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**Monthly Board Meeting**

**Date:** July 27, 2022

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

**2022 FISCAL MANAGEMENT  
BOARD OF DIRECTORS**

**Angell Jacobs, Chair**  
**Girume Ashenafi**  
**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, July 27, 2022. The meeting will be held via WebEx.

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

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

Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not- For-Profit Hospital Corporation's website ([www.united-medicalcenter.com](http://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 - June 29, 2022**
- V. CONSENT AGENDA**
  - A. Dr. Gregory Morrow- Chief Medical Officer
  - B. Teka Henderson- Director of Nursing
- VI. EXECUTIVE MANAGEMENT REPORT**
  - A. Dr. Jacqueline Payne-Borden - Chief Nursing 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:**

**July 27, 2022**

## **Reading and Approval of Minutes**

**Minutes Date:  
June 29, 2021**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, June 29, 2022, 4:00pm**  
**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, CMOS Dr. Gregory Morrow, 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, Teka Henderson, Richard Andrew, Rosalyn Sanders

**Other:** Kai Blissett, Traci Fuller

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 4:06 pm.  Quorum determined by Traci Fuller.
<b>Approval of Agenda</b>	<p style="text-align: center;"><i>Mot to approve agenda by Dir. Dobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
<b>Approval of Minutes</b>	<p style="text-align: center;"><i>Mot to approve minutes by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
	<p><b>CMO &amp; Executive Management Reports – Dr. William Strudwick</b></p> <ul style="list-style-type: none"> <li>• Overall the Executive Team is primarily centered around Dr. Strudwick and Regina Kim who are working hard to maintain safety and quality of our services. Have been supported by Teka Henderson and Brian Gradle and David Turner. They look forward to hiring to fill the open C-Suite positions.</li> </ul>

- Continue to have Safety Leadership Huddles on the weekends as well to make sure the units have everything they need.
- Dr. Strudwick and Ms. Kim conduct executive rounds multiple times a day.
- In May we received our CAP Certification for two years, this was our first survey and our first certification under the new Director of Pathology, Dr. Cartcher\* who happens to be the current President of CAP.
- Our Café was ranked #1 by our vendor Morrison for cleanliness and efficiency and will be utilized as a training site for other Morrison vendors.
- Nursing staffing has stabilized throughout the house with primarily agency usage in the ED and ICU. Physician staff is steady and growing and we are supporting them almost weekly with Grand Rounds so they can get their CLE's without going anywhere.
- Meeting our targets for patient relation scores.
- Hired two clinical pharmacists who have been hired to staff the ED.
- DCHA gave us a grant to distribute nasal Narcan kits to our patients and we are the most active amongst the city hospitals.
- Overall admissions are on a downward trend and our ER diversion hours are trending up so those are in lock step, our average length of stay is 5.76 for the month of May which is very good. Overall census was in the 70s in May but has been going up. ER visits are trending up and our observation patients are about steady.
- Our premium hours for agency usage in May are slightly up.

#### **MCOS Report – Dr. Morrow**

- Department reports included for review in the Board Book.

Dir. Jacobs asked about Monkeypox, UMC has not had any cases but do we have a protocol in place?

- Dr. Strudwick responded yes, we have established a protocol from the front door to the bed. We did have one suspected case, the testing is not done in house but by DC Health, the patient was here for 5 days until we found out whether he was negative or positive and he was negative. There have been 19 cases in DC so far, none have hit us but we are prepared.

#### **CNO Report – Teka Henderson, Director of Nursing**

- Returned in this role on June 6<sup>th</sup>.
- Still have some nursing challenges but excited to see our staffing is improving due to the compliment of agency nurses.
- Continue to work to mitigate and eliminate HAPIs we have a new gel wound mattress for our patients who need it.
- We instituted the Cerebell point of care EEG monitoring system to diagnose seizures at the bedside.

	<ul style="list-style-type: none"> <li>• Our overall volume has increased over the past several months.</li> <li>• No diversion hours thus far in the month of June.</li> </ul> <p>Dir. Jacobs noted that all are happy to have Teka back at UMC.</p> <p><i>Mot to accept CMO and CNO report by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
<p><b>Financial Report</b></p>	<p><b>CFO Report - Lillian Chukwuma</b></p> <ul style="list-style-type: none"> <li>• Began on the Gap Measures Page. Without the subsidy we are at a \$25.1m loss. With the subsidy we are at a \$10m loss.</li> <li>• Last month when we came to you, we indicated we went over the initiatives with Mazars to determine what we can realize. This month we can show you that another \$1.9m is possible for us to get in the next four months, GW about \$2m so we have adjusted up what things we will not realize from Mazars, from the \$8.5 we will not realize \$4.5m of it and from the \$600k there was a carryover from 2021, we will not realize it.</li> <li>• \$6m loss is where we are as of the month of May and we are hoping the gap will be closed by September so we can balance our budget.</li> <li>• Page 16, if you see the activities we are still 26% down, the ED is getting a little better, in May our ED visits were a little up at about 6% which is better than what we projected it to be.</li> <li>• Our net revenue is better for us but now we are short about \$10m in our net revenue.</li> <li>• Our DISH has been reduced from what we received in the past, we did not receive any DISH in the last two quarters because we were already overpaid.</li> <li>• Our expenses, our salary line is a little lower, but our contract labor as you heard Ms. Henderson say we are using more contract labor, it is sky rocketing now at 85% higher than we projected.</li> <li>• Our supplies we expect to be less and we are looking to see what is going on as the cost of everything is going up.</li> <li>• If we end the year today, we are at a \$6m loss.</li> </ul> <p>Dir. Ashenafi asked if the two biggest areas of concern are \$10.5m net patient service below budget and contract labor \$3m above budget, are those the two drivers for where we are today. Given where we are, is it safe to say that there are no other initiatives or anything short of a drastic turnaround in patient services, we are going to end this year in the red?</p> <ul style="list-style-type: none"> <li>• Lillian stated activity can be night and day in the next four months. The contract labor is not expected to change between now and the end of the year but in terms of activities and expenses that is where we can see the difference. Expenses can be supplies, legal expenses, overtime, etc.</li> <li>• If GW improves collection or we get another DISH that will change things.</li> </ul>

	<p>Dir. Ashenafi asked if there are any other plans above what we have now?</p> <ul style="list-style-type: none"> <li>• Lilian added that we are also looking at other things that can be done, what else is in the budget that we can monitor and manage properly to turn things around.</li> </ul> <p>Dir. Jacobs noted she has thoughts to share in closed session on how we can move forward.</p> <p><i>Motion to accept May financials by Dir. Bobb, 2<sup>nd</sup> Dir. Ashenafi, unanimous vote.</i></p>
<b>Public Comment</b>	No public comment.
<b>Closed Session</b>	<p>Mike Austin read the justification for entering Closed Session.</p> <p><i>Motion to enter Closed Session by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi</i></p> <p><i>Traci Fuller conducted roll call – 6yays</i></p> <p>Open Session ended at approximately 4:36 pm.</p> <p>Closed session began at approximately 4:37 pm.</p>
<b>Announcements</b>	During closed session the board approved medical credentials, and approved two contracts.
<b>Adjourned.</b>	Meeting adjourned at approximately 5:05 pm.



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**General Board Meeting**

**Date: July 27, 2022**

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**Consent  
Agenda**





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

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## **CMO Report**

*Presented by:*  
Dr. Gregory Morrow  
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  
June 1, 2022- June 30, 2022**

Hospitals	Yellow Alert			Red Alert			Mini Disaster			ReRoute			Total		
	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours	#	Avg Hours	Tot Hours
Bowie Health Center (UMCRH)	34	14.60	496.43	0	0.00	0.00	1	6.23	6.23	0	0.00	0.00	35	14.36	502.66
CalvertHealth Medical Center	17	12.11	205.80	4	27.25	109.01	0	0.00	0.00	4	1.78	7.10	25	12.88	321.91
Capital Region Medical Center (UMCRH)	20	44.42	888.42	20	41.42	828.34	1	2.79	2.79	21	6.48	136.12	62	29.93	1855.67
Charles Regional (UM)	22	14.27	313.90	8	14.70	117.60	0	0.00	0.00	4	2.37	9.47	34	12.97	440.97
Doctors Community Hospital	48	10.37	497.78	22	17.43	383.43	2	0.75	1.50	7	3.35	23.45	79	11.47	906.16
Fort Washington Hospital	37	11.76	435.30	16	19.39	310.20	0	0.00	0.00	3	1.68	5.04	56	13.40	750.54
Germantown Emergency Center (Adventist)	1	1.87	1.87	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	1.87	1.87
Holy Cross Germantown Hospital	28	17.79	498.23	10	23.87	238.74	1	3.20	3.20	2	0.74	1.49	41	18.09	741.66
Holy Cross Hospital	33	23.59	778.46	9	21.96	197.65	0	0.00	0.00	15	2.12	31.82	57	17.68	1007.93
Laurel Medical Center (UMCRH)	19	10.15	192.90	0	0.00	0.00	0	0.00	0.00	1	2.97	2.97	20	9.79	195.87
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	51.97	779.53	7	79.80	558.57	0	0.00	0.00	5	1.89	9.43	27	49.91	1347.53
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)	23	40.37	928.47	0	0.00	0.00	1	1.20	1.20	15	1.31	19.63	39	24.34	949.29
Southern Maryland Hospital (MedStar)	24	17.75	425.99	10	21.13	211.26	0	0.00	0.00	17	4.11	69.93	51	13.87	707.18
St. Mary's Hospital (MedStar)	5	5.03	25.17	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	5	5.03	25.17
Suburban Hospital (JHM)	39	19.67	767.04	13	23.85	310.05	1	3.85	3.85	14	1.74	24.33	67	16.50	1105.27
Walter Reed National Military Medical Center	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	138.38	138.38	1	138.38	138.38
White Oak Medical Center (Adventist)	25	30.27	756.71	15	42.04	630.61	0	0.00	0.00	17	4.25	72.20	57	25.61	1459.52
Children's National Medical Center, DC	1	191.32	191.32	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	1	191.32	191.32
George Washington University 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	1137.36	1137.36	1	1137.36	1137.36	0	0.00	0.00	0	0.00	0.00	2	1137.36	2274.72
Sibley Memorial Hospital (JHM), DC	10	88.46	884.58	6	60.95	365.68	0	0.00	0.00	0	0.00	0.00	16	78.14	1250.26
United Medical Center, DC	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Washington Hospital Center (MedStar), DC	16	48.90	782.33	12	67.98	815.73	0	0.00	0.00	0	0.00	0.00	28	57.07	1598.06
<b>Totals:</b>	<b>418</b>	<b>26.29</b>	<b>10987.58</b>	<b>153</b>	<b>40.62</b>	<b>6214.23</b>	<b>7</b>	<b>2.68</b>	<b>18.77</b>	<b>126</b>	<b>4.38</b>	<b>551.36</b>	<b>704</b>	<b>25.24</b>	<b>17771.94</b>

- For the month of June we had zero hours of ambulance diversion. After a several months without receiving data from DCFEMS, we did get our ambulance drop times for the month of May. For May our ambulance drop time averaged 65:00 minutes compared to the average for hospitals city-wide of 59:30 minutes. Our directive to increase nursing agency use and appropriately offer staff nurses overtime to supplement our nursing coverage, has provided more consistent staffing in all of our clinical areas. 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.

- We continue to refine 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 June, there were three (3) initial appointment, six (6) reappointments, and two (2) resignations. There are currently (248) Medical Staff members.
- Physician contracts are current and have all been considered for community need and sustainability.
- To maintain our Accreditation with MedChi's Continuing Medical Education (CME) program, the Medical Affairs office will be offering regular Grand Rounds presentations throughout the year. The lectures are being held to educate the hospital staff and to ensure the providers have enough annual CME credits to maintain their DC licensure. The following Grand Rounds were held in June:
  - June 1, 2022: Opioid Use Disorder: Best Practices & Barriers to Care
  - June 15, 2022: Reducing Health Disparities for LGBTQ Patients
  - June 22, 2022: Continuous Glucose Monitoring
  - June 29, 2022: Overview of Organ Donation and the WRTC AAOTF
- The next Quarterly Staff meeting will be held on September 8, 2022.

### **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
- 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
- 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 May is 87% and June is ER 91% 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). 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. June 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.
- Working with DC Health to follow up on alleged complaints.
- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP)

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

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

The number of COVID-19 positive admissions for May 2022 is 6 which increased to 12 in June. Currently there are 7 COVID-19 positive inpatient at UMC at this time.

The number of COVID-19 positive employees has been steadily increasing from 13 cases in May 2022 to 17 cases in June. 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, Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for June 2022.

VRE HAI = 0 cases hospital-wide for June 2022

MRSA HAI = 0 cases hospital-wide for June 2022

C Difficile HAI = 2 case hospital-wide for June 2022 for an infection rate of 1.2

#### **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.

A multi-disciplinary team developed a monkeypox protocol which was implemented on a suspect case in June 2022. UMC has had no cases of monkeypox to date. The District of Columbia reports 65 cases of monkeypox and is providing some doses of the vaccine.

### **Case Management:**

Two licensed social workers hired for emergency department (ED) and units, day shift. Schedule to start on July 25.

- ED social worker is assigned to assist with ED diversions, prevent social admissions, decrease frequent visits to ED due to lack of resources and primary care providers, and decrease readmissions.
- Unit social worker hired to cover hospitalist and private MD patients. Department have been short by 1.0 FTE creating OT and overutilization of staff. We anticipate improved hospital LOS and focused discharge planning as well to decrease readmissions

2<sup>nd</sup> Quarter Performance Improvement – Case Management Indicators in line with TJC and DOH standards:

- Initial Assessments within 24 to 48 hours of admission. Threshold = 85%, **compliance met = 95%**
- Reassessment every 3 to 4 days or often as needed. Threshold = 85%, **compliance met = 90%**

### **Patient Advocacy:**

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

Press Ganey Overall “Rate the Hospital” for the month of June is 32.49%, a decrease from May at 50.97%; N = 13 responses.

Courtesy of nurses – 30.77% a decrease from prior month of 45%, N=13

Nurses took time to listen – 30.77% a decrease from prior month of 55.56%, N=13

Nurses' attention to your needs – 30.77% a decrease from prior month of 52.63%, N=13

Nurses kept you informed – 30.77% a decrease from prior month of 57.89%, N=13

Nurses' concern for privacy – 30.77% a decrease from prior month of 57.89%, N=13

Nurses' responses to quest/concerns – 30.77% an decrease from prior month of 55%, N=13

Courtesy of doctors – 41.67%, a decrease from prior month of 55%, N=12

Doctors took time to listen - 41.67%, a decrease from prior month 57.89%, N=12

Doctors informative regarding treatment – 41.67%, a decrease from prior month 52.63%, N=12

Doctors' concern for comfort – 41.67%, a decrease from prior month of 61.11%, N=12

Doctors include you in your treatment decision – 41.67% a decrease from prior month of 52.63%, N=12

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

Press Ganey Overall “Rate the Hospital” for the month of June is 33.33% remains consistent with May at 33.33%, N=6

“Nurses treat with courtesy/respect” – 40%, a decrease from prior month at 55.56%, N=5

“Nurses listen carefully to you” – 40%, a decrease from prior month at 55.56%, N=5

“Nurses explain in a way you understand” – 20%, a decrease from prior month at 55.56%, N=5

“Doctors treat with courtesy/respect” - 40%, a decrease from prior month at 66.67%, N=5

“Doctors listen carefully to you” – 20%, a decrease from prior month at 66.67%, N=5

“Doctors explain in way you understand” – 40%, a decrease from prior month at 66.67%, N=5

**Pharmacy & Therapeutics:**

- Antimicrobial Stewardship Program, average cost per patient day (PPD) decreased from \$31.34 per patient day in April 2022 to \$18.79 for May 2022.
- Pharmacy Clinical Interventions \$21,278 saved in the month of May 2022 by Pharmacy Clinical Interventions . Total of 189 interventions documented via Meditech
- Director of Pharmacy working in collaboration with Ward 8 Community Engagement and PIW to provide COVID-19 Vaccine/Boosters and UMC Mobile Unit HIV Tests/COVID-19 Tests for Opioid Awareness Day Aug 31<sup>st</sup>.
- 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--- 31 kits dispensed YTD . UMC has dispensed the most kits amongst District Hospitals
- 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 (vender), 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, Pharmacy has passed.
- Director of Pharmacy establishing Pharmacy Student Internship with Howard University College of Pharmacy and Shenandoah College of Pharmacy has also requested internships with UMC 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 abx 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:  
July 27, 2022**

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## **Medical Chief of Staff Report**

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





Amaechi Erond, M.D., Chairman

## JUNE 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for June 2022 was 111 and 123 in May, 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 101 vascular access procedures in June 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 32 cases in June 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	111
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 Erond, M.D.,MS,CPE  
Chairman, Anesthesiology Department



*Mina Yacoub, M.D., Chairman*

**JUNE 2022**

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

In June we saw a similar pattern to prior months of increased admissions and with increasing acuity. In June 2022, the Intensive Care Unit had 53 admissions, 51 discharges, and 238 Patient Days. Average Length of Stay (ALOS) was 4.7 days. The average daily census increased from prior month to 9 (8.3) patients. There were no returns to ICU within 24 hours of transfer out. Two patients were transferred to other hospitals for services not provided at UMC. There was a total of 10 deaths for 51 discharges, with an overall ICU mortality rate of 19.6%.

### **JUNE 2022 PERFORMANCE DATA**

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

The ICU managed 28 patients with severe sepsis and septic shock. Four deaths were due to severe sepsis for an overall severe sepsis/septic shock mortality of 14.3%.

In June, the ICU had 100 Ventilator days with no Ventilator Associated Pneumonia (VAP), 122 Central Line days with no Catheter Related Blood Stream Infections (CLABSI), and 169 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 for

#### **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 3<sup>rd</sup> floor remains the plan and is pending completion of electrical work.

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*July 8, 2022*



Francis O'Connell, M.D., Chairman

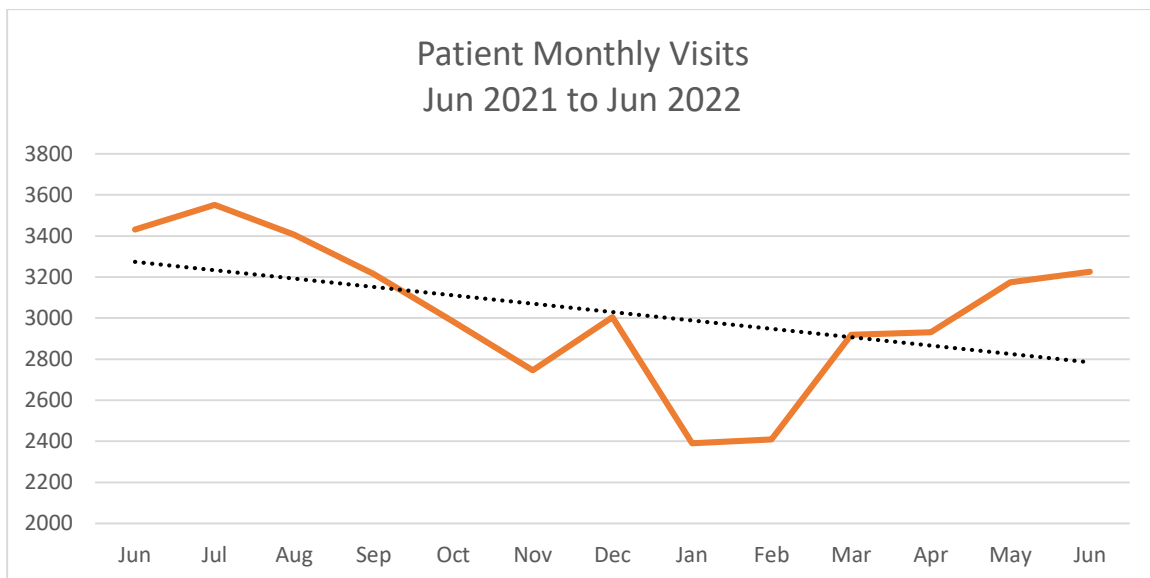
## JUNE 2022

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

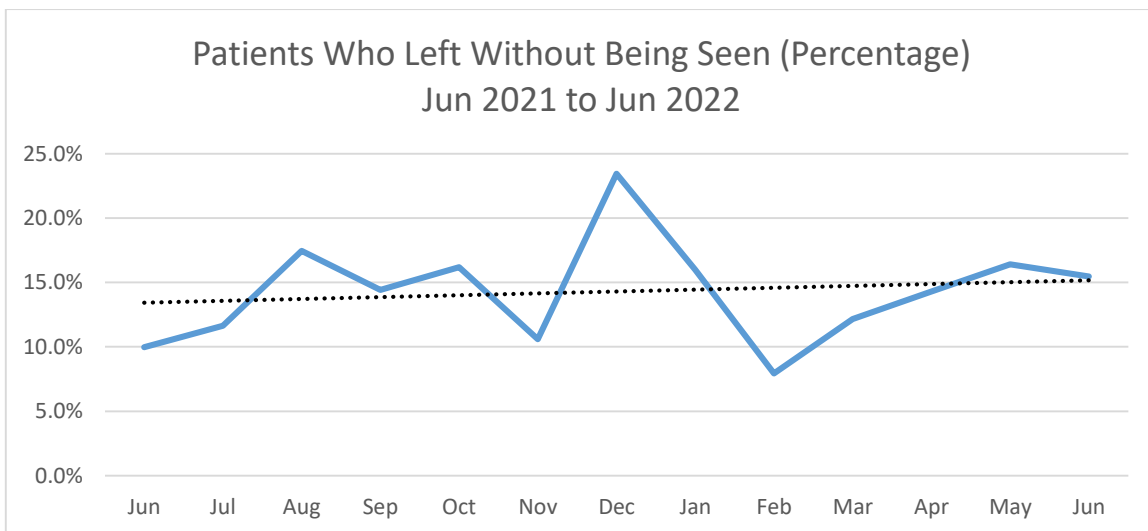
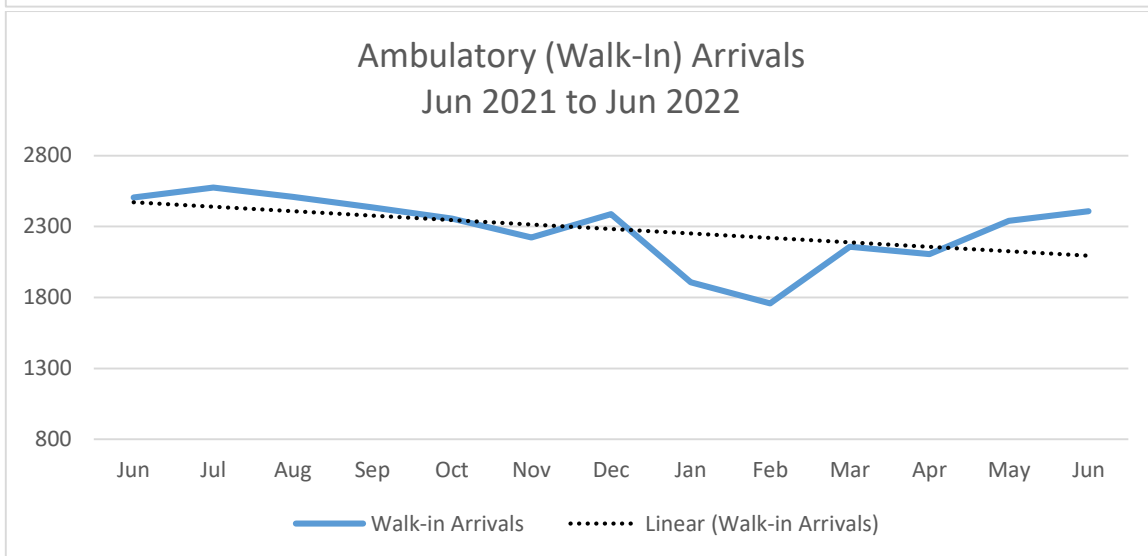
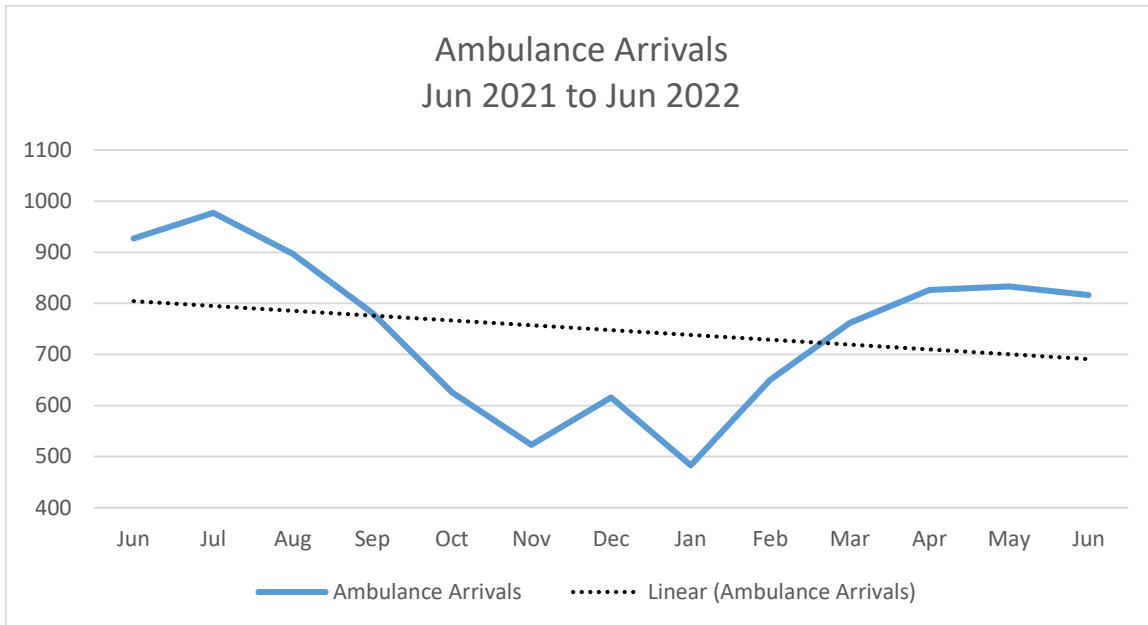
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

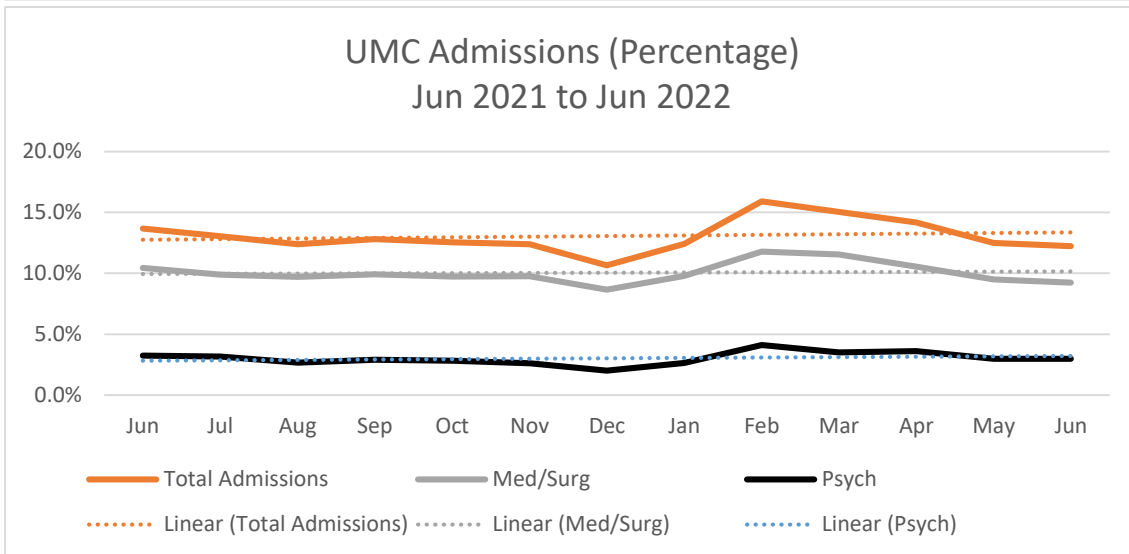
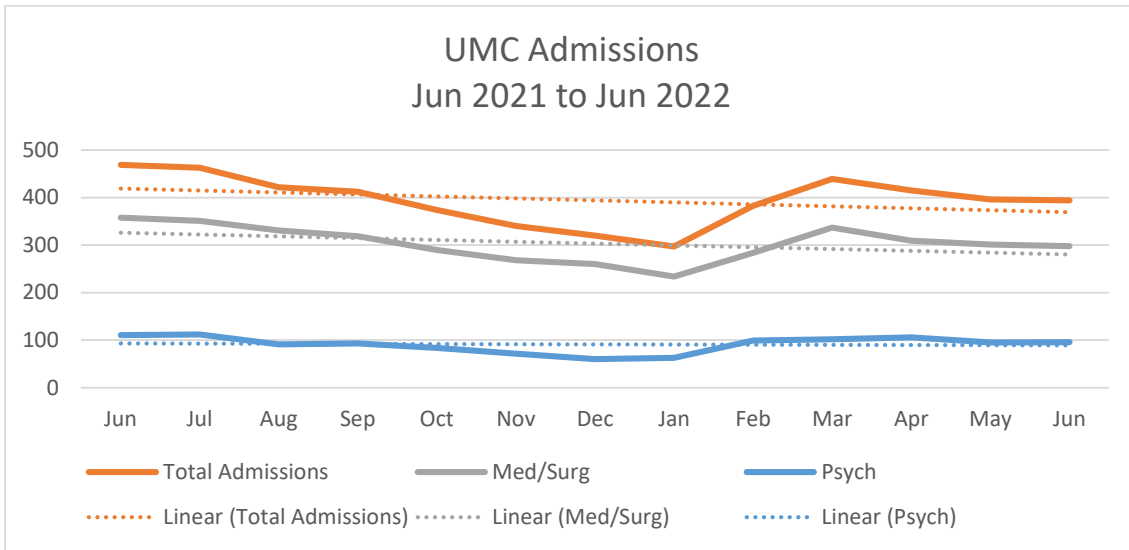
Definitions of the terms used in this report are as follows:

- **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





Data tables:

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

Department of Emergency Medicine

Analysis:

1. The monthly census for Jun 2022 increased slightly from the previous month and was slightly down from Jun 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) dropped slightly from the previous month with the LWBS trend leveling off.
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 Jun 2022 are the rise in patient visits and the LWBS percentage.

While the regional COVID infection rates remain steady, the number of COVID patients being hospitalized remains low. DC Fire and EMS estimates that ambulance runs will continue to rise throughout the summer. With a rise in patient visits in the months to come consistent, optimal staffing of the ED and inpatient units remains crucial.

Consistent, optimal staffing 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.

The ED is integrated ecosystem. When there is one missing component it can significantly disrupt patient care. One of the more persistent issues is the lack of emergency department technicians. This places a significant burden on nurses and providers to perform tasks which are best suited to the role of an ED tech. This is best demonstrated in the obtaining of labs, establishing an IV line, obtaining an EKG and transporting patients to other locations, all of which lead to delays in diagnosis and disposition (either admission or discharge). This leads to decreased throughput of patients and prolonged waiting room and ambulance offload times.

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	109							<b>675</b>
HOSPITAL	80	117	127	126	116	109							<b>675</b>
PERCENTAGE	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>							<b>100%</b>
<b>REGULAR</b>													
MEDICINE	159	177	210	187	185	183							<b>1101</b>
HOSPITAL	238	284	323	304	192	286							<b>1627</b>
PERCENTAGE	<b>67%</b>	<b>62%</b>	<b>65%</b>	<b>62%</b>	<b>63%</b>	<b>64%</b>							<b>64%</b>
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77	122	123	123	117	114							<b>676</b>
HOSPITAL	77	122	123	123	117	114							<b>676</b>
PERCENTAGE	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>							<b>100%</b>
<b>REGULAR</b>													
MEDICINE	126	131	179	158	152	150							<b>896</b>
HOSPITAL	199	230	289	270	257	250							<b>1495</b>
PERCENTAGE	<b>63%</b>	<b>57%</b>	<b>60%</b>	<b>59%</b>	<b>59%</b>	<b>60%</b>							<b>60%</b>
<b>PROCEDURES</b>													
HEMODIALYSIS	178	97	156	131	152	102							<b>816</b>
EGD'S	13	25	19	24	18	12							<b>111</b>
PEG'S	8	4	5	4	10	4							<b>35</b>
COLONOSCOPY	25	30	36	34	28	15							<b>168</b>
ERCP	0	0	0	0	0	0							<b>0</b>
BRONCHOSCOPY	1	1	0	0	0	0							<b>2</b>
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0	0	0							<b>0</b>
Cases Reviewed	0	0	0	0	0	0							<b>0</b>
Cases Closed	0	0	0	0	0	0							<b>0</b>

Department of Medicine met on June 8, 2022.

The next meeting is September 14, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine





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

\*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	88		675		112		875	
Fluoro	7		1		37		45	
Mammography					118		118	
Magnetic Resonance Angio	2		2				4	
Magnetic Resonance Imaging	29		5		31		65	
Nuclear Medicine	20		0		2		22	
Special Procedures	9		0		1		10	
Ultrasound	71		204		139		414	
X-ray	144		1180		429		1753	
Echo	45		0		34		79	
CNMC CT Scan			41				41	
CNMC X-ray			590				590	
Grand Total	415	0	2698	0	903	0	4016	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

## MAY 2022

For the month of June 2022, the Surgery Department performed a total of 113 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	
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 **35%** 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%

Page 2

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 long horizontal flourish extending to the right.

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

Chairman, Department of Surgery



UMC

UNITED  
MEDICAL CENTER

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

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## **CNO Report**

*Presented by:* Teka  
Henderson, Director of  
Nursing

# Nursing Board Report United Medical Center June 2022

## Overall State of Nursing Department

### Staffing:

The Nursing Department has experienced some staffing challenges. These challenges encompass multiple disciplines to include registered nurses for critical care, telemetry, and the emergency department. We also have vacancies for technicians and patient sitters. However, nursing is resilient and evolves with the hiring of various positions to include the Director of Nursing (DON). For the month of June, the nursing department on boarded 4 agency (contract) telemetry RNs, and 3 agency (contract) emergency department RNs. We have made advancements and great strides to decrease the staffing deficiencies this month. Additional offers have been made and we look forward to onboarding a unit coordinator, two administrative nursing supervisors, two patient sitters, two monitor technicians and an emergency room technician in the month of July. The immediate goal is to continue to recruit, retain, onboard new staff and fill vacancies with qualified personnel. Providing quality care is our top priority and remains at the crest of nursing.

### Performance Improvement:

Hospital-acquired pressure injuries (HAPI) continue to be of concern. Eliminating HAPI 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 has implemented a gel support distribution mattress to assist in the prevention of HAPI's. There were 2 HAPI's for the month of June. Our turning and positioning synchronized schedule remains in place and frequent reminders during team huddles allows staff to be reminded daily.

### ICU

The clinical supervisor makes daily rounds with the intensivist to assess for potential downgrades, monitor pertinent laboratory values, and adequate planning in anticipation of discharges/transfers. Nursing staff are aware of the importance of effective communication and updating the next of kin and/or power of attorney. Leadership continues to observe staff for continuous monitoring of adequate hand hygiene.

### Emergency Department:

The emergency department staff were educated on the importance of proper documentation. The Monkey Pox protocol was implemented for potential patients presenting with Monkey Pox symptoms. Daily safety huddles at 7am and 7pm were re-implemented to discuss patient and staff safety accordingly. Staff were educated on the Nationwide shortage of Ativan and the importance of patient scanning and medication scanning for safety.

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

### Occupational Health:

PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCES	POSITIVES	Fit Test	OTHERS	TOTALS	MONTH/YEAR.
12	30	172	7	21	42	24	308	June 2022

### Behavioral Health:

Daily leadership rounding continues to facilitate a positive inpatient Behavioral Health experience. UMC Leadership team meets weekly with the contracted Psychiatric Organization (Axis) to insure quality of care is maintained. We look forward to Axis onboarding more staff to assist with the daily needs of the unit. The immediate goal is to hire more staff to facilitate daily treatment programs for the patients and provide support to the current social worker.

Respectfully submitted,

Teka Henderson, MSN, RN  
 Director of Nursing





UMC

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MEDICAL CENTER

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

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## **Executive Management Report**

*Presented by:*  
Dr. Jacqueline Payne-  
Borden, Chief Nursing  
Officer



**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: July 5, 2022**

**Re: Compliance Report**

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This report to the Fiscal Control Board (the Board) of the Not-for-Profit Hospital Corporation (commonly known as the United Medical Center (UMC)), is in accordance with UMC's Compliance Program to keep the hospital's governing body 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, which areas are also reported on regularly to the Board. Specifically, this month's report highlights regulatory items relevant to the Board for certain, upcoming hospital surveys.

First, the Board should anticipate an on-site accreditation survey by The Joint Commission (TJC) in calendar year 2023. As TJC accreditation is customarily valid for up to 36 months, and UMC's current TJC accreditation is dated November 14, 2020, the hospital is due in 2023 for a site visit from Joint Commission surveyors and an accreditation survey.

Under TJC standards, as the hospital's governing body, the Board is "ultimately accountable for the safety and quality of care, treatment, and services" at the hospital. *Joint Commission Leadership Standard LD. 01.03.01.*

This responsibility of the Board for both hospital safety and quality derives from the Board's legal responsibility, as well as its operational authority, for hospital performance. In particular, it is the Board's responsibility to the hospital to provide for "internal structures and resources including staff, that support safety and quality." *Rationale for LD.01.03.01.* Specifically, TJC requires a hospital's board to provide the resources "needed to maintain safe, quality care, treatment, and services." *LD. 01.03.01, Elements of Performance #5.*

The Hospital Accreditation Standards (HAS) promulgated by TJC (each of which HAS are defined and described in detailed and prescriptive Elements of Performance), which will require the support of internal structures and resources, including staff, are as follows:

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership (including the selection of a CEO responsible for managing the hospital) \*
- Life Safety
- Medication Management
- Medical Staff
- National Patient Safety Goals
- Nursing
- Provision of Care, Treatment and Services
- Performance Improvement
- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual

*\*Likewise, as a Condition of Participation in Medicare, CMS requires a hospital's governing body to appoint a chief executive officer who is responsible for managing the hospital. 42 CFR 482.12 (b).*

As required by TJC, the performance of a hospital is to be evaluated annually by the governing body, working with the senior managers and

leaders of the medical staff, and is to be done in relation to the mission, vision, and goals of the hospital. *Elements of Performance for LD.01.03.01*. As the hospital enters its TJC survey “window” in 2023, that annual evaluation of UMC could present an opportune time for the Board, senior managers, and the medical staff leadership to also evaluate resource needs (including staff) related to the hospital, in order to ensure the safety and quality of care, treatment, and services rendered therein, consistent with all applicable accreditation (and regulatory) standards.

Finally, it is noteworthy that UMC’s license with the District of Columbia expires November 5, 2022. Consequently, a site visit to, and survey of, UMC should be anticipated from DC Health sometime in the fall of 2022. Among other requirements, the hospital will be required to identify to the DC Health surveyors the following persons, who serve in key leadership roles at the hospital and are essential to a successful site visit and survey:

- Hospital Administrator/Chief Executive Officer
- Person in charge in the absence of the administrator
- Nurse Administrator
- Medical Director
- Director of Nursing

*DC Municipal Regulations for Hospital, Chp. 20, Sect. 2002.3.*



NOT-FOR-PROFIT HOSPITAL CORPORATION

## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** July 19, 2022

### PUBLIC RELATIONS

**Public Relations** – UMC had a fantastic month of June. We continued our partnership with Curbside Groceries and had active participation in our Walk With A Doc Program during the month of June. We also held another Wellness Day providing mammograms and Pap smears to MedStar Family Choice enrollees on June 15, 2022. On June 30, 2022, the hospital served as the host site for The DC MCO Collaborative’s Connect 4 Summer Health Kick-Off event. This was the MCOs’ first wellness event since the pandemic began. Approximately 320 people including UMC staff were in attendance. UMC provided mammograms to CareFirst enrollees during the wellness event and our Mobile Unit Team provided covid testing and vaccinations.





NOT-FOR-PROFIT HOSPITAL CORPORATION

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of June, the newsletter celebrated LGBTQIA Pride Month, congratulated our Dietary Team on the completion of a successful Morrison Everclean Inspection, said farewell to David Parry on his retirement, and acknowledged Mary Davis and Ruth Johnson (Dietary) for 50 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 June.



Not For Profit Hospital Corporation  
United Medical Center

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

**DRAFT**



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





# Gap Measures Tracking

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

	FY 2022 Original Initiatives	Adjustment (Initiatives that Will Not be Realized)	Realized/ Recognized	Balance to be Realized	Percentage Completed (Realized/ Original Initiatives)
<b>Annualized Net Loss from Operations Before District Subsidy</b>				(\$26,209,333)	
<b>District Subsidy</b>				\$15,000,000	
<b>Adjusted Annualized Net Loss from Operations</b>				(\$11,209,333)	
<b>Add: Initiatives to be Realized</b>					
<b>Mazar Initiatives</b>	\$8,500,000	(\$4,500,000)	\$2,087,798	\$1,912,202	24.6%
<b>2021 Mazar Unrealized Initiatives</b>	\$600,000	(\$600,000)	\$0	\$0	0.0%
<b>GWUMFA Professional Fees Collection</b>	\$7,200,000	(\$2,000,000)	\$3,506,926	\$1,693,074	48.7%
<b>Subtotal</b>	<b>\$16,300,000</b>	<b>(\$7,100,000)</b>	<b>\$5,594,724</b>	<b>\$3,605,276</b>	<b>34.3%</b>
<b>Projected Net Income (Loss) from Operations</b>				(\$7,604,057)	
<b>Original Projected Income</b>				\$421,000	
<b>Difference from Original Projected Income</b>				(\$8,025,057)	



# Report Summary

- **Revenue**
  - ❖ **Total operating revenues are lower than budget by 23% (2.3M) MTD and 14% (12.6M) YTD as a result of the following contributing factors:**
    - ❖ **Net patient revenue is lower than budget by 6% (374K) MTD and 18% (10.9M) YTD, due to low activity.**
      - ❖ **Admissions are lower than budget by 23% MTD and 25% YTD.**
      - ❖ **ER Visits are higher than budget by 5% MTD but lower than budget by 5% YTD.**
      - ❖ **Clinic Visits are lower than budget by 4% MTD but higher than budget by 4% YTD.**
      - ❖ **Total Surgeries are lower than budget by 26% MTD and 16% YTD.**
    - ❖ **GWMFA collections are lower than budget by 28% (168K) MTD and 35% (1.9M) YTD.**
- **Expenses**
  - ❖ **Total operating expenses are higher than budget by 2% (253K) MTD and 4% (4M) YTD as a result of the following contributing factors:**
    - ❖ **Salaries are lower than budget by 8% (309K) MTD and 6% (2.1M) YTD, due to vacancies.**
      - ❖ **Although total salaries are below budget, overtime is over budget by 226K MTD and 1.6M YTD.**
    - ❖ **Contract Labor is higher than budget by 134% (560K) MTD and 94% (3.5M) YTD.**
    - ❖ **Supplies are higher than budget by 10% (65K) MTD and 12% (713K) YTD.**
    - ❖ **Professional fees are higher than budget by 8% (140K) MTD but lower than budget by 1% (98K) YTD.**
    - ❖ **Purchased Services are higher than budget by 8% (105K) MTD and 8% (858K) YTD.**



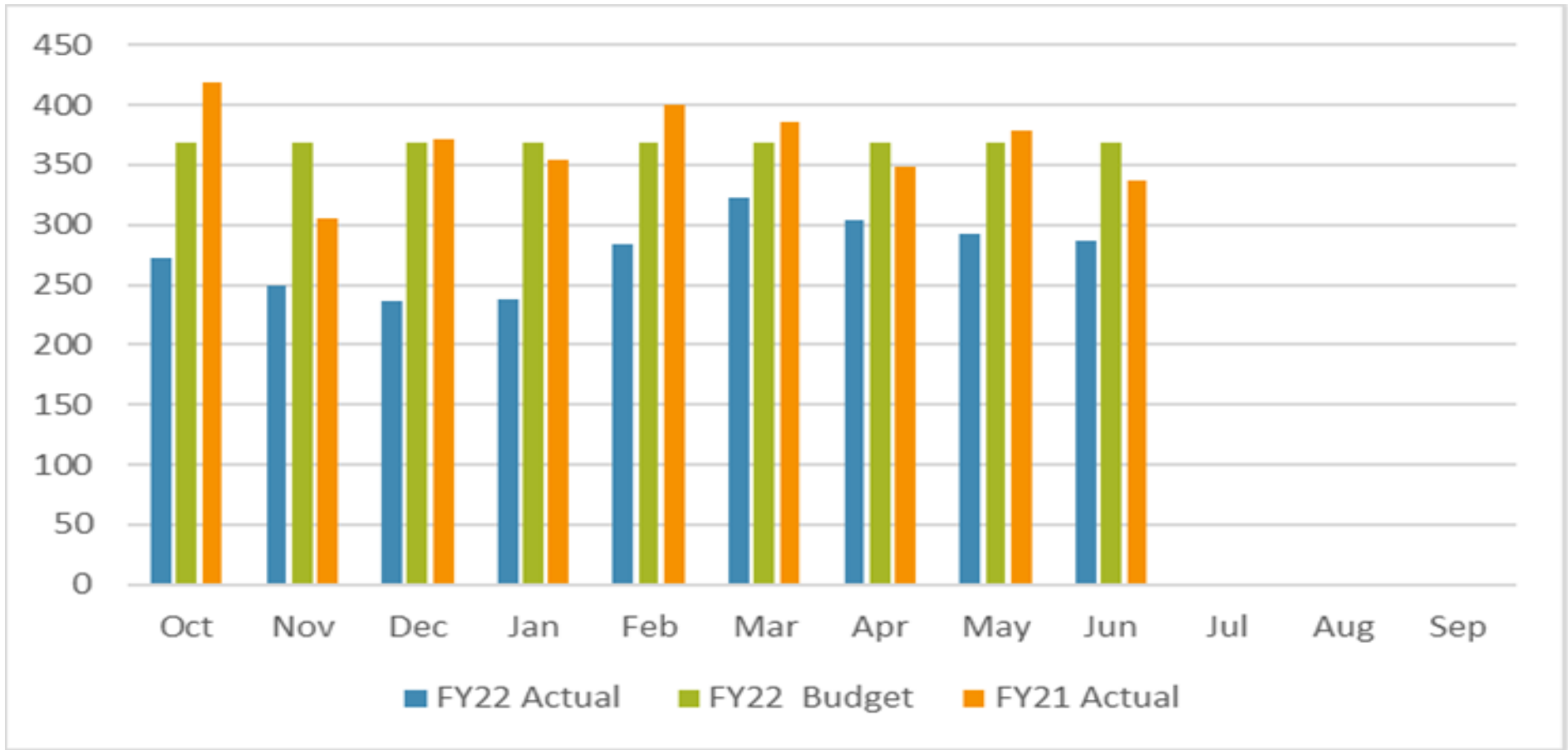
# Key Indicators

Fiscal Year 2022 thru 06/30/22

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	286	369	337	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	107	145	167	▼	▲
Emergency Room Visits	Actual Visits	3,202	3,043	3,043	▲	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours	564	624	637	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.17	1.13	1.35	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	50%	55%	54%	▼	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	30	85	71	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	110%	92%	121%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	76	45	90	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-20.5%	1.0%	-12.5%	▼	▲



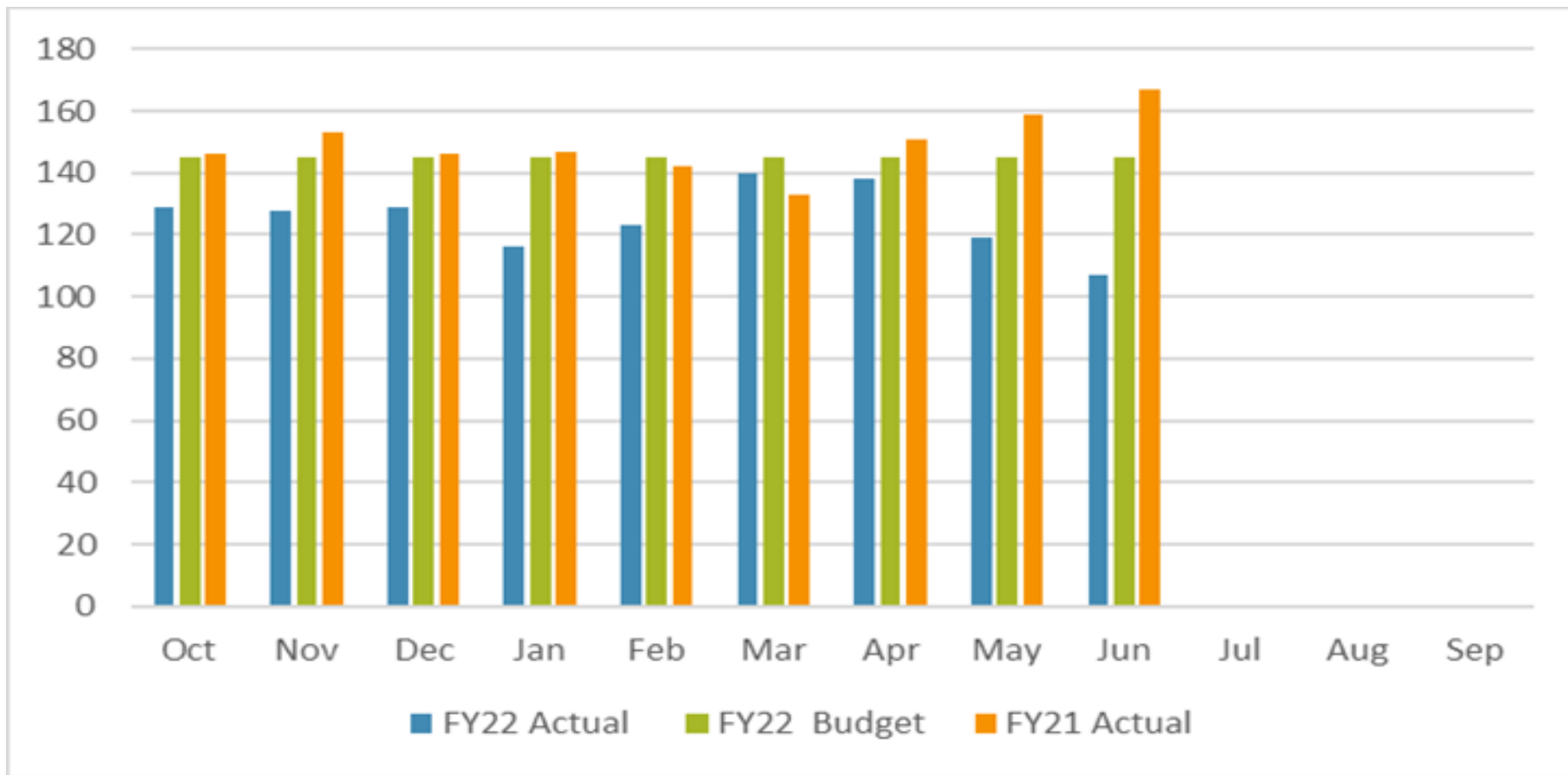
# Total Admissions (Consolidated)



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



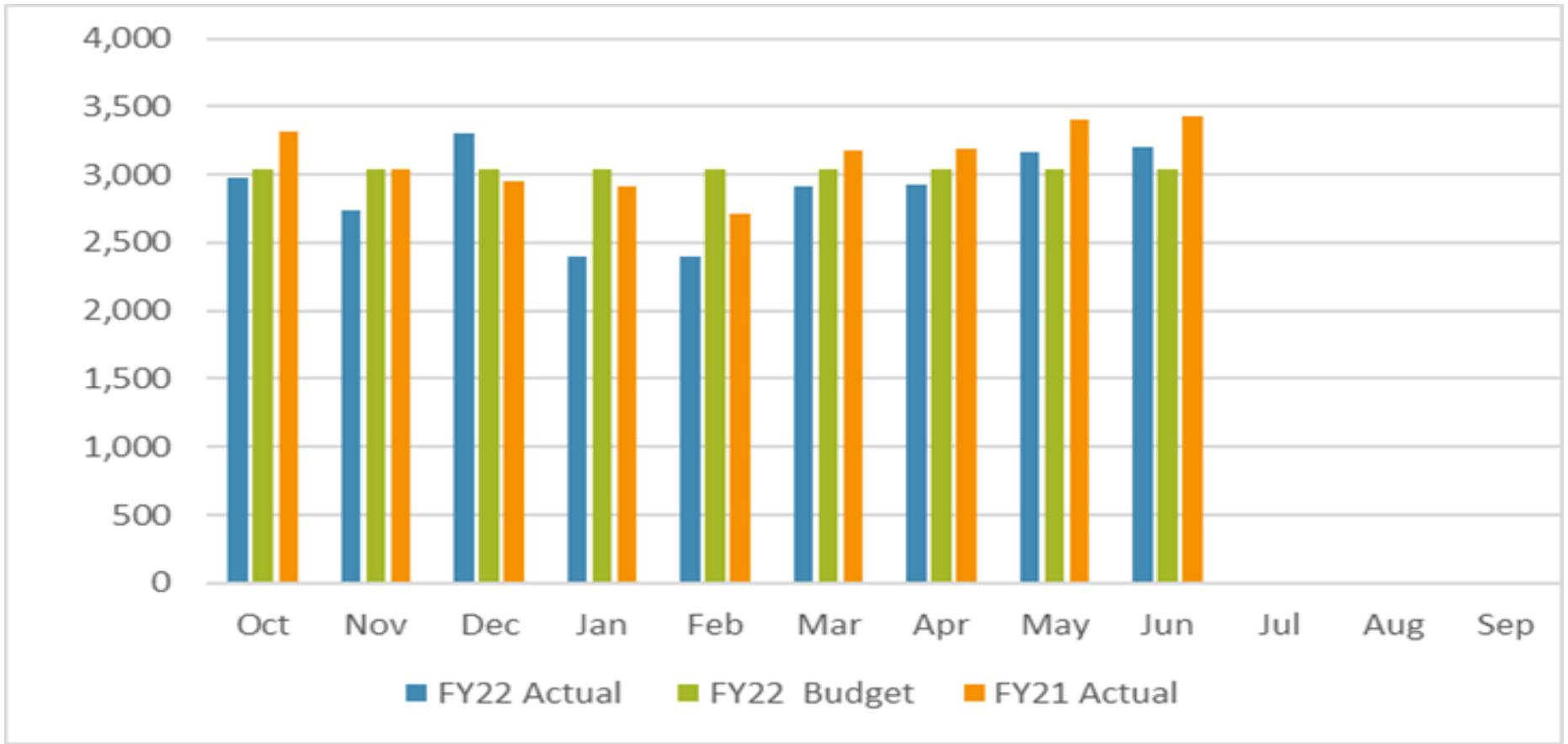
# Inpatient/Outpatient Surgeries



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



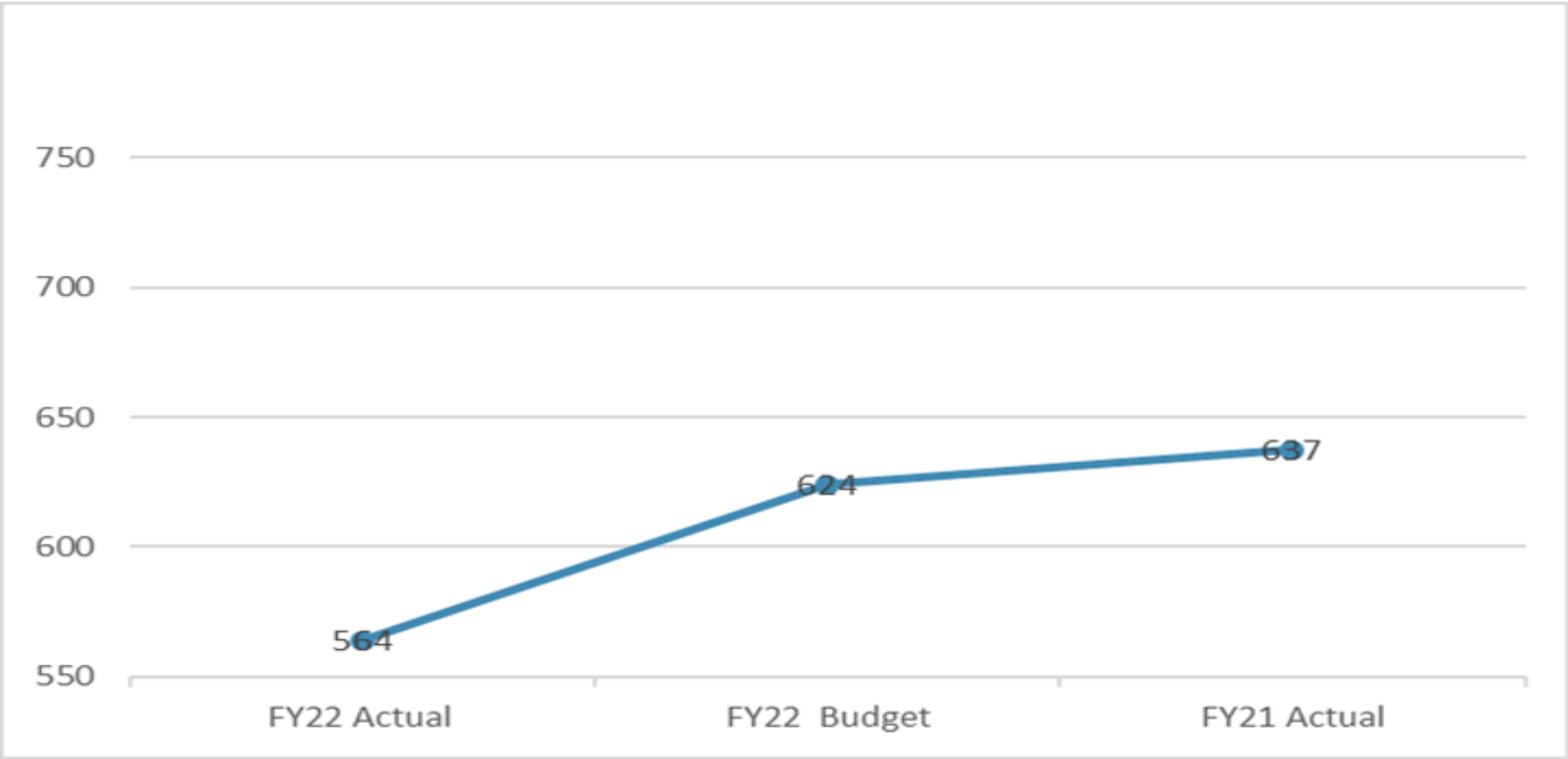
# Total Emergency Room Visits



FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916	2,194	3,161	3,202			
FY22 Budget	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			



# Number of FTEs

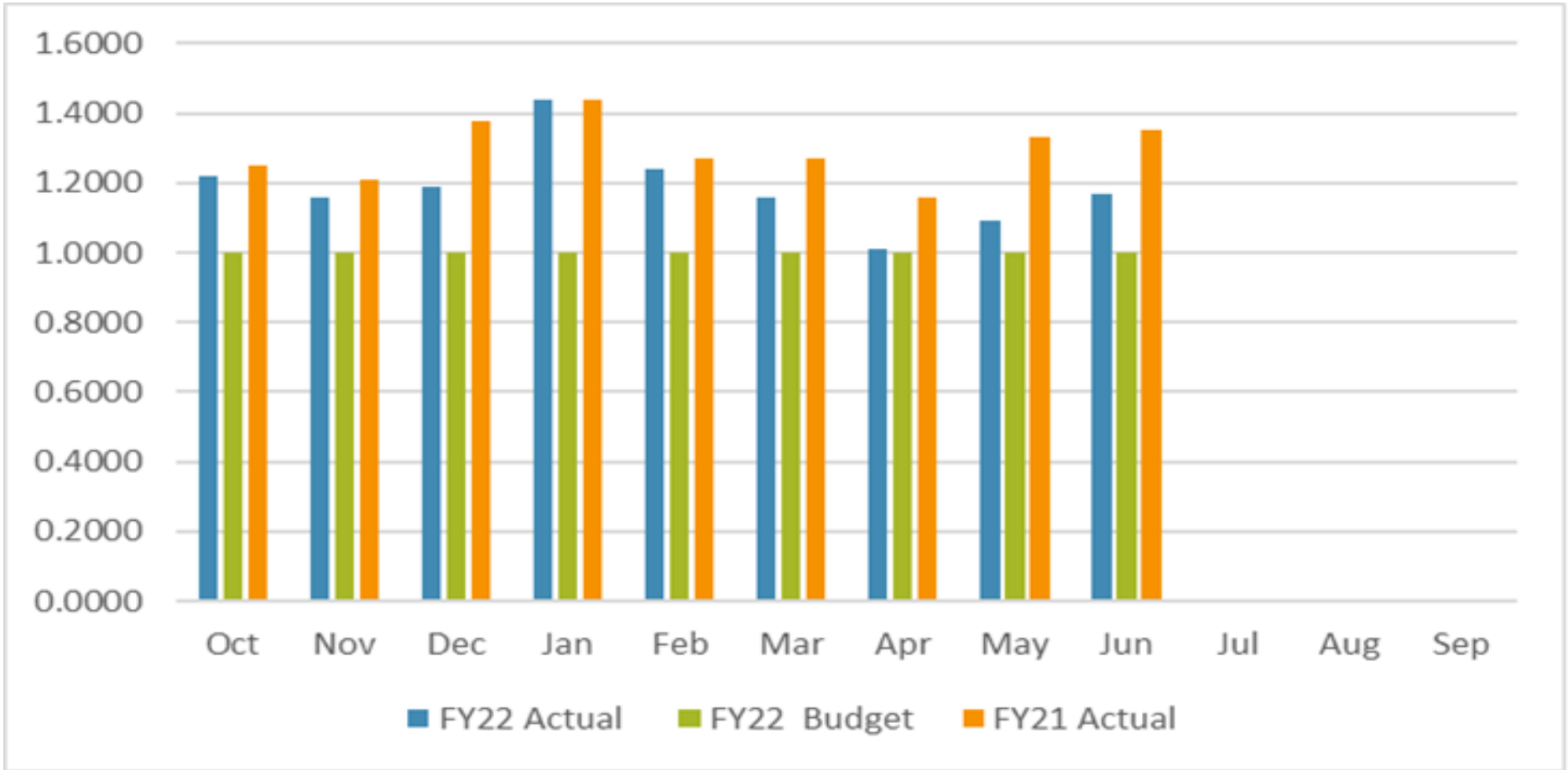


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551	559	557	564			
FY22 Budget	624	624	624	624	624	624	624	624	624			
FY21 Actual	764	771	766	725	724	704	687	665	637			



UNITED  
MEDICAL CENTER

# Case Mix Index

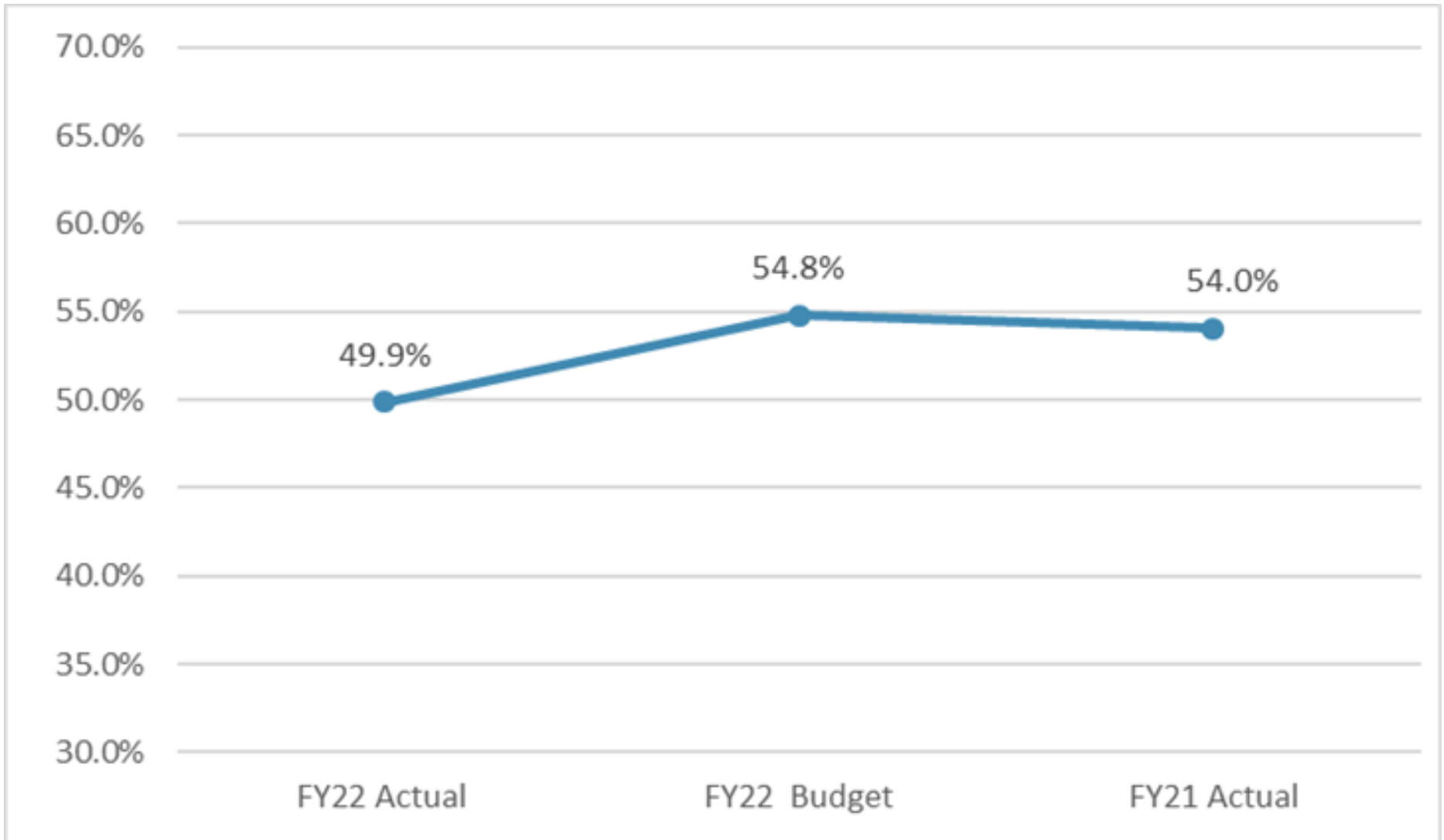


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100	1.0900	1.1700			
FY22 Budget	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300	1.1300			
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700	1.1600	1.3300	1.3500			



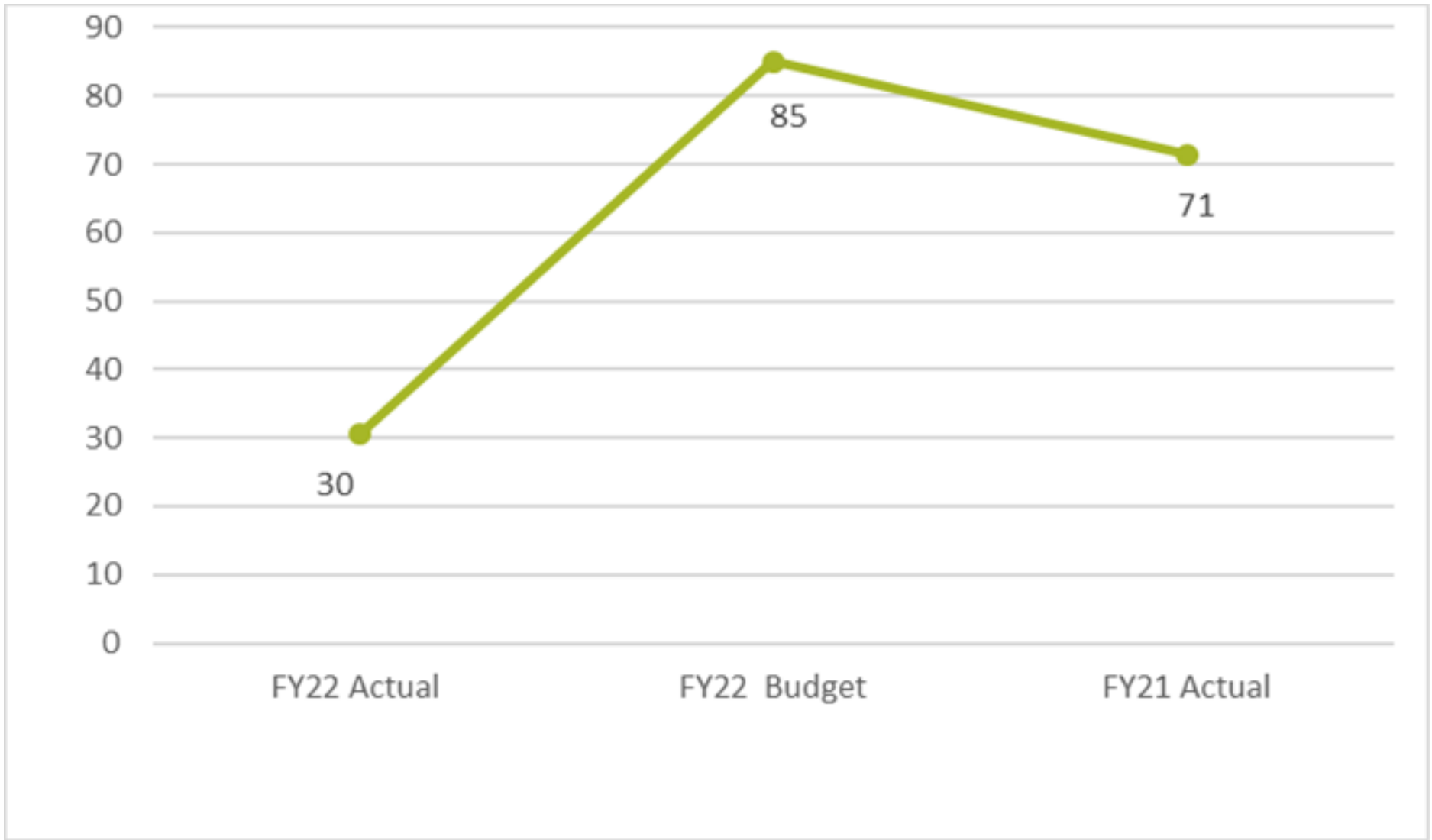


## Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



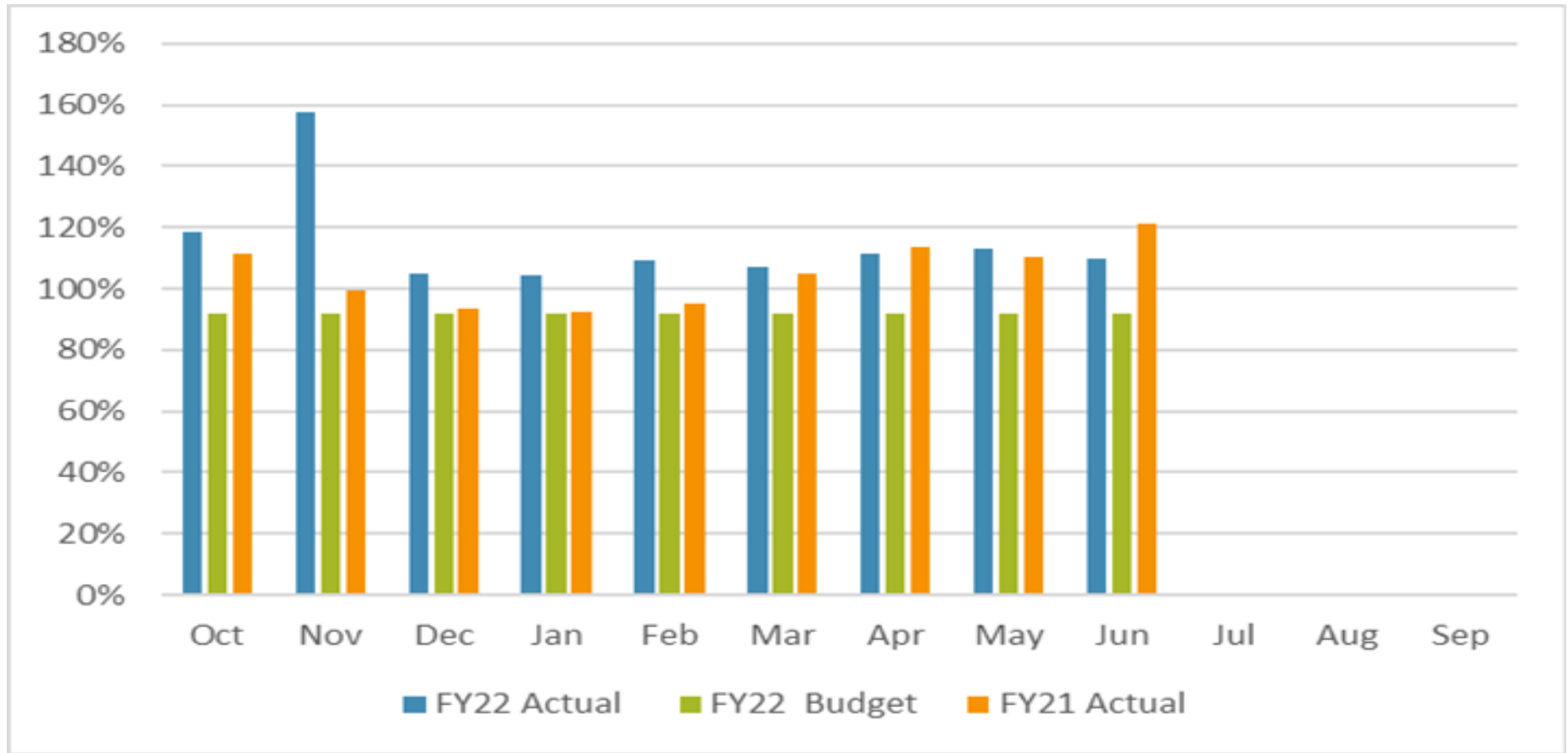


# Net Accounts Receivable (AR) Days With Unbilled





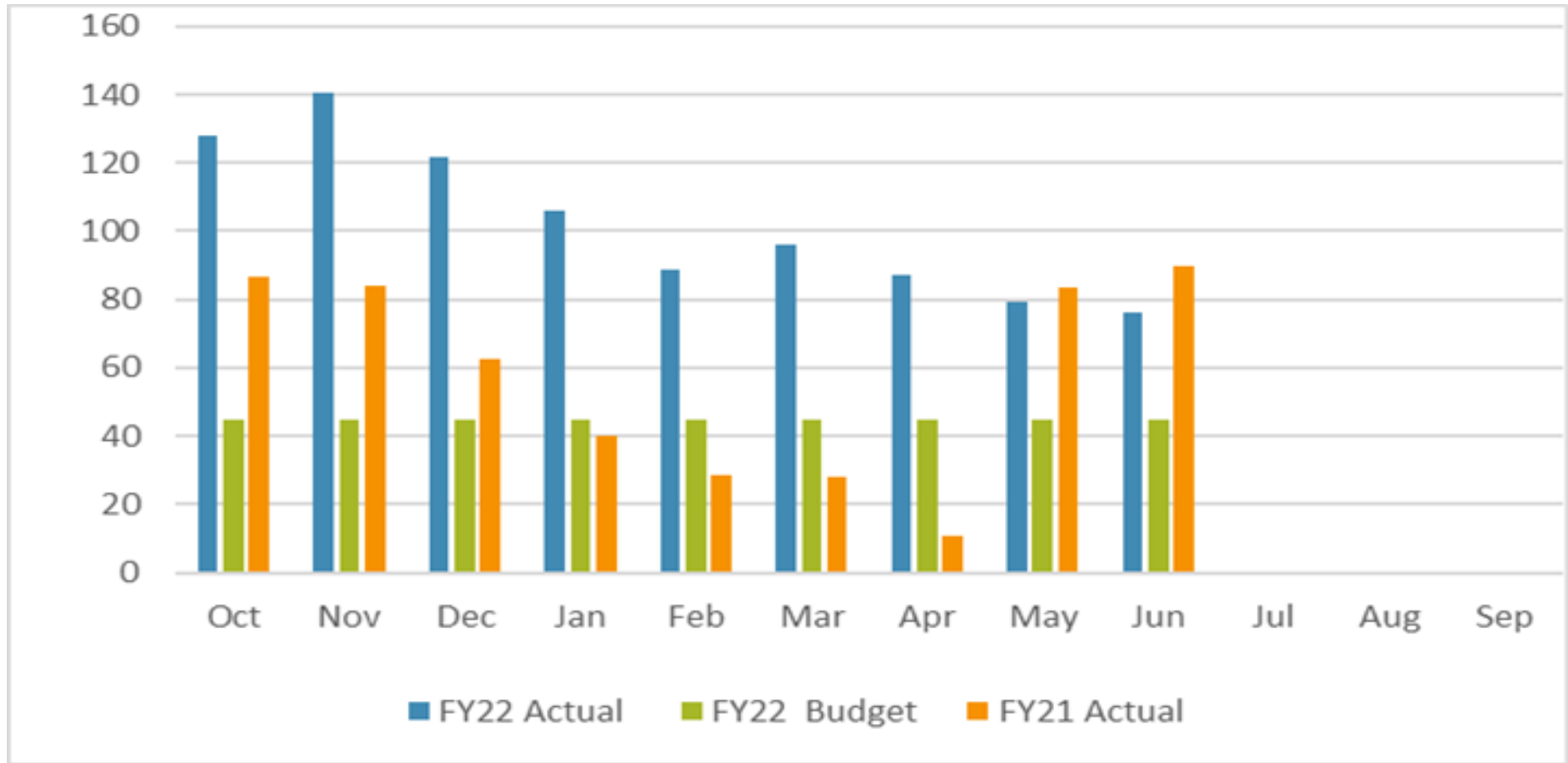
# Cash Collection as a % of Net Revenues



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



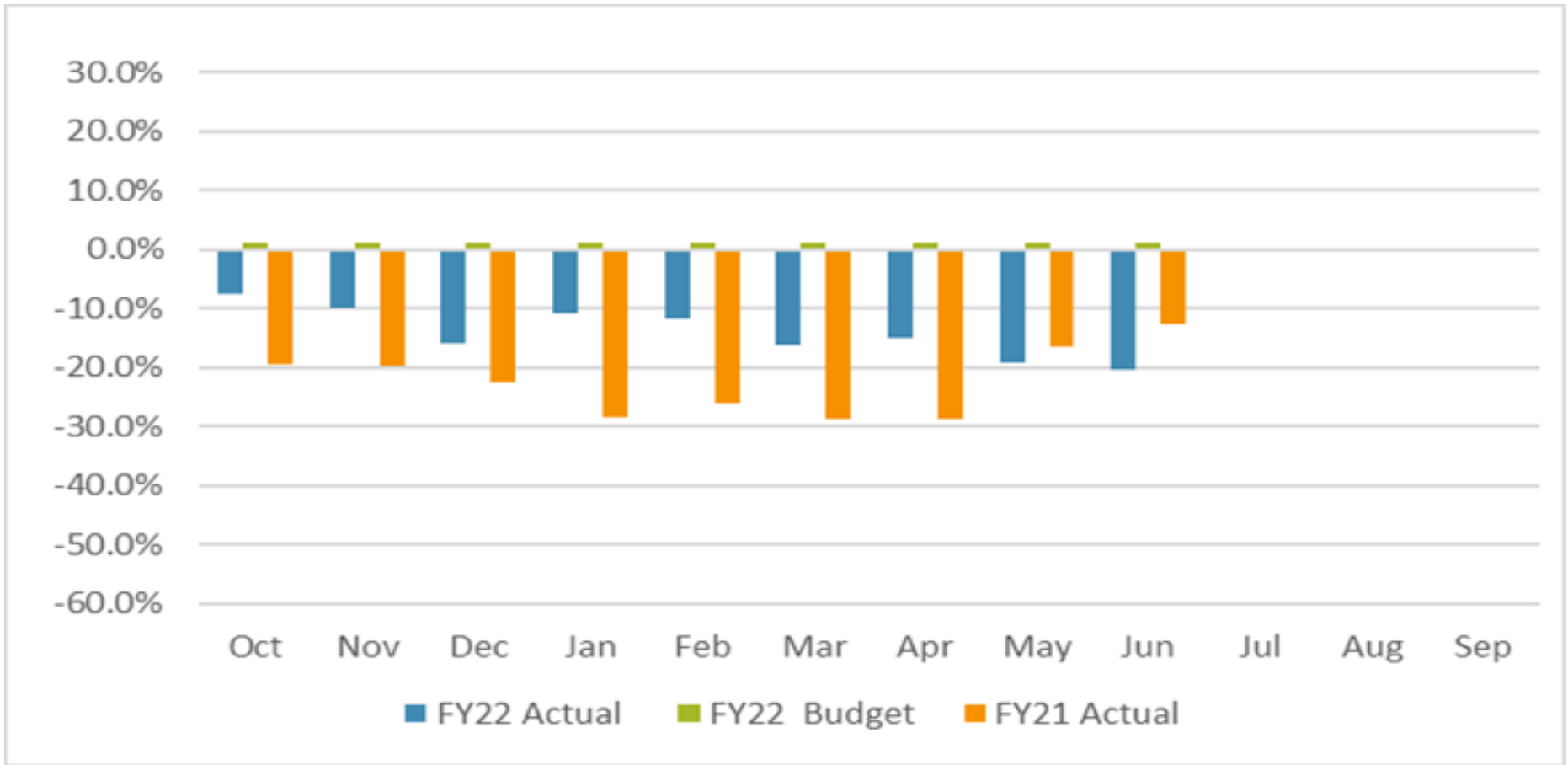
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	88	95	87	81	76			
FY22 Budget	45	45	45	45	45	45	45	45	45			
FY21 Actual	86	84	63	40	28	28	11	84	90			



# 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%			
FY22 Budget	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%			



# Income Statement

## FY22 Operating Period Ending June 30, 2022

	Month of June			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	286	369	337	(83)	-23%	(51)	-15%	2,484	3,323	3,299	(839)	-25%	(815)	-25%
Patient Days	1,691	2,236	2,203	(545)	-24%	(512)	-23%	16,156	20,126	20,190	(3,970)	-20%	(4,034)	-20%
Emergency Room Visits	3,202	3,043	3,428	159	5%	(226)	-7%	26,019	27,383	28,125	(1,364)	-5%	(2,106)	-7%
Clinic Visits	1,042	1,089	1,308	(47)	-4%	(266)	-20%	10,227	9,798	15,945	429	4%	(5,718)	-36%
IP Surgeries	28	67	63	(39)	-58%	(35)	-56%	369	607	544	(238)	-39%	(175)	-32%
OP Surgeries	79	78	104	1	1%	(25)	-24%	760	702	800	58	8%	(40)	-5%
Radiology Visits	959	763	768	196	26%	191	25%	7,709	6,864	5,752	845	12%	1,957	34%
<b>Revenues</b>														
Net Patient Service	6,291	6,665	4,669	(374)	-6%	1,622	35%	49,100	59,984	52,209	(10,884)	-18%	(3,109)	-6%
DSH	-	1,658	1,830	(1,658)	-100%	(1,830)	-100%	12,170	14,925	8,632	(2,755)	-18%	3,537	41%
CNMC Revenue	190	151	160	39	26%	30	19%	1,566	1,355	1,379	210	16%	187	14%
Other Revenue	1,478	1,824	6,986	(346)	-19%	(5,508)	-79%	17,232	16,416	30,941	816	5%	(13,709)	-44%
<b>Total Operating Revenue</b>	<b>7,959</b>	<b>10,298</b>	<b>13,645</b>	<b>(2,339)</b>	<b>-23%</b>	<b>-5,686</b>	<b>-42%</b>	<b>80,067</b>	<b>92,680</b>	<b>93,161</b>	<b>(12,613)</b>	<b>-14%</b>	<b>(13,094)</b>	<b>-14%</b>
<b>Expenses</b>														
Salaries and Wages	3,609	3,918	3,861	(309)	-8%	(252)	-7%	33,098	35,258	39,429	(2,160)	-6%	(6,331)	-16%
Employee Benefits	1,027	1,033	998	(6)	-1%	29	3%	9,525	9,299	10,422	226	2%	(897)	-9%
Contract Labor	976	417	169	560	134%	807	477%	7,281	3,750	3,689	3,531	94%	3,592	97%
Supplies	702	637	946	65	10%	(244)	-26%	6,447	5,734	8,549	713	12%	(2,102)	-25%
Pharmaceuticals	177	218	301	(41)	-19%	(124)	-41%	1,689	1,965	2,348	(277)	-14%	(660)	-28%
Professional Fees	1,824	1,685	1,801	140	8%	24	1%	15,065	15,164	15,782	(98)	-1%	(717)	-5%
Purchased Services	1,339	1,234	1,316	105	8%	23	2%	11,963	11,105	13,897	858	8%	(1,935)	-14%
Other	862	1,121	823	(259)	-23%	38	5%	11,407	10,089	10,730	1,318	13%	676	6%
<b>Total Operating Expenses</b>	<b>10,516</b>	<b>10,263</b>	<b>10,215</b>	<b>253</b>	<b>2%</b>	<b>301</b>	<b>3%</b>	<b>96,475</b>	<b>92,364</b>	<b>104,847</b>	<b>4,110</b>	<b>4%</b>	<b>-8,372</b>	<b>-8%</b>
<b>Operating Gain/ (Loss)</b>	<b>(2,557)</b>	<b>35</b>	<b>3,430</b>	<b>(2,592)</b>	<b>-7383%</b>	<b>(5,987)</b>	<b>-175%</b>	<b>(16,407)</b>	<b>316</b>	<b>(11,685)</b>	<b>(16,723)</b>	<b>-5292%</b>	<b>(4,722)</b>	<b>40%</b>



# Balance Sheet

## As of the month ending June 30, 2022

Jun-22	May-22	MTD Change		Sep-21	YTD Change
<b>Current Assets:</b>					
\$ 34,748	\$ 35,927	\$ (1,179)	Cash and equivalents	\$ 46,041	\$ (11,293)
5,484	6,179	(695)	Net accounts receivable	9,186	(3,702)
5,867	5,853	14	Inventories	6,045	(178)
2,739	3,789	(1,050)	Prepaid and other assets	2,809	(70)
<u>48,837</u>	<u>51,748</u>	<u>(2,911)</u>	Total current assets	<u>\$ 64,081</u>	<u>\$ (15,244)</u>
<b>Long-Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
52,831	54,076	(1,245)	Capital Assets	62,296	(9,465)
<u>52,831</u>	<u>54,076</u>	<u>(1,245)</u>	Total long term assets	<u>62,296</u>	<u>(9,465)</u>
<u>\$ 101,668</u>	<u>\$ 105,824</u>	<u>\$ (4,156)</u>	Total assets	<u>\$ 126,377</u>	<u>\$ (24,709)</u>
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
15,458	14,614	844	Trade payables	14,582	876
6,295	6,623	(328)	Accrued salaries and benefits	7,762	(1,467)
2,800	2,800	0	Other liabilities	4,300	(1,500)
<u>24,554</u>	<u>24,037</u>	<u>517</u>	Total current liabilities	<u>26,644</u>	<u>(2,090)</u>
<b>Long-Term Liabilities:</b>					
2,440	3,279	(839)	Unearned grant revenue	-	2,440
17,101	17,095	6	Estimated third-party payor settlements	18,762	(1,661)
5,270	5,270	-	Contingent & other liabilities	1,692	3,578
<u>24,812</u>	<u>25,644</u>	<u>(832)</u>	Total long term liabilities	<u>20,454</u>	<u>4,357</u>
<b>Net Position:</b>					
52,302	56,142	(3,840)	Unrestricted	79,278	(26,976)
<u>52,302</u>	<u>56,142</u>	<u>(3,840)</u>	Total net position	<u>79,278</u>	<u>(26,976)</u>
<u>\$ 101,668</u>	<u>\$ 105,823</u>	<u>\$ (4,155)</u>	Total liabilities and net position	<u>\$ 126,377</u>	<u>\$ (24,709)</u>



# Statement of Cash Flow

## As of the month ending June 30, 2022

Month of June		<i>Dollars in Thousands</i> Year-to-Date	
Actual	Prior Year	Actual	Prior Year
<b>Cash flows from operating activities:</b>			
\$ 6,993	\$ 11,396	\$ 63,312	\$ 68,805
(3,995)	(7,015)	(50,611)	(60,976)
(4,963)	(4,202)	(44,089)	(50,634)
826	893	6,220	(1,692)
<u>(1,139)</u>	<u>1,072</u>	<u>(25,169)</u>	<u>(44,496)</u>
<b>Cash flows from investing activities:</b>			
-	-	-	-
-	-	-	-
1	-	(2)	-
<u>1</u>	<u>-</u>	<u>(2)</u>	<u>-</u>
<b>Cash flows from noncapital financing activities:</b>			
-	-	-	-
-	-	15,000	40,000
-	-	<u>15,000</u>	<u>40,000</u>
<b>Cash flows from capital and related financing activities:</b>			
-	-	-	-
2	-	10	5,529
(43)	(115)	(1,132)	(5,754)
<u>(41)</u>	<u>(115)</u>	<u>(1,123)</u>	<u>(225)</u>
(1,179)	957	(11,293)	(4,721)
<b>35,927</b>	<b>47,724</b>	<b>46,041</b>	<b>53,402</b>
<b>\$ 34,748</b>	<b>\$ 48,681</b>	<b>\$ 34,748</b>	<b>\$ 48,681</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			