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**Monthly Board Meeting Date: April 26,
2023**

Meeting Link: [https://unitedmedicaldc.webex.com/
unitedmedicaldc/j.php?
MTID=mb739e3bf1e07735fa50fbf31d43a3e14](https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mb739e3bf1e07735fa50fbf31d43a3e14)

**2023 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



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

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, April 26, 2023. The meeting will be held via WebEx.

Meeting link: Webex - <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?>

MTID=mb739e3bf1e07735fa50fbf31d43a3e14

Meeting number: 415-655-0001 US Toll

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 – March 24, 2023

CONSENT AGENDA

- A. Dr. Gregory Morrow, MD- Chief Medical Officer**
- B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
- C. Doris Onyima, RN, Sr. Director of Nursing**

V. EXECUTIVE MANAGEMENT REPORT

Dr. Jacqueline Payne-Borden – Chief Executive Officer

VI. FINANCIAL REPORT

- A. Lillian Chukwuma, Chief Financial Officer**

VII. PUBLIC COMMENT

VIII. OTHER BUSINESS

- A. Old Business**
- B. New Business**

IX. ANNOUNCEMENTS

X. ADJOURN

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



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Monthly Board Meeting

Date: April 26, 2023

Location: Meeting Link:

Reading and Approval of Minutes

Minutes Date:

March 22, 2023



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, March 22, 2023 3:30pm
Held via WebEx

Directors:

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

UMC Staff: CFO Lilian Chukwuma, CEO Dr. Jacqueline Payne – Borden, CMO Dr. Gregory Morrow, Corp Sec. Toya Carmichael, Gen Counsel Charles Brown, 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 Threet, Vernitta, Eric Goulet

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:38pm. Quorum determined by Toya Carmichael.
Approval of Agenda	<p style="text-align: center;"><i>Motion to approve agenda by Dir. Reid-Jackson, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Motion to approve minutes by Dir. Ashenafi, 2nd by Dir. Reid Jackson unanimous vote.</i></p>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> • Combined 6 new appointments for January and February. 238 current members of the Medical Staff Team.

- Quality & Patient Safety – No new issues at this point. Infection rates are forthcoming from the lab but we continue to see improvements on blood contamination rates.
- Our focus in case management is to look at those avoidable days.
- Infection rates have decreased across the board since 2022.
- DC Covid rate is still moderate and the severity of disease is down and hospital admissions have been very low.
- Pharmacy interventions continue to save us about \$12,000 per month.

Dir. Ashenafi asked about where we are with hiring social workers in the ER Dept which is great but are we fully staffed with social workers or do we have vacancies.

- We have not reached the ultimate number but we do have a critical mass and sufficient staff to address the issues that we mentioned.

MCOS Report – Dr. Francis O’Connell

- We have a new Radiology group that started in the beginning of March.
- Electronic prescriber for controlled substances is on target to get up and running for Joint Commission visit.

CNO Report – Doris Onyima , Senior Director of Nursing

- Nursing on boarded a ED Nursing Manager and Sen. Dir. of Nursing in January.
- By the end of March we will be on boarding staff from the Aya agency.
- ICU was relocated from the 5th floor to the 3rd floor which includes growth from 12 to 15 beds.
- Diabetes educator continues to work with patients and staff.
- This February we had a big decrease in patients who left without being seen compared to January.
- Occupational Health is still providing COVID booster shots to employees.

Dir. Ashenafi asked what triggered us to bring in a new nursing staffing agency?

- Dr. Jacquie noted that we had been trying to get Aya on board for the last few months, due to the nursing shortage and our location here in SE, the two agencies we had were not able to get the nurses we needed for the shifts we needed. Aya is a nationwide agency and has more nurses to send us despite starting out slow.
- Lilian noted that we are keeping all the agencies so we have better opportunities to attract nurses.

Motion to accept CMO, CMOS, and CNO report by Dir. Ashenafi, 2nd by Dir. Turnage, unanimous vote.

	<p>Executive Management Report - Dr. Jacqueline Payne Borden</p> <ul style="list-style-type: none"> • Welcomed LaMonica Threet who joined UMC as the VP of Human Resources and our new GC Eric Goulet. • Facilities team along with vendors continue to provide maintenance and excited to announce that UMC has met compliance with the new DC Health • Information Technology Department completed all systems and updates for the applications for the month of January. Collaborated with Pharmacy to upgrade Pneumatic Tube System used for Medication Delivery. Successfully upgraded our V-center (Server Management System) to the latest version. • We are in the window for our Joint Commission Survey which we hope will occur late spring or after. • Received official survey report in February from DC Health post annual survey which occurred mid-November. Plan of correction compiled and submitted. • A letter of intent was sent to DC Health to relocate the current 5th Floor ICU to the 3rd Floor. The current ICU was emergently constructed in 2019 as a temporary solution after a major water intrusion event. • Noted this is the last Board meeting for Corporate Secretary and VP Public Relations Toya Carmichael and highlighted some of the programs and events she hosted while at the hospital. <p>Chair Jacobs welcomed Eric Goulet and LaMonica Threet and thanked Ms. Carmichael for her service and wished her luck in her career.</p> <p>Dir. Turnage welcomed Eric Goulet and spoke positively of Eric’s knowledge, creativity and service to District Government. The Board could not have chosen a better GC to work on this side at the hospital. Chair Jacobs agreed with Dir. Turnage.</p> <p>Dir. Turnage, Dir. Bobb, and Dir. Fair also thanked Toya Carmichael</p> <p><i>Motion to accept CEO report by Dir. Turnage, 2nd by Dir. Ashenafi., unanimous vote.</i></p>
<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Thanked Toya Carmichael for her service. • In December we came with a \$6m loss and mentioned the processes and initiatives we are putting in place this year. • The gap moved from \$10.6 to \$6.9m so it is moving in the right direction and we have what we need to move to balance our budget

- We are going to the Council at the end of the month, in that number you will see we are projecting to end the year in the positive with a balanced budget.

Dir. Turnage asked if we are projected to be at a \$6.9m loss at the end of the year?

- Yes, if things continue the way they are but we are factoring in our initiatives to get us to a balanced budget.

Dir. Bobb mentioned that the budget is balanced when revenue equals expenses not by including the subsidy.

- Lilian noted that without the subsidy, we will not be able to balance the budget. Our mix of revenue is different, as we are not all Medicaid but mostly MCOs and other issues that does not bring in sufficient revenue.
- When Lilian first came we had 60,000 ER visits and if we make 35k at the end of the year we are lucky.
- There has not been a time that this hospital stood on its own without subsidy and we used to get \$40-50m in subsidies.
- Summarized page 16 of the financial report. Activity level continues to dwindle.
- Our net patient revenue is keeping up pace. The collectors are doing a great job, collecting everything that should be collected. We were with Dir. Turnage's help able to get \$4m in collections we could not get before. DISH also continues to dwindle and has decreased so much in the last few years. We have lost more than \$4m than we projected. \$4.2m of the \$6.9m deficient is DISH.
- Right now we have the \$15m subsidy built in. With all the processes we are putting in place including we are subsidy, we are confident we will be able to balance.
- Staffing cost is above our projections. We are making sure nursing has everything they need. Contract labor and DISH are where the costs are that we cannot control.

Dir. Ashenafi thanked Lilian for laying out the financials but is having a tough time wrapping his head around the report. How are we projecting a positive \$1.2m with the current track that we are on?

- Lilian responded that we have \$2m from OT that is coming out and \$3m from revenue cycle that we can touch. Things will continue to come out that we do not know about but based on what we know, yes we believe we can balance the budget.

Dir. Turnage added that some time ago the federal government decided that DISH would go away but every year in October, the hospital lobby has been successful in obtaining DISH funding. For 2024-2027 hospitals are looking at an \$8m reduction. Discussed the federal statute and the implications for DC with regard to DISH.

	<p style="text-align: center;"><i>Motion to accept financials by Dir. Turnage, 2nd by Dir.</i></p> <p style="text-align: center;"><i>Ashenafi. Unanimous vote.</i></p>
<p>Public Comment</p>	<p>Daniel Mendoza and Gregory Askew of 1199SEIU Union</p> <ul style="list-style-type: none"> • Welcomed new staff member and is excited to work with the team on behalf of union members. • Gregory Askew noted that there are things that can be done in the hospital to positively impact revenue and asked that someone look at the Radiology Department where there are opportunities to expand and provide additional services. We can put more patients on the schedule and the staff would welcome more patients. • Mr. Askew thinks we need to talk more about increasing services to the patients as opposed to closure. <p>Chair Jacobs thanked the union representatives for their comments and if they can direct their comments and concerns to the CEO so she can address them and ensure hospital leadership engages with them. We want to provide the necessary services until the Cedar Hill Medical Facility opens. Thanked them for their dedicated to UMC.</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. Bobb, 2nd by Dr. Fair.</i></p> <p style="text-align: center;"><i>Toya Carmichael conducted roll call – 6yays</i></p> <p>Open Session ended at approximately 4:38 pm.</p> <p>Closed session began at approximately 4:39 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. • Motion to approve new appointments, reappointments as presented by Dir. Ashenafi, 2nd by Dr. Fair • Motion to approve new appointments, reappointments as presented by Dr. Fair, 2nd by Dr. Ashenafi. • Kendrick Dandridge presented contracts and settlements. • Motion to approve contracts by Dir. Ashenafi, 2nd by Dir. Bobb, unanimous vote.

Announcements	During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.
Adjourned.	Motion to adjourn Dir. Ashenafi 2 nd by Dir. Reid- Jackson Meeting adjourned at approximately 5:00 pm.



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Monthly Board Meeting

Date: April 26, 2023

Consent Agenda



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Monthly Board Meeting

Date: April 26, 2023

CMO Report

Dr. Morrow

Chief Medical Officer

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

March 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE.
- The Medical Affairs office is working with the IT department to have all the providers enrolled in the EPCS that is enforced by the Medicare Part D and Medicare Advantage prescription plans.
- In March, there was four (4) initial appointment, thirteen (13) reappointments, and three (3) resignations. There are currently (246) Medical Staff members.
- There are a few contracts that currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting was held on March 8, 2023 and the next meeting will be June 14, 2023.
- The Medical Affairs office is working with the Quality Control department to update the policies for Medical Affairs and Anesthesiology.
- The Medical Affairs is preparing the department to be Joint Commission ready.
- The Physicians were honored on March 30th for National Doctor's Day. Dr. Mina Yacoub was awarded Physician of the Year for 2023.

Quality and Patient Safety

- Worked with DC Hospital Association and DC CRISP SDOH team regarding The Community Resource Information Exchange (CoRIE) initiative, and the Social Needs measures. Quality connected and referred them to the Care Management team at UMC.
- Meetings with nursing to discuss quality issues across the board.
- Assisting staff with policy update requirements.
- Submission of core measure charts to CMS.
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance.
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. T
- A collaborative effort between the Quality Department and Wound Care was initiated in July 2021 to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began a year ago. Weekly meetings held to discuss obstacles in achieving a better compliance rate with wound care and nursing. Reviews of the charts with HAPI's with nursing occurred. February had zero HAPI.

- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP).
- Data was manually gathered from various departments and analyzed for the dashboard.
- Created a policy spreadsheet to depict every department's policies, numbers, review date, etc.
- Started meetings with every department for overall review of policy spreadsheet and formatting rules.
- The Quality department had no findings for the DC Health survey.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Issue - claims were being denied because notes didn't include the dates of service within Meditech.
- Accomplishment - collaborated with CM and IT to resolve United Healthcare Community Plan reimbursement issue. Dates of service added to all provider progress notes.

Case Management Department

- Two new social workers hired to cover the Inpatient units and Emergency Department for day shift. Supports UMC agreement with GW Medical group by providing 24/7 social work coverage to assist with discharge appropriateness and ER diversions. This will improve patient to staff ratios by increasing unit social workers from 2.5 to 3.5.
- Fiscal sufficiency were submitted for evening shift positions to include 1 social worker to cover the emergency department, and 1 utilization review nurse to review admission criteria and assist with appropriate admit status.
- Observation status remains an issue. Our YTD statistic are 38% (19% >72 hrs) while the national average is 18%.
- Greater focus on observations >72 hours with more aggressive pursuits to qualify cases for inpatients versus observation.
 - Observation meetings continue daily with Case Management director and Utilization Review RNs with in-depth discussions of each case utilizing InterQual criteria.
 - Daily review of observations with focused review on observation hours >48 – 72
- Length of Stay (LOS) weekly meetings are held to review all patients with a LOS 5/6 days and above. Meetings include social work discharge planners, hospital physician advisor and Case Management director. Barriers to discharge are identified and any intervention from the CM director and/or Physician Advisor is initiated as needed. We will be enhancing these meetings to address issues proactively to improve patient throughput.
- UR committee reviewed hospital readmission rates – per UR Chairperson, UMC readmissions are down when compared to area hospitals.
- Case Management initial assessments on patients within 24 to 48 hours of admissions as required by TJC/DOH was met at 95-98%
- Denials, especially for Medical Necessity, another area of concern. We will be engaging our providers on appropriate documentation and participation in Peer-to Peer case reviews.
- Intensifying attention to the hospitals avoidable days to better plan and reduce delays.
- There will be expanded reporting of avoidable days to better capture areas of weakness to reduce LOS.

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

Monthly Surveillance Data:

- There were no cases of Healthcare Associated Ventilator Associated Events, or Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for March 2023.
- VRE HAI = 0 cases hospital-wide for a rate of 0 for March 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for March 2023.
- C Difficile HAI = 0 cases hospital-wide for March 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.

Monkeypox:

- Currently there are no inpatient Monkeypox admissions.

Influenza

- The number of admitted patients with influenza increased from one (1) to six (6) in the month of March 2023.
- Staff compliance rate with accepting the influenza vaccine is 99.6%

COVID 19 Update:

- COVID 19 in the District of Columbia, Maryland, and Virginia is currently trending at a low level with decreases in COVID hospital admissions and COVID related deaths.
- The number of UMC COVID 19 admissions decreased from 23 to 20 for the month of March; with only one COVID 19 positive employee for that same time period.
- COVID 19 vaccines continue to reduce the risk of dying among all age groups, with the most protection observed among people who received ≥ 2 booster doses.
- President Biden signed congressional resolution to end the US National Emergency Response to Covid-19 Pandemic on April 10, 2023.

PHARMACY SERVICES

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for February 2023, was \$25.20; March 2023 \$30.21 per PPD for antibiotic for cost at UMC . CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings. Quarters 2,3 and 4 of 2022 saw UMC total antibacterial usage numbers down in National Comparison of institutions of similar size.
- Pharmacy Clinical Interventions **\$14,460** saved in the month of February 2023 and **\$17,614** for the month of March 2023 by Pharmacy Clinical Interventions enhanced by MDR Rounding and ICU Rounds . Total of 133 interventions documented via Meditech for February and 161 Clinical Interventions documented for March 2023.

- VP of Pharmacy Services has been nominated/asked and accepted to Co-Chair a Live. Long. DC Opioid Strategic Group in collaboration with the Department of Behavioral Health and DCHA . Live. Long. DC. is The District of Columbia's Plan to Reduce Opioid Use, Misuse and Related Deaths.
- GW Hospital has requested UMC Department of Pharmacy to collaborate on a study of PrEP (HIV prophylaxis) use in the ED. This study will provide free HIV PrEP medication for short therapy and referrals to community Providers in Ward 7 and Ward 8 for interested participants. Updated IRB to include UMC Hospital participation pending and CITI Training has been initiated by the VP of Pharmacy Services.
- Department of Pharmacy collaborating with PIW (Psychiatric Institute of Washington) to develop a pilot project on follow-up continuum of care/ treatment for at risk individuals with opioid use disorder (substance abuse disorders) in patients that may also suffer from mental health and other disparities. The pilot is geared towards the 1115 Waiver for Substance Used Disorder (SUD) treatment.
- Department of Pharmacy has implemented Suboxone Medical Assisted Treatment (MAT) Program via updated policy and new protocol. This program will permit prescribing/dispensing of buprenorphine for admitted in-patient and ED patients with Opioid Use Disorder. The Providers are also encouraged to give a 7 day script of buprenorphine upon discharge for patients interested in further outpatient treatment with UMC's Peer Recovery Program Coaches.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group
- Pharmacy Student Internship with Howard University College of Pharmacy, finalized contract has been completed for newly upcoming semester. Students slated to begin internship Fall of 2023
- Ongoing daily/weekly/monthly monitoring of DC Health/Joint Commission initiatives:
 - a. Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
 - b. Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - c. Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - d. Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – NPSG.
 - e. Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - f. Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**
 - g. Anticoagulation monitoring/intervention--- **National Patient Safety Goals**

Press Ganey stats for March 2023:

Emergency Room:

Press Ganey Overall “Rate the Hospital” for the month of March is 67.52%, increase from prior month at 39.76%; N = 10 responses.

Nurses took time to listen – 70.00%, increase from the prior month at 30.00%; N=10
Nurses' attention to your needs – 60.00%, increase from the prior month at 30.00%; N=10
Nurses kept you informed – 60.00%, increase from the prior month at 25.00%; N=10
Nurses' concern for privacy – 70.00%, increase from the prior month at 44.4%; N=10
Nurses' responses to quest/concerns – 70.00% increase from the prior month at 30.00%; N=10

Doctors took time to listen – 70.00% remains the same from prior month at 70.00%; N=10
Doctors informative regarding treatment – 55.56%, increase from the prior month at 50.00%; N=9
Doctors' concern for comfort – 55.56%, decrease from the prior month at 54.55%; N=9
Doctors include you in treatment decision – 55.56%, decrease from the prior month at 60.00%; N=9

Inpatient

Press Ganey Overall “Rate the Hospital” for the month of March is 43.02%, increase from the prior month at 25.00%; N=11

“Nurses treat with courtesy/respect” – 75.00%; N=4
“Nurses listen carefully to you” – 75.00%; N=4
“Nurses explain in a way you understand” – 75%; N=4

“Doctors treat with courtesy/respect” - 100%, N=4
“Doctors listen carefully to you” – 75.00%, N=4
“Doctors explain in way you understand” – 100.000%; N=3

Sincerely,



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



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Monthly Board Meeting

Date: April 26, 2023

**Medical Chief of Staff
Report**

**Dr. Francis O'Connell
Medical Chief of Staff**



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

March 2023

Re: Chief of Staff Monthly Report

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

The Medical Affairs Department is preparing for an anticipated Joint Commission visit. United Medical Center is presently in the window for a visit by The Joint Commission.

March 30th was National Doctor's Day and Dr. Mina Yacoub was awarded Physician of the Year.

The Medical Staff remains supportive and engaged with the hospital administration as they continue to focus on the best ways to deliver timely, effective, compassionate care to the patients of United Medical Center as well as preparations for The Joint Commission visit. Additionally, we await the opportunities for collaboration and coordination in the preparations for the hospital closure planning process.

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



Amaechi Erongu, M.D., Chairman

MARCH 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for February was 106 and March, 2023 was 145. There was increase in procedures by the Pain service, Endoscopy and general surgery. See attached table and chart.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance for 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 105 vascular access procedures in March 2023 and 101 for February 2023.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. Currently, the *Pain management service provided OR volume of 34* for the month of March 2023 and 26 for the month of February, making it the second highest OR specialty.

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
JAN	150	210	187	147	120	111
FEB	181	169	167	142	123	106
MARCH	204	158	80	133	140	145
APRIL	177	211	51	151	146	
MAY	219	186	64	159	123	
JUNE	213	177	118	167	111	
JULY	195	186	140	176	102	
AUG	203	193	156	148	113	
SEPT	191	182	151	121	123	
OCT	211	175	146	135	150	
NOV	195	133	153	137	127	
DEC	192	156	146	132	110	
TOTAL	2,331	2136	1559	1748	1488	

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



Mina Yacoub, M.D., Chairman

MARCH 2023

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

In March 2023, the Intensive Care Unit had 60 admissions, 56 discharges, and 318 Patient Days. Average Length of Stay (ALOS) was 5.7 days and ICU managed a total of 64 patients. The average daily census was 12 patients. There was one return to ICU within 24 hours of transfer out. There was a total of 6 deaths for 56 discharges, with an overall ICU mortality rate of 10.7 %. Two patients were transferred to Tertiary Care Centers for interventional cardiology and neurosurgery services not available at UMC.

March 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 23 patients with severe sepsis and septic shock. Two deaths were due to severe sepsis/septic shock in March, for an overall severe sepsis mortality of 8.7%.

In March, the ICU had 144 ventilator days with no Ventilator Associated Pneumonia (VAP), 157 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 248 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.

Rapid Response and Code Blue Teams

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

Relocation of ICU to the 3rd floor was successfully executed on the morning of Friday March 10th and after DOH approval. Patient monitoring systems in ICU are working well and ICU is now closer to ED, OR and radiology department. Additionally, ICU bed capacity has increased from 12 to 15 beds, with licensure being for 16 beds. This should help with alleviating backlog in ED in surge situations.

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

April 9, 2023



Francis O'Connell, M.D., Chairman

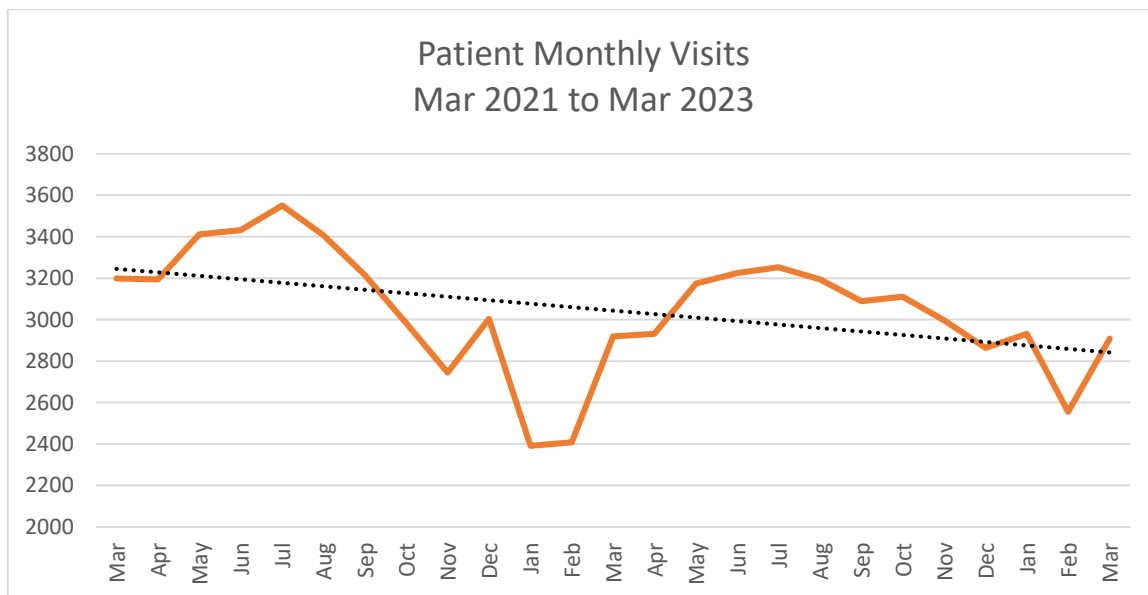
MARCH 2023

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for February 2023. Also included are graphic tables to better highlight important data.

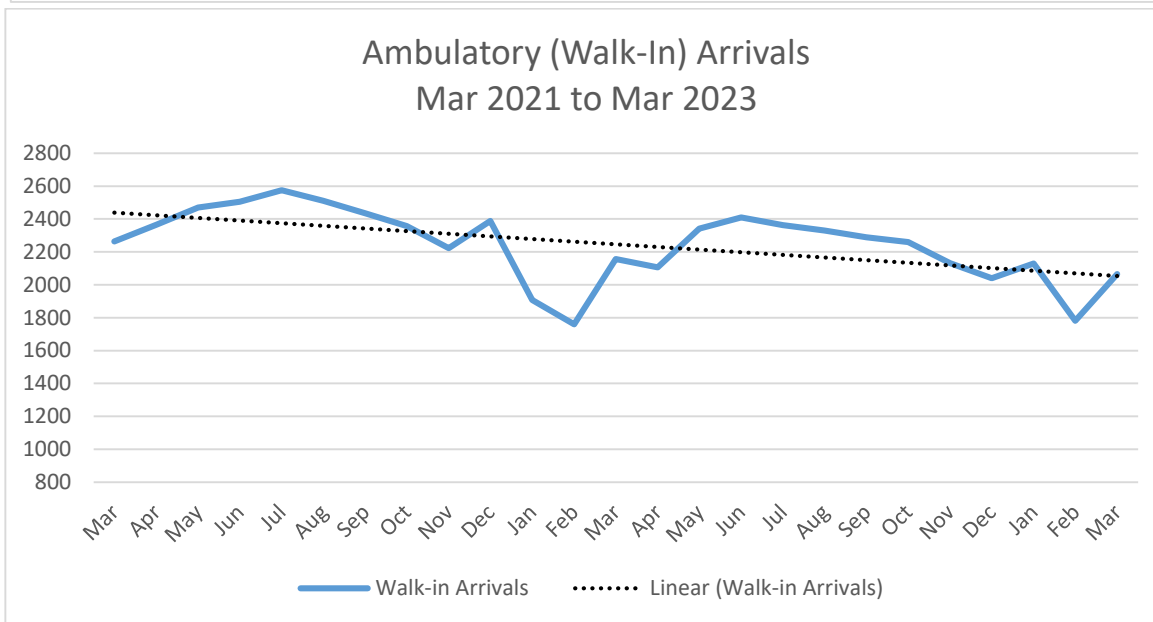
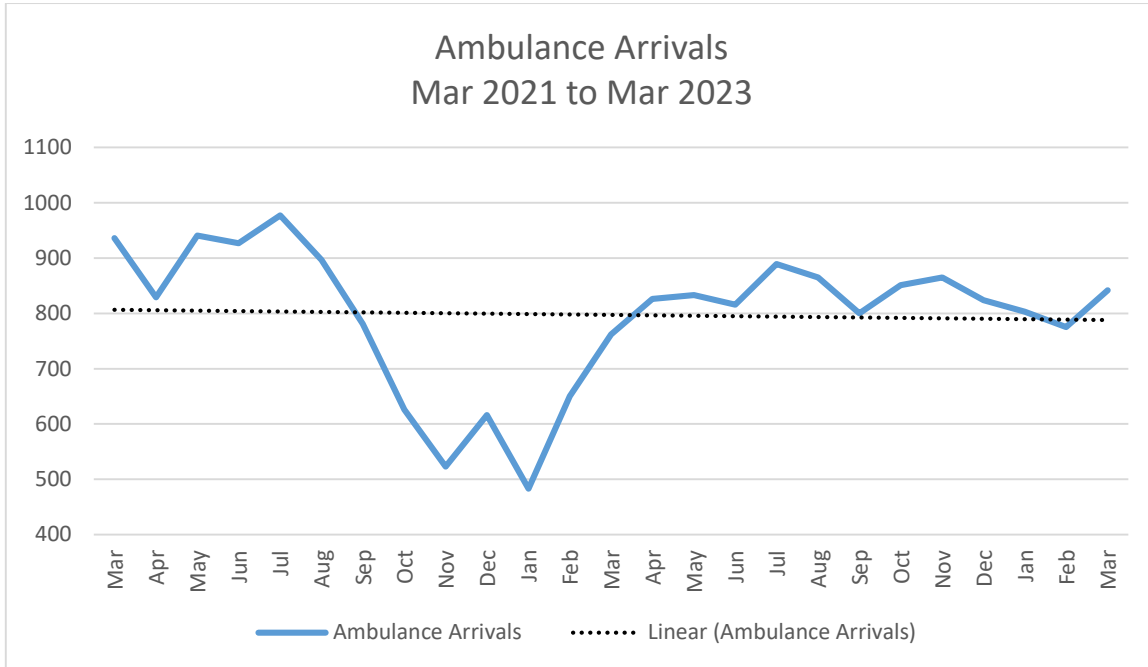
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

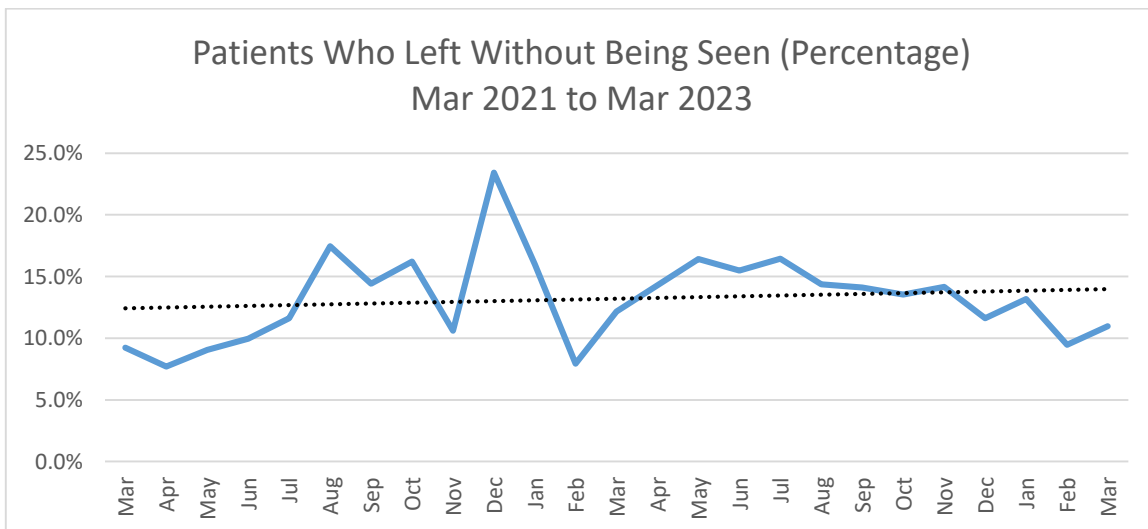
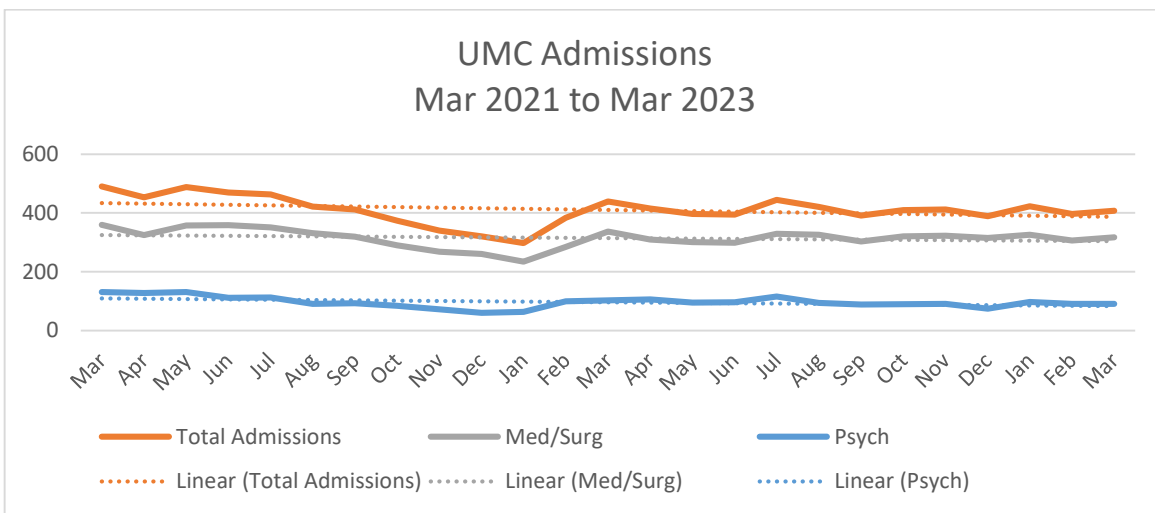
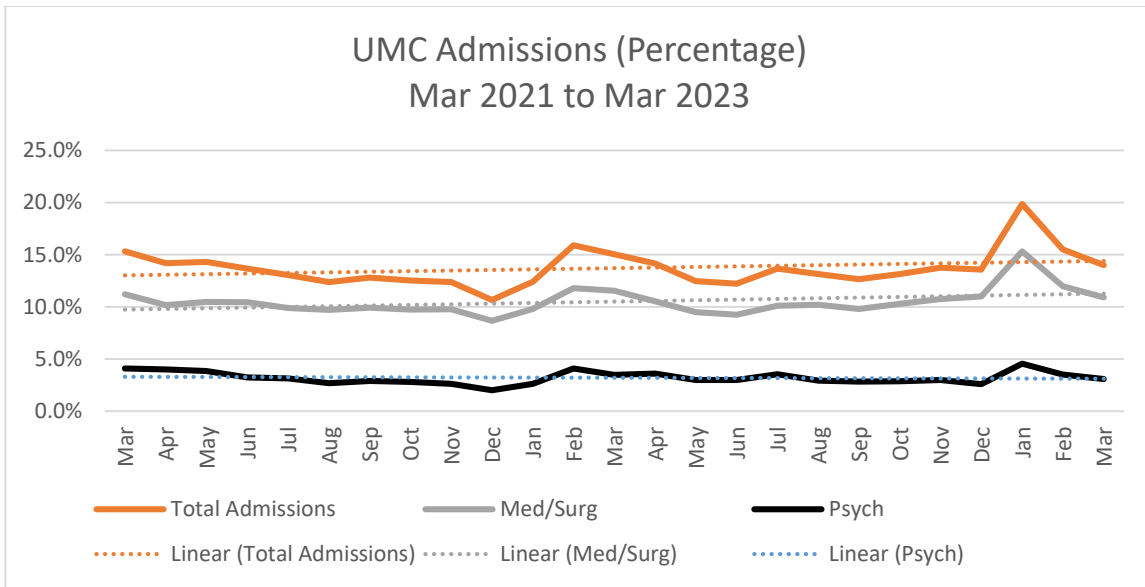
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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 2021	%	Mar 2022	%	Mar 2023	%
Total patients	3199		2919		2908	
Daily Avg Census	103		94		94	
Ambulance Arrivals	936	29.3%	762	26.1%	842	29.0%
Admit	490	15.3%	439	15.0%	407	14.0%
• Med Surg	359	11.2%	337	11.5%	317	10.9%
• Psych	131	4.1%	102	3.5%	90	3.1%
LWBS	295	9.2%	355	12.2%	319	11.0%
Ambulance Admission Rate	32.9%		35.3%		31.1%	
Walk-In Admission Rate	8.0%		7.9%		7.0%	

Analysis:

1. The data reported this month includes data from the past two years.
2. The monthly census for Mar 2023 rose from the previous month, and was similar to Mar 2022, and down from Mar 2021. The census trend for the last two years is slightly negative.
3. The total number of medicine admissions remains fairly steady for the last six months and trending slightly down over the past two years.
4. The percentage of patients who left without seeing a provider (LWBS) rose from the previous month with the LWBS slope beginning to flatten.
5. The total number of ambulances coming to UMC rose slightly from the previous month, was larger than Mar 2022 and lower than Mar 2021, with a steady average (trend) over the last two years.
6. Ambulance visits continue to be a major contributor to higher acuity ED volume and admissions.
7. The monthly number of walk-in patients visiting the ED rose from the previous month.

ED visits rose from the previous month. The trend for the past two years is negative, however, the data from the last twelve months suggests that visits have reached a steady state and may actually be trending upwards. The percentage of medicine patients being admitted was higher during January and February of 2023 in comparison to the previous two years with the percentage trending back toward the mean in March.

The LWBS rate rose slightly from the previous month though the trend remains level for the last twelve months.

The hospital administration remains committed to optimizing nursing, tech and sitter staffing in the ED. The benefits of increased throughput in the ED are improved patient care, satisfaction, and a reduction in LWBS and rise in walk-in and ambulance traffic. We continue to support the hospital's efforts in

addressing these ongoing challenges as well as those related to the COVID and other respiratory illnesses which remain active issues in the region. We await engagement and discussion about the hospital closure planning process as well.

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



Musa Momoh, M.D., Chairman

MARCH 2023

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	133	118	96										347
HOSPITAL	133	118	96										347
PERCENTAGE	100%	100%	100%										100%
REGULAR													
MEDICINE	196	192	220										608
HOSPITAL	299	289	320										908
PERCENTAGE	66%	66%	69%										67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95										345
HOSPITAL	127	123	95										345
PERCENTAGE	100%	100%	100%										100%
REGULAR													
MEDICINE	160	153	154										467
HOSPITAL	255	255	249										759
PERCENTAGE	63%	60%	62%										62%
PROCEDURES													
HEMODIALYSIS	131	119	261										511
EGD'S	19	23	22										64
PEG'S	3	1	2										6
COLONOSCOPY	23	19	31										73
ERCP	0	0	0										0
BRONCHOSCOPY	0	0	1										1
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 March 8, 2023.

The next meeting is June 14, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D. Chairwoman

MARCH 2023

Monthly quality improvement meetings with laboratory leadership are now in place. Standard operating procedures are being transferred for signature to the new Medical Director.

The existing LIS coordinator is hired as supervisor for microbiology section. Challenges of handling short staff is ongoing issue with 5 full time and 1-part time opened positions for medical technologists and 1 PRN position for pathology assistant.

There is no clerical help for pathologists and this issue has been presented to administration and hoping for resolution.

Sreevedi Kurella, M.D.
Chairwoman, Department of Pathology



Shanique Cartwright, M.D., Chairwoman

MARCH 2023

UMC Behavioral Health Unit March 2023 Board Report												
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions												
ALOS (Target <7 Days)	4.16	4.45	4.28									
Voluntary Admissions	34	31	30									
Involuntary Admissions = FD12	69	65	71									
Total Admissions	103	96	101									
Average Daily Census	14	17	16									
Other Measures												
Average Throughput (Target: <2 hrs)	4	2.8	4.3									
# TeleCourt Meetings (Pt Hearings)	0	0	0									
# Psych Consultations	105	70	114									
Psychosocial Assessments (Target: 80%)	82%	70%	76%									
Discharges	95	101	98									

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



MARCH 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	107		701		127		935	
Fluoro	7		1		40		48	
Mammography					127		127	
Magnetic Resonance Angio	4		2		0		6	
Magnetic Resonance Imaging	33		11		21		65	
Nuclear Medicine	14		2		5		21	
Special Procedures	1		0		0		1	
Ultrasound	93		217		100		410	
X-ray	180		1021		468		1669	
Echo	65		0		33		98	
CNMC CT Scan			38				38	
CNMC X-ray			489				489	
Grand Total	504		2482		921		3907	

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.



Gregory Morrow, M.D., Chairman

MARCH 2023

For the month of March 2023, the Surgery Department performed a total of 144 procedures. The chart and graft below show the annual and monthly trends over the last 10 years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
OCT		194	191	181	177	214	211	175	146	135	150
NOV		137	157	150	196	152	196	138	156	137	127
DEC		143	183	210	191	153	192	156	146	132	110
Q QUARTER TOTALS		474	531	541	564	519	599	469	448	404	387
JAN	173	159	183	147	216	155	210	195	147	121	111
FEB	134	143	157	207	185	194	180	167	153	126	106
MAR	170	162	187	215	187	223	158	82	133	146	144
D QUARTER TOTALS		464	527	569	588	572	548	444	433	393	361
APRIL	157	194	180	166	183	182	211	57	156	148	
MAY	174	151	160	176	211	219	186	74	159	123	
JUNE	159	169	175	201	203	213	177	126	172	113	
Q QUARTER TOTALS		514	515	543	597	614	574	257	487	384	0
JULY	164	172	193	192	189	195	186	140	177	103	
AUG	170	170	174	202	191	203	193	161	155	114	
SEP	177	168	166	172	171	191	182	162	126	124	
H QUARTER TOTALS		510	533	566	551	589	561	463	458	341	0
ANNUAL TOTAL	1478	1962	2106	2219	2300	2294	2282	1633	1826	1522	748

This month ended with a **35% increase** compared to last month.

Factors contributing to this trend include:

- Higher ED admissions
- Higher 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	2%	2.2%
4) Unplanned Reoperations	2%	3.5%
5) Surgical Site Infection	4%	4.8%

We remain below national benchmarks for our annual numbers.
We will continue assess the data and make improvements where possible.

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

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be reduced or eliminated. Updates to physician contracts within the department were completed by 10/01/2022 and will hopefully bolster the OR volumes in the months to come. 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 26, 2023

**Nursing Department
Report**

**Doris Onyima, Senior
Director of Nursing**

United Medical Center Nursing Board Report March, 2023

Overall State of Nursing Department

Staffing

Nursing has on boarded 37 agency staff from February to March; 19 Registered Nurses and 18 clinical technicians for ICU, 8W, BHU and Emergency departments. Staffing has improved with these additions.

In order to adequately provide sitter staffing for our FD12 and suicidal patients as well as other sitter needs, nursing department is embarking on proactive hiring of patient sitters using the UKG system.

Performance Improvement:

Preventing and eliminating HAPI(s) is our goal. There was one reportable HAPI for the month of March. Daily audits for wound assessment is being implemented by Leadership. This is in addition to staff daily assessment. Leadership continues to educate staff regarding ongoing assessment and monitoring of any device that can cause pressure injuries. Daily Braden Score assessments help identify patients at risk for the potential for impaired skin integrity. Education is in progress for two revised policies for sitter guidelines and removal of contraband items for FD12 and suicidal patients.

Critical Care

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
March	60	12	23	8	8	0

Education: Suicidal Risk and Prevention Training is in progress and was put in place to support the National Patient Safety Goal. It is being implemented as a part of an optimal care and health provision we owe to our patients. Nurse Annual Competencies completed. Relias Annual mandatory courses in progress.

PI Initiatives:

Continue to order wound consult and initiate wound treatment

Service Recovery: White boards are completed and updated to improve communication with patients and family. Infection control and standard precautions continue to be maintained on the unit.

Diabetes Center

There were 9 insulin drips in March all for diabetic ketoacidosis. Total drips from January – March 2023 = 29

Education:

- Educate 100% of all authorized users on point of care policy remains ongoing.
- Annual house wide Accucheck Competency in process from March – May 2023.
- Insulin audit –Insulin Audit score = 97% for March

PI Initiatives: Intervention of RELIAS class has increased awareness of insulin errors.

Emergency Department

Recruitment is ongoing. Continuation of current practices, review of policy and procedures and daily throughput.

ED Metrics Empower Data	JAN	FEB	MAR	APR	MAY
Visits	2934	2564	2914		
Change from Prior Year (Visits)	2396	2409	2918		
% Growth	18.34	6.05	-0.14		
LWBS	25	15	38		
Ambulance Arrivals	803	775	842		
Ambulance Patients Admission Conversion	0.33	0.34	0.31		
% of ED patients arrived by Ambulance	0.27	0.30	0.29		
% of Ambulance Patients Admitted	0.33	0.34	0.31		
Triage time	27	22	23		
Physician time	111	91	103		
Disposition time	259	250	256		

ED Metrics Empower Data	JAN	FEB	MAR	APR	MAY
Door to triage		22	22		
Door to room		82	87		
Door to provider		91	100		
Door to departure		263	270		
Decision to admit to floor		355	368		

Education

- Covid testing for admitted patients
- Correct attire for FD12 patients
- Time and attendance
- Departing patients in Meditech
- Restraints- completion of debriefing note
- Overtime

PI Initiatives

- A: Training for sitter FD12 hourly documentation
- B: Identification and management of “Contraband”

Occupational Health:

Month/Year	Pre-Employment Physical	Annual Physical	Covid Tests	Covid Positive Tests	Covid Booster	Work Clearance	Fit Test	Other	Total
January, 2023	14	16	117	12	1	10	30	19	249
February 2023	4	68	116	11	1	12	74	10	298
March 2023	9	46	70	1	1	7	57	24	219

Occupational Health does not offer Covid-19 vaccines or boosters to employees at this time. New hire required to complete 2 primary covid-19 vaccinations prior to beginning work.

Respiratory:

Education: On-going huddle education sessions on TJC preparation.

PI Initiatives: Critical value reporting and documentation. Staff coached on the importance of compliance.

Service Recovery:

All staff educated on the AIDET technique and the importance of talking with patients and those present in room when providing care.

Behavioral Health:

Month	ADM	ADC	AMA	Disch.	Falls	Elope	Seclusion	Rapid Response	Restraints	Diabetic Event
JAN	103 FD12=69 Vol=34	14	5	95	0	0	0	0	0	0

Month	ADM	ADC	AMA	Disch.	Falls	Elope	Seclusion	Rapid Response	Restraints	Diabetic Event
FEB	96 FD12=65 Vol=31	14	3	101	0	0	0	0	0	0

Month	ADM	ADC	AMA	Disch.	Falls	Elope	Seclusion	Rapid Response	Restraints	Diabetic Event
March	113 FD12=75 Vol=38	18	1	120	3	0	0	0	0	0

Education:

- A. Accessing Bed Board for Bed requests
- B. Safety and Security Rounding
- C. Identifying and Documenting Treatment Problems
- D. Securing and Documenting Property

PI Initiatives

- Q 15-minute & RN Q 2-hour Clinical Observation
- Pain
- Restraint/Seclusion audits continued.
- Patient Weights
- Reconcile patient property

Respectfully submitted,
Doris Onyima, MPH, RN
Sr. Director of Nursing.



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: April 26, 2023

**Executive Management
Report**

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



Executive Leadership Board Report March 2023

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. We continue to support and empower each other to carry out our specialized roles and responsibilities.

The following are some highlights:

Mr. Eric Goulet, Esq., joined UMC on March 20th as General Counsel. Looking forward to him leading the Legal Department, sharing his years of expertise and his continued commitment to health equity within our community.

Our physicians were celebrated on National Doctors' Day, March 30, 2023. Celebratory activities included a virtual presentation titled- Physician Well Being: Mindfulness-Based Stress Reduction- Health Benefits and Mechanisms of Action. Congratulations to Dr. Mina Yacoub who was voted by his colleagues as the Physician of the Year. Congratulations and respect to all physicians whose commitment to our patient and community is evident in the work they do.

A major and ongoing focus for the leadership team along with stakeholders is the preparation of a permanent closure plan. A preliminary draft plan will be presented to this Fiscal Management Board by the end of third quarter FY23. This plan will include a financial analysis of the cost of winding down services, operations and maintenance. In addition, we are examining services provided to determine whether the service is required to meet accreditation and licensing standards.

UMC is in communication with the Department of Health Care Finance by way of an MOU regarding creating a training program to prepare UMC staff for employment at the Cedar Hill Regional Medical Center. The initiation of this training will serve as a morale booster for interested staff.

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. We are at various phases of repair and maintenance of these systems.

Information Technology Department completed all systems and updates for the applications for the month of March. Collaborated with Facilities Department and built maintenance work orders application for LIVE tracking. Successfully enhanced and upgraded the Wi-Fi and Single Sign-on applications. Worked with Rehab and Revenue Integrity on charge automation from Rehab

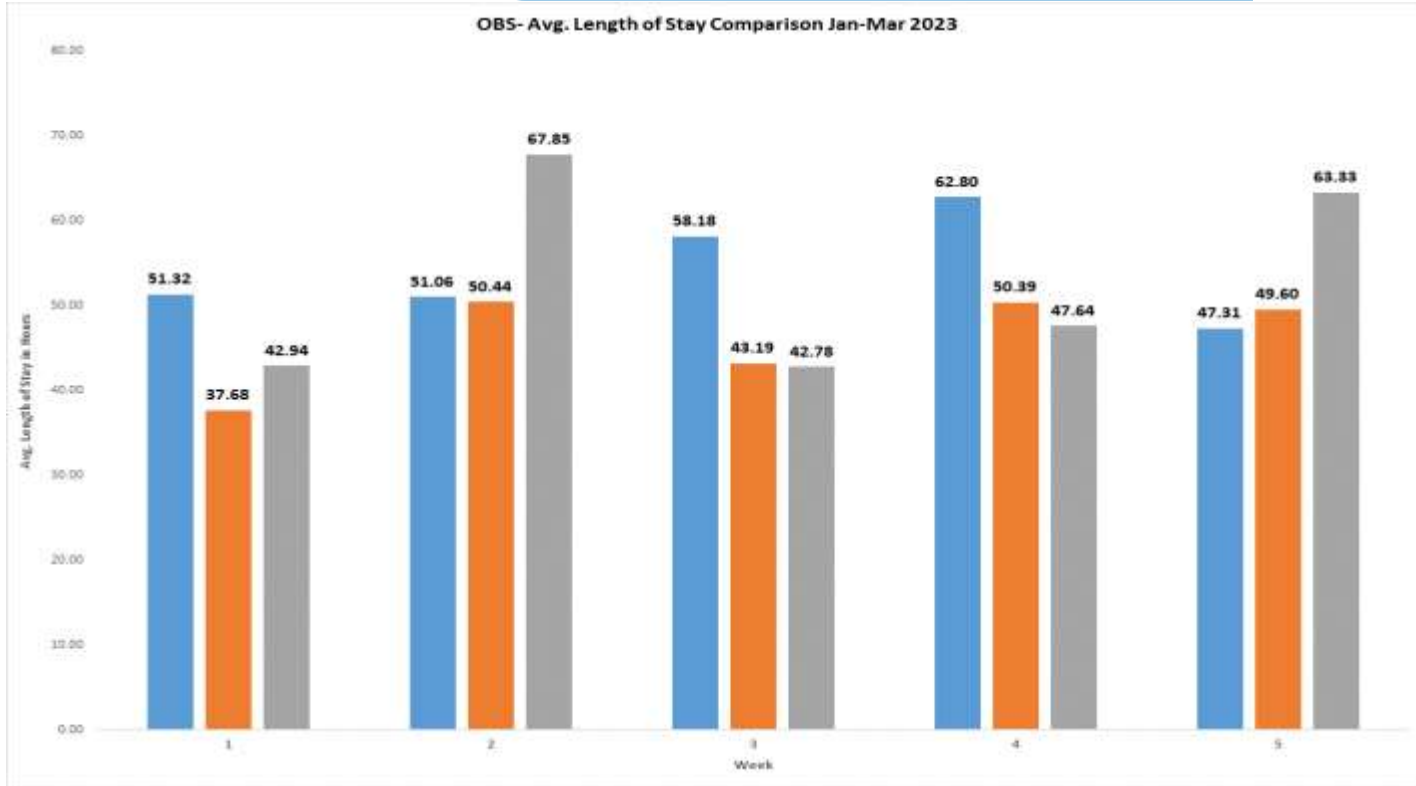


Documentation. Participated in overtime task force and provided training to the department leaders. UMC continues with no cyber security risks or attacks for the month of March.

The multidisciplinary Observation Leadership Team established to help improve length of stay and decrease patients in observation status continues to work diligently. The team meets daily to coordinate and improve discharge planning efforts and/or more timely conversion of observation patients to inpatient status. The goal is not to exceed 48-72 hours in observation status. Barriers to discharge this month includes a hard to place psychiatric patient with medical comorbidities; and finding long term facilities that would accept at least 10 patients. Barriers to conversion from observation to inpatient status include: awaiting consults such as cardiology and gastroenterology particularly if admitted on a weekend. The team continues to work aggressively to individualize care and preempt barriers. *See below data.

Table 1: Observation (OBS) Length of Stay in Hours

	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Week 1	105.58	45.33	49.15	51.79	51.32	37.68	42.94
Week 2	56.23	46.18	47.97	60.63	51.06	50.44	67.85
Week 3	49.81	45.61	37.29	39.90	58.18	43.19	42.78
Week 4	44.84	36.22	44.16	49.00	62.80	50.39	47.64
Week 5	44.75	41.84	58.44	51.06	47.31	49.60	63.33



Community Partnerships

UMC leadership continues to await invitation from the Advisory Neighborhood Commissioners (ANC) to have a discussion to learn details of methadone clinic in order to make an assessment/evaluation to determine if it will be feasible or advantageous to current patients to relocate this clinic to UMC's campus.

Partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, and Grand Canyon for nursing clinical. The University of the District of Columbia Patient Care Technician students began clinical rotation.

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 accepted the nomination and selection as 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



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: April 26, 2023

**Financial Report
Summary**

**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 March 31, 2023

DRAFT



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3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2023 Actual Gap Measures
As of March 31, 2023

	FY 2023 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	
Net Loss from Operations Before District Subsidy				(\$21,210,000)
District Subsidy				\$15,000,000
Adjusted Net Gain/(Loss) from Operations				<u>(\$6,210,000)</u>

Note: Gap Closing Initiatives Ongoing



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 2% (\$180K) MTD and lower than budget by 6% (\$3M) YTD due to reduction in Disproportionate Share (DSH).**
- ❖ **Net patient revenue is higher than budget by 11% (\$769K) MTD and lower than budget by 2% (\$837K) YTD due to the following:**
 - ❖ **Emergency room visits are lower than budget by 5% MTD and 5% YTD.**
 - ❖ **Admissions are higher than budget by 3% MTD and lower than budget by 1% YTD.**
 - ❖ **Patient days are higher than budget by 11% MTD and lower than budget by 1% YTD.**
 - ❖ **Clinic visits are lower than budget by 13% MTD and 17% YTD.**
 - ❖ **Total surgeries are higher than budget by 9% MTD and lower than budget by 6% YTD.**

- **Expenses**

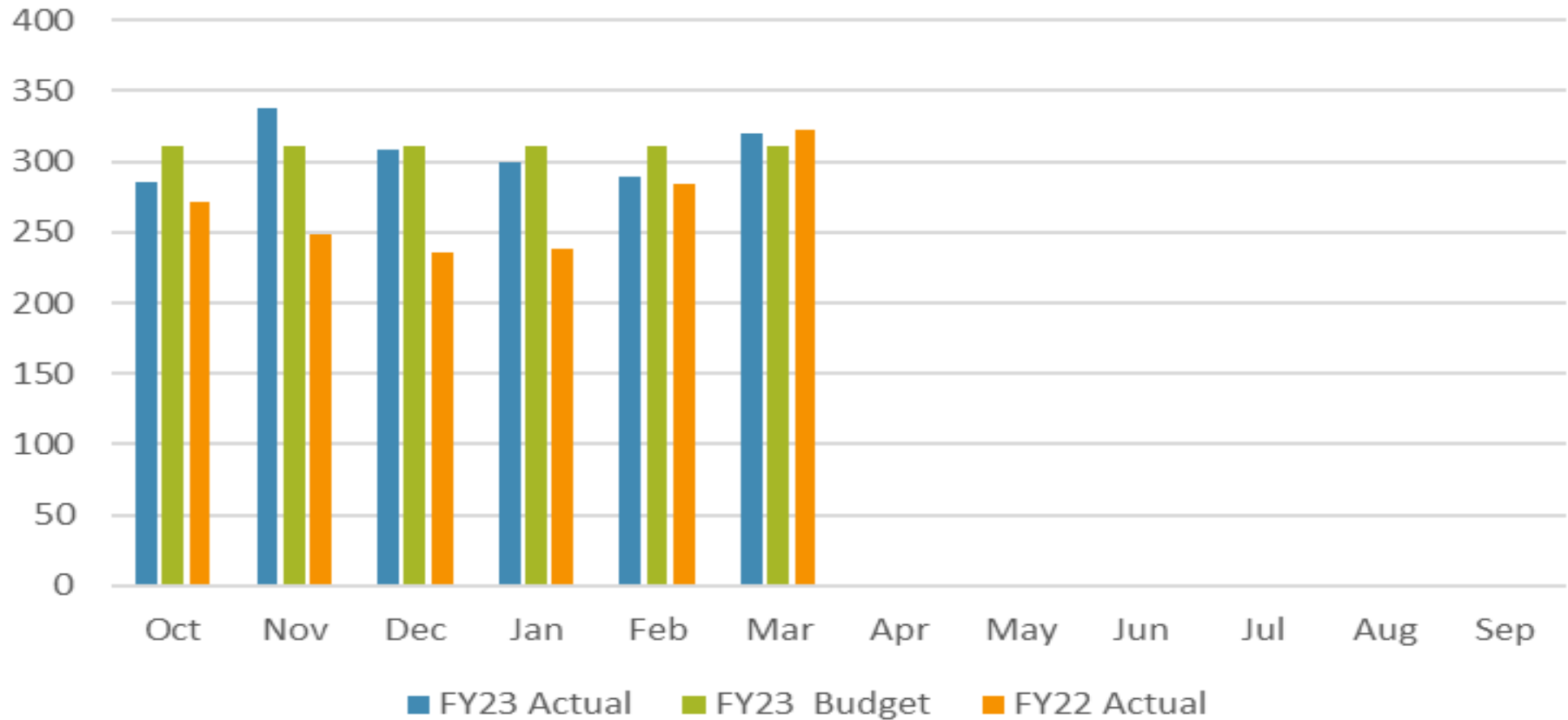
- ❖ **Total operating expenses are higher than budget by 4% (\$377K) MTD and YTD appear to be on target due to approximately \$3M savings in contract negotiations that occurred after the budget.**
 - ❖ **Salaries are higher than budget by 17% (\$547K) MTD and 10% (\$1.8M) YTD due to excessive overtime still occurring across the board.**
 - ❖ **Overtime is higher than budget by 101% (\$126K) MTD and 142% (\$1M) YTD and if not managed will be approximately \$4M by year end.**
 - ❖ **Employee benefits are higher than budget by 5% (\$48K) MTD and 17% (\$903K) YTD.**
 - ❖ **Contract labor is above budget by 66% (374K) MTD and 70% (\$2.4M) YTD directly related to the usage of agency. If contract labor continues at this rate the overage will be approximately \$5M.**
 - ❖ **Professional fees are higher than budget by 2% (\$34K) MTD and lower than budget by 23% (\$2.3M) YTD due to contract adjustments that occurred after budget development.**
 - ❖ **Purchased services are higher than budget by 7% (\$92K) MTD and lower than budget by 19% (\$1.5M) YTD.**
 - ❖ **Other expenses are lower than budget by 72% (\$815K) MTD and 20% (\$1.4M) YTD due to prior year credit adjustments.**

Key Indicators

Fiscal Year 2023 thru 03/31/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY22	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	320	311	323	▲	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	140	129	140	▲	▲
Emergency Room Visits	Actual Visits	2,901	3,043	2,916	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	554	601	554	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.19	1.00	1.30	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	47%	55%	45%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	46	52	50	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	106%	92%	105%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	122	45	97	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-6.2%	1.0%	-14.4%	▼	▲

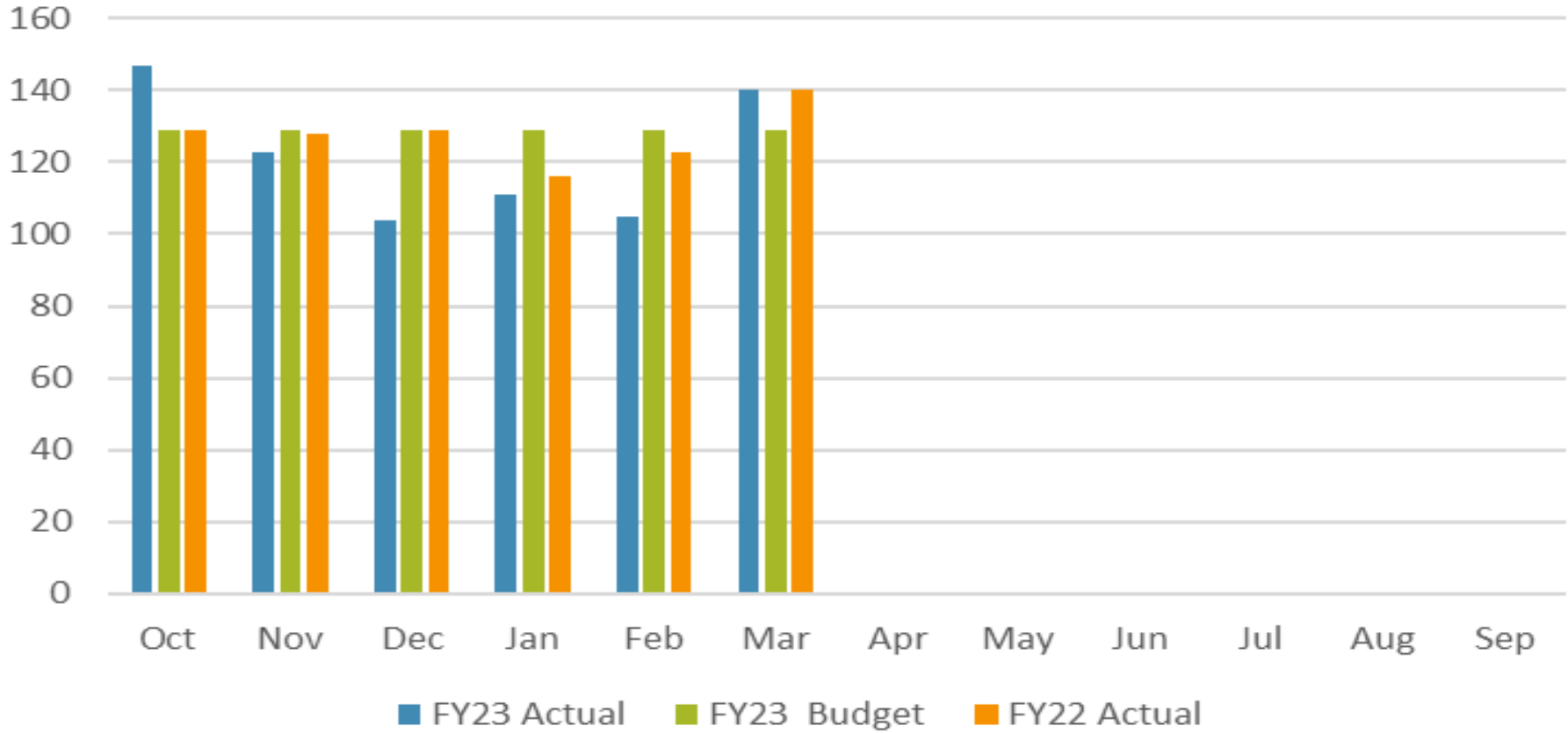
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	286	338	309	299	289	320						
FY23 Budget	311	311	311	311	311	311						
FY22 Actual	272	249	236	238	284	323						



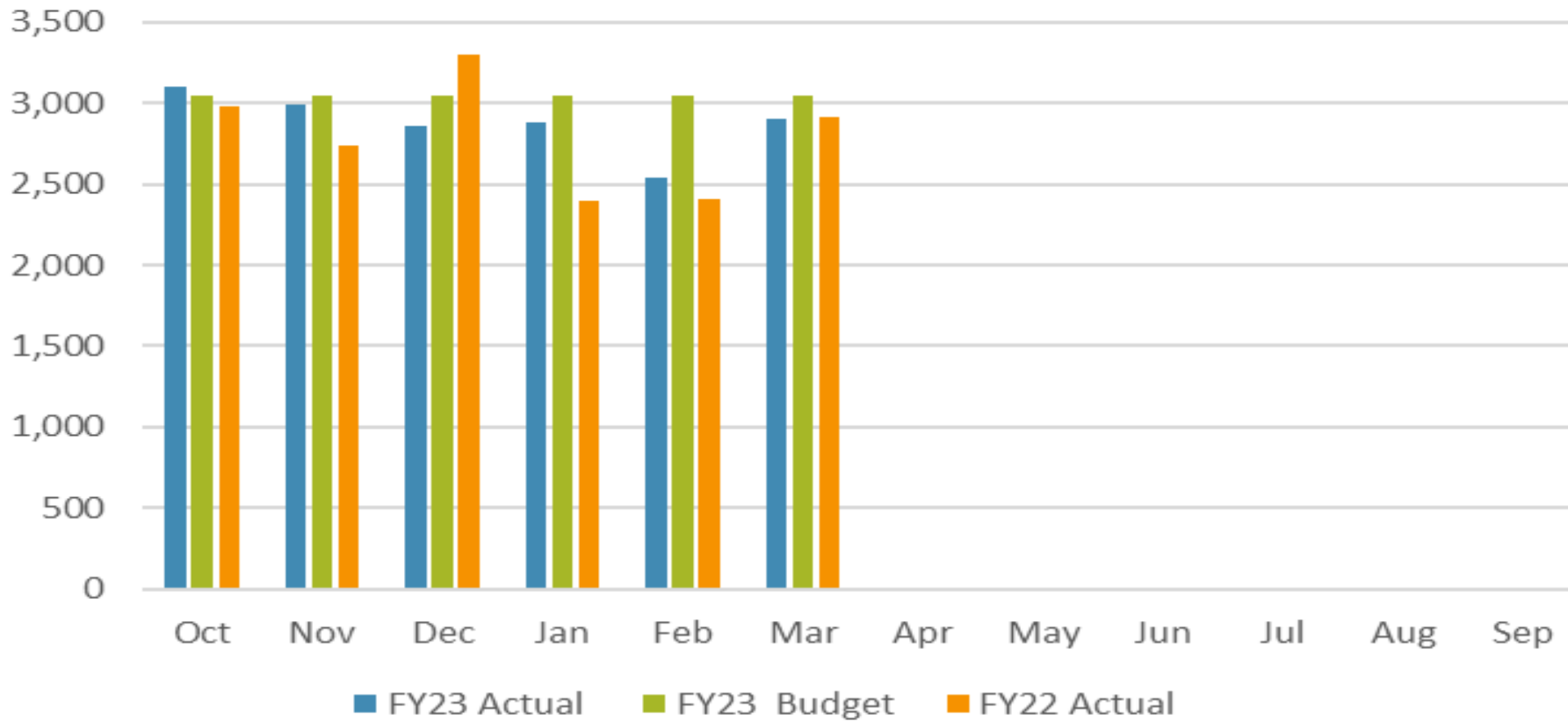
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	147	123	104	111	105	140						
FY23 Budget	129	129	129	129	129	129						
FY22 Actual	129	128	129	116	123	140						

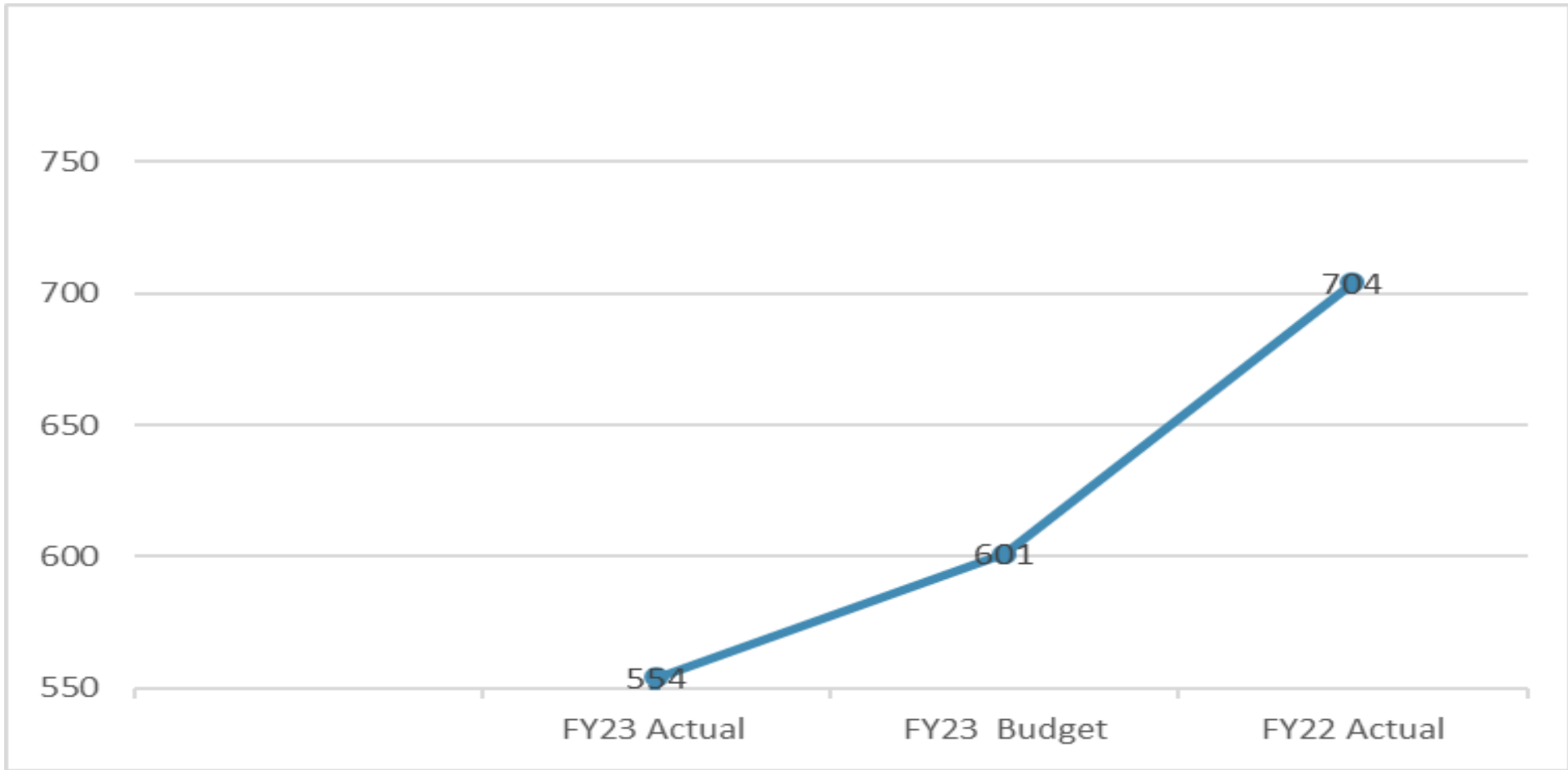


Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	3,099	2,989	2,855	2,883	2,544	2,901						
FY23 Budget	3,043	3,043	3,043	3,043	3,043	3,043						
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916						

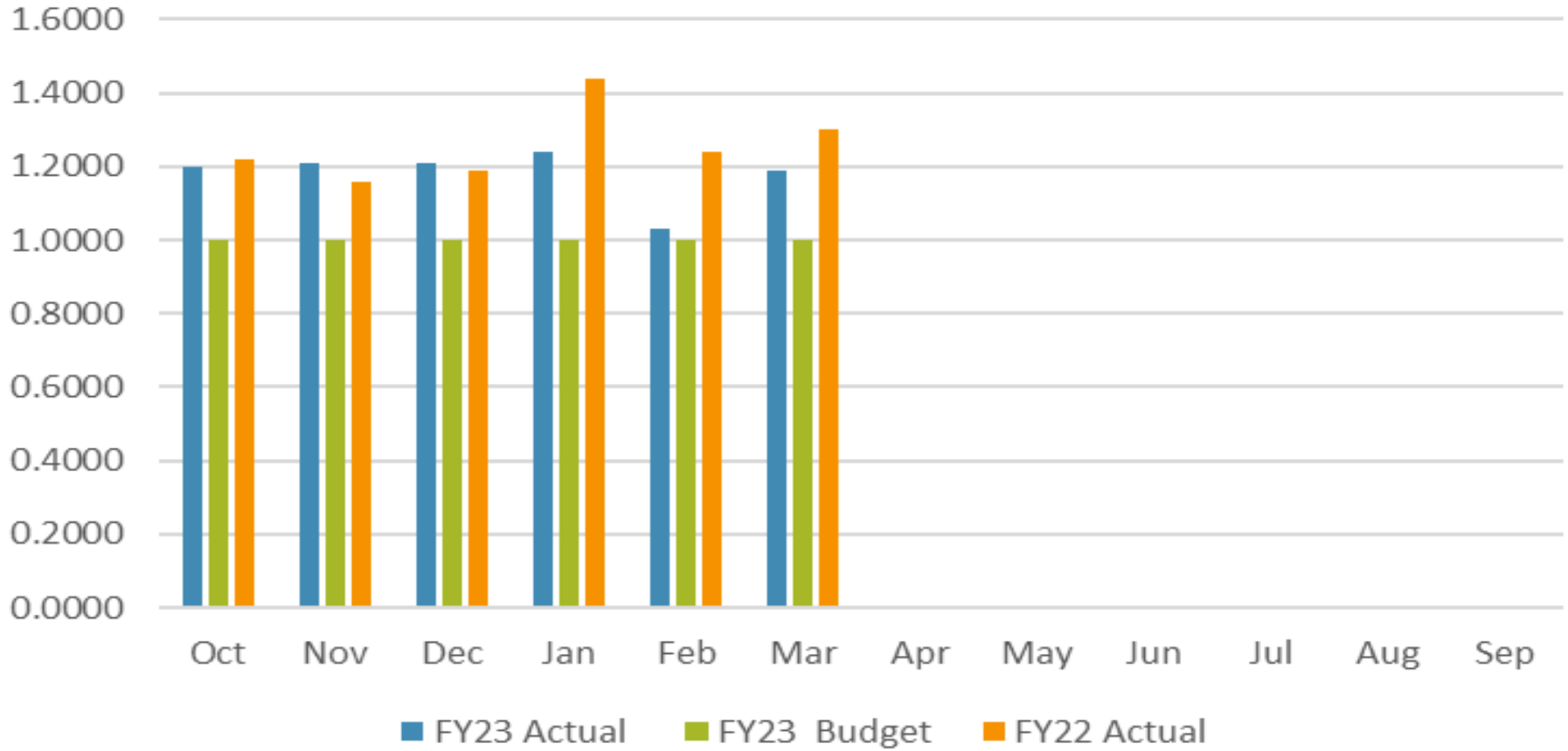
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	584	579	583	579	554	554						
FY23 Budget	601	601	601	601	601	601						
FY22 Actual	590	575	580	575	724	704						



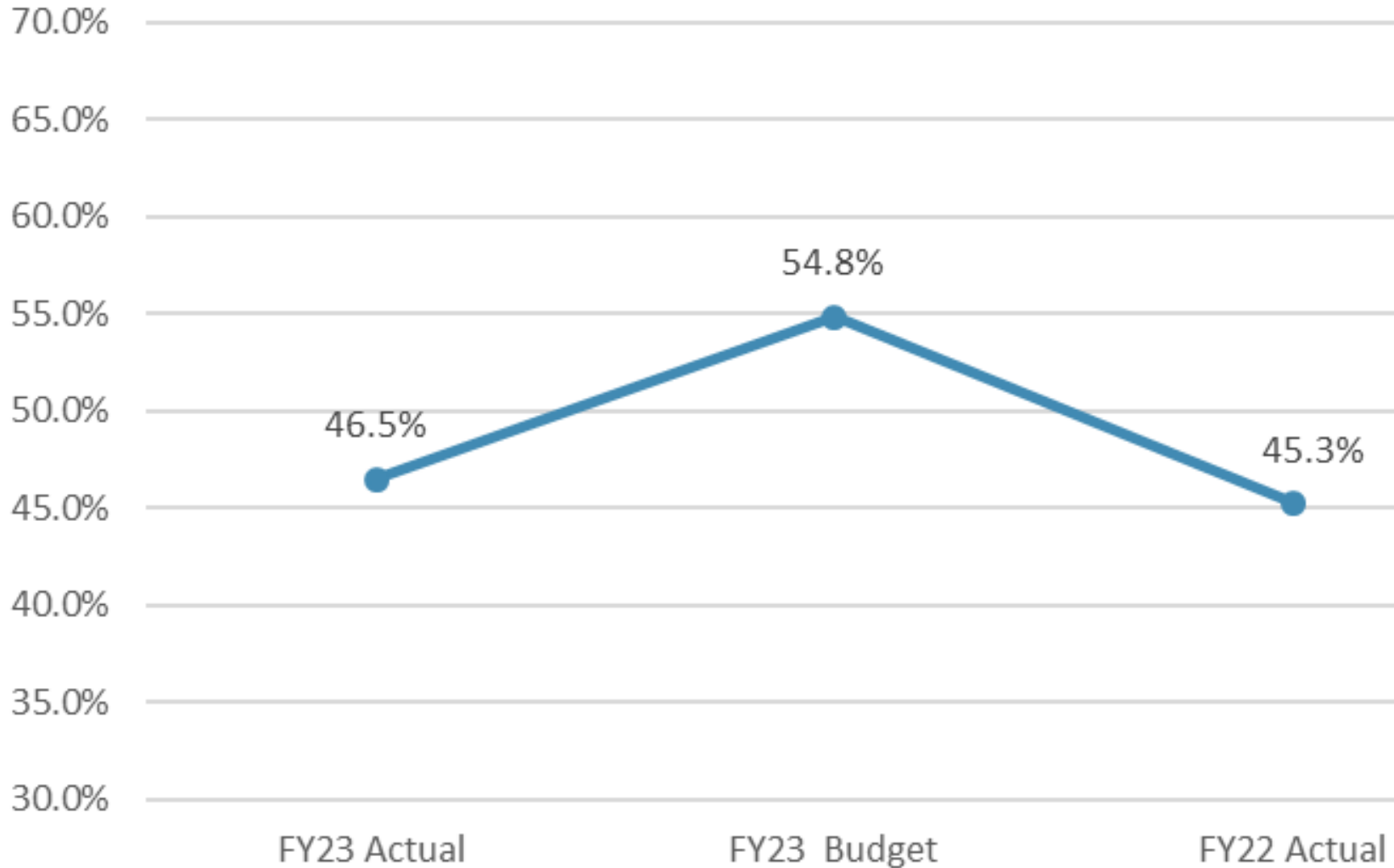
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300	1.1900						
FY23 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000						
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037						

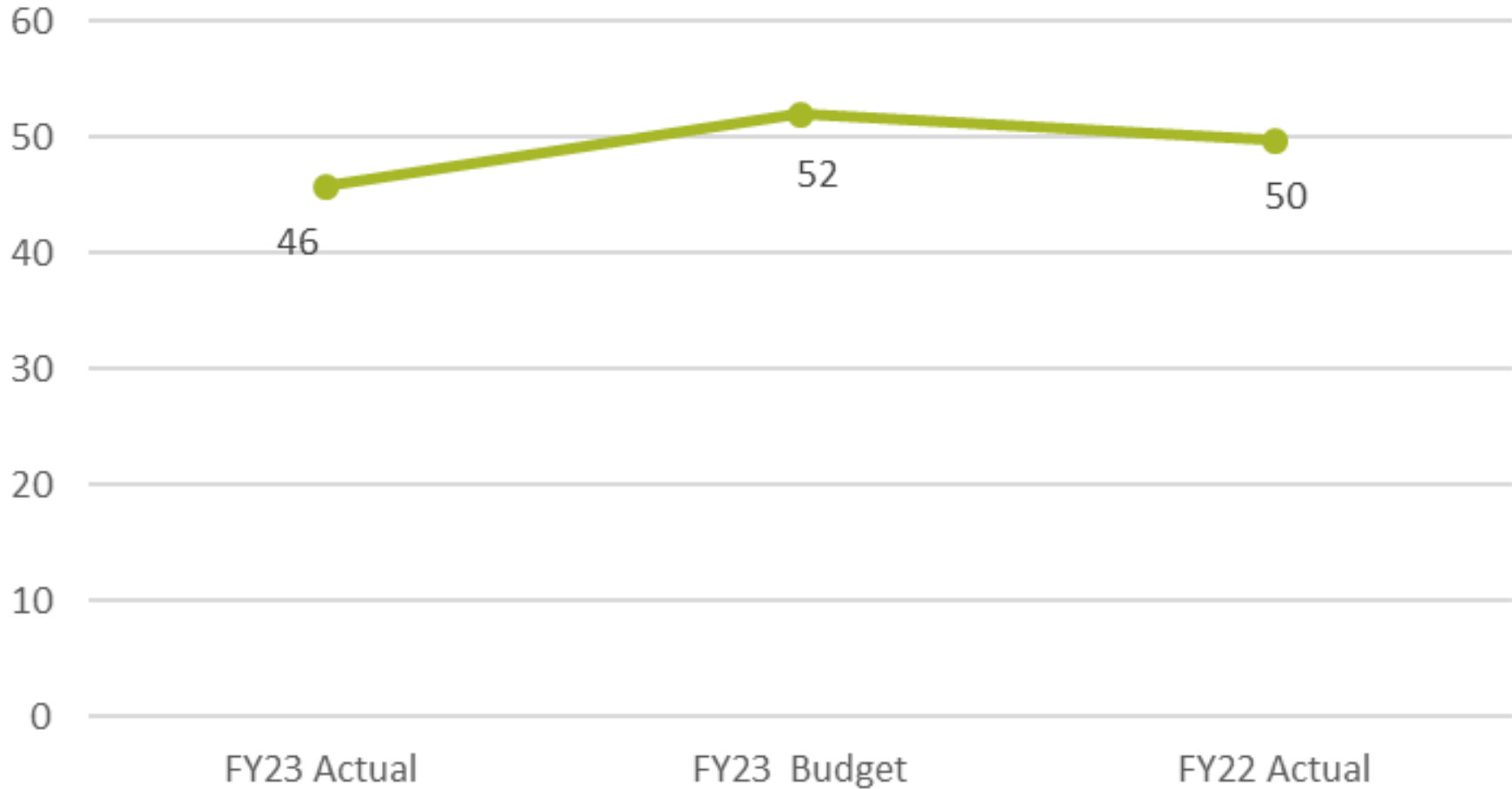


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



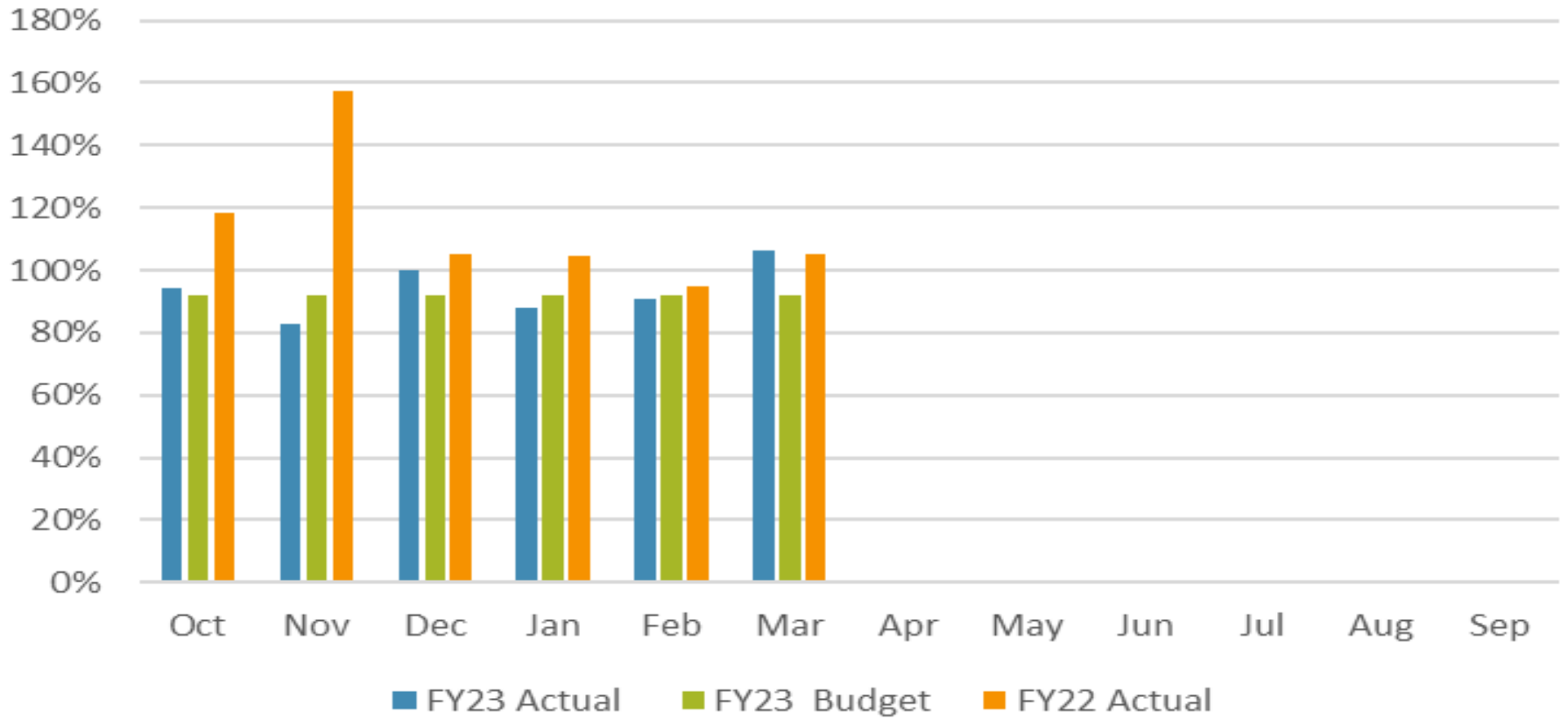


Net Accounts Receivable (AR) Days With Unbilled



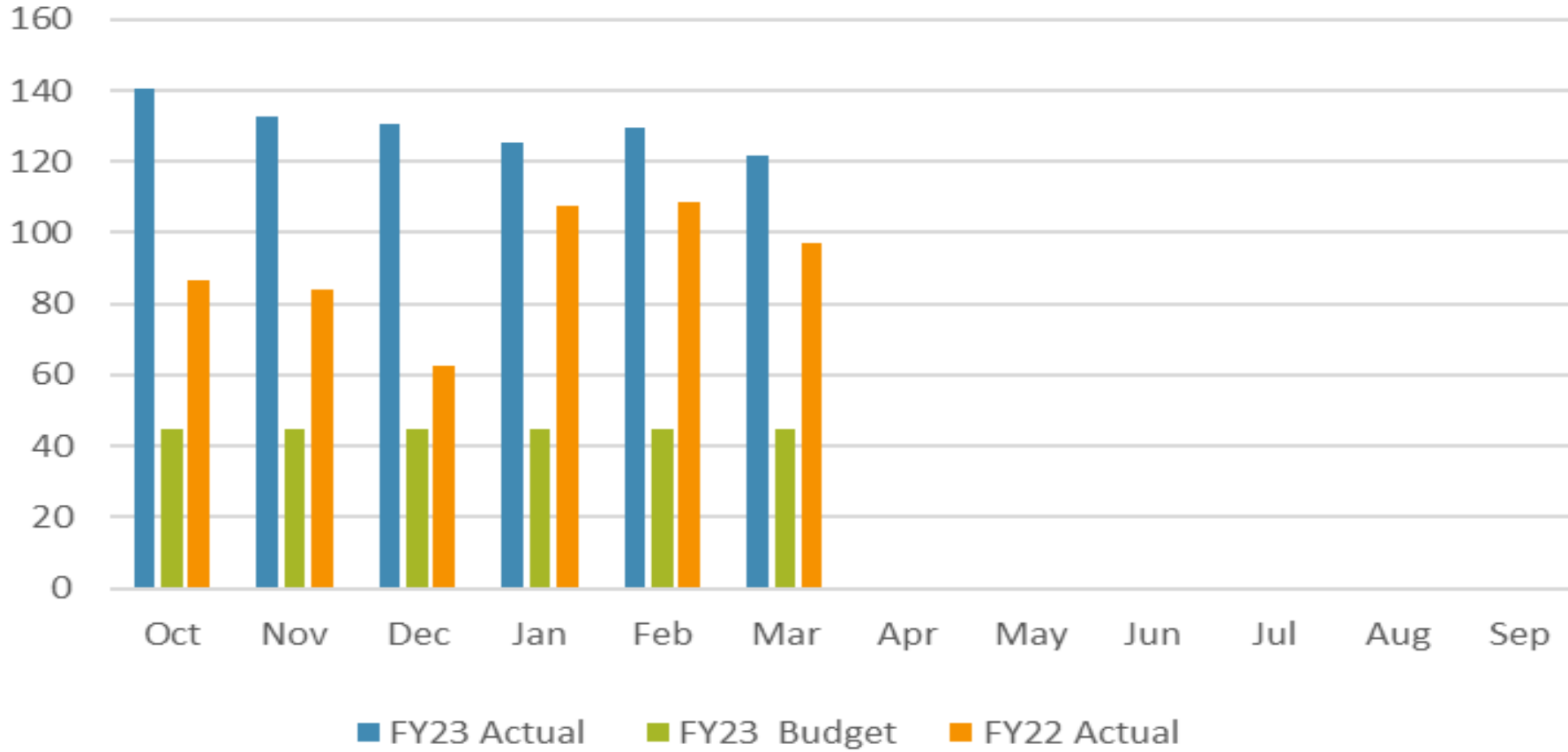


Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	94%	83%	100%	88%	91%	106%						
FY23 Budget	92%	92%	92%	92%	92%	92%						
FY22 Actual	119%	158%	105%	105%	95%	105%						

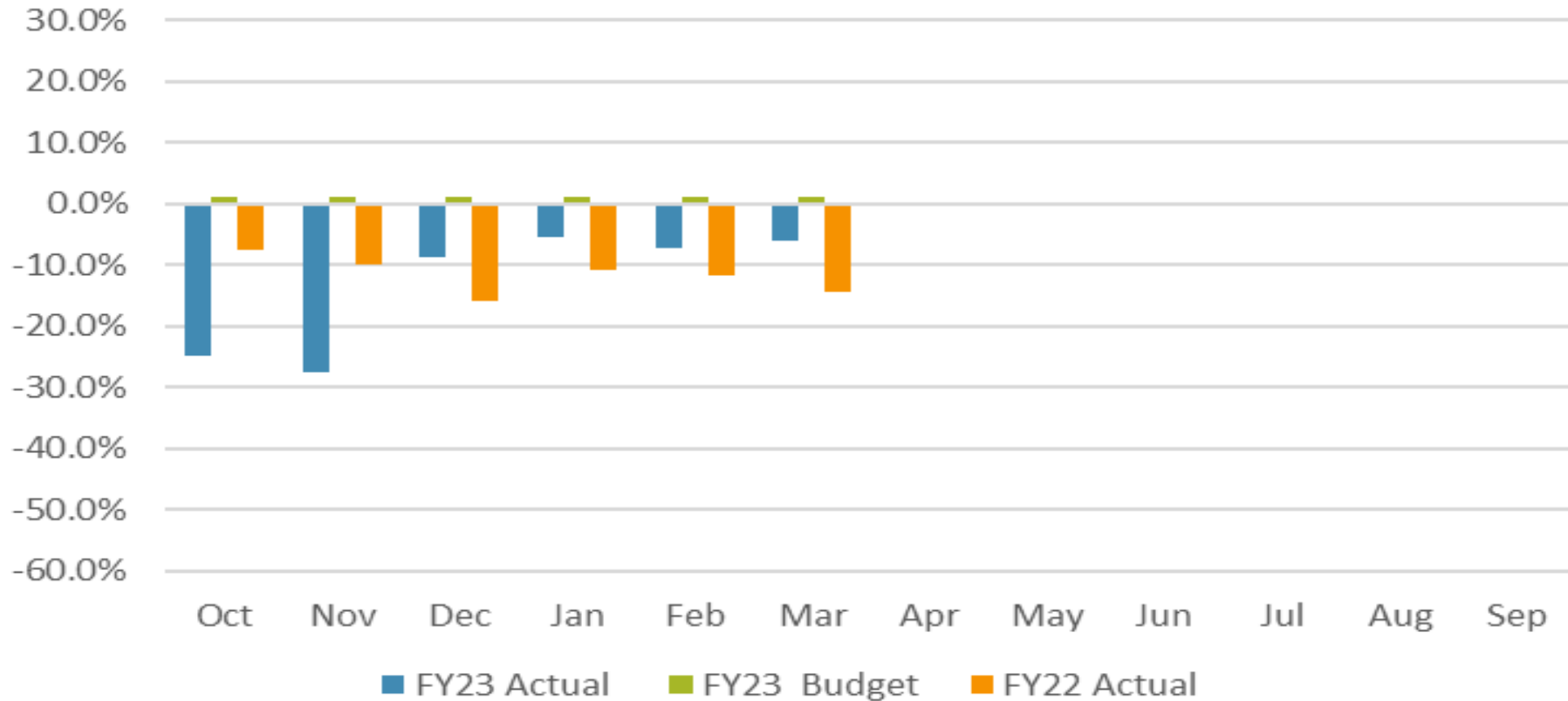
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	140	132	129	124	130	106	122					
FY23 Budget	45	45	45	45	45	45	45					
FY22 Actual	86	84	63	108	112	105	97					



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	-24.8%	-27.4%	-8.6%	-5.3%	-7.1%	-6.2%						
FY23 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%						
FY22 Actual	-7.4%	-9.8%	-15.9%	-8.9%	-7.9%	-14.4%						



Income Statement

FY23 Operating Period Ending March 31, 2023

	Month of March			Variance				2023 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	320	311	323	9	3%	(3)	-1%	1,841	1,866	1,602	(25)	-1%	239	15%
Patient Days	2,246	2,023	1,962	223	11%	284	14%	12,024	12,138	10,880	(114)	-1%	1,144	11%
Emergency Room Visits	2,901	3,043	2,916	(142)	-5%	(15)	-1%	17,271	18,258	16,732	(987)	-5%	539	3%
Clinic Visits	991	1,135	1,316	(144)	-13%	(325)	-25%	5,664	6,810	6,987	(1,146)	-17%	(1,323)	-19%
IP Surgeries	48	60	41	(12)	-20%	7	17%	254	360	255	(106)	-29%	(1)	0%
OP Surgeries	92	69	99	23	33%	(7)	-7%	476	414	510	62	15%	(34)	-7%
Radiology Visits	875	795	3,857	80	10%	(2,982)	-77%	5,193	4,770	4,794	423	9%	399	8%
Revenues														
Net Patient Service	7,566	6,797	4,566	769	11%	3,000	66%	39,947	40,784	30,995	(837)	-2%	8,953	29%
DSH	735	995	494	(260)	-26%	241	49%	4,409	5,967	11,182	(1,559)	-26%	(6,773)	-61%
CNMC Revenue	150	166	150	(16)	-9%	-	0%	900	994	1,077	(94)	-9%	(177)	-16%
Other Revenue	1,362	1,675	1,881	(313)	-19%	(519)	-28%	9,190	10,051	11,329	(862)	-9%	(2,140)	-19%
Total Operating Revenue	9,813	9,633	7,090	180	2%	2,723	38%	54,446	57,797	54,583	(3,351)	-6%	(137)	0%
Expenses														
Salaries and Wages	3,691	3,144	3,708	547	17%	(16)	0%	20,680	18,865	21,956	1,815	10%	(1,276)	-6%
Employee Benefits	929	880	948	48	5%	(19)	-2%	6,186	5,282	6,309	903	17%	(124)	-2%
Contract Labor	940	567	617	374	66%	323	52%	5,775	3,400	4,940	2,375	70%	835	17%
Supplies	838	713	739	125	18%	99	13%	4,628	4,280	3,567	348	8%	1,061	30%
Pharmaceuticals	176	206	191	(30)	-14%	(15)	0%	1,051	1,234	1,028	(183)	-15%	23	0%
Professional Fees	1,722	1,688	1,795	34	2%	(72)	-4%	7,803	10,127	10,234	(2,324)	-23%	(2,430)	-24%
Purchased Services	1,382	1,289	1,287	92	7%	95	7%	6,254	7,736	7,734	(1,483)	-19%	(1,480)	-19%
Other	320	1,135	1,079	(815)	-72%	(759)	-70%	5,424	6,807	6,664	(1,383)	-20%	(1,240)	-19%
Total Operating Expenses	9,999	9,622	10,363	377	4%	(364)	-4%	57,800	57,732	62,431	69	0%	-4,631	-7%
Operating Gain/ (Loss)	(185)	11	(3,272)	(196)	-1808%	3,087	-94%	(3,354)	66	(7,848)	(3,420)	-5172%	4,494	-57%



Balance Sheet

As of the month ending March 31, 2023

Mar - 23	Feb - 23	MTD Change		Sep-22	YTD Change
Current Assets:					
\$ 45,324	\$ 48,439	\$ (3,115)	Cash and equivalents	\$ 43,419	\$ 1,905
8,645	8,694	(50)	Net accounts receivable	6,841	1,804
3,013	3,102	(89)	Inventories	3,898	(885)
3,196	2,775	421	Prepaid and other assets	3,853	(657)
<u>60,136</u>	<u>62,968</u>	<u>(2,833)</u>	Total current assets	<u>\$ 58,011</u>	<u>\$ 2,125</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
46,634	46,571	63	Capital Assets	49,400	(2,766)
<u>46,634</u>	<u>46,571</u>	<u>63</u>	Total long term assets	<u>49,400</u>	<u>(2,766)</u>
<u>\$ 106,769</u>	<u>\$ 109,539</u>	<u>\$ (2,770)</u>	Total assets	<u>\$ 107,411</u>	<u>\$ (642)</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
13,577	13,310	266	Trade payables	13,395	182
5,445	6,809	(1,364)	Accrued salaries and benefits	5,701	(256)
2,978	2,978	0	Other liabilities	3,183	(205)
<u>22,000</u>	<u>23,097</u>	<u>(1,097)</u>	Total current liabilities	<u>22,279</u>	<u>(279)</u>
Long-Term Liabilities:					
7,537	9,485	(1,948)	Unearned grant revenue	-	7,537
10,590	10,587	2	Estimated third-party payor settlements	10,862	(272)
5,908	5,908	-	Contingent & other liabilities	5,908	0
<u>24,035</u>	<u>25,981</u>	<u>(1,945)</u>	Total long term liabilities	<u>16,770</u>	<u>7,265</u>
Net Position:					
60,734	60,462	272	Unrestricted	68,362	(7,628)
<u>60,734</u>	<u>60,462</u>	<u>272</u>	Total net position	<u>68,362</u>	<u>(7,628)</u>
<u>\$ 106,769</u>	<u>\$ 109,540</u>	<u>\$ (2,771)</u>	Total liabilities and net position	<u>\$ 107,411</u>	<u>\$ (642)</u>



Statement of Cash Flow

As of the month ending March 31, 2023

Dollars in Thousands

Month of March				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 8,353	\$ 11,265	Receipts from and on behalf of patients		\$ 42,280	\$ 89,542
(6,381)	(6,616)	Payments to suppliers and contractors		(29,617)	(74,649)
(5,984)	(4,653)	Payments to employees and fringe benefits		(27,121)	(59,965)
2,126	3,588	Other receipts and payments, net		5,619	882
<u>(1,886)</u>	<u>3,584</u>	Net cash provided by (used in) operating activities		<u>(8,839)</u>	<u>(44,189)</u>
Cash flows from investing activities:					
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		4	-
-	-	Receipts of interest		-	-
<u>-</u>	<u>-</u>	Net cash provided by (used in) investing activities		<u>4</u>	<u>-</u>
Cash flows from noncapital financing activities:					
-	-	Repayment of notes payable		-	-
-	-	Receipts (payments) from/(to) District of Columbia		15,000	40,000
<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:					
18	-	Net cash provided by capital financing activities		-	-
-	(38)	Receipts (payments) from/(to) District of Columbia		79	5,493
<u>(1,247)</u>	<u>(37)</u>	Change in capital assets		<u>(4,338)</u>	<u>(5,852)</u>
<u>(1,229)</u>	<u>(75)</u>	Net cash (used in) capital and related financing activities		<u>(4,260)</u>	<u>(359)</u>
(3,114)	3,509	Net increase (decrease) in cash and cash equivalents		1,905	(4,548)
48,439	45,345	Cash and equivalents, beginning of period		43,419	53,402
\$ 45,324	\$ 48,854	Cash and equivalents, end of period		\$ 45,324	\$ 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					