



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: April 24, 2024

Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d139dd351ce1463aca24e8ebdc

2024 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 MANAGEMENT BOARD OF
DIRECTORS NOTICE OF PUBLIC MEETING**

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, April 24, 2024. The meeting will be held via WebEx.

Meeting link: Webex - Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d139dd351ce1463aca24e8ebdc

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

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES –
Feburary 28, 2024**
- V. CONSENT AGENDA**
 - A. Dr. Gregory Morrow, MD- Chief Medical Officer**
 - B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
 - C. Teka Henderson - VP of Nursing**
- VI. EXECUTIVE MANAGEMENT REPORT**
Dr. Jacqueline Payne-Bordern, CEO/CNO
- VII. FINANCIAL REPORT**
Lillian Chukwuma, Chief Financial Officer
- VIII. PUBLIC COMMENT**
- IX. CLOSED SESSION**
- X. OTHER BUSINESS**
 - A. Old Business**
 - B. New Business**
- XI. ANNOUNCEMENTS**
- XII. 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).



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: April 24,
2024**

**Reading and Approval of
Minutes**

Minutes Date:

February 28, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, February 28, 2024 3:30pm
Held via WebEx

Directors:

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

UMC Staff: CEO Dr. Jacqueline Payne–Borden CFO Lilian Chukwuma, CMO Dr. Gregory Morrow, Gen Counsel Eric Goulet, Attorney Mike Austin, Compliance Officer Vernita Bicette-Roberts Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon, Kendrick Dandridge, Attorney Yanira Van Den Broeck, Dr. Francis O’Connell, SM Williams, Cheron Rust, Tracy Follin, Maxine Lawson, Teka Henderson, Tonia Johnson, Derrick Lockhart, Vineela Yannamreddy, LaMonica, Vernitta Bicette-Robert Chief Compliance Officer

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:37pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir Ashenafi, 2nd by Dr. Fair unanimous vote</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dr Fair, 2nd by Dir. Ashenafi unanimous vote.</i></p>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> • In January, there were two (2) initial appointments, eight (8) reappointments, and • Nine (9) resignations. There are currently (249) Medical Staff members.

- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting will be held on March 13, 2024.
- Medical Affairs is making sure the department is ready for the DC Department of Health survey.
- Medical Affairs is preparing to downsize the providers files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.
- The Medical Staff has a 100% compliance rate for the influenza vaccine.
- Manually uploads for Core Measure charts
- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- Submission of Press Ganey contract
- Successful completion of getting PO completed and Business Case Memo done.
- Data was manually gathered from various departments and analyzed for the dashboard.
- Ongoing meetings with departments for Policy improvement and clean up.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions /
- COVID 19 positive deaths; however, there is a moderate increase in the numbers.
- The number of COVID-19 admissions increased from 18 to 29 in January 2024.
- The number of COVID-19 positive employees decreased from 18 to 17 in January 2024.
- Mask are required for everyone who enters UMC.
- UMC will not institute a mandatory vaccination program for hospital employees at the present time.
- Infection Control initiated an outbreak investigation on January 30, 2024
- Two patients on 8 West who had negative COVID 19 test results were re-tested in preparation for discharge planning and were found to be COVID 19 positive. Three staff on 8 West were also identified to be COVID 19 positive during the same time frame.

- Due to the patient transportation insufficiency with Vesper, Case management Department, in collaboration with relevant entities in administration, is currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.
- Consequent upon the long standing Case Management staff shortage, especially impacting our Clinical Social Worker hospital coverage, we are now in the final stages of approval with Finance, to start using Contract Agency Clinical Social Workers, on a PRN basis.
- The pending UMC closure, was a significant issue in our recruiting efforts through the platform of INDEED.
- The Department of Pharmacy has done their bi-annual IV Room Certification/Testing with TSS and has passed all IV Room Certifications and requirements for a safe infection-controlled environment for compounding.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for November 2023 was \$29.94 and December 2023 was \$38.64, both months were down from \$46.31 in October 2023. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$31, 222 for the month of November 2023 and \$25,412 for December 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of interventions documented via Meditech for November and December 2023 was 526.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 111 doses of Suboxone distributed for 2023 for both In-patient and ED since the DEA X-waiver removal.
- Narcan Kit distribution for 2023 totaled 190 kits and 950 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- LLDC Stakeholder Opioid Treatment Strategies next meeting will focus on The District's Stabilization Center and health information sharing amongst providers and organizations. UMC has been selected as a possible location for the future LLDC Steering Group Summit Meeting. Pending date confirmation.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three day therapy (one daily dose) to

individuals who present to UMC Emergency Department. The Department of Pharmacy and Emergency Department will develop a protocol and policy the adheres to the DC HEALTH and DEA regulations.

- VP of Pharmacy Services continues to take part in the DC Interagency Council on Homelessness (ICH); Hospital X Homelessness Workgroup.
 - VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
 - Ongoing daily/weekly/monthly monitoring of DC Health initiatives for upcoming annual visit include:
 - 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
 - Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.
 - Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires.
-
- **MCOS Report – Dr. Francis O’Connell**
 - The inpatient and emergency services at UMC continue to play an integral role in the health and well-being of the people of Southeast Washington DC area. Emergency Department (ED) visits and inpatient admissions, the primary measures of hospital utilization, remain stable over the past 2+ years.
 - Anecdotally, patients’ medical and social problems are more complex in the post-COVID era with an increasing need for resources. This is palpable across the District of Columbia and surrounding DMV hospitals. Inpatient bed occupancy rates remain high with ED boarding a constant which makes transferring of patients to hospitals with higher levels of care challenging.
 - As UMC progresses toward closure, maintenance of core services will be vital to the health of the hospital and its patients.
 - Reductions in certain services is causing an increase in patient transfers in an already strained and congested system. This is driving an increase in boarding and limits space and personnel to care for new patients. Further erosion of services will create a compounding effect upon patient care and safety. Several ways to temporize this problem are providing nuclear medicine services and reinforcing case management/social work services.
 - The lingering absence of nuclear medicine services, related to a months-long vacancy in the medical technician position, limits effective evaluation of higher-risk patients for heart disease. Without nuclear medicine, patients require transfer to another hospital or alternatively, undergo an inferior risk stratification process.

- The already taxed and limited social work and case management services are limited in their ability to meet the growing needs of patients, leading to extended length of stays in the ED and inpatient units.
- Finally, the issue with reliable and efficient transportation for patients, which seemingly is the most difficult to solve, remains a problem and also contributes to boarding and extended lengths of stay. There is an understanding that these are just a few of the problems the hospital endeavors to address, though want to ensure they receive attention, and remain available to discuss potential solutions.
- Influenza and COVID cases continue to be Annual vaccination remains the best measure of prevention against serious illness.
- We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

Executive Management Report - Dr. Jacqueline Payne Borden

- The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posits for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards. We continue to support and empower each other to carry out our specialized roles and responsibilities.
- The following are some highlights:
- On January 25, 2024, the Joint FY 2023 Performance Oversight Hearing - Committee on Health and Committee on Hospital and Health Equity was held. UMC's Board Chair, Angell Jacobs, and this writer provided testimony along with support from Lilian Chukwuma, Chief Financial Officer. A budget oversight hearing will be scheduled in the near future.
- Staffing continues to be challenging not only in clinical areas but throughout various departments for reasons such as illnesses, FMLA status, call outs and hard to fill positions. UMC will continue to work with staffing agencies while trying to recruit and retain staff as feasible. All levels of leadership are cognizant of the importance of the mandatory justification and approval of overtime as necessary for safe effective hospital operations.
- The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers as feasible.

- In terms of patients transportation, efforts are still being made to try to obtain additional resources to support our current patient transportation vendor.
- The Information Technology Department accomplished the following as part of monthly activities: Upgraded all systems and network with latest patches, upgraded SSL VPN, assisted HR in year-end processes and benefits enrollment. The IT Dept. will continue to maintain all IT and communications infrastructure. There were no security risks/ attacks in the month of January.
- UMC's facilities team along with specialized vendors continues to provide preventative maintenance and repairs on various hospital infrastructure such as, generators, cooling towers, chillers and elevator systems. The repairs and modernization are at various phases of completion.
- An expedited Request for Proposal (RFP) for a closure consultant was released on February 6, 2024. It was published on UMC's website and was subsequently sent to the Department of Small and Local Business Develop. The bids will close on February 19, 2024. The goal is to have a consultant on board sometime in May.
- Community Partnerships
- Ward 8 AARP group held their meeting at UMC this month. It was well attended by community participants. Discussions included the positive community partnership/relationship between UMC and the community with the goal to retain such a relationship until closure.
- The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC officially launch on November 6, 2023. At present, there are 108 participants of which 43% completed at least one training module per January's report from UHS.
- UMC partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, Grand Canyon, Chamberlain and Walden for nursing clinical and the University of the District of Columbia for Patient Care Technician students.
- Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy Dr. Maxine Lawson remains the volunteer Co-Chair for the Live.Long.DC which focuses on the reduction, misuse of opioids and opioid related deaths.

CNO Report – Teka Henderson, VP of Nursing

- Staffing continues to be a challenge in the nursing department. The national shortage compromises the immediate availability of nurses. We

onboarded 10 registered nurses and 7 medical surgical technicians for the month of January. All 17 candidates are assigned to respective departments i.e. Med/surge Telemetry, ICU, Behavioral health and emergency departments, and we hope for the longevity of those contracts. There are also UMC potential candidates awaiting offers.

- Performance Improvement:
- The education department continues to monitor the performance improvement initiatives. Some of which are: timely narcotic wastes, pain assessment and re-assessment and wound prevention measures. All new staff are on boarded with wound care training. Nursing continues to prepare for the annual DC Health survey.
- Nursing leadership continues to make frequent rounds and engage with staff.
- The education department continues to monitor the performance improvement initiatives. Some of which are: timely narcotic wastes, pain assessment and re-assessment and wound prevention measures. All new staff are on boarded with wound care training. Nursing continues to prepare for the annual DC Health survey.
- Nursing leadership continues to make frequent rounds and engage with staff.
- There were 68 admissions in ICU for the month of January. Though number of admissions remained the same, the acuity level was high.
- Education
- There were a total of 68 admissions for the month of December with an average daily census of 10. Education focused on the new updated insulin order and glucose monitoring standard of care and insulin T1D orders for accuracy. Preparation for the upcoming new hypoglycemia protocol (use of D10) in place of D50% due to the national shortage of D50. Wound care assessment, prevention and consultation request.
- Huddle education included PPE practice and environmental contamination. Department of Health/College of American Pathologist survey preparedness
- Critical value reporting compliance decreased from 96.2% to 94%. Real time coaching and direct oversight. Documentation compliance unchanged for previous 93%. Primarily attributed to rapid increase in respiratory census and onboarding of agency staff. Corrective measures include high value shift huddle education and one on one coaching.
- Education focused on restraints, seclusion, medication reconciliation, documentation of patient property and identifying patient problems for care planning. Education also included group dynamics and wound care protocol.

Mot to accept CEO report by Dir Turnage, 2nd by Dr Fair., unanimous vote.

<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Total operating revenues are lower than budget by 39% (\$3.5M) MTD and by 6% (\$2M) YTD. • Net patient revenue is lower than budget by 53% (\$2.7M) MTD and by 9% (\$2.3M) YTD. • Admissions are lower than budget by 9% MTD and YTD respectively. • Emergency room visits are on target MTD and YTD. • Clinic visits are lower than budget by 19% MTD and 39% YTD. • Total surgeries are lower than budget by 28% MTD and 18% YTD. • Expenses <ul style="list-style-type: none"> • Total operating expenses are higher than budget by 34% (\$3.0M) MTD and 13% (\$4.6M) YTD due to the following: • Salaries are higher than budget by 14% (\$433K) MTD and 15% (\$1.9M) YTD due to overtime. • Overtime is trending at over \$4M for the year. • Employee benefits are lower than budget by 15% (\$144K) MTD but higher than budget by 14%(\$534K) YTD. • Contract labor is higher than budget by 102% (\$920K) MTD and 20% (\$709K) YTD. • Professional fees are lower than budget by 24% (\$298K) MTD but higher than budget by 8% (\$376K) YTD. • Purchased services are lower than budget by 27% (\$286K) MTD and 5% (\$189K) YTD. • Other expenses are higher than budget by 95% (\$1M) MTD and by 16% (\$679K) YTD. <p style="text-align: center;"><i>Motion to enter Closed Session by Ashenafi, 2nd by Dr Fair Unanimous vote.</i></p>
<p>Public Comment</p>	
<p>Closed Session</p>	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir Ashenafi, 2nd by Dr. Turnage</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:22 pm.</p>

	<i>Closed session ended at approximately 5:13pm</i>
Announcements	During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.
Adjourned.	Mot to adjourn Dir. Ashenafi 2 nd by Dr. Turnage Meeting adjourned at approximately 5:15pm.



UMC

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MEDICAL CENTER

**Monthly Board
Meeting**

**Date: April 24,
2024**

Consent Agenda



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MEDICAL CENTER

**Monthly Board
Meeting**

**Date: April 24,
2024**

**CMO Report ,
February and March
2024**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

February 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In February, there were two (2) initial appointments, ten (10) reappointments, and one (1) resignation. There are currently (250) Medical Staff members.
- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting was rescheduled for April 10, 2024.
- Medical Affairs is preparing to work to downsize the provider’s files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.

2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
MEDICAL STAFF OFFICE						
Timely receipt of initial application with required ID (60 days)	100%	100%				
All expirable documents are current (license, physical, PPD screening, influenza vaccine, DEA, CDS, liability insurance, etc.)	100%	100%				
Complete credential files	100%	100%				
Timely processing of re-appointment application following receipt (30) days	100%	100%				

Quality and Patient Safety

February 2024 Accomplishments:

- Manually uploads for Core Measure charts.

- Meetings with nursing to discuss quality issues across the board.
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- Correction of Press Ganey contract and resubmission
- Successful completion of getting PO completed and Business Case Memo done.
- Data was manually gathered from various departments and analyzed for the dashboard.
- Ongoing meetings with departments for Policy improvement and clean up.
- Working with DC Health and departments within the hospital to follow up on alleged complaints.
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Successful submission of CMS Promoting Interoperability Program

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

The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions / COVID 19 positive deaths; however, there is a moderate increase in the numbers.

The number of COVID-19 admissions increased from 29 to 35 in February 2024.

The number of COVID-19 positive employees decreased from 17 to 6 in February 2024.

Masks are still required for everyone who enters UMC.

UMC has not d a mandatory vaccination program for hospital employees.

Infection Control initiated an outbreak investigation on January 30, 2024,

The COVID 19 outbreak on 8 West was controlled. No additional COVID 19 cases were identified related to the outbreak.

A report was provided to the Department of Health who was satisfied with the control measures. They also provided additional recommendations.

As of March 01, 2024, no additional cases of COVID-19 in staff or patients have been identified on 8 West.

UMC had a 99.4 Influenza vaccine compliance rate and meets the requirements for CMS.

Monthly Surveillance Data:

February 2024

- 147 Ventilator days– 0 infections
- 141 Central Line Device days – 0 infections
- 210 Urinary Indwelling Device days - 0 infections
- 1 cases of VRE hospital-wide

- 1 cases of C Difficile hospital-wide
- 1 cases of MRSA hospital-wide

Case Management Department

- Due to the patient transportation insufficiency with Vesper, Case management Department, in collaboration with relevant entities in administration, is currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.
- Consequent upon the long standing Case Management staff shortage, especially impacting our Clinical Social Worker hospital coverage, we are now in the final stages of approval with Finance, to start using Contract Agency Clinical Social Workers, on a PRN basis.
- The pending UMC closure, was a significant issue in our recruiting efforts through the platform of INDEED.

Pharmacy & Therapeutics:

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for January 2024 was \$32.52 and February 2024 was \$31.70 both months were down from \$38.64 in December 2023. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$43,802 for the months of January and February 2024. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of interventions documented via Meditech for January and February 2024 was 439. February saw an increase in savings by 34% over January.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 42 doses of Suboxone distributed for January and February 2024 for both In-patient and ED.
- Narran Kit distribution for January and February 2024 totaled 20 kits and 100 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths. A member of DHCF has been invited by the Treatment Initiatives Team to discuss fee-for-service at the request of District Providers. Also, DBH has been invited to further educate District treatment Providers and Peer Recovery Specialists on the use of the MyRides Program.
- LLDC Stakeholder Opioid Treatment Strategies next meeting will focus on The District's Stabilization Center and health information sharing amongst providers and organizations and new updates regarding 42 CFR Part 2 Confidentiality of Substance Use Disorder. UMC has

- been selected as a possible location for future LLDC Steering Group Summit Meeting. Pending date confirmation.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three-day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of Pharmacy and Emergency Department will develop a protocol and policy that adheres to the DC HEALTH and DEA regulations to be presented at the upcoming March Pharmacy & Therapeutics Committee Meeting.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health
- VP of Pharmacy has been invited to attend the District's Opioid Abatement Committee meetings.
 - Ongoing daily/weekly/monthly monitoring of DC Health initiatives for upcoming annual visit include:
 - 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) Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.
 - c) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - d) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - e) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – **National Patient Safety Goals**.
 - f) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - g) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following antibiotic usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**

Press Ganey stats for February 2024:

Emergency Room:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Jan 2024)</u>	<u>(Feb 2024)</u>	<u>Change</u>
PG	Doctors	13	36.19%	76.92%	38.83%

Inpatient:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Jan 2024)</u>	<u>(Dec 2023)</u>	<u>Change</u>
PG	Doctors	11	47.50	25.45%	22.05%

Sincerely,



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

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

March 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In **March**, there were two (2) initial appointments, **five (5)** reappointments, and **three (3)** resignations. There are currently (249) Medical Staff members.
- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting **was held April 10, 2024**. The meeting will be June 12, 2024.
- Medical Affairs is working to downsize the provider files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.
- The Medical Staff celebrated National Doctor's Day on March 29, 2024.

2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
MEDICAL STAFF OFFICE						
Timely receipt of initial application with required ID (60 days)	100%	100%				
All expirable documents are current (license, physical, PPD screening, influenza vaccine, DEA, CDS, liability insurance, etc.)	100%	100%				
Complete credential files	100%	100%				
Timely processing of re-appointment application following receipt (30) days	100%	100%				

Quality and Patient Safety

MARCH 2024 Accomplishments:

- Manually uploads for Core Measure charts
- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- Correction of Press Ganey contract and resubmission
- Successful completion of getting PO completed and Business Case Memo done.
- Data was manually gathered from various departments and analyzed for the dashboard.
- Ongoing meetings with departments for Policy improvement and clean up.
- Working with DC Health and departments within the hospital to follow up on alleged complaints.
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Successful submission of CMS Promoting Interoperability Program
- Amendment of morgue policy

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

The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions / COVID 19 positive deaths.

The number of COVID-19 admissions decreased from 35 to 15 in March 2024.

The number of COVID-19 positive employees decreased from 6 to 1 in March 2024.

We are reviewing and potentially eliminating the Mask Mandate which is still in effect for everyone who enters UMC.

We continue to encourage all staff to wear the appropriate PPE in all patient care areas for the protection of both our patients and employees.

UMC does not plan to institute a mandatory vaccination program for hospital employees.

Infection Control initiated an outbreak investigation on January 30, 2024,

The COVID 19 outbreak on 8 West was controlled. No additional COVID 19 cases were identified related to the outbreak.

UMC had a 99.4 Influenza vaccine compliance rate and meets the requirements for CMS.

Monthly Surveillance Data:

March 2024

- 362 Ventilator days– 0 infections
- 386 Central Line Device days – 0 infections
- 555 Urinary Indwelling Device days - 0 infections
- 0 cases of VRE hospital-wide
- 0 cases of C Difficile hospital-wide
- 0 cases of MRSA hospital-wide

Case Management Department

- Due to the patient transportation insufficiency with Vesper, Case Management Department, in collaboration with relevant entities in administration, is currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.
- Case Management diligently worked with Finance to staff up our social worker. A contract was approved with Social Work p.r.n. staffing agency. The process has started to match social work candidates for inpatients and emergency room.
- The pending UMC closure was a significant issue in our recruiting efforts through the platform of INDEED.
- The average Length of Stay remains above target (5.5), however, has dropped to within 10% of target for the first time this calendar year to 5.6.

Pharmacy & Therapeutics:

- The Chief Information Officer and the VP of Pharmacy Services are slated to participate in the DCHA Joint Committee Meeting on April 15th.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for March 2024 was \$20.02. March cost PPD was down approximately 34% from \$31.70 in February 2024. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions for the month of March will be presented next month. Totals pending.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 14 doses of Suboxone distributed for March 2024 for both In-patient and ED.

- Narcan Kit distribution for March 2024 totaled 16 kits and 80 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- VP of Pharmacy has been invited to participate in the Substance Use Disorder (SUD) Coalition.
- VP of Pharmacy Services continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- LLDC Steering Group Summit scheduled for April 2024.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three-day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of Pharmacy and Emergency Department will develop a protocol and policy that adheres to the DC HEALTH and DEA regulations to be presented at the upcoming April Pharmacy & Therapeutics Committee Meeting finalized.
- The Department of Pharmacy is in the process of selecting a new Reverse Distribution vendor for destruction of expired medications due to current vendor Guaranteed Returns (GRx) closure of business.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- VP of Pharmacy has been invited to attend the District's Opioid Abatement Committee meetings.
- Ongoing daily/weekly/monthly monitoring of DC Health initiatives for upcoming annual visit include:
 - 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) Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.
 - c) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - d) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - e) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – **National Patient Safety Goals.**
 - f) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - g) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following antibiotic usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**

Press Ganey stats for March 2024:

Emergency Room:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Mar 2024)</u>	<u>(Feb 2024)</u>	<u>Change</u>
PG	Doctors	8	40.8%	52.78%	22.70%

Inpatient:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Mar 2024)</u>	<u>(Feb 2023)</u>	<u>Change</u>
CAHPS	Doctors	4	25.00%	25.45%	1.77%

Sincerely,



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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: April 24,
2024**

**Medical Chief of
Staff Report for
February and
March 2024
Dr. Francis
O'Connell, Medical
Chief of Staff**



Francis O'Connell, M.D., Chief of Staff

FEBRUARY 2024

Re: Chief of Staff Monthly Report

This monthly report is being submitted on behalf of the Medical Staff at United Medical Center (UMC):

The inpatient and emergency services at UMC continue to play an integral role in the health and well-being of the people of Southeast Washington DC area. Emergency Department (ED) visits and inpatient admissions, the primary measures of hospital utilization, remain stable over the past 2+ years. Patients' medical and social problems remain complex in the post-COVID era with an increasing need for resources. This is palpable across the District of Columbia and surrounding DMV hospitals. Inpatient bed occupancy rates remain high around the DMV, with ED boarding a constant, making transfer of patients to hospitals with higher levels of care challenging.

As UMC progresses toward closure, maintenance of core services will be vital to the health of the hospital and its patients. The recent reestablishment of nuclear medicine services, contracting for much-needed social worker and case management resources, and the anticipation of a contract with a secondary transportation vendor will positively impact patient care and safety at UMC.

Influenza and COVID cases remain prevalent though less pronounced toward the close of February with vaccination remaining the best measure of prevention against serious illness.

We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

Francis O'Connell M.D.
Chief of Staff
United Medical Center



Amaechi Erongu, M.D., Chairman

FEBRUARY 2024

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for February, 2024 was 89 and January, 2023 was 83.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance all through 2023. 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 120 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in February, 2024.

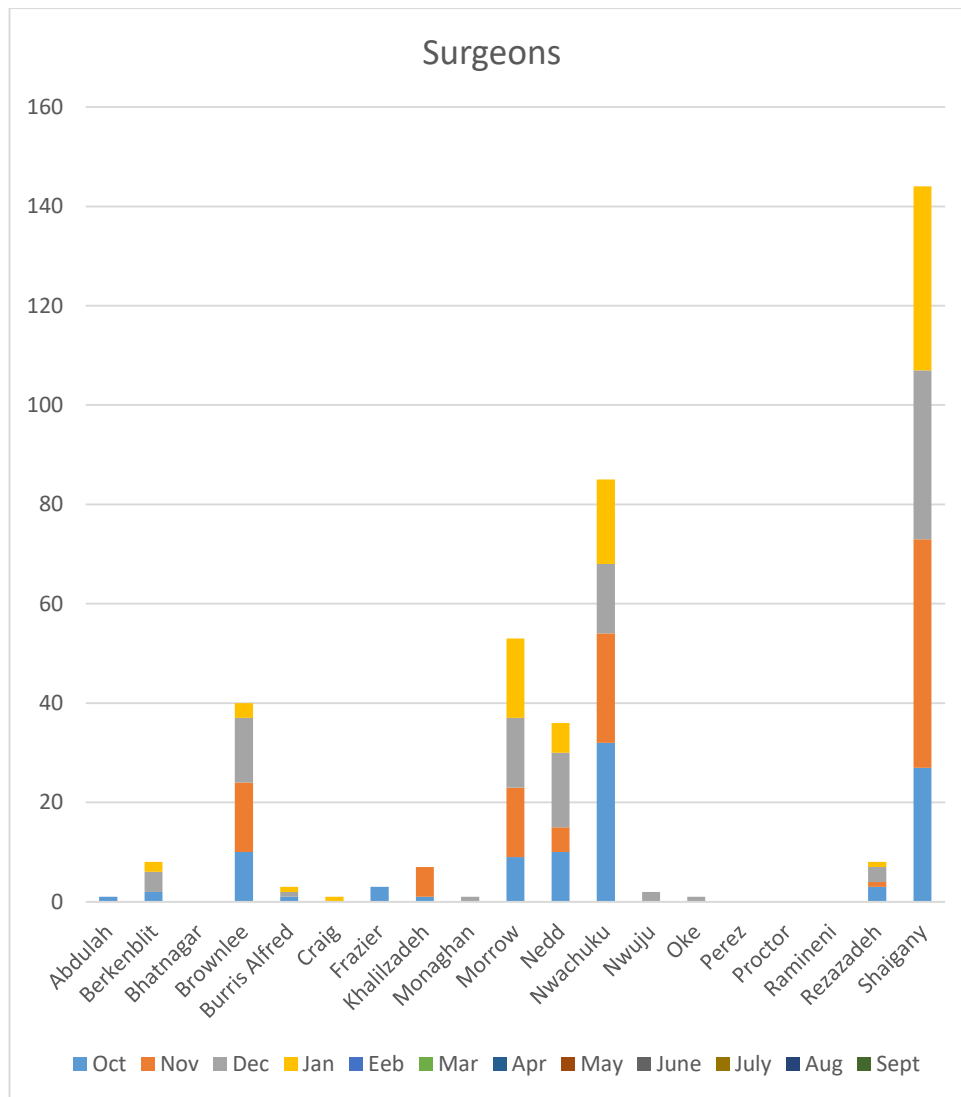
PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been maintaining the volume of procedures done at the OR. Currently, the Pain management service provided OR volume of 11 for the month of February 2024.

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.

MONTH	2018	2019	2020	2021	2022	2023	2024
JAN	150	210	187	147	120	111	88
FEB	181	169	167	142	123	106	89
MARCH	204	158	80	133	140	145	
APRIL	177	211	51	151	146	133	
MAY	219	186	64	159	123	128	
JUNE	213	177	118	167	111	108	
JULY	195	186	140	176	102	92	
AUG	203	193	156	148	113	118	
SEPT	191	182	151	121	123	94	
OCT	211	175	146	135	150	95	
NOV	195	133	153	137	127	104	
DEC	192	156	146	132	110	97	
TOTAL	2,331	2136	1559	1748	1488	1331	



Amaechi Erondy, M.D.
 Chairman, Department of Anesthesiology



Mina Yacoub, M.D., Chairman

FEBRUARY 2024

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

In February, the Intensive Care Unit had 57 admissions (down from 74 in January), 62 discharges, and 315 Patient Days. Average Length of Stay (ALOS) for February was 5 days (increased from 4.4 in January), and ICU managed a total of 69 patients. The average daily census was 10 patients (was 11 in January). There were 4 deaths for 62 discharges for a month's mortality rate of 6.5%. There were no returns to ICU within 24 hours of transfer out. One patient required transfer to ICU at Tertiary Hospitals for higher level of care.

February 2024 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In February, the ICU had 147 ventilator days, with no Ventilator Associated Pneumonia (VAP), 141 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 210 Urinary Indwelling Device 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 details.

The ICU managed a total of 22 patients with severe sepsis and septic shock. Two deaths were related to severe sepsis/septic shock with a sepsis specific mortality of 9.1%.

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.

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

March 9, 2024



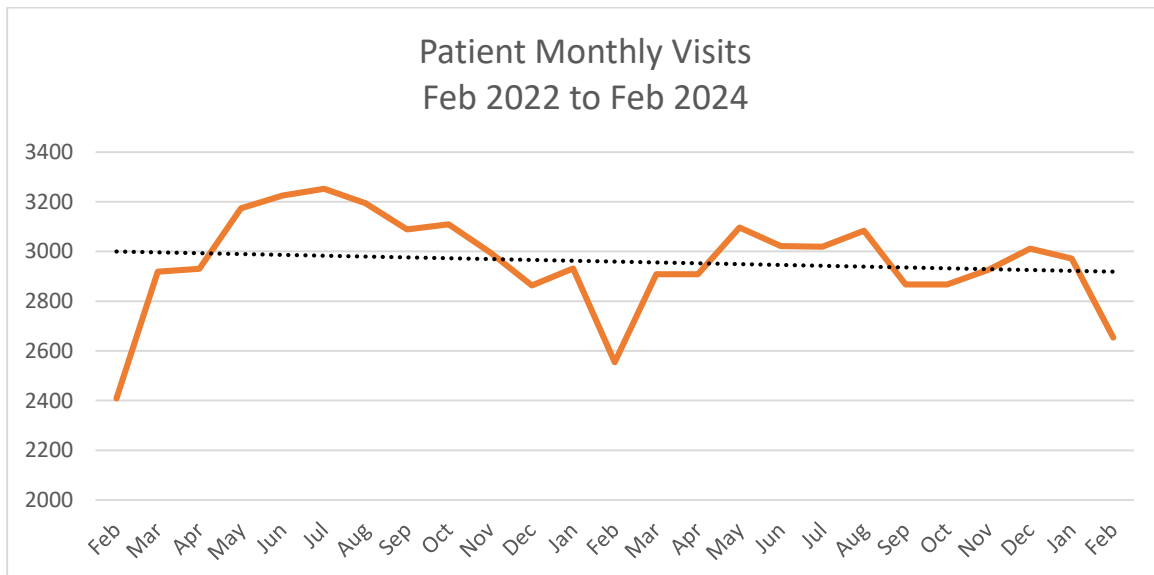
Francis O'Connell, M.D., Chairman

FEBRUARY 2024

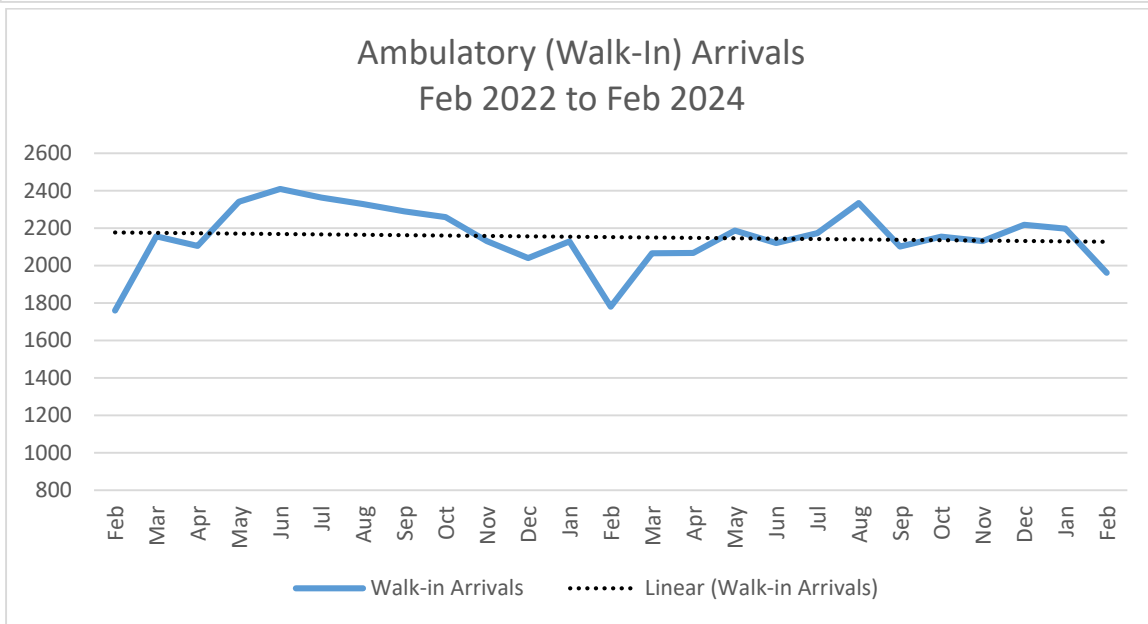
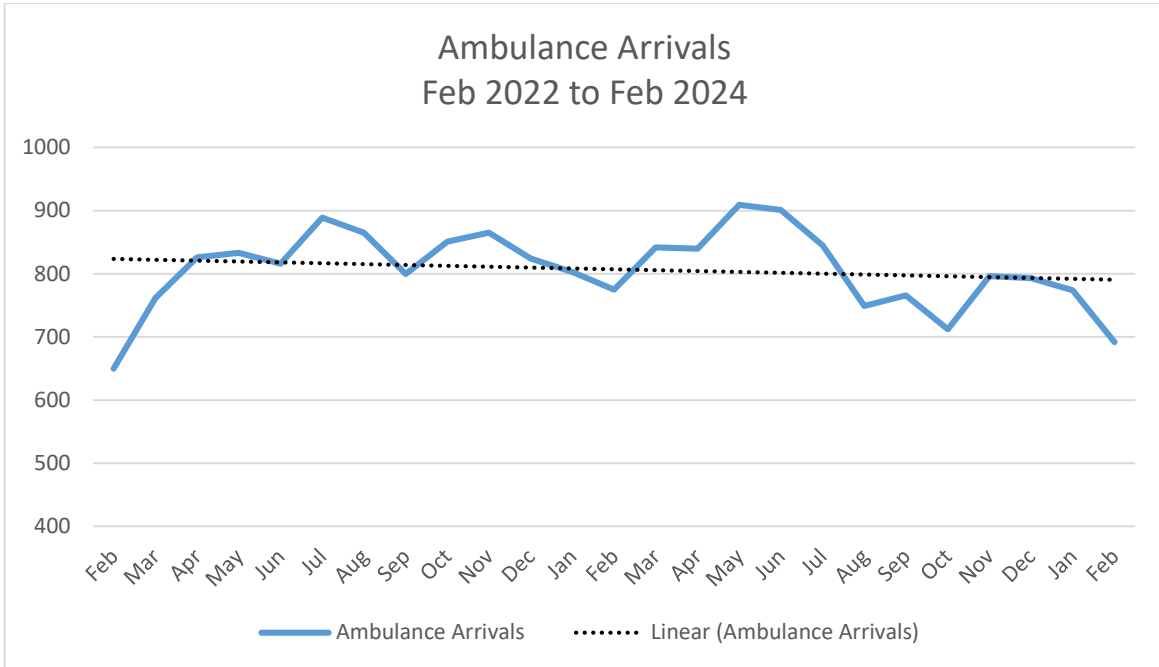
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for February 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

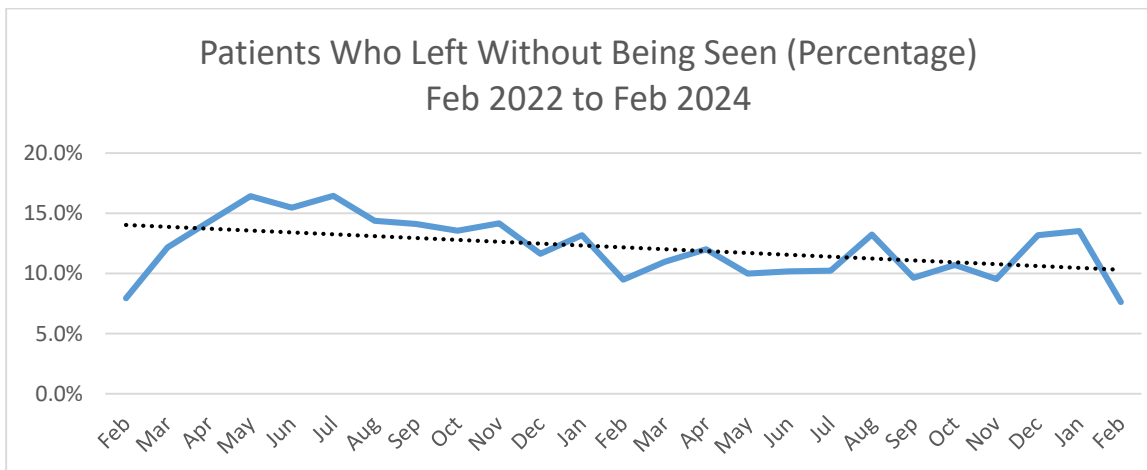
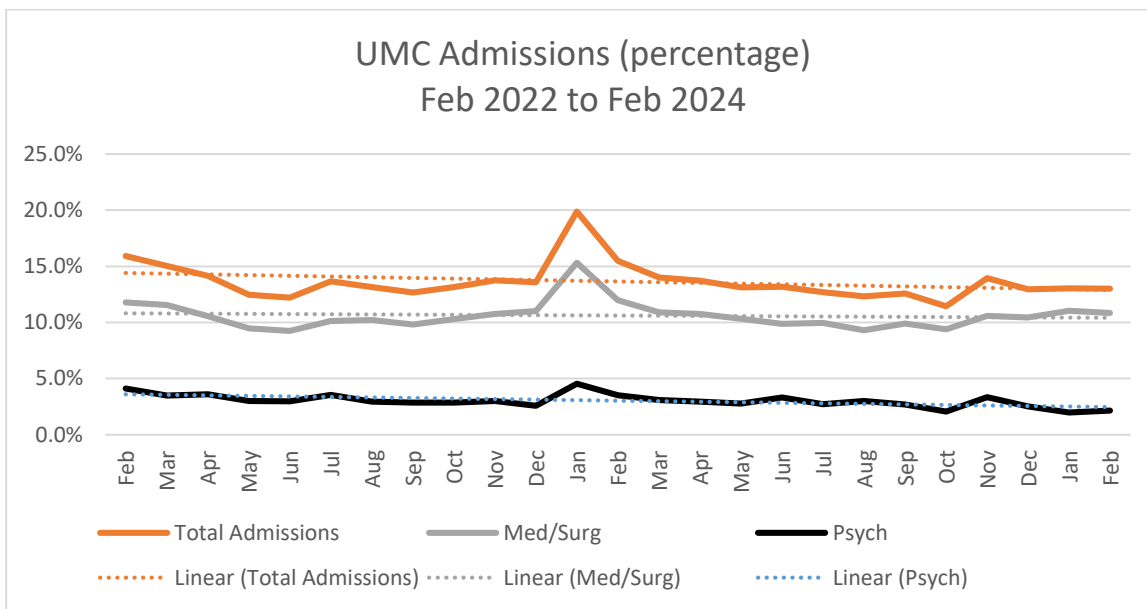
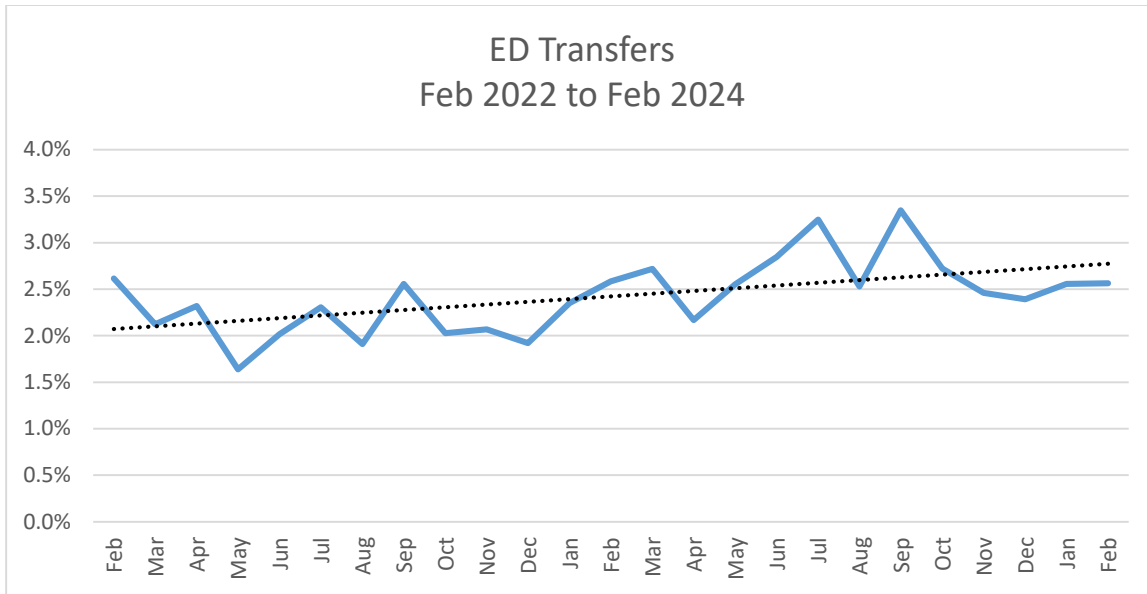
Definitions of the terms used in this report are as follows:

- **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						
	Feb 2022	%	Feb 2023	%	Feb 2024	%
Total patients	2409		2555		2654	
Daily Avg Census	83		82		86	
Ambulance Arrivals	650	27.0%	775	30.3%	692	26.1%
Admit	383	15.9%	396	15.5%	345	13.0%
• Med Surg	284	11.8%	306	12.0%	288	10.9%
• Psych	99	4.1%	90	3.5%	57	2.1%
Transfers	63	2.6%	66	2.6%	68	2.6%
LWBS	191	7.9%	242	9.5%	202	7.6%
Ambulance Admission Rate	37.5%		33.4%		30.6%	
Walk-In Admission Rate	7.9%		7.7%		6.8%	

Comments:

1. The data reported this month includes data from the past three years.
2. Trends remain fairly steady for the last two years.
3. The LWBS is dropped this past month and is the lowest it's been since Feb 2022.

Analysis:

Overall, trends for ED visits remain stable with some month-to-month fluctuations. UMC continues to see a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable. The inpatient and emergency services the hospital provides remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

Commentary:

As the demand for Emergency services remains stable, the hospital continues its efforts supporting essential services with the recent filling of a nuclear medicine technician position, the provision of agency social work and case management services, and the anticipation of an additional transportation vendor to facilitate transfers and discharges. Prioritizing these vacancies will improve patient care and increase revenue capture (reduction in transfers and increased efficiency in patient placement and disposition).

We remain engaged and supportive in the hospital's efforts in meeting the ongoing needs of the community as well as those related to the current and emerging health issues in the region.

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



Musa Momoh, M.D., Chairman

FEBRUARY 2024

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	119	99											218
HOSPITAL	119	99											218
PERCENTAGE	100%	100%											100%
REGULAR													
MEDICINE	215	199											414
HOSPITAL	278	264											542
PERCENTAGE	77%	75%											76%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100											215
HOSPITAL	115	100											215
PERCENTAGE	100%	100%											100%
REGULAR													
MEDICINE	161	154											315
HOSPITAL	224	216											440
PERCENTAGE	72%	71%											72%
PROCEDURES													
HEMODIALYSIS	173	215											388
EGD'S	12	18											30
PEG'S	1	2											3
COLONOSCOPY	23	19											42
ERCP	0	0											0
BRONCHOSCOPY	1	1											2
QUALITY													
Cases Referred to Peer Review	0	0											0
Cases Reviewed	0	0											0
Cases Closed	0	0											0

Department of Medicine met on December 13, 2023.

The next meeting is April 10, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

FEBRUARY 2024

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators		Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD		
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0	97.8											96.9%	%	
		# test	255	205	159													
	Chem12	95%	95.6	95.7	97.5												96.6%	%
		# test	1143	1170	1141													
	Troponin	95%	83.6	87.0	89.5												88.3%	%
		# test	693	712	678													
STAT 60 minutes Volumes	URINALYSIS	95%	97.6	98.0	96.0											97%	%	
		# test	903	921	843													
	Urine Drug	90%	91.0	89.8	93.0												91.4%	%
		#test	178	168	187													
	Covid PCR	90%	44.1	84.7	89.7												87.2%	%
		#test	1107	1161	1002													
Covid PCR(BHU)	Average		*2h 26m	**50	48													
	90%	44.5	83.0	85.7												84.4%	%	
	#test	110	97	91														
	Average		*1h 25m	51	50													
Blood Culture Contamination		Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
Volumes	% Blood culture Contamination	<3%	9.7	9.1	8.5											8.8%	%	
Number Contaminated	Total	# test	525	429	365													
Number Contaminated Collected by Ed	#Total Contaminated	#	51	39	31													
	# From ED	#	51	37	27													
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2	1.1													
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2	2													
Performance Indicators		Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
STAT ED 30 minutes	CBC	95%	90.9	93.0	96.3											94.7%	%	
		# test	1331	1304	1268													
45 minutes and Volumes	PT	95%	90.9	93.9	91.6											92.8%	%	
		# test	167	231	168													
	PTT	95%	88.0	92.1	92.9											92.5%	%	
	# test	166	230	170														

March Notes: Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin improved by 2.5%, Urine Drug met the 90% goal in 60 minutes at 93%. Covid improved to 89.7%, with a target 90% in 60 minutes. CBC met the 95% in 30 minutes. PT decreased by 2.3% and PTT improve by .7% , both still below 95% in 45 minutes but showed improvement. Blood Culture contamination 8.5%. The last report(2/21/24) showed the instruction video for the Blood culture collection course on Relias was assigned to 72 nursing staff and completed by 16. 1 FFP, 1 Cryo thawed but not used – patient expired. Phlebotomist 0 needlessticks. No safety concerns. College of American Pathologist inspection completed on 2/16/24, all responses to findings submitted 3/1/24, pending CAP review for certification.

Sreedevi Kurella, M.D



Shanique Cartwright, M.D., Chairwoman

FEBRUARY 2024

UMC Behavioral Health Unit February 2024 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Admissions													
ALOS (Target <7 Days)	4.11	3.66											
Voluntary Admissions	25	25											
Involuntary Admissions = FD12	38	40											
Total Admissions	63	65											
Average Daily Census	10	10											
Other Measures													
Average Throughput (Target: <2 hrs)	3.24	2.75											
# TeleCourt Meetings (Pt Hearings)	0	1											
# Psych Consultations	136	112											
Psychosocial Assessments (Target: 80%)	63%	69%											
Discharge													
Discharges	63	65											

Shanique Cartwright, M.D.
 Chairwoman, Department of Psychiatry



Kusha Mehta, M.D., Chairman

FEBRUARY 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	71		725		158		954	
Fluoro	7		0		0		7	
Mammography					100		100	
Magnetic Resonance Angio	2		2		0		4	
Magnetic Resonance Imaging	23		6		21		50	
Nuclear Medicine							0	
Special Procedures	5		0		0		5	
Ultrasound	85		216		130		431	
X-ray	167		900		467		1534	
CNMC CT Scan			46				46	
CNMC X-ray			451				451	
Grand Total	360		2346		876		3582	

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.

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 is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, and fluoroscopic guided radiological procedures.

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.

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

FEBRUARY 2024

For the month of February 2024, the Surgery Department performed a total of 96 procedures. The chart and graft below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	100
NOV	196	138	156	137	127	110
DEC	192	156	146	132	110	102
FIRST QUARTER TOTALS	599	469	448	404	387	312
JAN	210	195	147	121	111	84
FEB	180	167	153	126	106	96
MAR	158	82	133	146	145	
SECOND QUARTER TOTALS	548	444	433	393	362	180
APR	211	57	156	148	125	
MAY	186	74	159	123	128	
JUN	177	126	172	113	108	
THIRD QUARTER TOTALS	574	257	487	384	361	0
JUL	186	140	177	103	92	
AUG	193	161	155	114	19	
SEP	182	162	126	124	96	
FOURTH QUARTER TOTALS	561	463	458	341	307	0
ANNUAL TOTAL	2282	1633	1826	1522	1417	492

This month ended with an **14% increase** compared to last month and **9% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- Fewer Clinic visits and elective surgery

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary.

We continue to optimize staffing to maximize efficiency and reduce overtime in the OR for Perioperative Nursing and OR Techs.

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%	4.8%

We remain below national benchmarks for our annual numbers.
We will continue to 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 are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources on the areas that are most in need of by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be reduced or eliminated. We will provide on-going assessments with specific data points.

Gregory D. Morrow, M.D., F.A.C.S.
Chairman, Department of Surgery



Francis O'Connell, M.D., Chief of Staff

MARCH 2024

Re: Chief of Staff Monthly Report

This monthly report is being submitted on behalf of the Medical Staff at United Medical Center (UMC):

As UMC progresses toward closure, maintenance of core services remains vital to the health of the hospital and its patients. The recent reestablishment of nuclear medicine services and anticipated contracting for much-needed social worker and case management resources and contracting with a secondary transportation vendor will positively impact patient care and safety at UMC.

A recent inquiry about the transition plan for primary care and subspecialty services from United Medical Center to Cedar Hill Regional Medical Center arose during the last Quarterly Medical Staff Meeting. As the hospital navigates this transition, ensuring a seamless transfer of care for patients is paramount. For instance, as the hospital nears closure, how should physicians, whose practices reside in the UMC Medical Office Building, be planning for follow-up visits beyond the closure date of the hospital? Any information, timelines, or resources for the medical staff and their respective offices would be welcome.

The inpatient and emergency services at UMC continue to play an integral role in the health and well-being of the people of Southeast Washington DC area. Emergency Department (ED) visits and inpatient admissions, the primary measures of hospital utilization, remain stable over the past 2+ years. Patients' medical and social problems remain complex in the post-COVID era with an increasing need for resources. This is palpable across the District of Columbia and surrounding DMV hospitals. Inpatient bed occupancy rates remain high around the DMV, with ED boarding a constant, making transfer of patients to hospitals with higher levels of care challenging.

Influenza and COVID cases are receding with hospitalizations down across the District of Columbia.

We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

Francis O'Connell M.D.
Chief of Staff
United Medical Center



Amaechi Erongu, M.D., Chairman

MARCH 2024

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for March, 2024 was 101 and February, 2023 was 89.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance all through 2023. 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 116 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in March 2024.

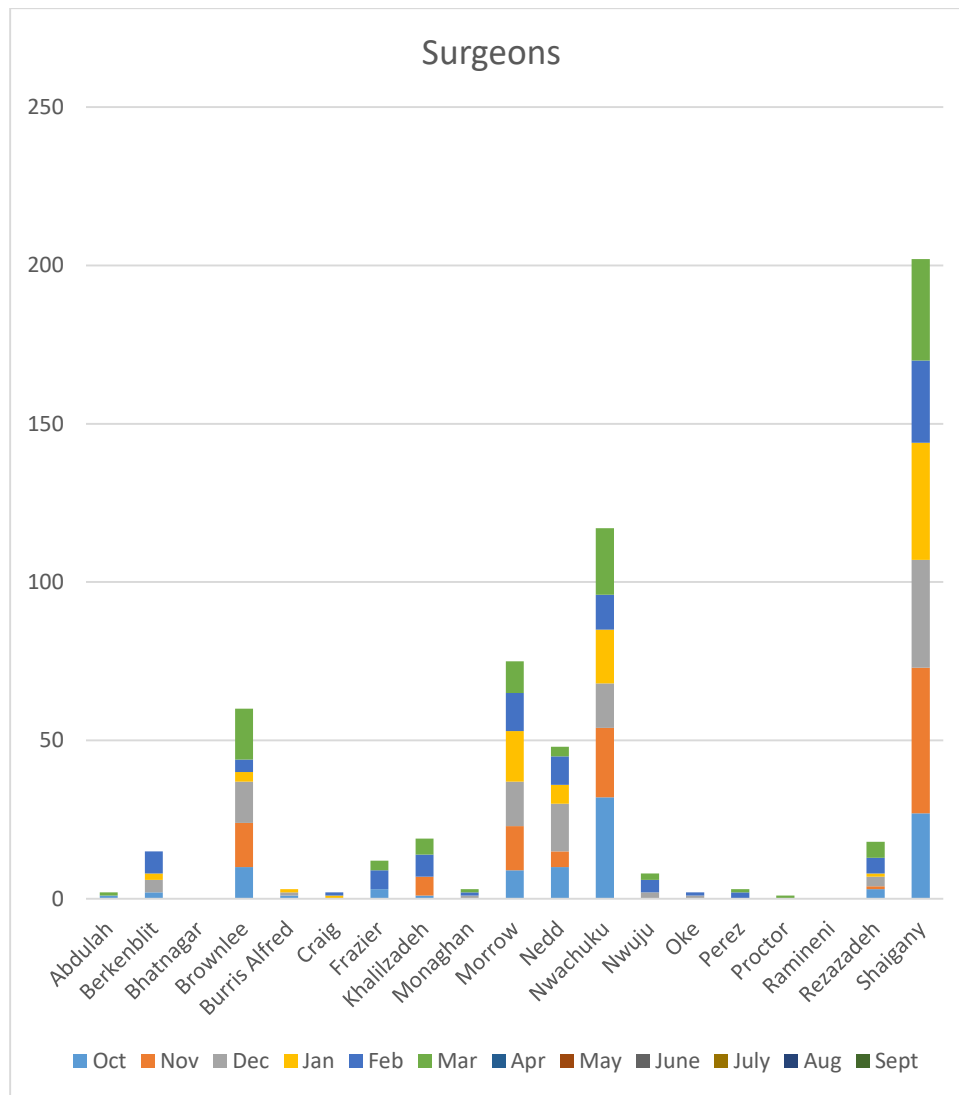
PAIN MANAGEMENT SERVICE

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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.

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SEPT	191	182	151	121	123	94	
OCT	211	175	146	135	150	95	
NOV	195	133	153	137	127	104	
DEC	192	156	146	132	110	97	
TOTAL	2,331	2136	1559	1748	1488	1331	



Amaechi Erondy, M.D.
Chairman, Department of Anesthesiology



Mina Yacoub, M.D., Chairman

MARCH 2024

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

In March, the Intensive Care Unit had 53 admissions (down from 57 in February), 53 discharges, and 288 Patient Days. Average Length of Stay (ALOS) for March was 5.4 days (increased from 5.0 in January), and ICU managed a total of 62 patients. The average daily census was 10 patients. There was one death for 53 discharges for a month's mortality rate of 1.9 %. There was one return to ICU within 24 hours of transfer out. Three patients required transfer to ICUs at Tertiary Hospitals for higher levels of care (Neuro-ICU and Interventional Cardiology).

March 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

ICU infection control data for March is being compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report for details. The ICU managed a total of 12 patients with severe sepsis and septic shock. One death was related to severe sepsis/septic shock with a sepsis specific mortality of 8.3%.

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.

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

April 6, 2024



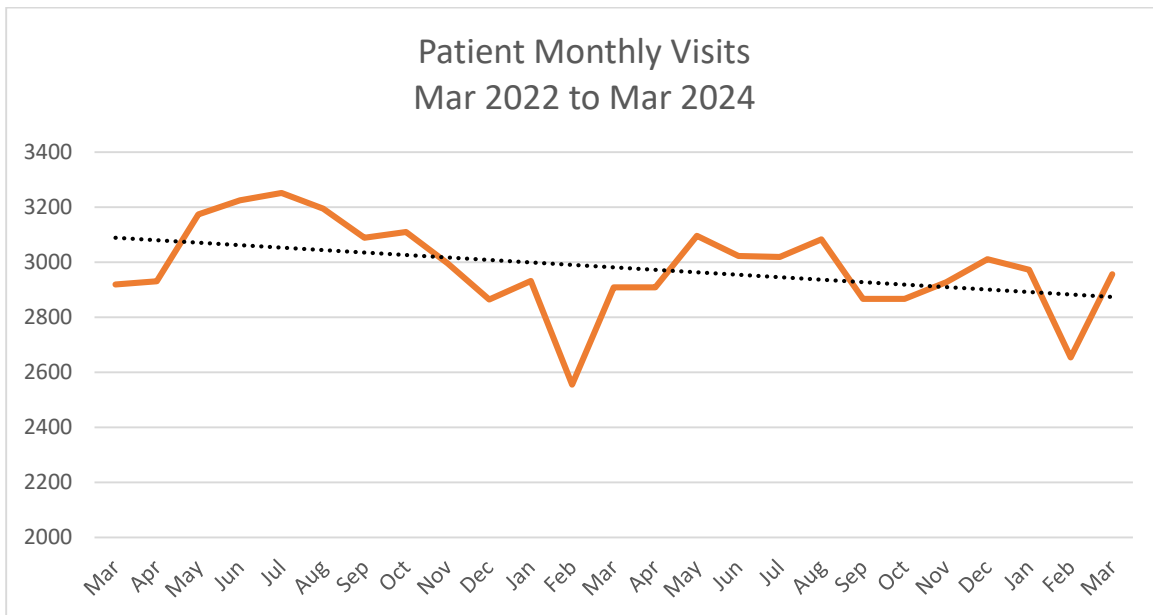
Francis O'Connell, M.D., Chairman

MARCH 2024

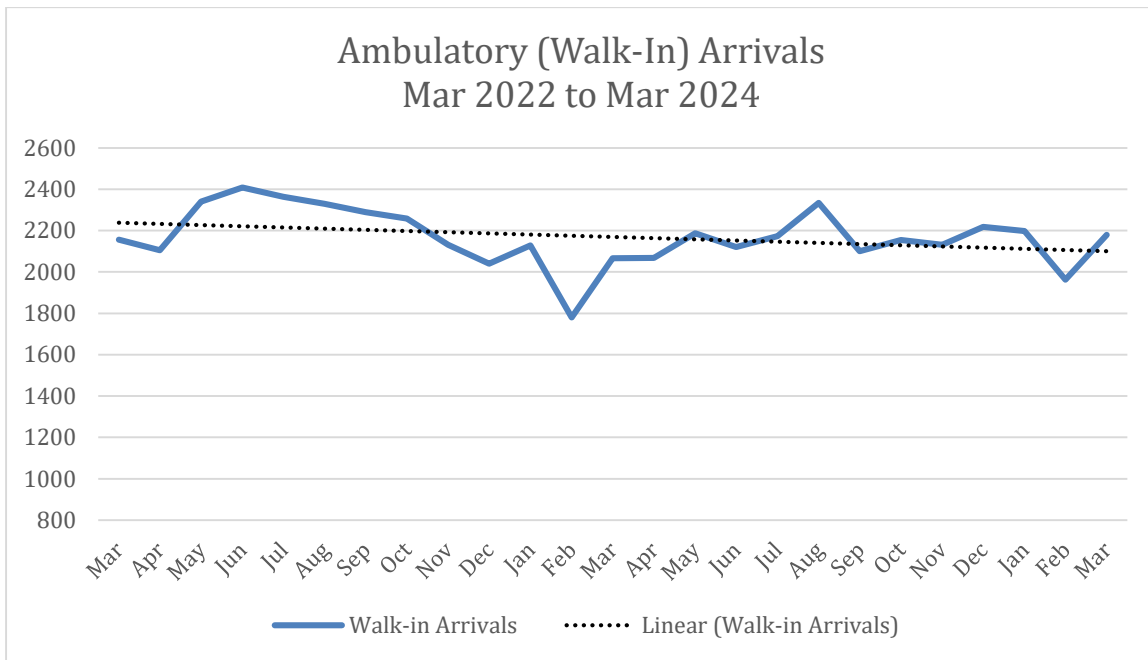
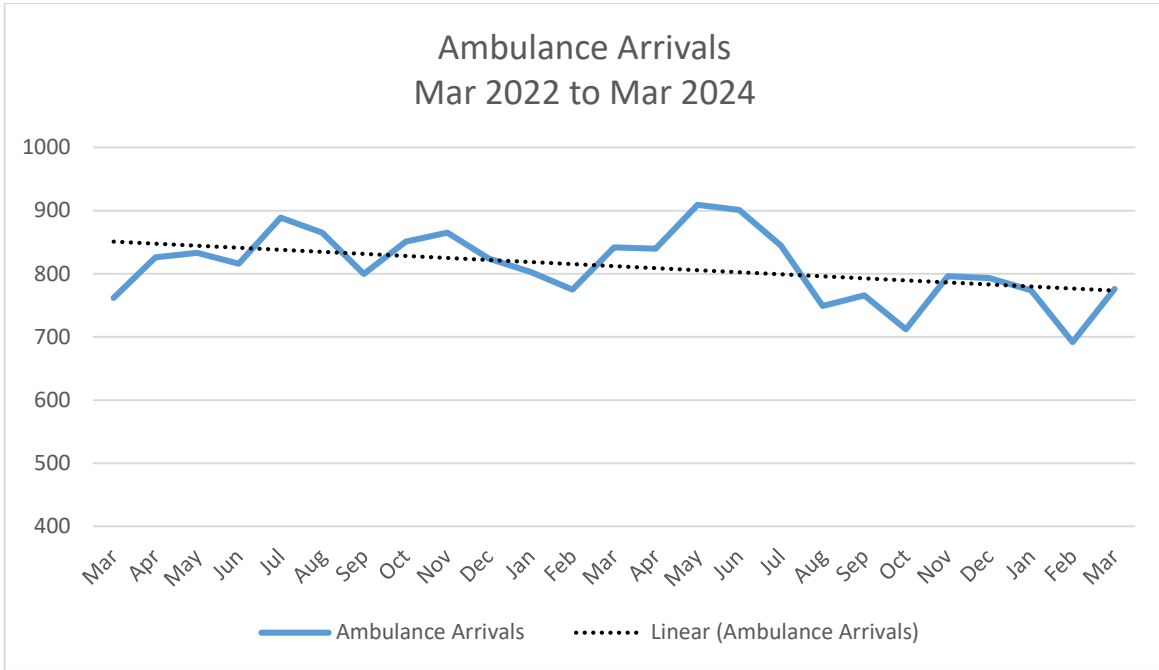
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for March 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

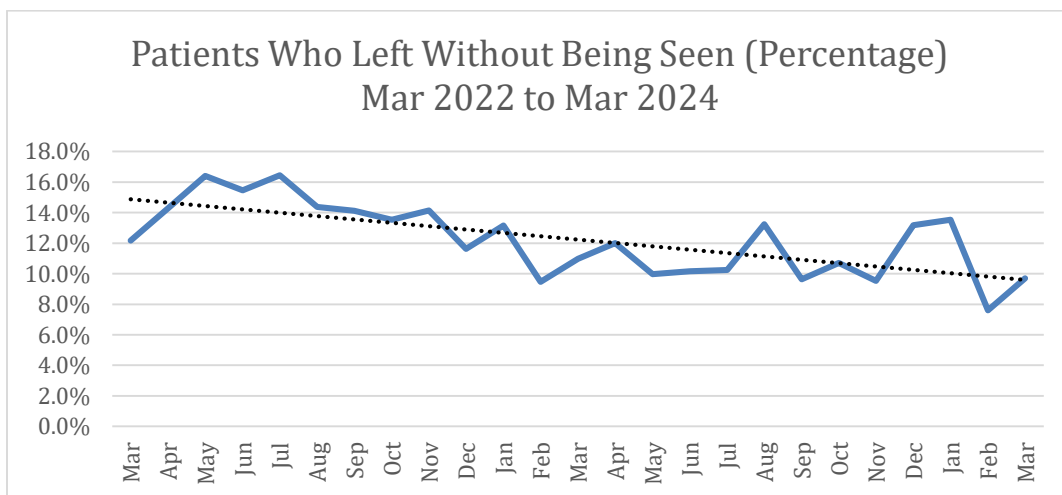
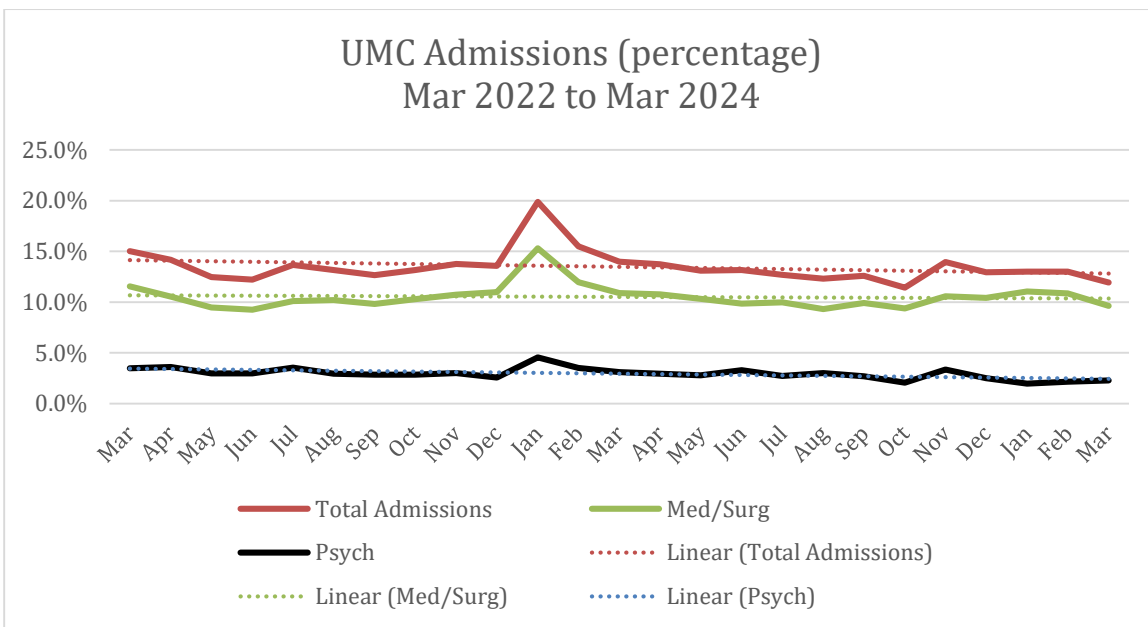
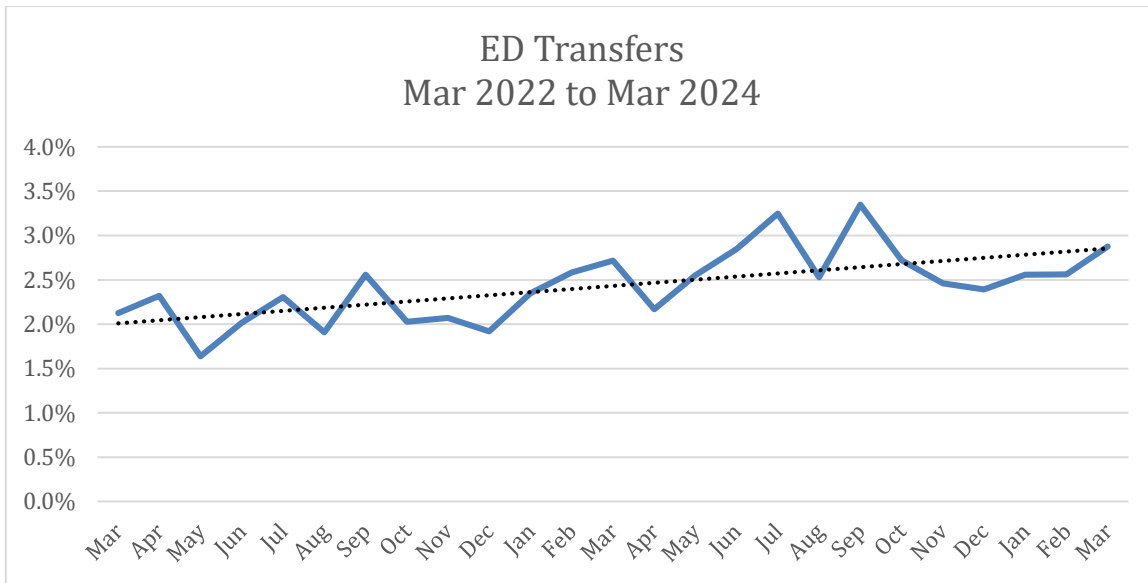
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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



Department of Emergency Medicine

Data tables:

ED Volume and Events						
	Mar 2022	%	Mar 2023	%	Mar 2024	%
Total patients	2919		2908		2956	
Daily Avg Census	94		94		95	
Ambulance Arrivals	762	26.1%	842	29.0%	776	26.3%
Admit	439	15.0%	407	14.0%	353	11.9%
• Med Surg	337	11.5%	317	10.9%	285	9.6%
• Psych	102	3.5%	90	3.1%	68	2.3%
Transfers	62	2.1%	79	2.7%	85	2.9%
LWBS	355	12.2%	319	11.0%	287	9.7%
Ambulance Admission Rate	35.3%		31.1%		29.5%	
Walk-In Admission Rate	7.9%		7.0%		5.7%	

Comments:

1. The data reported this month includes data from the past three years.
2. Trends remain fairly steady for the last two years.
3. The LWBS rose this past month with an overall decreasing trend over the past two years.

Analysis:

Overall, trends for ED visits remain stable with some month-to-month fluctuations. UMC continues to see a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable. The inpatient and emergency services the hospital provides remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

Commentary:

As the demand for Emergency services remains stable, the hospital continues its efforts supporting essential services with the recent filling of a nuclear medicine technician position, the provision of agency social work and case management services, and the anticipation of an additional transportation vendor to facilitate transfers and discharges. Prioritizing these vacancies will improve patient care and increase revenue capture (reduction in transfers and increased efficiency in patient placement and disposition).

We remain engaged and supportive in the hospital’s efforts in meeting the ongoing needs of the community as well as those related to the current and emerging health issues in the region.

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



Musa Momoh, M.D., Chairman

MARCH 2024

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	119	99	89										307
HOSPITAL	119	99	89										307
PERCENTAGE	100%	100%	100%										100%
REGULAR													
MEDICINE	215	199	200										614
HOSPITAL	278	264	276										818
PERCENTAGE	77%	75%	72%										75%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100	91										306
HOSPITAL	115	100	91										306
PERCENTAGE	100%	100%	100%										100%
REGULAR													
MEDICINE	161	154	169										484
HOSPITAL	224	216	241										681
PERCENTAGE	72%	71%	70%										71%
PROCEDURES													
HEMODIALYSIS	173	215	161										549
EGD'S	12	18	15										45
PEG'S	1	2	3										6
COLONOSCOPY	23	19	21										63
ERCP	0	0	0										0
BRONCHOSCOPY	1	1	0										2
QUALITY													
Cases Referred to Peer Review	0	0	0										0
Cases Reviewed	0	0	0										0
Cases Closed	0	0	0										0

Department of Medicine met on September 13, 2023.

The next meeting is April 10, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

MARCH 2024

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators		Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD AVG	%improvement vs baseline		
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0	97.8	97.3										97.0	1.43		
	# test		255	205	159	212											576		
	Chem12	95%	95.6	95.7	97.5	97.3											96.8	1.23	
	# test		1143	1170	1141	1227												3538	
	Troponin	95%	83.6	87.0	89.5	90.6											89.0	5.43	
	# test		693	712	678	685												2075	
URINALYSIS	95%	97.6	98.0	96.0	98.4											97.5	(0.13)		
	# test		903	921	843	942											2706		
STAT 60 minutes Volumes	Urine Drug	90%	91.0	89.8	93.0	92.4										91.7	0.73		
	#test		178	168	187	185											540		
Covid PCR	90%	44.1	84.7	89.7	89.1											87.8	43.73		
	#test		1107	1161	1002	985											3148		
Average	2h 26m	**50	48	48															
	Covid PCR(BHU)	90%	44.5	83.0	85.7	80.1										82.9	38.43		
#test		110	97	91	101											289			
Average	1h 25m	51	50	52															
Blood Culture Contamination	Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
% Blood culture Contamination	<3%	9.7	9.1	8.5	10.1											9.2	(0.47)		
Volumes	Total	# test	525	429	365	395										1189			
Number Contaminated	#Total Contaminated	#	51	39	31	40										110			
Collected by Ed	# From ED	#	51	37	27	39										103			
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2	1.1	1.1										1.1			
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2	2	4										8			
Performance Indicators	Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
STAT ED 30 minutes	CBC	95%	90.9	93.0	96.3	96.5										95.3	4.4		
# test			1331	1304	1268	1401										3973			
45 minutes and Volumes	PT	95%	90.9	93.9	91.6	92.5										92.7	1.8		
	# test		167	231	168	229										628			
PTT	95%	88.0	92.1	92.9	89.8											91.6	3.6		
	# test		166	230	170	226										626			

April Notes: College of American Pathologist Certificate of Accreditation received 3/22/24.

Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin improved by 1.1% to 90.6%, Urine Drug met the 90% goal in 60 minutes at 92.4%. Covid 89.1%, with a target 90% in 60 minutes. CBC met the 95% in 30 minutes. PT improve 92.5% and PTT at 89.8%, both still below 95% in 45 minutes but showed improvement. Blood Culture contamination 10.1%. The last report(3/18/24) showed the instruction video for the Blood culture collection course on Relias was only completed by 1 of the 19 individuals that collected the samples. 2 FFP, 1 packed rbc units not used – expired on storage 1 plateletpheresis unit not used – patient was discharged. Phlebotomist 0 needlesticks. No safety concerns. After review the following test are recommended for sendout based on volume over past 6 months: CAL 24HR 24HR Urine Calcium 1 GLU 24HR Glucose 24HR Urine 1 MG 24HR Magnesium 24HR Urine 1 PHOS 24HR Phosphorus 24HR Urine 1

Sreedevi Kurella, M.D



Shanique Cartwright, M.D., Chairwoman

MARCH 2024

UMC Behavioral Health Unit March 2024 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Admissions													
ALOS (Target <7 Days)	4.11	3.66	4.31										
Voluntary Admissions	25	25	35										
Involuntary Admissions = FD12	38	40	40										
Total Admissions	63	65	75										
Average Daily Census	10	10	12										
Other Measures													
Average Throughput (Target: <2 hrs)	3.24	2.75	4.11										
# TeleCourt Meetings (Pt Hearings)	0	0*	0										
# Psych Consultations	136	112	102										
Psychosocial Assessments (Target: 80%)	63%	69%	70%										
Discharge													
Discharges	63	65	74										
* The Telecourt Meetings for Feb were revised to zero.													

Shanique Cartwright, M.D.
 Chairwoman, Department of Psychiatry



Kusha Mehta, M.D., Chairman

MARCH 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	52		807		104		963	
Fluoro	4		0		29		33	
Mammography					102		102	
Magnetic Resonance Angio			2				2	
Magnetic Resonance Imaging	14		11		20		45	
Nuclear Medicine	6		0		0		6	
Special Procedures	10		0		0		10	
Ultrasound	57		213		124		394	
X-ray	154		997		458		1609	
CNMC CT Scan			38				38	
CNMC X-ray			498				498	
Grand Total	297		2566		837		3700	

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.

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 is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, and fluoroscopic guided radiological procedures.

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.

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

MARCH 2024

For the month of March 2024, the Surgery Department performed a total of 101 procedures. The chart and graft below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	100
NOV	196	138	156	137	127	110
DEC	192	156	146	132	110	102
FIRST QUARTER TOTALS	599	469	448	404	387	312
JAN	210	195	147	121	111	84
FEB	180	167	153	126	106	96
MAR	158	82	133	146	145	101
SECOND QUARTER TOTALS	548	444	433	393	362	281
APR	211	57	156	148	125	
MAY	186	74	159	123	128	
JUN	177	126	172	113	108	
THIRD QUARTER TOTALS	574	257	487	384	361	0
JUL	186	140	177	103	92	
AUG	193	161	155	114	19	
SEP	182	162	126	124	96	
FOURTH QUARTER TOTALS	561	463	458	341	307	0
ANNUAL TOTAL	2282	1633	1826	1522	1417	593

This month ended with an **5.2% increase** compared to last month and **30% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- Stable Clinic visits and elective surgery

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary.

We continue to optimize staffing to maximize efficiency and reduce overtime in the OR for Perioperative Nursing and OR Techs.

Department of Surgery

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%	4.8%

We remain below national benchmarks for our annual numbers.

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

Respectfully,



Gregory D. Morrow, M.D., F.A.C.S.
Chairman, Department of Surgery



UMC

**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting**

**Date: April 24,
2024**

**Nursing
Department Report
for February and
March 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report February 2024

Overall State of Nursing Department(s)

Staffing:

Overall, staffing has improved but continues to be a challenge due to vacancies, family medical leave, unexpected absences, agency contract staff not fulfilling their requirement, resignations and the hospital pending closure. We on boarded 19 agency personnel for the month of February and eight contracts were cancelled for various reasons. Additionally, eight contract staff on boarded in January did not fulfill their 13-week contract. The aforementioned staffing challenges frequently result in overtime.

Performance Improvement:

The education department continues to monitor the performance improvement initiatives. Some of which are: timely narcotic wastes, pain assessment and re-assessment and wound prevention measures. All new staff are on boarded with hospital training and clinical care training. Nursing continues to prepare for the annual DC Health survey.

Nursing leadership continues to make frequent rounds and engage with staff.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
February	62	10	22	10	12	3

There were 62 ICU admissions for the month of February. The winter season has been brutal with respiratory illness to include but not limited to Covid, influenza and RSV.

Education

Despite the slight drop in admissions this month the patient acuity level remained high. There was a total of 68 admissions for the month of December with an average daily census of 10. The hypoglycemia treatment protocol (use of D10) went into effect on February 20, 2024. This new treatment regimen is due to the national shortage of D50.

PI Initiatives

- Initiation of wound Consults and Treatments Plans
- Picture assessment of new wounds
- Wound Prevention Measures
- Obtaining orders for restraints, sitters and Foley catheters.

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
February	89	36	53	12	0	0	0

There was a slight increase in patients this month compared to 83 cases last month.

Education

Education continues to focus on obtaining timely consents and intra operative documentation.

PI Initiatives

- Patient Satisfaction Survey – post operative
- Pain Management/Care Plan/ Chart Audits
- Patient Satisfaction Survey – post op
- OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 13 DKA insulin drips this month compared to 23 insulin drips in January.

UMC QAPI Master Dashboard						At or Exceeds Target	Within 10% of Target						Target not met	Amended				
2024	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
DIABETES CENTER → QAPI MEETING																		
NOVOLOG TID W/ MEALS ADMINISTRATION COMPLIANCE BENCHMARK = 100%																		
Total # of Novolog TID w/ meal orders		226	371											597	0	0	0	597
Total # of Novolog TID w/ meal orders		179	344											523	0	0	0	523
% Compliance		79%	93%	-	-	-	-	-	-	-	-	-	-	88%	-	-	-	88%
SUMMARY OF RESULTS & ANALYSIS									ACTION PLAN & FOLLOW UP									
<p><i>This is a new measure. In March of 2023 it was noted an increased # of errors for the Novolog TID with meals as a fixed scheduled dose and also as prn dose. Increased surveillance over the subsequent 3 months and increased teaching re: how to implement this order showed that this was a more persistent problem. This order will be tracked until achievement of 100% accuracy is reached and maintained for at least 3 months.</i></p>									<p><i>Monitor the implementation of Novolog tid with meals every month. Report accuracy to managers, provide feedback and more education to team members who make an error with this order. Provide a class on insulin accuracy to all new staff during nursing orientation. Present huddles as needed to re-educate all team members re: this order.</i></p>									

Education

- Ongoing accucheck education for all authorized users for point of care testing according to policy.
- Ongoing daily insulin audits to focus on novolog tid orders.

Emergency Department

ED Metrics Empower Data	Oct	Nov	Dec	Jan	Feb
Visits	2867	2930	3017	2972	2660
Change from Prior Year (Visits)	3109	2994	2863	2931	2551
% Growth	-8.44	-2.18	5.10	1.38	0.04
Ambulance Admitted	211	277	244	243	198
Ambulance Arrivals	712	796	795	774	665
Ambulance Patients Admission Conversion	0.30	0.35	0.31	0.31	0.05
% of ED patients arrived by Ambulance	0.25	0.27	0.26	0.26	0.26
% of Ambulance Patients Admitted	0.30	0.35	0.31	0.31	0.30

ED Metrics Empower Data	Oct	Nov	Dec	Jan	Feb
Door to triage	19	19	22	22	17
Door to room	86	90	114	110	83
Door to provider	97	102	122	119	93
Door to departure	258	265	310	298	240
Door to decision to admit	368	341	385	381	385

Education

Medication scanning

Departing patients & entering correct disposition

Infinite Legacy- timely calling and reporting of all deaths within the hour

Blood culture collection technique

Improving ED patient wait times- call patients back to fast track as soon as patients are discharged

Patient property- accurately complete property list and secure patient belongings

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12

EKG <10minutes of arrival/compliant of chest pain

Service Recovery

none

Respiratory Therapy

Education

Education is ongoing for medical and legal documentation, order requirements and Department of Health readiness.

Hands-on and real time education has improved the compliance rates and identified barriers to learning.

The importance of shift change huddle and documentation review.

PI Initiative

Critical value reporting compliance increased from 94% to 98%,

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
Feb	4	38	45	19	13	44	1	0	11	175

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Feb	65 FD12= 40 Vol= 25	10	1	3.66	65	1	0	4	3	0

February was a challenging month with one patient transferred to St. Elizabeth after a long and lengthy process.

Education

Education focused awareness to escalating situations, securing patient property, safety and security rounding and a bed to medicine pilot program.

PI Initiatives

- A. Q 15-minute tech & Q 2-hour RN clinical observation
- B. Pain and restraint/seclusion audits

Respectfully submitted,
Teka Henderson, MSN, RN
VP of Nursing

United Medical Center Nursing Board Report March 2024

Overall State of Nursing Department(s)

Staffing:

Maintaining consistent staffing continues to be a challenge due to vacancies, family medical leave, unexpected absences, agency contract staff not fulfilling their requirement, resignations and the hospital's pending closure. We on boarded 15 agency personnel for the month of March and one contract was cancelled due to family issues. The aforementioned staffing challenges frequently result in overtime. Leadership is working hard to minimize or omit overtime as much as possible. Patient safety and quality care remains our utmost priority.

Performance Improvement:

The education department and frontline leaders continue to monitor the performance improvement (PI) initiatives. Some of the PI initiatives are timely narcotic wastes, pain assessment, re-assessment and wound prevention measures. All new staff are on boarded with hospital and clinical orientation. Nursing continues to prepare for the annual DC Health survey. Nursing leadership continues to make frequent rounds and engage with staff to foster an environment of vulnerability, civility and empowerment.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
March	53	10	12	8	20	1

There were 53 ICU admissions for the month of March.

Education

The hypoglycemia treatment protocol (use of D10) went into effect on February 20, 2024. This new treatment regimen is due to the national shortage of D50. Education is ongoing for this new treatment modality.

Sedation vacation

Mouth care for vented patients

Hand Hygiene

PI Initiatives

Continuation of wound Consults and Treatments Plans

Picture assessment of new wounds

Wound Prevention Measures

Obtaining orders for restraints, sitters and Foley catheters

Ventilator weaning protocol to reduce possibility of respiratory infections

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
March	97	36	61	12	1	0	1

Education

Education continues to focus on obtaining timely consents and intra operative documentation.

PI Initiatives

Patient Satisfaction Survey – post operative

Pain Management/Care Plan/ Chart Audits

Patient Satisfaction Survey – post op

OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 7 DKA insulin drips this month.

UMC QAPI Master Dashboard														At or Exceeds Target	Within 10% of Target				Target not met		Amended	
2024	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD				
DIABETES CENTER → QAPI MEETING																						
NOVOLOG TID W/ MEALS ADMINISTRATION COMPLIANCE BENCHMARK = 100%																						
Total # of Novolog TID w/ meal orders		226	371	229										826	0	0	0	826				
Total # of Novolog TID w/ meal orders administered correctly		179	344	221										744	0	0	0	744				
% Compliance		79%	93%	97%	-	-	-	-	-	-	-	-	-	90%	-	-	-	90%				

Currently the compliance rate for April is 100%.

Education

Ongoing accucheck education for all authorized users for point of care testing according to policy.

Ongoing daily insulin audits to focus on novolog tid orders.

Emergency Department

ED Metrics Empower Data	Jan	Feb	Mar	Apr	May
Visits	2972	2660	2958		
Change from Prior Year (Visits)	2931	2551	2907		
% Growth	1.38	0.04	1.72		
Ambulance Admitted	243	198	223		
Ambulance Arrivals	774	665	776		
Ambulance Patients Admission Conversion	0.31	0.05	0.29		
% of ED patients arrived by Ambulance	0.26	0.26	0.26		
% of Ambulance Patients Admitted	0.31	0.30	0.29		

ED Metrics Empower Data	Jan	Feb	Mar	Apr	May
Door to triage	22	17	17		
Door to room	110	83	80		
Door to provider	119	93	89		
Door to departure	298	240	251		
Door to decision to admit	381	385	375		

Education

Medication scanning

Accucheck annual recertification

BLS & ACLS recertification reminders

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12

EKG <10minutes of arrival/compliant of chest pain

Service Recovery

none

Respiratory Therapy

Education

Education is ongoing for medical and legal documentation, Department of Health preparedness and the HiTech Act. Re-education focused on the use of nebulized medication in the treatment of Covid positive patients

Hands-on and real time education has improved the compliance rates and identified barriers to learning.

The importance of shift change huddle and documentation review.

PI Initiative

Critical value reporting compliance remains unchanged at 98%,

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
Mar	2	39	9	2	2	42	1	0	9	106

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Mar	75 FD12=40 Vol = 35	12	1	4.31	74	0	0	0	0	0

There were zero St. Elizabeth transfers for the month of March.

Education

Education focused awareness to escalating situations, securing patient property, safety and security rounding and a bed to medicine pilot program.

PI Initiatives

- A. Q 15-minute tech & Q 2-hour RN clinical observation
- B. Pain and restraint/seclusion audits

Respectfully submitted,
Teka Henderson, MSN, RN
VP of Nursing



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**Monthly Board
Meeting**

**Date: April 24,
2024**

**Executive
Management Report
for February and
March 2024**

**Dr. Jacqueline Payne-
Borden
Chief Executive Officer**



Executive Leadership Report for Medical Executive Committee Meeting March 2024

The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posit for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.

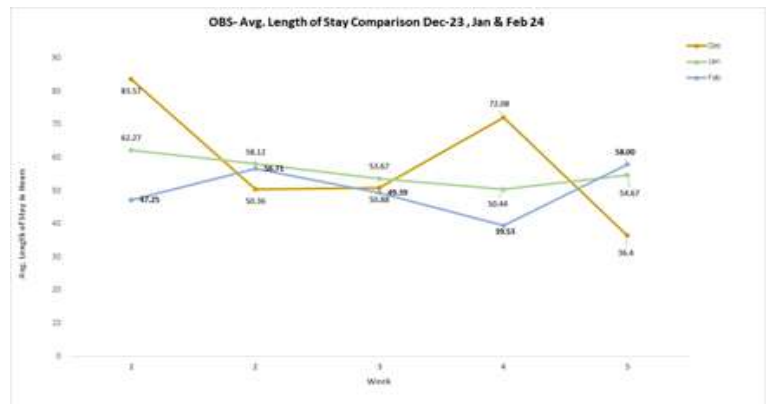
The following are some highlights:

Staffing continues to be an “ebb and flow” not only in clinical areas but throughout various departments for reasons such as illnesses, FMLA status-intermittent and full, call outs and hard to fill positions. It is naturally anticipated that these challenges will become more prevalent as we progress towards the opening of Cedar Hill Regional Medical Center projected for spring 2025. UMC continues to utilize staffing agencies to fill vacant budgeted FTEs, and as realistic as possible attempt to recruit and retain staff.

All levels of leadership are cognizant of the importance of the strict management and accountability of overtime (OT) usage. A refresher presentation was provided for timekeepers, managers and leaders on how to accomplished daily time review on KRONOS (time and attendance tracking) system to determine staff approaching OT and intervene timely. Patient and staff safety will remain paramount despite strict management of OT.

The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers as feasible.

Week	Dec-23	Jan-24	Feb-24
1	83.57	62.27	47.25
2	50.36	58.12	56.71
3	50.88	53.67	49.39
4	72.08	50.44	39.53
5	36.4	54.67	58.00



Patient Transportation: UMC is awaiting return of contract from supplemental patient transportation vendor ProCare; looking forward to an executed contract. In addition, revisited the



potential of securing a third third vendor for this crucial service. Reached out to potential third vendor; awaiting response.

On Feb 21, 2024, *Change Healthcare* platform experienced a cyber-attack. Change Healthcare is a provider of revenue and payment cycle management that connects payers, providers and patients. UMC along with other area hospital utilize this platform. UMC's IT team's quick response and with the support of our firewall vendor Palo Alto, ensured our data center and IT infrastructure remained unaffected. The IT department continues to accomplish monthly activities which includes upgrade of all systems and network with latest patches integral in.

A touchless security system has been identified to provide a secure and seamless screening in our Emergency Department and UMC's main entrance and potentially the Medical Outpatient Building (MOB). This system will detect concealed weapons decreasing the risk of missed weapons detection on both patients and visitors.

The bids for the Request for Proposal (RFP) for a Project Manager for hospital closure, closed on 5 March, 2024. Twelve vendors attended the in-person pre-conference and toured the hospital; three vendors submitted proposals.

Community Partnerships

The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC remains in progress. At present, there are 115 participants of which 51% completed at least one training module per February's report from UHS. Training reminders are provided for staff via different modality such as verbally during staff huddles, monthly newsletters, flyers posted in various departments, computer desktops, and hallway television monitors.

UMC partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, Grand Canyon, Chamberlain and Walden for nursing clinical and the University of the District of Columbia for Patient Care Technician students.

Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy, Dr. Lawson remains the volunteer Co-Chair for the *Live.Long.DC* which focuses on the reduction, misuse of opioids and opioid related deaths.

Respectfully submitted,
//Jacqueline A. Payne-Borden//
Chief Executive Officer/Chief Nursing Officer



Executive Leadership Report Meeting April 2024

The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posit for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.

The following are some highlights:

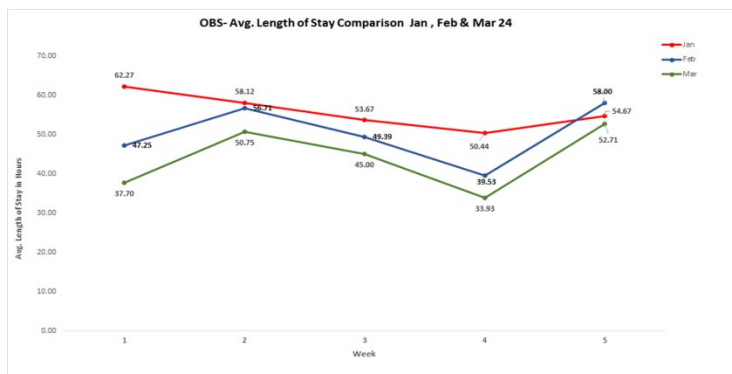
UMC continues to use staffing agencies to fill vacant clinical and non-clinical budgeted FTEs, and as realistic as possible, attempt to recruit and retain staff. It is anticipated that agency use will continue to increase as we progress towards projected closure early 2025.

UMC continues to struggle with timely/efficient patient transportation services from our primary vendor. A potential additional transportation vendor has been considering returning as a vendor. The team continues to explore other options.

The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers as feasible.

Observation (OBS) Length of Stay in Hours

Week	Jan	Feb	Mar
1	62.27	47.25	37.70
2	58.12	56.71	50.75
3	53.67	49.39	45.00
4	50.44	39.53	33.93
5	54.67	58.00	52.71





On Feb 21, 2024, *Change Healthcare* platform experienced a cyber-attack. Change Healthcare is a provider of revenue and payment cycle management that connects payers, providers and patients. UMC along with other area hospital utilize this platform. UMC's IT team's quick response and with the support of our firewall vendor Palo Alto, ensured our data center and IT infrastructure remained unaffected. *Change Healthcare* released their claim platform, as of March 22; UMC has resumed revenue related activities.

The IT Department continues to upgrade all network systems. UMC has met a new Joint Commission requirement for hospitals to have a standard method to screen for Social Determinants of Health (SDOH). *The PREPARE* screening tool was integrated into the electronic medical record with the capability to integrate with CRISP, the system for health information exchange.

The touchless security system that was identified to provide a secure and seamless screening in our Emergency Department and UMC's main entrance, will be installed in May. This system will detect concealed weapons decreasing the risk of missed weapons detection on both patients and visitors.

Community Partnerships

The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC remains in progress. At present, there are 124 participants of which 55% completed at least one training module per March's report from UHS.

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Respectfully submitted,

//Jacqueline A. Payne-Borden//
Chief Executive Officer/Chief Nursing Officer



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**Monthly Board
Meeting**

**Date: April 24,
2024**

**Financial Report
Summary**

**February and March
2024**

**Lilian Chukwuma
Chief Financial Officer**



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending February 29, 2024

DRAFT



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6. Cash Flow



Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2024 Actual Gap Measures
As of February 29, 2024

	FY 2024 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	
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Net Loss from Operations Before District Subsidy
District Subsidy

(\$27,564,147)
\$15,000,000
(\$12,564,147)



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 8% (\$729K) MTD but lower than budget by 6% (\$2.5M) YTD.**
- ❖ **Net patient revenue is higher than budget by 11% (\$709K) MTD but lower than budget by 8% (\$2.8M) YTD.**
 - ❖ **Admissions are lower than budget by 13% MTD and 10% YTD.**
 - ❖ **Emergency room visits are lower than budget by 10% MTD and 2% YTD.**
 - ❖ **Total surgeries are lower than budget by 23% MTD and 19% YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 15% (\$1.3M) MTD and by 10% (\$4.2M) YTD due to the following:**
 - ❖ **Salaries are higher than budget by 8% (\$250K) MTD and 14% (\$2.1M) YTD due to overtime.**
 - ❖ **Overtime is trending at over \$4M for the year.**
 - ❖ **Employee benefits are higher than budget by 8% (\$79K) MTD and by 35% (\$1.7M) YTD.**
 - ❖ **Contract labor is higher than budget by 19% (\$171K) MTD and 19% (\$876K) YTD.**
 - ❖ **Professional fees are higher than budget by 3% (\$40K) MTD but lower than budget by 2% (\$137K) YTD.**
 - ❖ **Purchased services are higher than budget by 12% (\$123K) MTD but lower than budget by 17% (\$879K) YTD.**
 - ❖ **Other expenses are higher than budget by 4% (\$43K) MTD but lower than budget by 5% (\$286K) YTD.**



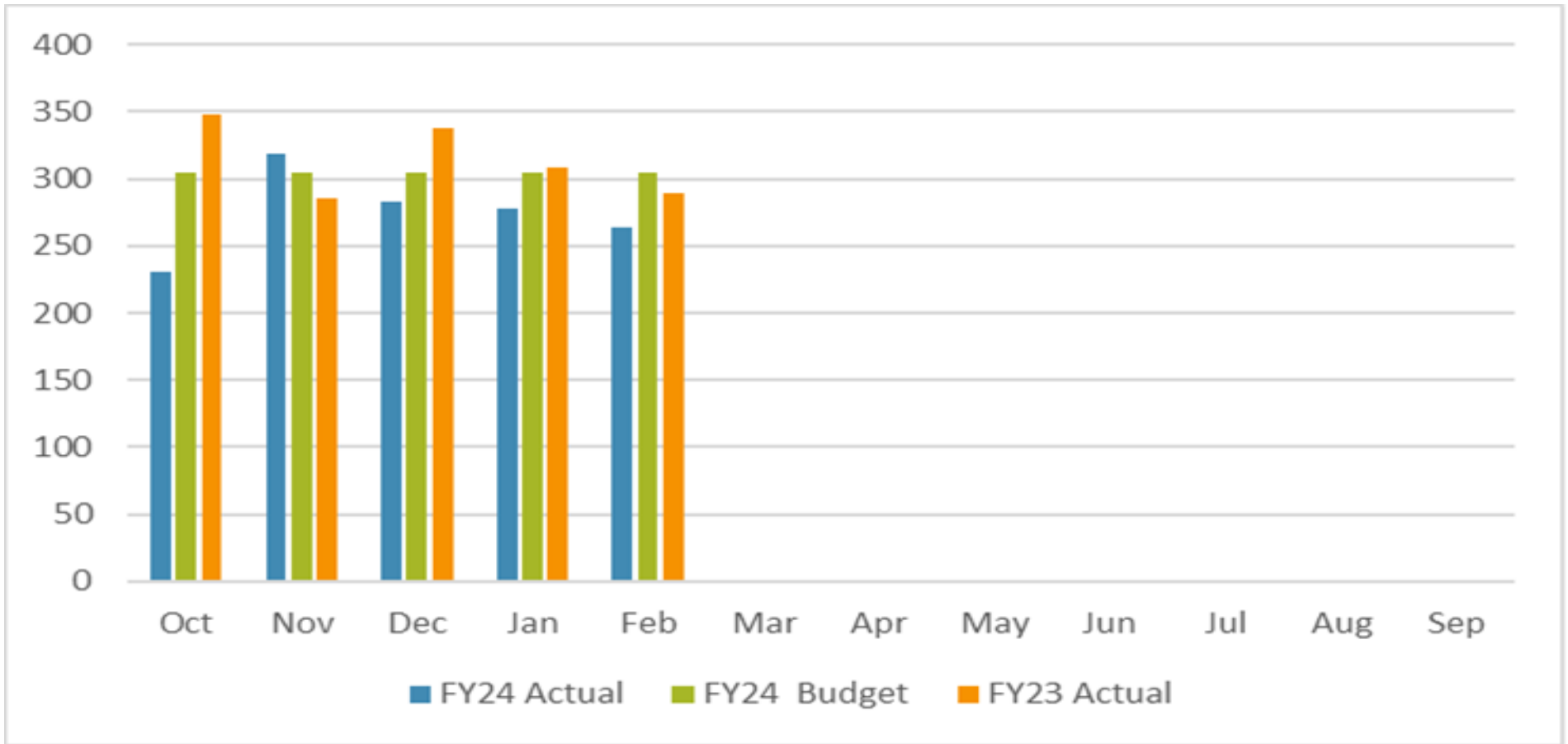
Key Indicators

Fiscal Year 2024 thru 02/29/24

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY23	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	264	305	289	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	89	116	105	▼	▲
Emergency Room Visits	Actual Visits	2,650	2,932	2,554	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	541	601	554	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.25	1.00	1.03	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	51%	47%	45%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	43	52	38	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	100%	92%	91%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	102	45	130	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-15.5%	1.0%	-7.1%	▼	▲



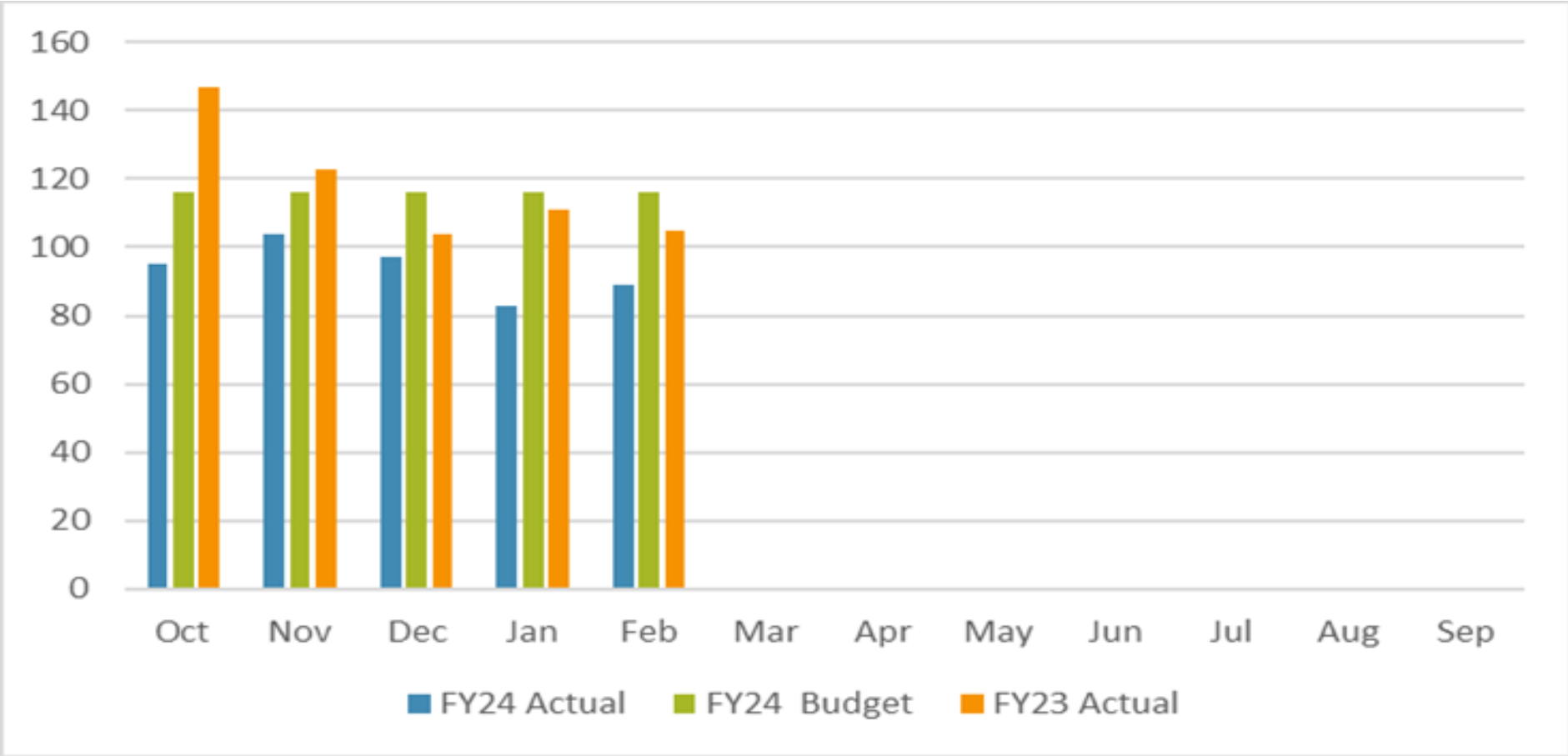
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	230	318	283	278	264							
FY24 Budget	305	305	305	305	305							
FY23 Actual	348	286	338	309	289							



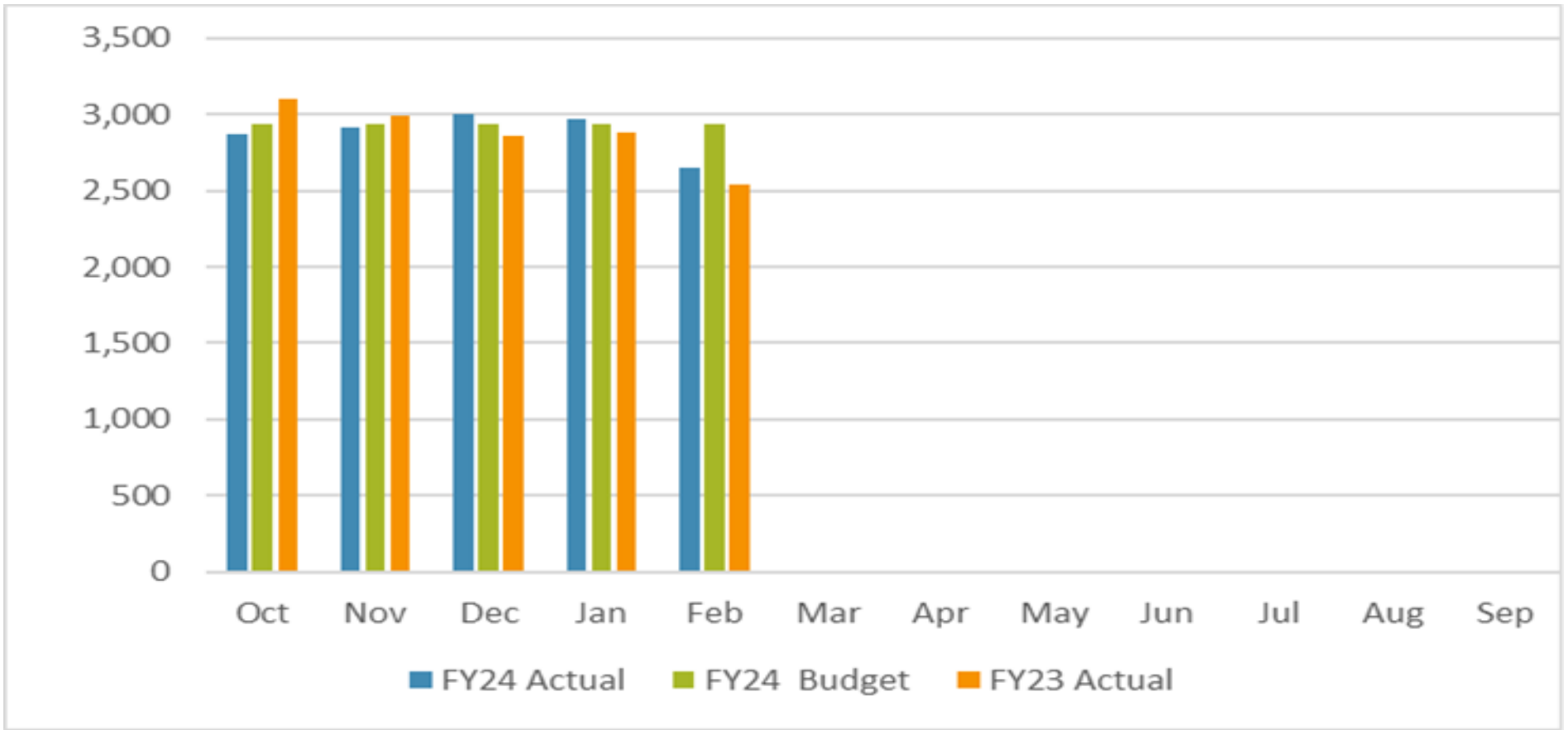
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	95	104	97	83	89							
FY24 Budget	116	116	116	116	116							
FY23 Actual	147	123	104	111	105							



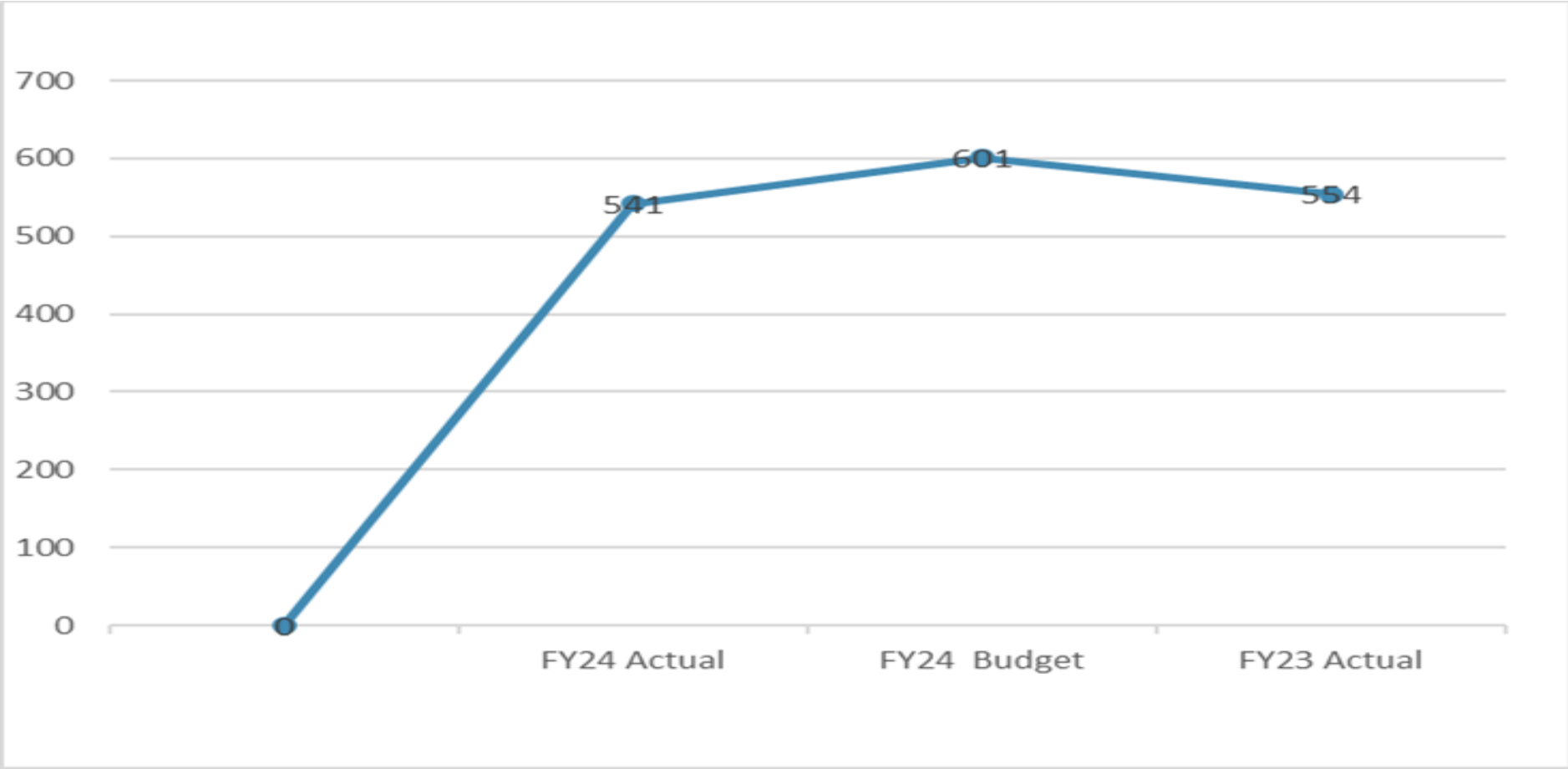
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	2,865	2,915	3,002	2,970	2,650							
FY24 Budget	2,932	2,932	2,932	2,932	2,932							
FY23 Actual	3,099	2,989	2,855	2,883	2,554							



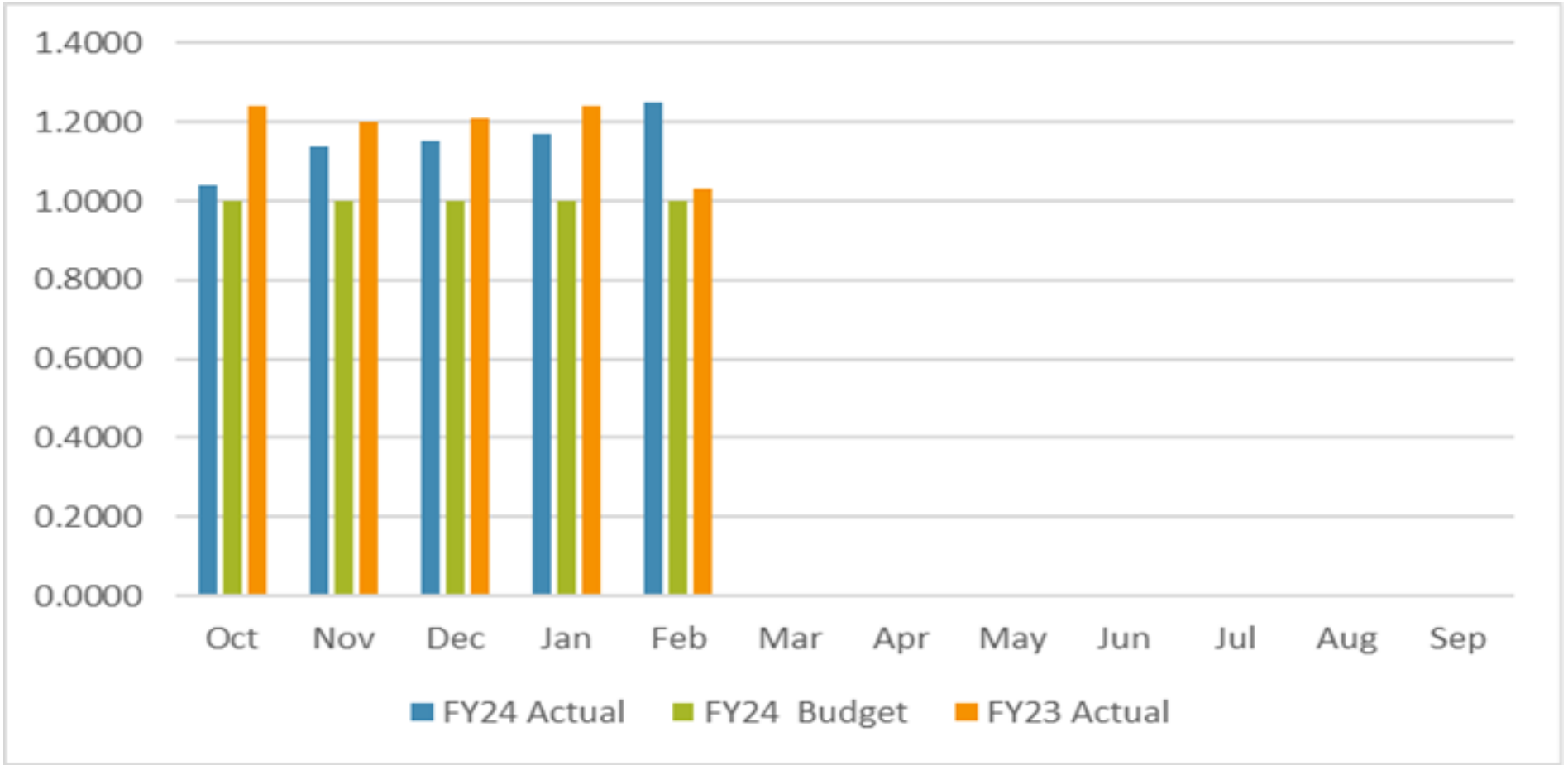
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	539	555	562	553	541							
FY24 Budget	601	601	601	601	601							
FY23 Actual	585	579	579	591	554							



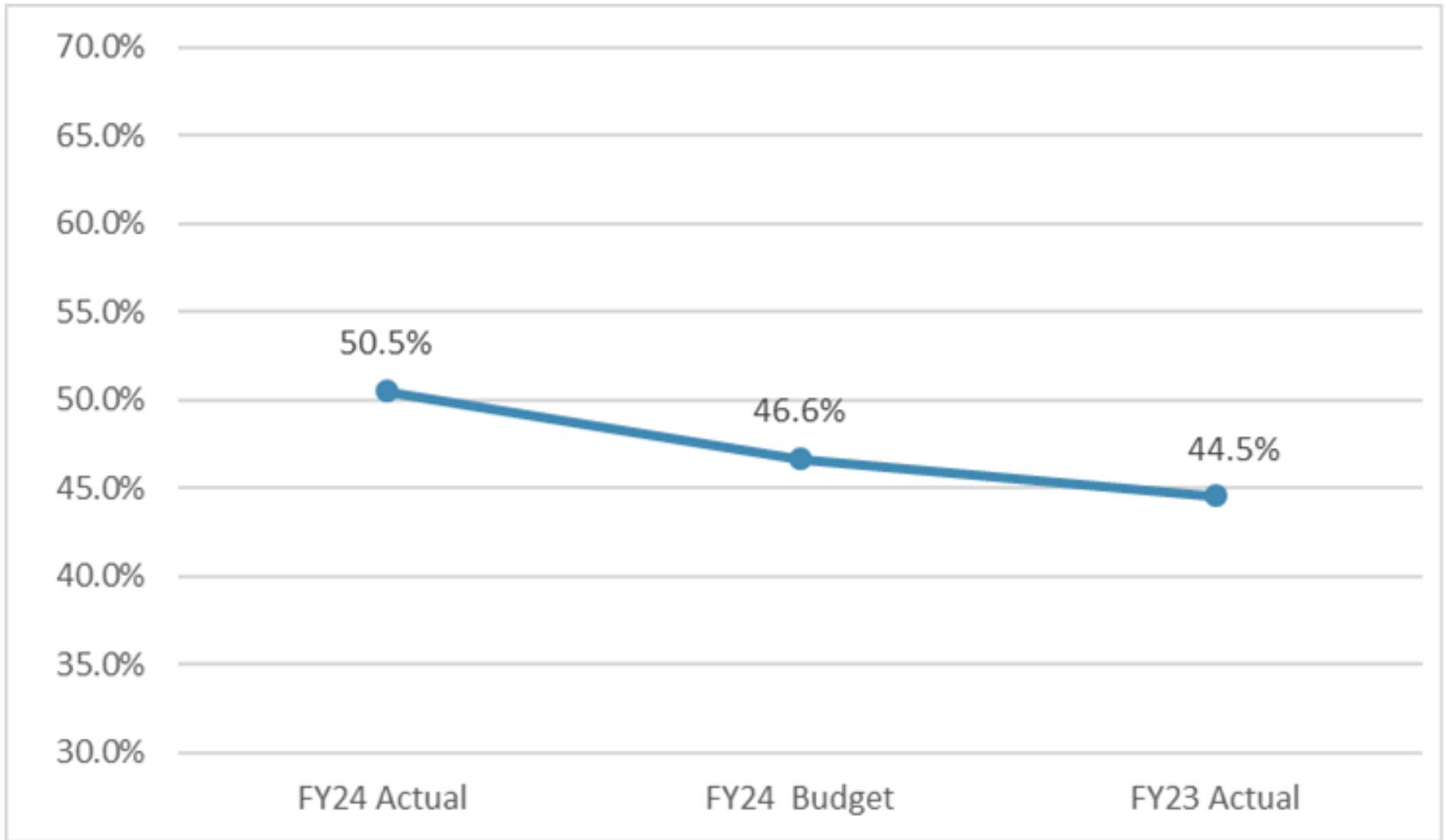
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	1.0400	1.1400	1.1500	1.1700	1.2500							
FY24 Budget	1.0000	1.0000	1.0000	1.0000	1.0000							
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300							

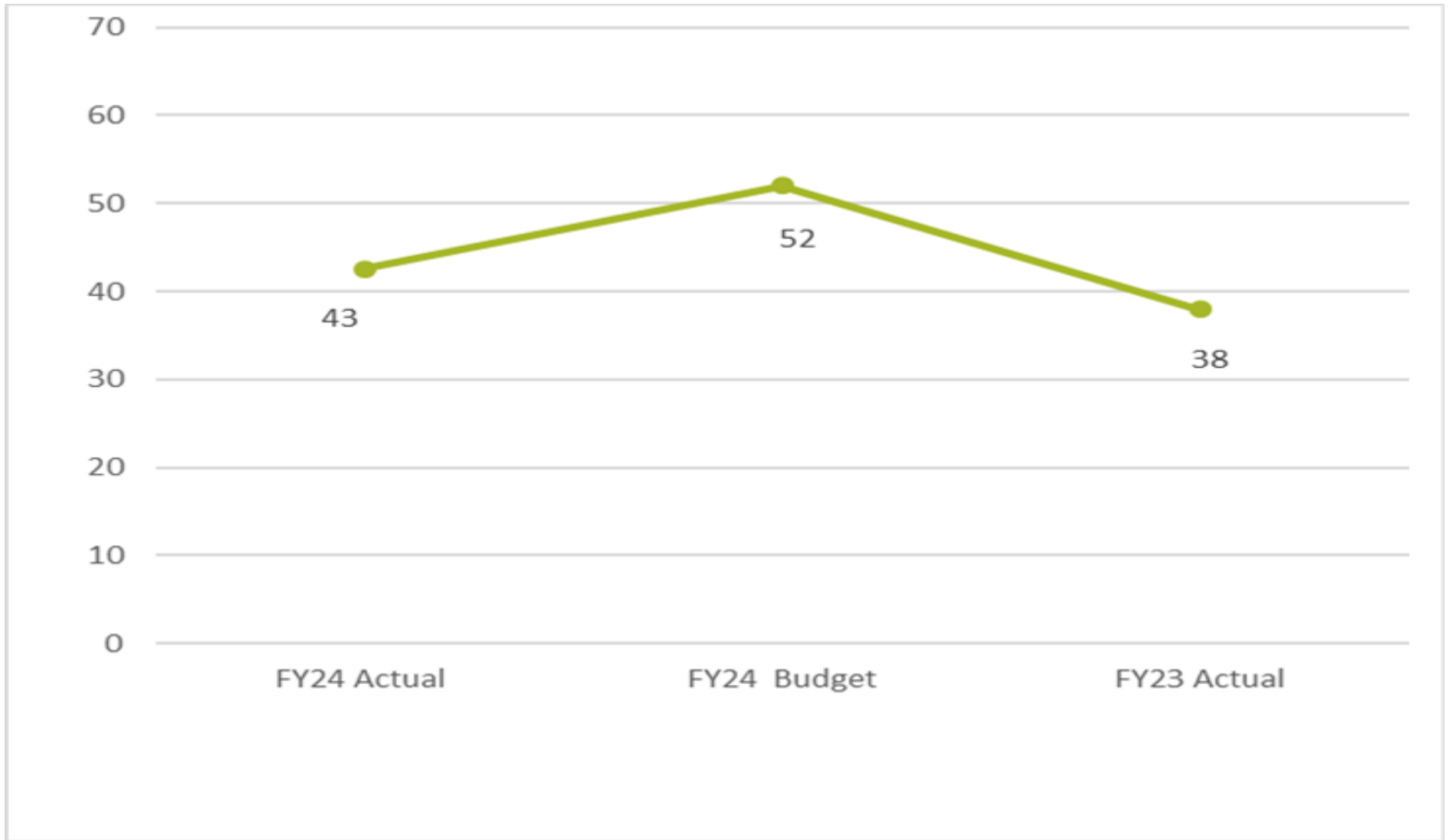


Salaries/Wages & Benefits as a % of Operating Expenses



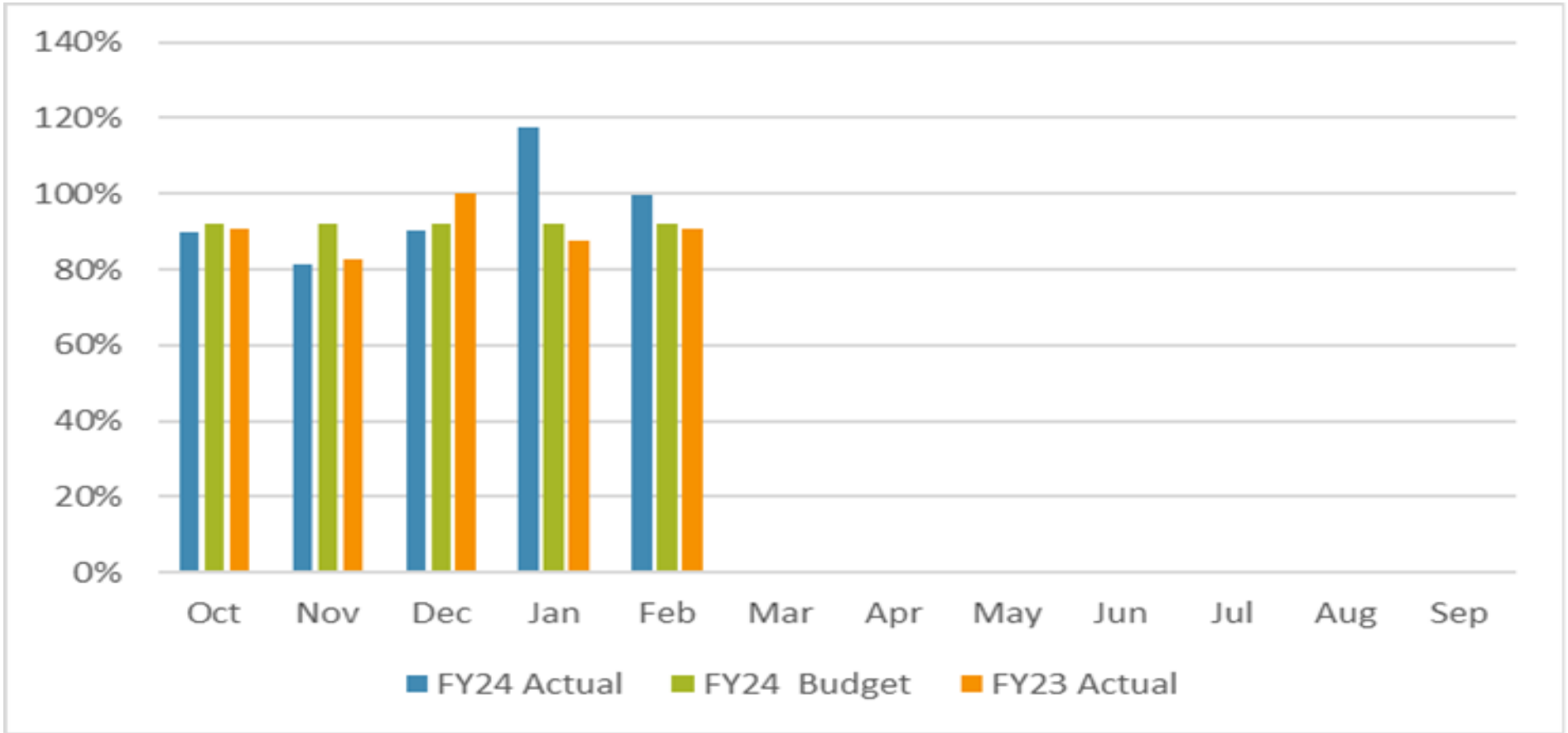


Net Accounts Receivable (AR) Days With Unbilled





Cash Collection as a % of Net Revenues

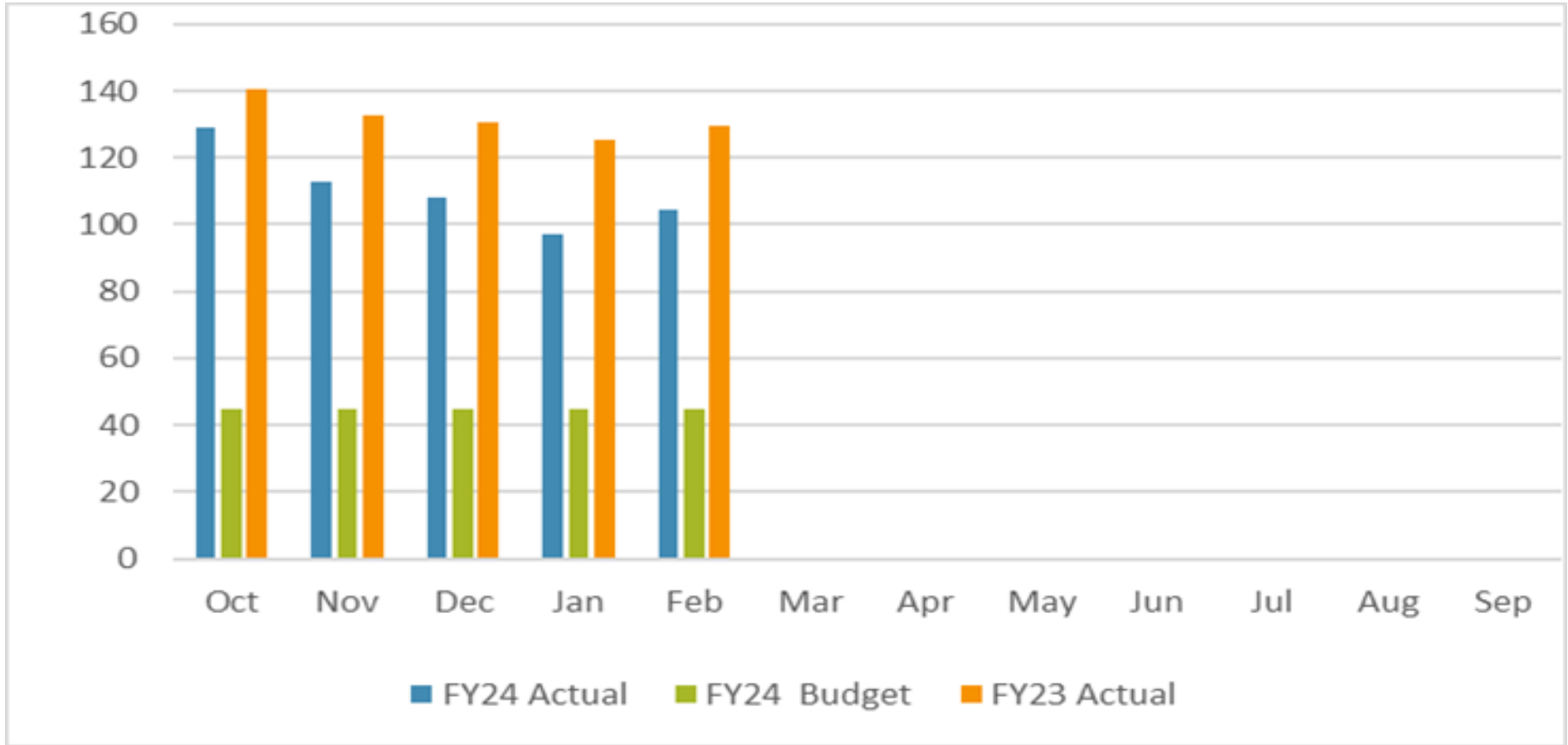


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	90%	81%	90%	118%	100%							
FY24 Budget	92%	92%	92%	92%	92%							
FY23 Actual	91%	83%	100%	88%	91%							



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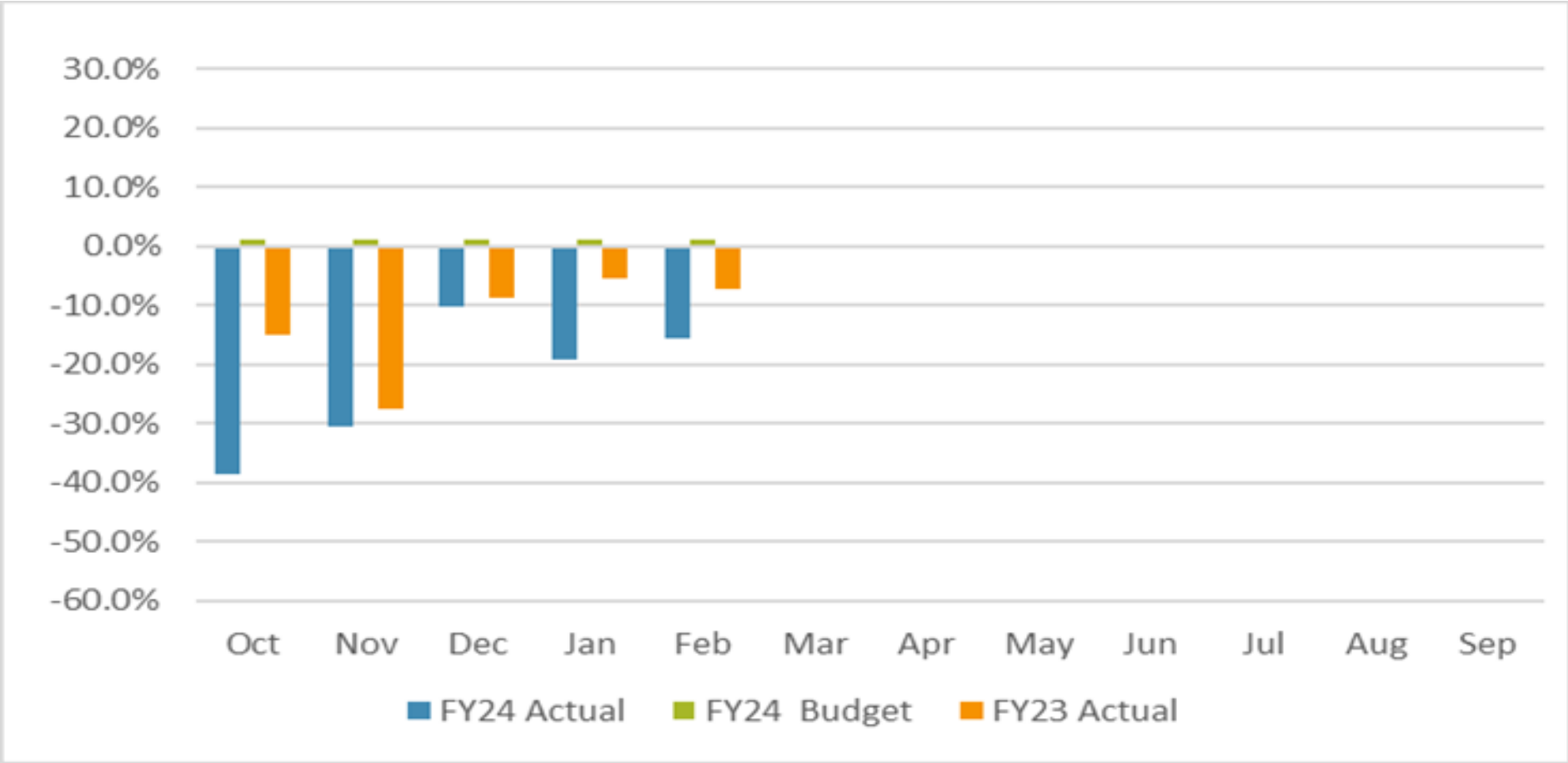
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	129	113	108	97	102							
FY24 Budget	45	45	45	45	45							
FY23 Actual	140	132	131	126	130							



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	-38.6%	-30.4%	-10.3%	-19.2%	-15.5%							
FY24 Budget	1.0%	1.0%	1.0%	1.0%	1.0%							
FY23 Actual	-15.0%	-27.4%	-8.6%	-5.4%	-7.1%							



Income Statement

FY24 Operating Period Ending February 29, 2024

	Month of February			Variance				2024 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	264	305	289	(41)	-13%	(25)	-9%	1,373	1,525	1,521	(152)	-10%	(148)	-10%
Patient Days	2,066	2,012	1,794	54	3%	272	15%	10,235	10,060	9,778	175	2%	457	5%
Emergency Room Visits	2,650	2,932	2,544	(282)	-10%	106	4%	14,403	14,660	14,370	(257)	-2%	33	0%
Clinic Visits	847	574	901	273	48%	(54)	-6%	4,036	2,870	4,673	1,166	41%	(637)	-14%
IP Surgeries	36	54	32	(18)	-33%	4	13%	172	270	206	(98)	-36%	(34)	-17%
OP Surgeries	53	62	73	(9)	-15%	(20)	-27%	296	310	384	(14)	-5%	(88)	-23%
Radiology Visits	803	777	982	26	3%	(179)	-18%	3,976	1,805	4,318	2,171	120%	(342)	-8%
Revenues														
Net Patient Service	7,369	6,659	5,082	709	11%	2,286	45%	30,478	33,297	32,381	(2,818)	-8%	(1,903)	-6%
DSH	735	643	735	91	14%	(0)	0%	3,674	3,217	3,674	457	14%	(0)	0%
CNMC Revenue	150	135	150	15	11%	0	0%	752	677	750	75	11%	2	0%
Other Revenue	1,306	1,392	1,850	(86)	-6%	(544)	-29%	6,712	6,962	7,828	(250)	-4%	(1,115)	-14%
Total Operating Revenue	9,560	8,830	7,817	729	8%	1,742	22%	41,616	44,152	44,633	(2,537)	-6%	(3,017)	-7%
Expenses														
Salaries and Wages	3,394	3,145	3,277	250	8%	117	4%	17,883	15,724	16,988	2,160	14%	895	5%
Employee Benefits	1,022	943	1,008	79	8%	14	1%	6,369	4,717	5,257	1,652	35%	1,112	21%
Contract Labor	1,071	900	660	171	19%	411	62%	5,375	4,498	4,835	876	19%	540	11%
Supplies	768	267	534	501	188%	235	44%	1,999	1,335	3,789	664	50%	(1,790)	-47%
Pharmaceuticals	267	167	147	100	60%	120	0%	1,006	834	876	172	21%	130	0%
Professional Fees	1,275	1,236	1,424	40	3%	(149)	-10%	6,041	6,178	6,081	(137)	-2%	(40)	-1%
Purchased Services	1,163	1,040	440	123	12%	723	164%	4,322	5,200	4,872	(879)	-17%	(550)	-11%
Other	1,115	1,072	657	43	4%	458	70%	5,076	5,362	5,104	(286)	-5%	(28)	-1%
Total Operating Expenses	10,076	8,769	8,148	1,307	15%	1,928	24%	48,070	43,848	47,802	4,223	10%	269	1%
Operating Gain/ (Loss)	(516)	61	(331)	(577)	-944%	(186)	56%	(6,454)	305	(3,169)	(6,759)	-2217%	(3,286)	104%



Balance Sheet

As of the month ending February 29, 2024

Feb - 24	Jan - 24	MTD Change		Sep-23	YTD Change
Current Assets:					
\$ 37,544	\$ 37,151	\$ 393	Cash and equivalents	\$ 35,939	\$ 1,605
8,523	6,380	2,143	Net accounts receivable	4,607	3,916
4,045	4,048	(3)	Inventories	4,101	(56)
1,159	1,232	(73)	Prepaid and other assets	1,564	(405)
<u>51,271</u>	<u>48,811</u>	<u>2,460</u>	Total current assets	<u>\$ 46,211</u>	<u>\$ 5,060</u>
Long- Term Assets:					
35,550	36,752	(1,202)	Capital Assets	41,281	(5,731)
35,550	36,752	(1,202)	Total long term assets	41,281	(5,731)
<u>\$ 86,821</u>	<u>\$ 85,563</u>	<u>\$ 1,258</u>	Total assets	<u>\$ 87,492</u>	<u>\$ (671)</u>
Current Liabilities:					
11,914	14,594	(2,680)	Trade payables	13,055	(1,141)
4,535	3,885	650	Accrued salaries and benefits	2,941	1,594
2,404	2,400	4	Other liabilities	2,402	2
<u>18,853</u>	<u>20,879</u>	<u>(2,026)</u>	Total current liabilities	<u>18,398</u>	<u>455</u>
Long-Term Liabilities:					
9,613	9,459	154	Unearned grant revenue	-	9,613
5,253	5,253	(0)	Estimated third-party payor settlements	4,006	1,247
6,003	6,003	-	Contingent & other liabilities	6,003	(0)
<u>20,869</u>	<u>20,714</u>	<u>155</u>	Total long term liabilities	<u>10,009</u>	<u>10,860</u>
Net Position:					
47,099	43,969	3,130	Unrestricted	59,085	(11,986)
47,099	43,969	3,130	Total net position	59,085	(11,986)
<u>\$ 86,821</u>	<u>\$ 85,563</u>	<u>\$ 1,259</u>	Total liabilities and net position	<u>\$ 87,492</u>	<u>\$ (671)</u>



Statement of Cash Flow

As of the month ending February 29, 2024

Month of February		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 11,740	\$ 11,265	\$ 31,341	\$ 89,542
(9,695)	(6,616)	(24,459)	(74,649)
(8,391)	(4,653)	(22,659)	(59,965)
6,712	3,588	2,469	882
366	3,584	(13,307)	(44,189)
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	3	-
-	-	3	-
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	40,000
-	-	15,000	40,000
Cash flows from capital and related financing activities:			
40	-	-	-
-	(38)	100	5,493
(13)	(37)	(191)	(5,852)
27	(75)	(91)	(359)
393	3,509	1,605	(4,548)
37,151	45,345	35,939	53,402
\$ 37,544	\$ 48,854	\$ 37,544	\$ 48,854
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			



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending March 31, 2024

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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2024 Actual Gap Measures
As of March 31, 2024

	FY 2024 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	
Net Loss from Operations Before District Subsidy				(\$27,414,547)
District Subsidy				\$15,000,000
				<u>(\$12,414,547)</u>



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 6% (\$567K) MTD and by 2% (\$1.1M) YTD.**
- ❖ **Net patient revenue is lower than budget by 10% (\$652K) MTD and by 4% (\$1.4M) YTD.**
 - ❖ **Admissions are lower than budget by 10% MTD and YTD respectively.**
 - ❖ **Total surgeries are lower than budget by 16% MTD and by 19% YTD.**

- **Expenses**

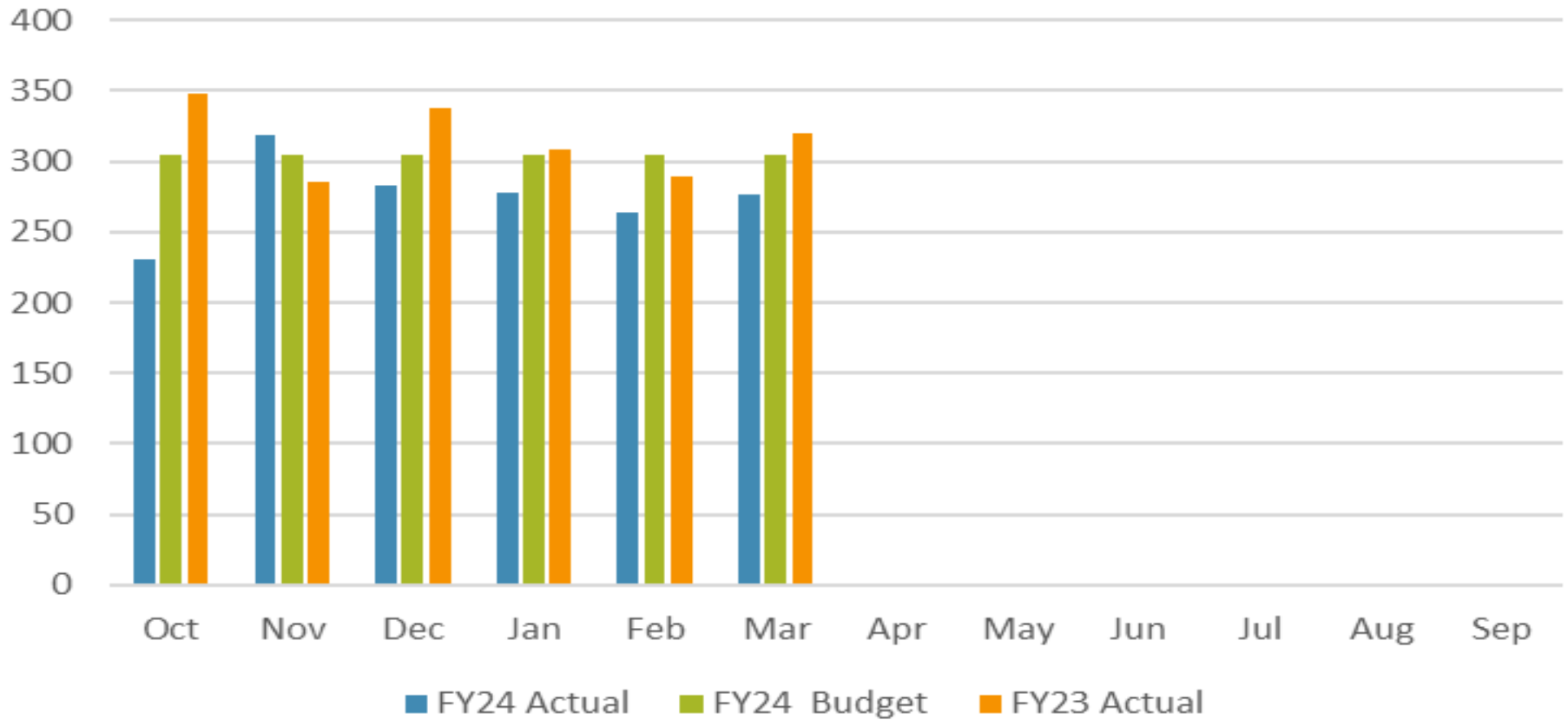
- ❖ **Total operating expenses are higher than budget by 8% (\$679K) MTD and by 9% (\$4.9M) YTD due to the following:**
 - ❖ **Salaries are higher than budget by 16% (\$509K) MTD and by 14% (\$2.7M) YTD due to overtime.**
 - ❖ **Overtime is trending at over \$4M for the year as of this reporting.**
 - ❖ **Employee benefits are lower than budget by 6% (\$53K) MTD but higher than budget by 17% (\$961K) YTD.**
 - ❖ **Contract labor is higher than budget by 43% (\$383K) MTD and by 23% (\$1.3M) YTD.**
 - ❖ **Professional fees are on target MTD but lower than budget by 2% (\$135K) YTD.**
 - ❖ **Purchased services are lower than budget by 10% (\$104K) MTD and by 16% (\$983K) YTD.**
 - ❖ **Other expenses are lower than budget by 34% (\$361K) MTD but on target YTD.**

Key Indicators

Fiscal Year 2024 thru 03/31/24

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY23	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	276	305	320	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	97	116	140	▼	▲
Emergency Room Visits	Actual Visits	2,947	2,932	2,901	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	525	601	554	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.18	1.00	1.19	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	49%	47%	45%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	58	52	46	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	78%	92%	106%	▼	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	70	45	122	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-10.9%	1.0%	-6.2%	▼	▲

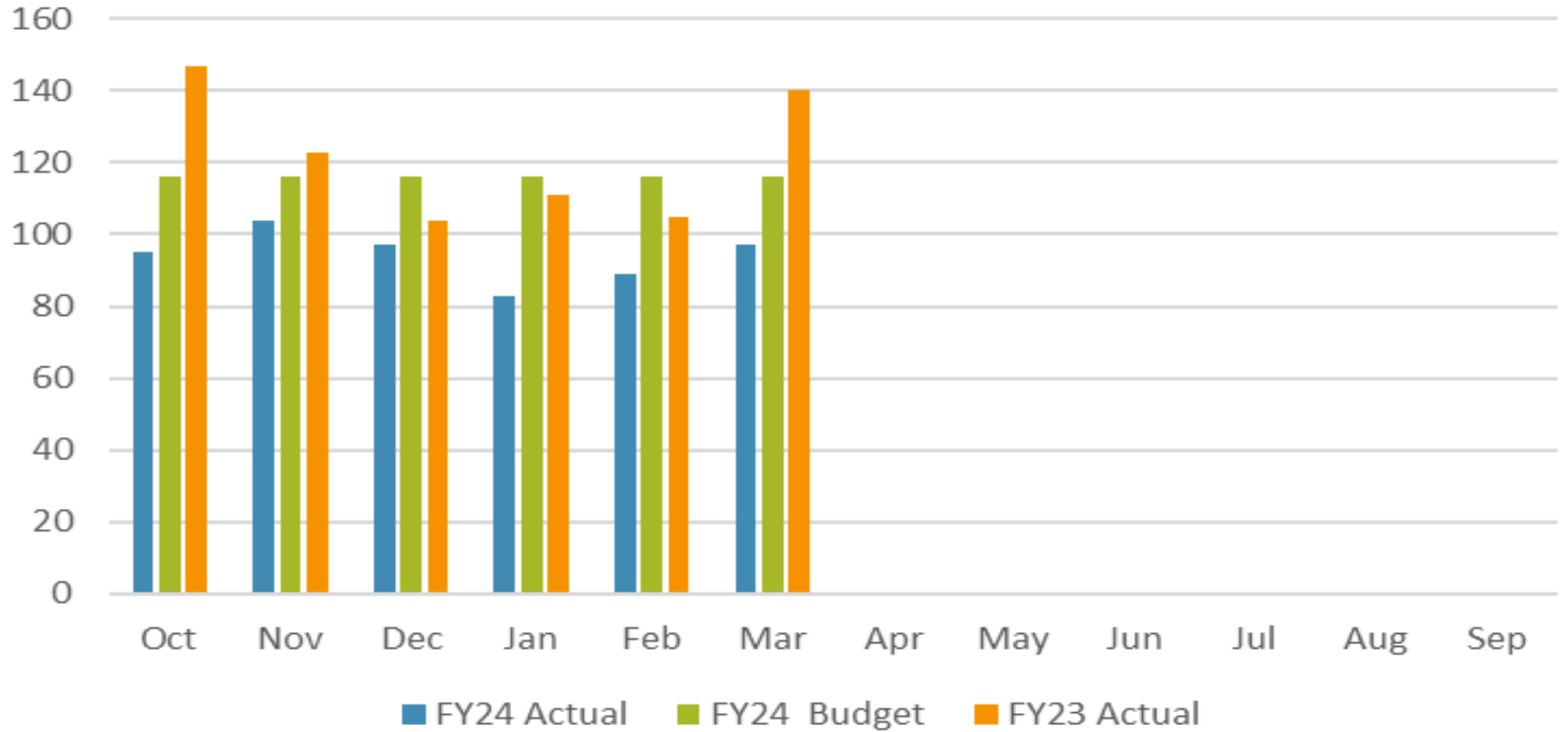
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	230	318	283	278	264	276						
FY24 Budget	305	305	305	305	305	305						
FY23 Actual	348	286	338	309	289	320						



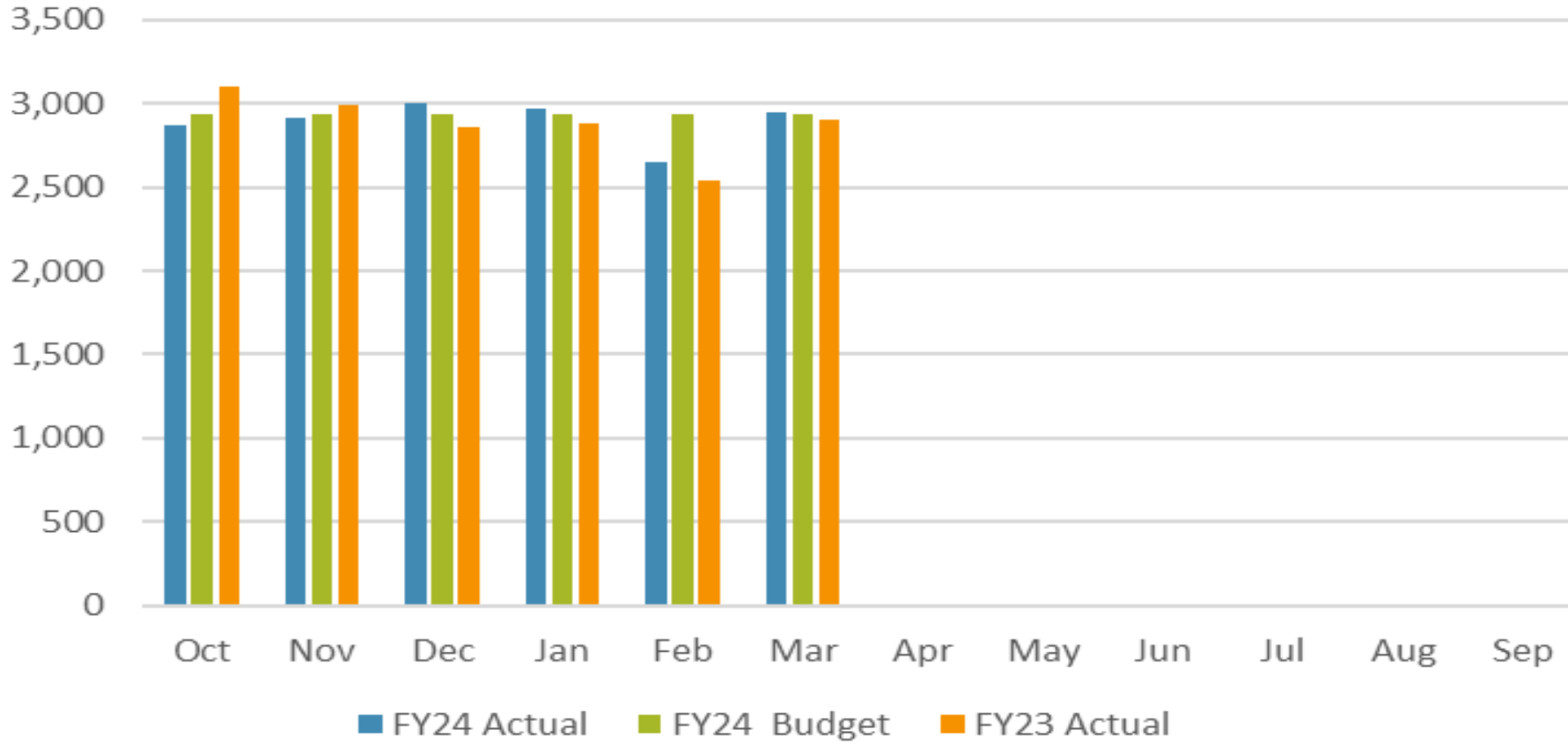
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	95	104	97	83	89	97						
FY24 Budget	116	116	116	116	116	116						
FY23 Actual	147	123	104	111	105	140						

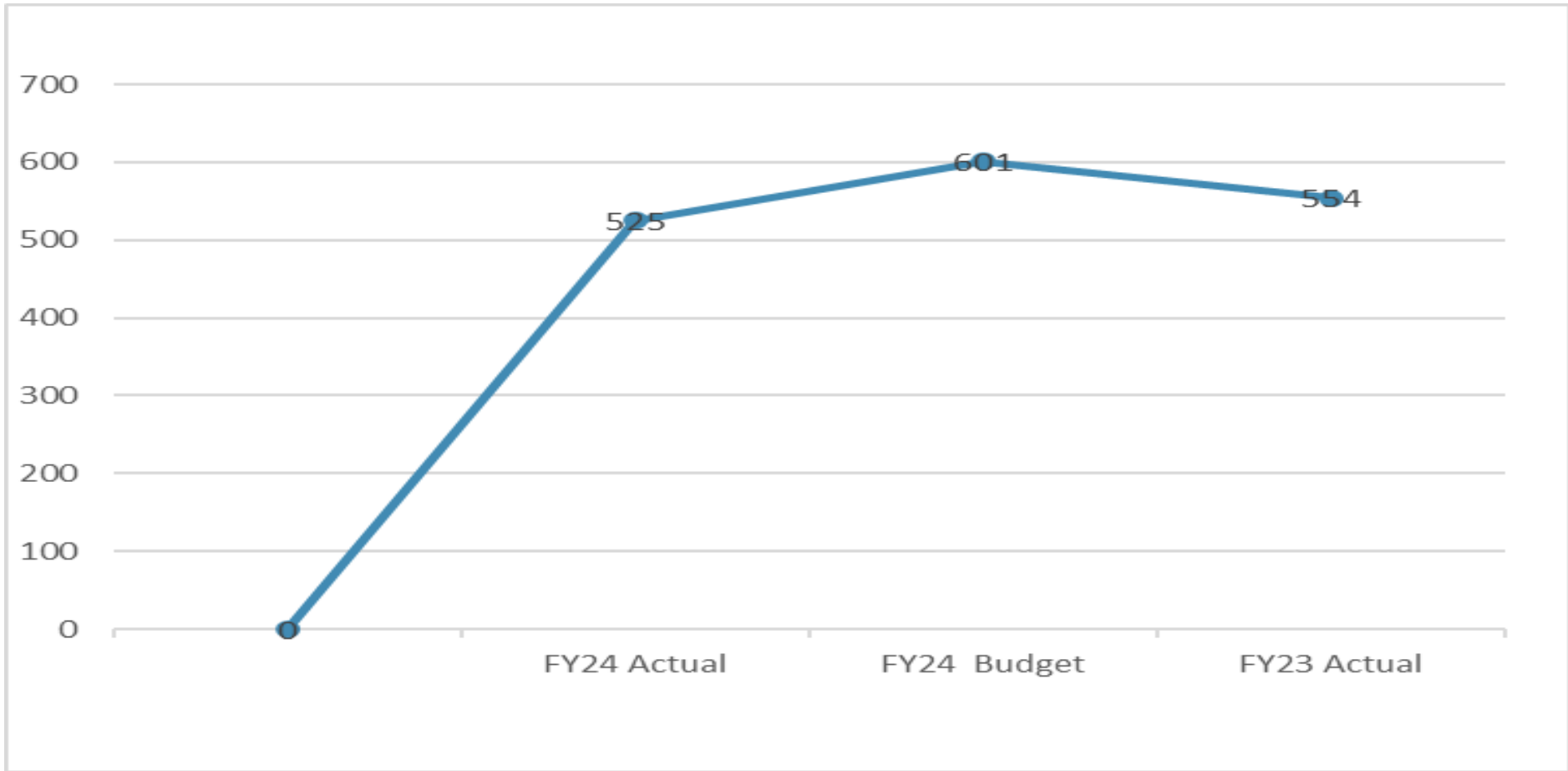


Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	2,865	2,915	3,002	2,970	2,650	2,947						
FY24 Budget	2,932	2,932	2,932	2,932	2,932	2,932						
FY23 Actual	3,099	2,989	2,855	2,883	2,554	2,901						

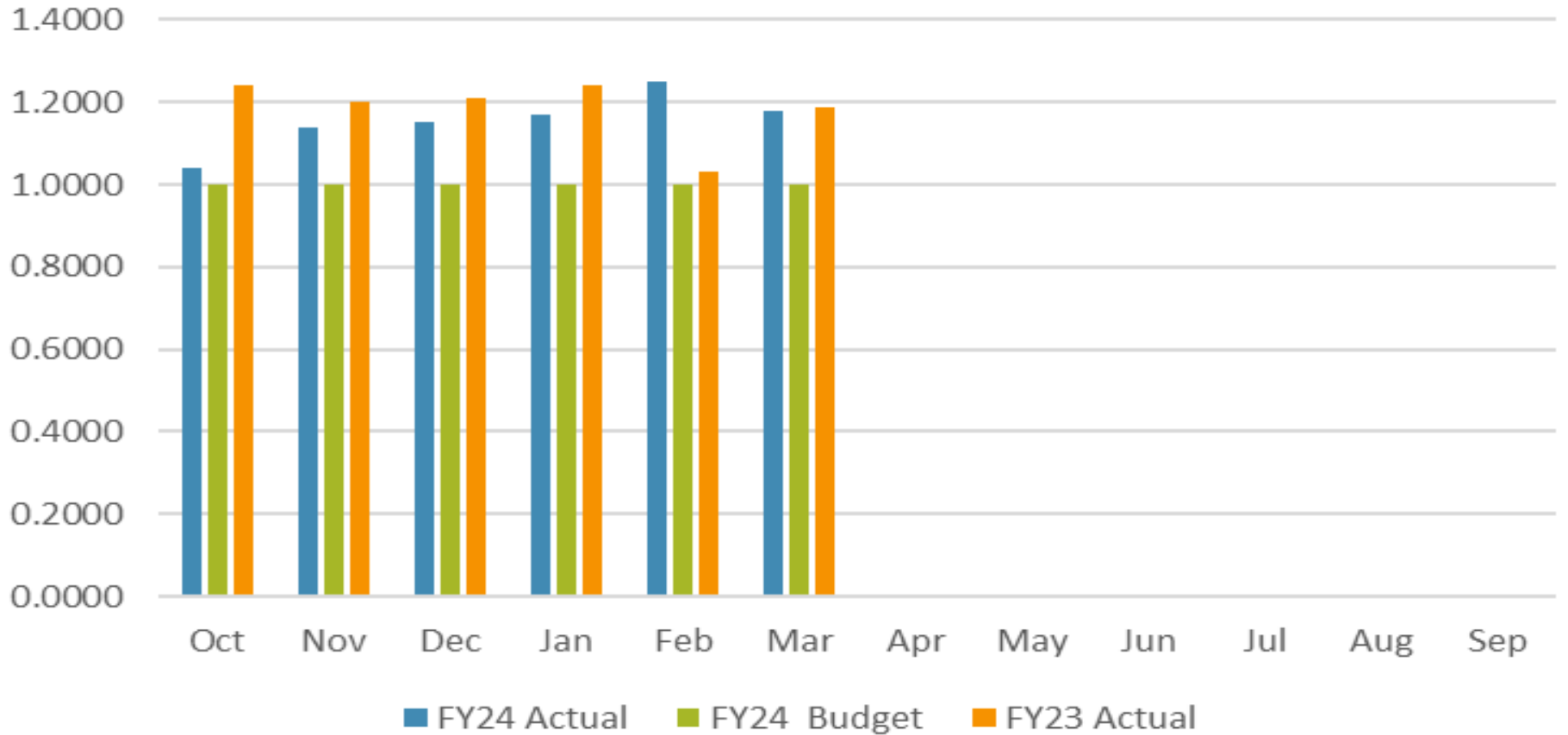
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	539	555	562	553	541	525						
FY24 Budget	601	601	601	601	601	601						
FY23 Actual	585	579	579	591	554	554						



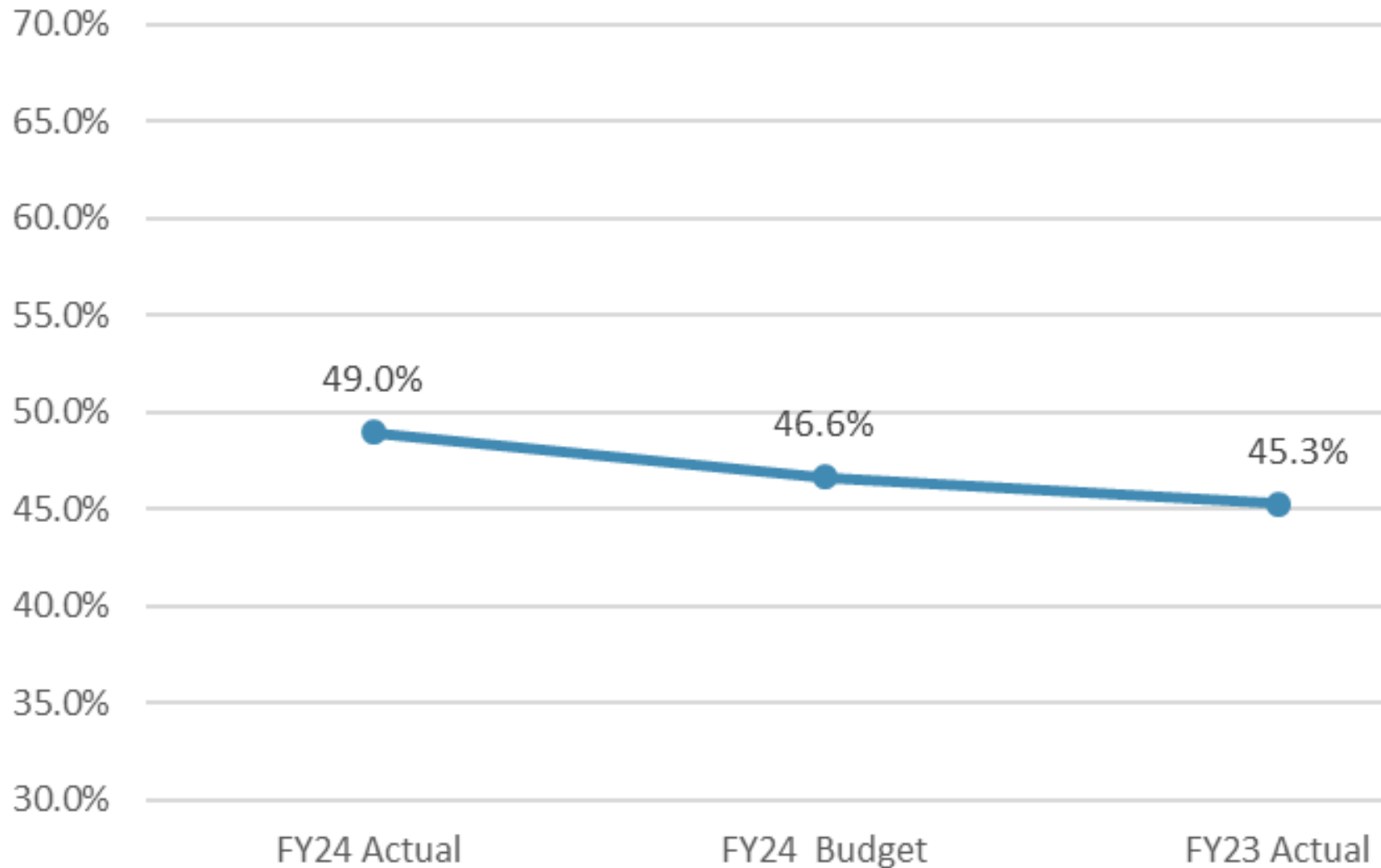
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	1.0400	1.1400	1.1500	1.1700	1.2500	1.1800						
FY24 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000						
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300	1.1900						

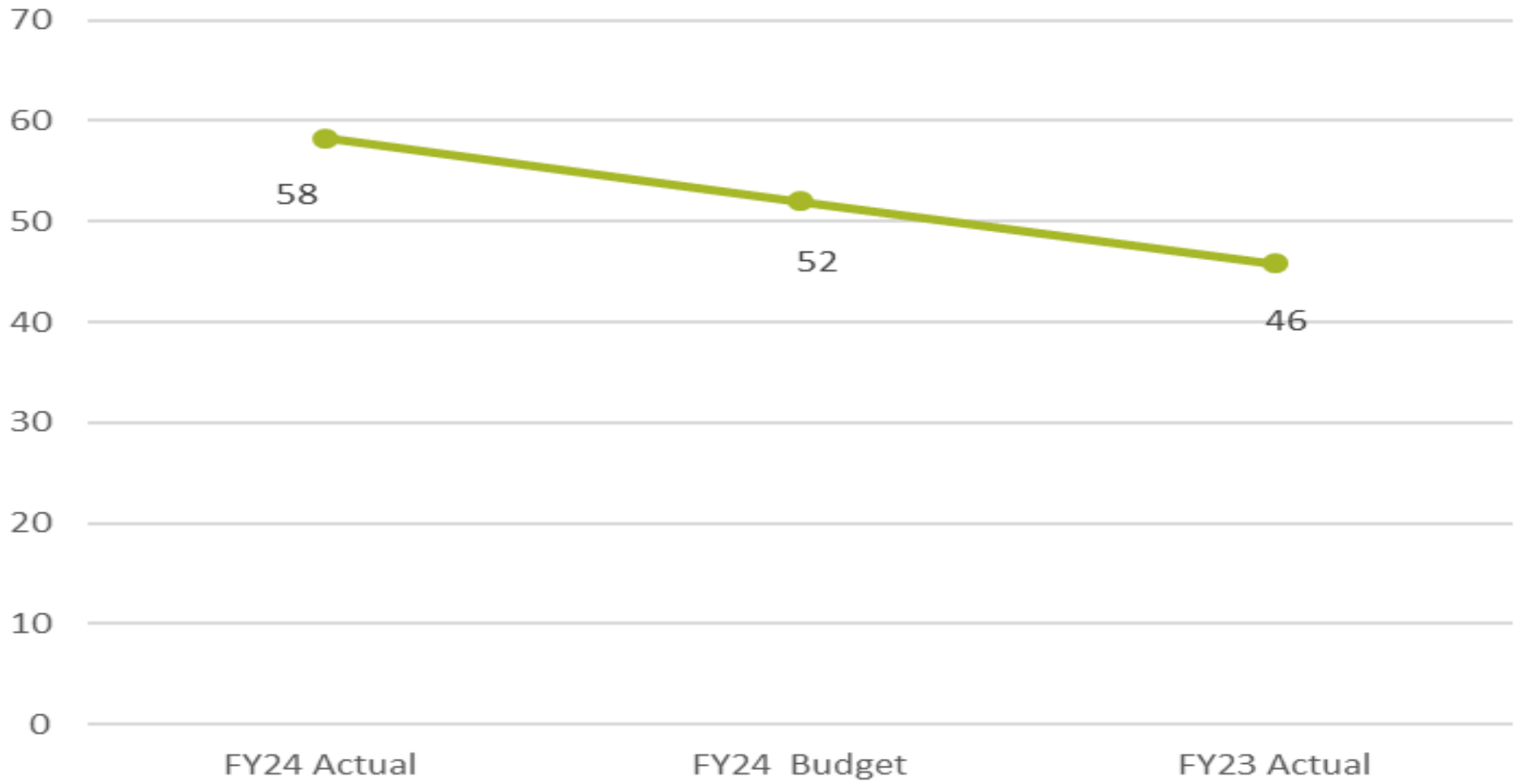


Salaries/Wages & Benefits as a % of Operating Expenses



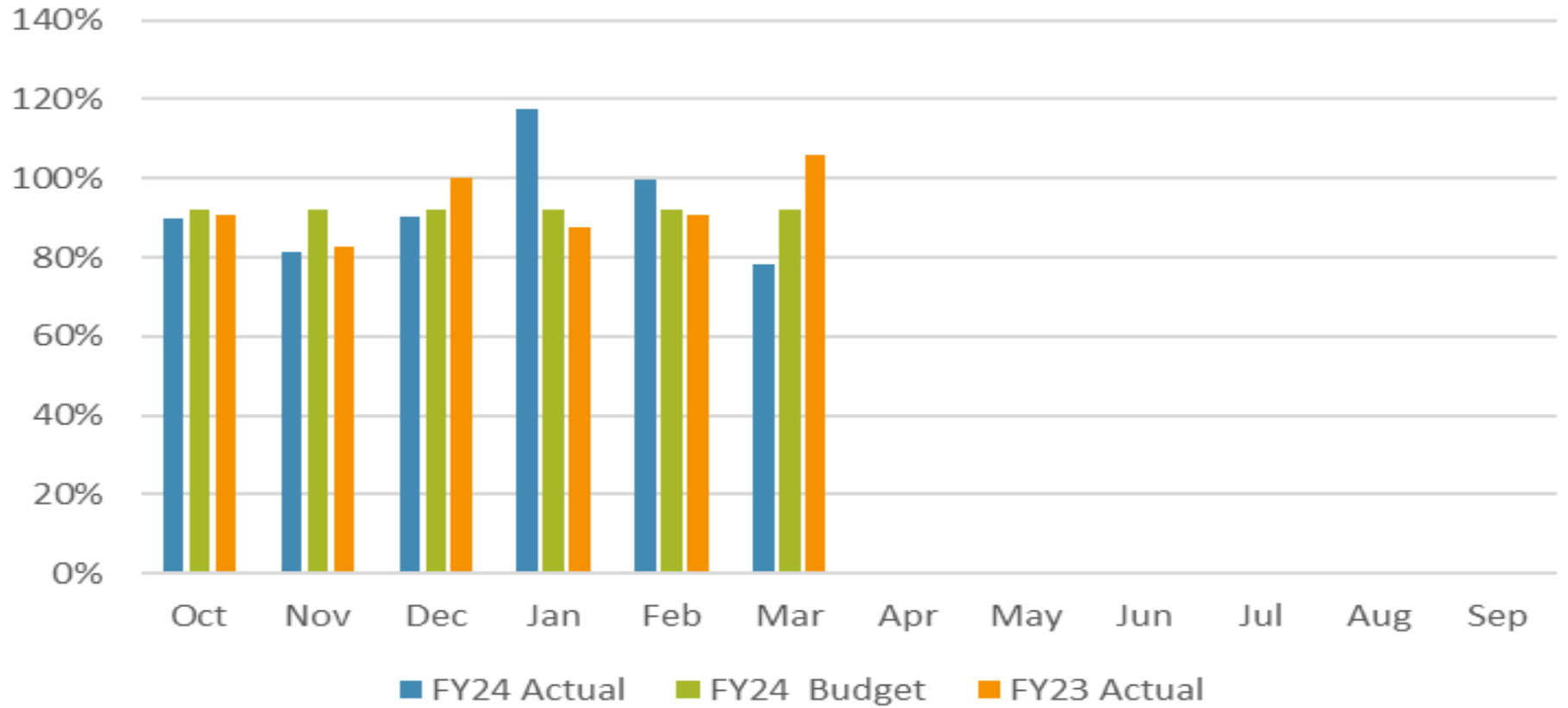


Net Accounts Receivable (AR) Days With Unbilled





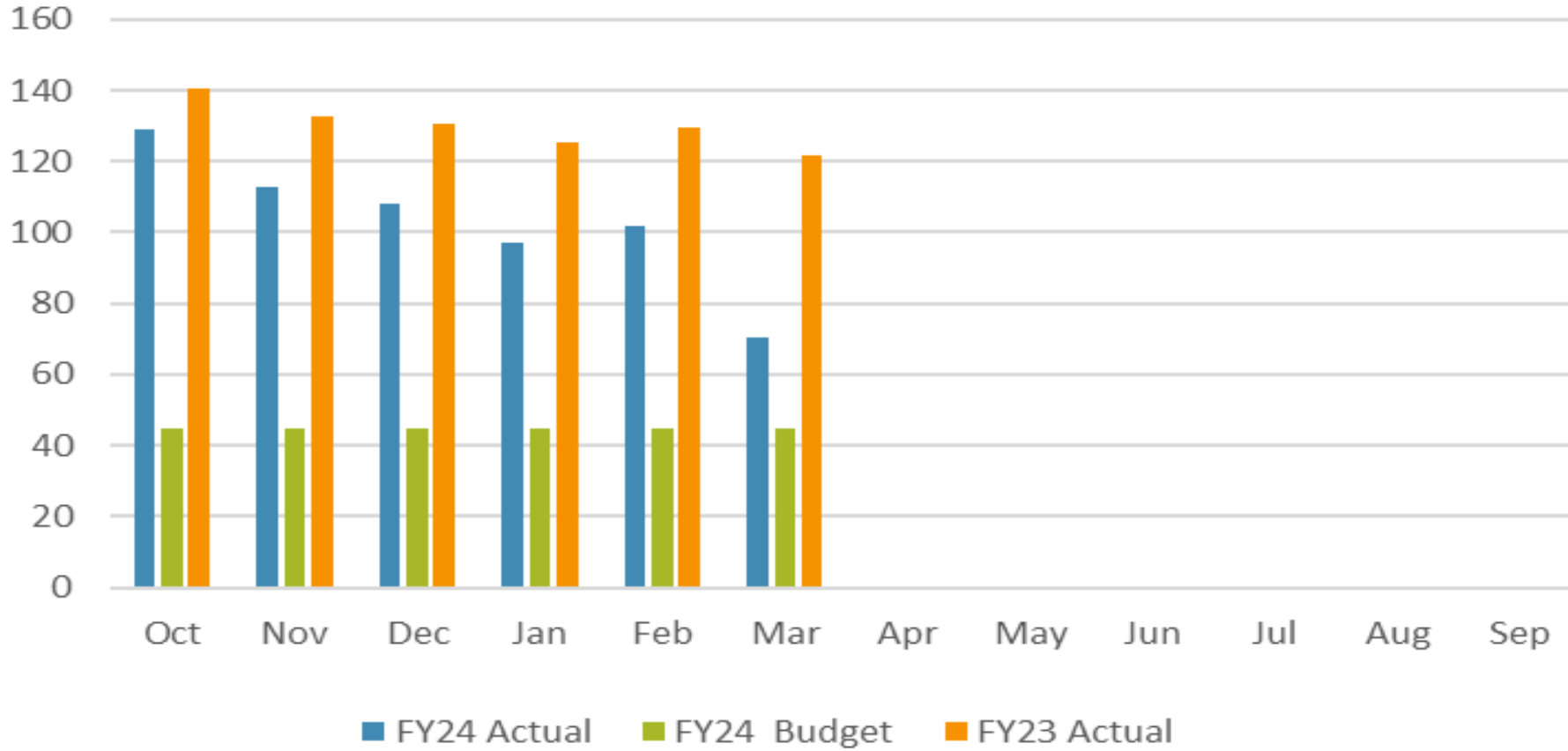
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	90%	81%	90%	118%	100%	78%						
FY24 Budget	92%	92%	92%	92%	92%	92%						
FY23 Actual	91%	83%	100%	88%	91%	106%						



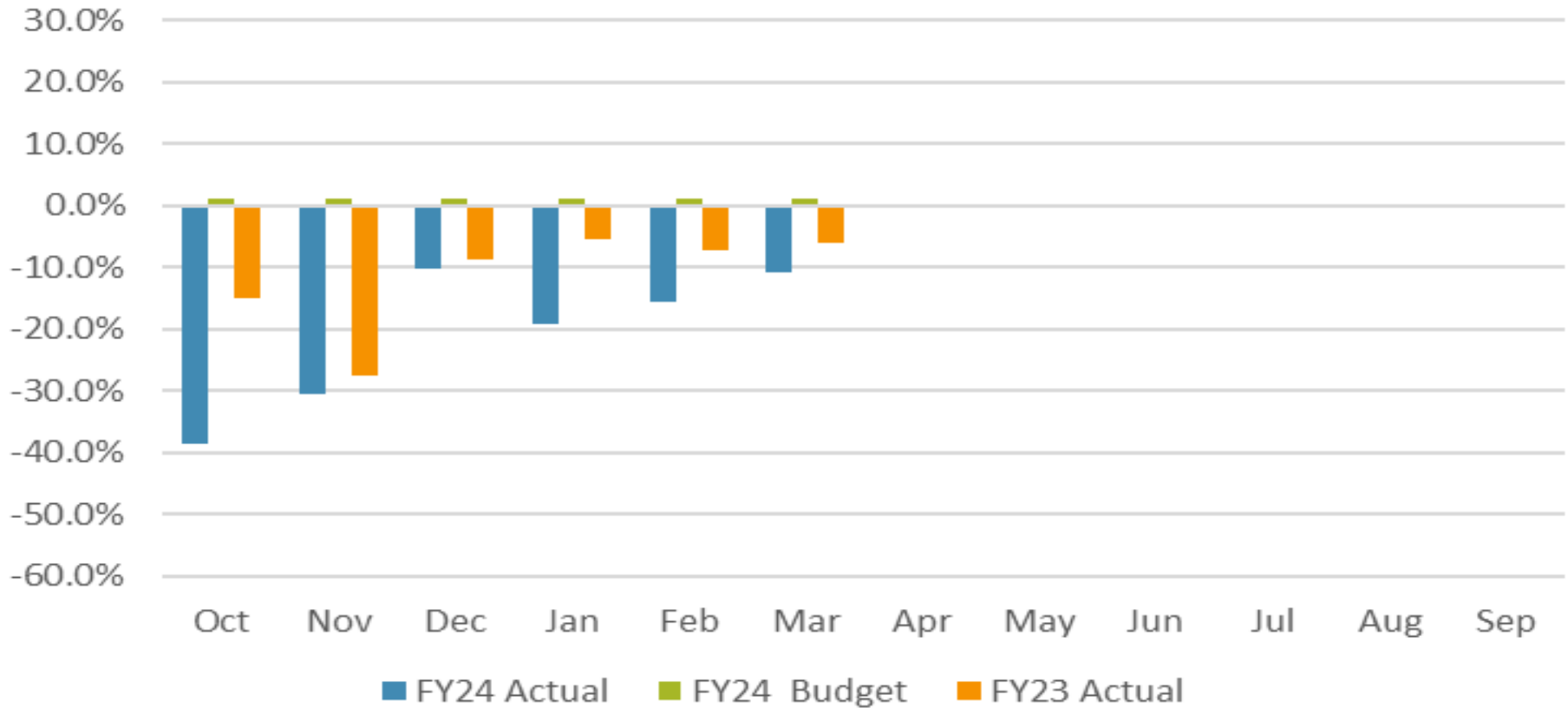
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	129	113	108	97	102	70						
FY24 Budget	45	45	45	45	45	45						
FY23 Actual	140	132	131	126	130	122						



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	-38.6%	-30.4%	-10.3%	-19.2%	-15.5%	-10.9%						
FY24 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%						
FY23 Actual	-15.0%	-27.4%	-8.6%	-5.4%	-7.1%	-6.2%						



Income Statement

FY24 Operating Period Ending March 31, 2024

	Month of March			Variance				2024 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	276	305	320	(29)	-10%	(44)	-14%	1,649	1,830	1,841	(181)	-10%	(192)	-10%
Patient Days	1,965	2,012	2,246	(47)	-2%	(281)	-13%	12,200	12,072	12,024	128	1%	176	1%
Emergency Room Visits	2,947	2,932	2,901	15	1%	46	2%	17,350	17,592	17,271	(242)	-1%	79	0%
Clinic Visits	765	574	991	191	33%	(226)	-23%	4,801	3,444	5,664	1,357	39%	(863)	-15%
IP Surgeries	36	54	48	(18)	-33%	(12)	-25%	208	324	254	(116)	-36%	(46)	-18%
OP Surgeries	61	62	92	(1)	-2%	(31)	-34%	357	372	476	(15)	-4%	(119)	-25%
Radiology Visits	835	777	982	58	7%	(147)	-15%	4,811	2,166	5,193	2,645	122%	(382)	-7%
Revenues														
Net Patient Service	6,007	6,659	7,566	(652)	-10%	(1,559)	-21%	38,489	39,956	39,947	(1,467)	-4%	(1,458)	-4%
DSH	735	643	735	91	14%	(0)	0%	4,409	3,860	4,409	549	14%	(0)	0%
CNMC Revenue	150	135	150	15	11%	0	0%	902	812	900	90	11%	2	0%
Other Revenue	1,371	1,392	1,362	(21)	-2%	9	1%	8,083	8,355	9,190	(271)	-3%	(1,106)	-12%
Total Operating Revenue	8,263	8,830	9,813	(567)	-6%	-1,550	-16%	51,883	52,983	54,446	(1,100)	-2%	(2,563)	-5%
Expenses														
Salaries and Wages	3,653	3,145	3,691	509	16%	(38)	-1%	21,537	18,868	20,680	2,668	14%	857	4%
Employee Benefits	891	943	929	(53)	-6%	(38)	-4%	6,621	5,660	6,186	961	17%	436	7%
Contract Labor	1,283	900	940	383	43%	343	36%	6,658	5,398	5,775	1,260	23%	883	15%
Supplies	597	267	838	330	124%	(242)	-29%	2,596	1,602	4,628	994	62%	(2,032)	-44%
Pharmaceuticals	140	167	176	(27)	-16%	(36)	0%	1,147	1,001	1,051	146	15%	96	0%
Professional Fees	1,237	1,236	1,722	2	0%	(485)	-28%	7,278	7,413	7,803	(135)	-2%	(525)	-7%
Purchased Services	936	1,040	1,382	(104)	-10%	(446)	-32%	5,257	6,240	6,254	(983)	-16%	(996)	-16%
Other	712	1,072	320	(361)	-34%	392	122%	6,426	6,434	5,424	(8)	0%	1,002	18%
Total Operating Expenses	9,448	8,769	9,999	679	8%	(550)	-6%	57,520	52,617	57,800	4,903	9%	-280	0%
Operating Gain/ (Loss)	(1,185)	61	(185)	(1,246)	-2038%	(1,000)	539%	(5,637)	366	(3,354)	(6,003)	-1640%	(2,283)	68%



Balance Sheet

As of the month ending March 31, 2024

Mar - 24	Feb - 24	MTD Change		Sep-23	YTD Change
Current Assets:					
\$ 27,521	\$ 37,544	\$ (10,023)	Cash and equivalents	\$ 35,939	\$ (8,418)
12,251	8,523	3,728	Net accounts receivable	4,607	7,644
4,042	4,045	(3)	Inventories	4,101	(59)
1,320	1,159	160	Prepaid and other assets	1,564	(244)
<u>45,134</u>	<u>51,271</u>	<u>(6,137)</u>	Total current assets	<u>\$ 46,211</u>	<u>\$ (1,077)</u>
Long- Term Assets:					
34,375	35,550	(1,175)	Capital Assets	41,281	(6,906)
34,375	35,550	(1,175)	Total long term assets	41,281	(6,906)
<u>\$ 79,509</u>	<u>\$ 86,821</u>	<u>\$ (7,312)</u>	Total assets	<u>\$ 87,492</u>	<u>\$ (7,983)</u>
Current Liabilities:					
10,027	11,914	(1,887)	Trade payables	13,055	(3,028)
2,893	4,535	(1,642)	Accrued salaries and benefits	2,941	(48)
2,400	2,404	(4)	Other liabilities	2,402	(2)
<u>15,320</u>	<u>18,853</u>	<u>(3,533)</u>	Total current liabilities	<u>18,398</u>	<u>(3,078)</u>
Long-Term Liabilities:					
8,363	9,613	(1,250)	Unearned grant revenue	-	8,363
3,253	3,253	-	Estimated third-party payor settlements	4,006	(753)
6,003	6,003	-	Contingent & other liabilities	6,003	(0)
<u>17,619</u>	<u>18,868</u>	<u>(1,249)</u>	Total long term liabilities	<u>10,009</u>	<u>7,610</u>
Net Position:					
46,570	49,099	(2,529)	Unrestricted	59,085	(12,515)
46,570	49,099	(2,529)	Total net position	59,085	(12,515)
<u>\$ 79,509</u>	<u>\$ 86,821</u>	<u>\$ (7,311)</u>	Total liabilities and net position	<u>\$ 87,492</u>	<u>\$ (7,983)</u>



Statement of Cash Flow

As of the month ending March 31, 2024

Dollars in Thousands

Month of March				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 3,017	\$ 11,265		Receipts from and on behalf of patients	\$ 34,358	\$ 89,542
(7,589)	(6,616)		Payments to suppliers and contractors	(32,047)	(74,649)
(5,548)	(4,653)		Payments to employees and fringe benefits	(28,206)	(59,965)
89	3,588		Other receipts and payments, net	2,558	882
<u>(10,030)</u>	<u>3,584</u>		Net cash provided by (used in) operating activities	<u>(23,337)</u>	<u>(44,189)</u>
Cash flows from investing activities:					
-	-		Proceeds from sales of investments	-	-
-	-		Purchases of investments	-	-
-	-		Receipts of interest	2	-
<u>-</u>	<u>-</u>		Net cash provided by (used in) investing activities	<u>2</u>	<u>-</u>
Cash flows from noncapital financing activities:					
-	-		Repayment of notes payable	-	-
<u>-</u>	<u>-</u>		Receipts (payments) from/(to) District of Columbia	<u>15,000</u>	<u>40,000</u>
<u>-</u>	<u>-</u>		Net cash provided by noncapital financing activities	<u>15,000</u>	<u>40,000</u>
Cash flows from capital and related financing activities:					
17	-		Net cash provided by capital financing activities	-	-
-	(38)		Receipts (payments) from/(to) District of Columbia	117	5,493
(9)	(37)		Change in capital assets	(201)	(5,852)
7	(75)		Net cash (used in) capital and related financing activities	(83)	(359)
(10,023)	3,509		Net increase (decrease) in cash and cash equivalents	(8,418)	(4,548)
37,544	45,345		Cash and equivalents, beginning of period	35,939	53,402
\$ 27,521	\$ 48,854		Cash and equivalents, end of period	\$ 27,521	\$ 48,854
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					