a 6-month period.<br>• $5.6M needed to cover arbitration agreement for nurses.<br>• Other factors that will drive the number to $17.1M. | |
| **Executive Closed Session**<br><br>**Reconvene Public Session** | A motion to begin the closed session was made. Second. Passed unanimously. Chair LaRuby May convened the Executive Session to discuss personnel and contract matters pursuant to D.C. Official Code §2-575(b)(2) | |

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| **Announcement** | Chair LaRuby May convened the public General Board Meeting.<br><br>The next General Board Meeting will be Wednesday, January 24, 2017 at 9am at UMC, 1310 Southern Ave., SE, Washington, DC, 20032<br><br>The meeting adjourned at 12:33pm. | |

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## General Board Meeting

Date: January 26, 2018

# Management Report

*Presented by:*
Luis Hernandez,
Chief Executive
Officer

# United Medical Center
# Management Report
# Operations Summary – January 2018

## QUALITY

Recent updates have been made to the National Hospital Compare:

1) UMC has been given a Two out of Five Star rating (Average)
2) Local ratings:
    - 3 Star - Sibley
    - 2 Star - United Medical Center, MedStar Washington Hospital Center, and MedStar Georgetown
    - 1 Star - George Washington University Hospital, Howard University, Providence

The data on the Hospital Compare is not the most recent data. The data is pulled from 4/2016-3/2017. I have included additional data that reflects recent improvements. Consistently United Medical Center is performing better than national standards in Infection Control as seen in the attachments. We have seen consistent improvements in the timely and effective care and flow of patients in our Emergency Room (ER). The attached graph indicates consistent improvement and performance ranking better than the average performance in the District of Columbia. The organization continues to work on flow including:

1) Stabilizing the ER nursing staff through the use of traveling nursing and consistent hiring practices
2) Our discharge length of stay is being tracked per provider in the Emergency Department (ED) and Dr. Frasier is working with each provider to improve turn around
3) We are launching an influenza protocol to improve length of stay and provide better patient safety in the ED
4) We established a fast-track system that allows non-urgent patients to be treated faster by providers other than physicians

Improving the ED through-put requires hospital-wide involvement and includes ED clinicians, inpatient care representatives, registration, housekeeping, radiology, and pharmacy and hospital leadership.

## PATIENT CARE SERVICES

### NURSING EDUCATION AND CLINICAL PRACTICE

- Code Blue Mock Simulation courses held with fourteen sessions and a total of 55 nurses attending from 3 East and 8 West. Post-Test results completed; list compiled of employees needing educational consultation on reviews for EKG rhythm and priority nursing interventions.

- Courses placed in SWANK with learning materials and post-tests include: Annual Fraud, Waste & Abuse Training (all hospital employees); (Mandatory: NAVEX) Online Risk Occurrence Report Training (all hospital employees).

- Deadline extended for Situation Background Assessment Recommendation (SBAR) Bedside Report Pilot for 3 East staff, from 11/14/17 to 1/31/18. Assistance with SWANK assignments, courses and sign-in for hospital employees from all areas/departments.

- Howard University Hospital met with patient care directors and VP of nursing to discuss educational needs of UMC RNs on medical surgical & telemetry units; and availability of classes on Howard's campus for nurses interested in taking them.

- Medication Reconciliation Workgroup – weekly meetings on Friday with hospital directors and executives, and Consultant Group to improve practice and procedure regarding completion of medication reconciliation in the ED.

- AIDET (Acknowledge, Introduce, Duration, Explain, Thank You) – posters created with the five steps to achieving patient satisfaction, placed on all patient care units. ID badge cards with AIDET steps to be made by print shop and given to staff on patient care units (awaiting completion).

- Clinical Orientation (monthly) with new hires: Patient Care Techs (PCTs) and RNs for Behavioral Health, ED, and Med-Surg Telemetry.

- ACLS and BCLS recertification classes for hospital employees (arranged additional classes as needed).

- Sage Oral Care Products – webinar with company's representative and ICU manager to discuss new products and those currently available for patient care.

- Revision and updating of manuals for Clinical Orientation, New Hire Orientation for Progressive Care Unit (Med-Surg Telemetry) ongoing. Updated Nursing Education Topic Schedule with in-service topics from November and December moved to January 2018.

## QUALITY

The UMC Patient Care Services (PCS) made significant gains in a number of safety and quality measures in fiscal 2017. Nurse-led initiatives were behind many of the improvements made this year.

These programs incorporated quality process analyses, evidence-based practice projects, and research that supported changes to treatments and led to improved patient outcomes and a more efficient medical center.

The ***Nursing – Sensitive Quality Indicators*** continue to provide evidence that quality and patient safety is at the heart of every nurses practicing at UMC. Measures that are being tracked are: Indwelling Urinary Catheter Infections (CAUTI), Central Lines Infections (CLABSI), Ventilator-Acquired Event (VAE), Surgical Care Improvement Project (SCIP) and Hospital Acquired Pressure Ulcers (HAPU).

| MEASURE | National Healthcare Safety Network Benchmark (Rate/1000 patient days | UMC Year-to-Date (Rate/1000 patient days |
|---|---|---|
| **Indwelling Urinary Catheter Infections (CAUTI)** | **3.1** | **0** |
| **Central Line Infections (CLABSI)** | **1.5** | **0** |
| **Ventilator-Acquired Event (VAE)** | **1.9** | **0** |
| **Surgical Care Improvement Project (SCIP)** | **89.2%** | **100%** |
| **Hospital Acquired Pressure Ulcers (HAPU)** | **3.1** | **2.8** |
| **FALLS** | **3** | **2.64** |

## LABOR MANAGEMENT

PCS maintains a good relationship with the District of Columbia Nurses' Association (DCNA). Through Nursing Practice Committee, issues and concerns in clinical practice are being addressed by the members of the committee and make recommendations to change or improve clinical practice. The biggest accomplishment of PCS is the improvement or exceeding the goal of >80% (achieving 100% in ICU and Med-Surg) with regards to nurse-to-staffing ratios in all nursing departments. This report is most welcomed by DCNA as positive in improving nurse-patient safety.

## RECRUITMENT

The departure of ICU Manager was replaced right away with a Clinical Supervisor who will oversee the daily operation of the unit. There are 19.4 FTE RN open positions for all nursing departments and aggressive hiring is in place.

### PUERTO RICO RECRUITMENT

Five RNs trained from Puerto Rico arrived on 1/8/2018 to start their nursing career at UMC. While they are preparing to take the NCLEX (Nursing Exam) in a few months, they will function as Patient Care Technicians (PCT) in ED and ICU. A structured orientation program is in place for them to follow until they pass the nursing board exam. Once they pass the exam, they will transition to become a Registered Nurse in ED and ICU. PCS has their full support with the goal of making all of them successful in their chosen nursing specialty.

## OPERATIONS

### HIGHLIGHTS

Meaningful Use Initiative (Hospital & Ambulatory Care):

Meaningful Use (MU) Hospital for 2017 (2016 non-complaint; penalty in 2018): Led a cross-organizational team (clinical (Physician leadership and Nursing), IT, and HIM) to operationalize activities to meet the following three (3) objectives. **COMPLETED** by 12/29/17. As of 11/6/17, we were NOT meeting the threshold for these objectives:

1) Security Risk Assessment (SRA) Objective
2) Patient Portal Objective
3) Health Information Exchange – electronically transmit CCDA Objective: had contacts at GWUH, MedStar, Howard and Providence on standby.

MU (Ambulatory): MIPS attestation for 2018

- Security Risk Assessment (SRA) Objective

DOH/CMS: Medication Reconciliation Deficiency:

- Leading Medication Reconciliation project: Put together a committee with all stakeholders: Physician leadership and ED physician, nursing leadership and ED nursing staff, Quality, IT, Pharmacy, and Nurse Educator.
- ED nursing and physician Medication reconciliation process review; daily auditing and reporting; updated Medication Reconciliation policy/procedure; nurse education and competency documentation; Nurse and Physician hands-on training; shift huddle review/reporting; reporting/auditing process post education/training to be performed by Quality department. **RESULTS:** over 95% compliance in ED.

Opening of 5th Floor – renovation COMPLETED: established a planning committee with all stakeholders, weekly meetings, daily rounds with support services teams, nursing completion check off list, final sign-off, Fire Marshall approval, DOH approval. Unit is scheduled to open January 19, 2018.

OB/3rd Floor Closing – OB Ward will remain closed and all staff, currently using office space in this area, will be relocated.

Labor – SEIU – worked closely with Human Resources to sign contract for this year and signed on for the Training Fund to assist in educating our employees (literacy, skills training, computer literacy training, etc.).

Safety – Code Blue false alarm – Code Blue false alarms: ordered and installed code covers for all code blue buttons hospital-wide. **COMPLETED**

Lobby Project – Contractor selection has been made.

ED Improvement Project – Designs finalized; meeting scheduled with architect to plan kick-off.

**CONSTRUCTION/RENOVATION PROJECTS**

Radiology improvements:

Safety - Rapid Response concern due to lack of signage: update all signs in department, add overhead signs and directory, update all mirrors, removal of unnecessary signs and replace with new signs, hallway patching and painting. **COMPLETED**

CT Scanner - new CT install and room renovation. Department of Consumer and Regulatory Affairs (DCRA) approval; Fire Marshall inspection/approval; DOH inspection/approval. **COMPLETED**

Mammography Room - New Mammography room renovation: waiting on Fire Marshall approval, followed by DOH approval. Scheduled training with Phillips representative slated for end of January.

ED Improvements:

Improvements in response to Environment of Care round deficiencies, safety/security enhancements to ED core area and addressing furniture/storage needs.

**IT/SYSTEMS PROJECTS**

Vizient (GPO) – all new pricing has been entered in Meditech, working closely with Vizient team for continued tracking and updating of pricing and items on a weekly basis. Purchasing and Materials Management are also working closely with our GPO to ensure we are getting the best possible price for our supplies.

NAVEX PolicyTech – co-managing Implementation of a new module in NAVEX for Policy Management – slated to be in Test environment by end of February.

**SPECIAL PROJECTS**

Onboarding Vendors/Contractors Project – committee members identified, reviewing existing policies/procedures (rolling out PolicyTech), and look at existing systems used to track vendors/contractors (through Compliance).

Furniture needs throughout the hospital – To address some of the deficiencies found during our Environment of Care rounds and daily rounds in clinical/admin areas, we have had several visits to our GSA Surplus Warehouse. Areas benefitted: Human Resources, Emergency Department,

Care Management, 5th and 8th Floor Family Waiting rooms, Administration (Conference room), and Pathology. **Savings of over $81,000.** Another visit is scheduled for this week.

Community Outreach:
DC Health Link- attended their 4th Annual Leadership conference and spoke with the following individuals to schedule a meeting at UMC to discuss potentially having UMC as an enrollment center for DC Health Link.

## HUMAN RESOURCES

### 2018 OPEN ENROLLMENT

Dates: December 12 through 29, 2017

Finalizing details of a successful 2018 Open Enrollment.

- **Tested a new way for employees to enroll via an 800 telephone number**
  - New Benefits Administration Vendor PlanSource Call Center
  - Enrollments took 5 – 10 minutes via phone vs. on-sight one-on-one face-to-face enrollment assistance 45 – 120 minutes.
  - Employees received the same one-on-one service via phone
  - Employees expressed that the process was different, but really efficient. They expressed appreciation to the Human Resources department for having their 2017 Benefits Summary available to allow a timely exchange of information when making their 2018 benefit elections.
  - Less than 3% of employees expressed that they missed the one-on-one face to face enrollment.

| **2017 Enrollments** | |
|---|---|
| Medical (Kaiser) | 344 |
| Dental (AETNA) | 432 |
| Vision (VBA) | 396 |

| **2018 Enrollments** | |
|---|---|
| Medical (Kaiser) | 592 |
| Dental (AETNA) | 691 |
| Vision (VBA) | 695 |

Currently planning 2018 Open Enrollment for TrustMark (provider of supplemental insurance options for Long-Term Disability, Voluntary Accident, Universal Life and Critical Illness).

**Enrollment dates: January 29 through February 2, 2018**
Face-to-face one-on-one enrollments with take place.

### COMPLIANCE AND REGULATORY INITIATIVES

1) Personnel file reconciliation project ***(In progress)***
   - UMC, SNF and Greater Southeast Hospital

2) Partnering with Compliance Department to explore creative ways to deliver Management training, to roll out Annual Code of Conduct to employees.

## INFORMATION TECHNOLOGY AND SYSTEMS

### CURRENT TECHNOLOGY PROJECT "HIGHLIGHTS"

- Meaningful Use (MU) for 2017 – Significant planning and work efforts to meet all of the hospital-based criteria for MU yielded positive results in the last quarter of 2017. (See attached MU Scorecard) When the attestation period opens up in February or March, UMC expects to file as fully compliant with all measures. Doing so will mean that UMC will avoid any penalties in 2019.

- Health Information Exchange and the e-CCD – UMC implemented a number of new features in order to more readily share patient information with other providers, electronically, achieving certain milestones this past December. Changes to the technology infrastructure are now in place and fully functional with nearly a thousand "Continuity of Care Documents" shared electronically in December, either by "direct message" to a specific provider or via the regional Health Information Exchange (HIE), CRISP. In the first quarter of 2018, UMC will work to fully integrate this important aspect of patient care into the normal, everyday workflow in the clinical areas. UMC has a chance to be among the first in the local area to fully utilize and demonstrate the benefits of the HIE.

IT Projects and Priorities:

- Preparations for MFA (GW physicians) to start working in the ED at UMC in April 2018; hospitalists to follow July 1, 2018.
- Meaningful Use 2017 – Final Attestation
- Meaningful Use 2018 – Preparations and Implementation
- CRISP New Functionality - Implementation Plans and New Functionality for 2018
- MT MAGIC Web and Patient Portal Integration with End-User Workflow
- Professional Billing Applications and Processes
- Security Audit Schedule and Security Improvement Plan
- OPPE Extracts and Reporting
- Import DrFirst Data for use with Medication Reconciliation
- Meditech Software Upgrade (includes MU Stage 3 and more)
- New SAN for UMC to provide much needed digital storage expansion
- Radiology PACS: backup and recovery procedures; disaster recovery; migration of archived images to new SAN
- Secure e-Mail (ZIX)
- Implement 3M 360 as part of revenue cycle improvements
- Pharmacy Med-Mined implementation for anti-biogram regulatory requirement; CareFusion and Medication Dispensing
- Implementation of a replacement Hospital Information System for Meditech MAGIC

- Vital Signs Interface to Meditech EMR
- Anesthesia Management Information System
- Bedside Medication Verification in the Emergency Department (significant patient safety measure)

| United Medical Center - EHR Incentive Program Modified Stage 2 Objectives and Measures for 2017 as of 1/12/2018 9:15 AM | | | | | |
|---|---|---|---|---|---|
| CMS Rules | | Reporting Period Start and End Date-> | | 10/01/17 - 12/31/17 | |
| **Requirement** | **Modified Stage 2 Objective** | **Measure** | | **ScoreCard** | **Status** |
| Computer Security | Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities. | Security Risk Analysis: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process. | Y/N | Y | Meeting Threshold |
| Prescription Transmission | Generate and transmit permissible discharge prescriptions electronically (eRx). | e-Prescribing: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT. | > 10% | *13.29* | Meeting Threshold |

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|---|---|---|---|---|---|
| Electronic Health Information Exchange | The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral. | Health Information Exchange: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals. | > 10% | *14.00* | Meeting Threshold |
| Patient Education | Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient. | Patient-Specific Education: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources identified by CEHRT. | > 10% | *62.90* | Meeting Threshold |
| Medication Reconciliation | The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation. | Medication Reconciliation: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23). | > 50% | *86.61* | Meeting Threshold |

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|---|---|---|---|---|---|
| Patient Access to Health Information | Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge. | Provide Patient Access: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information. | > 50% | *84.93* | Meeting Threshold |
| | (Patient Access to Health Information, continued...) | View, Download or Transmit (VDT): At least 1 patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period views, downloads or transmits to a third party his or her health information during the EHR reporting period. | 1 user | *1* | Meeting Threshold |

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|---|---|---|---|---|---|
| Public Health Reporting | The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. | ? Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data. ? Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data. ? Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry. ? Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results. (There are some exclusions, if needed.) | Y/N | Y | Meeting Threshold |

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## General Board Meeting

Date: January 26, 2018

# CMO REPORT

*Presented by:*

Eric Li, MD

Interim 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.

# Interim Chief Medical Officer Board Report

Eric Li, M.D.

January 2018

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# Medical Staff Summary

## Medical Staff Committee Meetings

**Medical Executive Committee Meeting**, *Dr. Mina Yacoub, 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. Anthony Jones, 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. Raymond Tu, Committee Chairman*
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.

**Performance Improvement Committee**, *Committee Chairman*
The Performance Improvement Committee is comprised of 1-2 representatives from each department who report monthly on the activity of each department based on standards established by the Joint Commission, the Department of Health, and the Centers for Medicare and Medicaid Services (CMS).

**Bylaws Committee**, *Dr. David Reagin, 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.

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# DEPARTMENT CHAIRPERSONS

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

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

*Emergency Medicine*.....*Michael Frasier*

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

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

*Psychiatry*.....**Dr.** *Surendra Kandel*

*Radiology*.....*Dr. Raymond Tu*

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


# Departmental Reports

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Key

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|---|---|
| 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 |

**Eric Li, M.D.**
**Interim Chief Medical Officer**

I would like to thank you for choosing me to represent you in the position of Interim Chief Medical Officer. It is such an honor to be elected to this important position. I am humbled by your faith and trust in me.

For those who do not know me, I would like to introduce myself. I have 25 years of clinical experience including 15 years as Director of Pathology. I have trained and worked at some of the Nation's most prestigious clinical and educational facilities, including Yale, John Hopkins, Dartmouth-Hitchcock Memorial Center, New York University Medical Center and then upstate New York Community Hospitals.

I been fortunate to work with some renowned physicians. I once asked a famous Pathologist *"How do you overcome challenges and be successful?"* His response was, *"You should take a challenge, not as a challenge alone, but as an opportunity in most difficult times to show your true colors and as opportunity for success".*

***As the Interim Chief Medical Officer I plan to focus on the following areas:***

- Never Events and Hospital-acquired Conditions
- Meaningful Use and EHRs
- Utilization Review
- Evidence-based Care
- OPPE (core measures), FPPE
- Transparency in Disclosure Care
- RAC audits
- Distressed Physician Behavior

***I would like to start some proactive initiatives***

1. Implementation of morning rounds and visit key departments
2. Interview Key Personnel
3. Start continuing education program for key members

Sincerely,

*Dr. Eric Li*

Eric Li, M.D.
Interim Chief Medical Officer

UMC
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MEDICAL CENTER

**Mina Yacoub, M.D.**
**Chief of Staff**

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## ANESTHESIOLOGY CARE DEPARTMENT

*Amaechi Eroundu, M.D., Chairman*

**PERFORMANCE SUMMARY** - The surgical cases for the month of December, 2017 were 71, while Endoscopy cases were 79. Late surgical cases (Elective and Emergency) after 17:30 remain a challenge, with most late cases occurring between 17:30 and 19:30.
We continue to work with Surgery department to ensure adequate utilization during regular OR hours for elective cases.

**QUALITY INITIATIVES AND OUTCOME**- SCIP protocol is consistently ensured for all our patients with no fall outs. Review of the facility anesthesia performance benchmarked with Age and co-morbidity compares well with other facilities.

**EVIDENCE-BASED PRACTICE** - Anesthesia department is continuing to review all current policies and update them to align with the best practices. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care

**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.

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## CRITICAL CARE DEPARTMENT

*Mina Yacoub, M.D., Chairman*

**PERFORMANCE SUMMARY** - In December 2017, the Intensive Care Unit had 71 admissions, 73 discharges, and 299 Patient Days. ICU Average Length of Stay (ALOS) was 4.1 days in December.

### QUALITY OUTCOMES

**Core Measures Performance** - ICU continues to meet target goals for Venous Thromboembolism (VTE) prophylaxis, and Influenza and Pneumonia vaccinations.

**Morbidity and Mortality Reviews** - ICU mortality for December was 15%. Mortality review is conducted in January Critical Care Committee meeting.

**Code Blue/Rapid Response Teams (RRT) Outcomes** - ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed in Critical Care Committee meeting with Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors.

**Ventilator Associated Event (VAE) bundle** - ICU continues to implement evidence-based best practices for patients on mechanical ventilators. The ICU in December had no VAE.

**Infection Control Data** - For the month of December, the ICU had no Ventilator Associated Pneumonias (VAPs), no Central Line Associated Blood Stream Infections (CLABSIs), and no Catheter Associated Urinary Tract Infections (CAUTIs). For December, there were 201 ventilator days with no VAPs, 133 central line days with no CLABSIs and 247 foley catheter days with no CAUTIs.

The ICU has completed the 2017 calendar year with zero VAPs, CLABSIs, and CAUTIs. It has been 1554 days since the last VAE. ICU infection rates continue to be much lower than national averages. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN).

**Care Coordination/Readmissions** - For December, 83 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of transfer out.

**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.

**Growth/Volumes** - ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity and 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** - ICU continues to operate within its projected budget.

**Active Steps to Improve Performance** - 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. Currently working with anesthesia department to ensure provider competency for airway and difficult airway management at UMC if and when anesthesia no longer provide 24/7 in-house coverage.

## EMERGENCY MEDICINE DEPARTMENT

*Michael Frasier, M.D., Interim Medical Director*

**Emergency Department Challenges:**
Overall, national ED volumes have recently been down. The Emergency department shortage of nursing staff during the last few months is improving. There has been a decrease in closures of treatment bays. We are addressing the DOH plan of action and have completed training modules for OB patient care and UMC policy of escalation. The providers have taken additional courses online with the Sullivan group. We are working with nursing staff to improve medication reconciliation with a goal of 100% compliance. The ED provider group is 100% influenza vaccine compliant.

**Performance Summary:**
Emergency department had a census of 5,054 patients in December 2017.

| | |
|---|---|
| **Patient Volumes:** | 5,054 |
| % Change from 2016: | Decrease of 314 (6.8%) |
| Ambulance Volume: | 1405 (27.8% of ED Census) |
| Left without Being Seen (LWBS): | 72 (1.6%) |
| Left prior to Triage: | 171 (3.7%) |
| Admission: | 486 (10.6%) |
| Transfers: | 67 (1.5%) |

**Improving the provider productivity** - 2.0 patient/hour

**Adverse events (i.e. elopement, suicide attempts, assaults, etc.)**
Elopement Rate: 49 patients (1%)
Suicide attempts: 0

**Readmissions within 72h** - 12 Cases (0.3%) **LWBS rate** – 1.6%

**Transferred Patients** - Total transfer of 67 patients (1.5%). Trauma

- Psychiatric
- Cardiology
- Kaiser
- Obstetrics

**Meeting with DC FEMS/ED Leaders:**
On December 13th, discussed correlation of disparities in out of hospital arrest survival rates and AICD locations. Reviewed offload times and improvement in measuring tools.

## INTERNAL MEDICINE DEPARTMENT

*Musa Momoh, M.D., Chairman*

1. Admissions/Discharges/Length of Stay

- Hospital Admissions – 389
- Department of Medicine Admissions – 234
- Percentage – 60%

- Hospital Discharges – 384
- Department of Medicine Discharges – 242
- Percentage – 63%

- Hospital Observation – 161
- Department of Medicine Observation – 125
- Percentage – 78%

- Length of Stay for Hospital – 6.7 Days
- Length of Stay for Department of Medicine – 6 days

2. Procedures

- EGDs – 150
- Colonoscopies – 155
- Bronchoscopies – 94
- ERCP – 65
- Dialysis –

3. Appointments/ Satisfaction Scores

- No new appointments
- No report available for satisfaction scores

# PATHOLOGY DEPARTMENT

*Eric Li, M.D., Chairman*

| Month | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reference Lab test – Urine Protein 90% 3 days | 100%<br>16/16 | 100%<br>23/23 | 90%<br>18/20 | 100%<br>20/20 | 100%<br>24/24 | 100%<br>18/18 | 100%<br>15/15 | 100%<br>12/12 | 100%<br>14/14 | 100%<br>17/17 | 95%<br>19/20 | 92%<br>12/13 |
| Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday | 95%<br>76/80 | 96%<br>74/77 | 92%<br>71/77 | 95%<br>70/74 | 92%<br>70/76 | 84%<br>56/67 | 91%<br>62/68 | 88%<br>57/66 | 90%<br>65/72 | 94%<br>74/79 | 93%<br>70/75 | 91%<br>69/76 |
| 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%) | 99% | 99% | 99% | 99% | 99% | 100% | 100% | 100% | 99% | 98% | 100% | 99% |
| 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 | 1.3 | 1.2 | 1.3 | 1.3 | 1.2 | 1.3 | 1.2 | 1.2 | 1.3 | 1.2 | 1.3 | 1.2 |
| Wasted/Expired Blood and Blood Products (Goal 0) | 8 | 1 | 1 | 11 | 1 | 4 | 2 | 1 | 7 | 8 | 2 | 4 |
| Measure number of critical value called with documented Read Back 98 or > | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Hematology Analytical PI<br>Body Fluid | 100%<br>12/12 | 100%<br>14/14 | 100%<br>10/10 | 100%<br>11/11 | 100%<br>14/14 | 100%<br>11/11 | 100%<br>13/13 | 100%<br>9/9 | 100%<br>9/9 | 100%<br>10/10 | 100%<br>11/11 | 100%<br>10/10 |
| Sickle Cell | 0/0 | 0/0 | 2/2 | 2/2 | 3/3 | 2/2 | 0/0 | 3/3 | 0/0 | 0/0 | 2/2 | 0/0 |
| ESR Control | 100%<br>31/31 | 100%<br>20/20 | 100%<br>25/25 | 100%<br>26/26 | 100%<br>20/20 | 100%<br>23/23 | 100%<br>42/42 | 100%<br>25/25 | 100%<br>24/24 | 100%<br>22/22 | 100%<br>19/19 | 100%<br>17/17 |
| Delta Check Review | 100%<br>180/180 | 100%<br>215/215 | 100%<br>184/184 | 99%<br>185/187 | 100%<br>186/186 | 100%<br>211/211 | 100%<br>198/198 | 100%<br>215/215 | 100%<br>219/219 | 99%<br>177/178 | 100%<br>146/146 | 100%<br>193/193 |

**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.

**PSYCHIATRY DEPARTMENT**

*Surendra Kandel, M.D., Chairman*

## 2017 Emergency Medicine Department Throughput Data

| Months | Average |
|---|---|
| January | 3.2 |
| February | 3 |
| March | 3.6 |
| April | 3.2 |
| May | 2.9 |
| June | 4.4 |
| July | 3.6 |
| August | 3.7 |
| September | 3 |
| October | 3.5 |
| November | 2.9 |
| December | 2.6 |
| | |
| Total Average | 3.3 |

## Unit Data Year 2017 (January – December)

| | |
|---|---|
| # of BHU Admissions | 857 |
| # of BHU Discharges | 856 |
| #of BHU FD12 patients | 533 |
| # of patients admitted to St. Elizabeth's Hospital | 26 |
| ED Throughput Average | 3.3 |
| Average LOS | 6.45 |

## RADIOLOGY DEPARTMENT

*Raymond Tu, M.D., Chairman*

**Performance Summary:**

| | INP | | ER | | OUT | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| EXAM TYPE | EXAMS | UNITS | EXAMS | UNITS | EXAMS | UNITS | EXAMS | UNITS |
| CARDIAC CATH | 2 | | | | | | 2 | |
| CT SCAN | 88 | | 490 | | 215 | | 793 | |
| FLUORO | 16 | | 1 | | 6 | | 23 | |
| MAMMOGRAPHY | | | | | 68 | | 68 | |
| MAGNETIC RESONANCE ANGIO | 2 | | | | | | 2 | |
| MAGNETIC RESONANCE IMAGING | 24 | | 3 | | 43 | | 70 | |
| NUCLEAR MEDICINE | 12 | | 4 | | 6 | | 22 | |
| SPECIAL PROCEDURES | 14 | | 4 | | 4 | | 22 | |
| ULTRASOUND | 91 | | 156 | | 178 | | 425 | |
| X-RAY | 148 | | 945 | | 720 | | 1813 | |
| CNMC CT SCAN | | | 21 | | | | 21 | |
| CNMC XRAY | | | 389 | | | | 389 | |
| GRAND TOTAL | 397 | | 2013 | | 1240 | | 3650 | |

**Quality Initiatives, Outcomes, etc.**

**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

Radiology staff continues to work to improve the turnaround of patients for CT and MRI of the brain through the department.

**Morbidity and Mortality Reviews:** There were no departmental deaths.

**Code Blue/Rapid Response Teams ("RRTs") Outcomes:** One rapid response while waiting and unrelated to procedure.

**Care Coordination/Readmissions:** N/A

**Evidence-Based Practice (Protocols/Guidelines)** We continue to improve patient transportation into and out of the emergency department.

**Service (HCAHPS Performance/Doctor Communication)**
The radiology department's new General Electric Revolution 64 sector CT scanner received final approval for use. Equipment has been very well received for by our clinical staff elevating the status of our hospital. UMC now has 2 high performance CT scanners to provide imaging at high resolution for all our patients and referring care providers here in the east end of the District of Columbia and beyond.


**Stewardship:**
Dr. Tu continues to strongly recommend clinical decision support at the point of order entry to reduce unnecessary examinations and to aid in practioners to order the right test, the right time for the right patient. Dr. Tu is very appreciative of the persistence and leadership of Jean Vladimir Mabout MBA, Administrative Radiology Director.

**Financials: Active Steps to Improve Performance:** The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu continues to review claims history and provide recommendations for improvement.

## SURGERY DEPARTMENT

*Gregory Morrow, M.D., Chairman*

For the month of DECEMBER 2017, the Surgery Department performed 153 total procedures.

***The chart below shows the monthly trends over the last 5 calendar years:***

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| **January** | 173 | 159 | 183 | 147 | 216 |
| **February** | 134 | 143 | 157 | 207 | 185 |
| **March** | 170 | 162 | 187 | 215 | 187 |
| **April** | 157 | 194 | 180 | 166 | 183 |
| **May** | 174 | 151 | 160 | 176 | 211 |
| **June** | 159 | 169 | 175 | 201 | 203 |
| **July** | 164 | 172 | 193 | 192 | 189 |
| **August** | 170 | 170 | 174 | 202 | 191 |
| **September** | 177 | 168 | 166 | 172 | 171 |
| **October** | 194 | 191 | 181 | 177 | 214 |
| **November** | 137 | 157 | 150 | 196 | 152 |
| **December** | 143 | 183 | 210 | 191 | 153 |
| **Totals** | **1952** | **2019** | **2116** | **2242** | **2255** |

Over the last few months our surgical volumes have shown a decline that started with and reflective of the recent negative media that the hospital received. This directly led to the cancellation of several procedures and requests to have their procedures performed elsewhere.

In spite of all of these challenges, I am grateful to report that we continue to outperform all the previous years since the start of my tenure, although not to the extent that we would desire.

Our medical staff has worked diligently to have open dialog with our patients and community partners in an effort to restore their confidence in the institution and the level of care they will receive when they enter our facility.

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 and / or exceed the quality measures outlined for the Surgery Department.

These include Selection of Prophylactic Antibiotics, VTE Prophylaxis, Anastomotic Leak Interventions and Unplanned Reoperation.

As a result of the recent Joint Commission survey and the reviewers exit comments, we have implemented all the corrective measures related to the workings of the department.

One of greatest challenges remains, we do not have and have not had a *Perioperative Services Director* for the last 4 years. This is a *Critical Position* if we are to implement new operational strategies to **Expand Surgical Services, Improve Clinical Performance and Guarantee Excellent Customer Service.**

**MEDICAL AFFAIRS DEPARTMENT**

*Sarah Davis, BSHA, CPMSM*

# UMC Medical Affairs Monthly Report

## December 2017

### APPLICATIONS IN PROCESS

(Applications received through December 31, 2017)

| Department | # of Application in Process |
|---|---|
| **Allied Health Practitioners** | 0 |
| **Anesthesiology** | 1 |
| **Emergency Medicine** | 0 |
| **Medicine** | 1 |
| **Pathology** | 0 |
| **Psychiatry** | 2 |
| **Radiology** | 5 |
| **Surgery** | 0 |
| TOTAL | 9 |

### MEDICAL AFFAIRS DEPARTMENT HIGHLIGHTS

1. The Medical Affairs Department completed the site survey for reaccreditation of the Continuing Medical Education Program on November 30, 2017 by the Maryland Medical Society (MedChi). The department was notified by MedChi that the CME Program will receive full reaccreditation for another four years.

2. A representative of the Medical Affairs Department attended the annual Mid-Atlantic Alliance for Continuing Medical Education on November 16, 2017 held in Hunt Valley, Maryland. Information from leading industry experts were provided on various topics including *Update from the ACCME: Strategic Opportunities; Interprofessional Education: What Does Good IPE Look Like?; How Legislative Actions Will Affect Your CME Program; RSS as an Effective Educational Strategy for Continuous Improvement; The Art of Developing CME Needs Assessments; Making Wise Choices about Compliance Today to Avoid Accreditor's Regret Tomorrow; Educational Innovations: Leveraging Interactivity and Confidence-based Learning Strategies to Optimize Outcomes; and Best Practice Highlights: Ten Minute Snapshots from Providers about What They Do Best.*

# *MEDICAL STAFF CREDENTIALING ACTIVITY*
# *DECEMBER 2017*

## NEW APPOINTMENTS

Albayati, Ali, M.D. (Radiology)
Nwachuku, Adaka, M.D. (Anesthesiology/Rehabilitation Medicine)

## REAPPOINTMENTS

Allen, Cyril, M.D. (Internal Medicine/Courtesy)
Allen, Normal, M.D. (Cardiology/Active)
Asadi, Taghi, M.D. (Neurology/Active)
Batuure, Abel, M.D. (Anesthesiology/Active)
Caldemeyer, Karen, M.D. (Radiology/Teleradiology)
Craig, Julian, M.D. (Pulmonology/Active)
Daniel, Gilbert, M.D. (Internal Medicine/Active)
Gupta, Yudgh, M.D. (Nephrology/Active)
Kelly, John, M.D. (Emergency Medicine/Active)
Khatri, Parvez, M.D. (Nephrology/Active)
McDonnel, Kevin, M.D. (Radiology/Telemedicine)
Momoh, Musa, M.D. (Internal Medicine/Active)
Nuni, Joseph, M.D. (Emergency Medicine/Active)
Opaigbeogu, Uchechi, M.D. (Internal Medicine/Active)
Osman, Buari, M.D. (Nephrology/Active)
Parshad, Sulekha, M.D. (Radiology/Telemedicine)
Reagin, David, M.D. (Pathology/Active)
Serra, Kenneth, M.D. (Radiology/Telemedicine)
Shaigany, Asghar, M.D. (Gastroenterology/Active)
Srivastava, Pradeep, M.D. (Cardiology/Active)
Turner, James, M.D. (Radiology/Telemedicine)
Uy, James, M.D. (Anesthesiology/Active)
Yacoub, Mina, M.D. (Critical Care/Active)
Zonozi, Meersaiid, M.D. (Nephrology/Active)

## PROVISIONAL REVIEW

Gray, Ana-Marie, M.D. (OB/GYN/Provisional Status Extended)
Hadgu, Eskinder, M.D. (Internal Medicine/Active)

## RESIGNATIONS

Kham, Mohammad, M.D. (Nephrology/Resigned in good standing.)

# *ANNOUNCEMENTS*

## Medical Staff Meetings December

| | |
|---|---|
| **December 4, 2017 at 12:30 pm** | Peer Review Committee |
| **December 6, 2017 at 6:00 pm** | QUARTERLY MEDICAL STAFF MEETING |
| **December 7, 2017 at 12:00 pm** | Credentials Committee |
| **December 11, 2017 at 12:00 pm** | Medical Executive Committee |
| **December 12, 2017 at 2:00 pm** | Pharmacy & Therapeutics Committee |
| **December 13, 2017 at 9:00 am** | Board of Directors |
| **December 13, 2017 at 2:00 pm** | Health Information Management Committee |
| **December 14, 2017 at 12:30 pm** | Prevention & Control of Infections Committee |
| **December 18, 2017 at 12:00 pm** | Critical Care Committee |
| **December 25, 2017 at 3:00 pm** | Performance Improvement Committee |

# Chief of Medical Staff Report

Chief of Staff Report
UMC Hospital Board
January 2018

In collaboration with the Quality Department, Medical Staff at UMC is now beginning implementation of specialty specific Ongoing Professional Practice Evaluation (OPPE) processes. This is an industry standard for hospital medical staff departments, and is now in place in UMC. This would allow for ongoing evaluation of physician performance in care and conduct, to impact patient care, re-appointment and the Peer Review processes. Medical Staff has worked through the challenges of this multidisciplinary effort that requires IT and other resources, and has implemented in UMC a specialty specific OPPE process that would benefit the organization and the patients it serves. The specialty specific OPPE criteria were approved by MEC on January 22, 2018 and are submitted to the Hospital Board for review and approval.

The Medical Staff views the CMS Deemed Status letter with great concern and has worked closely with Quality Department and hospital leadership in formulating a Plan of Correction for stated deficiencies. MEC has now approved the Plan of Correction (POC) for CMS deemed status. Department of Health is expected to visit UMC the week of January 22nd for evaluation of the implementation of Plan of Correction. The Medical Staff has also partnered with Quality Department and instituted global trigger tools for enhancement of Quality Department's ability to perform concurrent quality monitoring and improvement at UMC. This process would streamline, and make more efficient, the processes of monitoring clinical performance and outcomes. The Global Trigger tools are ready for rollout January 2018.

Meaningful Use (MU) of Electronic Health Records (EHR) is using EHR to improve quality, safety and efficiency, and is accordingly awarded financial incentives and penalties by Medicare. The IT department under CIO Mr. Alan Johnson, spent hundreds of work hours to successfully meet Meaningful Use Stage 2 (modified) goals in 2017. This work by CIO Mr. Alan Johnson and the IT department staff has resulted in savings of hundreds of thousands of dollars for UMC in 2017, and avoidance of close to one million dollars in penalties for the hospital in 2019. As a result of IT department work, UMC patients for the first time in our history are able to access a HIPAA compliant electronic patient portal. The implication for UMC is also significant. The hospital avoids the 2% CMS mandated penalty/payment adjustment so UMC may continue to be a good steward of the District's resources for years to come. Chair of Radiology Dr. Tu, and Ms. Marcela Maamari, VP of Support Services collaborated with IT in the final stages of implementation of MU 2. This effort demonstrates the willingness of the medical staff to work closely with the hospital for improved quality, safety and cost-efficiency.

Medical Staff, through a Medical Staff nominating committee, has put forward a slate of candidates for the position of Vice-Chief of Medical Staff which is currently vacant. The slate is approved by MEC on January 22, 2018, and is submitted to the Hospital Board for review and approval.

In its monthly meeting, MEC on January 22, 2018 approved action items from the Health Information Management (HIM) and the Credentials Committees. These action items are attached to this report and are submitted to the Hospital Board for review and approval. The annual UMC Infection Control report is also attached for review by the Hospital Board. The Infection Control report reflects the excellent work the Hospital staff across the different departments is doing in keeping Hospital Acquired Infections (HAI) at UMC much lower than national rates.

Mina Yacoub, MD
Chief of Medical Staff

DRAFT

# Not-For-Profit H[illegible]ital Corporation
## Medical Affairs Department
## OPPE Specialty-Specific OPPE List
(as of January 11, 2018)

| Department | Specialty | OPPE Category | Metric | Calculation | Trigger |
|---|---|---|---|---|---|
| Anesthesiology | Anesthesiology | Patient Care | Unexpected mortality within 48 hours post-operatively | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Patient Care | Intraoperative deaths | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Patient Care | Appropriateness of care | 0 cases within 6 month period | <3 occurrences in rolling 6 months |
| Anesthesiology | Anesthesiology | Patient Care | Inadequate/Incomplete pain control order | no validated delinquencies | 2 |
| Anesthesiology | Anesthesiology | Patient Care | Unplanned procedural cancellations | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Patient Care | Unexpected awareness under anesthesia | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Completes time-out | 100% | 100% |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Preoperative Antibiotic Admin per Hospital protocol | 100% | 100% |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Hypothermia <36°C within 30 minutes of arrival in PACU | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Myocardial infarction within 48 hours post-operatively | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Invasive procedure complications | 0 cases within 6 month period | 2 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Drug reactions | 0 cases within 6 month period | 2 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Unable to intubate | 0 cases within 6 month period | 3 |
| Anesthesiology | Anesthesiology | Practice-Based Learning | Unexpected re-intubation | 0 cases within 6 month period | 3 |
| Anesthesiology | Anesthesiology | Communication | Legibility | no validated delinquencies | 2 occurrences in 6 months |
| Anesthesiology | Anesthesiology | Communication | Use of approved abbreviations | no validated delinquencies | 2 occurrences in 6 months |
| Anesthesiology | Anesthesiology | Professionalism | Medical record completion | 100% | 0 suspensions |
| Anesthesiology | Anesthesiology | Professionalism | Reports to hospital in timely manner for off-hour cases | 100% | 98% |
| Anesthesiology | Anesthesiology | Professionalism | Complaints | 0% | 1 complaint |
| Anesthesiology | Anesthesiology | Professionalism | Communicates appropriately with surgeons and other physicians | 100% | 98% |
| Anesthesiology | Anesthesiology | Systems-Based Practice | Prolonged PACU stay | 0 cases within 6 month period | 1 |
| Anesthesiology | Anesthesiology | Systems-Based Practice | Documentation of preoperative assessment | 100% | 100% |
| Anesthesiology | Anesthesiology | Systems-Based Practice | Completes post-operative evaluations within 48 hours post-op | 100% | 100% |
| Critical Care | Critical Care | Patient Care | Successful insertion of central venous catheters | Minimum of 5 annually | |
| Critical Care | Critical Care | Patient Care | Successful intubation | Minimum of 5 annually | |
| Critical Care | Critical Care | Communication | Communication with Family | | |
| Critical Care | Critical Care | Patient Care | Addressing Advanced Directives or identifying surrogate decision-maker | | |
| Emergency Medicine | Emergency Medicine | Patient Care | Unfavorable Peer Review per UMC Peer Review Policy | | |
| Emergency Medicine | Emergency Medicine | Medical/Clinical Knowledge | CME credits | | 60 or more every two years 50 |
| Emergency Medicine | Emergency Medicine | Medical/Clinical Knowledge | OP 4-5 Core measures variance | | per 6 months |
| Emergency Medicine | Emergency Medicine | Medical/Clinical Knowledge | Radiologic discrepancies with major impact on care | | No greater than 2 per quarter |
| Emergency Medicine | Emergency Medicine | Communication | Patient complaint since last OPPE/reappointment | | Record number |
| Emergency Medicine | Emergency Medicine | Professionalism | Number of validated patient/staff concerns since last OPPE | | Unacceptable is equal or greater than 3 |
| Emergency Medicine | Emergency Medicine | Professionalism | Number of medical record suspensions since last OPPE | | 3 |
| Emergency Medicine | Emergency Medicine | Systems-Based Practice | ED DC LOS per department benchmark | | |
| Emergency Medicine | Emergency Medicine | Practice-Based Learning | Completion of moderate sedation training at reappointment | | |
| Emergency Medicine | Emergency Medicine | Practice-Based Learning | Number of 72 hours return and admit | | |
| Internal Medicine | Internal Medicine | System-Based practice | Use of Insulin order set | Frequency of incident reports | Less than 3 annually |
| Internal Medicine | Internal Medicine | Medical/Clinical Knowledge | Peer Review Results | | |
| Internal Medicine | Internal Medicine | Medical/Clinical Knowledge | Blood Utilization Criteria Met | | |
| Internal Medicine | Internal Medicine | Medical/Clinical Knowledge | Time Entry Compliance | | |

DRAFT

# Not-For-Profit Hospital Corporation
## Medical Affairs Department
## OPPE Specialty-Specific OPPE List
(as of January 11, 2018)

| Department | Specialty | OPPE Category | Metric | Calculation | Trigger |
|---|---|---|---|---|---|
| Internal Medicine | Internal Medicine | Medical/Clinical Knowledge | Sentinel Events | | |
| Internal Medicine | Internal Medicine | Medical/Clinical Knowledge | Delinquent Charts | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Patient Satisfaction | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Physician Behavior Incidents | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Employee Complaints | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Patient/Family Complaints | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Hand Hygiene Compliance | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Medication Reconciliation | | |
| Internal Medicine | Internal Medicine | Systems-Based Practice | Length of Stay | | |
| Pathology | Pathology | Patient Care | Intradepartmental consults discrepancy | | |
| Pathology | Pathology | Patient Care | Extra-departmental consult discrepancy | | |
| Pathology | Pathology | Patient Care | Addendum issued - Prognostic marker study issues | | |
| Pathology | Pathology | Patient Care | Addendum issued - Clinical called issues | | |
| Pathology | Pathology | Patient Care | Addendum issued - Corrected report issues | | |
| Pathology | Pathology | Patient Care | Incidence Report | | |
| Pathology | Pathology | Patient Care | Frozen section discrepancy | | |
| Pathology | Pathology | Patient Care | Cytology discrepancy | | |
| Pathology | Pathology | Patient Care | Tissue committee case discrepancy | | |
| Psychiatry | Psychiatry | Patient Care | AHRQ Patient Safety Indicators | | |
| Psychiatry | Psychiatry | Patient Care | Role Count | | |
| Psychiatry | Psychiatry | Patient Care | Peer Review Results | | |
| Psychiatry | Psychiatry | Patient Care | Complications/HAC | | |
| Radiology | Radiology | Patient Care | Radiography discrepancy | | |
| Radiology | Radiology | Patient Care | Ultrasound discrepancy | | |
| Radiology | Radiology | Patient Care | CT discrepancy | | |
| Radiology | Radiology | Patient Care | MRI discrepancy | | |
| Radiology | Radiology | Patient Care | Nuclear Medicine discrepancy | | |
| Radiology | Radiology | Patient Care | Mammography discrepancy | | |
| Radiology | Radiology | Patient Care | Interventional Radiology discrepancy | | |
| Radiology | Radiology | Patient Care | PET discrepancy | | |
| Radiology | Radiology | Patient Care | Fluoroscopy discrepancy | | |
| Surgery | All | Patient Care | Perioperative selection of prophylactic antibiotics | | |
| Surgery | All | Patient Care | Perioperative venous thromboembolism (VTE prophylaxis) | | |
| Surgery | General Surgery Only | Patient Care | Anastomotic Leak Intervention (Colectomy) | | |
| Surgery | All | Patient Care | Unplanned reoperation (within 30 days after procedure) | | |
| Surgery | All | Patient Care | Unplanned readmission (within 30 days after procedure) | | |
| Surgery | All | Patient Care | Surgical Site Infection (SSI) | | |

# 2017 – 2018 MEDICAL STAFF OFFICERS
# SLATE OF CANDIDATES FOR VICE-CHIEF OF STAFF

## Vice Chief of Staff:

The Vice Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice Chief of Staff shall be a Member of the Medical Executive Committee and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws or the Medical Executive Committee.

1. Marilyn McPherson-Corder, M.D.
2. Gregory Morrow, M.D.
3. David Reagin, M.D.
4. Barry Smith, M.D.

## ***BEHAVIORAL HEALTH SERVICES - PROGRESS NOTES***

***Patient Name*** _____ ***Date:*** _____ ***Time:*** _____

*Review of progress*: (include side effects and rationale for changes in treatment)

**Labs and radiology in last 24h**
{autopopulate}

**VS last 24h**
{autopopulate}

**Medication list**
{autopopulate active without PRN orders}

***Mental Status Exam***: (circle)

**Appearance** neat appropriate disheveled malodorous not capable of self care bizarre

**Behavior** cooperative guarded evasive uncooperative hostile apathetic assaultive disorganized

**Speech** regular volume/rate/prosody soft loud slow rapid pressured mute flat

**Mood** OK stressed depressed sad happy euphoric helpless hopeless anxious

**Affect** full range constricted blunted flat labile irritable congruent incongruent

**Thought Process** goal-directed circumstantial tangential Flight of Ideas Looseness of Association Perseveration disorganized blocking

**Though Content:** _____

**Hallucinations** (auditory/visual/other) _____

_____

**Delusions** (none/paranoid/grandiose/other) _____

_____

**Suicidal/Homicidal ideation** (denied/passive/active) _____

_____

**Judgment/Insight** good fair impaired-minimal impaired-moderate impaired severe

**Consciousness** alert somnolent lethargic clouded unresponsive hyper alert

**Orientation** person place time situation

**Memory** WNL short-term impaired long term impaired recall ___ out of ___ in ___ min

**Intellectual Functioning** average below average above average Developmental Disability by Hx Dementia by Hx

***Assessment/Plan*:**

Slowly improving, adjusting to medications without major side effects YES NO

Reports active Suicidal Ideation YES NO

Reports active Mood symptoms YES NO

Reports severe sleep problems YES NO

Reports active Psychosis symptoms YES NO

{other in free text}

***REASON FOR CONTINUED NEED FOR INPATIENT/PHP SERVICES:***

- Needs significant medication changes
- Florid AXIS I symptoms
- Continued Danger to Self and/or Others
- Cannot take care of him/herself at the lower level of care

{other in free text}

***FOR PHP PROGRESS NOTE***

Add
PHP/IOP CERTIFICATION/RECERTIFICATION

I certify that continued partial hospitalization services are medically necessary to improve or maintain the patient's condition and functional level and to prevent relapse or hospitalization.

# INITIAL ASSESSMENT

*Patient Name* _____ *Date* _____ *CPT Code* _____

*Reason for admission*

*Chief complaint*:

*Psychiatric History*: (include family history of psychiatric illness, medications and hospitalizations)

{autopopulate from SW ED assessment} if possible

Anxiety _____

Mood _____

Psychosis _____

*Medical History*: (seizures, head injury, chronic medical problems, NKDA) Yes No
{autopopulate from problem list} if possible

*Family History*: {autopopulate from family history}

*Substance Use Status* Yes No

- Substance abuse continuous Yes No
- Substance abuse intermittent Yes No

{autopopulate from assessment}

*Social History*: (education, employment, income, legal, etc.)

- Present in the chart and reviewed in the chart Yes No
- Need to contact family for additional information Yes No

***Mental Status Exam*: (check)**

Appearance ☐ neat ☐ appropriate ☐ disheveled ☐ malodorous ☐ bizarre
Behavior ☐ cooperative ☐ guarded ☐ evasive ☐ uncooperative ☐ hostile ☐ apathetic ☐ assaultive ☐ disorganized
Speech ☐ regular volume/rate/prosody ☐ soft ☐ loud / ☐ slow ☐ rapid / ☐ pressured ☐ mute ☐ flat
Mood ☐ OK ☐ stressed ☐ depressed ☐ sad ☐ happy ☐ euphoric ☐ helpless ☐ hopeless ☐ anxious
Affect ☐ full range ☐ constricted ☐ blunted ☐ flat ☐ labile ☐ irritable ☐ congruent ☐ incongruent
Thought Process ☐ goal-directed ☐ circumstantial ☐ tangential ☐ flight of ideas ☐ loose ☐ perseverating ☐ disorganized ☐ blocking
Though Content
Hallucinations (none/auditory/visual/other) _____
_____
Delusions (none/paranoid/grandiose/other) _____
_____
Suicidal/Homicidal Ideation/Dangerousness (☐ denied/☐ passive/☐ active/☐ unable to care for self) _____
Judgment/Insight ☐ good ☐ fair ☐ impaired-minimal ☐ impaired-moderate ☐ impaired severe
Consciousness ☐ alert ☐ somnolent ☐ lethargic ☐ clouded ☐ unresponsive ☐ hyper alert
Orientation ☐ person ☐ place ☐ time ☐ situation
Memory ☐ WNL ☐ short-term impaired ☐ long term impaired recall ___ out of ___ in ___ min ☐ grossly impaired by dementia
Intellectual Functioning ☐ average ☐ below average ☐ above average ☐ mental retardation by history ☐ dementia by history

***Assessment:*** (brief bio-psycho-social summary supporting axial diagnoses below)

## *Level of care medically necessary because*

- Psychiatric symptoms impairing ability to function — Yes No
- Worsening depression — Yes No
- Worsening anxiety with or without panic — Yes No
- Worsening of psychosis with deterioration of function — Yes No
- Without treatment anticipated deterioration of function — Yes No
- Prevent deterioration of psychiatric condition and escalation to higher level of care — Yes No
- I certify that based on my clinical judgment and the patient's condition as documented in the medical record, I expect that the patient will need hospital services for two or more midnights. — Yes No

## *DSM –IV Diagnosis*

*Axis I:* _____

_____

*Axis II:* _____

*Axis III:* _____

***Axis IV (check):*** family social primary support group income employment education

*Axis V:* _____

## *Initial Treatment Plan*

- Group therapy — Yes No
- One on one counseling/psychotherapy — Yes No
- Medication and illness education — Yes No
- Milieu treatment — Yes No
- Medication monitoring — Yes No

***FOR PHP INCLUDE NECESSARY CERTIFICATION LANGUAGE FROM PHP progress note***

## *BEHAVIORAL HEALTH SERVICES- ~~Last Progress~~/DISCHARGE ~~NOTE~~ Summ.*

***(Autopopulate patient name, admission date discharge date, MRN etc.)***

***Patient Name*** _____ ***Date:*** _____ ***Time:*** _____

***Treatment Goals Attained: (check appropriate box/es)***

1. Decreased Suicidal Ideation ☐
2. Decreased Homicidal Ideation ☐
3. Decreased Psychotic symptoms ☐
4. Decreased Anxiety ☐
5. Decreased Mood Disorder Symptoms ☐
6. Detoxification Complete or Significant Decrease in substance Abuse ☐

***Review of progress towards GOALS***: (include side effects and rationale for changes in treatment, changes in medication)

- Patient admitted for ****
- Patient was seen and assessed. The labs, medications and chart was reviewed, and case was discussed with staff — Yes No
- Course of treatment
  - Patient responded to the treatment with no unusual reactions — Yes No
  - Patient participated with the treatment plan as recommended — Yes No
  - Patient received additional services (PT/OT, dietary consults) — Yes No

***Other Pertinent details of Care, Treatment & Services provided to the patient***
(autopopulate from "course of treatment" from Depart module)

**Vital Signs:**
(autopopulate from chart for just last 24h)

***Mental Status Exam*: (circle)**

Appearance neat appropriate disheveled malodorous bizarre
Behavior cooperative guarded evasive uncooperative hostile assaultive disorganized
Speech regular volume/rate/prosody soft loud slow rapid pressured mute flat
Mood OK stressed depressed sad happy euphoric helpless hopeless anxious
Affect full range constricted blunted flat labile irritable congruent incongruent
Thought Process goal circumstantial tangential FOI LOA preservation disorganized blocking
Though Content: (WNL, preoccupations, poverty of thought) _____
Hallucinations
(none/auditory/visual/other) _____
Delusions (none/paranoid/grandiose/other) _____
Suicidal/Homicidal ideation (denied/passive/active/ not capable of self care)
_____
_____
Judgment/Insight good fair impaired-minimal impaired-moderate impaired severe
Consciousness alert somnolent lethargic clouded unresponsive hyper alert
Orientation X4 person place time situation

***Physical Status*:**

- Patient has no medical problems and/or medically stable Yes No
- Chronic medical illness (list below) assessed and stabilized Yes No

- Patient needs follow up for a medical condition Yes No

ALLERGIES:
{autopopulate}

**VS last 24h**
{autopopulate}

***Social Status (housing/misc. support systems):***
- Patient has no social problems and/or stable Yes No
- Patient's needs assessed and appropriate referrals provided Yes No
- Patient received referrals and appointments for follow-up care (See Discharge Instruction Sheet) Yes No

***Reason for Discharge or Transfer***
- Psychiatric improvement
  - Patient attained maximum hospital benefit and Stable for lower level of care
- Risk assessment performed, patient at low risk at this time Yes No
  - Patient at his/her baseline of functioning Yes No
  - Patient discharged against medical advice Yes No
- Risk assessment performed, patient low risk at this time Yes No
- Risk assessment performed, patient at chronic risk Yes No
- Patient requested discharge, assessed as acute danger to self/others and transferred to involuntary facility Yes No
- Patient attained maximum psychiatric benefit, assessed in need of continued Rehabilitation and transferred to *SNF* or *residential* treatment facility Yes No
  - Patient is psychiatrically stable at this time and needs continued care in a rehab, SNF or, residential facility. Yes No

***MULTIPLE ANTIPSYCHOTICS***
The patient was discharged from the hospital with more than one antipsychotic because:
- Not applicable
- History of three failed trials of monotherapy
- Medications are being cross tapered at time of discharge
- Augmentation of clozapine
- One antipsychotic is prescribed for sleep

DISCHARGE DIAGNOSES:
Axis I _____
Axis II _____
Axis III _____
Axis IV _____
Axis V _____

**Medication list**
{autopopulate from med rec final list}

## DISCHARGE DISPOSITION:
{autopopulate from SW }

## SPECIAL PATIENT INSTRUCTION

Other:

Signature/ Title _____

BHS Discharge Note update 1.21.13 gm

***BEHAVIORAL HEALTH SERVICES- PSYCHIATRIC CONSULTATION***

***Patient Name*** _____ ***Date:*** _____ ***Time:*** _____
***REASON FOR CONSULT***

***REVIEW OF PROGRESS***:
Sources of Information: Interview of patient. Review of the chart. Review of previous medical records. Discussion of case with attending and nursing staff.

Patient was seen and assessed. The labs, medications and chart was reviewed, and case was discussed with staff Yes No

Patient is a {autopopulate age} {autopopulate gender} with past medical history of {autopopulate from problem list/medical history}

Substance Abuse history: yes no
{autopopulate from history}

Current Medications:
{autopopulate from active med list}

Past Medical History:
{autopopulate from chart}

Family History:
{autopopulate from chart}

Objective:
{autopopulate vital signs}

Labs:
{autopopulate labs optionally}

Radiology:
{autopopulate radiology optionally}

***MENTAL STATUS EXAM***: (circle)

Appearance neat appropriate disheveled malodorous bizarre
Behavior cooperative guarded evasive uncooperative hostile assaultive disorganized
Speech regular volume/rate/prosody soft loud slow rapid pressured mute flat
Mood OK stressed depressed sad happy euphoric helpless hopeless anxious
Affect full range constricted blunted flat labile irritable congruent incongruent
Thought Process goal circumstantial tangential FOI LOA preservation disorganized blocking
Thought Content: (WNL, preoccupations, poverty of thought)_____
Hallucinations (none/auditory/visual/other)_____
Delusions (none/paranoid/grandiose/other) _____
Suicidal/Homicidal Ideation (denied/passive/active/ not capable of self care)_____
_____
Judgment/Insight good fair impaired-minimal impaired-moderate impaired severe
Consciousness alert somnolent lethargic clouded unresponsive hyper alert
Orientation person place time situation

Diagnosis:

Axis I:_____ Axis IV:_____

Axis II:_____ Axis V:_____

Axis III:_____

## ***Assessment/Recommendations:***

*Inpatient*:

- Patient lacks capacity for medical decision making — Yes No
- Implement BHS Detox protocol — Yes No
- Patient psychiatrically cleared for discharge from the hospital — Yes No
- Transfer patient to involuntary hospital for psychiatric care due to severity of illness — Yes No
- Involuntary Certification Initiated — Yes No
- Crisis Service Contacted for transfer to 7300 — Yes No
- For patients with a sitter, continued sitter needed — Yes No
- Will Follow — Yes No
- Case closed — Yes No
- Other (change in medication suggestions, management, etc.) (free text) — Yes No

*Outpatient*:

- Make appropriate referrals for psychiatric follow-up care (therapy/psychiatry) — Yes No
- Refer patient to addiction treatment services — Yes No
- Other_____

Signature/ Title_____Print_____Date/Time_____

# MEDICAL EXECUTIVE COMMITTEE MEETING
# ITEMS FOR ACTION FROM THE CREDENTIALS COMMITTEE

## January 22, 2018

| Item | RECOMMENDATION | TIMEFRAME |
|---|---|---|
| Review and approval of requests for initial appointment, reappointment, change in status, resignations, etc. and forward to the Board of Directors for final approval. | See attached Credentials Committee Report for January for details. | January 11, 2018 (Credentials Committee Meeting)<br><br>January 22, 2018 (MEC Meeting)<br><br>January 26, 2018 (Board Meeting) |

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Not-For-Profit Hospital Corporation
CREDENTIALS COMMITTEE REPORT
January 11, 2018

- Report to Credentials Committee: **January 11, 2018**
- Report to Medical Executive Committee: **January 22, 2018**
- Report to Board of Directors: **January 24, 2018**

**Credentials Committee Signature:** Barry Smith, M.D., Chairman of Credentials Committee **Date:** 1/12/2018

**Medical Executive Committee Signature:** _____ **Date:** _____
Mina Yacoub, MD Chief of Staff
Chairman of Critical Care

**Board of Directors Signature:** _____ **Date:** _____
LaRuby Z. May, Board of Directors Chair

***CREDENTIALING RECOMMENDATIONS***

**The credentials of the following individuals including current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified. The resulting recommendations indicated below have been approved by the Chair and are herby submitted to Credentials Committee and the Medical Executive Committee which will be submitted to the Governing Board Committee for final action.**

| NEW MEDICAL STAFF APPOINTMENT | | |
|---|---|---|
| **NAME/STATUS** | **SPECIALTY** | **PRIVILEGES** |
| Kosir, Christopher, M.D. | Radiology | Telemedicine |
| Samsuzzoha, Khondker, M.D. | Anesthesiology | Provisional |

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CREDENTIALS COMMITTEE REPORT
January 11, 2018

| MEDICAL STAFF REAPPOINTMENTS | | | | |
|---|---|---|---|---|
| **NAME** | **SPECIALTY/ PRIVILEGES** | **REAPPOINTMENT DATE (FROM/TO)** | **STATUS (FROM/TO)** | **COMMENTS*** |
| Aziz, Salim, M.D. | Thoracic/Cardiology | 01/29/2016-01/29/2018 | Courtesy | |
| Burris, Alfred, M.D. | Cardiology | 02/24/2016-02/24/2018 | Active | |
| Chavez, Jose, M.D. | Infectious Disease | 02/24/2016-02/24/2018 | Active to Courtesy | |
| Dawson, Ieon, M.D. | Cardiology | 02/24/2016-02/24/2018 | Active | |
| Ghebrai, Russom, M.D. | Internal Medicine | 02/24/2016-02/24/2018 | Active | |
| Morgan, Cynthia, M.D. | Rheumatology | 02/24/2016-02/24/2018 | Active | |
| Nedd, Wilton, M.D. | Thoracic Surgery | 02/24/2016-02/24/2018 | Active | |
| Palmer, Richard, M.D. | Nephrology | 02/24/2016-02/24/2018 | Courtesy | |
| | | | | |

| PROVISIONAL REVIEW | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **COMMENTS** |
| None | | |

| ADDITIONS/CHANGES IN PRIVILEGES | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **SUPERVISING PHYSICIAN** |
| None | | |

| CHANGES IN STAFF CATEGORY | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **NEW CATEGORY** |
| None | | |

| LIFTING OF PHYSICIAN FOCUSED REVIEW REQUIREMENTS | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **PRIVILEGES/COMMENTS** |
| None | | |

Not-For-Profit Hospital Corporation
CREDENTIALS COMMITTEE REPORT
January 11, 2018

| LEAVE OF ABSENCES | | |
|---|---|---|
| None | | |

| RESIGNATIONS | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **COMMENTS** |
| Ali, Syed , M.D. | Psychiatry | Contract Termination |
| Bogrov, Michael, M.D. | Psychiatry | Contract Termination |
| Kazi, Aneela, M.D. | Psychiatry | Contract Termination |
| Bushehri, Nima, M.D. | Rehabilitation Medicine | Contract Termination |
| Poku-Dankwah, Cedric, M.D. | Internal Medicine | Failure to submit updated Mental and Physical Competency<br>Failure to submit Reappointment application |
| Mathura, Jeevan, M.D. | Ophthalmology | Voluntary Resignation |
| Sattarian, Mehdi, M.D. | Emergency Medicine | Voluntary Resignation |
| Mohseni, Alex, M.D. | Emergency Medicine | Voluntary Resignation |

| ALLIED HEALTH PRACTITIONER – INITIAL PRACTICE PRIVILEGES | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **SUPERVISING PHYSICIAN** |
| None | | |

| ALLIED HEALTH PRACTITIONER – RENEWAL OF PRACTICE PRIVILEGES | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **SUPERVISING PHYSICIAN** |
| Scott-Bowling, Melanie, PA-C | Internal Medicine/Physician Assistant | Dr. Daniel/Dr. Dennis |

| ALLIED HEALTH PRACTITIONER – TERMINATION OF AFFILIATION/RESIGNATION | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **COMMENTS** |
| Caccamo, Linda, CRNA | Anesthesiology | Voluntary Resignation |

| ALLIED HEALTH PRACTITIONER – TERMINATION OF AFFILIATION/RESIGNATION | | |
|---|---|---|
| Hammond, James, CRNA | Anesthesiology | Voluntary Resignation |
| Muonagolu, Nkeiruka, CPNP | Internal Medicine | Voluntary Resignation |
| Nwoke, Ngozi, CFNP | Internal Medicine | Voluntary Resignation |
| Copeland, Ryland, PA-C | Internal Medicine | Voluntary Resignation |
| Udodong, Ifreke, CPNP | Internal Medicine | Voluntary Resignation |
| Nuwordu, Evelyn, NP | Psychiatry | Voluntary Resignation |
| Webb, Aneesa, PA-C | Internal Medicine | Voluntary Resignation |

| ALLIED HEALTH PRACTITIONER – LIFTING OF PROCTORING REQUIREMENTS | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **SUPERVISING PHYSICIAN** |
| None | | |

| DECEASED PROVIDERS (Informational Only) | | |
|---|---|---|
| **NAME** | **SPECIALTY** | **COMMENTS** |
| None | | |

# United Medical Center
## Infection Control
## January – December 2017

| SITE ICU | Quar 1 # Infx | Quar 1 #Dev Days | Quar 2 # Infx | Quar 2 #Dev Days | Quar 3 # Infx | Quar 3 #Dev Days | Quar 4 # Infx | Quar 4 #Dev Days | YTD Rate Ratio | NHSN Rate Ratio | 2017 Rate Ratio |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VAP | 0 | 431 | 0 | 537 | 0 | 445 | 0 | 486 | | 1.9 | |
| CBI | 0 | 552 | 0 | 529 | 0 | 455 | 0 | 382 | | 1.5 | |
| UTI (foley related) | 0 | 780 | 0 | 747 | 0 | 634 | 0 | 688 | | 3.1 | |

| SSI Procedure | Quar 1 # of Infx | Quar 1 # of Proced | Quar 2 # of Infx | Quar 2 # of Proced | Quar 3 # of Infx | Quar 3 # of Proced | Quar 4 # of Infx | Quar 4 # of Proced | YTD Rate/100 proc. |
|---|---|---|---|---|---|---|---|---|---|
| | 0 | 11 | 0 | 25 | 0 | 0 | 0 | 0 | |

| Pneumonia Post-op Aspiration | Quar 1 Rate/100 Adm | Quar 2 Rate/100 Adm | Quar 3 Rate/100 Adm | Quar 4 Rate/100 Adm | YTD Rate/100 Adm |
|---|---|---|---|---|---|
| | | | | | |

| Marker Organisms | Quar 1 #CA | Quar 1 #HAI | Quar 2 #CA | Quar 2 #HA | Quar 3 #CA | Quar 3 #HAI | Quar 4 #CA | Quar 4 #HAI | YTD Rate CA | YTD Rate HAI |
|---|---|---|---|---|---|---|---|---|---|---|
| MRSA | 100 | 10 | 106 | 4 | 87 | 1 | 101 | 3 | 10.9 | 0.5 |
| VRE | 31 | 5 | 19 | 2 | 37 | 1 | 28 | 5 | 3 | 0.3 |
| C difficile | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 0 | 0.1 | 0.2 |

| Indicator | Quar 1 | Quar 2 | Quar 3 | Quar 4 | YTD |
|---|---|---|---|---|---|
| DOH *REPORTS* | | | | | |
| Chlamydia | 56 | 74 | 60 | 78 | |
| GC | 63 | 60 | 72 | 63 | |
| Syphillis | 5 | 6 | 4 | 2 | |
| Hepatitis B | 9 | 6 | 5 | 4 | |
| Hepatitis C | 113 | 119 | 107 | 105 | |
| Salmonella | 2 | 0 | 0 | 0 | |
| Strep Pneumon | 4 | 4 | 3 | 6 | |
| Dialysis Water | No Grow | No Grow | No Grow | No Grow | |
| Hand Hygiene | # | # | # | # | % |
| Observed | 539 | 555 | 524 | 508 | |
| Compliant | 55% | 50% | 66% | 86% | |

*Rate = # of infections / # of device-days X 1000

*DU Ratio = # of device days / # of patient days

*The NNIS comparison value is the 50th percentile or median. 50% of the non-teaching hospitals have med-surg ICU rates and device utilization (DU) ratios higher and 50% have rates and DU ratios that are lower.*

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## General Board Meeting

Date: January 26, 2018

# Patient Safety & Quality Committee

*Dr. Malika Fair, Chair*

- Minutes
- Meeting Materials

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Not-For-Profit Hospital Corporation
GB Patient Safety & Quality Committee Meeting Minutes
12/8/17

**Present:** Dr. M. Fair, Chair; Maribel Torres, Luis Hernandez, David Boucree, Tina Rein, Michael Austin, Dr. J. Craig, Dr. M. Yacoub, Dr. M. Gorham, Diane Kelly
**Phoned in:** G. Ashenafi
**Absent:**

| Agenda Item | Discussion | Action Item |
|---|---|---|
| **Call to Order** | December 8, 2017 at 3:07 | |
| **Approval of the Agenda** | Approved | |
| **Approval of the Minutes** | Approved | |
| **Discussion** | | |
| **Old Business** | 1) Department of Health Annual (DOH) License Survey: The Plan of Correction (POC) for the annual licensing survey (conducted in July) is 100% complete; audits to track compliance are ongoing through 2018. Three additional complaint surveys have been conducted since the licensing survey. Note: the complaints were related to Obstetrics (OB) and occurred before OB services were closed in August. | |

| | | |
|---|---|---|
| | 2) Department of Health OB Complaint survey: decision for closing or reopening service is pending<br>3) The Joint Commission (TJC): The Plan of Correction for the triennial survey is 100% complete and has been accepted by The Joint Commission. Audits to track compliance are ongoing through 2018. | 2) Board to make decision at December 13 meeting |
| **New Business** | *Regulation*<br>*1)* The Joint Commission: UMC received full accreditation effective September 23, 2017. Short term and longer term options for bronchoscopy space were discussed.<br>2) Centers for Medicare and Medicaid Services (CMS): UMC received a letter from CMS indicating that they have found UMC non-compliant with the following conditions of participation (COP): emergency services, surgical services and governance. This complaint has the potential to affect CMS payments. The POC was previously accepted by the DOH, but since the CMS COP letter was received, UMC is waiting to hear if the COP POC plan has been accepted by CMS (as of Thursday, 12/7). Note: The CMS letter is based on the 7/17 complaint survey for obstetrics. UMC has systematically shut down OB services as previously reported and has been working diligently to correct all deficiencies identified by the DOH, CMS and TJC. Regarding governance, starting with today's meeting, a structured schedule for reporting data to the Quality and Safety Committee and the Board is being implemented.<br><br>Communication and attempts to collaborate with the DOH for solutions, in particular during the annual SNF survey were discussed. UMC is eager for DOH approval of facility enhancements in Behavioral Health, Radiology and inpatient Medical/Surgical so these spaces may be used. Dr. Gorham identified the need to elevate the relationship with the DOH to a higher level.<br><br>3) The Joint Commission Sentinel Event: UMC voluntarily reported the maternal death to The Joint Commission as a sentinel event. During the TJC onsite survey in September, the OB POC was reviewed and accepted. The formal Root Cause Analysis Collaborative | 1) Look into using a hepafilter for the short term. Working on creating a broncho-scopy room in the OR suite for the long term.<br><br>2) Recommend discussing with Chair May; after that, recommend that Chair May, Dr. Fair , the CEO speak and Ms. Rein with the DOH. |

| | | |
|---|---|---|
| | Discussion was completed in November and the action plan reviewed. TJC had no findings and accepted the plan of correction<br>4) OB, stage III plan: As previously reported, Stage I involved safely discharging existing patients (mothers and infants); Stage II involved ensuring that the Emergency Department safely transitioned to the Assess, Stabilize and Transfer Model of Care. David Boucree, Tina Rein and Diane Kelly gave a presentation and entertained questions about considerations for three models being considered for Stage III, the longer term plan for OB Services.<br><br>*Standing reports*<br><br>The following standing items will be reported to this committee as scheduled. For December, the report is:<br><br>*Monthly*<br><br>1) *Serious Safety Events/near misses* – zero serious safety events or near misses last month<br>2) *New regulatory findings* – see above agenda items<br>3) *Identified Risks to the organization* – other than aforementioned discussion about CMS COPs, no risks identified at this time<br><br>*Quarterly*<br>1) *OB metrics* – report distributed with agenda<br>2) *Medication reconciliation* – Ms. Torres presented the medication reconciliation data. For November, data collection methods have been refined; UMC is falling out with the "last dose given" requirement. The team is exploring software called "DrFirst" which will aide in obtaining medication information from community and payer sources. Dr. Yacoub identified issues with IT response time and staffing. Dr. Craig motioned to add to the standing reports an IT clinical projects status report. Dr. Gorham seconded.<br>3) *Core Measures* – will be reported next meeting | 4)The presentation will be given to the Finance Committee on Monday (12/11/17) and to the Board on Wednesday (12/13/17)<br><br>1) **Committee members are to review the OB metrics and the 20 wk policy and send feedback and approval by email by Monday 12/11 at 5 pm**<br><br>2) Dr. Yacoub will present the updated Medication Reconciliation Policy to the Medical Executive Committee on Monday 12/11/17 for approval |

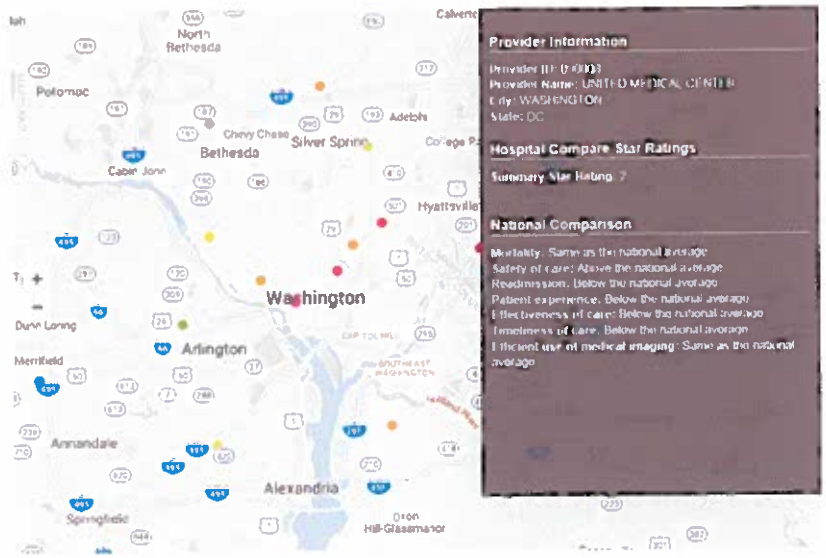
| | | |
|---|---|---|
| | *Yearly*<br>1) *Specialty Specific OPPE*<br>2) *Global Trigger tool* – The IHI Global Trigger Tool for Measuring Adverse Events is a key safety strategy and was presented to the Committee for review and adoption. Dr. Craig motioned to accept the Global Trigger Tool as part of the PI Plan. Dr. Gorham seconded.<br>3) *Performance Improvement Plan* The 2017-2018 PI Plan was distributed for review.<br>4) *Infection Control Plan* – will be reported in the future | Revised specialty specific OPPE will be presented to the Medical Executive Committee on Monday 12/11/17 for approval<br><br>3) **Committee members are to review the PI Plan and send feedback and approval by email by Monday 12/11 at 5 pm** |
| **Other Business** | | |
| **Announcements** | **Approval on the OB metrics, 20 week gestation policy, and PI plan will be done via email. Please send your comments and approval to Dr. Fair by Monday 12/11 at 5 pm.** | |
| **Adjournment** | Meeting Adjourned at 5:09 pm | |

# Clinical Quality Measures

The Basics

## Clinical quality measures (CQMs)

- CMS Tools
- Measure and track the Quality of Health Care Services
- Ensures Care is Effective, Safe, Efficient, Patient-centered, and Equitable




# Patient Experience (Below National Average)

Extraction period 4/1/16-3/31/17

| Patients who reported | UMC | National |
|---|---|---|
| - Nurses "Always" communicated well | 67% | 80% |
| - Their doctors "Always" communicated well | 76% | 82% |
| - They "Always" received help as soon as they wanted | 37% | 69% |
| - Their pain was "Always" well controlled† | 63% | 71% |
| - That staff "Always" explained about medicines before giving it to them | 49% | 65% |
| - That their room and bathroom were "Always" clean | 59% | 75% |
| - That the area around their room was "Always" quiet at night | 55% | 63% |
| - "Strongly Agree" they understood their care when they left the hospital | 33% | 52% |
| - Who gave their hospital a rating of 9 or 10 on a scale from 0 to 10 | 47% | 73% |
| - Who reported YES, they would definitely recommend the hospital | 35% | 72% |

# Timely and Effective Care (Below National Average) Extraction period 4/1/16-3/31/17

| | UMC | National |
|---|---|---|
| Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy | 62% (up from 4%) (Higher is Better) | 81% |
| Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe | 77% (Up from 22%) (Higher is Better) | 87% |
| Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG A lower number of minutes is better | 22 min (Lower is Better) | 7 min |
| Payment for pneumonia patients | Greater than National Average | $17,026 |

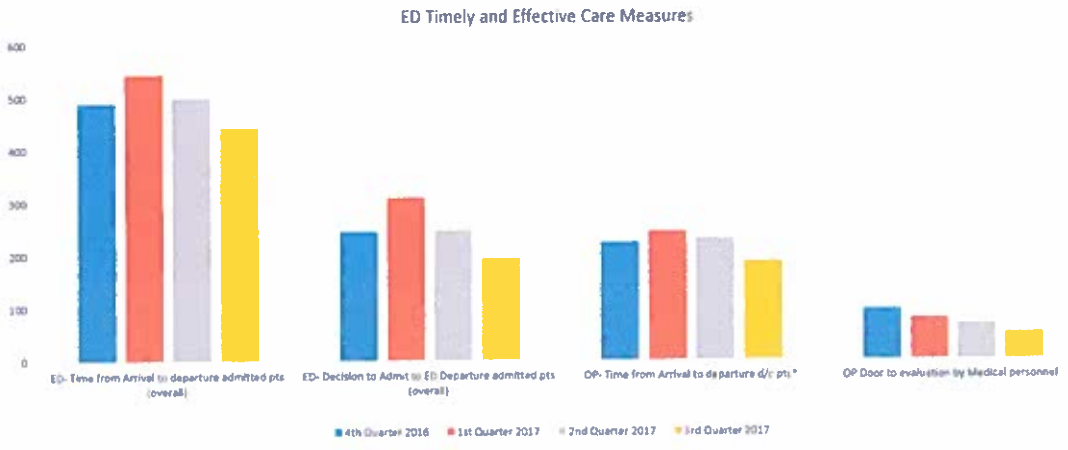
# Timely and Effective Care

| | UMC | National |
|---|---|---|
| Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department | 96% (Higher percentages are better) | 95% |
| Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication | 66 Minutes (A lower number of minutes is better) | 50 Minutes |
| Average (median) time patients spent in the emergency department before they were seen by a healthcare professional | 68 Minutes | 26 Minutes |

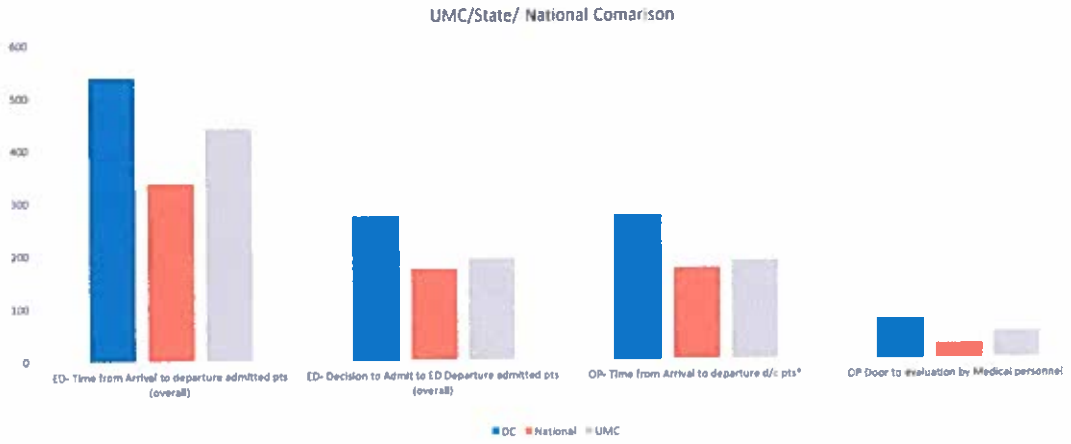
# Timely and Effective Care

| | UMC | National |
|---|---|---|
| Percentage of patients who left the emergency department before being seen | 3% (Update 12/17)<br>(Lower percentages are better) | 2% |
| Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient | 461 Minutes | 296 Minutes |
| Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room | 218 Minutes | 119 Minutes |

# Improvement



# State/National/UMC Comparison



| HIV<br>Funding Year: January 2017 - January, 2018<br>Funding year testing target: 12,000 | Cumulative Funding Year Data *** | Recent Monthly Data | |
|---|---|---|---|
| | January, 2017 – January, 2018 | November, 2017 | December, 2017 |
| HIV Tests Expected* | 12,000 | 1,000 | 1,000 |
| HIV Tests Performed | 11,047 | 742 | 739 |
| Percentage of Expected HIV Tests Performed** | 92.1% | 74.2% | 73.9% |
| HIV Positive Patients Identified Through Testing | 290 | 27 | 23 |
| Diagnosed Acute HIV Infections | 0 | 0 | 0 |
| HIV Positive Patients (identified through testing) Attended First Appointment | 150 | 21 | 16 |

| Hepatitis C<br>Funding Year: January, 2017 - January, 2018<br>Funding year testing target: 5,000 | Cumulative Funding Year Data *** | Recent Monthly Data | |
|---|---|---|---|
| | January, 2017 – January, 2018 | November, 2017 | December, 2017 |
| HCV Tests Expected* | 5,000 | 384 | 384 |
| HCV Tests Performed | 7,912 | 510 | 541 |
| Percentage of Expected HCV Tests Performed** | 158.24% | 132.8% | 140.9% |
| HCV Ab Positive Patients Identified Through Testing | 634 | 45 | 44 |
| HCV RNA Tests Performed | 615 | 45 | 44 |
| HCV RNA Positive Patients Identified Through Testing | 384 | 25 | 25 |
| HCV RNA Positive Patients (identified through testing) Attended First Appointment | 182 | 14 | 19 |

*The numbers of tests expected are calculated as a percentage of the UMC's annual testing goal. The monthly number of tests expected is calculated by dividing the annual testing goal by the number of months in the funding year. Cumulative numbers of tests expected reflect the sum of monthly test expectations up through the most recent month with submitted data or estimates.

**The percentage of expected tests calculations take into account actual tests performed to date as a percentage of the expected tests to date.

***Counts also include historical submissions. Please keep in mind that submissions will not be reflected in this report until the data have been cleaned and significant data issues have been addressed.

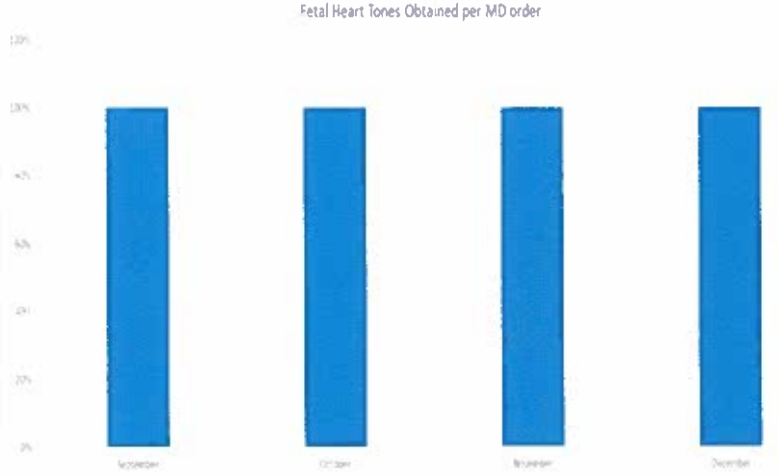
**Challenges Associated with HCV and HIV Screening and Linkage to Care:**

- Most Departments associated with the screening program, particularly the Emergency Department, continue to experience difficulties contacting patients who provide inaccurate contact details (i.e. phone number and address). This has presented difficulties associated with establishing timely follow-up appointments for clients to receive HIV or HCV specific care. Resolution of this issue is ongoing within the ED.

- Completion of monthly and quarterly database updates and a tedious data management process to complete required reporting, is time consuming and detracts from the completion of other tasks.

# OB Metrics 8/17-12/31/17



# United Medical Center
## Infection Control
## January – December 2017

| SITE / ICU | Quar 1 # Infx | Quar 1 #Dev Days | Quar 2 # Infx | Quar 2 #Dev Days | Quar 3 # Infx | Quar 3 #Dev Days | Quar 4 # Infx | Quar 4 #Dev Days | YTD Rate Ratio | NHSN Rate Ratio | 2017 Rate Ratio |
|---|---|---|---|---|---|---|---|---|---|---|---|
| VAP | 0 | 431 | 0 | 537 | 0 | 445 | 0 | 486 | | 1.9 | |
| CBI | 0 | 552 | 0 | 529 | 0 | 455 | 0 | 382 | | 1.5 | |
| UTI (foley related) | 0 | 780 | 0 | 747 | 0 | 634 | 0 | 688 | | 3.1 | |

| SSI Procedure | # of Infx | # of Proced | # of Infx | # of Proced | # of Infx | # of Proced | # of Infx | # of Proced | YTD Rate/100 proc. |
|---|---|---|---|---|---|---|---|---|---|
| | 0 | 11 | 0 | 25 | 0 | 0 | 0 | 0 | |

| Pneumonia | Quar 1 | Quar 2 | Quar 3 | Quar 4 | YTD |
|---|---|---|---|---|---|
| Post-op Aspiration | *Rate/100 Adm* | *Rate/100 Adm* | *Rate/100 Adm* | *Rate/100 Adm* | *Rate/100 Adm* |

| Marker Organisms | #CA | #HAI | #CA | #HA | #CA | #HAI | #CA | #HAI | YTD Rate CA | YTD Rate HAI |
|---|---|---|---|---|---|---|---|---|---|---|
| MRSA | 100 | 10 | 106 | 4 | 87 | 1 | 101 | 3 | 10.9 | 0.5 |
| VRE | 31 | 5 | 19 | 2 | 37 | 1 | 28 | 5 | 3 | 0.3 |
| C difficile | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 0 | 0.1 | 0.2 |

| Indicator | Quar 1 | Quar 2 | Quar 3 | Quar 4 | YTD |
|---|---|---|---|---|---|
| **DOH *REPORTS*** | | | | | |
| Chlamydia | 56 | 74 | 60 | 78 | |
| GC | 63 | 60 | 72 | 63 | |
| Syphillis | 5 | 6 | 4 | 2 | |
| Hepatitis B | 9 | 6 | 5 | 4 | |
| Hepatitis C | 113 | 119 | 107 | 105 | |
| Salmonella | 2 | 0 | 0 | 0 | |
| Strep Pneumon | 4 | 4 | 3 | 6 | |
| **Dialysis Water** | No Grow | No Grow | No Grow | No Grow | |
| **Hand Hygiene** | # | # | # | # | % |
| Observed | 539 | 555 | 524 | 508 | |
| Compliant | 55% | 50% | 66% | 86% | |

*Rate = # of infections X 1000
# of device-days

*DU Ratio = # of device days
# of patient days

*The NNIS comparison value is the 50th percentile or median. 50% of the non-teaching hospitals have med-surg ICU rates and device utilization (DU) ratios higher and 50% have rates and DU ratios that are lower.*

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**General Board Meeting**
Date: January 26, 2018, 2017

# Finance Committee Report

*Wayne Turnage, Chair*

- Meeting Materials

Not-For-Profit Hospital Corporation Board of Directors
Finance Committee

**Agenda: January 24, 2018 @ 3p**

**I. CALL TO ORDER / ROLL CALL / CLOSE MEETING**

**II. REVIEW AND APPROVAL OF MINUTES** - *POSTPONED*

**III. COMPLIANCE REVIEW – CONFIDENTIAL/ATTORNEY-CLIENT PRIVILEGED**

**IV. CASHFLOW / SPENDING PRESSURES / BUDGET**

- Cash Report
- Reforecasting FY 18 Budget
- FY 19 Budget development

**V. MONTHLY FINANCIALS**

- November
- December

**VI. CONTRACTS & PROCUREMENTS** - *POSTPONED*

- New contracts for Committee review and approval
- Major RFPs status

**VII. OTHER BUSINESS**

- New business/Old business

**VIII. ANNOUNCEMENTS**

- The next Finance Committee meeting will be February 2018; date/time TBD

**IX. ADJOURNMENT**

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# Not For Profit Hospital Corporation
# United Medical Center

## Board of Directors Meeting
## Preliminary Financial Report Summary
## November 30, 2017

# Report Summary

- **Revenue**
  - -12.9% ($1.3M) lower than November 2017 budget and -8.6% ($1.7M) lower than November 2017 year to date budget.
  - -10.7% ($1.1M) lower than November 2016 and -3.2% ($613K) lower than November 2016 year to date.
  - Contributing Factors:
    - Decrease of $1.285M in net patient service revenue arising primarily from 13% decrease in gross inpatient revenue and 8% decrease in gross outpatient revenue in the following areas:
      - 31.1% Decrease in Inpatient and 34% decrease in outpatient surgical procedures
      - 9% Decrease in Radiology procedures
      - 22% shortfall in the SNF revenue primarily due to decrease in Medicare admissions
      - 11% shortfall in Hospital admissions
- **Expenses**
  - 5.6 % ($572K) higher than November 2017 budget and 4.1 % ($824K) higher than November 2017 year to date.
  - 12.0% ($1.1M) higher than November 2016 and 5.7 % ($1.1M) higher than November 2016 year to date.
  - The following areas were over budget:
    - Pharmaceuticals is over by 66% from the month due to national shortage on key pharmaceutical medication causing an increase in pricing and this is consistent to year to date.
    - Even though Salaries and Wages seem to be consistent with budget, given lower activity level, Overtime should be tightly managed and monitored.

- Cash on Hand – 8.1 Days
- Contributing Factors:
  - Lack of timely review process for medical necessity before billing
  - Clinical documentation challenges

UNITED MEDICAL CENTER

# Income Statement

## For FY18 operating period ending November 30, 2017

| | Month of November | | | Variance | | | | 2018 Year To Date | | | Variance | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | |
| **Statistics** | | | | | | | | | | | | | | |
| Admission | 420 | 472 | 582 | (52) | -11% | (162) | -28% | 902 | 925 | 1,140 | (23) | -2% | (238) | -21% |
| Patient Days | 5,826 | 6,093 | 6,484 | (267) | -4% | (658) | -10% | 11,985 | 12,076 | 12,887 | (91) | -1% | (902) | -7% |
| Emergency Room Visits | 4,576 | 4,538 | 4,727 | 38 | 1% | (151) | -3% | 9,457 | 9,205 | 9,588 | 252 | 3% | (131) | -1% |
| Clinic Visits | 1,461 | 1,485 | 1,677 | (24) | -2% | (216) | -13% | 3,192 | 2,969 | 3,641 | 223 | 8% | (449) | -12% |
| IP Surgical Procedures | 71 | 103 | 99 | (32) | -31% | (28) | -28% | 170 | 213 | 193 | (43) | -20% | (23) | -12% |
| OP Surgeries | 94 | 143 | 124 | (49) | -34% | (30) | -24% | 197 | 275 | 237 | (78) | -28% | (40) | -17% |
| Radiology Procedures | 3,808 | 4,184 | 4,184 | (376) | -9% | (376) | -9% | 8,113 | 8,685 | 8,685 | (572) | -7% | (572) | -7% |
| **Revenues** | | | | | | | | | | | | | | |
| Net Patient Service Revenue | 8,176 | 9,461 | 8,478 | (1,285) | -14% | (302) | -4% | 16,776 | 18,714 | 16,852 | (1,938) | -10% | (76) | 0% |
| DSH | - | - | 215 | - | 0% | (215) | 0% | - | - | 215 | - | 0% | (215) | -100% |
| CNMC Revenue | 221 | 248 | 248 | (27) | -11% | (27) | -11% | 368 | 505 | 458 | (137) | -27% | (90) | -20% |
| Other Revenue | 525 | 535 | 1,049 | (10) | -2% | (524) | -50% | 1,404 | 1,073 | 1,636 | 331 | 31% | (232) | -14% |
| **Total Operating Revenue** | **8,922** | **10,244** | **9,990** | **(1,322)** | **-12.9%** | **(1,068)** | **-10.7%** | **18,548** | **20,292** | **19,161** | **(1,744)** | **-8.6%** | **(613)** | **-3.2%** |
| **Expenses** | | | | | | | | | | | | | | |
| Salaries and Wages | 4,394 | 4,685 | 4,362 | (291) | -6% | 32 | 1% | 9,055 | 9,409 | 8,977 | (354) | -4% | 78 | 1% |
| Employee benefits | 1,520 | 1,174 | 1,426 | 346 | 29% | 94 | 7% | 2,682 | 2,364 | 2,530 | 318 | 13% | 152 | 6% |
| Contract labor | 340 | 211 | 389 | 129 | 61% | (49) | -13% | 721 | 427 | 684 | 294 | 69% | 37 | 5% |
| Professional fees | 651 | 724 | 662 | (73) | -10% | (11) | -2% | 1,271 | 1,469 | 1,609 | (198) | -13% | (338) | -21% |
| Supplies | 960 | 930 | 535 | 30 | 3% | 425 | 79% | 1,957 | 1,850 | 1,588 | 107 | 6% | 369 | 23% |
| Pharmaceuticals | 323 | 195 | 267 | 128 | 66% | 56 | 21% | 581 | 396 | 527 | 185 | 47% | 54 | 10% |
| Purchased services | 1,791 | 1,581 | 946 | 210 | 13% | 845 | 89% | 3,437 | 2,837 | 2,267 | 600 | 21% | 1,170 | 52% |
| Other | 789 | 696 | 1,040 | 93 | 13% | (251) | -24% | 1,308 | 1,436 | 1,691 | (128) | -9% | (383) | -23% |
| **Total Operating Expenses** | **10,768** | **10,196** | **9,627** | **572** | **5.6%** | **1,141** | **12%** | **21,012** | **20,188** | **19,873** | **824** | **4.1%** | **1,139** | **5.7%** |
| | | | | | | | | | | | | | | |
| **Operating Gain /(Loss)** | **(1,846)** | **48** | **363** | **(1,894)** | **-3946%** | **(2,209)** | **609%** | **(2,464)** | **104** | **(712)** | **(2,568)** | **2469%** | **(1,752)** | **-246%** |

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# Balance Sheet

## As of the month ending November 30, 2017

| Nov-17 | Oct-17 | MTD Change | | Sep-17 | YTD Change |
|---|---|---|---|---|---|
| | | | **Current Assets:** | | |
| $ 21,770 | $ 25,027 | $ (3,257) | Cash and equivalents | $ 25,855 | $ (4,085) |
| 28,410 | 26,144 | 2,266 | Net accounts receivable | 24,240 | 4,170 |
| 2,073 | 2,008 | 65 | Inventories | 1,904 | 169 |
| 3,463 | 2,642 | 821 | Prepaid and other assets | 2,898 | 565 |
| 55,716 | 55,821 | (105) | Total current assets | 54,897 | 819 |
| | | | **Long-Term Assets:** | | |
| 235 | 235 | - | Estimated third-party payor settlements | 235 | - |
| 78,872 | 79,070 | (198) | Capital assets | 79,387 | (515) |
| 79,107 | 79,305 | (198) | Total long term assets | 79,622 | (515) |
| $ 134,823 | $ 135,126 | $ (303) | Total assets | $ 134,519 | $ 304 |
| | | | **Current Liabilities:** | | |
| $ 27 | $ 32 | (5) | Current portion, capital lease obligation | $ 36 | $ (9) |
| 11,567 | 8,627 | 2,940 | Trade payables | 10,260 | 1,307 |
| 9,716 | 9,364 | 352 | Accrued salaries and benefits | 8,808 | 908 |
| 1,978 | 2,028 | (50) | Other liabilities | 1,978 | - |
| 23,288 | 20,051 | 3,237 | Total current liabilities | 21,082 | 2,206 |
| | | | **Long-Term Liabilities:** | | |
| 3,506 | 3,819 | (313) | Unearned grant revenue | 1,328 | 2,178 |
| 4,731 | 4,700 | 31 | Estimated third-party payor settlements | 4,683 | 48 |
| 2,016 | 2,016 | - | Contingent & other liabilities | 2,016 | - |
| 10,253 | 10,535 | (282) | Total long term liabilities | 8,027 | 2,226 |
| | | | **Net Position:** | | |
| 101,282 | 104,540 | (3,258) | Unrestricted | 105,410 | (4,128) |
| 101,282 | 104,540 | (3,258) | Total net position | 105,410 | (4,128) |
| $ 134,823 | $ 135,126 | $ (303) | Total liabilities and net position | $ 134,519 | $ 304 |

UNITED
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# Not For Profit Hospital Corporation
# United Medical Center

## Board of Directors Meeting
## Preliminary Financial Report Summary
## December 31, 2017

# Report Summary

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- Revenue
  - -20.9% ($2.2M) lower than December 2017 budget and -12.8% ($3.9M) lower than December 2017 year to date budget.
  - -18.6% ($1.9M) lower than December 2016 and -5.4% ($1.5M) lower than December 2016 year to date.
  - Contributing Factors:
    - Decrease of $2.1M in net patient service revenue arising primarily from the 17% decrease in gross inpatient revenue and 10% decrease in gross outpatient revenue in the areas listed below. The $2.1M includes a positive $1.3 million from release of reserves related to payment review and Q1 Medicaid outpatient supplemental payments.
      - 13% net Decrease in inpatient and 54% decrease in outpatient Surgical procedures
      - 14% Decrease in Radiology procedures
      - 3% Decrease in ER Visits
      - 31% shortfall in the SNF revenue primarily due to decrease in Medicare admissions
      - 29% shortfall in Hospital admissions

- Expenses
  - -2.4 % ($254K) lower than December 2017 budget and 1.9 % ($572K)higher than December 2017 year to date.
  - 5.0% ($476K) higher than December 2016 and 9.7% ($2.8M) higher than December 2016 year to date.
  - The following areas were over budget:
    - Supplies is over budget by 17% and Pharmaceuticals is over by 40% from the month due to national shortage on key pharmaceutical medication causing an increase in pricing and this is consistent to year to date.
    - Even though Salaries and Wages seem to be consistent with budget, given lower activity level, Overtime should be tightly managed and monitored.

- Cash on Hand -1.5 Days (before $5M subsidy)
- Contributing Factors:
  - Continuous challenge of timely review process for medical necessity before billing
  - Low activity
  - Ongoing clinical documentation challenges

2

# Income Statement
## For FY18 operating period ending December 31, 2017

| | Month of December | | | Variance | | | | 2018 Year To Date | | | Variance | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | |
| **Statistics** | | | | | | | | | | | | | | |
| Admission | 397 | 562 | 660 | (165) | -29% | (263) | -40% | 1,299 | 1,487 | 1,800 | (188) | -13% | (501) | -28% |
| Patient Days | 6,054 | 6,400 | 6,615 | (346) | -5% | (561) | -8% | 18,039 | 18,476 | 19,502 | (437) | -2% | (1,463) | -8% |
| Emergency Room Visits | 4,624 | 4,745 | 4,943 | (121) | -3% | (319) | -6% | 14,081 | 13,950 | 14,531 | 131 | 1% | (450) | -3% |
| Clinic Visits | 1,450 | 1,500 | 1,544 | (50) | -3% | (94) | -6% | 4,642 | 4,469 | 5,185 | 173 | 4% | (543) | -10% |
| IP Surgical Procedures | 91 | 104 | 102 | (13) | -13% | (11) | -11% | 261 | 317 | 295 | (56) | -18% | (34) | -12% |
| OP Surgeries | 63 | 138 | 119 | (75) | -54% | (56) | -47% | 260 | 413 | 356 | (153) | -37% | (96) | -27% |
| Radiology Procedures | 3,650 | 4,267 | 4,267 | (617) | -14% | (617) | -14% | 11,763 | 12,952 | 12,952 | (1,189) | -9% | (1,189) | -9% |
| **Revenues** | | | | | | | | | | | | | | |
| Net Patient Service Revenue | 7,613 | 9,732 | 9,185 | (2,119) | -22% | (1,572) | -17% | 24,390 | 28,446 | 25,068 | (4,056) | -14% | (678) | -3% |
| DSH | - | - | 107 | - | 0% | (107) | 0% | - | - | 322 | - | 0% | (322) | -100% |
| CNMC Revenue | 184 | 257 | 213 | (73) | -28% | (29) | -14% | 552 | 762 | 670 | (210) | -28% | (118) | -18% |
| Other Revenue | 527 | 539 | 727 | (12) | -2% | (200) | -28% | 1,932 | 1,612 | 2,363 | 320 | 20% | (431) | -18% |
| **Total Operating Revenue** | 8,324 | 10,528 | 10,232 | (2,204) | -20.9% | (1,908) | -18.6% | 26,874 | 30,820 | 28,423 | (3,946) | -12.8% | (1,549) | -5.4% |
| **Expenses** | | | | | | | | | | | | | | |
| Salaries and Wages | 4,841 | 4,890 | 4,770 | (49) | -1% | 71 | 1% | 13,895 | 14,299 | 13,294 | (404) | -3% | 601 | 5% |
| Employee benefits | 957 | 1,220 | 983 | (263) | -22% | (26) | -3% | 3,639 | 3,584 | 3,413 | 55 | 2% | 226 | 7% |
| Contract labor | 208 | 219 | 299 | (11) | -5% | (91) | -30% | 929 | 646 | 915 | 283 | 44% | 14 | 2% |
| Professional fees | 604 | 756 | 749 | (152) | -20% | (145) | -19% | 1,875 | 2,225 | 2,355 | (350) | -16% | (480) | -20% |
| Supplies | 1,066 | 909 | 911 | 157 | 17% | 155 | 17% | 3,025 | 2,757 | 2,319 | 268 | 10% | 706 | 30% |
| Pharmaceuticals | 295 | 211 | 368 | 84 | 40% | (73) | -20% | 877 | 608 | 892 | 269 | 44% | (15) | -2% |
| Purchased services | 1,360 | 1,543 | 1,020 | (183) | -12% | 340 | 33% | 4,797 | 4,380 | 3,010 | 417 | 10% | 1,787 | 59% |
| Other | 883 | 720 | 638 | 163 | 23% | 245 | 38% | 2,191 | 2,157 | 2,256 | 34 | 2% | (65) | -3% |
| **Total Operating Expenses** | 10,214 | 10,468 | 9,738 | (254) | -2.4% | 476 | 5% | 31,228 | 30,656 | 28,454 | 572 | 1.9% | 2,774 | 9.7% |
| **Operating Gain /(Loss)** | (1,890) | 60 | 494 | (1,950) | -3276% | (2,384) | 483% | (4,354) | 164 | (32) | (4,518) | 2755% | (4,323) | -13722% |

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# Balance Sheet

## As of the month ending December 31, 2017

| Dec-17 | Nov-17 | MTD Change | | Sep-17 | YTD Change |
|---|---|---|---|---|---|
| | | | **Current Assets:** | | |
| $ 17,719 | $ 21,770 | $ (4,051) | Cash and equivalents | $ 25,855 | $ (8,136) |
| 27,189 | 28,410 | (1,221) | Net accounts receivable | 24,240 | 2,949 |
| 2,113 | 2,073 | 40 | Inventories | 1,904 | 209 |
| 3,564 | 3,463 | 101 | Prepaid and other assets | 2,898 | 666 |
| 50,586 | 55,716 | (5,131) | Total current assets | 54,897 | (4,312) |
| | | | **Long-Term Assets:** | | |
| 235 | 235 | - | Estimated third-party payor settlements | 235 | - |
| 78,303 | 78,872 | (569) | Capital assets | 79,387 | (1,084) |
| 78,538 | 79,107 | (569) | Total long term assets | 79,622 | (1,084) |
| $ 129,124 | $ 134,823 | $ (5,700) | Total assets | $ 134,519 | $ (5,396) |
| | | | **Current Liabilities:** | | |
| $ 27 | $ 27 | - | Current portion, capital lease obligation | $ 36 | $ (9) |
| 10,426 | 11,567 | (1,141) | Trade payables | 10,259 | 167 |
| 9,144 | 9,716 | (572) | Accrued salaries and benefits | 8,808 | 336 |
| 1,887 | 1,978 | (91) | Other liabilities | 1,979 | (92) |
| 21,484 | 23,288 | (1,804) | Total current liabilities | 21,082 | 402 |
| | | | **Long-Term Liabilities:** | | |
| 3,194 | 3,506 | (312) | Unearned grant revenue | 1,328 | 1,866 |
| 3,889 | 4,731 | (842) | Estimated third-party payor settlements | 4,683 | (794) |
| 2,016 | 2,016 | - | Contingent & other liabilities | 2,016 | - |
| 9,099 | 10,253 | (1,154) | Total long term liabilities | 8,027 | 1,072 |
| | | | **Net Position:** | | |
| 98,541 | 101,282 | (2,741) | Unrestricted | 105,410 | (6,869) |
| 98,541 | 101,282 | (2,741) | Total net position | 105,410 | (6,869) |
| $ 129,124 | $ 134,823 | $ (5,699) | Total liabilities and net position | $ 134,519 | $ (5,395) |

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**Remarks Summarizing Report Made To**
**United Medical Center Finance Committee**
**January 26, 2017**
**by**
**Wayne Turnage**

## Introduction

Good morning Madam Chairwoman and members of the Board for the United Medical Center Not-For-Profit Corporation Hospital (UMC). As I have an unavoidable conflict that keeps me away from today's Board meeting in-person, I thought it necessary to share the high-level details of the hospital financial report as we enter 2018.

Allow me to say at the outset that the hospital finances are under some duress. Through an unfortunate confluence of external factors, significant pressures have been exerted on UMC in ways that adversely impact the flow of patients seeking care from this facility and the hospital's efficiency in securing revenue for health care services delivered to those who continue to rely on this UMC for treatment.

The table below provides a summary of the revenue picture for UMC for the months of November and December 2017. As shown, relative to year-to-date budget figures for 2017, hospital revenues were down 8.6% and 12.8% respectively for November and December year-to-date in 2017.

This means for the 1st quarter of FY2018, the hospital experienced an operating margin loss of just over 16%. Stated differently, at the end of the first quarter for this fiscal year, the hospital lost 16 cents for every dollar of revenue it collected.

Table 1

United Medical Center Operating Revenue Trends

| Revenue Period | Percent Change From YTD 2017 Budget | Income Gain/(Loss) From YTD 2017 Budget | 2018 Year-To-Date Total Operating Gain/(Loss) |
|---|---|---|---|
| **November FY2018 YTD** | -8.6% | (-1.7M) | ($2.4M) |
| **December FY2018 YTD** | -12.8 | ($3.9M) | ($4.3M) |
| **1st Quarter Operating Margin FY 2018 YTD** | -- | -- | -16% |

Source: Office of the Chief Financial Officer, United Medical Center, November 2018 Income Statement and December 2018 Income Statement.

In response, the operator revised the predicted admissions levels for the remainder of FY2018 and recommended to the Office of the Chief Financial Officer (OCFO) that the current budget be reset to account for this plummeting metric.

***Evidence of Lower Patient Activity.*** The cascading effect of such a sharp downturn in patient admissions echoed through all of hospital operations. To illustrate, Table 2 on page 3 reports the percent change in Net Patient Service Revenue for both the months of November and December, along with changes in the key patient utilization indicators.

**Table 2**

**UMC Patient Activity Data for November and December 2017 Compared To 2016**

| Indicators | Percent Change From November 2016 | Percent Change From December 2016 |
|---|---|---|
| **Gross Patient Service Revenue** | -13% (-$1.3M) | -17% (-$2.1M) |
| **Inpatient Utilization** | -31% | -13% |
| **Outpatient Utilization** | -34% | -54% |
| **Radiology Procedures** | -9% | -14% |
| **Hospital Admissions Shortfall** | -11% | -29% |
| **Emergency Room Admissions Shortfall** | 1% | -3% |

Source: Office of the Chief Financial Officer, January 2018.

As noted earlier, because of the continued deterioration of admissions through the 1st quarter of FY 2018, Veritas recommended that the budget admissions volumes -- which are used to predict revenue for hospital operations -- be reset to reflect these worsening trends. A revised set of numbers has been provided to the OCFO and the operating budget will be reforecast in January 2018 to ensure, going forward, that the baseline from which the hospital is operating is a realistic one.

**Revenue Capture Challenges**

Madam Chairwoman, as you would expect, the declining fortune of the hospital has required that the OCFO regular draw from UMC's cash reserves to meet hospital operating expenses. By the end of November, the hospital was nearly insolvent with just over 8.1 days of cash on hand. By

Moreover, for FY2018, despite the difficult environment that has characterized 1st Quarter hospital operations, Veritas has made some progress in adjusting UMC's cost structure to partially mitigate the effect of UMC's persistent revenue problems. Salaries, benefits, professional fees, and contract labor account for nearly 65% of hospital expenses. In these categories, the cost increases thus far in FY2018 have, overall, been modest at a 1.9% growth rate. The clear implications are that the next operator will not be able to cut UMC to fiscal stability.

***Cash Capture Opportunities Through Improved Revenue Cycle Management (RCM).*** Revenue cycle management has evolved in hospital administration as a sophisticated science and must be effectively designed, implemented, and managed to ensure a hospital's survival. With properly trained staff and sophisticated medical billing software, an effective RCM process can precisely track patient appointment scheduling as well as unscheduled ER visits, from actual patient care episodes to the final payment of the patient's bill, usually by a third party. Thus, RCM is the marrying of the clinical side of the hospital with its business operations, effectuated by merging patient registration data with treatment information and final billing.

***UMC's Longstanding Challenge With RCM.*** RCM has both a front-end and back-end process. The front-end consists of the steps necessary to prepare a claim and it should be triggered once the patient walks in the door and is dynamically evolved up to the point of discharge. If the process does not appropriately document the patient experience and convert that visit to a billable claim, the collection rate for the back-end part of the process -- which is essentially a billing operation -- will suffer greatly.

Likewise, if the back-end part of the process, is not intertwined with the operational side, bills that are produced from the front-end but fail internally or are rejected by the third-party payor, will not be efficiently reprocessed.

Madam Chairwoman, as you are aware, historically, hospital management has been responsible for the front-end and the OCFO the back-end. This, as you might imagine, is not considered a best practice for RMC but for years it was wrongly believed to be a statutory requirement at UMC. Given its importance to the financial viability of the hospital, it is imperative that RCM be under the central control of one competent entity.

In the past, this bifurcation produced terrible results. UMC's front-end churned out poorly documented claims and the billing operation did not properly recycle those bills to the hospital staff for correction. Hence, when insurers kicked flawed bills back due to deficient documentation - valuable claims would lay untouched in the hospital for some time.

While some improvements were made to the process over the past several years through various contract vendors, these changes were never embedded in the day-to-day operational culture of UMC and typically did not survive the exit of the contractors. Accordingly, when the District was prepared to bring in yet another contractor at a cost of approximately $1 million per year, the OCFO intervened and indicated that it would handle the entire process.

adjudicated through RCM. In addition, DHCF has recently made significant changes to its reimbursement methodology for nursing homes, rewarding disproportionately those facilities that care for patients with greater medical needs. This new methodology adds more than $20 million to the industry but it requires nursing homes to precisely bill based on the differing medical needs of each of its patients – no more facility wide payments with slight adjustments for patient casemix. Those homes that fail to adapt to this new system will forfeit large sums of money.

**Keys Issues Going Forward**

Today, the Board will select the operator to replace Veritas. As the vendors first task, I strongly recommend that the Board direct this group to conduct a thorough top to bottom assessment of the UMC's finances and its RCM process. While the Board will undoubtedly face tough decisions with respect to funding this hospital, there is likely much to gain by addressing the problems that continue to plague UMC's efforts to collect the revenue to which it is entitled.

This work obviously cannot be completed prior to current efforts to revise the FY2018 budget in the next two weeks; however, the Board should ensure that this assessment is used to inform its near term thinking with the OCFO as to how RCM should be organized and whether a budget reduction plan is necessary to help reset the cost structure for UMC.

Madam Chairwoman, this concludes my finance report and I yield the floor to the CFO and the CEO for any additional comments.