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Monthly Board Meeting

Date: June 28, 2021

Location - Meeting link: <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mb739e3bf1e07735fa50fbf31d43a3e14>

**2021 FISCAL MANAGEMENT
BOARD OF DIRECTORS**

Angell Jacobs, Chair
Marcela Maamari, Interim CEO
Girume Ashenafi
William Strudwick, MD
Malika Fair, MD
Donita Reid-Jackson
Malika Fair, MD
Robert Bobb
Wayne Turnage



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

ANGELL JACOBS, 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 3:30pm on Wednesday, July 28, 2021. The meeting will be held via WebEx.

Meeting link: <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mb739e3bf1e07735fa50fbf31d43a3e14>

Meeting number: 132 516 2788 **Password:** f6PRGbV45Yw **Via Phone:** +1-415-655-0001, **Access code:** 1325162788

Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not- For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES - June 23, 2021**
- V. CONSENT AGENDA**
 - A. William Strudwick- Chief Medical Officer
 - B. Dr. Gregory Morrow- Medical Chief of Staff
 - C. Dr. Jacqueline Payne-Borden, Chief Nursing Officer
- VI. EXECUTIVE MANAGEMENT REPORT**
 - A. Marcela Maamari, Interim Chief Executive Officer
 - B. Brian Gradle, Chief Compliance Officer
- VII. FINANCIAL REPORT**
 - A. Lillian Chukwuma, Chief Financial Officer
- VIII. PUBLIC COMMENT**
- IX. OTHER BUSINESS**
 - A. Old Business
 - B. New Business
- X. ANNOUNCEMENTS**
- XI. ADJOURN**

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



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**General Board
Meeting Date:**

July 28, 2021

Reading and Approval of Minutes

**Minutes Date:
June 23, 2021**



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, June 23, 2021, 4:00pm
Held via WebEx

Directors:

Angell Jacobs, Wayne Turnage, Girume Ashenafi, Dr. Malika Fair, Donita Reid-Jackson, William Strudwick, Marcela Maamari, Robert Bobb

UMC Staff: CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, Perry Sheeley, Roosevelt Dzime-Assison, Marlanna Dixon

Mazars: Andrew Cameron, Cheyenne Holland, Frank Vutrano, David Turner

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 4:06 pm. Quorum determined by Toya Carmichael.
Approval of Agenda	<i>Mot to approve agenda by Dr. Fair, 2nd by Dir Jacobs., unanimous vote.</i>
Approval of Minutes	<p><i>Mot by Dir. Bobb, 2nd by Dir. Ashenafi,</i></p> <ul style="list-style-type: none"> • Dr. Fair and Dir. Bobb asked why we were approving April minutes. <p>Toya explained that the April minutes need approval so they can be posted for the public.</p> <p>Dir. Jacobs and Kai agreed this board cannot approve the minutes because they were from a previous board. Kai recommended the minutes be posted and</p>

	<p>labeled a draft and include a note that the prior board was removed before providing final approval.</p> <p><i>Unanimous vote for June 11, 2021 minutes.</i></p>
Financial Report	<p>Lillian Chukwuma presented</p> <ul style="list-style-type: none"> • Auditors will be coming soon and not sure yet whether the audit will be based on May or June. • Our numbers look a little better than last month. • From the time we talked we also received extra DISH money so that has been included in the new balance. • First initiative listed is from our operators for \$2.2 million they brought this analysis a month ago stating that this will be realized by the end of the year. Since then we have agreed that \$500,000 has been realized. • GW, the \$7.2 million in our budget, because of the professional fees GW collects for us we have received \$3.5 million and we are looking to see how we will collect the remaining fees given the low volumes. • If \$4.9 million projected income by the end of the year if everything remains the same, we are still short of the \$6 million we need to make our payroll but if we can end the year at \$5 million we will have no problems. • Contract labor is high as we speak we have put in a \$3.5 million contract for nursing that we have put before Council and we are still waiting for the collective bargaining agreement sign off so we can hire those specialty nurses. • ED visits are on \$24 million and we budgeted \$33 million. • Outpatient services are high year to hold. • Net patient revenue, we are \$15 million or 25% down, this incorporates everything low patient revenue, etc. • For DISH we received more than we budgeted for so we are happy about that. • Other revenue represents the \$25 million we received from the city. • Salaries are over 7%, contract labor is over 164% but the contracts and the collective bargaining agreement has been transmitted to Council so we hope it is approved soon. • Supplies year to date are going down. • Pharmaceuticals are a little higher than our budget but we hope some measures that are being put in place will take care of some of those. • Our insurances and some repairs are creating an increase in expenses. • Dr. Strudwick noted that in the month of May we could have been even. Lillian said no, our expenses were higher than our money so we could still have lost money.

- Dir. Bobb noted that we are not functioning on the basis of the income we are bringing in without the subsidy. Dir. Jacobs agreed, yes the subsidy is factored in the analysis and you see the \$25 on the sheet but that is what we just received in May, we received a subsidy of \$15 million at the beginning of the year so these numbers actually reflect a total subsidy of \$40 million. Lillian agreed and said that when we came with the shortfall the \$15 million was already factored in.
- Dir. Bobb asked if at the end of the year without the \$40 million subsidy where would be? Lillian said with the subsidy we would end the year at \$4.9 million dollars.
- Dir. Jacobs asked if the balanced budget is still dependent on the operator initiatives and also the GW fees? Lillian said yes. Dir. Jacobs stated it is not time for us to do a victory lap because what we have done is collect money from other people, we have not done our work.
- Dr. Strudwick asked what is the incentive for GW to collect the fees and give it to us? DM Turnage said we can't recruit patients, they are dependent on the bodies that walk through the door, they will not go out and recruit patients, nor should they. That contract was negotiated when the hospital was losing a set of doctors and they wanted to bring in some doctors that had the gravitas to draw some Ward 7 & 8 residents who may have been going over (inaudable). It has not quite worked out that way but they have up to this point been good about getting the repaying half of the money they are responsible for repaying. I don't know if they will be able to hit the remainder of that subsidy, Lillian is confident but I am not so sure about it. The last thing we want to do is in my judgment if we are going to have a subsidy for this hospital it should go to patient care. I think it is too late in the game to be changing physician plans and that if we go and say we can find someone cheaper and through GW out, for a small fortune of that cost we will invite criticism that we are sacrificing patient care to save a couple of bucks.
- Dir. Jacobs agreed and noted the \$15 million dollar subsidy amount came from covering the GW contract as well as the operator contract. Those were two major costs the city decided it would absorb for the hospital and all other expenses the hospital should be able to support through generating revenue.
- Lillian noted they can be held accountable to do what they said they will do but they are not expected to go out and hit people over the head.

- DM Turnage said that Dr. Strudwick has a good point, if we are contracting with them for outpatient speciality care and clinic care as well, the contract they have with GW hospital, a lot of physician plans in the recruitment effort they eat what they kill. That is more relevant in speciality practices and other areas where you can draw in patients but inpatient care and emergency room you are sort of dependent on the people who walk through the door.
- Dr. Strudwick explained that in terms of incentive what he is talking about is in terms of emergency room care is that if you do eat what you kill and there is an incentive for that professional fee, you do what you can to improve customer service, throughput, documentation, you make sure there is no left without being seen and you make sure your collections are good and the professional fees are as high as possible. But if there are no incentives, that is why I asked if we have any incentives for them to operate at the highest level regardless of volumes like improve reputation so more people come.
- DM Turnage said yes we do need to make sure this is happening. Not sure of the current denial rates but the data I used to look at suggested that our denial rates were way to high for patients all of whom are insured. We do need to make sure we are doing everything they can on the documentation side. But folks get a little nervous especially with the concerns that were raised under the previous physician group that we wanted them to admit patients to the hospital who did not need it. Not sure this is an issue but in terms of documentation the operator needs to be on top of them to make sure that when those claims go through revenue cycle that they do not get pushed back.
- Dr. Strudwick noted that he is responsible for denials and over the past two months we have had our lowest rate of denials than we have had since we started monitoring it.
- Dir. Jacobs thanked Dr. Strudwick for noting this and stated that we have had previous initiatives that have not come to fruition.
- Dir. Bobb asked what happens at the end of the fiscal year if we end up at \$527,000 in the red? Lillian stated we will not because the purpose of the initiatives and huddles, we continue to look at what we need to do to make sure we are not in the red at the end of the year. Noone is going to bring the checkbook to us at the end of the year so we will continue to look at what we have to do. The plan is about how we sustain FY21 and the continuous movement we need to balance 21 before we go to FY22.
- Dir. Jacobs stated that it was really important that we understood what the drivers were in FY21 and I have been having conversations with Lillian to

	<p>make sure we are working on having the proper staffing mix, and that we let a contract we understand the scope of work and that we don't let the scope creep so we end up paying for things that were not in the original contract and noted that all of these things that got out of control in FY21 need to be corrected to ensure we stay within our limits.</p> <ul style="list-style-type: none"> • Dir. Bobb noted that the deeper we get into the fiscal year the deeper the hole gets and we have to cut more. Lillian said not necessarily because our volumes can change month to month for example overtime is up for June but it may be less next month because we are putting a handle on it as well as our maintenance but it might be bigger because of unknown liabilities. <p><i>Mot to approve May financials by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Public Comment	No public comment.
Closed Session	<p>Toya Carmichael read the justification for entering closed session.</p> <p><i>Mot to enter closed session by Dr. Fair, 2nd by Dir. Ashenafi.</i></p> <p>Toya Carmichael conducted the roll call vote.</p> <p>Roll call vote: 5 yays</p> <p>Open session suspended at approximately 4:47 pm Closed session began at 4:49 pm</p>
	<p><i>Mot to end closed session by DM Turnage, 2nd by Dir. Ashenafi.</i></p> <p>Toya conducted roll call vote. Closed session ended at 6:48pm.</p>
Announcements	During closed session the board voted on credentialing, reappointments, new appointments, and change in status as presented by the MEC. The board also voted to approve two settlements and also received a draft operational and closure plan from the operator.
Adjourned.	<i>Motion to adjourn by Dir. Bobb, 2nd by Dir. Ashenafi. Unanimous vote, meeting adjourned at 6:50 pm.</i>



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General Board Meeting

Date: July 28, 2021

Consent Agenda



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General Board Meeting

Date: July 28, 2021

CMO Report

Presented by:

Dr. William Strudwick
Chief Medical Officer

Not-For-Profit Hospital Corporation CMO June 2021 Report & Accomplishments

Respectively submitted by William Strudwick, MD

As we collaborate with the newly configured Financial Control Board to create a more sustainable hospital, our focus as clinicians is to continue to provide high quality essential services to the UMC community. Until the new hospital is up and running in this community, we must be successful in this goal. The city legislation that charters the Board specifically states that we must continuously operate an Emergency Department, a Behavioral Health Unit, Inpatient Services, and all other necessary support services.

COVID-19 Vaccination:

- We are now offering COVID-19 vaccinations to ED patients and appropriate inpatients at discharge.
- Considering the collaborative plan for the members of the DCHA to make vaccinations mandatory for all hospital workers, we are developing a policy to dispense the vaccine in Occupational Health as we do with the flu vaccine

Medical Staff Office/Physician Recruitment:

- The Medical Staff office continues to work with the MD-Stat software platform to create an automated process to perform timely OPPE. The Medical Staff office and the IT department are working with Applied Statistics for a test Go-Live.
- There were three 3 initial appointments, 10 reappointments, and 4 resignations. There are currently 273 Medical Staff Members.
- The next Quarterly Medical Staff meeting will be held on September 8, 2021.
- Physician Contracts continue to be reviewed and appropriately updated considering community needs, productivity, and sustainability.

Quality & Performance Improvement:

- The Quality Management team is working to maintain survey readiness including preparedness for the pending DC Health survey.
- Completion, validation, and submission of quality control charts to CMS.
- The Quality Team worked collaboratively with departments to develop solutions to improve metrics that did not meet or exceed established benchmarks.
- A Collaborative effort between the Laboratory and the Emergency Department was initiated in May to decrease blood culture contamination rates. The blood culture contamination rates in the Emergency Department have improved from 17% in April to 10% for May and June.
- The Policy and Procedure Committee met and approved new policies.
- QAPI committee was restructured and is now the QAPI and Patient Safety committee.

Infection Prevention & Control:

- Monthly Surveillance data continues to be extremely positive
- Ventilator Associated Event - 172 Vent Days = 0 infections
- Central Line Associated Bloodstream Infections - 132 device days = 0 infections
- Urinary Indwelling Device - 219 device days = 0 infections
- 263 persons were observed for hand hygiene; the compliance rate was 92%
- In June UMC had no cases of Healthcare Associated Infections (HAI) with VRE or MRSA.
- The first case of C Diff in 152 days was identified this June.
- COVID-19 continues to decrease in the District of Columbia and there were only 6 positive patients admitted to UMC during the month of June; however, Wards 7 & 8 have the lowest COVID-19 vaccination rates in the city.
- Three patients who were admitted to 8 West with negative COVID-19 test results converted to positive COVID-19 tests results when re-tested. The Department of Health was notified and provided an onsite visit with recommendations.
- All patients who were admitted before July 1, 2021 and were still inpatients were re-tested for COVID-19. All of the repeat COVID-19 test were negative.
- All staff on 8 West and any staff with patient interaction regardless of vaccine status were tested for COVID-19. All staff tested were negative.
- It was re-enforced with all staff to wear masks and face shields (goggles) in patient care areas, perform hand hygiene, and maintain safe distances when possible.

Case Management:

- Case Management 72 Hour Post Discharge Calls were re-established. Follow-up is done by CM ER Social Worker with the focus on patients discharged with services such as DME and home aide assistance. Follow-up is documented in Meditech under the assessments module.
- June insurance payment denials were again in single digits (9). Peer to Peer discussions were held on 6, that resulted in overturn/payment. Two agreed w/observation, and 1 maintained an administrative denial after appeal.
- New initiative – CMO and Director of CM began daily rounding on all new admissions to determine their overall satisfaction and understanding of their treatment plan. Rounding occurs in the Emergency Department, ICU, and 8W. The goal is to improve the perception of UMC in the community. Issues are addressed immediately which not only improves the patient experience, but also highlights and supports the needs of our staff. Visibility and accessibility of management on the units is an added enhancement

Patient Advocacy:

- ED – Top Box score was 44% which is an increase from May at 34%; 15 surveys were returned.
- Inpatient – Top Box score was 64% which dropped slightly from May at 67% but continued to exceed the target of 50%; 11 surveys were returned.
- Continued practice to make more patients aware of the surveys to increase the return.

Pharmacy & Therapeutics:

- COVID-19 vaccinations (Moderna and J&J) for ED patients and Inpatients upon discharge. The policy was approved in MEC with minor adjustments. Vaccination of interested patients for both ED and Inpatient has successfully begun.
- New Clinical Pharmacist hired to assist with Medication Reconciliation, ED Antimicrobial Stewardship, Heparin Infusions Pharmacy to Dose, etc.
- Met with DCHA to start UMC Narcan Dispensing Program in ED/Inpatient for at risk patients for Opioid abuse/overdose—UMC Policy was already approved in 2020
- ED Doctors have requested an emergency Labor and Delivery order set from the Department of Pharmacy. The order set will be presented at July P&T Committee Meeting. It is designed to assist with ease of ordering meds for patients arriving in the ED with active labor.
- Ongoing monthly monitoring of DC Health initiatives:
 - a) methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - b) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - c) All regulatory licensures of staff, pharmacy and pharmaceutical vendors have been updated and filed for DC Health annual inspections readiness.
 - d) Ongoing daily monitoring of Anticoagulation patients in hospital – NPSG.
 - e) Ongoing daily monitoring of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)



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**General Board
Meeting Date:
July 28, 2021**

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morrow
Medical Chief of Staff



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General Board
Meeting Date: July 28, 2021

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer



Chief Nurse Officer: Board Report

June 2021

The aim of Nursing Administration/Patient Care Services is to provide safe, effective, evidenced based care in a collaborative manner while maintaining or exceeding standards of care.

Provision of Care, Treatment and Service

Improvement with Patient Care

- Consolidated the Medical/Surgical /Telemetry units 8W and 5W on the 8th floor to facilitate more efficient throughput, continuity of care, rounding, and staffing. Initial concerns from 5W staff, however staff quickly adjusted to the new location.
- Last month, “T Time” – synchronized turn time was initiated for turning and repositioning patients in the ICU and 8W to decrease risk of Hospital Acquired Pressure Injuries (HAPIs). It was discovered that 2 HAPI’s might have been prevented based on the dressings used to support endotracheal tube (ET) on patients who were intubated. There was collaboration between provider, respiratory and nursing. This resulted in the decision for real time collaboration with nursing staff and Respiratory Therapist to inspect, rotate, change position of the ET tube every 2 hours, and off load areas with non-bordered foams and hydrocolloid (Duoderm). There was a 20% improvement in overall HAPI’s reported since the initiation of “T-time.”
- The Information Technology Department in conjunction with ICU Medical Director and Nursing, continues to update the Non-Diabetic Ketoacidosis (DKA) insulin drip protocol in Meditech. This update will provide an improved process for insulin titration/dosing and documentation. The protocol was approved by Med Exec. The protocol to be fully implemented in July.
- Since the implementation of the Targeted Temperature Management (TTM) there were 4 cases utilizing the Artic Sun. Cases will be evaluated by the vendor Becton Dixon (BD). Evaluation reports will be provided to UMC based on certain critical elements of performance; once report received the findings will be reported at the next meeting.
- Pre and Post dialysis handoff documentation has improved significantly from 31 % in April, 69% in May and 94% in June. Dialysis nurses were asked not to initiate dialysis treatments without handoff; this has positively impacted compliance.
- Respiratory Therapy (RT) Department Manager continues to coach and monitor RT staff re: documentation quality and compliance.

Staffing Status

- Staffing issues remain intermittent throughout the hospital units; however, the ED has marked improvements due to supplemental staffing provided by two agencies.

- Planning for hiring fair mid- August to recruit Nurses and techs. Anticipating a successful event especially with nurse recruitment as the newly ratified DC Nurses Association Collective Bargaining Agreement reflects changes in benefits including salary.

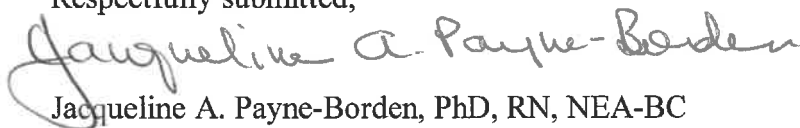
Unit Based Staffing Updates

<u>UNIT</u>	<u>On-boarded</u>	<u>Agency RN Staff</u>	<u>FLMA</u>	<u>Resignation</u>	<u>Termination</u>
BHU	2 Techs- 2.0 FTEs 1 Case Manager 1.0 FTE	2 RN	RN Director- 1.0 FTE Case Manager- 1.0	1 Tech 0.9 FTE	0
ICU/CCU	0	8 RN	0	0	0
8W	Secretary 0.25	3 RN	1 Tech 0.3 FTE 1 Sitter 1.0 FTE	1 RN 0.9 FTE 2 Techs 2.0 FTEs 1 Transporter 1.0 FTE	0
ER	0	6 RN	1 Tech 1.0 FTE	0	1 Sitter 1.0 FTE
OR	0	0	1 Secretary 1.0 FTE	0	0

Recognition

- Certified Nursing Assistance, Technicians and Sitters were celebrated during CNA/Tech Week June 21-25. Staff received complimentary meals and individual keepsake pocket size note pads with UMC's logo and special inscription. Staff were appreciative of their special annual recognition.

Respectfully submitted,



Jacqueline A. Payne-Borden, PhD, RN, NEA-BC
Chief Nursing Officer



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**General Board
Meeting Date:
July 28, 2021**

Executive Management Report

Presented by:
Marcela Maamari
Interim Chief Executive
Officer

NFPHC Executive Management

**Not-For-Profit Hospital Corporation
Executive Management Report
Respectively submitted by Marcela Maamari, Interim CEO**

Not-For-Profit Hospital Corporation is committed to providing patient-centric, safe, quality health care to of the community where we serve. As healthcare professionals our primary focus is the health and safety of our patients, colleagues, and visitors. As the Interim CEO, my objective is to ensure the delivery of quality care, operational efficiency and financial sustainability to the organization.

In my first 90 days as Interim CEO, we needed to prioritize restructuring the Leadership team and developing the operational and hospital closure plan. We focused on the following areas:

Leadership changes: May 1, 2021 -July 27, 2021

- May 1, 2021: Marcela Maamari transitioned from COO to interim CEO
- April 26, 2021: Tony McCroy Director of Supply Chain
- May 17, 2021: Dave Turner providing additional Operational support (interim COO 5/17-6/15 currently interim CPO)
- June 15, 2021: Verna Bartholomew hired as COO
- July 15, 2021: Regina Kim hired as Chief of Staff

Additional Mazars Support:

- Dr. Andrew Cameron: operational plan and hospital closure plan development
- Frank Vutrano: operational plan and hospital closure plan development, service line review
- Tamika Hardy: provided ongoing support to supply chain/procurement through July 15, 2021.
- Carlton Fields: Legal support through 7/1/2021

Additionally, we provided legal and contracting resources through June 2021, with the contract for legal services transitioning to UMC in July 2021. We have provided temporary resources from Mazars to fill vacancies in our supply chain positions due to recruitment challenges.

NFPHC Executive Management

Operational Plan Deliverables:

Hospital wind down plan due on July 1, 2021 followed by certification by the District's CFO within 15 days:

- May 21, 2021: Inaugural Board meeting of the Fiscal Management Board (FMB)
- May 31, 2021: First draft of the hospital reduction and wind down plans reviewed by the FMB.
- June 11, 2021: Second review of the draft plan by the FMB.
- June 23, 2021: Review of the hospital operational and wind down plan by the FMB.
- June 28, 2021: Final review of the hospital operational and wind down plan by the FMB.
- July 12, 2021: Presented the hospital operational and wind down plan to the District CFO for certification.

OPERATIONAL PLAN UPDATE

In FY 21, the hospital continues to operate using the Quadruple Aim: Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Providers & Staff. All operating plans specified in our NFPHC Operational & Hospital Wind Down Plan must conform to the requirements of the recent District legislation (D.C. Act 24-79. Coronavirus Public Health Extension Emergency Amendment Act of 2021).

Staffing:

All premium labor accounts (i.e. Agency, Per-Diem) are realizing a positive overall trend downward:

- UMC overtime down from April highs of 1800 per week to last 4 weeks run of 1062 per week
- Agency Hours down from April highs of 725 hours per week to last 4 weeks run of 564 hours per week
- Ancillary departments policies and practices are being developed with a fixed base staffing model for adequate coverage
- Policy development for “flexing staff to volumes” based on national clinical staffing standards is in process for Clinical Ancillaries

Overtime Reduction Tactics

- Weekly Overtime Workgroup meetings

- Policy Development for “flexing” and staff reduction during low census/volume periods based on CBA and ADC Guidelines in Clinical and Non-Clinical Depts.
- Review of Agency Rates reveals a 25% reduction since April 2021
- Actions to address Nursing OTP include:
 - Development of an on-call policy & nursing staffing pool
 - Improved Website - Enabled Online Application Submission

Other Areas of Focus/ Contingency - In Progress

- Complete MRI Project / Yielding Operating Revenue
- Review of Employee Benefits
- Reduction of Patient Length of Stay
- Reduction in Patient Denials with a focus on medical necessity
- Finalize Improved Managed Care Rates
- Renegotiate clinical service agreements

Radiology/Medical Imaging Services:

- CT/Mammography/X-Ray cross training for Radiologic Technologists completed to improve staffing efficiencies and increase productivity of each modality.
- New CT staffing model with technologist reductions implemented to improve productivity
- Consolidation of interdepartmental supplies and additional evaluation and utilization of existing stock items.
- Industry enhancements related to (Infection Control/Best practices), cost savings, PAR level optimization initiated
- MRI inspection and approval processes on-going with new DCRA inspectors assigned for detailed review and approval to move project to the next phase of inspections.
- Improved monitoring and safety of patients in holding areas by the completion and installation of 2 additional Nurse call buttons.
- SEIU 1199 CBA contract negotiations in final stages

Human Resources:

- Director has returned from approved leave
- Development of a new plan for the HR department that will improve support for hospital staff and create efficient processes for delivery of services
- Two collective bargaining agreements have been approved by the Council (DCNA & UFSPO)
- Instituting new recruitment efforts through nurse's associations, adding job postings to website, UMC intranet site; job fair for nursing scheduled in August.

Procurement:

- Ongoing review with Vizient to identify expense savings from a GPO compliance perspective as well as vendor supply simplification
- Re-starting the Product Review & Standardization Committee to support these efforts
- Meeting with department leaders to review monthly spend tracking report
- Consolidated inventory and eliminated need for trailers storing PPE and other equipment
- Tighter controls implemented regarding authorization of spend with a focus on utilizing existing inventories especially around routine medical & office supplies
- Ongoing review of Service Contracts with Existing Vendors with goal of reducing emergency spend, renegotiate rates & reduce number of vendors performing the same services
- Identified Utilities Savings by changing Vendor
- Presentation to June Management Council on efforts to reducing spend

Laboratory Services:

- Consolidation of interdepartmental supplies and additional evaluation and utilization of existing stock items.
- Industry enhancements related to (Infection Control/Best practices), cost savings, PAR level optimization initiated
- Policy development for "flexing staff to volumes" based on national clinical staffing standards is in process
- Consolidating suppliers of reagents to improve clinical efficiencies & reduce cost.
- Elimination of duplicate supplies and routinely scheduled ordering processes

- Evaluation of outsources specific testing procedures at lower costs
- Negotiation of lower contract rates with Quest

Information Technology:

Applications

- HR and IT implemented new Termination/Leave of Absence process
- Went live with MD-STAT medical staff system
- Completed a medication formulary update in Meditech
- Kicked-off new transitions of care project with HIE and DCHA (District of Columbia Hospital Association)
- Applied software updates for 3M application
- Completed data file specifications and submission to DCHA – quarterly data submission requirement
- Successfully completed 59 Help Desk/Service tickets in June 2021

Infrastructure

- Performed daily rounds through clinical and administrative areas to identify and resolve issues
- Applied security patches to systems/servers
- Performed weekly termination audits with HRIS records to appropriately adjust end-user access rights
- Maintained the 3rd floor disaster recovery replication of PACs, Exchange, and Pyxis systems
- Continued 24/7 network monitoring tools and services in collaboration with Mazars' team
- Regularly monitored network and user traffic for potential security issues/attacks
- Completed USB lockdown for all devices (PC's, laptops)
- Implemented automatic backups for all network switches
- Activated new Radiology closet; cabled and move connections from old 1027 closet to new Radiology closet
- Completed physical inventory of all leased copiers/printer
- Finalized RFP vendor awards/selections for Microsoft Teams and Distributed Antenna System projects
- Successfully serviced 502 Help Desk/Service tickets in June 2021

GRANT PROGRAM OVERSIGHT & OPERATIONS:

UMC Mobile Health Clinic continues to provide primary and preventive health care screenings, health literacy, and COVID-19 testing and vaccinations to District residents.

The Mobile Health Clinic is collaborating with DC Housing Authority, The Metropolitan Police Department, Ward 8 Councilmember Trayon White, and the Fauntery Enrichment Center to provide the following services 3 to 5 times per week:

- HIV Screening
- HIV Testing
- COVID19 Testing
- COVID19 Vaccines

Wellness on Wheels Campaign: The UMC mobile team continues to expand mobile vaccination administration to District residents across all Wards due in great part to the newly added partnerships with the Metropolitan Police Department and our participation in their Summer Beat the Streets Campaign.

- As a result, IT has expanded the mobile vaccine schedule from two days per week (Tue & Thu), to five days (Mon-Friday).
- The mobile staff also includes Public Health Nursing Students from George Washington University. Students engage in 6-week community health rotations within the Mobile Clinic and the Care Center (ID Clinic). This partnership largely supports the expansion of services provided within the Mobile Clinic.
- We have established a partnership with Facebook who has committed to awarding the Mobile unit with \$15,000 to support the expansion of services on the mobile clinic, as well as \$5000 in add credits to support social marketing activities to address vaccination hesitancy among District Residents.

We have established a partnership with the Black Coalition Against COVID and are actively participating in creating strategies to fight hesitancy within communities of color in the District. The Mobile Clinic anticipates playing a very instrumental role in the implementation of the strategies and will be a key component in addressing barriers to access.

Chief Medical Officer

The Chief Medical Officer report is submitted separately by Dr. William Strudwick.

Chief Nursing Officer

The Chief Nursing Officer report is submitted separately by Dr. Jacqueline Payne-Borden.

Chief Compliance Officer

The Chief Compliance Officer report is submitted separately by Brian Gradle.

To: Board of the Not-for-Profit Hospital Corporation

From: Brian D. Gradle, Chief Compliance Officer

Date: July 20, 2021

This report to the Board of the Not-for-Profit Hospital Corporation (commonly known as the United Medical Center (UMC)), is in accordance with UMC's compliance program to keep the hospital's board informed of key programmatic initiatives, developments, and accomplishments. The UMC Chief Compliance Officer also serves as (1) the hospital's Privacy Officer and (2) the hospital's Ethics Counselor, and this report reflects activities in those areas as well.

I. Regulatory Compliance: Filing of BEGA Financial Disclosure Review

In his capacity as Ethics Counselor to the hospital, the Chief Compliance Officer prepared and timely submitted to the Board of Ethics and Government Accountability (BEGA) on July 1, 2021, the hospital's annual Financial Disclosure Review Report.

Pursuant to BEGA regulations, the annual filings prepared by the Ethics Counselor were regarding the UMC "Confidential Filers" only (23 in total). There were no potential or actual violations of the Code of Conduct noted. All confidential filers provided their responses prior to the date of submission of the Review, with the exception of one individual whose employment with the hospital terminated in mid-May and whose contact information was proved to BEGA consistent with BEGA requirements.

Opportunities for improvement in the financial disclosure review process that were submitted to BEGA, along with the July 1st report include the following

- **For BEGA:** Provide Ethics Counselor training year-round, on an on-line basis, if possible.
- **For UMC ethics process:** Be more scrutinizing of job responsibilities when creating the initial list of confidential filers – this will reduce the number of appeals that will be required after financial filings are originally sent out.

II. Regulatory Compliance/Compliance Program Assessment: HIPAA and Patient Privacy/Security

In his capacity as the hospital's Privacy Officer, the Chief Compliance Officer is the liaison to the DC Office of the Attorney General's Privacy Office and participates in the DCOAG weekly Privacy Officers' meetings. UMC is a component of the District of Columbia's "hybrid entity" for HIPAA compliance purposes.

Additional HIPAA and privacy-related work includes the following:

- Training to UMC Management Council regarding implications of Covid pandemic to patient privacy and interpretation/enforcement of HIPAA.
- Training to UMC Management Council (via DC OAG Privacy Officer) on HIPAA fundamentals.
- In conjunction with UMC CIO and Security team, address opportunities and risks identified in annual HIPAA privacy and security risk assessment.
- Provide departmental-level HIPAA training as requested and otherwise appropriate.

III. Education and Training: Becoming an HRO & Achieving the Quadruple Aim

Since January, the Chief Compliance Officer has conducted weekly, in-person training sessions in the UMC auditorium as part of UMC's Leadership Formation Program (LFP), which includes 17 modules designed and written specifically for UMC.

The LFP is designed around the hospital's twin goals of moving to a High Reliability Organization and achieving the Quadruple Aim of healthcare. Topics covered to date include *Commitment to Resilience*, *Derek Redmond and the 92 Olympics*, *Continuous Learning*, *Sensitivity to Operations*, *Empathy: The Human Connection to Patient Care*, and *Ensuring Your Team's Well-being: Oh Captain! My Captain!* All members of the UMC work force are invited to attend and participate, which has been robust and across the spectrum of the hospital's departments and jobs.

IV. Education and Communication: Covid Briefings and Rounding

Every Tuesday through Friday morning, the Chief Compliance Officer briefs the UMC Managers during the Safety Huddle regarding the Covid pandemic, including, most recently, details on the Delta variant and its impact on Covid cases in the DC, Maryland, and Virginia area, as well recommendations regarding overcoming vaccine hesitancy among hospital workers, and the decision of the DC Hospital Association to require vaccination by hospital works.

This education and communication in does in coordination with UMC subject matter experts, including the Director of Pharmacy and the Chief Medical Officer. This education program is consistent with the pandemic vaccination program filed in 2020 with DC Health.

In addition, the Chief Compliance Officer continues to conduct periodic rounding on floors to provide education and training to staff regarding vaccination program, including conversations with staff, contractors, and student work force.

V. Investigation and Response: Compliance Hotline

The Compliance Hotline is toll-free, 24/7/365, and anonymous (unless the caller decides to self-identify), which is available to all staff, patients, family members, and members of the community. The Compliance Hotline is discussed during New Employee Orientation with all new employees, contractors, and students, and is promoted throughout the hospital through the use of Compliance Hotline posters. The “See Something Say Something” campaign also uses the same toll-free number as the Hotline.

Over the past 90 days, the Compliance Hotline has received 7 calls (2 regarding the same incident), which concerned the following areas:

- Frustration at amount of paperwork at registration (1)
- Transfer process out of hospital seemed protracted (1)
- Staff behavior viewed as discourteous (3 calls)
- Delay in physician’s sending prescription to pharmacy (1)

Callers get immediate replies and follow-up calls as appropriate. Calls are routed to the appropriate department/leader for disposition. Importantly, these cases do not

involve an allegation of illegality or non-compliance, so much as process improvement and service excellence opportunities.

The majority of “direct calls” that the Compliance Office receives are from patients who have concerns about ED wait times, or from family members who due to Covid restrictions are seeking assistance accessing to in-patient family members. The Compliance Office generally works with the Patient Advocate, the Chief Nursing Officer, and/or the Chief Medical Officer to get these matters resolved expeditiously.

VI. Assessment of Program Effectiveness: Task Forces, Review Boards & Committees

- **DC Hospital Association Health Equity and Diversity, Equity and Inclusion Task Forces.** Along with the CNO, the CCO serves as a liaison to these two Task Forces of the DC Hospital Association. These Task Forces are both outward facing (care to the community) and inward facing (structural and operational improvements within DC hospitals), with the goal of developing proposals to expand access to care and improve health outcomes among minority, low-income, and other disadvantages residents serves by DC Hospital Association member hospitals. One of the collateral benefits of UMC’s participation in this work will be the ability to assess our efforts to ensure access to care and improve health outcomes among this population, as well as the diversity, equity, and inclusion efforts within the hospital’s work force.
- **The UMC Patient Safety/Abuse Review Board.** This Board meets weekly and is comprised of members of the hospital’s Public Relations/Governance, Legal, Patient Advocacy, Risk Management and Compliance departments. Work includes the following:
 - Eighteen (18) “*See Something, Say Something*” posters were designed, printed, and posted (with “in-house” resources) throughout the hospital and MOB, using the current Hotline number as the point of contact.
 - The Chief Compliance Officer instructs new employees, contractors, and students regarding identifying and reporting patient safety issues during weekly New Employee Orientation.

- The Chief Compliance Officer and Patient Advocate presented in-person to the Nursing Leadership this spring regarding patient safety/abuse and related topics (e.g., bias in care).
 - Risk Management and Legal Departments have reviewed and revised current policies that have been approved by the hospital's policy committee.
 - The Chief Compliance Officer and Patient Advocate will be providing training to managers and their staffs regarding the revised policies.
 - The Chief Compliance Officer and the Patient Advocate have regular, on-going collaboration fielding and resolving patient complaints and concerns
-
- **UMC Compliance Committee.** This Committee will be reinvigorated and will serve to provide advice and counsel to the Chief Compliance Officer regarding the Compliance Program and its operation and development. It was chartered by the hospital Board of Directors and will meet at least quarterly. In addition, members of the Committee will be available on a regular basis to the CCO for consultation.



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending June 30, 2021

DRAFT



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4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



Gap Measures Tracking

**Not-For-Profit Hospital Corporation
FY 2021 Actual Gap Measures
As of June 2021**

	FY 2021 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
--	-----------------------------------------	---------------------------------------	-------------------------------	--------------------------------------------------------------------

Net Income/(Loss) from Operations:*

\$87,653

Add: Initiatives to be Realized

Mazar Initiatives	\$2,200,000	\$1,253,996	\$946,004	57.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$4,091,546	\$3,108,454	56.8%
Subtotal	\$9,400,000	\$5,345,542	\$4,054,458	56.9%
Projected Net Income (Loss) from Operations			\$4,142,111	
Original Projected Income			\$1,176,483	
Difference from Original Projected Income			\$2,965,628	

***One-time items have been taken into account. Balance includes 25M subsidy and DSH.**



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 24% (2.6M) month to date (MTD), due to district subsidy and disproportionate share (DSH) revenue, but lower than budget by 4% (4.2M) year to date (YTD). Contributing factors:**
 - ❖ **Net patient revenue is lower than budget by 41% (3.2M) MTD and 26% (18.7M) YTD.**
 - ❖ **Admissions are lower than budget by 18% MTD and 11% YTD.**
 - ❖ **Emergency Room visits are lower than budget by 17% and 24% YTD.**
 - ❖ **Surgeries are higher than budget by 34% MTD and 19% YTD.**
 - ❖ **Radiology visits are on budget MTD but lower than budget by 16% YTD.**
 - ❖ **DSH revenue is higher than budget by 90% (866K) MTD and 21% (1.8M) YTD, due to unexpected DSH revenues for 2021 and 2016.**
 - ❖ **GWMFA collections are lower than budget by 3% (18K) MTD and 24% (1.3M) YTD.**
 - ❖ **Other operating revenues are higher than budget by 248% (5M) MTD and 71% (12.9M) YTD, due to additional district subsidy revenue.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 7% (710K) MTD but higher than budget by 7% (6.5M) YTD. Contributing factors:**
 - ❖ **Salaries are lower than budget by 7% (309K) MTD but higher than budget by 5% (1.9M) YTD.**
 - ❖ **Overtime is over budget by 163K MTD and 2.4M YTD.**
 - ❖ **Employee Benefits are lower than budget by 8% (86K) MTD but higher than budget by 7% (665K) YTD.**
 - ❖ **Contract Labor is higher than budget by 2% (3K) MTD and 146% (2.2M) YTD.**
 - ❖ **Supplies are lower than budget by 16% (192K) MTD and 21% (2.3M) YTD.**
 - ❖ **Purchased Services are lower than budget by 7% (96K) MTD but higher than budget by 9% (1.2M) YTD, due to unbudgeted legal expenses.**
 - ❖ **Other Expenses are lower than budget by 10% (87K) MTD but higher than budget by 31% (2.5M) YTD, due to higher insurance costs.**

- **Cash on Hand – 90 days**



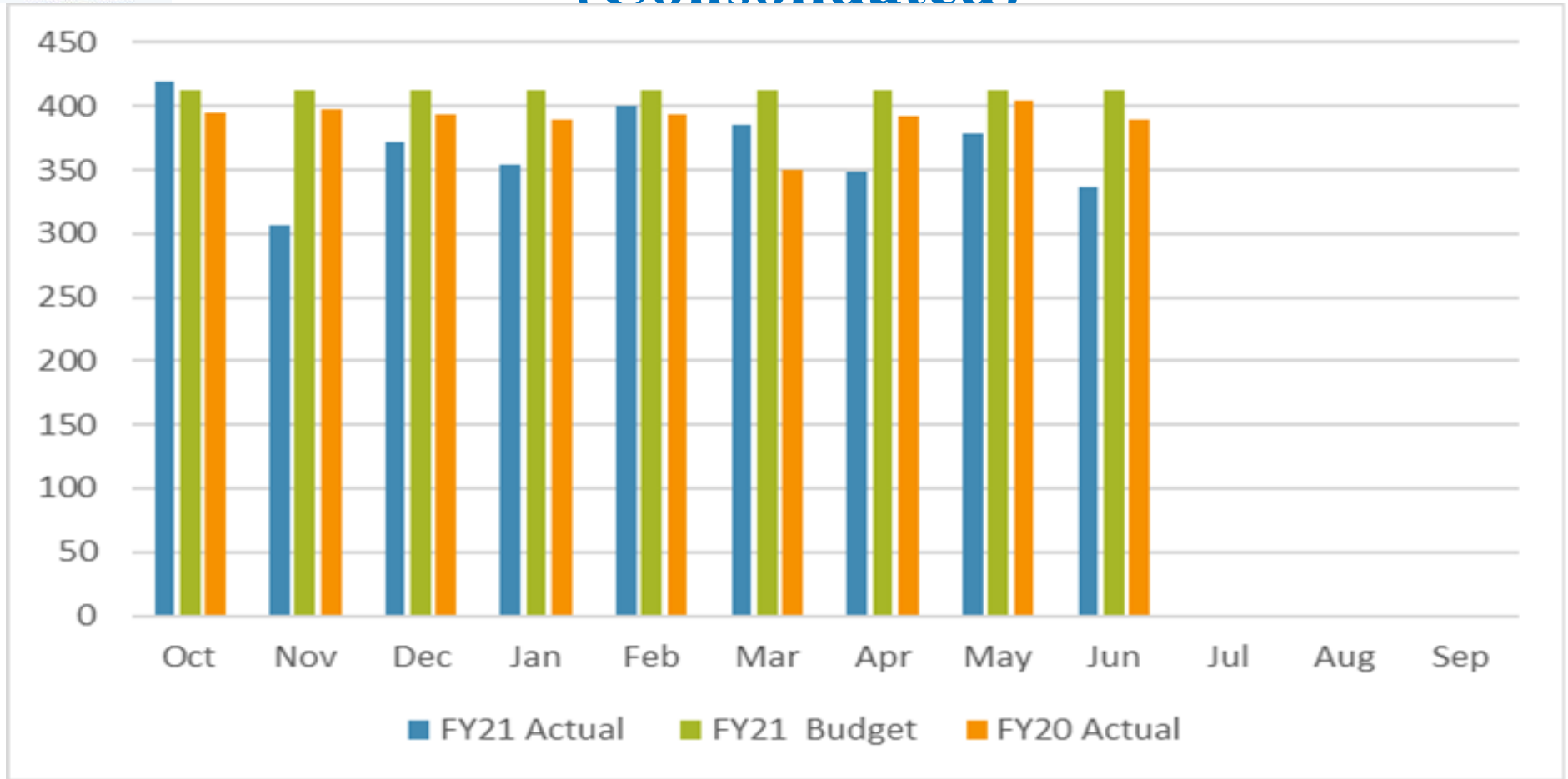
Key Indicators

Fiscal Year 2021 thru 06/30/2021

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	337	413	390	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	167	125	118	▲	▲
Emergency Room Visits	Actual Visits	3,428	4,125	3,080	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	637	654	778	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.35	1.23	1.32	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	54%	54%	44%	=	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	71	85	78	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	121%	92%	110%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	90	45	90	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-10.4%	1.0%	1.8%	▼	▲



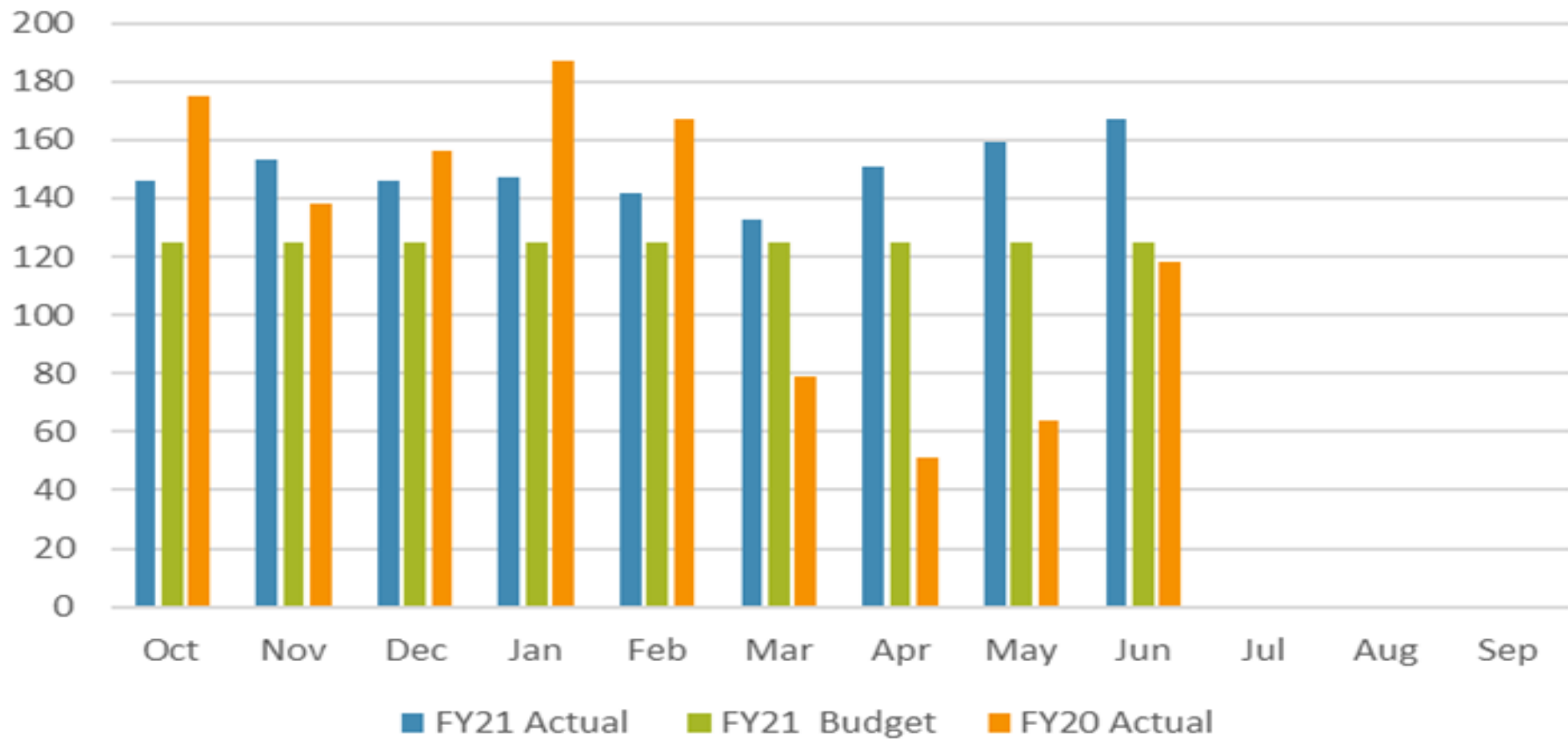
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419	306	372	354	400	385	348	378	337			
FY21 Budget	413	413	413	413	413	413	413	413	413			
FY20 Actual	395	398	393	389	393	350	392	404	390			



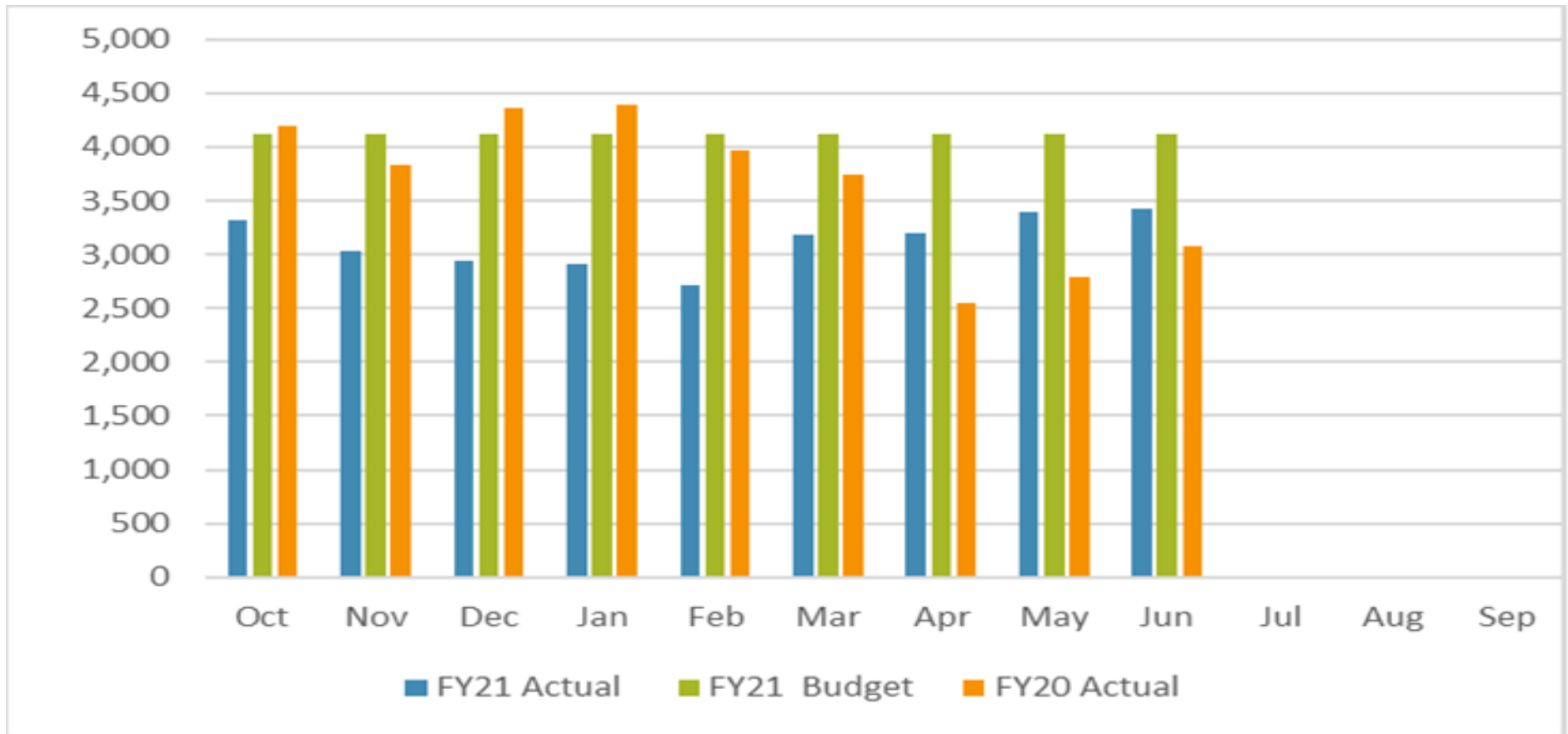
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146	153	146	147	142	133	151	159	167			
FY21 Budget	125	125	125	125	125	125	125	125	125			
FY20 Actual	175	138	156	187	167	79	51	64	118			



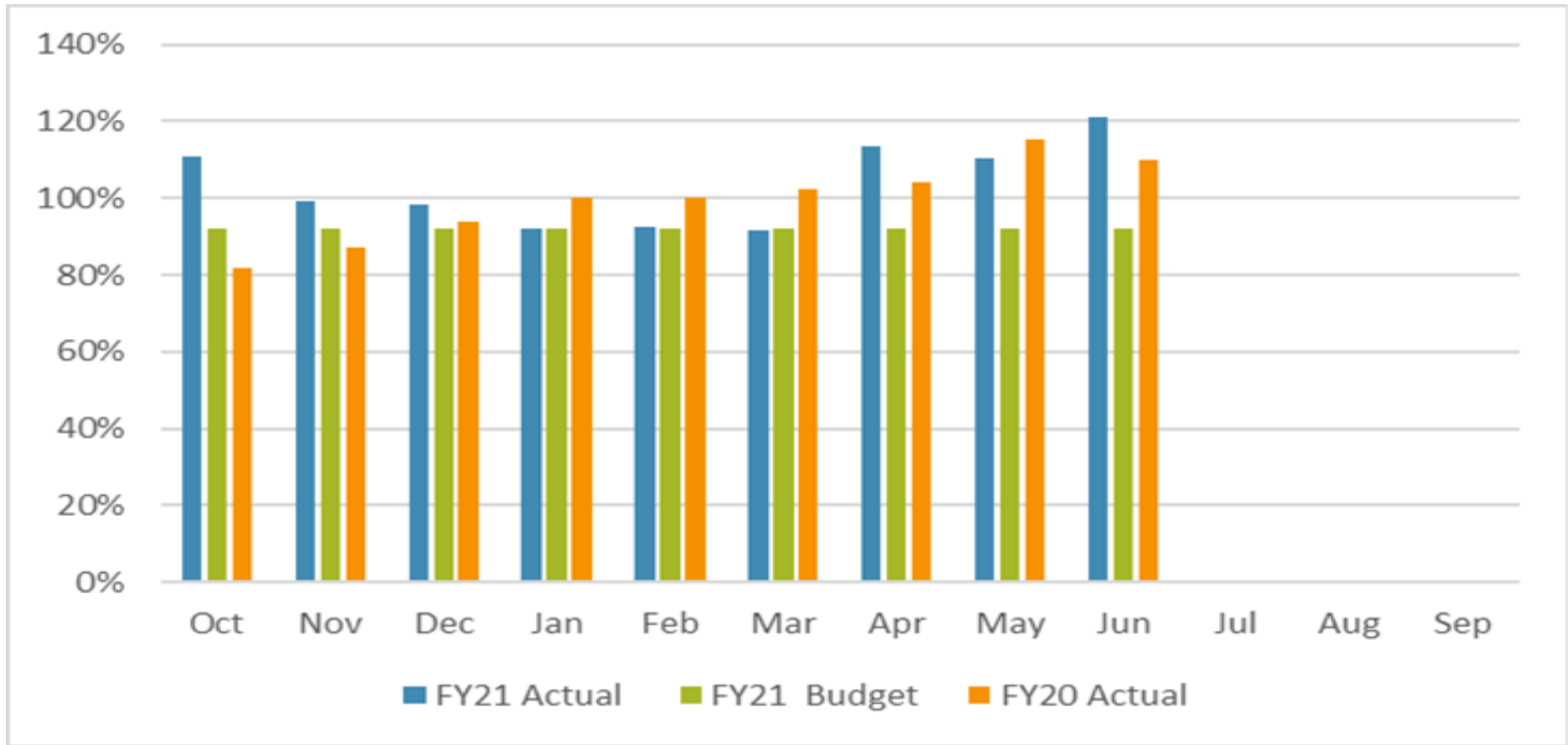
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	3,313	3,037	2,947	2,909	2,716	3,184	3,192	3,399	3,428			
FY21 Budget	4,125	4,125	4,125	4,125	4,125	4,125	4,125	4,125	4,125			
FY20 Actual	4,194	3,836	4,365	4,386	3,965	3,737	2,551	2,787	3,080			



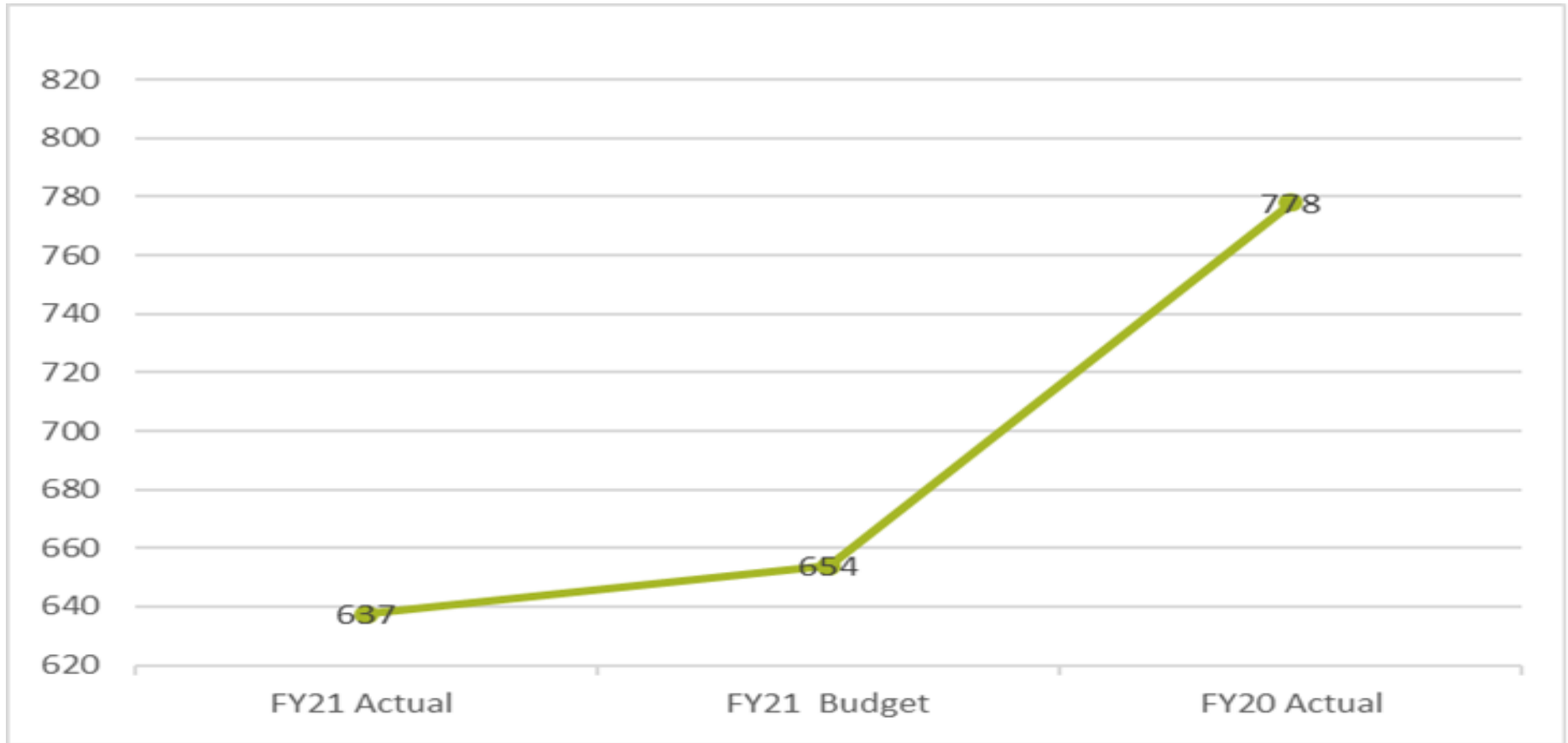
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%	99%	98%	92%	92%	92%	113%	110%	121%			
FY21 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%			
FY20 Actual	82%	87%	94%	100%	100%	102%	104%	115%	110%			



Number of FTEs

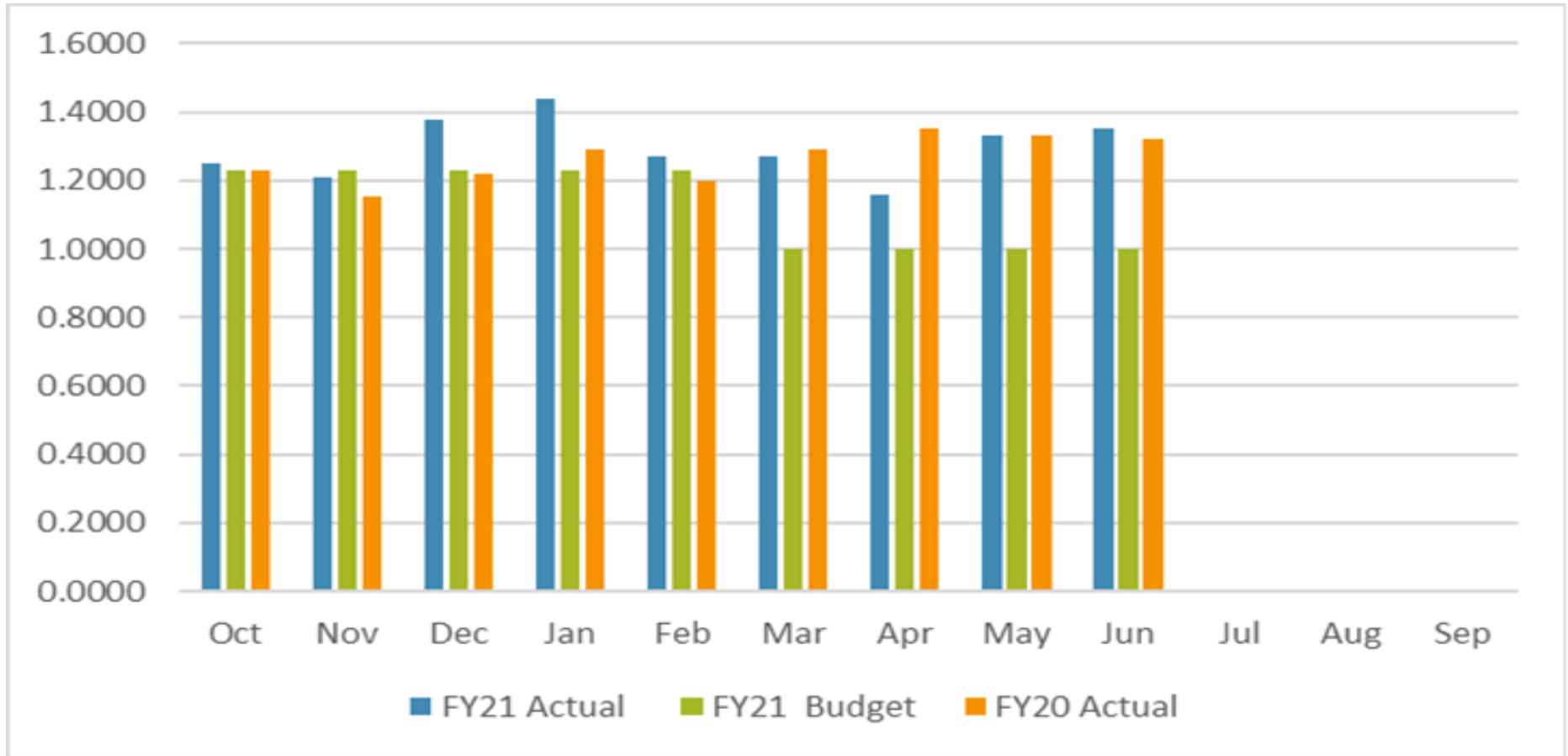


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771	766	725	665	704	687	665	637			
FY21 Budget	654	654	654	654	654	654	654	654	654			
FY20 Actual	748	770	779	788	804	793	801	814	778			



UNITED
MEDICAL CENTER

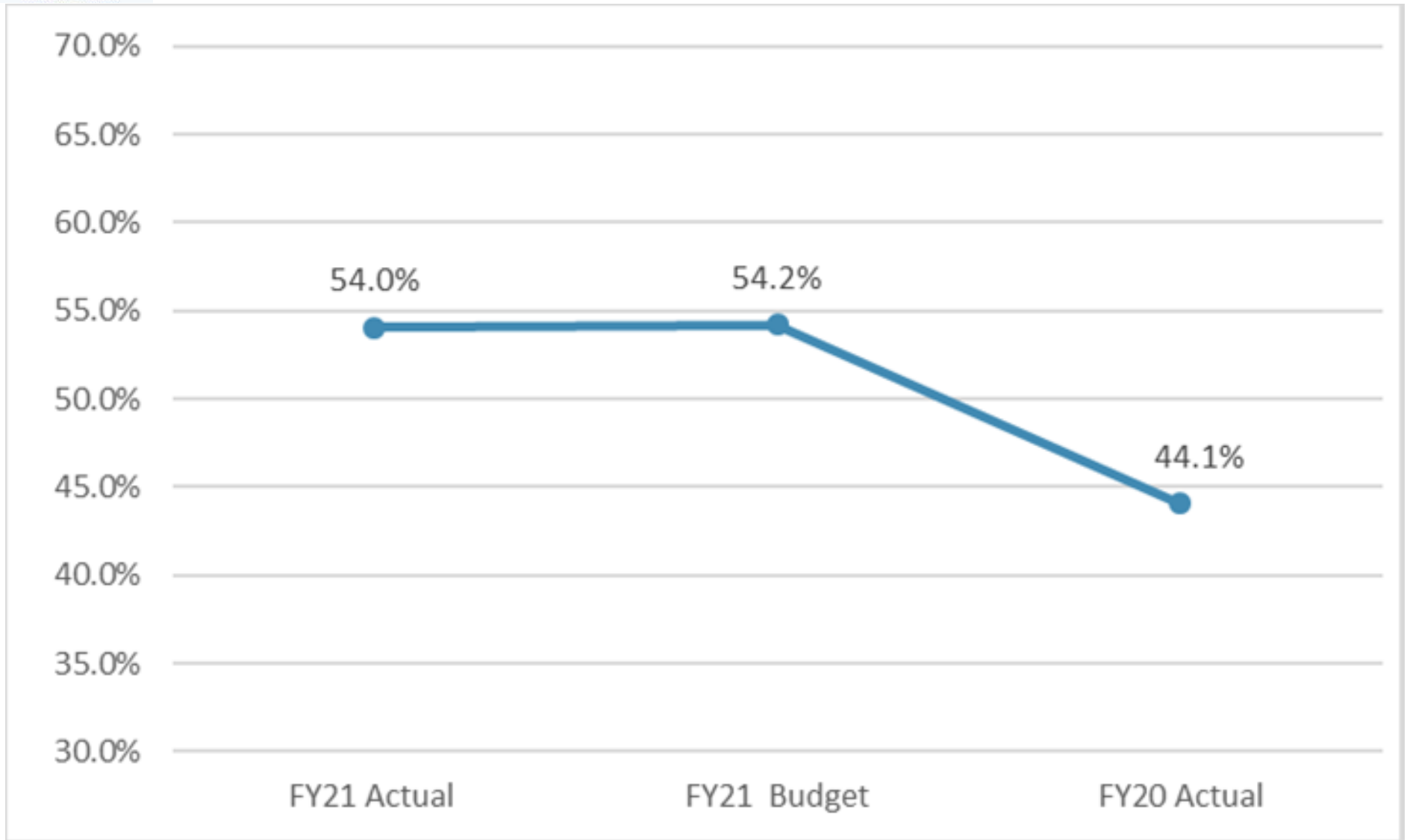
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700	1.1600	1.3300	1.3500			
FY21 Budget	1.2300	1.2300	1.2300	1.2300	1.2300	1.0000	1.0000	1.0000	1.0000			
FY20 Actual	1.2300	1.1530	1.2190	1.2900	1.2010	1.2910	1.3520	1.3310	1.3230			

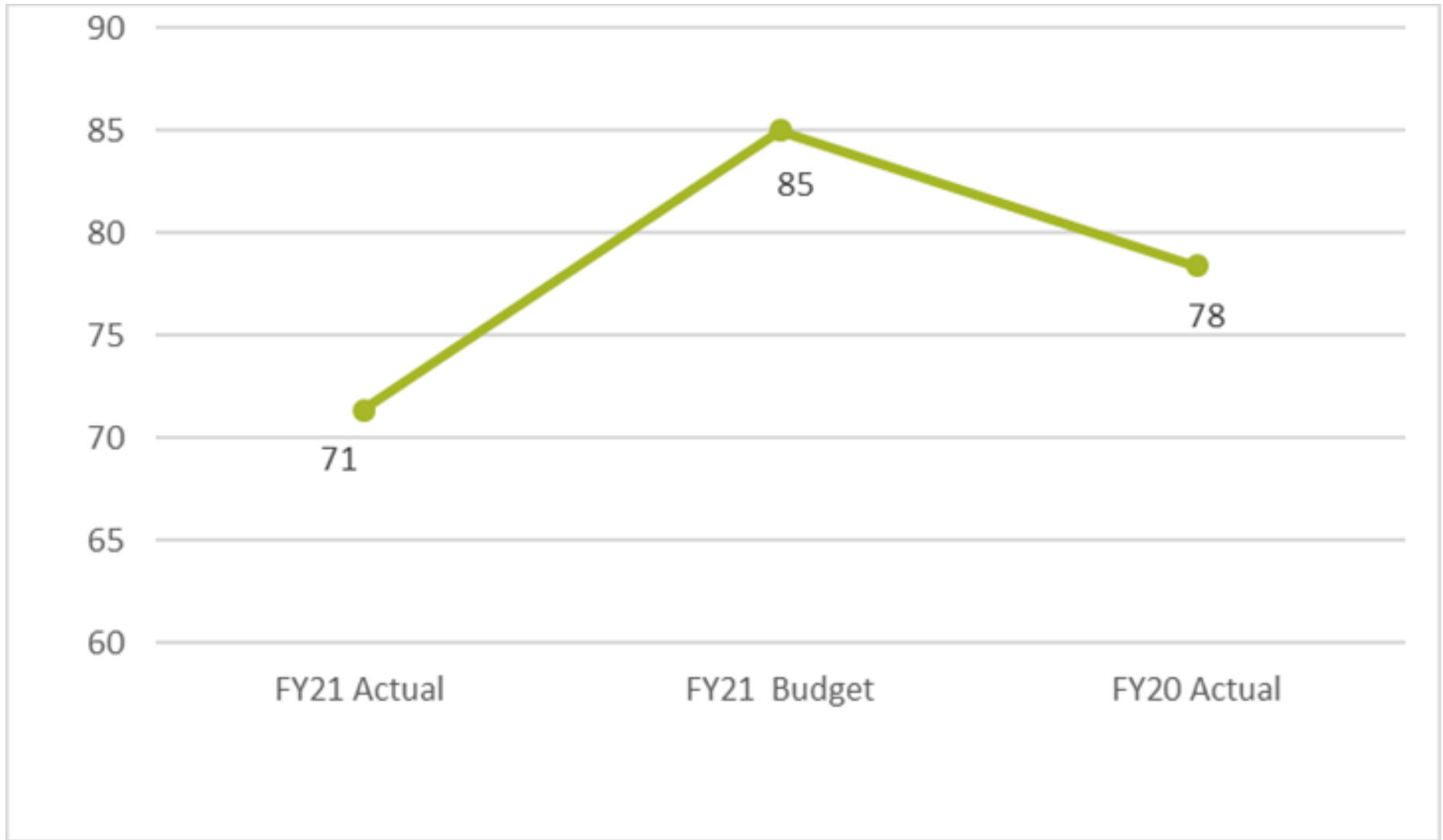


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



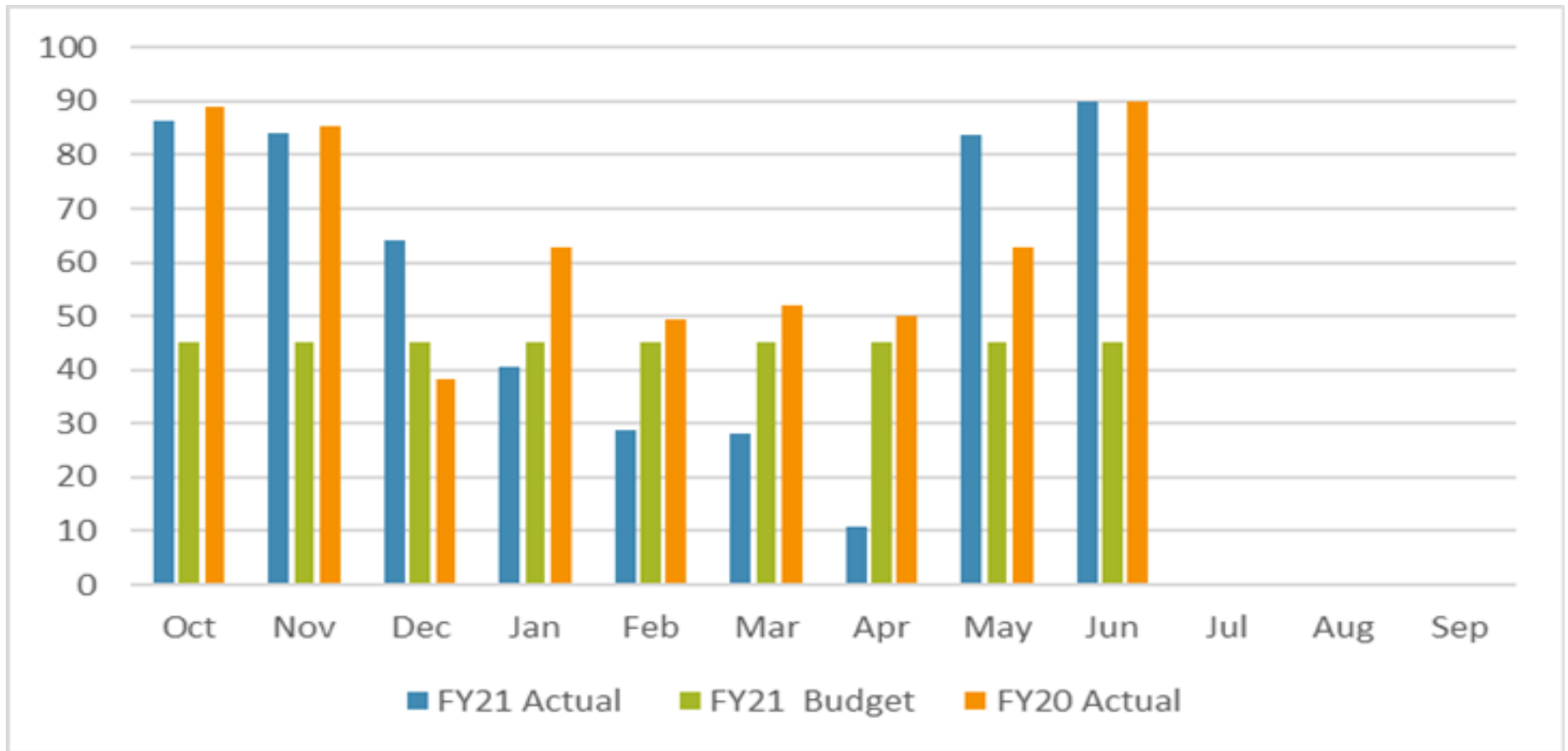


Net Accounts Receivable (AR) Days With Unbilled





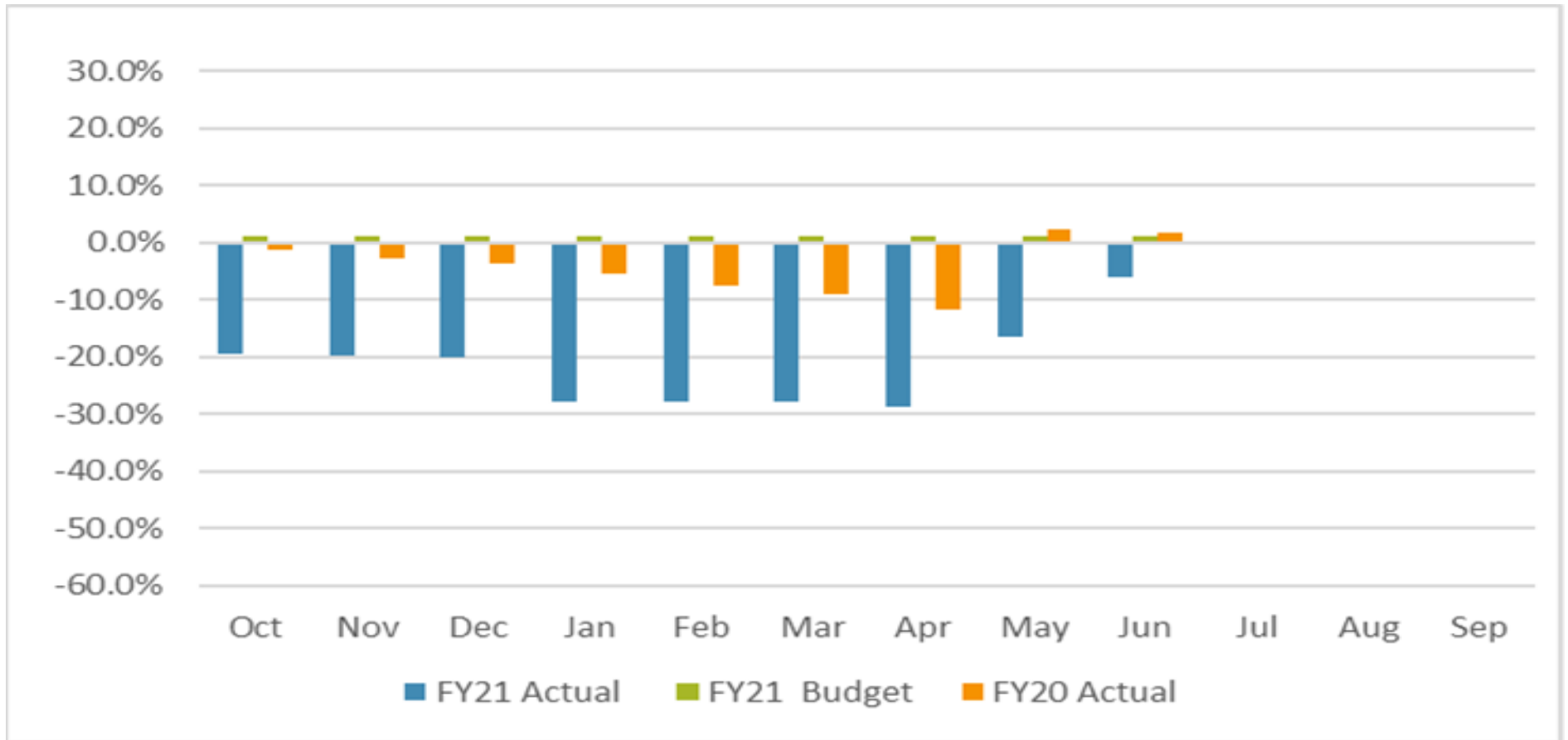
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	86	84	64	40	29	28	11	84	90			
FY21 Budget	45	45	45	45	45	45	45	45	45			
FY20 Actual	89	86	38	63	50	52	50	63	90			



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	-19.4%	-19.7%	-20.0%	-27.8%	-27.8%	-27.8%	-30.0%	-16.3%	-10.4%			
FY21 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%			
FY20 Actual	-1.3%	-2.6%	-3.5%	-5.5%	-7.4%	-9.1%	-11.7%	2.5%	1.8%			



Income Statement

FY21 Operating Period Ending June 30, 2021

	Month of June			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	337	413	390	(76)	-18%	(53)	-14%	3,299	3,713	3,479	(414)	-11%	(180)	-5%
Patient Days	2,203	2,308	2,516	(105)	-5%	(313)	-12%	20,190	20,770	40,283	(580)	-3%	(20,093)	-50%
Emergency Room Visits	3,428	4,125	3,080	(697)	-17%	348	11%	28,125	37,125	32,901	(9,000)	-24%	(4,776)	-15%
Clinic Visits	1,308	1,093	919	215	20%	389	42%	15,945	9,833	8,498	6,112	62%	7,447	88%
IP Surgeries	63	58	64	5	9%	(1)	-2%	544	522	481	22	4%	63	13%
OP Surgeries	104	67	54	37	55%	50	93%	800	603	654	197	33%	146	22%
Radiology Visits	768	765	414	3	0%	354	86%	5,752	6,889	5,967	(1,137)	-16%	(215)	-4%
Revenues														
Net Patient Service	4,669	7,876	6,162	(3,206)	-41%	(1,493)	-24%	52,209	70,881	58,727	(18,672)	-26%	(6,518)	-11%
DSH	1,830	964	964	866	90%	867	90%	10,463	8,676	7,712	1,787	21%	2,751	36%
CNMC Revenue	160	177	30	(17)	-10%	130	436%	1,379	1,591	1,711	(212)	-13%	(332)	-19%
Other Revenue	6,986	2,007	7,444	4,979	248%	(458)	-6%	30,941	18,066	45,142	12,875	71%	(14,201)	-31%
Total Operating Revenue	13,645	11,024	14,600	2,622	24%	-954	-7%	94,992	99,213	113,292	(4,222)	-4%	(18,300)	-16%
Expenses														
Salaries and Wages	3,861	4,170	4,421	(309)	-7%	(561)	-13%	39,429	37,527	42,265	1,902	5%	(2,836)	-7%
Employee Benefits	998	1,084	1,235	(86)	-8%	(237)	-19%	10,422	9,757	11,181	665	7%	(759)	-7%
Contract Labor	169	167	622	3	2%	(453)	-73%	3,689	1,500	3,008	2,189	146%	681	23%
Supplies	1,016	1,208	2,780	(192)	-16%	(1,764)	-63%	8,549	10,876	11,927	(2,327)	-21%	(3,378)	-28%
Pharmaceuticals	232	241	229	(9)	-4%	2	1%	2,348	2,169	2,055	180	8%	293	14%
Professional Fees	1,801	1,734	1,760	67	4%	41	2%	15,782	15,602	14,834	180	1%	948	6%
Purchased Services	1,316	1,412	1,765	(96)	-7%	(449)	-25%	13,897	12,706	16,038	1,191	9%	(2,140)	-13%
Other	823	911	1,243	(87)	-10%	(420)	-34%	10,730	8,195	9,948	2,535	31%	782	8%
Total Operating Expenses	10,215	10,926	14,056	(710)	-7%	(3,841)	-27%	104,847	98,331	111,256	6,515	7%	-6,409	-6%
Operating Gain/ (Loss)	3,430	98	544	3,332	3399%	2,886	531%	(9,855)	882	2,036	(10,737)	-1217%	(11,891)	-584%



Balance Sheet

As of the month ending June 30, 2021

Jun-21	May-21	MTD Change		Sep-20	YTD Change
Current Assets:					
\$ 48,680	\$ 47,724	\$ 957	Cash and equivalents	\$ 53,402	\$ (4,722)
13,651	13,987	(337)	Net accounts receivable	14,651	(1,000)
6,395	6,396	(2)	Inventories	6,024	371
5,558	4,543	1,015	Prepaid and other assets	1,054	4,504
74,283	72,651	1,633	Total current assets	\$ 75,131	\$ (848)
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
64,828	65,876	(1,049)	Capital Assets	69,722	(4,894)
64,828	65,876	(1,049)	Total long term assets	69,722	(4,894)
\$ 139,111	\$ 138,527	\$ 584	Total assets	\$ 144,853	\$ (5,742)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
17,420	17,483	(63)	Trade payables	18,773	(1,353)
11,054	10,672	382	Accrued salaries and benefits	11,838	(784)
2,590	2,593	(3)	Other liabilities	2,594	(4)
31,065	30,748	316	Total current liabilities	33,205	(2,140)
Long-Term Liabilities:					
22,585	28,409	(5,824)	Unearned grant revenue	13,890	8,695
12,350	7,364	4,986	Estimated third-party payor settlements	7,219	5,131
1,848	1,848	-	Contingent & other liabilities	1,629	219
36,783	37,621	(838)	Total long term liabilities	22,738	14,045
Net Position:					
71,263	69,731	1,532	Unrestricted	88,910	(17,647)
71,263	69,731	1,532	Total net position	88,910	(17,647)
\$ 139,111	\$ 138,100	\$ 1,011	Total liabilities and net position	\$ 144,853	\$ (5,742)



Statement of Cash Flow

As of the month ending June 30, 2021

Month of June		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
		Actual	Prior Year
Cash flows from operating activities:			
\$ 11,396	\$ 6,555	\$ 68,803	\$ 67,428
(7,015)	(7,666)	(60,977)	(51,514)
(4,202)	(7,802)	(50,635)	(47,942)
893	8,040	1,139	23,675
1,071	(873)	(41,670)	(8,353)
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	-	1
-	-	-	1
Cash flows from noncapital financing activities:			
-	-	-	-
-	0	40,000	22,141
-	0	40,000	22,141
Cash flows from capital and related financing activities:			
-	-	-	-
0	6,058	2,701	9,442
(115)	(1,122)	(5,753)	(5,230)
(115)	4,936	(3,052)	4,212
956	4,064	(4,722)	18,000
47,724	45,869	53,402	31,933
\$ 48,680	\$ 49,933	\$ 48,680	\$ 49,933
Supplemental disclosures of cash flow information			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			