



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: June 26, 2024

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

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, June 26, 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 – May 28, 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: June 26,
2024**

**Reading and Approval of
Minutes**

Minutes Date:

May 28, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, May 28, 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 3:37pm. Quorum determined by Eric Goulet.
Approval of Agenda	<i>Mot to approve agenda by Dir Ashenafi, 2nd by Turnage unanimous vote</i>
Approval of Minutes	<i>Mot to approve minutes by Ashenafi 2nd by Dr. Fair unanimous vote.</i>
	<p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • 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 15 to 6 in April 2024.

- The number of COVID-19 positive employees decreased from 1 to 0 in April 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.
- 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.
- In April, there were two (2) initial appointments, nine (9) reappointments, and
- two (2) resignations. There are currently (249) 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 next Quarterly Staff meeting will be held on June 12, 2024.
- Medical Affairs is working 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.
- 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
- 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
- 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 improve compliance of follow-up and reporting.

- 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 PharmaLogistics.
- 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
- Initiating and assessing Healthcare equity and equality metrics in collaboration with IT Team and ED providers.
- Methadone dosing confirmations upon receiving orders with outpatient clinics for all doses.
- Medication outdates hospital wide (reviewing all areas where medication is held to go through each tablet searching for expires)
- Ongoing daily monitoring/interventions of Anticoagulation patients in hospital – National Patient Safety Goals.
- Ongoing renal/hepatic monitoring/interventions and review of patient charts for drug/disease mismatches and dosing
- 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

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

CNO Report – Teka Henderson, VP of Nursing

- Maintaining consistent staffing can present a challenge due to vacancies, family medical leave, unexpected absences, agency contract staff not fulfilling their requirement, resignations and the hospital’s pending closure. We on boarded 17 agency staff for the month of April and lost 22 due to contracts ending or early termination of contracts. The aforementioned staffing challenges frequently result in overtime. Leadership is working hard to minimize or omit overtime as much as possible; this month, there was a slight decrease in overtime. Patient safety and quality care remains our top priority.
- Nursing Excellence
- April 14-21st was wound care and ostomy nurse week. We publically recognized our wound care nurse for all of her hard work and independent efforts. Often times we have more wounds than patients. Please join me in recognizing her hard work.
- There were zero HAPI’s for the month of April. This demonstrates the quality of care provided by our nurses and wound care nurse.

- We are looking forward to recognizing all of our nurses next month for Nurse’s week. This is an ongoing venture but we would like to publically recognize our nurses every day and especially during National Nurses Week. There will be a different theme for each day of the week. Our theme this year is “Nurses Make the Difference” Nurses 2024. This nurse’s week will be bitter sweet as our last nurse’s week pending hospital closure.
- The Director of Education is working closely with all UMC employees to take advantage of the voluntary UHS career competencies to enhance staff educational knowledge and to work toward advancing every employee’s career path depending on the trajectory.
- 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.

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 continues to use staffing agencies to fill vacant clinical and non-clinical budgeted FTEs. It is anticipated that agency use will continue to increase as we progress towards projected closure early 2025. There was a decrease in overtime (OT) spend in April; leaders will continue to closely manage OT with the goal of minimal to zero OT as is feasible. Clinical care, patient and staff safety will remain paramount as OT is managed.
- Patient transportation remains a huge barrier for effective throughput due to limited services from our primary vendor for reasons such as difficulty staffing. The UMC team has been proposing contracts with additional potential vendors that can provide either BLS, ACLS and Bariatric needs and any such combination of services to fulfill UMC’s needs through the remainder of the hospital’s existence.
- Far Southeast Family Strengthening Collaborative informed UMC earlier in March, they will no longer be providing anti-violence services under the Office of Victims Services and Justice Grants. They extended their gratitude for the partnership and collaboration within the Emergency Department at UMC.

	<ul style="list-style-type: none"> • The IT Department continues to upgrade all network systems with the latest patches. The Change Health Care applications for claims and eligibility verification have been completely restored. Servers were configured for Pyxis pharmacy system upgrades, VPN (Virtual Private Network) built for Department of Health configured/increase security setting, and VPN established between eCW data center and UMC to address any issues that eCW may have encountered due to change health cyber-attack. • Support Services is awaiting signed contract from the vendor that will provide the touchless security system that was identified to be installed to provide a secure and seamless screening in our Emergency Department and UMC’s main entrance. This system will detect concealed weapons decreasing the risk of missed weapons detection on both patients and visitors. • A Project Manager/Hospital Closure, was hired to join our team in May 2024. We look forward to the Project Manager’s lead with the formulation and implementation of UMC’s official closure plan in anticipation of the opening of Cedar Hill Regional Medical Center sometime in early calendar year 2025. • Community Partnerships • 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 137 participants of which 58% completed at least one training module per April’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. • 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 potential barriers. • <p><i>Mot to accept April 2024: CEO, VP of Nursing, CMO (March and April for CMO only), and MCOS reports by Ashenafi, 2nd by Director Turnage., unanimous vote.</i></p>
Financial Report	CFO Report - Lilian Chukwuma

	<ul style="list-style-type: none"> • Total operating revenues are lower than budget by 5% (\$465) MTD and by 3% (\$1.6M) YTD. • Net patient revenue is lower than budget by 10% (\$648K) MTD and by 5% (\$2.1M) YTD. • Admissions are lower than budget by 17% MTD and by 11% YTD. • Emergency room visits are lower than budget by 4% MTD and 2% YTD. • Total surgeries are lower than budget by 9% MTD and by 17% YTD. • Total operating expenses are higher than budget by 21% (\$1.8M) MTD and by 11% (\$6.7M) YTD due to the following: <ul style="list-style-type: none"> • Salaries are higher than budget by 5% (\$172K) MTD and by 13% (\$2.8M) YTD due to overtime. • Employee benefits are higher than budget by 9% (\$80K) MTD and by 16% (\$1M) YTD. • Contract labor is higher than budget by 62% (\$558K) MTD and by 29% (\$1.8M) YTD. • Professional fees are lower than budget by 3% (\$34K) MTD and by 2% (169K) YTD. • Purchased services are lower than budget by 29% (\$305K) MTD and by 18% (\$1.2M) YTD. • Other expenses are higher than budget by 73% (\$784K) MTD and by 10% (776K) YTD due to increase in claims. <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 4:11 pm.</p> <p>Closed session began at approximately 4:13 pm.</p> <ul style="list-style-type: none"> • Dr. Morrow read the MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Ashenafi, 2nd by Dr. Fair</p>

	<p>Mot to approve new appointments, reappointments as presented by Dir. Reid Jackson, 2nd by Dir. Turnage</p> <p>Mot to approve contracts by Dr. Fair, 2nd by Dir. Reid Jackson, unanimous vote.</p> <p>Mot to end closed session by Dr. Turnage</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:56pm</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. Turnage 2nd by Dr. Ashenafi</p> <p>Meeting adjourned at approximately 5:01 pm.</p>



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**Monthly Board
Meeting**

**Date: June 26,
2024**

Consent Agenda



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**Monthly Board
Meeting**

**Date: June 26
2024**

**CMO Report, May
2024**

**Dr. Morrow
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

May 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment

- 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.

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

MAY 2024 Accomplishments:

- 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.

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.

Monthly Surveillance Data:

May 2024

There were no healthcare-associated infections for MRSA, VRE or C. Difficile hospitalwide.

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 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.

Pharmacy & Therapeutics:

Press Ganey stats for May 2024:

Emergency Room:

Survey

Type	Section	n	(Apr 2024)	(May 2024)	Change
PG	Doctors	7	55.56%	43.04 %	12.52%

Inpatient:

Survey

Type	Section	n	(Apr 2024)	(May 2024)	Change
CAHPS	Doctors	6	40.00%	25.00%	15.00%

Sincerely,



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



UMC

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MEDICAL CENTER

**Monthly Board
Meeting**

**Date: June 26,
2024**

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



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

MAY 2024

Re: Chief of Staff Monthly Report

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

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.

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



Amaechi Erongu, M.D., Chairman

MAY 2024

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for May 2024 was 111 and April 2024 was 111.

QUALITY INITIATIVES AND OUTCOME:

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

VASCULAR ACCESS SERVICE:

We continue to provide adequate vascular access service to all critical areas of the hospital for efficient patient care. We had a total of 106 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in May 2024.

PAIN MANAGEMENT SERVICE

The Interventional Pain Management service has been maintaining the volume of procedures done at the OR. Currently, the Pain management service provided OR volume of 20 for the month of May 2024.

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	2024
JAN	150	210	187	147	120	111	88
FEB	181	169	167	142	123	106	89
MARCH	204	158	80	133	140	145	101
APRIL	177	211	51	151	146	133	111
MAY	219	186	64	159	123	128	111
JUNE	213	177	118	167	111	108	
JULY	195	186	140	176	102	92	
AUG	203	193	156	148	113	118	
SEPT	191	182	151	121	123	94	
OCT	211	175	146	135	150	95	
NOV	195	133	153	137	127	104	
DEC	192	156	146	132	110	97	
TOTAL	2,331	2136	1559	1748	1488	1331	

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



Mina Yacoub, M.D., Chairman

MAY 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 May, the Intensive Care Unit (ICU) had 72 admissions, 72 discharges, and 321 Patient Days. Average Length of Stay (ALOS) was 4.82 days. The ICU managed a total of 72 patients in May. Average daily census in May was 12 patients (11.4). 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 6 deaths for 72 discharges, with an overall ICU mortality rate of 8.3 %.

ICU Sepsis Data

In May, the ICU managed 15 cases of severe sepsis. Two patients died due to severe sepsis, for a severe sepsis mortality rate of 13.3 %. ICU infection control data is compiled by Infection Prevention and Quality Improvement Department. 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

June 12, 2024



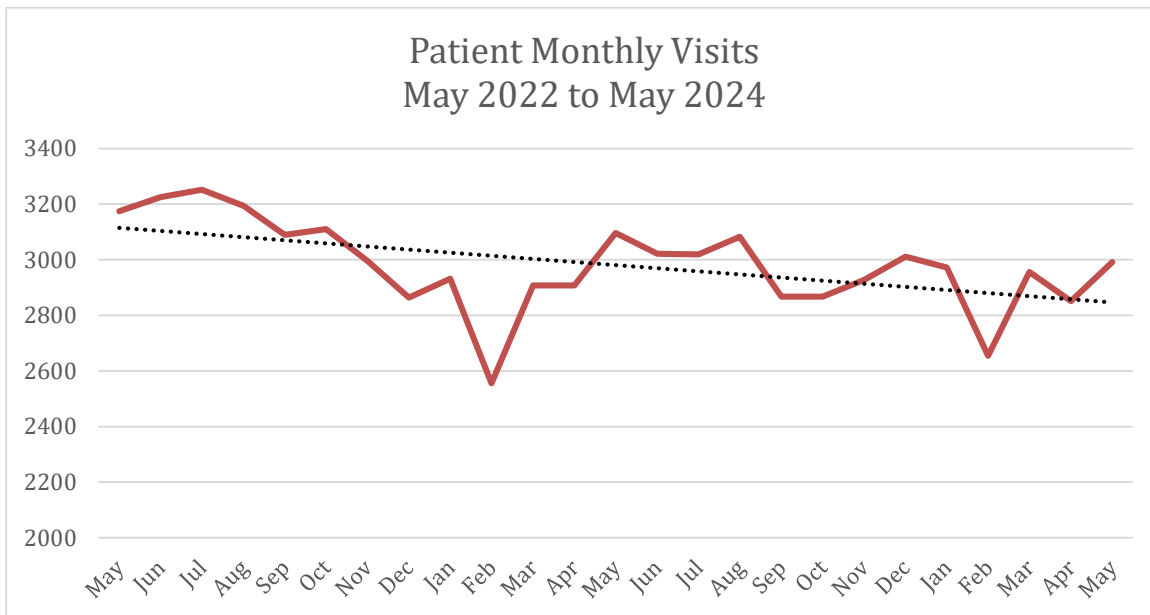
Francis O'Connell, M.D., Chairman

MAY 2024

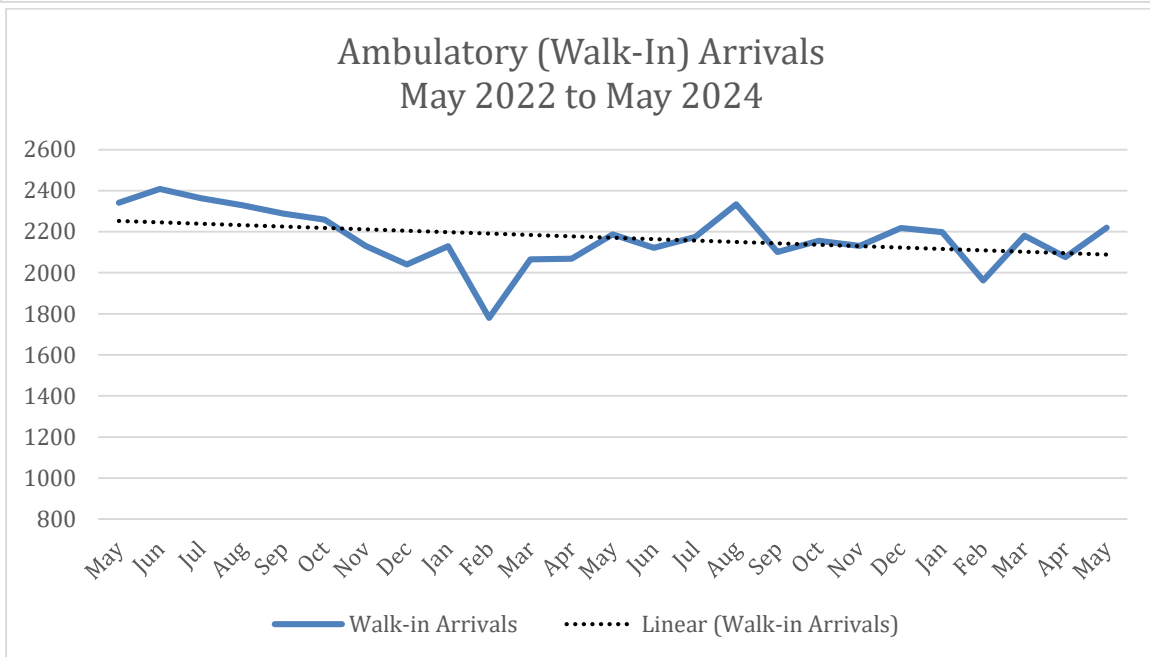
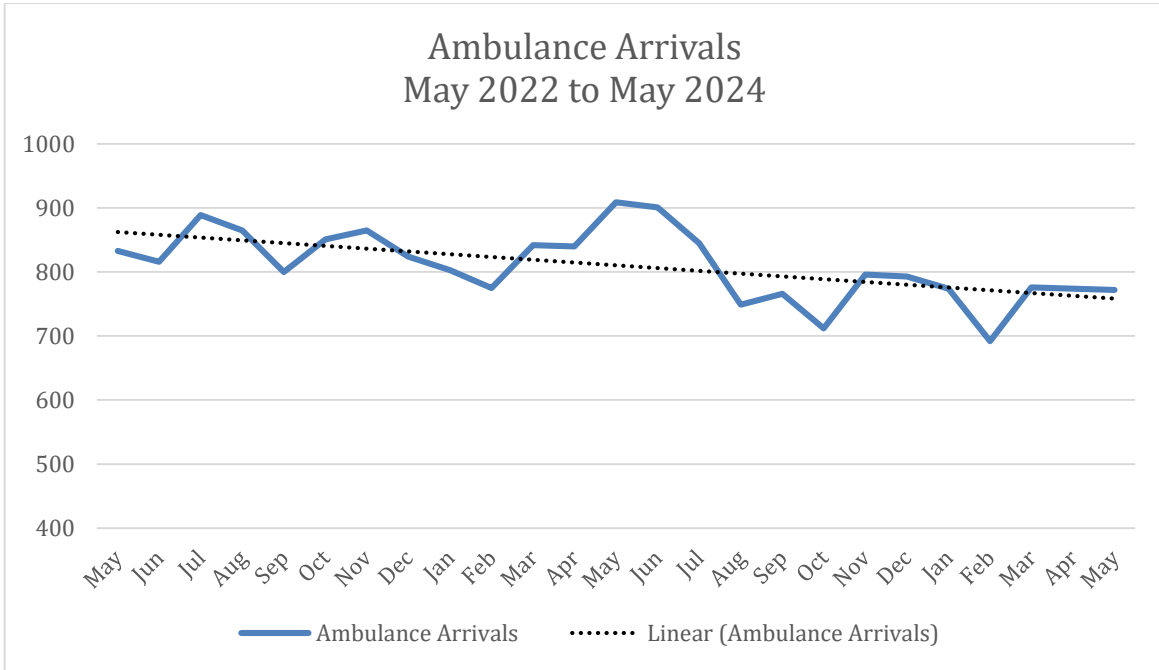
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for May 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT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

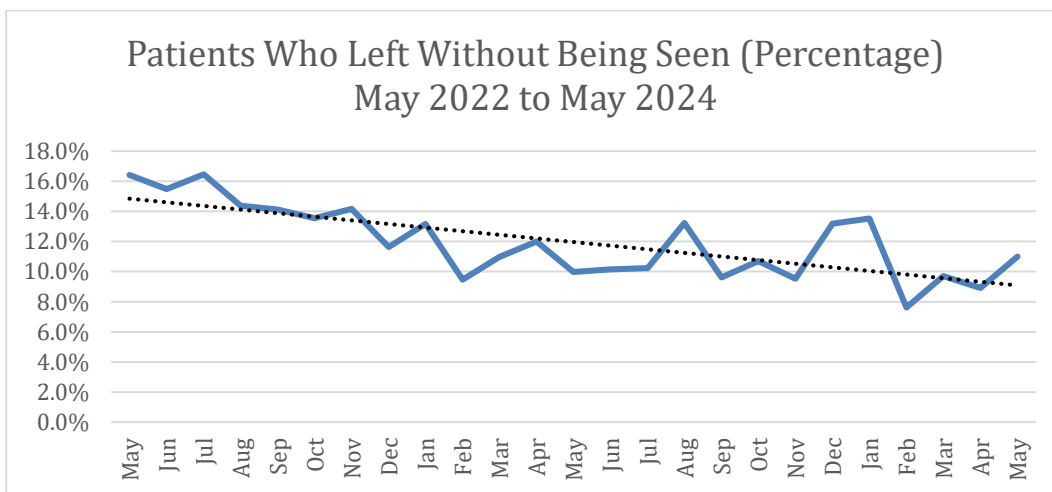
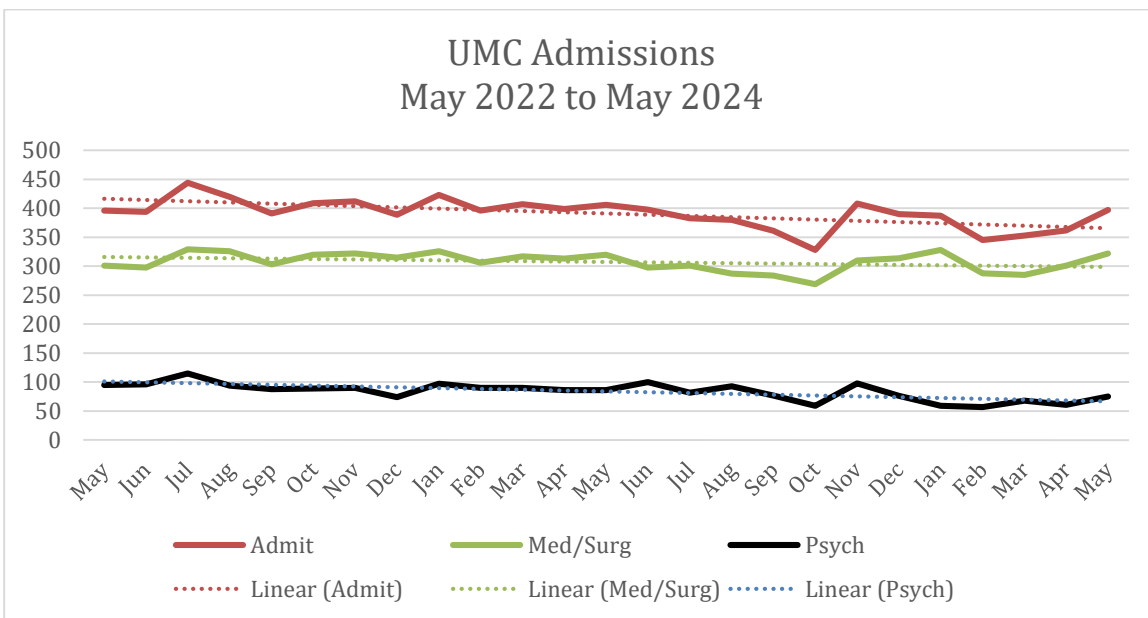
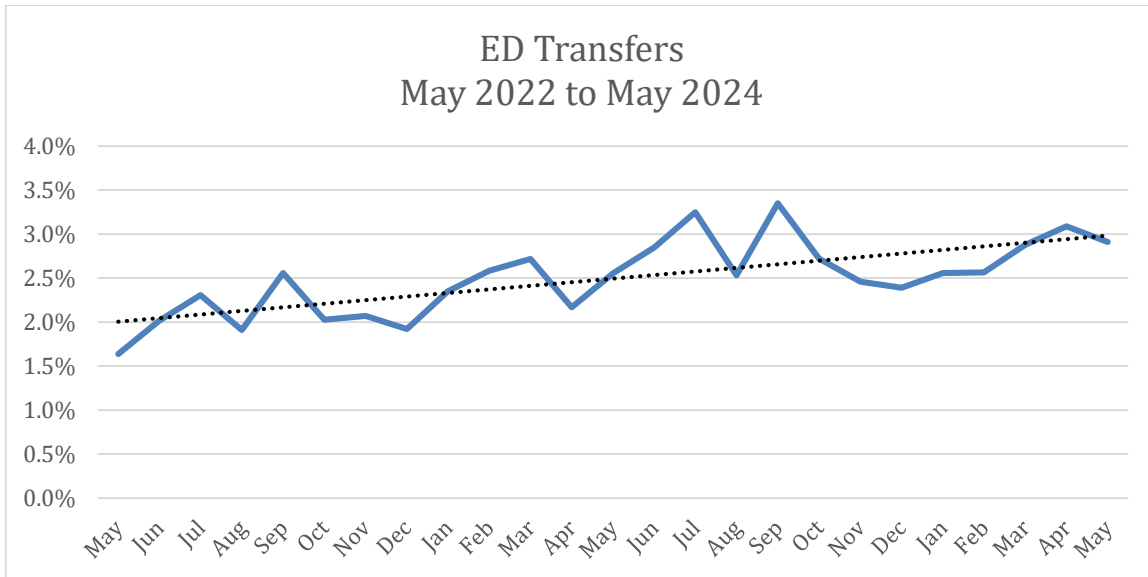
Definitions of the terms used in this report are as follows:

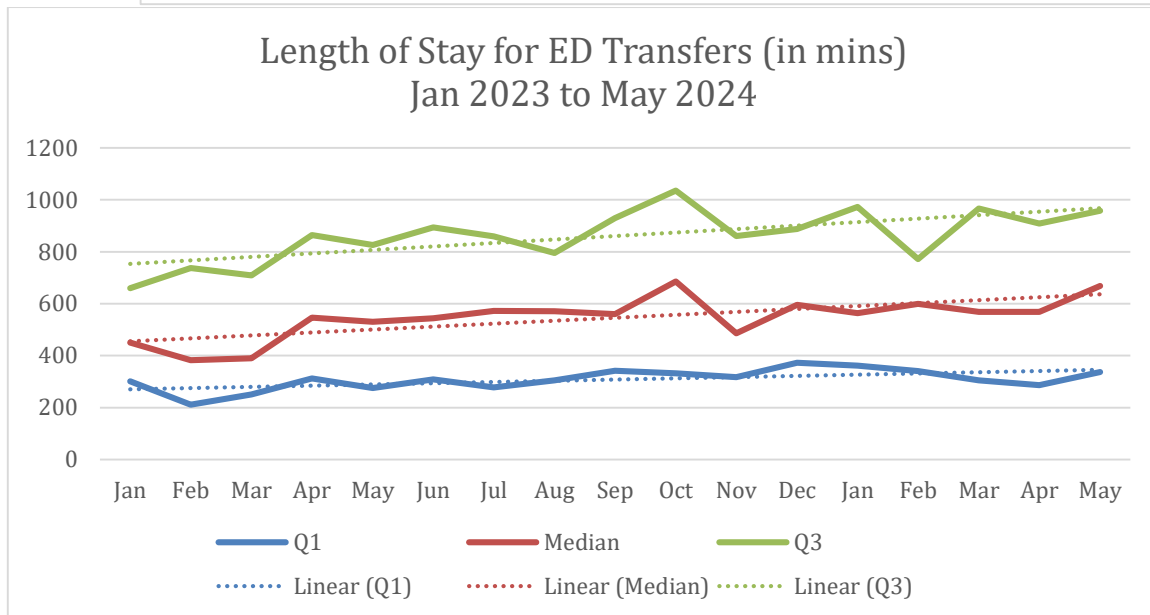
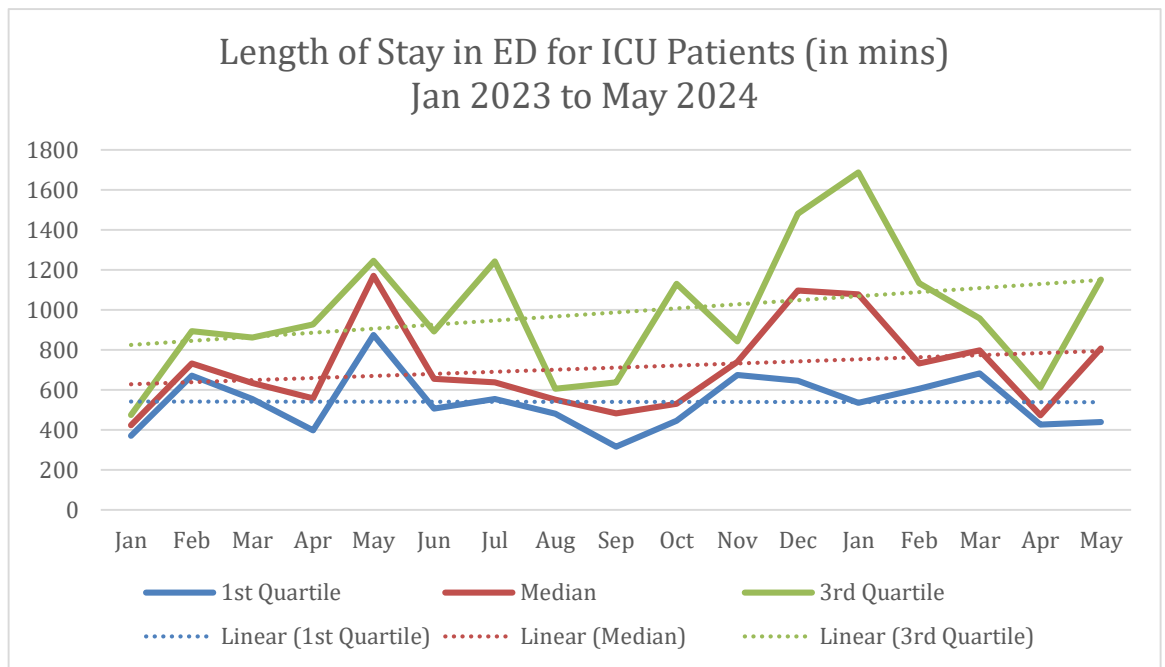
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical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

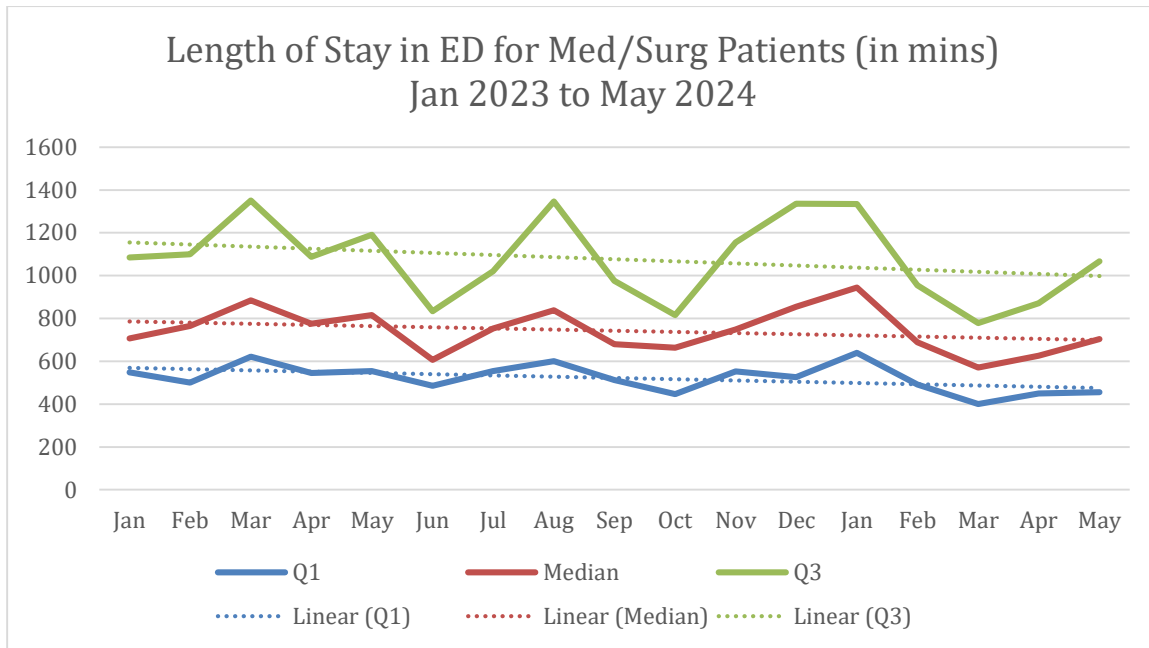


Department of Emergency Medicine









Data tables:

ED Volume and Events						
	May 2022	%	May 2023	%	May 2024	%
Total patients	3174		3096		2991	
Daily Avg Census	102		100		96	
Ambulance Arrivals	833	26.2%	909	29.4%	772	25.8%
Admit	396	12.5%	406	13.1%	397	13.3%
• Med Surg	301	9.5%	320	10.3%	322	10.8%
• Psych	95	3.0%	86	2.8%	75	2.5%
Transfers	52	1.6%	79	2.6%	87	2.9%
LWBS	521	16.4%	309	10.0%	329	11.0%
Ambulance Admission Rate	31.2%		29.8%		31.5%	
Walk-In Admission Rate	5.8%		6.2%		6.9%	

Comments:

1. The 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 from the previous month with an overall decreasing trend over the past two years.
4. Transfers to other hospitals continues to rise.
5. New charts added this month demonstrate 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 17 months.

Analysis:

Overall, trends for ED visits and admissions remain stable with some month-to-month fluctuations. 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. 25% of patients in each category experienced lengths of stay greater than 16, 19 and 17 hours respectively.

Commentary:

The rising lengths of stay in the ED is directly attributable to boarding in the ED and presents one of the more, if not most pressing issues in the ED. Boarding of patients, especially elderly patients, leads to delayed and missed care, increased delirium, increased morbidity and mortality, and increased length of stay. While boarding is a complex issue, it is directly related to staffing of inpatient units, timely discharges and transportation of patients, available space and timely turnover of available rooms.

In recent letters, there were discussions related to availability of social worker/case management and timely transportation services and their impacts on boarding. The understanding is that the hospital is attempting to mitigate these areas with an additional transportation vendor and agency social workers and case managers.

It is too early to tell if those efforts are leading to any significant change, however, continuing to prioritize these areas will improve patient care and safety, decrease boarding and increase revenue capture.

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

MAY 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								520
HOSPITAL	119	99	89	112	101								520
PERCENTAGE	100%	100%	100%	100%	100%								100%
REGULAR													
MEDICINE	215	199	200	191	218								1023
HOSPITAL	278	264	276	254	302								1374
PERCENTAGE	77%	75%	72%	75%	72%								74%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100	91	113	99								518
HOSPITAL	115	100	91	113	99								518
PERCENTAGE	100%	100%	100%	100%	100%								100%
REGULAR													
MEDICINE	161	154	169	147	175								806
HOSPITAL	224	216	241	208	254								1143
PERCENTAGE	72%	71%	70%	71%	69%								71%
PROCEDURES													
HEMODIALYSIS	173	215	161	145	238								887
EGD'S	12	18	15	16	22								83
PEG'S	1	2	3	0	5								11
COLONOSCOPY	23	19	21	30	17								110
ERCP	0	0	0	0	0								0
BRONCHOSCOPY	1	1	0	0	0								2
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0								0
Cases Reviewed	0	0	0	0	0								0
Cases Closed	0	0	0	0	0								0

Department of Medicine met on June 12, 2024.

The next meeting is September 11, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

MAY 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
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0	97.8	97.3	96.5	97.8								97.1
	# test		255	205	159	212	172	207								955
	Chem12	95%	95.6	95.7	97.5	97.3	96.4	97.5								96.9
	# test		1143	1170	1141	1227	1207	1297								6042
	Troponin	95%	83.6	87.0	89.5	90.6	87.0	90.0								88.8
	# test		693	712	678	685	744	757								3576
URINALYSIS 60 minutes Volumes	URINALYSIS	95%	97.6	98.0	96.0	98.4	96.1	97.9								97.3
	# test		903	921	843	942	904	945								4555
	Average		146	50	48	48	45	44								47.0
Covid PCR(BHU)	Urine Drug	90%	91.0	89.8	93.0	92.4	92.1	95.1								92.5
	#test		178	168	187	185	152	208								900
	Covid PCR	90%	44.1	84.7	89.7	89.1	93.7	93.6								90.2
Covid PCR(BHU)	#test		1107	1161	1002	985	846	839								4833
	Average		146	50	48	48	45	44								47.0
	Covid PCR(BHU)	90%	44.5	83.0	85.7	80.1	91.4	ORDER CODE DEACTIVATED SAME AS COVID PCR						85.1		
Blood Culture Contamination	#test		110	97	91	101	94									383
	Average		1h 25m	51	50	52	47									50.0
	Goal															
Volumes	% Blood culture Contamination	<3%	9.7	9.1	8.5	10.1	7.6	8.6								8.8
	Total	# test	525	429	365	395	395	421								2005
Number Contaminated	#Total Contaminated	#	51	39	31	40	30	36								176
	Collected by Ed	# From ED	51	37	27	39	27	33								163
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2	1.1	1.1	1.2	1.2								1.2
	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2	2	4	3	3								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								96.4
	# test		1331	1304	1268	1401	1346	1408								6727
45 minutes and Volumes	PT	95%	90.9	93.9	91.6	92.5	89.7	98.3								93.2
	# test		167	231	168	229	234	249								1111
	PTT	95%	88.0	92.1	92.9	89.8	88.1	97.5								92.1
45 minutes and Volumes	# test		166	230	170	226	236	246								1108

June Notes: Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin improved over previous month to 90%, Urine Drug met the 90% goal in 60 minutes at 95.1%. Covid 93.7%, with a target 90% in 60 minutes. CBC met the 95% in 30 minutes. PT and PTT met the 95% in 45 minutes. Blood Culture contamination increased by 1% verses previous month. No report on the instruction video for the Blood culture collection course on Relias. 1 FFP, 1 Cryo thawed but not used – patient expired, 1 platelet Pheresis – not used – patient expired. Phlebotomist 0 needlesticks. No safety concerns. Currently seeking approval to hire 3 medical technologist and 2 phlebotmist to replace agency staff. After review the following test code: **Requested a review of the reflex rule for CK to CKMB which is currently greater than 65, which is well within the normal range of 55-170.**

Sreedevi Kurella, M.D



Shanique Cartwright, M.D., Chairwoman

MAY 2024

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

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



Kusha Mehta, M.D., Chairman

MAY 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	64		866		164		1094	
Fluoro	6		0		23		29	
Mammography					97		97	
Magnetic Resonance Angio	1		5		0		6	
Magnetic Resonance Imaging	22		18		27		67	
Nuclear Medicine	11		0		0		11	
Special Procedures	0		0		0		0	
Ultrasound	83		232		141		456	
X-ray	131		1018		588		1737	
CNMC CT Scan			62				62	
CNMC X-ray			530				530	
Grand Total	318		2731		1040		4089	

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

MAY 2024

For the month of May 2024, the Surgery Department performed a total of 111 procedures. The chart and graft below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	100
NOV	196	138	156	137	127	110
DEC	192	156	146	132	110	102
FIRST QUARTER TOTALS	599	469	448	404	387	312
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	
THIRD QUARTER TOTALS	574	257	487	384	361	222
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	815

This month ended with a 0 % increase compared to last month and 13% decrease 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	1.5%	3.5%
5) Surgical Site Infection	1.5%	4.8%

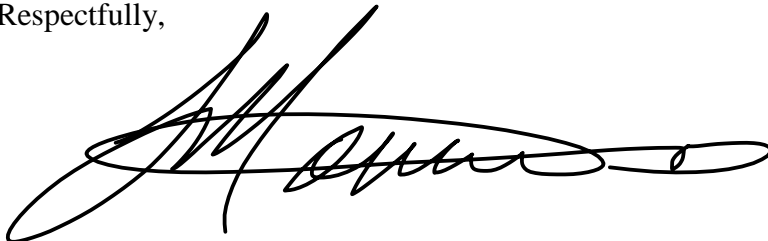
We remain below national benchmarks for our annual numbers.

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 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: June 26,
2024**

**Nursing
Department Report
for May 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report May 2024

Overall State of Nursing Department(s)

Staffing:

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.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
May	70	12	15	8	10	1

There were 70 ICU admissions for the month of May.

Education

RN DC Nursing License expires June 30, 2024
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
May	111	46	65	25	0	0	0

Education

Monthly in-service on insulin administration and documentation.

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 10 DKA insulin drips this month.

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																				
NOVOLOG TID W/ MEALS ADMINISTRATION COMPLIANCE BENCHMARK = 100%																				
Total # of Novolog TID w/ meal orders		226	371	229	316	242								826	558	0	0	1384		
Total # of Novolog TID w/ meal orders administered correctly		179	344	221	306	234								744	540	0	0	1284		
% Compliance		79%	93%	97%	97%	97%	-	-	-	-	-	-	-	90%	97%	-	-	93%		

May compliance rate was 97%.

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	Jan	Feb	Mar	Apr	May
Visits	2972	2660	2958	2825	2992
Change from Prior Year (Visits)	2931	2551	2907	2907	3096
% Growth	1.38	0.04	1.72	-2.90	-3.48
Ambulance Admitted	243	198	223	216	238
Ambulance Arrivals	774	665	776	772	772
Ambulance Patients Admission Conversion	0.31	0.05	0.29	0.28	0.31
% of ED patients arrived by Ambulance	0.26	0.26	0.26	0.27	0.26
% of Ambulance Patients Admitted	0.31	0.30	0.29	0.28	0.31

ED Metrics Empower Data	Jan	Feb	Mar	Apr	May
Door to triage	22	17	17	19	20
Door to room	110	83	80	79	91
Door to provider	119	93	89	89	99
Door to departure	298	240	251	256	263
Door to decision to admit	381	385	375	366	242

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 is ongoing for Department of Health readiness survey and medication orders.

PI Initiative

Critical value reporting compliance improved from 98% to 99.5%. Documentation compliance increased from 91.6% to 95%.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
May	3	75	8	8	3	80	1	0	17	195

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
May	83 FD12=56 Vol=27	11	0	4	78	0	0	0	0	0

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

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: June 26,
2024**

**Executive
Management Report
for May 2024**

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



Executive Leadership Report Meeting June 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:

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.

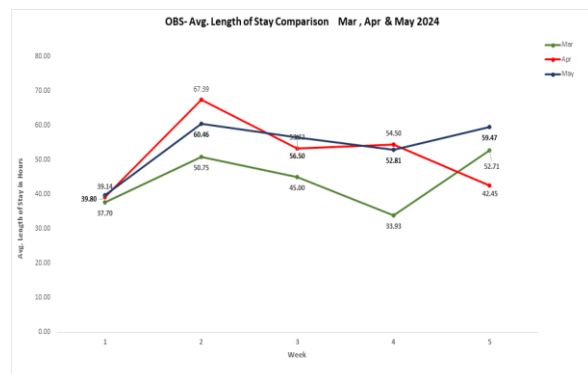
Leadership initiated a hospital wide ongoing “overtime freeze” except for extenuating circumstances and on approval by VP of the particular department. Standard of care and safety for both patients and staff will always be paramount. Kudos to Nursing/Patient Care services for significantly reducing overtime 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.

Observation (OBS) Length of Stay in Hours

Week	Mar	Apr	May
1	37.70	39.14	39.80
2	50.75	67.39	60.46
3	45.00	53.32	56.50
4	33.93	54.50	52.81
5	52.71	42.45	59.47





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 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.

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.

Community Partnerships

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.

Respectfully submitted,

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: June 26,
2024**

**Financial Report
Summary**

May 2024

**Lilian Chukwuma
Chief Financial Officer**