



UMC  
**UNITED**  
MEDICAL CENTER

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### **General Board Meeting**

**Date:** February 28, 2018  
**Location:** United Medical Center  
1310 Southern Ave., SE,  
Washington, D.C. 20032  
Conference Rooms 1-3

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### **2018 BOARD OF DIRECTORS**

**LaRuby Z. May, Chair**  
**Malika Fair, MD, Vice Chair**

*(CEO: To Be Announced)*

**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**



**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, February 28, 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](http://www.united-medicalcenter.com)).

**DRAFT AGENDA**

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. MAZARS INTRODUCTION AND CEO APPROVAL BY BOARD**
- V. READING AND APPROVAL OF MINUTES**  
January 26, 2018
- VI. CONSENT AGENDA**
  - A. Dr. Eric Li, Interim 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
- 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).



**UMC**  
**UNITED**  
**MEDICAL CENTER**

## **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.



**UMC**  
**UNITED**  
**MEDICAL CENTER**

**NFPHC Board of Directors General Meeting**  
**Wednesday, February 28, 2018**

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**TAB 1**

# **Press Release**



FOR IMMEDIATE RELEASE  
February 23, 2018

CONTACT: Jennifer Devlin, 703-876-1714  
[jdevlin@united-medicalcenter.com](mailto:jdevlin@united-medicalcenter.com)

\*\*\*\*\*PRESS RELEASE\*\*\*\*\*

**UNITED MEDICAL CENTER ("UMC") AGREES TO  
RELEASE DETAILS OF DECEMBER 13 BOARD MEETING**

**WASHINGTON, D.C.** – Representatives from the Not-For-Profit Hospital Corporation, commonly known as United Medical Center (UMC), agreed today in a meeting before the D.C. Council's Health Committee to release the details of their December 13, 2017 Board Meeting in which the Board voted to close the Obstetrical Unit. The release will include a meeting transcript and the original recording.

According to Board Chair LaRuby Z. May: "UMC has always operated with transparency, and in that spirit, we have agreed to share the details of the December 13 Board meeting. We maintain our position that there is value to having a closed session to discuss confidential matters that protect UMC's interests, but we also value transparency with the community that we are privileged to serve. Ultimately, we remain committed to working with Mayor Bowser and the Council's Health Committee to put UMC on a path toward financial health and continued excellence in patient safety and quality."

UMC maintains a section on their website (<http://www.united-medicalcenter.com/media-center/board-meetings.html>) that includes the archives of minutes and transcripts of past Board meetings that is available to the public, to media, and to government officials.

**About United Medical Center (UMC)**

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.

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# **MAZARS**

**BIOGRAPHIES OF EMPLOYEES**



## **IRA GOTTLIEB**

**TEAM LEADER**

Ira N. Gottlieb has spent over 30 years in consulting with a specialty in Hospital Transformation and Managed Care Market Segment strategy on both the payor and provider side of healthcare. Ira has been in the forefront of innovation and product strategy within hospital and hospital systems. He has designed and implemented programs such as PCMH, Quality, CJR, Risk, VBP QIP and restructured how physicians deliver care in urban and rural geographies.

His client portfolio consists of hospitals, hospital systems, multi-specialty groups, physician practices, IPAs, ACOs, COOPs, Exchanges, third party administrators, ancillary service providers and Private Equity groups. Many of Ira's client relationships extend over 20 years.

Ira was the founder, former owner, and Chief Executive Officer of Creative Management Strategies, Inc. which was a National Retained Healthcare Executive Search operating in four locations specializing in "C Suite" assignments for healthplans and hospitals. Search campaigns for several national insurers included staffing the top five senior positions in over 20 locations at a time.

Ira currently sits on the Board of Directors for Community Care Alliance (Boston, Massachusetts) and Selfhelp Community Care Services, Inc. (New York, New York).

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### **SERVICE SPECIALTIES**

Hospital Transformations  
Hospital Turn-arounds  
Product Development  
Government Programs:  
Managed Medicare, Medicaid  
and Long Term Care  
Provider Network Development  
Contract Negotiations for  
Providers and Payers  
ACO Development  
Reimbursement Methodologies:  
Capitation

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## **MATTHEW HAMILTON**

**FULL TIME CHIEF EXECUTIVE OFFICER**

Over a 20-year hospital administration and healthcare career, Mr. Hamilton has held several senior executive positions including Chief Executive Officer (CEO) and Chief Financial Officer (CFO). With foresight, vision, transformational know-how, Matthew has a proven track record of consistent execution of healthcare business strategy and transformational achievement.

Matthew is experienced in the strengthening and implementation of advanced critical care operating environments including skilled nursing beds, ventilator beds and rehabilitation beds. He possesses expert knowledge and experience in analyzing and adjusting complex clinical pathway delivery systems.

As a revenue cycle management expert, Matthew has established actionable responses to complex Managed Care Organization (MCO) payment and utilization review models. His experience includes establishing new procedures and methodology to identify and recover \$30 million in uncollected managed care appeals at a major suburban hospital system.

Additionally, Matthew has developed de novo processes to ensure appropriate staffing levels for over 2,000 employees by acuity and professional skill mix. His expert knowledge encompasses development of advanced clinical and operational education and training programs

<b>INDUSTRY</b>	Inpatient Hospital
<b>EXPERTISE</b>	Ambulatory Facilities Clinical Research Pharmacies
<b>SERVICE SPECIALTIES</b>	ICU Stepdown & Critical Care Financial Modeling Revenue Cycle Analysis Clinical & Operational Performance ROI Analysis Multi-Year Budget Evaluation Multi-Year Financial Projections Supply Chain Management Human Capital Resource Review Asset Management Recovery of A/R Bad Debt Resolution Pharmacological Econometrics
<b>LICENSES &amp; CERTIFICATIONS</b>	Basic Life Support (BLS)
<b>MEMBERSHIPS</b>	Medical Group Management Association (MGMA) National Black MBA Association (NBMBAA)



## CHRISTOPHER MOSLEY

FULL TIME CHIEF OPERATION OFFICER

Chris is a healthcare executive with over 20 years of hospital and health system leadership and consulting expertise in organizations throughout the U.S. He has served as Chief Operating Officer and Chief Administrative Officer for two of the nation's largest public health systems, Chief Executive Officer for an Independent Quasi-Governmental Health System, Market Based Chief Operating Officer for a Faith-Based Integrated Delivery Health System and Vice President of Operations for an academic, teaching, research and patient care hospital.

As a Healthcare Executive and Consultant, Mosley specializes in operational turnarounds and transformation, improved access, and service-line growth and optimization. Differentiated customer, physician and employee experiences and population health management are Mosley's core competencies.

Mosley maintains Fellow status in the American College of Healthcare Executives, Past National President of the National Association of Healthcare Executives and former member of the Council of Metropolitan Hospitals.

Mosley earned his B.S in Accounting, Masters in Healthcare and Doctorate in Strategic Leadership

<b>INDUSTRY EXPERTISE</b>	Healthcare Inpatient and Outpatient Operations Healthcare Consulting
<b>SERVICE SPECIALTIES</b>	Strategic Planning and Execution Joint Ventures Physician Recruitment Productivity Efficiency Service Line Growth Value Analysis Population Health Patient Centered Medical Homes Certification (PCMH) Capital Budgeting Construction Management Vendor Contract Negotiations Emergency Management Preparedness
<b>LICENSES &amp; CERTIFICATIONS</b>	Fellow, American College of Healthcare Executives
<b>MEMBERSHIPS</b>	American College of Healthcare Executives National Association of Health Services Executives



# MARY MCGUIRL

FULL TIME CHIEF INFORMATION OFFICER

Mary has forty years of experience in various aspects of the healthcare industry, including Institutional Development, Human Resources, Information Systems Management, and Consulting.

Mary held various Executive positions with St Elizabeth Medical Center where she was for fifteen years. While there she established the hospital's first institutional development program, directed and managed replacement of hospital wage and salary administration, and managed numerous computer system implementations as well as the IT systems component of a two-hospital merger.

Prior to that, she served multiple hospitals, in providing computer system implementation management, application support, and the management of outsourced billing services, and programming services while working for Smart Solutions for Health Care in New York.

Mary also has worked for over a decade as Director of Information Systems with Oneida Healthcare Center, where she directed numerous systems projects, including replacement of hospital information systems for acute hospital, skilled nursing facilities and outpatient clinics. She also constructed a new data center, and created and administered a HIPPA security program, and Meaningful Use Attestation.

<b>INDUSTRY EXPERTISE</b>	Project Management Process Improvement/Change Management Training/Team Building System Implementation and Support
<b>LICENSES &amp; CERTIFICATIONS</b>	BS Nursing University of Bath BA Psychology, Utica College of Syracuse University
<b>MEMBERSHIPS</b>	Member Hospital Information Management Systems Society (HIMSS) College of Healthcare Information Management Executive Member, Board of Directors, Northeast IBAX Users Association Chairman, Patient Accounting Special Interest Group, Northeast IBAX Users Association America Organization of Nurse Executives (AONE), Healthcare Information and Management Systems Society (HIMSS) and annual conferences for leading WFM vendors



# JOSEPH A. NICOLosi

FULL TIME CHIEF PROCUREMENT OFFICER

Mr. Nicolosi is an accomplished professional with thirty (30) years of progressively responsible experience in: contracts, subcontracts -procurement and operations, and strategic sourcing within healthcare management. Proven record of leadership, and facilitation within complex environments. Joe possesses consistent innovation to ensure continual business success, and is recognized for growing personnel and enhancing systems, processes, programs and margin. He has generated various cost savings leading cross functional strategic sourcing teams.

Joe led the procurement operations for a central purchasing group. His responsibilities included managing and leveraging various IT commodity groups and data center spend for large companies. Additionally, he developed IT hardware and software contracts and agreements based on initial specifications by working with suppliers, management, business and legal executives.

Joe also has experience directing the generation of manufacturing and supply chain policies and procedures for a large company. He drove annual cost savings with the largest single cost savings in excess of 14 million dollars by renegotiating hardware and plant maintenance contracts, along with the consolidation of vendors on a global basis.

He has created and established global supplier contracts operations from inception to annual contract for an organization with \$2 billion annual spending. Hi expertise allowed him to ensure proper contract documentation and reference points, consolidate global software inventory to improve IT service controls and to leverage commitments, and conduct ongoing costing reviews.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Hospital & Healthcare Government (Public Sector) Manufacturing
<b>SERVICE</b>	Strategic Sourcing Process
<b>SPECIALTIES</b>	Purchasing Healthcare Procurement FAR/DFAR Contract Administration Contract Compliance Contract Development Contract Negotiation Contracting Strategies Program Management Materials Management Product Planning Development Process Improvement Due Diligence Business Process Reengineering Contract Management
<b>LICENSES &amp; CERTIFICATIONS</b>	Certified Purchasing Manager



## **FRANK VUTRANO**

FINANCE SUBJECT MATTER EXPERT

Frank is a Progressive Financial Officer with thirty-five years practicing in the Healthcare Industry. He has extensive experience in financial management and operations. His core competencies are in leadership, financial planning and reporting, organizational productivity, contract negotiations, cash flow management, and collections. Frank brings many years' experience in external auditing with a background in Major Public Accountant settings.

Frank has served as a Chief Financial Officer for over twenty years, working specifically with financially distressed hospitals. Prior to joining the Mazars team, he was the Executive Vice President and Chief Financial Officer at Wyckoff Heights Medical Center. He was responsible for comprising the entire financial functions including Financial Reporting, Budget, Reimbursement, Information Systems, Health Information Management, Patient Financial Services and Revenue Cycle. Wyckoff is considered a safety net hospital by the New York State Department of Health. The Hospital services over 14,000 inpatients and 250,000 outpatient clinic and emergency room visits and employs nearly 2,000 healthcare professionals and support staff.

His previous experience includes Senior Vice President and CFO at New York Downtown Hospital and Interfaith Medical Center. Additionally, he served as the Corporate Director of Budget and Decision Support at Saint Vincent Catholic Medical Centers of New York.

Franck holds an M.S. degree in Health Administration from Central Michigan University and a B.S. in Accounting from Herbert Lehman College.

<b>INDUSTRY EXPERTISE</b>	Financial Reporting Budget Reimbursement Information Systems Health Information Management Patient Financial Services Revenue Cycle
<b>LICENSES &amp; CERTIFICATIONS</b>	Certified Public Accounting, State of New York
<b>MEMBERSHIPS</b>	Healthcare Information and Management Systems Society (HIMSS)



**ALLEA PARKER**  
FULL TIME ASSOCIATE ADMINISTRATOR

Allea has 15 years of proven experience in the Health Care Industry with strong background and in-depth knowledge of the financial managed care delivery system. She is responsible for overseeing and providing high quality consulting services to clients that require a skilled contract negotiator, performance evaluation of their managed care contracts, revenue projections, introduction to innovative payment methodologies, assistance in understanding the market trends and comprehending the impacts of new healthcare regulations.

Her resume includes positions with large national Health Plans, TPAs, State Health Benefit Plans, IPAs and Integrated Multi-Hospital Health Systems which have relied on Allea's broad knowledge and expertise to the lead the ICD-10 Preparedness, Transition and Implementation Team.

Allea is a member of the New York Metropolitan Chapter of the Healthcare Finance and American College of Healthcare Executive.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers Healthcare Payors
<b>SERVICE SPECIALTIES</b>	Contract Negotiations Government Programs Provider Network Development Reimbursement Methodologies
<b>MEMBERSHIPS</b>	Healthcare Finance and American College of Healthcare Executive



# DEAN CORRENTI

FULL TIME REVENUE CYCLE SUBJECT MATTER EXPERT

Dean has been in the Patient Financial Services sector for over 20 years serving in both interim consulting positions and as full time staff. Most recently Dean has held positions in Revenue Cycle administration at acute care facilities across the country. He has is a strong administrative leader providing deep content and strategic guidance to improve revenue cycle outcomes.

Dean has extensive experience around redesigning Patient Access departments to improve efficiencies and throughput. He also has deep experience around workflow process redesign, dashboards and policy and procedural development in conformance with all federal and state regulatory statues. In addition, Dean has developed processes for the day o day operations for Billing and Collections to cash collection steady.

Dean has in-depth experience in Health Information Management (HIM), Charge Description Mater (CDM), Coding and Documentation Improvement (CDI), Denials Management. In addition, He has extensive knowledge around POS collections through the use of training, establishing minimum standards, incentive programs and follow-up/accountability.

James also holds a B.A. in Liberal Arts from Richard Stockton University, Pomona NJ.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers
<b>SERVICE SPECIALTIES</b>	Charge Capture Coding and Documentation Compliance ICD-10 Assessment & Implementation Payment Acess Reimbursement, Payment Systems Revenue Cycle
<b>TECHNICAL SKILLS</b>	HIM CDM CDI
<b>MEMBERSHIPS</b>	Healthcare Financial Management Association (HFMA) , Advanced Member Health Care Compliance Association (HCCA) Past President of Ohio Chapter of AAHAM





## DEBRA BORNSTEIN

MANAGED CARE SUBJECT MATTER EXPERT

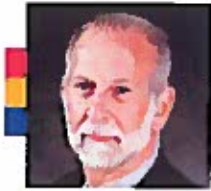
Debra is a Principal and Mazars' National Health Care Practice Leader. She serves a diverse healthcare client base including Managed Care Organizations, Hospital and Health Systems, Multispecialty Groups, UrgentCare, Ambulatory Surgery Centers and Long-Term Care Providers.

With more than 30 years of experience, Debra concentrates on value based contracting, medical cost trending and operational transaction management. Debra is responsible for developing and driving the most innovative service offerings to support clients in this era of sweeping change. The broad scope of her focus ranges from new payer and provider alignment strategies, transition to value based payment systems, organizational transformation and analytics for both providers and payors.

Prior to joining Mazars in 2012, Debra was the Chief Operating Officer of Creative Health Concepts. Earlier, she held senior leadership positions at major healthcare organizations. Debra was Market Head at Aetna, and was Vice President of Medical Delivery Systems at MagnaCare. She was Vice President of Health Services at United Healthcare, and was the Director of Medical Delivery at Oxford Health Plans.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers Healthcare Payors Government Programs (Medicaid & Medicare)
<b>SERVICE SPECIALTIES</b>	Hospital Transformations Hospital Turn-arounds Product Development Provider Network Development Contract Negotiations for Providers and Payers ACO Development Reimbursement Methodologies: Capitation





## MARC GROSSMAN

INFORMATION TECHNOLOGY STRATEGY SUBJECT MATTER EXPERT

Marc has worked extensively with a wide range of health care providers including integrated delivery systems, academic medical centers, community hospitals, physician organizations, public health agencies, and home health agencies. He has performed information technology (IT) strategic planning, system selection, contract negotiations, and implementation of a wide array of clinical, financial, and ancillary systems.

Marc has worked in health care administration and IT for over 25 years. For the past 20 years, Marc has been providing IT strategic consulting services to health care facilities throughout the United States.

Prior to Mazars, Marc was Principal/Practice Leader at Hamilton HMC, the health care division of Kurt Salmon Associates. Previously, Marc was an Assistant Vice President at Long Island College Hospital in Brooklyn, New York. In this capacity he was administratively responsible for the operations of numerous clinical inpatient and ambulatory departments as well as a marketing program.

Marc's areas of expertise include development of information technology strategic plans for major teaching medical centers, multi-site health care enterprises, community hospitals, public health agencies, and home care agencies. Mar has vast expertise implementing financial, clinical, diagnostic imaging, ancillary, home care, operating room, human resources/payroll, physician billing, and decision support systems.

Marc is the Past President, NY Chapter of Healthcare Information and Management Systems Society (HIMSS).

<b>INDUSTRY</b>	Health Care
<b>EXPERTISE</b>	Health Care Providers
<b>SERVICE</b>	IT Strategic Planning
<b>SPECIALTIES</b>	IT Outsourcing Contract Negotiations Cost Benefit Analysis System Implementation System Selection System implementation
<b>MEMBERSHIPS</b>	Healthcare Financial Management Association Fellow, Healthcare Information and Management Systems Society



## DAVID PARRY

INFORMATION TECHNOLOGY STRATEGY SUBJECT MATTER EXPERT

David has over 30 years of health care industry experience in various roles including CIO, Director of Information Technology, Project Director, Support Services Director for Nursing, and Planning Director. This wide range of responsibilities has provided him with a unique appreciation and understanding of both the clinical and financial operations of health care systems and the importance of customer service.

Prior to joining Mazars, David was the Information Services Director for The Methodist Hospitals, Inc., in Gary and Merrillville, Indiana.

David's expertise includes selection, contract negotiation and implementation project management of financial, clinical, and ancillary information systems for health systems, hospitals, and physician practices. He also has expert knowledge in financial management and cost benefit analyses of health care information systems and operations.

David is currently a Fellow of the Healthcare Financial Management Association (HFMA) and Member of the Healthcare Information and Management Systems Society (HIMSS)

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers
<b>SERVICE</b>	Contract Negotiations
<b>SPECIALTIES</b>	Cyber Security Data Governance IT Strategy Operational Management System Optimization System Selection
<b>LICENSES &amp; CERTIFICATIONS</b>	MBA, University of Chicago
<b>MEMBERSHIPS</b>	Healthcare Financial Management Association (HFMA) Healthcare Information and Management Systems Society (HIMSS)



**PETER J. AVELLINO**  
REVENUE CYCLE SUBJECT MATTER EXPERT

Peter has spent over 25 years assisting his clients with Revenue Cycle transformation, coding and documentation assessments, clinical education strategy and improvement planning development, charge capture with Charge Description Master support, and regulatory compliance matters. His industry experience covers Inpatient Acute, Post-Acute (SNF, LTACH), Outpatient Hospital and Free-Standing Diagnostic Centers, and Physician Practice in all settings.

He has deep experience around workflow process redesign, dashboards and policy and procedural development in conformance with all federal and state regulatory statutes. In addition, Peter has developed and implemented process mapping and policies and procedures to provide guidance in the areas surrounding internal and external industry practices, terms and definitions, directives, deference programs, technology strategy and vision, training resources and performance measurements.

Peter also has performed significant work around the improvement of patient satisfaction scores and wait times through a programmatic approach which allows for application of process to ensure better and consistent throughput.

Peter has deep knowledge around DRG, APR-DRG, APC and APG payment systems, RAC, CDI, ICD-10 and CDM to assist in the performance of revenue cycle and charge capture initiatives.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers
<b>SERVICE SPECIALTIES</b>	Charge Capture Charge Master Coding and Documentation Compliance ICD-10 Assessment & Implementation Reimbursement, Payment Systems Revenue Cycle
<b>TECHNICAL SKILLS</b>	EPW/EMR Epic AllScripts Eclipsys Cerner
<b>MEMBERSHIPS</b>	Healthcare Financial Management Association (HFMA) , Advanced Member Health Care Compliance Association (HCCA)



## NICHOLAS CLEMENT

OUTPATIENT QUALITY SUBJECT MATTER EXPERT

Nicholas has over 10 years of extensive experience within the healthcare industry, working for both payor and provider organizations. He possesses an in-depth knowledge of strategy development around hospital quality measures and Initiative, population health management, managed care contracting and network management in the government and commercial space.

Prior to working for Mazars USA, Nicholas was a Senior Care Consultant for Anthem Inc. where he played an integral role in the implementation of the plan's primary care quality shared savings program. Within this role he helped providers improve their approach and overall performance within a variety of value-based arrangements.

Nicholas also worked at Healthfirst, a Medicaid & Medicare MCO, within the Network Management Department. Here he oversaw the productivity and growth of varying provider accounts, managing external provider relationships and internal operations correlated with marketing, medical management, data integrity, credentialing, finance and utilization.

With a certification as a National Committee for Quality Assurance (NCQA) Patient Centered Medical Home Content Expert, Nicholas maintains a great understanding of the mandated requirements and long-term clinical and financial benefits around achieving PCMH recognition. As an expert in this area, Nicholas has been able to assist a multitude of practices in achieving improved outcomes and cost reductions through the strategic implementation of core medical home principles.

In addition to his work in network management and hospital quality measures, Nicholas has several years of medical research experience, where he assisted with pharmaceutical and National Institute of Health funded research projects.

Nicholas is an MBA candidate at St. Joseph's College New York.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Healthcare Providers Healthcare Payors
<b>SERVICE SPECIALTIES</b>	Hospital Transformations Managed Care Contracting Product Development Hospital Quality Measures Reimbursement Structures Network Management ACO Development
<b>LICENSES &amp; CERTIFICATIONS</b>	National Committee for Quality Assurance (NCQA) Patient Centered Medical Home Content Expert



## JOHN J. MOLNAR

SUPPLY CHAIN MANAGEMENT SUBJECT MATTER EXPERT

Mr. Molnar is a Principal at Mazars USA where he is responsible for business consulting efforts in business management/supply chain and strategic sourcing initiatives within the practice. He has over thirty years of management experience in assisting companies enhance efficiency, reduction of risk, and savings enablement opportunities in transition implementations, program management services, business continuity services, cyber security strategy and business process optimization/change management initiatives. He is a DRI Certified Continuity Professional (CHPCP).

John's entire career has been spent working supply chain, sourcing, and procurement solutions. His experience has brought him to correcting these issues at Vanderbilt University/Medical Center, NYU Langone Medical Center, Chicago Children's Hospital, and Helix Healthcare (currently Medstar- Baltimore).

John's background brings experience not only in procurement expertise but also organizational design, IT integration and analysis development, and business process reengineering. Five years of his professional services career was spent implementing eProcurement systems into procurement organizations developing requirements development, integration into finance and supply chain, and analysis report development. He has built vendor management programs within these initiatives based on service level agreement requirements with realistic tracking mechanisms within his own organizational capabilities.

He has also worked to develop regional hospital coalitions to help hospitals share relevant resources with other hospitals in the times of crisis.

<b>INDUSTRY</b>	Hospital & Medical Center
<b>EXPERTISE</b>	Transportation (Public Sector) Emergency Management/Homeland Security Nonprofits
<b>SERVICE SPECIALTIES</b>	Procurement Strategic Sourcing Business Continuity/Risk Assessment/Disaster Recovery Organizational Design IT Outsourcing & Transition Cyber Security Strategy & Framework Development Program Management Program & Project Management
<b>LICENSES &amp; CERTIFICATIONS</b>	DRI Certified Healthcare Provider Continuity Professional Management



# KEVIN WEINER, MD

CLINICAL & QUALITY SUBJECT MATTER EXPERT

Dr Weiner holds over 20 years of experience in the healthcare industry. Through his medical, managerial, and business acumen, Kevin has served as medical director for three health care facilities. He has been given increasing responsibility and met challenges within a diverse group of medical treatment settings.

A dynamic and diligent physiatrist, Kevin specializes in the treatment of chronic and acute injury, musculoskeletal rehabilitation, electrodiagnostics, and pain management. Kevin has had success improving quality of care, decreasing medical costs, and increases revenue for all affiliated hospitals.

Most recently, Kevin has worked at Morristown Medical Center, where he was a member of the process improvement team. There, Kevin developed metrics for case managers that resulted in reduced readmissions by 15%, in addition to developing criteria between physicians and internists for cases and complications that require inpatient status. He also, increased revenue, decreased denials, directed and supervised the clinical decision unit.

Previously, Kevin has increased quality of care, developed health programs, increased monthly volumes, drafted policies and procedures, and served as supervisor and trainer of hospital staff.

Dr. Weiner received his Doctor of Medicine from The Chicago Medical School in Illinois.

<b>INDUSTRY</b>	Healthcare
<b>EXPERTISE</b>	Hospitals & Providers
<b>SERVICE SPECIALTIES</b>	Hospital Transformations Hospital Turn-arounds Product Development Government Programs: Managed Medicare, Medicaid and Long Term Care Organizational Management & Transformation Clinical Review Coding Staff Training
<b>MEMBERSHIPS</b>	American Academy Of Physical Medicine and Rehabilitation American Medical Association New York County Medical Society Physical Association of Spine, Sports and Occupational Rehabilitation Internal Spinal Injection Society



## CHRIS PAGE, RN

WORKFORCE MANAGEMENT SUBJECT MATTER EXPERT

With over 16 years of experience in the healthcare industry, Chris specializes in Workforce Management (WFM) and has been personally involved in over 50+ WFM engagements deploying WFM solution and/or providing strategic alignment to optimize WFM solutions. Chris's responsibilities include overseeing WFM transformation, technology, and delivering integrated approaches within Mazars' Human Capital Management practice.

Chris focuses on Time & Labor, Staffing, and Scheduling with an emphasis on Enterprise Strategy, End to End Transformation, and Implementations. As a former Registered Nurse with a proven WFM track record, Chris brings a unique blend of experiences to create new strategies that result in revenue generation or cost avoidance savings that deliver projects to be on time and within budget. In addition to WFM, Chris has extensive experience in central staffing creation, business process standardization, operational system alignment, and labor planning transformation.

Chris has served as a representative and long term partner of global workforce management technology vendors, including API Healthcare, Kronos, Lawson, and Cerner. He has successfully delivered implementations, upgrades, and strategic for a variety of healthcare clients, ranging from 10,000-100,000 employees, multi-site multi-state organizations encompassing full 360' WFM transformation. Chris has achieved business process standardization and synchronization of time & labor, staffing, and scheduling practices across different lines of business – Corporate, Clinical, In/Out Patient, Home Health, Long Term Care and Urgent Care facilities.

Chris is a former Interim Director of Patient Care Services for large scale New York hospital leading a full WFM transformation that resulted in multi million dollars savings within the first 12 months of deployment and continued WFM savings.

INDUSTRY	Healthcare
EXPERTISE	Workforce Management
TECHNOLOGY	GE-API Healthcare
EXPERIENCE	Kronos Lawson Workday
LICENSES & CERTIFICATIONS	BS Nursing University of Bath
MEMBERSHIPS	America Organization of Nurse Executives (AONE), Healthcare Information and Management Systems Society (HIMSS) and annual conferences for leading WFM vendors

**TAB 2**





**Not-For-Profit Hospital Corporation**  
**General Board Meeting**  
**Friday, January 26, 2018**

**Present:** LaRuby Z. May, Chairperson; Dr. Konrad Dawson, Brenda Donald, Jeffrey Dewitt for Angell Jacobs, Velma Speight, Sean Ponder, Girume Ashenafi, Millicent Gorham, Dr. Malika Fair, Wayne Turnage, Mr. Luis Hernandez (CEO), Lilian Chukwuma (CFO), Dr. Eric Li (CMO), Dr. Mina Yacoub (COS).

Agenda Item	Discussion	Action Item
<b>Call to order</b>	The meeting was called to order by LaRuby May, Chairperson on January 26, 2018 at 9:16 am in Conference Rooms 2/3 at the United Medical Center 1310 Southern Avenue, SE, WDC, 20032.	
<b>Determination of Quorum</b>	A quorum was determined by Michael Austin, Corporate Secretary.	
<b>Approval of the Agenda</b>	The agenda was modified to reflect that after the Governance Committee the Selection Committee Report will be read. No objections. Agenda was approved as amended. Motion. Seconded. Passed unanimously.	
<b>Review and Approval of Minutes</b>	Meeting minutes for December 13, 2018 General Board Meeting. Motion. Seconded. Passed unanimously.	

<p><b>Board of Ethics Accountability Training</b></p>	<p><b>Moved to Next Month (February 2018).</b></p>	
	<p><b>Dr. Eric Li, Chief Medical Officer's Report:</b></p> <ul style="list-style-type: none"> <li>• Presented his academic and professional credentials.</li> <li>• Quality and Patient Safety are the hallmarks of his professional responsibilities.</li> <li>• Beginning at 7:00AM he rounds the hospital from the 1<sup>st</sup> to the 8<sup>th</sup> floors observing and asking staff questions about improving quality and safety at UMC.</li> <li>• Staff and employees as well as contractors of UMC must be accountable.</li> </ul>	<p>Meeting will be held in February 2018 between the Board, Doctors and Administrative staff. Dr. Li will work with Dr. Fair on Patient Quality and Care.</p>
	<p><b>Dr. Mina Yacoub, Chief of Staff's Report:</b></p> <ul style="list-style-type: none"> <li>• Professional Practice Evaluation for Physicians approved in tandem with Department of Quality.</li> <li>• Deemed Status restored.</li> <li>• IT is important to patient efficiency and for Meaningful Use.</li> <li>• Vice-Chief of Staff identified.</li> </ul> <p><b>Chair May:</b></p> <ul style="list-style-type: none"> <li>• Motion to accept CMO and COS Reports.</li> <li>• Motion seconded.</li> <li>• Motion unanimously passed.</li> </ul>	
	<p><b>Mr. Luis Hernandez, Executive Management Report:</b></p> <ul style="list-style-type: none"> <li>• Submitted report is accurate.</li> <li>• Additional information not submitted in report regards the Renewal of UMC's Deemed Status.</li> <li>• DOH presence at UMC last week.</li> <li>• DOH made recommendations relating to OB, which was implemented.</li> </ul> <p><b>Chair May:</b></p> <ul style="list-style-type: none"> <li>• Motion to accept Executive Management Report.</li> <li>• Motion unanimously passed.</li> </ul> <p>Vice-Chair Nomination:</p>	

- Chair May nominated Dr. Malika Fair.
- Motion to accept nomination of Dr. Malika Fair.
- Motion seconded.
- Motion unanimously passed.

**Dr. Malika Fair, Patient Safety and Quality Report:**

- Deemed Status renewed.
- Two patients came into ED needing OB services.
- Baby born in the parking lot of UMC hospital, but not in the ER.
- Mother came into the ER with an infant newly born outside the facility. But, the newborn's birth certificate states UMC as per statute.
- Both patients were treated successfully.
- UMC rated a 2-star hospital as Georgetown, Medstar, and Washington Hospital Center. Only Sibley is a 3-star hospital.

**Chair May**

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

**Mr. Wayne Turnage, Finance Committee Report:**

- November/December 2017 Data shows UMC financial struggles.
- UMC lost significant dollars: November 2017 lost is \$1.7M; December 2017 lost is \$3.9M.
- Hospital is down 16%: every dollar collected hospital losing 16 cents.
- Operating Trend Data is worsening due to: admissions, Council-member Gray's Hearings, negative press, closure of OB, and focus on Veritas contract.
- FY 2018 Budget must be reforecast.
- Revenue Cycle problems still exist since the facility was acquired in 2010.
- Due to lack of coordination and communication, 25% of patients in UMC SNF are not assigned a Medicaid pair source, which is affecting revenue.
- **Mr. Jeff Dewitt** (Representing Director Angell Jacobs): Operations and Finance Departments must align to ensure effective administration of UMC.

**Mr. Jeff Dewitt:** Board should examine finances, revenue, and other issues to give the Mayor the options to make the best decision: sit with the new operator to determine an effective strategy and to hold everyone accountable.

**Dr. Dawson:** UMC's CFO should review data submitted by the SNF functions to ensure accurate billing submitted through Medicaid.

**Director Girume Ashenafi:** What is the impact of the current financial situation on our nurses and service workers?

**Mr. Hernandez:** Revenue Cycle responsibility for the SNF is NOT under Veritas.

**Chair May:**

- Motion to accept Finance Report.
- Motion seconded.
- Motion unanimously passed.

**Dr. Dawson, Governance Committee Report:**

- Governance Committee met on 1/24/18.
- Revisions of By-laws relating to the Executive Committee and Quality and Patient Safety Committees.
- Changes are as follows: during Board Meetings the Executive and Quality and Patient Safety Committees, respectively, may address and enforce decisions ad hoc in absence of full Board of Directors.

**Chair May:**

- Motion to accept Governance Committee Report.
- Motion seconded.
- Motion unanimously passed.
  - *Five (5) minute recess at 10:50am.*
  - *Meeting reconvened at: 10:57am.*

**Vote to enter "Closed Session".**

- Roll call to go into "Closed Session": LaRuby May (yes), Sean Ponder (yes), Brenda Donald (yes), Velma Speight (yes), Konrad Dawson (yes), Millicent Gorham (yes), Girume Ashenafi (yes), Jeffrey Dewitt for Angell Jacobs (yes).
- Quorum determined by Mike Austin.
- Entered into "Closed Session".
- **Minutes for "Closed Session" are separate from this record.**

**Chair May:** Thanked the Board and implored that the stakeholders communicate effectively with staff, other members and contractors to disseminate accurate information and examine financial responsibilities of UMC.

**Re-entered "Opened Session" at 12:18pm.**

**Dr. Dawson--Report on Overview and Selection Committee on RFP:**

- Overview and Selection Committee on RFP comprised: Director Brenda Donald, Director Velma Speight, Mike Austin, Kai Blissett, and he, Dr. Dawson.
- Conducted interviews and read proposals.
- RFP issued November 28, 2017 under the auspices of DC Health Care Finance.
- Proposal date was December 12, 2017.
- Eight (8) proposals received from bidders in CA, DC, DE, VA, and TN.
- Proposals received December 18, 2017.
- Initial meeting to develop timeline December 22, 2017.
- Each bidders given two (2) hours to present.
- Factors that influenced selection: on-site staff, assessment, and ability to respond to the hospital's needs with alacrity; key question asked bidders: how many persons will be on staff in the Hospital daily.
- **Mazars:** selected as new operator contingent upon negotiations, references, and approval from DC Council et al; has a proven track record in hospital services and finances.
- **Mazars:** committed six (6) full-time staff who are subject matter experts to be on staff daily at UMC.

Chair May thanked the Overview and Selection Committee on RFP.

- Motion to accept the Overview and Selection Committee on RFP Report and to accept the new operator pending delineated processes.
- Motion opened for discussion.
- Thomas Layton: asked for clarity on the pronunciation of "Mazars".
- Motion approved unanimously.

**Meeting adjourned at 12:31PM.**

**Dr. Dawson:**

- UMC's Board of Directors will approve contract of Mazars and forward to the DC Council for full approval. Thereafter, Mazars may become the new operator.
- Mazars' effective start date is mid-February.

**Chair May:** encouraged the Board, staff and stakeholders to develop a standard of excellence in 2018 that will move UMC to the best delivery of service to patients.

**TAB 3**



UMC

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## General Board Meeting

Date: February 28, 2018

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# 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.**

**February 2018**





## 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



UMC  
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MEDICAL CENTER *Key*

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



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

**Satisfactory**

Number of admissions by top 10 Admitters	330								
Number of physician referrals to hospital specialists	<table border="1"> <thead> <tr> <th>Q1 Jan 2018</th> <th>Open Referrals</th> <th>Sent Referrals</th> <th>Closed Referrals</th> </tr> </thead> <tbody> <tr> <td></td> <td>325</td> <td>75</td> <td>6</td> </tr> </tbody> </table>	Q1 Jan 2018	Open Referrals	Sent Referrals	Closed Referrals		325	75	6
Q1 Jan 2018	Open Referrals	Sent Referrals	Closed Referrals						
	325	75	6						
“Likelihood to recommend” by patient satisfaction survey	<table border="1"> <thead> <tr> <th>UMC</th> <th>National</th> </tr> </thead> <tbody> <tr> <td>35%</td> <td>72%</td> </tr> </tbody> </table>	UMC	National	35%	72%				
UMC	National								
35%	72%								
Medical Staff turnover rate	(8) Physicians and (7) CRNA/CPNP/NP resigned.								

**Clinical Quality**

Nosocomial Infection rate	C Difficile -0-      VRE 0.8      MRSA 0.4
14 –and 31- day readmission rate	14 days 5%, 30 day 12.63%
Medication errors	0.04%
Patient Falls	2.26

**Operational**

Average daily census	Goal 104.9      Actual 92.8
In-patient surgeries	Goal 114      Actual 64
Out-patient surgeries	Goal 150      Actual 69
Emergency Room visits	Goal 4653      Actual 4430
ALOS for acute patients	Goal 5.77      Monthly Value 6.32
ALOS by top Admitting Physicians	6.64, 5.93, 6.03, 5.08, 8.95, 6.38, 18.75, 6, 6.5





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

Ongoing Professional Practice Evaluation (OPPE) processes are now in place. Medical Staff leadership is also participating with Quality Department in weekly Quality Improvement and Root Cause Analysis (RCA) meetings. The Quality Department has initiated Global Trigger tools to allow for concurrent review of performance. UMC now has a solid infrastructure for ongoing Quality Improvement and we hope to see the process continue uninterrupted through the transitioning of administration. The Medical Staff office is also expecting a surge in credentialing applications with the transitioning of Medical Faculty Associates (MFA) into UMC.

Patient volumes continue to be low for this time of the year and do not seem to have recovered after a string a negative press reports. It is important for the Hospital to highlight the successes the organization has achieved, including but not limited to, latest Emergency Department performance metrics that compare favorably to other Emergency Departments in DC, improvement in physician aspects of HCAHP scores, low rates of Hospital Acquired Infections (HAIs), and the continued successful accreditations maintained, and performance metrics achieved, by Laboratory and Pathology departments.

Medical Staff, through a Medical Staff nominating committee, put forward a slate of candidates for the vacant position of Vice-Chief of Medical Staff. The slate of candidates has been approved by the hospital board of directors, and includes Dr. Marilyn Corder, Dr. Barry Smith, and Dr. Gregory Morrow. Ballots are mailed out to Medical Staff members.

The new documentation requirements and deferment rules per updated Bylaws are now in effect. Feedback by providers is significant and relates to documents on their signing lists that either do not belong to them, or appear immediately before the deferment process. We are working with Health Information Management and IT to further review and address these issues.

MEC is submitting to the hospital board, for review and approval, action items approved in its February meeting.



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**Amaechi Erondy, M.D., *Chairman***

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**Performance Summary** - The surgical cases for the month of January 2018 were 64, while Endoscopy cases were 88. 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 comorbidity 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.



**Mina Yacoub, M.D., *Chairman***

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In January 2018, the ICU patient volume continued the low trend for this time of the year. The Intensive Care Unit had 64 admissions, 68 discharges, and 307 Patient Days. ICU Average Length of Stay (ALOS) was 4.5 days in January. The ICU managed 69 patients in January 2018.

### **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 January was increased at 17 %. Mortality review is conducted in February Critical Care Committee meeting and with Quality Department.

**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 January had no VAE.

**Infection Control Data** - For the month of January, 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 January, there were 196 ventilator days with no VAPs, 186 central line days with no CLABSIs and 262 foley catheter days with no CAUTIs.

It has been 1585 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 January, 69 patients were managed in the ICU. There were two readmissions to the ICU within 48 hours of transfer out. Cases are reviewed with Quality Department and in Critical Care Committee meeting.



**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.



**Musa Momoh, M.D., *Chairman***

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### **Admission/Discharges/Length of Stay**

Hospital Admissions – 432

Department of Medicine Admissions – 279

Percentage – 65%

Hospital Discharges – 432

Department of Medicine Discharges -280

Percentage – 65%

Hospital Observation – 153

Department of Medicine Observation – 128

Percentage – 84%

Length of Stay for Hospital – 6.4 days

Length of Stay for Department of Medicine – 6.1 days

### **Procedures**

EGDs – 38

Colonoscopies – 49

Bronchoscopies – 0

ERCP – 1

Dialysis - 0



Delta Check Review	100%											
	162/162											

**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*

*January 2018 United Medical Center Monthly Admissions Reporting*

**Referrals**

Admissions	69
Denials	34
<b>Total Referrals</b>	<b>103</b>

**Admission**

ALOS (Target <7 Days)	6.26
Voluntary Admissions	22
Involuntary Admissions	47
<b>Total Admissions</b>	<b>69</b>

**Referral Sources**

CPEP	22
UMC ED	66
GWU	02
Providence	01
Georgetown	00
Sibley	01
UMC Medical/Surgical Unit	03
Children Hospital	00
Howard	02
Laurel Regional Hospital	00
Washington Hospital Center	00
Suburban	00
PIW	00
Other/Not listed	06
<b>Total Referrals</b>	<b>103</b>

**Reason for not accepting patient to BHU**

Patient did not meet criteria	29
No available beds	00
Left AMA	01
Not Medically clear/moved to medical unit	01
Transferred to VA	00
Out of Network Insurance	02
Do Not Admit List	01
<b>Total Denials</b>	<b>34</b>

**Other Measures**

ED to Psych Admissions (Target: <2 hours)	3.8
Psychosocial Assessments (Target: 100%)	95%
Discharge Appointments for those D/C'ed > 24 hours (Target: 100%)	93%
Treatment Planning (Target: 100%)	75%

**Discharge Appointment**

Discharge Appointments for those D/C'ed > 24 hours	68
# of patients with no Discharge Appointment due to D/C'ed less than 24 hours	00
# Discharged to home without appointments	05
Not listed	00
Other	00
Discharge Appointments for those D/C'ed> 24 hours (Target: 100%)	93%

**Group Participation**

Total Art Group	0%
Total Expressive Therapy	28.80%
Total Social Worker Group	10.30%
Total Nursing Group	30.90%
Total % Group Participation	17.50%

**Other**

Transfer to St. Elizabeth's	3
Patient who went to court	3





**Raymond Tu, M.D., *Chairman***

**Performance Summary**

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	4		0		0		4	
CT SCAN	85		508		181		774	
FLURO	10		1		6		17	
MAMMOGRAPHY					78		78	
MAGNETIC RESONANCE ANGIO	2		0		2		4	
MAGNETIC RESONANCE IMAGING	25		2		39		62	
NUCLEAR MEDICINE	3		1		5		9	
SPECIAL PROCEDURES	24		1		4		29	
ULTRASOUND	91		203		173		467	
X-RAY	171		922		801		1964	
CNMC CT SCAN			23				23	
CNMC XRAY			445				445	
GRAND TOTAL	415		2106		1289		3876	

**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.

**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. 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. Dr. Tu is invited speaker to the American Society of Spine Radiology and participated at the Advisory Board regarding Medicare and Medicaid.





**Gregory Morrow, M.D., *Chairman***

For the month of JANUARY 2018, the Surgery Department performed **155** total procedures

**The chart below shows the 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	
MAR	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	
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	
TOTAL	1952	2019	2116	2242	2255	155

Over the last several 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. Despite all 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.

There are two **NEW** projects that will be implemented in the Surgery Department this quarter.

- We will initiate ***Weekly OR Rounds*** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This will begin with the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.
- We will initiate ***Monthly / Bi-Monthly Surgical Morbidity and Mortality Rounds*** where ALL Complications and Adverse outcomes for surgical patients will be analyzed. This will be a multidisciplinary conference including but not limited to Surgery, Anesthesia, Pathology and ICU. This will be a Retrospective Review.

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

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.**



Not-For-Profit Hospital Corporation  
**CREDENTIALS COMMITTEE REPORT**  
 February 8, 2018

- Report to Credentials Committee: February 8, 2018
- Report to Medical Executive Committee: February 19, 2018
- Report to Board of Directors: February 28, 2018

Credentials Committee Signature: \_\_\_\_\_

*[Signature]*  
 Barry Smith, M.D., Chairman of Credentials  
 Date: 2/8/2018

Medical Executive Committee Signature: \_\_\_\_\_

*[Signature]*  
 Mina Yacoub, MD Chief of Staff  
 Chairman of Critical Care  
 Date: 2/19/18

Board of Directors Signature: \_\_\_\_\_

*[Signature]*  
 LaRuby Z. May, Chair of Board  
 Date: \_\_\_\_\_

**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 hereby 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
Bancrjee, Sarah, M.D	Radiology	Telemedicine
Nissenbaum, Michael, M.D	Radiology	Telemedicine
Zembrak, Ryszard, M.D.	Psychiatry	Provisional



Not-For-Profit Hospital Corporation  
**CREDENTIALS COMMITTEE REPORT**  
 February 8, 2018

MEDICAL STAFF REAPPOINTMENTS				
NAME	SPECIALTY/ PRIVILEGES	REAPPOINTMENT DATE (FROM/TO)	STATUS (FROM/TO)	COMMENTS*
Brownlee, William, M.D	Surgery	02/24/2016-02/24/2018	Active	
Chang, John, M.D	Radiology	03/23/2016-03/23/2018	Telemedicine	
Davachi, Khosrow, M.D	Nephrology	02/24/2016-02/24/2018	Active	
Nemati, Massoud, M.D	Cardiology	02/24/2016-02/24/2018	Active	

PROVISIONAL REVIEW		
NAME	SPECIALTY	COMMENTS
Maxwell, Angela, M.D	Emergency Medicine	Courtesy

ADDITIONS/CHANGES/INPRIVILEGES	
NAME	SPECIALTY
None	

CHANGES IN STAFF CATEGORY		
NAME	SPECIALTY	NEW CATEGORY
Booker, Sylvester, M.D	OB/GYN	Emeritus
Atemo, Emmanuel, M.D	Maternal Health and Child Care	Emeritus

LIFTING OF PHYSICIAN FOCUSED REVIEW REQUIREMENTS	
NAME	PRIVILEGES/COMMENTS
None	





Not-For-Profit Hospital Corporation  
**CREDENTIALS COMMITTEE REPORT**  
 February 8, 2018

LEAVE OF ABSENCES	
None	

RESIGNATIONS		
NAME	SPECIALTY	COMMENTS
Dennis, Robert, M.D	Plastic Surgery	Voluntary Resignation
Mohseni, Alex, M.D	Emergency Medicine	Voluntary Resignation
Roberson, Charles, M.D	Orthopedic Surgery	Voluntary Resignation
Saify, Emil, M.D	Anesthesia	Voluntary Resignation

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

ALLIED HEALTH PRACTITIONER - RENEWAL OF PRACTICE PRIVILEGES	
NAME	SPECIALTY
Buller-Jarrett, Christiana, PA-C	Internal Medicine
Hudson, Bobby, PA-C	Emergency Medicine

ALLIED HEALTH PRACTITIONER - TERMINATION OF AFFILIATION/RESIGNATION	
NAME	SPECIALTY
None	COMMENTS



Not-For-Profit Hospital Corporation  
**CREDENTIALS COMMITTEE REPORT**  
 February 8, 2018

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

DECEASED PROVIDERS (Administrative Only)		
NAME	SPECIALTY	COMMENTS
None		

# **Chief of Medical Staff Report**

## **Chief of Staff Report February 2018**

Ongoing Professional Practice Evaluation (OPPE) processes are now in place. Medical Staff leadership is also participating with Quality Department in weekly Quality Improvement and Root Cause Analysis (RCA) meetings. The Quality Department has initiated Global Trigger tools to allow for concurrent review of performance. UMC now has a solid infrastructure for ongoing Quality Improvement and we hope to see the process continue uninterrupted through the transitioning of administration. The Medical Staff office is also expecting a surge in credentialing applications with the transitioning of Medical Faculty Associates (MFA) into UMC.

Patient volumes continue to be low for this time of the year and do not seem to have recovered after a string a negative press reports. It is important for the Hospital to highlight the successes the organization has achieved, including but not limited to, latest Emergency Department performance metrics that compare favorably to other Emergency Departments in DC, improvement in physician aspects of HCAHP scores, low rates of Hospital Acquired Infections (HAIs), and the continued successful accreditations maintained, and performance metrics achieved, by Laboratory and Pathology departments.

Medical Staff, through a Medical Staff nominating committee, put forward a slate of candidates for the vacant position of Vice-Chief of Medical Staff. The slate of candidates has been approved by the hospital board of directors, and includes Dr. Marilyn Corder, Dr. Barry Smith, and Dr. Gregory Morrow. Ballots are mailed out to Medical Staff members.

The new documentation requirements and deferment rules per updated Bylaws are now in effect. Feedback by providers is significant and relates to documents on their signing lists that either do not belong to them, or appear immediately before the deferment process. We are working with Health Information Management and IT to further review and address these issues.

MEC is submitting to the hospital board, for review and approval, action items approved in its February meeting.



**TAB 4**



UMC

**UNITED**  
MEDICAL CENTER

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**General Board Meeting**

Date: February 28, 2018

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**Management  
Report**

*Presented by:*

**To Be Announced**



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

### QUALITY

- 1) The hospital's deemed status has been restored as of January 30, 2018.
- 2) We have continued to build Infrastructure for real-time quality through the following:
  - Global Trigger Tools
  - Morbidity Index
  - Navex implementation; Incident reporting software
- 3) We are pursuing capitalization of the Navex incident report software through transition of Policy and Procedure software.
- 4) We are completing an inventory of facility regulatory requirements through The Joint Commission (TJC) Life Safety checklist. This will be completed in the next 30 days for reporting and prioritization of organizational Life Safety and Environment of Care issues.
- 5) Sentinel Event deliverables due to TJC 3/18, these include information on the implementation of the Global trigger tool and agreements with ACLS ambulance services that can transfer and care for the bariatric population.
- 6) We are looking at options to complete the Culture of Safety survey for our employees. This survey is needed as a component of Leap Frog, CMS, and TJC. We will identify the tool and implement the survey by June 1, 2018.

### PATIENT CARE SERVICES

#### NURSING EDUCATION AND CLINICAL PRACTICE

- **ED 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. Everyday chart audit shows 92% compliance or better.

- **AIDET**: 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)
- OB training (100% compliance) for all ED Registered Nurses
- SNF – Continuing Education Program for RNs on pain management. Two RN staff successfully completed the Infection Preventions Specialized training certification program
- **Respiratory** – continue to train RTs in assisting (or performing) with intubation. MRI ventilator training scheduled for 2/20/18

#### EMERGENCY DEPARTMENT METRICS

Metric	17-Sep	17-Oct	17-Nov	17-Dec	18-Jan
Visits	4969	5084	4635	4745	5073
LWBS	139	102	78	72	109
%LWBS	2.80%	2.01%	1.68%	1.52%	2.15%
Admissions In Patient	508	383	326	320	333
Admissions Observation	398	100	125	103	77
Ambulance Arrivals	1480	1416	1340	1514	1560
%Ambulance Arrivals	29.80%	27.85%	28.91%	37.91%	30.75%
Triage	25	24	22	22	21
Room	50	53	52	54	59
Provider	51	60	58	60	69
Disposition	180	186	179	199	203
LOS DC	221	230	216	237	239
LOS Admit	413	252	247	274	259

#### PHARMACY

- **Quality** --100% antibiotic stewardship; 97% narcotic waste; 92% med scan; 97% Narcotic wastage report; Multi – dose/Single dose compliance (ICU – 92%; Med/Surg 100%) Medication Adverse Event Report – 12 reported and all were near misses
- **Current Projects** – narcotic vault for storage of controlled substances has arrived and currently configuring for usage (target date to be operational – 4/18); MedMined (antibiotic surveillance software currently being configured and expected to be operational by 6/18; new Pyxis machines have been purchased – anticipated to be rolled out by 11/18.

## **RESPIRATORY**

- **Service** – Starting 2/20/17 RT will attend multi-disciplinary rounds to assist in safe and effective discharge of patients receiving Respiratory Care.
- **Quality** – MRI ventilator training scheduled for 2/20/18 – first at UMC. BIPAP patients to have a nurse call alarms on floors in addition to ventilators
- **Growth** – New RT Interventions for billing established. High flow therapy and capnography now being performed and billed. Capnography added to RT interventions. Additional availability for PFT coverage Monday through Friday versus Monday and Wednesday in 2017.

## **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 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 DCNA as positive in improving nurse-patient safety.

## **RECRUITMENT**

The departure of ICU Manager was replaced 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. The arrival of 5 staff from Puerto Rico recruitment project and 6 RN Travelers will ease the burden of staffing especially in the Emergency Room. In Respiratory Department, 15 RRTs were added.

## **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 out staffing shortage in critical areas especially Emergency Department. 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 passed 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**

#### GWMFA ED & Hospitalists Onboarding:

Multidisciplinary teams led by Marcela Maamari, VP of Support Services: Medical Staff Office (GWMFA and UMC) – credentialing/orientation; IT (GWMFA & UMC) – Meditech updates and report needs/training/VPN/Command Center/text communication; Physician leadership/Quality/Nursing leadership/Administration preparations; Quality/Compliance (GWMFA & UMC); meet/greet with ED & Hospitalists. Address parking needs, tours, and system access. Renovated 1st floor Respiratory suite to accommodate GWMFA leaders and Site Administrator.

Safety – Bed Alarms integrated with Nurse Call system:

The new Nurse Call System has the capability for external equipment integration for remote alerting. We have successfully integrated our new Ventilators for remote alarms at the nursing station. We are currently in the process of also attaching the med/surge beds which will allow the bed exit alarms to activate the nurse call and thus reducing the potential for patient falls and reduction of staffing needs for “sitters” in some cases.

Patient Safety - 5 AED's installed throughout the Hospital:

In the interest of providing maximum patient safety and fast emergency response time, an initiative was launched to install Automatic Defibrillators (AED) in remote public areas of the campus. Five (5) devices were installed in easy to see cabinets with audible alarms. The areas include the Main Lobby, Ground floor Security entrance, Medical Office Building floors 2 and 3 and the common area outside the Cafeteria.

**MEDICAL EQUIPMENT**

Radiology - New room installs in radiology to include one general radiology room, one CT Scan room and one mammography room. Also brought a new unused ultrasound machine that was originally purchased for an off-site project, out of storage to give the Ultrasound Department added capacity in the Emergency Room.

Operating Room (Gastro) - With the recent completion of the new surgical suites in the Operating Room, an opportunity was created to relocate the old endoscopy suite to a larger state of the art area. The suite has ample room and enough video capability for all key personnel to stay updated on the progress. It also minimizes fall risks by eliminating excess cabling on the floor. This in combination with the new endoscopy equipment and the recently upgraded Gastro software management system, provides our patients with a cutting edge experience.

**CONSTRUCTION/RENOVATION PROJECTS**

Radiology improvements:

Mammo Room - New mammography room renovation: waiting on DOH approval.

ED Improvements:

Improvements in response to Environment of Care round deficiencies, safety/security enhancements to ED core area and addressing furniture/storage needs; security upgrades; new patient flow (new desk/computer/phone to accommodate ambulatory resource in ED).

**IT/SYSTEMS PROJECTS**

Biomed Medical Equipment Management System is capable of direct work order requesting and input from the facility staff in order to enhance user satisfaction and transparency. This system was formally presented to the Management team in February. It is an identical system to the one used by the Facilities Management Team and the desktop shortcut was pushed out to all workstations so users would have easy access.

We are currently working with the IT Department with the project of integrating patient monitoring devices into the Meditech System. The first targeted area is the **Emergency Room and Critical Care**. The existing equipment is capable of this with an upgrade to infrastructure and the addition

of an interface engine. This is beneficial to Biomed, ED/ICU and IT. For Biomed, the upgrade to the infrastructure would be beneficial as the Bedside monitors in both areas are still very good but the networking system they are attached to is outdated. After that, the areas to look at would be the OR and Telemetry. We have also been gradually replacing old outdated portable Vital Sign Monitors on the floors with devices that are also capable of transmitting data directly to the patient management system so when the IT department is ready, the transition will be easier.

Vizient (GPO): Purchasing and Materials Management continues to work 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 March (delayed by vendor).

### **SPECIAL PROJECTS**

#### Hospital Clean/Declutter Campaign:

7<sup>th</sup> Floor (Secured area) – facilities maintenance & repairs; removal of trash & unusable items; thorough cleaning of area. IN PROGRESS

3<sup>rd</sup> Floor – removal of unusable items, declutter all offices & clinical areas, IT to repurpose all devices, and move all furniture and beds to 5<sup>th</sup> and 8<sup>th</sup> floors.

Pathology – removal of unusable items, declutter offices, storage rooms & lab area.

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) – Trial run with GWMFA ED group. IN PROGRESS.

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: HR, ED, Care Management, IT Tech Center reception area, IT Command center, 5 and 8<sup>th</sup> Floor Family Waiting rooms, Administration (Conference room); Future areas: SNF, Pathology, Dietary. **Savings of over \$185,000.** Another visit is scheduled for next week.

#### Community Outreach:

##### Mobile Health Unit

- Flu Shots Day at Shepherd Park – February 10, 2018
- FEMA Meal Kit Distribution & Flu Shots – location TBD

## **HUMAN RESOURCES**

### **2018 UMC OPEN ENROLLMENT SUMMARY**

Dates Held: December 12 - 29, 2017

Current Status: Confirming employee benefit elections

New Process: Innovative approach engaged for employees to make benefit elections:

- **Tested employee benefits enrollment via an 800 #:**
  - 800# via 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 that previously took 45 – 120 minutes.
  - Employees received the same one-on-one service via phone
- **Impact:**
  - 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.

#### **YEAR-OVER-YEAR EMPLOYEE BENEFITS ENROLLMENTS**

<u>2017 Enrollments</u>		<u>2018 Enrollments</u>	
Medical (Kaiser)	344	Medical (Kaiser)	592
Dental (AETNA)	432	Dental (AETNA)	691
Vision (VBA)	396	Vision (VBA)	695

#### **2018 OPEN ENROLLMENT FOR TRUSTMARK (PROVIDER OF SUPPLEMENTAL INSURANCE OPTIONS FOR LONG-TERM DISABILITY, VOLUNTARY ACCIDENT, UNIVERSAL LIFE AND CRITICAL ILLNESS)**

Dates Held: January 29 – February 2, 2018  
Enrollment Process: Face-to-face one-on-one enrollments  
Results: In process of being assessed

#### **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. When the attestation period opens up in March, UMC expects to file as fully compliant with all measures. Doing so will mean that UMC will avoid any additional penalties in 2019. We are working to ensure we have all components and documentation for the attestation.



- 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.
- Staffing for IT – We have five vacant positions in IT and three vacant positions in the Command Center. This effort continues to be a priority. The quality of applicants from HR seems to be on the rise. We are also pursuing other avenues to supplement the applicant flow such as attending local networking events.
- Secure e-mail messaging (ZIX) - We have implemented our e-mail encryption system. This system allows for internal staff to send sensitive e-mails/attachments encrypted “on demand”. This system is also rules-based which means, it scans the outgoing e-mails for sensitive data such as SSN or card numbers and auto-encrypts the message.

Currently included among UMC’s top priorities for IT:

- Preparations for MFA (GW physicians) to start working in the ED at UMC on April 1, 2018; hospitalists to follow on July 1<sup>st</sup>
- 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
- Upgrade existing virtual environment to allow for the implementation of new products
- Radiology PACS: backup and recovery procedures; disaster recovery; migration of archived images to new SAN
- 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)

# **TAB 5**



UMC

UNITED  
MEDICAL CENTER

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## General Board Meeting

Date: February 28, 2018

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# Patient Safety & Quality Committee

*Dr. Malika Fair, Chair*

- Minutes
- Meeting Materials



Not-For-Profit Hospital Corporation  
 GB Patient Safety & Quality Committee Meeting Minutes  
 January 18, 2018

**Present:** Dr. Malika Fair, Tina Rein, Maribel Torres, Dr. Li, Silva Claggon, Mr. Luis Hernandez, Millicent Gorham.  
**Phoned in:** Girume Ashenifi.  
**Absent:**

Agenda Item	Discussion	Action Item
<b>Call to Order</b>	Meeting called to order at 4:02 PM.	
<b>Approval of the Agenda</b>	Agenda approved as written.	
<b>Discussion</b>	Previous meeting minutes approved.	
<b>Old Business</b>	<b>Regulation:</b> <ul style="list-style-type: none"> <li>• Survey Window Department of Health:</li> <li>• DOH reports 12/17:</li> <li>• Revised Plan of Correction:</li> </ul> Tina Rein: <ol style="list-style-type: none"> <li>1) Department of Health accepted UMC's Plan of Correction (POC) for Deemed Status and recommended full participation in Medicare and Medicaid.</li> </ol>	

	<ol style="list-style-type: none"> <li>2) UMC contacted Department of Health (DOH) inquiring about the POC.</li> <li>3) UMC contacted CMS indicating acceptance of DOH recommendation for "Deemed Status".</li> <li>4) Tuesday, January 16, 2018, five (5) surveyors were on-site to verify POC written in November 2017.</li> <li>5) DOH was focused on POC line items that involved UMC's OB ward as indicated in POC the original POC submitted.</li> <li>6) Original Plan of Correction: UMC's Plan of Correction focuses on the Emergency Room (ER).</li> <li>7) DOH requests that the POC is amended.</li> <li>8) "Surgical services" by Operating Room (OR) such as C-Sections will not be performed by an Obstetrician and thus, should be removed from the POC prior to giving UMC "Deemed Status".</li> <li>9) New POC is focused on Emergency Room and forced on the Emergency Department and is 17 pages; physicians are in support of this realignment.</li> </ol>	<p>Tina Rein: Patient Safety Committee approve the new POC and forward to the Board so that UMC can get clearance.</p>
<p><u>Quarterly</u></p>	<p>Standing Reports:</p> <p><u>Mrs. Claggon: Infection Control Report</u></p> <ul style="list-style-type: none"> <li>• Ventilator associated pneumonia for quarters 1, 2, 3, 4: there were zero (0) infections in 2017.</li> <li>• Centerline Blood Stream infections for quarters 1, 2, 3, 4: there were zero (0) infections in 2017.</li> <li>• Urinary Tract Infection-device related- Quarters 1, 2, 3, 4: there were Zero (0) infections in 2017.</li> <li>• All data recorded into the National Healthcare Safety Network and validated two (2) times to ensure use of appropriate definition and that the information is being reported appropriately.</li> <li>• This information is important for Clinical Practice, specifically in the Intensive Care Unit (ICU).</li> </ul>	

- MRSA Infections: Quarter 1: 100 Community Infections; meaning patients came into UMC with prior infections.
- Ten (10) Healthcare Associated Infections.
- 10.9 Community Infection Rate: annual.
- 0.5 Healthcare Associated Rate: annual.
- Incoming patients are screened for MRSA on admission and if positive, they are placed on precaution.
- VRE for the year: multi-drug resistant to see how well managing to protect patients and staff.
- All patients from the Nursing Home are screened upon admission.
- A number of persons use UMC with VRE present on admission and are placed on contact restriction.
- Hence decrease in Healthcare Associated infection.
- Health Care Associated Rate is 0.3.
- Infectious Diarrhea: Community Acquired Rate: 0.1, and Healthcare Associated: 0.2. Lab reported data reported to National Healthcare Safety Network. UMC has one to the lowest rates in DC.
- Association of Infection Prevention (AIP) was at UMC doing audit of Quality and suggested sharing nationally UMC's results as best practice.
- Infection Control Plan: HIV positive and many are not aware. Goal was to identify such persons and a grant supported testing at UMC.
- Dr. Elias awarded a Grant from January 2017 to January 2018: expected to perform 12,000 HIV screening Tests.
- UMC completed 11,047 test: 92.1%.
- 290 persons identified as HIV positive.
- 150 persons were linked to services for HIV-positive status treatment.
- Hepatitis C Testing Grant.
- Grant awarded to Dr. Elias. January 2017 to January 2018.

	<ul style="list-style-type: none"> <li>• UMC exceeded the goal of 5000 by 2000 for a total of 7912.</li> <li>• 158.24%</li> <li>• 615 performed.</li> <li>• 384 positive.</li> <li>• 182 linked to services.</li> <li>• Flu: up-take in Flu-15-20 tests per week. 1-3 persons per week positive.</li> <li>• 883 Flu shots given.</li> </ul> <p><u>ED Physician OB Education:</u></p> <ul style="list-style-type: none"> <li>• Four (4) CME.</li> <li>• Drill in December. Table-top drill case study to be done on 1/19/2017 and involves escalation.</li> <li>• 3 Phases of Nursing Education.</li> <li>• Phase 1: Understanding OB patients in the ER in case a delivery ward occurs in the ER.</li> <li>• Phase 2: Review of documentation and as well as specific policies approved through Medical Executive Policy for Obstetric patients 20 weeks or more; Code Blue scenarios;</li> <li>• Phase 3: Geared to transferring OB patient utilizing the escalation process involving 911. And, if an ambulance does not arrive within 30 minutes.</li> <li>• In the packet a policy that outlines who an OB patient would be assigned, which includes only nurses who are equipped with tools to ensure quality and safety.</li> <li>• This training was part of the POC with DOH for best practice evidence base.</li> <li>• Every RN has received at least 8 hours of training relating to the ER OB process aforementioned.</li> </ul> <p><u>OB Metrics:</u></p> <ul style="list-style-type: none"> <li>• 16 patients in October 2017 over 20 weeks.</li> <li>• Transfer of OB patients within two (2) hours upon arrival to Howard University Hospital (HUH).</li> <li>• December 2017 three (3) cases; two (2) did not make out in a two hour timeframe.</li> <li>• Fetal Heart Tone assessment at 100%.</li> </ul>	<p>Data for December 2017 and January 2018 is being compiled.</p> <p>Training will be completed by 01/22/2018.</p>
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- One (1) infant born at 5:46AM in ED; mother arrived at 5:44AM since closure of Labor and Delivery.
- One (1) infant born in UMC's parking lot.
- No up-take of deliveries in the ED.

Serious Safety Events/Near Misses:

- Cost analysis to ensure effective protocol for a "Lockdown".
- Behavioral Health patient broke a secured locked door in half and existed the building.
- 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.

Medication Reconciliation:

- Consultation group at UMC and we are above 90%.
- Medication History versus Medication Reconciliation.

Core Measures:

- UMC rated a two (2) star out of five (5) star facility. This data may be outdated and does not consider the last quarter. However, in context to area hospitals: Sibley 3; MedStar and Georgetown 2, GW, HUH, and Providence 1.
- HCAHPS: Patient Satisfaction.
- Challenges are accurate data.
- Hiring Patient Experience Liaison who will touch every inpatient patient.
- Leadership/Executive leaders will do rounding once weekly asking staff questions and engaging patients.
- Timely and effective care at 4%. UMC scoring well within area, but not nationally in core measures.

Ongoing Professional Plan Evaluation (OPPE): Specialty Specific.

- Part of POC for Deemed Status; previous OPPE was general and now more refined to specialties.
- Building metrics for Professional Practice evaluation of Physicians.

Serious Safety Events/near misses:  
Security needs on SNF.

Core Measures:  
Striving to 100%.

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

Ongoing Professional Plan Evaluation (OPPE): Specialty Specific.



	<ul style="list-style-type: none"> <li>Align physicians with strategy goals of UMC.</li> <li>Committee Vote to approve OPPE recommendation by Dr. Fair.</li> </ul>	<p>Working with Dr. Yacoub to ensure best practices in quality plans: hand hygiene, medication reconciliation.</p> <p>Draft communications from committee to Chair May, which will be sent to Board for approval: Addendum to the Deemed status and OPPE.</p>
<b>Adjournment</b>	Meeting adjourned at 5:01PM.	

# **Patient Safety & Quality Committee**

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**The Joint Commission**



# The Joint Commission

Documentation required by the Hospital Accreditation program Life Safety (LS) and selected Environment of Care (EC) standards is presented in the following pages. These documents will be reviewed by the Life Safety surveyor upon their arrival for the on-site survey.

Other EC and LS documents may be requested by surveyors there, as needed, throughout the survey.

This tool is provided to organizations for use in their continuous compliance and survey readiness efforts.

Legend: C=Compliant, NC=Not compliant, NA=Not applicable, IOU=Surveyor awaiting documentation

STANDARD - EPs	See Legend				Document / Requirement	Yes	No
	C	NC	NA	IOU			
<b>LS.01.01.01</b>					<b>Buildings serving patients comply with NFPA 101 (2012 edition)</b>		
EP 1					Individual assigned to assess Life Safety Code® compliance		
EP 2					Building Assessment to determine compliance with Life Safety Code®		
EP 3					Current and accurate drawings w/ fire safety features & related square footage <ul style="list-style-type: none"> <li>• Areas of building fully sprinklered (if building only partially sprinklered)</li> <li>• Locations of all hazardous storage areas</li> <li>• Locations of all fire-rated barriers</li> <li>• Locations of all smoke-rated barriers</li> <li>• Sleeping and non-sleeping suite boundaries, including size of identified suites</li> <li>• Locations of designated smoke compartments</li> <li>• Locations of chutes and shafts</li> <li>• Any approved equivalencies or waivers</li> </ul>		
EP 4					Timely completion of Survey-Related PFIs (SPFI)		
EP 5					Deemed Hospitals: Documentation of inspections and approvals made by state or local AHJs		
EP 6					Removal/maintenance of life safety features		
<b>COMMENTS:</b>							

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
<b>LS.01.02.01</b>					<b>Interim Life Safety Measures (ILSM)</b>				
EP 1					ILSM policy identifying when and to what extent ILSM implemented				
EP 2					Alarms out of service 4 or more hours in 24 hours or sprinklers out of service more than 10 hours in 24 hours in an occupied building - Fire watch / Fire Dept. notification				
EP 3					Signs for alternate exits posted				
EP 4					Daily inspection of routes of egress (See also 19.7.9.2 RE. daily inspections)				
EP 5					Temporary but equivalent systems while system is impaired				
EP 6					Additional firefighting equipment provided				
EP 7					Smoke tight non-combustible temporary barriers				
EP 8					Increased surveillance implemented				

STANDARD - EPs	See Legend				Document / Requirement	Addressed in policy?		Implemented as required?	
	C	NC	NA	IOU		Yes	No	Yes	No
LS.01.02.01					Interim Life Safety Measures (ILSM)				
EP 9					Storage and debris removal				
EP 10					Additional training on firefighting equipment				
EP 11					Additional fire drill per shift per quarter				
EP 12					Temporary systems tested and inspected monthly				
EP 13					Additional training on building deficiencies, construction hazards, temp measures				
EP 14					Training for impaired structural or impaired compartment fire safety features				
EP 15					Other ILSMs				
COMMENTS:									

STANDARD - EPs	See Legend				Document / Requirement	Yes		No	
	C	NC	NA	IOU		Yes	No	Yes	No
EC.02.03.01					Hospital Manages Fire Risk – Fire Response Plan				
EP 9					The written fire response plan describes the specific roles of staff and LIPs at and away from fire including <ul style="list-style-type: none"> <li>When and how to sound and report fire alarms</li> <li>How to contain smoke and fire</li> <li>How to use a fire extinguisher</li> <li>How to assist and relocate patients</li> <li>How to evacuate to areas of refuge</li> </ul>				
COMMENTS:									

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1	Q 2	Q 3	Q 4/ Annual
	C	NC	NA	IOU						
EC.02.03.03					Fire Drills					
EP 1					Fire drills once per shift per quarter; Health Care and Ambulatory Health Care (If available, please provide five quarters of fire drill data)	Quarterly				

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1	Q 2	Q 3	Q 4/ Annual
	C	NC	NA	IOU						
<b>EC-02.03.03</b>					<b>Fire Drills</b>					
EP 2					Fire drills every 12 months from date of last drill. Business Occupancies	Annually				
EP 3					When quarterly fire drills are required, at least 50% are unannounced <ul style="list-style-type: none"> <li>• <u>Drills held at unexpected times and under varying conditions</u></li> <li>• <u>Drills include transmission of fire alarm signal and simulation of emergency fire conditions</u></li> </ul>	Quarterly				
EP 4					Staff participate in the drills according to the hospital's fire response plan	YES	NO			
EP 5					Critiques include fire safety equipment and building features, and staff response	YES	NO			
<b>COMMENTS:</b>										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
	C	NC	NA	IOU						
<b>EC-02.03.05</b>					<b>Fire Protection and Suppression Testing and Inspection</b>					
EP 1					Supervisory Signals-including: <u>fire pump running, fire pump failure trouble signals, control valves, pressure supervisory, pressure tank, pressure supervisory for a dry pipe (both high and low conditions), steam pressure, water level supervisory signal initiating device, water temperature supervisory, and room temperature supervisory.</u>	Quarterly				
EP 2					Water flow devices	Semiannually				
EP 3					Tamper switches	Semiannually				
EP 4					Duct, heat, smoke detectors, pull boxes	Annually				
EP 5					Notification devices (audible & visual), and door-releasing devices	Annually				
EP 6					Emergency services notification transmission equipment	Annually				
EP 7					Electric motor-driven fire pumps tested under no-flow conditions	Monthly				
					Diesel-engine-driven fire pumps tested under no-flow conditions	Weekly				
					Water storage tank high and low level alarms	Semiannually				

STANDARD - EPs	See Legend				Document / Requirement	Frequency	Q 1/ Semi	Q 2	Q 3/ Semi	Q 4/ Annual
	C	NC	NA	IOU						
<b>EC-02.03.05</b>					<b>Fire Protection and Suppression Testing and Inspection</b>					
EP 8					Water storage tank low water temp alarms (cold weather only)	Monthly				
EP 9					Sprinkler systems main drain tests on all risers	Annually				
EP 10					Fire department connections inspected (Fire hose connections N/A)	Quarterly				
EP 11					Fire pump(s) tested – under flow	Annually				
EP 12					Standpipe flow test every 5 years	5 years				
EP 13					Kitchen suppression semi-annual testing	Semiannually				
EP 14					Gaseous extinguishing systems inspected (no discharge req.)	Annually				
EP 15					Portable fire extinguishers inspected monthly	Monthly				
EP 16					Portable fire extinguishers maintained annually	Annually				
EP 17					Fire hoses hydro tested 5 years after install; every 3 years thereafter	5 years / 3 years				
EP 18					Smoke and fire dampers tested to verify full closure	1 year after install				
EP 19					Smoke detection shutdown devices for HVAC tested	At least every 6 years thereafter				
EP 20					All horizontal and vertical roller and slider doors tested	Annually				
EP 25					Inspection and testing of door assemblies by qualified person	Annually				
EP 27					Documentation of maintenance testing and inspection activities for EPs 1-20 and 25 includes: activity name, date, inventory of devices, equipment or other items, frequency, contact info for person performing activity, NFPA standard, activity results	Annually				
<b>COMMENTS:</b>										

STANDARD - EPs	See Legend				Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	NA	IOU				
<b>EC-02.05.07</b>					<b>Emergency Power Systems are Maintained and Tested</b>			
EP 1					Battery powered egress lights tested monthly – 30 seconds, visual inspection of EXIT signs	Monthly		
EP 2					Battery powered egress lights tested annually – 90 minutes, or replace all batteries every 12 months and during replacement, perform random test of 10% of all batteries for 1 ½ hours	Annually		
					Functional test of Level 1 SEPSS, monthly, Level 2 SEPSS, quarterly, for 5 minutes or as specified for its class	Monthly		
					Annual test at full load for 60% of full duration of its class	Quarterly		

STANDARD - EPs	See Legend			Document / Requirement	Frequency	YES	NO / Missing Date
	C	NC	IOU				
<b>EC:02.05.07</b>				<b>Emergency Power Systems are Maintained and Tested</b>			
EP 3				Note 1: Non-SEPSS tested per manufacturer's specifications	Per Mfr.		
				Note 2: Level 1 SEPSS defined for critical areas and equipment			
				Note 3: Class defines minimum time which SEPSS is designed to operate at rated load without recharging			
<u>EP 4</u>				Emergency power supply system (EPSS) inspected weekly, including all associated components and batteries	Weekly		
<u>EP 5</u>				Emergency generators tested monthly for 30 continuous minutes under load (plus cool-down)	Monthly		
<u>EP 6</u>				Monthly load test for diesel-powered emergency generators conducted with dynamic load at least 30% of nameplate rating or meets mfr. recommended prime movers' exhaust gas temperature; <b>OR</b>	Monthly		
				Emergency generators tested once every 12 months using supplemental loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes for total of 1 1/2 continuous hours	Annually		
<u>EP 7</u>				All transfer switches monthly/12 times per year	Monthly		
<u>EP 8</u>				Fuel quality test to ASTM standards	Annually		
<u>EP 9</u>				Generator load test once every 36 months for 4 hours	36 Months		
<u>EP 10</u>				Generator 4 hour test performed at, at least 30% nameplate	36 Months		
<b>COMMENTS:</b>							

STANDARD - EPs	See Legend			Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD	
	C	NC	IOU		YES	NO
<b>EC:02.05.09</b>				<b>Medical Gas and Vacuum Systems are Inspected and Tested</b>		
EP 1				Test, inspect and maintain critical components of piped medical gas systems: Source, distribution, master panels, area alarms, automatic pressure switches, shut-off valves, flexible connectors and outlets	Per policy	
<u>EP 2</u>				No prescribed frequency, recommend risk assessment if < annual	On Bldg. Tour	
<u>EP 3</u>				Location of and signage for bulk oxygen systems	On Bldg. Tour	
<u>EP 4</u>				Emergency oxygen supply connection	As applicable	
				Review medical gas installation/modification/breach certification results for cross connection, purity, correct gas, and pressure		



STANDARD - EPs	See Legend				Document / Requirement	THIS MAY BE SCORED AS CONDITIONAL OR STANDARD	
	C	NC	NA	IOU		YES	NO
EC.02.05.09					Medical Gas and Vacuum Systems are Inspected and Tested		
EP 5					Medical gas supply and zone valves are accessible and clearly labeled	On Bldg. Tour	
EP 6					Handling, transfer, storage, labeling, transfilling of cylinders	Per policy	
COMMENTS:							

Legend: C=Compliant; NC=Not compliant; NA=Not applicable; IOU=Surveyor awaiting documentation

**Guidelines for Conducting Environment of Care (EC) and Emergency Management (EM) Activities**

- For Critical Access Hospitals (CAH), always survey EC and EM
- For all Psychiatric Hospitals, always survey EC
- For other Hospitals, only survey EC and EM if time permits

Two Day Life Safety Survey (0 to 1.5 million square feet)			
	Life Safety	Environment of Care	Emergency Management
< 200,000 sq. ft.	X	X	X
200,001 to 500,000 sq. ft.	X	X	
>500,000 sq. ft.	X		

Three Day Life Safety Survey (> 1.5 million square feet)			
	Life Safety	Environment of Care	Emergency Management
1.5 to 1.7 million sq. ft.	X	X	
>1.7 million sq. ft.	X		

Four Day Life Safety Survey			
	Life Safety	Environment of Care	Emergency Management
	X	X	

Five Day and Greater Life Safety Survey			
	Life Safety	Environment of Care	Emergency Management
	X	X	X

**TAB 6**



UMC

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## General Board Meeting

Date: February 28, 2018

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# Finance Committee Report

*Wayne Turnage, Chair*

- Agenda



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



**Agenda: February 26, 2018 at 3:00 P.M.**

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- I. CALL TO ORDER / RECORDING / ROLL CALL** Modified  
2/26/18
- II. REVIEW & APPROVAL OF AGENDA - APPROVED**
- III. MAZARS WELCOME & INTRODUCTIONS**
- IV. REVIEW & APPROVAL OF MINUTES - POSTPONED**
- Status
- V. CASHFLOW / SPENDING PRESSURES / BUDGET - DISCUSSION**
- Cash Report
  - FY 19 Budget development
  - FY 18 Budget reforecasting
- VI. MONTHLY FINANCIALS - POSTPONED**
- January
- VII. CONTRACTS & PROCUREMENTS**
- Contracts - *POSTPONED*
  - Updates on any major contracts and RFPs (status, transition, start dates)
    - DCNA, ED, hospitalists, intensivists, Morrison (food services)
- VIII. OTHER BUSINESS**
- Council Oversight
    - FY 18 Performance Oversight Hearing finance-related follow up (status)
    - FY 19 Budget Oversight Hearing - March 27, 2018
  - New business/Old business
- IX. ANNOUNCEMENTS**
- The next Finance Committee meeting will be March 16, 2018
  - The next full Board meeting will be February 28, 2018 (9am at UMC)
- X. ADJOURNMENT**



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**END**

**February 28, 2018**