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Monthly Board Meeting

Date: December 17, 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

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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 2:00pm on Friday, December 17, 2021. The meeting will be held via WebEx.

Meeting link: https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mb739e3bf1e07735fa50fbf31d43a3e14
Meeting number:132 516 2788 **Password:** f6PRGbV45Yw **Via Phone:** +1-415-655-0001, **Access code:** 1325162788

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

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES - November 17, 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

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:

December 17, 2021

Reading and Approval of Minutes

Minutes Date:
November 17, 2021

Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, November 17, 2021, 4:00pm
Held via WebEx

Directors:
Angell Jacobs, Girume Ashenafi, Dr. Malika Fair, Donita Reid-Jackson, William Strudwick, 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, Verna Bartholomew, Kendrick Dandridge

Other: Kai Blissett, Cheyenne Holland

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 4:07 pm. Quorum determined by Toya Carmichael.
Approval of Agenda	***Mot to approve agenda by Dir. Ashenafi, 2nd by Dr Fair., unanimous vote.***
Approval of Minutes	***Mot to approve minutes by Dir. Bobb, 2nd by Dr. Fair, Unanimous vote.***
	CMO Report – Dr. William Strudwick • MRI machine approved by the city and operational on October 26th and began accepting appointments on November 6th. We have been having meetings with staff to discuss what type of patients • Finished month of October into November with 99.2% compliance with the vaccine mandate. We can count on two hands the number of staff members

who did not comply. Half of those staff members were likely going to resign anyway and one EVS staff member who is currently on leave we are attempting

- In October we had zero hospital acquired pressure wounds.
- We continue to have great numbers in reportable infections.
- Patient advocacy, we have talked in the past about our rounds that we do every day in the ER department.

Dr. Fair asked Dr. Strudwick to talk about what is happening at the hospital with regards to violence and weapons on campus.

- Dr. Strudwick noted that we have had instances where patients have come into the BHU with weapons but we put measures in place that are working.
- We have had a couple of episodes where patients have arrived to the hospital with weapons and we have put measures in place to prevent violence. We used to have one check off but now we have two employees conduct a check off, if a patient is brought in by MPD, they also conduct a check before a patient is admitted to the ED. Over the past several months we haven't had any similar episodes of violence or weapons on the BHU. This is a problem throughout the nation as psychological struggles get worse, we certainly have to do what we can to keep our staff and patients safe and we are doing a lot to keep everyone safe.

Chair Jacobs asked for the vaccination stats again and asked whether that includes staff with exemptions.

- 99.2% and we have exactly 5 staff members who have not complied….
- Letters are going out…

Dr. Fair asked about the ambulance admissions statistics on page 23 from Dr. O'Connell's report.

- In the ER we have had a lot of challenges with staffing and one thing in Dr. Payne-Borden's report is about divergence. So the ideal number of nurses in the emergency room is 9 and today we have 5. When we have a low number of nurses we have to call PG and ask them to slow down the ambulances and sometimes we have to call DC and ask them the same. In June we had 12 hours of divergence from ED in ambulances in October we have 507 hours of divergence.
- Dr. Payne Borden added that when we have staffing challenges we have to shut down different zones to keep patients safe. Each zone has 5 beds so to shut down two zones means not filling 10 beds.
- Dr. Strudwick added staffing is a crisis and something we have to address and we are, like increasing our contract nurses, maybe wholly contracting for nurses in the ER but we have to address staffing.

Chair Jacobs asked if we are getting last minute call outs from nurses? If we are supposed to have 9 do, we have 9 on the schedule and only 5 show up?

- Dr. Payne-Borden replied we do not always have 9 on the schedule sometimes we have 7 but we do try our best to have 9 on the schedule. And we do have last minute call outs. Lately, we have had more last minute call outs on multiple units then it creates a bottleneck.

Chair Jacobs asked what is the root cause of the staffing issue?

- Dr. Payne-Borden replied that it is the vacancy to begin with. We are not fully staffed and we are not able to retain our staff because they are leaving for higher pay or because we do not have all the support like techs and sitters that the nurses need and they leave to go to other hospitals where they have those supplements and also receive more pay.

Dr. Fair noted this is a national issue and UMC has always had an issue with staffing, what are we doing to address the inevitable closing of the hospital, what additional efforts are we making to address the impact of closure on staffing, we have heard about incentive pay but what else is the hospital doing?

- Dr. Payne-Borden stated that what drives our nurses is the dollar. If we can't match the pay they will receive other places, they will leave. We have tried education reimbursement and bonuses but even there we can't match what they are offered at other places they will leave. We want to be successful and I want us to be successful.
- Dr. Strudwick noted that also the SEIU contract, nurses want that support and they want to come to work and work at the nursing level and not have to do other tasks. We really need to get that contract in place and we need the board and the council and the mayors support to send the message that we are still operational and will remain open for the next few years.
- Marcela added that we have the same physician provider base here now that will be providing care at the new hospital.

Chair Jacobs added that she agrees and the mayor and council will be supportive but UMC needs to have a strategic communication plan and outreach strategy so when we go out in the community and tell our story and share what our services are and our plan to continue to provide services until we close.

Kai added that the new hospital group does not necessarily want the message to be that that the physicians here are the same physicians at the new hospital and Wayne would be happy to help massage that messaging.

Chair Jacobs added that the message is factual, it is true that the MFA group currently supporting UMC will be the same group at the new hospital. We need to be very deliberate with the messaging and we are still here and will be here until that time that the new hospital opens and to the extent that the MFA speaks to the level of care here, we need to be thoughtful about that but careful not to send the message that the new hospital is a continuation of UMC. It is a separate and distinct hospital but we need to

be deliberate in our message that we are open and what services we provide both externally and internally. Will leave that with the Executive Team to bring that message to the Board then, the Board can decide how we want to move that forward and then decide what external supports we need.

- Dr. Strudwick noted that we have an enthusiastic team who is able to put together that messaging and we now have a nurse leader who will be working with the emergency room department who is from the community and can assist us with that.

MCOS Report – Dr. Morrow –

- Shared that whenever there are changes that is going to impact clinical care and service to patients the communication needs to be clear. Right now Dr. Morrow is concerned about the pathology services. It does not look good when patients are asking him what is happening with their pathology reports and he can't answer. It looks bad on him and more importantly it delays their care.

Chair Jacobs asked Marcela to follow up with Dr. Morrow regarding the vendor issue.

- Dr. Morrow acknowledged that he and Dr. Strudwick have had a conversation about it but he wanted to make sure that everyone is aware of the issue.

Chair Jacobs asked what Dr. Morrow means by he is leery?

- Dr. Morrow stated making sure the vendor can provide the service they claim they can provide and also getting clinical input before a decision is made for vendors. Dr. Morrow has experience with this vendor and has concerns on whether they are able to provide a timely service.
- Lillian added that Dr. Morrow's concerns are great and that there may be more consequences because when we ask people to look for savings, people tend to focus only on the savings but not thinking through the performance piece. Whether it is for savings or better performance, communication is important and every area needs to be part of the communication before changes are made.
- Marcela asked that the communication continue internally because it is the first time that she is hearing about it.

Chair Jacobs agreed but is thankful that Dr. Morrow brought this up but in general we need to make sure that there is input from all stakeholders before decisions are made but that when we are looking for services we want to make sure we get the best value for every dollar we spend but that savings is not the only or main consideration to consider when acquiring services.

CNO Report – Jacqueline Payne-Borden

- Dr. Strudwick already reported on our vaccination rate.
- Wanted to in full disclosure that we had two patients on BHU who tested positive for Covid after being admitted with a negative test.

	• Wound care, there was a discrepancy, in the month of October that led to enhancing the patient HAPPI, we still did our turns and everything we needed to do to support the patient. We will continue to work there. • ER we talked about the staffing challenges and having to close zones because of call outs but also the Director of ED resigned so there were a few people who decreased their availability to us after she resigned. We did not want them to leave altogether so we accepted their limited availability. • Working with Finance and Legal to secure another staffing agency in anticipation of getting a wider pool of nurses we are hoping that this will really help us as we move along. • We have 21 contract RNs that have been supplied and 11 per diem nurses who we can call on or put them in the schedule when there is a gap because it is weeks ahead of time so we can call on them. • The grid in her report shows if we on boarded anyone, what is not reflected on the table is that 4 RNs in the ED changed from .9 to .3 so you can imagine how it affects our group and our morale if we had all of this in additional call outs in one month. • Retroactive pay thanks to HR and Finance we were able to get the second payment out but just this week she received a letter from DCNA about interest, has not responded to the letter yet due to the DOH visit. • On a positive note we provided Covid vaccines in October to our community and some of our staff as well. Really felt like Air Force once more and really felt the comradery. ***Mot to accept CMO and CNO Report by Dr. Fair,2nd Dir. Bobb, unanimous vote***.
Executive Management Report	**Interim CEO Report – Marcela Maamari** • Began with leadership team changes. This month our CPO Richard Andrew started. We filled the general counsel position and that individual will begin the beginning of December. We have secured leadership for Facilities and Plant Operations that will also occur in the beginning of December. • Proud to report we had our DC Health annual licensure survey which started on Wednesday November 10th and concluded on November 15th. Will provide the • Received a thank you from DC Health regarding what we have been doing in the community during Covid and some of our activities with our mobile unit. • Have instituted with executive clinical team to start looking at nurse staffing and stabilization plan. We are chartering a new task force led by Dr. Payne-Borden, Dr. Strudwick, and Verna Bartholomew and we will report out about that in the next meeting.

- Starting January 2022 in partnership with UDC, we will be bringing respiratory students on our campus and more to come on that.
- Dr. Jacquie added that UDC asked if we have nurses who may be available on their days off to provide training at UDC.
- Verna added that in some of the ancillary services we are really trying to inculcate a spirit of excellence in service. It is important to inculcate that message to the staff. We are providing competency opportunities specifically we started in medical imagining to cross train other specific modalities. We will soon be opening our fluoroscopy suite and this will give them more opportunities and make them more marketable and a chance to get certified in other areas. We are working with a team and also our facilities team and working with UDC to build those programs out.
- Marcela added that we had a survey of our retail café and have asked if we can be a training site for food service workers.

Dr. Fair noted that she was pleased to see in Marcela's report the opportunities staff have to increase their skills. Asked how staff hear about these opportunities and asked for an update on the internal communication plan around the operational plan and whether a town hall has been scheduled. Asked when the mobile unit will go out again.

- Marcela noted we had two in October with UPO. The one noted by Dr. Strudwick and Dr. Payne-Borden was here on our campus was communicated by the mobile unit team who sent it out on certain list serves.
- Verna explained that it the training opportunities was communicated in the Departments by the Directors.
- Marcela added that Brian and others on the Executive Team have staff asking them if there are opportunities to go over to the clinical team and how they do that. We have examples of staff who have gone from EVS to Security, etc.

Chair Jacobs again asked Dr. Fair's question, how do staff know about these cross training opportunities?

- Marcela said that it is happening on a department level.
- Verna added that they have done some postings and communicate it in their daily department huddles.

Chair Jacobs suggested that the information at least be placed in the hospital newsletter that goes out every month.

- Dr. Strudwick added that the UDC programs will partially take place here, they have reached out to us to use our hospital as the training site.

Chair Jacobs asked about the operational and wind down plan communication plan.

- Marcela said yes we will be doing town halls but we got sidelined by our DC Health visit.

Dr. Fair asked that the town hall dates be shared with the board when they are scheduled.

	• Dr. Payne-Borden shared a recent job posting she received to highlight the high rates of nurses can receive paying elsewhere. • Dir. Ashenafi thanked Dr. Payne-Borden and noted that he has been hearing this issue in Maryland as well with organizations considering going to the State Legislator • Marcela noted that today two CA hospitals had to shut down their EDs due to staffing shortages. ***Motion to accept Exec Management Report by Dir. Ashenafi , 2nd by Dr. Fair, unanimous vote.***
Financial Report	**CFO Report - Lillian Chukwuma** • Year to date are the same because this is the first month of the fiscal year. • Pointed out the result of the low ER admissions. It has never been this low since Lillian has been here. This is a major issue for us so whatever is creating the problem, we are not getting the admissions and 90% of all of our admissions come through the ED. The earlier these issues are addressed the better. • We banked $8.9 million dollars from admissions last year but if it continues this way, the $8.9 will not be enough. In January we will look at it and see where we are at the end of the first quarter. If it continues this way, we will have a disaster on our hands. • Net revenue is impacted by this. So we have a shortfall in our admissions for $735,000 for the month of October but we are hoping that it will not continue that way. At any time, we think this is running away from us, we have to bring a plan to bring us back to where we are supposed to be. • Contract labor is one of the plans to have contract labor being managed but we have $5 million dollars that we have projected in contract labor and nursing has about $4 million of that, so now we are trying to get a contract that will allow us to find those employees. We just finished the DCNA contract and when it was done we were given rates that were supposed to be competing rates but those rates are now overrun • To end the month, we have $709,000 loss and we will not panic it is the first month and we know a lot of plans are in place to recover. • If we continue this way, we will have a total end of year loss of $8.5 million dollars but the good news is that the operator's initiatives are supposed to result in $8.5 million in savings. • The GW contract requires them to return every collection they make. We are leaving it at that $7.2 million to see how we do. They collected $500k for the month of October, they have a new system so that should

	help us. They also reduced their contract by $250k so they are really working to help and partner with us. • We have that negative of $8.5 but we have initiatives of $10 million but our FY22 budget is very low so we have no opportunities for a slip. If the operator doesn't materialize or GW doesn't collect, we will have a problem. Dir. Bobb asked where the government subsidy is included in the gap measure chart. • Chair Jacobs shared that this chart shows the initiatives and the subsidy is already factored in the $8.5-million-dollar loss. • Dir. Bobb said yes he sees in the summary but you have to go deeper in the report to find that information. • Chair Jacobs asked if a note on the gap measure chart that says it includes the subsidy would be helpful? Dir. Bobb said yes. Lillian agreed to add the subsidy there and show what the end of the year would look like without the subsidy. ***Motion to accept September financials by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.***
Public Comment	Yahnae Barner, VP of 1199SEIU presented. • Noted the CBA contract is scheduled for a vote today and wanted to make sure that it gets voted on so it can move through the additional steps. • Asked that if any of the 5 employees who are not in compliance with the vaccine mandate are 1199 employees, please let the union know so we can encourage them to get vaccinated. • Thanked UMC for the training they are developing and shared information regarding the SEIU Training and Upgrading Fund that they use to work with DOES and other organizations in the District and Maryland to support their members. • If there are ways the union can help to communicate to the community that the hospital is open and continuing to provide care, please let them know they have gone to Council to advocate for additional funding for UMC. Chair Jacobs shared UMC is also anxious to complete the SEIU contract and added that the hospital is not able to share employee vaccination information with the union as it would be a HIPPA violation to do so. Lillian acknowledged and thanked Ms. Barner for being a great partner to the hospital especially with regards to the contract renewal process. Noted Ms. Barner helped her members come a long way from where they were with the understanding that we are all on the same team. Marcela thanked Ms. Barner for the training opportunities and shared that UMC is looking forward to working with SEIU.

New Business	Toya Carmichael reported on Ward 8 Health Council Meeting held earlier that afternoon. • Shared that an in depth presentation was shared regarding the New Hospital and that there was some damaging and misleading comments regarding UMC. • Reported that she provided clarity regarding the comments that were made and mentioned the internal training programs UMC is developing now. • Noted the new hospital team is open to working with UMC on more appropriate messaging and also to work with UMC on the creation of the legally mandated training program the new hospital is required to provide to UMC staff. Chair Jacobs thanked Toya for the information and reiterated that these issues highlight why it is important for UMC to have a documented communication plan that can be shared in all forums and will help us to communicate to the community that UMC is still open and will continue Dir. Bobb thanked Ms. Carmichael for her report and shared his appreciation that we have someone in those meetings to stand up and speak on behalf of the hospital in those meetings to dispel misconceptions regarding where we are and what we are doing and bring information back to the leadership. • Toya also noted the fact that urgent care centers are opening soon in Wards 7 & 8 and that they may also have a negative impact on our Emergency Room traffic. Marcela asked if a date was provided for the opening of the urgent care facility coming to Ward 8? • Toya said it was mentioned but she didn't take note of the date. Is awaiting the full presentation which she will share with the team once received. • Marcela also noted that Toya as a Ward resident talks about the hospital on a daily basis which was clear to Marcela and Dr. Strudwick during the vaccination clinic. Noted the newsletter and also the information shared via various list serves. Asked Toya to send the Board a link to our newly designed website. • Toya mentioned the Contact Us function on the new website and gave an example of positive feedback received regarding our new MRI services. • Dr. Strudwick added with regards to urgent care we should not see them opening as a negative but develop relationships with the urgent care centers so they refer their patients to us when they need additional or ongoing care.

	Dr. Fair thanked us for the reports and asked that leadership submit the board reports and book one week prior to the meeting to allow the board an opportunity to review the reports.
Closed Session	Mike Austin read the justification to enter Closed Session. ***Motion to enter Closed Session by Dir. Ashenafi, 2nd by Dr. Fair*** Toya conducted roll call – 5 yays ***Motion to end Closed Session by Dr. Fair, 2nd by Dir. Ashenafi.*** Toya conducted roll call – 5 yays Closed session ended at 6:05 pm.
Announcements	During closed session the board voted on credentialing, reappointments, new appointments, and change in status as presented by the MEC. The board also voted to approve settlements for JH Contractors, Tate Engineering, and NAC Mechanical Services. The board also approved contracts for SEIU and Dr. Asghar Shaigany.
Adjourned.	***Motion to adjourn by Dir Ashenafi, 2nd by Dir. Bobb, unanimous vote.*** Meeting adjourned at 6:05pm.

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General Board Meeting

Date: December 17, 2021

Consent Agenda

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General Board Meeting

Date: December 17, 2021

CMO Report

Presented by:
Dr. William Strudwick
Chief Medical Officer

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

Respectively submitted by William Strudwick, MD

COVID-19 Vaccination/Hospital Enhancements:

- We continue to offer COVID-19 vaccinations to ED patients and appropriate inpatients at discharge
- We are giving Pfizer booster shots to our employees and the community every Tuesday from 11am-3pm. The shots are being given in the mobile clinic parked in the front hospital lot
- We ended our vaccine mandate with 99.8% compliance. We have 32 employees who were granted medical or religious exemptions and are scheduled for weekly testing
- Our new state-of-the-art MRI began operations on November 8, 2021. The initial hours are 8am-4pm Monday through Friday
- The Annual DC Health survey was completed on November 15th, and mirrored last year's Joint Commission success. There were no Medical Staff, Infection Prevention, or Quality findings
- DC Health expressed their desire to support us in our ability to continue to serve this community at a high level of quality.

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 coordinating with Applied Statistics to establish a go-live date
- In November, there were two (2) initial appointments, eighteen (18) reappointment, and one (1) resignation. There are currently (258) members of the Medical Staff
- Physician Contracts are up to date and have all been considered for community need, cost, and sustainability
- Medical Affairs did very well with the DC Health survey, with no issues found

Quality & Performance Improvement:

- The Quality Management team has worked to maintain constant survey readiness. The DC Health survey was successfully conducted from November 10- 15, 2021. The Quality & Performance Improvement Department had no findings in the DC Health survey
- Appropriate complaint investigations with DC Health and DBH

- Quality Department met with ECRI to address safety concerns surrounding contraband in the organization.
- Completion and submission of quality control charts to CMS and TJC
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. The clean blood culture rates in the Emergency Department have improved from 83% in April 2021 to 91% in November 2021 – our target is 90%
- A collaborative effort between the Quality Department and Wound Care was initiated in July 2021 to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPIs). October 2021 and November 2021 had zero reportable HAPIs.
- Quality Department Met with Navex weekly to start implementation of Policy Tech. Kick-off meeting completed and project build will be ongoing until approximately April 2022.

Infection Prevention & Control:

Annual DC Health licensure survey:
Infection Prevention & Control Department had no findings

Monthly Surveillance Data:

- Ventilator Associated Events = 132 vent days – 0 infections (There was a significant decrease in vent day; previously was 174 vent days in October)
- Central Line Associated Bloodstream infection = 56 central line days – 0 infections (The number of device days decreased from 144 in October to 56 device days for November)
- Urinary Indwelling Device = 207 device days – 0 infections (There was a decrease from 248 device days in October to 207 device days in November)
- VRE (HAI) – Zero (0) infections for the month of November hospital wide for a year to date rate of 0.4
- C Difficile (HAI) – Zero (0) infections hospital wide for the month of November for a year to date rate of 0.1
- MRSA (HAI) – Zero (0) infections hospital wide for the month of November with a year to date rate of 0.1
- 1 patient tested positive for Candida Auris (Multi-Drug Resistent Organisms) in ICU during a screening that was performed by Department of Health due to an increase of C. Auris (MDRO) in the metropolitan area. A repeat screening of all patients in the ICU was conducted on 11/29/2021. To date the results have not been communicated to UMC.

- Hand Hygiene 264 person were observed; 251 found to be compliant with hand hygiene for a rate of 95%

COVID 19 Update:

- The number of COVID-19 positive admissions decreased from 17 cases in October to 10 cases for the month of November
- There was one COVID-19 positive employee for the month of November; who does not provide patient care and currently has returned to work.
- The mandatory COVID-19 Vaccine policy went into effect August 2021 and currently the compliance rate is 99.8% which includes 32 exemptions

Influenza:

- Occupational Health reports that a number of employees need to receive the Influenza (Flu) vaccine or show documentation that they received the vaccine in a location other than UMC

Case Management:

- Two new social workers to start on December 6 – coverage includes inpatient unit and ER at night. Current ER gap at night was covered by regular full-time staff creating over-time and over-utilization of staff
- November denials totaled five (5) compared to 18 in 2020. All denials were reviewed by CM Physician Advisor and were deemed reasonable

Patient Advocacy:

Emergency Room:

Accomplishments –

Press-Ganey overall "Rate the hospital" is 66.15% which increased from October of 24.31% (N=12)

"Nurses attention to your needs" 66.67% increase from last month of 33.33% (N=12)

"Nurses took time to listen" 66.67% increase from last month of 33.33% (N=12)

"Courtesy of nurses" 66.67% increase from last month of 33.33% (N=12)

"Courtesy of doctors" 83.33% significant increase from last month of 33.33% (N=12)

"Doctors concern to keep you informed about your treatment" 83.33% significant increase from last month at 22.22% (N=12)

"Doctors took time to listen" 91.67% significant increase from last month of 23.23% (N=12)

Areas for Improvement –

Arrival Time to be seen – 29.17%

Waiting time to treatment area – 25%

Survey response has improved. Staff will continue to encourage patients to participate in the survey

Inpatient:

Accomplishments -

Press-Ganey overall "Rate the hospital" is 25% significant decrease from October of 72.73% (N=4)

"Nurses attention to your needs" 100% (N=2)

"Nurses kept you informed" 100% (N=3)

"Nurses listened to you carefully" 100% (N=3)

Areas for Improvement -

"Doctors treat you with courtesy and respect" 33.33% (N=3)

"Doctors concern to keep you informed about your treatment" 50.00% (N=2)

"Doctors listen carefully to you" 50% (N=4)

Results are not statistically significant since the survey responses are so low

Pharmacy & Therapeutics:

- 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)

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General Board Meeting Date:
December 17, 2021

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morrow
Medical Chief of Staff

Amaechi Erondu, M.D., Chairman

NOVEMBER 2021

PERFORMANCE SUMMARY:
Our total volume for all surgical cases for November was 137, an increase from 135 cases in October 2021. See attached table and chart.

QUALITY INITIATIVES AND OUTCOME:
SCIP protocols including on time antibiotics administration remains at 100%, ensured for all our patients with no fall-outs. Surgical and anesthesia time outs followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics. All relevant quality metrics documented in the various anesthesia record for easy access and reference.

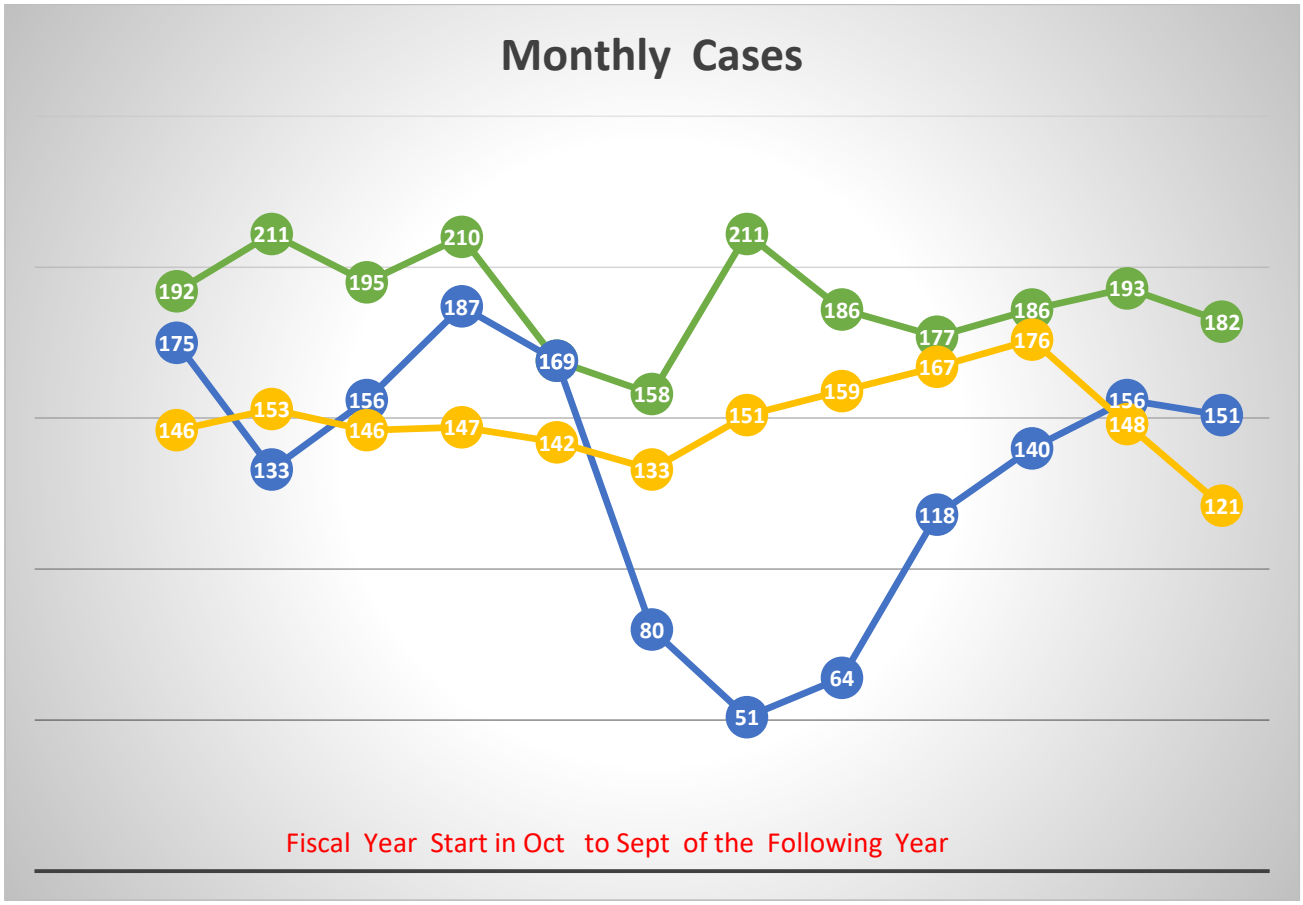
VASCULAR ACCESS SERVICE:
We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We had a total of 142 vascular access procedures in November 2021.

PAIN MANAGEMENT SERVICE
The Interventional Pain Management service has been increasing the volume of procedures done at the OR. Currently, the *Pain management service provides the next highest OR volume and is among the top 3 high volume services*. We had a total of 24 cases in November 2021.

OR UTILIZATION
We are working with the Surgeons and Nursing staff to improve OR utilization through: eliminating day of surgery cancellations; improved on-time start, and improved room turnover time. We are looking to consolidate daily surgical cases to maximize room utilization.

EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.
Virtual **Mortality and Morbidity Conference** will continue.

MONTH	2018	2019	2020	2021
JAN	150	210	187	147
FEB	181	169	167	142
MARCH	204	158	80	133
APRIL	177	211	51	151
MAY	219	186	64	159
JUNE	213	177	118	167
JULY	195	186	140	176
AUG	203	193	156	148
SEPT	191	182	151	121
OCT	211	175	146	135
NOV	195	133	153	137
DEC	192	156	146	
TOTAL	2,331	2136	1559	



Amaechi Erondu, M.D.,MS,CPE
Chairman, Anesthesiology Department

Mina Yacoub, M.D., Chairman

NOVEMBER 2021

Admissions, Average Daily Census and Average Length Of Stay, Mortality

ICU admissions were notably less in November compared to the same time last year. In November, the Intensive Care Unit (ICU) had 39 admissions, 42 discharges, and 236 Patient Days. Average Length of Stay (ALOS) was 5.6 days. The ICU managed a total of 49 patients in November. Average daily census in November was 8 patients, with increased boarding times in the ED. There were no readmissions to ICU within 48 hours of ICU discharge. There was a total of 5 deaths for 42 discharges, with an overall ICU mortality rate of 12%. We welcome Shelia Murphy MSN, RN as new nursing Director of Operations, including ICU.

NOVEMBER 2021 PERFORMANCE DATA

ICU Sepsis Data

In November, the ICU managed 21 cases of severe sepsis, including Covid-19 patients. Two patients died due to severe sepsis, for a severe sepsis mortality rate of 10%.

The ICU is participating with Infection Prevention and with Department of Health for multi-center point screening for Candida Auris. Candida Auris is a multidrug resistant pathogen for which there is a noted increased prevalence in the District of Columbia. Infection Prevention staff and Quality Department in collaboration with Department of Health are implementing staff education on isolation techniques and protocols.

ICU Infection Control Data

ICU infection control data is compiled by Infection Prevention and Quality Improvement Department. The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). Detailed report is provided by Infection Prevention.

Rapid Response and Code Blue Teams

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed monthly in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes. Code Blue and Intubation practices have been modified during the Covid-19 pandemic to help improve outcomes and to protect healthcare providers.

Mina Yacoub, MD,
Chair, Department of Critical Care Medicine
October 1, 2021

Francis O'Connell, M.D., Chairman

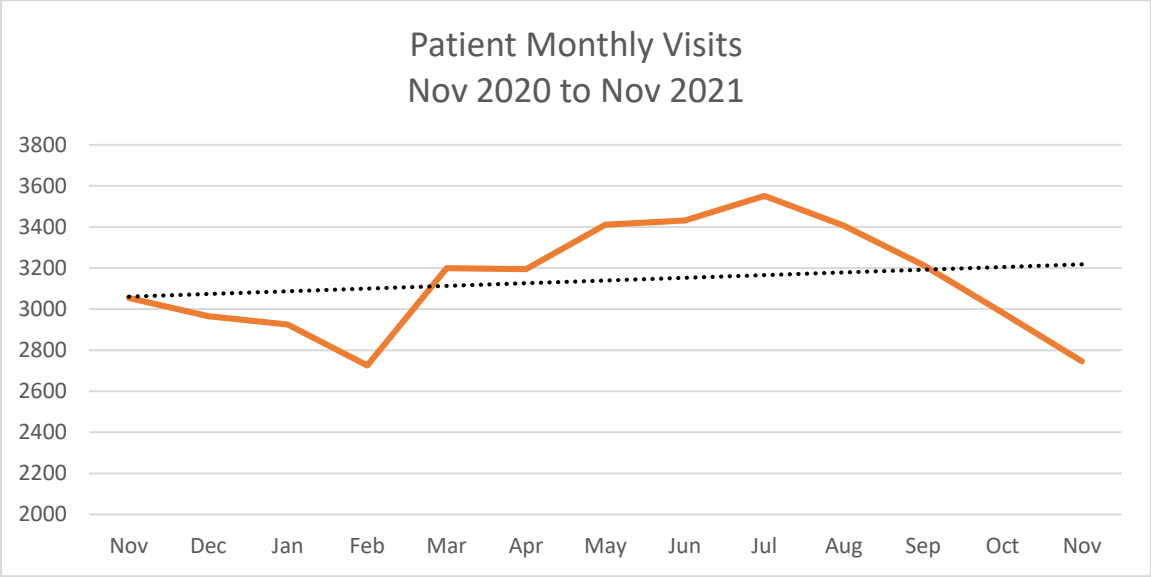
NOVEMBER 2021

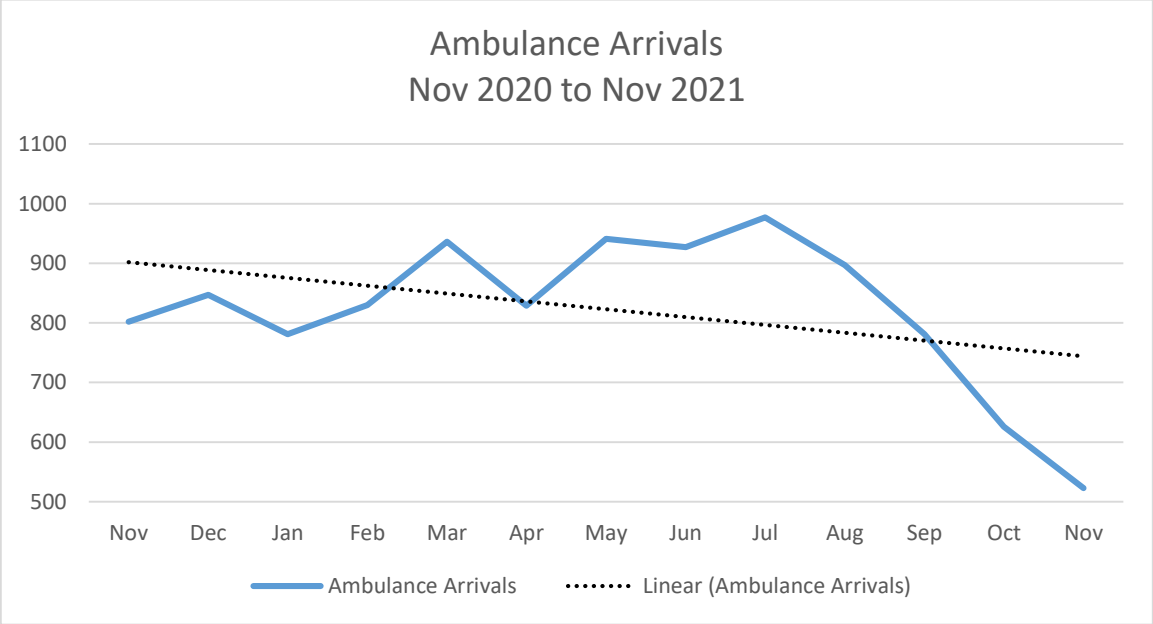
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for November 2021. Also included are graphic tables to better highlight important data.

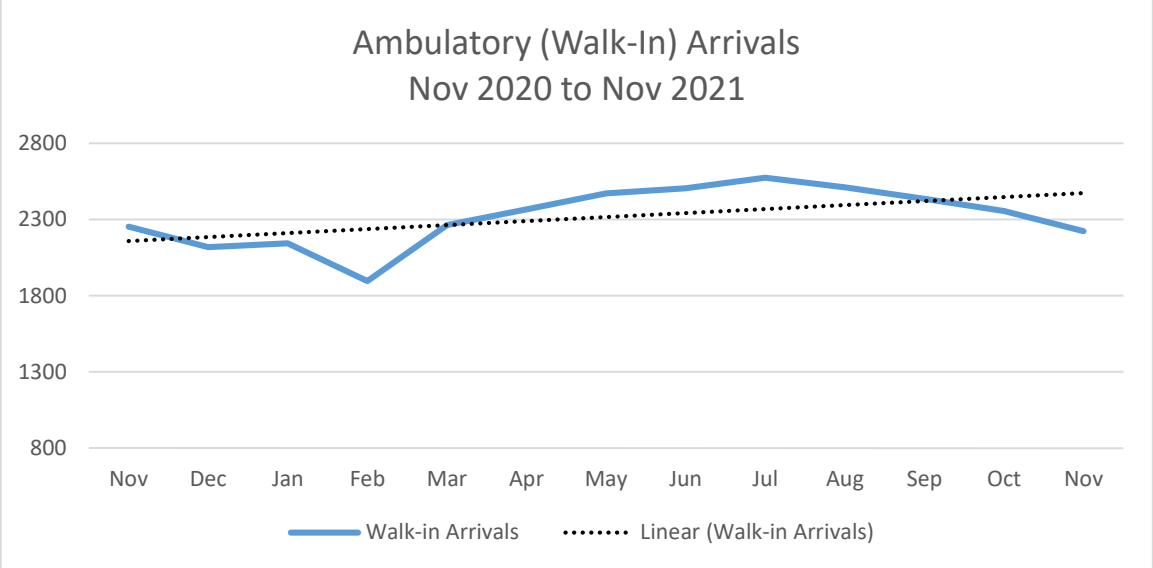
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

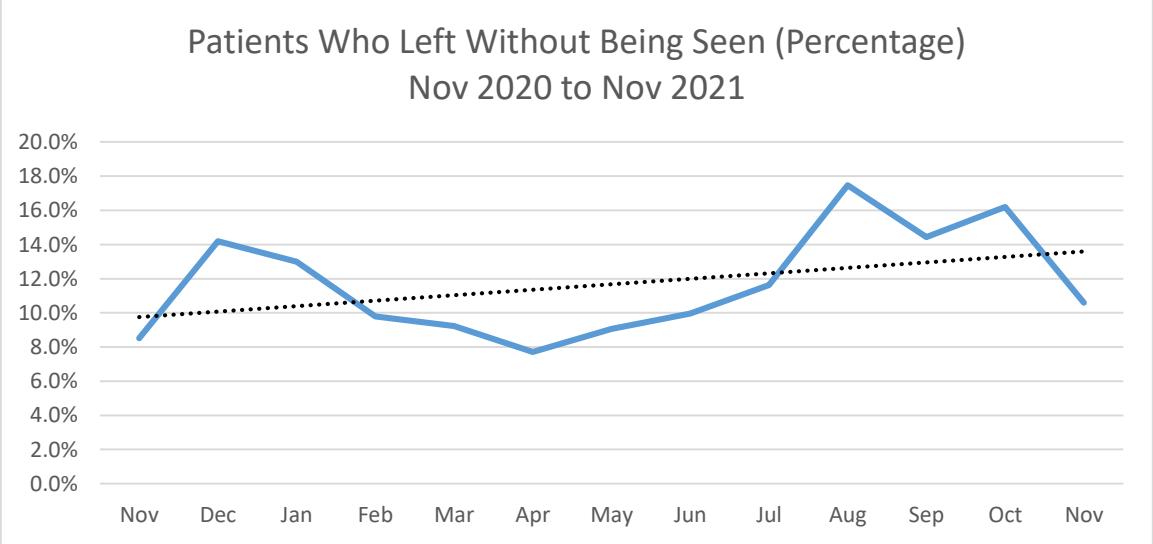
Definitions of the terms used in this report are as follows:

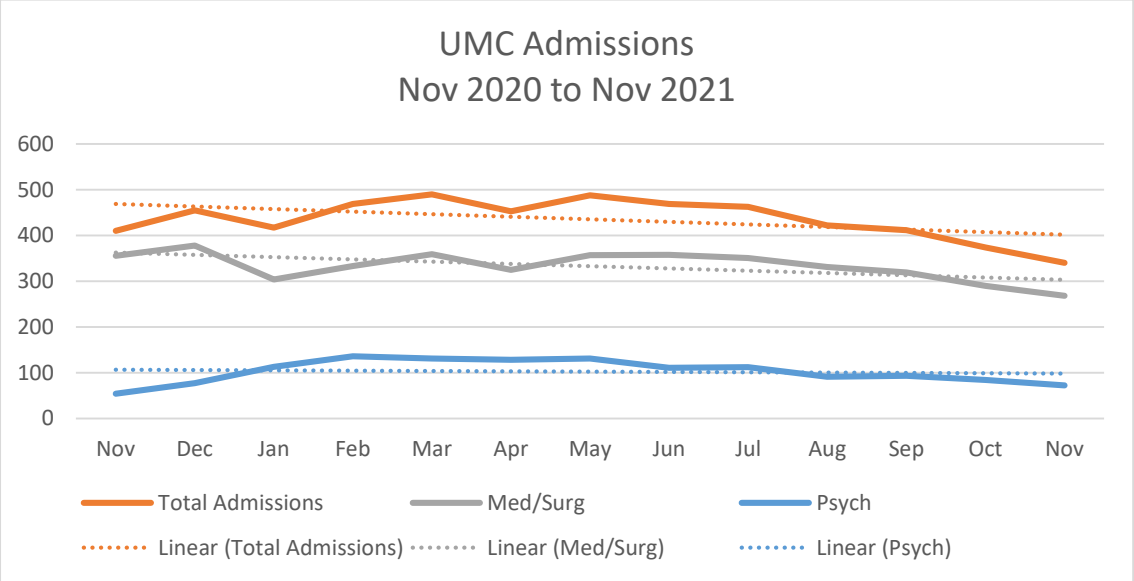
- **Total Patients**: number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals**: number of patients who arrive by ambulance
- **Admit**: number of admissions to UMC
    - **Med/Surg:** number of medical/surgical patients admitted (includes ICU admissions)
    - **Psych:** number of patients admitted to the behavioral health unit
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
- **Ambulance Admission Rate:** percentage of ambulance arrivals that are admitted
- **Walk-In Admission Rate:** percentage of walk-in patients that are admitted

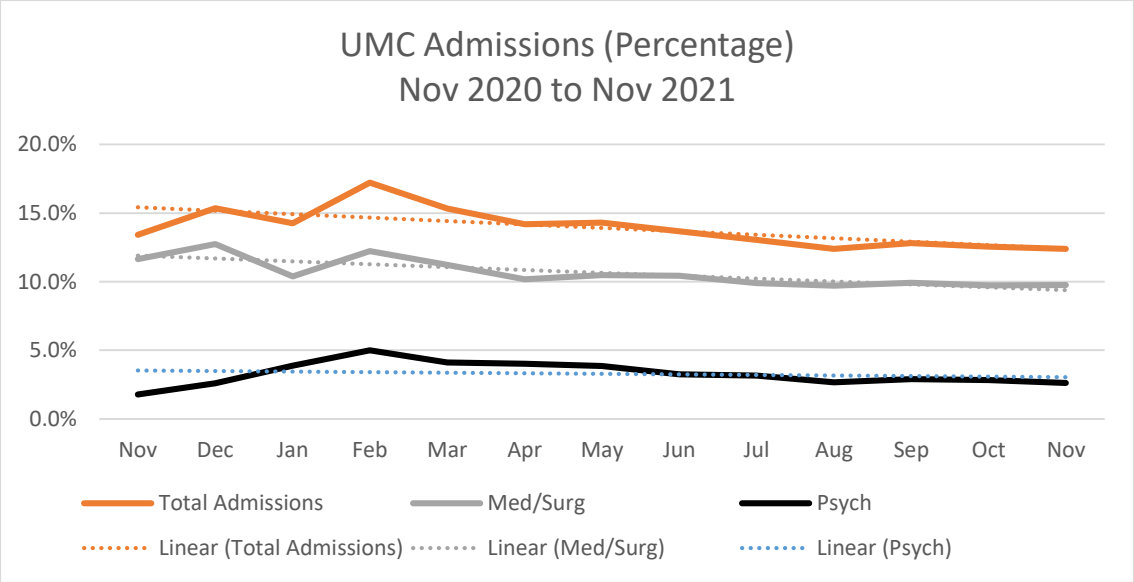



Ambulance Arrivals
Nov 2020 to Nov 2021
1100
1000
900
800
700
600
500
Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Ambulance Arrivals
Linear (Ambulance Arrivals)


Ambulatory (Walk-In) Arrivals
Nov 2020 to Nov 2021
2800
2300
1800
1300
800
Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Walk-in Arrivals
Linear (Walk-in Arrivals)


Patients Who Left Without Being Seen (Percentage)
Nov 2020 to Nov 2021
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov


UMC Admissions
Nov 2020 to Nov 2021
600
500
400
300
200
100
0
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)


UMC Admissions (Percentage)
Nov 2020 to Nov 2021
20.0%
15.0%
10.0%
5.0%
0.0%
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)

Data tables:

ED Volume and Events				
	Nov 2020	**%**	**Nov 2021**	**%**
Total patients	3055		2745	
Daily Avg Census	102		92	
Ambulance Arrivals	802	26.3%	523	19.1%
Admit	410	13.4%	340	12.4%
• Med Surg	356	11.7%	268	9.8%
• Psych	54	1.8%	72	2.6%
LWBS	260	8.5%	291	10.6%
Ambulance Admission Rate	30.9%		33.9%	
Walk-In Admission Rate	7.4%		6.9%	

Analysis:

1. The monthly census for November 2021 was down in comparison to the previous year. Despite the recent low census' for the last several months the general trend of visits for the year remains positive.

2. The total number of medicine admissions in November 2021 is down from the previous months. The trend is starting to move negatively after the last few months' low census data.

3. The percentage of patients who left without seeing a provider (LWBS) declined from the previous month; however, the LWBS percentage continues to trend upwards.

4. The total number of ambulances coming to UMC dropped again from the previous month with a downward trend for the past twelve months.

5. Ambulance visits remain a large contributor to ED volume and admission.

6. The average number of walk-in patients visiting the ED is trending slightly upwards over the last year.

The LWBS continues to trend upwards, and the ambulance traffic continues to trend downwards. These remain the major issues for the ED. Shortfalls and inconsistent staffing of nursing, techs and sitters increase boarding periods of admitted patients, most often Intensive Care Unit (ICU) patients. The persistent boarding of ICU patients in the ED directly impacts patient care and safety as nurses in the ED are not afforded the staffing ratios that the rest of the hospital enjoys allowing for safe, effective patient care.

In the ICU, a maximum of 2 Intensive Care patients are assigned to each nurse. In the ED, however, nurses often carry upwards of 3 ICU patients or 2 ICU patients with 2 other patients. This degrades care for all patients in the ED, lengthens waiting room times, and increases ambulance queuing. These factors in turn

increase the LWBS and more broadly patient dissatisfaction. They also contribute to ambulances either being routed away from UMC, as is the case with DC FEMS, or diversion of ambulances completely, as is often the case with PG EMS. Further, the ED nursing and tech workforce is being stressed in ways that are unsustainable and recently manifested itself in multiple nurses resigning or reducing their hours form full-time to part-time.

The nationwide nursing shortage and the inability to hire and retain traveling/agency nurses is disproportionately affecting UMC and exacerbating an already challenged staffing system, which is constantly stressed with callouts and no-shows amongst the nursing, tech, and supporting workforce.

Because the nationwide nursing shortage will not be resolved quickly, the hospital must focus on strategic retention and promotion of its high-quality nurses and techs and develop a strategic plan to mitigate these staffing shortfalls. We continue to engage and support the hospital administration with its efforts to alleviate staffing shortfalls, improve throughput and improve the patient experience.

We continue to support the hospital's efforts in addressing these ongoing challenges as well as those related to the COVID pandemic including the availability and administration of the COVID vaccine in the ED.

Francis O'Connell M.D.
Chair, Emergency Medicine

Musa Momoh, M.D., Chairman

NOVEMBER 2021

The Department of Medicine remains the major source of admissions to and discharges from the hospital.

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	70	74	120	118	128	140	124	120	107	116	106		**1223**
HOSPITAL	70	74	120	118	128	140	124	120	107	116	106		**1223**
PERCENTAGE	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**		**100%**
REGULAR													
MEDICINE	239	261	243	214	238	217	231	223	215	179	165		**2425**
HOSPITAL	354	400	385	348	378	337	353	323	314	272	249		**3713**
PERCENTAGE	**68%**	**65%**	**63%**	**61%**	**63%**	**64%**	**65%**	**69%**	**68%**	**66%**	**66%**		**65%**
DISCHARGES													
OBSERVATION													
MEDICINE	74	70	117	117	129	139	130	120	106	120	105		**1307**
HOSPITAL	74	70	117	117	129	139	130	120	106	120	105		**1307**
PERCENTAGE	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**		**100%**
REGULAR													
MEDICINE	180	207	194	175	199	193	181	190	184	152	131		**1986**
HOSPITAL	280	349	337	315	330	315	298	294	282	245	215		**3260**
PERCENTAGE	**64%**	**59%**	**58%**	**56%**	**60%**	**61%**	**61%**	**65%**	**65%**	**62%**	**61%**		**61%**
PROCEDURES													
HEMODIALYSIS	176	140	154	163	140	132	183	335	169	135	83		**1942**
EGD'S	22	29	24	24	27	22	19	28	26	24	20		**238**
PEG'S (STARTED TRACKING 5/2021)					8	11	11	6	2	4	3		**45**
COLONOSCOPY	23	30	24	36	28	30	36	32	30	26	26		**321**
ERCP	0	0	0	0	0	0	0	0	0	0	0		**0**
BRONCHOSCOPY	0	1	0	1	3	1	0	1	1	1	2		**11**
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0	0		**0**
Cases Reviewed	0	0	0	0	0	0	0	0	0	0	0		**0**
Cases Closed	0	0	0	0	0	0	0	0	0	0	0		**0**

Department of Medicine met on December 8, 2021.
The next meeting is March 9, 2022.

Musa Momoh, M.D.
Chairman, Department of Medicine

Donald Karcher,M.D. Chairman

NOVEMBER 2021

Month	01	02	03	04	05	06	07	08	09	10	11	12
Reference Lab test – Urine Eosinophil (2day TAT) 90% Started in October Urine Legionella AG (2D TAT)	100% 11	100% 7	100% 10	100% 12	100% 11	100% 7	100% 9	100% 8	100% 11	100% 11	100% 7	
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	94% 15/16	88% 14/16	100% 16/16	94% 15/16	95% 19/20	94% 15/16	90% 16/18	94% 15/18	82% 13/16	100% 16/16	100% 16/16	
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	
Review of Unacceptable Blood Bank specimen Goal 90%	99%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2	1.2	1.1	1.2	1.2	1.3	1.4	1.3	1.2	1.2	
Wasted/Expired Blood and Blood Products Goal 0	2	3	3	1	0	0	2	1	1	1	3	
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hematology Analytical PI Body Fluid	100% 17/13	100% 10/8	100% 8/7	100% 8/8	100% 19/15	100% 9/6	100% 13/10	100% 10/10	100% 6/6	100% 10/10	100% 11/9	
Sickle Cell	0/0	0/1	0/2	0/1	0/1	1/1	0/1	0/1	3/3	0/1	0/0	
ESR Control	100% 73/29	100% 59/25	100% 69/30	100% 66/28	100% 57/30	100% 79/30	100% 61/28	100% 75/28	100% 71/26	100% 68/27	100% 43/22	
Delta Check Review	100% 230/230	100% 259/259	100% 170/170	100% 193/193	100% 218/218	100% 187/187	100% 191/191	100% 190/190	100% 187/187	100% 189/1891	100% 205/205	

Blood Culture Contamination – Benchmark 90%	94.2% ER Holding 82.6% ER 93.9% ICU	100% ER Holding 91.2% ER 93.9% ICU	93% ER Holding 88% ER 90.5% ICU	88% ER Holding 83% ER 92% ICU	100% ER Holding 90% ER 93% ICU	100% ER Holding 89.7% ER 98% ICU	100% ER Holding 87.3% ER 90% ICU	86% ER Holding 88.5% ER 92% ICU	100% ER Holding 89.5% ER 98% ICU	98% ER Holding 87.5% ER 95% ICU	100% ER Holding 91% ER 100% ICU	
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	91% ER 93% Lab	95% ER 94% Lab	92% ER 94% Lab	93% ER 95% Lab	95% ER 96% Lab	93% ER 96% Lab	92% ER 95% Lab	90% ER 95% Lab	90% ER 95% Lab	92% ER 95% Lab	91% ER 95% Lab	
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/2 In house vs consultation	0/0 Frozen vs Permanent 0/1 In house vs consultation	0/0 Frozen vs Permanent 0/1 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	

LABORATORY PRODUCTIVITY RESULTS - We developed performance indicators we use to improve quality and productivity.

TURNAROUND TIME - Turnaround time is a critical factor that directly influences customer satisfaction.

CUSTOMER SATISFACTION - The key to business is providing great customer service, superior quality, and creating a unique customer experience.

COMPLAINTS - Complaints are an important metric for evaluating the quality of our laboratory processes.

EQUIPMENT DOWNTIME - It is important that laboratories track, monitor, and evaluate equipment failure rates and down time.

Donald Karcher, M.D.
Chairman, Pathology Department

Shanique Cartwright, M.D., Chairwoman

NOVEMBER 2021

UMC Behavioral Health Unit November 2021 Board Report

Description		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Admissions												
	ALOS (Target <7 Days)	4.63	3.94	3.8	3.87	4.35	4.16	4.7	3	4.36	4.3	4.7
	Voluntary Admissions	31	30	40	45	35	40	41	33	44	43	35
	Involuntary Admissions = FD12	83	109	100	87	106	79	81	66	56	49	48
	Total Admissions	114	139	140	132	141	119	122	99	100	92	83
	Average Daily Census	17	21	19	18	20	20	18	16	16	14	14
Other Measures	Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	3.8	13.83*	**	**	**	**	**
	# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	0	0	1	0	0	0
	# Psych Consultations	94	170	243	170	138	129	135	103	142	106	96
	Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	63%	74%	41%	36%	60%	78%	77%
Discharge												
	Discharges	102	147	143	138	132	123	120	105	100	93	84

*IT provided a new metric and the figure. ** IT to provide the metric figure

Shanique Cartwright, M.D.
Department of Psychiatry

Riad Charafeddine, M.D., Chairman

NOVEMBER 2021

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	45		455		100		600	
Fluoro	6		1		31		38	
Mammography					126		126	
Magnetic Resonance Angio	2		0		1		3	
Magnetic Resonance Imaging	12		6		49		67	
Nuclear Medicine	11		2		4		17	
Special Procedures	10		0		3		13	
Ultrasound	53		167		135		355	
X-ray	144		793		421		1358	
Echo	31		2		18		51	
CNMC CT Scan			41				41	
CNMC X-ray			403				403	
Grand Total	314		1870		888		3072	

November 2021: start of MRI cases with a total of 67 patients.

Quality Initiatives, Outcomes:

1. **Core Measures Performance**
   100% extracranial carotid reporting using NASCET criteria
   100% fluoroscopic time reporting
   100% presence or absence hemorrhage, infarct, mass.

2. **Morbidity and Mortality Reviews:** There were no departmental deaths.

3. **Code Blue/Rapid Response Teams ("RRTs") Outcomes:** No code.

4. **Evidence-Based Practice (Protocols/Guidelines):**
   Mask wearing and PPE procedures for COVID -19 is regular, in line with DC Government recommendations.

   Radiology protocols are being reviewed and optimized for MRI and CT.

Services:
MRI: The new uMR 570 United 1.5T magnet is up and running for clinical cases, during week days schedule at this time.

Nuclear Medicine: GE Discovery dual head camera provides wide range of exams, including cardiac software and SPECT applications is readily available.

Bariatric Fluoroscopy table: The table is set up. Permitting work in progress.

Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

Riad Charafeddine, Chairman
Department of Radiology

Gregory Morrow, M.D., Chairman

NOVEMBER 2021

For the month of November 2021, the Surgery Department performed a total of 137 procedures.
The chart and graft below show the annual and monthly trends over the last 9 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021
JAN	173	159	183	147	216	155	210	195	147
FEB	134	143	157	207	185	194	180	167	153
MAR	170	162	187	215	187	223	158	82	133
APRIL	157	194	180	166	183	182	211	57	156
MAY	174	151	160	176	211	219	186	74	159
JUNE	159	169	175	201	203	213	177	126	172
JULY	164	172	193	192	189	195	186	140	177
AUG	170	170	174	202	191	203	193	161	155
SEP	177	168	166	172	171	191	182	162	126
OCT	194	191	181	177	214	211	175	146	135
NOV	137	157	150	196	152	196	138	156	137
DEC	143	183	210	191	153	192	156	146	

The first month of the fourth quarter started on a promising note with volumes rising, however, still not up to pre-pandemic levels.

October had a 1.5% increase from the prior month and an 12% decrease from the same time last year. The resurgence of Covid-19 cases played a major role in this significant decline.

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary. We continue test all elective patients for Covid-19 on or within 72hrs prior to the day of surgery.

We continue to meet or exceed the monthly quality measures benchmarks outlined for the Surgery Department.

MEASURE	UMC	NAT'L AVG
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

We will continue assess the data and make improvements where possible.

We are developing surgery specialty specific measures to support OPPE and the regularity with which these evaluations will be performed and reported.

All educational conferences within the department continue to be held by Zoom conferencing and focused on Covid-19 updates and procedures for UMC.

Surgery and Perioperative services continue to evaluate how best to utilize our resources to respond to the anticipated surge of hospitalized patients in response to the Covid-19 pandemic and will continue to collaborate with other departments to formulate a comprehensive strategic plan.
We continue to evaluate and modify how we manage Covid-positive patients to minimize exposure to the staff in all areas of the hospital.

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be reduced or eliminated. We are evaluating and proposing revisions of the current physician contracts within the department.

Respectfully,

Gregory D. Morrow, M.D., F.A.C.S. Chairman, Department of Surgery

UMC
UNITED
MEDICAL CENTER

General Board Meeting Date:
December 17, 2021

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing Services Board Report: November 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

- UMC is in the process of the annual mandatory Influenza Vaccine campaign. All staff must receive flu vaccine by December 31, 2021. Per Mandatory Influenza Vaccination Policy IC 6-08, Health Care Workers who have not secured an exemption or proof of vaccination within 14 days past December 31, would have voluntarily terminated. Current compliance rate is 32.7 %. Starting mid-December, Patient Care Services will support Occupational Health by providing additional locations and staff to administer vaccines throughout the hospital.
- All staff continue to work on required Annual Hospital Training via Relias –Learning Management system (LMS). Deadline January 31, 2022.
- The Diabetic Educator continue to educate patients and staff; 65% of our patients have diabetes.
- Wound Care Specialist continues to support nursing team. This month three HAPIs reported in the ICU.
- Partnerships continues with Trinity University, Prince George's Community, and Washington Adventist schools of nursing.

Emergency Department

The ED remains the hub of UMC's activities. During this month, there was a decrease in ambulance arrivals and admissions. There were significant staffing challenges resulting in the closure of patient bed zones within the core to ensure the delivery of safe patient care. Staffing challenges in the ED amplified by resignations and decrease in FTE status. UMC has recruited a new ED Nurse Director who will begin on Dec. 6, 2021. **Below are ED Metrics*

ED Metrics Empower Data	Jul	Aug	Sept	Oct	Nov
Visits	3557	3408	3219	2987	2753
Change from Prior Year (Visits)	3004	3320	3190	3325	3055
% Growth	15.55	2.81	0.90	-11.32	-10.97
LWBS	18	19	28	20	29
Ambulance Arrivals	980	897	781	626	523
Ambulance Admissions	330	288	242	217	179
Ambulance Patients Admission Conversion	0.34	0.32	0.31	0.34	0.19
% of ED patients arrived by Ambulance	0.28	0.26	0.24	0.21	0.34
% of Ambulance Patients Admitted	0.34	0.32	0.31	0.35	0.25
PG Diversion Hours	68.6	38.27	215	507.56	463.06
DC Diversion Hours	0	0	0	0	0

Table 1: Data obtained via UMC Analytics & CHATS/Region V

ED Metrics Empower Data	Jul	Aug	Sept	Oct	Nov
Door to triage	27	42	37	41.2	45
Door to room	86	111	120	186.4	101
Door to provider	92	117	127	122.2	101
Door to departure	233	203	271	35.1	215
Decision to admit to floor	320	356	377	353	354

Table 2: Data obtained via UMC Analytics

Overall Staffing

- Staffing issues remain intermittent and unpredictable throughout the hospital units. Barriers to adequate staffing includes unfilled vacancies and calls outs. Continue to utilize supplemental staffing.
- Contract in review by legal at NFPHC/UMC and legal at Aya Staffing Agency in anticipation to seek approval from the Oversight Board. The intent is for this agency, which has a larger pool of nurses to provide both Contract and PRN nurses more expeditiously to meet our staffing needs.
- Working on details of a proposal to present to CEO and CFO to consider retention bonus for nursing staff. Details of proposal will be forth coming.

- Current Supplemental Staff
  - 12 Per Diem RNs
    - 4 BHU, 4 ED, 3 ICU, 1 Telemetry
  - 20 Contract RNs (8-13 week contracts)
    - 6 ICU, 8 ED, 5 Telemetry, 1 BHU
  - 8 Contract Respiratory Therapists

Respectfully submitted,

Jacqueline A. Payne-Borden

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

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General Board Meeting Date:
December 17, 2021

Executive Management Report

Presented by:
Marcela Maamari
Interim Chief Executive Officer

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:

- Associate General Counsel position started employment in December.
- Recruitment and interviews for General Counsel position is ongoing.
- Director for ED/ICU/Dialysis and Bed Control started in December
- Leadership restructure for Facilities, Biomedical Engineering & Plant Management Compliance individuals started in December.

Survey Readiness

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

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 which is a combination of Overtime and Agency hours increased by 96 hours per pay period in November as compared to October. Overall we ran at 2,068 per pay period.

Staffing remains challenge in a number of departments due to a very tight labor force and staff turnover. Overall FTE's continue to trend down another 25 FTEs to around 575 total FTEs for November resulting in the need for overtime.

- UMC overtime hours are ran at 1,237 hours per pay period in November. This was slightly lower than October and still lower compared to the FYTD April 1,837 per pay period
- RN Agency hours ran at 831 hours per pay period in November. Up significantly compared to October and above the FYTD April levels of 725 per ppd.

Purpose/Vision: UMC's ability to remain financially solvent requires a dual solution to the nationwide nurse shortage challenge.

1) The first is to find a more reliable and affordable supply of nurses to meet its existing patient demand and support its sources of revenue.
2) The second is reducing UMC's need and demand for nurses by running its inpatient care more efficiently without compromising revenues.

High-Level Requirements and Key Deliverables:

a. Increase Nursing Supply
   - Temporary RN Staff – work with staffing agencies to provide local PRN pool for call outs.
   - Permanent Employed RN Staff via Improved Recruitment - To improve HR's nurse hire rates or find a more effective external RN recruitment firm to drive down costs by lowering the need for temporary RN hours.

b. Reduce Nursing Demand or Increase Admissions
   - A need to reduce avoidable patient days in terms of patients with long LOS
     1. Formalize review workgroup to identifying & develop solutions to barriers related to discharging patients with long lengths of stay (> 6 days).

c. Admissions / Re-route Task force being chartered for developing solutions to mitigate the increases in Ambulance Diversion time in the Emergency Department and the reduced patient admissions.
    - This effort will include nursing leadership, medical staff, clinical ancillaries, and administration working to improve processes and barriers that impact ED admissions and through-put.

Margin Improvement Focus - In Progress

- Updated Rental & Leased Space Agreements to be in place for January 1, 2022
- Identification of high Water Usage, results pending
- Finalized Employee Benefits for 2021
- Continued effort to reduce 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

Radiology/Medical Imaging Services:

- Successfully achieved permitting and Radiation Licensure for the MRI – Open House was held on November 4th 2021.
- MRI outpatient services initiated on November 8th, 2021 (70 procedures November)
- 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

Accomplishments/Projects for November – Present

Facilities

- Boiler Project completed: Boiler 1 & 2 have been repaired and passed inspection and preparing for DDOE permit.
- Generator repairs started in December 2021.
- ED refresh and environmental improvements in process.
- New Hospital signage (Southern Ave. & 13th St)

- Reconciliation of past invoices/PO/Contracts completed and coordinated with General Counsel in order to submit for settlements for Facilities, Bio-Med, Nursing, Dietary, EVS, and Linen. Settlements to be issued.
- DC Water meter replaced in November, currently working for Audit credits reaching back to 2019.

Procurement:

- Tracking and Monitoring of renewals PO's for New Fiscal Year ongoing effort
- In process - added Approval for Office Supply requests Marcela will now approve all Office Supplies orders
- Copier/Printer RFP in process
- Finalizing contract language for Constellation New Energy (CNE) as new electric and gas provider. Concord monitoring current rates and will recommend best time to sign contract
- Working with Facilities leader to review submitted proposals from EVS & FM bidders
- We will be making a switch to disposable products. These products are more sanitary and cost less overall.

Information Technology:

- Completed contracts with:
  - BearCom for cellular enhancements in key hospital areas
  - Centennial for continued Meditech support
  - Interqual/Change Health (clinical utilization decision support tool)
  - Cloudwave (Hosting services for Meditech, 3M and other systems – reduced annual fees save UMC dollars in FY22)
  - Maryland Use Data Agreement (for DCHA information requirements)
  - Pendulum HIPAA Security Assessment (Cybersecurity and CMS Interoperability)
- Completed mock disaster recovery tests for Meditech and PACs
- Completed annual HIPAA security assessment including pen-test vulnerability test (Cybersecurity and CMS Interoperability)
- Completed HIE incorporation functionality into Meditech for Inpatients (CMS Interoperability)
- Completed Meditech updates for hospital charges/rates, DRGs and APCS
- Built and enabled COVID booster screens in Meditech
- Updated claim mappings in Meditech

- Reviewed CCU/Bad Debt workflows with Finance team
- On-boarded Summit resources for ongoing interface services/support
- On-boarded new Telecommunication vendor for ongoing services/support
- Performed weekly termination audits with HRIS records to appropriately adjust end-user access rights
- Performed daily rounds through clinical and administrative areas to identify and resolve issues
- Applied security patches to end-user devices (e.g., desktops, laptops, mobile workstations)
- Applied security patches to network switches
- Completed new cable drops and clean-ups for 2nd and 3rd floor network closets
- 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 495 Help Desk/Service tickets in October 2021

GRANT PROGRAM OVERSIGHT & OPERATIONS:

Grant Program Operations and Community Initiatives

a. 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 November, the Mobile Health Clinic has continued collaborations with the **Metro Health, United Planning Organization, Don't Mute DC** and **the Faunteroy Enrichment Center** to provide the following services:

   1. HIV Screening
   2. HIV Testing
   3. COVID19 Testing
   4. COVID19 Vaccines and Boosters

b. **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.

1. As a result, we able to perform vaccine clinics at the following locations:
    1. Roundtree Senior Community 11/2
    2. Don't Mute DC 11/18

2. On November 30 the mobile team hosted it's second COVID vaccine booster drive, where 68 boosters were provided to UMC employees and DC residents. Booster clinics will be offered to employees and DC residents each Tuesday of December.

3. In November, the mobile staff also hosted two Public Health Nursing Students from George Washington University who engaged in 6 week community health rotations within the Mobile Clinic and the Care Center (ID Clinic). This partnership largely supports the expansion of services provided within the Mobile Clinic.

4. We continue communication with DC Health Community Health Administration discussing the mobile team becoming the sole source for managing the Districts COVID vaccine portal. This initiative may also provide an opportunity for the mobile team to become the Ward 8 partner for all vaccination efforts including childhood vaccines. Currently, the majority of request are for pediatric vaccinations and we have worked with pharmacy to acquire the Pfizer vaccines for youth and children. If accepted, we will be awarded between $125,000 and $175,000 in annual grant funding.

COVID-19 PCR tests	Flu Vaccines	HIV tests	Rapid COVID tests	COVID Vaccines	Boosters
N/A	0	0	0	2	108

NFPHC Executive Management

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.

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

From: Brian D. Gradle
Chief Compliance Officer, Privacy Officer, Ethics Counselor (BEGA)

Date: December 9, 2021

Re: Key Compliance, Legal, Regulatory Trends: 2021-22

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, as well as regulatory and legal issues relevant to UMC. 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.

On the eve of 2022, this month's report serves as an outlook on key regulatory, legal, and compliance trends and risks for hospitals and in healthcare generally, relevant to the Board, focusing on the impact of the pandemic on UMC and the communities it serves.

The Expanding Role of Healthcare Boards

- The pandemic has, in general, created an expectation of board of director oversight into new and/or previously less-examined areas.
- In addition, recent court cases (e.g., Marchand (Del. 2019), Boeing (Del. Ch. 2021) have reinforced the need for boards to focus upon "mission critical" risks.
- For healthcare systems, such new or less-examined areas arising during the pandemic include:
    - workforce safety measures;
    - expanded challenges associated with supply chain disruptions;
    - national economic patterns impacting labor supply; and
    - departures from the workforce (frequently due to fatigue or anxiety).

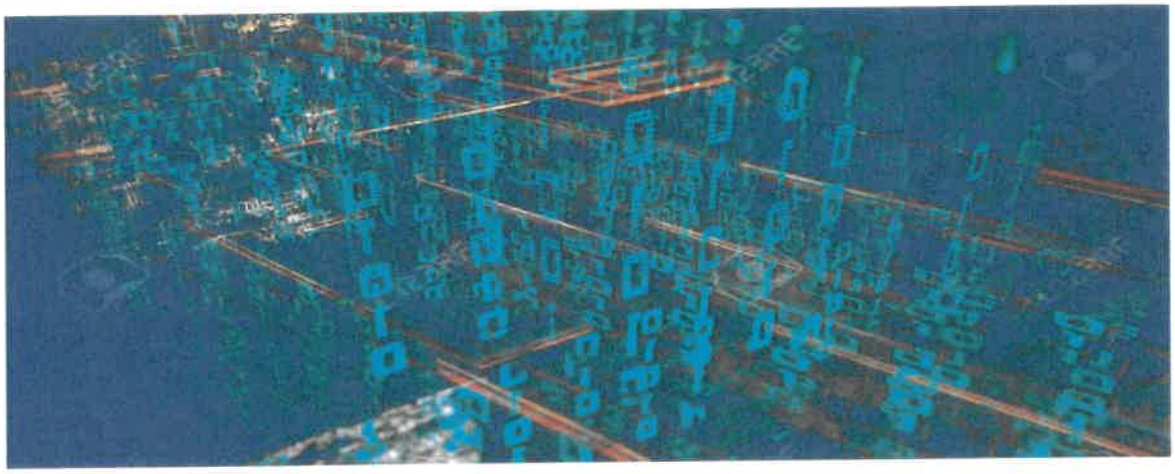
Scope of rebound from delayed/deferred care unclear

- Deferred care by patients (particularly cancer and other screenings, annual physicals, elective surgery) represents a significant impact of pandemic.
- This nation-wide phenomenon (deferring care) served to heighten awareness of long-standing socio-economic disparities regarding access to care and healthcare outcomes.
- While many parts of the country are seeing a rebound in in-person visits, areas of lower vaccine rates (either due to access or hesitancy) have not seen that return to same degree.

Improved Workforce and Leadership Diversity within Healthcare

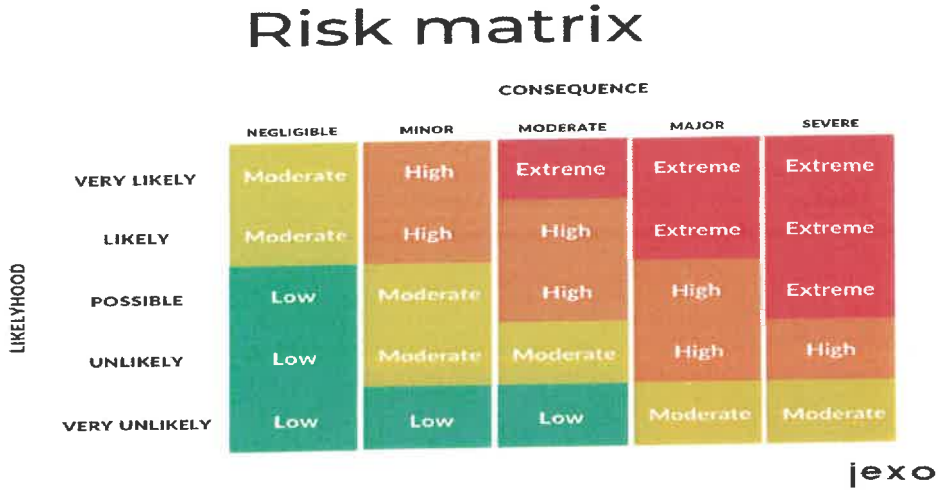
- Nationally, 130 cities, counties, and states, and 45 health systems and professional organizations have recognized the public health crisis resulting from social, economic, and racial inequities.
- Triggered by the collection of Covid data, there likewise has been an expanded collection of demographic data, that demonstrates the inequities in care based on these factors and related factors.
- There has also been a disproportionate impact of the pandemic on front-line hospital and other healthcare workers. Approximately 1 in 5 U.S. healthcare workers have left their jobs due to the pandemic.
- This has resulted in efforts (including in Washington, DC) to provide for the promotion and development of a healthcare workforce whose leadership and job opportunities address these disparities.

"Big Data" expanding in influence and complexity



- By 2025, there will be 500x more healthcare data than there was in 2012.
- The patchwork of laws (e.g., HIPAA, Cures Act, state and local laws), can create confusion for both the holder of data and the data recipients.
- Expectations include that the FTC may step into the field to more forcefully attempt to regulate.
- Likewise, the potential exists for more comprehensive federal legislation.
- HIPAA may be the most well-known of all laws impacting patients – and appropriate safekeeping of patient information is essential and is an important part of ongoing training and instruction

Risk management/liability issues spotlighted by pandemic



- Risks within a U.S. hospital setting can include the collision of clinical patient safety risk (such as Hospital Acquired Infections, Standards of Care shortfalls, medical errors) and operational risks (e.g., inadequate processes, people or systems).

- Specific concerns in U.S. facilities include, in particular, triaging and isolating patients, staffing challenges, handling visitors, PPE shortages.

- Overall, UMC has handled PPE well; staffing challenges remain, however.

- Ability of hospital to handle these concerns will also impact Reputational Risk to facility.

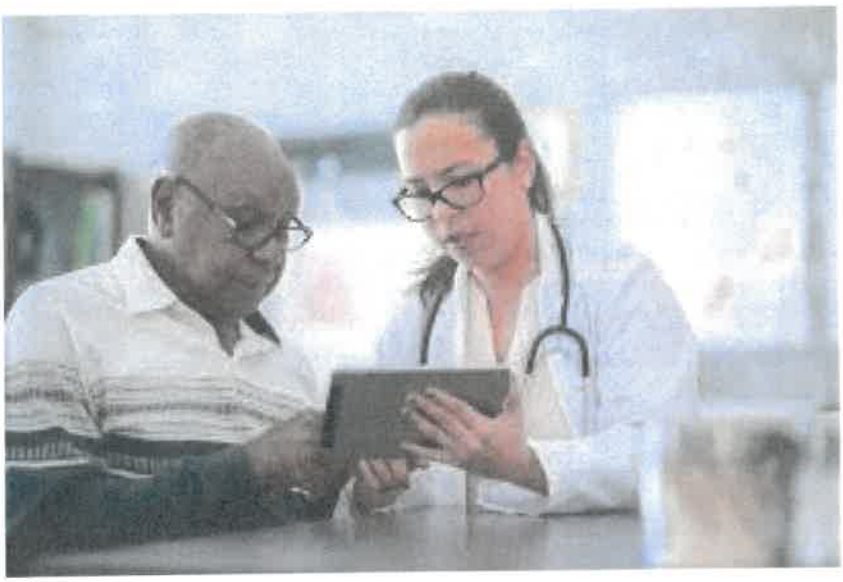
Expansion of mental health and emotional well-being solutions, particularly by employers

- One positive impact of pandemic is engendering new insights and perspectives on the health risks of anxiety, stress, isolation, and similar factors.
- U.S. has seen enhanced desire by patients for high-quality care and resources, in order to address emotional and mental health matters.
- Employers have actively campaigned to remove any perception of stigma to this care, and to expand benefits for such care.
- Consequently, opportunities in behavioral health (and patient demand for such care) are expanding for health care providers.

U.S. population health continues to decline

- The trend towards lack of exercise, poor nutrition, substance abuse, and smoking has accelerated during the pandemic. Areas that experienced these challenges pre-Covid have seen them magnified.
- UMC's goal of achieving the Quadruple Aim of Healthcare includes addressing population health issues within its community of patients.

A Bright Spot to Close On: Opportunities for healthcare providers to build stronger patient relationships abound.



- Public Service Announcements (PSA's) and other commercials and educational outreach have uniformly supported "talk to your doctor" for those who have not been vaccinated, including the "vaccine hesitant."
- Physicians are generally regarded as a trusted advisor and the source of truth during the pandemic.
- These meetings with patients are ideal to create and/or enhance the physician-patient relationship and to forge a stronger professional bond than in typical interactions. This is particularly true for previously vaccine hesitant patients.

Sources:

2021 Healthcare Industry Outlook (Avalere Health)

2021 Risk-Based Healthcare Market Trends (Guidehouse)

Top Health and Well-being Trends for 2022 (Managed Healthcare Executive, 11/15/21)

Medical cost trend: Behind the numbers 2022 (PwC, 12/8/21)

Supporting the Health Care Board's Expanded Oversight Responsibilities: A Challenge for the General Counsel (American Health Law Association, 12/1/21)

Top Ten Issues in Health Law 2021 (American Health Law Association)

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NOT-FOR-PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
Corporate Secretary / VP Public Relations

DATE: December 10, 2021

PUBLIC RELATIONS

Communications - Toya Carmichael met with the COO and Interim CEO in November to discuss UMC's internal and external communication plan. Our theme: Thrive Until 2025. Our focus will start with external communications and the reestablishment of vital community partnerships. UMC is slated to host the January Ward 8 Health Council Meeting to kick off 2022. At this meeting we will lay out our existing services and relevant parts of our operational and communications plan.

Donations – UMC received a box of thoughtful handmade greeting cards from girls at Excel Academy. The greeting cards were distributed to patients in the ICU.

Weekly Newsletter – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of November, the newsletter featured a message from Chair Jacobs and highlighted our new MRI services. If you have news or resources you would like to share, please send it to Toya Carmichael – tcarmichael@united-medicalcenter.com by the first Wednesday of the 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 did not appear in any articles for the month of November.

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting

Preliminary Financial Report Summary

For the month ending November 30, 2021

DRAFT

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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 2022 Actual Gap Measures
As of November 2021

	FY 2022 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY22 Adjusted Gap Measures)
Annualized Net Loss from Operations Before District Subsidy			($25,872,000)	
District Subsidy			$15,000,000	
Adjusted Annualized Net Loss from Operations			($10,872,000)	
Add: Initiatives to be Realized				
Mazar Initiatives	$8,500,000	$319,020	$8,180,980	3.8%
GWUMFA Professional Fees Collection	$7,200,000	$840,258	$6,359,742	11.7%
Subtotal	**$15,700,000**	**$1,159,278**	**$14,540,722**	7.4%
Projected Net Income (Loss) from Operations			**$3,668,722**	
Original Projected Income			$421,000	
Difference from Original Projected Income			$3,247,722	

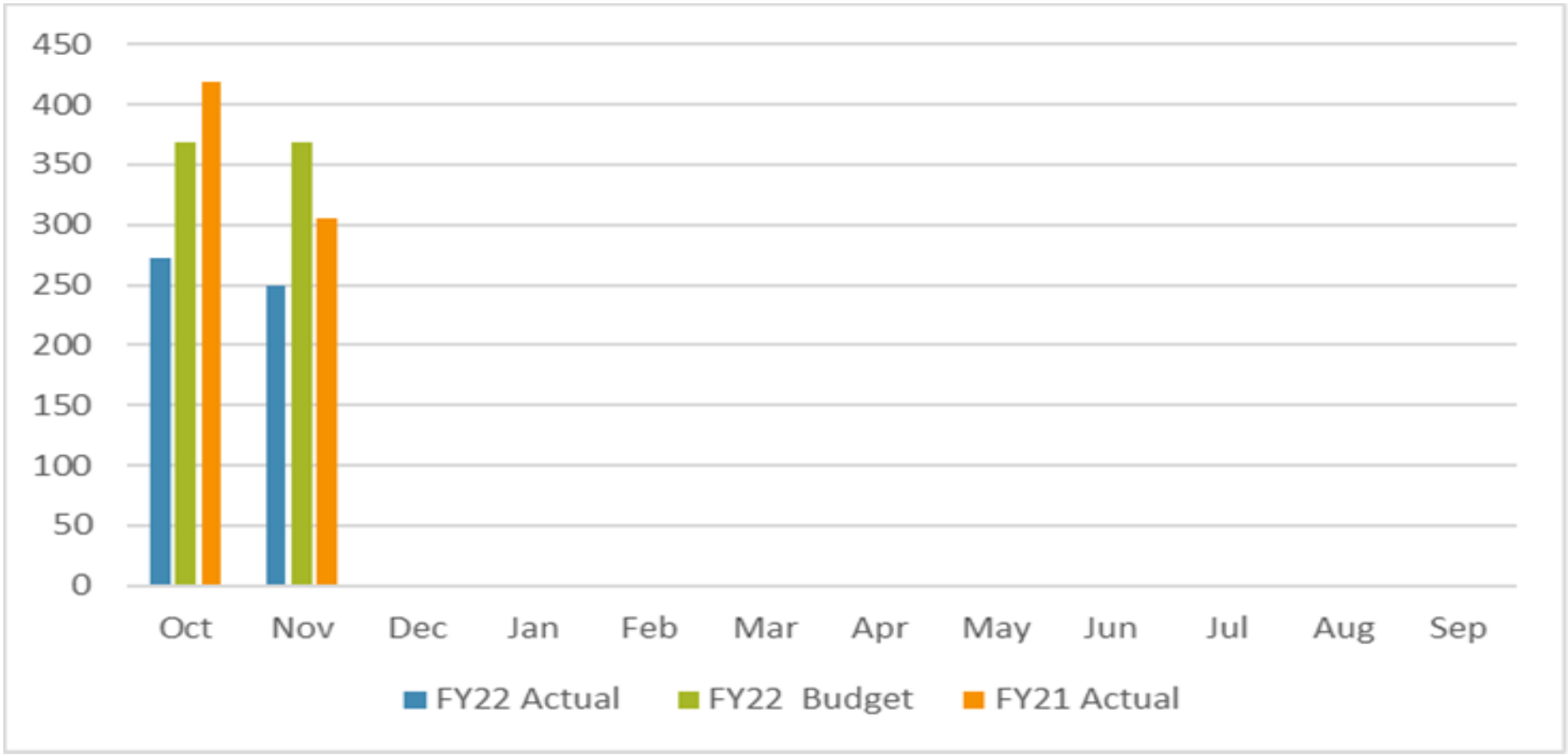
Report Summary

- **Revenue**
  - **Total operating revenues are lower than budget by 13% (1.3M) MTD and 10% (2M) YTD as a result of the following contributing factors:**
    - **Net patient revenue is lower than budget by 21% (1.4M) MTD and 17% (2.3M) YTD.**
      - **Admissions are lower than budget by 33% MTD and 29% YTD.**
      - **ER visits are lower than budget by 10% MTD and 6% YTD.**
      - **Clinic visits are lower than budget by 10% MTD and 3% YTD.**
      - **Surgeries are lower than budget by 27% MTD and YTD.**
    - **GWMFA collections are lower than budget by 43% (260K) MTD and 30% (360K) YTD.**
    - **Other operating revenues are lower than budget by 5% (95K) MTD and 1% (36K) YTD.**
- **Expenses**
  - **Total operating expenses are lower than budget by 1% (149K) MTD and 1% (140K) YTD.**
    - **Notable variances:**
      - **Salaries are lower than budget by 10% (376K) MTD and 5% (422K) YTD, due to vacancies.**
        - **Overtime is 238K MTD and 580K YTD.**
      - **Contract Labor is higher than budget by 56% (233K) MTD and 45% (371K), due to agency staffing.**
      - **Purchased Services are higher than budget by 17% (205K) MTD but on budget YTD.**

Key Indicators

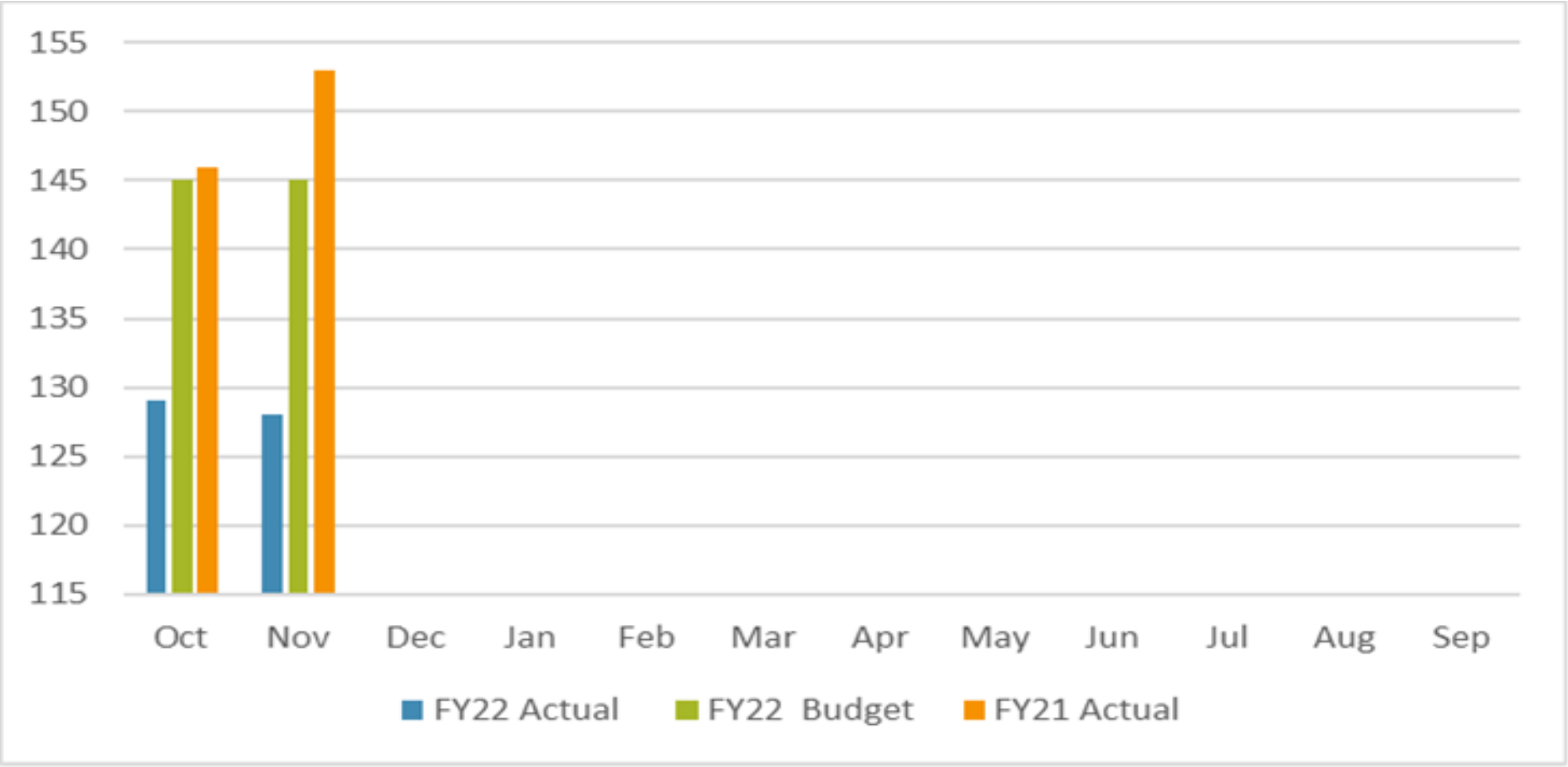
Fiscal Year 2022 thru 11/30/2021 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	249	369	306	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	128	145	153	▼	▲
Emergency Room Visits	Actual Visits	2,740	3,043	3,037	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	575	624	771	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.16	1.00	1.21	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	52%	55%	61%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	54	85	80	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	158%	92%	99%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	141	45	84	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-9.8%	1.0%	-19.7%	▼	▲

Total Admissions (Consolidated)



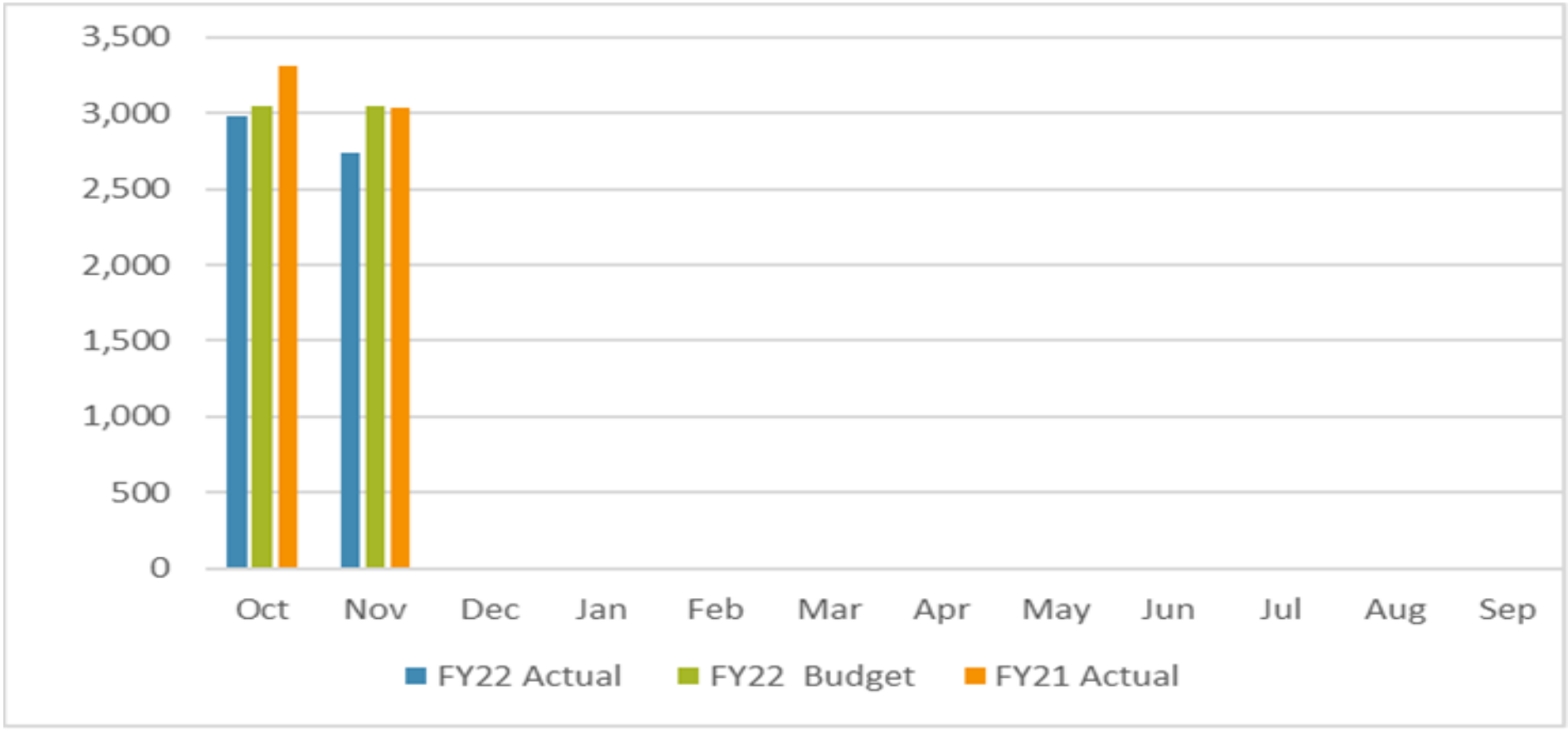
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249										
FY22 Budget	369	369										
FY21 Actual	419	306										

Inpatient/Outpatient Surgeries



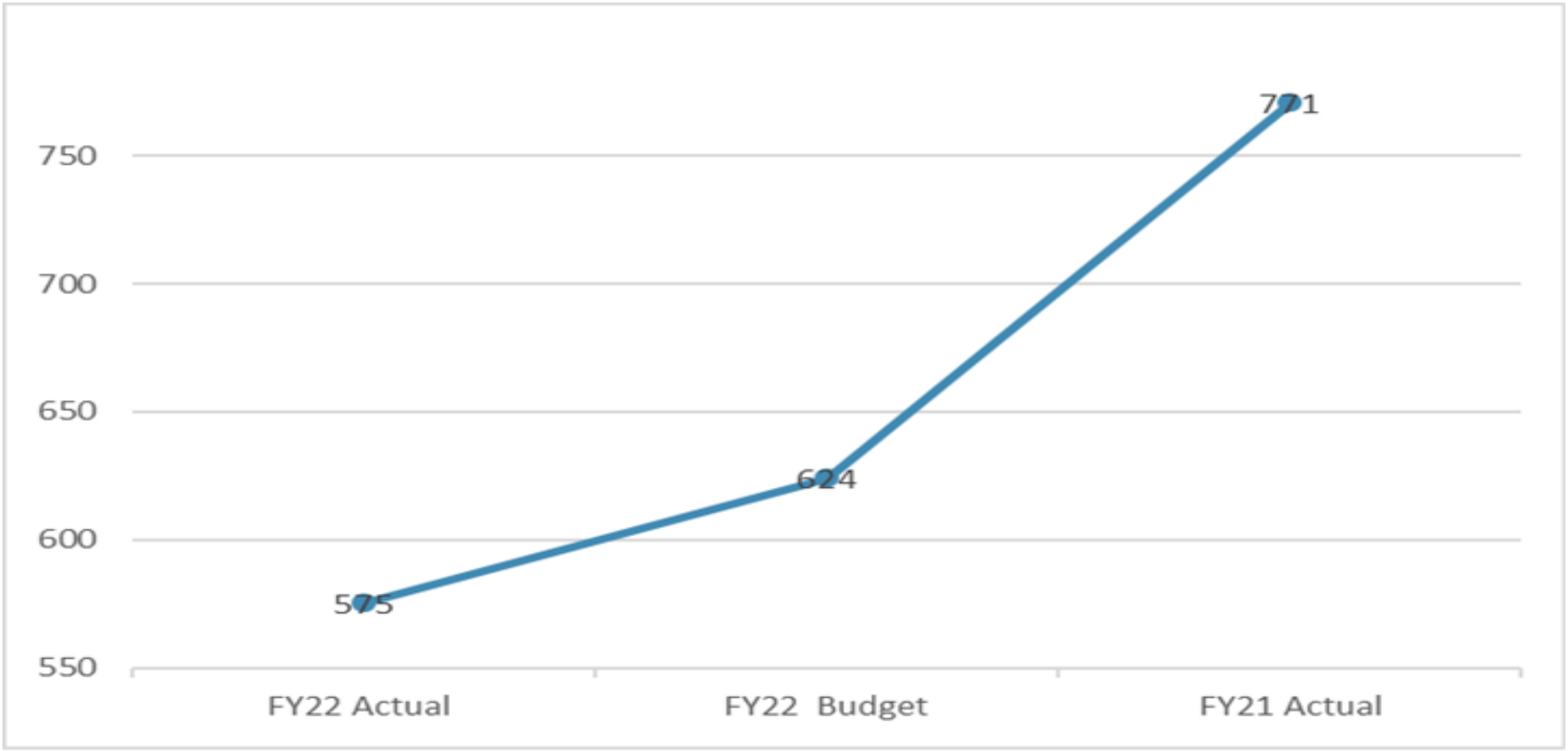
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128										
FY22 Budget	145	145										
FY21 Actual	146	153										

Total Emergency Room Visits



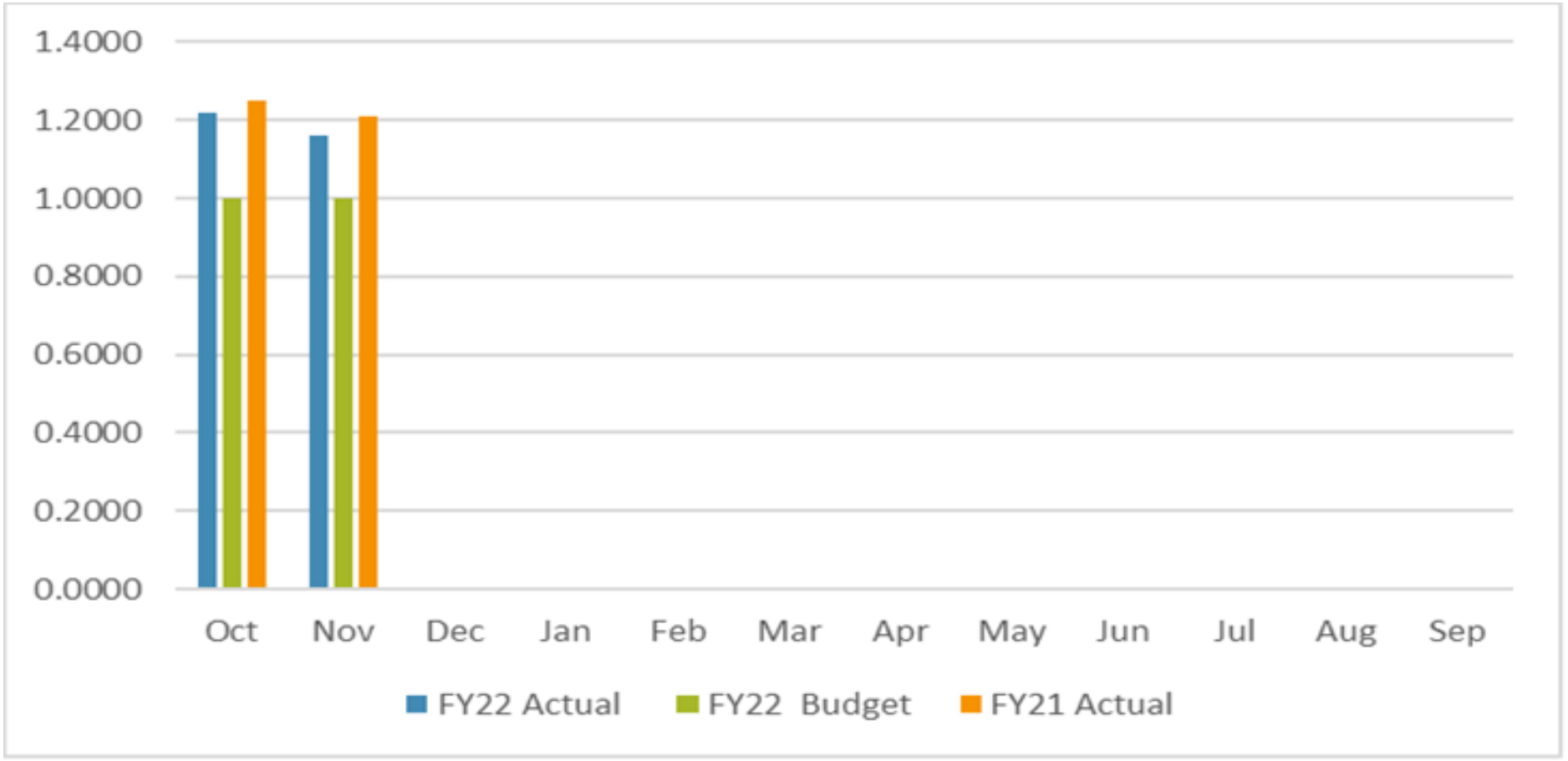
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740										
FY22 Budget	3,043	3,043										
FY21 Actual	3,313	3,037										

Number of FTEs



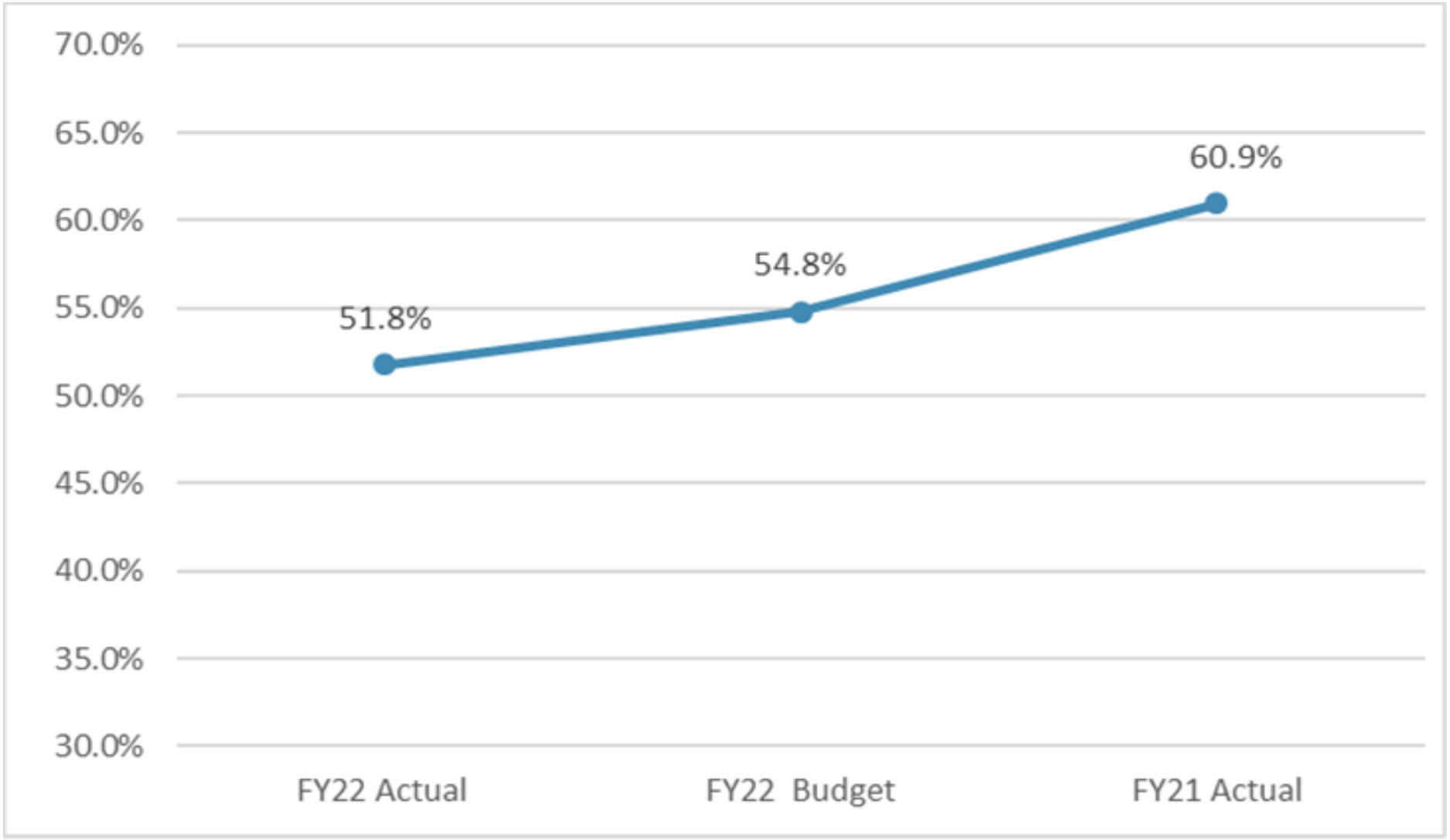
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575										
FY22 Budget	624	624										
FY21 Actual	764	771										

Case Mix Index

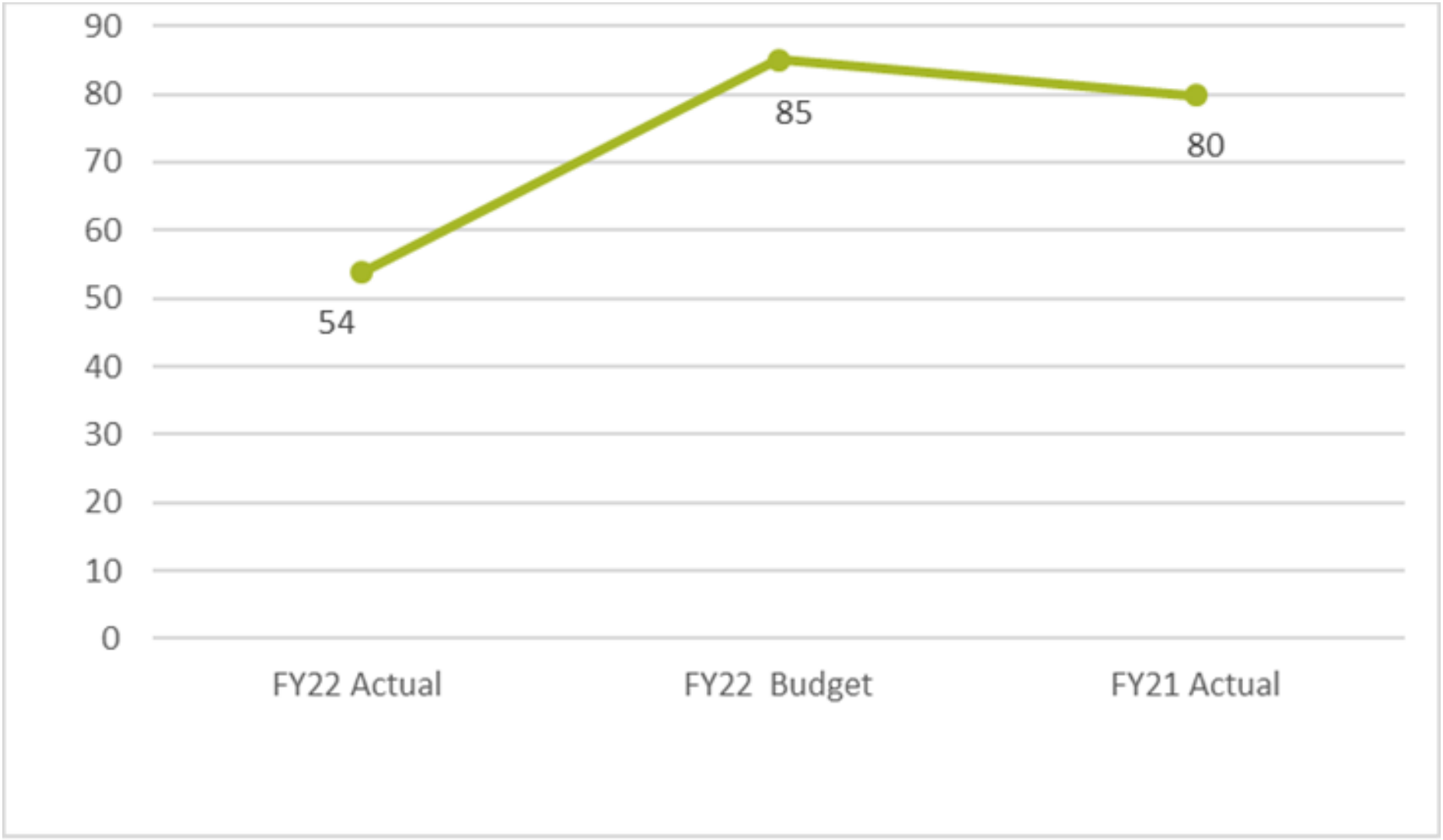


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600										
FY22 Budget	1.0000	1.0000										
FY21 Actual	1.2500	1.2100										

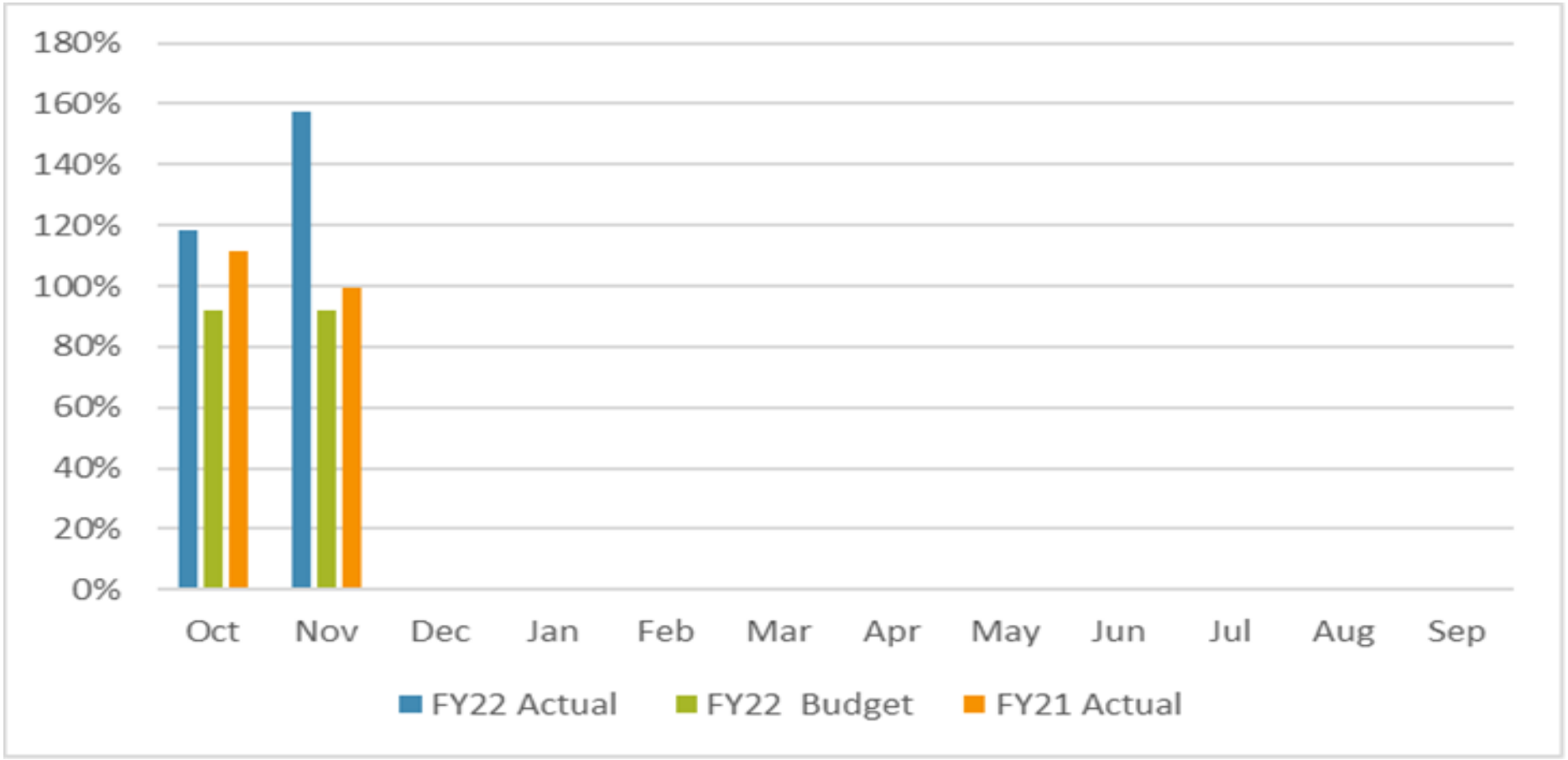
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

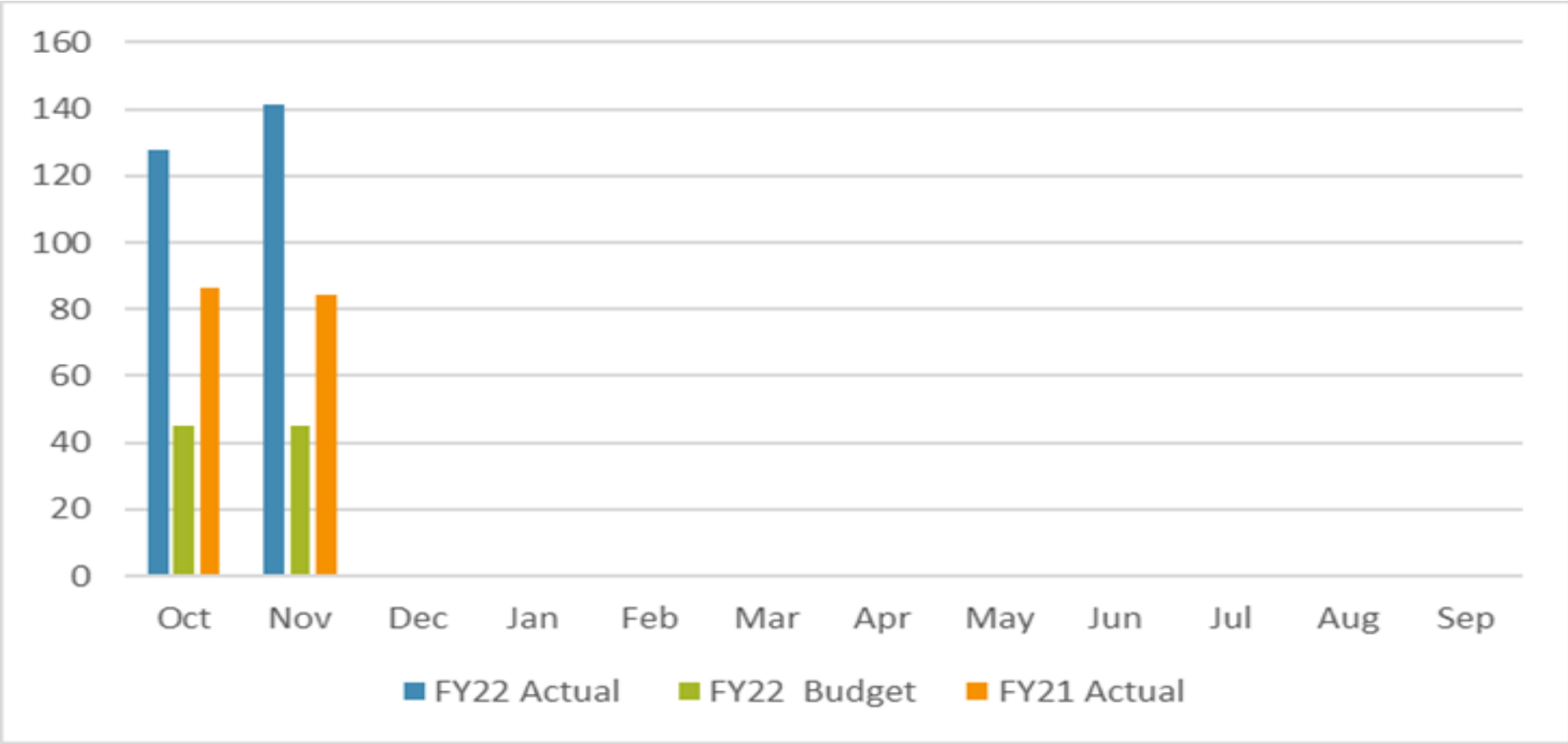


Cash Collection as a % of Net Revenues



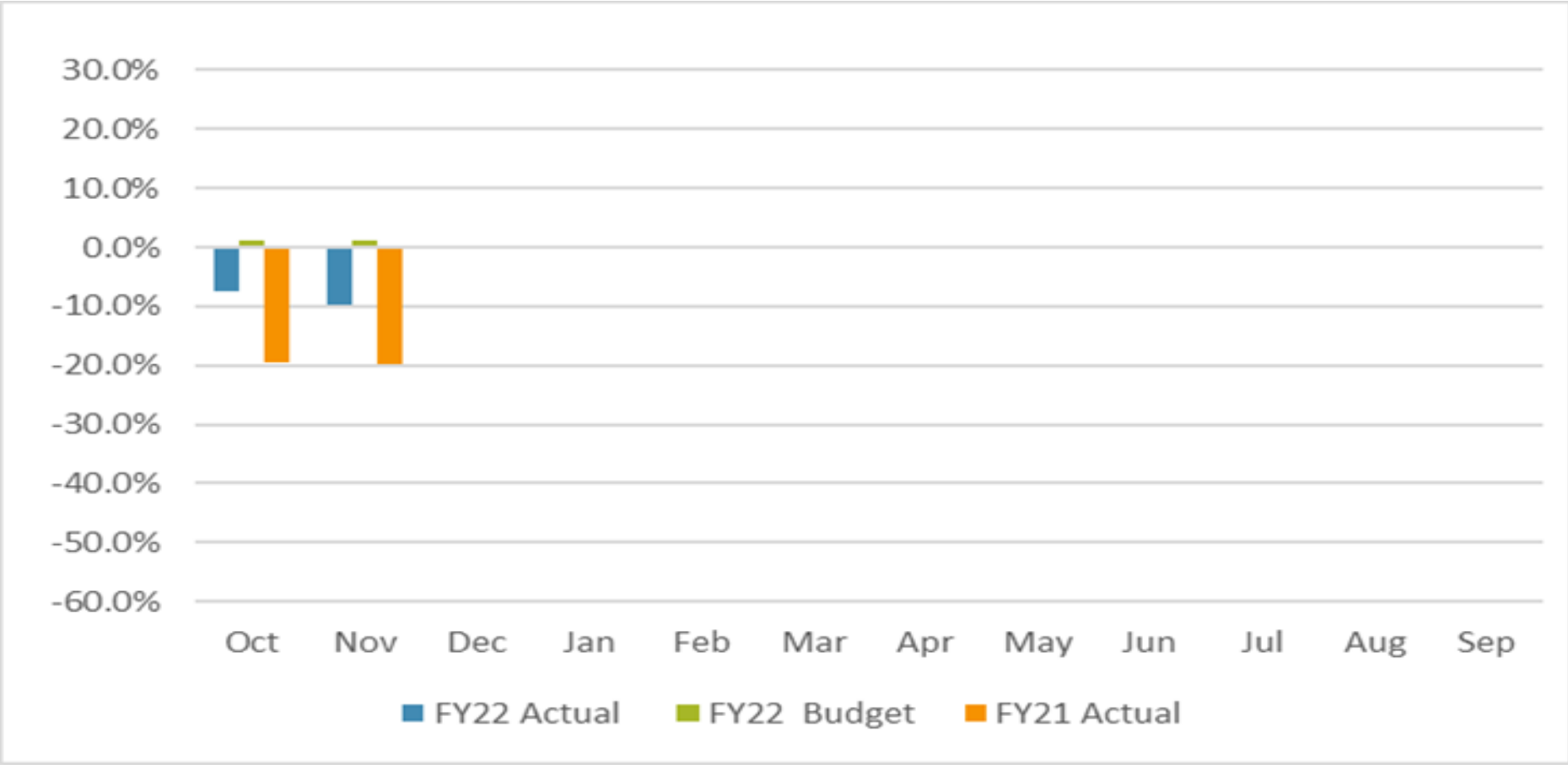
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%										
FY22 Budget	92%	92%										
FY21 Actual	111%	99%										

Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141										
FY22 Budget	45	45										
FY21 Actual	86	84										

Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	-5.6%	-9.8%										
FY22 Budget	1.0%	1.0%										
FY21 Actual	-19.4%	-19.7%										

Income Statement

FY21 Operating Period Ending November 30, 2021

	Month of November			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	249	369	306	(120)	-33%	(57)	-19%	521	738	725	(217)	-29%	(204)	-28%
Patient Days	1,778	2,236	1,772	(458)	-20%	6	0%	3,755	4,472	3,877	(717)	-16%	(122)	-0.031
Emergency Room Visits	2,740	3,043	3,037	(303)	-10%	(297)	-10%	5,718	6,085	6,350	(367)	-6%	(632)	-10%
Clinic Visits	975	1,089	1,360	(114)	-10%	(385)	-28%	2,114	2,177	2,823	(63)	-3%	(709)	-25%
IP Surgeries	44	67	64	(23)	-35%	(20)	-31%	84	135	119	(51)	-38%	(35)	-29%
OP Surgeries	84	78	89	6	8%	(5)	-6%	173	156	180	17	11%	(7)	-4%
Radiology Visits	806	763	583	43	6%	223	38%	1,803	1,525	1,260	278	18%	543	43%
Revenues														
Net Patient Service	5,251	6,665	5,830	(1,414)	-21%	(579)	-10%	11,001	13,330	12,002	(2,329)	-17%	(1,001)	-8%
DSH	1,830	1,658	693	172	10%	1,137	164%	3,661	3,317	1,386	344	10%	2,275	164%
CNMC Revenue	150	151	169	(1)	0%	(19)	-11%	300	301	309	(1)	0%	(9)	-3%
Other Revenue	1,729	1,824	2,386	(95)	-5%	(657)	-28%	3,612	3,648	4,811	(36)	-1%	(1,200)	-25%
Total Operating Revenue	**8,960**	**10,298**	**9,078**	**(1,338)**	**-13%**	**-118**	**-1%**	**18,574**	**20,596**	**18,508**	**(2,022)**	**-10%**	**65**	**0%**
Expenses														
Salaries and Wages	3,541	3,918	4,675	(376)	-10%	(1,134)	-24%	7,413	7,835	9,410	(422)	-5%	(1,997)	-21%
Employee Benefits	1,060	1,033	1,220	27	3%	(161)	-13%	1,913	2,066	2,288	(153)	-7%	(375)	-16%
Contract Labor	649	417	84	233	56%	565	671%	1,204	833	336	371	45%	868	258%
Supplies	658	637	828	21	3%	(170)	-21%	1,345	1,274	1,988	71	6%	(643)	-32%
Pharmaceuticals	180	218	301	(39)	-18%	(122)	-40%	439	437	422	3	1%	18	4%
Professional Fees	1,694	1,685	1,765	9	1%	(71)	-4%	3,404	3,370	3,513	34	1%	(109)	-3%
Purchased Services	1,439	1,234	1,709	205	17%	(270)	-16%	2,467	2,468	2,733	(0)	0%	(266)	-10%
Other	893	1,121	316	(228)	-20%	577	183%	2,199	2,242	1,471	(43)	-2%	728	50%
Total Operating Expenses	**10,113**	**10,263**	**10,898**	**(149)**	**-1%**	**(785)**	**-7%**	**20,386**	**20,525**	**22,160**	**(140)**	**-1%**	**-1,774**	**-8%**
Operating Gain/ (Loss)	**(1,153)**	**35**	**(1,820)**	**(1,188)**	**-3384%**	**667**	**-37%**	**(1,812)**	**70**	**(3,652)**	**(1,882)**	**-2680%**	**1,840**	**-50%**

Balance Sheet

As of the month ending November 30, 2021

Nov-21	Oct-21	MTD Change		Sep-21	YTD Change
			Current Assets:		
$ 59,776	$ 56,144	$ 3,633	Cash and equivalents	$ 46,092	$ 13,684
9,699	9,521	179	Net accounts receivable	9,163	536
5,996	6,015	(19)	Inventories	6,061	(65)
2,147	2,242	(95)	Prepaid and other assets	2,355	(208)
77,619	73,921	3,697	Total current assets	$ 63,671	$ 13,948
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
60,754	61,545	(791)	Capital Assets	61,561	(807)
60,754	61,545	(791)	Total long term assets	61,561	(807)
$ 138,372	$ 135,466	$ 2,906	Total assets	$ 125,232	$ 13,140
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
15,980	13,799	2,181	Trade payables	12,773	3,207
6,098	7,167	(1,069)	Accrued salaries and benefits	11,296	(5,198)
4,300	4,300	-	Other liabilities	2,405	1,895
26,379	25,266	1,112	Total current liabilities	26,474	(95)
			Long-Term Liabilities:		
16,330	11,494	4,837	Unearned grant revenue	5	16,325
18,775	18,769	7	Estimated third-party payor settlements	18,235	540
1,692	1,692	-	Contingent & other liabilities	1,848	(156)
36,798	31,955	4,844	Total long term liabilities	20,088	16,710
			Net Position:		
75,196	78,246	(3,050)	Unrestricted	78,670	(3,474)
75,196	78,246	(3,050)	Total net position	78,670	(3,474)
$ 138,372	$ 135,467	$ 2,906	Total liabilities and net position	$ 125,232	$ 13,140

Statement of Cash Flow
As of the month ending November 30, 2021

Dollars in Thousands

Month of November			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 6,909	$ 5,633	Receipts from and on behalf of patients	$ 14,666	$ 12,384
(3,797)	(4,070)	Payments to suppliers and contractors	(5,175)	(14,326)
(5,396)	(4,923)	Payments to employees and fringe benefits	(14,524)	(12,443)
6,288	2,072	Other receipts and payments, net	5,234	(7,587)
4,004	(1,289)	Net cash provided by (used in) operating activities	202	(21,972)
		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	15,000	15,000
-	-	Net cash provided by noncapital financing activities	15,000	15,000
		Cash flows from capital and related financing activities:		
-	-	Net cash provided by capital financing activities	-	-
1	1,064	Receipts (payments) from/(to) District of Columbia	1	1,182
(372)	(1,114)	Change in capital assets	(1,520)	(1,313)
(372)	(49)	Net cash (used in) capital and related financing activitie	(1,518)	(131)
3,632	(1,338)	Net increase (decrease) in cash and cash equivalents	13,684	(7,103)
56,144	**47,637**	**Cash and equivalents, beginning of period**	**46,092**	**53,402**
$ 59,776	**$ 46,299**	**Cash and equivalents, end of period**	**$ 59,776**	**$ 46,299**
		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		