



UMC
UNITED
MEDICAL CENTER

General Board Meeting

Date: April 25, 2018
Location: United Medical Center
1310 Southern Ave., SE,
Conference Rooms 2-3
Washington, D.C. 20032

2018 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Malika Fair, *Vice-Chair*
Matthew Hamilton, *CEO*

Girume Ashenafi
Jacqueline Bowens
Konrad Dawson, MD
Brenda Donald
Millicent Gorham
Angell Jacobs
Eric Li, MD
Sean Ponder
Velma Speight
Wayne Turnage
Mina Yacoub, MD



**NFPHC Board of Directors General Meeting
Wednesday, April 25, 2018**

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 Patient Safety and Quality Committee - Dr. Malika Fair, Chair

 Finance Committee – Wayne Turnage, Chair

 Strategic Planning Committee – Brenda Donald, Chair



**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 Wednesday, April 25, 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**
March 28, 2018
- V. CONSENT AGENDA**
 - A. Dr. Dennis Haghighat, Chief Medical Officer
 - B. Dr. Mina Yacoub, Medical Chief of Staff
- VII. EXECUTIVE MANAGEMENT REPORT**
Chief Executive Officer
- VIII. COMMITTEE REPORTS**
 - Patient Safety and Quality Committee
 - Finance Committee
 - Strategic 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).



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.

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.

Tab 2

Meeting Minutes



**Not-For-Profit Hospital Corporation
General Board Meeting
Wednesday, March 28, 2018.**

Present: Chairperson, LaRuby Z. May, Chairperson; CEO, Matthew Hamilton, Director Sean Ponder, Director Velma Speight, Dr. Malika Fair; Director Millicent Gorham, Director Wayne Turnage, Director Girume Ashenafi, Director Angell Jacobs, Director Brenda Donald, Director Jackie Bowers, Dr. Mina Yacoub, Dr. Konrad Dawson, Dr. Eric Li, Michael Austin.

Agenda Item	Discussion	Action Item
Call to Order.	The meeting was called to order by LaRuby May, Chairperson, Wednesday, March 28, 2018 at 9:185 am in Conference Rooms 2/3 at the United Medical Center 1310 Southern Avenue, SE, WDC, 20032.	
Roll Call.	LaRuby Z. May, Chairperson; Sean Ponder, Wayne Turnage, Brenda Donald, Velma Speight, Dr. Malika Fair; Millicent Gorham, Angell Jacobs, Jacqueline Bowen, Dr. Li, Dr. Yacoub, and Matthew Hamilton.	
Determination of Quorum.	A quorum was determined by Michael Austin.	
Approval of the Agenda.	Agenda was approved as amended. Motion. Seconded. Motion passes. Agenda approved unanimously.	
Review and Approval of Minutes.	Meeting minutes for February 28, 2018 General Board Meeting. Motion seconded. Motion pending corrections; passed; agenda approved unanimously.	Corrections to Minutes--- Dr. Malika Fair: minor editorial edits to Patient Safety and Quality minutes. Director Velma Speight:

<p>Minutes does not reflect her appointment as Chair, Audit Committee.</p>	<p>Dr. Li: Will provide copy of Dashboard Results in print.</p> <p>Chair May: Mr. Hamilton should provide a defined EoM program at April's Board Meeting.</p> <p>Chair May: Diabetes Clinic should be improved to serve the community. UMC should take advantage of 501 3 ©.</p>
<p>Chair May</p>	<p>Dr. Eric Li, CMO:</p> <ul style="list-style-type: none"> Presented Hospital Dashboard Results. Admission and Denial of patients on Behavioral Health Unit (BHU) varies. BHU has 34 beds but 20 patients on average. <p>Dr. Mina Yacoub: Chief of Staff (COS) Report:</p> <ul style="list-style-type: none"> Medical Staff Position: Vice Chief of Staff. <p>Motion to accept CMO and COS Reports, respectively. Motion seconded. Motion passed unanimously.</p> <p>Mr. Hamilton: Executive Management Report:</p> <ul style="list-style-type: none"> Decide values of UMC. Need to review policy and procedures: one year of data to review and ensure internal control; centralize policy in a specific location and used as training tools. Workforce Management: DCNA Payout to be discussed by Lillian. Nurses considering return to UMC. New CMO: Dr. Dennis Haghighat announced. Thanked Dr. Li for service as Acting CMO. George Washington Emergency Department starts Monday, April 01, 2018. Employees may enter the hospital at any entry; Employee of the Month (EoM) Program: select ten employees to be honored; peer-to-peer selection process; management does not vote; committee is established to oversee the Employee Recognition Program; customer service training will be hospital wide; supervisors will be involved in selection to ensure compliance; invite EoM to Board Meetings. Personnel optimization of customer service. <i>Clinical Evidence Protocol Review:</i> 6.7% to 4.5% in March 2018, an ideal number. CMS gives a specific time for hospitalization; Utilization Review: Case Management, IT, Operating environment requires upgrades to architecture of building; Healthcare Delivery Priorities—the lack of Urgent Care Centers in the community is pushing the need for Primary Care. Increase of Dialysis in the ED.

- *Clinical Management:* enhance clinical tools to ensure that patients get resources. Dr. M. Hilliard will oversee pilot program beginning April 01- April 30th. Fast Track ED model is not ideal for UMC because insurance providers must be asked for “Observation”. Rooms on floors 4 and 8 have been designated for Observation. Redesign the FastTrack which is to treat patients who have low acuity and can be sent home. Dialysis Center lease renewal.

Motion to accept Executive Management Report.

Motion seconded.

Motion passed unanimously.

Dr. Malika Fair: Patient Safety and Quality Report (PSQR):

- There was a comment made during our last board meeting about the ICU nurse ratios. This was looked into and we met the goals of 1 nurse for every 2 patients 70% of the time during the past year and 95% of the time in the past 7 months.
- We expect to have our annual survey from the Department of Health within the next three months. The hospital leadership are carefully reviewing deficiencies noted in prior surveys as well as plans of correction to look for trends and ensure compliance.
- We received a letter of deficiency from the department of health regarding the EMTALA violation of which we immediately responded to with modifications internally according to best practices which includes the training of 100% of our staff and collaboration with CNMC. We will submit a full plan of correction within the next week.
- We routinely collect data on Serious Safety events which include pressure ulcers, falls, surgical site infections, foreign objects unintentionally retained after surgery etc. We have not had an SSE for the past 70 days. The prior SSE was reported to DOH and we have done a complete root cause analysis.
- We will participate in Leap Frog this year- the data submission will start on 4/1 and go through the end of June
- Partnering with Press Ganey Associates to improve patient satisfaction scores that are considerably low
- A Hazard and Vulnerability assessment has been completed with a content expert and a plan is being created to ensure the protection and safety of patients and staff.

Chair May: Dr. Fair should oversee Clinical Management issues.

Motion to accept Patient Safety and Quality Committee Report.
Motion seconded.
Motion passed unanimously.

Director Benda Donald: Strategic Planning Committee Report:

- Members are Director Velma Speight, Director Angell Jacobs, and Director Sean Ponder.
- Planning annual Board Retreat: Proposed Agenda
- Mazars presentation and findings central to the Board Retreat.

Motion to accept Strategic Planning Committee Report.
Motion seconded.
Motion passed unanimously.

Director Wayne Turnage: Finance Committee Report.

- Finance Committee Meeting rescheduled.
- Ms. Lillian: payment to BCNA scheduled for April 06, 2018

Announcements

Closed Session:

- Mr. Emil Hirsch stated subject and exceptions to Open Meetings Acts to go into Closed Session.
- Confidential report in evaluation of OCFO and other finance issues.

Roll Call to go into Closed Session:

- LaRuby May - Yes
- Sean Ponder - Yes
- Brenda Donald - Yes
- Velma Speight - Yes
- Dr. Fair - Yes
- Angell Jacobs – Yes

Board books need to be out the Friday before the Board meeting.

Adjourned at
12:21 PM.

LEAVED



**Not-For-Profit Hospital Corporation
Wednesday, March 14, 2018**

Present: Chairwoman Ms. LaRuby May, Dr. Conrad Dawson, Ms. Angell Jacobs, Mr. Girume Ashenafi, Dr. Li, Ms. Velma Speight, Ms. Millicent Gorham, Ms. Brenda Donald, Mr. Matthew Hamilton

Agenda Item	Discussion	Action Item
Call to order	The meeting was called to order at 1:01 PM.	
Determination of Quorum	A quorum was determined by: Michael S. Austin.	
Approval of the Agenda	Agenda approved. Motion. Seconded. Motion passes. Agenda approved unanimously.	
	<p><u>Contracts Appeals Board Decision</u></p> <ul style="list-style-type: none"> The Board received legal advice about options to take pending a decision from the DC Contracts Appeals Board. <p><u>Finance Committee Budget Reforecast</u></p> <ul style="list-style-type: none"> The Board reviewed Not-For-Profit Hospital Corporation the FY 2019 Proposed Budget and FY 2018 Proposed Forecast Operations (attached). 	

- In FY2019, without any assumption of a subsidy, the forecasts that UMC has a shortfall of \$15.7M. If you include that loss with the proposed budget, the loss rose to \$33.7M.
- In response, OCFO has been working with Marzars leadership to produce a set of actions that they propose be taken to address the shortfalls in FY18 and the proposed budget of FY19.
- Mazars and the OCFO have identified a set of initiatives that will leave a smaller amount for the District government to subsidize.
- (The Board reviewed the attached FY2018 reforecast and FY2019 proposed budget).
- **Motion to accept the FY2018 reforecast and the FY2019 Proposed Budget. Second.**
- **Roll Call Vote:**
- LaRuby May – YES
- Wayne Turnage – YES
- Brenda Donald – YES
- Velma Speight - YES
- Dr. Dawson - YES
- Millicent Gorham - YES
- Girume Ashenafi - YES
- Angell Jacobs – YES

Adjournment Meeting adjourned at 2:03 PM

Tab 3

Consent Agenda



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.

Chief Medical Officer Board Report

Dennis P. Haghghat, M.D.

April 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. Eskender Beyene, 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. Jerome Byam, 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.



DEPARTMENT CHAIRPERSONS

Anesthesiology.....Dr. Amaechi Erondu

Critical CareDr. Mina Yacoub

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

MedicineDr. Musa Momoh

Pathology.....Dr. Eric Li

PsychiatryDr. Surendra Kandel

Radiology.....Dr. Raymond Tu

SurgeryDr. Gregory Morrow



Departmental Reports



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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



Dennis P. Haghighat, M.D. Chief Medical Officer

On April 11, 2018 the Department of Health of the District of Columbia completed United Medical Center's annual accreditation survey. The surveyors were on site for a total of six business days. At the exit interview the surveyors shared preliminary opportunities for improvement for the hospital in the areas of Pharmacy, nursing documentation, and general cleanliness of non-clinical areas. The hospital anticipates a detailed list of all deficiencies from both the Department of Public Health and the Centers for Medicare Services shortly. Administrative and clinical leaders have a clear idea regarding the areas that need improvement and correction plans are underway and were started as the problems were identified during the survey. As always, the challenge will be to "hard wire" the changes so that they become part of the day-to-day operations of the hospital so that future findings can be avoided and issues identified and resolved internally before regulatory survey.

Overall the patient satisfaction scores and the number of new medical staff applications remain at recent historical levels but below levels that we aspire for our hospital and our community. Plans are underway to start sustainable upward trends in these areas.

UMC leadership would like to thank the hospital's governing board for their support as we onboard our new emergency physician group. On April 1st the GW faculty and physicians began their tenure as our new ED provider group. Thus far the transition has gone smoothly. The UMC medical staff will be working closely with these physicians to incorporate them into our processes and to help drive the quality of care and efficiency standards that we would like to see. Some of the metrics that we will be working on are included in Dr. O'Connell's report that is contained in the pages that follow. We believe that this is an important step in helping to reestablish UMC as the provider of choice for our neighbors in the 7th and 8th wards.

UMC In-Patient

	July-Sept 2017	Oct.-Dec. 2017	Jan -Mar 2018
Rate Hospital 0 – 10	46.8 ▲	49.3 ▲	42.9 ▼
Recommend the Hospital	35.5 ▲	38.8 ▲	26.8 ▼
Cleanliness of Hospital Environment	54.1 ▼	61.8 ▲	48.2 ▼
Quietness of Hospital Environment	49.2 ▼	50.0 ▲	47.2 ▼
Communication with Nurses	58.4 ▼	65.7 ▲	66.6
Response of Hospital Staff	51.6 ▲	42.2 ▼	38.5 ▼
Communication with Doctors	77.2 ▲	67.6 ▼	65.9 ▼
Hospital Environment	51.6 ▼	55.9 ▲	47.7 ▼
Communication About Pain	---	---	33.4
Pain Management	55.9 ▼	54.0 ▼	51.5 ▼
Communication About Medicines	48.5 ▼	50.0 ▲	57.7 ▲
Discharge Information	67.0 ▼	72.0 ▲	68.0 ▼
Care Transitions	30.0 ▼	37.4 ▲	39.2 ▲



Mina Yacoub, M.D.
Chief of Staff



Amaechi Erondu, M.D., Chairman

PERFORMANCE SUMMARY:

The overall cases for the month of March 2018 were 204. Total surgical cases were 86, while Endoscopy cases were 118. Inpatient surgical cases 48 while Outpatient surgical volume is 56. Endoscopy inpatient cases were 39 while outpatient volume was 80. *See attached.*

We have substantially reduced late surgical cases (Elective) after 17:30 with the continued assistance of the surgical department.

We welcome our new Anesthesiologist, Dr. Shamsuzzoha Khondker. He joins us from University of Maryland, Eastern Shore. He is an experience physician with great quality patient care. A pleasant team player!

QUALITY INITIATIVES AND OUTCOME:

SCIP protocol is consistently ensured for all our patients with no fall outs. Surgical and anesthesia time outs are followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics.

We have initiated assessment for Obstructive Sleep Apnea for same day surgery patients Review of the facility anesthesia performance benchmarked with Age and co-morbidity compares well with other facilities.

EVIDENCE-BASED PRACTICE:

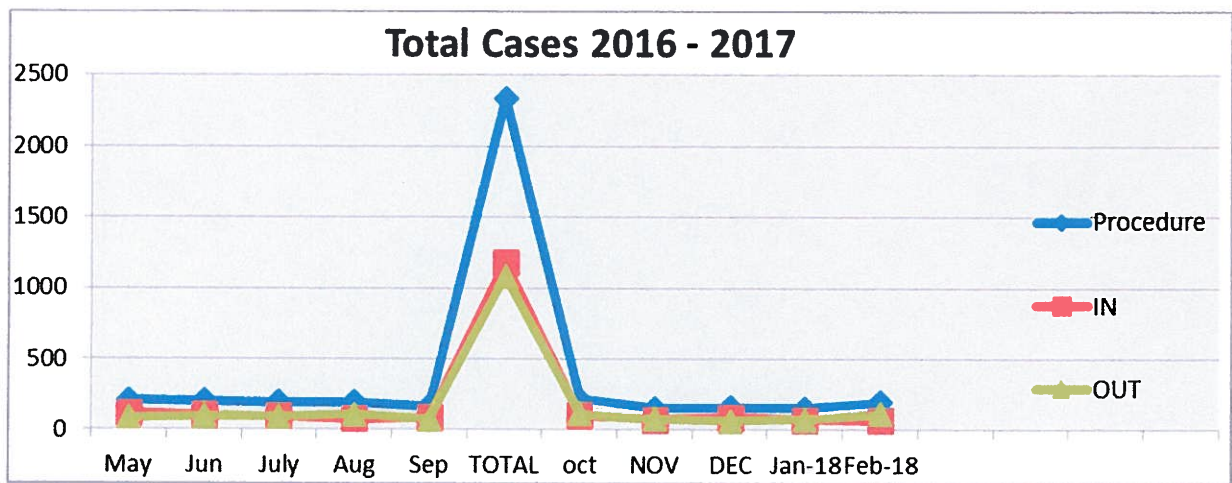
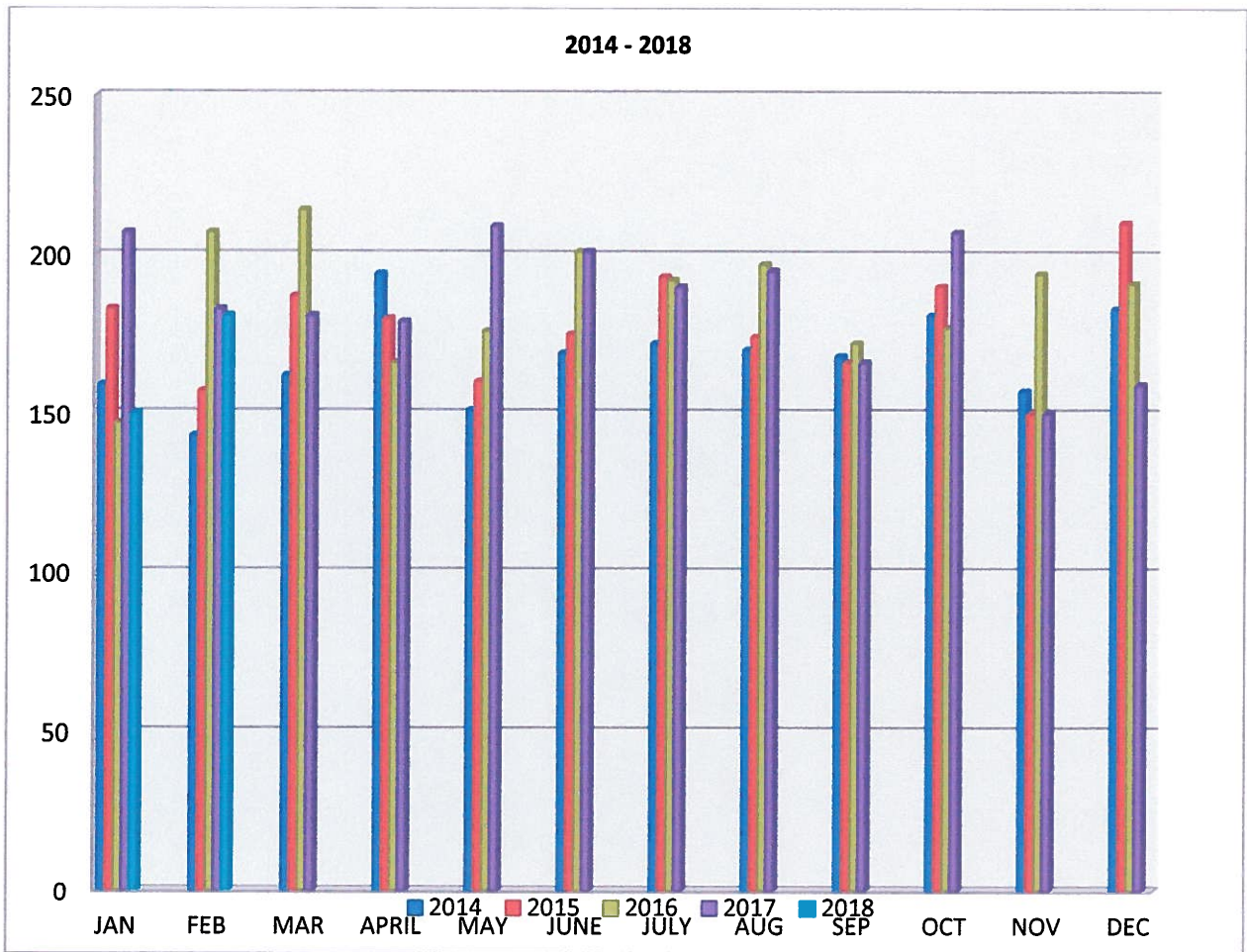
Anesthesia department is continuing to review all current policies and update them to align with the best practices. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care

SERVICE (HCAHPS) SATISFACTION:

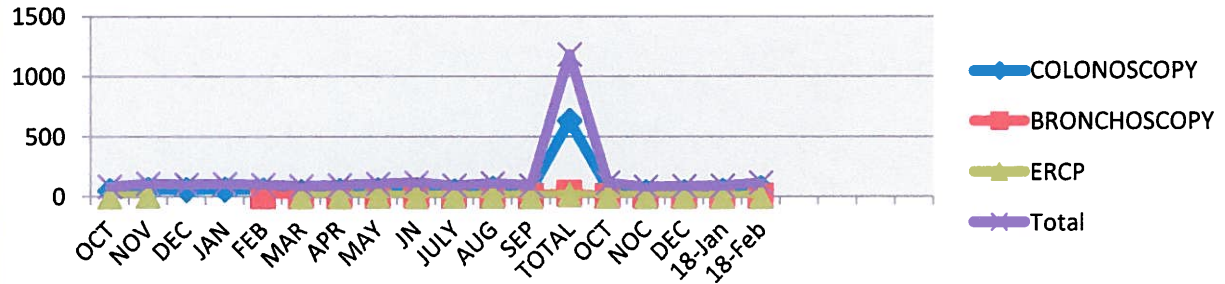
The Anesthesia Providers continue to provide quality service to our patients. We continue to provide real-time performance assessment of the anesthesia providers. We provide standardized service that ensures patient satisfaction.

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.



Endoscopy 2016 - 2017



	2014	2015	2016	2017	2018
JAN	159	183	147	207	150
FEB	143	157	207	183	181
MAR	162	187	214	181	
APRIL	194	180	166	179	
MAY	151	160	176	209	
JUNE	169	175	201	201	
JULY	172	193	192	190	
AUG	170	174	197	195	
SEP	168	166	172	166	
OCT	181	190	177	207	
NOV	157	150	194	150	
DEC	183	210	191	159	
YTD	2009	2125	2234	2227	



Mina Yacoub, M.D., *Chairman*

In March 2018, the Intensive Care Unit had 62 admissions, 62 discharges, and 253 Patient Days. ICU Average Length of Stay (ALOS) was 4.1 days in March.

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 March was 11.1%. Mortality review is conducted in April 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 Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes.

Ventilator Associated Event (VAE) bundle

ICU continues to implement evidence-based best practices for patients on mechanical ventilators. The ICU in March had no VAE.

Infection Control Data

For the month of March, 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 March, there were 149 ventilator days with no VAPs, 78 central line days with no CLABSIs and 219 foley catheter days with no CAUTIs.

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). Hand Hygiene initiative is in effect and March compliance rate is reported at 91%

Care Coordination/Readmissions

In March, 72 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. New initiative being implemented with Infection Prevention team is Hand Hygiene. Infection Prevention team is monitoring performance.

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 - Financial information on ICU budgets and performance is pending.

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.



Francis O'Connell, M.D., *Medical Director*

George Washington Medical Faculty Associates (MFA) began providing emergency care at UMC on April 1, 2018. We are very excited about the opportunity and hope that this is the first step of a broader relationship between the Hospital and our multispecialty group that will result in improved care for the citizens in the Hospital's catchment area.

Our initial focus this week was provider orientation, as we are introducing 12 new physicians and 11 new APP's to the UMC systems. It is noteworthy that this has proceeded quite smoothly despite several women arriving in labor with all patients presenting for emergency care appropriately evaluated with appropriate admission, discharge, and transfer decisions. As we become more familiar with your systems, MFA will coordinate with UMC IT resources to determine the reporting capabilities of our systems and develop the templates for a regular reporting system. It is our intent to determine if the following reports can be produced both in aggregate and for individual providers.

1. ED volume by day, month, and year, compared to previous periods
 - a. Disposition of volume by discharge, admit, transfer, and other categories as appropriate (AMA, elopement)
2. Ambulance arrivals by day, month and year, broken down by DC Fire, AMS, and PG County
3. AMA percentage by day, month with comparisons to prior periods
4. Throughput measures (group averages and by individual provider)
 - a. Total length of stay (broken down by admission, discharge, transfer)
 - b. Door to decision time (by admission, discharge, transfer)
 - c. Room to Decision time (by admission, discharge transfer)
 - d. Door to Depart time (by admission, discharge, transfer)
 - e. Room to Depart times (by admission, discharge, transfer)

In addition, we identified challenges regarding the transportation of women in labor or with late term obstetric problems who present to the ED that we look forward to working with you to resolve. We look forward to a synergistic, productive collaboration.



Musa Momoh, M.D., *Chairman*

*The Department of Medicine welcomes the new Chief Medical Officer
Dr. Dennis P. Haghighat*

The Department of Medicine remains the largest department in the hospital and accounts for most of the hospital admissions and discharges.

The Department of Medicine and the Hospitalist program have been working with our Physician Advisor, Dr. Deidre Hilliard, on decreasing the length of stay for observation patients. The initiative installed by Dr. Hilliard and the department of case management kicked off on the 2nd of April 2018. The nursing staff has been very supportive with this initiative.

The Department of Medicine is also involved with the re-introduction of morbidity and mortality conference. The morbidity and mortality conference is scheduled for April 18, 2018.

STATS

Admissions – 391

Discharges – 383

ALOS – 6.09 days

Observation Status

Number of Patients – 133

Observation Days – 330



Eric Li, M.D., Chairman

Month	01	02	03	04	05	06	07
Reference Lab test - Urine Protein 90% 3 days	100% 40/40	58% 28/48	98% 52				
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	92% 66/72	93% 65/70	81% 13				
Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)	100%	100%	100%				
Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)	100%	100%	100%				
Review of Unacceptable Blood Bank specimen (Goal 90%)	98%	99%	98%				
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/Incubators (Benchmark <90%)	100%	100%	100%				
Utilization of Red Blood Cell Transfusion/ CT Ratio - 1.0 - 2.0	1.3	1.2	1.2				
Wasted/Expired Blood and Blood Products (Goal 0)	4	-0-	2				
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%				
Hematology Analytical PI	100%	100%	100%				
Body Fluid	13/13	12/12	6/6				
Sickle Cell	0/0	2/2	2/2				
ESR Control	100 19/19	100% 18/18	96% 22/23				
Delta Check Review	100% 162/162	99% 164/165	100% 186/186				

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.



Surendra Kandel, M.D., *Chairman*

Referrals

	Jan	Feb	Mar	YTD
Admissions	69	78	81	228
Denials	34	30	33	97
Total Referrals	103	108	114	325

Admission

ALOS (Target <7 Days)	6.26	4.95	5.07	16.28
Voluntary Admissions	22	34	27	83
Involuntary Admissions	47	44	54	47
Total Admissions	69	78	81	2.28

Referral Sources

CPEP	22	26	32	80
UMC ED	66	61	73	200
GWU	2	2	0	4
Providence	1	1	1	3
Georgetown	0	0	6	6
Sibley	1	1	0	2
UMC Medical/Surgical Unit	3	2	1	6
Children Hospital	0	0	0	0
Howard	2	3	0	5
Laurel Regional Hospital	0	0	1	1
Washington Hospital Center	0	0	0	0
Suburban	0	0	0	0
PIW	0	0	0	0
Other/Not listed	6	12	0	18
Total Referrals	103	108	114	325

Reason for not accepting patient to BHU

Patient did not meet criteria	29	21	25	75
No available beds	0	0	0	0
Left AMA	1	0	1	2
Not Medically clear/moved to medical unit	1	4	4	9
Transferred to VA	0	0	0	0
Out of Network Insurance	2	2	0	4
Do Not Admit List	1	0	0	1
Transferring hosp/CPEP recinded	0	2	0	2
Transferred elsewhere	0	1	0	1
Special service needed not offered by UMC	0	0	3	3
Total Denials	34	30	33	97

Other Measures

ED to Psych Admissions (Target: <2 hours)	3.8	3.4	4.5	3.9
Psychosocial Assessments (Target: 100%)	95%	82%	91%	89%
Discharge Appointments for those D/C'ed > 24 hours (Target: 100%)	93%	98%	91%	94%
Treatment Planning (Target: 100%)	75%	77%	78%	77%

Discharge Appointment

Discharge Appointments for those D/C'ed > 24 hours	68	65	63	196
# of patients with no Discharge Appointment due to D/C'ed less than 24 hours	0	0	3	3
3.9# Discharged to home without appointments	5	1	0	6
Patient decline outpatient	0	1	3	4
Discharge to medical unit	0	2	1	3
Transferred to St. Elizabeth's	3	3	2	8
Discharged Appointments for those D/C'ed>24 hours (TargetL 100%)	93%	98%	91%	94%

Group Participation

Total Art Group	0%	0%	0%	0%
Total Expressive Therapy	28.80%	36.40%	47%	37.40%
Total Social Worker Group	10.30%	3.60%	5.20%%	6.37%
Total Nursing Group	30.90%	14.50%	11.8%	19.07%
Total % Group Participation	17.50%	13.62%	16%	15.71%

Other

Patient who went to court	3	1	1	5
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Raymond Tu, M.D., *Chairman*

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	2				2		4	
CT SCAN	64		515		217		796	
FLUORO	13				13		26	
MAMMOGRAPHY					125		125	
MAGNETIC RESONANCE ANGIO	2				1		3	
MAGNETIC RESONANCE IMAGING	8		3		58		69	
NUCLEAR MEDICINE	8		1		10		19	
SPECIAL PROCEDURES	23		1		8		32	
ULTRASOUND	65		193		247		505	
X-RAY	131		893		866		1890	
CNMC CT SCAN			25				25	
CNMC XRAY			404				404	
GRAND TOTAL	316		2035		1547		3898	

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.

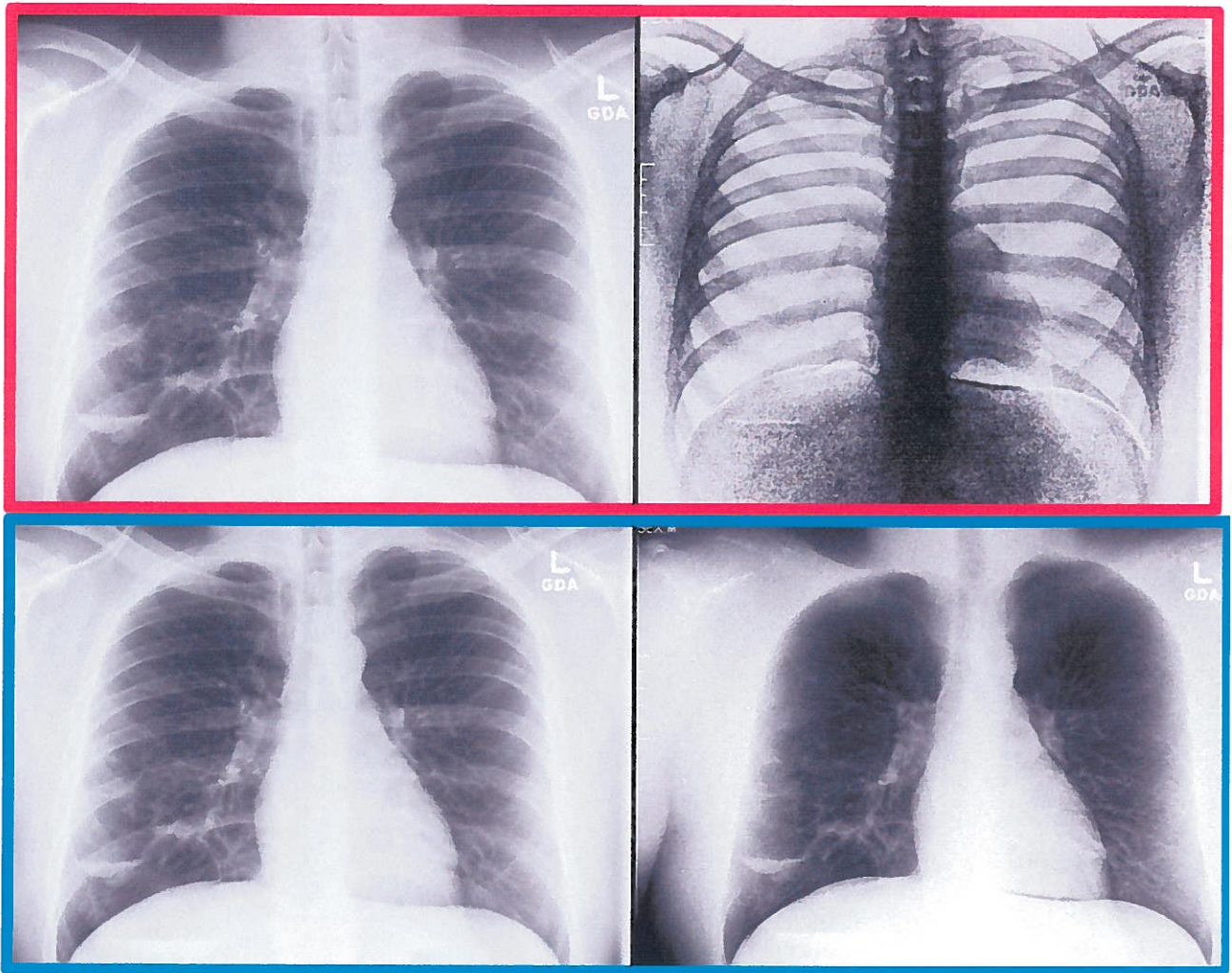
Code Blue/Rapid Response Teams (“RRTs”) Outcomes: One rapid response while waiting and unrelated to procedure.

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 equipment has been operating well including the new General Electric Revolution 64 sector CT scanner. The department signage and cosmetic enhancements are ongoing and are being well received. The UMC Radiology Department received re accreditation by the American College of Radiology in MRI and ultrasound. The radiology department has a new General Electric Discovery 656 Digital Radiography system. Using advanced techniques, subtraction of bone (blue) and subtraction of lung detail (red box) can be used to evaluate bone detail for fracture or lung detail for air space disease.



UMC radiology department new digital radiography system with advanced techniques to evaluate the lung (blue box with bone removed) and bone (red box with lung removed).

Stewardship: Dr. Tu continues to strongly recommend clinical decision support at the point of order entry to reduce unnecessary examinations and to aid in practitioners to order the right test, the right time for the right patient. On March 10th Dr. Tu spoke at the American Medical Association meeting in Washington, DC discussing the importance of health care in the Nation's Capital and introducing medical students to imaging modalities as ultrasound.



American Medical Association MARC meeting in Washington, DC

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. Dr. Tu spoke at the March UMC Quarterly Staff meeting on March 14th discussing the importance of coding, and documentation in Medicaid, the hospital's dominant health plan.

MARCH 14, 2018 QUARTERLY STAFF

Realities of DC Medicaid:

Exemplified by High-End Radiology in a Medicaid Dominated Practice.

What UMC Physicians Need to Know

Raymond K. Tu, M.D., M.S., F.A.C.R.

Chairman, Department of Radiology, NFPHC/United Medical Center, Washington, DC

Chairman, Department of Radiology, BridgePoint Hospital National Harbor, BridgePoint Sub Acute and Rehabilitation National Harbor, BridgePoint Hospital Capitol Hill, Washington, DC

Clinical Associate Professor, Radiology, The George Washington University, Washington, DC

Chair, American College of Radiology Medicaid Network





Gregory Morrow, M.D., *Chairman*

For the month of **MARCH 2018**, the Surgery Department performed a total of **204** procedures.

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

	2013	2014	2015	2016	2017	2018
JAN	173	159	183	147	216	155
FEB	134	143	157	207	185	181
MAR	170	162	187	215	187	204
APRIL	157	194	180	166	183	
MAY	174	151	160	176	211	
JUNE	159	169	175	201	203	
JULY	164	172	193	192	189	
AUG	170	170	174	202	191	
SEP	177	168	166	172	171	
OCT	194	191	181	177	214	
NOV	137	157	150	196	152	
DEC	143	183	210	191	153	

Over the last several months our surgical volumes have shown a steady rebound back to levels that are more in line with the consistency and growth we would expect.

Despite all these challenges, I am grateful to report that the hard work that the medial staff and support staff in the OR and Peri-operative services is producing results that we can continuously build upon.

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.

MEDICAL AFFAIRS
Sarah Davis, BSHA, CPMSM

UMC Medical Affairs Monthly Report

March 2018

APPLICATIONS IN PROCESS
(Applications received through March 31, 2018)

Department	# of Application in Process
Allied Health Practitioners	0
Anesthesiology	0
Emergency Medicine	1
Medicine	1
Pathology	0
Psychiatry	1
Radiology	0
Surgery	1
TOTAL	4

DEPARTMENT HIGHLIGHTS AND ANNOUNCEMENTS

- United Medical Center celebrated the 2018 National Doctors Day on Friday, March 30th. Celebration began with a continental breakfast and was followed by a luncheon. Dr. Mina Yacoub was honored for being chosen by his peers as the “Doctor of the Year”. Dr. Donna Cameron was the keynote speaker. She discussed preventing physician burn-out and ways to distress. Those who were in attendance received 1.0 AMA PRA Category 1 CME credit. Members of the Medical Staff were acknowledged for their dedication, commitment, and excellent service.
- United Medical Center Medical Staff held an election to fill the post of Vice Chief of Staff for the remaining 2017-2018 term. Dr. Marilyn McPherson-Corder has been elected and has assumed the role as of March 28, 2018.
- The Medical Affairs Department is currently recruiting for a new Credentialing Assistant to fill the vacancy that was once filled by Ms. Makysia Abbott.

CONTINUING MEDICAL EDUCATION GRAND ROUNDS SCHEDULE

April 4, 2018	Jihad Slim, M.D.	Overcoming Obstacles: Improving the Detection, Evaluation and Treatment of HCV-infected Individuals
April 11, 2018	Steven Nathan, M.D.	“Initial Therapy for PAH: Today's Multidisciplinary Approach”
April 18, 2018	F. Sandoval, M.D.	PTSD
April 25, 2018	Byron Thomashow, M.D.	REDUCING EXACERBATIONS IN COPD: Implementing Updated Guidelines and Care Coordination to Prevent Re-hospitalization

MEDICAL STAFF CREDENTIALING ACTIVITY

MARCH 2018

NEW APPOINTMENTS

Abuguyan, Fahad, M.D. (Emergency Medicine)
Bale, Evan, PA-C (AH-Emergency Medicine)
Boniface, Keith, M.D. (Emergency Medicine)
Davis, Stephen, M.D. (Emergency Medicine)
Ernzen, Rachel, PA-C (AH-Emergency Medicine)
Gipson, Katrina, M.D. (Emergency Medicine)
Haile-Mariam, Tenagne, M.D. (Emergency Medicine)
Keim, Amy, PA-C (AH-Emergency Medicine)
Kerns, Scott, M.D. (Radiology)
Kim, David, M.D. (Radiology)
Kunic, Joseph, PA-C (AH-Emergency Medicine)
Love, Erin, PA-C (AH-Emergency Medicine)
Maurano, Andrew, PA-C (AH-Emergency Medicine)
Meltzer, Andrew, M.D. (Emergency Medicine)
Mendelsohn, Marc, M.D. (Emergency Medicine)
Milikow, David, M.D. (Radiology)
Milzman, David, M.D. (Emergency Medicine)
Neitenbach, Britney, PA-C (AH-Emergency Medicine)
O'Connell, Francis, M.D. (Emergency Medicine)
Ogle, Kathleen, M.D. (Emergency Medicine)
Perez, Daniel, DPM (Podiatry)
Pourmand, Ali, M.D. (Emergency Medicine)
Rethy, Michael, M.D. (Radiology)
Robie, Stephen, PA-C (AH-Emergency Medicine)
Strauss, Ryan, PA-C (AH-Emergency Medicine)
Taillac, Victoria, PA-C (AH-Emergency Medicine)
Warchol, Jordan, M.D. (Emergency Medicine)
Wise, Michelle, NP (AH-Emergency Medicine)

PROVISIONAL REVIEW

Alford, Lisa, M.D. (Vascular Surgery and Wound Care/Active)

MEDICAL STAFF CREDENTIALING ACTIVITY

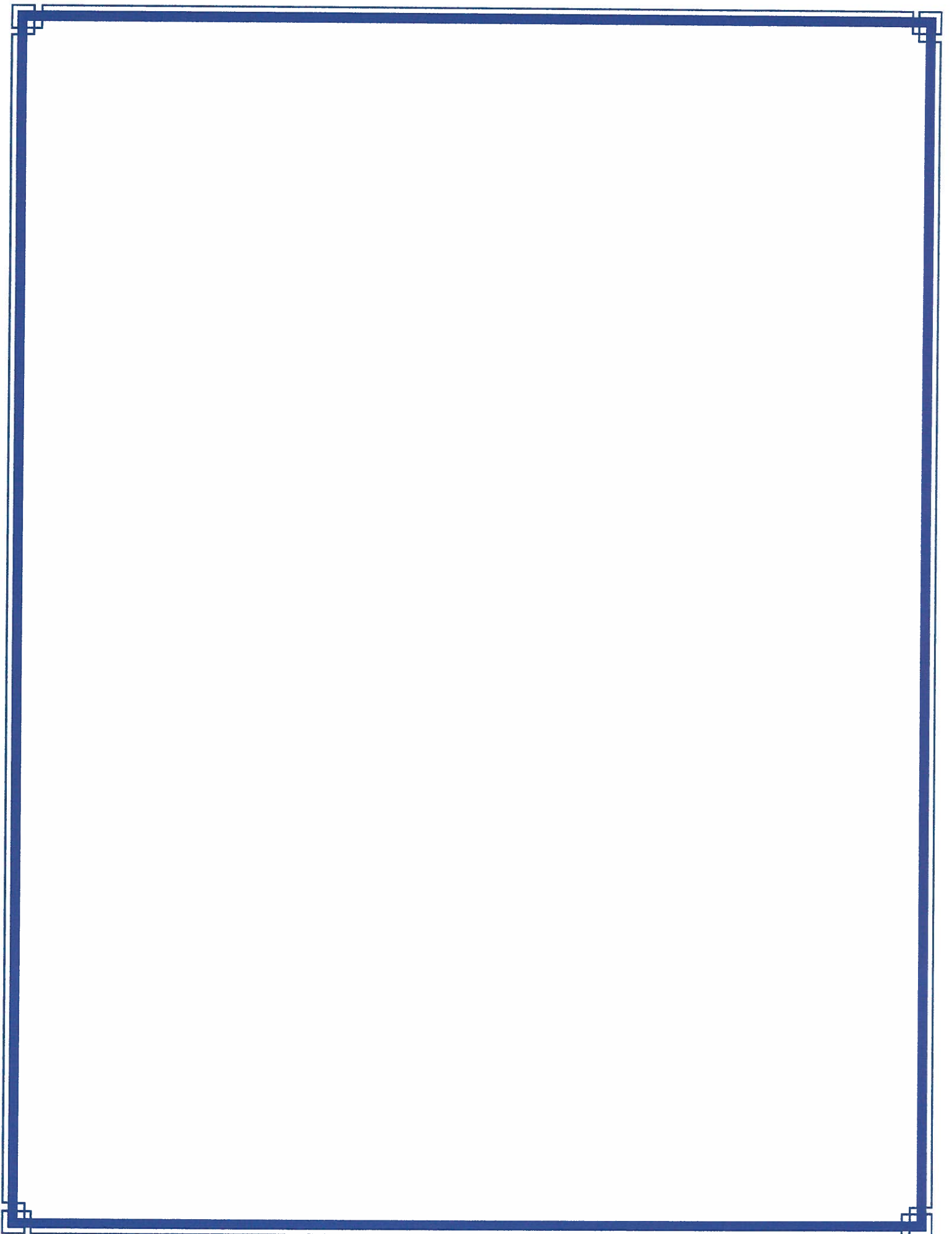
MARCH 2018

REAPPOINTMENTS

Drakes, George, M.D (Rehabilitation Medicine/Courtesy)
Nwaneri, Ngozika, M.D (Vascular Surgery/Active)
Nsubuga, Kiwuka, PA-C (AH-Emergency Medicine/Allied Health)
Okonkwo, Sylvester, M.D (Internal Medicine/Active)
Oyedele, Omolara, M.D (Emergency Medicine/Active)
Rolle, Monique, DPM (Podiatry/Courtesy)
Telesford, Danielle, PA-C (AH-Emergency Medicine/Allied Health)

RESIGNATIONS

Coleman, Don, M.D. (Emergency Medicine)
Gonzalez, Miguel, M.D. (Emergency Medicine)
Harrif, Khalida, PA-C (AH-Emergency Medicine)
Izadi, Kamron, M.D (Radiology)
Kelly-Williams, Deborah, NP (AH-Internal Medicine)
Kim, Woo, M.D. (Emergency Medicine)
Makia, Asek, M.D. (Pediatrics)
Osborne, Thomas, M.D. (Radiology)
Potter, Edger, M.D (Internal Medicine)
Sanfuentes, Juan-Maria, DO (Emergency Medicine)
Shabestari, Ali, DO (Emergency Medicine)





UMC

UNITED
MEDICAL CENTER

Chief of Medical Staff Report

Chief of Staff Report
April 2018

Medical Staff welcomes Dr. Dennis Haghghat as new CMO and looking forward to a constructive working relationship with CMO as liaison with administration.

The Medical Faculty Associates (MFA) Emergency Medicine group has transitioned into UMC and the transition has overall been a smooth process. The Medical Staff during Doctor's Day celebration welcomed MFA as new members of the Medical Staff, and thanked the current ED group, Emergency Medical Associates (EMA) for their service to UMC and the community. Medical Staff office staff, Medical Staff leadership and Department Chairs, as well as Medical Staff committees, especially the credentialing committee have all worked diligently with and supported MFA ED group during the transition phase. Weekly meetings with MFA continue to be conducted to iron out operational issues.

Department of Health completed its annual survey of UMC over a 6 day period. While the official report is pending, organizational improvement areas include overall cleanliness of non-clinical areas, nursing documentation, and pharmacy. Medical Staff is working with Quality Department and CMO to develop and monitor a plan of correction.

Medical Staff is working with Quality Department to monitor performance of the newly rolled out Severe Sepsis/Septic Shock protocol. Initial results are already showing an improved trend in outcomes.

Mina Yacoub, MD
Chief of Medical Staff



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 25, 2018

**Executive
Management
Report**

Presented by:
Matthew Hamilton
Chief Executive Officer



United Medical Center
Executive Management Report
April 2018

Foundational Elements

- DOH Annual Survey
- Development of Collaborative Revenue Cycle Plan
- GW/MFA ED Coverage

Infrastructure Fundamentals

- Lobby and Patient Area Refresh Project
- Meditech Enhancements
- Telecommunications Network Wiring Restoration

Healthcare Delivery Priorities

- Observation Pilot Study
- Biomed and Critical Care Equipment Review



United Medical Center Management Report Operations Summary – April 2018

QUALITY

- The hospital underwent its annual Department of Health (DOH) survey early this month. This survey also included a CMS survey component.
- UMC is expecting the results of the DOH survey within approximately 10 days from the end of the survey.
- Preventing hospital related death and disability from severe infection (sepsis) will be a major focus this year and beyond. In an effort to improve Performance Standards for sepsis the first step in the process will be the Rapid Response Team evaluating patients that test positive for sepsis.
- Our performance in the National Value Based Purchasing Program was reviewed and is improving for many performance indicators. Superior performance in this program can lead to revenue opportunities and unsatisfactory performance can result in financial penalties. Accordingly, we will regularly update the board on our performance.
- A review of our CMS ratings reveals an opportunity to greatly improve our throughput in the emergency room by improving times to see a provider and time to disposition (discharge or admission). The Chief Medical Officer and Administration will be tracking this metric and we hope to see improvements soon. We will update you on this measure on a regular basis.

PATIENT CARE SERVICES

SERVICE/PATIENT EXPERIENCE

- **ICU** – Ongoing patient and family rounding (15-20/week) addressing ICU needs and concerns. ICU complaints have gone down significantly because of daily rounding.
- **5W/8W** – Ongoing patient and family rounding (40/week) addressing the response to call light, diet and adequate pain control as the theme for this month. Patient complaints have also gone down as a result of daily rounding.
- **BHU** – Ongoing patient/family rounding (10/week) addressing the need for access to patient information as the theme. Because of the unique set up of BHU related to privacy, callers are frustrated for the restriction. Scripting on how to answer the phone was instituted.

- **ED** – Ongoing patient rounding (20/week) addressing pain control and longer ED stay as the main patient/family concerns. Processes are in place to address this problem like faster disposition time and increase ED staffing (7-8/shift).
- **SNF** – Staff response time to resident request (call bell) and attitude in general is being addressed and monitored.
- **Respiratory** – Timely breathing treatment (nebulizer) was identified as patient concerns and training the nurses to assist RT with nebs treatment was developed (awaiting implementation).
- **Pharmacy, Diabetes, Wound** – will initiate leadership rounding (5/week). Press Ganey scores will be used to measure improvements.

QUALITY

The UMC Patient Care Services (PCS) made significant gains in a number of safety and quality measures. Nurse-led initiatives were behind many of the improvements made in the beginning of 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/1000patient days)	UMC Year-to-Date (Rate/1000patient 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	0
Pain Assessment	Target – 100%	5W/8W = 100%

EMERGENCY DEPARTMENT METRICS

	Jan-18	Feb-18	Mar-18
Census	5073	5133	5044
Daily Census	160	174	168
LWBS	109	90	116
LWBS %	2.15	1.94	2.1
Left prior triage	265	277	284
Left prior triage %	5.6	5.4	5.9
Admissions	410	421	433
Admission Rate	9.7	9.3	9.5
Ambulance arrivals	1560	1534	1588
Ambulance arrivals %	30.75	32.1	34.6
Elolements	44	61	57
Triage	21	27	23
Room	59	67	56
Provider	69	68	66
Disposition DC	177	226	155
Disposition Admit	203	292	233
LOS DC	239	175	189
LOS Admit	312	292	370
Dispo to leave (DC)	24	31	34
Dispo to leave (Admin)	263	189	270

PHARMACY:

- Pyxis ES training is underway (with IT and Nursing)

RESPIRATORY:

- 50 charts were audited by Quality and found to be 100% compliant with pulse oximetry reading.
- All pre and post nebulizer treatment interventions will be monitored (and audited) for 100% compliance.

OTHER AREAS:

- Other ongoing Quality/Clinical processes like Global Trigger Tools, Sepsis Screening and adverse events, SBAR for reporting are being utilized to improve patient safety.
- Introduced Rounding for Outcomes Follow-up Stoplight Report to monitor if unit items are followed up or not.

PEOPLE/STAFF ENGAGEMENT:

- Leader Rounding initiated in ED and inpatient units asking the staff what is working well and what do they need to do their job. Broken equipment and poor communication were identified as a priority to address. Handheld phones were purchased and will be in use by the staff for the next couple of weeks. Daily huddles with the staff were identified as useful to improve communication. AIDET (Acknowledge, Introduce, Duration, Explain and Thank You) is reinforced as a template for communication with the patient.

- PCS continue to maintain 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 making recommendations to change or improve clinical practice. The biggest accomplishment of PCS is the improvement or exceeding the goal of >80% (achieving 97% to 100% in ICU and Medical-Surgical) with regards to nurse-to-staffing ratios in all nursing departments. This report is most welcomed by the nursing staff as positive in improving nurse-patient ratio.
- Staff recognition on each unit is in its planning stage.

FINANCE AND GROWTH

- Control of overtime remains a challenge especially in the Emergency Room. However, aggressive hiring is in place and with the new staff recruited, the OT is expected to decrease.
- There is currently in place a monitoring process for incremental OT. Any incremental OT needs the Supervisor's approval with reasons for staying over. The managers are looking at the KRONOS daily and addressing the incremental OT in real time.

PUERTO RICO RECRUITMENT

Five RNs trained from Puerto Rico arrived on 1/8/2018 to start their nursing career at UMC and at the same time ease our staffing shortage in critical areas especially the Emergency Department. One nurse in ICU took the Board Exam on 4/17/2018 and four nurses in the ED will take the exam in the next 2-3 weeks.

CLINICAL OPERATIONS

OUTPATIENT CLINICS:

- Continue optimization of eCW and working with IT to prioritize interfacing with Meditech
- Aligning provider schedules to match needed hours to accommodate patient's discharged from ED within 3 days of visit
- Implementation of telemedicine agreement for GI consultations with UMC providers and for UMC outpatients with substance use disorder

CARE MANAGEMENT:

- **Inpatient LOS**
 - Jan – 6.32
 - Feb – 5.72
 - March – 6.0
- **Observation LOS (in days for same time period)**
 - Jan – 2.7
 - Feb – 2.3
 - March – 2.5

- **Top 3 DRGs with LOS for each for same time periods**
 - Jan
 - Heart Failure
 - Psychoses
 - Septicemia
 -
 - Feb
 - Heart Failure
 - Psychoses
 - Septicemia
 - March
 - Heart Failure
 - Psychoses
 - Septicemia
- Working with IT to implement Curaspan for automated referral management
- Currently interviewing to compete full staffing plan

RADIOLOGY:

- CT accreditation from ACR
- Nuclear medicine accreditation from ACR

OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS:

Contracts & Purchase Orders Process Review:

Ensure contracts are accurate and up-to-date	Contracts: Improve the contracts processes and systems.	Enhance the contracts database by introducing efficiencies in the contract process Assist managers in effectively managing vendor relationships
Negotiating supplier contracts to lower unit prices	Contract office, Materials Management: Optimize contracts with MCO's	Negotiate with Cardinal Health as prime supplier vendor
	Contract office, Materials Management: Optimize contract with the GPO	Transition largest contracts under GPO
Streamline purchasing processes and systems.	Materials Management: Redesign the purchasing system to promote efficiency, accuracy, and time savings.	Implement tools and systems to reduce manual purchasing processes and eliminate paper

Establish best practices with the goal to standardize products across the organization to reduce variation and waste	Supply Contracts: Re-evaluate all contracts.	Continue to manage both the Linen and Supply contracts to ensure timely payment, improved rebate/share back for UMC; quality customer service
Ensure supplies are available for internal customers	Materials Management, Nursing: Ensure the right supplies are in the right place when they are needed for patient care.	In partnership with nursing, develop just-in-time processes to ensure the elimination and waste of expired supplies.
Re-evaluate EVS, Biomed, Facilities and Food Services	Materials Management, Contracts: Re-evaluate four (4) existing support services contracts to reduce management layer.	Re-evaluate purchased services – bringing it back in-house vs. outsourcing.

Vizient (GPO): Working closely with Vizient team for continued tracking and updating of pricing and items on a weekly basis. Addressing shortages and pricing from our vendors. Develop facilities and operational standards to support existing facilities, renovations and future operations.

Re-evaluate purchased services: Environmental services, Plant Operation and Facilities management, Biomed services, Food services. Prepared job descriptions for several Director level positions and recruitment activities.

Capital expenditure planning FY 18 – FY 21: prepared for submittal. MOU for remaining FY17 funds and FY18 awaiting legal sufficiency.

CONSTRUCTION/RENOVATION PROJECTS:

Lobby entrance improvements – Painting, removal of furniture and replace with temporary seating, signage updates, security desk refurbishing, update all lighting to LED, entrance and elevator cleaning, painting and lighting updates to outdoor main entrance, curb and speed bumps painting, power washing main entrance.

Hospital wide – Installing new medical valve covers throughout hospital (75%); ceiling tiles; install/replace corner panel moldings, baseboards and add additional lighting to main hallways, lobbies (Main, ED, MOB).

March 3rd Flooding – Leading efforts with key stakeholders: Facilities, EVS, Risk Management and Infection Control departments. CNA engaged with JS Held to provide a moisture assessment of impacted spaces and adjacent areas. Next steps: JS Held will develop a detailed scope of work to be used in RFP. Room 4410 in BHU is decommissioned until all work is completed.

Replacement of front façade glass (including broken one on top right corner of hospital): between MOB and ED entrance, between 5th and 6th floor and above 8th floor.



Decontamination Unit (outside ED ambulance bay) – removed storage items, cleaned and turned water on and tested.

SPECIAL PROJECTS:

Hospital Clean/Declutter Campaign:

1st, 3rd, 7th Floor – facilities maintenance and repairs; removal of trash and unusable items; thorough cleaning of area:

- IT: removal of all IT devices and equipment for refurbishment if possible; device related supplies and documentation (cabling, toner cartridges, etc.)
- Biomed: removal of all items with Biomed tags to repurpose in other clinical areas; for OB specific items – need inventory list to be provided to Administration
- Facilities/EVS: removal of items that can be discarded or stored in designated areas (i.e., old HIM area or 7th floor); deep cleaning of all areas; maintenance to do a comprehensive PM of all areas for any deficiencies
- HIM: removal of all documents/forms with patient identifiers (to be shredded)
- Print Shop: removal of all blank forms left in clinical areas on 3rd and 5th floors
- Nursing: all personal belongings need to be removed by end of week; designate where existing (non-personal) items need to be relocated
- Security: fire/safety rounds of both floors, test all cameras and access points, need to monitor staff accessing these floors
- Materials Management: removal of all supplies

ED – storage room off ED lobby: decluttering, recycle items, deep cleaning (floors, baseboards, windows), fresh paint to prepare office space for three (3) ED staff members.

Executive Rounds – Emergency Department (clinical and admin areas) – clean-up of ambulance bay, exterior power washing, testing of medical devices, front desk and registration workflow review.

Support Services Rounds – Actively engage non-clinical staff in delivering a positive patient experience. Implement zone maintenance (track HCAHPS ENV composite score).

Onboarding GWMFA Groups – multidisciplinary collaboration to onboard GWMFA ED group and transition activities with existing group and clinical staff. Activities include: Credentialing, orientation, onboarding, training, meet/greets, physician leadership meetings, CNMC meetings, connectivity for file transfers, etc.

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. Current areas: ED staff break room, desk chairs in 8th floor nursing station/Patient Admitting/BHU; desks/chairs Pre-Admission Testing area.

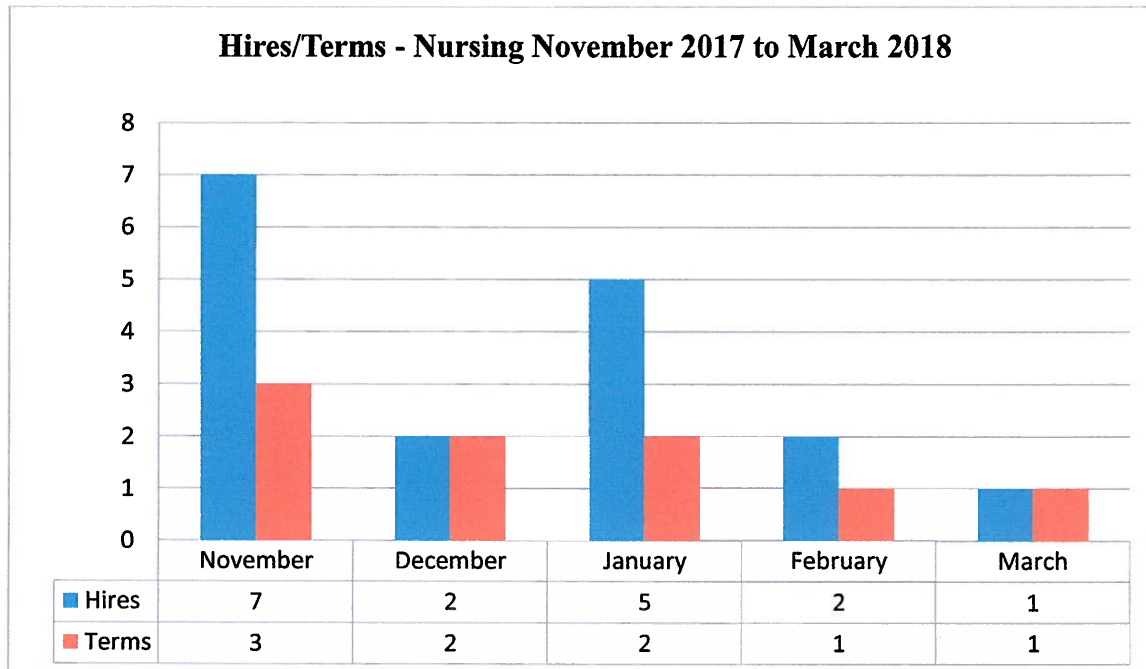
Facility Infrastructure Assessment:

- Air Handler Units - Replacements, connect to our building automation system, ductwork, pneumatic thermostats and activators need to be rebuilt/replaced for control.
- Replace boil room heaters
- Address hot water issues hospital-wide

HUMAN RESOURCES

RECRUITING INITIATIVES

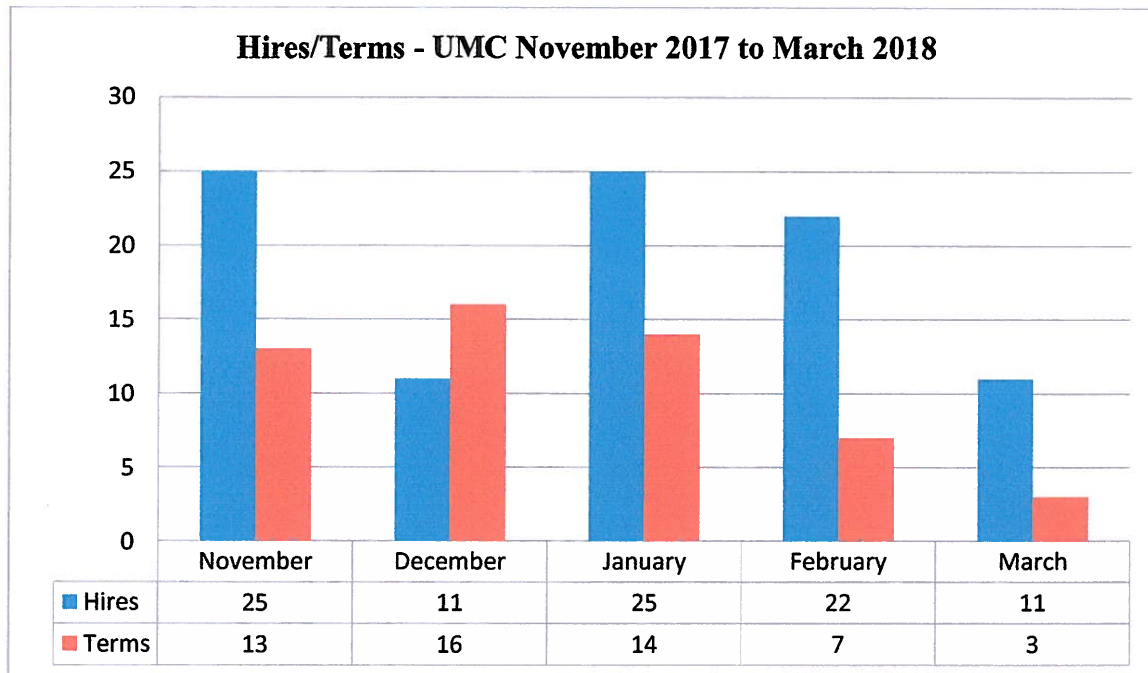
HIRES AND TERMS – NURSING



Total Nursing Hires: 17

Total Nursing Terms: 9

HIRES AND TERMS – UMC (CLINICAL AND NON-CLINICAL)



Total Hires: 94

Total Terms: 53

UPCOMING JOB FAIRS FOR NURSING, OTHER CLINICAL AND NON-CLINICAL JOB OPENINGS

1) April 17, 2018

Virtual career Fair - ANA American Nurses Association

https://ymc3.informz.net/informzdataservice/onlineversion/ind/bWFpbGluZ2luc3RhbmNlaWQ9MjI5Nzk2OCZzdWJzY3JpYmVyaWQ9MzQ5ODkxNDk0?gclid=EAIaIQobChMImMnk47-w2gIVSlcNCh0U1AHCEAAAYASAAEgLX6vD_BwE

2) April 23, 2018

Washington DC Job Fair - Centers Health Care "Team of Perfectionists" (TOP)

<https://www.eventbrite.com/e/centers-health-care-team-of-perfectionists-top-washington-dc-job-fair-tickets-44758828862?aff=es2>

Hampton Inn Washington DC NoMa Union Station: 501 New York Avenue, NE #A
Washington, DC 20002

3) May 3, 2018

Washington DC Job Fair

<https://www.besthirecareerfairst.com/employers-looking-to-hire-at-job-fairs/>

Crystal City Marriott at Reagan National Airport: 1999 Jefferson Davis Highway,
Arlington, VA 22202

4) May 17, 2018

Washington DC Career Fair

DoubleTree Crystal City: 300 Army Navy Drive, Arlington, VA 22202

5) June 7, 2018

MidCity Career Fair

<https://www.eventbrite.com/e/midcity-career-fair-tickets-44149161330?aff=es2>

Brookland Manor Apartments: 1311 Rhode Island Avenue NE, Washington DC 20018

INFORMATION TECHNOLOGY AND SYSTEMS

MEANINGFUL USE

The existing Meditech Magic platform is scheduled for an upgrade Q3, 2018. This will provide functionality to allow the hospital to attain Meaningful Use compliance in the coming year. No cost will be incurred for this upgrade.

IT GOVERNANCE

The Information Technology Steering Committee has been formed to provide prioritization and resource allocation for IT projects. It will establish standards including requirements that all projects have an administrative sponsor, departmental “owner”, and project manager, and are conducted with appropriate project management processes. First IT Steering Committee meeting was held on April 17, 2018.

ORGANIZATION OF IT DEPARTMENT

Analysis of UMC’s needs for computer system training and ongoing support has led to a determination of appropriate IT department staffing needs. Positions are being reorganized, and recruitment to fill existing vacancies is underway. Reorganization of duties will allow for IT to take on responsibility to support all major systems without adding to the number of approved FTEs.

OUTDATED HIS / EMR

Replacement of the Magic HIS / EHR, with a comprehensive system that will greatly reduce the need for add-on systems is needed. Vendor evaluation and selection process could be underway within 1 month.

AGED, OUTDATED INFRASTRUCTURE

It has been determined that a complete overhaul of the computer and telecommunications network closets is urgently needed in order to mitigate existing critical vulnerabilities. Project completion is anticipated in 7 – 12 months.

IT ACCOMPLISHMENTS MARCH THROUGH APRIL 16, 2018

Accomplishment	Effective Date	Benefit to UMC
Attested to Meaningful Use	3/15/18	Avoided penalty
Online Daily Observation Report	3/29/18	Provides real time data to users on demand
Reduced overhead paging of routine meeting announcements (goal – eventual elimination of all but critical pages)	3/20/18	Improved patient satisfaction
Created Group Alert	3/20/18	Instant notification to management of disaster situations
Patient Education Video in Radiology Waiting Area	3/20/18	Provide patient education
Onboarding of GW doctors for ED	4/1/18	Smooth transition to new partners
Added a dedicated WOW for Care Management in the ED		Improved efficiency in coordinating patient care services
Developed Report Request Form	3/29/18	Increased efficiency in report creation
Identified and resolved water leak in server room	3/29/18	Eliminated a serious risk to IT infrastructure
Replaced faulty circuit in PBX that caused outside phone calls to drop	4/4/18	Reliability for external calls
Interface from Meditech's OR Scheduling Module to e-Gastro gastroenterology software	4/3/18	Eliminated need for scheduling in two systems, improving efficiency and reducing errors
Completed development of "Coder Query" functionality	4/4/18	Improved communication between coders and physicians, leading to more expedient coding
Adjusted acuity point mapping for ED Leveling for telemetry admissions	4/3/18	Resolved CMS reported issue regarding billing of critical care levels
Developed functionality to allow sponge counts in OR	4/16/18	Patient safety improvement
Added Accommodation and Billing Codes specific to Psych Hold patients	3/30/18	Resolution of billing issue



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 25, 2018

**Patient Safety
& Quality
Committee**

Dr. Malika Fair, Chair

- Minutes
- Meeting Materials



UNITED
MEDICAL CENTER

**Not-For-Profit Hospital Corporation
Patient Safety & Quality Committee Meeting Minutes
March 22, 2018**

Present: Dr. Malika Fair, Girume Ashenafi, Millicent Gorham, Tina Rein, Dr. Li, Dr. Mina Yacoub, Derrick Lockhart, Marcela Maamari

Agenda Item	Discussion	Action Item
Call to order	Meeting called to order at 4:24 P.M	
Determination of Quorum	Quorum determined by Michael Austin.	
Approval of the Agenda	Agenda accepted.	
Review and Approval of Minutes	Previous meeting minutes approved.	
Old Business	<p>1) Regulation:</p> <ul style="list-style-type: none"> • Survey Window Department of Health: • 3 year review of DOH annual survey results completed <ul style="list-style-type: none"> - Focus areas EOC, Life Safety, Provision of Care - Care plans, insulin administrations, sitters, pain assessment • Joint Commission; Submitted Measures of Success for the 6/2017 Sentinel Event., plan was accepted • DC DOH surveyors on site three times in the last month; investigation for the EMTALA, patient complaint survey, and approval of new mammography equipment • Approval for the mammography equipment is pending related to balance testing and staff education 	

- Report on DC DOH meeting with Dr. Fair

2) Leapfrog

- Opens for information deposits on April 1
- UMC received a failing grade previously because of a lack of participation, we will be participating this year

3) ICU Nurse/Patient Ratios

- Since March 2017, UMC met the 1:2 ratio goal over 70% of the time. In the last 7 months, UMC met that goal 95% of the time. So less than 1/10 shifts is the goal not met.

4) RT Certifications

- UMC has not had turnover in this area
- Anesthesiologists are available 24/7

Standing Reports:

1. Days since last Serious Safety Event. (SSE) 70

- CMS definition and list of SSE
 - Pressure ulcer stages III and IV.
 - Falls and trauma.
 - Surgical site infection after bariatric surgery for obesity.
 - Certain orthopedic procedures.
 - Bypass surgery (mediastinitis).
 - Vascular-catheter associated infection.
 - Catheter-associated urinary tract infection.
 - Administration of incompatible blood.
 - Air embolism.
 - Foreign object unintentionally retained after surgery.

A Serious Safety Event (SSE), in any healthcare setting, is a deviation from generally accepted practice or process that reaches the patient and causes moderate to severe harm or death.

HCAHPS:

Patient Satisfaction scores:

2017	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Current	National
Rate the Hospital 9-10	44%	46%	49%	43%	52%	72%
Recommend the Hospital	27%	36%	40%	35%	44%	72%
Communication with Nurses	61%	59%	65%	67%	70%	80%
Communication with Doctors	75%	77%	67%	68%	70%	82%

HCAHPS Plan:

Press Ganey Advisor Support Focus	Press Ganey Role	United Medical Center	Timeline
Knowledge Sharing	<ul style="list-style-type: none"> Provide white papers, toolkits, webinars, & other resources to support patient experience initiatives 	<ul style="list-style-type: none"> Include Press Ganey in discussions regarding current goals & initiatives 	Ongoing
Improvement Support	<ul style="list-style-type: none"> Provide virtual and onsite improvement support to identified focus areas and strategic objectives 	<ul style="list-style-type: none"> Assist in coordination & agenda schedule 	Ongoing
Onsite Observations	<ul style="list-style-type: none"> Grand Rounds Presentation- "Redefining The Patient Experience" Conduct unit or department observations while onsite Inpatient and ED Focus Provide post visit write- up 	<ul style="list-style-type: none"> Assist in coordination & agenda schedule Assist in coordination & agenda schedule 	April 2018 TBD
Education	<ul style="list-style-type: none"> Improvement Portal/PGO Super-users Best practice-specific Press Ganey Online Rollout Plan Discussion 	<ul style="list-style-type: none"> Assist in coordination Provide access to clinical and organizational development educators 	TBD

OB Metrics:

- Fetal Heart Tone assessment at 100%.
- 0 Deliveries Feb.

Serious Safety Events/Near Misses:

- 1) Days since last Serious Safety Event. (SSE) 74

CMS definition and list of SSE

- Pressure ulcer stages III and IV.
- Falls and trauma.
- Surgical site infection after bariatric surgery for obesity.
- Certain orthopedic procedures.
- Bypass surgery (mediastinitis).
- Vascular-catheter associated infection.
- Catheter-associated urinary tract infection.
- Administration of incompatible blood.
- Air embolism.
- Foreign object unintentionally retained after surgery.

A Serious Safety Event (SSE), in any healthcare setting, is a deviation from generally accepted practice or process that reaches the patient and causes moderate to severe harm or death.

HVA Report:

Hazardous Vulnerability Analysis: Standard tool used for hospitals to assess the hazards that may be faced. The following are the most important right now:

- Active shooter, potential HVAC failure, communications failure, and workplace violence. UMC is working with DOH to have a plan to address all of these.
- This year UMC has had 6 incidents in these categories
- New recording tool gives UMC the ability to track these incidents
- Off-duty police officers will be hired to support UMC security
- UMC is exploring adding more cameras

Serious Safety Events/near misses:

Security needs on SNF. These concerns have resulted in arrests. UMC has engaged the legal department to explore options.

Core Measures:

Striving to 100%.

UMC needs to do better and leadership is working to ensure achievement in the areas flagged.

	<p>Report on lock down process</p> <ul style="list-style-type: none"> • Cost analysis to ensure effective protocol for a “Lockdown”. • Lockdown protocol was not effective. • UMC does not have capability to lock all doors. • Need for process to prevent recurrence. • Recommendation from RCA is to construct process to lock the ED. • Colored gowns to better identify patients when in the hospital. <p><u>Medication Reconciliation:</u></p> <ul style="list-style-type: none"> • Consultation group at UMC and we are above 90%. • Medication History versus Medication Reconciliation. <p><u>Core Measures:</u></p> <ul style="list-style-type: none"> - CEO approval of board reported core measures pending - Real-time daily dashboards (situational awareness) <p><u>Infection Control Plan - Pending CEO review</u></p>
Other Business	No other business.
Announcements	No announcements.
Adjournment	Meeting adjourned at 5:45 P.M.

District of Columbia Annual Survey

APRIL 12, 2018

Overview

- 8 surveyors
- 6 days
- Clinical, Facilities, Nutrition Services, Pharmacy, and Lab
- Hospital and Clinics
- Annual Survey and a Self-reported Complaint survey
- DOH to give us official report within 10 business days
- Revisit will happen
- We are going in right direction (Systems and processes)

Clinical findings

Assessment, Reporting and Responsiveness

- Appropriateness of level of care, Med-surg versus critical care
- Missed physician orders (labs, diagnostics)
- Failure to report a change in patient status

Severe Sepsis Protocol

- New hire education and competencies
- Inconsistent use of the order set during inpatient stay
- Assessment, reporting, and responsiveness to a change in condition (Sepsis)

Medication Administration

- Narcotic administration and wasting

Clinical

Documentation

- Restraints (New order every 24 hours)
- Medication administration
- Following MD orders
- Time out not recorded

HR

- Portfolios
- Competencies
- Staffing (Lab)

Infection Control/Radiology

Infection Control

- Environmental testing and oversight
- Collaboration with pharmacy, facilities, and Life Safety

Radiology

- Full Fluoroscopy services are not available
- Three of four x-ray examination rooms are out of service

Facilities

- BHU
 - Seclusion rooms no light switch readily available
 - Over-all dingy and needs maintained (Painting, dusting)

Pharmacy

- Not USP 747 compliant

Missing floor tiles, chipped flooring

Life Safety is pending

Plan of Correction Directions

We have 10 calendar days to respond with our plan

We need to submit to federal as well as DOH

Revisit will happen

Plan of Correction;

- 1) What did we do to correct the deficiency
- 2) Are other areas or patients effected by the deficient practice (System corrections)
- 3) Responsible person for the correction
- 4) Completion date
- 5) Plan to monitor



Hospital Choices and why they matter

Hospital Ratings and reports

Survey Login and materials

Influencing Health Care

About Us and our mission

Survey Content

Reports on Hospital Performance

How Our Ratings are Used

Competitive Benchmarking

Top Hospitals

Survey Content



Inpatient Care Management

- Safe Practices
- Never Events
- Antibiotic Stewardship
- ICU Physician Staffing

Medication Safety

- Computerized Physician Order Entry
- Bar Code Medication Administration
- Medication Reconciliation

Maternity Care

- Early Elective Deliveries
- Cesarean Sections
- Episiotomy
- Processes of Care
- High-Risk Deliveries

Infections

Inpatient Surgery

- Surgical Volume
- Surgical Appropriateness

Pediatric Care

- Patient Experience of Children and Their Parents
- Pediatric Radiation Doses

The Leapfrog Hospital Survey is the nation's gold standard in evaluating hospital performance on quality, safety, and resource use, using national performance measures to evaluate individual facilities.

Data and findings from the Leapfrog Hospital Survey allow purchasers of health care to structure contracts and purchasing toward the highest-performing hospitals, while providing consumers with potentially lifesaving information on hospital quality. The measures also provide hospitals with the opportunity to benchmark their progress.

The measures included on the survey are predicated on the latest science and are selected with guidance from scientific advisors at the Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Information submitted by hospitals to the Leapfrog Hospital Survey is verified through our intensive data review and on-site data verification processes.

Use the navigation links on the left to explore what Leapfrog measures.

Hospitals looking to access the Leapfrog Hospital Survey should visit the [Survey Login](#) page.

[Influencing Health Care](#)

[News & Events](#)

[See all Leapfrog news](#)

<http://www.leapfroggroup.org/ratings-reports/survey-content>

INFLUENCING HEALTH CARE:

A GUIDE TO UNDERSTANDING
THE LEAPFROG GROUP'S
FLAGSHIP INITIATIVES

ONE MISSION, TWO PROGRAMS

Choosing the right hospital doesn't have to be a daunting task - as long as you have the right tools.

GET TO KNOW THE 3 MAJOR DIFFERENCES

between The Leapfrog Hospital Survey and The Leapfrog Hospital Safety Grade.



HOSPITALS SUBMIT A SURVEY

Hospitals voluntarily submit data through the Leapfrog Hospital Survey to demonstrate their commitment to transparency. The Survey only reports data voluntarily submitted by hospitals across the country.



EXPLORES QUALITY AND SAFETY

The Leapfrog Hospital Survey covers a variety of quality, safety, and resource use measures.



A HOSPITAL'S PROGRESS ON EACH MEASURE IS DISPLAYED

A hospital's progress toward set standards is displayed by individual measure.



GRADES ARE ASSIGNED VIA MANY SOURCES

Hospitals with available data are given grades regardless of participation in the Survey. The Safety Grade includes data from CMS, the Survey if available, and the American Hospital Association.



EXCLUSIVELY FOCUSED ON SAFETY

The Leapfrog Hospital Safety Grade exclusively covers safety (accidents, injuries, and errors).



HOSPITALS RECEIVE LETTER GRADES

Hospitals receive a letter grade of A through F based on their overall safety performance.

ABOUT:

The Leapfrog Group is a nonprofit, watchdog organization that serves as a voice for health care purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of hospital transparency—collecting, analyzing and disseminating hospital data to inform value-based purchasing. For more information, visit www.LeapFrogGroup.org.

2018 INFECTION CONTROL PLAN

The Prevention and Control of Infections Committee and collaboration from the following has developed this plan:

Performance Improvement Committee Leadership including Department Managers

A risk assessment is a component of this plan. The plan is formally reviewed at least annually and whenever significant changes occur in the elements that affect risk.
Reviewed and Revised February 2018

RISK ASSESSMENT	DATE: February 2018
FACTORS	Characteristics that Increase Risk
Characteristics that Increase risk	Characteristics that Decrease Risk
<p><u>Population and Community Served</u></p> <p>Urban population with limited socio-economic resources. Location – USA Nation’s Capital</p>	<p>Patients lack preventive health care Patients have limited number of immunizations The City is at risk for a bioterrorism event</p>
<p><u>Care, treatment, and services provide, such as :</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Surgical /Medical – inpatient and out patients <input type="checkbox"/> Medical / Surgical Intensive Care <input type="checkbox"/> Emergency <input type="checkbox"/> Behavior health 	<ul style="list-style-type: none"> <input type="checkbox"/> Debilitated, high risk patients <input type="checkbox"/> Crowded ER due to patients not having a private physician <input type="checkbox"/> Patients arrive for delivery without prenatal care <input type="checkbox"/> Aging Facility
	See Page 3
	See Page 3

RISK ASSESSMENT		DATE: February 2018
FACTORS	Characteristics that Increase risk	Characteristics that Decrease Risk
<p><u>Population characteristics</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> High rates of substance abuse, cancer, obesity, hypertension. <input type="checkbox"/> High rates of HIV/AIDS above national average <input type="checkbox"/> Ageing population with many long term care facilities transfer <input type="checkbox"/> Patients from Correctional Facilities and Institutions <input type="checkbox"/> High incidence of patients with Diabetes, ESRD, Stroke, Heart Disease and potential for Tuberculosis 	<ul style="list-style-type: none"> <input type="checkbox"/> Immuno-compromise patients unaware of their HIV status <input type="checkbox"/> Employees at risk for potential blood/body fluid exposures <input type="checkbox"/> Multiple potential sources of resistant organisms <input type="checkbox"/> Patients at risk for Tuberculosis 	<p style="text-align: center;">See Page 3</p>

Analysis of infection prevention and control data	
<p>High Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator Associated Events <input type="checkbox"/> Urinary Tract Device Related Infection <input type="checkbox"/> Device Related Bacteremia 	<p>Problem Prone</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preparation for mass influx of infectious patients that exceeds the capacities of portable decontamination tent. <input type="checkbox"/> Antibiotic Stewardship Implementation
<p>High Volume</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patients potentially infected with HIV <input type="checkbox"/> Community Acquired MRSA <input type="checkbox"/> Multiple potential sources of resistant organisms 	<p>Improvement Needed</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hand hygiene compliance <input type="checkbox"/> Donning and Doffing Personal Protective Equipment <input type="checkbox"/> Screen to ID persons who are HIV+

Based on the Risk Assessment, the Facility has identified the following risks and prioritized them in descending order:

Priority	Risk
1.	<p>Potential for Infection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low scoring sepsis monitor for CMS <input type="checkbox"/> Chronic acute ill and elderly patients at risk for multiple drug resistant infection <input type="checkbox"/> Immuno-compromised patients unaware of their HIV status / non –compliant patient or disruption of treatment <input type="checkbox"/> Risk for bio-terrorism event <input type="checkbox"/> Influx of infectious patients
2.	Hand Hygiene Compliance
3.	Potential for Central Line Associated Blood Stream Infection
4.	Potential for Ventilator Associated Events
5.	Potential for Urinary Tract device related infection
6.	Potential for Multiple Drug Resistant Organisms (MDRO's)

RISK	GOALS	STRATEGIES	Responsible Person	Time Frame	Method & Evaluation
Low scoring sepsis monitor for CMS	50% improvement in the 3 hour sepsis core measure bundle	Develop a sepsis monitoring team who will identify and implement strategies for improvement of the sepsis monitor	Medical Staff Quality Staff Infection Control	September 2018	Patient chart review after implementing new strategies.
Chronic acutely ill and elderly patients at risk for multiple drug resistant infection	50% reduction in healthcare related infections that occur in UMC	Implementation of computer software that will support an Antibiotic Stewardship program. Timely reporting from the laboratory of sensitivity information.	Pharmacy Medical Staff Laboratory Infection Control	November 2018	Review of a progressive update to the antibiotic-gram that identifies the development of resistant microorganisms

RISK	GOALS	STRATEGIES	Responsible Person	Time Frame	Method & Evaluation
Immuno-Compromised patients unaware of their HIV status	90% of patients will be screened for HIV according to grant proposal	Apply / receive grant from the Department of Health that will support HIV screening Explore the ability for IT to add alerts in the computer for persons who have been previously tested positive for HIV	ER Staff Care Center Staff Infection Control	September 2018	Approved Grants Approved Grants Increase number of patients evaluated
Potential Influx of Infectious patients Potential for Bio-terrorism	90% of drills conducted in ER will reflect compliance with guidelines	Safety officer will schedule / conduct at least 2 drills for the year in the ER. Increase donning and doffing training	Safety Officer Staff educator Infection Control	October 2018	Reports from the Safety Officer
Hand Hygiene	90% compliance	Develop a hand hygiene team to identify strategies to improve hand hygiene compliance.	Infection Control All hospital staff	On-going	Surveillance data
Potential for Central line bloodstream infection	Central line bloodstream infection rate <1.5 infections / 1000 device days	Use CDC guidelines for reduction of central line infections – data is submitted into the NHSN system monthly	Infection Control	On-going	Surveillance data Chart review Use NHSN definitions
Potential for Ventilator Associated Events	Rate <1.9 infection / 1000 vent days	Use CDC recommendations for reduction of ventilator associated events. Continue to use the ventilator bundle & add chorahexadine mouth care	Infection Control	On-going	Surveillance data Chart review Use NHSN definitions
Risk for Urinary Device related infection	Infection rate <3.1 infections / 1000 device days	Use CDC guidelines for reduction of urinary device infection hospital wide – data is reported into NHSN	Infection Control	On-going	Surveillance data Chart review Use NHSN definitions



UMC

UNITED
MEDICAL CENTER

General Board Meeting

Date: April 25, 2018

**Finance
Committee
Report**

Wayne Turnage, Chair



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



Agenda: Monday, April 23, 2018 @ 3:30p

I. CALL TO ORDER / RECORDING / ROLL CALL

*Agenda Printed:
4/21/2018*

II. REVIEW & APPROVAL OF AGENDA

III. REVIEW & APPROVAL OF MINUTES - *POSTPONED*

- Status of FY 18 meetings minutes

IV. CASHFLOW MANAGEMENT/GAP CLOSING INITIATIVES

- Cash Report
- FY18 reforecasted budget gap closing initiatives – Status of implementation
- GW MFA Contracts gap closing initiatives – **NEW – ACTION REQUIRED**

V. MONTHLY FINANCIALS – *ACTION REQUIRED*

- YTD

VI. CONTRACTS & PROCUREMENTS

- Contract requests matched against the most recent Board approved budget(s) – ***ACTION REQUIRED***
- Updates on any major contracts and RFPs (status, transition, challenges, etc)

VII. OTHER BUSINESS

- New business/Old business

VIII. ANNOUNCEMENTS

- The next Finance Committee meeting will be May 21, 2018 @ 3p
- The next full Board meeting will be April 25, 2018 @ 9am

IX. ADJOURNMENT



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the six months ending March 31, 2018



Report Summary

- Revenue (Year to Date)
 - ❖ Total operating revenue for March 2018 year to date is \$54.9M .
 - ❖ Forecast numbers are based on half of original forecast based on January 2018.
 - ❖ Revenue initiatives are in process to close the revenue gap. (see attached gap measures)

- Expenses (Year To Date)
 - ❖ Total operating expense for March 2018 year to date is \$63.4M
 - ❖ Forecast numbers are based on half of original forecast based on January, plus additional \$2.7M for GWMFA purchased services and \$2.0M savings in supply chain, respectively.
 - ❖ Expense reduction initiatives are yet to be implemented to close expense gap measures. (see attached gap measures)
 - ❖ DCNA nurses contract has been paid.

- Cash
 - ❖ Cash on Hand as of the end of March 2018 was at 38.1 Days (Excluding capital) due to improvement in cash collections.



Mar 2018 Income Statement with Forecast and Budget

	MAR 2018		MAR 2018		MAR 18		YTD Variance %	Original 2018 Approved Budget	Adjusted 2018 Forecast Based on JAN 18
	YTD Actual	YTD Forecast	YTD Actual	YTD Forecast	YTD Actual	YTD Forecast			
STATISTICS									
Admissions	2,559	2,600	(41)		-1.56%	6,302	5,199		
Patient Days	35,791	37,628	(1,837)		-4.88%	78,404	75,256		
Emergency Room Visits	28,183	31,354	(3,171)		-10.11%	57,529	62,707		
Clinic Visits	9,058	16,075	(7,017)		-43.65%	18,619	32,150		
IP Surgical Visits	483	794	(311)		-39.17%	990	1,588		
OP Surgeries	530	530	-		0.00%	1,006	1,060		
OPERATING REVENUE									
Net Patient service revenue	\$ 38,660	\$ 53,705	(15,045)		-28.01%	\$ 115,972	\$ 107,409		
CNMC Revenue	1,410	1,451	(41)		-2.80%	3,023	2,902		
Other Revenue	14,805	14,867	(62)		-0.41%	6,436	29,734		
Total Operating Revenue	\$ 54,876	\$ 70,023	\$ (15,147)		-21.63%	\$ 125,431	\$ 140,045		
OPERATING EXPENSE									
Salaries & Wages	\$ 27,966	\$ 29,393	\$ (1,427)		-4.85%	\$ 58,016	\$ 58,785		
Employee Benefits	7,755	8,399	(644)		-7.66%	14,476	16,797		
Contract Labor	1,908	2,293	(385)		-16.77%	2,560	4,585		
Professional Fees	4,659	5,514	(855)		-15.50%	8,473	11,027		
Supplies	5,548	5,164	385		7.45%	9,938	10,327		
Pharmaceuticals	1,885	1,226	660		53.81%	3,381	2,451		
Purchased Services	9,094	12,360	(3,266)		-26.42%	18,857	24,720		
Other	4,587	4,782	(195)		-4.08%	8,455	9,564		
Total Operating Expense	\$ 63,402	\$ 69,128	\$ (5,726)		-8.28%	\$ 124,156	\$ 138,256		
Operating Gain / (Loss)	\$ (8,526)	\$ 895	\$ (9,421)		-1053.18%	\$ 1,275	\$ 1,789		



Balance Sheet

As of the month ending March 31, 2018

	Mar-18	Feb-18	MTD Change	Sep-17	YTD Change
Current Assets:					
\$	37,597	\$ 30,357	\$ 7,240	\$ 25,855	\$ 11,742
	19,097	22,291	(3,194)	24,240	(5,143)
	2,115	2,085	30	1,904	211
	3,780	4,276	(496)	2,898	882
	<u>62,589</u>	<u>59,009</u>	<u>3,580</u>	<u>54,897</u>	<u>7,692</u>
Long-Term Assets:					
	235	235	-	235	0
	75,886	76,489	(603)	79,387	(3,501)
	<u>76,122</u>	<u>76,725</u>	<u>(603)</u>	<u>79,622</u>	<u>(3,500)</u>
\$	<u>138,711</u>	<u>\$ 135,734</u>	<u>\$ 2,977</u>	<u>\$ 134,519</u>	<u>\$ 4,192</u>
Current Liabilities:					
\$	9	\$ 18	(9)	\$ 36	\$ (27)
	9,584	9,342	242	10,259	(675)
	12,144	10,148	1,996	8,808	3,336
	1,887	1,887	-	1,979	(92)
	<u>23,624</u>	<u>21,395</u>	<u>2,229</u>	<u>21,082</u>	<u>2,542</u>
Long-Term Liabilities:					
	9,060	8,841	219	1,328	7,732
	3,505	3,906	(401)	4,683	(1,178)
	2,416	2,416	-	2,016	400
	<u>14,982</u>	<u>15,163</u>	<u>(181)</u>	<u>8,027</u>	<u>6,955</u>
Net Position:					
	100,105	99,176	929	105,410	(5,305)
	<u>100,105</u>	<u>99,176</u>	<u>929</u>	<u>105,410</u>	<u>(5,305)</u>
\$	<u>138,711</u>	<u>\$ 135,734</u>	<u>\$ 2,977</u>	<u>\$ 134,519</u>	<u>\$ 4,192</u>

Not-For-Profit Hospital Corporation
 FY 2018 Actual Gap Measures
 As of March 2018

	FY 2018 Actual Net Income/(Loss)
--	-------------------------------------

March YTD 2018 Annualized Net Income (Loss) from Operations: (\$17,052,000)

Add: Initiatives to be Realized

Revenue Cycle:	
A. Documentation Enhancements	\$3,000,000
B. Charge Capturing (Infusion/Therapy)	625,000
C. Hospital Based Clinics Charges	816,000
GWUMFA Additional Cost less professional Collection	(475,000)
Psych Volume Growth	375,000
ER Admits Volume Increase	1,225,000
Supply Chain Management	3,010,000
Overtime And Outside Agency Costs	500,000
Length Of Stay Reduction	200,000
FTE Reduction Of 20	500,000
District Subsidy (Proposed)	10,000,000
Adjusted Net Income (Loss) from Operations:	\$2,724,000

**Not-For-Profit Hospital Corporation
 FY 2018 Actual Gap Measures
 As of March 2018**

	FY 2018 Actual Net Income/(Loss)
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March YTD 2018 Annualized Net Income (Loss) from Operations:

(\$17,052,000)

Add: Initiatives to be Realized

Revenue Cycle:

- A. Documentation Enhancements
- B. Charge Capturing (Infusion/Therapy)
- C. Hospital Based Clinics Charges

\$3,000,000
 625,000
 816,000
 (475,000)

GWUMFA Additional Cost less professional Collection

Psych Volume Growth

375,000

ER Admits Volume Increase

1,225,000

Supply Chain Management

3,010,000

Overtime And Outside Agency Costs

500,000

Length Of Stay Reduction

200,000

FTE Reduction Of 20

500,000

District Subsidy (Proposed)

10,000,000

Adjusted Net Income (Loss) from Operations:

\$2,724,000