

UMC Newsletter

October 1, 2021

Volume 3, Number 4



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As cooler temperatures arrive and fall festivals begin, let's remember our commitment to our patients, our families, and each other and **CONTINUE TO DO OUR PART TO STAY WELL.**

This month's newsletter reminds us of another deadly disease that impacts far too many women (and some men) in the United States – Breast Cancer. With so much attention on COVID-19 and the daily demands of the critical work we do here at UMC, we must remember to take care of ourselves first by getting rest, eating well, exercising, and scheduling our regular health screenings and physicals.

So this weekend, check in with yourself and your medical care provider and ensure you are up to date on your wellness exams and ready for fall!



Who We Are...

Our Mission
&
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

Our Mission

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

Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

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

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



Who We Are...

Values

Values

• *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

• *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

• *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

• *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

• *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

• *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values



UMC would like to welcome our newest members to the team!

Iris Freeman – 8 West Telemetry

Yvette Riddick- Care Management

Fatmata Kabia - 8 West Telemetry

Brigitte McGee Anyangwa – 4 West Psych Unit II

Maureen Ngeh - 4 West Psych Unit II

Nya Kindley – Purchasing

Debra-Adele Misse – Clinical Lab

Renecka Manning - 4 West Psych Unit II

Rohullah Wardak – Information Technology

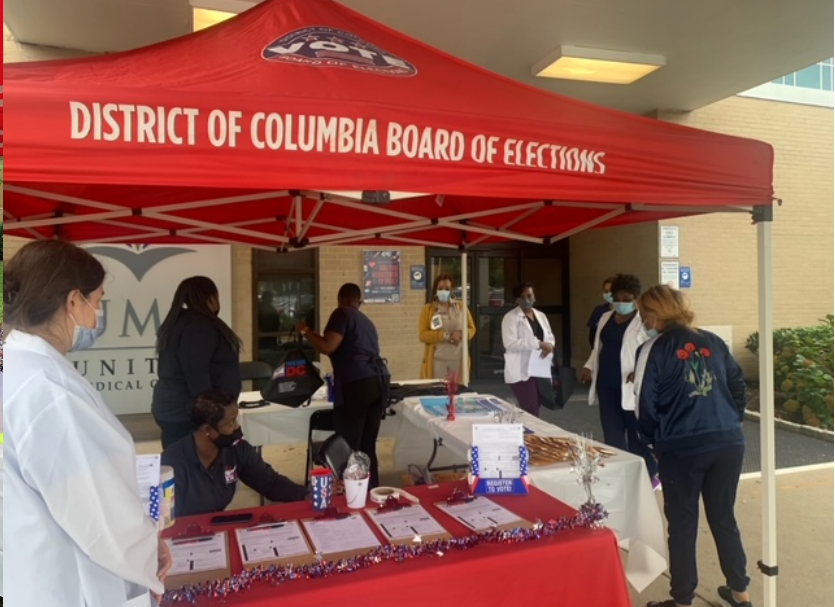
Maduro Martin – ER Nursing

Ti’Jean Beezer – Infectious Disease Clinic

John David Castillo – Dietary

THANK YOU!!!!

We had an eventful week at UMC. Special thank you to the DC Board of Elections, Dr. Marissa Dowling, The Executive Leadership Team, Building Services, Tonia Johnson, Dante Henry, Human Resources & everyone who made this week great!



Team UMC was VAXED & RELAXED this past Wednesday at our Staff Vaccination Appreciation Event! We appreciate your efforts to keep our staff and patient community safe from COVID-19 by getting vaccinated.



Congratulation to Captain Davis – Connect Four Champion!!



IMPORTANT REMINDER: LICENSEES MUST BE VACCINATED BY SEPTEMBER 30, 2021

Dear Health Care Workers,

On Monday, August 16, 2021, the District of Columbia Department of Health (DC Health) announced a COVID-19 vaccine requirement for all licensed, certified, and registered health professionals as well as all unlicensed health care workers in the District of Columbia.

On August 27, 2021, emergency regulations were issued by DC Health further clarifying this requirement. Specifically, all licensed, certified, and registered health professionals and all unlicensed health care workers must fulfill the requirement to receive at least one (1) dose of a COVID-19 mRNA vaccine (i.e., Moderna or Pfizer) or the single dose Johnson & Johnson vaccine **no later than September 30, 2021**. Failure to meet this requirement can result in disciplinary action including suspension and/or revocation of a health professional's license, certification, or registration. Unlicensed individuals may also be subject to enforcement action(s). A copy of the relevant regulations can be found online [HERE](#).

To assist in this process, DC Health has created an online vaccine reporting tool which can be accessed by <https://link.zixcentral.com/u/86ff2736/KO04PDQh7BGV3cLiMi1kxg?u=https%3A%2F%2Fdoh.force.com%2Fver%2Fs%2Fvaccinereporting> going to <https://link.zixcentral.com/u/86ff2736/KO04PDQh7BGV3cLiMi1kxg?u=https%3A%2F%2Fdoh.force.com%2Fver%2Fs%2Fvaccinereporting>. All licensed and unlicensed health care workers must report their vaccine status via this online tool. Individuals who meet the requirements for an exemption to the vaccine mandate will also be able to submit a request for an exemption via this tool. To obtain an exemption, individuals must meet one of the following requirements:

1. Religious Exemption

The person objects in good faith and in writing that the person's vaccination against COVID-19 would violate a sincerely held religious belief and the vaccination would in fact violate a sincerely held religious belief of the person.

For religious exemptions, individuals will need to submit a letter, stating that their vaccination against COVID-19 would violate a sincerely held religious belief and the vaccination would in fact violate a sincerely held religious belief of the person.

2. Medical Exemption

The person has obtained and submitted written certification from a physician, or other licensed health professional who may order an immunization, that being vaccinated against COVID-19 is medically inadvisable due to the person's medical condition and it is in fact medically inadvisable for the person to receive a COVID-19 vaccine due to the person's medical condition. If the condition making the vaccine medically inadvisable is temporary, the physician or other licensed health professional should specify in the certification the date on which, or the change in condition upon which, taking the vaccine would no longer be medically inadvisable.

For medical exemption requests, individuals will need to provide the name and license number of the health care provider who issued the medical exemption, and then submit a written letter from that licensed health care provider stating that being vaccinated against COVID-19 is medically inadvisable due to the person's medical condition and it is in fact medically inadvisable for the person to receive a COVID-19 vaccine.

3. World Health Organization (W.H.O.) Exemption

The person was vaccinated outside the United States with a COVID-19 vaccine approved by the World Health Organization.

For the W.H.O. exemption, individuals will need to submit proof of vaccination of a W.H.O. approved vaccine and provide dates of vaccination.

All exemption requests will be reviewed to determine if the applicable criteria has been met, and a response either approving or denying the request will be issued by DC Health within 45 – 60 business days. Please note, a requested exemption is not valid unless it is approved by DC Health.

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]



A Presidential Proclamation on National Breast Cancer Awareness Month, 2021 (Excerpt)

During National Breast Cancer Awareness Month, we stand with the courageous women and men who have been diagnosed with breast cancer and honor those who have lost their battle to this terrible disease. As the second most common cancer affecting women, an estimated 1 in 8 women will develop breast cancer over the course of their lifetime and 281,550 women will be diagnosed with breast cancer in the United States in 2021. Cancer touches so many families across the country — including ours. It is up to all of us to continue fighting for a cure and to ensure that every American has access to the quality care they need.

This year marks the 30th anniversary of the National Breast and Cervical Cancer Early Detection Program, which provides free breast and cervical cancer screenings to low-income, uninsured, and underinsured women in every State, as well as many Tribal organizations and Territories. To find information on how to get screened through this program, visit: [cdc.gov/cancer/nbccedp/screenings.htm](https://www.cdc.gov/cancer/nbccedp/screenings.htm). Early detection is one of the most important strategies for treating breast cancer successfully, and regular screenings are the most reliable way to detect it early. The COVID-19 pandemic has disrupted many parts of our lives, and has produced new deficits in breast cancer early detection, so there is renewed urgency to getting these recommended screenings scheduled, before a cancer has spread and becomes less treatable. I encourage everyone to maintain their scheduled screenings, doctor appointments, and treatments without delay while observing coronavirus safety measures.

More information on breast cancer is available at [cancer.gov/breast](https://www.cancer.gov/breast). Information specialists at the National Cancer Institute are also available to help answer cancer-related questions in English and Spanish at 1-800-422-6237.

President Joseph R. Biden Jr.

For the full proclamation visit: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/09/30/a-proclamation-on-national-breast-cancer-awareness-month-2021/>

There are things you should know to understand what breast cancer is, know your chances for getting it, and how to find it early. Finding breast cancer early is critical because when it is found early, it is easier to treat. Read to learn more about the common symptoms of breast cancer and the best way many women find breast cancer early.

What is breast cancer?

Breast cancer is the second most common cancer among women, after skin cancer. It is a disease in which cells in the breast grow out of control.

Cancer cells can also spread, or *metastasize*, to other parts of the body.



What symptoms should I look for?

Some warning signs of breast cancer are:

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or shape of the breast.
- Pain in the breast.

These symptoms can happen with other conditions that are not cancer. If you notice any of these symptoms, talk to your health care provider right away.

What can I do to find breast cancer early?

Breast cancer screening involves checking a woman's breasts for cancer before there are signs or symptoms of the disease.

A *mammogram* is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer. The United States Preventive Services Task Force (USPSTF) recommends that most women who are at average risk and are 50 to 74 years old get one every 2 years. USPSTF recommendations state that women with a parent, sibling, or child with breast cancer are at a higher risk for breast cancer and may benefit from beginning screening in their 40s. Weighing the benefits and risks of screening is important when considering your screening options. If you're 40 to 49 years old, talk to your health care provider about when to start screening.



Are you concerned that you cannot afford to have a mammogram?

Most health insurance plans cover the cost of screening mammograms. If you have a low income or do not have insurance, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program.



National Breast and Cervical Cancer Early Detection Program

To learn more about the program, call (800) CDC-INFO or visit www.cdc.gov/cancer/nbccedp/.

What can I do to lower my chance of getting breast cancer?

One of the most important things you can do to lower your risk of breast cancer is to know your risk of breast cancer. Talk to your doctor about what that means for you.

Your doctor will consider factors that **cannot** be changed, like:

- Your personal history of breast problems.
- Your family's history of breast cancer.
- Your breast density (the amount of connective and fatty tissue in your breasts).
- Your age. Most breast cancers are found after age 50.
- Your menstrual and childbirth history.
- Your history of radiation treatment therapy to the chest or breasts.
- If you took the drug diethylstilbestrol (DES), which was given to some pregnant women in the United States between 1940 and 1971 to prevent miscarriage, you have a higher risk. Women whose mothers took DES while pregnant with them are also at higher risk.
- If you or close family members have known mutations (changes) in your breast cancer genes (BRCA1 or BRCA2). Women who have inherited these genetic changes are at higher risk of breast and ovarian cancer. You will only know if you have a mutation if you have had genetic testing. Even in the absence of having abnormal genes when tested, it is important to know your family history; we don't know all the genes that cause breast cancer.

Your doctor will also consider factors that **can** be changed, like any hormone replacement use.

Here are some things you can do to reduce your chance of getting breast cancer:

- Keep a healthy weight.
- Engage in regular physical activity.
- Don't drink alcohol, or limit alcoholic drinks to no more than one per day.



To learn more about breast cancer, visit www.cdc.gov/cancer/breast/.



Community Resources & Activities



Live classes are every Tuesday from 3-4 p.m. ET (12-1 p.m. PT) starting Sept. 7 with recordings available on demand for registrants. Once you register for series one, you will not need to re-register to continue attending any future series. Sign up now to get access to class resources and recipes!

<https://www.pcrm.org/events/fight-diabetes-with-food>

Weekly class schedule:

1. A Nutritional Approach for Diabetes
2. How to Get Started With a Powerful Menu
3. Grocery Shopping and Recipes for Success: 21-Day Challenge Begins!
4. How to Manage Medications and Navigate Social Situations
5. Getting the Nutrients You Need
6. Healthy Options When Traveling or Dining Out
7. Maintaining a Healthy Heart, Eyes, Nerves, and Kidneys
8. Keeping Up Success in the Long Run: Virtual Potluck



One of the most successful events East of the River will happen on October 3, 2021 in the Penn Branch

Community. **Porchfest DC!** If you are someone who loves the arts and enjoys the camaraderie of community then this event is for you!

Visit: porchfestdc.org for more information.

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC OVERSIGHT HEARING
1350 PENNSYLVANIA AVE., N.W., WASHINGTON, D.C. 20004**

**COUNCILMEMBER VINCENT C. GRAY, CHAIRPERSON
THE COMMITTEE ON HEALTH**

ANNOUNCES A PUBLIC OVERSIGHT HEARING ON

**“THE NOT-FOR-PROFIT HOSPITAL CORPORATION’S OPERATIONAL AND WIND
DOWN PLAN”**

**MONDAY, OCTOBER 18, 2021, 10:00 AM – 6:00 PM
REMOTE HEARING VIA WEBEX
BROADCAST LIVE ON DC COUNCIL CHANNEL 13
STREAMED LIVE AT WWW.DCCOUNCIL.US AND ENTERTAINMENT.DC.GOV.**

Councilmember Vincent C. Gray, Chairperson of the Committee on Health, announces a Public Oversight Hearing on the "Not-For-Profit Hospital Corporation’s Operational and Wind Down Plan." The hearing will be held on Monday, October 18, 2021, at 10:00 a.m., via Webex.

This oversight hearing will examine the Not-For-Profit Hospital Corporation’s Operational and Wind Down Plan. This plan, transmitted to the Council in August of 2021, was developed by United Medical Center (UMC) hospital operator Mazars, LLC under the oversight of UMC’s Fiscal Management Board as a means of identifying, planning, and implementing the necessary actions to operate the hospital within the legislated annual subsidy, and provide a clear pathway to wind down the hospital operations for eventual closure and transition to the new hospital, as well as develop a comprehensive communication plan for internal and external stakeholders. The hearing will provide the committee with an opportunity to discuss the progress of the plan with the hospital’s operator and ensure compliance with regulatory and legal requirements.

Persons wishing to provide oral testimony should contact Malcolm Cameron, Legislative Analyst of the Committee on Health by e-mail at mcameron@dccouncil.us or by phone at (202) 341-4425 before 5:00 p.m. on Thursday, October 14, 2021. When sending an e-mail or leaving a voicemail, please provide Mr. Cameron with the following information:

- Your first and last name;
- The name of the organization you are representing (if any);
- Your title with the organization;
- Your e-mail address;
- Your phone number; and
- The specific bill/s you will be testifying about.

Mr. Cameron will e-mail a confirmation of your attendance with an agenda, witness list, and attached instructions for accessing the Webex video conference hearing by 5:00 p.m. on October 15,

2021. Oral testimony will be strictly limited to three minutes to allow everyone an opportunity to testify. Due to technological limitations during the COVID-19 pandemic, only the first nine hours of the hearing will be broadcasted, however, the Webex hearing will continue until all witnesses who have signed up have had an opportunity to testify.

For accommodation requests, including spoken language or sign language interpretation, please inform the Committee office of the need as soon as possible but no later than five (5) business days before the proceeding. The Council will make every effort to fulfill timely requests, however requests received in less than five (5) business days may not be fulfilled and alternatives may be offered.

Persons wishing to provide written testimony should e-mail their written testimony to Malcolm Cameron, Legislative Analyst of the Committee on Health at mcameron@dccouncil.us before 5:00 p.m. on Monday, November 1, 2021. Any testimony provided after this time will not be made part of the hearing record. Please indicate that you are submitting testimony for this hearing in the subject line of the e-mail. The Committee also welcomes e-mails commenting on the proposed legislation, however, this correspondence is not included in the official Committee report if it is not labeled as testimony.

Wellness News



Think Pink!

Issue X ■ October, 2021: Breast Cancer Awareness

Issue X

Breast Cancer - What to know

What Is Breast Cancer?

Breast cancer is a disease in which atypical cells within the breast grow out of control. Cancer typically starts in the body when older, abnormal cells stick around and crowd out normal cells. These cells usually will form a tumor that can be seen on an x-ray or felt as a lump in the breast. Although most breast cancer cases happen in women, men can also develop this disease as well.

Facts and Figures

Each year in the United States, about 255,000 breast cancer cases are diagnosed in women and about 2,300 in men. Breast cancer is one of the most common cancers among American women and in recent years, incidence rates have increased by 0.5% per year.

[How Common Is Breast Cancer? | Breast Cancer Statistics](#)

Signs and Symptoms

- Thickening or swelling of part of the breast
- New lump found in breast or underarm area
- Redness or skin irritation of breast or nipple (flaking of skin, dimpling)
- Nipple discharge, including blood
- Change in size or shape of the breast
- Pain in breast or nipple

October Awareness Dates:

October 10, 2021: World Mental Health Day

October 13, 2021: Metastatic Breast Cancer Awareness Day

October 15, 2021: National Mammography Day

Risk Factors

Factors that Can Be Controlled to Reduce Risk:

- **Physical Activity** - women who are not physically active are at higher risk
- **Maintaining a Healthy Weight** - healthy eating habits and daily exercise
- **Avoiding alcohol use** - frequent alcohol consumption increases risk for breast cancer

Risk Factors you Cannot Change:

- **Ageing** - most cases are diagnosed after age 50
- **Genetic mutations** - mutations to certain genes, like BRCA1 and BRCA2
- **Having Dense Breasts** - more connective tissue than fatty tissue can make it hard to see tumors on a mammogram
- **Family History** - having a family member who has had breast or ovarian cancer raises risk
- **Previous Radiation Therapy** - radiation therapy to the chest or breasts prior to age 30 increases risk

[What Are the Risk Factors for Breast Cancer? | CDC](#)

Exams and Screenings

Early detection through screenings and exams is the best way to stop cancer in its tracks while it is easier to treat! Read through the list of screenings and exams below, then talk to your doctor about what is right for you.

- Mammogram: X-Ray of Breast
- Breast MRI (Used for High-Risk Women alongside Mammogram): Magnets and radio waves take pictures of the breast
- Clinical Breast Exam: Examination done by a doctor or nurse who uses their hands to feel for any lumps or changes
- [Self-Breast Exam](#): Becoming familiar with how your breasts look and feel. Do you notice any changes?

Click [here](#) for more information on Breast Cancer Screening Guidelines for Women.



Utilizing Support and Resources

Receiving a cancer diagnosis can bring on a variety of different emotions to not only those directly affected, but also caregivers and loved ones. Be sure to check out the National and CareFirst resources below. **Always contact and work with your personal doctor if you have any signs or symptoms.**

National Resources

- Centers for Disease Control and Prevention
[Breast Cancer | CDC](#)
[Breast Cancer Resources to Share | CDC](#)
- American Cancer Society

[Breast Cancer | Breast Cancer Information & Overview](#)

[Breast Cancer in Men](#)

CareFirst Resources

- [Find A Doctor or Healthcare Facility](#) – Search by provider last name or type of provider within your network. Also search for health care facilities, including hospitals, urgent care, and labs. This tool can be found by logging in to MyAccount and selecting the *Doctor tab*. Once selected, click on *Find a doctor* to get started!
- [CareFirst Video Visit](#) – Get the care you need at your fingertips. To get started, log in to MyAccount and register for CareFirst Video Visit. From sudden colds to allergy woes, simply sign in to connect with a doctor on your smartphone, tablet or computer right away. For mental health, diet/nutrition, or breastfeeding support, schedule a visit and meet with a licensed professional from the comfort of your home.
- [AskMD](#) – To access AskMD, log in to your CareFirst Well-being platform and click on the *Discover tab* then *AskMD*. More than just your standard symptom checker, AskMD gets you from "what's wrong" to what you can do about it. Not meant to be used as a diagnostic tool but rather to be used to provide guidance for a conversation with your doctor.
- [Inspirations](#) – From the digital well-being platform (log in to MyAccount and register for your personal wellness account). Soothing video content in the palm of your hand designed to help reduce and eliminate daily stress.

New to CareFirst Wellness!

Wallet

Under "Health Profile" in the CareFirst well-being platform there is a new feature, **Wallet**. In Wallet, you can upload 4 images such as your vaccination card, insurance card, and even your driver's license to have pictures at your fingertips. Be sure to check out this new feature next time you are in your CareFirst well-being platform powered by Sharecare!

UMC IN THE NEWS – September 9 – October 1, 2021

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael,
VP of Public Relations @Tcarmichael@united-medicalcenter.com.

NO NEWS IS GOOD NEWS!



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of September 29, 2021

	Total Number Positives
All	61,153
Race	
Unknown	255
American Indian/Alaska Native	111
Asian	1,254
Black/African American	31,991
Native Hawaiian/Pacific Islander	121
Two or More Races	12,450
White	14,969
Ethnicity	
Unknown	5,471
Hispanic or Latino	9,854
NOT Hispanic or Latinx	45,814