



UMC
UNITED
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Monthly Board Meeting

Date: September 27, 2023

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

MTID=mfb91f7d139dd351ce1463aca24e8ebdc

2023 Fiscal Management Board of Directors

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



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

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, September 27, 2023. The meeting will be held via WebEx.

Meeting link: Webex - Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d139dd351ce1463aca24e8ebdc

Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not- For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER
- II. DETERMINATION OF A QUORUM
- III. APPROVAL OF AGENDA
- IV. READING AND APPROVAL OF MINUTES – July 26, 2023
- V. CONSENT AGENDA
 - A. Dr. Gregory Morrow, MD- Chief Medical Officer
 - B. Dr. Francis O’Connell, MD – Chief of Medical Staff
 - C. Teka Henderson - VP of Nursing
- VI. EXECUTIVE MANAGEMENT REPORT
Dr. Jacqueline Payne-Bordern, CEO/CNO
- VII. FINANCIAL REPORT
Lillian Chukwuma, Chief Financial Officer
- VIII. PUBLIC COMMENT
- IX. CLOSED SESSION
- X. OTHER BUSINESS
 - A. Old Business
 - B. New Business
- XI. ANNOUNCEMENTS
- XII. ADJOURNADJOURN

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting Date:
September 27, 2023**

**Reading and Approval of
Minutes**

**Minutes Date:
July 26, 2023**



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, July 26, 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 3:35pm. 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>
	<p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • 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.
- Submission of mandatory structural measures to CMS.
- Worked with IT on the file upload issues from Meditech. Manually fixing the file for each upload.
- 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.
- 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.
- 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.

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

- 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.

CNO Report – Teka Henderson, VP of Nursing

- UMC continues 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.
- UMC continues 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.
- 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.
- 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.

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

Executive Management Report - Dr. Jacqueline Payne Borden

- The 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.
- 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.
- 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

	<p>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.</p> <ul style="list-style-type: none"> • 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. <p><i>Mot to accept CEO report by Director Bobb, 2nd by Director Ashenafi., 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 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: <ul style="list-style-type: none"> • 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. • 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. <p><i>Unanimous vote.</i></p>

Public Comment	
Closed Session	<p>Eric Goulet read the justification for entering Closed Session.</p> <p style="text-align: center;"><i>Motion to enter Closed Session by Dr. Fair, 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 4:13 pm.</p> <p>Closed session began at approximately 4:15 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Bobb, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Director Bobb, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir. Ashenafi, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Dr. Fair.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:31pm</i></p>
Announcements	<p>During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.</p>
Adjourned.	<p>Mot to adjourn Dir. Ashenafi 2nd by Dir Turnage</p> <p>Meeting adjourned at approximately 4:34 pm.</p>



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Meeting Date:
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Consent Agenda



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**Monthly Board
Meeting Date:
September 27, 2023**

**CMO Report for
July/August 2023
Dr. Morrow
Chief Medical Officer**



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Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

July 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In July, there were four (4) initial appointments, five (5) reappointments, and five (5) resignations. There are currently (248) Medical Staff members.
- There are a few contracts that currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting will be held September 13, 2023.
- The Medical Affairs is preparing the department to be Joint Commission ready.
- The Medical Staff welcomes Kushal Mehta, M.D. as the new Chairman for the Department of Radiology and would like to thank John Flynn, MD who was Interim Chairman since March 2023.

Quality and Patient Safety

Quality **July 2023** accomplishments:

- Submission of mandatory structural measures to CMS.
- Manually uploads for Core Measure charts.
- Meetings with nursing to discuss quality issues across the board.
- Submission of core measure charts to CMS.
- Participation in CGM policy 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.
- Meetings 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 National Patient Safety Goals (NPSG) and the Joint Commission (TJC) readiness.
- Presentation/slideshow for TJC readiness available on all work stations.
- TJC readiness guides on paper for distribution in key areas.
- Participation with DCHA/Crisp DC collaborative for health equity.
- DC health visit for 8 days for federal complaint.

- Held QAPI meeting and went over presentations and project guidelines
- Daily patient safety huddles
- A collaborative effort between the Laboratory and the Emergency Department started in May 2021 to decrease contamination rates for blood cultures. June 2023 rates for ER and ER Holding are 0% and 10 %, respectively. (<10% of contaminated specimens is the Benchmark; 3% is the National average). These are down from April 2023 rates of 6% and 15%, respectively.

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:

Joint Commission has a new requirement that Healthcare Facilities should report Antibiotic Usage information to the National Healthcare Safety Network (NHSN).

UMC successfully submitted data for June and July 2023.

Hand Hygiene compliance improved from 91% to 97%.

Monthly Surveillance Data:

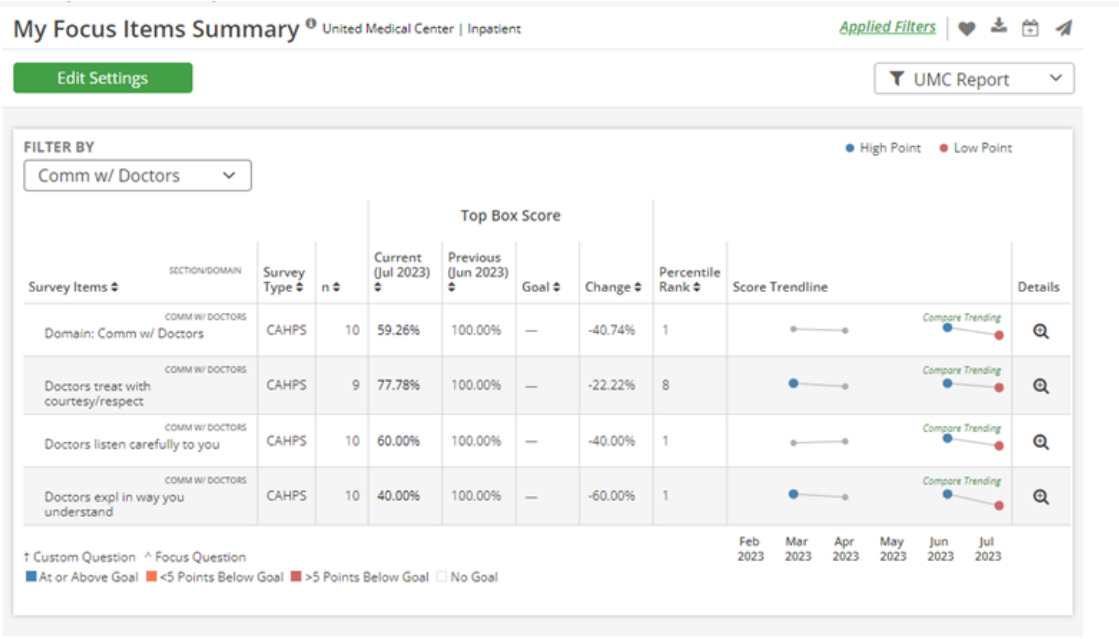
- There were no cases of Healthcare Associated Ventilator Associated Events, or Device related Urinary Tract Infections, or Central Blood stream infections in the ICU for July 2023.
- VRE HAI = 0 cases hospital-wide for a rate of 0 for July 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for July 2023.
- C Difficile HAI = 1 case hospital-wide for an infection rate of 0.5 July 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.
- COVID 19 positive hospitalizations are increasing.
- The number of COVID 19 positive admissions to UMC increased to 6 from 9 in July 2023.
- There were also 0 employees who were positive for COVID 19 in July 2023.
- Currently there is one COVID 19 positive inpatient.
- There was one case of Mpox (formerly Monkey Pox) exposure of UMC that is currently undergoing contact tracing and risk avoidance and management analysis.

Pharmacy & Therapeutics:

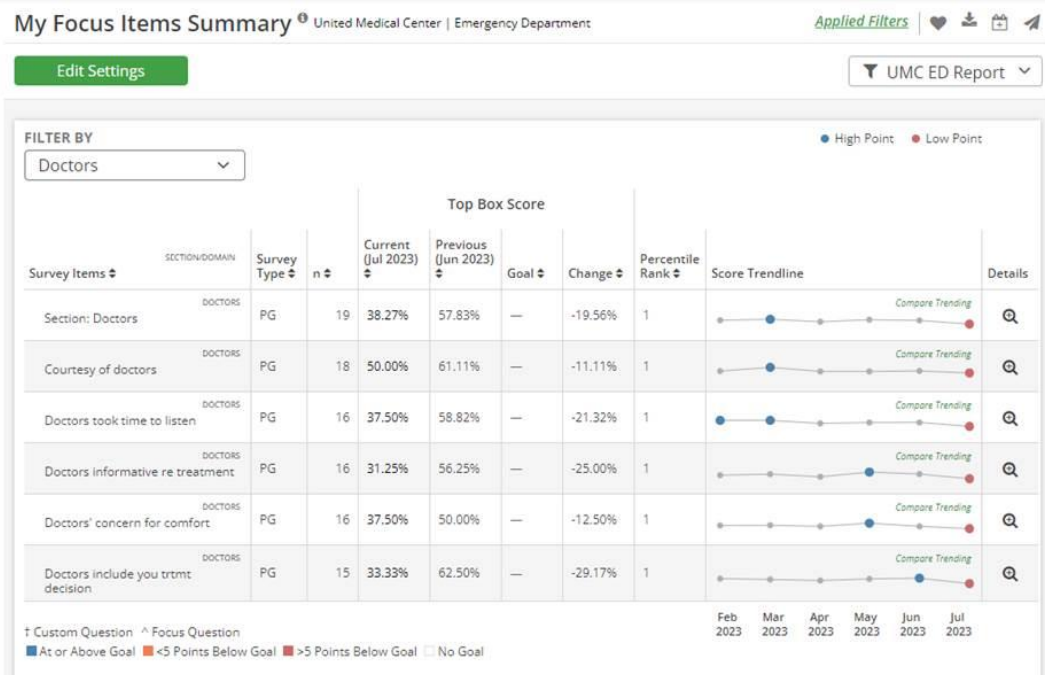
- August 2023 visit from the Joint Commission--Department of Pharmacy had no findings or citations from the triennial Joint Commission Hospital survey for hospital accreditation.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for May 2023, was \$20.42 and for June 2023 was \$22.61 CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved **\$21,888** for the month of June 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 215 interventions documented via Meditech for June 2023.
- The Department of Behavioral Health (DBH) has invited the VP of Pharmacy Services to take part in the Hospital X Homelessness Workgroup.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 61 doses of Suboxone distributed for both In-patient and ED since the DEA X-waiver removal.
- June and July had a total of 45 Narcan Kits and 225 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. DCHA has reached out to discuss further the success of our distribution program.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives section of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- July Stakeholder Summit for Live. Long. DC focused on Youth and Substance Use Disorders in the District with the VP of Pharmacy Services serving as Moderator for Youth Treatment Presentations. Highlights included providers from the District presenting what strategies for youth opioid use disorders are currently working, youths of transitional age into adulthood treatment disparities and 24-hour availability of treatment residencies and facilities.
- 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/ HCAHPS stats for July:

Emergency Room:



Inpatient:



Sincerely,

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

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

August 2023

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment:

- In August, there were six (6) initial appointments, no reappointments, and eight (8) resignations. There are currently (246) 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 was held September 13, 2023.
- Medical Affairs is preparing for UMC annual DC Department of Health survey in November.

Quality and Patient Safety

August 2023 Accomplishments:

- Submission of mandatory structural measures to CMS
- Manually uploads for Core Measure charts
- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Participation in CGM policy meetings
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- 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
- **Successful completion of The Joint Commission (TJC) survey**
- No findings in the Quality Department for TJC survey
- 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 post survey Joint Commission (TJC) findings and next steps

- Participation with DCHA/Crisp DC collaborative for health equity
- Onsite DC health visit for follow up on the federal complaint
- Daily patient safety huddles

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

Accomplishments:

UMC had a COVID 19 outbreak on 8 West in August 2023. The Department of Health (DOH) was notified and acknowledged that there were increase COVID 19 cases in other facilities. Infection Control measures were implemented that included everyone who enters UMC to wear a mask. The DOH conducted a sight visit on 9/11/2023 to review UMC's infection control practices. They were pleased as they observed compliance with infection control practices and how well the COVID 19 outbreak was contained.

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 August 2023.
- VRE HAI = 0 cases hospital-wide for a rate of 0 for July 2023
- MRSA HAI = 0 cases of MRSA in the blood hospital-wide for August 2023.
- C Difficile HAI = 0 cases hospital-wide for an infection rate of 0 for August 2023
- Data was submitted into the National Healthcare Safety Network (NHSN) as required.
- COVID 19 positive hospitalizations are increasing.
- The number of COVID 19 positive admissions to UMC increased from 9 to 19 in August 2023.
- There were also 23 employees who were positive for COVID 19 in August 2023.
- Currently there are 7 COVID 19 positive inpatient.

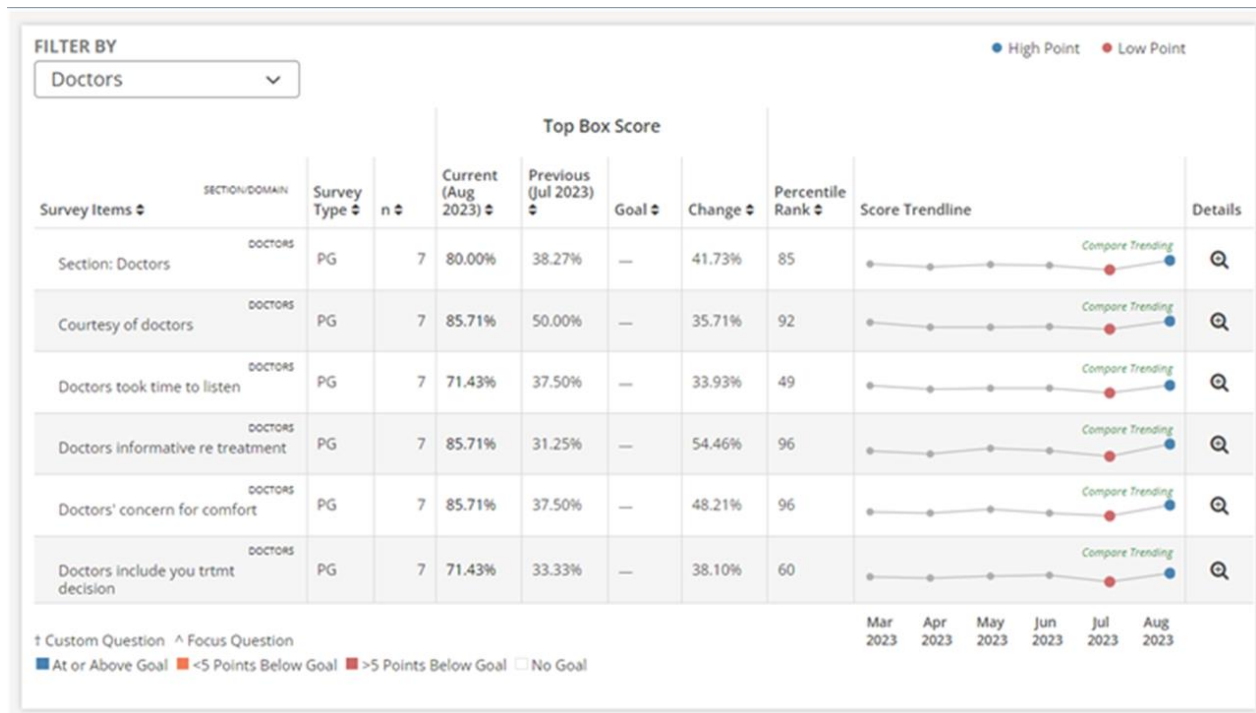
Pharmacy & Therapeutics:

- August 2023 visit from the Joint Commission--Department of Pharmacy had no findings or citations from the triennial Joint Commission Hospital survey for hospital accreditation.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for May 2023, was \$20.42 and for June 2023 was \$22.61 CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$21,888 for the month of June 2023. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of 215 interventions documented via Meditech for June 2023.
- The Department of Behavioral Health (DBH) has invited the VP of Pharmacy Services to take part in the DC Interagency Council on Homelessness (ICH); Hospital X Homelessness Workgroup. First meeting attended by a UMC representative was held by the ICH Team August 24th.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 61 doses of Suboxone distributed for both In-patient and ED since the DEA X-waiver removal.
- June and July had a total of 45 Narcan Kits and 225 Fentanyl Test Strips distributed within Ward 8 to both In-Patient and ED with the assistance of the ED Pharmacist. DCHA has reached out to discuss further the success of our distribution program.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives section of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- July Stakeholder Summit for Live. Long. DC focused on Youth and Substance Use Disorders in the District with the VP of Pharmacy Services serving as Moderator for Youth Treatment Presentations. Highlights included providers from the District presenting what strategies for youth opioid use disorders are currently working, youths of transitional age into adulthood treatment disparities and 24 hour availability of treatment residencies and facilities.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.

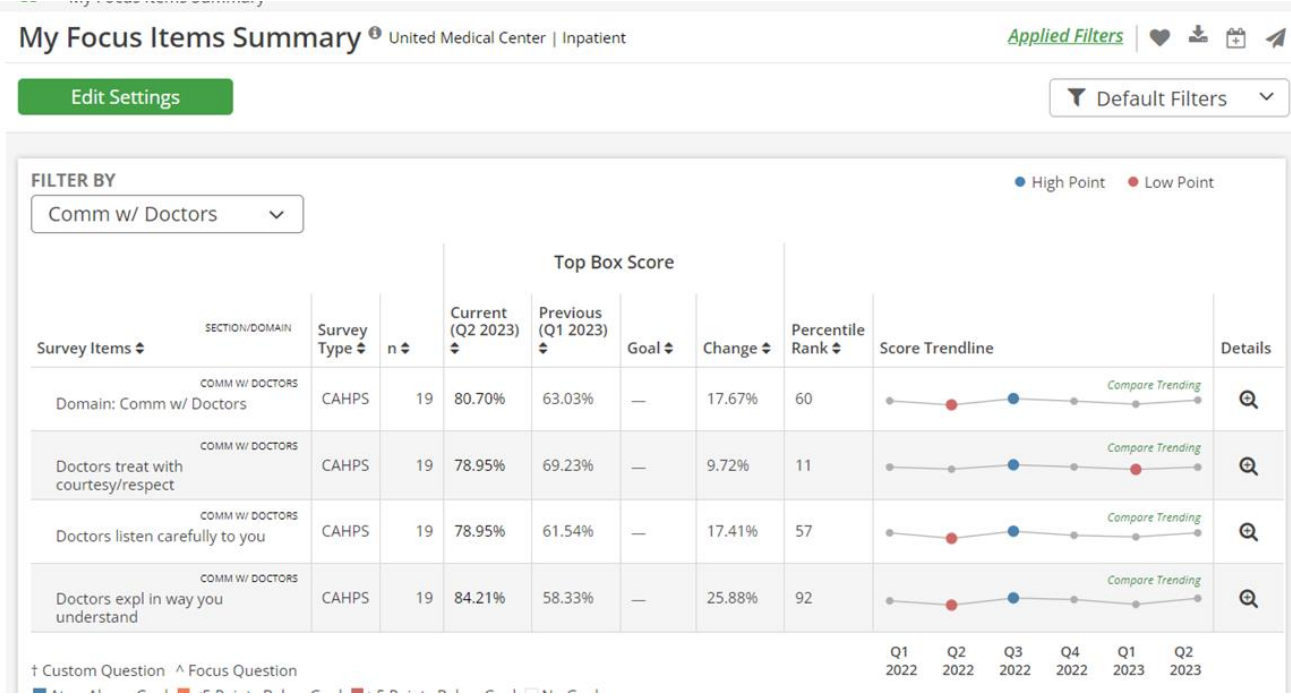
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 - e) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - f) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following 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 August 2023:

Emergency Room:



Inpatient:



Sincerely,



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



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MEDICAL CENTER

Monthly Board

Meeting Date:

September 27, 2023

**Medical Chief of Staff
Report for
July/August 2023
Dr. Francis
O'Connell Medical
Chief of Staff**



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

July 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 participated in the recent Joint Commission visit. We are awaiting the results from that visit.

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

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



Amaechi Erongu, M.D., Chairman

JULY 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for July 2023 was 92 and 108 in June 2023. See attached table and chart. There has been a decrease in volume of surgery cases within the last month. We would continue to support the growth in all aspects.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance for 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.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. We had a total of 24 cases in July 2023.

OR UTILIZATION

We are working with the Surgeons and Nursing staff to improve OR utilization through: eliminating day of surgery cancellations; improved on-time start, and improved room turnover time.

MONTH	2018	2019	2020	2021	2022	2023
JAN	150	210	187	147	120	111
FEB	181	169	167	142	123	106
MARCH	204	158	80	133	140	145
APRIL	177	211	51	151	146	133
MAY	219	186	64	159	123	128
JUNE	213	177	118	167	111	108
JULY	195	186	140	176	102	92
AUG	203	193	156	148	113	
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

JULY 2023

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

In July 2023, the Intensive Care Unit had 61 admissions, 60 discharges, and 214 Patient Days. Average Length of Stay (ALOS) was 3.6 days and ICU managed a total of 67 patients. The average daily census was 8 (7.1) patients. There was one return to ICU within 24 hours of transfer out. There were 7 deaths for 60 discharges, with an overall ICU mortality rate of 11.7 %. Two patients were transferred to other local hospitals ICUs; one per Kaiser Insurer requirement, and one for subspecialty care requiring Interventional Pulmonology. Admissions and average daily census have remained fairly stable since the beginning of the year, but acuity continues to fluctuate.

July 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 14 patients with severe sepsis and septic shock. Two deaths were due to severe sepsis/septic shock in July, for an overall severe sepsis mortality of 14.3 %.

In July, the ICU had 81 (from 70 in June) ventilator days with no Ventilator Associated Pneumonia (VAP), 77 (was 78 in June) Central Line Device Days with no Catheter Related Blood Stream Infections (CLABSI), and 148 Urinary Indwelling Device days (same as June) 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

August 13, 2023



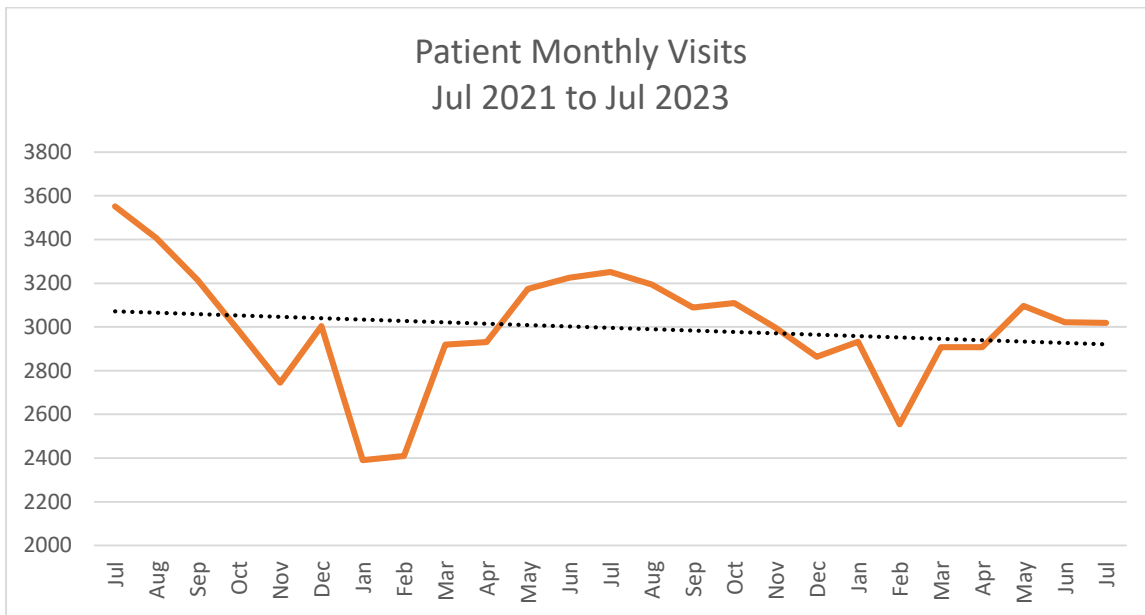
Francis O'Connell, M.D., Chairman

JULY 2023

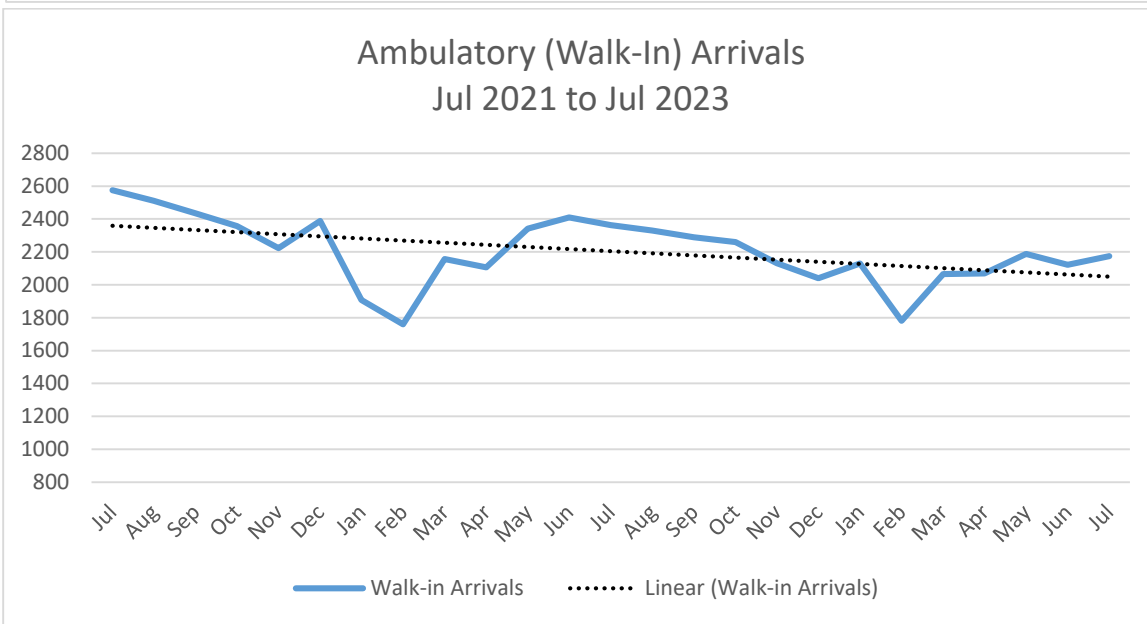
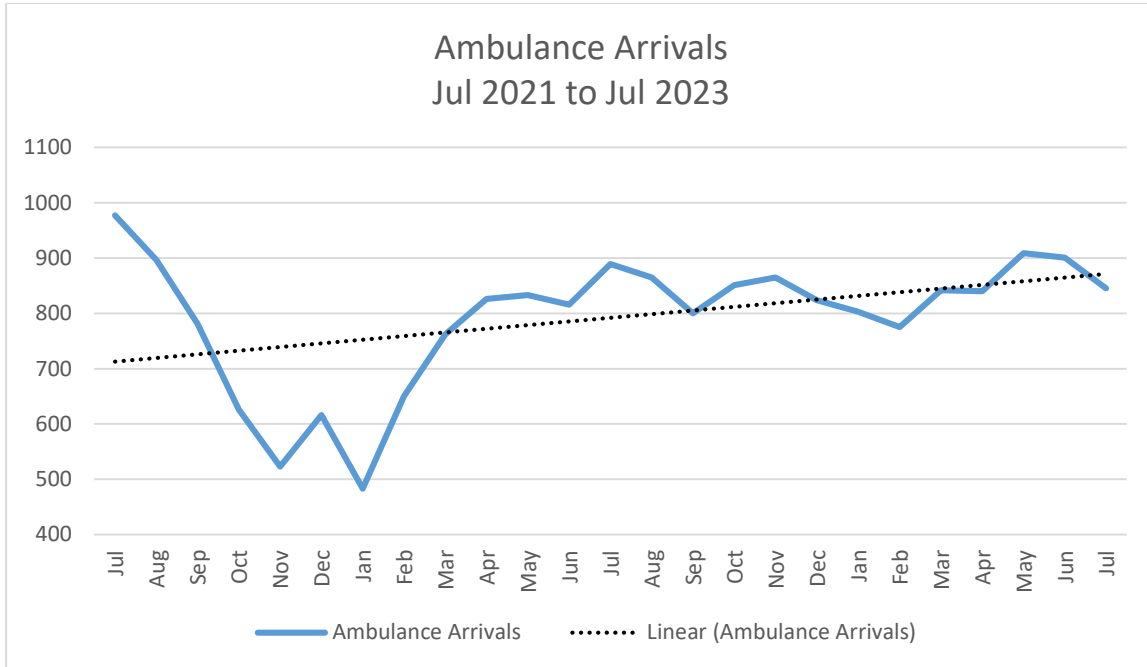
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for July 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

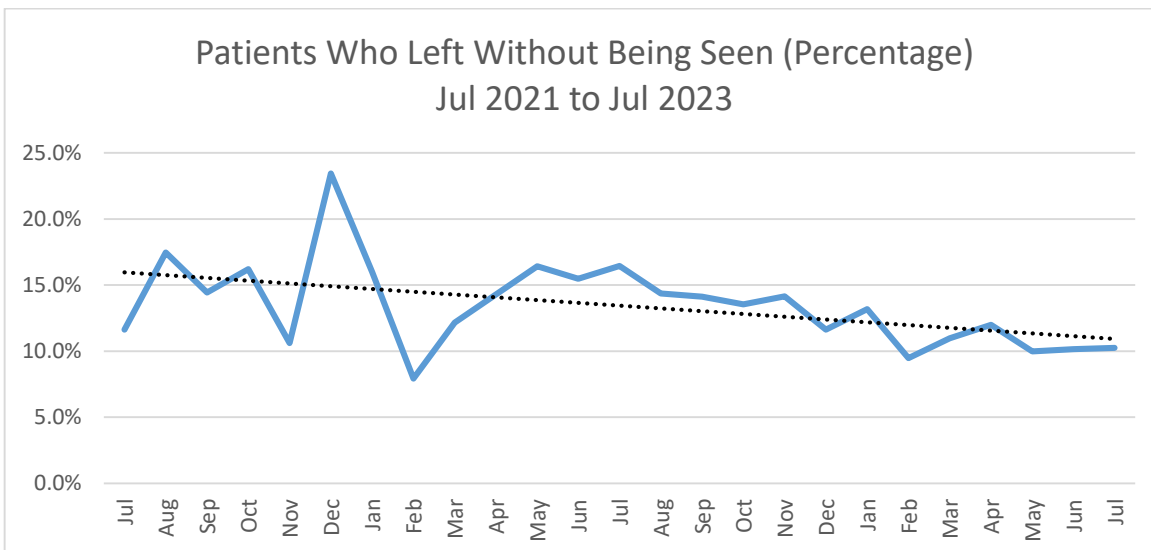
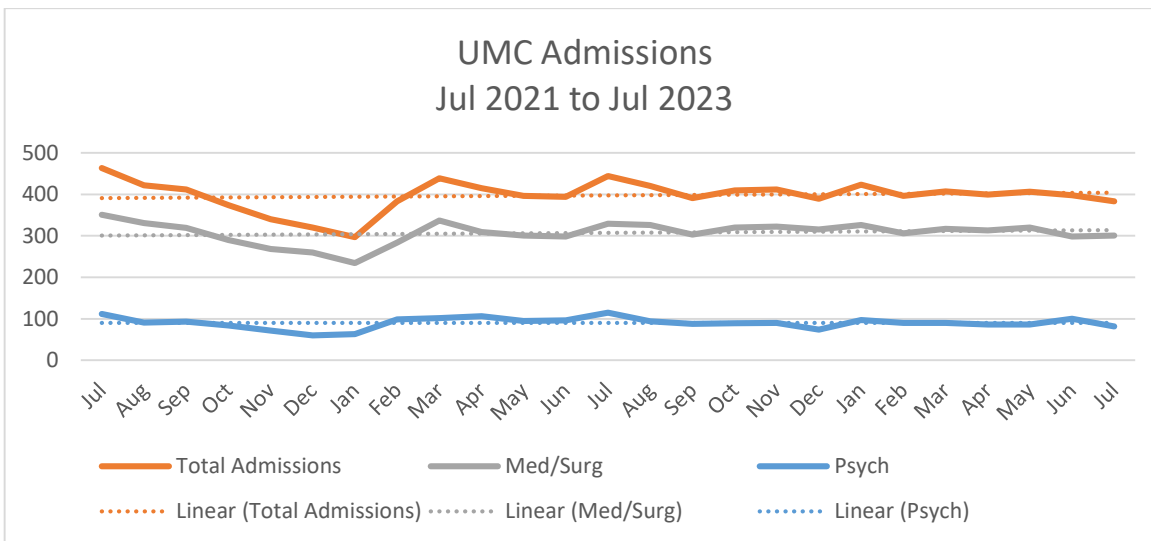
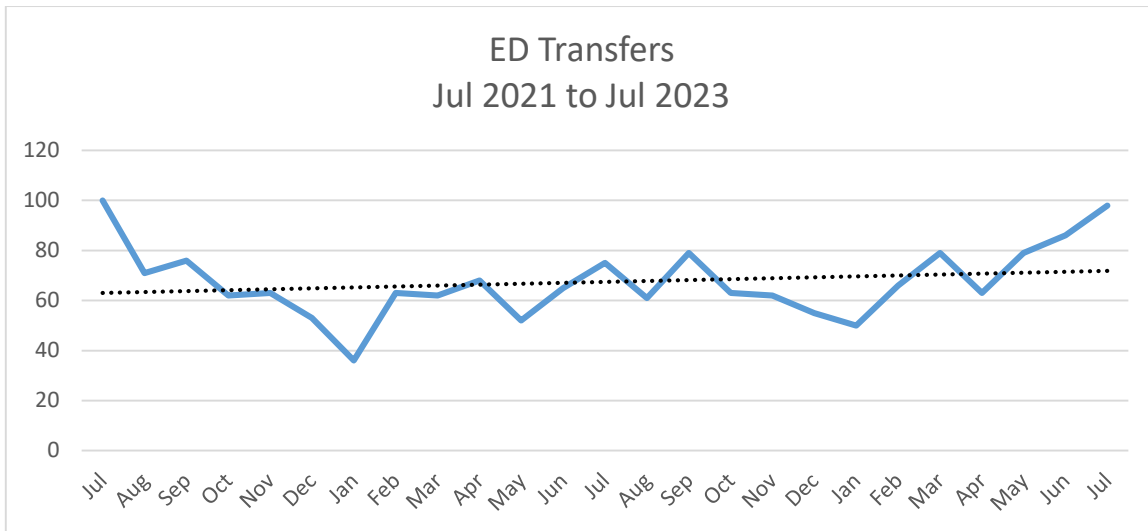
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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						
	Jul 2021	%	Jul 2022	%	Jul 2023	%
Total patients	3551		3252		3019	
Daily Avg Census	115		105		97	
Ambulance Arrivals	977	27.5%	889	27.3%	845	28.0%
Admit	463	13.0%	444	13.7%	383	12.7%
• Med Surg	351	9.9%	329	10.1%	301	10.0%
• Psych	112	3.2%	115	3.5%	82	2.7%
Transfers	100	2.8%	75	2.3%	98	3.2%
LWBS	413	11.6%	535	16.5%	309	10.2%
Ambulance Admission Rate	33.6%		31.6%		30.4%	
Walk-In Admission Rate	5.2%		6.9%		3.8%	

Analysis:

1. The data reported this month includes data from the past three years.
2. The monthly census for Jul 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 17 months with the exception of February which, historically, sees a dip in visits.
3. The total number of ambulances coming to UMC was down slightly from June 2023. The number of ambulances appears to have reached a steady state over the past 17 months.
4. The total number of medicine admissions was steady from the previous month and down from July 2022 and July 2021. The percentage of admissions (from the total census) remained steady.
5. The number of ED Transfers increased over the past three months, otherwise remained constant since Mar 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 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.

The number of transfers to other hospitals rose over the last three months. The majority of transfers occur when the medical needs of the patient exceed the capabilities of the hospital, though there is a small cohort of patients that fall within the Kaiser system and require transfer. It is unclear if the increase in transfers is a statistical anomaly or an actual trend. It will be something that will be monitored in the months to come.

We continue to support and remain engaged in the hospital's efforts in meeting the ongoing needs of the community as well as those related to the current and emerging health issues in the region.

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



Musa Momoh, M.D., Chairman

JULY 2023

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	133	118	96	121	117	95	99						779
HOSPITAL	133	118	96	121	117	95	99						779
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%						100%
REGULAR													
MEDICINE	196	192	220	196	201	210	204						1419
HOSPITAL	299	289	320	294	297	319	293						2111
PERCENTAGE	66%	66%	69%	67%	68%	66%	70%						67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118	98	94						772
HOSPITAL	127	123	95	117	118	98	94						772
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%						100%
REGULAR													
MEDICINE	160	153	154	163	154	180	163						1127
HOSPITAL	255	255	249	261	240	299	247						1806
PERCENTAGE	63%	60%	62%	62%	64%	60%	66%						62%
PROCEDURES													
HEMODIALYSIS	131	119	186	155	194	187	121						1093
EGD'S	19	23	22	17	24	14	14						133
PEG'S	3	1	2	8	7	3	3						27
COLONOSCOPY	23	19	31	24	24	22	16						159
ERCP	0	0	0	0	0	0	0						0
BRONCHOSCOPY	0	0	1	0	1	0	1						3
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0						0
Cases Reviewed	0	0	0	0	0	0	0						0
Cases Closed	0	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

JULY 2023

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%	100%					
	14	8	5		9	10	6					
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	Not submitted as of 5/11/23	100%	100%	100%					
	16/16	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%	100%					
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%					
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%	100%	100%					
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/in cubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%					
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2	1.2	1.2	1.1	1.1	1.1					
Wasted/Expired Blood and Blood Products Goal 0	1	0	0	1	4	0	1					
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%					
Hematology Analytical PI Body Fluid	100%	100%	100%	100%	100%	100%	100%					
	8/7	14/12	8/8	6/6	6/6	6/4	7/7					
Sickle Cell	0/0	1/1	0/0	0/0	0/0	0/0	0/0					
ESR Control	100%	100%	100%	100%	100%	100%	100%					
	44/22	59/25	75/25	68/30	70/28	54/26	64/26					
Delta Check Review	100%	100%	100%	100%	100%	100%	100%					
	137/137	128/128	199/199	191/191	192/192	137/137	152/152					
Blood Culture Contamination – Benchmark 90%	100% ER Holding 87% ER 100% ICU	97% ER Holding 91% ER 96% ICU	100% ER Holding 86% ER 98% ICU	Not submitted as of 5/11/23	100% ER Holding 90% ER 98% ICU	100% ER Holding 90% ER 98% ICU	95% ER Holding 88% ER 100% ICU					
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	92% ER 92% Lab	93% ER 93% Lab	92% ER 92% Lab	Not submitted as of 5/11/23	95% ER 93% Lab	95% ER 94% Lab	94% ER 91% Lab					
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent	0/0 Frozen vs Permanent					

	In house vs consultation	In house vs consultation	0/0 In house vs consultation	0/0 In house vs consultation	In house vs consultation	0/0 In house vs consultation	Perman ent 0/0 In house vs consultation					
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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

JULY 2023

UMC Behavioral Health Unit July 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	4.21						
Voluntary Admissions	31	30	40	45	27	78	31						
Involuntary Admissions = FD12	83	109	100	87	67	29	58						
Total Admissions	114	139	140	132	94	107	89						
Average Daily Census	17	21	19	18	16	15	13						
Other Measures													
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	4.5	2.9	4.5						
# TeleCourt Meetings (Pt Hearings)	0	0	0	1	0	0	0						
# Psych Consultations	94	170	243	170	134	117	119						
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	74%	66%	62%						
Discharge													
Discharges	102	147	143	138	98	118	87						

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



Kusha Mehta, M.D., Chairman

JULY 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	44		809		156		1009	
Fluoro	6		0		24		30	
Mammography					110		110	
Magnetic Resonance Angio	2		3		0		5	
Magnetic Resonance Imaging	11		14		25		50	
Nuclear Medicine	2		0		0		2	
Special Procedures	1		0	0			1	
Ultrasound	70		238		148		456	
X-ray	87		973		497		1557	
CNMC CT Scan			48				48	
CNMC X-ray			328				328	
Grand Total	223		2413		960		3596	

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

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

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

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

Services:

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

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

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

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

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

JULY 2023

For the month of July 2023, the Surgery Department performed a total of 92 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	145
Q1 QUARTER TOTALS		464	527	569	588	572	548	444	433	393	362
APR	157	194	180	166	183	182	211	57	156	148	125
MAY	174	151	160	176	211	219	186	74	159	123	128
JUN	159	169	175	201	203	213	177	126	172	113	108
Q2 QUARTER TOTALS		514	515	543	597	614	574	257	487	384	361
JUL	164	172	193	192	189	195	186	140	177	103	92
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	92
ANNUAL TOTAL	1478	1962	2106	2219	2300	2294	2282	1633	1826	1522	1202

This month ended with a **15% decrease** compared to last month and a **10% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Lower ED admissions
- Lower Clinic visits and elective surgery

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

We 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.

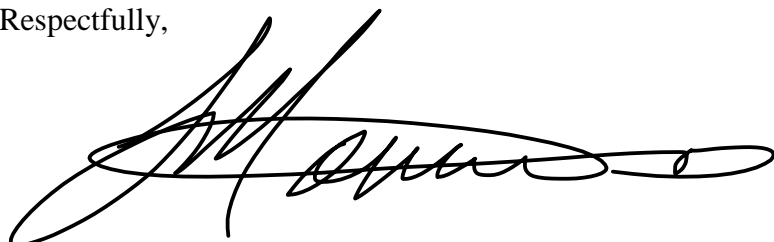
<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

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. We will provide on-going assessments with specific data points.

Respectfully,



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



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

AUGUST 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 Staff welcomed the newly appointed Chair of Radiology, Dr. Kushal Mehta and thanks the Interim Chair, Dr. Jack Flynn for his time and continued service to United Medical Center.

There is a steady rise in COVID cases occurring in the DMV with more ED visits and hospital admissions of patients with COVID. Vaccination remains the best measure of prevention against serious illness. Additionally, the CDC released new guidance to the public about upcoming vaccinations which will now be shifted to a yearly vaccine schedule. [CDC Recommends Updated COVID-19 Vaccine for Fall/Winter Virus Season | CDC Online Newsroom | CDC](#)

There is a steady rise in prescribing of Narcan kits, Fentanyl testing strips and prescribing of buprenorphine at UMC and two additional peer recovery coaches were recently hired to aid in identifying patients with substance abuse disorders and coordinating access to detox/medical assisted therapy clinics. These targeted measures will undoubtedly aid in prevention of opiate overdose and assistance of those with substance abuse and opiate use disorder.

The Medical Affairs Department participated in the recent Joint Commission visit. We are awaiting the results from that visit. We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

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



Amaechi Erongu, M.D., Chairman

AUGUST 2023

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for August 2023 was 119. See attached table and chart. There has been a decrease in volume of surgery cases within the last month. We would continue to support the growth in all aspects.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance for 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.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been increasing the volume of procedures done at the OR. We had a total of 12 cases in August 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.

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



Mina Yacoub, M.D., Chairman

AUGUST 2023

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

Admissions to the ICU decreased significantly in August. Patient acuity of illness seems to also be decreasing. The Intensive Care Unit had 45 admissions (58 in July), 43 discharges (63 in July), and 236 Patient Days. Average Length of Stay (ALOS) for August was 5.5 days and ICU managed a total of 45 patients. The average daily census remained low at 8 patients (was also 8 in July). There were no returns to ICU within 24 hours of transfer out. There were 5 deaths with an overall ICU mortality rate of 11.4 %. No patients required transfers to other local hospital ICUs for higher level care.

August 2023 PERFORMANCE DATA

ICU Sepsis and Infection Control Data

The ICU managed 11 patients with severe sepsis and septic shock. One death was due to severe sepsis/septic shock in August, for an overall severe sepsis mortality of 9 %.

In August, the ICU had 60 ventilator days (down from 70 in July and 166 in June) with no Ventilator Associated Pneumonia (VAP), 48 Central Line Device Days (down from 78 in July and 229 in June) with no Catheter Related Blood Stream Infections (CLABSI), and 111 Urinary Indwelling Device days with no Catheter Related Urinary Tract Infections (CAUTI). ICU infection control data is compiled by Infection Control and Quality Improvement Department and is reported to the National Hospital Safety Network (NHSN). See Infection control report for details.

Rapid Response and Code Blue Teams

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

Sincerely,

Mina Yacoub, MD

Chair, Department of Critical Care Medicine

September 8, 2023



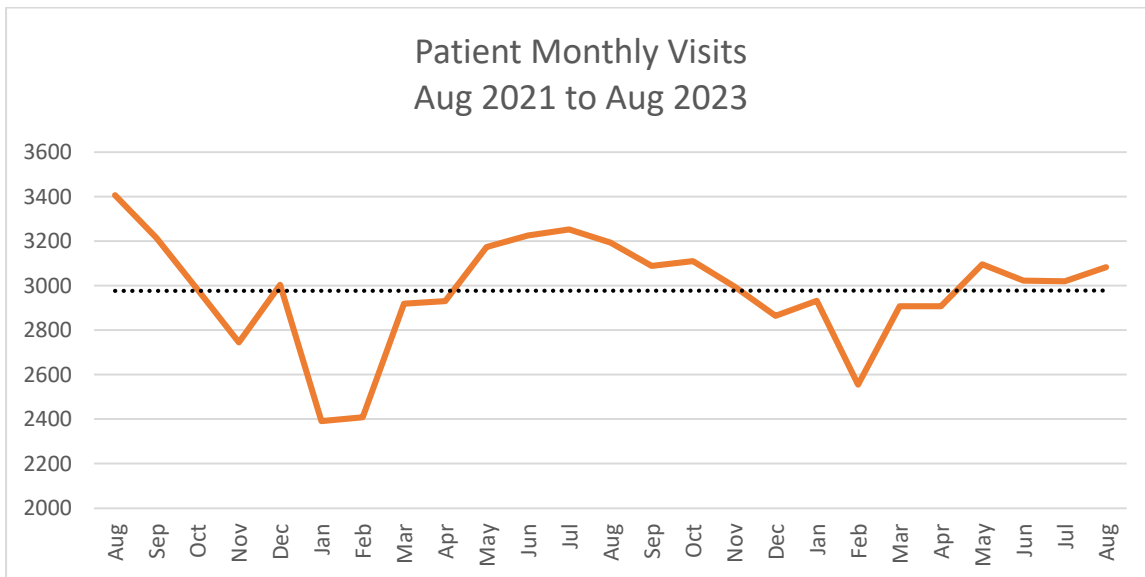
Francis O'Connell, M.D., Chairman

AUGUST 2023

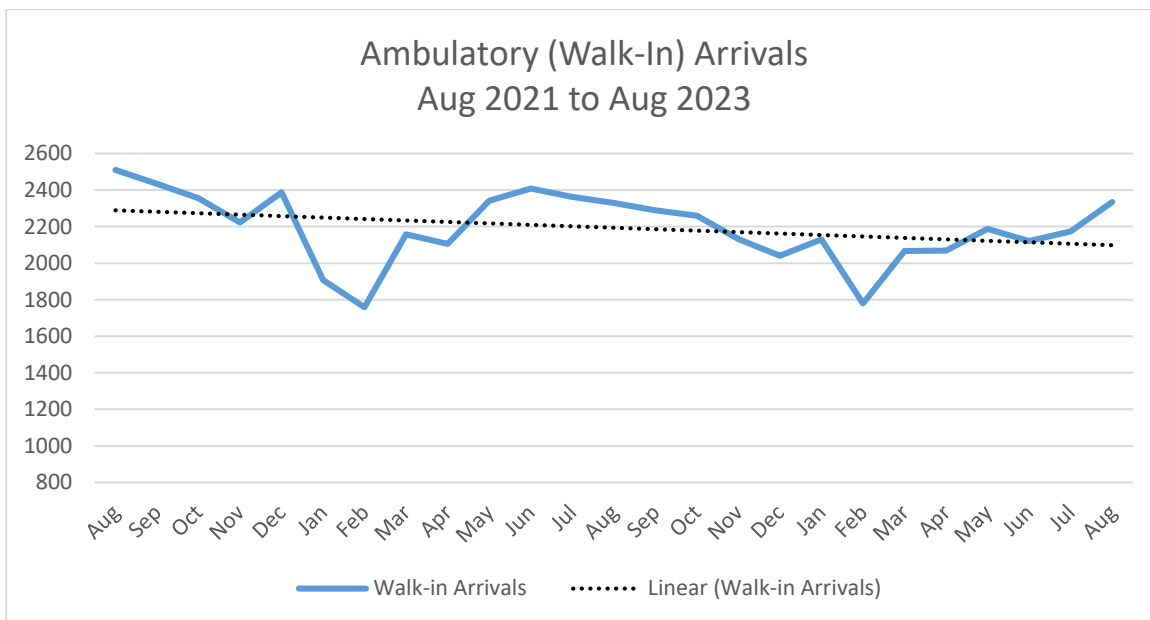
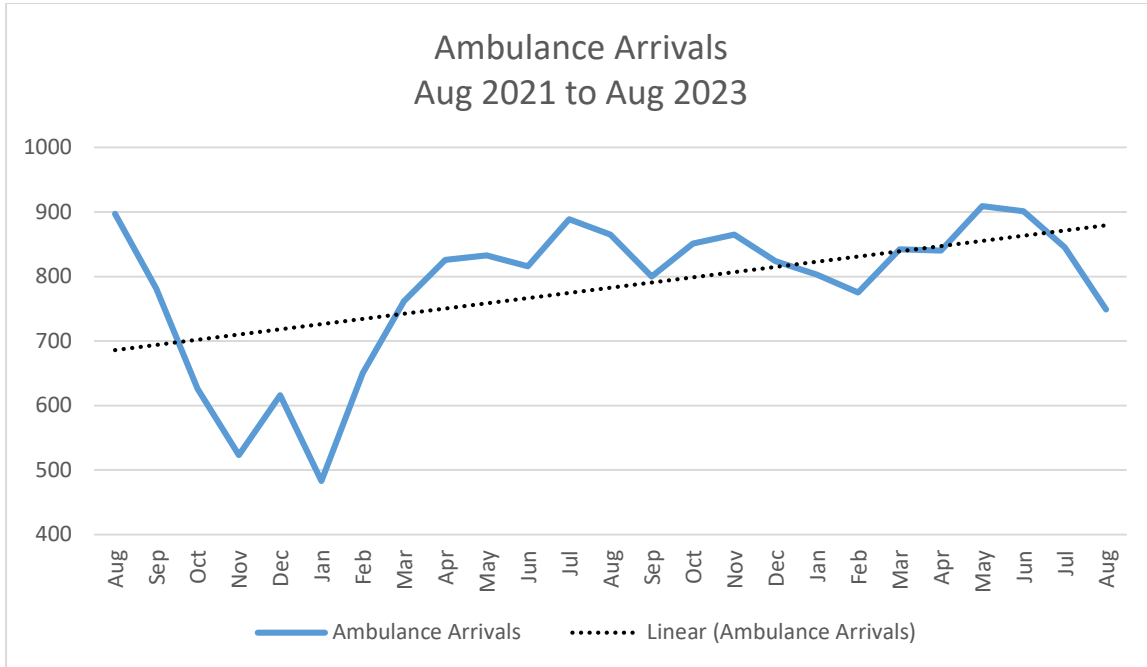
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for August 2023. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

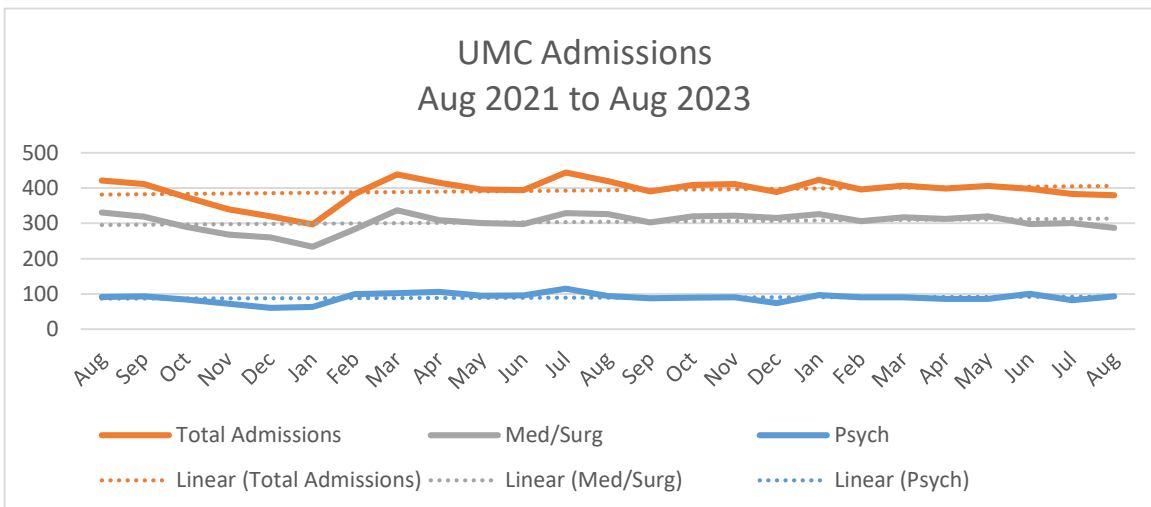
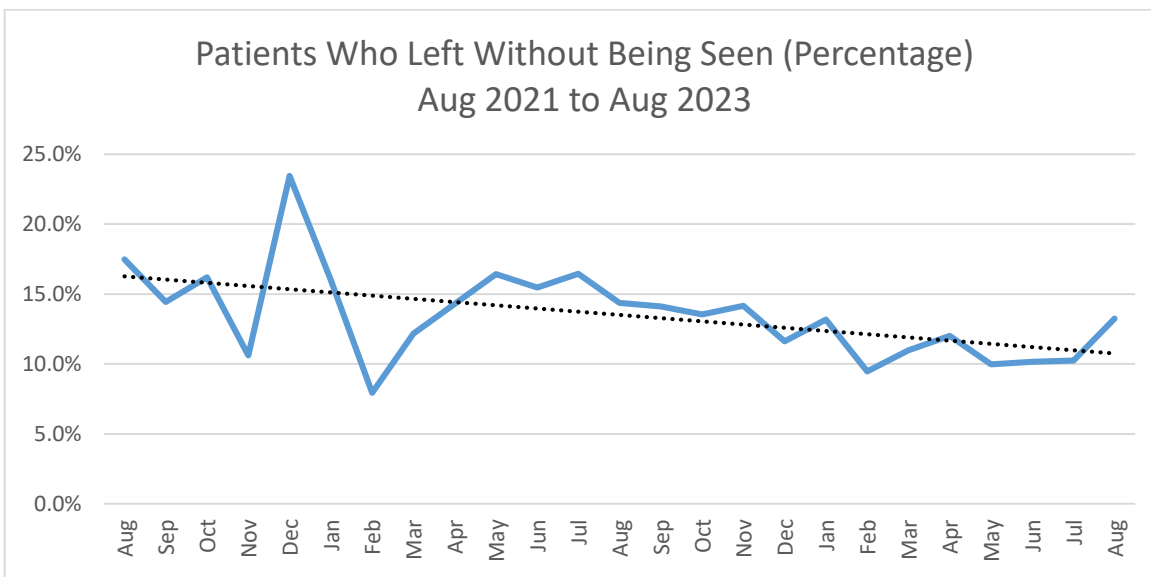
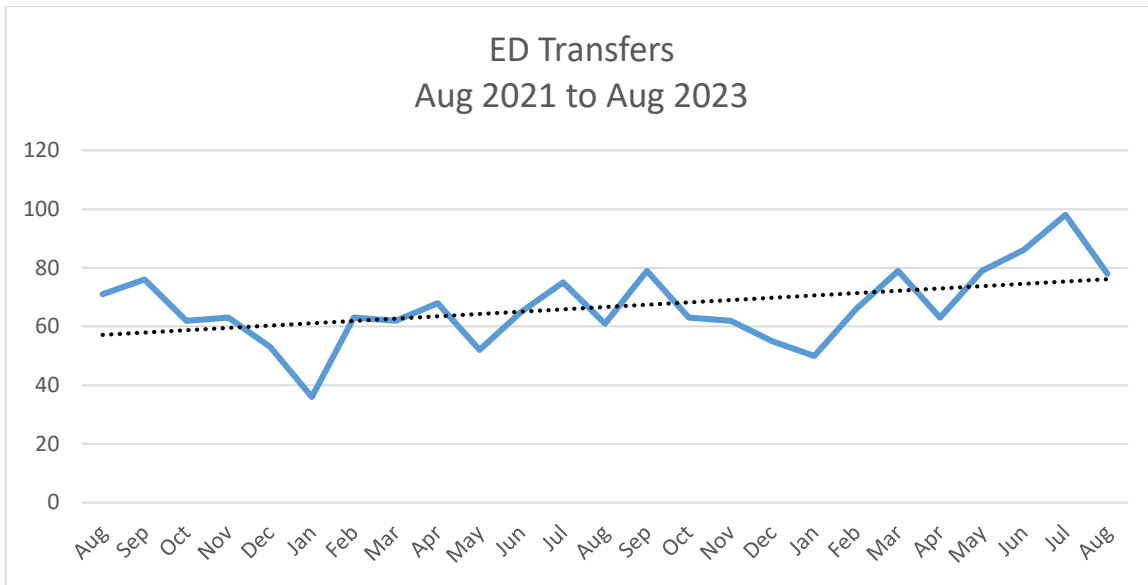
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical 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						
	Aug 2021	%	Aug 2022	%	Aug 2023	%
Total patients	3407		3194		3083	
Daily Avg Census	110		103		99	
Ambulance Arrivals	897	26.3%	865	27.1%	749	24.3%
Admit	422	12.4%	420	13.1%	380	12.3%
• Med Surg	331	9.7%	326	10.2%	287	9.3%
• Psych	91	2.7%	94	2.9%	93	3.0%
Transfers	71	2.1%	61	1.9%	78	2.5%
LWBS	595	17.5%	459	14.4%	408	13.2%
Ambulance Admission Rate	31.5%		32.7%		30.3%	
Walk-In Admission Rate	5.5%		5.9%		6.6%	

Analysis:

1. The data reported this month includes data from the past three years.
2. The monthly census for Aug 2023 was similar to the previous month and was down slightly from previous years. The census trend for the last two years is slightly negative, though fairly stable over the last 18 months with the exception of February which, historically, sees a dip in walk-in visits.
3. The total number of ambulances coming to UMC dropped from Jul 2023, though the number of ambulances appears to have reached a steady state over the past 18 months.
4. The total number of medicine admissions dropped slightly from the previous month and down from August 2021 and 2022. The percentage of admissions (from the total census) remained steady.
5. The number of ED Transfers dropped slightly from the previous month, otherwise remained constant since Mar 2022.
6. The percentage of patients who left without seeing a provider (LWBS) rose from previous month, though continues to have a negative 2-year trend.
7. The monthly number of walk-in patients visiting the ED rose slightly from the previous month and remains steady over the last 18 months.
8. Ambulance visits continue to be a major contributor to higher acuity ED volume and admissions.

The trends for ED visits remained stable, however, ambulance traffic dropped and the LWBS percentage rose for the month of August. Ambulance traffic and LWBS, based on previous years' data, appear to be the most sensitive to changes in the efficient movement of patients through the ED (i.e. throughput).

When patients board or are delayed in being discharged, there are less beds available to see and treat patients in the ED. As a result, ambulance offload times increase, and patients wait longer in the waiting room which leads to an increase in LWBS, diverting of ambulance traffic away from UMC, and impacts patient safety and satisfaction. In the past, reduced ED throughput was driven by inconsistent ED nursing, tech and sitter staffing. Over the last year, ED staffing stabilized leading to a reduction in LWBS and a stabilization in ambulance traffic and walk-in visits.

In August, decreased nursing staffing on the inpatient units and delayed transports, for ED discharges and transfers, led to reduced throughput (bed availability). There were periods where 30-70% of ED beds were occupied by boarders, with some patients waiting up to 2 days to go to an inpatient unit. Patients who required transfers to other hospitals, those with mobility issues (bed bound, wheelchair, walker, etc), and those with limited access to transportation, who depend upon ambulance and wheelchair transportation, saw delays in being transported out of the ED. In all of these instances, these delays translated directly to reduced bed availability and negatively impacted throughput.

Conversely, improved nursing staffing of inpatient units and more efficient transportation providers/processes will improve throughout, reduce LWBS, increase ambulance traffic, and increase patient satisfaction and safety.

We remain engaged and supportive in the hospital's efforts in meeting the ongoing needs of the community as well as those related to the current and emerging health issues in the region.

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



Musa Momoh, M.D., Chairman

AUGUST 2023

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	133	118	96	121	117	95	99	100					879
HOSPITAL	133	118	96	121	117	95	99	100					879
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%					100%
REGULAR													
MEDICINE	196	192	220	196	201	210	204	182					1601
HOSPITAL	299	289	320	294	297	319	293	282					2393
PERCENTAGE	66%	66%	69%	67%	68%	66%	70%	65%					67%
DISCHARGES													
OBSERVATION													
MEDICINE	127	123	95	117	118	98	94	106					878
HOSPITAL	127	123	95	117	118	98	94	106					878
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%					100%
REGULAR													
MEDICINE	160	153	154	163	154	180	163	136					1263
HOSPITAL	255	255	249	261	240	299	247	237					2043
PERCENTAGE	63%	60%	62%	62%	64%	60%	66%	57%					62%
PROCEDURES													
HEMODIALYSIS	131	119	186	155	194	187	121	162					1255
EGD'S	19	23	22	17	24	14	14	26					159
PEG'S	3	1	2	8	7	3	3	2					29
COLONOSCOPY	23	19	31	24	24	22	16	25					184
ERCP	0	0	0	0	0	0	0	0					0
BRONCHOSCOPY	0	0	1	0	1	0	1	0					3
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0					0
Cases Reviewed	0	0	0	0	0	0	0	0					0
Cases Closed	0	0	0	0	0	0	0	0					0

Department of Medicine met on September 13, 2023

The next meeting is December 13, 2023.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sree Devi Kurella, M.D. Chairwoman

AUGUST 2023

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%	100%	100%				
	14	8	5	9	10	6	6					
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	Not submitted as of 5/11/23	100%	100%	100%	100%				
	16/16	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%	100%	100%				
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100				
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%	100%	100%	100				
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%				
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.2	1.2	1.2	1.2	1.1	1.1	1.1	1.1				
Wasted/Expired Blood and Blood Products Goal 0	1	0	0	1	4	0	1	2				
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%				
Hematology Analytical PI Body Fluid	100%	100%	100%	100%	100%	100%	100%	100%				
	8/7	14/12	8/8	6/6	6/6	6/4	7/7	11/9				
Sickle Cell	0/0	1/1	0/0	0/0	0/0	0/0	0/0	1/1				
ESR Control	100%	100%	100%	100%	100%	100%	100%	100%				
	44/22	59/25	75/25	68/30	70/28	54/26	64/26	49/25				
Delta Check Review	100%	100%	100%	100%	100%	100%	100%	100%				
	137/137	128/128	199/199	191/191	192/192	137/137	152/152	125/125				
Blood Culture Contamination – Benchmark 90%	100% ER Holding 87% ER 100% ICU	97% ER Holding 91% ER 96% ICU	100% ER Holding 86% ER 98% ICU	Not submitted as of 5/11/23	100% ER Holding 90% ER 98% ICU	100% ER Holding 87% ER 94% ICU	95% ER Holding 88% ER 100% ICU	96% ER Holding 84% ER 96% ICU				
STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	92% ER 92% Lab	93% ER 93% Lab	92% ER 92% Lab	Not submitted as of 5/11/23	95% ER 93% Lab	95% ER 94% Lab	94% ER 91% Lab	93% ER 93% Lab				
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation	0/0 Frozen vs Permanent 0/0 In house vs consultation				

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

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

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

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

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

Sreevedi Kurella, M.D.

Chairwoman, Department of Pathology



Shanique Cartwright, M.D., Chairwoman

AUGUST 2023

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

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



Kusha Mehta, M.D., Chairman

AUGUST 2023

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	59		826		157		1042	
Fluoro	10		0		17		27	
Mammography			1		94		95	
Magnetic Resonance Angio	1		0		0		1	
Magnetic Resonance Imaging	12		8		25		45	
Nuclear Medicine	0		0		0		0	
Special Procedures	5		1		0		6	
Ultrasound	79		229		149		457	
X-ray	108		1128		570		1806	
CNMC CT Scan			473				473	
CNMC X-ray			48				48	
Grand Total	274		2714		1012		4000	

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

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

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

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

Services:

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

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

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

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

Kusha Mehta, M.D.
Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

AUGUST 2023

For the month of August 2023, the Surgery Department performed a total of 119 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	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	92
AUG	170	170	174	202	191	203	193	161	155	114	119
SEP	177	168	166	172	171	191	182	162	126	124	
Q3 QUARTER TOTALS		510	533	566	551	589	561	463	458	341	211

This month ended with a **22.7% increase** compared to last month and a **4.2% 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. 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:
September 27, 2023**

**Nursing Department
Report for August
2023**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report August 2023

Overall State of Nursing Department(s)

Staffing:

We continue to monitor staffing for the hospital. Staffing is paramount for our customers. We on boarded several new UMC employees for the month of August to include a telemetry clinical supervisor, telemetry transporter, surgical technician, emergency department transporter, two emergency department technicians and a sitter. We look forward to onboarding two-part time emergency department technicians and a psychiatric technician in September. Offers are pending successful background checks and pre-employment physicals. UMC interviews are ongoing and departmental leaders are monitoring the UKG website for qualified candidates. Additionally, 8 agency nurses and 4 agency technicians were on boarded to supplement staffing.

Performance Improvement:

We received and passed our final tri-annual Joint Commission survey. The survey was a successful survey without any jeopardy findings. There were zero HAPI's for the month of August.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
Aug	48	8	6	5	5	2

Education

There were a total of 48 admissions for the month of August with an average daily census of 8. Education focused on scanning of armbands and medication to reduce medication errors for new employees. Suicidal Risk & Prevention training performed for new employees. Annual nurse competencies were completed. Annual reliaas competencies were completed. Education on the hyperglycemia DKA/Tight Glucose Control protocol and monitoring of insulin accuracy for insulin administration continued.

PI Initiatives

- Wound Consults and Treatments
- Picture assessment of new wounds
- Wound Prevention Measures
- Timely narcotic waste
- Pain assessment/reassessment

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
August	118	45	73	26	0	0	0

Education

Review of ENDO G-Mead application

PI Initiatives

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

DIABETES

There were 13 DKA insulin drips for the month of August. Education focused on insulin point of care testing and insulin audits for accuracy. Staff education on the importance of reviewing the order for accuracy and accurate delivery ongoing.

Emergency Department

ED Metrics Empower Data	Apr	May	Jun	July	Aug
Visits	2907	3099	3027	3022	3086
Change from Prior Year (Visits)	2931	3175	3225	3250	3191
% Growth	-0.83	-2.45	-6.54	-7.54	-3.40
Ambulance Arrivals	840	910	901	841	749
Ambulance Admissions	250	273	264	254	
Ambulance Patients Admission Conversion	0.30	0.30	0.29	0.30	0.30
% of ED patients arrived by Ambulance	0.29	0.29	0.30	0.28	0.24
% of ED Ambulance Patients Admitted	0.30	0.30	0.29	0.30	0.30
Triage Time	24	22	20	20	23
Physician Time	113	104	98	95	130
Disposition Time	279	242	247	265	289

ED Metrics Empower Data	APR	May	Jun	July	Aug
Door to triage	24	22	20	20	23
Door to room	99	95	89	95	121
Door to provider	113	104	98	103	130
Door to departure	292	274	277	300	311
Decision to admit to floor	389	368	362	388	415

Education

Covid Testing for admitted patients – now a part of MD admission order set
 Meditech Training – agency staff
 Contraband Search/Disposal & Sitter Guidelines review for new hires
 Property List – documentation for suicidal/homicidal patients
 Post Mortem Care
 Vesper Transport
 Wound Care – dressings available/stocked in ED, no MD order required
 Death Checklist – to be documented in EMR

PI Initiatives

FD-12 sitter hourly documentation
 FD-12 Property List documentation
 EKG < 10 minutes of complaint
 Vital Signs Q 2 hours

Service Recovery

Two complaints resolved in real time

Respiratory Therapy

Ongoing huddle education and preparation for DOH.

PI Initiative

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

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
August	7	63	103	14	25	70	0	0	18	300

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
August	97 64 – FD12 33 - Vol	14	2	4	99	0	0	1	0	0

Education

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

PI Initiatives

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

Pain audits

Restraint/Seclusion audits

Q 15 minute and RN Q2 hour clinical observation

Respectfully submitted,

Teka Henderson, MSN, RN
VP of Nursing



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting Date:
September 27, 2023**

**Executive
Management Report
for August 2023**

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



Executive Leadership Board Report August 2023

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

The following are some highlights:

United Medical Center was successful with the announced triennial reaccreditation survey by the Joint Commission (TJC). The survey took place from August 8-11, facilitated by three surveyors. All survey findings were standard level and not “conditional” level findings. Conditional level findings is when an issue had been identified that has some level of severity and a level of spread/pattern throughout the hospital. Conditional findings would mean corrective actions would need to be addressed within 30 days and a revisit by TJC to confirm corrections. We are in the process of compiling our Evidence of Standard Compliance (ESC) to correct the standard level findings. The ESC is due to the TJC NLT 11 October. *UMC running UMC* was evident during the very demanding survey activities. The Executive Leadership team express a sincere thank you to all employees for their commitment and dedication to the hospital and community not only during the survey but also on a daily basis.

The hospital is in the window for the annual visit by DC Health. Operations continue at an optimum level on a daily basis to ensure the environment of care is safe, functional; and that quality and safety are preserved.

Leaders continue to be diligent with the goal of decreasing over time (OT) usage. Despite leaders’ diligence, there are fluctuations in OT usage due to variables including call outs. Patient Care Services (PCS) is in the process of providing a dedicated time keeper to enhance accountability, accuracy and compliance related to OT with the expectation of positive change as we approach FY24.

The Information Technology Department accomplished the following as part of monthly activities: all updates for applications, provided biometric enrollments for agency staff; starting in October all agency staff will be clocking in versus manual - enhanced time keeping, built dictation templates for cardiologist to improve turnaround times. In addition, successfully moved the secondary 2019 servers to the disaster recovery system in case of a main data center failure; this ensures high availability. As part of upgrading the email server, successfully migrated all users to the exchange 2019. Installed and configured multiple CCTV cameras throughout the hospital and facilitated a dedicated training room for physicians for enabling

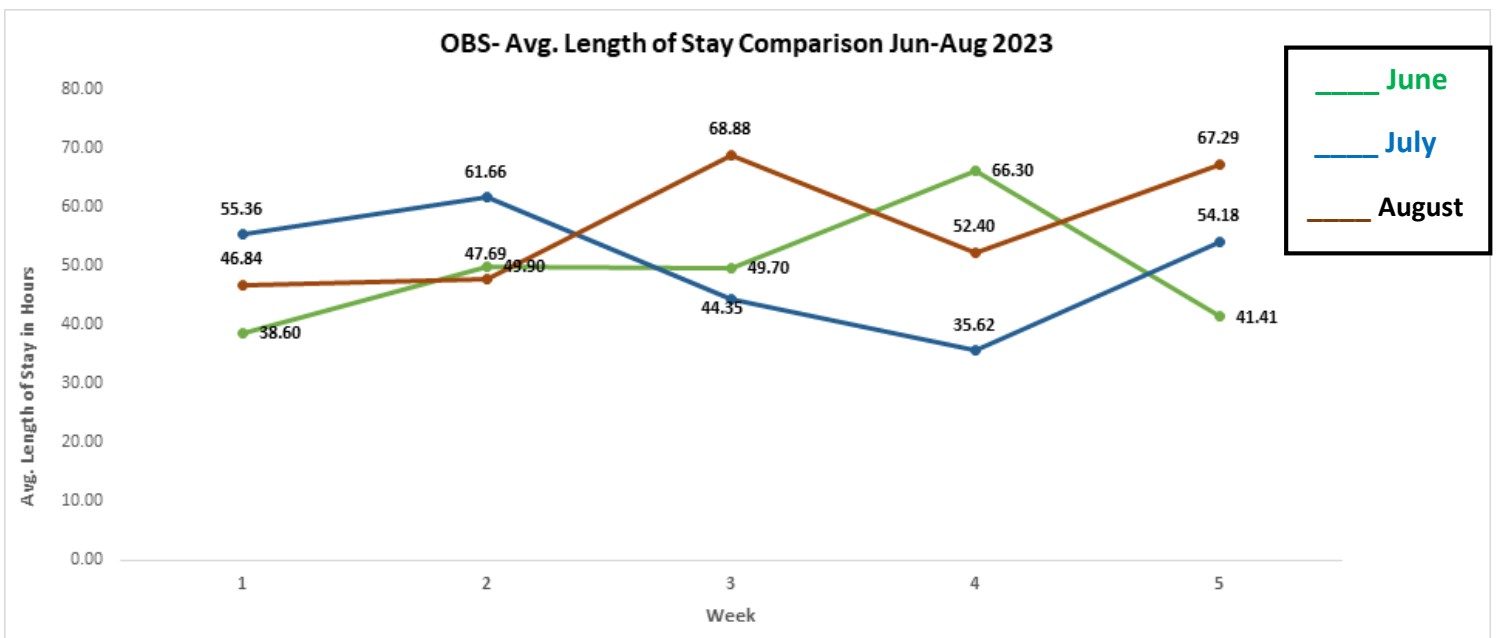


continued access to training space. There were no security risks/attacks for the month of July and August.

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

Observation (OBS) Length of Stay in Hours

	Mar-23	Apr-23	May-23	June-23	July-23	Aug-23
Week 1	42.94	45.83	47.81	38.60	55.36	46.84
Week 2	67.85	37.86	53.11	49.90	61.66	47.69
Week 3	42.78	54.43	52.33	49.70	44.35	68.88
Week 4	47.64	50.57	58.07	66.30	35.62	52.40
Week 5	63.33	62.13	93.36	41.41	54.18	67.29





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

Community Partnerships

Plans are well on the way for the implementation of the UMC Voluntary Training Program that is exclusive only to UMC Eligible Employees. The voluntary training program will support meeting quality and hiring standards of the Cedar Hill Regional Medical Center, other medical centers, and healthcare professions. The District, through the DC Department of Health Care Finance (DHCF), GW Health/UHS has established and will operate the voluntary workforce development program to interested, eligible United Medical Center (UMC) employees. Hybrid information sessions and actual roll out of the program, are projected for early FY24.

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

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

Two students from Coolidge High School who are interested in health care, completed a 6 week internship Health Care Summer Immersion Program through a partnership and support of DC Hospital Association. Post intership, the students remain interested in a career in health care and were in awe of the various career options within the healthcare field.

Respectfully submitted,

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



UMC

**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting Date:
September 27, 2023**

**Financial Report
Summary**

August 2023

**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 August 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 August 31, 2023

	FY 2023 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy
District Subsidy

(\$21,642,182)
\$22,000,000

\$357,818



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 55% (\$5.3M) MTD due to additional \$7M subsidy from the District, but lower than budget by 2% (\$2M) YTD primarily due to reduction in Disproportionate Share (DSH) and other decrease in activity as stated below.**
- ❖ **Net patient revenue is lower than budget by 6% (\$403K) MTD and 4% (\$2.7M) YTD due to the following:**
 - ❖ **Admissions are lower than budget by 9% MTD and 3% YTD.**
 - ❖ **Emergency room visits are higher than budget by 1% MTD but lower than budget by 3% YTD.**
 - ❖ **Clinic visits are lower than budget by 8% MTD and 17% YTD.**
 - ❖ **Total surgeries are lower than budget by 12% MTD and 10% YTD.**
 - ❖ **Radiology visits are lower than budget by 43% MTD but higher than budget by 4% YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 7% (\$710K) MTD. Although YTD operating expenses are on target, below are contributing factors to budget balancing challenges:**
 - ❖ **Salaries are higher than budget by 11% (\$345K) MTD and 9% (\$3.2M) YTD due to overtime.**
 - ❖ **Overtime is higher than budget by 138% (\$172K) MTD and 124% (\$1.7M) YTD.**
 - ❖ **Contract labor is higher than budget by 218% (\$1.2M) and 80% (\$5M) YTD directly related to agency use.**
 - ❖ **Employee benefits are higher than budget by 24% (\$216K) and 18% (\$1.8M).**
 - ❖ **Professional fees are lower than budget by 32% (\$533K) MTD and 26% (\$4.8M) YTD.**
 - ❖ **Purchased services are lower than budget by 30% (\$385K) MTD and 25% (\$3.5M) YTD.**
 - ❖ **Other expenses are lower than budget by 10% (\$108K) MTD and 18% (\$2.3M) YTD.**



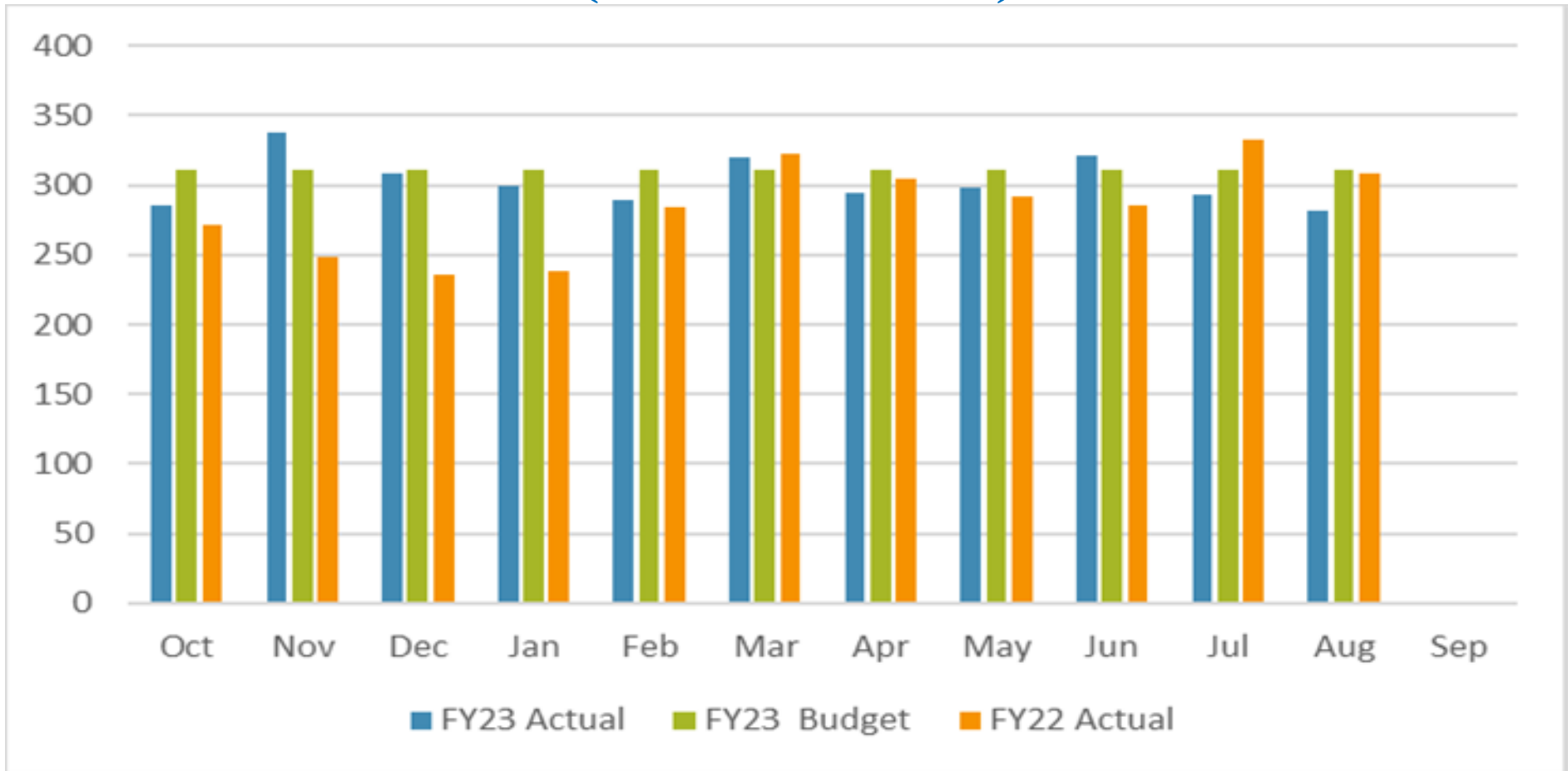
Key Indicators

Fiscal Year 2023 thru 08/31/23

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY22	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	282	311	308	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	113	129	111	▼	▲
Emergency Room Visits	Actual Visits	3,077	3,043	3,180	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	546	601	612	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.09	1.00	1.08	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	47%	55%	45%	▼	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	18	52	24	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	115%	92%	105%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	115	45	116	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-1.0%	1.0%	1.0%	▼	▲



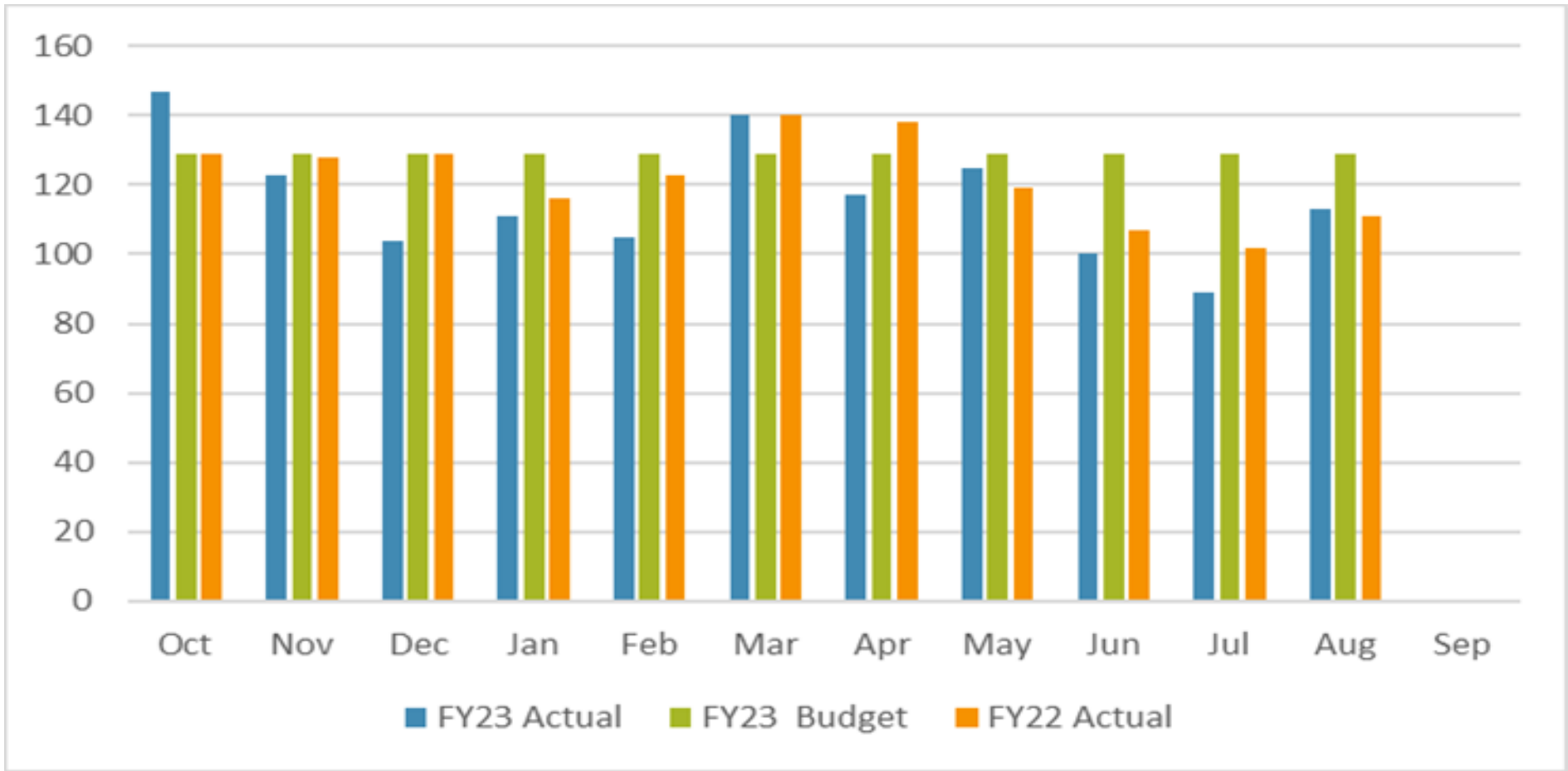
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	286	338	309	299	289	320	294	298	321	293	282	
FY23 Budget	311	311	311	311	311	311	311	311	311	311	311	
FY22 Actual	272	249	236	238	284	323	304	292	286	333	308	



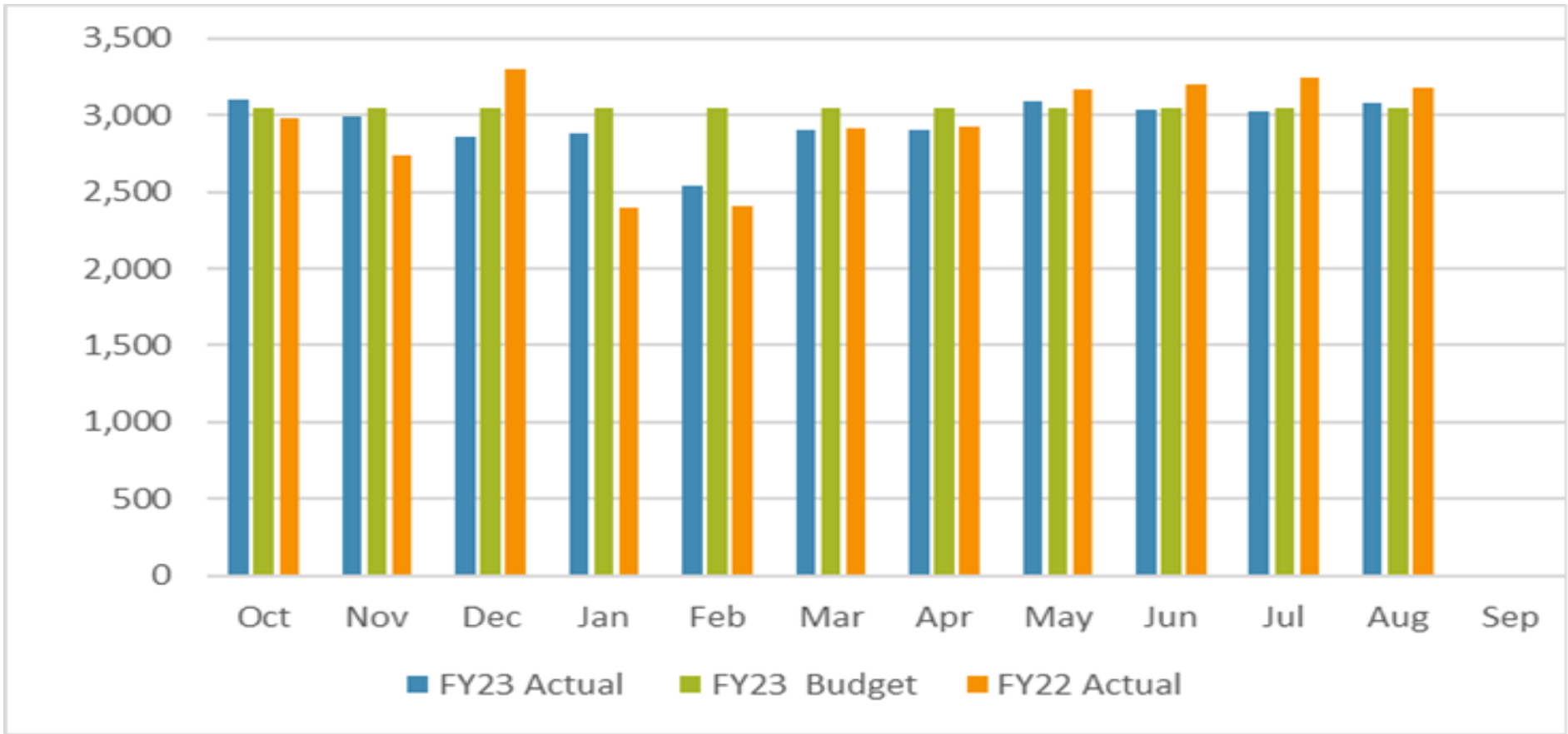
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	147	123	104	111	105	140	117	125	100	89	113	
FY23 Budget	129	129	129	129	129	129	129	129	129	129	129	
FY22 Actual	129	128	129	116	123	140	138	119	107	102	111	



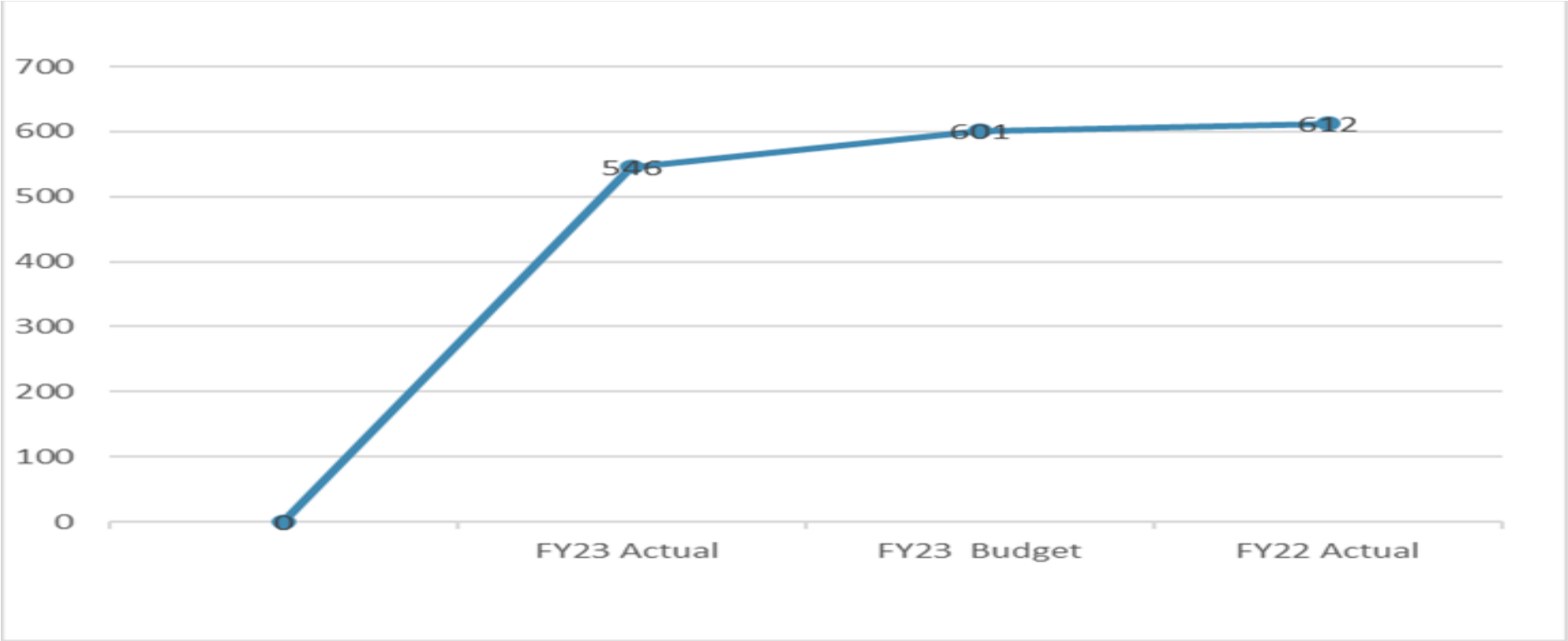
Total Emergency Room Visits



	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	3,021	3,077	
FY23 Budget	3,043	3,043	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	3,238	3,180	



Number of FTEs

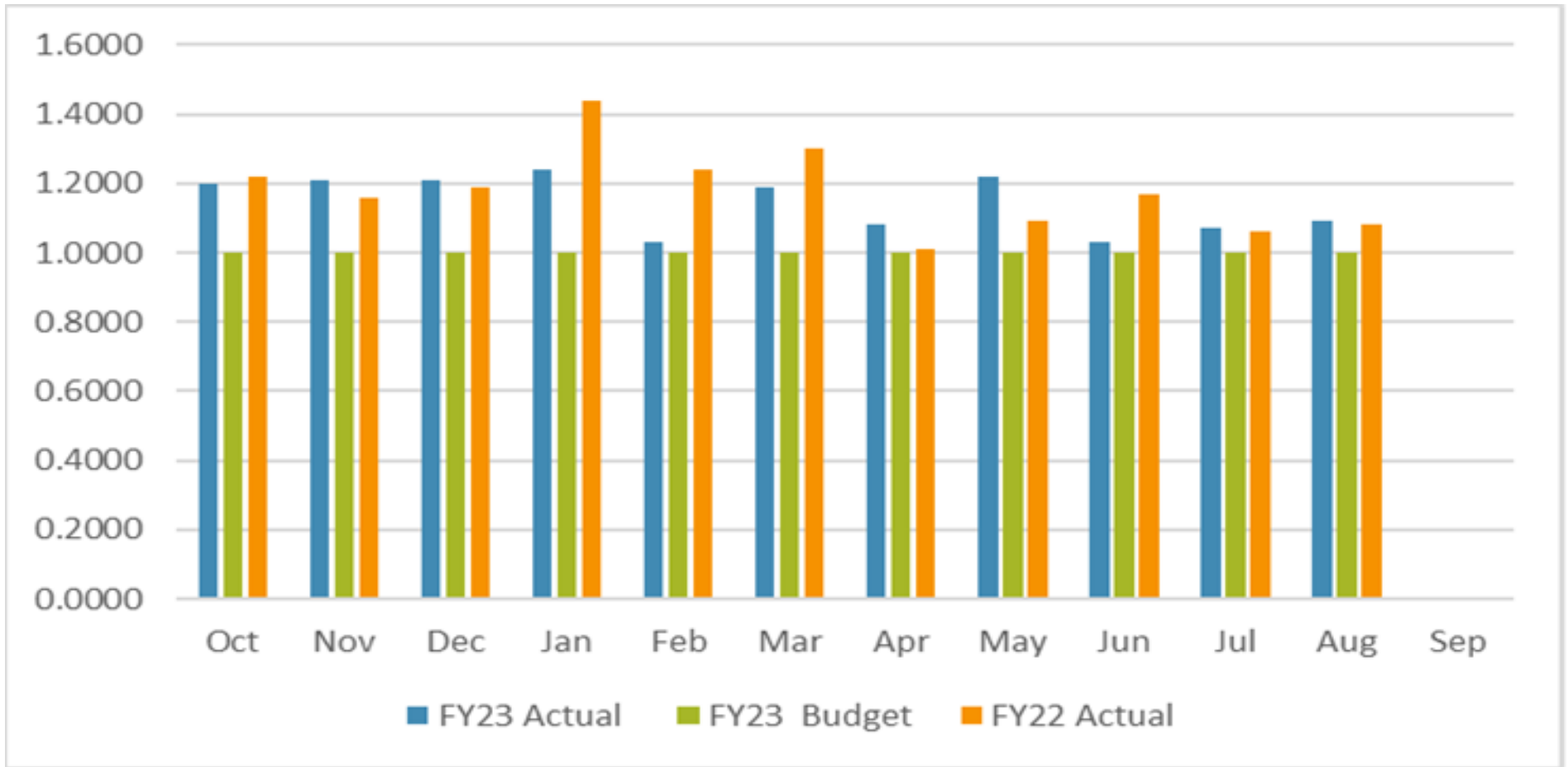


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	584	579	583	579	554	554	541	547	545	545	546	
FY23 Budget	601	601	601	601	601	601	601	601	601	601	601	
FY22 Actual	590	575	580	575	724	704	687	665	637	626	612	



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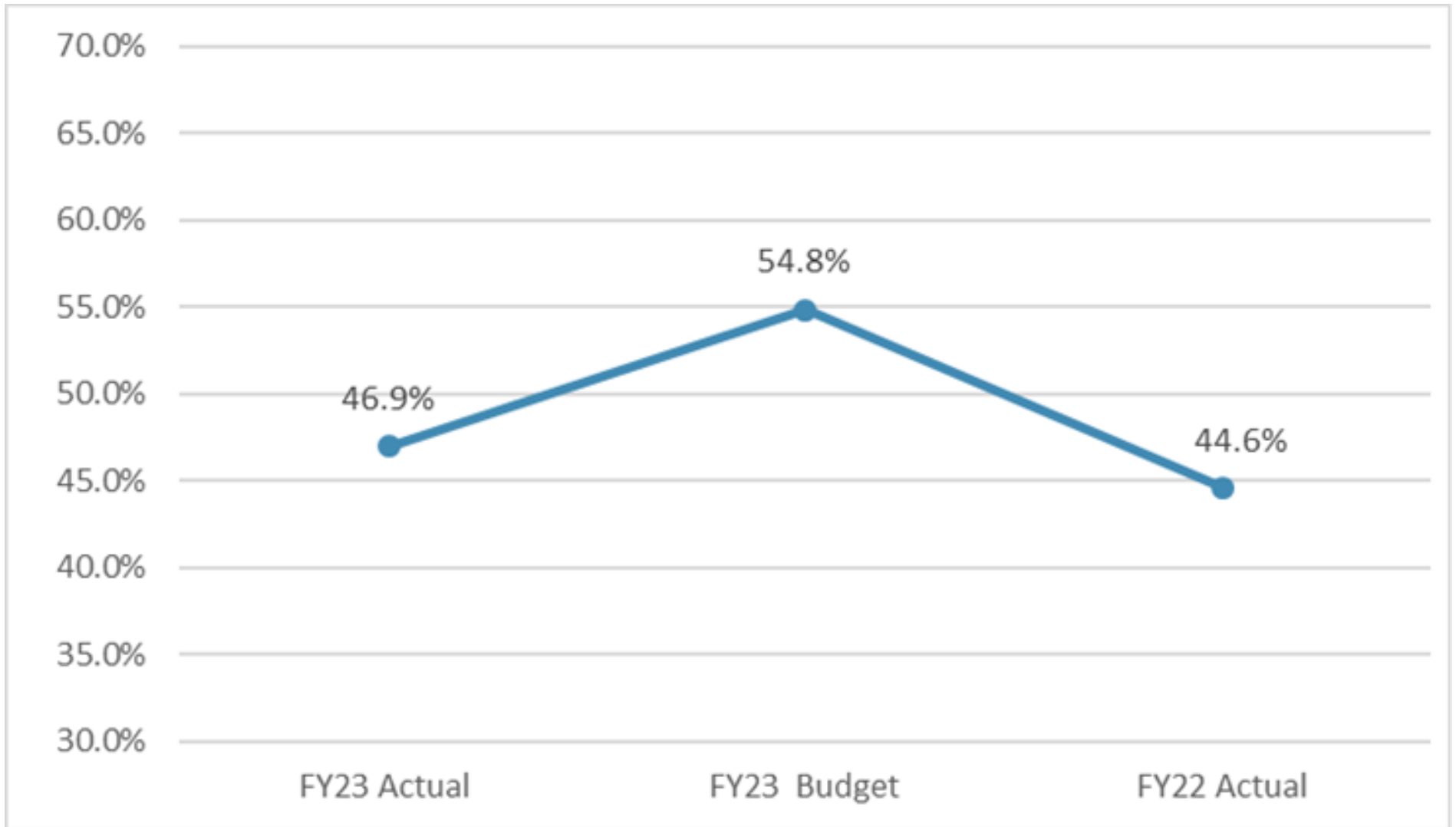
Case Mix Index



	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	1.0700	1.0900	
FY23 Budget	1.0000	1.0000	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	1.0600	1.0800	

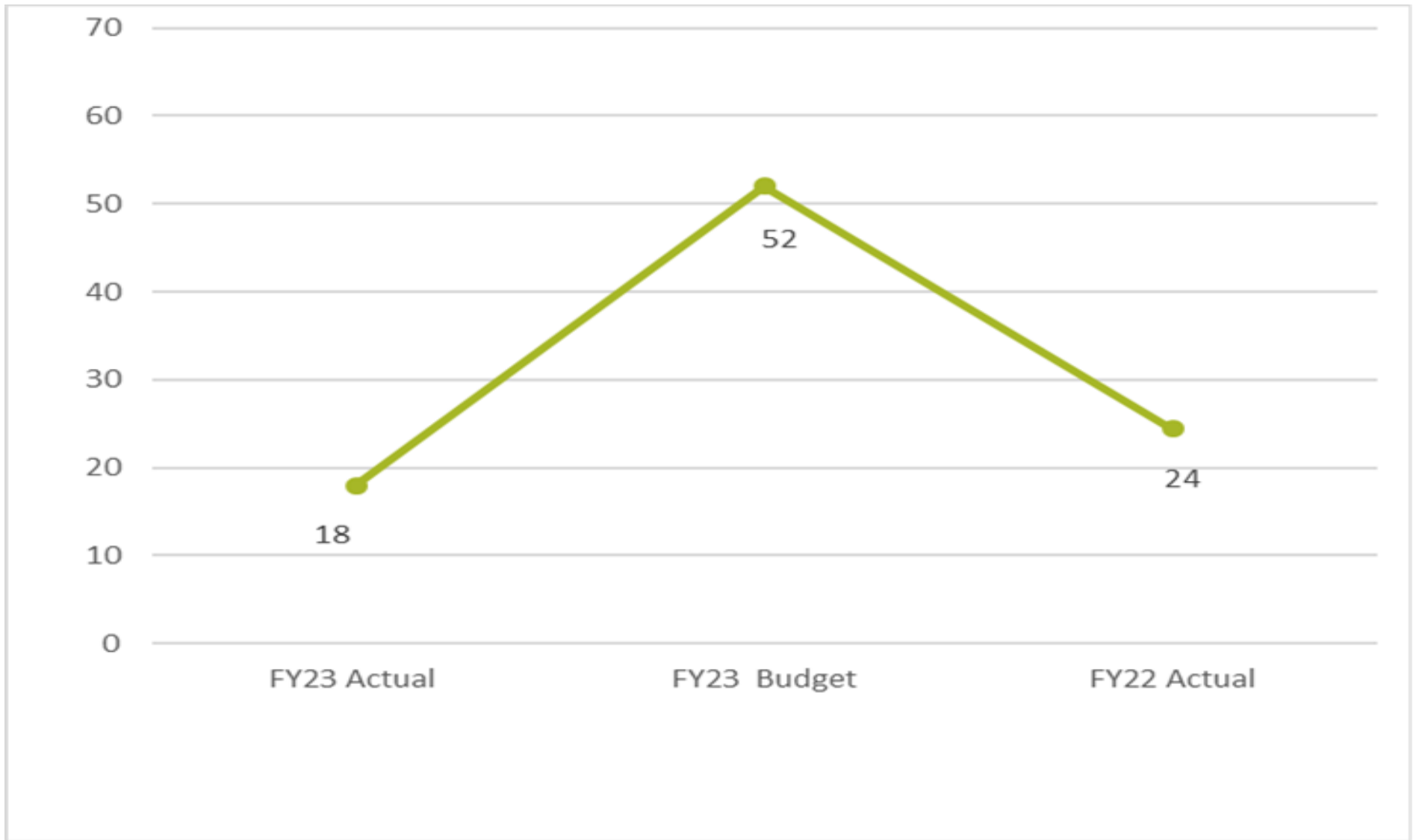


Salaries/Wages & Benefits as a % of Operating Expenses



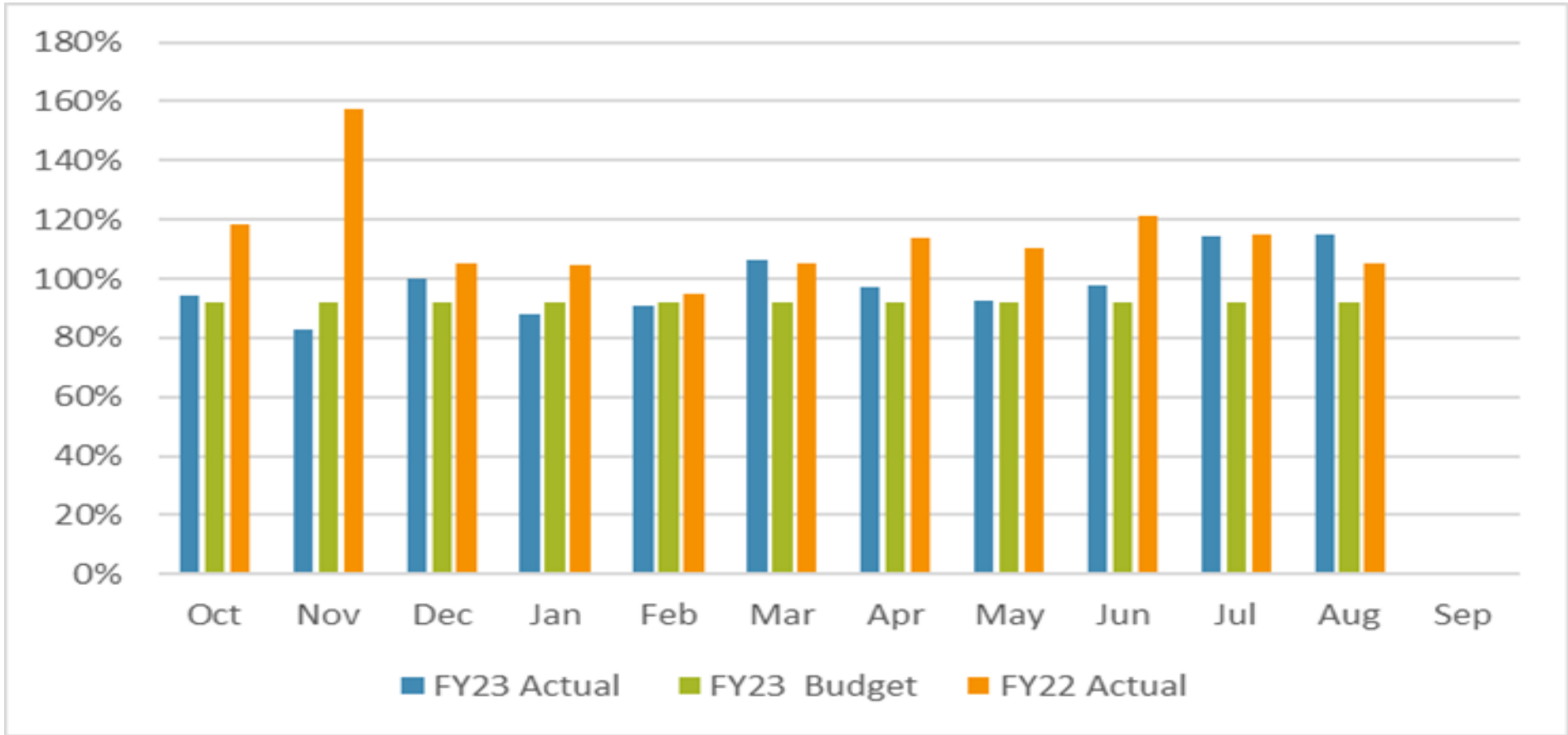


Net Accounts Receivable (AR) Days With Unbilled





Cash Collection as a % of Net Revenues

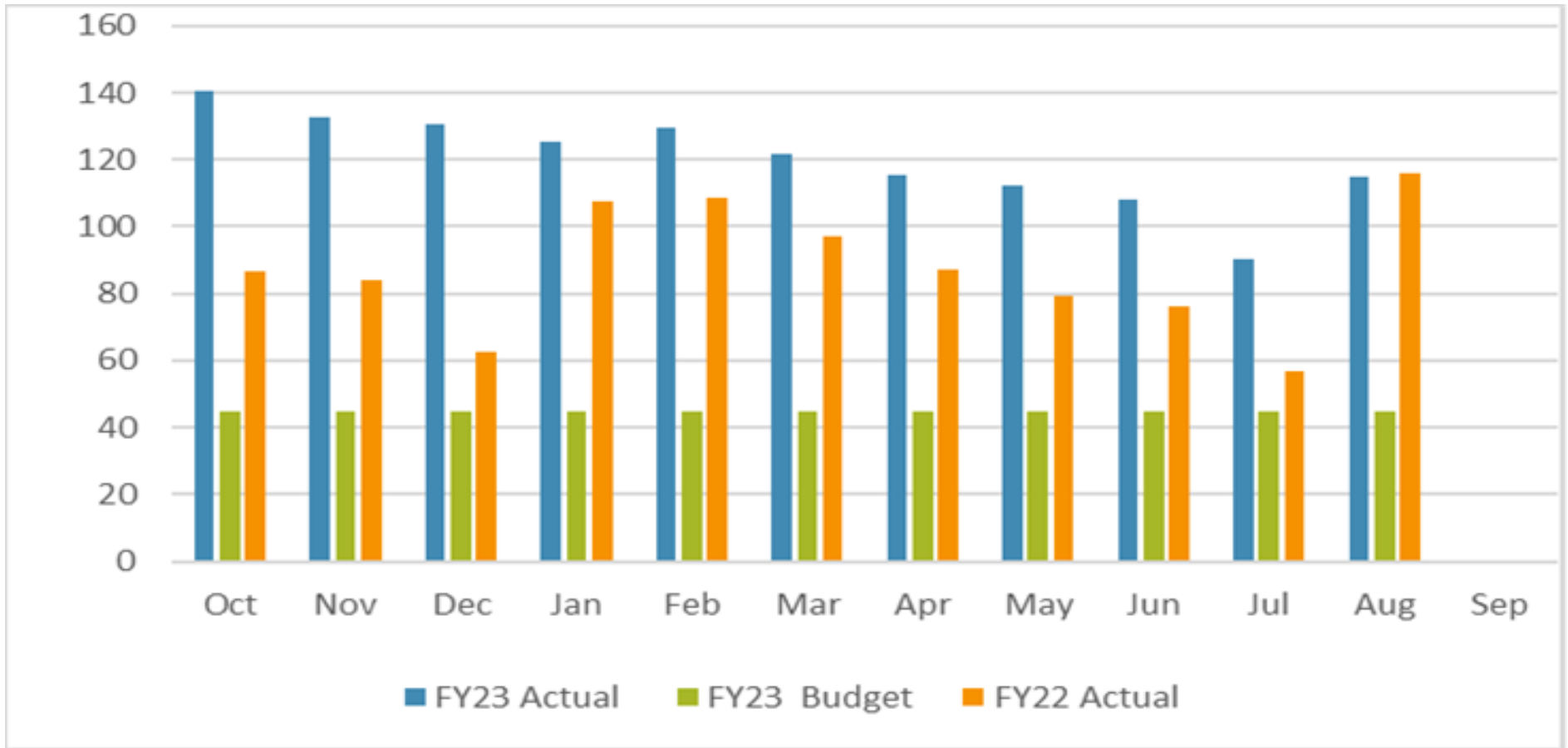


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	94%	83%	100%	88%	91%	106%	97%	93%	98%	114%	115%	
FY23 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
FY22 Actual	119%	158%	105%	105%	95%	105%	113%	110%	121%	115%	105%	



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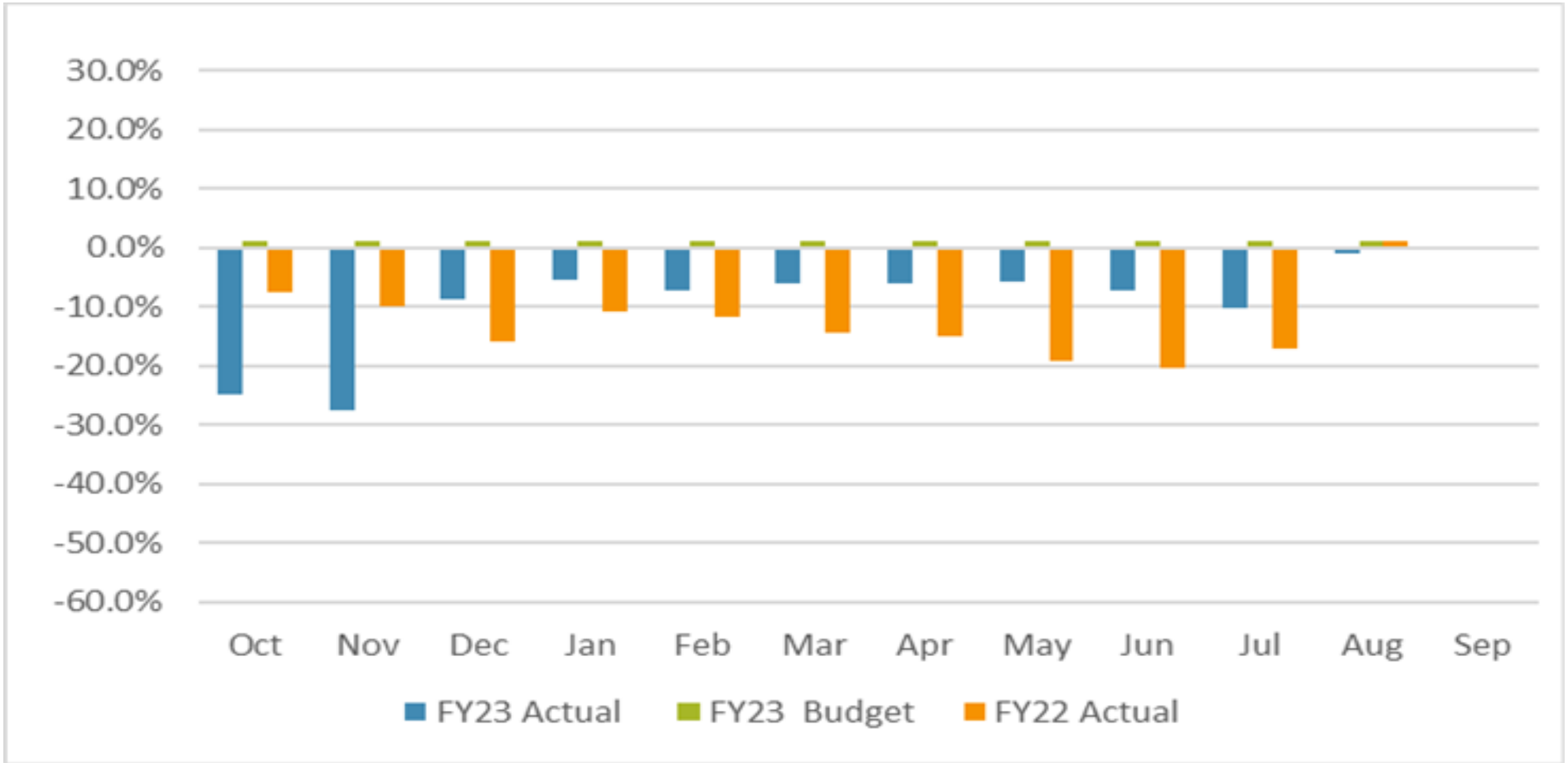
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY23 Actual	140	132	131	126	130	122	116	112	108	90	115	
FY23 Budget	45	45	45	45	45	45	45	45	45	45	45	
FY22 Actual	86	84	63	108	109	97	87	80	76	57	116	



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%	-10.3%	-1.0%	
FY23 Budget	1.0%	1.0%	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%	-17.1%	1.0%	



Income Statement

FY23 Operating Period Ending August 31, 2023

	Month of August			Variance				2023 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	282	311	308	(29)	-9%	(26)	-8%	3,329	3,421	3,125	(92)	-3%	204	7%
Patient Days	1,999	2,023	1,837	(24)	-1%	162	9%	22,117	22,253	19,878	(136)	-1%	2,239	11%
Emergency Room Visits	3,077	3,043	3,180	34	1%	(103)	-3%	32,399	33,473	32,437	(1,074)	-3%	(38)	0%
Clinic Visits	1,039	1,135	1,028	(96)	-8%	11	1%	10,383	12,485	12,149	(2,102)	-17%	(1,766)	-15%
IP Surgeries	41	60	37	(19)	-32%	4	11%	469	660	445	(191)	-29%	24	5%
OP Surgeries	72	69	74	3	4%	(2)	-3%	805	759	897	46	6%	(92)	-10%
Radiology Visits	744	795	868	(51)	-6%	(124)	-14%	9,126	8,745	9,319	381	4%	(193)	-2%
Revenues														
Net Patient Service	6,395	6,797	4,475	(403)	-6%	1,920	43%	72,063	74,771	59,448	(2,707)	-4%	12,615	21%
DSH	643	995	13,413	(351)	-35%	(12,770)	-95%	7,626	10,940	29,683	(3,315)	-30%	(22,057)	-74%
CNMC Revenue	110	166	150	(55)	-33%	(40)	-26%	1,571	1,822	1,866	(251)	-14%	(295)	-16%
Other Revenue	7,829	1,675	8,741	6,153	367%	(913)	-10%	22,665	18,427	27,670	4,238	23%	(5,005)	-18%
Total Operating Revenue	14,977	9,633	26,780	5,344	55%	-11,803	-44%	103,925	105,960	118,666	(2,036)	-2%	(14,742)	-12%
Expenses														
Salaries and Wages	3,489	3,144	3,778	345	11%	(289)	-8%	37,815	34,586	40,523	3,229	9%	(2,708)	-7%
Employee Benefits	1,096	880	1,085	216	24%	11	1%	11,462	9,684	11,850	1,778	18%	(388)	-3%
Contract Labor	1,803	567	575	1,236	218%	1,228	214%	11,201	6,233	8,818	4,968	80%	2,383	27%
Supplies	663	713	503	(51)	-7%	159	32%	8,202	7,847	7,890	355	5%	313	4%
Pharmaceuticals	196	206	177	(10)	-5%	19	0%	1,688	2,262	1,820	(574)	-25%	(132)	0%
Professional Fees	1,155	1,688	1,725	(533)	-32%	(570)	-33%	13,728	18,566	18,669	(4,838)	-26%	(4,941)	-26%
Purchased Services	904	1,289	1,037	(385)	-30%	(132)	-13%	10,705	14,183	14,307	(3,478)	-25%	(3,602)	-25%
Other	1,026	1,135	979	(108)	-10%	47	5%	10,171	12,480	13,598	(2,308)	-18%	(3,427)	-25%
Total Operating Expenses	10,332	9,622	9,859	710	7%	473	5%	104,972	105,841	117,475	(869)	-1%	-12,503	-11%
Operating Gain/ (Loss)	4,645	11	16,921	4,634	42690%	(12,276)	-73%	(1,047)	121	1,192	(1,169)	-963%	(2,239)	-188%



Balance Sheet

As of the month ending August 31, 2023

Aug - 23	Jul - 23	MTD Change		Sep-22	YTD Change
Current Assets:					
\$ 42,230	\$ 34,545	\$ 7,684	Cash and equivalents	\$ 43,419	\$ (1,189)
3,859	4,779	(920)	Net accounts receivable	6,840	(2,981)
4,040	4,130	(90)	Inventories	3,899	141
1,281	1,276	4	Prepaid and other assets	2,950	(1,669)
<u>51,409</u>	<u>44,731</u>	<u>6,678</u>	Total current assets	<u>\$ 57,108</u>	<u>\$ (5,699)</u>
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
39,024	40,132	(1,108)	Capital Assets	49,317	(10,293)
<u>39,024</u>	<u>40,132</u>	<u>(1,108)</u>	Total long term assets	<u>49,317</u>	<u>(10,293)</u>
<u>\$ 90,433</u>	<u>\$ 84,863</u>	<u>\$ 5,570</u>	Total assets	<u>\$ 106,425</u>	<u>\$ (15,992)</u>
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
13,504	11,505	2,000	Trade payables	13,004	500
4,251	4,208	42	Accrued salaries and benefits	5,708	(1,457)
1,979	1,979	(0)	Other liabilities	2,978	(999)
<u>19,733</u>	<u>17,692</u>	<u>2,042</u>	Total current liabilities	<u>21,690</u>	<u>(1,957)</u>
Long-Term Liabilities:					
1,958	1,921	37	Unearned grant revenue	-	1,958
9,403	9,403	-	Estimated third-party payor settlements	10,547	(1,144)
5,303	5,303	-	Contingent & other liabilities	5,908	(605)
<u>16,664</u>	<u>16,626</u>	<u>38</u>	Total long term liabilities	<u>16,455</u>	<u>209</u>
Net Position:					
54,036	50,544	3,492	Unrestricted	68,280	(14,244)
<u>54,036</u>	<u>50,544</u>	<u>3,492</u>	Total net position	<u>68,280</u>	<u>(14,244)</u>
<u>\$ 90,433</u>	<u>\$ 84,863</u>	<u>\$ 5,571</u>	Total liabilities and net position	<u>\$ 106,425</u>	<u>\$ (15,992)</u>



Statement of Cash Flow

As of the month ending August 31, 2023

Month of August		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
Actual	Prior Year	Actual	Prior Year
Cash flows from operating activities:			
\$ 7,958	\$ 11,265	\$ 81,526	\$ 89,542
(3,662)	(6,616)	(54,536)	(74,649)
(4,542)	(4,653)	(50,734)	(59,965)
8,008	3,588	10,129	882
<u>7,762</u>	<u>3,584</u>	<u>(13,615)</u>	<u>(44,189)</u>
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	4	-
<u>-</u>	<u>-</u>	<u>4</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:			
-	-	-	-
-	(38)	154	5,493
(77)	(37)	(2,732)	(5,852)
(77)	(75)	(2,578)	(359)
7,685	3,509	(1,189)	(4,548)
34,545	45,345	43,419	53,402
\$ 42,230	\$ 48,854	\$ 42,230	\$ 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			