



**UMC**  
**UNITED**  
MEDICAL CENTER

## **Monthly Board Meeting**

**Date: November 29 2023**

**Meeting Link: [https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD\\_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d139dd351ce1463aca24e8ebdc](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 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, November 29, 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](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](http://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 –October 25, 2023**
- V. CONSENT AGENDA**
  - A. Dr. Gregory Morrow, MD- Chief Medical Officer**
  - B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
  - C. Teka Henderson - VP of Nursing**
- VI. EXECUTIVE MANAGEMENT REPORT**  
**Dr. Jacqueline Payne-Bordern, CEO/CNO**
- VII. FINANCIAL REPORT**  
**Lillian Chukwuma, Chief Financial Officer**
- VIII. PUBLIC COMMENT**
- IX. CLOSED SESSION**
- X. OTHER BUSINESS**
  - A. Old Business**
  - B. New Business**
- XI. ANNOUNCEMENTS**
- XII. ADJOURNMENT**

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



**UMC**

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**Monthly Board  
Meeting**

**Date: November  
29, 2023**

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**Reading and Approval of  
Minutes**

**Minutes Date:**

**October 25, 2023**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, October 25, 2023 3:30pm**  
**Held via WebEx**

**Directors:**

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

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

**Other:** Kai Blissett

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:51pm.  Quorum determined by Eric Goulet.
<b>Approval of Agenda</b>	<p style="text-align: center;"><i>Mot to approve agenda by Dir Ashenafi, 2<sup>nd</sup> by Dr. Fair unanimous vote.</i></p>
<b>Approval of Minutes</b>	<p style="text-align: center;"><i>Mot to approve minutes by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Reid Jackson unanimous vote.</i></p>
	<p><b>CMO Report – Dr. Gregory Morrow</b></p> <ul style="list-style-type: none"> <li>• In September, there were seven (7) initial appointment, nineteen (19) reappointments, and (0)resignations. There are currently (253) Medical Staff members.</li> </ul>

- 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.
- 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.
- 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.

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

- 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.

**CNO Report – Teka Henderson, VP of Nursing**

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

***Mot to accept CMO, CMOS, and CNO report by Dr. Fair, 2<sup>nd</sup> 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 posits for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards. We continue to support and empower each other to carry out our specialized roles and responsibilities.
- The following are some highlights:
- United Medical Center'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.

	<p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• On National Voters Registration Day, UMC hosted Delta Sigma Theta Sorority, Inc. as they provided outreach and assisted community members with voter registration.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>•</li> </ul> <p><i>Mot to accept CEO report by Director Bobb, 2<sup>nd</sup> by Director Ashenafi., unanimous vote.</i></p>
<b>Financial Report</b>	<p><b>CFO Report - Lilian Chukwuma</b></p> <p style="text-align: center;">N/A</p> <p style="text-align: center;"><i>Unanimous vote.</i></p>
<b>Public Comment</b>	
<b>Closed Session</b>	Eric Goulet read the justification for entering Closed Session.

	<p style="text-align: center;"><b><i>Motion to enter Closed Session by Ashenafi, 2<sup>nd</sup> by Director Fair</i></b></p> <p style="text-align: center;"><b><i>Eric Goulet conducted roll call</i></b></p> <p>Open Session ended at approximately 4:37 pm.</p> <p>Closed session began at approximately 4:40 pm.</p> <ul style="list-style-type: none"> <li>• Dr. Morrow read the MEC Credentials.</li> </ul> <p>Mot to approve new appointments, reappointments as presented by Bobb, 2<sup>nd</sup> by Reid-Jackson</p> <p>Mot to approve new appointments, reappointments as presented by Director Bobb, 2<sup>nd</sup> by Ashenafi</p> <p>Mot to approve contracts by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Director Bobb.</p> <p style="text-align: center;"><b><i>Closed session ended at approximately 4:52pm</i></b></p>
<b>Announcements</b>	During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.
<b>Adjourned.</b>	Mot to adjourn Dir. Ashenafi 2 <sup>nd</sup> by Dir Bobb Meeting adjourned at approximately 4:57 pm.



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**Monthly Board  
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**Date: November  
29, 2023**

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**Consent Agenda**



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**CMO Report ,  
October 2023**

**Dr. Morrow  
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

October 2023

Respectfully submitted by Gregory Morrow, MD

**Medical Staff Office/Physician Recruitment:**

- In October, there were two (2) initial appointments, twenty (20) reappointments, and (0)resignations. There are currently (255) Medical Staff members.
- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting will be held on December 13, 2023.
- Medical Affairs is preparing for UMC Annual DC Department of Health survey that is due in November 2023.

**Quality and Patient Safety**

***October 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
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- Presentation at Pharmacy and Therapeutic Committee meeting for the National Patient Safety Goals (NPSG)
- Presentation/slideshow at Management Council meeting on post survey Joint Commission (TJC) findings and next steps
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Communicated flood in the Emergency Department with DC Health
- Worked on DC Health application

## **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 (8) weeks.

The number of COVID-19 admissions for UMC in October 2023 was .

The number of COVID-19 positive employee for October 2023 was

**Mask are required for everyone who enters UMC.**

There will be better protection against severe disease, hospitalization and COVID 19 in the coming months now that newly updated (2023-2024 formula) mRNA COVID vaccines are available.

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

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

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

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

### ***Monthly Surveillance Data:***

- October 2023 - Ventilator– 0 infections
- October 2023 - Central Line Device – 0 infections
- October 2023 - Urinary Indwelling Device - 1 infection
- October 2023 - 0 cases of VRE HAI hospital-wide
- October 2023 - 1 case of C Difficile HAI hospital-wide
- October 2023 - 0 cases of MRSA HAI hospital-wide  
0 cases of C Difficile CA hospital-wide
- October 2023 - 251 persons were observed compliant with hand hygiene for a rate of 94%

## **Case Management Department**

## **Pharmacy & Therapeutics:**

- Antimicrobial Stewardship Program, average cost per patient day (PPD) for September 2023, was up \$43.13 due to increased use of the antiviral COVID-19 drug Remdesivir; however, overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$22,324 for the month of September 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 211 interventions documented via Meditech for September 2023.
- Substance Use Disorder project initiative in collaboration with Chief Informational Officer and ED Providers to electronically track successes and barriers of initiating Medication Assisted Treatment and Narcan dispensing at NFPHC of both inpatient and ED, has discovered that we are under-reporting electronically the scope of work being done to DCHA. IT has built a new template for ease of Peer Recovery Coaches use in Meditech. Training is underway. Analytics to be reviewed weekly with the assistance of Dr. Jesus Trevino, ED Provider.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 84 doses of Suboxone distributed YTD for both In-patient and ED since the DEA X-waiver removal.
- August and September had a total of 20 Narcan Kits and 100 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. YTD 159 Narcan Kits and 759 Fentanyl Test Strips distributed by UMC.
- 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. This topic has arose at NFPHC by both ED Providers and Peer Recovery Coaches. Attention to the issue and discussions with LLDC Treatment Group and DCHA has begun by NFHC VP of Pharmacy Services.
- 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 October 2023:***

### **Emergency Room:**

<b><u>Survey Type</u></b>	<b><u>Section</u></b>	<b><u>n</u></b>	<b><u>(Q3 2023)</u></b>	<b><u>(Q2 2023)</u></b>	<b><u>Change</u></b>
<b>PG</b>	<b>Doctors</b>	<b>24</b>	<b>69.23%</b>	<b>51.30%</b>	<b>17.94%</b>

### **Inpatient:**

<b><u>Survey Type</u></b>	<b><u>Section</u></b>	<b><u>n</u></b>	<b><u>(Q3 2023)</u></b>	<b><u>(Q2 2023)</u></b>	<b><u>Change</u></b>
<b>CAHPS</b>	<b>Doctors</b>	<b>8</b>	<b>75.00%</b>	<b>74.60%</b>	<b>0.4.%</b>
<b>PG</b>	<b>Doctors</b>	<b>7</b>	<b>52.38%</b>	<b>47.62%</b>	<b>4.76%</b>

Sincerely,



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



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**Monthly Board  
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**Date: November  
29, 2023**

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

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



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

**November 2023**

Re: Chief of Staff Monthly Report

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

The last month brought several challenges that tested the responsiveness and flexibility of the hospital. The temporary closure of the male side of the behavioral health unit for necessary structural renovations and unanticipated flooding of the Emergency Department served as stress tests for all of the hospital's departments. The collaboration between the hospital's administration and medical staff allowed for continued operations, despite the numerous and unique nature of these challenges.

There remain, however, specific issues impacting patient care at UMC. These matters, which the hospital administration is endeavoring to resolve, all relate to the delivery of certain resources for patients, which are challenging to solve. One of these items include the timely transportation of patients from UMC to other facilities/home.

As the hospital's plans for closure become more definitive, it may be tempting to moderate certain services or resources, however, UMC continues to see a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable over the past 2 years. The inpatient and emergency services the hospital provide remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas. Anecdotally, patient's medical and social problems have become more complex in the post-COVID world where the need for certain resources is more pressing than previous years.

As winter approaches, the CDC is reporting an increase in respiratory illnesses which include Influenza, COVID, and RSV (Respiratory Syncytial Virus). Annual vaccination remains the best measure of prevention against serious illness.

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

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



*Amaechi Erongu, M.D., Chairman*

## OCTOBER 2023

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for October 2023 was 99 and 118 in August 2023. There was an overall decrease in procedures.

### QUALITY INITIATIVES AND OUTCOME:

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

### VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We had a total of 92 vascular access procedures in October 2023.

### PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. Currently, the Pain management service provided OR volume of 32 for the month of October 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	92
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*

**OCTOBER 2023**

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

For October, the Intensive Care Unit had 58 admissions (52 in September), 58 discharges (49 in September), and 261 Patient Days. Average Length of Stay (ALOS) for October was 4.5 days and ICU managed a total of 67 patients. The average daily census was 9 patients (was 8 in September). There were 3 deaths for 58 discharges for a monthly mortality rate of 5.2%. There were no returns to ICU within 24 hours of transfer out.

### **October 2023 PERFORMANCE DATA** **ICU Sepsis and Infection Control Data**

In October, the ICU had 76 ventilator days, with no Ventilator Associated Pneumonia (VAP), 86 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 182 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 14 patients with severe sepsis and septic shock. 2 deaths were due to septic shock for overall sepsis mortality 14.3%

### **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*

*November 5, 2023*



Francis O'Connell, M.D., Chairman

## OCTOBER 2023

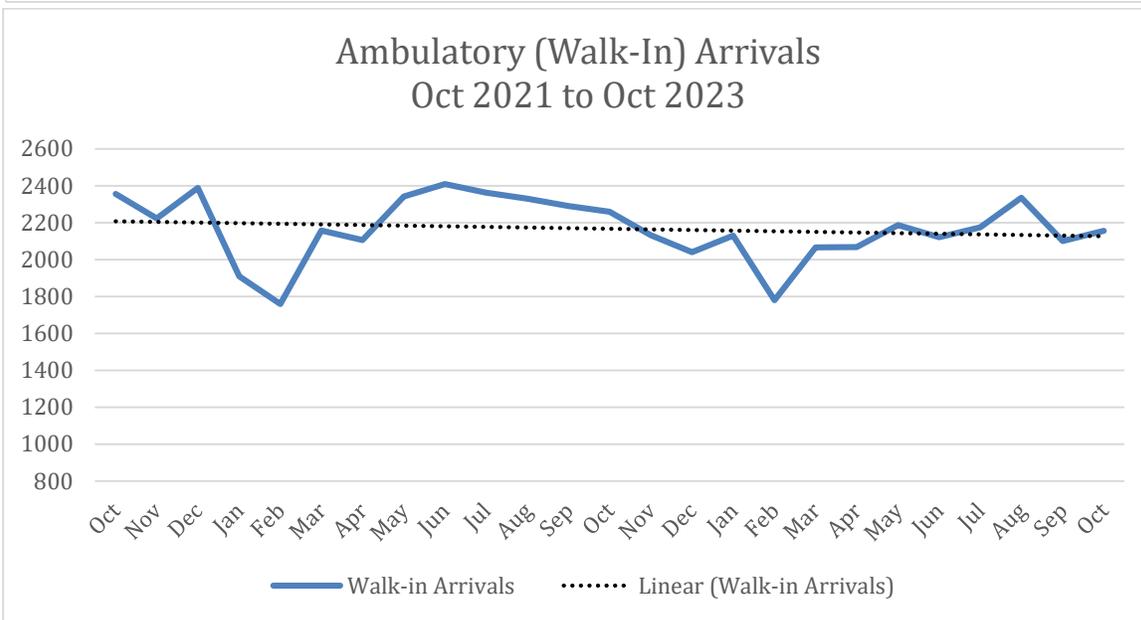
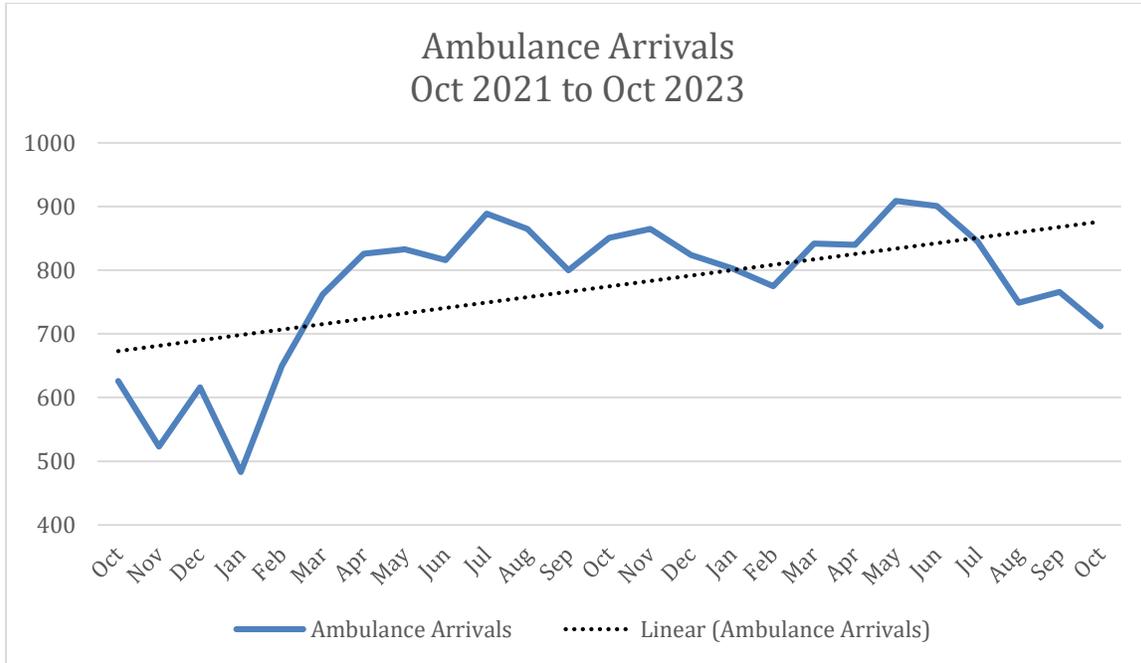
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for October 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

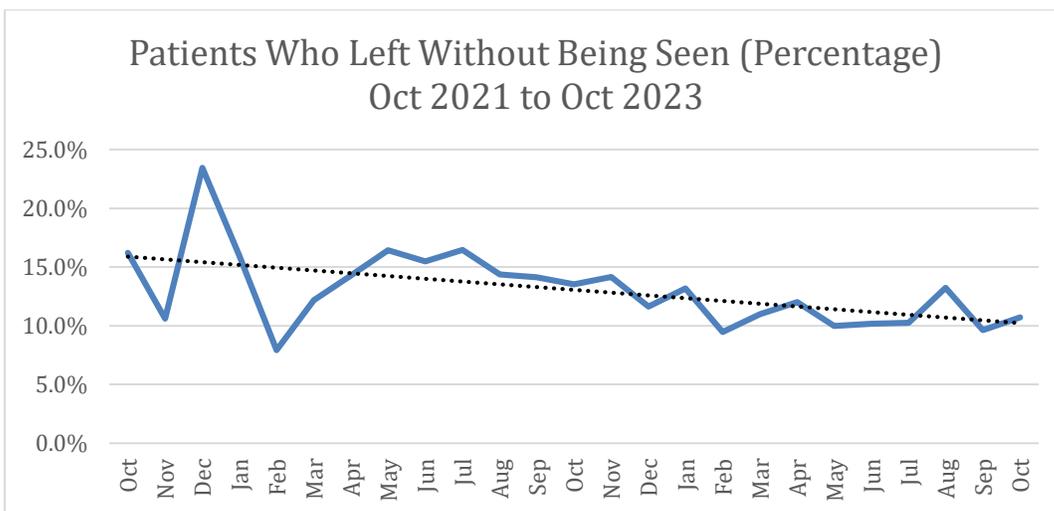
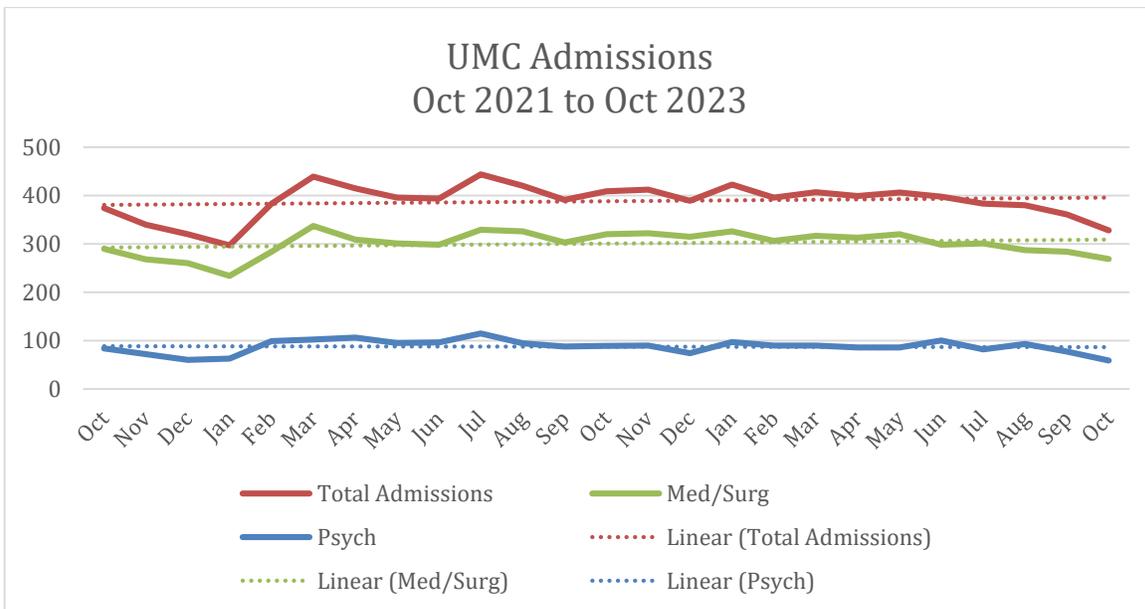
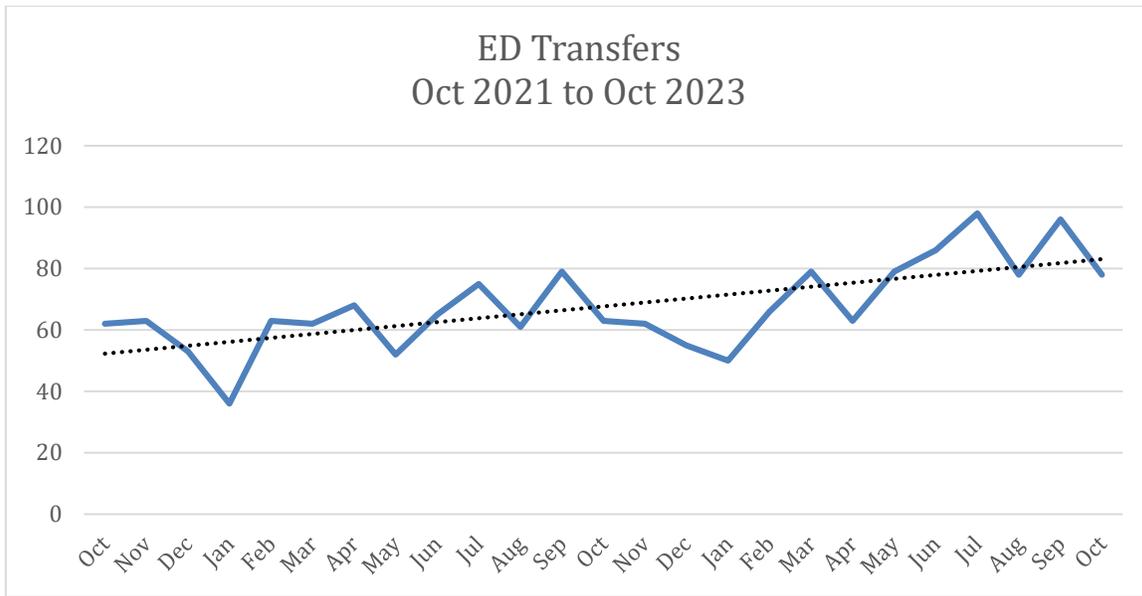
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
  - **Med/Surg:** number of medical/surgical 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						
	Oct 2021	%	Oct 2022	%	Oct 2023	%
<b>Total patients</b>	2982		3110		2867	
<b>Daily Avg Census</b>	96		100		92	
<b>Ambulance Arrivals</b>	626	21.0%	851	27.4%	712	24.8%
<b>Admit</b>	374	12.5%	409	13.2%	328	11.4%
• <b>Med Surg</b>	290	9.7%	320	10.3%	269	9.4%
• <b>Psych</b>	84	2.8%	89	2.9%	59	2.1%
<b>Transfers</b>	62	2.1%	63	2.0%	78	2.7%
<b>LWBS</b>	483	16.2%	421	13.5%	307	10.7%
<b>Ambulance Admission Rate</b>	33.9%		31.8%		29.8%	
<b>Walk-In Admission Rate</b>	6.9%		6.1%		5.4%	

Analysis:

1. The data reported this month includes data from the past three years.
2. The monthly census for Oct 2023 was steady from the previous month. The census trend for the last two years remains stable for the past two years.
3. The total number of ambulances arriving to UMC decreased from Sep 2023, and remains stable.
4. The total number of medicine admissions declined from the previous month, similar to Oct 2021 and down from Oct 2022. The trend for monthly admissions remains stable.
5. The number of ED Transfers decreased from the previous month with an upward trend.
6. The percentage of patients who left without seeing a provider (LWBS) increased from previous month with negative 2-year trend.
7. The monthly number of walk-in patients visiting the ED remained stable 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.

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 are integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

Last month, the ED experienced an unanticipated flooding incident which impacted ambulance traffic and led to extended wait times for approximately 5 days. The rapid response to the flooding, flexibility, and support throughout the hospital allowed the ED to remain open for walk-in visits and still care for the sickest patients. The ED was able to open after 5 days with resumption of normal service and reception of ambulances and mental health transfers.

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

## OCTOBER 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
<b>ADMISSIONS</b>													
<b>OBSERVATION</b>													
MEDICINE	133	118	96	121	117	95	99	100	88	108			<b>1075</b>
HOSPITAL	133	118	96	121	117	95	99	100	88	108			<b>1075</b>
PERCENTAGE	<b>100%</b>			<b>100%</b>									
<b>REGULAR</b>													
MEDICINE	196	192	220	196	201	210	204	182	199	163			<b>1963</b>
HOSPITAL	299	289	320	294	297	319	293	282	279	230			<b>2902</b>
PERCENTAGE	<b>66%</b>	<b>66%</b>	<b>69%</b>	<b>67%</b>	<b>68%</b>	<b>66%</b>	<b>70%</b>	<b>65%</b>	<b>71%</b>	<b>71%</b>			<b>68%</b>
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	127	123	95	117	118	98	94	106	84	107			<b>1069</b>
HOSPITAL	127	123	95	117	118	98	94	106	84	107			<b>1069</b>
PERCENTAGE	<b>100%</b>			<b>100%</b>									
<b>REGULAR</b>													
MEDICINE	160	153	154	163	154	180	163	136	161	126			<b>1550</b>
HOSPITAL	255	255	249	261	240	299	247	237	238	190			<b>2471</b>
PERCENTAGE	<b>63%</b>	<b>60%</b>	<b>62%</b>	<b>62%</b>	<b>64%</b>	<b>60%</b>	<b>66%</b>	<b>57%</b>	<b>68%</b>	<b>66%</b>			<b>62%</b>
<b>PROCEDURES</b>													
HEMODIALYSIS	131	119	186	155	194	187	121	162	104	82			<b>1441</b>
EGD'S	19	23	22	17	24	14	14	26	12	13			<b>184</b>
PEG'S	3	1	2	8	7	3	3	2	1	3			<b>33</b>
COLONOSCOPY	23	19	31	24	24	22	16	25	16	15			<b>215</b>
ERCP	0	0	0	0	0	0	0	0	0	0			<b>0</b>
BRONCHOSCOPY	0	0	1	0	1	0	1	0	0	0			<b>3</b>
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0			<b>0</b>
Cases Reviewed	0	0	0	0	0	0	0	0	0	0			<b>0</b>
Cases Closed	0	0	0	0	0	0	0	0	0	0			<b>0</b>

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% 5	Not submitted as of 5/11/23	100% 9	100% 10	100% 6	100% 6	100% 12 (LEG, AG, Ur	100% 9		
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	100% 16/16		
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	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%	100%		
Review of Unacceptable Blood Bank specimen Goal 90%	100%	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%	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	1.1		
Wasted/Expired Blood and Blood Products Goal 0	1	0	0	1	4	0	1	2	0	0		
Measure number of critical value called with documented Read Back 98 or >	100%	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	Not complete		
Sickle Cell	0/0	1/1	0/0	0/0	0/0	0/0	0/0	1/1	Not complete	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	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	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 87% ER 94% ICU	95% ER Holding 88% ER 100% ICU	96% ER Holding 84% ER 96% ICU	95% ER Holdi ng 86% ER 97% ICU	95% ER Holding 82% ER 98% 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	95% ER 95% 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	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

## OCTOBER 2023

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

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.

- Radiology department has passed the ACR Site Survey in October 2023.
- Part-time Nuclear Medicine technologist has been hired and credentialed.
  - Tech will only be available for in-patient and STAT nuclear medicine cases.
  - Tech will need to be called once an exam has been requested.

**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

## OCTOBER 2023

For the month of October 2023, the Surgery Department performed a total of 100 procedures.

The chart and graft below show the annual and monthly trends over the last 10 years:

2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
194	191	181	177	214	211	175	146	135	150	100
137	157	150	196	152	196	138	156	137	127	
143	183	210	191	153	192	156	146	132	110	
<b>474</b>	<b>531</b>	<b>541</b>	<b>564</b>	<b>519</b>	<b>599</b>	<b>469</b>	<b>448</b>	<b>404</b>	<b>387</b>	<b>100</b>
159	183	147	216	155	210	195	147	121	111	
143	157	207	185	194	180	167	153	126	106	
162	187	215	187	223	158	82	133	146	144	
<b>464</b>	<b>527</b>	<b>569</b>	<b>588</b>	<b>572</b>	<b>548</b>	<b>444</b>	<b>433</b>	<b>393</b>	<b>361</b>	<b>0</b>
194	180	166	183	182	211	57	156	148	126	
151	160	176	211	219	186	74	159	123	128	
169	175	201	203	213	177	126	172	113	108	
<b>514</b>	<b>515</b>	<b>543</b>	<b>597</b>	<b>614</b>	<b>574</b>	<b>257</b>	<b>487</b>	<b>384</b>	<b>362</b>	<b>0</b>
172	193	192	189	195	186	140	177	103	92	
170	174	202	191	203	193	161	155	114	119	
168	166	172	171	191	182	162	126	124	95	
<b>510</b>	<b>533</b>	<b>566</b>	<b>551</b>	<b>589</b>	<b>561</b>	<b>463</b>	<b>458</b>	<b>341</b>	<b>306</b>	<b>0</b>
<b>1962</b>	<b>2106</b>	<b>2219</b>	<b>2300</b>	<b>2294</b>	<b>2282</b>	<b>1633</b>	<b>1826</b>	<b>1522</b>	<b>1416</b>	<b>100</b>

This month ended with a **5.3% increase** compared to last month and a **33.3% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions
- Stable Clinic visits and elective surgery

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

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

<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**

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**Monthly Board  
Meeting**

**Date: November  
29, 2023**

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**Nursing Department  
Report for October  
2023**

**Teka Henderson, VP  
of Nursing**

# United Medical Center Nursing Board Report October 2023

## Overall State of Nursing Department(s)

### Staffing:

Staffing continues to improve despite the national shortage. We on boarded several UMC employees in October. ICU onboard three part-time nurses. The emergency department on boarded two technicians, two sitters and one-unit coordinator. Telemetry on boarded two technicians and one sitter. There were 19 agency staff members on boarded to supplement staffing; 15 nurses and 4 technicians. This did not include three agency staff members who were not successful during orientation. Additionally, respiratory therapy on boarded two agency therapist and one UMC fulltime therapist. A prn position is pending. As a result, four therapist agency contracts are ending next month and will not be renewed at this time.

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.

### Performance Improvement:

There were two HAPI's for the month of October. The wound care nurse is scheduled to start a refresher in-service for pressure injury prevention and wound care documentation next month. Nursing continues to prepare for the annual Department of Health (DOH) survey. Nursing leadership continues to make frequent rounds and engage with staff.

### ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
October	60	10	4	9	12	0

### Education

There were a total of 60 admissions for the month of October with an average daily census of 10. Education focused on the new Life Pak 15 monitor & defibrillator Review of insulin order and glucose monitoring standard of care. Scanning of patient armband and medication for patient safety. Narcotic waste documentation. Monitoring of physician order for foley and restraints. Monitoring of Braden scores and risk for skin breakdown. Turning and repositions every two hours and padding of bony prominences.

### PI Initiatives

Wound Consults and Treatments  
Picture assessment of new wounds  
Wound Prevention Measures  
Protective heel devices for total care and vented patients  
Pain assessment/reassessment

**PERIOPERATIVE**

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
October	95	24	71	15	0	0	0

**Education**

Disinfecting and Reprocessing flexible endoscopes

**PI Initiatives**

- Patient Satisfaction – post up calls by ASU
- Pain Management/Care Plan/ Chart Audits
- Patient Satisfaction Survey – post op
- OR – consents for surgery and intra-operative documentation for accuracy

**Service Recovery**

In real time

**DIABETES**

There were 13 DKA insulin drips for the month of October. Insulin audits for accuracy and compliance continues. The October insulin audit was above benchmark at 98%. Staff education begins during onboarding, annually and as needed.

UMC QAPI Master Dashboard														At or Exceeds Target		Within 10% of Target		Target not Met		Amended	
2023	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD			
<b>DIABETES CENTER → QAPI</b>																					
<b>INSULIN ADMINISTRATION COMPLIANCE</b>										<b>BENCHMARK-95%</b>											
Total Insulin Given		129	293	267	92	285	179	85	362	440	220			689	556	887	220	2352			
Total Insulin Given Correctly		125	274	259	92	279	171	84	342	424	216			658	542	850	216	2266			
% Compliance		97%	94%	97%	100%	98%	96%	99%	94%	96%	98%	-	-	96%	97%	96%	98%	96%			

## Emergency Department

ED Metrics Empower Data	Sept	Oct			
Visits	2867	2867			
Change from Prior Year (Visits)	3088	3109			
% Growth	-7.71	-8.44			
Ambulance Arrivals	766	712			
Ambulance Admissions	216	211			
Ambulance Patients Admission Conversion	0.28	0.30			
% of ED patients arrived by Ambulance	0.27	0.25			
% of ED Ambulance Patients Admitted	0.28	0.30			
Triage Time	20	19			
Physician Time	105	97			
Disposition Time	254	246			

ED Metrics Empower Data	Sept	Oct			
Door to triage	20	19			
Door to room	93	86			
Door to provider	105	97			
Door to departure	254	246			
Decision to admit to floor	376	368			

### Education

Departing patients properly & correct disposition  
 Blood Culture process to prevent contamination  
 Medication Scanning compliance  
 Insulin administration – double check before administering  
 Mandatory flu vaccination deadline 12/31/23  
 Education new defibrillator (DOE) – relias & hands-on  
 Relias IV module education  
 Interpreter Services – must be documented in patient chart  
 Death chart checklist in EMR & calling Infinite legacy within one hour of death

### PI Initiatives

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

### Service Recovery

none

## Respiratory Therapy

### Education

Infection Control practices

Handwashing

Environmental Contamination

### PI Initiative

Critical value reporting 95.1% with real time coaching and direct oversight.

Documentation compliance increased from 90% to 93%. A change of shift check was implemented to validate documentation is complete.

## Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
Oct	12	26	28	10	10	41	186	0	20	333

Occupational Health is working hard to ensure all staff follow the influenza vaccination policy and maintain compliance (90%) due by December 31, 2023. As you can see the hard work show with 333 monthly activities for the month of October compared to September activities of 151.

**Behavioral Health:** closed October 16 – 30, 2022 for safety upgrades on 4east.

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Oct	69 FD12=42 Vol=27	10	0	4.01	68	0	0	0	0	0

### Education

Education focused on restraints, seclusion, medication reconciliation and documentation of patient property. Identifying patient problems for care planning. Therapeutic Use of self. Milieu Management.

### 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**

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**Monthly Board  
Meeting**

**Date: November  
29, 2023**

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**Executive  
Management Report  
for October 2023**

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



## **Executive Leadership Board Report October 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 received the three-year reaccreditation certificate from the Joint Commission (TJC) as the Evidence of Standard Compliance (ESC) to correct the standard level findings from the TJC survey in August met standards. The hospital is in the window for the annual visit by DC Health. In addition, November begins the three month window for our laboratory inspection by College of American Pathologist (CAP). This inspection is accomplished every two years. Hospital operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional, and that quality is preserved.

The Behavioral Health Unit (BHU) has two wings 4E and 4W. The 12 bed wing 4W which admits male patients was temporarily closed on Oct. 10 for renovations of the nurse's station to improve safety and workflow. Prior to closure, notification sent to all relevant internal and external stakeholders. Renovations completed and unit reopened on 31 October.

On October 20, at approximately 6:51am, the Emergency Department's (ED) main core which has 19 treatment bays experienced a major water intrusion. The source of the water intrusion was an inadvertently activated fire sprinkler head located in one of the bays. A Code Delta was announced to notify all staff that the hospital had an emergency. This also signified that the off going night shift staff needed to remain in place to help with decompression of the ED and until the Code Delta was terminated; meaning the water intrusion was stabilized and all patients continued to receive standard of care by transferring admitted patients to either the ICU or 8W/Med/Surg/Telemetry Units. Patients who did not meet admission criteria or were still being assessed were seen in the Fast Track and Superfast Track section of the ED. We continued to care for walk-in patients. UMC's ED was placed on diversion of ambulances and MPD. Remediation began immediately by UMC's facilities staff and with assistance from outside vendors. External stakeholders were notified via the city wide Everbridge Alert system with frequent updates of UMC's status. Remediation was completed over 6 days. All clear to re-open was given by DC Health who made on site visits during the remediation process. The ED was fully re-opened on October 25 and was back in full operations.



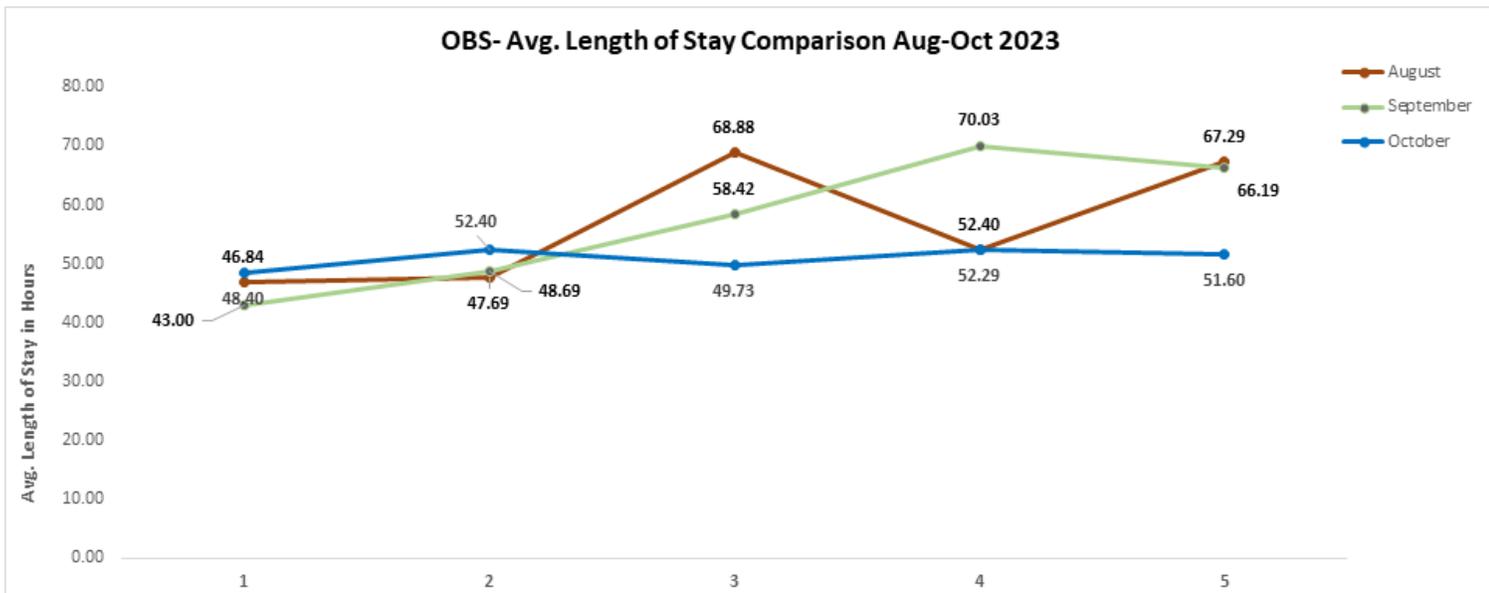
The Information Technology Department accomplished the following as part of monthly activities: upgraded all systems and network with latest patches, built patient accounts productivity reporting for Patient Financial Services, upgraded Fluency (Radiology Dictation) with SQL Standard 2017. In addition, assembled IT infrastructure for BHU post remodeling, and assisted the team with ED water intrusion incident. There were no security risks/attacks for the month of October.

Annual Mandatory Influenza Immunization Campaign began this month. This mandatory requirement must be fulfilled by December 31 per Infection Control Policy IC 01 08. As customary, employee can receive the immunization from UMC’s Occupational Health Department. At present, compliance rate is 50%.

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

Observation (OBS) Length of Stay in Hours

Month	August	September	October
Week 1	46.84	43.00	48.40
Week 2	47.69	48.69	52.40
Week 3	68.88	58.42	49.73
Week 4	52.40	70.03	52.29
Week 5	67.29	66.19	51.60





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

The Executive Leadership team hosted an outdoor, picnic style "Employee Appreciation" event on October 12, 2023. There was delicious food, games, music, giveaways and the fantastic *Flu-Fairies* administered influenza vaccines in the privacy of the mobile unit. Overall, the event was well received by employees, with active participation, and requests for similar future morale boosting activities.

#### Community Partnerships

On October 10-12, the well anticipated information sessions occurred for the Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC. The sessions were in a hybrid format in person and via zoom. The self-paced training program will officially launch on November 6, 2023.

On Friday October 27, At-Large Council Member, Christina Henderson, Chairperson Committee On Health, along with Ona Balkus and Marcia Huff visited UMC as part of their visit to the DC hospitals. They met with various staff and toured our ED, Behavioral Health Unit, Diabetes Center and the Café. Topics of interests included: behavioral health services, including substance use disorder services, diabetes education, and community engagement work. Team UMC was fully engaged, welcomed the visit and discussions.

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**

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**Monthly Board  
Meeting**

**Date: November  
29, 2023**

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**Financial Report  
Summary**

**October 2023**

**Lilian Chukwuma  
Chief Financial Officer**

**(Will provide oral  
presentation)**