



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: February 28, 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 3:30pm on Wednesday, February 28, 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 –
January 24, 2024**
- 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).



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
28, 2024**

**Reading and Approval of
Minutes**

Minutes Date:

January 24, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, January 24, 2024 4:00pm
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 3:38pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir Ashenafi, 2nd by Dr. Reid-Jackson unanimous vote</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dr. Fair, 2nd by Dir. Ashenafi unanimous vote.</i></p>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> • 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.
- 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
- 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.
- 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.
- 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.

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

- 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.

CNO Report – Teka Henderson, VP of Nursing

- 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

- 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 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

- 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

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:
- 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.
- 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.

	<ul style="list-style-type: none"> • 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. <p><i>Mot to accept CEO report by Ashenafi, 2nd by Director Turnage., unanimous vote.</i></p>
Financial Report	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • Clinic visits are lower than budget by 21% MTD and 46%YTD. • Total surgeries are lower than budget by 16% MTD and 15% YTD. <ul style="list-style-type: none"> • 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. <p style="text-align: center;"><i>Motion to enter Closed Session by Ashenafi, 2nd by Director Fair Unanimous vote.</i></p>
Public Comment	
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 Turnage, 2nd by Dr. Fair</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:27 pm.</p> <p>Closed session began at approximately 4:31 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Turnage, 2nd by Reid-Jackson</p> <p>Mot to approve new appointments, reappointments as presented by Director Ashenafi, 2nd by Dr. Fair</p>

	<p>Mot to approve contracts by Dir. Ashenafi, 2nd by Dir. Turnage, unanimous vote.</p> <p>Mot to end closed session by Dr. Fair.</p> <p style="text-align: center;"><i>Closed session ended at approximately 5:12pm</i></p>
Announcements	<p>During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.</p>
Adjourned.	<p>Mot to adjourn Dir. Ashenafi 2nd by Dr. Turnage</p> <p>Meeting adjourned at approximately 5:17 pm.</p>



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting
Date: February 28, 2024

Consent Agenda



UMC
UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
28, 2024**

**CMO Report ,
January 2024**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

January 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In January, there were two (2) initial appointments, eight (8) reappointments, and Nine (9) resignations. There are currently (249) 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 March 13, 2024.
- Medical Affairs is making sure the department is ready for the DC Department of Health survey.
- Medical Affairs is preparing to downsize the providers files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.
- The Medical Staff has a 100% compliance rate for the influenza vaccine.

2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
MEDICAL STAFF OFFICE						
Timely receipt of initial application with required ID (60 days)	100%	100%				
All expirable documents are current (license, physical, PPD screening, influenza vaccine, DEA, CDS, liability insurance, etc.)	100%	100%				
Complete credential files	100%	100%				
Timely processing of re-appointment application following receipt (30) days	100%	100%				

Quality and Patient Safety

January 2024 Accomplishments:

- Manually uploads for Core Measure charts
- 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
- Submission of Press Ganey contract
- Successful completion of getting PO completed and Business Case Memo done.
- 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

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

The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions / COVID 19 positive deaths; however, there is a moderate increase in the numbers.

The number of COVID-19 admissions increased from 18 to 29 in January 2024.

The number of COVID-19 positive employees decreased from 18 to 17 in January 2024.

Mask are required for everyone who enters UMC.

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

Infection Control initiated an outbreak investigation on January 30, 2024

Two patients on 8 West who had negative COVID 19 test results were re-tested in preparation for discharge planning and were found to be COVID 19 positive. Three staff on 8 West were also identified to be COVID 19 positive during the same time frame.

The following recommendations were implemented to facilitate a reduction of potential exposures:

- Staff on 8 West were screened for COVID 19
- Staff on 8 West were instructed to wear an N95 mask
- Patients with negative COVID 19 test who were admitted before 1/30/2024 were also re-tested

for COVID 19.

- The breakroom on 8 West should be limited to 3 persons in the room at one time.
- All persons entering UMC are required to wear a mask and promote good hand hygiene.

The outbreak investigation identified:

- 8 COVID-19 positive staff on 8 West
- 6 COVID-19 negative patients on 8 West who were re-tested with positive results
- The COVID-19 positive staff were placed on home isolation for 7 days
- The COVID-19 positive patients were placed on Contact Droplet Precautions
- The roommates were also re-tested for COVID-19

A report was provided to the Department of Health who was satisfied with the control measures. They also provided additional recommendations.

As of February 17, 2024, no additional cases of COVID-19 in staff or patients have been identified on 8 West.

Monthly Surveillance Data:

January 2024

- 108 Ventilator days– 0 infections
- 133 Central Line Device days – 0 infections
- 197 Urinary Indwelling Device days - 1 infection
- 0 cases of VRE hospital-wide
- 0 cases of C Difficile hospital-wide
- 0 cases of MRSA 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:

- The Department of Pharmacy has done their bi-annual IV Room Certification/Testing with TSS and has passed all IV Room Certifications and requirements for a safe infection-controlled environment for compounding.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for November 2023 was \$29.94 and December 2023 was \$38.64, both months were down from \$46.31 in October 2023. 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 \$31, 222 for the month of November 2023 and \$25,412 for December 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of interventions documented via Meditech for November and December 2023 was 526.
- 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 111 doses of Suboxone distributed for 2023 for both In-patient and ED since the DEA X-waiver removal.
- Narcan Kit distribution for 2023 totaled 190 kits and 950 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- 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 Opioid Treatment Strategies next meeting will focus on The District's Stabilization Center and health information sharing amongst providers and organizations. UMC has been selected as a possible location for the future LLDC Steering Group Summit Meeting. Pending date confirmation.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of Pharmacy and Emergency Department will develop a protocol and policy the adheres to the DC HEALTH and DEA regulations.
- VP of Pharmacy Services continues to take part in the DC Interagency Council on Homelessness (ICH); Hospital X Homelessness Workgroup.
- 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 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 January 2024:

Emergency Room:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Jan 2024)</u>	<u>(Dec 2023)</u>	<u>Change</u>
PG	Doctors	21	36.19%	51.67%	15.48%

Inpatient:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Jan 2024)</u>	<u>(Dec 2023)</u>	<u>Change</u>
PG	Doctors	8	47.50	%58.06%	10.56%

Sincerely,



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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
28, 2024**

**Medical Chief of Staff
Report for January
2024**

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



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

JANUARY 2024

Re: Chief of Staff Monthly Report

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

The inpatient and emergency services at UMC continue to play an integral role in the health and well-being of the people of Southeast Washington DC area. Emergency Department (ED) visits and inpatient admissions, the primary measures of hospital utilization, remain stable over the past 2+ years. Anecdotally, patients' medical and social problems are more complex in the post-COVID era with an increasing need for resources. This is palpable across the District of Columbia and surrounding DMV hospitals. Inpatient bed occupancy rates remain high with ED boarding a constant which makes transferring of patients to hospitals with higher levels of care challenging.

As UMC progresses toward closure, maintenance of core services will be vital to the health of the hospital and its patients. Reductions in certain services is causing an increase in patient transfers in an already strained and congested system. This is driving an increase in boarding and limits space and personnel to care for new patients. Further erosion of services will create a compounding effect upon patient care and safety. Several ways to temporize this problem are providing nuclear medicine services and reinforcing case management/social work services. The lingering absence of nuclear medicine services, related to a months-long vacancy in the medical technician position, limits effective evaluation of higher-risk patients for heart disease. Without nuclear medicine, patients require transfer to another hospital or alternatively, undergo an inferior risk stratification process. The already taxed and limited social work and case management services are limited in their ability to meet the growing needs of patients, leading to extended length of stays in the ED and inpatient units. Finally, the issue with reliable and efficient transportation for patients, which seemingly is the most difficult to solve, remains a problem and also contributes to boarding and extended lengths of stay. There is an understanding that these are just a few of the problems the hospital endeavors to address, though want to ensure they receive attention, and remain available to discuss potential solutions.

Influenza and COVID cases continue to be 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.

Sincerely,

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



Amaechi Erongu, M.D., Chairman

JANUARY 2024

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for January 2024 was 88 and December, 2023 was 97.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance all through 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 109 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in January, 2024.

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 17 for the month of January 2024.

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	2024
JAN	150	210	187	147	120	111	88
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 Erongu, M.D.
Chairman, Department of Anesthesiology



Mina Yacoub, M.D., Chairman

JANUARY 2024

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

In January, admissions increased from prior month and ICU had a higher average daily census. For January, the Intensive Care Unit had 74 admissions, 65 discharges, and 288 Patient Days. Average Length of Stay (ALOS) for January was 4.4 days and ICU managed a total of 80 patients. The average daily census was 11 patients. There were 4 deaths for 65 discharges for a month's mortality rate of 6.2%. There were no returns to ICU within 24 hours of transfer out. Two patients required transfer to ICUs at Tertiary Hospitals for higher level of care.

January 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In January, the ICU had 108 ventilator days, with no Ventilator Associated Pneumonia (VAP), 133 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 197 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 21 patients with severe sepsis and septic shock. One death was related to severe sepsis/septic shock with a sepsis specific mortality of 4.8%.

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

February 13, 2024



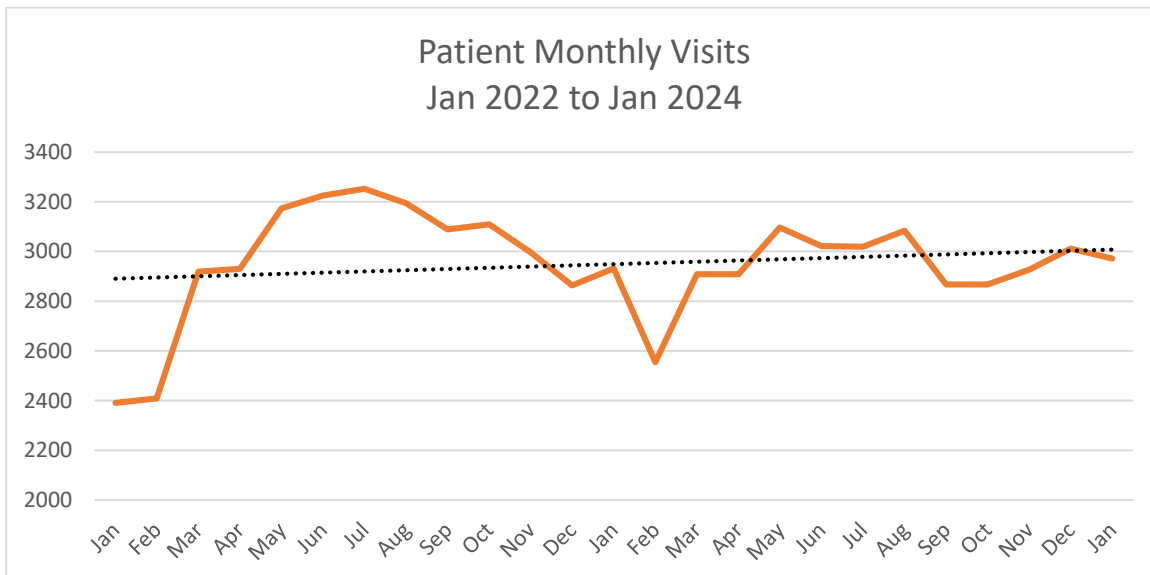
Francis O'Connell, M.D., Chairman

JANUARY 2024

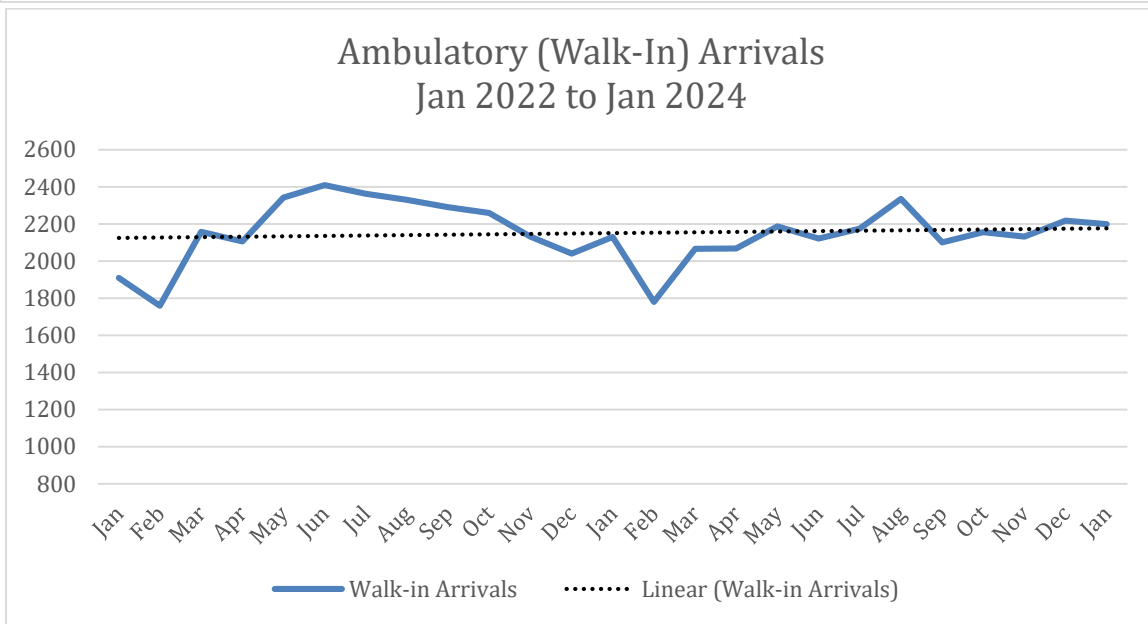
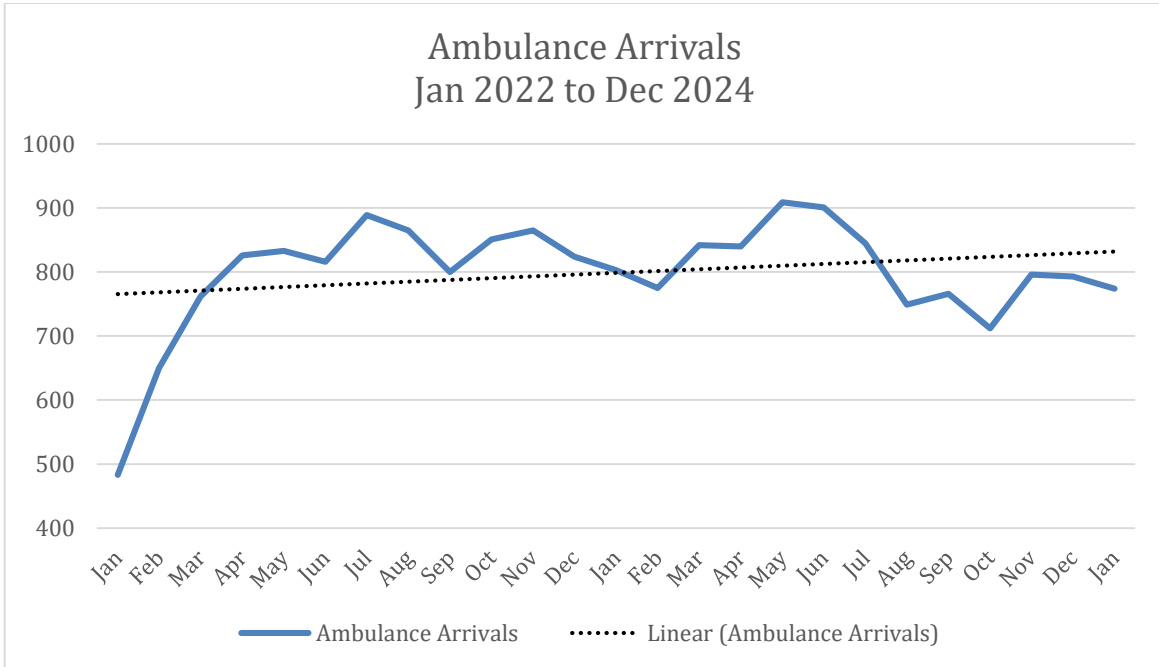
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for January 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

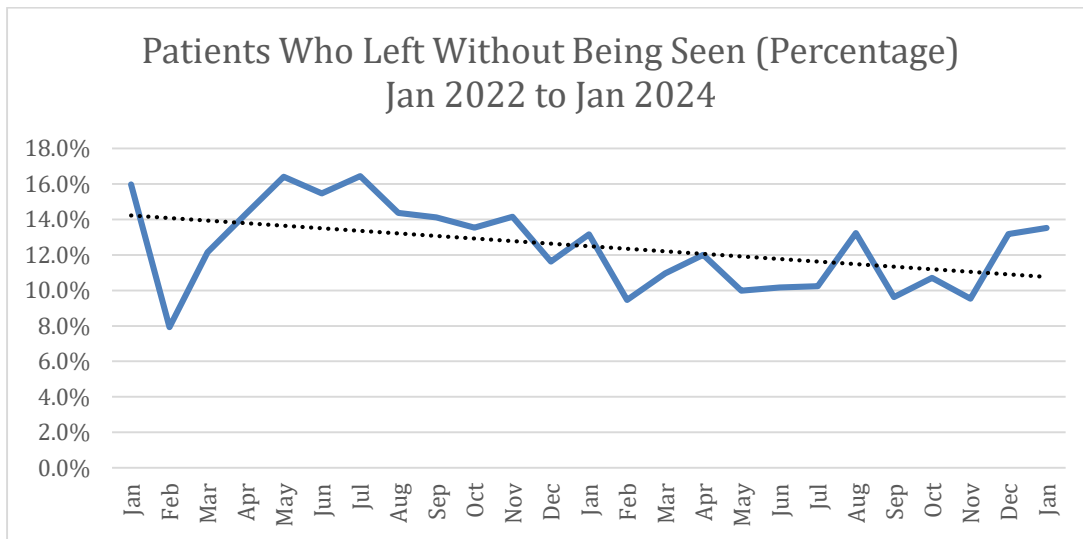
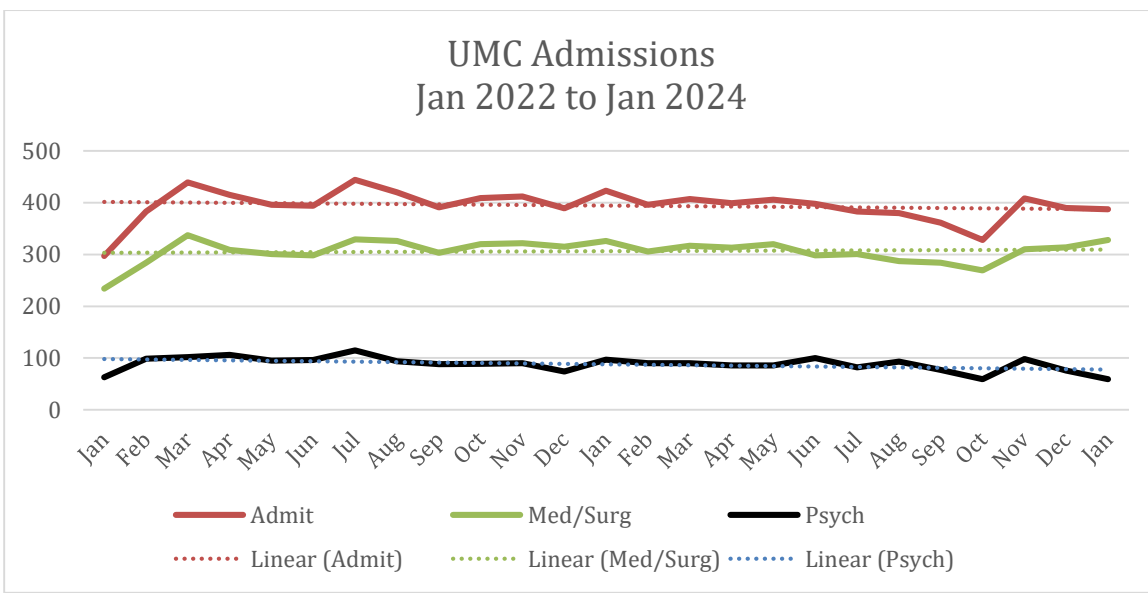
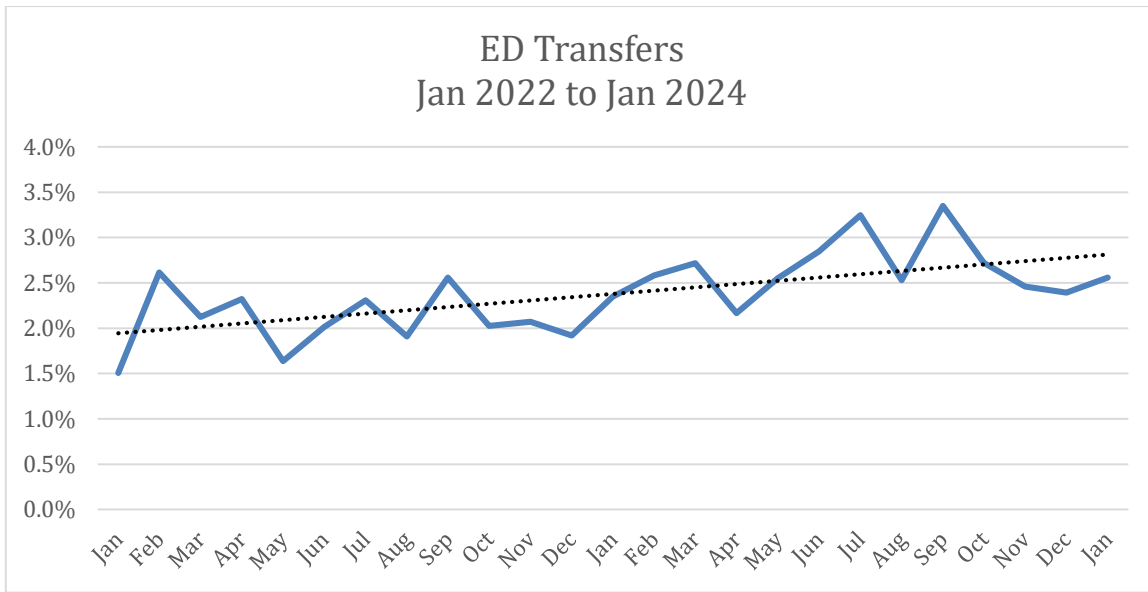
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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						
	Jan 2022	%	Jan 2023	%	Jan 2024	%
Total patients	2391		2932		2972	
Daily Avg Census	77		95		96	
Ambulance Arrivals	483	20.2%	803	27.4%	774	26.0%
Admit	297	12.4%	423	19.9%	387	13.0%
• Med Surg	234	9.8%	326	15.3%	328	11.0%
• Psych	63	2.6%	97	4.6%	59	2.0%
Transfers	36	1.5%	50	2.3%	76	2.6%
LWBS	382	16.0%	386	13.2%	402	13.5%
Ambulance Admission Rate	35.8%		32.9%		31.3%	
Walk-In Admission Rate	6.5%		7.5%		6.6%	

Comments:

1. The data reported this month includes data from the past three years.
2. Trends remain fairly steady for the last two years.
3. The LWBS is trending upwards over the last two months.

Analysis:

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.

Commentary:

As the demand for Emergency services remains stable, it is crucial that the hospital continue to support essential services by filling vacant positions, specifically those in nuclear medicine and case management/social work. Prioritizing these vacancies will improve patient care and increase revenue capture (reduction in transfers and increased efficiency in patient placement and disposition).

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

JANUARY 2024

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	119												119
HOSPITAL	119												119
PERCENTAGE	100%												100%
REGULAR													
MEDICINE	215												215
HOSPITAL	278												278
PERCENTAGE	77%												77%
DISCHARGES													
OBSERVATION													
MEDICINE	115												115
HOSPITAL	115												115
PERCENTAGE	100%												100%
REGULAR													
MEDICINE	161												161
HOSPITAL	224												224
PERCENTAGE	72%												72%
PROCEDURES													
HEMODIALYSIS	173												173
EGD'S	12												12
PEG'S	1												1
COLONOSCOPY	23												23
ERCP	0												0
BRONCHOSCOPY	1												1
QUALITY													
Cases Referred to Peer Review	0												0
Cases Reviewed	0												0
Cases Closed	0												0

Department of Medicine met on December 13, 2023.

The next meeting is March 13, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

JANUARY 2024

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators		Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0											
	# test		255	205											
	Chem12	95%	95.6	95.7											
	# test		1143	1170											
	Troponin	95%	83.6	87.0											
	# test		693	712											
	URINALYSIS	95%	97.6	98.0											
	# test		903	921											
STAT 60 minutes Volumes	Urine Drug	90%	91.0	89.8											
	#test		178	168											
STAT 60 minutes Volumes	Covid PCR	90%	44.1	84.7											
	#test		1107	1161											
	Average		*2h 26m	**50											
	Covid PCR(BHU)	90%	44.5	83.0											
	#test		110	97											
	Average		*1h 25m	51											
Blood Culture Contamination	Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Volumes	% Blood culture Contamination	<3%	9.7	11											
Number Contaminated	Total	# test	525	429											
Number Contaminated Collected by Ed	#Total Contaminated	#	51	39											
	# From ED	#	51	37											
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2											
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2											
Performance Indicators	Goal	23-Dec	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
STAT ED 30 minutes	CBC	95%	90.9	93.0											
	# test		1331	1304											
45 minutes and Volumes	PT	95%	90.9	91.6											
	# test		167	12											
	PTT	95%	88.0	83.3											
	# test		166	12											

February Notes: Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin improved by 4%, Covid improved by 40%. CBC improve by 2.1%, Pt improve by 0.7% , PTT decrease by 4.7% however only 12 tested. Blood culture contamination increased by 1.3% to 11%. The instruction video for Blood culture was add to RELIAS around 26 Jan, will follow up with Nursing education on who viewed the video, the names of individuals who collected samples sent to ED Nurse manager and VP of nursing. The new targets(30 and 45 minutes with 95% compliance, from 60 minutes at 90%) have been communicate to the laboratory staff. No safety concerns. 1 new technologist in training. Blood product 2 Packed rbc expired. Phlebotomist still remain at 0 needlesticks.

**reagent inventory, holding non admits, waiting confirmed admission **1-7 Jan excluded reagent shortage reagent inventory, holding non admits, waiting confirmed admission*



Shanique Cartwright, M.D., Chairwoman

JANUARY 2024

UMC Behavioral Health Unit January 2024 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Admissions													
ALOS (Target <7 Days)	4.11												
Voluntary Admissions	25												
Involuntary Admissions = FD12	38												
Total Admissions	63												
Average Daily Census	10												
Other Measures													
Average Throughput (Target: <2 hrs)	3.24												
# TeleCourt Meetings (Pt Hearings)	0												
# Psych Consultations	136												
Psychosocial Assessments (Target: 80%)	63%												
Discharge													
Discharges	63												

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



Kusha Mehta, M.D., Chairman

JANUARY 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	90		773		107		970	
Fluoro	5		0		17		22	
Mammography					86		86	
Magnetic Resonance Angio	2		0		0		2	
Magnetic Resonance Imaging	22		7		22		51	
Nuclear Medicine							0	
Special Procedures	4		0		0		4	
Ultrasound	69		243		149		461	
X-ray	187		1109		444		1740	
CNMC CT Scan			50				50	
CNMC X-ray			381				381	
Grand Total	379				825		3767	

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

JANUARY 2024

For the month of January 2024, the Surgery Department performed a total of 84 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	84
FEB	180	167	153	126	106	
MAR	158	82	133	146	145	
SECOND QUARTER TOTALS	548	444	433	393	362	84
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	396

This month ended with an **18% decrease** compared to last month and **24% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- Fewer 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 on 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: February
28, 2024**

**Nursing
Department Report
for January 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report January 2024

Overall State of Nursing Department(s)

Staffing:

Staffing continues to be a challenge in the nursing department. The national shortage compromises the immediate availability of nurses. We onboarded 10 registered nurses and 7 medical surgical technicians for the month of January. All 17 candidates are assigned to respective departments i.e. Med/surge Telemetry, ICU, Behavioral health and emergency departments, and we hope for the longevity of those contracts. There are also UMC potential candidates awaiting offers.

Performance Improvement:

The education department continues to monitor the performance improvement initiatives. Some of which are: timely narcotic wastes, pain assessment and re-assessment and wound prevention measures. 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
JANUARY	68	10	10	4	14	1

There were 68 admissions in ICU for the month of January. Though number of admissions remained the same, the acuity level was high.

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 (use of D10) in place of D50% 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
January	83	31	52	24	0	0	0

Education

- RELIAS Mandatory Completion:(by January 2024)
 OR – 100%
 PACU – 100%
- Review On- Call Policy in the OR

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 23 insulin drips in January 2024 all for DKA.

Plan of Correction – Diabetes Findings

- Educate 100% of all authorized users on point of care policy. **Ongoing**
- Continue to meet with PI coordinator for diabetes center– to review plan of correction – **Ongoing.**
 - Insulin audit –Insulin Audit score for December above benchmark = 96%. December audit was limited due to focus on Novolog TID and time away for travel. This audit has been at benchmark for over 2 years.
 - Need to focus on improvement of Novolog TID with meals, will decrease monitoring of insulin accuracy overall to focus on Novolog TID with meals accuracy measurement every day of the **month.**

insulin TID scores july 2023- july 2024														
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	average to date
average score	90%	90%	96%	98%	97%	93%	97%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	94%

Emergency Department

ED Metrics Empower Data	Oct	Nov	Dec	Jan	
Visits	2867	2930	3017	2972	
Change from Prior Year (Visits)	3109	2994	2863	2931	
% Growth	-8.44	-2.18	5.10	1.38	
Ambulance Admitted	211	277	244	243	
Ambulance Arrivals	712	796	795	774	
Ambulance Patients Admission Conversion	0.30	0.35	0.31	0.31	
% of ED patients arrived by Ambulance	0.25	0.27	0.26	0.26	
% of Ambulance Patients Admitted	0.30	0.35	0.31	0.31	
Triage time	19	19	22	22	
Physician time	97	102	122	119	
Disposition time	246	258	276	278	

ED Metrics Empower Data	October	Nov	Dec	Jan	
Door to triage	19	19	22	22	
Door to room	86	90	114	110	
Door to provider	97	102	122	119	
Door to departure	258	265	310	298	
Door to decision to admit				381	

Education

Medication scanning-scan all medications and patient armbands prior to medication administering. Improved score of 82% in ER

LWBS patients- must be documented in chart before discharging & departing patient

Departing patients & entering correct disposition

Infinite Legacy- call with 1 hour of death

Blood culture-increase contamination rates- Relias module due 2/14

Improving ED wait times- call patients back to fast track as soon as patients are discharged

Patient property- accurately complete property list and secure patient belongings

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

Month	No. Therapist's Documentation Audited	No. of Completed Documentation	% of Compliance
January	40	37	92.5%

Education

Huddle education included PPE practice and environmental contamination. Department of Health/College of American Pathologist survey preparedness

Infection Control practices

Handwashing

Proper PPE

DC Health preparedness

PI Initiative

Critical value reporting compliance decreased from 96.2% to 94%. Real time coaching and direct oversight. Documentation compliance unchanged for previous 93%. Primarily attributed to rapid increase in respiratory census and onboarding of agency staff. Corrective measures include high value shift huddle education and one on one coaching.

Occupational Health:

Occupational health data below;

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vac	Covid Booster	Others	Totals
Jan	4	35	77	16	26	52	27	0	16	253

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Jan	63 FD12=38 Vol=25	10	0	4.11	63	1	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

- A. Securing of patient Property on the unit
- B. Safety and Security Rounding
- C. Awareness of escalating situations

Respectfully submitted,
Doris Onyima MPH, PMHNP, RN.
Sr. Director of Nursing.



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
28, 2024**

**Executive
Management Report
for January 2024**

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



Executive Leadership Report for January 24 February 2024

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:

On January 25, 2024, the Joint FY 2023 Performance Oversight Hearing - Committee on Health and Committee on Hospital and Health Equity was held. UMC's Board Chair, Angell Jacobs, and this writer provided testimony along with support from Lilian Chukwuma, Chief Financial Officer. A budget oversight hearing will be scheduled in the near future.

Staffing continues to be challenging not only in clinical areas but throughout various departments for reasons such as illnesses, FMLA status, call outs and hard to fill positions. UMC will continue to work with staffing agencies while trying to recruit and retain staff as feasible. All levels of leadership are cognizant of the importance of the mandatory justification and approval of overtime as necessary for safe effective hospital operations.

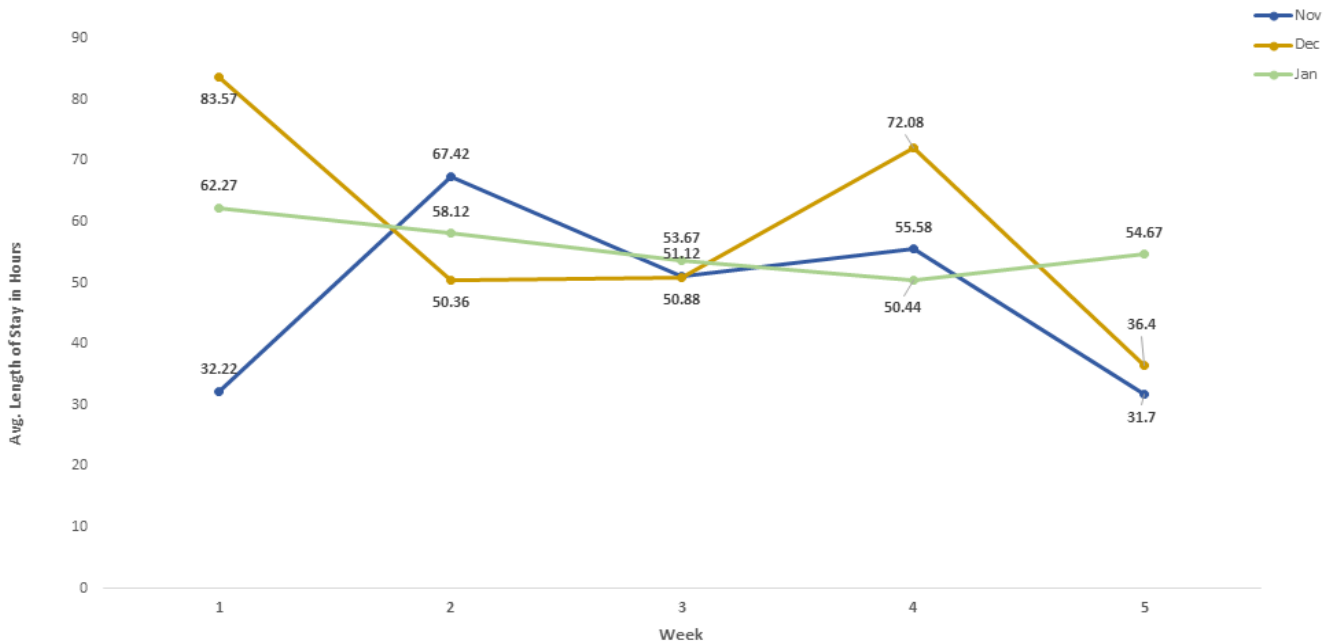
The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers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

Observation (OBS) Length of Stay in Hours

Week	Nov	Dec	Jan
1	32.22	83.57	62.27
2	67.42	50.36	58.12
3	51.12	50.88	53.67
4	55.58	72.08	50.44
5	31.7	36.4	54.67



OBS- Avg. Length of Stay Comparison Nov, Dec-23 & Jan 24



In terms of patients transportation, efforts are still being made to try to obtain additional resources to support our current patient transportation vendor.

The Information Technology Department accomplished the following as part of monthly activities: Upgraded all systems and network with latest patches, upgraded SSL VPN, assisted HR in year-end processes and benefits enrollment. The IT Dept. will continue to maintain all IT and communications infrastructure. There were no security risks/ attacks in the month of January.

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.

An expedited Request for Proposal (RFP) for a closure consultant was released on February 6, 2024. It was published on UMC’s website and was subsequently sent to the Department of Small and Local Business Develop. The bids will close on February 19, 2024. The goal is to have a consultant on board sometime in May.

Community Partnerships

Ward 8 AARP group held their meeting at UMC this month. It was well attended by community participants. Discussions included the positive community partnership/relationship between UMC and the community with the goal to retain such a relationship until closure.



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 108 participants of which 43% completed at least one training module per January'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.

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: February
28, 2024**

**Financial Report
Summary**

January 2024

**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 January 31, 2024

DRAFT



Table of Contents

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



Gap Measures Tracking

**Not-For-Profit Hospital Corporation
 FY 2024 Actual Gap Measures
 As of January 31, 2024**

	FY 2024 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy
District Subsidy

(\$27,678,000)
\$15,000,000
(\$12,678,000)



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 39% (\$3.5M) MTD and by 6% (\$2M) YTD.**
- ❖ **Net patient revenue is lower than budget by 53% (\$2.7M) MTD and by 9% (\$2.3M) YTD.**
 - ❖ **Admissions are lower than budget by 9% MTD and YTD respectively.**
 - ❖ **Emergency room visits are on target MTD and YTD.**
 - ❖ **Clinic visits are lower than budget by 19% MTD and 39% YTD.**
 - ❖ **Total surgeries are lower than budget by 28% MTD and 18% YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 34% (\$3.0M) MTD and 13% (\$4.6M) YTD due to the following:**
 - ❖ **Salaries are higher than budget by 14% (\$433K) MTD and 15% (\$1.9M) YTD due to overtime.**
 - ❖ **Overtime is trending at over \$4M for the year.**
 - ❖ **Employee benefits are lower than budget by 15% (\$144K) MTD but higher than budget by 14% (\$534K) YTD.**
 - ❖ **Contract labor is higher than budget by 102% (\$920K) MTD and 20% (\$709K) YTD.**
 - ❖ **Professional fees are lower than budget by 24% (\$298K) MTD but higher than budget by 8% (\$376K) YTD.**
 - ❖ **Purchased services are lower than budget by 27% (\$286K) MTD and 5% (\$189K) YTD.**
 - ❖ **Other expenses are higher than budget by 95% (\$1M) MTD and by 16% (\$679K) YTD.**



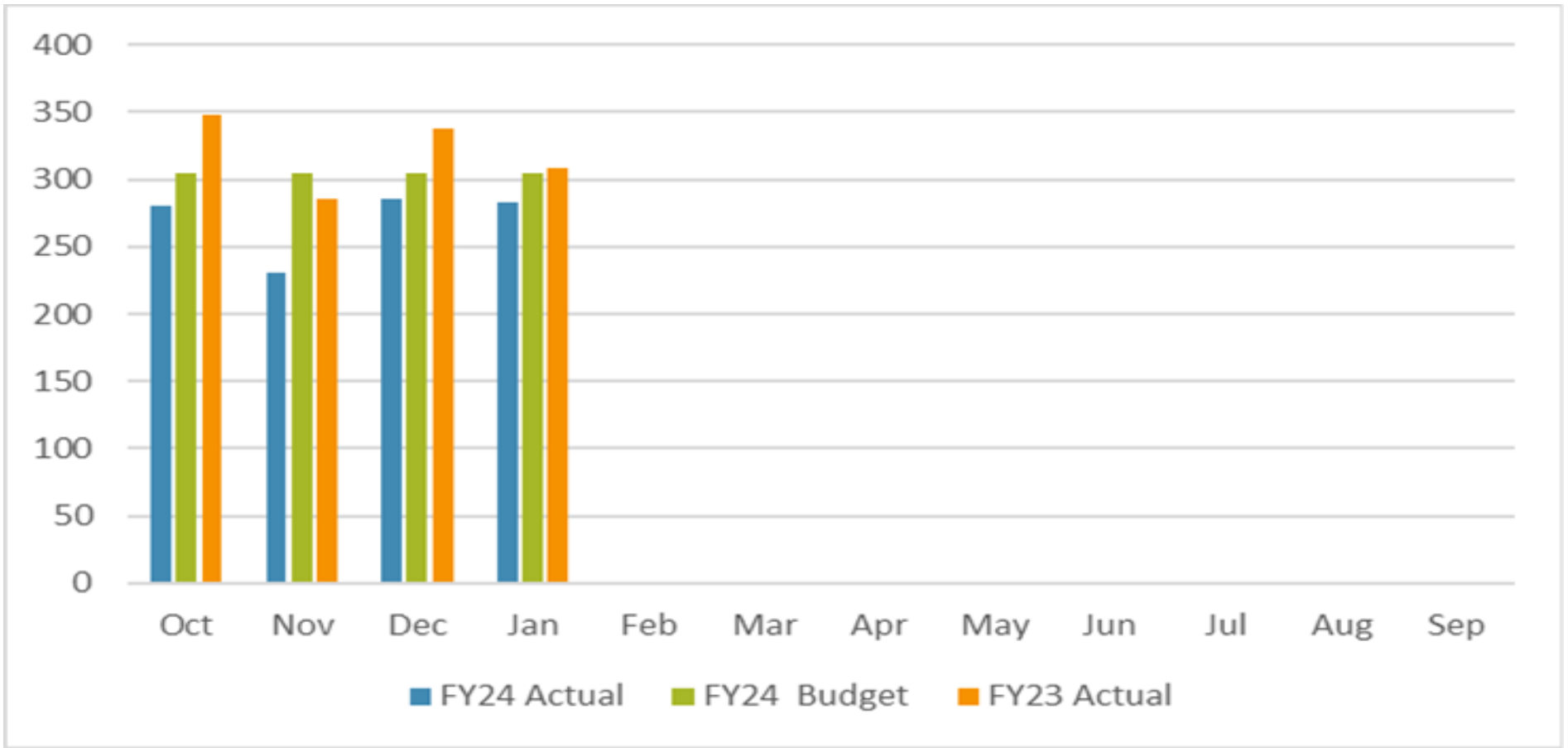
Key Indicators

Fiscal Year 2024 thru 01/31/24

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY23	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	283	305	309	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	83	116	111	▼	▲
Emergency Room Visits	Actual Visits	3,002	2,932	2,883	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	553	601	591	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.17	1.00	1.24	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	47%	47%	46%	=	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	32	52	31	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	118%	92%	88%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	97	45	126	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-19.2%	1.0%	-5.4%	▼	▲



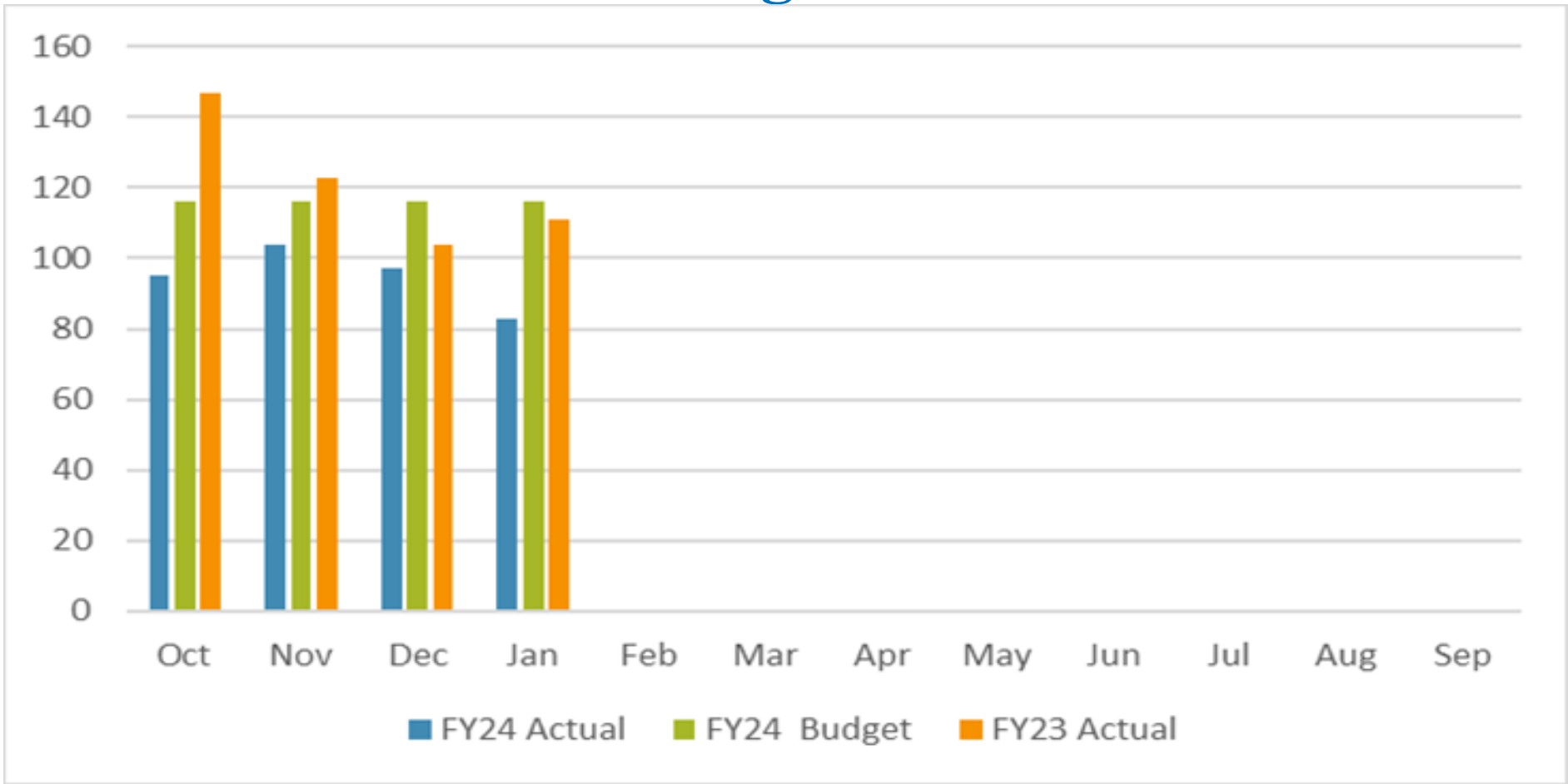
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	280	230	286	283								
FY24 Budget	305	305	305	305								
FY23 Actual	348	286	338	309								



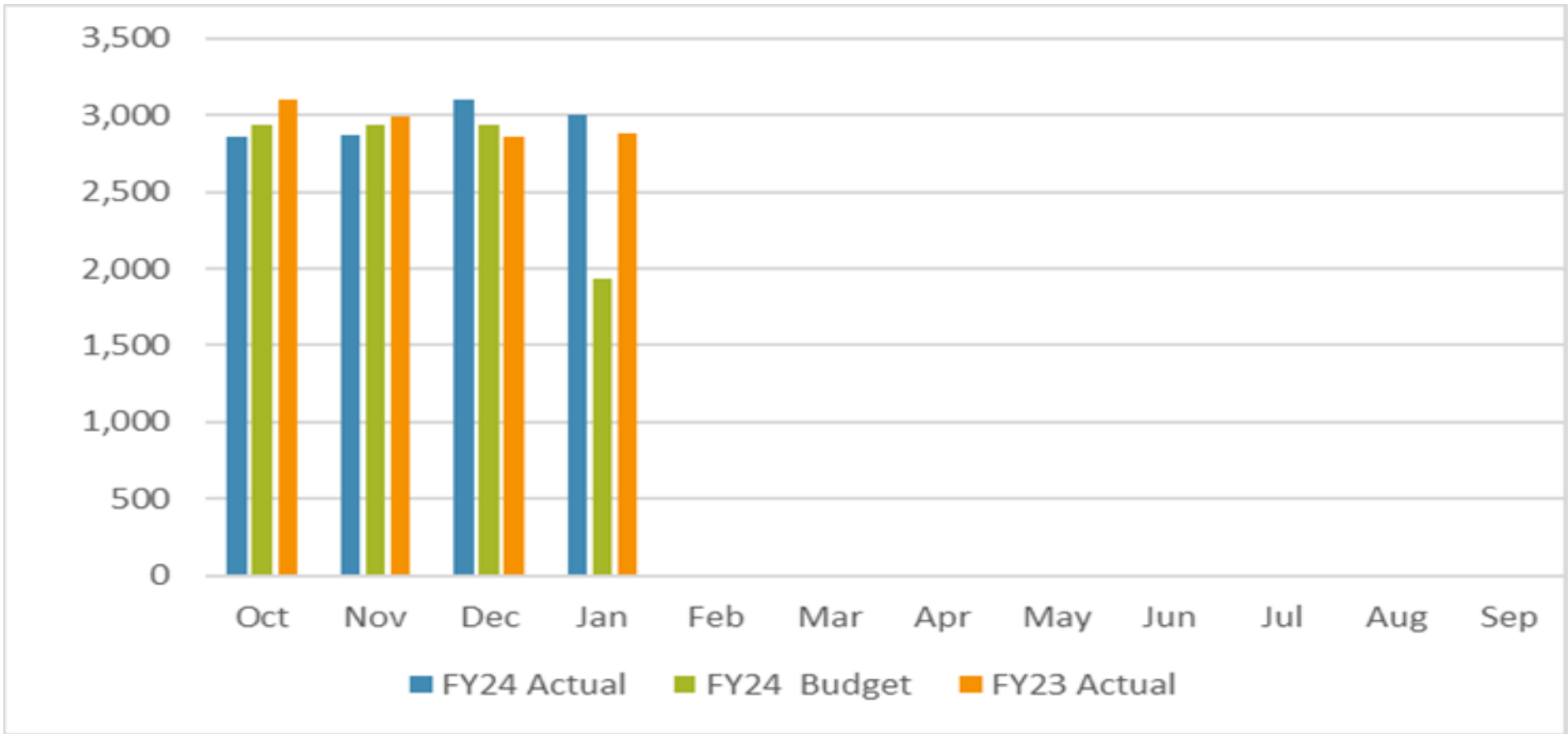
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	95	104	97	83								
FY24 Budget	116	116	116	116								
FY23 Actual	147	123	104	111								



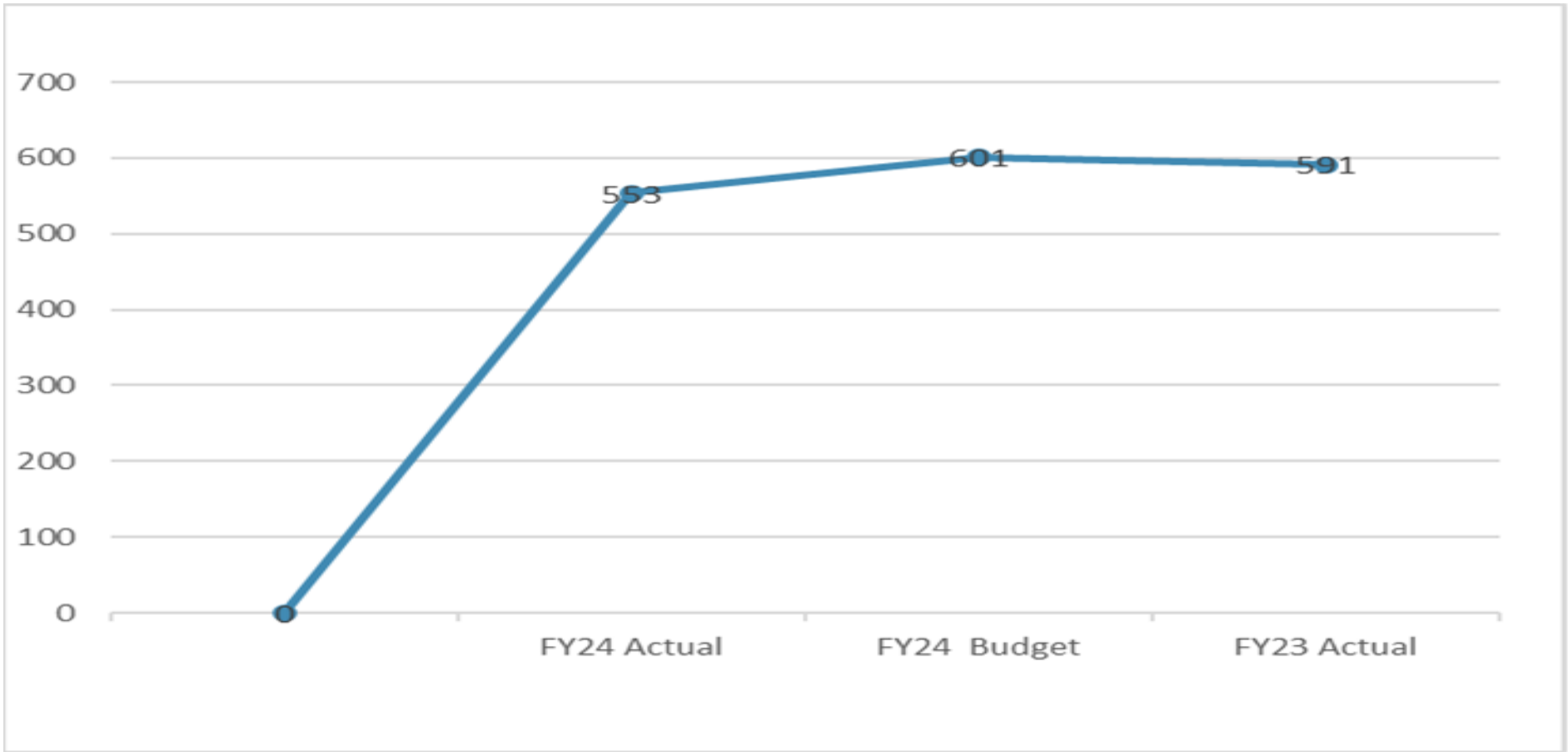
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	2,862	2,865	3,099	3,002								
FY24 Budget	2,932	2,932	2,932	2,932								
FY23 Actual	3,099	2,989	2,855	2,883								



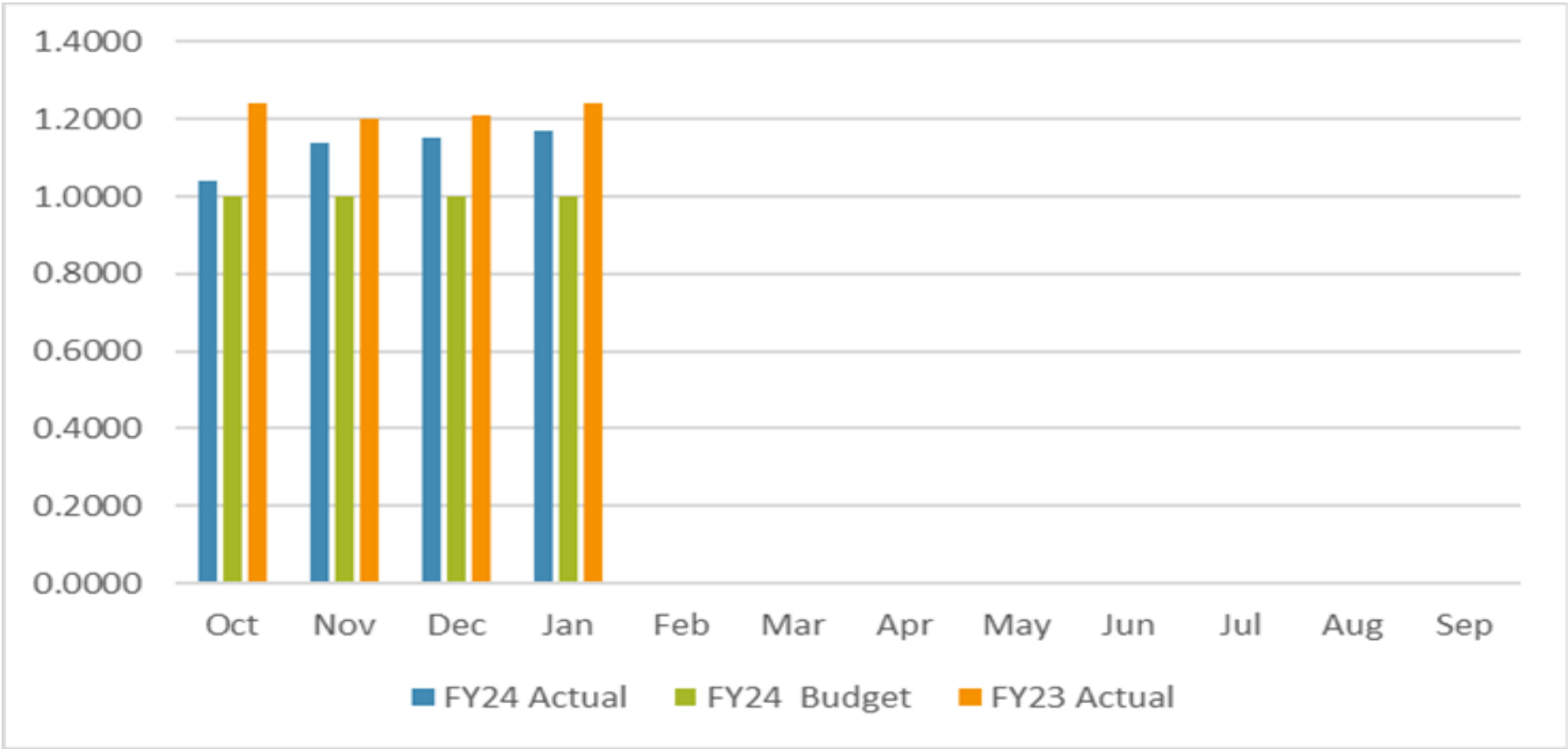
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	539	555	562	553								
FY24 Budget	601	601	601	601								
FY23 Actual	585	579	579	591								



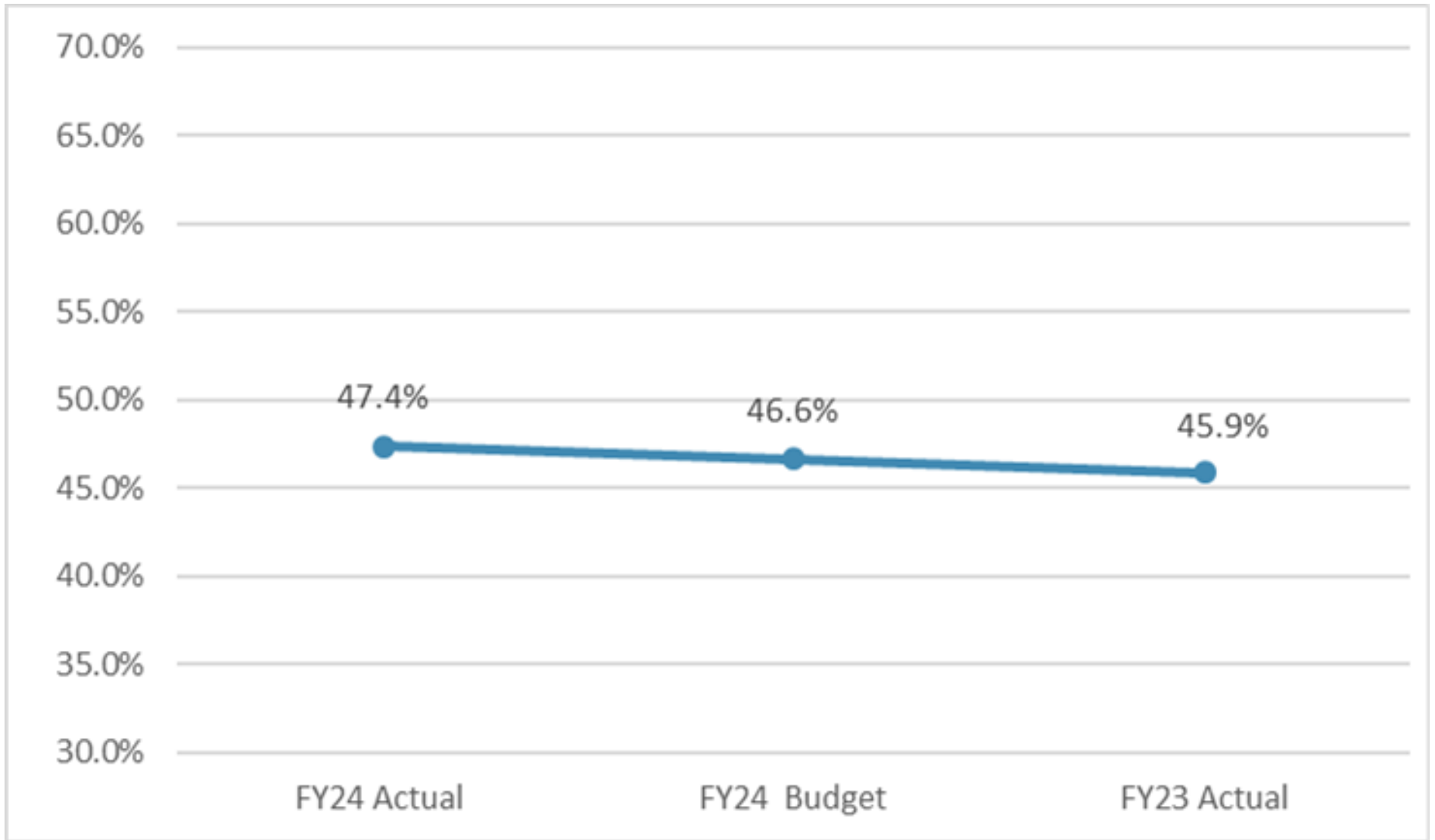
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	1.0400	1.1400	1.1500	1.1700								
FY24 Budget	1.0000	1.0000	1.0000	1.0000								
FY23 Actual	1.2000	1.2100	1.2100	1.2400								

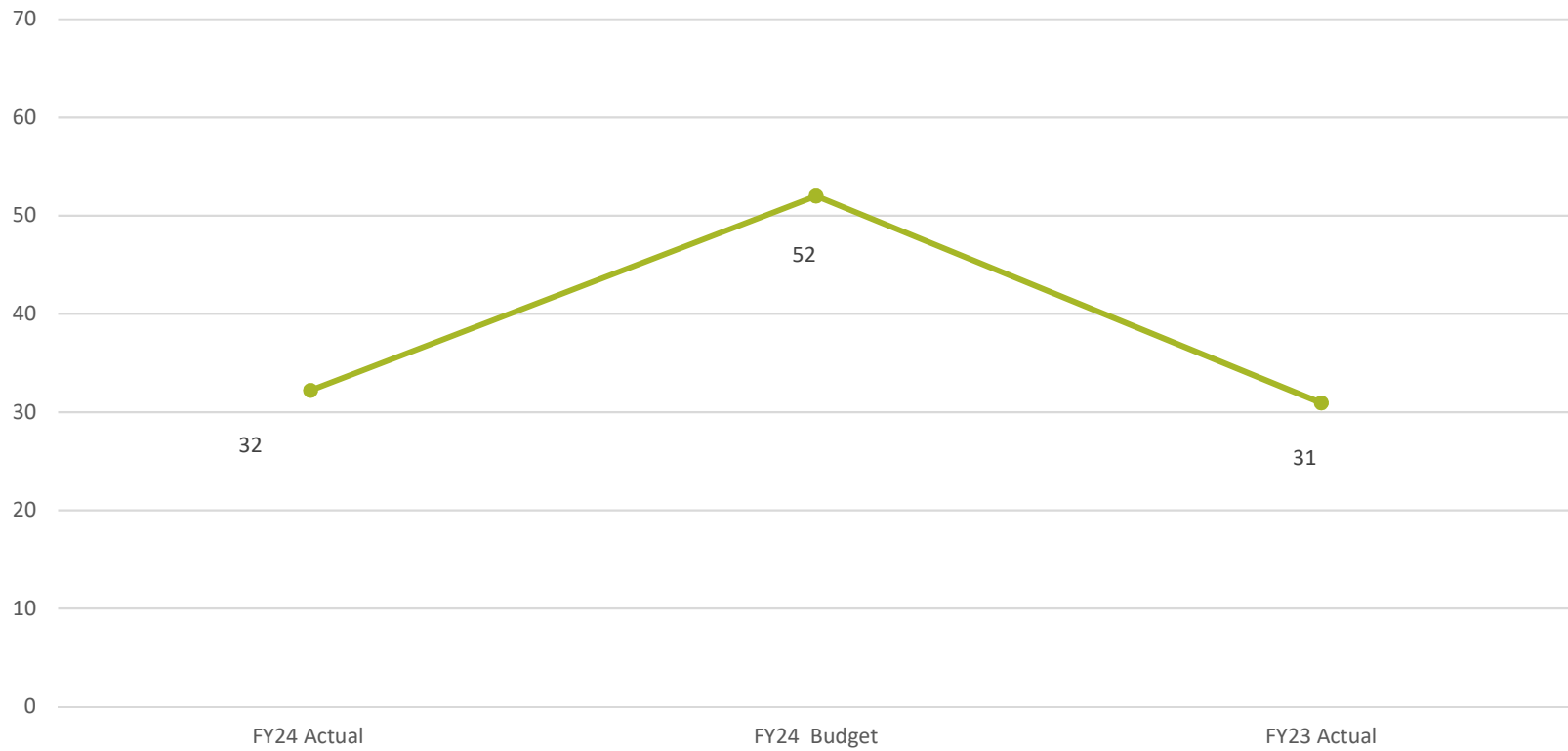


Salaries/Wages & Benefits as a % of Operating Expenses



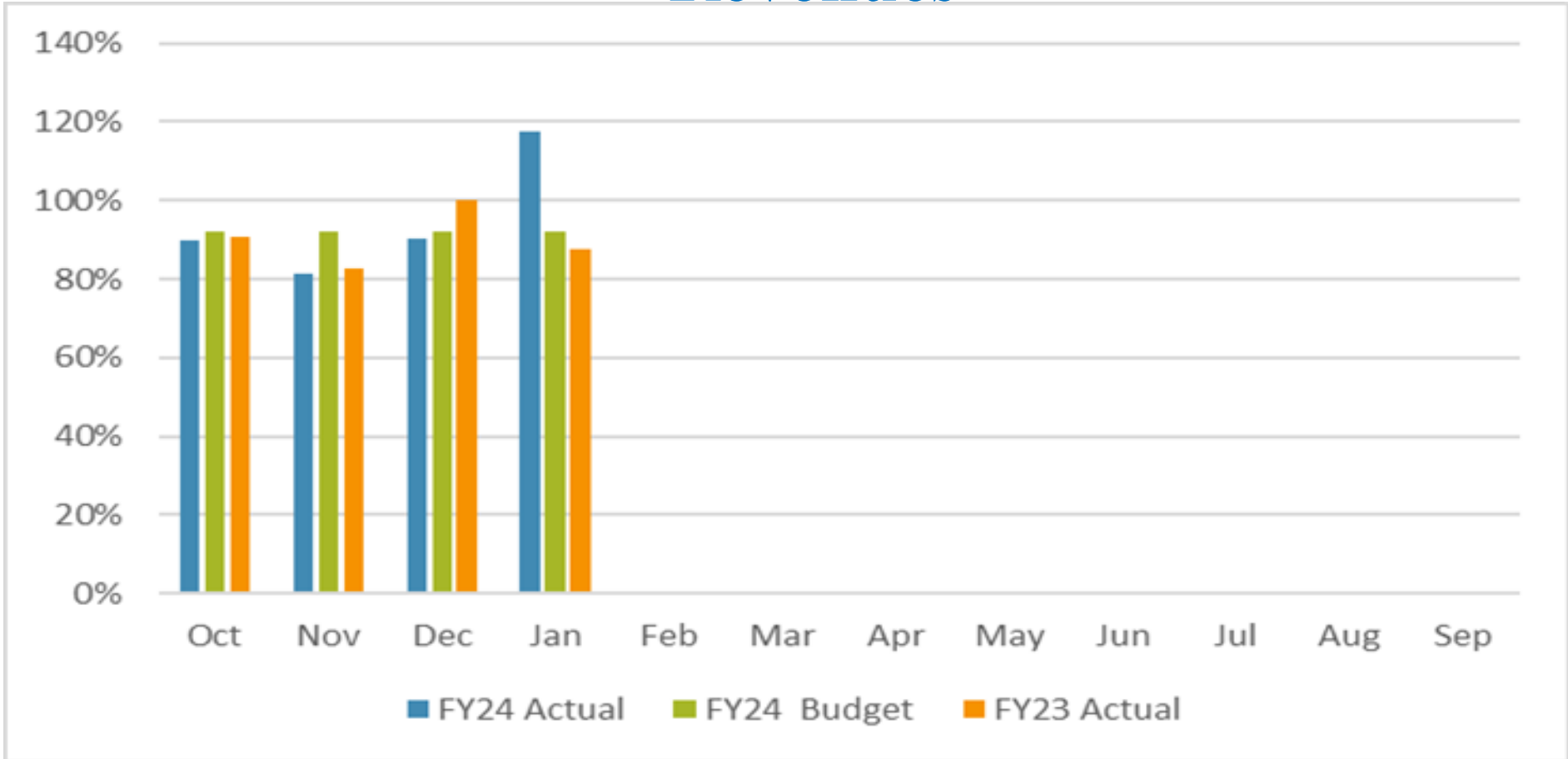


Net Accounts Receivable (AR) Days With Unbilled





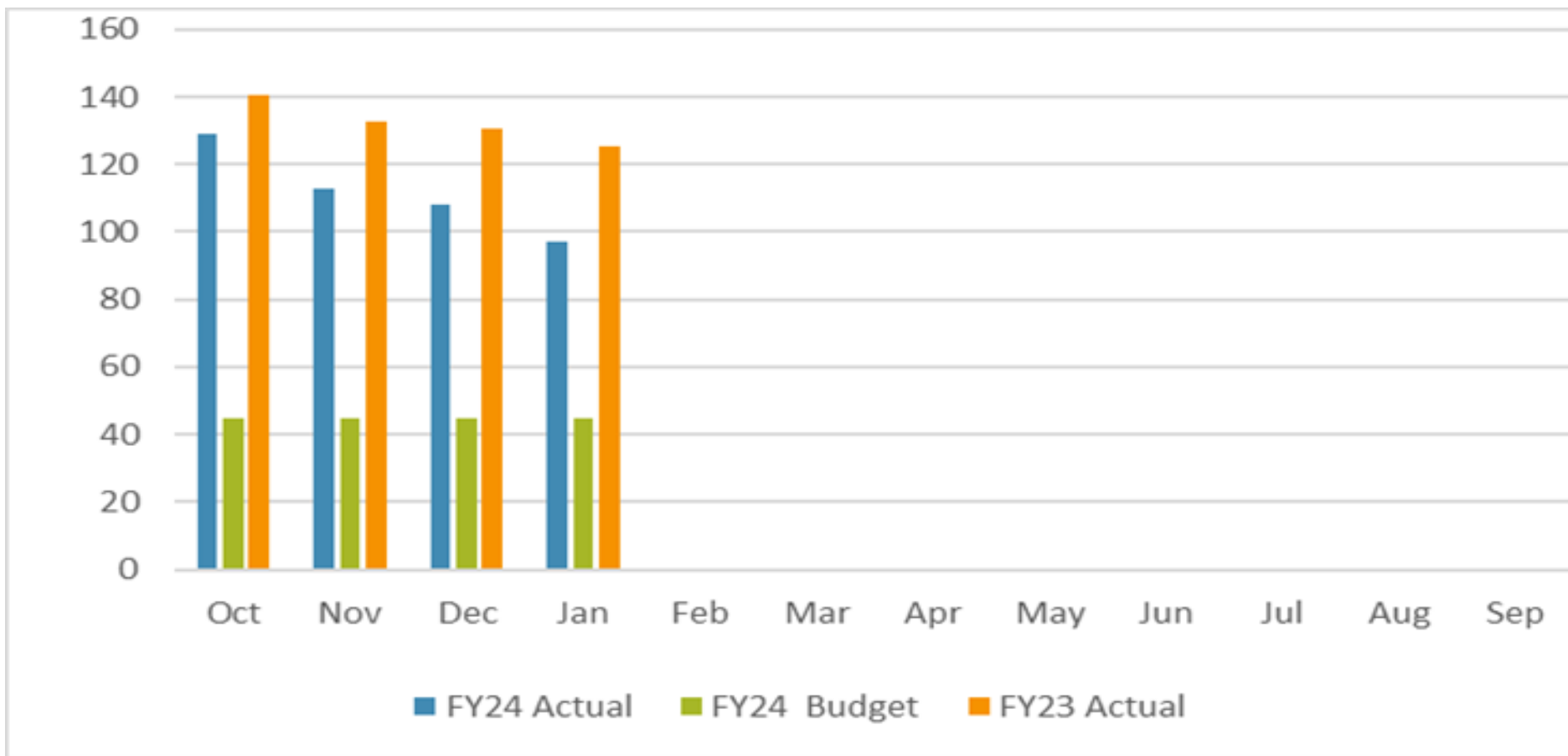
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	90%	81%	90%	118%								
FY24 Budget	92%	92%	92%	92%								
FY23 Actual	91%	83%	100%	88%								



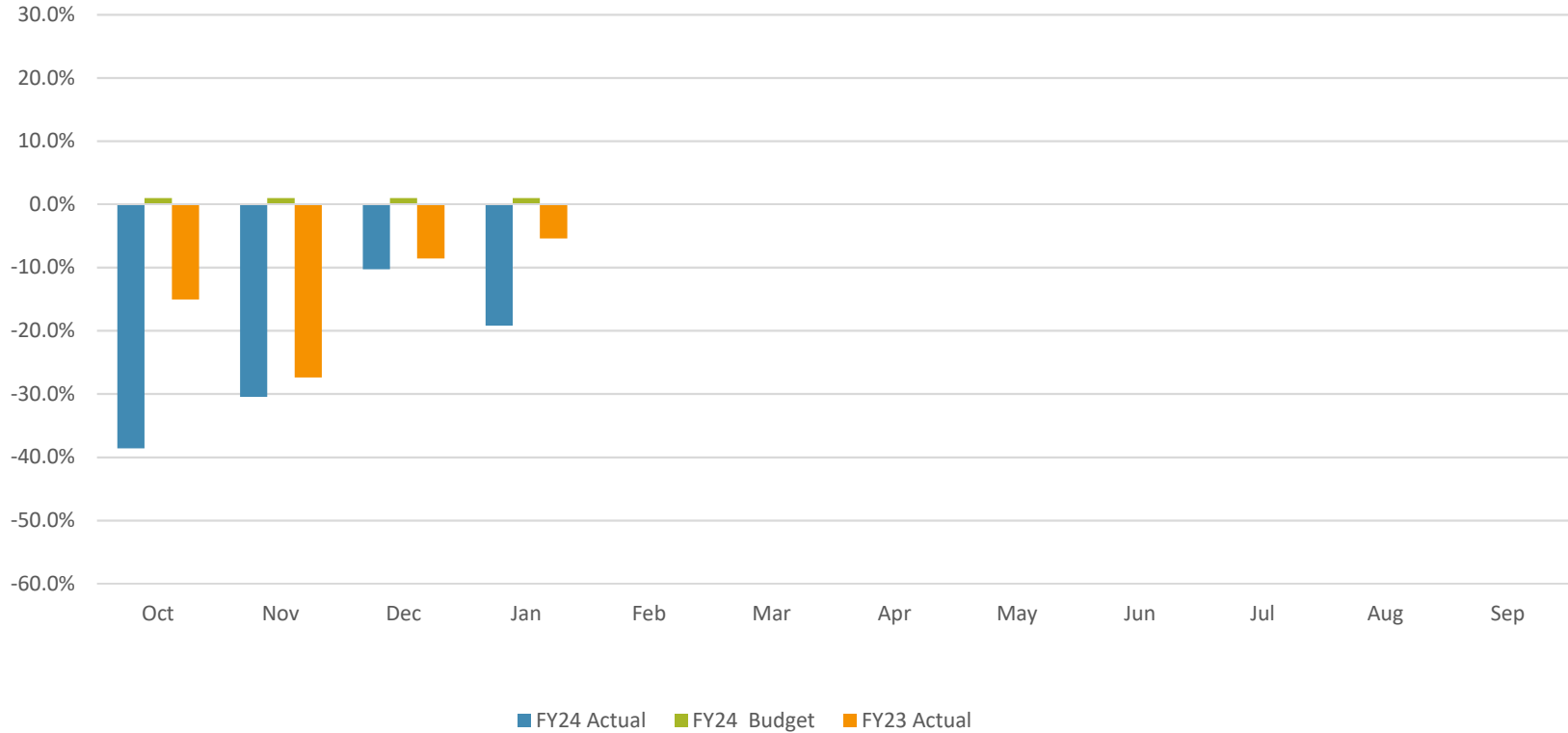
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	129	113	108	97								
FY24 Budget	45	45	45	45								
FY23 Actual	140	132	131	126								



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%	-19.2%								
FY24 Budget	1.0%	1.0%	1.0%	1.0%								
FY23 Actual	-15.0%	-27.4%	-8.6%	-5.4%								



Income Statement

FY24 Operating Period Ending January 31, 2024

	Month of January			Variance				2024 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	278	305	299	(27)	-9%	(21)	-7%	1,109	1,220	1,232	(111)	-9%	(123)	-10%
Patient Days	2,009	2,012	1,907	(3)	0%	102	5%	8,169	8,048	7,984	121	2%	185	2%
Emergency Room Visits	2,970	2,932	2,883	38	1%	87	3%	11,753	11,728	11,826	25	0%	(73)	-1%
Clinic Visits	683	574	914	109	19%	(231)	-25%	3,189	2,296	3,772	893	39%	(583)	-15%
IP Surgeries	31	54	36	(23)	-43%	(5)	-14%	136	216	174	(80)	-37%	(38)	-22%
OP Surgeries	52	62	75	(10)	-16%	(23)	-31%	243	248	311	(5)	-2%	(68)	-22%
Radiology Visits	714	777	982	(63)	-8%	(268)	-27%	3,173	1,444	3,556	1,729	120%	(383)	-11%
Revenues														
Net Patient Service	3,098	6,659	5,842	(3,561)	-53%	(2,744)	-47%	24,356	26,637	27,299	(2,281)	-9%	(2,943)	-11%
DSH	735	643	735	91	14%	(0)	0%	2,939	2,573	2,939	366	14%	(0)	0%
CNMC Revenue	150	135	150	15	11%	0	0%	601	541	600	60	11%	1	0%
Other Revenue	1,375	1,392	1,346	(17)	-1%	29	2%	5,406	5,570	5,977	(164)	-3%	(571)	-10%
Total Operating Revenue	5,359	8,830	8,073	(3,472)	-39%	-2,714	-34%	33,303	35,322	36,815	(2,019)	-6%	(3,513)	-10%
Expenses														
Salaries and Wages	3,578	3,145	3,034	433	14%	544	18%	14,489	12,578	13,711	1,911	15%	778	6%
Employee Benefits	800	943	775	(144)	-15%	24	3%	4,308	3,774	4,249	534	14%	59	1%
Contract Labor	1,819	900	1,157	920	102%	663	57%	4,307	3,599	4,174	709	20%	133	3%
Supplies	1,011	267	327	744	279%	684	209%	1,214	1,068	3,256	147	14%	(2,042)	-63%
Pharmaceuticals	199	167	269	32	19%	(70)	0%	739	667	728	72	11%	11	0%
Professional Fees	937	1,236	1,154	(298)	-24%	(217)	-19%	5,318	4,942	4,657	376	8%	661	14%
Purchased Services	1,326	1,040	1,431	286	27%	(106)	-7%	4,349	4,160	4,432	189	5%	(83)	-2%
Other	2,092	1,072	1,156	1,020	95%	936	81%	4,969	4,290	4,447	679	16%	522	12%
Total Operating Expenses	11,762	8,769	9,303	2,992	34%	2,459	26%	39,694	35,078	39,653	4,616	13%	40	0%
Operating Gain/ (Loss)	(6,403)	61	(1,230)	(6,464)	-10568%	(5,173)	421%	(6,391)	244	(2,838)	(6,635)	-2723%	(3,553)	125%



Balance Sheet

As of the month ending January 31, 2024

Jan - 24	Dec - 23	MTD Change		Sep-23	YTD Change
Current Assets:					
\$ 37,151	\$ 42,128	\$ (4,977)	Cash and equivalents	\$ 35,939	\$ 1,212
6,380	8,514	(2,134)	Net accounts receivable	4,607	1,773
4,048	4,119	(71)	Inventories	4,101	(53)
1,232	1,576	(343)	Prepaid and other assets	1,564	(332)
<u>48,811</u>	<u>56,337</u>	<u>(7,526)</u>	Total current assets	<u>\$ 46,211</u>	<u>\$ 2,600</u>
Long- Term Assets:					
36,752	37,906	(1,154)	Capital Assets	41,281	(4,529)
<u>36,752</u>	<u>37,906</u>	<u>(1,154)</u>	Total long term assets	<u>41,281</u>	<u>(4,529)</u>
<u>\$ 85,564</u>	<u>\$ 94,243</u>	<u>\$ (8,680)</u>	Total assets	<u>\$ 87,492</u>	<u>\$ (1,928)</u>
Current Liabilities:					
14,594	14,230	364	Trade payables	13,055	1,539
3,885	3,564	321	Accrued salaries and benefits	2,941	944
2,400	2,404	(4)	Other liabilities	2,402	(2)
<u>20,880</u>	<u>20,199</u>	<u>681</u>	Total current liabilities	<u>18,398</u>	<u>2,482</u>
Long-Term Liabilities:					
9,459	11,304	(1,844)	Unearned grant revenue	-	9,459
5,253	4,006	1,247	Estimated third-party payor settlements	4,006	1,247
6,003	6,003	-	Contingent & other liabilities	6,003	(0)
<u>20,715</u>	<u>21,312</u>	<u>(597)</u>	Total long term liabilities	<u>10,009</u>	<u>10,706</u>
Net Position:					
43,969	52,732	(8,763)	Unrestricted	59,085	(15,116)
<u>43,969</u>	<u>52,732</u>	<u>(8,763)</u>	Total net position	<u>59,085</u>	<u>(15,116)</u>
<u>\$ 85,564</u>	<u>\$ 94,243</u>	<u>\$ (8,679)</u>	Total liabilities and net position	<u>\$ 87,492</u>	<u>\$ (1,928)</u>



Statement of Cash Flow

As of the month ending January 31, 2024

Month of January		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date Actual	Year-to-Date Prior Year
Cash flows from operating activities:			
\$ 7,026	\$ 11,265	\$ 26,627	\$ 89,542
(3,676)	(6,616)	(18,439)	(74,649)
(4,079)	(4,653)	(18,347)	(59,965)
(4,242)	3,588	(3,507)	882
(4,970)	3,584	(13,666)	(44,189)
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	3	-
-	-	3	-
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	40,000
-	-	15,000	40,000
Cash flows from capital and related financing activities:			
23	-	-	-
-	(38)	84	5,493
(31)	(37)	(209)	(5,852)
(8)	(75)	(125)	(359)
(4,978)	3,509	1,212	(4,548)
42,128	45,345	35,939	53,402
\$ 37,151	\$ 48,854	\$ 37,151	\$ 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			