



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: May 24, 2023

Meeting Link: https://link.zixcentral.com/u/92c0c3db/GAkO_2bb6xGXPzlk8Y9C_g?u=https%3A%2F%2Funitmedicaldc.webex.com%2Funitmedicaldc%2Fj.php%3FMTID%3Dmb739e3bf1e07735fa50fbf31d43a3e14

2023 Fiscal Management Board of Directors

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



**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, May 24, 2023. The meeting will be held via WebEx.

Meeting link: Webex - https://link.zixcentral.com/u/92c0c3db/GAkO_2bb6xGXPzIk8Y9C_g?u=https%3A%2F%2Funitiedmedicaldc.webex.com%2Funitiedmedicaldc%2Fj.php%3FMTID%3Dmb739e3bf1e07735fa50fbf31d43a3e14

Meeting number: 415-655-0001 US Toll

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

DRAFT AGENDA

I. CALL TO ORDER

II. DETERMINATION OF A QUORUM

III. APPROVAL OF AGENDA

IV. READING AND APPROVAL OF MINUTES – April 26, 2023

V. CONSENT AGENDA

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

VI. EXECUTIVE MANAGEMENT REPORT

Dr. Jacqueline Payne-Borden – Chief Executive Officer

VII. FINANCIAL REPORT

Lillian Chukwuma, Chief Financial Officer

VIII. PUBLIC COMMENT

IX. CLOSED SESSION

X. OTHER BUSINESS

- A. Medical Staff Appointments and Credentialing**
- B. Old Business**
- C. New Business**

XI. ANNOUNCEMENTS

XII. ADJOURN

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



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Monthly Board Meeting

Date: May 24, 2023

Reading and Approval of Minutes

Minutes Date:

April 26, 2023



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, April 26, 2023 3:30pm
Held via WebEx

Directors:

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

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

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:36pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir. Reid-Jackson, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dir. Ashenafi, 2nd by Dir. Reid Jackson unanimous vote.</i></p>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> • The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE.

- The Medical Affairs office is working with the IT department to have all the providers enrolled in the EPCS that is enforced by the Medicare Part D and Medicare Advantage prescription plans.
- The Medical Affairs office is working with the Quality Control department to update the policies for Medical Affairs and Anesthesiology.
- The Medical Affairs is preparing the department to be Joint Commission ready.
- The Physicians were honored on March 30th for National Doctor's Day.
- Dr. Mina Yacoub was awarded Physician of the Year for 2023.
- The number of UMC COVID 19 admissions decreased from 23 to 20 for the month of March; with only one COVID 19 positive employee for that same time period.
- Case Management initial assessments on patients within 24 to 48 hours of admissions as required by TJC/DOH was met at 95-98%

MCOS Report – Dr. Francis O’Connell

- Medical Affairs is preparing for an anticipated Joint Commission visit.
- United Medical Center is presently in the window for a visit by The Joint Commission.
- March 30th was National Doctor's Day and Dr. Mina Yacoub was awarded Physician of the Year.
- ED visits rose from the previous month. The trend for the past two years is negative, however, the data from the last twelve months suggests that visits have reached a steady state and may actually be trending upwards.

CNO Report – (Dr. Jacqueline Presented)

- Nursing has on boarded 37 agency staff from February to March; 19 Registered Nurses and 18 clinical technicians for ICU, 8W, BHU and Emergency departments. Staffing has improved with these additions.
- There was one reportable HAPI for the month of March. Daily audits for wound assessment is being implemented by Leadership.
- Suicidal Risk and Prevention Training is in progress and was put in place to support the National Patient Safety Goal.
- There were 9 insulin drips in March all for diabetic ketoacidosis. Total drips from January – March 2023 = 29

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

	<p>Executive Management Report - Dr. Jacqueline Payne Borden</p> <ul style="list-style-type: none"> • Our physicians were celebrated on National Doctors’ Day, March 30, 2023. Celebratory activities included a virtual presentation titled- Physician Well Being: Mindfulness-Based Stress Reduction- Health Benefits and Mechanisms of Action. • A major and ongoing focus for the leadership team along with stakeholders is the preparation of a permanent closure plan. A preliminary draft plan will be presented to this Fiscal Management Board by the end of third quarter FY23. • UMC is in communication with the Department of Health Care Finance by way of an MOU regarding creating a training program to prepare UMC staff for employment at the Cedar Hill Regional Medical Center. The initiation of this training will serve as a morale booster for interested staff. • Information Technology Department completed all systems and updates for the applications for the month of March. Collaborated with Facilities Department and built maintenance work orders application for LIVE tracking. • The multidisciplinary Observation Leadership Team established to help improve length of stay and decrease patients in observation status continues to work diligently. • Partnerships continue with Trinity, Prince George’s Community College, Washington Adventist University, and Grand Canyon for nursing clinical. The University of the District of Columbia Patient Care Technician students began clinical rotation. • Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community’s Opioid Solutions Working Group-Health Alliance Network. <p><i>Mot to accept CEO report by Dir. Turnage, 2nd by Dir. Ashenafi., unanimous vote.</i></p>
<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Total operating revenues are higher than budget by 2% (\$180K) MTD and lower than budget by 6% (\$3M) YTD due to reduction in Disproportionate Share (DSH). • Net patient revenue is higher than budget by 11% (\$769K) MTD and lower than budget by 2% (\$837K) YTD due to the following: • Emergency room visits are lower than budget by 5% MTD and 5% YTD. • Admissions are higher than budget by 3% MTD and lower than budget by 1% YTD. • Patient days are higher than budget by 11% MTD and lower than budget by 1% YTD. • Clinic visits are lower than budget by 13% MTD and 17% YTD.

	<ul style="list-style-type: none"> • Total operating expenses are higher than budget by 4% (\$377K) MTD and YTD appear to be on target due to approximately \$3M savings in contract negotiations that occurred after the budget. • Salaries are higher than budget by 17% (\$547K) MTD and 10% (\$1.8M) YTD due to excessive overtime still occurring across the board. • Overtime is higher than budget by 101% (\$126K) MTD and 142% (\$1M) YTD and if not managed will be approximately \$4M by year end. • Employee benefits are higher than budget by 5% (\$48K) MTD and 17% (\$903K) YTD. • Contract labor is above budget by 66% (374K) MTD and 70% (\$2.4M) YTD directly related to the usage of agency. If contract labor continues at this rate the overage will be approximately \$5M. • Professional fees are higher than budget by 2% (\$34K) MTD and lower than budget by 23% (\$2.3M) YTD due to contract adjustments that occurred after budget development. • Purchased services are higher than budget by 7% (\$92K) MTD and lower than budget by 19%(\$1.5M) YTD. • Other expenses are lower than budget by 72% (\$815K) MTD and 20% (\$1.4M) YTD due to prior year credit adjustments. • Total surgeries are higher than budget by 9% MTD and lower than budget by 6% YTD. <p style="text-align: center;"><i>Mot to accept financials by Dir. Turnage, 2nd by Dir. Ashenafi.</i></p> <p style="text-align: center;"><i>Unanimous vote.</i></p>
Public Comment	Representative from retail pharmacy.
Closed Session	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir. Ashenafi, 2nd by Director Bobb.</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call – 6 yays</i></p> <p>Open Session ended at approximately 4:38 pm.</p> <p>Closed session began at approximately 4:39 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials.

	<p>Mot to approve new appointments, reappointments as presented by Dir. Ashenafi, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Dr. Fair, 2nd by Dr. Ashenafi</p> <p>Mot to approve contracts by Dir. Ashenafi, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Director Bobb.</p> <p><i>Closed session ended at approximately 4:43pm</i></p>
Announcements	During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.
Adjourned.	Mot to adjourn Dir. Ashenafi 2 nd by Dir. Reid-Jackson Meeting adjourned at approximately 4:57 pm.



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Date: May 24, 2023

Consent Agenda



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Date: May 24, 2023

**CMO Report for
April 2023**

**Dr. Morrow
Chief Medical Officer**



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Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

April 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE.
- The Medical Affairs office is working with the IT department to have all the providers enrolled in the EPCS that is enforced by the Medicare Part D and Medicare Advantage prescription plans.
- In March, there was three (3) initial appointment, six (6) reappointments, and one (1) resignations. There are currently (248) Medical Staff members.
- There are a few contracts that currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting will be held on June 14, 2023.
- The Medical Affairs office is working with the Quality Control department to update the policies for Medical Affairs and Anesthesiology.
- The Medical Affairs is preparing the department to be Joint Commission ready.

Quality and Patient Safety

Quality **April** accomplishments:

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

- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. The rate for November is 85% and 91% for ER holding. *April rates are % and for ER holding.*
- 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. April had zero HAPI.
- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP).
- Data was manually gathered from various departments and analyzed for the dashboard.
- Dc Health annual survey from November 7-15 2022. Met with all departments to execute plan of correction. Plan of correction submitted.
- Started meetings with departments for Policy improvement and clean up.
- The Quality department had no findings for the DC Health survey for April visit.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Successful completion of recent DC Health follow up on a complaint.
- Identified John and Jane Doe issue. Patients were discharged from facility without having corrected identification done. Task Force meeting scheduled May 10 2023 to discuss solutions.
- Issue - claims were being denied because notes didn't include the dates of service within Meditech.
Accomplishment - collaborated with CM and IT to resolve United Healthcare Community Plan reimbursement issue. Dates of service added to all provider progress notes.

Case Management Department

- Efforts to safely discharge two very long stay patients at UMC continue. The Director for Case Management, along with social workers have Involved entities within the District government to assist. Both stays range from 196 to 234 days. Meetings are now held with leaders of DC Department of Behavioral Health, DC Department of Healthcare Finance and DC Ombudsman to assist. Some barriers to discharge are related to services that could possibly be overruled by the District.
- A new social worker was hired to fulfill the GWU agreement for 24/7 social worker coverage in the emergency department.
- Performance Indicator - Case Management Initial Assessments are completed within 24 to 48 hours of admission. Target met at 93% 1st Qtr. At least twenty (20) charts are audited, and results are reported to Quality Improvement to ensure compliance with regulatory standards.

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

The 2022-2023 annual healthcare personnel influenza vaccination summary data was submitted to the National Healthcare Safety Network (NHSN) system and they will forward the information to CMS for UMC's compliance with condition for participation for Medicare/Medicaid.

Healthcare facilities are required to have a 90% compliance with influenza vaccination; however, UMC had a 99% compliance rate.

DC Health provided a COVID-19 & Healthcare-Associated Infection (HAIs) to DCHA IDIP update on April 13, 2023.

UMC had the fewest number of blood stream infections when compared to other healthcare facilities in the District of Columbia.

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 April 2023; also none were identified in Quarter 1 – 2023.
- VRE HAI = 1 case hospital-wide for a rate of 0.5 for April 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for April 2023.
- C Difficile HAI = 1 case hospital-wide for an infection rate of 0.5 April 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.

COVID 19 Update:

- The World Health Organization (WHO) has declared the COVID-19 Pandemic over. Based on current COVID-19 trends, the Department of Human Services (HHS) is planning for the federal Public Health Service (PHE) for COVID 19, declared under Section 319 of the Public Health Service (PHS Act, to expire at the end of the day on May11, 2023. Certain Medicare and Medicaid waivers and broad flexibilities for health are no longer necessary and will end. The Food and Drug Administration's (FDA's) Emergency Use Authorizations EUAs) for COVID-19 products (including test, vaccines, and treatments) will not be affected
- The number of UMC COVID 19 admissions decreased from 23 to 20 for the month of March; with only one COVID 19 positive employee for that same time period. Currently there are only two COVID 19 positive inpatients.
- UMC COVID 19 admissions decreased from 20 to 15 for the month of April.
- The number of COVID 19 infections among employees remains at 1 for the month of April 2023

SEE ATTACHED UMC MASK REQUIREMENT MEMO

MEMORANDUM

To: All Staff
From: Gregory Morrow CMO
Sylvia Clagon – Infection Preventionist
Date: May 22, 2023
Subject: Mask Requirements in UMC

Mask requirements following the expiration of the COVID-19 public health emergency declared under Section 319 of the Public Health Service Act for United Medical Center (UMC) are as follows:

- ✓ Visitors to UMC are not required to wear a mask if they are visiting someone who is not on isolation precautions
- ✓ Visitors are not allowed to visit a person on isolation precautions who tested COVID positive
- ✓ Staff to wear a mask for any patient interaction (x-ray, labs, therapy, patient care, surgery, etc.)
- ✓ Mask are not required in the cafeteria or staff lounge
- ✓ Mask not required while walking in the hallway
- ✓ Mask not require in office spaces
- ✓ Patient and staff to follow mask requirement for persons who are on isolation precautions.
- ✓ Visitation to the Behavioral Health Unit is available, persons interacting with patients should wear a mask
- ✓ **Masks are required for patient and staff in the emergency department at this time and will be evaluated for possible adjustments at a later date.**

PHARMACY SERVICES

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for April 2023, was \$17.50 which is down in comparison from \$25.20 per PPD for last month (March), for antibiotic costs at UMC. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings. Quarters 2,3 and 4 of 2022 saw UMC total antibacterial usage numbers down in National Comparison of institutions of similar size.
- Pharmacy Clinical Interventions saved \$22,846 for the month of April 2023. Amount saved is up from \$14,460 saved in the month of March 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 219 interventions documented via Meditech for April 2023, up from 161 Clinical Interventions documented for March 2023.
- VP of Pharmacy Services, assisted in Co-Chairing April's Live. Long. DC Opioid Strategic Group—Stakeholder Summit. New initiatives have been addressed for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- Department of Pharmacy collaborating with PIW (Psychiatric Institute of Washington) to develop a pilot project on follow-up continuum of care/ treatment for at risk individuals with opioid use disorder (substance abuse disorders) in patients that may also suffer from mental health and other disparities. The pilot is geared towards the 1115 Waiver for Substance Use Disorder (SUD) treatment ongoing.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- Ongoing daily/weekly/monthly monitoring of DC Health/Joint Commission initiatives:
 - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
 - b) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - c) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - d) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – NPSG.
 - e) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - f) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following abx usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**
 - g) Anticoagulation monitoring/intervention--- **National Patient Safety Goals**

Pharmacy Student Internship Program with Howard University College of Pharmacy, finalized contract has been completed. Howard Students will begin rotations May 15th 2023.

Press Ganey stats for April:

Emergency Room:

Survey Items	SECTION/DOMAIN	Survey Type	n	Current (Apr 2023)	Previous (Mar 2023)	Goal	Change	Percentile Rank	Score Trendline	Details
Waiting time to see doctorst	ARRIVAL	PG	15	33.33%	50.00%	—	-16.67%	11		
Section: Doctors	DOCTORS	PG	14	50.79%	63.83%	—	-13.04%	3		
Courtesy of doctors	DOCTORS	PG	12	58.33%	80.00%	—	-21.67%	7		
Doctors took time to listen	DOCTORS	PG	13	53.85%	70.00%	—	-16.15%	4		
Doctors informative re treatment	DOCTORS	PG	12	41.67%	55.56%	—	-13.89%	1		
Doctors' concern for comfort	DOCTORS	PG	14	50.00%	55.56%	—	-5.56%	4		
Doctors include you trtmt decision	DOCTORS	PG	12	50.00%	55.56%	—	-5.56%	3		
Section: Overall Assessment	OVERALL ASSESSMENT	PG	15	42.59%	72.50%	—	-29.91%	1		
Overall rating of care	OVERALL ASSESSMENT	PG	12	58.33%	70.00%	—	-11.67%	19		

† Custom Question ^ Focus Question

Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023

Inpatient:

Survey Items	SECTION/DOMAIN	Survey Type	n	Current (Apr 2023)	Previous (Mar 2023)	Goal	Change	Percentile Rank	Score Trendline	Details
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	7	85.71%	65.45%	—	20.26%	87		
Doctors treat with courtesy/respect	COMM W/ DOCTORS	CAHPS	7	85.71%	72.73%	—	12.99%	51		
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS	7	85.71%	63.64%	—	22.08%	89		
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS	7	85.71%	60.00%	—	25.71%	94		
Section: Doctorst	DOCTORS	PG	7	71.88%	50.91%	—	20.97%	N/A		
Time doctors spent with you	DOCTORS	PG	7	71.43%	36.36%	—	35.06%	99		
Doctors' concern questions/worries	DOCTORS	PG	6	66.67%	45.45%	—	21.21%	81		
Doctors kept you informed	DOCTORS	PG	6	66.67%	45.45%	—	21.21%	85		
Friendliness/courtesy of doctorst	DOCTORS	PG	6	66.67%	54.55%	—	12.12%	36		

† Custom Question ^ Focus Question

Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023

Sincerely,



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



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Monthly Board Meeting

Date: May 24, 2023

**Medical Chief of Staff
Report for April 2023**

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



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

April 2023

Re: Chief of Staff Monthly Report

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

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

The Medical Staff remains supportive and engaged with the hospital administration as they continue to focus on the best ways to deliver timely, effective, compassionate care to the patients of United Medical Center as well as preparations for The Joint Commission visit.

Most recently, the hospital administration began preliminary discussions with the medical staff about the UMC closure planning process. While the planning is in the early stages, there is a shared understanding of the essential role UMC plays in care and well-being of the people of Wards 7 and 8.

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



Amaechi Erongu, M.D., Chairman

APRIL 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for April, 2023 was 133 and March, 2023 was 145. There was a decrease in procedures by the Pain service, and general surgery.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance for 2023. Surgical and anesthesia time outs followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics. All relevant quality metrics are documented in the various anesthesia record for easy access and reference.

VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We had a total of 105 vascular access procedures in March 2023 and 98 for April 2023.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. Currently, the Pain management service provided OR volume of 34 for the month of March 2023 and 23 for the month of April.

OR UTILIZATION

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

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

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



Mina Yacoub, M.D., Chairman

APRIL 2023

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

In April 2023, the Intensive Care Unit had 50 admissions, 52 discharges, and 304 Patient Days. Average Length of Stay (ALOS) was 5.8 days and ICU managed a total of 58 patients. The average daily census was 10 (9.7) patients. There were no returns to ICU within 24 hours of transfer out. There was a total of 2 deaths for 43 discharges, with an overall ICU mortality rate of 3.8 %. Three patients were transferred to other local hospital ICUs; two for services not available at UMC, and one per family request.

April 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 19 patients with severe sepsis and septic shock. One death was due to severe sepsis/septic shock in April, for an overall severe sepsis mortality of 5.3 %.

In April, the ICU had 92 ventilator days with no Ventilator Associated Pneumonia (VAP), 139 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 180 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.

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

May 12, 2023



Francis O'Connell, M.D., Chairman

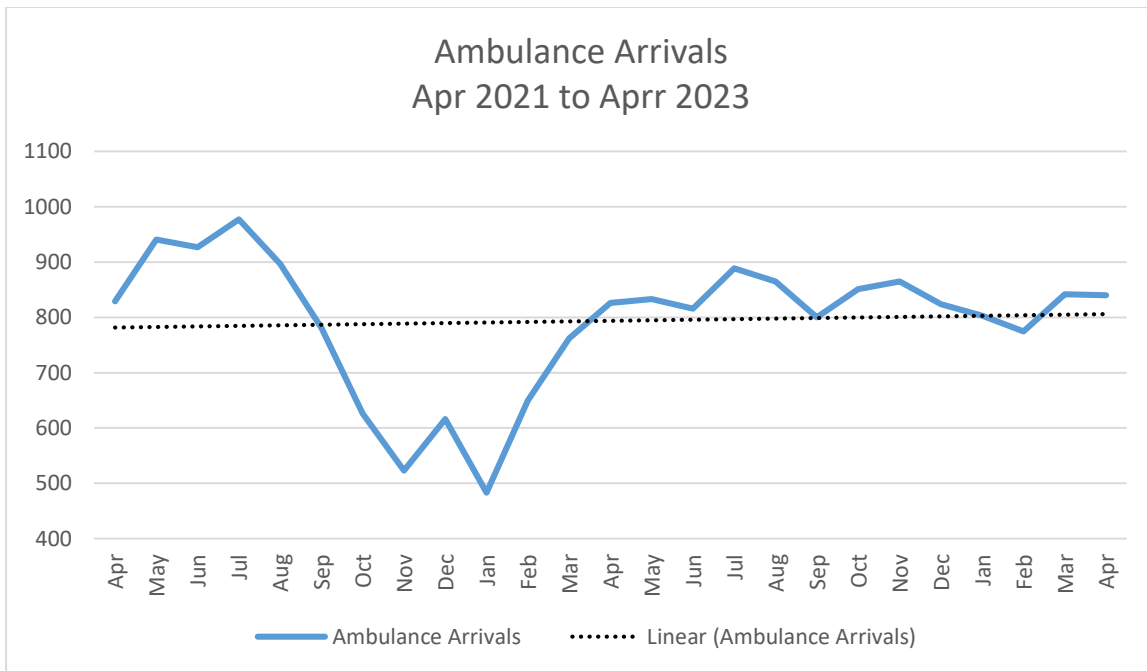
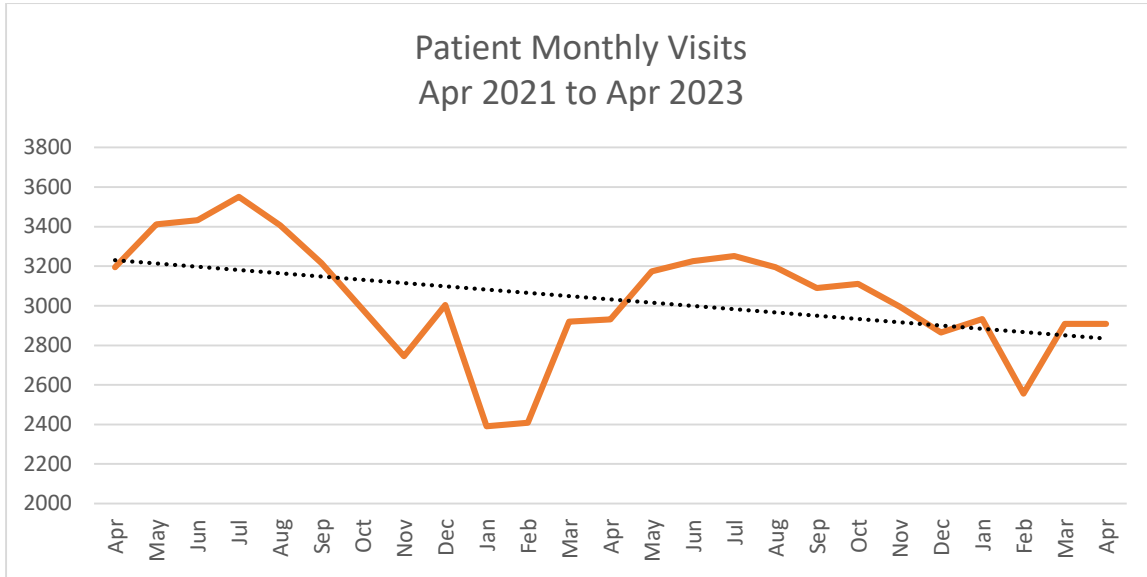
APRIL 2023

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for April 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

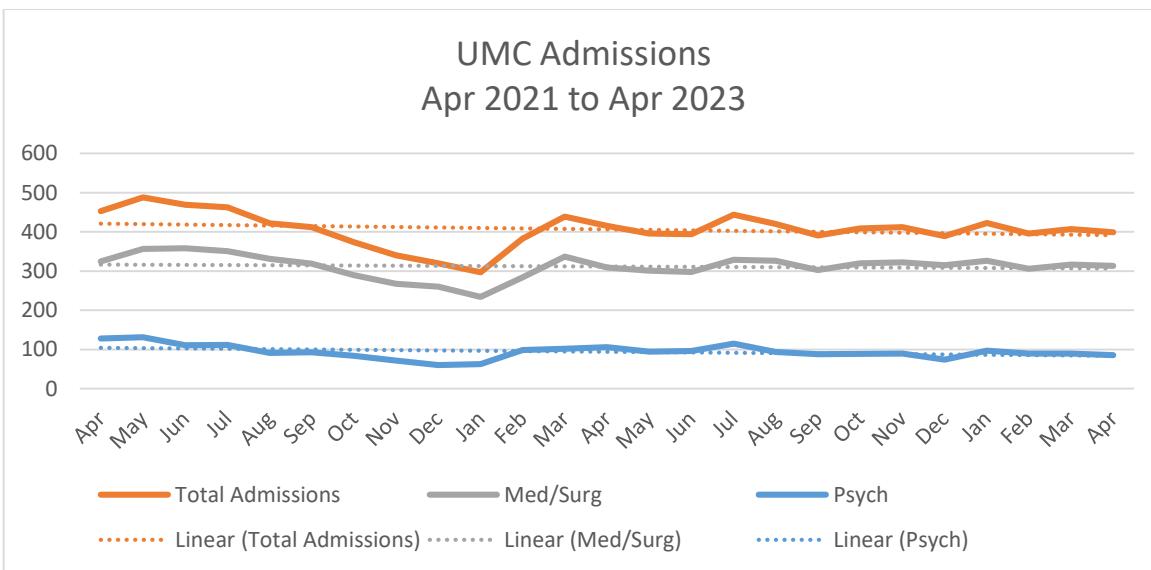
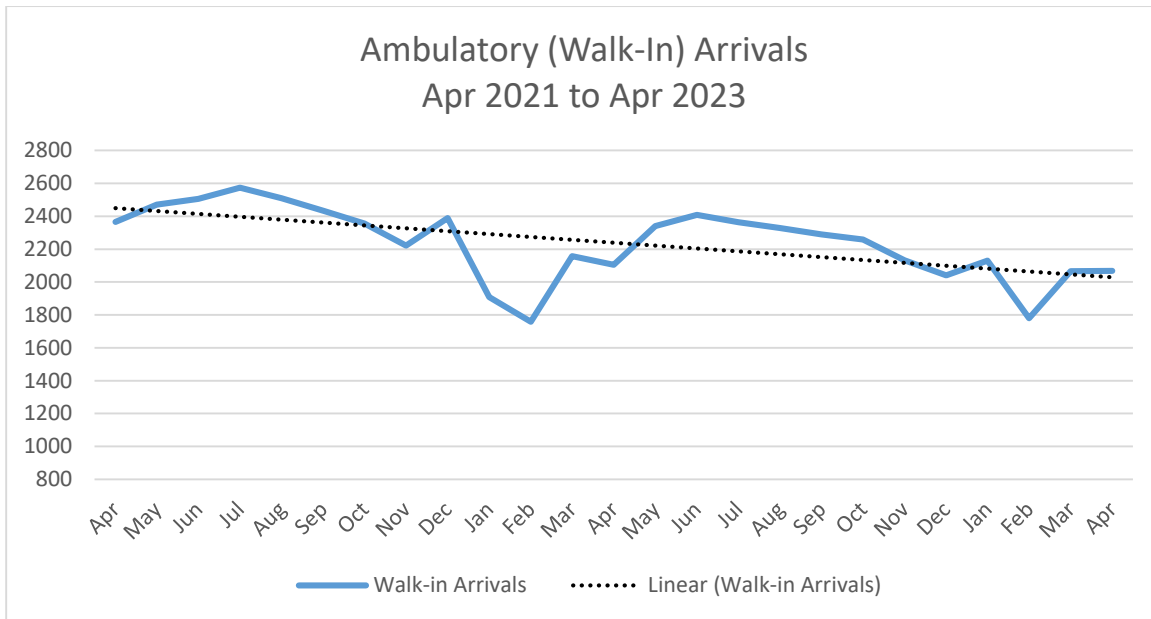
Definitions of the terms used in this report are as follows:

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

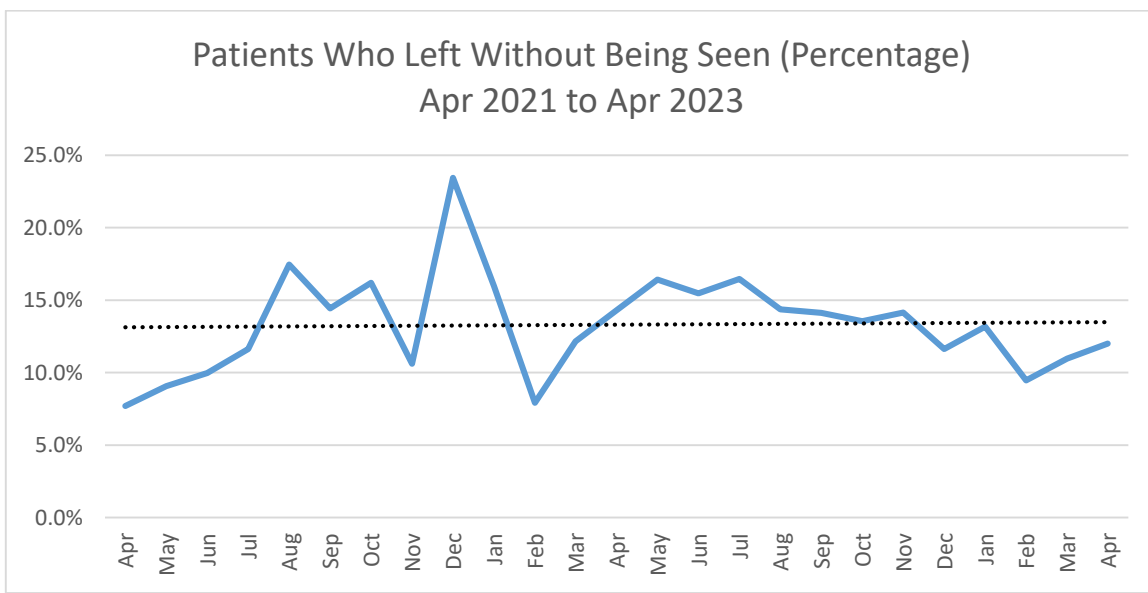
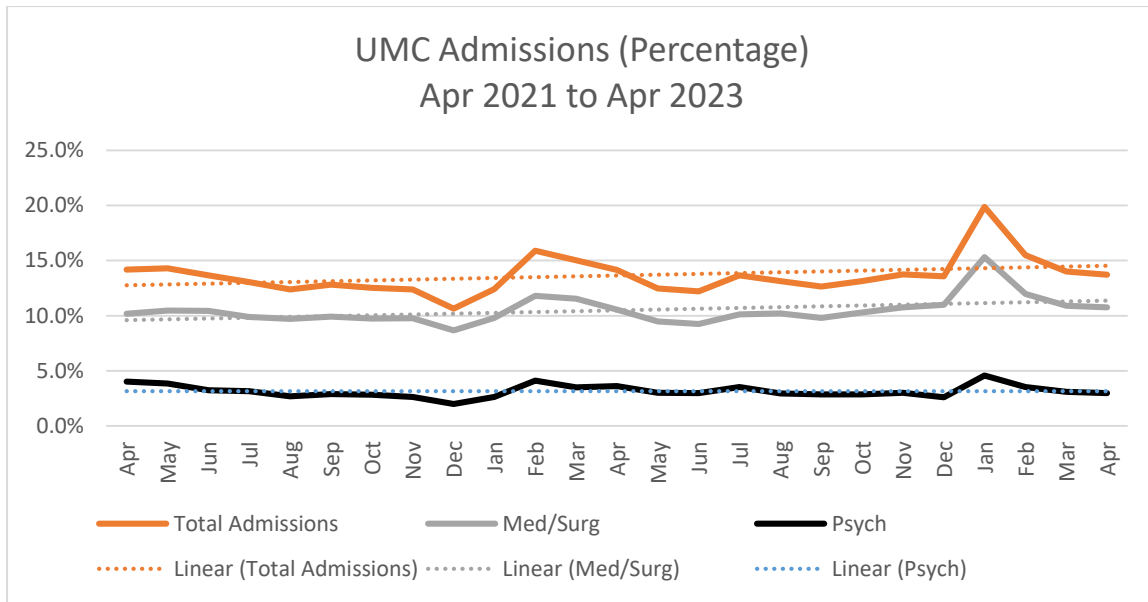
Department of Emergency Medicine



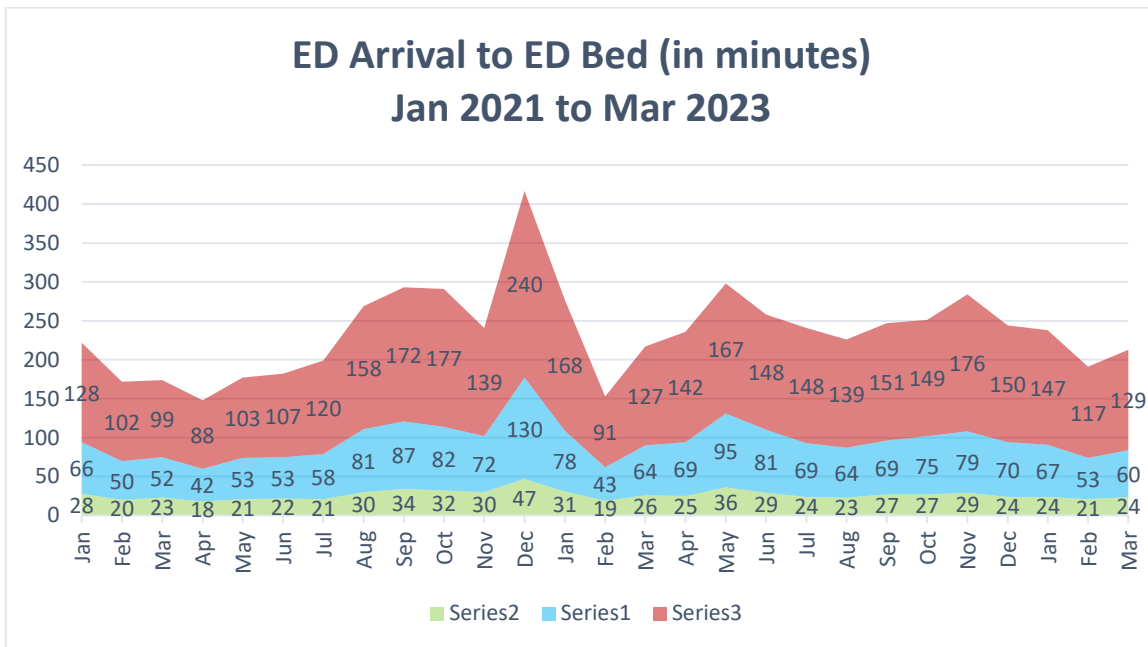
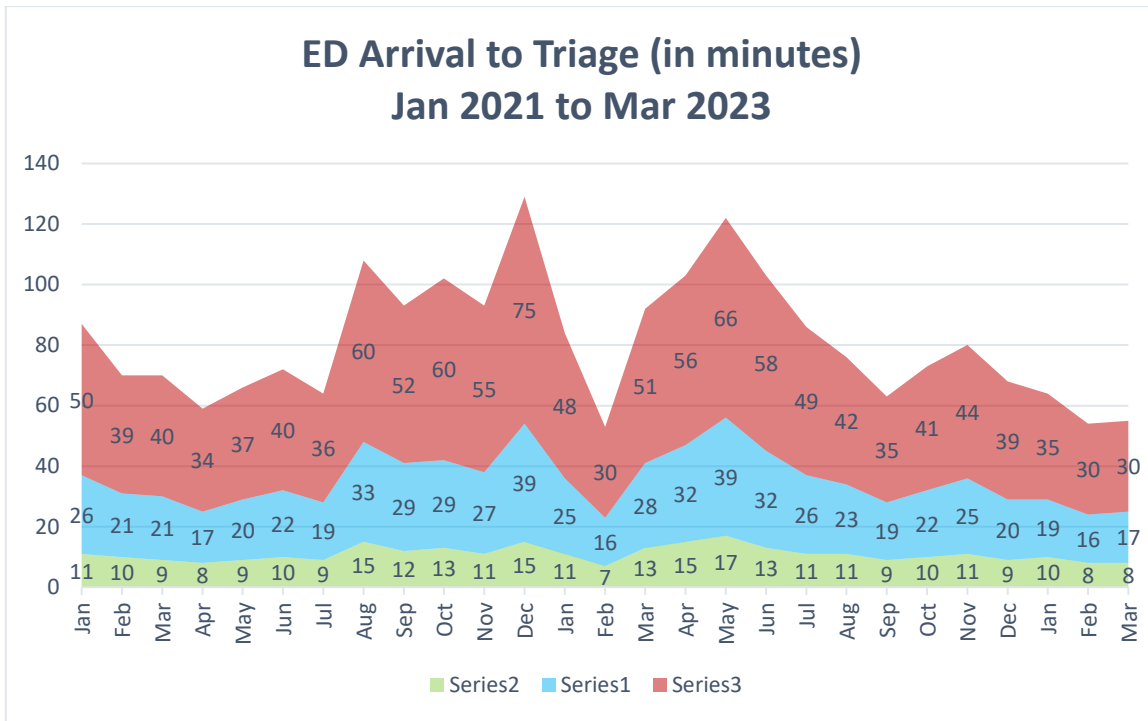
Department of Emergency Medicine



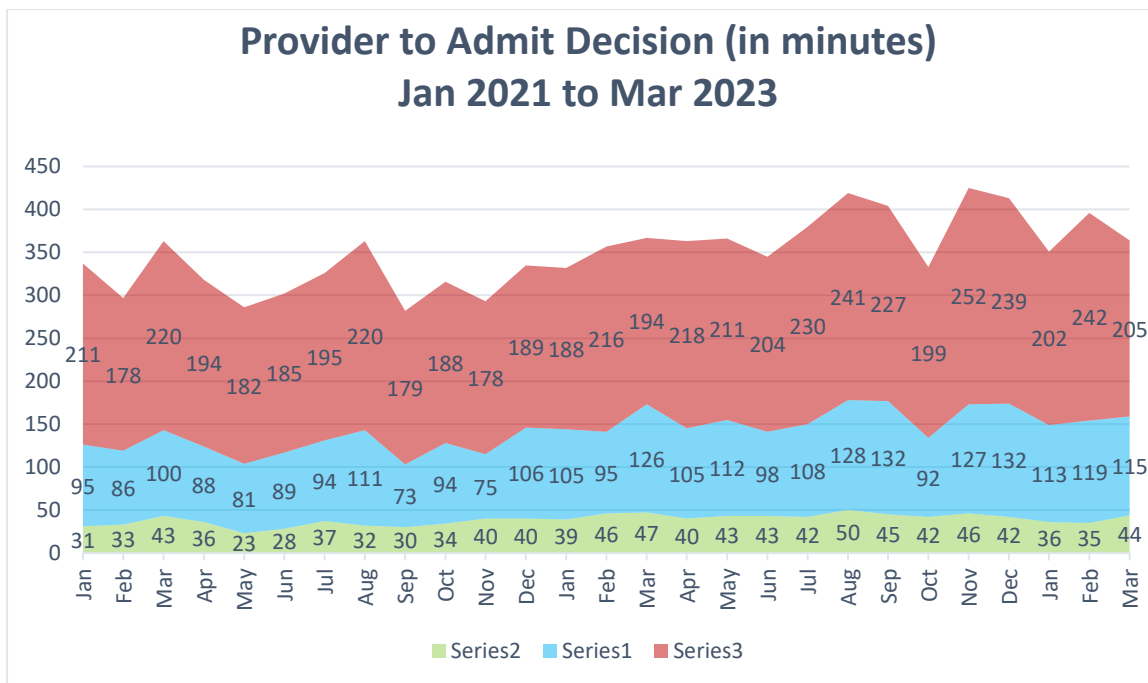
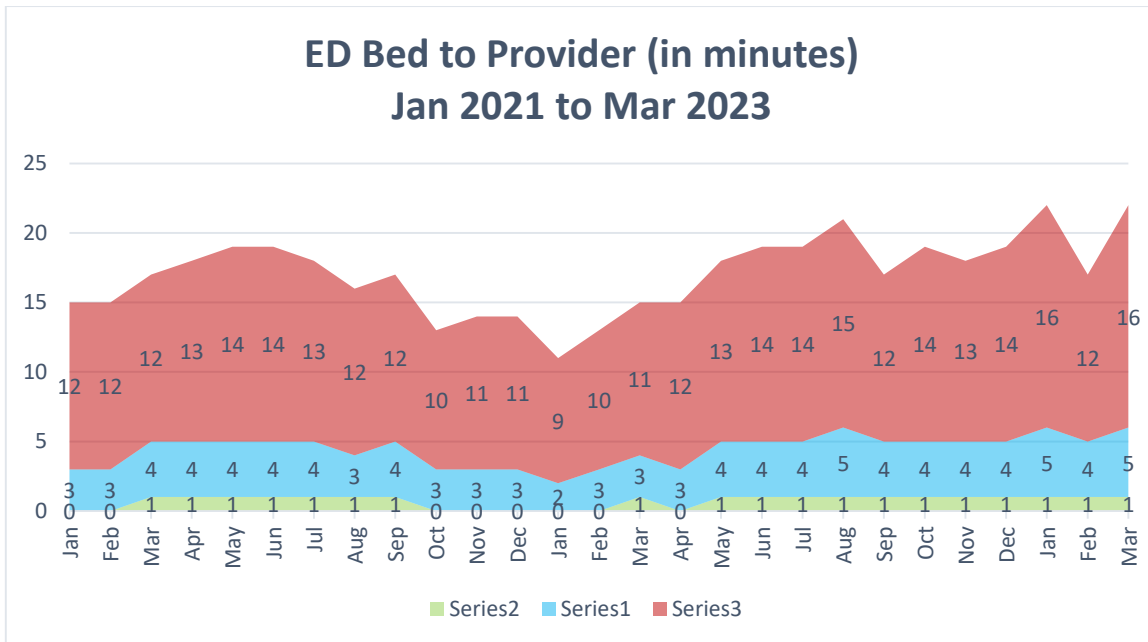
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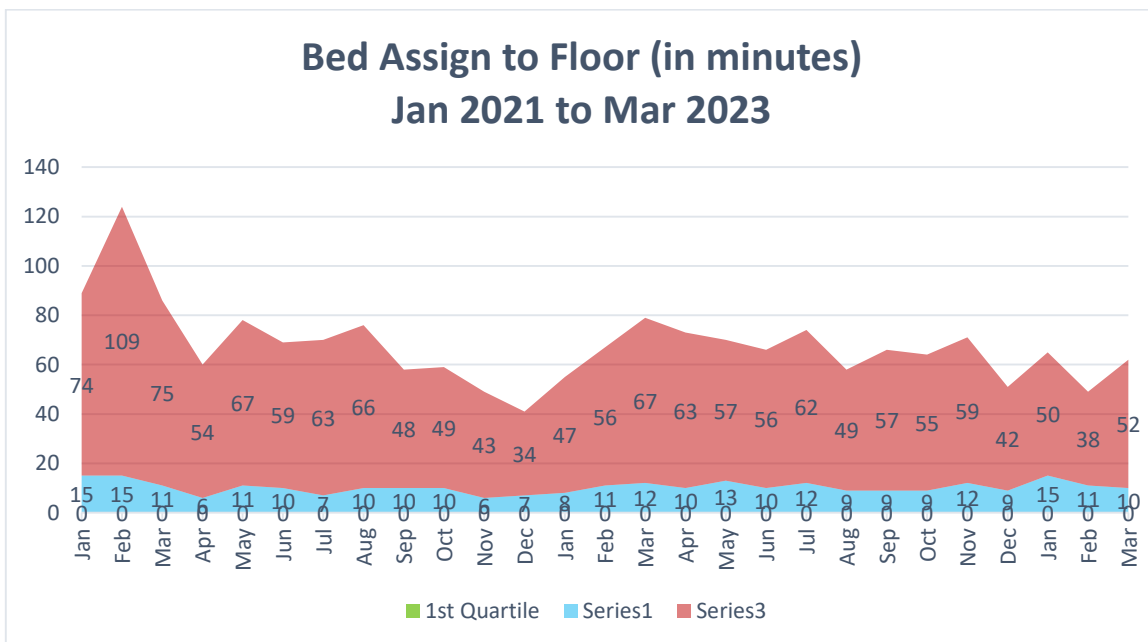
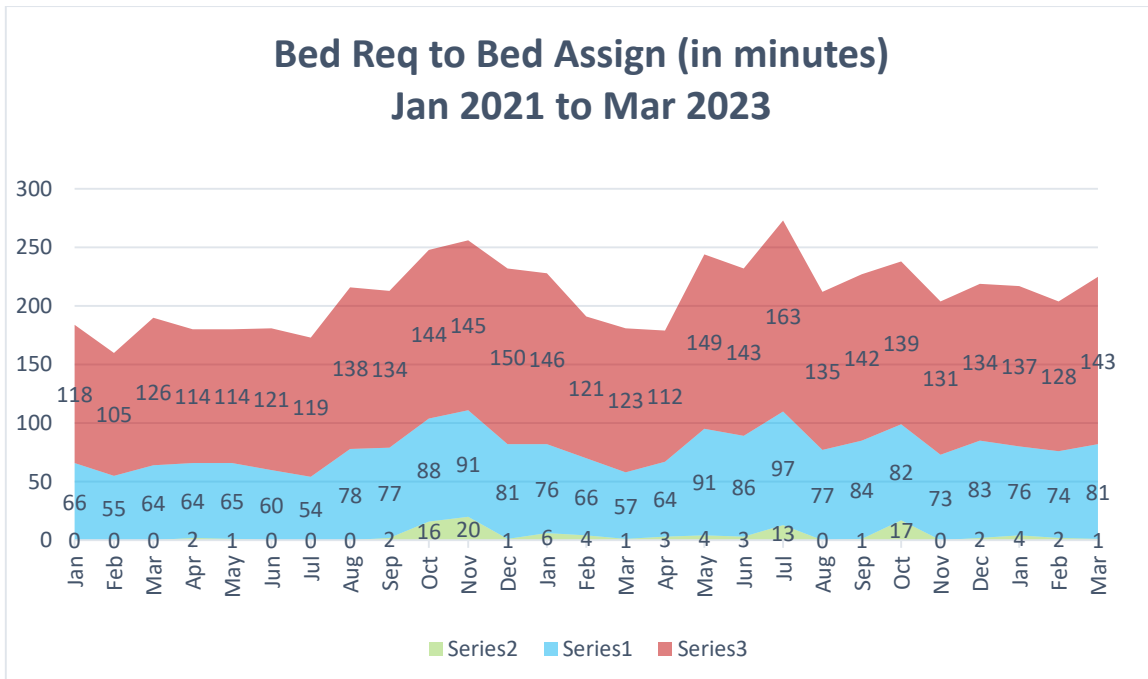
The following 8 graphs describe throughput line graphs illustrate times, in minutes, for key events during an ED patient’s visit for the last two years. 25% of patients (First Quartile) who come to the ED experience times equal to or less than Patient A (in green). 50% of patients (Median) who come to the ED experience times equal to or less than Patient B (in blue). 75% of patients (Third Quartile) 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.

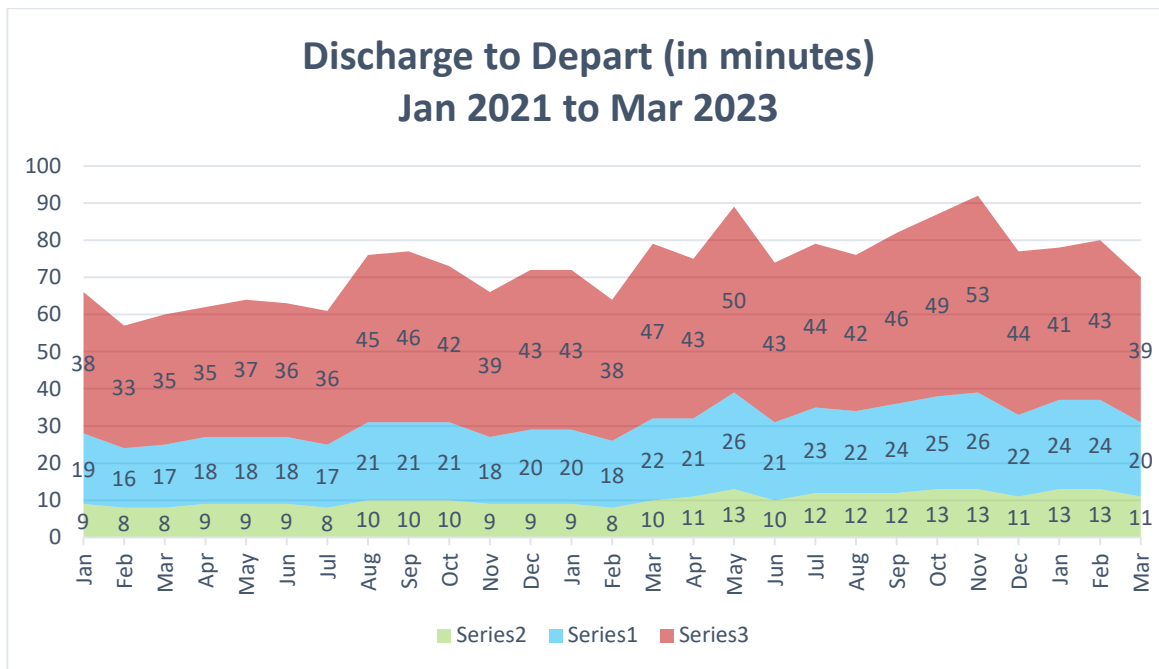
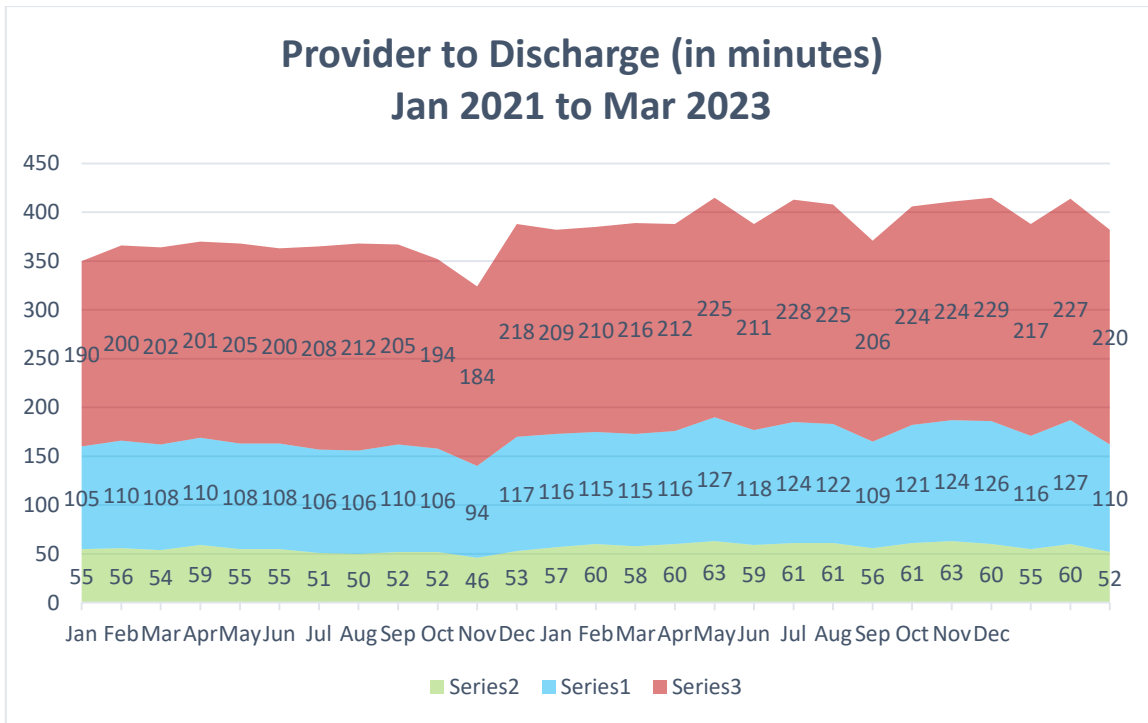


Department of Emergency Medicine



Department of Emergency Medicine





Department of Emergency Medicine

Data tables:

ED Volume and Events						
	Apr 2021	%	Apr 2022	%	Apr 2023	%
Total patients	3194		2931		2908	
Daily Avg Census	106		98		94	
Ambulance Arrivals	829	26.0%	826	28.2%	840	28.9%
Admit	453	14.2%	415	14.2%	399	13.7%
• Med Surg	325	10.2%	309	10.5%	313	10.8%
• Psych	128	4.0%	106	3.6%	86	3.0%
LWBS	246	7.7%	419	14.3%	349	12.0%
Ambulance Admission Rate						
Walk-In Admission Rate	32.4%		33.5%		29.5%	

Analysis:

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

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

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

The hospital administration remains committed to optimizing nursing, tech and sitter staffing in the ED. The benefits of increased throughput in the ED are improved patient care, satisfaction, and a reduction in LWBS and rise in walk-in and ambulance traffic. This is best represented with the median throughput times during the last six months.

We continue to support the hospital's efforts in addressing these ongoing challenges as well as those related to the current health issues in the region. We are interested in continued engagement and discussion about the steps of the hospital closure planning process to ensure continued care for patients of Wards 7 and 8.



Musa Momoh, M.D., Chairman

APRIL 2023

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	133	118	96	121									468
HOSPITAL	133	118	96	121									468
PERCENTAGE	100%	100%	100%	100%									100%
REGULAR													
MEDICINE	196	192	220	196									804
HOSPITAL	299	289	320	294									1202
PERCENTAGE	66%	66%	69%	67%									67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117									462
HOSPITAL	127	123	95	117									462
PERCENTAGE	100%	100%	100%	100%									100%
REGULAR													
MEDICINE	160	153	154	163									630
HOSPITAL	255	255	249	261									1020
PERCENTAGE	63%	60%	62%	62%									62%
PROCEDURES													
HEMODIALYSIS	131	119	261	222									733
EGD'S	19	23	22	17									81
PEG'S	3	1	2	8									14
COLONOSCOPY	23	19	31	24									97
ERCP	0	0	0	0									0
BRONCHOSCOPY	0	0	1	0									1
QUALITY													
Cases Referred to Peer Review	0	0	0	0									0
Cases Reviewed	0	0	0	0									0
Cases Closed	0	0	0	0									0

Department of Medicine met on March 8, 2023.

The next meeting is June 14, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine

STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	92% ER 92% Lab	93% ER 93% Lab	92% ER 92% Lab	Not submitted as of 5/11/23								
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation								

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.

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



Shanique Cartwright, M.D., Chairwoman

APRIL 2023

UMC Behavioral Health Unit April 2023 Board Report												
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions												
ALOS (Target <7 Days)	4.16	4.45	4.28	4.17								
Voluntary Admissions	34	31	30	34								
Involuntary Admissions = FD12	69	65	71	61								
Total Admissions	103	96	101	95								
Average Daily Census												
Average Daily Census	14	17	16	17								
Other Measures												
Average Throughput (Target: <2 hrs)	4	2.8	4.3	4.8								
# TeleCourt Meetings (Pt Hearings)	0	0	0	1								
# Psych Consultations	105	70	120*	101								
Psychosocial Assessments (Target: 80%)	82%	70%	76%	66%								
Discharges												
	95	101	98	98								

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



John Flynn, M.D., Interim Chairman

APRIL 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	80		775		107		962	
Fluoro	7		0		26		33	
Mammography					90		90	
Magnetic Resonance Angio	2		0		1		3	
Magnetic Resonance Imaging	16		7		37		60	
Nuclear Medicine	11		0		4		15	
Special Procedures	0		0		0		0	
Ultrasound	80		250		120		450	
X-ray	132		1042		429		1603	
Echo	56		1		42		99	
CNMC CT Scan			51				51	
CNMC X-ray			440				440	
Grand Total	384		2566		856		3806	

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

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

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

- Staff attention and PPE procedures for COVID -19 is regular, in line with DC Government recommendations.

Services:

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

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

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

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

John Flynn, M.D.

Interim Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

APRIL 2023

For the month of April 2023, the Surgery Department performed a total of 126 procedures. The chart and graft below show the annual and monthly trends over the last 10 years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
OCT		194	191	181	177	214	211	175	146	135	150
NOV		137	157	150	196	152	196	138	156	137	127
DEC		143	183	210	191	153	192	156	146	132	110
QUARTER TOTALS		474	531	541	564	519	599	469	448	404	387
JAN	173	159	183	147	216	155	210	195	147	121	111
FEB	134	143	157	207	185	194	180	167	153	126	106
MAR	170	162	187	215	187	223	158	82	133	146	144
1ST QUARTER TOTALS		464	527	569	588	572	548	444	433	393	361
APRIL	157	194	180	166	183	182	211	57	156	148	126
MAY	174	151	160	176	211	219	186	74	159	123	
JUNE	159	169	175	201	203	213	177	126	172	113	
2ND QUARTER TOTALS		514	515	543	597	614	574	257	487	384	126
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	
3RD QUARTER TOTALS		510	533	566	551	589	561	463	458	341	0
ANNUAL TOTAL	1478	1962	2106	2219	2300	2294	2282	1633	1826	1522	874

This month ended with a **12.5% decrease** compared to last month and a **15% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Lower ED admissions
- Lower Clinic visits and elective surgery

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

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

We continue to meet or exceed the monthly quality and performance improvement outlined for the Surgery Department.

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

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

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

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

Respectfully,



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



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: May 24, 2023

**Nursing Department
Report for April 2023**

**Doris Onyima, Senior
Director of Nursing**

Nursing Board Report

April 2023

Overall State of Nursing Department

Staffing

Nursing continues to onboard agency staff from nursing agencies to provide adequate staffing for all departments as needed. There has been improvement in the staffing of the different departments with the onboarding of nurses and medical technicians to emergency department, Med-Surge and Behavioral health departments; however, a few agency nurses and technicians have broken their contracts for various reason and also they call out prior to shift and therefore leaves us with gaps in schedule. To decrease gaps and provide safe care, UMC staff may be asked to stay for an additional shift or to come in on their day off.

Performance Improvement:

Suicidal Risk and Prevention training is in progress and was put in place to support the National Patient Safety Goal. It is being implemented as a part of an optimal care and health provision for patient safety. Education is in progress to help identify and care for patients at risk for impaired skin integrity. Staff has been trained on sitter guidelines and removal of contraband items for FD12 and suicidal patients.

OR/PACU

Table 1. Operating Room Activities

OR/PACU Month	CASES	Inpt	Outpt	Surgery Cancelled	CODE BLUE	WRTC
January	111	36	75	16	0	0
February	105	32	73	17	1	0
March	145	50	95	22	0	0
April	117	48	69	25	0	0
Total	478	166	312	80	1	0

Education

OR RN's Review on Surgical Wound Classification

PI Initiatives

- Patient satisfaction – Post op Calls
- SCIP
- Pain Management/Care Plan/Charting Audits

- PI on In Patient Readiness focusing on Consents and IV access

Diabetes Center

Table 2. UMC Diabetes Quality Assurance Performance Improvement

UMC QAPI Master Dashboard														At or Exceeds Target		Within 10% of Target			Target not Met		Amended	
2023	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD				
DIABETES CENTER → QAPI																						
INSULIN ADMINISTRATION COMPLIANCE BENCHMARK-95%																						
Total Insulin Given		129	293	267	92									689	92	0	0	781				
Total Insulin Given Correctly		125	274	259	92									658	92	0	0	750				
% Compliance		97%	94%	97%	100%	-	-	-	-	-	-	-	-	96%	100%	-	-	96%				
SUMMARY OF RESULTS & ANALYSIS										ACTION PLAN & FOLLOW UP												
Small sample size in April due to working to observe staff for Accucheck competency. Will resume more frequent testing in May																						

Education:

Educate 100% of all authorized users on point of care policy – ongoing

Annual house wide Accucheck Competency in process from March – April 2023

- Insulin audit –Insulin Audit score = 100% for April. Due to activity with the annual Accucheck Competency only a small sample size done April.

PI Initiatives

- Review of insulin order set to determine if it meets current American Diabetes Association Standards of Care. Update to include a nurse activated process for patients NPO for procedures- in progress

Critical Care

Table 3. Critical Care Activities

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
APRIL	50	10	23	10	7	4

Education:

- Patient's armband and medication scanned to reduce medication errors.
- Suicidal Risk and Prevention Training completed.
- Nurse Annual Competencies completed.
- Relias Annual mandatory courses completed.

PI Initiatives:

- Continue to take pictures when a new skin issue is discovered.
- Continue to ensure that total care patients or intubated patients have their heels floated on pillows or in protective boots.

Emergency Department

Table 4. Emergency Dept. Metrics FY23

ED Metrics Empower Data	JAN	FEB	MAR	APR
Visits	2934	2564	2914	2909
Change from Prior Year (Visits)	2396	2409	2918	2931
% Growth	18.34	6.05	-0.14	-0.76
LWBS	25	15	38	53
Ambulance Arrivals	803	775	842	53
Ambulance Patients Admission Conversion	0.33	0.34	0.31	30
% of ED patients arrived by Ambulance	0.27	0.30	0.29	29
% of Ambulance Patients Admitted	0.33	0.34	0.31	30
Triage time			23	24
Physician time			103	113
Disposition time			256	279

Data provided by UMC Analytics

Table 5. Emergency Dept. Metrics FY23

ED Metrics Empower Data	*Goal in Minutes	FEB	MAR	APR
Door to triage	30	22	22	24
Door to room	45	82	87	99
Door to provider	60	91	100	113
Door to departure	150	263	270	292
Decision to admit to floor	240	355	368	389

Data provided by UMC Analytics

*The goals in minutes are a national standard by the Emergency Medical Services (EMS)

Education

Contraband Search and disposal
 Time and attendance
 Sitter guidelines
 Role and responsibilities of the "Sitter"

PI Initiatives

Sitter FD12 hourly documentation
 Property list documentation

Behavioral Health

Table 6. Behavioral Health Activities

Month	ADM	ADC	AMA	Disc.	Falls	Elop.	Seclusion	Rapid Response	Restraints	Diabetic Event
April	95 FD=61 Vol: 34	17	3	98		0	2	1	0	0

Education:

- A. Diabetic Assessment/Treatment
- B. Safety/ligature Rounding
- C. Identifying and Documenting Treatment Problems
- D. Securing and Documenting Property

PI Initiatives

- A. Q 15-minute & RN Q 2-hour Clinical Observation.
- B. Pain
- C. Reconcile patient property

Respiratory Services

Table 7. Respiratory Therapy Random Audits

Month	No. Therapist's Documentation Audited	No. of Completed Documentation	% of Compliance
January	24	18	75%
February	15	11	73%
March	24	18	75%
April	26	20	76.9%

Education: On-going huddle education sessions on PPID, SBAR, AIDET and TJC preparedness. Customer Service approaches discussed.

PI Initiatives: Critical value reporting increased to 97.8% from 94%. Real time coaching and review improving compliance. Documentation compliance increased from 75% to 76.9%.

Wound Care**Education:**

Aim to improve staff development and reinforcement of appropriate documentation, utilization of prevention equipment, supplies and techniques.

Skin and wound care prevention- A skin and wound prevention program is implemented and ongoing.

PI Initiatives:

Pressure injury prevention ongoing
Random checks – still in effect.

Occupational Health Service

Table 8. Occupational Health Activities Jan.-Apr. 2023

COVID BOOSTER	FLU VACC	PRE-EMPLOYMENT PYSICAL	ANNUAL PHYSICAL	COVID TEST	POSITIVE	FIT TEST	WORK CLEAR	OTHER	TOTAL	MONTH
1	30	14	16	117	12	30	10	19	249	JANUARY
0	3	4	68	116	11	74	12	10	298	FEBRUARY
0	5	9	46	70	1	57	7	24	219	MARCH
0	5	9	19	54	1	30	7	19	144	APRIL

Respectfully submitted,

Doris Onyima MPH, RN

Sr. Director of Nursing.



UMC
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Monthly Board Meeting

Date: May 24, 2023

**Executive
Management Report
for April 2023**

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



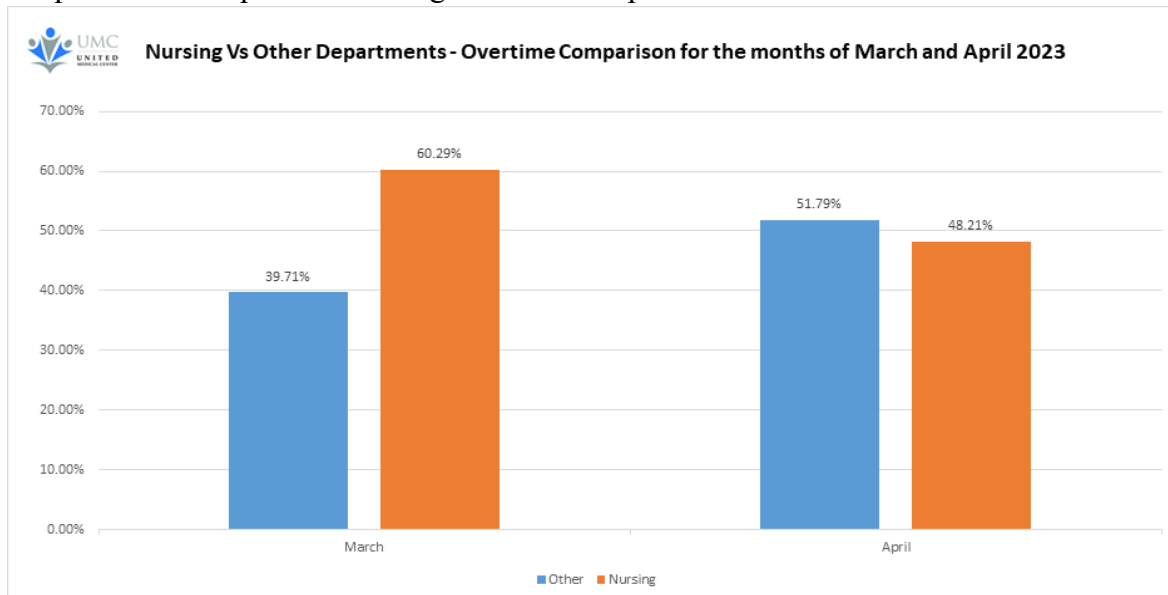
Executive Leadership Board Report April 2023

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

The following are some highlights:

A major and ongoing focus for the leadership team is the management of overtime (OT). An OT task force was formed in early March to look at potential variables that could be impacting overtime. As an example, a variable that emerged was the Operating Room staff would incur overtime starting after 3pm which is when their shift ends; however OR staff might still be in surgery for another 2 hours. A simple adjustment of the OR schedule to end the nursing shift at 5pm made a positive impact to decrease OT in that department. There was a 14 % decrease in OT hours and therefore decrease in OT spend within 30 days for the OR. The “Other Departments” reflects increased percentage in OT during April is attributed to gaps in FTEs and staff call outs in various departments. Leaders will continue to monitor and strategies for continued improvements while not compromising safe clinical and non-clinical activities. * See below

Graph 1: OT Comparison Nursing Vs Others Departments





UMC's facilities team along with specialized vendors continues to provide preventative maintenance and repairs on various hospital infrastructure such as, generators, cooling towers, chillers and elevator systems. Repairs and modernization of these systems are at various phases of completion.

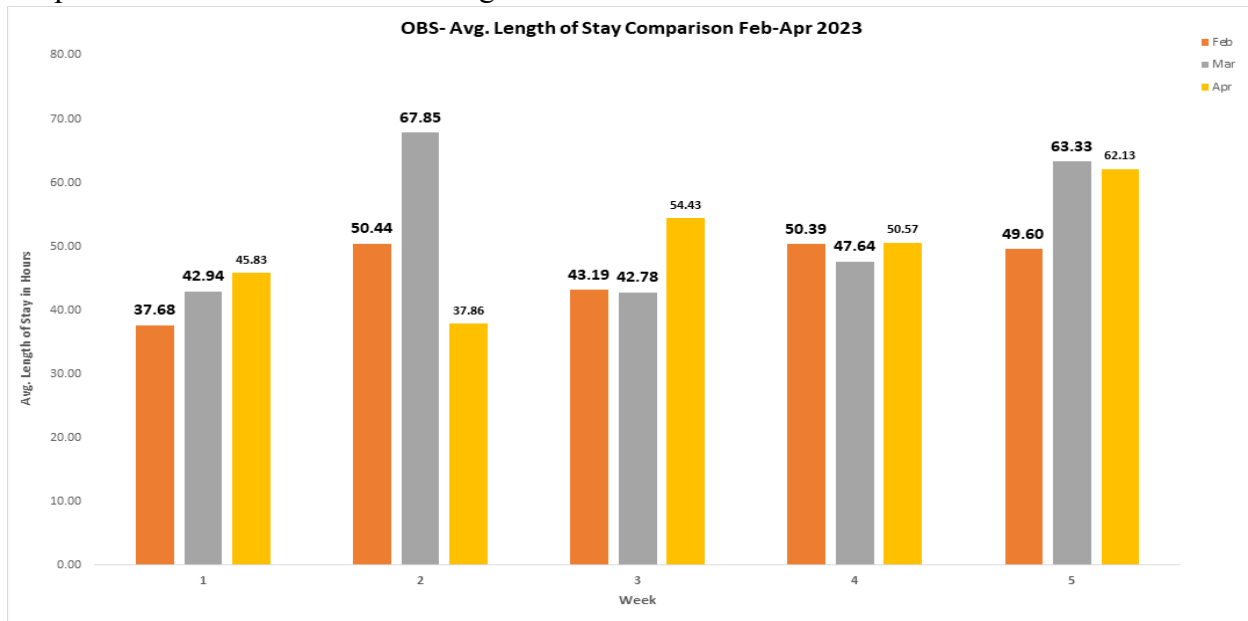
Information Technology Department completed all systems and updates for the month of April. As part of the Network redesign project, and Palo Alto firewall migration, successfully moved GE Radiology, Crisp PACS -Imaging, MFA-DC and NaviHealth VPN from SonicWALL to Palo Alto, a next generation firewall. Successfully resolved internal issue with replicating PACs servers to the cloud and successfully upgraded Carbon Black; end point protection system. Completed the design, and configuration of the new voice server, known as MiCollab which is a newer voicemail technology to work with our upgraded phone system. In addition, established data delivery process for Radiology billing and completed a refresher Meditech training for the Human Resource Department.

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

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

	Feb	Mar	Apr
Week 1	37.68	42.94	45.83
Week 2	50.44	67.85	37.86
Week 3	43.19	42.78	54.43
Week 4	50.39	47.64	50.57
Week 5	49.60	63.33	62.13

Graph 2: Observation Patients Average LOS



Closure Plan Draft

Preliminary closure draft plan will be presented to this Fiscal Management Board by the end of third quarter FY23. This plan will include a financial analysis of the cost of winding down services, operations and maintenance. In addition, we are examining services provided to determine whether the service is required to maintain accreditation and licensing standards.

Community Partnerships

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

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

UMC requested by DC Health Medical Coalition to be host site for their upcoming, Preparedness Summit June 13, 2023.

UMC is exploring partnership with DC Hospital Association, to engage in the Health Care Summer Immersion Program to host 1-2 high school juniors from DC Public Schools. During the month and a half internship, students will be assigned a mentor. This internship is to expand their interest in a career in health and expose student to the various career options within the healthcare field.



The ultimate goal is to provide sustainable job options for the residents of District of Columbia while also adding to the Districts work force development. *See attached flyer

Respectfully submitted,

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

Health Care Summer Immersion Program



Program Description

This project is designed to provide rising high school juniors from DC Public Schools (DCPS) with an immersive experience designed to expose them to the diversity of opportunities within health care for good paying jobs and career growth. The target population is primarily minority and disadvantaged students with an interest in entering a health field. Throughout the six-week program, the pilot will offer meaningful paid internships inside DC health care employers to provide real-world exposure for students in health care careers. During the program, one day each week will include a health care orientation program at DCHA member facilities to provide participants with a better understanding of the dynamic nature of health care and highlight career opportunities.

Internship hosts will collaborate with DCHA Program Services Company, Inc. to provide participants with an internship, education and mentorship opportunities. A curriculum will be created that provides students with valuable exposure to health care careers and an understanding of how they can prepare to enter the profession.

Three Goals of the Program

1. Provide a supportive environment to expose students to career opportunities in health care and highlight the industry as one with career growth and development opportunities. The ultimate desire is to provide DC residents a level playing field for achieving a good paying career no matter what ward or quadrant of the city they are from.
2. Expand interest in health careers to a wider array of DCPS students to create qualified, experienced and knowledgeable candidates that are ready to seize the opportunities available in high-need health care positions that provide a sustainable wage and opportunity for growth.
3. Create a cultural change and paradigm shift in the way participating health care employers think about career recruitment and community engagement with motivated and dynamic high school students with an interest in health care.

Initial funding for this program is generously provided through a grant from the Northrop Grumman Foundation.



We envision growing the program over three years. As we welcome participants back until the summer after their senior year of high school we will also be welcoming additional participants each year.

Employer Expectations

Each employer partner will commit to hosting at least one student intern between June 26 – August 4 for a total of 224 hours. Given the regulatory requirements of staff and volunteers, employers are asked to hire the students at minimum wage for the duration of the program. DCHA will provide reimbursement for 60% of the cost of the intern or \$2,943.04, which includes a \$10 daily subsidy for Metro. The cost to the health care employer is \$1,962.

Participating employers are asked to identify one staff member that will be responsible for mentoring and supervising the intern during the program. Employers are encouraged to expose the interns to multiple aspects of facility operations in order to build the experience. Each contact will provide periodic updates to DCHA staff about the intern and identify any needs or challenges as soon as possible. Each participating provider will set the reporting times from Monday – Friday and provide the schedules for the participants to DCHA.

Participants are expected to have each Friday available to participate in the group educational opportunities provided by the program. These programs will rotate to facilities and provide students additional exposure points to health care through discussions and tours when feasible from both a safety and COVID perspective. The interns are expected to be paid for these eight hours and DCHA will provide breakfast and lunch for participants and presenters.

In collaboration with DCPS, DCHA will provide candidates to hospitals by early June in order for background checks to be conducted on the participants as unlicensed individuals. HR onboarding will be the responsibility of each employer partner.



Contact Bolu Omolaju, bomolaju@dcha.org, 832-782-7308 to participate in the program.



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Monthly Board Meeting

Date: May 24, 2023

**Financial Report
Summary**

**Lilian Chukwuma
Chief Financial Officer**



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending April 30, 2023

DRAFT



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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2023 Actual Gap Measures
As of April 30, 2023

	FY 2023 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy	(\$21,194,286)
District Subsidy	<u>\$15,000,000</u>
Adjusted Net Gain/(Loss) from Operations	<u>(\$6,194,286)</u>

Note: Gap Closing Initiatives Ongoing



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 6% (\$583K) MTD and 6% (\$4M) YTD due to reduction in Disproportionate Share (DSH).**
- ❖ **Net patient revenue is lower than budget by 4% (\$250K) MTD and 2% (\$1M) YTD due to the following:**
 - ❖ **Emergency room visits are lower than budget by 4% MTD and 5% YTD.**
 - ❖ **Admissions are lower than budget by 5% MTD and 2% YTD.**
 - ❖ **Patient days are higher than budget by 1% MTD and lower than budget by 1% YTD.**
 - ❖ **Clinic visits are lower than budget by 18% MTD and 17% YTD.**
 - ❖ **Total surgeries are lower than budget by 9% MTD and 6% YTD.**

- **Expenses**

- ❖ **Total operating expenses are on target MTD and YTD due to approximately \$3M savings in contract negotiations that occurred after the budget.**
 - ❖ **Salaries are higher than budget by 8% (\$256K) MTD and 9% (\$2.1M) YTD due to excessive overtime still occurring across the board. However, some overtime initiatives are in place to mitigate the excessive use.**
 - ❖ **Overtime is higher than budget by 85% (\$106K) MTD and 173% (\$1.3M) YTD and if not managed will be approximately \$4M by year end.**
 - ❖ **Employee benefits are higher than budget by 14% (\$127K) MTD and 17% (\$1M) YTD.**
 - ❖ **Contract labor is above budget by 104% (587K) MTD and 75% (\$3M) YTD directly related to the usage of agency and is on track to exceed budget by \$5M.**
 - ❖ **Professional fees are lower than budget by 32% (\$548K) MTD and 24% (\$2.9M) YTD due to contract adjustments that occurred after budget development.**
 - ❖ **Purchased services are lower than budget by 2% (\$271K) MTD and 19% (\$1.8M) YTD.**
 - ❖ **Other expenses are lower than budget by 16% (\$182K) MTD and 20% (\$1.6M) YTD due to prior year credit adjustments.**



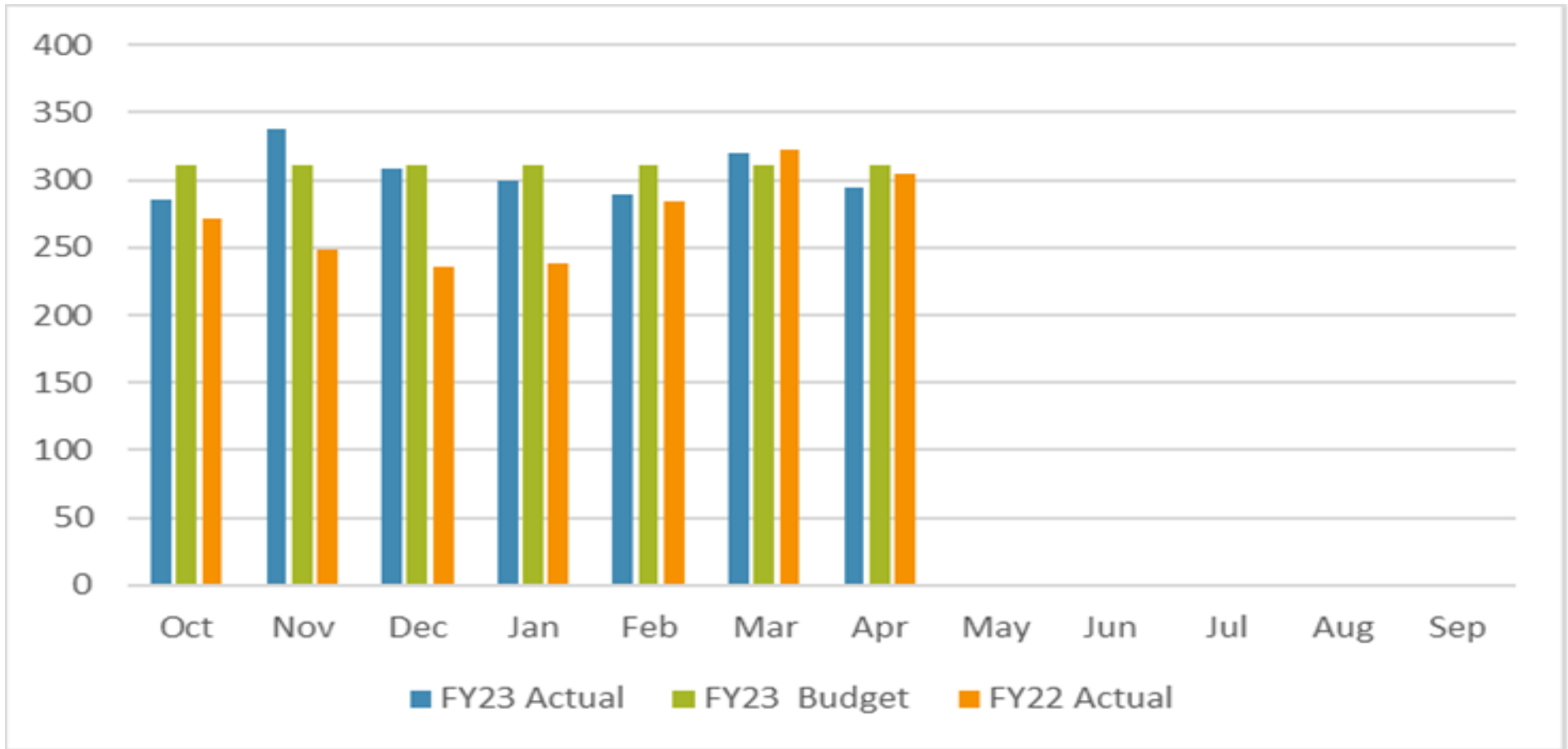
Key Indicators

Fiscal Year 2023 thru 04/30/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY22	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	294	311	304	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	117	129	138	▼	▲
Emergency Room Visits	Actual Visits	2,907	3,043	2,924	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	541	601	687	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.08	1.00	1.01	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	46%	55%	45%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	49	52	58	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	97%	92%	113%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	116	45	87	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-6.2%	1.0%	-14.9%	▼	▲



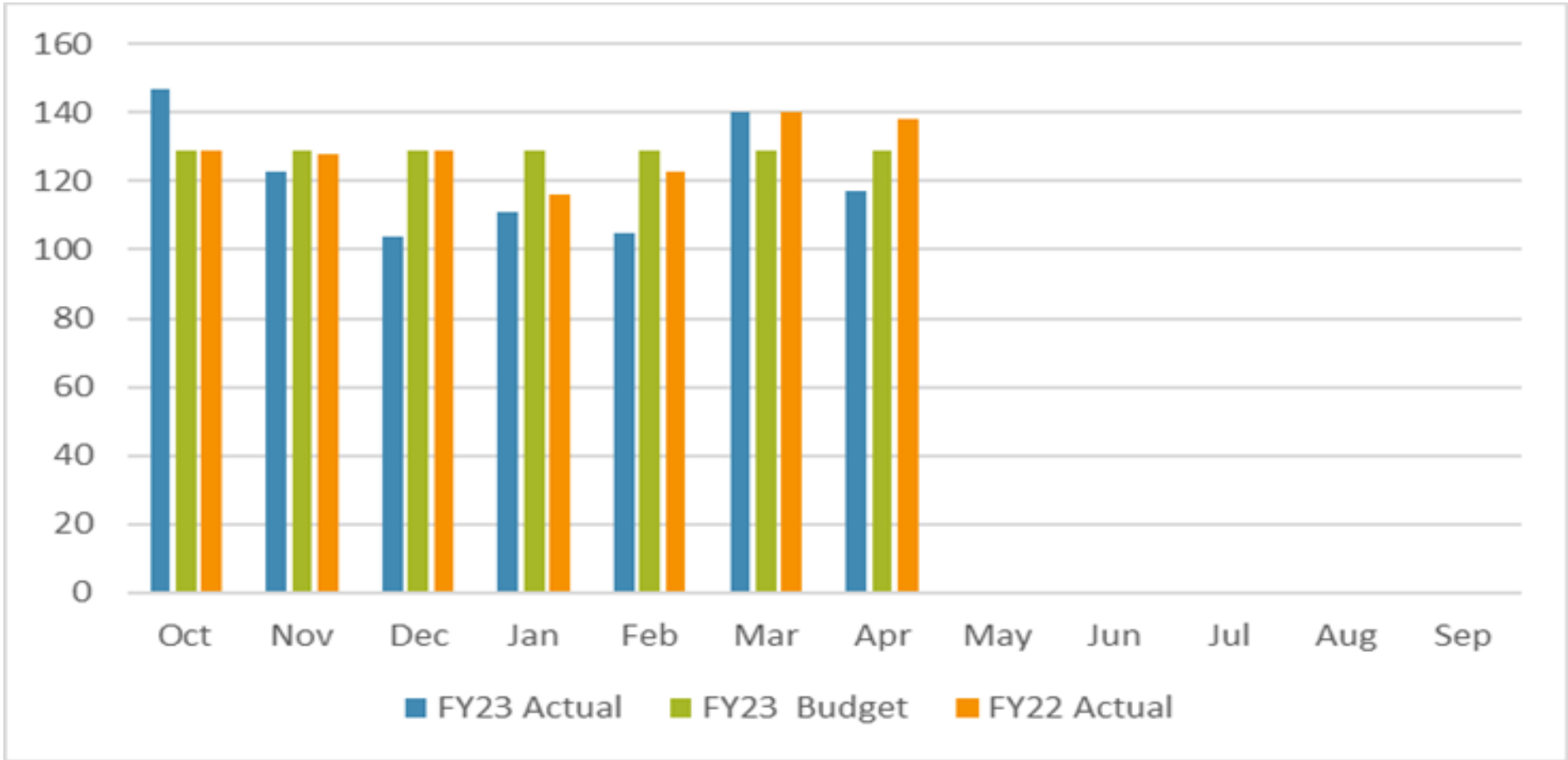
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	286	338	309	299	289	320	294					
FY23 Budget	311	311	311	311	311	311	311					
FY22 Actual	272	249	236	238	284	323	304					



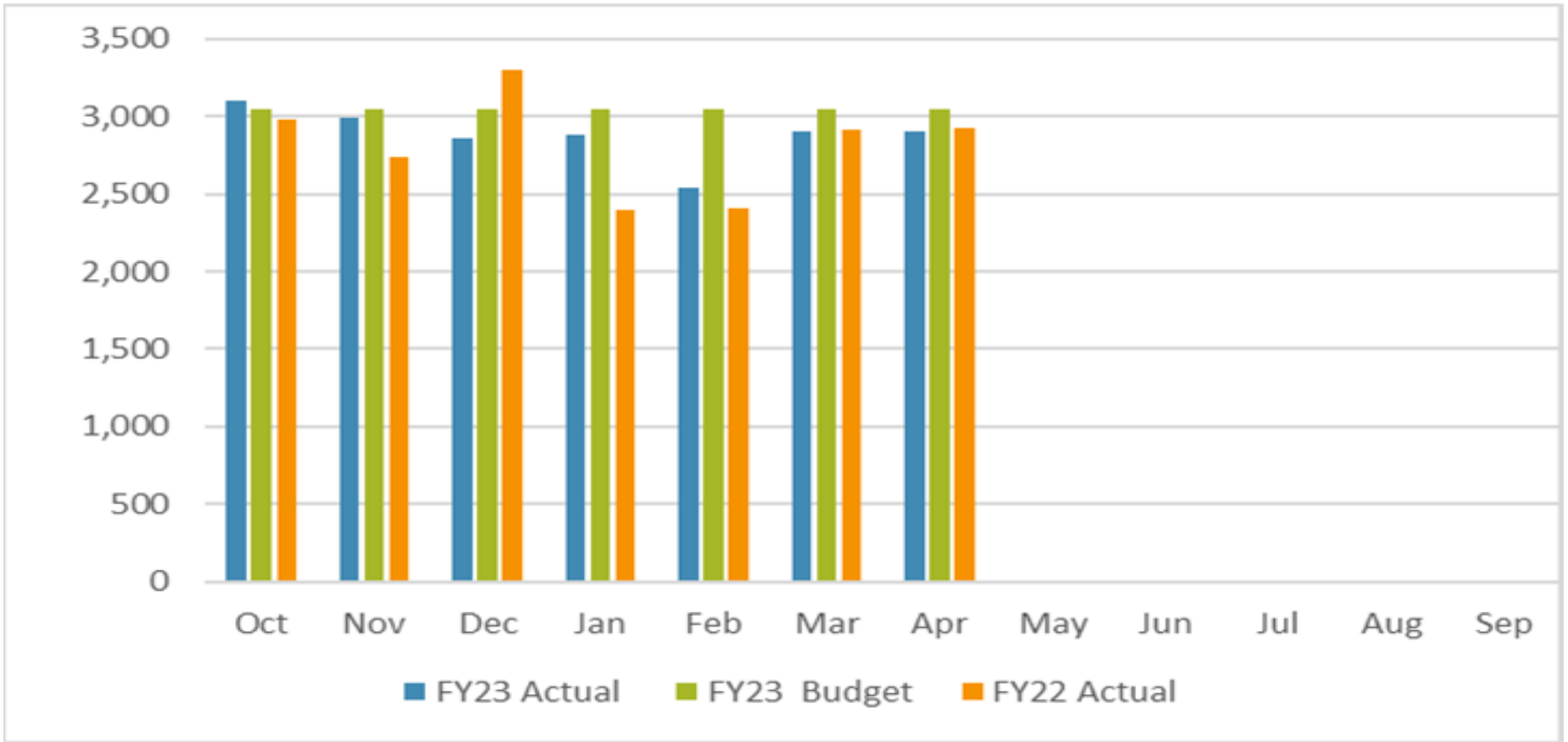
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	147	123	104	111	105	140	117					
FY23 Budget	129	129	129	129	129	129	129					
FY22 Actual	129	128	129	116	123	140	138					



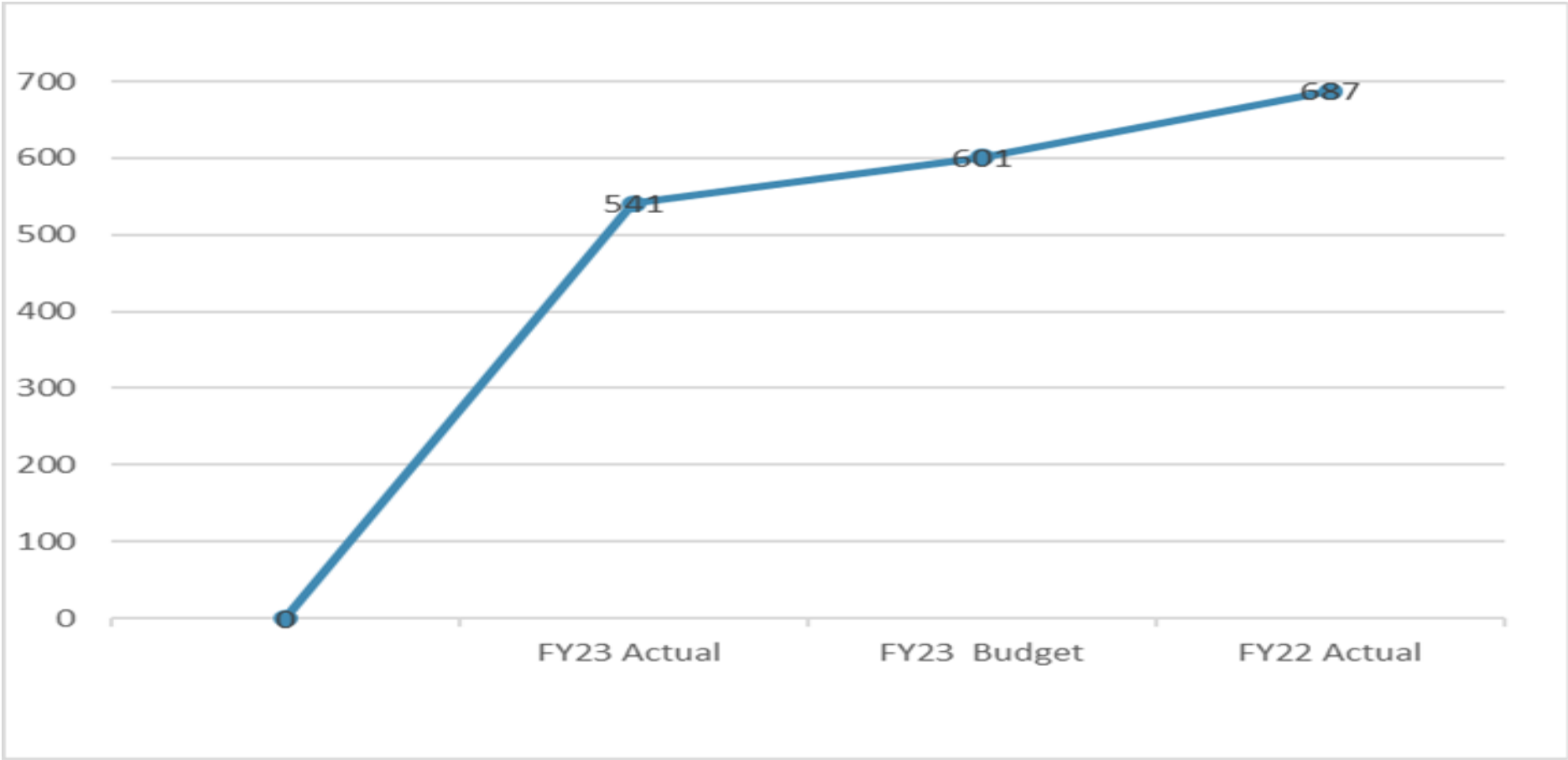
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	3,099	2,989	2,855	2,883	2,544	2,901	2,907					
FY23 Budget	3,043	3,043	3,043	3,043	3,043	3,043	3,043					
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916	2,924					



Number of FTEs

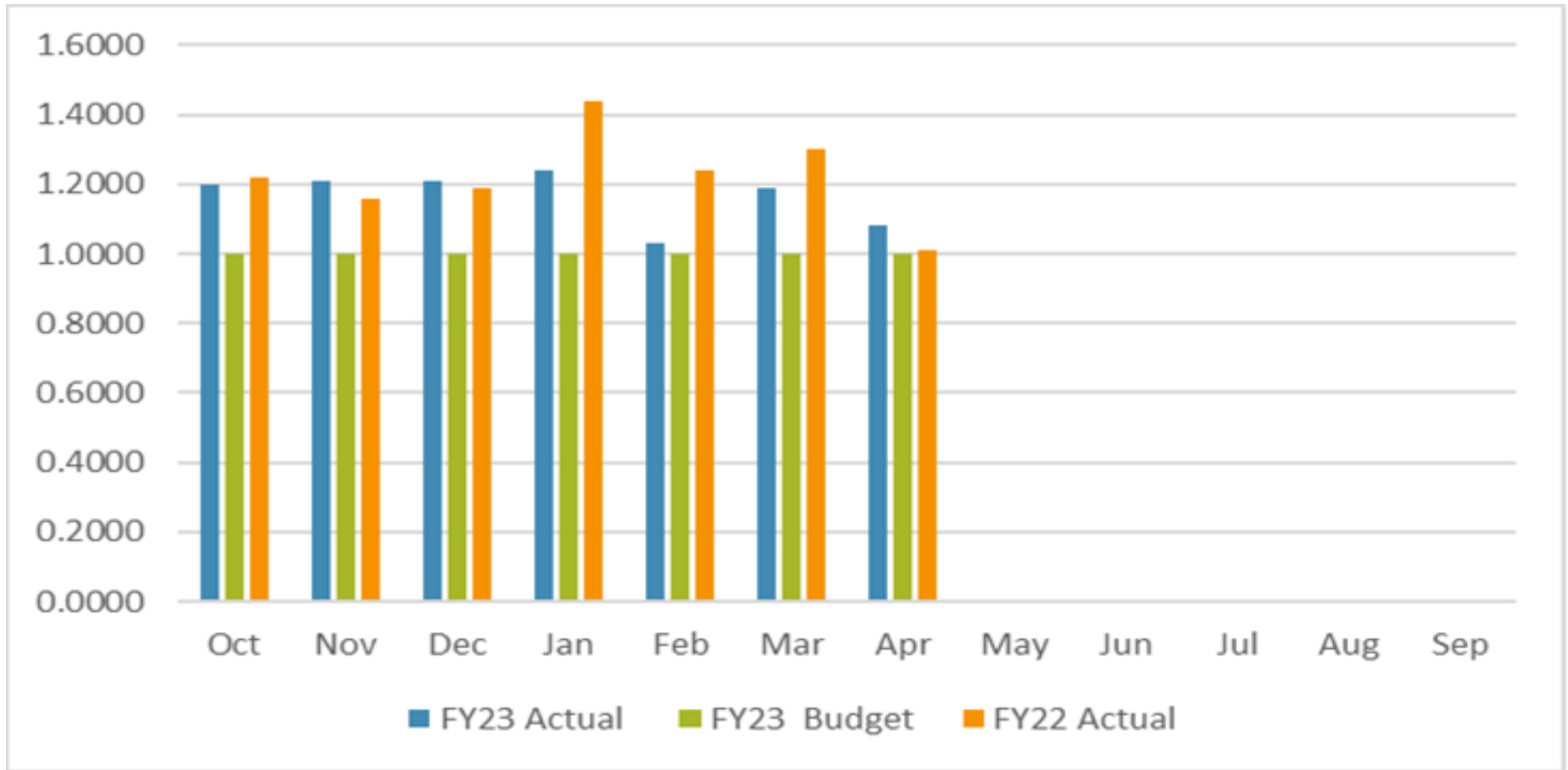


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	584	579	583	579	554	554	541					
FY23 Budget	601	601	601	601	601	601	601					
FY22 Actual	590	575	580	575	724	704	687					



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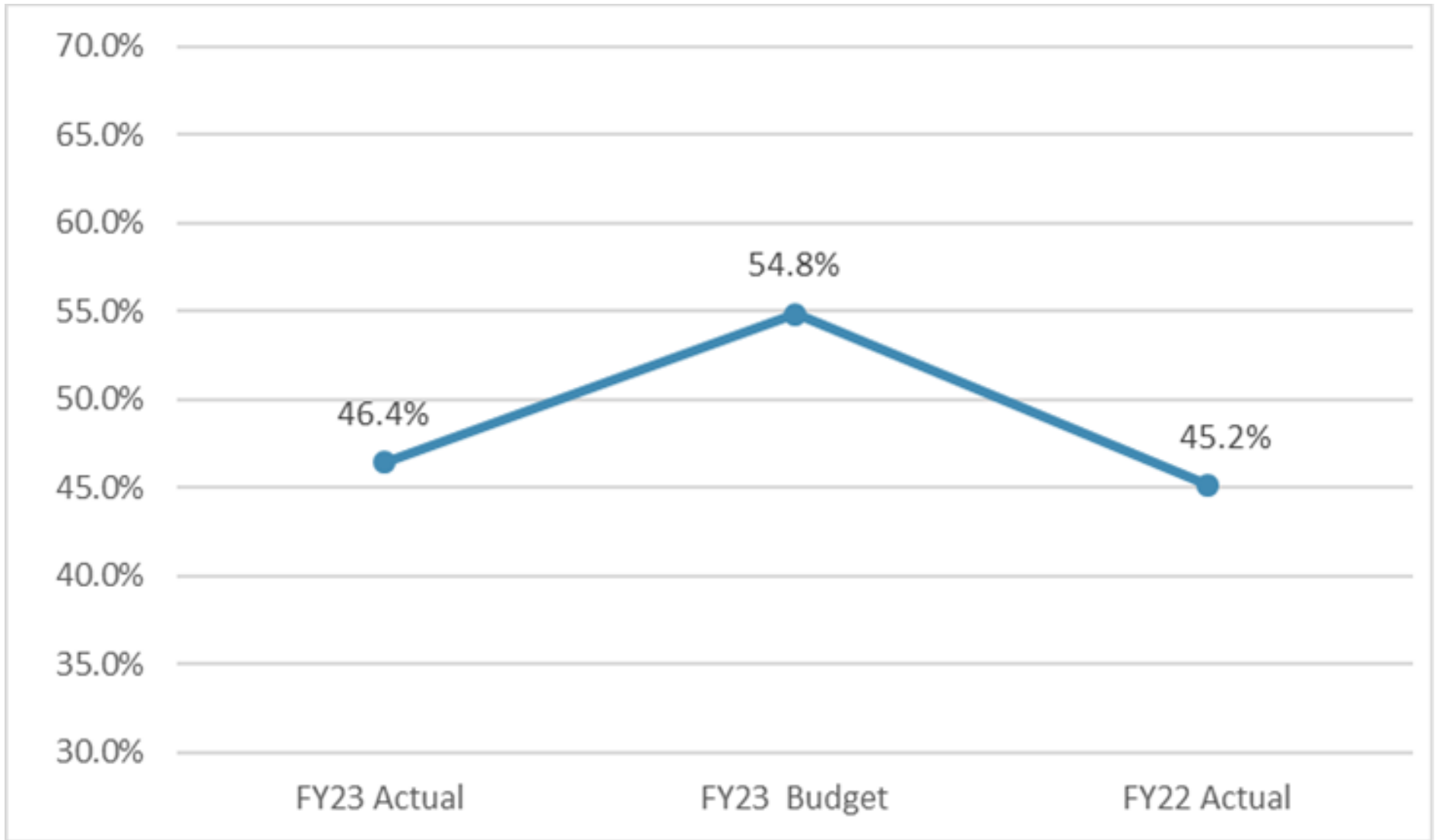
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300	1.1900	1.0800					
FY23 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000					
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100					

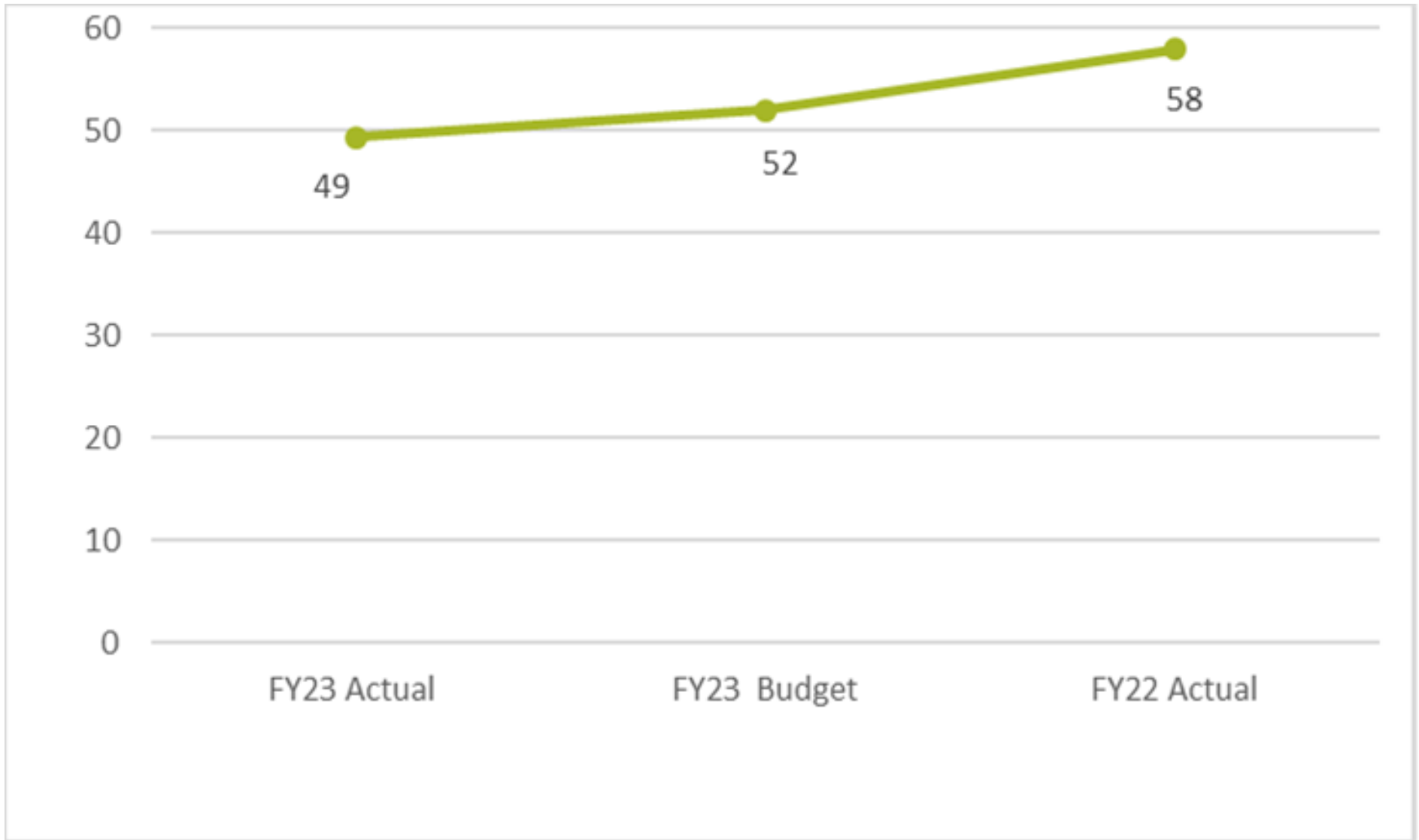


Salaries/Wages & Benefits as a % of Operating Expenses



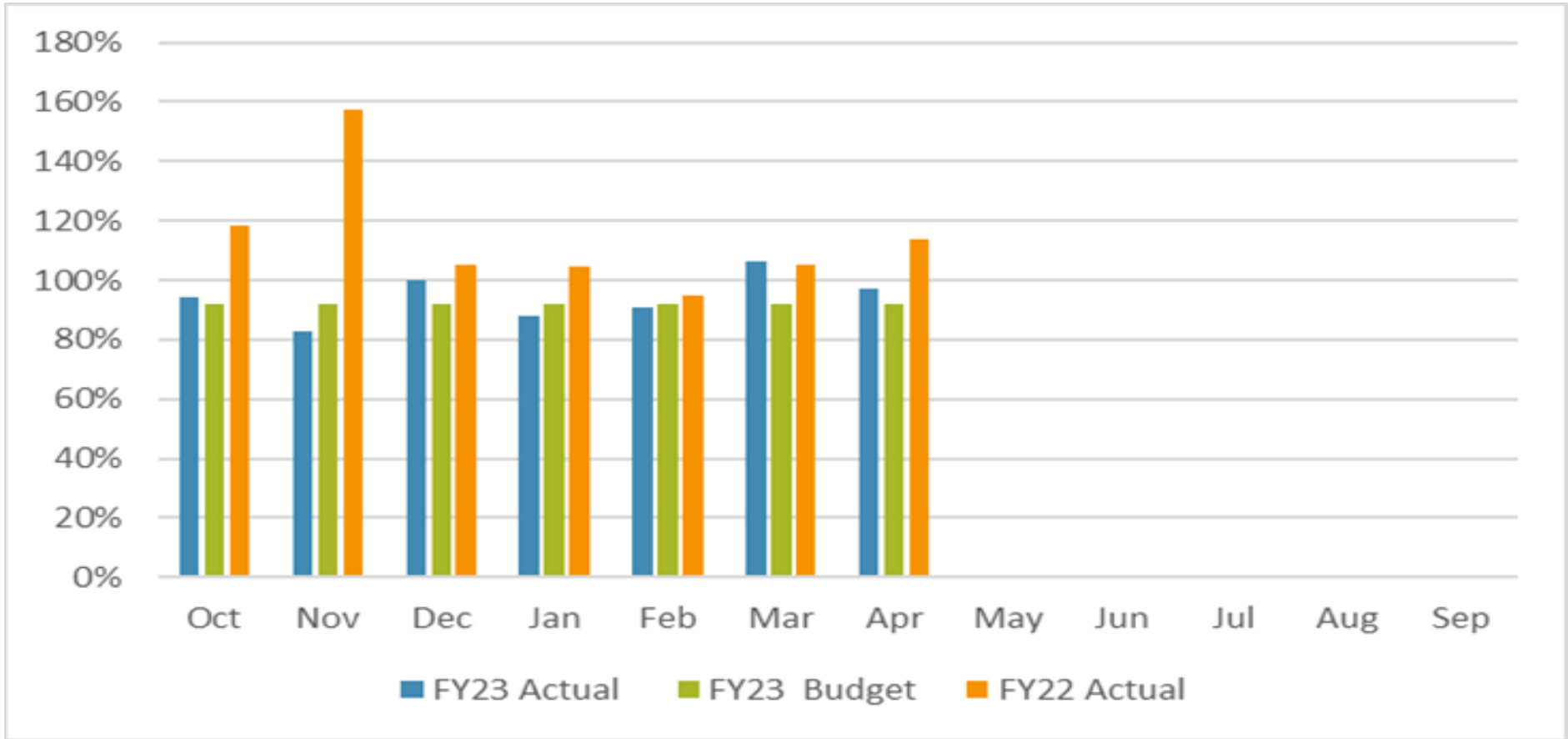


Net Accounts Receivable (AR) Days With Unbilled





Cash Collection as a % of Net Revenues

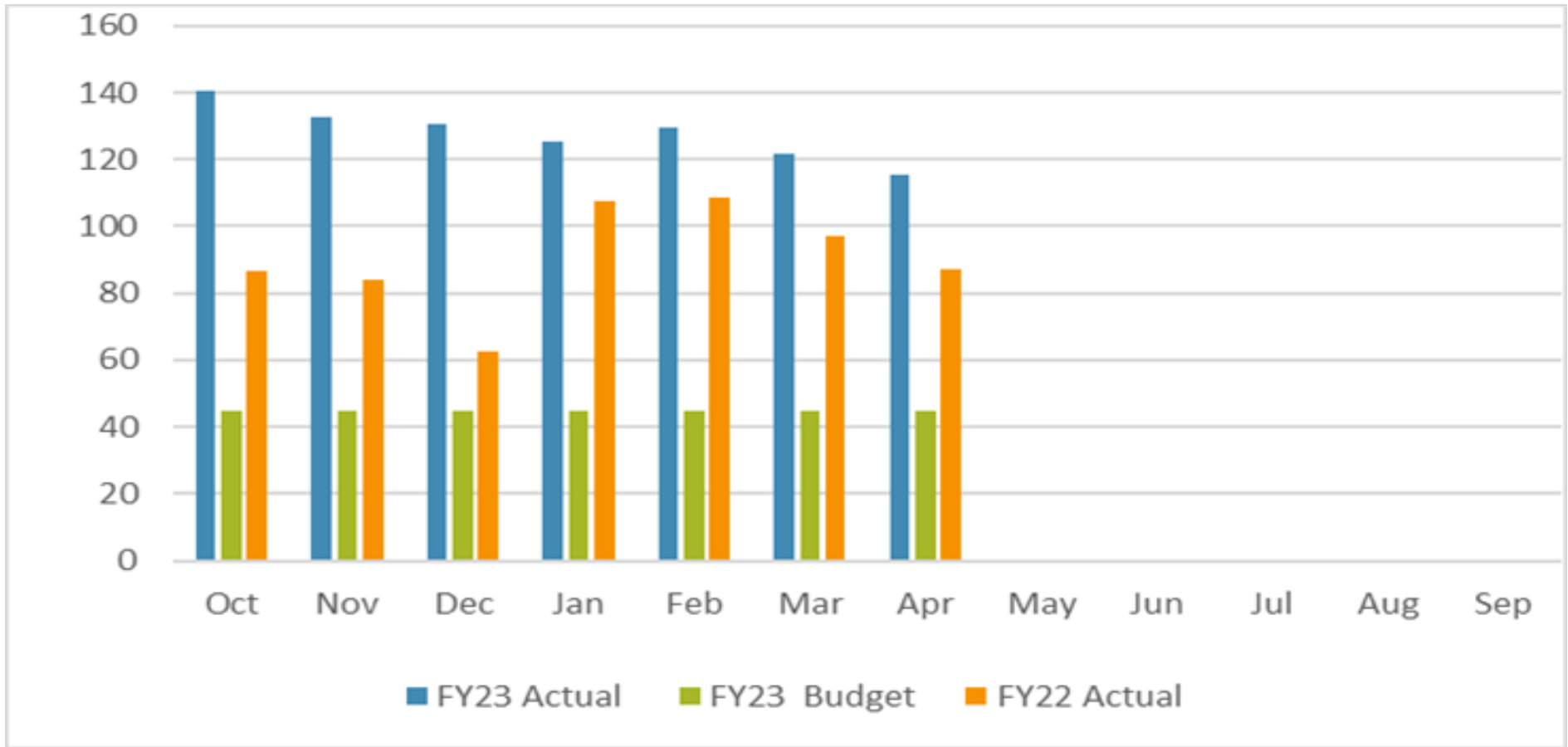


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	94%	83%	100%	88%	91%	106%	97%					
FY23 Budget	92%	92%	92%	92%	92%	92%	92%					
FY22 Actual	119%	158%	105%	105%	95%	105%	113%					



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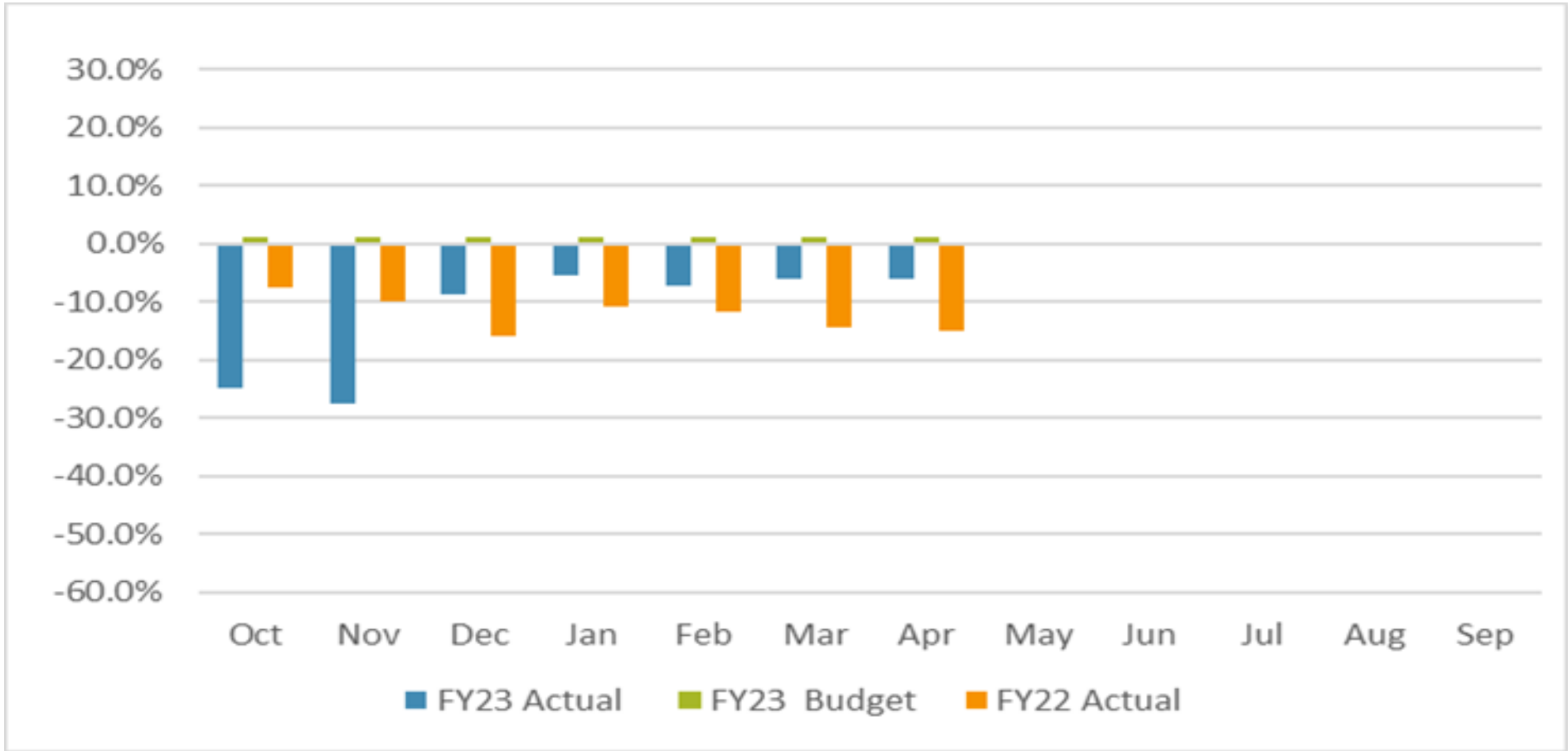
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	140	132	129	124	130	106	122	116				
FY23 Budget	45	45	45	45	45	45	45	45				
FY22 Actual	86	84	63	108	112	105	97	87				



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	-24.8%	-27.4%	-8.6%	-5.3%	-7.1%	-6.2%	-6.2%					
FY23 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%					
FY22 Actual	-7.4%	-9.8%	-15.9%	-8.9%	-7.9%	-14.4%	-14.9%					



Income Statement

FY23 Operating Period Ending April 30, 2023

	Month of April			Variance				2023 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	294	311	304	(17)	-5%	(10)	-3%	2,135	2,177	1,906	(42)	-2%	229	12%
Patient Days	2,041	2,023	1,743	18	1%	298	17%	14,065	14,161	12,623	(96)	-1%	1,442	11%
Emergency Room Visits	2,907	3,043	2,924	(136)	-4%	(17)	-1%	20,178	21,301	19,656	(1,123)	-5%	522	3%
Clinic Visits	929	1,135	1,022	(206)	-18%	(93)	-9%	6,593	7,945	8,009	(1,352)	-17%	(1,416)	-18%
IP Surgeries	48	60	42	(12)	-20%	6	14%	302	420	297	(118)	-28%	5	2%
OP Surgeries	69	69	96	-	0%	(27)	-28%	545	483	606	62	13%	(61)	-10%
Radiology Visits	774	795	3,607	(21)	-3%	(2,833)	-79%	5,967	5,565	5,820	402	7%	147	3%
Revenues														
Net Patient Service	6,547	6,797	6,644	(250)	-4%	(97)	-1%	46,494	47,581	37,639	(1,087)	-2%	8,855	24%
DSH	735	995	494	(260)	-26%	241	49%	5,144	6,962	11,676	(1,818)	-26%	(6,532)	-56%
CNMC Revenue	150	166	150	(16)	-9%	-	0%	1,050	1,159	1,227	(109)	-9%	(177)	-14%
Other Revenue	1,618	1,675	1,787	(57)	-3%	(168)	-9%	10,808	11,726	13,116	(918)	-8%	(2,308)	-18%
Total Operating Revenue	9,050	9,633	9,075	(583)	-6%	-25	0%	63,496	67,429	63,658	(3,933)	-6%	(162)	0%
Expenses														
Salaries and Wages	3,400	3,144	3,804	256	8%	(403)	-11%	24,080	22,009	25,760	2,071	9%	(1,680)	-7%
Employee Benefits	1,008	880	969	127	14%	39	4%	7,193	6,163	7,279	1,031	17%	(85)	-1%
Contract Labor	1,154	567	716	587	104%	437	61%	6,928	3,967	5,656	2,962	75%	1,273	23%
Supplies	754	713	503	40	6%	251	50%	5,408	4,994	4,829	415	8%	579	12%
Pharmaceuticals	176	206	160	(30)	-14%	16	0%	1,200	1,439	1,358	(239)	-17%	(158)	0%
Professional Fees	1,140	1,688	1,421	(548)	-32%	(281)	-20%	8,943	11,815	11,654	(2,872)	-24%	(2,711)	-23%
Purchased Services	1,018	1,289	1,339	(271)	-21%	(321)	-24%	7,272	9,026	9,073	(1,754)	-19%	(1,801)	-20%
Other	952	1,135	884	(182)	-16%	69	8%	6,376	7,942	7,548	(1,565)	-20%	(1,172)	-16%
Total Operating Expenses	9,601	9,622	9,795	(21)	0%	(194)	-2%	67,401	67,353	73,156	48	0%	-5,755	-8%
Operating Gain/ (Loss)	(551)	11	(720)	(562)	-5177%	169	-23%	(3,905)	77	(9,499)	(3,982)	-5172%	5,594	-59%



Balance Sheet

As of the month ending April 30, 2023

Apr - 23	Mar - 23	MTD Change		Sep-22	YTD Change
Current Assets:					
\$ 43,440	\$ 45,324	\$ (1,884)	Cash and equivalents	\$ 43,419	\$ 21
10,777	8,645	2,133	Net accounts receivable	6,841	3,936
4,217	3,013	1,205	Inventories	3,898	319
2,750	3,196	(446)	Prepaid and other assets	3,853	(1,103)
<u>61,143</u>	<u>60,136</u>	<u>1,008</u>	Total current assets	<u>\$ 58,011</u>	<u>\$ 3,132</u>
Long-Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
47,451	46,634	817	Capital Assets	49,400	(1,949)
<u>47,451</u>	<u>46,634</u>	<u>817</u>	Total long term assets	<u>49,400</u>	<u>(1,949)</u>
<u>\$ 108,594</u>	<u>\$ 106,769</u>	<u>\$ 1,824</u>	Total assets	<u>\$ 107,411</u>	<u>\$ 1,183</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
16,107	12,640	3,467	Trade payables	13,395	2,712
5,576	5,445	131	Accrued salaries and benefits	5,701	(125)
3,193	2,978	215	Other liabilities	3,183	10
<u>24,876</u>	<u>21,063</u>	<u>3,813</u>	Total current liabilities	<u>22,279</u>	<u>2,597</u>
Long-Term Liabilities:					
5,552	7,537	(1,985)	Unearned grant revenue	-	5,552
10,881	10,590	291	Estimated third-party payor settlements	10,862	19
5,908	5,908	-	Contingent & other liabilities	5,908	0
<u>22,342</u>	<u>24,034</u>	<u>(1,693)</u>	Total long term liabilities	<u>16,770</u>	<u>5,572</u>
Net Position:					
61,377	61,672	(295)	Unrestricted	68,362	(6,985)
<u>61,377</u>	<u>61,672</u>	<u>(295)</u>	Total net position	<u>68,362</u>	<u>(6,985)</u>
<u>\$ 108,594</u>	<u>\$ 106,769</u>	<u>\$ 1,825</u>	Total liabilities and net position	<u>\$ 107,411</u>	<u>\$ 1,183</u>



Statement of Cash Flow

As of the month ending April 30, 2023

Month of April		<i>Dollars in Thousands</i> Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 4,940	\$ 11,265	\$ 47,221	\$ 89,542
(5,904)	(6,616)	(35,521)	(74,649)
(4,277)	(4,653)	(31,399)	(59,965)
5,341	3,588	10,960	882
<u>100</u>	<u>3,584</u>	<u>(8,739)</u>	<u>(44,189)</u>
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
1	-	4	-
<u>1</u>	<u>-</u>	<u>4</u>	<u>-</u>
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	40,000
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>40,000</u>
Cash flows from capital and related financing activities:			
16	-	-	-
-	(38)	94	5,493
(2,001)	(37)	(6,339)	(5,852)
(1,985)	(75)	(6,245)	(359)
(1,884)	3,509	21	(4,548)
45,324	45,345	43,419	53,402
\$ 43,440	\$ 48,854	\$ 43,440	\$ 48,854
Supplemental disclosures of cash flow information			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			