



UMC

UNITED  
MEDICAL CENTER

**Monthly Board Meeting**

**Date:** October 26, 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, October 26, 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 - September 28, 2022**

**V. CONSENT AGENDA**

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

**VI. EXECUTIVE MANAGEMENT REPORT**

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

**VII. FINANCIAL REPORT**

- A. Lilian Chukwuma - Chief Financial Officer

**VIII. PUBLIC COMMENT**

**IX. OTHER BUSINESS**

- A. Old Business
- B. New Business

**X. ANNOUNCEMENTS**

**XI. ADJOURNMENT**

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



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**General Board  
Meeting Date:**

**October 26, 2022**

## **Reading and Approval of Minutes**

**Minutes Date:**

**September 28, 2022**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, September 28, 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, 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, Charles Brown

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:41 pm.  Quorum determined by Toya Carmichael.
<b>Approval of Agenda</b>	<p style="text-align: center;"><i>Mot to approve agenda by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
<b>Approval of Minutes</b>	<p style="text-align: center;"><i>Mot to approve minutes by Dr. Fair, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i></p>
	<b>CMO Report – Dr. Gregory Morrow</b> <ul style="list-style-type: none"> <li>• MEC has on boarded 4 new appointments, 15 reappointments, and 7 resignations. Current roster of MEC is 245 members. As of January 1, 2023 Medicare Part D and Medicare prescription plans are requiring that physicians</li> </ul>

are enrolled in the electronic system for controlled substance so we are working with IT on that.

- Under Quality/Patient Safety we are gearing up for DOH and JACO.
- Case Management, our main focus right now is to improve our throughput to the hospital.
- Infection control and prevention, there were no hospital acquired infections in the month of August. Our monkey pox data, we tested 10 patients and 6 were positive and we admitted 3 patients but we currently have no patients in the hospital with monkey pox.
- COVID infection rates are still at a high level for the month of August we had 31 positive admissions up from 21 in the month of July.
- On the employee side we showed some improvement with 17 for the month of August which is down from 23 for the month of July.
- We did have an outbreak which is noted in the report and was reported to DOH and they had no recommendations above what we instituted, we are back to regular operations in that regard.
- Our pharmacy spend was up for the month of August as compared to July and this was mostly due to an increase in usage of Rendezaver\* for the treatment of COVID 19.
- In the month of August clinical forma interventions saved \$23,000 so kudos to that department.
- Our Press Ganey scores continue to go up and down from month to month and we will continue to monitor those.

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

- Spent time meeting with most of the major department chairs to get an idea of their plans and challenges for the next year which match up with what Dr. Morrow spoke of. Met with Dr. Morrow a week ago and their thoughts were pretty much aligned. Our plan will allow us to get more patients into the hospital and would affect all the departments.
- Stepping forward to meet with some of the committee chairs to get an understanding of the internal workings and from the critical care and quality standpoint.

**Dir. Ashenafi asked for information related to actual wait times. Requested to see the actual wait times in next month’s reports. Noticed our left without seen rate continues to be high and is curious to know how we are tackling that issue.**

- Dr. O’Connell agreed the wait times are really high. They are higher on Mondays and Tuesdays are the next busiest day. It is related to throughput and in terms of metrics it would help to know what the time is, where it was and where it is going. Having worked in the ER for years there are several factors that impact that and he knows Nurse Henderson is tracking it but without question it is important to see that data.

- Dr. Morrow added that he is working with IT to pull the data so we will have that next month.

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

- Hired a new Director of Education, we know staffing is important and as we continue to look we know it will become more important during the winter as more people come to the hospital.
- Performance Improvement, excited to say there were zero HAPIs in the month of August and sometimes it is not reported or reflected how hard our staff work.
- Our volume is going up overall and we are having some really sick patients reporting to the hospital.
- Looking to expand beds in the ICU.
- Talked in the past about the Lucas device and we have had several training sessions already and will have more and it is important because the Lucas device not only assist with staffing and allows clinical staff to do other things in emergency situations, with the Lucas we have uninterrupted chest compressions and also restores blood flow to the heart and the brain.
- Have been seeing some really sick patients in the last few months, no changes in BHU but ICU is going up.
- We are currently partnered with four schools and we have nursing students who are spending some time here and we are hoping those students when they are finish come to work here.

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

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

- The month of August was super busy for us as the fiscal year draws to a close. Our executive team has been working really hard to look at contracts, POs, etc. But we are also looking at our service lines and maintaining standards of care and regulatory compliance.
- We are excited to welcome our new General Counsel, Charles Brown and we are excited to see him lead our existing legal team.
- We are ready to go live with our new HRIS software which will help us relive administrative burdens as we complete other work and will help us track job applications and pars and help with our annual evaluations.
- We are still not successful with getting a compliance officer and risk manager, we received some applications but they did not meet the mark of what we are looking for.

	<ul style="list-style-type: none"> <li>• IT department has been working tirelessly and all our clinical applications have been updated to the latest version to maintain regulatory compliance and adhere to security measures.</li> <li>• E prescription process is complete.</li> <li>• We also successfully updated our UMC disaster recovery system and were able to transfer files while maintaining files and confidentiality.</li> <li>• No security risks were identified by IT in the month of August.</li> <li>• In terms of facilities we have been doing some upgrades to our access control and camera placement.</li> <li>• Today we completed the replacement of our vacuum system and now it is up and running.</li> <li>• Congratulated Radiology department who completed their Nuclear Regulatory Survey.</li> <li>• UMC participated in an evening event for International Opioid Awareness event at THEARC. The Care Center led by Vernon Richardson was on site to provide HIV and COVID testing.</li> </ul> <p style="text-align: center;"><b><i>Mot to accept CMO and CNO report by Dir. Ashenafi, 2<sup>nd</sup> by Dr. Fair, unanimous vote.</i></b></p>
<p><b>Financial Report</b></p>	<p><b>CFO Report - Lillian Chukwuma</b></p> <ul style="list-style-type: none"> <li>• We finally made it to a positive place thanks to an additional subsidy of \$7million dollars from the District which brought our total subsidy to \$22 million.</li> <li>• The District subsidy exceeded our loss so now we are at \$1.3million positive.</li> <li>• We are hoping GW will be able to achieve more of their initiatives for the month of September that might bring it up.</li> <li>• The new executive team has been working very hard as Dr. Jacquie said and they have realized an additional \$2million dollars which is listed here as “Additional Hospital Realized Savings”. Every Thursday we meet for two hours to look at initiatives and things as a team to find savings. We don’t comprise care but making sure our costs are aligned.</li> <li>• DM Turnage is not here but we thank him for his work to get us DISH money, we received \$14.9 million.</li> <li>• Our activities are still in the lower end although ED is going up little by little YTD. We are happy for any increases but we are not pushing for any increases but to stabilize service and make sure our patients are seen. We are not looking for new services or ways to increase volume just making sure that when they come we are able to treat them.</li> <li>• Expenses are tracking where our activities are going. Nursing is the key, we will be spending almost \$10million in contract labor. As they talk about left</li> </ul>

	<p>without seen and increased volume we want to make sure we have enough nurses.</p> <ul style="list-style-type: none"> <li>• Salaries are under budget but OT is over budget.</li> <li>• We have other areas besides contract labor that is going at the speed it is going and may be more in FY23.</li> <li>• Supplies are a little over but the VP of Pharmacy is monitoring and is conscious of her savings.</li> <li>• Other expenses, we have quite a bit like legal things that are coming. As we go to FY23 we are making sure to track any activity that will not take us over.</li> <li>• Our GC is going to be brining to us all the settlements we need to cover for next year so we know what we need to cover.</li> <li>• Page 16 is the same information from page 4. YTD is where we focus and we are still 23% lower as we projected.</li> <li>• ED visits went up to 3180 and we projected 3000 for the month but the YTD is not that much we are where we projected.</li> <li>• We are focusing on our revenue cycle because although we are not increasing services we are making sure what comes in stays with us.</li> <li>• The Case Management team is making sure that all of that is working together and that we optimize every revenue for every patient that comes into our facility.</li> <li>• Net revenue is almost \$13.9 million dollars and DISH we ended up with \$14.9 million. The other revenue that \$27 million includes the \$22 million we got from the District.</li> </ul> <p>Quorum was lost due to Dr. Fair logging off. Dir. Turnage had not yet arrived to the meeting.</p>
<p><b>Public Comment</b></p>	<p style="text-align: center;">No public comment.</p> <ul style="list-style-type: none"> <li>• Chair Jacobs welcomed Charles Brown Jr. to UMC as our new General Counsel.</li> <li>• Dir. Bobb offered his compliments to the new management team and continued compliments to the Finance Team, nice to come to the board meeting without a lot of drama. The team is very intentional about how to make improvements and move our hospital forward. Welcomed our new General Counsel to the team as well.</li> <li>• Chair Jacobs agreed.</li> </ul>

	<i>Motion to accept August financials by Dir. Bobb, 2<sup>nd</sup> by Dir. Ashenafi, unanimous vote.</i>
<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. Ashenafi, 2<sup>nd</sup> by Dr. Fair</i></p> <p style="text-align: center;"><i>Toya Carmichael conducted roll call – 5yays</i></p> <p>Open Session ended at approximately 4:22 pm.</p> <p>Closed session began at approximately 4:25 pm.</p> <p style="text-align: center;"><i>Mot to end closed session by Dir. Bobb, 2<sup>nd</sup> by Ashenafi, unanimous vote.</i></p> <p style="text-align: center;"><i>Closed session ended at approximately 5:35pm</i></p>
<b>Announcements</b>	During closed session the board approved medical credentials, a policy and settlement contracts.
<b>Adjourned.</b>	Mot to adjourn Dir. Bobb 2 <sup>nd</sup> by Dir. Ashenafi Meeting adjourned at approximately 5:36 pm.



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**General Board Meeting**

**Date: October 26, 2022**

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**Consent  
Agenda**



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## General Board Meeting

Date: October 26, 2022

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# CMO Report

*Presented by:*

Dr. Gregory Morrow  
Chief Medical Officer

Not-For-Profit Hospital Corporation

CMO September 2022 Report & Accomplishments

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 by January 1, 2023 as enforced by the Medicare Part D and Medicare Advantage prescription plans.
- In September, there was two (2) initial appointment, six (6) reappointments, and five (5) resignations. There are currently (242) 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 September:
  - September 21, 2022: Mycobacterium Avium Complex: Guideline- Based Management for a Deadly and Increasingly Prevalent Disease
  - September 28,2022: Delivering Patient-Focused HIV Care: Essentials for Diverse Approaches
- The next Quarterly Staff meeting will be held on December 14, 2022.

**Quality and Patient Safety**

- 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.
- 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. **September** is ER 87% and ER holding is 88%.

- 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. **September** had no reportable 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.
- Working with various departments on supply issues.
- Successful submission of Hybrid measures to CMS.
- Approval of Wound care policy update.

### **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.

## **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 September 2022.
- Hand Hygiene compliance rate in the ICU was 100%
- VRE HAI = 1 case hospital-wide September 2022 – This is the first case in of VRE Healthcare Associated Infections in 6 months
- MRSA HAI = 0 cases hospital-wide for September 2022 –No MRSA HAI in the blood in 9 months
- C Difficile HAI = 3 cases hospital-wide for September 2022 for an infection rate of 1.4

### ***Monkeypox:***

- The District of Columbia has identified 498 cases of Monkeypox.
- Currently there are no inpatient Monkeypox admissions.

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

- The number of hospital-wide COVID 19 positive admissions to UMC decreased from 31 to 18 for the month of September 2022. UMC has no COVID 19 positive inpatients at this time.
- UMC was opened for patient visitation.
- The COVID 19 positive employee cases decreased from 23 to 8 for the month of September 2022. The decrease in the number of cases may be related to a decrease in travel and social gatherings.
- The Omicron variant of COVID 19 continues to spread throughout the community and can infect people who have been vaccinated or previously had COVID 19.

## UMC UPDATE COVID 19 TESTING GUIDANCE

United Medical Center (UMC) on September 23, 2022 will implement new COVID 19 testing guidance in accordance with DCHA and CDC recommendations and also aligns with other city hospitals.

### Here are key highlights of the testing guidance:

#### COVID 19 Related Symptoms may include:

- ✓ A new cough
- ✓ Shortness of breath and/or trouble breathing
- ✓ A new loss of taste and/or smell
- ✓ A fever with temperature of 100.4 or higher or body chills
- ✓ Headache, muscle aches and sore throat
- ✓ Runny nose or congestion

#### Emergency Room

- ✓ All persons who are admitted to the hospital must be tested for COVID 19

#### Preoperative & Outpatient Testing

- ✓ All persons who are admitted to the hospital must be tested for COVID 19

These pre-procedure COVID 19 clearance measures will be followed:

- ✓ COVID 19 testing for pre-outpatient visits **are not required** for patients who are asymptomatic, vaccinated and are not immunocompromised.
- ✓ Patients coming from **Long-Term Acute Care of Nursing Facilities** will require Covid 19 testing prior to arrival.
- ✓ Symptomatic patients and patients who are severely compromised are required to take a COVID 19 test and must have a negative test result within 72 hours of surgical or procedural cases.
- ✓ Patients who test positive for COVID 19 must be assessed by a physician to determine the urgency of their procedure.
- ✓ Urgent or emergent surgeries and procedures may be performed without a COVID 19 test. All patients will be designated and treated as COVID 19 positive until a test can be performed.

## PHARMACY SERVICES

The Pharmacy department received 60 doses of the newly authorized Pfizer-BIONTech Covid-19 vaccine bivalent booster. The bivalent booster vaccine is the **ONLY** authorized vaccine for covid-19 booster dosing. The recommended dose of the Pfizer bivalent covid-19 booster vaccine is 0.3 ml.

ICU Medical weekly meetings---IV Pump Drug Infusion Library build has commenced by the ClinicalPharmacists. Due date November 3rd with Nursing, Biomed, and Medical Staff

### Medication Budget

Oct 1/2020 to Sept 30/2021 = \$ 3,025,435

Oct 1/2021 to Sept 27/2022 = \$ 2,110,721

Savings of approx. 30% over last year overall drugs spend [YTD approx. \$914,714 saved in comparison to last year on vendor contract medication purchases]

### **Antimicrobial Stewardship Program**

Average cost per patient day (PPD) was \$23.09 for August 2022.

Pharmacy Clinical Interventions \$24,400 saved in the month of August 2022 by Pharmacy Clinical Interventions. Total of 229 interventions documented via Meditech

### **GRANTS**

DCHA grant for Nasal Narcan Kit distribution for at risk patients of opioid overdose for ED and Inpatient hospital use—has issued a NEW second grant to UMC Hospital for purchasing FY2023 Narcan Kits and Fentanyl Test strips.

In addition to funding for “as needed” Pharmacist hours Ongoing monthly monitoring of DC and wages for UMC Emergency Department Narcan kit distribution and education of at risk patients.

### **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 g through each tablet searching for expires)
- d) Ongoing renal/hepatic monitoring and review of patient charts for drug/disease mismatches and dosing
- e) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost)—National Patient Safety Goals
- f) Anticoagulation monitoring/intervention--- National Patient Safety Goals

### ***Community Initiatives***

- Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community’s Opioid Solutions Working Group-Health Alliance Network
- Finalizing affiliation agreements with Shenandoah College of Pharmacy, WDLL and UDC.

### **Migrant Support**

Liaising with DHS regarding identifying space to support potential influx of immigrants to the DC region.

## ***Press Ganey stats for August:***

### **Emergency Room:**

Press Ganey Overall “Rate the Hospital” for the month of September is 32.50% a slight decrease from prior month at 38.26% N = 19 responses.

Nurses took time to listen – 26.32% a decrease from prior month at 41.18%, N=19  
Nurses' attention to your needs – 26.32% a decrease from prior month at 47.06%, N=19  
Nurses kept you informed – 31.25% a slight decrease from prior month at 35.29 %, N=16  
Nurses' concern for privacy – 31.25% a decrease from prior month at 41.18%, N=16  
Nurses' responses to quest/concerns – 27.78% a decrease from prior month at 35.29%, N=18

Doctors took time to listen – 47.06% a decrease from prior month at 56.25%, N=17  
Doctors informative regarding treatment – 52.94% an increase from prior month at 37.50%, N=17  
Doctors' concern for comfort – 47.06 % a slight decrease from prior month at 50%, N=17  
Doctors include you treatment decision – 52.94% an increase from prior month at 37.50%, N=17

### **Inpatient:**

Press Ganey Overall “Rate the Hospital” for the month of September is 40.35% an increase from the prior month at August is 34.24%, N=8

“Nurses treat with courtesy/respect” – 77.78% and increase from the prior month at 75%, N=9  
“Nurses listen carefully to you” – 66.67 % remains the same from last month. N=9  
“Nurses explain in a way you understand” – 77.78% an increase from the prior month at 75%, N=9

“Doctors treat with courtesy/respect” - 88.89% a slight decrease from prior month at 90.91%, N=9  
“Doctors listen carefully to you” – 88.89% a slight decrease from prior month at 91.67%, N=9  
“Doctors explain in way you understand” – 77.78 a decrease from prior month at 91.67%, N=9

Sincerely,

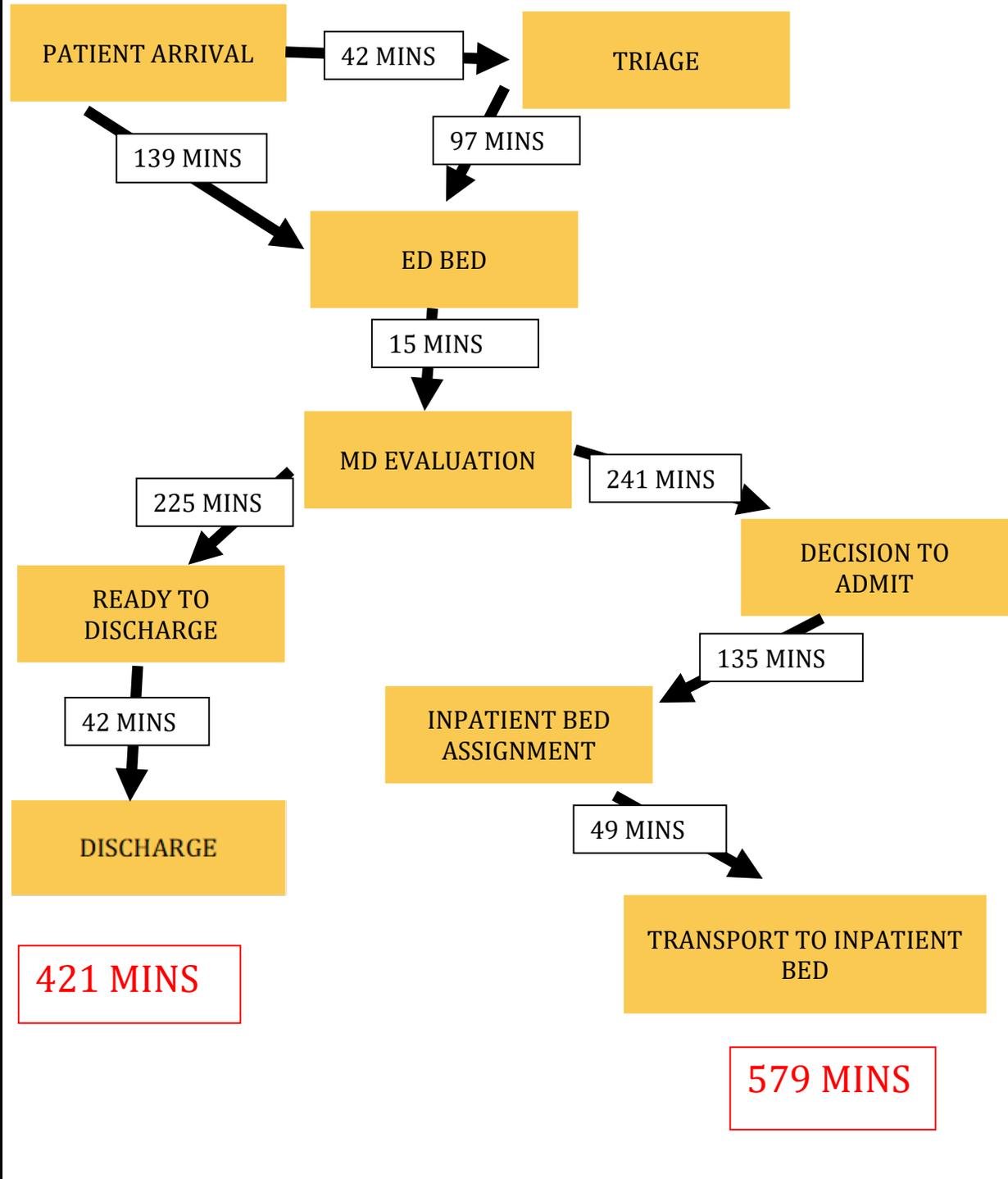


Gregory D. Morrow, M.D., F.A.C.S.

# UMC ED THROUGHPUT DATA

## AUG 2022

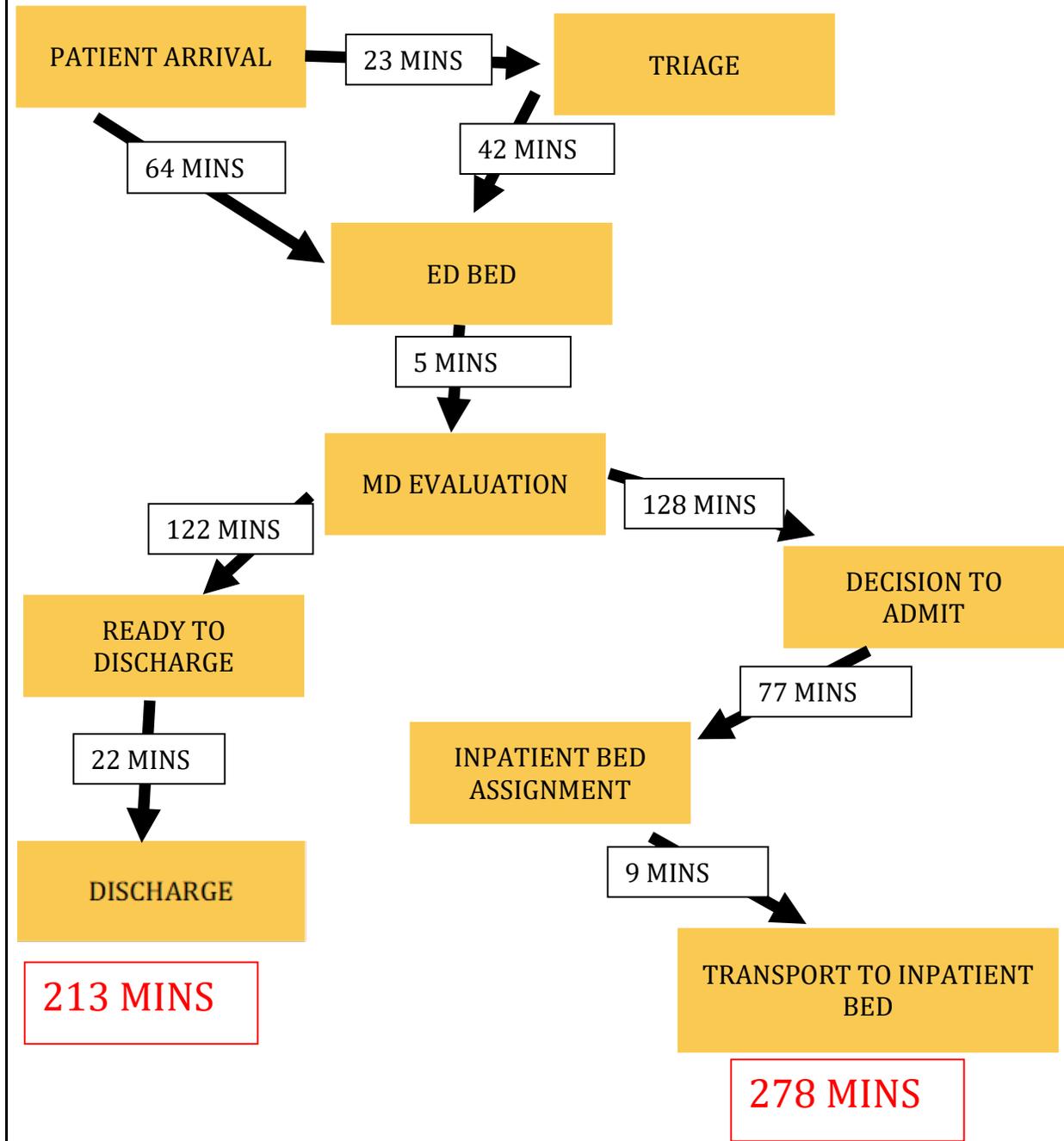
These are 3<sup>rd</sup> quartile data.



# UMC ED THROUGHPUT DATA

## AUG 2022

These are median data.



# UMC ED THROUGHPUT DATA

## AUG 2022

### AREAS FOR IMPROVEMENTS

#### PROCESS STEPS IMPROVEMENTS

##### A. DOOR TO TRIAGE

1. *EXPAND TRIAGE CAPACITY BY ADDING AN ADDITIONAL NURSES OR MID-LEVEL PROVIDERS*
2. *COMBINE REGISTRATION AND TRIAGE TO STREAMLINE PROCESSES*

##### B. TRIAGE TO ED BED

1. *IMPROVED ALGORITHMS TO ASSESS PLACEMENT*
2. *EXPAND FAST TRACKING OF LESSER ACUITY PATIENTS WITH MID-LEVEL PROVIDERS*
3. *IMPROVED ED BED TURNOVER TO FACILITATE MOVEMENT OF PATIENTS*

##### C. ED BED TO MD EVALUATION

##### D. MD EVALUATION TO DISPOSITION

1. *EMPLOY MORE EXPERIENCED PROVIDERS, ESPECIALLY FOR HIGHER ACUITY PATIENT*
2. *IMPROVED PROTOCOLS AND ALGORITHMS TO FACILITATE QUICKER ORDER ENTRY FOR LABS, DIAGNOSTIC TESTS, ETC.*
3. *EARLY COORDINATION WITH ADMITTING PHYSICIANS FOR PATIENTS LIKELY TO REQUIRE ADMISSION*

##### E. DISPOSITION TO DESTINATION

1. *IMPROVED CASE MANAGEMENT TO HELP FACILITATE APPROPRIATE DISPOSITION OF ED PATIENTS AND IN-HOUSE PATIENTS*
2. *MORE EFFICIENT AND PROACTIVE DISCHARGE PLANNING BY SOCIAL WORKERS FOR INHOUSE PATIENTS TO MAKE ROOM FOR NEW ADMISSIONS*
3. *MORE TIMELY DISCHARGE OF IN-HOUSE PATIENTS*
4. *IMPROVED IN-HOUSE BED TURNOVER TO FACILITATE ADMISSIONS*

A COMINATION OF ALL OF THESE FACTORS ARE NECESSARY TO FACILITATE IMPROVED THROUGHPUT OF PATIENTS AT EVERY STEP OF THE PROCESS. THE PROCESS HAS TO BE IMPACTED AT EVERY POINT TO HAVE MEANINGFUL AND LASTING RESULTS. EVERYONE AND EVERY STEP HAS TO BE HELD ACCOUNTABLE FOR FULFILLING THEIR PART IN THE PROCESS.

# UMC ED THROUGHPUT DATA AUG 2022

## DC HOSPITALS EMS DROP TIMES

HOSPITALS	UMC	GWUH	HUH	WHC	GUH
TOTAL TRANSPORTS	684	1299	1477	1664	664
AVG DROP TIMES (DT)	77:51:00	79:10:00	77:11:00	71:28:00	78:08:00
DT > 2 HRS	96 (14%)	172 (13%)	187 (13%)	146 (9%)	95 (14%)
<b>DROP TIMES</b>					
NO	10 (1%)	17 (1%)	13 (1%)	26 (2%)	7 (1%)
<= 30 MIN	40 (6%)	70 (5%)	90 (6%)	158 (9%)	39 (6%)
30-45 MIN	86 (13%)	135 (10%)	160 (11%)	214 (13%)	80 (12%)
45-60 MIN	118 (17%)	224 (17%)	250 (17%)	291 (17%)	116 (17%)
1-2 HRS	334 (49%)	681 (52%)	777 (53%)	829(50%)	327 (49%)
2-3 HRS	68 (10%)	142 (11%)	168 (11%)	116 (7%)	81 (12%)
3-4 HRS	18 (3%)	25 (2%)	17 (1%)	25 (2%)	12 (2%)
>4 HRS	10 (1%)	5 (0%)	2 (0%)	5 (0%)	2 (0%)
<b>9/11 - 9/18/2022</b>					
DT > 2 HRS	24%	18%	14%	12%	21%
<b>DROP TIMES</b>					
1-2 HRS	43%	48%	53%	44%	50%



UMC

UNITED  
MEDICAL CENTER

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**General Board  
Meeting Date:  
October 26, 2022**

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## **Medical Chief of Staff Report**

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



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

**October 2022**

Re: Chief of Staff Monthly Report

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

Over the past two months, I met with the Chief Medical Officers, Drs. Morrow and Yacoub, as well as each of the department and hospital committee chairs to gain deeper insight into the respective departmental and committee operations, challenges and concerns. Unanimously, the department and committee chairs appreciate the dedication and efforts of the hospital administration and staff to meet the continued and evolving needs of the patients and hospital.

During the month of October, we are focusing on the enrollment of providers in the Electronic Prescribing of Controlled Substances system and building the slate of candidates for the upcoming medical staff elections. 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 in November through December with new officers starting in January 2023.

As we embark on the new fiscal year, we continue to support the hospital administration in focusing 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*

## SEPTEMBER 2022

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for September 2022 was 123 and 113 in August 2022. See attached table and chart. There has been an uptake in volume of surgery cases within the last month. We would continue to support the growth in all aspects.

### 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 112 vascular access procedures in July, 2022.

### PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. We had a total of 18 cases in September 2022 due to vacation by the primary Pain Provider.

### OR UTILIZATION

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

### EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.

Virtual Mortality and Morbidity Conference will continue.

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



*Mina Yacoub, M.D., Chairman*

## SEPTEMBER 2022

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

In September 2022, the Intensive Care Unit had 59 admissions, 60 discharges, and 302 Patient Days. Average Length of Stay (ALOS) increased slightly to 5 days and ICU managed a total of 70 patients. The average daily census increased to 10 (9.83) patients. There were no returns to ICU within 24 hours of transfer out. There was a total of 2 deaths for 60 discharges, with an overall ICU mortality rate of 3.3%. We saw an uptick in admissions during the second half of the month, also associated with higher patient acuity.

Despite steady ICU admission volumes, there has been notably lower ambulance traffic to UMC ED over the past several months and this has reflected on lower ICU volumes compared to similar months last year. Improving on ambulance off-loading times in ED would help lead to return of ambulance traffic from the surrounding community to prior volumes UMC is used to.

### **September 2022 PERFORMANCE DATA**

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

The ICU managed 16 patients with severe sepsis and septic shock. No deaths were due to severe sepsis/septic shock in September, for an overall severe sepsis mortality of 0%.

In September, the ICU had 164 ventilator days with no Ventilator Associated Pneumonia (VAP), 349 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 203 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 3<sup>rd</sup> floor remains the plan and is pending completion of electrical work.

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*October 6, 2022*



*Francis O'Connell, M.D., Chairman*

## SEPTEMBER 2022

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for September 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.

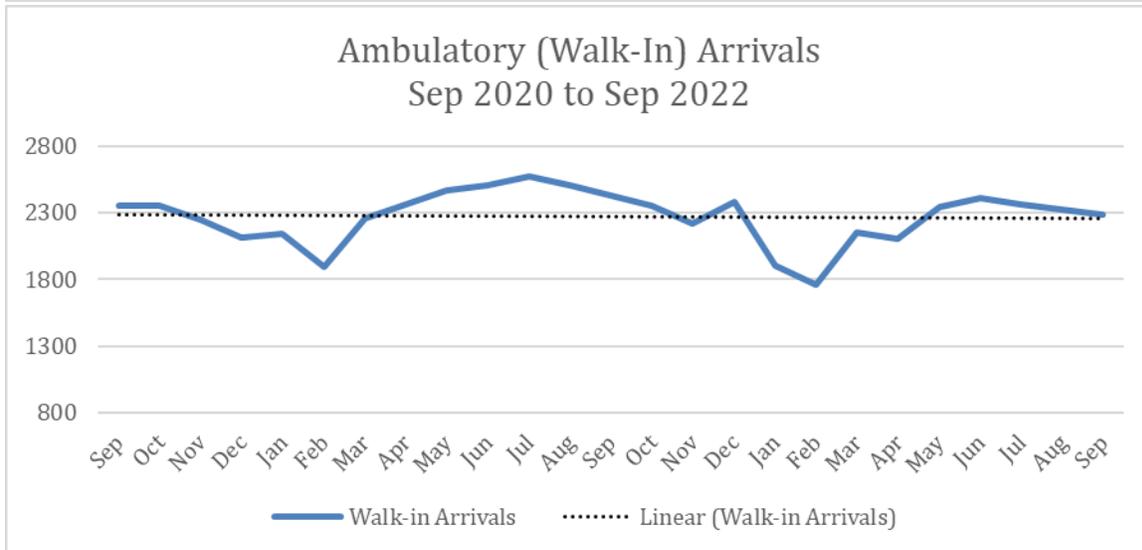
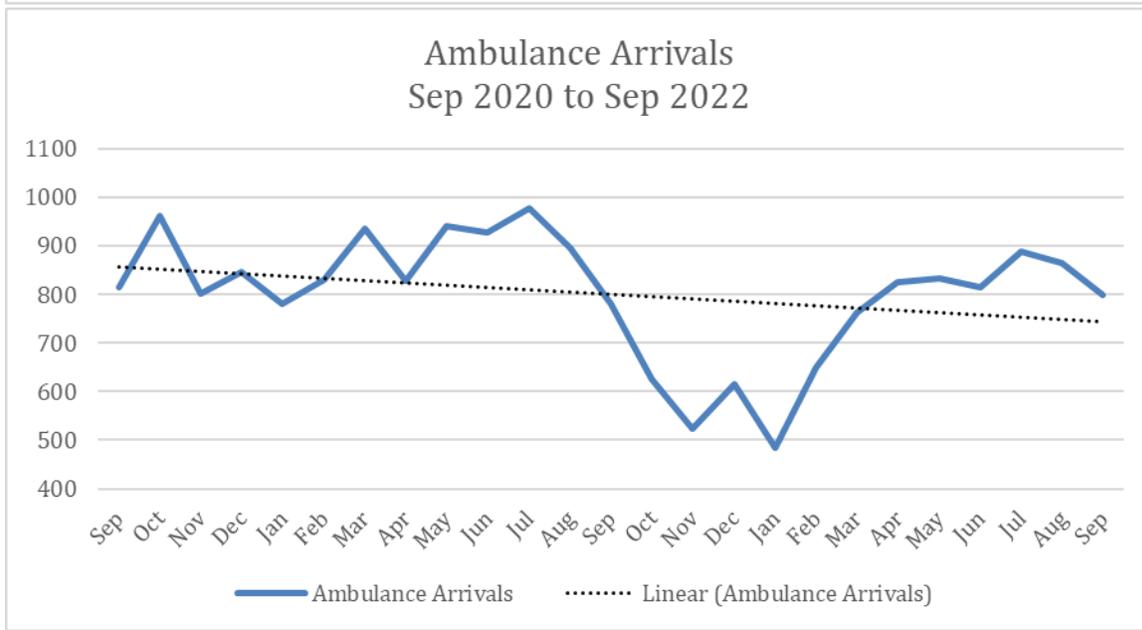
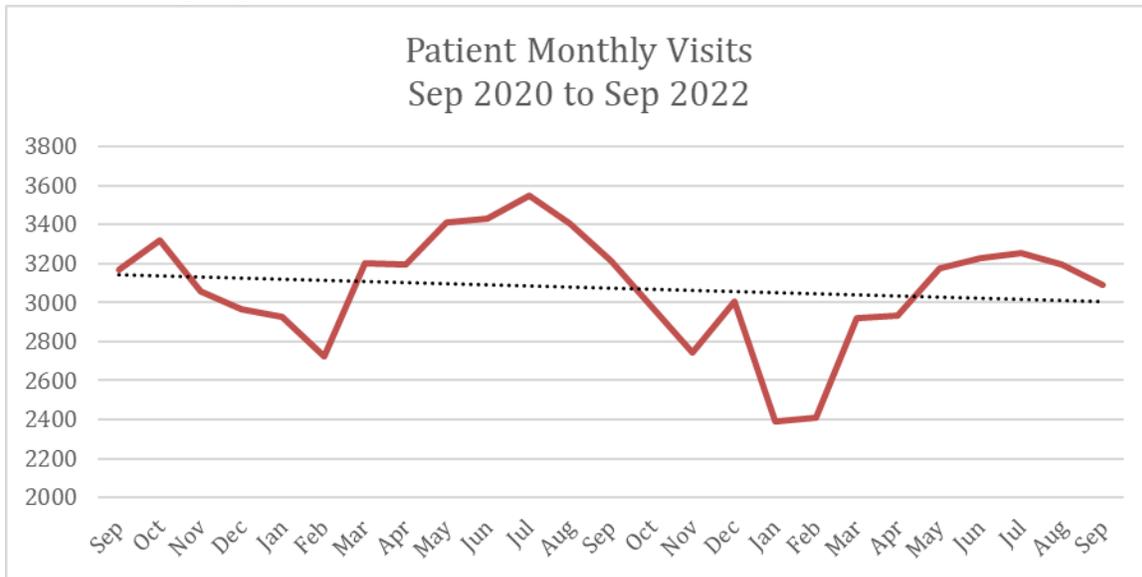
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by

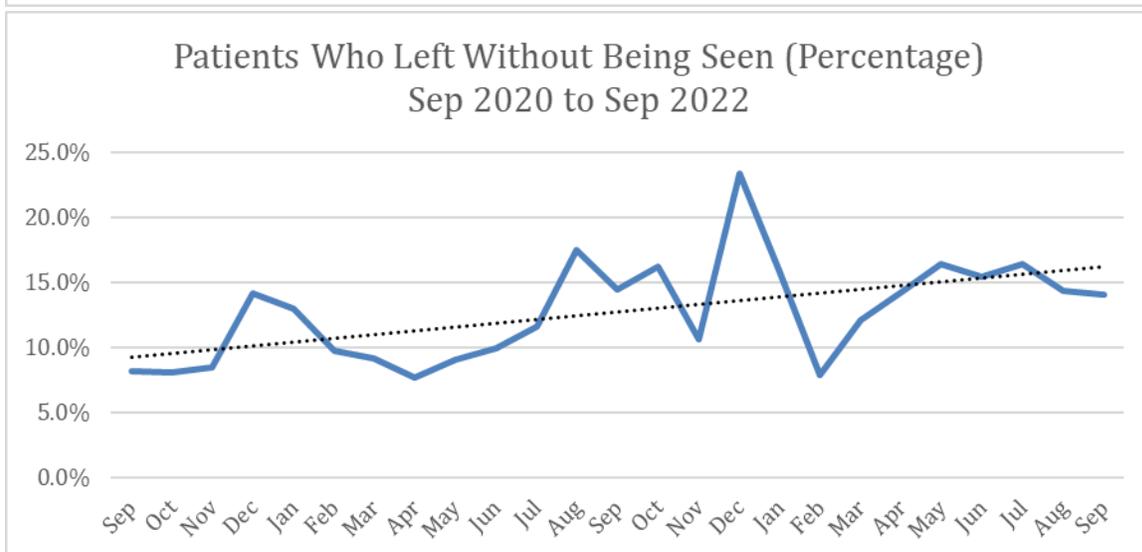
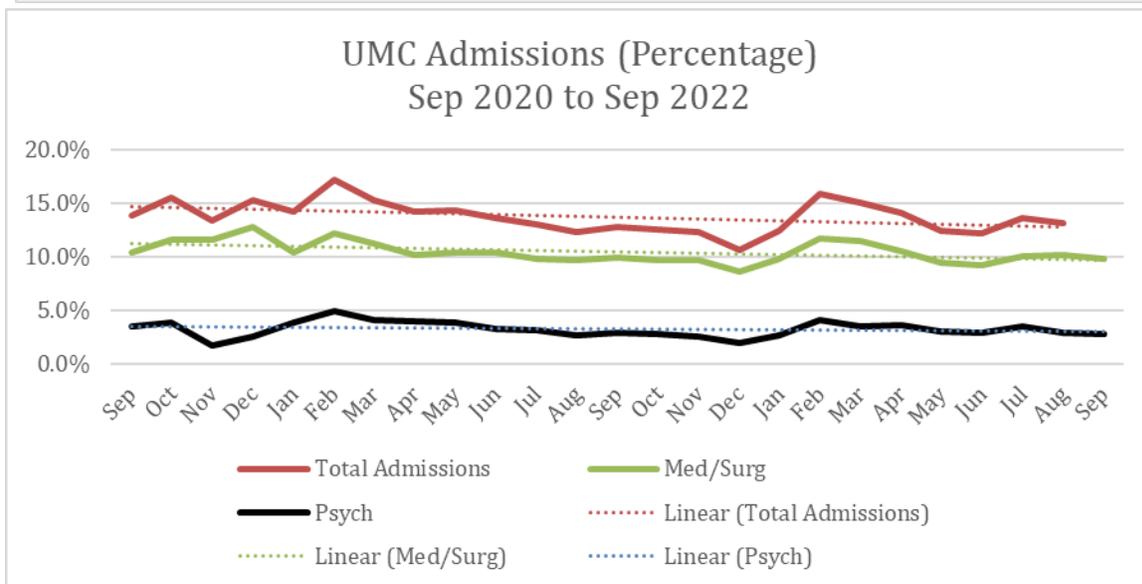
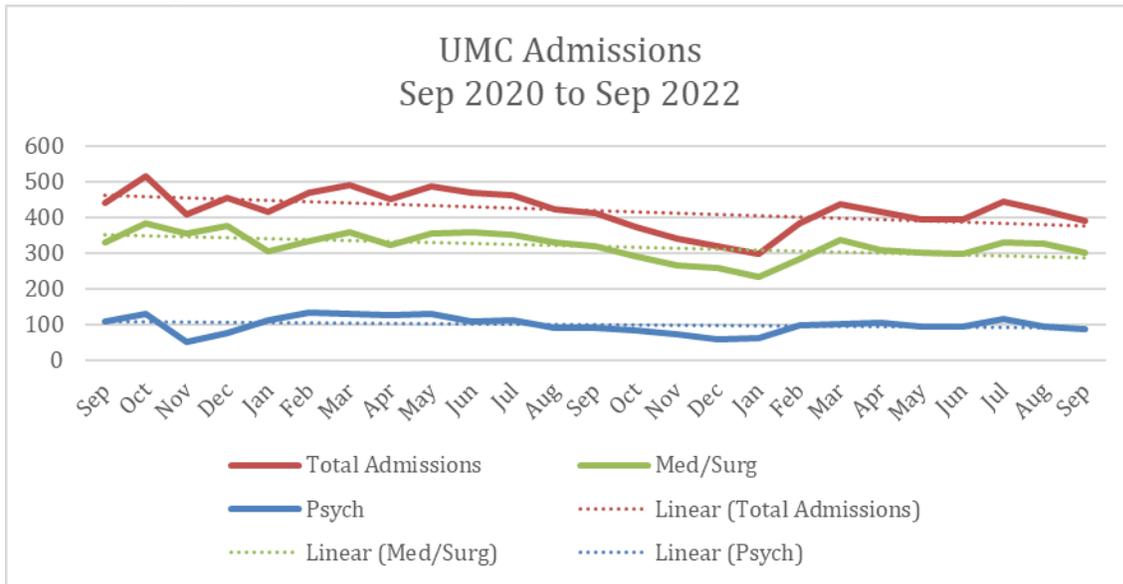
hospital's IT department.

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
- **ED Arrival:** the time when a patient arrives to the ED (time of ED registration)
- **Triage:** the time when a patient is evaluated by the triage nurse
- **ED Bed:** time a patient is moved from an ambulance stretcher or waiting room to a bed
- **Provider:** time when the provider sees the patient
- **Admit Decision:** time when the provider decides that the patient needs admission
- **Bed Req:** time a bed request is placed
- **Bed Assign:** time an inpatient bed is assigned to the patient waiting for admission
- **Floor:** the time the patient arrives on the floor
- **Ready:** the time the patient is made ready by the provider for discharge
- **Discharge:** the time the patient departs from the ED

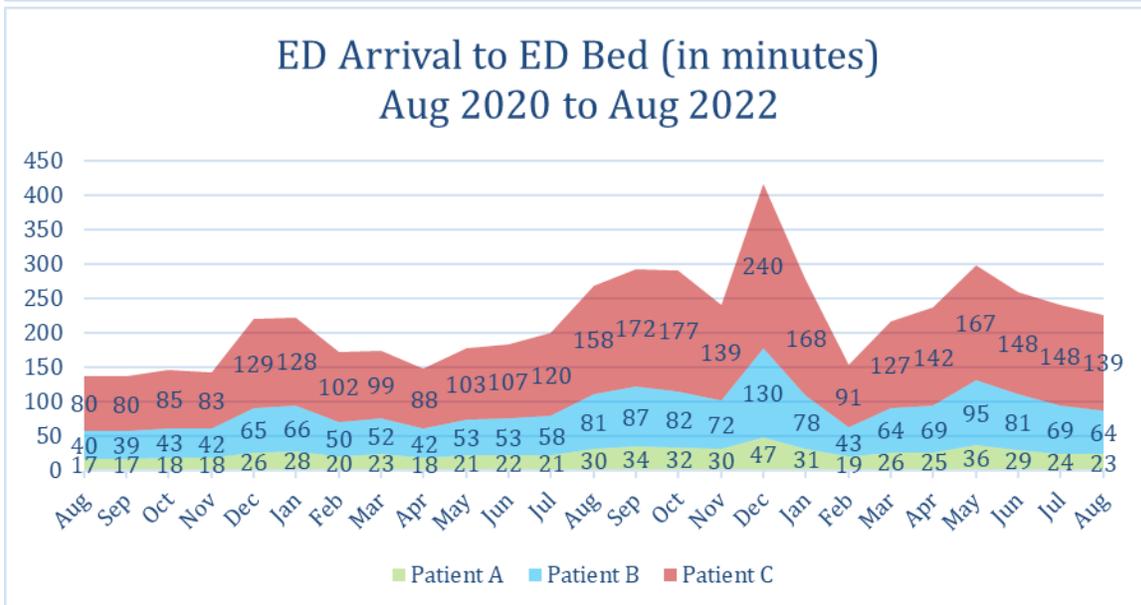
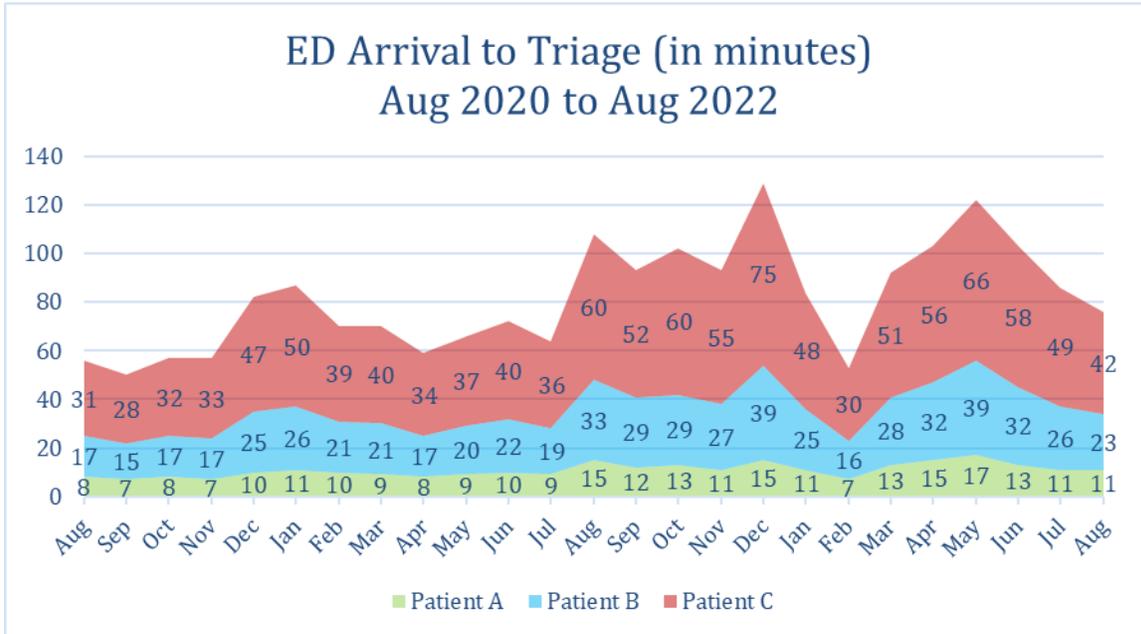
Department of Emergency Medicine

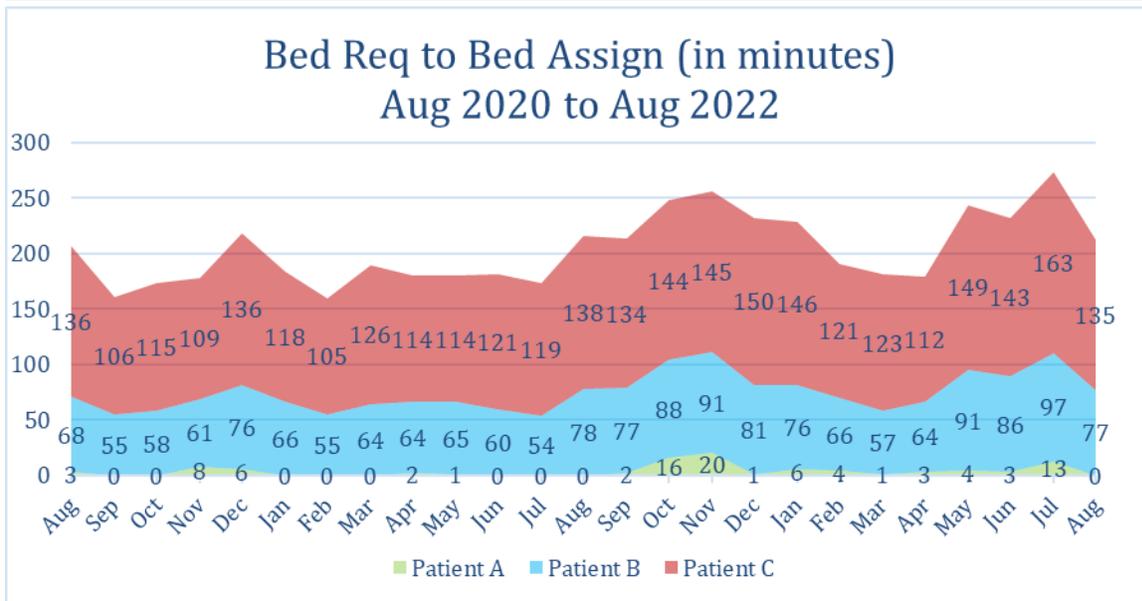
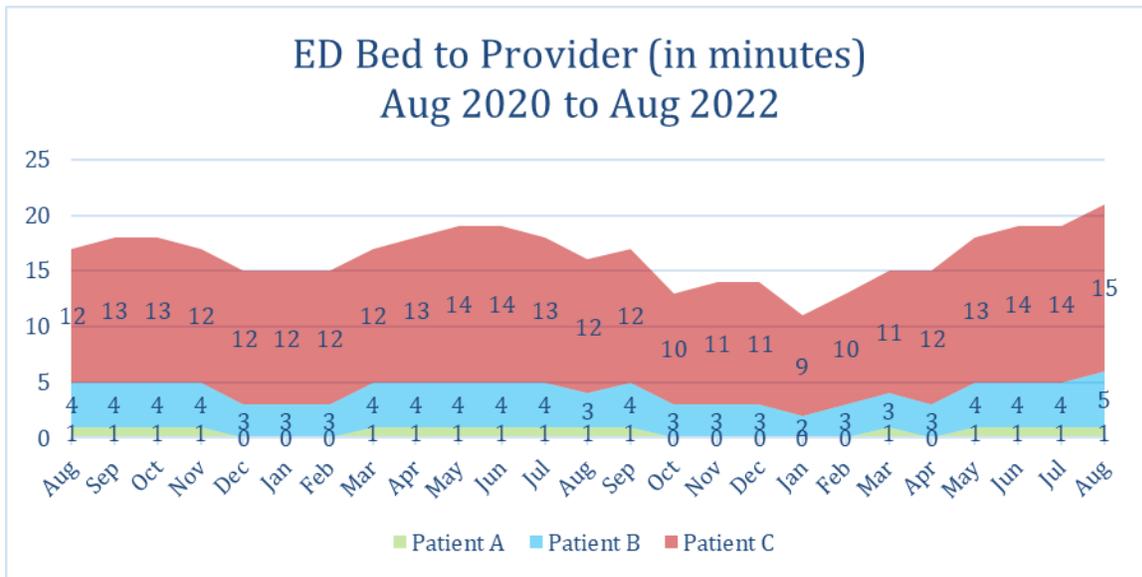


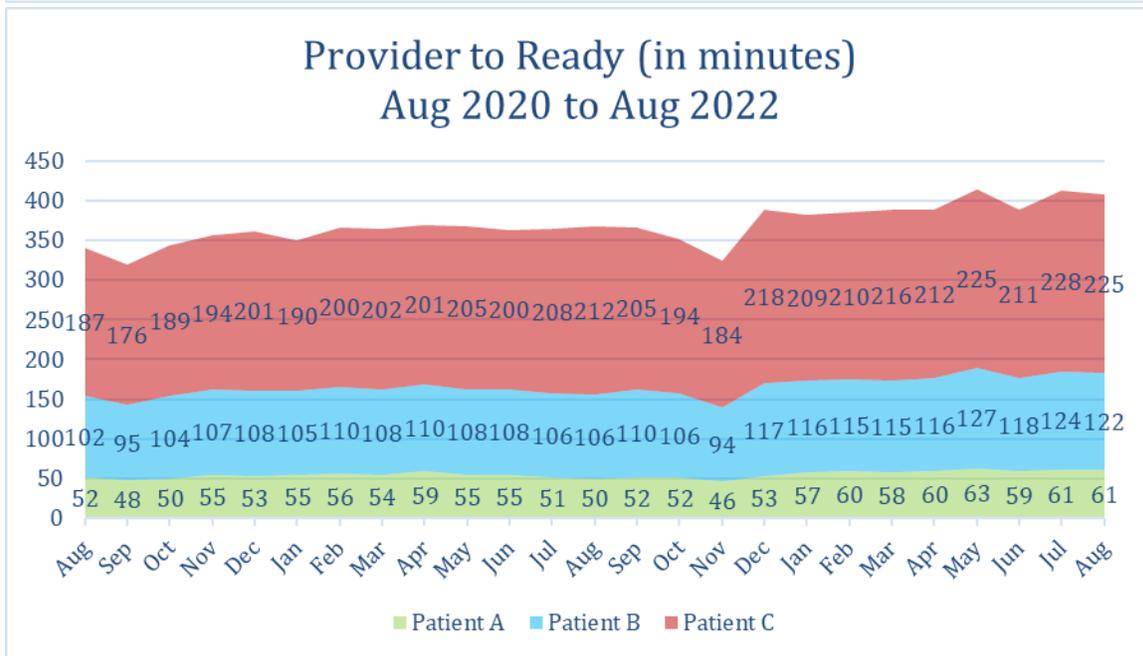
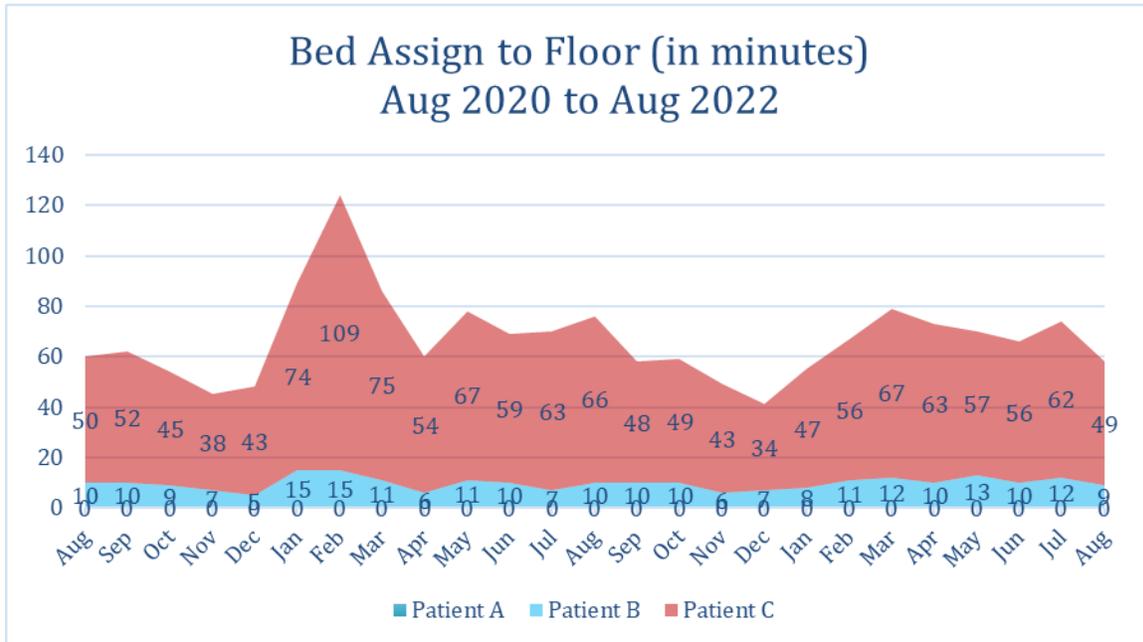


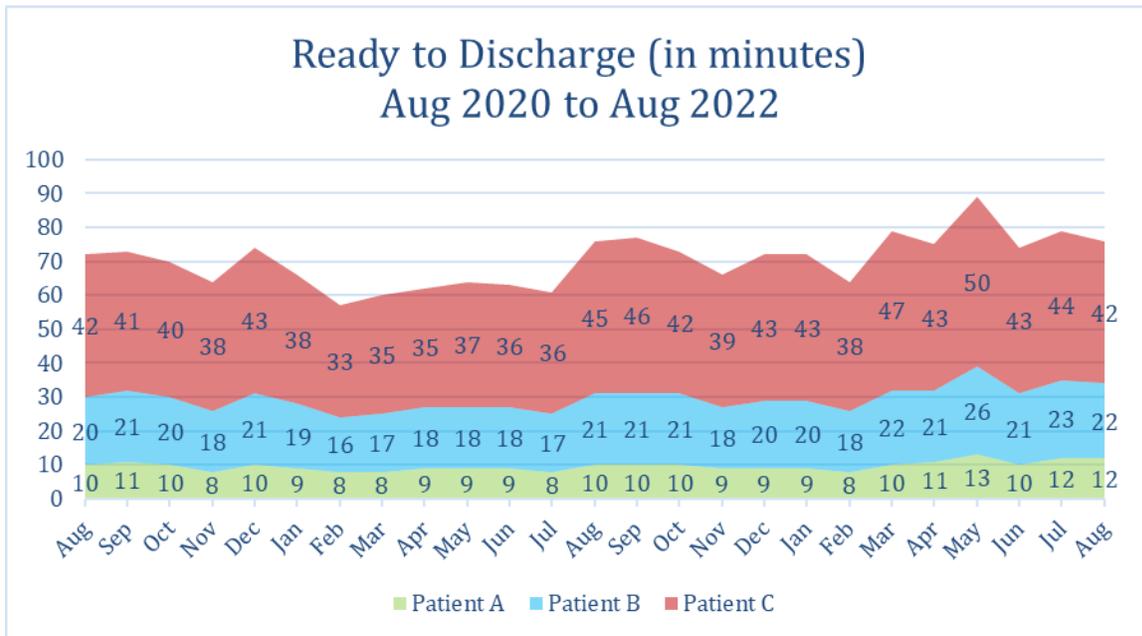
Department of Emergency Medicine

The following 8 graphs describe throughput line graphs illustrate times, in minutes, for key events during an ED patient’s visit for the last two years. 25% of patients who come to the ED experience times equal to or less than Patient A (in green). 50% of patients who come to the ED experience times equal to or less than Patient B (in blue). 75% of patients who come to the ED experience times equal to or less than Patient C (in red). The last quartile of data was not included because it includes outlier data that is often attributed to data entry errors or infrequent events.









Data tables:

ED Volume and Events						
	Aug 2020	%	Aug 2021	%	Aug 2022	%
<b>Total patients</b>	3172		3215		3089	
<b>Daily Avg Census</b>	106		107		103	
<b>Ambulance Arrivals</b>	816	25.7%	781	24.3%	800	25.9%
<b>Admit</b>	440	13.9%	412	12.8%	391	12.7%
• <b>Med Surg</b>	330	10.4%	319	9.9%	303	9.8%
• <b>Psych</b>	110	3.5%	93	2.4%	88	2.8%
<b>LWBS</b>	261	8.2%	464	14.4%	436	14.1%
<b>Ambulance Admission Rate</b>	32.8%		31.2%		31.5%	
<b>Walk-In Admission Rate</b>	7.3%		6.9%		6.1%	

Analysis:

1. The data reported this month includes data from the past two years.
2. The monthly census for Sep 2022 dropped from the previous month and was down from Sep 2021, and slightly down from Sep 2020. The census trend for the last two years is slightly negative.
3. The total number of medicine admissions declined from the previous month and was down slightly from previous years. The number and percentage of admissions trend remains fairly steady.

Department of Emergency Medicine

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 dropped from the previous month, was similar to Sep 2020 and Sep 2021, with a negative trend over the last two years.
6. The monthly number of walk-in patients visiting the ED remained steady from the previous month. The trend of walk-in patients is slightly negative.
7. The monthly number of walk-in patients visiting the ED remained steady from the previous month. The trend of walk-in patients is steady over the past two years.

During the summer of 2020, United Medical Center's ED walk-in visits began to rise from the drop in census experienced during the early part of the COVID pandemic. Since that time, walk-in visits remain steady. This is UMC's base of ED patient volume.

While ED walk-in patient volume remains steady, ED visits and admissions, on average, continue to decline. This appears to be driven by the drop in ambulance traffic. District-wide ambulance traffic is at or exceeding pre-pandemic levels. UMC, however, is not seeing the proportional rise in ambulance traffic occurring throughout the District of Columbia despite a large percentage of ambulance calls originating from Wards 7 and 8. This suggests ambulance traffic is bypassing UMC.

Throughput data shows that approximately 25% of patients move through the ED smoothly with little variability in all key areas. 50% of patients move through the ED in most areas with some delays and variability. The other half of patients in the ED experience delays in all areas, some of which with significant variability.

As mentioned previously, the ED and hospital are integrated ecosystems. When there is one or more missing components, patient care and timely movement of patients through the ED and hospital (throughput) is disrupted. As mentioned previously, one of the more pressing issues is the lack of medical technicians (termed techs) both in the ED and hospital wide. 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. This leads to decreased throughput of patients and prolonged waiting room and ambulance offload times.

Consistent, optimal staffing (of all roles) facilitates better and safer patient care in the form of reduced ED boarding, improved throughput and resultant offloading of ambulances and reduction in LWBS. The byproducts of improved patient care and throughput in the ED are improved patient satisfaction and increased patient visits (in the form of 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 the COVID pandemic and the Monkeypox outbreak.



*Musa Momoh, M.D.*, Chairman

## SEPTEMBER 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				<b>1031</b>
HOSPITAL	80	117	127	126	116	109	131	127	98				<b>1031</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>REGULAR</b>													
MEDICINE	159	177	210	187	185	183	205	204	210				<b>1720</b>
HOSPITAL	238	284	323	304	192	286	333	308	307				<b>2575</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>64%</b>
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	77	122	123	123	117	114	123	130	99				<b>1028</b>
HOSPITAL	77	122	123	123	117	114	123	130	99				<b>1028</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>REGULAR</b>													
MEDICINE	126	131	179	158	152	150	178	157	168				<b>1399</b>
HOSPITAL	199	230	289	270	257	250	298	263	257				<b>2313</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>60%</b>
<b>PROCEDURES</b>													
HEMODIALYSIS	178	97	156	131	152	102	75	141	261				<b>1554</b>
EGD'S	13	25	19	24	18	12	12	9	15				<b>147</b>
PEG'S	8	4	5	4	10	4	2	9	3				<b>49</b>
COLONOSCOPY	25	30	36	34	28	15	26	23	25				<b>242</b>
ERCP	0	0	0	0	0	0	0	0	0				<b>0</b>
BRONCHOSCOPY	1	1	0	0	0	0	1	1	0				<b>4</b>
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0				<b>0</b>
Cases Reviewed	0	0	0	0	0	0	0	0	0				<b>0</b>
Cases Closed	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 14, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine



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

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

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

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

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

Donald Karcher, M.D.

Chairman, Pathology Department



Shanique Cartwright, M.D., Chairwoman

## SEPTEMBER 2022

UMC Behavioral Health Unit September 2022 Board Report									
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<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
Voluntary Admissions	36	35	38	37	29	36	43	35	35
Involuntary Admissions = FD12	43	72	75	80	76	68	84	69	62
<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>Average Daily Census</b>									
Average Daily Census	12	17	18	17	16	16	19	18	18
<b>Other Measures</b>									
Average Throughput (Target: <2 hrs)	3	5	5	5	5	6.5	3.7	4.1	4.9
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	1	0	0	
# Psych Consultations	74	43	*6	60	98	105	106	127	98
<b>Psychosocial Assessments (Target: 80%)</b>									
Psychosocial Assessments (Target: 80%)	68%	72%	81%	67%	59%	62%	62%	52%	59%
<b>Discharge</b>									
Discharges	76	100	120	116	106	103	122	107	92

\*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

## SEPTEMBER 2022

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	73		653		116		842	
Fluoro	9		0		22		31	
Mammography					85		85	
Magnetic Resonance Angio	0		2		0		2	
Magnetic Resonance Imaging	15		10		27		52	
Nuclear Medicine	0		0		0		0	
Special Procedures	3		0		1		4	
Ultrasound	69		194		145		408	
X-ray	167		992		412		1571	
Echo	46		27		0		73	
CNMC CT Scan			47				47	
CNMC X-ray			660				660	
Grand Total	382	0	2585	0	808	0	3775	0

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

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

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

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

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

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

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

### **Services:**

MRI: The new uMR 570 United 1.5T magnet has been up and running covering Musculoskeletal, Neurological and body MRI exams.

Fluoroscopy Philips bariatric table room 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



*Gregory Morrow, M.D., Chairman*

## SEPTEMBER 2022

For the month of September 2022, the Surgery Department performed a total of 124 procedures. The chart and graph below show the annual and monthly trends over the last 10 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
JAN	173	159	183	147	216	155	210	195	147	121
FEB	134	143	157	207	185	194	180	167	153	126
MAR	170	162	187	215	187	223	158	82	133	146
APRIL	157	194	180	166	183	182	211	57	156	148
MAY	174	151	160	176	211	219	186	74	159	123
JUNE	159	169	175	201	203	213	177	126	172	113
JULY	164	172	193	192	189	195	186	140	177	103
AUG	170	170	174	202	191	203	193	161	155	114
SEP	177	168	166	172	171	191	182	162	126	124
OCT	194	191	181	177	214	211	175	146	135	
NOV	137	157	150	196	152	196	138	156	137	
DEC	143	183	210	191	153	192	156	146	132	

This month ended with an **9%** increase compared to last month. Compared to the average number of cases performed over the previous 9 years, we are experiencing a **26%** decrease.

Factors contributing to this trend include:

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

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary. We have updated our OR Covid policies and no longer routinely require Covid testing for all elective surgical patients. Testing now only applies to those patients coming from Nursing Homes and Long Term Acute Care Facilities.

We continue to have some staffing shortages in the OR for Perioperative Nursing and OR Techs. We will continue to work with administration and HR to have those vacancies filled. We continue to meet or exceed the monthly quality and performance improvement outlined for the Surgery Department.

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

This month we experience a higher number of anastomotic leaks requiring interventions, thus increase reoperations and surgical site infections. In spite of this, 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 that went into effect as of 03/01/2022 have been realigned to enhance the services that we provide and hopefully bolster the OR volumes in the months to come. We will provide a 3 and 6-month assessments with specific data points.

Respectfully,



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

Chairman, Department of Surgery



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**General Board  
Meeting Date:  
October 26, 2022**

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**Nursing  
Department  
Report**

*Presented by:*  
Teka Henderson,  
Director of  
Nursing

# United Medical Center Nursing Board Report September 2022

## Overall State of Nursing Department

### Staffing:

Staffing remains a challenge nationwide. UMC prioritizes staffing (recruitment/retention) and have been able to provide near optimal staffing for the month. UMC did not onboard any new agency staff for the month of September. We were able to provide quality care and meet our nurse patient ratios by being visionary. In doing so, UMC was able to maintain adequate staffing and prepare for the close of the 2022 fiscal year. We continue to impress upon staff the importance of being ready and proactive at all times. We are currently in the “flu” season and want to continue to educate staff on proper hand hygiene, mask wearing and the benefits of obtaining his/her flu vaccination as early as possible for the most favorable outcome for all of our customers internally and externally.

### Performance Improvement:

Preventing and eliminating HAPI(s) is our goal. There were 5 HAPI's for the month of September. This was alarming and warranted immediate attention, education and innovation. Our wound care nurse immediately began re-educating all nursing units by providing real time in-services on the 7 components of documentation. Additionally, a PowerPoint presentation is being implemented into our hospital based teaching system for all nurses to complete and sign an attestation form. Lastly, the wound care representative from Convatec is preparing to provide an onsite in-service to nursing staff.

### ICU

There was a total of 59 admissions for the month of September with an average daily census of 10. Maintaining proper hand washing and the use of appropriate PPE is ongoing for prevention of infection and safety. Education on Diabetic Ketoacidosis vs Tight Glucose Control was introduced to diligently monitor and control patients with glucose challenges. Education on assessing and monitoring any device that can cause pressure ulcers. Education on closer monitoring and assessment of Braden scores to help determine the risk of impaired skin integrity. Documentation and uploading skin assessments in the critical care standard of care plan profile each shift. Several performance improvement measures were initiated to include monitoring for adequate nutrition when patients are unable to eat or drink, skin assessments, wound care consults, treatments and prevention techniques. The continued use of the ceribell EEG brain device to monitor for seizures have been useful and efficient.

## Emergency Department:

Recruitment for the nurse manager position is ongoing. Education continues and emphasis is on maintaining compliance and preparing for our annual accreditation survey daily to impress upon the importance of wearing proper PPE, providing good hand hygiene and quality care to all of our customers. The September monthly staff meeting was successful. The emergency department staff is optimistic and enthusiastic about providing the best care at all times. The past month was challenging with many ICU admissions holding in the emergency department. Despite the admissions in the department we were able to provide quality care and meet our metrics.

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

## Occupational Health:

PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCES	POSITIVES	Fit Test	OTHERS	TOTALS	MONTH/YEAR.
20	42	112	9	17	81	27	308	September 2022

## Behavioral Health:

The in-patient Behavioral Health Unit continues with increased leadership rounding. There were a total of 97 admissions for the month of September with an average daily census of 18 and an average length of stay of 4.5 days. Education centered around patient property checks, restraints, seclusion, wound care and development and documentation of treatment plans. Performance improvement initiatives focused on patient property, pain, restraints and seclusion audits. 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

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MEDICAL CENTER

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**General Board  
Meeting Date:  
October 26, 2022**

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## **Executive Management Report**

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



## Executive Leadership Board Report September 2022

Fiscal Year 22 closed out with a flurry of activities surrounding contracts and which included ensuring contracts and purchase orders were accurately and timely accomplished; amongst other activities. A special thank you to Kendrick Dandridge, VP Procurement, Material and Contracts and Lilian Chukwuma, CFO and team for their continued support as we navigate the process. The general premise is to prioritize the needs of each department/service line, ensure needs align within budgetary margins while keeping at the forefront the maintenance of clinical and regulatory standards, as these standards cannot be compromised.

### The following are some highlights:

Over the last 30-45 days, there been an increase in the number of patients who present in the ED who require ICU admission. Due to a combination of the ICU being at capacity which is 12 or UMC's limited staffing; ICU patients have boarded in the ED for at least one 12-hour shift. Plans are in progress for moving the ICU from the 5th Floor to the 3<sup>rd</sup> Floor within the next few weeks. New electrical wiring was accomplished earlier; currently awaiting installation of a new circuit breaker on the 3<sup>rd</sup> Floor. This is critical to prevent any potential overload/overcurrent from medical equipment. This move will enable the Critical Care team to care for up to 16 ICU patients which is the official licensed number vs the current location's capacity of 12. Internal stakeholders have been in collaboration at various stages of planning and will be until relocation is safely accomplished. Our Acting Chief Medical Officer, Dr. Gregory Morrow, and Associate Chief Medical Officer Dr. Mina Yacoub have been integral to these plans. The intent to relocate the ICU will be officially relayed to DC Health; all protocol will be adhered to prior to any movement.

Hospital throughput is crucial for effective hospital operations not only from the ED but also on inpatient units. The need for a Care Navigator /Throughput Specialist was determined after e.g. several barriers to discharge and length of stay were reviewed and after careful and meaningful discussions the position was established. As an example, patients remained in Observation status greater than 48 hrs. The goal is for patients not to exceed 48 hours either by discharge or convert to inpatient status based on acute clinical presentation. The person in this role will assist with patient flow and coordination with the goal of improving throughput. In addition, an *Observation Leadership Team* was established based on a multiple-disciplinary approach including Finance and Registration. The team meets daily to coordinate and improve discharge planning efforts and/or more timely conversion to inpatient status for patients in an Observation status which essentially equates to being an outpatient. Comparison data will be provided starting next month.



The new Human Resource Information System (HRIS) software went live this month. This system will maintain, manage and process detailed employee related procedures resulting in decrease administrative burdens and improve efficiency; e.g. application process, tracking of PARs and annual employee evaluations. The system has been fairly easy to navigate after getting familiar with the set up. Hospital benefits open enrollment will begin on November 30 through December 7, 2022.

Compliance Officer and Risk Manager positions remain vacant. Human Resources has received a few more applications for the Compliance Officer position. Interviews will be coordinated for the Compliance position. Looking forward to closing the candidate search and selection.

In regards to Information Technology (IT), all regulatory updates for applications have been completed. Implemented an electronic policy and procedure management - Policytech to improve accessibility, version control and delivery of policies in one automated solution. Assisted Children's National Medical Center's (CNMC) ED with their interface engine migration for seamless data transfer between them and UMC. All security updates, Windows Patches and backs ups are up to date. No security risks/attacks for the month of September.

Hospital access control and camera upgrade project remains in progress and scheduled to be completed late October. Replacement of medical vacuum system is complete. Work continues to improve elevator service.

Infection Control/Prevention Department, in conjunction with Occupational Health is gearing up to begin the Influenza Immunization Campaign/Administration in mid-October. This is a mandatory requirement for employees. The Covid-19 booster will be available via Occupational Health starting in October. At present, UMC Pharmacy has the Pfizer Bivalent vaccine. Staff will be able to pre-register to receive the booster.

#### Community Partnerships

United Medical Center and CNMC resumed monthly leadership meetings.

Partnerships continue with Trinity, Prince George's Community College, Washington Adventist University for nursing clinical. The University of the District of Columbia clinical affiliation agreement was recently signed; the plan is for Patient Care Technicians to begin clinical rotation in January 2023.

Under the Leadership of Dr. Maxine Lawson, VP Pharmacy, the Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network.



During National Voter Registration Week, Ms. Toya Carmichael, VP Public Relations facilitated UMC's partnership with the DC Board of Elections and GW to help patients and staff register to vote. This activity was located on UMC's campus outside our main entrance. In addition, Ms. Carmichael ensured location was available to on campus to host Ward 8 Health Council Meeting. The primary topic was Maternal Health and Wellness. This writer attended a portion of the meeting and provided greetings on behalf of the Executive Leadership Team.

District of Columbia Hospital Association (DCHA) resumed in-person *Directors Meeting* at on location. Collaborated with leaders from area hospital. Topics included Diversity, Equity and Inclusion (DEI), Behavioral Health and Quality.

There was an initial discussion with DC's - Department of Human Services (DHS) to explore possibility of utilizing unused hospital space for migrant services. A full meeting will be scheduled with stakeholders from both entities to have discussions from various aspects, to include but not limited to security, logistics, infection control/prevention, finances, and liability. Decisions to support or not support this humanitarian initiative will be made pending outcome of discussions. We will bear in mind our primary responsibility is the welfare of UMC's patients and staff.

Respectfully submitted,

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



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## CORPORATE SECRETARY REPORT

**TO:** NFPHC Board of Directors

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

**DATE:** October 20, 2022

### PUBLIC RELATIONS

**Public Relations** – UMC had a great month of September. On September 21, 2022 we hosted the Ward 8 Health Council for the second time this year. It was wonderful to have meeting attendees join us afterwards for our Wednesday Walk with A Doc program. The PR team also partnered with the DC Board of Elections and VotER to conduct voter registration for National Voter Registration Day on September 27, 2022. We had volunteers from The Federal City Alumnae Chapter of Delta Sigma Theta join us as well. Via PR, UMC has reignited our relationship with UDC Community College and we continue to engage other community partners to find synergy around on and off-site programming. We received interest from a local chef and food truck owner who brought samples to the Executive Team in hopes of filling the food gaps that exist for staff and the community in the late afternoon/evening and weekends when our cafeteria is closed.

**Weekly Newsletter** – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of September, the newsletter included a message from our Interim CEO Dr. Payne-Borden, highlighted Mayor Bowser’s Maternal Health Summit event and provided tips for self-improvement. 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.



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**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 September.