



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: August 7, 2024

Meeting Link: https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d1139dd351ce1463aca24e8ebdc

2024 Fiscal Management Board of Directors

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



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

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 3:30pm on Wednesday, August 7, 2024. 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 – August 7, 2024

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-Borden, CEO/CNO

VII. FINANCIAL REPORT
Lillian Chukwuma, Chief Financial Officer

VIII. PUBLIC COMMENT

IX. CLOSED SESSION

X. OTHER BUSINESS

- A. Old Business**
- B. New Business**

XI. ANNOUNCEMENTS

XII. ADJOURNMENT

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: August 7,
2024**

**Reading and Approval of
Minutes**

Minutes Date:

June 26, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, June 26, 2024 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 3:38pm. Quorum determined by Eric Goulet.
Approval of Agenda	<p style="text-align: center;"><i>Mot to approve agenda by Dir Turnage, 2nd by Ashenafi unanimous vote</i></p>
Approval of Minutes	<p style="text-align: center;"><i>Mot to approve minutes by Dir Turnage 2nd by Dr. Fair unanimous vote.</i></p>
	<p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • In May, there were six (6) initial appointments (all for the new IT Hospitalist Group), five (5) reappointments, and no resignations. There are currently (255) Medical Staff members.

- There are a few contracts that are currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting was held on June 12, 2024.
- Medical Affairs is preparing to downsize the provider's files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.
- Manually uploads for Core Measure charts
- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
- Correction of Press Ganey contract and resubmission
- Successful completion of getting PO completed and Business Case Memo done.
- 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.
- Onsite visit from DC Health for complaint
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Successful submission of CMS Promoting Interoperability Program
- Collaboration with leadership for closure activities
- Identification of John Doe patients for financial reimbursement
- The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions /
- COVID 19 positive deaths.
- The number of COVID-19 admissions decreased from 6 to 1 in May 2024.
- The number of COVID-19 positive employees increased from 0 to 4 in May 2024.
- We have eliminated the Mask Mandate for those entering UMC facilities.
- We continue to encourage all visitors and staff to wear the appropriate PPE in all patient care areas for the protection of patients, visitors and employees.
- UMC does not plan to institute a mandatory vaccination program for hospital employees.
- There were no healthcare-associated infections for MRSA, VRE or C. Difficile hospital wide.
- There were no ventilator, central line, or urinary catheter related infections.

- Due to the patient transportation insufficiency with Vesper, Case Management Department, in collaboration with relevant entities in administration, is currently preparing discussions and accepting proposals from ProCare, Protector and Butler Medical Transportation companies.
- Case Management diligently worked with Finance to staff up our social worker. A contract was approved with Social Work p.r.n. staffing agency. The process has started to match social work candidates for inpatients and emergency room.
- The pending UMC closure was a significant issue in our recruiting efforts through the platform of INDEED.
- The average Length of Stay remains above target (5.5), however, has dropped to within 10% of target for the first time this calendar year to 5.6.

MCOS Report – Dr. Francis O’Connell

- This monthly report is being submitted on behalf of the Medical Staff at United Medical Center
- At the beginning of this month, the medical staff welcomed the new Hospitalist group. The transition between the departing Hospitalist group and new group was seamless. The medical staff is grateful to the departing group, their contributions to the hospital, and the exceptional care they provided to the patients at United Medical Center.
- The inpatient and emergency services at UMC continue to play an integral role in the health and well-being of the people of Southeast Washington DC area. Emergency Department (ED) visits and inpatient admissions, the primary measures of hospital utilization, remain stable. Patients’ medical and social problems remain complex with an increased need for resources. This is palpable across the District and surrounding hospitals, though more prevalent (as a percentage of hospital visits and admissions) at UMC. Inpatient bed occupancy rates remain high across the DMV, making transfer of patients to tertiary-care hospitals for higher level of care challenging.
- A key statistic highlighted in the Emergency Department report - admitted and transferred patients experienced median lengths of exceeding 10 hours in May 2024. The upper quartile of patients experienced lengths of stay of 16 hours (Transfers), 19 hours (ICU patients), and 17 hours (med/surg). Extended periods of boarding, especially elderly patients, are associated with delayed and missed care, increased delirium, increased morbidity and mortality, and increased length of stay. In short, it compromises patient care and safety.
- As UMC progresses toward closure, maintenance of core services remains vital to the health of the hospital and its patients. Ongoing vacancies in social work and case management, limited staffing in certain nursing and support positions, and the limited availability of the transportation vendors contributes to excessive lengths of stay. Critical patients requiring transfers for specialty care are requiring increasing use of DC FEMS resources as the current transportation

vendors are unable to meet timely transportation needs of the patients. Patients are boarding longer in the ER and inpatient lengths of stay are prolonged delaying patient assessments and care for existing and new patients. The hospital administration remains creative in addressing these issues; however, the hospital and system for caring for the sickest and most vulnerable patients is at a breaking point – simply put, doing more with less is unsustainable. The most recent hospital reductions in force, and looming additional layoffs, combined with the closure of 12 telemetry beds will undoubtedly exacerbate an already fragile system and lead to significant patient harm.

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

CNO Report – Teka Henderson, VP of Nursing

- The onboarding of agency staff was relatively low this month. We onboard only 6 agency nurses and two contracts were canceled due to job performance and cultural differences. Despite the low number of agency staff on boarded this month; we were still able to maintain adequate staffing.
- Nursing Excellence
- May 6-12th was nurse's week. All of our nurses were recognized and honored for their invaluable contribution to the hospital and the community for nearly 60 years. It is hard to imagine this was our last Nurse's week ever.
- We look forward to recognizing all of our patient care technicians next month. This too will be bitter sweet as our last patient care technician week pending hospital closure.
- The Director of Education is working closely with all frontline leaders for unit specific education and training. This month focused on chest tubes, PTT monitoring for coagulation and heparin titration.
- Performance Improvement:
- The education department and frontline leaders continue to monitor the performance improvement (PI) initiatives. Some of the PI initiatives are timely narcotic wastes, pain assessment, re-assessment and wound prevention measures. All new staff are on boarded with hospital and clinical orientation. Nursing continues to prepare for the annual DC Health survey. Nursing leadership continues to make frequent rounds and engage with staff to foster an environment of vulnerability, civility and empowerment.
- There were zero transfers to St. Elizabeth and the medical floor for the month of May. There was one court appearance and commitment hearing.
- Education focused on awareness to securing patient property, safety and security rounding and awareness of escalating situations. The bed to medicine pilot program, de-escalation training and diabetes in-service on scheduled insulin orders.

Executive Management Report - Dr. Jacqueline Payne Borden

- The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posits for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.
- UMC welcomed the new IT Hospitalist group which began services on June 1, 2024. This was a seamless transition from the GWMFA Hospitalist group. UMC thanked the outgoing hospitalist for their service and wished them all the best.
- Although the goal is to limit contract labor as feasible; staffing agencies are utilized to fill vacant necessary clinical and non-clinical budgeted FTEs. Two Case-Managers from staffing agency has joined UMC due to hard to fill crucial positions. It is anticipated with this additional staffing, patient placement/discharge and general throughput will be enhanced.
- Leadership initiated a hospital wide ongoing “overtime freeze” except for extenuating circumstances and on approval by VP of the particular department. Standard of care and safety for both patients and staff will always be paramount. Kudos to Nursing/Patient Care services for significantly reducing overtime per latest report.
- There is some improvement with patient transportation. UMC now has two dedicated vendors with varying levels of transportations capabilities with the aim to fulfill UMC’s needs through the remainder of the hospital’s existence. The combination of services includes Basic Life Support (BLS), Advance Cardiac Life Support (ACLS), wheelchair and bariatric needs.
- The multidisciplinary Observation Leadership Team continues to meet daily to help improve length of stay (LOS) and decrease patients in observation status (OBS). The goal is not to exceed 48-72 hours in observation status. The team continues to work aggressively to individualize care and preempt barriers as feasible.
- The Information Technology (IT) Department continues to upgrade all network systems with the latest patches. Successfully accommodated application infrastructures for new hospitalist group. Presented cyber/network security education to the Compliance/Ethics meeting. Continue to maintain all IT and communication infrastructure.
- Mr. Christopher Mosely, Project Manager/Hospital Closure, who joined our team in May has been meeting with internal stakeholders as he gathers department specific information to begin formulation and implementation of UMC’s official closure plan in anticipation of the opening of Cedar Hill

	<p>Regional Medical Center sometime in early calendar year 2025. It is expected that a draft closure plan will be ready for review by the next Fiscal Management Board Meeting.</p> <ul style="list-style-type: none"> • UMC celebrated our dedicated nurses during National Nurses Week May 6-12, 2024. As always, we appreciate our Medical Staff for their generous annual donation which helps defray the cost of practical keepsake gifts with UMC’s logo and special inscription. The nurses were appreciative of the annual recognition. In addition, though bitter sweet, the nurses felt a certain pride as they are now part of the NFPHC/UMC history/legacy with this celebration most likely the final official National Nurses Week celebrations on campus. • The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC remains in progress. At present, there are 142 participants (increase of 5 since April), of which 60% completed at least one training module per May’s report from UHS. • UMC partnerships continue with Trinity, Prince George’s Community College, Washington Adventist University, Grand Canyon, Chamberlain and Walden for nursing clinical and the University of the District of Columbia for Patient Care Technician students. • Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community’s Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy Dr. Maxine Lawson remains the volunteer Co-Chair for the Live.Long.DC which focuses on the reduction, misuse of opioids and opioid related deaths. <p><i>Mot to accept May 2024: CEO, VP of Nursing, CMO only), and MCOS reports by Ashenafi, 2nd by Director Turnage., unanimous vote.</i></p>
<p>Financial Report</p>	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Total operating revenues are lower than budget by 10% (\$926) MTD and 4% (\$2.5M) YTD. • Net patient revenue is lower than budget by 4% (\$253K) MTD and 4% (\$2.4M) YTD. • Admissions are lower than budget by 1% MTD and 10% YTD. • Surgeries are lower than budget by 4% MTD and 16% YTD. • Total operating expenses are higher than budget by 5% (\$397K) MTD and 5% (\$3.8M) YTD due to the following: • Salaries are higher than budget by 9% (\$285K) MTD and 12% (\$3.1M) YTD due to overtime. • Employee benefits are higher than budget by 5% (\$43K) MTD and 3% (\$221K) YTD.

	<ul style="list-style-type: none"> • Contract labor is higher than budget by 6% (\$50K) MTD and 26% (\$1.9M) YTD. • Professional fees are higher than budget by 2% (\$23K) MTD but lower than budget by 1% (146K) YTD. • Purchased services are lower than budget by 33% (\$341K) MTD and 20% (\$1.6M) YTD. <p style="text-align: center;"><i>Motion to enter Closed Session by Director Reid Jackson, 2nd by Dir. Ashenafi 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 Turnage, 2nd by Dr. Fair</i></p> <p style="text-align: center;"><i>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:07 pm.</p> <p>Closed session began at approximately 4:10 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Turnage, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Dir. Reid Jackson, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir Turnage, 2nd by Dr. Fair, unanimous vote.</p> <p>Mot to end closed session by Dir. Ashenafi.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:25pm</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. Reid-Jackson 2nd by Dr. Ashenafi Meeting adjourned at approximately 4:30pm pm.</p>



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**Monthly Board
Meeting**

**Date: August 7,
2024**

Consent Agenda



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**Monthly Board
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**Date: August 7,
2024**

**CMO Report, June
2024**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation
CMO Report & Accomplishments

June 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment

- In **June**, there were four (4) initial appointments, eight (8) reappointments, and 34 resignations (GW MFA Hospitalist group -32 due to contract ended).
- There are contracts currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting **was held on June 12, 2024**.
- Medical Affairs is preparing to downsize the provider files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.

2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
MEDICAL STAFF OFFICE						
Timely receipt of initial application with required ID (60 days)	100%	100%	100%			
All expiring documents are current (license, physical, PPD screening, influenza vaccine, DEA, CDS, liability insurance, etc.)	100%	100%	91%			
Complete credential files	100%	100%	100%			
Timely processing of re-appointment application following receipt (30) days	100%	100%	100%			

Quality and Patient Safety

- Manually uploads for Core Measure charts
- Meetings with nursing to discuss quality issues across the board
- Submission of core measure charts to CMS
- Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable

- Correction of Press Ganey contract and resubmission
- Successful completion of getting PO completed and Business Case Memo done.
- 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.
- Onsite visit from DC Health for complaint
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Successful submission of CMS Promoting Interoperability Program
- Collaboration with leadership for closure activities
- Identification of John Doe patients for financial reimbursement

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

The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions / COVID 19 positive deaths. However, the Department of Health is reporting increases in the number of Covid-19 cases in the US.

The number of COVID-19 admissions increased from 1 to 4 in June 2024. The number of COVID-19 positive employees decreased from 4 to 1 in June 2024.

We have eliminated the Mask Mandate for those entering UMC facilities. We continue to encourage all visitors and staff to wear the appropriate PPE in all patient care areas for the protection of patients, visitors and employees.

UMC does not plan to institute a mandatory vaccination program for hospital employees.

Monthly Surveillance Data:

There were no healthcare-associated infections for MRSA, VRE or C. Difficile hospital wide. There were no ventilator, central line, or urinary catheter related infections.

Case Management Department

- Due to the patient transportation insufficiency with Vesper, Case Management Department, in
- with relevant entities in administration, has acquired an additional vendor to help remedy the delays in patient transport. We will continue to monitor for adequacy of service.
- Case Management diligently worked with Finance to staff up our social work department. A contract was approved with Social Work prn staffing agency. The process has started to match social work candidates for inpatients and emergency room to enhance patient throughput.

- The average Length of Stay remains above target (5.5), however, has dropped to within 10% of target for the second time this calendar year to 5.7.

Pharmacy & Therapeutics:

- Department of Pharmacy IV Room and hoods have completed bi-annual testing and passed USP Infection Control standards and has received certification.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for April 2024 was \$38.55, May 2024 was \$22.94 and June was \$25.07. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions saved \$56, 340 for the months of April and May 2024. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of interventions documented via Meditech for April and May 2024 was 547.
- The Chief Information Officer and the VP of Pharmacy Services in collaboration with ED Director, are creating an updated Meditech build to measure Peer Recover Coaches metrics to focus on comorbidities on individuals paired with PRCs.
- 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 13 doses of Suboxone distributed for May 2024 for both In-patient and ED.
- Narcan Kit distribution for May 2024 totaled 17 kits and 85 Fentanyl Test Strips distributed within Ward 7/8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- LLDC Steering Group Summit scheduled for July 31st. Discussion/planning for topics revolved around Peer Recovery Coaches in the District being certified to all be Specialists and standardization of program.
- Department of Pharmacy has selected a new Reverse Distribution vendor for destruction of expired medications due to current vendor Guaranteed Returns
- GRx) closure of business. The company is Pharma Logistics ongoing negotiations. Proposal for immediate approximately 2-week credit return to A/P.

- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- VP of Pharmacy has been invited to attend the District’s Opioid Abatement Committee meetings.
- Ongoing daily/weekly/monthly monitoring of DC Health initiatives for upcoming annual visit include:
 - a) Monitoring of all CII-CV usage in hospital for DC HEALTH, including but not limited to over-rides, documentations of waste and discrepancy follow-ups
 - b) Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.
 - c) Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
 - d) Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
 - e) Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – **National Patient Safety Goals.**
 - f) Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
 - g) Ongoing daily monitoring/intervention/collaboration with Infectious Disease Physicians of Antimicrobial Stewardship following antibiotic usage (length of time, labs, drug-to-bug match, cost, interventions for alternate therapeutic decisions per patient lab results)—**National Patient Safety Goals**

Press Ganey stats for May 2024:

Emergency Room:

Survey

Type	Section	n	(May 2024)	(Jun 2024)	Change
PG	Doctors	12	51.43%	44.07 %	7.36%

Inpatient:

Survey

Type	Section	n	(May2024)	(Jun 2024)	Change
CAHPS	Doctors	8	71.43%	79.17%	7.74%

Sincerely,



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



UMC

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**Monthly Board
Meeting**

**Date: August 7,
2024**

**Medical Chief
of Staff Report
for June 2024
Dr. Francis
O'Connell,
Medical Chief of
Staff**



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

JUNE 2024

Re: Chief of Staff Monthly Report

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

The inpatient and emergency services at UMC remain an integral part in the health and well-being of the people of the Southeast Washington DC area. It is important to acknowledge that patient volumes decreased after COVID and never rebounded to previous pre-pandemic volumes. Patient volume, however, is no longer dropping precipitously with ED visits and hospital admissions remaining relatively stable since 2022 (with some month-to-month fluctuations). Because UMC is the only hospital with inpatient and essential subspecialty capabilities east of the Anacostia River, patients continue to rely on it to provide medical care. Their medical and social problems remain complex with continued need for resources. While this is palpable across the District and surrounding hospitals, it is most prevalent (as a percentage of hospital visits and admissions) at UMC. Inpatient bed occupancy rates remain high across the DMV, making transfer of patients to tertiary-care hospitals for higher level of care challenging and the need for hospital-based care crucial in Wards 7 and 8.

Amongst the medical staff there is an understanding that as the hospital nears closure, there will be movement to eliminate or reduce certain hospital-based and outpatient services. Some of these decisions are likely tied to the challenges to maintain a robust workforce or the cost to preserve services with both a reduced patient volume and in the face of impending closure. Because of the community's reliance on UMC for its medical needs, it is important to highlight that without a robust mitigation strategy, the impacts in reducing or eliminating specific services could be devastating, both on an immediate and long-term basis. That cannot be emphasized enough.

The hospital leadership team is already deploying targeted resources and creative strategies to address some of the areas of concern. With pending reductions in services and staffing on the horizon, further financial resources and continued imaginative solutions will be required. Ongoing vacancies in social work and case management, limited staffing, and the limited availability of transportation vendors continues to contribute to excessive lengths of stay and are amongst the areas that need the most reinforcement.

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



Mina Yacoub, M.D., Chairman

JUNE 2024

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

Admissions to the ICU remain within expected range for this time of year. In June, the Intensive Care Unit (ICU) had 64 admissions, 62 discharges, and 320 Patient Days. Average Length of Stay (ALOS) was 5.16 days. The ICU managed a total of 72 patients in June. Average daily census in June was 11 patients. There were no readmissions to ICU within 48 hours of ICU discharge. Two patients required transfer to Tertiary Hospital ICUs for higher levels of care. There were 9 deaths for 62 discharges, with an overall ICU mortality rate of 14.5 %.

ICU Sepsis Data

In June 2024, the ICU managed 26 cases of severe sepsis. Three patients died due to severe sepsis, for a severe sepsis mortality rate of 11.5 %. In June, the ICU had 155 Ventilator Days with no Ventilator Associated Infections (VAI), 103 Central Line Device Days with no Central Line Associated Blood Stream Infection (CLABSI), and 185 Urinary Indwelling Device Days with no Catheter Associated Urinary Tract Infection (CAUTI). The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). Detailed report is provided by Infection Prevention.

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 in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes.

Mina Yacoub, MD.

Chair, Department of Critical Care Medicine

July 11, 2024



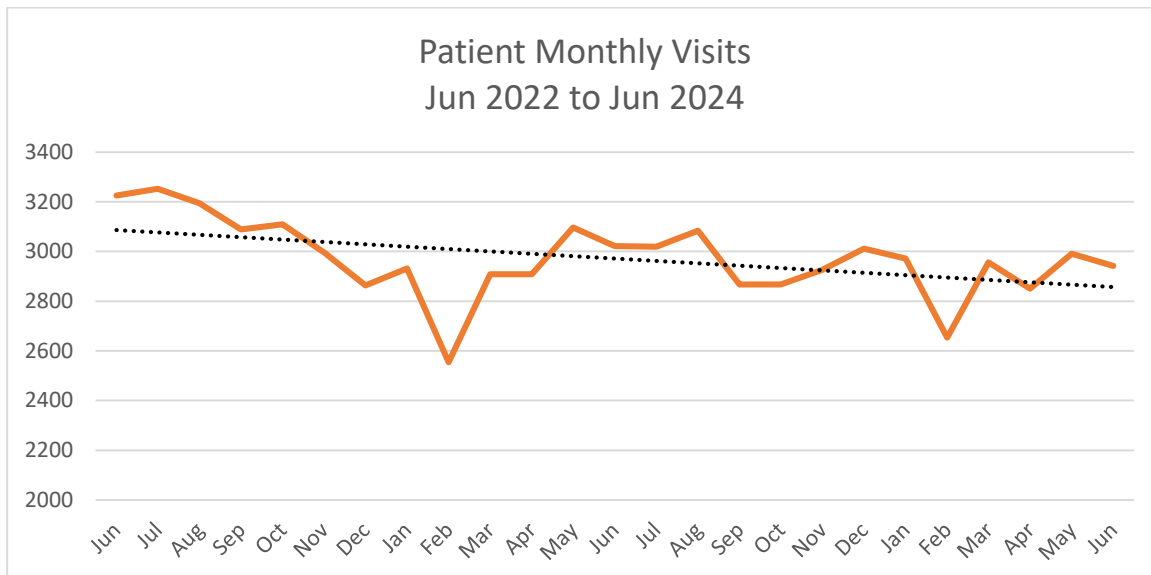
Francis O'Connell, M.D., Chairman

JUNE 2024

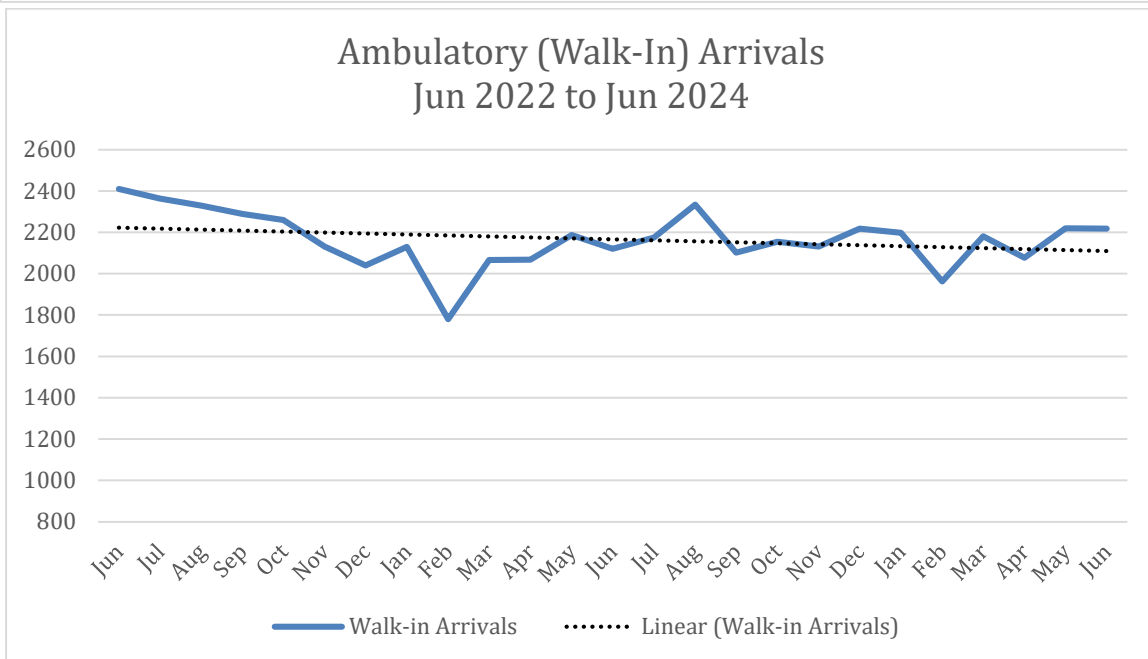
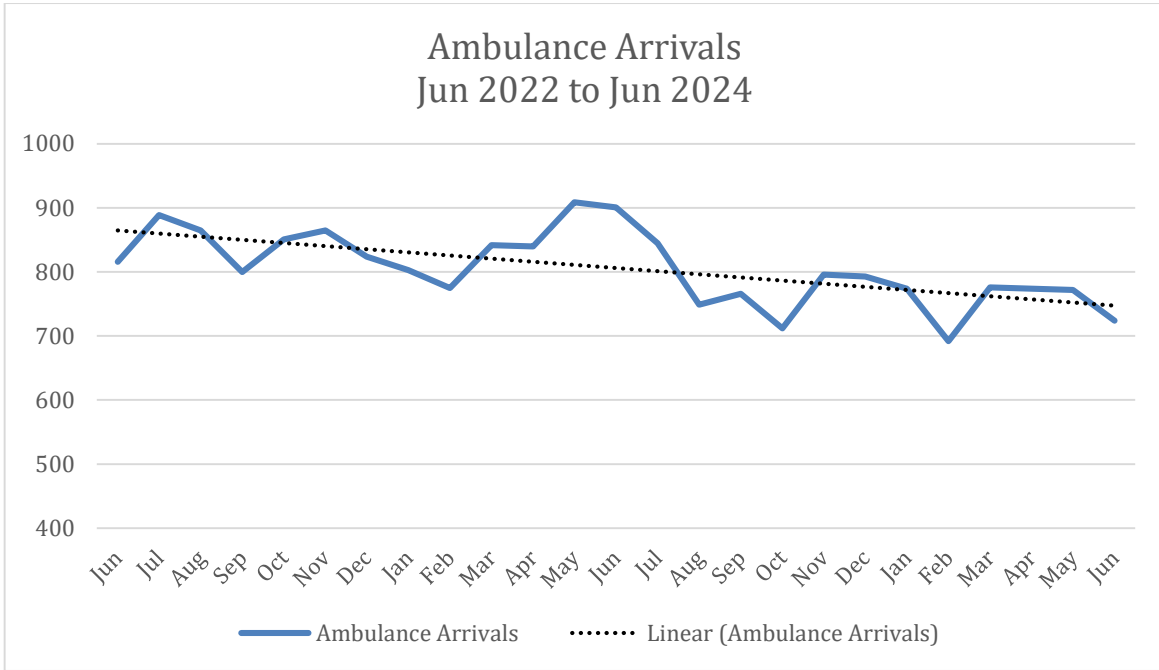
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for June 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

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

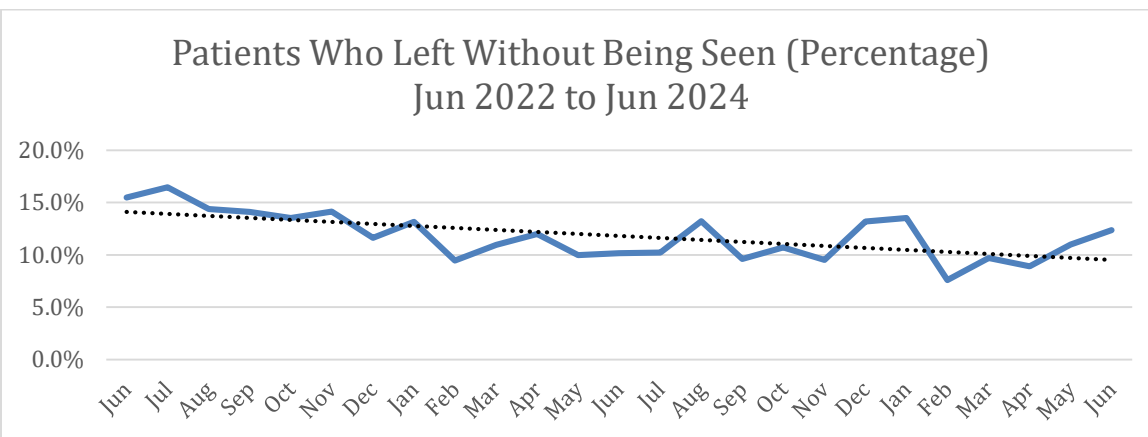
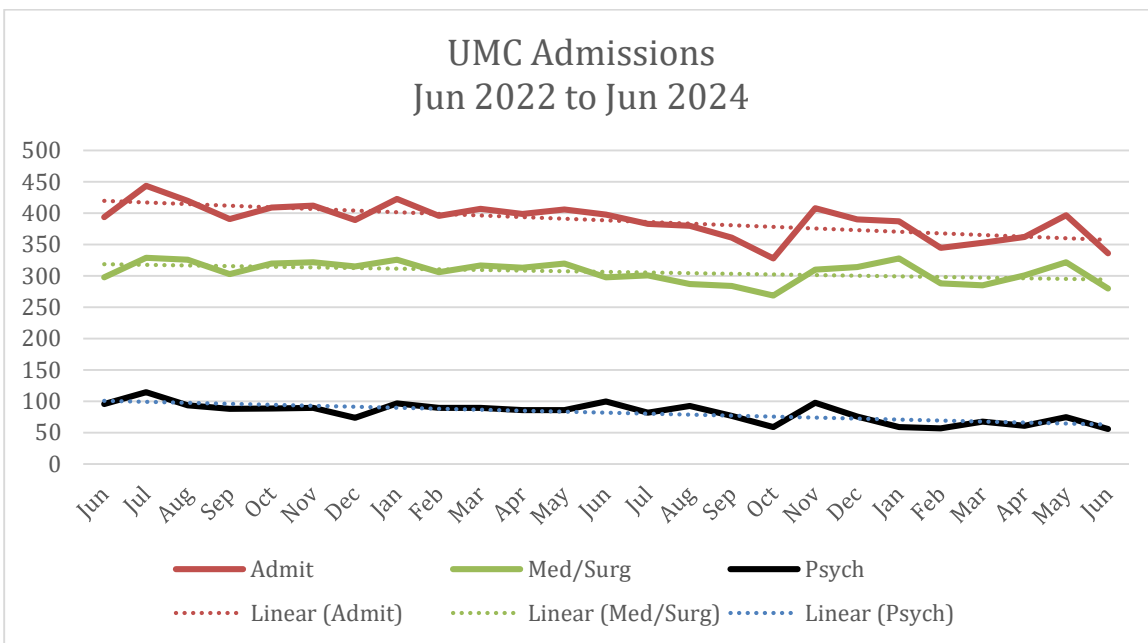
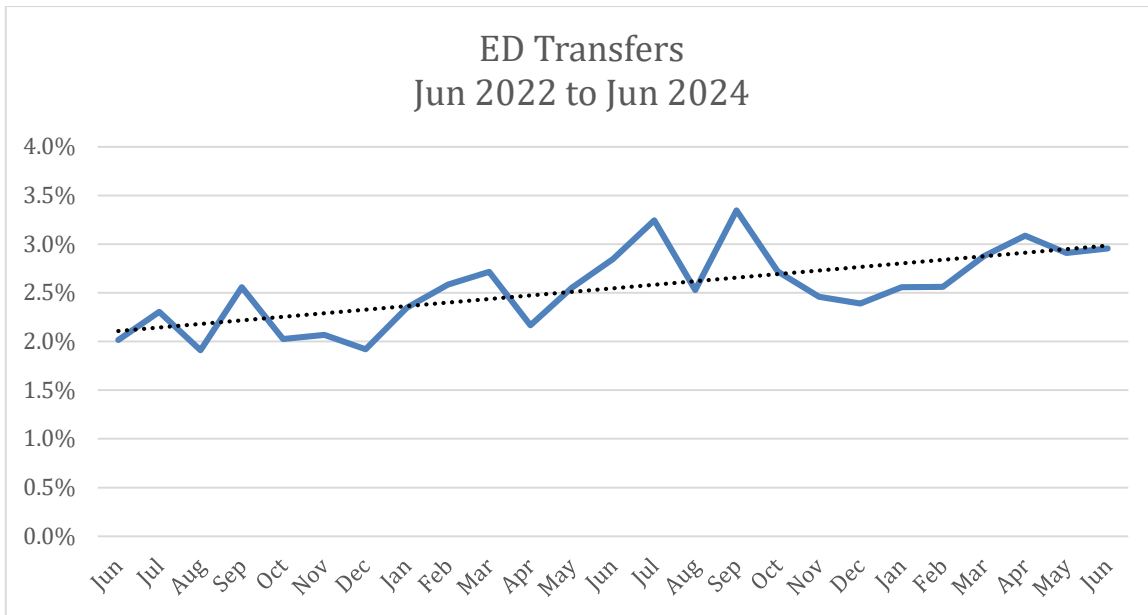
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical patients admitted (includes ICU admissions)
 - **Psych:** number of patients admitted to the behavioral health unit
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
- **Ambulance Admission Rate:** percentage of ambulance arrivals that are admitted
- **Walk-In Admission Rate:** percentage of walk-in patients that are admitted



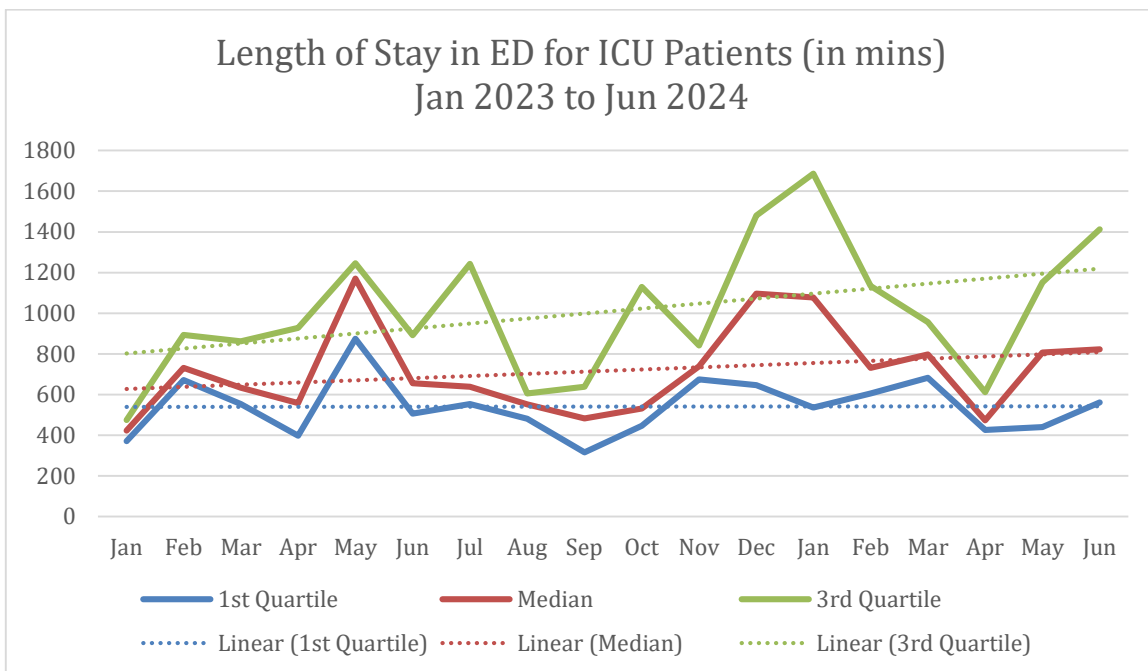
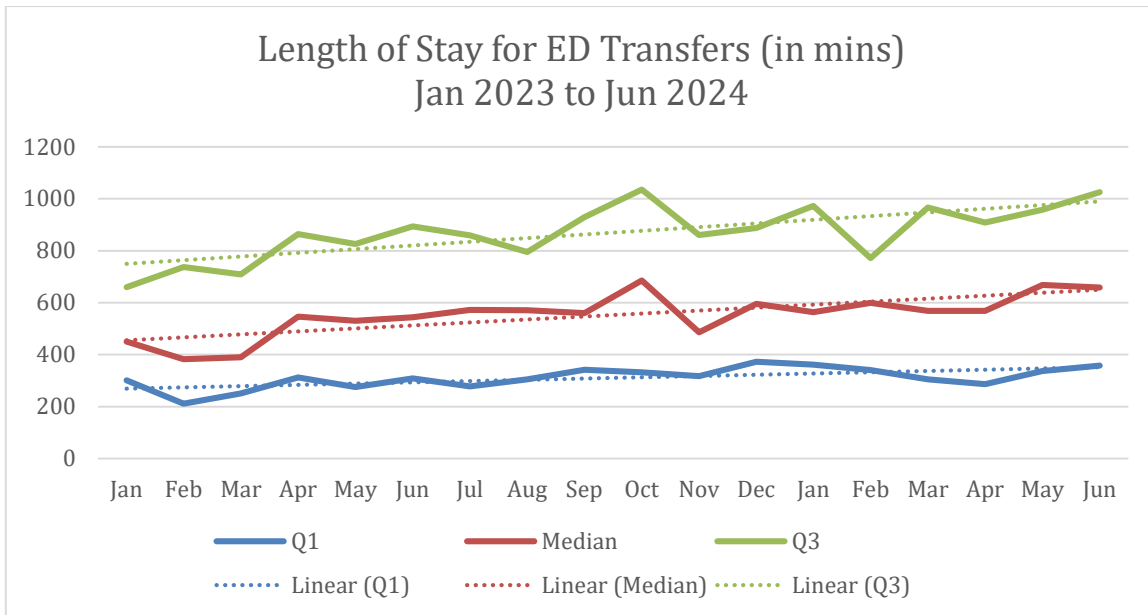
Department of Emergency Medicine

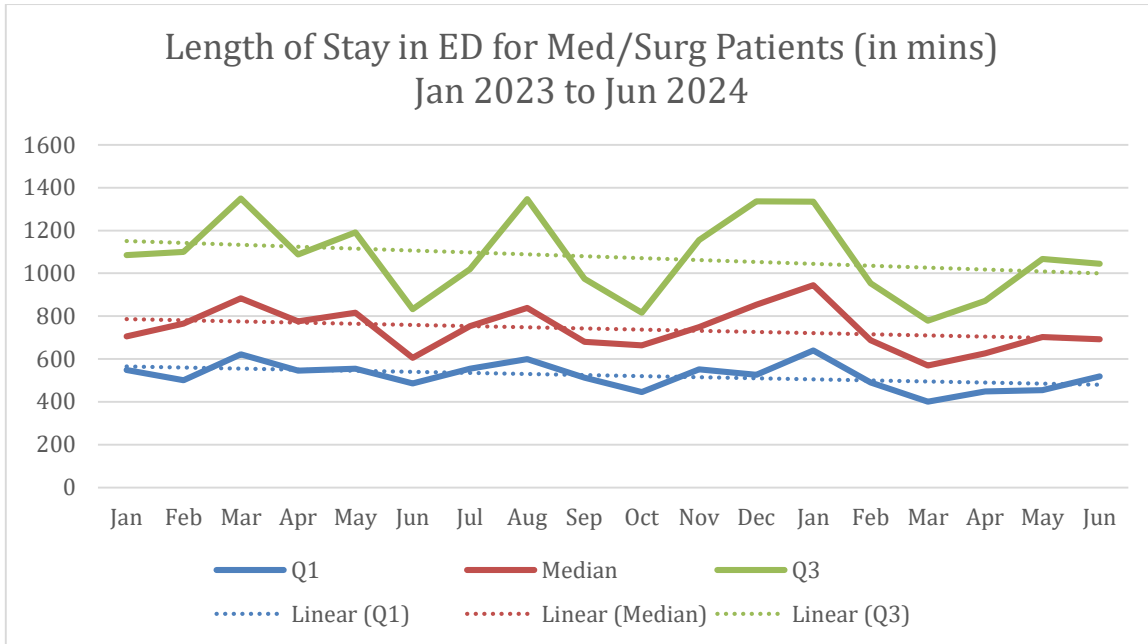


Department of Emergency Medicine



Department of Emergency Medicine





Data tables:

ED Volume and Events						
	Jun 2022	%	Jun 2023	%	Jun 2024	%
Total patients	3225		3022		2942	
Daily Avg Census	108		97		95	
Ambulance Arrivals	816	25.3%	901	29.8%	724	24.6%
Admit	394	12.2%	398	13.2%	336	11.4%
• Med Surg	298	9.2%	298	9.9%	280	9.5%
• Psych	96	3.0%	100	3.3%	56	1.9%
Transfers	65	2.0%	86	2.8%	87	3.0%
LWBS	499	15.5%	307	10.2%	364	12.4%
Ambulance Admission Rate	33.0%		28.7%		26.8%	
Walk-In Admission Rate	5.2%		6.6%		6.4%	

Comments:

1. The tabular data reported this month includes data from the past three years.
2. Trends for ED visits (ambulances and walk-in visits) and admissions remain steady month to month.
3. The LWBS rose appreciably over the last two months.

4. Transfers to other hospitals continues to rise.
5. ED lengths of stay for Transfers, ICU, and Med/Surg Patients. Median lengths of stay for all categories exceeded 600 minutes in May 2024 with trends showing a steady increase in Transfer and ICU patients over the last 18 months.

Analysis:

Overall, trends for ED visits and admissions remain stable with walk-in visits accounting for more of the volume this particular month. The drop in ambulance traffic this month, likely contributed to the drop in admissions. The inpatient and emergency services the hospital provides remain integral to the health and well-being to the people of Southeast Washington DC and surrounding areas.

Median ED lengths of stay for Transfer, ICU and Med/Surg patients exceeded 10 hours with the upper 25% of transfers, ICU, and med/surg patients experiencing lengths of stay 17, 23, and 17 hours respectively.

Commentary:

Boarding of patients in the ED continues to be the most pressing issue. As mentioned previously, it leads to missed and delayed care (e.g. timely medication administration, subspecialty evaluations, and/or essential treatments or procedures). While there are ongoing, notable efforts to address boarding, recent data suggests that it warrants further attention. This is evidenced by recent experiences in delays in the transferring a critical trauma patient and in the evaluation and treatment of a patient with a life-threatening medical emergency.

The ED remains 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. We encourage the Hospital Administration to work closely with the Hospital's Medical Staff as it continues to move ahead with plans for UMC's closure.

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



Musa Momoh, M.D., Chairman

JUNE 2024

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	119	99	89	112	101	109							629
HOSPITAL	119	99	89	112	101	109							629
PERCENTAGE	100%	100%	100%	100%	100%	100%							100%
REGULAR													
MEDICINE	215	199	200	191	218	173							1196
HOSPITAL	278	264	276	254	302	234							1608
PERCENTAGE	77%	75%	72%	75%	72%	74%							74%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100	91	113	99	106							624
HOSPITAL	115	100	91	113	99	106							624
PERCENTAGE	100%	100%	100%	100%	100%	100%							100%
REGULAR													
MEDICINE	161	154	169	147	175	132							938
HOSPITAL	224	216	241	208	254	195							1338
PERCENTAGE	72%	71%	70%	71%	69%	68%							70%
PROCEDURES													
HEMODIALYSIS	173	215	161	145	238	191							1078
EGD'S	12	18	15	16	22	19							102
PEG'S	1	2	3	0	5	6							17
COLONOSCOPY	23	19	21	30	17	23							133
ERCP	0	0	0	0	0	0							0
BRONCHOSCOPY	1	1	0	0	0	0							2
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0							0
Cases Reviewed	0	0	0	0	0	0							0
Cases Closed	0	0	0	0	0	0							0

Department of Medicine met on June 12, 2024.

The next meeting is September 11, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

JUNE 2024

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators		Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD AVG/TOTAL	Improvement vs baseline		
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0	97.8	97.3	96.5	97.8	97.7							97.2	1.58		
		# test	255	205	159	212	172	207	195								1150		
	Chem12	95%	95.6	95.7	97.5	97.3	96.4	97.5	97.0								96.9	1.30	
		# test	1143	1170	1141	1227	1207	1297	1194									7236	
	Troponin	95%	83.6	87.0	89.5	90.6	87.0	90.0	89.9									89.0	5.40
		# test	693	712	678	685	744	757	677									4253	
	URINALYSIS	95%	97.6	98.0	96.0	98.4	96.1	97.9	97.5								97.3	(0.28)	
		# test	903	921	843	942	904	945	901									5456	
STAT 60 minutes Volumes	Urine Drug	90%	91.0	89.8	93.0	92.4	92.1	95.1	93.5								92.7	1.65	
		#test	178	168	187	185	152	208	186									1086	
	Covid PCR	90%	44.1	84.7	89.7	89.1	93.7	93.6	91.1									90.3	46.22
	#test	1107	1161	1002	985	846	839	755										5588	
	Average		146	50	48	48	45	44	45									46.7	99.33
Covid PCR(BHU)	90%	44.5	83.0	85.7	80.1	91.4	ORDER CODE DEACTIVATED SAME AS COVID PCR									85.1	40.55		
	#test	110	97	91	101	94												383	
	Average	*1h 25m	51	50	52	47												50.0	
Blood Culture Contamination	Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
% Blood culture Contamination	<3%	9.7	9.1	8.5	10.1	7.6	8.6	5.9									8.3	(1.40)	
Volumes	Total	# test	525	429	365	395	395	421	373								2378		
Number Contaminated	#Total Contaminated	#	51	39	31	40	30	36	22								198		
Collected by Ed	# From ED	#	51	37	27	39	27	33	22								185		
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion CT Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2	1.1	1.1	1.2	1.2	1.3								1.2		
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2	2	4	3	3	0								14		
Performance Indicators	Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC					
STAT ED 30 minutes	CBC	95%	90.9	93.0	96.3	96.5	98.3	98.0	97.6								96.6	5.7	
		# test	1331	1304	1268	1401	1346	1408	1356									8083	
45 minutes and Volumes	PT	95%	90.9	93.9	91.6	92.5	89.7	98.3	93.2								93.2	2.3	
		# test	167	231	168	229	234	249	207									1318	
	PTT	95%	88.0	92.1	92.9	89.8	88.1	97.5	93.7								92.4	4.4	
	# test	166	230	170	226	236	246	209									1317		

July Notes: Chem 7 & 12 met the 95% goal in 45 minutes with 97.7% and 97%, Urinalysis met the 95% goal in 45 minutes with 97.5%. Troponin still has not met the 95% in 45 minutes but has shown 5.4% improvement over the baseline to a six month avg of 89%, Urine Drug met the 90% goal in 60 minutes at 93.5%. Covid met target 90% in 60 minutes at 91.1%. CBC met the 95% in 30 minutes at 97.6%. PT and PTT did not meet the 95% in 45 minutes, at 93.2% and 93.7%. Blood Culture contamination decrease to 5.9% from 8.6% previous month with a target of 3%. No report on the instruction video for the Blood culture collection course on Relias. No blood products wasted. Phlebotomist 0 needlesticks. No safety concerns. Received approval to hire 1 medical technologist, 2 medical technologist not approved and 2 phlebotomist not approved to replace agency staff. Phlebotomist 0 needlesticks. No safety concerns.

Sreedevi Kurella, M.D



Shanique Cartwright, M.D., Chairwoman

JUNE 2024

UMC Behavioral Health Unit June 2021 Board Report

UMC Behavioral Health Unit June 2021 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	4.0	4.68						
Voluntary Admissions	31	30	40	45	27	27						
Involuntary Admissions = FD12	83	109	100	87	56	33						
Total Admissions	114	139	140	132	83	60						
Average Daily Census												
Average Daily Census	17	21	19	18	11	11						
Other Measures												
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	3.1	2.7						
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	BHU 0/8W one	0						
# Psych Consultations	94	170	243	170	154	122						
Psychosocial Assessments (Target: 80%)												
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	43%	43%						
Discharge												
Discharges	102	147	143	138	78	64						

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



Kusha Mehta, M.D., Chairman

JUNE 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	29		755		154		938	
Fluoro	6		0		24		30	
Mammography					85		85	
Magnetic Resonance Angio	0		3		2		5	
Magnetic Resonance Imaging	12		14		30		56	
Nuclear Medicine	3		0		0		3	
Special Procedures	2		0		0		2	
Ultrasound	61		243		140		444	
X-ray	120		933		496		1549	
CNMC CT Scan			54				54	
CNMC X-ray			356				356	
Grand Total	233		2358		931		3522	

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

JUNE 2024

For the month of June 2024, the Surgery Department performed a total of 117 procedures. The chart and graph below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	93
NOV	196	138	156	137	127	110
DEC	192	156	146	132	110	102
FIRST QUARTER TOTALS	599	469	448	404	387	305
JAN	210	195	147	121	111	84
FEB	180	167	153	126	106	96
MAR	158	82	133	146	145	101
SECOND QUARTER TOTALS	548	444	433	393	362	281
APR	211	57	156	148	125	111
MAY	186	74	159	123	128	111
JUN	177	126	172	113	108	117
THIRD QUARTER TOTALS	574	257	487	384	361	339
JUL	186	140	177	103	92	
AUG	193	161	155	114	19	
SEP	182	162	126	124	96	
FOURTH QUARTER TOTALS	561	463	458	341	307	0
ANNUAL TOTAL	2282	1633	1826	1522	1417	925

This month ended with a **5.4 % increase** compared to last month and **8.3 % increase** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- 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.

Department of Surgery

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 currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources on 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: August 7,
2024**

**Nursing
Department Report
for June 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report June 2024

Overall State of Nursing Department(s)

Staffing:

We onboard 9 agency nurses this month. Five nurse contracts and one technician contract was canceled due to job performance and self-cancellation. We continue to be proactive in recruiting agency staff.

Nursing Excellence

We continue to provide quality care and publically recognize our nurses for the exceptional care they give. Recently, we implemented evidence-based improvement strategies for insulin coverage and documentation. This new process is working well and nurses are being recognized for the work they perform. Nursing license expired June 30, 2024. All of our nurses renewed their District of Columbia license without the extension provided by DC Health.

Our emergency department continues to receive trauma patients and staff are recognized for the exceptional patient care provided given the constraints.

Nursing has met with the closure project manager (PM) and the meeting was productive. We will continue to assist the PM to ensure the process is a smooth transition.

Performance Improvement:

The education department and frontline leaders continue to monitor the performance improvement (PI) initiatives. Some of the PI initiatives are timely narcotic wastes, pain assessment, re-assessment and wound prevention measures. All new staff are on boarded with hospital and clinical orientation. Nursing leadership continues to make frequent rounds and engage with staff to foster an environment of vulnerability, civility and empowerment.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
June	64	11	26	14	3	1

There were 64 ICU admissions for the month of June.

Education

RN DC License renewal
Insulin Order Updates from PRN to Scheduled
Consent Form Review
Foley Catheter orders
Skin Assessments
Medication Administration

PI Initiatives

Continuation of wound Consults and Treatments Plans

Wound treatment orders will be automatically generated from wound consults and skin assessment documentation in meditech.

Pictures of all wounds for documentation

Measure to prevent respiratory infections in ventilated patients

Hand Hygiene

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
June	117	48	69	23	0	0	0

PI Initiatives

Patient Satisfaction – post operative calls

Pain Management/Care Plan/ Chart Audits

OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 6 insulin drips this month and 70 for the year.

UMC QAPI Master Dashboard																At or Exceeds Target		Within 10% of Target		Target not met		Amended	
2024	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD					
DIABETES CENTER → QAPI MEETING																							
CORRECTION INSULIN ADMINISTRATION COMPLIANCE BENCHMARK = 100%																							
Total # of Novolog T1D w/ meal orders		226	371	229	316	242	511							826	1069	0	0	1895					
Total # of Novolog T1D w/ meal orders administered correctly		179	344	221	306	234	502							744	1042	0	0	1786					
% Compliance		79%	93%	97%	97%	97%	98%	-	-	-	-	-	-	90%	97%	-	-	94%					

Education

Daily insulin audits. Continuous unit huddles, relias required training and detailed instructions to all new hires during onboarding.

Insulin PRN correction orders will be changed to routine scheduled orders with a go-live date of June 4, 2024. This is standard practice and evidence supports this patient safety and improved patient care initiative.

Emergency Department

ED Metrics Empower Data	Feb	Mar	Apr	May	June
Visits	2660	2958	2825	2992	2946
Change from Prior Year (Visits)	2551	2907	2907	3096	3023
% Growth	0.04	1.72	-2.90	-3.48	-2.61
Ambulance Admitted	198	223	216	238	194
Ambulance Arrivals	665	776	772	772	724
Ambulance Patients Admission Conversion	0.05	0.29	0.28	0.31	0.27
% of ED patients arrived by Ambulance	0.26	0.26	0.27	0.26	0.25
% of Ambulance Patients Admitted	0.30	0.29	0.28	0.31	0.27

ED Metrics Empower Data	Feb	Mar	Apr	May	June
Door to triage	17	17	19	20	20
Door to room	83	80	79	91	113
Door to provider	93	89	89	99	112
Door to departure	240	251	256	263	280
Door to decision to admit	385	375	366	242	367

Education

De-escalation training

Timely Covid testing to facilitate throughput

Blood Transfusion Cross Match protocol

Reminder DC RN nursing license renewal is due NLT 6/30/24

RN and Vital sign documentation per policy

Columbia Suicide Severity Rating Screening (C-SSRS) mandatory requirement at triage

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12

EKG <10minutes of arrival/compliant of chest pain

Service Recovery

none

Respiratory Therapy

Education

Education focused on work productivity standards and clinical assessments.

PI Initiative

Critical value reporting compliance was 98%. Documentation compliance was 93%.

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
June	60 FD12= 33 Vol=27	11	0	5	64	0	0	0	0	0

There were zero transfers to St. Elizabeth and the medical floor for the month of June. There was zero court appearance and commitment hearing.

Education

Education focused on awareness to securing patient property, safety and security rounding and awareness of escalating situations. The bed to medicine pilot program, de-escalation training and diabetes in-service on scheduled insulin orders.

PI Initiatives

- A. Q 15-minute tech & Q 2-hour RN clinical observation
- B. Pain and restraint/seclusion audits

Respectfully submitted,
Teka Henderson, MSN, RN
VP of Nursing



UMC
UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: August 7,
2024**

**Executive
Management Report
for June 2024**

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



Executive Leadership Report Meeting July 2024

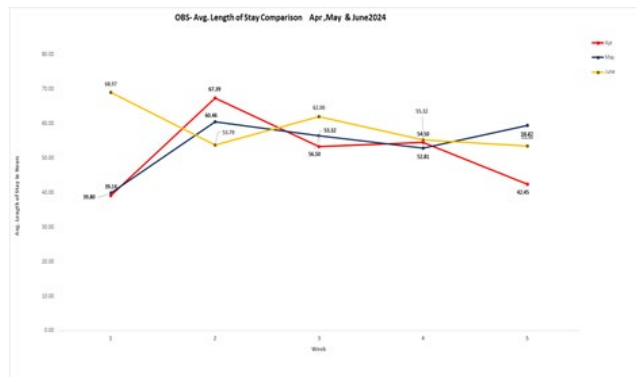
The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posit for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to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

The following are some highlights:

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

Week	Apr	May	June
1	39.14	39.80	68.97
2	67.39	60.46	53.79
3	53.32	56.50	62.00
4	54.50	52.81	55.32
5	42.45	59.47	53.50

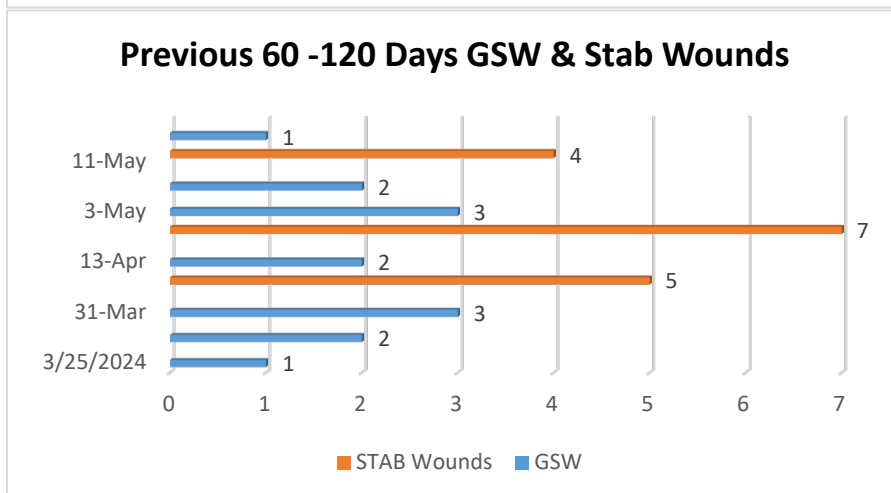
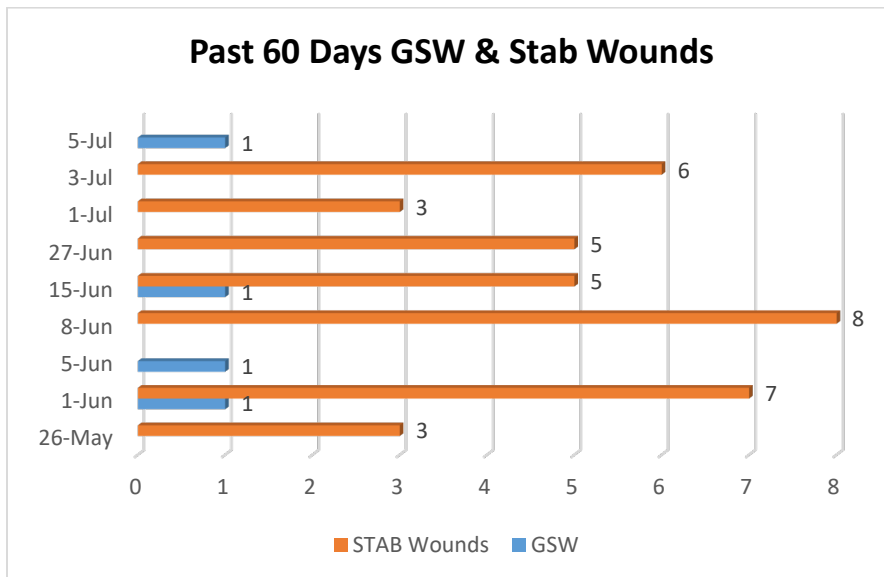


Members of UMC’s leadership team including the Emergency Department (ED) leaders and Assistant Fire Chief, Emergency Medical Services, Prince George’s County Fire/EMS Department, and select member of that team met remotely. The purpose of the meeting was to have an open dialogue on strengthening our relationships, improving communication, appropriateness of patients based on our level ED and the County Hospital Alert Tracking System (CHATS) of which UMC is designated in CHATS Region V. The CHATS system is used to provide real time computerized monitoring information of hospital and Emergency Management System (EMS) throughout Maryland and nearby DC hospitals. The EDs that are temporarily unable to accept ambulance-transported patients due to ED overcrowding or hospital overload are identified so that ambulances can be diverted to other less crowded ED facilities. The meeting was productive resulting in UMC being added to the daily hospital call list from PGFEMS to determine status.

The hospital wide “overtime (OT) freeze” except for extenuating circumstances and on approval by VP of the particular department continues to be strictly managed. Standard of care and safety for both patients and staff will always be paramount. As an example, over the past several months, UMC’s security team increased support especially in the Emergency Department (ED)

which has led to OT. Although there was a decrease in incidence of patients presenting with gunshot wounds (GSW), the incidence of stab wounds have increased. * **See graphs below.** In addition, security continues to manage incidences of automobile breakings, attempted carjacking and other such acts on UMC’s campus.

To enhance safety and quality measures, the Touchless Security system will be installed this month primarily in the ED. To be most effective, this safety and quality measure will require additional security team support.



The Information Technology (IT) Department continues to upgrade all network systems with the latest patches. Successfully on boarded IT Hospitalist –designed reports and built interface for data transfer claims application- Claimocity. Updated Helpdesk ticketing system application. Continue to maintain all IT and communication infrastructure.



Community Partnerships

United Medical Center successfully hosted the DC Hospital Association/ DC Health and Medical Coalition - Management Preparedness Summit which was attended by over 100 health care leaders from various healthcare facilities. Dr. Morrow, Chief Medical Officer, provided opening remarks. Congratulations to Team UMC for a job well done from planning to execution.

The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC remains in progress. At present, there are 159 participants (increase of 17 since June), of which 57% completed at least one training module per June's report from GW.

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

Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy Dr. Maxine Lawson remains the volunteer Co-Chair for the *Live.Long.DC* which focuses on the reduction, misuse of opioids and opioid related deaths.

Respectfully submitted,

//Jacqueline A. Payne-Borden//

Chief Executive Officer/Chief Nursing Officer



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: August 7,
2024**

**Financial Report
Summary**

June 2024

**Lilian Chukwuma
Chief Financial Officer**



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending June 30, 2024

DRAFT



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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 2024 Actual Gap Measures
As of June 30, 2024

	FY 2024 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy
District Subsidy

(\$21,734,330)
\$22,000,000

\$265,670



Report Summary

- **Revenue**

- ❖ **Total operating revenues are higher than budget by 6% (\$541K) MTD but lower than budget by 3% (\$1.9M) YTD.**
- ❖ **Net patient revenue is lower than budget by 11% (\$733K) MTD and 5% (\$3.1M) YTD.**
 - ❖ **Admissions are lower than budget by 23% MTD and 11% YTD.**
 - ❖ **Surgeries are higher than budget by 1% MTD but lower than budget by 14% YTD.**

- **Expenses**

- ❖ **Total operating expenses are higher than budget by 21% (\$1.9M) MTD and 8% (\$6.1M) YTD due to the following:**
 - ❖ **Salaries are higher than budget by 4% (\$118K) MTD and 11% (\$3.2M) YTD due to overtime.**
 - ❖ **Overtime is over \$2 million through June 30, 2024**
 - ❖ **Employee benefits are higher than budget by 29% (\$277K) MTD and 14% (\$1.2M) YTD.**
 - ❖ **Contract labor is higher than budget by 122% (\$1M) MTD and 43% (\$3.5M) YTD.**
 - ❖ **Professional fees are higher than budget by 8% (\$94K) MTD but on target YTD.**
 - ❖ **Purchased services are lower than budget by 14% (\$142K) MTD and 19% (\$1.8M) YTD.**



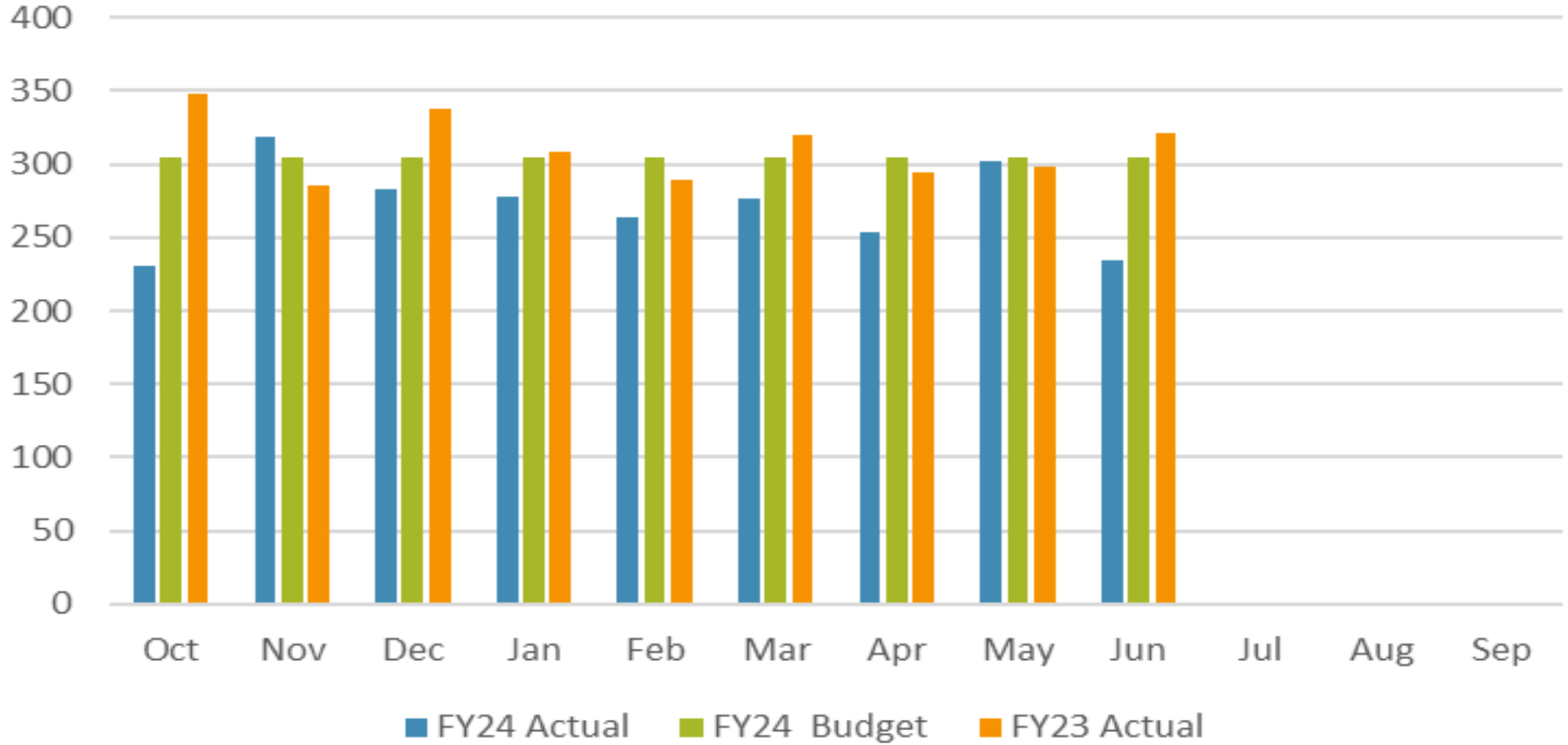
Key Indicators

Fiscal Year 2024 thru 06/30/24

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY23	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	234	305	321	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	117	116	100	▲	▲
Emergency Room Visits	Actual Visits	2,936	2,932	3,030	▲	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	513	601	545	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.32	1.00	1.03	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes GW contract services)	49%	47%	44%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	63	52	24	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	106%	92%	98%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	72	45	108	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-9.7%	1.0%	-7.1%	▼	▲



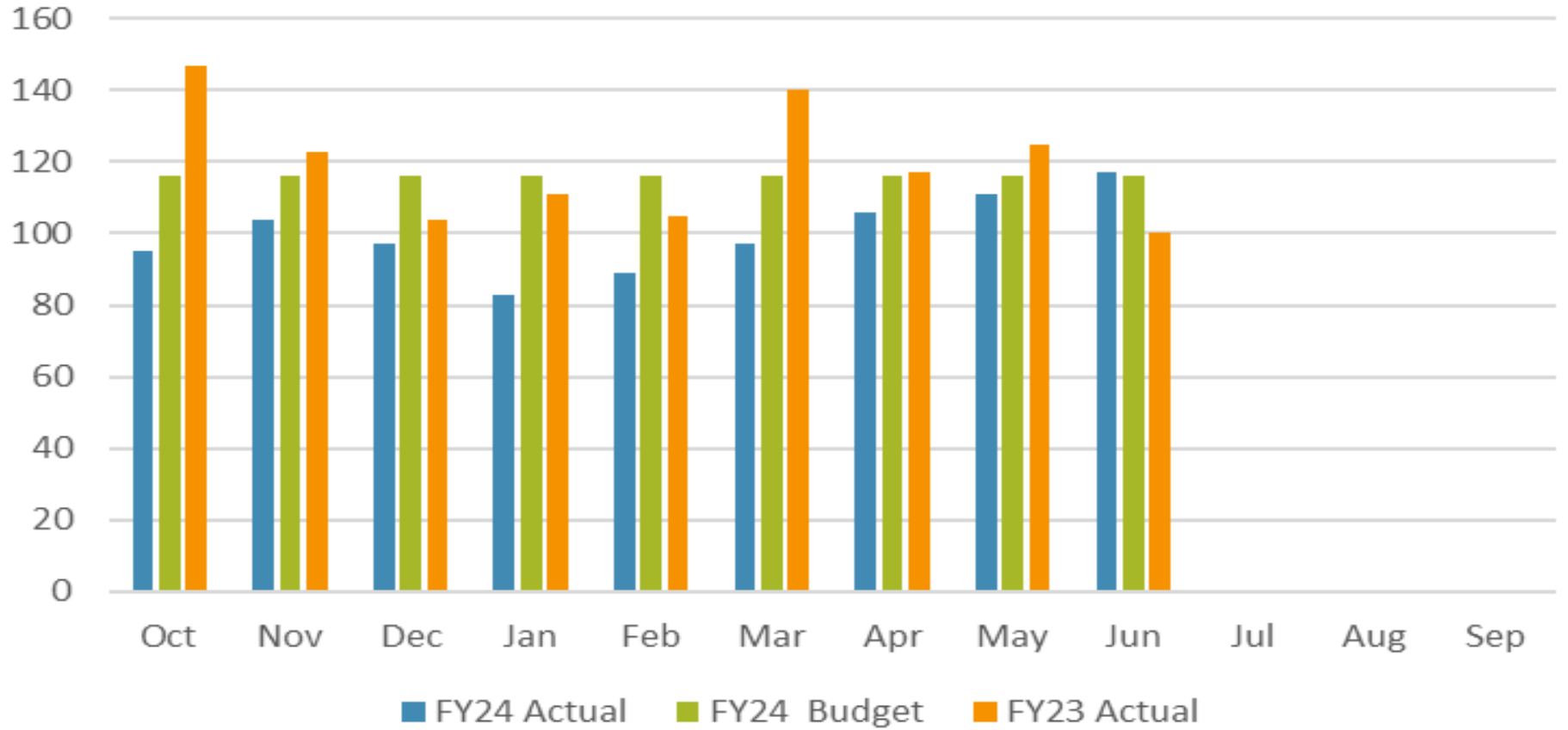
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	230	318	283	278	264	276	254	302	234			
FY24 Budget	305	305	305	305	305	305	305	305	305			
FY23 Actual	348	286	338	309	289	320	294	298	321			



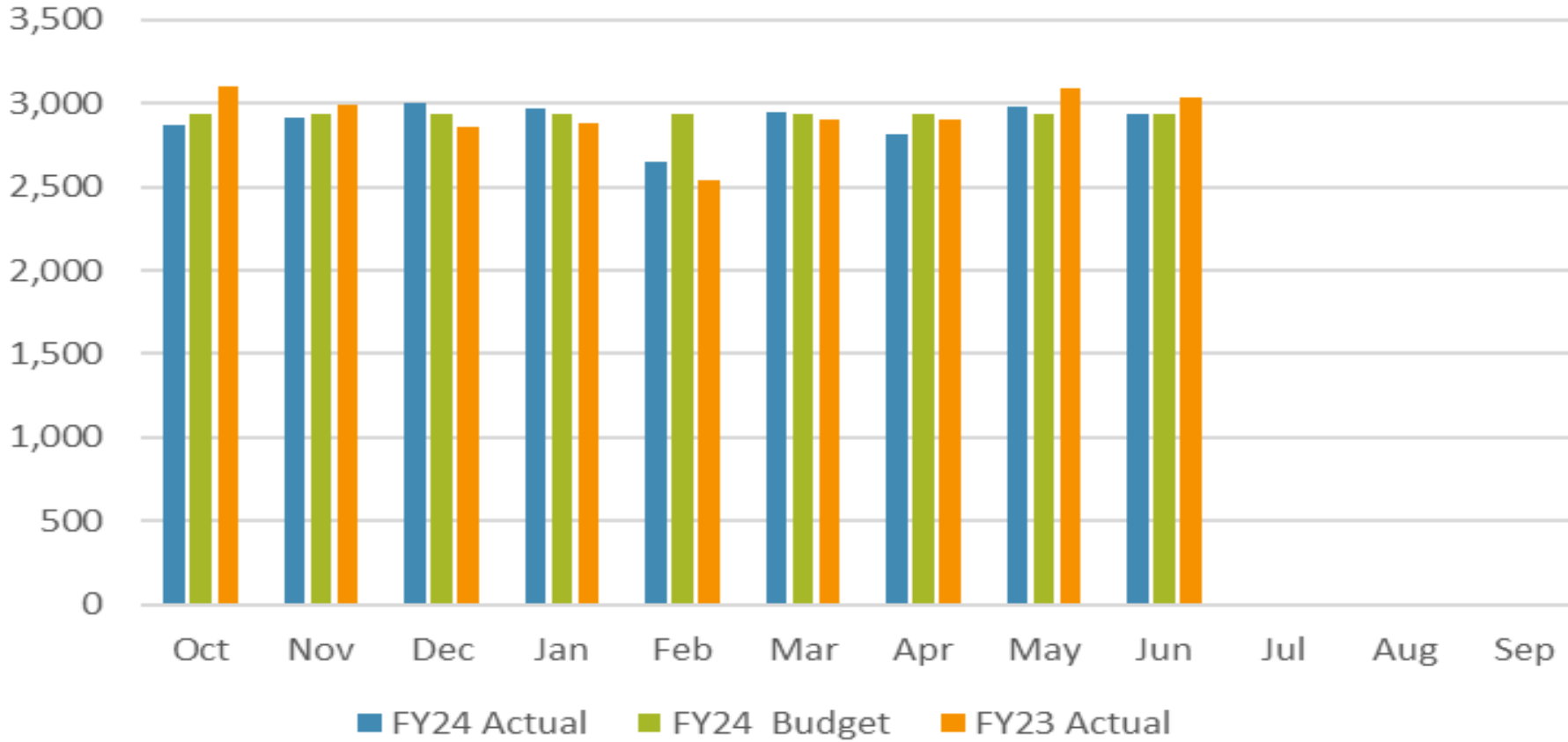
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	95	104	97	83	89	97	106	111	117			
FY24 Budget	116	116	116	116	116	116	116	116	116			
FY23 Actual	147	123	104	111	105	140	117	125	100			



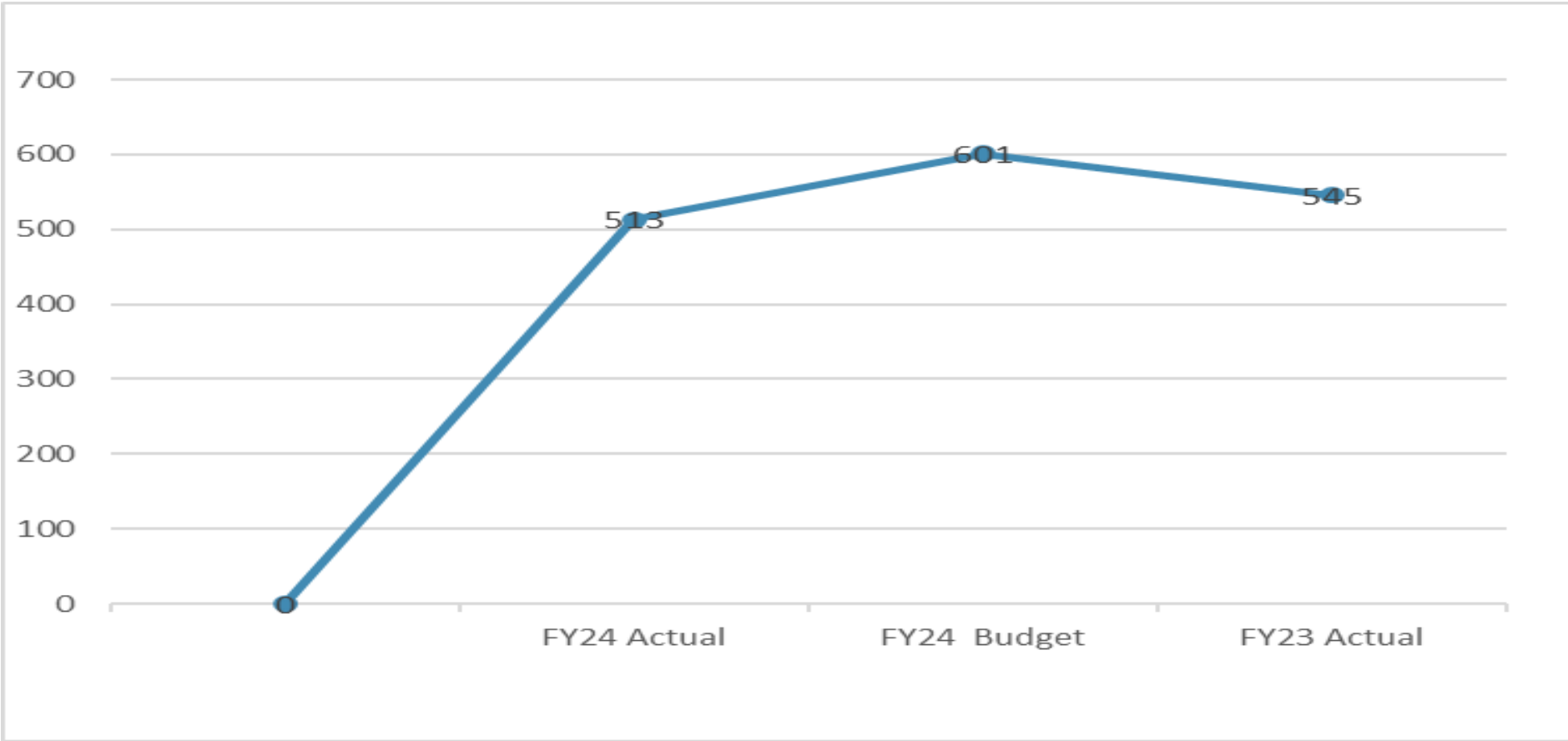
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	2,865	2,915	3,002	2,970	2,650	2,947	2,814	2,977	2,936			
FY24 Budget	2,932	2,932	2,932	2,932	2,932	2,932	2,932	2,932	2,932			
FY23 Actual	3,099	2,989	2,855	2,883	2,554	2,901	2,907	3,093	3,030			



Number of FTEs

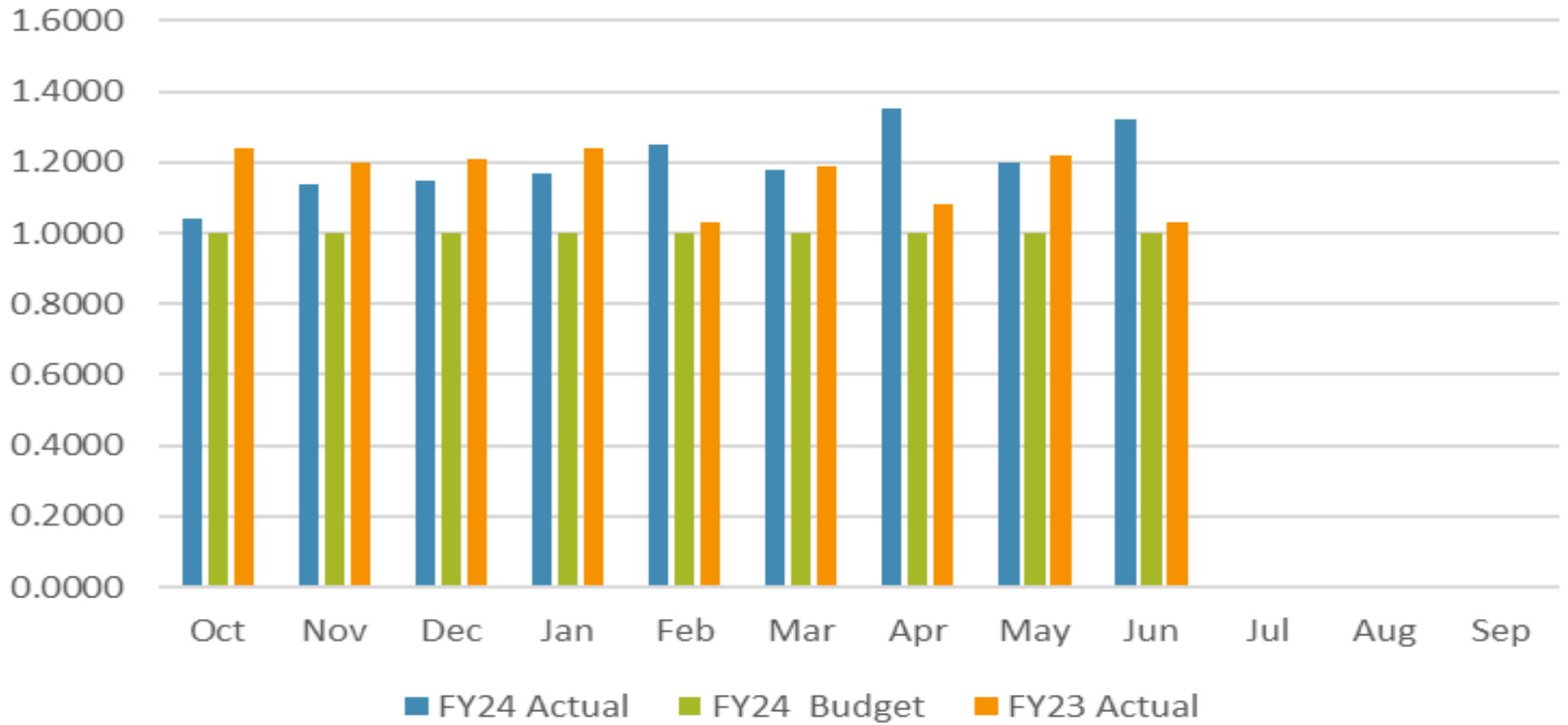


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	539	555	562	553	541	525	512	514	513			
FY24 Budget	601	601	601	601	601	601	601	601	601			
FY23 Actual	585	579	579	591	554	554	541	547	545			



UNITED
MEDICAL CENTER

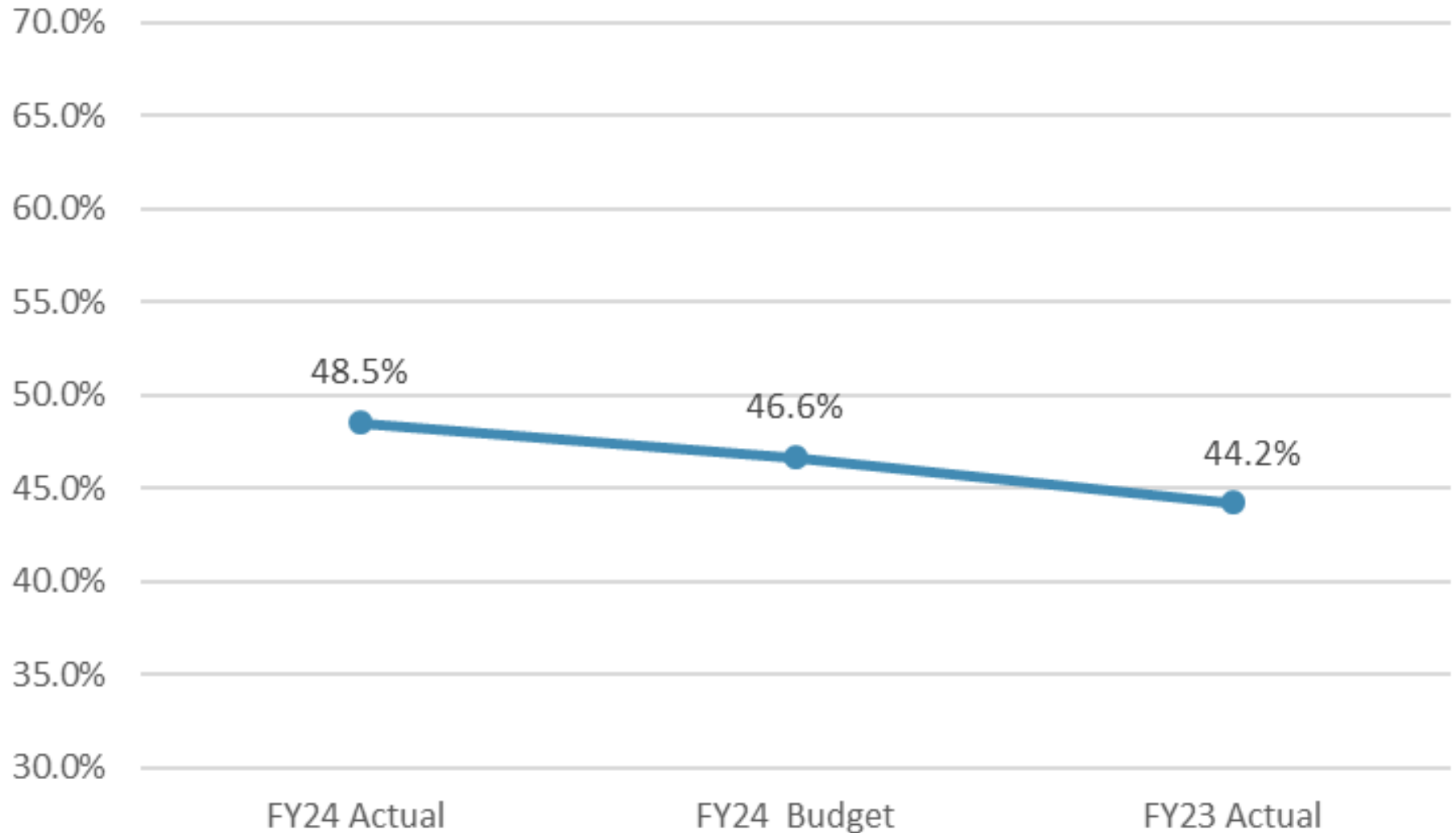
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	1.0400	1.1400	1.1500	1.1700	1.2500	1.1800	1.3500	1.2000	1.3200			
FY24 Budget	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000			
FY23 Actual	1.2000	1.2100	1.2100	1.2400	1.0300	1.1900	1.0800	1.2200	1.0300			



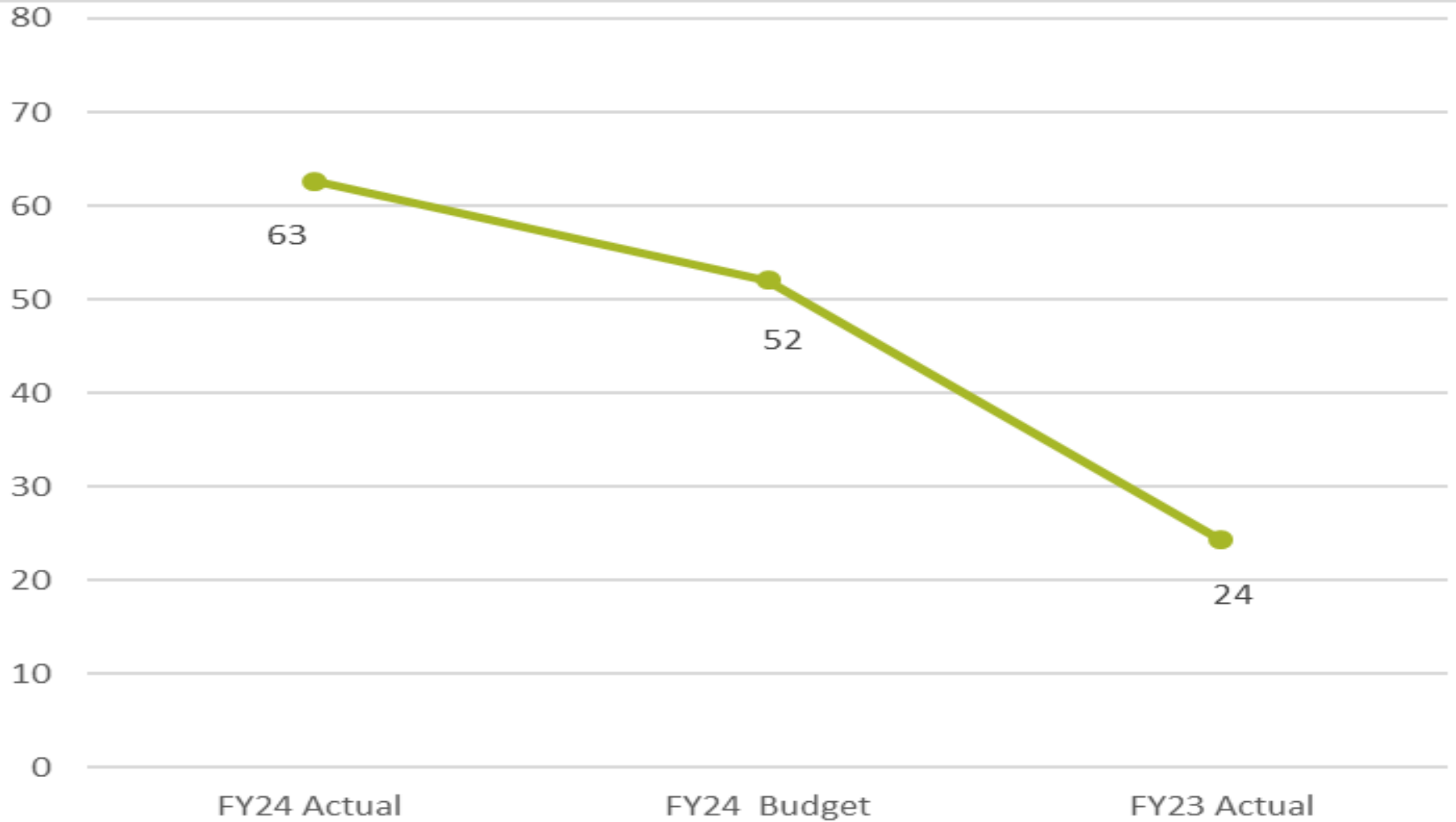
Salaries/Wages & Benefits as a % of Operating Expenses





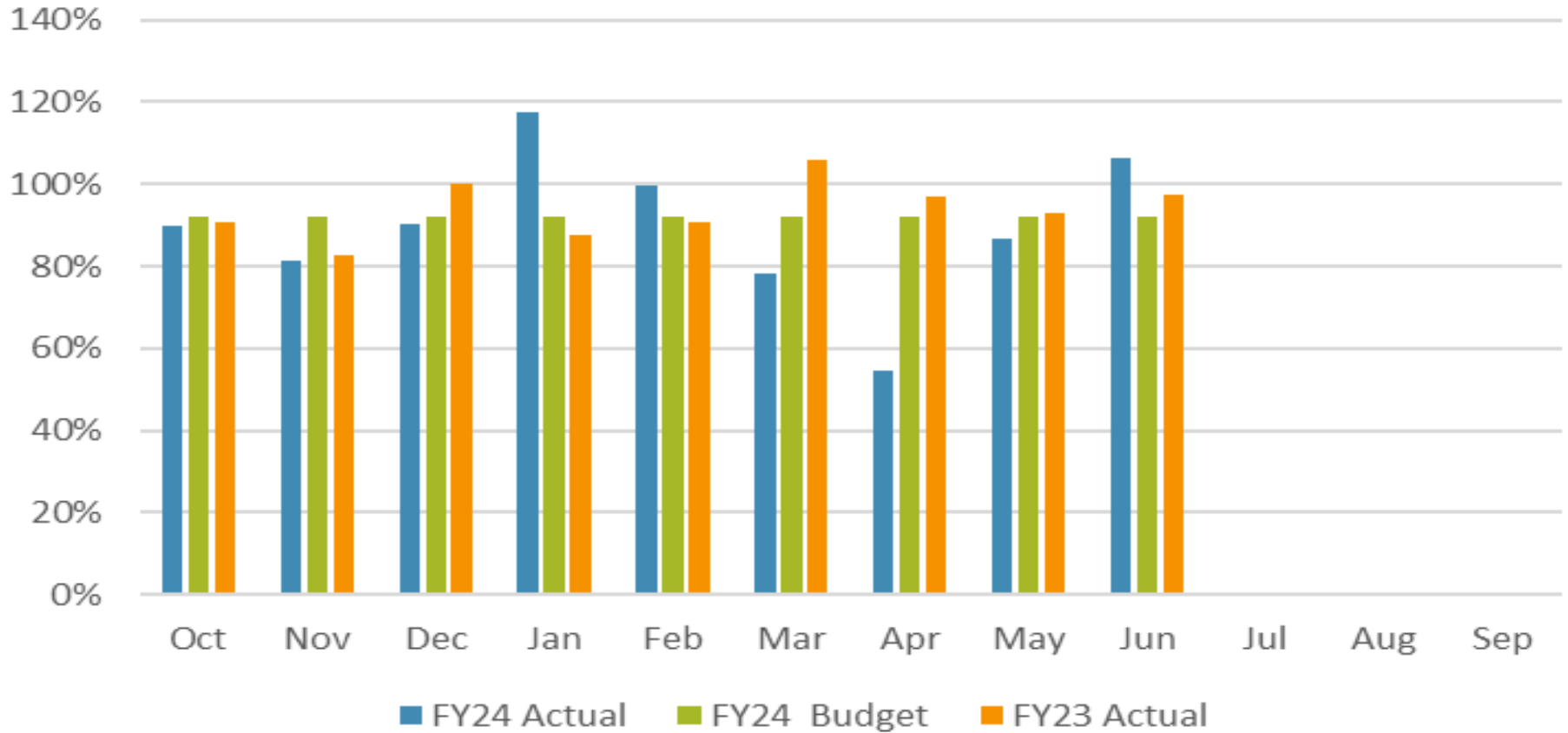
UNITED
MEDICAL CENTER

Net Accounts Receivable (AR) Days With Unbilled



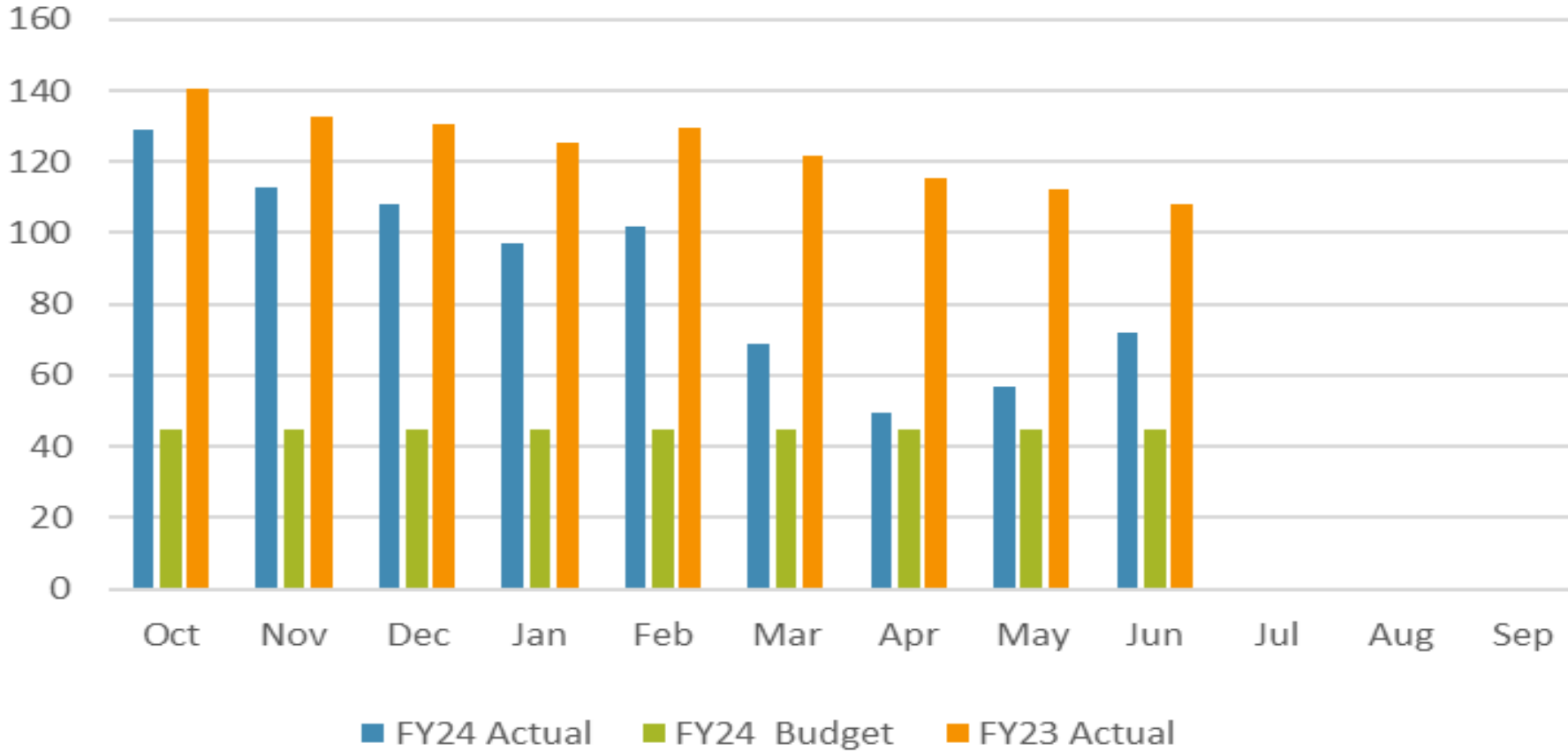


Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	90%	81%	90%	118%	100%	78%	54%	87%	106%			
FY24 Budget	92%	92%	92%	92%	92%	92%	92%	92%	92%			
FY23 Actual	91%	83%	100%	88%	91%	106%	97%	93%	98%			

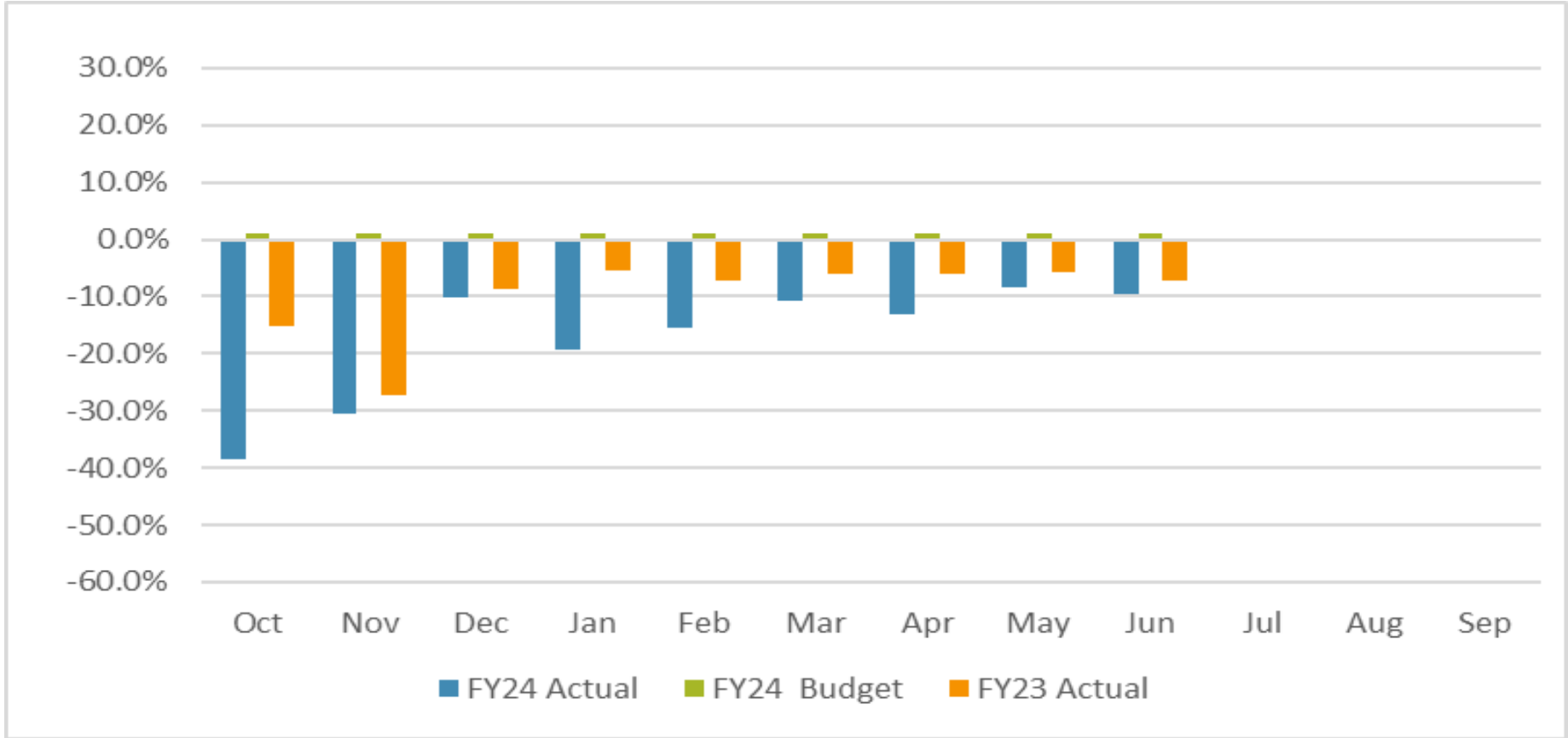
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	129	113	108	97	102	70	50	57	72			
FY24 Budget	45	45	45	45	45	45	45	45	45			
FY23 Actual	140	132	131	126	130	122	116	112	108			



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY24 Actual	-38.6%	-30.4%	-10.3%	-19.2%	-15.5%	-10.9%	-13.1%	-8.5%	-9.7%			
FY24 Budget	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%			
FY23 Actual	-15.0%	-27.4%	-8.6%	-5.4%	-7.1%	-6.2%	-6.2%	-5.8%	-7.1%			



Income Statement

FY24 Operating Period Ending June 30, 2024

	Month of June			Variance				2024 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	234	305	321	(71)	-23%	(87)	-27%	2,439	2,745	2,754	(306)	-11%	(315)	-11%
Patient Days	1,982	2,012	1,930	(30)	-1%	52	3%	18,124	18,108	18,211	16	0%	(87)	0%
Emergency Room Visits	2,936	2,932	3,030	4	0%	(94)	-3%	26,077	26,388	26,301	(311)	-1%	(224)	-1%
Clinic Visits	501	574	942	(73)	-13%	(441)	-47%	6,738	5,166	8,480	1,572	30%	(1,742)	-21%
IP Surgeries	48	54	41	(6)	-11%	7	17%	349	486	396	(137)	-28%	(47)	-12%
OP Surgeries	69	62	59	7	11%	10	17%	550	558	676	(8)	-1%	(126)	-19%
Radiology Visits	649	777	982	(128)	-16%	(333)	-34%	7,232	3,249	7,613	3,983	123%	(381)	-5%
Revenues														
Net Patient Service	5,927	6,659	5,582	(733)	-11%	344	6%	56,833	59,934	58,522	(3,101)	-5%	(1,689)	-3%
DSH	-	643	460	(643)	-100%	(460)	-100%	4,409	5,790	6,339	(1,381)	-24%	(1,930)	-30%
CNMC Revenue	150	135	150	15	11%	0	0%	1,353	1,218	1,350	135	11%	3	0%
Other Revenue	3,295	1,392	1,297	1,903	137%	1,998	154%	14,931	12,532	13,437	2,399	19%	1,494	11%
Total Operating Revenue	9,372	8,830	7,490	541	6%	1,882	25%	77,526	79,474	79,648	(1,949)	-2%	(2,122)	-3%
Expenses														
Salaries and Wages	3,262	3,145	3,358	118	4%	(96)	-3%	31,546	28,302	30,760	3,244	11%	786	3%
Employee Benefits	1,221	943	1,207	277	29%	14	1%	9,721	8,490	9,487	1,231	14%	234	2%
Contract Labor	1,998	900	681	1,099	122%	1,317	193%	11,543	8,097	8,008	3,446	43%	3,535	44%
Supplies	189	267	655	(78)	-29%	(466)	-71%	4,466	2,402	6,727	2,063	86%	(2,261)	-34%
Pharmaceuticals	187	167	113	20	12%	74	0%	1,719	1,501	1,472	218	15%	247	0%
Professional Fees	1,330	1,236	1,513	94	8%	(183)	-12%	11,068	11,120	11,465	(52)	0%	(398)	-3%
Purchased Services	898	1,040	672	(142)	-14%	226	34%	7,590	9,361	9,265	(1,771)	-19%	(1,675)	-18%
Other	1,538	1,072	766	466	43%	772	101%	7,404	9,652	8,105	(2,248)	-23%	(701)	-9%
Total Operating Expenses	10,623	8,769	8,966	1,854	21%	1,657	18%	85,055	78,925	85,289	6,130	8%	-234	0%
Operating Gain/ (Loss)	(1,251)	61	(1,476)	(1,313)	-2146%	224	-15%	(7,530)	549	(5,641)	(8,079)	-1470%	(1,889)	33%



Balance Sheet

As of the month ending June 30, 2024

Jun - 24	May - 24	MTD Change		Sep-23	YTD Change
Current Assets:					
\$ 28,074	\$ 22,986	\$ 5,088	Cash and equivalents	\$ 35,939	\$ (7,865)
13,618	13,103	515	Net accounts receivable	4,607	9,011
3,919	4,000	(81)	Inventories	4,101	(182)
835	176	659	Prepaid and other assets	1,564	(729)
<u>46,446</u>	<u>40,265</u>	<u>6,182</u>	Total current assets	<u>\$ 46,211</u>	<u>\$ 235</u>
Long- Term Assets:					
30,966	32,151	(1,184)	Capital Assets	41,281	(10,315)
<u>30,966</u>	<u>32,151</u>	<u>(1,184)</u>	Total long term assets	<u>41,281</u>	<u>(10,315)</u>
<u>\$ 77,412</u>	<u>\$ 72,415</u>	<u>\$ 4,997</u>	Total assets	<u>\$ 87,492</u>	<u>\$ (10,080)</u>
Current Liabilities:					
11,674	10,119	1,555	Trade payables	13,055	(1,381)
3,298	2,752	546	Accrued salaries and benefits	2,941	357
1,904	1,904	0	Other liabilities	2,402	(498)
<u>16,876</u>	<u>14,775</u>	<u>2,101</u>	Total current liabilities	<u>18,398</u>	<u>(1,522)</u>
Long-Term Liabilities:					
9,000	5,929	3,071	Unearned grant revenue	-	9,000
7,180	4,424	2,756	Estimated third-party payor settlements	4,006	3,174
3,313	3,313	-	Contingent & other liabilities	6,003	(2,690)
<u>19,494</u>	<u>13,665</u>	<u>5,829</u>	Total long term liabilities	<u>10,009</u>	<u>9,485</u>
Net Position:					
41,042	43,973	(2,931)	Unrestricted	59,085	(18,043)
<u>41,042</u>	<u>43,973</u>	<u>(2,931)</u>	Total net position	<u>59,085</u>	<u>(18,043)</u>
<u>\$ 77,412</u>	<u>\$ 72,415</u>	<u>\$ 4,999</u>	Total liabilities and net position	<u>\$ 87,492</u>	<u>\$ (10,080)</u>



Statement of Cash Flow

As of the month ending June 30, 2024

Dollars in Thousands

Month of June				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 8,170	\$ 11,265		Receipts from and on behalf of patients	\$ 55,263	\$ 89,542
(4,937)	(6,616)		Payments to suppliers and contractors	(47,408)	(74,649)
(4,670)	(4,653)		Payments to employees and fringe benefits	(40,910)	(59,965)
6,517	3,588		Other receipts and payments, net	10,385	882
<u>5,079</u>	<u>3,584</u>		Net cash provided by (used in) operating activities	<u>(22,671)</u>	<u>(44,189)</u>
Cash flows from investing activities:					
-	-		Proceeds from sales of investments	-	-
-	-		Purchases of investments	-	-
-	-		Receipts of interest	2	-
<u>-</u>	<u>-</u>		Net cash provided by (used in) investing activities	<u>2</u>	<u>-</u>
Cash flows from noncapital financing activities:					
-	-		Repayment of notes payable	-	-
<u>-</u>	<u>-</u>		Receipts (payments) from/(to) District of Columbia	<u>15,000</u>	<u>40,000</u>
<u>-</u>	<u>-</u>		Net cash provided by noncapital financing activities	<u>15,000</u>	<u>40,000</u>
Cash flows from capital and related financing activities:					
9	-		Net cash provided by capital financing activities	-	-
-	(38)		Receipts (payments) from/(to) District of Columbia	149	5,493
<u>(0)</u>	<u>(37)</u>		Change in capital assets	<u>(346)</u>	<u>(5,852)</u>
9	(75)		Net cash (used in) capital and related financing activities	<u>(197)</u>	<u>(359)</u>
5,088	3,509		Net increase (decrease) in cash and cash equivalents	<u>(7,865)</u>	<u>(4,548)</u>
22,986	45,345		Cash and equivalents, beginning of period	35,939	53,402
\$ 28,074	\$ 48,854		Cash and equivalents, end of period	\$ 28,074	\$ 48,854