



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: October 16, 2024

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

2024 Fiscal Management Board of Directors

Angell Jacobs, Chair
Girume Ashenafi
Dr. Malika Fair, MD
Donita Reid-Jackson
Robert Bobb
Wayne Turnage
Dr. Jacqueline Payne-Borden
Dr. Mina Yacoub, 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, October 16, 2024. The meeting will be held via WebEx.

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

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

DRAFT AGENDA

- I. CALL TO ORDER
- II. DETERMINATION OF A QUORUM
- III. APPROVAL OF AGENDA
- IV. READING AND APPROVAL OF MINUTES – August 7, 2024
- V. CONSENT AGENDA
 - A. Dr. Mina Yacoub, 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: October 16, 2024

Reading and Approval of Minutes

Minutes Date:

August 7, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, August 7, 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, 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, Tekla Henderson, Tonia Johnson, Derrick Lockhart, Vineela Yannamreddy, LaMonica Threet

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:34pm. Quorum determined by Eric Goulet.
Approval of Agenda	<i>Mot to approve agenda by Dir Ashenafi, 2nd by Dir. Turnage unanimous vote</i>
Approval of Minutes	<i>Mot to approve minutes by Dir Turnage 2nd by Dr. Fair unanimous vote.</i>
	<p>CMO Report – Dr. Gregory Morrow</p> <ul style="list-style-type: none"> • There are contracts currently being updated and renewed and have all been considered for community need and sustainability. • The Quarterly Staff meeting was held on June 12, 2024.

- Medical Affairs is preparing to downsize the provider files for the upcoming closure.
- The Medical Affairs office is working with HIM department to help make sure providers are completing their records and signing their orders.
- Correction of Press Ganey contract and resubmission
- Successful completion of getting PO completed and Business Case Memo done.
- Data was manually gathered from various departments and analyzed for the dashboard.
- Ongoing meetings with departments for Policy improvement and clean up.
- Working with DC Health and departments within the hospital to follow up on alleged complaints-ongoing.
- Onsite visit from DC Health for complaint
- Participation with DCHA/Crisp DC collaborative for health equity
- Daily patient safety huddles
- Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
- Successful submission of CMS Promoting Interoperability Program
- Collaboration with leadership for closure activities
- Identification of John Doe patients for financial reimbursement
- The number of COVID-19 admissions increased from 1 to 4 in June 2024. The number of COVID-19 positive employees decreased from 4 to 1 in June 2024.
- We have eliminated the Mask Mandate for those entering UMC facilities. We continue to encourage all visitors and staff to wear the appropriate PPE in all patient care areas for the protection of patients, visitors and employees.
- UMC does not plan to institute a mandatory vaccination program for hospital employees.
- Department of Pharmacy IV Room and hoods have completed bi-annual testing and passed USP Infection Control standards and has received certification.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for April 2024 was \$38.55, May 2024 was \$22.94 and June was \$25.07. Overall antibiotic averages of days of therapy, usage and spends are lower than national and regional averages. CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- The Chief Information Officer and the VP of Pharmacy Services in collaboration with ED Director, are creating an updated Meditech build to measure Peer Recover Coaches metrics to focus on comorbidities on individuals paired with PRCs.
- Not-For-Profit Hospital Corporation has seen a steady incline month over month with Medication Assisted Treatment of Opioid Use Disorder with a total of 13 doses of Suboxone distributed for May 2024 for both In-patient and ED.

- Narcan Kit distribution for May 2024 totaled 17 kits and 85 Fentanyl Test Strips distributed within Ward 7/8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- VP of Pharmacy Services, continues to assist in Co-Chairing Treatment Initiatives Steering Group of Live. Long. DC Opioid Strategic Group— Ongoing initiatives progression for developmental goals in the District and the plan to Reduce Opioid Use, Misuse, and Related Deaths.
- 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

MCOS Report – Dr. Francis O’Connell

- This monthly report is being submitted on behalf of the Medical Staff at United Medical Center
- The inpatient and emergency services at UMC remain an integral part in the health and well-being of the people of the Southeast Washington DC area.
- It is important to acknowledge that patient volumes decreased after COVID and never rebounded to previous pre-pandemic volumes.
- Patient volume, however, is no longer dropping precipitously with ED visits and hospital admissions remaining relatively stable since 2022 (with some month-to-month fluctuations). Because UMC is the only hospital with inpatient and essential subspecialty capabilities east of the Anacostia River, patients continue to rely on it to provide medical care.
- Their medical and social problems remain complex with continued need for resources. While this is palpable across the District and surrounding hospitals, it is most prevalent (as a percentage of hospital visits and admissions) at UMC.
- Inpatient bed occupancy rates remain high across the DMV, making transfer of patients to tertiary-care hospitals for higher level of care challenging and the need for hospital-based care crucial in Wards 7 and 8.
- Amongst the medical staff there is an understanding that as the hospital nears closure, there will be movement to eliminate or reduce certain hospital-based and outpatient services. Some of these decisions are likely tied to the challenges

to maintain a robust workforce or the cost to preserve services with both a reduced patient volume and in the face of impending closure.

- Because of the community’s reliance on UMC for its medical needs, it is important to highlight that without a robust mitigation strategy, the impacts in reducing or eliminating specific services could be devastating, both on an immediate and long-term basis. That cannot be emphasized enough.
- The hospital leadership team is already deploying targeted resources and creative strategies to address some of the areas of concern. With pending reductions in services and staffing on the horizon, further financial resources and continued imaginative solutions will be required.
- Ongoing vacancies in social work and case management, limited staffing, and the limited availability of transportation vendors continues to contribute to excessive lengths of stay and are amongst the areas that need the most reinforcement.

CNO Report – Teka Henderson, VP of Nursing

- We onboard 9 agency nurses this month. Five nurse contracts and one technician contract was canceled due to job performance and self-cancellation. We continue to be proactive in recruiting agency staff.
- Nursing Excellence
- We continue to provide quality care and publically recognize our nurses for the exceptional care they give. Recently, we implemented evidence-based improvement strategies for insulin coverage and documentation. This new process is working well and nurses are being recognized for the work they perform. Nursing license expired June 30, 2024. All of our nurses renewed their District of Columbia license without the extension provided by DC Health.
- Our emergency department continues to receive trauma patients and staff are recognized for the exceptional patient care provided given the constraints.
- Nursing has met with the closure project manager (PM) and the meeting was productive. We will continue to assist the PM to ensure the process is a smooth transition.
- Performance Improvement:
- The education department and frontline leaders continue to monitor the performance improvement (PI) initiatives. Some of the PI initiatives are timely narcotic wastes, pain assessment, re-assessment and wound prevention measures. All new staff are on boarded with hospital and clinical orientation. Nursing leadership continues to make frequent rounds and engage with staff to foster an environment of vulnerability, civility and empowerment.

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:
- 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.
- Members of UMC's leadership team including the Emergency Department (ED) leaders and Assistant Fire Chief, Emergency Medical Services, Prince George's County Fire/EMS Department, and select member of that team met remotely. The purpose of the meeting was to have an open dialogue on strengthening our relationships, improving communication, appropriateness of patients based on our level ED and the County Hospital Alert Tracking System (CHATS) of which UMC is designated in CHATS Region V. The CHATS system is used to provide real time computerized monitoring information of hospital and Emergency Management System (EMS) throughout Maryland and nearby DC hospitals. The EDs that are temporarily unable to accept ambulance-transported patients due to ED overcrowding or hospital overload are identified so that ambulances can be diverted to other less crowded ED facilities. The meeting was productive resulting in UMC being added to the daily hospital call list from PGFEMS to determine status.
- The hospital wide "overtime (OT) freeze" except for extenuating circumstances and on approval by VP of the particular department continues to be strictly managed. Standard of care and safety for both patients and staff will always be paramount. As an example, over the past several months, UMC's security team increased support especially in the Emergency Department (ED)
- which has led to OT. Although there was a decrease in incidence of patients presenting with gunshot wounds (GSW), the incidence of stab wounds have increased. * See graphs below. In addition, security continues to manage incidences of automobile breakings, attempted carjacking and other such acts on UMC's campus.
- To enhance safety and quality measures, the Touchless Security system will be installed this month primarily in the ED. To be most effective, **this** safety and quality measure will require additional security team support.

	<ul style="list-style-type: none"> • United Medical Center successfully hosted the DC Hospital Association/ DC Health and Medical Coalition - Management Preparedness Summit which was attended by over 100 health care leaders from various healthcare facilities. Dr. Morrow, Chief Medical Officer, provided opening remarks. Congratulations to Team UMC for a job well done from planning to execution. • The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC remains in progress. At present, there are 159 participants (increase of 17 since June), of which 57% completed at least one training module per June’s report from GW. • UMC partnerships continue with Trinity, Prince George’s Community College, Washington Adventist University, Grand Canyon, Chamberlain and Walden for nursing clinical and the University of the District of Columbia for Patient Care Technician students. • Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community’s Opioid Solutions Working Group-Health Alliance Network. Our VP, Pharmacy Dr. Maxine Lawson remains the volunteer Co-Chair for the Live.Long.DC which focuses on the reduction, misuse of opioids and opioid related deaths. <p style="text-align: center;"><i>Mot to accept May 2024: CEO, VP of Nursing, CMO only), and MCOS reports by Dr. Fair, 2nd by Director Turnage., unanimous vote.</i></p>
Financial Report	<p>CFO Report - Lilian Chukwuma</p> <ul style="list-style-type: none"> • Total operating revenues are higher than budget by 6% (\$541K) MTD but lower than budget by 3% (\$1.9M) YTD. • Net patient revenue is lower than budget by 11% (\$733K) MTD and 5% (\$3.1M) YTD. • Admissions are lower than budget by 23% MTD and 11% YTD. • Surgeries are higher than budget by 1% MTD but lower than budget by 14% YTD. • Expenses <ul style="list-style-type: none"> • Total operating expenses are higher than budget by 21% (\$1.9M) MTD and 8% (\$6.1M) YTD due to the following: • Salaries are higher than budget by 4% (\$118K) MTD and 11% (\$3.2M) YTD due to overtime. • Overtime is over \$2 million through June 30, 2024 • Employee benefits are higher than budget by 29% (\$277K) MTD and 14% (\$1.2M) YTD.

	<ul style="list-style-type: none"> • Contract labor is higher than budget by 122% (\$1M) MTD and 43% (\$3.5M) YTD. • Professional fees are higher than budget by 8% (\$94K) MTD but on target YTD. • Purchased services are lower than budget by 14% (\$142K) MTD and 19% (\$1.8M) YTD. <p style="text-align: center;"><i>Motion to enter Closed Session by Director Turnage, 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>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:12 pm.</p> <p>Closed session began at approximately 4:14 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. Turnage, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir Turnage, 2nd by Dr. Fair, unanimous vote.</p> <p>Mot to end closed session by Dir. Ashenafi.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:32pm</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 Dr. Fair 2nd by Dr. Turnage Meeting adjourned at approximately 4:34pm pm.</p>



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**Monthly Board
Meeting**

**Date: October
16, 2024**

Consent Agenda



UMC
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**Monthly Board
Meeting**
**Date: October
16, 2024**

**CMO Report, August
2024**

**Dr. Yacoub
Chief Medical Officer**

Not-For-Profit Hospital Corporation

CMO Report & Accomplishments

August 2024

Respectfully submitted by Gregory Morrow, MD

Medical Staff Office/Physician Recruitment

- In August, there were five (5) initial appointments, four (4) reappointments, and 2 resignations. The Medical Staff has a total of 229 providers.
- Contracts currently being updated and renewed and have all been considered for community need and sustainability.
- The Quarterly Staff meeting was held September 11, 2024.
- Medical Affairs is downsizing 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.
- The Medical Affairs office had one staff member affected by the Reduction in force.

2024 MEDICAL AFFAIRS PERFORMANCE IMPROVEMENT

<u>DEPARTMENT/INDICATOR</u>	<u>Target</u>	<u>1Q24</u>	<u>2Q24</u>	<u>3Q24</u>	<u>4Q24</u>	<u>ANNUAL</u>
<u>MEDICAL STAFF OFFICE</u>						
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

August 2024 Accomplishments:

1. Manually uploads for Core Measure charts
2. Meetings with nursing to discuss quality issues across the board
3. Submission of core measure charts to CMS
4. Reviewed and submitted invoices for Press Ganey and TJC timely to Accounts Payable
5. Submission of the CARES (Cardiac Arrest Registry to Enhance Survival) information.
6. Data was manually gathered from various departments and analyzed for the dashboard.
7. Ongoing meetings with departments for Policy improvement and clean up.
8. Working with DC Health and departments within the hospital to follow up on alleged Complaints - Ongoing.
9. Participation with DCHA/Crisp DC collaborative for health equity
10. Daily patient safety huddles
11. Added Medisolv users in platform for access to submit UMC eCQM files for The Joint Commission
12. Successful submission of CMS Promoting Interoperability Program
13. Collaboration with leadership for closure activities
14. Identification of John Doe patients for financial reimbursement

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

COVID 19

The Department of Health report increases in the incidence of Covid-19 across the US.

The DC, MD, VA metro area continues to trend low for COVID 19 positive admissions / COVID 19 positive deaths.

The number of COVID-19 positive admissions decreased from 23 to 18 in August 2024.
The number of COVID-19 positive employees increased from 4 to 12 in August 2024.

Listeria Outbreak

UMC to date has had no cases of Listeria

Influenza

Pharmacy reports that UMC has received the influenza vaccine for the 2024-2024 flu season. UMC will begin to administer the influenza vaccine October 1, 2024 which is recommended by CDC.

Monthly Surveillance Data: August 2024

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

There were no ventilator, central line, or urinary catheter related infections.

Case Management Department

- Updates will be provided by the Department of Nursing

Pharmacy & Therapeutics:

- Narcan Kit distribution for August 2024 totaled 11 kits and 55 Fentanyl Test Strips distributed within Ward 7/8 to both In-Patient and ED with the assistance of the ED Pharmacist.
- Not-For-Profit Hospital Corporation had a decrease with Medication Assisted Treatment of Opioid Use Disorder with a total of 5 doses of Suboxone distributed for August 2024 for both In-patient and ED.
- 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.
- Department of Pharmacy has completed agreement with new Reverse Distribution vendor for destruction of expired medications due to current vendor Guaranteed Returns GRx) closure of business. The company is PharmaLogistics and agreement is for immediate (approximately 2 weeks turn-around) credit return to A/P in the form of checks. The on-site start date has been scheduled.
- Department of Pharmacy has been in communication with Syft, a GHX Company to conduct required annual inventory. A date has been scheduled in September for onsite inventory.
- The Pharmacy & Therapeutics Committee in collaboration with the MEC, has approved PAXLOVID™, for use with in-patient COVID treatment in response to increase COVID numbers.
- FLUARIX QUADRIVALENT Influenza Vaccine has been ordered and secured in-house, for use in both in-patient, ED, and clinics in preparation for the 2024 flu season. Further collaboration on release date will be done with Infection Control.
- Antimicrobial Stewardship Program, average cost per patient day (PPD) for July was \$25.92 and August \$35.15. Antimicrobial usage at UMC Days of Therapy (DOT):
- 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 for July and August 2024 had a total of 465 interventions for a clinical cost saving valued at \$47,822 per BD CareFusion Medmind Software.
- VP of Pharmacy Services working in collaboration with Ward 8 Community Engagement Health Alliance Network Opioid Solutions Group ongoing.
- Ongoing daily/weekly/monthly monitoring of DC Health 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 July 2024:

Emergency Room:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Aug 2024)</u>	<u>(Jul 2024)</u>	<u>Change</u>
PG	Doctors	21	41.59 %	31.00 %	10.59%

Inpatient:

<u>Survey Type</u>	<u>Section</u>	<u>n</u>	<u>(Aug 2024)</u>	<u>(Jul 2024)</u>	<u>Change</u>
CAHPS	Doctors	5	40.00 %	41.67%	1.67%

Sincerely,



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



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**Monthly Board
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**Date: October
16, 2024**

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



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

AUGUST 2024

Re: Chief of Staff Monthly Report

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

The inpatient and emergency services at UMC remain an integral part of the health and well-being of the people in the Southeast Washington DC area. At the end of August, UMC underwent:

- Reduction in support staff
- Closure of outpatient clinics
- Reduction in subspecialty consult services (urology and orthopedics)
- Discontinuation of MRI services
- Discontinuation of elective surgeries and procedures.

These changes will undoubtedly impact the hospital and its patients in both expected (e.g increase in interfacility transfers) and unanticipated ways. It will be important for the hospital to shore up the core services of transportation, case management and social work to better accommodate the increased load of transfers.

The medical staff remains cognizant of the focus on extended inpatient stays and scrutiny of hospital admissions for medical necessity. Approximately one-third of inpatients have complex medical and psychosocial issues, further necessitating a robust social work and case management infrastructure, which remains limited at UMC, placing an extraordinary burden on existing staff and clinicians.

The medical staff remains engaged with the hospital's efforts to meet the ongoing needs of the community during the transition to Cedar Hill and encourages the hospital administration to engage the medical staff ahead of decisions related to the closure or reduction of any hospital services.

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



Amaechi Erundu, M.D., Chairman

AUGUST 2024

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for August 2024 was 98 and July 2024 was 120.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols including on time antibiotics administration remains at 100% compliance all through 2024. 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 101 vascular access procedures consisting of USPIV, midlines, Powerglide and PICC in August, 2024.

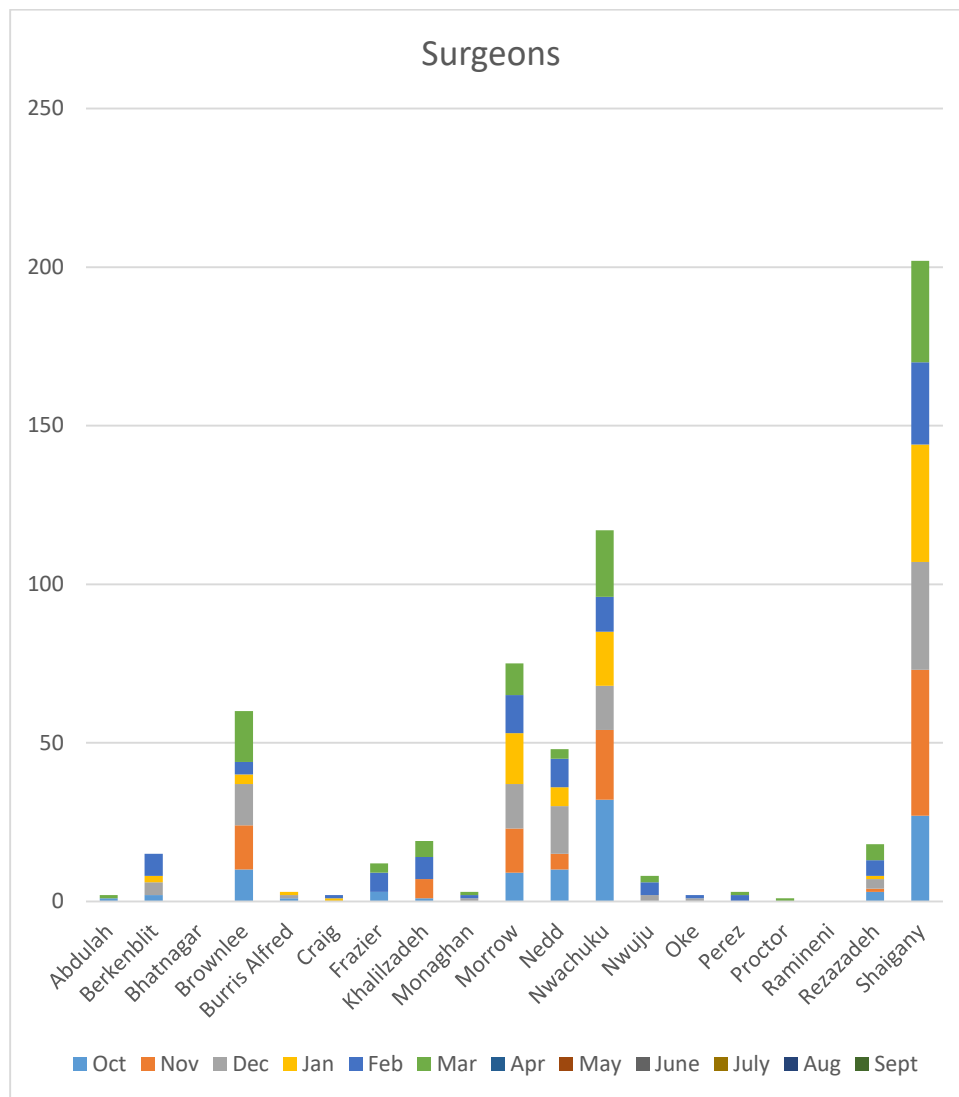
PAIN MANAGEMENT SERVICE

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 12* for the month of August 2024. This will be the last month of pain management service at the United Medical Center.

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			
MAY	219	186	64	159	123	128			
JUNE	213	177	118	167	111	108			
JULY	195	186	140	176	102		120		
AUG	203	193	156	148	113		98		
SEPT	191	182	151	121	123				
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				



Amaechi Erundu, MD
Chairman



Mina Yacoub, M.D., Chairman

AUGUST 2024

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

Admissions to the ICU were slightly lower in August for this time of year. In August, the Intensive Care Unit (ICU) had 55 admissions, 54 discharges, and 294 Patient Days. Average Length of Stay (ALOS) was 5.4 days. The ICU managed a total of 63 patients in August. Average daily census in August was 10 (9.5) patients. There were no readmissions to ICU within 48 hours of ICU discharge. One patient was transferred to another hospital per insurance request. There were 5 deaths for 54 discharges, with an overall ICU mortality rate of 9.3 %.

ICU Sepsis Data

In August 2024, the ICU managed 21 cases of severe sepsis. Three deaths were due to severe sepsis, for a severe sepsis mortality rate of 14.2 %. 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

September 3, 2024



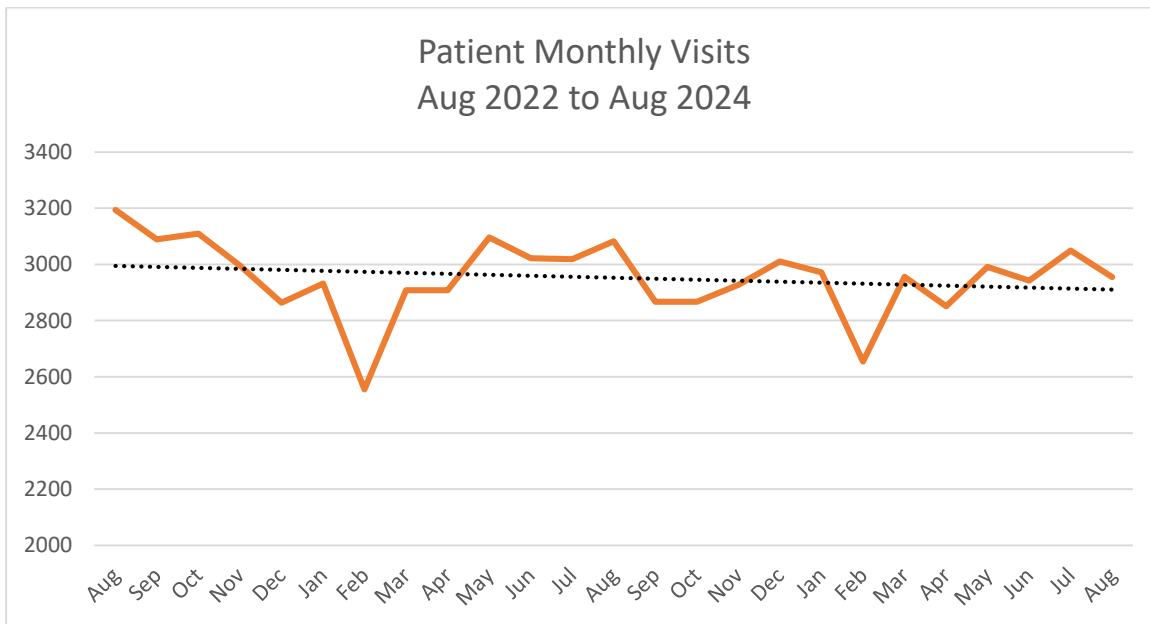
Francis O'Connell, M.D., Chairman

AUGUST 2024

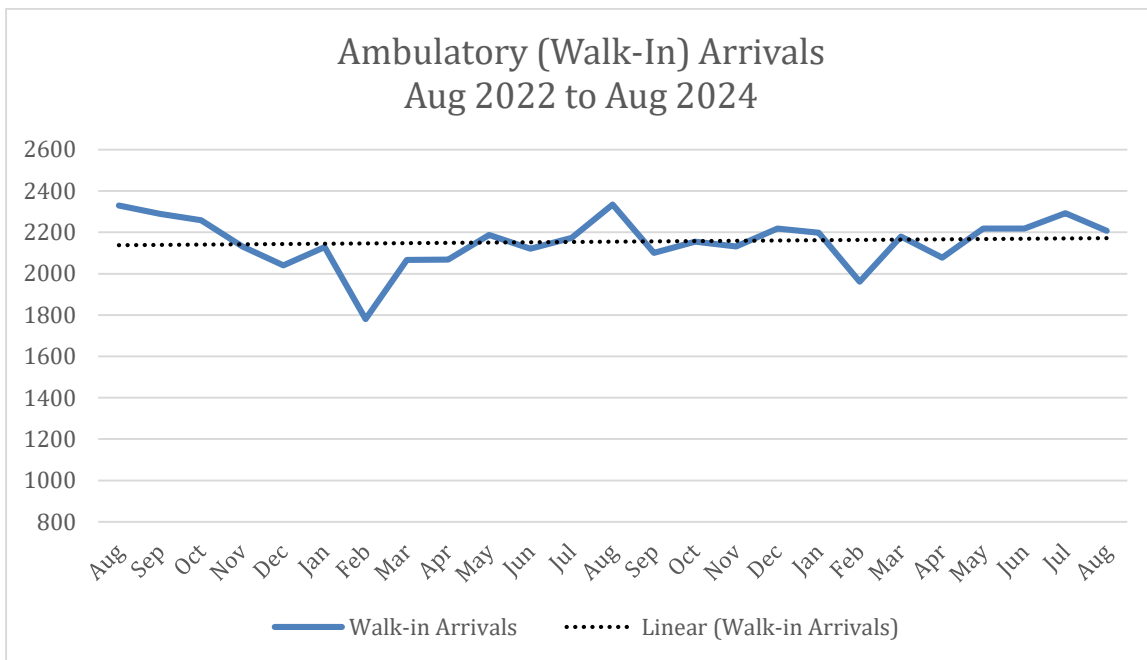
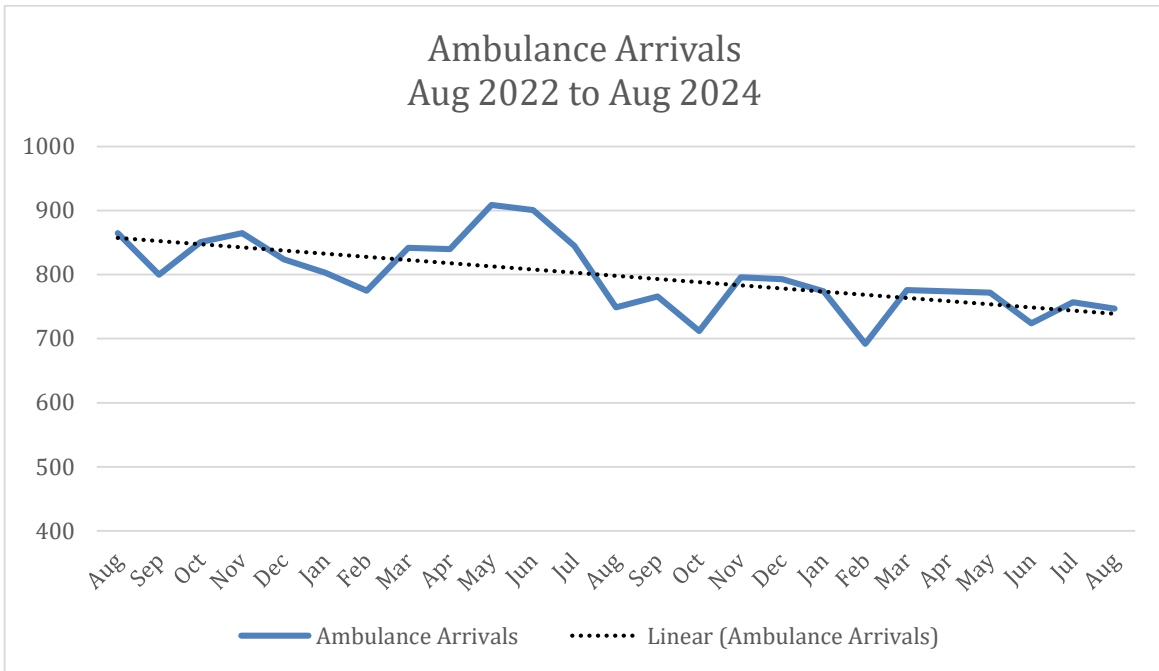
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for August 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

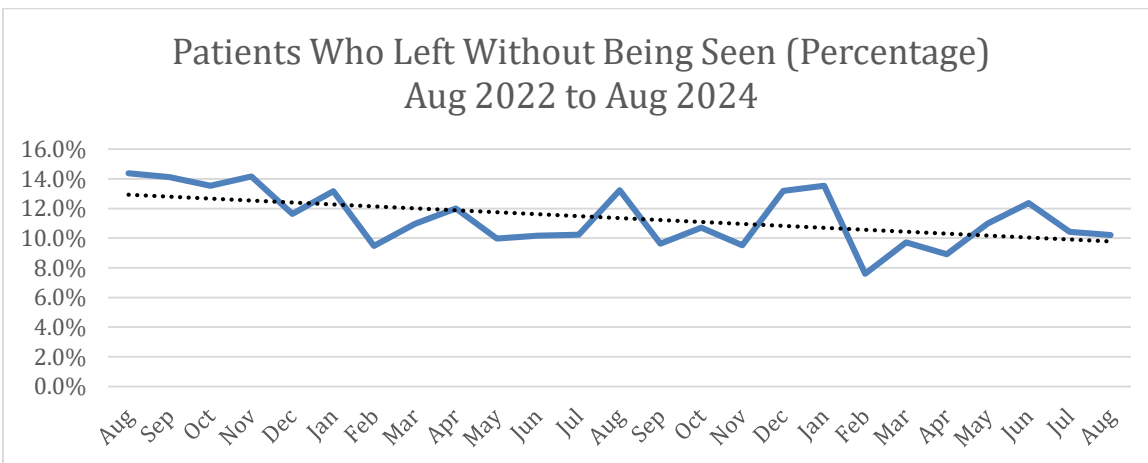
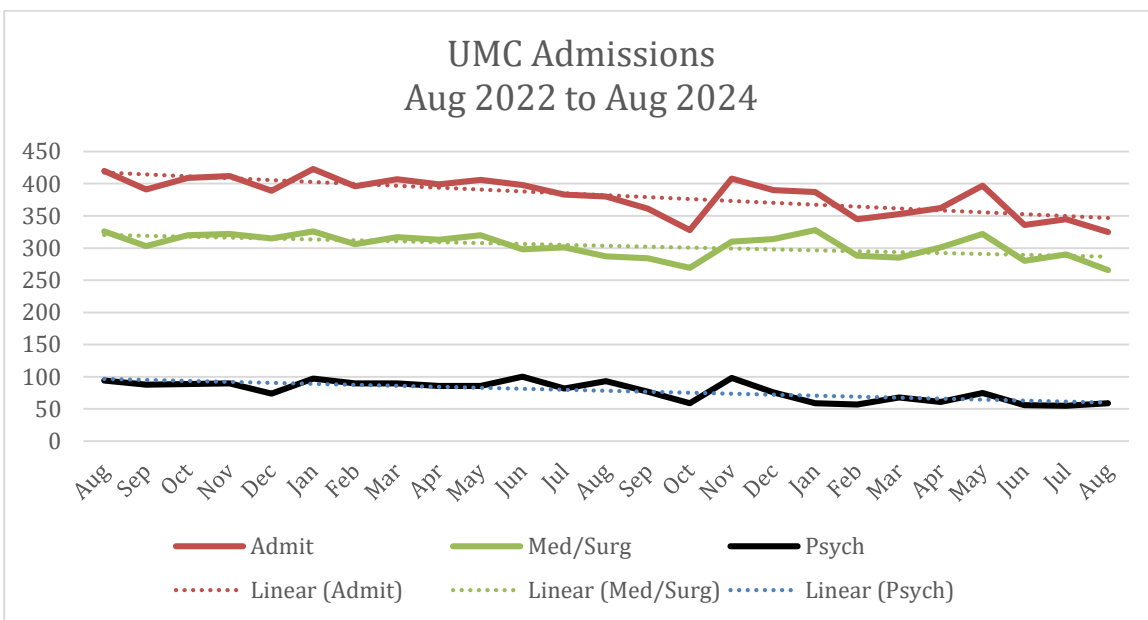
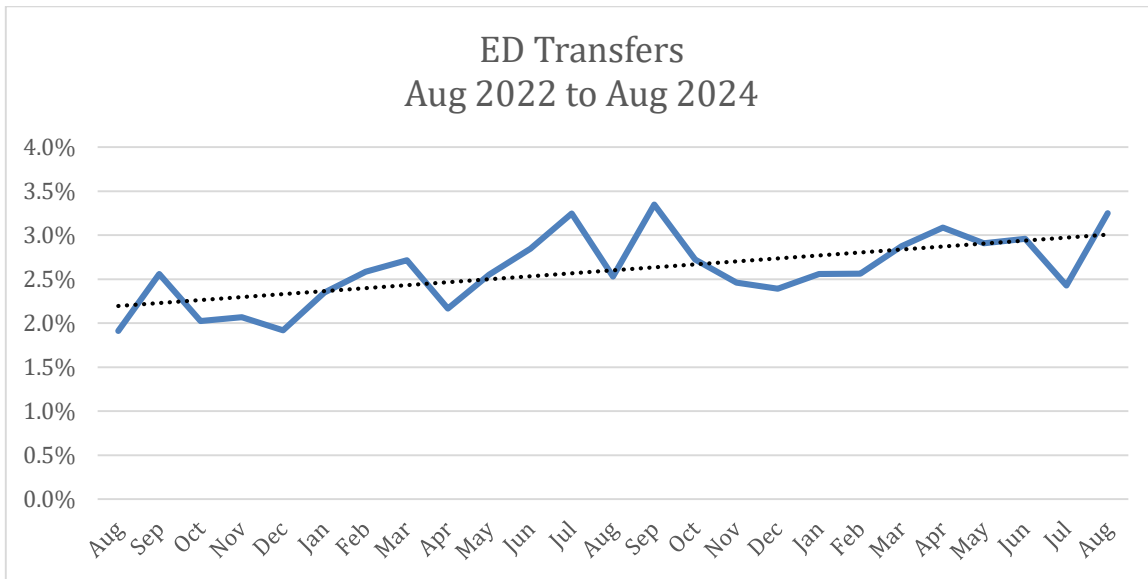
Definitions of the terms used in this report are as follows:

- **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						
	Aug 2022	%	Aug 2023	%	Aug 2024	%
Total patients	3194		3083		2955	
Daily Avg Census	103		99		95	
Ambulance Arrivals	865	27.1%	749	24.3%	747	25.3%
Admit	420	13.1%	380	12.3%	325	11.0%
• Med Surg	326	10.2%	287	9.3%	266	9.0%
• Psych	94	2.9%	93	3.0%	59	2.0%
Transfers	61	1.9%	78	2.5%	96	3.2%
LWBS	459	14.4%	408	13.2%	302	10.2%
Ambulance Admission Rate	32.7%		30.3%		27.0%	
Walk-In Admission Rate	5.9%		6.6%		5.6%	

Comments:

1. The tabular data reported this month includes data from the past three years.
2. Trends for ED visits (ambulances and walk-in visits) and admissions remain steady month to month.
3. The LWBS remains above 10%
4. The number of transfers trends upwards.

Commentary:

- **Resource Allocation:** The increasing trend in patient transfers, steady number of total ED visits, and Med/Surg admissions highlight the need for consistent staffing levels as well as dedicated case management, social work, and transportation resources. Gaps in transportation and social work during evening hours, and limited availability during weekends and daytime hours, delay discharges, transfers, and admissions.
- **Seasonal Preparedness:** Consistent seasonal peaks in patient volume and admissions indicate a need to accommodate higher patient and transfer volumes, especially during the winter months.
- **Reductions in Force and Discontinuation of Services:** At the end of August, UMC underwent:
 - Reduction in support staff
 - Closure of outpatient clinics
 - Reduction in subspecialty consult services (urology and orthopedics)
 - Discontinuation of MRI services
 - Discontinuation of elective surgeries and procedures.

These changes will likely increase the need for patient transfers.

Page 5

Department of Emergency Medicine

The ED remains engaged in meeting the ongoing needs of the patients as well as those related to the current and emerging health issues in the region. We encourage the Hospital Administration to work closely with the Hospital's Medical Staff as the hospital moves forward with plans for closure.

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



Musa Momoh, M.D., Chairman

AUGUST 2024

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

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	119	99	89	112	101	109	96	96					821
HOSPITAL	119	99	89	112	101	109	96	96					821
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%					100%
REGULAR													
MEDICINE	215	199	200	191	218	173	197	172					1565
HOSPITAL	278	264	276	254	302	234	256	235					2099
PERCENTAGE	77%	75%	72%	75%	72%	74%	77%	73%					74%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100	91	113	99	106	97	95					816
HOSPITAL	115	100	91	113	99	106	97	95					816
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%					100%
REGULAR													
MEDICINE	161	154	169	147	175	132	138	148					1224
HOSPITAL	224	216	241	208	254	195	195	211					1744
PERCENTAGE	72%	71%	70%	71%	69%	68%	71%	70%					70%
PROCEDURES													
HEMODIALYSIS	173	215	161	145	238	191	169	132					1379
EGD'S	12	18	15	16	22	19	16	15					133
PEG'S	1	2	3	0	5	6	5	3					25
COLONOSCOPY	23	19	21	30	17	23	31	22					186
ERCP	0	0	0	0	0	0	0	0					0
BRONCHOSCOPY	1	1	0	0	0	0	1	1					4
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0					0
Cases Reviewed	0	0	0	0	0	0	0	0					0
Cases Closed	0	0	0	0	0	0	0	0					0

Department of Medicine met on September 11, 2024.

The next meeting is December 11, 2024.

Musa Momoh, M.D.

Chairman, Department of Medicine

CHLAMYDIA/GC RNA TAT IMPROVEMENT PROJECT

Performance	TEST	Goal	JAN-DEC 2023	Jan-Jul 2024	JUL	8/1-7/24	8/8-14/24	8/15-21/24	8/22-31/24	8/29-31/24	Avg after JUL	Improvement vs Jul
24 HRS	CHLAMYDIA/GC RNA	90%	39%	50.9%	42.9%	83.5%	78.7%	70.6%	95.6%	93.3%	83.2%	40.3%
32 HRS	CHLAMYDIA/GC RNA	95%	52%	63.3%	49.6%	98.7%	96.9%	86.6%	100.0%	100.0%	96.7%	47.1%
48 HRS	CHLAMYDIA/GC RNA	100%	71%	83.6%	70.2%	100.0%	100.0%	98.6%	100.0%	100.0%	99.7%	29.5%
	# test		3301	2100	326	79	66	75	69	42	340	

8/1/2024 TEST NOT BEING RUN EVERY DAY
Batch run daily around 10 am
not run on weekends

1-Aug Run daily and weekends 24 hrs 32 hrs

1-7 Aug 1st Week 83.5% 98.7%

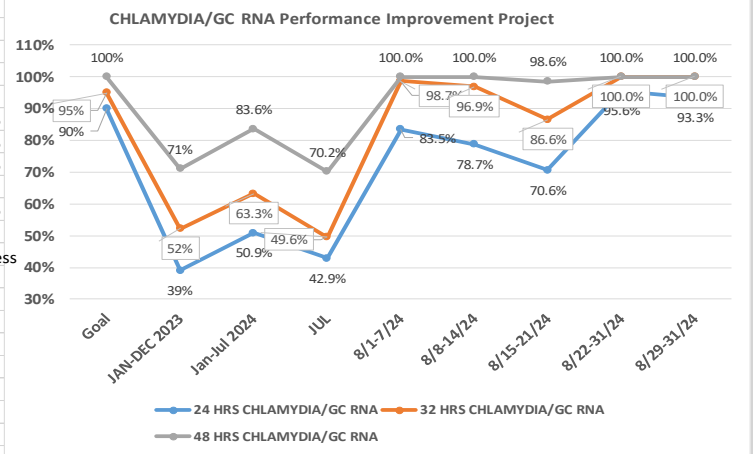
8-14 Aug 2nd Week 78.7% 96.9%

15-21 Aug 3rd Week 70.6% 86.6%

8/19/2024 QC Failed

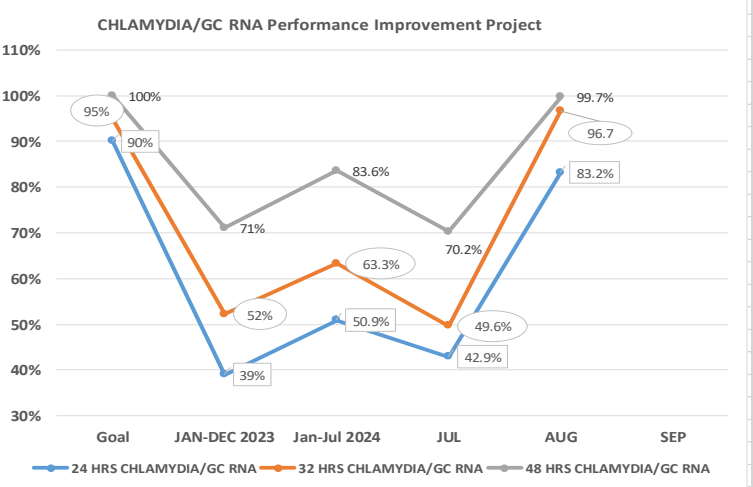
22-28 Aug 4th Week 95.6% 100.0%

The goal is to have these results out next day. We will run a batch daily including weekends regardless of volume. 95% in 32 hours or less is sustainable, barring QC failures or instrument issues. Prior to this project samples were being held on weekends and if there was a low volume.



Performance	TEST	Goal	JAN-DEC 2023	Jan-Jul 2024	JUL	AUG	SEP	Avg 2024	Improvement vs 2023
24 HRS	CHLAMYDIA/GC RNA	90%	39%	50.9%	42.9%	83.2%		59.0%	20.0%
32 HRS	CHLAMYDIA/GC RNA	95%	52%	63.3%	49.6%	96.7%		69.9%	17.7%
48 HRS	CHLAMYDIA/GC RNA	100%	71%	83.6%	70.2%	99.7%		84.5%	13.4%
	# test		3301	2100		340		2440	

NO GOAL ESTABLISHED PRIOR TO 1 AUG 24



September Notes: Chem 7 & 12 met the 95% goal in 45 minutes with 98.1% and 97.9%, Urinalysis met the 95% goal in 45 minutes with 98.6%. Troponin still has not met the 95% in 45 minutes but has shown 5.1% improvement over the baseline at 89.1%. Urine Drug met the 90% goal in 60 minutes at 95.6%. Covid met target 90% in 60 minutes at 93.8%. CBC met the 95% in 30 minutes at 97.2%. PT met the 95% goal in 45 minutes at 95.3% and PTT did not meet the 95% goal in 45 minutes, at 93.2%. Blood Culture contamination 6.8% month with a target of 3%. No report on the instruction video for the Blood culture collection course on Relias. No blood products wasted. Phlebotomist 0 needlesticks. No safety concerns. 2 medical technologist not approved and 2 phlebotomist not approved to replace agency staff. Phlebotomist 0 needlesticks. No safety concerns. Initiate Chlamydia/GC TAT improvement project to have results by next day, improved from 42.9% in 24 hrs and 63.35% in 32 hrs for July; to 83.2% in 24hrs and 96.7% in 32 hrs for August. Covid positives increased again in August to 139 or 14.8%



Shanique Cartwright, M.D., Chairwoman

AUGUST 2024

UMC Behavioral Health Unit August 2024 Board Report												
Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions												
ALOS (Target <7 Days)	4.63	3.94	3.8	3.87	4.0	4.68	4.02	4.41				
Voluntary Admissions	31	30	40	45	27	27	20	25				
Involuntary Admissions = FD12	83	109	100	87	56	33	38	38				
Total Admissions	114	139	140	132	83	60	58	63				
Average Daily Census	17	21	19	18	11	11	9	9				
Other Measures												
Average Throughput (Target: <2 hrs)	4.2	2.9	4.9	3.3	3.1	2.7	4.47	2.4				
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	BHU 0/8W one	0	0	0				
# Psych Consultations	94	170	243	170	154	122	180	176				
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	43%	43%	54%	56%				
Discharge												
Discharges	102	147	143	138	78	64	59	64				

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



Kusha Mehta, M.D., Chairman

AUGUST 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath							0	
CT Scan	55		726		186		967	
Fluoro	3		0		14		17	
Mammography					78		78	
Magnetic Resonance Angio	0		0		0		0	
Magnetic Resonance Imaging	8		7		19		34	
Nuclear Medicine	2		0		0		2	
Special Procedures	1		0		0		1	
Ultrasound	49		205		144		398	
X-ray	108		831		589		1528	
CNMC CT Scan			49				49	
CNMC X-ray			328				328	
Grand Total	226		2146		1030		3402	

Quality Initiatives, Outcomes:

1. Core Measures Performance

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

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

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

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

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

Services:

MRI: The new uMR 570 United 1.5T magnet has been up and running covering Musculoskeletal, Neurological and body MRI exams. **Fluoroscopy:** Philips bariatric table room is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, and fluoroscopic guided radiological procedures. **Nuclear Medicine:** GE Discovery dual head camera provides wide range of exams, including cardiac software and SPECT applications.

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

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

AUGUST 2024

For the month of August 2024, the Surgery Department performed a total of 98 procedures. The chart and graph below show the annual and monthly trends over the last 5 years:

	2019	2020	2021	2022	2023	2024
OCT	211	175	146	135	150	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	117
THIRD QUARTER TOTALS	574	257	487	384	361	339
JUL	186	140	177	103	92	120
AUG	193	161	155	114	119	98
SEP	182	162	126	124	96	
FOURTH QUARTER TOTALS	561	463	458	341	307	218
ANNUAL TOTAL	2282	1633	1826	1522	1417	1150

This month ended with a **18.3% decrease** compared to last month and **17.6% 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.

Department of Surgery

We continue to meet or exceed the monthly quality and performance improvement outlined for the Surgery Department.

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

We remain below national benchmarks for our annual numbers.

We will continue to assess the data and make improvements where possible.

Starting September 1, 2024, the OR reduced to a 1 room daily schedule to accommodate inpatient surgical procedures only. In response, changes in the OR staffing shifts were made to optimize OR utilization.

We continue to optimize staffing to maximize efficiency and reduce overtime in the OR for Perioperative Nursing and OR Techs.

Respectfully,



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



UMC

**UNITED
MEDICAL CENTER**

**Monthly Board
Meeting**

**Date: October
16, 2024**

**Nursing
Department Report
for August and
September 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report August/September 2024

Overall State of Nursing Department(s)

Staffing:

Due to the impending closure the hospital is facing intermittent gaps and challenges with staffing. Twelve contract staff were on boarded for September and 6 contracts ended prematurely for various reasons. Financial stewardship and quality care remains a priority. Leadership is working strategically with healthcare agencies to fill the vacancies proactively and as they arise.

Nursing Excellence

Healthcare is changing and transformations are underway. Nursing leadership is working tirelessly with staff to maintain momentum. Staff are consistently reminded how grateful administration and the patients are for their generosity, commitment, and dedication. UMC voluntary healthcare professional training program for all fulltime and part-time staff is extended through December.

Performance Improvement:

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

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
September	75	10	17	9	10	2

There were 75 ICU admissions for the month of September.

Education

- Heparin Infusion Protocol Training
- Certifications (ACLS/BLS)
- Hypoglycemia Protocol
- Hyperglycemia DKA or Tight Glucose Control protocol
- Insulin Administration for Accuracy
- Patient Consent Forms
- Restraint Monitoring
- Medication management (administration/waste)

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
September	51	51	0	6	1	0	0

Education

Relais 2025 Hospital Based Mandatories initiated.

PI Initiatives

- Patient Satisfaction – post operative calls
- Pain Management/Care Plan/ Chart Audits
- Patient Satisfaction Survey – Post operative – ASU/PACU
- Handwashing - PACU
- OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 12 insulin drips this month and 100 for the year.

UMC QAPI Master Dashboard						At or Exceeds Target	Within 10% of Target	Target not met	Amended									
2024	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
DIABETES CENTER → QAPI MEETING																		
CORRECTION INSULIN ADMINISTRATION COMPLIANCE										BENCHMARK = 100%								
Total # of Novolog TID w/ meal orders		226	371	229	316	242	511	571	248	149				826	1069	968	0	2863
Total # of Novolog TID w/ meal orders administered correctly		179	344	221	306	234	502	566	246	148				744	1042	960	0	2746
% Compliance		79%	93%	97%	97%	97%	98%	99%	99%	99%	-	-	-	90%	97%	99%	-	96%

September compliance rate was 99%.

Continuous evidence-base practice review and compliance according to the American Diabetes Association Standards of 2024. Currently under review are suggestions to change the UMC critical hypoglycemia from 50 mg/dl to 54 mg/dl. Changing our hypoglycemia measures will bring UMC into alignment as the standard with other hospitals.

Education

Daily insulin audits. Continuous unit huddles, Relias required training and detailed instructions to all new hires during onboarding. We have maintained a 99% benchmark for the past 3 months.

Effective June 4, 2024 all insulin orders require documentation of given or not given. This is a new update and has replaced the previous prn correction for accuracy. This is standard practice and evidence supports this patient safety and improved patient care initiative.

Emergency Department

ED Metrics Empower Data	Apr	May	June	July	Aug	Sept
Visits	2825	2992	2946	3057	2958	3014
Change from Prior Year (Visits)	2907	3096	3023	3019	3084	2867
% Growth	-2.90	-3.48	-2.61	1.24	-4.26	4.88
Ambulance Admitted	216	238	194	208	201	227
Ambulance Arrivals	772	772	724	757	747	837
Ambulance Patients Admission Conversion	0.28	0.31	0.27	0.27	0.27	0.28
% of ED patients arrived by Ambulance	0.27	0.26	0.25	0.25	0.25	0.27
% of Ambulance Patients Admitted	0.28	0.31	0.27	0.27	0.27	0.28

ED Metrics Empower Data	Apr	May	June	July	Aug	Sept
Door to triage	19	20	20	18	19	20
Door to room	79	91	113	90	88	97
Door to provider	89	99	112	100	96	108
Door to departure	256	263	280	258	253	263
Door to decision to admit	366	242	367	349	346	371

Education

Proper blood culture collection technique
Vital signs & Rounding notes every 2 hours per policy
Restraint Documentation
Proper departing of patients

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff
Property list documentation for FD12 (contraband search)
Restraints
Left Without Being Seen (LWBS)

Service Recovery

none

Respiratory Therapy

Education

Shift huddle education on relative value units and patient advocacy.

PI Initiative

Critical value reporting compliance was 96%.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
September	1	35	17	7	4	38	0	0	10	112

Annual influenza (flu) vaccine administration will begin October 1, 2024.

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
September	60 FD-12=33 Vol=27	9	0	4	62	0	0	0	0	0

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

Education

Education focused on securing patient property, safety and environmental rounds, and long acting injection medications in the community.

PI Initiatives

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

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



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: October 16, 2024

Executive Management Report for August and September 2024

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



Executive Leadership Board Report Meeting, October 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:

At the end of August, UMC began planned transition activities towards eventual closure of the hospital. These activities were in accordance with notification that was sent on May 17, 2024 to all employees with a work location at United Medical Center. In addition, required and timely notification was sent to regulatory bodies such as State Health Planning and Development Agency (SHPDA) and DC Department of Health (DOH). These two entities made a site visit to our facility before providing authorization to begin transition activities. Initial transition activities included ceasing operations in outpatient services with the exception of the Primary Care and Ob/Gynecology clinics which will occur in December 2024. Active patients from affected clinics were provided a list of resources with choices for future care. The Human Resources Department complied with the requirements of the Workers Adjustment and Retraining Notification to employees directly affected by the launch of transition activities as well as notification was made to the relevant union.

The hospital's policy on severance payments to non-union employees was revised effective August 26, 2024. The revision was necessary due to Council's action on the District's Approved FY 2025 Budget. The revision makes clear, that severance can only be paid if available funding is identified. Efforts continue to be made in collaboration with our Chief Financial Officer to identify funds from program areas, to offset the impact of Council's actions. To date, no funds have been identified that can be repurposed for severance. In the event funds are identified, UMC will provide severance to all eligible non-union employees affected by the wind-down to closure activities, prospectively and retrospectively.

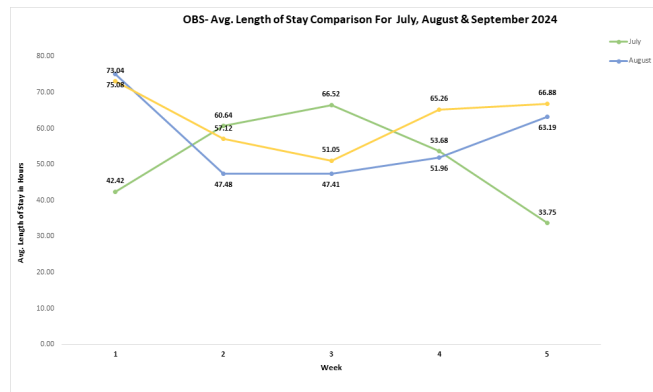
The Project Manager, Christopher Mosely, has been working with all UMC departments along with a select Work Group to formulate a comprehensive closure plan for the hospital. This closure plan will be presented to the Fiscal Management Board with the goal of an approval.

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.



OBS- Length of Stay in Hours

Week	July	August	September
1	42.42	75.08	73.04
2	60.64	47.48	57.12
3	66.52	47.41	51.05
4	53.68	51.96	65.26
5	33.75	63.19	66.88



UMC stakeholders collaborated with representatives from Department of Health Care Finance (DHCF), Deputy Major Health and Human Services (DMHHS) and Department Human Services (DHS) to determine a process on how to assist UMC with complex to discharge patients. The team has been meeting virtually every two weeks with real time strategies to assist UMC Case Management Department with placement of patients and new cases presented as they emerge. The length of stay (LOS) for the initial patients presented ranged from 32-262 days. A sample of barriers includes: awaiting housing voucher, unsafe housing conditions, denial by facilities due to diagnosis, and awaiting hearing to reinstate services for Behavioral Health patient.

Leadership continues to work with a vendor to provide Case Managers to support both Inpatient and the Emergency Department evening and night shifts. At least one candidate was provided for the ED's evening shift. UMC continues to work closely with our two vendors for ambulance transportation. It is evident that as UMC transitions towards closure, efficient transportation services will be an invaluable asset for effective operations as UMC discharges or transfers patients out for higher level of care.

The Information Technology (IT) Department continues to upgrade all systems and network systems with the latest patches. Upgrades were complete for the Pyxis medication dispensing system, 3M and wireless systems devices. The National Healthcare Safety Network (NHSN) reporting/ tracking system for healthcare-associated infection training was completed according to new regulatory requirements. All IT communications infrastructure continues to be maintained. There were no cyberattacks during the past month.

United Medical Center Nurse Leader met again with the Assistant Fire Chief, Emergency Medical Services, Prince George's County Fire/EMS Department, to strengthen our relationships, improve communication, and to clarify the clinical appropriateness of patients transported to UMC based on our level ED. In addition, there was a robust discussion on the differences between the District Emergency Medical System (EMS) and Prince George's EMS system in terms of ability to divert ambulances due to the emergency department activity status.



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. The self-paced training program which was projected to end in November is extended to December 2024; both full time and part-time UMC employees are eligible to participate in the program. There are 194 registered participants, 59% of participants completed at least one module per September's report from GW/UHS.

UMC partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, Grand Canyon, Chamberlain, Walden and George Washington University.

The 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