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**Monthly Board Meeting**

**Date:** October 27, 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**  
**DM 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, October 27, 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](http://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 - July 28, 2021, August 18, 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
- C. Toya Carmichael, Corporate Secretary / VP Public Relations

**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:**  
**October 27, 2021**

## **Reading and Approval of Minutes**

**Minutes Date:**  
**July 28, 2021, 2019**  
**August 18, 2021**



Not-For-Profit Hospital Corporation  
FISCAL CONTROL BOARD MEETING  
**Wednesday, July 28, 2021, 10:00am**  
**Held via WebEx**

**Directors:**

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

**UMC Staff:** CNO Dr. Jacqueline Payne-Borden, CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon

**Other:** Kai Blissett

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:37 pm.  Quorum determined by Toya Carmichael. (Dr. Fair absent at roll call)
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir. Turnage, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i>
<b>Approval of Minutes</b>	<i>Mot to approve minutes by Dir. Ashenafi, 2<sup>nd</sup> by DM. Turnage, unanimous vote.</i>
<b>Discussion</b>	<p style="text-align: center;"><b>CMO Report – Dr. William Strudwick</b></p> <ul style="list-style-type: none"> <li>• Offering COVID vaccines to patients in ED and inpatients on discharge. Vaccines provided by the pharmacy dept.</li> <li>• Developing a policy to make the vaccine mandatory. Creating a process to first provide the vaccine to staff in OCC Health.</li> <li>• From a quality &amp; performance perspective, we have talked a lot about the blood culture contamination rates and our goal was for a 10% rate every month and</li> </ul>

	<p>due to collaborative efforts of the Laboratory and Emergency Departments we decreased it from 17-10% for both the months of May and June.</p> <ul style="list-style-type: none"> <li>• From the infection, prevention and control standpoint, our monthly surveillance of infections, we are really meeting a high standard. Ventilator associated infections, we had a 172 ventilator days with no infections.</li> <li>• Urinary Indwelling Device - 219 device days = 0 infections</li> <li>• 263 persons were observed for hand hygiene; the compliance rate was 92%</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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</li> <li>• In June we had the third month in a row for single digit denials of payments and the majority of the denials were overturned on appeal. Kudos to the case management team who is working really hard to achieve these goals.</li> <li>• 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&amp;T Committee Meeting. It is designed to assist with ease of ordering meds for patients arriving in the ED with active labor.</li> </ul> <p>Dir. Jacobs asked if we know what percentage of our staff have been vaccinated?</p> <ul style="list-style-type: none"> <li>• We do not know but based on what we did in our clinic and it now being widely available, estimate about 50%. Once we make it mandatory staff will have to show proof of vaccination and we will know.</li> </ul> <p>DM Turnage asked what our target date is for making the vaccine mandatory?</p> <ul style="list-style-type: none"> <li>• If we had to give a date, it would be September 30, 2021. Not officially amongst the DCHA only two hospitals have established a timeframe, Childrens' Sept. 30<sup>th</sup> and Sibley October 1<sup>st</sup>. No other hospitals have established a date</li> </ul>
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but, we don't want to be the last but the first and we are working on the policies to make that happen.

**MCOS Report– Dr. Gregory Morrow**

- Currently working on medical records and getting them completed in a timely fashion. We have some issues with our MediTech system which are stating that records are not being completed when we know they are being completed. This will impact our ED initiatives as well.
- Surgical volumes are starting to increase and moving back to pre COVID levels.

**CNO Report – Jacqueline Payne-Borden**

- Consolidated the telemetry and Med surge unit on the 8<sup>th</sup> floor to facilitate more efficient rounding and staffing.
- Last month we introduced “T Time” synchronized turn time in the ICU and 8 West to decrease the risk of HAPI’S.
- We had two HAPI’S on patients that were intubated but with collaboration from the physician, nursing, and respiratory therapy, we were able to come up with real time collaboration to change position of the ET tube every 2 hours and off load area.
- A few months ago we started the TTN for patients who have hypothermia related to cardiac arrest where we use...the cases we had were evaluated by the vendor who provides the equipment (Artic Sun) who will be able to tell us if it is helping. We found a 2% improvement in HAPI’s.
- We have also been working with IT and Dr. Yacoub in the ICU and nursing to update the non-diabetic ketoacidosis protocol in MediTech.
- A few months ago we started TTM targeted temperature management for patients who have hypothermia related to cardiac arrests and since then we have had 4 cases were we utilized equipment called the Artic Sun and the vendor will evaluate the data and determine whether or not it is helping.
- We had a problem with handoff of patients going dialysis treatment. We have seen improvements due to implementation and oversight of pre and post handoff documentation.
- Our big to do is staffing and these issues remain intermittent throughout hospital units but we have seen some marked improvements in the ED due to supplemental staffing from our two staffing agencies.
- We also had a change in staffing in telemetry/8W due to a change in leadership, sometimes staff go where the leadership now works. We are also hearing that staff are anxious about the status of the hospital so they are going were they feel more confident even though we as a team has been encouraging them and saying we are going to be here and need our clinical support.

	<ul style="list-style-type: none"> <li>• We are working with HR and the CEO on a nurse and tech hiring fair on August 18<sup>th</sup> and expecting a good event especially with the new DCNA Union Agreement with additional benefits and salaries. Dr. Jacquie looking forward to the event.</li> <li>• Directed attention to the table in her chart that shows staff movement.</li> <li>• CNA Tech Week was celebrated in June. Staff received a keepsake, pocket notebook with our logo, staff were appreciative.</li> </ul> <p>Dir. Jacobs asked what Dr. Jacquie meant when she said the staffing of nurses is intermittent? Does this mean we are still having a high level of call out or we just have vacancies we hope the new CBA will help us address?</p> <ul style="list-style-type: none"> <li>• It is a combination of call outs on Friday/Saturdays and we also have gaps that we are trying to fill.</li> </ul> <p>Dr. Strudwick asked when the nurses will see the increase in pay based on changes in the CBA? This is a standard question during rounds.</p> <ul style="list-style-type: none"> <li>• Early August is what they were told.</li> <li>• Lillian added that HR is validating and doing all the updates in the system and as soon as that is done, they will see the first or second week of August.</li> </ul> <p><b><i>Mot to accept CMO, MCOS, and CNO reports by DM Turnage, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></b></p>
<b>Executive Management Report</b>	<p><b>Executive Management Report – Marcela Maamari, Interim CEO</b></p> <ul style="list-style-type: none"> <li>• Privileged to serve in this capacity. It has been almost 90 days.</li> <li>• Top priorities have been staffing and also the draft operational and wind down plans. Thanked the board for the emergency meetings and support.</li> <li>• Reviewed executive leadership changes reflected in her report.</li> <li>• Reviewed timeline and movement of the plans.</li> <li>• Delivered the Operational Plan that was due July 1<sup>st</sup> thanks to support from Dir. Jacobs and the CFO Lillian Chukwuma. Have received DC CFO certification.</li> <li>• Senior leaders have been going to each department to review staffing and OT and looking for ways to assist them.</li> <li>• A lot of effort being placed on the procurement team, still have some positions to fill and providing some additional support. Mazars team is working hard to get this done. Will go through the procurement department plan during the next meeting.</li> <li>• Ancillary department staffing is a focus of our COO and looking at ways to provide flexible staffing with our volumes and talking to the policies and procedures departments to figure out how to help these departments while we wait to hire more nurses.</li> </ul>

Dir. Jacobs asked when do we expect the MRI to come on?

- Verna Bartholomew reported that a full analysis was conducting to identify the gaps in the approval process and believe it will have the necessary permits in the next thirty days.
- Working with DC agencies to complete the process but our electronic inspection of the MRI unit passed.

DM Turnage asked if we are dealing with mostly commercial or Medicaid plans?

- Dr. Strudwick noted that the vast majority of our patients are Medicaid.

DM asked if the rates for Medicaid are done yet?

- Cheyenne noted that we are all current on our managed Medicaid plans and the rates that are still pending are mostly commercial rates. 2022 rates have to be renewed but that should be happening soon.

#### **Chief Compliance Officer Report – Brian Gradle**

- Also serves as the Ethics Counsel for the hospital and handles our Bega filers and all of those were filed except one person who left the hospital in May and did not file. No conflicts were identified.
- Also serves as the privacy officer for the hospital and also report to the Privacy Officer at the OAG. Have been focusing on the HIPPA requirements and how to utilize COVID information in line with HIPPA.
- Since January we have been offering weekly classes as part of UMC's Leadership Formation Program (LFP) and have had 100 students from 20 departments participate.
- We will soon mandate vaccination and we are doing everything we can to make sure our staff have the tools they need regarding vaccine hesitancy every morning as part of our safety huddle. We also reviewed the legal precedent for imposing the vaccine mandate which has been upheld by the Supreme Court several times over the last 100 years.
- Most of the compliance related calls come to Brian directly and is happy to report that the calls do not regard concerns with legal issues. Most of the calls come from the ED regarding wait times and sometimes we get calls on staff behavior and physician paperwork.
- We are on several DCHA Committees and Task Forces including Health Equity. We stack up very well against other hospitals regarding staff diversity.
- We are also still working with the staff discipline review panel.
- Recently reinvigorated the compliance committee and we just had a meeting discussing what keeps people up at night. The most common concern was around staff retention and burn out and the impact of losing good people on our ability to deliver quality care.



	<b><i>Mot to accept Exec Management Report by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Bobb, unanimous vote.</i></b>
<b>Financial Report</b>	<p style="text-align: center;"><b>Lillian Chukwuma, CFO</b></p> <ul style="list-style-type: none"> <li>• Happy to report for the first time, the final number is not in red. We factored in the DISH and the subsidy and now the number is a positive number (\$87,000) as opposed to what you will see on page 16 which is still negative.</li> <li>• The year is ending and we did not want to make people think, this is not working.</li> <li>• Mazars initiatives, the \$2.2 million dollars we have realized \$1.2 of it because we have realized the vacancies and RIFs that have occurred. Sure the initiatives being implemented in the month of July will be realized.</li> <li>• The GW part of it, we have received \$4million of the \$7million and still hoping for the rest during the three months we have left.</li> <li>• If everything happens the way it is supposed to we will come to \$4.1 million dollars. If we do not get the Mazars or GW and everything else remains the same we will end the year with \$100,000.</li> </ul> <p>DM Turnage asked how much we will have if the operator and GW hit their targets?</p> <ul style="list-style-type: none"> <li>• Lillian stated \$4.1 million.</li> </ul> <p>DM Turnage asked what is the projection on legal fee costs and when/how will they be paid?</p> <ul style="list-style-type: none"> <li>• Lillian noted that all the legal costs we know about have been factored in. It is over \$2 million.</li> </ul> <p>DM Turnage asked if those fees have not been paid yet but have been factored into our balance?</p> <ul style="list-style-type: none"> <li>• Yes as long as Lillian is aware of it.</li> </ul> <p>DM Turnage asked if Lillian and Mike Austin have been communicating about the legal fees.</p> <ul style="list-style-type: none"> <li>• Lillian says yes they have been in communication and had a meeting. The plan is to come to the Board for approval for some of these legal vendors. The contracts and settlements are not all complete yet.</li> </ul> <p>DM Turnage asked</p> <ul style="list-style-type: none"> <li>• Toya asked that this conversation be reserved for closed session.</li> <li>• Lillian went through the key indicators.</li> </ul> <p>DM Turnage asked what is our average daily census?</p> <ul style="list-style-type: none"> <li>• Dr. Strudwick said today it was 76 and med surge was 50 but this does not include ICU or BHU. 20/21 BHU and 8/9 ICU.</li> <li>• DM Turnage shared his concern that our numbers keep plummeting.</li> </ul>

	<p>Lillian continued...</p> <ul style="list-style-type: none"> <li>You can see that our collections team have been doing a great job collecting what is owed.</li> <li>Page 16, expenses are still higher than they should be. Bottom line is that the \$9.8 million, we have taken the one-time items and put them away which is how we got to the \$87,000. As of today our budget is balanced if things continue the way they are going.</li> </ul> <p>DM Turnage asked if without the DISH and Subsidy we are down \$9.8 so we are fairly confident that if the hospital's costs don't increase with DISH and our subsidy in FY22, we should still be ok?</p> <ul style="list-style-type: none"> <li>Lillian said yes, but she is confident that we will not make the one time reckless decisions we made in 2020/2021.</li> </ul> <p><b><i>Mot to accept June financial report by DM Turnage, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></b></p>
<b>Public Comment</b>	No public comment.
<b>Old Business</b>	N/a
<b>Closed Session</b>	<p>Mike Austin read the justification for entering closed session.</p> <p><b><i>Mot to enter closed session by Dr. Fair, 2<sup>nd</sup> by Dir. Ashenafi.</i></b></p> <p>Toya Carmichael conducted the roll call vote.</p> <p>Roll call vote: 5 yays</p> <p>Open session suspended at approximately 4:36pm Closed session began at 4:40pm</p>
<b>Announcements</b>	<p>During closed session the board voted on medical staff appointments and credentialing. The board also voted on a settlement for Curtis Power Solutions and a contract for Coast to Coast Hospitality and reviewed a draft of the Operational and Wind Down Plan.</p>
<b>Adjourned.</b>	No quorum to vote to end the meeting.



Not-For-Profit Hospital Corporation  
FISCAL CONTROL BOARD Emergency MEETING  
**Wednesday, August 18, 2021, 4:30pm**  
**Held via WebEx**

**Directors:**

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

**UMC Staff:** CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon

**Other:**

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 4:34 pm.  Quorum determined by Toya Carmichael. (Dir. Ashenafi absent at roll call.)
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir. Turnage, 2<sup>nd</sup> by Dir. Jackson, unanimous vote.</i>
<b>Financial Report</b>	<p style="text-align: center;"><b>Lillian Chukwuma, CFO</b></p> <ul style="list-style-type: none"> <li>• We are projected to balance the budget. Highlighted the gap tracking measures. Right now net income is at \$230,591.</li> <li>• We have realized \$1.6million from Mazars initiatives. GW \$7.2 million things are getting better and have improved in the last few months. We have \$2.6 million to go. If GW collects and gives us \$1 million in the next two months we can still balance the budget.</li> <li>• As of the end of September our target is \$3.4 million at the end of the year.</li> <li>• If we don't realize the \$1.5 from GW or the \$600,000 from Mazars we are still on target to balance our budget.</li> </ul>

- Reviewed page 4, activities are still down but surgeries are getting better and overall we are getting better.
- Salaries are lower, the attrition and vacancies that happened is really why we are realizing the Mazars initiatives. We are still over YTD but OT is coming down.
- Key indicators, admissions are at 353 but we budgeted for 413, last year it was higher at 384.
- If you look at FTEs we had in the budget 654 and we are at 626.
- Our accounts receivable people are doing dynamite work and collecting everything they are supposed to collect and even more. They collected at 122%. They overdid themselves in June and July. They are really helping us sustain.
- Our cash as of July 31<sup>st</sup>, we had 83 days of cash. You will see from the contracts today; we are burning through it but we are still where we need to be.
- Reviewed page 16. Admissions down 11%, ED visits down 23%, and Radiology visits down 14%. We are looking forward to the MRI coming on because that is going to help us. The subsidies are helping us balance our budget. For the month we made \$4.3 million dollars.
- At the end of the year, September 30<sup>th</sup> we are planning to have a balanced budget.

DM Turnage asked what do we need to do to balance expenses? What do we need to do to not be short at the beginning of the next fiscal year?

- We still have GW and Mazars initiatives to get. Lillian is confident that we will realize those.

DM Turnage asked if Mazars initiatives are based on patient volumes?

- No. GW is based partly on patient volumes but even if they only realize another \$1million we will be balanced.

Dir. Ashenafi expressed his hesitancy about our ability to balance our budget because it is such a narrow margin that we have, especially considering the ED admissions are still down.

- Lillian said if we look at the projection below, we said we would balance the budget with \$1.1 million dollars and we are tracking with that, we set the number at \$1.1 instead of something like \$10 million. Some of the work, expense reduction will also help us in FY22.
- Dir. Jacobs added that the \$232,000 we see now is based on where we are now even with the \$5 loss from GW, we will still be ok. We may not be luxuriously positive but we will not be at zero.
- Lillian noted that when we set the target at \$1.1 million we were tight but we are clearing a lot of debt.

	<p>Dir. Jacobs asked Marcela if she wanted to add any additional context regarding the Mazars initiatives.</p> <ul style="list-style-type: none"> <li>• Marcela said we are seeing lower use of staffing agency, OT, and expenses. We are taking it seriously that we are not going to have the additional subsidy we have had in the past so we are looking at additional savings.</li> </ul> <p><b><i>Mot to accept July financial report by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Fair, unanimous vote.</i></b></p>
<b>Public Comment</b>	No public comment.
<b>Old Business</b>	N/a
<b>Closed Session</b>	<p>Mike Austin read the justification for entering closed session.</p> <p><b><i>Mot to enter closed session by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Bobb</i></b></p> <p>Toya Carmichael conducted the roll call vote.</p> <p>Roll call vote: 5 yays</p> <p>Open session suspended at approximately 4:56pm Closed session began at 4:59pm</p>
<b>Announcements</b>	<p>During closed session the board voted on medical staff appointments and credentialing. The board also voted to approve settlements for Thompson Coburn LLP, Nossaman LLP, Whiteford Taylor Preston LLP, Bill Robinson, Kiernan Trebach LLP, Selzer, Gurvitch, Rabin, Werthmeimer &amp; Polott, P.C, Carlton Fields PA, Nova Medical, Rehabilitation Services, Inc., Enviser Inc., Robert Half, and contracts for Whiteford Taylor Preston LLP, Kiernan Trebach LLP, Kiwi-Tech, Rehabilitation Services, Inc., Miles &amp; Stockbridge PC, Morrison Management Specialists, and Contemporary Nursing Solutions.</p>
<b>Adjourned.</b>	<p><b><i>Mot to adjourn by Dir. Ashenafi, 2<sup>nd</sup> by Dr. Fair, unanimous vote.</i></b></p> <p>Meeting adjourned at: 6:02pm</p>



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## **General Board Meeting**

Date: October 27, 2021

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# **Consent Agenda**



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**General Board Meeting**  
**Date: October 27, 2021**

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## **CMO Report**

*Presented by:*  
Dr. William Strudwick  
Chief Medical Officer

**Not-For-Profit Hospital Corporation  
CMO August 2021 Report & Accomplishments**

**Respectively submitted by William Strudwick, MD**

**United Medical Center Mandatory COVID-19 Vaccine**

After thoughtful consideration and the announcement of the District's mandate that Health Care Workers (HCW) receive the COVID-19 vaccination, we are pleased to present our Mandatory COVID-19 Vaccination Policy. **All Health Care Workers (in-person or remote), including employees, volunteers, contractors, students, Medical Staff, and new hires, must complete one of the following by October 30, 2021:**

1. Receive both doses of Pfizer or Moderna or a single dose of Johnson & Johnson and submit supporting documentation to Occupational Health.
2. Secure an approved medical or religious exemption.

New hires must present proof of vaccination or submit and exemption form within 7 days of their initial start date.

**To get your second dose of the Pfizer or Moderna vaccine by October 30, 2021, you must get your first dose no later than September 30, 2021**

Exemption forms will be available in Human Resources and Occupational Health on Monday August 30, 2021.

Beginning on Monday August 30, 2021, you may call to make an appointment in Occupational Health to receive the Moderna vaccination. The number to call is **202-574-6141 option #3**, and the appointments will be scheduled to start on September 2, 2021.

For those that have or will receive the vaccine outside of the hospital, you may email a copy of your COVID-19 Vaccination Record Card to Occupational Health at

**OCH@united-medicalcenter.com**

Another convenient way to get a valid record of your COVID-19 vaccination is to go to the website: **MyIRmobile.com**; and set up a profile. It is very user friendly and will allow you to print a copy of your vaccination record.

**COVID-19 Vaccination:**

- We are now offering COVID-19 vaccinations to ED patients and appropriate inpatients at discharge
- We are now offering the Moderna vaccine to UMC Staff by appointment in Occupational Health



**Medical Staff Office/Physician Recruitment:**

- The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE. The Medical Staff office and the IT department are currently with Applied Statistics to establish a go-live date
- In August there were four (4) initial appointments, (4) reappointments, and (2) resignations. There are currently (270) Medical Staff Members
- 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
- Successful completion/resolution of a DC Health complaint.
- Completion and submission of quality control charts to CMS and TJC
- 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 83% in April to 90% for May and June. July's data is 87.3% and Aug 88%
- A collaborative effort between the Quality Department and Wound Care was initiated in July to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives will begin by the end of July. August had 6 HAPI (2 reportable). Will continue to monitor the number of HAPI's next month
- Established performance metrics for OPPE and FPPE
- Completion of TJC application
- Met with Navex to start implementation of Policy Tech
- Completion of Care First appeal

## **Infection Prevention & Control:**

### **Monthly Surveillance Data:**

- Ventilator Associated Event = 114 ventilator days – 0 infections
- Central Line Associated Bloodstream Infection = 105 device days – 0 infections
- Urinary Indwelling Device = 154 device days – 0 infections
- 97 ICU employees were observed for compliance with hand hygiene; 90 were found to be compliant for compliance rate of 93%
- VRE (HAI) – 0 infection hospital wide for a year to date rate of 0.4
- C Difficile (HAI) – 0 infection hospital wide for a year to date infection rate of 0.1
- MRSA (HAI) – zero cases of MRSA in the blood hospital wide for August

### **COVID 19 Update:**

- The number of COVID-19 positive admissions to UMC significantly increased from 5 cases in July to 29 cases in August
- There were 3 COVID-19 positive employees for the month of August; none worked in the same department
- The number of positive COVID-19 cases were primarily among the unvaccinated.
- Mandatory COVID 19 Vaccine policy was developed and approved by the Prevention and Control of Infections Committee and the Medical Executive Committee
- Town Hall meeting was conducted to allow persons to be informed of the policy and to have the opportunity to ask questions

### **Case Management:**

- Inpatient payment denials received in Case Management were low at 6 compared to 13 in August 2020. Cases referred to Physician Advisor resulted in 2 being overturned (insurance will cover as inpatient); Physician Advisor agreed with 2 denied cases which medical necessity was not met and 1 which medical necessity for continued stay was not met. One case was administratively denied for late notification of payer
- Hired 1.0 FTE Social Worker to fill 6 month vacancy. We anticipate a September start date pending HR. This will provide additional coverage to assist the 2 full-time Discharge Planners
- We continue to see an improvement in observation cases with a length of stay **less** than 72 hours. Case Managers, Physician Advisor, CM director, and CMO hold OBS meetings daily to discuss care plans to discharge or convert to inpatient
- Daily rounding on new admissions continue with CM Director and CMO. Rounds allow management to be familiar with the entire patient census and address their individual needs in real time. Staff has come to expect to have access to hospital management on a daily basis

- 72 hour post discharge assessment calls continue. Efforts include follow-up calls to patients discharged with home health services. Challenges include incorrect phone numbers and refusal of service post discharge

**Patient Advocacy:**

- ED – Press Ganey Top Box score for August was 49.19% which is the highest of the year. 16 surveys were returned compared to 13 in July
- Inpatient – Press Ganey Top Box score was 28.37% which is the lowest of the year. Only 7 surveys were returned compared to 13 in July
- Daily rounding in the ED and inpatient units indicate a much higher top box perception of our patient care.

**Pharmacy & Therapeutics:**

- Emergency Department Labor and Delivery Order Set from the Department of Pharmacy was presented to MEC and approved. It is built in the Meditech Software. Meeting conducted with Finance to ensure proper billing and separate profiles be established with Registration for Mother and Baby
- 2021 Flu vaccine has arrived in-house and is ready for use pending Infection Control confirmation of go-live date
- Nutrition Order Writing by RDNs Policy approved by MEC. New Parenteral Nutrition Order Form underway with Director of Pharmacy and Food & Nutrition collaboration to be presented in September P&T Committee Meeting
- Annual Review/Update/Approval of TJC mandatory policies--- Look-Alike-Sound-Alike (LASA) List, High Alert List, National Institute for Occupational Safety and Health (NIOSH) List, USP 797/800 Policies, IV Push Medication List were reviewed, updated and approved in August P&T Committee meeting. All updated posters are being mounted on Nursing Units in preparation for DC HEALTH annual inspection survey
- Update of Monoclonal Antibody Screen Sheet for ED use with the most recent FDA, emergency use authorization guidelines and patient information forms. Approved in August P&T and currently in use
- Replacement of Actemra (monoclonal antibody) for use in critical COVID positive patient use with Olumiant (JAX2-inhibitor approved for inpatient critical COVID-19 patients) ---get multiple doses for several patients at same cost of one dose of IV Actemra
- Antimicrobial Stewardship Program has achieved the lowest spend on Antimicrobial use since the start of FY21 (average cost per patient day = \$26.46). Another record decrease of approx. \$3 per patient day.
- \$18,788 saved in the month of July by Pharmacy Clinical Interventions—presented in August P&T

- Scheduled biannual finger-tip testing and IV room certification of equipment per USP (United States Pharmacopeia) has been begun in accordance with Federal and DC HEALTH regulations
- Ongoing monthly monitoring of DC Health initiatives:
  - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
  - b) methadone dosing confirmations upon receiving orders with outpatient clinics for all doses
  - c) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
  - d) All regulatory licensures of staff, pharmacy and pharmaceutical vendors have been updated and filed for DC Health annual inspections readiness
  - e) Ongoing daily monitoring of Anticoagulation patients in hospital – NPSG.
  - f) Ongoing daily monitoring of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)

**Not-For-Profit Hospital Corporation  
CMO September 2021 Report & Accomplishments**

**Respectively submitted by William Strudwick, MD**

**United Medical Center Mandatory COVID-19 Vaccine**

**COVID-19 Vaccination:**

- We continue to offer COVID-19 vaccinations to ED patients and appropriate inpatients at discharge
- We continue to offer the Moderna vaccine to UMC Staff in Occupational Health by appointment
- Update: As of October 15, 2021 we have 92% compliance with our vaccination mandate. We are on target to achieve full compliance by our closing date of October 30, 2021

**Medical Staff Office/Physician Recruitment:**

- Introduction of Donald Karcher, MD, Chairman Department of Pathology (Bio attached)
- The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE. The Medical Staff office and the IT department are currently with Applied Statistics to establish a go-live date
- In September there were no initial appointments, no reappointments, and no resignations. There are currently (255) Medical Staff Members
- 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
- Successful completion/resolution of a DC Health complaint
- Completion and submission of quality control charts to CMS and TJC
- 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 started in May to decrease contamination rates for blood cultures  
The clean blood culture rates in the Emergency Department have improved from 83% in April to 89.5% in September
- A collaborative effort between the Quality Department and Wound Care was initiated in July to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began in July. September had 1

HAPI (0 reportable). Will continue to monitor the number of HAPI's and evaluation of the new initiatives

- Completion of TJC application
- Met with Navex to start implementation of Policy Tech. Will schedule a meeting in October to start the process

### **Infection Prevention & Control:**

#### **Monthly Surveillance Data:**

- Ventilator Associated Event = 85 vent days – 0 infections (a decrease in the number of patients requiring mechanical ventilation)
- Central Line Associated Bloodstream Infection = 85 device days – 0 infections
- Urinary Indwelling Device = 171 device days – 0 infections
- 318 employees were observed for compliance with hand hygiene; 284 were found to be compliant for compliance rate of 89%
- VRE (HAI) – 1 infection hospital wide for an infection rate of 0.5 and a year to date rate of 0.4
- C Difficile (HAI) – 0 infection hospital wide for a year to date infection rate of 0.1
- MRSA (HAI) – 0 cases of MRSA in the blood hospital wide for September 2021

#### **COVID 19 Update:**

The number of COVID-19 positive admissions to UMC increased from 29 cases in August to 32 cases in September.

There were 4 COVID-19 positive employees for the month of September that was community onset; none worked in the same department.

The number of positive COVID 19 cases are mainly among the unvaccinated.

Mandatory COVID-19 Vaccine policy went into effect in August 2021 and currently UMC has a compliance rate of 87% which includes 17 exemptions (both medical and religious).

#### **INFLUENZA:**

Flu season has begun, the Flu vaccine is currently available in the Occupational Health Department and is being dispensed. UMC has a Mandatory Influenza vaccine policy that is currently in effect.

#### **Candida auris:**

Candida auris (also called C. auris) is a fungus that causes serious infections. C. auris can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. It is often resistant to medicines. The Department of Health has informed UMC that cases of C. auris is increasing in the metropolitan area. The DOH is conducting screening for C. auris in UMC's ICU population. C. auris has been identified in a patient that was transferred to UMC from a Nursing Home.

**Case Management:**

- Hired f/t licensed social worker for day shift to fulfill discharge planning needs.
- Performance improvement indicator for Initial Assessments within 24 to 48 hours - Benchmark >85%. Well above benchmark Q1 =88%, Q2=91%, Q3=93% Audit was based on number of monthly admissions excluding Psych, and initial assessments completed within timeframe as outlined in CM policy.
- Contract for Vesper Medical Transportation submitted to Legal for review. Company is needed as an alternative to ProCare to meet timely transportation demands. Also looking at other non-emergency transport such as Uber Health which would be cost savings to UMC.
- Proactively reviewing patients with high length of stay-
  - Identifying barriers to discharge
  - Plan to restart meetings with insurances who continuously deny post-acute services/lower level of care facilities.
- 100% compliance for COVID-19 Vaccinations in Case Management Department
- DOH mandatory CE's for COVID-19 completed by all CM staff

**Patient Advocacy:**

Inpatient – 40.91% Top box score for “Rate the hospital” which has declined since Quarter 2 (70.73%)

**There was an increase in scores in the following categories –**

- Communication with nurses – 75.76% from 71.32%, N=22 responses
- Information about discharge – 78.95% from 73.65, N=19 responses

**Areas of needed improvement –**

- Response of Hospital Staff – 48.81% from 62.12%, N=21 responses
- Communication with Doctors – 78.79 from 82.80, N=22 responses
- Hospital Environment – 56.82% from 70.96%, N=22 responses

Emergency Room – 42.66% Top box score for “Rate the hospital” which has increased from Quarter 2 at (39.91%)

Accomplishments –

- Arrival time to being seen – 29.33% from 24.71%, N=38 responses
- Communication with Doctors – 41.53% from 42.33%, N=39 responses
- Overall Assessment during the ED visit – 43.36% from 40.56%, N=37 responses

Area of needed improvement –

- Communication with Nurses – 41.58% from 42.33%, N=39 responses

**Pharmacy & Therapeutics:**

- All Pharmacists completed mandatory DC Department of Health COVID-19 2 CE credits
- All Pharmacy Staff has completed internal departmental COVID-19 competency
- 100% COVID-19 Vaccine compliance for the Pharmacy Department
- Update of Monoclonal Antibody Policy for ED use with the most recent FDA, emergency use authorization guidelines presented and approved in September P&T Committee
- Update of Pfizer-BioNTech, Moderna, Janssen COVID-19 Vaccine Storage and Handling Policy presented and approved in September P&T Committee
- Update of UMC COVID-19 Treatment Guidelines Policy—to coincide with current CDC and FDA Guidelines presented and approved in September P&T Committee
- Updated Investigation Medication and Medication Samples and Free Drug Trial Programs Policies, to include FDA (Emergency Use Authorization), presented and approved in September P&T Committee
- Parenteral Nutrition Order Form completed, pending Food & Nutrition final approval to be presented in October P&T Committee Meeting.
- Nasal Naloxone Kit for ED/Inpatient Dispensing Policy presented by DCHA, Dr. Zahid. Approved in September P&T. To be presented to MEC
- Nasal Naloxone Kits in house— DCHA grant received for \$26,362.80 by UMC. Department of Pharmacy secured 216 Nasal Narcan Kits for dispensing.
- \$25,326 saved in the month of August by Pharmacy Clinical Interventions— presented in September P&T
- Scheduled biannual finger-tip testing and IV room certification of equipment per USP (United States Pharmacopeia) has been completed in accordance with Federal and DC HEALTH regulations. Results are pending.
- Ongoing monthly monitoring of DC Health initiatives:
  - a) of all CII-CV usage in hospital for DC HEALTH, including but Monitoring not limited to over-rides, documentations of waste and discrepancy follow-ups
  - b) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.



- c) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
- d) All regulatory licensures of staff, pharmacy and pharmaceutical vendors have been updated and filed for DC Health annual inspections readiness.
- e) Ongoing daily monitoring of Anticoagulation patients in hospital – NPSG.
- f) 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:  
October 27, 2021**

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## **Medical Chief of Staff Report**

*Presented by:*  
Dr. Gregory Morrow  
Medical Chief of Staff



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**General Board  
Meeting Date:  
October 27, 2021**

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## **CNO Report**

*Presented by:*  
Jacqueline Payne-Borden  
Chief Nursing Officer



## Nursing Services Board Report: August/ Sept. 2021

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

### Provision of Care, Treatment and Service

#### Improvement with Patient Care

- Collaboration with various departments including, Infection Prevention, Pharmacy, Occupational Health, Registration, Compliance, and entire C-Suite, primarily the CMO; to bring awareness to staff about the upcoming mandates from the Mayor and DC Health Department regarding Mandatory Covid-19 vaccinations required for all Health Care Workers. Policies was formulated and reviewed with stakeholders, UMC all staff meeting, continued rounding and information provided during daily safety briefings to help decrease vaccine hesitancy. To be compliant, all staff will need to have initial Covid-19 vaccine by Sept 30, 2021 and the second vaccine by Oct 30, 2021 if Pfizer or Moderna. Occupational Health (OC) will begin administering vaccines Sept. 2, 2021; OC will provide vaccine manufactured by Moderna. Prior to the mandate, 61.34% of UMC staff across all departments have received the vaccine. As of October 20, compliance rate is 92.7%.
- Medical/Surgical /Telemetry Unit leader re-established the Med/Surg. Technician end of shift rounding tool to enhance more effective and efficient handoff and continuity of care from the techs scope of care perspective.
- The Non-Diabetic Ketoacidosis (DKA) insulin drip protocol was successfully implemented in July. This initiative will provide critically ill patients glucose control especially when hypothermic. This algorithm-based protocol will help reduce the DKA resolution time and hypoglycemia without compromising electrolyte balance, and in general, improved clinical outcomes for DKA management and improved nurses' documentation.
- Information technology team has teamed with nursing as they strive to broaden Meditech capabilities to achieve EMR "meaningful use" with the ability to receive and share certain patient data from Chesapeake Regional Information System for Our Patients (CRISP) to facilitate care, improve health outcomes and decrease cost.

#### Staffing

- Despite supplemental some staffing, staffing issues remain intermittent and unpredictable throughout the hospital unit. Barriers to adequate staffing includes calls outs, sometimes even supplemental staff calls out and the inability to replace staff hours before shift change and resignations and vacancies.
- Supplemental Staff
  - 7 Diems RNs
    - 2 BHU, 2 ED, 3 ICU
  - Contract RNs 19 (8-13 week contracts)
    - 5 ICU, 6 ED, 5Telemetry, 3 BHU
- Hiring Fair

This was held on August 24, 2021 to recruit nurses and nursing personnel. Four candidates were hired, 2 Sitters, 1 RN and 1 Psych Tech. Twenty-six candidates participated; varying levels of experience and competency.

Staffing Status: August/September 2021					
On-boarded					
Staff	Techs (1.5 FTE)	Sitter (.6FTE)	RN ( 0.9 FTE)	Social Worker (1.0 FTE)	RN Case Manager (1.0 FTE)
6	2	1	1	1	1
Resignations					
Staff	Techs (0.9 FTE)	Sitter (2.0 FTE)	RN (2.6 FTE)	Monitor Tech (0.9 FTE)	Intake Cord (1.0 FTE)
9	1	2	4	1	1
Terminations					
Staff	Techs (4.4 FTE)	Sitter (2.9 FTE)	RN (1.5 FTE)	Social Worker (1.0 FTE)	Peer Recovery Counselor (1.0 FTE)
13	5	4	2	1	1
FMLA					
Staff			RN (3.6 FTE)		
4	-	-	4	-	-
Workman's Comp					
Staff			RN ( 1.8 FTE)		Case Manager (1.0 FTE)
4	-	-	3	-	1

- Retroactive Pay
  - Staff nurses received their retroactive 3% pay increase for the period Oct 2019 – Sept. 2020. Nurse are looking forward to the next roll out of retroactive pay. Projected early November for remainder of retroactive pay; Oct. 2020- Sept. 2021. Thanks to Finance, Human Resources, and Payroll.
- Community Engagement
  - Nursing participated in a community Back to School event located on UMC's campus. Nursing was prepared to administer Covid-19 tests and Covid-19 vaccines.

Respectfully submitted,

*Jaqueline A. Payne-Borden*

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



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**General Board  
Meeting Date:  
October 27, 2021**

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## **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.

**Continuing to prioritize restructuring the Leadership team and developing the operational and hospital closure plan. We continue to focus on the following areas:**

- Recruitment of Chief Procurement Officer with extensive healthcare supply chain background and experience to start in October 2021
- Actively recruiting for General Counsel position
- We have provided temporary resources from Mazars to fill vacancies in our supply chain positions due to recruitment challenges.

## **Survey Readiness**

- Department level Policy and Procedure updates
- Facility and Quality Department Rounding
- Executive Rounding for Survey Readiness
- DC Health Regulation Readiness reviews

## **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).

### **Areas of Focus: In Progress**

- Review of Employee Benefits – vendor identified that will allow staff to utilize UMC as an “in-network” provider for services
- Reduction of Patient Length of Stay
- Reduction in Patient Denials with a focus on medical necessity
- Finalize Improved Managed Care Rates
  - Two focused on network renewal & improved rates
  - Two focused on adding UMC to Insurance Plan’s Network
- Renegotiate clinical service agreements (Lab, Waste, Food Services & Radiology agreements reduced)
- Complete MRI Project / Yielding Operating Revenue
- Complete Fluoroscopy Project / Yielding Operating Revenue
- Behavioral Health Unit RFP in process
- Finalizing Children’s Health Services contract

### **Radiology/Medical Imaging Services:**

- Successfully achieved re-accreditation with American College of Radiology in Mammography Services for the next 3 years through December 31 2024
- Ongoing CT/Mammography/X-Ray cross training for Radiologic Technologists to improve staffing efficiencies and increase productivity of each modality and improve employee satisfaction.
- Continued consolidation of interdepartmental supplies, evaluation and utilization of existing stock items to reduce expense
- Reduced Annual Service contract expenses
- RFP for Fluoroscopy air handlers in final stage
- SEIU 1199 CBA contract negotiations in final stages



## **Accomplishments/Projects for August – Present**

### **Facilities**

- Boiler Project has started. Boiler 1 has been repaired and passed inspection allowing for receipt of our Title V. Boiler 1 had been down for several years. Boiler 2 is scheduled to be repaired next beginning in 2 weeks and will be inspected upon work being completed.
- Main Parking Lot Restoration was completed with the assistance DOH and DGS to repair area where UMC Containerized Medical Stations were decommissioned/demobilized
- AHU1 is in the process of being completed. Estimated completion date 9/30/2021

### **Human Resources:**

- A new plan for the HR department that will improve support for hospital staff and create efficient processes for delivery of services has been approved and is being implemented
- 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 has been completed and approved for Clinical Ancillaries.
- Job Fair in August adding Nursing jobs for RN, tech, and sitter positions.
- Initiating new training partnership programs for Lab, Pharmacy & Respiratory through the University of DC.
- Instituting new collaboration with DOES with EVS, Facilities and ground keeping

### ***Overtime Reduction Tactics***

- Weekly Overtime Workgroup meetings
- Added Recruitment Focus on Key Areas Above
- Completion of new UMC Website with Online Application Submission
- Considering another Hiring Fair with improved external communication

## **Workforce Development**

- Development of an internal Ladder and training structure for technical staff to include EVS, Nursing Assistants, Medical Surgical techs and others to move into higher level positions and obtain training and certifications in collaboration with the University of DC and UMC medical staff
- Re-establishing clinical rotations for Respiratory Therapy students with the University of DC.
- Developing a *Pathway to Certification* for technical staff for IV, EKG, phlebotomy, patient assessment and care, patient transport, patient monitoring and other technical skills to assist and manage nursing shortages.
- Developing a “Super Tech” training program for existing techs and other candidates
- Evaluation of licensed professional staff to practice at the “top of their licenses” to assist with the care of patients during nursing staffing shortages

## **Procurement:**

- Tracking and Monitoring of renewals PO's for New Fiscal Year
- Procurement Manual & Training planned for Sept/Oct
- In process - added Approval for Office Supply requests
- Standing orders/auto orders eliminated and reduction of authorized staff who are authorized to place orders
- Copier/Printer RFP in process
- Ongoing Efforts
  - Vizion: identify expense savings from a GPO compliance perspective as well as vendor supply simplification
  - Meeting with department leaders to review monthly spend tracking report
  - Ongoing review of Service Contracts with Existing Vendors with goal of reducing emergency spend, renegotiate rates & reduce number of vendors performing the same services

## **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
- Staff re-alignment to optimize skill set and” 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

## **Information Technology:**

- Assisted Nursing in ICU and Tele Nurses Training
- Facilitated Dr. First - NCPDP version upgrade
- Applied software updates for 3M application
- Performed daily rounds through clinical and administrative areas to identify and resolve issues
- Finalized/completed new Kronos agreement
- 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
- Obtained and installed new PACS PC and monitor
- Updated Occ Med module to incorporate new vaccine mandate requirements.
- Successfully serviced 511 Help Desk/Service tickets in August 2021

## **GRANT PROGRAM OVERSIGHT & OPERATIONS:**

### **Grant Program Operations and Community Initiatives**

UMC Mobile Health Clinic continues to provide primary and preventive health care screenings, health literacy, and COVID-19 testing and vaccinations to District residents. In the Month of August, The Mobile Health Clinic is continued collaborations with the **DC Housing Authority, The Metropolitan Police Department, United Planning Organization and the Faunteroy Enrichment Center** as well as established new partnerships with **The US Bureau of Printing and Engraving and Clyde's Restaurant Group** to provide the following services:

- 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. We were able to increase our engagement efforts thanks to the onboarding of an Outreach Specialist whose primary focus is engaging organizations who request vaccination clinics via the DC Vaccine Exchange Portal.

- As a result, we able to participate in 2 MPD Beat the Streets events, as well as perform vaccine clinics at the following locations:
  - Vida Senior Center 8/17
  - Clyde's Restaurant group@ the Hamilton 8/19 and 8/24
  - Bureau of Engraving and Printing 8/24
  - United Planning 8/26

In August, the mobile staff also did not include Public Health Nursing Students from George Washington University, as they were out for the Summer. We look forward to their return in October when students will engage in six (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 are awaiting the agreement from 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 \$5,000.00 in add credits to support social marketing activities to address vaccination hesitancy among District Residents.

Also, we have been awarded \$50,000.00 from George Washington University to engage and provide COVID 19 vaccines to 150 community members over a 6 month period. This funding will allow the Mobile staff to add two Community Health Workers to the team. GWU has also provided an additional \$7,500.00 in incentives to be given to community member who become fully vaccinated as a result of these efforts.

- We have established a partnership with **the Black Coalition Against COVID** and continue to 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.
- UMC hosted the DC Hospital Association's Opioid Response Program staff for an in-person program meeting. During this meeting, key members of hospital leadership were introduced to DCHA program staff, as well as receive presentations from UMC employed Peer Recovery Coaches who are stationed in the Emergency Department.

## 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.

# 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.

**Continuing to prioritize restructuring the Leadership team and developing the operational and hospital closure plan. We continue to focus on the following areas:**

- **Recruitment of Chief Procurement Officer with extensive healthcare supply chain background and experience to start on November 1<sup>st</sup> 2021**
- **Leadership restructure for Facilities, Environmental Services, Biomedical Engineering & Plant Management Compliance**

## **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:**

Premium labor increase in September from the July & August lows but are maintaining their reductions from our fiscal year to date April highs.

- Further development of cross-training/multi-modality for Medical Imaging & Laboratory Services
- SEIU 1199 CBA contract ratified.

### **Margin Improvement Focus:**

- MRI Project **Completed** / Yielding Operating Revenue targeted
- Complete Fluoroscopy Project / Yielding Operating Revenue
- Behavioral Health Unit RFP **Completed**

- Children's National Medical Center lease & purchased services **Completed**
- Update Rental & Leased Space Agreements
- Identification of high Water Usage & favorable billing reconciliation
- Finalize Employee Benefits for 2021 - vendor identified that will allow staff to utilize UMC as an "in-network" provider for services and reduce expenses
- Reduction of Patient Length of Stay
- Reduction in Patient Denials with a focus on medical necessity
- Finalize Managed Care Contracts- focused on network renewal & improved rates

## **Radiology/Medical Imaging Services:**

- Successfully achieved permitting and Radiation Licensure for the MRI – Open House scheduled for November 4th 2021
- Ongoing CT/MRI/Mammography/X-Ray cross training for Radiologic Technologists to improve staffing efficiencies and increase productivity of each modality and improve employee satisfaction.
- Continued consolidation of interdepartmental supplies, evaluation and utilization of existing stock items to reduce expense
- RFP for Fluoroscopy air handlers complete with estimated completion in November of 2021.

## **Facilities:**

- HVAC Air Handler/ Controls and Positive and Negative Pressure Room project has been resolved for Children's National Medical Center completed.
- Reconciliation of past invoices/PO/Contracts completed and coordinated with General Counsel in order to submit for settlements for Facilities, Biomed, Dietary, EVS, and Linen. Settlements to be issued.
- AHU1 is in the process of being completed.
- DC Water meter renewals for accurate monthly readings to be completed with positive outcomes

## **Workforce Development:**

- Developing a "Super Tech" training program for existing techs and other qualified-candidates.
- Evaluation of licensed professional staff to practice at the "top of their licenses" to assist with the care of patients during nursing staffing shortages that incorporate new models of care.

## **Ongoing Efforts:**

- Identifying expense savings from a GPO compliance perspective as well as vendor supply simplification.
- Meeting with department leaders to review monthly spend tracking report.
- Ongoing review of service contracts with existing vendors with goal of reducing emergency spend and renegotiate rates.
- Making efforts to direct orders to DC small businesses with a special focus on Ward 8.
- Consolidation of interdepartmental supplies and additional evaluation and utilization of existing stock items.
- Staff re-alignment to optimize skill set based on national clinical staffing standards
- Consolidating suppliers of reagents to improve clinical efficiencies & reduce cost.
- Elimination of duplicate supplies and routinely scheduled ordering processes
- Evaluation of outsourced specific testing procedures at lower costs and reductions in service contracts.

## **Information Technology:**

- Completed a drug formulary update for Meditech
- Completed PDMP (Prescription drug monitoring program- to check the prior prescription prior to ordering prescription for current care) implementation for Meditech (CMS Interoperability)
- Completed expansion of Patient Portal information for Meditech – CURES ACT (CMS Interoperability)
- Completed HIE incorporation into Meditech for ED patients (CMS Interoperability)
- Successfully hired a replacement Meditech Business Analyst (This new hire is now paid by Mazars and saves UMC operational dollars)
- Supported BHU with Disability Rights Presentations
- Performed daily rounds through clinical and administrative areas to identify and resolve issues
- Completed upgrade of UMC telecom system; moved primarily to virtual environment, completed documentation of lines and updated all devices with latest firmware
- Performed PACS screen sharing test to validate PACS Disaster Recovery images are being successfully replicated
- Reviewed and updated Firewall rules and settings
- 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
- Successfully serviced 549 Help Desk/Service tickets in September 2021

## 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.

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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: September 15, 2021**

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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: BEGA**

In his capacity as Ethics Counselor to the hospital, the Chief Compliance Officer participates in regular training programs sponsored by the DC Bureau of Ethics and Government Accountability. Most recently, this included training regarding compliance with the DC FOIA requirements as applicable to the United Medical Center as an instrumentality of the District of Columbia.

In addition, the 2020 Conflicts of Interest process was completed with the provision of the name of those confidential filers who had not submitted their responses in a timely fashion (this was limited to a former employee who had recently termed employment).

## **II. Regulatory Compliance/Compliance Program Assessment: HIPAA Self-Assessment**

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 (the DC AG) 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.

Currently, the Privacy Officer is conducting, in conjunction with the DC AG, a broad-based HIPAA self-assessment that will be provided to the DC AG's Privacy Office. Any opportunities identified in the self-assessment will be addressed and corrected going forward.

### **III. Education and Training: Key Compliance Laws**

In-person training, conducted in the UMC auditorium, is underway regarding key compliance rules and regulations, specifically:

- Documentation
- Anti-Kickback law
- Stark law
- False Claims Act

Work in this area included the development of training materials, which include video presentations from the HHS OIG Legal Office. To date, in-person training has been provided to the Radiology Department, Physician Clinics, and the Rehabilitation Department. Further in-person training is planned, and a version of the training will be provided on Relias for on-line training.

*A copy of the compliance training is attached hereto.*

### **IV. Covid: Briefings and Implementing the Vaccination Mandate**

Every Tuesday through Friday morning, the Chief Compliance Officer briefs the UMC Managers during the Safety Huddle regarding the Covid pandemic, including, most recently, the Mayor's announcement on August 16, 2021 that all DC health care workers must receive their initial vaccination no later than September 30, 2021.

Working in conjunction with Infection Control, Human Resources, Occupational Health, the Chief Medical Officer, the UMC Management Council and others, appropriate exemption forms (for religious and medical reasons)

were developed and circulated. Likewise, FAQs regarding the vaccine requirements were also written and circulated.

*The FAQs that were developed and circulated regarding this requirement are attached hereto.*

## **V. 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. 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.

The current module is titled "*Dream v. Calling*" and is designed to help ensure the well-being of UMC's teams.

Topics covered previously 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!*

# Attachment 1

September 2021

## Frequently Asked Questions about the UMC Mandatory COVID-19 Vaccine Policy

### **Who does this Policy apply to?**

The COVID-19 vaccine policy applies to all healthcare workers (whether licensed or non-licensed, whether clinical or non-clinical, and whether working in-person or remotely), including employees, volunteers, contractors, students, members of the Medical Staff, and new hires.

### **What does the Policy require?**

You must either:

- Receive both doses of Pfizer or Moderna, or a single dose of Johnson & Johnson, and submit supporting documentation to Occupational Health; or
- Secure an approved medical or religious exemption to getting vaccinated.

### **What is the deadline to receive at least the first (of the 2 doses) of the Pfizer or the Moderna vaccines, or the single dose of the Johnson & Johnson vaccine?**

September 30, 2021.

### **What is the deadline to be fully vaccinated, or to have a medical or religious exemption request secured?**

October 30, 2021.

### **Is this vaccine policy just here at UMC?**

No. The Mayor of the District of Columbia and DC Health announced this policy on August 16, 2021, and it applies to all healthcare workers in D.C.

### **But what if I am a new hire, and start after the October 30<sup>th</sup> deadline?**

After October 30<sup>th</sup> all new hires at UMC must, prior to starting work, present proof of vaccination to UMC, or have received a UMC medical or religious exemption.

### **I think I want to apply for a medical or religious exemption. How do I do that?**

Exemption forms will be available in both the Human Resources Department and Occupational Health. They can help you there with questions you have about the exemption request process.

### **Do I have to get tested for COVID if I get a medical or religious exemption?**

Yes. Those workers who obtain an exemption from the COVID-19 vaccine under medical or religious grounds are required to submit to a COVID-19 test weekly.

**I want to get vaccinated here at UMC. How do I do that?**

Beginning on Monday August 30, 2021, you may call UMC's Occupational Health to make an appointment to receive the Moderna vaccination. The number to call is **202-574-6141, option #3**, and the appointments will be scheduled to start September 1, 2021.

**I have already been vaccinated for COVID-19 at UMC. Do I have to send anything in to UMC to prove that, or does UMC already have my vaccination record?**

If you got your first and second doses at UMC before March 17, 2021, you are fine and don't need to send any additional documentation regarding your vaccination to the hospital.

However, any UMC healthcare worker who got their first or second vaccination dose at UMC on or after March 17, 2021 (when Walgreens began administering the vaccination), or who got vaccinated somewhere other than UMC, must present their proof of full vaccination to UMC's Occupational Health at [OCH@United-MedicalCenter.com](mailto:OCH@United-MedicalCenter.com).

**I have already been vaccinated, but not here at UMC. What do I need to do to demonstrate I've been vaccinated?**

For those that have received (or will receive) the vaccine outside of the hospital, you may email a copy of your COVID-19 Vaccination Record Card to Occupational Health at [OCH@united-medicalcenter.com](mailto:OCH@united-medicalcenter.com)

Another convenient way to get a valid record of your COVID-19 vaccination is to go to the website: [MyIRmobile.com](https://MyIRmobile.com) and set up a profile. It is very user friendly and will allow you to print a copy of your vaccination record. Then email that record to UMC's Occupational Health at the email address above.

**I have friends that are moving to D.C. to find work as nurses, but aren't licensed yet in DC. How does the DC vaccine policy impact them in getting licensed?**

The DC vaccine policy requires persons to be fully vaccinated (two doses of the Pfizer or the Moderna vaccine, or one dose of the Johnson and Johnson vaccine) before the date of submission or an application for licensure, certification, or registration.

Similarly, persons must be fully vaccinated on the date of submission of an application for renewal in DC of any healthcare licensure, certification, or registration, and before beginning employment or a contractual relationship in healthcare if not required to have a license, certification, or registration.

**Can I still work at UMC if I am not vaccinated by the deadline, or if I do not have a medical or religious exemption by the deadline?**

No. Persons who are not fully vaccinated or who do not have a medical or religious exemption will no longer be eligible to work at UMC.

**What additional vaccination, reporting, and training requirements for the District of Columbia regarding COVID-19 are there?**

Please see the following, which includes requirements that apply to licensed health professionals and in some cases unlicensed health care workers (for additional information, go to the DC Department of Health website):

[HRLA COVID-19 UPDATES \(as of September 7, 2021\):](#)

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**1. Notice for Health Regulation and Licensing Administration (HRLA) Licensees (Health Professionals)**

**COVID-19 Vaccination Requirement:**

All licensees in the District of Columbia are required to be fully vaccinated against COVID-19. Licensees must have the single dose Jansen COVID-19 vaccine, or at least one dose of either the Pfizer or Moderna COVID-19 vaccine by September 30, 2021, with the second dose of said vaccines obtained within the recommended time frames. Failure to do so may result in disciplinary action against your license, including but not limited to suspension, revocation, or non-renewal of said license.

## 2. Report Your COVID-19 Vaccination Status:

DC Health has created an online vaccine reporting tool which can be accessed by going to <https://doh.force.com/ver/s/vaccinereporting>. 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.

## 3. COVID-19 Continuing Education (CE) Requirement

All licensees must complete at least **two (2) hours** of continuing education on COVID-19 vaccines, including but not limited to COVID-19 vaccine safety, best practices for counseling patients about COVID-19 vaccines, and COVID-19 vaccine efficacy and effectiveness, on or before September 30, 2021. Retain proof of your Covid-19 vaccination Continuing Education courses taken to submit at the next renewal.

A list of optional courses is provided below:

### Courses:

#### **CDC COVID-19 Vaccine Training Modules**

CDC (4 modules totaling: 1.75)

<https://www2.cdc.gov/vaccines/ed/covid19/>

#### **COVID-19 Vaccination: A Communication Guide for Providers**

Yale (1.0)

<https://yale.cloud-cme.com/course/courseoverview?P=0&EID=24141>

#### **Vaccinating Adolescents: Injectable Vaccines**

CDC (0.5)

<https://www2.cdc.gov/vaccines/ed/covid19/videos/adolescent/adolescent.asp>

#### **COVID-19 Vaccine: Practical Clinical Considerations**

American College of Physicians (1.0)

<https://www.acponline.org/cme-moc/online-learning-center/covid-19-vaccine-practical-clinical-considerations>

#### **COVID-19 Vaccine: Promoting Vaccine Acceptance**

American College of Physicians (1.0)

<https://www.acponline.org/cme-moc/online-learning-center/covid-19-vaccine-promoting-vaccine-acceptance>

#### **COVID-19: Vaccine Education and Debunking Myth**

Mayo (1.5)

<https://ce.mayo.edu/online-education/content/covid-19-vaccine-education-and-debunking-myth-online-cme-course>

#### **COVID-19 Vaccines: Myths, Mysteries, Misinformation, Myopia and Miracles**

Mayo (1.5)

<https://ce.mayo.edu/online-education/content/covid-19-vaccines-myths-mysteries-misinformation-myopia-and-miracles-online-cme-course>

## 4. Licensure Waiver:

**Please Note Update:** [REVISED Waiver of Licensure Requirements \(Administrative Order No. 2020-02\)](#) The 60-day grace period for the Licensure Waiver ends September 23, 2021.

## 5. COVID-19 Guidances and Best Practices

For the most up to date information on the District's response to COVID-19, including information on best practices, licensure waivers, and recommended guidelines, go to [coronavirus.dc.gov](https://coronavirus.dc.gov)

## Attachment 2

### Compliance's Key Laws

Documentation, Anti-Kickback, Stark, and False Claims



Presented by Brian Gradle

Chief Compliance Officer

Not-for-Profit Hospital Corporation/United Medical Center

September 2021

## Agenda

1. The Importance of Documentation
2. Federal Anti-kickback Statute
3. Physician Self-Referral Law
4. The False Claims Act
5. Healthcare Legal Enforcement in Action – The Tuomey Case

- The instructional videos linked to this presentation are from the federal Department of Health and Human Services' Office of the Inspector General's Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training Videos (the "HEAT Videos").



# The Importance of Documentation

<https://youtu.be/1M7kKGqSa14>.



## Federal Anti-kickback Statute

The Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)) prohibits anyone from soliciting or receiving remuneration of any kind in exchange for referring a patient for services for which a federal healthcare program pays or for purchasing an item or service for which a federal healthcare program pays.

- <https://youtu.be/a4KhqgeAaUg>.

## Physician Self-Referral Law, aka “Stark”

The Stark Law (42 U.S.C. § 1395nn) limits a physician's ability to refer Medicare/Medicaid patients to a health service provider in which the referring physician (or his immediate family member) has a financial interest and bars health service providers from billing Medicare/Medicaid for medical services performed pursuant to a prohibited referral.

- <https://youtu.be/hmWG4o5zrvQ>.

## Stark on Stark



“Complications (to the original Stark law) were added by high-priced lawyers who tried to build loopholes for their clients. The original law was pretty simple. Basically it says anyone who takes a bribe or a split or a commission or a kickback in exchange for referring services gets five years or a \$50,000 fine... I would like to just go back to the old law.” Congressman Pete Stark

# The False Claims Act

Soon after the Civil War commenced, it became clear to Abraham Lincoln that war profiteers were defrauding the Union by, for example, selling the army crates filled with sawdust instead of muskets, and selling it the same cavalry horses two and three times.



President Lincoln pushed for passage of a law that created incentives for private individuals to combat fraud against the Union and gave the Government an effective remedy against fraud.

Thus, the False Claims Act of 1863 was born.

- <https://youtu.be/BbZ78QTLztQ>.

## Enforcement in Action

Tuomey Healthcare System - Sumter, SC



## Key Allegations

- The government alleged that Tuomey, fearing that it could lose lucrative outpatient procedure referrals to a new freestanding surgery center, entered into contracts with 19 specialist physicians that required the physicians to refer their outpatient procedures to Tuomey and, in exchange, paid them compensation that far exceeded fair market value and included part of the money Tuomey received from Medicare for the referred procedures.



## Problems with the Arrangements

- The doctors had a financial interest in Tuomey, which implicated Stark.
- The physicians' ten-year contracts required them to perform their outpatient procedures at Tuomey facilities, and their salaries and productivity bonuses were based on a percentage of Tuomey's net cash collections.
- Also, their financial arrangement with Tuomey did not fall into Stark's employment safe harbor exception because their compensation varied with the volume and value of their referrals.
- Other features of the employment arrangement, such as the lack of any set hours, also caused it to fall short of the exception.

## Tuomey “Red Flags”



- Fair Market Value (FMV) determination exceeded 90 Medical Group Management Association (MGMA) percentile (above New York and other high cost areas at major medical centers);
- Records indicated that Tuomey feared competition and used the agreements to block it;
- When advisors didn't give Tuomey what it wanted, it shopped for others who would;
- Physician income dramatically increased under the agreement; and
- Compensation took into account the physicians' actual or anticipated referrals to Tuomey.

## Calculating Damages

- After two trials and two appeals, Tuomey was found liable for having violated Stark and the False Claims Act.
- The total amount in penalties and damages in the case equaled **\$237 million**, calculated as follows:
  - The 19 physician contracts led to **21,730 false claims**.
  - The jury awarded actual damages of **\$39,313,065 for the 21,730** false claims, which the district court trebled. (3 x \$39,313,065)
  - The district court then added a civil penalty of **\$119,515,000** to that sum, which it calculated by multiplying the number of false claims by the **\$5,500 statutory minimum penalty**.



## Subsequent Settlement of Case against Tuomey

- On October 16, 2015, the United States resolved its judgment against Tuomey for payments totaling \$72.4 million, and the hospital was sold to Palmetto Health, a multi-hospital healthcare system based in Columbia, South Carolina (is now part of the Prisma health system).



- The original whistleblower was entitled to 25% of the settlement amount (approximately \$18 million) plus attorney's fees and expenses (approximately \$2.5 million).

## Government's Settlement with CEO

- *On September 27, 2016, Tuomey's former Chief Executive, Ralph "Jay" Cox III, reached a \$1 Million settlement with the federal government, and was also excluded for four years from participating in federal health care programs, including providing management or administrative services paid for by federal health care programs.*





NOT-FOR-PROFIT HOSPITAL CORPORATION

## **CORPORATE SECRETARY REPORT**

**TO:** NFPHC Board of Directors

**FROM:** Toya Carmichael  
Corporate Secretary / VP Public Relations

**DATE:** October 19, 2021

### **GENERAL UPDATE**

I am happy to report that UMC has a new and updated website. The new website design and added features including the “Contact Us” button has allowed Public Relations to engage with our patients and community members directly and immediately address their concerns or direct them to the appropriate hospital or external contact. Overall, we have seen several requests and questions about booster COVID-19 vaccination shots. Please visit our new website <https://unitedmedicaldc.com/> and share your thoughts and feedback. Now that the website is live, Public Relations is making additional changes as hospital staff provide updated information.

### **PUBLIC RELATIONS**

**Community Events** – Public Relations with volunteers from the Nursing, Pharmacy, Outpatient Clinics, Diabetes Center, and Patient Access represented UMC at community events in the months of August and September including a Back to School Fair held on UMC’s campus on August 21<sup>st</sup>. In partnership with the DC Board of Elections and ER Dr. Marisa Dowling (GW) UMC held a National Voter Registration Day event “VOT(ER) on September 28, 2021. We successfully registered more than 20 staff and patients.



NOT-FOR-PROFIT HOSPITAL CORPORATION

**Hospital Events** – Public Relations coordinated and facilitated an Employee Appreciation Luncheon event on September 29, 2021 to encourage staff to get vaccinated and to celebrate those already vaccinated. Staff were presented with UMC logo vaccination card holders, fanny packs and bucket hats as well as free lunch, games and entertainment. All logo items, lunch, and the DJ were businesses located in Ward 7 or 8. Thank you to the Executive Team, Building Services, Outpatient Clinic, and Linen Department staff who helped to make the event a success.

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of August, the newsletter highlighted and acknowledged several UMC employees and provided tips and resources to help families prepare to send their children back to school. During the month of September, the newsletter reminded staff of the Mayor's Vaccination Mandate and highlighted Hispanic History Month.

**News Media**– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC appeared in six news article in the month of August and zero during the month of September.



Not For Profit Hospital Corporation  
United Medical Center

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

**DRAFT**

1. Gap Measure
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 September 2021**

	<b>FY 2021 Gap Measures Gain/(Loss)</b>	<b>Realized/ Recognized/ Adjusted</b>	<b>Balance to be Realized</b>	<b>Percentage Completed (Realized/ FY21 Adjusted Gap Measures)</b>
<b>Net Income/(Loss) from Operations:</b>			<b>\$1,084,000</b>	
<b>Add: Initiatives to be Realized</b>				
<b>Mazar Initiatives</b>	\$2,200,000	\$1,600,000	\$0	72.7%
<b>GWUMFA Professional Fees Collection</b>	\$7,200,000	\$5,634,792	\$0	78.3%
<b>Subtotal</b>	<b>\$9,400,000</b>	<b>\$7,234,792</b>	<b>\$0</b>	<b>77.0%</b>
<b>Projected Net Income (Loss) from Operations</b>			<b>\$1,084,000</b>	
<b>Original Projected Income</b>			\$1,176,483	
<b>Difference from Original Projected Income</b>			<b>(\$92,483)</b>	

# Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 27% (2.9M) for the month of September and 4% (5.4M) in fiscal year 2021 (FY21) due to district subsidy and disproportionate share (DSH) revenue, below factors are still contributing to lower patient revenues:**
  - ❖ **Net patient revenue is lower than budget by 36% (2.9M) for the month of September and 28% (26.5M) for FY21.**
    - ❖ **Admissions are lower than budget by 24% for the month of September and 13% for FY21.**
    - ❖ **Emergency Room visits are lower than budget by 23% for the month of September and FY21.**
    - ❖ **Radiology visits are below budget by 48% for the month of September and 19% for FY21.**
  - ❖ **GWMFA collections are lower than budget by 21.7% (1.6M) for FY21.**
  - ❖ **Other operating revenues are higher than budget by 115% (27.7M) for FY21, due to district subsidy revenue received.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 4% (467K) for the month of September but higher than budget by 4% (5.5M) for the fiscal year. Contributing factors:**
  - ❖ **Salaries are lower than budget by 12% (485K) for the month of September but higher than budget by 2% (799K) for FY21.**
    - ❖ **Overtime is over budget by 182K for the month of September and 2.8M for the year.**
  - ❖ **Employee Benefits are lower than budget by 12% (128K) for the month of September but higher than budget by 2% (303K) for FY21.**
  - ❖ **Contract Labor is higher than budget by 57% (96K) for the month of September and 136% (2.7M) for FY21, due to a shortage of nursing staff.**
  - ❖ **Supplies are lower than budget by 16% (196K) for the month of September and 22% (3.2M) for FY21, due to lower activity.**
  - ❖ **Purchased Services are higher than budget by 4% (61K) for the month of September and 10% (1.7M) for the year, due to unbudgeted legal expenses.**
  - ❖ **Other Expenses are higher than budget by 24% (218K) for the month of September and 27% (2.9M) for FY21, due to higher insurance costs combined with repairs & maintenance expenses.**

- **Cash on Hand – 86 days**

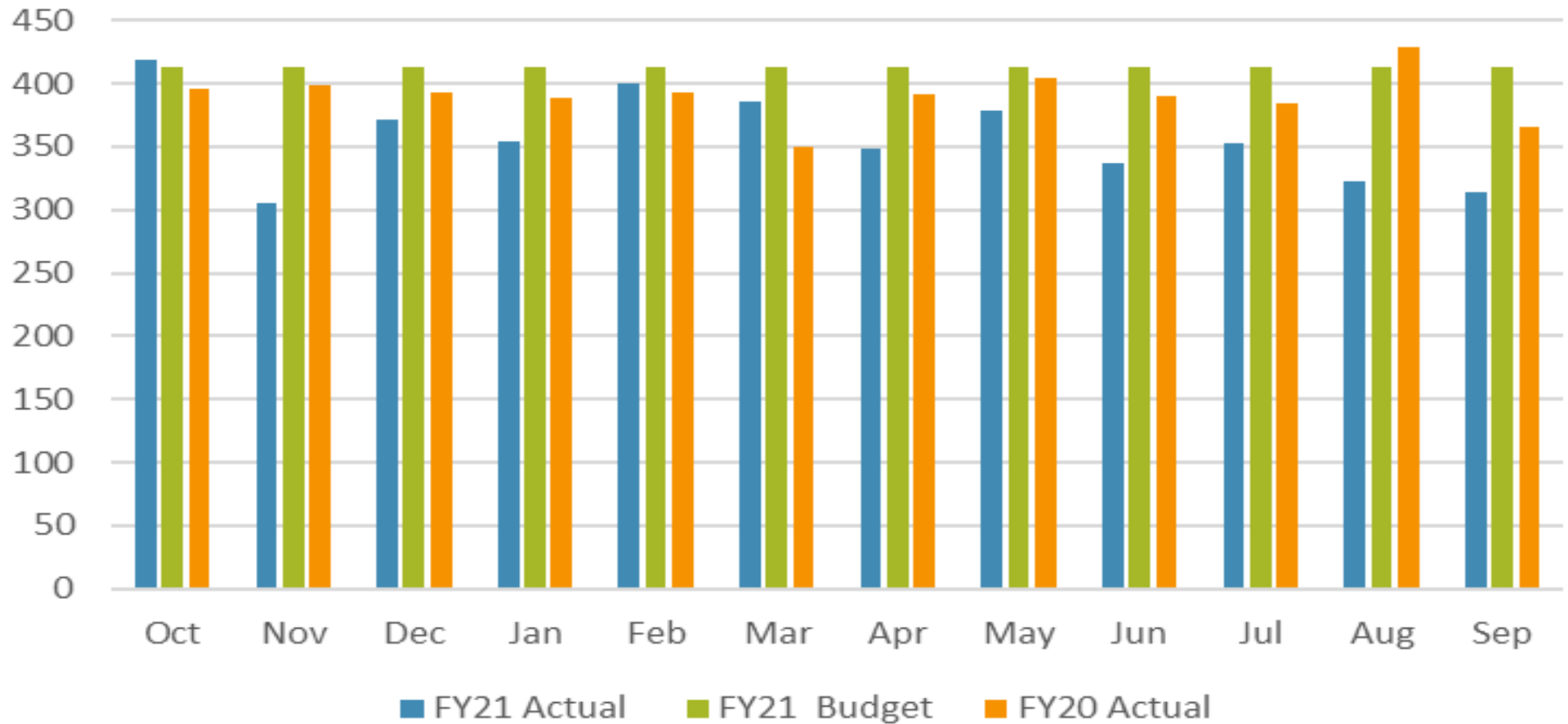


# Key Indicators

**Fiscal Year 2021 thru 09/30/2021**

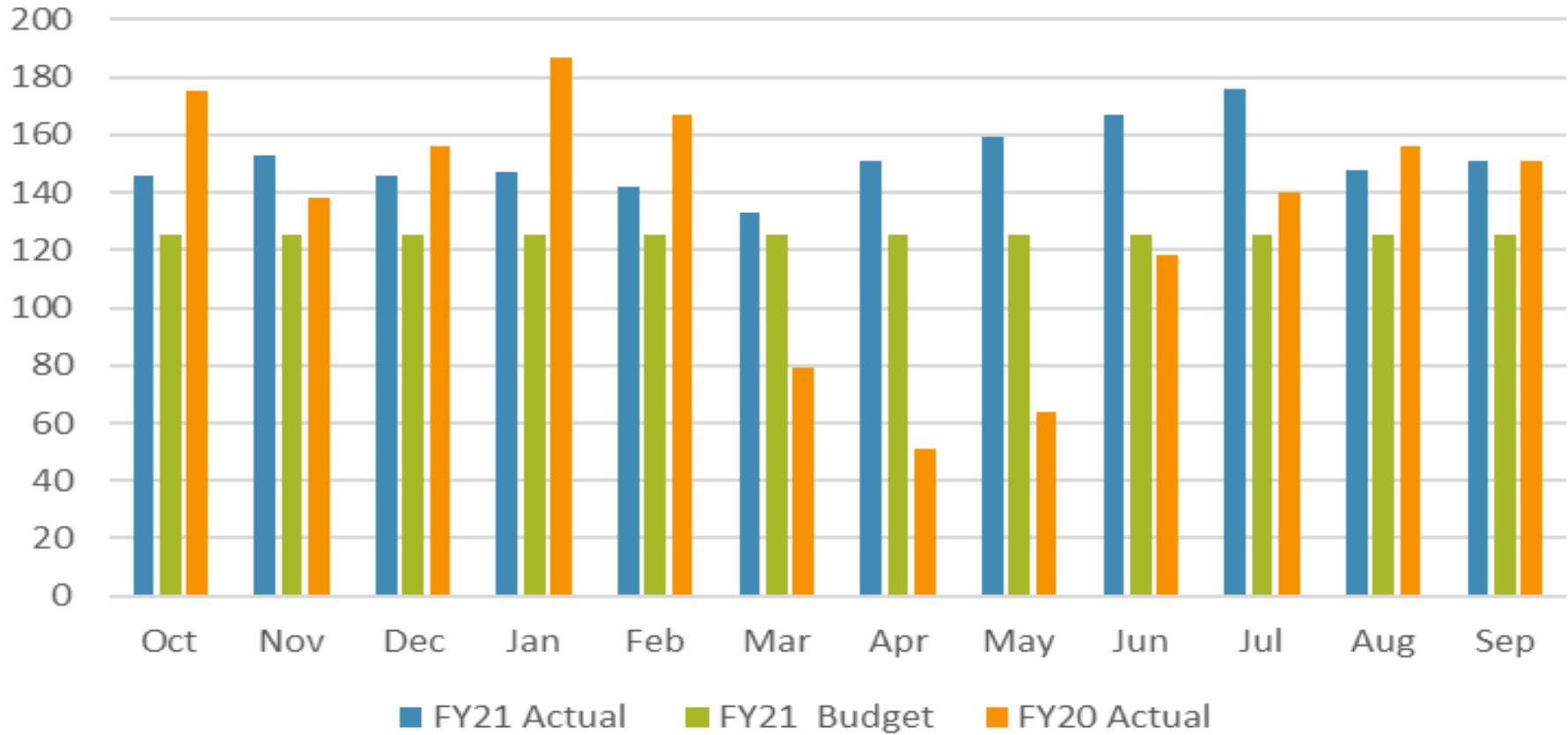
Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	314	413	365	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	151	125	151	▲	▲
Emergency Room Visits	Actual Visits	3,194	4,125	3,174	▼	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours YTD	593	654	762	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.13	1.00	1.28	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	50%	54%	60%	▼	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	49	85	74	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	114%	92%	115%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	86	45	62	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	0.8%	1.0%	0.5%	▼	▲

# Total Admissions (Consolidated)



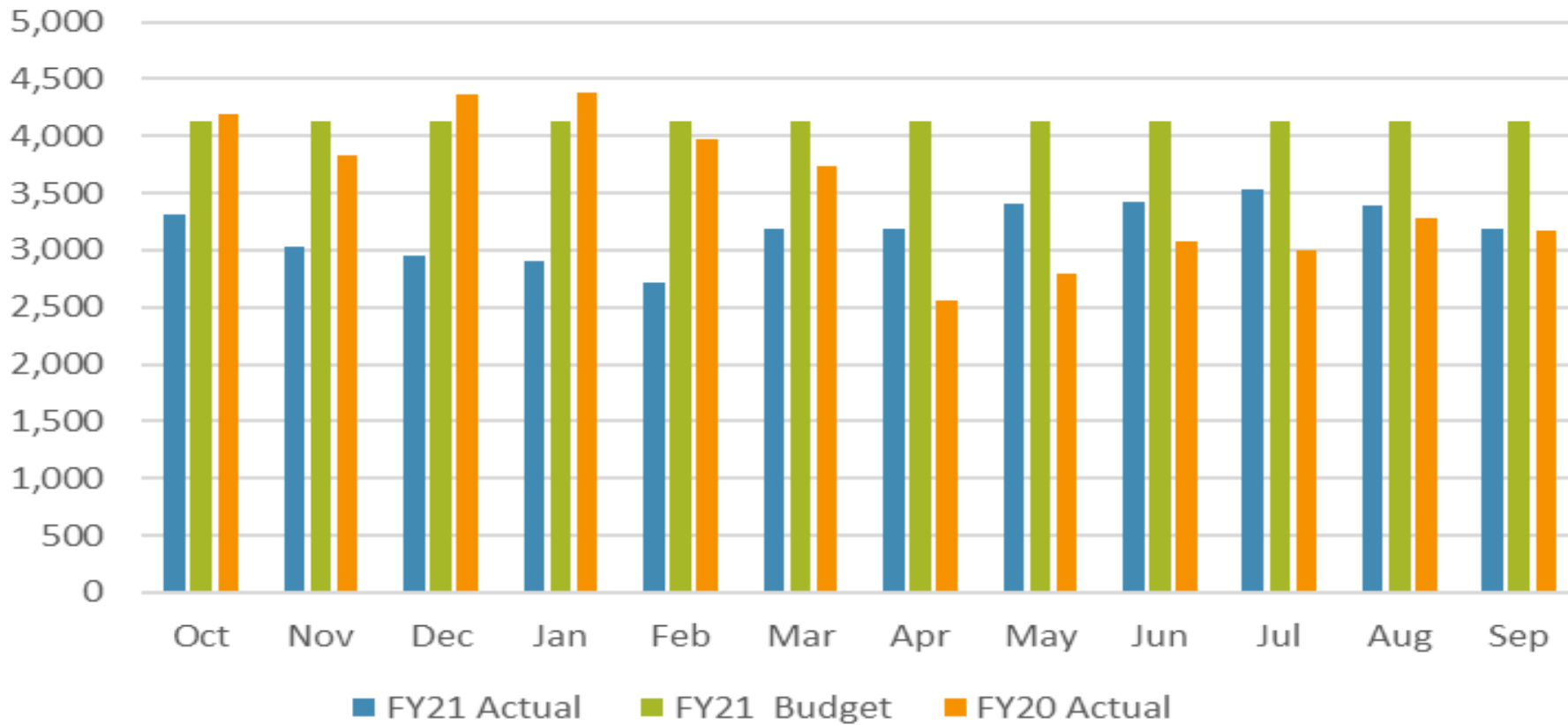
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419	306	372	354	400	385	348	378	337	353	323	314
FY21 Budget	413	413	413	413	413	413	413	413	413	413	413	413
FY20 Actual	395	398	393	389	393	350	392	404	390	384	428	365

# Inpatient/Outpatient Surgeries



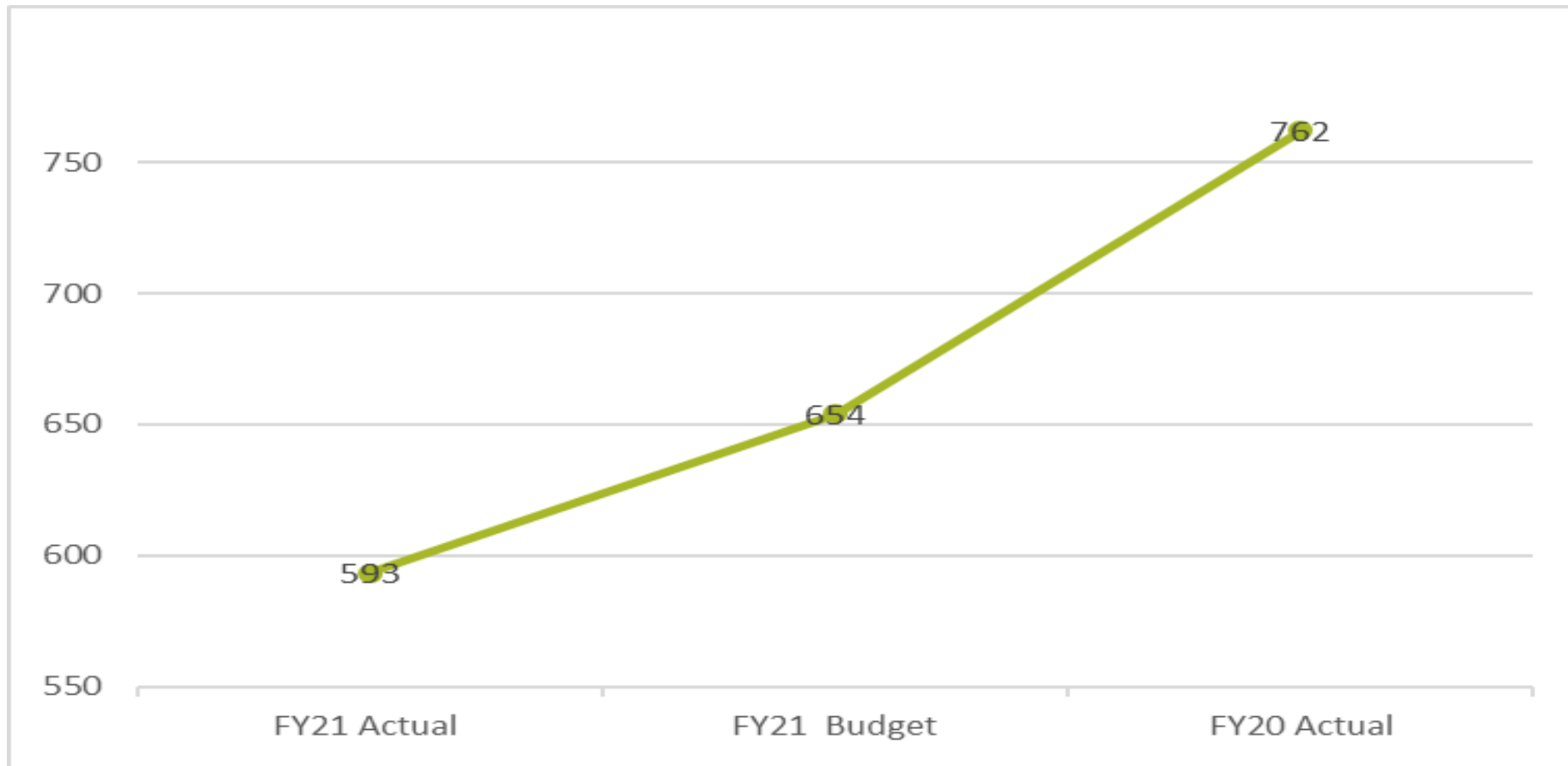
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146	153	146	147	142	133	151	159	167	176	148	151
FY21 Budget	125	125	125	125	125	125	125	125	125	125	125	125
FY20 Actual	175	138	156	187	167	79	51	64	118	140	156	151

# 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	3,536	3,396	3,194
FY21 Budget	4,125	4,125	4,125	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	2,996	3,287	3,174

# Number of FTEs

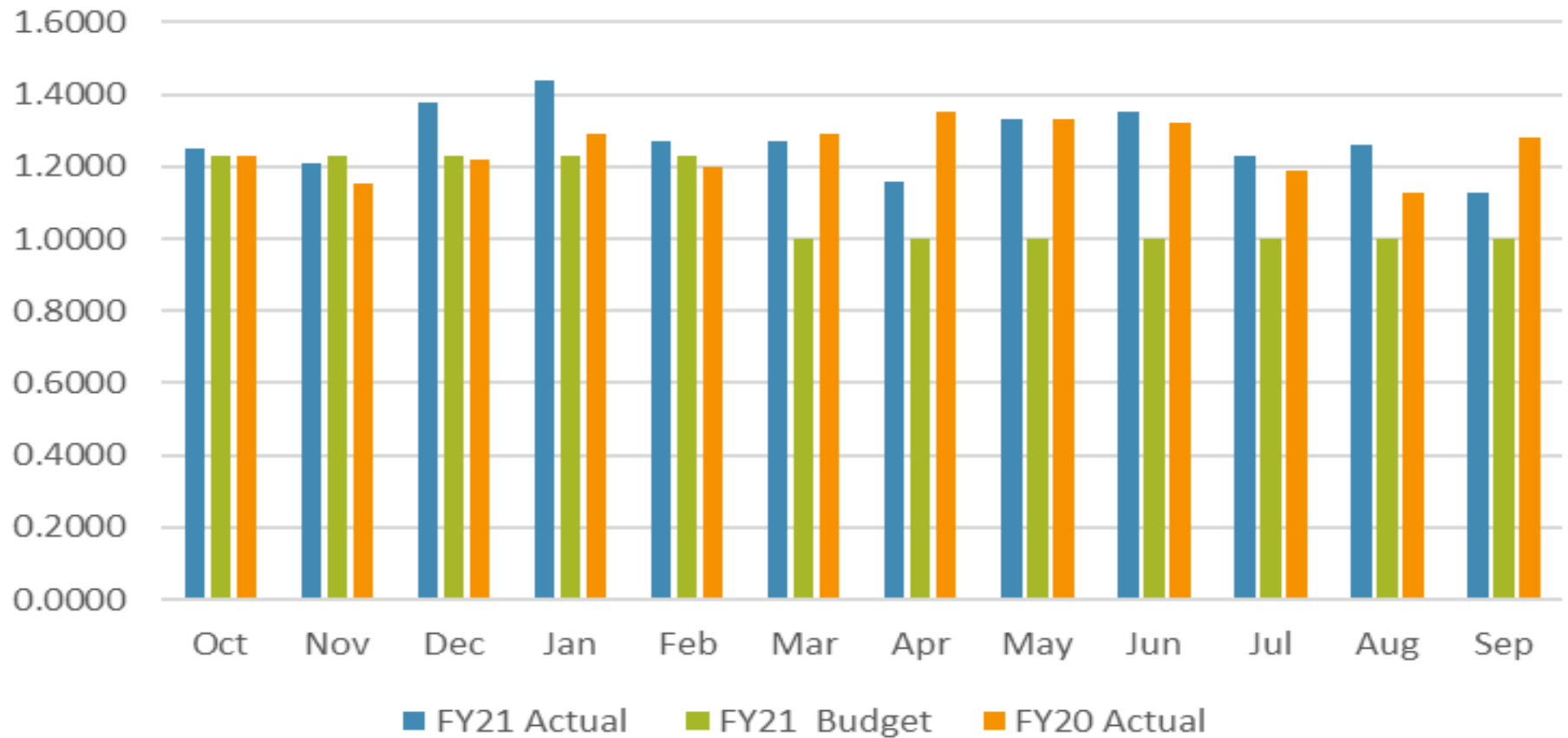


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771	766	725	665	704	687	665	637	626	612	593
FY21 Budget	654	654	654	654	654	654	654	654	654	654	654	654
FY20 Actual	748	770	779	788	804	793	801	814	778	777	750	762



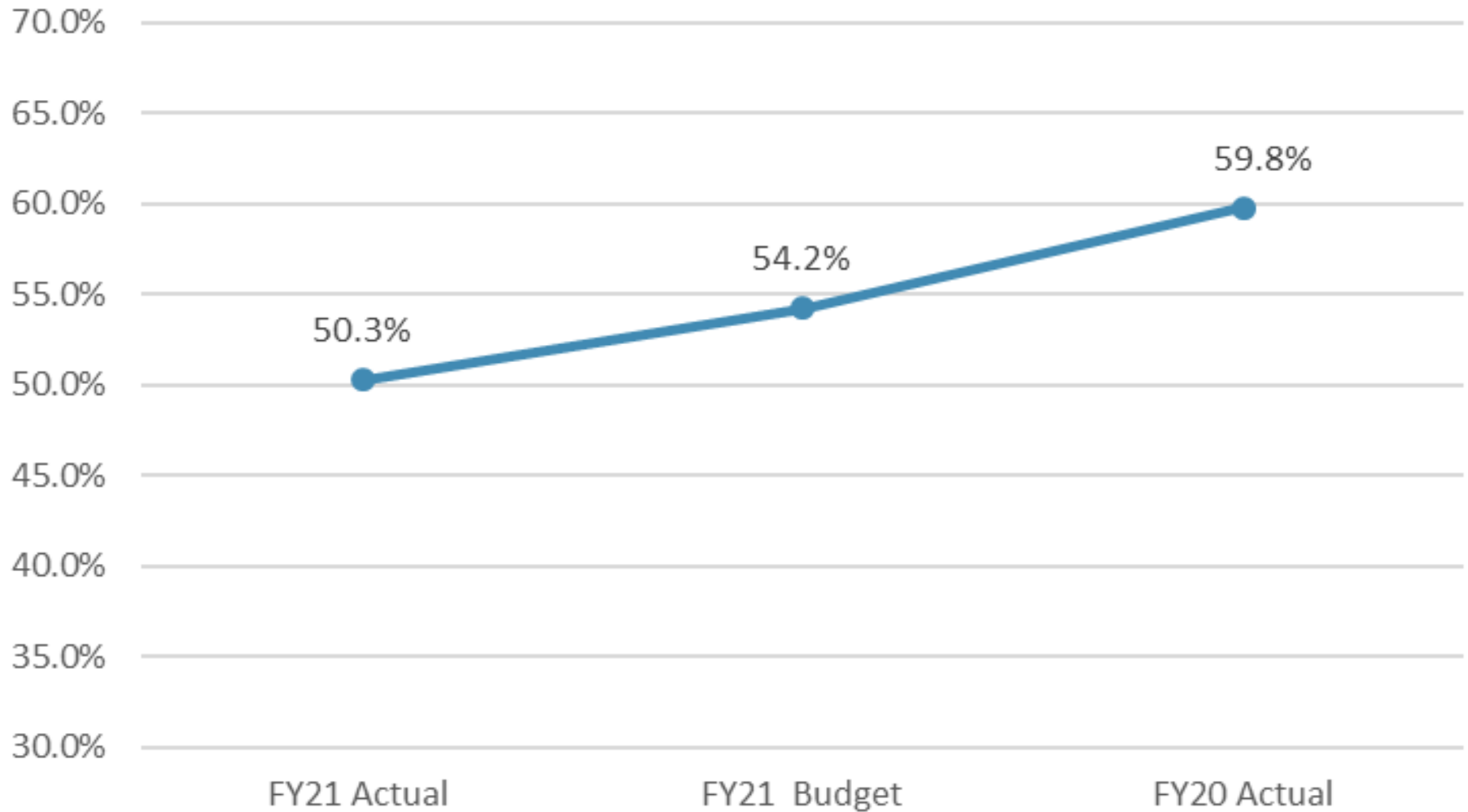
UNITED  
MEDICAL CENTER

# Case Mix Index

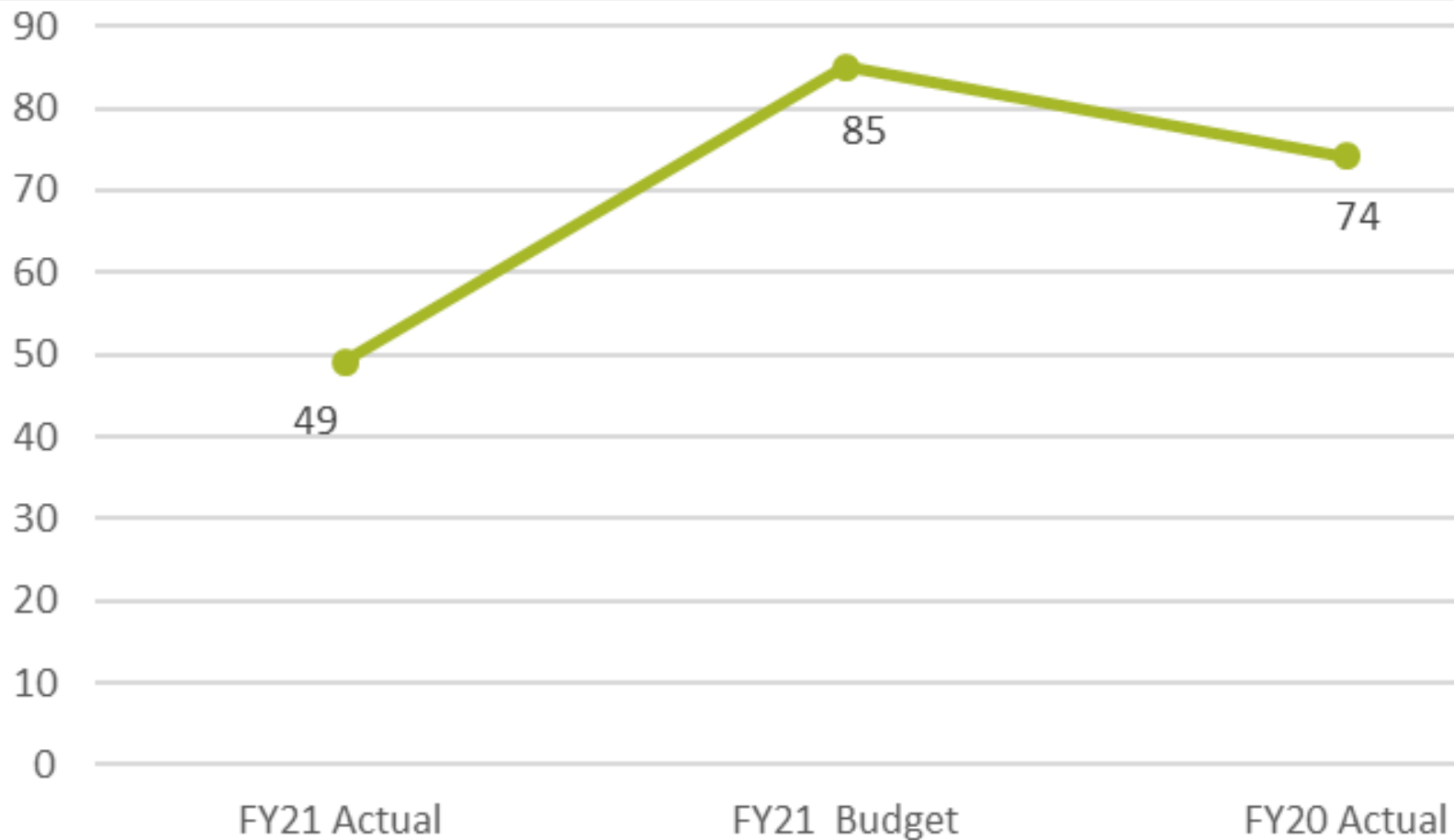


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700	1.1600	1.3300	1.3500	1.2300	1.2600	1.1300
FY21 Budget	1.2300	1.2300	1.2300	1.2300	1.2300	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
FY20 Actual	1.2300	1.1530	1.2190	1.2900	1.2010	1.2910	1.3520	1.3310	1.3230	1.1900	1.1300	1.2800

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

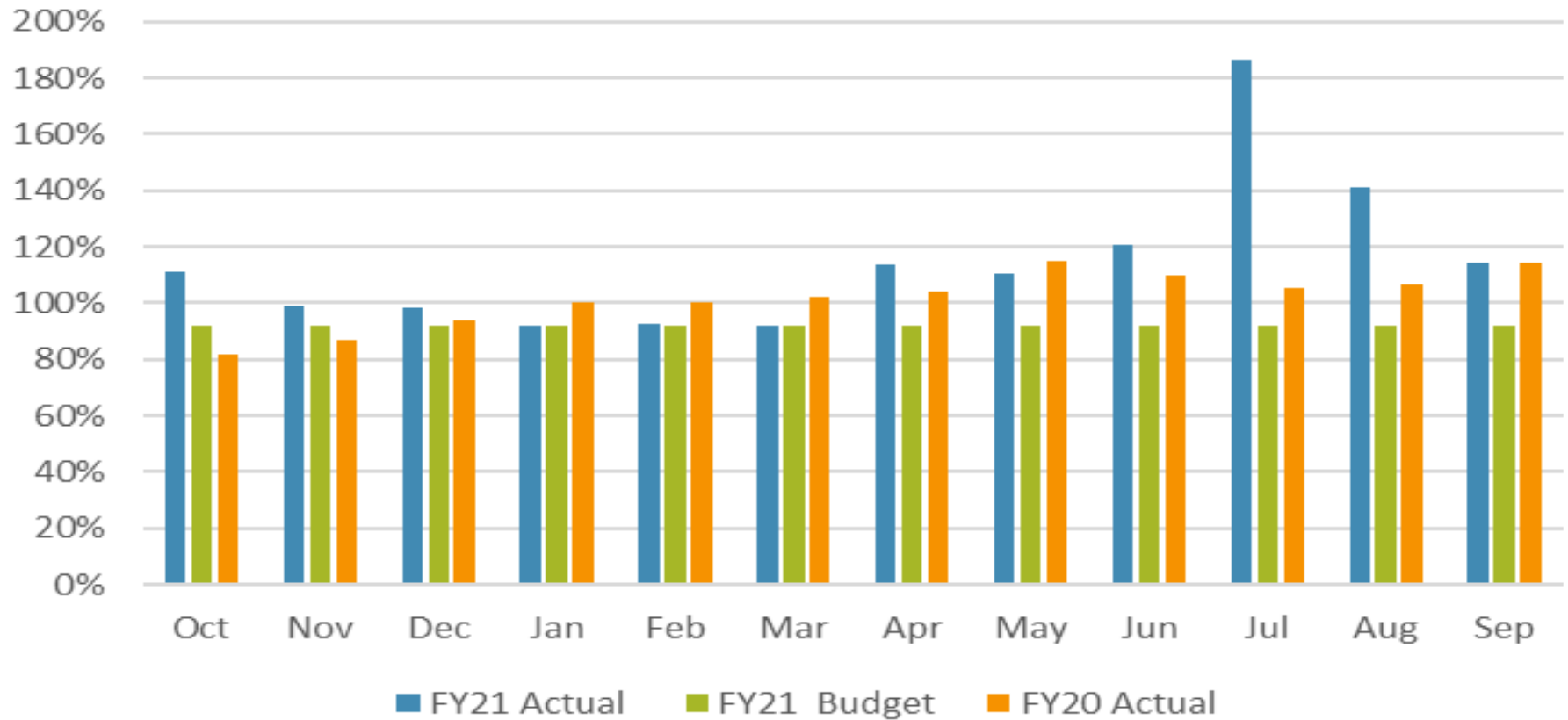


# Net Accounts Receivable (AR) Days With Unbilled



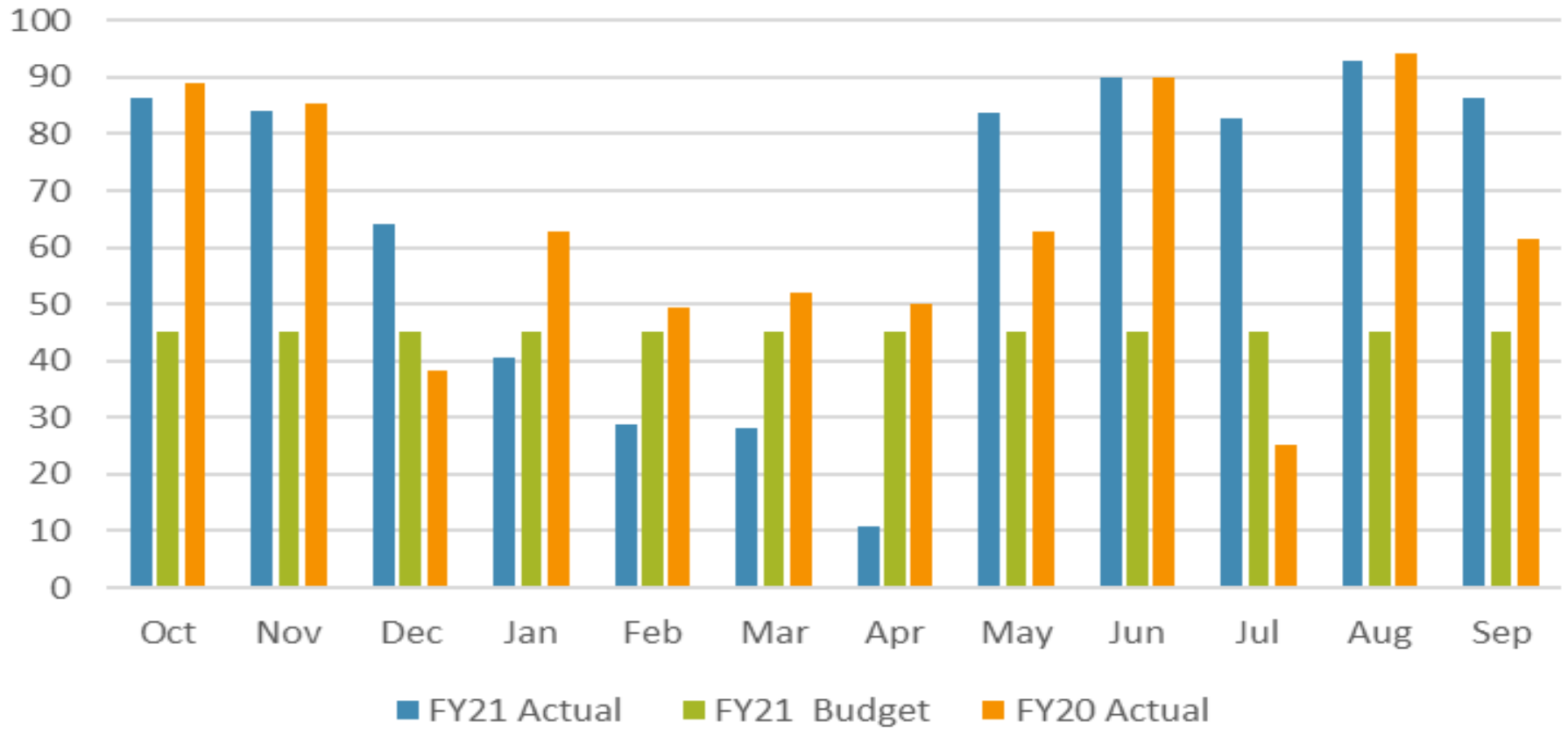


# Cash Collection as a % of Net Revenues



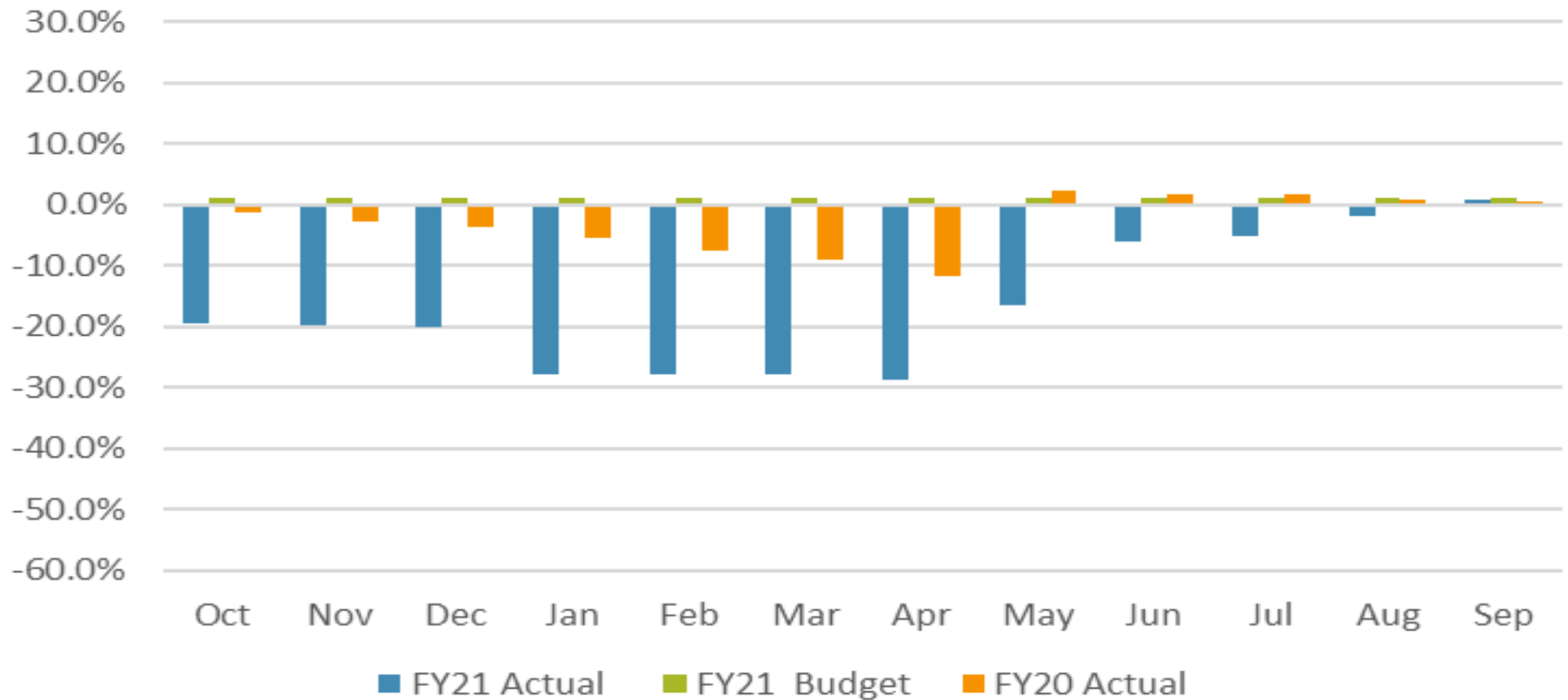
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%	99%	98%	92%	92%	92%	113%	110%	121%	122%	141%	114%
FY21 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
FY20 Actual	82%	87%	94%	100%	100%	102%	104%	115%	110%	105%	107%	115%

# 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	90	83	93	86
FY21 Budget	45	45	45	45	45	45	45	45	45	45	45	45
FY20 Actual	89	86	38	63	50	52	50	63	90	25	94	62

# 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%	-5.0%	-2.0%	0.8%
FY21 Budget	1.0%	1.0%	1.0%	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%	1.8%	0.8%	0.5%

# Income Statement

## FY21 Operating Period Ending September 30, 2021

	Month of September			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	314	413	365	(99)	-24%	(51)	-14%	4,289	4,950	4,656	(661)	-13%	(367)	-8%
Patient Days	1,979	2,308	2,074	(329)	-14%	(95)	-5%	26,313	27,693	46,751	(1,380)	-5%	(20,438)	-44%
Emergency Room Visits	3,194	4,125	3,174	(931)	-23%	20	1%	38,251	49,500	42,358	(11,249)	-23%	(4,107)	-10%
Clinic Visits	1,207	1,093	1,222	114	10%	(15)	-1%	19,702	13,111	12,270	6,591	50%	7,432	61%
IP Surgeries	61	58	60	3	5%	1	2%	709	695	641	14	2%	68	11%
OP Surgeries	90	67	91	23	34%	(1)	-1%	1,110	805	941	305	38%	169	18%
Radiology Visits	401	765	459	(364)	-48%	(58)	-13%	7,438	9,185	7,561	(1,747)	-19%	(123)	-2%
<b>Revenues</b>														
Net Patient Service	5,002	7,876	5,329	(2,874)	-36%	(328)	-6%	68,007	94,508	74,043	(26,500)	-28%	(6,035)	-8%
DSH	1,830	964	152	866	90%	1,679	1107%	15,954	11,568	10,755	4,386	38%	5,199	48%
CNMC Revenue	160	177	123	(17)	-9%	37	31%	1,898	2,121	2,067	(223)	-11%	(169)	-8%
Other Revenue	6,975	2,007	3,389	4,968	247%	3,586	106%	51,803	24,088	62,730	27,715	115%	(10,927)	-17%
<b>Total Operating Revenue</b>	<b>13,967</b>	<b>11,024</b>	<b>8,993</b>	<b>2,944</b>	<b>27%</b>	<b>4,975</b>	<b>55%</b>	<b>137,663</b>	<b>132,284</b>	<b>149,594</b>	<b>5,378</b>	<b>4%</b>	<b>(11,931)</b>	<b>-8%</b>
<b>Expenses</b>														
Salaries and Wages	3,685	4,170	4,772	(485)	-12%	(1,088)	-23%	50,835	50,036	56,014	799	2%	(5,179)	-9%
Employee Benefits	956	1,084	1,800	(128)	-12%	(844)	-47%	13,312	13,009	15,549	303	2%	(2,236)	-14%
Contract Labor	262	167	224	96	57%	39	17%	4,727	2,000	4,181	2,727	136%	546	13%
Supplies	1,013	1,208	538	(196)	-16%	475	88%	11,347	14,501	16,004	(3,155)	-22%	(4,658)	-29%
Pharmaceuticals	214	241	229	(27)	-11%	(15)	-7%	2,921	2,891	2,740	29	1%	181	7%
Professional Fees	1,728	1,734	1,564	(6)	0%	164	10%	20,911	20,802	19,903	109	1%	1,008	5%
Purchased Services	1,473	1,412	1,547	61	4%	(75)	-5%	18,666	16,941	21,073	1,725	10%	(2,408)	-11%
Other	1,128	911	1,546	218	24%	(418)	-27%	13,861	10,927	13,308	2,934	27%	552	4%
<b>Total Operating Expenses</b>	<b>10,459</b>	<b>10,926</b>	<b>12,220</b>	<b>(467)</b>	<b>-4%</b>	<b>(1,761)</b>	<b>-14%</b>	<b>136,579</b>	<b>131,108</b>	<b>148,773</b>	<b>5,471</b>	<b>4%</b>	<b>-12,194</b>	<b>-8%</b>
<b>Operating Gain/ (Loss)</b>	<b>3,508</b>	<b>98</b>	<b>(3,227)</b>	<b>3,410</b>	<b>3479%</b>	<b>6,736</b>	<b>-209%</b>	<b>1,084</b>	<b>1,176</b>	<b>821</b>	<b>(92)</b>	<b>-8%</b>	<b>263</b>	<b>32%</b>

# Balance Sheet

## As of the month ending September 30, 2021

Sep-21	Aug-21	MTD Change		Sep-20	YTD Change
<b>Current Assets:</b>					
\$ 46,092	\$ 48,855	\$ (2,764)	Cash and equivalents	\$ 53,402	\$ (7,310)
9,163	10,415	(1,252)	Net accounts receivable	14,651	(5,488)
6,061	6,188	(127)	Inventories	6,024	37
2,355	5,988	(3,633)	Prepaid and other assets	1,054	1,301
63,670	71,446	(7,776)	Total current assets	\$ 75,131	\$ (11,461)
<b>Long- Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
61,561	62,597	(1,036)	Capital Assets	69,722	(8,161)
61,561	62,597	(1,036)	Total long term assets	69,722	(8,161)
\$ 125,232	\$ 134,044	\$ (8,812)	Total assets	\$ 144,853	\$ (19,621)
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
12,773	15,029	(2,257)	Trade payables	18,773	(6,000)
11,296	11,653	(357)	Accrued salaries and benefits	11,838	(542)
2,405	2,566	(160)	Other liabilities	2,594	(189)
26,474	29,248	(2,774)	Total current liabilities	33,205	(6,731)
<b>Long-Term Liabilities:</b>					
5	10,490	(10,485)	Unearned grant revenue	13,890	(13,885)
18,235	15,393	2,842	Estimated third-party payor settlements	7,219	11,016
1,848	1,848	-	Contingent & other liabilities	1,629	219
20,088	27,731	(7,643)	Total long term liabilities	22,738	(2,650)
<b>Net Position:</b>					
78,670	77,065	1,604	Unrestricted	88,910	(10,240)
78,670	77,065	1,604	Total net position	88,910	(10,240)
\$ 125,232	\$ 134,044	\$ (8,812)	Total liabilities and net position	\$ 144,853	\$ (19,621)



# Statement of Cash Flow

## As of the month ending September 30, 2021

*Dollars in Thousands*

**Year-to-Date**

Actual	Prior Year
\$ 100,466	\$ 67,428
(79,711)	(51,514)
(64,689)	(47,942)
(65)	23,675
<u>(43,999)</u>	<u>(8,353)</u>
-	-
-	-
2	1
<u>2</u>	<u>1</u>
-	-
40,000	22,141
<u>40,000</u>	<u>22,141</u>
-	-
2,666	9,442
(5,978)	(5,230)
<u>(3,312)</u>	<u>4,212</u>
(7,309)	18,000
<b>53,402</b>	<b>31,933</b>
<b>\$ 46,093</b>	<b>\$ 49,933</b>

### Cash flows from operating activities:

Receipts from and on behalf of patients  
 Payments to suppliers and contractors  
 Payments to employees and fringe benefits  
 Other receipts and payments, net  
 Net cash provided by (used in) operating activities

### Cash flows from investing activities:

Proceeds from sales of investments  
 Purchases of investments  
 Receipts of interest  
 Net cash provided by (used in) investing activities

### Cash flows from noncapital financing activities:

Repayment of notes payable  
 Receipts (payments) from/(to) District of Columbia  
 Net cash provided by noncapital financing activities

### Cash flows from capital and related financing activities:

Net cash provided by capital financing activities  
 Receipts (payments) from/(to) District of Columbia  
 Change in capital assets  
 Net cash (used in) capital and related financing activities  
 Net increase (decrease) in cash and cash equivalents

### Cash and equivalents, beginning of period

### Cash and equivalents, end of period

### 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