



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: June 28, 2023

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

2023 Fiscal Management Board of Directors

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



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

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, May 24, 2023. The meeting will be held via WebEx.

Meeting link: Webex - Meeting Link: https://link.zixcentral.com/u/92c0c3dbGAkO_2bb6xGXPzIk8Y9C_g?u=https%3A%2F%2Funitmedicaldc.webex.com%2Funitmedicaldc%2Fj.php%3FMTID%3Dmb739e3bf1e07735fa50fbf31d43a3e14

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

I READING AND APPROVAL OF MINUTES – May 24, 2023

DISCUSSION OF UMC LEGISLATIVE SUBTITLE - Angell Jacobs, Fiscal Management Board, Chair;
Eric Goulet, General Counsel

B25-0202 - Fiscal Year 2024 Budget Support Act of 2023

B25-0320 - Fiscal Year 2024 Budget Support Emergency Act of 2023

I CONSENT AGENDA

Dr. Gregory Morrow, MD- Chief Medical Officer

Dr. Francis O'Connell, MD – Chief of Medical Staff

Doris Onyima, RN, Sr Director of Nursing

II EXECUTIVE MANAGEMENT REPORT

Dr Jac ueline Pa ne B rdern, CEO CNO

III FINANCIAL REPORT

Lillian Chukwuma, Chief Financial Officer

I PUBLIC COMMENT

CLOSED SESSION

I OTHER BUSINESS

Old Business

New Business

II ANNOUNCEMENTS

III ADJOURN

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting Date: June 28,
2023**

**Reading and Approval of
Minutes**

Minutes Date:

May 24, 2023



UMC
UNITED
MEDICAL CENTER

Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, May 24, 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 (absent), 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 3:39pm. Quorum determined by Eric Goulet.
Approval of Agenda	<i>Mot to approve agenda by Dir. Turnage, 2nd by Dr. Fair, unanimous vote.</i>
Approval of Minutes	<i>Mot to approve minutes by Dr. Fair, 2nd by Dir. Reid Jackson, unanimous vote.</i>
	CMO Report – Dr. Gregory Morrow <ul style="list-style-type: none"> The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE.

- The Medical Affairs office is working with the IT department to have all the providers enrolled in the EPCS that is enforced by the Medicare Part D and Medicare Advantage prescription plans.
- In March, there was three (3) initial appointment, six (6) reappointments, and one (1) resignations. There are currently (248) Medical Staff members.
- There are a few contracts that currently being updated and renewed and have all been considered for community need and sustainability.
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. The rate for November is 85% and 91% for ER holding. April rates are % and for ER holding.
- A collaborative effort between the Quality Department and Wound Care was initiated in July 2021 to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries
- The new initiatives began a year ago. Weekly meetings held to discuss obstacles in achieving a better compliance rate with wound care and nursing. Reviews of the charts with HAPI's with nursing occurred. April had zero HAPI.
- 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.
- The World Health Organism (WHO) has declared the COVID-19 Pandemic over. Based on current COVID-19 trends, the Department of Human Services (HHS) is planning for the federal Public Health Service (PHE) for COVID 19, declared under Section 319 of the Public Health Service (PHS Act, to expire at the end of the day on May11, 2023. Certain Medicare and Medicaid waivers and broad flexibilities for health are no longer necessary and will end. The Food and Drug Administration's (FDA's) Emergency Use Authorizations EUAs) for COVID-19 products (including test, vaccines, and treatments) will not be affected

MCOS Report – Dr. Francis O’Connell

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

CNO Report – (Doris Onyima, Nursing Director)

	<ul style="list-style-type: none"> • Nursing continues to onboard agency staff from nursing agencies to provide adequate staffing for all departments as needed. There has been improvement in the staffing of the different departments with the onboarding of nurses and medical technicians to emergency department, Med-Surge and Behavioral health departments; however, a few agency nurses and technicians have broken their contracts for various reason and also they call out prior to shift and therefore leaves us with gaps in schedule. • Suicidal Risk and Prevention training is in progress and was put in place to support the National Patient Safety Goal. It is being implemented as a part of an optimal care and health provision for patient safety. • Education is in progress to help identify and care for patients at risk for impaired skin integrity. • Staff has been trained on sitter guidelines and removal of contraband items for FD12 and suicidal patients. <p><i>Mot to accept CMO, CMOS, and CNO report by Dir. Ashenafi, 2nd by Dir. Turnage, unanimous vote.</i></p> <p>Executive Management Report - Dr. Jacqueline Payne Borden</p> <ul style="list-style-type: none"> • A major and ongoing focus for the leadership team is the management of overtime (OT). An OT task force was formed in early March to look at potential variables that could be impacting overtime. • UMC’s facilities team along with specialized vendors continues to provide preventative maintenance and repairs on various hospital infrastructure such as, generators, cooling towers, chillers and elevator systems. Repairs and modernization of these systems are at various phases of completion. • Information Technology Department completed all systems and updates for the month of April. As part of the Network redesign project, and Palo Alto firewall migration, successfully moved GE Radiology, Crisp PACS –Imaging. • Preliminary closure draft plan will be presented to this Fiscal Management Board by the end of third quarter FY23 • Partnerships continue with Trinity, Prince George’s Community College, Washington Adventist University, Grand Canyon, Chamberlain for nursing clinical. The University of the District of Columbia Patient Care Technician students. <p><i>Mot to accept CEO report by Dir. Turnage, 2nd by Dir. Ashenafi., unanimous vote.</i></p>
Financial Report	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Total operating revenues are lower than budget by 6% (\$583K) MTD and 6% (\$4M) YTD due to reduction in Disproportionate Share (DSH).

	<ul style="list-style-type: none"> • Net patient revenue is lower than budget by 4% (\$250K) MTD and 2% (\$1M) YTD due to the following: • Emergency room visits are lower than budget by 4% MTD and 5% YTD. • Admissions are lower than budget by 5% MTD and 2% YTD. • Patient days are higher than budget by 1% MTD and lower than budget by 1% YTD. • Clinic visits are lower than budget by 18% MTD and 17% YTD. • Total surgeries are lower than budget by 9% MTD and 6% YTD. • Total operating expenses are on target MTD and YTD due to approximately \$3M savings in contract negotiations that occurred after the budget. • Salaries are higher than budget by 8% (\$256K) MTD and 9% (\$2.1M) YTD due to excessive overtime still occurring across the board. However, some overtime initiatives are in place to mitigate the excessive use. • Overtime is higher than budget by 85% (\$106K) MTD and 173% (\$1.3M) YTD and if not managed will be approximately \$4M by year end. • Employee benefits are higher than budget by 14% (\$127K) MTD and 17% (\$1M) YTD. • Contract labor is above budget by 104% (587K) MTD and 75% (\$3M) YTD directly related to the usage of agency and is on track to exceed budget by \$5M. • Professional fees are lower than budget by 32% (\$548K) MTD and 24% (\$2.9M) YTD due to contract adjustments that occurred after budget development. • Purchased services are lower than budget by 2% (\$271K) MTD and 19% (\$1.8M) YTD. • Other expenses are lower than budget by 16% (\$182K) MTD and 20% (\$1.6M) YTD due to prior year credit adjustments. <p style="text-align: center;"><i>Mot to accept financials by Dir. Turnage, 2nd by Dir. Ashenafi.</i></p> <p style="text-align: center;"><i>Unanimous vote.</i></p>
Public Comment	NA
Closed Session	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir. Ashenafi, 2nd by Director Bobb.</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:29 pm.</p>

	<p>Closed session began at approximately 4:39 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Dir. Ashenafi, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Dr. Fair, 2nd by Dr. Ashenafi</p> <p>Mot to approve contracts by Dir. Ashenafi, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Director Bobb.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:47pm</i></p>
Announcements	During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.
Adjourned.	Mot to adjourn Dir. Ashenafi 2 nd by Dir. Reid-Jackson Meeting adjourned at approximately 4:54pm.



UMC
UNITED
MEDICAL CENTER

**Monthly Board
Meeting Date: June 28,
2023**

Consent Agenda



UMC
UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: June 28,
2023

CMO Report May
2 2

Dr. Morrow
Chief Medical Officer



UMC
UNITED
MEDICAL CENTER

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

May 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- The Medical Staff office continues to work with the MD-Stat software platform on an automated process to perform timely OPPE.
- The Medical Affairs office is working with the IT department to have all the providers enrolled in the EPCS that is enforced by the Medicare Part D and Medicare Advantage prescription plans.
- In May, there was five (5) initial appointment, seventeen (17) reappointments, and two (2) resignations. There are currently (251) 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 for June will be rescheduled.
- The Medical Affairs office is working with the Quality Control department to update the policies for the Department of Anesthesiology.
- The Medical Affairs is preparing the department to be Joint Commission ready.
- The Medical Staff contributed to Nurse's Week.
- The reaccreditation with Medchi will not be renewed due to cost and the transitioning of the hospital in two years.

Quality and Patient Safety

Quality **May 2023** accomplishments:

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

- A collaborative effort between the Quality Department and Wound Care was initiated in July 2021 to troubleshoot ways to decrease the number of Hospital Acquired Pressure Injuries (HAPI). The new initiatives began a year ago. Weekly meetings held to discuss obstacles in achieving a better compliance rate with wound care and nursing. Reviews of the charts with HAPI's with nursing occurred. May had zero HAPI.
- Approval of submission to the Joint Commission's Direct Data Submission Platform (DDSP).
- Data was manually gathered from various departments and analyzed for the dashboard.
- Dc Health annual survey from November 7-15 2022. Met with all departments to execute plan of correction. Plan of correction submitted.
- Ongoing meetings with departments for Policy improvement and clean up.
- Successful completion of recent DC Health follow up on a complaint in April.
- The Quality department had no findings for the DC Health survey for April visit.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Identified John and Jane Doe issue. Patients were discharged from facility without having corrected identification done. Task Force meeting scheduled May 10 2023 to discuss solutions.
- Issue - claims were being denied because notes didn't include the dates of service within Meditech.
- Accomplishment - collaborated with CM and IT to resolve United Healthcare Community Plan reimbursement issue. Dates of service added to all provider progress notes.
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. *May 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.*

Case Management Department

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

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

Accomplishment:

COVID 19 cases in the District of Columbia, Maryland and Virginia are currently trending at a low level for COVID 19 hospital admissions and COVID related deaths.

The number of hospital-wide COVID 19 positive admissions to UMC decreased from 15 down to 4 for the month of May 2023. There were NO (0) positive COVID 19 employees for the month of May and currently there are NO (0) COVID 19 inpatients at UMC.

Monthly Surveillance Data:

- There were no cases of Healthcare Associated Ventilator Associated Events, or Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for May 2023.
- VRE HAI = 2 cases hospital-wide for a rate of 0.9 for May 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for May 2023.
- C Difficile HAI = 0 cases hospital-wide for an infection rate of 0 May 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.
- CDC is requesting that DC Public Health Laboratory (DC PHL) continue influenza surveillance over the summer. Each influenza virus-positive specimen obtained is critical for on-going surveillance and antigenic characterization efforts.

Pharmacy & Therapeutics:

- Pharmacy Student Internship Program with Howard University College of Pharmacy, finalized contract has been completed. Howard University Pharmacy Students have begun rotations at UMC Pharmacy as of May 2023.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for April 2023, was \$18.80 which is downward trending overall in spite of higher patient days in comparison to last year for antibiotic costs at UMC . CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings. Quarters 2,3 and 4 of 2022 and Quarter 1 saw UMC total antibacterial usage numbers down in National Comparison of institutions of similar size.
- **Total Antibacterial Utilization Days of Therapy per 1,000 Days at Risk Days of Therapy (DOT): UMC DOT :**
-10 % decrease from 4th QTR 2022

-UMC DOT: 20.8% lower than national average for institution size for 1st QTR 2023

-UMC DOT: 10% lower than regional average for non-teaching hospital for 1st QTR 2023

- Pharmacy Clinical Interventions saved **\$24,344** for the month of May 2023. Amount saved is up from April. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 226 interventions documented via Meditech for May 2023, up from 219 Clinical Interventions documented for April 2023.
- Department of Pharmacy in collaboration with Infection Control Department and IT to meet new regulatory mandates for CMS, TJC and CDC's National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance reporting requirements. The Department of Pharmacy/UMC Hospital is compliant with tracking.
- Department of Pharmacy has passed the bi-annual IV Room and IV Hood Certification, no growths. Ongoing finger-tip testing in process.
- VP of Pharmacy Services, continues to assist in Co-Chairing 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. Next Summit will be July of 2023 with focus on Youth and Substance Use Disorders.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- Ongoing daily/weekly/monthly monitoring of DC Health/Joint Commission initiatives:
 - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
 - b) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - c) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - d) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – **National Patient Safety Goals.**
 - e) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - f) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following 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 May:

Emergency Room:

Dashboard Name: My Focus Items Summary | System Name: United Medical Center - System | System ID: 1410 | Facility Name: United Medical Center | Facility ID: 1410 | Service Line: Emergency Department | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Quarter | Peer Group: All PG Database | Current Benchmarking Period: 01/01/2023 - 03/31/2023 | Fiscal Start Month: 01 | Download Date & Time: Jun 21, 2023 4:57 pm EDT

FILTER BY All sections selected

Top Box Score									
Survey Items	SECTION/DOMAIN	Survey Type	n	Current (Q1 2023)	Previous (Q4 2022)	Goal	Change	Percentile Rank	Score Trendline
PG Overall	PG OVERALL	PG	22	52.66%	44.84%	—	7.82%	8	
PG Overall†	PG OVERALL	PG	22	50.65%	42.89%	—	7.76%	N/A	
Waiting time to see doctors†	ARRIVAL	PG	22	36.36%	17.24%	—	19.12%	18	
Section: Doctors	DOCTORS	PG	22	63.11%	58.87%	—	4.24%	30	
Courtesy of doctors	DOCTORS	PG	21	71.43%	67.74%	—	3.69%	49	
Doctors took time to listen	DOCTORS	PG	21	71.43%	55.17%	—	16.26%	59	
Doctors informative re treatment	DOCTORS	PG	20	55.00%	53.57%	—	1.43%	12	
Doctors' concern for comfort	DOCTORS	PG	21	57.14%	53.85%	—	3.30%	18	
Doctors include you trtmt decision	DOCTORS	PG	20	60.00%	62.96%	—	-2.96%	23	
Staff kept family/friends informed†	FAMILY OR FRIENDS	PG	17	41.18%	36.84%	—	4.33%	3	
Section: Overall Assessment	OVERALL ASSESSMENT	PG	22	47.13%	40.98%	—	6.14%	4	
Overall rating of care	OVERALL ASSESSMENT	PG	21	47.62%	41.94%	—	5.68%	4	

† Custom Question ^ Focus Question
 ■ At or Above Goal ■ <5 Points Below Goal ■ >5 Points Below Goal □ No Goal

Inpatient:

Dashboard Name: My Focus Items Summary | System Name: United Medical Center - System | System ID: 1410 | Facility Name: United Medical Center | Facility ID: 1410 | Service Line: Inpatient | Metric: Top Box Score | Date Type: Received Date | Time Frame: Last Month | Peer Group: All PG Database | CMS Reportable Responses: Applied | Skip Logic: Applied | Current Benchmarking Period: 03/01/2023 - 05/31/2023 | Fiscal Start Month: 01 | Download Date & Time: Jun 21, 2023 4:56 pm EDT

FILTER BY All sections selected

Top Box Score									
Survey Items	SECTION/DOMAIN	Survey Type	n	Current (May 2023)	Previous (Apr 2023)	Goal	Change	Percentile Rank	Score Trendline
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS		N/A	83.33%	—	—	N/A	
Nurses treat with courtesy/respect	COMM W/ NURSES	CAHPS		N/A	83.33%	—	—	N/A	
Nurses listen carefully to you	COMM W/ NURSES	CAHPS		N/A	83.33%	—	—	N/A	
Nurses expl in way you understand	COMM W/ NURSES	CAHPS		N/A	83.33%	—	—	N/A	
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS		N/A	83.33%	—	—	N/A	
Doctors treat with courtesy/respect	COMM W/ DOCTORS	CAHPS		N/A	83.33%	—	—	N/A	
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS		N/A	83.33%	—	—	N/A	
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS		N/A	83.33%	—	—	N/A	
PG Overall	PG OVERALL	PG	3	3.92%	60.36%	—	-56.44%	1	
PG Overall†	PG OVERALL	PG	3	7.21%	60.91%	—	-53.70%	N/A	
Section: Nurses	NURSES	PG	3	0.00%	61.11%	—	-61.11%	1	
Section: Nurses†	NURSES	PG	3	0.00%	63.89%	—	-63.89%	N/A	
Friendliness/courtesy of nurses	NURSES	PG	3	0.00%	83.33%	—	-83.33%	1	
Promptness response to call	NURSES	PG	3	0.00%	66.67%	—	-66.67%	1	
Nurses' attitude toward requests	NURSES	PG	3	0.00%	66.67%	—	-66.67%	1	
Attention to needs	NURSES	PG	3	0.00%	66.67%	—	-66.67%	1	
Nurses kept you informed	NURSES	PG	3	0.00%	50.00%	—	-50.00%	1	
Skill of nurses†	NURSES	PG	3	0.00%	50.00%	—	-50.00%	1	
Overall rating of care	OVERALL ASSESSMENT	PG	3	0.00%	57.14%	—	-57.14%	1	

† Custom Question ^ Focus Question
 ■ At or Above Goal ■ <5 Points Below Goal ■ >5 Points Below Goal □ No Goal

Sincerely,

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



UMC

UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: June 28,
2023

Medical Chief of Staff
Report May 2023

Dr. Francis
O'Connell Medical
Chief of Staff



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

May 2023

Re: Chief of Staff Monthly Report

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

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

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

Last month, the hospital administration began discussions and sought preliminary input from the medical staff about the UMC closure planning process. It would be important to mention that United Medical Center has approximately 3000 patients registering to be seen at the ED per month with an average number of admissions of 409 patients over the past 15 months. In addition, the ED transfers another 65 patients to other facilities. This amounts to a total of 474 patients per month who require complex inpatient and specialty medical care. This cannot be overlooked or understated, especially in the context of how best to meet the needs of the community in the months leading up to the hospital's closure.

We continue to support the hospital's efforts in meeting the ongoing needs of the community as and remain interested in continued engagement and discussion regarding the hospital's closure planning process to ensure continued 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

MAY 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for April 2023 was 133 and 128 in May 2023.

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 have continued to assist providers on the appropriate use of the access service for quality patient care We had a total of 97 vascular access procedures in May 2023.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. We had a total of 18 cases in May 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	
JULY	195	186	140	176	102	
AUG	203	193	156	148	113	
SEPT	191	182	151	121	123	
OCT	211	175	146	135	150	
NOV	195	133	153	137	127	
DEC	192	156	146	132	110	
TOTAL	2,331	2136	1559	1748	1488	

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



Mina Yacoub, M.D., Chairman

MAY 2023

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

In May 2023, the Intensive Care Unit had 54 admissions, 55 discharges, and 312 Patient Days. Average Length of Stay (ALOS) was 5.7 days and ICU managed a total of 62 patients. The average daily census was 10 (9.9) patients. There were no returns to ICU within 24 hours of transfer out. There was a total of 9 deaths for 55 discharges, with an overall ICU mortality rate of 16.5 %. No patients required transfer to other local hospital ICUs.

May 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 22 patients with severe sepsis and septic shock. Three deaths were due to severe sepsis/septic shock in May, for an overall severe sepsis mortality of 13.6 %.

In May, the ICU had 166 ventilator days with no Ventilator Associated Pneumonia (VAP), 229 Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 248- 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

June 12, 2023



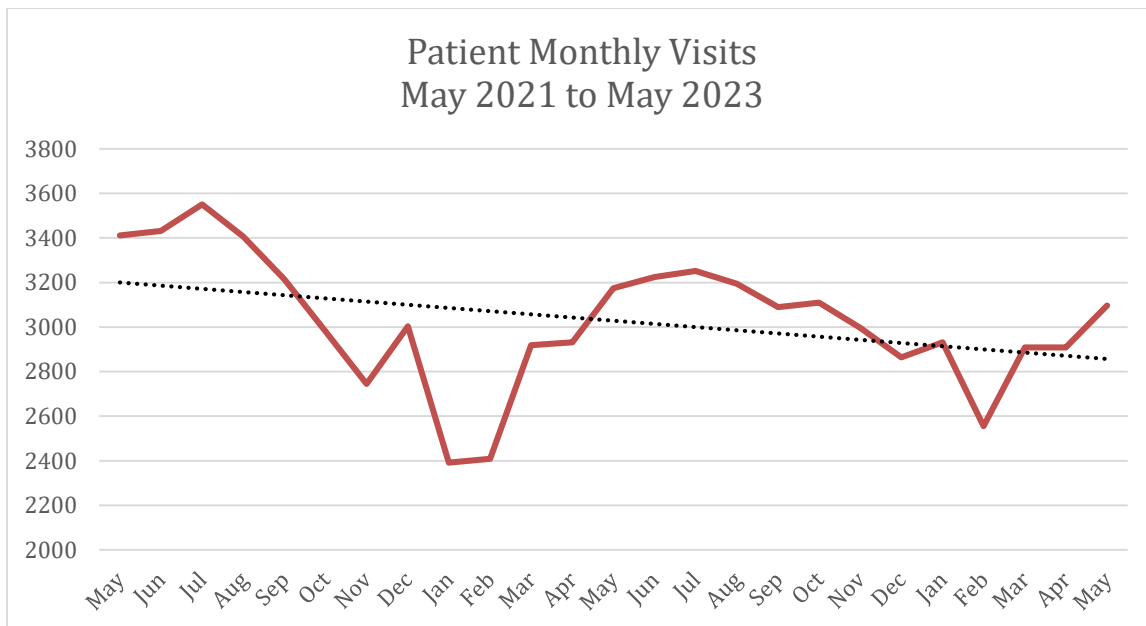
Francis O'Connell, M.D., Chairman

MAY 2023

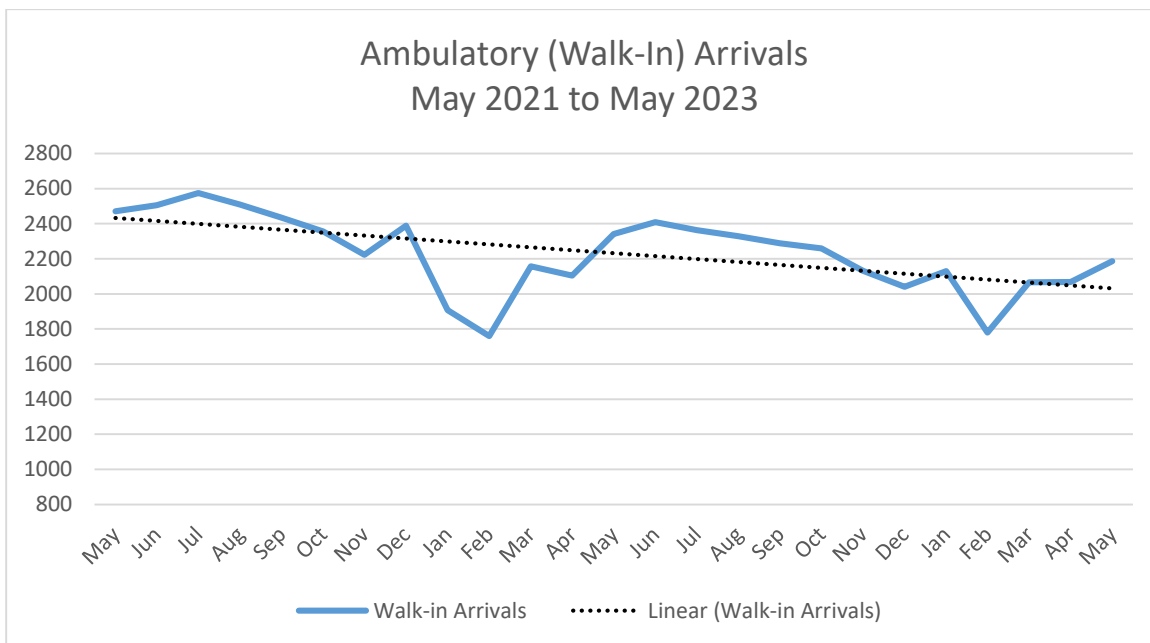
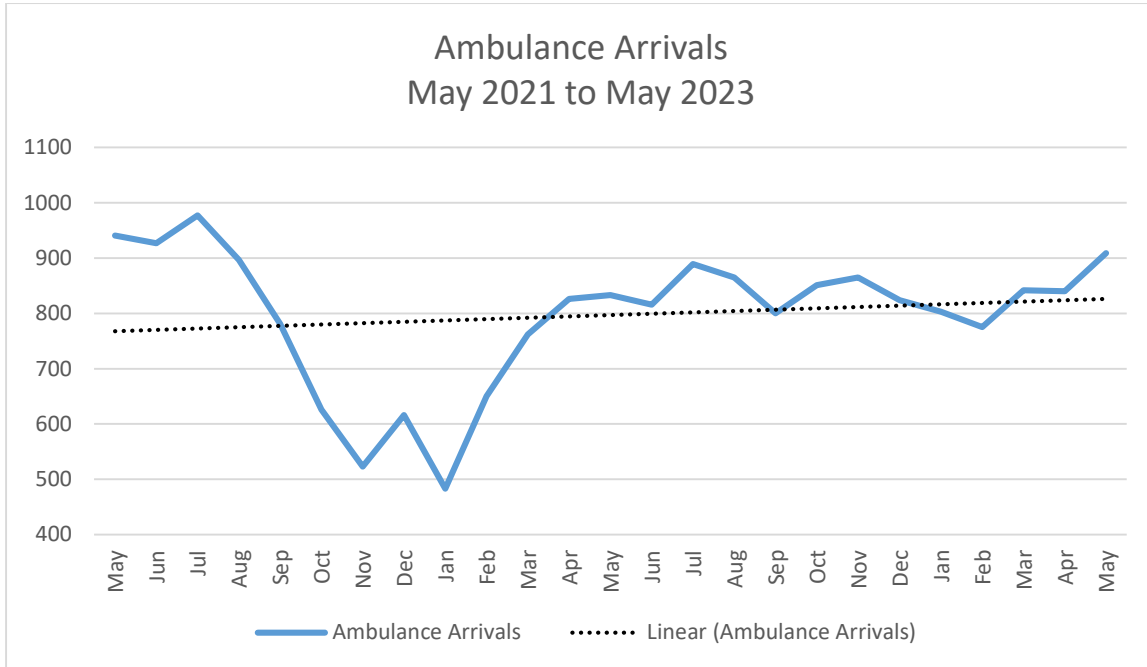
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for May 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT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

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

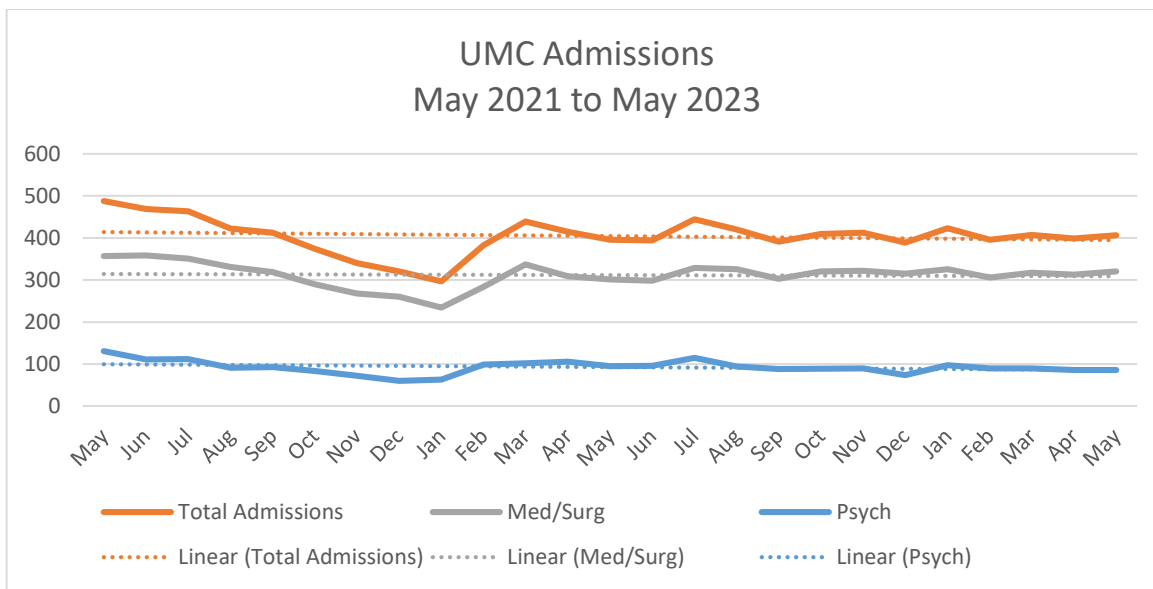
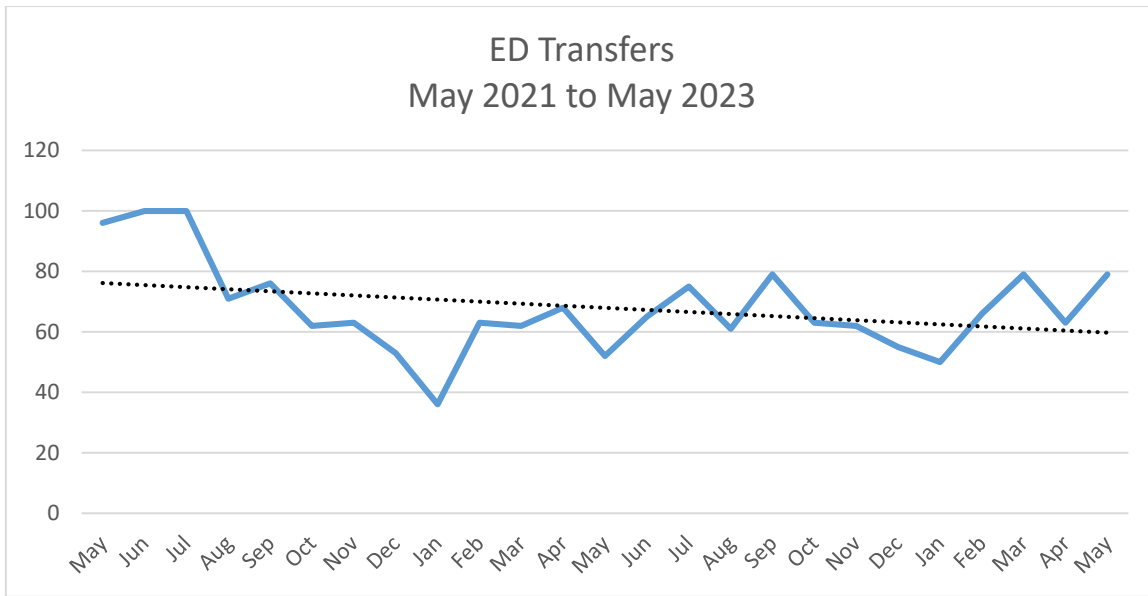
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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

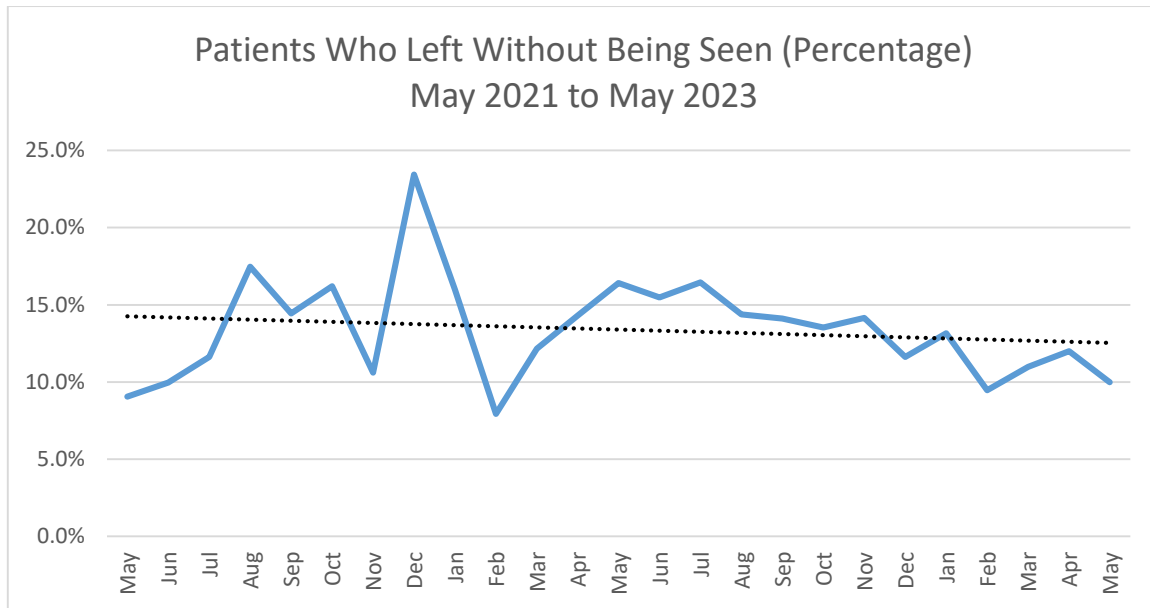


Department of Emergency Medicine



Department of Emergency Medicine





Data tables:

ED Volume and Events						
	May 2021	%	May 2022	%	May 2023	%
Total patients	3411		3174		3096	
Daily Avg Census	110		102		100	
Ambulance Arrivals	941	27.6%	833	26.2%	909	29.4%
Admit	488	14.3%	396	12.5%	406	13.1%
• Med Surg	357	10.5%	301	9.5%	320	10.3%
• Psych	131	3.8%	95	3.0%	86	2.8%
Transfers	96	2.8%	52	1.6%	79	2.6%
LWBS	309	9.1%	521	16.4%	309	10.0%
Ambulance Admission Rate	33.4%		31.2%		29.8%	
Walk-In Admission Rate	7.0%		5.8%		6.2%	

Analysis:

1. The data reported this month includes data from the past three years. A new statistic was added to the charts and tables – ED Transfers.
2. The monthly census for May 2023 was similar to the previous month and was down from previous years. The census trend for the last two years is slightly negative, though fairly stable over the last 15 months with the exception of February which, historically, sees a dip in visits.
3. The total number of ambulances coming to UMC was up from May 2022 and slightly down from May 2021. The number of ambulances appears to have reached a steady state over the past 15 months.

4. The total number of medicine admissions was similar to the previous month and slightly up from May 2022, and down from May 2021. The number and percentage of admissions trend remained steady since Mar 2022.
5. The number of ED Transfers remained constant since Mar 2022 and represented 2.6% of visits in May 2023, similar to May 2021 and up from May 2022.
6. The percentage of patients who left without seeing a provider (LWBS) dropped slightly from the previous month.
7. The monthly number of walk-in patients visiting the ED remained steady from the previous month and over the last 15 months.
8. Ambulance visits continue to be a major contributor to higher acuity ED volume and admissions.

The trends for ED visits, admissions, ambulance arrivals, ED transfers and LWBS since March 2022 demonstrated less variability (month to month) than the previous two years. This suggests the hospital has reached a steady state or sorts for the time being. As demonstrated in the two years preceding March 2022, these numbers are susceptible to a host of perturbations, both intrinsic and extrinsic to UMC.

The hospital administration's commitment to optimizing nursing, tech and sitter staffing in the ED has prevented the LWBS from climbing and supported the steady number of patients who continue to utilize UMC for their emergency care – on average, 3010 patients per month. The average number of admissions for the past 15 months was 409 patients (316 medicine, 93 psychiatric). The average number of ED transfers were 65 patients. This amounts to a total of 474 patients per month (15.7% of monthly visits) who require complex inpatient and specialty medical care. This cannot be overlooked or understated, especially in the context of how best to meet the needs of the community in the months leading up to the hospital's closure.

We continue to support 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. We remain interested in continued engagement and discussion regarding the hospital's closure planning process to ensure continued care for patients of Wards 7 and 8 who continue to depend upon UMC for their care.

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



Musa Momoh, M.D., Chairman

MAY 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								585
HOSPITAL	133	118	96	121	117								585
PERCENTAGE	100%	100%	100%	100%	100%								100%
REGULAR													
MEDICINE	196	192	220	196	201								1005
HOSPITAL	299	289	320	294	297								1499
PERCENTAGE	66%	66%	69%	67%	68%								67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118								580
HOSPITAL	127	123	95	117	118								580
PERCENTAGE	100%	100%	100%	100%	100%								100%
REGULAR													
MEDICINE	160	153	154	163	154								784
HOSPITAL	255	255	249	261	240								1260
PERCENTAGE	63%	60%	62%	62%	64%								62%
PROCEDURES													
HEMODIALYSIS	131	119	261	222	194								927
EGD'S	19	23	22	17	24								105
PEG'S	3	1	2	8	7								21
COLONOSCOPY	23	19	31	24	24								121
ERCP	0	0	0	0	0								0
BRONCHOSCOPY	0	0	1	0	1								2
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0								0
Cases Reviewed	0	0	0	0	0								0
Cases Closed	0	0	0	0	0								0

Department of Medicine met on March 8, 2023.

The next meeting is June 14, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D. Chairwoman

MAY 2023

Lab is operating well without major issues. Administration is helping in filling the vacant positions in the laboratory. Dragon system is implemented to help in dictation of surgical pathology cases. Majority of the operating procedures are reviewed and signed by Medical Director.

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

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								
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								

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

MAY 2023

UMC Behavioral Health Unit May 2023 Board Report

UMC Behavioral Health Unit May 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							
Voluntary Admissions	31	30	40	45	27							
Involuntary Admissions = FD12	83	109	100	87	67							
Total Admissions	114	139	140	132	94							
Average Daily Census	17	21	19	18	16							
Other Measures												
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	4.5							
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0							
# Psych Consultations	94	170	243	170	134							
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	74%							
Discharge												
Discharges	102	147	143	138	98							

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



John Flynn, M.D., Interim Chairman

MAY 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	85		810		126		1021	
Fluoro	8		0		21		29	
Mammography					110		110	
Magnetic Resonance Angio							0	
Magnetic Resonance Imaging	24		14		27		65	
Nuclear Medicine	19		0		4		23	
Special Procedures	0		0		0		0	
Ultrasound	78		267		137		482	
X-ray	159		1039		483		1681	
CNMC CT Scan			49				49	
CNMC X-ray			584				584	
Grand Total	373		2763		908		4044	

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

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

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

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

Services:

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

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

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

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

John Flynn, M.D.

Interim Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

MAY 2023

For the month of May 2023, the Surgery Department performed a total of 128 procedures.

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

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
OCT		194	191	181	177	214	211	175	146	135	150
NOV		137	157	150	196	152	196	138	156	137	127
DEC		143	183	210	191	153	192	156	146	132	110
QUARTER TOTALS		474	531	541	564	519	599	469	448	404	387
JAN	173	159	183	147	216	155	210	195	147	121	111
FEB	134	143	157	207	185	194	180	167	153	126	106
MAR	170	162	187	215	187	223	158	82	133	146	144
Q1 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	
Q2 QUARTER TOTALS		514	515	543	597	614	574	257	487	384	254
JULY	164	172	193	192	189	195	186	140	177	103	
AUG	170	170	174	202	191	203	193	161	155	114	
SEP	177	168	166	172	171	191	182	162	126	124	
Q3 QUARTER TOTALS		510	533	566	551	589	561	463	458	341	0

This month ended with a **1.5% increase** compared to last month and a **4% increase** 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.

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


<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

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

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

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

Respectfully,



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



UMC

UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: June 28,
2023

Nursing Department
Report May 2023

Teka Henderson, VP
of Nursing

United Medical Center Nursing Board Report May 2023

Overall State of Nursing Department(s)

Staffing:

We continue to work on staffing, recruitment and inspiring staff to stay until closure. We are cross training current staff. We are supplementing staff with agency staff due to vacancies. There were 13 agency registered nurses and 7 technicians on boarded in May. May is mental health awareness month. We are always concerned about the safety of our staff. A phenomenal presentation was held during our May Management Council meeting to raise awareness, provide support and fight the stigma of mental illness. Staff were provided resources and reminded of the importance of self-care. Our Employee Assistance Program (EAP) was referenced as an available resource by contacting Human Resources. May 6-12th was nurse's week. Nurses are recognized every day for their tenacity, dedication and commitment. There were exceptionally recognized this week as "Simply The Best" in a manner of variety and thankfulness.

Performance Improvement:

Preparing for The Joint Commission survey is paramount with ongoing education, rounding, audits and unit preparations. There were 2 HAPI's for the month of May. Education continues regarding accurate assessment and continuous monitoring of any device that can cause pressure injuries. Daily Braden score assessments are used to identify patients at risk for the potential of impaired skin integrity. We also focused on the completion of the annual mandatory Relias accucheck training for clinical staff.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
MAY	54	10	22	8	13	1

There were a total of 54 admissions for the month of May with an average daily census of 10. Education focused on patient armband and medication scanning, suicide risk and prevention training, annual competencies and accucheck training. Overall completion and resettling of ICU transfer from 5th floor to the 3rd floor. This transfer was instrumental in increasing quality of care, patient safety and increase volume to 15 beds.

PERIOPERATIVE

OR/PAC U Month	CASES	In Pt	Out Pt	# of CX	CODE BLUE	WRTC	Death
May	125	53	72	19	0	0	0

DIABETES

There were 9 insulin drips for the month of May. Education focused on 100% clinical training for the annual accucheck competency. Ongoing training for new staff.

Emergency Department:

Recruitment and retention is ongoing. One fulltime RN and one fulltime sitter was on boarded for May. Education continues on the importance of documentation, wearing proper PPE including facemask regardless of the state lifting of mask wearing in hospitals and providing quality care to all of our customers

ED Metrics Empower Data	Apr	May	Jun	Jul	Aug
Visits	2907	3099			
Change from Prior Year (Visits)	2931	3175			
% Growth	-0.83	-2.45			
Ambulance Arrivals	840	910			
Ambulance Admissions	250	273			
Ambulance Patients Admission Conversion	0.30	0.30			
% of ED patients arrived by Ambulance	0.29	0.29			
% of ED Ambulance Patients Admitted	0.30	0.30			
Triage Time	24	22			
Physician Time	113	104			
Disposition Time	279	242			

Respiratory Therapy

Education

Ongoing education and preparation for TJC.

PI Initiative

Critical value reporting increase to 100% from 97.8%. Real time coaching, audits and review increased compliance.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
May	2	69	35	0	1	76	0	0	9	192

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL	PHYSICAL HOLD
May	94 FD12 =67 Vol =27	16	2	4.57	87	0	0	1	0	0

Education centered on accucheck training, securing property and proper documentation. Bimonthly meetings with Caremind/Axis and DBH staff t educate on psychiatric patient needs. Monthly meetings with DCHA and meetings with managed care organizations.

Performance improvement initiatives focused on Q 15 minute and Q 2 hour observations, restraint & seclusion audits and patient weights.

Respectfully submitted,

Teka Henderson, MSN, RN
VP of Nursing



UMC

UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: June 28,
2023

Executive
Management Report
May 2023

Dr. Jacqueline Payne-
Borden
Chief Executive Officer



Executive Leadership Board Report May 2023

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

The following are some highlights:

A major and ongoing focus for the leadership team is the management of overtime (OT). An OT task force was formed in early March to look at potential variables that could be impacting overtime. This month, OT specifically for nursing was attributed to varying reasons such as call outs, FMLA, and agency staff canceling in the middle of contracts. Leaders will continue to require justification and approval of overtime to promote decreased OT while not compromising safe clinical and non-clinical activities.

Information Technology Department completed all systems updates for the month of May. Although UMC's IT infrastructure environment did not have a direct security risk or an attack, for approximately 72 hours. UMC experienced an influx of robo calls to the Emergency Department's main number and Command Center through Verizon network. A total of 10,500 calls were received during the time frame. To address the issue, a new temporary extension was configured for the ED. Homeland Security and the Office of the Chief Technology Officer (OCTO) were immediately informed and stayed in communication throughout to make sure UMC IT was on the right course. Verizon was eventually able to block the calls and the ED original extension was restored.

The IT team successfully implemented charge automation for Vascular Services documentation, assisted in HRSA and Medicaid DSH audits, upgraded Net Extender VPN client for all remote users, and updated UMC's website to include the availability of a "Price Estimator" tool that helps our patients to better understand potential out of pocket costs for healthcare services at UMC.

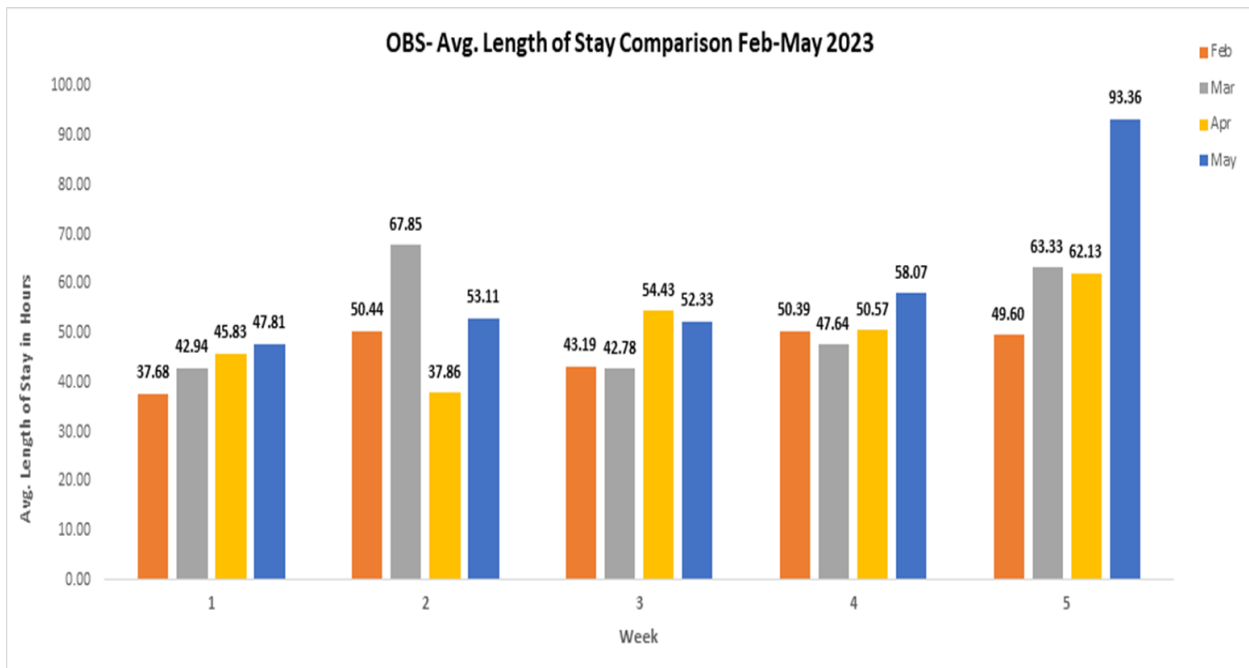
The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers. Despite rigorous efforts, factors such as awaiting cardiology and gastroenterology consults, particularly if admitted on a weekend contributed to increase in LOS for patient in OBS status. In addition, approximately 20 or 20% of patients on the medical/surgical/telemetry units were "long stay" patients; meaning the length of stay was 10 days or greater. These long stay patients met discharge criteria but issues such as homelessness,



dually diagnosed with substance use disorders and chronic and persistent mental illness, as well as patients who required skilled nursing facility were difficult to discharge. Reasons included: facilities declining admission due to insurance, patient with psychiatric history, positive toxicology, and patient with severe obesity requiring bariatric size bed.

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

	Feb	Mar	Apr	May
Week 1	37.68	42.94	45.83	47.81
Week 2	50.44	67.85	37.86	53.11
Week 3	43.19	42.78	54.43	52.33
Week 4	50.39	47.64	50.57	58.07
Week 5	49.60	63.33	62.13	93.36



UMC’s facilities team along with specialized vendors continues to provide preventative maintenance and repairs on various hospital infrastructure such as, generators, cooling towers,



chillers and elevator systems. Repairs and modernization of these systems are at various phases of completion.

The hospitals in the window for the re-accreditation unannounced survey visit by The Joint Commission (TJC). We continue to operate at our optimum level on a daily basis to ensure our environment of care is safe and functional so that quality and safety are preserved; any potential risks are managed timely.

Nurses Week

Nurses were recognized during the annual Nurses' Week Celebrations. This year's theme was: *You make a Difference, Anytime, Anywhere, Always*. Thanks to all who helped to make the week meaningful. Special appreciation to our Dietary Team for providing extra special meals, and the Medical Staff for providing funds to purchase a gift for each nurse.

Community Partnerships

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

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

UMC will partner with DC Hospital Association, to engage in the Health Care Summer Immersion Program to host 2 high school juniors from DC Public Schools. This internship is to expand their interest in a career in health and expose student to the various career options within the healthcare field. The ultimate goal is to provide sustainable job options for the residents of District of Columbia while also adding to the Districts workforce development.

Respectfully submitted,

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



UMC
UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: June 28,
2023

Financial Report
Summary

Lilian Chukwuma
Chief Financial Officer



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending May 31, 2023

DRAFT



Table of Contents

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



Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2023 Actual Gap Measures
As of May 31, 2023

	FY 2023 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy	(\$21,247,500)
District Subsidy	<u>\$15,000,000</u>
Adjusted Net Gain/(Loss) from Operations	<u>(\$6,247,500)</u>

Note: Gap Closing Initiatives Ongoing



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 10% (\$971K) MTD and 6% (\$4.9M) YTD due to reduction in Disproportionate Share (DSH).**
- ❖ **Net patient revenue is lower than budget by 5% (\$352K) MTD and 3% (\$1.4M) YTD due to the following:**
 - ❖ **Admissions are lower than budget by 4% MTD and 2% YTD.**
 - ❖ **Clinic visits are lower than budget by 17% MTD and YTD respectively.**
 - ❖ **Total surgeries are lower than budget by 3% MTD and 6% YTD.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 7% (\$700K) MTD and 1% (\$652K) YTD.**
 - ❖ **Salaries are higher than budget by 6% (\$178K) MTD and 9% (\$2.2M) YTD due to overtime because of increase in vacancies.**
 - ❖ **Overtime is higher than budget by 115% (\$144K) MTD and 209% (\$1.6M) YTD due to increase in vacancies.**
 - ❖ **Employee benefits are higher than budget by 23% (\$206K) MTD and 18% (\$1.2M) YTD.**
 - ❖ **Contract labor has been normalized for the month but higher than budget by 62% (\$2.8M) YTD directly related to agency use.**
 - ❖ **Professional fees are lower than budget by 40% (\$679K) MTD and 26% (\$3.6M) YTD due to contract adjustments that occurred after budget development.**
 - ❖ **Purchased services are higher than budget by 2% (\$32K) MTD but lower by 17% (\$1.7M) YTD.**
 - ❖ **Other expenses are lower than budget by 15% (\$172K) MTD and 19% (\$1.7M) YTD.**



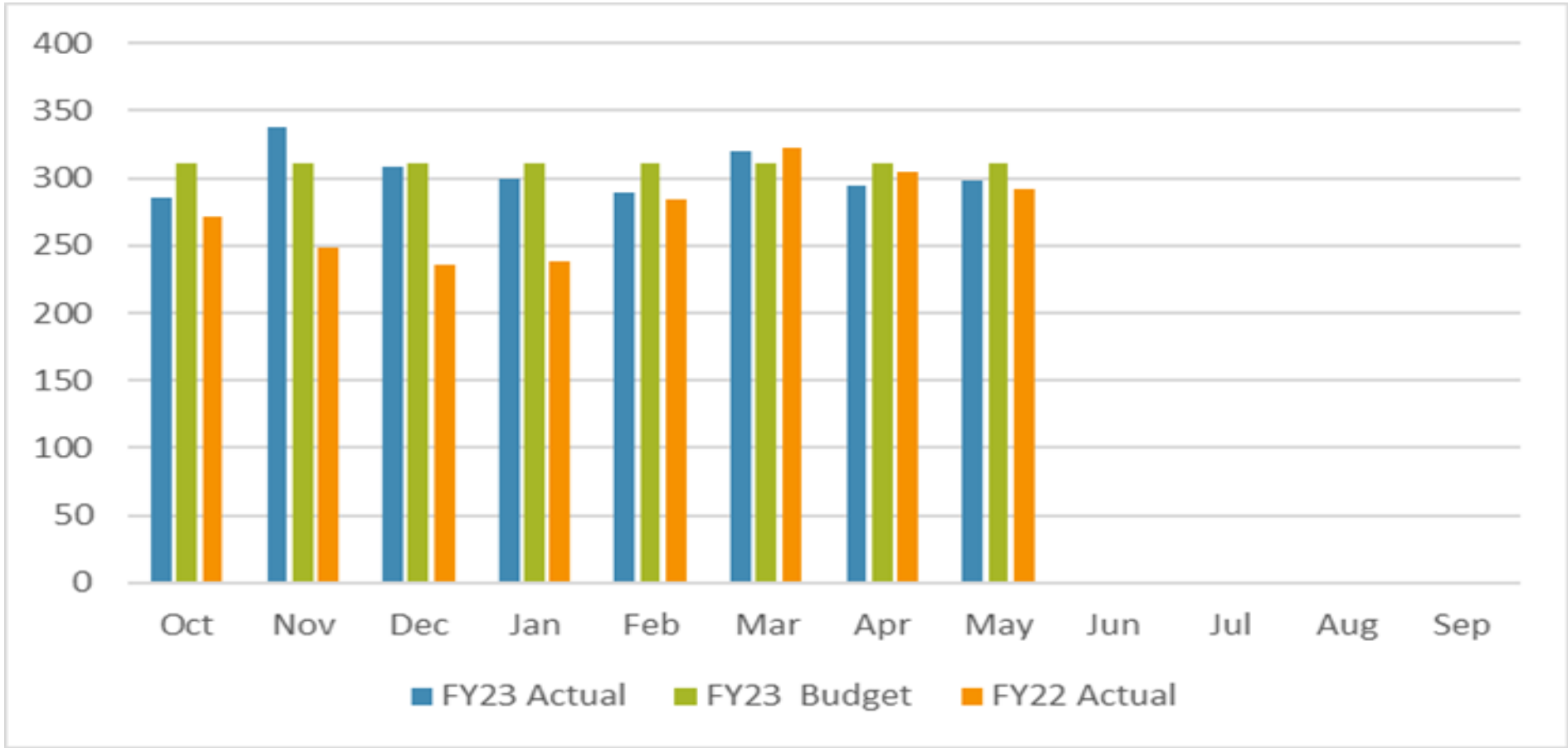
Key Indicators

Fiscal Year 2023 thru 05/31/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY22	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	298	311	292	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	125	129	119	▼	▲
Emergency Room Visits	Actual Visits	3,093	3,043	3,161	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	547	601	665	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.22	1.00	1.09	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	46%	55%	44%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	27	52	35	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	93%	92%	110%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	112	45	80	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-5.8%	1.0%	-19.2%	▼	▲



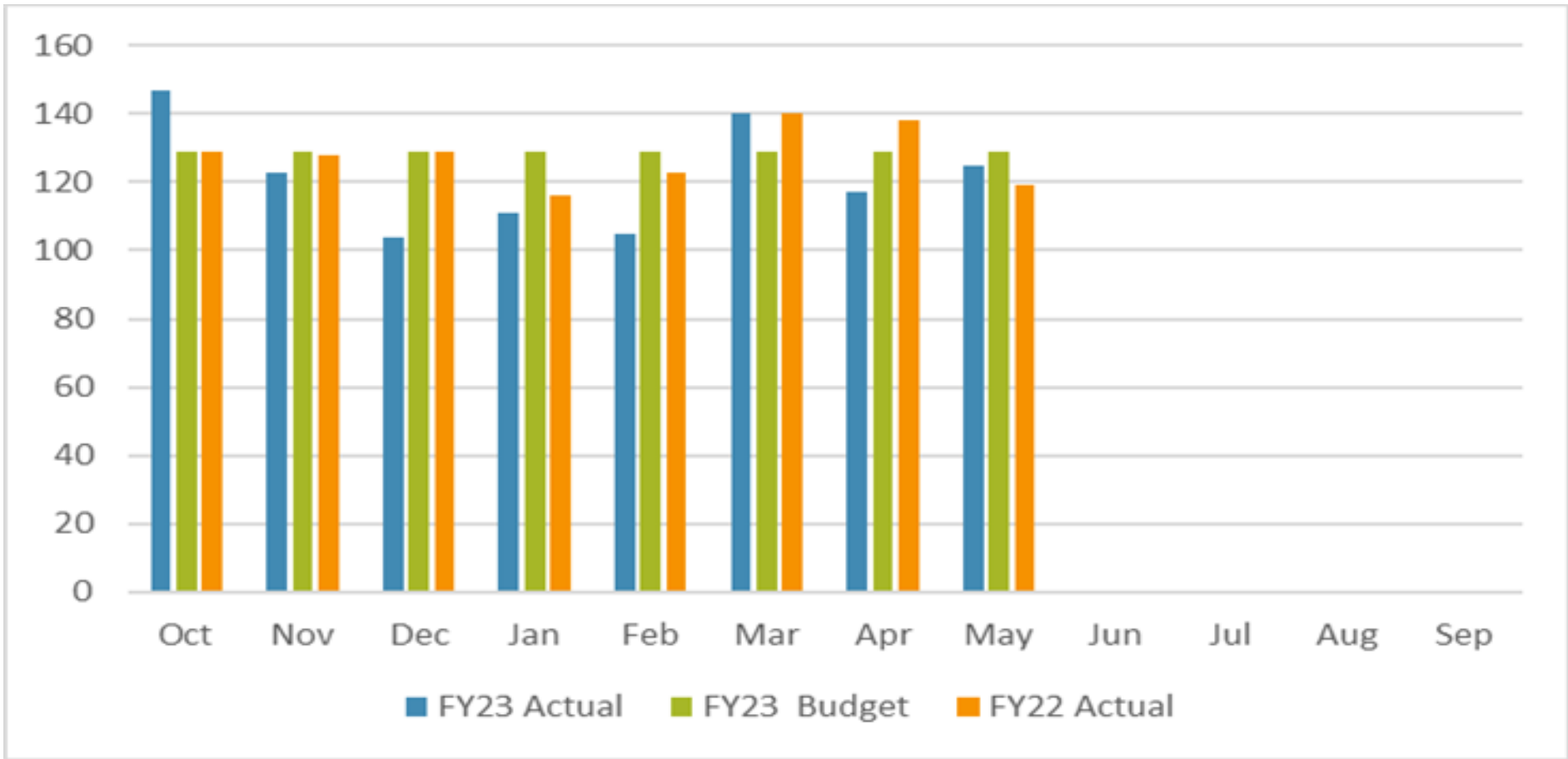
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	286	338	309	299	289	320	294	298				
FY23 Budget	311	311	311	311	311	311	311	311				
FY22 Actual	272	249	236	238	284	323	304	292				



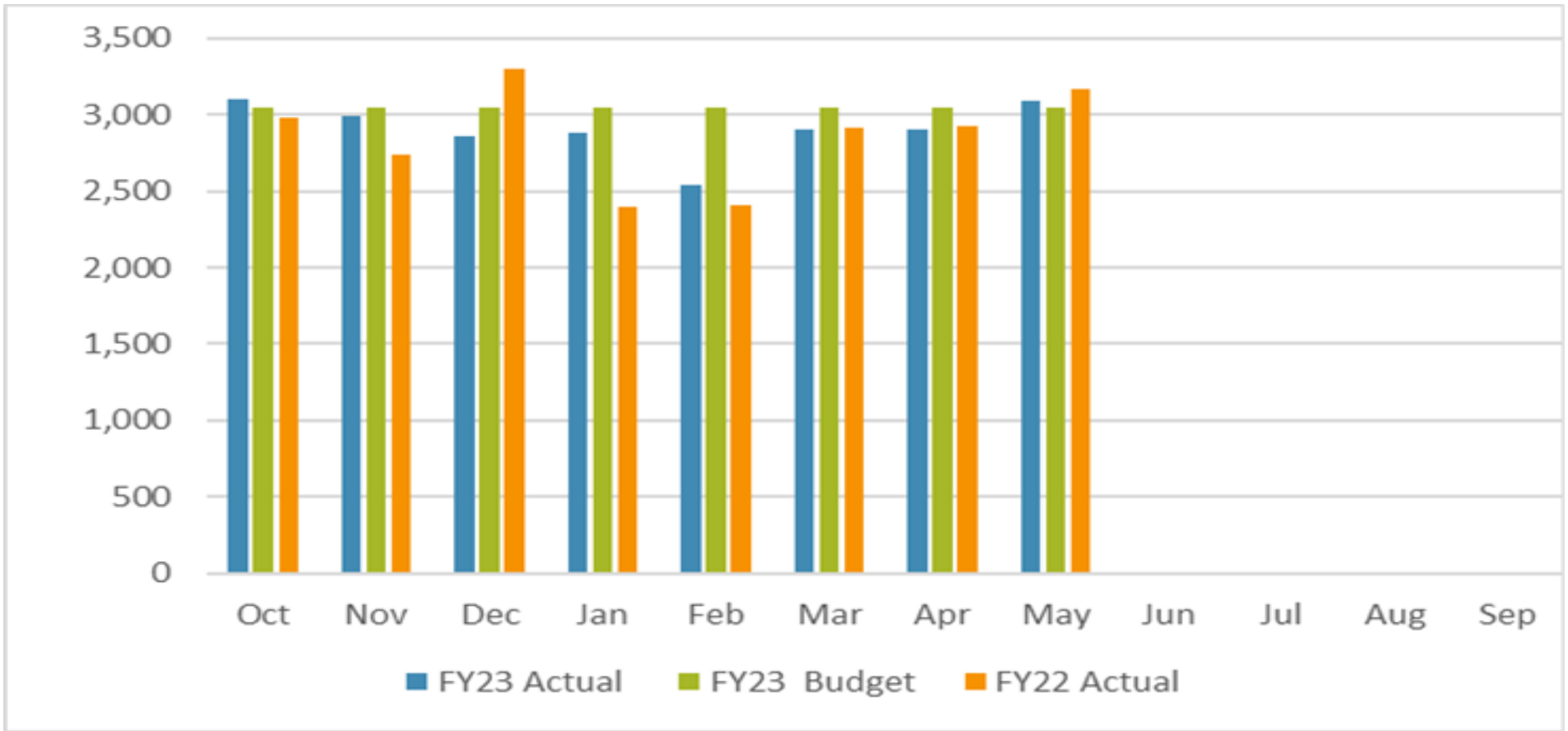
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	147	123	104	111	105	140	117	125				
FY23 Budget	129	129	129	129	129	129	129	129				
FY22 Actual	129	128	129	116	123	140	138	119				



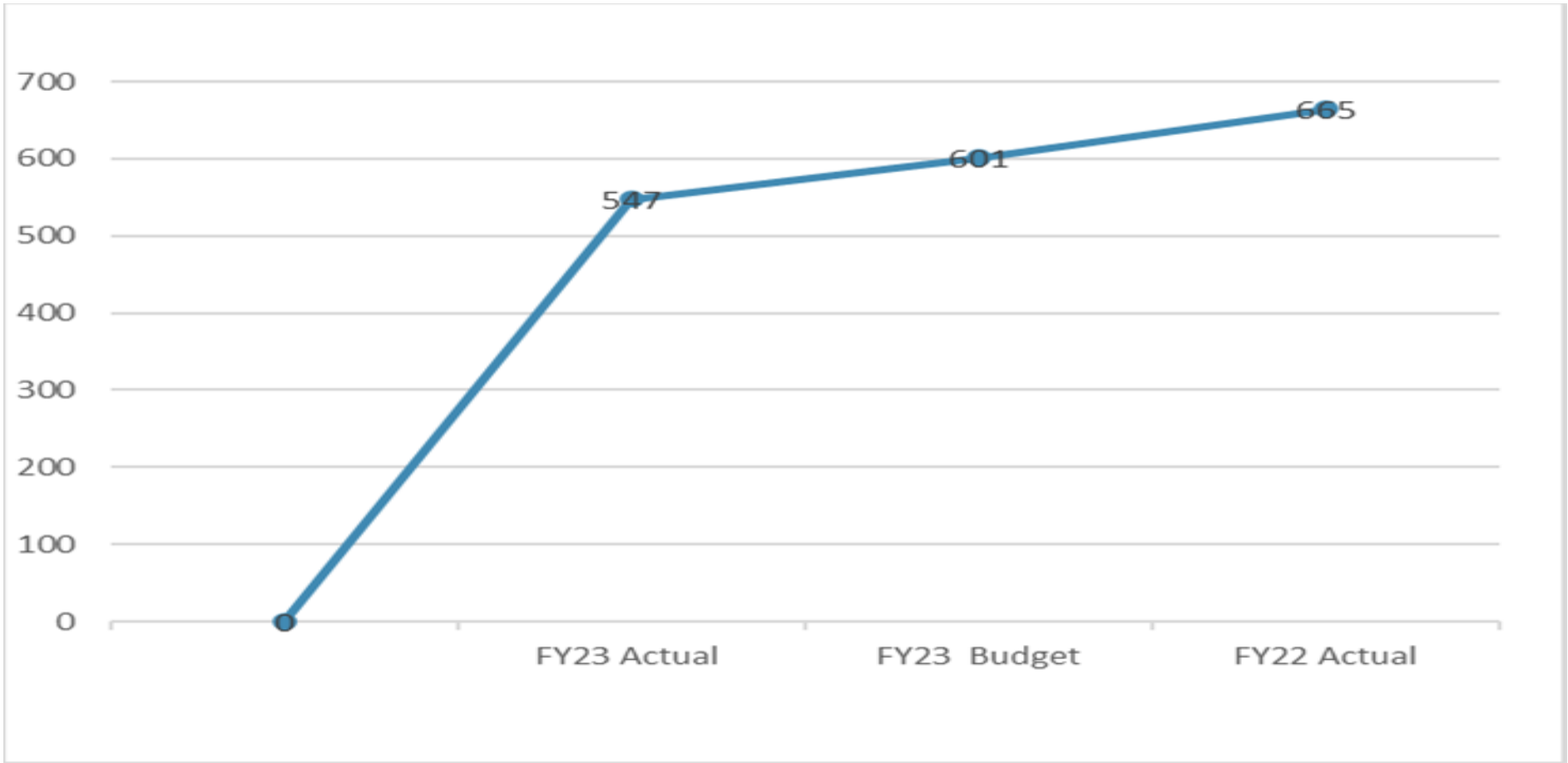
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	3,099	2,989	2,855	2,883	2,544	2,901	2,907	3,093				
FY23 Budget	3,043	3,043	3,043	3,043	3,043	3,043	3,043	3,043				
FY22 Actual	2,978	2,740	3,298	2,397	2,403	2,916	2,924	3,161				



Number of FTEs

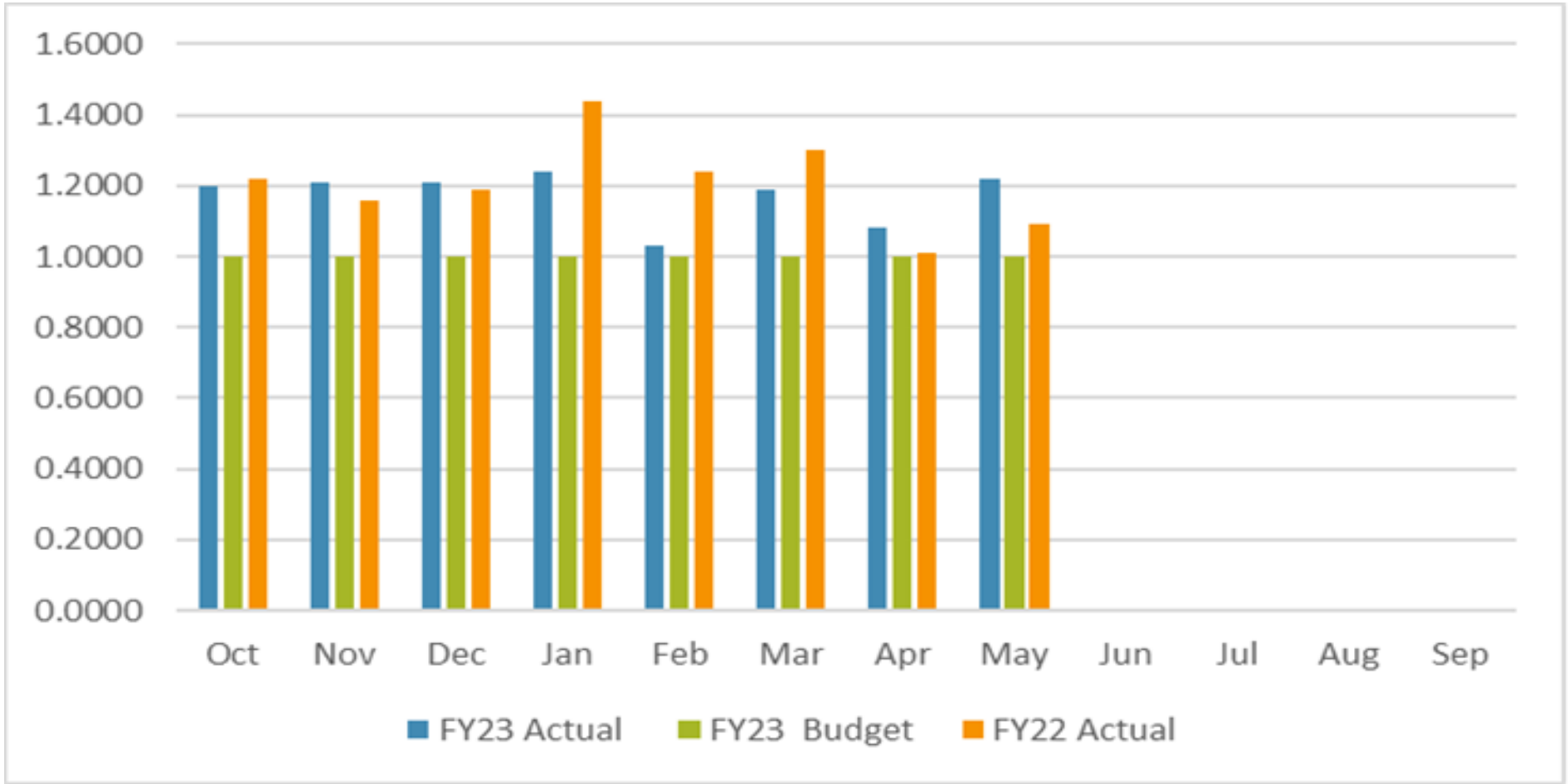


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	584	579	583	579	554	554	541	547				
FY23 Budget	601	601	601	601	601	601	601	601				
FY22 Actual	590	575	580	575	724	704	687	665				



UNITED
MEDICAL CENTER

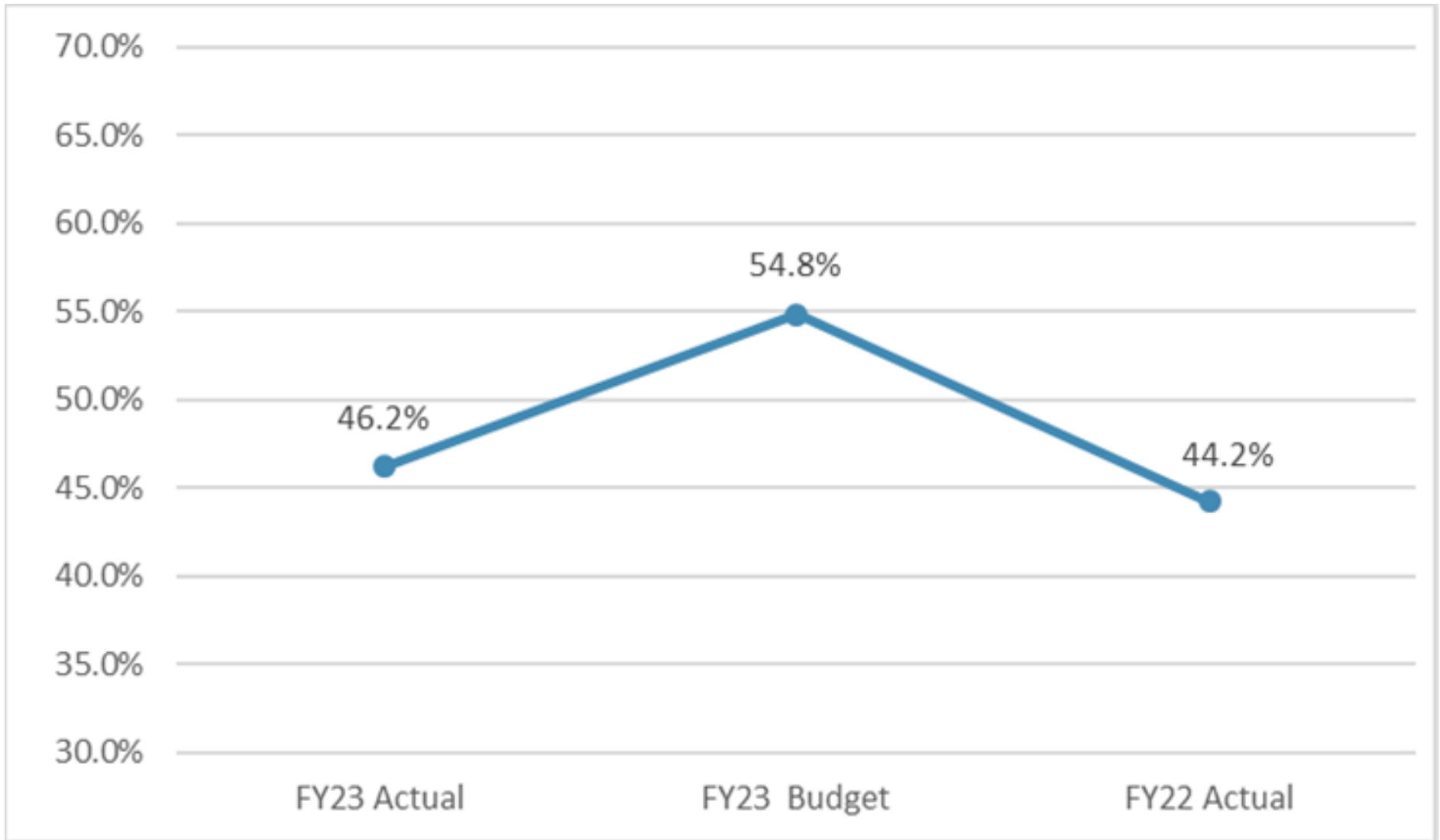
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300	1.1900	1.0800	1.2200				
FY23 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000				
FY22 Actual	1.2200	1.1600	1.1900	1.4400	1.2400	1.3037	1.0100	1.0900				

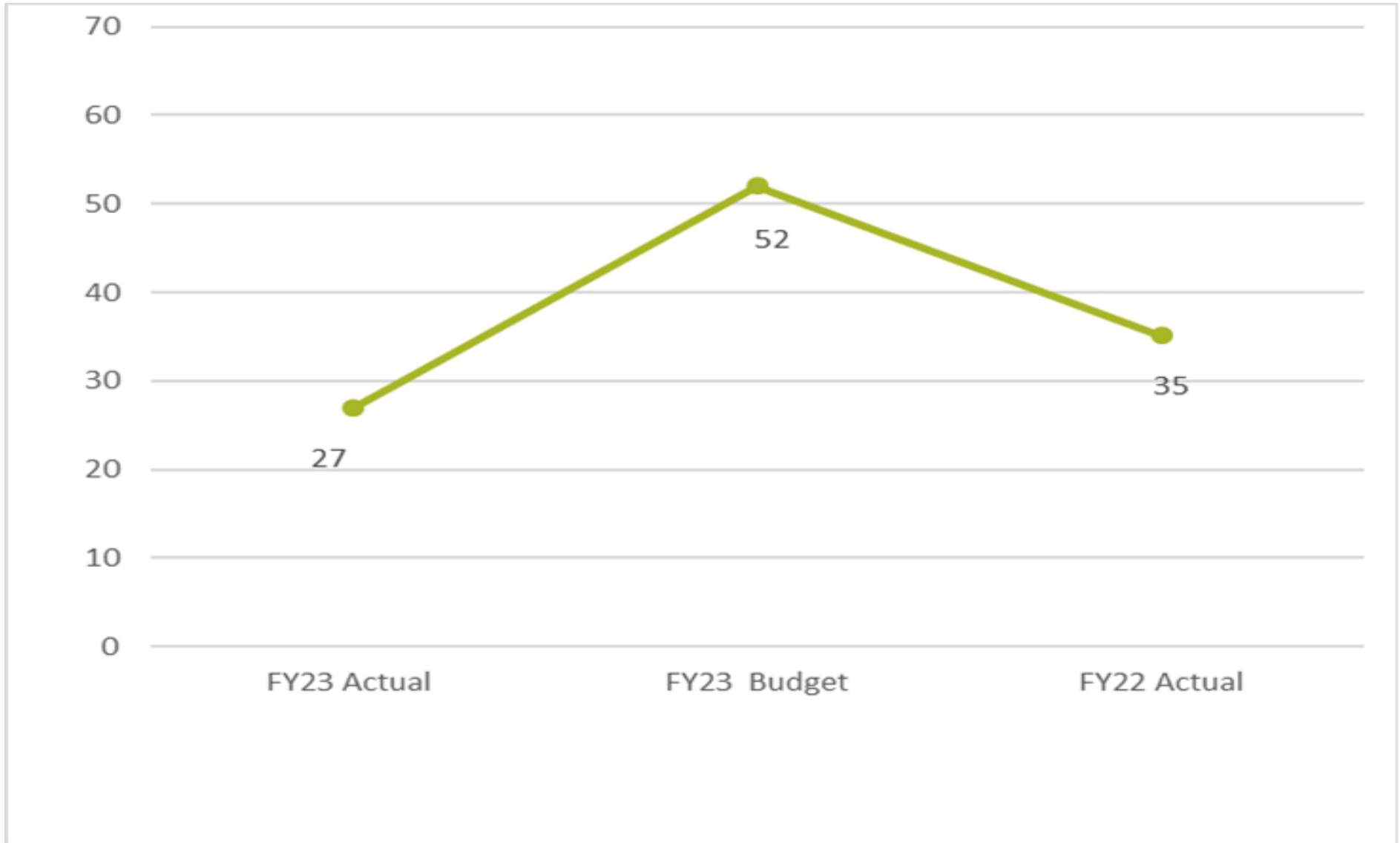


Salaries/Wages & Benefits as a % of Operating Expenses



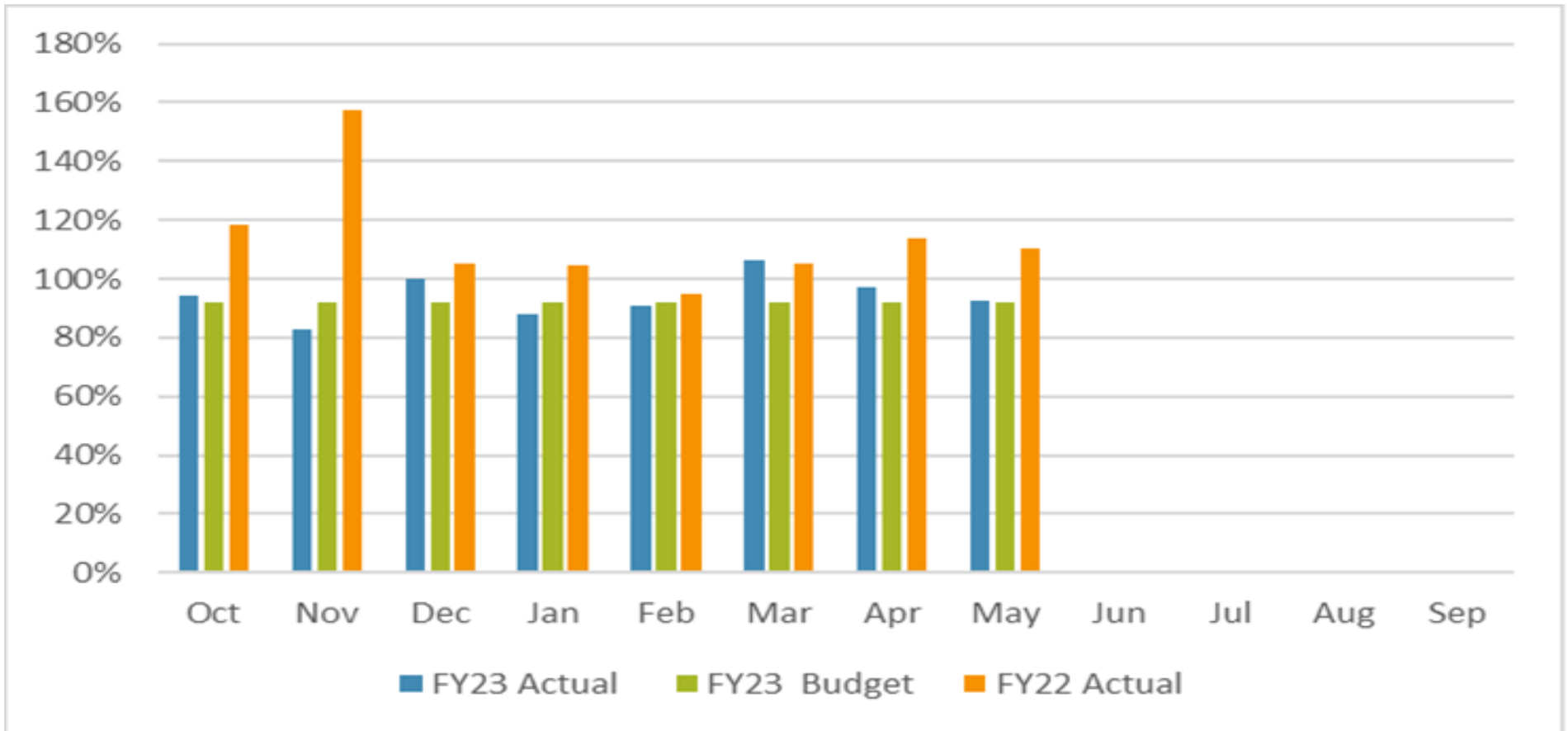


Net Accounts Receivable (AR) Days With Unbilled





Cash Collection as a % of Net Revenues

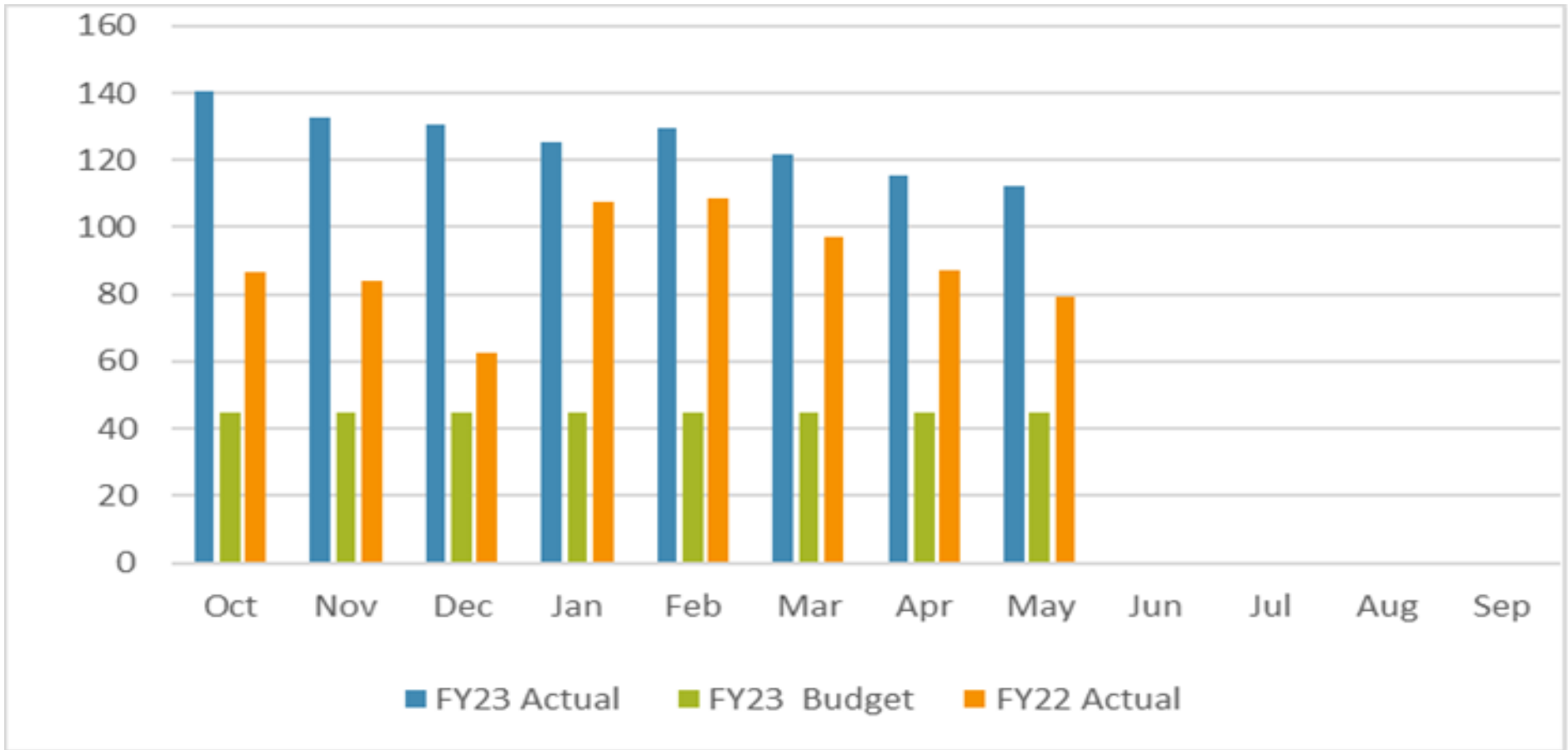


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	94%	83%	100%	88%	91%	106%	97%	93%				
FY23 Budget	92%	92%	92%	92%	92%	92%	92%	92%				
FY22 Actual	119%	158%	105%	105%	95%	105%	113%	110%				



UNITED
MEDICAL CENTER

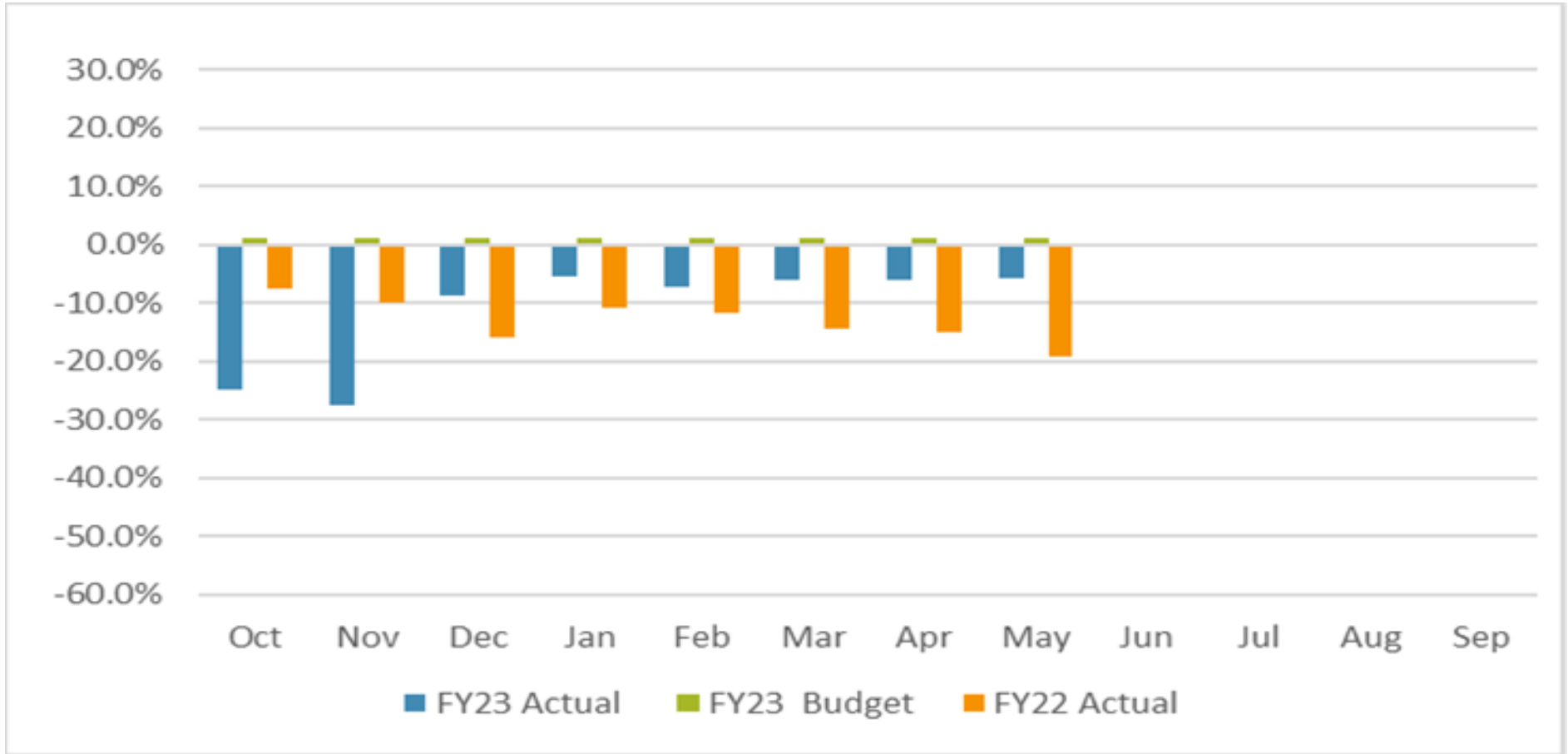
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	140	132	131	126	130	122	116	112				
FY23 Budget	45	45	45	45	45	45	45	45				
FY22 Actual	86	84	63	108	109	97	87	80				



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	-24.8%	-27.4%	-8.6%	-5.3%	-7.1%	-6.2%	-6.2%	-5.8%				
FY23 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%				
FY22 Actual	-7.4%	-9.8%	-15.9%	-8.9%	-7.9%	-14.4%	-14.9%	-19.2%				



Income Statement

FY23 Operating Period Ending May 31, 2023

	Month of May			Variance				2023 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	298	311	292	(13)	-4%	6	2%	2,433	2,488	2,198	(55)	-2%	235	11%
Patient Days	2,216	2,023	1,842	193	10%	374	20%	16,281	16,184	14,465	97	1%	1,816	13%
Emergency Room Visits	3,093	3,043	3,161	50	2%	(68)	-2%	23,271	24,344	22,817	(1,073)	-4%	454	2%
Clinic Visits	945	1,135	1,176	(190)	-17%	(231)	-20%	7,538	9,080	9,185	(1,542)	-17%	(1,647)	-18%
IP Surgeries	53	60	44	(7)	-12%	9	20%	355	480	341	(125)	-26%	14	4%
OP Surgeries	72	69	75	3	4%	(3)	-4%	617	552	681	65	12%	(64)	-9%
Radiology Visits	923	795	3,793	128	16%	(2,870)	-76%	6,890	6,360	6,241	530	8%	649	10%
Revenues														
Net Patient Service	6,445	6,797	5,170	(352)	-5%	1,275	25%	52,940	54,379	42,809	(1,439)	-3%	10,131	24%
DSH	735	995	494	(260)	-26%	241	49%	5,879	7,957	12,170	(2,078)	-26%	(6,291)	-52%
CNMC Revenue	150	166	149	(16)	-9%	1	0%	1,200	1,325	1,376	(125)	-9%	(176)	-13%
Other Revenue	1,332	1,675	2,638	(344)	-21%	(1,306)	-50%	12,140	13,402	15,754	(1,262)	-9%	(3,614)	-23%
Total Operating Revenue	8,662	9,633	8,450	(971)	-10%	211	3%	72,158	77,062	72,108	(4,904)	-6%	49	0%
Expenses														
Salaries and Wages	3,322	3,144	3,729	178	6%	(408)	-11%	27,402	25,153	29,489	2,249	9%	(2,087)	-7%
Employee Benefits	1,086	880	1,219	206	23%	(133)	-11%	8,280	7,043	8,498	1,237	18%	(218)	-3%
Contract Labor	398	567	649	(168)	-30%	(250)	-39%	7,327	4,533	6,305	2,794	62%	1,022	16%
Supplies	665	713	909	(49)	-7%	(245)	-27%	6,073	5,707	5,744	366	6%	329	6%
Pharmaceuticals	158	206	160	(48)	-23%	(2)	0%	1,358	1,645	1,512	(287)	-17%	(154)	0%
Professional Fees	1,009	1,688	1,587	(679)	-40%	(578)	-36%	9,952	13,502	13,241	(3,551)	-26%	(3,289)	-25%
Purchased Services	1,321	1,289	1,551	32	2%	(230)	-15%	8,593	10,315	10,624	(1,722)	-17%	(2,031)	-19%
Other	963	1,135	2,997	(172)	-15%	(2,035)	-68%	7,339	9,076	10,545	(1,737)	-19%	(3,206)	-30%
Total Operating Expenses	8,922	9,622	12,802	(700)	-7%	(3,880)	-30%	76,323	76,975	85,958	(652)	-1%	-9,635	-11%
Operating Gain/ (Loss)	(260)	11	(4,352)	(271)	-2497%	4,091	-94%	(4,165)	88	(13,850)	(4,253)	-4842%	9,685	-70%



Balance Sheet

As of the month ending May 31, 2023

May - 23	Apr - 23	MTD Change		Sep-22	YTD Change
Current Assets:					
\$ 41,788	\$ 43,440	\$ (1,652)	Cash and equivalents	\$ 43,419	\$ (1,631)
5,860	6,118	(258)	Net accounts receivable	6,841	(981)
4,197	4,217	(21)	Inventories	3,898	299
1,262	1,445	(183)	Prepaid and other assets	3,853	(2,591)
<u>53,107</u>	<u>55,179</u>	<u>(2,072)</u>	Total current assets	<u>\$ 58,011</u>	<u>\$ (4,904)</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
48,172	47,451	721	Capital Assets	49,400	(1,228)
<u>48,172</u>	<u>47,451</u>	<u>721</u>	Total long term assets	<u>49,400</u>	<u>(1,228)</u>
<u>\$ 101,278</u>	<u>\$ 102,629</u>	<u>\$ (1,351)</u>	Total assets	<u>\$ 107,411</u>	<u>\$ (6,133)</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
16,398	16,065	333	Trade payables	13,395	3,003
5,303	5,576	(273)	Accrued salaries and benefits	5,701	(398)
3,193	3,193	(0)	Other liabilities	3,183	10
<u>24,893</u>	<u>24,834</u>	<u>59</u>	Total current liabilities	<u>22,279</u>	<u>2,614</u>
Long-Term Liabilities:					
5,498	5,552	(55)	Unearned grant revenue	-	5,498
10,887	10,881	6	Estimated third-party payor settlements	10,862	25
5,158	5,908	-	Contingent & other liabilities	5,908	(750)
<u>21,543</u>	<u>22,341</u>	<u>(798)</u>	Total long term liabilities	<u>16,770</u>	<u>4,773</u>
Net Position:					
54,841	55,454	(613)	Unrestricted	68,362	(13,521)
<u>54,841</u>	<u>55,454</u>	<u>(613)</u>	Total net position	<u>68,362</u>	<u>(13,521)</u>
<u>\$ 101,278</u>	<u>\$ 102,629</u>	<u>\$ (1,351)</u>	Total liabilities and net position	<u>\$ 107,411</u>	<u>\$ (6,133)</u>



Statement of Cash Flow

As of the month ending May 31, 2023

Month of May		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 12,104	\$ 11,265	\$ 59,824	\$ 89,542
(3,913)	(6,616)	(35,800)	(74,649)
(4,232)	(4,653)	(35,630)	(59,965)
(3,727)	3,588	3,100	882
<u>232</u>	<u>3,584</u>	<u>(8,505)</u>	<u>(44,189)</u>
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	3	-
<u>-</u>	<u>-</u>	<u>3</u>	<u>-</u>
Cash flows from noncapital financing activities:			
-	-	-	-
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>40,000</u>
<u>-</u>	<u>-</u>	<u>15,000</u>	<u>40,000</u>
Cash flows from capital and related financing activities:			
21	-	-	-
-	(38)	115	5,493
(1,905)	(37)	(8,244)	(5,852)
<u>(1,884)</u>	<u>(75)</u>	<u>(8,129)</u>	<u>(359)</u>
(1,653)	3,509	(1,631)	(4,548)
43,440	45,345	43,419	53,402
\$ 41,788	\$ 48,854	\$ 41,788	\$ 48,854
Supplemental disclosures of cash flow information			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			