



**UMC**  
**UNITED**  
**MEDICAL CENTER**

## **Monthly Board Meeting**

**Date: May 28, 2024**

**Meeting Link:** [https://link.edgepilot.com/s/0af3b36b/-nnR8-SBZ0yNMD\\_mel8Tcg?u=https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=mfb91f7d1139dd351ce1463aca24e8ebdc](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 Tuesday, May 28, 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](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](http://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 –April 24, 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**

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**Monthly Board  
Meeting**

**Date: May 28,  
2024**

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**Reading and Approval of  
Minutes**

**Minutes Date:**

**April 24, 2024**



Not-For-Profit Hospital Corporation  
**FISCAL CONTROL BOARD MEETING**  
**Wednesday, April 24, 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
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approximately 3:34pm.  Quorum determined by Eric Goulet.
<b>Approval of Agenda</b>	<p style="text-align: center;"><i>Mot to approve agenda by Dir Ashenafi, 2<sup>nd</sup> by Turnage unanimous vote</i></p>
<b>Approval of Minutes</b>	<p style="text-align: center;"><i>Mot to approve minutes by Dr. Fair, 2<sup>nd</sup> by Dr. Reid-Jackson unanimous vote.</i></p>
	<p><b>CMO Report – Dr. Gregory Morrow</b></p> <ul style="list-style-type: none"> <li>• In March, there were two (2) initial appointments, five (5) reappointments, and three (3) resignations. There are currently (249) Medical Staff members.</li> </ul>

- 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 April 10, 2024. The meeting will be 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.
- The Medical Staff celebrated National Doctor's Day on March 29, 2024.
- In February, there were two (2) initial appointments, ten (10) reappointments, and one (1) resignation. There are currently (250) Medical Staff members.
- 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.
- 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
- Amendment of morgue policy
- Due to the patient transportation insufficiency with Vesper, Case Management Department, in collaboration with relevant entities in administration, is currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.
- 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.
- 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 rescheduled for April 10, 2024.
- Medical Affairs is preparing to work 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.
- 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.
- 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 DC, MD, VA metro area continues to trend low for COVID 19 positive admissions /
- COVID 19 positive deaths; however, there is a moderate increase in the numbers.
- The number of COVID-19 admissions increased from 29 to 35 in February 2024.
- The number of COVID-19 positive employees decreased from 17 to 6 in February 2024.
- Masks are still required for everyone who enters UMC.
- UMC has not d a mandatory vaccination program for hospital employees.
- Infection Control initiated an outbreak investigation on January 30, 2024,
- The COVID 19 outbreak on 8 West was controlled. No additional COVID 19 cases were identified related to the outbreak.
- A report was provided to the Department of Health who was satisfied with the control measures. They also provided additional recommendations.
- As of March 01, 2024, no additional cases of COVID-19 in staff or patients have been identified on 8 West.
- UMC had a 99.4 Influenza vaccine compliance rate and meets the requirements for CMS.
- Due to the patient transportation insufficiency with Vesper, Case management Department, in collaboration with relevant entities in administration, is

currently preparing a Business Case Memorandum (BCM) for a new contract with ProCare.

- Consequent upon the long standing Case Management staff shortage, especially impacting our Clinical Social Worker hospital coverage, we are now in the final stages of approval with Finance, to start using Contract Agency Clinical Social Workers, on a PRN basis.
- The pending UMC closure, was a significant issue in our recruiting efforts through the platform of INDEED.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for January 2024 was \$32.52 and February 2024 was \$31.70 both months were down from \$38.64 in December 2023. 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 \$43,802 for the months of January and February 2024. Pharmacy Clinical Interventions enhanced by MDR Rounding, ICU Rounds, and ED presence. Total of interventions documented via Meditech for January and February 2024 was 439. February saw an increase in savings by 34% over January.
- 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 42 doses of Suboxone distributed for January and February 2024 for both In-patient and ED.
- Narran Kit distribution for January and February 2024 totaled 20 kits and 100 Fentanyl Test Strips distributed within Ward 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. A member of DHCF has been invited by the Treatment Initiatives Team to discuss fee-for-service at the request of District Providers. Also, DBH has been invited to further educate District treatment Providers and Peer Recovery Specialists on the use of the MyRides Program.
- LLDC Stakeholder Opioid Treatment Strategies next meeting will focus on The District's Stabilization Center and health information sharing amongst providers and organizations and new updates regarding 42 CFR Part 2 Confidentiality of Substance Use Disorder. UMC has  been selected as a possible location for future LLDC Steering Group Summit Meeting. Pending date confirmation.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three-day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of

Pharmacy and Emergency Department will develop a protocol and policy that adheres to the DC HEALTH and DEA regulations to be presented at the upcoming March Pharmacy & Therapeutics Committee Meeting.

- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health
- VP of Pharmacy has been invited to attend the District's Opioid Abatement Committee meetings.
- In March, there were two (2) initial appointments, five (5) reappointments, and three (3) 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 Quarterly Staff meeting was held April 10, 2024. The meeting will be 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.
- The Medical Staff celebrated National Doctor's Day on March 29, 2024.

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

- 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 over the past 2+ years. Patients' medical and social problems remain complex in the post-COVID era with an increasing need for resources. This is palpable across the District of Columbia and surrounding DMV hospitals. Inpatient bed occupancy rates remain high around the DMV, with ED boarding a constant, making transfer of patients to hospitals with higher levels of care challenging.
- As UMC progresses toward closure, maintenance of core services will be vital to the health of the hospital and its patients. The recent reestablishment of nuclear medicine services, contracting for much-needed social worker and case management resources, and the anticipation of a contract with a secondary transportation vendor will positively impact patient care and safety at UMC.
- Influenza and COVID cases remain prevalent though less pronounced toward the close of February with vaccination remaining the best measure of prevention against serious illness.
- We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.



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- Influenza and COVID cases are receding with hospitalizations down across the District of Columbia.
- We continue to support the hospital's efforts in meeting the ongoing needs of the community and engaged in providing care for patients who depend upon UMC for their care.

**CNO Report – Teka Henderson, VP of Nursing**

- Maintaining consistent staffing continues to be 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 15 agency personnel for the month of March and one contract was cancelled due to family issues. The aforementioned staffing challenges frequently result in overtime. Leadership is working hard to minimize or omit overtime as much as possible. Patient safety and quality care remains our utmost priority.
- 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.
- Overall, staffing has improved but continues to be a challenge due to vacancies, family medical leave, unexpected absences, agency contract staff not fulfilling their requirement, resignations and the hospital pending closure. We on boarded 19 agency personnel for the month of February and eight contracts were cancelled for various reasons. Additionally, eight contract staff on boarded in January did not fulfill their 13-week contract. The aforementioned staffing challenges frequently result in overtime.
- The hypoglycemia treatment protocol (use of D10) went into effect on February 20, 2024. This new treatment regimen is due to the national shortage of D50. Education is ongoing for this new treatment modality.
- Sedation vacation
- Mouth care for vented patients

- Hany Hygiene
- PI Initiatives
- Continuation of wound Consults and Treatments Plans
- Picture assessment of new wounds
- Wound Prevention Measures
- Obtaining orders for restraints, sitters and Foley catheters
- Ventilator weaning protocol to reduce possibility of respiratory infections
- Performance Improvement:
  - The education department continues to monitor the performance improvement initiatives. Some of which are: timely narcotic wastes, pain assessment and re-assessment and wound prevention measures. All new staff are on boarded with hospital training and clinical care training. Nursing continues to prepare for the annual DC Health survey.
- Nursing leadership continues to make frequent rounds and engage with staff.
- There were 62 ICU admissions for the month of February. The winter season has been brutal with respiratory illness to include but not limited to Covid, influenza and RSV.
- Education
  - Despite the slight drop in admissions this month the patient acuity level remained high. There was a total of 68 admissions for the month of December with an average daily census of 10. The hypoglycemia treatment protocol (use of D10) went into effect on February 20, 2024. This new treatment regimen is due to the national shortage of D50.
- PI Initiatives
- Initiation of wound Consults and Treatments Plans
- Picture assessment of new wounds
- Wound Prevention Measures
- Obtaining orders for restraints, sitters and Foley catheters.
- Medication scanning
- Departing patients & entering correct disposition
- Infinite Legacy- timely calling and reporting of all deaths within the hour
- Blood culture collection technique
- Improving ED patient wait times- call patients back to fast track as soon as patients are discharged Patient property- accurately complete property list and secure patient belongings
- 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 medical and legal documentation, order requirements and Department of Health readiness.
- Hands-on and real time education has improved the compliance rates and identified barriers to learning. The importance of shift change huddle and documentation review.
- Education
- Education is ongoing for medical and legal documentation, Department of Health preparedness and the HiTech Act. Re-education focused on the use of nebulized medication in the treatment of Covid positive patients
- Hands-on and real time education has improved the compliance rates and identified barriers to learning.
- The importance of shift change huddle and documentation review.
- PI Initiative
- Critical value reporting compliance remains unchanged at 98%,

#### **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 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:
- Staffing continues to be an “ebb and flow” not only in clinical areas but throughout various departments for reasons such as illnesses, FMLA status-intermittent and full, call outs and hard to fill positions. It is naturally anticipated that these challenges will become more prevalent as we progress towards the opening of Cedar Hill Regional Medical Center projected for spring 2025. UMC continues to utilize staffing agencies to fill vacant budgeted FTEs, and as realistic as possible attempt to recruit and retain staff.
- All levels of leadership are cognizant of the importance of the strict management and accountability of overtime (OT) usage. A refresher presentation was provided for timekeepers, managers and leaders on how to accomplish daily time review on KRONOS (time and attendance tracking) system to determine staff approaching OT and intervene timely. Patient and staff safety will remain paramount despite strict management of OT.

- 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.
- On Feb 21, 2024, Change Healthcare platform experienced a cyber-attack. Change Healthcare is a provider of revenue and payment cycle management that connects payers, providers and patients. UMC along with other area hospital utilize this platform. UMC's IT team's quick response and with the support of our firewall vendor Palo Alto, ensured our data center and IT infrastructure remained unaffected. The IT department continues to accomplish monthly activities which includes upgrade of all systems and network with latest patches integral in.
- A touchless security system has been identified to provide a secure and seamless screening in our Emergency Department and UMC's main entrance and potentially the Medical Outpatient Building (MOB). This system will detect concealed weapons decreasing the risk of missed weapons detection on both patients and visitors.
- The bids for the Request for Proposal (RFP) for a Project Manager for hospital closure, closed on 5 March, 2024. Twelve vendors attended the in-person pre-conference and toured the hospital; three vendors submitted proposals.
- 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. Lawson remains the volunteer Co-Chair for the Live.Long.DC which focuses on the reduction, misuse of opioids and opioid related deaths.
- 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.
- The following are some highlights:
- UMC continues to use staffing agencies to fill vacant clinical and non-clinical budgeted FTEs, and as realistic as possible, attempt to recruit and retain staff. It is anticipated that agency use will continue to increase as we progress towards projected closure early 2025.

- UMC continues to struggle with timely/efficient patient transportation services from our primary vendor. A potential additional transportation vendor has been considering returning as a vendor. The team continues to explore other options.
- 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.
- On Feb 21, 2024, Change Healthcare platform experienced a cyber-attack. Change Healthcare is a provider of revenue and payment cycle management that connects payers, providers and patients. UMC along with other area hospital utilize this platform. UMC's IT team's quick response and with the support of our firewall vendor Palo Alto, ensured our data center and IT infrastructure remained unaffected. Change Healthcare released their claim platform, as of March 22; UMC has resumed revenue related activities.
- The IT Department continues to upgrade all network systems. UMC has met a new Joint Commission requirement for hospitals to have a standard method to screen for Social Determinants of Health (SDOH). The PREPARE screening tool was integrated into the electronic medical record with the capability to integrate with CRISP, the system for health information exchange.
- The touchless security system that was identified to provide a secure and seamless screening in our Emergency Department and UMC's main entrance, will be installed in May. This system will detect concealed weapons decreasing the risk of missed weapons detection on both patients and visitors.
- 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 124 participants of which 55% completed at least one training module per March'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.

*Mot to accept February 2024 and March 2024: CEO, VP of Nursing, CMO, and MCOS reports by Fair, 2<sup>nd</sup> by Director Turnage., unanimous vote.*

**Financial Report**

**CFO Report - Lilian Chukwuma**

- Total operating revenues are higher than budget by 8% (\$729K) MTD but lower than budget by 6% (\$2.5M) YTD.
- Net patient revenue is higher than budget by 11% (\$709K) MTD but lower than budget by 8% (\$2.8M) YTD.
- Admissions are lower than budget by 13% MTD and 10% YTD.
- Emergency room visits are lower than budget by 10% MTD and 2% YTD.
- Total surgeries are lower than budget by 23% MTD and 19% YTD.
- Total operating expenses are higher than budget by 15% (\$1.3M) MTD and by 10% (\$4.2M) YTD due to the following:
  - Salaries are higher than budget by 8% (\$250K) MTD and 14% (\$2.1M) YTD due to overtime.
  - Overtime is trending at over \$4M for the year.
  - Employee benefits are higher than budget by 8% (\$79K) MTD and by 35% (\$1.7M) YTD.
  - Contract labor is higher than budget by 19% (\$171K) MTD and 19% (\$876K) YTD.
  - Professional fees are higher than budget by 3% (\$40K) MTD but lower than budget by 2% (\$137K) YTD.
  - Purchased services are higher than budget by 12% (\$123K) MTD but lower than budget by 17%(\$879K) YTD.
- Revenue
  - Total operating revenues are lower than budget by 6% (\$567K) MTD and by 2% (\$1.1M) YTD.
  - Net patient revenue is lower than budget by 10% (\$652K) MTD and by 4% (\$1.4M) YTD.
  - Admissions are lower than budget by 10% MTD and YTD respectively.
  - Total surgeries are lower than budget by 16% MTD and by 19% YTD.
- Expenses
  - Total operating expenses are higher than budget by 8% (\$679K) MTD and by 9% (\$4.9M) YTD due to the following:
    - Salaries are higher than budget by 16% (\$509K) MTD and by 14% (\$2.7M) YTD due to overtime.
    - Overtime is trending at over \$4M for the year as of this reporting.
    - Employee benefits are lower than budget by 6% (\$53K) MTD but higher than budget by 17%(\$961K) YTD.
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	<p align="center"><b><i>Motion to enter Closed Session by Director Fair, 2<sup>nd</sup> by Ashenafi Unanimous vote.</i></b></p>
<b>Public Comment</b>	
<b>Closed Session</b>	<p>Eric Goulet read the justification for entering Closed Session.</p> <p align="center"><b><i>Motion to enter Closed Session by Ashenafi, 2<sup>nd</sup> by Dir. Turnage</i></b></p> <p align="center"><b><i>Eric Goulet conducted roll call</i></b></p> <p>Open Session ended at approximately 4:18 pm.</p> <p>Closed session began at approximately 4:22 pm.</p> <ul style="list-style-type: none"> <li>• Dr. Morrow read the MEC Credentials.</li> </ul> <p>Mot to approve new appointments, reappointments as presented by Turnage, 2<sup>nd</sup> by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Reid Jackson, 2<sup>nd</sup> by Dr. Turnage</p> <p>Mot to approve contracts by Dir. Ashenafi, 2<sup>nd</sup> by Dir. Turnage, unanimous vote.</p> <p>Mot to end closed session by Dr. Turnage</p> <p align="center"><b><i>Closed session ended at approximately 5:01pm</i></b></p>
<b>Announcements</b>	<p>During closed session the board approved medical credentials and MEC policies and proposed contracts and settlements.</p>
<b>Adjourned.</b>	<p>Mot to adjourn Dir. Ashenafi 2<sup>nd</sup> by Dr. Turnage Meeting adjourned at approximately 5:04 pm.</p>



**UMC**  
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**Monthly Board Meeting**

**Date: May 28, 2024**

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**Consent Agenda**





**UMC**  
**UNITED**  
**MEDICAL CENTER**

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**Monthly Board  
Meeting**

**Date: May 28,  
2024**

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**CMO Report , April  
2024**

**Dr. Morrow  
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

April 2024

Respectfully submitted by Gregory Morrow, MD

**Medical Staff Office/Physician Recruitment**

- 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.

**2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT**

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
<b>MEDICAL STAFF OFFICE</b>						
Timely receipt of initial application with required ID (60 days)	100%	100%	100%			
All expirable 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**

***APRIL 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.
- 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

### **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 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.**

### ***Monthly Surveillance Data:***

#### ***April 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:**

- 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.
- Antimicrobial Stewardship Program, to be presented at next Board Meeting. (CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings).
- Pharmacy Clinical Interventions for the month of March showed a saving of \$24, 082 from 234 interventions total.
- 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 14 doses of Suboxone distributed for April 2024 for both In-patient and ED.
- Narcan Kit distribution for April 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 attended in April. Discussion involved use of SOAR grants. Main topics revolved around Peer Recovery Coaches in the District being certified to all be Specialists and potential of billing for services by Peers.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three-day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of Pharmacy has developed a policy and protocol, which was presented at April's Pharmacy & Therapeutics Committee Meeting. Logistics of Peer involvement pending and to be followed up.
- 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

- 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 April 2024:***

**Emergency Room:**

<u>Survey</u>					
Type	Section	n	(Apr 2024)	(Mar 2024)	Change
PG	Doctors	21	55.56%	40.08 %	15.48%

**Inpatient:**

<u>Survey</u>					
Type	Section	n	(Apr 2024)	(Mar 2024)	Change
CAHPS	Doctors	5	40.00%	25.00%	15.00%

Sincerely,



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



UMC

UNITED  
MEDICAL CENTER

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**Monthly Board  
Meeting**

**Date: May 28,  
2024**

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



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

**APRIL 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 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 with an increase in admissions this past month. 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.

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 prospective loss of the sole transportation vendor loom and impact patient care/safety. 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 is at a breaking point – simply put, doing more with less is unsustainable. Less has become less and that is impacting patient care and safety as well as staff morale and safety.

Influenza and COVID cases continue to recede with hospitalizations down across the District of Columbia.

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

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





*Amaechi Erongu, M.D., Chairman*

## APRIL 2024

### PERFORMANCE SUMMARY:

Our total volume for all surgical cases for March, 2024 was 101 and April 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 102 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in April 2024.

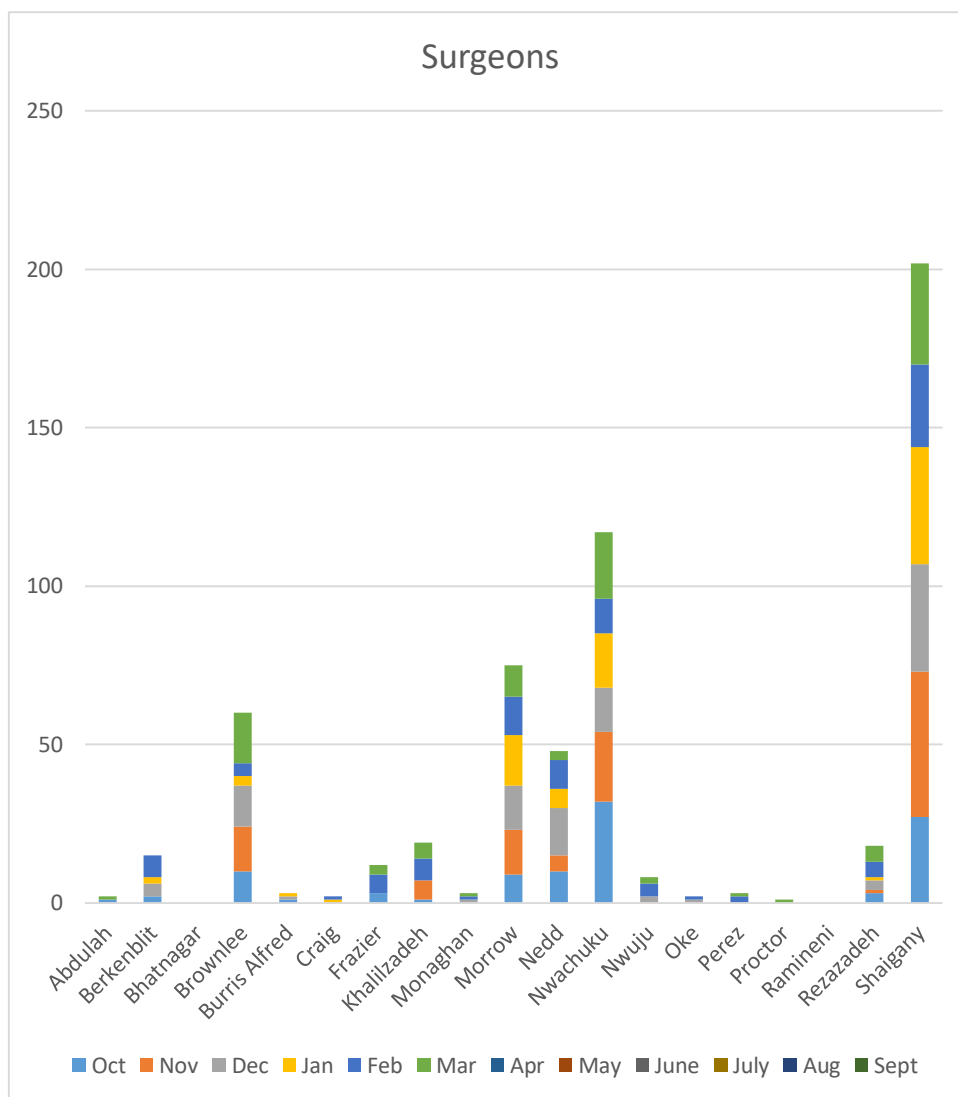
### PAIN MANAGEMENT SERVICE

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 14 for the month of April 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	
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 Erundu, M.D.  
 Chairman, Department of Anesthesiology



*Mina Yacoub, M.D., Chairman*

**APRIL 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 April, the Intensive Care Unit (ICU) had 65 admissions, 64 discharges, and 303 Patient Days. Average Length of Stay (ALOS) was 4.73 days. The ICU managed a total of 74 patients in April. Average daily census in April was 11 patients (10.2). 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 3 deaths for 64 discharges, with an overall ICU mortality rate of 4.7 %.

### **April 2024 PERFORMANCE DATA**

#### **ICU Sepsis Data**

In April, the ICU managed 19 cases of severe sepsis. Two patients died due to severe sepsis, for a severe sepsis mortality rate of 10.5 %. 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. Code Blue and Intubation practices have been modified during the Covid-19 pandemic to help improve outcomes and to protect healthcare providers.

*Mina Yacoub, MD,*

*Chair, Department of Critical Care Medicine*

*May 7th, 2024.*



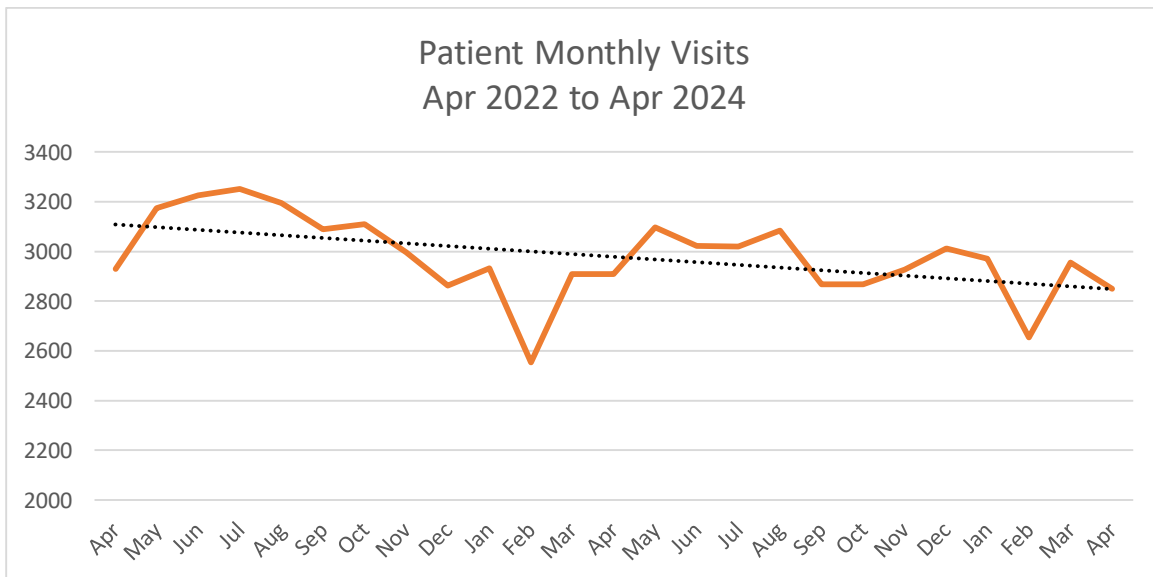
Francis O'Connell, M.D., Chairman

## MARCH 2024

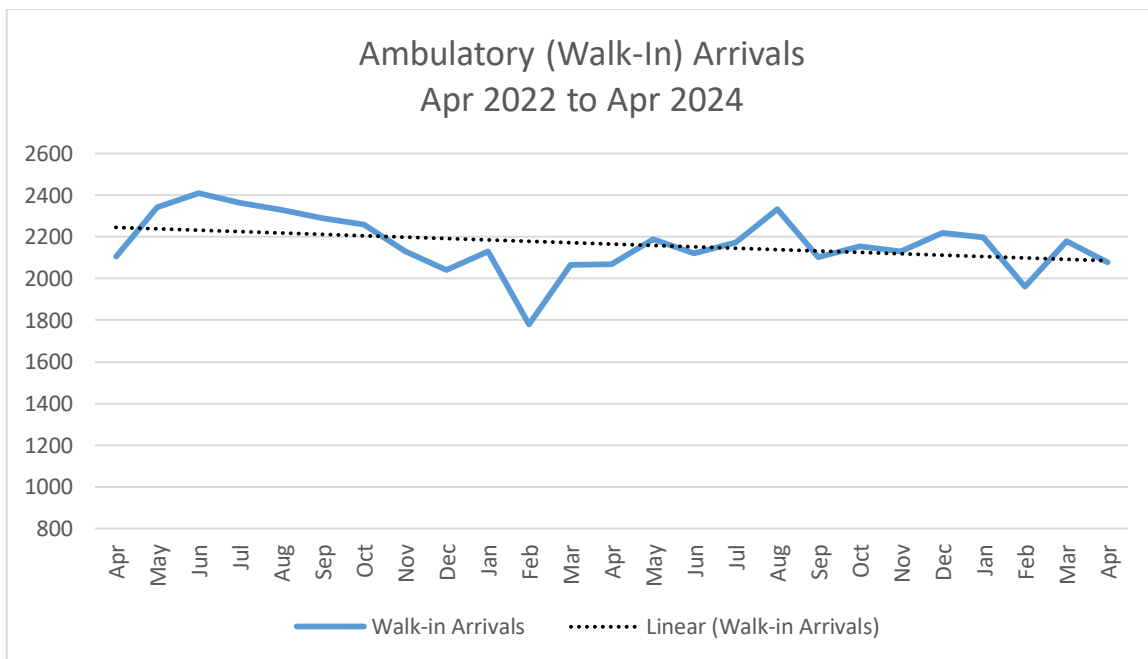
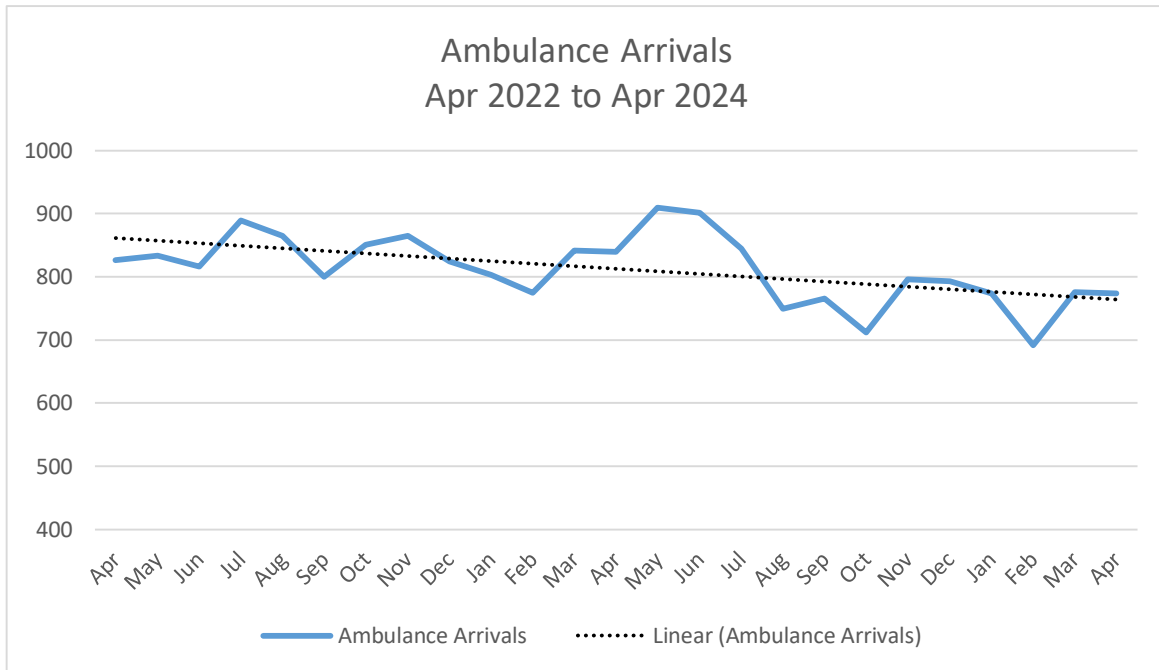
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for April 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

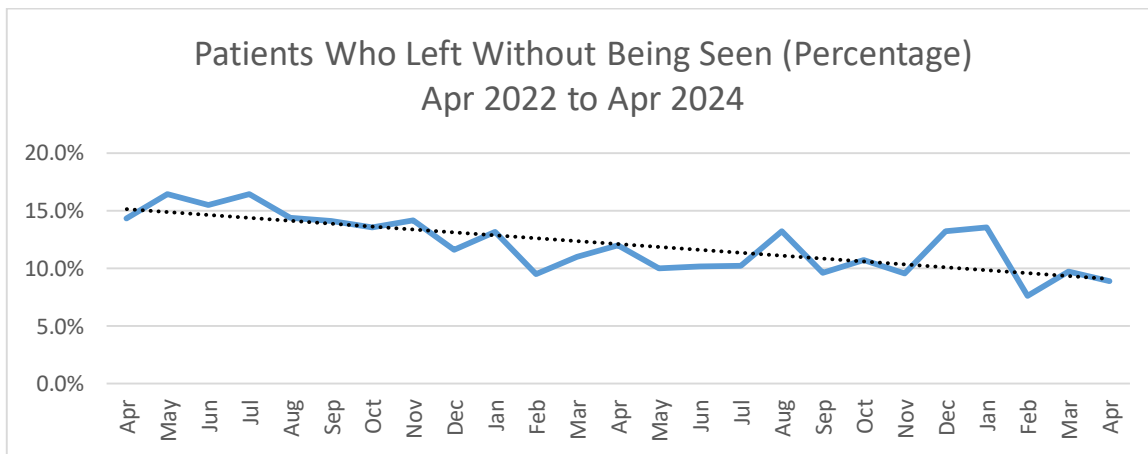
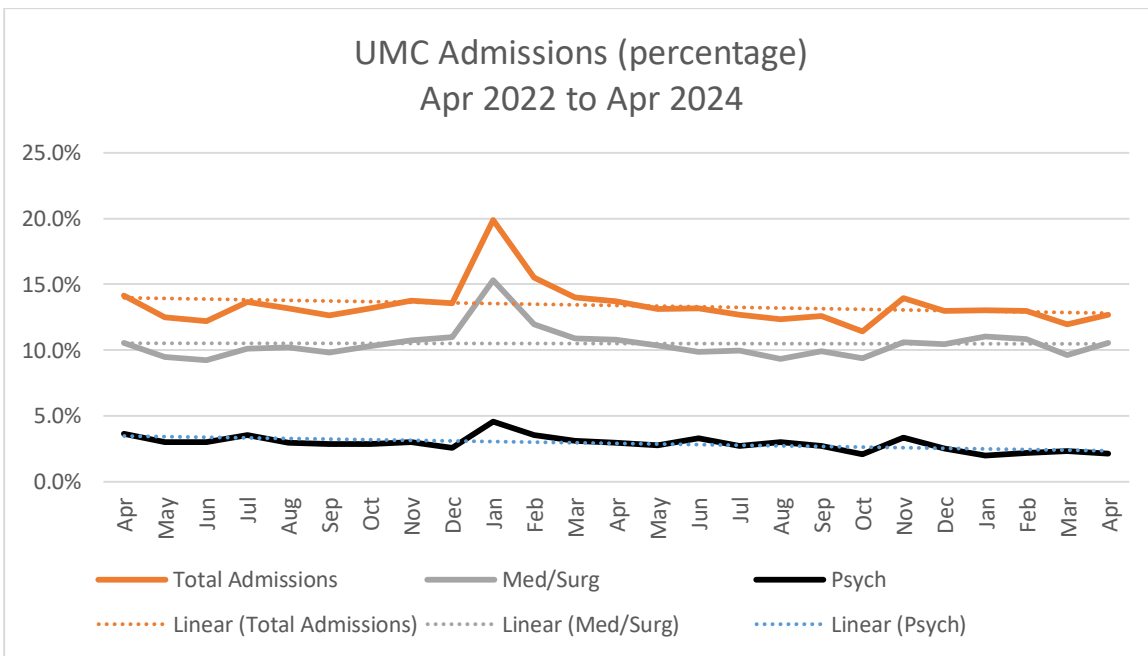
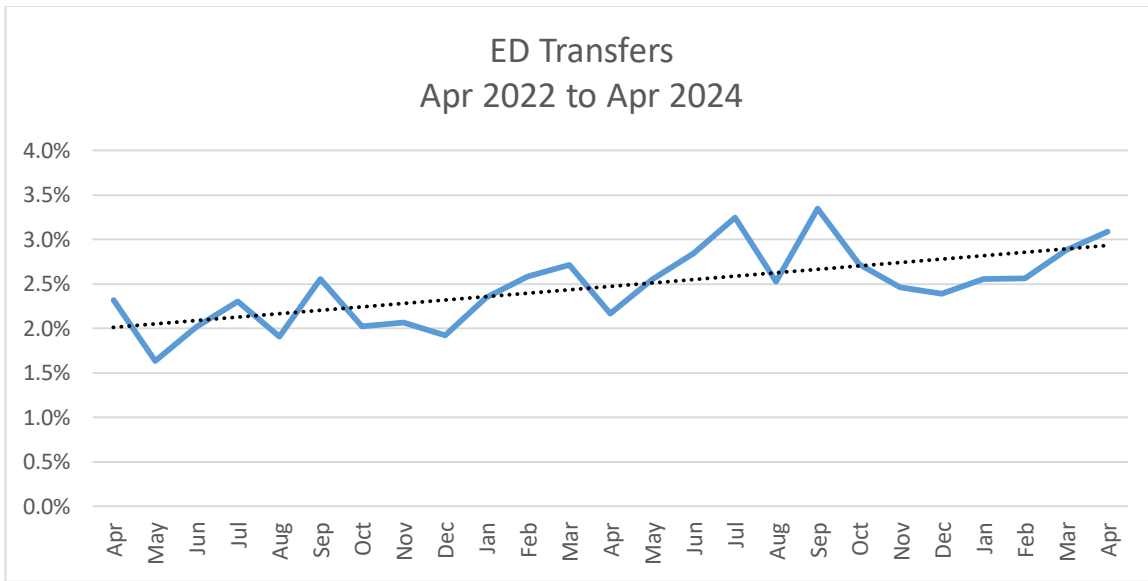
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
  - **Med/Surg:** number of medical/surgical 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						
	Apr 2022	%	Apr 2023	%	Apr 2024	%
<b>Total patients</b>	2931		2908		2851	
<b>Daily Avg Census</b>	98		94		92	
<b>Ambulance Arrivals</b>	826	28.2%	840	28.9%	774	27.1%
<b>Admit</b>	415	14.2%	399	13.7%	362	12.7%
• <b>Med Surg</b>	309	10.5%	313	10.8%	301	10.6%
• <b>Psych</b>	106	3.6%	86	3.0%	61	2.1%
<b>Transfers</b>	68	2.3%	63	2.2%	88	3.1%
<b>LWBS</b>	419	14.3%	349	12.0%	254	8.9%
<b>Ambulance Admission Rate</b>	33.5%		29.5%		28.8%	
<b>Walk-In Admission Rate</b>	6.6%		5.7%		6.7%	

Comments:

1. The data reported this month includes data from the past three years.
2. Trends remain fairly steady for the last two years.
3. The LWBS dropped slightly with an overall decreasing trend over the past two years.

Analysis:

Overall, trends for ED visits remain stable with some month-to-month fluctuations. There continues to be a steady flow of ED visits, with the number of medicine and psychiatric admissions and percentage of admissions (of ED visits) remaining stable. 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.

Commentary:

As the demand for Emergency services remains stable, the hospital continues its efforts in supporting essential services. That said, the lack of social work/case management and transportation services continues to adversely impact the ED and overall flow of patients through the hospital from admission to discharge. Continuing to prioritize these areas will improve patient care, decrease the LWBS, decrease boarding and increase revenue capture (reduction in LWBS and unnecessary boarding of patients in the ED and inpatient units).

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.



*Musa Momoh, M.D.*, Chairman

## APRIL 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
<b>ADMISSIONS</b>													
<b>OBSERVATION</b>													
MEDICINE	119	99	89	112									419
HOSPITAL	119	99	89	112									419
PERCENTAGE	100%	100%	100%	100%									100%
<b>REGULAR</b>													
MEDICINE	215	199	200	191									805
HOSPITAL	278	264	276	254									1072
PERCENTAGE	77%	75%	72%	75%									75%
<b>DISCHARGES</b>													
<b>OBSERVATION</b>													
MEDICINE	115	100	91	113									419
HOSPITAL	115	100	91	113									419
PERCENTAGE	100%	100%	100%	100%									100%
<b>REGULAR</b>													
MEDICINE	161	154	169	147									631
HOSPITAL	224	216	241	208									889
PERCENTAGE	72%	71%	70%	71%									71%
<b>PROCEDURES</b>													
HEMODIALYSIS	173	215	161	145									649
EGD'S	12	18	15	16									61
PEG'S	1	2	3	0									6
COLONOSCOPY	23	19	21	30									93
ERCP	0	0	0	0									0
BRONCHOSCOPY	1	1	0	0									2
<b>QUALITY</b>													
Cases Referred to Peer Review	0	0	0	0									0
Cases Reviewed	0	0	0	0									0
Cases Closed	0	0	0	0									0

Department of Medicine met on April 10, 2024.

The next meeting is June 12, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine





Sreedevi Kurella, M.D., Chairwoman

## APRIL 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		
<b>STAT ED TEST SPECIFIC TATs 45 minutes and Volumes</b>	Chem7	95%	95.6	96.0	97.8	97.3	96.5									96.9		
		# test	255	205	159	212	172										748	
	Chem12	95%	95.6	95.7	97.5	97.3	96.4										96.7	
		# test	1143	1170	1141	1227	1207										4745	
	Troponin	95%	83.6	87.0	89.5	90.6	87.0										88.5	
		# test	693	712	678	685	744										2819	
	URINALYSIS	95%	97.6	98.0	96.0	98.4	96.1										97.1	
		# test	903	921	843	942	904										3610	
<b>STAT 60 minutes Volumes</b>	Urine Drug	90%	91.0	89.8	93.0	92.4	92.1										91.8	
		#test	178	168	187	185	152										692	
	Covid PCR	90%	44.1	84.7	89.7	89.1	93.7										89.3	
		#test	1107	1161	1002	985	846										3994	
		Average	**2h 26m	**50	48	48	45											
	Covid PCR(BHU)	90%	44.5	83.0	85.7	80.1	91.4										85.1	
	#test	110	97	91	101	94											383	
	Average	**1h 25m	51	50	52	47												
<b>Blood Culture Contamination</b>		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										8.8	
Volumes	Total	# test	525	429	365	395	395										1584	
Number Contaminated	#Total Contaminated	#	51	39	31	40	30										140	
Collected by Ed	# From ED	#	51	37	27	39	27										130	
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	
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	0	2	2	4	3										11	
<b>Performance Indicators</b>		Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
<b>STAT ED 30 minutes</b>	CBC	95%	90.9	93.0	96.3	96.5	98.3										96.0	
		# test	1331	1304	1268	1401	1346											5319
<b>45 minutes and Volumes</b>	PT	95%	90.9	93.9	91.6	92.5	89.7										91.9	
		# test	167	231	168	229	234											862
	PTT	95%	88.0	92.1	92.9	89.8	88.1										90.7	
		# test	166	230	170	226	236											862

**May Notes:** Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin decreased by 3.6% to 87%, Urine Drug met the 90% goal in 60 minutes at 92.1%. Covid 93.2%, with a target 90% in 60 minutes. CBC met the 95% in 30 minutes. PT and PTT at 89.7% and 88.1%, both still below 95% in 45 minutes with no improvement. Blood Culture contamination decreased by 2.5% to 7.6%. The last report(4/22/24) showed the instruction video for the Blood culture collection course on Relias was only completed by 1 the individuals that collected the samples. 1 FFP, 1 Cryo thawed- patient expired, 1 plateletpheresis unit not used - Physician cancelled transfusion. Phlebotomist 0 needlesticks. No safety concerns. After review the following test code: **Sars Coronavirus (Covid19) BHU recommended to be removed and have one test code for Covid, Sars Coronavirus (Covid19) both are tested by PCR on the same instrument and reported as SARS COV 2 positive or negative. 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

**APRIL 2024**

UMC Behavioral Health Unit April 2024 Board Report													
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Admissions</b>													
ALOS (Target <7 Days)	4.11	3.66	4.31	4.16									
Voluntary Admissions	25	25	35	23									
Involuntary Admissions = FD12	38	40	40	39									
Total Admissions	63	65	75	62									
Average Daily Census	10	10	12	11									
<b>Other Measures</b>													
Average Throughput (Target: <2 hrs)	3.24	2.75	4.11	4.6									
# TeleCourt Meetings (Pt Hearings)	0	*0	0	0									
# Psych Consultations	136	112	102	124									
Psychosocial Assessments (Target: 80%)	63%	69%	70%	61%									
<b>Discharge</b>													
Discharges	63	65	74	63									
* The Telecourt Meetings for Feb were revised to zero.													

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



*Kusha Mehta, M.D., Chairman*

## APRIL 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	74		771		133		978	
Fluoro	10		1		14		25	
Mammography					123		123	
Magnetic Resonance Angio	0		6		0		6	
Magnetic Resonance Imaging	22		17		27		66	
Nuclear Medicine	7		0		0		7	
Special Procedures	0		0		0		0	
Ultrasound	66		212		152		430	
X-ray	140		981		539		1660	
CNMC CT Scan			57				57	
CNMC X-ray			515				515	
Grand Total	319		2560		988		3867	

### **Department Updates:**

- The Mammography department had its annual MQSA survey on February 28, 2024. The department had two deficiencies that was corrected with corrective action. The department received its official letter March 27, 2024 stating the facility has met the annual MQSA inspection requirements.
- A new PRN Nuclear Medicine Technologist will start June 3, 2024.
- There are currently no cases being done in the IR department. Procedures will resume the week of May 20<sup>th</sup> upon the return of the IR technician.

### **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

## APRIL 2024

For the month of April 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
<b>FIRST QUARTER TOTALS</b>	<b>599</b>	<b>469</b>	<b>448</b>	<b>404</b>	<b>387</b>	<b>312</b>
JAN	210	195	147	121	111	84
FEB	180	167	153	126	106	96
MAR	158	82	133	146	145	101
<b>SECOND QUARTER TOTALS</b>	<b>548</b>	<b>444</b>	<b>433</b>	<b>393</b>	<b>362</b>	<b>281</b>
APR	211	57	156	148	125	111
MAY	186	74	159	123	128	
JUN	177	126	172	113	108	
<b>THIRD QUARTER TOTALS</b>	<b>574</b>	<b>257</b>	<b>487</b>	<b>384</b>	<b>361</b>	<b>111</b>
JUL	186	140	177	103	92	
AUG	193	161	155	114	19	
SEP	182	162	126	124	96	
<b>FOURTH QUARTER TOTALS</b>	<b>561</b>	<b>463</b>	<b>458</b>	<b>341</b>	<b>307</b>	<b>0</b>
<b>ANNUAL TOTAL</b>	<b>2282</b>	<b>1633</b>	<b>1826</b>	<b>1522</b>	<b>1417</b>	<b>704</b>

This month ended with an **9.9% increase** compared to last month and **11% 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.

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	2%	2.2%
4) Unplanned Reoperations	4%	3.5%
5) Surgical Site Infection	2%	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



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**Monthly Board  
Meeting**

**Date: May 28,  
2024**

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**Nursing  
Department Report  
for April 2024**

**Teka Henderson, VP  
of Nursing**

# United Medical Center Nursing Board Report April 2024

## Overall State of Nursing Department(s)

### Staffing:

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 14-21<sup>st</sup> 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.

## ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
April	65	11	19	3	10	1

There were 65 ICU admissions for the month of April.

**Education**

All staff were 100% compliant in completing the mandatory annual accucheck training and recertification. Continuous education on the hypoglycemia, hyperglycemia DKA and tight glucose control protocols.

**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
April	106	47	59	19	0	0	0

**Education**

Education continues to focus on obtaining timely consents and intra operative documentation.

**PI Initiatives**

- Patient Satisfaction Survey – post operative
- Pain Management/Care Plan/ Chart Audits
- Patient Satisfaction Survey – post op
- OR – inpatient readiness consents for surgery and intra-operative documentation

**Service Recovery**

In real time

**DIABETES**

There were 6 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 T1D W/ MEALS ADMINISTRATION COMPLIANCE														BENCHMARK = 100%								
Total # of Novolog T1D w/ meal orders		226	371	229	316									1142	316	0	0	1142				
Total # of Novolog T1D w/ meal orders administered correctly		179	344	221	306									744	306	0	0	1050				
% Compliance		79%	93%	97%	97%	-	-	-	-	-	-	-	-	65%	97%	-	-	92%				



April compliance rate was 97%.

**Education**

Daily insulin audits. Continuous unit huddles, flyers, signage and real-time meeting with staff as needed.

The diabetes educator and nursing administration is currently working with the interprofessional team to implement a change to the existing insulin prn correction order to a scheduled order to lessen the chance of error for Novolog tid with meals. 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	
Change from Prior Year (Visits)	2931	2551	2907	2907	
% Growth	1.38	0.04	1.72	-2.90	
Ambulance Admitted	243	198	223	216	
Ambulance Arrivals	774	665	776	772	
Ambulance Patients Admission Conversion	0.31	0.05	0.29	0.28	
% of ED patients arrived by Ambulance	0.26	0.26	0.26	0.27	
% of Ambulance Patients Admitted	0.31	0.30	0.29	0.28	

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

**Education**

- Accucheck annual recertification
- Accucheck emergency barcode to lab
- Accucheck repeat verification for critical finger sticks
- Mask mandate update effective 4/17/2024
- Blood Culture contamination and proper blood collection techniques
- Medication scanning/administration
- I-stat cartridge protocols

**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
Apr	10	33	5	7	1	48	5	0	20	129

### Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
Apr	62 FD12=39 Vol=23	11	1	4.16	63	0	0	0	0	0

There were zero transfers to St. Elizabeth and the medical floor for the month of April. There were zero court appearances and commitment hearings.

### Education

Education focused on awareness to securing patient property, safety and security rounding and awareness of escalating situations. The bed to medicine pilot program, group dynamics and securing of patient's home medications on the unit.

### 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



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2024**

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**Executive  
Management Report  
for April 2024**

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

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

April 2024

Respectfully submitted by Gregory Morrow, MD

**Medical Staff Office/Physician Recruitment**

- 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.

**2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT**

DEPARTMENT/INDICATOR	Target	1Q24	2Q24	3Q24	4Q24	ANNUAL
<b>MEDICAL STAFF OFFICE</b>						
Timely receipt of initial application with required ID (60 days)	100%	100%	100%			
All expirable 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**

***APRIL 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.
- 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

### **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 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.**

### ***Monthly Surveillance Data:***

#### ***April 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:**

- 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.
- Antimicrobial Stewardship Program, to be presented at next Board Meeting. (CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings).
- Pharmacy Clinical Interventions for the month of March showed a saving of \$24, 082 from 234 interventions total.
- 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 14 doses of Suboxone distributed for April 2024 for both In-patient and ED.
- Narcan Kit distribution for April 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 attended in April. Discussion involved use of SOAR grants. Main topics revolved around Peer Recovery Coaches in the District being certified to all be Specialists and potential of billing for services by Peers.
- The Pharmacy & Therapeutics Committee in conjunction with MEC has approved the dispensing of methadone three-day therapy (one daily dose) to individuals who present to UMC Emergency Department. The Department of Pharmacy has developed a policy and protocol, which was presented at April's Pharmacy & Therapeutics Committee Meeting. Logistics of Peer involvement pending and to be followed up.
- 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



- 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 April 2024:***

**Emergency Room:**

**Survey**

Type	Section	n	(Apr 2024)	(Mar 2024)	Change
PG	Doctors	21	55.56%	40.08 %	15.48%

**Inpatient:**

**Survey**

Type	Section	n	(Apr 2024)	(Mar 2024)	Change
CAHPS	Doctors	5	40.00%	25.00%	15.00%

Sincerely,



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



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2024**

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**Financial Report  
Summary**

**April 2024**

**Lilian Chukwuma  
Chief Financial Officer**