



UMC

UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: October 25, 2023

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

MTID=mfb91f7d139dd351ce1463aca24e8ebdc

2023 Fiscal Management Board of Directors

Angell Jacobs, Chair

Girume Ashenafi

Dr. Malika Fair, MD

Donita Reid-Jackson

Robert Bobb

Wayne Turnage

Dr. Jacqueline Payne-Borden

Dr. Gregory Morrow, MD



**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
FISCAL CONTROL BOARD OF DIRECTORS
NOTICE OF PUBLIC MEETING**

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, October 25, 2023. 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 –
September 27, 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. ADJOURNADJOURN**

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:
October 25, 2023**

**Reading and Approval of
Minutes**

Minutes Date:

September 27, 2023



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, September 27, 2023 3:30pm
Held via WebEx

Directors:

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

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 3:56pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir. Reid-Jackson, 2nd by Dir. Bobb unanimous vote.</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dir. Ashenafi, 2nd by Dir. Reid Jackson unanimous vote.</i></p>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> • In July, there were four (4) initial appointments, five (5) reappointments, and five (5) resignations. There are currently (248) Medical Staff members.

- There are a few contracts that currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting will be held September 13, 2023.
- The Medical Affairs is preparing the department to be Joint Commission ready.
- The Medical Staff welcomes Kushal Mehta, M.D. as the new Chairman for the Department of Radiology and would like to thank John Flynn, MD who was Interim Chairman since March 2023.
- Held QAPI meeting and went over presentations and project guidelines
- Daily patient safety huddles
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. June 2023 rates for ER and ER Holding are 0% and 10 %, respectively. (<10% of contaminated specimens is the Benchmark; 3% is the National average).
- These are down from April 2023 rates of 6% and 15%, respectively.
- Efforts to safely discharge two very long stay patients at UMC continue. The Director for Case Management, along with social workers have Involved entities within the District government to assist. Both stays range from 196 to 234 days. Meetings are now held with leaders of DC Department of Behavioral Health, DC Department of Healthcare Finance and DC Ombudsman to assist. Some barriers to discharge are related to services that could possibly be overruled by the District.
- A new social worker was hired to fulfill the GWU agreement for 24/7 social worker coverage in the emergency department.
- Performance Indicator - Case Management Initial Assessments are completed within 24 to 48 hours of admission. Target met at 93% 1st Qtr. At least twenty (20) charts are audited, and results are reported to Quality Improvement to ensure compliance with regulatory standards.
- August 2023 visit from the Joint Commission--Department of Pharmacy had no findings or citations from the triennial Joint Commission Hospital survey for hospital accreditation.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for May 2023, was\$20.42 and for June 2023 was \$22.61 CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$21,888 for the month of June 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 215 interventions documented via Meditech for June 2023.
- The Department of Behavioral Health (DBH) has invited the VP of Pharmacy Services to take part in the Hospital X Homelessness Workgroup.

MCOS Report – Dr. Francis O’Connell

- The Medical Affairs Department participated in the recent Joint Commission visit. We are awaiting the results from that visit.
- 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.
- The Medical Staff welcomed the newly appointed Chair of Radiology, Dr. Kushal Mehta and thanks the Interim Chair, Dr. Jack Flynn for his time and continued service to United Medical Center.
- There is a steady rise in COVID cases occurring in the DMV with more ED visits and hospital admissions of patients with COVID. Vaccination remains the best measure of prevention against serious illness. Additionally, the CDC released new guidance to the public about upcoming vaccinations which will now be shifted to a yearly vaccine schedule. CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Virus Season | CDC Online Newsroom | CDC
- There is a steady rise in prescribing of Narcan kits, Fentanyl testing strips and prescribing of buprenorphine at UMC and two additional peer recovery coaches were recently hired to aid in identifying patients with substance abuse disorders and coordinating access to detox/medical assisted therapy clinics. These targeted measures will undoubtedly aid in prevention of opiate overdose and assistance of those with substance abuse and opiate use disorder.
- The Medical Affairs Department participated in the recent Joint Commission visit. We are awaiting the results from that visit. 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

- UMC continues to monitor staffing for the hospital. Staffing is paramount for our customers.
- We on boarded several new UMC employees for the month of August to include a telemetry clinical supervisor, telemetry transporter, surgical technician, emergency department transporter, two emergency department technicians and a sitter. We look forward to onboarding two-part time emergency department technicians and a psychiatric technician in September. Offers are pending successful background checks and pre-employment physicals. UMC interviews are ongoing and departmental leaders are monitoring the UKG website for qualified candidates. Additionally, 8 agency nurses and 4 agency technicians were on boarded to supplement staffing.
- There were a total of 48 admissions for the month of August with an average daily census of 8. Education focused on scanning of armbands and medication to reduce medication errors for new employees. Suicidal Risk & Prevention training performed for new employees. Annual nurse competencies were completed. Annual relias competencies were completed. Education on the

hyperglycemia DKA/Tight Glucose Control protocol and monitoring of insulin accuracy for insulin administration continued.

- Critical value reporting decreased from 99% to 98.8% with real time coaching and review. Documentation compliance increased from 80% to 94.4%. Leadership will continue to discuss and monitor documentation trends and improvement strategies

Mot to accept CMO, CMOS, and CNO report by Dir. Bobb, 2nd by Dir. Ashenafi, 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 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.
- United Medical Center was successful with the announced triennial reaccreditation survey by the Joint Commission (TJC). The survey took place from August 8-11, facilitated by three surveyors. All survey findings were standard level and not “conditional” level findings. Conditional level findings is when an issue had been identified that has some level of severity and a level of spread/pattern throughout the hospital. Conditional findings would mean corrective actions would need to be addressed within 30 days and a revisit by TJC to confirm corrections. We are in the process of compiling our Evidence of Standard Compliance (ESC) to correct the standard level findings. The ESC is due to the TJC NLT 11 October. UMC running UMC was evident during the very demanding survey activities. The Executive Leadership team express a sincere thank you to all employees for their commitment and dedication to the hospital and community not only during the survey but also on a daily basis.
- The hospital is in the window for the annual visit by DC Health. Operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional; and that quality and safety are preserved.
- Leaders continue to be diligent with the goal of decreasing over time (OT) usage. Despite leaders’ diligence, there are fluctuations in OT usage due to variables including call outs. Patient Care Services (PCS) is in the process of providing a dedicated time keeper to enhance accountability, accuracy and compliance related to OT with the expectation of positive change as we approach FY24.

- continued access to training space. There were no security risks/attacks for the month of July and August.
- 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.
- The Information Technology Department accomplished the following as part of monthly activities: all updates for applications, provided biometric enrollments for agency staff; starting in October all agency staff will be clocking in versus manual - enhanced time keeping, built dictation templates for cardiologist to improve turnaround times. In addition, successfully moved the secondary 2019 servers to the disaster recovery system in case of a main data center failure; this ensures high availability. As part of upgrading the email server, successfully migrated all users to the exchange 2019. Installed and configured multiple CCTV cameras throughout the hospital and facilitated a dedicated training room for physicians for enabling
- Plans are well on the way for the implementation of the UMC Voluntary Training Program that is exclusive only to UMC Eligible Employees. The voluntary training program will support meeting quality and hiring standards of the Cedar Hill Regional Medical Center, other medical centers, and healthcare professions. The District, through the DC Department of Health Care Finance (DHCF), GW Health/UHS has established and will operate the voluntary workforce development program to interested, eligible United Medical Center (UMC) employees. Hybrid information sessions and actual roll out of the program, are projected for early FY24.
- 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.
- Two students from Coolidge High School who are interested in health care, completed a 6 week internship Health Care Summer Immersion Program through a partnership and support of DC Hospital Association. Post intership, the students remain interested in a career in health care and were in awe of the various career options within the healthcare field.

Mot to accept CEO report by Director Bobb, 2nd by Director Ashenafi., unanimous vote.

<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <p style="text-align: center;"><i>Mot to accept financials by Dir. Turnage, 2nd Director Bobb</i></p> <ul style="list-style-type: none"> • Total operating revenues are higher than budget by 55% (\$5.3M) MTD due to additional \$7M subsidy from the District, but lower than budget by 2% (\$2M) YTD primarily due to reduction in Disproportionate Share (DSH) and other decrease in activity as stated below. • Net patient revenue is lower than budget by 6% (\$403K) MTD and 4% (\$2.7M) YTD due to the following: <ul style="list-style-type: none"> • Admissions are lower than budget by 9% MTD and 3% YTD. • Emergency room visits are higher than budget by 1% MTD but lower than budget by 3% YTD. • Clinic visits are lower than budget by 8% MTD and 17% YTD. • Total surgeries are lower than budget by 12% MTD and 10% YTD. • Radiology visits are lower than budget by 43% MTD but higher than budget by 4% YTD. • Total operating expenses are higher than budget by 7% (\$710K) MTD. Although YTD operating expenses are on target, below are contributing factors to budget balancing challenges: <ul style="list-style-type: none"> • Salaries are higher than budget by 11% (\$345K) MTD and 9% (\$3.2M) YTD due to overtime. • Overtime is higher than budget by 138% (\$172K) MTD and 124% (\$1.7M) YTD. • Contract labor is higher than budget by 218% (\$1.2M) and 80% (\$5M) YTD directly related to agency use. • Employee benefits are higher than budget by 24% (\$216K) and 18% (\$1.8M). • Professional fees are lower than budget by 32% (\$533K) MTD and 26% (\$4.8M) YTD. • Purchased services are lower than budget by 30% (\$385K) MTD and 25% (\$3.5M) YTD. • Other expenses are lower than budget by 10% (\$108K) MTD and 18% (\$2.3M) YTD. <p style="text-align: center;"><i>Unanimous vote.</i></p>
<p>Public Comment</p>	
<p>Closed Session</p>	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Ashenafi, 2nd by Director Bobb</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call</i></p>

	<p>Open Session ended at approximately 4:40 pm.</p> <p>Closed session began at approximately 4:43 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Bobb, 2nd by Reid-Jackson</p> <p>Mot to approve new appointments, reappointments as presented by Director Bobb, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir. Ashenafi, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Director Bobb.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:57pm</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 Dir Bobb</p> <p>Meeting adjourned at approximately 5:02 pm.</p>



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Monthly Board Meeting

Date: October 25, 2023

Consent Agenda



UMC
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**Monthly Board
Meeting**

**Date: October 25,
2023**

**CMO Report ,
September 2023**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

September 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In September, there were seven (7) initial appointment, nineteen (19) reappointments, and (0)resignations. There are currently (253) 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.
- The Medical Affairs Office worked with the Quality Department to establish a plan correction for the Medical Staff OPPE process.
- Medical Affairs is preparing for UMC Annual DC Department of Health survey that is due in November 2023.

Quality and Patient Safety

August 2023 Accomplishments:

- 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
- 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
- QRDA files for the Hybrid measure(s) were submitted to CMS by Medisolv for the voluntary reporting period of July 1, 2022- June 30, 2023.

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

Accomplishments:

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 (4) weeks. UMC had 19 COVID-19 admissions in August and September 2023.

The number of COVID-19 positive employee for Aug was 23 and decreased to 6 in Sept 2023.

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.

Monthly Surveillance Data:

- 3rd Quarter 2023 - 210 Ventilator Days – 0 infections
- 3rd Quarter 2023 - 213 Central Line Device Days – 0 infections
- 3rd Quarter 2023 - 312 Urinary Indwelling Device Days 0 infections
- 3rd Quarter 2023 - 0 cases of VRE HAI hospital-wide for a year to date infection rate of 0.2
2 cases of VRE CA hospital-wide for a year to date rate of 1.2
- 3rd Quarter 2023 - 1 case of C Difficile HAI hospital-wide for a year to date rate of 0.1
- 3rd Quarter 2023 - 0 cases of MRSA HAI for an infection rate of 0 for a year to date rate of 0.1
68 cases of MRSA CA screened positive hospital-wide for a year to date rate of 10.1
1 case of C Difficile CA hospital-wide for a year to date rate of 0.2
- 3rd Quarter 2023 - 678 persons were observed compliant with hand hygiene for a rate of 95.6%

Case Management Department

Pharmacy & Therapeutics:

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for June 2023, was \$22.61 and for July 2023 was \$17.82, August saw an increase with \$28.84 per patient day; however, overall averages 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 \$19,550 for the month of July 2023 and \$24,234 for August 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 219 interventions documented via Meditech for July 2023 and 233 interventions documented for August 2023.
- Kick off for NFPHC Pyxis Automated Dispensing Medication Machines software has been initiated. This process will ensure that all Pyxis machines and Anesthesia Carts remain functional until slated closure date of hospital.
- Substance Use Disorder project initiative underway 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. Information collected will be used to improve participation of providers and assisted treatment for at risk patients in the Ward 8 Community.
- 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 74 doses of Suboxone distributed YTD for both In-patient and ED since the DEA X-waiver removal.
- August and September had a total of 42 Narcan Kits and 210 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. DCHA has reached out to discuss further the success of our distribution program and further Peer Recovery Coach informational sessions.
- 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. Upcoming LLDC Stakeholder meeting to focus on “messaging around data/information and communication”, within the District.
- 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 September 2023:

Emergency Room:



Inpatient:



Sincerely,



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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: October 25,
2023**

**Medical Chief of Staff
Report for
September 2023
Dr. Francis
O'Connell, Medical
Chief of Staff**



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

OCTOBER 2023

Re: Chief of Staff Monthly Report

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

There remains a consistent number of COVID cases occurring in the DMV with continued ED visits and hospital admissions of patients with COVID. Vaccination remains the best measure of prevention against serious illness. New vaccinations, which were shifted to a yearly vaccine schedule, are now available throughout the community. [CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Virus Season](#) | [CDC Online Newsroom](#) | [CDC](#)

During the second half of October, part of the Behavioral Health Unit (male side) will be closed for essential renovations. The hospital administrative team has been proactive in notifying EMS, police, regional hospitals, and other stakeholders on the unit's temporary closure. There is also a mitigation strategy for patients who need acute mental health services that present to the UMC ED. One of the lingering issues with the mitigation strategy, however, is the delay of transferring of patients via ambulance. Transportation delays remain a problematic area for the hospital that involve all ED and inpatient transfers and discharges. The hospital continues to explore other avenues to accommodate the need for transportation services.

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.

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



Amaechi Erongu, M.D., Chairman

SEPTEMBER 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for September 2023 was 94 and 118 in August 2023. There has been a decrease in volume of surgery cases within the last month. We would continue to support the growth in all aspects.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance, for the months of 2023, with a goal to ensure 100% compliance for 2023. All perioperative benchmarks: QAPI are consistently at 100% compared to benchmarks. All relevant quality metrics are documented in the various anesthesia record for easy access and reference.

VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We have continued to assist providers on the appropriate use of the access service for quality patient care.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. We had a total of 24 cases in September 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	
NOV	195	133	153	137	127	
DEC	192	156	146	132	110	
TOTAL	2,331	2136	1559	1748	1488	

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



Mina Yacoub, M.D., Chairman

SEPTEMBER 2023

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

For September, the Intensive Care Unit had 52 admissions (45 in August), 49 discharges (43 in August), and 247 Patient Days. Average Length of Stay (ALOS) for September was 4.6 days and ICU managed a total of 52 patients. The average daily census remained low at 8 patients (was also 8 in August). There were no returns to ICU within 24 hours of transfer out.

September 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

In September, the ICU had 69 ventilator days, with no Ventilator Associated Pneumonia (VAP), 88 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 53 Urinary Indwelling Device days with no Catheter Related Urinary Tract Infections (CAUTI). ICU infection control data is compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report for details.

Rapid Response and Code Blue Teams

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

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

September 8, 2023



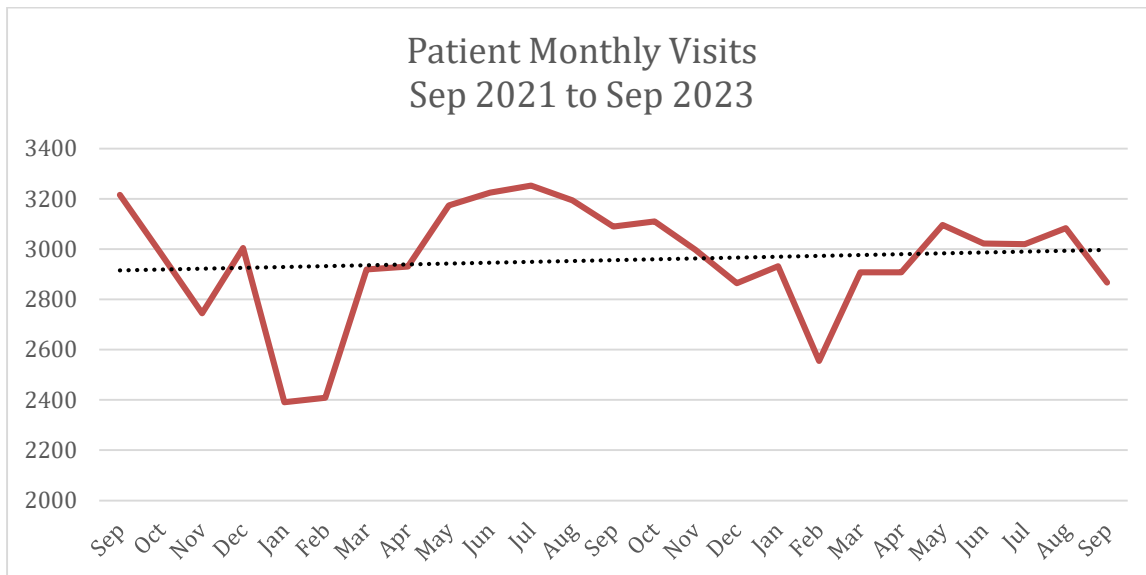
Francis O'Connell, M.D., Chairman

SEPTEMBER 2023

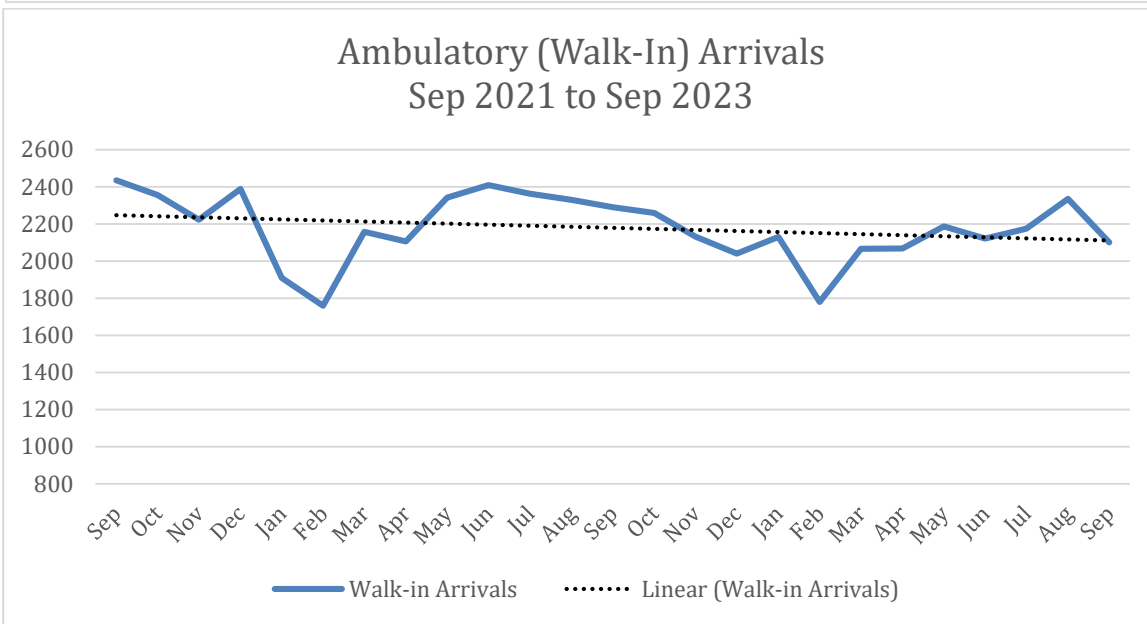
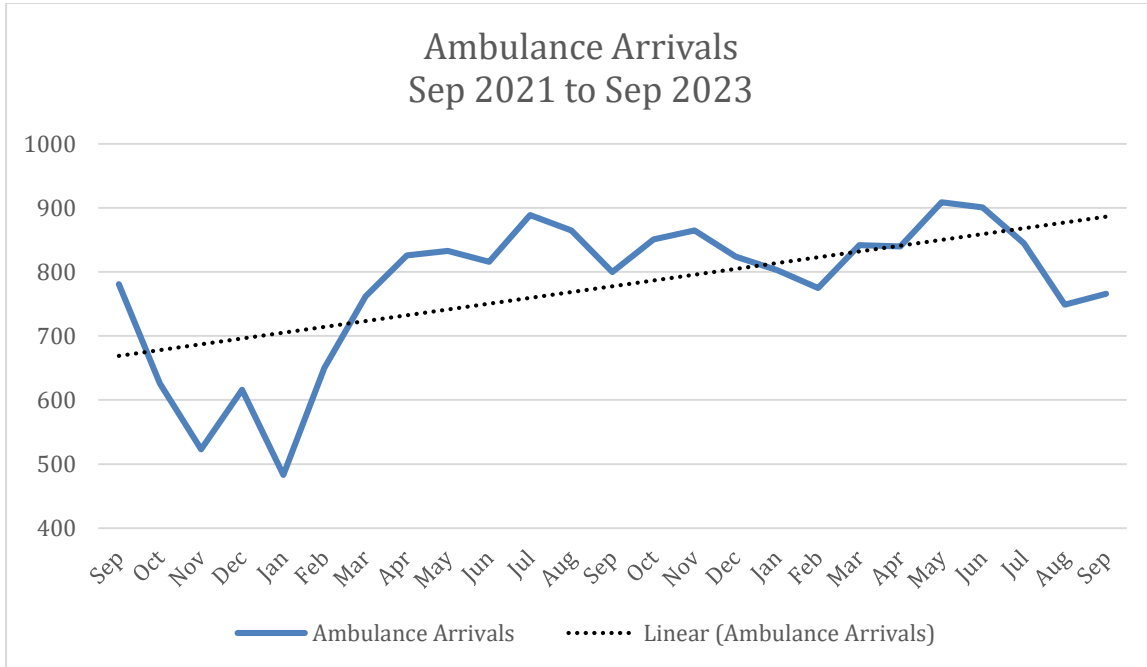
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for September 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

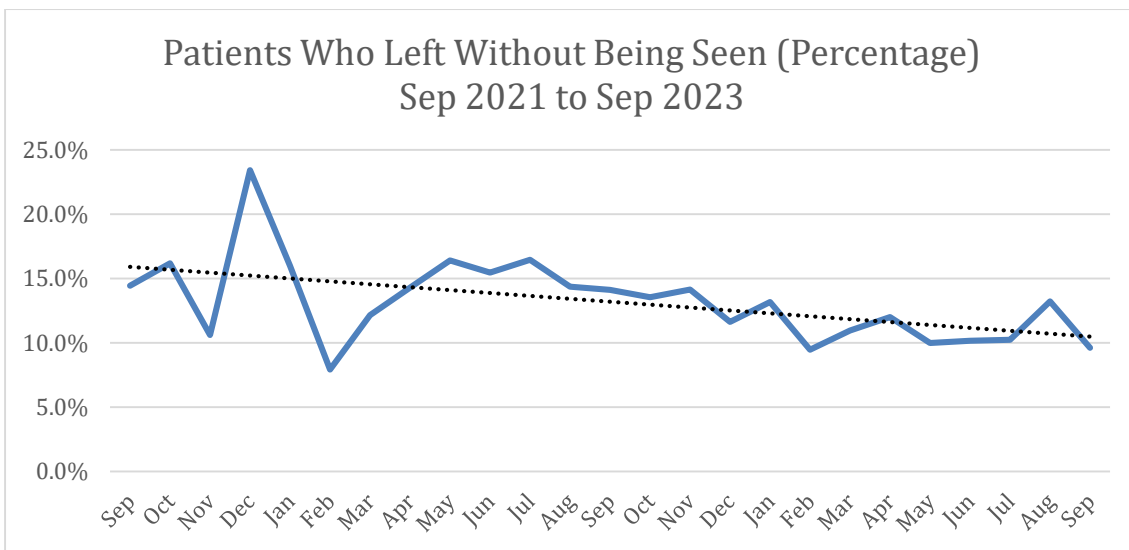
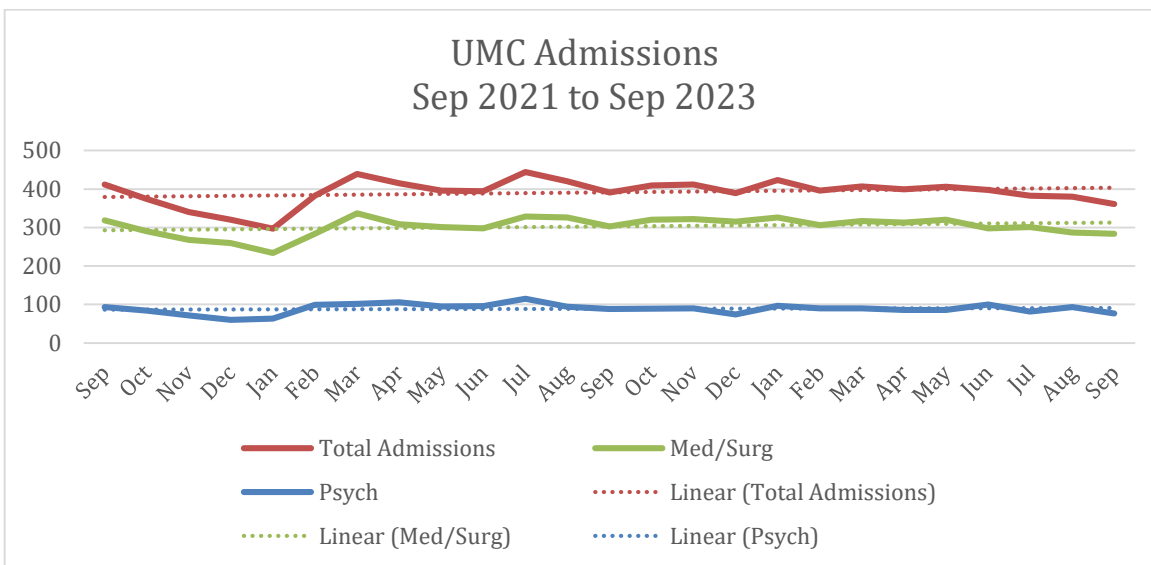
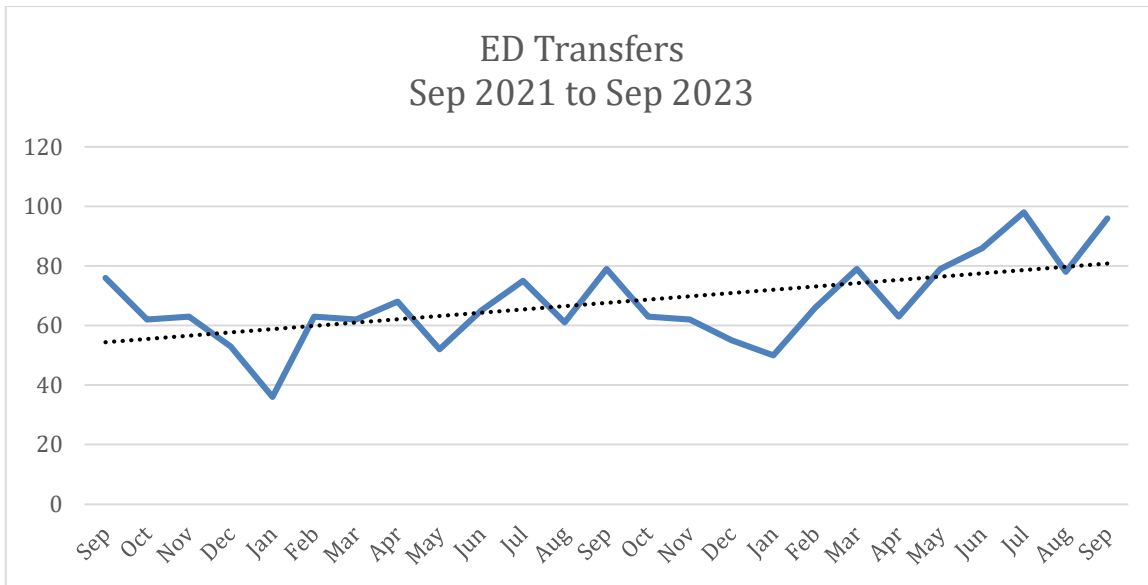
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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						
	Sep 2021	%	Sep 2022	%	Sep 2023	%
Total patients	3215		3089		2867	
Daily Avg Census	107		103		92	
Ambulance Arrivals	781	24.3%	800	25.9%	766	26.7%
Admit	412	12.8%	391	12.7%	361	12.6%
• Med Surg	319	9.9%	303	9.8%	284	9.9%
• Psych	93	2.9%	88	2.8%	77	2.7%
Transfers	76	2.4%	79	2.6%	96	3.3%
LWBS	464	14.4%	436	14.1%	276	9.6%
Ambulance Admission Rate	31.2%		31.5%		28.6%	
Walk-In Admission Rate	6.9%		6.1%		6.8%	

Analysis:

1. The data reported this month includes data from the past three years.
2. The monthly census for Sep 2023 declined slightly from the previous month driven largely from decreased walk-in visits. The census trend for the last two years remained stable over the last 20 months.
3. The total number of ambulances arriving to UMC increased slightly from Aug 2023, and remained stable over the past 20 months.
4. The total number of medicine admissions was similar to the previous month and down from August 2021 and 2022. The number of admissions for the past 20 months remained stable. The percentage of admissions (from the total census) remained steady.
5. The number of ED Transfers increased from the previous month with an increasing trend.
6. The percentage of patients who left without seeing a provider (LWBS) declined from previous month with negative 2-year trend.
7. The monthly number of walk-in patients visiting the ED declined from the previous month with slight negative trend over the last 20 months.
8. Ambulance visits continue to be a major contributor to higher acuity ED volume and admissions.

The trends for ED visits remained 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 are integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

Ambulance traffic and LWBS, based on previous years' data, appear to be the most sensitive to changes in the efficient movement of patients through the ED (i.e. throughput). Nursing /technician (ED tech)/sitter staffing and boarding impact throughput the most.

Over the last year, ED nursing staffing stabilized and more recently more ED techs were introduced into the ED which improved throughput and reduced the LWBS. This led to stabilization of ambulance traffic and walk-in visits.

Episodic boarding of patients in the ED remains an issue. Largely driven by decreased nursing staffing on the inpatient units and delayed transports, for discharges and transfers, ED boarding reduces throughput (bed availability). ED boarding also leads to worse patient outcomes as patients are unable to get the routine, timely and necessary interventions that they would otherwise get on the inpatient units. While hospital administration actively seeks remedies for ED boarding, its presence further limits improvement in throughput, ambulance arrivals and LWBS.

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

SEPTEMBER 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				967
HOSPITAL	133	118	96	121	117	95	99	100	88				967
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
REGULAR													
MEDICINE	196	192	220	196	201	210	204	182	199				1800
HOSPITAL	299	289	320	294	297	319	293	282	279				2672
PERCENTAGE	66%	66%	69%	67%	68%	66%	70%	65%	71%				68%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118	98	94	106	84				962
HOSPITAL	127	123	95	117	118	98	94	106	84				962
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
REGULAR													
MEDICINE	160	153	154	163	154	180	163	136	161				1424
HOSPITAL	255	255	249	261	240	299	247	237	238				2281
PERCENTAGE	63%	60%	62%	62%	64%	60%	66%	57%	68%				62%
PROCEDURES													
HEMODIALYSIS	131	119	186	155	194	187	121	162	104				1359
EGD'S	19	23	22	17	24	14	14	26	12				171
PEG'S	3	1	2	8	7	3	3	2	1				30
COLONOSCOPY	23	19	31	24	24	22	16	25	16				200
ERCP	0	0	0	0	0	0	0	0	0				0
BRONCHOSCOPY	0	0	1	0	1	0	1	0	0				3
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0				0
Cases Reviewed	0	0	0	0	0	0	0	0	0				0
Cases Closed	0	0	0	0	0	0	0	0	0				0

Department of Medicine met on September 13, 2023.

The next meeting is December 13, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sree Devi Kurella, M.D. Chairwoman

SEPTEMBER 2023

Month	01	02	03	04	05	06	07	08	09	10	11	12
Reference Lab test – PTH (3D TAT) (93% 14	100%\	100%	Not submitted as of 5/11/23	100%	100%	100%	100%	100%			
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100% 16/16	100% 16/16	100% 16/16	Not submitted as of 5/11/23	100% 16	100% 16	100% 16	100% 16	100% 16			
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/in cubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2	1.2	1.2	1.1	1.1	1.1	1.1	1.1			
Wasted/Expired Blood and Blood Products Goal 0	1	0	0	1	4	0	1	2	0			
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Hematology Analytical PI Body Fluid	100% 8/7	100% 14/12	100% 8/8	100% 6/6	100% 6/6	100% 6/4	100% 7/7	100% 11/9	Not complete			
Sickle Cell	0/0	1/1	0/0	0/0	0/0	0/0	0/0	1/1	Not complete			
ESR Control	100% 44/22	100% 59/25	100% 75/25	100% 68/30	100% 70/28	100% 54/26	100% 64/26	100% 49/25	Not complete			
Delta Check Review	100% 137/137	100% 128/128	100% 199/199	100% 191/191	100% 192/192	100% 137/137	100% 152/152	100% 125/125	Not complete			
Blood Culture Contamination – Benchmark 90%	100% ER Holding 87% ER 100% ICU	97% ER Holding 91% ER 96% ICU	100% ER Holding 86% ER 98% ICU	Not submitted as of 5/11/23	100% ER Holding 90% ER 98% ICU	100% ER Holding 90% ER 98% ICU	95% ER Holding 87% ER 94% ICU	96% ER Holding 84% ER 96% ICU	95% ER Holding 86% ER 97% ICU			

STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	92% ER 92% Lab	93% ER 93% Lab	92% ER 92% Lab	Not submitted as of 5/11/23	95% ER 93% Lab	95% ER 94% Lab	94% ER 91% Lab	93% ER 93% Lab	80% ER 94% Lab			
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation				

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

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

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

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

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

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



Shanique Cartwright, M.D., Chairwoman

SEPTEMBER 2023

UMC Behavioral Health Unit September 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			
Voluntary Admissions	31	30	40	45	27	78	31	33	31			
Involuntary Admissions = FD12	83	109	100	87	67	29	58	64	51			
Total Admissions	114	139	140	132	94	107	89	97	82			
Average Daily Census	17	21	19	18	16	15	13	14	10			
Other Measures												
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	4.5	2.9	4.5	3	3.5			
# TeleCourt Meetings (Pt Hearings)	0	0	0	1	0	0	0	0	0			
# Psych Consultations	94	170	243	170	134	117	119	147	124			
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	74%	66%	62%	53%	60%			
Discharge												
Discharges	102	147	143	138	98	118	87	99	78			

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



Kusha Mehta, M.D., Chairman

SEPTEMBER 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	64		755		143		962	
Fluoro	4		1		31		36	
Mammography					98		98	
Magnetic Resonance Angio	1		5		0		6	
Magnetic Resonance Imaging	25		9		25		59	
Nuclear Medicine							0	
Special Procedures	4		0		0		4	
Ultrasound	65		196		111		372	
X-ray	73		996		480		1549	
CNMC CT Scan			50				50	
CNMC X-ray			538				538	
Grand Total	236		2550		888		3674	

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

JULY 2023

For the month of September 2023, the Surgery Department performed a total of 95 procedures. The chart and graph below show the annual and monthly trends over the last 10 years:

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
OCT		194	191	181	177	214	211	175	146	135	150
NOV		137	157	150	196	152	196	138	156	137	127
DEC		143	183	210	191	153	192	156	146	132	110
QUARTER TOTALS		474	531	541	564	519	599	469	448	404	387
JAN	173	159	183	147	216	155	210	195	147	121	111
FEB	134	143	157	207	185	194	180	167	153	126	106
MAR	170	162	187	215	187	223	158	82	133	146	144
Q QUARTER TOTALS		464	527	569	588	572	548	444	433	393	361
APRIL	157	194	180	166	183	182	211	57	156	148	126
MAY	174	151	160	176	211	219	186	74	159	123	128
JUNE	159	169	175	201	203	213	177	126	172	113	108
Q QUARTER TOTALS		514	515	543	597	614	574	257	487	384	362
JULY	164	172	193	192	189	195	186	140	177	103	92
AUG	170	170	174	202	191	203	193	161	155	114	119
SEP	177	168	166	172	171	191	182	162	126	124	95
H QUARTER TOTALS		510	533	566	551	589	561	463	458	341	306
ANNUAL TOTAL	1478	1962	2106	2219	2300	2294	2282	1633	1826	1522	1416

This month ended with a **20% decrease** compared to last month and a **23% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Fewer Inpatient surgery
- Lower Clinic visits and elective surgery

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary. We have reinstated mandatory COVID-19 testing for all outpatient procedures as of September 25, 2023

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

<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.

Respectfully,



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



UMC

**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting**

**Date: October 25,
2023**

**Nursing Department
Report for
September 2023**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report September 2023

Overall State of Nursing Department(s)

Staffing:

Staffing is a daily task and remains paramount for our customers. We did not onboard any new UMC staff in September. We look forward to onboarding more staff next month; offers are pending successful background checks and pre-employment physicals. UMC departmental leaders continue to monitor the UKG website frequently for qualified candidates. There were 16 agency staff members on boarded to supplement staffing; unfortunately, 3 of the 16 supplemental staff were not successful.

Performance Improvement:

There were two HAPI's for the month of September.
Nursing continues to prepare for the annual Department of Health (DOH) survey.
Nursing leadership continues to make frequent rounds and engage with staff.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
September	60	9	0	3	6	2

Education

There were a total of 60 admissions for the month of September with an average daily census of 9. Education focused on scanning of armbands and medication to reduce medication errors. Suicidal Risk & Prevention training performed for new employees. Education on the hyperglycemia DKA/Tight Glucose Control protocol and monitoring of insulin accuracy for insulin administration continues. Braden score assessments, repositioning and protecting patient's bony prominences and narcotic waste is ongoing.

PI Initiatives

- 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

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
September	92	23	69	0	0	0	0

Education

CONVATEC dressing
 Annual competency cleaning & processing of flexible endoscopes

PI Initiatives

Patient Satisfaction – post up calls by ASU
 Pain Management/Care Plan/ Chart Audits
 Patient Readiness – consents
 Patient Satisfaction Survey – post op

Service Recovery

In real time

DIABETES

There were 16 DKA insulin drips for the month of September. Insulin audits for accuracy and compliance continues. Staff education begins during onboarding, annually and as needed.

Emergency Department

ED Metrics Empower Data	Sept				
Visits	2867				
Change from Prior Year (Visits)	3088				
% Growth	-7.71				
Ambulance Arrivals	766				
Ambulance Admissions	216				
Ambulance Patients Admission Conversion	0.28				
% of ED patients arrived by Ambulance	0.27				
% of ED Ambulance Patients Admitted	0.28				
Triage Time	20				
Physician Time	105				
Disposition Time	254				

ED Metrics Empower Data	Sept				
Door to triage	20				
Door to room	93				
Door to provider	105				
Door to departure	254				
Decision to admit to floor	376				

Education

Departing patients properly
 EKG for chest pain <10 minutes- added EKG machine in quick look
 Accurate and precise property list documentation
 FD12 patient- contraband search on property list must be completed
 Relias- complete LGBTQ+ modules- culturally competent
 Sitter documentation- handoff must be documented
 Death checklist-must be completed in Meditech. & WRTC must be called within 1 hour of death
 Meditech training for agency staff & Contraband search & disposal and sitter guidelines review
 Contraband search & disposal policy and sitter guidelines for ER new hire

PI Initiatives

sitter FD12 hourly documentation/sitter handoff
 Property list documentation for FD12
 EKG <10minutes

Service Recovery

none

Respiratory Therapy

Ongoing huddle education and preparation for DOH.

PI Initiative

Critical value reporting 98.7% with real time coaching and review improving compliance.
 Documentation compliance 90%. Leadership will continue to discuss and monitor documentation trends and improvement strategies

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
Sept	14	30	48	9	12	18	0	0	20	151

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Sept	82	10	0	3.9	78	0	0	1	0	0
	FD12 – 51									
	Vol -31									

Education

Education focused on restraints, seclusion, medication reconciliation and documentation of patient property.

PI Initiatives

Appropriate documentation of patient property and reconciliation from the emergency department.

Pain audits

Restraint/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: October 25,
2023**

**Executive
Management Report
for September 2023**

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



Executive Leadership Board Report September 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:

United Medical Center's Quality Department submitted to The Joint Commission (TJC) the Evidence of Standard Compliance (ESC) to correct the standard level findings from the TJC survey in August. The ECS was accepted by TJC on initial submission as it did not require any modifications. The hospital is in the window for the annual visit by DC Health. Operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional, and that quality is preserved.

Annual Mandatory Influenza Immunization Campaign will begin in October for employees. This is a mandatory requirement that needs to 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, there is no requirement for mandatory Covid-19 booster.

At present, there are routine delays with timely discharges due to ambulance transportation barriers that impacts hospital throughput. Therefore, UMC is actively seeking a second vendor to provide ambulance transportation services to ensure coverage for timely and safe discharge for both the ED and inpatient units.

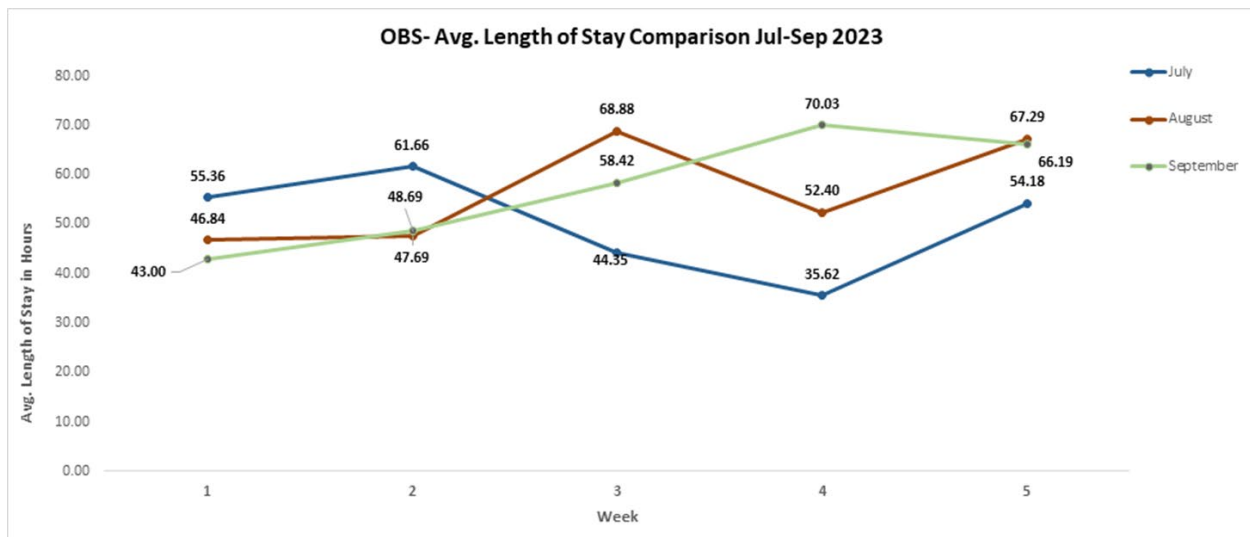
The Information Technology Department accomplished the following as part of monthly activities: all updates for applications, provided price transparency data extract, completed U.S. core data for interoperability - required for promoting interoperability attestation for CY 2023. Successfully set up Windows server 2016 terminal with 100 licenses to replace an end-of-life terminal server, installed new Quad security camera to visualize the helipad from the roof, and improved Wi-Fi signal in the ED by installing additional access points. There were no security risks/attacks for the month of September.



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

Weeks	2023		
	Jul	Aug	Sep
Week 1	55.36	46.84	43.00
Week 2	61.66	47.69	48.69
Week 3	44.35	68.88	58.42
Week 4	35.62	52.40	70.03
Week 5	54.18	67.29	66.19



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 repair of chillers are complete. Repairs and modernization of other systems are at various phases of completion.



Community Partnerships

On National Voters Registration Day, UMC hosted Delta Sigma Theta Sorority, Inc. as they provided outreach and assisted community members with voter registration.

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.

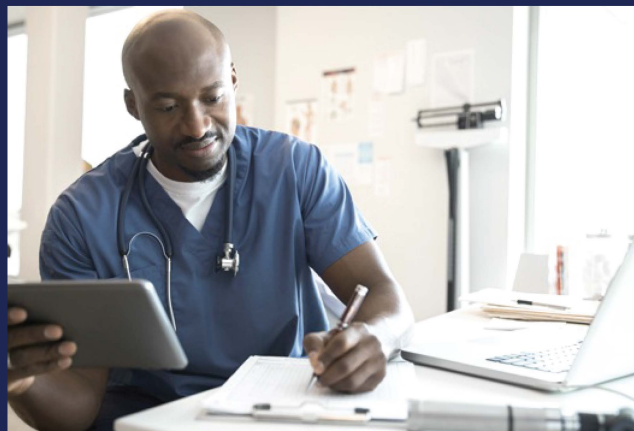
Dates have been solidified for the upcoming Information Session for the Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC. Dates are Oct. 10, 11, and 12 at select hours to capture a wide audience. The information sessions will be hybrid; both in person and via zoom. The program launch will be on November 6th.

***See attached flyer for details.**

Respectfully submitted,

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

YOUR PATH TO THE FUTURE



STARTS HERE!

An exciting NEW opportunity awaits you!
Join us for the upcoming Information Sessions.

UNITED MEDICAL CENTER'S VOLUNTARY HEALTHCARE PROFESSIONAL TRAINING PROGRAM

Learn how you can be part of the incredible journey to the Cedar Hill Regional Medical Center GW Health and Healthcare Delivery System, and other regional healthcare systems.

WHAT IS THIS?

A series of Information Sessions to Launch the NEW UMC Voluntary Healthcare Professional Training Program for Current Eligible UMC Employees.

- Information Session #1 - Tuesday October 10, 8am-9:15am
- Information Session #2 - Wednesday October 11, 3:30pm-4:45pm
- Information Session #3 - Thursday October 12, 7:30pm-8:45pm

WHY ATTEND?

- Find out how this program can elevate your career
- Explore exciting prospects at Cedar Hill Regional Medical Center GW Health
- Get answers to all your questions

WHAT TO BRING? Just your interest and questions. We've got the rest covered!

WHERE TO JOIN? All sessions are available in-person at the UMC Auditorium and virtually via ZOOM.

- To join the ZOOM, click on the link <https://bit.ly/UMChealthcaretraining>
- Meeting ID: 688 266 8519
- Passcode: cP3TK5

Learn about the training opportunities designed to equip you with the skills you need to shine in your next job. Secure your spot at the Information Sessions and embark on a journey of growth, learning, and success.



THE GEORGE WASHINGTON
UNIVERSITY HOSPITAL



United Medical Center's NEW Voluntary Healthcare Professional Training Program Frequently Asked Questions (FAQs)

What is the Voluntary Healthcare Professional Training Program?

The United Medical Center's NEW Voluntary Healthcare Professional Training Program is open to current UMC eligible employees. The District, through the DC Department of Health Care Finance (DHCF), will work with an accredited entity with healthcare and training expertise, to establish a voluntary workforce development program that complies with L23-138 (Training Program or Program), whereby interested United Medical Center employees can voluntarily receive trainings that support meeting the quality and hiring standards of the Cedar Hill Regional Medical Center GW Health, other regional medical centers, and medical opportunities. The new hospital will require qualified, eligible healthcare professionals to support operations. Per the legislative requirements, L23-138, the New Hospital at St. Elizabeths Act of 2020, and its component Operations Agreement (in pert. part):

- *Section 8.4.4. "At least two(2) years before the [New] Hospital Opening Date, the District shall, in coordination with the Operating Entity, establish training program(s) such that then-current UMC employees who are interested in pursuing a career at the [New] Hospital can receive training they may need to meet the quality and hiring standards of the [New] Hospital. The training shall be from an accredited provider(s) selected by the District and shall align with any quality hiring standards established by the [New] Hospital."*

Who is eligible for the program?

The voluntary training program will initially be open to all full-time UMC employees, defined as those who were hired to work 0.9 FTE or greater. Based on staff interest and enrollment, a determination will be made later this year regarding expanding the program to include part-time staff.

Do I have to be a District resident to participate in the training?

No. UMC employees hired to work 0.9 or greater, may participate regardless of residency, as long as they are able to commit the time required to complete training.

Who is the training provider?

The George Washington University Hospital (GWUH) is the District's selected training provider and has sole responsibility for Program education (training modules, course assignments, training support). The selected training modules relate to the quality and hiring standards of the New Hospital.

Where will training take place?

Training is virtual and self-paced. You may take training at home in your leisure time or between shifts at UMC. The UMC Training Lab and nearby Conference Room will be available to Participants.

Is there a cost for this Voluntary Training Program?

No. Training is available at no-cost to current eligible UMC employees (see above for eligibility).

Can I apply for other jobs with this training?

Yes. Training is accredited. While the selected training modules relate to the quality and hiring standards of the New Hospital, eligible employees will obtain credentials and certifications which they can use to apply for other Hospitals and Health Systems, regional medical centers and healthcare professions.



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Does participation in this training guarantee employment in the New Hospital?

No. Training is intended to make any employee more competitive in the hiring process. Per the legislative requirements, L23-138, the New Hospital at St. Elizabeths Act of 2020, and its component Operations Agreement (in pert. part):

- *Section 8.4.5. The “Operating Entity shall provide preference in hiring for employment at the [New] Hospital first to qualified employees of UMC who meet the minimum standards for employment established by the [New] Hospital.*

Is training required?

No. Training is voluntary for current eligible employees only. An employee may not want or need to participate in the training. There is no penalty for not taking the training. There is one exception: For any UMC employee who wishes to apply and be considered for hiring at the new Hospital and Health System, the "**New Hospital/ GW Culture and Organization**" module will be MANDATORY.

What’s included in the training content?

eLearning modules reflect skills needed for potential New Hospital and regional medical center positions, as well as the credentials and certifications required by other healthcare professions. The specific Training modules used are subject to change, but the content will include the following: (i) nursing; (ii) clinical (non-nursing); (iii) non clinical and EVS; and (iv) New Hospital/ GW Culture and Organization (mandatory). The content for the virtual training model includes:

- **Jane Assessments:** List of courses available for clinical staff. These courses utilize Artificial Intelligence (AI) in assessing the knowledge, skills, critical thinking, and behavioral fit. Based on the identified knowledge and skills gaps, the learner will be provided with a series of educational offerings to address the gaps. This section also offers basic and advanced cardiac rhythm identification courses.
- **HealthStream Procedural-RN:** This section offers a list of courses that address patient safety and care quality in procedural and specialty areas.
**If you’re familiar with the Relias platform used by UMC, HealthStream is very similar.*
- **Clinical:** This section offers courses for non-nursing clinical areas: Respiratory Therapy, Radiology, Mammography, Pharmacy and Rehab
- **Non-Clinical and EVS:** This section lists courses for Dietary staff, Admitting, EVS, Engineering, Biomedical Engineering and business assistants and Patient Greeters
- **New Hospital/ GW Culture and Organization (MANDATORY):** For any UMC employee who wishes to apply and be considered for hiring at the new Hospital and Health System.

For the full list of available courses, please see the document labeled "UMC Training List of Courses" attached in this email.

In addition to clinical and non-clinical eligible employees, is training available for management?

No. Training is not available for management through the platform. However, "Professional Development" modules are available for clinical and non-clinical eligible employees.



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When will information sessions and training begin?

Three (3) Information Sessions will take place in mid-October. Training will begin on Monday, November 6, 2023.

- Information Session #1 - Tuesday October 10, 8am-9:15am
- Information Session #2 - Wednesday October 11, 3:30pm-4:45pm
- Information Session #3 - Thursday October 12, 7:30pm-8:45pm

What are the days and hours required for training? YOU will let us know when you can begin. Training is self-paced and it is your responsibility to carve out time to complete your training commitment. Participants have 90 days to complete their courses once initiated. The duration of individual courses vary between 30 minutes and two hours, Please note, some courses/assessments include individualized learning paths and completion may take up to 20 hours.

How do I register for enrollment/ what is the application process? If you wish to enroll in the program, please email your immediate supervisor and the two Program Administrators listed below, Ms. Kmiecik and Ms. Falby. Please include the following information:

1. Your First and Last name
2. Your Email address
3. Phone number where you can be reached
4. Your job title (e.g. RN, PCT, engineer, MRI Tech, etc.)
5. Name of your Department (e.g. Surgical ICU, Labor and Delivery, Med-Surgical Unit, Radiology, EVS)
6. Full time status (0.9 FTE or greater)

Who is the Program Administrator?

The Program Administrator is Elzbieta "Liz" Kmiecik (GWUH). The Program POC for UMC is Alysia Falby.

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**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting**

**Date: October 25,
2023**

**Financial Report
Summary**

September 2023

**Lilian Chukwuma
Chief Financial Officer**