



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: September 28, 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, September 28, 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).

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. READING AND APPROVAL OF THE AGENDA

IV. READING AND APPROVAL OF MINUTES - August 24, 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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MEDICAL CENTER

**General Board
Meeting Date:**

September 28, 2022

Reading and Approval of Minutes

Minutes Date:

August 24, 2021



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, August 24, 2022, 3:30pm
Held via WebEx

Directors:

Angell Jacobs, Robert Bobb, Donita Reid-Jackson, Wayne Turnage, Girume Ashenafi,

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 |
|---|--|
| Call to Order/ Determination of Quorum | By Chair Jacobs at approximately 3:40 pm. Quorum determined by Toya Carmichael. |
| Approval of Agenda | <p style="text-align: center;"><i>Mot to approve agenda by Dir. Bobb, 2nd by Dir. Reid Jackson, unanimous vote.</i></p> |
| Approval of Minutes | <p style="text-align: center;"><i>Mot to approve minutes by Dir. Bobb, 2nd by Dir. Reid-Jackson, unanimous vote.</i></p> |
| | <p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • Three new appointments on medical staff, thirteen reappointments, and six resignations. Next quarterly staff meeting is September 14, 2022. • CME programs will be updated and information will be forthcoming. |

- Working with DOH on a recent patient complaint and will give an update as we make our way through that review.
- Right now we are working to decrease our length of stay and also reevaluate our observation system since we have been having a higher number of observation status patients so we are working with Case Management to understand the increase in observations and denials.
- On the infection control side, we are happy to report we did not have any HAPPI's in the month of July and we will continue to work to maintain that.
- We currently have 9 patients in the hospital with COVID. We are seeing a rise in the variants that are more infectious although we are seeing less deaths and hospitalizations.
- Currently have nine patients in the hospital with COVID. The community infection rate is increasing although deaths and hospitalizations are down. Staff COVID rates are up as well and we think that is due to community events, not exposure in the hospital but we will continue to monitor that.
- Patient advocacy and Press Ganey scores saw significant improvement in July with an increase from 34% to 54% favorable on the inpatient side and slightly less on the ED side 33% to 34%.
- Pharmacy drug spend has saved us over \$600k since October of last year.

MCOS Report – Dr. Francis O’Connell

- The highlights are that the performance is the way it has been for the last few months. Big takeaways there are some reductions in surgeries and procedures because of anesthesia and reduction in service in orthopedics. In ICU it is consistent with the month prior, ED similar to last month but a decline from the previous year. There are some comments in each report most of which are similar to previous months.
- Thanks to Dr. Morrow for his wonderful service as Medical Chief of Staff and is happy to step into this role. Will be meeting with leadership next week and each of the department chairs to get a sense of where things are at and how we can get more synergy with the hospital leadership.

Chair Jacobs asked about the report of difficulty hiring ED Techs.

- This has been a broader trend throughout the hospital. It was an issue of retention and now not sure where we are with hiring. We lost three recently and they are hard to replace. The techs are essential to the ED's throughput and offload a lot of tasks the nurses have been shouldering in this moment. With the nurses filling these gaps, it causes a slowdown with the way things move in the emergency department.

CNO Report – Teka Henderson, Director of Nursing

- Still looking at recruiting and retaining staff. We are looking at going to a local college in the next few weeks to recruit nurses.

- Since the report was produced we on boarded an ED Coordinator and two ED techs, two patient sitters, and two nursing supervisors, that's a plus for the department. We will also be recruiting at local colleges.
- We are able to maintain our staffing for our agency nurses and staff nurses.
- We are waiting to onboard new patient transporters which will help us. We are also looking to onboard two transporters as we speak.
- We have the Lucas machine and have training set up for the staff in the next couple of weeks which is excited because that will help relieve the techs.
- One HAPPI in the month of June, one in the month of July, but none in the month of August.
- We are here and happy to serve the community and will do so until we are told otherwise.

Mot to accept CMO and CNO report by Dir. Bobb, 2nd by Dir. Reid-Jackson, unanimous vote.

Executive Management Report – Dr. Jacqueline Payne-Borden, CNO

- Congratulations to Dr. O'Connell as our Chief of Staff.
- Our unofficial motto is UMC running UMC.
- Working to reforecast and balance the budget, retaining our employees, ...
- On July 29th the new Executive Team held two town hall meetings for staff.
- Still in search for a full time compliance officer. So far we have not received applications from candidates who meet the requirements for hospital compliance.
- Working on a new procurement manual that we will present at our upcoming Management Council Meeting. Also working on outstanding contracts.
- In terms of facilities we are focused on the DOE inspection of our boilers. We currently have a tech on campus now to help us with repairs before our re-inspection.
- Pharmacy continues to maintain collaboration with Ward 8 Community Health Alliance and Psychiatric Institute of Washington for Opioid Awareness Day Plan/Working Group.
- Retail pharmacy Excel on our campus had conversations with prior leadership about leaving the campus due to low usage if they do pull out we are prepared to assist patients with their records...
- Our pharmacy has partnerships with Howard and Shenandoah College
- Prior to the transition from Mazars to UMC as its own operator, the Mazar's team provided 24/7 monitoring for UMC Cyber Security Support utilizing Carbon Black Monitoring tool through VMware. As of July 22, 2022, UMC's IT is monitoring UMC cyber security around the clock.

| | |
|-------------------------|--|
| | <ul style="list-style-type: none"> • There were 4 vacant positions previously filled by Mazar’s consultants. These positions have been filled in less than 30 days; rendering a seamless transition and an IT department staffed to support the work load incurred. • The Executive Leadership, which includes our Chief Financial Officer and team, along with directors, managers, point of care staff, and physicians within all departments are wholeheartedly collaborating to provide safe effective care for our patients while maintaining standard of care. We strive to, as realistic as possible, stabilize departmental staffing positions for current and future operations in preparation of hospital closure. In addition, participate in departmental review of services for cost savings e.g., to eliminate duplication of services, work leaner and balance our budget as we progress through the to be determined stages of transition towards closure. <p style="text-align: center;"><i>Mot to accept CMO and CNO report by Dir. Turnage, 2nd by Dir. Bobb, unanimous vote.</i></p> |
| Financial Report | <p>CFO Report - Lillian Chukwuma</p> <ul style="list-style-type: none"> • Started with the tracking page. For the month of July, we started with a loss of \$21.9m and we had a \$15m subsidy so our lost was \$7.6 million but since then the city has given us another \$7m subsidy so if the year ended today we would end with a positive of \$1.4m. • Page 16, our activity level, our goal is to continue to give quality care not necessarily driving more volume. Activities in the ED were higher in July. • Our salary side is really low but the contract side of it, is really driving it up. We have made adjustments and may need to put \$10m in the budget next year for nurses so we make sure there is not shortage. • We did also get some DISH money that helped us to balance the budget. • We thank the Board for allowing us to request that \$7m subsidy. <p>Dir. Turnage asked in terms of DISH how much were we expecting vs how much we received?</p> <ul style="list-style-type: none"> • Initially we were expecting \$22m then it went down but it came back up to make us whole again. Next year we did not factor it in, we used the last quarter numbers. <p style="text-align: center;"><i>Motion to accept June financials by Dir. Turnage, 2nd by Dir. Bobb, unanimous vote.</i></p> |
| Public Comment | No public comment. |
| Closed Session | <p>Mike Austin read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir. Turnage, 2nd by Dir. Reid-Jackson</i></p> |

| | |
|----------------------|---|
| | <p style="text-align: center;"><i>Toya Carmichael conducted roll call – 5yays</i></p> <p>Open Session ended at approximately 4:15 pm.</p> <p>Closed session began at approximately 4:16 pm.</p> <p>Closed session ended at approximately 4:30 pm.</p> |
| Announcements | <p>During closed session the board approved medical credentials, a monkey pox policy and three settlement contracts.</p> |
| Adjourned. | <p>Meeting adjourned at approximately 4:31 pm.</p> |



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General Board Meeting

Date: September 28, 2022

**Consent
Agenda**



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General Board Meeting

Date: September 28, 2022

CMO Report

Presented by:

Dr. Gregory Morrow
Chief Medical Officer

Not-For-Profit Hospital Corporation

CMO August 2022 Report & Accomplishments

Respectively 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.
- In August, there was four (4) initial appointment, fifteen (15) reappointments, and seven (7) resignations. There are currently (245) 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 August:
 - August 17, 2022: Pulmonary Arterial Hypertension
 - August 18, 2022: Radon in the District of Columbia
 - August 24, 2022: Wound Care
- The next Quarterly Staff meeting will be held on December 14, 2022.

Quality and Patient Safety

- Identified a new uploading issue with core measure cases for abstraction and resolved it.
- Worked with IT on the file upload issues from Meditech. Manually fixing the file for each upload.
- Meetings with nursing to discuss quality issues across the board.
- Rounding units in preparation for DC Health.
- Submission of core measure charts to CMS.
- Assisted Risk management with documents for PSO (Patient Safety Organizations) and medical record assistance.
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.
- 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 **August** is ER 86% and ER holding 92%.

- 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. **August** 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.

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

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 August 2022.
- VRE HAI = 0 cases hospital-wide August 2022 – No VRE Healthcare Associated Infections in 6 months
- MRSA HAI = 0 cases hospital-wide for August 2022 –No MRSA HAI in the blood in 7 months
- C Difficile HAI = 0 cases hospital-wide for August 2022

Monkeypox:

- The District of Columbia has identified 436 cases of Monkeypox.
- *UMC tested 10 patients for Monkeypox in August 2022. Six (6) patients had positive results per DSL lab. 3 persons were admitted to UMC. Currently there are no inpatient Monkeypox admissions.*

COVID 19 Update:

- 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.
- Two (2) inpatients on 8 West converted from a negative COVID 19 test result to a positive test. Infection Control measures were implemented:
 - No visitors allowed on 8 West except those with end of life status
 - In-patients who were admitted 5 days or more were re-tested for COVID 19
 - Staff were also tested for COVID 19
 - Three (3) additional cases (2 patients and I staff) were identified to be COVID 19 positive in this screening process. All were placed on isolation precautions. No additional cases have been identified.
 - The infection control measures reduced the potential exposure to COVID 19 to patients, visitors and staff at UMC. The Department of Health had no additional recommendations.

The outbreak investigation on 8 West identified no new COVID 19 positive patients or employees who may have sustained an exposure. The potential for COVID 19 exposure has been controlled. Visitation of patients on 8 West may be resumed; however Infection Control recommends 1 visitor per patient for no more than 1 hour. UMC should continue to follow other visitation requirements.

UMC will implement an updated COVID 19 testing guidance on September 23, 2022 in accordance with DCHA and CDC recommendations.

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 symptomatic persons who are admitted to the hospital will be tested for COVID 19
- ✓ Asymptomatic persons who are admitted to the hospital will not require testing (Rapid test can be ordered at the discretion of the ED attending)

Preoperative & Outpatient Testing

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

- ✓ COVID 19 testing for pre-surgery, pre-procedure, or pre-outpatient visits **are not required** for patients who are asymptomatic, vaccinated and are not immunocompromised.
- ✓ 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.

Due to IT issues of setting up the administrative charges, the bivalent vaccine is currently accessible by the Pharmacist on medi-tech to process as a telephone order from prescribers. Once the IT issues are resolved, it will be available on the Physician Order Entry side.

Pharmacy spend for August compared to July was increased by 20%. This was in most part due to the increase usage of Remdesivir .

Community Initiatives

ED Health Ambassadors Initiative

Objective: Increase Covid vaccinations in Wards 7 & 8

COVID-19 swept rampantly across the world in the winter of 2020. While the spread of COVID 19 led to unprecedented mortality around the globe, the virus preferentially attacked Black, Hispanic, and minority populations at disproportionate rates. According to the Center for Disease Control (CDC), when adjusting for age, the Black and Hispanic population saw drastic differences in COVID-19 infections and deaths when compared to their White counterparts.¹ Multiple studies have evidenced the substantial differences in disease burden and mortality amongst the Black, Hispanic, and minority races when compared to the white race. One study by Mude et al cited that the mortality ratio was as high as 1.68 (95% CI = 1.52-1.83) in Black patients when compared to White patients who had a mortality ratio of 0.82 (95% CI = 0.78-0.87).² After the invention of an effective COVID-19 vaccine, the medical community hoped for a decrease in cases and deaths in minority communities. However, the gap in case rates and deaths in the minority population persisted.¹ This continued disparity is multifactorial and is thought to be attributed to differences in co-morbidities, access to medical care, as well as vaccine hesitancy and uptake in the Black, Hispanic and minority populations.² Understanding the COVID-19 health factors by race/ethnicity is a primary step towards addressing disparities and preventing further disparities. Vaccine hesitancy and uptake is a significant factor leading to differences in outcomes which can be tackled with the appropriate public health efforts. Vaccine hesitancy is two pronged. On one hand it has been ascribed to long standing racial injustices within medical institutions which have created an era of mistrust in the medical system.² On the other hand, hesitancy may also be linked with limited medical resources such as medical providers who can dispel false information regarding the vaccine. The purpose of this study is to implement a novel COVID 19 health ambassador program within a commonly frequented emergency department in a low resourced area within the District of Columbia with a mainly Black and Hispanic patient population. Our ambassador program addresses vaccine hesitancy by creating an educational environment which allows for patients to make a well informed decision on vaccinations while also addressing fears and hesitancies. While some COVID-19 ambassador programs do currently exist, our approach is novel because it is the first to be implemented in an emergency department located in a primarily Black, Hispanic, and minority neighborhood which is underprivileged and lacks alternative medical care access. By bringing the resources to the most frequented medical access point we aim to increase vaccine uptake and bridge the disparity gap in mortality from COVID-19. To attain our objective our program will train medical student volunteers from Howard Hospital, George Washington University, and Georgetown University to speak to patients during their emergency department visits regarding the COVID-19 vaccine and their hesitancy towards it. These students, who are mainly of a minority background will undergo a rigorous training program which consists of readings, training videos and in person simulation sessions. Utilizing minority medical students allows for patients to speak to a provider of similar background and create an environment which diminishes bias. Students will discuss with patients their concerns towards the vaccine while collecting data to further tailor future efforts which combat vaccine hesitancy. We hypothesize that with the implementation of a novel COVID-19 ambassador program within the emergency department we will see a decrease in vaccine hesitancy and possibly an increase in overall vaccine uptake.

The specific aims for this project and examples of hypotheses we will examine are:

- (1) To engage, inform, and discuss vaccine hesitancy with minority patients in the emergency department at United Medical Center. This hospital serves as the primary medical center where patients often seek care due to lack of alternative medical care access. This will promote vaccine uptake in these populations.**
 - 1a. Identify vaccine prevalence in ward 7 and 8 which are primarily Black, Hispanic and minority neighborhoods that are notoriously underserved.
 - 1b. Understand reasons for vaccine hesitancy in this patient population.
 - 1c. Present evidence based data via trained medical volunteers which dismiss popular beliefs spread by the media and the community that lead to vaccine hesitancy.
 - 1d. Utilize data collected on vaccine hesitancy to help tailor future vaccine efforts.

1e. Increase vaccine uptake in populations that are adversely affected by COVID-19 due to social determinants of health such as access to medical care.

(2) Expose medical students to social determinants of health, motivational interviewing and difficult patient discussions.

- 2a. Creating a future health care workforce which is adept at navigating complex healthcare dilemmas.
- 2b. Increasing medical student knowledge on health care disparities leading to poor patient outcomes.
- 2c. Promote collaboration with various regional medical schools from diverse backgrounds.

Press Ganey stats for August:

Emergency Room:

Press Ganey Overall “Rate the Hospital” for the month of August is 38.26%, a very slight increase from July 33.88 %; N = 17 responses.

Courtesy of nurses – 52.94% an increase from the prior month at 31.25%, N=16

Nurses took time to listen – 41.18% a slight decrease from the prior month at 43.75%, N=17

Nurses' attention to your needs – 47.06% an increase from the prior month at 43.75%, N=17

Nurses kept you informed – 35.29 % an increase from the prior month at 31.25%, N=17

Nurses' concern for privacy – 41.18 an increase from the prior month at 37.50%, N=17

Nurses' responses to quest/concerns – 35.29% an increase from the prior month at 31.25%, N=17

Doctors took time to listen – 56.25% an increase from the prior month at 53.33%, N=16

Doctors informative regarding treatment – 37.50% an increase from the prior month at 35.71%, N=16

Doctors' concern for comfort – 50% an increase from the prior month at 42.86%, N=16

Doctors include you treatment decision – 37.50% a decrease from the prior month at 42.86%, N=14

Inpatient:

Press Ganey Overall “Rate the Hospital” for the month of August is 34.24% a decrease from the July at 53.93%, N=12

“Nurses treat with courtesy/respect” – 75% an increase from the prior month at 50%, N=12

“Nurses listen carefully to you” – 66.67% an increase from the prior month at 62.50%, N=12

“Nurses explain in a way you understand” – 75% an increase from the prior month at 50%, N=12

“Doctors treat with courtesy/respect” - 90.91% and increase from the prior month at 87.50%, N=11

“Doctors listen carefully to you” – 91.67% and increase from the prior month at 75%, N=12

“Doctors explain in way you understand” – 91.67% an increase from the prior month at 87.50%, N=12

Sincerely,

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



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**General Board
Meeting Date:
September 28, 2022**

Medical Chief of Staff Report

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



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

September 2022

Re: Chief of Staff Monthly Report

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

The Medical Staff is truly appreciative of the dedication, leadership, and hard work of Dr. Gregory Morrow during his tenure as Chief of Staff. We look forward to working with Drs. Morrow and Yacoub as the newly appointed Chief Medical Officer (CMO) and Associate Chief Medical Officer, respectively. As practicing physicians at United Medical Center, they bring years of experience and commitment to the patients at UMC.

As we head into the new fiscal year and the next chapter of UMC's history, we will be working collaboratively with the hospital's administration - always focused on the best ways to deliver timely, effective, compassionate care to the patients of United Medical Center. For the next couple of months, I will be meeting with each of the department and committee chairs and the CMO to gain greater insights into the successes and challenges within each department and the hospital, as well as the future directions and needs for the future.

Working in the Emergency Department, it is clear that UMC provides a vital role in healthcare delivery to the citizens of Washington, DC, and nearby Prince Georges County. As a representative of the Medical Staff, I plan to gain deeper insight into the ongoing efforts and challenges at UMC to provide compassionate, quality healthcare. And using that knowledge, find opportunities to further collaborate with the hospital's team.

Sincerely,

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



Amaechi Erond, M.D., Chairman

AUGUST 2022

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for August 2022 was 113 while July 2022 was 102 and 111 in June 2022. See attached table and chart. There has been a slight increase in surgical volume over the past several months for various reasons.

QUALITY INITIATIVES AND OUTCOME:

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

VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We had a total of 101 vascular access procedures in August, 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 provided the highest OR volume and is*. We had a total of 25 cases in August 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 | |
| OCT | 211 | 175 | 146 | 135 | |
| NOV | 195 | 133 | 153 | 137 | |
| DEC | 192 | 156 | 146 | 132 | |
| TOTAL | 2,331 | 2136 | 1559 | 1748 | |

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



Mina Yacoub, M.D., Chairman

AUGUST 2022

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

In August 2022, the Intensive Care Unit had 60 admissions, 58 discharges, and 248 Patient Days. Average Length of Stay (ALOS) was 4.3 days. The average daily census remained at 9 (8.26) patients. There were no returns to ICU within 24 hours of transfer out. There was a total of 6 deaths for 58 discharges, with an overall ICU mortality rate of 10.3%.

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.

August 2022 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 21 patients with severe sepsis and septic shock. One death was due to severe sepsis for an overall severe sepsis/septic shock mortality of 4.7%.

In August, the ICU had 81 ventilator days with no Ventilator Associated Pneumonia (VAP), 127 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 156 Urinary Indwelling Device days with no Catheter Related Urinary Tract Infections (CAUTI). ICU infection control data is compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report for details.

Rapid Response and Code Blue Teams

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

Relocation of ICU to the 3rd floor remains the plan and is pending completion of electrical work.

Mina Yacoub, MD.

Chair, Department of Critical Care Medicine

September 9, 2022



Francis O'Connell, M.D., Chairman

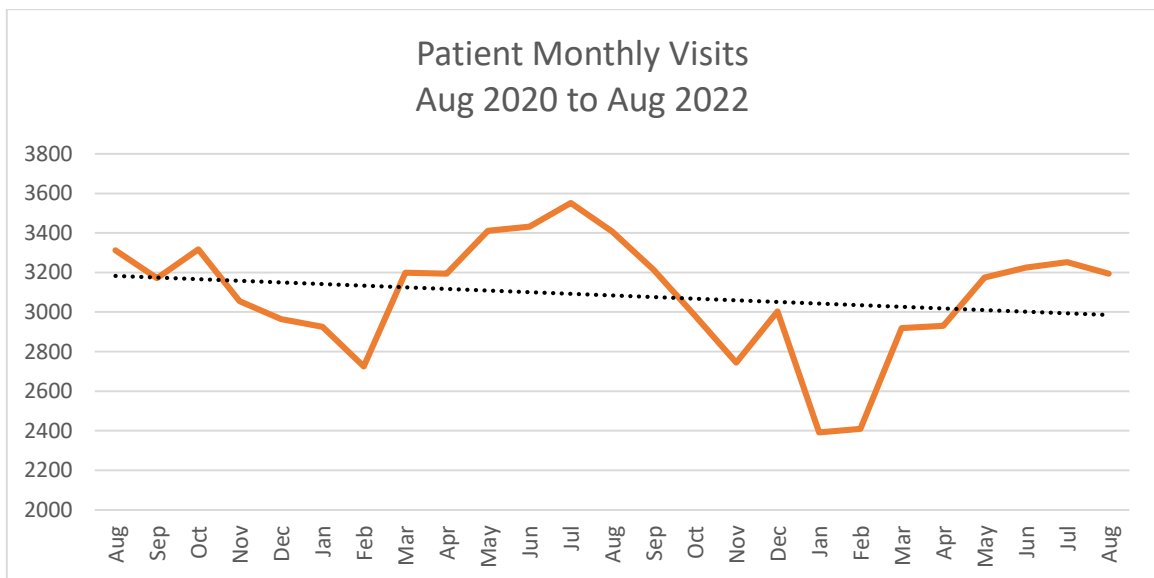
AUGUST 2022

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

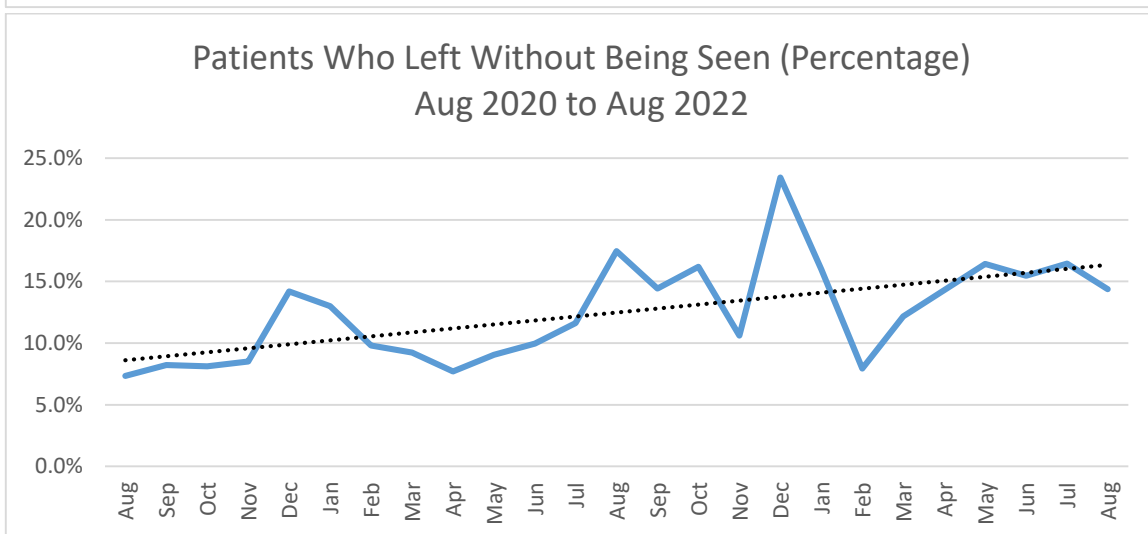
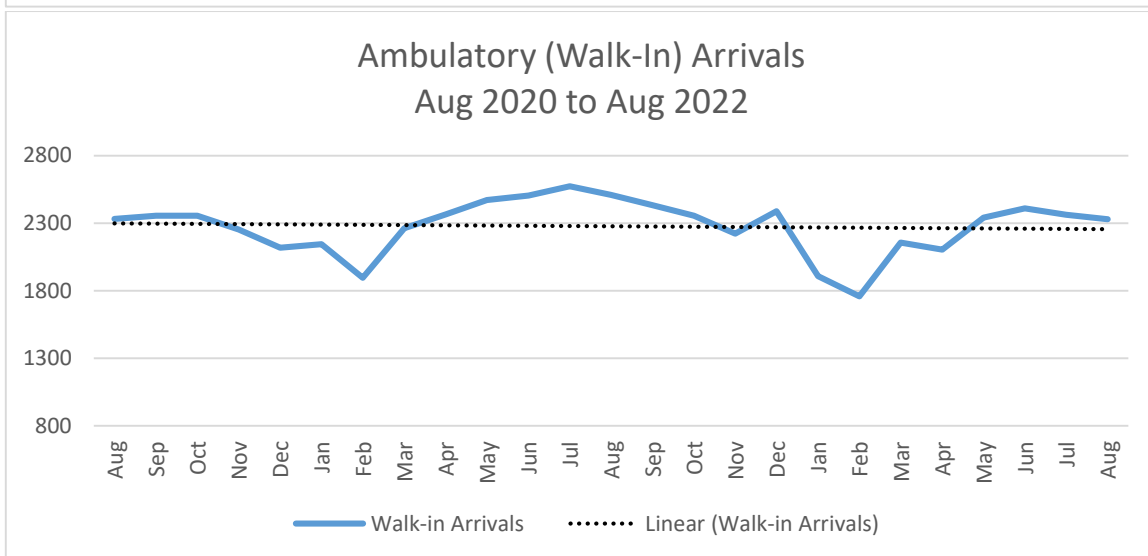
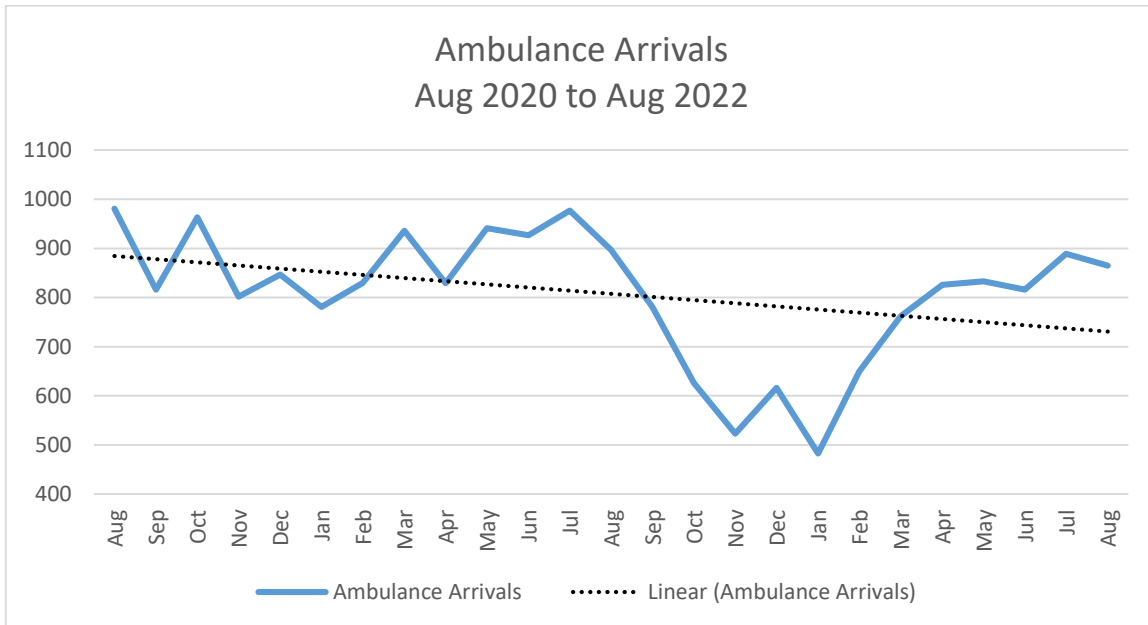
Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

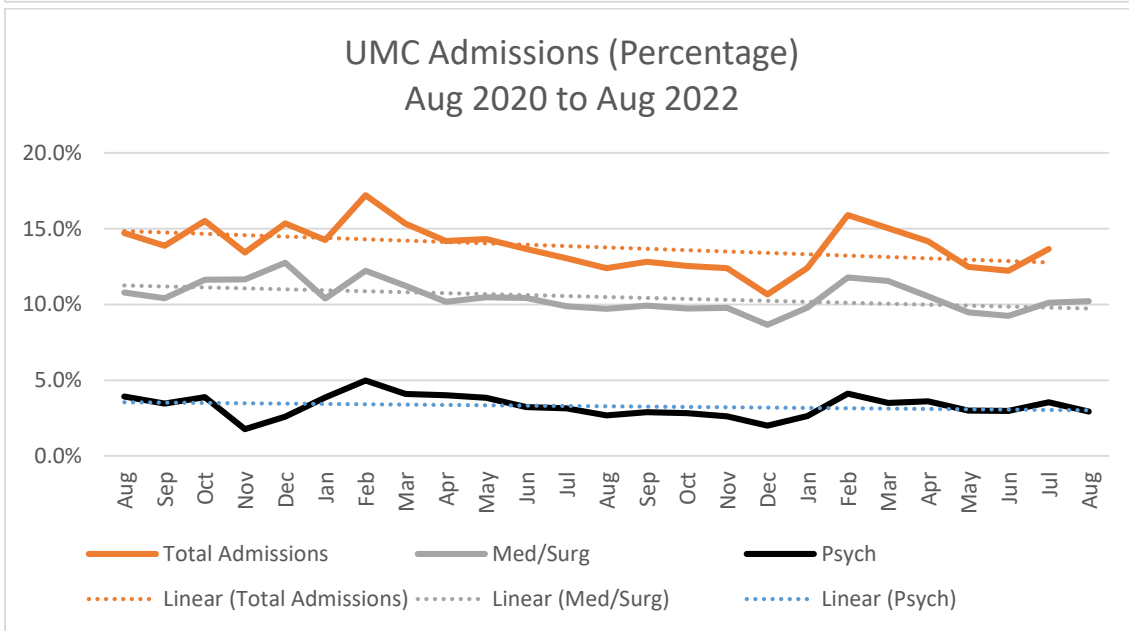
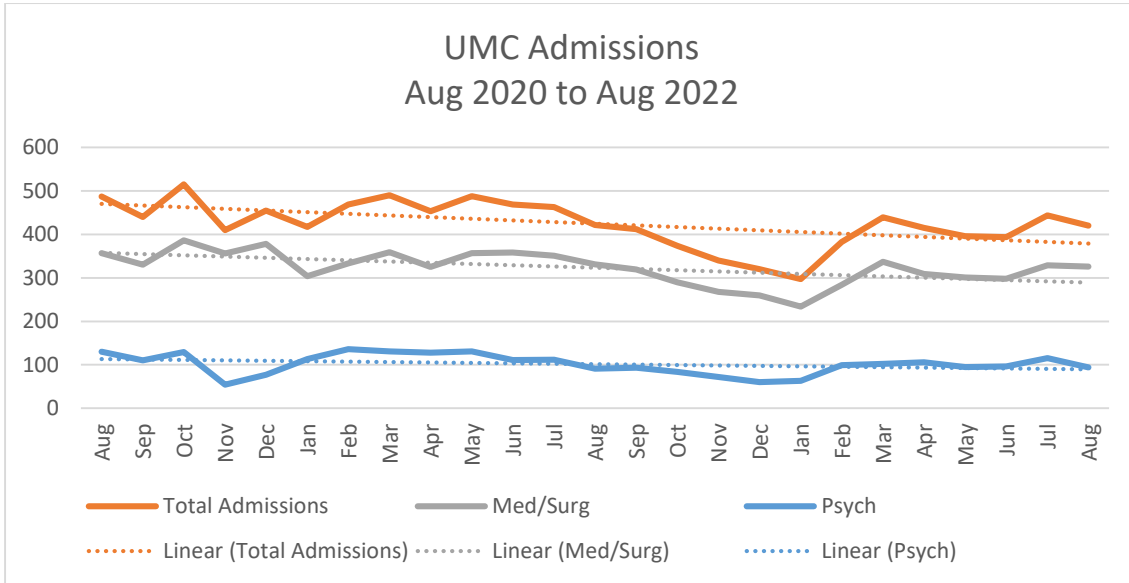
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical patients admitted (includes ICU admissions)
 - **Psych:** number of patients admitted to the behavioral health unit
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
- **Ambulance Admission Rate:** percentage of ambulance arrivals that are admitted
- **Walk-In Admission Rate:** percentage of walk-in patients that are admitted



Department of Emergency Medicine



Department of Emergency Medicine



Data tables:

| ED Volume and Events | | | | |
|---------------------------------|-------------|-------|-------------|-------|
| | August 2021 | % | August 2022 | % |
| Total patients | 3312 | | 3407 | |
| Daily Avg Census | 107 | | 110 | |
| Ambulance Arrivals | 981 | 29.6% | 897 | 24.3% |
| Admit | 487 | 14.7% | 422 | 12.5% |
| • Med Surg | 357 | 10.8% | 331 | 9.7% |
| • Psych | 130 | 3.9% | 91 | 2.9% |
| LWBS | 243 | 7.3% | 595 | 14.4% |
| Ambulance Admission Rate | 31.8% | | 31.5% | |
| Walk-In Admission Rate | 7.5% | | 5.5% | |

Department of Emergency Medicine

Analysis:

1. The data reported this month includes data from the past two years.
2. The monthly census for Aug 2022 dropped marginally from the previous month and was slightly down from Aug 2021 and 2020. The census trend for the last two years is slightly negative.
3. The total number of medicine admissions remained steady from the previous month and was similar to the previous year, but down from Aug 2020. The number and percentage of admissions trend remains steady
4. The percentage of patients who left without seeing a provider (LWBS) increased from the previous month with the LWBS trend remaining steady.
5. The total number of ambulances coming to UMC increased slightly from the previous month with a negative trend over the last two years
6. Ambulance visits remain 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 from the previous month. The trend of walk-in patients is steady over the past two years.

Starting with this report, we will be reporting data from the previous 24 months. Approximately, 2 years ago, 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 essentially UMC's base of ED patient volume.

While ED walk-in patient volume remains steady, the overall ED visits and admissions, on average, continue to decline. This appears to be principally driven by the drop in ambulance traffic. District-wide ambulance traffic continues to increase since the summer of 2020, approaching, if not exceeding pre-pandemic levels. UMC, however, is not seeing the proportional rise in ambulance traffic that is occurring throughout the District of Columbia. A significant percentage of ambulance calls come from Wards 7 and 8, suggesting that ambulance traffic is bypassing UMC.

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 (termed throughput) is disrupted. 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 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.

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



Musa Momoh, M.D., Chairman

AUGUST 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 |
|-------------------------------|------|------|------|------|------|------|------|------|------|-----|-----|-----|-------|
| ADMISSIONS | | | | | | | | | | | | | |
| OBSERVATION | | | | | | | | | | | | | |
| MEDICINE | 80 | 117 | 127 | 126 | 116 | 109 | 131 | 127 | | | | | 933 |
| HOSPITAL | 80 | 117 | 127 | 126 | 116 | 109 | 131 | 127 | | | | | 933 |
| PERCENTAGE | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | 100% |
| REGULAR | | | | | | | | | | | | | |
| MEDICINE | 159 | 177 | 210 | 187 | 185 | 183 | 205 | 204 | | | | | 1510 |
| HOSPITAL | 238 | 284 | 323 | 304 | 192 | 286 | 333 | 308 | | | | | 2268 |
| PERCENTAGE | 67% | 62% | 65% | 62% | 63% | 64% | 62% | 66% | | | | | 64% |
| DISCHARGES | | | | | | | | | | | | | |
| OBSERVATION | | | | | | | | | | | | | |
| MEDICINE | 77 | 122 | 123 | 123 | 117 | 114 | 123 | 130 | | | | | 929 |
| HOSPITAL | 77 | 122 | 123 | 123 | 117 | 114 | 123 | 130 | | | | | 929 |
| PERCENTAGE | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | | | 100% |
| REGULAR | | | | | | | | | | | | | |
| MEDICINE | 126 | 131 | 179 | 158 | 152 | 150 | 178 | 157 | | | | | 1231 |
| HOSPITAL | 199 | 230 | 289 | 270 | 257 | 250 | 298 | 263 | | | | | 2056 |
| PERCENTAGE | 63% | 57% | 60% | 59% | 59% | 60% | 60% | 60% | | | | | 60% |
| PROCEDURES | | | | | | | | | | | | | |
| HEMODIALYSIS | 178 | 97 | 156 | 131 | 152 | 102 | 75 | 141 | | | | | 1032 |
| EGD'S | 13 | 25 | 19 | 24 | 18 | 12 | 12 | 9 | | | | | 132 |
| PEG'S | 8 | 4 | 5 | 4 | 10 | 4 | 2 | 9 | | | | | 46 |
| COLONOSCOPY | 25 | 30 | 36 | 34 | 28 | 15 | 26 | 23 | | | | | 217 |
| ERCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| BRONCHOSCOPY | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | | | | | 4 |
| QUALITY | | | | | | | | | | | | | |
| Cases Referred to Peer Review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Cases Reviewed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| Cases Closed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 |

Department of Medicine met on June 8, 2022.

The next meeting is September 14, 2022.

Musa Momoh, M.D.

Chairman, Department of Medicine

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

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

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

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

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

Donald Karcher, M.D.

Chairman, Pathology Department



Shanique Cartwright, M.D., Chairwoman

AUGUST 2022

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

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

Shanique Cartwright, M.D.
Department of Psychiatry



Riad Charafeddine, M.D., Chairman

AUGUST 2022

| Exam Type | Exams (INP) | Units (INP) | Exams (ER) | Units (ER) | Exams (OUT) | Units (OUT) | Exams (TOTAL) | Units (TOTAL) |
|----------------------------|-------------|-------------|------------|------------|-------------|-------------|---------------|---------------|
| Cardiac Cath | | | | | | | | |
| CT Scan | 74 | | 719 | | 127 | | 920 | |
| Fluoro | 2 | | 0 | | 33 | | 35 | |
| Mammography | | | | | 49 | | 49 | |
| Magnetic Resonance Angio | 1 | | 0 | | 1 | | 2 | |
| Magnetic Resonance Imaging | 22 | | 10 | | 34 | | 66 | |
| Nuclear Medicine | 6 | | 0 | | 3 | | 9 | |
| Special Procedures | 3 | | 0 | | 0 | | 3 | |
| Ultrasound | 96 | | 211 | | 142 | | 449 | |
| X-ray | 120 | | 1049 | | 430 | | 1599 | |
| Echo | 44 | | 35 | | 0 | | 79 | |
| CNMC CT Scan | | | 39 | | | | 39 | |
| CNMC X-ray | | | 468 | | | | 468 | |
| Grand Total | 368 | 0 | 2531 | 0 | 819 | 0 | 3718 | 0 |

Numbers are overall slightly increased in August relative to July (by 2.7%), with increase in CT, MRI and Children's Xrays.

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

3. Code Blue/Rapid Response Teams ("RRTs") Outcomes: No code.

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

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

Services:

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

Fluoroscopy Philips bariatric table room has been up and running tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, fluoroscopic radiological procedures, with added standing Chest Xray/exams options.

Nuclear Medicine: GE Discovery dual head camera provides wide range of exams, including cardiac software and SPECT applications.

Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

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



Gregory Morrow, M.D., Chairman

AUGUST 2022

For the month of July 2022, the Surgery Department performed a total of 114 procedures. The chart and graft below show the annual and monthly trends over the last 10 calendar years:

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

This month ended with an 11% increase compared to last month. Compared to the average number of cases performed over the previous 9 years, we are experiencing a 35% decrease.

Factors contributing to this trend include:

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

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary. We continue test all elective patients for Covid-19 on or within 72hrs prior to the day of surgery.

We continue to have some staffing shortages in the OR for Perioperative Nursing and OR Techs. We will continue to work with administration and HR to have those vacancies filled

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

Page 2

Department of Surgery

We will continue assess the data and make improvements where possible.

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

We continue to evaluate and modify how we manage Covid-positive patients to minimize exposure to the staff in all areas of the hospital.

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be reduced or eliminated. Updates to the current physician contracts within the department went into effect as of 03/01/2022. Process appears to be going well, but we will provide a 6-month assessment with specific data points.

Respectfully,

A handwritten signature in black ink, appearing to read 'G. Morrow', with a large, sweeping flourish extending to the right.

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

Chairman, Department of Surgery



UMC

UNITED
MEDICAL CENTER

**General Board
Meeting Date:
September 28, 2022**

**Nursing
Department
Report**

Presented by:
Teka Henderson,
Director of
Nursing

United Medical Center Nursing Board Report August 2022

Overall State of Nursing Department

Staffing:

Providing quality care with appropriate staffing remains a top priority and will continue until UMC closes its doors. We continue to provide quality care and meet our nurse patient ratios by being creative. We continue to recruit and retain new UMC staff. Several UMC positions were filled in August with an emergency department RN, patient transporter, clinical coordinator and a nursing supervisor. We look forward to on-boarding more staff next month. We on boarded 1 ICU RN, 4 ER RN's, 3 Telemetry and 1 Behavioral Health RN. Nursing recognizes the importance of increasing staff to be ready for the change in season ahead. Covid is increasing. Monkey pox is lurking and the flu season is fast approaching. Nursing understands the importance of educating staff and patients alike on the importance of obtaining the flu shot early. It is imperative we are ready early to tackle any challenges that may come our way.

Performance Improvement:

Preventing and eliminating HAPI(s) is our goal. There were zero HAPI's for the month of August. This was a huge accomplishment compared to 1 HAPI in July and 2 HAPI's in June. Daily assessment by staff, daily rounding and wound care checks by the wound care RN helped contribute to zero HAPI's. UMC will be implementing a new IV pump device in the near future and training will begin at the beginning of September. We strive to do our best and understand there is always room for improvement. We have developed a new procedure in conjunction with the patient advocate for handling and addressing concerns unable to be handled in real time.

ICU

There was a total of 60 admissions for the month of August with an average daily census of 9. Maintaining proper hand washing and use of appropriate PPE is ongoing for the safety of patients, family and staff. Education on timely medication administration, pain assessment, Braden scores, hourly intake, output and GI and DVT prophylaxis was reviewed. Performance improvement initiatives included monitoring for adequate nutrition, skin assessment, wound consults, treatments, repositioning and cushioning bony prominences.

Emergency Department:

Recruitment for the nurse manager position is ongoing. Education continues daily to impress upon the importance of wearing proper PPE, providing good hand hygiene and quality care to all of our customers. The August monthly staff meeting was successful. Education was reviewed on providing care and the policy and procedure for assisting the hearing impaired and non-English speaking customer. UMC is committed to providing care to all and following the American Disability Act (ADA). The Lucas Compression device training is scheduled for the beginning of next month. The Lucas Device will assist with uninterrupted CPR and afford clinical staff the ability to provide other life saving measures simultaneously.

| ED Metrics Empower Data | Jun | Jul | Aug | Sep |
|---|-------|-------|-------|-----|
| Visits | 3227 | 3252 | 3193 | |
| Change from Prior Year (Visits) | 3431 | 3554 | 3408 | |
| % Growth | -6.32 | -9.29 | -6.73 | |
| LWBS | 15.5% | 16.5% | 14.3% | |
| Ambulance Arrivals | 816 | 889 | 865 | |
| Ambulance Patients Admission Conversion | 0.25 | 0.27 | 0.27 | |
| % of ED patients arrived by Ambulance | 0.25 | 0.27 | 0.27 | |
| % of Ambulance Patients Admitted | 0.33 | 0.32 | 0.33 | |

Occupational Health:

| PRE-EMP | ANNUAL | COVID TEST | Work CLEARANCES | POSITIVES | Fit Test | OTHERS | TOTALS | MONTH/YEAR. |
|---------|--------|------------|-----------------|-----------|----------|--------|--------|-------------|
| 9 | 82 | 150 | 10 | 23 | 91 | 27 | 392 | August 2022 |

Behavioral Health:

The in-patient Behavioral Health Unit continues to be of great need to the community. There were a total of 104 admissions for the month of August with an average daily census of 18 and an average length of stay of 5 days. Education centered around restraints, seclusion, wound care and documentation of group notes. Performance improvement initiatives focused on pain, restraints and seclusion. Clinical observation and rounding every 15 minutes and every 2 hours remain of high importance. 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:
September 28, 2022**

Executive Management Report

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



Executive Leadership Board Report August 2022

The close of Fiscal Year 22 is fast approaching; as such the month of August has been super busy for members of the Executive Leadership team along with stakeholders and support staff. The team have primarily spent many hours reviewing, renewing and in some cases revising not only clinical contracts and purchase orders but contracts and purchase orders for operational and support services. 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:

We welcomed our new General Council Charles Brown, Jr., and look forward to him leading our current legal team.

Similar to other hospitals, UMC from time to time experiences staffing challenges. We have engaged with Aya a larger supplemental staffing agency that has an excellent track record with providing competent healthcare talent for the various disciplines. UMC is specifically engaging with Aya to provide nursing, technicians- Med/Surg/ ED and also Respiratory Therapists. We will seek preliminary approval from this Board once all paper work is secured.

The Human Resources Department continues to ensure our website is kept up to date with open positions, and current on the job search engine Indeed. HR is preparing to go live in September with new Human Resource Information System (HRIS) software that will maintain, manage and process detailed employee related procedures. This will significantly decrease administrative burdens and improve efficiency; e.g. application process, tracking of PARs and annual employee evaluations.

Compliance and Risk Manager position remains vacant; however, HR has received a few more applications. Interviews will be set up accordingly.

In regards to Information Technology (IT), all clinical applications are updated to the latest versions to maintain regulatory compliance and adhere to security features. Modifications were made to the e-prescription process to accommodate new requirements by DMV area pharmacies. Successfully upgraded UMC's disaster recovery infrastructure. Facilitated secure file transfer protocol services to securely receive files from external environment for the new HRIS system. Upgraded endpoint protection for all the devices to latest version. No security risks/attacks identified for the month of August.

Hospital wide access control and camera upgrade project is ongoing and scheduled to be completed mid to late October. Continue to work on mitigating the prior Department of Energy



and Environment (DOEE) violations as well as currently working on replacing the medical vacuum system to insure patient safety and meet current compliance standards. Radiology Department passed their Nuclear Regulatory Commission (NRC) survey and is awaiting the final report. This survey is conducted annually.

UMC participated in an evening event in recognition of International Opioid Awareness at THEARC, located at Mississippi Ave, SE. The VP of Pharmacy- Dr. Lawson, VP Operations Dr. Johnson and I attended this very informative event. The Care Center led by Vernon Richardson participated and provided COVID 19 and HIV testing. Ms. Toya Carmichael, Esq. Corporate Board Secretary /VP Public Relations was instrumental in facilitating UMC's participation and provided UMC swag/promotional items as giveaways.

Respectfully submitted,

Jacqueline A. Payne-Borden,
Interim CEO/CNO



NOT-FOR-PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
Corporate Secretary / VP Public Relations

DATE: September 21, 2022

PUBLIC RELATIONS

Public Relations – UMC had a fantastic month of August. On August 10, 2022 UMC offered staff and the community in-person and virtual attendance options for an Estate Planning Workshop presented by our new partner, Bankers Life. Bankers Life also provided lunch and dinner from Ward 8 business MLK Deli. On Saturday August 20, 2022, the hospital served as the host site for The CareFirst Blue Cross MCO Back to School event. UMC provided COVID vaccinations to CareFirst enrollees during the event. We also continued our Walk With A Doc Program.

Weekly Newsletter – The UMC Newsletter was reintroduced on July 2, 2021 and is now distributed on a monthly basis. During the month of August, the newsletter included a message from our Interim CEO Dr. Payne-Borden, highlighted CM Trayon White's Resources to the Block events and the plethora of fall workforce training programs offered by UDC. If you have news or resources you would like to share, please send it to Toya Carmichael – tcarmichael@united-medicalcenter.com by the first Wednesday of the month.



NOT-FOR-PROFIT HOSPITAL CORPORATION

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 August.

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending August 31, 2022

DRAFT



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



Gap Measures Tracking

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

| | FY 2022 Original Initiatives | Initiatives Not Realized | Realized/ Recognized | |
|--|------------------------------------|-----------------------------|-------------------------|-----------------------|
| Annualized Net Gain from Operations Before District Subsidy | | | | (\$20,699,366) |
| District Subsidy | | | | \$22,000,000 |
| Adjusted Annualized Net Gain from Operations | | | | \$1,300,634 |
| Add: Initiatives to be Realized | | | | |
| 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 | (\$2,314,108) | \$4,285,892 | \$600,000 |
| Subtotal | \$16,300,000 | (\$9,327,108) | \$8,372,892 | \$600,000 |
| Projected Net Income (Loss) from Operations | | | | \$1,900,634 |
| Original Projected Income | | | | \$421,000 |
| Difference from Original Projected Income | | | | \$1,479,634 |



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 160% (16.5M) MTD and 5% (5.4M) YTD as a result of the 2017 one time DSH payment of \$14.9M and additional \$7M subsidy from the District received in the month of August.**
- ❖ **Net patient revenue is lower than budget by 33% (2.1M) MTD and 19% (13.9M) YTD, due to low activity and medical necessity admission issues.**
 - ❖ **Admissions are lower than budget by 17% MTD and 23% YTD.**
 - ❖ **ER Visits are higher than budget by 5% MTD but lower 3% YTD.**
 - ❖ **Patient days are lower than budget by 18% MTD and 19% YTD.**
 - ❖ **Total Surgeries are lower than budget by 24% MTD and 16% YTD.**
- ❖ **GWMFA collections are lower than budget by 27% (165K) MTD and 35% (2.3M) YTD.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 4% (400K) MTD but higher than budget by 4% (4.6M) YTD**
 - ❖ **Salaries are below budget both MTD and YTD by 4% (\$140k) and 6% (\$2.6M) respectively. Savings realized by salaries are offset by overtime by \$2.3M.**
 - ❖ **Employee benefits are above budget by 5% (\$51k) MTD and 4% (\$485k) YTD.**
 - ❖ **Contract labor is above budget for both MTD and YTD budget by 38% (\$158k) and 92% (\$4.5M) respectively attributed to staffing vacancies.**
 - ❖ **Supplies are below budget by 20% (\$175k) MTD but above budget by 9% (\$613k) YTD.**
 - ❖ **Professional fees are above budget by 2% (\$41k) MTD and 1% (\$135k) YTD.**
 - ❖ **Purchased services are below budget by 16% (\$197k) MTD but above budget by 5% (\$734k) YTD.**
 - ❖ **Other expenses are below budget by 13% (\$142k) MTD but above budget by 10% (\$1.2M) YTD due to unbudgeted expenses.**



Key Indicators

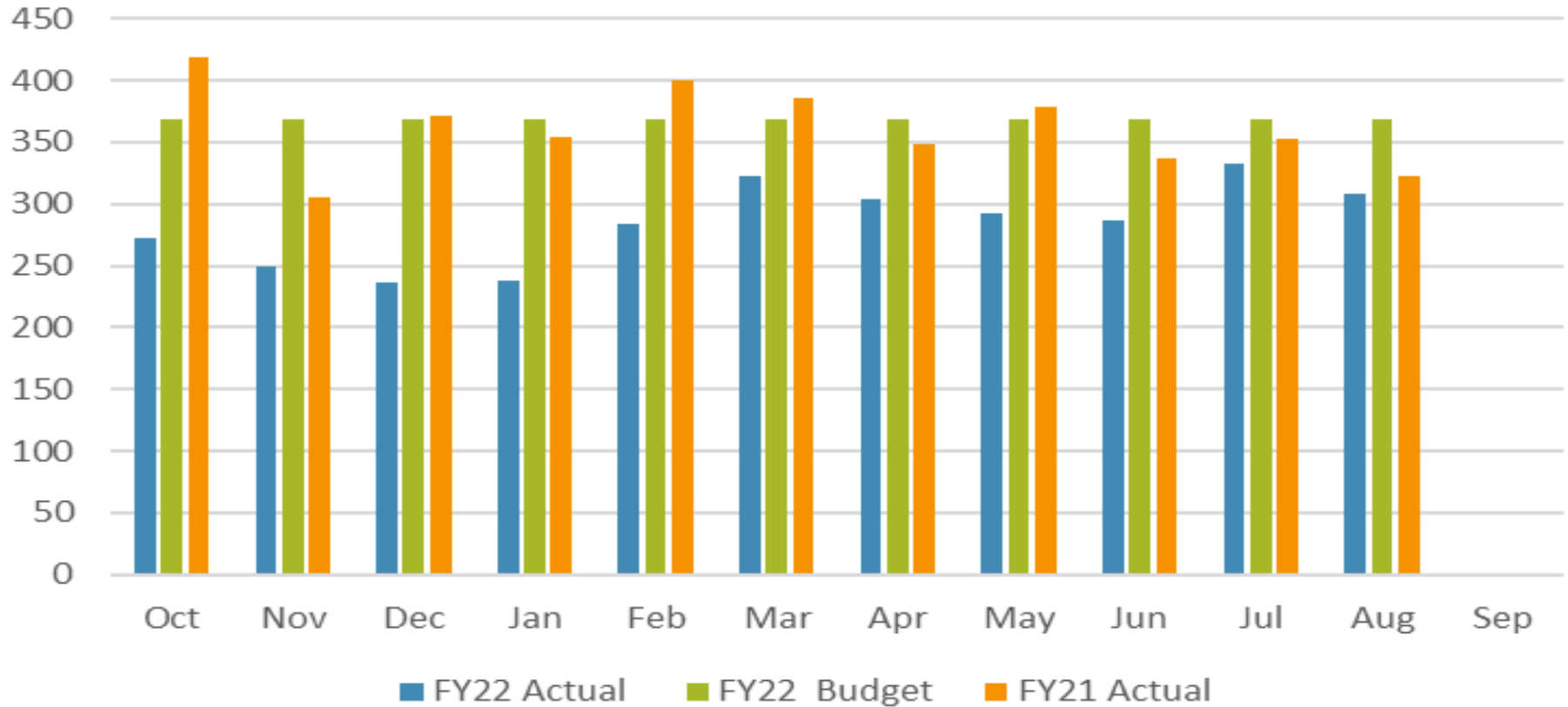
Fiscal Year 2022 thru 08/31/22

| Key Performance Indicators | Calculation | MTD Actual | MTD Budget | MTD FY21 | Actual Trend | Desired Trend |
|--|--|------------|------------|----------|--------------|---------------|
| VOLUME INDICATORS: | | | | | | |
| Admissions (Consolidated) | Actual Admissions | 308 | 369 | 323 | ▼ | ▲ |
| Inpatient/Outpatient Surgeries | Actual Surgeries | 111 | 145 | 148 | ▼ | ▲ |
| Emergency Room Visits | Actual Visits | 3,180 | 3,043 | 3,396 | ▲ | ▲ |
| PRODUCTIVITY & EFFICIENCY INDICATORS: | | | | | | |
| Number of FTEs | Total Hours Paid/Total Hours | 564 | 624 | 612 | ▼ | ▼ |
| Case Mix Index | Total DRG Weights/Discharges | 1.08 | 1.13 | 1.26 | ▼ | ▲ |
| Salaries/Wages and Benefits as a % of Total Expenses | Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services) | 56% | 55% | 52% | ▲ | ▼ |
| PROFITABILITY & LIQUIDITY INDICATORS: | | | | | | |
| Net Account Receivable (AR) Days (Hospital) | Net Patient Receivables/Average Daily Net Patient Revenues | 24 | 85 | 55 | ▼ | ▼ |
| Cash Collection as a % of Net Revenue | Total Cash Collected/ Net Revenue | 105% | 92% | 132% | ▲ | ▲ |
| Days Cash on hand | Total Cash /(Operating Expenses less Depreciation/Days) | 116 | 45 | 93 | ▲ | ▲ |
| Operating Margin % (Gain/Loss YTD) | Net Operating Income/Total Operating Revenue | 1.0% | 1.0% | -6.7% | ▼ | ▲ |



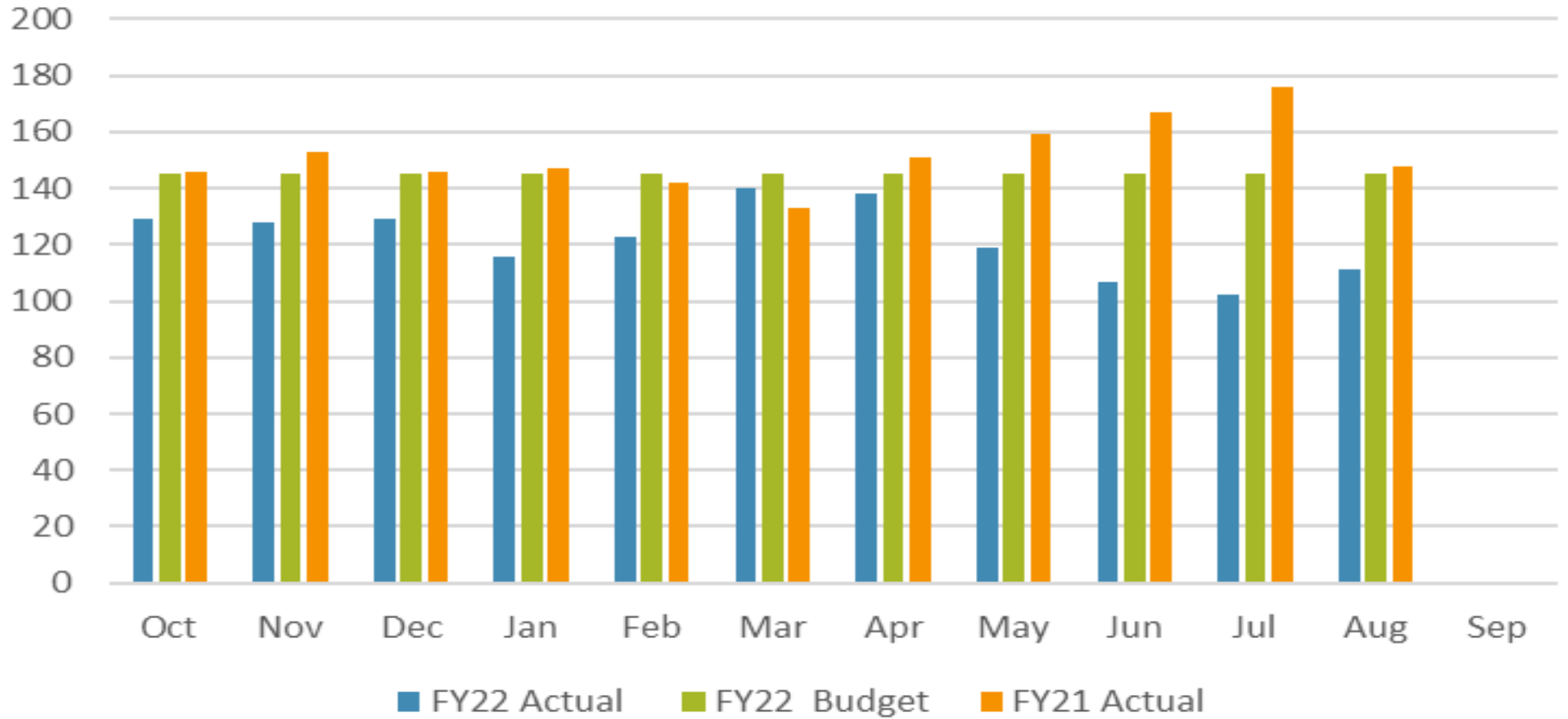
UNITED
MEDICAL CENTER

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 | |
| FY22 Budget | 369 | 369 | 369 | 369 | 369 | 369 | 369 | 369 | 369 | 369 | 369 | |
| FY21 Actual | 419 | 306 | 372 | 354 | 400 | 385 | 348 | 378 | 337 | 353 | 323 | |

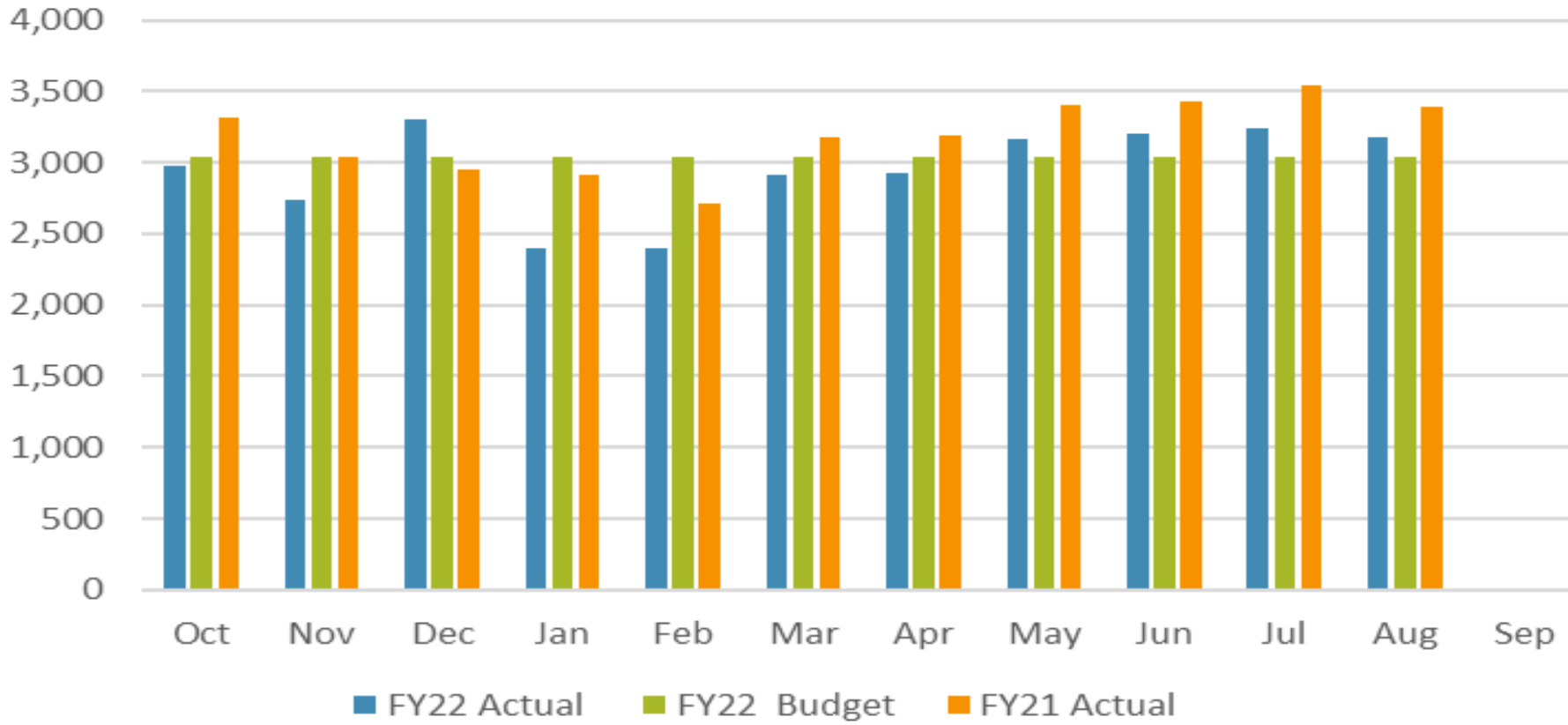
Inpatient/Outpatient Surgeries



| | 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 | |
| FY22 Budget | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 | 145 | |
| FY21 Actual | 146 | 153 | 146 | 147 | 142 | 133 | 151 | 159 | 167 | 176 | 148 | |



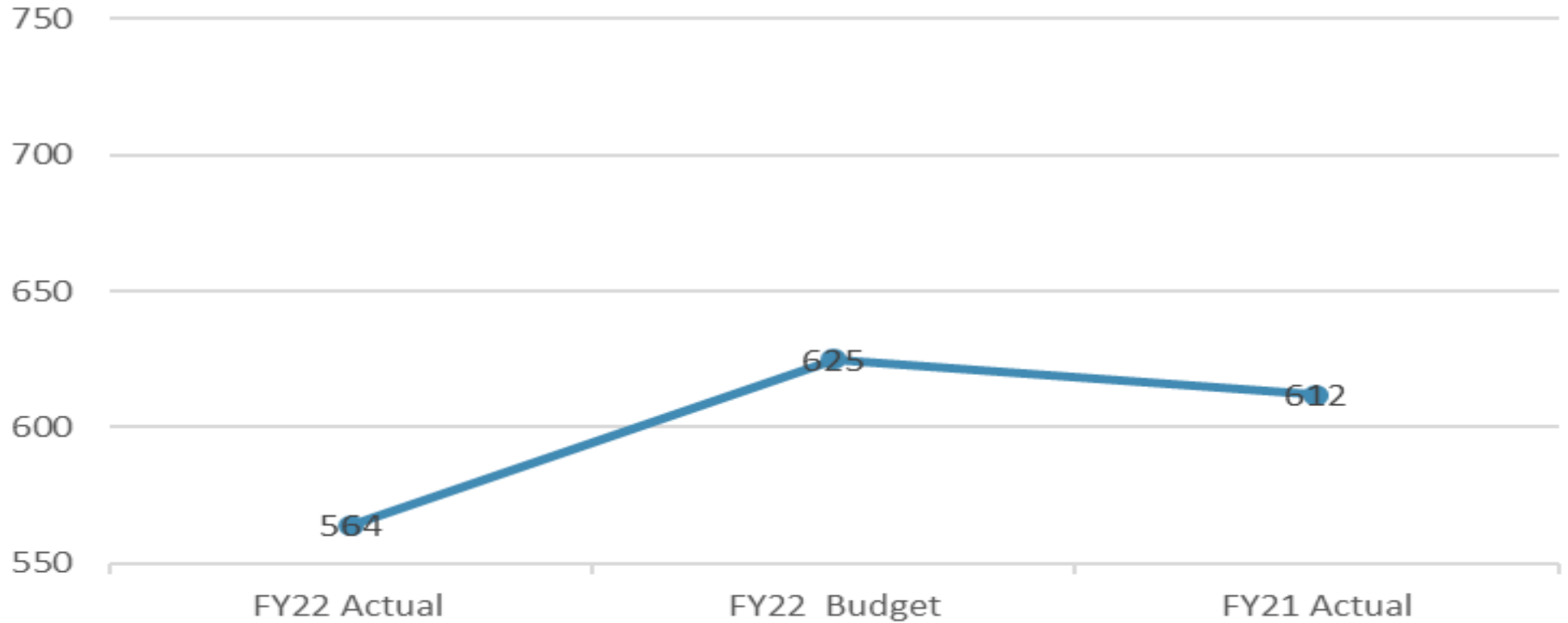
Total Emergency Room Visits



| | 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 | |
| FY22 Budget | 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 | |



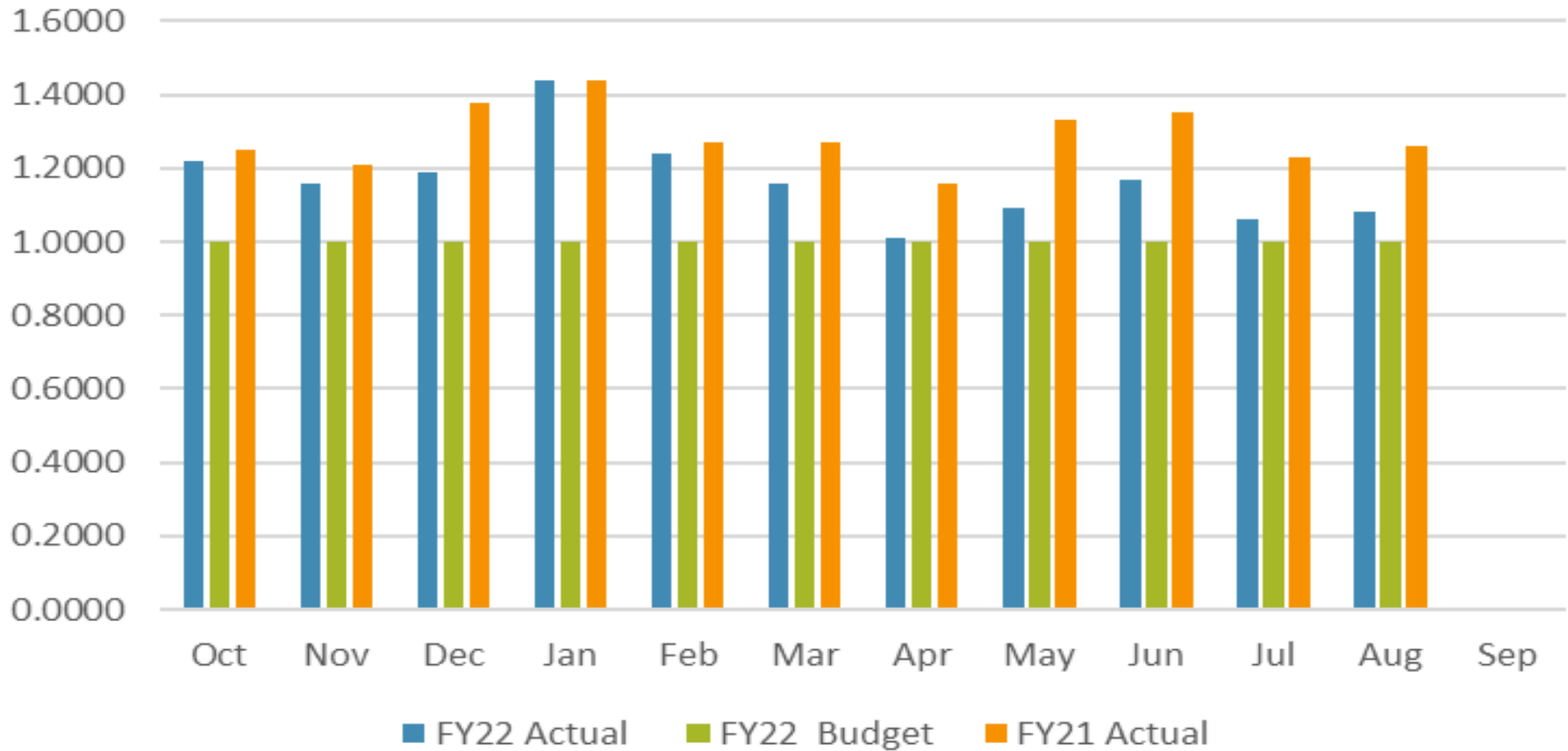
Number of FTEs



| | 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 | |
| FY22 Budget | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | |
| FY21 Actual | 764 | 771 | 766 | 725 | 724 | 704 | 687 | 665 | 637 | 626 | 612 | |



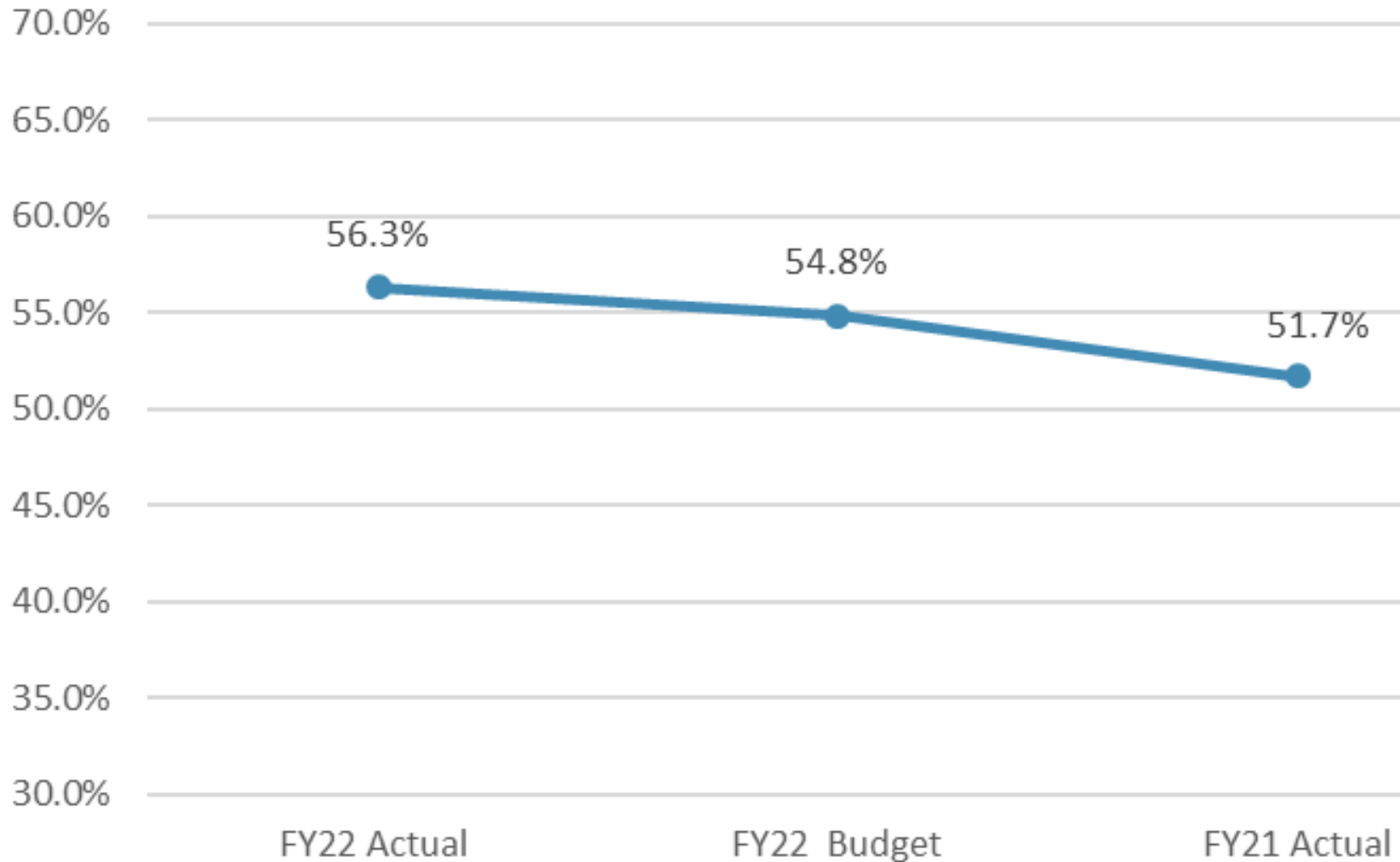
Case Mix Index



| | 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 | |
| FY22 Budget | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | 1.1300 | |
| FY21 Actual | 1.2500 | 1.2100 | 1.3800 | 1.4400 | 1.2700 | 1.2700 | 1.1600 | 1.3300 | 1.3500 | 1.2300 | 1.2600 | |



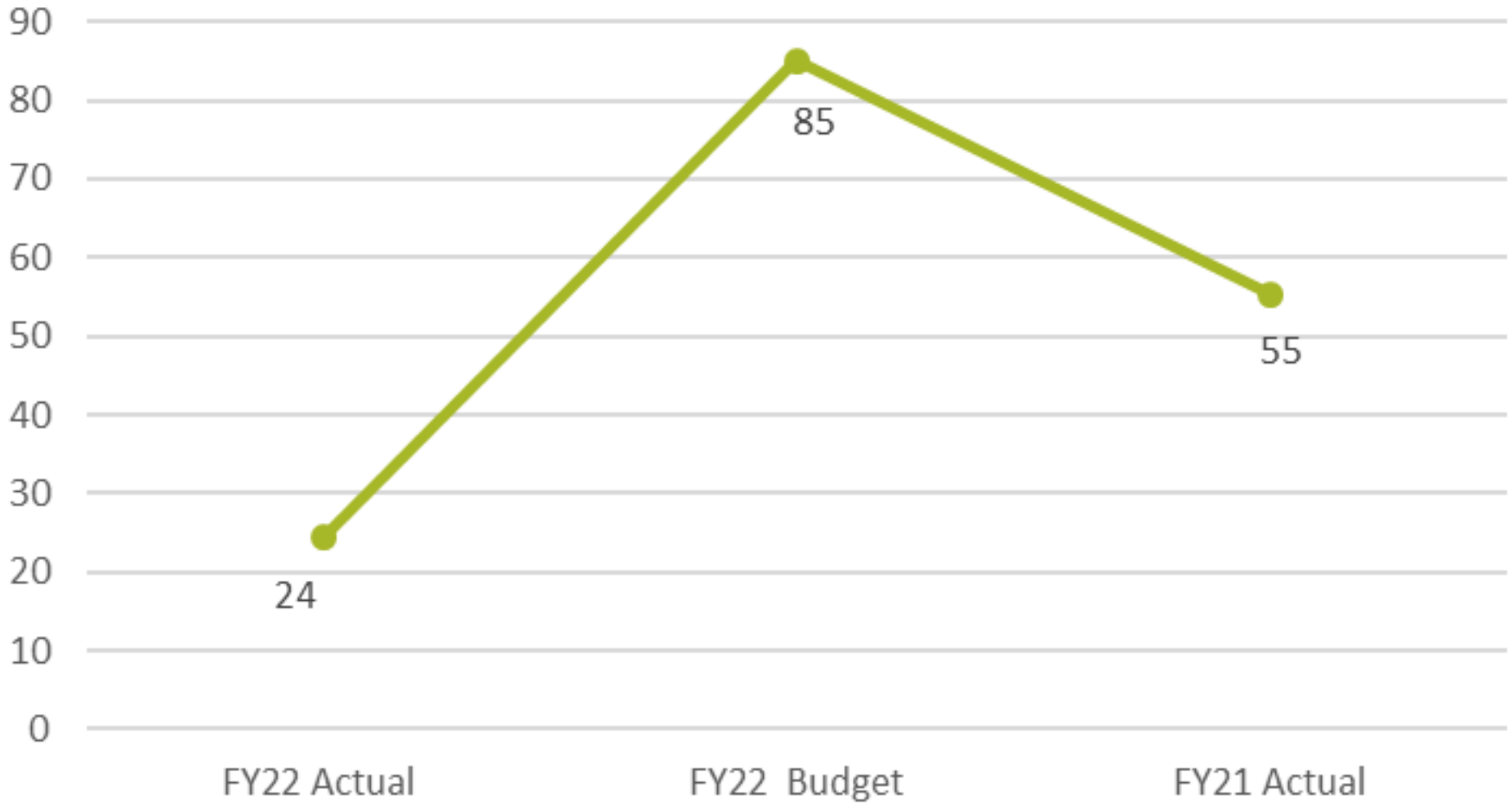
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





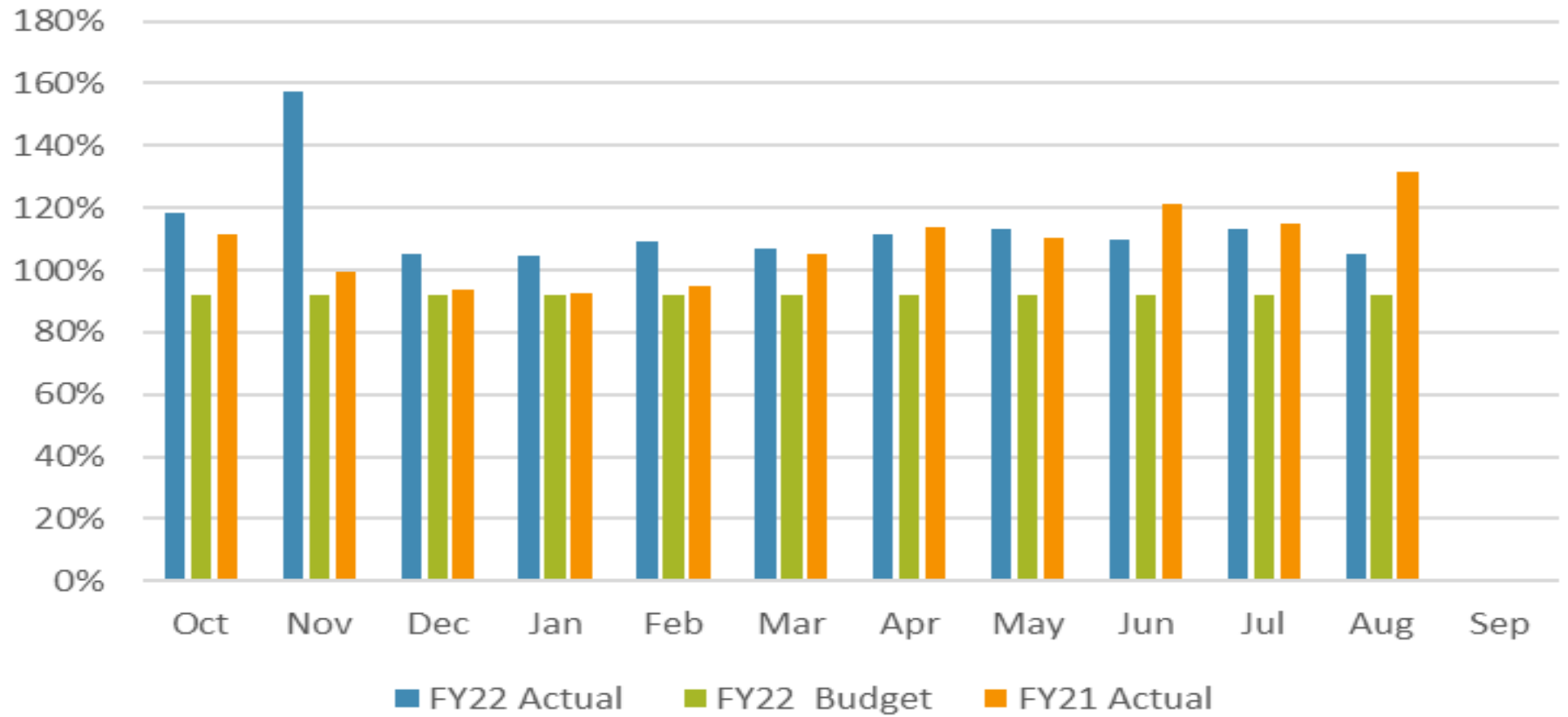
UNITED
MEDICAL CENTER

Net Accounts Receivable (AR) Days With Unbilled



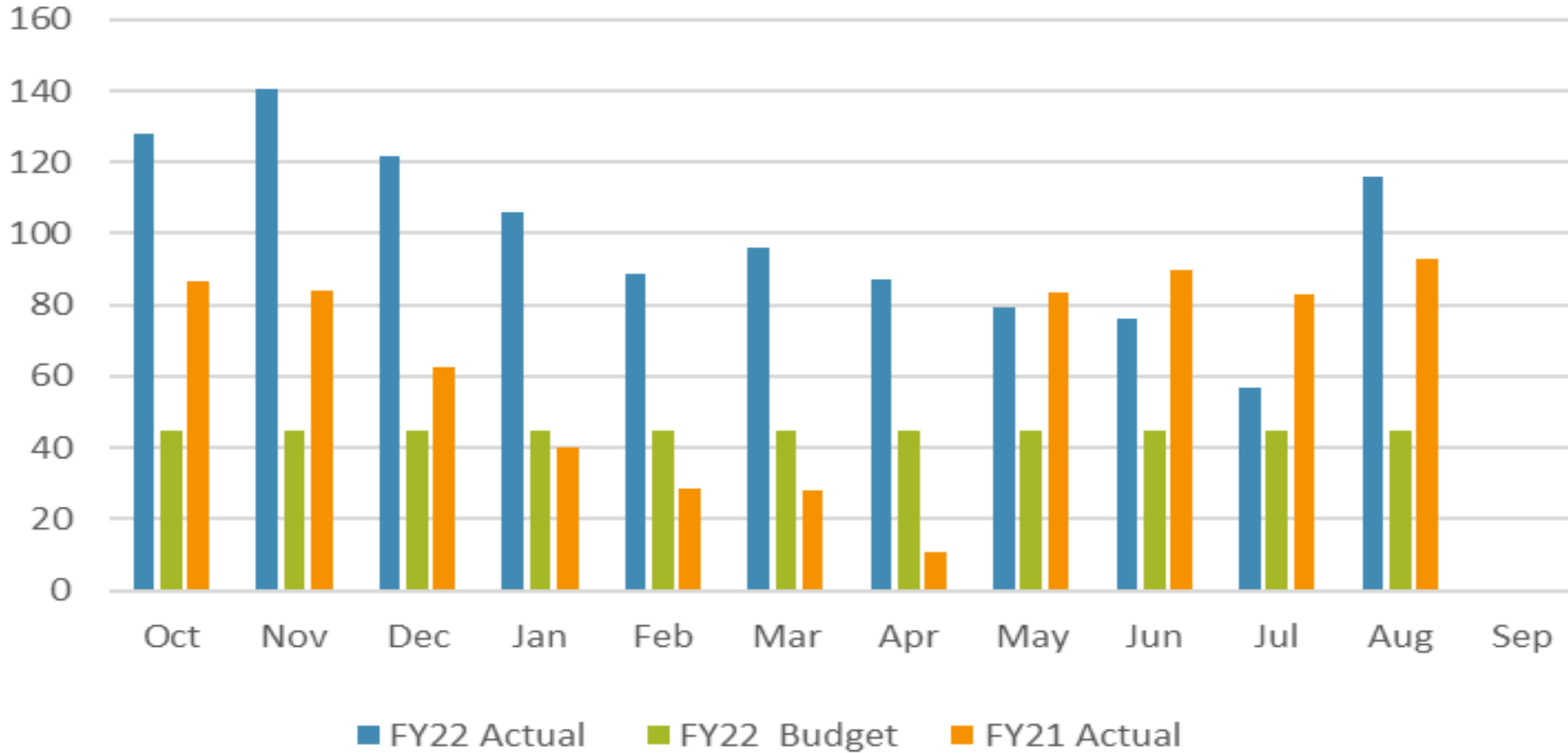


Cash Collection as a % of Net Revenues



| | 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% | |
| FY22 Budget | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | |
| FY21 Actual | 111% | 99% | 93% | 92% | 95% | 105% | 113% | 110% | 121% | 115% | 132% | |

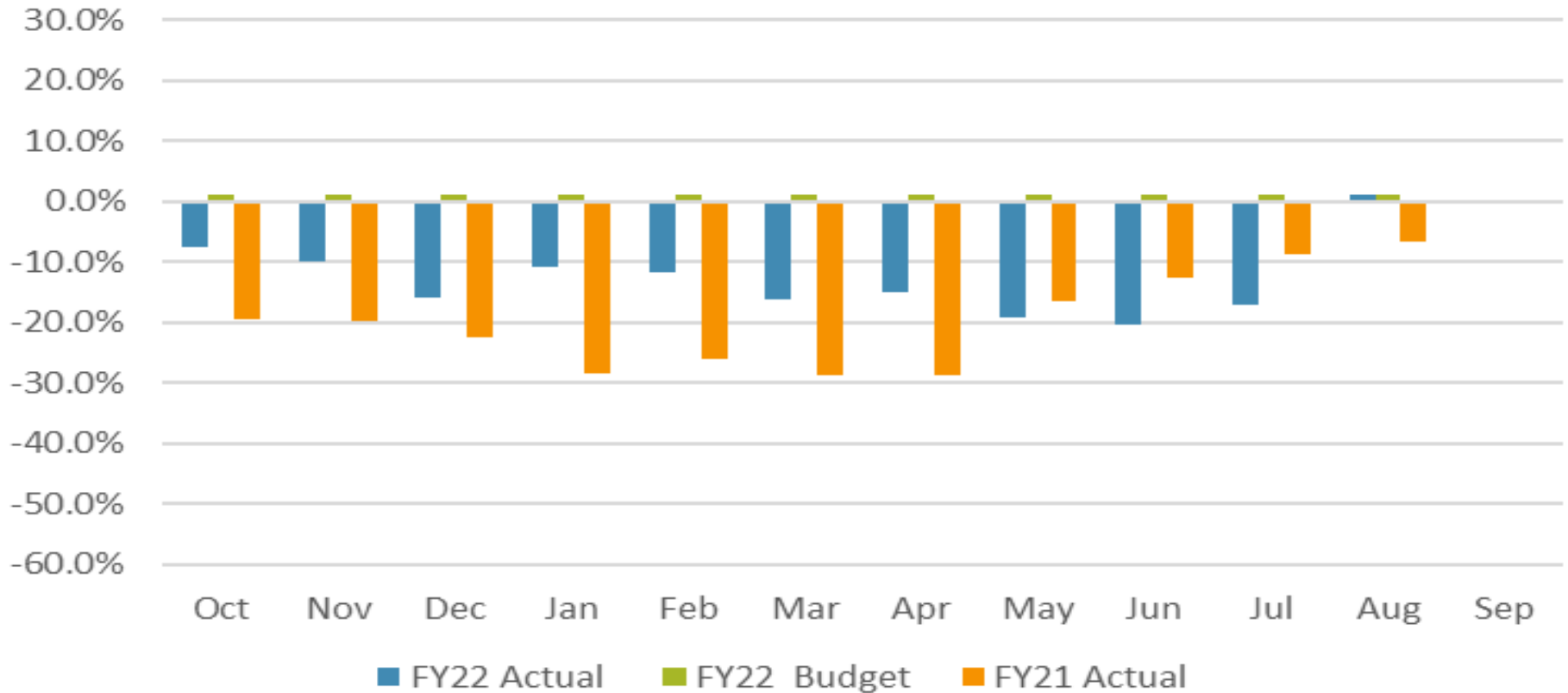
Days Cash On Hand



| | 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 | |
| FY22 Budget | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | |
| FY21 Actual | 86 | 84 | 63 | 40 | 28 | 28 | 11 | 84 | 90 | 83 | 93 | |



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% | |
| FY22 Budget | 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% | |



Income Statement

FY22 Operating Period Ending August 31, 2022

| | Month of August | | | Variance | | | | 2022 Year to Date | | | Variance | | | |
|---------------------------------|-----------------|---------------|---------------|---------------|---------------|---------------|-------------|-------------------|----------------|----------------|---------------|-------------|---------------|--------------|
| | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | | Actual | Budget | Prior | Actual/Budget | | Actual/Prior | |
| Statistics | | | | | | | | | | | | | | |
| Admission | 308 | 369 | 323 | (61) | -17% | (15) | -5% | 3,125 | 4,061 | 3,975 | (936) | -23% | (850) | -21% |
| Patient Days | 1,837 | 2,236 | 2,009 | (399) | -18% | (172) | -9% | 19,878 | 24,598 | 24,334 | (4,720) | -19% | (4,456) | -18% |
| Emergency Room Visits | 3,180 | 3,043 | 3,396 | 137 | 5% | (216) | -6% | 32,437 | 33,468 | 35,057 | (1,031) | -3% | (2,620) | -7% |
| Clinic Visits | 1,028 | 1,089 | 1,216 | (61) | -6% | (188) | -15% | 12,149 | 11,976 | 18,495 | 173 | 1% | (6,346) | -34% |
| IP Surgeries | 37 | 67 | 52 | (30) | -45% | (15) | -29% | 445 | 742 | 648 | (297) | -40% | (203) | -31% |
| OP Surgeries | 74 | 78 | 96 | (4) | -5% | (22) | -23% | 897 | 858 | 1,020 | 39 | 5% | (123) | -12% |
| Radiology Visits | 868 | 763 | 798 | 105 | 14% | 70 | 9% | 9,319 | 8,389 | 7,389 | 930 | 11% | 1,930 | 26% |
| Revenues | | | | | | | | | | | | | | |
| Net Patient Service | 4,475 | 6,665 | 4,747 | (2,190) | -33% | (271) | -6% | 59,448 | 73,314 | 63,006 | (13,866) | -19% | (3,558) | -6% |
| DSH | 13,413 | 1,658 | 1,830 | 11,755 | 709% | 11,583 | 633% | 29,683 | 18,241 | 8,632 | 11,441 | 63% | 21,051 | 244% |
| CNMC Revenue | 150 | 151 | 199 | (1) | 0% | (49) | -25% | 1,866 | 1,657 | 1,738 | 209 | 13% | 128 | 7% |
| Other Revenue | 8,741 | 1,824 | 6,979 | 6,917 | 379% | 1,762 | 25% | 27,670 | 20,064 | 44,828 | 7,606 | 38% | (17,158) | -38% |
| Total Operating Revenue | 26,780 | 10,298 | 13,756 | 16,482 | 160% | 13,024 | 95% | 118,666 | 113,276 | 118,204 | 5,391 | 5% | 462 | 0% |
| Expenses | | | | | | | | | | | | | | |
| Salaries and Wages | 3,778 | 3,918 | 3,861 | (140) | -4% | (83) | -2% | 40,523 | 43,094 | 47,150 | (2,571) | -6% | (6,627) | -14% |
| Employee Benefits | 1,085 | 1,033 | 1,035 | 51 | 5% | 50 | 5% | 11,850 | 11,365 | 12,356 | 485 | 4% | (506) | -4% |
| Contract Labor | 575 | 417 | 266 | 158 | 38% | 309 | 116% | 8,818 | 4,583 | 4,465 | 4,235 | 92% | 4,353 | 98% |
| Supplies | 533 | 637 | 756 | (104) | -16% | (223) | -29% | 7,743 | 7,008 | 10,334 | 734 | 10% | (2,591) | -25% |
| Pharmaceuticals | 148 | 218 | 301 | (71) | -32% | (154) | -51% | 1,967 | 2,402 | 2,706 | (435) | -18% | (739) | -27% |
| Professional Fees | 1,725 | 1,685 | 1,731 | 41 | 2% | (6) | 0% | 18,669 | 18,533 | 19,183 | 135 | 1% | (515) | -3% |
| Purchased Services | 1,037 | 1,234 | 1,567 | (197) | -16% | (530) | -34% | 14,307 | 13,573 | 17,193 | 734 | 5% | (2,886) | -17% |
| Other | 979 | 1,121 | 1,183 | (142) | -13% | (204) | -17% | 13,598 | 12,331 | 12,732 | 1,267 | 10% | 866 | 7% |
| Total Operating Expenses | 9,859 | 10,263 | 10,700 | (404) | -4% | (841) | -8% | 117,475 | 112,890 | 126,120 | 4,585 | 4% | -8,645 | -7% |
| Operating Gain/ (Loss) | 16,921 | 35 | 3,056 | 16,886 | 48091% | 13,865 | 454% | 1,192 | 386 | (7,916) | 805 | 209% | 9,108 | -115% |



Balance Sheet

As of the month ending August 31, 2022

| Aug-22 | Jul-22 | MTD Change | | Sep-21 | YTD Change |
|-------------------------------|------------------|------------------|---|-------------------|--------------------|
| Current Assets: | | | | | |
| \$ 48,324 | \$ 27,874 | \$ 20,450 | Cash and equivalents | \$ 46,041 | \$ 2,283 |
| 4,328 | 6,054 | (1,726) | Net accounts receivable | 9,186 | (4,858) |
| 5,790 | 5,841 | (50) | Inventories | 6,045 | (255) |
| 3,468 | 2,642 | 827 | Prepaid and other assets | 2,809 | 659 |
| <u>61,911</u> | <u>42,411</u> | <u>19,500</u> | Total current assets | <u>\$ 64,081</u> | <u>\$ (2,170)</u> |
| Long-Term Assets: | | | | | |
| - | - | - | Estimated third-party payor settlements | - | - |
| 50,479 | 51,655 | (1,176) | Capital Assets | 62,296 | (11,817) |
| <u>50,479</u> | <u>51,655</u> | <u>(1,176)</u> | Total long term assets | <u>62,296</u> | <u>(11,817)</u> |
| <u>\$ 112,390</u> | <u>\$ 94,066</u> | <u>\$ 18,325</u> | Total assets | <u>\$ 126,377</u> | <u>\$ (13,987)</u> |
| Current Liabilities: | | | | | |
| \$ - | \$ - | \$ - | Current portion, capital lease obligation | \$ - | \$ - |
| 15,278 | 13,405 | 1,873 | Trade payables | 14,582 | 696 |
| 7,199 | 6,743 | 455 | Accrued salaries and benefits | 7,762 | (563) |
| 2,646 | 2,646 | 0 | Other liabilities | 4,300 | (1,654) |
| <u>25,123</u> | <u>22,794</u> | <u>2,329</u> | Total current liabilities | <u>26,644</u> | <u>(1,521)</u> |
| Long-Term Liabilities: | | | | | |
| 1,424 | 1,190 | 234 | Unearned grant revenue | - | 1,424 |
| 13,017 | 13,008 | 9 | Estimated third-party payor settlements | 18,762 | (5,745) |
| 5,270 | 5,270 | - | Contingent & other liabilities | 1,692 | 3,578 |
| <u>19,712</u> | <u>19,468</u> | <u>244</u> | Total long term liabilities | <u>20,454</u> | <u>(743)</u> |
| Net Position: | | | | | |
| 67,555 | 51,803 | 15,752 | Unrestricted | 79,278 | (11,723) |
| <u>67,555</u> | <u>51,803</u> | <u>15,752</u> | Total net position | <u>79,278</u> | <u>(11,723)</u> |
| <u>\$ 112,390</u> | <u>\$ 94,066</u> | <u>\$ 18,325</u> | Total liabilities and net position | <u>\$ 126,377</u> | <u>\$ (13,987)</u> |



Statement of Cash Flow

As of the month ending August 31, 2022

Dollars in Thousands

| Month of August | | | | Year-to-Date | |
|--|------------------|--|---|------------------|------------------|
| Actual | Prior Year | | | Actual | Prior Year |
| Cash flows from operating activities: | | | | | |
| \$ 19,624 | \$ 11,265 | | Receipts from and on behalf of patients | \$ 88,244 | \$ 89,542 |
| (3,899) | (6,616) | | Payments to suppliers and contractors | (62,849) | (74,649) |
| (4,407) | (4,653) | | Payments to employees and fringe benefits | (52,936) | (59,965) |
| 2,125 | 3,588 | | Other receipts and payments, net | 8,940 | 882 |
| <u>13,443</u> | <u>3,584</u> | | Net cash provided by (used in) operating activities | <u>(18,600)</u> | <u>(44,189)</u> |
| Cash flows from investing activities: | | | | | |
| - | - | | Proceeds from sales of investments | - | - |
| - | - | | Purchases of investments | - | - |
| 1 | - | | Receipts of interest | (2) | - |
| <u>1</u> | <u>-</u> | | Net cash provided by (used in) investing activities | <u>(2)</u> | <u>-</u> |
| Cash flows from noncapital financing activities: | | | | | |
| - | - | | Repayment of notes payable | - | - |
| 7,000 | - | | Receipts (payments) from/(to) District of Columbia | 22,000 | 40,000 |
| <u>7,000</u> | <u>-</u> | | Net cash provided by noncapital financing activities | <u>22,000</u> | <u>40,000</u> |
| Cash flows from capital and related financing activities: | | | | | |
| - | - | | Net cash provided by capital financing activities | - | - |
| 9 | (38) | | Receipts (payments) from/(to) District of Columbia | 20 | 5,493 |
| (2) | (37) | | Change in capital assets | (1,136) | (5,852) |
| 6 | (75) | | Net cash (used in) capital and related financing activities | (1,115) | (359) |
| 20,450 | 3,509 | | Net increase (decrease) in cash and cash equivalents | 2,283 | (4,548) |
| <u>27,874</u> | <u>45,345</u> | | Cash and equivalents, beginning of period | <u>46,041</u> | <u>53,402</u> |
| <u>\$ 48,324</u> | <u>\$ 48,854</u> | | Cash and equivalents, end of period | <u>\$ 48,324</u> | <u>\$ 48,854</u> |
| Supplemental disclosures of cash flow information | | | | | |
| Cash paid during the year for interest expense | | | | | |
| Equipment acquired through capital lease | | | | | |
| Net book value of asset retirement costs | | | | | |