



**NOT-FOR-PROFIT HOSPITAL CORPORATION
FISCAL MANAGEMENT BOARD OF DIRECTORS**



Notice of Emergency Meeting

ANGELL JACOBS, CHAIR

The Fiscal Management Board governing the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, hereby gives notice that it will convene at 4:00pm on Wednesday, June 23, 2021. Due to the Coronavirus pandemic, the meeting will be held via WebEx.

Meeting link:

<https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=med0766342342d35a0382b8236281f235>

Meeting number: 132 030 0283

Meeting password: YSjXTPaE383

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).

AGENDA

- I. CALL TO ORDER
- II. DETERMINATION OF A QUORUM
- III. APPROVAL OF AGENDA
- IV. APPROVAL OF MINUTES (April 28, 2021 & June 11, 2021)
- V. DRAFT MAY 2021 FINANCIALS
- VI. ANNOUNCEMENTS
- VII. ADJOURNMENT

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),(12),(14).



UMC

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Reading and Approval of Minutes

Minutes Date:

April 28, 2021

The enclosed minutes are not board approved as the board was reconstituted as a Fiscal Control Board in May 2021 before the minutes received approval.

DRAFT



Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, April 28, 2021
Held via WebEx

Absent: Malika Fair,

Directors:

LaRuby May, Angell Jacobs, Velma Speight, Wayne Turnage, Dr. Konrad Dawson, Girume Ashenafi, Eydie Whittington, Dr. Malika Fair, William Sherman, Millicent Gorham, Robert Bobb, Dr. Konrad Dawson

UMC Staff: CEO Colene Daniel, Dr. Gregory Morrow, CMO, William Strudwick, CNO Dr. Jacqueline Payne-Borden, CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, Akia Embry, CCO Brian Gradle, Ken Blackwell, Derrick Lockhart, Roosevelt Dzime-Assi

Mazars: Cheyenne Holland, Marc Grossman,

Other: Kai Blissett

Agenda Item	Discussion
Call to Order	By Chair May at 5:35 pm. Quorum determined by Toya Carmichael
Approval of the Agenda	Motion to accept the agenda by Dir. Speight 2 nd by Dir.Jacobs, unanimous vote.
Approval of the Minutes	Motion by Dir. Turnage, 2 nd by Dir. Ashenafi, unanimous vote.

DRAFT

<p>Discussion</p>	<p style="text-align: center;"><u>CONSENT AGENDA</u></p> <p><u>CHIEF MEDICAL OFFICER REPORT: William Strudwick</u></p> <ul style="list-style-type: none"> • No questions from the board. <p><u>CHIEF OF MEDICAL STAFF REPORT: Dr. Gregory Morrow</u></p> <ul style="list-style-type: none"> • No questions from the board. <p><u>CHIEF NURSING OFFICER: Dr. Jacqueline Payne-Border</u></p> <ul style="list-style-type: none"> • No questions from the board. <p>Motion to accept the CMO, MCOS and CNO reports by Dir. Jacobs, 2nd by Dir. Gorham. Unanimous vote.</p>
<p>DRAFT</p>	<p><u>EXECUTIVE MANAGEMENT REPORT: CEO Colene Daniel</u></p> <ul style="list-style-type: none"> • Colene highlighted that the UMC team is working on the budget reduction plan. Dr. Strudwick has put together a good plan to wind down the clinical services by eliminating some physician contracts and shrunk the clinics to the bare minimum. • We did a price comparison on supplies and found that costs continue to go up although our usage is going down and this is included in the plan. • We have updated our technology and construction project plan timelines. • Chair May asked for the timeline for the completion of the reduction plan. Colene stated the plan is done and Cheyenne will submit to the CFO tomorrow. We should be able to submit the plan to the board early next week. A lot of the work has been done and some parts of it have already been put in place like physician contracts. A lot of people have already left and those positions have been eliminated so they can't be filled again. • Chair May asked if there will be further reductions beyond where we are right now? Colene said yes, there will be additional reductions once we certify with Lillian. • Kai asked if the budget plan will be submitted to the Finance Committee before the full board? Colene said yes. • Colene said we updated our hospital license program and we have been all cleared by the Joint Commission and we also received our CLEO license for the laboratory and the American College of Radiology certifications for the MRI, CAT SCAN, and mammography. All those surveys have been done and are in place and we will have an updated survey report for the PI Committee next month.

- Saturday we had another major flood and we had to relocate some patients but it was handled quickly and swiftly. This morning we had a power issue where we lost our phones, IT, all our systems and we went to paper but by noon all systems were restored.
- Chair May asked where was the flood? Colene noted the 8th floor. Explained the work that is being done so we can move patients from the 8th floor to the 5th floor. Chair May noted that we had a flood on the 8th floor before and asked the cause of it? Colene noted an old roof and old building so the roof and the penthouse. We have experts in those areas in the building working on it now. Chair May asked if it is the roof or the pipes? Colene said it is all of the above.
- Chair May asked what was the cause of the power outage this morning? David noted an individual inadvertently pushed the power off button in the data center. Chair May asked if it took hours to find out the button was pushed or is that the timeline for bringing us back up? David responded that we realized the power outage was due to the button being pushed immediately. David said the button was pushed on accident but it was intentional. Chair May asked how something can be done intentionally and be considered an accident? We will put extra precautions in place so that does not occur again. David explained that the individual was working on the fire system and saw the button but pushed it without seeking guidance from anyone else.

CHIEF COMPLIANCE OFFICER – Brian Gradle

- No questions from the Board.

Motion to accept CEO and CCO reports by Dir Ashenafi, 2nd Dr. Fair. Unanimous vote.

HUMAN RESOURCES REPORT: Akia Embry

Motion to accept by Dir Turnage, 2nd by Dir. Jacobs. Unanimous vote.

CORPORATE SECRETARY: Tova Carmichael

- No questions or comments from the board.

Motion to accept management report by Dir Ashenafi, 2nd by Dr. Fair. Unanimous vote.

DRAFT

COMMITTEE REPORTS

- Chair May thanked the board for their dedication to the people we serve. Hopes everyone has had a chance to review the new committee assignments and noted she has not received any negative feedback as of yet. The charge of each committee came from the Bylaws. Added an ad hoc committee, a Procurement Committee which will be chaired by Dir. Sherman and now we will move to having more accountability with the procurement processes at the hospital as we know there is great room for improvement. Also the strategic planning committee and the goal of the committee seemed to fit the goal of the committee in terms of making long term recommendations for the wind down of the hospital and will leave it to the committee to add to and/or change the name of the committee but that is where this goal will be housed. Believes she owes Dir. Sherman a date but all the committees should be able to meet in the month of May if not April. Chair's email lists UMC staff who will be a part of the committee so the board members can get the information that is needed and have the proper individuals respond.

PERFORMANCE IMPROVEMENT: Dir. Ashenafi

- Congratulated the staff on successfully completing the Joint Commission Survey and gaining accreditation for the next three years.
- Continue to receive positive feedback on the vaccination clinic with Walgreens and the prioritizing of residents in Wards 7 & 8. Kudos to Dr. Strudwick and Marcela and all working on the clinic.
- Staffing continues to be an issue, particularly with the RNs in the ED and ICU. We are hopeful that with the approval of the DCNA contract we will be more competitive and that will help us fill some of the roles and use less traveling nurses.
- Looking at the quality dashboard, the vast majority of our metrics are looking good and we plan to have a deeper dive at next month's meeting on the areas that can use a bit of improvement.
- Dir. Sherman asked if our numbers are up in the vaccination clinic now that we have partnered with Walgreens? Dr. Strudwick responded that we are vaccinating more people now that we are open 6 days a week and also making appointments through the portal. It is doing what we expected it to do and has become a good collaboration.
- Dir. Sherman asked if we have moved forward with receiving some remuneration for space with Walgreens since they are charging insurance companies for the vaccinations. Colene stated that DOH asked that we enter an MOU with DOH and back date to when we started and include our resource costs. Lillian and Marcela are working on going back and obtaining the administrative fee for those we already vaccinated.
- Chair May asked if the expectation that DOH is going to give us back pay? Colene stated yes, that is her understanding.

FINANCE COMMITTEE: Dir. Jacobs

- Committee met on April 26, 2021. Welcomed Dir. Ashenafi who will be joining the committee soon.
- Dir. Jacobs surprised by CEO Daniel's report because the Finance Committee requested a PowerPoint regarding the reduction plan for their meeting and it was not provided. They began giving a verbal report and they were unable to provide the details necessary. So we asked them to go back and provide that information and make sure it is vetted by the CFO first.
- Chair May asked if a deadline was provided? Kai noted no it will be sent tomorrow with a comprehensive follow up as there were other items that were not provided.
- Dir. Jacobs noted the committee also looked at outstanding invoices and we think we have a good handle on it but want to make sure all the details are provided in the follow up we are expecting next week.
- Chair May asked if Dir. Jacobs believes it will be more than \$7 million? Dir. Jacobs stated she is not sure what the number will be and we think we have all the liabilities out there accounted for but we need to see the bottom line behind the \$7-million-dollar figure identified.
- Dir. Jacobs went through the financial report. Our deficient has increased since last month, we are now at slightly over \$30 million annualized. If you look at the initiatives that we have included here, you will see GW/FMA contract and we are still hoping to collect approximately \$4.6 million and we believe they will realize less because activities are down. Even if they collect their projected amount you will see the projected loss after collecting that amount is \$25.8 million dollars. Original projected income was \$1.1 million which leaves a budgetary shortfall of \$26.9 million dollars. According to the last update from Mazars they have initiatives they believe will result in an additional \$2.2 million for FY21 so we have given them credit for that and we are left with a shortfall of \$29.4 million dollars that we will need to cover to end the fiscal year.
- Chair May asked if this \$24 or \$26 million account the \$7 million or will that number be in addition to this. Dir. Jacobs said most of that number is reflected in the financial statements. But we have to make sure that what is reported has to be auditable and has to be documentable and has to be able to be reflected in the financial statements or we can't move it forward.
- Dir. Jacobs went through the narrative section of the financial report to show the contributing factors. Activities continue to decline and we have places where our expenses continue to increase and OT that is over budget and contract labor and agency that is over budget which has put tremendous drain on the hospital. Dir. Jacobs and DM Turnage have been working with the Executive Office of the Mayor and the Committee on Health to come up with a solution that will address this shortfall and hopefully put us on better footing now and beyond.

- Have been working with them to develop emergency legislation that will increase the subsidy for FY21 from \$15 million to \$40 million and in FY22 and beyond to \$22 million dollars. Hoping that with that increase the hospital can stabilize itself and allow the operator time to actually develop and implement more reductions and cost savings as we move towards closure. It also very clearly emphasis that the subsidy takes away the obligation of the operator to develop and maintain a balanced budget so there may some decisions that need to be made related to expense reduction and revenue production activities and this was something that was critical to the Committee on Health to stress this point.
- Dir. Jacobs noted the budget hearing is not going forward on May 7th because the Mayor's budget is delayed so the UMC budget hearing will be after May 27th. Kai noted the new hearing date is June 7th.
- Chair May asked why the Mayor's budget is delayed? Dir. Jacobs noted it is delayed due to all the federal legislation and changes in federal guidance regarding the American Rescue Plan and they are waiting on that guidance before submission.
- Chair May asked if when the Finance Committee looks at the recommendation the operator is bringing is it logical to assume that we will not have any costs savings? Dir. Jacobs said no, we should never expect an operator we pay \$7 million dollars a year to, we expect that they will and they have said they have identified \$2.2 and they have worked to identify additional savings. If there are savings, we haven't accounted for they will become even more important.
- Kai added that the CFO noted during the committee meeting that once the legislation passes and the city is able to provide some assistance to the hospital we will be coming back to the for an emergency meeting before the next board meeting.
- Dir. Bobb asked if the expectation that the operator will come up with a plan to reduce expenses or that they will come up with a plan to balance the budget within the subsidy the city provides. Dir. Jacobs said the legislation that they have come up will allow us to get additional subsidy this year and in future years but there will still be expenses that need to be reduced so they will have to live within the budget for this year it will mean the hospital will receive \$40 million in subsidy so anything over that amount there will need to be a reduction to fit within that budget. Dir. Bobb asked is there a plan the operator to stay right at the \$40 million or will they develop a plan to drive efficiencies to decrease the subsidy? Dir. Jacobs said we are on two glide paths here, we know we have to step down the hospital and so it makes sense that those two things work hand in hand, the subsidy amount is a maximum amount but we don't have to get that amount if we are able to realize greater efficiencies or we can make other decisions so we are not always right up to our subsidy amount. The hope and the charge from the finance committee to the operator is to show us your best plan knowing where the hospital's future looks like and that should include driving efficiencies as well as working with the committee that is stepping down the hospital.

	<ul style="list-style-type: none"> • Lillian added that financials were where we are; the loss we are showing is absorbed by the \$40 million subsidy. The \$40 million is already spent. For FY21 it is not \$40 that has yet to be spent but \$40 that is already gone. • Chair May echoed that the operator needs to be more aggressive and more intentional and focused about actualizing cost savings and reducing expenses. This legislation if it passes does not provide any relief to the operator to make sure they do this. • Dir. Jacobs said it also leaves in place the provision that if the limit is exceeded the control board will be triggered so it elevates the limit but we are all as accountable and responsible as we were before to make sure we do the best work we can do. • DM Turnage added that the Mayor has a senior management meeting on Mondays and Thursday and so tomorrow, UMC is on the agenda. Because the problem will have to be solved in FY21 it does not impact her budget submission for FY22. So the senior budget director has asked DM to bring the deficit in to focus and she will present to the Mayor what her solution is and as Dir. Jacobs mentioned it will probably use contingency cash to stop the bleeding in May so the hospital does not miss payroll but all this needs to be presented to the Mayor and that will happen tomorrow. DM also has to present where the Committee on Health is with the legislation as it relates to the Control Board. Thus far, the Mayor has been supportive so if there is an adverse outcome at the meeting he will let the board know but there is still some urgency for the operator to come up with a plan that reflect the fact we are running a deficit and the hospital is closing in three years. We don't want to be spending like burning through jet fuel because we haven't made the hard choices to downsize in a responsible way. • Chair May noted there were not more committee reports but she will be talking with all the Chairs as we prepare for the May meetings to get them focused on their goals and accomplishments. As we make this pivot that we are making right now there are some issues of governance that we should be looking at with our Bylaws and make sure we are consistent and working to support the efforts of the strategic planning committee as they look towards the opening of the new hospital. <p>Motion to accept the financial committee report for March 2021 by Dir. Jacobs, 2nd by Dir. Bobb. Unanimous vote.</p>
Public Comment	<p>No public comment.</p>

Other Business	N/A
Closed Session	<p>Motion to enter closed session by Dir Fair, 2nd by Dir Ashenafi</p> <p>Mike Austin read the justification for entering closed session.</p> <p>Toya Carmichael conducted the roll call vote.</p> <p>Roll call vote: 11 yays</p> <p>Open session suspended at 6:31pm Closed session began at 6:33pm.</p>
Announcements	<p>During closed session the board voted on the approval of three contracts and one settlement. A contract for Qiagen for COVID test, NACS Mechanical for the air handler, JBN for the MRI project and a settlement for PITT Electric for storage for PPE. In addition, the board voted on and approved the infection control plan as presented by the medical staff and approved the recommendation of the medical staff regarding credentials, change in status, and reappointments. In addition, the board voted to authorize the Chair to engage in conversation with the operator regarding the operations at the hospital.</p>
Adjourned.	<p>Motion to adjourn by Dir. Bobb, 2nd by Dir. Ashenafi. Unanimous vote meeting adjourned at 7:50 pm.</p>

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**Fiscal Control Board
Meeting**

Date: June 23, 2021

**Reading and
Approval of
Minutes**

**Minutes Date:
June 11, 2021**



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, June 11, 2021, 11:30am
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, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assison, Marlanna Dixon

Mazars: Andrew Cameron, Cheyenne Holland, Frank Vutrano

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 11:30 am. Quorum determined by Toya Carmichael. (DM Turnage absent at roll call)
Approval of Agenda	<i>Mot to approve agenda by Dir. Ashenafi, 2nd by Dir. Turnage, unanimous vote.</i>
Approval of Minutes	Toya noted William Sherman should say William Strudwick on both May 21 st and 28 th . Roosevelt Dzime-Assison sent a message via the chat function to Toya during the meeting to note the misspelling of his name. <i>Mot by Bobb, 2nd by Ashenafi, unanimous vote.</i>
Executive Management Report	<ul style="list-style-type: none"> Dr. Strudwick reported out about DCHA's letter regarding mandating the COVID vaccine for staff at all DC hospitals. Hospitals are in lock step with one another. What will vary at the hospitals is the date each hospital will make it mandatory. Many hospitals want to wait until the EUA ends and full FDA

approval is granted to alleviate the litigious issues that may come up with making it mandatory. Children's National will start Sept. 30th, Hopkins system which include Sibley is starting on Sept. 1. University of MD will begin on Sept. 1. MD Hospital Association is lock step with DC. VA has not been in lock step yet. Many people have been asking about this move but thus far the initial reaction has been positive.

DM Turnage conveyed the mayor's support of making the vaccine mandatory in line with DCHA and asked how long it will take UMC to implement the requirement and whether there is any board or legislative approval necessary?

DM Turnage said there is an AG opinion that says the hospital is an independent instrumentality of the District but the board was established with full decision making authority for the hospital on issues that require the board's attention. So if this is a matter that comes to the Board and the Board approves, the Council does not and probably does not expect to weigh in at all. Either the hospital can go forward under the CMO or to provide more cover for the organization the board can vote to approve it but it does not go to the Council.

Dir. Jacobs agrees the board should vote on the requirement but does not believe it is a legislative issue therefore Council should not need to approve it.

Dr. Strudwick asked for board approval.

Dir. Jacobs asked for the current staff vaccination rate and asked what would it take for the hospital to get to 100%? Dr. Strudwick responded that we were at about 50% when we completed our vaccination clinic but the vaccination has become widely available so staff may have been vaccinated elsewhere. We may want to do a survey to find out but if/when we make it mandatory we will find out then how many staff members are vaccinated.

Marcela added that Occupational Health is currently entering all data on flu shots into Meditech so we will start tracking the COVID vaccination as well.

Dir. Jacobs asked if there is a communication plan in place or any planned conversations with the union so they are informed on the change in working conditions. Dr. Strudwick stated there will be conversations with the union particularly around the date and the EUA and what that means. We communicated verbally with everyone yesterday.

Dir. Ashenafi asked if we will do a carve out for religious exemptions like John Hopkins? Dr. Strudwick said yes, we will have that exemption.

	<p>Dir. Ashenafi noted that the union has not mandated the vaccine but are encouraging it. We have not had much success in the past with flu vaccines and the COVID vaccine was not widely accepted like the flu vaccine and 50% is a long way to go but he is curious to see how this will go and there will likely be push back from employees on this.</p> <p>DM Turnage asked how can there be push back if it is mandatory, an employee will either take the vaccine and keep their job or not take the vaccine and elect to work elsewhere. DM Turnage asked if anyone who did not get the flu shot was allowed to keep their job? Dr. Strudwick said no and confirmed with Marcela that our flu vaccination rate was 97%. Marcela noted that employees were allowed to provide a waiver for certain exemptions. Dr. Strudwick said that the COVID vaccine had more buy in than the flu vaccine. The flu vaccine rate went up once staff realized this was something they needed to do to keep the community safe. DM Turnage said that hospitals around the country will realize they have no choice, if someone gets COVID from a staff person who did not have a waiver or religious exemption for not taking the vaccine we will get hammered in court. Dir. Ashenafi agrees but there may be an opportunity for us to be surprised at the response from those who do not agree with us.</p> <p>Dir. Jacob asked if we know when full FDA approval will be granted? Dr. Strudwick said the applications and studies are in for Pfizer and Moderna but it should be done by the fall which is why hospitals are picking the Sept. timeframe. Dir. Jacobs asked if we are waiting for full approval before we pick a date? Dr. Strudwick said only a few hospitals jumped out there to pick a date but none others have and as much as the hospitals can start together the better.</p> <p><i>Mot to approve mandating the COVID vaccine by DM Turnage, 2nd by Dr. Fair, One abstention from Dir. Ashenafi.</i></p>
Public Comment	No public comment.
Closed Session	<p>Mike Austin 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 11:59 am Closed session began at 12:00 pm</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 discussed the draft plan presented by the operator regarding continuing hospital operations and the wind down plan.
Adjourned.	Motion to adjourn by DM. Turnage, 2 nd by Dir. Ashenafi. Unanimous vote, meeting adjourned at 1:36 pm.



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending May 31, 2021

DRAFT



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2. Financial Summary
3. Key Indicators with Graphs
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 May 2021

	FY 2021 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
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Net Income/(Loss) from Operations:*

(\$427,500)

Add: Initiatives to be Realized

Mazar Initiatives	\$2,200,000	\$500,000	\$1,700,000	22.7%
GWUMFA Professional Fees Collection	\$7,200,000	\$3,509,883	\$3,690,117	48.7%
Subtotal	\$9,400,000	\$4,009,883	\$5,390,117	42.7%
Projected Net Income (Loss) from Operations			\$4,962,618	
Original Projected Income			\$1,176,483	
Difference from Original Projected Income			\$3,786,135	

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



Report Summary

- **Revenue**

- ❖ **Total operating revenue is higher than budget by 49% (5M) month to date (MTD), due to additional subsidy and DSH. Total operating revenue is below budget by 8% (6.8M) year to date (YTD), due to the following factors:**
 - ❖ **Net patient revenues are below budget by 15% (1.1M) MTD and 25% (15.5M) YTD, due to the following:**
 - ❖ **Admissions are below budget by 8% for the month and 10% YTD**
 - ❖ **ER visits are below budget by 18% MTD and 25% YTD**
 - ❖ **Patient Days are over budget by 1% MTD but under budget by 3% YTD**
 - ❖ **Radiology visits are below budget by 5% MTD and 19% YTD**
 - ❖ **Clinic visits are below budget by 4% MTD but over budget by 67% YTD**
 - ❖ **GWMFA collections are lower than budget by 20% (122K) MTD and 27% (1.3M) YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 2% (215K) MTD and 8% (7.2M) YTD**
- ❖ **Contributing factors are as follows:**
 - ❖ **Salaries are over budget by 3% (106K) MTD and 7% (2.2M) YTD, mainly due to overtime.**
 - ❖ **Overtime is approximately over budget by 2.2M YTD.**
 - ❖ **Employee benefits are lower than budget by 10% (107K) MTD but higher than budget by 9% (751K) YTD.**
 - ❖ **Contract Labor is over budget by 190% (317K) MTD and 164% (2.2M) YTD, due to clinical premium COVID rates.**
 - ❖ **Purchased Services are higher than budget by 14% (199K) MTD and 11% (1.3M) YTD, due to legal expenses.**
 - ❖ **Other Expenses are higher than budget by 30% (275K) MTD and 36% (2.6M) YTD as a result of increases in insurance and repairs expenses.**

- **Cash on Hand – 84 days**



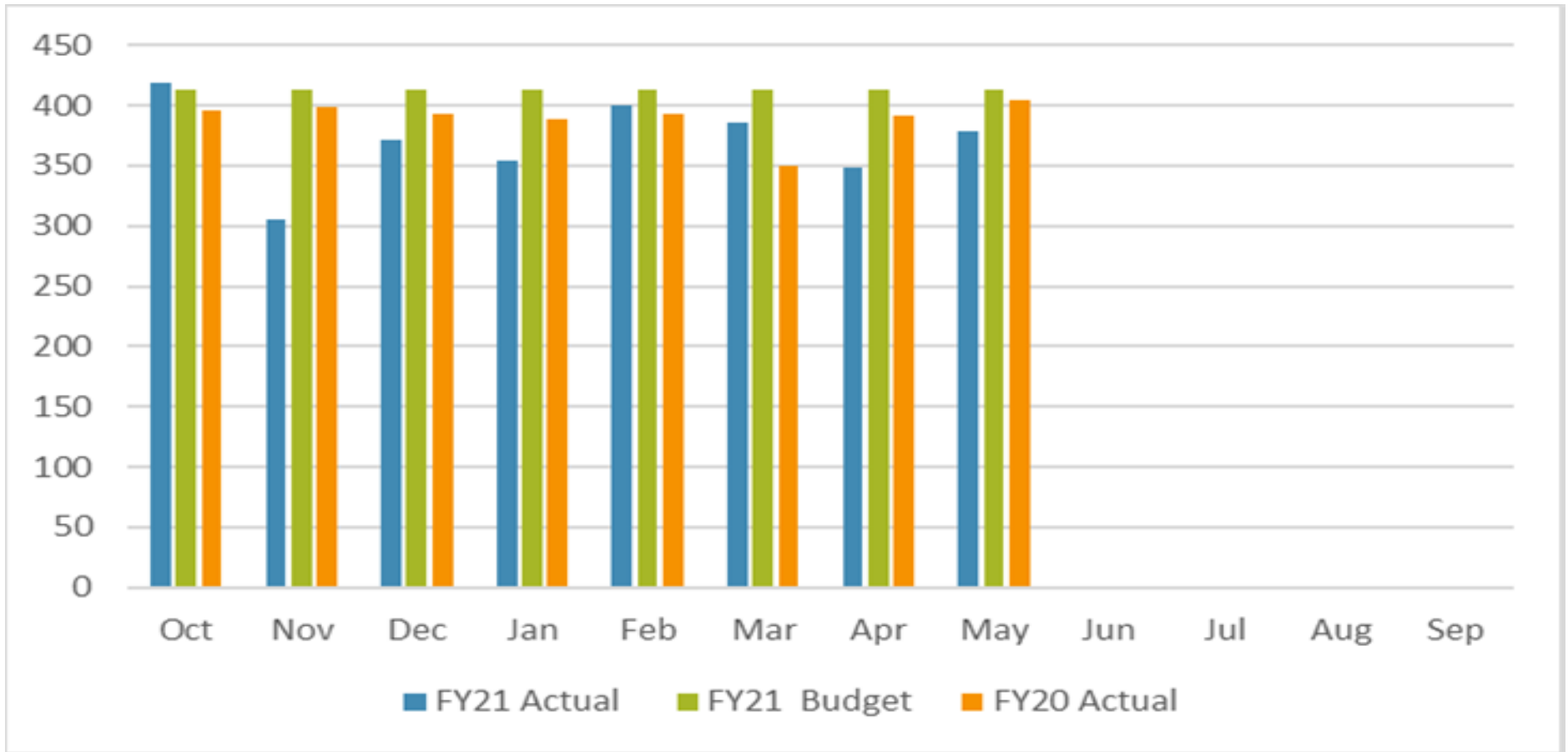
Key Indicators

Fiscal Year 2021 thru 05/31/2021

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	378	413	404	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	159	125	64	▲	▲
Emergency Room Visits	Actual Visits	3,399	4,125	2,787	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	665	654	814	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.33	1.23	1.33	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes contract services)	53%	54%	59%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	71	85	69	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	110%	92%	115%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	84	45	63	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-16.3%	1.0%	2.5%	▼	▲



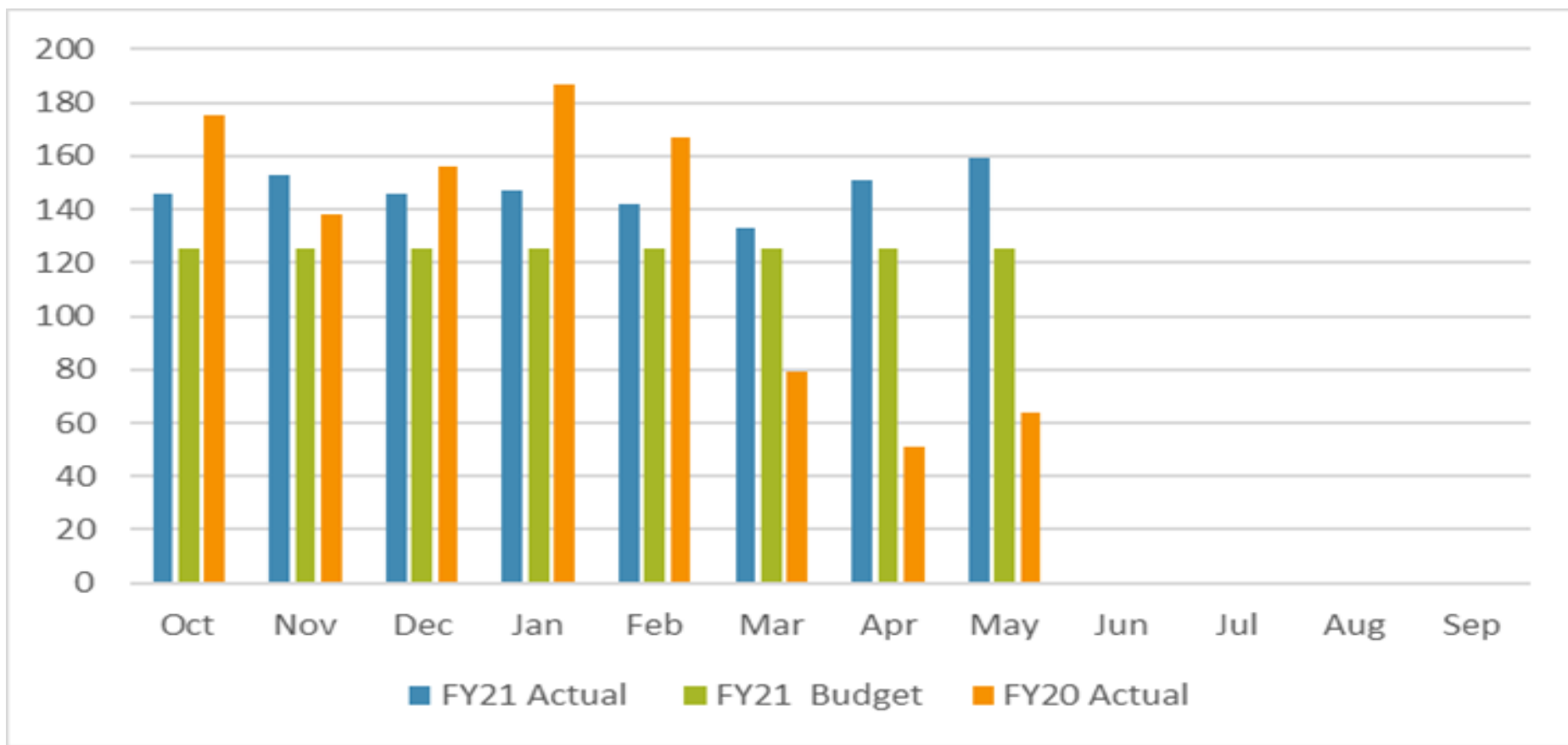
Total Admissions (Consolidated)



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



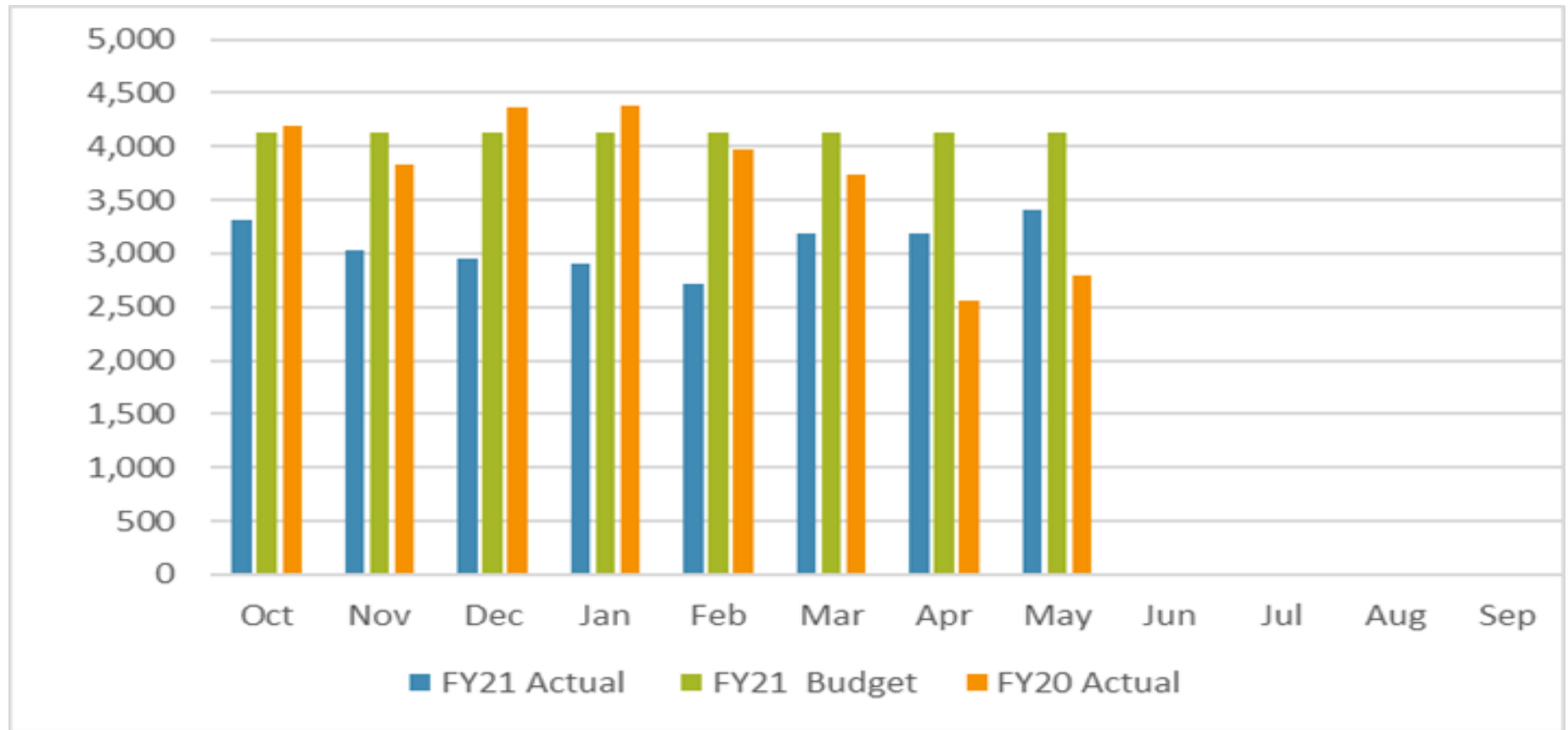
Inpatient/Outpatient Surgeries



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



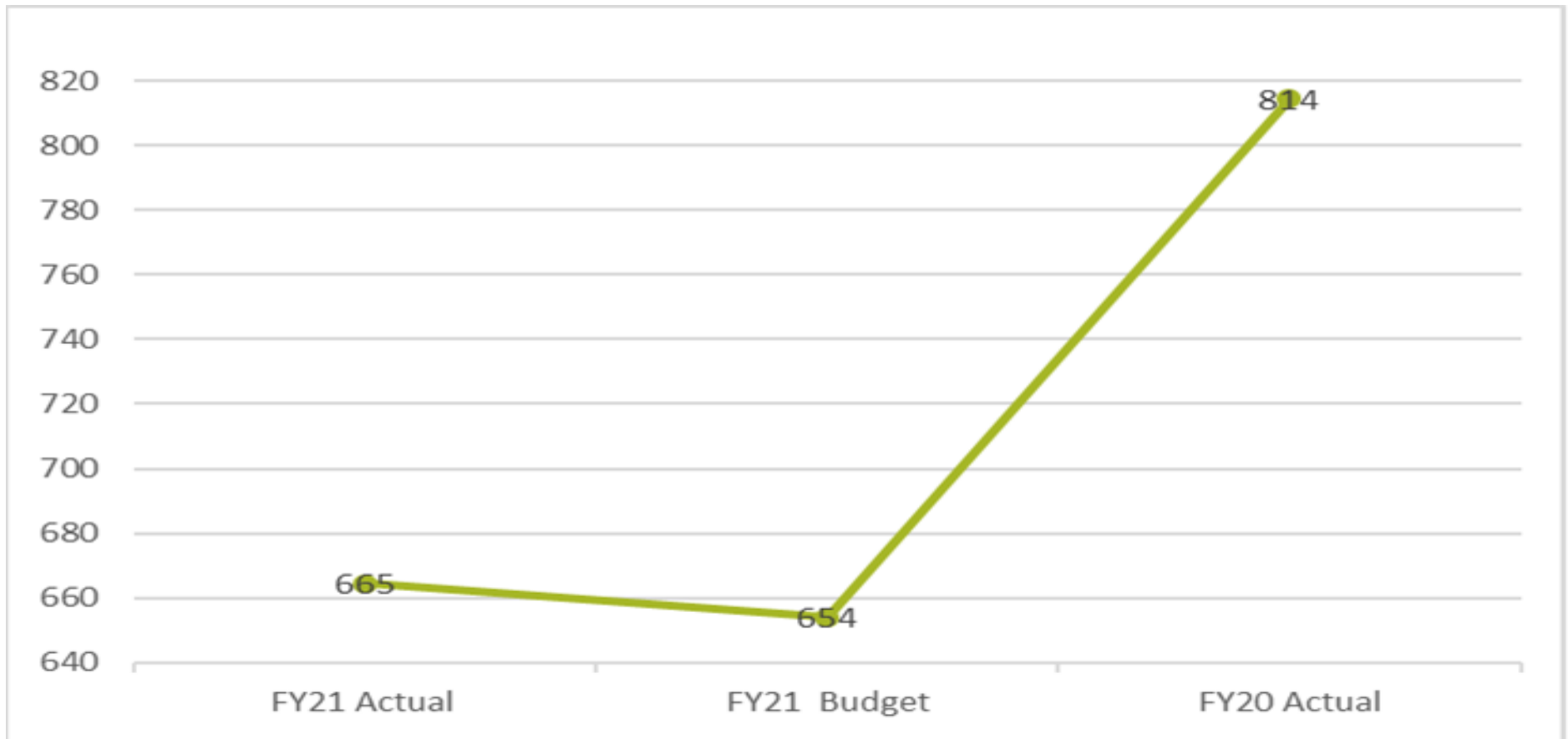
Total Emergency Room Visits



	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				
FY21 Budget	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				



Number of FTEs

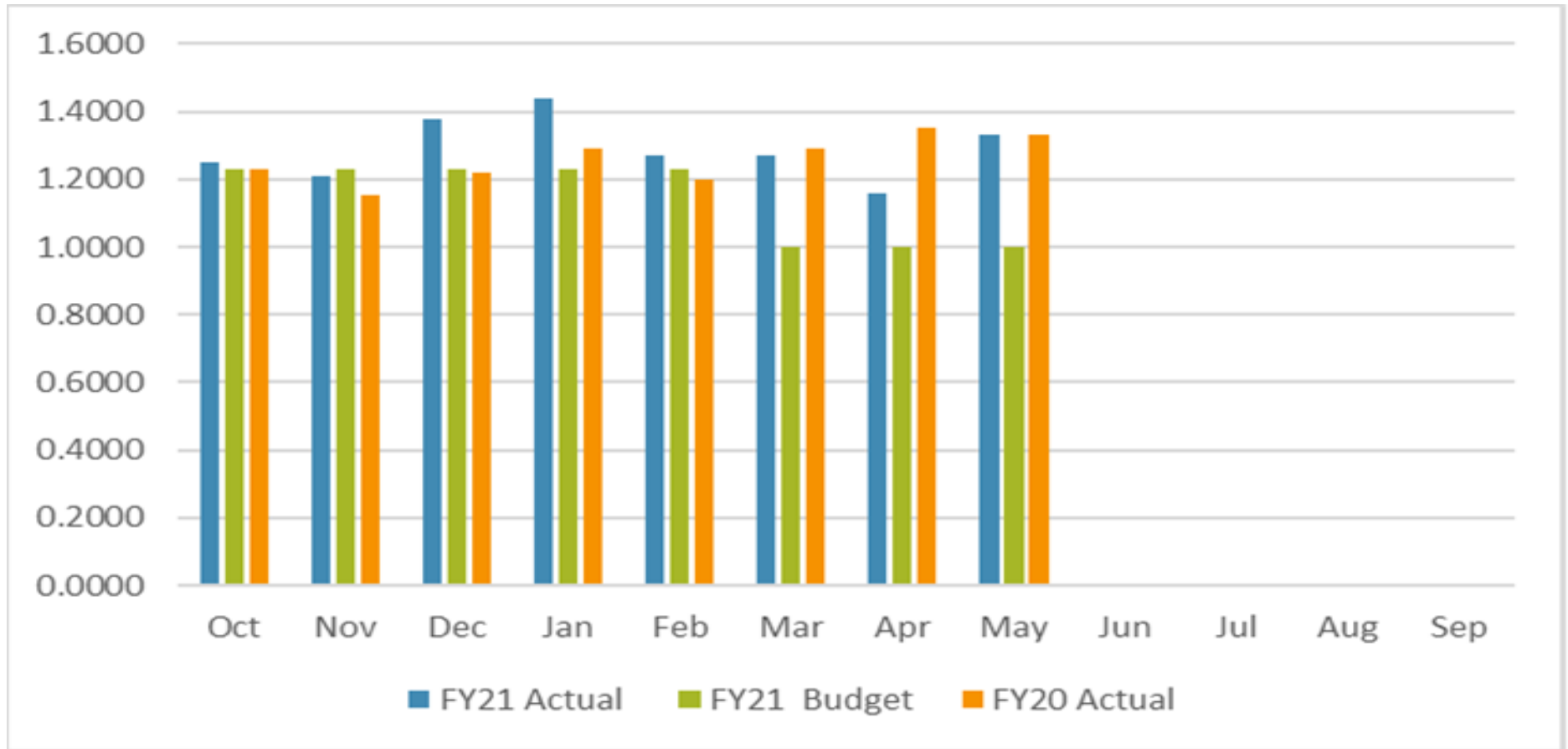


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771	766	725	665	704	687	665				
FY21 Budget	654	654	654	654	654	654	654	654				
FY20 Actual	748	770	779	788	804	793	801	814				



UNITED
MEDICAL CENTER

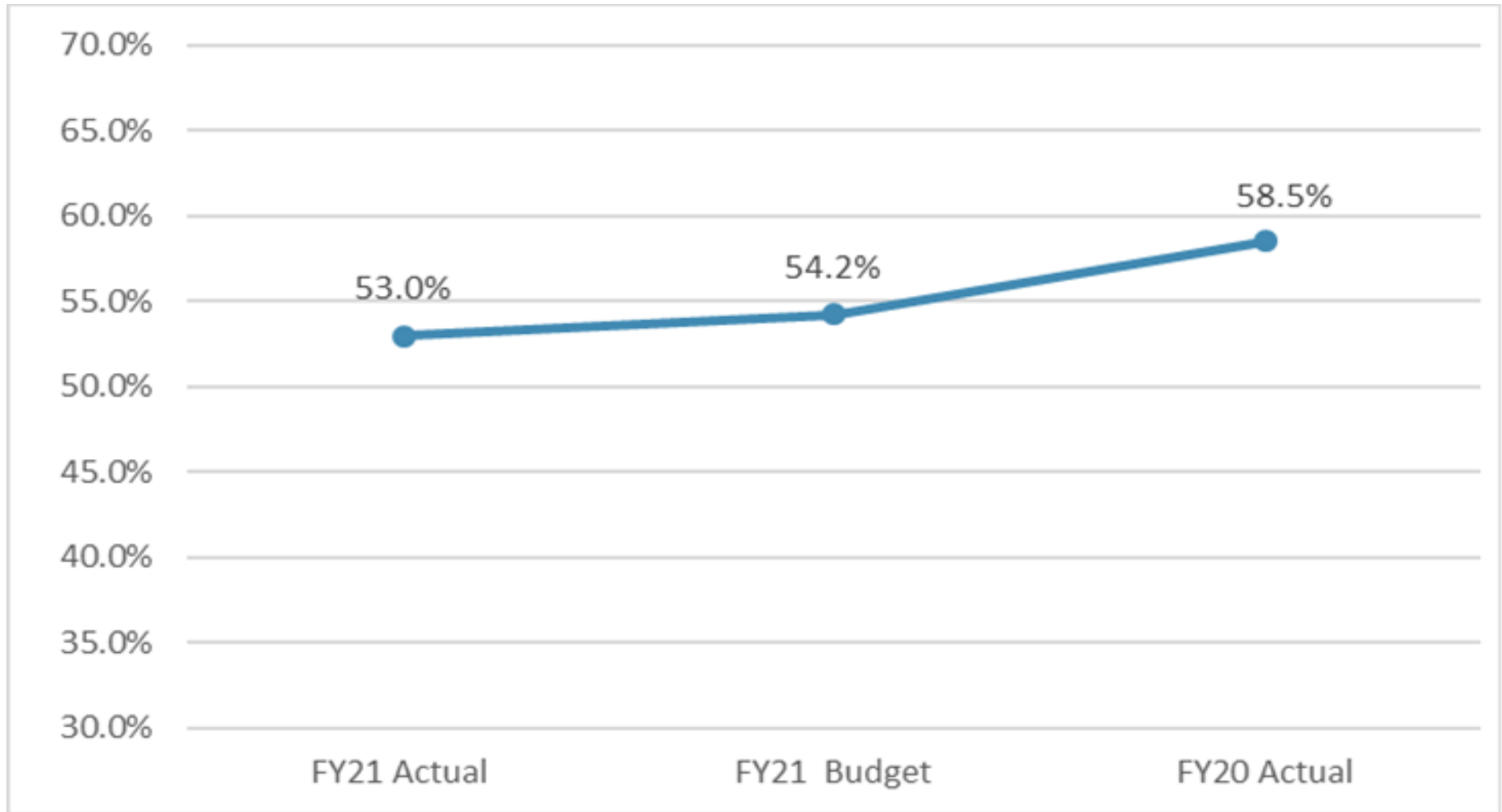
Case Mix Index



	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				
FY21 Budget	1.2300	1.2300	1.2300	1.2300	1.2300	1.2300	1.2300	1.2300				
FY20 Actual	1.2300	1.1530	1.2190	1.2900	1.2010	1.2910	1.3520	1.3310				

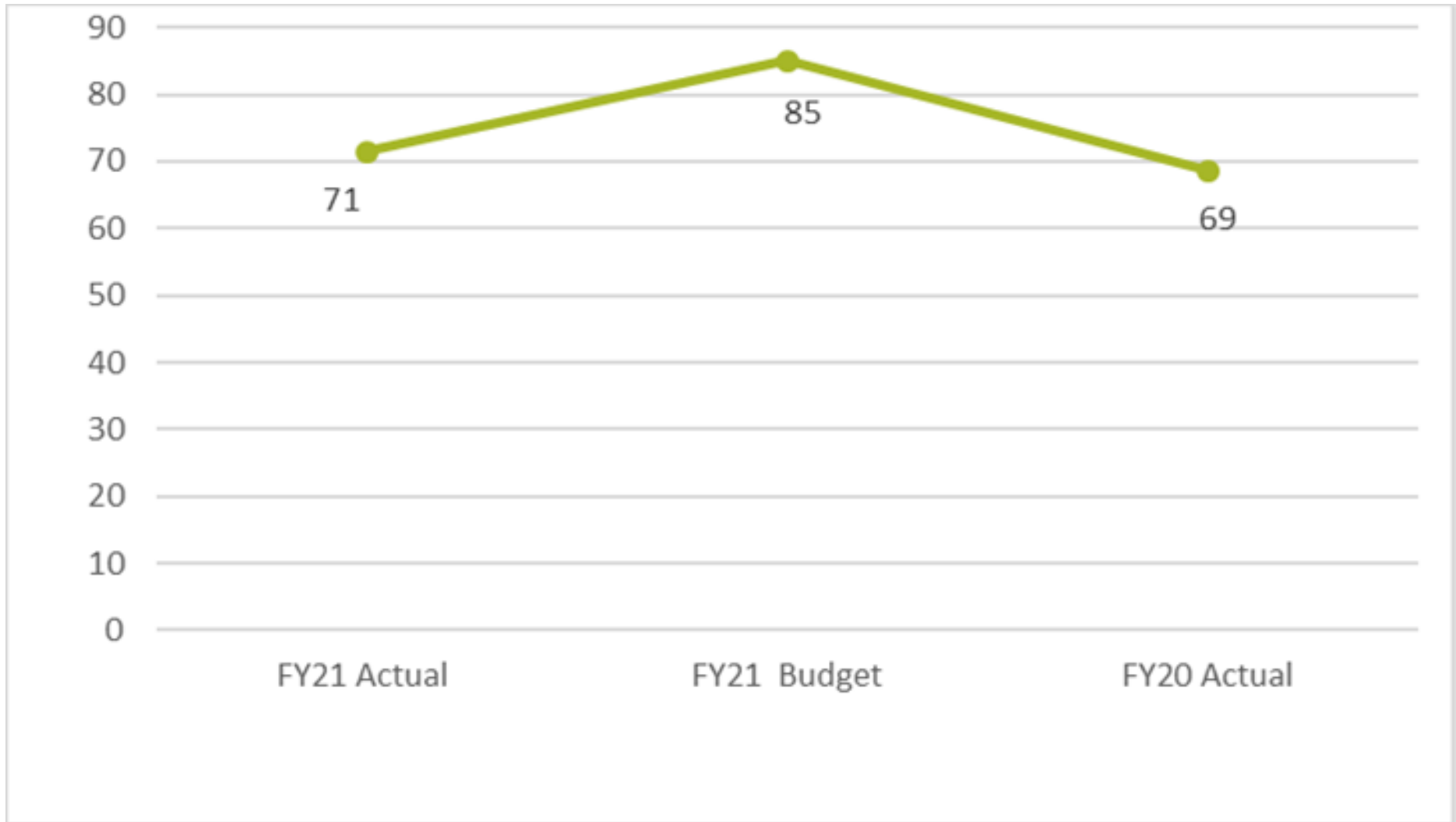


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



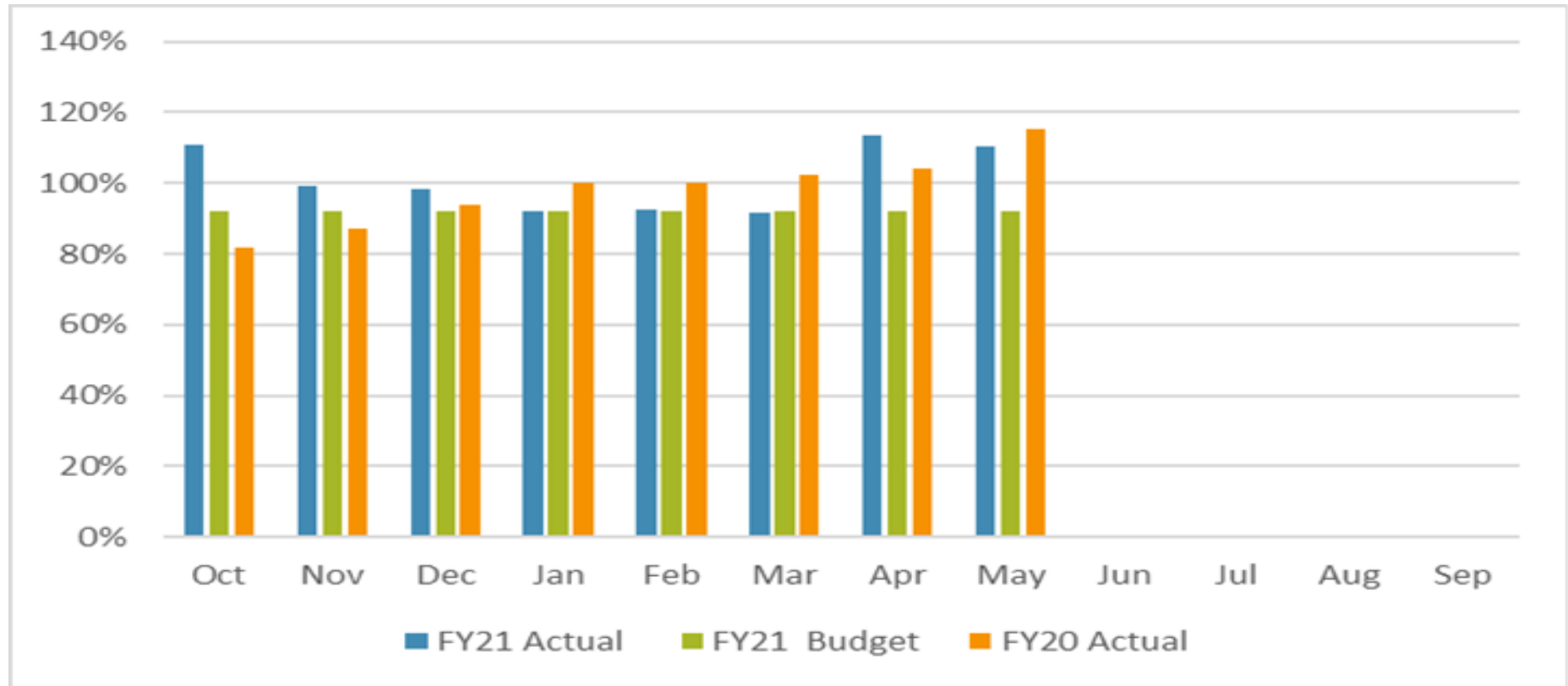


Net Accounts Receivable (AR) Days With Unbilled





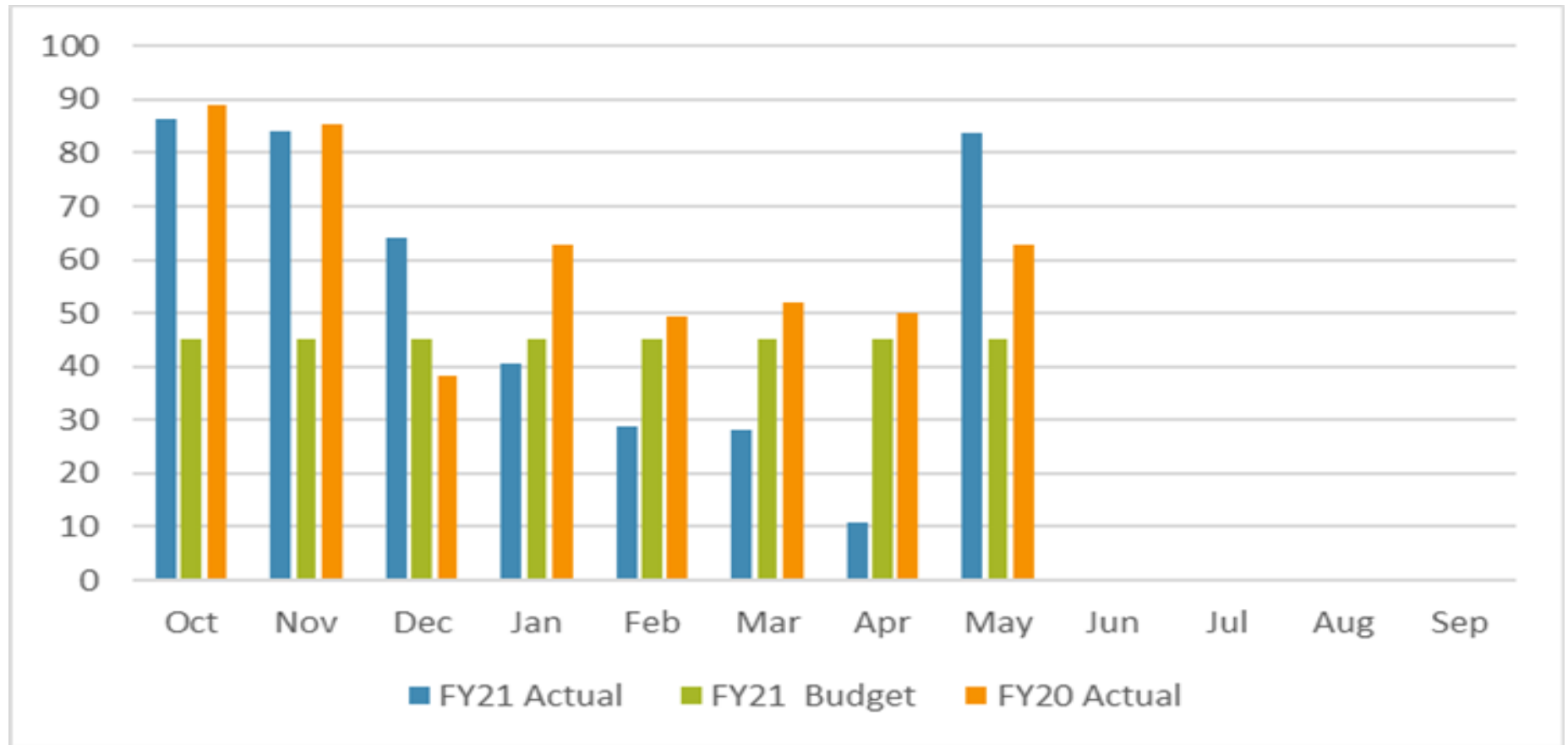
Cash Collection as a % of Net Revenues



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



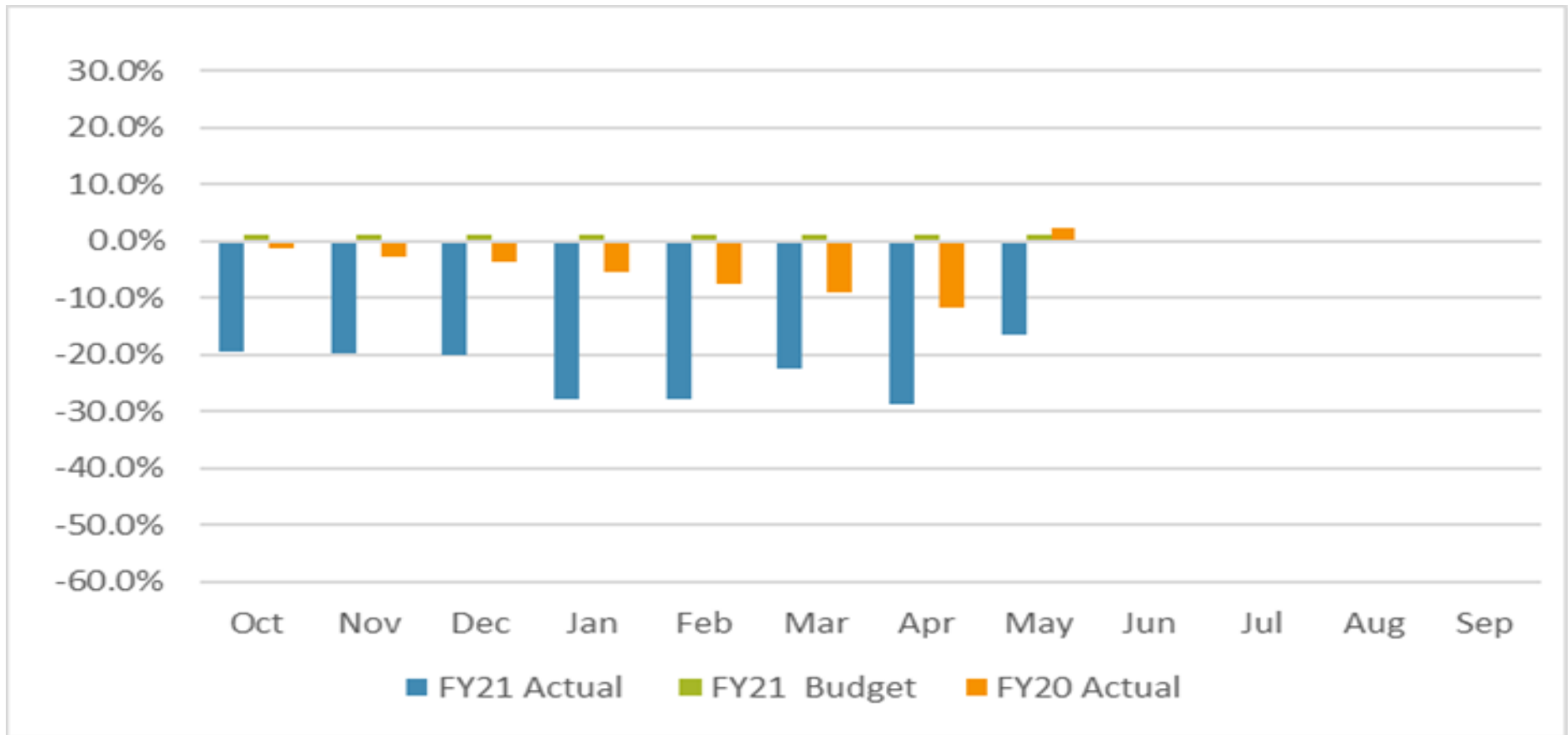
Days Cash On Hand



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



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%				
FY21 Budget	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%				



Income Statement

FY21 Operating Period Ending May 31, 2021

	Month of May			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	378	413	404	(35)	-8%	(26)	-6%	2,962	3,300	3,089	(338)	-10%	(127)	-4%
Patient Days	2,334	2,308	3,550	26	1%	(1,216)	-34%	17,987	18,462	37,767	(475)	-3%	(19,780)	-52%
Emergency Room Visits	3,399	4,125	2,787	(726)	-18%	612	22%	24,697	33,000	29,821	(8,303)	-25%	(5,124)	-17%
Clinic Visits	1,046	1,093	752	(47)	-4%	294	39%	14,637	8,741	7,579	5,896	67%	7,058	93%
IP Surgeries	68	58	47	10	17%	21	45%	481	464	417	17	4%	64	15%
OP Surgeries	91	67	17	24	36%	74	435%	696	536	600	160	30%	96	16%
Radiology Visits	728	765	186	(37)	-5%	542	291%	4,984	6,123	5,553	(1,139)	-19%	(569)	-10%
Revenues														
Net Patient Service	6,731	7,875	5,842	(1,144)	-15%	889	15%	47,540	63,001	52,565	(15,461)	-25%	(5,025)	-10%
DSH	2,697	964	964	1,733	180%	1,733	180%	8,632	7,712	7,712	920	12%	921	12%
CNMC Revenue	165	177	226	(12)	-7%	(61)	-27%	1,219	1,414	1,681	(195)	-14%	(462)	-27%
Other Revenue	6,869	2,007	16,591	4,862	242%	(9,721)	-59%	23,955	16,059	37,698	7,896	49%	(13,743)	-36%
Total Operating Revenue	16,462	11,023	23,623	5,439	49%	-7,161	-30%	81,346	88,186	99,656	(6,840)	-8%	(18,310)	-18%
Expenses														
Salaries and Wages	4,275	4,170	5,342	106	3%	(1,067)	-20%	35,568	33,357	37,843	2,211	7%	(2,275)	-6%
Employee Benefits	977	1,084	1,106	(107)	-10%	(129)	-12%	9,424	8,673	9,946	751	9%	(522)	-5%
Contract Labor	484	167	368	317	190%	116	31%	3,519	1,333	2,386	2,186	164%	1,133	48%
Supplies	768	1,208	312	(441)	-36%	455	146%	7,533	9,667	9,137	(2,134)	-22%	(1,604)	-18%
Pharmaceuticals	236	241	229	(5)	-2%	7	3%	2,117	1,928	1,836	189	10%	281	15%
Professional Fees	1,604	1,734	1,882	(129)	-7%	(278)	-15%	13,982	13,868	13,074	113	1%	907	7%
Purchased Services	1,611	1,412	2,130	199	14%	(519)	-24%	12,582	11,294	14,273	1,288	11%	(1,691)	-12%
Other	1,185	910	883	275	30%	302	34%	9,907	7,280	8,705	2,626	36%	1,202	14%
Total Operating Expenses	11,140	10,925	12,252	215	2%	(1,112)	-9%	94,631	87,401	97,200	7,230	8%	-2,568	-3%
Operating Gain/ (Loss)	5,321	98	11,370	5,223	5328%	(6,049)	-53%	(13,285)	784	2,456	(14,069)	-1794%	(15,741)	-641%



Balance Sheet

As of the month ending May 31, 2021

May-21	Apr-21	MTD Change		Sep-20	YTD Change
Current Assets:					
\$ 47,724	\$ 19,688	\$ 28,036	Cash and equivalents	\$ 53,402	\$ (5,678)
13,987	13,177	810	Net accounts receivable	14,651	(664)
6,397	6,523	(127)	Inventories	6,024	373
4,544	6,987	(2,444)	Prepaid and other assets	1,054	3,490
72,651	46,376	26,275	Total current assets	\$ 75,131	\$ (2,480)
Long- Term Assets:					
(427)	(427)	0	Estimated third-party payor settlements	-	-
65,876	66,071	(195)	Capital Assets	69,722	(3,846)
65,449	65,644	(195)	Total long term assets	69,722	(4,273)
\$ 138,100	\$ 112,020	\$ 26,081	Total assets	\$ 144,853	\$ (6,753)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
18,070	16,732	1,338	Trade payables	18,773	(703)
10,398	9,856	542	Accrued salaries and benefits	11,838	(1,440)
2,593	3,242	(649)	Other liabilities	2,594	(1)
31,061	29,830	1,231	Total current liabilities	33,205	(2,144)
Long-Term Liabilities:					
28,835	11,012	17,823	Unearned grant revenue	13,890	14,945
7,364	7,347	17	Estimated third-party payor settlements	7,219	145
1,848	1,848	-	Contingent & other liabilities	1,629	219
38,047	20,207	17,840	Total long term liabilities	22,738	15,309
Net Position:					
68,992	61,983	7,009	Unrestricted	88,910	(19,918)
68,992	61,983	7,009	Total net position	88,910	(19,918)
\$ 138,100	\$ 112,020	\$ 26,080	Total liabilities and net position	\$ 144,853	\$ (6,753)



Statement of Cash Flow

As of the month ending May 31, 2021

Month of May				<i>Dollars in Thousands</i>	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 8,634	\$ 6,555	Receipts from and on behalf of patients		\$ 57,407	\$ 67,428
(2,605)	(7,666)	Payments to suppliers and contractors		(53,961)	(51,514)
(4,710)	(7,802)	Payments to employees and fringe benefits		(46,432)	(47,942)
(145)	8,040	Other receipts and payments, net		245	23,675
1,175	(873)	Net cash provided by (used in) operating activities		(42,741)	(8,353)
Cash flows from investing activities:					
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		-	-
-	-	Receipts of interest		-	1
-	-	Net cash provided by (used in) investing activities		-	1
Cash flows from noncapital financing activities:					
-	-	Repayment of notes payable		-	-
25,000	0	Receipts (payments) from/(to) District of Columbia		40,000	22,141
25,000	0	Net cash provided by noncapital financing activities		40,000	22,141
Cash flows from capital and related financing activities:					
-	-	Net cash provided by capital financing activities		-	-
2,830	6,058	Receipts (payments) from/(to) District of Columbia		2,701	9,442
(969)	(1,122)	Change in capital assets		(5,638)	(5,230)
1,862	4,936	Net cash (used in) capital and related financing activities		(2,937)	4,212
28,036	4,064	Net increase (decrease) in cash and cash equivalents		(5,678)	18,000
19,688	45,869	Cash and equivalents, beginning of period		53,402	31,933
\$ 47,724	\$ 49,933	Cash and equivalents, end of period		\$ 47,724	\$ 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					