



UMC

UNITED  
MEDICAL CENTER

**Monthly Board Meeting**

**Date:** November 17, 2022

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

**2022 FISCAL MANAGEMENT  
BOARD OF DIRECTORS**

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



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

**ANGELL JACOBS, BOARD CHAIR**

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, November 17, 2022. The meeting will be held via WebEx.

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

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

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

**DRAFT AGENDA**

**I. CALL TO ORDER**

**II. DETERMINATION OF A QUORUM**

**III. READING AND APPROVAL OF THE AGENDA**

**IV. READING AND APPROVAL OF MINUTES - October 26, 2022**

**V. CONSENT AGENDA**

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

**VI. EXECUTIVE MANAGEMENT REPORT**

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

**VII. FINANCIAL REPORT**

- A. Lilian Chukwuma - Chief Financial Officer

**VIII. PUBLIC COMMENT**

**IX. OTHER BUSINESS**

- A. Old Business
- B. New Business

**X. ANNOUNCEMENTS**

**XI. ADJOURNMENT**

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



UMC

UNITED  
MEDICAL CENTER

**General Board  
Meeting Date:**

**November 17, 2022**

**Reading and  
Approval of  
Minutes**

**Minutes Date:**

**October 26, 2022**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, October 26, 2022, 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, Gen. Counsel Charles Brown, Attorney Mike Austin, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon, Kendrick Dandridge, David Turner, Attorney Yanira Van Den Broeck, Pearly Ittickathra, Dr. Francis O’Connell, SM Williams, Cheron Rust, Tracy Follin, Maxine Lawson, Teka Henderson, Tonia Johnson, Derrick Lockhart, Trenell Bradley, Vineela Yannamreddy

**Other:** Kai Blissett

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:39pm.  Quorum determined by Toya Carmichael.
<b>Approval of Agenda</b>	<p style="text-align: center;"><i>Mot to approve agenda by Dr. Fair, 2<sup>nd</sup> by Dir. Bobb, unanimous vote.</i></p>
<b>Approval of Minutes</b>	<p style="text-align: center;"><i>Mot to approve minutes by Dr. Bobb, 2<sup>nd</sup> by Dir. Reid-Jackson, unanimous vote.</i></p>
	<b>CMO Report – Dr. Gregory Morrow</b> <ul style="list-style-type: none"> <li>• From MEC office, thanked Cheron for her working with the IT department to have all the providers enrolled in the EPCS by January 1, 2023 as enforced by</li> </ul>

the Medicare Part D and Medicare Advantage prescription plans. Cheron and her team are working diligently to get us up to par.

- From Quality we are in the process of preparing for our DOH visit.
- Put together a few diagrams here that looks at time it takes for patients to move from the Emergency Room. Preparing some process improvement to improve through put.
- Have not had any blood infections in the last few months and we had our first HAPI in six months.
- From last month to this month regarding COVID, we had 31 in August and 18 in September. 21 staff in August which is now down to 8.
- Congratulated Maxine and her team in Pharmacy, their spend is down from last year. Kudos to them and their work to look at our medication cost.
- Our Press Ganey scores continue to vary from month to month.
- When you look at what the goals are and what the standard would be our numbers are in line with other hospitals. We don't want to be where other hospitals are, we want to be better so we will continue to work on that.

Dir. Jacobs asked about the diagrams and if these are the actual times patients are waiting to be seen?

- Dr. Morrow explained the chart.

Dr. Fair asked about the mention of needing more techs to increase throughput. What is the hospital's response to increase the number of techs we have?

- Dr. Morrow noted staffing is an issue and we need to increase staffing on the nursing and technical side in house and in the emergency room side. If we had more technicians and support staff that would take some of the burden off the nurses.

Dr. Fair asked about the ICU. Do we have enough nurses and techs to support a move and expansion?

- Dr. Jacquie noted the move is dependent on staffing and getting the area prepared. The space is ready and we have been in communication with a staffing agency that can provide ICU nursing. We want to grow to what we are licensed for which is 16 beds in the ICU.
- Teka added that we are able to cross train our nurses so they can work in the ICU and the Emergency Room department. If a nurse is scheduled for the ICU but the need is not high, we can send that nurse to the emergency room. The agency Dr. Borden mentioned is able to provide a plethora of nurses from different disciplines. The ICU is a work in progress and there were steps. The first step was making sure the space was ready for the number of beds. Now we are about to start onboarding staff. We have hired more techs and need to hire more but we also hired some patient transporters so the nurses and techs do not have to provide care and transport patients from their bed to procedures.
- Lillian added that we increased the pay rate for techs so we are able to recruit them.

**MCOS Report – Dr. Francis O’Connell**

- Two basic things for MEC is staff elections which will be held at the end of November/December and we are rolling out the controlled substance electronic monitoring system for physicians. ER is probably the largest aggregate of providers who proscribed controlled substances. The goal is to have everyone enrolled by the end of October. Ms. Rust and her team have been aggressive in reaching out to providers.
- Included throughput in the emergency room department and everything provided by Dr. Morrow are in line with those numbers.

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

- Staffing, we continue to have challenges but have continued to provide near optimal staffing without onboarding any new agency staff in the month of September.
- Impressing upon staff to obtain their flu shots early to prepare for the winter season ahead. We also have COVID boosters available to our staff as well.
- There were 5 HAPI’s for the month of September, we had an offsite expert come in and do training and we had a power point presentation to our online education system to better educate staff. We know if we didn’t document it, we didn’t do it, we know some of these wounds may have occurred before UMC but if we do not document that upon admission, it is on us so we are educating staff on documentation.
- BHU unit, we have been collaborating with Axis group. We have been able to make offers to some of our staff so we can provide whatever the patients need on that unit.

Dir. Ashenafi asked if we have had any conversations about mandating the new booster?

- Teka noted that we do track numbers but as of now the booster has not been mandated. If and when it does, we will follow the CDC mandates for it.

*Mot to accept CMO, CMOS, and CNO report by Dir. Ashenafi, 2<sup>nd</sup> by Dr. Fair, unanimous vote.*

**Executive Management Report – Dr. Jacqueline Payne-Borden, Interim CEO / CNO**

- Thanked Kendrick Dandridge, VP Procurement, Material and Contracts and Lillian and her team for all they do for the hospital with regards to contracts. Kendrick is a department of one.

- Last week we installed a new circuit breaker on the 3rd floor. We will wait for the green light from DOH. We have the blessings of our physicians.
- We have a group led by one of our VPs and a new Observation leadership team including finance and registration who are working together to move patients along whether they are going to be admitted or discharged. Since we started these new groups we are seeing some improvements and hope to have comparison data next month.
- We have one more interview for a Compliance Officer next week.
- IT continues to do a great job for us, they have done all their updates and security checks for the month of September.
- Facilities has had contractors on site to fix the elevators, we have two more elevators to work on.
- We are back on schedule having our monthly leadership meetings with Children's Hospital and we just got the agreement signed with UDCC so they will be onsite getting training.
- Ms. Carmichael does a good job keeping us connecting to the community. We had GW onsite doing voter registration. We also hosted the Ward 8 Health Council meeting.
- UMC has returned to joining DCHA in their Director's meeting.
- We had an initial discussion with DHS to explore possibility of utilizing unused hospital space for migrant services. Our teams met on Monday to hear more about the plan but no decisions have been made yet. Our GC, CFO, and Public Relations representatives asked some very good questions. We wanted to hear DHS out to see how we might be of assistance.
- HRIS system has been deployed and is up and running. The system is very easy to use once you go on and practice.
- Three items not on the report, we had a DC Health visit in August, at the end of the investigation they gave us a verbal report and this past Friday we received the official report with a deadline of 10 days to submit a plan of correction. We should be fine to submit our plan on time.
- We are in the window for our visit for review our license.
- Last but not least, we had a dispute with DC Water which was resolved favorably. Now we have a credit of over \$700,000.

Dir. Jacobs asked about next steps in the conversation regarding Migrant Services?

- Our VP of Facilities is going to reach out to Children's and then we will debrief and come up with a decision how those conversations worked out.
- Chair Jacobs asked that the CEO and UMC Team make a recommendation to the Board regarding the process.

***Mot to accept CEO report by Dir. Bobb, 2<sup>nd</sup> by Dr. Fair, unanimous vote.***

<b>Financial Report</b>	<b>CFO Report - Lillian Chukwuma</b> <ul style="list-style-type: none"> <li>• No report submitted because the finance team is working through our audit and closing out FY22 and September financials.</li> <li>• September financials will be presented at the November board meeting.</li> </ul>
<b>Public Comment</b>	No public comment.
<b>Closed Session</b>	<p>Charles Brown, Jr. read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir. Bobb, 2<sup>nd</sup> by Dir. Reid Jackson</i></p> <p style="text-align: center;"><i>Toya Carmichael conducted roll call – 6yays</i></p> <p>Open Session ended at approximately 4:17 pm.</p> <p>Closed session began at approximately 4:19 pm</p> <p style="text-align: center;"><i>Mot to end closed session by Dir. Ashenafi, 2<sup>nd</sup> by Turnage, unanimous vote.</i></p> <p>Closed session ended at approximately 4:43pm</p>
<b>Announcements</b>	During closed session the board approved medical credentials, MEC candidate slate and approved 11 contracts and 1 settlement.
<b>Adjourned.</b>	<p style="text-align: center;"><i>Mot to adjourn Dir. Reid Jackson, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p> <p>Meeting adjourned at approximately 4:45 pm.</p>





UMC

UNITED  
MEDICAL CENTER

---

**General Board Meeting**

**Date: November 17, 2022**

---

**Consent  
Agenda**



UMC

UNITED  
MEDICAL CENTER

---

## General Board Meeting

Date: November 17, 2022

---

# CMO Report

*Presented by:*

Dr. Gregory Morrow  
Chief Medical Officer

## Not-For-Profit Hospital Corporation

### CMO October 2022 Report & Accomplishments

Respectfully submitted by Gregory Morrow, MD

#### ***Medical Staff Office***

- 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 by January 1, 2023 enforced by the Medicare Part D and Medicare Advantage prescription plans. A Go-live Date is
- In August, there was five (5) initial appointment, nine (9) reappointments, and four (4) resignations. There are currently (246) Medical Staff members.
- Physician contracts are current and have all been considered for community need and sustainability.
- To maintain our Accreditation with MedChi's Continuing Medical Education (CME) program, the Medical Affairs office will be offering regular Grand Rounds presentations throughout the year. The lectures are being held to educate the hospital staff and providers and to ensure the providers have enough CME credits to renew their DC licensure for 2023-2024. The following Grand Rounds were held in October:
  - October 5<sup>th</sup>: E-Prescribing Controlled Substance (EPCS)
  - October 12<sup>th</sup>: Chronic Immune Thrombocytopenia
- The next Quarterly Staff meeting will be held on December 14, 2022.
- Ballots for the 2022 election for the Medical Staff will mailed out on November 18<sup>th</sup>.
- There was a luncheon held on October 12<sup>th</sup> to recognize the Physician Assistants that work at United Medical Center.

#### ***Quality and Patient Safety***

Quality **October** accomplishments:

- Worked with IT on the file upload issues from Meditech. Manually fixing the file for each upload.
- Meetings with nursing to discuss quality issues across the board.
- Assisting staff with policy update requirements.
- Rounding units in preparation for DC Health.
- Submission of core measure charts to CMS.
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance.
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.
- Continuing collaboration with Risk Management regarding Navex incident reporting.

- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. The rate for October is 85% and 91% for ER holding.
- Submission of Plan of Correction for complaint survey to DC Health.
- 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. October had zero HAPI.
- Meetings with Navex representatives to start implementation of Policy Tech.
- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP).
- Data was manually gathered from various departments and analyzed for the dashboard.
- Working with DC Health to follow up on alleged complaints.

### ***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's 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.

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

Infection Control Nationally celebrated its 50<sup>th</sup> anniversary the week of October 16 – 22, 2022.

In honor of this grand occasion The Flu Fairy administered the influenza vaccine to staff to kick off the 2022-2023 Flu season.

### **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 October 2022.

VRE HAI = 0 case hospital-wide October 2022 – There has been only 2 cases of VRE for the year.

MRSA HAI = 0 cases hospital-wide for October 2022 –No MRSA HAI in the blood in 10 months

C Difficile HAI = 2 cases hospital-wide for October 2022 for an infection rate of 1; year to date rate 0.6

### **Monkeypox:**

The District of Columbia has identified to date 519 cases of Monkeypox.

There were no inpatient Monkeypox admissions for the month of October 2022.

### **COVID 19 Update:**

The number of hospital-wide COVID 19 positive admissions to UMC decreased from 18 to 10 for the month of October 2022. UMC has 2 COVID 19 positive inpatients at this time.

The COVID 19 positive employee cases decreased from 8 to 7 for the month of October 2022. The decrease in the number of cases may be related to a decrease in travel and social gatherings.



## ***PHARMACY SERVICES***

### **Pharmacy & Therapeutics:**

- Antimicrobial Stewardship Program, average cost per patient day (PPD) \$21.51 for September 2022.
- Pharmacy Clinical Interventions \$29,504 saved in the month of September 2022 by Pharmacy Clinical Interventions enhanced by ED Pharmacist presence, MDR Rounding and ICU Rounds . Total of 269 interventions documented via Meditech
- Collaborated with Diabetic Educator, IT to update UMC Labs to include standardized ELECTROLYTES w/ ANION GAP and BMP w/ ANION GAP
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group
- ICU Medical (IV Infusion Pump) Project near completion. Pharmacy Team has built the new pump library network for use in the IV pumps and finalized build with updates slated for November 15. Then anticipated Nursing training and go-live to follow.
- VP of Pharmacy Services in on-going collaboration establishing Pharmacy Student Internship with Howard University College of Pharmacy
- VP of Pharmacy Services has created an Annual Nursing Narcotic/Controlled Substance Safe Handling Training in RELIAS. Nursing staff has commenced compliance training as per DC HEALTH, The Joint Commission and CMS standards
- Pneumatic Tube System for stat deliveries between ED/Pharmacy/Lab has been begun process with vendor for on-site modernization build and upgrades
- 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

## ***Community Initiatives***

## ***Press Ganey stats for October:***

### **Emergency Room:**

Press Ganey Overall "Rate the Hospital" for the month of October is 53.03% and increase from prior month at 32.50%; N = 9 responses

Nurses took time to listen – 50% and increase from the prior month at 26.32%; N=9

Nurses' attention to your needs – 50% an increase from the prior month at 26.32%; N=9

Nurses kept you informed – 57.14 and increase from the prior month at 31.25%; N=7

Nurses' concern for privacy – 50% and increase from the prior month at; N=8

Nurses' responses to quest/concerns – 55.56% and increase from the prior month at 27.78%; N=9

Doctors took time to listen – 50% an increase from the prior month at 47.06%; N=8

Doctors informative regarding treatment – 50% a slight decrease from the prior month at 52.94%; N=8

Doctors' concern for comfort – 62.50% and increase from the prior month at 47.06%; N=8

Doctors include you treatment decision – 62.50% and increase from the prior month at 52.94%; N=8

### **Inpatient:**

Press Ganey Overall "Rate the Hospital" for the month of October is 53.80 an increase from the prior month of September at 40.35%; N=11

"Nurses treat with courtesy/respect" – 81.82% and increase from the prior month at 77.78%; N=11

"Nurses listen carefully to you" – 72.73% and increase from the prior month at 66.67 %; N=11

"Nurses explain in a way you understand" – 81.82% and increase from the prior month at 77.78%; N=11

"Doctors treat with courtesy/respect" - 90.91% and increase from the prior month at 88.89%; N=11

"Doctors listen carefully to you" – 72.73% and decrease from the prior month at 88.89%; N=11

"Doctors explain in way you understand" – 90.91% and increase from the prior month at 77.78%; N=11

Sincerely,

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



UMC

UNITED  
MEDICAL CENTER

---

**General Board  
Meeting Date:  
November 17, 2022**

---

## **Medical Chief of Staff Report**

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





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

**November 2022**

Re: Chief of Staff Monthly Report

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

We will be focused on the enrollment of providers in the Electronic Prescribing of Controlled Substances system and on the election of new officers to serve on the Medical Executive Committee for the next two months. The enrollment of all hospital-based providers will support the hospital in meeting the 70% goal of electronically prescribing outpatient controlled substances. The medical staff elections will be held this month with results in December.

We remain supportive of 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.

Sincerely,

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



Amaechi Erongu, M.D., Chairman

## OCTOBER 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for October, 2022 was 150. This is the highest surgical volume year to date. See attached table and chart.

### QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance, for the months of 2022, with a goal to ensure 100% compliance for 2022. Surgical and anesthesia time outs followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics. All relevant quality metrics are documented in the various anesthesia record for easy access and reference.

### VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We have continued to assist providers on the appropriate use of the access service for quality patient care. We had a total of 98 vascular access procedures in October 2022.

### PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. Currently, the *Pain management service provides the next highest OR volume of 41* for the month of October, 2022.

### OR UTILIZATION

We are working with the Surgeons and Nursing staff to improve OR utilization through: eliminating day of surgery cancellations; improved on-time start, and improved room turnover time.

### EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.

Virtual Mortality and Morbidity Conference will continue.

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

Amaechi Erongu, M.D.,MS,CPE  
Chairman, Anesthesiology Department



Francis O'Connell, M.D., Chairman

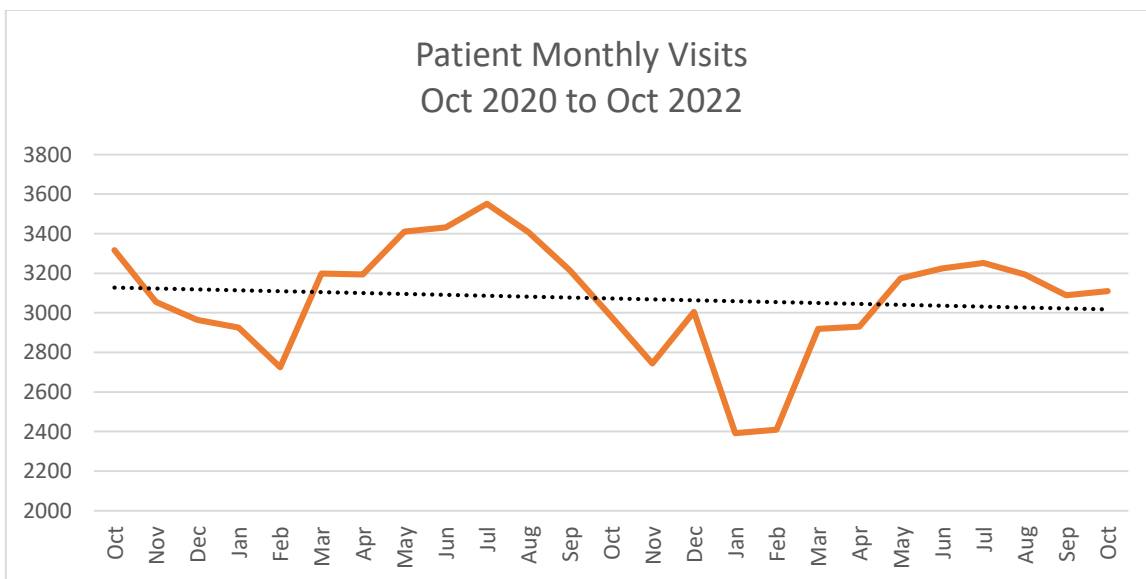
## OCTOBER 2022

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for October 2022. Also included are graphic tables to better highlight important data. Throughput data – the time it takes for a patient to move through the ED (both admissions and discharges) is provided in this report. The data is broken down into key events to better understand how the system is performing.

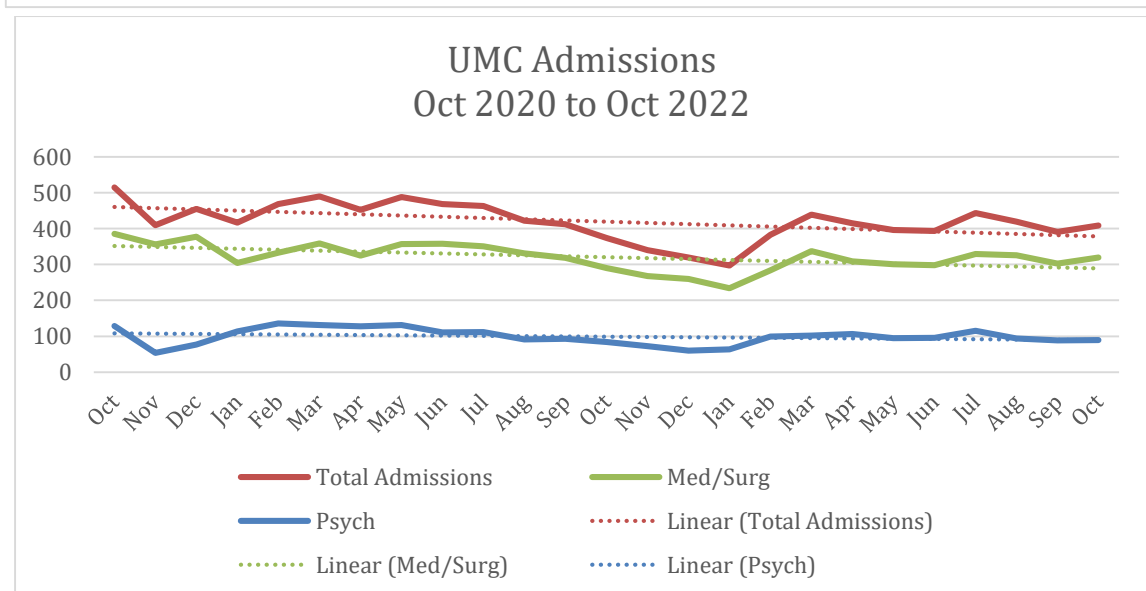
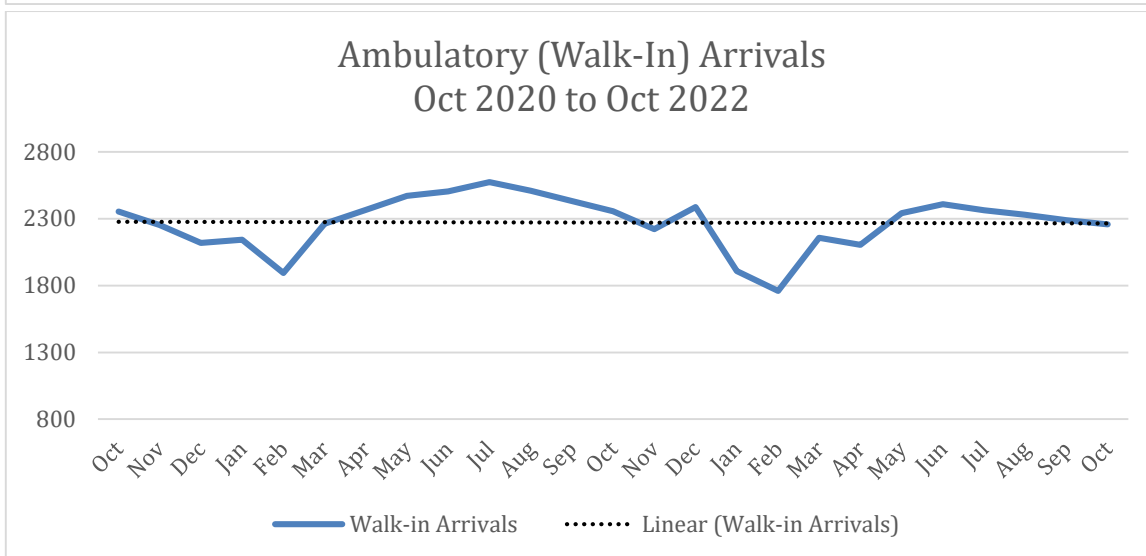
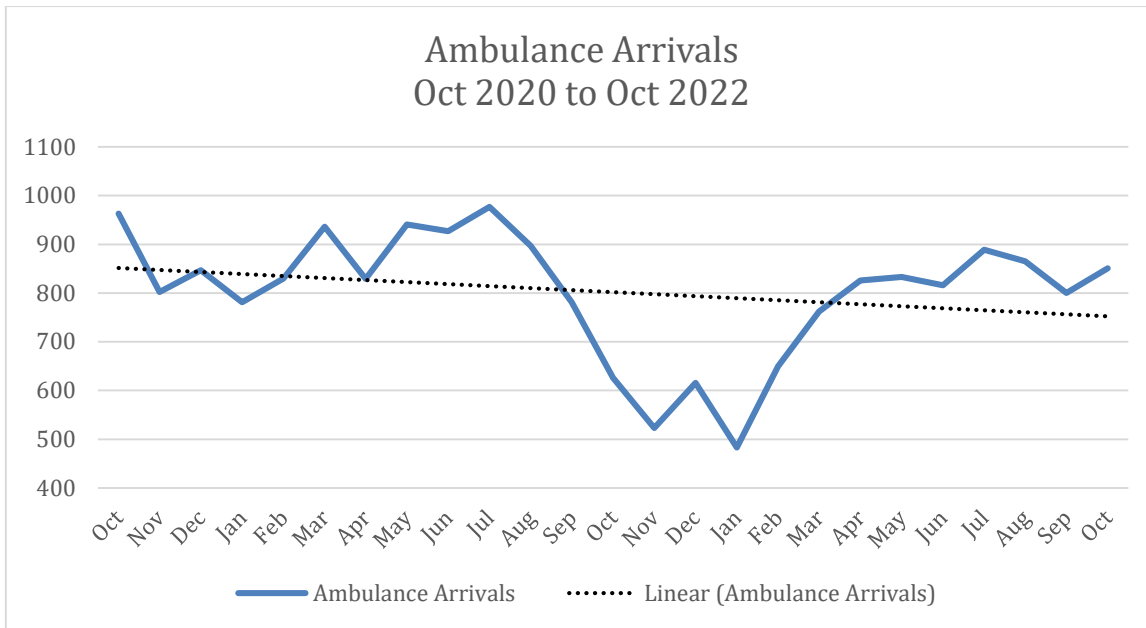
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

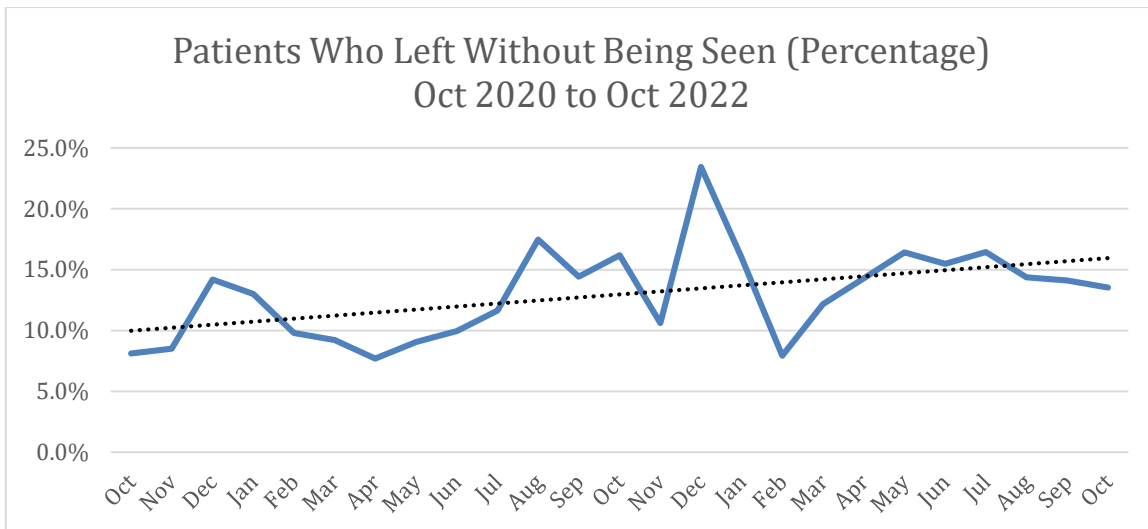
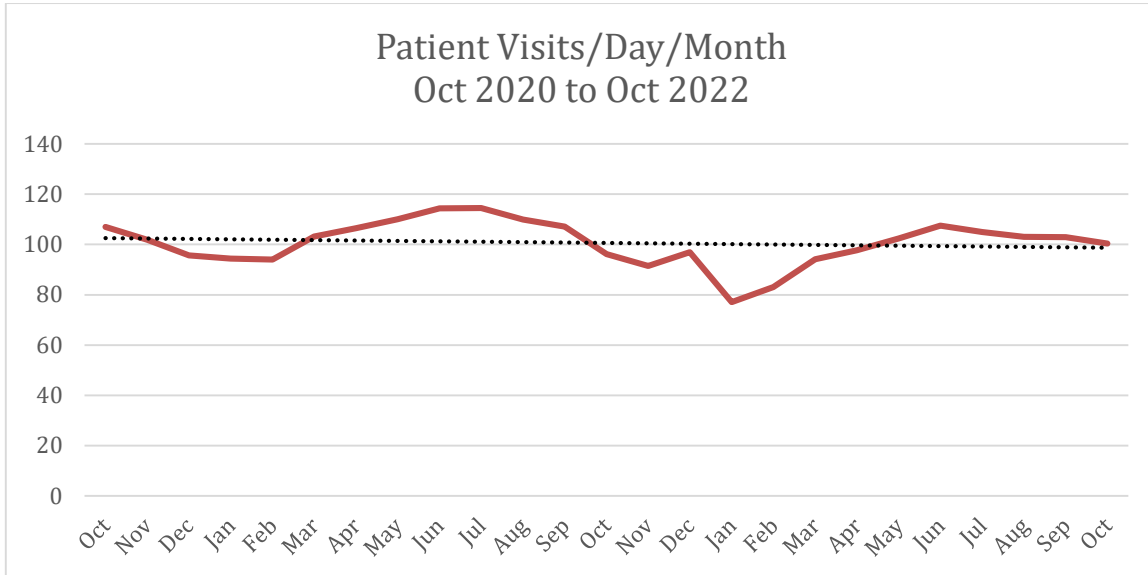
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
  - **Med/Surg:** number of medical/surgical 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						
	Oct 2020	%	Oct 2021	%	Oct 2022	%
<b>Total patients</b>	3317		2982		3110	
<b>Daily Avg Census</b>	107		96		100	
<b>Ambulance Arrivals</b>	963	29.0%	626	21.0%	851	27.4%
<b>Admit</b>	515	15.5%	374	12.5%	409	13.2%
• Med Surg	386	11.6%	290	9.7%	320	10.3%
• Psych	129	3.9%	84	2.8%	89	2.9%
<b>LWBS</b>	269	8.1%	483	16.2%	421	13.5%
<b>Ambulance Admission Rate</b>	33.7%		33.9%		31.8%	
<b>Walk-In Admission Rate</b>	8.1%		6.9%		6.1%	

Analysis:

1. The data reported this month includes data from the past two years.
2. The monthly census for Oct 2022 was similar to the previous month and was up from Oct 2021, and down from Oct 2020. The census trend for the last two years is steady.
3. The total number of medicine admissions increased from the previous month and was up from Oct 2021, but down from Oct 2020. The number and percentage of admissions trend remains fairly steady
4. The percentage of patients who left without seeing a provider (LWBS) dropped slightly from the previous month with the LWBS upwards trend remaining steady.
5. The total number of ambulances coming to UMC increased slightly from the previous month, was up from Oct 2021 and down from 2020, with a slight negative 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 remained steady.

The census trend, measured by average daily patient volume, a new graph introduced this month, remains steady over the past two years. Hospital admissions and ambulance traffic remain steady since February 2022. The LWBS remains elevated.

Last month's report showed that approximately 50% of ED patients are moving through the ED efficiently, while the other 50% are not. Some of the more pressing issues are the inconsistencies in nursing and tech staffing which the hospital is attempting to address with additional staffing initiatives. Of note, the lack of techs burdens the nurses and providers with tasks (establishing an IV, drawing labs, obtaining an EKG, transporting patients, etc.) that markedly reduce their capacity to care for existing patients and treat other patients. Better consistent staffing will improve throughput of patients and decrease waiting room and ambulance offload times, ultimately leading to a drop in the LWBS.

The byproducts of improved patient care and throughput in the ED are improved patient satisfaction and increased patient visits (in the form of more ambulance arrivals, less ambulance bypass and increased hospital admissions - both ICU and medical/surgical).

We continue to support the hospital's efforts in addressing these ongoing challenges as well as those related to COVID, monkeypox and the recent rise in respiratory illnesses.

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



*Musa Momoh, M.D.*, Chairman

## OCTOBER 2022

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>ADMISSIONS</b>													
<b>OBSERVATION</b>													
MEDICINE	80	117	127	126	116	109	131	127	98	116			<b>1147</b>
HOSPITAL	80	117	127	126	116	109	131	127	98	116			<b>1147</b>
PERCENTAGE	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>			<b>100%</b>
<b>REGULAR</b>													
MEDICINE	159	177	210	187	185	183	205	204	210	179			<b>1899</b>
HOSPITAL	238	284	323	304	192	286	333	308	307	272			<b>2847</b>
PERCENTAGE	<b>67%</b>	<b>62%</b>	<b>65%</b>	<b>62%</b>	<b>63%</b>	<b>64%</b>	<b>62%</b>	<b>66%</b>	<b>68%</b>	<b>66%</b>			<b>65%</b>
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77	122	123	123	117	114	123	130	99	120			<b>1148</b>
HOSPITAL	77	122	123	123	117	114	123	130	99	120			<b>1148</b>
PERCENTAGE	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>			<b>100%</b>
<b>REGULAR</b>													
MEDICINE	126	131	179	158	152	150	178	157	168	152			<b>1551</b>
HOSPITAL	199	230	289	270	257	250	298	263	257	245			<b>2558</b>
PERCENTAGE	<b>63%</b>	<b>57%</b>	<b>60%</b>	<b>59%</b>	<b>59%</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	<b>65%</b>	<b>62%</b>			<b>66%</b>
<b>PROCEDURES</b>													
HEMODIALYSIS	178	97	156	131	152	102	75	141	261	128			<b>1682</b>
EGD'S	13	25	19	24	18	12	12	9	15	19			<b>166</b>
PEG'S	8	4	5	4	10	4	2	9	3	5			<b>54</b>
COLONOSCOPY	25	30	36	34	28	15	26	23	25	34			<b>276</b>
ERCP	0	0	0	0	0	0	0	0	0	0			<b>0</b>
BRONCHOSCOPY	1	1	0	0	0	0	1	1	0	0			<b>4</b>
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0			<b>0</b>
Cases Reviewed	0	0	0	0	0	0	0	0	0	0			<b>0</b>
Cases Closed	0	0	0	0	0	0	0	0	0	0			<b>0</b>

Department of Medicine met on September 14, 2022.

The next meeting is December 7, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine





**LABORATORY PRODUCTIVITY RESULTS** - We developed performance indicators we use to improve quality and productivity.

**TURNAROUND TIME** - Turnaround time is a critical factor that directly influences customer satisfaction.

**CUSTOMER SATISFACTION** - The key to business is providing great customer service, superior quality, and creating a unique customer experience.

**COMPLAINTS** - Complaints are an important metric for evaluating the quality of our laboratory processes.

**EQUIPMENT DOWNTIME** - It is important that laboratories track, monitor, and evaluate equipment failure rates and down time.

Donald Karcher, M.D.

Chairman, Pathology Department



Shanique Cartwright, M.D., Chairwoman

## OCTOBER 2022

UMC Behavioral Health Unit October 2022 Board Report											
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
<b>Admissions</b>											
ALOS (Target <7 Days)	4.34	4.71	4.44	4.56	4.51	4.02	4.55	4.82	4.6	4.89	
Voluntary Admissions	36	35	38	37	29	36	43	35	35	36	
Involuntary Admissions = FD12	43	72	75	80	76	68	84	69	62	58	
<b>Total Admissions</b>	<b>79</b>	<b>107</b>	<b>113</b>	<b>117</b>	<b>105</b>	<b>104</b>	<b>127</b>	<b>104</b>	<b>97</b>	<b>94</b>	
<b>Average Daily Census</b>											
Average Daily Census	12	17	18	17	16	16	19	18	18	17	
<b>Other Measures</b>											
Average Throughput (Target: <2 hrs)	3	5	5	5	5	6.5	3.7	4.1	4.9	4.3	
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	1	0	0	2	0	
# Psych Consultations	74	43	*6	60	98	105	106	127	98	101	
<b>Psychosocial Assessments (Target: 80%)</b>											
Psychosocial Assessments (Target: 80%)	68%	72%	81%	67%	59%	62%	62%	52%	59%	49%	
<b>Discharge</b>											
Discharges	76	100	120	116	106	103	122	107	92	96	

\*IT provided a new metric and the figure. \*\* IT to provide the metric figure

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



Riad Charafeddine, M.D., Chairman

## October 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	55		677		95		827	
Fluoro	9		0		47		56	
Mammography					176		176	
Magnetic Resonance Angio	4		0		0		4	
Magnetic Resonance Imaging	18		6		25		49	
Nuclear Medicine	7		0		4		11	
Special Procedures	0		0		1		1	
Ultrasound	62		215		151		428	
X-ray	111		1050		413		1574	
Echo	43		0		26		69	
CNMC CT Scan			46				46	
CNMC X-ray			608				608	
Grand Total	309	0	2602	0	938	0	3849	0

### **Quality Initiatives, Outcomes:**

#### **1. Core Measures Performance**

- 100% extracranial carotid reporting using NASCET criteria
- 100% fluoroscopic time reporting
- 100% presence or absence hemorrhage, infarct, mass.
- 100% REPORTING <10% BI RADS

#### **2. Morbidity and Mortality Reviews:** There were no departmental deaths.

#### **3. Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** No code.

#### **4. Evidence-Based Practice (Protocols/Guidelines):**

- Staff attention and PPE procedures for COVID -19 is regular, in line with DC Government recommendations.
- Radiology protocols are being reviewed and optimized to reduce the need for repeat procedures if patients are transferred to other facilities.

### **Services:**

MRI: uMR 570 United 1.5T superconducting magnet coverage encompassing 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.

Riad Charafeddine, M.D.  
Chairman, Department of Radiology



UMC

UNITED  
MEDICAL CENTER

---

**General Board Meeting**

**Date: November 17, 2022**

---

**Nursing  
Department  
Report**

*Presented by:*  
Teka Henderson,  
Director of  
Nursing

# United Medical Center Nursing Board Report October 2022

## Overall State of Nursing Department

### Staffing:

We continue to work on staffing globally throughout the hospital. We employed a new ED social worker on October 3rd. We on boarded a patient sitter on October 12<sup>th</sup>. The Director of Education and an ED transporter commenced on October 31st. We look forward to onboarding 2 new monitor technicians next month and an evening ED transporter. We are always concerned about the welfare and safety of our staff. We recognized October as Breast Cancer awareness month and Domestic Violence Awareness month. Staff were reminded of the importance of self-checks, routine mammograms and the use of Employee Assistance Programs (EAP) if needed by contacting Human Resources directly.

### Performance Improvement:

Preventing and eliminating HAPI(s) is our goal. There were 2 HAPI's for the month of October. Leadership continues to educate 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. Electrical upgrades were completed and successful on the 3<sup>rd</sup> floor on October 20th to prepare for our increasing volume in ICU. Re-education on medication titration using the EMR template. Offloading CPEP ambulance patients in a timely manner. We have begun the process for implementing education and training for the return of the Ebola Outbreak. We are working closely with IT for the implementation of the Continuity of Care (CCD) document to improve communication between health care providers. We continue to prepare daily for our upcoming DC Health Annual Survey.

### ICU

There was a total of 45 admissions for the month of October with an average daily census of 8. Education concentrated on hypoglycemia protocols per Physician order, pain reassessment according to the route of medication administered, capping of central lines and IV tubing with alcohol caps when not in use. Timely wasting of narcotics with witnesses and proper disposal of fentanyl patches in the cactus waste disposal dispenser. Daily weights and hourly intake and output is crucial in the management of care.

## Emergency Department:

Recruitment is ongoing for management and staff positions. Education continues and emphasis is on maintaining compliance and preparing for our annual DC Health accreditation survey daily to impress upon the importance of documentation, wearing proper PPE, providing good hand hygiene and quality care to all of our customers.

ED Metrics Empower Data	Jun	Jul	Aug	Sep	Oct
Visits	3227	3252	3193	3091	3110
Change from Prior Year (Visits)	3431	3554	3408	3216	2983
% Growth	-6.32	-9.29	-6.73	-4.04	4.08
LWBS	15.5%	16.5%	14.3%	14.1%	13.5%
Ambulance Arrivals	816	889	865	800	851
Ambulance Admissions	272	282	283	252	271
Ambulance Patients Admission Conversion	0.25	0.27	0.27	0.32	0.32
% of ED patients arrived by Ambulance	0.25	0.27	0.27	0.26	0.27
% of ED Ambulance Patients Admitted	0.33	0.32	0.33	0.32	0.32
Triage Time			31	27	30
Physician Time			110	114	118
Disposition Time			289	262	270

## Occupational Health:

PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCES	POSITIVES	Fit Test	Flu Vacc	Covid Booster	Others	Totals	MONTH/YEAR.
12	34	99	8	12	46	172	8	24	415	October 2022

Occupational Health is offering flu vaccinations and Covid boosters to all employees.

## Behavioral Health:

The in-patient Behavioral Health Unit continues with increased leadership rounding. There were a total of 94 admissions for the month of October with an average daily census of 17 and an average length of stay of 4.89 days. Education centered around restraints, seclusion, wound care, development and documentation of treatment plans, CPI and psychiatric technician education of the symptoms of different psychiatric diagnosis. . Performance improvement initiatives focused on appropriate documentation off patient property and reconciliation from the emergency department.

Performance improvement audits continued on restraints, seclusion and pain. . Leadership continues to meet biweekly with the Axis contracted group for collaboration and continuity of care.

Respectfully submitted,

Teka Henderson, MSN, RN  
Director of Nursing



UMC

UNITED  
MEDICAL CENTER

---

**General Board Meeting**

**Date: November 17, 2022**

---

## **Executive Management Report**

*Presented by:*

Dr. Jacqueline Payne-  
Borden, Interim Chief  
Executive Officer



## Executive Leadership Board Report October 2022

The Executive Leadership team successfully completed the first 90 days this month. During the monthly hospital wide mandatory Management Council meeting the VPs presented their accomplishments and challenges and each closed their presentation by stating what motivates them to keep going. Presentations were well received by participants. We continue to support and empower each other to carry out our specialized roles and responsibilities.

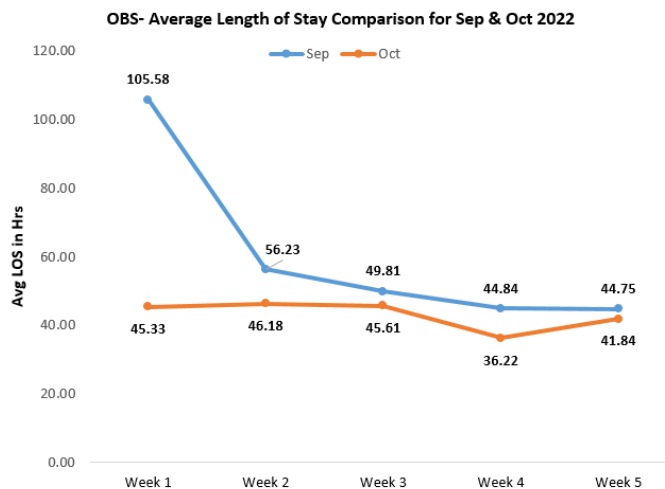
The following are some highlights:

Compliance Officer candidates were interviewed and preferred candidate identified. Human Resource process in progress. Looking forward to welcoming a new team member in the very near future.

The installation of the updated circuit breaker for the 3<sup>rd</sup> floor was accomplished without incident. A yet to be determined date to relocate the ICU from 5<sup>th</sup> to 3<sup>rd</sup> floor is dependent on factors such as increased staff and ideally when there are limited patients on ventilators. Collaboration will continue with internal stakeholders until relocation is safely accomplished. Prior to the relocation, DC Health will be informed and all protocol will be adhered.

The multidisciplinary Observation Leadership Team established to help improve length of stay and decrease patients in observation status has been working diligently. The team meets daily to coordinate and improve discharge planning efforts and/or more timely conversion of observation patients to inpatient status. Below are comparison data since the team was established in early September.

	Sep	Oct
<b>Week 1</b>	105.58	45.33
<b>Week 2</b>	56.23	46.18
<b>Week 3</b>	49.81	45.61
<b>Week 4</b>	44.84	36.22
<b>Week 5</b>	44.75	41.84







In regards to Information Technology (IT), all systems and regulatory updates for applications were completed. No other security risks/attacks for the month of October.

UMC is live with Syndromic Surveillance. Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events by tracking symptoms of patients, before a diagnosis is confirmed and respond to events of public health concern. This data interfaces with public health registry which meets promoting interoperability requirements. Kudos to our IT Team; they were complimented by Office of the Chief Technology Officer (OCTO) for achieving smooth and successful Go-Live for one of the most complicated interfaces. UMC-IT was also referred by OCTO to be a resource for other hospitals in the area as UMC possessed clear understanding of the technology and regulatory requirements. Congrats to Vineela Yannamreddy, CIO for leading a dynamic team.

Infection Control/Prevention Department, in conjunction with Occupational Health began the annual Influenza Immunization Campaign/Administration in mid-October. This is a mandatory requirement for employees. At present approximately 35% staff have received the flu vaccine. Deadline for compliance per policy, is prior to December 31st.

Facilities team continues to ensure the hospital infrastructure/s operate at optimum levels. The boiler and elevator enhancement projects are in progress with projected completion in November.

Security team received compliments from Dr. Nickerson, Medical Director, Children's National Medical Center, SE, for the excellent communication surrounding the incident of a shooting in the parking lot mid- October. Quote; *"Our security lead and our entire security team were thankful to be rapidly notified with clear information. I wanted to make sure you knew what a great job they did and how thankful we are!"* A special thank you and recognition to our Officer McCloud for his quick thinking and leading the team in real time. VP Derrick Lockhart has provided great leadership and mentoring to his team as was evident during this incident.

### Community Partnerships

Partnerships continue with Trinity, Prince George's Community College, Washington Adventist University for nursing clinical. The University of the District of Columbia Patient Care Technician students will begin clinical rotation in January 2023. Trinity University modified their clinical affiliation agreement to include Occupational Health Students for the first time.

Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network.



This writer along with other DC hospital CEOs attended and actively participated in the District of Columbia Hospital Association (DCHA) day and a half, Strategic Planning Retreat in Leesburg, Virginia. This was a very informative and rewarding retreat.

Respectfully submitted,

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



NOT-FOR-PROFIT HOSPITAL CORPORATION

## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** November 11, 2022

### **PUBLIC RELATIONS**

**Public Relations** – UMC had a great month of October. UMC has reignited our relationship with UDC Community College who tabled at the hospital on October 4<sup>th</sup> to share information about their medical certification and licensure courses. We continued our partnership with MedStar Family Choice MCO and held our third Wellness Day event providing mammograms to MedStar enrollees.

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of October, the newsletter included information for Breast Cancer and Domestic Violence Awareness Month. If you have news or resources you would like to share, please send it to Toya Carmichael – [tcarmichael@united-medicalcenter.com](mailto:tcarmichael@united-medicalcenter.com) by the first Wednesday of the month.

**News Media**– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC did not appear in any news article in the month of October.



Not For Profit Hospital Corporation  
United Medical Center

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

**DRAFT**



## Table of Contents

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



# Gap Measures Tracking

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

	FY 2022 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	
Net Loss from Operations Before District Subsidy				(\$19,755,000)
District Subsidy				\$22,000,000
Adjusted Net Gain from Operations				\$2,245,000
<b>Add: Initiatives to be Realized</b>				
Mazar Initiatives	\$8,500,000	(\$6,413,000)	\$2,087,000	\$0
2021 Mazar Unrealized Initiatives	\$600,000	(\$600,000)	\$0	\$0
Additional Hospital Realized Savings			\$2,000,000	\$0
GWUMFA Professional Fees Collection	\$7,200,000	(\$2,268,554)	\$4,931,446	\$0
Subtotal	\$16,300,000	(\$9,281,554)	\$9,018,446	\$0
Projected Net Income (Loss) from Operations				\$2,245,000
Original Projected Income				\$421,000
Difference from Original Projected Income				\$1,824,000



# Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 7% (\$8.1M) in FY22 as a result of additional \$7M subsidy from the District received in FY22.**
- ❖ **Net patient revenue is below budget by 15% (\$12M) in FY22, due to various issues as stated below.**
  - ❖ **Admissions are lower than budget by 22% in FY22.**
  - ❖ **ER Visits are lower than budget by 3% in FY22.**
  - ❖ **Patient days are lower than budget by 18% in FY22**
  - ❖ **Total Surgeries are lower than budget by 9% in FY22.**
- ❖ **GWMFA collections are lower than budget by 35% (\$2.5M) in FY22.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 5% (\$6.3M) in FY22, due to a combination of various issues as stated below.**
  - ❖ **Salaries were below budget in FY22 by 6% (\$2.8M). Although salaries were below budget Overtime is above budget by \$2.5M for FY22.**
  - ❖ **Employee benefits are higher than budget by 4% (\$481K) in FY22.**
  - ❖ **Contract labor is above budget for FY22 by 93% (\$4.6M) attributed to staffing vacancies.**
  - ❖ **Supplies are above budget by 36% (\$2.7M) in FY22 as the result of year end inventory adjustment of \$2M due to inappropriate purchased PPE.**
  - ❖ **Purchased services are higher than budget by 7% (\$1M) in FY22 as the result of various unbudgeted legal expenses.**
  - ❖ **Other expenses are above budget by 7% (\$987K) in FY22 due to various unbudgeted expenses.**



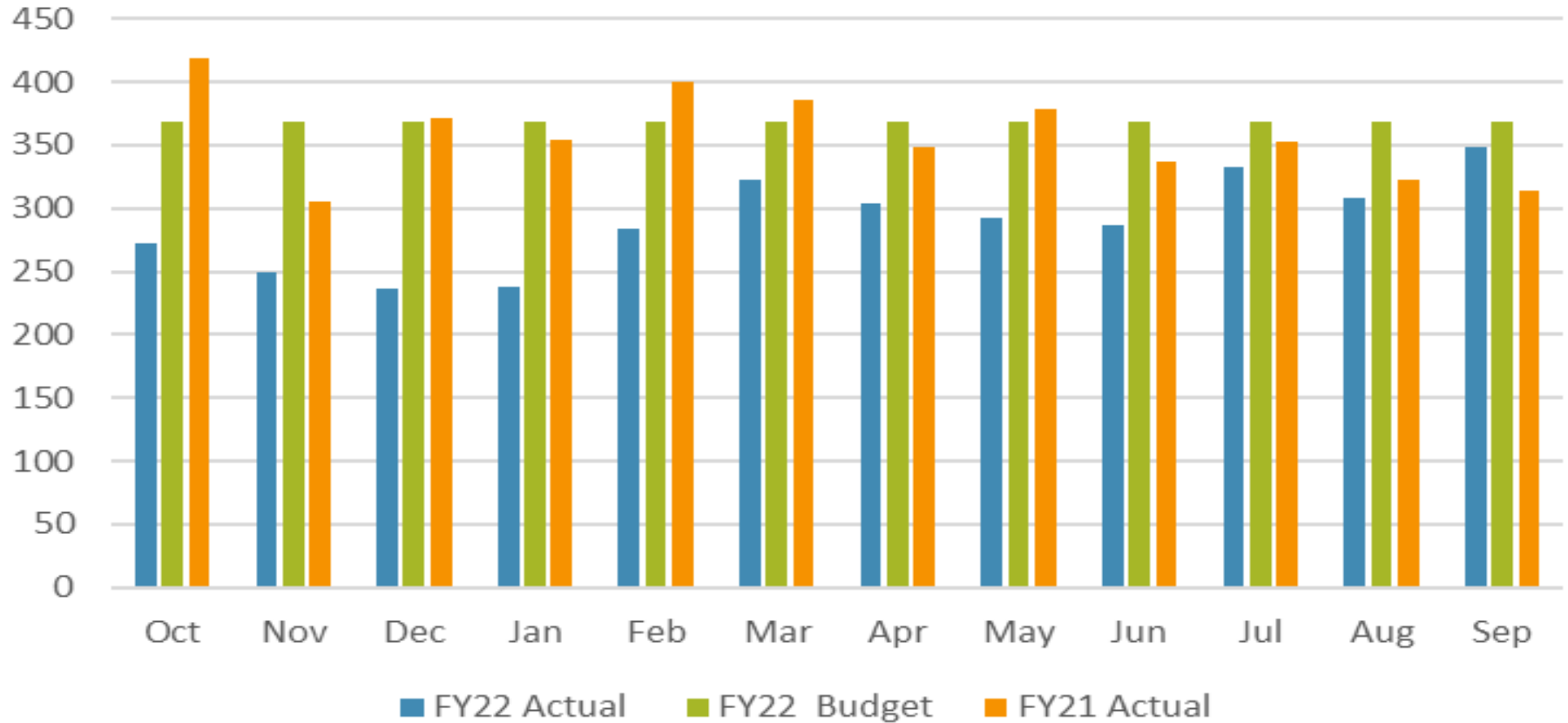
# Key Indicators

Fiscal Year 2022 thru 09/30/22

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY21	Actual Trend	Desired Trend
<b>VOLUME INDICATORS:</b>						
Admissions (Consolidated)	Actual Admissions	348	369	314	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	117	145	151	▼	▲
Emergency Room Visits	Actual Visits	3,106	3,043	3,194	▲	▲
<b>PRODUCTIVITY &amp; EFFICIENCY INDICATORS:</b>						
Number of FTEs	Total Hours Paid/Total Hours	592	624	593	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.08	1.00	1.13	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	58%	55%	50%	▲	▼
<b>PROFITABILITY &amp; LIQUIDITY INDICATORS:</b>						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	42	85	49	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	92%	92%	121%	=	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	104	45	86	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	1.7%	1.0%	0.8%	▼	▲



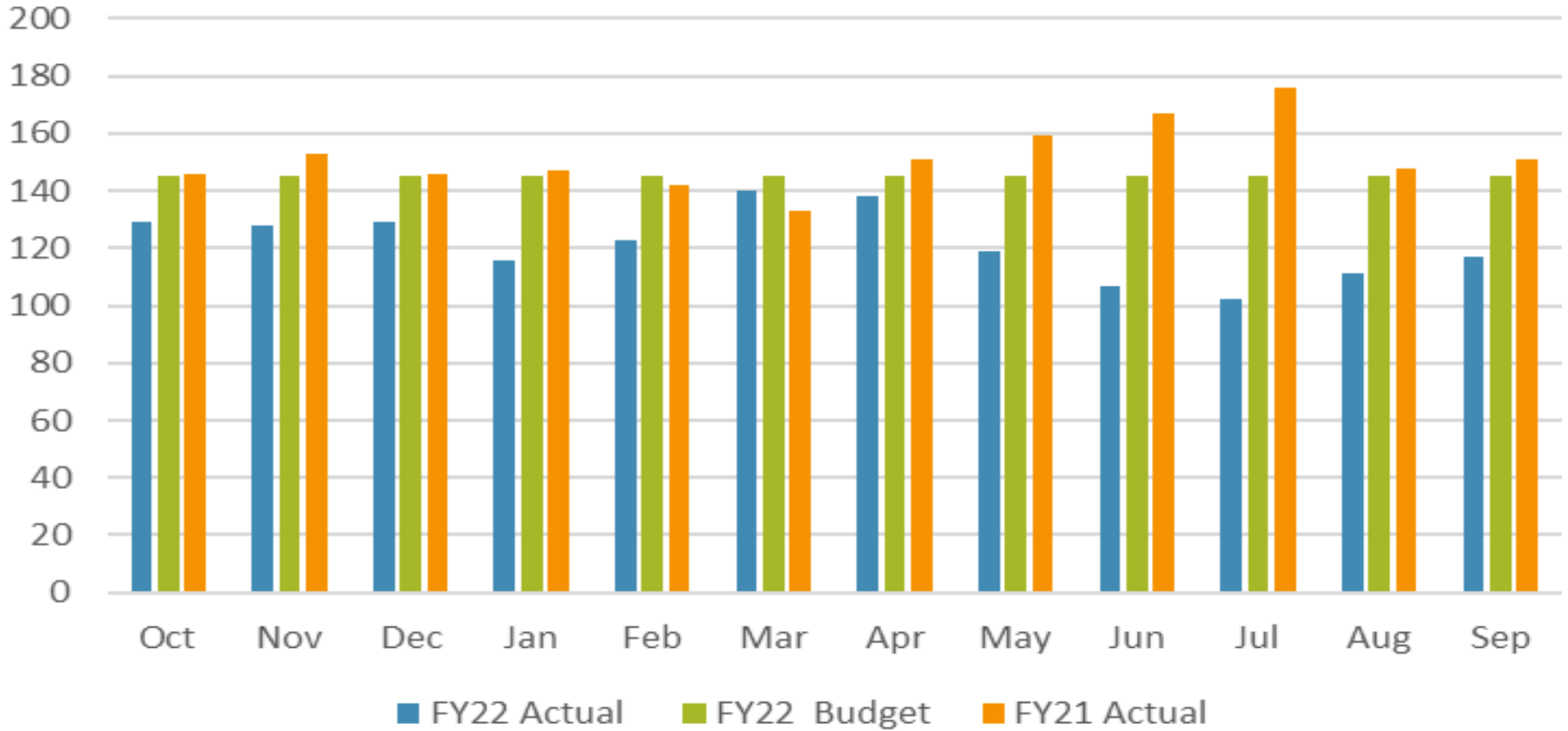
# Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	272	249	236	238	284	323	304	292	286	333	308	348
FY22 Budget	369	369	369	369	369	369	369	369	369	369	369	369
FY21 Actual	419	306	372	354	400	385	348	378	337	353	323	314



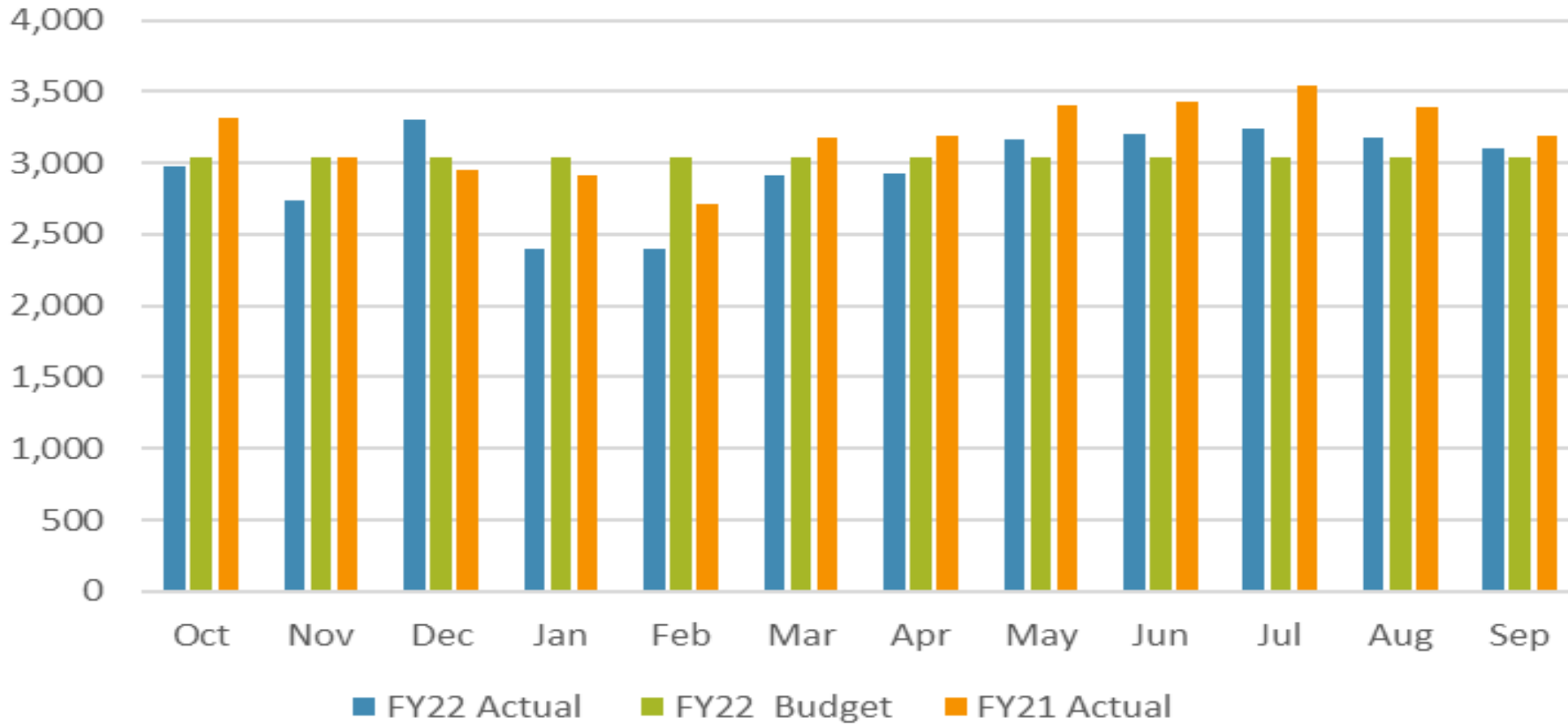
# Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	129	128	129	116	123	140	138	119	107	102	111	117
FY22 Budget	145	145	145	145	145	145	145	145	145	145	145	145
FY21 Actual	146	153	146	147	142	133	151	159	167	176	148	151



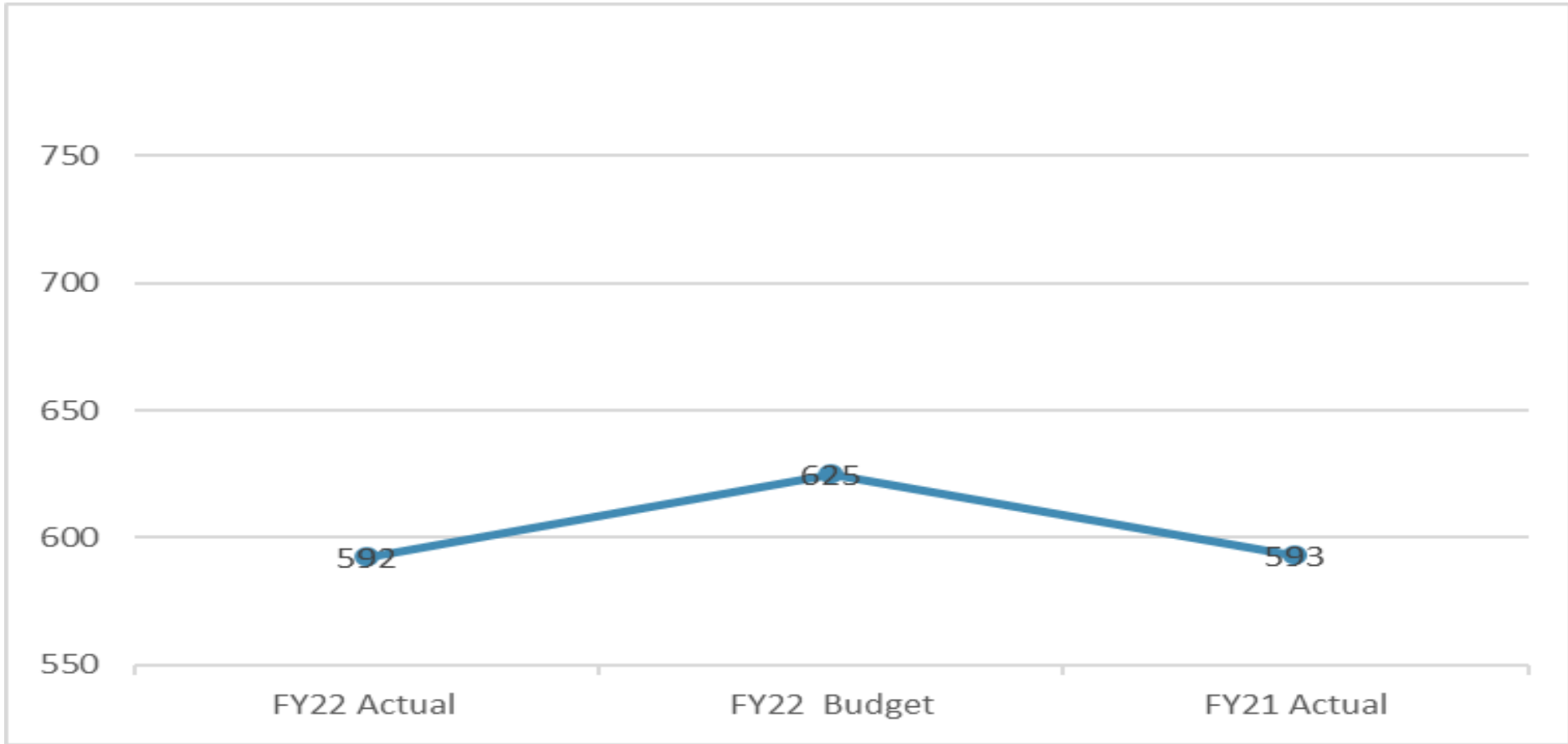
# Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916	2,924	3,161	3,202	3,238	3,180	3,106
FY22 Budget	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043
FY21 Actual	3,313	3,037	2,947	2,909	2,716	3,184	3,192	3,399	3,428	3,536	3,396	3,194



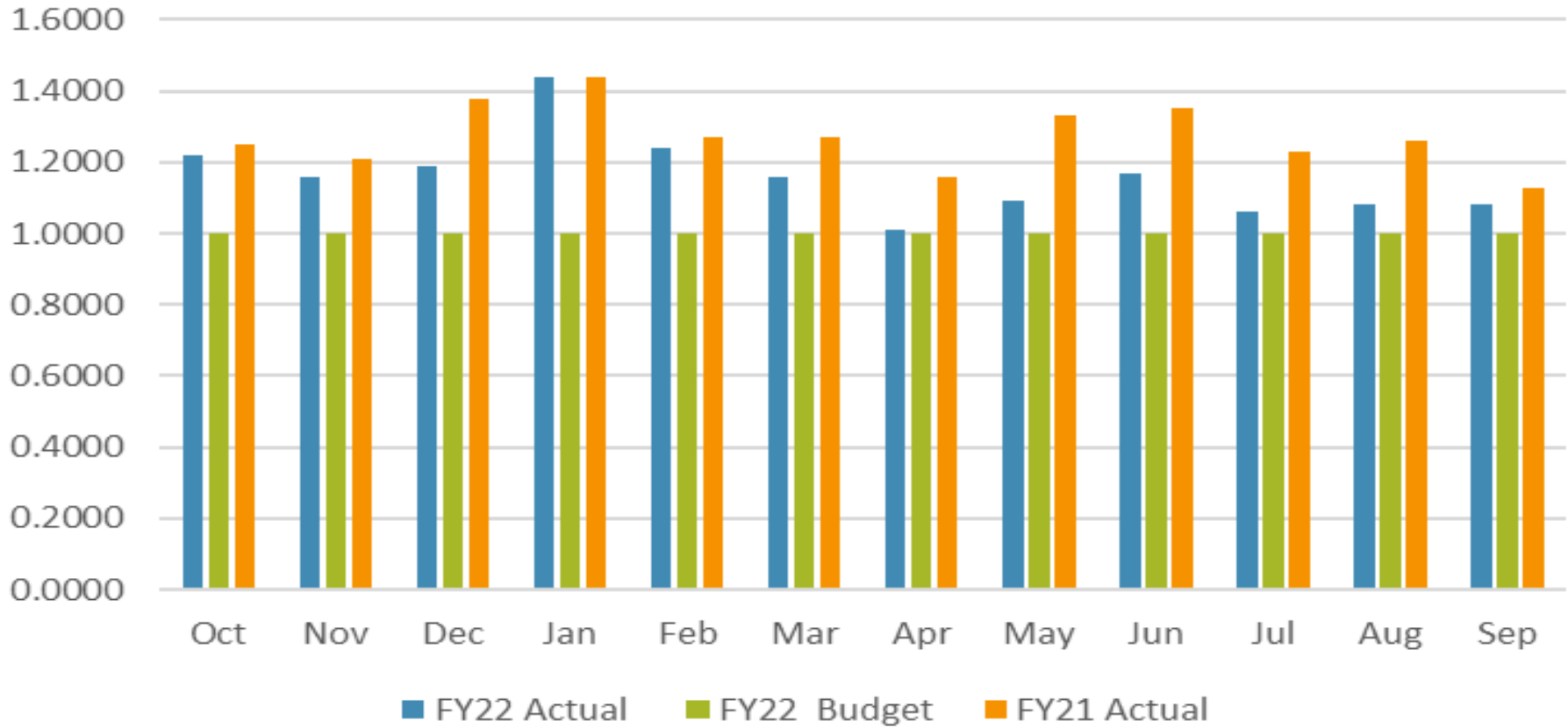
# Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	590	575	580	574	569	551	559	557	564	561	564	592
FY22 Budget	624	624	624	624	624	624	624	624	624	624	624	624
FY21 Actual	764	771	766	725	724	704	687	665	637	626	612	593



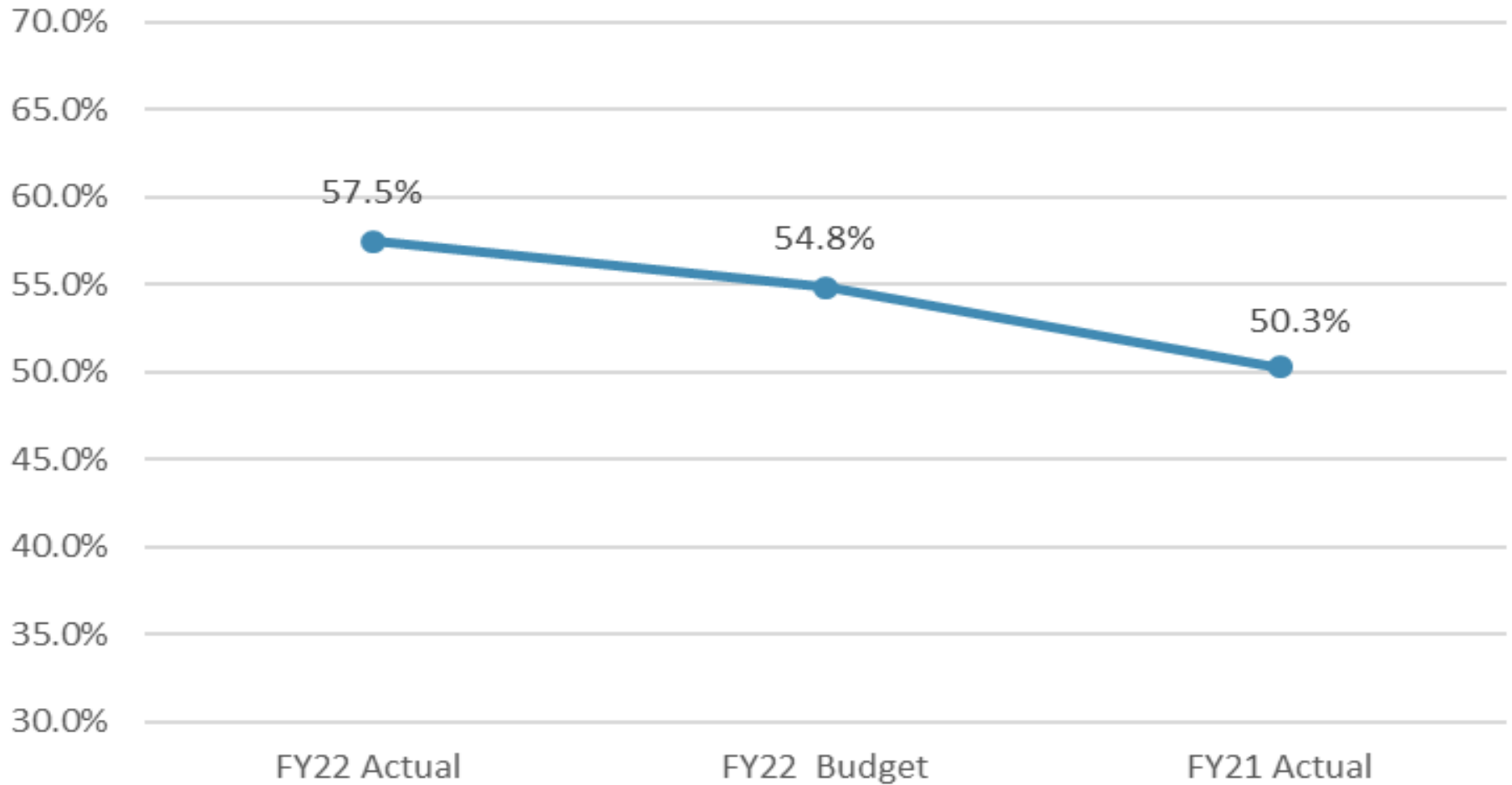
# Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100	1.0900	1.1700	1.0600	1.0800	1.0800
FY22 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
FY21 Actual	1.2500	1.2100	1.3800	1.4400	1.2700	1.2700	1.1600	1.3300	1.3500	1.2300	1.2600	1.1300



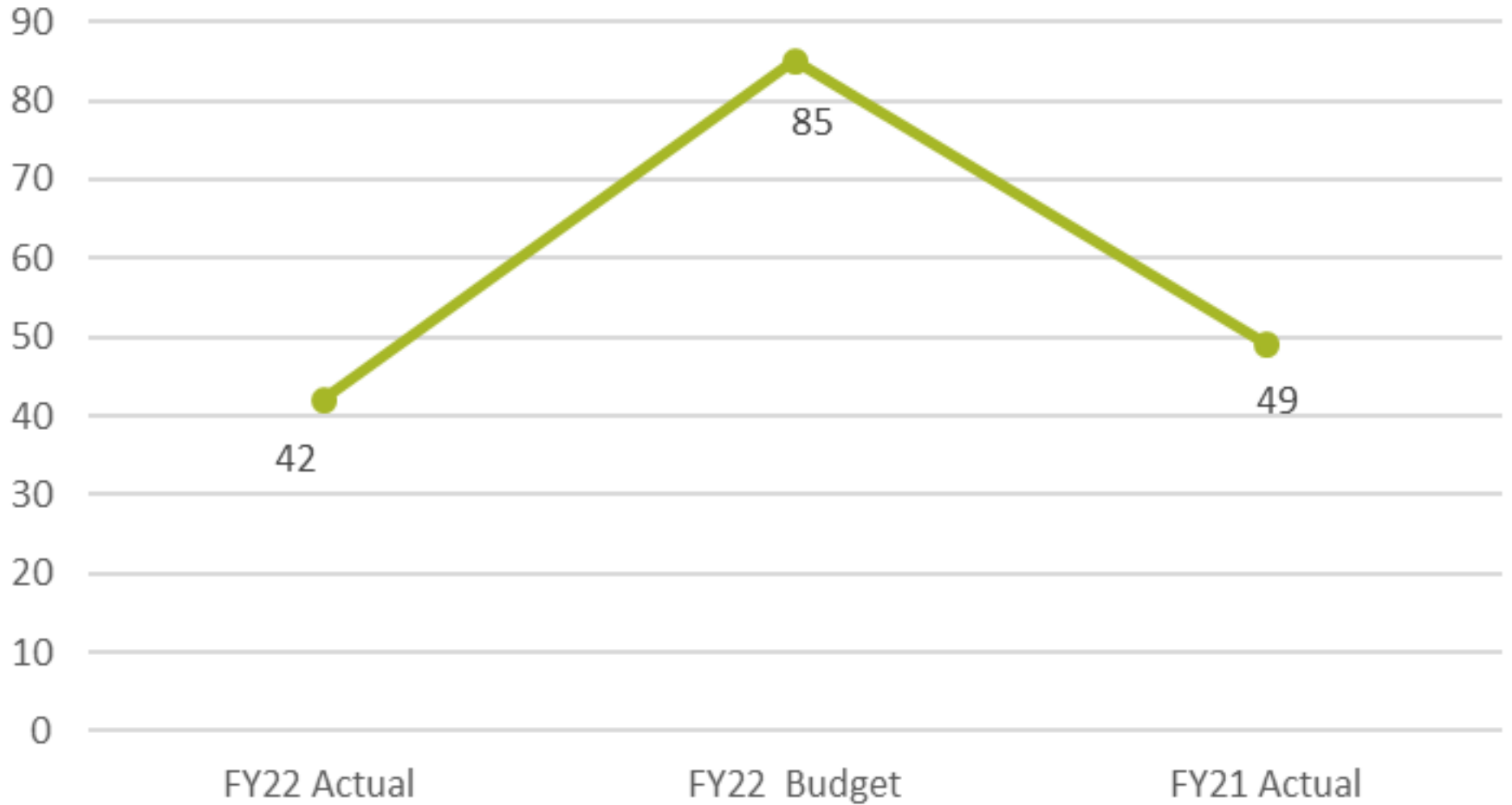
# Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





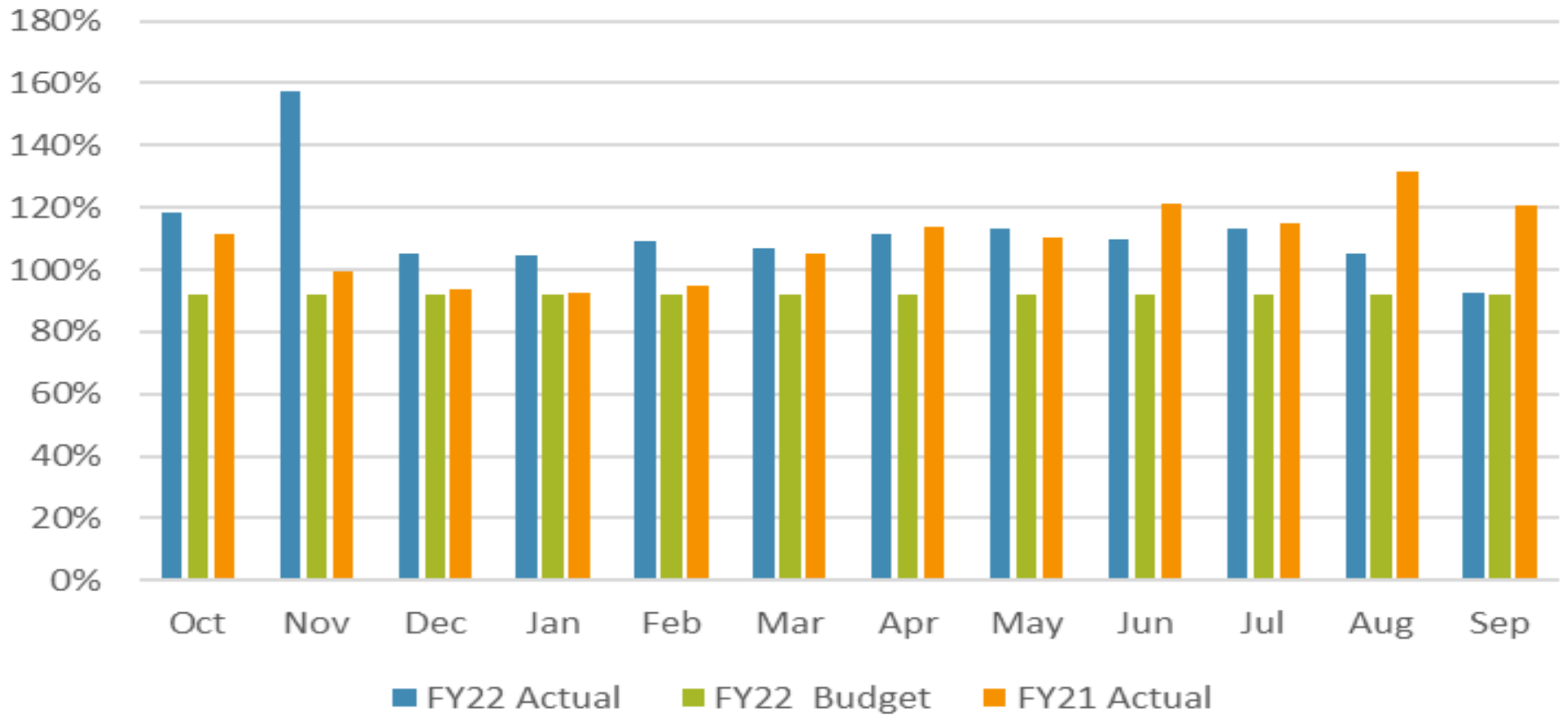
UNITED  
MEDICAL CENTER

# Net Accounts Receivable (AR) Days With Unbilled





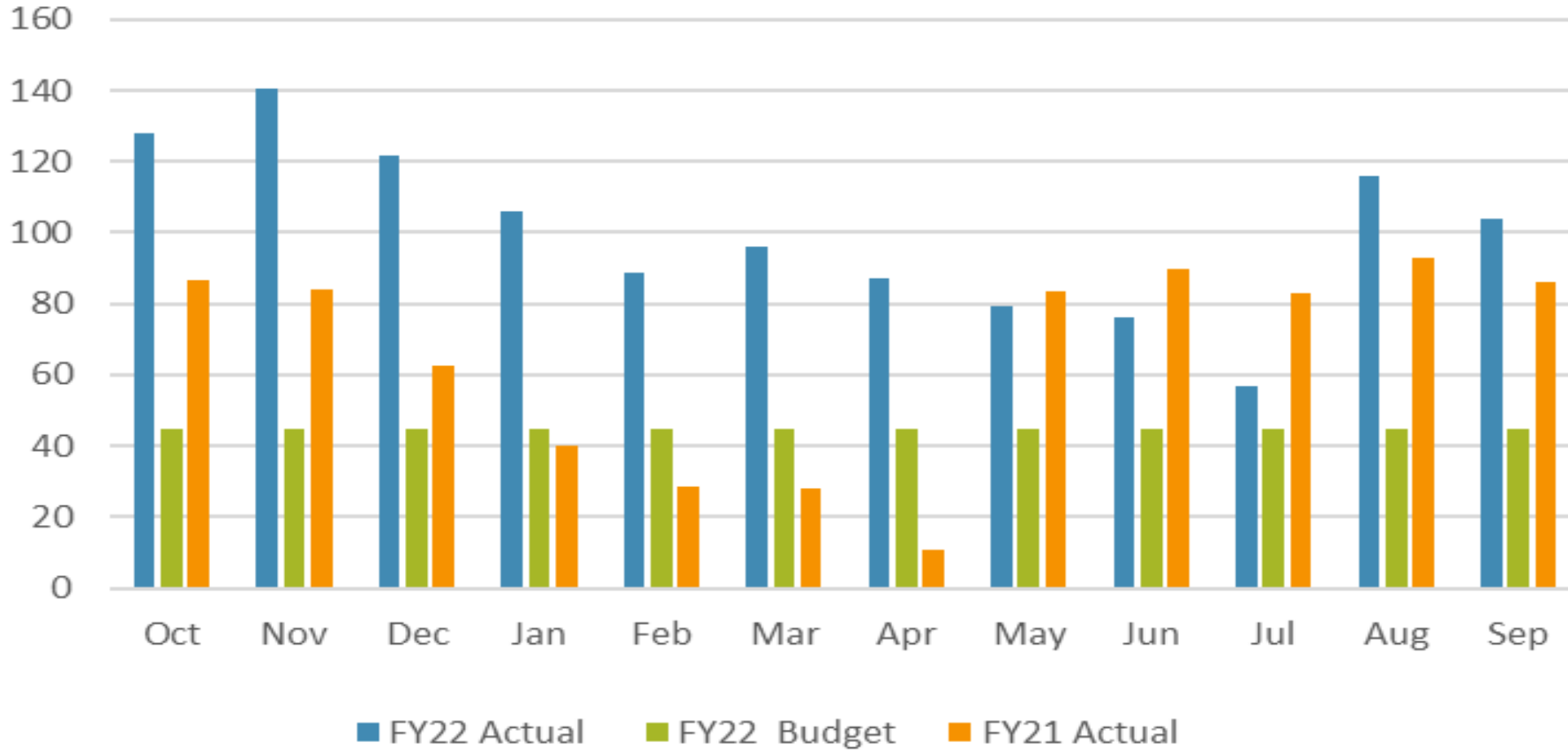
# Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	119%	158%	105%	105%	109%	107%	111%	113%	110%	104%	105%	92%
FY22 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
FY21 Actual	111%	99%	93%	92%	95%	105%	113%	110%	121%	115%	132%	121%



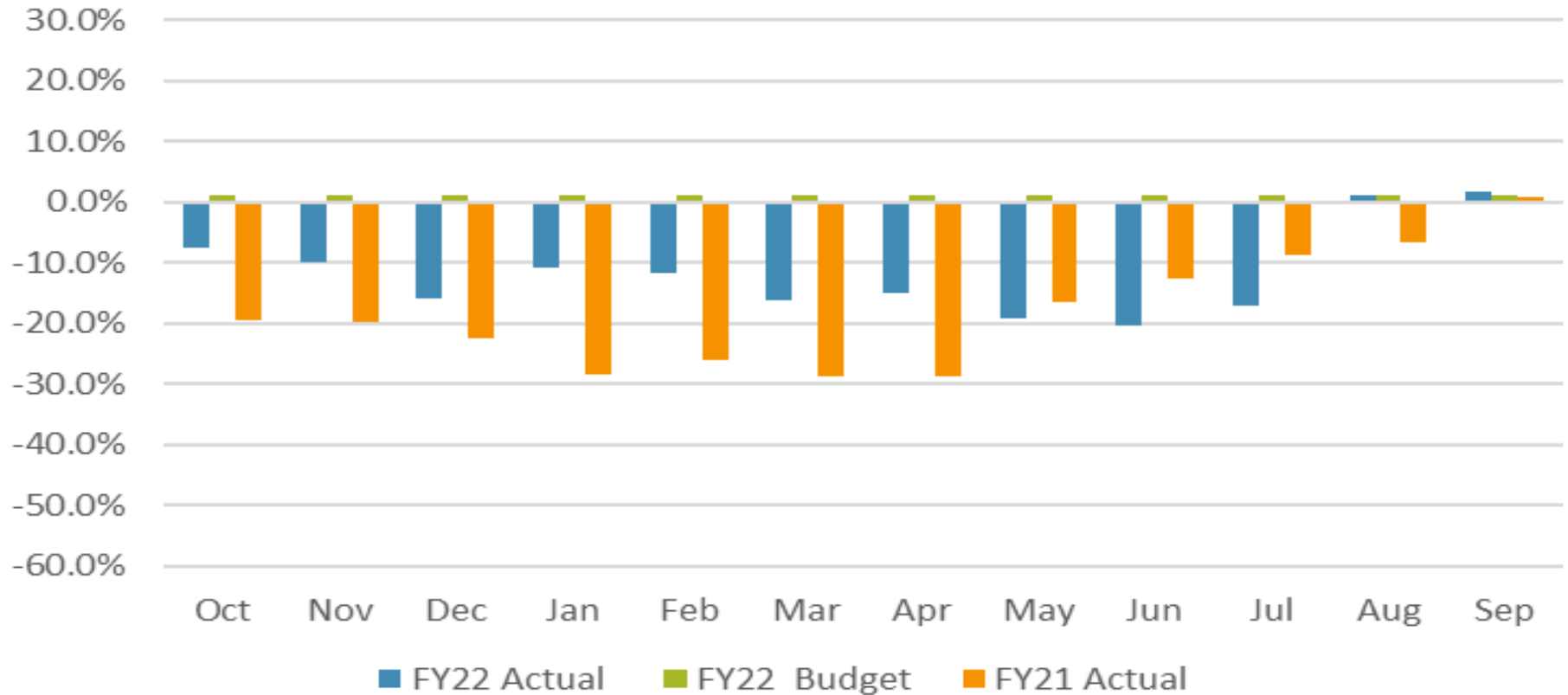
# Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	132	141	122	106	88	95	87	81	76	57	116	104
FY22 Budget	45	45	45	45	45	45	45	45	45	45	45	45
FY21 Actual	86	84	63	40	28	28	11	84	90	83	93	86



# Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY22 Actual	-5.6%	-9.8%	-15.4%	-10.8%	-11.7%	-13.4%	-14.9%	-16.3%	-20.5%	-17.1%	1.0%	1.7%
FY22 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
FY21 Actual	-19.4%	-19.7%	-22.5%	-28.5%	-26.2%	-28.7%	-28.7%	-16.3%	-12.5%	-8.6%	-6.7%	0.8%



# Income Statement

## FY22 Operating Period Ending September 30, 2022

	Month of September			Variance				2022 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
<b>Statistics</b>														
Admission	348	369	314	(21)	-6%	34	11%	3,473	4,430	4,289	(957)	-22%	(816)	-19%
Patient Days	2,151	2,236	1,979	(85)	-4%	172	9%	22,029	26,834	26,313	(4,805)	-18%	(4,284)	-16%
Emergency Room Visits	3,106	3,043	3,194	63	2%	(88)	-3%	35,543	36,511	38,251	(968)	-3%	(2,708)	-7%
Clinic Visits	1,037	1,089	1,207	(52)	-5%	(170)	-14%	13,186	13,064	19,702	122	1%	(6,516)	-33%
IP Surgeries	47	67	61	(20)	-30%	(14)	-23%	492	809	709	(317)	-39%	(217)	-31%
OP Surgeries	70	78	90	(8)	-10%	(20)	-22%	967	936	1,110	31	3%	(143)	-13%
Radiology Visits	982	763	880	219	29%	102	12%	10,301	9,152	8,269	1,149	13%	2,032	25%
<b>Revenues</b>														
Net Patient Service	8,357	6,665	5,002	1,692	25%	3,355	67%	67,805	79,979	68,007	(12,173)	-15%	(202)	0%
DSH	2,161	1,658	1,830	503	30%	331	18%	31,844	19,900	15,954	11,944	60%	15,890	100%
CNMC Revenue	150	151	160	(1)	0%	(10)	-6%	2,016	1,807	1,898	208	12%	118	6%
Other Revenue	2,348	1,824	6,975	524	29%	(4,627)	-66%	30,018	21,888	51,803	8,130	37%	(21,785)	-42%
<b>Total Operating Revenue</b>	<b>13,016</b>	<b>10,298</b>	<b>13,967</b>	<b>2,718</b>	<b>26%</b>	<b>-951</b>	<b>-7%</b>	<b>131,683</b>	<b>123,574</b>	<b>137,663</b>	<b>8,109</b>	<b>7%</b>	<b>(5,980)</b>	<b>-4%</b>
<b>Expenses</b>														
Salaries and Wages	3,647	3,918	3,685	(271)	-7%	(38)	-1%	44,170	47,011	50,835	(2,842)	-6%	(6,665)	-13%
Employee Benefits	1,029	1,033	956	(5)	0%	72	8%	12,879	12,398	13,312	481	4%	(434)	-3%
Contract Labor	823	417	262	406	97%	561	214%	9,641	5,000	4,727	4,641	93%	4,914	104%
Supplies	2,625	637	926	1,988	312%	1,699	183%	10,367	7,646	11,347	2,722	36%	(979)	-9%
Pharmaceuticals	178	218	301	(40)	-19%	(123)	-41%	2,145	2,620	2,921	(475)	-18%	(775)	-27%
Professional Fees	1,505	1,685	1,728	(180)	-11%	(223)	-13%	19,924	20,218	20,911	(295)	-1%	(987)	-5%
Purchased Services	1,566	1,234	1,473	332	27%	94	6%	15,873	14,807	18,666	1,067	7%	(2,792)	-15%
Other	840	1,121	1,128	(281)	-25%	(288)	-26%	14,439	13,452	13,861	987	7%	578	4%
<b>Total Operating Expenses</b>	<b>12,213</b>	<b>10,263</b>	<b>10,459</b>	<b>1,950</b>	<b>19%</b>	<b>1,754</b>	<b>17%</b>	<b>129,438</b>	<b>123,152</b>	<b>136,579</b>	<b>6,286</b>	<b>5%</b>	<b>-7,141</b>	<b>-5%</b>
<b>Operating Gain/ (Loss)</b>	<b>803</b>	<b>35</b>	<b>3,508</b>	<b>768</b>	<b>2188%</b>	<b>(2,705)</b>	<b>-77%</b>	<b>2,245</b>	<b>421</b>	<b>1,084</b>	<b>1,823</b>	<b>433%</b>	<b>1,161</b>	<b>107%</b>

# Balance Sheet

As of the month ending September 30, 2022

Sep-22	Aug-22	MTD Change		Sep-21	YTD Change
<b>Current Assets:</b>					
\$ 43,419	\$ 48,324	\$ (4,905)	Cash and equivalents	\$ 46,041	\$ (2,622)
6,841	4,328	2,514	Net accounts receivable	9,186	(2,345)
3,897	5,790	(1,894)	Inventories	6,045	(2,148)
2,027	3,468	(1,441)	Prepaid and other assets	2,809	(782)
56,185	61,911	(5,726)	Total current assets	\$ 64,081	\$ (7,896)
<b>Long-Term Assets:</b>					
-	-	-	Estimated third-party payor settlements	-	-
49,399	50,479	(1,080)	Capital Assets	62,296	(12,897)
49,399	50,479	(1,080)	Total long term assets	62,296	(12,897)
\$ 105,584	\$ 112,390	\$ (6,806)	Total assets	\$ 126,377	\$ (20,793)
<b>Current Liabilities:</b>					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
12,377	15,278	(2,901)	Trade payables	14,582	(2,205)
5,814	7,199	(1,385)	Accrued salaries and benefits	7,762	(1,948)
3,184	2,646	538	Other liabilities	4,300	(1,116)
21,374	25,123	(3,748)	Total current liabilities	26,644	(5,270)
<b>Long-Term Liabilities:</b>					
-	1,424	(1,424)	Unearned grant revenue	-	-
10,862	13,017	(2,155)	Estimated third-party payor settlements	18,762	(7,900)
5,908	5,270	-	Contingent & other liabilities	1,692	4,216
16,771	19,712	(2,941)	Total long term liabilities	20,454	(3,684)
<b>Net Position:</b>					
67,439	67,555	(116)	Unrestricted	79,278	(11,839)
67,439	67,555	(116)	Total net position	79,278	(11,839)
\$ 105,584	\$ 112,390	\$ (6,806)	Total liabilities and net position	\$ 126,377	\$ (20,792)



# Statement of Cash Flow

## As of the month ending September 30, 2022

*Dollars in Thousands*

Month of September				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
<b>Cash flows from operating activities:</b>					
\$ 5,849	\$ 11,265	Receipts from and on behalf of patients		\$ 88,281	\$ 89,542
(5,240)	(6,616)	Payments to suppliers and contractors		(68,089)	(74,649)
(6,060)	(4,653)	Payments to employees and fringe benefits		(58,996)	(59,965)
635	3,588	Other receipts and payments, net		22,388	882
<u>(4,816)</u>	<u>3,584</u>	Net cash provided by (used in) operating activities		<u>(16,416)</u>	<u>(44,189)</u>
<b>Cash flows from investing activities:</b>					
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		-	-
5	-	Receipts of interest		3	-
<u>5</u>	<u>-</u>	Net cash provided by (used in) investing activities		<u>3</u>	<u>-</u>
<b>Cash flows from noncapital financing activities:</b>					
-	-	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>
<b>Cash flows from capital and related financing activities:</b>					
-	-	Net cash provided by capital financing activities		-	-
3	(38)	Receipts (payments) from/(to) District of Columbia		24	5,493
(98)	(37)	Change in capital assets		(1,233)	(5,852)
(94)	(75)	Net cash (used in) capital and related financing activities		(1,209)	(359)
(4,905)	3,509	Net increase (decrease) in cash and cash equivalents		(2,622)	(4,548)
<b>48,324</b>	<b>45,345</b>	<b>Cash and equivalents, beginning of period</b>		<b>46,041</b>	<b>53,402</b>
<b>\$ 43,419</b>	<b>\$ 48,854</b>	<b>Cash and equivalents, end of period</b>		<b>\$ 43,419</b>	<b>\$ 48,854</b>
<b>Supplemental disclosures of cash flow information</b>					
		Cash paid during the year for interest expense			
		Equipment acquired through capital lease			
		Net book value of asset retirement costs			