



UMC

UNITED  
MEDICAL CENTER

**Monthly Board Meeting**

**Date:** February 23, 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, February 23, 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](http://www.united-medicalcenter.com)).

**DRAFT AGENDA**

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES - January 26, 2021**
- V. CONSENT AGENDA**
  - A. William Strudwick- Chief Medical Officer
  - B. Dr. Gregory Morrow- Medical Chief of Staff
  - C. Sheila Murphy, RN, 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:**

**February 23, 2022**

## **Reading and Approval of Minutes**

**Minutes Date:  
January 26, 2021**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, January 26, 2022, 3:30pm**  
**Held via WebEx**

**Directors:**

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

**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, Yanira Van Den Broeck, Richard Andrew, Pearly Ittickathra

**Other:** Kai Blissett, Andrew Cameron, Cheyenne Holland, Jesus Trevino

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:36 pm.  Quorum determined by Toya Carmichael.
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Jackson., unanimous vote.</i>
<b>Approval of Minutes</b>	<i>Mot to approve December 17, 2021 meeting minutes by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i>
	<p><b>CMO Report – Dr. William Strudwick</b></p> <ul style="list-style-type: none"> <li>• The chart included on the first page of his report is an alert summary report from December 2021 from MD region five. It includes PG County and shows how long UMC was on divergence in the month of December. UMC receives 25% of our ambulances from PG. In December were on divergence in PG for over 1,000 hours. While we were on divergence at a rate similar to others in</li> </ul>

our region, in December of 2020 we were on divergence for 50 hours so something has changed.

- Much of our challenges have had to do with the pandemic. We didn't start off with super strong staffing but we have had some losses in staffing from nurses and other staff as well.
- The second thing is the future and solutions. On December 6<sup>th</sup> we welcomed Shelia Murphy RN, who is the operational director for the ED, ICU/Dialysis and she's also our Fed Czar. she hit the ground running establishing her presence on both the day and the night shifts. She with Dr. Jacquie examined the nurses' salaries in critical areas and determined that there was some room to improve the salaries which did a lot to encourage some nurses to stay due to the changes.
- In the past two weeks we have received 30 applicants for positions in the Emergency Department and six have been offered positions. So nurse Murphy is examining all of our critical care area leveling and releveling of staff so we can move nurses around and make sure the areas that are short have appropriate staffing.
- Remainder of report is informational.

Dr. Fair asked what Dr. Strudwick meant when he noted that we are on divergence at a similar rate of other hospitals because looking at the chart it looks like most of the DC hospitals do not go on divergence.

Dr. Strudwick said that's correct, if you look at the hospitals that receive PG County ambulances they are the other hospitals who go on divergence. Other hospitals have more surgical cases so they get patients from other directions. Divergence hurts us more because we get more of our patients from the Emergency Room Department so that is why we are focused on.

Dr. Fair asked for a similar chart to be included next month which shows DC hospitals. Dr. Strudwick noted that DC is not a divergence city because the only time you can officially go on divergence in DC is if you have an emergency like a flood. But what we can show for DC is drop off times, so that is something we can bring to future meetings. The drop off time is how long it takes us to get a patient off a stretcher when the ambulance arrives. This is also a challenge for us...so in the future we can bring some data that represents that.

Dr. Fair noted that Dr. O'Connell does include drop off times in the emergency room.

Dir. Jacobs asked about the salary increases Dr. Strudwick referenced because DC Council and the Board approved the Union

- Dr. Strudwick said yes the contract was ratified about the same time that Shelia started. While the contract was signed but then there is the implementation

	<p>piece working with human resources and communicating to the staff helped to prevent some nurses from leaving.</p> <ul style="list-style-type: none"> <li>• Lillian added that we want to make sure that all the unions know we did not just wake up and raise the rates for the nurses. All the pay raises were a part of the contract that was approved in the summertime.</li> </ul> <p><b>MCOS Report – Dr. Morrow – No formal report.</b></p> <p><b>CNO Report – Jacqueline Payne-Borden</b></p> <ul style="list-style-type: none"> <li>• In mid-December we had about 29 nursing staff that tested positive for COVID.</li> <li>• We are at 52% for compliance with the influenza vaccine requirement so we have extended the deadline until February 28, 2022 to make sure that we are successful.</li> <li>• In terms of patient care we are waiting for certain activities to take place before we can move patients from the 5<sup>th</sup> floor to the 3<sup>rd</sup> floor where we are equipped to provide quality patient care.</li> <li>• Talked about bonuses in the last board meeting. We have not gotten anything in writing but the COO reported that the Union may want to counter what we are offering.</li> </ul> <p style="text-align: center;"><i>Mot to accept CMO and CNO Report by Dir. Ashenafi, 2<sup>nd</sup> Dr. Fair,</i></p> <p><i>Discussion</i></p> <p style="text-align: center;"><i>Unanimous vote.</i></p>
<p><b>Executive Management Report</b></p>	<p><b>Interim CEO Report – Marcela Maamari</b></p> <ul style="list-style-type: none"> <li>• Highlighted that we submitted our final report to DC Health in December. Our total number of deficiencies this survey was 11 which is truly a testament to our team especially our clinical team. We looked at our prior year surveys and we have continued to progressively improve our survey results and we received a lot of positive feedback from the survey team.</li> <li>• We have our safety huddles on the weekend now which allows us to prepare for any issues especially during the holiday season.</li> <li>• We have ramped up our rounding, there are a lot more leaders rounding during the day and on weekends. We got to do a lot of that during the holiday season and recent snowstorms.</li> </ul>

	<p align="center"><b><i>Motion to accept Exec Management Report by Dir. Ashenafi , 2<sup>nd</sup> by Dir. Bobb, unanimous vote.</i></b></p>
<p><b>Financial Report</b></p>	<p><b>CFO Report - Lillian Chukwuma</b></p> <ul style="list-style-type: none"> <li>• Our annual financial audit is complete; we did not have any deficiencies or recommendations. We thanked our staff for their assistance with the audit.</li> <li>• Once the city holds the audit hearing to review the report, we will share the report with you all.</li> <li>• We balanced the budget for 2021 so we were able to pay the union and the employees their raises then the SEIU contract was ratified. We paid SEIU but we are still paying them because we have found some issues that we are rectifying.</li> <li>• Now we are reporting for the first quarter of fiscal year 22.</li> <li>• Highlighted the additional line that separates the subsidy from our overall net loss as requested by Dir. Bobb.</li> <li>• If you remove the subsidy our loss comes to \$31.7 million dollars. This means that if everything goes the way it is now.</li> <li>• Year to date we have realized \$1.3 million dollars which is progress and we still have opportunity to realize \$7.7 million dollars.</li> <li>• We also have the GW collection and year to date we have \$953k dollars which might be a little bit more, we are waiting for a report to be reconciled. Still have \$6.2</li> <li>• If this happens we take it away from that \$16million which gives us a projected loss of \$3.1 million dollars.</li> </ul> <p>Dir. Bobb asked if Lillian’s balanced budget includes the city subsidy?</p> <ul style="list-style-type: none"> <li>• Lillian said yes, the city subsidy is part of our operational balance.</li> </ul> <p>Dir. Ashenafi asked if Lillian can tell us about the Mayor’s announcement of a \$15 million fund grant for hospital staff salaries.</p> <ul style="list-style-type: none"> <li>• Lillian stated she has not seen the formula yet but</li> <li>• Marcela said that the grant will be awarded through DCHA and they have not realized the final numbers yet.</li> <li>• Dir. Jacobs noted that we are not sure of what our portion will be yet.</li> <li>• Lillian said that we will not boast about it until we get those funds in writing. We are also positioning ourselves for federal relief when that is declared.</li> <li>• The increase in ED came from COVID testing. So on a YTD basis we are at 32% shortfall in our admissions but the revenue part of it is not dollar to dollar impact so we are at a 19% shortfall on the revenue side.</li> <li>• We go to our expenses and the Operator has negotiated some contracts and that has helped, but they are putting their heads together to make sure we are not running over our expenses because if you look our expenses are still</li> </ul>

	<p>at the budget level although admissions are much lower. This is because our contract labor is through the roof. But we cannot write home about expenses because of the staffing challenges.</p> <ul style="list-style-type: none"> <li>• So for the first quarter we are at a loss but when January report comes we will reforecast to see where we are based on where things are going.</li> <li>• Directed attention to page 4 for the narrative view of what Lillian highlighted on page 16. A few years ago we came to the board to let them know some statistics so the board will know what to look at to see our performance in nutshell. Highlighted “Key Indicator” table. It is important to know that although admissions are low our collectors are working to make sure we get every penny we are supposed to get.</li> </ul> <p><i>Motion to accept November financials by Dir. Ashenafi, 2<sup>nd</sup> by Dr. Fair, unanimous vote.</i></p>
<p><b>Public Comment</b></p>	<p>Jesus Trevino – Ass. Dir. UMC Emergency Medical Department</p> <ul style="list-style-type: none"> <li>• Came to speak on the positive impact of the leadership of Shelia Murphy in the Emergency Room Department.</li> </ul> <p>Dr. Jacqueline Payne Borden</p> <ul style="list-style-type: none"> <li>• Noted this is her last board meeting.</li> <li>• Thanked the board for the opportunity to serve UMC for the last three years.</li> </ul> <p>Dir. Jacobs also thanked Dr. Payne Borden for her dedicated service.</p> <p>Marcela thanked Dr. Jacquie for her service and invited the board to join leadership for Dr. Jacquie’s farewell on January 27<sup>th</sup>.</p> <p>Dir. Ashenafi thanked Dr. Jacquie for her services.</p> <p>Dr. Jacquie thanked all who reached out to her during her illness.</p> <p>Lillian thanked Dr. Jacquie for her service and noted that the Union Contracts would not have been completed without her and appreciated her knowledge and experience and noted that our Joint Commission survey was stellar because of her Joint Commission Experience and Military Experience.</p> <p>Verna Bartholomew thanked Dr. Jacquie for her service.</p> <p>Dr. Fair thanked Dr. Jacquie for her service.</p> <p>Kai thanked Dr. Jacquie on behalf of DM Turnage’s office and noted it has been nice to have a Jamaican woman in a position of leadership in the hospital.</p>



<p><b>Closed Session</b></p>	<p>Mike Austin read the justification for entering Closed Session.  Motion to enter Closed Session by Dir. Bobb 2<sup>nd</sup> by Dir. Ashenafi.</p> <p>Toya conducted roll call – 5 yays</p> <p>Open Session ended at approximately 4:29pm.</p> <p>Closed session began at approximately 4:31 pm.</p> <p>Open Session resumed at approximately 5:44pm.</p>
<p><b>Announcements</b></p>	<p>During closed session the board voted on medical credentials and appointments and contracts and settlements with Essential Surgical Care, Freedom Medical, Alan Gray LLC, Part Source Inc., ChemTreat, Inc., Johnson Truck Center, Ark Systems Inc., and Planet Depos.</p>
<p><b>Adjourned.</b></p>	<p><i>Motion to adjourn by DM Turnage, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p> <p>Meeting adjourned at approximately 5:45pm.</p>



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## General Board Meeting

Date: February 23, 2021

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# Consent Agenda



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**General Board Meeting**  
**Date: February 23, 2022**

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## **CMO Report**

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

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

Respectively submitted by William Strudwick, MD

**COVID-19/Hospital Enhancements:**



**CHATS Region V - County/Hospital Alert Tracking System  
February 1, 2022 – February 15, 2022**

Hospitals	Yellow Alert			Red Alert			Mini Disaster			ReRoute			Total		
	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours
Bowie Health Center (UMCRH)	5	20.44	102.22	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5	20.44	102.22
CalvertHealth Medical Center	3	16.31	48.93	1	113.34	113.34	0	0.00	0.00	0	0.00	0.00	4	40.57	162.27
Capital Region Medical Center (UMCRH)	7	19.29	135.04	3	48.08	144.24	0	0.00	0.00	0	0.00	0.00	10	27.93	279.28
Charles Regional (UM)	2	5.71	11.43	0	0.00	0.00	0	0.00	0.00	1	2.30	2.30	3	4.58	13.73
Doctors Community Hospital	1	3.04	3.04	1	14.16	14.16	0	0.00	0.00	0	0.00	0.00	2	8.60	17.20
Fort Washington Hospital	1	15.14	15.14	1	5.14	5.14	0	0.00	0.00	0	0.00	0.00	2	10.14	20.28
Germantown Emergency Center (Adventist)	1	4.79	4.79	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	4.79	4.79
Holy Cross Germantown Hospital	2	2.34	4.68	5	27.50	137.50	0	0.00	0.00	0	0.00	0.00	7	20.31	142.18
Holy Cross Hospital	2	20.10	40.20	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	2	20.10	40.20
Laurel Medical Center (UMCRH)	1	4.51	4.51	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	4.51	4.51
Malcolm Grow Medical Clinic	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Montgomery Medical Center (MedStar)	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Prince Georges Hospital Center	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Shady Grove Medical Center (Adventist)	2	45.79	91.57	0	0.00	0.00	2	1.38	2.76	1	1.75	1.75	5	19.22	96.08
Southern Maryland Hospital (MedStar)	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
St. Mary's Hospital (MedStar)	1	1.19	1.19	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	1.19	1.19
Suburban Hospital (JHM)	2	5.31	10.62	3	4.76	14.29	0	0.00	0.00	0	0.00	0.00	5	4.98	24.91
Walter Reed National Military Medical Center	0	0.00	0.00	1	143.97	143.97	0	0.00	0.00	1	270.49	270.49	2	207.23	414.46
White Oak Medical Center (Adventist)	6	17.23	103.39	3	15.46	46.38	1	0.29	0.29	3	4.63	13.90	13	12.61	163.96
Children's National Medical Center, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
George Washington Hospital, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Georgetown University (MedStar)	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Howard University Hospital, DC	1	328.29	328.29	1	328.29	328.29	0	0.00	0.00	0	0.00	0.00	2	328.29	656.58
Sibley Memorial Hospital (JHM), DC	5	17.79	88.93	2	9.93	19.87	0	0.00	0.00	0	0.00	0.00	7	15.54	108.80
United Medical Center, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Washington Hospital Center (MedStar), DC	7	26.94	188.58	1	40.94	40.94	1	0.18	0.18	0	0.00	0.00	9	25.52	229.70
<b>Totals:</b>	<b>49</b>	<b>24.13</b>	<b>1182.55</b>	<b>22</b>	<b>45.82</b>	<b>1008.12</b>	<b>4</b>	<b>0.81</b>	<b>3.23</b>	<b>6</b>	<b>48.07</b>	<b>288.44</b>	<b>81</b>	<b>30.65</b>	<b>2482.34</b>

- Considering the contribution that ambulances make to our inpatient volumes and thus our viability, this chart shows the number of hours UMC and other regional hospitals were on re-route for Prince Georges ambulances during the first 2 weeks of February – we have had zero hours thus far. We are executing on our priority is to improve patient flow in the ED. As a leadership team we have been successful in improving nurse staffing through moment by moment oversight and management of the schedule. We have also increased our staff

- by hiring 5 new ED nurses over the past month. The enhanced nursing staffing has led to increased confidence and by-in from the GW/MFA ED providers. Additionally, we are defining a mutually beneficial relationship with the front line EMS personnel, to offload patients quickly and get ambulances back in to the community. We are slowly but surely seeing the desired result of increased admissions and an enhanced reputation.
- We continue to offer COVID-19 vaccinations to ED patients and appropriate inpatients at discharge.

#### **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 January, there were two (2) initial appointments, fifteen (15) reappointments, and three (3) resignations. There are currently (253) 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 program, the Medical Affairs office will be offering more Grand Rounds presentations throughout the year. COVID-19: Omicron Update, was presented on Wednesday, January 26, 2022, by Shira C. Shafir, Ph.D., MPH.
- The next Quarterly Staff meeting will be held March 9, 2022.
- 98.4% of the Medical Staff has received their Flu Vaccines or has an exemption.

#### **Quality & Performance Improvement:**

- 100% compliance with annual competencies in Relias.
- Successful submission of Q1 and Q2 2021 Inpatient eCQM files to QualityNet.
- Plan of corrections for DC Health was compiled and submitted to DC Health on 1-11-2022.
- Data was gathered from various departments and analyzed for annual quality dashboard.
- Submission of annual fee for the Joint Commission.
- Completion and submission of quality control charts to CMS and TJC.
- PNC data was successfully submitted to QualityNet.
- Rounds done on 3<sup>rd</sup> floor for readiness to transfer the ICU.
- Summarization of DC health deficiencies from 2019 to 2021 requested by the board.
- Communication with Beacon Health regarding BHU monthly collaboration meetings.
- Audits for rapid response and code blue completed and analyzed for Critical Care Meeting.
- Started the audit of the risk management charts from June until present for any action required.
- A collaborative effort between the Laboratory and the Emergency Department started in May to decrease contamination rates for blood cultures  
The annual rate for 2021 was 88%. The rate for the start of the new year January 2022 was 88 %.
- 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 this year. Will meet to discuss obstacles in achieving a better compliance rate with wound care and nursing. January had zero reportable HAPI's.

- Ongoing weekly meetings with Navex to start implementation of Policy Tech. Project build will be ongoing until approximately April 2022.

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

#### **Annual Survey:**

National Healthcare Safety Network (NHSN) requires completion of a UMC annual survey before data can be submitted for 2022. The annual survey was completed and accepted by NHSN. This process keeps UMC compliant with CMS contingency requirements for participation.

#### **Infection Control Annual Report:**

The Infection Control report for 2021 identified that four of the six infection control risk were met. The following infection control risk assessments were not met:

- Potential for failed maintenance – Aging facility in need of preventive maintenance process
- Pharmacy IV clean room – Needs completion of fixtures – magnahelics (to measure pressure gradients), cameras, seamless flooring, non-touch doors and wall repair

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

There was a surge of COVID-19 positive admissions to UMC in January 2022. The number of COVID-19 positive admissions increased from 48 cases in December 2021 to 65 cases in January 2022.

UMC identified a decrease to 21 positive COVID-19 staff in January 2022 from 60 positive staff in December. 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 January 2022.

VRE HAI = 0 cases hospital-wide for January 2022

MRSA HAI = 0 cases hospital-wide for January 2022

C Difficile HAI = 0 cases hospital-wide for January 2022

### **Case Management:**

- Social Worker vacancies approved and we are actively recruiting for ER and inpatient coverage.
- Completed 100% Relias / UMC competencies that were due January 31, 2022
- Length of stay decreased as a result of discharging a long-stay patient.
- CM team was able to obtain authorization, working with patient's insurance and accepting facility to discharge to lower LOC -- inpatient stay = 161 days
- Denials related to medical necessity continue to decrease - Jan 2021 = 15, Jan 2022 = 10. CM Physician Advisor reviewed and completed Peer to Peer on 40% of denied cases in January; three resulting in reversed decisions and one agreed to observation LOC vs. inpatient. Other cases referred for secondary review and/or appeal.

### **Patient Advocacy:**

#### **Emergency Department:**

Press Ganey Overall "Rate the Hospital" for the month of January is 52.43 increased from December at 20.83%; N=17 responses. Target for all scores is 50%.

#### **Accomplishments:**

Courtesy of nurses - 52.94% an increase of 19.61%  
Nurses took time to listen - 52.94% an increase of 19.61%  
Nurses' attention to your needs - 52.94% an increase of 19.61%  
Nurses kept you informed - 50.00% an increase of 16.67%  
Nurses' concern for privacy - 50.00% an increase of 16.67%  
Nurses' responses to quest/concerns - 47.06% an increase of 13.73%

Courtesy of doctors - 70.59% an increase of 37.25%  
Doctors took time to listen - 70.59% an increase of 37.25%  
Doctors informative regarding treatment - 64.71%  
Doctors' concern for comfort - 58.82%  
Doctors include you in the treatment decision - 70.59%

\*Continue encouragement with the ED staff with every patient interaction the need to mention the Press Ganey survey and voluntary feedback regardless if patients feel they have had a satisfactory or unsatisfactory experience. \*

### **Pharmacy & Therapeutics:**

- Evusheld, Monoclonal Antibody for use in immunocompromised non-positive COVID-19 patients, allocations secured from the District Department of Health. Ongoing work in collaboration with Infectious Disease Doctors and community hospitals to establish guidelines for use at UMC.

- Pharmacy Technician pending hire to replace lost Technician.
- Still attempting to secure a Clinical Pharmacist—ongoing screening and interviews
- Ongoing collaboration with UMC Community Mobile Unit to secure Influenza, Pneumococcal, etc. vaccines at no cost from the District for community vaccinations
- 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, average cost of \$33.80 per patient for the year 2021. Overall downward trend from Quarter 1 \$35.90 to Quarter 4 \$33.77
- 4<sup>th</sup> Quarter Antimicrobial Stewardship Program saw decrease of \$25,749 spend from Quarter 3.
- Pharmacy Clinical Interventions \$13,105 saved in the month of December 2021 by Pharmacy Clinical Interventions—presented in January 2022 P&T. Savings overall for the year 2021 are \$197, 578.
- 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. Updates to be presented at February MEC as informational, with go live date anticipation of **February/March2022**.
- Ongoing working with OCFO and IT to correct incorrect drug prices based off AWP (average wholesale price), meetings start February 2022 with Finance
- Ongoing monthly monitoring of DC Health initiatives:
  - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
  - b) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
  - c) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
  - d) 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)





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**General Board  
Meeting Date:  
February 23,  
2022**

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## **Medical Chief of Staff Report**

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



Amaechi Erondu, M.D., Chairman

## JANUARY 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for January, 2022 was 120, a slight decrease from 132 cases in December 2021. See attached table and chart.

### QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance, for most quarters of 2021 with a goal to ensure 100% compliance for 2022. 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 121 vascular access procedures in January 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 22 cases in January 2022.

### 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.

### EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.

Virtual Mortality and Morbidity Conference will continue.

MONTH	2018	2019	2020	2021	2022
JAN	150	210	187	147	120
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 Erondu, M.D.,MS,CPE  
Chairman, Anesthesiology Department



*Mina Yacoub, M.D., Chairman*

## **JANUARY 2022**

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

In January 2022, the Intensive Care Unit had 44 admissions, 47 discharges, and 256 Patient Days. Average Length of Stay (ALOS) was 5.4 days. The ICU managed a total of 51 patients in January and the average daily census was 8 patients, not including ICU patients boarding in the ED. There were no returns to ICU within 24 hours of transfer. One patient was transferred to another hospital per insurance request and for procedure not performed at UMC. There were a total of 4 deaths for 47 discharges, with an overall ICU mortality rate of 8.5 %.

### **ICU COVID-19 ADMSSIONS**

Covid-19 admissions to the ICU have significantly decreased since mid-January 2022. Covid-19 pneumonia admissions to the ICU continue to show increasing survival rates, lower ventilator days, and lower lengths of ICU stay. See Infection Control report.

### **JANUARY 2022 PERFORMANCE DATA**

#### **ICU Sepsis and Infection Control Data**

In January, the ICU managed 25 cases of severe sepsis. Two deaths were due to severe sepsis/septic shock, for a severe sepsis/septic shock mortality rate of 8%. ICU infection control data is compiled by Infection Control and Quality Improvement Department.

In calendar year 2021, ICU had no Ventilator Associated Pneumonia (VAP), no Catheter Related Blood Stream Infections (CLABSs) and no Catheter Related Urinary Tract Infections (CAUTI). The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). In January 2022, ICU had 145 Ventilator Device Days with no Ventilator Associated Pneumonia (VAP), 132 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI) and 227 Urinary Indwelling Catheter Device 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. Outcomes show a continued trend of low cardiac arrest episodes associated with higher Rapid Response team calls.

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*February 7, 2022*



Francis O'Connell, M.D., Chairman

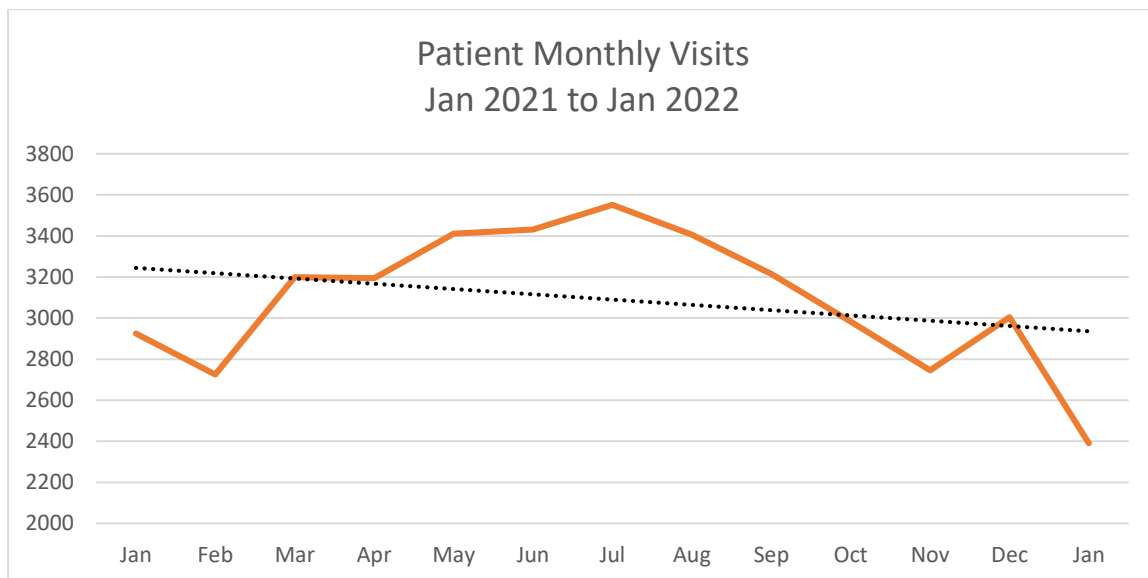
## JANUARY 2022

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for Jan 2022. Also included are graphic tables to better highlight important data.

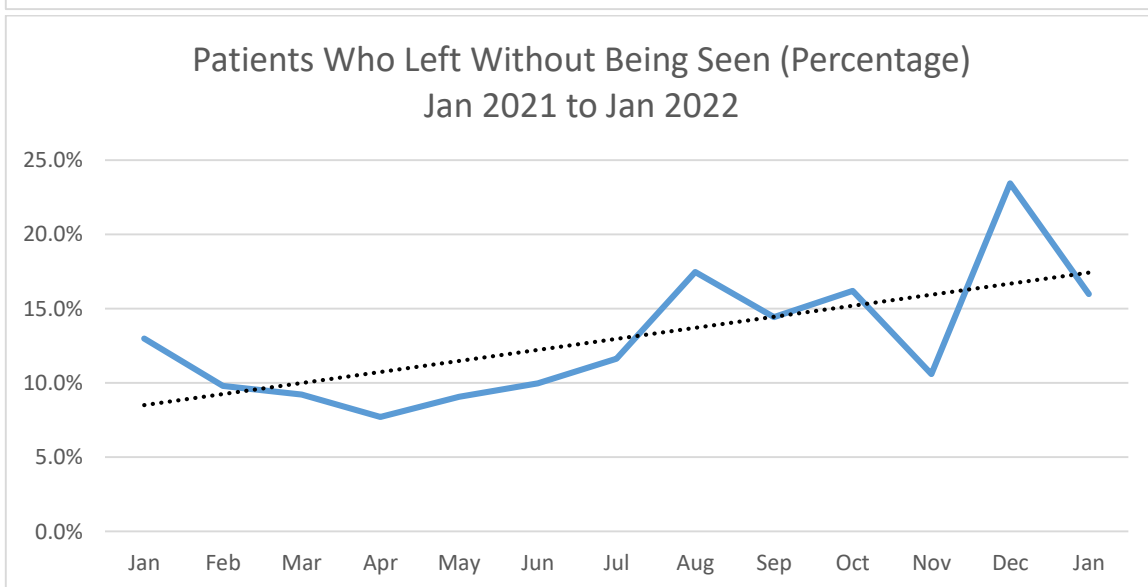
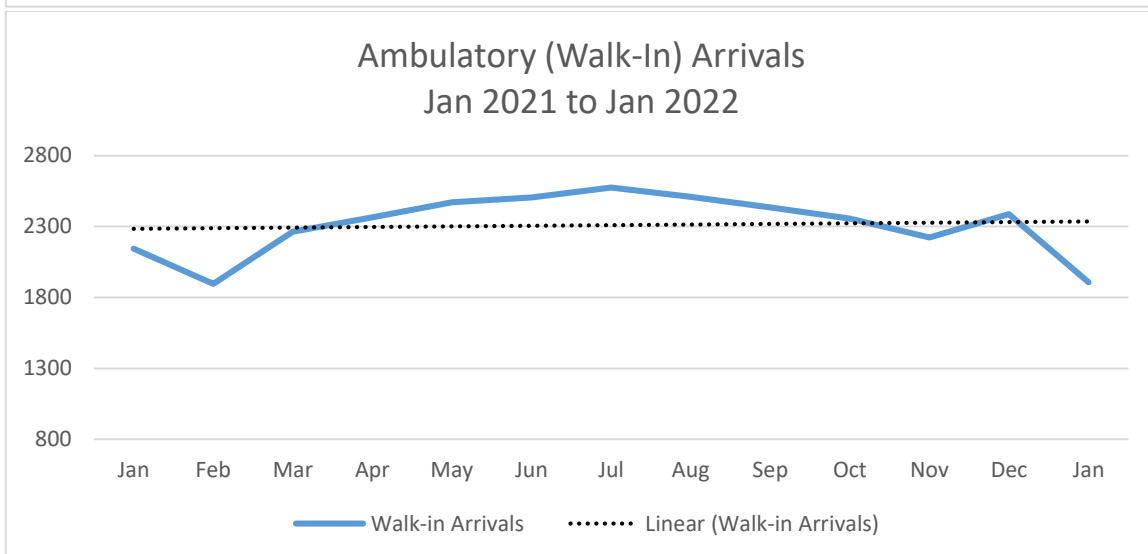
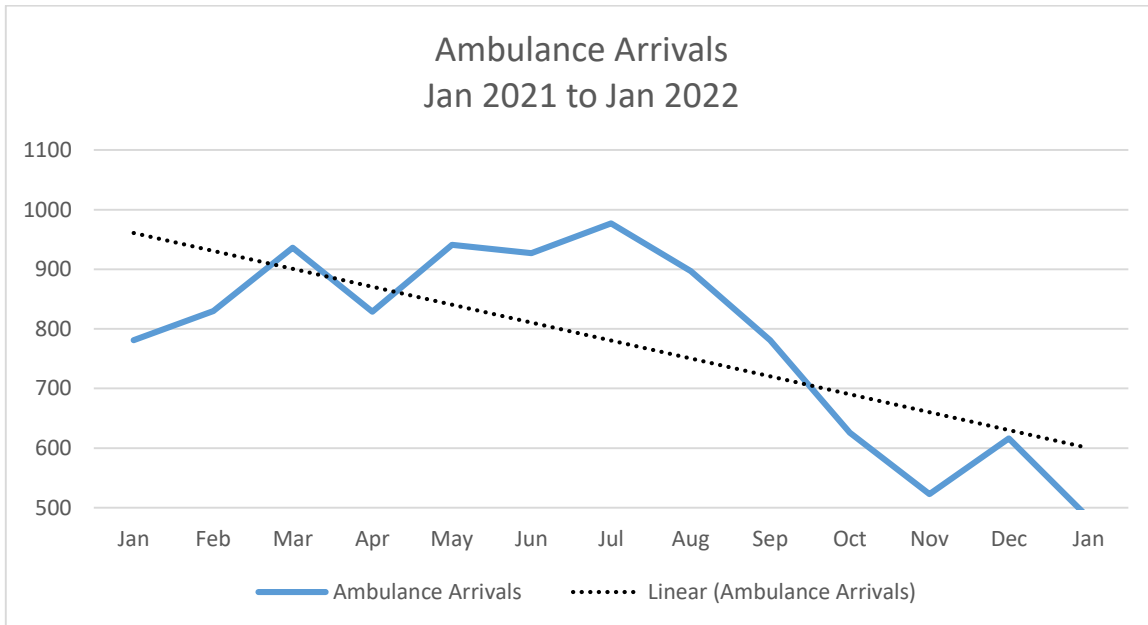
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

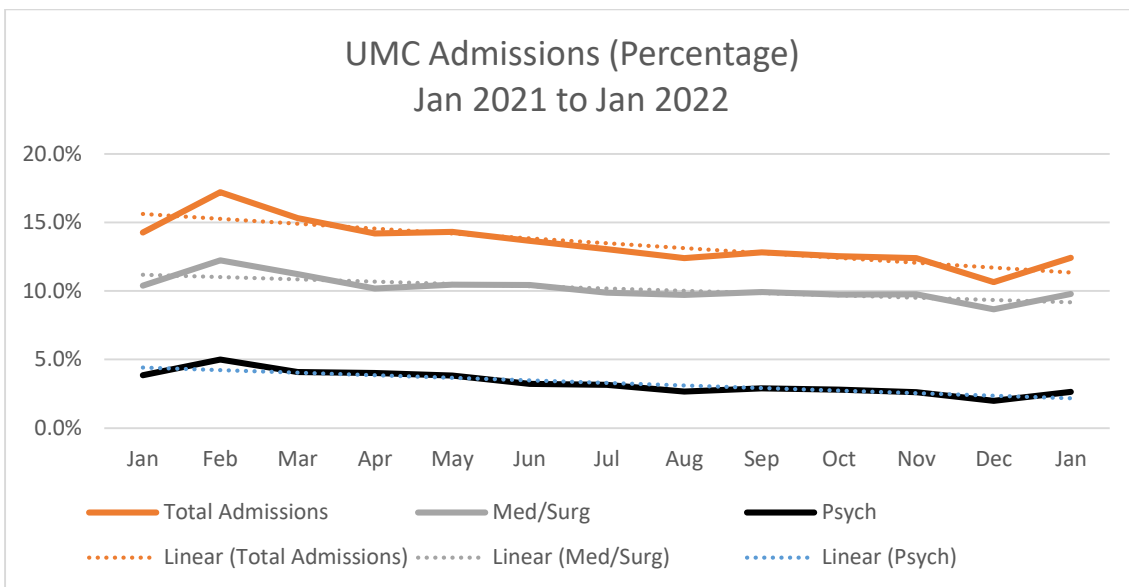
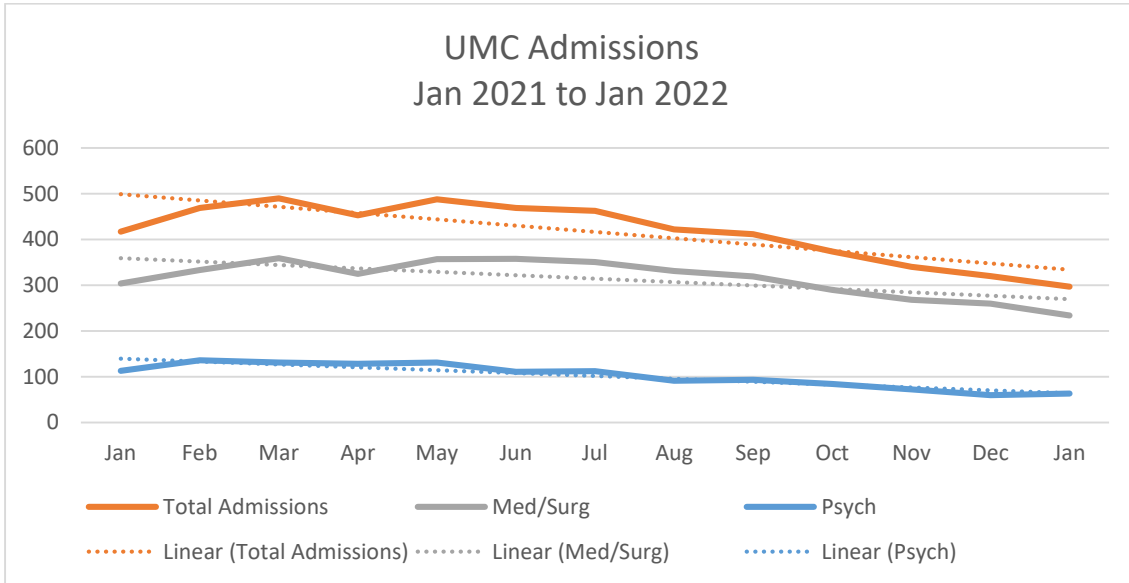
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
  - **Med/Surg:** number of medical/surgical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



Department of Emergency Medicine

Data tables:

<b>ED Volume and Events</b>				
	<b>Jan 2021</b>	<b>%</b>	<b>Jan 2022</b>	<b>%</b>
Total patients	2925		2391	
Daily Avg Census	94		77	
Ambulance Arrivals	781	26.7%	483	20.2%
Admit	417	14.3%	297	12.4%
• Med Surg	304	10.4%	234	9.8%
• Psych	113	3.9%	63	2.6%
LWBS	380	13.0%	382	16.0%
Ambulance Admission Rate	34.7%		35.8%	
Walk-In Admission Rate	6.8%		6.5%	

Analysis:

1. The monthly census for January 2022 is down from the previous month and from January 2021.
2. The total number of medicine admissions in Jan 2022 is lower than previous year.
3. The percentage of patients who left without seeing a provider (LWBS) dropped from the previous month though continues to trend upwards.
4. The total number of ambulances coming to UMC dropped from the previous month with a continued downward trend.
5. Ambulance visits remain a large contributor to ED volume and admissions.
6. The average number of walk-in patients visiting the ED is trending slightly upwards over the last year.

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

The rise in ED volume in December was attributable to the rapid rise in COVID cases across DC. As the surge subsided, ED volumes at UMC and across the District dropped as well. This was further exacerbated by a drop in ambulance volume at UMC. While walk-in visits declined slightly in January, the trend remains positive for the last 12 months.

Much of the drop in ambulance volume at UMC is related a history of delayed offloading of patients and ambulance queueing related to inadequate nurse and tech staffing. As a result, DC FEMS and PG EMS are sending less ambulances to UMC. That trend will change when the EMS systems regain confidence that

patients can be offloaded expeditiously. The expedient offloading of patients is directly connected to available nursing staffing and bed availability which can only occur when the ED, ICU and floors are staffed adequately. The hope is that the recent efforts to address nursing shortfalls with travelers and competitive wages for staff nurses will create the much-needed workforce necessary to effect timely offloading of patients from ambulance stretchers, reduce ED boarding of admitted patients and promote increased throughput in the ED. Only after these issues are addressed will the ambulance traffic start to rise and inpatient and ED volumes rise.

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

## JANUARY 2022

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
<b>ADMISSIONS</b>													
<b>OBSERVATION</b>													
MEDICINE	80												80
HOSPITAL	80												80
PERCENTAGE	100%												100%
<b>REGULAR</b>													
MEDICINE	159												159
HOSPITAL	238												238
PERCENTAGE	67%												67%
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77												77
HOSPITAL	77												77
PERCENTAGE	100%												100%
<b>REGULAR</b>													
MEDICINE	126												126
HOSPITAL	199												199
PERCENTAGE	63%												63%
<b>PROCEDURES</b>													
HEMODIALYSIS	178												178
EGD'S	13												13
PEG'S	8												8
COLONOSCOPY	25												25
ERCp	0	0	0	0	0	0	0	0	0	0	0	0	0
BRONCHOSCOPY	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>QUALITY</b>													
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

## JANUARY 2022

Month	01	02	03	04	05	06
Reference Lab test – Urine Eosinophil (2day TAT) 90%	100%					
Started in October	17					
Urine Legionella AG (2D TAT)						
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%					
	16/16					
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%					
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%					
Review of Unacceptable Blood Bank specimen Goal 90%	100%					
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%					
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2					
Wasted/Expired Blood and Blood Products Goal 0	1					
Measure number of critical value called with documented Read Back 98 or >	100%					
Hematology Analytical PI	100%					
Body Fluid	14/11					
Sickle Cell	0/0					
ESR Control	100%					
	62/25					
Delta Check Review	100%					
	211/211					

Blood Culture Contamination – Benchmark 90%	93% ER Holding 88% ER 100% ICU					
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	89% ER 93% Lab					
Pathology Peer Review Discrepancies	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

## JANUARY 2022

UMC Behavioral Health Unit January 2022 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Admissions</b>													
ALOS (Target <7 Days)	4.34												
Voluntary Admissions	36												
Involuntary Admissions = FD12	43												
Total Admissions	79												
Average Daily Census	12												
<b>Other Measures</b>													
Average Throughput (Target: <2 hrs)	*												
# TeleCourt Meetings (Pt Hearings)	0												
# Psych Consultations	74												
Psychosocial Assessments (Target: 80%)	68%												
<b>Discharge</b>													
Discharges	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

## JANUARY 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	56		395		106		557	
Fluoro	10		0		26		36	
Mammography					79		79	
Magnetic Resonance Angio	2		2		0		4	
Magnetic Resonance Imaging	7		3		26		36	
Nuclear Medicine	5		0		1		6	
Special Procedures	10		0		4		14	
Ultrasound	50		147		107		304	
X-ray	125		744		332		1201	
Echo	24		0		19		43	
CNMC CT Scan			30				30	
CNMC X-ray			304				304	
Grand Total	289	0	1625	0	700	0	2614	0

### **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 weekdays 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: DC Health authorization obtained. Room and table are ready for use.

**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

## JANUARY 2022

For the month of January 2022, the Surgery Department performed a total of 121 procedures. The chart and graft below show the annual and monthly trends over the last 9 calendar years:

2014	2015	2016	2017	2018	2019	2020	2021	2022
159	183	147	216	155	210	195	147	121
143	157	207	185	194	180	167	153	
162	187	215	187	223	158	82	133	
194	180	166	183	182	211	57	156	
151	160	176	211	219	186	74	159	
169	175	201	203	213	177	126	172	
172	193	192	189	195	186	140	177	
170	174	202	191	203	193	161	155	
168	166	172	171	191	182	162	126	
191	181	177	214	211	175	146	135	
157	150	196	152	196	138	156	137	
183	210	191	153	192	156	146	132	

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.

<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	0%	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



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**General Board**  
**Meeting Date:**  
**February 23, 2022**

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## **CNO Report**

*Presented by:* Shelia Murphy  
Interim Chief Nursing  
Officer



# Nursing Board Report United Medical Center February 2022

## Overall State of Nursing Department

### Staffing shortages:

Human Resources & Nursing collaboration of Virtual Job Fair for Emergency Department resulted in offers to 7 FT Registered Nurses with additional offers pending. The plan is to continue with the Virtual Job Fair platform to improve nurse staffing department wide.

The goal is to fill open nursing positions and decrease agency use by 50% in 60 days, and monthly thereafter to decrease agency to less than 25% hospital wide.

Nursing staff engagement initiatives include bonus retentions quarterly after union negotiations and proposal presentation to CFO.

Onboarding, mentoring and coaching of clinical supervisor for Critical Care Unit recent transfer from within hospital. Interviewing for new Emergency Department Nurse Manager, and Director of Nursing Education.

### Performance Improvement:

Hospital acquired pressure injuries have historically been higher than the national average. Plan is to implement the Robust Process Improvement system established by Johns Hopkins Hospital. The Robust Process Improvement initiative will be chaired by the Interim Chief Nursing Officer. We will report back pertinent data and status update at the next board meeting. The initial implementation of this initiative will start on the Critical Care Unit and move hospital wide with 60 days with a goal date April 15, 2022.

Interim Chief Nursing Officer to chair re-initiate Sepsis Committee in collaboration with physician partners, quality department, and infection control.

## Emergency Department:

### Diversion of emergency medical personnel:

Implementation of efficiency model to facilitate offloading of emergency medical personnel with goal of less than 30 minutes.

Evidence based approach to facilitate throughput of patients & stakeholders with revised nursing triage process and immediate bed/bay assignments.

Emergency department physician leadership support for efficiency interventions, physician led triage during prior month surge & future plans for physician led triage process.

Policy revision of hospital diversion process with executive/administrative oversight.

The goal is to decrease hospital diversion hours from greater than 450 hours per month on red/yellow diversion. **GOAL COMPLETED UMC to date has reported ZERO diversion hours.**

**Critical Care:**

The Critical Care Unit will be relocated to the 3<sup>rd</sup> floor by 2/28/22. The purpose of the move is to utilize and upgraded patient electronic monitoring system. 2<sup>nd</sup> step for Virtual Hiring event in collaboration with physician partners

**Occupational Health:**

Hospital wide flu-vaccine compliance is 92% with a goal of 100% required completion date is 2/28/2022

Covid-19 Vaccination rate is 100 % compliance as of this date.

**Behavioral Health:**

Initiated improvement process for offloading for CPEP patients to improve transfer process. Forthcoming performance improvement collaborative processes pending report to board March 2022.

Respectfully submitted,

Shelia Murphy, MSN, RN  
Interim Chief Nursing



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**General Board  
Meeting Date:  
February 23,  
2022**

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# **Executive Management Report**

*Presented by:*  
Marcela Maamari  
Interim Chief Executive  
Officer

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

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

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

- Continuing 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.
- “Census /Zoom Huddle” for Nursing and Direct patient care clinical staff has **increased membership** to include essential Ancillary Services to:
  - 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
  - Identify supply and support services needs
- Leadership succession planning for clinical and non-clinical services in process
- 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:**

Quality Division Restructure

- Hospital Education
- Occupational Health Services
- 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
- Focus on improvements to Emergency Department Ambulance off loading
- Focus on improvements to Emergency Department Diversion / Reduction/elimination of colors for PG EMS

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 continues to yield nurse applications for hire to reduce agency dependencies.

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:**

- Coordinating with DC Department of Employment Services for EVS, EMS greeter staffing (on-going)
- Steam issues resolved related to boiler system
- Water treatment plan in development
- Heater and Air/ Environmental Controls Plan in development
- Plant Equipment Weekly Audit Implementation

## **IT:**

### Applications

- Completed renewal contracts with Relias
- Performed 3M updates
- Scripted for retroactive payments with 2020 & 2021 for SEIU
- Assisted OCFO with cost reporting for DHG Audit

- Performed system configuration for Year End processes for HR, Payroll and AP departments
- Automated ICR reporting for HIM
- Participated in DC Health COVID Vaccination Audit and provided necessary information/reports
- Loaded APR-DRG files
- Provided DOH with missing booster vaccine reports
- Performed Fee schedule updates in eCW
- Provided PICC line report for Quality as per DOH recommendation
- Serviced 95 Application Help Desk/Service tickets

## Infrastructure

- Successfully installed and upgraded the firmware of the Cisco switch in closet 1026 and cable management
- Traced and toned 24 network cables in the closet 1027 and successfully moved 8 of them to the proper location
- Installed and configured wireless access points in ED core and Fast track to enhance the signal for the Accucheck point-of-care devices
- Installed a cellular booster in the ED to temporarily enhance mobile cell coverage until the larger project is completed
- Successfully moved the wireless access point in the 3<sup>rd</sup> floor from version 9 to version 10
- Successfully upgraded the firmware of Intrusion Detection System (IDS) and configured 2FA on the security appliance
- Performed the Quarterly Active Directory Audit for PCs and Users
- Performed Active Directory clean up and moved PC's, Laptop to the proper containers
- Successfully cleaned up old Home Drives for the departed users to the Archive users drive to free up space on H drive
- Successfully completed routine cybersecurity patching of servers and devices
- 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 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 265 Network and Desktop Help Desk/Service tickets

## Supply Chain:

Reviewing current spend categories to reduce ongoing operating expenses and increase contractual controls. Three areas of most immediate opportunity include:

1. **Expanded Product Conversions**
2. **Contractual Agreement Updates**
3. **Product Conversions**

Expanding review of inventory for product conversion and consolidation to include surgical products. Identified several top spend items for review with Nursing and OR Material staff engaged in product reviews.

Conducting systematic review of all analyzed spend for both products and services with associated spend.

## 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 January the Mobile Health Clinic has continued collaborations with **DC Health Community Health Administration, DC Housing Authority, 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. The mobile clinics have been stationary during the month of January due to mechanical issues. However, the team has continued providing COVID services in the former out-patient dialysis building on UMC's campus. By doing so, we were able to support the ED manage non-emergent COVID related visits.
  1. As a result, we able to perform vaccine clinics three days per week in the month of January.

2. In January, the mobile staff also hosted two Public Health Nursing Students from George Washington University who commenced their 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.
  
- c. **Ryan White:** In the month of January, we submitted an application for the Ryan White Part B program. The proposed budget was for \$600,000 in annual funds for a 5-year program period totaling \$3,000,000 for the life of the grant. This will support the Care Center Infectious Disease Clinic, the Care Center Case Management team, and The Office of Grants and Community Outreach.

### 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); FOIA  
Officer**

**Date: February 15, 2022**

**Re: Compliance Report**

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This report to the Board of the Not-for-Profit Hospital Corporation (commonly known as the United Medical Center (UMC)), is in accordance with UMC's Compliance Program to keep the hospital's board informed of key programmatic initiatives, developments, and accomplishments, as well as regulatory and legal issues relevant to UMC. The UMC Chief Compliance Officer also serves as the hospital's Privacy Officer, Ethics Counselor, and FOIA Officer, and this report reflects activities in those areas as well.

Specifically, this month's report summarizes the most recent activities of the UMC Compliance Program, framed by the U.S. Department of Justice's 8 Essential Elements of an Effective Compliance Program:

*Administrative Structure and Oversight; Standards of Conduct and Policy; Communication; Education and Training; Monitoring and Auditing; Investigation and Response; Enforcement and Discipline; and Assessment of Program Effectiveness.*

### *Administrative Structure and Oversight*

The responsibility for oversight of the Compliance Program belongs to the UMC executive team and the Compliance Department, led by the Chief Compliance Officer. The Chief Compliance Officer's oversight duties extend to additional areas, as necessary and appropriate for the proper, compliant operation of the facility. By way of example, the annual Freedom of Information Act (FOIA) Report for FY 2021 was prepared and filed this month with the DC Administrator, Office of Documents and Administrative Issuance, Executive Office of the Mayor, by the Chief Compliance Officer, serving in his capacity as FOIA Officer for the hospital. As confirmed by the UMC Office of the General Counsel, no FOIA requests were received in FY 2021.

### *Standards of Conduct and Policy*

In conjunction with the UMC Pharmacy Director, an enhanced Conflict of Interest Disclosure statement has been developed for members of the UMC Pharmacy & Therapeutics (P & T) Committee. This policy is designed to clarify the definition, and to enhance the identification, of potential conflicts of interest that a P & T Committee member may have, prior to their participation in any decision by the committee that is related to such conflicts. This policy will be presented by the Compliance Officer at an upcoming meeting of the P&T Committee for their consideration, feedback, and adoption. A copy of the draft policy is attached hereto as Attachment A.

### *Communication*

The DC Hospital Association's Quality Collaborative provides an advisory role on the identification of priorities that lead to DC hospitals becoming recognized leaders in high quality, safe, and innovative patient care. The Quality Collaborative efforts foster learning and education to improve health care quality, safety, and services across DC. As UMC's recently-appointed representative to the Quality Collaborative, the Chief Compliance Officer has the opportunity to maintain an open communication line with his professional colleagues in other DC-based hospitals and providers, and to ensure both that UMC's "best practices" in these areas can be shared with this community, and likewise that UMC benefits from the work done by the other members in the areas of quality, safety, and service.

### ***Education and Training***

In addition to ongoing New Employee Orientation and Leadership Formation programs, UMC provided educational programs, live on Zoom, to the DC Central Kitchen on January 19<sup>th</sup> and January 26<sup>th</sup>, and to the Woodland Terrace Family Success Center on February 3<sup>rd</sup>. Entitled “COVID-19 Boosters: Your Frequently Asked Questions,” the program was led by Chief Medical Officer Dr. William Strudwick, Director of Pharmacy Dr. Maxine Lawson, and Chief Compliance Officer Brian Gradle, and was a follow-up to similar programs provided last year at this time to these groups regarding the Covid-18 vaccines and vaccine hesitancy. A copy of the presentation is attached hereto as **Attachment B**.

### ***Monitoring and Auditing***

The annual Financial Disclosure process has commenced, which is run by the DC Bureau of Ethics and Government Accountability and is implemented at UMC by the Compliance Officer in his capacity as Ethics Counselor for the hospital. This year, the deadline for filers is May 15<sup>th</sup> and the Confidential Filer Review Report will be submitted to BEGA by the Ethics Counselor no later than June 1<sup>st</sup>. BEGA’s Checklist for Financial Disclosures is attached hereto as **Attachment C**.

Working in conjunction with the UMC finance department, the Compliance Officer developed the documentation, notices, and consents required under the recently implemented federal *No Surprises Act*. This law, effective January 1, 2022, protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers.

Working in conjunction with the UMC IT team, the Chief Compliance Officer (in his capacity as UMC Privacy Officer), completed and filed the *UMC HIPAA Declaration* with the District of Columbia Office of the Attorney General, Office of Healthcare Privacy and Confidentiality. This report reflects UMC’s position as a member of DC’s “hybrid entity” for purposes of HIPAA compliance. The UMC Privacy Officer will continue to work this year with the DC Attorney General’s Office to develop the report and to identify any opportunities to improve UMC’s HIPAA compliance efforts. Working in conjunction with the UMC Biomedical and Health Information team, the HIPAA Self-Audit has been reviewed and completed and will be filed later this month with the same office.

### ***Investigation and Response***

All reports of suspected compliance violations, violations of the Code of Conduct, or violations of the mission and values of UMC, are investigated by the Chief Compliance Officer and/or selected designees of UMC administration. The goal of the Compliance Program is to resolve all matters both expeditiously and thoroughly. All hotline cases received in CY 2021 (and before) have been investigated and resolved.

There are currently 5 open matters; one of which is being handled by the UMC Patient Advocate, the remainder by the Chief Compliance Officer. Of the 5 open matters, 3 require additional information from the (anonymous) caller in order to proceed, which information has been requested.

### ***Enforcement and Discipline***

Sanctions may be imposed on any member of the workforce or other party who is subject to the Compliance Program and is found to have violated the program, but the program also seeks alternative methods to achieving compliance, when possible. Most recently, for example, generalized concerns (with no specific allegation of wrongdoing) about the need for intra-departmental “right relationships” were addressed with an in-person training session by the Chief Compliance Officer, as opposed to imposing specific sanctions on team members.

### ***Assessment of Program Effectiveness***

Among the techniques for assessing compliance program effectiveness, exit interviews with managers and other leaders who are leaving the hospital are now being conducted by the Chief Compliance Officer, when possible. These exit interviews are intended to obtain their assessment of the compliance program’s effectiveness, and to identify any possible opportunities for improving the compliance program, and/or any areas of regulatory or other concerns within UMC. These interviews are conducted by the Chief Compliance Officer on a 1 on 1 basis and in-person, whenever possible, and any “lessons learned” from the interviews are shared with department and other leaders, as appropriate.

A.

**United Medical Center Pharmacy and Therapeutics Committee/DRAFT #2/2.2.22**  
**Conflict of Interest Disclosure**

All members of the United Medical Center Pharmacy and Therapeutics ("P&T") Committee are expected to conduct themselves in accordance with the highest professional ethical standards. Therefore, each member, as a condition of appointment, is required to complete and to abide by the terms of this Conflict of Interest Disclosure (the "Disclosure").

I. **Conflict of Interest.** For purposes of this Disclosure, a "Conflict of Interest" means: Any substantial financial interest in the outcome of a review of a drug class or in the outcome of any other decision of the Committee, which may result in preferable treatment being granted to one drug over another. A Conflict of Interest may exist when a Committee member, or their immediate family member, has a relationship with organizations that may have a direct or indirect interest in the business in front of the Committee and such relationship could inappropriately influence the member's or another Committee member's judgment. A Conflict of Interest may also include a relationship with an organization, such as a manufacturer or pharmaceutical company, that competes with the drug under consideration. For purposes of this disclosure, "immediate family member" includes the member's spouse or partner, children, parents, and siblings. For purposes of this disclosure, a "relationship with an organization" may include, but is not limited to, any of the following:

1. Employment by or appointment to or a position on a board of directors or corporate committee or panel.
2. Holding a financial or shareholder interest (including stocks, bond or other securities) other than interests held in investment vehicles, like mutual funds, exchange traded funds, or blind investment trusts, where the member does not have an active management role.
3. Having a consultant arrangement with and/or appointment to advisory panels.
4. Acceptance of honoraria.
5. Participation in a speaker's bureau or appointment to company-sponsored editorial board.
6. Acceptance of research support, including, but not limited to, research grants, educational grants or contracts.
7. Acceptance of gifts, compensation, royalties, or rewards.
8. Acceptance of support for travel for professional or educational activities or direct payment for presenting at continuing education or professional education programs.

II. **Disclosure.** All P&T Committee members must disclose any professional or financial affiliations held by themselves or held by an immediate family member with organizations that may have a direct or indirect interest in the business in front of the committee. Committee members have an ongoing duty to disclose to the Committee any current Conflicts of Interest or potential Conflicts of Interests as they arise. Please check the box of the statement that best applies:

**No Conflicts.** Neither I, nor any of my immediate family members, have a current or recent (within the last 24 months) professional or financial affiliation with any organization that may have a direct or indirect interest in the business before the P&T Committee, nor any other relationship that constitutes a "Conflict of Interest" as defined in this Disclosure.

**Disclosures.** As described below, I or an immediate family member, do have and/or have had: a professional or financial affiliation with an organization that has, or may have, a direct or indirect interest in the business before the P&T Committee, as described below; or a relationship that otherwise constitutes a "Conflict of Interest" as defined by this Disclosure.

Organization	Role/Relationship

- III. **Recusal.** All Conflicts of Interest will result in a recusal, to be implemented as follows: a recused member shall not deliberate, debate, recommend, advise, vote, or participate in any way in the decision-making process related to the Conflict of Interest to which the recusal extends. This prohibition includes all communications with other members of the P&T Committee, whether inside or outside of formal meetings, and whether orally or in writing.
- IV. **Conduct.** Each Committee member shall avoid any action that might give rise to the appearance of impropriety, such as engaging in any act that could create a Conflict of Interest or the appearance of a Conflict of Interest. Committee members are encouraged to seek advice and assistance from the United Medical Center's Pharmacy Director, if necessary, to determine whether a Conflict of Interest or a potential Conflict of Interest exists.
- V. **Failure to Fully and/or Accurately Complete.** Failure by a Committee member to accurately and/or fully complete a Disclosure may result in the member's suspension and/or dismissal from the Committee, as determined by the Chair of the P&T Committee, upon consultation with the United Medical Center's Pharmacy Director and Chief Compliance Officer.
- VI. **Completion/Updating of this Disclosure.** Each Committee member shall complete a Disclosure and provide it to the Pharmacy Director upon their initial appointment to the P&T Committee; annually; and otherwise as necessary to update the Disclosure to disclose any additional Conflicts of Interest. The Pharmacy Director, in conjunction with the Chief Compliance Officer and the Chair of the P&T Committee (except as to his/her own Disclosure), shall review each completed Disclosure, and may, in their discretion, determine that a disclosed Conflict of Interest is not of sufficient concern to warrant recusal, and in such cases shall notify the Committee member of this determination.

I have received, read, and agree to abide by the United Medical Center P & T Committee Conflict of Interest Disclosure, and the terms and conditions contained herein, as a condition of my appointment to and serving on the Committee.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_



## COVID-19 Boosters:

*Your Frequently Asked Questions*

Presented to the Woodland Terrace Family Success Center

February 9, 2022

by Maxine Lawson, Pharmacy Director

William Strudwick, Chief Medical Officer

Brian Gradle, Chief Compliance Officer

Not-for-Profit Hospital Corporation/United Medical Center

Much of this presentation draws upon information provided by the Centers for Disease Control and Prevention ("CDC"). For additional information from the CDC, please go to [www.cdc.gov/vaccines/covid-19](http://www.cdc.gov/vaccines/covid-19).

Who should get a COVID-19 booster shot?

- Those ages 18 and over who got the two-dose vaccine (either the Moderna or Pfizer vaccine) should get a booster dose 5 months after their second dose.
- Those ages 12 to 17 who got the two-dose vaccine (only Pfizer is authorized for this age group), likewise should get a booster dose 5 months after their second dose.
- And those who got the single-dose Johnson & Johnson vaccine should get a booster dose 2 months after their single-dose.

- For booster shots, you don't have to get the same brand of vaccine that you got for your initial vaccination. The US Food and Drug Administration said it's OK to mix and match brands for the booster dose.

What is the evidence to show that getting the booster works, especially against the Omicron variant?

- **Reduced Hospitalizations:**
  - In a study released January 21, 2022, getting boosted was 90% effective at preventing hospitalizations during a period in December and January when Omicron was the dominant variant; the CDC study looked at nearly 88,000 hospitalizations across 10 states.
  - In comparison, getting two shots was 57% effective when it had been at least six months past the second shot.
- **Reduced trips to the Emergency Room:**
  - Getting boosted was 82% effective at preventing visits to emergency rooms and urgent care centers, according to the study, which looked at more than 200,000 visits in 10 states.
  - In comparison, getting two shots was only 38% effective at preventing those visits when it had been at least six months past the second shot.

What are the side effects of a COVID-19 booster shot?

According to clinical trial data collected by Pfizer-BioNTech, the most commonly reported side effects after the booster shot were:

- Injection site pain
- Fatigue
- Headache
- Muscle pain
- Chills

Source: Pfizer-BioNTech/FDA

According to clinical trial data collected by Moderna, the most commonly reported side effects after the booster shot were:

- Injection site pain
- Fatigue
- Headache
- Muscle pain
- Joint pain

Source: Moderna/FDA

According to clinical trial data collected by J&J, the most commonly reported side effects after the booster shot were:

- Injection site pain
- Fatigue
- Headache
- Muscle pain
- Nausea

Source: Johnson & Johnson /FDA

**Can I get a COVID-19 vaccine (or booster shot) and a flu shot at the same time?**

- "Yes, you can get a COVID-19 vaccine and a flu vaccine at the same time," the US Centers for Disease Control and Prevention said.
- "If you haven't gotten your currently recommended doses of COVID-19 vaccine, get a COVID-19 vaccine as soon as you can," the CDC said.
- The ability to get both vaccines at the same time can make it more convenient for Americans to try to stay healthy, said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

- "If that means going in and getting the flu shot in one arm (and) the COVID shot in the other, that's perfectly fine," Fauci said.
- But don't assume you're protected right afterward. "Remember, after you are vaccinated, your body takes about two weeks to develop antibodies that protect against flu," the CDC said.
- Similarly, you're not fully vaccinated against Covid-19 until two weeks after the final dose.



**If vaccine makers are already working on Omicron-specific boosters, shouldn't I just wait to get one of those doses instead of getting a booster shot now?**

• "The answer is no," said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

• "If you are eligible - namely, if you've had the Moderna or the Pfizer (vaccines), and you're 6 months following your primary regimen of vaccination, or you're 2 months following J&J - don't wait," Fauci said.

• "Get that extra boost now because we know when you do that, the level of antibodies that rise and go up following a boost is much, much higher than the peak level that you get after your second dose of a two-dose vaccine," he said.

• "Our experience with variants such as the Delta variant is that even though the vaccine isn't specifically targeted to the Delta variant, when you get a high enough level of an immune response, you get spillover protection even against a variant that the vaccine wasn't specifically directed at."

• Pfizer and Moderna have been working on Omicron-specific booster shots - just in case they might be needed.

• But even if Omicron-specific shots are needed, it would take a while to get them rolled out to the public.

**What should I do if I would have difficulty getting to a vaccine site?**

• The CDC suggests contacting the following to see if they provide at-home vaccination in your area:

• Your doctor or health care provider.

• The hotline for Medicare recipients at 1-800-633-4227

(TTY 1-877-486-2048).

• Your state health department.

• The Disability Information and Access Line (DIAL): 1-888-677-1199.

• Services for older adults and their families at 1-800-677-1116.

**Does "fully vaccinated" mean two or three shots now?**

- The US Centers for Disease Control and Prevention still says people are "fully vaccinated" -
  - 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
  - 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

• However, some doctors say the definition of "fully vaccinated" needs to change to include booster doses:

- "I've always said this is a three-dose vaccine," said vaccinologist Dr. Peter Hotez, a professor and dean of the National School of Tropical Medicine at Baylor College of Medicine.
- "The reason is when you get that third dose, you get a 30- to 40-fold rise in virus-neutralizing antibodies, and therefore there's more spillover protection against new variants - including Omicron," Hotez said December 15.
- "The third dose gives you 70% to 75% protection against symptomatic illness."

- Dr. Anthony Fauci said it's inevitable that the definition of "fully vaccinated" will change:
  - "Forget about what the definition is. I just want to see people be optimally protected. And for me, that's unequivocally and unquestionably getting a third shot boost."

**Where can I get additional information about COVID-19 Vaccine Boosters that is credible and reliable?**

- <https://covidlink.maryland.gov/content/vaccine/>
- <https://www.vdh.virginia.gov/coronavirus/>
- <https://coronavirus.dc.gov/>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

- Your personal physician
- Your local/neighborhood pharmacist



# Financial Disclosure Checklist for Agencies

## **RESPOND TO BEGA'S YEARLY PRE-SEASON CHECK IN**

Between January and February BEGA will reach out to confirm the agency's Ethics Counselor and Financial Disclosure contact. Please respond promptly to our email.

## **REVIEW THE AGENCY HEAD MEMO**

In February BEGA will send the "Agency Head Memo" and attachments to all Ethics Counselors, agency heads and Financial Disclosure contacts. Please review the email, memo and attachments in their entirety.

## **ATTEND ETHICS COUNSELOR TRAINING**

BEGA will administer Ethics Counselor training every February. Please attend at least one session as there may be changes to the program.

## **COMPILE AND SEND FILER LISTS**

Please compile and submit two filer lists to BEGA using the Excel templates provided with the "Agency Head Memo." Both lists should be submitted by email to [bega-fds@dc.gov](mailto:bega-fds@dc.gov) on or before March 1st each year.

## **DRAFT AND SEND A FILER NOTICE TO CONFIDENTIAL FILERS**

BEGA does not send notice to your agency's confidential filers. It is your responsibility to notify your agency's confidential filers of their filing requirement on or before April 15th of each year. BEGA will attach a template with suggested language for the "Agency Head Memo".

## **SEND NONCOMPLIANT FILERS AT LEAST ONE WARNING NOTICE**

Please send at least one warning notice to all confidential filers who fail to file their Confidential Financial Disclosure Statement on or before May 15th.

## **COMPLETE THE CONFIDENTIAL FILER REVIEW REPORT**

Please complete and submit the Confidential Filer Review Report ("CFRR") on or before June 1st. All CFRRs should be emailed to [bega-fds@dc.gov](mailto:bega-fds@dc.gov).

## **KEEP RECORDS**

Please maintain records for each FDS season. The Ethics Act requires FDS records to be maintained for at least five (5) years. Additionally, a successor should have your records for reference, should you leave the Ethics Counselor role.



NOT-FOR-PROFIT HOSPITAL CORPORATION

## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** February 16, 2022

### **PUBLIC RELATIONS**

**Communications** – The new UMC Website “Contact Us” button is working! In the month of January this feature allowed us to directly communicate and address the concerns of 11 members of our patient community. We will begin to monitor overall website traffic and these communications on a monthly basis in 2022.

**Public Relations** - UMC hosted the first Ward 8 Health Council meeting of 2022. There were 27 guests in attendance, representing an array of healthcare and community organizations across the city.

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of January, the newsletter presented the Thrive Until 2025 Campaign. If you have news or resources you would like to share, please send it to Toya Carmichael – [tcarmichael@united-medicalcenter.com](mailto: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 appeared in one news article in the month of January.



Not For Profit Hospital Corporation  
United Medical Center

Board of Directors Meeting  
Preliminary Financial Report Summary  
For the month ending January 31, 2022

**DRAFT**



## Table of Contents

1. Gap Measure
2. Financial Summary
3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



# Gap Measures Tracking

**Not-For-Profit Hospital Corporation  
FY 2022 Actual Gap Measures  
As of January 2022**

	FY 2022 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY22 Adjusted Gap Measures)
<b>Annualized Net Loss from Operations Before District Subsidy</b>			(\$27,498,000)	
<b>District Subsidy</b>			\$15,000,000	
<b>Adjusted Annualized Net Loss from Operations</b>			(\$12,498,000)	
<b>Add: Initiatives to be Realized</b>				
<b>Mazar Initiatives</b>	\$8,500,000	\$1,350,864	\$7,149,136	15.9%
<b>2021 Unrealized Initiatives</b>	\$600,000	\$0	\$600,000	0.0%
<b>GWUMFA Professional Fees Collection</b>	\$7,200,000	\$1,363,448	\$5,836,552	18.9%
<b>Subtotal</b>	<b>\$16,300,000</b>	<b>\$2,714,312</b>	<b>\$13,585,688</b>	16.7%
<b>Projected Net Income (Loss) from Operations</b>			<b>\$1,087,688</b>	
<b>Original Projected Income</b>			\$421,000	
<b>Difference from Original Projected Income</b>			\$666,688	



# Report Summary

- **Revenue**
  - ❖ **Total operating revenues are higher than budget by 12% (1.2M) MTD. YTD operating revenues remain lower than budget by 6% (2.5M) YTD as a result of the following contributing factors:**
    - ❖ **Net patient revenue is lower than budget by 22% (1.5M) MTD and 20% (5.3M) YTD, due to low activity.**
      - ❖ **Admissions are lower than budget by 36% MTD and 33% YTD.**
      - ❖ **ER visits are lower than budget by 21% and 6% YTD.**
      - ❖ **Surgeries are lower than budget by 42% MTD and 31% YTD.**
    - ❖ **GWMFA collections are lower than budget by 32% (190K) MTD and 43% (1M) YTD, due to their system implementation issues and lower activities.**
    - ❖ **Other operating revenues are lower than budget by 2% (33K) MTD and 6% (429K) YTD.**
- **Expenses**
  - ❖ **Total operating expenses are higher than budget by 12% (1.2M) MTD and 4% (1.8M) YTD, primarily due to agency staffing.**
    - ❖ **Notable variances:**
      - ❖ **Salaries are lower than budget by 7% (272K) MTD and 5% (787K) YTD, due to vacancies.**
        - ❖ **Overtime is higher than budget by (437K) MTD and (1.3M) YTD. A review is being done on the accuracy of overtime usage and time reporting.**
      - ❖ **Contract Labor is higher than budget by 201% (836K) MTD and 103% YTD (1.7M).**
      - ❖ **Purchased Services are higher than budget by 14% (172K) MTD and 4% (203K) YTD, due to timing of expenses.**





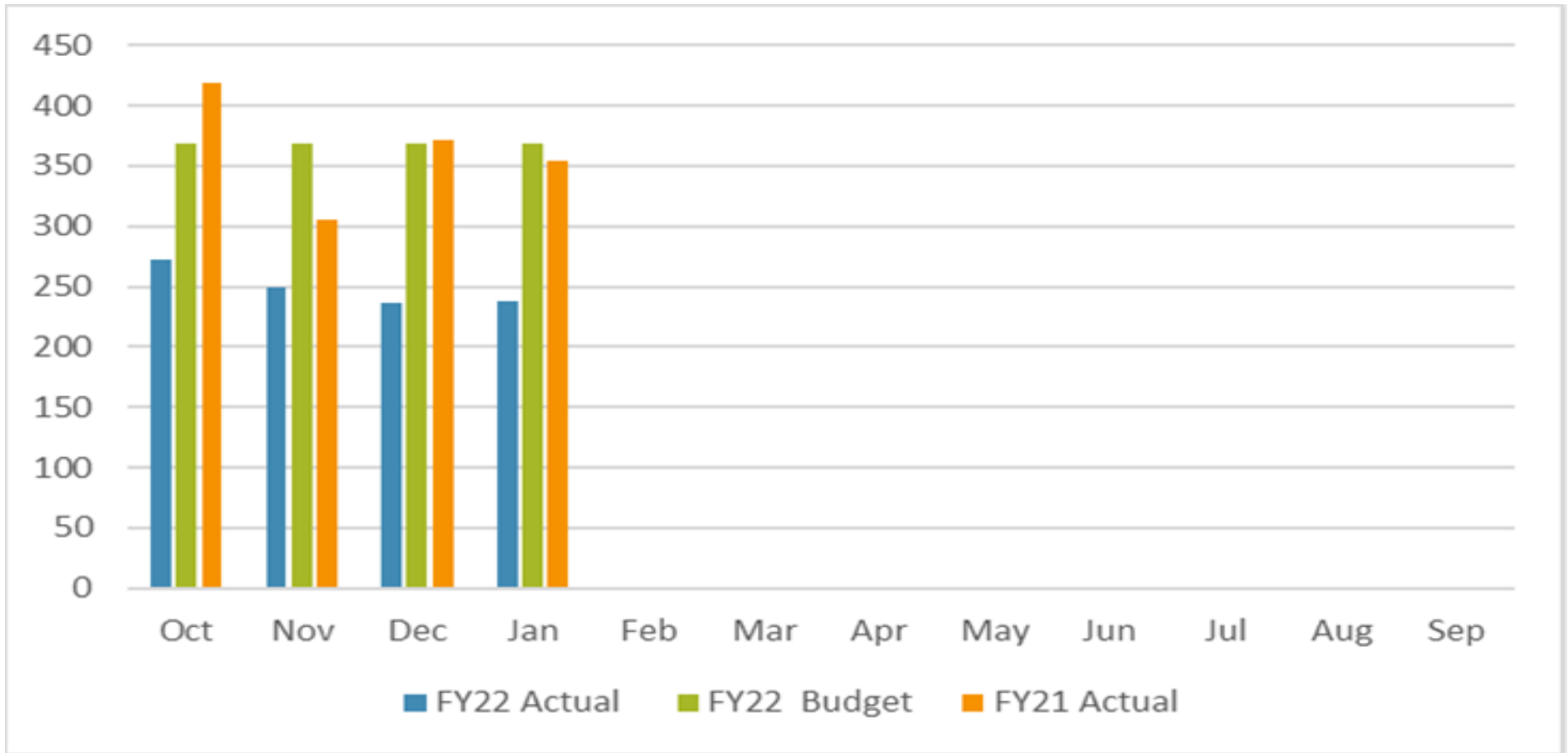
# Key Indicators

**Fiscal Year 2022 thru 01/31/22**

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	238	369	354	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	116	145	147	▼	▲
Emergency Room Visits	Actual Visits	2,397	3,043	2,909	▼	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours	574	624	725	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.44	1.13	1.44	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	50%	55%	54%	▼	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	51	85	50	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	105%	92%	92%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	106	45	40	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-10.8%	1.0%	-28.5%	▼	▲



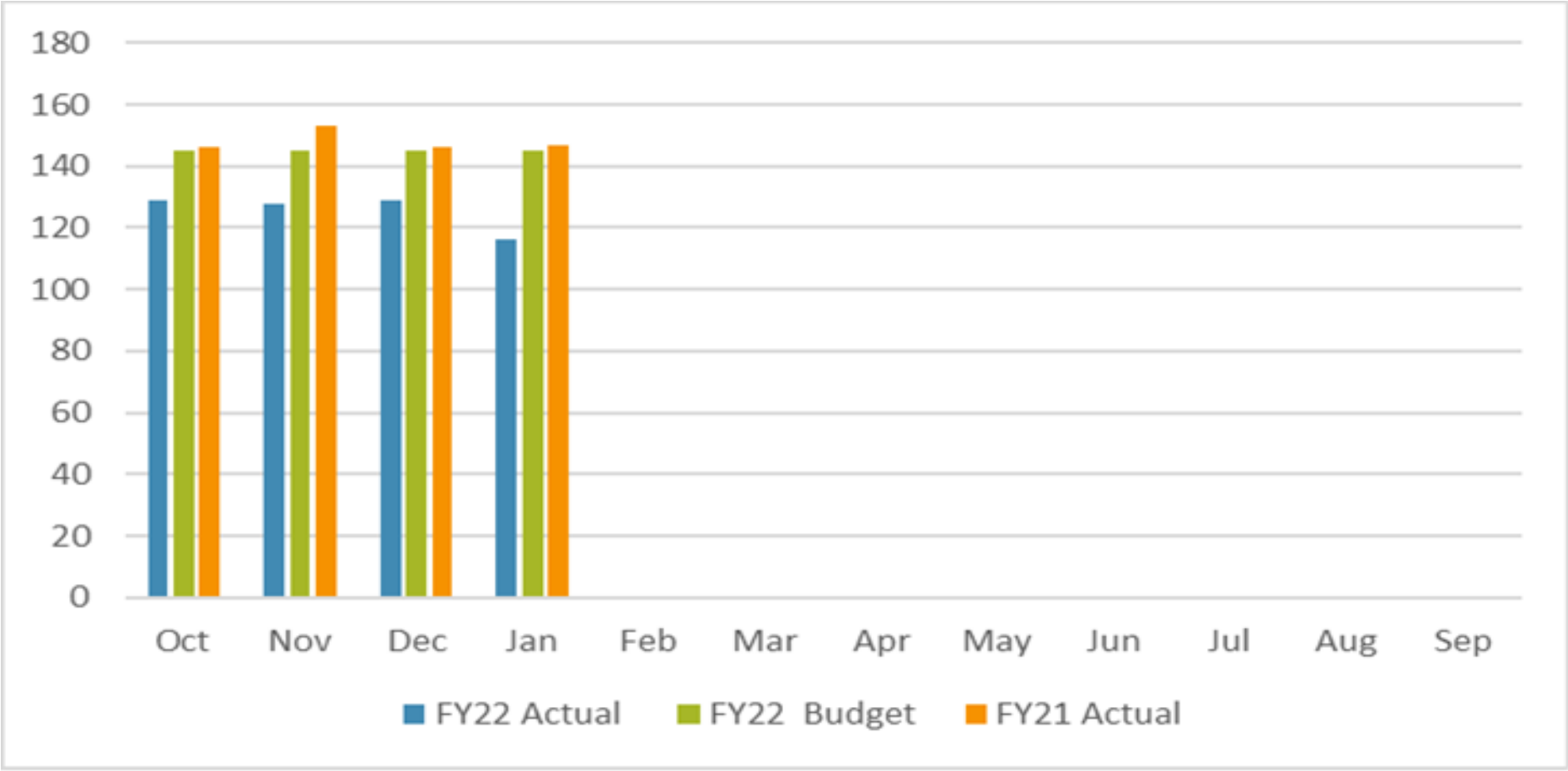
# Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238								
FY22 Budget	369	369	369	369								
FY21 Actual	419	306	372	354								



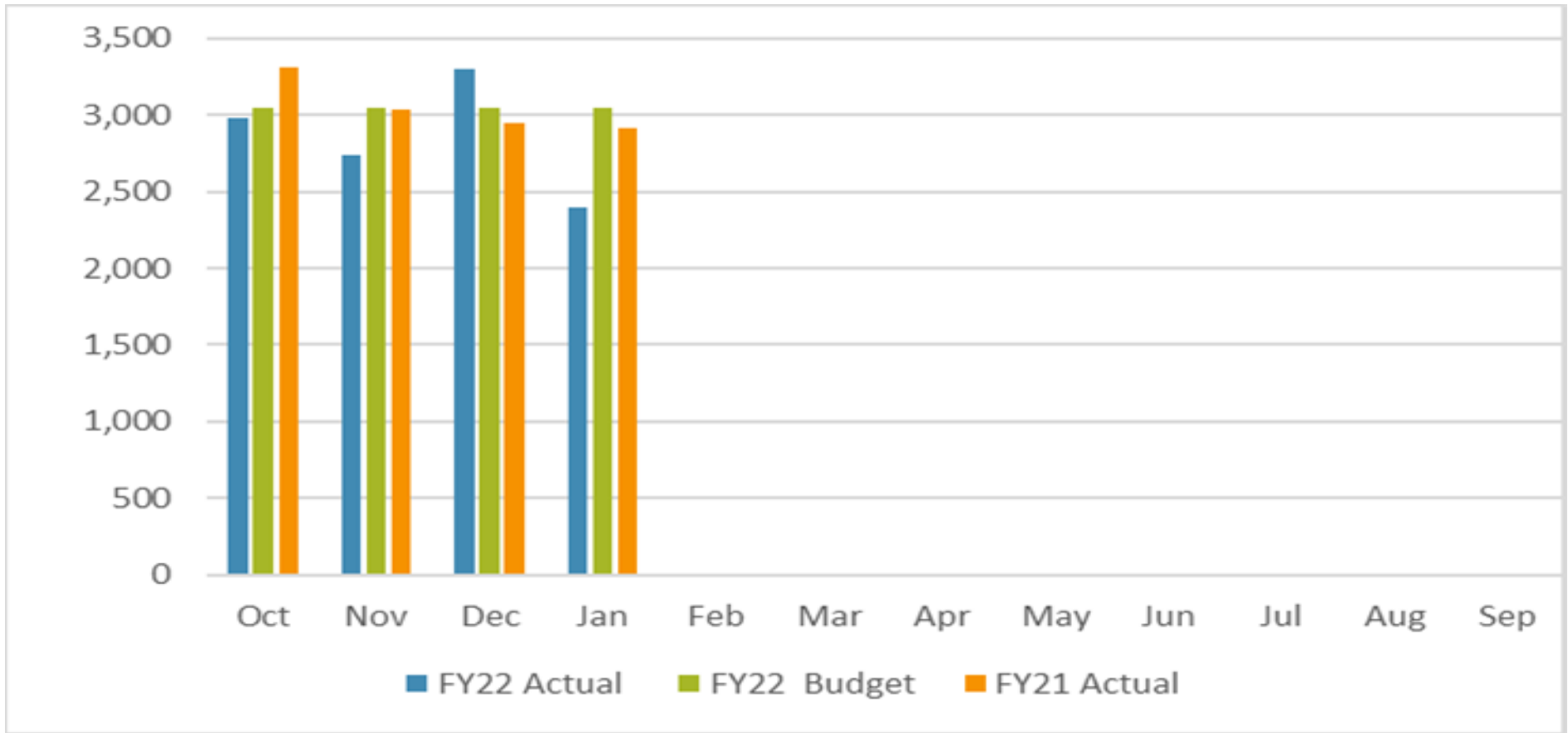
# Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116								
FY22 Budget	145	145	145	145								
FY21 Actual	146	153	146	147								



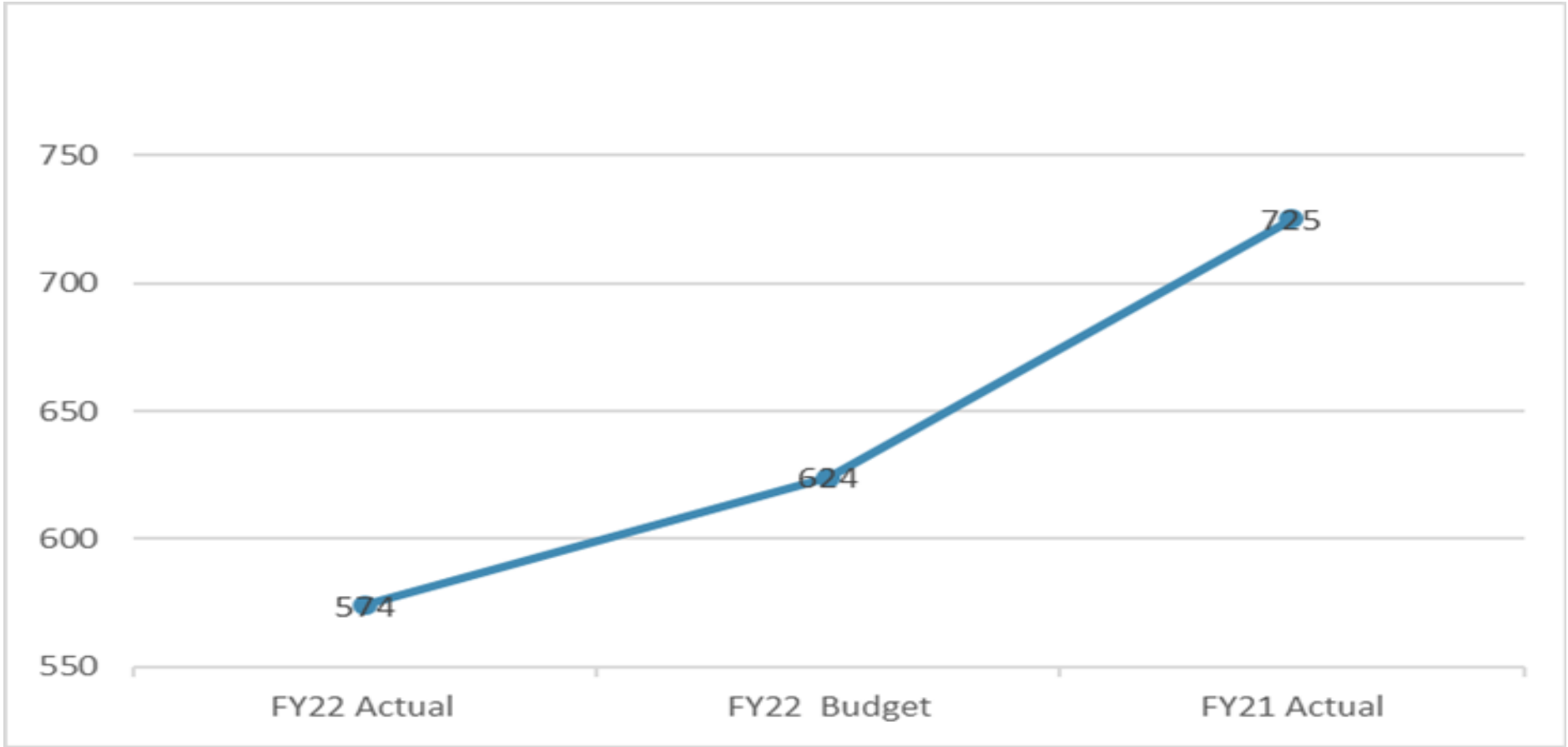
# Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740	3,298	2,397								
FY22 Budget	3,043	3,043	3,043	3,043								
FY21 Actual	3,313	3,037	2,947	2,909								



# Number of FTEs

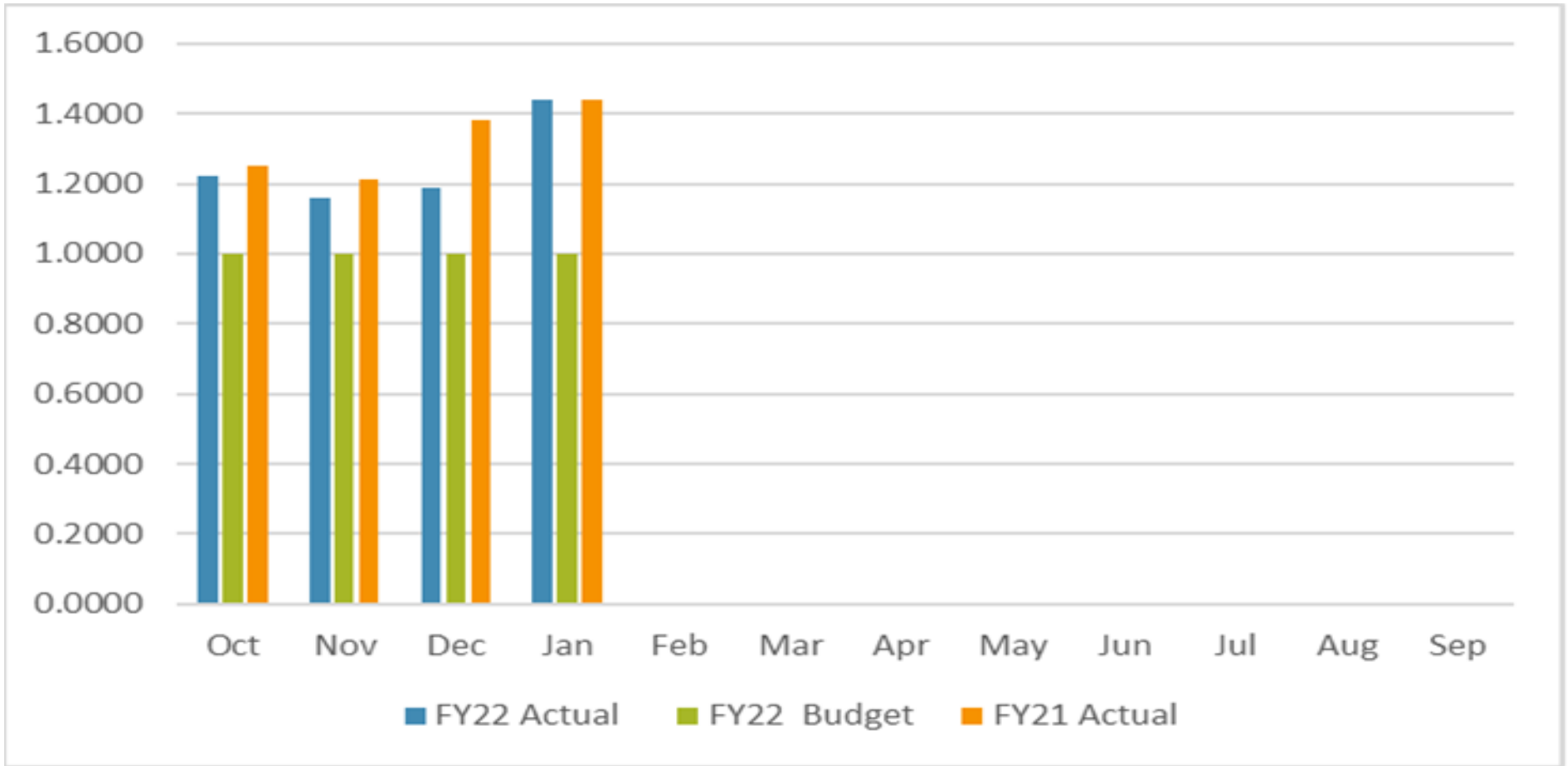


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574								
FY22 Budget	624	624	624	624								
FY21 Actual	764	771	766	725								



UNITED  
MEDICAL CENTER

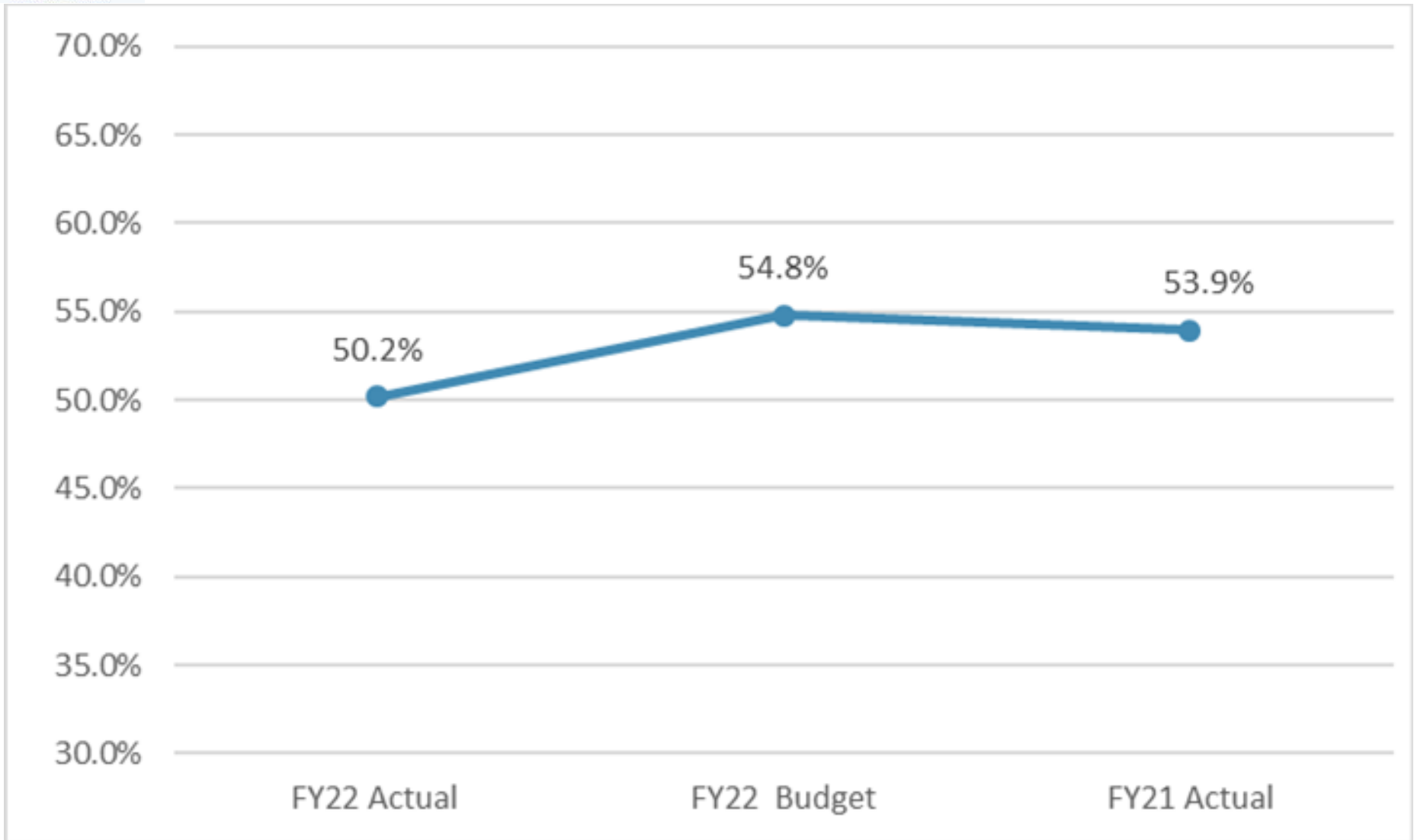
# Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400								
FY22 Budget	1.1300	1.1300	1.1300	1.1300								
FY21 Actual	1.2500	1.2100	1.3800	1.4400								

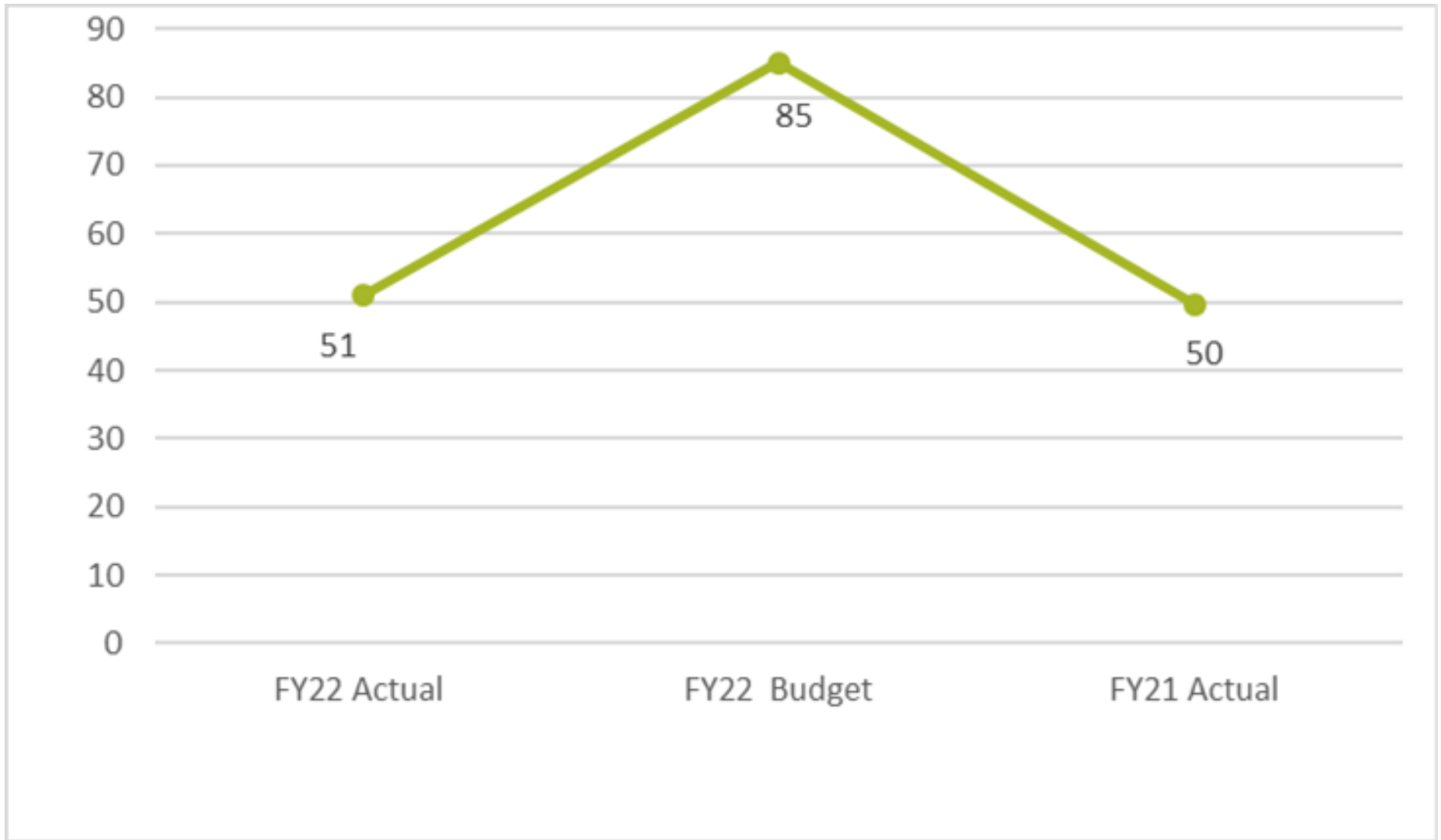


## Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





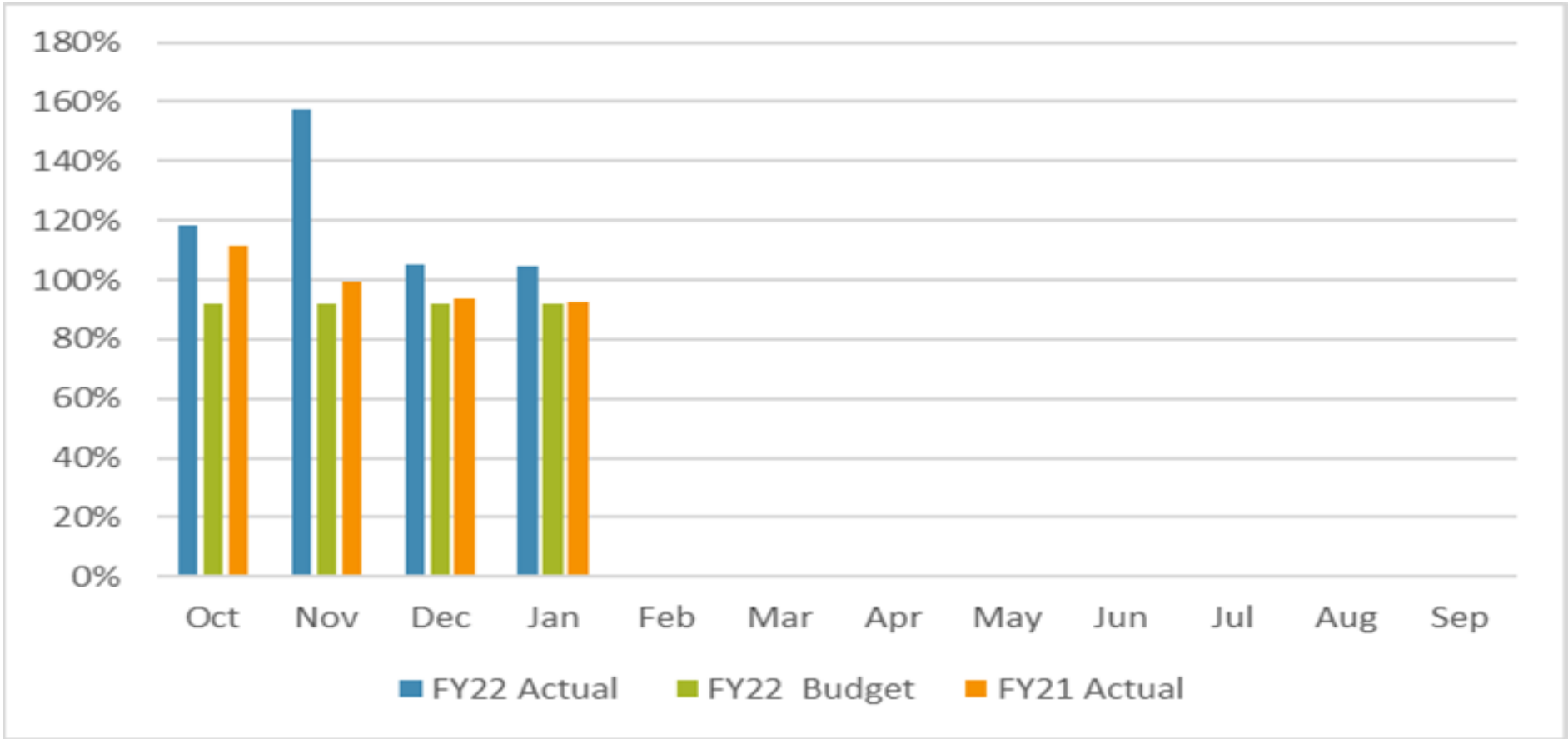
# Net Accounts Receivable (AR) Days With Unbilled







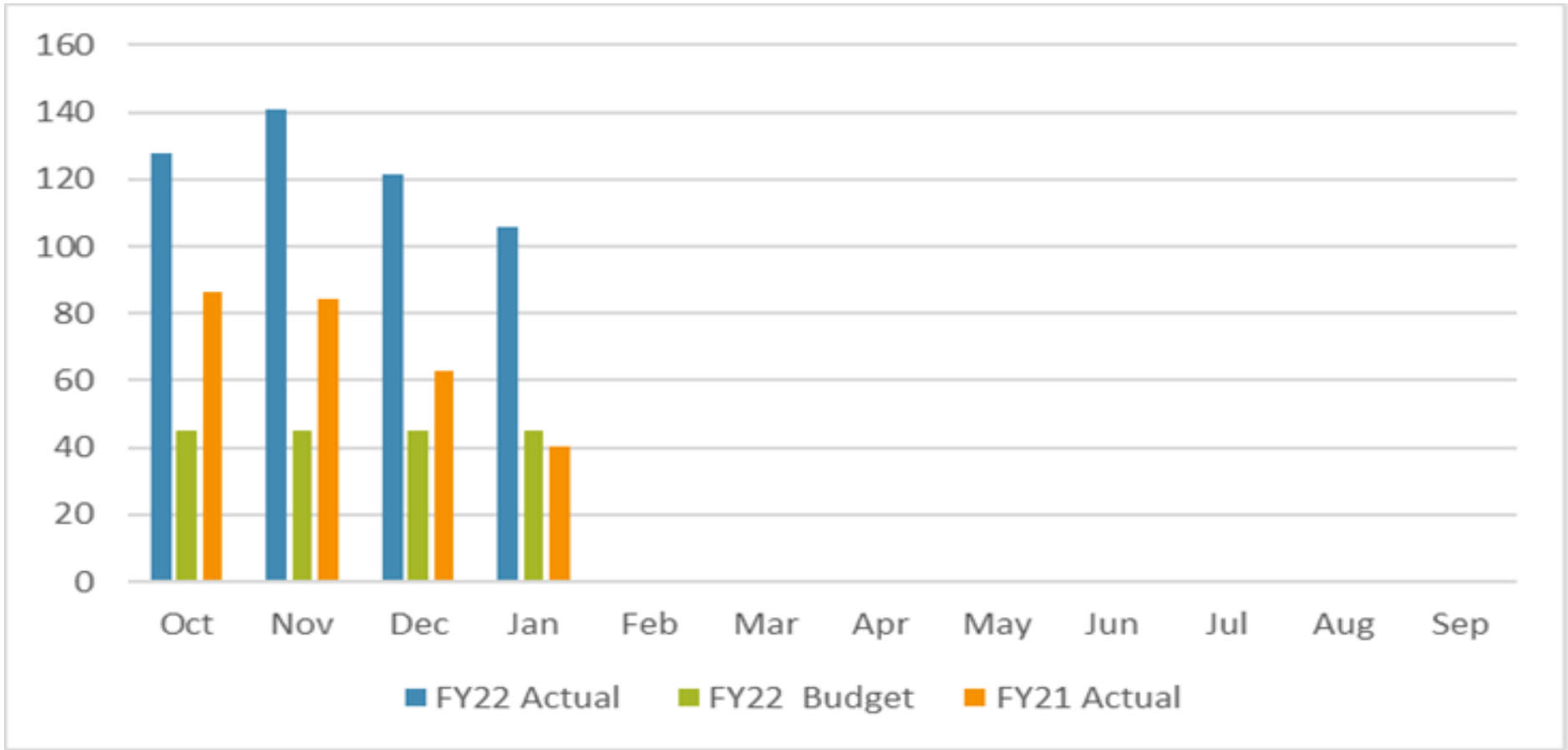
# Cash Collection as a % of Net Revenues



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



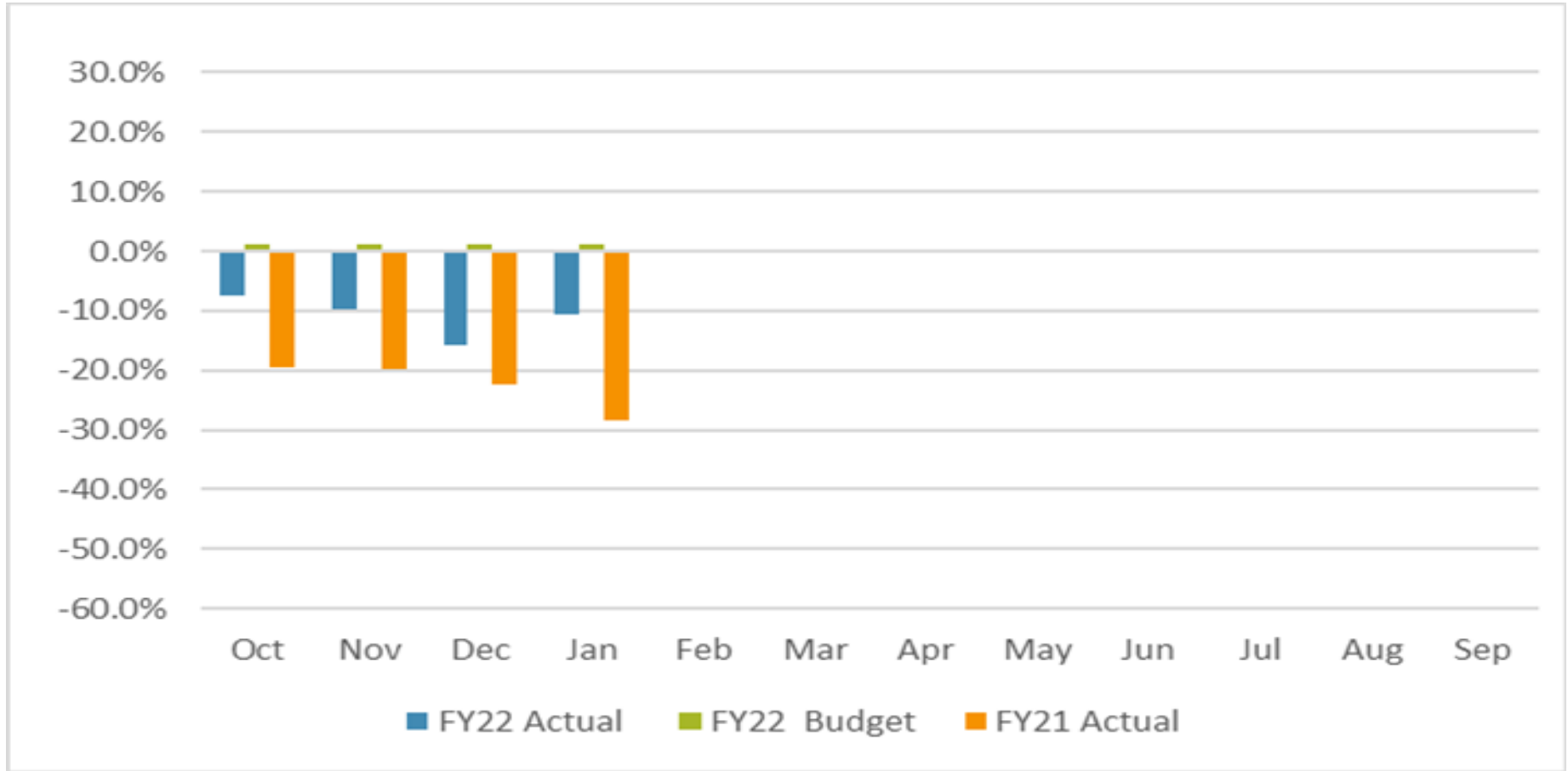
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106								
FY22 Budget	45	45	45	45								
FY21 Actual	86	84	63	40								



# 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%	-10.8%								
FY22 Budget	1.0%	1.0%	1.0%	1.0%								
FY21 Actual	-19.4%	-19.7%	-22.5%	-28.5%								



# Income Statement

## FY22 Operating Period Ending January 31, 2022

	Month of January			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	238	369	354	(131)	-36%	(116)	-33%	995	1,477	1,451	(482)	-33%	(456)	-31%
Patient Days	1,825	2,236	2,575	(411)	-18%	(750)	-29%	7,240	8,945	8,610	(1,705)	-19%	(1,370)	-16%
Emergency Room Visits	2,397	3,043	2,909	(646)	-21%	(512)	-18%	11,413	12,170	12,206	(757)	-6%	(793)	-6%
Clinic Visits	1,136	1,089	2,629	47	4%	(1,493)	-57%	4,714	4,355	7,618	359	8%	(2,904)	-38%
IP Surgeries	47	67	68	(20)	-30%	(21)	-31%	173	270	257	(97)	-36%	(84)	-33%
OP Surgeries	69	78	79	(9)	-12%	(10)	-13%	329	312	335	17	5%	(6)	-2%
Radiology Visits	571	763	506	(192)	-25%	65	13%	3,115	3,051	2,354	64	2%	761	32%
<b>Revenues</b>														
Net Patient Service	5,182	6,665	5,009	(1,483)	-22%	173	3%	21,339	26,660	23,048	(5,321)	-20%	(1,710)	-7%
DSH	4,210	1,658	964	2,552	154%	3,246	337%	9,701	6,633	3,043	3,068	46%	6,658	219%
CNMC Revenue	327	151	164	176	117%	163	99%	777	602	638	174	29%	138	22%
Other Revenue	1,791	1,824	2,345	(33)	-2%	(554)	-24%	6,867	7,296	9,886	(429)	-6%	(3,019)	-31%
<b>Total Operating Revenue</b>	<b>11,509</b>	<b>10,298</b>	<b>8,482</b>	<b>1,212</b>	<b>12%</b>	<b>3,027</b>	<b>36%</b>	<b>38,684</b>	<b>41,191</b>	<b>36,616</b>	<b>(2,507)</b>	<b>-6%</b>	<b>2,068</b>	<b>6%</b>
<b>Expenses</b>														
Salaries and Wages	3,645	3,918	4,410	(272)	-7%	(765)	-17%	14,883	15,670	18,748	(787)	-5%	(3,864)	-21%
Employee Benefits	1,512	1,033	1,717	479	46%	(205)	-12%	4,439	4,133	5,381	306	7%	(942)	-18%
Contract Labor	1,252	417	287	836	201%	965	336%	3,389	1,667	826	1,723	103%	2,563	310%
Supplies	547	637	819	(90)	-14%	(272)	-33%	2,743	2,549	3,843	194	8%	(1,100)	-29%
Pharmaceuticals	191	218	301	(27)	-12%	(110)	-37%	858	873	912	(15)	-2%	(54)	-6%
Professional Fees	1,676	1,685	1,631	(9)	-1%	44	3%	6,856	6,739	6,843	117	2%	13	0%
Purchased Services	1,406	1,234	1,481	172	14%	(75)	-5%	5,139	4,936	5,709	203	4%	(571)	-10%
Other	1,268	1,121	1,939	147	13%	(671)	-35%	4,543	4,484	4,789	59	1%	(246)	-5%
<b>Total Operating Expenses</b>	<b>11,497</b>	<b>10,263</b>	<b>12,586</b>	<b>1,234</b>	<b>12%</b>	<b>(1,089)</b>	<b>-9%</b>	<b>42,850</b>	<b>41,051</b>	<b>47,052</b>	<b>1,799</b>	<b>4%</b>	<b>-4,201</b>	<b>-9%</b>
<b>Operating Gain/(Loss)</b>	<b>13</b>	<b>35</b>	<b>(4,103)</b>	<b>(22)</b>	<b>-64%</b>	<b>4,116</b>	<b>-100%</b>	<b>(4,166)</b>	<b>140</b>	<b>(10,436)</b>	<b>(4,307)</b>	<b>-3067%</b>	<b>6,269</b>	<b>-60%</b>



## Balance Sheet

**As of the month ending January 31, 2022**

Jan-21	Dec-21	MTD Change		Sep-21	YTD Change
<b>Current Assets:</b>					
\$ 48,683	\$ 53,598	\$ (4,915)	Cash and equivalents	\$ 46,041	\$ 2,642
8,837	8,728	109	Net accounts receivable	9,186	(349)
5,957	5,977	(20)	Inventories	6,045	(88)
3,831	3,109	722	Prepaid and other assets	2,809	1,022
67,309	71,412	(4,103)	Total current assets	\$ 64,081	\$ 3,228
<b>Long- Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
58,474	59,589	(1,115)	Capital Assets	62,296	(3,822)
58,474	59,589	(1,115)	Total long term assets	62,296	(3,822)
\$ 125,782	\$ 131,001	\$ (5,219)	Total assets	\$ 126,377	\$ (595)
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
15,113	14,799	314	Trade payables	14,582	531
7,459	6,563	896	Accrued salaries and benefits	7,762	(303)
4,300	4,300	0	Other liabilities	4,300	0
26,873	25,662	1,211	Total current liabilities	26,644	229
<b>Long-Term Liabilities:</b>					
9,677	13,250	(3,573)	Unearned grant revenue	-	9,677
17,076	18,782	(1,706)	Estimated third-party payor settlements	18,762	(1,686)
1,692	1,692	-	Contingent & other liabilities	1,692	0
28,445	33,724	(5,279)	Total long term liabilities	20,454	7,991
<b>Net Position:</b>					
70,464	71,614	(1,150)	Unrestricted	79,278	(8,814)
70,464	71,614	(1,150)	Total net position	79,278	(8,814)
\$ 125,782	\$ 131,001	\$ (5,218)	Total liabilities and net position	\$ 126,377	\$ (594)



## Statement of Cash Flow

### As of the month ending January 31, 2022

Month of January		<i>Dollars in Thousands</i> Year-to-Date	
Actual	Prior Year	Actual	Prior Year
<b>Cash flows from operating activities:</b>			
\$ 7,577	\$ 5,411	\$ 29,703	\$ 25,415
(6,550)	(7,894)	(23,746)	(30,394)
(4,260)	(5,686)	(19,624)	(23,914)
(1,634)	(334)	2,137	(7,835)
<u>(4,867)</u>	<u>(8,503)</u>	<u>(11,530)</u>	<u>(36,727)</u>
<b>Cash flows from investing activities:</b>			
-	-	-	-
-	-	-	-
-	-	(1)	-
<u>-</u>	<u>-</u>	<u>(1)</u>	<u>-</u>
<b>Cash flows from noncapital financing activities:</b>			
-	-	-	-
-	-	15,000	15,000
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>15,000</u>
<b>Cash flows from capital and related financing activities:</b>			
-	-	-	-
1	5	5	(122)
(49)	(116)	(832)	(2,061)
<u>(48)</u>	<u>(112)</u>	<u>(827)</u>	<u>(2,183)</u>
(4,915)	(8,615)	2,642	(23,910)
<b>53,598</b>	<b>38,106</b>	<b>46,041</b>	<b>53,402</b>
<b>\$ 48,683</b>	<b>\$ 29,492</b>	<b>\$ 48,683</b>	<b>\$ 29,492</b>
<b>Supplemental disclosures of cash flow information</b>			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			