



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: January 24, 2024

Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d1139dd351ce1463aca24e8ebdc

2024 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 MANAGEMENT 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 4:00pm on Wednesday, January 24, 2024. The meeting will be held via WebEx.

Meeting link: Webex - Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d139dd351ce1463aca24e8ebdc

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 –
November 29, 2023**
- V. CONSENT AGENDA**
 - A. Dr. Gregory Morrow, MD- Chief Medical Officer**
 - B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
 - C. Teka Henderson - VP of Nursing**
- VI. EXECUTIVE MANAGEMENT REPORT**
Dr. Jacqueline Payne-Bordern, CEO/CNO
- VII. FINANCIAL REPORT**
Lillian Chukwuma, Chief Financial Officer
- VIII. PUBLIC COMMENT**
- IX. CLOSED SESSION**
- X. OTHER BUSINESS**
 - A. Old Business**
 - B. New Business**
- XI. ANNOUNCEMENTS**
- XII. 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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**Monthly Board
Meeting**

**Date: January 24,
2024**

**Reading and Approval of
Minutes**

Minutes Date:

November 29, 2023



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, NOVEMBER 29, 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, Vernitta Bicette-Robert Chief Compliance Officer

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:42pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir Fair, 2nd by Dr. Ashenafi unanimous vote.</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Reid Jackson, 2nd by Dir. Ashenafi unanimous vote.</i></p>
	<p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • Antimicrobial Stewardship Program, average cost per patient day (PPD) for September 2023, was up \$43.13 due to increased use of the antiviral COVID-19 drug Remdesivir; however, overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint

	<p>Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.</p> <ul style="list-style-type: none"> • Pharmacy Clinical Interventions saved \$22,324 for the month of September 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 211 interventions documented via Meditech for September 2023. • Substance Use Disorder project initiative in collaboration with Chief Informational Officer and ED Providers to electronically track successes and barriers of initiating Medication Assisted Treatment and Narcan dispensing at NFPHC of both inpatient and ED, has discovered that we are under-reporting electronically the scope of work being done to DCHA. IT has built a new template for ease of Peer Recovery Coaches use in Meditech. Training is underway. Analytics to be reviewed weekly with the assistance of Dr. Jesus Trevino, ED Provider. • Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 84 doses of Suboxone distributed YTD for both In-patient and ED since the DEA X-waiver removal. • August and September had a total of 20 Narcan Kits and 100 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. YTD 159 Narcan Kits and 759 Fentanyl Test Strips distributed by UMC. • In October, there were two (2) initial appointments, twenty (20) reappointments, and (0) resignations. There are currently (255) Medical Staff members. • There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability. • The Quarterly Staff meeting will be held on December 13, 2023. • Medical Affairs is preparing for UMC Annual DC Department of Health survey that is due in November 2023. • Manually uploads for Core Measure charts • Meetings with nursing to discuss quality issues across the board • Submission of core measure charts to CMS • Participation in CGM policy meetings • Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable • Initiation of getting PO and Contracts completed. • Submission of invoices for The Joint Commission • Data was manually gathered from various departments and analyzed for the dashboard • Ongoing meetings with departments for Policy improvement and clean up
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- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing
 - Successful completion of The Joint Commission (TJC) survey
 - Meetings scheduled with every department that had findings for TJC.
 - No findings in the Quality Department for TJC survey
 - Presentation at Pharmacy and Therapeutic Committee meeting for the National Patient Safety Goals (NPSG)
 - Presentation/slideshow at Management Council meeting on post survey Joint Commission (TJC) findings and next steps
 - Participation with DCHA/Crisp DC collaborative for health equity
 - Daily patient safety huddles
 - Communicated flood in the Emergency Department with DC Health
 - Worked on DC Health application
 - The Joint Commission had no findings for the Infection Control Department.
 - There has been no additional COVID 19 healthcare associated exposures in the past four (8) weeks. The number of COVID-19 admissions for UMC in October 2023 was .
 - The number of COVID-19 positive employee for October 2023 was
 - Mask are required for everyone who enters UMC.
 - There will be better protection against severe disease, hospitalization and COVID 19 in the coming months now that newly updated (2023-2024 formula) mRNA COVID vaccines are available.
 - UMC will not will not institute a mandatory vaccination program for hospital employees at the present time.
 - UMC, in preparation for the flu season, has an ample supply of influenza vaccine that was made available for all staff as of September 28, 2023.
 - The pharmacy will issue the influenza vaccine to the appropriate areas such as employee health clinic and patient care areas for distribution.
 - The mandatory influenza policy went into effect October 1, 2023. UMC is required to have a 90% compliance rate with persons receiving the influenza vaccine.
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- **MCOS Report – Dr. Francis O’Connell**
 - The last month brought several challenges that tested the responsiveness and flexibility of the hospital. The temporary closure of the male side of the behavioral health unit for necessary structural renovations and unanticipated flooding of the Emergency Department served as stress tests for all of the hospital’s departments. The collaboration between the hospital’s administration and medical staff allowed for continued operations, despite the numerous and unique nature of these challenges.

- There remain, however, specific issues impacting patient care at UMC. These matters, which the hospital administration is endeavoring to resolve, all relate to the delivery of certain resources for patients, which are challenging to solve. One of these items include the timely transportation of patients from UMC to other facilities/home.
- As the hospital's plans for closure become more definitive, it may be tempting to moderate certain services or resources, however, UMC continues to see a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable over the past 2 years. The inpatient and emergency services the hospital provide remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas. Anecdotally, patient's medical and social problems have become more complex in the post-COVID world where the need for certain resources is more pressing than previous years.
- As winter approaches, the CDC is reporting an increase in respiratory illnesses which include Influenza, COVID, and RSV (Respiratory Syncytial Virus). Annual vaccination remains the best measure of prevention against serious illness.
- We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

CNO Report – Teka Henderson, VP of Nursing

- Staffing continues to improve despite the national shortage. We on boarded several UMC employees in October. ICU onboard three part-time nurses. The emergency department on boarded two technicians, two sitters and one-unit coordinator. Telemetry on boarded two technicians and one sitter. There were 19 agency staff members on boarded to supplement staffing; 15 nurses and 4 technicians. This did not include three agency staff members who were not successful during orientation. Additionally, respiratory therapy on boarded two agency therapist and one UMC fulltime therapist. A prn position is pending. As a result, four therapist agency contracts are ending next month and will not be renewed at this time.
- There were two HAPI's for the month of October. The wound care nurse is scheduled to start a refresher in-service for pressure injury prevention and wound care documentation next month.
- Nursing continues to prepare for the annual Department of Health (DOH) survey.
- Nursing leadership continues to make frequent rounds and engage with staff.
- There were a total of 60 admissions for the month of October with an average daily census of 10. Education focused on the new Life Pak 15 monitor & defibrillator Review of insulin order and glucose monitoring standard of care.

Scanning of patient armband and medication for patient safety. Narcotic waste documentation. Monitoring of physician order for foley and restraints. Monitoring of Braden scores and risk for skin breakdown. Turning and repositions every two hours and padding of bony prominences

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

Executive Management Report - Dr. Jacqueline Payne Borden

- 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 posits 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:
- United Medical Center received the three-year reaccreditation certificate from the Joint Commission (TJC) as the Evidence of Standard Compliance (ESC) to correct the standard level findings from the TJC survey in August met standards. The hospital is in the window for the annual visit by DC Health. In addition, November begins the three-month window for our laboratory inspection by College of American Pathologist (CAP). This inspection is accomplished every two years. Hospital operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional, and that quality is preserved.
- The Behavioral Health Unit (BHU) has two wings 4E and 4W. The 12 bed wing 4W which admits male patients was temporarily closed on Oct. 10 for renovations of the nurse's station to improve safety and workflow. Prior to closure, notification sent to all relevant internal and external stakeholders. Renovations completed and unit reopened on 31 October.
- On October 20, at approximately 6:51am, the Emergency Department's (ED) main core which has 19 treatment bays experienced a major water intrusion. The source of the water intrusion was an inadvertently activated fire sprinkler head located in one of the bays. A Code Delta was announced to notify all staff that the hospital had an emergency. This also signified that the off going night shift staff needed to remain in place to help with decompression of the ED and until the Code Delta was terminated; meaning the water intrusion was stabilized and all patients continued to receive standard of care by transferring admitted

patients to either the ICU or 8W/Med/Surg/Telemetry Units. Patients who did not meet admission criteria or were still being assessed were seen in the Fast Track and Superfast Track section of the ED. We continued to care for walk-in patients. UMC's ED was placed on diversion of ambulances and MPD. Remediation began immediately by UMC's facilities staff and with assistance from outside vendors. External stakeholders were notified via the city wide Everbridge Alert system with frequent updates of UMC's status. Remediation was completed over 6 days. All clear to re-open was given by DC Health who made on site visits during the remediation process. The ED was fully re-opened on October 25 and was back in full operations.

- The Information Technology Department accomplished the following as part of monthly activities: upgraded all systems and network with latest patches, built patient accounts productivity reporting for Patient Financial Services, upgraded Fluency (Radiology Dictation) with SQL Standard 2017. In addition, assembled IT infrastructure for BHU post remodeling, and assisted the team with ED water intrusion incident. There were no security risks/attacks for the month of October.
- Annual Mandatory Influenza Immunization Campaign began this month. This mandatory requirement must be fulfilled by December 31 per Infection Control Policy IC 01 08. As customary, employee can receive the immunization from UMC's Occupational Health Department. At present, compliance rate is 50%.
- The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) 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 as feasible.
- 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. The repairs and modernization are at various phases of completion.
- The Executive Leadership team hosted an outdoor, picnic style "Employee Appreciation" event on October 12, 2023. There was delicious food, games, music, giveaways and the fantastic Flu- Fairies administered influenza vaccines in the privacy of the mobile unit. Overall, the event was well received by employees, with active participation, and requests for similar future morale boosting activities.
- Community Partnerships
- On October 10-12, the well anticipated information sessions occurred for the Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with



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**Date: January 24,
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Consent Agenda



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**Monthly Board
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**Date: January
24, 2024**

**CMO Report ,
December 2023**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

December 2023

Respectfully submitted by Gregory Morrow, M.D.

Medical Staff Office/Physician Recruitment:

- In December, there were one (1) initial appointment, Thirteen (13) reappointments, and
- No resignations. There are currently (256) Medical Staff members.
- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The next Quarterly Staff meeting will be held on March 13, 2024.
- Medical Affairs is preparing for UMC Annual DC Department of Health survey.
- Medical Affairs is preparing to downsize the provider’s files for the upcoming closure.
- There was Quarterly Staff Meeting / Christmas party held on December 13, 2023.

2023 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

DEPARTMENT/INDICATOR	Target	1Q23	2Q23	3Q23	4Q23	ANNUAL
MEDICAL STAFF OFFICE						
Timely receipt of initial application with required ID (60 days)	100%	100%	100%	100%	100%	100%
All expirable documents are current (license, physical, PPD screening, influenza vaccine, DEA, CDS, liability insurance, etc.)	100%	98%	96%	98%	92%	99%
Complete credential files	100%	100%	100%	100%	100%	100%
Timely processing of re-appointment application following receipt (30) days	100%	100%	100%	100%	100%	98%

Quality and Patient Safety

December 2023 Accomplishments:

- Manually uploads for Core Measure charts
- Successful DC Health application submission

- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- Successful completion of getting Po completed and Business Case Memo done.
- Submission of evaluation for The Joint Commission annual survey and interview with Joint Commission members.
- Data was manually gathered from various departments and analyzed for the dashboard.
- Ongoing meetings with departments for Policy improvement and clean up.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Attendance of DCHA Board of Director's Meeting with the President of The Joint Commission
- Assistance with opening of 3MST unit

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

The Joint Commission had no findings for the Infection Control Department.

The number of COVID-19 admissions for UMC in December 2023 was 18, up from 7.

The number of COVID-19 positive employees for December 2023 was 2, down from 4

Mask are required for everyone who enters UMC.

UMC will not will not institute a mandatory vaccination program for hospital employees at the present time.

UMC, in preparation for the flu season, has an ample supply of influenza vaccine that was made available for all staff as of September 28, 2023.

The pharmacy will issue the influenza vaccine to the appropriate areas such as employee health clinic and patient care areas for distribution.

The mandatory influenza policy went into effect October 1, 2023. UMC is required to have a 90% compliance rate with persons receiving the influenza vaccine.

Monthly Surveillance Data:

- December 2023 – 107 Ventilator days– 0 infections
- Fourth Quarter - 257 Ventilator days– 0 infections
- December 2023 - 131 Central Line Device days – 0 infections

- Fourth Quarter - 291 Central Line Device days – 0 infections
- December 2023 – 179 Urinary Indwelling Device days - 0 infections
- Fourth Quarter - 519 Urinary Indwelling Device days - 1 infection
- December 2023 - 0 cases of VRE HAI hospital-wide
0 cases of VRE CA hospital-wide
- Fourth Quarter - 0 cases of VRE HAI hospital-wide
3 cases of VRE CA hospital-wide
- December 2023 - 1 case of C Difficile HAI hospital-wide
1 case of C Difficile CA hospital-wide
- Fourth Quarter - 1 cases of C Difficile HAI hospital-wide
2 cases of C Difficile CA hospital-wide
- December 2023 - 0 cases of MRSA HAI hospital-wide
14 cases of MRSA CA hospital-wide
- Fourth Quarter - 0 cases of MRSA HAI hospital-wide
49 cases of MRSA CA hospital-wide
- December 2023 – 213 of 222 persons were observed compliant with hand hygiene for a rate of 96%

Case Management Department

- Due to the patient transportation insufficiency with Vesper, Case management Department, in collaboration with relevant entities in administration, is currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.
- Consequent upon the long standing Case Management staff shortage, especially impacting our Clinical Social Worker hospital coverage, we are now in the final stages of approval with Finance, to start using Contract Agency Clinical Social Workers, on a PRN basis.
- The pending UMC closure, was a significant issue in our recruiting efforts through the platform of INDEED.

Pharmacy & Therapeutics:

- DC HEALTH Annual Pharmacy Surveyor Audit took place in November 2023. Department of Pharmacy conducted a successful audit with no citations. Auditor, stated that pre-packed medications be repacked per FDA updated recommendations, with six months expirations as opposed to the previous one year expirations. Recommendation have been updated accordingly.

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for October 2023, was up \$46.31 due to increased use of the antiviral COVID-19 drug Remdesivir; however, November 2023 had a significant decrease in cost per patient day (PPD) to \$29.90. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$22,324 for the month of October 2023 and \$31, 222 for November 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 211 interventions documented via Meditech for October 2023 and 283 for November 2023.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 114 doses of Suboxone distributed for 2023 both In-patient and ED since the DEA X-waiver removal.
- October, November and December had a total of 51 Narcan Kits and 255 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. A total of 187 Narcan Kits and 935 Fentanyl Test Strips distributed by UMC for 2023.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths. LLDC Stakeholder meeting to focus on “messaging around data/information and communication”, within the District. A concern that was discussed was transportation of District Residents in search of treatment. The DBH has begun the process to advertise the existing MyRides program. A District transportation service for those seeking treatment for Substance Use Disorder.
- UMC has been selected as a possible location for future LLDC Steering Group Summit Meeting. More to come.
- VP of Pharmacy Services has been invited to attend an in-person meeting of the Opioid Abatement Advisory Commission Meeting at DCHA
- DEA has changed regulations to provide one day of methadone treatment for patients in methadone clinics to be dispensed in the District/Federal Hospitals Emergency Department for no more than three days of therapy. UMC Emergency Department in collaboration with the Department of Pharmacy is reviewing the process to update accordingly. More to come.
- VP of Pharmacy Services continues to take part in the DC Interagency Council on Homelessness (ICH); Hospital X Homelessness Workgroup.
- VP of Pharmacy Services continues working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- Ongoing daily/weekly/monthly monitoring of DC Health initiatives for upcoming annual visit include:
 - 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) Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.

- c) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
- d) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
- e) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – **National Patient Safety Goals.**
- f) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
- g) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following antibiotic usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**

Press Ganey stats for November 2023:

Emergency Room:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Dec 2023)</u>	<u>(Nov 2023)</u>	<u>Change</u>
PG	Doctors	12	51.67%	70.00%	18.33%

Inpatient:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Dec 2023)</u>	<u>(Nov 2023)</u>	<u>Change</u>
CAHPS	Doctors	7	63.59%	80.70%	17.11%
PG	Doctors	7	58.06%	35.9%	22.17%

Sincerely,



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



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**Date: January
24, 2024**

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

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



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

DECEMBER 2023

January 15, 2024

Re: Chief of Staff Monthly Report

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

During the past two winter months, there has been a surge in influenza and COVID cases at UMC over the past two months. Annual vaccination remains the best measure of prevention against serious illness.

The number of Emergency Department (ED) visits, one of the main measures of hospital utilization at United Medical Center, remains stable over the past 2 years, despite the opening of a new urgent care in Southeast Washington, DC approximately six months ago. The urgent care sees an average of 45 patients per day which is not impacting the number of walk-in visits to the UMC ED.

The inpatient and emergency services the hospital provide remain integral to the health and well-being of the people of Southeast Washington DC area. Anecdotally, patients' medical and social problems are even more complex in the post-COVID era where the need for resources is more pressing. There are unresolved issues impacting patient care at UMC which the hospital administration is endeavoring to resolve. As mentioned in previous correspondence, the major issues involve reliable transportation services, around the clock social work and case management services, and nuclear medicine support (stress testing and perfusion scans). With limited services, the hospital struggles to meet the needs of its patients.

We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

Sincerely,

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



Amaechi Erongdu, M.D., Chairman

DECEMBER 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for December was 97 and November, 2023 was 104.

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 124 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in December, 2023.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been maintaining the volume of procedures done at the OR. Currently, the *Pain management service provided OR volume of 14* for the month of December 2023.

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	128
JUNE	213	177	118	167	111	108
JULY	195	186	140	176	102	92
AUG	203	193	156	148	113	118
SEPT	191	182	151	121	123	94
OCT	211	175	146	135	150	95
NOV	195	133	153	137	127	104
DEC	192	156	146	132	110	97
TOTAL	2,331	2136	1559	1748	1488	1331

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



Mina Yacoub, M.D., Chairman

DECEMBER 2023

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

For December, the Intensive Care Unit had 68 admissions, 71 discharges, and 295 Patient Days. Average Length of Stay (ALOS) for December was 4.2 days and ICU managed a total of 76 patients. The average daily census was 10 patients. There were 3 deaths for 71 discharges for a month's mortality rate of 4.2%. There were two returns to ICU within 24 hours of transfer out. No patients required transfer to Tertiary Hospitals for higher level of care.

December 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In December, the ICU had 107 ventilator days, with no Ventilator Associated Pneumonia (VAP), 131 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 179 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.

The ICU managed a total of 17 patients with severe sepsis and septic shock. One death was related to severe sepsis/septic shock with a sepsis specific mortality of 5.9%.

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

January 8, 2024



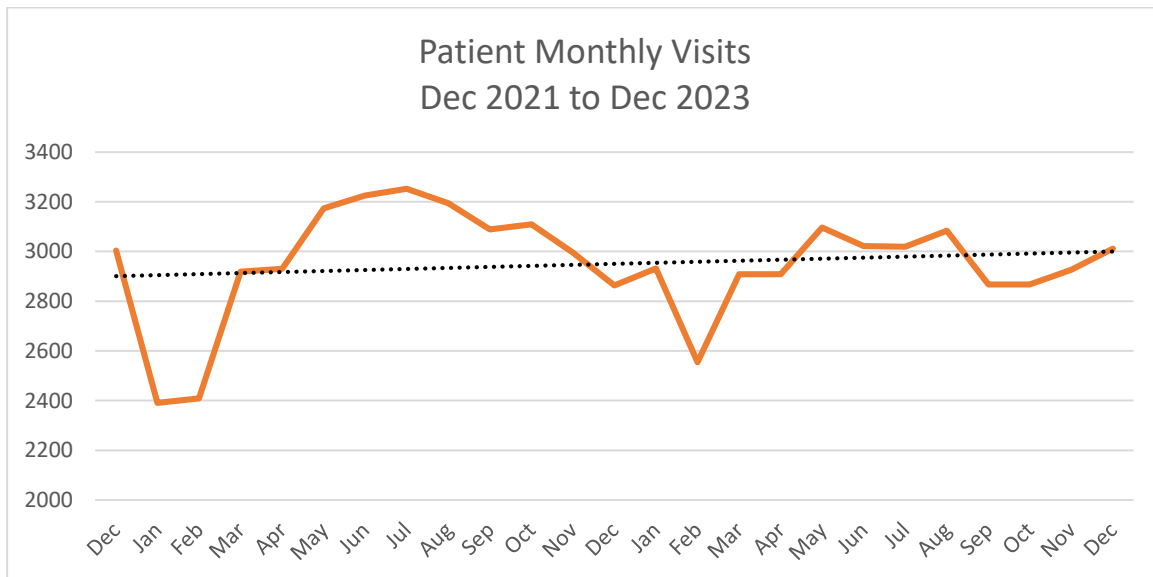
Francis O'Connell, M.D., Chairman

DECEMBER 2023

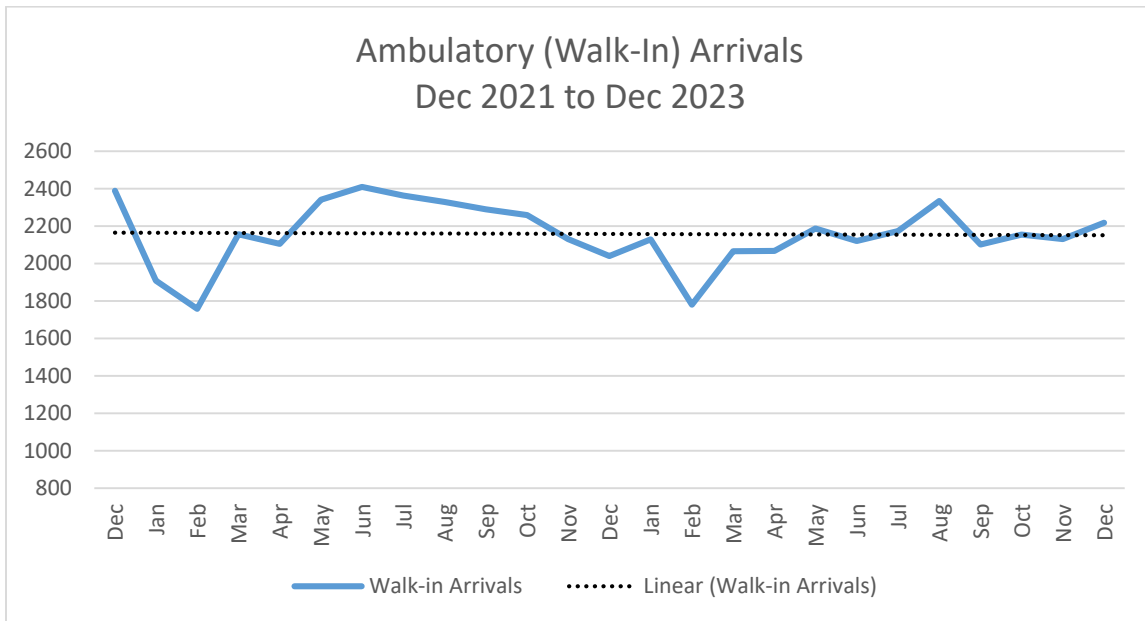
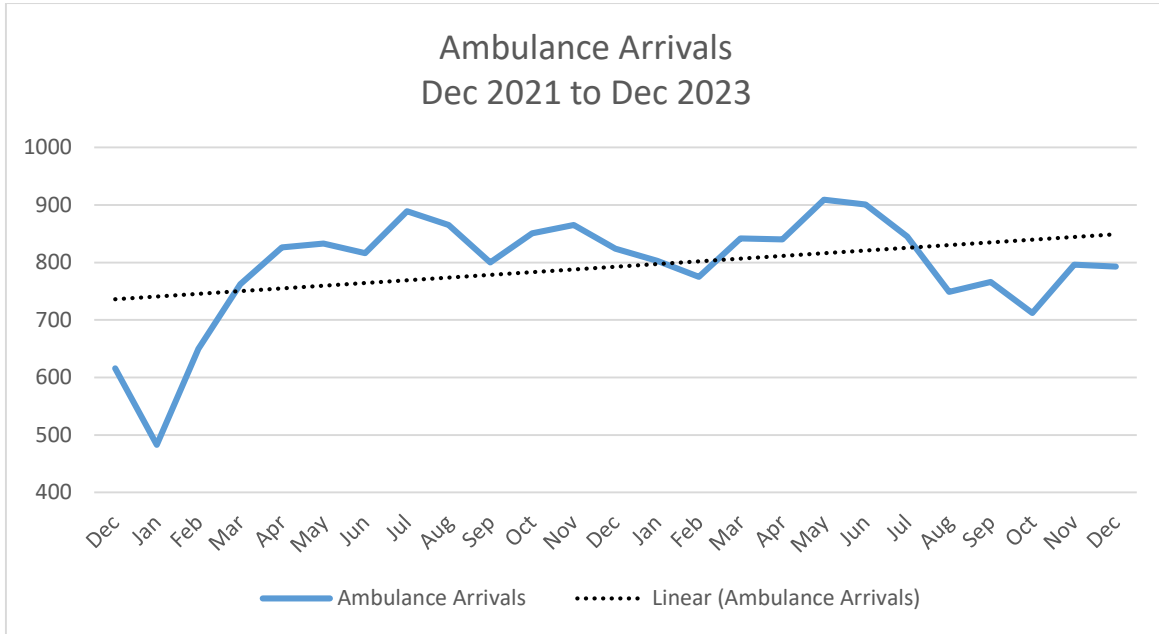
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for December 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

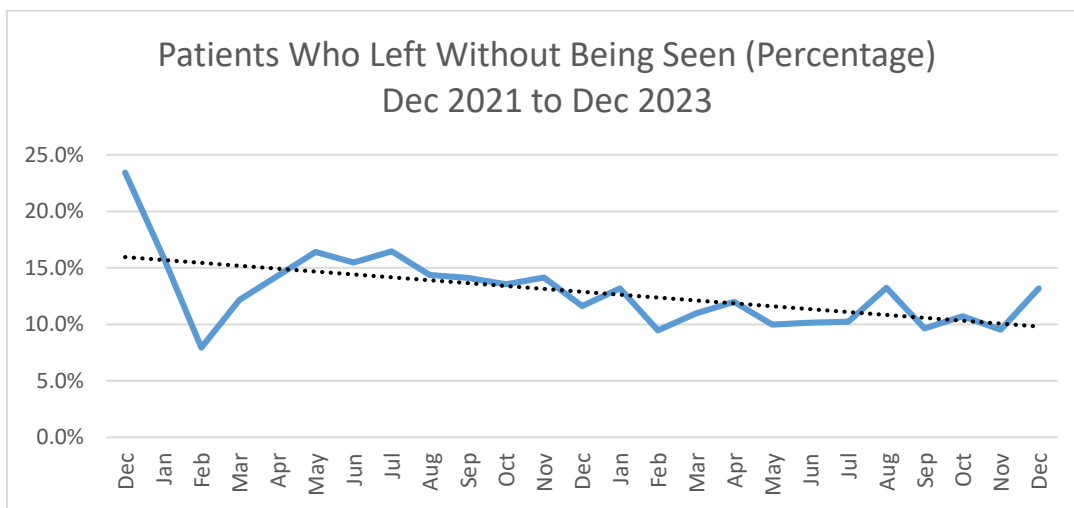
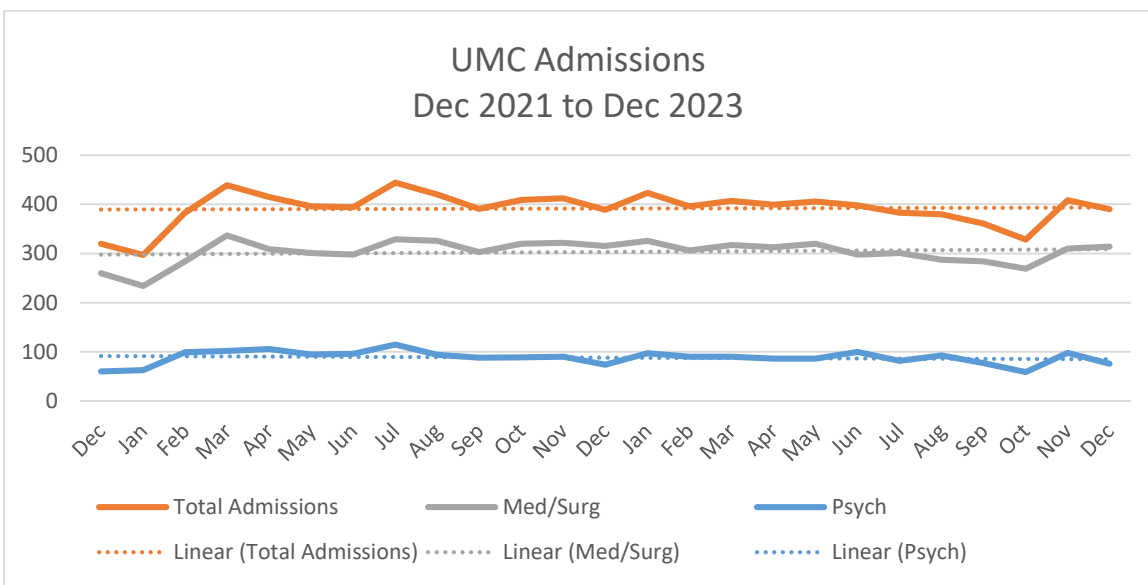
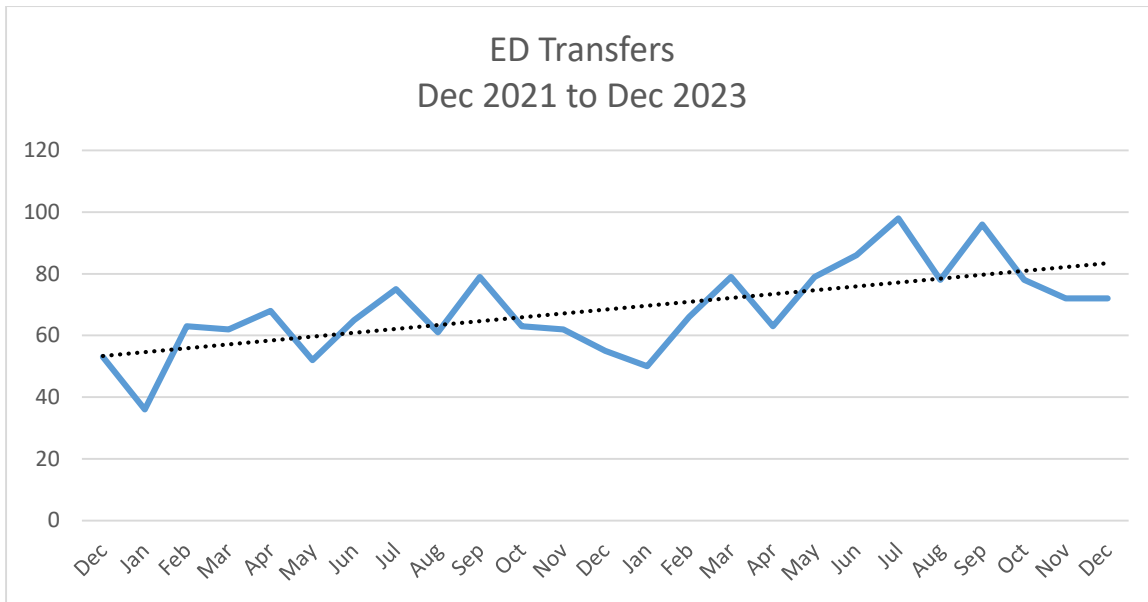
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical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



Department of Emergency Medicine



Department of Emergency Medicine



Department of Emergency Medicine

Data tables:

ED Volume and Events						
	Dec 2021	%	Dec 2022	%	Dec 2023	%
Total patients	3004		2864		3011	
Daily Avg Census	97		92		97	
Ambulance Arrivals	616	20.5%	824	28.8%	793	26.3%
Admit	320	10.7%	389	13.6%	390	13.0%
• Med Surg	260	8.7%	315	11.0%	314	10.4%
• Psych	60	2.0%	74	2.6%	76	2.5%
Transfers	53	1.8%	55	1.9%	72	2.4%
LWBS	704	23.4%	333	11.6%	397	13.2%
Ambulance Admission Rate						
	28.4%		32.5%		30.5%	
Walk-In Admission Rate						
	6.1%		5.9%		6.7%	

Analysis:

1. The data reported this month includes data from the past three years.
2. The monthly census for December 2023 was steady from the previous month. The census trend for the last two years remains stable for the past two years.
3. The total number of ambulances arriving to UMC was similar to November and remained stable.
4. The total number of medicine admissions was similar to the previous month and was increased from December 2022 and similar to December 2021. The trend for monthly admissions remains stable.
5. The number of ED Transfers remained stable from the previous month with an upward trend.
6. The percentage of patients who left without seeing a provider (LWBS) increased from previous month.
7. The monthly number of walk-in patients visiting the ED remained stable from the previous month with a stable trend over the last 2 years.
8. Ambulance visits continue to be a major contributor to higher acuity ED volume and admissions.

Overall, trends for ED visits remain stable with some month-to-month fluctuations. UMC continues to see a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable. The inpatient and emergency services the hospital provides remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

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Department of Emergency Medicine

As the demand for Emergency services remains stable, it is crucial that the hospital continue its efforts in supporting timely transportation of patients, provision of around the clock social work and case management services, and nuclear medicine services (stress testing, VQ scans).

We remain engaged and supportive in the hospital's efforts in meeting the ongoing needs of the community as well as those related to the current and emerging health issues in the region.

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



Musa Momoh, M.D., Chairman

DECEMBER 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	117	95	99	100	88	108	94	116	2454
HOSPITAL	133	118	96	121	117	95	99	100	88	108	94	116	2454
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
REGULAR													
MEDICINE	196	192	220	196	201	210	204	182	199	163	215	206	2384
HOSPITAL	299	289	320	294	297	319	293	282	279	230	318	283	3503
PERCENTAGE	66%	66%	69%	67%	68%	66%	70%	65%	71%	71%	68%	73%	74%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118	98	94	106	84	107	96	110	1275
HOSPITAL	127	123	95	117	118	98	94	106	84	107	96	110	1275
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
REGULAR													
MEDICINE	160	153	154	163	154	180	163	136	161	126	149	159	1709
HOSPITAL	255	255	249	261	240	299	247	237	238	190	249	241	2712
PERCENTAGE	63%	60%	62%	62%	64%	60%	66%	57%	68%	66%	60%	66%	63%
PROCEDURES													
HEMODIALYSIS	131	119	186	155	194	187	121	162	104	82	106	115	1662
EGD'S	19	23	22	17	24	14	14	26	12	13	18	14	216
PEG'S	3	1	2	8	7	3	3	2	1	3	6	2	41
COLONOSCOPY	23	19	31	24	24	22	16	25	16	15	26	18	249
ERCP	0	0	0	0	0	0	0	0	0	0	0	0	0
BRONCHOSCOPY	0	0	1	0	1	0	1	0	0	0	0	0	3
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Reviewed	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Closed	0	0	0	0	0	0	0	0	0	0	0	0	0

Department of Medicine met on December 13, 2023.

The next meeting is March 13, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Shanique Cartwright, M.D., Chairwoman

DECEMBER 2023

UMC Behavioral Health Unit December 2023 Board Report												
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions												
ALOS (Target <7 Days)	4.63	3.94	3.8	3.87	4.57	3.87	4.21	3.86	3.9	4.01	3.7	4.25
Voluntary Admissions	31	30	40	45	27	78	31	33	31	25	29	24
Involuntary Admissions = FD12	83	109	100	87	67	29	58	64	51	42	74	53
Total Admissions	114	139	140	132	94	107	89	97	82	67	103	77
Average Daily Census	17	21	19	18	16	15	13	14	10	10	13	12
Other Measures												
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	4.5	2.9	4.5	3	3.5	3.1	4.2	4.9
# TeleCourt Meetings (Pt Hearings)	0	0	0	1	0	0	0	0	0	0	0	0
# Psych Consultations	94	170	243	170	134	117	119	147	124	95	111	104
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	74%	66%	62%	53%	60%	66%	61%	57%
Discharge												
Discharges	102	147	143	138	98	118	87	99	78	68	99	82

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



Kusha Mehta, M.D., Chairman

DECEMBER 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	115		636		120		871	
Fluoro	6		0		22		28	
Mammography					106		106	
Magnetic Resonance Angio	8		1		0		9	
Magnetic Resonance Imaging	18		7		27		52	
Nuclear Medicine							0	
Special Procedures							0	
Ultrasound	114		237		118		469	
X-ray	126		975		509		1610	
CNMC CT Scan			52				52	
CNMC X-ray			505				505	
Grand Total	387		2413		902		3702	

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.

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

DECEMBER 2023

For the month of December 2023, the Surgery Department performed a total of 102 procedures. The chart and graft below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	100
NOV	196	138	156	137	127	110
DEC	192	156	146	132	110	102
FIRST QUARTER TOTALS	599	469	448	404	387	312
JAN	210	195	147	121	111	
FEB	180	167	153	126	106	
MAR	158	82	133	146	145	
SECOND QUARTER TOTALS	548	444	433	393	362	0
APR	211	57	156	148	125	
MAY	186	74	159	123	128	
JUN	177	126	172	113	108	
THIRD QUARTER TOTALS	574	257	487	384	361	0
JUL	186	140	177	103	92	
AUG	193	161	155	114	119	
SEP	182	162	126	124	96	
FOURTH QUARTER TOTALS	561	463	458	341	307	0
ANNUAL TOTAL	2282	1633	1826	1522	1417	312

This month ended with a **7% decrease** compared to last month and to the same month last year. Factors contributing to this trend include:

- Stable ED admissions
- Stable 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	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	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. We will provide on-going assessments with specific data points.

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



UMC

**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting**

**Date: January
24, 2024**

**Nursing
Department Report
for December 2023**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report December 2023

Overall State of Nursing Department(s)

Staffing:

Staffing was challenging this month with the holiday season upon us. We on boarded 10 agency nurses but lost three nurses due to early termination of contract. The national shortage compromises the immediate availability of nurses. We look forward to onboarding more staff next month. Currently there are three potential candidates for the emergency department. There are two potential candidates for intensive care and one candidate for dialysis. All are UMC potential candidates awaiting offers. We also look forward to onboarding 15 – 20 agency candidates for the month of January.

Performance Improvement:

There were zero HAPI's for the month of December. All new staff are on boarded with wound care training. Nursing continues to prepare for the annual DC Health survey. Nursing leadership continues to make frequent rounds and engage with staff.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
December	68	10	17	6	9	1

ICU admissions have increased. There were 64 admissions in November, 60 admissions for the month of September and October, 48 admissions for August and 61 admissions for July.

Education

There were a total of 68 admissions for the month of December with an average daily census of 10. Education focused on the new updated insulin order and glucose monitoring standard of care and insulin tid orders for accuracy. Preparation for the upcoming new hypoglycemia protocol due to the national shortage of D50. Wound care assessment, prevention and consultation request.

PI Initiatives

- Initiation of wound Consults and Treatments
- Picture assessment of new wounds
- Wound Prevention Measures
- Protective heel devices for total care and vented patients
- Timely narcotic waste
- Pain assessment/reassessment
- Monitoring of orders for restraints, sitters and Foley catheters.

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
December	97	41	56	15	0	0	0

Education

Intra operative consent forms
 Intra operative documentation

PI Initiatives

Patient Satisfaction Survey – post operative
 Pain Management/Care Plan/ Chart Audits
 Patient Satisfaction Survey – post op
 OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 19 DKA insulin drips for the month of December. Insulin audits for accuracy and compliance continues. The December insulin audit was above benchmark at 96%. Staff education begins during onboarding, annually and as needed. Improving insulin accuracy 2023 was added to orientation for all new staff.

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	285	179	85	362	440	220	150	90	689	556	887	460	2592
Total Insulin Given Correctly		125	274	259	92	279	171	84	342	424	216	146	86	658	542	850	448	2498
% Compliance		97%	94%	97%	100%	98%	96%	99%	94%	96%	98%	97%	96%	96%	97%	96%	97%	96%
SUMMARY OF RESULTS & ANALYSIS									ACTION PLAN & FOLLOW UP									

Emergency Department

ED Metrics Empower Data	Sept	Oct	Nov	Dec	
Visits	2867	2867	2930	3017	
Change from Prior Year (Visits)	3088	3109	2994	2863	
% Growth	-7.71	-8.44	-2.18	5.10	
Ambulance Arrivals	766	712	796	795	
Ambulance Admissions	216	211	277	244	
Ambulance Patients Admission Conversion	0.28	0.30	0.35	0.31	
% of ED patients arrived by Ambulance	0.27	0.25	0.27	0.26	
% of ED Ambulance Patients Admitted	0.28	0.30	0.35	0.31	
Triage Time	20	19	19	22	
Physician Time	105	97	102	122	
Disposition Time	254	246	258	276	

ED Metrics Empower Data	Sept	Oct	Nov	Dec	
Door to triage	20	19	19	22	
Door to room	93	86	90	114	
Door to provider	105	97	102	122	
Door to departure	254	246	258	310	
Decision to admit to floor	376	368	341	385	

Education

Patient armband/medication scanning prior to administration of medication

Newborn deliveries must have newborn assessment in EMAR

Departing all discharge patients

All left without being seen (LWBS) must be properly documented prior to departing patient

Influenza compliance due NLT 12/31/2023

DC Health Visit pending

Infinite Legacy Protocol – call within one-hour death

Accucheck protocol – critical value and testing

Blood Culture decontamination

PI Initiatives

sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12

EKG <10minutes of arrival/compliant of chest pain

Service Recovery

none

Respiratory Therapy

Education

Infection Control practices
Handwashing
Proper PPE
DC Health preparedness

PI Initiative

Critical value reporting 96% with daily review, real time coaching and direct oversight.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
Dec	5	25	46	17	25	40	104	0	16	278

Occupational Health is working hard in ensuring all staff follow the influenza vaccination policy and maintain compliance (90%) due by December 31, 2023.

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Dec	77 FD12=53 Vol=24	12	0	4.25	82	0	0	0	0	0

Education

Education focused on restraints, seclusion, medication reconciliation, documentation of patient property and identifying patient problems for care planning. Education also included group dynamics and wound care protocol.

PI Initiatives

Appropriate documentation of patient property and reconciliation from the emergency department.
Pain, restraint and seclusion audits
Q 15 minute and RN Q2 hour clinical observation

Respectfully submitted,

Teka Henderson, MSN, RN
VP of Nursing



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: January 24,
2024**

**Executive
Management Report
for December 2023**

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



Executive Leadership Board Report December 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:

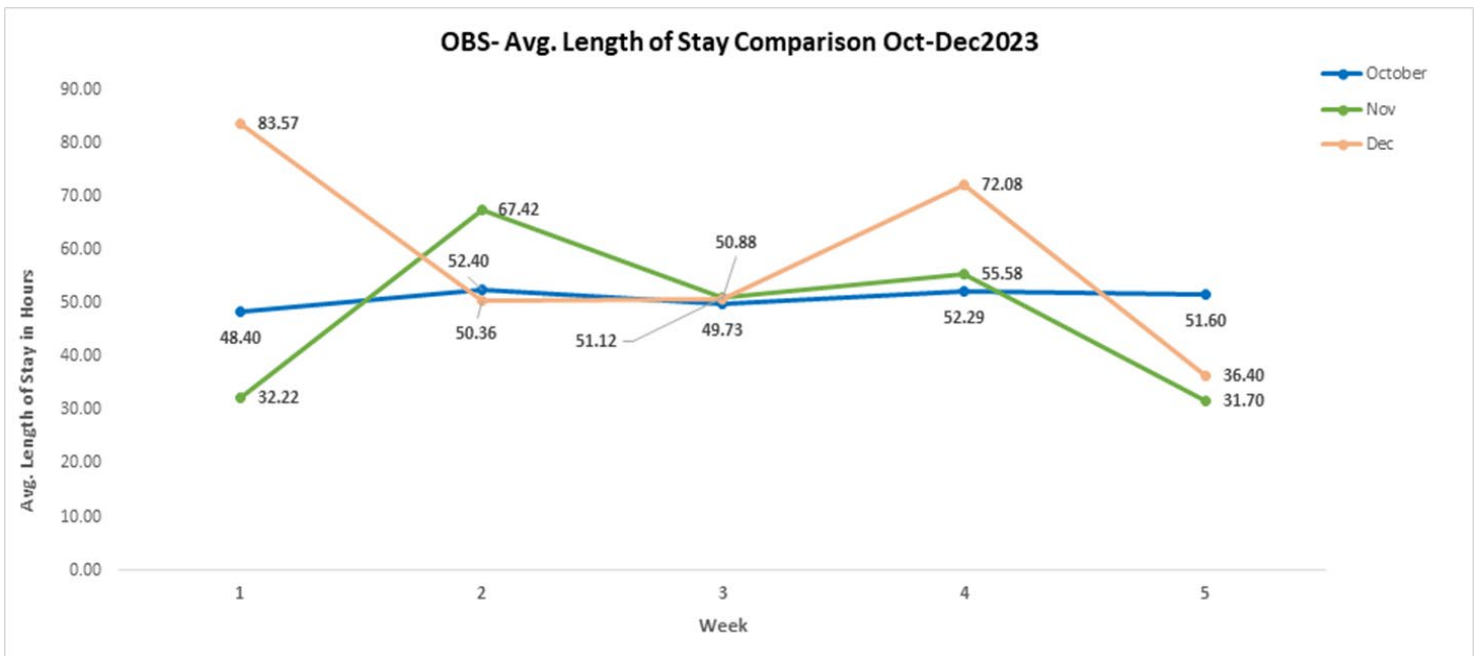
The hospital is in the window for the annual visit by DC Health. In addition, the three month window for our laboratory inspection by College of American Pathologist (CAP) began in November. This inspection is accomplished every two years. Hospital operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional, and that quality is preserved.

There were exceptional challenges with nurse staffing during the holiday season due to typical reasons such as illnesses, FMLA status, and call outs. However, nursing staff shortage was compounded with the loss of a long standing agency ConTemporary Nursing Solutions Inc., which was the primary vendor that provided “Per Diem” (PRN) staffing. ConTemporary stated, “they have decided that per diem staffing is not a viable business option.” UMC will continue to work the current two staffing agencies.

The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) 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 as feasible.

Observation (OBS) Length of Stay in Hours

Week	October	Nov	Dec
Week 1	48.40	32.22	83.57
Week 2	52.40	67.42	50.36
Week 3	49.73	51.12	50.88
Week 4	52.29	55.58	72.08
Week 5	51.60	31.70	36.40



Lack of adequate patient ambulance transportation continues to negatively impact hospital throughput. Hospital interfacility transportation is needed to transfer patients from one acute care hospital to another for a service that is not available at UMC or the discharge of patients back to long term facility or to home after receiving acute care at UMC. The current vendor alone cannot meet our patient transportation needs. The vendor is not able to handle our volume or provide timely transportation for patients who require either transportation with Advance Cardiac Life Support (ACLS), or Basic Life Support (BLS), services. They are also not fully equipped to transport patients with Class III Obesity/Severe Obesity, and commonly lack support to cover our weekend patient transport needs. Unfortunately, this disruption of our patient flow adds to the Length of Stay (LOS), resulting in unnecessary patient days and is definitely a patient and family dissatisfier. Prior ambulance vendors have reported that there is a shortage of EMS providers in the District. The ability to contract with additional/supplemental vendors has been unsuccessful to date; however, efforts are still being made to try to obtain additional resources to support our current and only patient transportation vendor.

The Information Technology Department accomplished the following as part of monthly activities: Upgraded all systems and network with latest patches, successfully met the requirements for eCQMS (electronic clinical quality measures) and promoting interoperability regulatory requirements for 2023, restructured Case Management Assessment to align with PRAPARE (protocol for responding to and assessing patient assets, risks and experiences)



guidelines. Upgraded all IT infrastructure licenses and certificates. In addition, assisted HR in year-end processes and benefits enrollment and assisted Finance team with cost reporting. There were no security risks /attacks in the month of November and December.

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. The repairs and modernization are at various phases of completion.

Community Partnerships

The Hospital partnered with So Others Might Eat (SOME) for employment training to teach local District residents about the building maintenance and service technician training experience. This partnership provides students with valuable real-life skills that are necessary in the building maintenance and service arena. SOME is a local organization that started in 1970. They not only provides meals but also housing, emergency and social services, healthcare, education and work force development.

The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC officially launch on November 6, 2023. At present, there are 98 participants of which 37% completed at least one training module per December's report from UHS.

UMC partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, Grand Canyon, Chamberlain and Walden for nursing clinical and the University of the District of Columbia for Patient Care Technician students. This writer served as the guest speaker for the Pinning Ceremony of the newly graduated Prince George's Community College nurses.

Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy Dr. Maxine Lawson remains the volunteer Co-Chair for the *Live.Long.DC* which focuses on the reduction, misuse of opioids and opioid related deaths.

Respectfully submitted,

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: January 24,
2024**

**Financial Report
Summary**

December 2023

**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 December 31, 2023

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 2024 Actual Gap Measures
As of December 31, 2023

	FY 2024 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy
District Subsidy

(\$25,804,000)
\$15,000,000
(\$10,804,000)



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 13% (\$1.2M) MTD but higher than budget by 5% (\$1.5M) YTD due to better case mix.**
- ❖ **Net patient revenue is lower than budget by 18% (\$1.2M) MTD due to the below activities but higher than budget by 6% (\$1.3M) YTD due to better case mix.**
 - ❖ **Admissions are lower than budget by 7% MTD and 9% YTD.**
 - ❖ **Patient days are higher than budget by 12% MTD and 2% YTD.**
 - ❖ **Emergency room visits are higher than budget by 2% MTD and on target YTD.**
 - ❖ **Clinic visits are lower than budget by 21% MTD and 46% YTD.**
 - ❖ **Total surgeries are lower than budget by 16% MTD and 15% YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 11% (\$1M) MTD and 17% (\$4.5M) YTD due to the following:**
 - ❖ **Salaries are higher than budget by 19% (\$593K) MTD and 16% (\$1.5M) YTD due to overtime.**
 - ❖ **Overtime is higher than budget by 206% (\$257K) MTD and 133% (\$500K) YTD.**
 - ❖ **Employee benefits are higher than budget by 47% (\$444K) MTD and 24% (\$679K) YTD.**
 - ❖ **Contract labor is higher than budget by 15% (\$137K) MTD and 9% (\$238K) YTD directly related to agency use.**
 - ❖ **Professional fees are lower than budget by 11% (\$142K) MTD but higher than budget by 19% (\$706K) YTD due to timing of invoices and new hire contracts.**
 - ❖ **Purchased services are lower than budget by 21% (\$218K) MTD and 3% (\$97K) YTD.**
 - ❖ **Other expenses are lower than budget by 5% (\$55K) MTD but higher than budget by 10% (\$313K) YTD.**



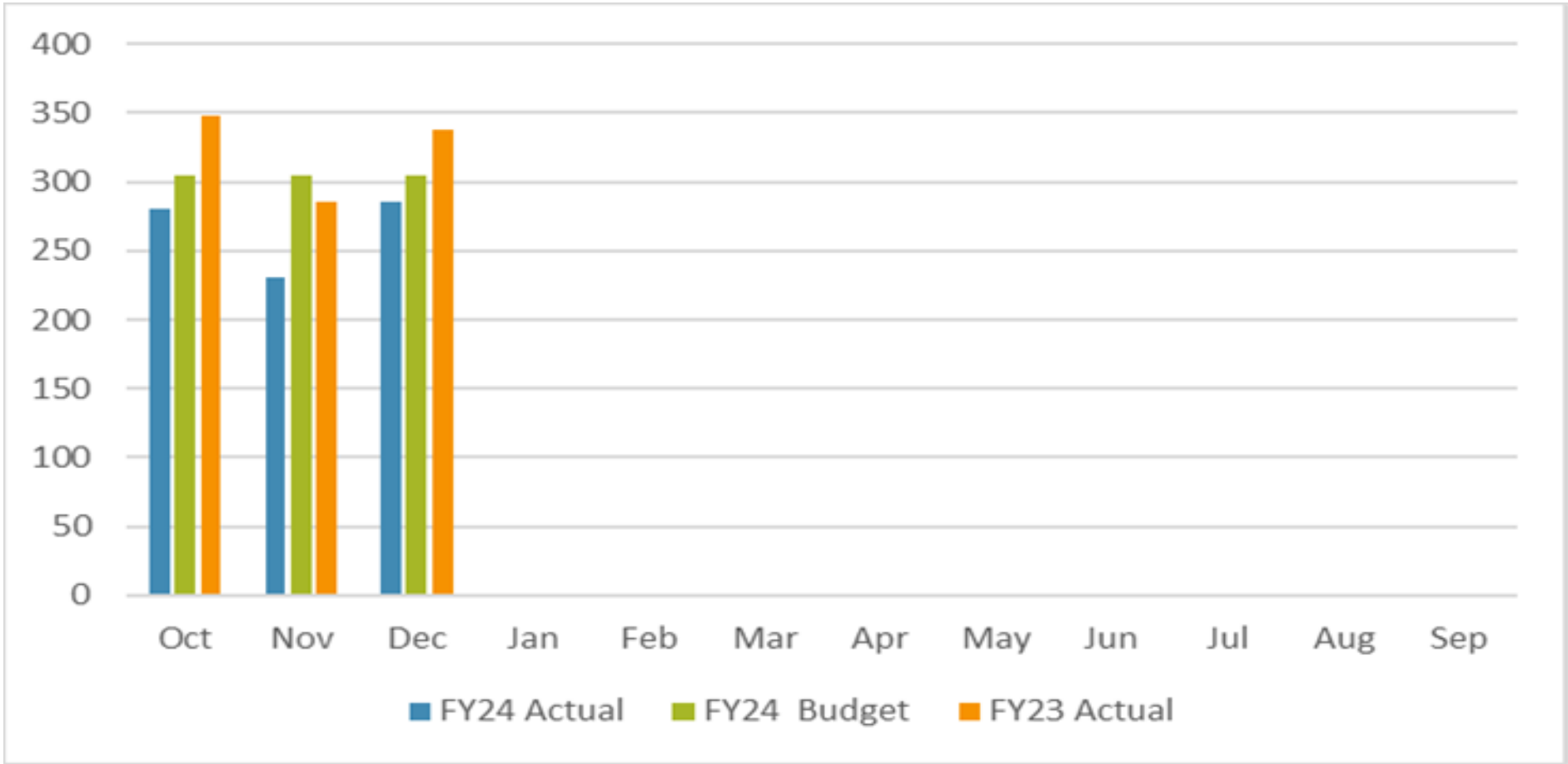
Key Indicators

Fiscal Year 2024 thru 12/31/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY23	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	286	305	338	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	97	116	104	▼	▲
Emergency Room Visits	Actual Visits	3,099	2,932	2,855	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	562	601	579	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.15	1.00	1.21	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	48%	47%	45%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	37	52	30	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	90%	92%	100%	▼	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	108	45	131	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-10.3%	1.0%	-8.6%	▼	▲



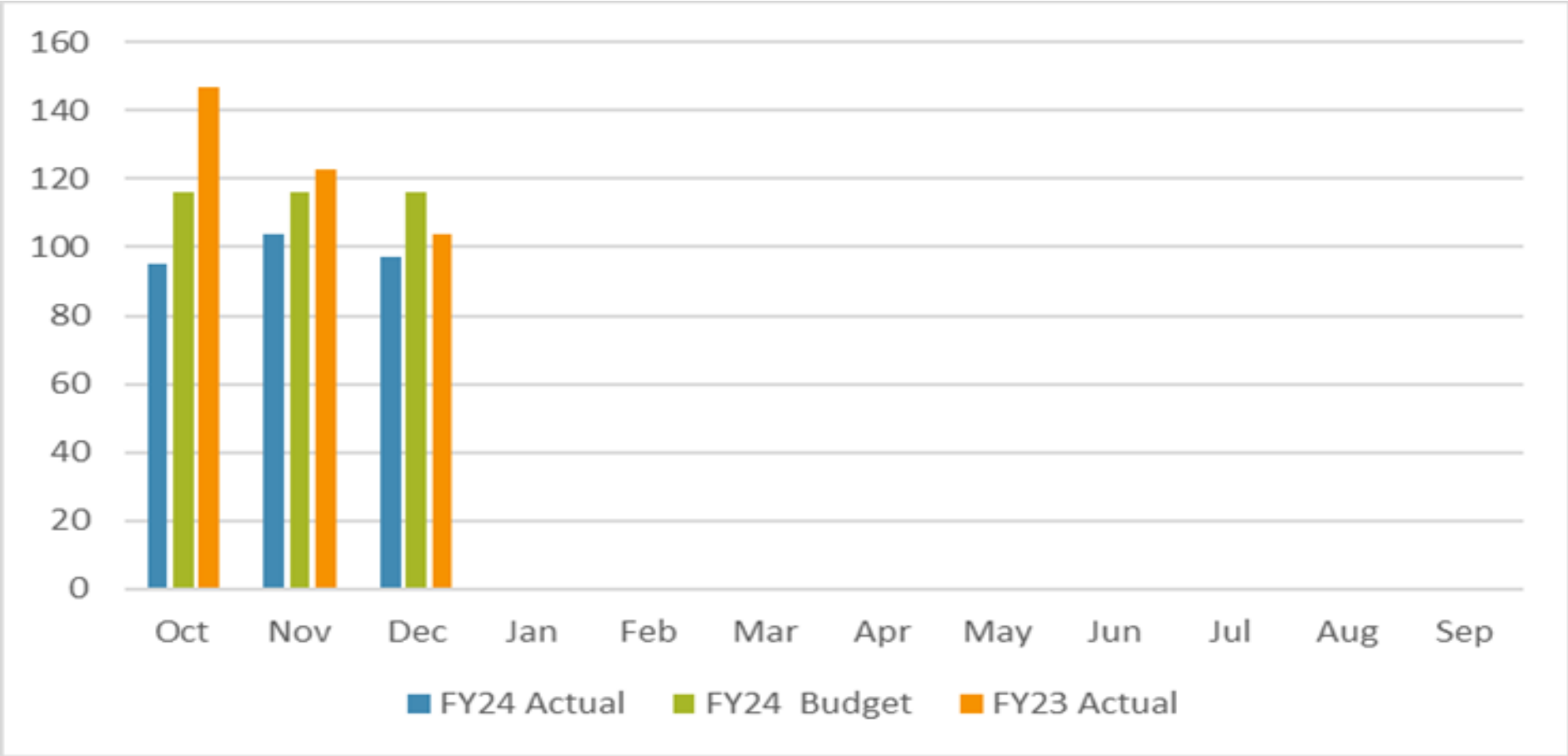
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	280	230	286									
FY24 Budget	305	305	305									
FY23 Actual	348	286	338									



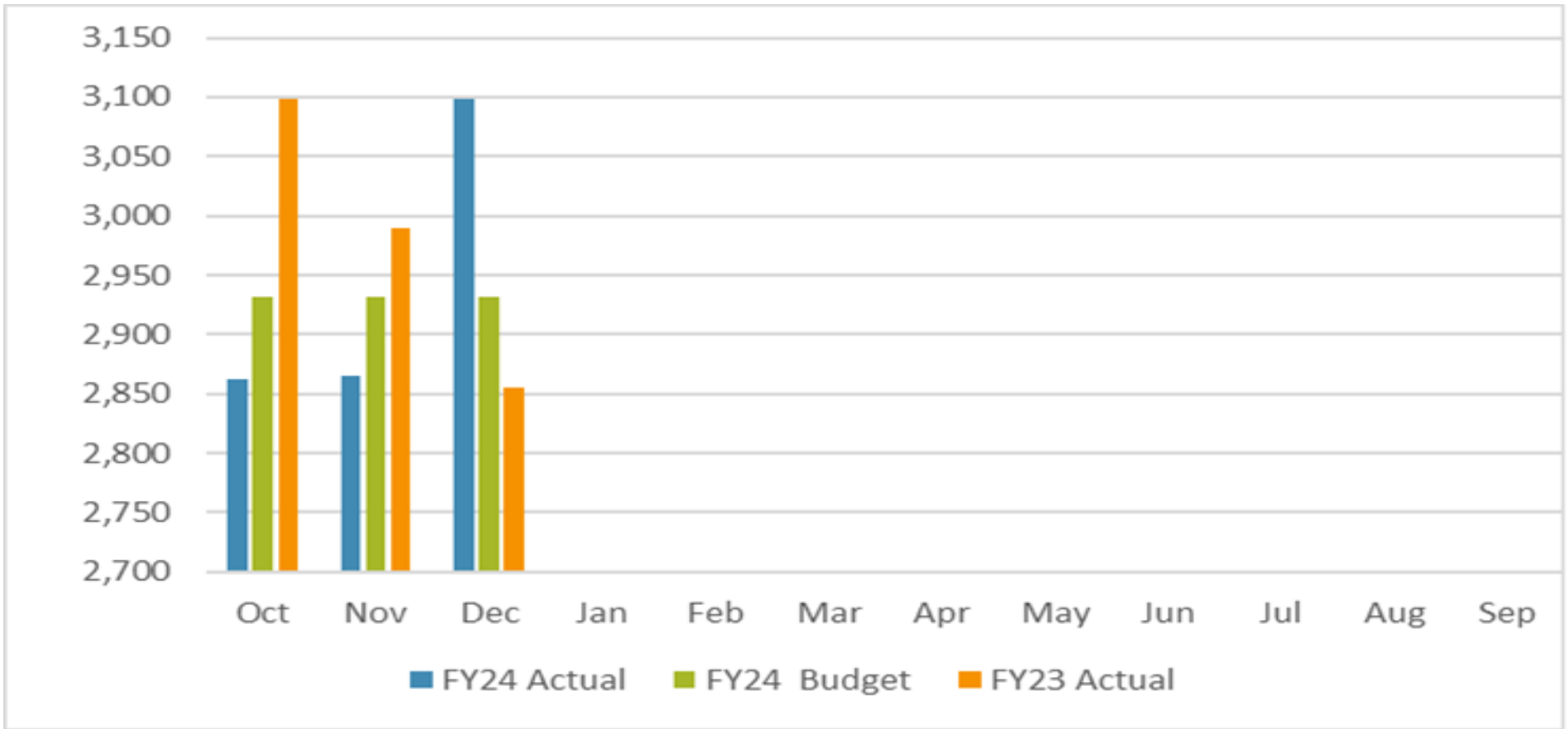
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	95	104	97									
FY24 Budget	116	116	116									
FY23 Actual	147	123	104									



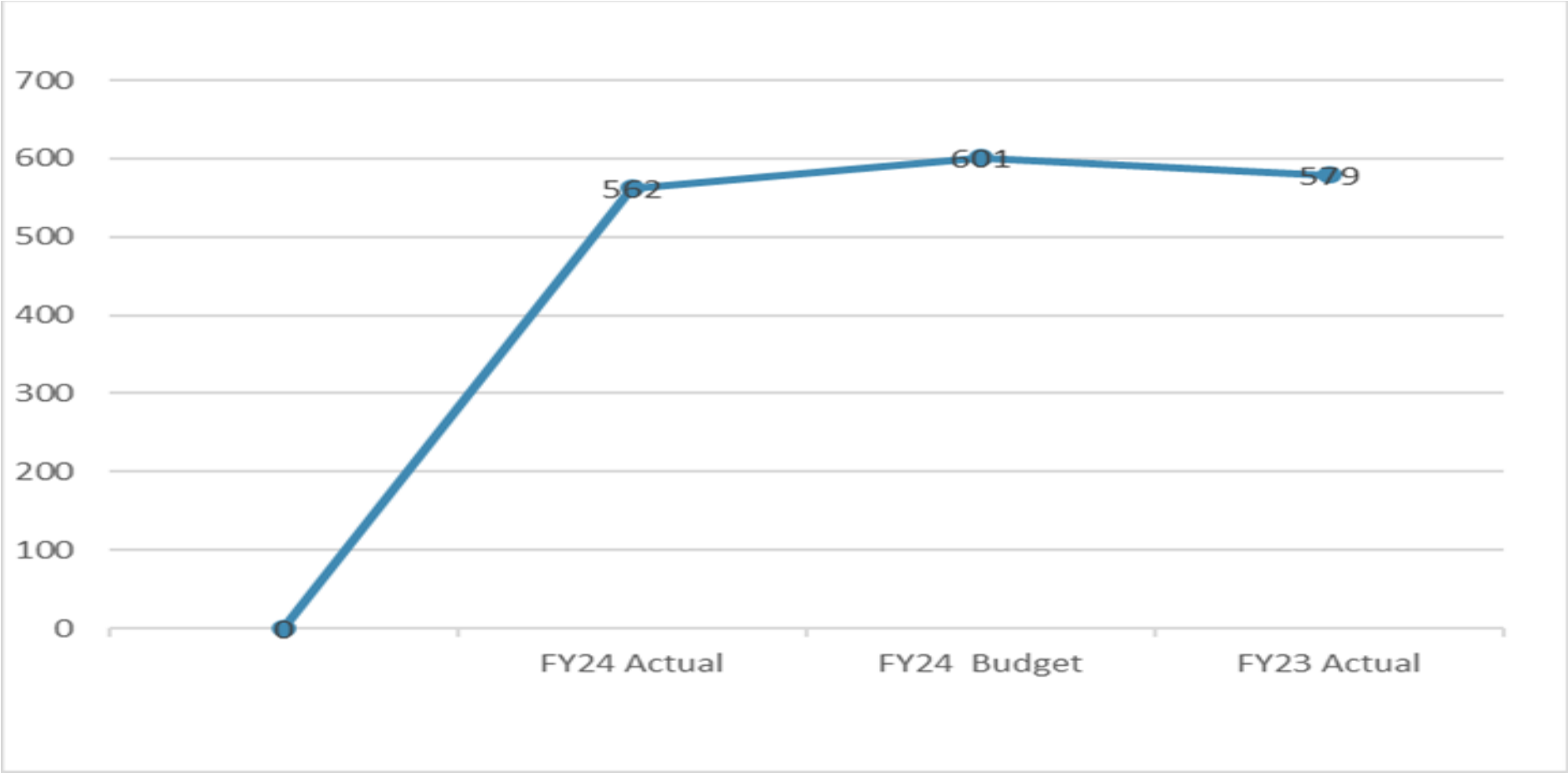
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	2,862	2,865	3,099									
FY24 Budget	2,932	2,932	2,932									
FY23 Actual	3,099	2,989	2,855									



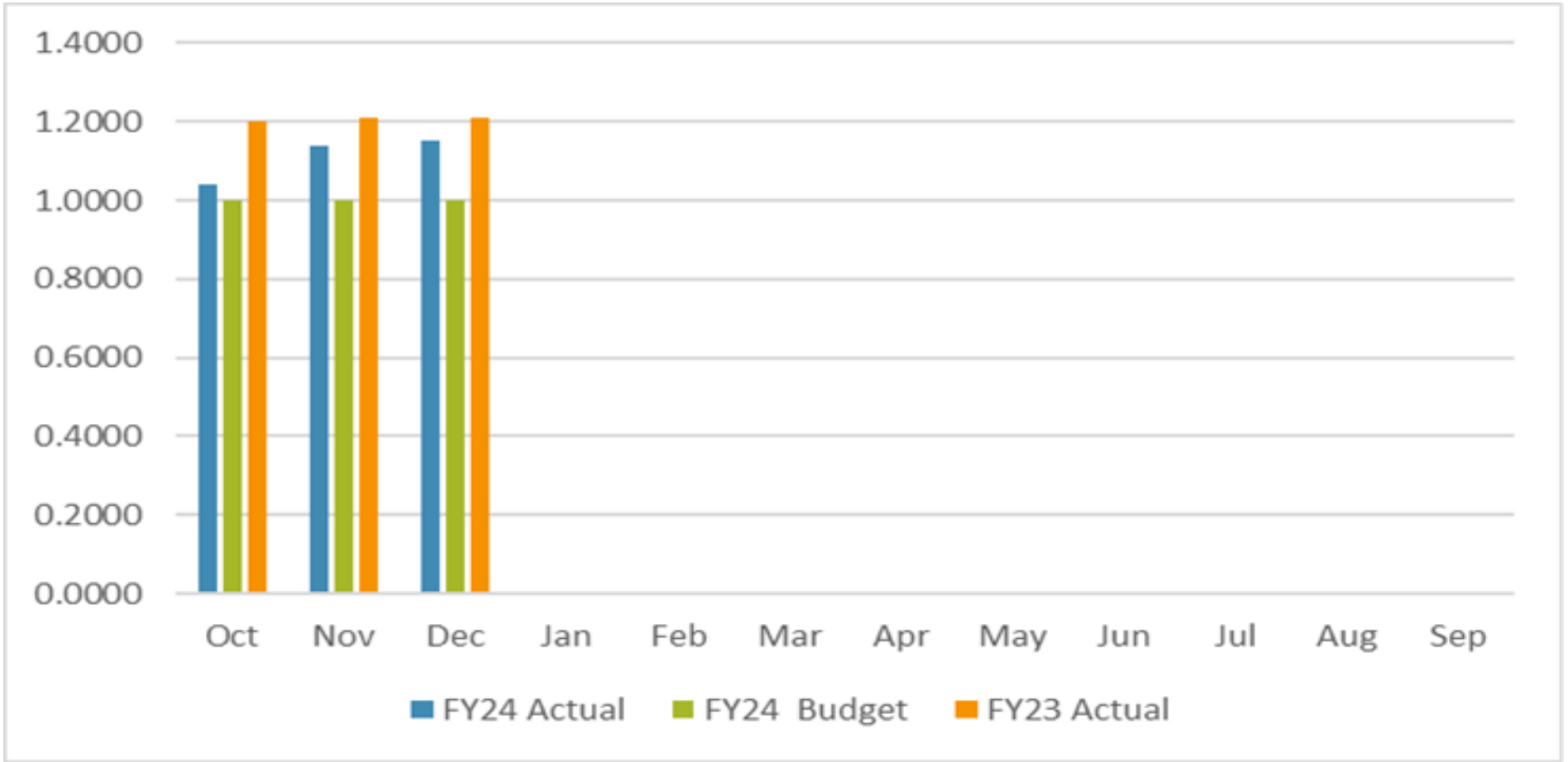
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	539	555	562									
FY24 Budget	601	601	601									
FY23 Actual	585	579	579									



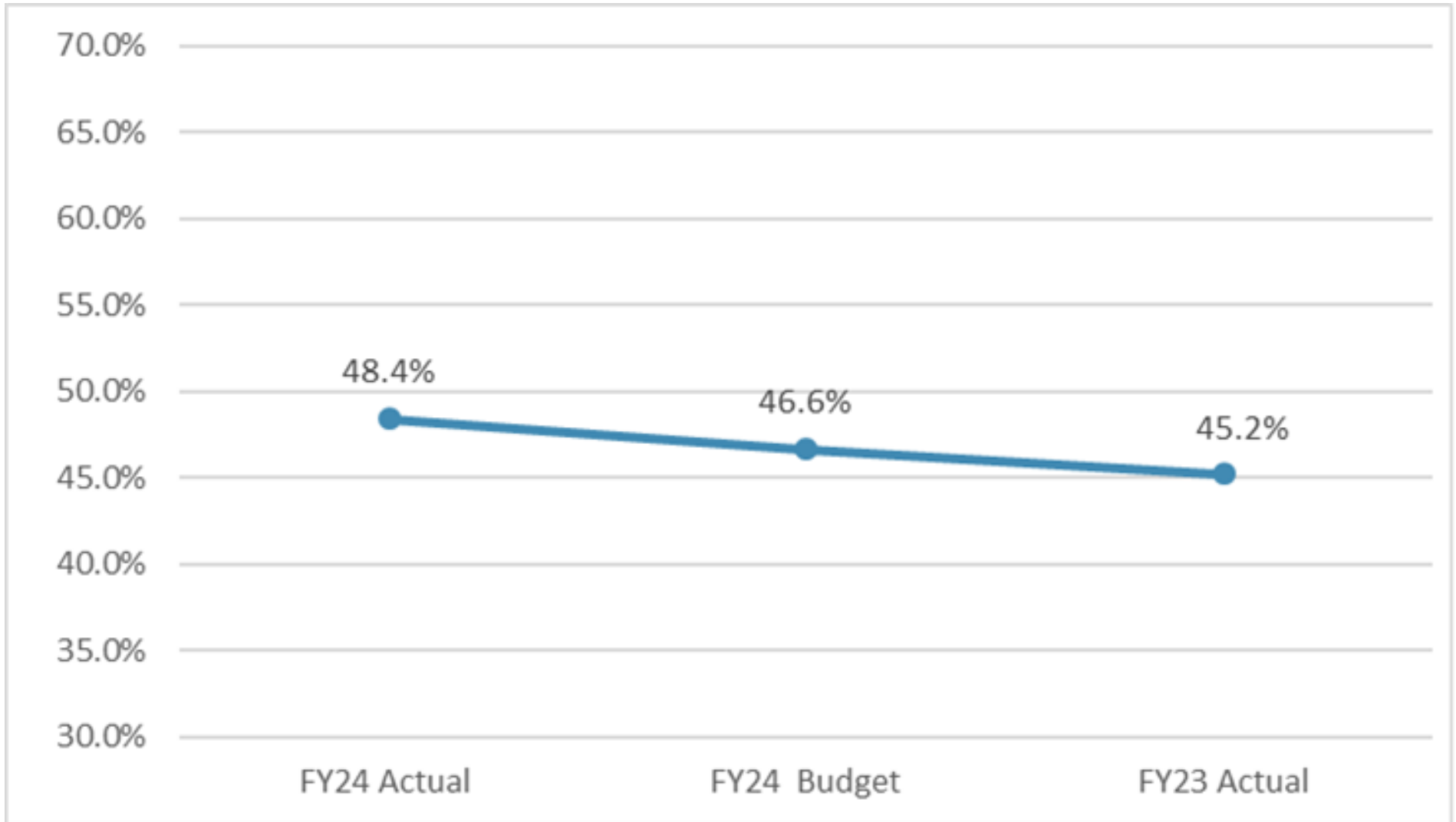
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	1.0400	1.1400	1.1500									
FY24 Budget	1.0000	1.0000	1.0000									
FY23 Actual	1.2000	1.2100	1.2100									

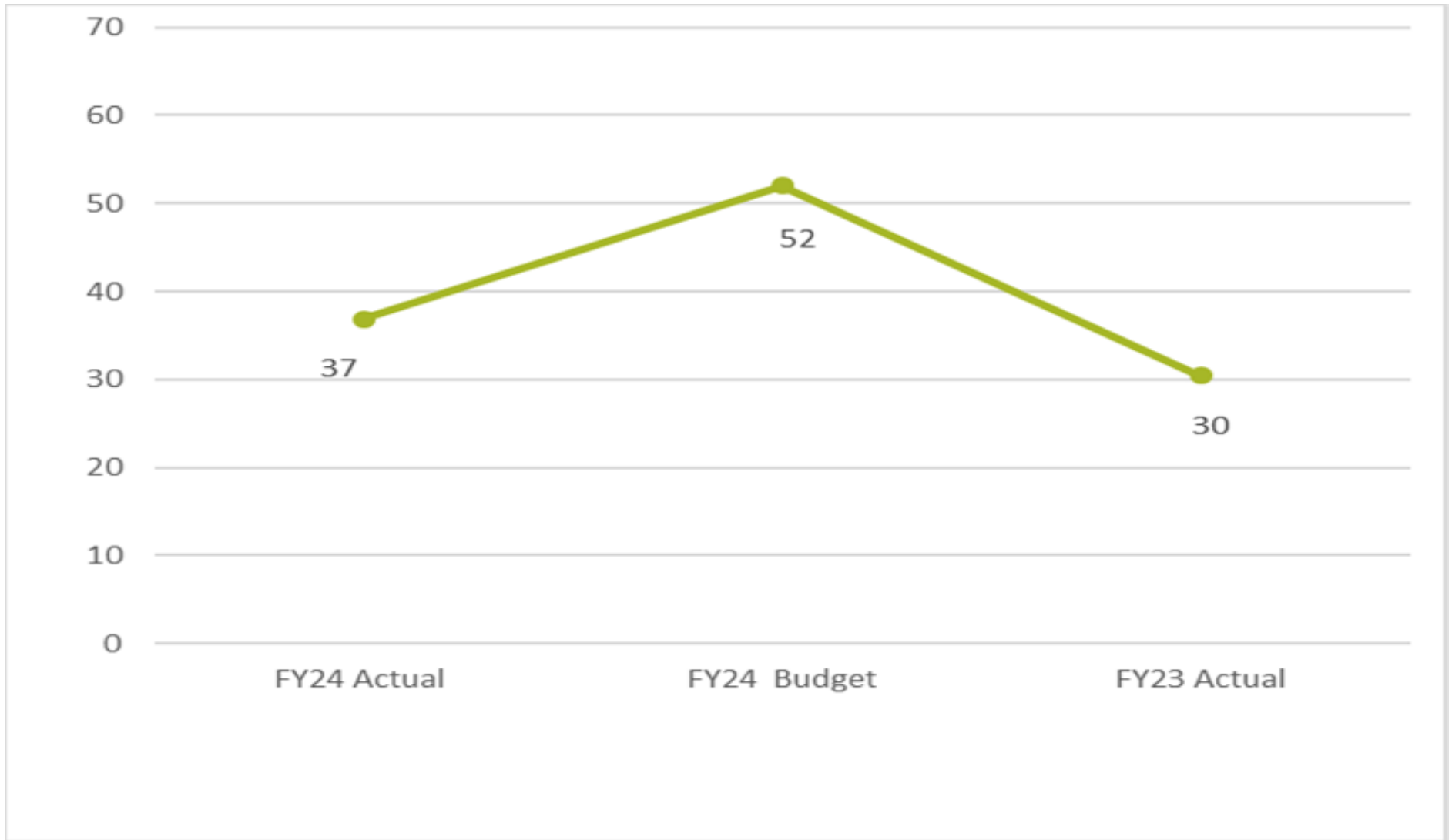


Salaries/Wages & Benefits as a % of Operating Expenses



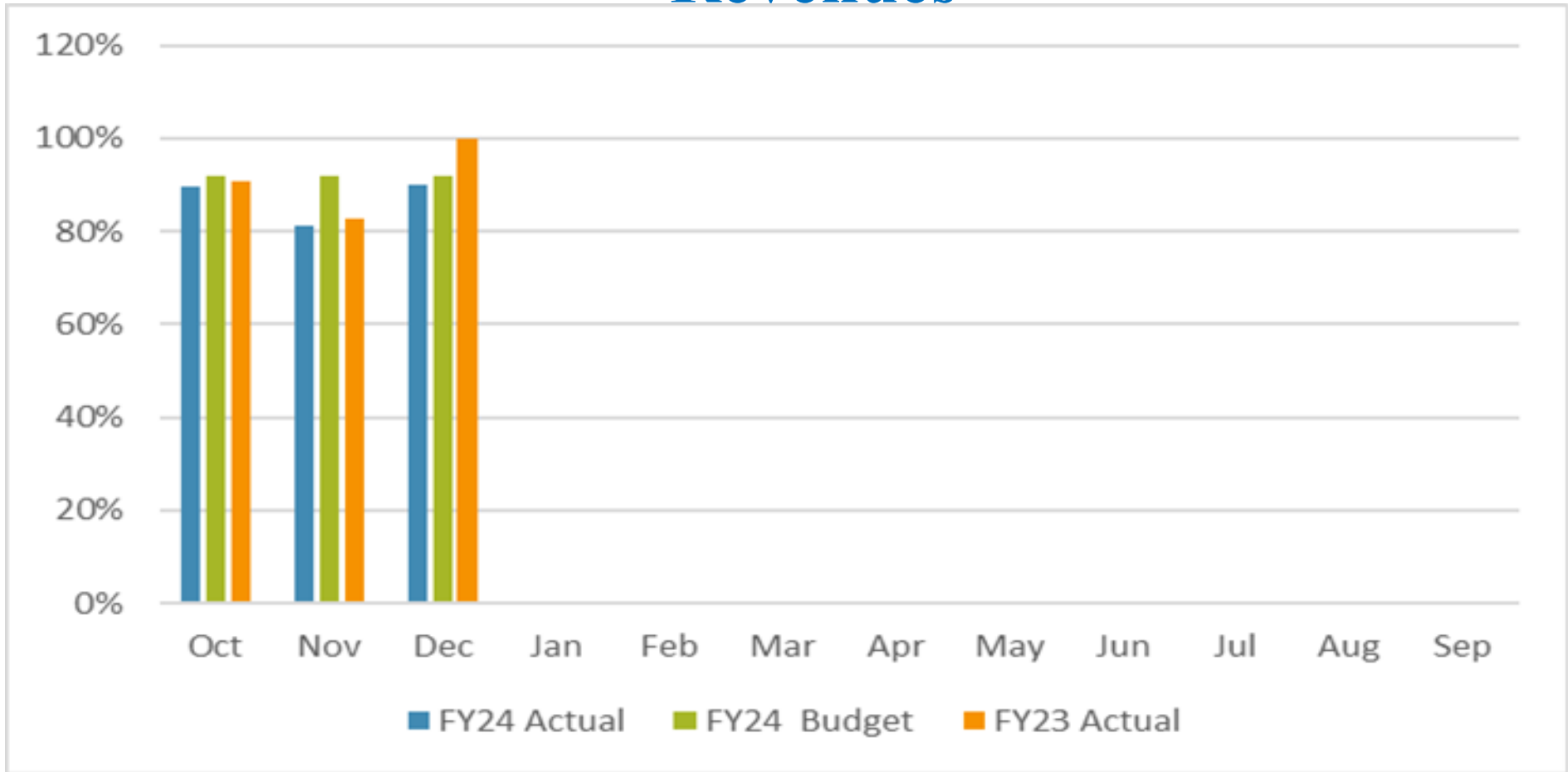


Net Accounts Receivable (AR) Days With Unbilled





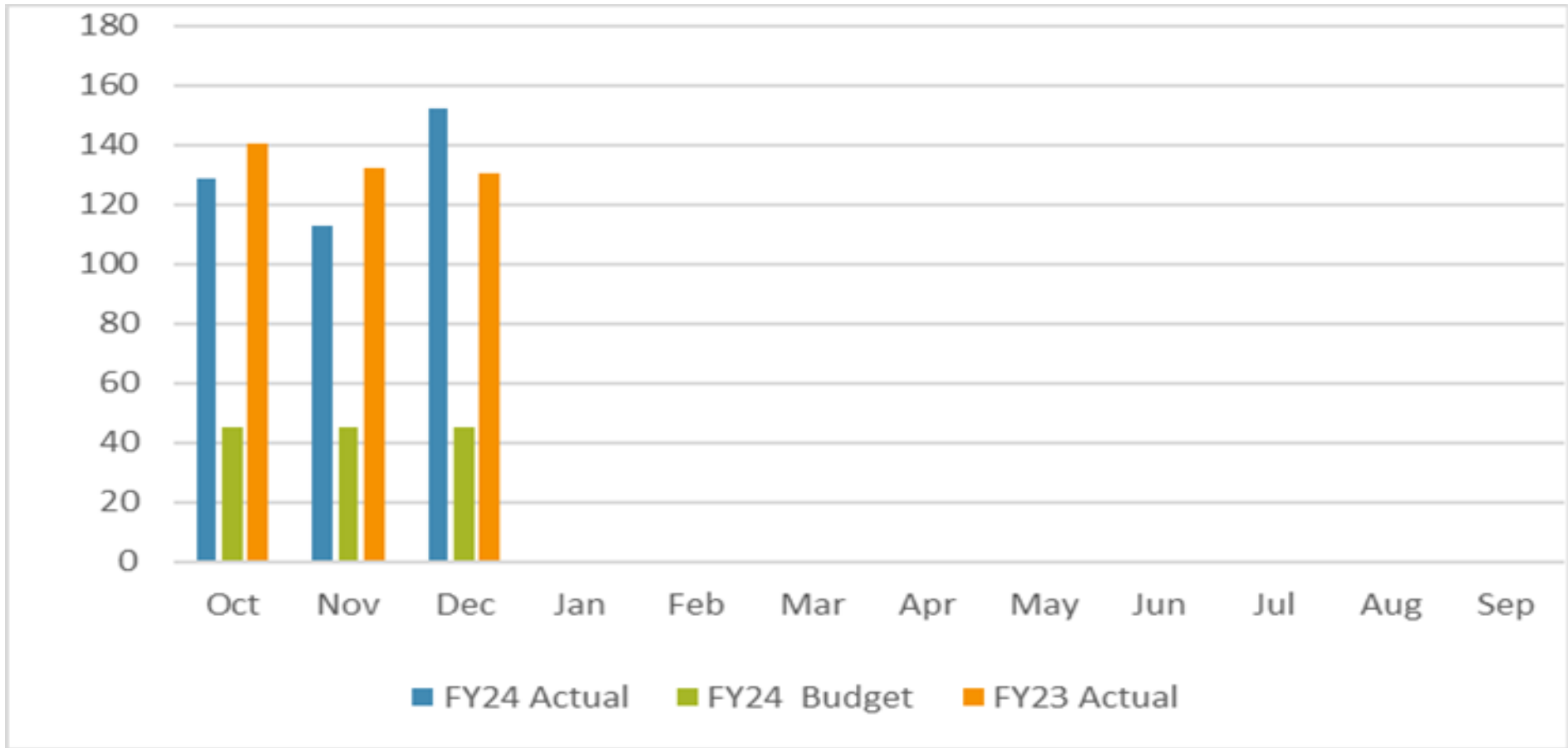
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	90%	81%	90%									
FY24 Budget	92%	92%	92%									
FY23 Actual	91%	83%	100%									



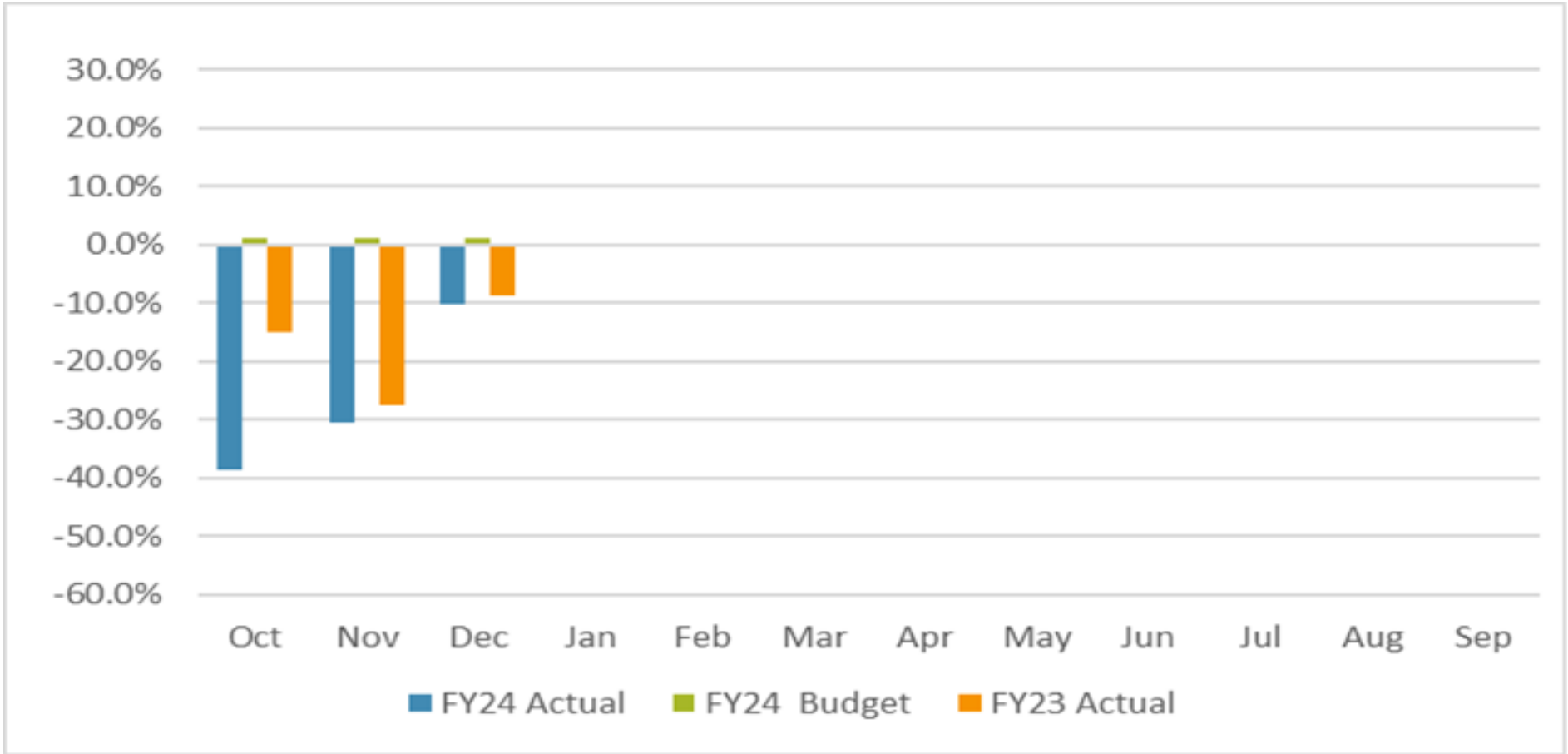
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	129	113	153									
FY24 Budget	45	45	45									
FY23 Actual	140	132	131									



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	-38.6%	-30.4%	-10.3%									
FY24 Budget	1.0%	1.0%	1.0%									
FY23 Actual	-15.0%	-27.4%	-8.6%									



Income Statement

FY24 Operating Period Ending December 31, 2023

	Month of December			Variance				2024 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	283	305	309	(22)	-7%	(26)	-8%	831	915	933	(84)	-9%	(102)	-11%
Patient Days	2,244	2,012	2,124	232	12%	120	6%	6,160	6,036	6,077	124	2%	83	1%
Emergency Room Visits	3,002	2,932	2,855	70	2%	147	5%	8,783	8,796	8,943	(13)	0%	(160)	-2%
Clinic Visits	696	574	894	122	21%	(198)	-22%	2,506	1,722	2,858	784	46%	(352)	-12%
IP Surgeries	41	54	39	(13)	-24%	2	5%	105	162	138	(57)	-35%	(33)	-24%
OP Surgeries	56	62	65	(6)	-10%	(9)	-14%	191	186	236	5	3%	(45)	-19%
Radiology Visits	720	777	982	(57)	-7%	(262)	-27%	2,459	1,083	2,315	1,376	127%	144	6%
Revenues														
Net Patient Service	5,450	6,659	8,460	(1,209)	-18%	(3,010)	-36%	21,258	19,978	21,457	1,280	6%	(199)	-1%
DSH	735	643	735	91	14%	(0)	0%	2,204	1,930	2,204	274	14%	(0)	0%
CNMC Revenue	150	135	190	15	11%	(39)	-21%	451	406	450	45	11%	1	0%
Other Revenue	1,329	1,392	1,551	(63)	-5%	(222)	-14%	4,031	4,177	4,631	(147)	-4%	(600)	-13%
Total Operating Revenue	7,665	8,830	10,936	(1,166)	-13%	-3,271	-30%	27,944	26,491	28,742	1,452	5%	(798)	-3%
Expenses														
Salaries and Wages	3,737	3,145	3,164	593	19%	574	18%	10,911	9,434	10,677	1,477	16%	234	2%
Employee Benefits	1,387	943	1,146	444	47%	241	21%	3,509	2,830	3,474	679	24%	35	1%
Contract Labor	1,037	900	1,202	137	15%	(165)	-14%	2,937	2,699	3,018	238	9%	(80)	-3%
Supplies	456	267	721	189	71%	(266)	-37%	1,948	801	3,119	1,147	143%	(1,171)	-38%
Pharmaceuticals	221	167	269	54	32%	(48)	0%	540	500	269	40	8%	271	0%
Professional Fees	1,094	1,236	971	(142)	-11%	123	13%	4,412	3,707	3,503	706	19%	909	26%
Purchased Services	823	1,040	875	(218)	-21%	(52)	-6%	3,023	3,120	3,000	(97)	-3%	23	1%
Other	1,018	1,072	1,170	(55)	-5%	(152)	-13%	3,530	3,217	3,291	313	10%	239	7%
Total Operating Expenses	9,772	8,769	9,519	1,003	11%	254	3%	30,810	26,308	30,351	4,502	17%	459	2%
Operating Gain/ (Loss)	(2,108)	61	1,417	(2,169)	-3546%	(3,525)	-249%	(2,866)	183	(1,608)	(3,050)	-1662%	(1,258)	78%



Balance Sheet

As of the month ending December 31, 2023

Dec - 23	Nov - 23	MTD Change		Sep-23	YTD Change
Current Assets:					
\$ 42,128	\$ 46,171	\$ (4,043)	Cash and equivalents	\$ 35,939	\$ 6,189
8,514	4,637	3,877	Net accounts receivable	4,607	3,907
4,119	4,117	2	Inventories	4,101	18
1,576	2,761	(1,185)	Prepaid and other assets	1,564	12
<u>56,337</u>	<u>57,686</u>	<u>(1,349)</u>	Total current assets	<u>\$ 46,211</u>	<u>\$ 10,126</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
37,906	38,968	(1,062)	Capital Assets	41,281	(3,375)
<u>37,906</u>	<u>38,968</u>	<u>(1,062)</u>	Total long term assets	<u>41,281</u>	<u>(3,375)</u>
<u>\$ 94,243</u>	<u>\$ 96,654</u>	<u>\$ (2,411)</u>	Total assets	<u>\$ 87,492</u>	<u>\$ 6,751</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,230	16,781	(2,551)	Trade payables	13,055	1,175
3,564	3,528	36	Accrued salaries and benefits	2,941	623
2,405	2,404	1	Other liabilities	2,402	3
<u>20,200</u>	<u>22,713</u>	<u>(2,513)</u>	Total current liabilities	<u>18,398</u>	<u>1,802</u>
Long-Term Liabilities:					
11,304	11,176	128	Unearned grant revenue	-	11,304
4,006	4,006	-	Estimated third-party payor settlements	4,006	-
6,003	6,003	-	Contingent & other liabilities	6,003	-
<u>21,313</u>	<u>21,184</u>	<u>129</u>	Total long term liabilities	<u>10,009</u>	<u>11,304</u>
Net Position:					
52,730	52,756	(26)	Unrestricted	59,085	(6,355)
<u>52,730</u>	<u>52,756</u>	<u>(26)</u>	Total net position	<u>59,085</u>	<u>(6,355)</u>
<u>\$ 94,243</u>	<u>\$ 96,654</u>	<u>\$ (2,411)</u>	Total liabilities and net position	<u>\$ 87,492</u>	<u>\$ 6,751</u>



Statement of Cash Flow

As of the month ending December 31, 2023

Month of December		<i>Dollars in Thousands</i> Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 5,915	\$ 11,265	\$ 19,413	\$ 89,542
(5,194)	(6,616)	(14,712)	(74,649)
(5,181)	(4,653)	(14,290)	(59,965)
528	3,588	893	882
<u>(3,931)</u>	<u>3,584</u>	<u>(8,696)</u>	<u>(44,189)</u>
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	2	-
<u>-</u>	<u>-</u>	<u>2</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:			
10	-	-	-
-	(38)	61	5,493
(122)	(37)	(178)	(5,852)
(112)	(75)	(118)	(359)
(4,043)	3,509	6,189	(4,548)
46,171	45,345	35,939	53,402
\$ 42,128	\$ 48,854	\$ 42,128	\$ 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			