



UMC

UNITED  
MEDICAL CENTER

**Monthly Board Meeting**

**Date:** June 29, 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, June 29, 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 - May 18, 2022**

**V. CONSENT AGENDA**

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

**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).



UMC

**UNITED**  
MEDICAL CENTER

**General Board  
Meeting Date:**

**June 29, 2022**

## **Reading and Approval of Minutes**

**Minutes Date:**  
**May 18, 2021**



Not-For-Profit Hospital Corporation  
FISCAL CONTROL BOARD MEETING  
**Wednesday, May 18, 2022, 3:00pm**  
**Held via WebEx**

**Directors:**

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

**UMC Staff:** CFO Lilian Chukwuma, Corp. Sec. Toya Carmichael, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon, Kendrick Dandridge, David Turner, Attorney Yanira Van Den Broeck, Richard Andrew, Pearly Ittickathra, David Parry, Brian Gradle, Dr. Francis O’Connell, SM Williams, Cheron Rust, Regina Kim, Tracy Follin, Maxine Lawson, Delores Marable, Act. Dir. of Nursing

**Other:** Kai Blissett

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:05 pm.  Quorum determined by Toya Carmichael.
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir. Ashenafi, 2<sup>nd</sup> by Dr. Fair, unanimous vote.</i>
<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>Corp. Secretary noted for the record the minutes were edited to reflect the correct spelling of the CFO’s name and the name of one CFO staff member.</li> </ul> <p style="text-align: center;"><i>Mot to approve minutes by Dr. Fair, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
	<b>CMO Report – Dr. William Strudwick</b> <ul style="list-style-type: none"> <li>Began with a snap shot from mid-March. There was a weekend in mid-March when the interim CNO slept in the hospital over the weekend to support the</li> </ul>

staff. On that Sunday morning the former CEO Marcela Maamari, COO Verna Bartholomew, and Regina Kim came to provide pastries and refreshments for staff so the hospital community will miss them. Going forward Dr. Strudwick will rely on the support of Regina Kim and Delores Marable.

- Reported out about the Wellness Day activity that occurred earlier today.
- With regards to the report showing our diversion rate from Prince George's ambulances, we did have to use diversion in the second two weeks in April we had 196 hours of diversion, our drop times increased from a low of 47 minutes, we were one of the few hospitals who got below 50 minutes but in the last two weeks in April we were as high as 62 minutes drop time so we will continue to work on that.
- In April we had three ground rounds in one month which helps our physicians obtain the CMEs they need to maintain their license.
- COVID rates are down extremely, we have no patients in the hospital at this point but we did have 6 positive staff members in April as well as March.
- In terms of hospital acquired infections we are still exemplary we had one case of CPIP in the hospital which is good for the year.
- For patient advocacy our goal was 50% top box score and in the ER we had 20 surveys that were returned and the scores were high, 78% and 66% for questions asked to patients. We only had 6 surveys returned for inpatient but those scores were high as well.

**MCOS Report – Dr. Morrow - No report / Not present**

**CNO Report – Delores Marable, Acting Director of Nursing**

- We had some challenges in April were in the ED, telemetry unit and monitor technicians. We have supplemented that deficient by adding on 5 agency nurses for the day time and 5 agency nurses for the night time and 3 PRN nurses in the ED. We have also added 3 nurses in the ICU but we did not obtain a monitor tech as of yet.
- We are still having issues in Performance Improvement with three HAPIs this month.
- We are continuing our safety protocol and turning regiment.
- We obtained a soft gel support distribution mattress for high risk patients and we are still evaluating to see how this will work and if we will need more.
- The critical unit they got rapid response EEG as a point of care for seizure triage in rapid response and the ED.
- DOH conducted an onsite visit in April and they were satisfied and impressed. They remarked to the Infectious Control personnel that it was a joy to come to UMC.

	<ul style="list-style-type: none"> <li>• In the ED they purchased a Lucas Chest Compression system that will arrive in May and still working with IT.</li> <li>• Blood contamination is getting better. We still have a way to go but the rate is improving.</li> <li>• In BHU they are still having a positive experience and the leadership team meets weekly with the contractor Axis to ensure the quality of care is being provided.</li> <li>• Door to door triage in April it was 49 minutes, door to room was 118, door to doctor was 108. Doctor to decision was 151 minutes.</li> </ul> <p>Dir. Ashenafi thanked Delores for providing the amount of time it is taking patients to see doctors. But it still seems like our left without being seen rates are continuing to increase even though the ER wait times don't see so bad? What can we attribute to the wait without being seen rates?</p> <ul style="list-style-type: none"> <li>• Delores commented that the left without being seen in April was 13 but was 22 in March.</li> </ul> <p>Dir. Ashenafi says he sees 14.3% for April on page 23.</p> <ul style="list-style-type: none"> <li>• Dr. Strudwick said the current numbers are still too high and there is a mismatch because if the wait times are getting lower and the patient experience rates are going up, the left without being seen rate is too high. It could be that the measurement is not accurate. Dr. Strudwick uses it as a trend and because we went from 22 in March to 13 in April the trend is that things are getting better. We would have to see some patients who were really sick and went to another hospital for us to have a number like 22.</li> </ul> <p>Dir. Ashenafi noted that now he is more confused because the ED report on page 23 has different figures than what is included in the Nursing Department report. Would be curious to understand the root cause of the left without being seen.</p> <p style="text-align: center;"><b><i>Mot to accept CMO and CNO report by Dr. Fair, 2<sup>nd</sup> by Dir. Reid Jackson, unanimous vote.</i></b></p>
<b>Executive Management Report</b>	<b>Interim CEO Report – Dr. William Strudwick</b> <ul style="list-style-type: none"> <li>• Continuing weekend safety huddles on Saturdays and Sundays and Dr. Morrow joined us this past weekend which was great.</li> <li>• Executive Rounding is challenging given the current number of Executives we have.</li> <li>• We continue to do balancing and rebalancing, today we had extra nurses in the ICU because our volumes were down and we were able to send those nurses to 8W where we were short.</li> <li>• In April we had some diversion hours and resulting decrease in ED volumes. Length of stay is down and daily census is pretty steady.</li> </ul>

	<ul style="list-style-type: none"> <li>• Workplace and staffing, we have more people leaving than coming so the agency nurses are helpful, expensive option but necessary.</li> </ul> <p>Chair Jacobs noted that the Nursing Report indicates we are still doing hiring job fairs, is that correct?</p> <ul style="list-style-type: none"> <li>• Yes, our rates are attractive so we are seeing applications for staff nurses and hoping we will be able to replace agency nurses, that will be the case at that point.</li> </ul> <p>Dir. Strudwick mentioned the mastermind of the Wellness Day was Toya Carmichael, it was a great day and very enjoyable.</p> <p style="text-align: center;"><b><i>Motion to accept Exec Management Report by Dir. Bobb, 2<sup>nd</sup> by Dir. Jackson, unanimous vote.</i></b></p>
<b>Financial Report</b>	<p><b>CFO Report - Lillian Chukwuma</b></p> <ul style="list-style-type: none"> <li>• If everything remains the same we have a \$25.9-million-dollar loss and factoring in the subsidy our loss is \$10.9 million dollars. Below it is the initiatives, both are the operator's. For April we could agree on \$2,087 for what has been realized. but of course our initiatives are below. We had a meeting yesterday to agree that there are some numbers that we will not be able to realize, around \$4 million. So when we come back next month that \$6.4 will be adjusted, if we had made that change today that number would've been. We don't want to wait until the end of the year to see what direction we should go because we still have to balance the budget.</li> <li>• Now we know where we are and when we come back we will be able to show that and show what the plan is to balance the budget.</li> <li>• We were not able to realize these \$600k in initiatives because the timing of when we signed contracts we will not be able to get those. Next year they will come to fruition but right now we are not able to get there.</li> <li>• GW initiatives are on track and we are still expecting almost \$4.4 million dollars for GW to collect. We are getting the accounts receivable and are trying to factor out what is volume related and what is not volume related so we are able to also see what is realizable.</li> <li>• If it all stays this way, we will be at a \$534k positive at the end of the year. But if those initiatives are not realized we will have a big hole.</li> <li>• Turned to page 4, the summary of the numbers showing our activity, our ED is still lower, our surgeries are lower, and the GW collections are lower and not materializing as we planned.</li> <li>• Our salaries are lower than we budgeted because we have a lot of vacancies. You heard Delores say they are using agency nurses but it could have been even lower if we were not running overtime.</li> </ul>

	<ul style="list-style-type: none"> <li>• Contract labor as much as the staffing is not there, contract labor is really being utilized. We will be at \$10 million in contract labor alone by the end of the year but this is an expensive option and they are doing all they can to hire who they can hire. We are happy that they have the coverage they need until they are able to hire more people.</li> <li>• Page 16 is the data part of page 2 with the summary numbers.</li> <li>• Inpatient surgery is really lower also but our net patient revenue also for the month of April our revenue was much higher than we expected it because the collection efforts were impressive. The mantra is do not worry about the patient who has not come in but the patient that has come in let's not leave any penny on the table. We have a revenue cycle meeting every Tuesday making sure no stone is left unturned.</li> <li>• Our DISH was reduced which is another dilemma this year. Our subsidy is not at the level it used to be as well.</li> <li>• Going to our expenses, we talked about salary and contract labor and all of our supplies. If you compare last year to this year, expenses are lower. But we expected that because last year we had a \$25-million-dollar infusion given to us. Activity is so low the expenses should match that. We are at \$1.4 million dollars over budget. It is not because the effort is not there but there are too many unbudgeted expenses we had about \$2million in unbudgeted expenses that are swallowing the savings we could have realized through the initiatives.</li> <li>• The month ends at negative \$720k but again we have about \$9.5-million-dollar loss which we annualized taking off some one-time items taking off that \$25 million at our gap level and if everything ends today we will be at (inaudible).</li> <li>•</li> </ul> <p>Dir. Bobb asked if the \$10.9 million that was showing is that projected through the end of the current fiscal year?</p> <ul style="list-style-type: none"> <li>• Lilian said yes.</li> </ul> <p>Dir. Bobb asked if that means for it to be realized we will have to go back to city council to ask for additional funds to balance the budget?</p> <ul style="list-style-type: none"> <li>• Lilian said no, that is not an option.</li> </ul> <p>Dir. Bobb asked does that mean we are taking action now to counter what you are projecting?</p> <ul style="list-style-type: none"> <li>• Yes, David Turner who is part of the operator is working on that. The operator will come with the track 2 scenario that we will use to balance the budget. We have to see it and then factor that into the projection. We had a lot of unbudgeted expenses so now we are working with more scrutiny.</li> <li>• Chair Jacobs added that we are looking at the current activity and expenses and balancing that because they can't stay the same way until the end of the year.</li> </ul> <p><i><b>Motion to accept April financials by Dir. Bobb, 2<sup>nd</sup> Dir. Ashenafi, unanimous vote.</b></i></p>
<b>Public Comment</b>	No public comment.



	<p>Mike Austin read the justification for entering Closed Session. Motion to enter Closed Session by Dir. Bobb, 2<sup>nd</sup> by Dr. Fair</p> <p>Toya conducted roll call – 5yays</p> <p>Open Session ended at approximately 3:53 pm.</p> <p>Closed session began at approximately 3:55 pm.</p>
<b>Announcements</b>	<p>During closed session the board approved medical credentials, and approved contracts settlements.</p>
<b>Adjourned.</b>	<p><i>Motion to adjourn by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Bobb, unanimous vote.</i></p> <p>Meeting adjourned at approximately 4:27 pm.</p>



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## **General Board Meeting**

**Date: June 29, 2022**

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# **Consent Agenda**



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**General Board Meeting**  
**Date: June 29, 2022**

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## **CMO Report**

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

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

**COVID-19/Hospital Enhancements:**



**CHATS Region V - County/Hospital Alert Tracking System  
May 1, 2022- May 31, 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)	14	34.22	479.04	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	14	34.22	479.04
Calvert Health Medical Center	13	8.41	109.37	6	21.16	126.96	0	0.00	0.00	7	1.95	13.63	26	9.61	249.96
Capital Region Medical Center (UMCRH)	11	58.37	642.02	9	62.87	565.82	0	0.00	0.00	13	8.67	112.74	33	40.02	1320.58
Charles Regional (UM)	16	11.13	178.05	6	13.53	81.21	0	0.00	0.00	8	2.79	22.31	30	9.39	281.56
Doctors Community Hospital	21	14.03	294.63	13	16.73	217.52	0	0.00	0.00	2	2.79	5.58	36	14.38	517.73
Fort Washington Hospital	22	10.42	229.22	15	11.81	177.08	1	1.32	1.32	0	0.00	0.00	38	10.73	407.62
Germantown Emergency Center (Adventist)	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	0.49	0.49	1	0.49	0.49
Holy Cross Germantown Hospital	16	15.27	244.31	6	23.23	139.41	0	0.00	0.00	1	4.64	4.64	23	16.89	388.36
Holy Cross Hospital	21	24.46	513.62	5	22.23	111.15	0	0.00	0.00	13	2.42	31.49	39	16.83	656.26
Laurel Medical Center (UMCRH)	15	9.94	149.14	0	0.00	0.00	0	0.00	0.00	1	3.22	3.22	16	9.52	152.36
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)	15	31.21	468.16	3	79.16	237.47	0	0.00	0.00	3	1.32	3.95	21	33.79	709.58
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)	19	29.07	552.42	1	0.01	0.01	0	0.00	0.00	12	1.82	21.80	32	17.94	574.23
Southern Maryland Hospital (MedStar)	18	17.98	323.61	6	31.47	188.79	0	0.00	0.00	14	4.17	58.41	38	15.02	570.81
St. Mary's Hospital (MedStar)	5	3.30	16.48	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5	3.30	16.48
Suburban Hospital (JHM)	18	26.64	479.49	6	39.85	239.10	0	0.00	0.00	3	1.67	5.02	27	26.80	723.61
Walter Reed National Military Medical Center	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	3	45.75	137.26	3	45.75	137.26
White Oak Medical Center (Adventist)	18	21.60	388.76	15	21.69	325.33	0	0.00	0.00	11	4.61	50.70	44	17.38	764.79
Children's National Medical Center, DC	1	288.97	288.97	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	288.97	288.97
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	744.00	744.00	1	744.00	744.00	0	0.00	0.00	0	0.00	0.00	2	744.00	1488.00
Sibley Memorial Hospital (JHM), DC	10	57.70	576.97	4	49.21	196.85	0	0.00	0.00	0	0.00	0.00	14	55.27	773.82
United Medical Center, DC	3	41.37	124.11	3	41.37	124.12	0	0.00	0.00	0	0.00	0.00	6	41.37	248.23
Washington Hospital Center (MedStar), DC	20	22.57	451.32	9	55.19	496.67	0	0.00	0.00	0	0.00	0.00	29	32.69	947.99
<b>Totals:</b>	<b>277</b>	<b>26.19</b>	<b>7253.69</b>	<b>108</b>	<b>36.77</b>	<b>3971.48</b>	<b>1</b>	<b>1.32</b>	<b>1.32</b>	<b>92</b>	<b>5.12</b>	<b>471.24</b>	<b>478</b>	<b>24.47</b>	<b>11697.73</b>

- We required 248.23 hours of ambulance diversion in the month of May. While this is much improved from upwards of 1000 hours of monthly diversion for much of 2021 and early 2022, we hope to get back to zero hours – as we have achieved this year. We had been getting monthly reports of our ambulance drop times from DCFEMS; however, we have

not received that data for several months. Our directive is to increase nursing agency use and appropriately offer staff nurses overtime to supplement our nursing coverage has provided more consistent staffing. 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.
- We are refining our Monkeypox screening and testing protocols in preparation of receiving patients.

#### **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 May, there was one initial appointment, twelve (12) reappointments, and no resignations. There are currently (245) Medical Staff members. The Medical Affairs office is currently processing 25 new providers for different specialties.
- 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. 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 Grand Rounds were held in May:
  - May 11, 2022: Advances in PREP; New Options, New Strategies for Success; Richard Elion, M.D.
  - May 18, 2022: Updates for Clinical Documentation; Russell B. Kerbel, M.B.A.
- The next Quarterly Staff meeting will be held on June 8, 2022.
- The Medical Staff donated \$2000 to Nurse's Week.

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

- Identified uploading issue with core measure cases for abstraction
- Worked with IT on the file upload issues from Meditech; manually fixing the file for each upload
- Meet with nursing to discuss quality issues across the board
- Rounded on units in preparation for DC Health
- Initiated abstraction of core measure charts.
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.

- Completed Maternal Morbidity Structural Measure information required by CMS for IQR program
- Submitted DACA (Data Accuracy and Completeness Acknowledgement) to CMS
- Submitted PC-01 (Perinatal Care Measure) to CMS.
- Assisted with low supply shortages
- Submitted to CMS OQR (Outpatient Quality Reporting) 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); 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 receiving screening colonoscopy without biopsy or polypectomy); and what was our 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% and May is 87%. Follow up meeting rescheduled for June with new leadership to discuss current practices and identifying solutions.
- 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. May has no reportable HAPI.
- Ongoing meetings with Navex to start implementation of Policy Tech.
- Collaboration with other units for submission of the Joint Commission Application.
- Presentation on medication errors for Pharmacy and Therapeutics Committee.
- Data was manually gathered from various departments and analyzed for dashboard.
- Met with liaison regarding UMC/ANCC accreditation update.

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

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

The number of COVID-19 positive admissions for May 2022 is 6 which is the same number of cases for April and March 2022. Currently there are zero COVID-19 positive inpatient at UMC. The number of COVID-19 positive employees has been steadily increasing from 6 cases in April 2022 to 13 cases in May. Most of the cases of new COVID-19 positive employees are related to social gatherings, travel, or exposure to other COVID-19 positive family members.

#### **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 May 2022.

VRE HAI = 0 cases hospital-wide for May 2022

MRSA HAI = 0 cases hospital-wide for May 2022

C Difficile HAI = 2 case hospital-wide for May 2022 for an infection rate of 1.1

**Monkeypox:**

Monkeypox is a disease caused by a virus, that belongs to the Orthropoxvirus genus in the family Poxviridae. The Orthropoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus.

Monkeypox is transmitted by close contact with the lesions, bodily fluids and respiratory droplets of infected persons or animals. Monkeypox is not a sexually transmitted infection in the typical sense, but it can be transmitted during sexual and intimate contact, as well as with personal contact and shared bedding/clothing.

Sign and symptoms always involve the characteristic rash, historically; the rash has been preceded by a prodrome including fever, lymphadenopathy and often other non-specific symptoms such as malaise, headache, and muscle aches.

DC Health requires to be notified if a case of Monkeypox is suspected at UMC. Currently there has been 25 cases of Monkeypox identified in the United States and 1 suspected case in the District of Columbia.

**Case Management:**

- Meeting held with AmeriHealth to discuss challenging issues for Case Management. AmeriHealth insurance had the highest number of admissions at UMC in May at 17.79% compared to United Healthcare at 12.09%. Discussion included:
  - Delayed or lack of communication for AmeriHealth admissions.
  - Notification of denied admissions need to be communicated timely and peer to peer offered prior to discharge.
  - Denial of patients whom meet inpatient status per InterQual, who sign out AMA.
  - As a result of meeting, Case Management will have access to Navinet web portal for current information on AmeriHealth admissions
- Reporting on patients with length of stay >6 days, as well as daily multidisciplinary rounds continue. Barriers to discharge are identified and aggressively worked on by the entire team. Hospital leadership are updated frequently on long stay patients

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

Press Ganey Overall “Rate the Hospital” for the month of May is 50.97%, N=20 responses.

Courtesy of nurses – 45%, N=20

Nurses took time to listen – 55.56%, N=18

Nurses' attention to your needs – 52.63%, N=19

Nurses kept you informed – 57.89%, N=19

Nurses' concern for privacy – 57.89%, N=19

Nurses' responses to quest/concerns – 55.00%, N=20

Courtesy of doctors – 55%, N=20  
Doctors took time to listen - 57.89%, N=19  
Doctors informative regarding treatment – 52.63, N=19  
Doctors' concern for comfort – 61.11%, N=18  
Doctors include you in treatment decision – 52.63%, N=19

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

Press Ganey Overall “Rate the Hospital” for the month of May is 44.44%, N=9

“Nurses treat with courtesy/respect” – 55.56%, N=9  
“Nurses listen carefully to you” – 55.56%, N=9  
“Nurses explain in way you understand” – 55.56%, N=9

“Doctors treat with courtesy/respect” - 66.67%, N=9  
“Doctors listen carefully to you” – 66.67%, N=9  
“Doctors explain in way you understand” – 66.67%, N=9

**Pharmacy & Therapeutics:**

- Pharmaceutical overall drug spend decreased from \$1,821,107 last fiscal YTD, to \$1,325,107 current YTD
- Antimicrobial Stewardship Program, average cost per patient day (PPD) was \$19.62 per patient for March 2022. Increase to \$31.34 per patient day in April 2022.
- Pharmacy Clinical Interventions \$20,400 saved in the month of March 2022 by Pharmacy Clinical Interventions and \$18,342
- ED Clinical Pharmacist has been provided to the Emergency Department Mon-Friday 830-5pm to assist in clinical operations between ED/ ED Holding and ICU admission from ED
- DCHA grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use—has been in effect since April 2022--- 19 kits dispensed YTD.
- DCHA has offered to provide Fentanyl Strips for dispense with Narcan kits free of charge to patient. UMC Department of Pharmacy will provide Fentanyl Test Strips for dispensing with Nasal Narcan Kits. Anticipated go-live July 2022
- 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 has been moved to July 2022 pending Capital Expenditures updated information.



- Pharmacy IV Room/IV hoods biannual certification of air quality, surface testing, air exchange, and contamination risk levels has been completed, results are pending.
- Director of Pharmacy establishing Pharmacy Student Internship with Howard University College of Pharmacy, contracts in process for Pharmacy Interns on site practice. Contracts with UMC Legal Team. Business Case Memo submitted by Director of Pharmacy.
- 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:  
June 29, 2022**

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## **Medical Chief of Staff Report**

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



Amaechi Erundu, M.D., Chairman

## MAY 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for May 2022 was 123 and 146 in April, 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 98 vascular access procedures in May 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 16 cases in May 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	146
MAY	219	186	64	159	123
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 Erundu, M.D.,MS,CPE  
Chairman, Anesthesiology Department



*Mina Yacoub, M.D., Chairman*

**MAY 2022**

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

In May 2022, the Intensive Care Unit had 57 admissions, 55 discharges, and 202 Patient Days. Average Length of Stay (ALOS) was 3.7 days. The average daily census was 7 (6.8) patients. There were no returns to ICU within 24 hours of transfer out. No patients were transferred to other hospitals. There were a total of 9 deaths for 55 discharges, with an overall ICU mortality rate of 16.4%.

**MAY 2022 PERFORMANCE DATA**

**ICU Sepsis and Infection Control Data**

In May, the ICU had 52 Ventilator days with no Ventilator Associated Pneumonia (VAP), 73 Central Line days with no Catheter Related Blood Stream Infections (CLABSI), and 124 urinary catheter days with no Catheter Related Urinary Tract Infections (CAUTI).

ICU infection control data is compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report.

**Rapid Response and Code Blue Teams**

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed monthly in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes. Outcomes continue with a trend of low cardiac arrest episodes associated with higher Rapid Response team interventions.

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*May 10, 2022*



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

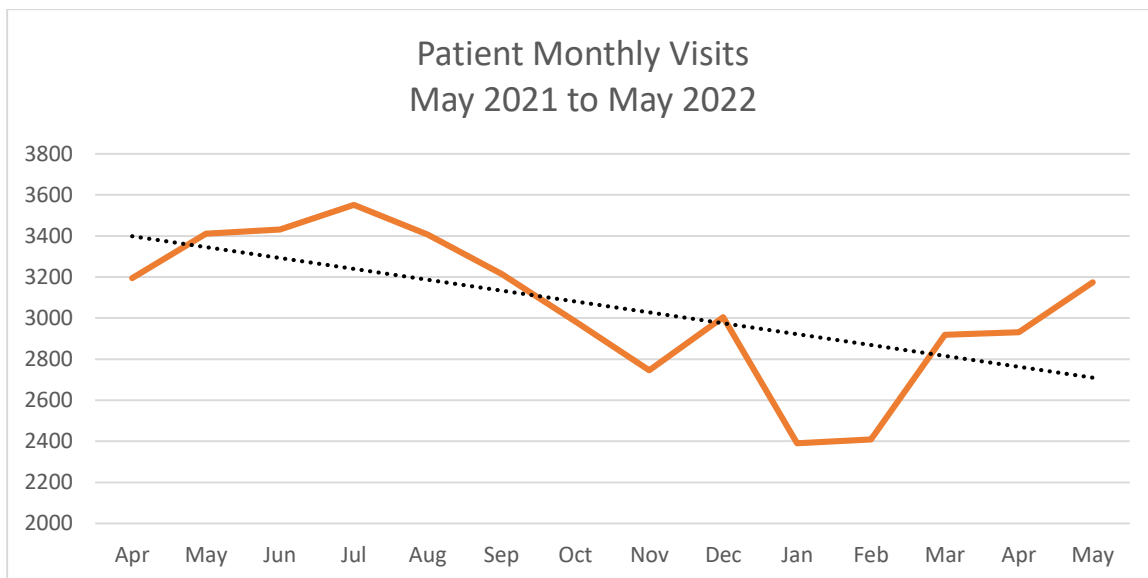
## MAY 2022

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

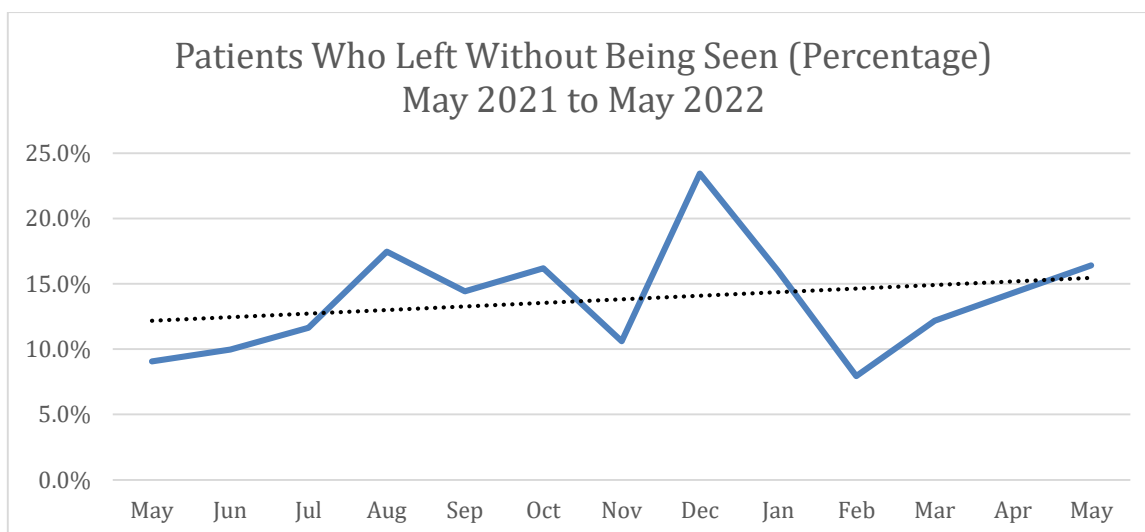
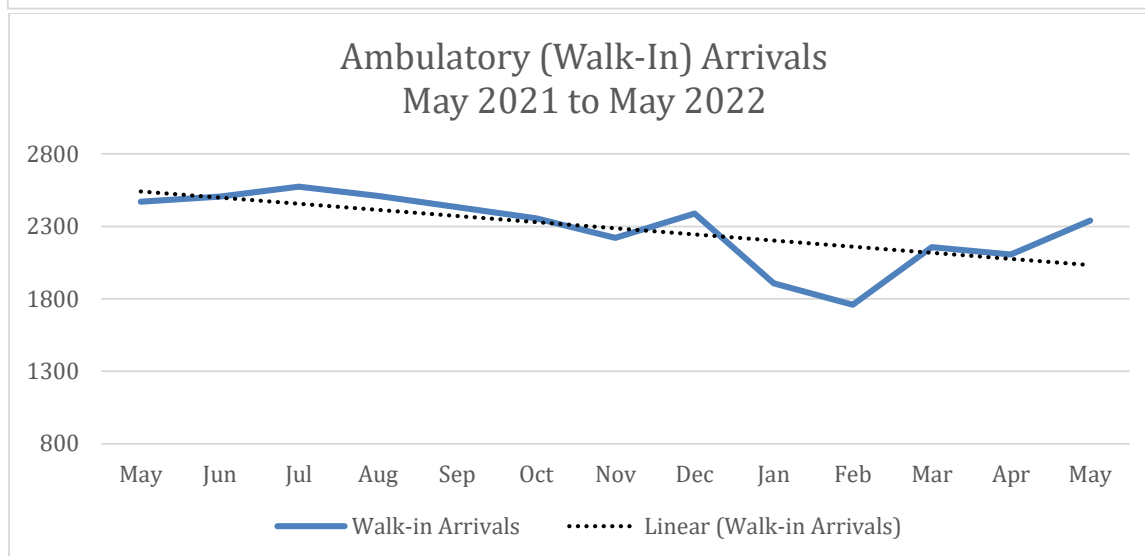
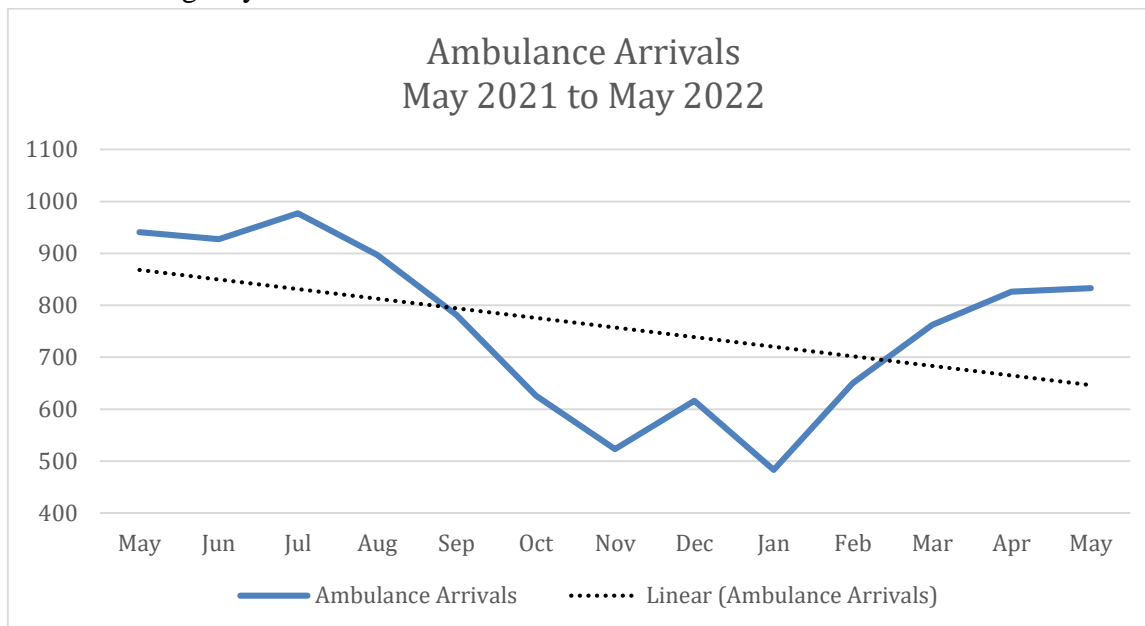
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

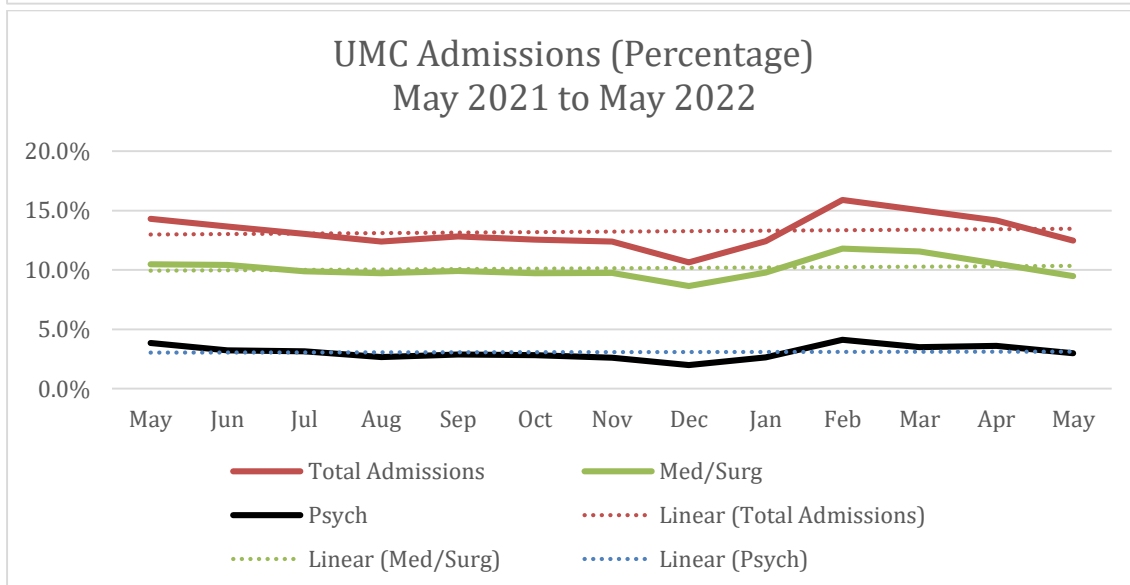
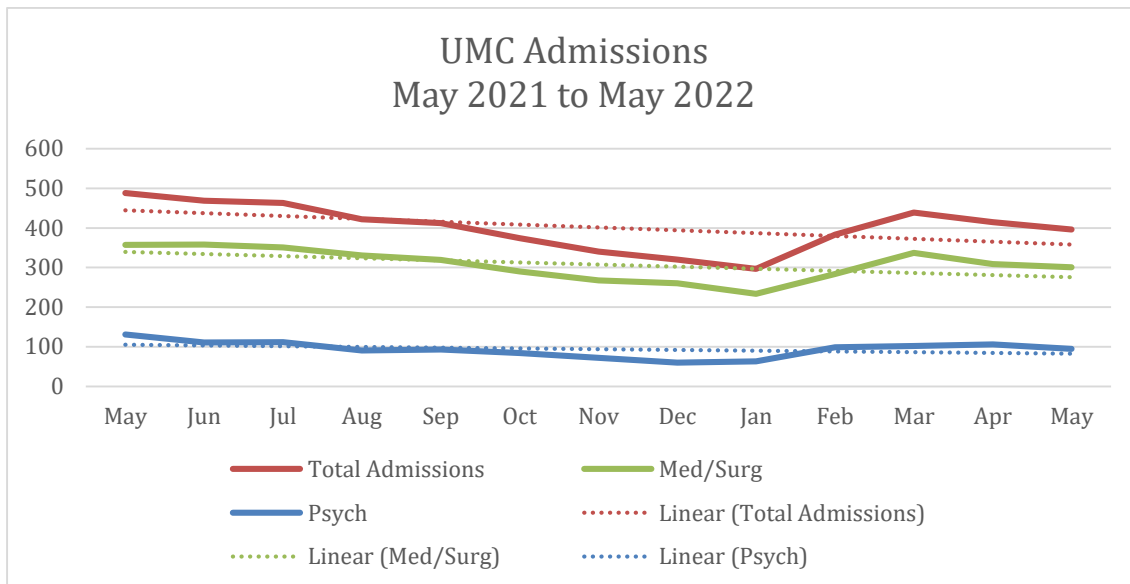
Definitions of the terms used in this report are as follows:

- **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				
	May 2021	%	May 2022	%
Total patients	3411		3174	
Daily Avg Census	110		102	
Ambulance Arrivals	941	27.6%	833	26.2%
Admit	488	14.3%	396	12.5%
• Med Surg	357	10.5%	301	9.5%
• Psych	131	3.8%	95	3.0%
LWBS	309	9.1%	521	16.4%
Ambulance Admission Rate	33.4%		31.2%	
Walk-In Admission Rate	7.0%		5.8%	

Analysis:

1. The monthly census for April 2022 increased slightly from the previous month and was slightly down from May 2021.
2. The total number of medicine admissions remained steady from the previous month and was down from 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 remained steady from the previous month with the last twelve months' trend downward.
5. Ambulance visits remain a large contributor to ED volume and admissions.
6. The monthly number of walk-in patients visiting the ED rose slightly from the previous month and was similar to last year.

The most noteworthy statistics for the month of May 2022 are the rise in patient visits and LWBS over the last few months.

While the regional COVID infection rates remain steady, the number of COVID patients being hospitalized has steadily dropped. Business, recreation, and family activities are growing in the DC area, approaching pre-pandemic levels. DC Fire and EMS is seeing increases in ambulance runs with estimates that ambulance runs will continue to grow and possibly exceed pre-pandemic levels this summer.

With an anticipated rise in patient visits in the months to come consistent, optimal staffing of the ED and inpatient units is crucial. This 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.**

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*

## MAY 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	116								566
HOSPITAL	80	117	127	126	116								566
PERCENTAGE	100%	100%	100%	100%	100%								100%
<b>REGULAR</b>													
MEDICINE	159	177	210	187	185								918
HOSPITAL	238	284	323	304	192								1341
PERCENTAGE	67%	62%	65%	62%	63%								64%
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77	122	123	123	117								562
HOSPITAL	77	122	123	123	117								562
PERCENTAGE	100%	100%	100%	100%	100%								100%
<b>REGULAR</b>													
MEDICINE	126	131	179	158	152								746
HOSPITAL	199	230	289	270	257								1245
PERCENTAGE	63%	57%	60%	59%	59%								60%
<b>PROCEDURES</b>													
HEMODIALYSIS	178	97	156	131	152								714
EGD'S	13	25	19	24	18								99
PEG'S	8	4	5	4	10								31
COLONOSCOPY	25	30	36	34	28								153
ERCP	0	0	0	0	0								0
BRONCHOSCOPY	1	1	0	0	0								2
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0	0								0
Cases Reviewed	0	0	0	0	0								0
Cases Closed	0	0	0	0	0								0

Department of Medicine met on June 8, 2022.

The next meeting is September 14, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine



Donald Karcher, M.D. Chairman

## MAY 2022

Month	1	2	3	4	5
Reference Lab test –Urine Legionella AG (2D TAT)	100%	100%	100%	100%	100%
	17	7	22	11	11
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	100%	100%
	16/16	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%	100%
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.1	1.1	1.2	1.1
Wasted/Expired Blood and Blood Products Goal 0	1	2	1	0	4
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%
Hematology Analytical PI	100%	100%	100%	100%	100%
Body Fluid	14/11	9-Oct	13/12	9-Aug	7-Sep
Sickle Cell	0/0	3-Mar	0/0	0/0	0/0
ESR Control	100%	100%	100%	100%	100%
	62/25	47/24	67/30	62/26	50/25
Delta Check Review	100%	100%	99%	100%	100%
	211/211	184/184	244/246	199/199	254/254
Blood Culture Contamination – Benchmark 90%	93%	92%	82%	94%	96%
	ER Holding	ER Holding	ER Holding	ER Holding	ER Holding
	88%	81%	86%	86%	87%
	ER	ER	ER	ER	ER
	100%	100%	100%	100%	88%
	ICU	ICU	ICU	ICU	ICU
STAT turnaround for ER and Laboratory Draws <60 min	89%	91%	92%	92%	92%
Benchmark 80%	ER	ER	ER	ER	ER
	93%	91%	96%	95%	94%
	Lab	Lab	Lab	Lab	Lab
Pathology Peer Review	0/0	0/0	0/0	0/0	0/0
Discrepancies	Frozen vs Permanent	Frozen vs Permanent	Frozen vs Permanent	Frozen vs Permanent	Frozen vs Permanent
	0/0	0/0	0/0	0/0	0/0
	In house vs consultation	In house vs consultation	In house vs consultation	In house vs consultation	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*

**MAY 2022**

### UMC Behavioral Health Unit May 2022 Board Report

Description		Jan	Feb	Mar	Apr	May
<b>Admissions</b>						
	<b>ALOS (Target &lt;7 Days)</b>	4.34	4.71	4.44	4.56	4.51
	<b>Voluntary Admissions</b>	36	35	38	37	29
	<b>Involuntary Admissions = FD12</b>	43	72	75	80	76
	<b>Total Admissions</b>	79	107	113	117	105
	<b>Average Daily Census</b>	12	17	18	17	16
<b>Other Measures</b>	<b>Average Throughput (Target: &lt;2 hrs)</b>	3	5	5	5	5
	<b># TeleCourt Meetings (Pt Hearings)</b>	0	0	0	0	0
	<b># Psych Consultations</b>	74	43	*6	60	98
	<b>Psychosocial Assessments (Target: 80%)</b>	68%	72%	81%	67%	59%
<b>Discharge</b>						
	<b>Discharges</b>	76	100	120	116	106

\*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*

## MAY 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	74		628		105		807	
Fluoro	4		0		23		27	
Mammography					113		113	
Magnetic Resonance Angio	3		0		0		3	
Magnetic Resonance Imaging	17		4		36		57	
Nuclear Medicine	11		0		1		12	
Special Procedures	5		0		0		5	
Ultrasound	67		239		119		425	
X-ray	139		1120		430		1689	
Echo	39		0		32		71	
CNMC CT Scan			35				35	
CNMC X-ray			616				616	
Grand Total	359	0	2642	0	859	0	3860	

### 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 has acquired more than one batch of iodinated contrast bottles in the midst of a nationwide shortage. No further rationing of contrast for CT scan is necessary.

### Services:

MRI: The new uMR 570 United 1.5T magnet has been up and running covering Musculoskeletal, Neurological and body MRI exams.

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.



*Gregory Morrow, M.D., Chairman*

## MAY 2022

For the month of May 2022, the Surgery Department performed a total of 123 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	123
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 **17%** decrease compared to last month. Compared to the average number of cases performed over the previous 8 years, we are starting to get back towards pre-Covid numbers. The resurgence of Covid-19 cases may disrupt this trend, but we will have to follow the trends over the next few months. 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	0.4%	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. Process seems to be working well at this time.

Will continue to monitor.

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:  
June 29, 2022**

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## **CNO Report**

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



# Nursing Board Report United Medical Center May, 2022

## Overall State of Nursing Department

### Staffing:

The Nursing Department continues to go through nursing and monitor techs' challenges. The solution is to supplement, full-time nursing staff, with agency nurses and supplement monitor tech shortages with staff nurses. Presently, we are using a total of 10 contract nurses in the ER, 5 contract nurses in ICU, 1 contract nurse 8W Telemetry, and 2 contract nurses for BHU. Recruitment for full-time nursing staff and monitoring techs during May was slow. In May we recruited 1 RN for 8W, 0 for ER, 0 for ICU, 1RN for BHU, and 0 monitor techs. Plans to do another video conference job fair, and update indeed, and the UMC website.

### Performance Improvement:

Eliminating hospital-acquired pressure injuries (HAPI); continues to be our goal. Nursing identifies patients at risk and activates skin safety protocols immediately. In addition, the wound care nurse continues to spot-check patients at risk to ensure proper positioning with the use of pillow/wedges and boots. The gel support distribution mattress to aid in HAPI prevention is being evaluated. Our turning and positioning synchronized schedule remain in place, as well as frequent reminders during team huddles. Unfortunately, there have been 2 HAPIs in May nonreportable.

### 8W Telemetry Unit

Management continues to remind staff on recommending Nasal Naloxone (Narcan) to physicians on patients that are given home opiate prescriptions when warranted. Management makes morning rounds to check rooms and address inpatients' complaints. The clinical supervisor attends discharge planning and makes rounds to assist in continuity of care until appropriate discharge. Patients and/or family members continue to receive follow-up phone calls regarding complaints.

### ICU

Ceribell point of care EEG monitoring stethoscope to diagnose seizures is in use in the ICU when warranted. Scalp and skin integrity per protocol when the headband is on monitored. Maintained standard isolation and ensure staff encourage other hospital team members including family to utilize appropriate PPEs before entering the rooms. As per protocol, turning and positioning are maintained every 2 hours. Charge nurses and clinical supervisors continue to monitor healthcare workers for adequate hand hygiene. The clinical supervisor attends rounds with the ICU team for adequate planning and transfer/discharge anticipation.

### Emergency Department:

Lucas chest compression system arrived. Therefore, plans for in-services are in progress. Blood Culture contamination rates are being monitored and improved. VS every 2 hours maintained. However, ED accounts not departed continue to be challenging. Reminders are done during team huddles in the

am and pm daily. Monthly audits on narcotics, restraints, nursing assessments, medication reconciliation, pain assessment and reassessment, as well as, discharge signatures are done.

<b>ED Metrics Empower Data</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>
Visits	2398.00	2410.00	2928.00	2932.00	3183.00
Change from Prior Year (Visits)	2924.00	2726.00	3199.00	3198.00	3412.00
<b>% Growth</b>	-21.93	-13.11	-9.26	-9.07	-7.19
<b>LWBS</b>	17.00	<b>7.00</b>	<b>22.00</b>	<b>13.00</b>	<b>16.4</b>
Ambulance Arrivals	486.00	650	763.00	826.00	833
<b>Ambulance Patients Admission Conversion</b>	172.00	237.00	264	273.00	266.00
<b>% of ED patients arrived by Ambulance</b>	0.20	0.27	0.26	0.28	0.26
<b>% of Ambulance Patients Admitted</b>	0.35	0.36	0.35	0.33	0.32
<b>Reroute + Diversion Hours</b>	0	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
PG Diversion Hours	437.17	0	0	196.27	248.23
DC Diversion Hours	0	0	0	0	0
<b>ED Metrics Empower Data</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>
Door to triage	47	31	45	49	53
Door to room	138	75	118	118	116
Door to Doctor	125	73	102	108	141
Room to Doctor	-6	-1	7	3	23
Doctor to Decision	168	156	158	151	169
Door to transfer	-	-	-	-	-

### 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
7	0	25	170	13	13	12	251	MAY, 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 ensure the quality of care is upheld. Monthly meetings in person and zoom to update staff on unit needs and accomplishments.

### Education & Wound Care Initiatives

Wound Care Nurse continued awareness of the importance of the Braden Scale, and Skin Safety protocol, especially the 7 components of wound care documentation. The 7 components of wound care continue to be a challenge. Wound care RN will remain vigilant in educating the staff regarding documentation.

### Diabetes Findings

There were 22 insulin drips in May, all for DKA

Educate 100% of all authorized users on point of care policy is ongoing.

Insulin audit – monitoring of correct insulin administration continues. Benchmark is 95%. May exceeded the benchmark. Score=100%.

Respectfully submitted,

Delores Marable, RN, MSN

Telemetry Manager



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**General Board  
Meeting Date:  
June 29, 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

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.

The leadership team remains committed to serve the healthcare needs of this community include the following:

- Continuing Daily Safety Huddles including weekends
- Continuation of Daily “Census /Zoom Huddle” for Nursing and Direct patient care clinical staff and essential Ancillary Services
- Availability of Supplies by improving the reliability of our suppliers (Fill rate)

Date View	Raw Fill Rate	Cardinal %
22-Jan	75.64%	65.63%
22-Feb	75.64%	43.18%
22-Mar	80.36%	81.48%
22-Apr	69.23%	71.43%
22-May	82.18%	88.89%

- Facility and Executive Team Rounding in clinical areas for operational assistance in moving available staff to areas requiring assistance.
- Maintaining Survey Readiness
  - Achieved CAP Certificate of Accreditation for the Laboratory
  - UMC Dietary Survey by Morrison / ranked #1 in the region
- Employee Health & Support
  - Weekly Walk With The Doctor encouraging exercise and ask all your health related questions.
  - Amerihealth Health Screening day that included mammograms and pap smears along with healthy vegetables available for sale for patients & staff.

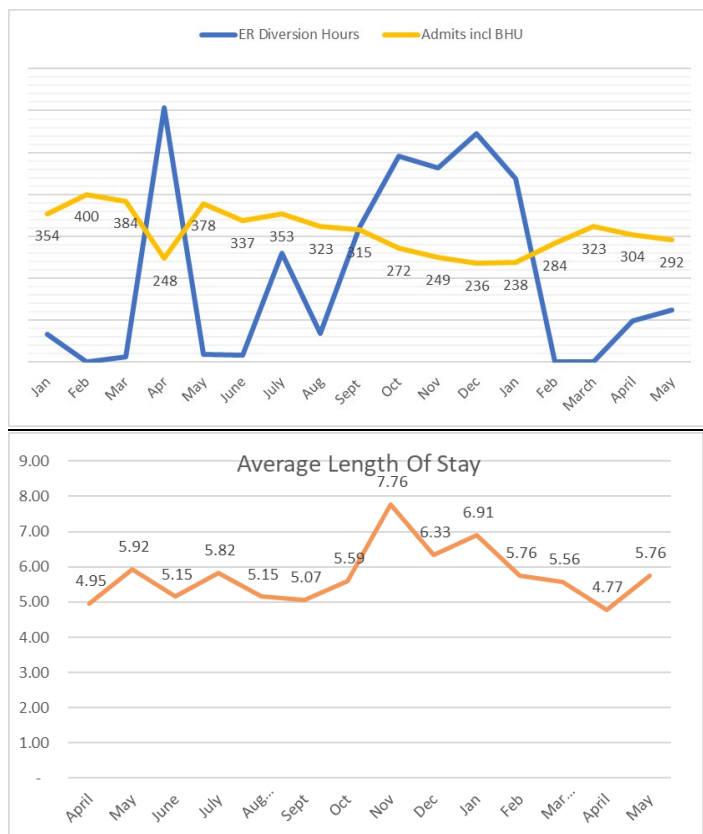
### **Operating Volume Performance –**

#### **Admissions: ER Diversion & Average Length of Stay**

UMC’s trend upward for ED Diversion in May continued and was a contributing factor to the lower admissions than in the previous 2 months but it was not the only one as the Average Length of Stay increased to 5.76 from the April low but May was still in line with historical trends.

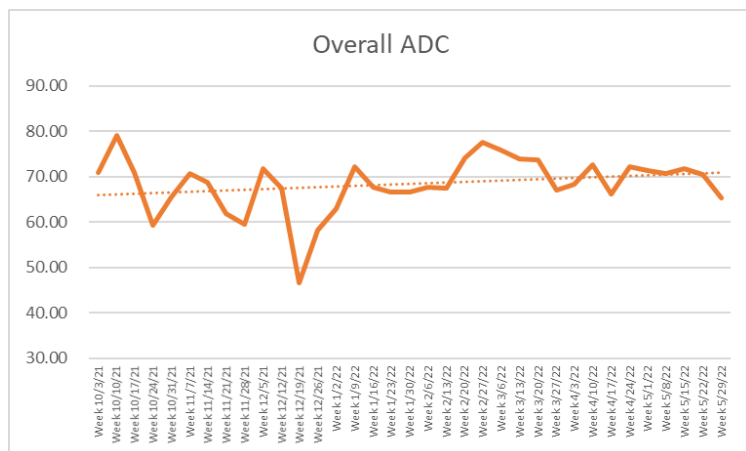
# NFPHC Executive Management

NOT-FOR-PROFIT HOSPITAL CORPORATION



## Average Daily Census:

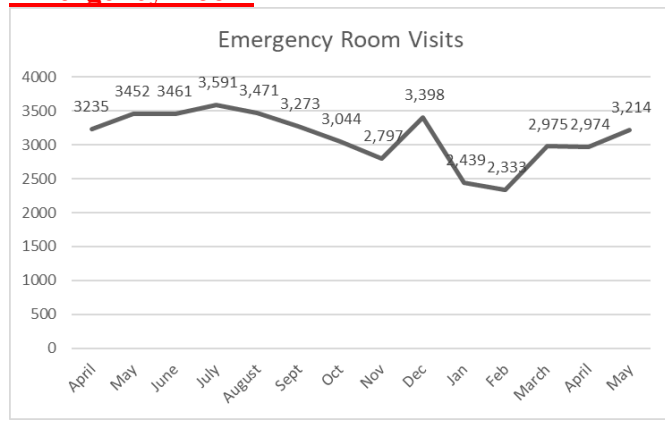
Census has remained relatively stable between 65-72 per day including observation patients since the start of the new calendar year 2022.



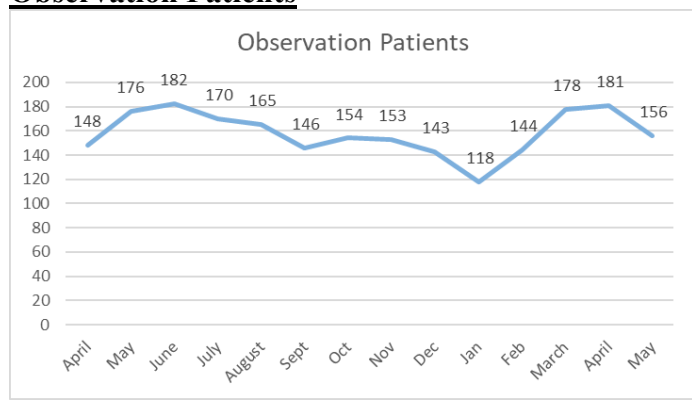
# NFPHC Executive Management

NOT-FOR-PROFIT HOSPITAL CORPORATION

## Emergency Room



## Observation Patients

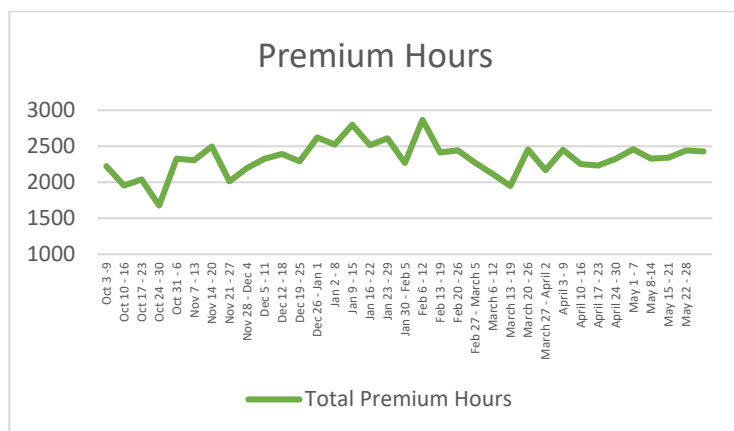


## Premium Pay (Overtime & Agency Hours)

Current volumes continue to require a large amount of overtime and agency hours to meet patient demand.

# NFPHC Executive Management

NOT-FOR-PROFIT HOSPITAL CORPORATION



## **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:

- Submitted 2 contracts for completion of projects by CBEs (Certified Business Enterprise)
- Preparing for property inspection and valuation for insurance renewal
- Critical Care electrical upgrade for 3<sup>rd</sup> floor (on-going)
- Working with IT on finalizing Tridium equipment access and training.
- Focus: Water Treatment, Generators, and Environmental Controls
- Added two first class Engineers to the Plant Staff and transferred an EVS employee to facilities
- Multiple steam leaks identified and were repaired.
- A/C Unit for the main elevator machine room was replaced and the unit for the Doctors Elevator machine room repaired.
- Title 5 Boiler Stack test was completed on Boiler #2.
- Sprinkler inspection was completed.
- Med Gas inspection was completed.
- Fire Alarm inspection was completed.
- New batteries in generators #1 and #2 and repaired leaking pipes in generator #2 and #3.
- Panels were repaired in every room on BHU unit AC in patient rooms.
- Navex Reporting and Monitoring
- Linen Clean to Ration Benchmark met at 92% (Goal is to be under 94%)
- EVS Floor Projects completed (Triage, ER, Ground Floor, Security Office)
- Meeting held with new SEIU Administrator along with EVS Team

## **GRANT PROGRAM OVERSIGHT & OPERATIONS:**

### **Grant Program Operations and Community Initiatives**



## NFPHC Executive Management

- 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 May the Mobile Health Clinic has continued collaborations with **DC DOH Community Health Administration, DC Housing Authority, and the Faunteroy Enrichment Center** to provide the following services:
  1. HIV Screening
  2. HIV Testing
  3. COVID19 Testing
  4. COVID19 Vaccines and Boosters
- b. **Wellness on Wheels Campaign:** The UMC mobile team continues to expand mobile vaccination administration to District residents across all Wards. The mobile clinics participated in the UMC Community Day on campus in the month of May and provided COVID testing to UMC employees and guests. Repairs have been completed and the unit is fully operational for future events. The team has also continued providing COVID services in the community at Greenleaf Gardens, Greenleaf Senior, and the community day celebration at Highland Terrace.
  1. As a result, we able to perform testing and vaccine clinics on average 2 days per week in the month of May. This allowed us to administer 4 boosters and 27 COVID tests.
  2. In May, 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.

### Information Technology Plan

Continued focus on

- CyberSecurity projects (16 of 43 planned projects in FY22)
- Software upgrades/ interface updates (16 of 43 planned projects-
- Network/Infrastructure improvements (4 of 43 planned projects)

### Accomplishments (May 2022)

#### Applications

# NFPHC Executive Management

- Worked with Finance to bring live the communications/files with UMC's new Early-Out vendor (Penn Credit)
- Implemented Antibiotic Stewardship Program changes in Meditech
- Completed for the Human Resource department: AL and HOLPTO leave recalculations/corrections for SEIU, DCNA and USFO employees
- 3M updates applied
- Completed the pharmacy drug update in Meditech (First Data Bank file upload)
- Provided Meditech training for new ICU and ED nurses
- Scheduled and participated in Materials Management optimization/training meetings with Meditech and the UMC Materials Management team
- Assisted Quality with special information/reports as requested
- Posted UMC Newsletters on the Intranet and public monitors
- Validated Meditech and other systems as part of the monthly security patching event
- Represented UMC and Co-chaired the DCHA's ITAC meeting
- Successfully completed 124 Application service tickets

## Infrastructure

- Successfully installed a new, permanent UPS for the Data Center
- Successfully completed cable management for all network closets
- Successfully migrated the Lab endpoint devices from VLAN 1 to VLAN 72
- 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
- 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 299 Network and Desktop service tickets

## Chief Medical Officer

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

## Acting Director of Nursing

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: Fiscal Control Board of the Not-for-Profit Hospital Corporation**

**From: Brian D. Gradle**

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

**Date: June 19, 2022**

**Re: Compliance Report/Privacy**

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This report to the Fiscal Control 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.

Specifically, this month's report summarizes the most recent activities of the UMC Compliance Officer in his capacity as the Privacy Officer for the hospital, as well as other note-worthy developments in this area.

## **I. Recent Regulatory Enforcement Activity.**

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) recently announced the resolution of three investigations and one matter before an Administration Law Judge related to compliance with the HIPAA Privacy Rule. Importantly, two of the cases fell under OCR's "Right of Access Initiative," which OCR created to support individuals' right to timely access their health records at a reasonable cost under the HIPAA Privacy Rule. The other two enforcement

actions result from healthcare providers impermissibly disclosing their patients' health information.

- A. Failure to provide access.** In the first case, a psychiatric medical services provider with two office locations in California agreed to take corrective actions and pay OCR \$28,000 to settle potential violations of the HIPAA Privacy Rule, including provisions of the right of access standard.

The patient had complained to the OCR that on July 1 of each year from 2013 to 2018, she mailed letters in a stamped envelope addressed to the practice requesting access to a copy of her medical records and, by the date of her complaint, had not received any response or records as requested. Eventually, the practice provided the patient with a complete copy of her medical records (11 pages) on May 16, 2019, by electronic mail, as requested, after requiring her to travel to its office to complete its form to exercise her right to access, imposing a flat fee that was not cost-based (\$25 per medical records request), and initially providing an incomplete (one page) paper copy of the records. The practice's case before the OCR was weakened by its failure to have designated a privacy official and its Notice of Privacy Practices lacked required content.

- B. Failure to provide access.** A solo dental practitioner from Pennsylvania, likewise failed to provide a patient with a copy of their requested medical record. The litigation was resolved before the administrative law judge made a determination by a settlement agreement in which the dentist agreed to pay \$30,000 and take corrective actions to comply with the HIPAA right of access standard.
- C. Impermissible disclosure/Failure to respond to OCR.** A dental practice with two offices in North Carolina impermissibly disclosed a patient's PHI on a webpage in response to a negative online review. When a complaint was made to OCR, OCR followed up with the practice. However, the practice did not respond to OCR's data request, did not respond or object to an administrative subpoena, and waived its rights to a hearing by not contesting the findings in OCR's Notice of Proposed Determination. OCR imposed a \$50,000 civil money penalty.
- D. Improper use of patient information.** Finally, a dental practice in Alabama was determined to have impermissibly disclosed its patients' PHI to a campaign manager and a third-party marketing company hired to help with

a state senate election campaign of one of the practice's dentists. Among other things, OCR found that the dentists/candidate provided an excel spreadsheet to his campaign manager, which contained the names and addresses of 3,657 patients. The campaign manager mailed letters to these patients to announce the dentist's candidacy for state senate. The letter was on the campaign's letter head, but addressed the recipient as "Dear Valued Patient." Similar emails were later sent to patients using a third-party marketing company to send the emails. OCR required the practice to take corrective action and to pay \$62,500 to settle potential violations of the HIPAA Privacy Rule.

## **II. Anticipated, Impending Changes to HIPAA.**

We should be prepared to see changes in the HIPAA privacy law this calendar year. Anticipated changes proposed by OCR in its notice of proposed rulemaking include the following:

- *Patients will be allowed to inspect their PHI in person and take notes or photographs of their PHI.*
- *The maximum time to provide access to PHI will change from 30 days to 15 days.*
- *Requests by individuals to transfer ePHI to a third party will be limited to the ePHI maintained in an EHR.*
- *Individuals will be permitted to request their PHI be transferred to a personal health application.*
- *States the circumstances in which individuals should be provided with ePHI at no cost.*
- *Covered entities will be required to inform individuals that they have the right to obtain or direct copies of their PHI to a third party when a summary of PHI is offered instead of a copy.*
- *HIPAA-covered entities will be required to post estimated fee schedules on their websites for PHI access and disclosures.*
- *HIPAA-covered entities will be required to provide individualized estimates of the fees for providing an individual with a copy of their own PHI.*
- *A pathway will be created for individuals to direct the sharing of PHI maintained in an EHR among covered entities.*
- *Healthcare providers and health plans will be required to respond to certain records requests from other covered healthcare providers and health plans, in cases when an individual directs those entities to do so under the HIPAA right of access.*

- *HIPAA-covered entities will be required to obtain written confirmation that a notice of privacy practices has been provided.*
- *Covered entities will be allowed to disclose PHI to avert a threat to health or safety when harm is “seriously and reasonably foreseeable.” The current definition is when harm is “serious and imminent.”*
- *Covered entities will be permitted to make certain uses and disclosures of PHI based on their good faith belief that it is in the best interest of the individual.*
- *A minimum necessary standard exception will be added for individual-level care coordination and case management uses and disclosures, regardless of whether the activities constitute treatment or healthcare operations.*
- *The definition of healthcare operations has been broadened to cover care coordination and case management.*
- *Permission will be expanded for the U.S. armed forces to use or disclose PHI to all uniformed services.*

### **III. UMC HIPAA 2022 Privacy Officer Self-Audit.**

UMC, as an instrumentality of the District of Columbia, is an agency within DC’s HIPAA covered entity for purposes of the District’s HIPAA/privacy compliance program. In that capacity, UMC recently completed its 2022 Privacy Officer Self-Audit, which included a review of privacy office operations, document management, education and training, and data systems.

This report has been provided to the District’s Privacy and Security Official (DWPSO), with whom the UMC Privacy Officer has weekly status calls (along with the other privacy officers for the other agencies that comprise the District’s HIPAA covered entity) for recordkeeping and review.

The DWPSO will use this self-audit (along with the other self-audits provided by the remaining privacy officers) to develop a work plan to address HIPAA privacy risks within the covered entity.

#### IV. HIPAA FAQ.

**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.



NOT-FOR-PROFIT HOSPITAL CORPORATION

## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** June 22, 2022

### **PUBLIC RELATIONS**

**Public Relations** – UMC began two new partnerships in the month of May. The first was with MedStar Family Choice and the second was with Curbside Groceries. On May 18, 2022 we held our first UMC Wellness Day where MedStar Enrollees came to UMC for Mammograms and Pap Smears and received gift cards from the MCO. We had 13 enrollees scheduled for services but less than 50% of those scheduled showed up for their appointments. During the Wellness Day, enrollees, general UMC patients, and UMC staff enjoyed music from DJ One Luv, free giveaways from UMC, free lunch from Nando's (National Harbor location), and L'Oréal. Curbside Groceries a project under the Capital Area Food Bank was parked onsite selling high quality but low cost produce and various grocery items. MedStar Wellness Days are scheduled every 3<sup>rd</sup> Thursday of the month and the Curbside Groceries van will be at UMC every Wednesday afternoon. The PR Department will be working with the other three District MCOs to schedule additional Wellness Days for their enrollees. Harkins Builders, the construction team building across from the hospital provided the fiscal donation needed to pay for the dj and also joined us that afternoon for our weekly Walk with A Doc program.

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of May, the newsletter celebrated Nurses Week, published UMC's new visitation policy, and congratulated Ms. Loretta





NOT-FOR-PROFIT HOSPITAL CORPORATION

Johnson on her retirement after 42 years of service to UMC. 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 May.



Not For Profit Hospital Corporation  
United Medical Center

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

**DRAFT**



## Table of Contents

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



# Gap Measures Tracking

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

	FY 2022 Original Initiatives	Adjustment ( Initiatives that Will Not be Realized)	Realized/ Recognized	Balance to be Realized	Percentage Completed (Realized/ Original Initiatives)
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Annualized Net Loss from Operations Before District Subsidy				(\$25,125,000)	
District Subsidy				\$15,000,000	
Adjusted Annualized Net Loss from Operations				(\$10,125,000)	

## Add: Initiatives to be Realized

Mazar Initiatives	\$8,500,000	(\$4,500,000)	\$2,087,798	\$1,912,202	24.6%
Mazar 2021 Unrealized Initiatives	\$600,000	(\$600,000)	\$0	\$0	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	(\$2,000,000)	\$3,074,576	\$2,125,424	42.7%
Subtotal	\$16,300,000	(\$7,100,000)	\$5,162,374	\$4,037,626	31.7%
Projected Net Income (Loss) from Operations				(\$6,087,374)	
Original Projected Income				\$421,000	
Difference from Original Projected Income				(\$6,508,374)	



# Report Summary

- **Revenue**
  - ❖ **Total operating revenues are lower than budget by 18% (1.8M) MTD and 12% (10.3M) YTD as a result of the following contributing factors:**
    - ❖ **Net patient revenue lower than budget 22% (1.5M) MTD and 20% (10.5M) YTD, due to low activity.**
      - ❖ **Admissions are lower than budget by 21% MTD and 26% YTD.**
      - ❖ **ER Visits are higher than budget by 4% MTD but lower than budget by 6% YTD**
      - ❖ **Total Surgeries are lower than budget by 18% MTD and 13% YTD.**
      - ❖ **Radiology visits are lower than budget by 45% MTD but higher than budget by 2% YTD.**
    - ❖ **GWMFA collections are lower than budget by 39% (234K) MTD and 36% (1.7M) YTD.**
- **Expenses**
  - ❖ **Total operating expenses are higher than budget by 25% (2.5M) MTD and 5% (3.9M) YTD as a result of the following contributing factors:**
    - ❖ **Salaries are lower than budget by 5% (188K) MTD and 6% (1.9M) YTD, due to vacancies.**
      - ❖ **Although total salaries are lower than budget, overtime is over budget by 182K MTD and 1.6M YTD.**
    - ❖ **Contract Labor is higher than budget by 56% (232K) MTD and 89% (2.9M) YTD due to agency staffing.**
    - ❖ **Supplies are 44% (278K) higher than budget MTD and 13% (648K) YTD.**
    - ❖ **Purchased Services are higher than budget by 26% (317K) MTD and 8% (753K) YTD.**
    - ❖ **Other Expenses are over budget by 153% (1.8M) MTD and 18% (1.5M) YTD.**



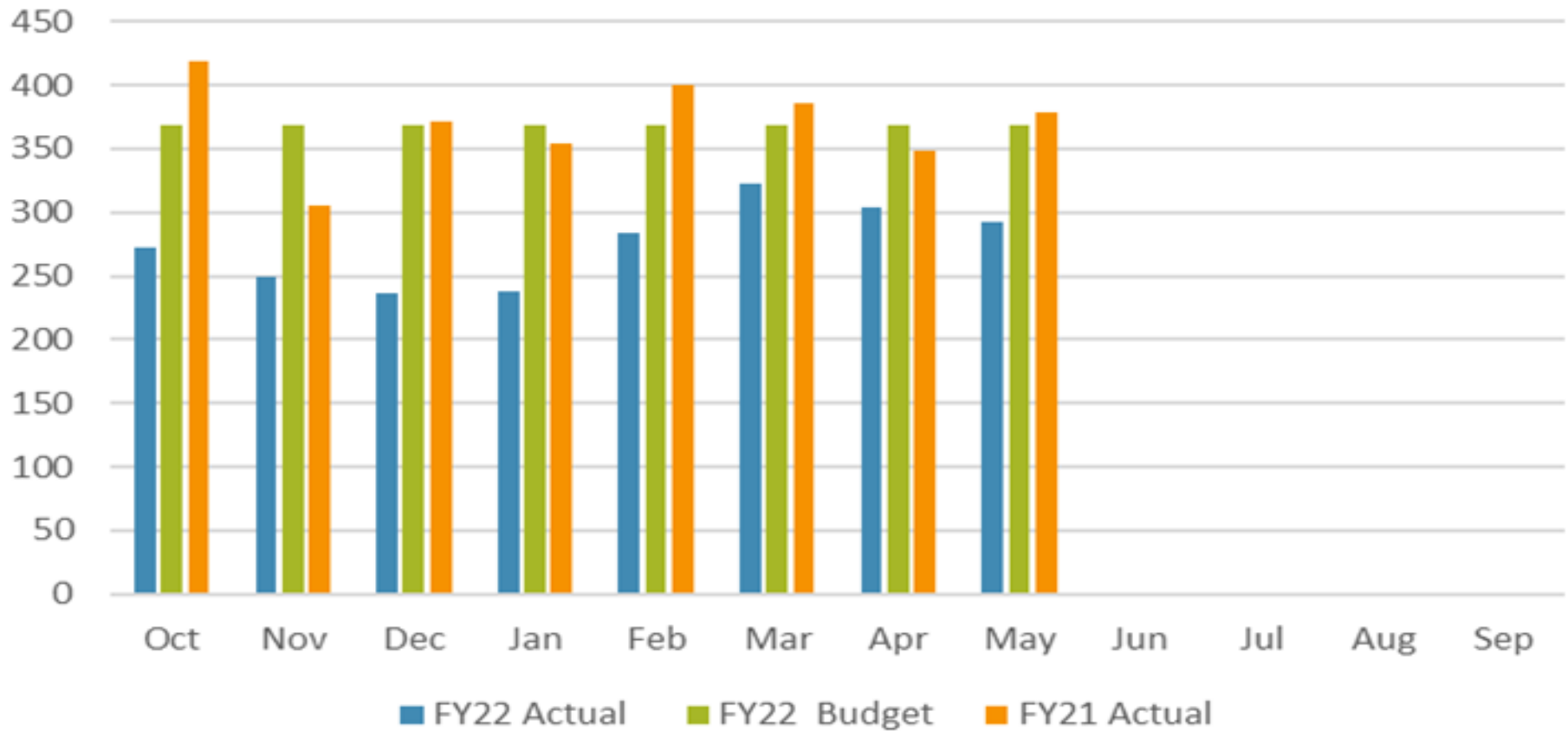
# Key Indicators

**Fiscal Year 2022 thru 05/31/22**

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	292	369	378	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	119	145	159	▼	▲
Emergency Room Visits	Actual Visits	3,161	3,043	3,399	▲	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours	557	624	665	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.09	1.13	1.33	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	43%	55%	53%	▼	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	35	85	71	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	113%	92%	110%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	80	45	84	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-19.2%	1.0%	-28.7%	▼	▲



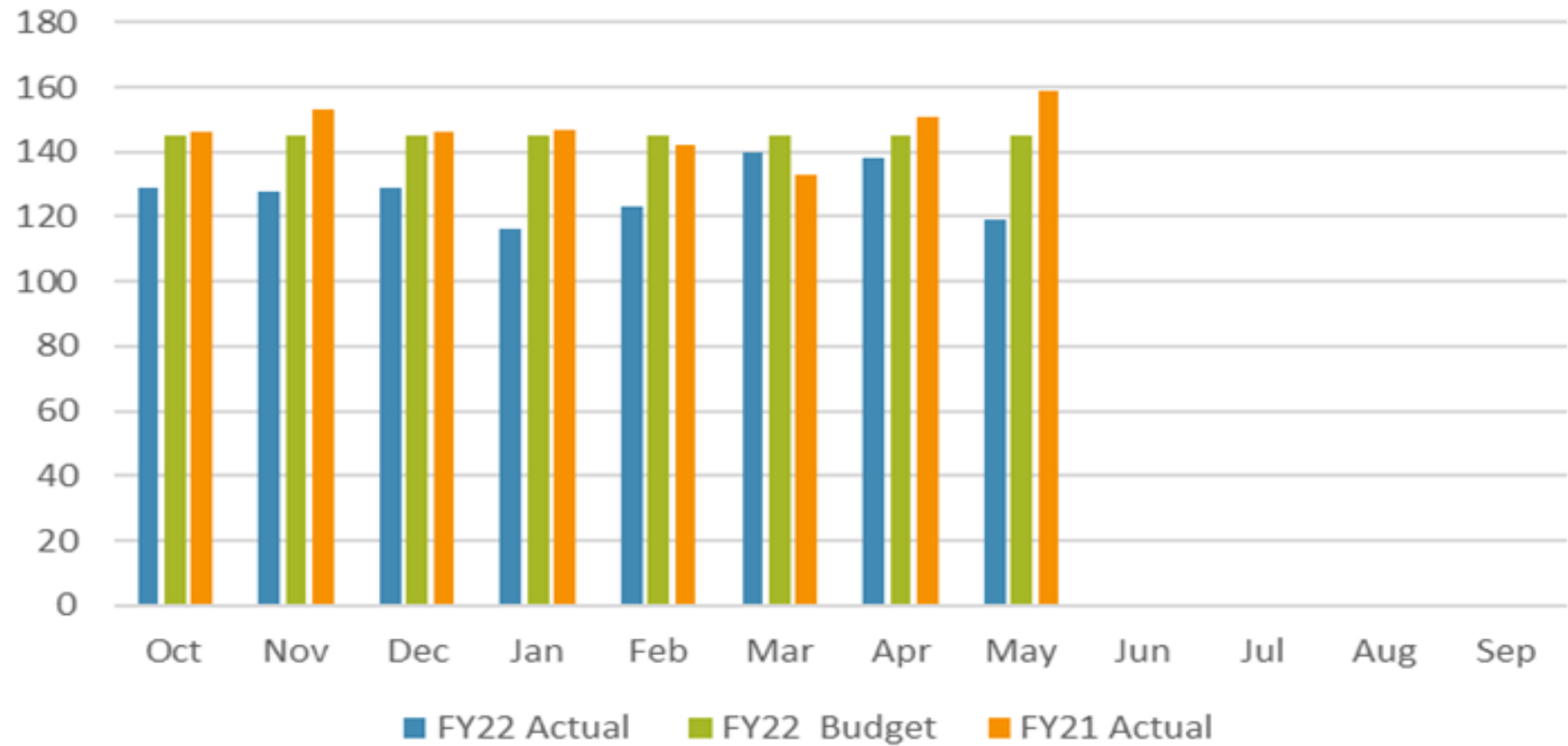
# Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284	323	304	292				
FY22 Budget	369	369	369	369	369	369	369	369				
FY21 Actual	419	306	372	354	400	385	348	378				



# Inpatient/Outpatient Surgeries

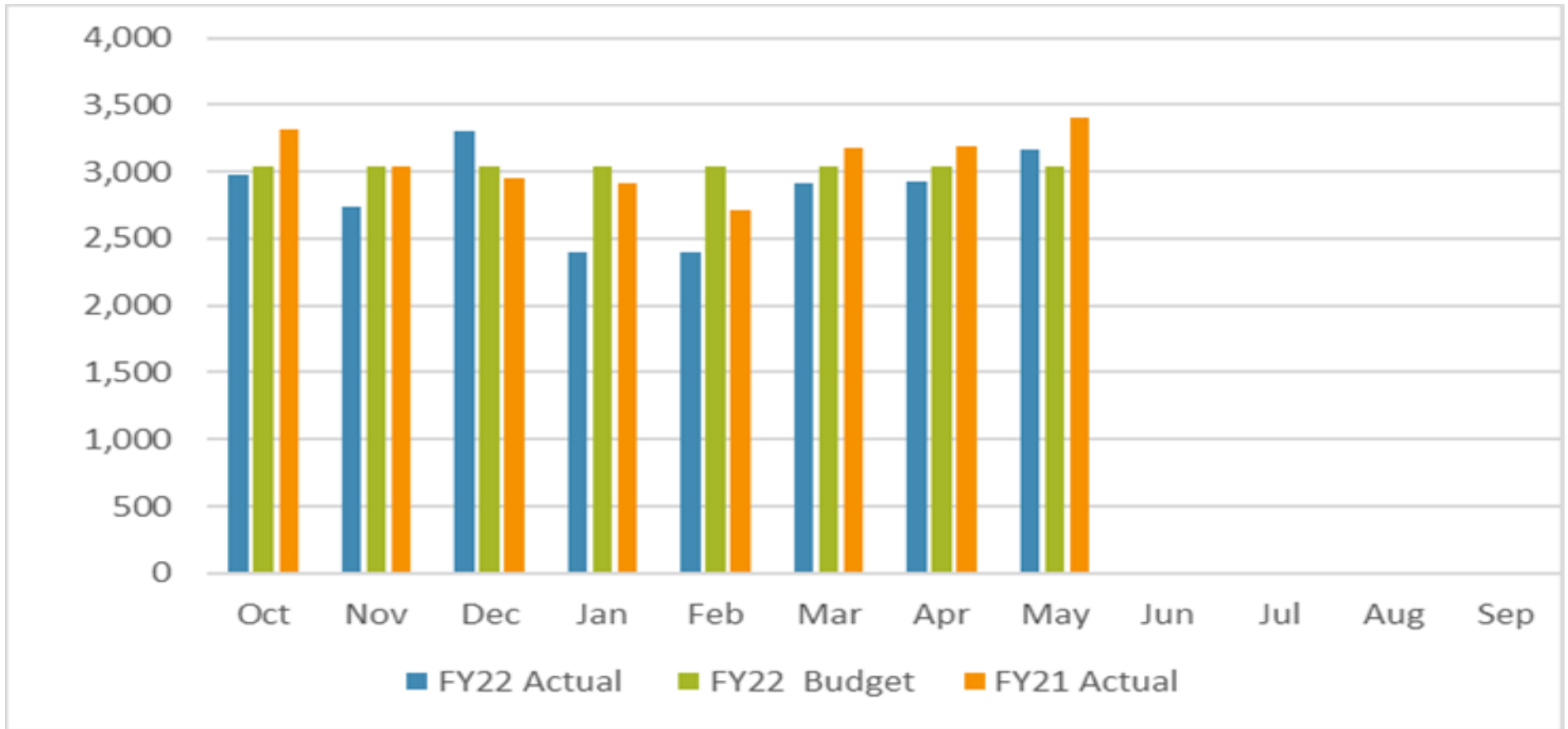


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123	140	138	119				
FY22 Budget	145	145	145	145	145	145	145	145				
FY21 Actual	146	153	146	147	142	133	151	159				





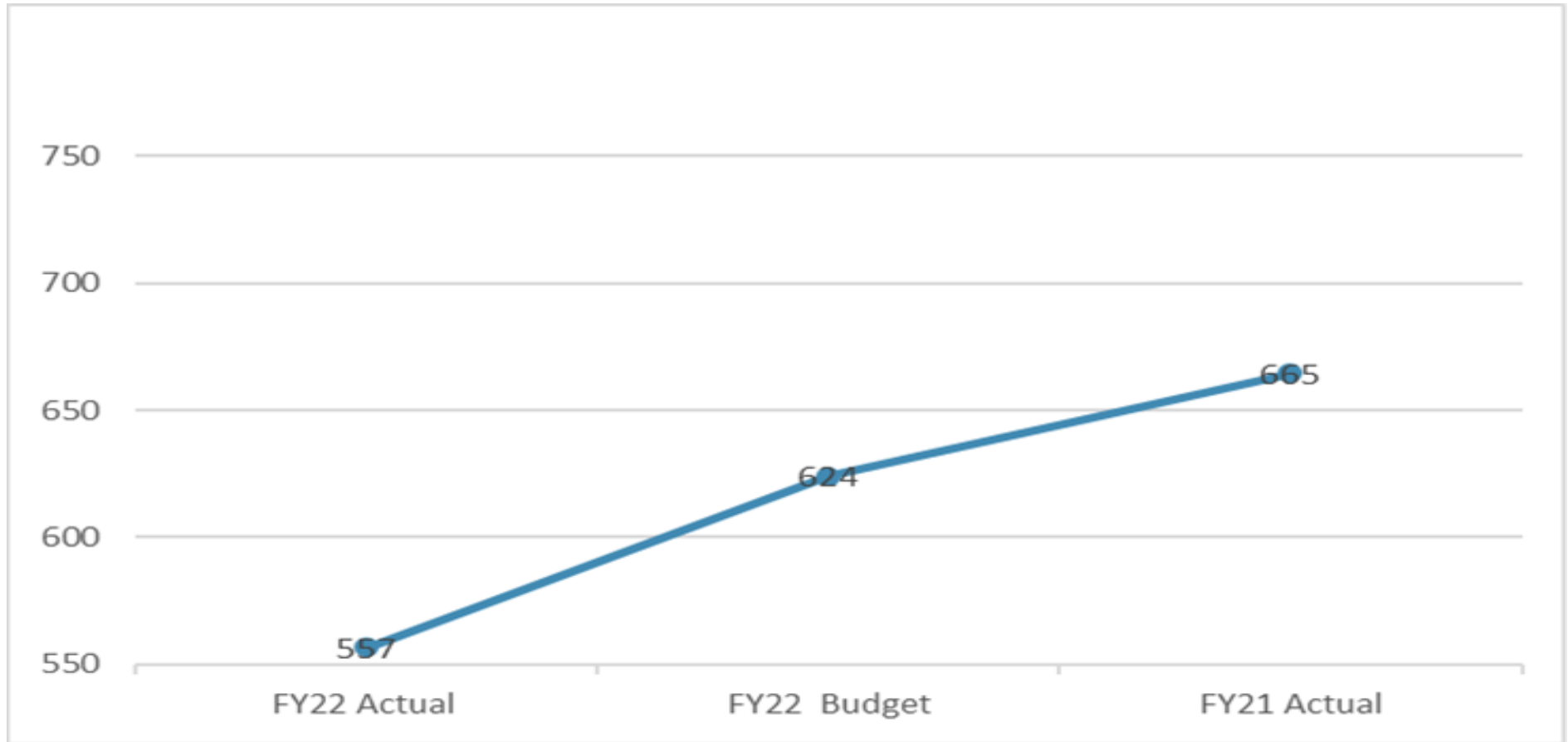
# Total Emergency Room Visits



	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	3,161				
FY22 Budget	3,043	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	3,399				



# Number of FTEs

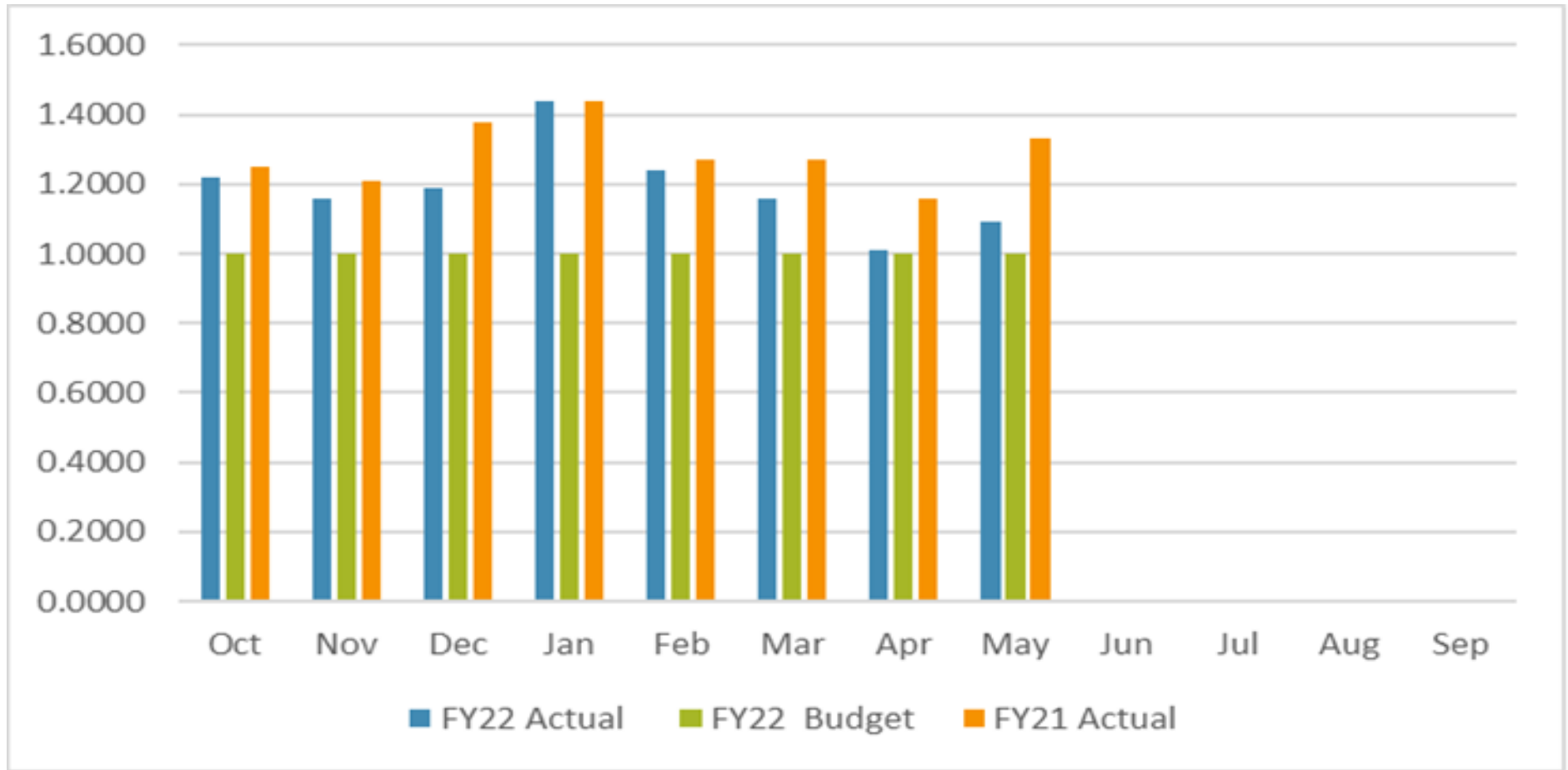


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551	559	557				
FY22 Budget	624	624	624	624	624	624	624	624				
FY21 Actual	764	771	766	725	724	704	687	665				



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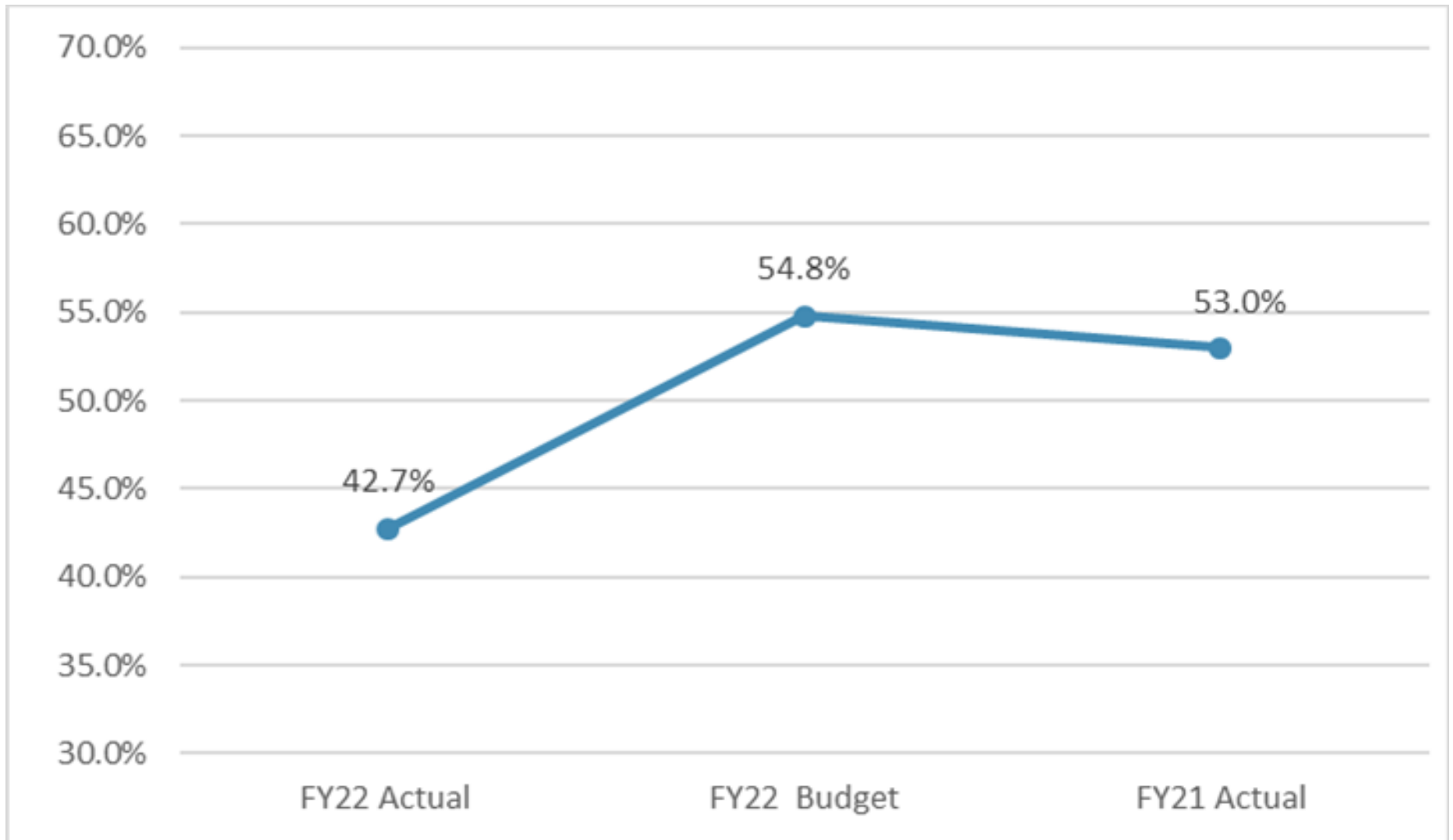
# Case Mix Index



	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	1.0900				
FY22 Budget	1.1300	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	1.3300				

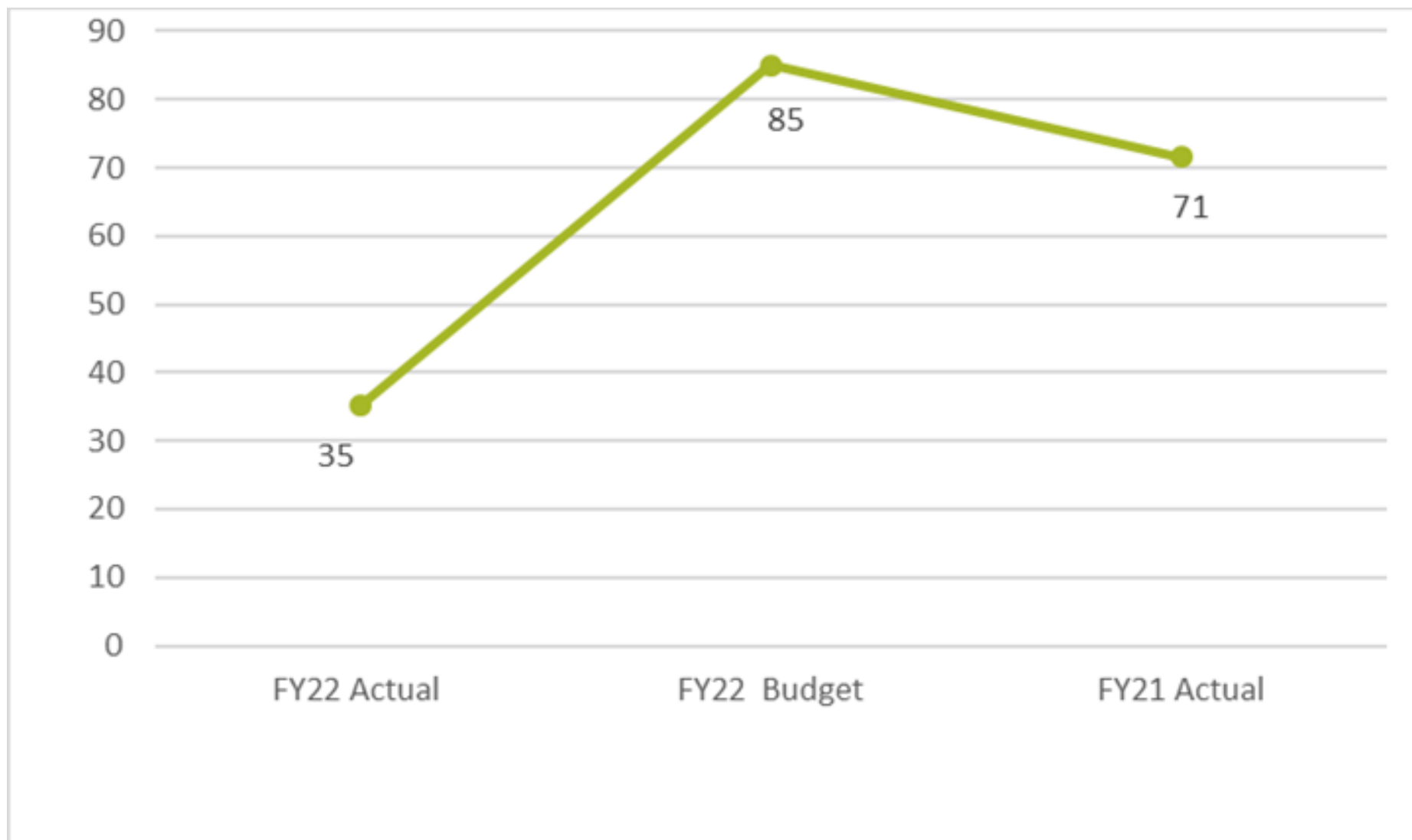


## Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





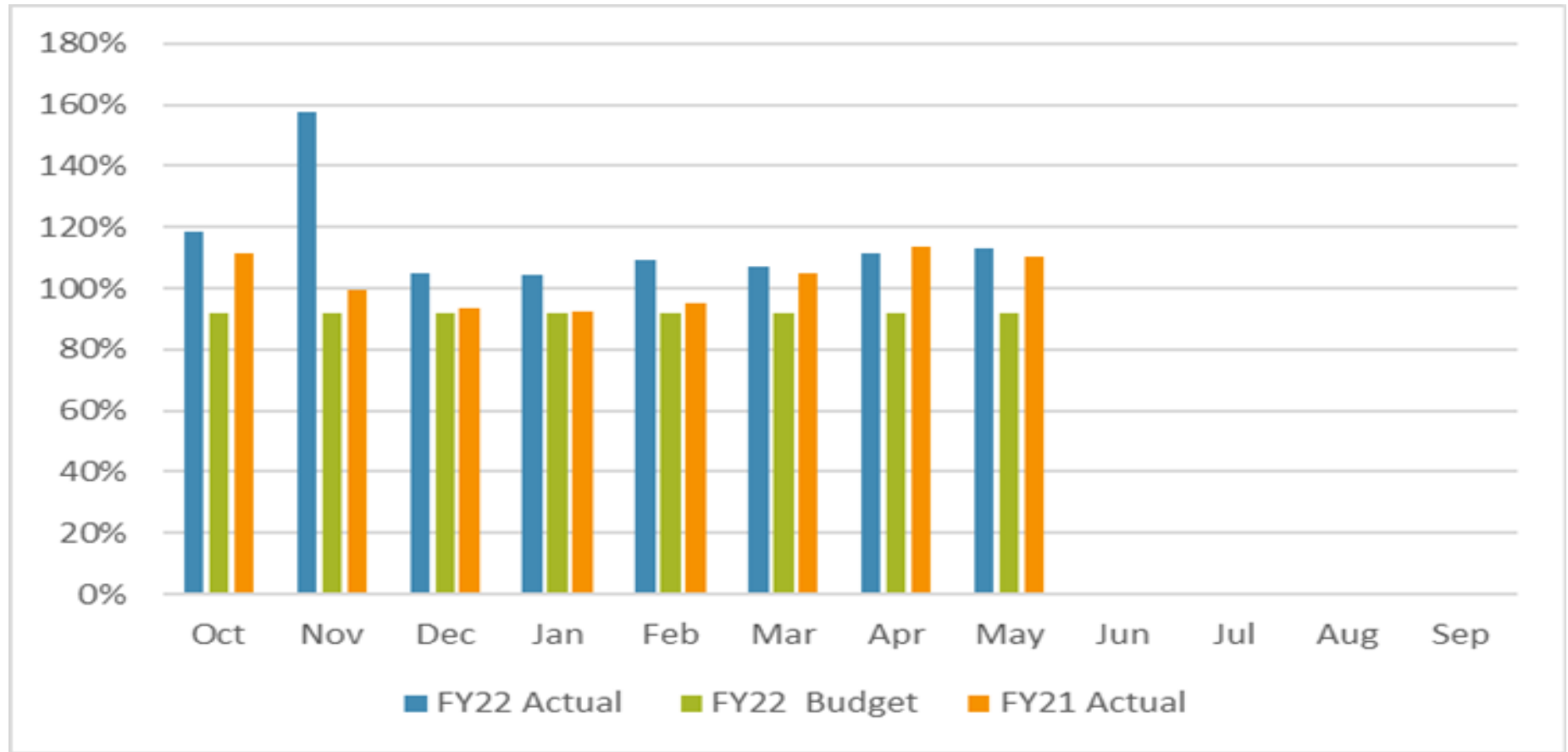
## Net Accounts Receivable (AR) Days With Unbilled





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# Cash Collection as a % of Net Revenues

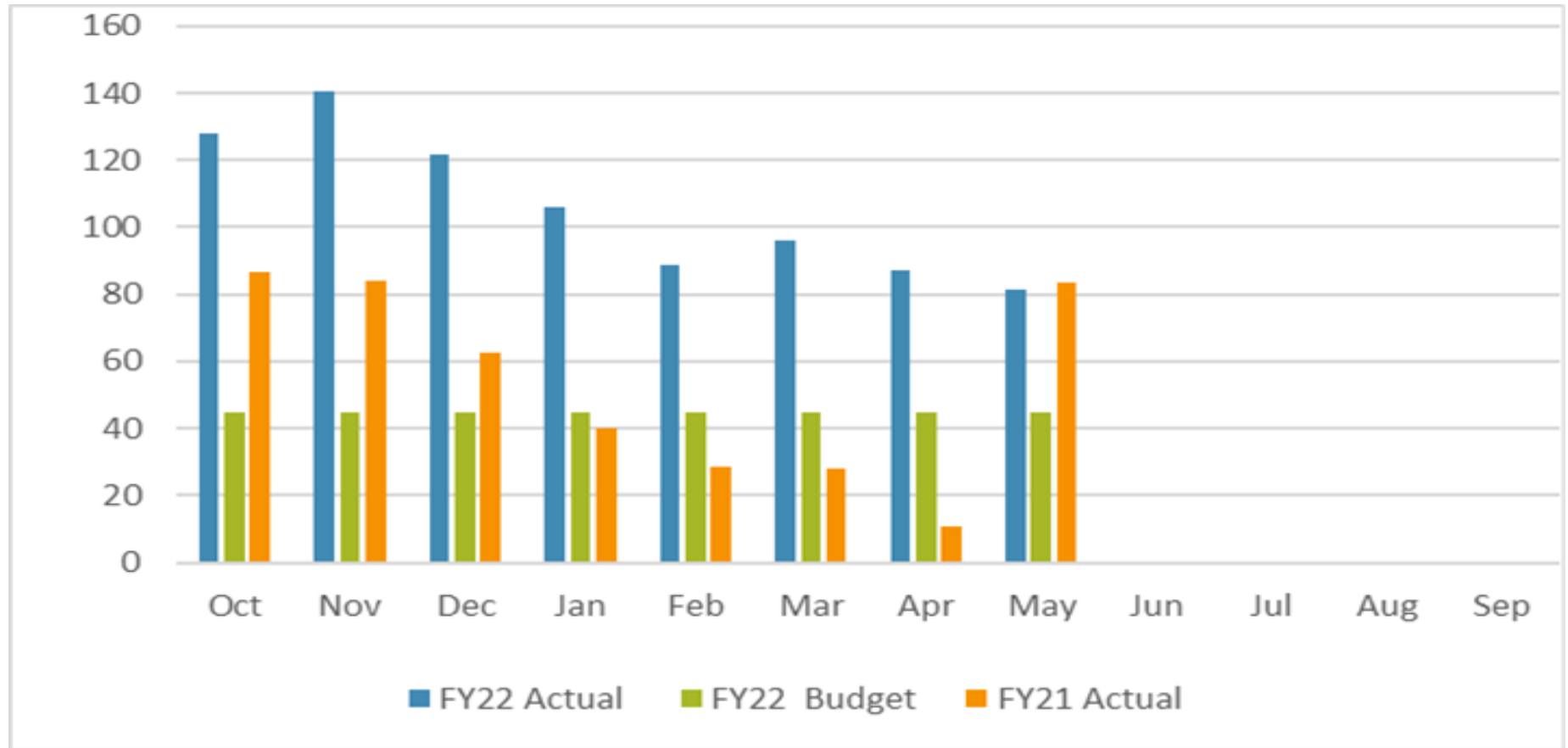


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%	105%	109%	107%	111%	113%				
FY22 Budget	92%	92%	92%	92%	92%	92%	92%	92%				
FY21 Actual	111%	99%	93%	92%	95%	105%	113%	110%				



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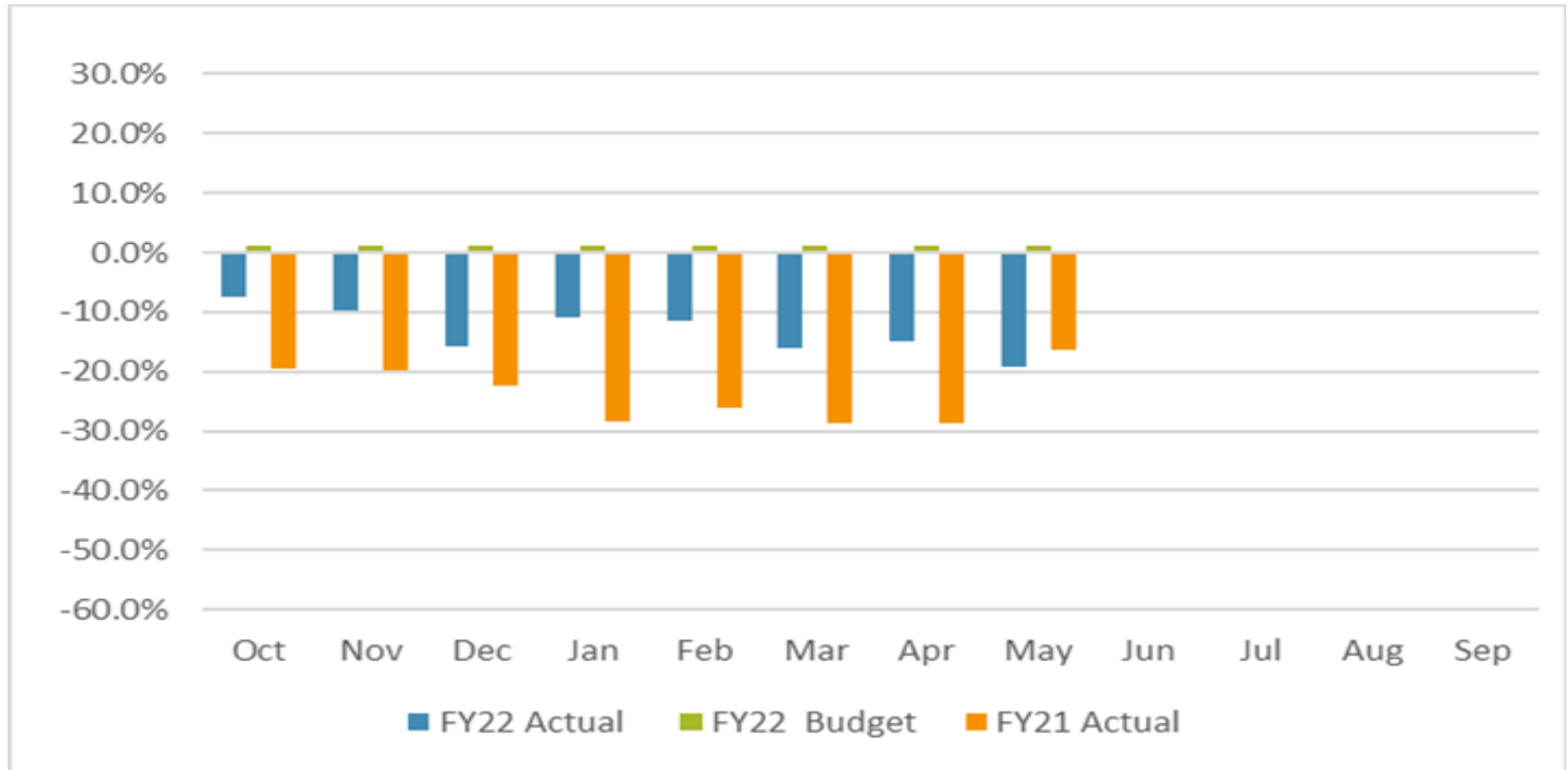
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	88	95	87	80				
FY22 Budget	45	45	45	45	45	45	45	45				
FY21 Actual	86	84	63	40	28	28	11	84				



# 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%	-19.2%				
FY22 Budget	1.0%	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%	-16.3%				





# Income Statement

## FY22 Operating Period Ending May 31, 2022

	Month of May			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	292	369	378	(77)	-21%	(86)	-23%	2,198	2,953	2,962	(755)	-26%	(764)	-26%
Patient Days	1,842	2,236	2,334	(394)	-18%	(492)	-21%	14,465	17,889	17,987	(3,424)	-19%	(3,522)	-20%
Emergency Room Visits	3,161	3,043	3,399	118	4%	(238)	-7%	22,817	24,341	24,697	(1,524)	-6%	(1,880)	-8%
Clinic Visits	1,176	1,089	1,046	87	8%	130	12%	9,185	8,710	14,637	475	5%	(5,452)	-37%
IP Surgeries	44	67	68	(23)	-35%	(24)	-35%	341	539	481	(198)	-37%	(140)	-29%
OP Surgeries	75	78	91	(3)	-4%	(16)	-18%	681	624	696	57	9%	(15)	-2%
Radiology Visits	421	763	728	(342)	-45%	(307)	-42%	6,241	6,101	4,984	140	2%	1,257	25%
<b>Revenues</b>														
Net Patient Service	5,170	6,665	6,731	(1,495)	-22%	(1,561)	-23%	42,809	53,319	47,540	(10,510)	-20%	(4,731)	-10%
DSH	494	1,658	2,697	(1,165)	-70%	(2,203)	-82%	12,170	13,267	8,632	(1,097)	-8%	3,537	41%
CNMC Revenue	149	151	165	(1)	-1%	(15)	-9%	1,376	1,205	1,219	171	14%	157	13%
Other Revenue	2,638	1,824	6,869	814	45%	(4,232)	-62%	15,754	14,592	23,955	1,162	8%	(8,201)	-34%
<b>Total Operating Revenue</b>	<b>8,450</b>	<b>10,298</b>	<b>16,462</b>	<b>(1,847)</b>	<b>-18%</b>	<b>-8,011</b>	<b>-49%</b>	<b>72,108</b>	<b>82,382</b>	<b>81,346</b>	<b>(10,274)</b>	<b>-12%</b>	<b>(9,238)</b>	<b>-11%</b>
<b>Expenses</b>														
Salaries and Wages	3,729	3,918	4,275	(188)	-5%	(546)	-13%	29,489	31,341	35,568	(1,852)	-6%	(6,079)	-17%
Employee Benefits	1,219	1,033	977	186	18%	243	25%	8,498	8,265	9,424	233	3%	(926)	-10%
Contract Labor	649	417	484	232	56%	165	34%	6,305	3,333	3,519	2,971	89%	2,785	79%
Supplies	916	637	703	278	44%	213	30%	5,745	5,097	7,533	648	13%	(1,788)	-24%
Pharmaceuticals	154	218	301	(65)	-30%	(148)	-49%	1,512	1,747	2,117	(235)	-13%	(605)	-29%
Professional Fees	1,587	1,685	1,604	(98)	-6%	(17)	-1%	13,241	13,479	13,982	(238)	-2%	(741)	-5%
Purchased Services	1,551	1,234	1,611	317	26%	(60)	-4%	10,624	9,871	12,582	753	8%	(1,958)	-16%
Other	2,997	1,121	1,185	1,876	167%	1,812	153%	10,545	8,968	9,907	1,577	18%	638	6%
<b>Total Operating Expenses</b>	<b>12,802</b>	<b>10,263</b>	<b>11,140</b>	<b>2,539</b>	<b>25%</b>	<b>1,662</b>	<b>15%</b>	<b>85,958</b>	<b>82,101</b>	<b>94,631</b>	<b>3,857</b>	<b>5%</b>	<b>-8,673</b>	<b>-9%</b>
<b>Operating Gain/ (Loss)</b>	<b>(4,352)</b>	<b>35</b>	<b>5,321</b>	<b>(4,387)</b>	<b>-12493%</b>	<b>(9,673)</b>	<b>-182%</b>	<b>(13,850)</b>	<b>281</b>	<b>(13,285)</b>	<b>(14,131)</b>	<b>-5031%</b>	<b>(565)</b>	<b>4%</b>



# Balance Sheet

## As of the month ending May 31, 2022

May-22	Apr-22	MTD Change		Sep-21	YTD Change
<b>Current Assets:</b>					
\$ 35,927	\$ 37,916	\$ (1,989)	Cash and equivalents	\$ 46,041	\$ (10,114)
6,179	7,068	(889)	Net accounts receivable	9,186	(3,007)
5,853	5,855	(2)	Inventories	6,045	(192)
4,200	5,426	(1,227)	Prepaid and other assets	2,809	1,391
52,159	56,265	(4,107)	Total current assets	\$ 64,081	\$ (11,922)
<b>Long- Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
54,076	55,161	(1,084)	Capital Assets	62,296	(8,220)
54,076	55,161	(1,084)	Total long term assets	62,296	(8,220)
\$ 106,235	\$ 111,426	\$ (5,191)	Total assets	\$ 126,377	\$ (20,142)
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,614	14,989	(375)	Trade payables	14,582	32
6,623	6,268	355	Accrued salaries and benefits	7,762	(1,139)
2,800	4,300	(1,500)	Other liabilities	4,300	(1,500)
24,037	25,557	(1,520)	Total current liabilities	26,644	(2,607)
<b>Long-Term Liabilities:</b>					
3,690	5,433	(1,744)	Unearned grant revenue	-	3,690
17,095	17,089	6	Estimated third-party payor settlements	18,762	(1,667)
5,270	1,692	-	Contingent & other liabilities	1,692	3,578
26,055	24,215	1,841	Total long term liabilities	20,454	5,601
<b>Net Position:</b>					
56,142	61,654	(5,512)	Unrestricted	79,278	(23,136)
56,142	61,654	(5,512)	Total net position	79,278	(23,136)
\$ 106,235	\$ 111,426	\$ (5,191)	Total liabilities and net position	\$ 126,377	\$ (20,142)



## Statement of Cash Flow

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

Month of May		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
		Actual	Prior Year
<b>Cash flows from operating activities:</b>			
\$ 6,559	\$ 8,634	\$ 56,319	\$ 57,409
(4,917)	(2,605)	(47,027)	(53,961)
(4,594)	(4,710)	(39,126)	(46,432)
1,041	(145)	5,804	(2,585)
(1,910)	1,174	(24,030)	(45,568)
<b>Cash flows from investing activities:</b>			
-	-	-	-
-	-	-	-
1	-	(2)	-
1	-	(2)	-
<b>Cash flows from noncapital financing activities:</b>			
-	-	-	-
-	25,000	15,000	40,000
-	25,000	15,000	40,000
<b>Cash flows from capital and related financing activities:</b>			
-	-	-	-
1	2,830	8	5,529
(80)	(968)	(1,090)	(5,639)
(79)	1,862	(1,082)	(110)
(1,989)	28,036	(10,114)	(5,678)
<b>37,916</b>	<b>19,688</b>	<b>46,041</b>	<b>53,402</b>
<b>\$ 35,927</b>	<b>\$ 47,724</b>	<b>\$ 35,927</b>	<b>\$ 47,724</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			