UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting
Date: March 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
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, March 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).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES - February 23, 2021

V. CONSENT AGENDA

A. William Strudwick- Chief Medical Officer
B. Dr. Gregory Morrow- Medical Chief of Staff
C. Shelia 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).

UMC

UNITED
MEDICAL CENTER

General Board Meeting Date:

March 23, 2022

Reading and Approval of Minutes

Minutes Date:
February 23, 2021

Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, February 23, 2022, 3:30pm
Held via WebEx

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

UMC Staff: MCOS Gregory Morrow, Interim CNO Shelia Murphy, 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, David Parry, Brian Gradle, Dr. Francis O'Connell

Other: Kai Blissett, Andrew Cameron

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:55 pm. Quorum determined by Toya Carmichael.
Approval of Agenda	***Mot to approve agenda by Dr. Fair, 2nd by DM Turnage.,*** Discussion: • Lillian noted the agenda needs to be edited to reflect Shelia Murphy. • Chair Jacobs noted agenda should say January 26th minutes instead of December 2021. ***Unanimous vote.***
Approval of Minutes	***Mot to approve minutes by Dr. Fair, 2nd by Dir. Bobb,*** ***Unanimous vote.***

	CMO Report – Dr. William Strudwick • Highlighted the quality outcomes and very low hospital infection rates. • We know the viability of our hospital is based on the performance of the ED. So the administration has made that the priority and the C Suite has been spending more time in the ED than they do in the C Suite to ensure that we enhance whatever is going on down there. The basis of it is that we need more staff and we need to be open to the community and when ambulances come there. • Looked at the Diversion report from PG County and we had 1,000 hours for the month of December. This chart shows that during the first two weeks in February we have been on divergence for zero hours. This is an amazing feat that we were able to stay open to PG and if we are open to PG we are also open to DC. We were able to do this partly because of staffing, we have hired more nurses and also other initiatives that Shelia will discuss. • By staying open to the ambulances our census has gone up so over this past week our census has been between 70-80 patients per day. If we look back a few months ago we were averaging between 50-60 patients per day. • The comfort level of the providers including our GW MFA and Hospitalists and their comfort level is higher than he's seen in the last 15 months. During the MEC meeting Dr. O'Connell gave the leadership team kudos for the things they are doing in the ED to sure up care and provide for the community. • Things are getting better and we are seeing the results. Dr. Fair gave the team kudos on the strides that have been made in the ED. Asked about the line in Dr. Strudwick' s report where it noted that a summary of the DC health deficiencies that were requested by the board. • Dr. Strudwick responded that the reference was to the DOH Survey we had and the deficiencies we needed to correct. Dr. Fair asked whether the Board requested and received the list of deficiencies or if Dr. Strudwick is referring to a general mention of the number of deficiencies? • Dr. Strudwick did not believe the list of deficiencies were sent to the Board but they can send the list if that is the request. Dr. Fair asked that more information be submitted for the next meeting. Chair Jacobs asked about the census over the last two weeks? Is it increasing week to week or is it bouncing because Chair Jacobs has recently begun to receive census reports and there is a lot of variability there. • Dr. Strudwick said it appears to be a trend and it is in lock step with what we are doing in the emergency room department….as we have been doing that, we are getting more ambulances, most of our admissions come from ambulances so that is a steady improvement and how far we can go up is based on our staffing and size and we feel like we can increase to that point and have 90-100 patients per day.

DM Turnage asked if when we count the census are we counting those who need medical necessity?

- Dr. Strudwick responded that the census number includes everyone that is admitted. Sometimes medical necessity is determined at a different time, that is what case management determines through our documentation.

DM Turnage asked what percentage of our census results in denials?

- Dr. Strudwick noted our denials have steadily and drastically decreased over the last year.

MCOS Report – Dr. Morrow

- No formal report but noted the departmental reports are included for the board's reference.

CNO Report – Shelia Murphy

- Highlighted the overall state of the nursing department. Had a phenomenal collaboration with the HR Department for a virtual job fair, had 45 applicants and hired 7 full time nurses and few other positions filled.
- Goal is to fill open nursing positions and decrease agency use by 50% in 60 days and monthly thereafter.
- 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
- 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. Will report back to the Board by April 15th.
- Due to the focus on the ED we have achieved zero divergence and that is huge. We will continue to improve by working with our partners.
- The Critical Care Unit will be relocated to the 3rd floor by 2/28/22. The purpose of the move is to utilize the upgraded patient electronic monitoring system. 2nd step for Virtual Hiring event in collaboration with physician partners.
- Hospital wide to date our flu vaccination rate is 92% and our COVID vaccination rate is 100%.

Dr. Fair thanked Nurse Murphy for her report and asked about staff morale in general. With the influx of new staff and general angst about the new hospital.

- Nurse Murphy believes the staff morale has improved because we have focused on what their needs are in terms of staffing challenges and given them the

	resources they need. On off hours the executive team is working on the floors helping to move patients and change beds and the team is rounding and listening to staff's suggestions for improvement and responding to those concerns. Staff have seen the media coverage of the new hospital and is excited but have not asked her any questions or shared concerns. Chair Jacobs asked if the COVID vaccination rate include the booster? • Shelia answered no it does not include the booster. • Dr. Strudwick said that DCHA has pushed back against the short deadline of March 1st to get all healthcare staff boosted. It is a little more difficult to achieve due to the different dates individuals were vaccinated. Chair Jacobs asked about retention bonuses to nurses is this final or in process? • Shelia responded it is still in process and in negotiations with the nurses' union and after they agree it will be presented to the CFO and go through the formal process. ***Mot to accept CMO and CNO Report by DM Turnage, 2nd Dr. Fair,*** ***Unanimous vote***.
Executive Management Report	**Interim CEO Report – Marcela Maamari** • Have been laser focused on the ER department looking at staffing and the throughput and other efficiencies to help the department and the hospital. • Have reached out to DC EMS and the dispatchers as well to collaborate on making drop offs more efficient. We are seeing some inconsistencies with the reports we are seeing. • Mentioned this last month but this is critical to some of the improvements we are seeing we have added additional team members including ancillary staff and case management. During our morning calls we talk about supply chain and staffing needs. We are seeing engagement from the staff because they are seeing the Executive Team and mid-level management expressing interests in these issues and how they can help. • Shelia mentioned the virtual job fair and our goal to reduce agency staffing by 50%, we are talking to other agencies about the price, as it seems to be increasing. • Highlighted new section of her report which focuses on supply chain. Identifying the top spend items and focusing in on those going forward.

<table>
<tr><td></td><td>Motion to accept Exec Management Report by DM Turnage , 2nd by Dir. Bobb, unanimous vote.</td></tr>
<tr><td>Financial Report</td><td>CFO Report - Lillian Chukwuma
If the year ends today, we would be ending the year with $1 Million dollars.
Page 16, this is how we get to the numbers on page 3. When we show the admissions, patient days, etc. is just for presentation. In the future we have to discuss admissions which are still 33% down.
Year to date for the month of January $4.1M which is what we annualize to get the number on page 3.
The 4.1 is what we annualized to get to the $27 Million, page 4 is the narrative format of the information on page 16.
Motion to accept January financials by Dir. Bobb, 2nd by Dr. Fair, unanimous vote.</td></tr>
<tr><td>Public Comment</td><td></td></tr>
<tr><td>Closed Session</td><td>Mike Austin read the justification for entering Closed Session.

Motion to enter Closed Session by Dir. Bobb 2nd by Dir. Ashenafi. Toya conducted roll call – 5 yays

Open Session ended at approximately 4:34pm.

Closed session began at approximately 4:36 pm.

Motion to return to open session by Dir. Jackson, 2nd by Dr. Fair. Toya conducted roll call – 5 yays

Open Session started at 4:57pm.</td></tr>
<tr><td>Announcements</td><td>During closed session the board approved medical credentials and approved ten contract and settlements.

Toya noted our</td></tr>
<tr><td>Adjourned.</td><td>Motion to adjourn by DM Turnage, 2nd by Dir. Ashenafi, unanimous vote.

Meeting adjourned at approximately 4:58pm.</td></tr>
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General Board Meeting

Date: March 23, 2022

Consent Agenda

General Board Meeting
Date: March 23, 2022

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 – March 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)	21	12.22	256.71	0	0	0	0	0	0	0	0	0	21	12.22	256.71
Calvert Health Medical Center	6		71.23	2	59.55	119.11	0	0	0	1	1.66	1.66	9	21.33	192
Capital Region Medical Center (UMCRH)	22	20.27	445.84	10	33.11	331.08	0	0	0	2	5.24	10.49	34	23.16	787.41
Charles Regional (UM)	11	5.45	59.94	3	13.03	39.08	0	0	0	1	2.3	2.3	15	6.75	101.32
Doctors Community Hospital	6	5.13	30.81	4	11	44.02	0	0	0	1	2.22	2.22	11	7	77.04
Fort Washington Hospital	9	8.78	78.99	9	12.91	116.2	1	0.14	0.14	0	0	0	19	10.28	195.33
Germantown Emergency Center (Adventist)	1	4.79	4.79	0	0	0	0	0	0	0	0	0	1	4.79	4.79
Holy Cross Germantown Hospital	6	4.38	26.25	9	18.73	168.61	0	0	0	0	0	0	15	12.99	194.86
Holy Cross Hospital	11	13.7	150.67	1	16.79	16.79	0	0	0	0	0	0	12	13.96	167.46
Laurel Medical Center (UMCRH)	1	4.51	4.51	0	0	0	0	0	0	0	0	0	1	4.51	4.51
Malcolm Grow Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery Medical Center (MedStar)	3	8.26	24.78	0	0	0	0	0	0	1	1.19	1.19	4	6.49	25.97
Prince Georges Hospital Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shady Grove Medical Center (Adventist)	26	8.66	225.2	3	9.08	27.25	2	1.38	2.76	3	1.59	4.78	34	7.65	259.99
Southern Maryland Hospital (MedStar)	3	10.67	32.02	1	8.11	8.11	0	0	0	2	1.31	2.62	6	7.13	42.75
St. Mary's Hospital (MedStar)	2	1.36	2.72	0	0	0	0	0	0	0	0	0	2	1.36	2.72
Suburban Hospital (JHM)	23	7.68	176.69	11	10.63	116.96	0	0	0	1	3.99	3.99	35	8.5	297.64
Walter Reed National Military Medical Center	0	0	0	1	143.97	143.97	0	0	0	4	122.2	488.8	5	126.55	632.76
White Oak Medical Center (Adventist)	18	19.98	359.72	11	30.98	340.73	1	0.29	0.29	6	5.69	34.15	36	20.41	734.88
Children's National Medical Center, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
George Washington Hospital, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Georgetown University (MedStar)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Howard University Hospital, DC	1	1023.1	1023.13	1	1023.1	1023.13	0	0	0	0	0	0	2	1023.1	2046.26
Sibley Memorial Hospital (JHM), DC	23	17.81	409.54	6	7.64	45.84	0	0	0	0	0	0	29	15.7	455.38
United Medical Center, DC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington Hospital Center (MedStar), DC	16	40.27	644.31	7	77.89	545.23	1	0.18	0.18	0	0	0	24	49.57	1189.72
Totals:	209	19.27	4027.84	79	39.06	3086.11	5	0.67	3.37	22	25.1	552.2	315	24.35	7669.5

- The front door to our hospital is our emergency department and it must stay open. This chart shows the number of hours UMC and other regional hospitals were on re-route for Prince Georges ambulances during the entire month of February and the first 2 weeks of March – we spent no time on re-route. We are consistently

executing our priority 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 are successfully attracting new staff and retaining our current staff. The GW/MFA physicians and administrative staff have expressed their appreciation for the direction we are going. 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. Where our ambulance drop times in the past were consistently among the highest, they are now consistently competing to be the lowest. We are seeing the desired result of increased admissions and an improved experience for our patients and our staff.

- We continue to offer COVID-19 vaccinations to ED patients and appropriate inpatients at discharge. Our mobile unit is making COVID-19 testing and vaccinations available to our community and our staff through weekly clinics on and off campus.

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, eight (8) reappointments, and three (3) resignations. There are currently (252) Medical Staff members.
- Physician contracts are current and have all been considered for community need and sustainability.
- To maintain our Accreditation with MedChi's Continuing Medical Education (CME) program, the Medical Affairs office will be offering regular Grand Rounds presentations throughout the year.
- "Woman and Heart Disease" was presented by Matt Budoff, M.D., FACC on February 23, 2022.
- The next Quarterly Staff meeting will be held March 9, 2022.
- 100 % of the Medical Staff has received their flu vaccines or has an exemption.

Quality & Performance Improvement:

- Successful submission of Q1 and Q2 2021 Inpatient eCQM files to Quality Net.
- Plan of corrections for DC Health was compiled and submitted to DC Health on 1-11-2022. DC Health notified us of changes needed to plan of correction. We will meet with DC Health in March to discuss details.
- Data was gathered from various departments and analyzed for quality dashboard.

- Working with HIM to get records sent to the Clinical Data Abstraction Center (CDAC). CMS has requested for Quality and Safety Review System records from United Medical Center.
- Assisted with Risk Management interviews.
- 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 rate for February is 81%.
- A collaborative effort between the Quality Department and Wound Care was initiated in July to determine ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began in July. February had 1 reportable HAPI. Meeting held to discuss sustaining zero reportable HAPIs.
- Ongoing weekly meetings with Navex to start implementation of Policy Tech. Project build will be ongoing until approximately April 2022.
- Storage Cabinet for FD12 patients placed in Emergency Department for belongings.
- New measures in place for admitted FD12 transfers to the floor. Security accompanies patients to the Behavioral Health Unit.

<u>Infection Prevention & Control:</u>

2022 Infection Control Plan

The Infection Control risk assessment process identified the following UMC risk that the Prevention and Control of Infections Committee use to develop the 2022 Infection Control Plan:

- Sepsis monitor – to improve meeting all the required elements
- Community Outbreaks of Communicable Disease potentials (e.g. COVID-19)
- Control Antibiotic Usage
- Risk for a Bio-Terrorism Event
- Decrease the potential for failed preventive maintenance (aging facility)
- Pharmacy IV Clean Room maintaining 757 & 800 pharmacy standards

COVID-19 Update

There was a significant decrease of COVID-19 positive cases in the community during the month of February 2022. UMC had 16 COVID-19 positive admissions in February 2022 which was a decrease from 65 in January 2022.

The number of COVID 19 positive employees decreased to 2 in February 2022 compared to 21 positive employees in January 2022.

The Department of Health is requiring fully vaccinated staff to receive their booster vaccine when they become eligible.

Monthly Surveillance Data
There were no cases of Ventilator Associated Events, or Device related Urinary Tract Infections in the ICU for February 2022. One case of central line bloodstream infection was identified which was the first in over two years.
VRE HAI = 1 case hospital-wide for February 2022
MRSA HAI = 0 cases hospital-wide for February 2022
C Difficile HAI = 0 cases hospital-wide for February 2022

Case Management:

- Working with HR to actively recruit social workers. Critical shortage within the department which impacts emergency department movement.
- In spite of low staffing, department was able to discharge our most difficult patients to next level of care.
- PI indicator met for targeted goal of 85% - Initial assessments were completed within 24 to 48 hours on 85% of our admissions

Patient Advocacy:

Inpatient (Goal of 50% top box score)

- Press Ganey Overall "Rate the Hospital" – 45.45%, N=11
- Press Ganey "Recommend the Hospital" – 63.64%, N=11
- "Nurses treat with courtesy/respect" – 90.91% significant improvement from 33.33%, N=11
- "Nurses listen carefully to you" – 81.82% significant improvement from 33.33%, N=11
- "Nurses explain in way you understand" – 72.73% significant increase from 33.33%, N=11
- "Call button help soon as wanted it" – 66.67% increase from last month of 0.00% (because no answered the question out the 3 responses), N=9
- "Help toileting soon as you wanted" – 66.67 increase from last month of 0.00% (because no one answered this question of out the 3 responses), N=3

- "Doctors treat with courtesy/respect" - 81.82% an increase of from last month of 66.67%, N=11
- "Doctors listen carefully to you" – 90.91 an increase from last month of 66.67%, N=11
- "Doctors explain in way you understand" – 90.91% an increase from last month of 33.33%, N=11

Emergency Room (Goal of 50% top box score)

- Press Ganey Overall "Rate the Hospital" for the month of February is 45.32, N=21
- "Courtesy of nurses" – 47.62% decrease of 5.32%, N=21
- "Nurses took time to listen" – 61.90% increase of 8.96%, N=21
- "Nurses' attention to your needs" – 42.86% decrease of 10.08%, N=21
- "Nurses kept you informed" – 33.33% a decrease of 16.67%, N=21
- "Nurses' concern for privacy" – 33.33% a decrease of 16.67%, N=21
- "Nurses' responses to quest/concerns" – 33.33% a decrease of 16.67%, N=21
- "Courtesy of doctors" – 60% a decrease of 10.59%, N=20
- "Doctors took time to listen" - 52.38 % a decrease of 18.21%, N=21
- "Doctors informative regarding treatment" – 52.38 a decrease of 12.33%, N=21
- "Doctors' concern for comfort" – 52.38% a decrease of 6.44%, N=21
- "Doctors include you in treatment decision" – 57.14 a decrease of 13.45%, N=21

<u>Pharmacy & Therapeutics:</u>

- DC Fire Marshall has approved new side of Pharmacy per DC HEALTH recommendations from Annual Survey. Final review by DC HEALTH, has found Pharmacy to be in good standing and compliant with only minor recommendation to decrease hot water temperatures below 120 °F
- Clinical Pharmacist secured as replacement. Focus will be ICU/ED Antimicrobial Stewardship, Anticoagulation Protocol development, Rounding with medical team,

Cost saving initiatives—renal dosing of meds protocol implementation, Pharmacy Intern Program, etc.

- Pharmacy Technician hired to replace lost Technician.
- Collaboration with UMC Community Mobile Unit for COVID-19 Booster Shots for staff
- 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, Notre Dame of Maryland University School of Pharmacy and Shenandoah School of Pharmacy.
- Antimicrobial Stewardship Program, average cost of $36.27 per patient for January 2022. Downward from December by $2.95 PPD
- Pharmacy Clinical Interventions $15,990 saved in the month of January 2022 by Pharmacy Clinical Interventions—presented in February 2022 P&T. Anticipated monthly dollar increase by 20-30% with new Clinical Pharmacist onboarding
- 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. Presented and approved at MEC. Director of Pharmacy has created a mandatory annual skillset training in UMC RELIAS intranet for all Nursing and Pharmacy staff. Pharmacy Department will disseminate staff with demo kits provided by the Narcan ™ company to do training of Nursing Team throughout the hospital prior to go-live. Demo kits pending arrival. Go-live anticipation of **March/April 2022**.
- Ongoing working with OCFO and IT to correct incorrect drug prices based off AWP (average wholesale price). Weekly meetings start February 2022 with Finance

- Ongoing monthly monitoring of DC Health/Joint Commission 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/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)—**National Patient Safety Goals**
  g) Anticoagulation monitoring/intervention--- **National Patient Safety Goals**

General Board Meeting Date:
March 23, 2022

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morroww
Medical Chief of Staff

Amaechi Erondu, **M.D.,** Chairman

FEBRUARY 2022

PERFORMANCE SUMMARY:
Our total volume for all surgical cases for February, 2022 was 123, a slight increase from 120 cases in January 2022. 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 101 vascular access procedures in February 2022.

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 19 cases in February 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	123
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

FEBRUARY 2022

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

In February 2022, the Intensive Care Unit had 56 admissions (a slight increase from prior month), 54 discharges, and 213 Patient Days. Average Length of Stay (ALOS) was 3.9 days. The ICU managed a total of 57 patients in February and the average daily census was 8 (7.8) patients. There was one return to ICU within 24 hours of transfer for the same medical condition. No patients were transferred to other hospitals. There was a total of 6 deaths for 54 discharges, with an overall ICU mortality rate of 11%.

ICU COVID-19 ADMSSIONS

Covid-19 admissions to the ICU have significantly decreased since mid-January 2022. There was one Covid-19 admission to the ICU in February. Covid-19 pneumonia admissions have continued to show increasing survival rates, and lower lengths of ICU stay. See Infection Control report.

FEBRUARY 2022 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In February, the ICU managed 22 cases of severe sepsis. One death was due to severe sepsis/septic shock, for a severe sepsis/septic shock mortality rate of 4.5%. ICU infection control data is compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report for Ventilator Associated Pneumonia (VAP), Catheter Related Blood Stream Infections (CLABSI), and Catheter Related Urinary Tract Infections (CAUTI) data.

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 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 continue with a trend of low cardiac arrest episodes associated with higher Rapid Response team interventions. In February 2022, UMC had only one cardiac arrest episode on the medical units outside ICU.

Mina Yacoub, MD,
Chair, Department of Critical Care Medicine
March 7, 2022

Francis O'Connell, **M.D.,** Chairman

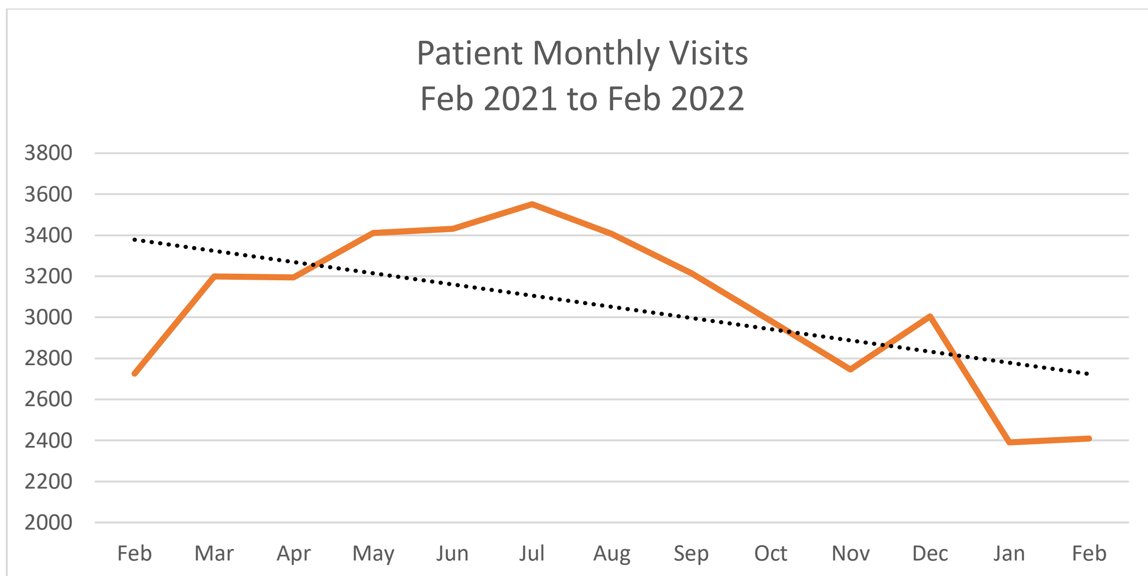
JANUARY 2022

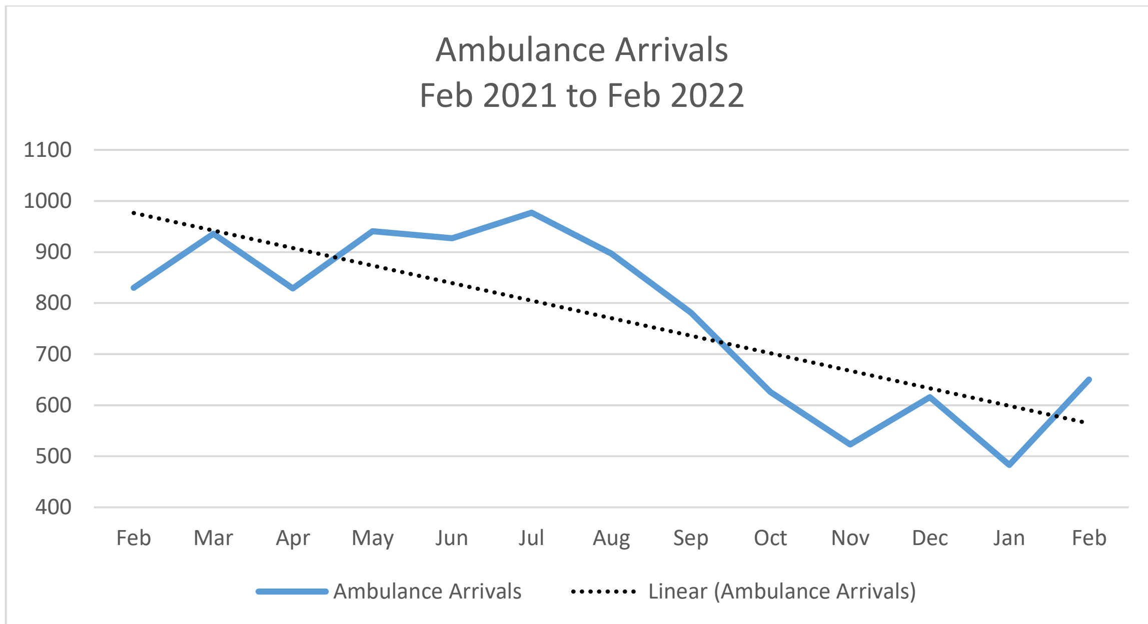
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for February 2022. Also included are graphic tables to better highlight important data.

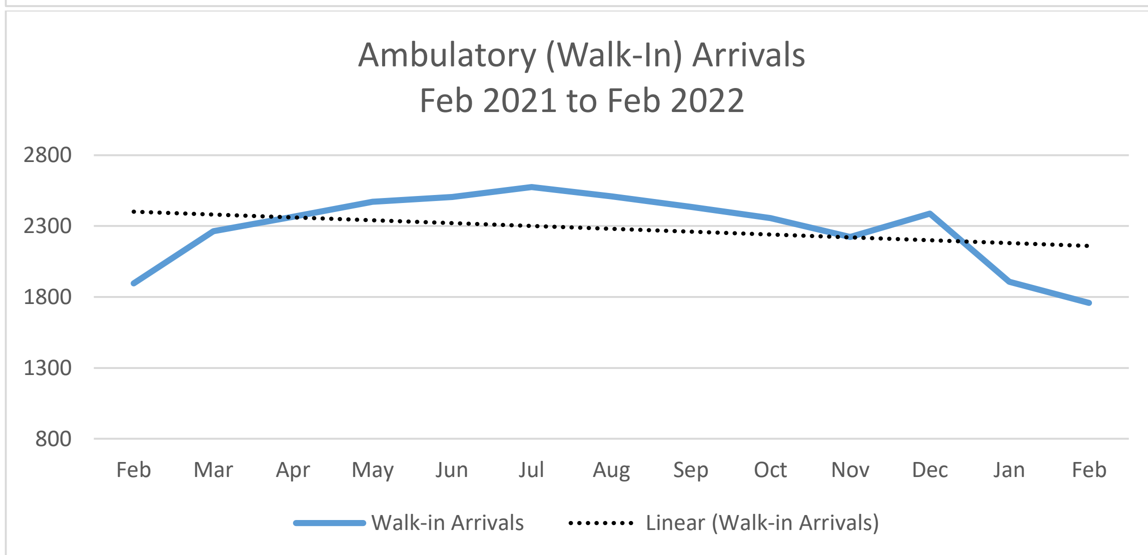
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

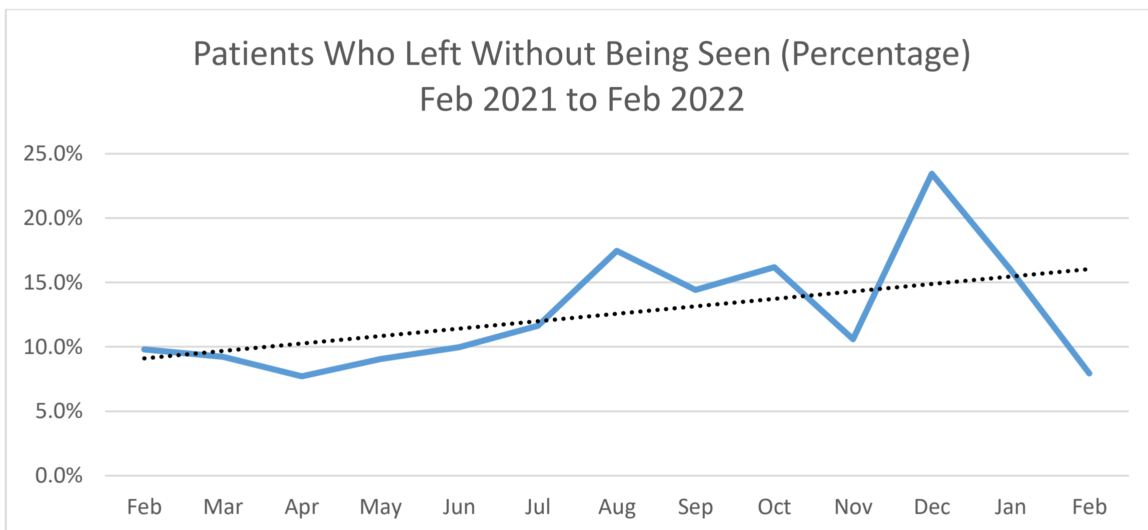
Definitions of the terms used in this report are as follows:

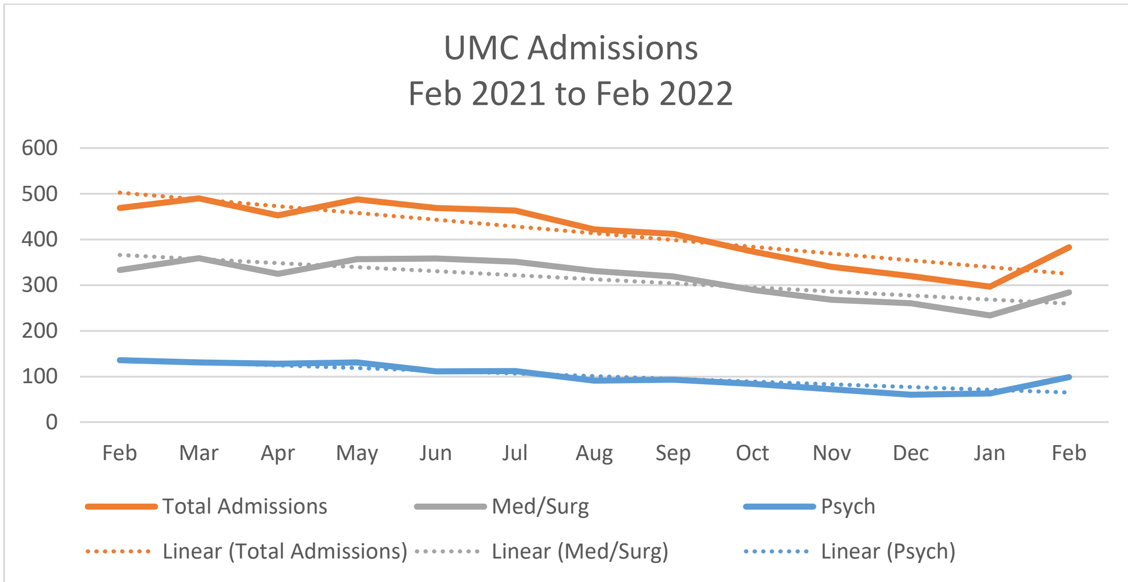
- **Total Patients**: number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals**: number of patients who arrive by ambulance
- **Admit**: number of admissions to UMC
  - **Med/Surg:** number of medical/surgical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

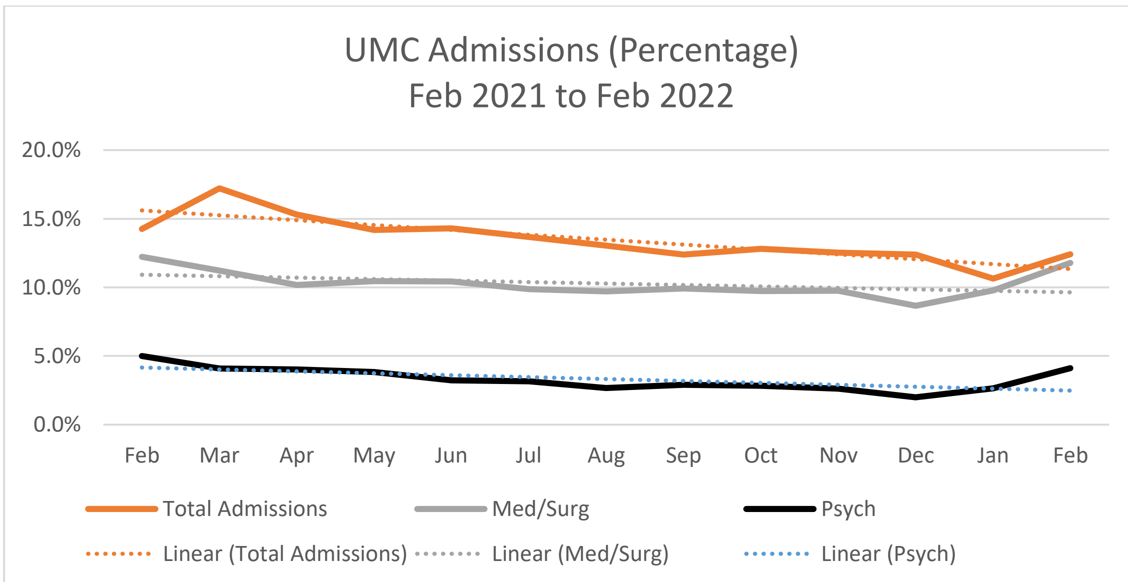



Ambulance Arrivals
Feb 2021 to Feb 2022
1100
1000
900
800
700
600
500
400
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Ambulance Arrivals
Linear (Ambulance Arrivals)


Ambulatory (Walk-In) Arrivals
Feb 2021 to Feb 2022
2800
2300
1800
1300
800
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Walk-in Arrivals
Linear (Walk-in Arrivals)


Patients Who Left Without Being Seen (Percentage)
Feb 2021 to Feb 2022
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb


UMC Admissions
Feb 2021 to Feb 2022
600
500
400
300
200
100
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)


UMC Admissions (Percentage)
Feb 2021 to Feb 2022
20.0%
15.0%
10.0%
5.0%
0.0%
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Total Admissions
Med/Surg
Psych
Linear (Total Admissions)
Linear (Med/Surg)
Linear (Psych)

Data tables:

ED Volume and Events				
	Feb 2021	**%**	**Feb 2022**	**%**
Total patients	2725		2409	
Daily Avg Census	94		83	
Ambulance Arrivals	830	30.5%	650	27.0%
Admit	469	15.3%	383	15.9%
• Med Surg	333	12.2%	284	11.8%
• Psych	136	5.0%	99	4.1%
LWBS	267	9.8%	191	7.9%
Ambulance Admission Rate	37.8%		37.5%	
Walk-In Admission Rate	8.2%		7.9%	

Analysis:

1. The monthly census for February 2022 is similar from the previous month and slightly down from February 2021.

2. The total number of medicine admissions in rose from the previous month and down from the previous year.

3. The percentage of patients who left without seeing a provider (LWBS) dropped again from the previous month though overall, the LWBS continues to trend upwards.

4. The total number of ambulances coming to UMC rose from the January 2022 but the overall trend continues downward.

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

6. The average number of walk-in patients visiting the ED is similar to the previous year.

The most noteworthy statistics for the month of February 2022 are the rise in patient visits and admissions, largely attributable to the rise in ambulance traffic, and the drop in the LWBS from the previous month.

While the trend lines for ambulances and LWBS are not moving in optimal directions, the events of this past month support the notion that better staffing of the ED and inpatient units facilitate better patient care in the form of reduced ED boarding, improved offloading of ambulances and reduction in LWBS. This cannot be overstated.

The expedient offloading of ambulance patients should lead to more ambulances being directed to UMC. As a significant number of ambulance calls originate from SE DC, the hope is that the recent efforts to address nursing shortfalls with travelers and competitive wages will continue to effect timely offloading of patients from ambulance stretchers, further reduce ED boarding of admitted patients and promote increased throughput in the ED.

We continue to support the hospital's efforts in addressing these ongoing challenges as well as those related to the COVID pandemic.

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

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

Musa Momoh, M.D., Chairman

FEBRUARY 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
ADMISSIONS													
OBSERVATION													
MEDICINE	80	117											**197**
HOSPITAL	80	117											**197**
PERCENTAGE	**100%**	**100%**											**100%**
REGULAR													
MEDICINE	159	177											**336**
HOSPITAL	238	284											**522**
PERCENTAGE	**67%**	**62%**											**65%**
DISCHARGES													
OBSERVATION													
MEDICINE	77	122											**199**
HOSPITAL	77	122											**199**
PERCENTAGE	**100%**	**100%**											**100%**
REGULAR													
MEDICINE	126	131											**257**
HOSPITAL	199	230											**429**
PERCENTAGE	**63%**	**57%**											**60%**
PROCEDURES													
HEMODIALYSIS	178	97											**275**
EGD'S	13	25											**38**
PEG'S	8	4											**12**
COLONOSCOPY	25	30											**55**
ERCP	0	0	0	0	0	0	0	0	0	0	0	0	**0**
BRONCHOSCOPY	1	1	0	0	0	0	0	0	0	0	0	0	**2**
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Cases Reviewed	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Cases Closed	0	0	0	0	0	0	0	0	0	0	0	0	**0**

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

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

Donald Karcher, M.D. Chairman

FEBRUARY 2022

Month	01	02	03	04	05	06
Reference Lab test – Urine Eosinophil (2day TAT) 90% Started in October Urine Legionella AG (2D TAT)	100% 17	100%				
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	7				
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%				
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	16/16				
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%				
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%				
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	100%				
Wasted/Expired Blood and Blood Products Goal 0	1	100%				
Measure number of critical value called with documented Read Back 98 or >	100%	1.1				
Hematology Analytical PI Body Fluid	100% 14/11	2				
Sickle Cell	0/0	100%				
ESR Control	100% 62/25	100%				
Delta Check Review	100% 211/211	10/9				

Blood Culture Contamination – Benchmark 90%	93% ER Holding 88% ER 100% ICU	92% ER Holding 81% ER 100% ICU				
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	89% ER 93% Lab	91% ER 91% Lab				
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation				

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

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

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

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

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

Donald Karcher, M.D.
Chairman, Pathology Department

Shanique Cartwright, M.D., Chairwoman

FEBRUARY 2022

UMC Behavioral Health Unit February 2022 Board Report

Description		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions													
	ALOS (Target <7 Days)	4.34	4.71										
	Voluntary Admissions	36	35										
	Involuntary Admissions = FD12	43	72										
	Total Admissions	79	107										
	Average Daily Census	12	17										
Other Measures	Average Throughput (Target: <2 hrs)	3	5										
	# TeleCourt Meetings (Pt Hearings)	0	0										
	# Psych Consultations	74	43										
	Psychosocial Assessments (Target: 80%)	68%	72%										
Discharge													
	Discharges	76	100										

*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

FEBRUARY 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	59		523		121		703	
Fluoro	12		0		21		33	
Mammography					103		103	
Magnetic Resonance Angio	2		1		0		3	
Magnetic Resonance Imaging	22		10		19		51	
Nuclear Medicine	12		2		1		15	
Special Procedures	6		0		4		10	
Ultrasound	54		188		123		365	
X-ray	99		747		447		1293	
Echo	32		0		26		58	
CNMC CT Scan			20				20	
CNMC X-ray			373				373	
Grand Total	298	0	1864	0	865	0	3027	

Total volumes in February have increased more than 15% relative to the month of January.

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: Room and table is now in use for GI barium studies, contrast injections, modified Barium swallow and other applications.

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

Riad Charafeddine, M.D.
Chairman, Department of Radiology

Gregory Morrow, M.D., Chairman

FEBRUARY 2022

For the month of February 2022, the Surgery Department performed a total of 126 procedures. The chart and graft below show the annual and monthly trends over the last 9 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
JAN	173	159	183	147	216	155	210	195	147	121
FEB	134	143	157	207	185	194	180	167	153	126
MAR	170	162	187	215	187	223	158	82	133	
APRIL	157	194	180	166	183	182	211	57	156	
MAY	174	151	160	176	211	219	186	74	159	
JUNE	159	169	175	201	203	213	177	126	172	
JULY	164	172	193	192	189	195	186	140	177	
AUG	170	170	174	202	191	203	193	161	155	
SEP	177	168	166	172	171	191	182	162	126	
OCT	194	191	181	177	214	211	175	146	135	
NOV	137	157	150	196	152	196	138	156	137	
DEC	143	183	210	191	153	192	156	146	132	

This month ended with a slight 4% increase compared to last month.
Compared to the average number of cases performed over the previous 8 years, this still represents a significant decrease in the number of cases for the same time period.
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.

MEASURE	UMC	NAT'L AVG
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	3.1%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	3.1%	4.8%

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

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

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

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

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be reduced or eliminated. Updates to the current physician contracts within the department go into effect as of 03/01/2022. We will closely monitor the outcomes.

Respectfully,

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

General Board Meeting Date:
March 23, 2022

CNO Report

Presented by: S
Shelia Murphy,
Interim Chief Nursing Officer

Nursing Board Report
United Medical Center
March 2022

Overall State of Nursing Department

Staffing:

Many opportunities face the organization with hiring and onboarding of new staff. We are faced with multiple layers of barriers to swift & timely hiring of staff which often leads to missed hiring opportunities.
The goal is to fill open nursing positions and decrease agency use by 50%. Nursing staff vacancy rate is around 35%. We are onboarding 4 RN's in this month for (ED/Med-Surg/Telemetry).
Nursing staff engagement initiatives in critical areas include a shift bonus. We have not successfully negotiated the retention bonus with the nurses' union.

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.
Update: We have initiated the beginning of the RPI Wound Care program with 0 hospital acquired pressure injuries (HAPI) to date.
Interim Chief Nursing Officer to chair re-initiate Sepsis Committee in collaboration with physician partners, quality department, and infection control ongoing initial meetings held with IT for data abstraction.

Emergency Department:

Diversion of emergency medical personnel: We have continued to improve upon ED diversion on ambulances. We continue to maintain Zero diversion hours at UMC.
Implementation of efficiency model to facilitate offloading of emergency medical personnel with goal of less than 30 minutes has been ongoing and successful. Policy revision of hospital diversion process with executive/administrative oversight.
Evidence based approach to facilitate throughput of patients & stakeholders with revised nursing triage process implementation moving forward. We have implemented an immediate practice improvement of bay assignments. Departmental physician leadership support for efficiency interventions and recommendations.

*Below are ED Metrics

ED Metrics Empower Data	Dec	Jan	Feb
Visits	3322.00	2398.00	2410.00
Change from Prior Year (Visits)	2967	2924.00	2726.00
% Growth	10.69	-21.93	-13.11
LWBS	79.00	17.00	7.00
Ambulance Arrivals	617.00	486.00	650
Ambulance Patients Admission Conversion	176.00	172.00	237.00
% of ED patients arrived by Ambulance	0.19	0.20	0.27
% of Ambulance Patients Admitted	0.29	0.35	0.36
PG Diversion Hours	545.62	437.17	0
DC Diversion Hours	0	0	0

Critical Care:

The Critical Care Unit will be relocated to the 3rd floor after additional electrical work completion. The purpose of the move is to utilize and upgraded patient electronic monitoring system.

Occupational Health:

New initiative to reach compliance of the Covid-19 booster requirement we are currently in the 90th percentile.

Behavioral Health:

Initiated improvement process for offloading for CPEP patients to improve transfer process which has increased referrals from CPEP.em10

Respectfully submitted,

Shelia Murphy, MSN, RN
Interim Chief Nursing

General Board Meeting Date:
March 23, 2022

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. February focus included the following:

- On February 28th, NFPHC presented at the Annual Performance Oversight Hearing for FY 2021 – 2022 with DC Council Committee on Health:
  http://dc.granicus.com/MediaPlayer.php?view_id=2&clip_id=7177
- Development of Track 2 of the NFPHC Operational Plan
- 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 and or discharge
  - Utilization of non-clinical staff to provide clerical support for patient care areas
- 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

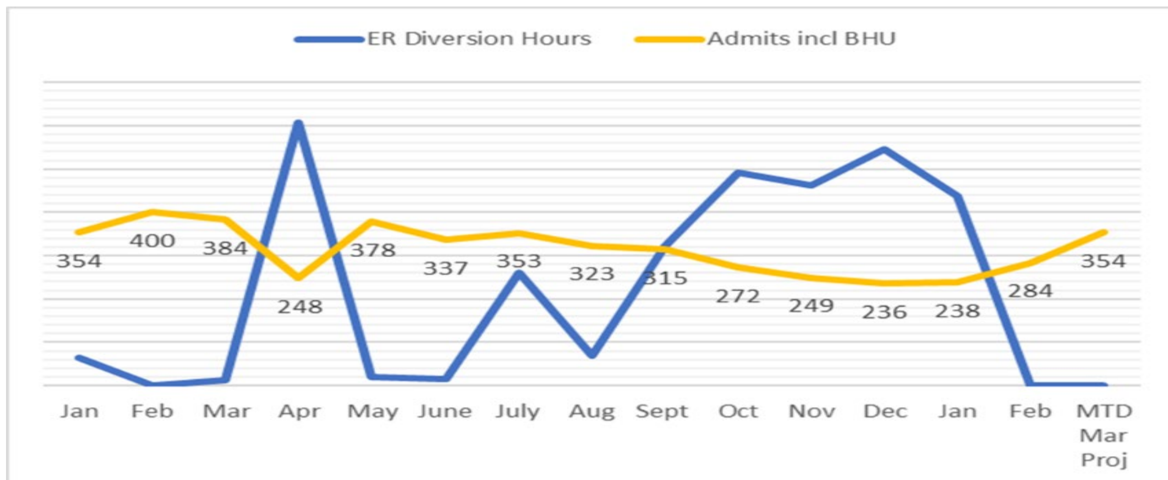
- Successfully completed College of American Pathology (CAP) accreditation
- Department level Policy and Procedure updates - on-going

- Executive Rounding for Survey Readiness and improved communication with front line workers – on-going
- Focus on improvements to Emergency Department Ambulance thru-put
- Focus on improvements to Emergency Department Diversion / Reduction/elimination of Colors for PG EMS

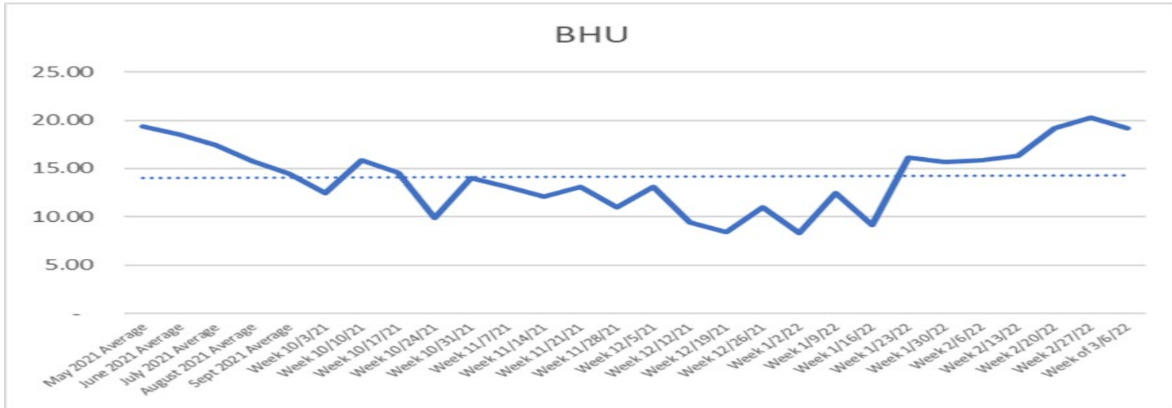
OPERATIONAL PLAN UPDATE

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).

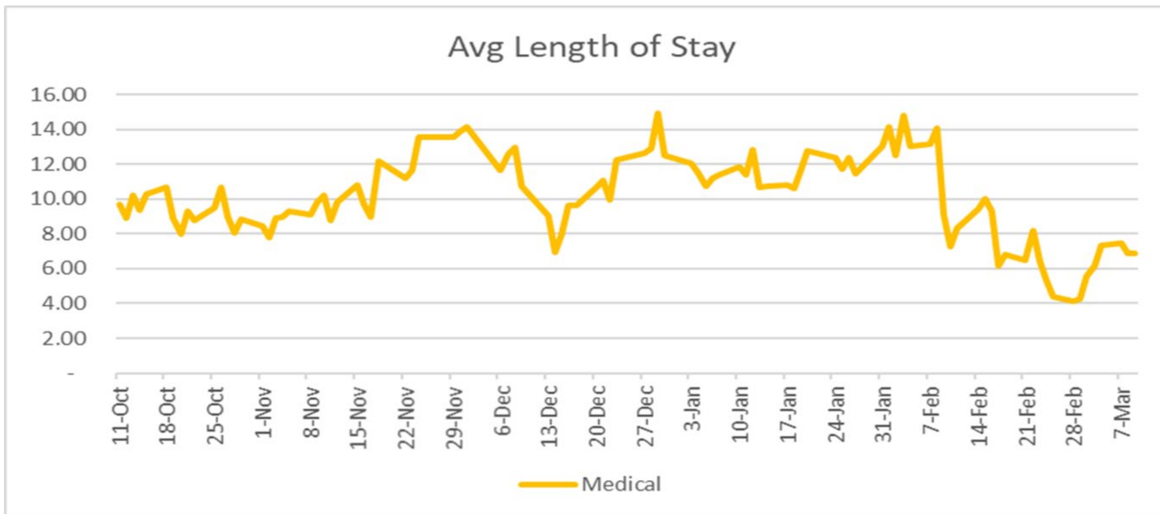
Operational Performance:

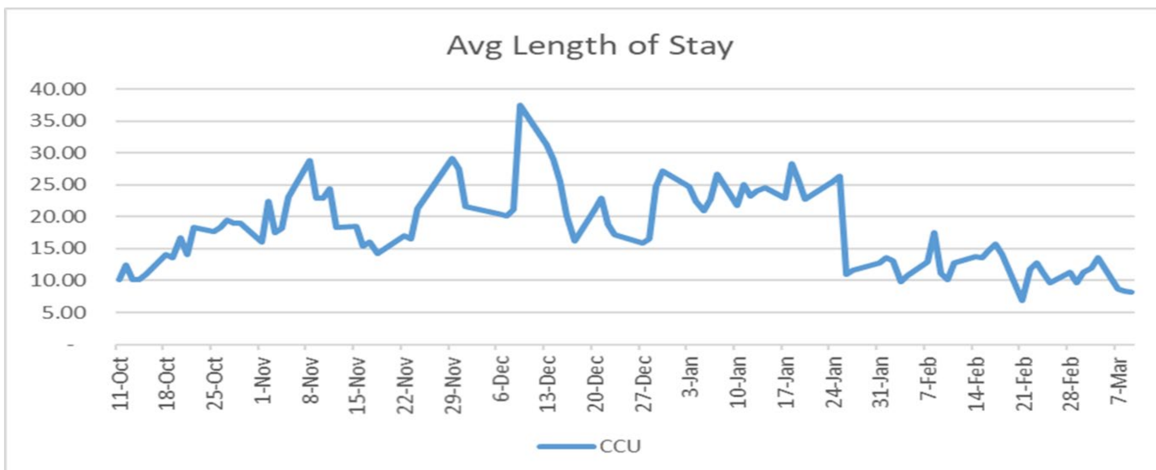


- Emergency Room Diversions remain at zero hours
- There is a direct correlation of diversion hours to admissions to both BHU and Medical Surgical areas and improvements in throughput.



Behavioral Health and other admissions have improved as a result of improved management of diversion hours and improved patient throughput.

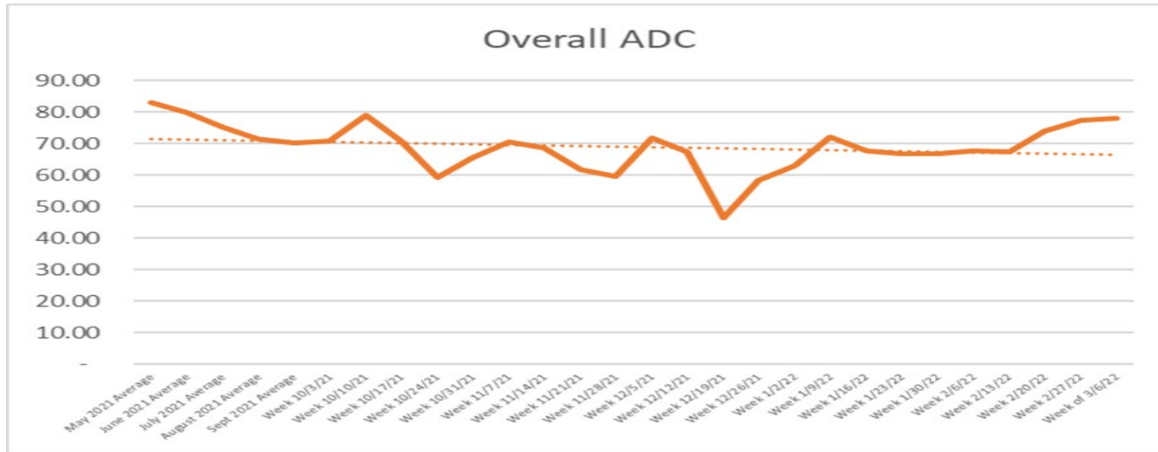




NFPHC Executive Management

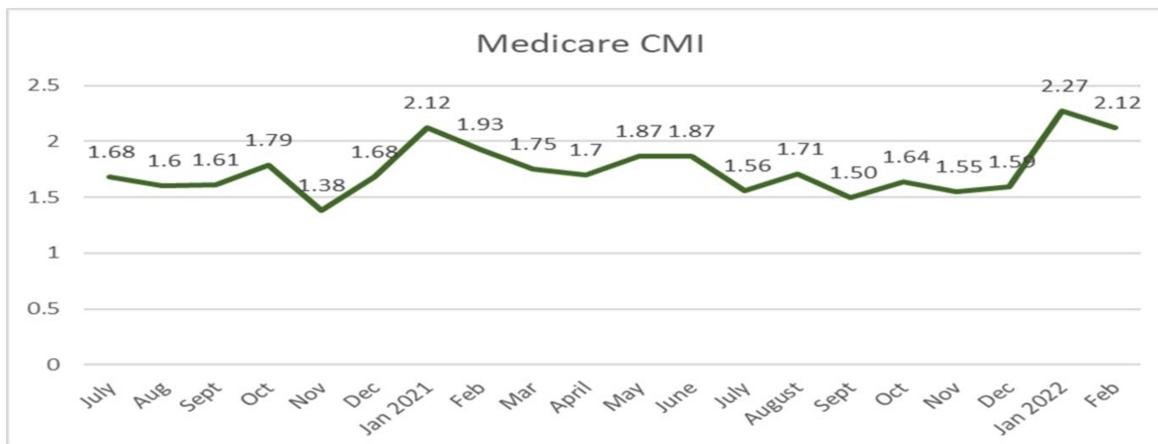
NOT-FOR-PROFIT HOSPITAL CORPORATION

Average patient days / Length of Stay has been significantly reduced, secondary to improvements in the throughput processes and other measures.



- Improvements in the Emergency Department staffing matrix and throughput, Medical/Surgical nursing, Clinical Ancillary and support services have yielded higher admissions.
- Average volumes have returned/recovered to numbers at or those prior to April 2021.

CMI increases reveal more complex patients, yet during the same time period the reduction in LOS reflects improved performance in multiple areas.



- Medicare CMI is higher at 2.27 & 2.12 than it has been since July of 2021

Case Mix Index is a measure used by CMS to determine hospital reimbursement rates for Medicare/Medicaid beneficiaries. Higher case mix index values indicate that a hospital has treated a greater number of complex, resource

intensive patients, and the hospital will be reimbursed at higher rate. Not only does CMI pay a central role in hospital finances, it is also an important indicator of hospital performance and clinical documentation.

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.

Facilities

- Critical Care transfer facilities preparation to 3rd floor
- Employee relations activities with EVS/Facilities (Plant)/Nursing Staff
- Lease Increase Letters and Lease agreements for 2022 – In-progress-being issued
- Coordinating with DC Department of Employment Services for EVS staffing & greeters (on-going)
- DC Water Agency agreed to 2-year audit of estimated billing (on-going)
- Water treatment plan in development (on-going)
- Heater and Air/ Environmental Controls Plan in development (on-going)
- Plant Equipment Weekly Audit Implementation (on-going)

Information Systems

Applications:

- Completed/executed contract with Iatrics (for advanced Meditech report writing resources); contract expenses are being fully paid by Mazars
- Completed/executed renewal contract with PatientWorks (utility software for Meditech)
- Assisted payroll and human resources with reports and adjustments for bonus payments
- Updated DocuSign templates to improve the routing and signatory processes
- Performed 3M updates
- Updated the drug database in Meditech
- Updated RALS point-of-care testing software

- Performed validation testing on Meditech during the monthly patching event to ensure all software components were fully operational after the security updates were installed
- Made name changes and validated associated charges for rooms to be used for ICU on 3rd floor (hospital)
- Submitted documents as requested to OIG for their procurement audit
- Serviced 92 Application Help Desk/Service tickets

Infrastructure:

- Completed/executed new contract for copier and printer services; ensuring no loss in services, while saving $50K/year
- Replaced/upgraded PACS monitors and workstations for Radiologists
- Completed installations of additional data and phone lines for 3rd floor (hospital)
- Reviewed and updated phone lists and hardware to ensure readiness of the 3rd floor for ICU (hospital)
- Restructured rights and access for all shared-drive folders to enhance security of information
- 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 the Mazars' team
- Regularly monitored network and user traffic for potential security issues/attacks
- Successfully serviced 334 Network and Desktop Help Desk/Service tickets
- Successfully installed and configured two SQL databases, in preparation for the upcoming Summit interface engine upgrade (the upgrade is needed to meet CMS Interoperability requirements)
- As part of our network enhancements, we successfully transitioned 10 switches out of 13 switches from closet 1027 to the new closets (moves were accomplished with minimal to no end-user interruptions).

Supply Chain:

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

- **Surgical Product Utilizations**
    - Expanding review of supply spend for product associated with elective cases.
    - Identified case type spend and review for margin determination
    - Nursing/Operating Room/Purchasing staff engaged in case utilization reviews of product acquisition, billing and reimbursement correlation;

- **Utilities Contractual Agreements**
    - In discussion with Auditing organizations for review of current spend for core utilities and other service providers. Among those being considered by means of a structured RFP include: electrical, natural gas and other commercial fuels.

Grant Program Operations and Community Initiatives

UMC Mobile Health Clinic continues to provide primary and preventive health care screenings, health literacy, and COVID-19 testing and vaccinations to District residents. In the Month of February, the Mobile Health Clinic has continued collaborations with **DC DOH 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

Wellness on Wheels Campaign: The UMC mobile team continues to expand mobile vaccination administration to District residents across all Wards. The mobile team has continued providing COVID services it the former outpatient building on UMC's campus as well as in the community at Greenleaf Gardens, Greenleaf Senior, and Highland Terrace.

- As a result, we able to perform vaccine clinics three days per week in the month of February.
- In February, the mobile staff also hosted two Public Health Nursing Students from George Washington University who continued their 6-week community health rotations within the Mobile Clinic, the Care Center (ID Clinic) and the Diabetes Education Center. This partnership largely supports the expansion of services provided within the Mobile Clinic.

NFPHC Executive Management

Chief Medical Officer

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

Chief Nursing Officer

The Interim Chief Nursing Officer report is submitted separately by Shelia Murphy, MS, RN.

Chief Compliance Officer

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Not-for-Profit Hospital Corporation

United Medical Center

Marcela Maamari

Interim Chief Executive Officer, United Medical Center

(Verbal testimony)

Before the

COMMITTEE ON HEALTH

Honorable Vincent C. Gray, Chairperson

Annual Performance Oversight Hearing

February 28, 2022

John A. Wilson Building

1350 Pennsylvania Avenue, N.W.

Washington, D.C. 20004

Good morning, Chairman Gray and members of the Committee on Health. My name is Marcela Maamari and I have the privilege of serving as the Interim Chief Executive Officer of the Not-for-Profit Hospital Corporation commonly known as United Medical Center (UMC). I have submitted my full testimony for the record.

It has been an honor to serve at UMC for the past 4 years in various roles and I am grateful to return before you today in my capacity as the Interim CEO to provide brief remarks on behalf the dedicated staff at UMC who have achieved so much in response to and in spite of the Coronavirus pandemic.

I am also grateful for the expertise and dedication of our executive management team and would like to highlight that our Chief Medical Officer, Chief Operating Officer and Chief Nursing Officer are DC natives and have a special commitment to provide excellent care to the residents of Ward 7 & 8. The leadership team, along with the support from our Fiscal Management Board, remains committed to serve the healthcare needs of this community.

As you know, this has been a difficult year for most of the hospitals in the District and around the country. Mr. Chairman, as the city works to transition care to the new Cedar Hill Regional Medical Center, UMC will continue executing our **operational plan** which provides our guide for projects, budget initiatives, and other objectives for the upcoming year. Under this plan, UMC executed several initiatives last Spring to reduce its overall expenses while maintaining many of its core services including the Emergency Room, Behavioral Health and Acute Care Services. We continue to provide consistent, high level of quality care at UMC.

Today, I will discuss the accomplishments and challenges we faced during fiscal and calendar year 2021. The following accomplishments were achieved through our strategic initiatives and are a true testament of our dedicated staff:

- Development and execution of a UMC Operational Plan to include UMC’s Budget Reduction Plan
- Successful completion of accreditation and quality surveys in FY2021 & FY2022 YTD including:
    - Annual DC Health Survey and Licensure
    - The Joint Commission Survey

- College of American Pathology Survey
- American College of Radiology accreditation completed
    - CT Re-Accreditation completed
    - Nuclear Medicine Re-Accreditation completed
    - Ultrasound Re-Accreditation completed
    - Mammography Re-Accreditation completed

- Successful completion of Vaccine mandates for employees and contractors
- Negotiations & Ratification of CBA with DCNA, UFSPO & SEIU;
- Vaccination and COVID19 testing clinics in both our onsite clinic and mobile unit.
- Designation of a full service imaging center with the opening of both our MRI & Fluoroscopy services
- Significant reduction in ambulance off-loading time and PG ambulance reroute hours.

UMC has experienced nursing shortages and staffing challenges throughout the duration of the COVID-19 Pandemic. During the pandemic, many healthcare workers retired, resigned for agency work, and were absenteeism due to Covid-19 infections and most recently Omicron. Omicron affected our staff, our community and our budget. These healthcare workers being placed out of the workplace has presented additional challenges to staffing and have also had an impact in patient volume. Shortages in mandatory areas such as Radiology, Respiratory Therapy and Laboratory, impacted hospital operations. These regional shortages posed significant challenges within a community with the highest need for services. Specifically, the expense for agency nursing increased approximately 60% based on the high demand for supplemental nursing staff in the region. Staffing agencies continue to charge a "Premium or Covid Crisis" rate, which heavily impacts our budgeting for nursing and other ancillary staff.

The nursing shortage in our Emergency Room Department forced UMC to be on sudden and sustained Prince Georges Diversion for much of its first quarter in FY22. 25% of our ambulance volume comes from Prince Georges county. One of UMC's primary sources for admission volume is through its Emergency Department and this diversion impacted operating revenues for the first 4 months of the fiscal year.

We stabilized the Emergency Room operations with a new operational efficiency model and new senior nursing leadership. To address the staffing shortages, UMC increased the onboarding of contract staff and the enlistment of additional nurse staffing agencies to ensure sustained access to care within our emergency and inpatient care departments during the pandemic. The response has resulted in UMC being off PG diversion since the end of January and improved ambulance drop off times for both PG and DCFEMS. There are zero diversion hours for DC and zero diversion hours for PG over the past 30 days. In the last report from DCFEMS, UMC had the lowest drop off time of any hospital in the District. New Nursing leadership has enforced policy to result in an 80% reduction in nurse call outs for the month of February.

From a quality perspective UMC has continued to shine objectively. Our 2021 Quality Dashboard showed numerous and significant improvements. In 2021, we only had two (2) reportable Hospital Acquired Pressure Injuries (HAPI), and we had zero FD-12 Elopements. Our infection control performance remained well above the national standard, with zero Central Line Associated Bloodstream Infections, zero Catheter Associated Urinary Tract Infections, and zero Ventilator Associated Events. Additionally, we had outstanding low rates of Hospital Acquired Infections (HAI): VRE, C. Difficile, MRSA, and Surgical Site Infections. These improvements illustrate that quality care is our goal and we're reaching that goal in measurable and identifiable ways.

From a patient experience perspective, our CMO, (Dr. William Strudwick), rounds and visits every newly admitted patient. The new Director of Case Management, (Dr. Paul Oriaifo), accompanies him as they introduce themselves to every inpatient and inquire about the care each patient received in the emergency department, on the medical floor, and in the ICU. During the rounds, the CMO and Director of Case Management immediately address any issues, extend support to the nursing staff, and communicate with attending physicians on behalf of the patients. This initiative moves us closer toward the goal of improving the perception of UMC in the community as well as highlighting and supporting the needs of our patient and staff in real-time. Visibility and accessibility of management on the units has been an added enhancement and further shows that we are putting our patients first.

In conclusion, thank you, Mr. Chairman and members of this Committee, for the opportunity to testify on behalf of UMC. We continue to provide quality care to the residents we are privileged to serve despite year two of these unprecedented times. Our mission and values guide our decisions every day, and we have a renewed focus as we turn the corner of our national and local Covid-19 response. This concludes my remarks, and I am happy to address any questions that you and other members of the Committee have for us.

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

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

Date: March 8, 2022

Re: The Top Health Law Issues - 2022

This report to the Board of the Not-for-Profit Hospital Corporation (commonly known as the United Medical Center (UMC)), is in accordance with UMC's compliance program to keep the hospital's board informed of key programmatic initiatives, developments, and accomplishments, as well as regulatory and legal issues relevant to UMC. The UMC Chief Compliance Officer also serves as (1) the hospital's Privacy Officer, (2) the hospital's Ethics Counselor, and (3) the hospital's FOIA Officer.

This month's report serves as an outlook on the top legal issues in health for 2022, as identified by leading "thought leaders" in health care, and which can serve as legal guideposts for the Board as it navigates what will certainly be a challenging year for all health care leaders, particularly hospital boards of directors.

COVID: A Catalyst for Advance Practice Professionals

- COVID has permitted APPs to demonstrate their value to ensuring access and continuity of care (in part through the facilitating waivers during the pandemic), independently and without delays.
- APPs typically include Physician Associates, Certified Registered Nurse Practitioners, Certified Nurse Mid-Wives, and Certified Nurse Specialists.
- The shifting landscape during COVID permitted APPs to practice across state lines, beyond their typical scope of practice, and via telehealth. These APPs can extend the practice range and scope of a facility, in a manner that provides effective and efficient care to patients.
- However, it remains unclear what the post-pandemic future holds - some states (including Virginia) have replaced the pandemic waivers with permanent legislative practice expansions, which will enable the APPS to continue to function in this manner.

Source: Lisa Lucindo, Esq., Hall Render

Impact Upon Behavioral Health

- During the pandemic, 4 in 10 adults in U.S. have reported symptoms of anxiety or depression: a four-fold increase from pre-pandemic levels. Regarding children, a *National State of Emergency in Children's Mental Health* was declared jointly by the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association.
- During pandemic, increased recognition of the connection between mental/behavioral health with physical health became apparent.
- Nonetheless, the delivery of behavioral health care remains highly fragmented – typically small practices limited to a few facilities.
- Some speculation that the enhanced awareness of behavioral health may lead to consolidation of practices and facilities, and a demand for greater reimbursement. With this, will come greater regulatory scrutiny and enforcement.

Source: Purvi Maniar, Esq., Norton Rose Fulbright

Securing the Supply Chain for Hospitals and other Providers

- Early in the pandemic, much of the country experienced shortages, particularly as to PPE.
- Currently, ongoing supply chain challenges include lack of long-haul drivers, overloaded shipping ports, and shortages of certain supplies and equipment.
- Most recently, as a consequence of international events, spiking gasoline prices are impacting costs of delivery.
- FBI and DOJ have over past 24 months brought significant law enforcement actions on health supply price profiteering and fraudulent sales (e.g., counterfeit goods, last-minute changes in payment terms).
- It is hoped that such enforcement activity can curb the skyrocketing supply costs hospitals and other providers are experiencing.

Source: Michael Herald, Guardian Healthcare; Sarah Swank, Nixon Peabody

Health Care Workforce IDEA (Inclusion, Diversity, Equity & Accessibility)

- 3 areas of particular interest this year include:
  - Defining Diversity – as the definition of diversity continues to expand, employers will need to clearly articulate what "diversity" means for their organization, beyond the mandates of local and federal law.
  - Unconscious Bias and Micro-aggressions - in the health care context, this includes in particular potential causes for health care inequalities.
  - Use of Statistics in Diversity Initiatives – While such statistics can be useful, their deployment should be used carefully to minimize potential claims of intentional discrimination or disparate impact discrimination.
- Efforts in Washington, DC are ongoing to provide for the promotion and development of a healthcare workforce whose leadership and job opportunities address disparities. The DC Hospital Association Diversity, Equity, and Inclusion Workgroup is one example.

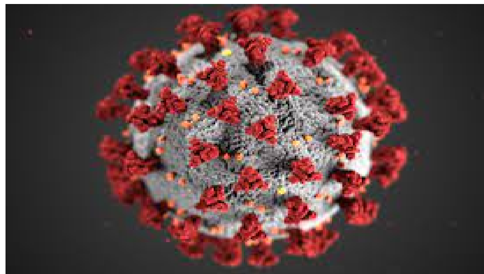
Source: Tiffany Buckley-Norwood, Esq., Trinity Health

Health Care Workforce Employment Law

- Vaccine Mandate - issues will continue in ’22, particular as to expectations regarding “fully vaccinated” evolve, and regulators and surveyors (state, CMS, TJC) jockey over deadlines.
- COVID Exposure Liability - These cases are beginning to appear (e.g., New Jersey, Illinois) and have typically been brought by a family member of a health care worker who has contracted COVID from the worker.
- Staffing Shortages – This global shortage (it is estimated that by 2030 there will be a global shortfall of approximately 10 million nurses) is highlighting the need for health care employers to take care of their staffs physically and mentally, as well as providing needed training/cross-training to meet future needs.
- Whistleblower Cases – Particularly as to areas such as PPE, mask and vaccine policies, and COVID-related training are on the rise nationally.

Source: Shalyn Smith McKitt, Esq., Baleh & Bingham

Pandemic-Related Enforcement and Oversight



- DOJ is engaged in investigations and post-hoc enforcement of fraud associated with pandemic relief, including the CARES Act, the Paycheck Protection Program, and the Provider Relief Fund.
- PPP cases already exceed over $225 million in potential losses.
- Likely to see more complex cases involving the False Claims Act in coming years, following audits of recipients of such payments.
- Already uncovered by investigators have been cases involving misuse of funds for luxury purchases, payment of personal debt, and stock market investments.
- Responding to government audits by provides will require ability to provide contemporaneous documentation and any internal audits that were conducted to ensure compliance with funding.

Source: Jody Rudman, Esq., Husch Blackwell

Full Disclosure – Surprise Billing and Hospital Price Transparency in 2022

- In an effort to promote greater transparency for consumers in health care, HHS and CMS recently implemented laws and regulations related to price transparency and to surprise billing.

- Effective January 1, 2022, the *No Surprises Act* prohibits "balance billing" for: ER services provided by an out-of-network provider; non-emergency services provided by an out-of-network provider at an in-network facility and air ambulance services.

- Effective January 1, 2021, federal regulations require hospitals to disclose publicly the prices they charge for items and services, including negotiated reimbursement rates with third party payors.

- Throughout 2021 (and expected to continue this year), CMS audited hospitals at hundreds of locations, and issued "warning letters" for noncompliance. To this point, no public reports of financial penalties for noncompliance have been issued, but are available under the law.

Source: Lisa Lucido, Esq., and Benjamin Fee, Esq., Hall Render

NOT-FOR-PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
Corporate Secretary / VP Public Relations

DATE: March 15, 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 approximately 14 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's Nurse Cherrel Christian presented a workshop entitled "The ABC's of Diabetes" to the Smart from the Start Family Success Center at Woodland Terrace community on February 24, 2022.

Weekly Newsletter – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of February, the newsletter celebrated Heart Health Month, Black History Month, and included a special tribute to Dr. Strudwick' s mother Dr. Catoe-Strudwick who passed in early February. If you have news or resources you would like to share, please send it to Toya Carmichael – tcarmichael@united-medicalcenter.com by the first Wednesday of the month.

News Media– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC appeared in four news article in

the month of February and was featured in a news story regarding the December COVID spike produced by MBC Korea.

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending February 28, 2022

DRAFT

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1. Gap Measure
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Gap Measures Tracking

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

	FY 2022 Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY22 Adjusted Gap Measures)
Annualized Net Loss from Operations Before District Subsidy			($27,335,000)	
District Subsidy			$15,000,000	
Adjusted Annualized Net Loss from Operations			($12,335,000)	
Add: Initiatives to be Realized				
Mazar Initiatives	$8,500,000	$1,687,798	$6,812,202	19.9%
2021 Unrealized Initiatives	$600,000	$0	$600,000	0.0%
GWUMFA Professional Fees Collection	$7,200,000	$1,815,309	$5,384,691	25.2%
Subtotal	**$16,300,000**	**$3,503,107**	**$12,796,893**	21.5%
Projected Net Income (Loss) from Operations			**$461,893**	
Original Projected Income			$421,000	
Difference from Original Projected Income			$40,893	

Report Summary

- **Revenue**
  - **Total operating revenues are lower than budget by 14% (1.5M) MTD and 8% (4M) YTD as a result of the following contributing factors:**
    - **Net patient revenue is lower than budget by 24% (1.6M) MTD and 21% (6.9M) YTD, due to low activity.**
      - **Admissions are lower than budget by 23% MTD and 31% YTD.**
      - **ER visits are lower than budget by 21% and 9% YTD.**
      - **Surgeries are lower than budget by 15% MTD and 15% YTD.**
    - **DSH revenue is lower than budget by 40% (671K) MTD but higher than budget by 29% (2.4M), due to revised DSH calculation and payment.**
    - **GWMFA collections are lower than budget by 25% (148K) MTD and 39% (1.2M) YTD, due to their system implementation issues and lower activities.**
- **Expenses**
  - **Total operating expenses are slightly under budget by 1% (115K) MTD but higher than budget by 3% (1.6M) YTD.**
    - **Notable variances:**
      - **Salaries are lower than budget by 14% (553K) MTD and 7% (1.3M) YTD, due to vacancies.**
        - **Overtime is 314K MTD and 1.6M YTD. A review is being done on the accuracy of overtime usage and time reporting.**
      - **Supplies are higher than budget by 29% (187K) MTD and 12% (381K) YTD.**
      - **Contract Labor is higher than budget by 124% (517K) MTD and 107% (2.2M) YTD, due to agency staffing.**
      - **Purchased Services are higher than budget by 6% (74K) MTD and 4% (277K) YTD, due to timing of expenses.**

Key Indicators

Fiscal Year 2022 thru 02/28/22 Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	284	369	400	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	123	145	142	▼	▲
Emergency Room Visits	Actual Visits	2,403	3,043	2,716	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	569	624	724	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.24	1.13	1.27	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	48%	55%	46%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	40	85	82	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	109%	92%	95%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	89	45	28	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-11.6%	1.0%	-26.2%	▼	▲

Total Admissions (Consolidated)

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284							
FY22 Budget	369	369	369	369	369							
FY21 Actual	419	306	372	354	400							

Inpatient/Outpatient Surgeries

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123							
FY22 Budget	145	145	145	145	145							
FY21 Actual	146	153	146	147	142							

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	2,403							
FY22 Budget	3,043	3,043	3,043	3,043	3,043							
FY21 Actual	3,313	3,037	2,947	2,909	2,716							

Number of FTEs

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569							
FY22 Budget	624	624	624	624	624							
FY21 Actual	764	771	766	725	724							

Case Mix Index

1.6000
1.4000
1.2000
1.0000
0.8000
0.6000
0.4000
0.2000
0.0000

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

FY22 Actual FY22 Budget FY21 Actual

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400							
FY22 Budget	1.1300	1.1300	1.1300	1.1300	1.1300							
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700							

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

	FY22 Actual	FY22 Budget	FY21 Actual
Salaries/Wages & Benefits as a % of Operating Expenses	48.1%	54.8%	46.1%

Net Accounts Receivable (AR) Days With Unbilled

	FY22 Actual	FY22 Budget	FY21 Actual
Days	40	85	82

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%	109%							
FY22 Budget	92%	92%	92%	92%	92%							
FY21 Actual	111%	99%	93%	92%	95%							

Days Cash On Hand

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	89							
FY22 Budget	45	45	45	45	45							
FY21 Actual	86	84	63	40	28							

Operating Margin % (Gain or Loss)

30.0%
20.0%
10.0%
0.0%
-10.0%
-20.0%
-30.0%
-40.0%
-50.0%
-60.0%

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

FY22 Actual FY22 Budget FY21 Actual

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	-5.6%	-9.8%	-15.4%	-10.8%	-11.6%							
FY22 Budget	1.0%	1.0%	1.0%	1.0%	1.0%							
FY21 Actual	-19.4%	-19.7%	-22.5%	-28.5%	-26.2%							

Income Statement

FY22 Operating Period Ending February 28, 2022

	Month of February			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	284	369	400	(85)	-23%	(116)	-29%	1,279	1,846	1,851	(567)	-31%	(572)	-31%
Patient Days	1,678	2,236	2,429	(558)	-25%	(751)	-31%	8,918	11,181	11,039	(2,263)	-20%	(2,121)	-19%
Emergency Room Visits	2,403	3,043	2,716	(640)	-21%	(313)	-12%	13,816	15,213	14,922	(1,397)	-9%	(1,106)	-7%
Clinic Visits	957	1,089	2,058	(132)	-12%	(1,101)	-53%	5,671	5,443	9,676	228	4%	(4,005)	-41%
IP Surgeries	41	67	60	(26)	-39%	(19)	-32%	214	337	317	(123)	-37%	(103)	-32%
OP Surgeries	82	78	82	4	5%	-	0%	411	390	417	21	5%	(6)	-1%
Radiology Visits	695	763	489	(68)	-9%	206	42%	3,810	3,813	2,843	(3)	0%	967	34%
Revenues														
Net Patient Service	5,091	6,665	6,373	(1,574)	-24%	(1,282)	-20%	26,429	33,324	29,421	(6,896)	-21%	(2,992)	-10%
DSH	987	1,658	964	(671)	-40%	23	2%	10,689	8,292	4,007	2,397	29%	6,681	167%
CNMC Revenue	150	151	177	(1)	0%	(27)	-15%	927	753	815	174	23%	111	14%
Other Revenue	2,581	1,824	2,869	757	42%	(287)	-10%	9,448	9,120	12,755	328	4%	(3,306)	-26%
Total Operating Revenue	**8,810**	**10,298**	**10,383**	**(1,488)**	**-14%**	**-1,573**	**-15%**	**47,492**	**51,489**	**46,998**	**(3,997)**	**-8%**	**494**	**1%**
Expenses														
Salaries and Wages	3,365	3,918	4,036	(553)	-14%	(671)	-17%	18,248	19,588	22,784	(1,340)	-7%	(4,535)	-20%
Employee Benefits	923	1,033	1,044	(110)	-11%	(121)	-12%	5,362	5,166	6,425	196	4%	(1,063)	-17%
Contract Labor	933	417	936	517	124%	(3)	0%	4,323	2,083	1,762	2,239	107%	2,561	145%
Supplies	824	637	992	187	29%	(168)	-17%	3,567	3,186	4,775	381	12%	(1,209)	-25%
Pharmaceuticals	170	218	301	(49)	-22%	(132)	-44%	1,028	1,092	1,273	(64)	-6%	(245)	-19%
Professional Fees	1,583	1,685	2,011	(102)	-6%	(428)	-21%	8,439	8,424	8,854	15	0%	(415)	-5%
Purchased Services	1,308	1,234	1,733	74	6%	(425)	-25%	6,447	6,169	7,442	277	4%	(996)	-13%
Other	1,042	1,121	1,194	(79)	-7%	(152)	-13%	5,585	5,605	5,983	(20)	0%	(398)	-7%
Total Operating Expenses	**10,148**	**10,263**	**12,247**	**(115)**	**-1%**	**(2,098)**	**-17%**	**52,998**	**51,313**	**59,298**	**1,685**	**3%**	**-6,300**	**-11%**
Operating Gain/ (Loss)	**(1,338)**	**35**	**(1,864)**	**(1,373)**	**-3911%**	**526**	**-28%**	**(5,506)**	**176**	**(12,300)**	**(5,681)**	**-3236%**	**6,794**	**-55%**

Balance Sheet

As of the month ending February 28, 2022

Feb-22	Jan-22	MTD Change		Sep-21	YTD Change
			Current Assets:		
$ 46,705	$ 48,683	$ (1,978)	Cash and equivalents	$ 46,041	$ 664
8,511	8,837	(326)	Net accounts receivable	9,186	(675)
5,949	5,957	(8)	Inventories	6,045	(96)
4,455	3,831	624	Prepaid and other assets	2,809	1,646
65,621	67,309	(1,688)	Total current assets	$ 64,081	$ 1,540
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
57,334	58,474	(1,139)	Capital Assets	62,296	(4,962)
57,334	58,474	(1,139)	Total long term assets	62,296	(4,962)
$ 122,955	$ 125,782	$ (2,827)	Total assets	$ 126,377	$ (3,422)
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
16,064	15,113	951	Trade payables	14,582	1,482
6,937	7,459	(522)	Accrued salaries and benefits	7,762	(825)
4,300	4,300	0	Other liabilities	4,300	0
27,302	26,873	429	Total current liabilities	26,644	658
			Long-Term Liabilities:		
8,921	9,677	(756)	Unearned grant revenue	-	8,921
17,079	17,076	3	Estimated third-party payor settlements	18,762	(1,683)
1,692	1,692	-	Contingent & other liabilities	1,692	0
27,692	28,445	(753)	Total long term liabilities	20,454	7,238
			Net Position:		
67,961	70,464	(2,504)	Unrestricted	79,278	(11,318)
67,961	70,464	(2,504)	Total net position	79,278	(11,318)
$ 122,955	$ 125,782	$ (2,827)	Total liabilities and net position	$ 126,377	$ (3,422)

Statement of Cash Flow
As of the month ending February 28, 2022

Dollars in Thousands

Month of February			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
		Cash flows from operating activities:		
$ 6,406	$ 6,943	Receipts from and on behalf of patients	$ 36,109	$ 32,358
(5,523)	(6,573)	Payments to suppliers and contractors	(29,446)	(36,967)
(4,810)	(5,517)	Payments to employees and fringe benefits	(24,435)	(29,431)
1,973	2,747	Other receipts and payments, net	4,287	(5,088)
(1,954)	(2,400)	Net cash provided by (used in) operating activities	(13,485)	(39,127)
		Cash flows from investing activities:		
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
		Cash flows from noncapital financing activities:		
-	-	Repayment of notes payable	-	-
-	-	Receipts (payments) from/(to) District of Columbia	15,000	15,000
-	-	Net cash provided by noncapital financing activities	15,000	15,000
		Cash flows from capital and related financing activities:		
-	-	Net cash provided by capital financing activities	-	-
1	3	Receipts (payments) from/(to) District of Columbia	5	(119)
(25)	(96)	Change in capital assets	(856)	(2,157)
(24)	(93)	Net cash (used in) capital and related financing activitie	(851)	(2,276)
(1,979)	(2,493)	Net increase (decrease) in cash and cash equivalents	665	(26,403)
48,683	**29,492**	**Cash and equivalents, beginning of period**	**46,041**	**53,402**
$ 46,705	**$ 26,999**	**Cash and equivalents, end of period**	**$ 46,705**	**$ 26,999**
		Supplemental disclosures of cash flow information		
		Cash paid during the year for interest expense		
		Equipment acquired through capital lease		
		Net book value of asset retirement costs		