



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: January 26, 2022

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

**2022 FISCAL MANAGEMENT
BOARD OF DIRECTORS**

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



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

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, January 26, 2022. 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 - December 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:**

January 26, 2022

Reading and Approval of Minutes

Minutes Date:

December 17, 2021



UMC
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Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, December 17, 2021, 2:00pm
Held via WebEx

Directors:

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

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, David Turner

Other: Kai Blissett, Cheyenne Holland

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 2:07 pm. Quorum determined by Toya Carmichael.
Approval of Agenda	<i>Mot to approve agenda by Dir. Ashenafi, 2nd by Dr Fair., unanimous vote.</i>
Approval of Minutes	<i>Mot to approve minutes by Dir. Ashenafi, 2nd by DM Turnage, Unanimous vote.</i>
	<p>CMO Report – Dr. William Strudwick</p> <ul style="list-style-type: none"> • Our annual DC Health Survey was completed on December 15th. It last year’s Joint Commission success there were no Medical Staff, Infectious Control, or Quality findings. • DC Health expressed their support to us in our efforts to continue to serve our patient community. • Our clean culture rate is 91% and our target is 90%.

- We had 17 COVID-19 cases in October which went down to 10 cases in November. We do not have the December number yet, but it has increased and we are feeling the effects of the recent wave. We had 1 positive employee in November and we already have 6 in December. We are concerned about it and doing everything we can to address it.
- In terms of patient advocacy, our Press Gainey score for the ED was the highest it has ever been in the month of November. We had 66.5% of patients who said we are the best of the best in the emergency department. That was a response rate of 12, which is one of the highest response rates since Dr. Strudwick has been here.

Dr. Fair thanked Dr. Strudwick for his report and asked about his original report and whether there were any significant changes between the reports? Also mentioned Dr. Morrow's previous comments about exploring different service lines.

- Dr. Strudwick noted there were no major changes in the reports, just a few typos and he is not aware of any recent service line changes.

Dir. Ashenafi was very pleased with the Quality Scores and Patient Satisfaction scores included in the report especially given our current staffing challenges. Kudos to the nursing staff. Asked if we are tracking vaccine boosters amongst staff that are happening in house?

- Dr. Strudwick responded that we are not tracking boosters and due to this new wave, that may be something we need to track. He has heard from the media that the definition of "fully vaccinated" may change from having one shot of J&J or two shots and the boosters so that we may have to start tracking it.

Dir. Jacobs asked if we can tell which variant a person has when they test positive for COVID-19?

- Dr. Strudwick responded that it currently doesn't matter to us but the predominant variant is the Delta variant but with Omicron's rates, it may matter soon and we try to determine what is the prevalent variant and it matters from the perspective of how we treat it. Whether the treatments work and also the level of illness that a patient may have. It was true that the Delta variant caused patients to be more ill but the Omicron variant seems to be more contagious but cause less illness. So we are not tracking it at this point, but it is probably something that is coming up.

MCOS Report – Dr. Morrow – Not present to report.

	<p>CNO Report – Jacqueline Payne-Borden</p> <ul style="list-style-type: none"> • We are almost at the end of our mandatory influenza vaccination campaign. All staff must be vaccinated by December 31st unless they have a religious or other exemption. At this point we are 47.4%. We usually see great improvement the last week of the month so we are not worried yet. • We recently hired Shelia Murphy who started in the ED as the Director and she started on December 6th and hit the ground running. • We still have significant challenges in the ED and are working with staffing agencies to fill those gaps. • Maxim the agency we have been using has provided 8 more nurses who will begin December 27 – January 3rd and we are very happy about that. • In order to retain our current nurses, the CNO has provided a proposal to leadership about paying bonuses to nurses every 90 days. We will see if it will be productive and implemented or not. This will be very helpful to retain our nurses who are already very committed and of course there will be guidelines in place to receive the bonus. • We are still reviewing a contract for an additional staffing agency. We have extended Maxim a little longer to give us time to look at the new option. <p style="text-align: center;"><i>Mot to accept CMO and CNO Report by Dr. Fair, 2nd Dir. Ashenafi,</i></p> <p>Discussion</p> <ul style="list-style-type: none"> • Dr. Fair noted that Dr. Morrow’s report mentioned change in service lines and this should come to the board for a robust discussion. • Chair Jacobs agreed and noted it will likely be discussed during closed session. <p style="text-align: center;"><i>Unanimous vote.</i></p>
<p>Executive Management Report</p>	<p>Interim CEO Report – Marcela Maamari</p> <ul style="list-style-type: none"> • Highlighted our new leadership team members, Ass. Gen Counsel who hit the ground running, Chief Plant Engineer who joined us and did a thorough review of our infrastructure and capital spend and projects. We are glad to have them here. • Our DC Health Survey went very well in November. • Our key focus has been our ER in addition to looking into what Dr. Payne Borden shared about our staffing concerns. We have been having talks with our work group via DCHA and Dr. Strudwick has been reaching out to EMS regarding our ambulance drop time and turnaround times and the third which we discussed in the last board meeting is a task force to look at our throughput. We are putting together this team in January to look at this.

	<p>Dr. Fair thanked the CEO for her report. Noted that a communication plan was referenced in Ms. Carmichael’s report, seems like there is a plan for external communication about the hospital closure and preparing for 2025 but what is the internal plan? The board asked about this a few months ago.</p> <ul style="list-style-type: none"> • Marcela noted that the plan is a comprehensive one that the Executive Leadership Team is working with Ms. Carmichael on, so it is a strategic plan that includes external and internal communication but it is in process and not ready for presentation yet. <p><i>Motion to accept Exec Management Report by Dir. Ashenafi , 2nd by DM Turnage, unanimous vote.</i></p>
<p>Financial Report</p>	<p>CFO Report - Lillian Chukwuma</p> <ul style="list-style-type: none"> • Noted that the finance team is not able to provide the financial statement before the 15th of the month so this is why the report may come last minute if the board meeting is held before the 4th week of the month. • November is the 2nd month of the fiscal year so we will start with the gap measures. • On page 3, you will see that we have now separated the big red number from the subsidy that we get from the city per Dir. Bobb’s request. Now you can see where we would have been if we did not receive a subsidy from the city. • If you look at where we are our loss would have been \$25.8 million if we did not have the subsidy from the city. With the subsidy if things continue the way there are now until the end of the year we will have a \$10.8 million loss. • These are preliminary numbers as it is still early and we have a lot of vacancies that have not been factored in here yet. The good news is that Mazars has initiatives that they are working on that will bring us back in line and GW contract they do collections of the professional that they will return back to us. • To date, Mazars has realized \$319,000 out of the \$9.1 million but we put it here as \$8.5 million that we set for FY22. We still have an opportunity to get make it up in the initiatives. • GW is doing much better this year than expected based on activities, we have already collected \$840,000 from them and if they continue at that pace and we get \$6.3 million more then we will meet that goal. <p>DM Turnage noted that Mazars initiatives have realized 3.8% which is nothing. How is this factored in the projected loss for the end of the year?</p> <ul style="list-style-type: none"> • Lillian noted that she is expecting the whole \$8.1 million to be realized by the end of the year. • The Mazars plan has itemized areas that need to be worked on to realize this number. Lillian has not received any news that these items are not in progress. Was told in a meeting yesterday that in December there will be a lot of catch up and things will be looking good.

- Marcela added that the number showing is just for the month and does not reflect what has already been realized.
- Dir. Jacobs and Lillian corrected Marcela and noted that the number showing is for the first two months of the year, October and November.
- David Turner chimed in and said the figure is prorated for two months that Mazars has actually realized \$1.9 million and has a much larger number to report out in December. We are looking at a likelihood of \$6 million but we are waiting to complete additional settlements and contracts.
- Dir. Jacobs cautioned Mazars to be careful in their comments as what is realized is what is reported on the sheet but that what Mazars is reporting is what they are expecting to realize in the future. David Turner agreed.
- David Turner suggested a regroup offline to make sure everyone is on the same page.
- Lillian noted that she does not include what has not yet been realized, if Mazars says we have realized \$5 million than we have more problems than we think because that means the \$5 million is already included in the \$10 million loss.
- Chair Jacobs checked to make sure DM Turnage's question was answered. He affirmed that it was, it seems like Lillian believes Mazars will meet their goal.
- Lillian reminded DM Turnage that when we come back in January, we will see where we are as this only reflects two months.
- DM Turnage stated that if we are of the mind, that we are going to hit this target it can be reported to the Mayor and Council that we will not need additional funds.
- Based on what Lillian has seen, she is optimistic that Mazars will meet their target.
- Lillian turned to page 4 and noted that our activities do not look good so DM Turnage's reservations are understandable.
- Our activities are low but we are making sure that we are optimizing our resources as an organization and mitigate to get problems resolved.
- Every area of the hospital is low but we are only two months in.
- Lillian will reforecast when she comes in January as the first quarter will be ended.

DM Turnage asked if the \$10 million forecasted loss reflects the current revenue and expense items continue at the current rate?

- Lillian responded that the revenue assumes at the level it is now and it assumes that the expenses which are ridiculous at the same level although activities are down.

DM Turnage asked if revenue continues to tank then the forecast will have to be adjusted?

- Lillian agreed and noted her reforecast will be reality.

	<p>DM Turnage asked if we look at October, November, and December there is a chance that she will have to project even lower revenue than we currently have and maybe not that much lower expenses absent some action from Mazars?</p> <ul style="list-style-type: none"> • Lillian agreed. It could be worse or resize properly. Usually when activities continue to go down, expenses do not stay where they are. • Lillian moved to page 16 and noted that shows where we are with activities which are all down. Revenue is down but our expenses are in the same place even with the much lower revenue so in January we will show what revenue looks like and based on that, this is what expenses must look like and Mazars will have to take some action because the goal is to balance the budget. As Dr. Jacquie noted, Maxim just sent us more nurses, that was not the story weeks ago so things might change that might really help us. • Looking at this page, you see we are losing \$1.1 million dollars because our expenses are the same. We are working to see that these things are happening and we meet every Thursday to make sure we are all on the same page, expenses are where they should be, and that we are where we need to be by the end of the year. <p>DM Turnage noted that the challenge we have at the hospital where the numbers are so depleted and there is a certain cost that you have to meet to be a hospital, and he is not sure if we are at, below, or above that level. If we are not substantially above that level and revenue continues to decline the Board will have to decide if we need to make some structural changes at the hospital or ask the city for more money.</p> <ul style="list-style-type: none"> • Lillian noted that coming into this year, legislation was put into place to say that at any given time you have the need for more than \$15 million we need you to resize the hospital and do whatever you need to do so we do not come back for more money. <p>DM Turnage noted that this is his point, we have to restructure or ask for more money and it is tough to ask for more money if our inpatient numbers are single digit.</p> <p>Chair Jacobs agreed we have to figure it out and will talk more about it in the next phase of the meeting.</p> <p>Dir. Ashenafi asked when SEIU will get their retro pay now that the contracts have been signed.</p> <ul style="list-style-type: none"> • Lillian noted that her team is working hard to get the retro payments for 2020 and 2021 out to them next week. <p style="text-align: center;"><i>Motion to accept November financials by DM Turnage, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Public Comment	No public comments or announcements.
Closed Session	Mike Austin read the justification for entering Closed Session. Motion to enter Closed Session by Dir. Ashenafi, 2 nd by DM Turnage.

	<p>Toya conducted roll call – 5 yays</p> <p>Open Session ended at 2:51pm.</p> <p>Closed session ended at approximately 4:25 pm.</p>
Announcements	<p>During closed session the board voted on medical credentials, a number of contracts and settlements and had a discussion on the current status of United Medical Center.</p>
Adjourned.	<p><i>Motion to adjourn by DM Turnage, 2nd by Dir. Ashenafi, unanimous vote.</i></p> <p>Meeting adjourned at approximately 4:30pm.</p>



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General Board Meeting

Date: December 17, 2021

Consent Agenda



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General Board Meeting
Date: January 26, 2022

CMO Report

Presented by:
Dr. William Strudwick
Chief Medical Officer



NOT-FOR-PROFIT HOSPITAL CORPORATION

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

Respectively submitted by William Strudwick, MD

COVID-19/Hospital Enhancements:



CHATS Region V - County/Hospital Alert Tracking System

Alert Summary -- Region V For 2021-12-01 - 2021-12-31

Thursday, January 20, 2022 4:58:38 PM

Hospitals	Yellow Alert			Red Alert			Mini Disaster			ReRoute			Total		
	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hour	Tot Hours	#	Avg Hour	Tot Hours	#	Avg Hours	Tot Hours
Bowie Health Center (UMCRH)	12	53.47	641.69	0	0	0	1	1.3	1.3	1	5.23	5.23	14	46.3	648.22
CalvertHealth Medical Center	14	26.65	373.15	4	112.7	450.68	0	0	0	5	6.26	31.3	23	37.18	855.14
Capital Region Medical Center (UMCRH)	7	101.2	708.26	5	138.1	690.59	0	0	0	14	5.01	70.1	26	56.5	1468.94
Charles Regional (UM)	19	21.12	401.34	12	37.59	451.11	0	0	0	2	2.04	4.08	33	25.96	856.53
Doctors Community Hospital	18	34.35	618.31	10	62.52	625.19	0	0	0	8	3.71	29.7	36	35.37	1273.18
Fort Washington Hospital	16	35.66	570.64	8	54.58	436.67	0	0	0	3	1.65	4.96	27	37.49	1012.27
Germantown Emergency Center (Adventist)	8	8.28	66.25	0	0	0	1	1.15	1.15	0	0	0	9	7.49	67.4
Holy Cross Germantown Hospital	8	13.02	104.17	9	45.16	406.46	0	0	0	0	0	0	17	30.04	510.63
Holy Cross Hospital	12	51.45	617.4	5	32	159.99	0	0	0	2	1.61	3.22	19	41.08	780.61
Laurel Medical Center (UMCRH)	18	31.91	574.42	0	0	0	0	0	0	4	2.04	8.17	22	26.48	582.59
Malcolm Grow Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery Medical Center (MedStar)	15	19.66	294.9	3	67.33	201.99	0	0	0	2	1.9	3.8	20	25.03	500.69
Prince Georges Hospital Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shady Grove Medical Center (Adventist)	22	16.52	363.55	3	88.94	266.81	1	1	1	9	1.15	10.4	35	18.34	641.74
Southern Maryland Hospital (MedStar)	17	30.27	514.61	5	112.7	563.54	0	0	0	23	3.4	78.1	45	25.7	1156.28
St. Mary's Hospital (MedStar)	11	10.8	118.81	4	15.06	60.23	0	0	0	0	0	0	15	11.94	179.04
Suburban Hospital (JHM)	20	25.05	500.91	10	30.49	304.88	0	0	0	4	1.23	4.93	34	23.84	810.72
Walter Reed National Military Medical Center	1	68.8	68.8	1	68.8	68.8	0	0	0	0	0	0	2	68.8	137.6
White Oak Medical Center (Adventist)	14	46.72	654.11	10	61.68	616.8	3	2.85	8.55	12	9.1	109	39	35.61	1388.72
Children's National Medical Center, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
George Washington Hospital, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Georgetown University (MedStar)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard University Hospital, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sibley Memorial Hospital (JHM), DC	8	76.63	613.04	5	60.21	301.06	0	0	0	0	0	0	13	70.32	914.1
United Medical Center, DC	8	68.2	545.62	7	73.66	515.61	0	0	0	0	0	0	15	70.75	1061.23
Washington Hospital Center (MedStar), DC	10	66.63	666.25	12	33.77	405.22	0	0	0	0	0	0	22	48.7	1071.47
Totals:	258	34.95	9016.2	113	57.75	6525.6	6	2	12	89	4.08	363	466	34.16	15917.1

- Considering the contribution that ambulances make to our inpatient volumes and thus our viability, this chart shows number of hours UMC and other regional hospitals were on diversion for PG ambulances in December. Our priority is to improve the flow in the ED – much hinging on nursing staffing – to better serve PG and DC ambulances. Ambulances and resulting admissions are our primary source of revenue
- 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
- On December 6, we welcomed Shelia Murphy, RN our new Director of Operations ED/Critical Care/Dialysis. She immediately established her presence during both day and night shifts. Ms. Murphy hit the ground running, articulating a vision of a successful future, educating staff, and expecting efficient quality care. She reviewed nurse's wages and leveled them appropriately to stem the tide of nursing resignations and attract new applicants. She has integrated staff in the critical care areas to balance and re-balance staffing when areas are short. Her work toward improvements have elevated the outlook of the entire hospital

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.
- In December, there were no initial appointments, twenty-three (23) reappointment, and two (2) resignation. There are currently (256) Medical Staff Members
- Physician Contracts are up to date and have all been considered for community need and sustainability
- To maintain our Accreditation with MedChi's Continuing Medical Education, the Medical Affairs office will be offering more Grand Rounds presentations throughout the year. The Accreditation was due to expire December 2021 but due to the pandemic it was extended.
- The Quarterly Staff meeting was held December 8, 2021. The next Quarterly Staff meeting will be held March 9, 2022.
- 97% of the Medical Staff has received their Flu Vaccines or has an exemption.

Quality & Performance Improvement:

- The DC Health survey was successfully conducted from November 10- 15 2021.
- Working on compilation of Plan of Correction for DC Health.
- Complaint investigations x 2 were successfully closed without corrective actions.
- Completion and submission of quality control charts to CMS and TJC.
- A Collaborative effort between the Laboratory and the Emergency Department began in May to decrease the contamination rate for blood cultures. The clean blood culture rate in the Emergency Department has improved from 83% in April 2021 to 91% in November 2021. The 2021 annual rate was 88% - with a high end goal of 90%.

- A collaborative effort between the Quality Department and Wound Care was initiated in July to establish ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began in July. December had 5 HAPI's and zero are reportable. Will continue to monitor the number of HAPI's and evaluation of the new initiatives. There were 2 reportable HAPI's in 2021.
- Meet with Navex weekly to plan implementation of Policy Tech. Kick-off meeting completed and project build will be ongoing until approximately April 2022.

Infection Prevention & Control:

Department of Health site visit:

The departments of health in DC, MD, and VA informs that Candida Auris a very resistant organism and is increasing in the metro area. DC Health is screening hospitals and nursing homes. DC Health identified (5) cases of C. Auris colonization in UMC's ICU in November 2021. Control measures were implemented by Infection Control and the ICU team. DC Health re-screened the ICU for C. Auris and found (1) case of C. Auris colonization in December 2021, which was a significant improvement.

DC Health presented for a site visit to review UMC infection control practices as they related to control of C. Auris. They were pleased with the control measures that were implemented and the staff knowledge of the process. They will return in about 2 weeks to repeat C. Auris screening in ICU.

COVID-19 Update:

There was a surge of COVID 19 positive admissions to UMC in December. The number of COVID positive admissions increased from (10) cases in November 2021 to (48) cases in December 2021. Most patients were unvaccinated.

UMC identified an increase of (60) positive COVID-19 staff in December from (1) positive case in November. This is a reflection of persons spending time with family and friends during the Thanksgiving and Christmas holidays. There were also episodes where the staff did not maintain safe distance with mask off during break/lunch times. Many were vaccinated and did not follow protocol. Infection Control informs staff of the need for limited number of persons in the break rooms at one time.

Monthly Surveillance Data:

There were no cases of Ventilator Associated Events, Central Line Bloodstream Infections or Device related Urinary Tract Infections in the ICU for December 2021.

VRE HAI = 0 cases hospital-wide for December 2021

MRSA HAI = 0 cases hospital-wide for December 2021

C. Difficile HAI = 3 cases hospital-wide and none had an ICU visit for a rate of 1.8 December 2021

Hand hygiene compliance rate for December 2021 was 97%

Case Management:

Case Management accomplishments:

- Employee Performance Evaluations were submitted to HR prior to 12/31/21, due date
- Performance Improvement Indicators – benchmark at 85% met
 - o Initial Assessments above 85% each quarter - YTD 92%
 - o Case Management Reassessments - YTD 86%
- CM Denials
 - o Only 6 denials received in Dec 2021 compared to 19 in Dec 2020. 100% of cases were reviewed by Physician Advisor for medical necessity
- CM Director and CMO continue daily rounds on all new admissions which can significantly impact improvement of HCAHPS scores
- Daily Multidisciplinary rounds continue with GW Team and Private MDs. Case Management team are able to identify barriers to discharge that may impact LOS

Patient Advocacy:

Emergency Room:

Accomplishments:

Wait time until acknowledged score - 66.67% which is a 25.00% increase from 41.67% reported in November 2021. Kudos to the Emergency Department and Patient Access Team. Continue the upward trend by always acknowledging our patients when they arrive.

Areas for Improvement:

Press Ganey overall “Rate the Hospital” for the month of December is 20.83%; significant decrease from November of 66.15%. The number of responses (N=3) is contributory to this decline (not enough responses for statistical significance). Continue encouragement by the ED staff with every patient to mention the Press Ganey survey and voluntary feedback regardless if patients feel they have had a satisfactory or unsatisfactory experience.

“Courtesy of Nurses” – 33.33% increase from November at 66.67%; (N=3)

“Nurses attention to your needs” 33.33% decrease from November at 66.67%; (N=3)

“Nurses took time to listen” 33.33% decrease from November at 66.67%; (N=3)

“Courtesy Of Doctors” – 33.33% significant decrease from November at 83.33%; (N=3)

“Doctors Overall – 13.33 (N=3) this was not scored last month (there were no responses)

“Doctors took time to listen” 33.33 % significant decrease from November at 91.67%, (N=3)

Inpatient:

Accomplishments:

“Call button help as soon as you wanted it” 33.33% increase of 8.33% from the score reported in November of 25%

“Help toileting as soon as you wanted it” 25%, this was not scored in November.

“Doctors treat you with courtesy and respect”; 75% an increase of 41.67% from the score reported in November of 33.33%% (N=8)

“Doctors listen carefully to you”, 75% and increase of 25% from the score reported in November of 50%; (N=8)

Areas for Improvement:

Press Ganey Overall “Rate the Hospital” is 12.50% continued downward trend from November of 25.00% (N=8)

“Nurses treat with courtesy and respect” 62.50% decrease of 37.50% from the score reported in November of 100%; (N=8)

“Nurses listened carefully to you” 62.50% decrease of 37.50% from the score reported in November of 100%; (N=8)

“Nurses explained in a way you can understand” 50% a decrease from the score reported in November of 100% (N=8)

“Doctors concern to keep you informed about your treatment” 42.865% a decrease of 7.14% from the score reported in November of 50.00%; (N=7)

Pharmacy & Therapeutics:

- Sotrovimab, newest Monoclonal Antibody for use against Omicron Strain, allocations secured from the District Department of Health and currently in use at UMC.
- Clinical Pharmacist pending hire to ensure CMS/Joint Commission compliance with full Anticoagulation monitoring, Medication Reconciliation and National Patient Safety Goals, as required by regulatory agencies.
- One Pharmacist already granted DC Preceptor Licensure, one Pharmacist pending. Director of Pharmacy to re-establish Pharmacy Student Internship with Howard University College of Pharmacy and other area Pharmacy Schools pending/awaiting contract agreements.
- Antimicrobial Stewardship Program total average for 2021, \$33.32 per patient day as of Nov 2021.
- 3rd Quarter Antimicrobial Stewardship Program saw antivirals usage decrease by 29% and antifungals usage decrease by 40% from Quarter 2. Antibacterial usage up from 2nd quarter by 5%

- \$27,260 saved in the month of October and November Pharmacy Clinical Interventions—presented in December P&T
- DCHA grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use—has gotten the final approval from DC Health. Agreement that all doses dispensed at UMC should be dispensed from the Department of Pharmacy with labelling for use and patient name. Updates to be presented at MEC as informational.
- Ongoing working with OCFO and IT to correct incorrect drug prices based off AWP (average wholesale price)
- DC HEALTH finding – Working with Facilities to secure DC Fire Marshal appointment for DCRA approved updated Pharmacy and arrange for DC HEALTH walk through. –No other findings for the Department of Pharmacy

- Ongoing monthly monitoring of DC Health initiatives:
 - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to overrides, 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) Ongoing daily monitoring of Anticoagulation patients in hospital – NPSG.
 - e) Ongoing renal/hepatic monitoring and review of patient charts for drug/disease mismatches and dosing
 - f) Ongoing daily monitoring of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)



UMC

UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 26, 2022**

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morrow
Medical Chief of Staff



Amaechi Erondy, M.D., Chairman

DECEMBER 2021

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for December was 132, a slight decrease from 137 cases in November 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 131 vascular access procedures in December 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 25 cases in December 2021.

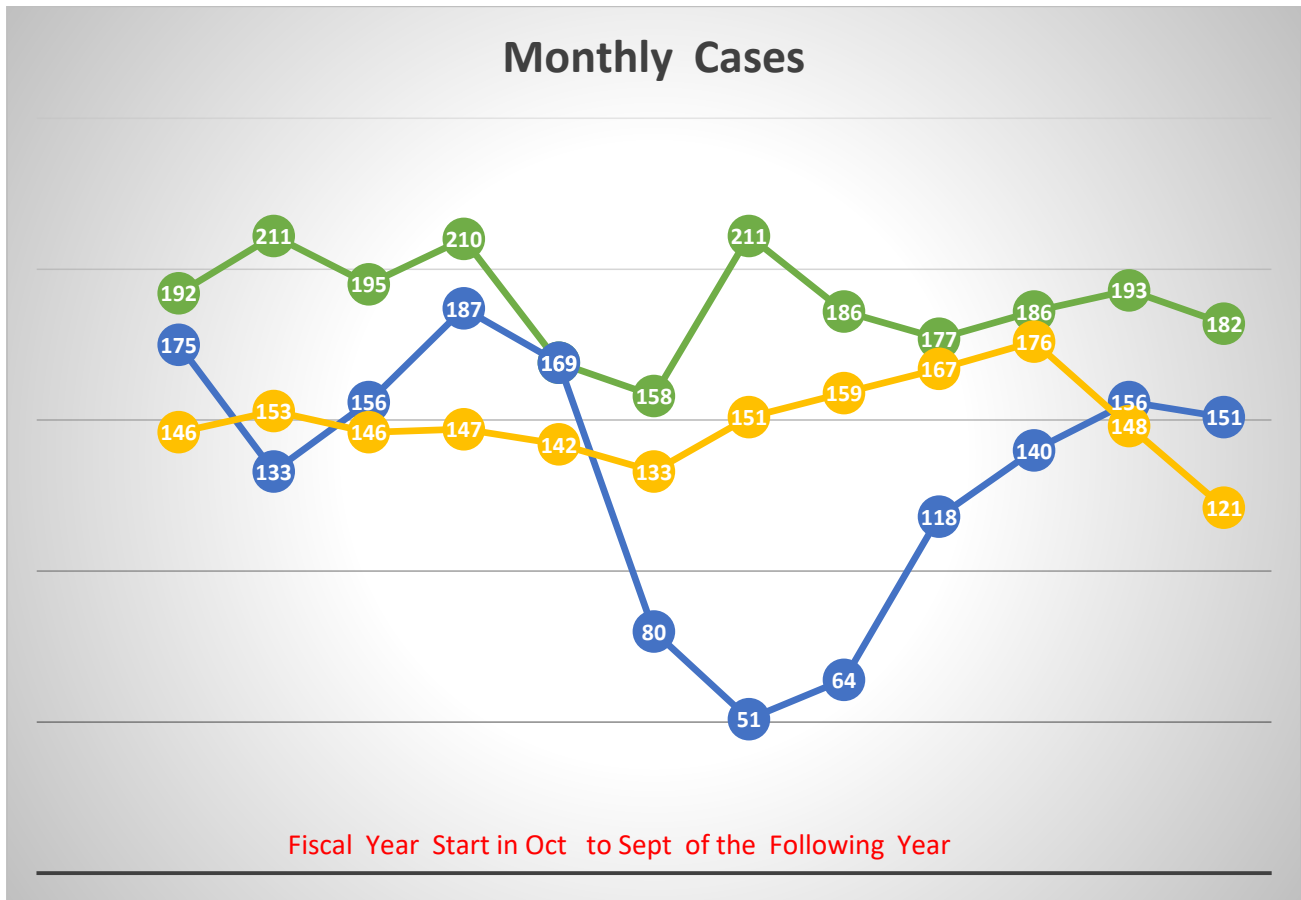
OR UTILIZATION

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	132
TOTAL	2,331	2136	1559	1748



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



Mina Yacoub, M.D., Chairman

DECEMBER 2021

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

Admissions to the ICU and average daily census have both been significantly lower than expected for this time of the year and about 20% lower compared to the same quarter last year. Nurse staffing challenges in ICU continue to impact our ability to admit ICU patients from the ED. ICU patients continue to board in the ED for extended durations, negatively impacting ED throughput.

In December 2021, the Intensive Care Unit had 43 admissions, 44 discharges, and 191 Patient Days. Average Length of Stay (ALOS) was 4.3 days. The ICU managed a total of 46 patients in December and the average daily census was lower at 6 patients (not including ICU patients boarding in the ED). There were no returns to ICU within 24 hours of discharge. One patient was transferred to another hospital where they receive most of their care (family request). There was a total of 7 deaths for 44 discharges, with overall ICU mortality rate of 16 %.

ICU COVID-19 ADMSSIONS

A new wave of Covid-19 admissions to the ICU began in mid-December. The significant majority of Covid-19 admissions to the ICU were for non-vaccinated patients. Covid-19 pneumonia admissions to the ICU continue to show increasing survival rates, lower ventilator days, and lower lengths of ICU stay. For the time-period June 2021 through December 2021, ICU survival rates for Covid-19 pneumonia patients have been around 73%. Starting January 2022, Covid-19 admissions to the ICU have included patients with Covid-19 pneumonia and patients with incidental findings of positive Covid-19 tests. See Infection Control report.

DECEMBER 2021 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In December, the ICU managed 26 cases of severe sepsis. Two deaths were due to severe sepsis, for a severe sepsis/septic shock mortality rate of 7.7%.

ICU infection control data is compiled by Quality Improvement Department. The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). In December, ICU had 96 ventilator days with no Ventilator Associated Pneumonia (VAP), 51 Central Venous Catheter days with no Catheter Related Blood Stream Infections (CLABSS) and 206 urinary catheter days with no Catheter Related Urinary Tract Infections (CAUTI).

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

January 9, 2022



Francis O'Connell, M.D., Chairman

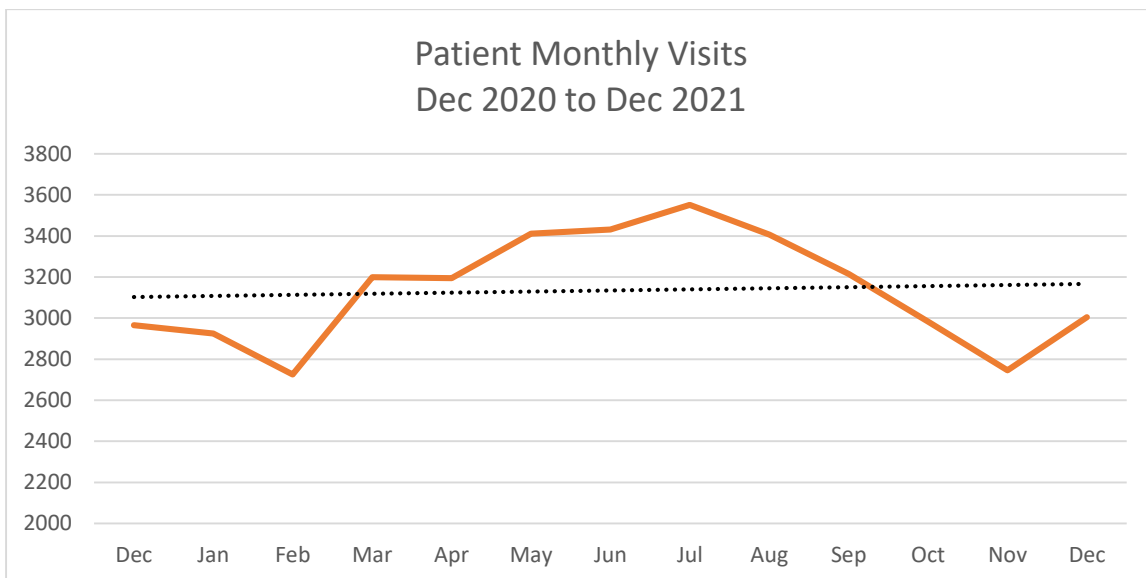
DECEMBER 2021

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

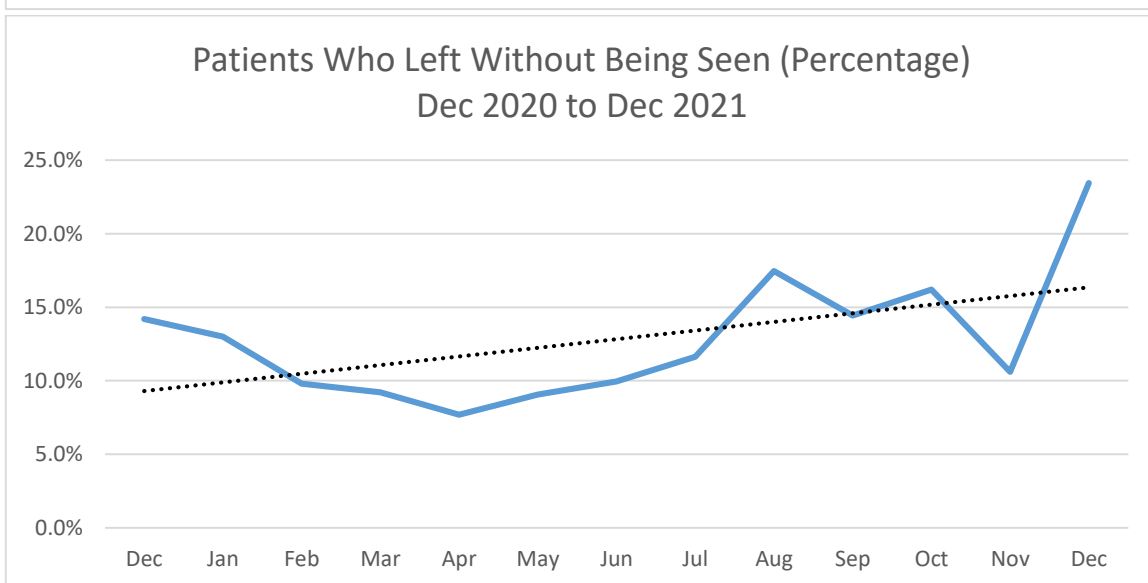
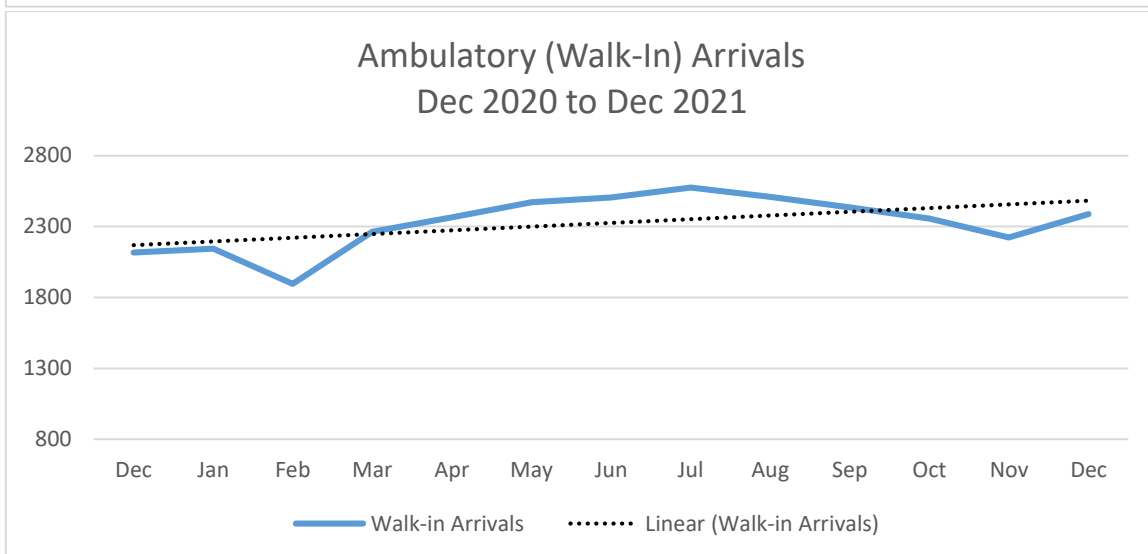
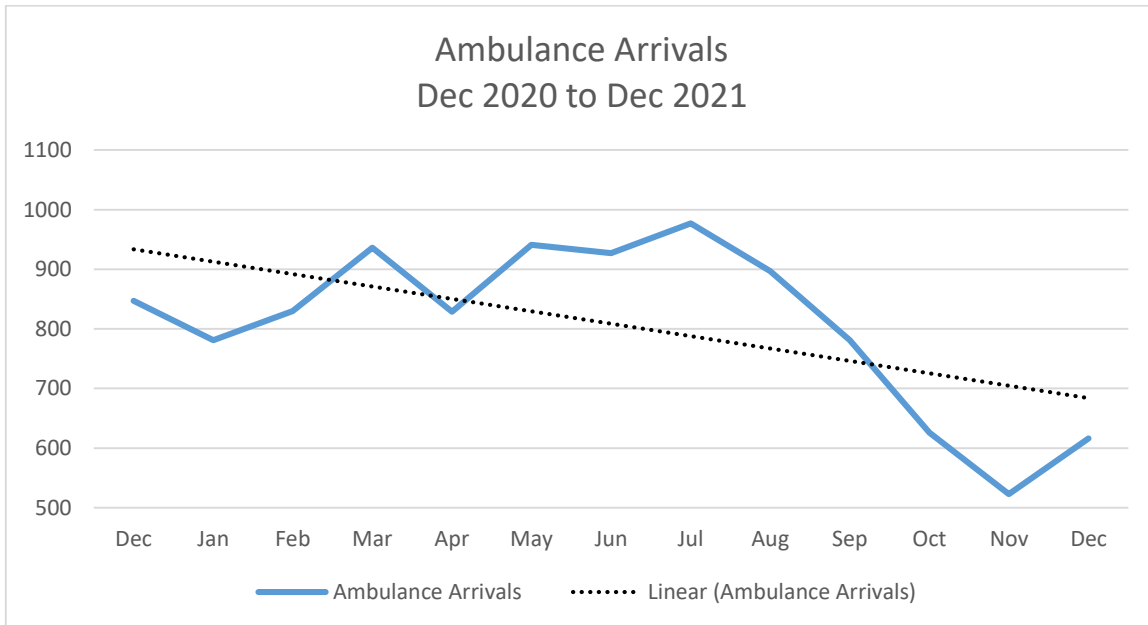
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

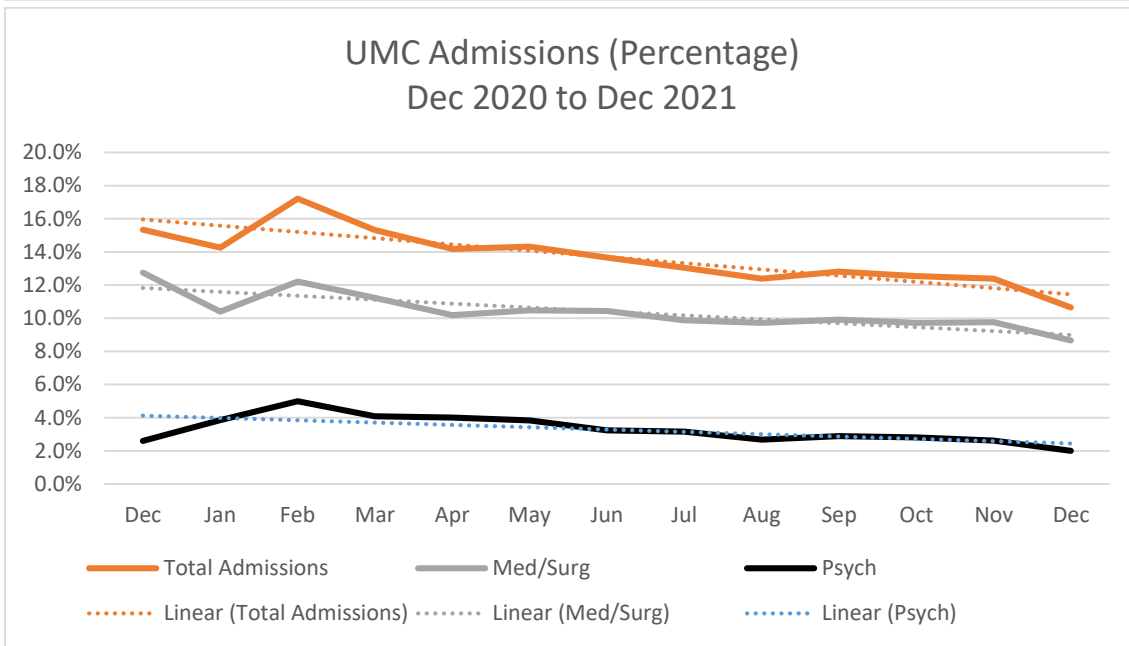
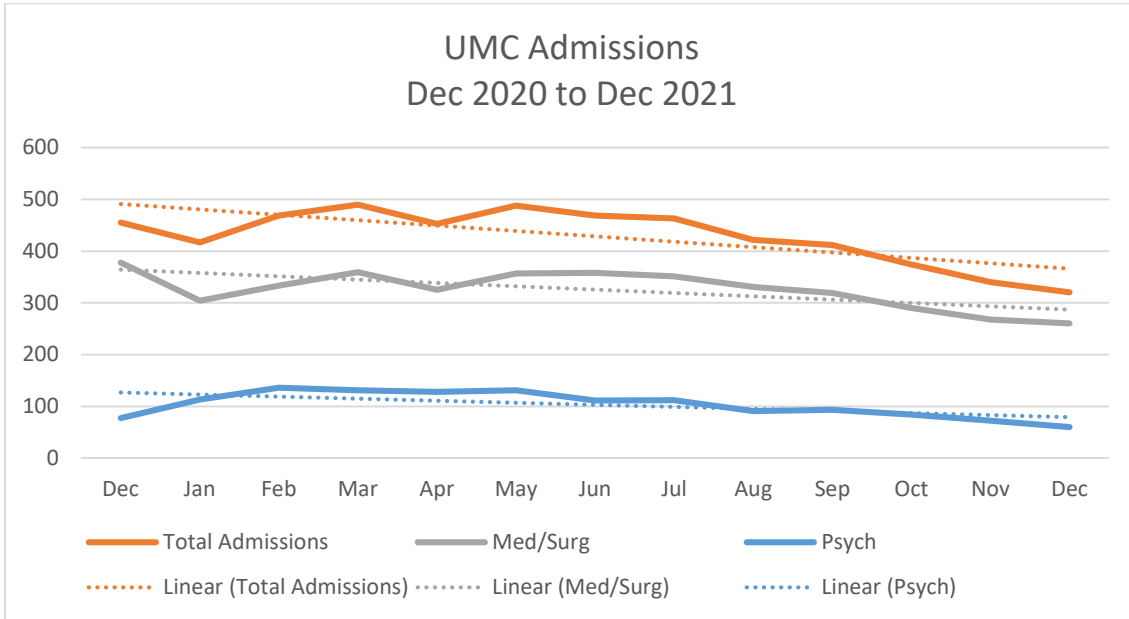
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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



Department of Emergency Medicine



Department of Emergency Medicine



Data tables:

ED Volume and Events				
	Dec 2020	%	Dec 2021	%
Total patients	2965		3004	
Daily Avg Census	96		97	
Ambulance Arrivals	847	28.6%	616	20.5%
Admit	455	15.3%	320	10.7%
• Med Surg	378	12.7%	260	8.7%
• Psych	77	2.6%	60	2.0%
LWBS	421	14.2%	704	23.4%
Ambulance Admission Rate	35.3%		28.4%	
Walk-In Admission Rate	7.4%		6.1%	

Analysis:

1. The monthly census for December 2021 was similar to the previous year. The general trend of ED visits for the year remains positive.
2. The total number of medicine admissions in Dec 2021 is similar to the previous month, however the trend, which was flat for most of 2020 is trending negatively because of several months of lower patient census.
3. The percentage of patients who left without seeing a provider (LWBS) rose sharply from the previous month and continues to trend upwards.
4. The total number of ambulances coming to UMC rose slightly 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 upwards over the last year.

The LWBS continues to trend upwards, and the ambulance traffic continues to trend downwards. These are the major issues for the ED.

Shortfalls and inconsistent staffing of nursing, techs, and sitters at UMC remains the principal issue impacting patient care. Without addressing nursing, tech and sitter staffing, the ED will continue to see a high LWBS and ambulances will be routed away from UMC, as is the case with DC FEMS, or diverted completely, as is often the case with PG EMS. Further, the ED nursing and tech workforce will remain stressed in ways that manifest themselves in resignations, reduction of hours or behaviors that adversely impact patient care.

The nationwide nursing shortage disproportionately affects UMC and is exacerbating an already challenged staffing system, which was not robust to begin with. It is constantly stressed with callouts and no-shows amongst the nursing, tech, and supporting workforce. The surge in COVID cases that started in December exacerbated this already fragile system.

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.

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



Musa Momoh, M.D., Chairman

DECEMBER 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	107	1330
HOSPITAL	70	74	120	118	128	140	124	120	107	116	106	107	1330
PERCENTAGE	100%	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	161	2586
HOSPITAL	354	400	385	348	378	337	353	323	314	272	249	236	3949
PERCENTAGE	68%	65%	63%	61%	63%	64%	65%	69%	68%	66%	66%	68%	67%
DISCHARGES													
OBSERVATION													
MEDICINE	74	70	117	117	129	139	130	120	106	120	105	104	1411
HOSPITAL	74	70	117	117	129	139	130	120	106	120	105	104	1411
PERCENTAGE	100%	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	120	2106
HOSPITAL	280	349	337	315	330	315	298	294	282	245	215	194	3454
PERCENTAGE	64%	59%	58%	56%	60%	61%	61%	65%	65%	62%	61%	62%	62%
PROCEDURES													
HEMODIALYSIS	176	140	154	163	140	132	183	335	169	135	83	85	2027
EGD'S	22	29	24	24	27	22	19	28	26	24	20	18	256
PEG'S (STARTED TRACKING 5/2021)					8	11	11	6	2	4	3	3	48
COLONOSCOPY	23	30	24	36	28	30	36	32	30	26	26	26	347
ERCP	0	0	0	0	0	0	0	0	0	0	0	0	0
BRONCHOSCOPY	0	1	0	1	3	1	0	1	1	1	2	0	11
QUALITY													
Cases Referred to Peer Review	0	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	0
Cases Closed	0	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

DECEMBER 2021

Month	01	02	03	04	05	06	07	08	09	10	11	12
Reference Lab test – Urine Eosinophil (2day TAT) 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Started in October	11	7	10	12	11	7	9	8	11	11	7	12
Urine Legionella AG (2D TAT)												
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	94%	88%	100%	94%	95%	94%	90%	94%	82%	100%	100%	100%
	15/16	14/16	16/16	15/16	19/20	15/16	16/18	15/18	13/16	16/16	16/16	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%	100%
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	99%	100%	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%	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%	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	1.2
Wasted/Expired Blood and Blood Products Goal 0	2	3	3	1	0	0	2	1	1	1	3	1
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hematology Analytical PI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Body Fluid	17/13	10/8	8/7	8/8	19/15	9/6	13/10	10/10	6/6	10/10	11/9	10/10
Sickle Cell	0/0	0/1	0/2	0/1	0/1	1/1	0/1	0/1	3/3	0/1	0/0	1/1
ESR Control	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	73/29	59/25	69/30	66/28	57/30	79/30	61/28	75/28	71/26	68/27	43/22	58/29
Delta Check Review	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	230/230	259/259	170/170	193/193	218/218	187/187	191/191	190/190	187/187	189/189	205/205	284/284

Pathology Department

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	94.4% ER Holding 84.7% ER 95.5% 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	94% ER 96% 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	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

DECEMBER 2021

UMC Behavioral Health Unit December 2021 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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	4.57	
Voluntary Admissions	31	30	40	45	35	40	41	33	44	43	35	31	
Involuntary Admissions = FD12	83	109	100	87	106	79	81	66	56	49	48	44	
Total Admissions	114	139	140	132	141	119	122	99	100	92	83	75	
Average Daily Census	17	21	19	18	20	20	18	16	16	14	14	11	
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	0	
# Psych Consultations	94	170	243	170	138	129	135	103	142	106	96	124	
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	63%	74%	41%	36%	60%	78%	77%	85%	
Discharge													
Discharges	102	147	143	138	132	123	120	105	100	93	84	76	

*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

DECEMBER 2021

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	44		498		81		632	
Fluoro	2				27		29	
Mammography					130		130	
Magnetic Resonance Angio					4		4	
Magnetic Resonance Imaging	11		1		31		43	
Nuclear Medicine	3				3		6	
Special Procedures	10		1		4		15	
Ultrasound	55		164		143		362	
X-ray	115		915		380		1410	
Echo	42		0		27		69	
CNMC CT Scan			26				26	
CNMC X-ray			367				367	
Grand Total	282		1972		830		3093	

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. Room preparation and AC ventilation 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

DECEMBER 2021

For the month of December 2021, the Surgery Department performed a total of 132 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	132
TOTAL	1952	2019	2116	2242	2255	2374	2152	1612	1782

We ended the year with a total of 1782 cases, a 10% increase compared to the prior year.

Compared to the average number of cases performed over the previous 8 years, this translates to a 15% decline overall.

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 are, however, seeing many more patients with Covid-19 positivity requiring urgent and emergent surgery for unrelated illness.

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

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
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	3.75%	4.8%

Page 2

Department of Surgery

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,

A handwritten signature in black ink, appearing to read "G. Morrow", with a large, sweeping flourish extending to the right.

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



UMC

UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 26, 2022**

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer



Nursing Services Board Report: Dec 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

- Covid 19- positive: 98 staff tested positive between mid-December through January 10, 2022; 29/98 were nurses/nursing personnel and one Respiratory Therapist. Staff had to isolate and not work; this severely affected staffing levels hospital wide.
- Annual mandatory Influenza Vaccine campaign was side tracked by various barriers including: increase incidence of staff who tested positive with Covid 19 virus, staff seeking booster shots and therefore potential hesitancy to get multiple immunization within the same timeframe. As such, in collaboration with Chief Medical Officer and Nurse Infection Preventionist suggested the flu compliance deadline is extended to February 28, 2022.
- All staff continue to work on required Annual Hospital Training via Relias –Learning Management system (LMS). Deadline January 31, 2022.
- Plans are underway for reopening the 3rd floor inpatient unit. The initial concept was to utilize the area as an overflow of the Telemetry unit to accommodate the influx of admitted covid positive patients. Instead, the decision was made to relocate the Critical Care Unit to the 3rd floor; all stakeholders including point of care staff were receptive to this planned change. Transfer of unit scheduled by the end of January.
- Designed a basic two-pronged pilot activity to: (a) improve ambulance off load times from approximately 1 hour to 30minutes or less for Comprehensive Psychiatric Emergency Program (CPEP) patients entering the Emergency Department from CPEP; (b) provide scheduled/ flexible nursing support from BHU to decrease workload for ED RNs while expediting medically cleared BHU patients' admission to BHU when medically cleared. The aim is to improve the actual admission time from medical clearance of 2 hours or greater, to 30-45 minutes. Pilot activity to begin NLT January 27, 2022; however, this will be dependent on nurse staffing levels within the BHU.
- Wound Care: The inpatient Wound Care Nurse and Tech continues to work diligently with staff to provide support and education. Reinforced the importance of a comprehensive head to toe skin assessment of patient on admission, every shift, on transfer and at discharge

NOVEMBER 2021				DECEMBER 2021		
Unit	# of Patients	# of Pressure injuries	# of HAPIs	# of Patients	# of Pressure injuries	# of HAPIs
CCU	9	38	2	6	19	1
BHU	0	0	0	0	0	0
8th Floor	11	38	0	23	78	2
Total	20	76	2	29	97	3

Table 1: Pressure Injuries and Hospital Acquired Pressure Injury

Emergency Department

The ED remains the hub of UMC's activities. In December, there were 94 more ambulance arrivals than the prior month despite increase in PG Diversion hours. There were significant staffing challenges resulting in intermittent closure of patient bed zones within the ED core to ensure the delivery of safe patient care. Staffing challenges in the ED amplified by Covid-19 positive staff. UMC welcomed Ms. Shelia Murphy the new Director Operations: ED/ICU/Dialysis who started on Dec. 6, 2021.

**Below are ED Metrics*

ED Metrics Empower Data	Aug	Sept	Oct	Nov	Dec
Visits	3408	3219	2987	2753	3322.00
Change from Prior Year (Visits)	3320	3190	3325	3055	2967
% Growth	2.81	0.90	-11.32	-10.97	10.69
LWBS	19	28	20	29	79
Ambulance Arrivals	897	781	626	523	617
Ambulance Patients Admission	288	242	217	179	176
% of ED patients arrived by Ambulance	0.32	0.31	0.21	0.19	0.19
% of Ambulance Patients Admitted	0.26	0.24	0.34	0.34	0.29
PG Diversion Hours	38.27	215	507.56	463.06	545.62
DC Diversion Hours	0	0	0	0	0

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

*ED Metrics Empower Data	Aug	Sept	Oct	Nov	Dec
Door to triage	42	37	41.2	45	62
Door to room	111	120	186.4	101	174
Door to Doctor	117	127	122.2	101	161
Doctor to Decision	356	377	353	354	161

Table 2: Data obtained via UMC Analytics * Minutes

Overall Staffing

- Staffing issues remain unpredictable despite 6-week schedule blocks throughout the hospital units. Barriers to adequate staffing includes staff out due to Covid-19 positive status, unfilled vacancies and calls outs. UMC continues to utilize supplemental staffing.
- Collaborated with HR re: Quarterly Retention Bonus for Registered Nurses. Proposal submitted to CEO and CFO for consideration and approval. There are clear guidelines for bonuses to include not calling out during the bonus quarter. Nurses are willing to remain committed if they receive monetary compensation.
- Human Resource Leader and Dir Operations ED/ICU/Dialysis worked closely to plan for Virtual Job Fair January 17-24, 2022 to attract and recruit New to Practice Nurses for the Emergency Department. This program will be structured and include clinical hands-on, didactics, mentoring, preceptorship, culminating with a quality improvement evidence-based initiative/project within the ED.
- Collaborative efforts to formulate job description and recruitment of Advanced Clinical Technicians to provide expanded scope of service within the ED, ICU and Telemetry units. Competency required for this role include elements of clinical skills of both Emergency Medical Technicians and Paramedics. Having this level of support in the ED/ICU/Telemetry will enhance efficiency throughput and allow the nurse to function fully within their scope of practice.

- Current Supplemental Staff
 - 12 Per Diem RNs
 - 5 BHU, 4 ED, 2 ICU, 1 Telemetry
 - 10 Contract RNs (8–13-week contracts)
 - 2 ICU, 6 ED, 1 Telemetry, 1 BHU
 - 7 Contract Respiratory Therapists

Respectfully submitted,

//Electronically signed //

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



UMC

UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 26, 2022**

Executive Management Report

Presented by:
Marcela Maamari
Interim Chief Executive
Officer

NFPHC Executive Management

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

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

The leadership team remains committed to serve the healthcare needs of this community. December focus included the following:

- Expansion of Safety Huddles to Saturday and Sundays to assess operational needs, to make immediate interventions to hospital operations as needed on weekends and to ensure patient care is optimally provided with existing resources.
- Initiated a new “Census /Zoom Huddle” for Nursing and Direct patient care clinical staff to:
 - Mitigate operational liabilities
 - Verify and validate patient beds available
 - Identity staffing needs by unit and related acuity levels
 - Dispatch additional resources from other units to render assistance to those areas with specific needs
 - Dispatch additional workforce assistance to transfer patients to the next level of care
 - Utilization of non-clinical staff to provide clerical support for patient care areas
- Leadership succession Planning for clinical and non-clinical services in process
- Covid-19 Surge contingency and operational plan in review
- Facility and Executive Team Rounding in clinical areas for operational assistance in moving available staff to areas requiring assistance.
- Dispatching leaders and associates to assist in areas with immediate patient care needs.

Survey Readiness

DC Health Survey

The annual DC Health licensure survey was conducted in November 2021. The final report was provided on December 28th, 2021. The total number of deficiencies for this survey was 11. The hard work and dedication of the entire UMC team was reflective in

NFPHC Executive Management

this survey. Upon review of previous statements of deficiency, we found this survey to be one of the most successful in the history of UMC.

Many of the deficiencies that were identified have been addressed and some were corrected prior to receiving the official DC Health report. There were several departments that had no findings in this survey. Additionally, the surveyors were very complimentary of the staff and the care that they provide to this community.

Of note, we have been able to demonstrate the organization's measurable progress since 2019:

DC Health Survey Results 2019 – 2021

2019 - 58 deficiencies

2020 - 36 deficiencies

2021 - 11 deficiencies

- Successfully staffed and operated facility during 2 major snow events
- Successfully completed DC Health Infection Control Hospital Survey in early January 2022
- Department level Policy and Procedure updates - on-going
- Executive Rounding for Survey Readiness and improved communication with front line workers

In FY 2022, 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:

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

Virtual Job Fair has resulted in over 30 plus applicants for the ED, and other specialty areas. Five full-time nurses are being processed for hire in advance of the job fair in January.

Development of an Advanced Clinical Technician position for ED and ICU has been submitted to SEIU and Human Resources. This position will assist nursing staff with the care of patients and improve process delivery of services. Reviewing models with higher tech to nursing ratios.

FACILITIES:

- Lease Increase Letters and Lease agreements for 2022 – In progress
- New Chief Engineer and Facilities Manager Hired to improve facility and plant services
- Boiler 2 Passed Inspection
- Coordinating with DC Department of Employment Services for EVS staffing
- Served staff Christmas Lunch on Christmas Day
- Coordinate with ED Leadership & IT to improve patient experience in ED waiting area: Repainted area, added additional TVs, installation of music to be added.
- Hazardous Waste Audit completed.
- DC Water Agency agreed to 2-year audit of estimated billing

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 December, the Mobile Health Clinic has continued collaborations with **The Community Church of WDC –UCC, Empowerment Enterprise II, Pennsylvania Ave Baptist Church, DC DOH Community Health Administration, 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. Pennsylvania Ave. Baptist Church
 2. Faunteroy Enrichment Center
 3. UMC parking Lot

The campus vaccine and testing service was escalated in December 2021 and January 2022 to assist with the significant increase in Emergency Room visits for testing and vaccines. These Emergency Room patients were offered the opportunity to come to the Mobile Clinic for additional testing after presenting at the Emergency Department.

- On December 21, the mobile team hosted its Boosted Tuesday and Toy Drive on UMC campus. At the drive, 67 boosters, 59 COVID tests and 50 toys were provided to UMC employees and DC residents. Booster clinics were offered to employees and DC residents 3 Tuesdays in the month of December totaling 121 boosters.
- In December, the mobile staff also hosted two Public Health Nursing Students from George Washington University who completed their six (6) week community health rotations within the Mobile Clinic and the Care Center (ID Clinic). This partnership largely supports the expansion of services provided within the Mobile Clinic.
- We 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.

Flu Vaccines	HIV tests	Rapid COVID tests	COVID Vaccines	Boosters
0	0	101	26	132

INFORMATION TECHNOLOGY

- Worked with Finance to successfully update the Price Transparency tool (CMS requirement) on the Hospital’s website
- Worked with HR and Finance to successfully complete retro bonus and pay adjustments for UMC employees
- Successfully achieved CMS Interoperability requirements – 4th quarter; submission will be early 2022
- Worked with Finance and Legal to complete interim payments for Meridian copier services

- Completed 3M application updates
- Worked with HR and Finance to successfully complete the calendar year-end closing entries
- Provided Finance with reports, including cost reports (DHG)
- On boarded a new Meditech Clinical Analyst
- Addressed a phishing issue
- Resolved overhead paging issue on 8th floor
- Expanded space on a Meditech server to accommodate CMS interoperability report requirements
- Enabled music for MRI patients
- Successfully completed routine cybersecurity patching of servers and devices
- Completed a special assessment and implemented additional security precautions for the log4j vulnerability
- 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
- Assisted Compliance/Risk Management with several document, email and phone searches
- 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 350 Help Desk/Service tickets in December 2021

Chief Medical Officer

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

Chief Nursing Officer

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

Chief Compliance Officer

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



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

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

Date: January 17, 2022

Re: Enterprise Risk Management Update

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 outset of 2022, this month's report serves as an update on efforts to address those key risks identified in the spring of 2021's Enterprise Risk Management (ERM) survey as hospital-wide and representing potentially existential threats to UMC. The survey also identified areas of relative strength, which are highlighted below. The efforts to address these risks are ongoing, broad-based and typically involve multiple departments working collaboratively, as described below.

A. Areas of Greatest Risk

The 5 areas that were identified in the ERM survey as representing the greatest risk to the hospital (in terms of both a high likelihood of happening and a high jeopardy to operations if it did occur) were:

- 1. Financial Challenges**
- 2. Organizational Hierarchy**
- 3. Business Interruption/Facility**
- 4. Recruit/Retain High Achievers**
- 5. Board Challenges (such as multiple shareholders)**

Each of these key areas of risk have received, and continue to receive, on a daily basis, focus and attention at the Board, Management, and Staff level.

Financial Challenges

A key area of concern in the ERM survey are UMC's financial challenges. As outlined in greater detail to the Board in the monthly management and financial reports, these are being addressed on an ongoing, daily basis. For example, significant work is being done to address the contracting with outside vendors, so as to ensure that all such contracts have appropriate pre-approvals to help ensure both quality of the services and their costs.

Similarly, work is being conducted on a daily basis to strengthen our patient census, and to ensure the hospital remains the provider of choice in this community.

Initiatives to improve the hospital's margin include updated rental and space lease agreements; finalized employee benefits; efforts to reduce patient length of stay; and improved managed care rates.

Business Interruption/Facility

Another key area of concern identified in the ERM survey was the likelihood and the impact of a business interruption caused by facility-related issues. Efforts to address that concern include, as part of leadership restructuring, the addition in December 2021 of new staff for Facilities, Biomedical Engineering, and Plant Management Compliance areas. These personnel were brought on board to assist with the ongoing operations of the facility and maintain its compliance applicable operational requirements.

Examples of significant work to the physical plant include repairs to boilers 1 and 2, and generator repairs, which commenced last month.

Additional efforts to identify proactively and to head-off interruptions to the hospital's conduct of business operations caused by facility issues include the hospital's daily safety huddles. The safety huddle includes all major departments of the facility and their leadership, and is an opportunity to plant issues to be identified and addressed in real-time.

In addition, senior leadership provides 24/7 coverage for all issues impacting the facility through the Administrator on Call program, including any issues that arise on nights or weekends that could adversely impact the facility.

Finally, significant work on the facility was identified and completed by the hospital to prepare for (and pass) its Joint Commission survey. This work commenced in early 2020, and continued into 2021 as any facility-related matters identified by TJC were addressed and full accreditation awarded earlier this year.

Recruitment and Retention of High Achievers.

Another top concern identified in the ERM Survey was the ability of the hospital to recruit and retain high achievers. As with many hospitals (and other industries) throughout the U.S. during this time, staffing in general remains a challenge in a number of UMC departments, due in large measure to both a very tight labor force and staff turnover. This staffing dynamic is particularly true for staff nurses and for many positions within the ED. To address these staffing issues, efforts by UMC include locating a more reliable and affordable supply of nurses and to reducing UMC's demand for nurses by running inpatient care more efficiently.

UMC has also noted that some staff are leaving for contracts that are at pay rates with which UMC cannot reasonably compete. Efforts to address this include work being done by the Chief Nursing Officer and the UMC Director of Education to create modules for staff who are interested in working within other areas of the hospital.

Additional efforts by UMC to address staff departures include working with the Service Employees International Union (SEIU) to develop and implement a training curriculum for staff in impacted departments.

On a broader scale, the hospital strives to retain its staff by ensuring that its workforce recognizes the tremendous importance and value of their work to the community. Despite hiring challenges, the hospital continues to recruit high-quality employees to its staff, and from Day 1 of New Employee Orientation, all new employees (as well as students and contracted members of the workforce) are taught about the unique and critical role the hospital has as the only public hospital in D.C. and the only hospital east of the Anacostia River, and the particular health needs of its patient population. The fact that a "threat to the hospital's mission" (described below) is viewed in the ERM survey as a low risk area to UMC is a testament to the loyalty that our workers have to the hospital. Nonetheless, the hospital recognizes that the risk of losing staff remains a key ERM risk for it to address.

Organizational Hierarchy.

Another high risk area identified by the ERM survey was organization hierarchy, such as departmental "silos" and cumbersome processes.

Efforts to reduce this hierarchy and break through these silos include the daily safety huddle (described above), which helps create a collaborative environment that operates efficiently and effectively. This Zoom call permits departmental leaders to address directly with one another, and in real time, any concerns that they may have.

Additional examples of cross-departmental collaboration, which helps reduce organizational hierarchy, is the program between the Emergency Department and the Lab to decrease contamination rates for blood cultures. Started in May 2021, the clean blood culture rates have improved from 83% to 91%, achieving the benchmark of 90%. Another example of enhancing collaboration between departments is between the Quality Department and Wound Care, which since July 2021 have been working together to decrease the number of Hospital Acquired Pressure Injuries (HAPIs). This collaboration resulted in no HAPIs in October and November 2021.

Another recent program of note, which has a by-product of reducing organizational hierarchy, is the daily rounding conducted by our Chief Medical Officer and the Director of our Case Management Department. These doctors meet in person, every morning, with all new in-patients at the hospital, and address in real time any concerns that they may have.

A final example of piercing departmental silos is the hospital's Leadership Formation Program, which is held weekly, is open to all staff and all departments, and is geared towards helping the hospital become a High Reliability Organization and achieving healthcare's Quadruple Aim. This program started in January 2021 and has been well-received and well-attended.

Board Challenges (such as multiple shareholders).

Another key risk area that was defined included “Board challenges,” such as having multiple “shareholders.” The placement in 2021 of a financial control board at leadership helm the hospital, and with that placement a renewed focus on achieving key fiscal goals, should help address that concern, as well as the financial concerns identified in item 1 above.

B. Areas of Greatest Strength

The hospital routinely leverages several of these areas of strength, in order to help address the key areas of risk described above. The 5 areas that were identified in the ERM survey as representing the lowest risk to the hospital (in terms of least likely to happen and lowest jeopardy to operations if it did occur), equating to areas of greatest strength, were:

- 1. Low patient experience equals a low quality of care**
- 2. Unethical Conduct**
- 3. Terrorist Attack**
- 4. Non-compliance with laws**
- 5. Threat to the hospital's mission**

Quality of Care.

While the hospital has been experiencing relatively low patient experience scores, the survey results indicate that respondents do not believe that this reflects a low level of care, but really is indicative of other factors that contribute to a low patient score (for example, in cases where it is difficult if not impossible to locate patients for follow-up surveys). For example, indicia of the provision of high quality care include the recent successful DC Health annual survey, which contained no adverse medical staff, infection prevention, or quality findings. Likewise, the Quality and Performance Improvement Department had no adverse findings in the DC Health survey.

Furthermore, recent monthly surveillance data from the Infection Prevention and Control Department showed no ventilator infections, no central line bloodstream infections, no urinary indwelling device infections, and no MRSA or C Difficile infections. As the UMC Chief Medical Officer has recently reported to the Board, UMC's Hospital Acquired Infection rates are extremely low and compare favorably against any hospital in Washington, DC.

In terms of enhancing clinical outcomes, in the fall of 2021 Meditech capabilities were expanded to enhance the hospital's ability to receive and share medical and other patient data. Other efforts to ensure the patient experience equals a high quality of care include the commencement of our MRI program.

In terms of enhancing UMC personnel to ensure high quality care is provided, a new chair for the Department of Pathology was hired this fall (through the George Washington Medical Faculty Associates). Likewise, the recent hiring of 2 new social workers in case management (including coverage of inpatient units and the ED at night) will address the prior gap, which was covered by regular full-time staff (which created OT issues as well as over-utilization of staff).

Lastly, our most recent Press-Gainey scores have shown significant improvement in a number of areas, including, for the ED, in the categories of:

- *rate the hospital,*
- *nurses attentive to your needs,*
- *nurses took time to listen,*
- *courtesy of nurses, courtesy of doctors,*
- *doctors concern to keep you informed about your treatment, and*
- *doctors took time to listen.*

Areas for improvement with Press-Gainey include time to be seen and waiting time, which are likely linked to staffing challenges identified above.

Ethical Conduct/Compliance with Laws.

The ERM survey results illustrated that our hospital generally regards itself as a compliant body that behaves ethically, with a mission-focus, centered around patient care. The hospital continues to take steps to maintain these critical areas. For example, in 2021, the Compliance Officer was identified to serve as the Privacy Officer and the BEGA Ethics Counselor for UMC, in order to ensure these roles have a clearly designated responsible party. Similarly, the hiring of a Deputy General Counsel in December 2021 has brought additional, much-valued legal resources to UMC, and who has been invaluable in helping the hospital implement several of the risk-mitigation initiatives describe above.

Strength of Hospital Mission.

Among our greatest strengths is the tremendous resilience of our workforce and its commitment to this community - which is among the reason that the ERM survey identified little concern about a threat to our Mission to serve our community and its residents. The hospital's commitment to its Mission is reflected in part by its significant community initiatives. These efforts include the mobile health clinic's provision of HIV screening, HIV testing, Covid testing, and Covid vaccines and boosters, in collaboration with several other community organizations.

Finally, the hospital continues to operate using the Quadruple Aim of Healthcare as a guide: Improved Population Health; Reduced Costs to Care; Satisfied Providers of Care; and Satisfied Patients. All new employees receive training on the Quadruple Aim during Day 1 Orientation, and the UMC Leadership Formation Program focuses on the Quadruple Aim as well.



NOT-FOR-PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
Corporate Secretary / VP Public Relations

DATE: January 19, 2022

PUBLIC RELATIONS

Communications – The new UMC Website “Contact Us” button is working! In the month of December this feature allowed us to directly communicate and address the concerns of 7 members of our patient community. We will begin to monitor overall website traffic and these communications on a monthly basis in 2022.

Donations – UMC received a substantial discount from IHOP on Alabama Ave. to provide free holiday meals to staff working on Christmas Day. IHOP continues to be a great community partner to the hospital.

Public Relations - UMC donated several coats to the Ward 7 Democrats for their annual Ed Pottillo Coat Drive. UMC also participated in the Soul of the City Holiday Christmas Tree Display/Parade on the St. Elizabeth’s campus. A HUGE shout out is owed to Compliance Officer Brian Gradle for sponsoring our tree. Brian has been a supporter and volunteer for our community efforts since his first month at UMC.

Weekly Newsletter – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of December, the newsletter sent holiday cheer and tips for a safe holiday season as well as highlighted open enrollment for staff. If you have news or resources you would like to share, please send it to Toya



NOT-FOR-PROFIT HOSPITAL CORPORATION

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 December.



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending December 31, 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 2021 Actual Gap Measures
As of December 2021**

	FY 2022 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY22 Adjusted Gap Measures)
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Annualized Net Loss from Operations Before District Subsidy			(\$31,716,000)	
District Subsidy			\$15,000,000	
Adjusted Annualized Net Loss from Operations			(\$16,716,000)	

Add: Initiatives to be Realized

Mazar Initiatives	\$9,100,000	\$1,350,864	\$7,749,136	14.8%
GWUMFA Professional Fees Collection	\$7,200,000	\$953,500	\$6,246,500	13.2%
Subtotal	\$16,300,000	\$2,304,364	\$13,995,636	14.1%
Projected Net Income (Loss) from Operations			(\$2,720,364)	
Original Projected Income			\$421,000	
Difference from Original Projected Income			(\$3,141,364)	



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 16% (1.7M) MTD and 12% (3.7M) YTD as a result of the following contributing factors:**
 - ❖ **Net patient revenue is lower than budget by 23% (1.5M) MTD and 19% (3.8M) YTD, due to low activity.**
 - ❖ **Admissions are lower than budget by 36% MTD and 32% YTD.**
 - ❖ **ER visits are higher than budget by 8% MTD but lower than budget by 1% YTD.**
 - ❖ **Higher ER visits are mainly attributed to increased COVID treatment but did not convert to increased inpatient admissions.**
 - ❖ **Surgeries are lower than budget by 26% MTD and 27% YTD.**
 - ❖ **GWMFA collections are lower than budget by 81% (487K) MTD and 47% (847K) YTD.**
 - ❖ **Other operating revenues are lower than budget by 20% (360K) MTD and 7% (396K) YTD, due to low GWMFA collections.**

- **Expenses**

- ❖ **Even with low activity levels, total operating expenses remain higher than budget by 7% (705K) MTD and 2% (565K) YTD.**
 - ❖ **Notable variances:**
 - ❖ **Salaries are lower than budget by 2% (92K) MTD and 4% (515K) YTD, due to vacancies.**
 - ❖ **Overtime for the quarter is 885K. If annualized, overtime is at an estimated 3.5M and 2M over budget.**
 - ❖ **Contract Labor is higher than budget by 124% (516K) MTD and 71% (887K), due to agency staffing.**
 - ❖ **Supplies are higher than budget by 33% (213K) MTD and 15% (284K) YTD despite lower activity.**



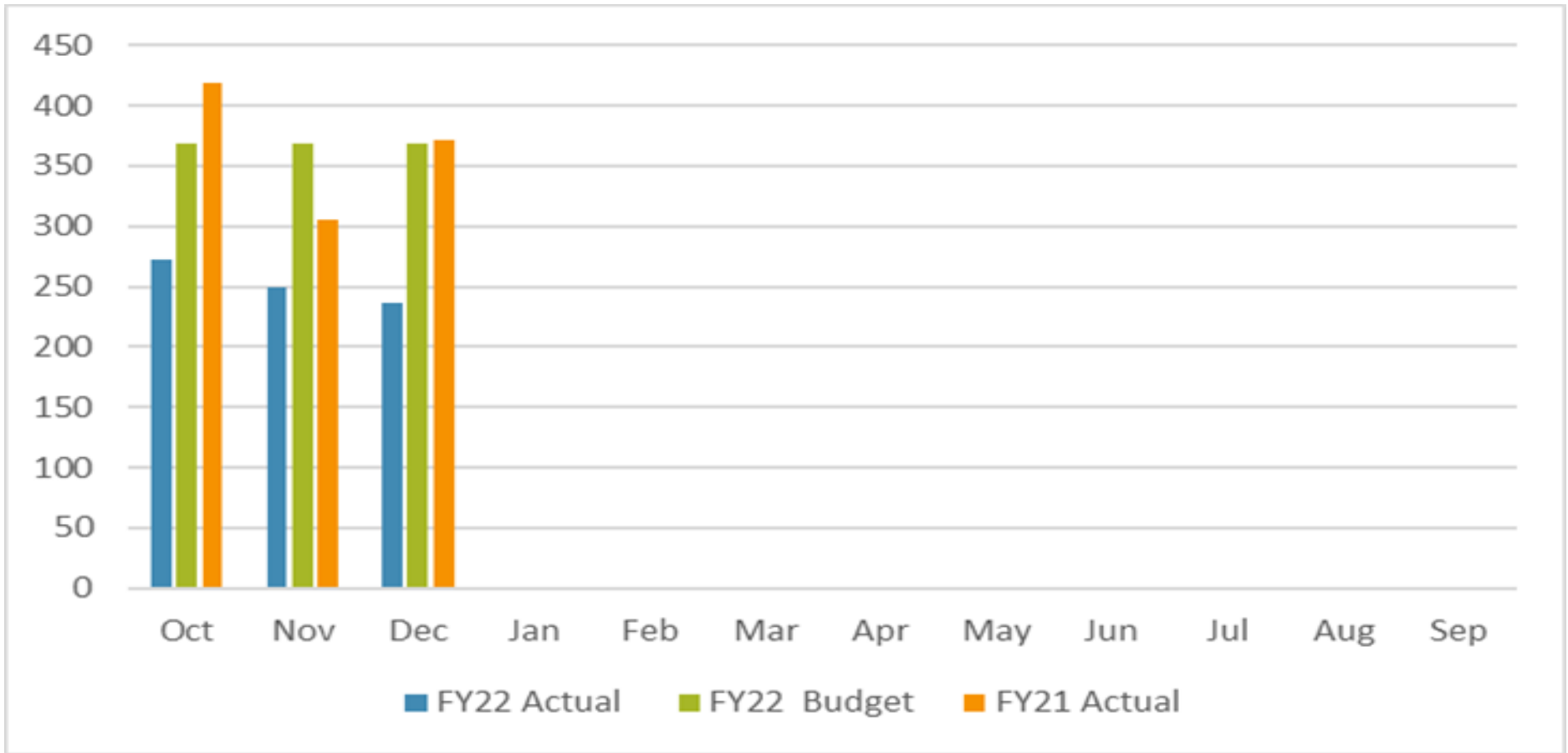
Key Indicators

Fiscal Year 2022 thru 12/31/2021

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	236	369	372	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	129	145	146	▼	▲
Emergency Room Visits	Actual Visits	3,298	3,043	2,947	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	580	624	766	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.19	1.00	1.38	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	50%	55%	57%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	50	85	76	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	105%	92%	93%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	122	45	63	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-15.4%	1.0%	-22.5%	▼	▲



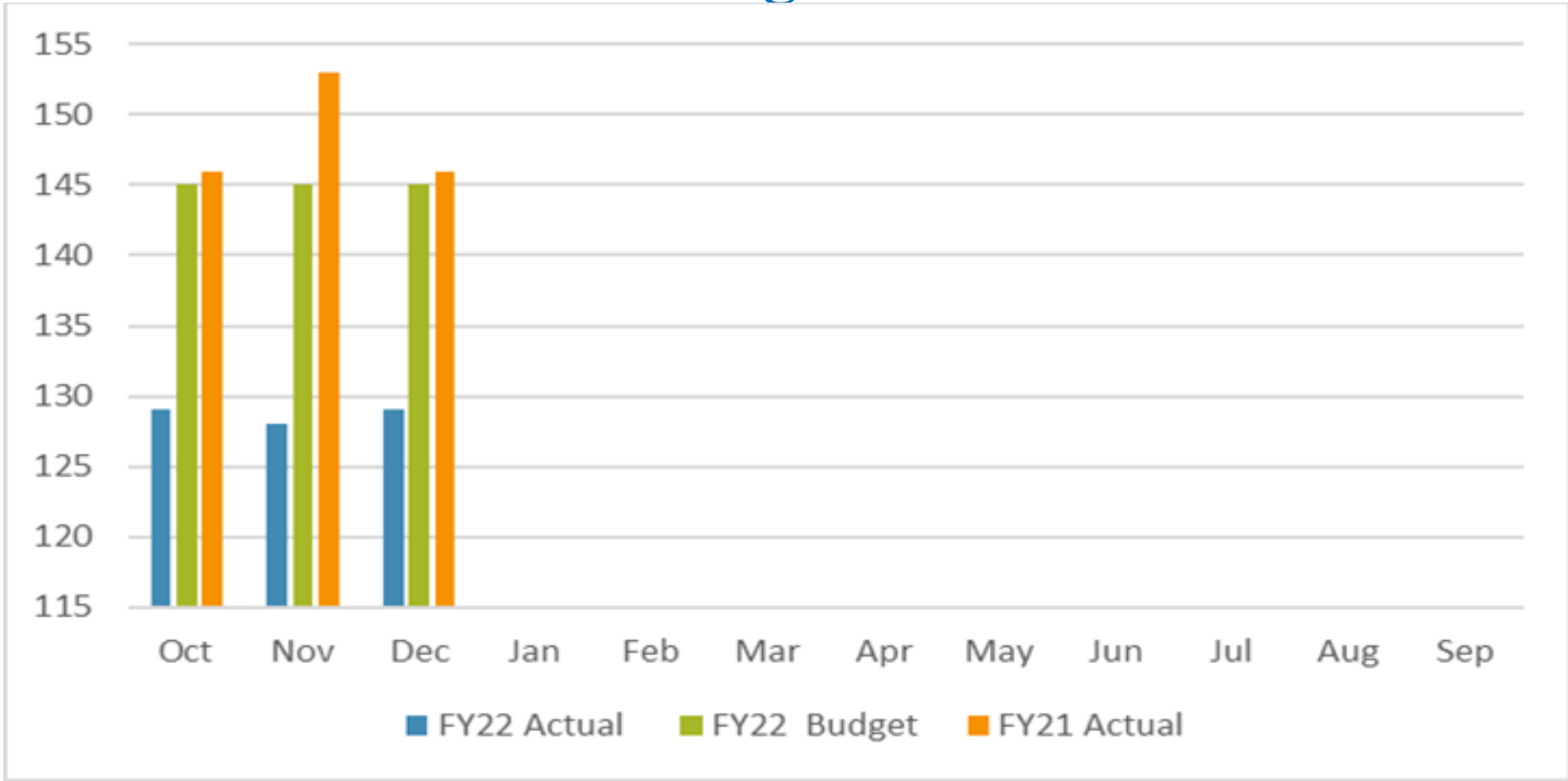
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236									
FY22 Budget	369	369	369									
FY21 Actual	419	306	372									



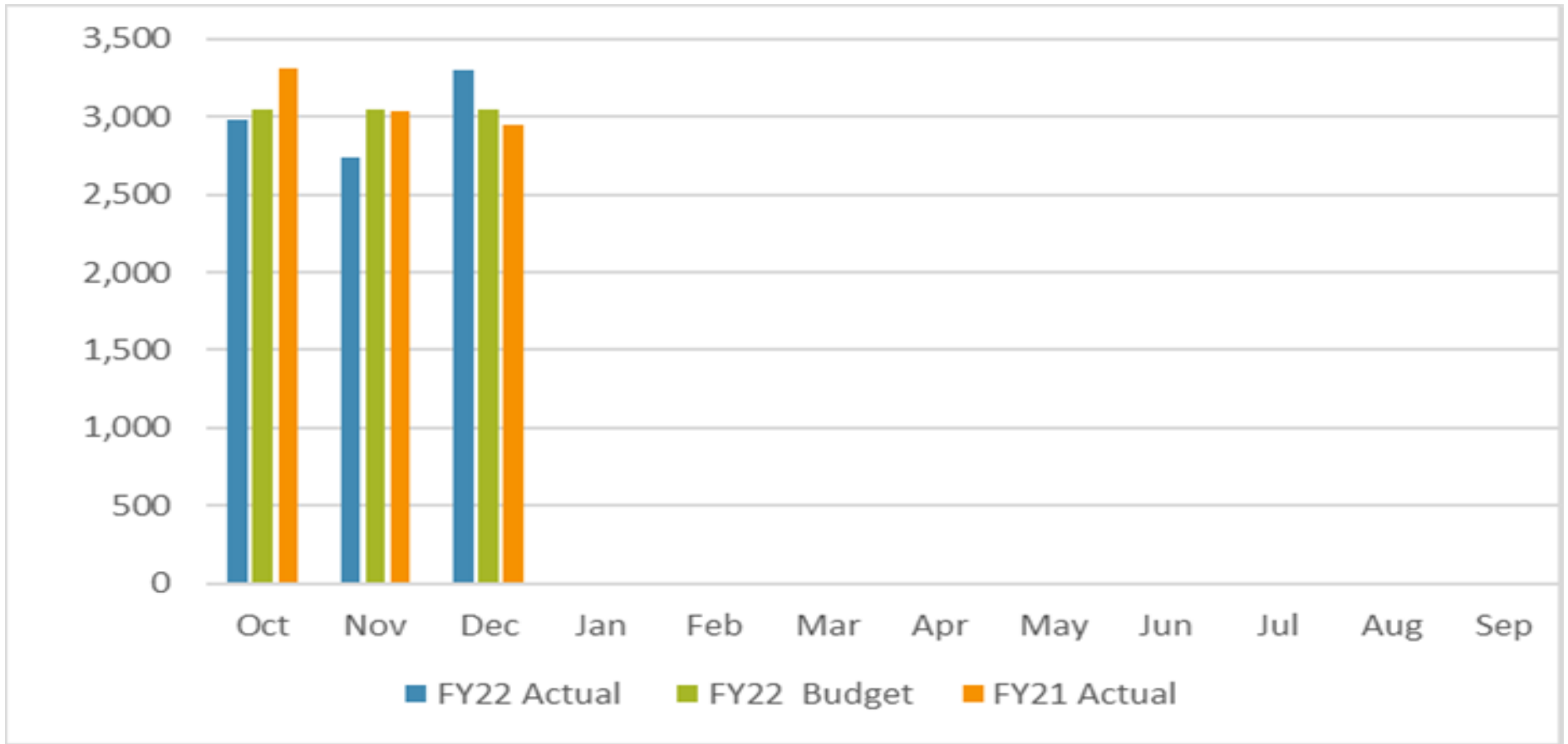
Inpatient/Outpatient Surgeries



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



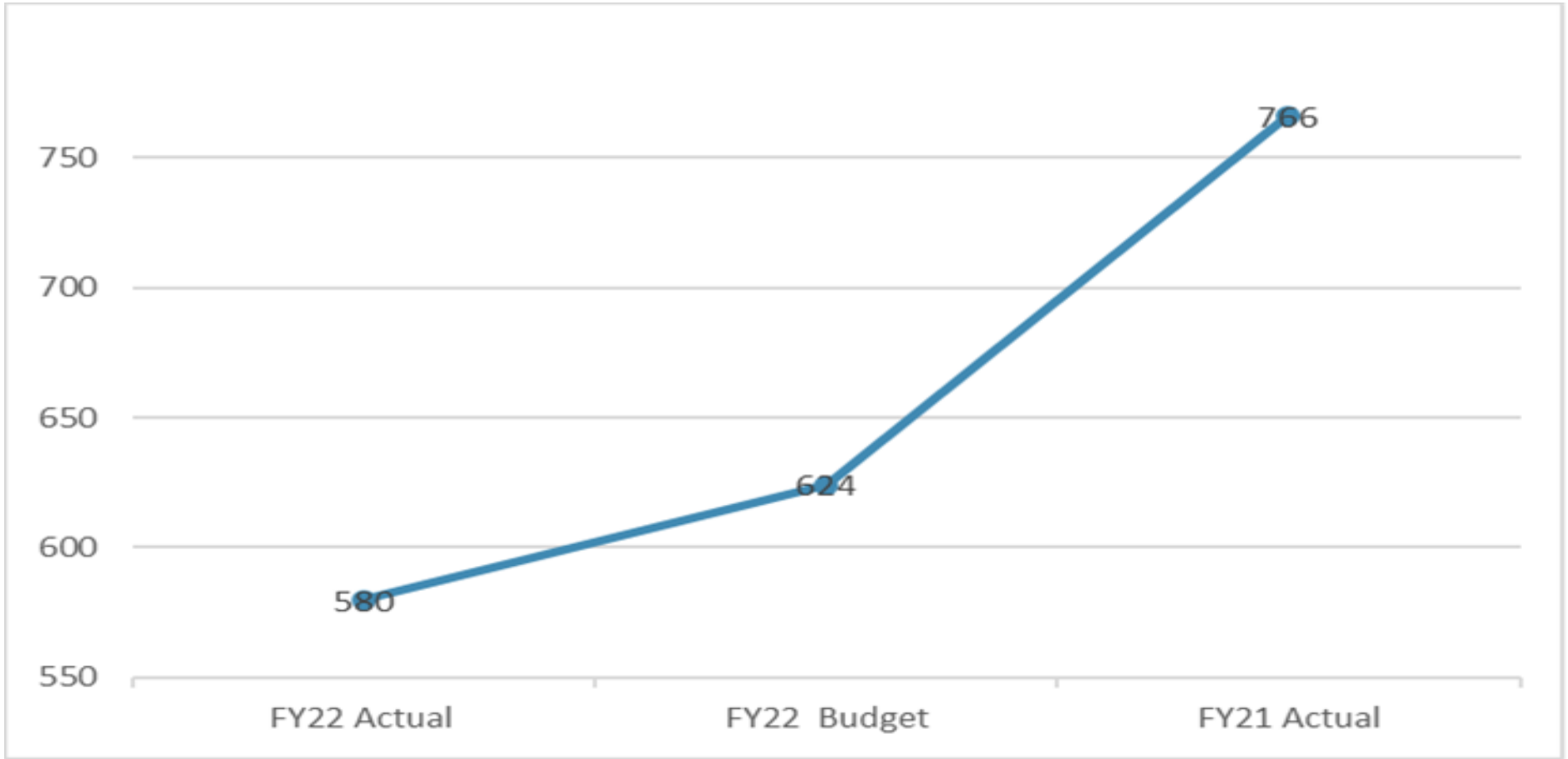
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740	3,298									
FY22 Budget	3,043	3,043	3,043									
FY21 Actual	3,313	3,037	2,947									



Number of FTEs

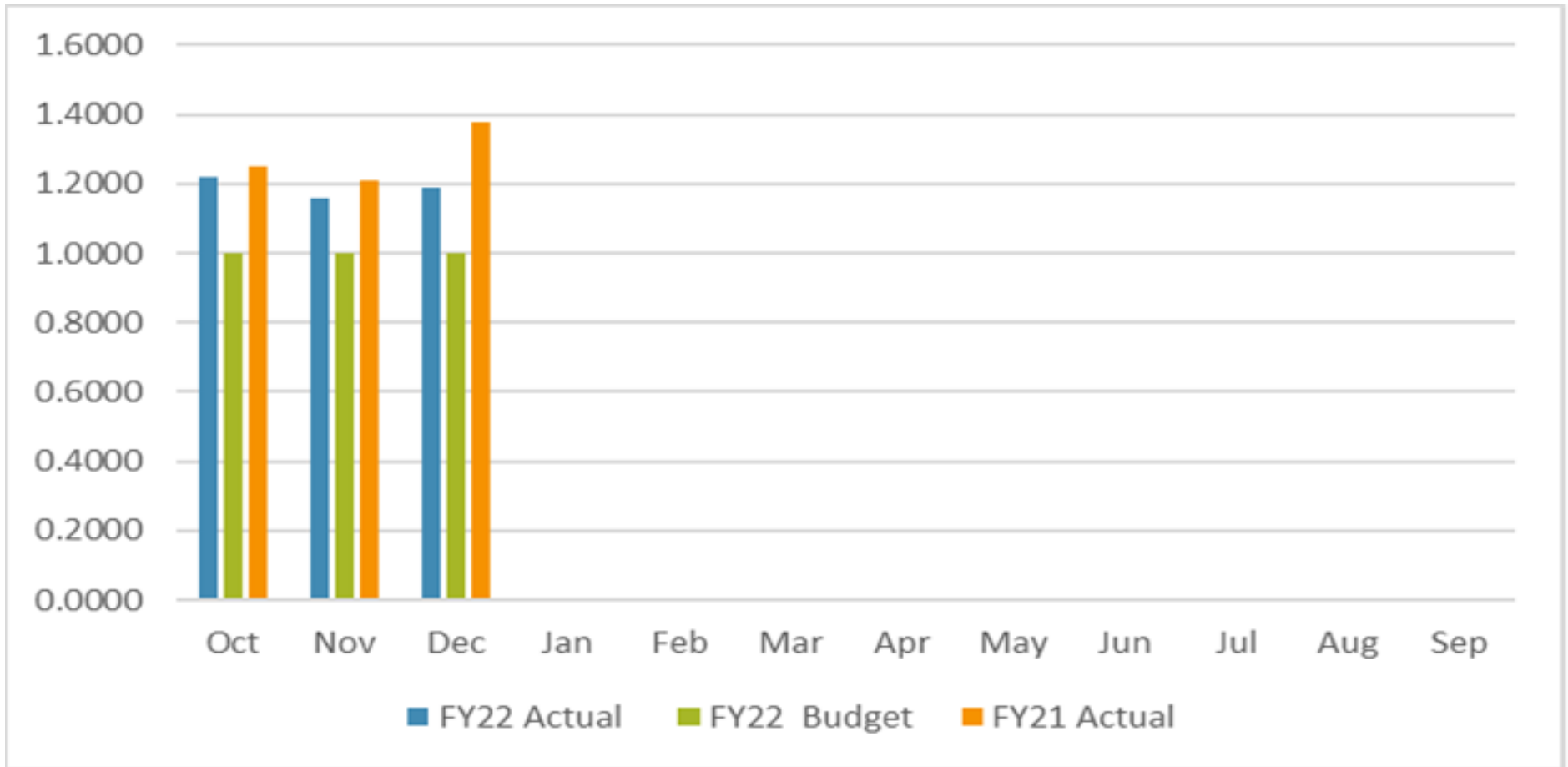


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580									
FY22 Budget	624	624	624									
FY21 Actual	764	771	766									



UNITED
MEDICAL CENTER

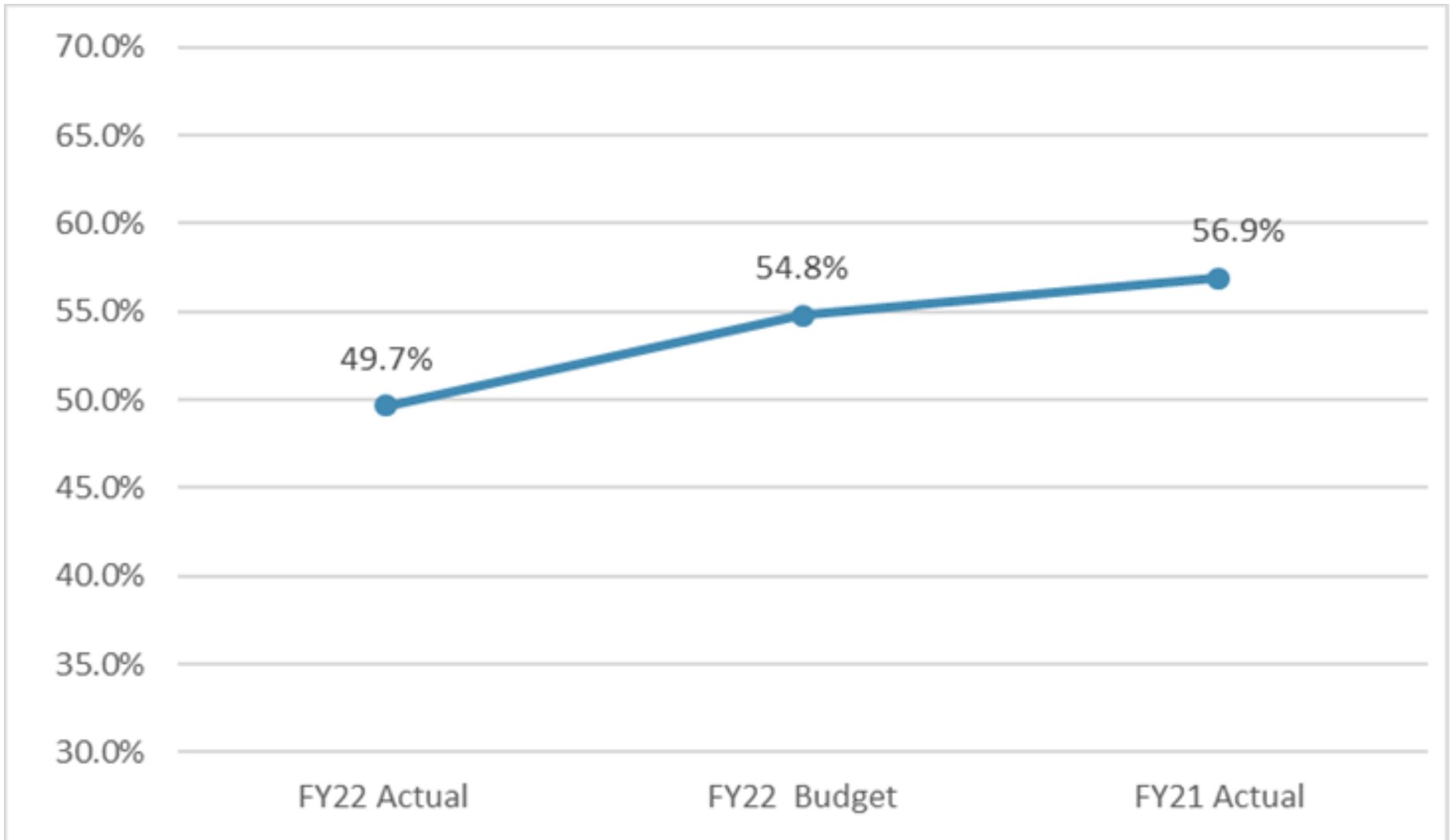
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900									
FY22 Budget	1.0000	1.0000	1.0000									
FY21 Actual	1.2500	1.2100	1.3800									

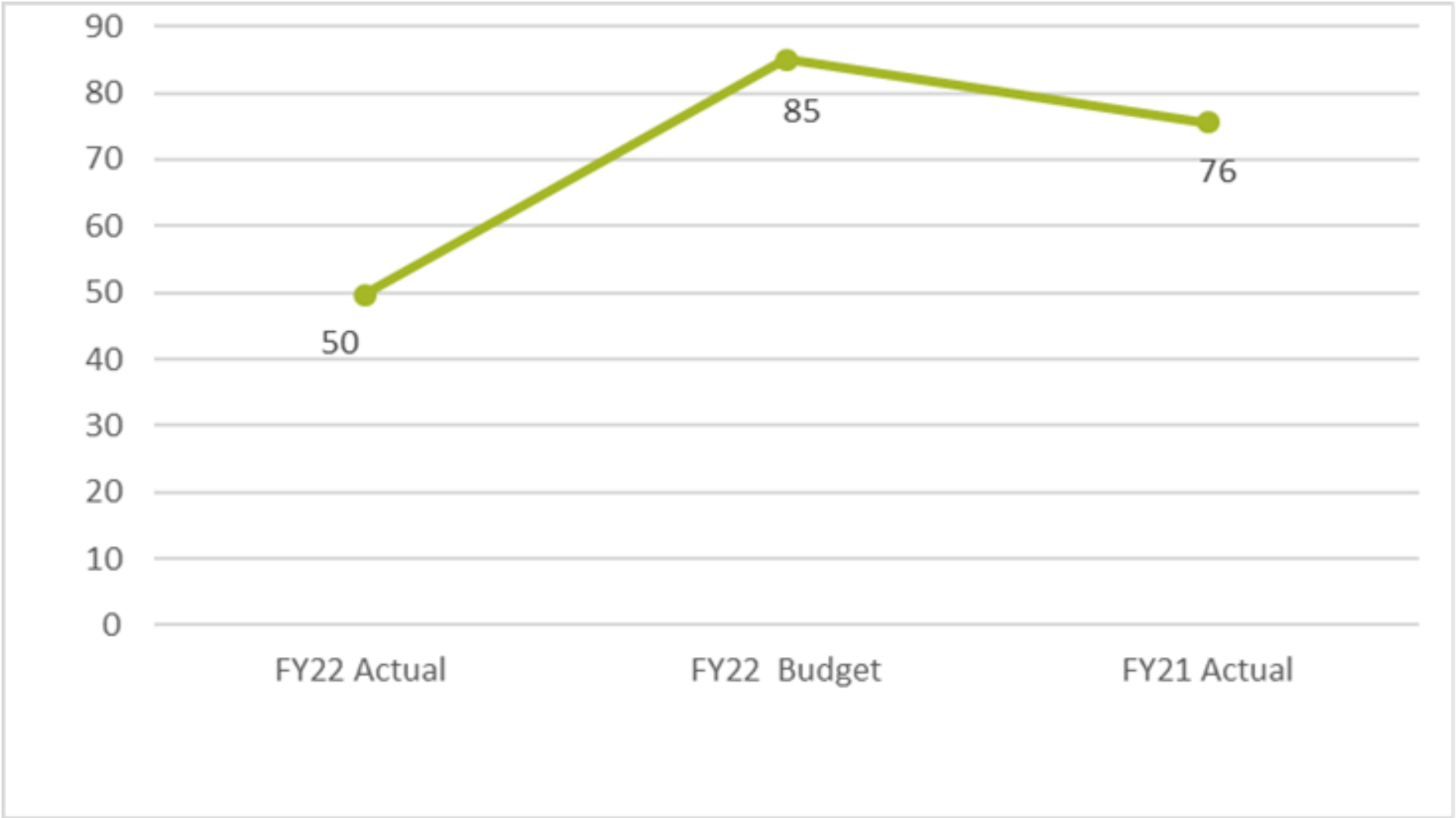


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



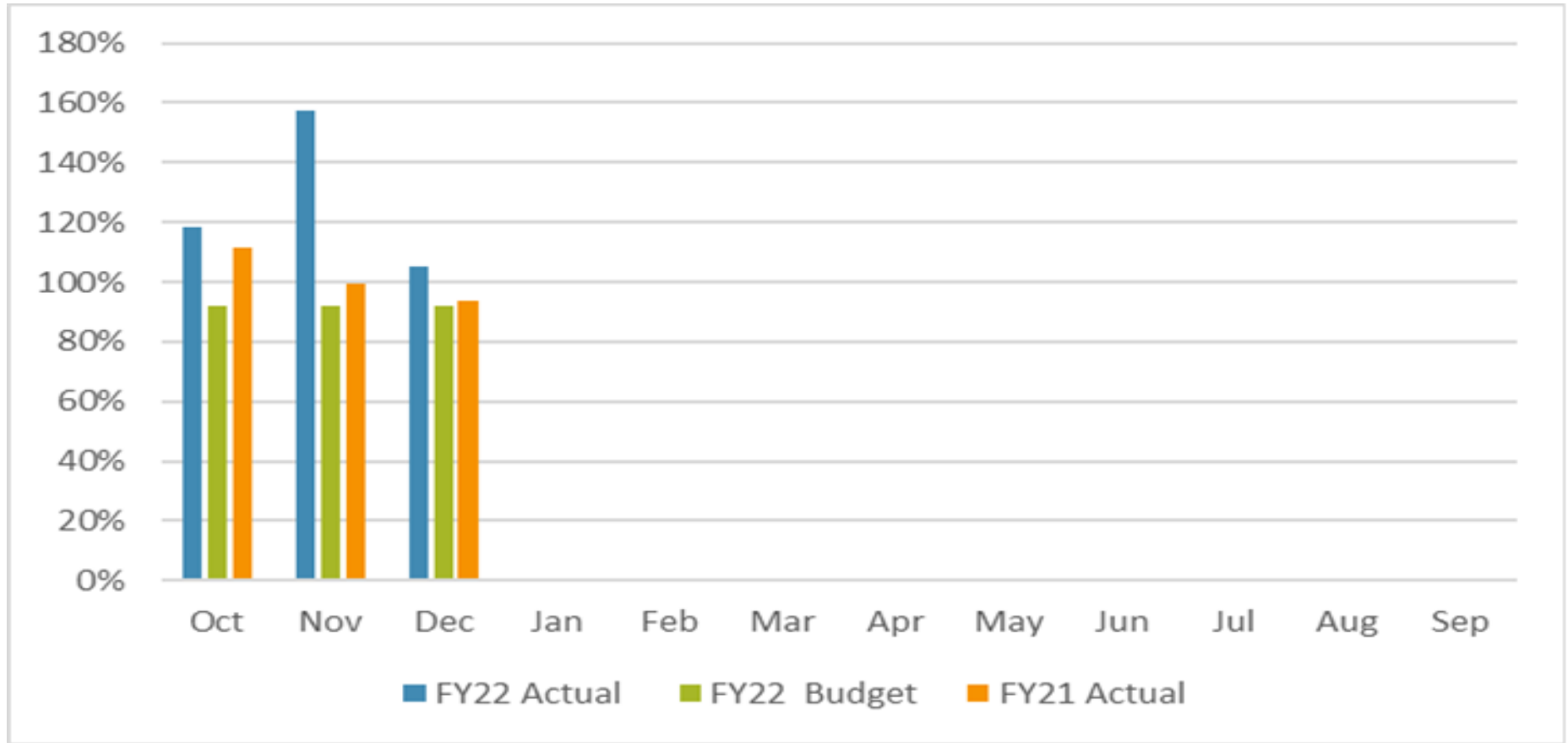


Net Accounts Receivable (AR) Days With Unbilled





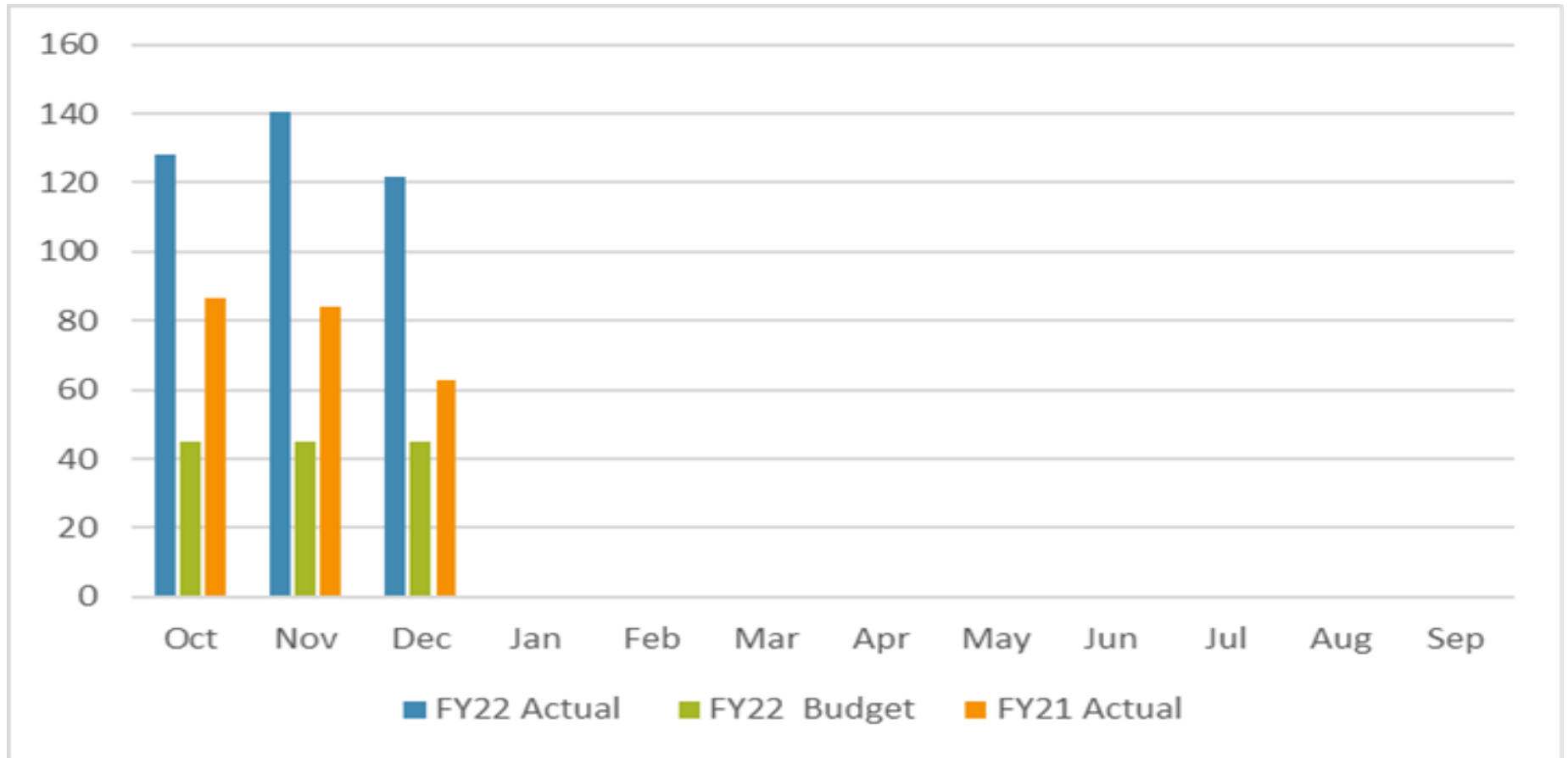
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%									
FY22 Budget	92%	92%	92%									
FY21 Actual	111%	99%	93%									



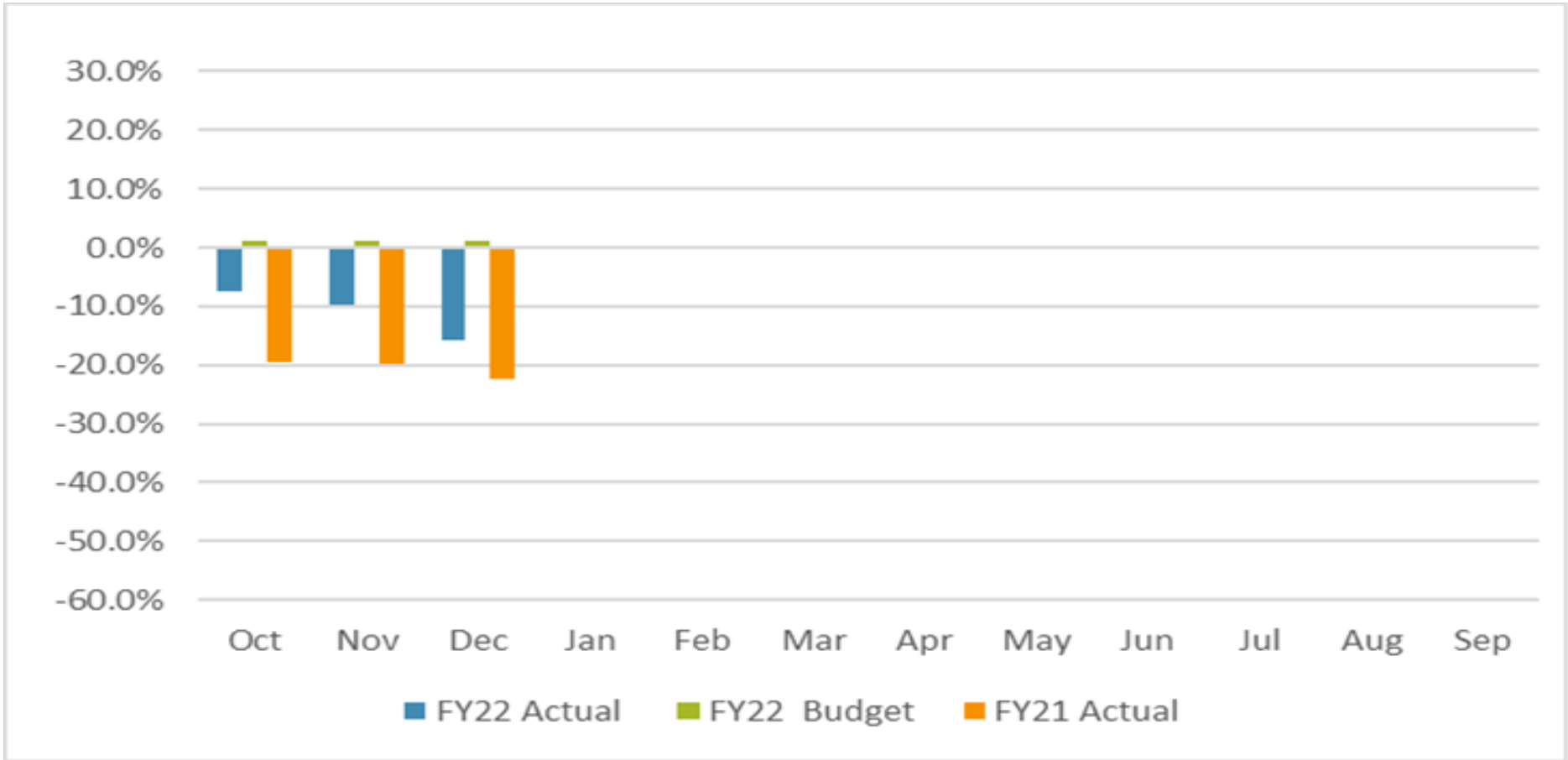
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122									
FY22 Budget	45	45	45									
FY21 Actual	86	84	63									



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	-5.6%	-9.8%	-15.4%									
FY22 Budget	1.0%	1.0%	1.0%									
FY21 Actual	-19.4%	-19.7%	-22.5%									



Income Statement

FY21 Operating Period Ending December 31, 2021

Statistics	Month of December			Variance				2022 Year to Date			Variance				
	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior	Actual	Budget	Prior	Actual/Budget	Actual/Prior
Statistics															
Admission	236	369	372	(133)	-36%	(136)	-37%	757	1,108	1,097	(351)	-32%	(340)	-31%	
Patient Days	1,660	2,236	2,158	(576)	-26%	(498)	-23%	5,415	6,709	6,035	(1,294)	-19%	(620)	-0.103	
Emergency Room Visits	3,298	3,043	2,947	255	8%	351	12%	9,016	9,128	9,297	(112)	-1%	(281)	-3%	
Clinic Visits	1,464	1,089	2,166	375	34%	(702)	-32%	3,578	3,266	4,989	312	10%	(1,411)	-28%	
IP Surgeries	42	67	70	(25)	-38%	(28)	-40%	126	202	189	(76)	-38%	(63)	-33%	
OP Surgeries	87	78	76	9	12%	11	14%	260	234	256	26	11%	4	2%	
Radiology Visits	741	763	588	(22)	-3%	153	26%	2,544	2,288	1,848	256	11%	696	38%	
Revenues															
Net Patient Service	5,156	6,665	6,037	(1,509)	-23%	(882)	-15%	16,157	19,995	18,039	(3,838)	-19%	(1,882)	-10%	
DSH	1,830	1,658	693	172	10%	1,137	164%	5,491	4,975	2,079	517	10%	3,412	164%	
CNMC Revenue	150	151	165	(1)	0%	(15)	-9%	450	452	474	(2)	0%	(24)	-5%	
Other Revenue	1,464	1,824	2,729	(360)	-20%	(1,265)	-46%	5,076	5,472	7,540	(396)	-7%	(2,465)	-33%	
Total Operating Revenue	8,601	10,298	9,625	(1,697)	-16%	-1,025	-11%	27,174	30,893	28,133	(3,719)	-12%	(959)	-3%	
Expenses															
Salaries and Wages	3,825	3,918	4,928	(92)	-2%	(1,102)	-22%	11,238	11,753	14,337	(515)	-4%	(3,099)	-22%	
Employee Benefits	1,014	1,033	1,376	(19)	-2%	(362)	-26%	2,927	3,100	3,664	(173)	-6%	(737)	-20%	
Contract Labor	933	417	203	516	124%	730	360%	2,137	1,250	539	887	71%	1,598	296%	
Supplies	850	637	924	213	33%	(74)	-8%	2,196	1,911	2,970	284	15%	(774)	-26%	
Pharmaceuticals	228	218	301	9	4%	(73)	-24%	667	655	665	12	2%	2	0%	
Professional Fees	1,776	1,685	1,699	92	5%	77	5%	5,180	5,055	5,212	126	2%	(32)	-1%	
Purchased Services	1,265	1,234	1,495	31	3%	(230)	-15%	3,733	3,702	4,228	31	1%	(495)	-12%	
Other	1,076	1,121	1,380	(45)	-4%	(304)	-22%	3,275	3,363	2,850	(88)	-3%	425	15%	
Total Operating Expenses	10,968	10,263	12,306	705	7%	(1,338)	-11%	31,353	30,788	34,466	565	2%	-3,113	-9%	
Operating Gain/ (Loss)	(2,367)	35	(2,681)	(2,402)	-6842%	314	-12%	(4,179)	105	(6,333)	(4,284)	-4067%	2,154	-34%	



Balance Sheet

As of the month ending December 31, 2021

Dec-21	Nov-21	MTD Change		Sep-21	YTD Change
Current Assets:					
\$ 53,598	\$ 59,725	\$ (6,127)	Cash and equivalents	\$ 46,041	\$ 7,557
8,728	9,699	(971)	Net accounts receivable	9,186	(458)
5,977	5,996	(19)	Inventories	6,045	(68)
3,109	2,320	789	Prepaid and other assets	2,809	300
<u>71,412</u>	<u>77,740</u>	<u>(6,329)</u>	Total current assets	<u>\$ 64,081</u>	<u>\$ 7,331</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
59,585	60,525	(940)	Capital Assets	62,296	(2,711)
<u>59,585</u>	<u>60,525</u>	<u>(940)</u>	Total long term assets	<u>62,296</u>	<u>(2,711)</u>
<u>\$ 130,997</u>	<u>\$ 138,265</u>	<u>\$ (7,269)</u>	Total assets	<u>\$ 126,377</u>	<u>\$ 4,620</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,799	15,931	(1,132)	Trade payables	14,582	217
6,563	6,098	465	Accrued salaries and benefits	7,762	(1,199)
4,300	4,300	0	Other liabilities	4,300	0
<u>25,662</u>	<u>26,329</u>	<u>(667)</u>	Total current liabilities	<u>26,644</u>	<u>(982)</u>
Long-Term Liabilities:					
13,250	16,330	(3,080)	Unearned grant revenue	-	13,250
18,782	18,775	7	Estimated third-party payor settlements	18,762	20
1,692	1,692	-	Contingent & other liabilities	1,692	0
<u>33,724</u>	<u>36,798</u>	<u>(3,074)</u>	Total long term liabilities	<u>20,454</u>	<u>13,270</u>
Net Position:					
71,610	75,138	(3,528)	Unrestricted	79,278	(7,668)
<u>71,610</u>	<u>75,138</u>	<u>(3,528)</u>	Total net position	<u>79,278</u>	<u>(7,668)</u>
<u>\$ 130,997</u>	<u>\$ 138,265</u>	<u>\$ (7,269)</u>	Total liabilities and net position	<u>\$ 126,377</u>	<u>\$ 4,620</u>



Statement of Cash Flow

As of the month ending December 31, 2021

Month of December		<i>Dollars in Thousands</i> Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 7,964	\$ 7,620	\$ 22,126	\$ 20,004
(8,022)	(8,174)	(17,195)	(22,500)
(4,375)	(5,784)	(15,364)	(18,228)
(1,468)	86	3,771	(7,501)
<u>(5,901)</u>	<u>(6,252)</u>	<u>(6,663)</u>	<u>(28,224)</u>
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	-	-
<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	15,000
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>15,000</u>
Cash flows from capital and related financing activities:			
-	-	-	-
2	(1,309)	3	(127)
(228)	(632)	(784)	(1,945)
<u>(226)</u>	<u>(1,941)</u>	<u>(780)</u>	<u>(2,072)</u>
(6,127)	(8,192)	7,558	(15,296)
59,725	46,299	46,041	53,402
\$ 53,598	\$ 38,106	\$ 53,598	\$ 38,106
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			