



General Board Meeting

Date: May 23, 2018
Location: United Medical Center
1310 Southern Ave., SE,
Conference Rooms 2-3
Washington, D.C. 20032

2018 BOARD OF DIRECTORS

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

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



**NFPHC Board of Directors General Meeting
Wednesday, May 23, 2018**

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 Finance Committee – Wayne Turnage, Chair

 Strategic Planning Committee – Brenda Donald, Chair



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

LARUBY Z. MAY, BOARD CHAIR

The Board of Directors of the Not-For-Profit Hospital Corporation will hold a **TELECONFERENCE BOARD MEETING**, an independent instrumentality of the District of Columbia Government, will convene at 9:00 a.m. on **Wednesday, May 23, 2018**. 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). The dial-in number for the teleconference is 1 (888) 387-7986 US Toll Free.

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- VIII. COMMITTEE REPORTS**
 - Strategic Planning 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).



OUR MISSION

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

OUR VISION

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

UMC will employ innovative approaches that yield excellent experiences.

UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.

UMC will empower healthcare professionals to live up to their potential to benefit our patients.

UMC will collaborate with others to provide high value, integrated and patient-centered services.

Tab 2

Meeting Minutes



Not-For-Profit Hospital Corporation
General Board Meeting
Wednesday, April 25, 2018

Present: Chairperson, LaRuby Z. May, Chairperson; CEO, Matthew Hamilton; Director Velma Speight, Dr. Malika Fair; Director Millicent Gorham, Director Wayne Turnage, Director Girume Ashenafi, Director Angell Jacobs, Dr. Mina Yacoub, Dr. Konrad Dawson, Dr. Dennis Haghghat.

Agenda Item	Discussion	Action Item
Call to Order.	The meeting was called to order by LaRuby May, Chairperson, Wednesday, at 9:24 am in Conference Rooms 2/3 at the United Medical Center 1310 Southern Avenue, SE, Washington, DC, 20032.	
Determination of Quorum	A quorum was determined by Michael Austin.	
Approval of the Agenda.	Agenda was approved as amended. Motion. Seconded. Motion passes. Agenda approved unanimously.	
Review and Approval of Minutes.	Meeting minutes for March 28, 2018 General Board Meeting. Motion seconded. Passed; agenda approved unanimously. Meeting minutes for March 14, 2018 Emergency Board Meeting. Motion Seconded. Passed. Minutes approved unanimously.	

CONSENT AGENDA

Dr. Dennis Haghghat, Chief Medical Officer:

- Began working at UMC on April 2, 2018.
- Annual DOH Accreditation survey. DOH stayed at UMC for 6 days. We are awaiting their findings, and this report is based on preliminary findings pending their official findings: there is a need for nursing documentation, improved cleanliness of non-clinical areas; concerns were raised about required environmental testing. Administrative and clinical leaders have a clear idea regarding the areas that need improvement and correction plans are underway and were started as the problems were identified during the survey.
- Patient Satisfaction is a concern. We are bringing a patient advocate who will follow up with patients after discharge to ensure they have what they need and will also work with patients during their stay to ensure they have what they need.
- As of 4/1/18, GW is overseeing UMC's ER department.
- UMC is working to reduce wait times in ED.

Dr. Mina Yacoub: Chief of Staff (COS) Report:

- Report presented as presented in Board book.

Motion to accept CMO and COS Reports, respectively. Motion seconded. Motion passed unanimously.

Mr. Hamilton: Executive Management Report:

- UMC exec team is working to improve the lobby and patient areas for updates
- Working to improve Meditech and other telecommunications network wiring
- Also working to find experienced doctors and not new doctors at this time.

Motion to accept Executive Management Report.

Motion seconded.

Motion passed unanimously.

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

- In our last board meeting there was a request for a brief summary of the Leap Frog survey that we will be participating in this year. A link was provided in your board book to the survey content.
- Regarding the EMTALA situation, our federal Plan of Correction has been accepted. We are awaiting approval from the state level. In the meantime, we have had widespread training of staff and increased monitoring of transfers to other hospitals.
- There was a prior concern about patients within our SNF that posed a significant safety risk to other patients and staff. The new leadership of the hospital has worked in a collaborative manner with the ombudsman and have come up with safe discharge plans for all of the identified patients that pose this risk.
- In our last board meeting there was a discussion about potentially creating a new urgent care. We were made aware that the GW MFA group is working with the current ER Nursing leadership to maximize flow in the ER Fast Track area. The hospital is also exploring ways to make the outpatient primary care offices more accessible to patients.
- We also mentioned that there have been a few instances where family and friends of patients could pose a safety risk to staff and other patients in the ER in highly stressful situations such as a death or impending death due to violence. The ER has installed new card readers to improve the ability to “lock down” the ER
- Infection Control plan has been reviewed in committee and was approved by the board today.

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

Director Wayne Turnage: Finance Committee Report.

Motion to accept Finance Committee Report for January March, February 2018, and March 2018. Motion seconded.

- Work to complete GW modifications is underway.
- Gap closing measures did not include cutting service lines.

Closed Session:

- Mr. Emil Hirsch stated subject and exceptions to Open Meetings Acts to go into Closed Session. Contracts and pending litigation.

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

Announcements

**Adjourned
after 3 hours 26
minutes.**

Tab 3

Consent Agenda



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



Our Mission

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

Our Vision

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

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

May 2018



Medical Staff Committees

Medical Executive Committee Meeting, Dr. Mina Yacoub, Chief of Staff

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

Peer-Review Committee, Dr. Gilbert Daniel, Committee Chairman

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

Pharmacy and Therapeutics Committee, Dr. Eskender Beyene, Committee Chairman

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

Credentials Committee, Dr. Barry Smith, Committee Chairman

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

Medical Education Committee, Dr. Jerome Byam, Committee Chairman

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

Performance Improvement Committee, Committee Chairman

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

Bylaws Committee, Dr. David Reagin, Committee Chairman

Members include physicians who meet to discuss implementation of new policies and procedures for bylaws, as it pertains to physician conduct.

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

Physician IT Committee

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



Medical Leadership

Anesthesiology.....Dr. Amaechi Erondu

Behavioral Health.....Dr. Surenda Kandel

Critical Care..... Dr. Mina Yacoub

Emergency MedicineDr. Francis O’Connell

Medicine Dr. Musa Momoh

Pathology Dr. Eric Li

Radiology.....Dr. Raymond Tu

SurgeryDr. Gregory Morrow



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Departmental Reports



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



Chief Medical Officer
Dr. Dennis P. Haghighat

UMC received the final plans of correction from both the DOH and CMS. UMC successfully submitted the plans of corrections (POC) to both entities within the required time frame. We are now awaiting responses from both entities as to whether the submitted plans will be accepted. Once accepted we can anticipate a repeat visit from both entities to assure that UMC is complying with the POCs as promised. As was mentioned in the previous Board report UMC implemented the required changes to our processes before the surveyors left our institution and we are now working on the more difficult task of long term sustainment of these changes.

We have now completed our first month with our new ER group at the helm. The admission rate and ER volumes were lower than in previous months. As we work on the difficult task of weaving together the two organizational cultures the leadership at UMC and GWMFA are meeting weekly to quickly lay the groundwork for the expected performance improvement that was promised as a result of this partnership.

We continue to work on a transition process in anticipation of our new Hospitalist group starting in July of this year. We are meeting with GW leadership weekly to discuss a transition plan and new provider orientation. I am also interviewing all of the hospitalist candidates who are in the process of applying to our medical staff.





Anesthesiology Department
Amaechi Erondy, M.D.
Chairman

PERFORMANCE SUMMARY:

The overall cases for the month of April 2018 were 182. Total surgical cases were 79 while Endoscopy cases were 103. Inpatient surgical cases 70 while Outpatient surgical volume is 112.

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

QUALITY INITIATIVES AND OUTCOME:

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

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

EVIDENCE-BASED PRACTICE:

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

SERVICE (HCAHPS) SATISFACTION:

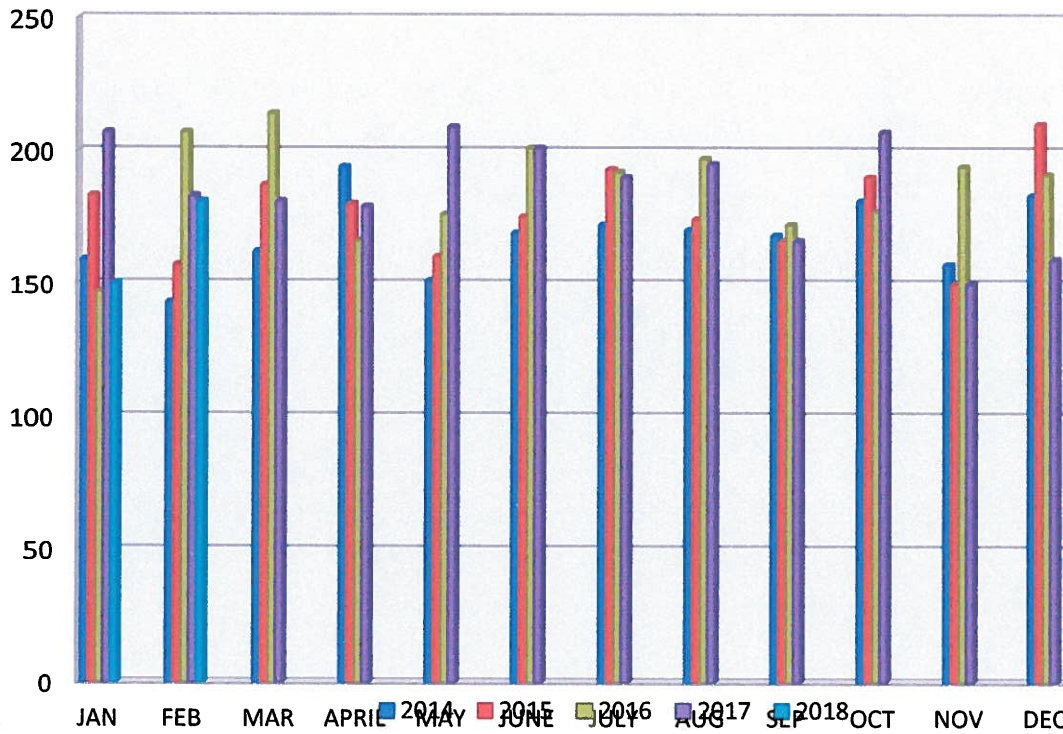
The Anesthesia Providers continue to provide quality service to our patients. We continue to provide real-time performance assessment of the anesthesia providers. We provide standardized service that ensures patient satisfaction.

BILLING AND REVENUE CYCLE MANAGEMENT

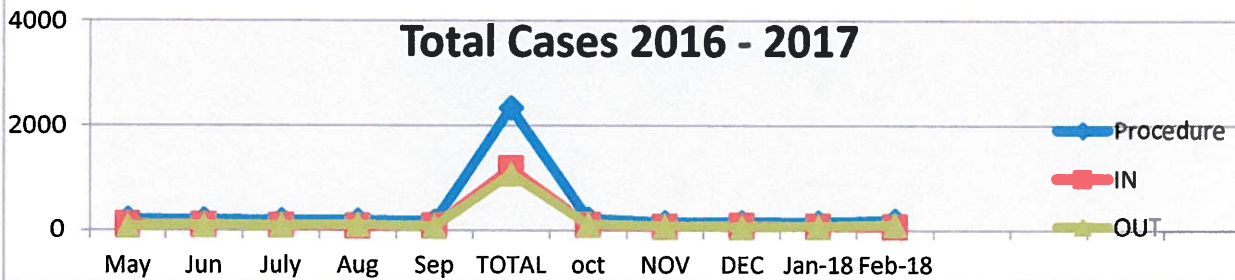
We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

We are working with the hospital Revenue Cycle office for appropriate billing

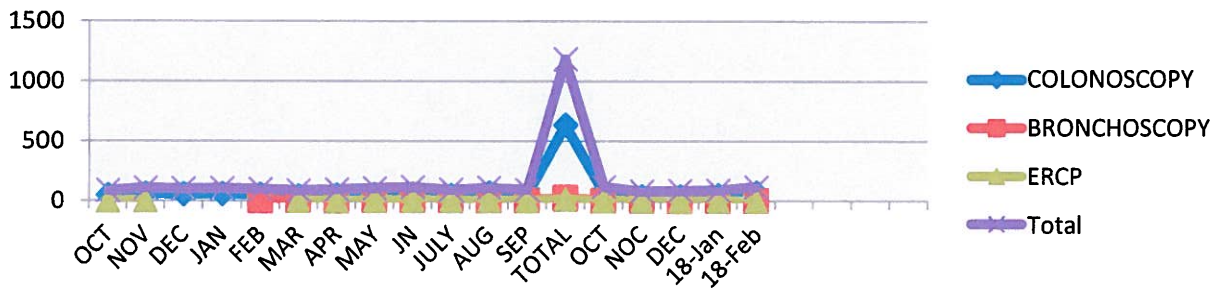
2014 - 2018



Total Cases 2016 - 2017



Endoscopy 2016 - 2017



Anesthesiology Report

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



Behavioral Health Department
 Surenda Kandel, M.D.
Chairman

Referrals

	Jan	Feb	Mar	April	May	June	Jul	YTD
Admissions	69	78	81	97				325
Denials	34	30	33	23				120
Total Referrals	103	108	114	100				425

Admission

ALOS (Target <7 Days)	6.26	4.95	5.07	5.79				5.5175
Voluntary Admissions	22	34	27	40				123
Involuntary Admissions	47	44	54	57				202
Total Admissions	69	78	81	97				325
Average Overnight Census				20.6				20.6

Referral Sources

CPEP	22	26	32	28				108
UMC ED	66	61	73	65				265
GWU	2	2	0	0				4
Providence	1	1	1	1				4
Georgetown	0	0	6	1				7
Sibley	1	1	0	0				2
UMC Medical/Surgical Unit	3	2	1	0				6
Children Hospital	0	0	0	0				0
Howard	2	3	0	0				5
Laurel Regional Hospital	0	0	1	0				1
Washington Hospital Center	0	0	0	2				2
Suburban	0	0	0	0				0
PIW	0	0	0	0				0
Other/Not listed	6	12	0	0				18
Total Referrals	103	108	114	97				423

Reason for not accepting patient to BHU

	Jan	Feb	Mar	April	May	June	Jul	Aug	YTD
Patient did not meet criteria	29	21	25	13					88
No available beds	0	0	0	2					2
Left AMA	1	0	1	0					2
Not Medically clear/moved to medical unit	1	4	4	1					10
Transferred to VA	0	0	0	0					0
Out of Network Insurance	2	2	0	0					4
Do Not Admit List	1	0	0	0					1
Transferring hosp/CPEP recinded	0	2	0	0					2
Transferred elsewhere	0	1	0	0					1
Specialized service needed not offered by UMC	0	0	3	2					5
Patient Eloped	0	0	0	2					2
Other	0	0	0	3					3
Total Denials	34	30	33	23					118

Behavioral Health

Other Measures

ED to Psych Admissions (Target: <2 hours)	3.8	3.4	4.5	3.8					3.875
Psychosocial Assessments (Target: 100%)	95%	82%	91%	88.60%					89%
Discharge Appointments for those D/C'ed > 24 hours (Target: 100%)	93%	98%	91%	92%					94%
Treatment Planning (Target: 100%)	75%	77%	78%	71%					75%

Discharge Appointment

Discharge Appointments for those D/C'ed > 24 hours	68	65	63	62					258
# of patients with no Discharge Appointment due to D/C'ed less than 24 hours	0	0	3	5					8
# Discharged to home without appointments	5	1	0	0					6
Patient decline outpatient	0	1	3	1					5
Discharge to medical unit	0	2	1	1					4
Transferred to St. Elizabeth's	3	3	2	3					11
Discharged Appointments for those D/C'ed>24 hours (TargetL 100%)	93	98%	91%	92%					94%

Group Participation

Total Art Group	0%	0%	0%	0%					0%
Total Expressive Therapy	28.80%	36.40%	47%	40.90%					38.28%
Total Social Worker Group	10.30%	3.60%	5.20%	1.90%					5.25%
Total Nursing Group	30.90%	14.50%	11.80%	35.30%					23.13%
Total % Group Participation	17.50%	13.62%	16%	19.50%					16.66%

Other

Patient who went to court	3	1	1	0					5
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Critical Care Department
Mina Yacoub, M.D.
Chairman

PERFORMANCE SUMMARY:

In April 2018, the Intensive Care Unit had 62 admissions, 64 discharges, and 270 Patient Days. ICU Average Length of Stay (ALOS) was 4.2 days in April. The ICU managed 73 patients in the ICU in April.

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 had 8 deaths with a mortality rate of 11 % for April. Mortality review is conducted in May Critical Care Committee meeting.

Code Blue/Rapid Response Teams (RRT) Outcomes:

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes.

Ventilator Associated Event (VAE) bundle:

ICU continues to implement evidence-based best practices for patients on mechanical ventilators.

Infection Control Data:

Infection control data for April is being compiled by Infection Control RN and will be presented to Critical Care Committee. ICU infection rates continue to be much lower than national averages. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN). Hand Hygiene initiative is in effect in ICU.

Care Coordination/Readmissions:

In April, 73 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of transfer out.

Evidence-Based Practice (Protocols/Guidelines):

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

Critical Care

Growth/Volumes:

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity and is looking forward to operating at full capacity and full potential.

Stewardship:

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

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

Financials:

Financial information on ICU budgets and performance is pending.

Active Steps to Improve Performance:

Goal is to continue to provide safe and high quality patient care, caring for patients with increased illness acuity, providing best evidence based practice, all while keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks. Currently working with anesthesia department to ensure provider competency for airway and difficult airway management at UMC if and when anesthesia no longer provide 24/7 in-house coverage.



UMC
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Emergency Medicine Department

Francis O'Connell, M.D.

Chairman

Attached are the summary of Emergency Department (ED) volume, key measures and throughput data for April 2018 as well as data from the preceding months of 2018.

During our first month at UMC, we invested a great deal of time fostering a collaborative work environment in the ED and amongst the consultant and supportive services in the hospital.

The daily census, ambulance traffic, and most throughput measures remained consistent in comparison to previous months.

We compared average and median throughput times for the month of April and noted that most times were similar with the exception of boarding times for admitted patients. The average boarding time for admitted patients is 327 minutes, which is markedly different from the median time of 43 minutes. This suggests that there is a cohort of patients who are boarding for extended periods of time. It would be important to note that psychiatric admissions were omitted from this data set as that often is connected to longer boarding times.

One of our key areas for improvement is throughput of patients through the ED. We anticipate improvement in throughput over these next few months as our providers become more acclimated to the systems and processes at UMC. We are also exploring areas of collaboration with nursing and other support services to continue to improve efficiency of care delivery throughout the ED.

We continue to work with hospital leadership in identifying ways to facilitate the transport of women in labor and with late term obstetric emergencies.

ED Volume and Events 2018

	Jan	%	Feb	%	Mar	%	Apr	%
Total patients	5027		4656		4881		4783	
Daily Average Census	162		166		157		159	
Admit	452	9.0%	461	9.9%	461	9.4%	460	9.6%
Transfer	60	1.2%	55	1.2%	86	1.8%	90	1.9%
AMA	73	1.5%	55	1.2%	56	1.1%	49	1.0%
Eloped	36	0.7%	35	0.8%	45	0.9%	38	0.8%
LWBS	109	2.2%	79	1.7%	101	2.1%	107	2.2%
Left Prior to Triage	189	3.8%	168	3.6%	156	3.2%	235	4.9%
Ambulance Arrivals	1541	30.7%	1364	29.3%	1453	29.8%	1314	27.5%

ED Throughput April 2018 (time in minutes)

	Median Times	Average Time
Admissions		
Door to triage	18	23
Door to room	32	68
Door to provider	33	68
Door to decision	250	285
Door to departure	293	612
Time to provider	1	0
Time to admit decision	218	217
Boarding time	43	327
Discharges		
Door to triage	24	32
Door to room	81	105
Door to provider	92	117
Door to decision	229	248
Door to departure	276	302
Time to provider	11	12
Time to discharge decision	148	143
Waiting to depart	47	54

Transfers		
Door to triage	12	22
Door to room	26	52
Door to provider	29	52
Door to decision	221	251
Door to departure		
Time to provider	3	0
Time to transfer decision	195	199

ED Throughput 2018 (median times in minutes)

	Jan	Feb	Mar	Apr
Admissions				
Door to triage	17	16	16	18
Door to room	21	23	25	32
Door to provider	21	23	25	33
Door to decision	245	266	240	250
Door to departure	267	285	255	293
Time to provider	0	0	0	1
Time to admit decision	224	243	215	218
Boarding time	22	19	15	43
Discharges				
Door to triage	22	22	19	24
Door to room	63	65	51	81
Door to provider	75	78	67	92
Door to decision	187	188	180	229
Door to departure	233	234	222	276
Time to provider	12	13	16	11
Time to discharge decision	124	123	129	148
Waiting to depart	46	46	42	47
Transfers				
Door to triage	16	15	13	12
Door to room	24	22	22	26

ED Throughput 2018 (median times in minutes)

	Jan	Feb	Mar	Apr
Door to provider	24	28	26	29
Door to decision	266	267	291	221
Time to provider	0	6	4	3
Time to transfer decision	242	245	269	195



Internal Medicine Department

Musa Momoh, M.D.

Chairman

The Department of medicine remains the largest source of admissions to the hospital. In the month of April 2018, the department of medicine accounted for 199 of 397 total admissions to the hospital. The department was responsible for 130 of the 191 patients placed on observation.

The department was responsible for 210 of the 402 discharges done in April 2018. The average length of stay for the department was 5.21 days compared to 5.63 days for the hospital.

The Hospitalist program along with the UR Physician Adviser, the nursing staff, and case management performed a pilot study on reducing the length of stay of patients on Observation.

A Morbidity and Mortality conference was held in April and the plan will be to continue meeting on a monthly basis. The department is currently working with the Medical Affairs office to credential the George Washington Hospitalist team that is expected to start in early July 2018.

Procedures Performed by Members of the department include:

EGD	48
Colonoscopy	55
Bronchoscopy	01
Pacemaker placement	02



Pathology Department
Eric Li, M.D.
Chairman

Month	01	02	03	04	05	06	07	08
Reference Lab test - Urine Protein 90% 3 days	100% 40/40	58% 28/48	98% 52	98% 82				
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	92% 66/72	93% 65/70	81% 13	70% 13				
Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)	100%	100%	100%	100%				
Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)	100%	100%	100%	100%				
Review of Unacceptable Blood Bank specimen (Goal 90%)	98%	99%	98%	100%				
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators (Benchmark <90%)	100%	100%	100%	100%				
Utilization of Red Blood Cell Transfusion/ CT Ratio - 1.0 - 2.0	1.3	1.2	1.2	1.2				
Wasted/Expired Blood and Blood Products (Goal 0)	4	-0-	2	3				
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%				
Hematology Analytical PI	100%	100%	100%	100%				
Body Fluid	13/13	12/12	6/6	15/15				
Sickle Cell	0/0	2/2	2/2	0/0				
ESR Control	100	100%	96%	100%				
	19/19	18/18	22/23	31/31				
Delta Check Review	100%	99%	100%	100%				
	162/162	164/165	186/186	156/156				

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.



Radiology Department
 Raymond Tu, M.D.
Chairman

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	2						2	
CT SCAN	83		481		185		749	
FLUORO	13		1		12		26	
MAMMOGRAPHY					128		128	
MAGNETIC RESONANCE ANGIO					1		1	
MAGNETIC RESONANCE IMAGING	16				49		65	
NUCLEAR MEDICINE	10				4		14	
SPECIAL PROCEDURES	22				4		26	
ULTRASOUND	80		199		186		465	
X-RAY	136		1004		832		1972	
CNMC CT SCAN			23				23	
CNMC XRAY			460				460	
GRAND TOTAL	362		2168		1401		3931	

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 efficiency from placement of the request, acquisition of images, scanning proper documentation into MergePACS.

Morbidity and Mortality Reviews: There were no departmental deaths.

Code Blue/Rapid Response Teams (“RRTs”) Outcomes: There was no rapid response.

Care Coordination/Readmissions: N/A

Evidence-Based Practice (Protocols/Guidelines):

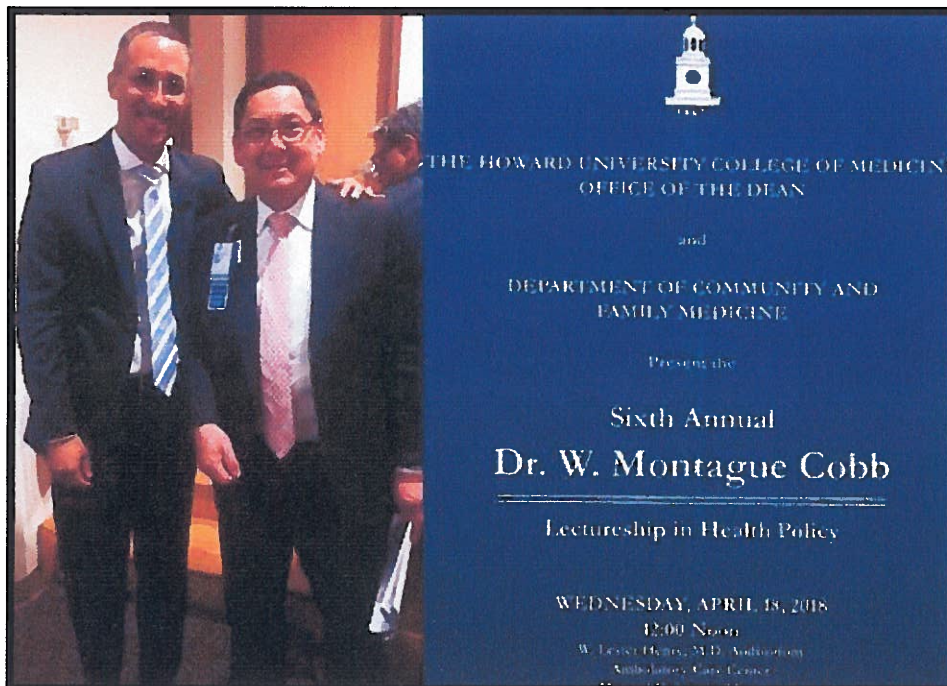
We continue to improve patient transportation into and out of the emergency department.

Service (HCAHPS Performance/Doctor Communication):

The radiology physicians are working very closely with new clinicians to provide guidance with radiology procedures and work flow.

Stewardship:

Dr. Tu continues to be active in the community as advisor to the Resource Based Relative Value Scale Committee of the American Medical Association and attended the meeting to provide recommendations to the US Government for the relative value unit. This committee relies on clinical stakeholders to provide comments to proposed rules and guidelines to the Centers for Medicare and Medicaid Services which reviewed many of the radiology codes.



Daniel E. Dawes JD, Morehouse School of Medicine (left) and Raymond Tu MD MS FACR (right)

Dr. Tu attended the 6th Annual Dr. W. Montague Cobb Lectureship in Health Policy at Howard University on April 18th 2018 representing the UMC radiology department and as president elect of the Medical Society of the District of Columbia discussing how the Affordable Care Act has impacted health care particularly for the residents of the District of Columbia who have benefited from expansion of preventive services as low dose CT lung cancer screening and mammography.

Financials: Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues. Dr. Tu work with staff to insure radiation dose reports provided by the CT equipment is included in the PACS data set, the volume of contrast is included in documentation which ultimately is included in the imaging report to meet coverage requirements.



Surgery Department
Gregory Morrow, M.D.
Chairman

For the month of APRIL 2018, the Surgery Department performed a total of 182 procedures.
The chart below shows the annual and monthly trends over the last 6 calendar years:

2013	2014	2015	2016	2017	2018
173	159	183	147	216	155
134	143	157	207	185	194
170	162	187	215	187	223
157	194	180	166	183	182
174	151	160	176	211	
159	169	175	201	203	
164	172	193	192	189	
170	170	174	202	191	
177	168	166	172	171	
194	191	181	177	214	
137	157	150	196	152	
143	183	210	191	153	
1952	2019	2116	2242	2255	540

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

(Some of the current numbers may have changed from previous months reports and reflect corrections in how some procedures or sets of procedures were recorded)

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.

The OR Committee will next meet in May 2018 and will be reflected in next month's report. We will have bimonthly ongoing review our policies and procedures as it pertains to patient safety, quality of care, patient satisfaction and fiscal responsibility.

For our vascular surgery services, we have updated some of the patient monitoring and safety standards and have made the necessary purchase requests to meet these guidelines. These efforts are designed not only to improve care and safety, but also to expand the types of procedures that we will be able to offer the community we serve.

The following projects that have been implemented are going well and will undergo continuous evaluation and modification as necessary:

1. ***Weekly OR Rounds*** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This will begin with the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.
2. ***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.

Surgery and Perioperative Services continue to collaborate with Finance to obtain vital data that will allow for better evaluation our current volumes as they relate to the needs of the community and current allocation of resources.

The Ultimate Goals

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

Tab 4

Executive Management Report



United Medical Center Management Report Operations Summary – May 2018

QUALITY

DEPARTMENT OF HEALTH

District of Columbia Department of Health survey was completed 4/11/18, findings include;

- Governance
- Infection Control and environmental oversight
- QAPI and oversight of Infection Control activities
- Pharmaceutical Services
- Physical environment

A plan of correction has been completed for the CMS Deemed Status Statement of Deficiencies and the DC DOH findings. The plan of corrections addresses the immediate remediation of the findings and system and process improvements including capital projects, maintenance of the environment, software solutions, and enhanced quality oversight.

VALUE BASED PURCHASING (SEE ATTACHED ANALYSIS)

Safety Score

1. CDI: Clostridium Difficile Infection
2. CAUTI: Catheter Associated Urinary Tract Infection
3. CLABSI: Central Line-Associated Line Infection
4. MRSA: Methicillin-Resistant Staphylococcus Aureus Bacteremia
5. SSI: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

Clinical Care 30 day death rates

1. Mortality Acute Myocardial Infection
2. Mortality Heart Failure
3. Mortality Pneumonia
4. Mortality Total knee and Hip Arthroplasty

	UNITED MEDICAL CENTER	NATIONAL RESULT
Death rate for COPD patients	No Different than the National Rate	8.0% ²⁰
Death rate for heart attack patients	No Different than the National Rate	13.6% ²⁰
Death rate for heart failure patients	No Different than the National Rate	11.9% ²⁰
Death rate for pneumonia patients	No Different than the National Rate	15.9% ²⁰
Death rate for stroke patients	No Different than the National Rate	14.6% ²⁰
Death rate for CABG surgery patients	Not Available ⁵	3.2% ²⁰

EFFICIENCY AND COST REDUCTION MSPB: MEDICARE SPENDING PER BENEFICIARY

Payment for Heart Attack patients – No Different than the National Average Payment, \$23,119
 Payment for heart failure patients - No Different than the National Average Payment, 16,190
 Payment for hip/knee replacement patients - Numbers too small
 Payment for pneumonia patients - Greater than the National Average Payment \$17,026

HCAHPS (SEE ATTACHED ANALYSIS)

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness
4. Communication about Medications
5. Cleanliness and Quiet
6. Discharge
7. Care Transition
8. Overall Rating of Hospital

PATIENT CARE SERVICES

SERVICE/PATIENT EXPERIENCE

- **ICU** – Ongoing patient and family rounding (4-5 patient/day) addressing ICU needs and concerns. The experience has been mostly positive. Families appreciated the care board as means of POC communication.
- **5W/8W** – Ongoing patient and family rounding (30/day) addressing the cleanliness of the environment, delayed assistance with ADLs, variety of diet menu and adequate pain control as the theme for this month. Patient complaints have also gone down as a result of daily rounding.
- **BHU** – Frequent closure of patient rooms due to water leaks disrupt patient daily routine.
- **ED** – 16 patients were interviewed with GWFMA MDs finding more time to evaluate patient medical complaints. Complaints have gone down but longer wait time and noise were identified as most concerning. Processes in place to address this problem like faster disposition time and increase ED staffing (7-8/shift for RNs; 4-5 for Techs).

- **Ambulatory** – Following patients for No Show where mostly appreciated by the patient and family members.
- **Respiratory** – No complaints from patients when RTs gave nebs treatments on time.
- **Wound** – 6 patients interviewed. With 75% satisfaction with timely treatments
- **Radiology** – Service recovery performed for longer stay in Radiology Dept.
- **Lab/Rehab** – Increased patient satisfaction with the services rendered

QUALITY

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

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

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

EMERGENCY DEPARTMENT METRICS

PHARMACY:

- A significant Immediate Jeopardy (IJ) was identified by DOH and a plan of correction (thru the Quality Department) was developed and implemented as per DOH requirements. Continue with the following initiatives: Medstation ES; Anesthesia carts; Swisslog project; MedMined and antibiotic stewardship
- Pyxis ES training is underway (with IT and Nursing)

RESPIRATORY:

- 50 charts were audited and found to be 100% compliant with pulse oximetry reading
- All pre and post neb treatment interventions are be monitored (and audited) with 100% compliance
- 100% compliant with CAP requirements

PEOPLE/STAFF ENGAGEMENT:

- Daily leader rounding continues to be a practice in ED and inpatient units asking the staff what is working well and what do they need to do their job. Adequate staffing in ED (RNS, TECHS, UC) ICU, and lab remain a concern. Handheld phones were purchased to facilitate communication of the unit staff. Daily huddles with the staff were identified as useful to improve communication. AIDET (Acknowledge, Introduce, Duration, Explain and Thank You) is reinforced as a template for communication with the patient.
- For SNF, staff want to see the Ambassadorship program implemented.
- PCS continue to maintain a good relationship with the District of Columbia Nurses' Association (DCNA). Through the Nursing Practice Committee, issues and concerns in clinical practice are being addressed by the members of the committee and making

recommendations to change or improve clinical practice. The biggest accomplishment of PCS is the improvement or exceeding the goal of >80% (achieving 98% in ICU) with regards to nurse-to-staffing ratios in all nursing departments. This report is most welcomed by the nursing staff as positive in improving nurse-patient ratio.

- Staff recognition on each unit is in its planning stage.

FINANCE AND GROWTH

- Control of overtime remains a challenge especially in the Emergency Room (6.4 FTE). With GWFMA joining UMC ED the need to increase RN FTE (goal is 9 RNs per shift) is required to accomplish the ED metrics identified. The total FTEs needed to meet this goal is 10.8 and the use of agency and RN travelers cannot be avoided. Aggressive hiring is in place and with the new staff recruited, patient throughput is expected to improve.
- There is currently in place a monitoring process for incremental OT. Any incremental OT needs the Supervisor’s approval with reasons for staying over. The managers are looking at the KRONOS daily and addressing the incremental OT in real time.
- On 4/15/18 BHU implemented a Virtual Intake Process in the ER with the purpose of reducing ER disposition time for Psych patients. ED RNs and MDs were trained about the new process with the steep learning curve.
- Dialysis – 229 performed in April
- OR – Surgery 79; Procedure 182
- Lab – Outreach lab services for Bridgepoint National Harbor Hospital
- Radiology (April data) – Mammography 128; MRI 66; Nuclear Med 14; Special Procedures 26; Ultrasound 465; X-Ray 1972
- Rehab - 53 OP eval and 236 OP treatments
- Ambulatory – An average of 38 patients seen/day with 35 -40% No Show. Transportation was the key factor with No Show.

MEASURE	National Healthcare Safety Network Benchmark (Rate/1000patient days)	UMC Year-to-Date (Rate/1000patient days)
Indwelling Urinary Catheter Infections (CAUTI)	3.1	0
Central Line Infections (CLABSI)	1.5	0
Ventilator-Acquired Event (VAE)	1.9	0
Surgical Care Improvement Project (SCIP)	89.2%	100%
Hospital Acquired Pressure Ulcers (HAPU)	3.1	0
Pain Assessment	Target – 100%	Dialysis = 98%

EMERGENCY DEPARTMENT

	Jan-18	Feb-18	Mar-18	Apr-18
Census	5073	5133	5044	4760
Daily Census	160	174	168	164.3
LWBS	109	90	116	132
LWBS %	2.15	1.94	2.1	2.7
Left prior triage	265	277	284	255
Left prior triage %	5.6	5.4	5.9	5.35
Admissions	410	421	433	512
Admission Rate	9.7	9.3	9.5	10.7
Ambulance arrivals	1560	1534	1588	1324
Ambulance arrivals %	30.75	32.1	34.6	27.8%
Eloperments	44	61	57	68
Triage	21	27	23	25
Room	59	67	56	98
Provider	69	68	66	112
Disposition DC	177	226	155	241
Disposition Admit	203	292	233	355
LOS DC	239	175	189	270
LOS Admit	312	292	370	475
Dispo to leave (DC)	24	31	34	29
Dispo to leave (Admin)	263	189	270	210

Telemetry - Goal: 5:1; ADC: 45							
	Less than 5	5	6	7	8	ADC	% ratio met - Goal 80%
January	32%	56%	11%	0%	0%	53.7	88%
February	20%	73%	5%	2%	0%	46.2	93%
March	39%	52%	5%	5%	0%	46.7	91%
April	52%	38%	7%	3%	0%	43.4	90%

Medical/Surgical - Goal: 6:1; ADC: 35							
	Less than 6	6	7	8	9	ADC	% ratio met - Goal 80%
January	92%	8%	0%	0%	0%	13.3	100%
February	75%	23%	2%	0%	0%	18.7	98%
March							
April	52%	40%	5%	3%	0%	12.5	92%

ICU - Goal 2:1; ADC: 12						
	Less than 2	2	3	4	ADC	% ratio met - Goal 80%
January	13%	82%	5%	0%	9.70	95%
February	4%	93%	4%	0%	9.90	97%
March	10%	90%	0%	0%	9.10	100%
April	5%	93%	2%	0%	9.35	98%

Emergency Room - Goal: 7-8							
	6 and below	7	8	9	10	Average Staffing	% ratio met - Goal 80%
Jan-18	10%	61%	24%	3%	2%	7.6	90%
Feb-18	5%	29%	64%	0%	2%	7.53	95%
Mar-18	6%	34%	56%	4%	0%	7.5	94%
Apr-18	18%	42%	33%	7%	0%	6.94	82%

	17-Oct	17-Nov	Dec-17	18-Jan	18-Feb	18-Mar	18-Apr
ENDO PROCEDURE	88	125	117	103	88	125	104
SURGERY PROCEDURE	69	69	106	79	69	69	79
Total Procedure	157	194	223	182	157	194	182

	Oct-17	Nov-17	DEC	Jan-18	Feb-18	Mar	April
TOTAL CASE	207	150	150	150	181	204	168
TOTAL PROCEDURE	219	155	159	155	194	223	182
IP	105	72	94	76	68	78	70
OP	114	78	65	74	113	126	112

	OCT	NOC	DEC	18-Jan	18-Feb	Mar	April
EGD	43	37	48	38	43	60	48
COLONOSCOPY	68	38	36	49	70	56	55
BRONCHOSCOPY	3	4	0	1	2	2	1
ERCP	2	0	1	0	0	0	0
Total	116	79	85	88	115	118	104

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) this May, they continue to function as Patient Care Technicians (PCT) in ED and ICU. One passed from ICU but unfortunately took another job in Florida.

OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS:

Develop facilities and operational standards to support existing facilities, renovations and future operations. Latest projects (DOH related):

- Radiology XRay Room
- Radiology Fluoroscopy Room
- Radiology Dressing/Restroom Area
- Pharmacy Sterile Processing Room

- Kitchen Area
- Emergency Room – Core Area
- Operating Room & Ambulatory Surgical Area
- Behavioral Health Unit

Re-evaluate purchased services: Environmental services, Plant Operation and Facilities management, Biomed services, Food services. Prepared job descriptions for several Director level positions and recruitment activities. **Update:** Plant Operations and Facilities Management will be managed by UMC starting June 1, 2018.

Capital expenditure planning FY 18 – FY 21: prepared for submittal. **Update:** MOU approved for remaining FY17 funds and FY18.

DOH and CMS Findings and Plan of Correction for the following areas: Facilities, EVS, Nutrition and Food Services. Address Findings during survey and prepare/implement Plan of Correction.

CONSTRUCTION/RENOVATION PROJECTS:

Lobby entrance improvements: address exterior entrance refurbish needs, update all lighting to LED, entrance and elevator cleaning, landscaping campus wide, power washing main entrances, identify projects for back entrances updates (UDC, Security Entrance).

Hospital wide: Installing new medical valve covers throughout hospital (85%); continuing to install new ceiling tiles; install/replace corner panel moldings, baseboards & add additional lighting to main hallways, lobbies (Main, ED, MOB).

March 3 Flooding: Leading efforts with key stakeholders: Facilities, EVS, Risk Management & Infection Control departments. CNA engaged with JS Held to provide a moisture assessment of impacted spaces & adjacent areas. **Update:** JS Held provided a detailed scope of work and will assist with bid & bid process.

SPECIAL PROJECTS:

Hospital Clean/Declutter Campaign:

1st Floor– facilities maintenance & repairs; removal of trash & unusable items; thorough cleaning of area to prepare for renovation of area for future office space (estimated to be available at the end of May):

- Facilities/EVS: removal of items that can be discarded or stored in designated areas (ie, old HIM area or 7th floor); deep cleaning of all areas; maintenance to do a comprehensive PM of all areas for any deficiencies
- Removal of all documents/forms with patient identifiers (to be shredded)
- Security: fire/safety rounds of both floors, test all cameras & access points, need to add additional keypads to back of HR records room and Compliance area.
- Materials Management: removal of all supplies

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

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

Furniture needs throughout the hospital – To address some of the deficiencies found during our Environment of Care rounds and daily rounds in clinical/admin areas, we have had several visits to our GSA Surplus Warehouse. Current areas: Patient Experience suite, new Compliance Office space, Finance office space on 2nd floor annex.

HUMAN RESOURCES

ANNOUNCEMENT

Please join us in welcoming two new members to the Human Resources Department as of May 7, 2018:

- **Shirley Daniels, MS HRM**
Human Resources Generalist

Ms. Daniels comes to UMC with several years of experience providing human resource services to Not-for-Profit organizations across the D.C. area. Her expertise includes recruiting, onboarding, employee relations, performance management, and creating and executing training programs.

Shirley attended the University of Maryland University College, located in College Park, MD, where she received her Masters of Science in Human Resources Management.

- **Chiquita Kearney**
Human Resources Generalist

Ms. Kearney joins the UMC team with a versatile human resource professional background, with hands on experience in human resource management, employee relations, benefits administration, recruiting, hiring and training, and staff management. She is also skilled at formulating and executing process improvement initiatives to drive high-quality workforce performance, and operational efficiency and productivity.

Chiquita attended Virginia State University located in Petersburg, Virginia where she obtained her Bachelors of Science in Business Management.

They have already begun working on and making progress with the following initiatives:

- Recruiting
- Employee on-boarding

We are also pleased to announce that a new leader of the Human Resources Department will be joining us on June 4, 2018.

INFORMATION TECHNOLOGY AND SYSTEMS

INFORMATION TECHNOLOGY

Initiative	START DATE	END DATE	Status	Comments
Create and Maintain Appropriate IT Governance Structure	Apr-18	May-19		
Establish IT Governance structure / Steering		Apr-18	On Track	Complete
Develop and implement formal IT Security Program		May-19	On Track	In progress. Remediation of 2 of 4 "Notice of Findings" from most recent security audit completed.
Develop and update all IT policies and procedures		Jul-18	On Track	Process underway
Institute Project Management processes		Sep-18	On Track	Formal project management processes are being incorporated into all IT projects, including project sponsor, project owner, project manager, planning, task management, and reporting.
Update and Expand Applications	Apr-18	Jun-20		
Upgrade Meditech Magic to current release level		Dec-18	On Track	Process underway
Select / purchase / implement replacement for Meditech Magic		Jun-20	On Track	Project scope and cost for vendor evaluation and selection is underway, to be presented to IT Steering Committee
Complete implementation of owned systems (timing TBD by Steering Committee)				
- CareFusion Pyxis Medication Distribution		Jul-18	On Track	On track for July 2018 go-live
- CareFusion MedMined Infection Control & Medication Stewardship		Jun-18	On Track	On track for June 2018 go-live
- 3M360 Coding		Jul-18	On Track	On track for July 2018 go-live
- Interface Meditech to ECW outpatient system		Sep-18	On Track	On track for September 2018 go-live
Curaspan - Post Acute Patient Management		Oct-18	On Track	Contracting phase
Point Click Care - SNF			On Track	Priority / dates TBD by IT Steering Committee
Meditech Magic ED Medication Scanning			On Track	Priority / dates TBD by IT Steering Committee
Meditech Magic HR module			On Track	Priority / dates TBD by IT Steering Committee
Obtain Meaningful Use compliance and maximize MACRA scores		Jan-19	On Track	Regulatory changes being proposed. Schedule to be determined accordingly.
Purchase and implement systems as necessary			On Track	To be determined by IT Steering Committee.
- Medisoiv Quality Measures reporting			On Track	To be determined by IT Steering Committee. May be impacted by proposed changes to regulations.
- CareSelect Clinical Decision Support			On Track	To be determined by IT Steering Committee. May be impacted by proposed changes to regulations.
Refurbish Infrastructure	Apr-18	May-19		
Overhaul cable plant and wiring/communications closets		May-19	Behind Schedule	RFP prepared. Combination of this with other electrical facilities projects is under consideration.
Develop and maintain Business Continuity/Disaster Recovery plan & processes, including annual testing		Aug-18	Behind Schedule	Planning for disaster recovery test is underway, being scheduled for September/October, pending vendor availability
Implement appropriate IT security tools/controls as identified in annual testing		May-19	On Track	Per Risk Analysis - results TBD
Upgrade data center environmentals, including power availability for servers		Oct-18	Behind Schedule	To be combined with plant facilities projects
Revamp IT Organization	Apr-18	Aug-18		
Restructure IT organization		Jun-18	On Track	Plan developed
Fill critical IT vacancies		Jul-18	On Track	Recruitment underway
Implement internal processes, such as formal change management		Jul-18	On Track	
Expand service to include support of all key applications, such as PACS, ECW		Aug-18	On Track	Systems analyst named to provide support for ECW

Color Key	
On Track	On Track
Behind Schedule	Behind Schedule
Project at Risk	Project at Risk



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UNITED MEDICAL CENTER

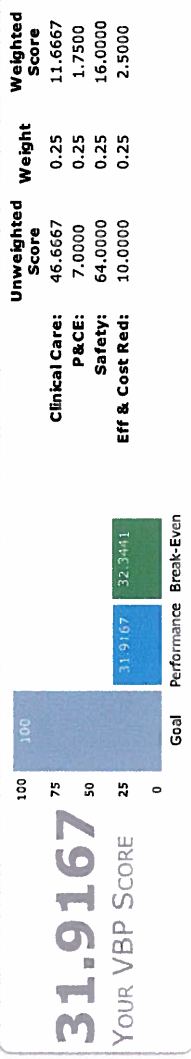
Hospital Search by State: Hospital Name/City:

Clinical Care: Public Data, Person & Community Engagement (P&CE): Public Data, Safety: Public Data, Efficiency & Cost Reduction: Public Data

Payment Period: FFY2019

CMS Aggregate File Interval Used for Baseline Rates:

Clinical Care: 7/1/2009-6/30/2012
Clinical Care (Complications): 4/1/2010-3/31/2013
P&CE: 1/1/2015-12/31/2015
Safety (HAI & PC): 1/1/2015-12/31/2015
Efficiency & Cost Reduction: 1/1/2015-12/31/2015



ESTIMATING FINANCIAL IMPACT

Slope: 3.0917511540 *
Use Own Slope:

Adjust Slope

MedPAR Reimbursement: \$21,965,445.00
2.00% Holdback Amount: \$439,308.90
Earnback Amount: \$433,502.95
Net Difference: (\$5,805.95)

VB Incentive Percentage: 1.973567819970%
Net Percentage Change (0.026432180030)%
VB Adjustment Factor: 0.999735678200

Return

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Clinical Care

(Survival) 7/1/2013-6/30/2016
(Complications) 4/1/2013-3/31/2016

Public Data
Domain Holdback: \$109,823.24
Domain Earnback: \$158,460.61
Domain Net: \$48,633.37

Table with columns: Measure, Baseline, Performance, Cases, Points, Floor, Threshold, To Reach Threshold, To Reach Benchmark, To Gain 1 Point, To Gain 1 Improvement Point, Measure Earnback, Measure Net Difference. Rows include AMI Survival, HF Survival, and PN Survival.

Person & Community Engagement (P&CE)

4/1/2016-3/31/2017

Public Data

Domain Holdback: \$109,827.21 Domain Earnback: \$23,769.08 Domain Net: \$-86,058.13

Measure	Baseline	Performance	Surveys	Points	Floor	Threshold	Benchmark	To Reach Threshold	To Reach Benchmark	To Gain 1 Achievement Point	To Gain 1 Improvement Point	Measure Holdback	Measure Earnback	Measure Net Difference
RN Comm	0.6400	0.6700	100-299	1	0.2810	0.7869	0.8697	0.1169	0.1997	0.0092	0.0230	\$10,982.72	\$3,395.58	(\$7,587.14)
MD Comm	0.7400	0.7600	100-299	1	0.3346	0.8032	0.8862	0.0432	0.1262	0.0092	0.0146	\$10,982.72	\$3,395.58	(\$7,587.14)
Responsive †	0.4200	0.3700	100-299	0	0.3272	0.6516	0.8015	0.2816	0.4315	0.0167	0.0382	\$10,982.72	\$0.00	(\$10,982.72)
Meds Expl	0.4800	0.4900	100-299	0	0.1138	0.6326	0.7353	0.1426	0.2453	0.0114	0.0255	\$10,982.72	\$0.00	(\$10,982.72)
Clean/Quiet	0.5300	0.5700	100-299	1	0.2285	0.6558	0.7906	0.0858	0.2206	0.0150	0.0261	\$10,982.72	\$3,395.58	(\$7,587.14)
Discharge	0.7000	0.7000	100-299	0	0.6196	0.8705	0.9187	0.1705	0.2187	0.0054	0.0219	\$10,982.72	\$0.00	(\$10,982.72)
Care Trans	0.3600	0.3300	100-299	0	0.1130	0.5142	0.6277	0.1842	0.2977	0.0126	0.0268	\$10,982.72	\$0.00	(\$10,982.72)
Hosp Rating	0.3700	0.4700	100-299	2	0.2839	0.7085	0.8483	0.2385	0.3783	0.0155	0.0478	\$10,982.72	\$6,791.17	(\$4,191.55)
Consistency				2								\$21,965.45	\$6,791.17	(\$15,174.28)

(HAI & PC) 4/1/2016-3/31/2017

Public Data

Domain Holdback: \$109,827.25 Domain Earnback: \$21,517.40 Domain Net: \$-88,309.85

Measure	Baseline	Performance	Pred. Inf / Cases	Points Floor	Threshold	Benchmark	To Reach Threshold	To Reach Benchmark	To Gain 1 Achievement Point	To Gain 1 Improvement Point	Measure Holdback	Measure Earnback	Measure Net Difference
CAUTI	0.6610	0.0000	4	10	0.822	0.000	N/A	N/A	N/A	N/A	\$21,965.45	\$67,911.69	\$45,946.24
CLABSI	0.0000	0.4720	2	5	0.860	0.000	N/A	N/A	N/A	0.0000	\$21,965.45	\$33,955.84	\$11,990.40
C. difficile	0.7320	0.3250	15	7	0.924	0.113	N/A	0.2120	0.0901	0.0619	\$21,965.45	\$47,538.18	\$25,572.74
MRSA Bacteremia	2.9790	5.5440	2	0	0.854	0.000	4.6900	5.5440	N/A	0.2979	\$21,965.45	\$0.00	(\$21,965.45)
PC-01	0.0000	0.0000	57	10	0.0100	0.0000	N/A	N/A	N/A	N/A	\$21,965.45	\$67,911.69	\$45,946.24

Efficiency & Cost Reduction

1/1/2016-12/31/2016

Public Data

Domain Holdback: \$109,827.23 Domain Earnback: \$33,955.84 Domain Net: \$-75,871.38

Measure	Baseline	Performance	Cases	Points Floor	Threshold	Benchmark	To Reach Threshold	To Reach Benchmark	To Gain 1 Achievement Point	To Gain 1 Improvement Point	Measure Holdback	Measure Earnback	Measure Net Difference
MSPB-1	1.0500	1.0160	25	1	0.9857	0.8349	0.0303	0.1811	0.0168	0.0215	\$109,827.23	\$33,955.84	(\$75,871.38)

* Points earned by Improvement

Download PDF

† Lowest scoring Patient Experience dimension that determines consistency points
 ‡ Exchange Function/Adjust Slope FFY 2019: Press Ganey estimates that the FFY 2019 VBP Exchange Slope will be approximately 3.091751154. Based on this estimate, the FFY 2019 Break Even VBP Score would be approximately 32.3441295948. This estimate is based on the data currently available and is subject to revision should additional data become available. You may wish to use the slightly more conservative CMS FFY2018 exchange slope.
 CMS suspended "Pain Management" from the Value-Based Purchasing Program effective FFY 2018. The dimension has been removed from the domain table.

The charts above show your hospital's score for each measure (illustrated by a green horizontal bar or a blue horizontal bar) against the national average score (illustrated by a dark gray background).

Example of Earning Points by Improvement.



Example of Earning Points by Achievement.



Example of Earning No Points.



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Tab 5

Committee Reports



**Not-For-Profit Hospital Corporation
Strategic Planning Committee Meeting
May 3, 2018**

Present: Director Brenda Donald, Director Velma Speight, Director Angell Jacobs, Director Sean Ponder

Agenda Item	Discussion	Action Item
Call to order	The meeting was called to order by Director Brenda Donald.	
Determination of Quorum	A quorum was determined by: Michael Austin (Corporate Secretary).	
Agenda	Planning 2018 Board of Directors Retreat.	
Discussion	<p>Director Brenda Donald:</p> <ul style="list-style-type: none"> • The focus on this meeting was to continue planning for the UMC Board retreat. The Committee recommends the following: • Retreat Goals and Objectives: Opportunity for Board, Executive Staff, Medical Directors and Mazars team to build relationships, and get on the same page about the hospital's priorities and overall direction. 	<p>Board and Executive Staff Retreat Venue:</p> <ul style="list-style-type: none"> • RISE Demonstration Center

Agenda for the Board of Directors Retreat 2018

- Date: May 17, 2018
- Time: 8:30 AM -2:45 PM.

CONTINENTAL BREAKFAST, ICE-BREAKER (8:30 AM – 9:30 AM)

Part I

GENERAL (9:30 AM– 10:15 AM)

- Hospital mission and history
- Board decision-making process
- Board Structure and Committees
- Departmental duties and roles in relation to the mission of UMC
- Safety and Quality Goals

BREAK (15 min) 10:15-10:30

Board of Ethics (1 hour) (10:30-11:30)

- Open Meetings Act
- FOIA/ Board Communications
- Ethics Training/HATCH Act

Legal / Legal (15 mins) (11:30-11:45)

- Anti-Kickback Statute
- STARK
- Other Hospital Compliance Regulations

OCFO (15 mins) 11:45-12:00

- Development of a budget
- Interpretation of financial statements

Adjournment

Break/Lunch: 12:00PM – 12:45

Part II (12:45 PM– 2:45PM):

- Mazars Findings and Recommendations presentation

END of Agenda for the Board of Directors Retreat 2018.

Meeting adjourned by Director Donald after 38 minutes.

Finance Committee



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the seven months ending April 30, 2018



Table of Contents

1. Highlights
2. Gap Measures
3. Financial Summary
4. Income Statement with Prior Year Numbers
5. Income Statement with Forecast Variances
6. Balance Sheet
7. Cash Flow
8. Key Indicators with graphs



Highlights

- **MOU for 2018 capital received**
- **Budget Gap Initiatives Work Plan for 2018 in process**
- **GWMFA Modification going to Council.**
- **DCNA payment issues**
- **2019 budget detailed department kick off June 18, 2018**
- **MPI clean up project**
- **3M 360 implementation in process**
- **New 7 days a week Eligibility Vendor HFMI starts June 18.**
- **Medicaid recertification for all SNF residents**

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

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

April YTD 2018 Annualized Net Income (Loss) from Operations: (\$19,325,143)

Add: Initiatives to be Realized

Revenue Cycle:	
A. Documentation Enhancements	\$3,000,000
B. Charge Capturing (Infusion/Therapy)	625,000
C. Hospital Based Clinics Charges	816,000
GWUMFA Additional Cost less professional Collection	(475,000)
Psych Volume Growth	375,000
ER Admits Volume Increase	1,225,000
Supply Chain Management	3,010,000
Overtime And Outside Agency Costs	500,000
Length Of Stay Reduction	200,000
FTE Reduction Of 20	500,000
District Subsidy (Proposed)	10,000,000
Adjusted Net Income (Loss) from Operations:	\$450,857



UNITED
MEDICAL CENTER

STATISTICS

- Inpatient
 - Admissions were down from forecast 32 or 7% for April, Unfavorable variance for YTD forecast and prior year of 73 or 2% and 1,213 or 29% respectively.
 - During April, patient days were down by 11% from forecast. Patient days reflect a favorable variance with 6% and 10% decrease in both year to date forecast and prior year.
 - IP surgeries are above forecast by 50% during the month. YTD below both forecast and prior year by 3% and 21% respectively.
- Outpatient
 - ED visits below monthly forecast by 10%. ED visits were below YTD forecast and prior year by 10% and 4% respectively.
 - Clinic visits reflected an unfavorable variance during April of 41%. Unfavorable YTD variance to the forecast and prior year by 43% and 7% respectively.
 - OP surgeries were below forecast by 14% during April. YTD activity above the forecast by 12% but below prior year by 19%

REVENUE

- Total operating revenue totaled \$9.1M during April and 21.6% lower than forecast. Unfavorable shortfall for YTD forecast and prior year by \$17.6M and \$2.5M respectively, due to low patient activity.
 - Gross charges were below forecast by \$5.8M for the month and \$28.1M year to date.
 - Net patient services revenue (PSR) was below both YTD forecast and prior year by \$16.2M and \$18M respectively.

EXPENSES

- Total operating expenses totaled \$11.9 in April and were 3.2% higher than forecast. Total YTD operating expenses of \$75.3M, below forecast by \$5.3M but above prior year by \$4.1M.
- Medical supplies and pharmaceuticals are above both forecast and prior year by \$1.3 and \$279K.
- GW expenses of \$734K contributed to the operating loss both for the month and year to date.

Cash on Hand at the end of April 2018 was 22.32 days (excluding capital) due to improvements in collections.

Financial Summary



Income Statement

FY18 Operating Period ending April 30, 2018

	Month of April			Month's Variance			2018 Year To Date			YTD Variance		
	Actual	Forecast	Prior	Actual/Forecast	Actual/Prior		Actual	Forecast	Prior	Actual/Forecast	Actual/Prior	
Statistics												
Admission	401	433	565	(32)	(164)	-29%	2,960	3,033	4,173	(73)	(1,213)	-29%
Patient Days	5,608	6,271	6,344	(663)	(736)	-12%	41,399	43,899	45,864	(2,500)	(4,465)	-10%
Emergency Room Visits	4,703	5,226	4,923	(523)	(220)	-4%	32,886	36,579	34,197	(3,693)	(1,311)	-4%
Clinic Visits	1,593	2,679	1,539	(1,086)	54	4%	10,651	18,754	11,448	(8,103)	(797)	-7%
IP Surgeries	122	81	93	41	29	50%	554	569	699	(15)	(145)	-21%
OP Surgeries	71	83	87	(12)	(16)	-18%	652	580	805	72	(153)	-19%
Radiology Visits	970	852	1,125	118	(155)	-14%	6,673	5,967	6,618	706	55	1%
Revenues												
Net Patient Service Revenue	7,746	8,951	9,189	(1,205)	(1,443)	-13%	46,406	62,655	56,253	(16,249)	(9,847)	-18%
DSH	-	-	322	-	(322)	0%	-	-	3,033	-	(3,033)	0%
CNMC Revenue	229	242	197	(13)	32	-5%	1,639	1,693	1,546	(54)	93	6%
Other Revenue	1,178	2,478	1,040	(1,300)	138	-52%	15,983	17,345	5,696	(1,362)	10,287	181%
Total Operating Revenue	9,153	11,671	10,748	(2,518)	(1,595)	-14.8%	64,028	81,693	66,527	(17,665)	(2,499)	-3.8%
Expenses												
Salaries and Wages	5,118	4,899	4,724	219	394	4%	33,084	34,291	32,576	(1,207)	508	2%
Employee benefits	1,056	1,400	1,269	(344)	(213)	-17%	8,810	9,798	8,717	(988)	93	1%
Contract labor	297	382	542	(85)	(245)	-45%	2,205	2,675	3,095	(470)	(890)	-29%
Professional fees	720	919	781	(199)	(61)	-8%	5,379	6,432	5,321	(1,053)	58	1%
Supplies	982	861	1,015	121	(33)	-3%	6,899	6,024	6,628	875	271	4%
Pharmaceuticals	356	204	374	152	(18)	-5%	1,885	1,430	1,867	455	18	1%
Purchased services	2,726	2,060	1,218	666	1,508	124%	11,820	14,420	8,027	(2,600)	3,793	47%
Other	631	797	494	(166)	137	28%	5,218	5,579	4,920	(361)	298	6%
Total Operating Expenses	11,887	11,522	10,417	365	1,470	14%	75,301	80,649	71,151	(5,348)	4,149	5.8%
Operating Gain/(Loss)	(2,734)	149	331	(2,883)	(3,065)	926%	(11,273)	1,044	(4,624)	(12,317)	(6,649)	-144%



April 2018 Income Statement with Forecast and Budget

	APR 2018 YTD Actual	APR 2018 YTD Forecast	APR 18 YTD Actual /Forecast Var	Variance %	Original 2018 Approved Budget	Adjusted 2018 Forecast Based on JAN 18
STATISTICS						
Admissions	2,960	3,033	(73)	-2.40%	6,302	5,199
Patient Days	41,399	43,899	(2,500)	-5.70%	78,404	75,256
Emergency Room Visits	32,886	36,579	(3,693)	-10.10%	57,529	62,707
Clinic Visits	10,651	18,754	(8,103)	-43.21%	18,619	32,150
IP Surgical Visits	554	569	(15)	-2.59%	990	975
OP Surgeries	652	580	72	12.45%	1,006	994
OPERATING REVENUE						
Net Patient service revenue	\$ 46,406	\$ 62,655	(16,249)	-25.93%	\$ 115,972	\$ 107,409
CNMC Revenue	1,639	1,693	(53)	-3.16%	3,023	2,902
Other Revenue	15,983	17,345	(1,362)	-7.85%	6,436	29,734
Total Operating Revenue	\$ 64,028	\$ 81,693	\$ (17,665)	-21.62%	\$ 125,431	\$ 140,045
OPERATING EXPENSE						
Salaries & Wages	\$ 33,084	\$ 34,291	\$ (1,207)	-3.52%	\$ 58,016	\$ 58,785
Employee Benefits	8,810	9,798	(988)	-10.08%	14,476	16,797
Contract Labor	2,205	2,675	(469)	-17.54%	2,560	4,585
Professional Fees	5,379	6,432	(1,053)	-16.37%	8,473	11,027
Supplies	6,899	6,024	875	14.52%	9,938	10,327
Pharmaceuticals	1,885	1,430	455	31.84%	3,381	2,451
Purchased Services	11,820	14,420	(2,600)	-18.03%	18,857	24,720
Other	5,218	5,579	(361)	-6.47%	8,455	9,564
Total Operating Expense	\$ 75,301	\$ 80,649	\$ (5,348)	-6.63%	\$ 124,156	\$ 138,256
Operating Gain / (Loss)	\$ (11,273)	\$ 1,044	\$ (12,316)	-1180.20%	\$ 1,275	\$ 1,789



Balance Sheet

As of the month ending April 30, 2018

	Apr-18	Mar-18	MTD Change	Current Assets:		Sep-17	YTD Change
\$	31,494	\$ 37,597	\$ (6,103)	Cash and equivalents	\$ 25,855	\$ 5,639	
	17,886	19,097	(1,211)	Net accounts receivable	24,240	(6,354)	
	2,109	2,115	(6)	Inventories	1,904	205	
	3,562	3,780	(218)	Prepaid and other assets	2,898	664	
	55,051	62,589	(7,538)	Total current assets	54,897	1,54	
Long-Term Assets:							
	235	235	-	Estimated third-party payor settlements	235	0	
	75,262	75,886	(624)	Capital assets	79,387	(4,125)	
	75,497	76,122	(624)	Total long term assets	79,622	(4,125)	
	\$ 130,548	\$ 138,711	\$ (8,162)	Total assets	\$ 134,519	\$ (3,971)	
Current Liabilities:							
\$	5	\$ 9	(4)	Current portion, capital lease obligation	\$ 36	\$ (31)	
	10,791	9,584	1,207	Trade payables	10,259	532	
	7,103	12,144	(5,041)	Accrued salaries and benefits	8,808	(1,705)	
	1,887	1,887	-	Other liabilities	1,979	(92)	
	19,786	23,624	(3,838)	Total current liabilities	21,082	(1,296)	
Long-Term Liabilities:							
	8,444	9,060	(616)	Unearned grant revenue	1,328	7,116	
	3,522	3,505	17	Estimated third-party payor settlements	4,683	(1,161)	
	2,416	2,416	(0)	Contingent & other liabilities	2,016	400	
	14,382	14,982	(600)	Total long term liabilities	8,027	6,355	
Net Position:							
	96,380	100,105	(3,725)	Unrestricted	105,410	(9,030)	
	96,380	100,105	(3,725)	Total net position	105,410	(9,030)	
	\$ 130,548	\$ 138,711	\$ (8,163)	Total liabilities and net position	\$ 134,519	\$ (3,971)	



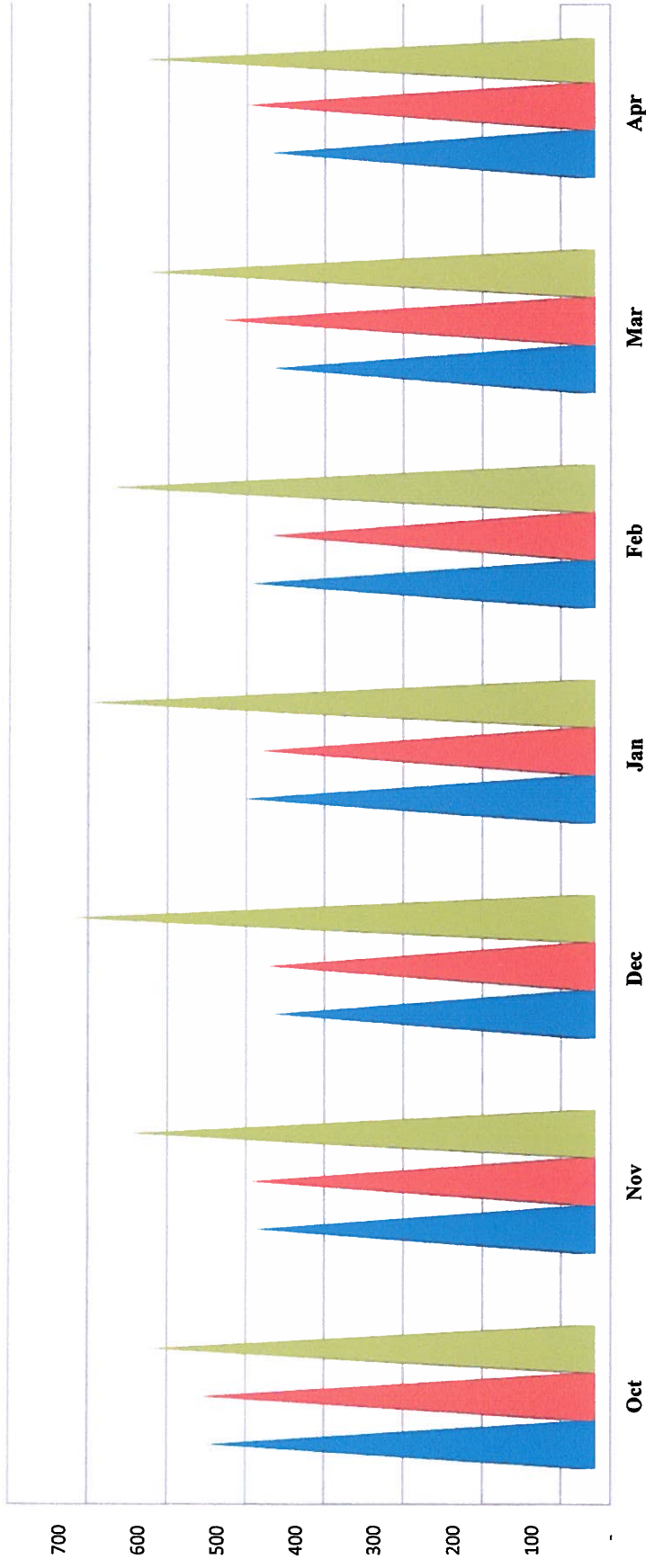
Key Indicators

Key Performance Indicators	Calculation	Year to Date 04/30/2018			
		Actual	Forecast FY 2017	Actual Desired	
Trend					
VOLUME INDICATORS:					
Admissions (Consolidated)	Actual Admissions	2,960	3,033	4,173	▼ ▲
Inpatient/Outpatient Surgeries	Actual Surgeries	1,206	1,149	1,504	▲ ▲
Emergency Room Visits	Actual Visits	32,886	36,579	34,197	▼ ▲
PRODUCTIVITY & EFFICIENCY INDICATORS:					
Number of FTEs	Total Hours Paid/Total Hours YTD	842	840	837	▲ ▲
Case Mix Index	Total DRG Weights/Discharges	1.32	1.07	1.18	▲ ▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	56%	55%	58%	▲ ▼
PROFITABILITY & LIQUIDITY INDICATORS:					
Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily Net Patient Revenues	45	43	43	▲ ▲
Net Account Receivable (AR) Days Inc. Unbilled*	Net Patient Receivables/Average Daily Net Patient Revenues	82	76	76	▲ ▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	109%	98%	96%	▲ ▲
Days Cash on hand	Total Cash/(Operating Expenses less Depreciation/Days)	22	45	50	▼ ▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Expenses	-18%	1%	-7%	▼ ▲

*Note: Unbilled: Unbilled included in the Net AR days represents claims for in-house patients who are not yet discharged as well as discharged patients within the bill-hold review days.



Total Admissions (Consolidated)

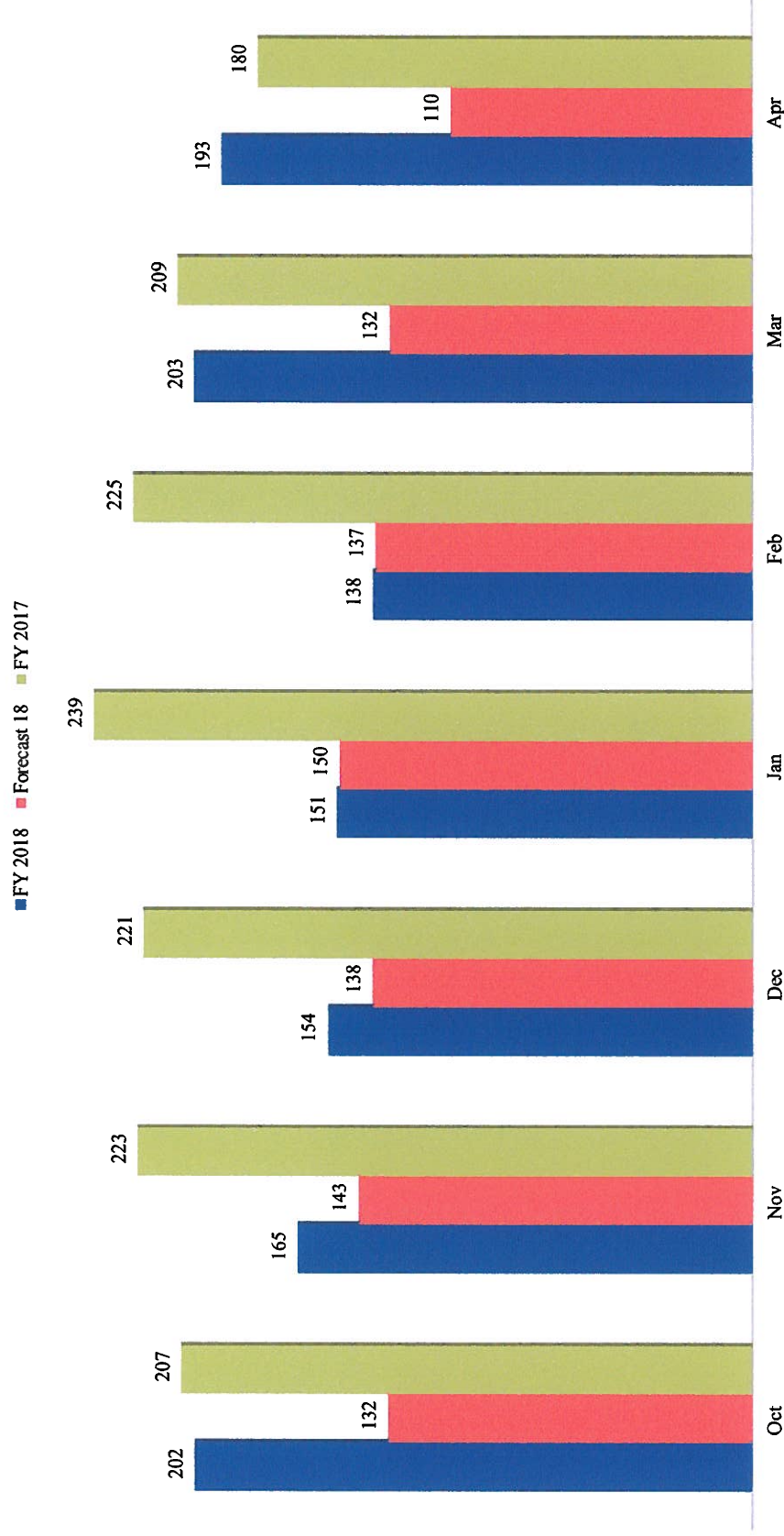


	Oct	Nov	Dec	Jan	Feb	Mar	Apr
FY 2018	482	420	397	435	426	399	401
Forecast 18	489	427	404	413	402	465	433
FY 2017	558	582	660	634	610	564	565

Less Nursery and OB for FY 2017

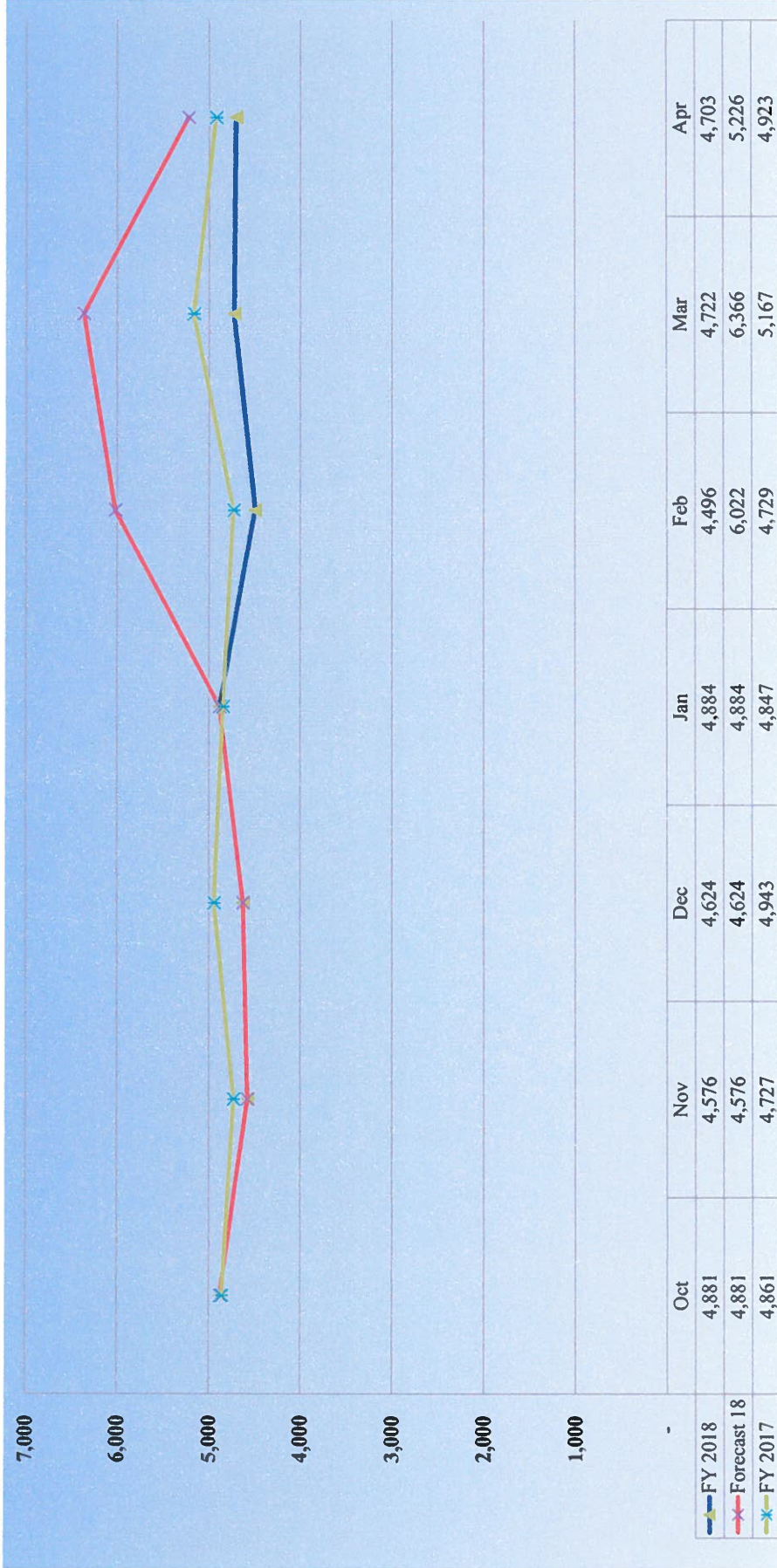


Inpatient/Outpatient Surgeries



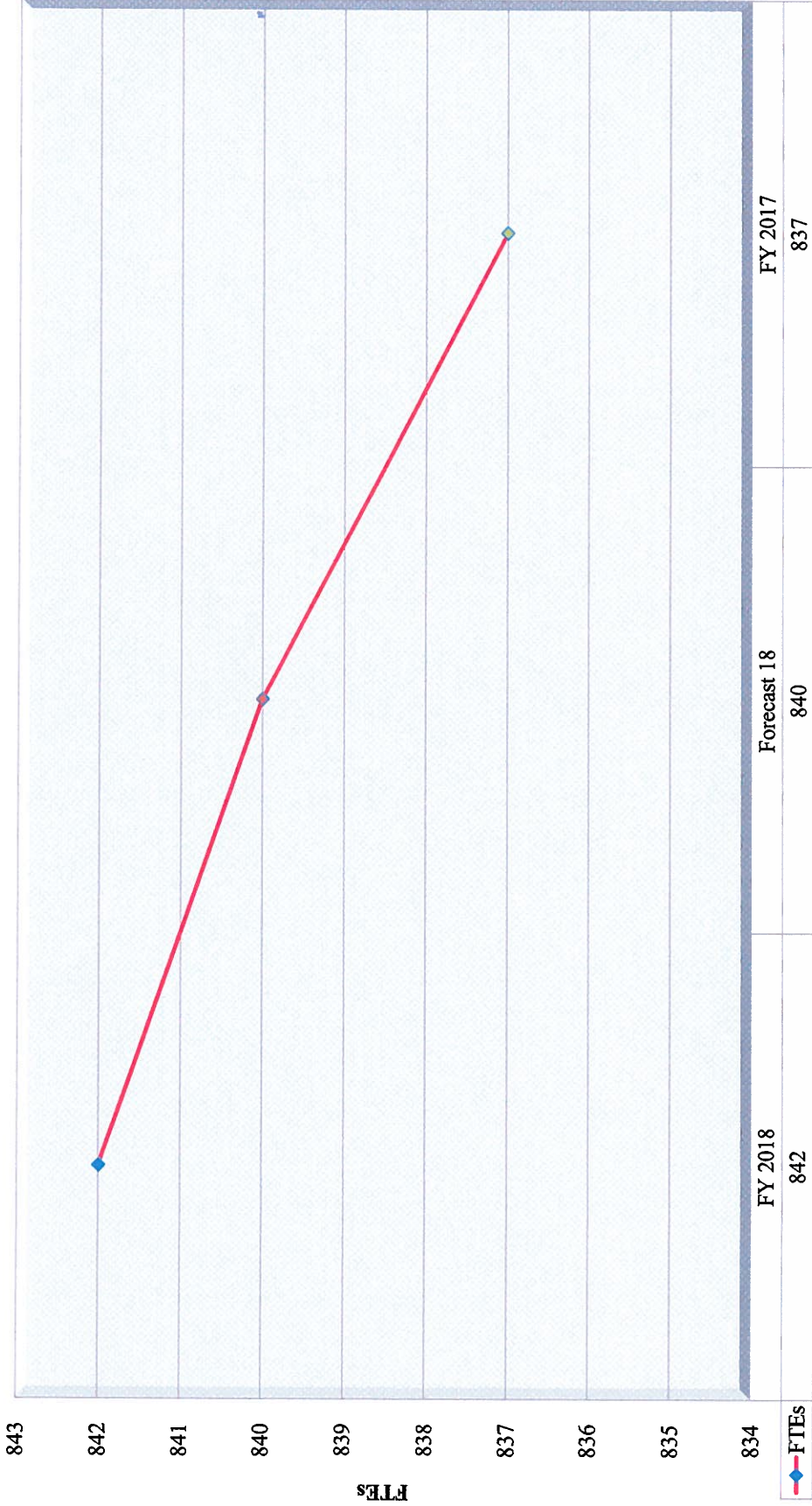


Total Emergency Room Visits



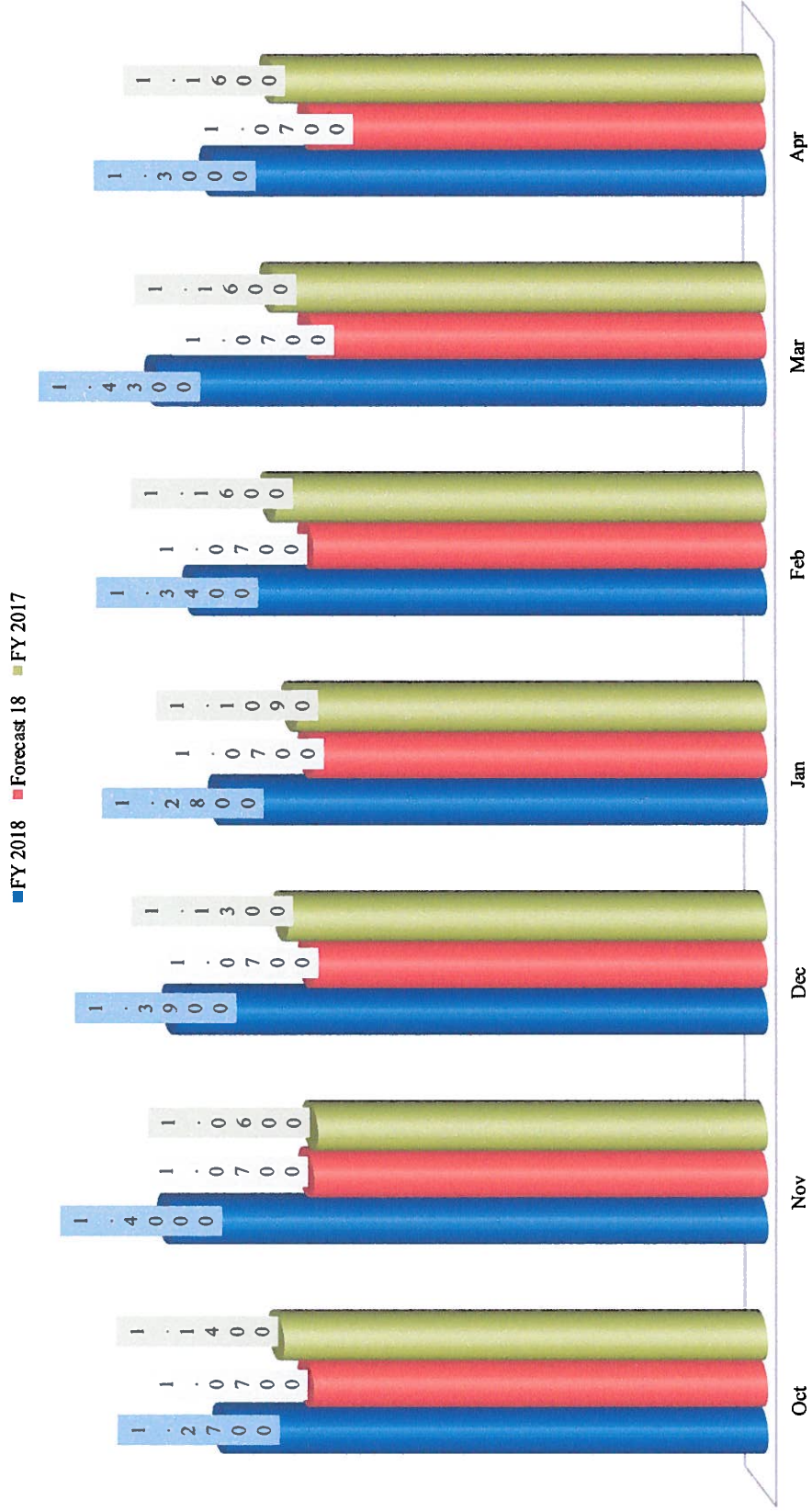


Number of FTEs



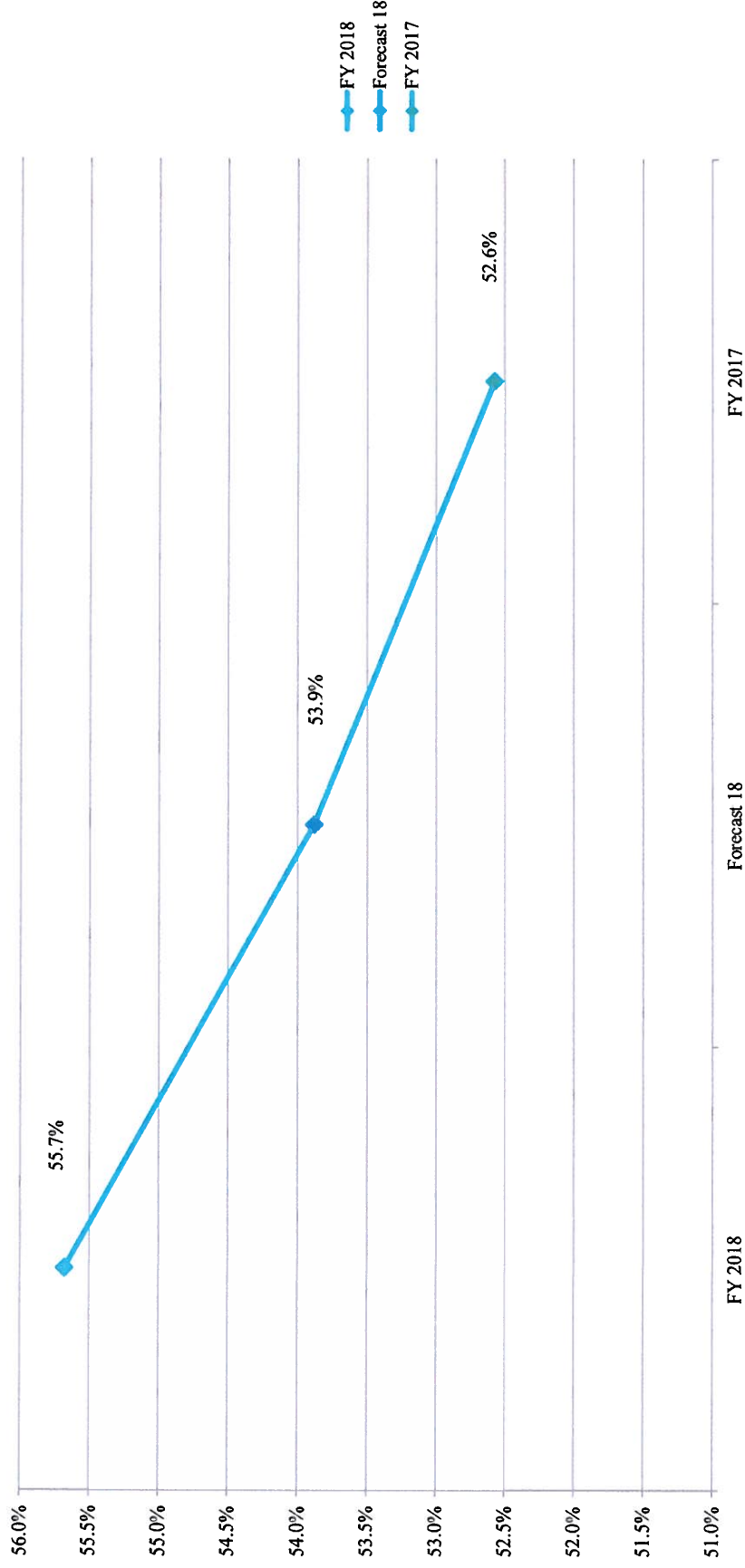


Case Mix Index



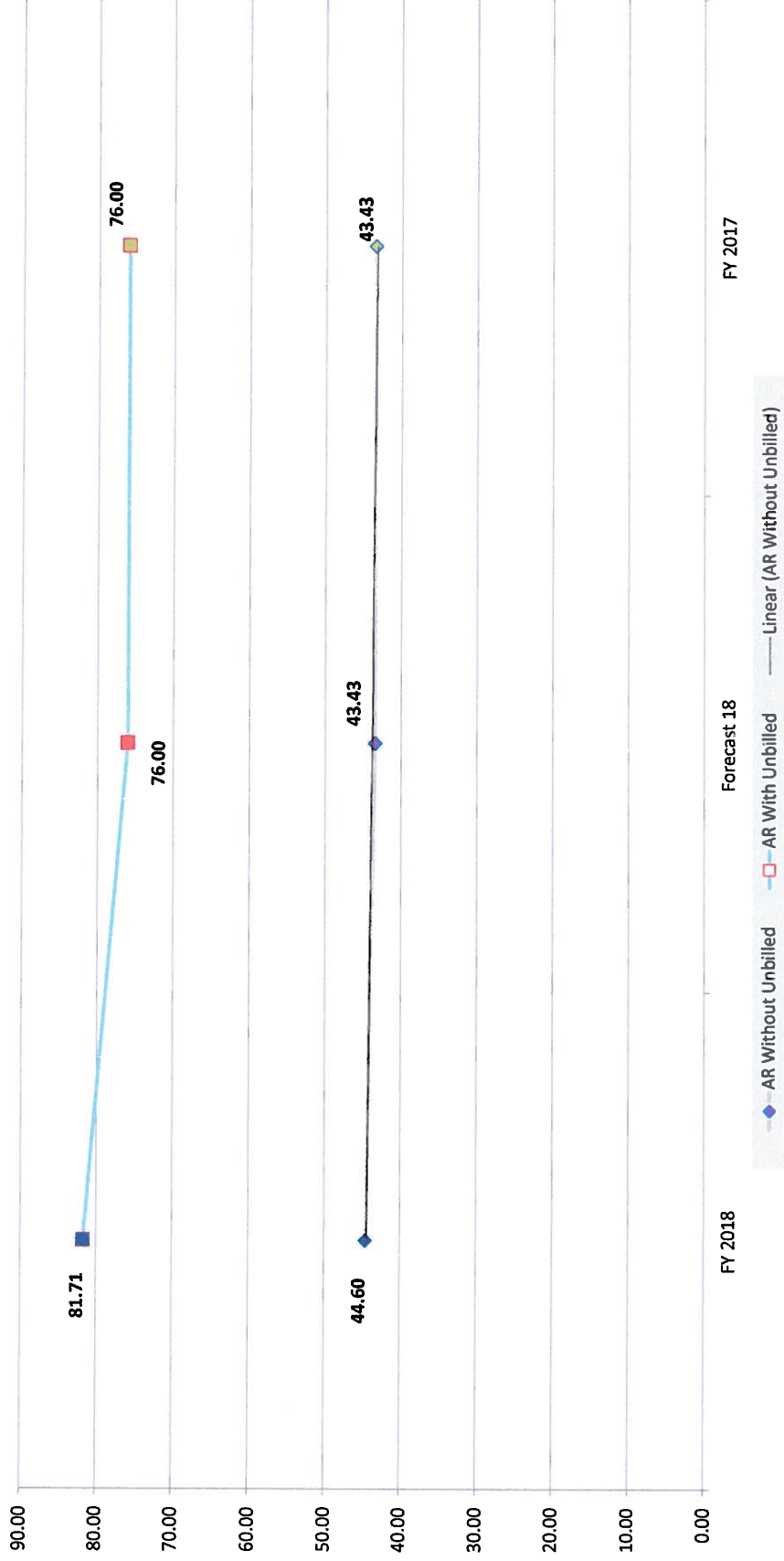


Salaries/Wages & Benefits as a % of Total Operating Expenses



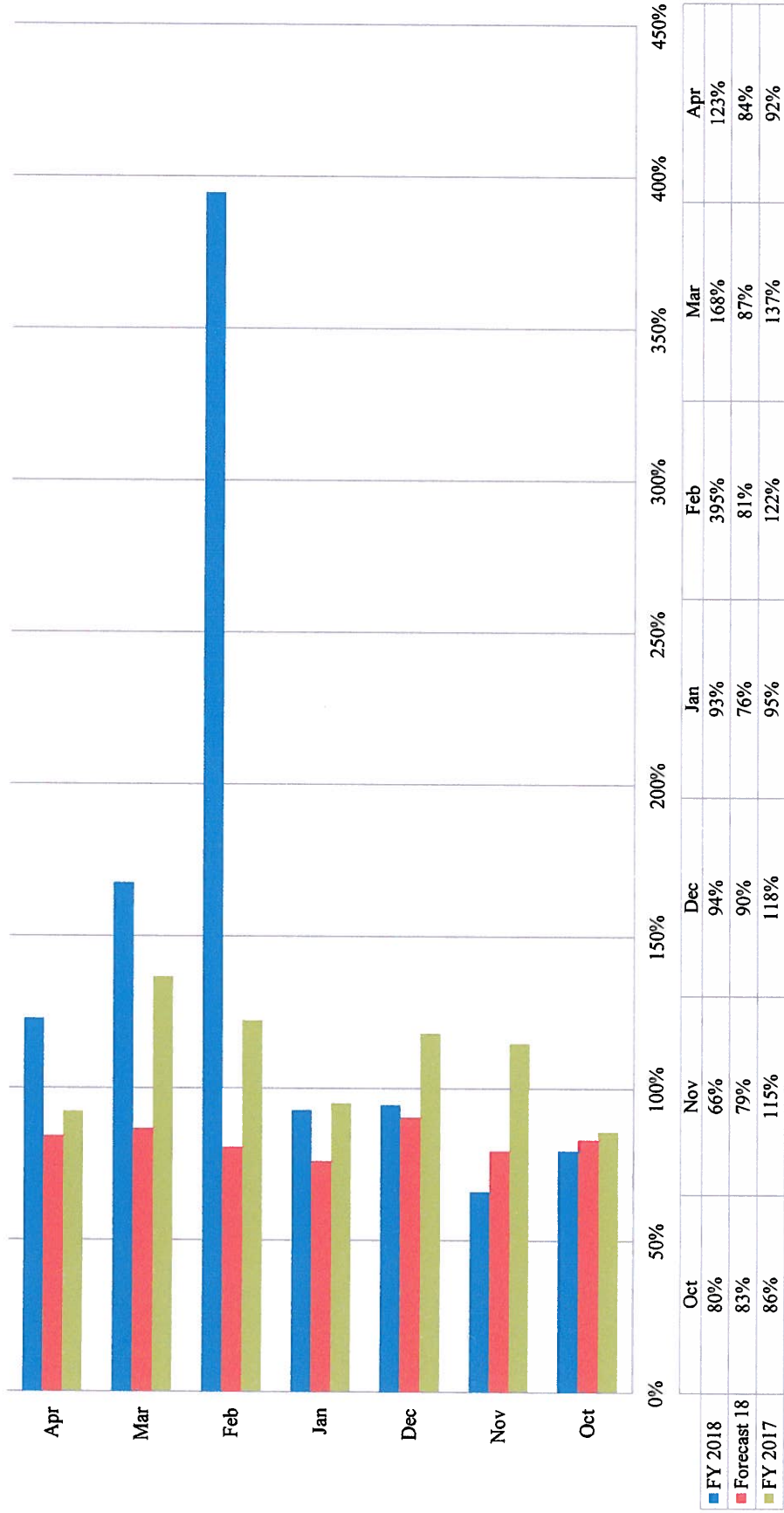


Net Accounts Receivable (AR) Days With & Without Unbilled



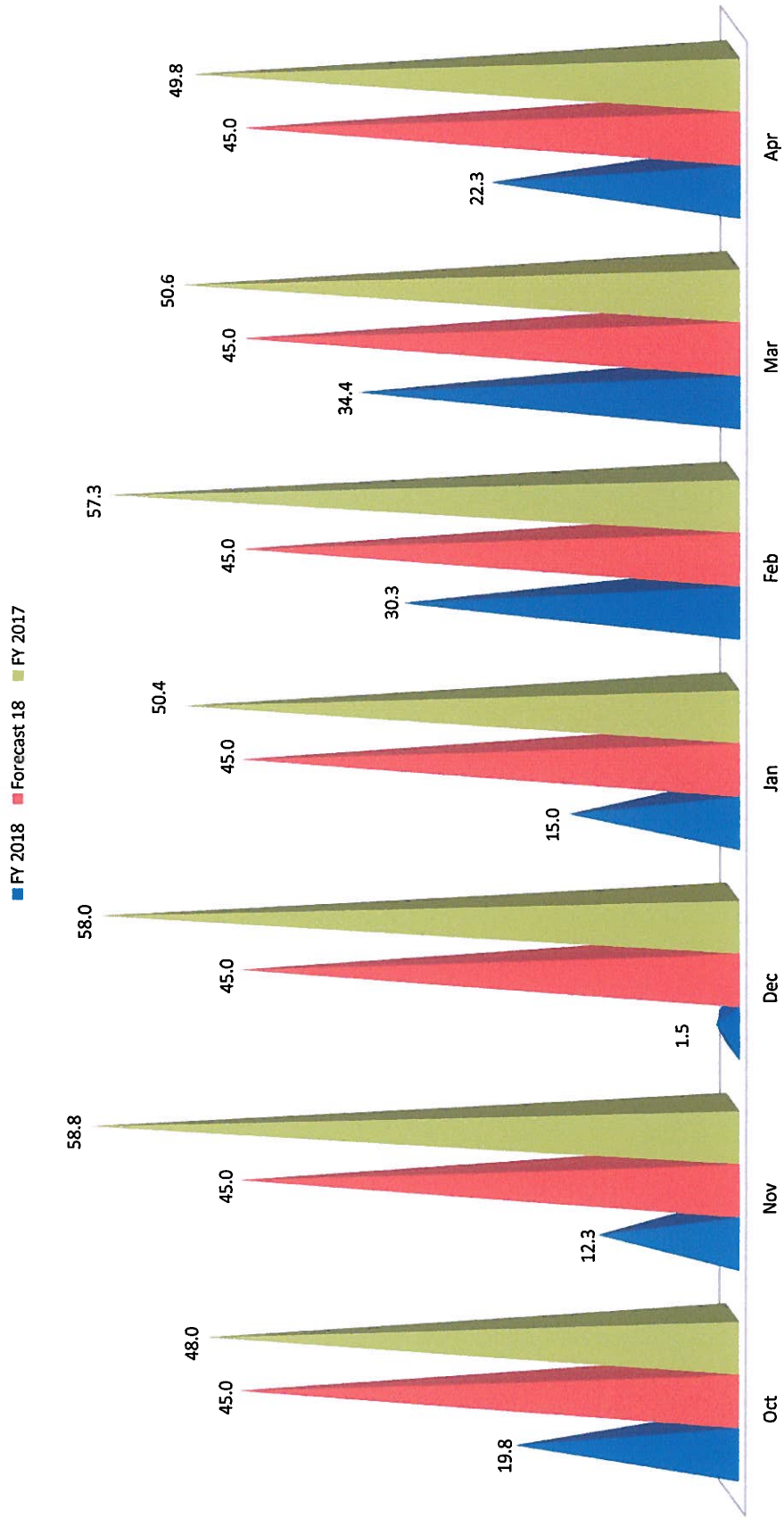


Cash Collection as a % of Net Revenues

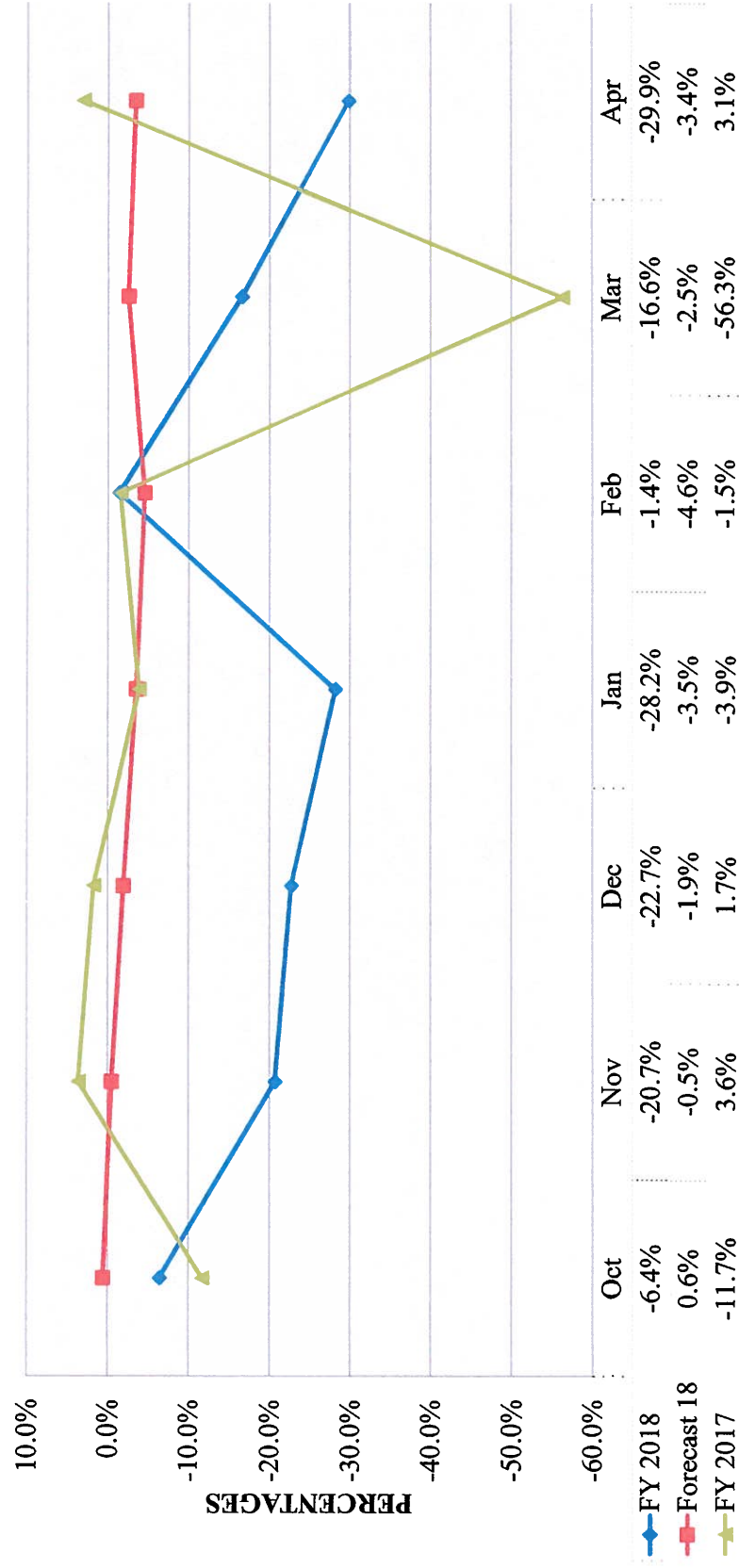




Days Cash On Hand



Operating Margin % (Gain or Loss)





**Not-For-Profit Hospital Corporation
Finance Committee Meeting
February 26, 2018**

Present: Director Wayne Turnage, Dr. Konrad Dawson, Director Brenda Donald, Director Angell Jacobs. Mazars: Mr. Matthew Hamilton (CEO/UMC), Mr. Ira Gottlieb, Ms. Debra Bornstein, and John Molner. Marcela Maamari, Lillian Chukwuma, Perry Sheeley, Chad Key, Amy Taylor, Kai Blissett, and Siah Willie.

Agenda Item	Discussion	Action Item
Call to order	The meeting was called to order by Director Wayne Turnage.	
Determination of Quorum	A quorum was determined by: Kai.	
Approval of the Agenda	Agenda accepted.	
Review and Approval of Minutes	Meeting minutes (NO DATE PROVIDED).	
Cash Report	<p>Director Turnage: Discussion relates to item Five (5) on the Agenda.</p> <ul style="list-style-type: none"> • Cash Report. • Budget Development. • FY18 Recast. <p>Ms. Lillian Chukwuma (CFO):</p> <ul style="list-style-type: none"> • Cash Report to include subsidies. • After the March 09, 2018 payroll, cash-on-hand will be limited. • GW contract funded for Eight (8) months and Mazars' contract is funded. Union contract promised to be funded. 	<p><i>Lillian:</i> Cash Report will be provided Wednesday, February 28, 2018 as well as documentation on budget forecast. Work with Mazar's to reforecast the budget.</p>

- *Director Jacobs:* the Hospital received \$7M for operations and \$6.1M for contracts. Contingency drawers were given for a specific purposes. Use cash reserves and replenish when Mazars' identifies cash.

Contracts

- *Marcela Maarmari:* Contracts: Two (2) Rehab Services -- Hospital and Rehab Services -- SNF are extensions through March; Three (3) union related contracts -- SEIU, DCNA, and OFRCB; Polsinelli (legal counsel), Anesthesia, and Wound Care contracts. Two (2) Rehab contracts needs extension for January - March 2018, and all others are urgent, except the contact of Polsinelli. *Director Jacobs:* contracts are allocated in the budget; cash is lacking to fund the contracts. *Kai Blisset:* Contract database is being built to ensure move-away from paper based contracts, which causes extensions.

FY18-FY19 Budget Reforecast

- *Director Turnage:* Develop a budget and determine the expenses that are not funded by the budget in-order to make a request to the CA's office. Mazars will meet with Lillian to reforecast FY18 and develop FY19, which should be delivered early March; to best advise the Board, an Emergency Board of Directors Meeting will be held to present FY18 and funding requests.
- *Mr. Gottlieb:* Reforecasting FY18 depends on updated and correct financial information: cash flow, resources, and bank account daily value.
- *Lillian:* Monthly approval of the financial report is not necessary since the agenda is suspended, but must be reflected in the minutes that it was approved.

Meeting adjourned by Director Turnage at: 1:04:26 of the recording. No official time pronounced.

Director Turnage: Proposed a Finance Committee Meeting is held March 15 to discuss reforecasted FY18, and develop FY19; ask Chair May to have an Emergency Board Meeting on March 7, 2018. Mazars will inform the Committee after meeting with Lillian.

Mr. Ira Gottlieb requested to meet with Mr. Jeffrey DeWitt (OCFO), and Director Jacobs will work on scheduling the request. Lillian will provide a daily cash report.

Dr. Turnage: Given the pressures, Finance Committee will not report January and February 2018 financials because of the reforecasting of FY18, and development of FY19. Lillian authorized to use cash reserves and replenish when cash is identified. Budget report for FY18, FY19 and list of contracts that have to be funded should be made available for review at next Finance Committee Meeting.



**Not-For-Profit Hospital Corporation
Finance Committee Meeting
January 24, 2018**

Present: Director Wayne Turnage, Dr. Konrad Dawson, Director Brenda Donald, Director Angell Jacobs. Mr. Luis Hernandez, Ms., Lilian Chukwuma, Kai Blissett, David Boucree,

Agenda Item	Discussion	Action Item
Call to order	The meeting was called to order by Director Wayne Turnage at 3:10 PM.	
Determination of Quorum	A quorum was determined by: Kai Blissett.	
Approval of the Agenda	Agenda accepted.	
	<p>Cash FLOW / Spending Pressures / Budget</p> <ul style="list-style-type: none"> • Cash Report • Reforecasting FY 18 Budget • FY 19 Budget development • Revenue <ul style="list-style-type: none"> ○ -20.9% (\$2.2M) lower than December 2017 budget and -12.8% (\$3.9M) lower than December 2017 year to date budget. ○ -18.6% (\$1.9M) lower than December 2016 and -5.4% (\$1.5M) lower than December 2016 year to date. ○ Contributing Factors: <ul style="list-style-type: none"> ○ Decrease of \$2.1M in net patient service revenue arising primarily from the 17% decrease in gross inpatient revenue and 10% decrease in gross outpatient revenue in the areas 	

listed below. The \$2.1M includes a positive \$1.3 million from release of reserves related to payment review and Q1 Medicaid outpatient supplemental payments.

- 13% net Decrease in inpatient and 54% decrease in outpatient Surgical procedures
- 14% Decrease in Radiology procedures
- 3% Decrease in ER Visits
- 31% shortfall in the SNF revenue primarily due to decrease in Medicare admissions
- 29% shortfall in Hospital admissions

- Expenses

- -2.4 % (\$254K) lower than December 2017 budget and 1.9 % (\$572K) higher than December 2017 year to date.
- 5.0% (\$476K) higher than December 2016 and 9.7% (\$2.8M) higher than December 2016 year to date.
- The following areas were over budget:

- Supplies is over budget by 17% and Pharmaceuticals is over by 40% from the month due to national shortage on key pharmaceutical medication causing an increase in pricing and this is consistent to year to date.
- Even though Salaries and Wages seem to be consistent with budget, given lower activity level, Overtime should be tightly managed and monitored.

- Cash on Hand -1.5 Days (before \$5M subsidy)

- Contributing Factors:

- Continuous challenge of timely review process for medical necessity before billing
- Low activity
- Ongoing clinical documentation challenges

Monthly Financials

- **November (attached)**
- **December (attached)**

	<p>Other Business</p> <ul style="list-style-type: none">• New business/Old business <p>Meeting adjourned by Director Turnage at 50:14 of the recording. No official time pronounced.</p>	
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LEAVE BRO



**Not-For-Profit Hospital Corporation
Finance Committee Meeting
December 11, 2017**

Present: Director Wayne Turnage, Dr. Konrad Dawson, Director Brenda Donald, Angell Jacobs, Adam Winebarger, Mr. David Boucree, Corbett Price, Mr. Luis Hernandez, Ms. Lillian Chukwuma, Kai Blissett, Diane Kelly.

Agenda Item	Discussion	Action Item
Call to order	The meeting was called to order by Director Wayne Turnage.	
Determination of Quorum	A quorum was determined by: Kai.	
Approval of the Agenda	Agenda accepted.	
Cash Report	<p><u>Cash Report (see attachment)</u></p> <ul style="list-style-type: none"> • 80% loss in revenue compared to what was budgeted due to several factors including: decrease in radiology, decrease in surgical procedures, and revenue from skilled nursing. • Cash on hand is about 21 days. • There's an immediate need for \$5M. • Medicare recoupment for \$2M. • Hospitalist and ED will need over \$3M for a 6-month period. • \$5.6M needed to cover arbitration agreement for nurses. • Other factors that will drive the number to \$17.1M. <ul style="list-style-type: none"> • Pressures – <i>see attachment</i> <ul style="list-style-type: none"> ○ ED Contract ○ Hospitalists Contract 	1. Advance to full Board.

○ Intensivist Contract/Plan

- OB Options
- Nurses CBA

● Implications for FY 18 Budget

- Cash needed due to lower patient activity—\$5.0M
- Impact of Medicare Retractions—\$2.0M
- Additional Staffing for 24/7 Case Management team to accomplish budget Initiative—\$840K
- The George Washington Medical Faculty Associates (MFA) Contracts:
 - ER—\$1.5M (from April 2018 – September 2018)
 - Hospitalist—\$755K (from July 2018 – September 2018)
 - Intensivist—\$750K (from July 2018 – September 2018)
 - Union Awards and Negotiations
 - DCNA Arbitration Award Impact—\$5.6M
 - Retro Payment—\$3.4M
 - Raises—\$1.7M
- Additional for nurses with un-validated nursing experience—\$500K
- Collective Bargaining Agreement Negotiations Budget Shortfall—\$675K
- SEIU, IUOE, UFSPSO
- Total Request: \$17.1M

● FY 19 Budget development

Meeting adjourned by Director Turnage at: 3:36:43 of the recording. No official time pronounced.

Next Meeting is January 2018. Date TBD.



**Not-For-Profit Hospital Corporation
Finance Committee Meeting
November 13, 2017**

Present: Director Wayne Turnage, Dr. Konrad Dawson, Director Brenda Donald, Mr. Steve Lyons, Adam Winebarger, Mr. David Boucree, Corbett Price, Mr. Luis Hernandez, Ms. Lillian Chukwuma, Kai Blissett.

Agenda Item	Discussion	Action Item
Call to order Determination of Quorum	The meeting was called to order by Director Wayne Turnage. A quorum was determined by: Kai.	
Approval of the Agenda	Agenda accepted.	
Cash Report	<p><u>Cash Report (see attachment)</u></p> <p>Revenue-</p> <ul style="list-style-type: none"> o 2.8% (\$278K) lower than the month of August 2017 budget and 0.8% (\$873K) higher than fiscal YTD budget. o 17.3% (\$2.0M) lower than August 2016 and 2.0% (\$2.2M) higher than August 2016 fiscal year-to-date. <p>Contributing Factors:</p> <ul style="list-style-type: none"> o Decrease in admissions and ED visits o Various revenue cycle enhancements. o Expenses 14.0% (\$1.3M) higher than the month of August 2017 budget and 4.3% (\$4.8M) higher than fiscal YTD budget. 	Advance to full Board.

13.0% (\$1.3M) higher than August 2016 and 11.0% (\$12.0M) higher than August 2016 fiscal year to date.

Contributing Factors:

- Unbudgeted agency and contract labor.
- Unfavorable variance in utilities and repair/maintenance
- Cash on Hand –24.05 Days

2017 Actual and Budget Projection (see attachment)

Meeting adjourned by Director Turnage at: 1:11:20 of the recording. No official time pronounced.

Next Meeting is December 2017. Date TBD.