



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: July 26, 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, July 26, 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**
- IV. READING AND APPROVAL OF MINUTES – June 26, 2023**
- V. CONSENT AGENDA**
 - A. Dr. Gregory Morrow, MD- Chief Medical Officer**
 - B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
 - C. Tekka 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. 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

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**Monthly Board
Meeting Date: July 26,
2023**

**Reading and Approval of
Minutes**

Minutes Date:

June 28, 2023



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, June 28, 2023 3:30pm
Held via WebEx

Directors:

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

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

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:37pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir. Reid-Jackson, 2nd by Dir. Ashenafi, unanimous vote.</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dir. Ashenafi, 2nd by Dir. Reid Jackson unanimous vote.</i></p>
	Discussion of UMC Legislative Subtitle <ul style="list-style-type: none"> • Chair Jacobs and Eric Goulet explained how a potential statutory lapse was corrected by the Council of the District of Columbia in the Fiscal Year 2023

Budget Support Act of 2023 and the Fiscal Year 2024 Budget Support Act to maintain Board compliance and organization.

CMO Report – Dr. Gregory Morrow

- 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.
- 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.
- A new social worker was hired to fulfill the GWU agreement for 24/7 social worker coverage in the emergency department.
- 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
- 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.
- 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.

MCOS Report – Dr. Francis O’Connell (Dr. Morrow Presented)

- 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.
- The hospital administration began discussions and sought preliminary input from the medical staff about the UMC closure planning process.
- 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.

CNO Report – Teka Henderson, VP of Nursing

- 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.
- 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.
- 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.

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

Executive Management Report - Dr. Jacqueline Payne Borden

- 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.
- 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.
- 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.
- 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

	<p>functional so that quality and safety are preserved; any potential risks are managed timely.</p> <ul style="list-style-type: none"> • 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. • 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. <p><i>Mot to accept CEO report by Dr. Fair, 2nd by Director Turnage., unanimous vote.</i></p>
<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <p><i>Mot to accept financials by Dir. Turnage, 2nd Director Bobb</i></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. • 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.

	<i>Unanimous vote.</i>
Public Comment	
Closed Session	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dir. 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 4:21 pm.</p> <p>Closed session began at approximately 4:22 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p style="text-align: center;">Mot to approve new appointments, reappointments as presented by Bobb, 2nd by Dr. Ashenafi.</p> <p style="text-align: center;">Mot to approve new appointments, reappointments as presented by Director Bobb, 2nd by Dr Fair</p> <p>Mot to approve contracts and settlements 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 4:48pm</i></p>
Announcements	<p>During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.</p> <p>The Board voted not to support the move of a methadone clinic to UMC.</p>
Adjourned.	<p>Mot to adjourn Dir. Ashenafi 2nd by Dir. Reid-Jackson</p> <p>Meeting adjourned at approximately 4:51 pm.</p>



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**Monthly Board
Meeting Date: July 26,
2023**

Consent Agenda



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Monthly Board
Meeting Date: July 26,
2023

CMO Report , June
2023

Dr. Morrow
Chief Medical Officer

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

June 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In June, there were five (5) initial appointments, seventeen (17) reappointments, and two (2) resignations. There are currently (249) 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 next Quarterly Staff meeting will be held September 13, 2023.
- 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.

Quality and Patient Safety

Quality **June 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.
- Submission of core measure charts to CMS.
- Participation in CGM policy meeting
- Reviewed and submitted invoices for Press Ganey timely to Accounts Payable.
- 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.
- 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.
- Identified John and Jane Doe issue. Quality management has found resolution for expired John/Jane Doe patients.

- Met with CEO regarding Joint Commission readiness.
- Met with Facilities and team regarding TJC readiness and preparedness.
- Presentation at Pharmacy and Therapeutic Committee meeting for the National Patient Safety Goals (NPSG).
- NPSG 2023 posters requested for all units.
- Presentation/slideshow at Management Council meeting on NPSG and TJC readiness.
- Presentation/slideshow request to IT to have available on all work stations.
- Request for TJC readiness guides be available on paper to distribute in key areas.
- DCHA/Crisp DC collaborative for health equity.

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:

2nd Quarter statistics – There was an increase of 40 device days for patients requiring mechanical ventilation and an increase of 123 central line device days.

None of the patients developed an infection.

June 2023 demonstrated to be one of the best months in UMC with No (0) development of Healthcare Associated Infections (HAI).

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 June 2023.
- VRE HAI = 0 cases hospital-wide for a rate of 0 for June 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for June 2023.
- C Difficile HAI = 0 cases hospital-wide for an infection rate of 0 June 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.
- COVID 19 continues to trend at a low level for DC, MD, and Virginia
- The number of COVID 19 positive admissions to UMC increased to 6 from 4 in June.
- There were also 2 employees who were positive for COVID 19 in June 2023.
- Currently there is one COVID 19 positive inpatient.

Pharmacy & Therapeutics:

Press Ganey stats for June:

Emergency Room:

My Focus Items Summary [®] United Medical Center | Emergency Department

Applied Filters |    

Edit Settings

UMC ED Report

FILTER BY

Doctors

High Point Low Point

Top Box Score

Survey Items	SECTION/DOMAIN	Survey Type	n	Current (Jun 2023)	Previous (May 2023)	Goal	Change	Percentile Rank	Score Trendline	Details
Section: Doctors	DOCTORS	PG	18	57.83%	61.67%	—	-3.84%	10		
Courtesy of doctors	DOCTORS	PG	18	61.11%	58.33%	—	2.78%	10		
Doctors took time to listen	DOCTORS	PG	17	58.82%	58.33%	—	0.49%	10		
Doctors informative re treatment	DOCTORS	PG	16	56.25%	66.67%	—	-10.42%	11		
Doctors' concern for comfort	DOCTORS	PG	16	50.00%	66.67%	—	-16.67%	3		
Doctors include you trmte decision	DOCTORS	PG	16	62.50%	58.33%	—	4.17%	27		

† Custom Question ^ Focus Question

■ At or Above Goal ■ <5 Points Below Goal ■ >5 Points Below Goal □ No Goal

Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023

Inpatient:

My Focus Items Summary [®] United Medical Center | Inpatient

Applied Filters |    

Edit Settings

UMC Report

FILTER BY

Comm w/ Doctors

High Point Low Point

Top Box Score

Survey Items	SECTION/DOMAIN	Survey Type	n	Current (Jun 2023)	Previous (May 2023)	Goal	Change	Percentile Rank	Score Trendline	Details
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	8	100.00%	N/A	—	—	99		
Doctors treat with courtesy/respect	COMM W/ DOCTORS	CAHPS	8	100.00%	N/A	—	—	99		
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS	8	100.00%	N/A	—	—	99		
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS	8	100.00%	N/A	—	—	99		

† Custom Question ^ Focus Question

■ At or Above Goal ■ <5 Points Below Goal ■ >5 Points Below Goal □ No Goal

Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023

Sincerely,



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



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Monthly Board
Meeting Date: July 26,
2023

Medical Chief of Staff
Report June 20233

Dr. Francis
O'Connell Medical
Chief of Staff



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

June 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.

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

JUNE 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for June, 2023 was 108 and May, 2023 was 125. 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 99 vascular access procedures in June 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 21 for the month of June 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	
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

JUNE 2023

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

In June 2023, the Intensive Care Unit had 58 admissions, 63 discharges, and 273 Patient Days. Average Length of Stay (ALOS) was 4.3 days and ICU managed a total of 68 patients. The average daily census was 9 patients. There were no returns to ICU within 24 hours of transfer out. There were 2 deaths for 63 discharges, with an overall ICU mortality rate of 3.2 %. No patients required transfers to other local hospital ICUs for higher level care. Admissions and average daily census have remained fairly stable since the beginning of the year.

June 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 13 patients with severe sepsis and septic shock. One death was due to severe sepsis/septic shock in June, for an overall severe sepsis mortality of 7.7 %.

In June, the ICU had 70 (down from 166) ventilator days with no Ventilator Associated Pneumonia (VAP), 28 (down from 229) Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 148 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

July 8, 2023



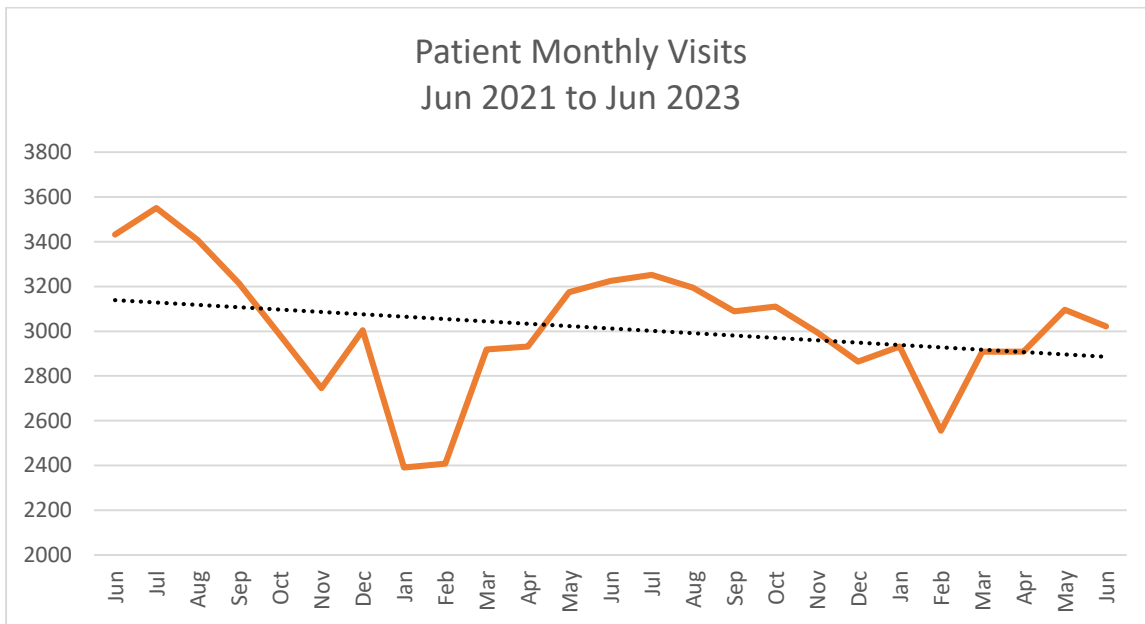
Francis O'Connell, M.D., Chairman

JUNE 2023

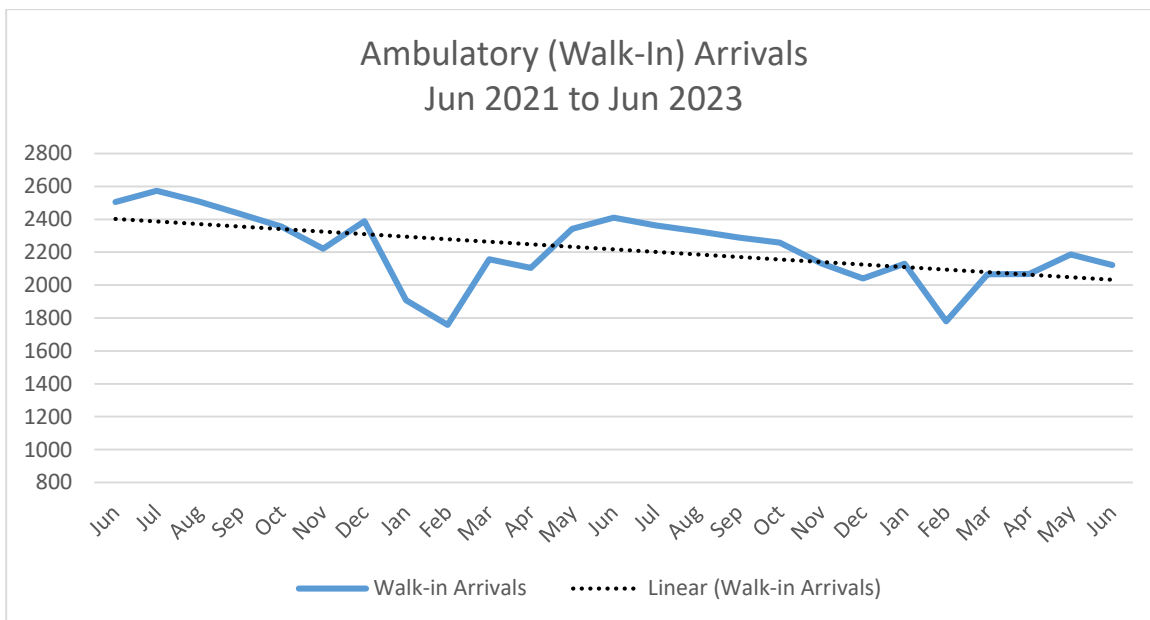
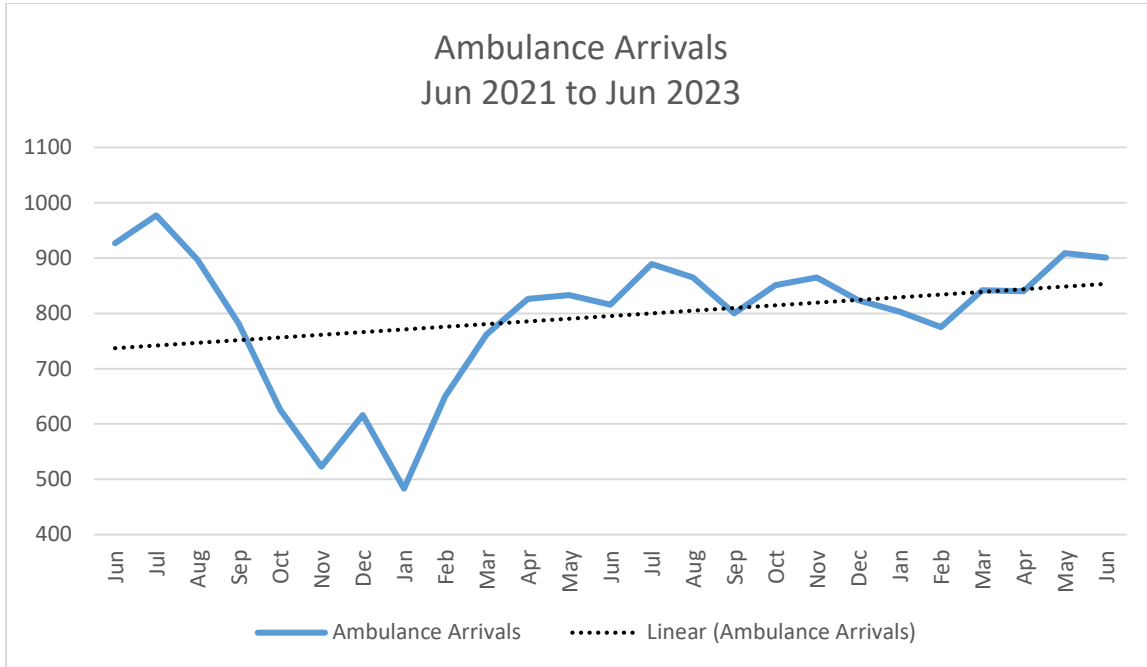
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for June 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

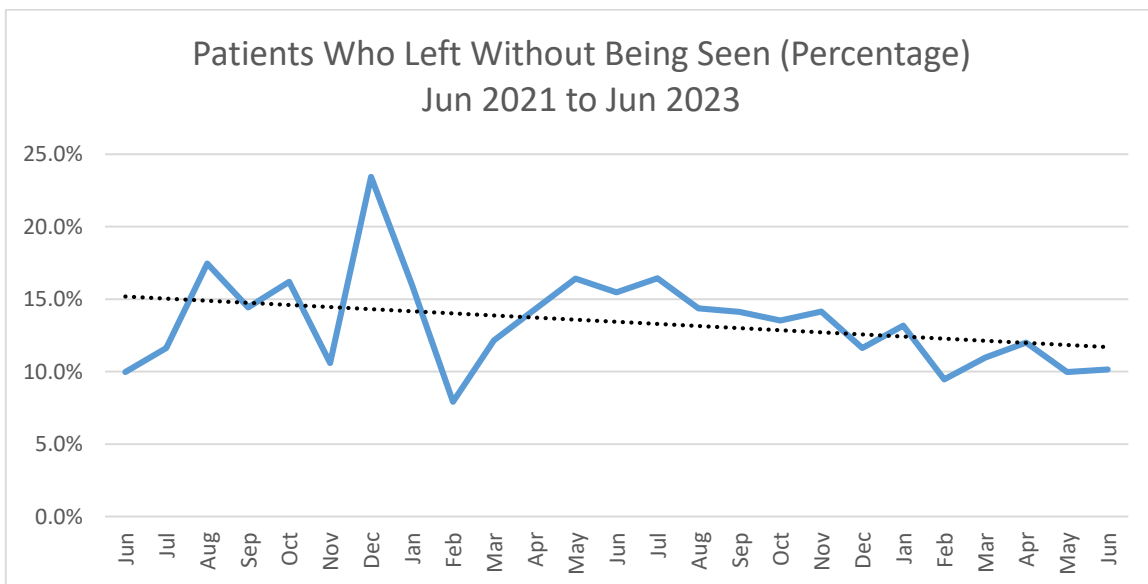
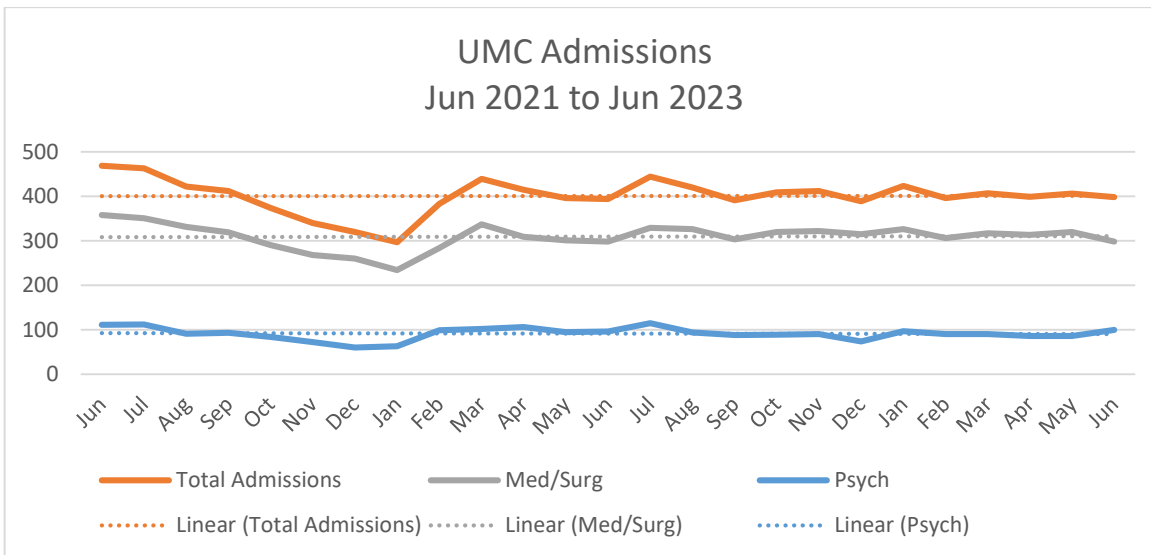
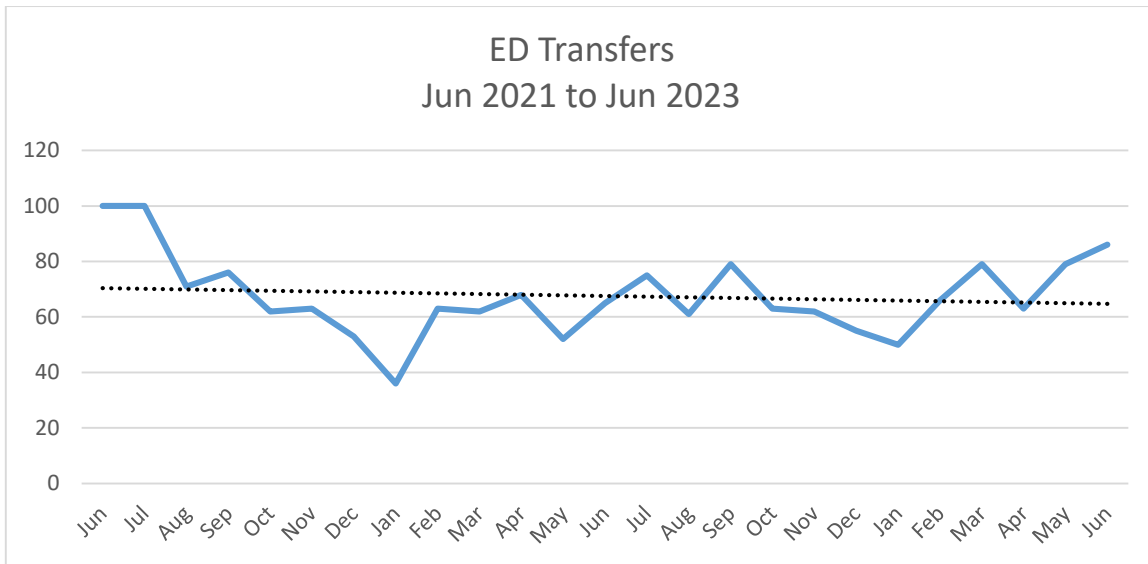
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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						
	Jun 2021	%	Jun 2022	%	Jun 2023	%
Total patients	3432		3225		3022	
Daily Avg Census	114		108		97	
Ambulance Arrivals	927	27.0%	816	25.3%	901	29.8%
Admit	469	13.7%	394	12.2%	398	13.2%
• Med Surg	358	10.4%	298	9.2%	298	9.9%
• Psych	111	3.2%	96	3.0%	100	3.3%
Transfers	100	2.9%	65	2.0%	86	2.8%
LWBS	342	10.0%	499	15.5%	307	10.2%
Ambulance Admission Rate	31.9%		33.0%		28.7%	
Walk-In Admission Rate	6.9%		5.2%		6.6%	

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 Jun 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 16 months with the exception of February which, historically, sees a dip in visits.
3. The total number of ambulances coming to UMC was similar to June 2023. The number of ambulances appears to have reached a steady state over the past 16 months.
4. The total number of medicine admissions dropped slightly from the previous month and similar to June 2022, and down from Jun 2021. The percentage of admissions (from the total census) remained steady.
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) was similar to the previous month with a negative 2-year trend.
7. The monthly number of walk-in patients visiting the ED remained steady from the previous month and over the last 16 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 continue to be fairly steady. As demonstrated in the two years preceding March 2022, trends 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 prevented the LWBS from climbing and supported the steady number of patients who continue to utilize UMC for their emergency care.

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 engaged and look forward to continued updates from the hospital leadership team regarding the closure plan to ensure continued care for the patients who depend upon UMC for their care.

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



Musa Momoh, M.D., Chairman

JUNE 2023

The Department of Medicine remains the major source of admissions to and discharges from the hospital.

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	133	118	96	121	117	95							680
HOSPITAL	133	118	96	121	117	95							680
PERCENTAGE	100%	100%	100%	100%	100%	100%							100%
REGULAR													
MEDICINE	196	192	220	196	201	210							1215
HOSPITAL	299	289	320	294	297	319							1818
PERCENTAGE	66%	66%	69%	67%	68%	66%							67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118	98							678
HOSPITAL	127	123	95	117	118	98							678
PERCENTAGE	100%	100%	100%	100%	100%	100%							100%
REGULAR													
MEDICINE	160	153	154	163	154	180							964
HOSPITAL	255	255	249	261	240	299							1559
PERCENTAGE	63%	60%	62%	62%	64%	60%							62%
PROCEDURES													
HEMODIALYSIS	131	119	261	222	194	187							1114
EGD'S	19	23	22	17	24	14							119
PEG'S	3	1	2	8	7	3							24
COLONOSCOPY	23	19	31	24	24	22							143
ERCP	0	0	0	0	0	0							0
BRONCHOSCOPY	0	0	1	0	1	0							2
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0							0
Cases Reviewed	0	0	0	0	0	0							0
Cases Closed	0	0	0	0	0	0							0

Department of Medicine met on June 14 2023.

The next meeting is September 13, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sree Devi Kurella, M.D. Chairwoman

JUNE 2023

Lab is facing shortage staff issue for many months. Although, some of the positions have filled and is taking longer time for processing the paperwork. There are no major issues in running the lab, however maintaining the regulations of the lab require adequate staff. Administration is aware of the issue and helping in this process. Surgical pathology specimens are signed out on weekly basis and there are no pending cases of anatomic pathology unless cases need additional studies.

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%	100%						
	14	8	5		9	10						
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	Not submitted as of 5/11/23	100%	100%						
	16/16	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%	100%						
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%						
Review of Unacceptable Blood Bank specimen Goal 90%	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%						
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2	1.2	1.2	1.1	1.1						
Wasted/Expired Blood and Blood Products Goal 0	1	0	0	1	4	0						
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%						
Hematology Analytical PI Body Fluid	100%	100%	100%	100%	100%	100%						
	8/7	14/12	8/8	6/6	6/6	6/4						
Sickle Cell	0/0	1/1	0/0	0/0	0/0	0/0						
ESR Control	100%	100%	100%	100%	100%	100%						
	44/22	59/25	75/25	68/30	70/28	54/26						
Delta Check Review	100%	100%	100%	100%	100%	100%						
	137/137	128/128	199/199	191/191	192/192	137/137						

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

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

JUNE 2023

UMC Behavioral Health Unit June 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	+	3.87	4.57	3.87							
Voluntary Admissions	31	30	40	45	27	78							
Involuntary Admissions = FD12	83	109	100	87	67	29							
Total Admissions	114	139	140	132	94	107							
Average Daily Census	17	21	19	18	16	15							
Other Measures													
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	4.5	2.9							
# TeleCourt Meetings (Pt Hearings)	0	0	0	1	0	0							
# Psych Consultations	94	170	243	170	134	117							
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	74%	66%							
Discharge													
Discharges	102	147	143	138	98	118							

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



John Flynn, M.D., Interim Chairman

JUNE 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	66		747		144		957	
Fluoro	6		0		22		28	
Mammography					109		109	
Magnetic Resonance Angio	2		2		0		4	
Magnetic Resonance Imaging	18		16		37		71	
Nuclear Medicine	6		1		2		9	
Special Procedures	0						0	
Ultrasound	74		217		136		427	
X-ray	141		938		479		1558	
CNMC CT Scan			38				38	
CNMC X-ray			368				368	
Grand Total	313		2327		929		3560	

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

JUNE 2023

For the month of June 2023, the Surgery Department performed a total of 188 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
Q3 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	108
Q2 QUARTER TOTALS		514	515	543	597	614	574	257	487	384	362
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	
Q4 QUARTER TOTALS		510	533	566	551	589	561	463	458	341	0
ANNUAL TOTAL	1478	1962	2106	2219	2300	2294	2282	1633	1826	1522	1110

This month ended with a **15.6% decrease** compared to last month and a **4% 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.

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	2.8%	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

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**Monthly Board
Meeting Date: July 26,
2023**

**Nursing Department
Report - June 20233**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report June 2023

Overall State of Nursing Department(s)

Staffing:

Staffing is an ongoing project and will continue until closure. We continue to supplement staffing with agency staff due to vacancies, resignations and terminations. There were 17 agency staff members onboarded for the month of June. Aya had 8 registered nurses and 4 technicians. Maxim had 3 registered nurses onboarded and 2 nurses with extended contracts.

Performance Improvement:

We continue to prepare for our tri-annual Joint Commission survey. This survey is mandatory to evaluate the hospital's compliance standards. The Executive Leadership team rounds several days a week in addition to unit leaders to ensure we are compliant and survey ready. The June Management Council Meeting focused on the Joint Commission survey process, preparation and educating staff on the expectation. All surveys are important and this survey is extremely important as we prepare to close. Maintaining our accreditation has always been of the utmost importance and is critically important to ensure this hospital is available to the community until we are ready to close.

There was 1 HAPI for the month of June.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
June	58	9	13	1	6	6

Education

There were a total of 58 admissions for the month of June with an average daily census of 9. Education focused on scanning of patient armbands and medications for accuracy. Training was performed and completed for suicidal risk and prevention. Annual nursing competencies were completed.

PI Initiatives

Initiation of wound consults for treatment and pictures for new skin impairments.

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
June	100	41	59	18	0	1	0

PI Initiatives

Post Op Calls – patient satisfaction

Pain Management/Care Plans/Chart Audits

Patient Readiness – consents, IV access and allergy bands

DIABETES

There were 6 DKA insulin drips for the month of June. Education focused on point of care policy users and daily insulin audits.

Emergency Department

ED Metrics Empower Data	Apr	May	Jun		
Visits	2907	3099	3027		
Change from Prior Year (Visits)	2931	3175	3225		
% Growth	-0.83	-2.45	-6.54		
Ambulance Arrivals	840	910	901		
Ambulance Admissions	250	273	264c		
Ambulance Patients Admission Conversion	0.30	0.30	0.29		
% of ED patients arrived by Ambulance	0.29	0.29	0.30		
% of ED Ambulance Patients Admitted	0.30	0.30	0.29		
Triage Time	24	22	20		
Physician Time	113	104	98		
Disposition Time	279	242	247		

ED Metrics Empower Data	APR	May	Jun		
Door to triage	24	22	20		
Door to room	99	95	89		
Door to provider	113	104	98		
Door to departure	292	274	277		
Decision to admit to floor	389	368	362		

Education

Emtala

Restraints – order required to apply and discontinue. A debriefing is needed prior to discontinuing.

Chemical restraint documentation is q 15 minutes

RN Policy – vital signs q 2 hours including pain assessment

EKG Policy – chest pain complaint requires EKG within 10 minutes of complaint

PI Initiatives

Sitter Policy – requires hourly documentation

Property list documentation for FD-12

Vital signs q 2 hours

EKG within 10 minutes of complaint

Nursing Board Report | Page 2 of 4

Respiratory Therapy

Ongoing education and preparation for TJC.

PI Initiative

Critical value reporting decreased from 100% to 97%. Real time coaching and review improving compliance.

Documentation compliance increased from 71.4% to 85.7%.

Ongoing discussion regarding documentation trends and improvement strategies.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
June	16	69	21	10	2	77	0	0	22	217

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL	PHYSICAL HOLD
June	Total 107 FD12 = 78 Vol = 29	15	1	3.87	118	0	0	0	0	0

Education

Documentation, accucheck and securing property

PI Initiatives

Q 15 minute & Q 2-hour clinical observation

Pain assessment

Restraint/Seclusion audits

Patient weights

Reconcile patient property

Service Recovery

Daily leadership presence on the unit to support the staff and develop rapport

Increased leadership within the milieu

Bi-Monthly meetings with DBH staff to educate on psychiatric patient needs

Monthly meeting with DCHA

Meeting with Managed Care Organizations

Monthly Staff meeting

Respectfully submitted,

Teka Henderson, MSN, RN
VP of Nursing



UMC

UNITED
MEDICAL CENTER

Monthly Board
Meeting Date: July 26,
2023

**Executive
Management Report
for June 20233**

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



Executive Leadership Board Report June 2023

The Executive Leadership team continues to strive to function in a cohesive and collaborative manner, and to hold each employee accountable. 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). This month, OT specifically for nursing was attributed to varying reasons such as call outs, gaps in staffing, and agency staff canceling in the middle of contracts. Leaders will continue to require justification and approval in order to manage and minimize OT while not compromising safe clinical and non-clinical activities. Leadership continues to work with CFO and team to close FY23 with a balanced budget.

Information Technology Department accomplished the following: all updates for applications and patches for servers completed, implemented Dragon Dictation for inpatient physicians, applied new updates for Tallman Lettering in the formulary database and assisted in the technology setup for DC Health Medical Coalition Summit conducted by DCHA. Successfully restored ED's phone extension 6545 and continue to monitor ED's line for any signs of robocall. Migrated badge system physical machine to virtual server and created backups for stable environment. The team trained Management Council in electronic signatures processes to substantially reduce printer usage. There were no security risks/attacks for the month of June.

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.

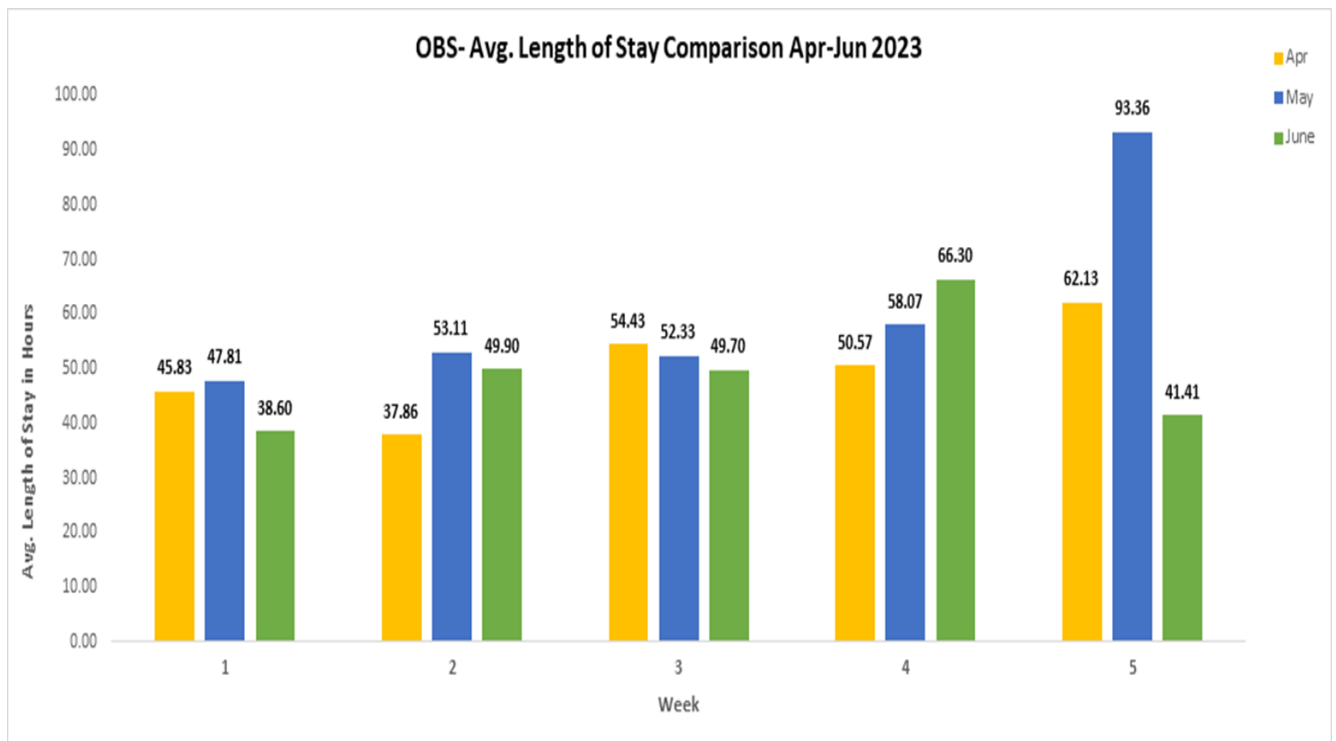
The hospital is in the window for the re-accreditation unannounced survey visit by The Joint Commission (TJC). We continue to operate at our optimum level on a daily basis to ensure our environment of care is safe and functional so that quality and safety are preserved; any potential risks are managed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

The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay and decrease the hours patients remain 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. On the medical/surgical/telemetry units, there were 12 or 18% "long stay" patients as compared to 20 or 20% patients in May. Long stays are patients whose stay is 10 days or greater due to barriers to discharge despite meeting discharge criteria. Case Management Department have been in collaboration with external agencies to help with facilitating placements.



Observation (OBS) Length of Stay in Hours

	Apr	May	June
Week 1	45.83	47.81	38.60
Week 2	37.86	53.11	49.90
Week 3	54.43	52.33	49.70
Week 4	50.57	58.07	66.30
Week 5	62.13	93.36	41.41



Plans are being solidified between UHS/GW Health, DHCf and UMC for the voluntary workforce development program for UMC employees who meet criteria. This training will enhance skills in various areas both clinical and non-clinical.

UMC celebrated National Nurses Assistant and Technician Week, June 14-20. Our hospital took the opportunity to also celebrate our Sitters, Unit Secretaries and Transporters as well. “This year’s



theme was: “We are unstoppable.” This unstoppable group of health care workers provide important work and are a huge support to the nursing personnel team.

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 has partnered with DC Hospital Association, to engage in the Health Care Summer Immersion Program. Two students from Coolidge High School are being mentored by our staff. This internship is to expand their interest in a career in health and expose them 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.

Attended the dedication and grand opening of the Homes at Oxon Hill, located on Wheeler Road, at the site of the former McGuire House public housing development. The building has 163 units for designated age group.

Team UMC proudly, and successfully hosted the DC Hospital Association/ DC Health and Medical Coalition - Management Preparedness Summit which was attended by over 100 health care leaders from various healthcare facilities. Kudos to Team UMC for a job well done.

Some Team UMC members attended the ‘Topping Out’ celebration at of the Cedar Hill Regional Medical Center construction site on June 22nd. This was a huge milestone since the ground breaking which occurred last year February. Attendees had the opportunity to sign the final beam before it was hoist in place.

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 June 30, 2023

DRAFT



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



Gap Measures Tracking

**Not-For-Profit Hospital Corporation
FY 2023 Actual Gap Measures
As of June 30, 2023**

	FY 2023 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy	(\$21,593,333)
District Subsidy	<u>\$15,000,000</u>
Adjusted Net Gain/(Loss) from Operations	<u>(\$6,593,333)</u>

Note: Gap Closing Initiatives Ongoing



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 22% (\$2.1M) MTD and 8% (\$7M) YTD primarily due to reduction in Disproportionate Share (DSH) and other decrease in activity as stated below.**
- ❖ **Net patient revenue is lower than budget by 18% (\$1.2M) MTD and 4% (\$2.7M) YTD due to the following:**
 - ❖ **Patient days are lower than budget by 5% MTD on target YTD.**
 - ❖ **Clinic visits are lower than budget by 17% MTD and YTD respectively.**
 - ❖ **Total surgeries are lower than budget by 22% MTD and 8% YTD.**
 - ❖ **Radiology visits are lower than budget by 9% MTD but higher by 6% YTD.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 7% (\$656K) MTD and 2% (\$1.3M) YTD due to reductions in contracts that occurred after the budget development season.**
 - ❖ **Salaries are higher than budget by 7% (\$214K) MTD and 9% (\$2.5M) YTD due to overtime.**
 - ❖ **Overtime is higher than budget by 67% (\$84K) MTD and 124% (\$1.4M) YTD due to vacancies.**
 - ❖ **Employee benefits are higher than budget by 37% (\$327K) MTD and 20% (\$1.6M) YTD.**
 - ❖ **Contract labor is higher than budget by 20% (\$114K) and 57% (\$2.9M) YTD directly related to agency use.**
 - ❖ **Professional fees are lower than budget by 10% (\$175K) MTD and 25% (\$3.7M) YTD.**
 - ❖ **Purchased services are lower than budget by 48% (\$617K) MTD and 20% (\$2.3M) YTD.**
 - ❖ **Other expenses are lower than budget by 32% (\$368K) MTD and 21% (\$2.1M) YTD.**



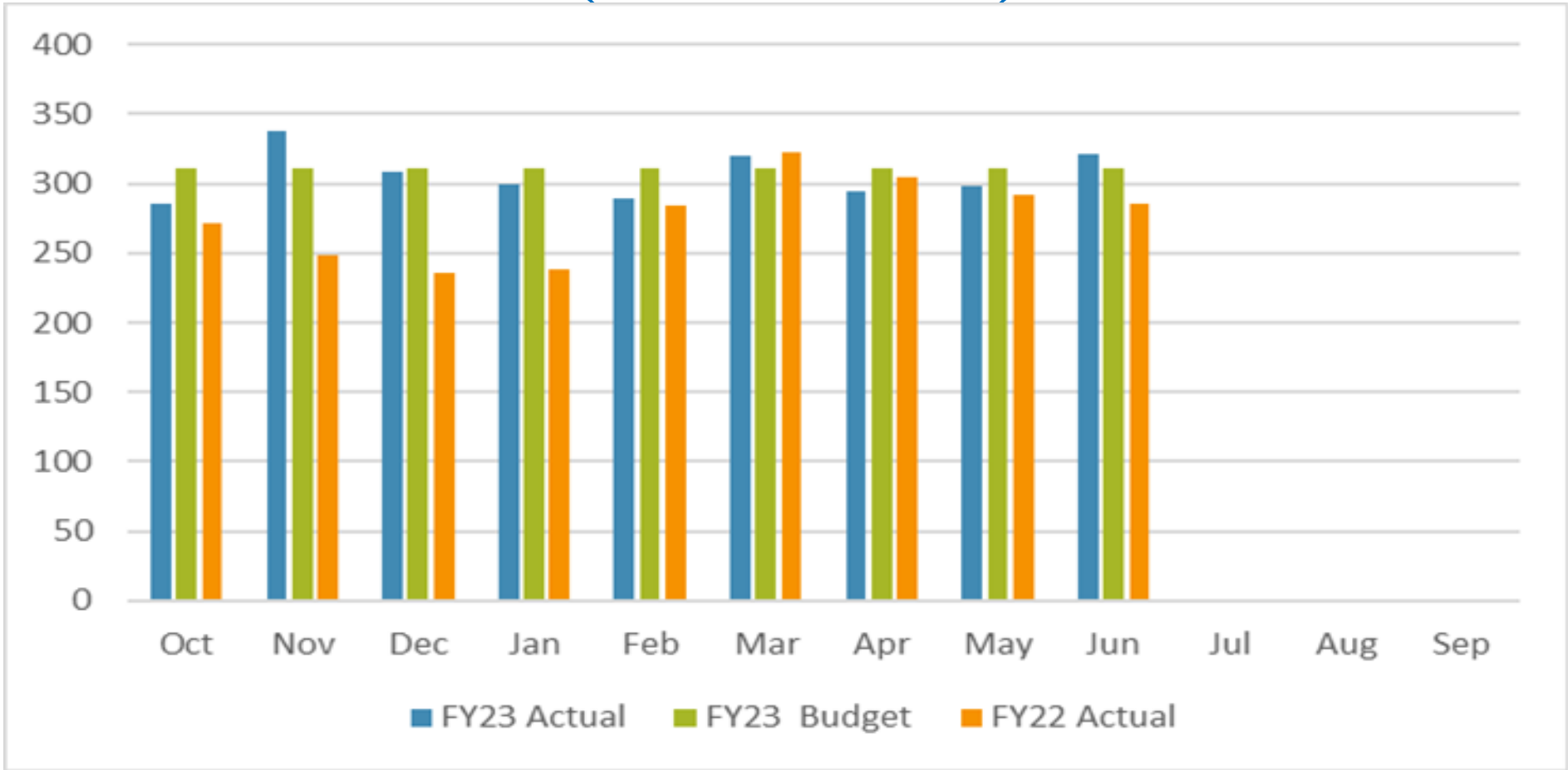
Key Indicators

Fiscal Year 2023 thru 06/30/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY22	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	321	311	286	▲	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	100	129	107	▼	▲
Emergency Room Visits	Actual Visits	3,030	3,043	3,202	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	545	601	637	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.03	1.00	1.17	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	47%	55%	42%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	24	52	30	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	98%	92%	121%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	108	45	76	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-7.1%	1.0%	-20.5%	▼	▲



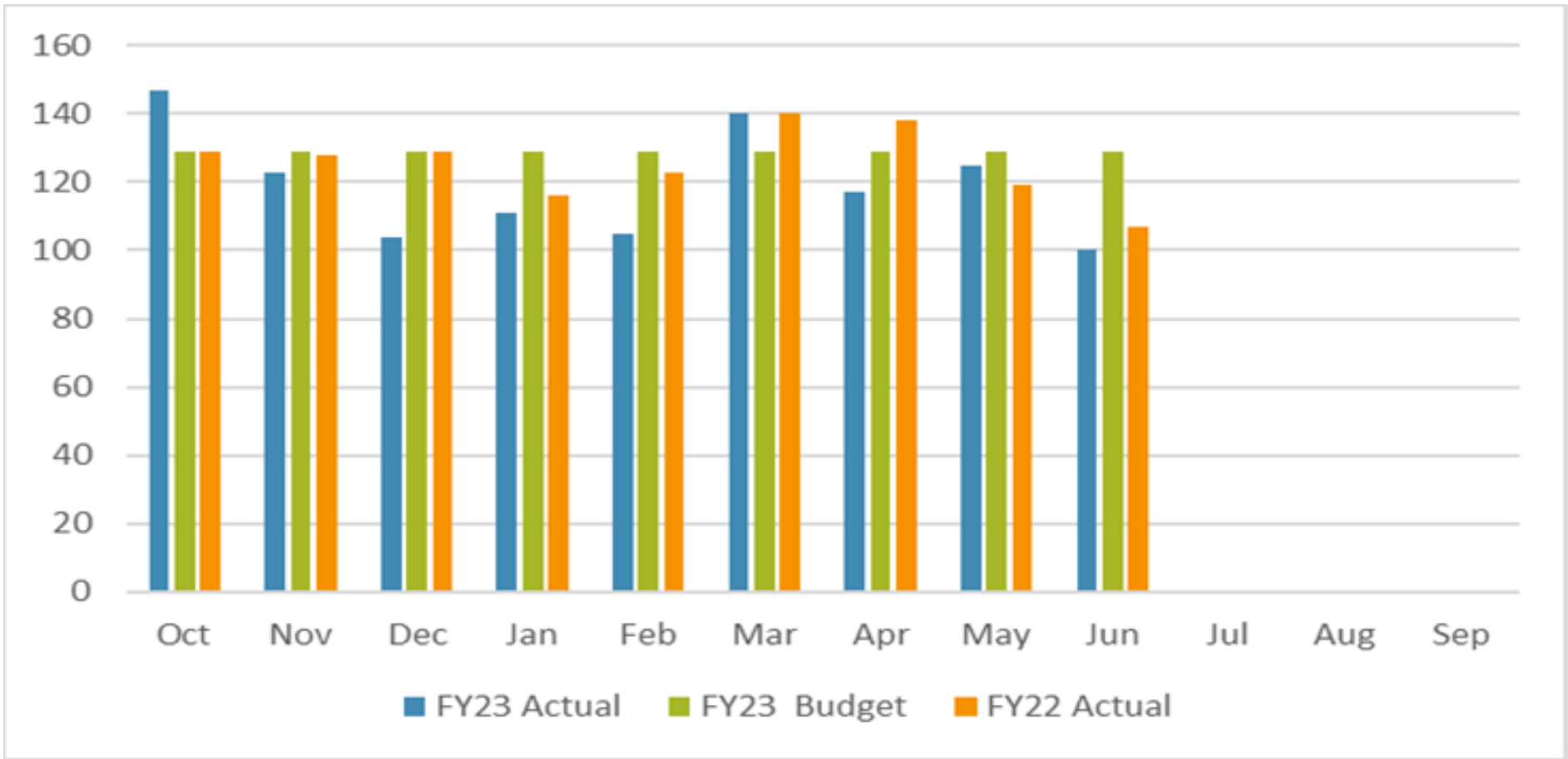
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	286	338	309	299	289	320	294	298	321			
FY23 Budget	311	311	311	311	311	311	311	311	311			
FY22 Actual	272	249	236	238	284	323	304	292	286			



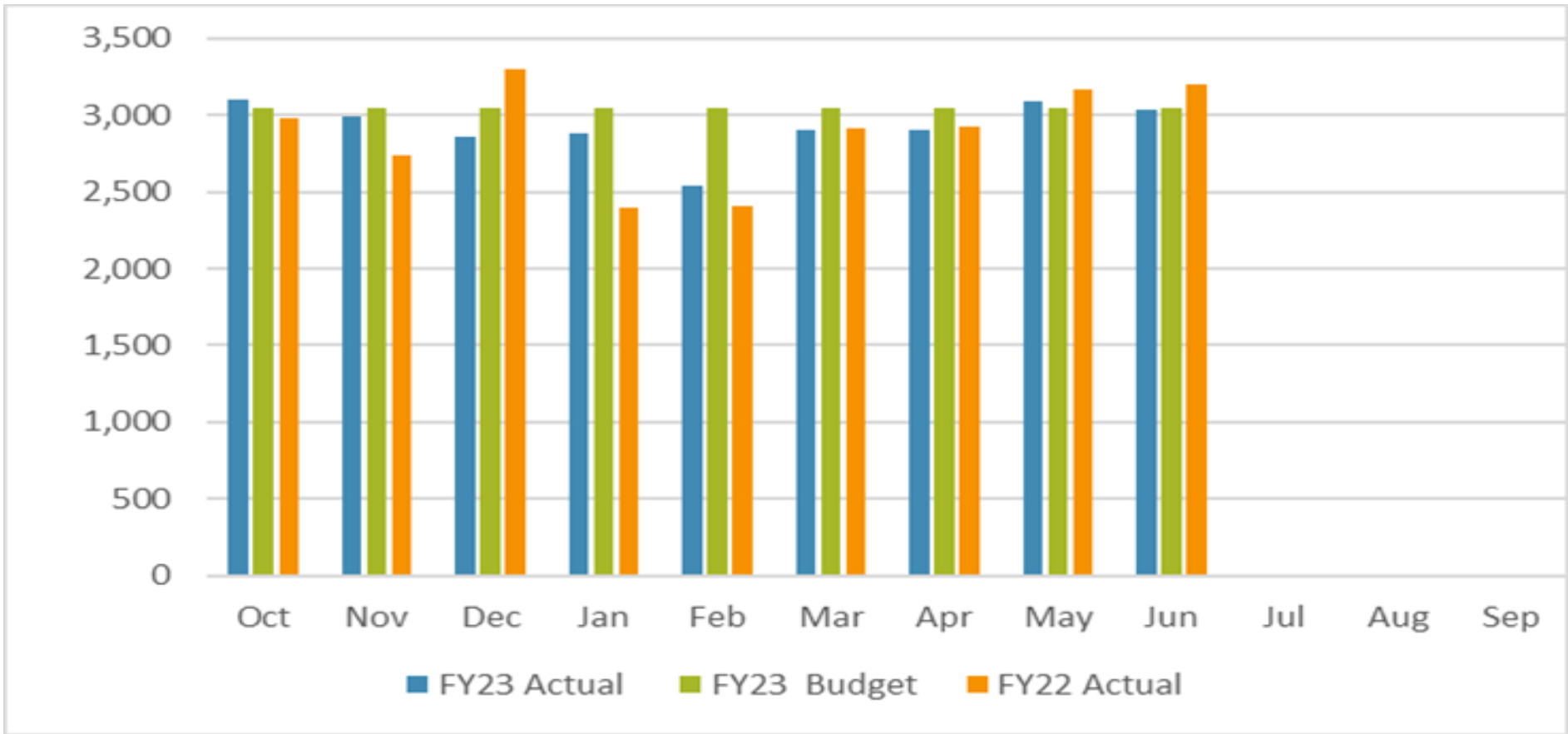
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	147	123	104	111	105	140	117	125	100			
FY23 Budget	129	129	129	129	129	129	129	129	129			
FY22 Actual	129	128	129	116	123	140	138	119	107			



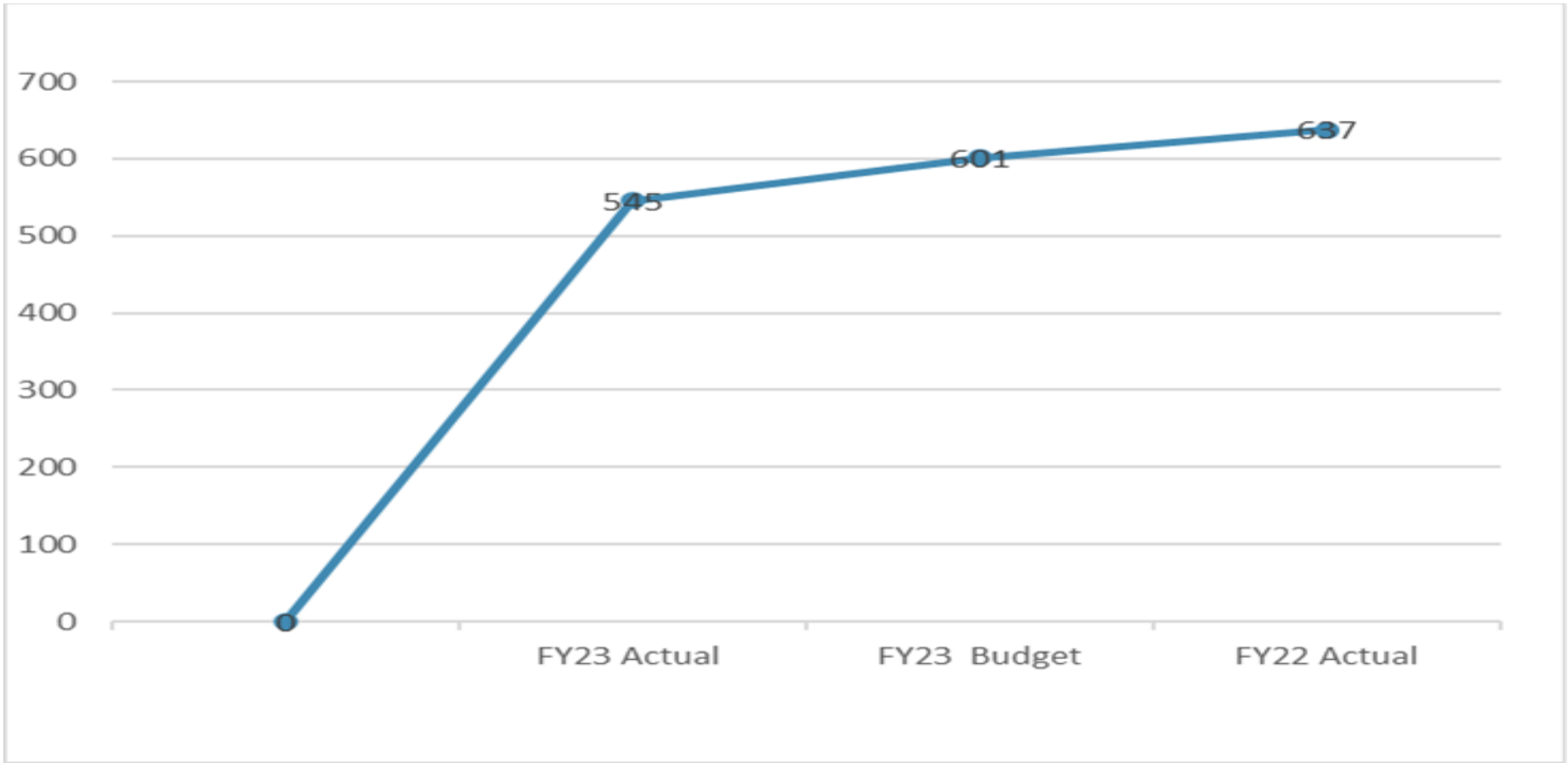
Total Emergency Room Visits



	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	3,030			
FY23 Budget	3,043	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	3,202			



Number of FTEs

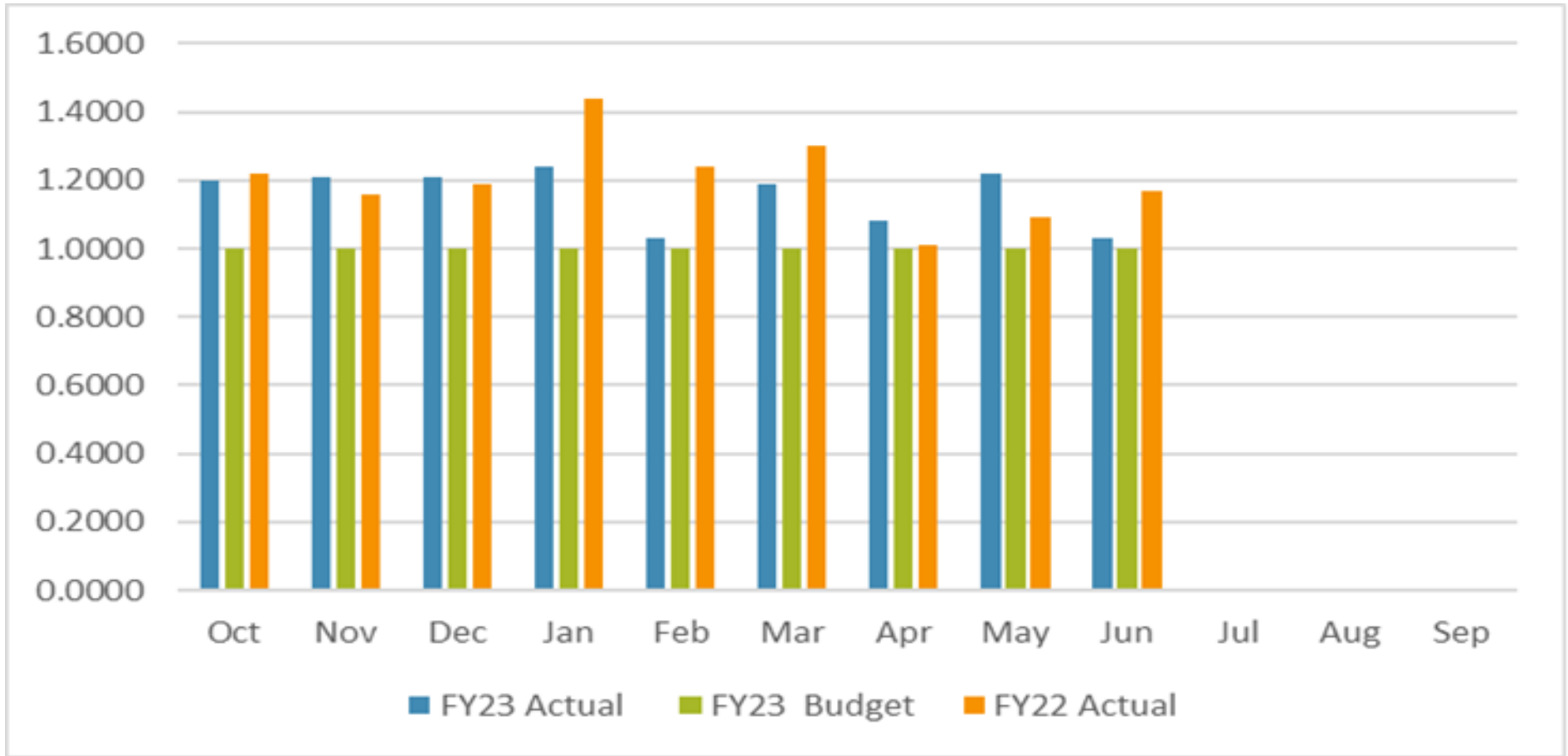


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	584	579	583	579	554	554	541	547	545			
FY23 Budget	601	601	601	601	601	601	601	601	601			
FY22 Actual	590	575	580	575	724	704	687	665	637			



UNITED
MEDICAL CENTER

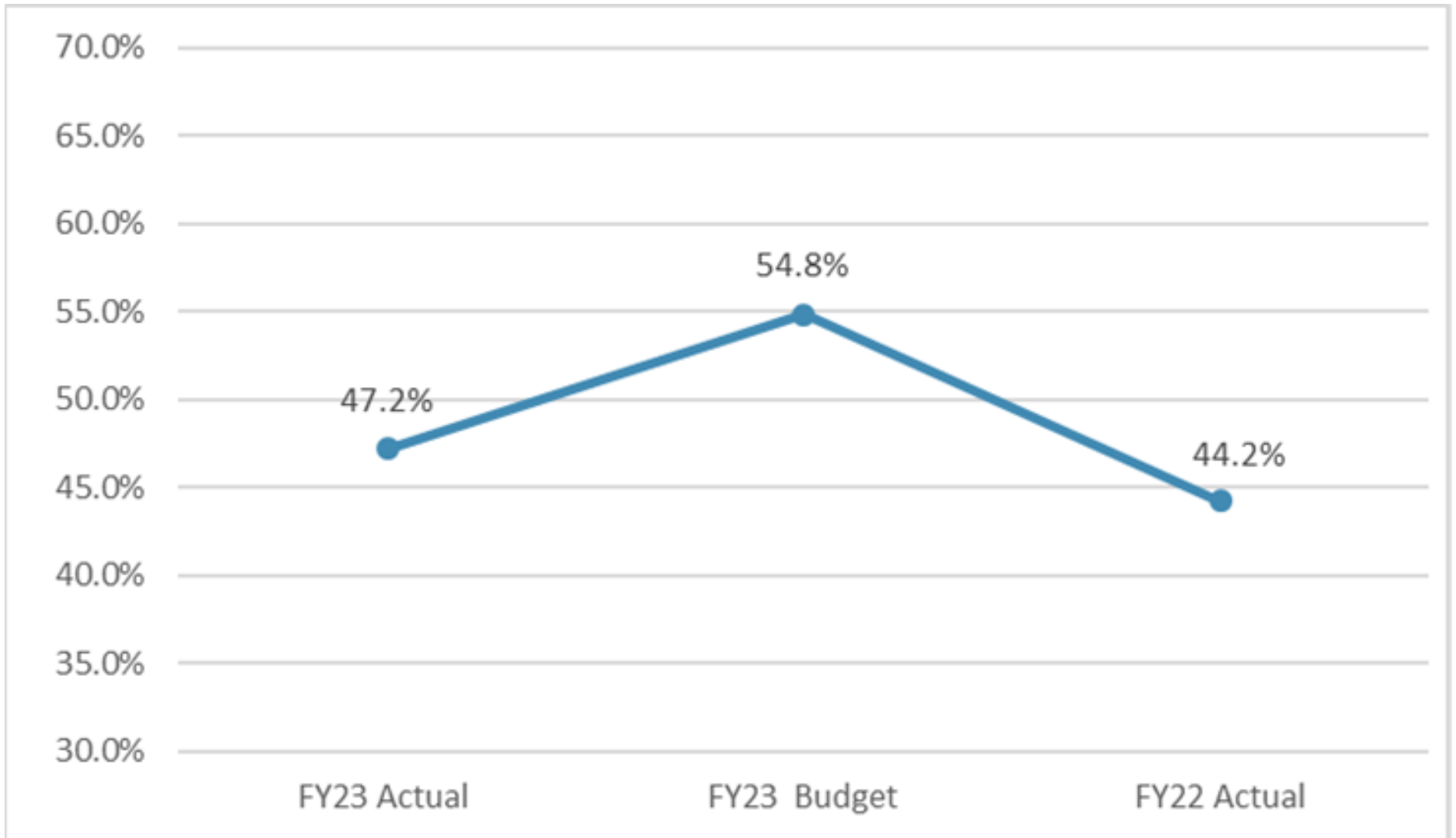
Case Mix Index



	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	1.0300			
FY23 Budget	1.0000	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	1.1700			

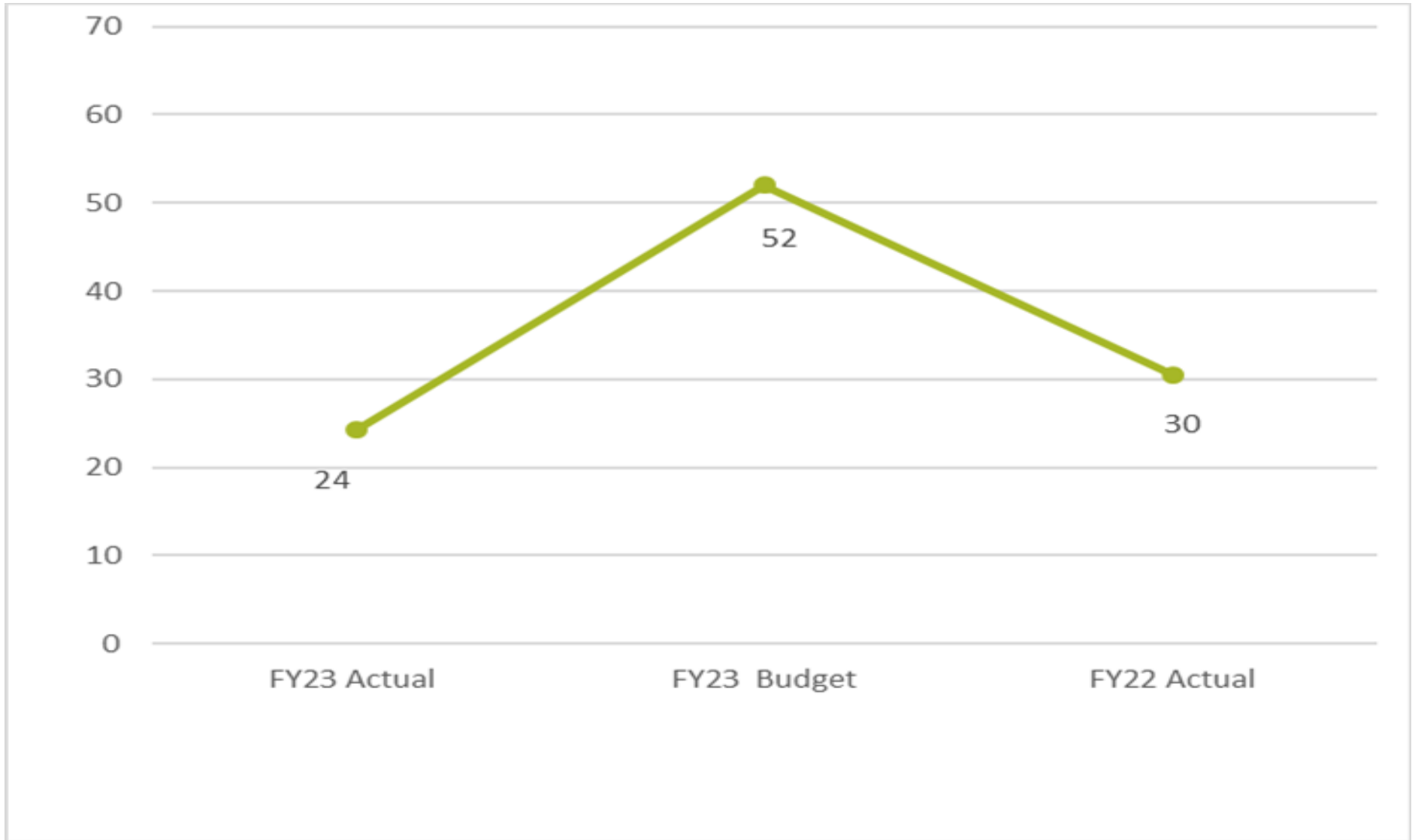


Salaries/Wages & Benefits as a % of Operating Expenses



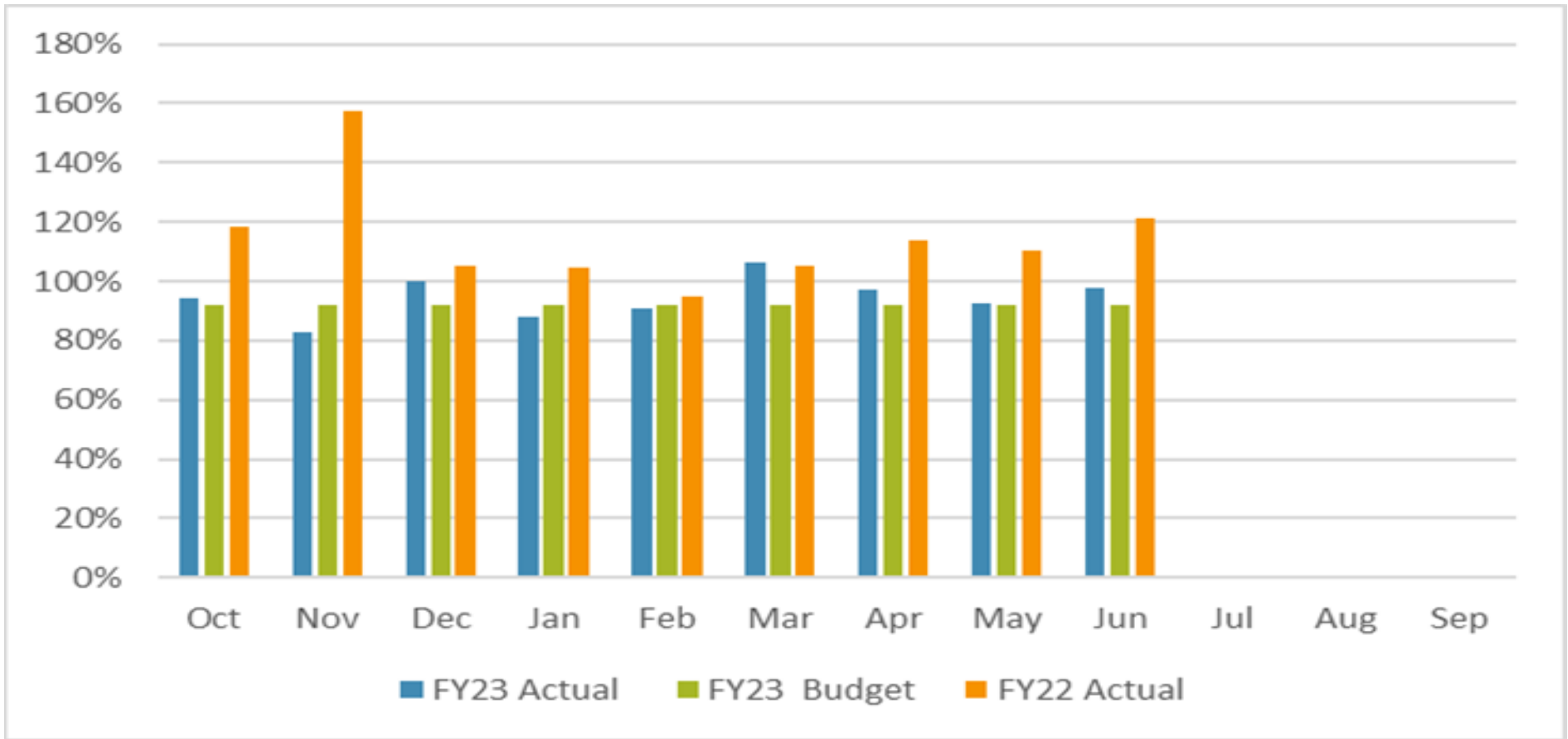


Net Accounts Receivable (AR) Days With Unbilled





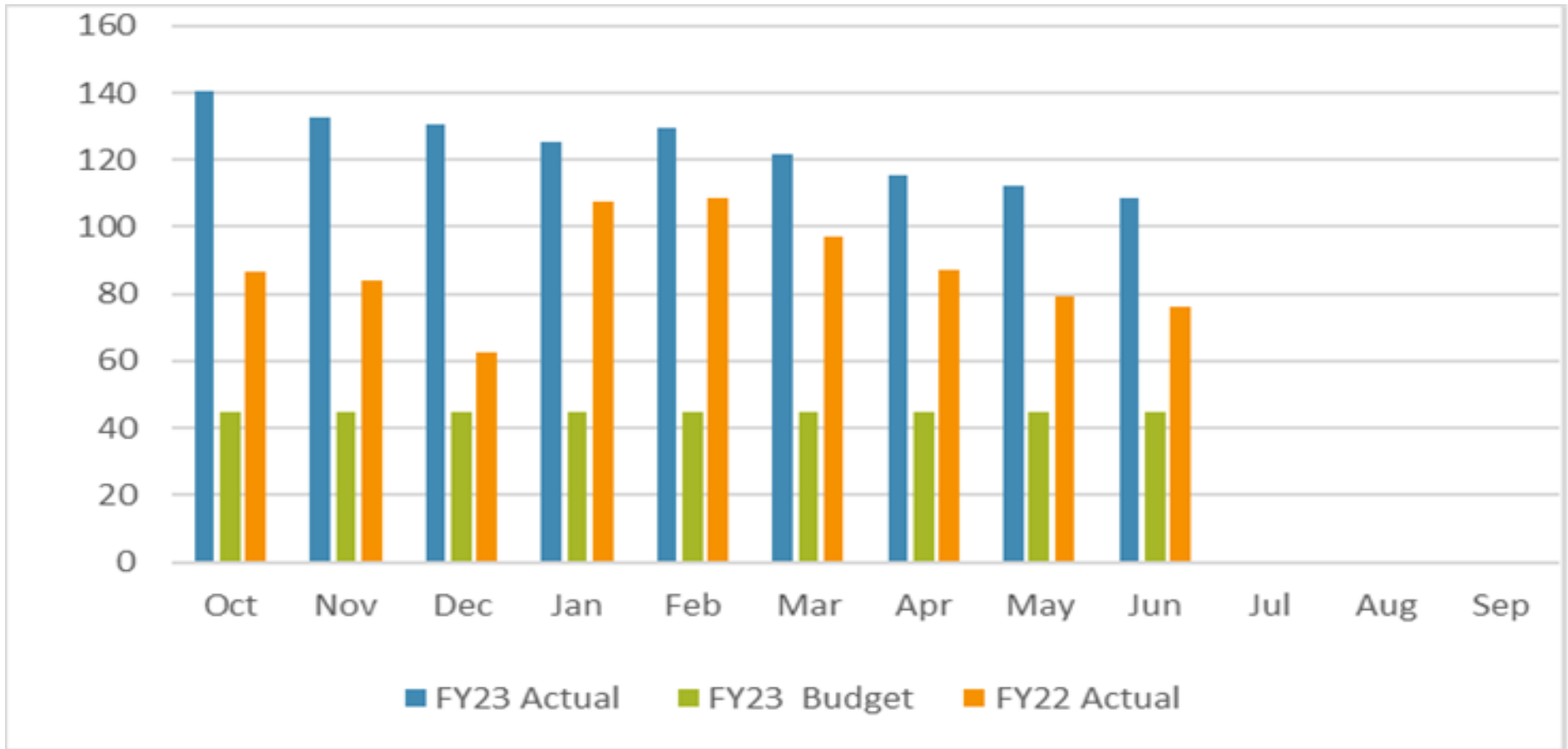
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	94%	83%	100%	88%	91%	106%	97%	93%	98%			
FY23 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%			
FY22 Actual	119%	158%	105%	105%	95%	105%	113%	110%	121%			



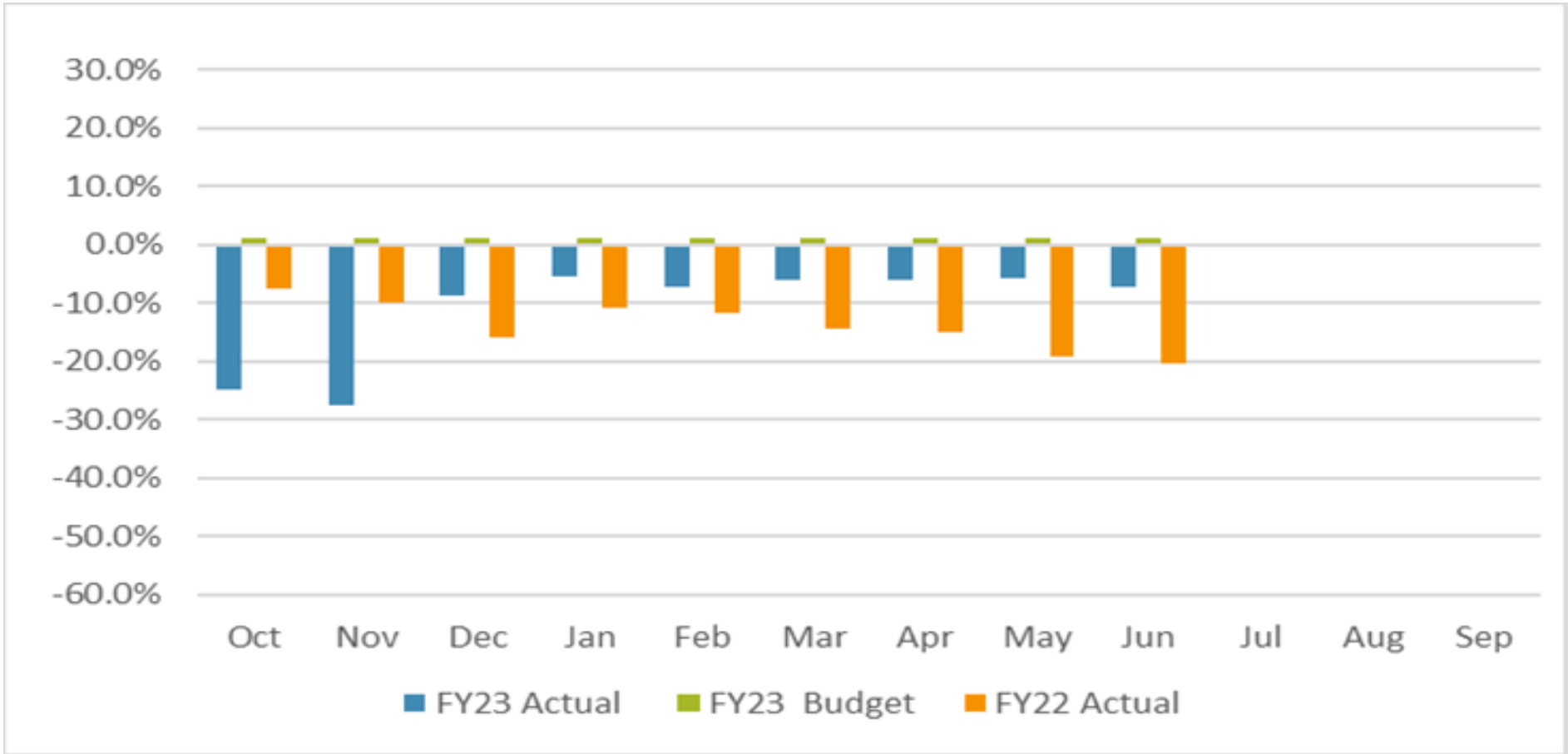
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	140	132	131	126	130	122	116	112	108			
FY23 Budget	45	45	45	45	45	45	45	45	45			
FY22 Actual	86	84	63	108	109	97	87	80	76			



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%	-7.1%			
FY23 Budget	1.0%	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%	-20.5%			



Income Statement

FY23 Operating Period Ending June 30, 2023

	Month of June			Variance				2023 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	321	311	286	10	3%	35	12%	2,754	2,799	2,484	(45)	-2%	270	11%
Patient Days	1,930	2,023	1,691	(93)	-5%	239	14%	18,211	18,207	16,156	4	0%	2,055	13%
Emergency Room Visits	3,030	3,043	3,202	(13)	0%	(172)	-5%	26,301	27,387	26,019	(1,086)	-4%	282	1%
Clinic Visits	942	1,135	1,042	(193)	-17%	(100)	-10%	8,480	10,215	10,227	(1,735)	-17%	(1,747)	-17%
IP Surgeries	41	60	28	(19)	-32%	13	46%	396	540	369	(144)	-27%	27	7%
OP Surgeries	59	69	79	(10)	-14%	(20)	-25%	676	621	760	55	9%	(84)	-11%
Radiology Visits	723	795	3,941	(72)	-9%	(3,218)	-82%	7,613	7,155	7,709	458	6%	(96)	-1%
Revenues														
Net Patient Service	5,582	6,797	6,291	(1,215)	-18%	(709)	-11%	58,522	61,176	49,100	(2,654)	-4%	9,421	19%
DSH	460	995	-	(534)	-54%	460	0%	6,339	8,951	12,170	(2,612)	-29%	(5,831)	-48%
CNMC Revenue	150	166	190	(16)	-9%	(40)	-21%	1,350	1,491	1,566	(141)	-9%	(216)	-14%
Other Revenue	1,297	1,675	1,478	(378)	-23%	(181)	-12%	13,437	15,077	17,232	(1,640)	-11%	(3,795)	-22%
Total Operating Revenue	7,490	9,633	7,959	(2,143)	-22%	-469	-6%	79,648	86,695	80,067	(7,047)	-8%	(420)	-1%
Expenses														
Salaries and Wages	3,358	3,144	3,609	214	7%	(251)	-7%	30,760	28,298	33,098	2,463	9%	(2,338)	-7%
Employee Benefits	1,207	880	1,027	327	37%	180	18%	9,487	7,923	9,525	1,564	20%	(38)	0%
Contract Labor	681	567	976	114	20%	(295)	-30%	8,008	5,100	7,281	2,908	57%	727	10%
Supplies	655	713	702	(58)	-8%	(47)	-7%	6,727	6,421	6,447	306	5%	280	4%
Pharmaceuticals	113	206	177	(93)	-45%	(64)	0%	1,472	1,850	1,689	(378)	-20%	(217)	0%
Professional Fees	1,513	1,688	1,824	(175)	-10%	(311)	-17%	11,465	15,190	15,065	(3,725)	-25%	(3,600)	-24%
Purchased Services	672	1,289	1,339	(617)	-48%	(666)	-50%	9,265	11,605	11,963	(2,340)	-20%	(2,698)	-23%
Other	766	1,135	862	(368)	-32%	(95)	-11%	8,105	10,211	11,407	(2,106)	-21%	(3,302)	-29%
Total Operating Expenses	8,966	9,622	10,516	(656)	-7%	(1,550)	-15%	85,289	86,597	96,475	(1,308)	-2%	-11,186	-12%
Operating Gain/ (Loss)	(1,476)	11	(2,557)	(1,487)	-13695%	1,081	-42%	(5,641)	99	(16,407)	(5,740)	-5816%	10,766	-66%



Balance Sheet

As of the month ending June 30, 2023

Jun - 23	May - 23	MTD Change		Sep-22	YTD Change
Current Assets:					
\$ 40,111	\$ 41,788	\$ (1,678)	Cash and equivalents	\$ 43,419	\$ (3,308)
5,203	5,860	(657)	Net accounts receivable	6,840	(1,637)
4,176	4,197	(21)	Inventories	3,899	277
695	1,262	(566)	Prepaid and other assets	2,950	(2,255)
<u>50,185</u>	<u>53,107</u>	<u>(2,922)</u>	Total current assets	<u>\$ 57,108</u>	<u>\$ (6,923)</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
42,529	42,249	280	Capital Assets	49,317	(6,788)
<u>42,529</u>	<u>42,249</u>	<u>280</u>	Total long term assets	<u>49,317</u>	<u>(6,788)</u>
<u>\$ 92,714</u>	<u>\$ 95,356</u>	<u>\$ (2,642)</u>	Total assets	<u>\$ 106,425</u>	<u>\$ (13,711)</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,135	14,287	(152)	Trade payables	13,004	1,131
3,808	4,037	(229)	Accrued salaries and benefits	5,708	(1,900)
2,123	2,231	(108)	Other liabilities	2,978	(855)
<u>20,067</u>	<u>20,555</u>	<u>(488)</u>	Total current liabilities	<u>21,690</u>	<u>(1,623)</u>
Long-Term Liabilities:					
3,808	5,498	(1,689)	Unearned grant revenue	-	3,808
9,394	9,387	7	Estimated third-party payor settlements	10,547	(1,153)
5,158	5,158	-	Contingent & other liabilities	5,908	(750)
<u>18,360</u>	<u>20,042</u>	<u>(1,682)</u>	Total long term liabilities	<u>16,455</u>	<u>1,905</u>
Net Position:					
54,287	54,758	(471)	Unrestricted	68,280	(13,993)
<u>54,287</u>	<u>54,758</u>	<u>(471)</u>	Total net position	<u>68,280</u>	<u>(13,993)</u>
<u>\$ 92,714</u>	<u>\$ 95,356</u>	<u>\$ (2,641)</u>	Total liabilities and net position	<u>\$ 106,425</u>	<u>\$ (13,711)</u>



Statement of Cash Flow

As of the month ending June 30, 2023

Month of June		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
		Actual	Prior Year
Cash flows from operating activities:			
\$ 5,520	\$ 11,265	\$ 65,344	\$ 89,542
(7,452)	(6,616)	(42,802)	(74,649)
(6,067)	(4,653)	(42,147)	(59,965)
1,926	3,588	5,027	882
(6,072)	3,584	(14,578)	(44,189)
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	4	-
-	-	4	-
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	40,000
-	-	15,000	40,000
Cash flows from capital and related financing activities:			
19	-	-	-
-	(38)	134	5,493
4,376	(37)	(3,868)	(5,852)
4,395	(75)	(3,734)	(359)
(1,677)	3,509	(3,308)	(4,548)
41,788	45,345	43,419	53,402
\$ 40,111	\$ 48,854	\$ 40,111	\$ 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			