



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: August 24, 2022

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

**2022 FISCAL MANAGEMENT
BOARD OF DIRECTORS**

Angell Jacobs, Chair
Girume Ashenafi
Dr. Malika Fair, MD
Donita Reid-Jackson
Robert Bobb
Wayne Turnage
Dr. Jacqueline Payne-Borden
Dr. Gregory Morrow, MD



**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
FISCAL CONTROL BOARD OF DIRECTORS
NOTICE OF PUBLIC MEETING**

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, August 24, 2022. The meeting will be held via WebEx.

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

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

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

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. READING AND APPROVAL OF THE AGENDA

IV. READING AND APPROVAL OF MINUTES - July 27, 2022

V. CONSENT AGENDA

- A. Dr. Gregory Morrow - Chief Medical Officer
- B. Dr. Francis O'Connell - Chief of Medical Staff
- C. Teka Henderson - Director of Nursing

VI. EXECUTIVE MANAGEMENT REPORT

- A. Dr. Jacqueline Payne-Borden - Interim Chief Executive Officer

VII. FINANCIAL REPORT

- A. Lilian Chukwuma - Chief Financial Officer

VIII. PUBLIC COMMENT

IX. OTHER BUSINESS

- A. Old Business
- B. New Business

X. ANNOUNCEMENTS

XI. ADJOURNMENT

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:**

August 24, 2022

Reading and Approval of Minutes

Minutes Date:
July 27, 2021



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

Directors:

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

UMC Staff: CFO Lilian Chukwuma, Dr. Jacqueline Payne – Borden, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon, Kendrick Dandridge, David Turner, Attorney Yanira Van Den Broeck, Pearly Ittickathra, Dr. Francis O’Connell, SM Williams, Cheron Rust, Tracy Follin, Maxine Lawson, Teka Henderson, Tonia Johnson, Derrick Lockhart, Trenell Bradley, Vineela Yannamreddy

Other: Kai Blissett, Traci Fuller

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:35 pm. Quorum determined by Toya Carmichael.
	Chair Jacobs thanked UMC Staff on behalf of the Board. Staff have continued to stabilize the organization and provide care to patients despite the changes.
Approval of Agenda	<i>Mot to approve agenda by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.</i>
Approval of Minutes	<i>Mot to approve minutes by Dr. Fair, 2nd by Dir. Reid-Jackson, unanimous vote.</i>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> The report was prepared by Dr. Strudwick.

- Dr. Morrow reviewing all of this data and will submit in a slightly different format in the next meeting.

Dr. Fair asked about the increase in COVID cases among staff and patients. Has there been any discussion or do we know whether any staff have been infected due to patient care?

- Most of the cases once we interview them we find it is due to vacation and family gatherings. We have not received direct reports that staff have contracted covid after engaging with a positive patient.

MCOS Report – Dr. Morrow

- Some of the Department's data will be reviewed and reported on during the next meeting.
- Dr. Morrow will step down as Chief of Staff as of August 1st and Dr. O'Connell will step into the role and provide these reports.

CNO Report – Teka Henderson, Director of Nursing

- Wanted to elaborate on the month of June.
- Nursing has experienced some staffing challenges but has made some progress by hiring a total of 7 agency nurses.
- Still have some nursing challenges but excited to see our staffing is improving due to the compliment of agency nurses in the month of June.
- Made a few other offers and are filling other vacancies.
- We look forward to onboarding 7 additional UMC staff members.
- Left without being seen rate decreased for the month of June.
- ED and BHU volumes are up.
- ED has returned to daily safety huddles at 7am and 7pm which is helpful in communicating with our staff before they start their shift.
- We developed a monkey pox protocol that we explained to staff during these huddles.
- One week ago we implemented frequent announcements over the loud speaker that everyone in the building to wear a mask.
- Nursing is working closely with Case Management to service our patients.

Mot to accept CMO and CNO report by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.

Executive Management Report – Dr. Jacqueline Payne-Borden, CNO

- Happy to be back at UMC.
- Excited about IT, we now have MDM security systems that monitor our laptop and cell data. We also have improved cell phone coverage throughout the hospital.
- Moving closer to the increased rates for monitor techs.

	<ul style="list-style-type: none"> • Quarterly retention bonuses for nurses are close to coming to fruition. • With the changes in leadership, we are going to have a town hall meeting this coming Friday. We will introduce our new leadership and talk about our path forward which includes retention. We want to hear from staff about what we can do differently and better. The board is invited if they would like to attend. <p>Dir. Ashenafi welcomed Dr. Payne-Borden back to UMC.</p> <p><i>Mot to accept CMO and CNO report by Dir. Ashenafi, 2nd by Dr. Fair, unanimous vote.</i></p>
Financial Report	<p>CFO Report - Lillian Chukwuma</p> <ul style="list-style-type: none"> • Thanked the board for their continued support. • June is the last month that will include the operator's name and initiatives on here. • As of June our loss is at \$11.2m after the subsidy. We have \$1.9m in initiatives that have yet to be realized. We will show how they will be realized in July. • The \$7.6m is the result of us not achieving all the initiatives. • The notes provide a narrative of the numbers and the decreases we are experiencing in admissions but as Teka mentioned the ED is coming up. Not where it needs to be overall but was up above budget for July. • Contract labor is very high. Agency employees come at a big price but we need them to serve our patients. • On page 16, you can see the departmental numbers that represent the notes. • Admissions were lower but ED visits were higher. • YTD we are still at 25% lower than budget. • Revenue is catching up a little bit as collections improve. • After reforecasting we get to the \$7.6m loss. <p>Dir. Jacobs clarified that even though contract labor is expensive because we have vacancies that helps absorb the overages in contract labor?</p> <ul style="list-style-type: none"> • Yes, not dollar for dollar. Staffing overall and other things that we do not need are helping to meet that overage, we budgeted for \$5m and we are about \$10m for contract labor now. Salaries, agency, and OT are all in the same bucket labeled as staffing. <p>Dir. Ashenafi in trying to reconcile how we are 5% above budget in the ED for visits but 25% below budget for admissions. Is that a matter of folks leaving the ED without being seen or luck of the draw that people visiting the ED are not sick enough to be admitted?</p> <ul style="list-style-type: none"> • Lillian said only about 10% of the visits to the ED result in admissions. • 99% of our admissions come from the ED but one our issues now is observations.

	<p>Dir. Turnage asked how we went from \$16.4m ytd loss to a \$7m end of the year loss?</p> <ul style="list-style-type: none"> • Lillian noted that every month we reforecast, we start with the \$16m, we take off one time things and all that we are aware of and we take off the \$15m subsidy and we make all our adjustments, the \$16m goes down to \$11m <p><i>Motion to accept June financials by Dir. Bobb, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Public Comment	No public comment.
Announcements	During closed session the board approved medical credentials, and one settlement contract.
Adjourned.	Meeting adjourned at approximately 4:40 pm.



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General Board Meeting

Date: August 24, 2022

Consent Agenda



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General Board Meeting
Date: August 24, 2022

CMO Report

Presented by:
Dr. Gregory Morrow
Chief Medical Officer

Not -For-Profit Hospital Corporation
CMO August 2022 Report & Accomplishments

Respectively submitted by Gregory Morrow, MD

Quality and Patient Safety

- 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.
- Meetings with nursing to discuss quality issues across the board.
- Rounding units in preparation for DC Health.
- Submission of core measure charts to CMS.
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance.
- Interviewed potential Risk Manager candidate.
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.
- Assisting with low supply shortages.
- 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 July is ER 87% and ER holding 100%.
- A collaborative effort between the Quality Department and Wound Care was initiated in July 2021 to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began a year ago. 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.

July had no reportable HAPI.

- Meetings with Navex representatives to start implementation of Policy Tech.
- Collaboration with other units for submission of the Joint Commission Application.

Application was submitted.

- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP).
- Data was manually gathered from various departments and analyzed for the dashboard.
- Working with DC Health to follow up on alleged complaints.
- Submission of budget to finance.

Case Management Department

- New social worker hired to cover the Emergency Department for day shift. Supports UMC agreement with GW Medical group by providing 24/7 social work coverage to assist with discharge appropriateness and ER diversions.
- Interviewing additional social workers to cover the ER evening shift and in-house patient population
- Improvement seen in number of patients in observation status. Greater focus on observations >72 hours with more aggressive pursuits to qualify cases for inpatients versus observation.
 - Observation meetings continue daily with Case Management director and Utilization Review RNs with in-depth discussions of each case utilizing Interqual criteria.

- Length of Stay (LOS) weekly meetings are held to review all patients with a LOS 5/6 days and above. Meetings include social work discharge planners, hospital physician advisor and Case Management director. Barriers to discharge are identified and any intervention from the CM director and/or Physician Advisor is initiated as needed.
 - Ongoing meetings held with St. Elizabeth's Hospital and Department of Behavioral Health to discuss the most appropriate discharge plan for a St Elizabeth's resident currently at UMC with a high LOS. We anticipate a safe discharge due to the collaboration of all participants.
- Case Management initial assessments on patients within 24 to 48 hours of admissions as required by TJC/DOH was met at 95-98%

Infection Prevention & Control/ Environment of Care (IP/EC) Department Accomplishments

Prevention and control of infections for a healthier community

For the month of July 2022, review of patient's files and lab results.

All positive Lab results of Sexually Transmitted Infections (STIs) and Covid-19 cases submitted to DC Health.

Daily (Sunday thru Saturday including holiday) data submission to United States Department of Health and Human Services.

Staff education to ensure safety of all

- An increase in compliance of hand hygiene recorded for the month of July. Real-time education remains in place to ensure proper PPE use and hand hygiene are performed by all staff.
- Monkeypox CDC/DC Healthcare Personnel guidance to employees.
- Covid-19 contact tracing with recommendations on signs and symptoms monitoring, proper Isolation precaution, hand hygiene, also on cleaning and disinfecting.
- Proper supplies storage to prevent falls/injuries

**Healthcare associated
Infections HAI**

**Number of Cases
Recorded**

Comments

Central Line Blood Stream Infection CLABSI	Zero	Successfully submitted to CDC
Catheter Inserted Urinary Tract Infections CAUTI	Zero	successfully submitted to CDC
Ventilator Associated Event VAE	Zero	successfully submitted to CDC
Clostridium difficile (C. diff)	Zero	successfully submitted to CDC
Vancomycin-Resistant Enterococcus VRE	Zero	successfully submitted to CDC
Methicillin-resistant Staphylococcus aureus MRSA	Zero	successfully submitted to CDC

Press Ganey stats for July:

Emergency Room:

Press Ganey Overall "Rate the Hospital" for the month of July is 33.88%, a very slight increase from June 32.49%; N = 16 responses.

Courtesy of nurses - 31.25% a slight increase from prior month of 30.77%, N=16

Nurses took time to listen - 43.75% an increase from prior month of 30.77%, N=16

Nurses' attention to your needs - 43.75% an increase from prior month of 30.77%, N=16

Nurses kept you informed - 31.25% a slight increase from prior month of 30.77%, N=16

Nurses' concern for privacy - 37.50% an increase from prior month of 30.77%, N=16

Nurses' responses to quest/concerns - 31.25% a slight increase from prior month at 30.77%, N=16

Doctors took time to listen - 53.33% an increase from prior month of 41.67%, N=15

Doctors informative regarding treatment - 35.71% a decrease from prior month 41.67%, N=14

Doctors' concern for comfort - 42.86% a slight increase from prior month of 41.67%, N=14

Doctors include you treatment decision - 42.86% a slight increase from prior month of 41.67%, N=14

Inpatient:

Press Ganey Overall "Rate the Hospital" for the month of July is 53.93% an increase from June at 33.33%, N=8

"Nurses treat with courtesy/respect" - 50% an increase from prior month at 40%, N=8

"Nurses listen carefully to you" - 62.50% an increase from prior month at 40%, N=8

"Nurses explain in a way you understand" - 50% an increase from prior month at 20%, N=8

"Doctors treat with courtesy/respect" - 87.50% a significant increase from prior month at 40%, N=8

"Doctors listen carefully to you" - 75% a significant increase from prior month at 20%, N=8

"Doctors explain in way you understand" - 87.50% a significant increase from prior month at 40%, N=8

PHARMACY SERVICES

1. Medication Budget	<ul style="list-style-type: none"> Oct 1/2020 to July 31/2021 = \$ 2,429,368 FY18 Pharmacy Drug Spend \$2, 894, 451 with vendor contract [not including off contract medication purchases] 	<ul style="list-style-type: none"> Oct 1/21 to July 31/2022 = \$ 1,824,990 Savings of approx. 25% over last year overall drug spend [YTD approx. \$605,000 saved in comparison to last year this time on vendor contract medication purchases]
2. ICU Medical (IV Infusion Pump) Project	<ul style="list-style-type: none"> ICU Medical Implementation Manager has been assigned to UMC Project ICU Medical to start IT Med Server build with UMC IT Team, next steps will involve Pharmacy IV Drug Library Pump build 	
3. Antimicrobial Stewardship Program	<ul style="list-style-type: none"> Antimicrobial Stewardship Program, average cost per patient day (PPD) was \$29.19 for June 2022. Pharmacy Clinical Interventions \$27,951 saved in the month of June 2022 by Pharmacy Clinical Interventions. Total of 222 interventions documented via Meditech 	
4. Narcan Kit Program	<ul style="list-style-type: none"> 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--- 43 kits dispensed YTD. UMC continues to have dispensed the most kits amongst District Hospitals Fentanyl Test Strips for dispense with Narcan Kits in process. Education on Test Strips use completed for all Pharmacist and Nursing Leadership 	
5. Community Work Shops	<ul style="list-style-type: none"> Pharmacy working in collaboration with Ward 8 Community Health Alliance and Psychiatric Institute of Washington (PIW) for Opioid Awareness Day Plan/Working Group. UMC Mobile Unit/Pharmacy will provide COVID-19 Vaccine/Boosters and UMC Mobile Unit HIV Tests/COVID-19 Tests for Opioid Awareness Day Aug 31st. 	
6. Academic Contract for Internship	<ul style="list-style-type: none"> Pharmacy with UMC Legal Team has submitted finalized contract for Pharmacy Student Internship with Howard University College of Pharmacy and Shenandoah College of Pharmacy has also requested internships with UMC Pharmacy 	
7. Pharmacy IV Room Biannual Certification	<ul style="list-style-type: none"> Pharmacy IV Room/IV hoods biannual certification of air quality, surface testing, air exchange, and contamination risk levels has been completed, Pharmacy has passed 	

Grant Program Operations and Community Initiatives

1. UMC Mobile/Community Health Team continues to provide preventive health care screenings, health literacy, and COVID-19 testing and vaccinations to District residents. In the Month of July the Mobile Health Team has continued collaborations with DC Housing Authority, Empowerment Enterprise II, and Health HIV to provide the following services:
 1. HIV Screening
 2. HIV Testing
 3. COVID19 Testing
 4. COVID19 Vaccines and Boosters
2. Wellness on Wheels Campaign: The UMC mobile team continues to expand mobile vaccination administration to District residents across all Wards. The mobile team provided services in partnership with Empowerment Enterprise II and Health HIV in the month of July to provided COVID19 and HIV testing at Union Station, Benning Road Station, and Starburst Park. The team has also continued providing COVID services in the community at Greenleaf Gardens, Greenleaf Senior, and Highland Terrace.
 1. As a result, we able to administer 17 COVID tests and 30 HIV tests. There were also 53 additional persons who were referred to the hospital for STI screenings.
 2. In July, the mobile staff did not host Public Health Nursing Students from George Washington University as there are no students assigned for the summer session. However, students enrolled in the Fall for their 6 week community health rotations have been identified. This partnership largely supports the expansion of services provided within the Mobile Clinic and Nursing across departments.

Sincerely,

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



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**General Board
Meeting Date:
August 24, 2022**

Medical Chief of Staff Report

Presented by:
Dr. Francis O'Connell
Medical Chief
of Staff



Amaechi Erundu, M.D., Chairman

JULY 2022

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for July 2022 was 102 and 111 in June 2022. See attached table and chart. There has been a decline in surgical volume over the past several months for various reasons.

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 108 vascular access procedures in July 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 July 2022 due to vacation by the primary Pain Provider.

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	111
JULY	195	186	140	176	102
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

JULY 2022

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

In July 2022, the Intensive Care Unit had 55 admissions, 53 discharges, and 245 Patient Days. Average Length of Stay (ALOS) was 4.6 days. The average daily census remained at 9 (8.2) patients. There were no returns to ICU within 24 hours of transfer out. There was a total of 6 deaths for 53 discharges, with an overall ICU mortality rate of 11.3%.

JULY 2022 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 18 patients with severe sepsis and septic shock. Two deaths were due to severe sepsis for an overall severe sepsis/septic shock mortality of 11.1%.

In July, the ICU had no Ventilator Associated Pneumonia (VAP), no Catheter Related Blood Stream Infections (CLABSI), and 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 for details.

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.

Relocation of ICU to the 3rd floor remains the plan and is pending completion of electrical work.

Mina Yacoub, MD,

Chair, Department of Critical Care Medicine

August 1, 2022



Francis O'Connell, M.D., Chairman

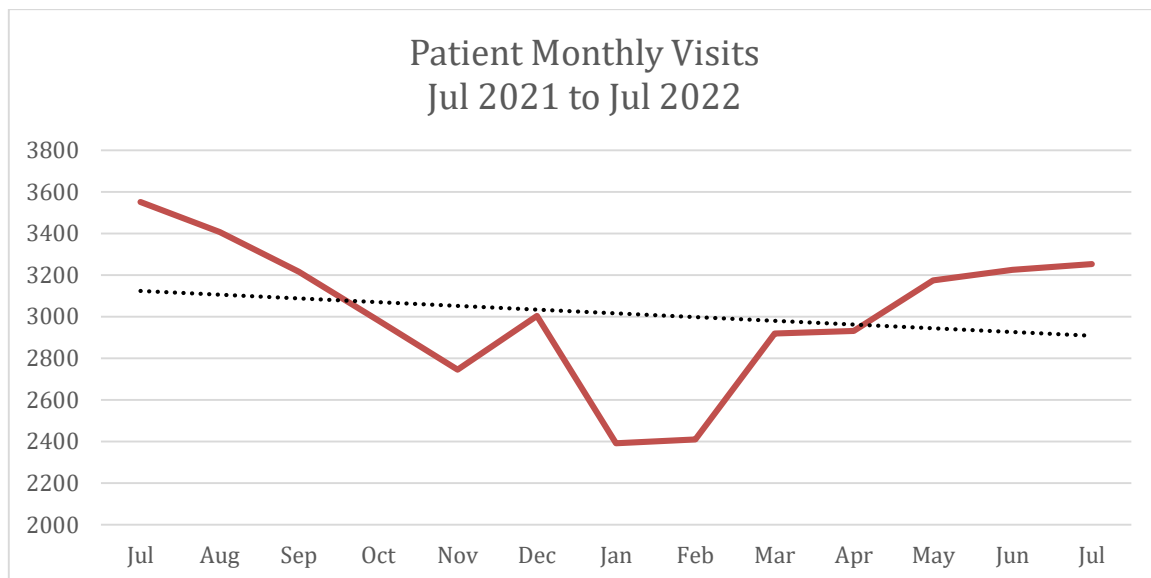
JULY 2022

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

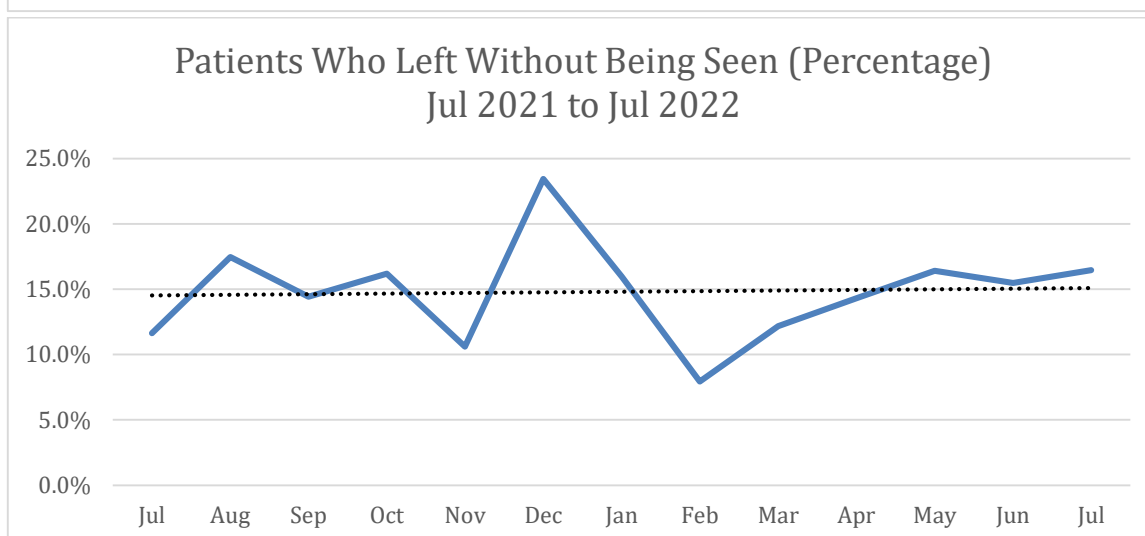
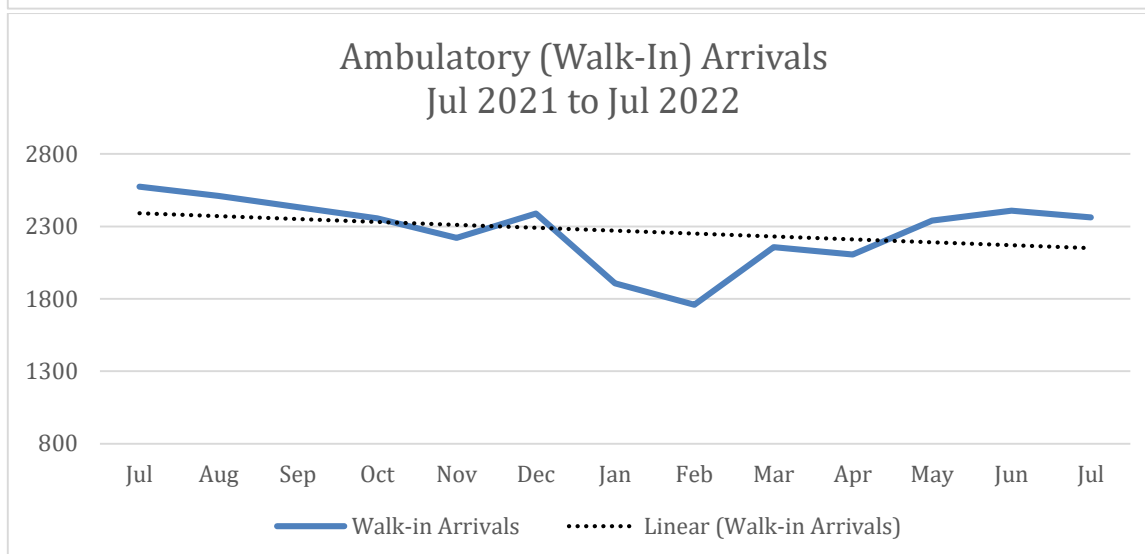
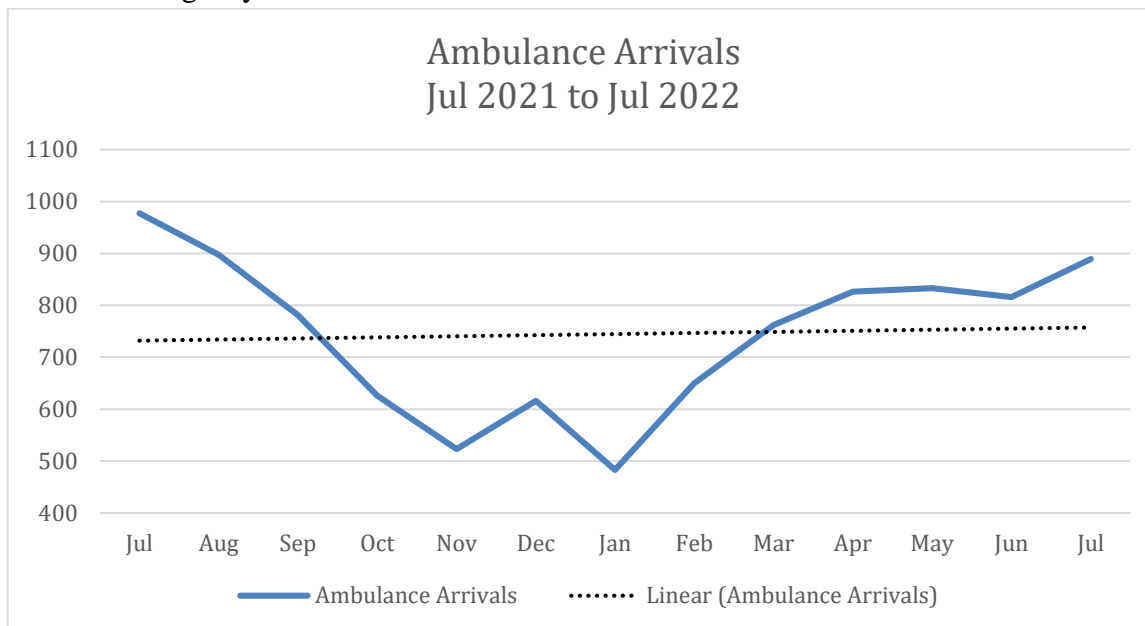
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

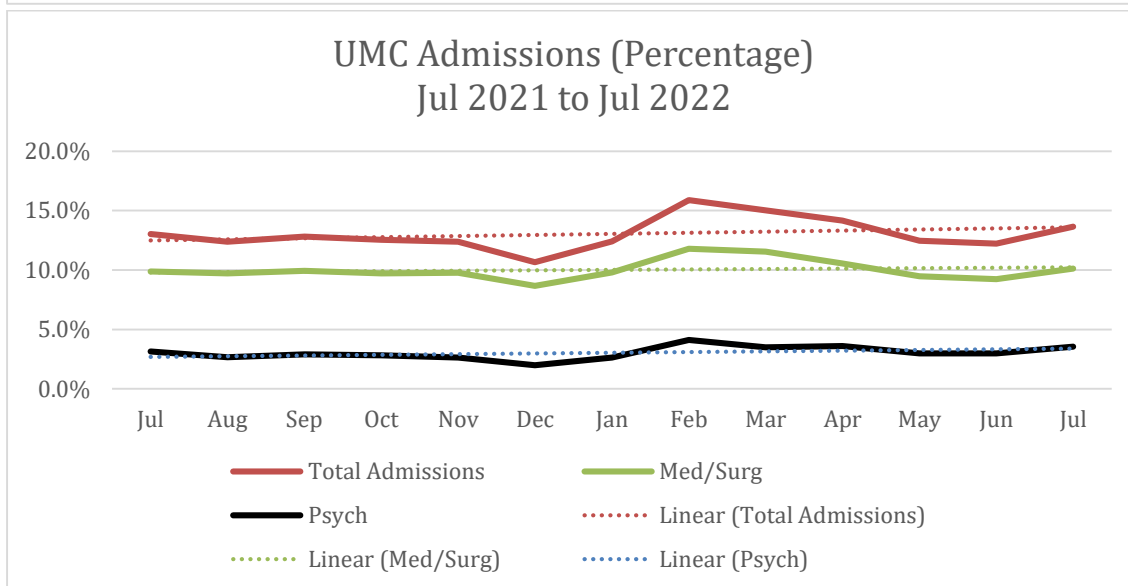
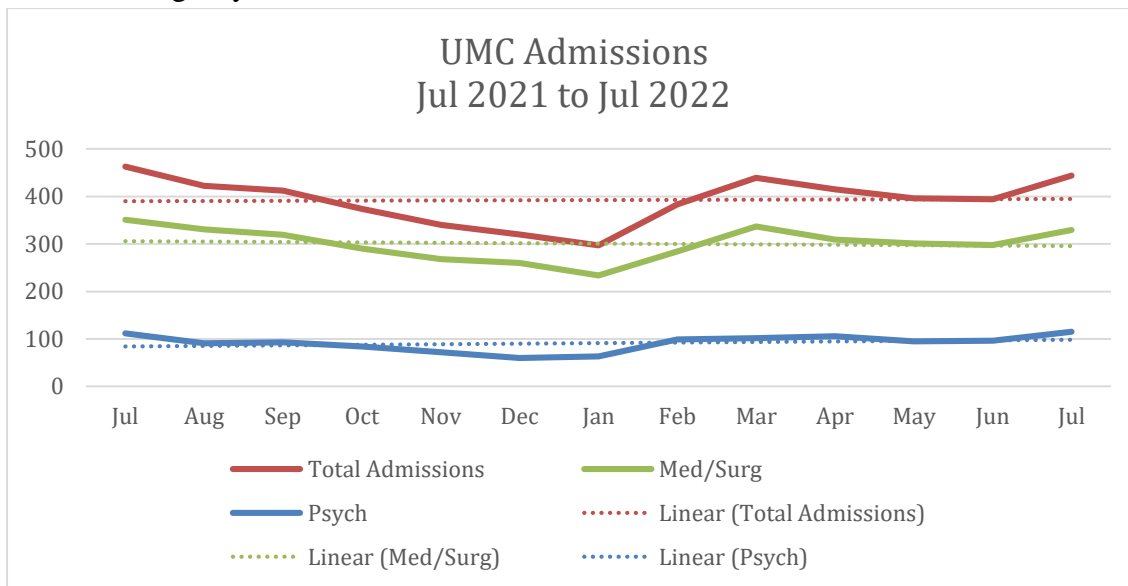
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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				
	July 2021	%	July 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 Jul 2022 remained steady from the previous month and was slightly down from Jul 2021. The census trend is slightly negative.
2. The total number of medicine admissions increased from the previous month and was down from the previous year. The number and percentage of admissions trend remains steady
3. The percentage of patients who left without seeing a provider (LWBS) increased from the previous month with the LWBS trend remaining steady.
4. The total number of ambulances coming to UMC increased slightly from the previous month with the last twelve months' trend slightly upwards.
5. Ambulance visits remain a large contributor to ED volume and admissions.
6. The monthly number of walk-in patients visiting the ED remained steady from the previous month. The trend of walk-in patients is slightly negative.

Patient visits, on average, have declined over the past twelve months which appears to be associated with the decrease in walk-in visits. The remainder of the trend lines (an average) for the last twelve months are flat suggesting that the hospital may presently be in a steady state with regards to the number of admissions and ambulance arrivals. The one trend line that remains steady, but problematic is the LWBS which remains at 15%.

Despite the average number of visits declining slightly over the last 12 months, the average number of admissions and ambulances remain steady indicating that a higher percentage of sicker patients are presenting to UMC. Sicker patients require more resources.

As mentioned previously, the ED is integrated ecosystem. When there is one missing component it can significantly disrupt patient care. One of the more consistent issues is the lack of emergency department technicians (ED techs). The lack of ED techs burdens the nurses and providers with tasks (establishing an IV, drawing labs, obtaining an EKG, transporting patients, etc) that markedly reduce their capacity to care for existing patients and treat other patients. This leads to decreased throughput of patients and prolonged waiting room and ambulance offload times.

Consistent, optimal staffing (of all roles in the ED) 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).

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

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



Musa Momoh, M.D., Chairman

JULY 2022

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	80	117	127	126	116	109	131						806
HOSPITAL	80	117	127	126	116	109	131						806
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%						100%
REGULAR													
MEDICINE	159	177	210	187	185	183	205						1306
HOSPITAL	238	284	323	304	192	286	333						1960
PERCENTAGE	67%	62%	65%	62%	63%	64%	62%						64%
DISCHARGES													
OBSERVATION													
MEDICINE	77	122	123	123	117	114	123						799
HOSPITAL	77	122	123	123	117	114	123						799
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%						100%
REGULAR													
MEDICINE	126	131	179	158	152	150	178						1074
HOSPITAL	199	230	289	270	257	250	298						1793
PERCENTAGE	63%	57%	60%	59%	59%	60%	60%						60%
PROCEDURES													
HEMODIALYSIS	178	97	156	131	152	102	75						891
EGD'S	13	25	19	24	18	12	12						123
PEG'S	8	4	5	4	10	4	2						37
COLONOSCOPY	25	30	36	34	28	15	26						194
ERCP	0	0	0	0	0	0	0						0
BRONCHOSCOPY	1	1	0	0	0	0	1						3
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0						0
Cases Reviewed	0	0	0	0	0	0	0						0
Cases Closed	0	0	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

[illegible]

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

JULY 2022

UMC Behavioral Health Unit July 2022 Board Report								
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	
Admissions								
ALOS (Target <7 Days)	4.34	4.71	4.44	4.56	4.51	4.02	4.55	
Voluntary Admissions	36	35	38	37	29	36	43	
Involuntary Admissions = FD12	43	72	75	80	76	68	84	
Total Admissions	79	107	113	117	105	104	127	
Average Daily Census	12	17	18	17	16	16	19	
Other Measures								
Average Throughput (Target: <2 hrs)	3	5	5	5	5	6.5	3.7	
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	1	0	
# Psych Consultations	74	43	*6	60	98	105	106	
Psychosocial Assessments (Target: 80%)	68%	72%	81%	67%	59%	62%	62%	
Discharge								
Discharges	76	100	120	116	106	103	122	

*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

JULY 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	53		694		112		859	
Fluoro	8		0		16		24	
Mammography					119		119	
Magnetic Resonance Angio	4		0		0		4	
Magnetic Resonance Imaging	21		2		15		38	
Nuclear Medicine	9		1		6		16	
Special Procedures	9		0		1		10	
Ultrasound	79		213		124		416	
X-ray	132		1039		441		1612	
Echo	46		1		24		71	
CNMC CT Scan			32				32	
CNMC X-ray			417				417	
Grand Total	361	0	2399	0	858	0	3618	0

Quality Initiatives, Outcomes:

1. Core Measures Performance

- 100% extracranial carotid reporting using NASCET criteria
- 100% fluoroscopic time reporting
- 100% presence or absence hemorrhage, infarct, mass.
- 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.

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 has been up and running tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, fluoroscopic radiological procedures, with added standing Chest Xray/exams options.

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

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

JULY 2022

For the month of July 2022, the Surgery Department performed a total of 103 procedures. The chart and graft below show the annual and monthly trends over the last 10 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	113
JULY	164	172	193	192	189	195	186	140	177	103
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 an **8%** decrease compared to last month. Compared to the average number of cases performed over the previous 9 years, we are experiencing a **42%** decrease.

Factors contributing to this trend include:

- Realignment of some service lines (specifically Urology, Vascular, GI and Orthopedics)
- Covid-19 resurgence

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 continue to meet or exceed the monthly quality and performance improvement outlined for the Surgery Department.

<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.

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 appears to be going well, but we will provide a 6-month assessment with specific data points.

Respectfully,

A handwritten signature in black ink, appearing to read 'G. Morrow', with a large, stylized loop at the end.

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

Chairman, Department of Surgery



UMC
UNITED
MEDICAL CENTER

**General Board
Meeting Date:
August 24, 2022**

Nursing Department Report

Presented by:
Teka Henderson,
Director of
Nursing

United Medical Center Nursing Board Report July 2022

Overall State of Nursing Department

Staffing:

Providing quality care with appropriate staffing ratios remains a top priority at the crown of nursing. There were 8 nurses and 4 techs out due to Covid; however, we were still adequately staffed, ready and able to provide quality care. Forward thinking and being proactive remains at the forefront of nursing. We embrace flexibility and welcome challenges as we continue to evolve as nursing evolves. We on-boarded three (3) telemetry agency contract nurses and four (4) emergency department agency contract nurses. We extended agency contracts for three (3) ICU nurses and one (1) ED nurse. This adhered to the goal of decreasing staffing vacancies set last month. We continue to retain and recruit new UMC staff. Offers have been made to fill various vacancies. We look forward to on-boarding two patient sitters, one monitor technician, three registered nurses (1 Educator, 2 Nursing Admin. Supervisors), one transporters and a coordinator next month.

Dr. Jacqueline Payne-Borden returned to UMC on July 5, 2022 as the Chief Nursing Officer (CNO).

Performance Improvement:

Hospital-acquired pressure injuries (HAPI) remain of concern. Eliminating HAPI(s) is our goal. Nursing is maintaining its Robust Process Improvement System (RPI), chaired by the Director of Nursing. Nursing identifies patients at risk and activates skin safety protocols immediately. Spot-checks by the wound care nurse are additional measures implemented to mitigate HAPI's. Nursing continues to use a gel support distribution mattress to assist in the prevention of HAPI's. There was 1 HAPI for the month of July compared to 2 HAPI's in June. The goal is to have zero HAPI's. Our turning and positioning synchronized schedule remains in place and frequent reminders during team huddles allows staff to be reminded daily and held accountable.

ICU:

Maintaining proper hand washing and use of appropriate PPE is paramount to all patients. ICU staff continue to manage up. Staff are empowered to encourage and educate other team members as well as family members on the importance of proper hand hygiene and the use of proper PPE. Education on the updated published Diabetes Standard of care guidelines regarding the change in the critical blood glucose level from 54 to 50mg/dl. The clinical supervisor continues to attend daily rounds with the intensivist to anticipate adequate planning for transfers and discharges. Maintaining proper skin assessments and care in the prevention of wounds to include frequent turning and repositioning, cushioning bony prominences, assessing scalp and skin integrity when ceribell is used and placing wound consults as needed are just a few characteristics to assist with mitigating HAPI's.

Emergency Department:

The nurse manager position remains vacant. Education continues daily to impress upon the importance of maintaining quality care for all of our customers. Re-education on proper PPE, hand hygiene, adherence to policy, procedures and teamwork are top priority. We are awaiting the education and training of the Lucas Device to assist with cardiopulmonary resuscitation (CPR) intervention.

ED Metrics Empower Data	Jun	Jul	Aug	Sep
Visits	3227	3252		
Change from Prior Year (Visits)	3431	3554		
% Growth	-6.32	-9.29		
LWBS	15.5%	16.5%		
Ambulance Arrivals	816	889		
Ambulance Patients Admission Conversion	0.25	0.27		
% of ED patients arrived by Ambulance	0.25	0.27		
% of Ambulance Patients Admitted	0.33	0.32		

Occupational Health:

PRE-EMP	ANNUAL PHYSICAL	COVID TEST	Work CLEARANCES	POSITIVES	Fit Test	OTHERS	TOTALS	MONTH/YEAR.
20	21	122	10	28	41	38	280	July 2022

Behavioral Health:

The in-patient Behavioral Health department continues to be of great service and need to the community. There were a total of 127 admissions for the month of July with an average daily census of 19 and an average length of stay of 4.5 days. In addition to psychotherapy, education continues with staff regarding hand hygiene, proper use and wearing of a surgical mask, covid-19 and crisis prevention intervention (CPI) review. Emphasis continues to center around clinical observations and frequent rounding resulting in positive patient experiences and milieu. Leadership continues to meet biweekly with Axis contracted organization for collaboration and continuity of ensuring quality care is provided.

Respectfully submitted,

Teka Henderson, MSN, RN
Director of Nursing



UMC
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**General Board
Meeting Date:
August 24, 2022**

Executive Management Report

Presented by:
Dr. Jacqueline Payne-
Borden, Interim Chief
Executive Officer



NOT-FOR-PROFIT HOSPITAL CORPORATION

Not-for-Profit Hospital Corporation/UMC Executive Leadership Board Report

July 2022

Effective July 22, 2022, the hospital began a new path of leadership whereby the hospital's current staff and leaders were charged to run the hospital as it transitions to an eventual planned closure. Our unofficial motto "UMC running UMC" has been echoed with pride from our employees. The new Executive Leadership team which is comprised of select, current, dedicated employees is working collaboratively on the following priorities: reforecast /balance the budget, recruitment, retention of our valued employees, reviewing clinical/operational contracts, assessing our clinical operations in general with focus of improving hospital throughput and enhancing clinical care standards; while building and maintaining morale of employees. On July 29th, the new Executive Leadership team hosted two very successful hybrid town hall meetings. Between the two meetings there were approximately 85 who attended in person in the auditorium observing CDC Guideline of social distancing and wearing masks as well as approximately 88 attendees via zoom.

The following are some highlights:

Compliance

The search continues for a fulltime Compliance Officer. The aim is to fill this crucial position before FY22 ends; however, to date, the pool of applicants is limited in terms of meeting criteria for hospital compliance experience. This role ensures the hospital is compliant with state and federal laws. UMC will continue to vet applicants until the position is filled.

Procurement, Material and Contracts

Long overdue user-friendly procurement manual being finalized and will be presented at the upcoming Management Council. This is an effort to provide useful resource/guidance for our internal process as well as enhancing the understanding and adherence to the basic rules and requirements of the District of Columbia contracts and procurement process. All contract waivers requests submitted in July to the Department of Small and Local Business Development were approved. In addition, our work to settle outstanding contracts continues; details can be provided in closed session.

Facilities and Support Services

Primary focus is remediation of past deficiencies related to Department Of Energy and Environment (DOEE) inspection of HVAC/Boiler system. Remediation of HVAC/Boiler system is necessary prior to system re-inspection to achieve regulatory compliance status along with receipt of a current permit. Projected completion of remediation is 1st Quarter FY23. Hospital access control badging system is being updated to ensure more efficient access of staff, vendors and to promote the safety of patients, staff and all who enter the facility.



NOT-FOR-PROFIT HOSPITAL CORPORATION

Pharmacy

Our Pharmacy team maintains solid community engagement. Pharmacy is working in collaboration with Ward 8 Community Health Alliance and Psychiatric Institute of Washington (PIW) for Opioid Awareness Day Plan/Working Group. UMC Mobile Unit/Pharmacy will provide COVID-19 Vaccine/Boosters and UMC Mobile Unit HIV Tests/COVID-19 Tests for Opioid Awareness Day Aug 31st. District of Columbia Hospital Association (DCHA) grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use remains in effect since April 2022. UMC continues to dispense the most kits amongst District Hospitals; 43 kits dispensed YTD. In May 2022, the Pharmacy Department had passed the biannual IV Room/IV hoods biannual certification survey of air quality, surface testing, air exchange, and contamination risk levels. This important information was not reported in the June report.

The retail pharmacy Excel which is located on campus had discussions with previous leadership about closing services due to low customer volumes; however, there is no definite date or further plans. In the likelihood that Excel decides to terminate services, our Pharmacy team is prepared to provide a list of local pharmacies and to make sure patients' pharmacy records are transferred accordingly.

The College of Pharmacy at both Howard University and Shenandoah College have requested student internships; UMC welcomes continued and new partnerships; upholding our mission of "UMC will collaborate with others to provide high value, integrated and patient centered care."

Information Technology

Prior to the transition from Mazars to UMC as its own operator, the Mazar's team provided 24/7 monitoring for UMC Cyber Security Support utilizing Carbon Black Monitoring tool through VMware. As of July 22, 2022, UMC's IT is monitoring UMC cyber security around the clock. The helpdesk and Infrastructure teams have been cross trained to perform monitoring while the procurement team is working to secure a vendor through RFP process to help maintain our cyber security support.

There were 4 vacant positions previously filled by Mazar's consultants. These positions have been filled in less than 30 days; rendering a seamless transition and an IT department staffed to support the work load incurred. The fundamental role of IT help desk is to provide swift and effective solutions to end users. One of the Performance Improvements made within the new work team is to log and document verbal and email requests as tickets to ensure proper approval process is followed and proper documentation. The IT department is solidifying the development of a Turn Around Time (TAT) reporting framework that will be implemented in a few weeks. For improved data security to mobile devices such as laptops and mobile phones, IT conducted a Mobile Device Management (MDM) enrollment training for employees with UMC issued mobile devices.

Summary

The Executive Leadership, which includes our Chief Financial Officer and team, along with directors, managers, point of care staff, and physicians within all departments are wholeheartedly collaborating to



NOT-FOR-PROFIT HOSPITAL CORPORATION

provide safe effective care for our patients while maintaining standard of care. We strive to, as realistic as possible, stabilize departmental staffing positions for current and future operations in preparation of hospital closure. In addition, participate in departmental review of services for cost savings e.g., to eliminate duplication of services, work leaner and balance our budget as we progress through the to be determined stages of transition towards closure.

Chief Medical Officer

The Chief Medical Officer report is submitted separately by Dr. Gregory Morrow.

Chief Nursing Officer

The Chief Nursing Officer report is submitted separately by Ms. Teka Henderson, Director of Nursing

Corporate Secretary – VP of Community Affairs

The Corporate Secretary – VP of Community Affairs report is submitted separately by Toya Carmichael.

Human Resources

The Human Resource Report is submitted separately by Trenell Bradley.

Respectfully submitted,

Jacqueline A. Payne-Borden, PhD, RN, NEA-BC
Interim CEO/CNO

Not For Profit Hospital Corporation
United Medical Center

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

DRAFT

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 July 2022

	FY 2022 Original Initiatives	Initiatives Not Realized	Realized/ Recognized		Percentage Completed (Realized/ Original Initiatives)
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Annualized Net Loss from Operations Before District Subsidy					(\$21,902,800)
District Subsidy					\$22,000,000
Adjusted Annualized Net Loss from Operations					\$97,200

Add: Initiatives to be Realized

Mazar Initiatives	\$8,500,000	(\$6,412,202)	\$2,087,798	\$0	24.6%
2021 Mazar Unrealized Initiatives	\$600,000	(\$600,000)	\$0	\$0	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	(\$2,000,000)	\$3,850,797	\$1,349,203	53.5%
Subtotal	\$16,300,000	(\$9,012,202)	\$5,938,595	\$1,349,203	36.4%
Projected Net Income (Loss) from Operations				\$1,446,403	
Original Projected Income				\$421,000	
				\$1,025,403	

Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 15% (1.5M) MTD but lower than budget by 11% (11M) YTD as a result of the following contributing factors:**
 - ❖ **Net patient revenue (NPR) is lower than budget by 12% (792K) MTD and 18% (11.7M) YTD, due to low activity.**
 - ❖ **Admissions are lower than budget by 10% MTD and 24% YTD.**
 - ❖ **ER Visits are higher than budget by 6% MTD but lower than budget by 4% YTD.**
 - ❖ **Total Surgeries are lower than budget by 30% MTD and 33% YTD.**
 - ❖ **Radiology visits are lower than budget by 52% MTD but higher than budget by 6% YTD.**
 - ❖ **GWMFA collections are lower than budget by 43% (256K) MTD and 36% (2.1M) YTD.**

- **Expenses**

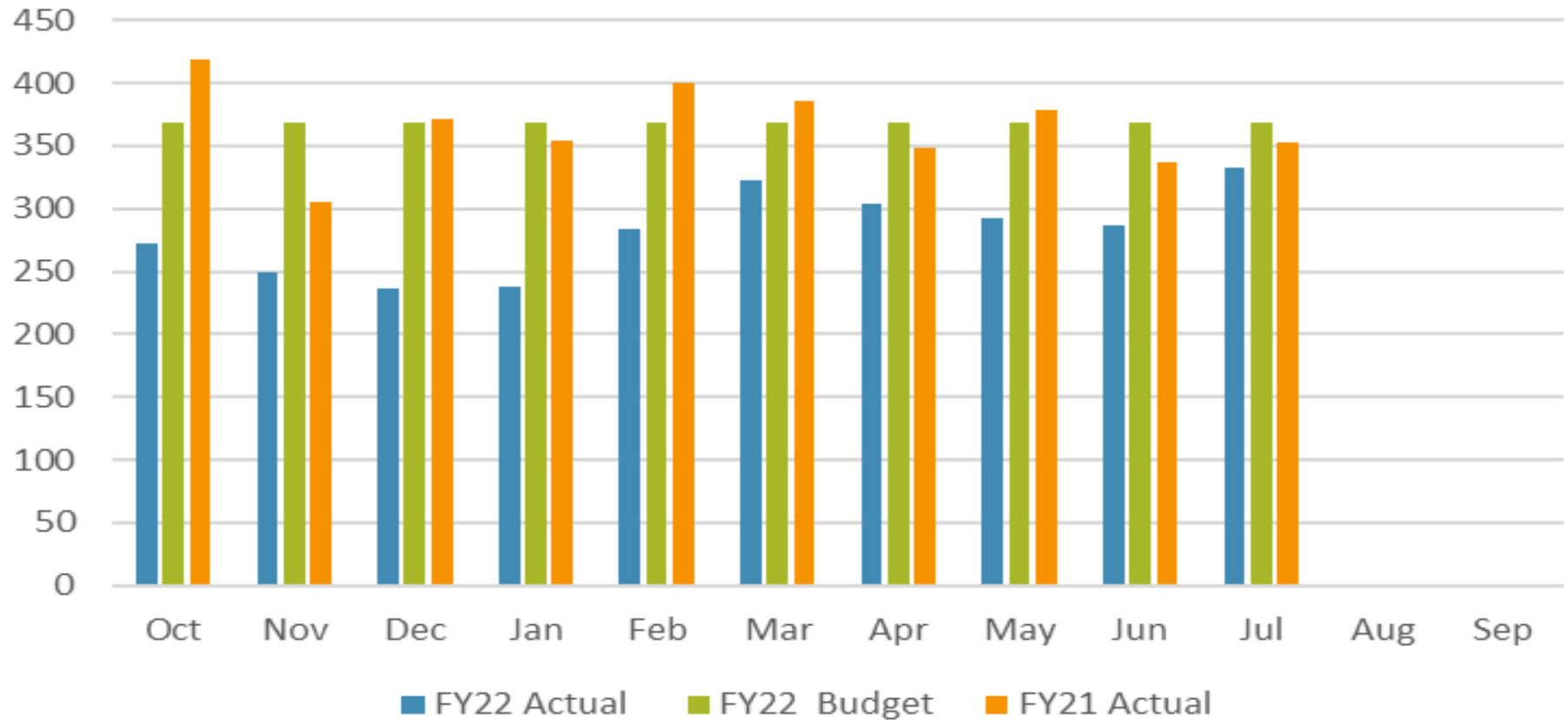
- ❖ **Total operating expenses are higher than budget by 9% (879K) MTD and 5% (5M) YTD as a result of the following contributing factors:**
 - ❖ **Although salaries are lower than budget by 7% (271K) MTD and 6% (2.4M) YTD due to vacancies, the reduction has been offset by high contract labor costs.**
 - ❖ **Contract Labor is higher than budget by 131% (546K) MTD and 98% (4M) YTD.**
 - ❖ **Supplies are higher than budget by 20% (125K) MTD and 13% (838K) YTD.**
 - ❖ **Professional fees are higher than budget by 11% (193K) MTD and 1% YTD.**
 - ❖ **Purchased Services are higher than budget by 6% (74K) MTD and 8% (932K) YTD.**
 - ❖ **Other Expenses are Higher than budget by 8% (92K) MTD and 13% (1.4M) YTD.**

Key Indicators

Fiscal Year 2022 thru 07/31/22

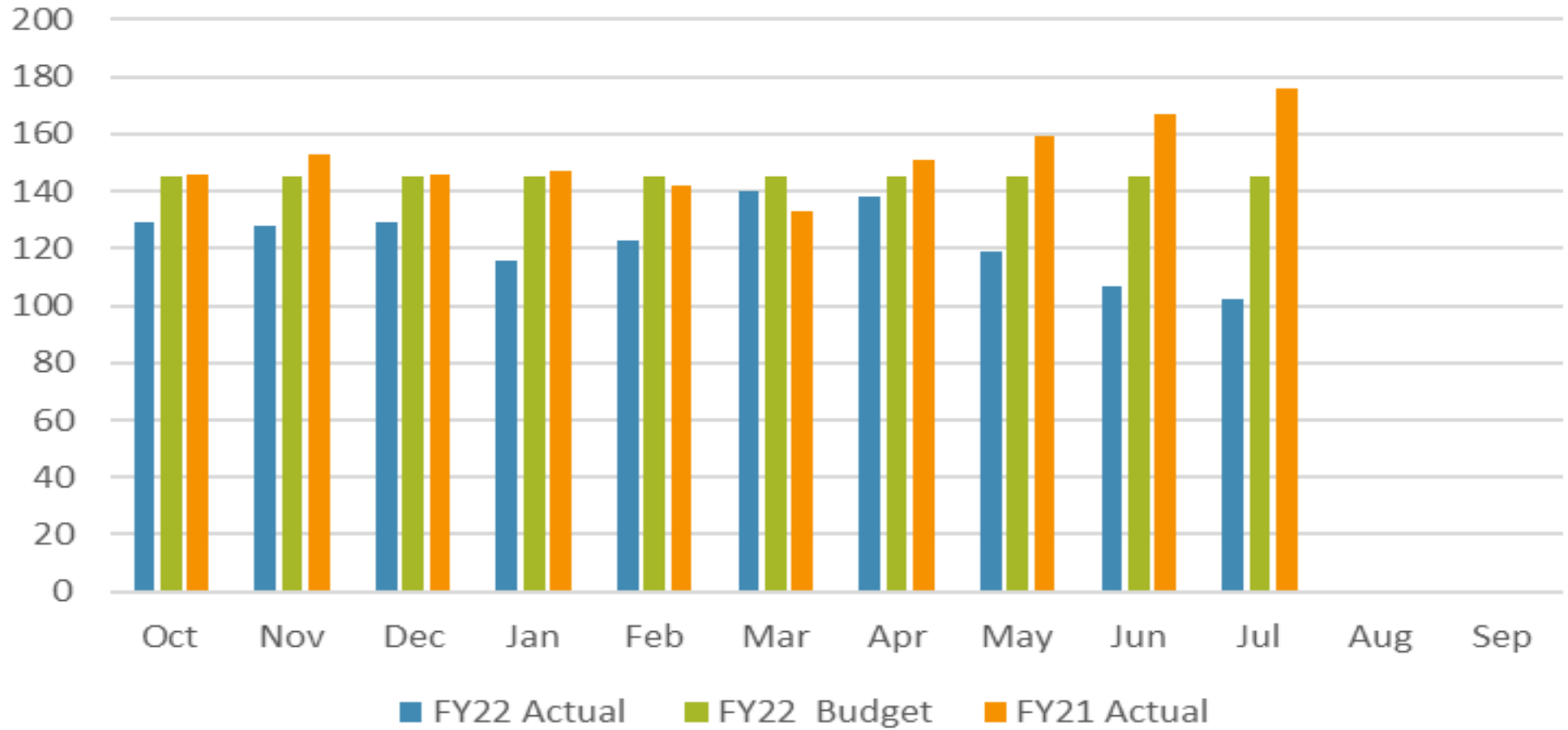
Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	333	369	353	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	102	145	176	▼	▲
Emergency Room Visits	Actual Visits	3,238	3,043	3,536	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	561	624	626	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.06	1.13	1.23	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	49%	55%	51%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	34	85	63	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	113%	92%	115%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	57	45	83	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-17.1%	1.0%	-8.6%	▼	▲

Total Admissions (Consolidated)



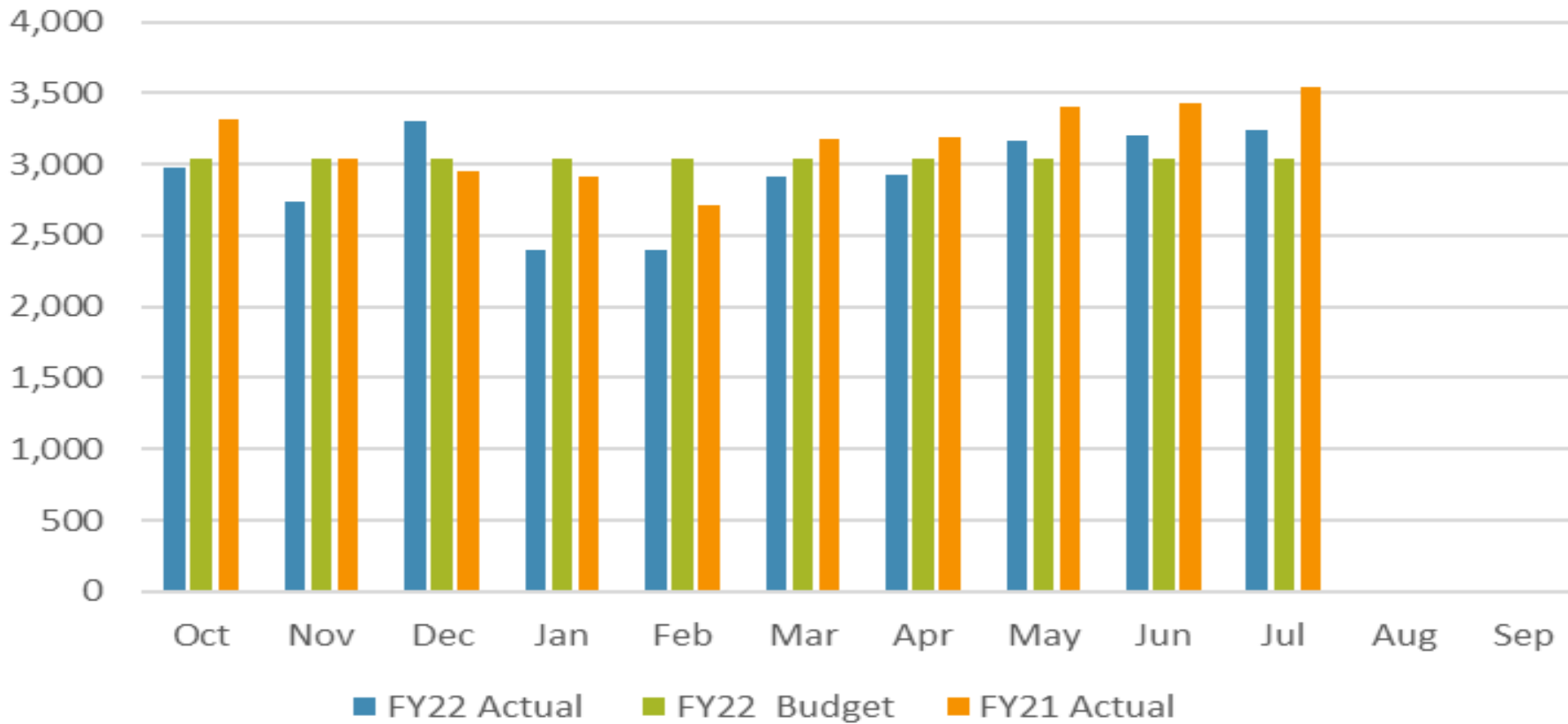
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284	323	304	292	286	333		
FY22 Budget	369	369	369	369	369	369	369	369	369	369		
FY21 Actual	419	306	372	354	400	385	348	378	337	353		

Inpatient/Outpatient Surgeries



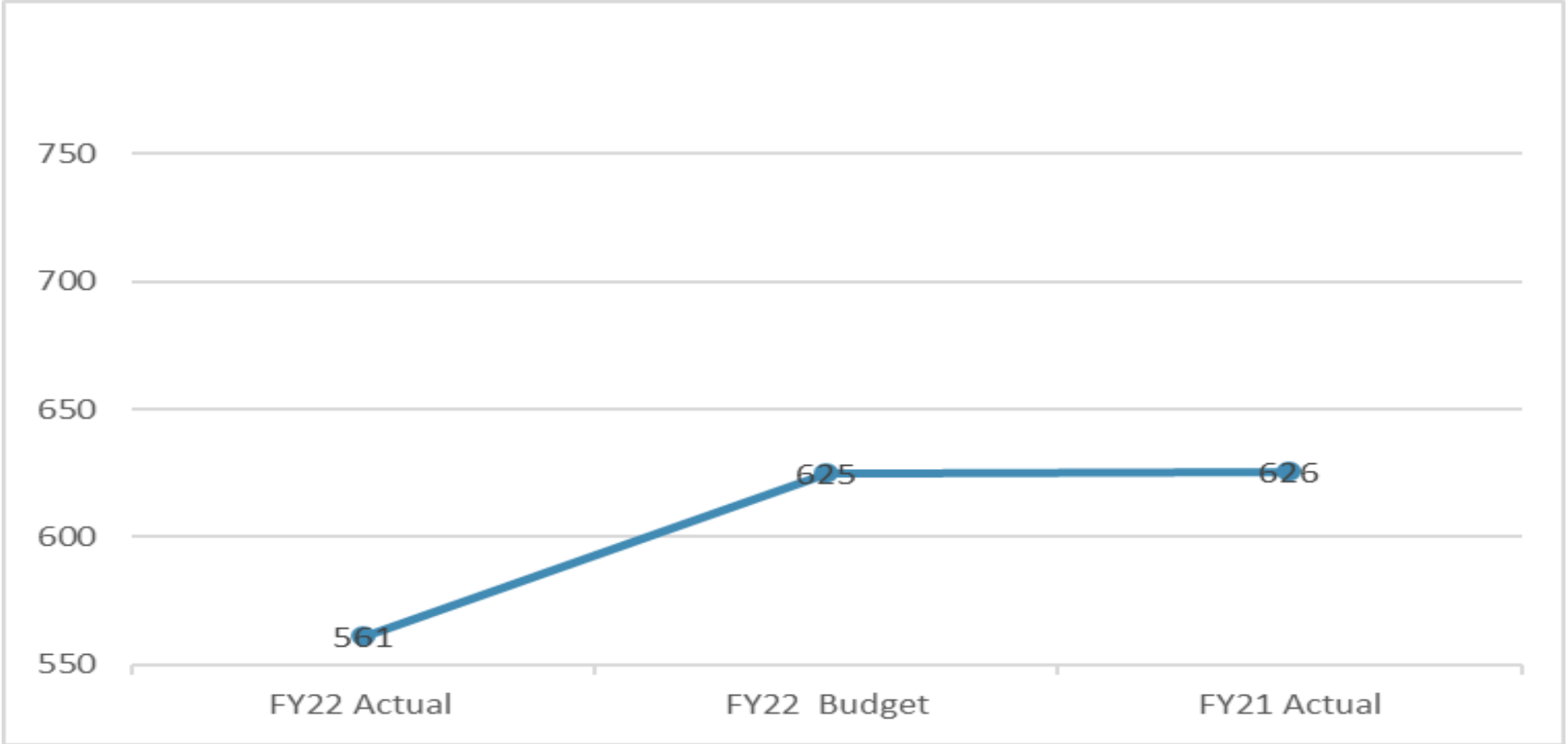
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123	140	138	119	107	102		
FY22 Budget	145	145	145	145	145	145	145	145	145	145		
FY21 Actual	146	153	146	147	142	133	151	159	167	176		

Total Emergency Room Visits



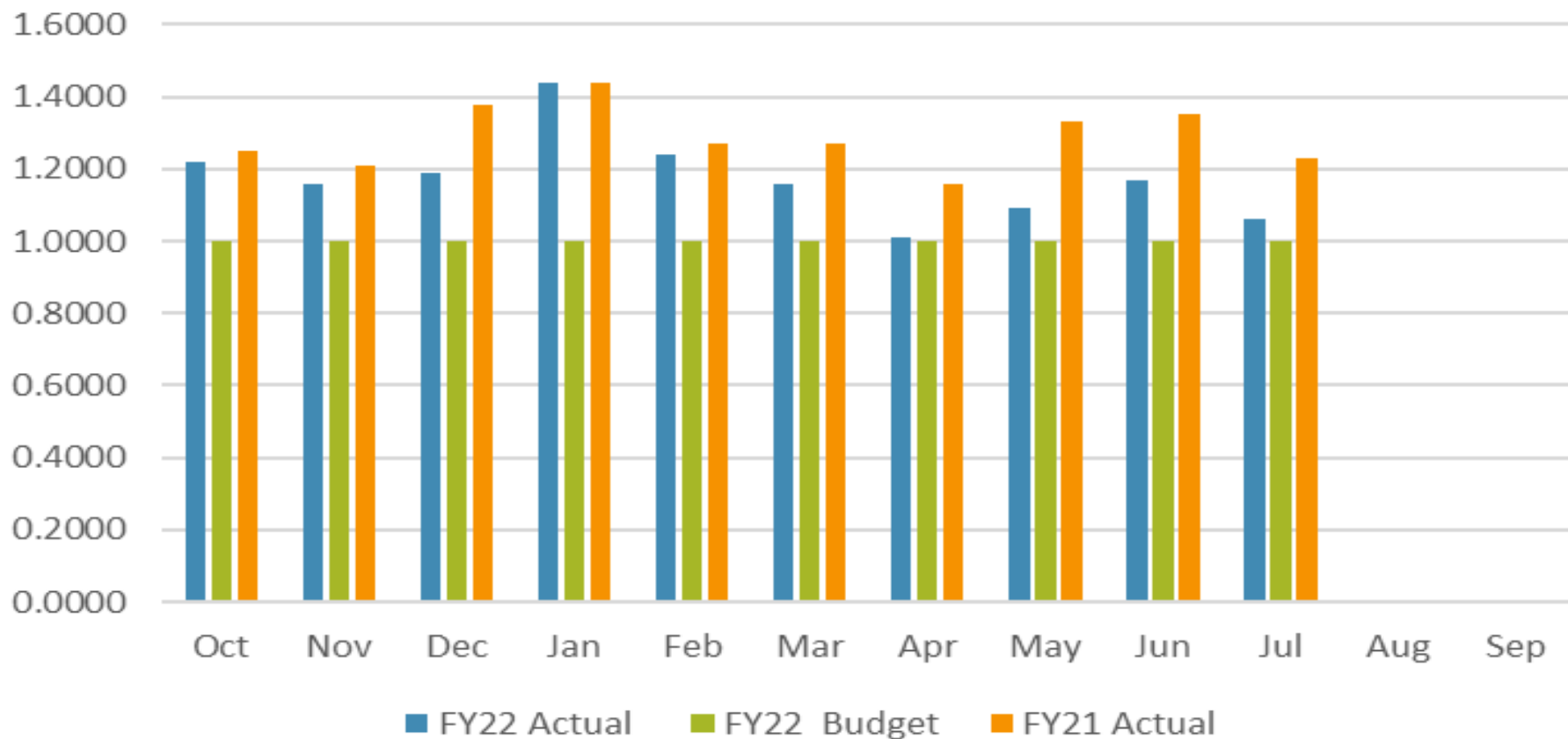
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916	2,194	3,161	3,202	3,238		
FY22 Budget	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043		
FY21 Actual	3,313	3,037	2,947	2,909	2,716	3,184	3,192	3,399	3,428	3,536		

Number of FTEs



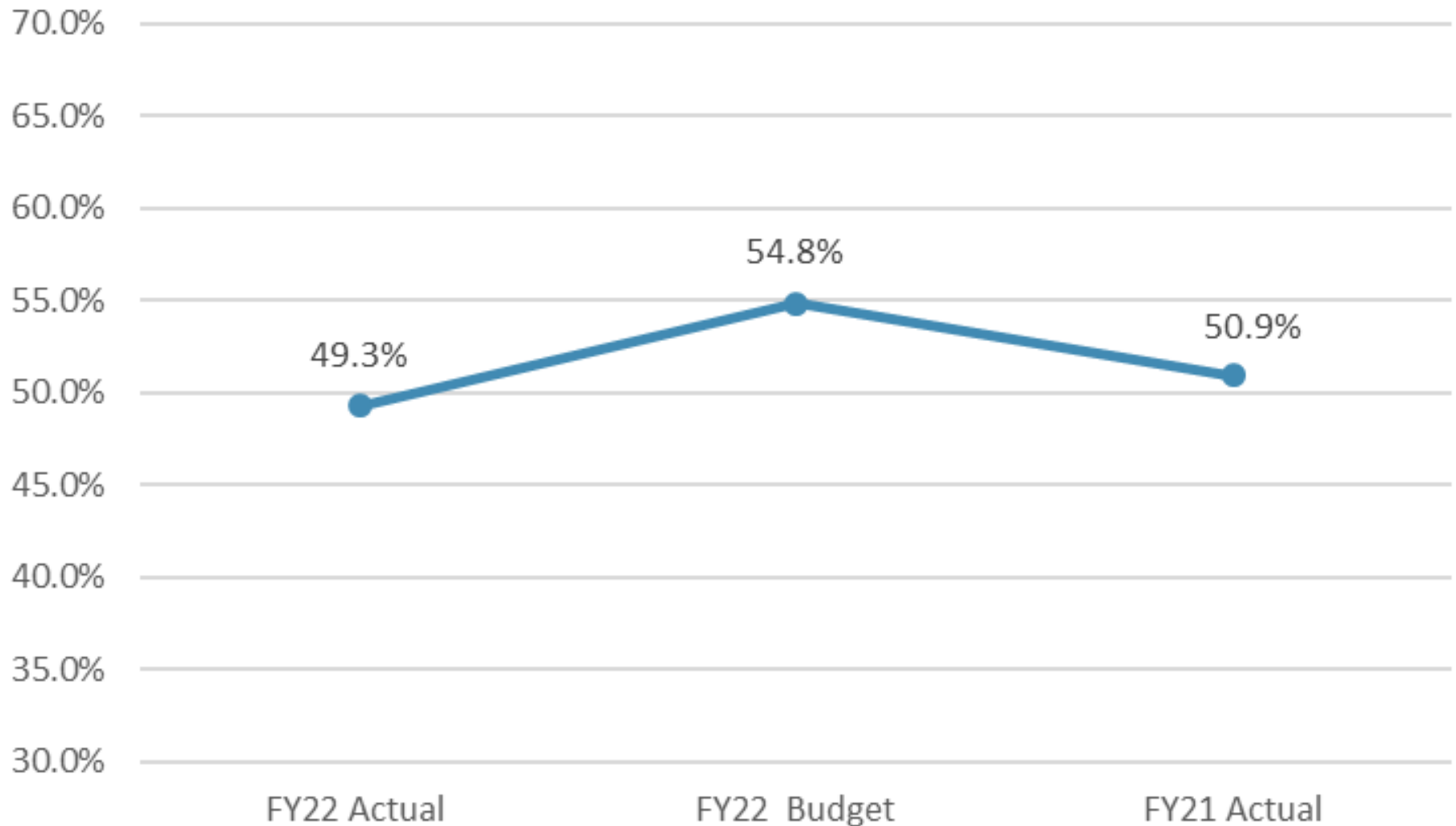
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551	559	557	564	561		
FY22 Budget	624	624	624	624	624	624	624	624	624	624		
FY21 Actual	764	771	766	725	724	704	687	665	637	626		

Case Mix Index

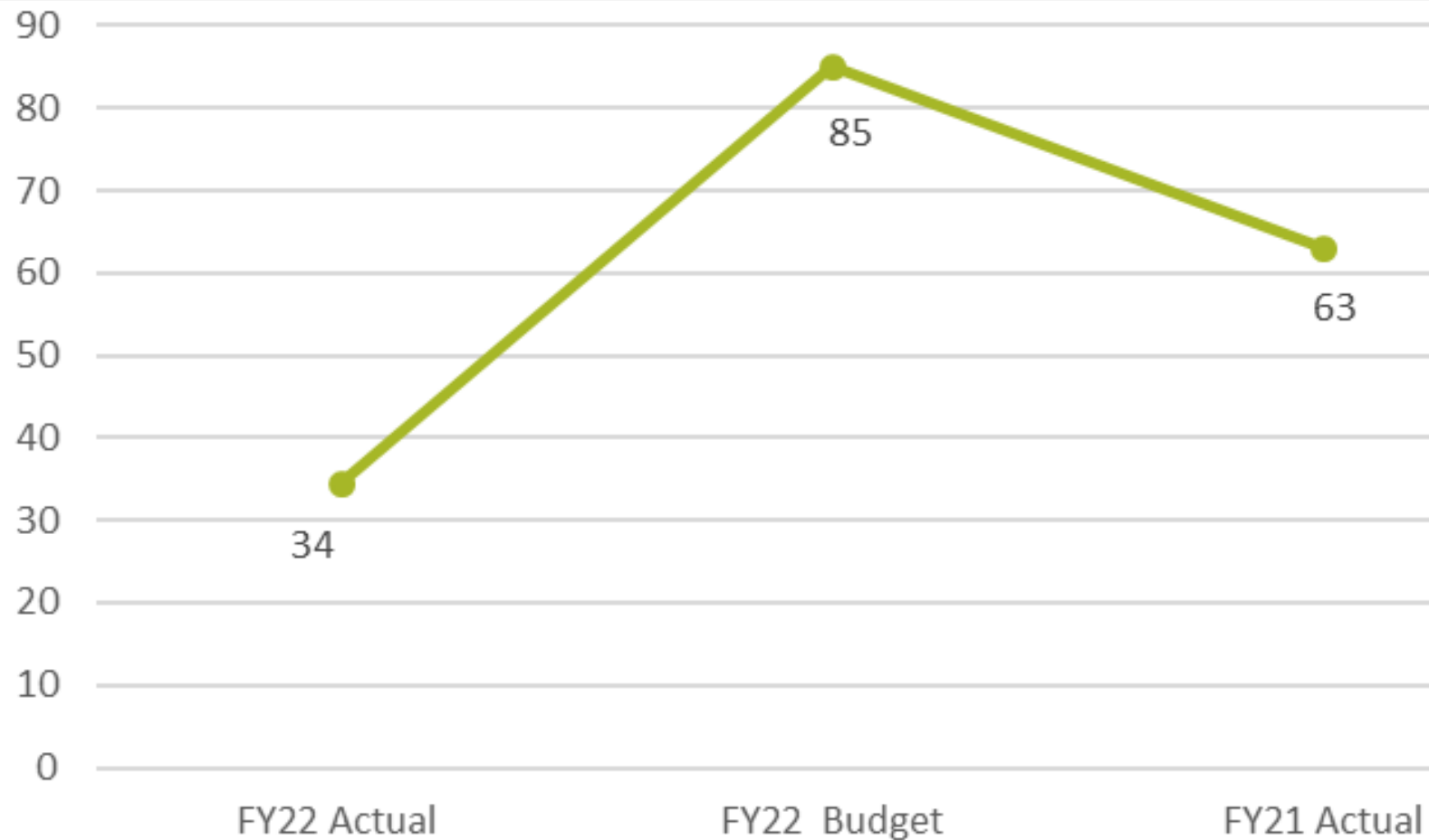


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100	1.0900	1.1700	1.0600		
FY22 Budget	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300		
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700	1.1600	1.3300	1.3500	1.2300		

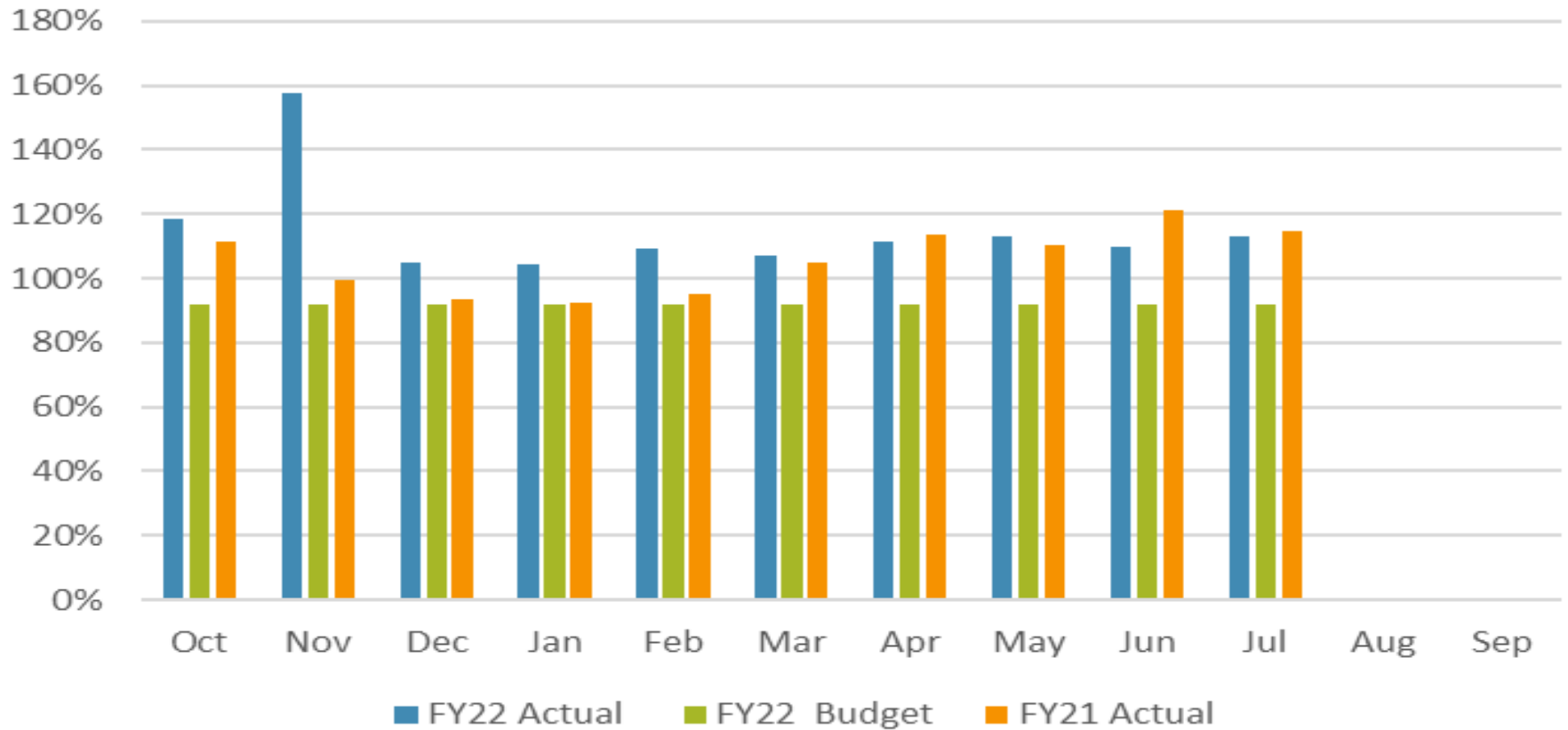
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



Net Accounts Receivable (AR) Days With Unbilled

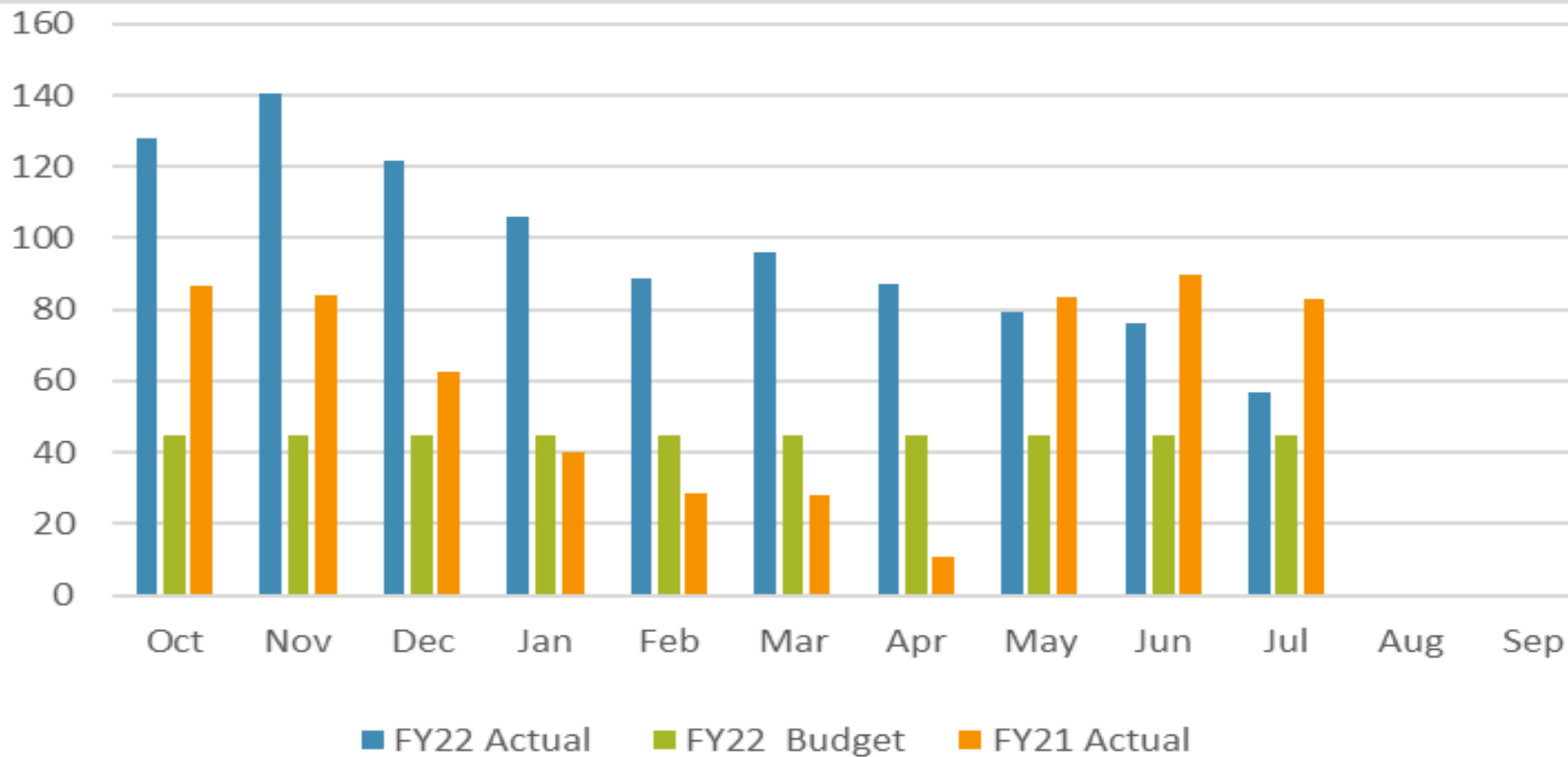


Cash Collection as a % of Net Revenues



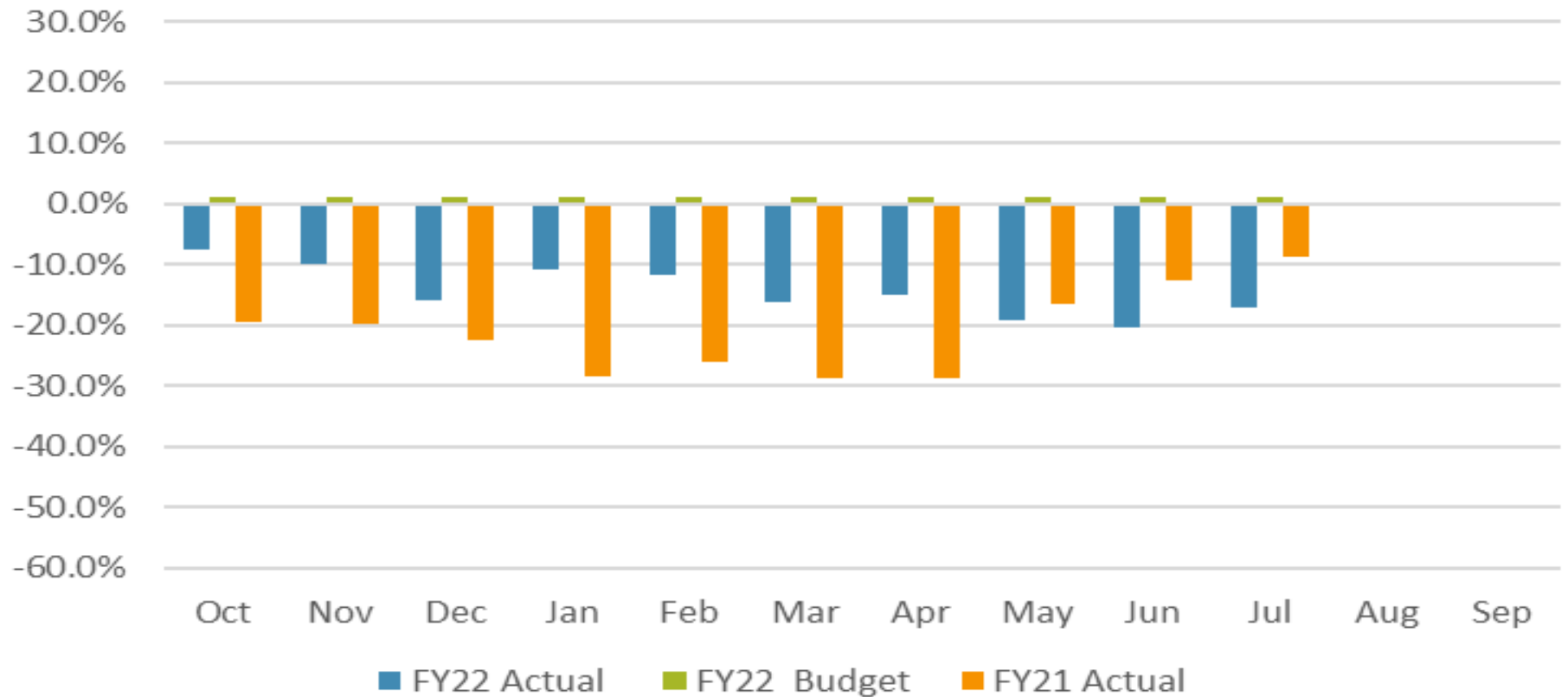
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%	105%	109%	107%	111%	113%	110%	113%		
FY22 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%		
FY21 Actual	111%	99%	93%	92%	95%	105%	113%	110%	121%	115%		

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	81	76	57		
FY22 Budget	45	45	45	45	45	45	45	45	45	45		
FY21 Actual	86	84	63	40	28	28	11	84	90	83		

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%	-16.3%	-20.5%	-17.1%		
FY22 Budget	1.0%	1.0%	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%	-12.5%	-8.6%		

Income Statement

FY22 Operating Period Ending July 31, 2022

	Month of July			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	333	369	353	(36)	-10%	(20)	-6%	2,817	3,692	3,652	(875)	-24%	(835)	-23%
Patient Days	1,885	2,236	2,135	(351)	-16%	(250)	-12%	18,041	22,362	22,325	(4,321)	-19%	(4,284)	-19%
Emergency Room Visits	3,238	3,043	3,536	195	6%	(298)	-8%	29,257	30,426	31,661	(1,169)	-4%	(2,404)	-8%
Clinic Visits	894	1,089	1,334	(195)	-18%	(440)	-33%	11,121	10,887	17,279	234	2%	(6,158)	-36%
IP Surgeries	39	67	52	(28)	-42%	(13)	-25%	408	674	596	(266)	-39%	(188)	-32%
OP Surgeries	63	78	124	(15)	-19%	(61)	-49%	823	780	924	43	6%	(101)	-11%
Radiology Visits	742	763	839	(21)	-3%	(97)	-12%	8,451	7,627	6,591	824	11%	1,860	28%
Revenues														
Net Patient Service	5,872	6,665	6,050	(792)	-12%	(178)	-3%	54,973	66,649	58,259	(11,676)	-18%	(3,286)	-6%
DSH	4,100	1,658	1,830	2,442	147%	2,270	124%	16,270	16,583	8,632	(314)	-2%	7,637	88%
CNMC Revenue	150	151	160	(1)	0%	(10)	-6%	1,716	1,506	1,538	210	14%	177	12%
Other Revenue	1,697	1,824	6,908	(127)	-7%	(5,211)	-75%	18,929	18,240	37,849	689	4%	(18,921)	-50%
Total Operating Revenue	11,819	10,298	14,948	1,521	15%	-3,129	-21%	91,887	102,978	106,279	(11,091)	-11%	(14,392)	-14%
Expenses														
Salaries and Wages	3,646	3,918	3,860	(271)	-7%	(214)	-6%	36,745	39,176	43,289	(2,431)	-6%	(6,545)	-15%
Employee Benefits	1,241	1,033	900	208	20%	341	38%	10,766	10,332	11,322	434	4%	(556)	-5%
Contract Labor	962	417	510	546	131%	452	89%	8,243	4,167	4,199	4,077	98%	4,045	96%
Supplies	763	637	785	125	20%	(22)	-3%	7,210	6,371	9,466	838	13%	(2,256)	-24%
Pharmaceuticals	131	218	301	(87)	-40%	(170)	-57%	1,820	2,184	2,517	(364)	-17%	(698)	-28%
Professional Fees	1,878	1,685	1,670	193	11%	208	12%	16,943	16,849	17,452	95	1%	(509)	-3%
Purchased Services	1,308	1,234	1,729	74	6%	(421)	-24%	13,270	12,339	15,626	932	8%	(2,356)	-15%
Other	1,213	1,121	819	92	8%	394	48%	12,620	11,210	11,549	1,410	13%	1,070	9%
Total Operating Expenses	11,141	10,263	10,574	879	9%	568	5%	107,616	102,627	115,420	4,989	5%	-7,804	-7%
Operating Gain/ (Loss)	678	35	4,375	643	1830%	(3,697)	-85%	(15,729)	351	(9,141)	(16,081)	-4580%	(6,588)	72%

Balance Sheet

As of the month ending July 31, 2022

Jul-22	Jun-22	MTD Change		Sep-21	YTD Change
Current Assets:					
\$ 27,874	\$ 34,748	\$ (6,873)	Cash and equivalents	\$ 46,041	\$ (18,167)
6,054	5,484	570	Net accounts receivable	9,186	(3,132)
5,841	5,867	(26)	Inventories	6,045	(204)
2,642	2,739	(97)	Prepaid and other assets	2,809	(167)
42,411	48,837	(6,426)	Total current assets	\$ 64,081	\$ (21,670)
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
51,655	52,831	(1,176)	Capital Assets	62,296	(10,641)
51,655	52,831	(1,176)	Total long term assets	62,296	(10,641)
\$ 94,066	\$ 101,668	\$ (7,602)	Total assets	\$ 126,377	\$ (32,311)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
13,405	15,458	(2,053)	Trade payables	14,582	(1,177)
6,743	6,295	448	Accrued salaries and benefits	7,762	(1,019)
2,646	2,800	(154)	Other liabilities	4,300	(1,654)
22,794	24,554	(1,759)	Total current liabilities	26,644	(3,850)
Long-Term Liabilities:					
1,190	2,440	(1,250)	Unearned grant revenue	-	1,190
13,008	17,101	(4,094)	Estimated third-party payor settlements	18,762	(5,754)
5,270	5,270	-	Contingent & other liabilities	1,692	3,578
19,468	24,812	(5,344)	Total long term liabilities	20,454	(986)
Net Position:					
51,803	52,302	(499)	Unrestricted	79,278	(27,475)
51,803	52,302	(499)	Total net position	79,278	(27,475)
\$ 94,066	\$ 101,668	\$ (7,602)	Total liabilities and net position	\$ 126,377	\$ (32,311)

Statement of Cash Flow

As of the month ending July 31, 2022

Dollars in Thousands

Year-to-Date

Actual	Prior Year
\$ 68,620	\$ 68,805
(58,950)	(60,976)
(48,529)	(50,634)
6,815	(1,692)
<u>(32,043)</u>	<u>(44,496)</u>
-	-
-	-
(2)	-
<u>(2)</u>	<u>-</u>
-	-
15,000	40,000
<u>15,000</u>	<u>40,000</u>
-	-
12	5,529
(1,134)	(5,754)
<u>(1,122)</u>	<u>(225)</u>
(18,167)	(4,721)
46,041	53,402
\$ 27,874	\$ 48,681

Cash flows from operating activities:

Receipts from and on behalf of patients
 Payments to suppliers and contractors
 Payments to employees and fringe benefits
 Other receipts and payments, net
 Net cash provided by (used in) operating activities

Cash flows from investing activities:

Proceeds from sales of investments
 Purchases of investments
 Receipts of interest
 Net cash provided by (used in) investing activities

Cash flows from noncapital financing activities:

Repayment of notes payable
 Receipts (payments) from/(to) District of Columbia
 Net cash provided by noncapital financing activities

Cash flows from capital and related financing activities:

Net cash provided by capital financing activities
 Receipts (payments) from/(to) District of Columbia
 Change in capital assets
 Net cash (used in) capital and related financing activities
 Net increase (decrease) in cash and cash equivalents

Cash and equivalents, beginning of period

Cash and equivalents, end of period

Supplemental disclosures of cash flow information

Cash paid during the year for interest expense
 Equipment acquired through capital lease
 Net book value of asset retirement costs