UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting
Date: April 27, 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, April 27, 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).

General Board Meeting Date:

April 27, 2022

Reading and Approval of Minutes

Minutes Date:
March 23, 2021

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

Directors:

Angell Jacobs, Robert Bobb, Dr. Malika Fair, Donita Reid-Jackson, CMO Dr. William Strudwick, Interim CEO Marcela Maamari, Wayne Turnage,

UMC Staff: COMS 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, SM Williams, Cheron Rust

Other: Kai Blissett, Andrew Cameron

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:47 pm. Quorum determined by Toya Carmichael.
Approval of Agenda	*Mot to approve agenda by Dr. Fair, 2nd by Dir. Bobb, Unanimous vote.*
Approval of Minutes	*Mot to approve minutes by Dr. Fair, 2nd by Dir. Bobb, Unanimous vote.*
	CMO Report – Dr. William Strudwick • Presented divergence chart on page 1 of report. This issue was a point of discussion during our oversight hearing. • The divergence was primarily due to staffing.

- No ambulance reroutes occurred in February or the first two weeks in March. We accomplished this through new nursing leadership and constant presence of leadership in the ED, and the units. Successfully attracting new staff and retaining current staff, financial incentives, distinguished ourselves amongst the DCHA hospitals by going from the most divergence to the least. The results is an uptrend in our ED activity, admissions, and improvement in our ED patient experience scores. Seeing better morale and positive feedback from GW physicians. Boots on the ground team is at work and ready to carry this on until we pass the baton to Cedar Hill Medical Center.

Dr. Fair asked whether the goal is to retain current nurses, provide incentives to them and backfill with a certain amount of agency but not too many or is the goal to backfill as many positions as possible regardless of whether its agency or not? As we get closer to 2025 should we rely on agency staffing more as we anticipate people leaving for other jobs?
- Dr. Strudwick said our first goal is to incentivize our staff nurses. Agency nurses are very expensive and we are working with a budget so if we are able to incentivize our staff nurses, even if we have to have them do a certain amount of OT it is cheaper than agency nurses.
- We realize that towards the end we may have to use more agency nurses but right now it is more fiscally responsible to have our staff nurses work more. We are seeing good results with incentivizing our staff nurses.
- CMS is something we do on a regular basis, CMS always asks for our quality reports, hand washing, and other reports that all hospitals are requires to submit to CMS.

- Shelia Murphy added that our goal is to eliminate agency up to the time that we have no choice but to use them. Our goal is to reduce agency staff now by 50%. We are still attracting new nurses because we have a competitive wage salary and a friendly environment. We had six nurses join us this month.

Kai asked that the report reflect that the CMS request is a regular report as opposed to a special report to CMS. Also noted that the CNO report noted there have been challenges with onboarding. Are these new challenges or things that have already been brought to us?
- Shelia noted the challenges are historical in nature but we recently established a daily huddle with HR to review vacancies and make sure those are in the process to be advertised and filled.

Dir. Jacobs acknowledged the progress that has been made and saw the letter from Dr. O'Connell regarding the improvements. Noticed the same note about the challenges

with onboarding, asked whether we are still having candidates apply for jobs outside of our website and whether that issue is being addressed?

- Shelia responded that we still post on our site and elsewhere but people have to apply on Indeed.

Chair Jacobs asked if we are still trying to rectify having people apply for jobs on our website so that the process is more automated?

- Toya responded that our website has the open positions and links to Indeed. The website has the capability for applicants to apply directly from our site but the HR team was not ready to use that function.
- Shelia noted that when you click on the links many of the positions are expired but that is why they are meeting with HR on a regular basis to make sure the postings are updated.
- Toya added that the HR team has been trained and has access to the website to update the job postings but the most updated list will be provided to the website developer to conduct the update.

MCOS Report – Dr. Morrow
- No formal report, referred attention to the Department reports already submitted.

CNO Report – Shelia Murphy
- We already discussed staffing.
- Turned focused to Quality, the big initiative right now is hospital acquired pressure inquiries, working with our wound care team, implementing the Hopkins Robust Process for Improvement …as of this date we have no hospital acquired pressure injuries. This is huge for us because we had four in the last few months that were reportable to CMS.
- We are also reestablishing the Sepsis Committee because that is something else we have to report to CMS. We have not done the best at that but we have implemented some changes in documentation and changes in the way we look at the data and we will report back about that next month.
- In the ED we did our initial all hands on deck approach to achieve efficiency, even our Chief Compliance Officer have worked to make the ED a better place for patients who come here. We are going to hire more sitters and people to be in the ED to talk with patients as they wait in the lobby and work to improve the patient experience.
- Chart included in her report shows some of the metrics from the ED.

Mot to accept CMO and CNO Report by Dir. Bobb, 2nd by Dr. Fair

	Unanimous vote.
Executive Management Report	**Interim CEO Report – Marcela Maamari** • We had our performance oversight hearing this month and are preparing for our budget hearing next week. • Had a successful CAPs survey and acknowledged and our thanked the laboratory team. • Highlighted leadership initiatives with regards to vendor spend reduction and supply spend reduction and have highlighted those areas in her report. • You heard a little about our improvements around throughput and how that has impacted the BHU unit. Chair Jacobs asked if the daily census reports include observation patients? • Marcela noted they do include observation patients but that can be separated out. *Motion to accept Exec Management Report by Dir. Turnage, 2nd Dr. Fair by, unanimous vote.*
Financial Report	**CFO Report - Lillian Chukwuma** • We are in the 6th month of our fiscal year. This is the time we do another forecast so we can see how it matches with our gap. • Highlighted page 16. The month of February there was progress and inching up from where it has been. We are hoping this will continue that way. • Year to date in admissions we are still 31% down from our projection but we are hoping the improvements will show in our activity levels. • Our ED is 9% knowing the first quarter of the year had a lot of COVID vaccinations but stabilizing now. We will be able to see soon what our ED utilization really is. • Our net revenue is at a 21% shortfall because the revenue is not where it is supposed to be. • Our expenses, our revenue is $47 million but our expenses are $51 million so we have a $5.5-million-dollar loss. So going back to the Gap, we see were February is but we see if things happen the way there are supposed to we will have a $12.3 million loss. But there are still some initiatives that we are waiting on so we will see where we are in March. • GW had some initial challenges with collections due to a glitch in their new system but we are hoping that will improve. • Highlighted the report summary narrative page.

- We heard Shelia talked about agency contracts and overtime coming down and she is managing it the way she is supposed to be. Believes we are still in position to balance this budget with seven months left in the year.

Dir. Turnage asked what percentage of the Gap initiatives do we have it to finish with the least imbalance and how does that compare to where we are now?

- The initiatives we have on the table was a total of $9.1 million, if you look right now we still need 80% of our gap initiatives to balance and 75% for GW initiatives.

Chair Jacobs said that if we divided the initiative dollars evenly, we are about $2 million dollars behind where we should be. We definitely need to focus on the realization of the initiatives regardless of activity.

- Marcela noted that we are still reconciling our supply realization so we are looking to March to see a bump in that area.
- David Turner noted that when we look at the financials we are seeing like in pharmaceuticals and supplies a 25% savings so we are working on that, our vendor utilization technically is $4 million, so there is a disconnect there that we need to reconcile and we are working with Lillian and her team to work that out.

Dir. Turnage asked how we are going to find $9 million dollars in efficiencies in this short period time?

- Lillian noted that it is not efficiencies it is initiatives.

Dir. Turnage asked based on order of magnitude, can we tell him what initiatives are supposed to achieve the most money in order from top to bottom?

- Lillian commented that it is really a bunch of vendor initiatives so like in purchase services there was $3.4 million to come from that category, in professional fees $600,000, non-medical supplies $2.3 million, pharmacy $700,000 in this area, in other expenses which was a combination of legal and other things $1.5 million. So there were particular items that were targeted in initiatives.

DM Turnage noted that our balance sheet has been struggling for a long time so if it is possible why hasn't it happened yet?

Chair Jacobs noted that our time has run but there has not been a realization at this point in time. I want to make sure that the energy and focus is as intense as it needs to be to make sure that we do or can realize the remaining balance of $7 million in initiatives. We have had five months to catch up, it needs to be known that the work is being done so the initiatives are achieved.

- Dr. Strudwick noted that we have had 2 ½ years of COVID started and stopping. We have had not even four months were we didn't have to worry about COVID where we have shown without those challenges we can make these inroads. We had staff who were out sick and other issues where now we have shown some inroads in achieving the initiatives.

	Chair Jacobs noted these initiatives were developed during COVID to balance the FY22 budget.
	• David Turner noted that the $2.4 that was achieved was done so in the first four months so if we continue the way we are going overtime we should…
	• Lillian interjected and said we can't look at what has been realized but we need to focus and talk about how the work is being done not the accounting of the funds.
	• Marcela noted that we had to do a lot of contract negotiations to get to where we are now and we had to negotiate contracts around some of our supplies like reagents and we were able to bring those costs down significantly so we should start seeing those savings soon.
	Dir. Turnage asked if the operator has produced a break glass plan that will address what we do in a dooms day scenario?
	• Chair Jacobs said no, she has met with the team and expressed how important it is that we have that break glass scenario and as we approach closing that we do what is necessary to continue to operate until the last day.
	Dir. Turnage shared that he senses some reticence from the operator on presenting a break glass plan that would require the hospital to scale down. It is not their job to worry about what will they recommend but to recommend it and let the board decide to take it on or not and go to the Council and say this is what we need to do to stop the bleeding or the Board can decide not to accept that plan and become less than a 24-hour operation but then the Board has to go back to the city and empower the Chair to go back and ask for more money. When the Board says we want a break glass scenario then that's what they should bring to the Board.
	Dir. Bobb noted that at the end of the day it is our responsibility but we have to have an analysis and opportunity to review the analysis to make a decision about how to go to the City Council and make suggestions about what to do going forward.
	Chair Jacobs agreed and said the Board needs the leadership to bring forth the real break glass scenario.
	• Marcela stated that she and the team will begin to work and present the Phase 2 plan and meet with Chair Jacobs
	Chair Jacobs stated we might need to have some monthly reporting on unbudgeted expenses and see where we are.
	DM Turnage noted that Kai also pointed out that the expenses can come back and bite us.
	Motion to accept January financials by Dr. Fair, 2nd Dir. Bobb, unanimous vote.
Public Comment	Chair Jacobs noted that the UMC Budget Hearing is scheduled for Monday, March 28, 2022 at 10am.
Closed Session	Mike Austin read the justification for entering Closed Session. Motion to enter Closed Session by Dr. Fair 2nd by Dir. Bobb.

	Toya conducted roll call – 5 yays
	Open Session ended at approximately 4:41pm.
	Closed session began at approximately 4:43 pm.
	Closed session ended at 5:09pm
	Open Session started at 5:10pm.
Announcements	During closed session the board approved medical credentials and approved 1contract and two settlements. The Board also reviewed and approved the FY23 proposed budget.
Adjourned.	*Motion to adjourn by DM Turnage, 2nd by Dir. Bobb, unanimous vote.* Meeting adjourned at approximately 5:11pm.

United Medical Center (UMC)

General Board Meeting Date: April , 2022

Consent Agenda

UMC

UNITED
MEDICAL CENTER

General Board Meeting
Date: April 27, 2022

CMO Report

Presented by:
Dr. William Strudwick
Chief Medical Officer

Not-For-Profit Hospital Corporation
CMO March 2021 Report & Accomplishments
Respectively submitted by William Strudwick, MD

COVID-19/Hospital Enhancements:

CHATS Region V - County/Hospital Alert Tracking System
March 1, 2022 – March 31, 2022

Hospitals	Yellow Alert			Red Alert			Mini Disaster			ReRoute			Total		
	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hour	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours
Bowie Health Center (UMCRH)	22	9.08	199.8	0	0	0	0	0	0	0	0	0	22	9.08	199.81
CalvertHealth Medical Center	7	7.94	55.59	0	0	0	0	0	0	3	1.34	4.01	10	5.96	59.6
Capital Region Medical Center (UMCRH)	17	19.01	323.2	10	16.47	164.71	0	0	0	3	3.74	11.22	30	16.64	499.12
Charles Regional (UM)	12	5.12	61.48	1	8.68	8.68	0	0	0	0	0	0	13	5.4	70.16
Doctors Community Hospital	3	4.41	13.22	1	9.21	9.21	0	0	0	0	0	0	4	5.61	22.43
Fort Washington Hospital	7	9.61	67.3	6	7.27	43.59	1	0.14	0.14	0	0	0	14	7.93	111.03
Germantown Emergency Center (Adventist)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Holy Cross Germantown Hospital	11	5.3	58.26	3	6.91	20.72	0	0	0	0	0	0	14	5.64	78.98
Holy Cross Hospital	15	9.66	145	1	16.42	16.42	0	0	0	4	1.16	4.65	20	8.3	166.04
Laurel Medical Center (UMCRH)	1	44.59	44.59	0	0	0	0	0	0	1	0.32	0.32	2	22.46	44.91
Malcolm Grow Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery Medical Center (MedStar)	4	8.99	35.98	0	0	0	0	0	0	0	0	0	4	9	35.98
Prince Georges Hospital Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shady Grove Medical Center (Adventist)	27	5.31	143.4	3	9.08	27.25	0	0	0	4	1.47	5.86	34	5.19	176.54
Southern Maryland Hospital (MedStar)	6	14.27	85.6	1	8.11	8.11	0	0	0	3	2.07	6.2	10	9.99	99.91
St. Mary's Hospital (MedStar)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suburban Hospital (JHM)	26	7.53	195.7	7	10.37	72.57	0	0	0	2	2.91	5.83	35	7.83	274.1
Walter Reed National Military Medical Center	0	0	0	0	0	0	0	0	0	3	63.53	190.6	3	63.53	190.6
White Oak Medical Center (Adventist)	17	17.09	290.6	12	21.56	258.7	0	0	0	2	8.89	17.77	31	18.29	567.07
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	743	743	1	743	743	0	0	0	0	0	0	2	743	1486
Sibley Memorial Hospital (JHM), DC	18	25.09	451.7	4	9.01	36.02	0	0	0	0	0	0	22	22.17	487.67
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	21.13	338	12	43.63	523.51	0	0	0	0	0	0	28	30.77	861.55
Totals:	210	15.49	3252	62	31.17	1932.5	1	0.14	0.14	25	9.86	246.5	298	18.23	5431.5

- The above chart again indicates that we have remained consistent with our measures to keep our front door open. We had zero hours of closure to Prince Georges' County ambulances during the month of April; additionally, we did not request any "unofficial" diversion of DC Fire ambulances. During April we were able to maintain strong Emergency Department nursing staffing through focused supportive leadership and appropriate financial incentives to our dedicated nursing staff. Because of our overall

improvement in morale, we have been able to maintain our current staff, while successfully recruiting and onboarding quality new staff members.

- 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 March, there were no initial appointments, four (4) reappointments, five (5) resignations and one (1) physician Dr. Barry Smith who retired after being affiliated and having an office in the Medical Office Building for 42 years. There are currently (248) 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. "Losing a Patient –or a Healthcare Colleague –to Suicide" was presented by Michael Myers, M.D. on March 16, 2022.
- The next Quarterly Staff meeting will be held June 8, 2022.

Quality & Performance Improvement:

- Successful submission of Q1 and Q2 2021 Inpatient eCQM files to Quality Net. Corrections were made within Quality Net to ensure submission was completed.
- Meaningful Use Attestation completed with IT.
- Plan of corrections for DC Health was compiled and submitted to DC Health on 1-11-2022. Meetings were held with DC Health and leadership to discuss recommendations to Plan of correction.
- Re-submission of plan of corrections to DC Health on 3-11-2022 with proposed changes.
- Data was manually gathered from various departments and analyzed for dashboard.
- The Quality and Safety Review System records requested from CMS were sent to the Clinical Data Abstraction Center (CDAC). Worked with HIM on getting this accomplished.
- Continuing collaboration with Risk Management regarding Navex incident reporting.
- Audits for rapid response and code blue completed and analyzed for Critical Care Meeting.
- Worked with Risk management on gathering information for a case.
- Continued audits 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 2021 to decrease contamination rates for blood cultures. The rate for February is 81%; March is 86%.
- A collaborative effort between the Quality Department and Wound Care was initiated in July to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began in July. February had 2 reportable HAPI's. Weekly meetings held to discuss obstacles in achieving a better compliance rate with wound care and nursing. Reviews of the charts with HAPI's with nursing occurred. March had zero HAPI's.
- Ongoing weekly meetings with Navex to start implementation of Policy Tech. Project build will be ongoing until approximately April 2022.
- Telework Policy approved by the Policy and Procedure committee.
- COVID-19 booster verification submitted to Occupational Health for 100% compliance for the Quality Department.
- Completed Facility profile for Press Ganey 2022.
- Service Recovery
- Working with IT with issues on uploading files for abstraction on core measure charts for CMS.
- Invoices submitted in a timely fashion.

Infection Prevention & Control:

COVID-19 Update:
There was a significant decrease of COVID-19 positive cases in the community during the month of March 2022. UMC had 6 COVID-19 positive admissions in March which is a decrease from 16 in February 2022.
The number of COVID 19 positive employees decrease to 1 in March 2022 when compared to 2 positive employees in February 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, Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for March 2022.
VRE HAI = 0 cases hospital-wide for March 2022
Quarter 1 2022 VRE HAI = 1 case hospital wide for a rate of 0.2
MRSA HAI = 0 cases hospital-wide for March 2022
Quarter 1 2022 MRSA HAI = 0 cases hospital wide for a rate of 0 from date to year
C Difficile HAI = 0 cases hospital-wide for March 2022
Quarter 1 C Difficile = 0 cases hospital wide for an infection rate of 0 from date to year

The annual influenza data was reported to the National Healthcare Safety Network (NHSN). UMC has a compliance rate of 95%

<u>**Case Management:**</u>

- Revenue Integrity - Beginning March 2022, Case Management Physician Advisor to work together with Patient Finance Services to review medical necessity denials and DRG audits from various insurances, to include RAC audits. Recommended DRG adjustments to lower DRG can result in hospital repayment, and medical necessity audits can result in total repayment. All cases are reviewed and addressed appropriately to improve coding errors, physician documentation, and prevent loss of revenue.
- Beginning March 2022, Case Management reports on all patients with a length of stay (LOS) 6 days and above to hospital leadership. An effort to reduce LOS and address delays by identifying barriers, e.g., family, medical staff, hospital services.
- Intense review of all observation cases are performed for appropriate level of care by case management
- Heightened attention to discharges with special focus on discharge barriers. Discharges/potential discharges are sent daily to leadership & nursing
- Initial assessments within 24 hours met goal at 85%

<u>**Patient Advocacy:**</u>

Inpatient (Goal of 50% top box score)

- Press Ganey Overall "Rate the Hospital" – 30.00%, N=10

- Press Ganey "Recommend the Hospital" – 11.11%, N=9

- "Nurses treat with courtesy/respect" – 60.00%, N=10

- "Nurses listen carefully to you" – 50.00%, N=10

- "Nurses explain in way you understand" – 55.56%, N=9

- "Call button help soon as wanted it" – 22.22%, N=9

- "Help toileting soon as you wanted" – 0.00% (because no one answered this question of out the 9 responses), N=9

- "Doctors treat with courtesy/respect" – 80.00%, N=10

- "Doctors listen carefully to you" – 70.00%, N=10

- "Doctors explain in way you understand" – 66.67%, N=9

Emergency Room (Goal of 50% top box score)

- Press Ganey Overall "Rate the Hospital" – 36.92%, N=13

- "Courtesy of nurses" – 46.15%, N=21

- "Nurses took time to listen" – 46.15%, N=13

- "Nurses' attention to your needs" – 53.85%, N=13

- "Nurses kept you informed" – 30.77%, N=13

- "Nurses' concern for privacy" – 27.27%, N=11

- "Nurses' responses to quest/concerns" – 30.77%, N=13

- "Courtesy of doctors" – 46.15%, N=13

- "Doctors took time to listen" - 53.85%, N=13

- "Doctors informative regarding treatment" – 33.33%, N=12

- "Doctors' concern for comfort" – 38.46%, N=13

- "Doctors include you in treatment decision" – 41.67%, N=12

Pharmacy & Therapeutics:

- DCHA grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use—all Nursing and Pharmacy Staff have been trained via RELIAS Intranet and in-person, on Narcan Kit usage and patient counselling. IT has built specialty labelling according to DC HEALTH standards. Go-live **April 2022**.
- Director of Pharmacy collaborated with Chief Compliance Officer and P&T Committee Chair to implement a Conflict of Interest Disclosure

- Director of Pharmacy collaborating with ICU Medical (vendor), Nursing and Biomed for updated IV Infusion Pumps. Pharmacy will work with ICU Medical and IT on Pump Library to improve patient safety upon arrival of pumps to UMC. Anticipated go-live **June 2022**
- Pharmacy IV Room/IV hoods biannual certification of air quality, surface testing, air exchange, and contamination risk levels has been scheduled for April 2022.
- Collaboration with UMC Community Mobile Unit for COVID-19 Booster Shots for staff
- Director of Pharmacy establishing Pharmacy Student Internship with Howard University College of Pharmacy, contracts in process for Pharmacy Interns on site practice.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) has decreased significantly to $18.24 per patient for February 2022. Downward from $36.27 in January 2022.
- Pharmacy Clinical Interventions $15,444 saved in the month of February 2022 by Pharmacy Clinical Interventions—presented in March 2022 P&T. Anticipated goal of monthly dollar increase by 20-30% with new Clinical Pharmacist onboarding
- Ongoing working with OCFO and IT to correct incorrect drug prices based off AWP (average wholesale price). Weekly meetings started 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 antibiotic usage (length of time, labs, drug-to-bug match, cost)—**National Patient Safety Goals**
  g) Anticoagulation monitoring/intervention--- **National Patient Safety Goals**

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**General Board
Meeting Date:
April 27, 2022**

Medical Chief
of Staff Report

Presented by:
Dr. Gregory Morroww
 Medical Chief of Staff

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

MARCH 2022

PERFORMANCE SUMMARY:
Our total volume for all surgical cases for March, 2022 was 140, an increase from 123 cases in February 2022. See attached table and chart.

QUALITY INITIATIVES AND OUTCOME:
SCIP protocols including on time antibiotics administration remains at 100% compliance, for the months of 2022, 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 are 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 105 vascular access procedures in March, 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 25 cases in March 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	140
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

MARCH 2022

<u>Admissions, Average Daily Census and Average Length of Stay, Mortality</u>

In March 2022, the Intensive Care Unit had 56 admissions, 54 discharges, and 198 Patient Days. Average Length of Stay (ALOS) was 3.6 days. The ICU managed a total of 58 patients in March and the average daily census was 7 patients, not including ICU patients boarding in the ED. There were no returns to ICU within 24 hours of transfer. Two patients were transferred to a Washington Hospital Center for procedures not performed at UMC. There were a total of 7 deaths for 54 discharges, with an overall ICU mortality rate of 13 %.

<u>ICU COVID-19 ADMSSIONS</u>

There have been no Covid-19 admissions to ICU for the past two months. See Infection Control report.

<u>March 2022 PERFORMANCE DATA</u>
<u>ICU Sepsis and Infection Control Data</u>

In March, the ICU managed 17 cases of severe sepsis. One death was due to severe sepsis/septic shock, for a severe sepsis/septic shock mortality rate of 5.9%. ICU infection control data is compiled by Infection Control and Quality Improvement Department.

The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). In March 2022, ICU had 69 Ventilator Device Days with no Ventilator Associated Pneumonia (VAP), 50 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI) and 213 Urinary Indwelling Catheter Device days with no Catheter Related Urinary Tract Infections (CAUTI).

<u>Rapid Response and Code Blue Teams</u>

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 maintained trend of low cardiac arrest episodes associated with higher Rapid Response team calls.

<u>New Business</u>

Patient telemetry and monitoring system in ICU have needed repeat repairs. Plan is to move ICU to 3rd floor, unit 3E pending finalization of electrical circuits setups on 3E.

Mina Yacoub, MD,
Chair, Department of Critical Care Medicine
April 11, 2022
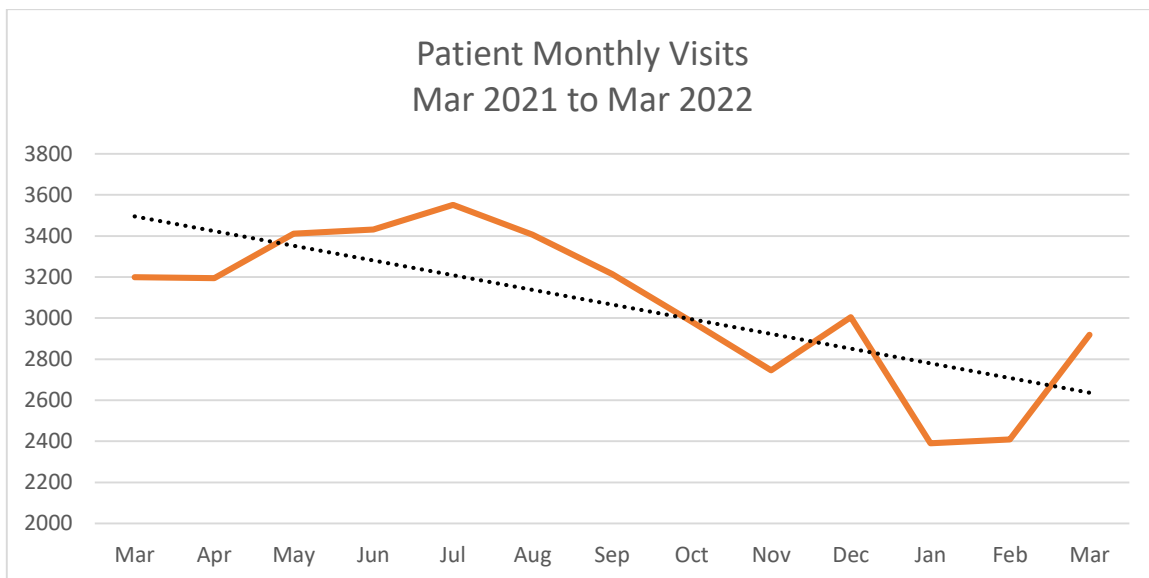
Francis O'Connell, **M.D., Chairman**

MARCH 2022

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for March 2022. Also included are graphic tables to better highlight important data.
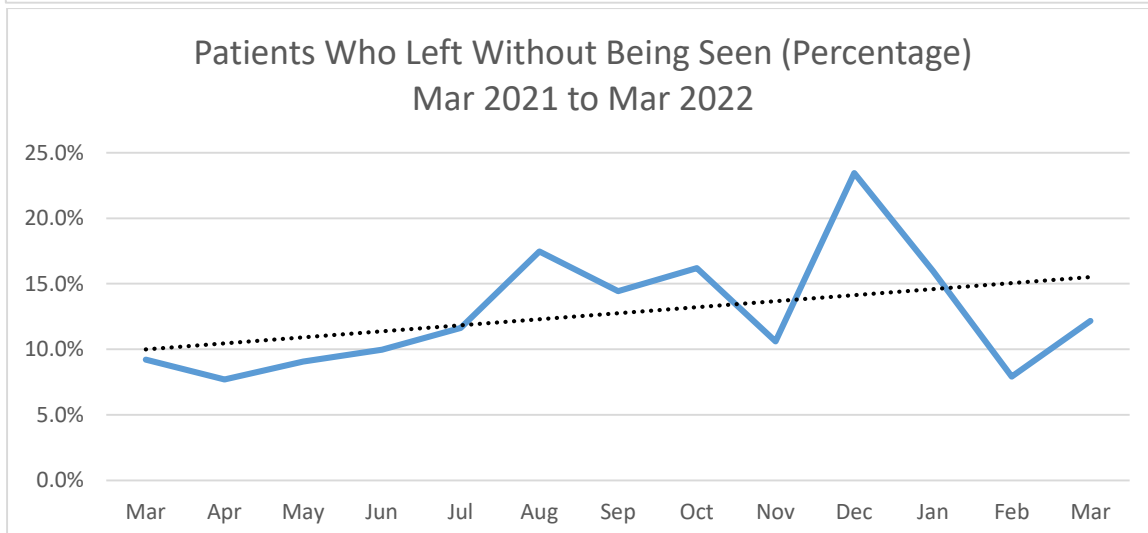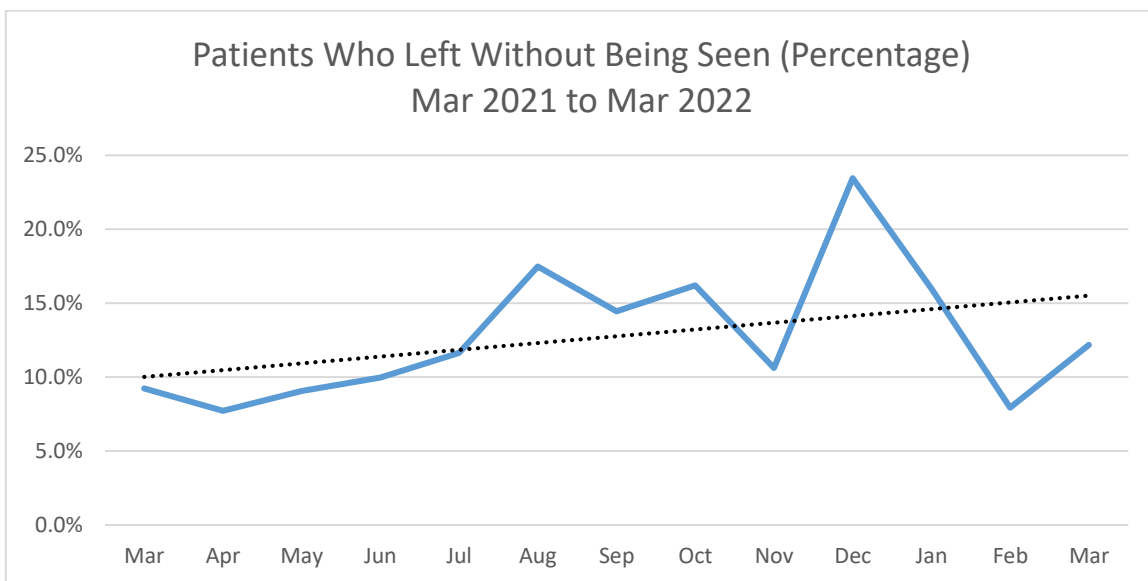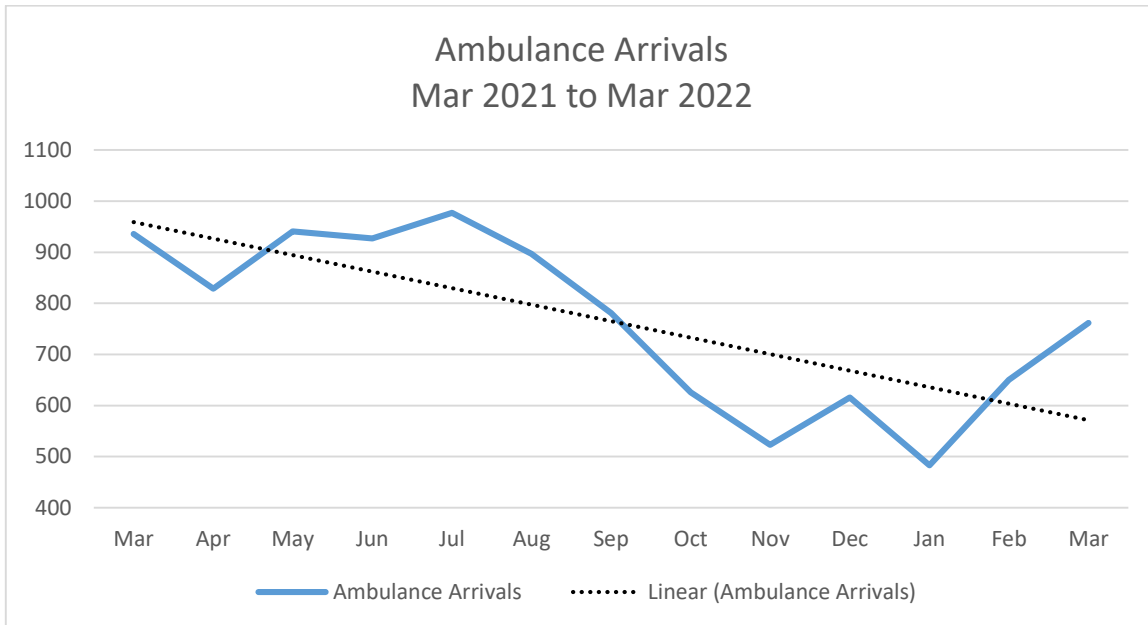
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

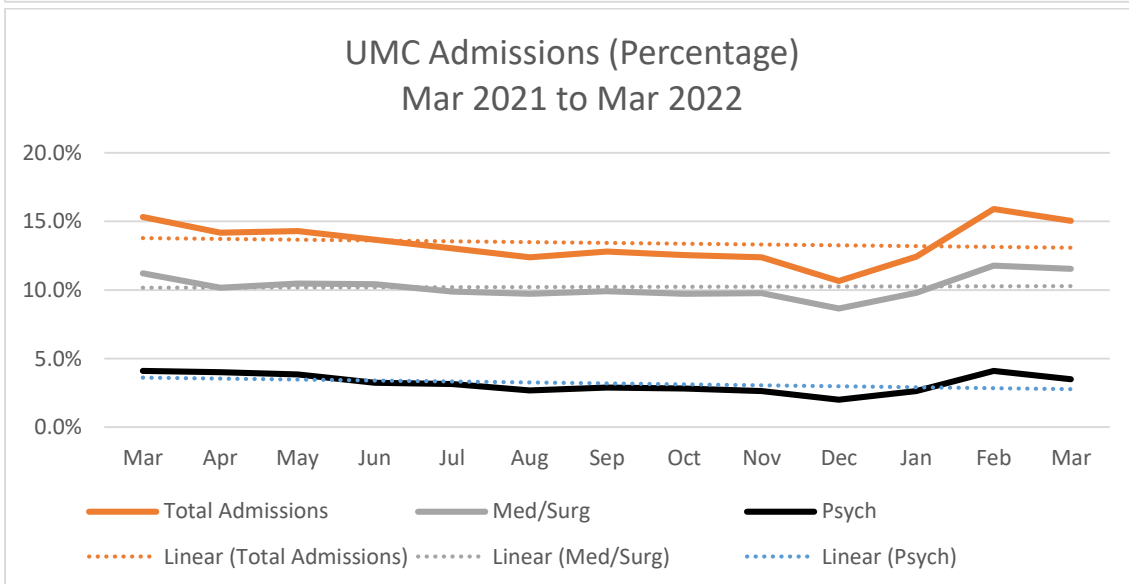Definitions of the terms used in this report are as follows:

- **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

Patient Monthly Visits
Mar 2021 to Mar 2022

Ambulance Arrivals
Mar 2021 to Mar 2022

Patients Who Left Without Being Seen (Percentage)
Mar 2021 to Mar 2022

Patients Who Left Without Being Seen (Percentage)
Mar 2021 to Mar 2022

UMC Admissions
Mar 2021 to Mar 2022

UMC Admissions (Percentage)
Mar 2021 to Mar 2022
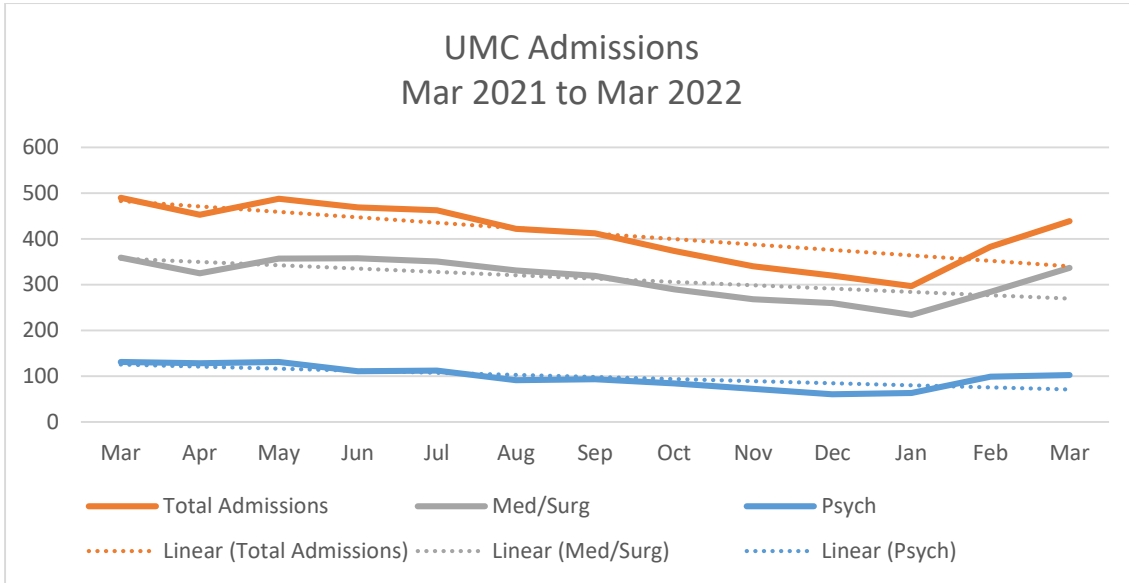
Data tables:

ED Volume and Events				
	Mar 2021	**%**	**Mar 2022**	**%**
Total patients	3199		2919	
Daily Avg Census	103		94	
Ambulance Arrivals	936	29.3%	762	26.1%
Admit	490	14.2%	439	15.0%
• Med Surg	359	10.2%	337	11.5%
• Psych	131	4.0%	102	3.5%
LWBS	295	7.7%	355	12.2%
Ambulance Admission Rate	32.9%		35.3%	
Walk-In Admission Rate	8.0%		7.9%	

Analysis:

1. The monthly census for March 2022 rose from the previous month and slightly down from March 2021.

2. The total number of medicine admissions rose from the previous month and similar to the previous year.

3. The percentage of patients who left without seeing a provider (LWBS) rose from the previous month with the LWBS trending upwards.

4. The total number of ambulances coming to UMC rose again from the previous month with the overall trend remaining downward.

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

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

The most noteworthy statistics for the month of March 2022 are the rise in patient visits (ambulance arrivals and admissions) and a rise in the LWBS when compared to the previous months. Typically, shortfalls in nursing and tech staffing (both in the inpatient units and ED) lead to ambulance diversions (less ambulance arrivals and admissions) and an increase in the LWBS. The converse is also true. When the hospital is optimally staffed with nurses and techs, the ambulance arrivals (and subsequent admissions) increase and the LWBS drops. This does not appear to be the case for the month of March.

After looking into the data trends further, it appears the LWBS responds more sensitively and immediately to changes in nursing and tech staffing. The ambulance arrivals (and admissions) generally lag 2-4 weeks

from changes in nursing and tech staffing and with lingering effects. March appears to capture both of these phenomena.

In February and early March, there was a dedicated effort to improve nursing staffing in the ED and inpatient units, which improved patient flow through the ED in the form of reduced boarding, expedient offloading of ambulances, and reduction in LWBS. As a result, the ambulance arrivals increased and continued through the entire month of March. However, during the latter part of March the inpatient units (ICU and med/surg unit) and ED experienced sustained gaps in nursing and tech coverage which led to a progressive rise in the LWBS.

Consistent, optimal staffing of the ED and inpatient units facilitates better and safer patient care in the form of reduced ED boarding, improved offloading of ambulances and reduction in LWBS. The byproducts of improved patient care and throughput in the ED are improved patient satisfaction and increased patient visits (in the form of ambulance arrivals and admissions). This cannot be overstated.

For the well-being of the patients who visit UMC and the financial health of the institution, it is imperative that nursing and tech staffing be optimal and consistent.

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

MARCH 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	127										324
HOSPITAL	80	117	127										324
PERCENTAGE	**100%**	**100%**	**100%**										**100%**
REGULAR													
MEDICINE	159	177	210										546
HOSPITAL	238	284	323										845
PERCENTAGE	**67%**	**62%**	**65%**										**65%**
DISCHARGES													
OBSERVATION													
MEDICINE	77	122	123										322
HOSPITAL	77	122	123										322
PERCENTAGE	**100%**	**100%**	**100%**										**100%**
REGULAR													
MEDICINE	126	131	179										436
HOSPITAL	199	230	289										718
PERCENTAGE	**63%**	**57%**	**60%**										**60%**
PROCEDURES													
HEMODIALYSIS	178	97	156										431
EGD's	13	25	19										57
PEG'S	8	4	5										17
COLONOSCOPY	25	30	36										91
ERCP	0	0	0										0
BRONCHOSCOPY	1	1	0										2
QUALITY													
Cases Referred to Peer Review	0	0	0										0
Cases Reviewed	0	0	0										0
Cases Closed	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

MARCH 2022

Month	01	02	03	04	05	06
Reference Lab test – Urine Eosinophil (2day TAT) 90%	100%	100%	100%			
Started in October	17	7	22			
Urine Legionella AG (2D TAT)						
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%			
	16/16	16/16	16/16			
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%			
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%			
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%			
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%			
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.1	1.1			
Wasted/Expired Blood and Blood Products Goal 0	1	2	1			
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%			
Hematology Analytical PI	100%	100%	100%			
Body Fluid	14/11	10/9	13/12			
Sickle Cell	0/0	3/3	0/0			
ESR Control	100%	100%	100%			
	62/25	47/24	67/30			
Delta Check Review	100%	100%	99%			
	211/211	184/184	244/246			

	01	02	03	04	05	06
Blood Culture Contamination – Benchmark 90%	93% ER Holding 88% ER 100% ICU	92% ER Holding 81% ER 100% ICU	82% ER Holding 86% ER 100% ICU			
STAT turnaround for ER and Laboratory Draws <60 min

Benchmark 80% | 89% ER 93% Lab | 91% ER 91% Lab | 91% ER 96% 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 | 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

MARCH 2022

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
UMC Behavioral Health Unit March 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	4.44									
	Voluntary Admissions	36	35	38									
	Involuntary Admissions = FD12	43	72	75									
	Total Admissions	79	107	113									
	Average Daily Census	12	17	18									
Other Measures	Average Throughput (Target: <2 hrs)	3	5	5									
	# TeleCourt Meetings (Pt Hearings)	0	0	0									
	# Psych Consultations	74	43	*6									
	Psychosocial Assessments (Target: 80%)	68%	72%	81%									
Discharge													
	Discharges	76	100	120									

*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

MARCH 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	97		655		163		915	
Fluoro	5		0		26		31	
Mammography					141		141	
Magnetic Resonance Angio								
Magnetic Resonance Imaging								
Nuclear Medicine	12		2		7		21	
Special Procedures	16		0		8		24	
Ultrasound	76		214		189		479	
X-ray	189		975		608		1772	
Echo	79		1		32		112	
CNMC CT Scan			26				26	
CNMC X-ray			265				265	
Grand Total	474		2138		1174		3786	

Volumes have progressed in March 2022 relative to January and February by more than 25%.

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 to reduce the need for repeat procedures if patients are transferred to other facilities.
IT and PACS administrator are in the process of merging Radiology data images in CRISP application.

Services:
MRI: The new uMR 570 United 1.5T magnet is here and set-up. The MRI services to be fully functional pending remaining MRI trailer permit from DCRA, in progress.

Fluoroscopy Philips bariatric table room completion is pending a dedicated humidifier. This is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, fluoroscopic radiological procedures, with added standing Chest Xray/exams options.

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

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

MARCH 2022

For the month of March 2022, the Surgery Department performed a total of 146 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	146
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 15% 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	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

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

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

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

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

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

UMC
UNITED
MEDICAL CENTER

General Board Meeting Date:
April 27, 2022

CNO Report

Presented by: S Shelia Murphy, Interim Chief Nursing Officer

General Board Meeting Date:
April 27, 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:

- 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:
  - Mitigate operational liabilities
  - Verify and validate patient beds available
  - Identity staffing needs by unit and related acuity levels
  - Dispatch additional resources from other units to render assistance to those areas with specific needs
  - Dispatch additional workforce assistance to transfer patients to the next level of care 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.

<u>Survey Readiness</u>

- Successfully completed DC Health Infection Control Hospital Survey in early March 2022
- American Association of Blood Blank (AABB) – Accreditation completed
- 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 throughput
- 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).

Operating Volume Performance

ER Diversion to Admissions

For February & March, UMC was able to keep ER Diversion Hours to zero that resulted in increased admissions trending to pre-diversion levels of last summer.
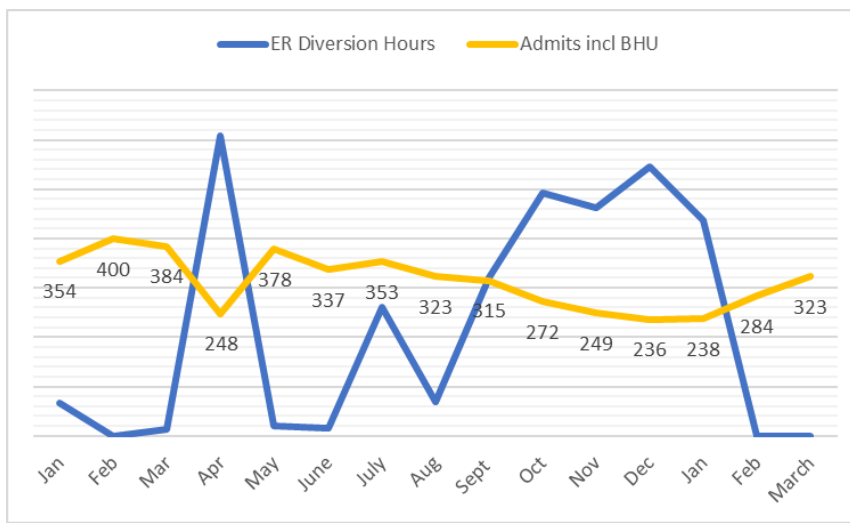

Average Daily Census

Closely following this trend is an increase in our average daily census which has been averaging 73.7 per day since being off diversion. ADC has been positively impacted by our reduce length of stay (LOS). Ongoing "Census /Zoom Huddle" for Nursing and direct patient care clinical staff has enabled this by mitigating operational challenges.

Overall ADC
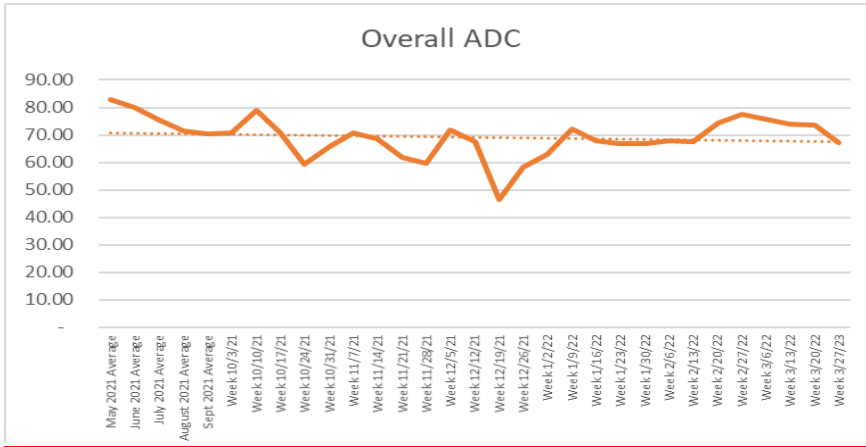
	May 2021 Average	June 2021 Average	July 2021 Average	August 2021 Average	Sept 2021 Average	FYTD22 Avg prior to Feb 20	Average Feb 20- Apr 2
ER Holding	0.87	1.20	0.94	1.26	1.07	1.19	1.02
BHU	19.39	18.57	17.45	15.80	14.50	12.60	17.67
CCU	11.00	9.60	8.68	8.32	8.60	8.11	6.98
Med Surg	51.77	50.67	48.13	46.16	46.17	44.20	48.05
TOTAL	**83.03**	**80.04**	**75.20**	**71.54**	**70.34**	**66.10**	**73.72**

Average Length of Stay

Length of Stay has dramatically been reduced from a high of 7.76 in November to below 6.0 in February & March. This reduction has provided UMC the ability to accept more admissions without sigficantly adding to nursing and other limited clinical resources.
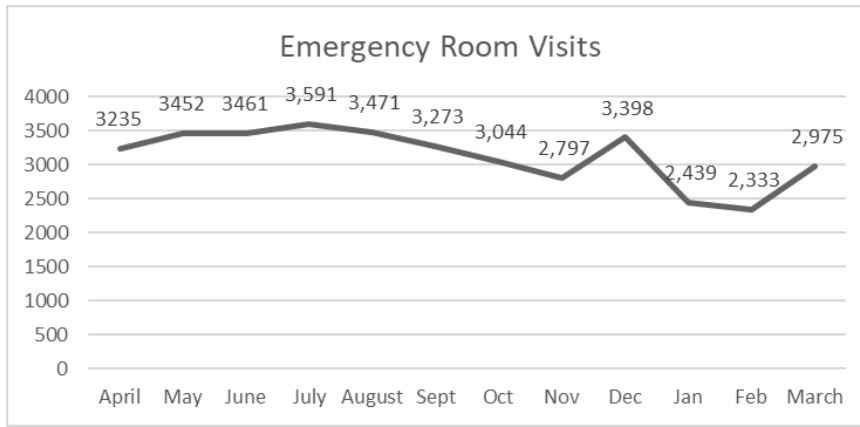

Average Length Of Stay
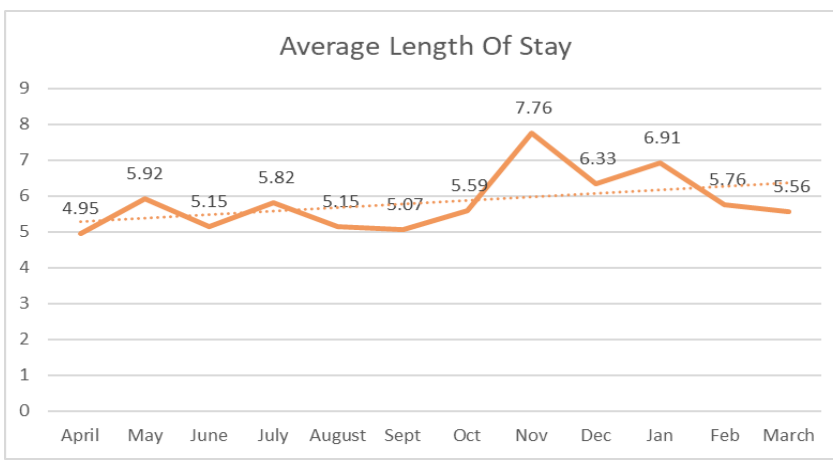
Medicare Case Mix Index

After an increase in Medical Complexity / Severity of Illness for acute admissions, March saw a reduction in complexity likely from lower vent/covid patients.
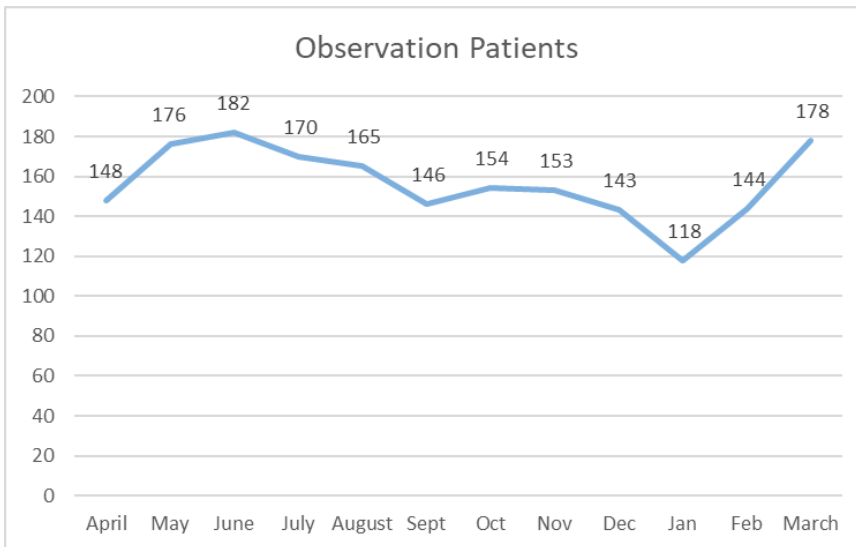

Medicare CMI

Month	CMI
April	1.7
May	1.87
June	1.89
July	1.55
August	1.71
Sept	1.49
Oct	1.63
Nov	1.55
Dec	1.58
Jan	2.27
Feb	2.20
March	1.61
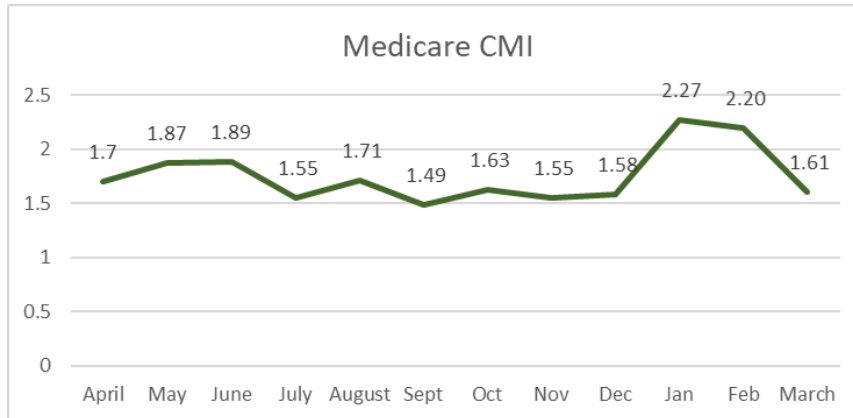
ER Visits

With the return of EMS volumes, ER visits were higher in March but not to full pre-diversion levels.   This is one to closely watch when Urgent Care opens and its impacts on lower complexity ER cases.

Emergency Room Visits

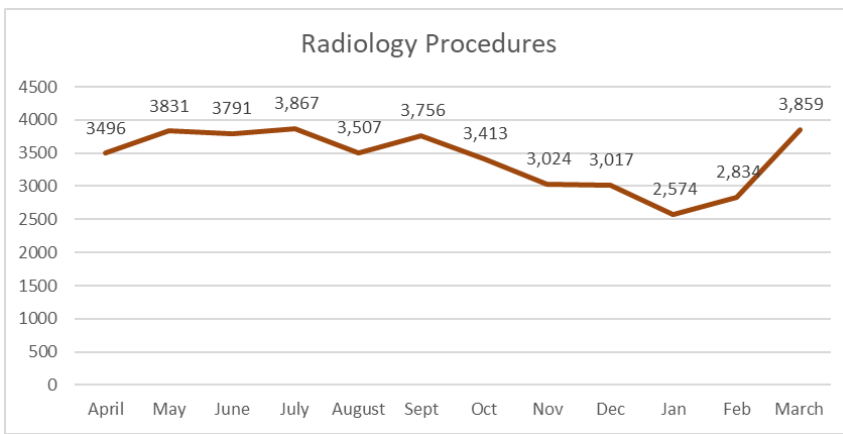| Month	Visits
April	3235
May	3452
June	3461
July	3,591
August	3,471
Sept	3,273
Oct	3,044
Nov	2,797
Dec	3,398
Jan	2,439
Feb	2,333
March	2,975

Observation Admissions

Along with CMI, this can be a good indicator in terms of outpatient ER complexity. Not sick enough to be admitted but too ill to go home immediately. Volumes closely track to pre-diversion levels.
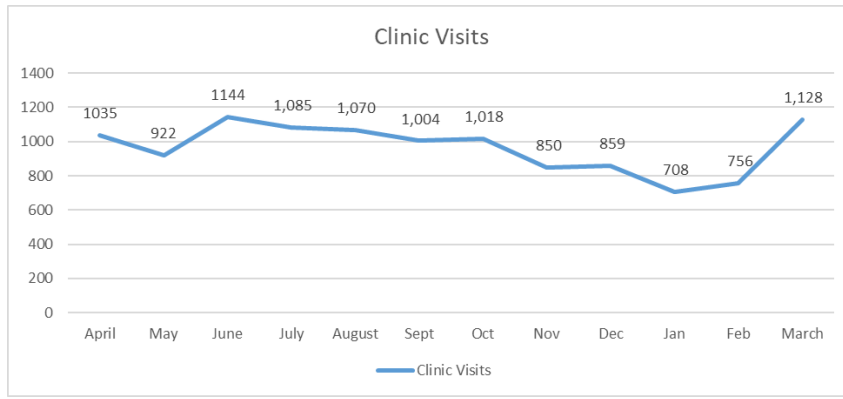
Observation Patients

Month	Value
April	148
May	176
June	182
July	170
August	165
Sept	146
Oct	154
Nov	153
Dec	143
Jan	118
Feb	144
March	178

Radiology Procedures

These volumes are a function of ER, Children's Hospital, and outpatient referrals and is at its highest point in last 12-months.

Radiology Procedures

| Month	Value
April	3496
May	3831
June	3791
July	3,867
August	3,507
Sept	3,756
Oct	3,413
Nov	3,024
Dec	3,017
Jan	2,574
Feb	2,834
March	3,859

Clinic Visits

Premium Pay (Overtime & Agency Hours)

FY22 has been a challenging year with staff shortages for nursing, respiratory therapists as well as other staff and was compounded in Dec-Feb with numerous Covid outbreaks.
Daily Executive HR huddles have recently assisted with expediting the onboarding process.
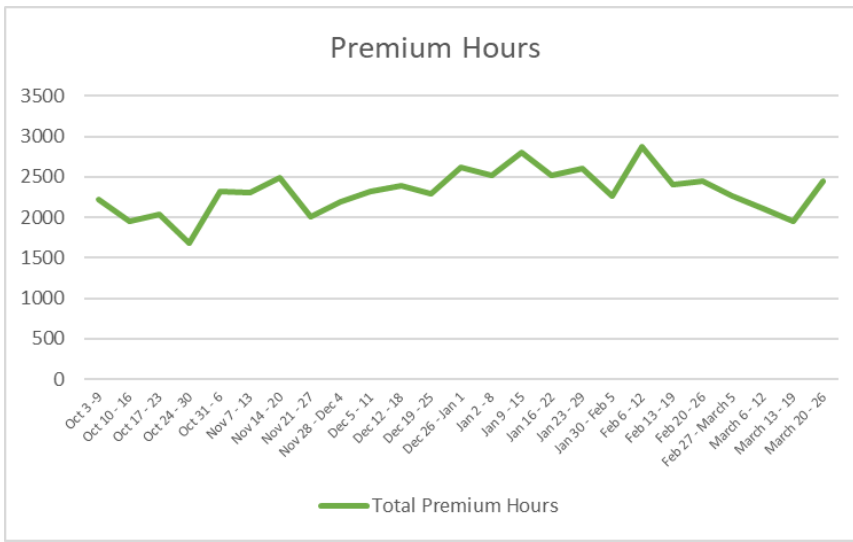
SUPPLY CHAIN

Overall Goals/Activities
1. Review of Current Organizational Spend
2. Organization of Financial Expense Factors by Associated Contribution
3. Prioritization of Identified Potential Opportunities including;
    a. Spend Reductions
    b. Revenue Clarification
    c. Contribution / Margin

Immediate Goal/Activities
Review of organizational contractual commitments

Segmentation of Total Spend based upon;

   a. Amount of spend (potential opportunity)
   b. Immediate requirement (legacy Agreements with immediate impact to operations)

Results
Review of fixed pricing agreements in order to determine ability to modify relative to changes in daily activity/requirement. Current examples of Agreements of this type in current review include;
   a. Scrub wear
   b. Shredding services

Organization of Savings Opportunities
Alignment of opportunities into spend categories

   a. Overhead
   b. Operations
   c. Supplies/Services
   d. Professional Services

Addressing Immediate "low-hanging fruit"

   a. Supply conversions
   b. Service conversions/reductions/revisions

Results
Conversion of Inventory Products
Initiation of Service Alignment
Initiation of Auditing Services
Review of Supply and Associated Revenue for Surgical Services
Review and Organization of Professional Services Agreement Relative to Service Contribution

PAYOR CONTRACTING

In 2021, UMC finished updated its existing payor contracts and was able to increase its network. 2022 will focus on continued payor network expansion with those in process or pending status as well as those plans who are not offering UMC the opportunity to obtain an "in network" contract.

Payor Network	Line of Business	New Eff Date	Years since Updated	Old Eff Date
NaphCare	Penal	7/1/2018	1	1/1/2017
Amerigroup DC	Medicaid	5/15/2020	3	10/1/2017
MedStar Family Choice	Medicaid	10/1/2020	NEW	
Aetna	Commercial / Medicare	3/1/2021	12	7/1/2009
AmeriHealth Caritas DC	Medicaid	3/1/2021	4	6/23/2017
Beacon Health Options	Medicaid	4/1/2021	NEW	
CareFirst BCBS	Commercial	1/1/2021	12	4/1/2009
CareFirst BCBS	Medicare PPO	4/1/2001	NEW	
HSCSN	Medicaid	11/4/2021	27	9/14/1994
Magellan Healthcare	Medicaid	2/17/2021	NEW	
MultiPlan	Commericial	2/1/2021	10	11/1/2011
Trusted (CareFirst CHP DC)	Medicaid	1/1/2021	8	11/23/2013
UnitedHealthCare	Commercial / Medicare	12/1/2021	13	12/1/2008
Aetna Better Health of Maryland	Medicaid	2/15/2021	NEW	
Amerigroup Maryland	Medicaid	4/17/2022	NEW	
Cigna	Commercial	IN-PROCESS	NEW	
Cigna - Evernorth (BH)	Commercial	IN-PROCESS	NEW	
Cigna - HealthSpring	Medicare	IN-PROCESS	NEW	
Optum Maryland	Medicaid	IN-PROCESS	NEW	
Aetna Better Health of Virginia	Medicaid	IN-PROCESS	NEW	
Molina Complete Care	Medicaid	PENDING	NEW	
Optima Health	Medicaid	PENDING	NEW	
Virginia Premier	Medicaid	PENDING	NEW	
Kaiser	Commercial	NETWORK CLOSED	NEW	
Maryland Physicians Care	Medicaid	NETWORK CLOSED	NEW	
MedStar Maryland	Medicaid	NETWORK CLOSED	NEW	
Priority Partners	Medicaid	NETWORK CLOSED	NEW	
Riverside (CareFirst CHP MD)	Medicaid	NETWORK CLOSED	NEW	
IN-PROCESS	Currently under Legal & Clinical Review			
PENDING	Plan to be completed this fiscal year			
NETWORK CLOSED	Plan does is not offering opportunity to obtain "in-network" contract			

Information Technology

Applications

- Created NEDOCS (National Emergency Department Overcrowding Score) data report and implemented a daily reporting mechanism
- Completed Promoting Interoperability (Meaningful Use) Attestation for calendar year 2021
- Implemented streamlined workflows for IT Change and Project Management
- For Meditech/3M completed:
  - DRG and APC updates
  - Price increases for CNMC (Children's)
  - New telework pay codes
  - Applied a patch to improve tracking of required provider signatures
  - Provided reports for Implant/High Cost Drug Analyses
  - Updated drug formulary databases in Meditech
- Validated Meditech and other systems as part of the monthly security patching event
- Published a CDC Infection Control educational program in RELIAS (UMC's Learning Management System)
- Completed/executed renewal contracts for:
  - Abbott RALS POC (Point of Care) system
  - DCPCA (District of Columbia Primary Care Association) for eClinical Work support
  - First Data Bank (Drugs/Pharmacy)
- Participated and Co-Chaired DCHA's ITAC (Information Technology and Analytics) meeting
- Ensured time-change for 'Daylight Savings Time' occurred without issues
- Successfully completed 138 Application service tickets

Infrastructure

- Addressed failure of the data center UPS; secured and brought-live a temporary unit to ensure data center systems are protected until a new UPS is obtained
- Worked with the Security Department to fix an existing and also bring live a new ED camera, and enabled both views on appropriate workstations
- Audited workstations and servers with outdated security signatures, and adjusted settings to ensure current and future updates are installed
- Built and delivered 4 new laptops for the Finance area
- Worked with Facilities' mechanical services vendor to build and bring live a new server in UMC Data Center
- 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 completed 370 Network and Desktop service tickets

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 March the Mobile Health Clinic has continued collaborations with **DC DOH Community Health Administration, DC Housing Authority, Metro Health,** 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 team has continued providing COVID services it the former out-patient dialysis building on UMC's campus, within the Care Center in suite 306, and in the community at Greenleaf Gardens, Greenleaf Senior, and Highland Terrace.

1. As a result, we able to perform testing and vaccine clinics four days per week in the month of March. This allowed us to administer boosters and COVID tests.

2. In March, the mobile staff also hosted three 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), the Diabetes Education Center and Pharmacy.   This partnership largely supports the expansion of services provided within the Mobile Clinic and Nursing across departments.

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.

UMC
UNITED MEDICAL CENTER

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

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

Date: April 5, 2022

Re: Compliance Report

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 Attestation of Compliance for the Department of Health Care Finance regarding the False Claims Act, including training and written policies, was prepared and filed consistent with the hospital's obligations to its regulators. This filing is a condition for UMC's payment under the District of Columbia's Medicaid program.

Standards of Conduct and Policy

The drafting and adoption of appropriate standards of conduct and policies are likewise an important aspect of the compliance program. In this regard, the Chief Compliance Officer presented a proposed Conflict of Interest Disclosure Statement this month to members of the UMC Pharmacy & Therapeutics (P &T) Committee, who reviewed and adopted the statement for implementation. This policy ensures that committee members identify their conflicts, or those of family members, with any issues that come before the committee, such as potential additions to the formulary. The P&T Committee's Conflict of Interest process will be implemented collaboratively by the Chief Compliance Officer, the Director of the UMC Pharmacy, and the Chair of the P&T Committee. COI programs of this nature are examples of high-performing organizations and will help ensure that the hospital is serving as an appropriate steward of its resources.

A copy of the adopted policy is attached hereto.

Communication

The DC Hospital Association's Health Equity Workgroup provides an advisory role to the DCHA regarding the delivery of equitable and inclusive care to eliminate health disparities and improve health outcomes, and the creation of a culture of diversity and inclusivity within its members' workforces, among other commitments. As UMC's representative to the Workgroup (along with UMC's Associate General Counsel, Yanira Van den Broeck Nieves), the Chief Compliance Officer presented this month to the UMC Executive Management Committee the workgroup's *Conceptual Framework for Commitments and Strategies,* which includes the following 6 pillars:

- Ensure Accountability
- Mitigate Bias
- Diversify Leadership
- Develop Workforce Pipelines
- Purchase and Invest locally
- Address Social Needs

Each hospital (including UMC) in the DCHA has previously identified work that is currently being done in each of these 6 areas, both internally (i.e., within the facility) and externally (i.e., within the community). The Workgroup has identified, preliminarily, mitigation of bias and addressing social needs as the 2 pillars that each DCHA member will focus on achieving (but not to the exclusion of the remaining pillars).

A copy of the Conceptual Framework is attached hereto.

Education and Training

As part of the compliance program's ongoing education and training program, the Chief Compliance Officer presented a program entitled *Fraud, Waste and Abuse* to the UMC Management Council at its most recent meeting. This program included training on the key laws impacting this area, the key federal and local regulators, as well as a case study on fraud and abuse, and also satisfies training requirements with the DC Department of Health Care Finance regarding the Federal Deficit Reduction Act.

A copy of the presentation is attached hereto.

In addition, the Chief Compliance Officer presented to the Safety Huddle on HIPAA matters, specifically regarding the permissibility of staff who work at other facilities to discuss their patients here at UMC (and vice versa). The training reinforced the obligation of our staff to always respect patient privacy, whether they are working at UMC or elsewhere.

A copy of the presentation is attached hereto.

Monitoring and Auditing

In terms of monitoring and auditing compliance matters, 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 15th and the Confidential Filer Review Report will be submitted to BEGA by the Ethics Counselor no later than June 1st.

The Compliance Officer's review identifying applicable filers has been completed; the total number of filers who have been identified and identified to BEGA this year are *38 public filers* and *9 confidential filers*. Initial requests for disclosures will be sent out no later than April 15th.

In addition, working in conjunction with the UMC Biomedical and Health Information team, the Chief Compliance Officer recently completed and filed UMC's HIPAA Self-Audit with the District of Columbia's Privacy Officer. UMC will leverage the findings of this self-audit to identify and address opportunities for improving UMC's health information privacy program.

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. In addition, the Compliance Officer works informally with Registration, DECO (self-pay registration), Patient Advocacy and other departments to assist with and resolve patient issues and concerns (such as obtaining insurance, family visitation, billing concerns) prior to them becoming formal compliance matters.

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; however, the program also seeks alternative methods to achieving compliance, when possible. For example, new employee disciplinary policies have been developed and will be presented to the UMC Management Council for implementation in the near

future. These policies were developed by the employee task force and are designed to ensure that any form of discipline is meted out in a fair and appropriate manner.

In addition, departmental-level training regarding the Compliance Program (such as regarding HIPAA) as well as leadership formation (such as the importance of empathetic care-giving) will continue to be provided by the Chief Compliance Officer, in order to proactively ensure that the UMC workforce operates in a compliant and Mission-driven manner.

Assessment of Program Effectiveness

Among the techniques for assessing compliance program effectiveness, exit interviews with mangers 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.

To date, these interviews have not identified any Code of Conduct or other compliance violations for investigation.

United Medical Center Pharmacy and Therapeutics Committee
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 (regardless of whether or not they reside with the member), but can include others as well (for example, family members, in addition to those listed, who do reside with the member). 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 honoria.
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 (within the last 24 months): 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: _____

Health Equity Workgroup

Conceptual Framework for Commitments & Strategies

DCHA
District of Columbia Hospital Association

OUR COMMITMENTS:

- To deliver equitable and inclusive care to eliminate health disparities and improve health outcomes for patients and communities.
- To approach our patient-centered care with humility that is culturally responsive to all who seek our services.
- To improve patient experiences and health outcomes by applying health equity concepts in how services are organized and delivered.
- To address social and economic conditions in collaboration with patients and partners to strengthen communities and promote health and well-being.
- To create a culture of diversity and inclusivity within our workforce that is supported by accountable executive and board leadership.

ENSURE ACCOUNTABILITY	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Hold leadership accountable for measuring and addressing disparities in hospital/system performance.	▪ Develop structure to support accountability including performance goals for all staff, with emphasis on mid-level management, senior leadership and the Board of Directors, as well as mechanisms to measure progress. ▪ Define structural and process measures that drive toward achievement of outcomes.	▪ Leverage measures to assess community perceptions and opportunities for improvement. ▪ Disseminate health utilization trends to prioritize community based programming and inform broader efforts to achieve health equity.	▪ Within one year, evaluate, build, and empower the structure (e.g., committees, goals, compensation plans, definitions, metrics) to collaboratively hold individuals and the organization accountable for achieving progress and adopting best practices to achieve improvements in health equity, diversity, and inclusion. ▪ Within three years, achieve measurable improvement in identified metrics and identify additional areas of improvement to support health equity, diversity, and inclusion.

MITIGATE BIAS	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Create a culture and environment of inclusion that mitigates implicit bias and protects staff and patients, with Board/leadership support.	▪ Create a culture of inclusion through consistent communication from leadership (president/CEO) and through other identified best practices. ▪ Provide ongoing curriculum-based education/training on implicit bias and cultural humility competence for all associates, progressing in complexity of discussion areas over time. ▪ Audit the environment (art, photos, building names, etc.) for inclusivity and to ensure it is representative of the community and is culturally competent. ▪ Evaluate and improve policies and procedures to ensure they are unbiased toward patients and community, eliminating racial and economic disparities. ▪ Address associates' bias based on comparison of public vs private insurance (e.g., balance billing, stigma, level and types of care offered).	▪ Elevate awareness of ways history of the hospital has impacted public opinion and trust in health care, and incorporate these perceptions into training, communications and delivery of care. ▪ Review community perception survey results to implement strategies to elevate the voice of the patient around the delivery of care.	▪ Within one year, begin building the infrastructure to support a culture of equity by performing environmental evaluations and needs assessments and identifying key metrics for tracking and measuring success modeled after national multicultural distinction programs. ▪ Within three years, leverage the tools and structure developed to achieve measurable improvements in the identified outcomes to support a culture of equity.

DIVERSIFY LEADERSHIP	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Ensure Board composition and leadership reflect the community's diversity.	▪ Develop pipeline (succession planning) to transition and support ongoing governing bodies and leadership staff that reflects the community's diversity. ▪ Evaluate how Board members are chosen and what competencies are considered. ▪ Foster the advancement and development of Black and Brown populations and other underrepresented individuals as health care leaders through an inclusive environment.	▪ Work with the local community to cultivate and support future leaders from marginalized communities and other underrepresented populations. ▪ Collaborate with the community to leverage opportunities to create a pathway to Board roles in health care.	▪ Within one year, engage Board and community leadership to understand current methods and structures for succession and talent development. ▪ Within three years, develop structures (e.g., recruitment, bylaws, accountability etc.), partnerships, and programs to create a pipeline for Board and leadership roles, resulting in greater representation of Black and Brown populations and other underrepresented individuals in Board membership and high-level leadership positions.

DEVELOP WORKFORCE PIPELINES	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Support recruitment, retention and promotion to increase representation of Black and Brown and other underrepresented individuals in the hospital workforce.	▪ Develop initiatives/programs that support retention, recruitment and promotion of diverse staff within hospitals, including provision of physical and psychological safety (e.g., freedom to express thoughts, concerns), respectful treatment and values. ▪ Develop a catalog & baseline data describing what is available now (e.g., Coursera, DC Summer Youth Employment Program, Association for University Programs in Health Administration, UDC).	▪ Collaborate with educational institutions to ensure underrepresented students have access to internships, mentors and volunteer opportunities. ▪ Partner with affinity groups (e.g. NAHSE) to strengthen recruitment, retention, and promotion of diverse talent.	▪ Within one year establish partnerships to support workforce development opportunities and a workforce development pipeline. ▪ Within three years develop a program or leverage existing programs that provide both clinical and non-clinical certification, degrees, and opportunities that result in improvements in the diversity, recruitment and retention of a patient centered, culturally responsive health care workforce.

PURCHASE AND INVEST LOCALLY	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Apply equitable and inclusive approaches to contracting, purchasing and investment decisions.	▪ Evaluate contracting, invoicing and accounting processes to ensure they do not disadvantage or exclude small, minority and women-owned businesses. ▪ Make equitable and inclusive purchasing and investment decisions to include small, minority and women-owned businesses.	▪ Work with community and local business leaders to identify existing and emerging small, minority and women-owned businesses to support and respond to purchasing opportunities. ▪ Develop mechanisms and outreach to ensure that local, small, minority and women-owned businesses are aware of opportunities to contract with hospitals.	▪ Within one year, develop metrics and goals, assess current relationships, engage with partners (e.g., Healthcare Anchor Network), and develop plan for outreach to local community businesses to promote collaboration opportunities and establish sustainable partnerships. ▪ Within three years, achieve measurable improvement in identified goals to increase local purchasing, investments, and partnerships.

ADDRESS SOCIAL NEEDS	INTERNAL STRATEGY	EXTERNAL STRATEGY	OUTCOMES
Address SDOH and trauma among patients and staff and integrate ongoing SDOH measurement tools into regular practice.	▪ Develop mechanisms for hospitals to invest in the community (e.g., hospital with farmer's market, child care, renovated housing). ▪ Develop process to implement tools to assess and communicate SDOH (e.g., PRAPARE, Z-codes).	▪ Select specific SDOH/preventive care areas for initial focus (e.g., meals/food access, transportation, violence). ▪ Strengthen the capacity of the CBO non-profit sector through board service, volunteering, and capacity building.	▪ Within one year, review community health needs assessments and similar tools to understand current state, achieve consensus on select common priorities for action, and map existing resources (e.g., non-profits) to support addressing these priorities. ▪ Within three years, leverage collective impact of the hospitals to begin implementing a city-wide strategy, with consensus across hospitals, to address social needs.

Updated October 13, 2021

Fraud, Waste, & Abuse (FWA)

NOT-FOR-PROFIT HOSPITAL CORPORATION | UNITED MEDICAL CENTER | COMPLIANCE TRAINING 2022

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Learning Objectives

By the end of the training you will be able to:

- Define health care Fraud, Waste, and Abuse ("FWA")
- Identify various types of health care FWA
- Recognize who can commit FWA
- Understand "whistleblower" protections
- Recognize important laws related to FWA
- Understand a "case study" involving a hospital's FWA issues

What is Fraud?

- **Fraud** is an intentional deception or misrepresentation made by an individual who knows, or should know, that it is false (or does not believe it to be true), and knows the deception/misrepresentation could result in some unauthorized benefit to himself or some other person(s).

- For example:

  - To purposely bill for services that were never given; to bill for a service that has a higher reimbursement than the service produced.

  - To misrepresent who provided the services; to alter claim forms, electronic claim records, or medical documentation.

What is Waste?

1

Can be the over-utilization of services, or practices that result in unnecessary costs.

2

Can also be useless consumption or expenditure without adequate return; or an act or instance of wasting.

What is Abuse?

- Abuse includes clinical or professional practices that are inconsistent with sound fiscal, business, and/or medical practices, and result in:

  - An unnecessary cost to the Medicaid, Medicare, or other payors;
  - Reimbursement for services that are not medically necessary; or
  - Services that fail to meet professionally recognized standards for health care.

- For example:

  - Billing for a non-covered service;
  - Misusing codes on the claim (e.g., the way the service is coded on the claim does not comply with national or local coding guidelines, or is not billed as rendered); or
  - Inappropriately allocating costs on a cost report.

Differences Between "Criminal Fraud," and Waste/Abuse

Fraud requires the person having both intent to commit and knowledge of the fraud. Waste and Abuse may involve receiving an improper payment, for example, but do not require the person having the same intent and knowledge regarding the act as fraud requires.

Federal and DC Oversight Authorities

- U.S. Department of Health and Human Services (HHS), including the Office of Inspector General (OIG)

- Federal Department of Justice (DOJ)

- Federal Centers for Medicare & Medicaid Services (CMS)

- D.C. Office of the Attorney General (DC OAG)

- DC Department of Health (DC Health)

- DC Department of Health Care Finance (DHCF)

Laws and Regulations Related to Fraud, Waste, and Abuse

- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Prohibition (The "Stark Law")
- OIG Exclusion Statute
- Whistleblower Protection Act

The False Claims Act

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

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

Thus, the False Claims Act of 1863 was born.

False Claims Act and the Fraud Enforcement and Recovery Act (FERA)

The enactment of the Fraud Enforcement and Recovery Act (FERA) in May 2009, amended the False Claims Act.

Federal False Claims Act (FCA)

The FCA imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the Federal Government.

Example: A physician knowingly submits claims to Medicare for a higher level of medical services than actually provided, or higher than the medical record documents.

Penalties: Civil penalties for violating the FCA may include fines of up to three times the amount of damages sustained by the Government as a result of the false claims, plus additional $ penalties per false claim filed.

There also is a criminal FCA statute by which individuals or entities that submit false claims may face fines, imprisonment, or both.

Anti-Kickback Statute & Stark Law

Anti-Kickback Statute (AKS)

The AKS makes it a crime to **knowingly and willfully** offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program.

Example: A provider receives cash or below fair market value rent for medical office space in exchange for referrals.

Penalties: Civil penalties for violating the AKS may include financial penalties per kickback plus **three** times the amount of the kickback. Criminal penalties for violating the AKS may include fines, imprisonment, or both.

If certain types of arrangements satisfy *regulatory safe harbors*, they may not violate the AKS.

Physician Self-Referral Law ("Stark Law")

The Stark Law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, *unless an exception applies.*

Example: A provider refers a beneficiary for a designated health service to a business in which the provider has an investment interest.

Penalties: Penalties for physicians who violate the Stark Law may include fines for each service, repayment of claims, and potential exclusion from all Federal health care programs.

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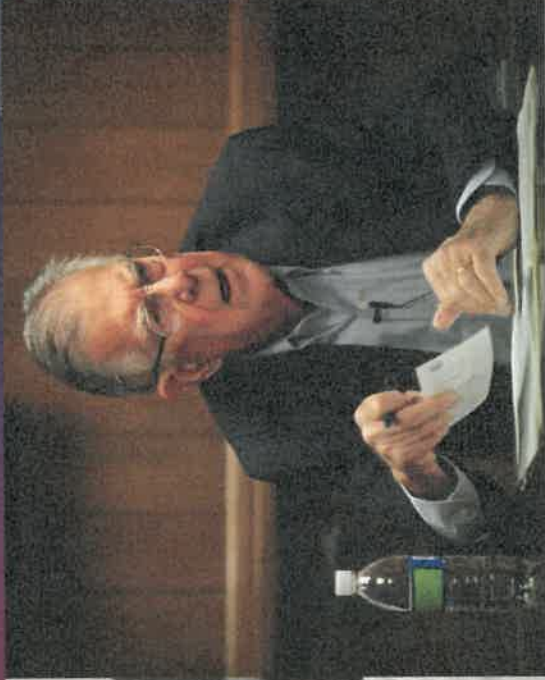
"Complications [to the original Stark law] were added by high-priced lawyers who tried to build loopholes for their clients. The original law was pretty simple. Basically it says anyone who takes a bribe or a split or a commission or a kickback in exchange for referring services gets five years or a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

Office of Inspector General ("OIG") Exclusion Listing

Exclusions

Under the Exclusion Statute, the OIG must exclude from participation in all Federal health care programs any providers and suppliers convicted of any of the following:

- Medicare fraud, as well as any other offenses related to the delivery of items or services under Medicare

  Patient abuse or neglect;
- Felony convictions for other health care-related fraud, theft, or other financial misconduct; or
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

OIG also has discretion to impose permissive exclusions on other grounds, including:

- Misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud, or misdemeanor convictions in connection with the unlawful manufacture, distribution, prescription, or dispensing of controlled substances; or
- Suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity.

Whistleblower Protection

▲ In accordance with Section 3730 of the False Claims Act, if an individual is discharged, demoted, suspended, discriminated against or otherwise mistreated by his/her employer in retaliation for filing a Qui Tam *(pronounced Key Tam)*, the person is entitled to reinstatement at the same level, two times the amount of back pay plus interest and compensation for any special damages that were incurred as a result of the retaliation.

Reporting Concerns about Fraud, Waste or Abuse

▲ **How to report suspected cases of fraud, waste and abuse:**

▲ UMC will not retaliate against you if you inform us, the federal government, state government, or any other regulatory agency with oversight authority of any suspected cases of fraud, waste, or abuse.

▲ Reports to the UMC Compliance Hotline may be made 24 hours a day/seven days a week, and is toll-free.

▲ Report a matter on the web or on the phone. Reporters may choose to remain anonymous. All calls will be investigated and remain confidential.

▲ **UMC Compliance Hotline**

▲ **1-844-810-9526 or www.UMC.EthicsPoint.com**

▲ You may also reach out to the Compliance Officer directly at:

Brian Gradle

(202) 574-6664

BGRADLE@United-MedicalCenter.com

Enforcement in Action

Tuomey Healthcare System - Sumter, SC

Enforcement in Action – The Tuomey Case

The case evolved out of 19 part-time employment agreements that Tuomey Healthcare System of Sumter, South Carolina entered into with specialists.

An additional physician didn't agree to enter into an agreement and brought a False Claims case in 2005 against Tuomey as a *qui tam* relator, claiming that the part-time employment agreements violated the Stark Law and gave rise to false claims liability.

In 2007, the US Department of Justice joined and took the lead on the case.

Key Allegations

▲ The government alleged that Tuomey, fearing that it could lose lucrative outpatient procedure referrals to a new freestanding surgery center, entered into contracts with 19 specialist physicians.

▲ Required the physicians to refer their outpatient procedures to Tuomey.

▲ In exchange, Tuomey paid them compensation that far exceeded fair market value and included part of the money Tuomey received from Medicare for the referred procedures.

Problems with the Arrangements

▲ The doctors had a financial interest in Tuomey, which implicated Stark.

▲ The physicians' ten-year contracts required them to perform their outpatient procedures at Tuomey facilities, and their salaries and productivity bonuses were based on a percentage of Tuomey's net cash collections.

▲ Also, their financial arrangement with Tuomey did not fall into Stark's employment safe harbor exception because their compensation varied with the volume and value of their referrals.

▲ Other features of the employment arrangement, such as the lack of any set hours, also caused it to fall short of the exception.

Additional "Red Flags"

- Fair Market Value (FMV) determination exceeded the 90th percentile of the Medical Group Management Association (MGMA) compensation levels (above New York and other high cost areas at major medical centers);

- Records indicated that Tuomey feared competition and used the agreements to block it;

- When advisors didn't give Tuomey what it wanted, it shopped for others who would;

- Physician income dramatically increased under the agreement; and

- Compensation took into account the physicians' actual or anticipated referrals to Tuomey.

Calculating Tuomey's $ Damages

- After two trials and two appeals, Tuomey was found liable for having violated Stark and the False Claims Act.

- The total amount in penalties and damages in the case equaled **$237 million**, calculated as follows:

  - The 19 physician contracts led to **21,730 false claims.**

  - The jury awarded actual damages of **$39,313,065 for the 21,730 false** claims, which the district court trebled. (3 x $39,313,065)

  - The district court then added a civil penalty of **$119,515,000** to that sum, which it calculated by multiplying the number of false claims by the **$5,500 statutory minimum penalty.**

ubsequent Settlement of Case against Tuomey

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

PRISMA HEALTH.

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

Government's Settlement with CEO

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

Thank you for your participation in today's training!

Final Step:

Please complete the United Medical Center **Acknowledgement Form** and return to your manager or to the UMC Compliance Officer.

UNDERSTANDING HIPAA

UNITED MEDICAL CENTER

Question: Sometimes I work shifts at other hospitals or health care facilities in the area. Am I allowed to talk about those patients when I'm working here at UMC?

Answer: HIPAA's restrictions on your use and disclosure of a patient's protected health information (PHI) apply to you 24/7, and apply to you regardless of where you are working.

In this case, you should not discuss patients from other facilities while you are working here at UMC.

If, however, you believe that a patient's case is somehow relevant to the care and treatment of your patients here (for example, a patient at the other facility is exhibiting signs and symptoms of an unusual condition that you are concerned could impact UMC's patient community), have that conversation confidentially with your manager, and avoid revealing any identifying information (such as name, address, phone number, email address) about the patient.

Under no circumstances should you ever "gossip" about a patient, his/her medical history, condition, treatment, or otherwise.

Of course, the same applies to UMC patients if / when you are working at another facility – always respect patient privacy.

Any Questions or Concerns? Please feel free to contact the UMC Compliance Officer at (202) 574-6664. You also can contact the Compliance Hotline (which is toll-free, 24/7, and anonymous) at 1-844-810-9526 with any questions or concerns.

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
             Corporate Secretary / VP Public Relations

DATE: April 20, 2022

PUBLIC RELATIONS

Public Relations – UMC began offering two new programs to staff and the patient community in March: Walk With A Doc and Financial Wellness Workshops. The Walk With A Doc program is a weekly (Wednesdays at 11am) moment for wellness where staff and the community walk the UMC campus and discuss health, work, and community related issues. Thank you to Dr. Matthew Cichocki for introducing the program to the PR Team. UMC is now also hosting bi weekly financial wellness workshops presented by Capital Insurance Group. In March we focused on credit reports and scores. Thank you to CEO Maamari for the idea.

Weekly Newsletter – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of March, the newsletter celebrated Occupational Therapy Month and included a special tribute to Dante Henry as UMC Employee of the Month.   If you have news or resources you would like to share, please send it to Toya Carmichael – tcarmichael@united-medicalcenter.com by the first Wednesday of the month.

News Media– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC did not appear in any news article in the month of March.

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting

Preliminary Financial Report Summary

For the month ending March 31, 2022

DRAFT

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1. Gap Measure

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5. Balance Sheet

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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2022 Actual Gap Measures
As of March 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			($26,715,284)	
District Subsidy			$15,000,000	
Adjusted Annualized Net Loss from Operations			($11,715,284)	
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	$2,297,439	$4,902,561	31.9%
Subtotal	$16,300,000	$3,985,237	$12,314,763	24.4%
Projected Net Income (Loss) from Operations			$599,479	
Original Projected Income			$421,000	
Difference from Original Projected Income			$178,479	

Report Summary

- **Revenue**
  - ❖ **Total operating revenues are lower than budget by 31% (3.2M) MTD and 12% (7.2M) YTD as a result of the following contributing factors:**
    - ❖ **Net patient revenue is lower than budget by 31% (3.2M) MTD and 12% (7.2M) YTD.**
      - ❖ **Admissions are lower than budget by 13% MTD and 28% YTD.**
      - ❖ **ER visits are lower than budget by 4% and 8% YTD.**
      - ❖ **Surgeries are lower than budget by 4% MTD and 12% YTD.**
    - ❖ **GWMFA collections are lower than budget by 20% (118K) MTD and 36% (1.3M) YTD.**
- **Expenses**
  - ❖ **Operating expenses are over budget by 1% (100K) MTD and 3% (1.8M) YTD as a result of the following contributing factors:**
    - ❖ **Salaries are lower than budget by 5% (210K) MTD and 7% (1.6M) YTD, due to vacancies.**
      - ❖ **Overtime is over budget by 363K MTD and 1.25M YTD**
    - ❖ **Contract Labor is higher than budget by 48% (200K) MTD and 98% (2.4M) YTD due to nursing shortages resulting in the use of agency staffing.**
    - ❖ **Professional Fees are higher than budget by 7% (110K) MTD and 1% (124K) YTD due to timing of expenses**
    - ❖ **Purchased Services are higher than budget by 4% (53K) MTD and 4% (331K) YTD.**

Key Indicators

Fiscal Year 2022 thru 03/31/22						
Key Performance Indicators	**Calculation**	**MTD Actual**	**MTD Budget**	**MTD FY21**	**Actual Trend**	**Desired Trend**
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	323	369	385	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	140	145	133	▼	▲
Emergency Room Visits	Actual Visits	2,916	3,043	3,184	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	551	624	704	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.30	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)	51%	55%	49%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	50	85	71	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	107%	92%	105%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	96	45	28	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-16.1%	1.0%	-28.7%	▼	▲

Total Admissions (Consolidated)
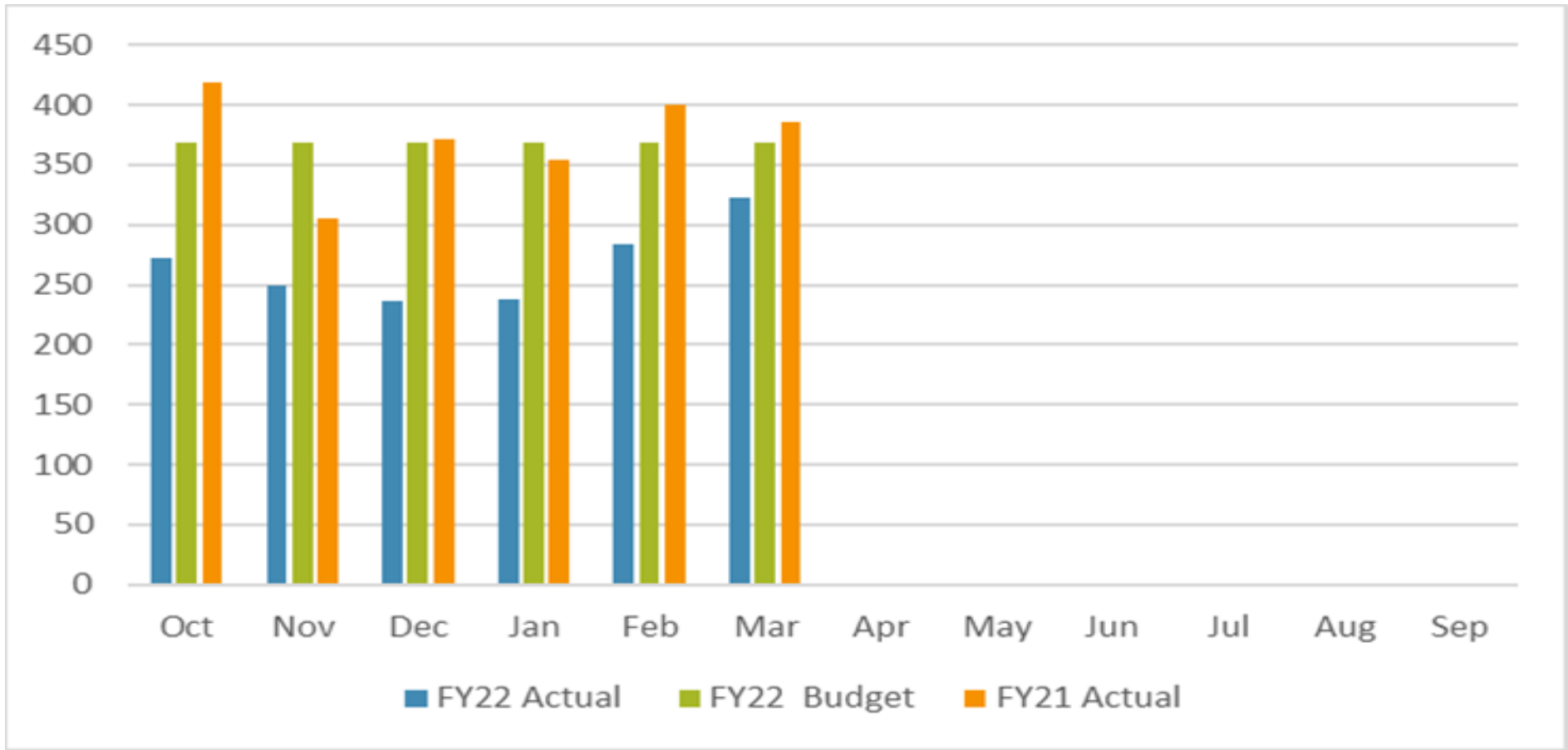
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284	323						
FY22 Budget	369	369	369	369	369	369						
FY21 Actual	419	306	372	354	400	385						

Inpatient/Outpatient Surgeries
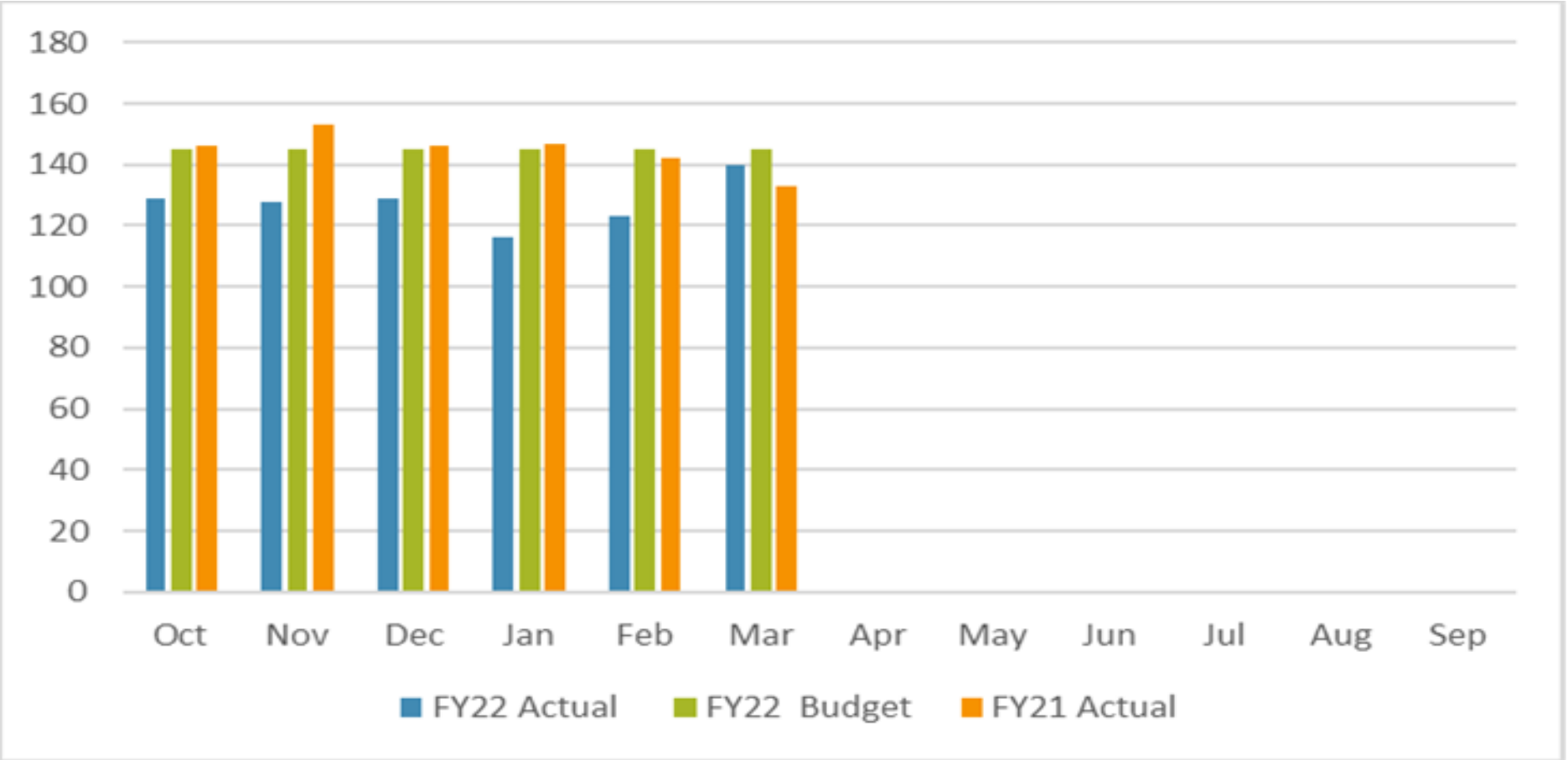
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123	140						
FY22 Budget	145	145	145	145	145	145						
FY21 Actual	146	153	146	147	142	133						

Total Emergency Room Visits
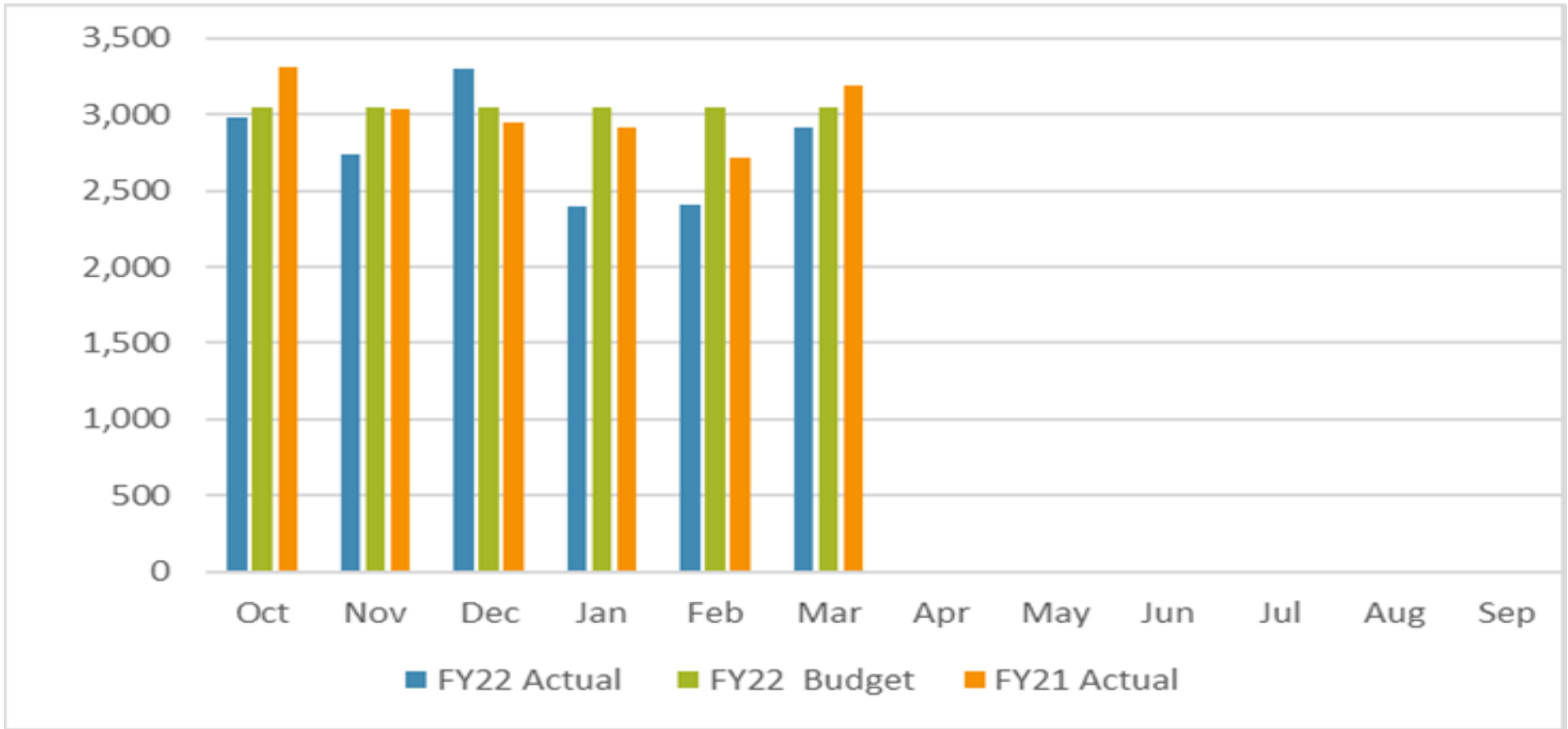
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916						
FY22 Budget	3,043	3,043	3,043	3,043	3,043	3,043						
FY21 Actual	3,313	3,037	2,947	2,909	2,716	3,184						

Number of FTEs
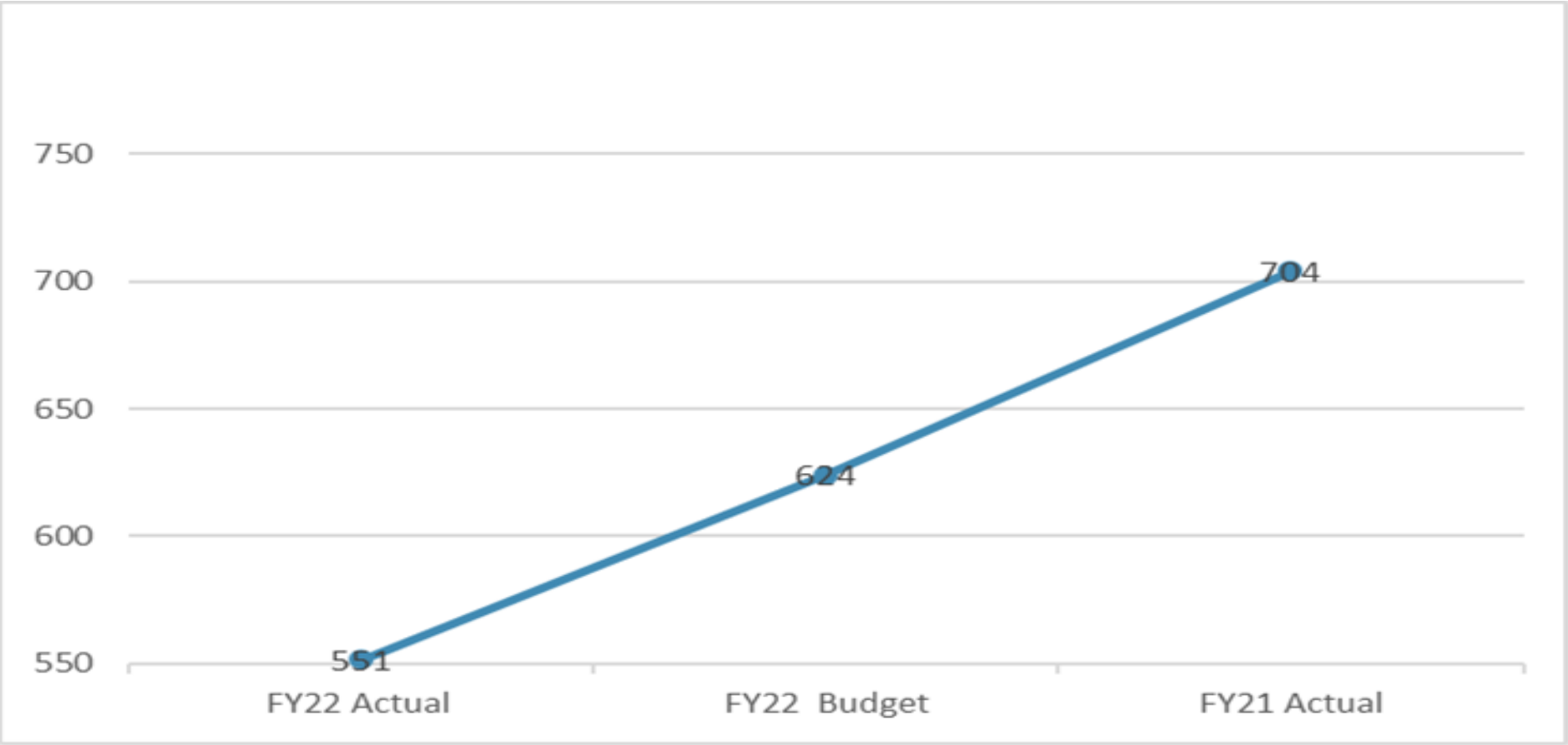
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551						
FY22 Budget	624	624	624	624	624	624						
FY21 Actual	764	771	766	725	724	704						

Case Mix Index
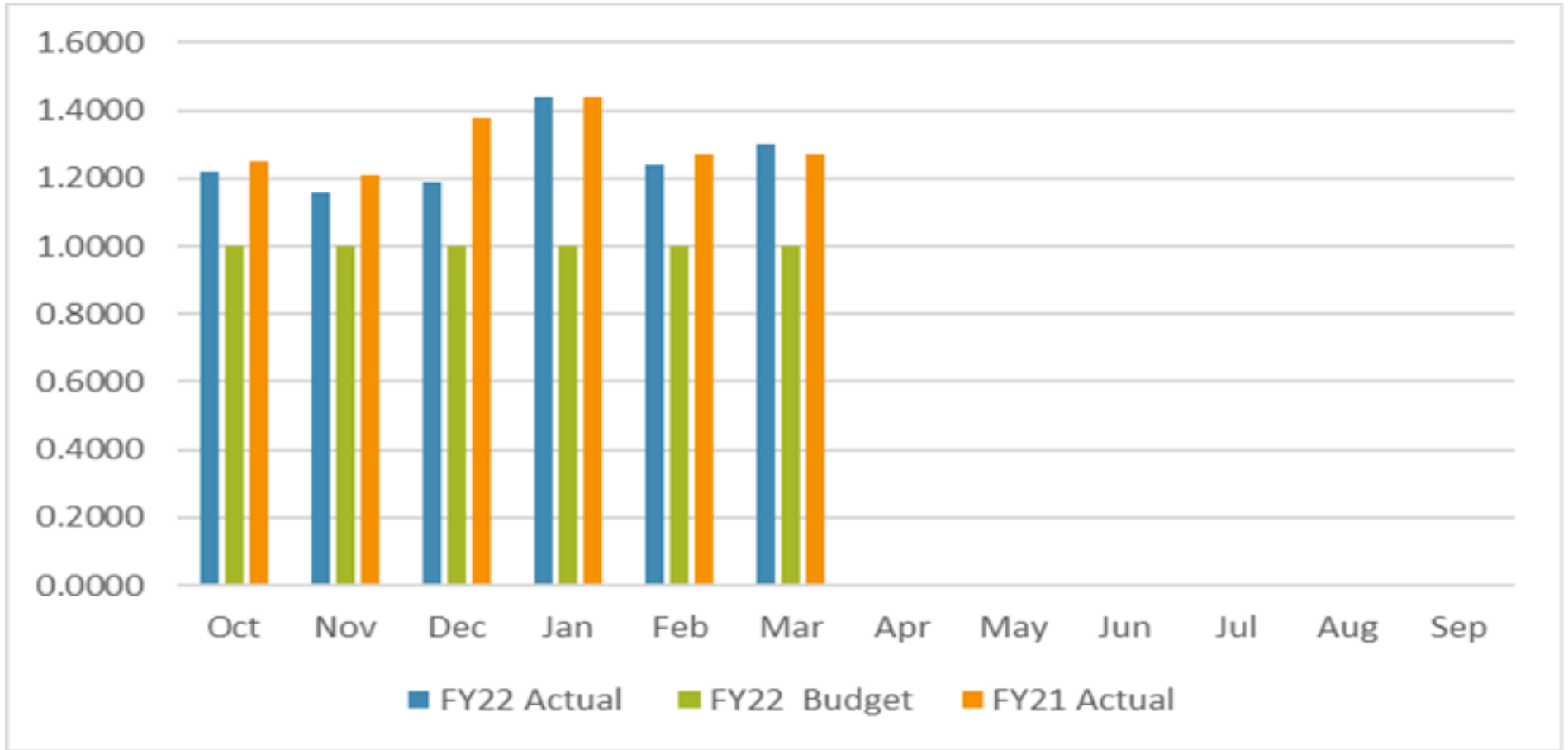
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037						
FY22 Budget	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300						
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700						

Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)
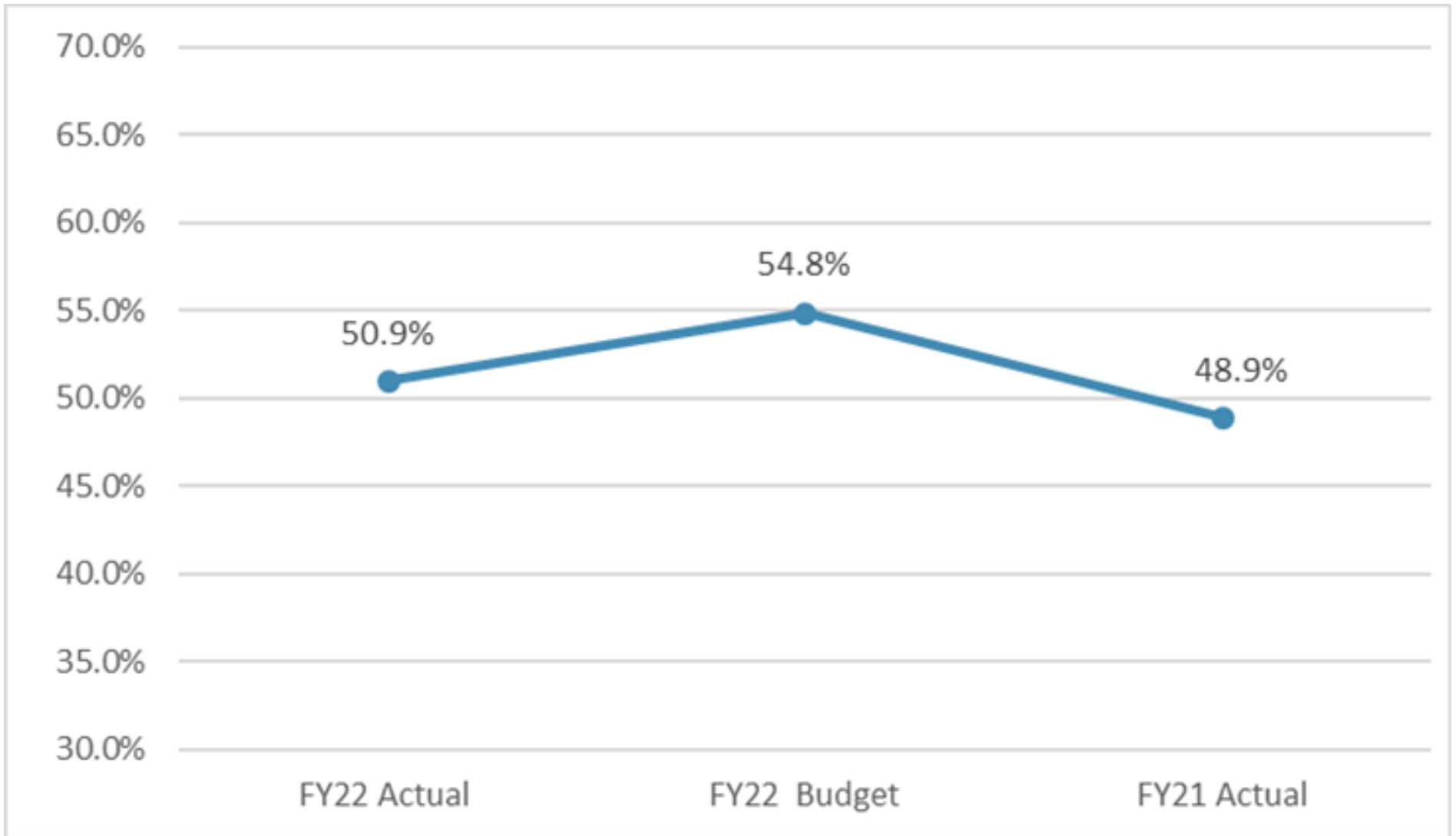
Net Accounts Receivable (AR)
Days With Unbilled
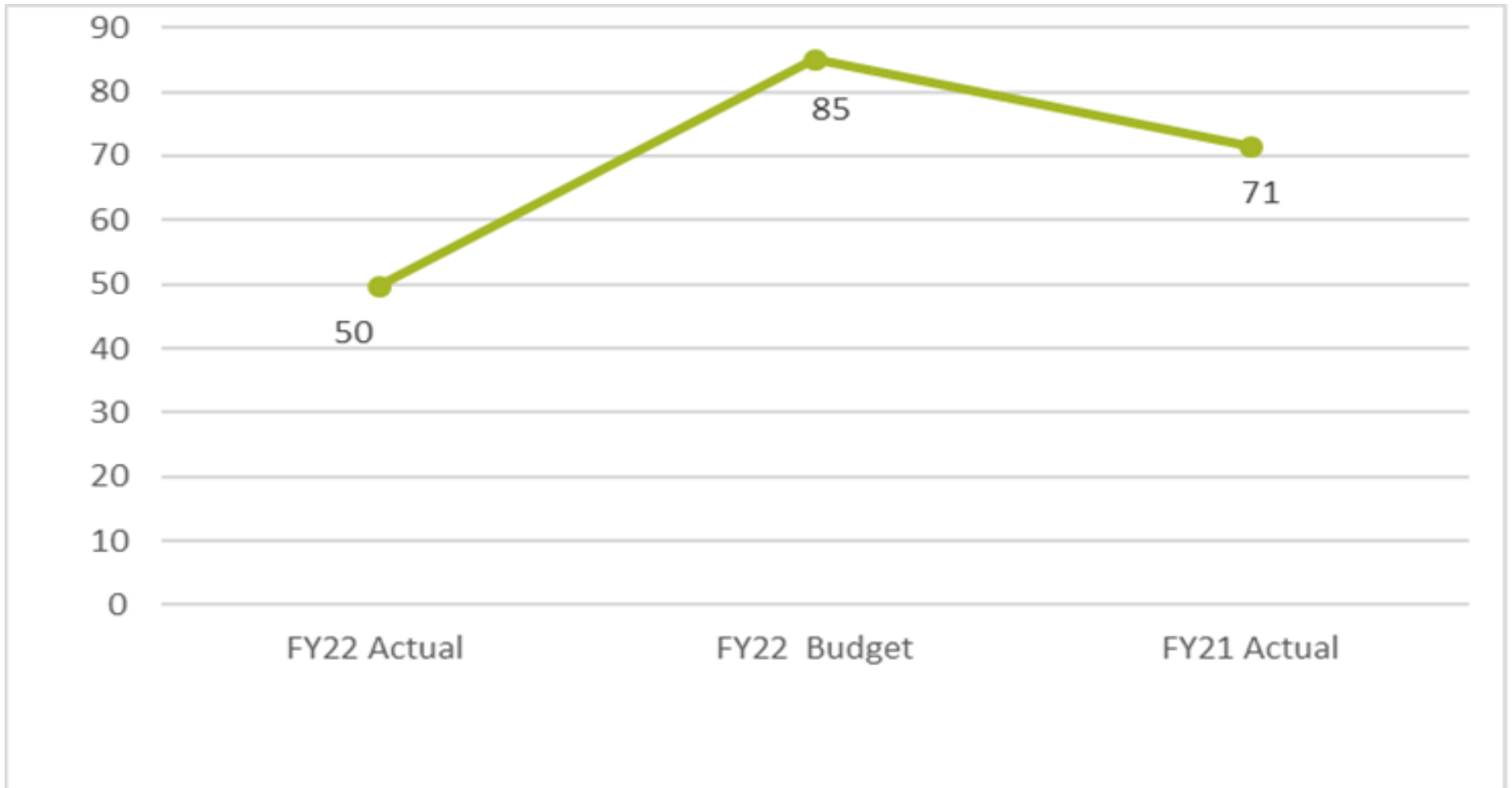
Cash Collection as a % of Net Revenues
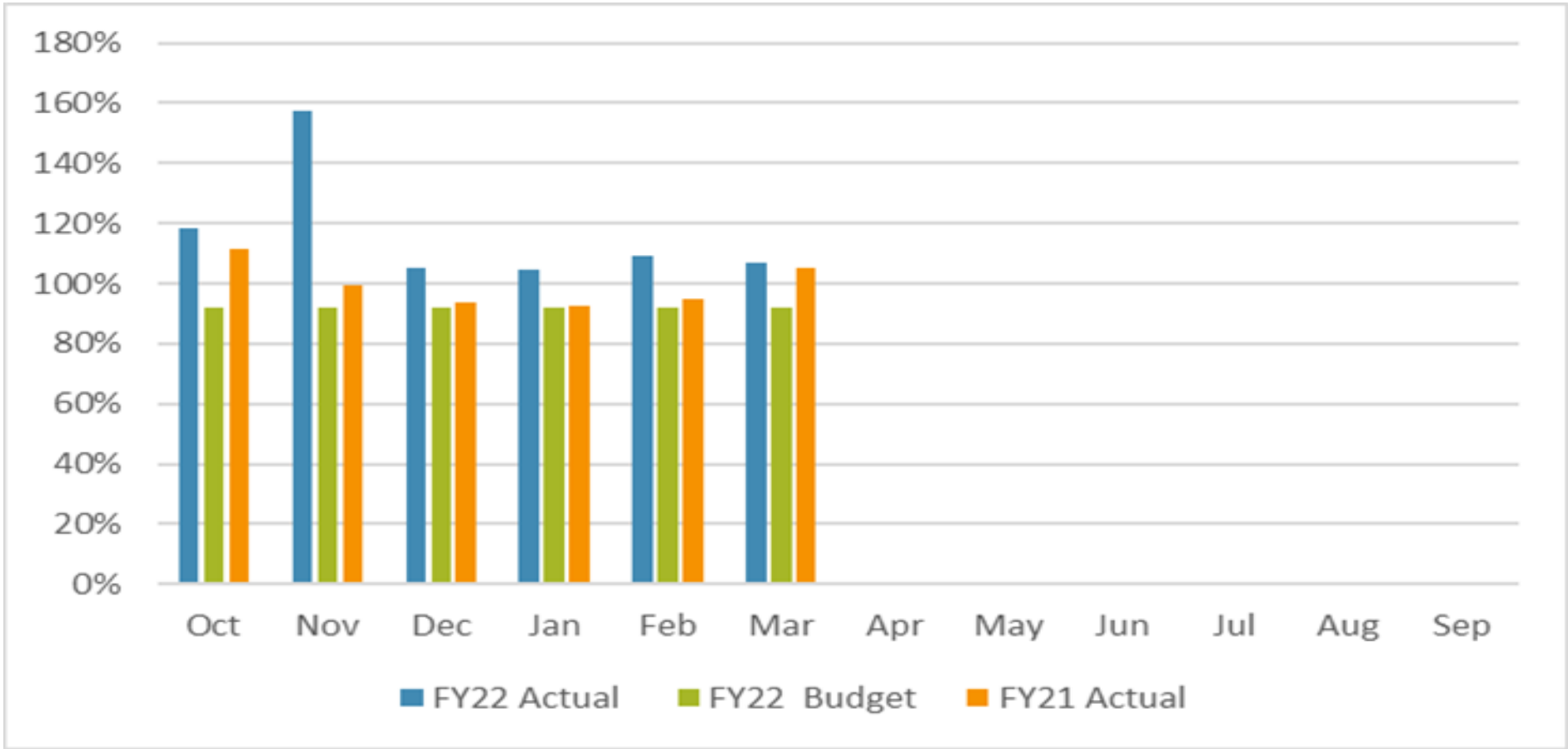
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%	105%	109%	107%						
FY22 Budget	92%	92%	92%	92%	92%	92%						
FY21 Actual	111%	99%	93%	92%	95%	105%						

Days Cash On Hand
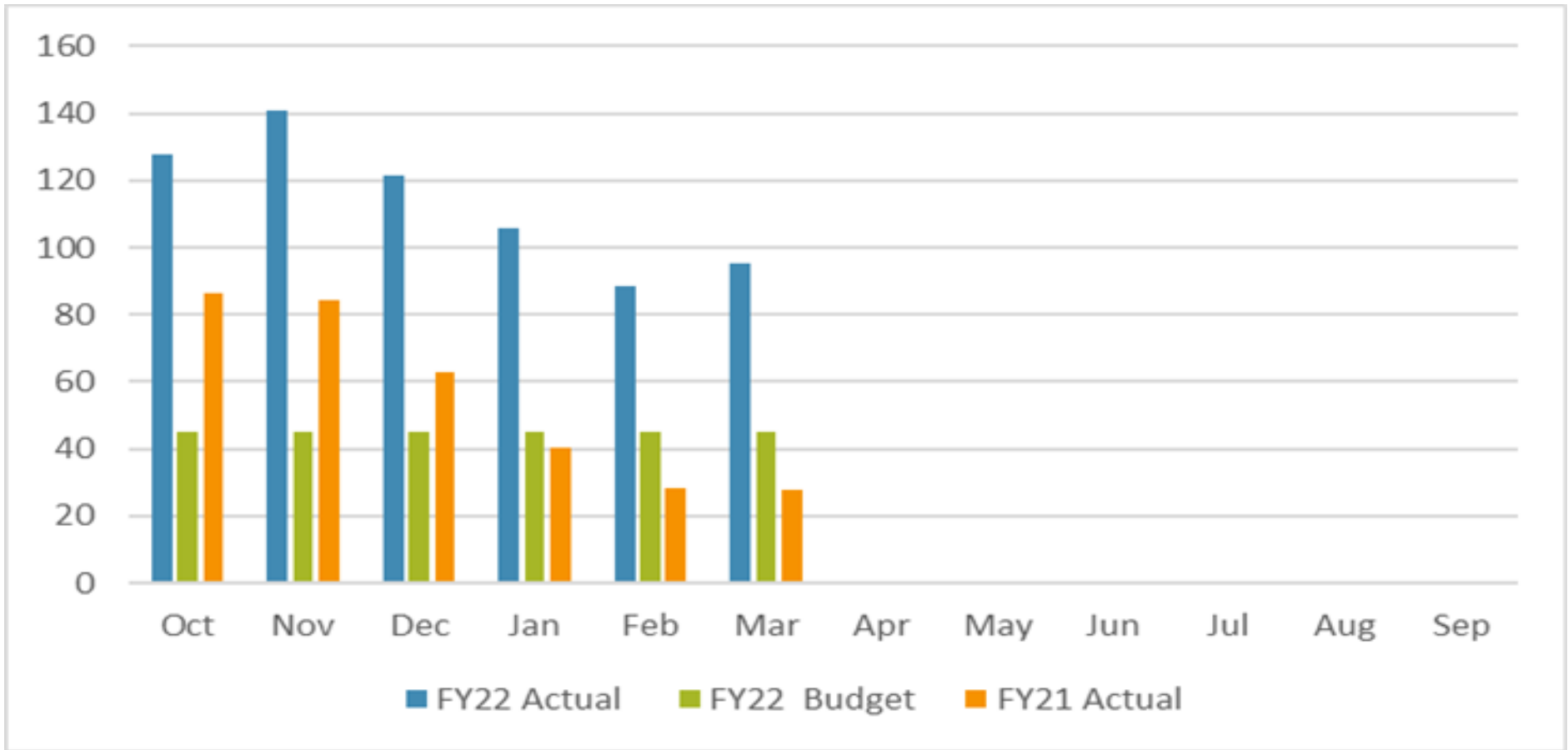
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	88	96						
FY22 Budget	45	45	45	45	45	45						
FY21 Actual	86	84	63	40	28	28						

Operating Margin % (Gain or Loss)
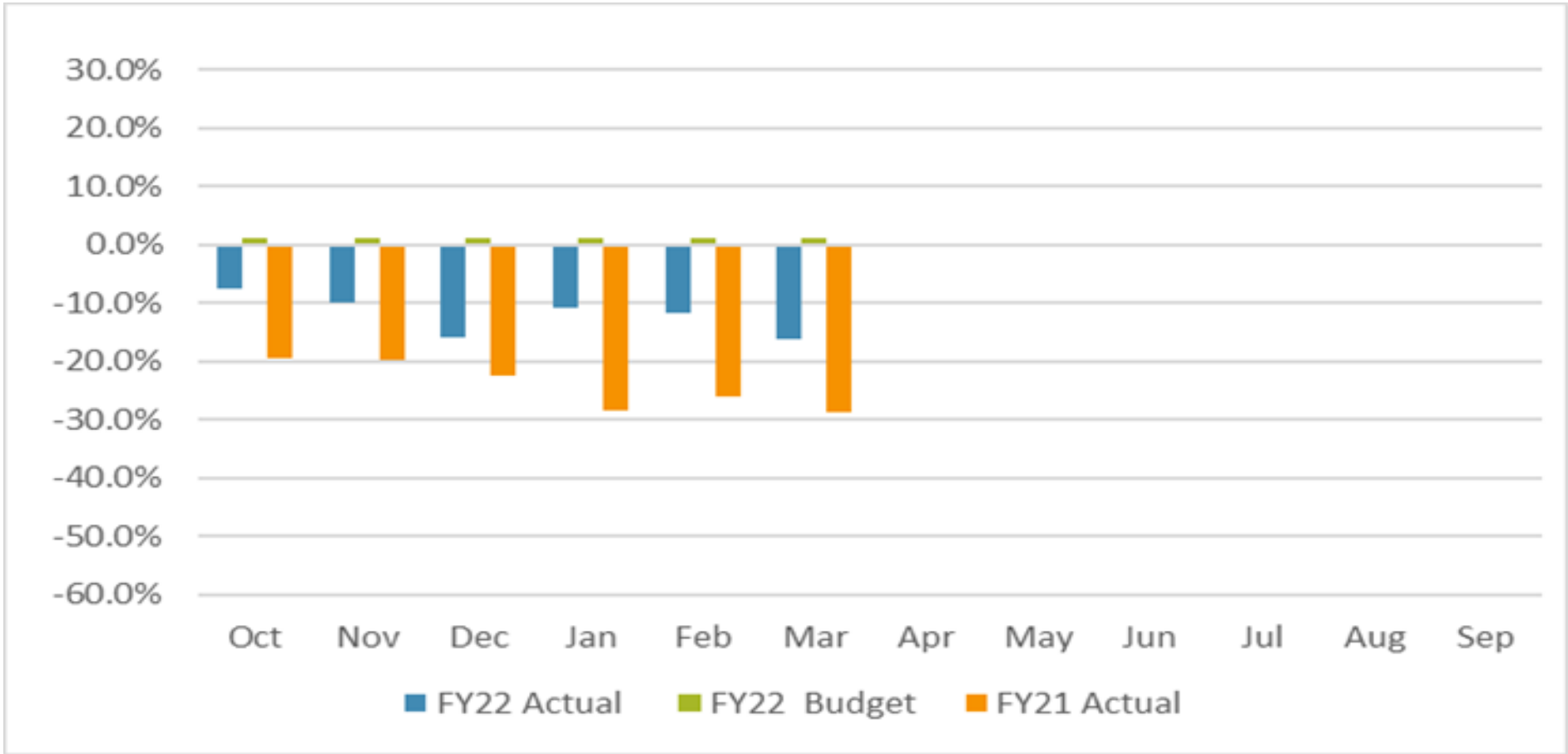
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	-5.6%	-9.8%	-15.4%	-10.8%	-11.7%	-16.1%						
FY22 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%						
FY21 Actual	-19.4%	-19.7%	-22.5%	-28.5%	-26.2%	-28.7%						

Income Statement
FY22 Operating Period Ending March 31, 2022

	Month of March			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	323	369	385	(46)	-13%	(62)	-16%	1,602	2,215	2,236	(613)	-28%	(634)	-28%
Patient Days	1,962	2,236	2,475	(274)	-12%	(513)	-21%	10,880	13,417	13,514	(2,537)	-19%	(2,634)	-19%
Emergency Room Visits	2,916	3,043	3,184	(127)	-4%	(268)	-8%	16,732	18,256	18,106	(1,524)	-8%	(1,374)	-8%
Clinic Visits	1,316	1,089	2,693	227	21%	(1,377)	-51%	6,987	6,532	12,369	455	7%	(5,382)	-44%
IP Surgeries	41	67	45	(26)	-39%	(4)	-9%	255	405	362	(150)	-37%	(107)	-30%
OP Surgeries	99	78	88	21	27%	11	13%	510	468	505	42	9%	5	1%
Radiology Visits	984	763	725	221	29%	259	36%	4,794	4,576	3,568	218	5%	1,226	34%
Revenues														
Net Patient Service	4,566	6,665	5,409	(2,099)	-31%	(843)	-16%	30,995	39,989	34,830	(8,995)	-22%	(3,835)	-11%
DSH	494	1,658	964	(1,165)	-70%	(470)	-49%	11,182	9,950	4,971	1,232	12%	6,211	125%
CNMC Revenue	150	151	74	(1)	0%	76	102%	1,077	904	890	173	19%	187	21%
Other Revenue	1,881	1,824	2,456	57	3%	(575)	-23%	11,329	10,944	15,211	385	4%	(3,881)	-26%
Total Operating Revenue	**7,090**	**10,298**	**8,903**	**(3,207)**	**-31%**	**-1,813**	**-20%**	**54,583**	**61,787**	**55,902**	**(7,204)**	**-12%**	**(1,319)**	**-2%**
Expenses														
Salaries and Wages	3,708	3,918	4,447	(210)	-5%	(739)	-17%	21,956	23,506	27,231	(1,550)	-7%	(5,275)	-19%
Employee Benefits	948	1,033	1,130	(86)	-8%	(182)	-16%	6,309	6,199	7,554	110	2%	(1,245)	-16%
Contract Labor	617	417	436	200	48%	181	41%	4,940	2,500	2,198	2,440	98%	2,741	125%
Supplies	759	637	1,228	122	19%	(468)	-38%	4,326	3,823	5,948	503	13%	(1,622)	-27%
Pharmaceuticals	170	218	301	(48)	-22%	(131)	-43%	1,198	1,310	1,629	(112)	-9%	(431)	-26%
Professional Fees	1,795	1,685	1,665	110	7%	130	8%	10,234	10,109	10,519	124	1%	(285)	-3%
Purchased Services	1,287	1,234	1,335	53	4%	(48)	-4%	7,734	7,403	8,778	331	4%	(1,044)	-12%
Other	1,079	1,121	2,095	(42)	-4%	(1,016)	-48%	6,664	6,726	8,078	(62)	-1%	(1,414)	-18%
Total Operating Expenses	**10,363**	**10,263**	**12,638**	**100**	**1%**	**(2,275)**	**-18%**	**63,361**	**61,576**	**71,936**	**1,785**	**3%**	**-8,575**	**-12%**
Operating Gain/ (Loss)	**(3,272)**	**35**	**(3,734)**	**(3,308)**	**-9420%**	**462**	**-12%**	**(8,778)**	**211**	**(16,034)**	**(8,989)**	**-4267%**	**7,256**	**-45%**

Balance Sheet
As of the month ending March 31, 2022

Mar-22	Feb-22	MTD Change		Sep-21	YTD Change
			Current Assets:		
$ 41,155	$ 46,705	$ (5,550)	Cash and equivalents	$ 46,041	$ (4,886)
7,216	8,511	(1,296)	Net accounts receivable	9,186	(1,970)
5,893	5,949	(56)	Inventories	6,045	(152)
5,080	4,455	625	Prepaid and other assets	2,809	2,271
59,344	65,621	(6,277)	Total current assets	$ 64,081	$ (4,737)
			Long- Term Assets:		
-	-	-	Estimated third-party payor settlements	-	-
56,151	57,334	(1,183)	Capital Assets	62,296	(6,145)
56,151	57,334	(1,183)	Total long term assets	62,296	(6,145)
$ 115,495	$ 122,955	$ (7,460)	Total assets	$ 126,377	$ (10,882)
			Current Liabilities:		
$ -	$ -	$ -	Current portion, capital lease obligation	$ -	$ -
14,358	16,064	(1,706)	Trade payables	14,582	(224)
7,348	6,937	410	Accrued salaries and benefits	7,762	(414)
4,300	4,300	(0)	Other liabilities	4,300	0
26,006	27,302	(1,296)	Total current liabilities	26,644	(638)
			Long-Term Liabilities:		
7,177	8,921	(1,744)	Unearned grant revenue	-	7,177
17,085	17,079	7	Estimated third-party payor settlements	18,762	(1,677)
1,692	1,692	-	Contingent & other liabilities	1,692	0
25,955	27,692	(1,737)	Total long term liabilities	20,454	5,501
			Net Position:		
63,534	67,961	(4,427)	Unrestricted	79,278	(15,744)
63,534	67,961	(4,427)	Total net position	79,278	(15,744)
$ 115,495	$ 122,955	$ (7,460)	Total liabilities and net position	$ 126,377	$ (10,882)

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Statement of Cash Flow
As of the month ending March 31, 2022

Dollars in Thousands

Month of March				Year-to-Date		
Actual		Prior Year		Actual		Prior Year
			Cash flows from operating activities:			
$ 6,362	$	8,521	Receipts from and on behalf of patients	$ 42,471	$	40,879
(7,972)		(6,069)	Payments to suppliers and contractors	(37,417)		(43,036)
(4,245)		(4,726)	Payments to employees and fringe benefits	(28,679)		(34,157)
285		(94)	Other receipts and payments, net	4,572		(5,182)
(5,570)		(2,368)	Net cash provided by (used in) operating activities	(19,054)		(41,495)
			Cash flows from investing activities:			
-		-	Proceeds from sales of investments	-		-
-		-	Purchases of investments	-		-
-		-	Receipts of interest	(1)		-
-		-	Net cash provided by (used in) investing activities	(1)		-
			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		(11)	Receipts (payments) from/(to) District of Columbia	6		(130)
19		(682)	Change in capital assets	(837)		(2,839)
20		(693)	Net cash (used in) capital and related financing activities	(831)		(2,969)
(5,550)		(3,061)	Net increase (decrease) in cash and cash equivalents	(4,886)		(29,464)
46,705		**26,999**	**Cash and equivalents, beginning of period**	**46,041**		**53,402**
$ **41,155**	$	**23,938**	**Cash and equivalents, end of period**	$ **41,155**	$	**23,938**
			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			