



UMC

UNITED  
MEDICAL CENTER

**Monthly Board Meeting**

**Date:** May 18, 2022

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

**2022 FISCAL MANAGEMENT  
BOARD OF DIRECTORS**

**Angell Jacobs, Chair**  
**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 3:00pm on Wednesday, May 18, 2022. The meeting will be held via WebEx.

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

**Meeting number:** 132 516 2788 **Password:** f6PRGbV45Yw **Via Phone:** +1-415-655-0001, **Access code:** 1325162788

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

**DRAFT AGENDA**

**I. CALL TO ORDER**

**II. DETERMINATION OF A QUORUM**

**III. APPROVAL OF AGENDA**

**IV. READING AND APPROVAL OF MINUTES - April 27, 2022**

**V. CONSENT AGENDA**

- A. William Strudwick- Chief Medical Officer
- B. Dr. Gregory Morrow- Medical Chief of Staff
- C. Delores Marable, RN, Acting Director, Nursing

**VI. EXECUTIVE MANAGEMENT REPORT**

**VII. FINANCIAL REPORT**

- A. Lilian Chukwuma, Chief Financial Officer

**VIII. PUBLIC COMMENT**

**IX. OTHER BUSINESS**

- A. Old Business
- B. New Business

**X. ANNOUNCEMENTS**

**XI. ADJOURN**

**NOTICE OF INTENT TO CLOSE.** The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§2-575(b)(1)(2)(4A)(5),(9), (10),(11),(14).



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**General Board  
Meeting Date:**

**May 18, 2022**

## **Reading and Approval of Minutes**

**Minutes Date:  
April 27, 2021**



Not-For-Profit Hospital Corporation  
FISCAL CONTROL BOARD MEETING  
**Wednesday, April 27, 2022, 3:30pm**  
**Held via WebEx**

**Directors:**

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

**UMC Staff:** COMS Gregory Morrow, Acting Director of Nursing Delores Marable, CFO Lilian Chukwuma, Corp. Sec. Toya Carmichael, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assison, 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, Jessie Adams, Daniel Mendoza, Regina Kim, Tracy Follin, Maxine Lawson, Trenell Bradley,

**Other:** Kai Blissett, Andrew Cameron

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:38 pm.  Quorum determined by Toya Carmichael.
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir. Bobb, 2<sup>nd</sup> by Dir. Bobb, Unanimous vote.</i>
<b>Approval of Minutes</b>	<i>Mot to approve minutes by Dr. Fair, 2<sup>nd</sup> by Dir. Bobb, Unanimous vote.</i>
	<b>CMO Report – Dr. William Strudwick</b> <ul style="list-style-type: none"><li>• We should be encouraged by our performance in March, we kept our door open with no divergence hours.</li></ul>

	<ul style="list-style-type: none"> <li>• Our staff in March was strong due to boots on the ground and strong leadership and competitive rates helped us keep our staff and on board a nurse in the ER and ICU.</li> <li>• We had zero pressure injuries in March. We only had 6 COVID patients admitted in March compared to 16 in February.</li> <li>• Pharmacy and therapeutics we began distributing nasal Narcan kits through a grant with DC Health.</li> <li>• We also reduced the average cost per patient from \$36.27 to \$18.24 in March.</li> </ul> <p>Dir. Ashenafi noted the data shows the “left without being seen” rates have jumped and asked Dr. Strudwick to talk about what is being done to get this number down and what time of day do we typically see this occur?</p> <ul style="list-style-type: none"> <li>• Dr. Strudwick said yes, this happens during the really busy time between 4pm-12am. The 12% is actually low, it was 17% when Strudwick arrived but has been as low as 7% in recent months. The standard is 2-3% but as we continue to retain our nurses and improve we will work to improve on a consistent basis.</li> </ul> <p><b>MCOS Report – Dr. Morrow</b></p> <ul style="list-style-type: none"> <li>• No formal report.</li> <li>• Celebrated Dr.’s Day last month and thanked the MEC staff for the lunch and gifts and thank you to the administration for the support.</li> </ul> <p><b>CNO Report – No report submitted.</b></p>
<b>Executive Management Report</b>	<p><b>Interim CEO Report – Dr. William Strudwick</b></p> <ul style="list-style-type: none"> <li>• As our divergence hours went down our admission numbers went up, we went from 238 admissions in January to 323 admissions in March as our divergence hours went down to zero.</li> <li>• Our average length of stay improved from a peak in November of 7.6 to 5.5 in the month of March so we are getting patients in and out more efficiently which allows us to admit more patients and use staff more efficiently.</li> <li>• ER visits went from 2,3033 in February to 2,975 in March so creeping up to pre-COVID numbers. Radiology procedures up drastically from 2,574 in January to 3,859 procedures in March. Clinic visits are up operational as well.</li> </ul> <p><i><b>Motion to accept CMO, MCOS, &amp; Exec Management Report by Dir. Bobb, 2<sup>nd</sup> by Dir. Turnage, unanimous vote.</b></i></p>
<b>Financial Report</b>	<p><b>CFO Report - Lilian Chukwuma</b></p> <ul style="list-style-type: none"> <li>• While the month of March is up, we are still in a very difficult place overall.</li> </ul>

	<ul style="list-style-type: none"> <li>• Started on gap tracking page, we are still at a \$26-million-dollar loss before the \$15 million that the city gives us. Then we wonder how we are going to balance that budget. On the initiatives we are counting on \$12 million dollar initiatives to balance this budget. This is 6 months we have another</li> <li>• We are 28% down, even surgery is 37% but while our activities are on the decrease our expenses are still higher. We have \$6? Million and we are at \$61 million. Something has to be done, an action has to be taken to get these expenses to align with activities.</li> </ul> <p>Dir. Turnage noted that when he looks at FY22 YTD, we are losing almost \$9 million. Is this projected or YTD?</p> <ul style="list-style-type: none"> <li>• Lilian said this is YTD, we have factored out some things but now we do not annualize.</li> </ul> <p>Chair Jacobs clarified that the \$26 is before we take out the subsidy so the YTD is approximately \$11 million.</p> <p>Dir. Turnage stated that the bottom line is once the subsidy is included we have to find a combination of revenue and expense reduction. When do we push the button and say, I don't think we are going to make it?</p> <ul style="list-style-type: none"> <li>• Lilian said that will happen in April, the operator is still working on it but they should be coming to us with that Track 2. In April that will make 7 months so we should not be so comfortable that things will materialize.</li> </ul> <p><b><i>Motion to accept January financials by Dir. Turnage, 2<sup>nd</sup> Dir. Bobb, unanimous vote.</i></b></p>
Public Comment	<p><b>1199SEIU – Danny Mendoza – New admin organizer here at UMC.</b></p> <ul style="list-style-type: none"> <li>• Thanked the board for the opportunity to join the meeting.</li> <li>• Currently the union has several grievance matters that are in arbitration which</li> <li>• Members are also being asked to work outside of their job descriptions, including Sitters who have been asked to run EKGs which is not only a credentialing issue but also a license problem which could result in lawsuits later and again increase expenses for the hospital.</li> </ul> <p>Tony Powell – UMC Staff/ 1199 SEIU Member</p> <ul style="list-style-type: none"> <li>• Having people work outside of their scope of practice is not ok. We have made suggestions to Management and HR to run training programs</li> <li>• Staffing ratios are a problem on BHU and Tele and Med Surge units, we are overworking people and we need to think about ways to bring people here which is hard because people are being made more in other places</li> <li>• For the last 12-15 years, management has said they were going to give managers training on how to work better with their workers but that has not happened. A lot of the managers coming in or not trained properly and the workers feel they are in a hostile environment which is</li> </ul>

	<ul style="list-style-type: none"> <li>• We are asking for a consolidation of the HR Dept. In the last ? years we have had at least 10 heads of HR. We have asked for the labor-management talks to restart so we can discuss these issues. This is part of the problem....so basically we are giving people paid vacations which makes no sense we are already short staffed.</li> <li>• Competitive salaries and market rate is one of the reasons we can't attract people to come here, we are not going to close in a month or two which some think, so we need to come together as a team and work as a team...this is what has kept the hospital going in the past.</li> </ul> <p>Delores Marable</p> <ul style="list-style-type: none"> <li>• Noted that as soon she became the acting Dir. of Nursing she investigated and stopped the practice of staff working outside of their work duties.</li> <li>• As far as staffing rates, 4 agency nurses are bringing brought in to work the night shift in the ER and looking to bring some on in the day shift. On the floors we are looking to bring agency workers down. 8W is also getting ready to hire an additional nurse and other staff.</li> </ul> <p>Chair Jacobs</p> <ul style="list-style-type: none"> <li>• Thanked the union and Delores for their comments. Agreed that labor-management discussions are needed and that is how we keep the hospital going.</li> <li>• Will not be able to address each issue at this moment but gave her commitment to address the issues raised and follow up with the union to address them.</li> </ul>
<b>Closed Session</b>	<p>Mike Austin read the justification for entering Closed Session.</p> <p style="text-align: center;"><i><b>Motion to enter Closed Session by Dir. Turnage 2<sup>nd</sup> by Dir. Ashenafi</b></i></p> <p>Toya conducted roll call – 5 yays</p> <p>Open Session ended at approximately 4:11 pm.</p> <p>Closed session began at approximately 4:14 pm.</p> <p>Closed session ended at 4:28pm</p> <p>Open Session started at 4:29pm.</p>
<b>Announcements</b>	<p>During closed session the board approved medical credentials, MEC policy updates and approved seven contracts and three settlements.</p>

<b>Adjourned.</b>	<p data-bbox="467 136 1432 178"><i>Motion to adjourn by DM Turnage, 2<sup>nd</sup> by Dir. Ashenafi unanimous vote.</i></p> <p data-bbox="391 220 977 262">Meeting adjourned at approximately 4:30 pm.</p>
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## **General Board Meeting**

**Date: May 18, 2022**

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# **Consent Agenda**



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**General Board Meeting**  
**Date: May 18, 2022**

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**CMO Report**

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

**Not-For-Profit Hospital Corporation  
CMO April 2022 Report & Accomplishments  
Respectively submitted by William Strudwick, MD**

**COVID-19/Hospital Enhancements:**



**CHATS Region V - County/Hospital Alert Tracking System  
April 1, 2022- April 30, 2022**

Hospitals	Yellow Alert			Red Alert			Mini Disaster			ReRoute			Total		
	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours
Bowie Health Center (UMCRH)	24	14.70	352.73	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	24	14.70	352.73
CalvertHealth Medical Center	2	13.33	26.65	0	0.00	0.00	0	0.00	0.00	1	3.22	3.22	3	9.96	29.87
Capital Region Medical Center (UMCRH)	17	28.09	477.56	11	50.47	555.22	0	0.00	0.00	6	6.74	40.42	34	31.56	1073.20
Charles Regional (UM)	3	11.63	34.90	1	16.27	16.27	0	0.00	0.00	2	3.04	6.09	6	9.54	57.26
Doctors Community Hospital	16	8.41	134.62	8	13.81	110.51	0	0.00	0.00	1	2.43	2.43	25	9.90	247.56
Fort Washington Hospital	15	9.87	148.04	6	16.46	98.73	0	0.00	0.00	0	0.00	0.00	21	11.75	246.77
Germantown Emergency Center (Adventist)	1	2.32	2.32	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	2.32	2.32
Holy Cross Germantown Hospital	14	10.58	148.09	6	19.95	119.68	0	0.00	0.00	1	1.17	1.17	21	12.81	268.94
Holy Cross Hospital	16	18.20	291.17	4	10.63	42.53	0	0.00	0.00	1	0.47	0.47	21	15.91	334.17
Laurel Medical Center (UMCRH)	5	6.56	32.82	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5	6.56	32.82
Malcolm Grow Medical Clinic	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Montgomery Medical Center (MedStar)	13	11.67	151.75	2	17.99	35.98	0	0.00	0.00	0	0.00	0.00	15	12.52	187.73
Prince Georges Hospital Center	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Shady Grove Medical Center (Adventist)	28	9.02	252.52	1	7.62	7.62	0	0.00	0.00	4	1.33	5.31	33	8.04	265.45
Southern Maryland Hospital (MedStar)	10	6.74	67.40	10	29.45	294.52	0	0.00	0.00	1	3.34	3.34	21	17.39	365.26
St. Mary's Hospital (MedStar)	2	4.99	9.99	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	2	5.00	9.99
Suburban Hospital (JHM)	30	9.74	292.22	11	11.25	123.75	0	0.00	0.00	1	1.10	1.10	42	9.93	417.07
Walter Reed National Military Medical Center	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
White Oak Medical Center (Adventist)	18	20.96	377.22	12	33.95	407.34	0	0.00	0.00	6	3.95	23.72	36	22.45	808.28
Children's National Medical Center, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
George Washington Hospital, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Georgetown University (MedStar)	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Howard University Hospital, DC	1	720.00	720.00	1	720.00	720.00	0	0.00	0.00	0	0.00	0.00	2	720.00	1440.00
Sibley Memorial Hospital (JHM), DC	17	23.30	396.16	9	22.49	202.40	0	0.00	0.00	0	0.00	0.00	26	23.02	598.56
United Medical Center, DC	4	25.80	103.19	3	31.03	93.08	0	0.00	0.00	0	0.00	0.00	7	28.04	196.27
Washington Hospital Center (MedStar), DC	17	24.07	409.19	10	48.09	480.85	0	0.00	0.00	0	0.00	0.00	27	32.96	890.04
<b>Totals:</b>	<b>253</b>	<b>17.50</b>	<b>4428.54</b>	<b>95</b>	<b>34.83</b>	<b>3308.48</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>24</b>	<b>3.64</b>	<b>87.27</b>	<b>372</b>	<b>21.03</b>	<b>7824.29</b>

- With the sudden absence of pieces of our operational and nursing leadership, and the pause in our ability to offer our staff nurses certain financial incentives, we were forced to spend some hours diverting ambulances in the last two weeks of April. Our ambulance drop times have increased from a low of 47 minutes during our most efficient week to an average of 62 minutes for the entire month of April. Our directive is to increase nursing agency use and appropriately offer staff nurses overtime to supplement our nursing coverage. The goal will be to use these options temporarily as we recruit and hire more staff nurses.

- 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 April, there was one initial appointment, seven (7) reappointments, and no resignations. There are currently (248) Medical Staff members. The Medical Affairs office is currently processing 24 new providers for different specialties.
- Physician contracts are all up to date, 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. The lectures are being held to educate the hospital staff and providers, and to ensure the providers have enough CME credits to renew their DC licensure for 2023-2024. The following lectures were held in April:
  1. April 6, 2022 – Tuberculosis – Presented by Charles Daley, MD
  2. April 20, 2022 - Opioid Use Disorder: Best Practices and Barriers to Care - Presented by Richard Shih, M.D.
  3. April 28, 2022 - Mortality and Morbidity Conference – Presented by Aseem Balhara, M.D.
- The next Quarterly Staff meeting will be held on June 8, 2022.
- The Medical Affairs office has been working with IT and HIM to ensure providers have a timeliness for completion of their Medical Records. The Medical Affairs office will host a Grand Rounds on May 18, 2022 on "Updates for Clinical Documentation" which will be presented by Russell Kerbel, M.D., M.B.A.

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

- Created a Care Plan audit tool for nursing
- Created a Wound Assessment audit tool for nursing
- Met with Medisolv regarding our eCQM's data
- Identified mapping problems for hybrid measure for eCQM's
- Identified uploading issue with our cases for core measure abstraction
- Worked with IT on the file upload issues from Meditech. Manually fixing the file for each upload
- Weekly meetings with nursing to discuss quality issues across the board
- Rounding on units in preparation for DC Health inspection for Infection Control
- Assisted with the hospital orientation packet on quality section
- Held policy and procedure committee and approved the Fleet Safety Policy

- Assisted IT with Patient Experience file upload for Press Ganey Fusion
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance
- Reviewed and submitted invoices for Press Ganey timely to AP
- Completion of Maternal Morbidity Structural Measure information required by CMS for IQR program
- Submission of DACA (Data Accuracy and Completeness Acknowledgement) to CMS
- Submission of PC-01 (Perinatal Care Measure) to CMS.
- Assisting with low supply shortages
- Submission to CMS for OQR (Outpatient Quality Reporting) of **OP-22** (total number of patients who left without being evaluated by a physician and the total number of patients who presented to the ED and **OP-29** (patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report and all patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy and what was your hospital's total population.
- Continuing collaboration with Risk Management regarding Navex incident reporting.
- 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%; April is 86%. Follow up meeting scheduled in May with new leadership to discuss current practices and identify solutions.
- Met with Nursing to go over in detail the HAPI's with the staff.
- 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. 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. April had zero HAPI's.
- Ongoing weekly meetings with Navex to start implementation of Policy Tech.

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

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

The number of COVID positive admissions for April 2022 was 6 which is the same number of cases for March 2022. Currently there is only one COVID 19 positive inpatient at UMC.

The number of COVID 19 positive employees was 6 in April 2022 when compared to 1 positive employee in March 2022. All of the positive COVID 19 employees are in the Security Department. Some immediate family members of the security staff were COVID 19 positive unknown to the security staff. Positive persons have been placed on isolation and other persons were tested per DC Health protocol.

### **Monthly Surveillance Data:**

There were no cases of Ventilator Associated Events, or Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for April 2022.

VRE HAI = 0 cases hospital-wide for April 2022

MRSA HAI = 0 cases hospital-wide for April 2022

C Difficile HAI = 1 case hospital-wide for April 2022 for an infection rate of 0.6

### **DC Department of Health on Site Survey**

The Epidemiology Division of the DC Department of Health (DOH) conducted an onsite survey to review the Infection Control programs and practices at UMC. A tour was conducted in the ICU with representatives from physicians, nursing, environment of care (EVS), respiratory therapy and infection control who were present and provided interviews when directed by the DOH.

DOH complimented UMC on the evidence of infection control measures that have been implemented. They remarked that it is a joy to come to UMC.

### **Case Management:**

- Daily MDRs - communication between all team members involved in patient's care and discharge plan to include MD, SW, nursing, case manager, rehab, pharmacy, CM physician advisor, CM director and CMO. Identify barriers to discharge, hospital or insurance delays, e.g. insurance authorization for LOC placement, identify and address hospital-related delays such as procedures, testing, radiology, or consults.
- Provide daily reports on patients with LOS 6 days and above to hospital leadership, as well as weekly meetings 1:1 with discharge planners to discuss patients with LOS 6 days and greater and identify potential barriers and issues that may require assistance of leadership

### **Patient Advocacy:**

#### **Emergency Room: (Goal of 50% top box score)**

Press Ganey Overall "Rate the Hospital" for the month of April was 65.25% increased from March at 36.92%%; N=20 responses.

#### **Accomplishments:**

- Courtesy of nurses – 70% an increase from prior month of 46.15%, N=20
- Nurses took time to listen – 68.42% an increase from prior month of 46.15%, N=19
- Nurses' attention to your needs – 68.42% an increase from prior month of 53.85%, N=19
- Nurses kept you informed – 66.67% an increase from prior month of 30.77%, N=18
- Nurses' concern for privacy – 72.22% an increase from prior month of 27.27%, N=18

- Nurses' responses to quest/concerns – 73.68% an increase from prior month of 30.77%, N=19
- Courtesy of doctors – 75%, an increase from prior month of 46.15%, N=20
- Doctors took time to listen - 75%, increase from prior month 53.85%, N=20
- Doctors informative regarding treatment – 75%, an increase from prior month 33.33%, N=20
- Doctors' concern for comfort – 70%, an increase from prior month of 38.46%, N=20
- Doctors include you in treatment decision – 75% and increase from prior month of 41.67%, N=20

### **Inpatient: (Goal of 50% top box score)**

Press Ganey Overall “Rate the Hospital” for the month of April is 33.33% slight increase from March at 30%, N=6

#### **Accomplishments:**

- “Nurses treat with courtesy/respect” – 100%, significant improvement from March at 60%, N=6
- “Nurses listen carefully to you” – 100%, significant improvement from March at 50%, N=6
- “Nurses explain in way you understand” – 83.33%, an increase from March at 55.56%, N=6
- “Doctors treat with courtesy/respect” - 100%, an increase from March at 80%, N=6
- “Doctors listen carefully to you” – 66.67%, slight decrease from the March at 70%, N=6
- “Doctors explain in way you understand” – 50%, a decrease from March at 66.67%, N=6

### **Pharmacy & Therapeutics:**

- RELIAS TRAINING for Nursing Narcotic Handling in accordance with DC HEALTH Survey, has been completed.
- Go-live **April 2022** has commenced for DCHA grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use--
- On-going collaboration with Director of Pharmacy, 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 had been scheduled for April has been completed. Results of testing are pending.
- Three Clinical Pharmacists have been approved for Preceptorship by DC HEALTH. Director of Pharmacy establishing Pharmacy Student Internship with Howard University College of Pharmacy, contracts in process for Pharmacy Interns on site practice.
- Pharmacy Clinical Interventions \$18,342 saved in the month of March 2022 and \$20,400 for the month of April 2022 by Pharmacy Clinical Interventions. 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), etc. CDM (Charge Master in Meditech) has errors have ALL been corrected and all partial billing codes (J-Codes) has been corrected and updated. Next steps involve creating a Protocol in writing for UMC Drug Pricing and review/update pricing formula comparative to area hospitals. Weekly Friday 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 renal/hepatic monitoring and review of patient charts for drug/disease mismatches and dosing
  - e) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)—**National Patient Safety Goals**
  - f) Anticoagulation monitoring/intervention--- **National Patient Safety Goals**





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**General Board  
Meeting Date:  
May 18, 2022**

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## **Medical Chief of Staff Report**

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



Amaechi Erongdu, M.D., Chairman

## APRIL 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for April, 2022 and 147 in March, 2022. See attached table and chart. Out-patient procedures continue a steady increase after a decline in December 2021. (see attached 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 101 vascular access procedures in April, 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 33 cases in April 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	138
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 Erongdu, M.D., MS, CPE  
Chairman, Anesthesiology Department



*Mina Yacoub, M.D., Chairman*

## **APRIL 2022**

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

In April 2022, the Intensive Care Unit had 46 admissions, 44 discharges, and 192 Patient Days. Average Length of Stay (ALOS) was 4.4 days. The ICU managed a total of 50 patients in April and the average daily census was 7 (6.7) patients. There was one return to ICU within 24 hours of transfer, eventually transferred to long term care facility. One patient was transferred to a Georgetown University Hospital Center for procedure not performed at UMC. There were a total of 4 deaths for 44 discharges, with an overall ICU mortality rate of 9.1 %.

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

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

### **April 2022 PERFORMANCE DATA**

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

In April, the ICU managed 14 cases of severe sepsis. One death was due to severe sepsis/septic shock, for a severe sepsis/septic shock mortality rate of 7.1%. 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 April 2022, ICU had 43 Ventilator Device Days with no Ventilator Associated Pneumonia (VAP), 34 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI) and 158 Urinary Indwelling Catheter Device days with no Catheter Related Urinary Tract Infections (CAUTI).

#### **Rapid Response and Code Blue Teams**

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

#### **New Business**

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

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*May 10, 2022*



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

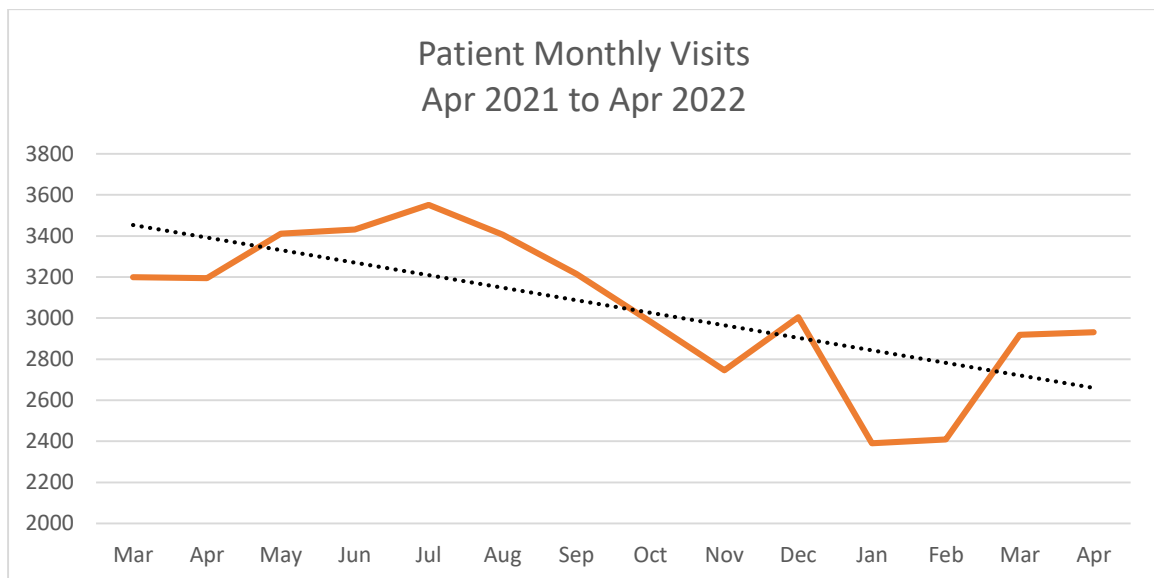
## APRIL 2022

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.

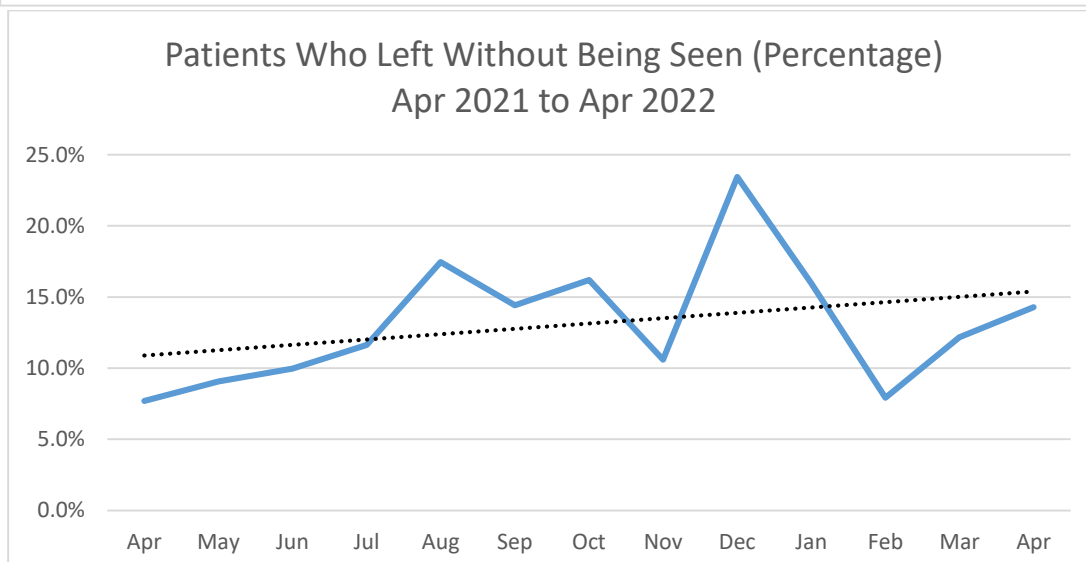
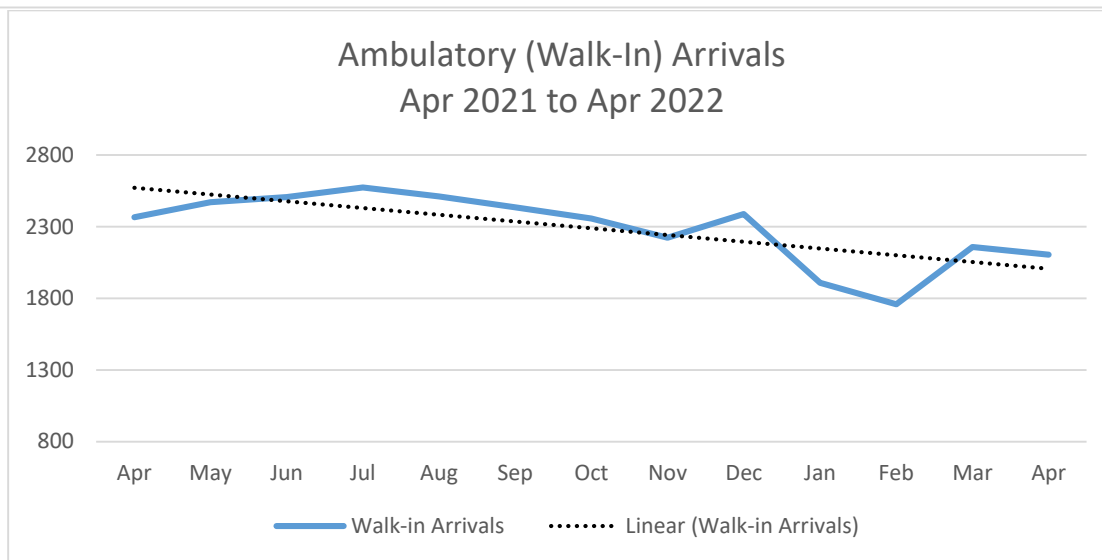
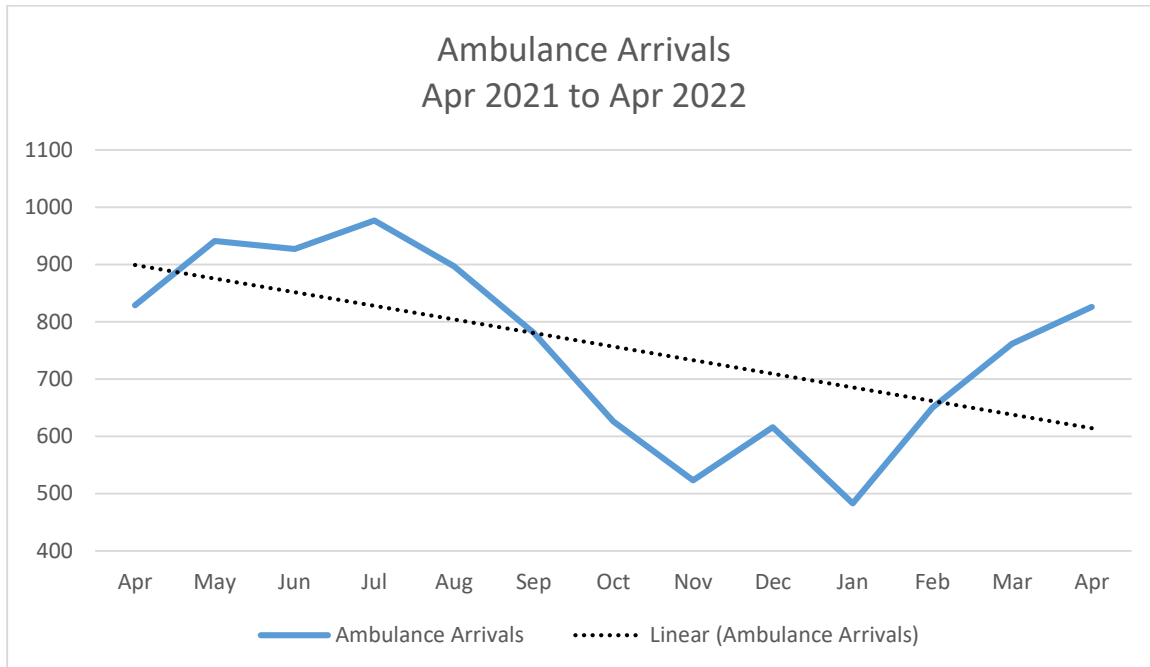
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

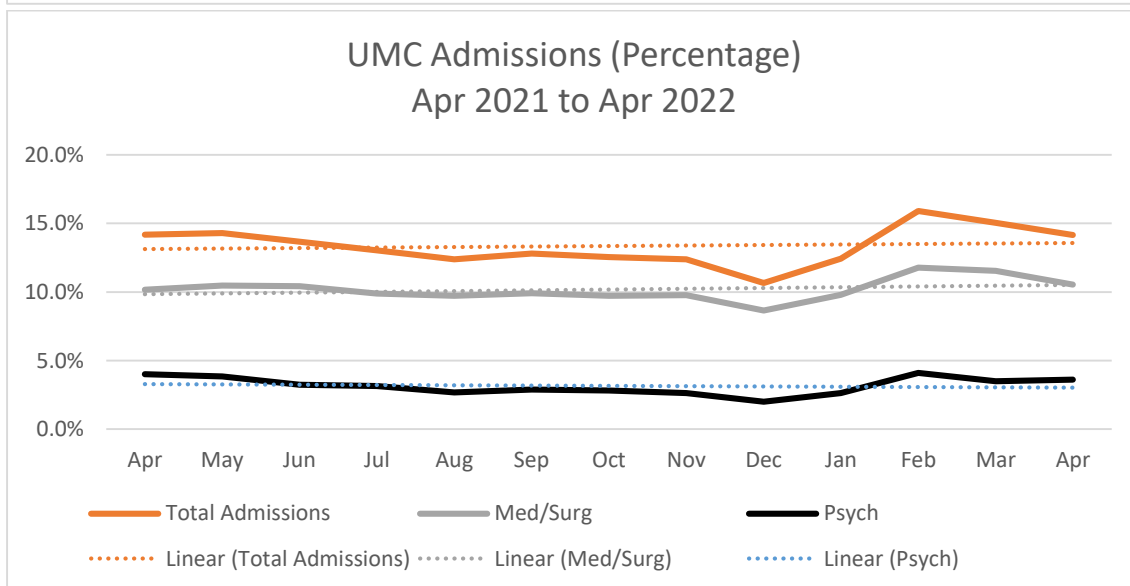
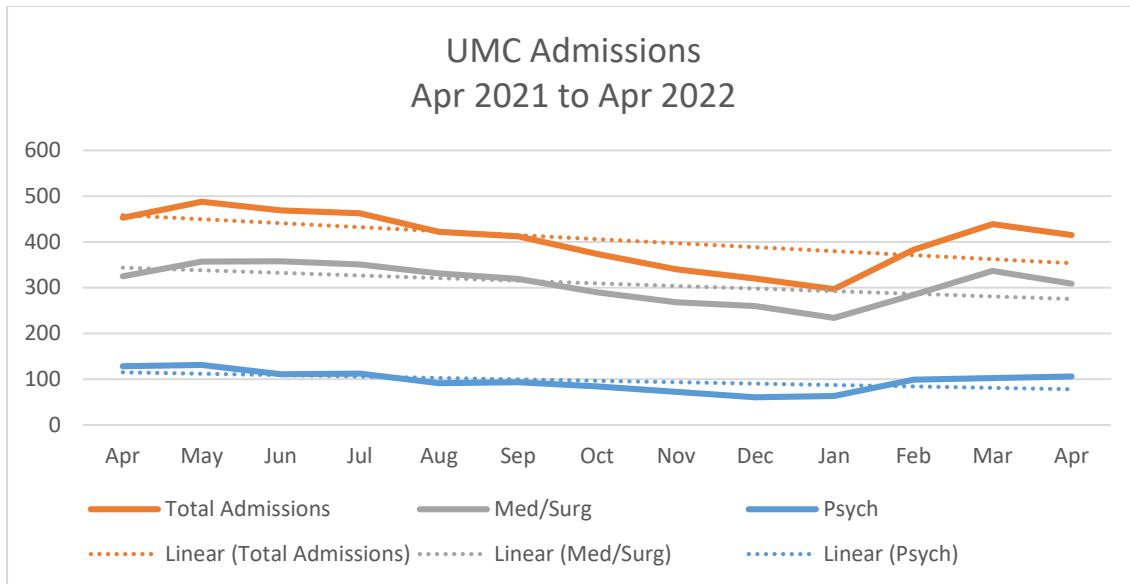
Definitions of the terms used in this report are as follows:

- **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



Department of Emergency Medicine





## Department of Emergency Medicine

Data tables:

ED Volume and Events				
	Apr 2021	%	Apr 2022	%
Total patients	3194		2931	
Daily Avg Census	106		98	
Ambulance Arrivals	829	26.0%	826	28.2%
Admit	453	14.2%	415	14.2%
• Med Surg	325	10.2%	309	10.5%
• Psych	128	4.0%	106	3.6%
LWBS	246	7.7%	419	14.3%
Ambulance Admission Rate	32.4%		33.5%	
Walk-In Admission Rate	7.9%		6.6%	

Analysis:

1. The monthly census for April 2022 was similar to the previous month and slightly down from April 2021.
2. The total number of medicine admissions dropped slightly from the previous month and was 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 dropped slightly from the previous year.

The most noteworthy statistic for the month of April 2022 is the rise in the LWBS when compared to the previous months.

As mentioned previously, the LWBS responds sensitively and immediately to changes in nursing and tech staffing. Of late the nursing staffing has been inconsistent with increased wait times and boarding in the ED.

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*

## APRIL 2022

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>ADMISSIONS</b>													
<b>OBSERVATION</b>													
MEDICINE	80	117	127	126									450
HOSPITAL	80	117	127	126									450
PERCENTAGE	100%	100%	100%	100%									100%
<b>REGULAR</b>													
MEDICINE	159	177	210	187									733
HOSPITAL	238	284	323	304									1149
PERCENTAGE	67%	62%	65%	62%									64%
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77	122	123	123									445
HOSPITAL	77	122	123	123									445
PERCENTAGE	100%	100%	100%	100%									100%
<b>REGULAR</b>													
MEDICINE	126	131	179	158									594
HOSPITAL	199	230	289	270									988
PERCENTAGE	63%	57%	60%	59%									60%
<b>PROCEDURES</b>													
HEMODIALYSIS	178	97	156	131									562
EGD'S	13	25	19	24									81
PEG'S	8	4	5	4									21
COLONOSCOPY	25	30	36	34									125
ERCP	0	0	0	0									0
BRONCHOSCOPY	1	1	0	0									2
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0									0
Cases Reviewed	0	0	0	0									0
Cases Closed	0	0	0	0									0

Department of Medicine met on March 9, 2022.

The next meeting is June 8, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine





*Donald Karcher, M.D. Chairman*

## APRIL 2022

Month	01	02	03	04	05	06
Reference Lab test – Urine Eosinophil (2day TAT) 90%	100%	100%	100%	100%		
Started in October	17	7	22	11		
Urine Legionella AG (2D TAT)						
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	100%		
	16/16	16/16	16/16	16/16		
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%	100%		
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%		
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%		
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%		
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.1	1.1	1.2		
Wasted/Expired Blood and Blood Products Goal 0	1	2	1	0		
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%		
Hematology Analytical PI	100%	100%	100%	100%		
Body Fluid	14/11	10/9	13/12	8/9		
Sickle Cell	0/0	3/3	0/0	0/0		
ESR Control	100%	100%	100%	100%		
	62/25	47/24	67/30	62/26		
Delta Check Review	100%	100%	99%	100%		
	211/211	184/184	244/246	199/199		

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	94% 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	92% ER 95% 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	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*

## APRIL 2022

UMC Behavioral Health Unit April 2022 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Admissions</b>													
ALOS (Target <7 Days)	4.34	4.71	4.44	4.56									
Voluntary Admissions	36	35	38	37									
Involuntary Admissions = FD12	43	72	75	80									
Total Admissions	79	107	113	117									
Average Daily Census	12	17	18	17									
<b>Other Measures</b>													
Average Throughput (Target: <2 hrs)	3	5	5	5									
# TeleCourt Meetings (Pt Hearings)	0	0	0	0									
# Psych Consultations	74	43	*6	60									
Psychosocial Assessments (Target: 80%)	68%	72%	81%	67%									
<b>Discharge</b>													
Discharges	76	100	120	116									

\*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*

## APRIL 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	74		572		136		782	
Fluoro	10		1		36		47	
Mammography					140		140	
Magnetic Resonance Angio	2		3		0		5	
Magnetic Resonance Imaging	15		7		22		44	
Nuclear Medicine	10		0		2		12	
Special Procedures	3		0		1		4	
Ultrasound	72		208		135		415	
X-ray	104		1011		460		1575	
Echo	42		1		31		74	
CNMC CT Scan			39					
CNMC X-ray			544					
Grand Total	332		2386		963		3098	

### 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.
- 100% REPORTING <10% BI RADS

#### 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):

- Staff attention 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.
- The Radiology department is cooperating with ER and actively working to mitigate the effects of –nationwide– shortage of Omnipaque350 iodinated contrast expected for the next four weeks mainly by ordering an alternative contrast.

### 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 X-ray/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*

## APRIL 2022

For the month of April 2022, the Surgery Department performed a total of 148 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	148
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 1.4% increase compared to last month. Compared to the average number of cases performed over the previous 8 years, this still represents a significant decrease in the number of cases for the same time period.

The resurgence of Covid-19 cases played a major role in this significant decline. We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary. We continue test all elective patients for Covid-19 on or within 72hrs prior to the day of surgery. We continue to have some staffing shortages in the OR for Perioperative Nursing and OR Techs. We will continue to work with administration and HR to have those vacancies filled.

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

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	1.4%	4.8%

Department of Surgery

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

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

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

Surgery and Perioperative services continue to evaluate how best to utilize our resources to respond to the anticipated surge of hospitalized patients in response to the Covid-19 pandemic and will continue to collaborate with other departments to formulate a comprehensive strategic plan.

We continue to evaluate and modify how we manage Covid-positive patients to minimize exposure to the staff in all areas of the hospital.

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

Respectfully,

A handwritten signature in black ink, appearing to read 'G. Morrow', with a long, horizontal, looping flourish extending to the right.

Gregory D. Morrow, M.D., F.A.C.S.

Chairman, Department of Surgery



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**General Board  
Meeting Date:  
May 18, 2022**

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## **CNO Report**

*Presented by: S  
Delores Marable,  
Acting Chief Nursing  
Officer*

# Nursing Board Report United Medical Center April 2022

## Overall State of Nursing Department

### Staffing:

The Nursing Department is going through challenges. Three major challenges are onboarding registered nurses for the critical care areas, telemetry, and monitor techs. However, we are making great strides to decrease our nursing staff and monitor tech deficits. For April, the nursing department onboarded 4 agency contract ICU RNs, and 3 ER RNs. Unfortunately, no monitor tech was hired. The immediate goal for the ED is to onboard a total of 5-day shift agency RNs and 5-night shift RNs, 3-night shift RNs for the telemetry unit. One monitor is in the process of being hired. Plans for a job fair are being discussed.

### Performance Improvement:

Hospital-acquired pressure injuries (HAPI), have been a long-standing issue. Eliminating HAPI is our goal. Nursing is maintaining its Robust Process Improvement System (RPI), chaired by the Acting Director of Nursing. Nursing identifies patients at risk and activates skin safety protocols immediately and spot-checking by the wound care nurse. Nursing is implementing a gel support distribution mattress to assist in the prevention of HAPI. Unfortunately, there have been 3 HAPIs this month. However, our turning and positioning synchronized schedule remain in place, as well as, frequent reminders during team huddles.

### Update

The Critical Care Unit went live with Ceribell A rapid Response EEG. Ceribell is the first critical care brain monitor for point of care seizure triage and treatment optimization. Ceribell provides continuous beside EEG monitoring and alert.

The Epidemiology Division of the Department of Health (DOH) conducted an onsite survey to assess the infection control programs and practices at in the ICU.. The DOH complimented the facility on evidence of infection control and was pleased with the staff who were interviewed. As, per the Infection Preventionist, They remarked that it was a joy to come to UMC.

### Emergency Department:

The ED went live with Ceribell too. Lucas Chest Compression System was purchased. It's due to arrive in May, 2022. Working with IT to update fall scale assessment worksheet and allergic reaction assessment. Blood Culture contamination rate improving but still has to improve.



ED Metrics Empower Data	JAN	FEB	MAR	APR
Visits	2398.00	2410.00	2928.00	2932.00
Change from Prior Year (Visits)	2924.00	2726.00	3199.00	3198.00
% Growth	-21.93	-13.11	-9.26	-9.07
LWBS	17.00	7.00	22.00	13.00
Ambulance Arrivals	486.00	650	763.00	826.00
Ambulance Patients Admission Conversion	172.00	237.00	264	273.00
% of ED patients arrived by Ambulance	0.20	0.27	0.26	0.28
% of Ambulance Patients Admitted	0.35	0.36	0.35	0.33

### Occupational Health:

PRE-EMP	FLU VACC.	ANNUAL	COVID TEST	CLEARANCES	POSITIVES	OTHERS	TOTALS	MONTH/YEAR.
16	4	9	91	9	4	14	147	APRIL 2022

### Behavioral Health:

Daily leadership milieu rounding continues to facilitate a positive inpatient Behavioral Health experience.

Leadership team weekly meetings with contracted Psychiatric Organization (Axis) and UMC management to insure quality of care is upheld.

Respectfully submitted,

Delores Marable  
Acting Director of Nursing



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**General Board  
Meeting Date:  
May 18, 2022**

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## **Executive Management Report**

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

# NFPHC Executive Management

**Not-For-Profit Hospital Corporation  
Executive Management Report  
Respectively submitted by William Strudwick, MD, Acting 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
- “Census /Zoom Huddle” for Nursing and Direct patient care clinical staff and essential Ancillary Services
- Leadership succession Planning for clinical and non-clinical services in process
- Facility and Executive Team Rounding in clinical areas for operational assistance in moving available staff to areas requiring assistance.
- Dispatching leaders and associates to assist in areas with immediate patient care needs.

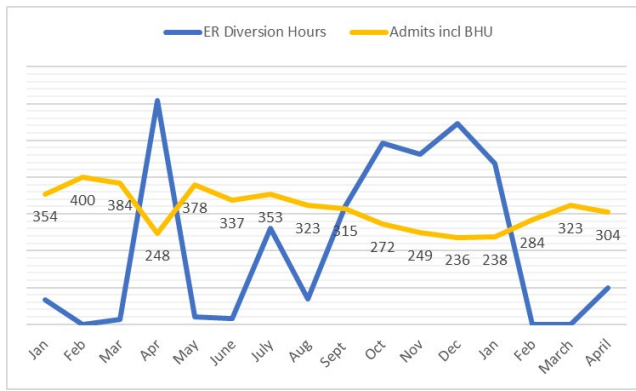
## **Survey Readiness**

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 –

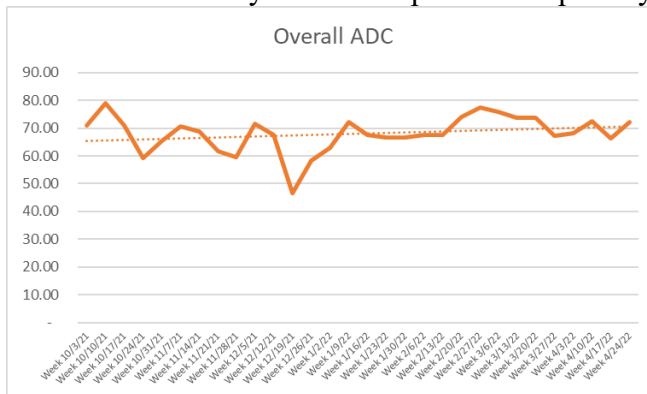
### ER Diversion & Admissions

After two months of zero ED Diversion, April saw an increase that is continuing into May due to nurse staffing challenges especially in the Emergency Department.



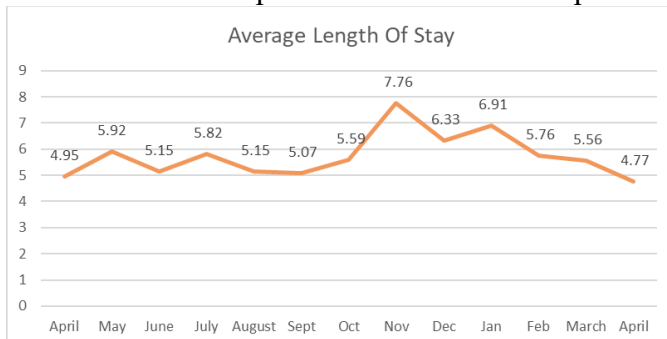
### Average Daily Census:

Remained relatively stable in April at 69.8 per day including observation patients.



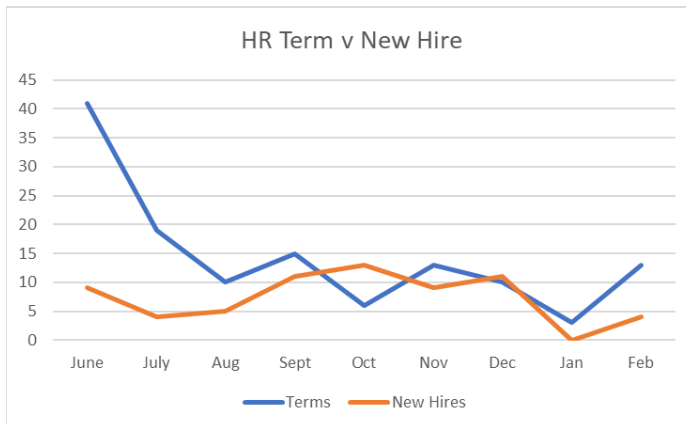
### Average Length of Stay

Also remained in a positive trend down in April.



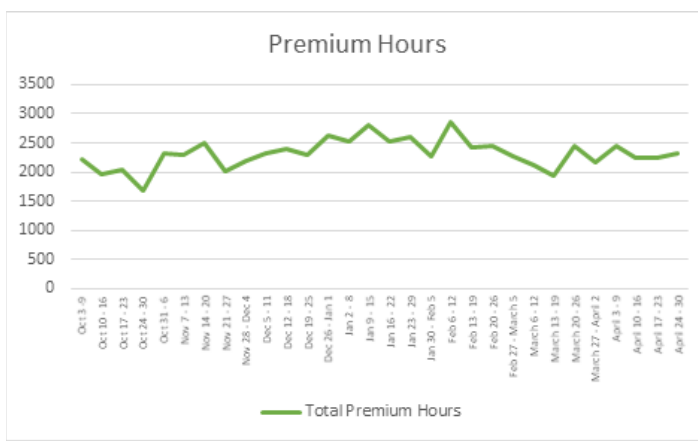
## Workforce & Staffing

Recruitment and retention of staff continues to be one of UMC's highest challenges with terms routinely outpacing our new hires resulting in either paying for premium labor or reduced volumes.



## Premium Pay (Overtime & Agency Hours)

It is estimated that UMC is short 30 RN FTE to support its current ADC, admission and volumes. This challenge also existing with other vacant positions in Radiology, Lab, Plant, EVS and Security.



## **FACILITIES:**

With the arrival of our two highly competent facility leaders, there has been a large focus on overall plant assessment and preventative maintenance. Some of these activities are included below:

- Started RFP/Contract for Fencing project will be starting for Plant and 1350 Southern Avenue generator enclosing
- Implementing PMs for plant equipment: Chiller, Cooling Towers, Condensate Pumps, Generator, Boilers
- Completed items identified from elevator inspections
- Completing requirements for water backflow inspections for WASSA
- Preparing for property inspection and valuation for insurance renewal.
- Preparing for cleaning of cooling towers to prepare for spring/summer season
- Critical Care electrical upgrade for 3<sup>rd</sup> floor (on-going)
- Training started for Tridium equipment (on-going)
- Identifying projects for CBEs
- Coordinating with DC Department of Employment Services for EVS staffing & greeters (on-going)
- DC Water Agency agreed to 2-year audit of estimated billing (on-going)
- Chiller Trane 2 is operating
- Water treatment continues to be a focus (on-going)
- Heater and Air/ Environmental Controls Plan remains in development
- Generator PMs in process and repairs
- Coordinating with Procurement analyst to develop monthly reports for support service managers to be able to monitor monthly expenses, purchase orders, contracts
- Hiring an EVS evening supervisor
- Working with engineers to develop budget/needs assessment for rest of FY2022 and FY2023
- Preparing for Morrison's inspection of Dietary area.
- Preparing for DOEE Air quality inspection
- Leases for MOB
- Navex reporting and monitoring

## **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 April 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 mobile clinics have remained stationary during the month of April due to mechanical issues. However, repairs have been completed and the unit is fully operational for future events. While waiting for the repairs, the team has continued providing COVID services at 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 on average 2 days per week in the month of April. This allowed us to administer 6 boosters and 6 COVID tests.
  
  2. In April, the mobile staff did not host Public Health Nursing Students from George Washington University as the semester began its finals season. We hope to host students enrolled in Summer session for 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.

COVID-19 PCR tests	Flu Vaccines	HIV tests	Rapid Covid Tests	COVID Vaccines / Boosters
We no longer offer	0	4	6	6

## IT Accomplishments (April 2022)

### Applications

- Worked with HR and Finance to code (in Meditech) and provide retro-salary payments for nurses
- In collaboration with HR and Finance, enabled a new Weekend Shift Differential code in Kronos and Meditech
- In collaboration with HR and Finance, enabled new Telework pay codes in Kronos and Meditech
- 3M updates applied
- Provided Meditech training for new ICU and ED nurses
- Scheduled and participated in Materials Management optimization meetings with Meditech and the UMC Materials Management team
- Posted UMC Newsletters on the Intranet and public monitors
- Validated Meditech and other systems as part of the monthly security patching event
- Provided an ITAC update at the DCHA Quality Collaborative Meeting
- Updated the IT section of UMC's Employee Manual
- Completed/executed renewal contracts for:
  - Lexicomp UpToDate Anywhere software
  - DocuSign software
  - Abbott Rapid Diagnostic Point-of-care devices
  - OCTO (DC-Net) Internet Service
- Successfully completed 126 Application service tickets

### Infrastructure

- Applied application updates to improve functionality and resolve wireless connectivity issues for the Accucheck Point-of-care (POC) devices
- Successfully upgraded the Mitel Telecom Contact system to a current version
- Implemented a third-level, offsite backup solution for PACS
- Updated the operating systems for the Summit interface and reporting servers
- Completed cable management in the Ground Floor Data Center closet
- Completed cable management in the Ground Floor G20 Closet; also upgraded the switches in this closet
- Successfully setup Active Directory (AD) integrations with Navex Applications (e.g., Policy Tech)
- Performed daily rounds through clinical and administrative areas to identify and resolve issues



- Assisted Compliance/Risk Management with several document searches
- Successfully completed security patching of UMC servers and devices
- Upgraded all Kronos clocks to current firmware levels
- 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 345 Network and Desktop service tickets

### Chief Medical Officer

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

### Chief Nursing Officer

The Acting Director of Nursing report is submitted separately by Delores Marable, RN.

### Chief Compliance Officer

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



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

**From: Brian D. Gradle**

**Chief Compliance Officer; Privacy Officer; Ethics Counselor (BEGA); FOIA Officer**

**Date: May 9, 2022**

**Re: Compliance Report/BEGA**

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

Specifically, this month's report summarizes the most recent activities of the UMC Compliance Officer in his capacity as the Ethics Counselor to UMC on behalf of the DC Bureau of Ethics and Government Accountability (BEGA):

## **I. The Annual Financial Disclosure Process**

UMC is currently in the midst of its annual financial disclosure process, which it is subject to as an instrumentality of the District of Columbia. The process is run by BEGA and the hospital's Chief Compliance Officer serves as the BEGA Ethics Counselor for purposes of the disclosure process and any other ethics matters.

- a. **Identification of Filers.** Those UMC employees who for 30 days or more in Calendar Year 2021 made decisions or participated substantially in areas of contracting, procurement, administration of grants or subsidies, developing policies, land use planning inspecting, licensing, regulating, or auditing, or acted in areas of responsibility that may produce a conflict of interest or the appearance of a conflict of interest, were identified as filers for the BEGA Financial Disclosure Statement. Filers are broken down into two categories: public filers and confidential filers. Public filers submit on-line to BEGA. Confidential filers submit their forms in hard copy to the UMC BEGA Ethics Counselor. This year 9 confidential and 37 public filers were identified (1 initially-identified public filer appealed and was granted non-filer status).
- b. **Required Disclosures.** In addition to completing required annual BEGA ethics training (either live or recorded programs), each filer is required to submit financial information, including the following:
- **Employee's Non-District income and positions (including beneficial interests in securities)**
  - **Spouse, Domestic Partner, Dependent Children's business endeavors**
  - **Certifications regarding ethics training, filing of taxes, no violations of law regarding receipt of funds, and no inappropriate receipts of gifts or other things of value.**
- c. **Timing.** The disclosure statements (both public and confidential) were distributed, by BEGA and the UMC Ethics Counselor, respectively, on or by April 15, 2022. Responses are due no later than May 16, 2022 (to BEGA and the Ethics Counselor, as applicable). All persons identified as filers are permitted to appeal that designation, and from time to time such appeals do occur. In the case of the UMC Ethics Counselor, such decisions are made on a case by case basis, and is determined by reviewing the scope of the employee's job and whether the scope of that job satisfies the BEGA requirements for disclosure.

d. **Follow-up Reports.** No later than June 1, 2022, the Ethics Counselor will submit a Confidential Filer Review Report to BEGA regarding this year's annual financial disclosure process.

e. **Other Filings**

- i. There are alternative filings that are made by members of the UMC workforce. For example, members of the OCFO workforce working at UMC are subject to a rigorous process that operates apart from UMC's.
- ii. As was presented last month, UMC committees and departments can and do prepare additional disclosure requirements. The P&T Committee, for example, recently adopted a disclosure statement for its members regarding conflicts of interest.

## II. **Additional BEGA Provisions**

Additional BEGA provisions that the UMC employees are subject to include (but are not limited to) the following:

- Gifts (from lobbyists and between employees)
- Nepotism
- Use of Non-public Information
- Outside Activities and Jobs
- Use of Government Property
- Financial Conflicts of Interest
- Donations and Volunteers

Source: *Ethics Manual: The Plain Language Guide to District Government Ethics* (Government of the District of Columbia, Board of Ethics and Government Accountability, Updated 11/1/14).

## III. **Education of Staff**

During Day 1 New Employee Orientation, all members of the workforce (including employees, independent contracts, students, and agency personnel) review UMC expectations regarding ethical behavior, including

conflicts of interest and the safeguarding of all information, assets and resources, and in writing acknowledge receipt of a paper copy of the Code of Conduct.

The Code of Conduct (a paper copy of which each new employee is provided on Day 1, and which is also available on the UMC intranet, covers many of these same topics, including the following:

- Conflicts of Interest – “Each of us is expected to use good judgment and avoid situations that can lead to even the appearance of a conflict.”
- Supplier Relations – “We evaluate and engage with qualified suppliers (including contractors, vendors, and other business partners) and base our decisions on objective criteria such as quality, price, and service and the supplier’s ability to satisfy our hospital’s needs and procurement requirements.”
- Corporate Opportunities – “If you learn about a business opportunity because of your job, it belongs to UMC first. This means you should not take that opportunity for yourself unless you obtain an approval in advance first from the Chief Compliance Officer.”
- Friends and Relatives – “If you find yourself in a situation where you are supervising a family member or have a close friend or relative who works for a customer, supplier or competitor, disclose the situation to your manager so that it can be reviewed and resolved.”
- Work Outside of UMC – “A conflict can arise if you own, work or provide services to a business that is a UMC competitor or supplier. A conflict can also arise if you engage in outside employment or activities that interfere with your ability to do your job or make objective business decisions for UMC. Disclose all such activities to your manager.”
- Personal Investments – “Investing in a business that offers, manufactures, or sells products or services that compete with – or are similar to – ours can also present a conflict of interest. Seek

guidance about any situation where you may hold a significant interest in a supplier, customer or competitor of UMC.”

- Participation on Outside Boards - “Speak to your supervisor and obtain any necessary approvals before serving on the board of directors of any organization that may have interests that conflict with UMC.”
- Gifts and Entertainment - “A modest gift may be a thoughtful ‘thank you’ or a meal may be an appropriate setting for a business discussion with a contractor or vendor. If not handled carefully, however, the exchange of gifts and entertainment can suggest a conflict of interest or give the appearance of something improper, especially if the offer is more than nominal or the offer is extended too often.”
- In addition, the Code of Conduct refers its readers to BEGA for additional information through its Ethics Training program.

Sources: UMC Code of Conduct (2020); UMC New Employee Orientation materials (2022)



NOT-FOR-PROFIT HOSPITAL CORPORATION

## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** May 12, 2022

### **PUBLIC RELATIONS**

**Public Relations** – UMC was visited by and provided free lunch and prayer from the Spirit of Faith Christian Center on Saturday, April 23, 2022.

**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](mailto:tcarmichael@united-medicalcenter.com) by the first Wednesday of the month.

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



Not For Profit Hospital Corporation  
United Medical Center

Board of Directors Meeting  
Preliminary Financial Report Summary  
For the month ending April 30, 2022

**DRAFT**





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



# Gap Measures Tracking

Not-For-Profit Hospital Corporation  
FY 2022 Actual Gap Measures  
As of April 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	\$0		(\$25,969,714)	
District Subsidy			\$15,000,000	
Adjusted Annualized Net Loss from Operations			(\$10,969,714)	
<b>Add: Initiatives to be Realized</b>				
Mazar Initiatives	\$8,500,000	\$2,087,798	\$6,412,202	24.6%
2021 Unrealized Initiatives	\$600,000	\$0	\$600,000	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$2,708,118	\$4,491,882	37.6%
Subtotal	\$16,300,000	\$4,795,916	\$11,504,084	29.4%
Projected Net Income (Loss) from Operations			\$534,370	
Original Projected Income			\$421,000	
Difference from Original Projected Income			\$113,370	



# Report Summary

- **Revenue**
  - ❖ **Total operating revenues are lower than budget by 12% (1.2M) MTD and 12% (8.4M) YTD as a result of the following contributing factors:**
    - ❖ **Net patient revenue lower than budget (20K) MTD and 19% (9M) YTD, due to low activity.**
      - ❖ **Admissions are lower than budget by 18% MTD and 26% YTD.**
      - ❖ **ER visits are lower than budget by 4% and 8% YTD.**
      - ❖ **Surgeries are lower than budget by 5% MTD and 11% YTD.**
    - ❖ **GWMFA collections are lower than budget by 32% (189K) MTD and 36% (1.5M) YTD.**
- **Expenses**
  - ❖ **Notable variances:**
    - ❖ **Salaries are lower than budget by 3% (114K) MTD and 6% (1.7M) YTD, due to vacancies.**
      - ❖ **Although total salaries are lower than budget, overtime is over budget by 183K MTD and 1.4M YTD.**
    - ❖ **Contract Labor is higher than budget by 72% (299K) MTD and 94% (2.7M) YTD due to agency staffing. Contract labor is trending to be 10M for FY22.**
    - ❖ **Purchased Services are higher than budget by 9% (105K) MTD and 5% (436K) YTD.**

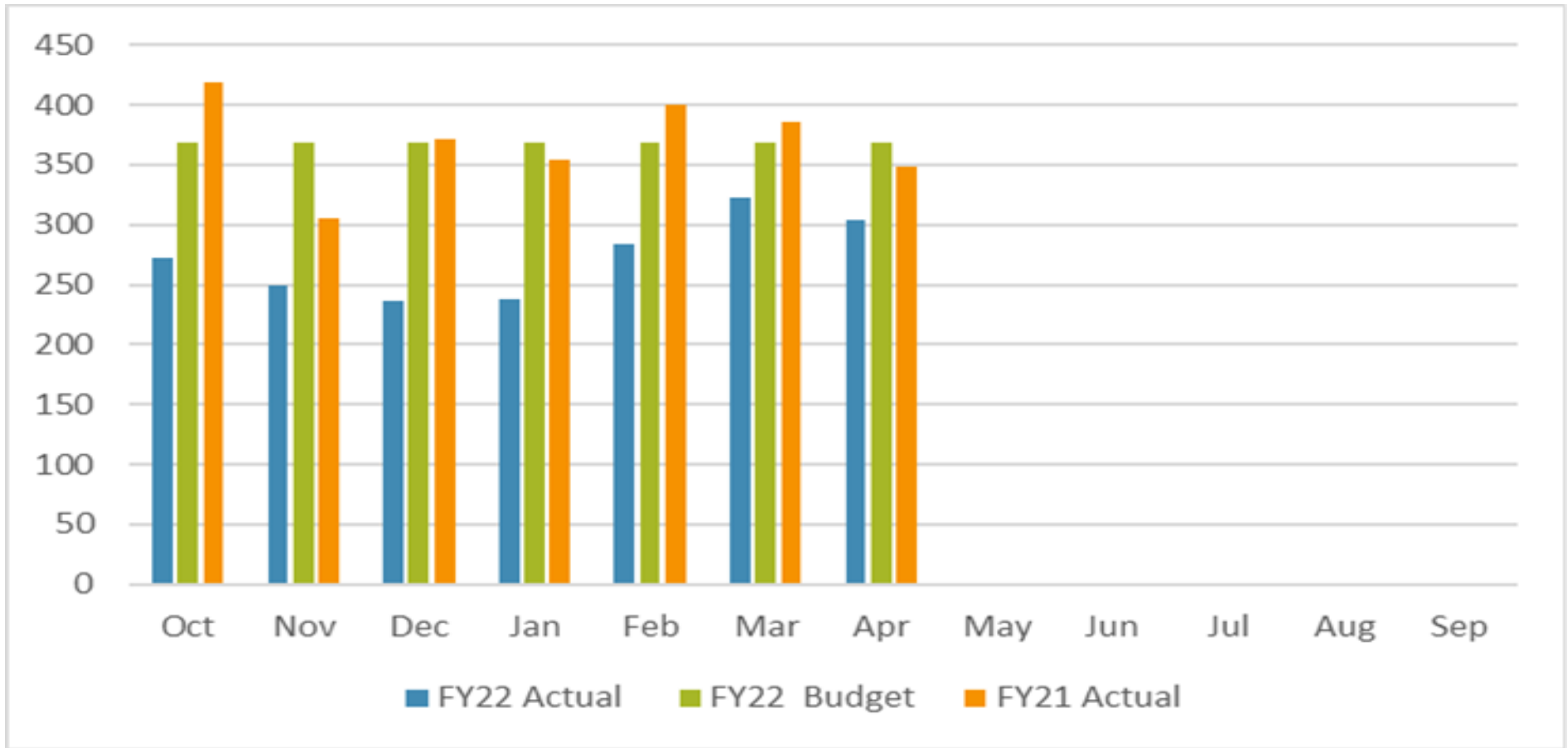


# Key Indicators

Fiscal Year 2022 thru 04/30/22						
Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	304	369	348	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	138	145	151	▼	▲
Emergency Room Visits	Actual Visits	2,924	3,043	3,192	▼	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours	559	624	687	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.01	1.13	1.16	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	56%	55%	48%	▲	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	58	85	68	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	111%	92%	113%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	87	45	11	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-14.9%	1.0%	-28.7%	▼	▲



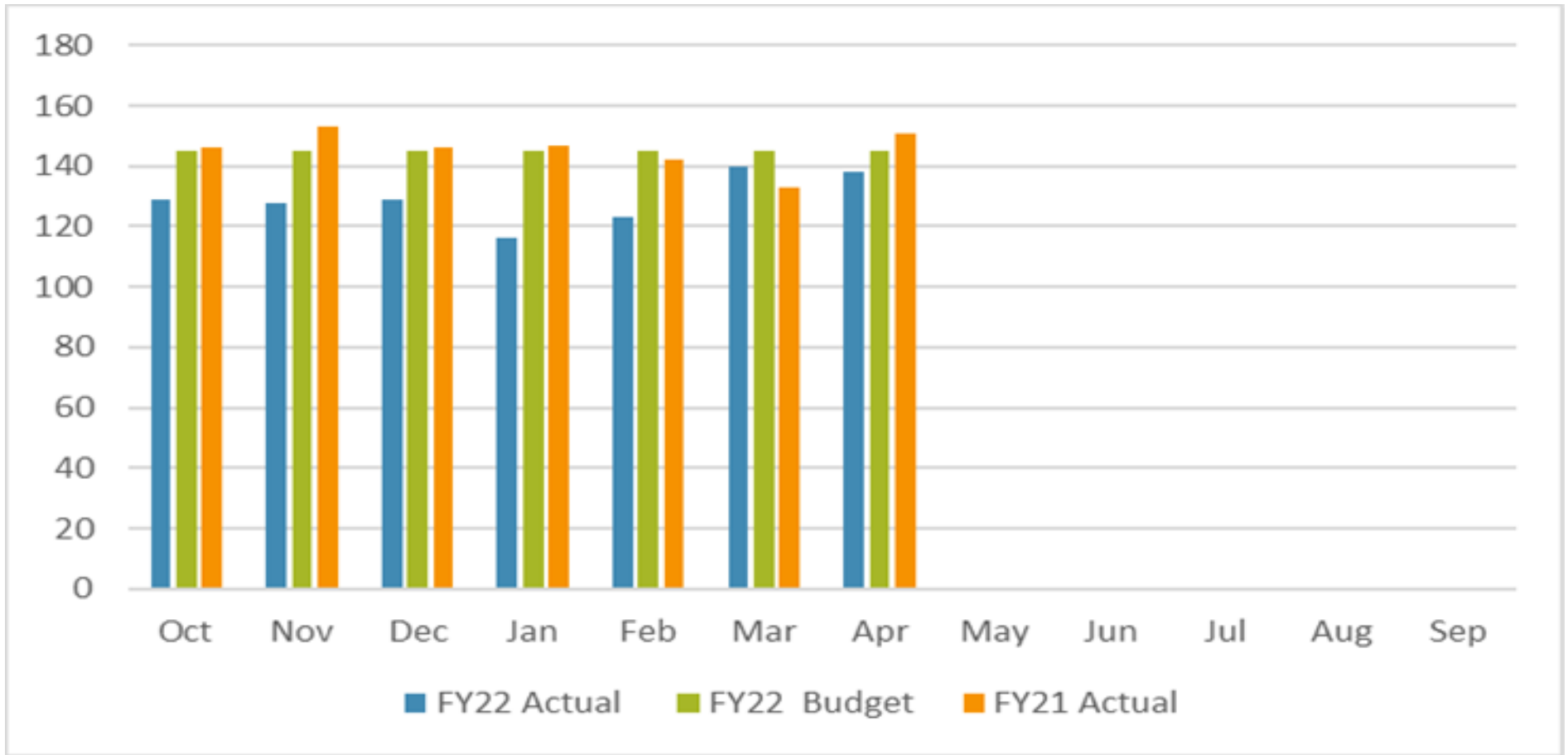
# Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284	323	304					
FY22 Budget	369	369	369	369	369	369	369					
FY21 Actual	419	306	372	354	400	385	348					



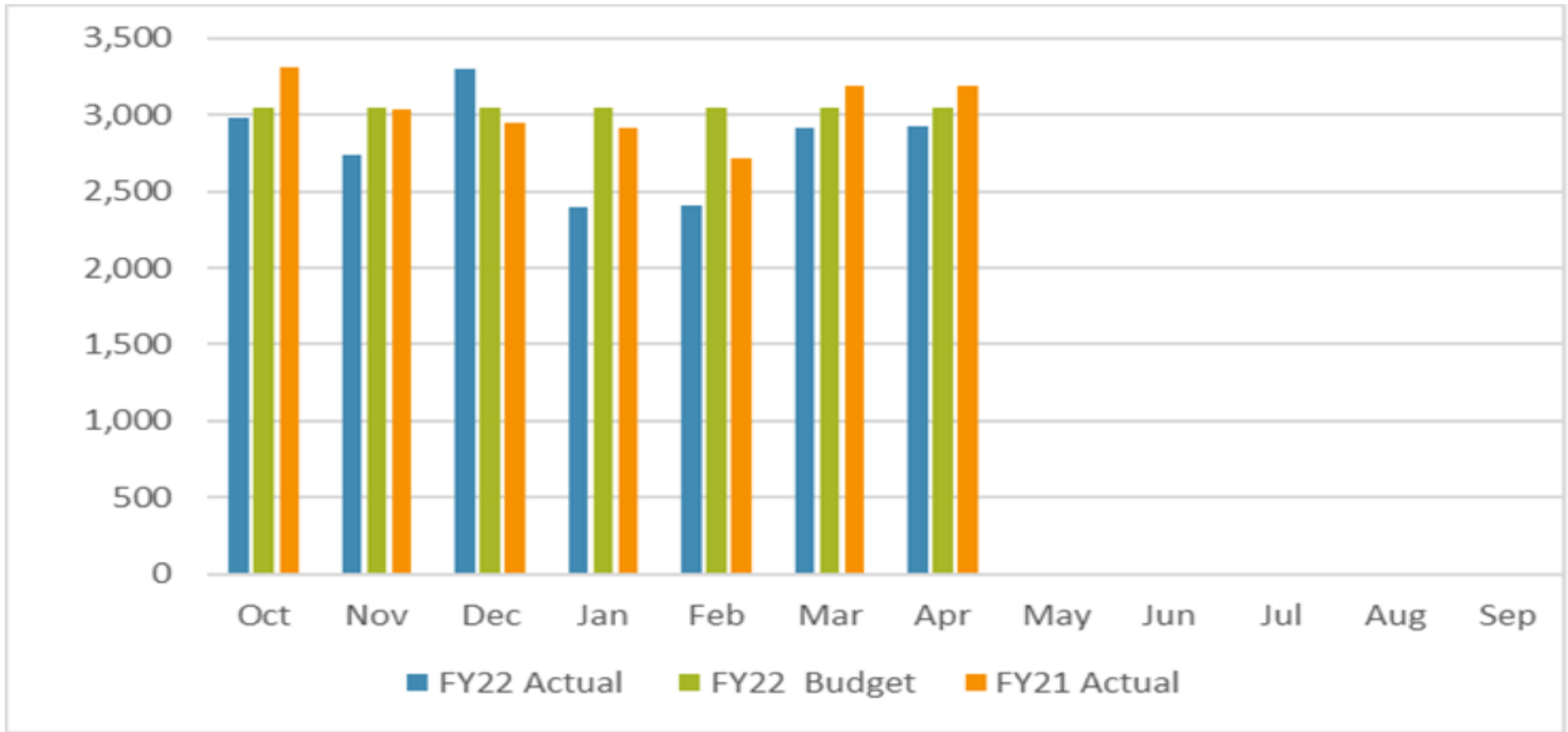
# Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123	140	138					
FY22 Budget	145	145	145	145	145	145	145					
FY21 Actual	146	153	146	147	142	133	151					



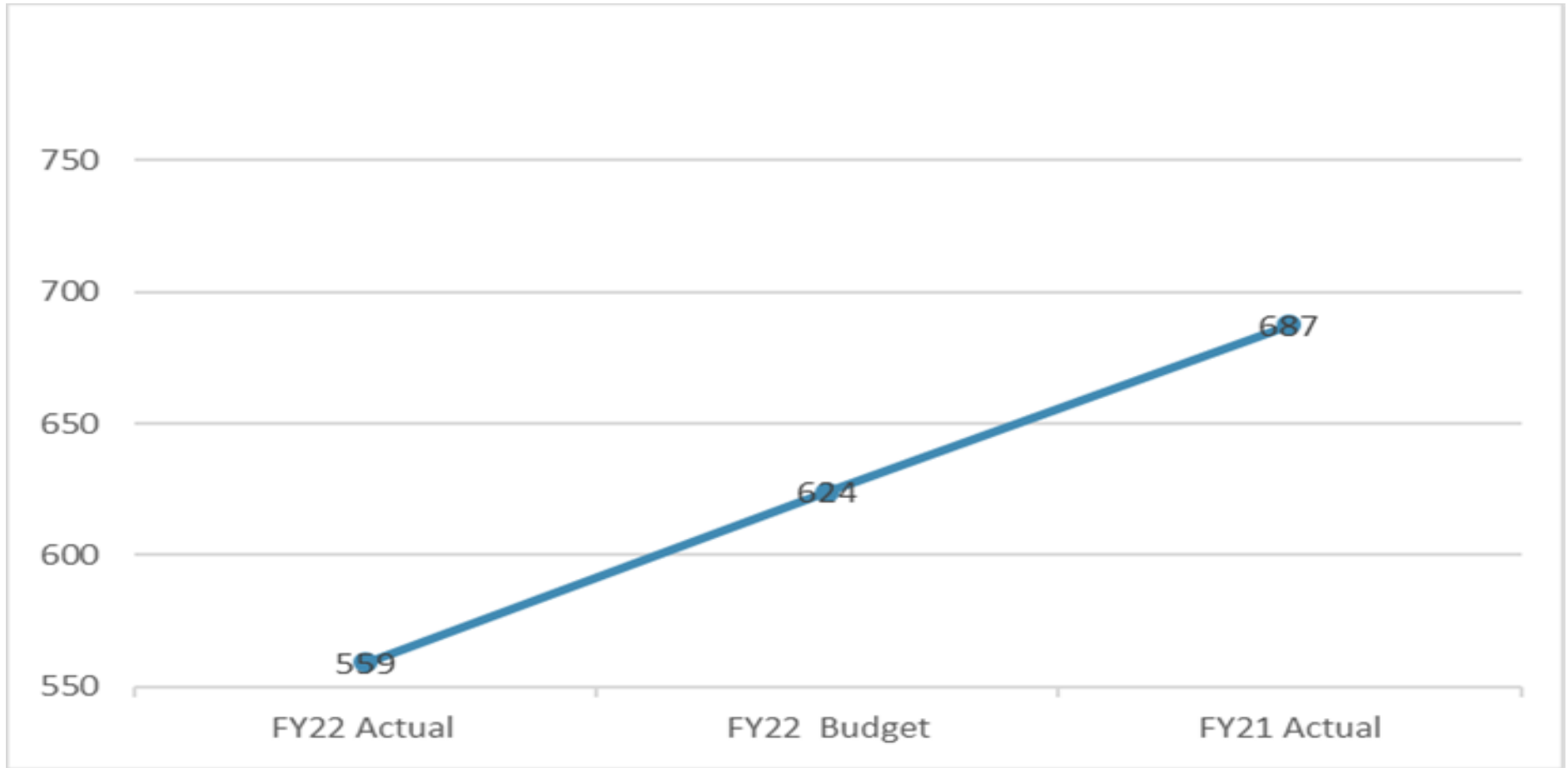
# Total Emergency Room Visits



	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	2,194					
FY22 Budget	3,043	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	3,192					



# Number of FTEs



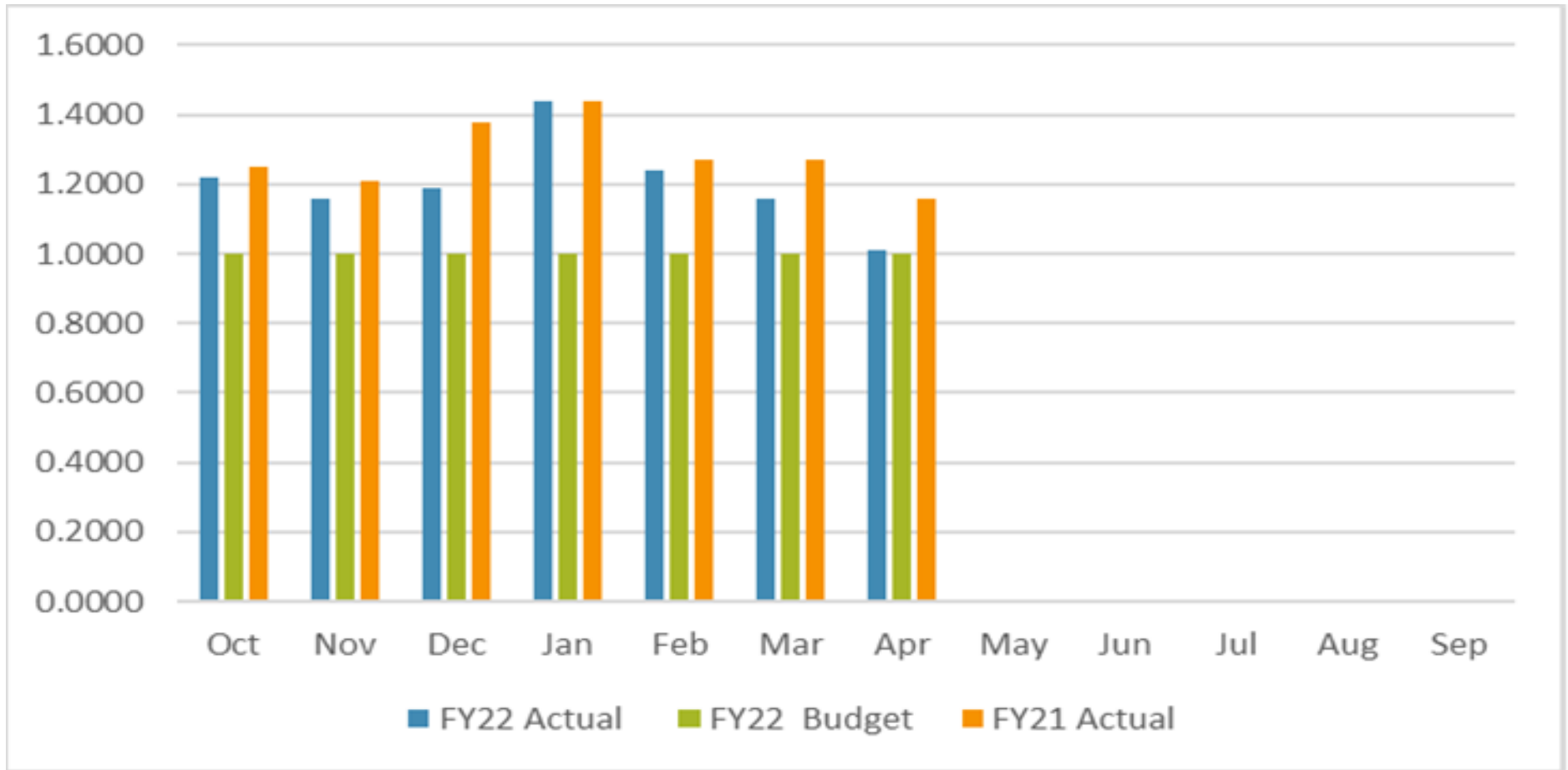
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551	559					
FY22 Budget	624	624	624	624	624	624	624					
FY21 Actual	764	771	766	725	724	704	687					





UNITED  
MEDICAL CENTER

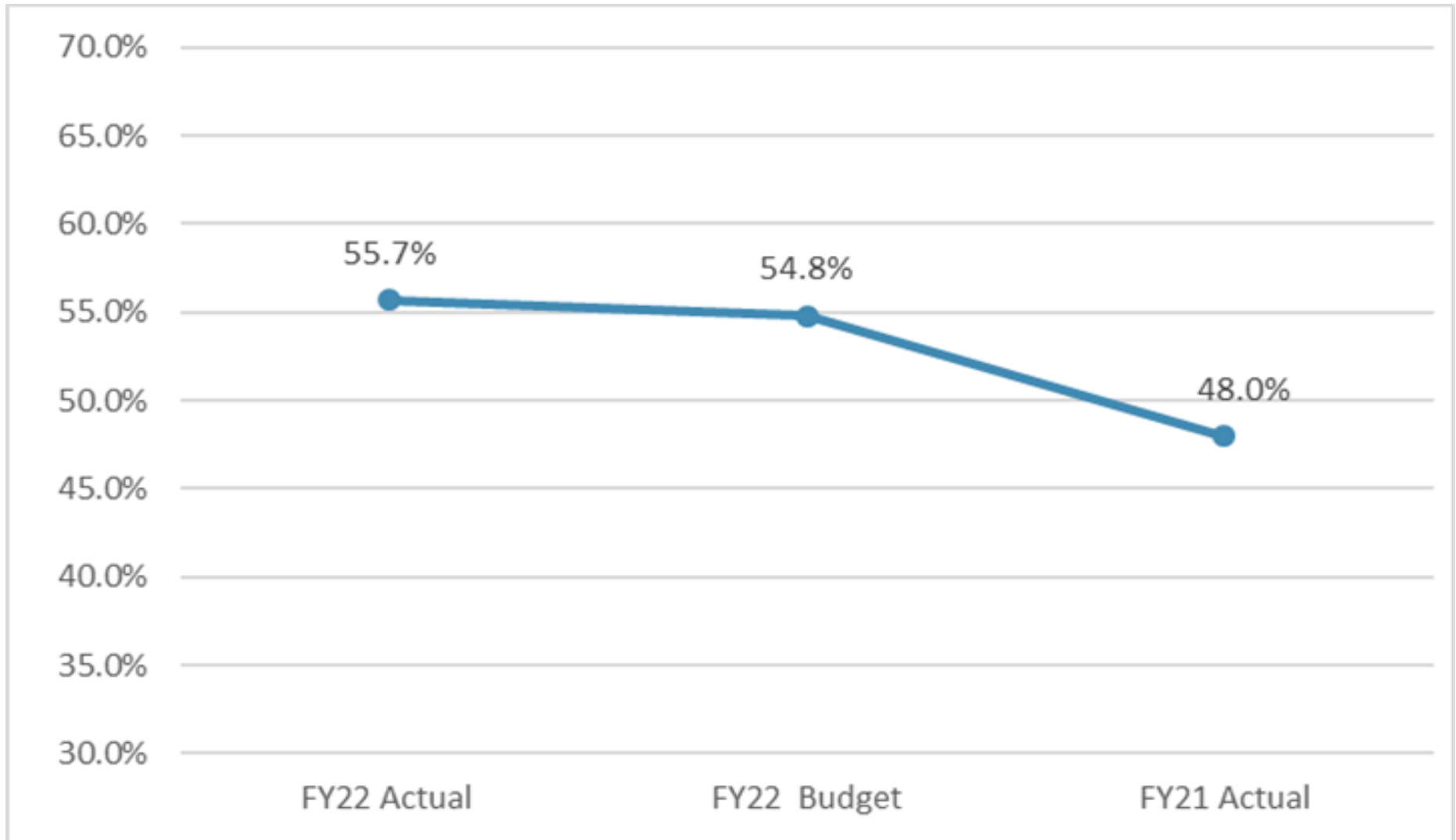
# Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100					
FY22 Budget	1.1300	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	1.1600					



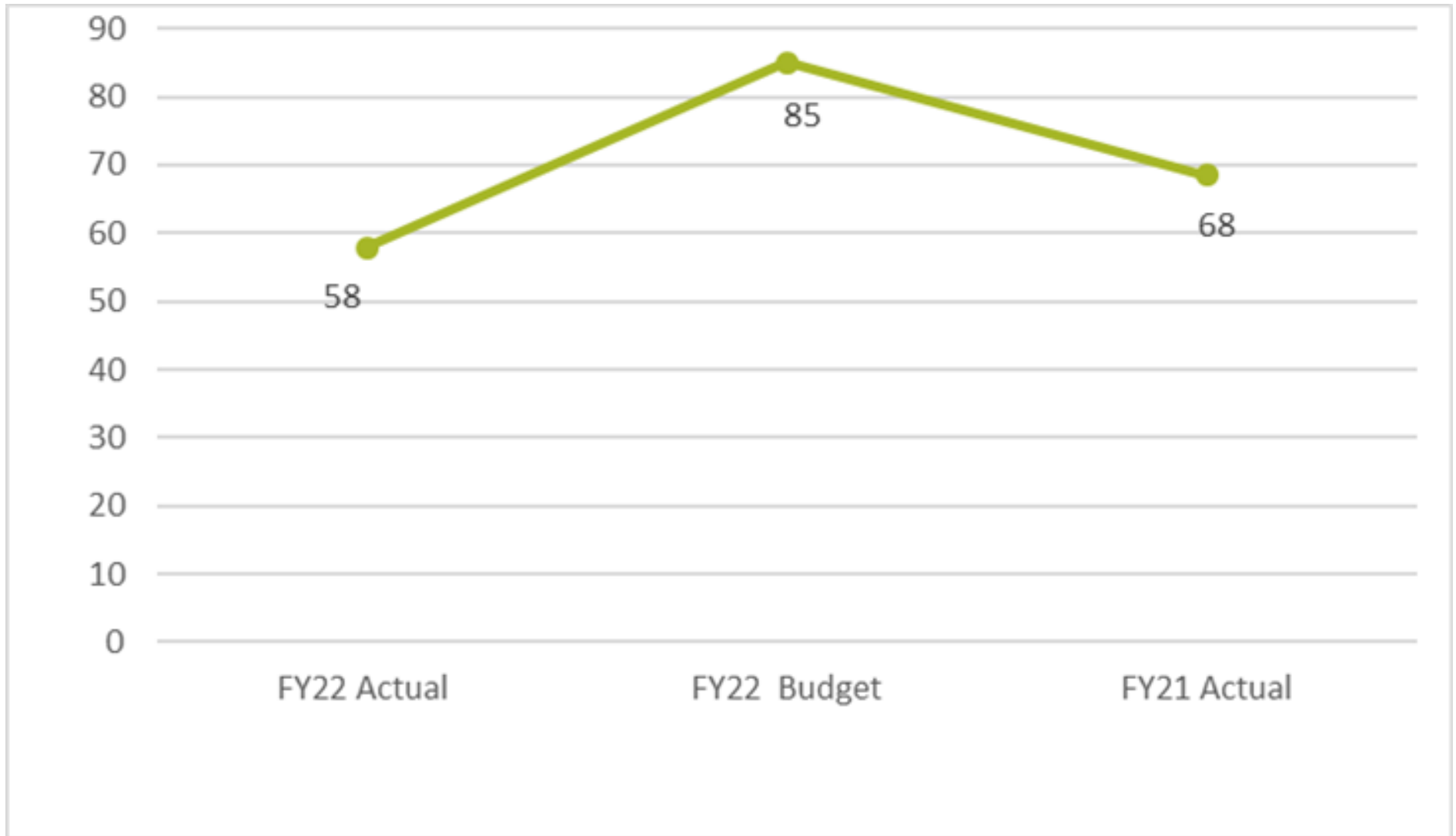
## Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





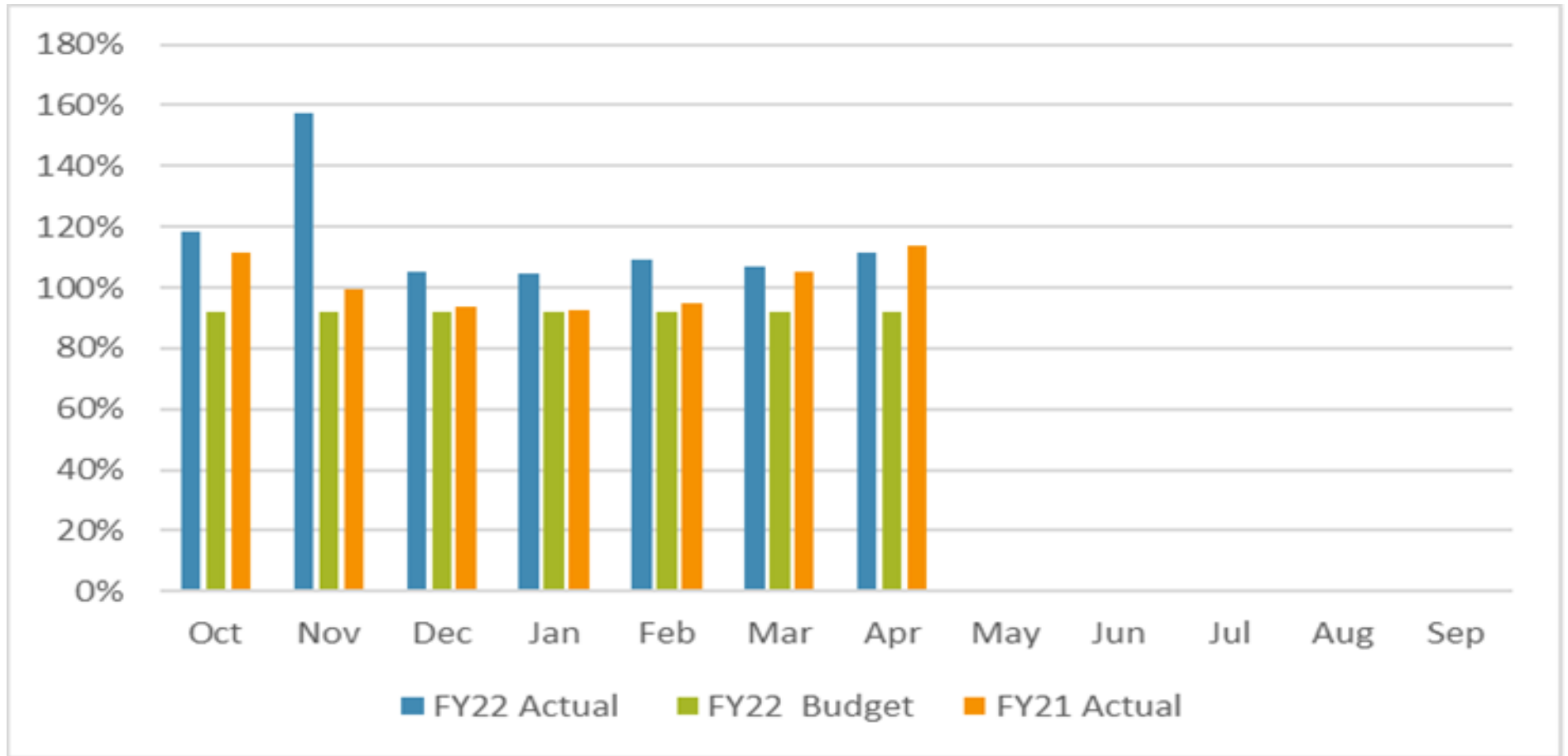
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## Net Accounts Receivable (AR) Days With Unbilled





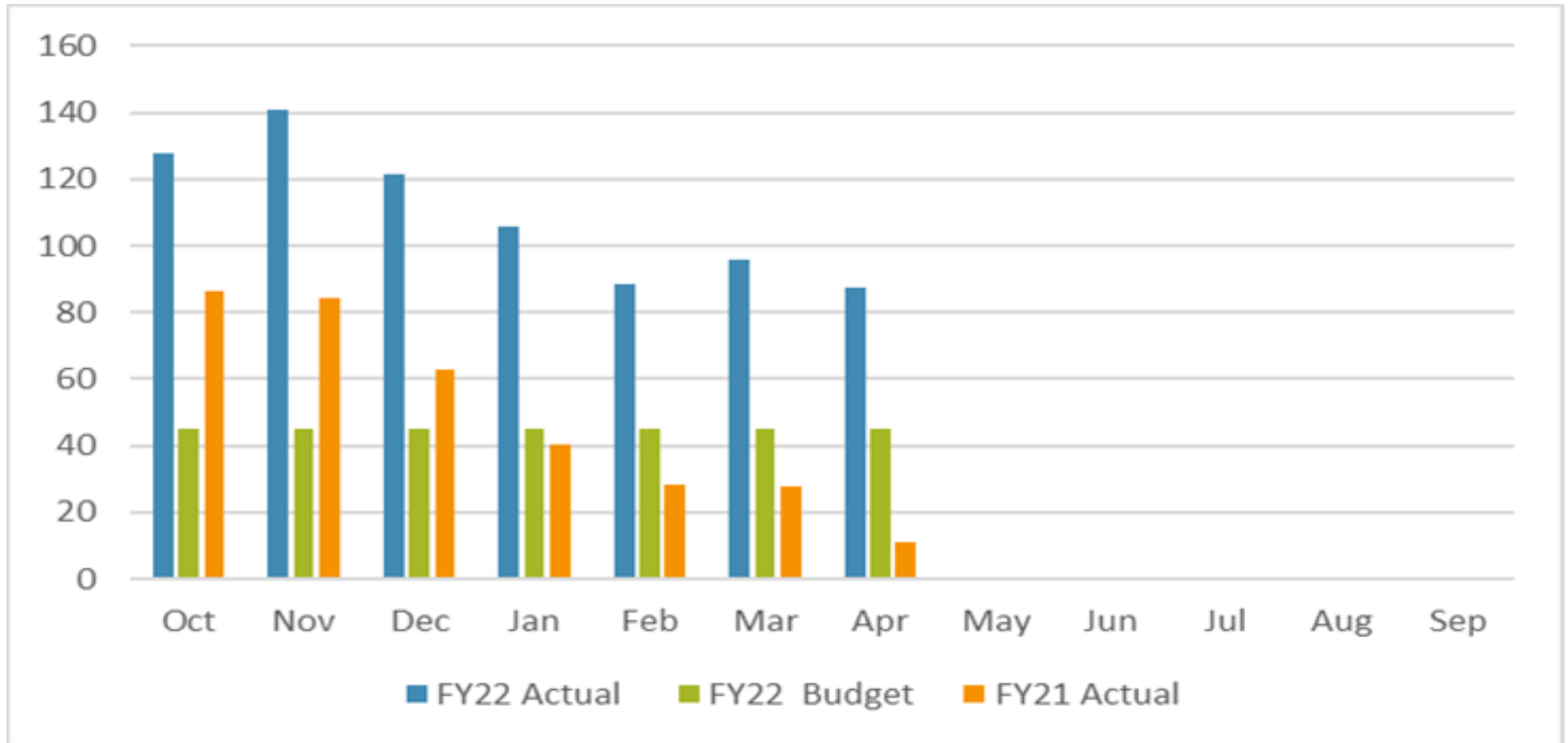
# Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%	105%	109%	107%	111%					
FY22 Budget	92%	92%	92%	92%	92%	92%	92%					
FY21 Actual	111%	99%	93%	92%	95%	105%	113%					



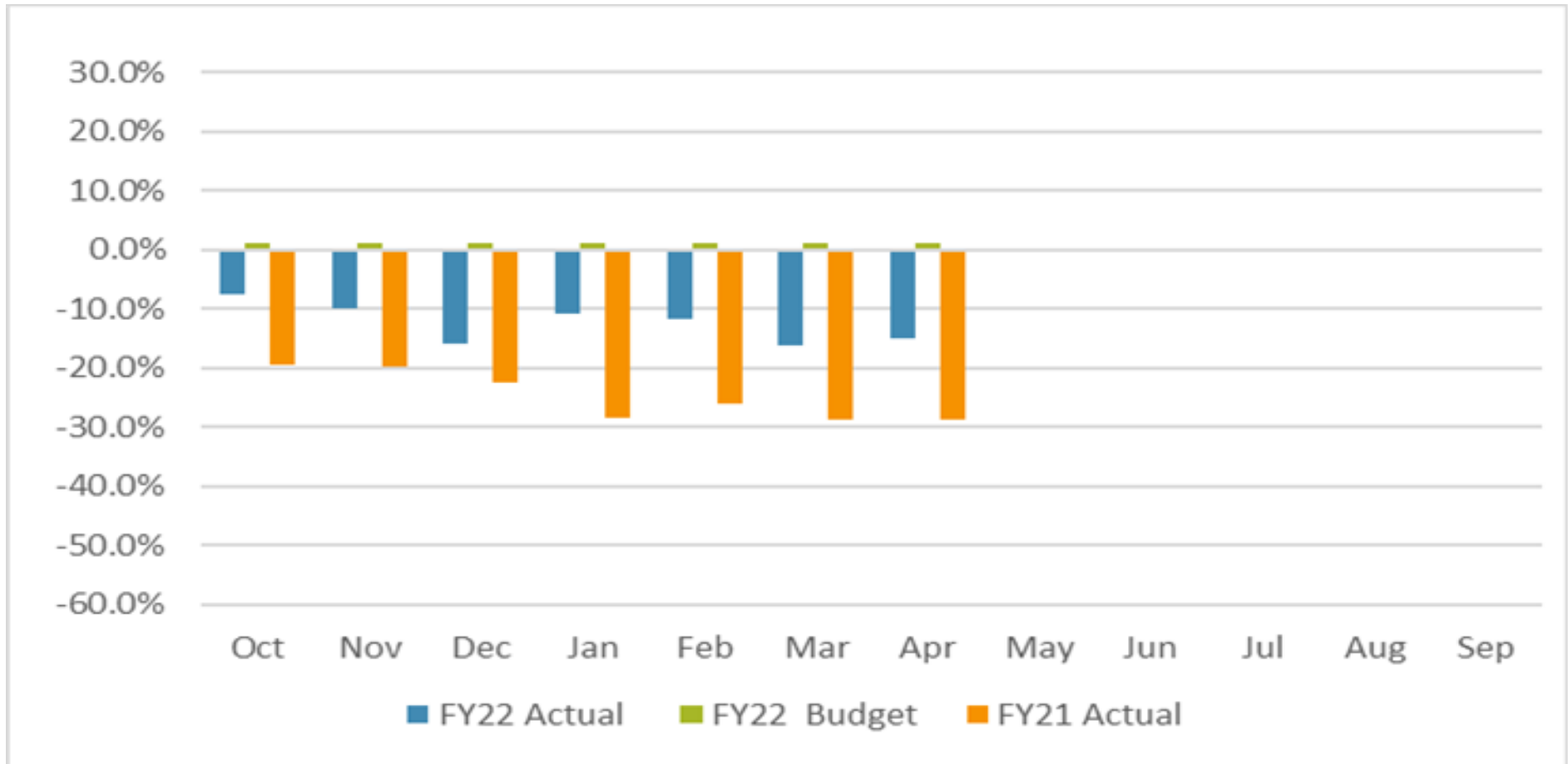
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	88	95	87					
FY22 Budget	45	45	45	45	45	45	45					
FY21 Actual	86	84	63	40	28	28	11					



# 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%	-13.4%	-14.9%					
FY22 Budget	1.0%	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%	-28.7%					



# Income Statement

## FY22 Operating Period Ending April 30, 2022

	Month of April			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	304	369	348	(65)	-18%	(44)	-13%	1,906	2,584	2,584	(678)	-26%	(678)	-26%
Patient Days	1,743	2,236	2,139	(493)	-22%	(396)	-19%	12,623	15,653	15,653	(3,030)	-19%	(3,030)	-19%
Emergency Room Visits	2,924	3,043	3,192	(119)	-4%	(268)	-8%	19,656	21,298	21,298	(1,642)	-8%	(1,642)	-8%
Clinic Visits	1,022	1,089	1,222	(67)	-6%	(200)	-16%	8,009	7,621	13,591	388	5%	(5,582)	-41%
IP Surgeries	42	67	51	(25)	-38%	(9)	-18%	297	472	413	(175)	-37%	(116)	-28%
OP Surgeries	96	78	100	18	23%	(4)	-4%	606	546	605	60	11%	1	0%
Radiology Visits	1,026	763	688	263	35%	338	49%	5,820	5,339	4,256	481	9%	1,564	37%
<b>Revenues</b>														
Net Patient Service	6,644	6,665	5,979	(20)	0%	666	11%	37,639	46,654	40,809	(9,015)	-19%	(3,170)	-8%
DSH	494	1,658	964	(1,165)	-70%	(470)	-49%	11,676	11,608	5,935	68	1%	5,741	97%
CNMC Revenue	150	151	165	(1)	0%	(15)	-9%	1,227	1,054	1,054	172	16%	172	16%
Other Revenue	1,787	1,824	1,875	(37)	-2%	(88)	-5%	13,116	12,768	17,086	348	3%	(3,969)	-23%
<b>Total Operating Revenue</b>	<b>9,075</b>	<b>10,298</b>	<b>8,983</b>	<b>(1,223)</b>	<b>-12%</b>	<b>92</b>	<b>1%</b>	<b>63,658</b>	<b>72,085</b>	<b>64,884</b>	<b>(8,427)</b>	<b>-12%</b>	<b>(1,226)</b>	<b>-2%</b>
<b>Expenses</b>														
Salaries and Wages	3,804	3,918	4,062	(114)	-3%	(259)	-6%	25,760	27,423	31,293	(1,663)	-6%	(5,533)	-18%
Employee Benefits	969	1,033	893	(64)	-6%	77	9%	7,279	7,232	8,447	46	1%	(1,168)	-14%
Contract Labor	716	417	837	299	72%	(121)	-14%	5,656	2,917	3,035	2,739	94%	2,621	86%
Supplies	503	637	767	(134)	-21%	(264)	-34%	4,829	4,460	6,765	369	8%	(1,936)	-29%
Pharmaceuticals	160	218	301	(59)	-27%	(141)	-47%	1,358	1,529	1,880	(171)	-11%	(522)	-28%
Professional Fees	1,421	1,685	1,858	(264)	-16%	(438)	-24%	11,654	11,794	12,377	(140)	-1%	(723)	-6%
Purchased Services	1,339	1,234	2,193	105	9%	(854)	-39%	9,073	8,637	10,971	436	5%	(1,898)	-17%
Other	884	1,121	644	(237)	-21%	240	37%	7,548	7,847	8,722	(299)	-4%	(1,174)	-13%
<b>Total Operating Expenses</b>	<b>9,795</b>	<b>10,263</b>	<b>11,555</b>	<b>(467)</b>	<b>-5%</b>	<b>(1,760)</b>	<b>-15%</b>	<b>73,156</b>	<b>71,839</b>	<b>83,491</b>	<b>1,318</b>	<b>2%</b>	<b>-10,334</b>	<b>-12%</b>
<b>Operating Gain/ (Loss)</b>	<b>(720)</b>	<b>35</b>	<b>(2,573)</b>	<b>(755)</b>	<b>-2152%</b>	<b>1,852</b>	<b>-72%</b>	<b>(9,499)</b>	<b>246</b>	<b>(18,607)</b>	<b>(9,744)</b>	<b>-3965%</b>	<b>9,108</b>	<b>-49%</b>



# Balance Sheet

## As of the month ending April 30, 2022

Apr-22	Mar-22	MTD Change		Sep-21	YTD Change
<b>Current Assets:</b>					
\$ 37,916	\$ 41,155	\$ (3,239)	Cash and equivalents	\$ 46,041	\$ (8,125)
7,068	7,216	(148)	Net accounts receivable	9,186	(2,118)
5,855	5,893	(38)	Inventories	6,045	(190)
5,426	5,080	346	Prepaid and other assets	2,809	2,617
56,265	59,344	(3,079)	Total current assets	\$ 64,081	\$ (7,816)
<b>Long- Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
55,161	56,151	(991)	Capital Assets	62,296	(7,135)
55,161	56,151	(991)	Total long term assets	62,296	(7,135)
\$ 111,426	\$ 115,495	\$ (4,069)	Total assets	\$ 126,377	\$ (14,951)
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,989	14,358	631	Trade payables	14,582	407
6,268	7,348	(1,080)	Accrued salaries and benefits	7,762	(1,494)
4,300	4,300	(0)	Other liabilities	4,300	0
25,557	26,006	(449)	Total current liabilities	26,644	(1,087)
<b>Long-Term Liabilities:</b>					
5,433	7,177	(1,744)	Unearned grant revenue	-	5,433
17,089	17,085	3	Estimated third-party payor settlements	18,762	(1,673)
1,692	1,692	-	Contingent & other liabilities	1,692	0
24,215	25,955	(1,740)	Total long term liabilities	20,454	3,760
<b>Net Position:</b>					
61,654	63,534	(1,880)	Unrestricted	79,278	(17,624)
61,654	63,534	(1,880)	Total net position	79,278	(17,624)
\$ 111,426	\$ 115,495	\$ (4,069)	Total liabilities and net position	\$ 126,377	\$ (14,951)





# Statement of Cash Flow

## As of the month ending April 30, 2022

Month of April		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
		Actual	Prior Year
<b>Cash flows from operating activities:</b>			
\$ 7,289	\$ 7,896	\$ 49,760	\$ 48,775
(4,693)	(8,320)	(42,110)	(51,356)
(5,853)	(7,565)	(34,532)	(41,722)
191	2,742	4,763	(2,440)
<u>(3,065)</u>	<u>(5,247)</u>	<u>(22,119)</u>	<u>(46,742)</u>
<b>Cash flows from investing activities:</b>			
-	-	-	-
-	-	-	-
<u>(2)</u>	<u>-</u>	<u>(2)</u>	<u>-</u>
<u>(2)</u>	<u>-</u>	<u>(2)</u>	<u>-</u>
<b>Cash flows from noncapital financing activities:</b>			
-	-	-	-
-	-	15,000	15,000
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>15,000</u>
<b>Cash flows from capital and related financing activities:</b>			
-	-	-	-
1	2,829	7	2,699
<u>(173)</u>	<u>(1,832)</u>	<u>(1,011)</u>	<u>(4,671)</u>
<u>(172)</u>	<u>997</u>	<u>(1,003)</u>	<u>(1,972)</u>
(3,239)	(4,250)	(8,124)	(33,714)
<b>41,155</b>	<b>23,938</b>	<b>46,041</b>	<b>53,402</b>
<b>\$ 37,916</b>	<b>\$ 19,688</b>	<b>\$ 37,916</b>	<b>\$ 19,688</b>
<b>Supplemental disclosures of cash flow information</b>			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			