



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: January 22, 2025

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

2025 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, January 22, 2025. 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 –
December 11, 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: January
22, 2025**

**Reading and Approval of
Minutes**

Minutes Date:

December 11, 2024



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, December 11, 2024 3:30pm
Held via WebEx

Directors:

Chair Angell Jacobs, Robert Bobb, Donita Reid-Jackson, Girume Ashenafi, Dr. Malika Fair

UMC Staff: CEO Dr. Jacqueline Payne–Borden, CFO Lilian Chukwuma, CMO Dr. Mina Yacoub, Gen Counsel Eric Goulet, 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 Threet

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:40pm. Quorum determined by Eric Goulet.
Approval of Agenda	<i>Mot to approve agenda by Dir. Reid-Jackson, 2nd by Dir. Ashenafi unanimous vote</i>
Approval of Minutes	<i>Mot to approve minutes by Dir Bobb, 2nd by Dr. Fair unanimous vote.</i>
	<p>CMO Report – Dr. Yacoub</p> <ul style="list-style-type: none"> • Working with medical staff leadership to modify bylaws, allowing for extension of provider privileges through hospital closure, und dissolution of the medical staff department at closure. • Meanwhile, continuing to provide clinical services in the emergency department, BHU, and inpatient units.

- Identification and correction of errors in data submission uploads to CMS for core measures
- Collaboration with nursing to develop pressure ulcer reduction remediation plan
- Assisting with departmental safety issues resolutions e.g. building and facilities
- Communication with DC health about CT #2 downtime.
- No device related hospital acquired infection for the month of October.
- Mandatory influenza policy is currently in effect. Employee health clinic began to provide flu vaccines starting October 1 2024.
- Starting November 1, 2024 Center for Medicare and Medicaid services requires acute care hospitals to submit information on COVID, Influenza, and RSV to the National Healthcare Safety Network (NHSN) electronically.
- VP of pharmacy service continues to assist in co-chairing treatment initiatives and steering group of Live.Long. DC opioid strategic group. Ongoing initiatives working towards reduction *in* opioid use, misuse, and related deaths in the community.
- Ongoing monitoring of DC health initiatives for expected upcoming annual visit. This includes monitoring of all Class 11 to Class V usage in the hospital, initiating and assessing healthcare equity and equality metrics in collaboration with IT and ED.
- Methadone dose and confirmations with outpatient clinics for all doses.
- Ongoing monitoring and interventions with diabetic educator nurse for inpatient diabetes management per national patient safety goals.
- Ongoing monitoring for drug-drug interactions, monitoring and intervention and collaboration with infectious disease physicians for antimicrobial stewardship program.
- Hospital generally has agreements in place with both clinical and support services through March 31 2025. Support services such as IT, Pharmacy, transportation services, Case Management, are critical for the provision of basic clinical services, and have their respective vendor agreements in place through March 31⁵¹ 2025.
- Without these support services, clinical operations at the hospital would not be possible. The serious challenge would be if UMC is required to continue operations beyond March 31st 2025 until a time when Cedar Hills Regional Medical Center is ready to accept patients, coupled with vendor hesitancy to extend current agreements for a hospital slated to close soon.
- Understanding the time-frames usually required to opening date has been announced for Cedar Hill Regional Medical Center, hospital is working at this time to identify and implement a plan to allow for the extension of those support services beyond March 31, 2025 if needed.

MCOS Report – Dr. Francis O’Connell

- The inpatient and emergency services at UMC remain an essential part of the health and well-being of the people in the Southeast Washington DC.
- It remains critical for the hospital to continue its efforts in addressing unfilled vacancies in social work, case management and unit secretary positions to better accommodate the needs of patients and patient transfers to other hospitals.
- The medical staff remains aware of the focus on extended inpatient stays and the scrutiny of hospital admissions for medical necessity.
- As approximately one-third of inpatients have complex medical and psychosocial issues, a robust social work and case management infrastructure remains necessary to support timely discharges and transfers to other facilities.
- With the hospital closure approaching, preparations are underway for medical staff elections (to fill vacant positions), which will take place in the upcoming weeks. Additionally, an amendment to the medical staff bylaws, rules and regulations is in progress to extend all medical staff officer terms through the hospital's closure.
- These changes are part of a broader effort to ensure stability and continuity during the transition period.
- The medical staff remains engaged with the hospital's efforts to meet the ongoing needs of the community during the transition to Cedar Hill.

CNO Report – Teka Henderson, VP of Nursing

- Nursing leadership continues to focus on strategic efforts to improve operational efficiencies and ensure financial prudence. In October, only two contract staff members were on boarded. We are collaborating closely with the finance team to develop and implement strategic goals aimed at enhancing patient care and safety, improving operational efficiencies, and reducing costs. As part of this strategy, we have temporarily suspended onboarding any new contract labor from one agency to align with the upcoming contract expiration dates and the hospital closure plan.
- We are currently navigating the challenges associated with the pending closure. During this period of uncertainty, we are taking proactive steps to manage the transition effectively, emphasizing transparent communication and prioritizing employee engagement to maintain organizational stability. We understand that clear and consistent communication is crucial to ensuring success.
- Our commitment to supporting employees remains steadfast, as we focus on keeping them connected to their roles and the hospital's broader mission. By fostering a sense of purpose, optimism, and motivation, we aim to inspire resilience during this time.
- Despite the global challenges and the evolving landscape of our hospital, we remain steadfast in our commitment to our staff. Nursing leadership continues to demonstrate innovation, agility, and resilience in navigating these changes. We consistently acknowledge and express our deep gratitude to our staff for

their unwavering generosity, commitment, and dedication. UMC partnered with Cedar Hill Regional Medical Center this month to host a career fair for the new hospital. Employees were encouraged to take advantage of this onsite opportunity. UMC voluntary healthcare professional training program for all fulltime and part-time staff is extended through January.

- Over the past three months, since assuming leadership of case management in September, my team and I have been instrumental in ensuring the appropriate management of observation patients, facilitating timely inpatient admissions when needed, and coordinating prompt discharges to optimize patient flow and care efficiency. Currently, we are operating with three vacant positions. In September, we on boarded one contract labor employee and are scheduled to onboard two additional contract labor employees next month. This will help strengthen the team, enhance productivity, and improve the efficiency of patient care.

Executive Management Report - Dr. Jacqueline Payne Borden

- The Comprehensive Closure Plan that was approved by the Fiscal Management Board was presented to Christina Henderson, Chairperson, Committee on Health.
- The plan was electronically submitted to the State Health Planning and Development Agency (SHPDA), and the Health Regulation and Licensing Administration (HRLA). As a reminder, the plan consists of three distinct phases i.e. Phase 1 – Closure Specialty and Outpatient Services, Phase 2 – Closure Primary Care and Ob/Gyn Clinics and Phase 3- Closure Emergency Services, Inpatient and all Ancillary and Support Services.
- The initiation of Phase 3 is dependent on when Cedar Hill Regional Medical Center (CHRMC) is operational and ready to accept its first patient. United Medical Center’s leadership and Cedar Hill’s leadership has been in communication and will continue communication as UMC progress towards closure and CHRMC progress towards opening.
- The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posits for a safe and functional environment for all patients, visitors, and hospital employees.
- The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.
- UMC applied for and received its annual renewal Certificate of Licensure from The Department of Health (DOH)/Health Administration and Licensing Association (HRLA). UMC continues to maintain standards and readiness for any unannounced site visit by any licensing or accreditation agency.

- The Case Management leaders and other hospital team members, continues to collaborate every two weeks with representatives from Department of Health Care Finance (DHCF), The Office of the Deputy Mayor for Health and Human Services (DMHHS), Department Human Services (DHS) and Department of Behavioral Health (DBH) to strategize and bring solutions for complex to place/discharge patients. The length of stay (LOS) for these patients presented ranged from 32-340 days. The average number of complex to place/discharge patients range between 8-10 at any given time.
- 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.
- 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.
- Flu Season: the influenza vaccine is available at UMC's Occupational Health and remains mandatory for all personnel unless a waiver is provided. At present the compliance rate is 57.5%. The deadline to receive this immunization is the end of December 2024.
- The Information Technology (IT) Department continues to upgrade all systems and network systems with the latest patches. The National Healthcare Safety Network (NHSN) reporting/ tracking system for healthcare-associated infection additional training was completed according to new regulatory requirements. All IT communications infrastructure continues to be maintained. There were no cyberattacks during the past month.
- The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NPHC/UMC remains in progress. The self-paced training program is once again extended, now to the end of January 2025; both full time and part-time UMC employees are eligible to participate in the program. There are 210 registered participants, 64% of participants completed at least one module per October's report from GW/UHS.
- On Tuesday November 19, 2024, CHRMC hosted two recruitment fairs at UMC. One fair was strictly for UMC employees and other for the community. The community fair was held in the detached building located on campus.
- UMC partnerships continue with Trinity, Prince George's Community College, Washington Adventist University, Grand Canyon, Chamberlain, Walden and George Washington University.

	<ul style="list-style-type: none"> • 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. • Thanks to the Fiscal Management Board for all the support during 2024. On behalf of the entire Executive Leadership Team, I wish you all a safe, joyous Holiday Season, and a wonderful and blessed New Year. <p style="text-align: center;"><i>Mot to accept CEO, VP of Nursing, CMO and MCOS reports by Dr. Fair, 2nd by Director Reid-Jackson, 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 7% (\$7.8M) in FY24 due to an additional\$7M in District subsidy, better case mix and collection improvements. • Net patient revenue is approximately on budget in FY24 despite decreases in the following: <ul style="list-style-type: none"> • Admissions are lower than budget by 14% in FY24. • Surgeries are lower than budget by 18% in FY24. • Total operating expenses are higher than budget by 8% (\$8.4M) in FY24 due to the following: <ul style="list-style-type: none"> • Salaries are higher than budget by 9% (\$3.3M) in FY24 due to overtime. • Overtime is over \$2 million for FY24. • Employee benefits are higher than budget by 12% (\$1.3M) in FY24. • Contract labor is higher than budget by 43% (\$4.6M) in FY24. • Professional fees are lower than budget by 10% (\$1.5M) in FY24 due to better negotiated rates. • Purchased services are lower than budget by 14% (\$1.7M) in FY24. • Other expense are lower than budget by 19% (\$2.4M) in FY24. <p style="text-align: center;"><i>Motion to enter Closed Session by Director Ashenafi, 2nd by Dir. Bobb 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 4:31 pm.</p>

	<p>Closed session began at approximately 4:33 pm.</p> <ul style="list-style-type: none"> • MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Bobb, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Dir. Fair, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir Reid-Jackson, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Dir. Ashenafi.</p> <p style="text-align: center;"><i>Closed session ended at approximately 4:42pm</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. Ashenafi Meeting adjourned at approximately 4:48pm</p>



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**Monthly Board
Meeting**

**Date: January
22, 2025**

Consent Agenda



UMC
UNITED
MEDICAL CENTER

**Monthly Board
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**Date: January
22, 2025**

**CMO Report,
December 2024**

**Dr. Yacoub
Chief Medical Officer**

Chief Medical Officer Report

January 2025

As UMC moves towards anticipated closure in spring 2025, hospital continues to provide inpatient medical and surgical services in support of the Emergency Department, and continues to provide inpatient Behavioral Health services. We are seeing increased ED visits and admissions as expected for winter months.

Medical Staff elections were completed, with election of new vice-chair and two new members-at-large for MEC term beginning January 2025.

Medical Staff Bylaws have been updated to delineate the process of final closure of UMC Medical Staff office with hospital closure.

Retention of UMC staff continues to be a challenge as we further approach closure.

Cedar Hill Regional Medical Center CEO Dr. Anthony Coleman attended UMC Quarterly Medical Staff meeting January 8th, 2025 on invitation by Dr. G. Morrow. Meeting was constructive, and UMC medical staff had opportunity to ask questions and receive answers, including about Cedar Hill credentialing process.

UMC is continuing to partner with DC Health and Human Services to assist with discharge and placement of UMC patients who no longer meet medical necessity.

Communicating and coordinating with Cedar Hill Regional Medical Center's Chief Medical Officer and Case Management team to formalize a transfer process for patients who would meet medical necessity criteria and opt for transfer to Cedar Hill upon hospital opening.

Several crucial UMC physician provider contracts end March 31st, 2025 and UMC would need to ensure funding and contract extensions/agreements are in place to be able to continue providing care beyond that date.

Sincerely,
Mina Yacoub, MD
Chief Medical Officer
1/17/2025

Chief Medical Officer Report (cont`d)

Pharmacy & Therapeutics

Staffing Updates: As of December, 2024 the Department of Pharmacy had a total of 4 staff members resign. Contract for Aya extension of services has been approved for Department of Pharmacy. Onboarding of Pharmacists will ensue.

An official Department of Pharmacy Closure Policy to be presented for approval at January 2025 Pharmacy & Therapeutics to include new updates regarding “Pharmacy Working Conditions- Notice of Proposed Rule Making” as stated November 26, 2024 from DC HEALTH (Department of Health). The Policy will include scheduling/staffing updates as proposed by the District Government

IV Hood and IV Compounding room has been scheduled for certification in January 2025.

Narcan Kit distribution for December 2024 totaled 10 kits distributed within Ward 7/8 to both in-Patient and ED with the assistance of the ED Pharmacist. Annual totals to be presented at February MEC.

Not-For-Profit Hospital Corporation had a decrease with Medication Assisted Treatment of Opioid Use Disorder with a total of 7 doses of Suboxone distributed for December 2024 for both in-patient and ED. Annual totals to be presented in February MEC.

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. Discussion regarding next OSG Summit on Substance Use Disorder in the Elderly and Long –Acting Injectables (Suboxone and Naltrexone) use/billing.

VP of Pharmacy has been requested to serve as moderator for the January 27th 2025 LLDC Summit Group Panel on Long-Acting Injectables

Antimicrobial Stewardship Program November 2024 spend for antibiotics was \$15,355 with 3410 doses dispensed, antivirals spend was \$17,345 with 336 doses dispensed and antifungals was \$326 with 383 doses dispensed. For a total cost of \$33,083 and cost per patient days of \$20.38. December 2024 overall antimicrobial numbers saw an increase to \$27.49 cost per patient days.

- Overall, 2024 4th Quarter antibacterial averages of days of therapy, usage and spends are 7.2% lower than national and 5.0% lower than regional averages.
- Overall, 2024 4th Quarter antiviral days of therapy are 52.9% lower than national average and 58.3% lower than regional averages
- CMS/Joint Commission requirement for reduction of misuse and overuse of antibiotics in the hospital settings.
- Pharmacy Clinical Interventions for December 2024 totaled 145 with a \$15, 094 cost savings.

- 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 and collaboration with Diabetic Educator Nurse to monitor 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

Quality Improvement

1. Identifying and correcting errors in data submission uploads to CMS for core measures. Ensuring patient data (i.e., race, insurance, diagnosis) is accurate.
2. Reviewing ED discharge dates and times in the EMR (electronic file does not accurately reflect ED discharge times) for core measure submission.
3. Collaborated with nursing (ED) to develop and submit a plan of correction in response to the May 2024 complaint survey. DC Health was on-site for 2 days for follow up in November. Awaiting official report.
4. Collaborated with nursing (8w) to develop a pressure ulcer reduction remediation plan for staff (i.e., re-education of staff in huddles, leadership rounding).
5. Assisting with departmental safety issue resolution (i.e., wet ceiling tiles, full recycling bins).
6. Collaborated with Security in developing Code Strong Policy (ongoing) for de-escalation.
7. Collaboration with leadership for hospital closure activities.



UMC

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**Monthly Board
Meeting**

**Date: January
22, 2025**

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



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

DECEMBER 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 vital in supporting the health and well-being of Southeast Washington, DC. With no confirmed closure date for UMC or opening date for Cedar Hill Regional, it is imperative that UMC continues delivering essential care aligned with patient needs. A pressing concern is the increasing demand for reliable transport services for transferred and discharged patients, especially those critically ill. Currently, the hospital relies on a fragmented system of vendors, supplemented by other hospital systems and DC Fire and EMS. This approach exposes critically ill and vulnerable patients—such as those experiencing trauma, heart attacks, strokes, obstetric, surgical and medical emergencies—to delays and potential harm, especially when time-sensitive transport is unavailable. Addressing this gap is critical to safeguarding patient outcomes and ensuring timely care.

Medical staff elections are complete with extension of existing Medical Staff officers and filling of existing vacancies in the Vice Chief of Staff and Members-at-large positions.

The medical staff remains engaged with the hospital's efforts to meet the ongoing needs of the community during the transition to Cedar Hill.

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



Mina Yacoub, M.D., Chairman

DECEMBER 2024

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

In December, the Intensive Care Unit (ICU) had 65 admissions, 66 discharges, and 272 Patient Days. Average Length of Stay (ALOS) was 4.12 days. The ICU managed a total of 71 patients, and average daily census in December remained steady at 9 patients. There was one readmission to ICU within 48 hours of ICU discharge. There were 6 deaths for 66 discharges, with an overall ICU mortality rate of 9.1 %. Three patient was transferred to tertiary care hospital ICU for required higher level of care.

ICU Sepsis Data

The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). Detailed report is provided by Infection Prevention and Control. There were no cases of device related infections for ventilator, central lines or urinary tract infections related to indwelling catheters.

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

January 17, 2025



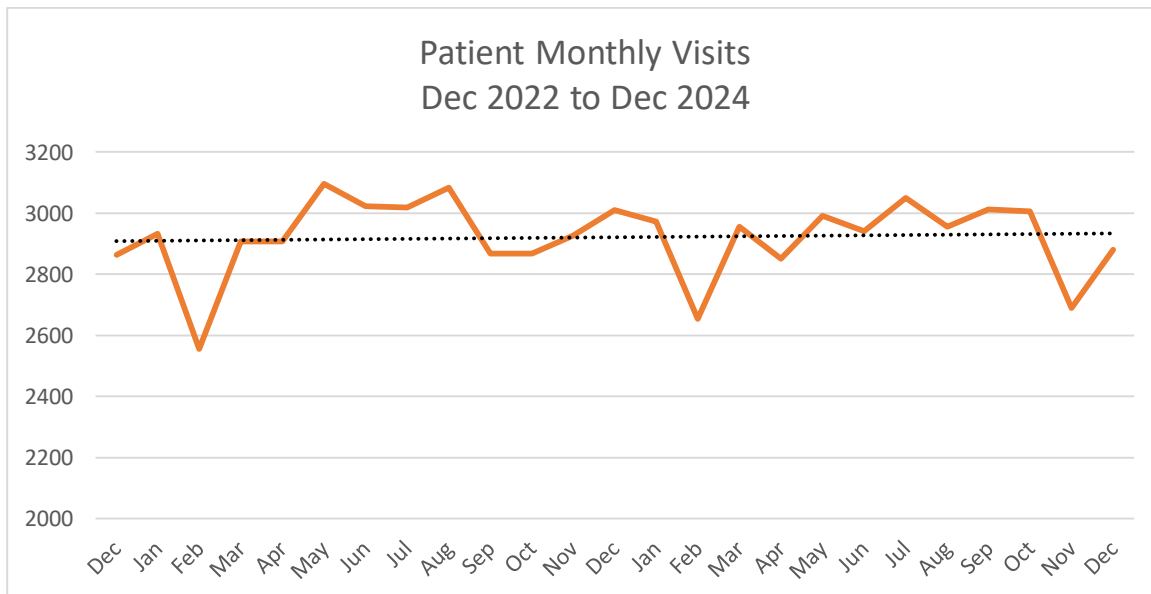
Francis O'Connell, M.D., Chairman

DECEMBER 2024

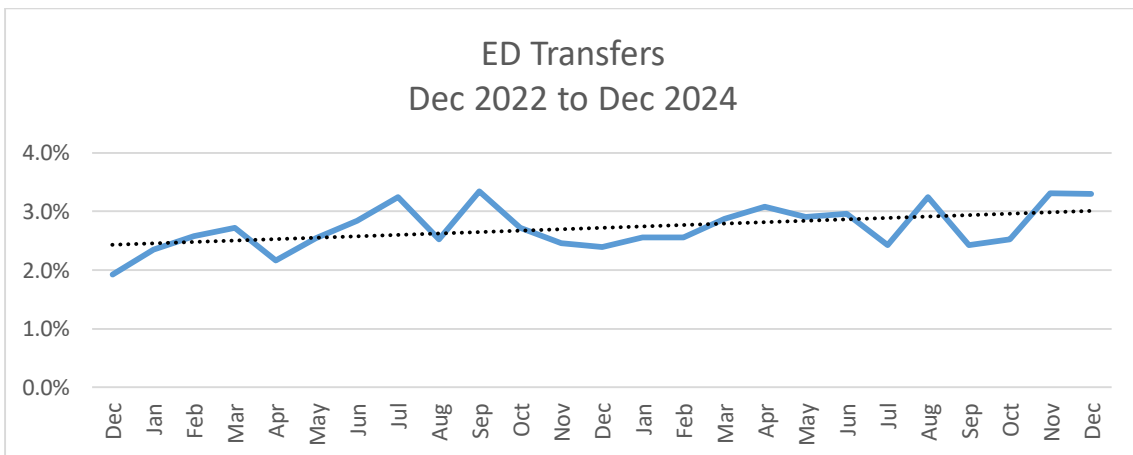
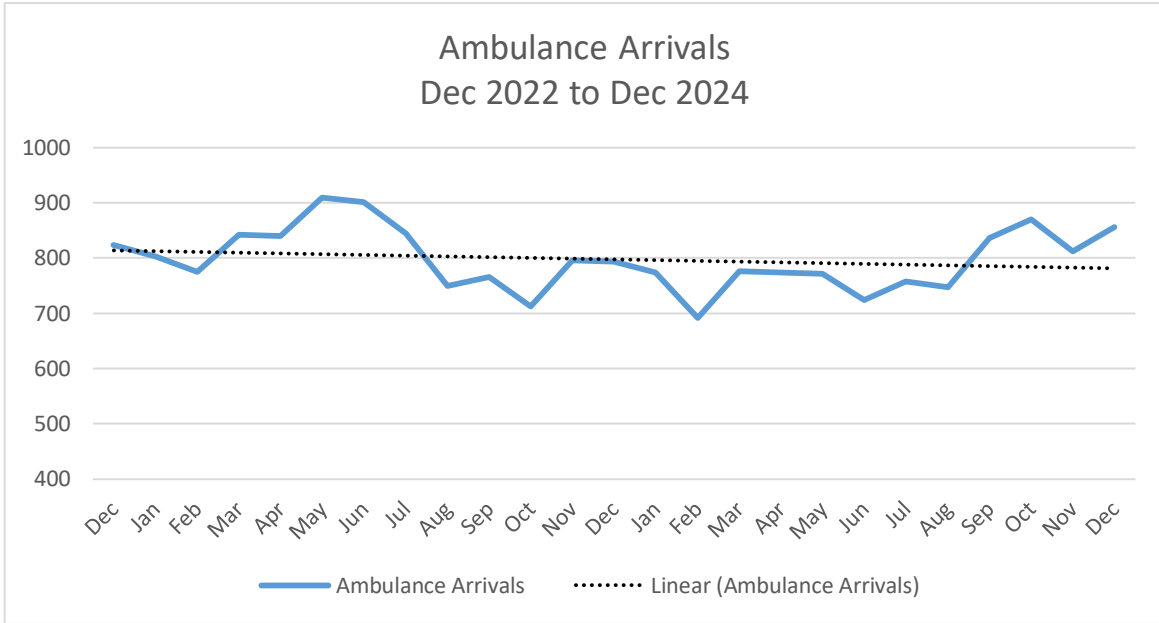
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for December 2024. Also included are graphic tables to better highlight important data. Data used for this and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's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

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

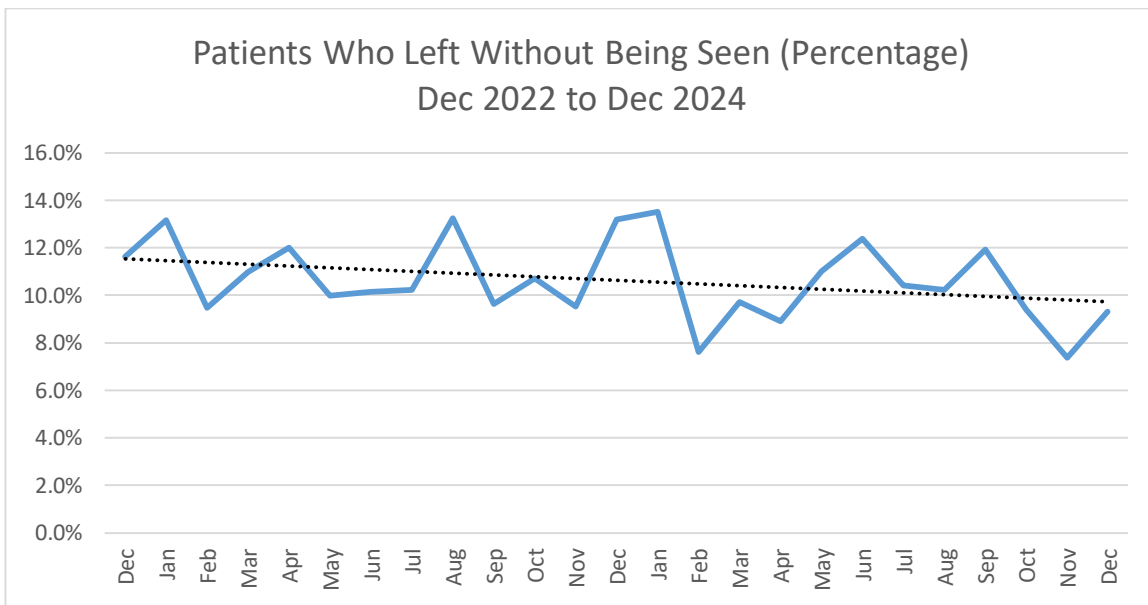
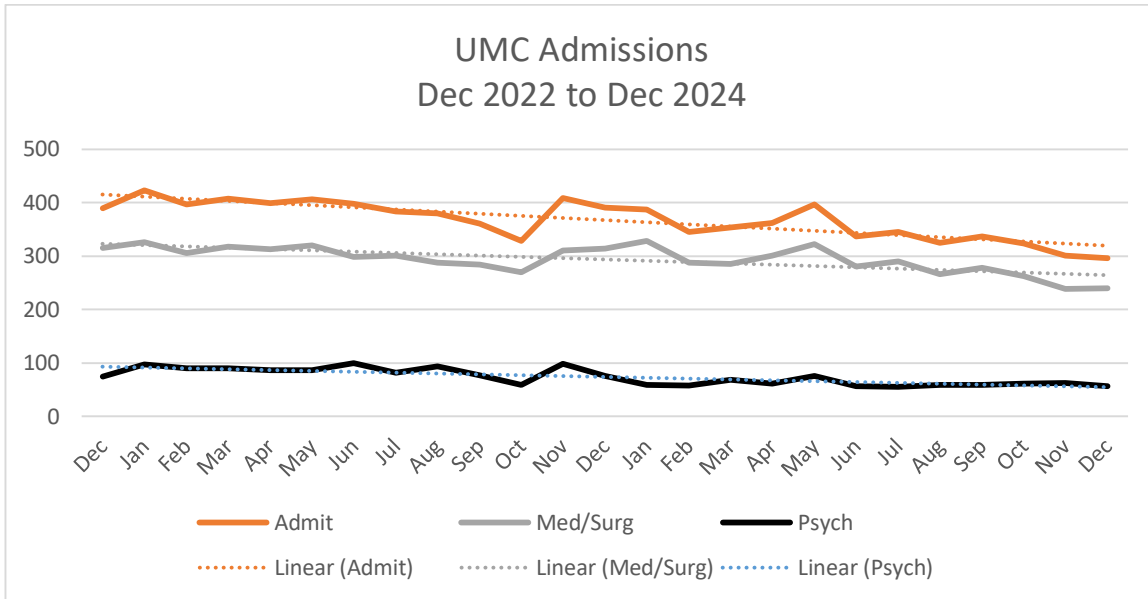
- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical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



Data tables:

ED Volume and Events						
	Dec 2022	%	Dec 2023	%	Dec 2024	%
Total patients	2864		3011		2881	
Daily Avg Census	92		97		93	
Ambulance Arrivals	824	28.8%	793	26.3%	856	29.7%
Admit	389	13.6%	390	13.0%	296	10.3%
• Med Surg	315	11.0%	314	10.4%	240	8.3%
• Psych	74	2.6%	76	2.5%	56	1.9%
Transfers	55	1.9%	72	2.4%	95	3.3%
LWBS	333	11.6%	397	13.2%	268	9.3%
Ambulance Admission Rate	32.5%		30.5%		22.0%	
Walk-In Admission Rate	5.9%		6.7%		5.3%	

Key Points:

1. The tabular data reported this month includes data from the past three years.
2. Trends for total ED visits (ambulances and walk-in visits) remains steady with minor month-to-month fluctuations
3. The LWBS gently trends downward over the past three years.
4. The number of transfers continues to trend upwards.

Commentary:

- **Staffing:** The steady number of total ED visits and Med/Surg admissions, underscores the need for consistent clinical staffing. This includes the recent improvements in ED social work coverage which are greatly appreciated.
- **Seasonal Preparedness:** The ED is seeing a rise in the number of respiratory illnesses (COVID, flu, and other viruses).
- **Transportation:** Currently, the hospital relies on a fragmented system of vendors, supplemented by other hospital systems and DC Fire and EMS to provide patient transportation. This approach exposes critically ill and vulnerable patients—such as those experiencing trauma, heart attacks, strokes, obstetric, surgical and medical emergencies—to delays and potential harm, especially when time-sensitive transport is unavailable. Addressing this gap is critical to patient care and safety.

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.

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



Musa Momoh, M.D., Chairman

DECEMBER 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	111	105	95	88	1220
HOSPITAL	119	99	89	112	101	109	96	96	111	106	95	88	1220
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%
REGULAR													
MEDICINE	215	199	200	191	218	173	197	172	174	157	143	156	2195
HOSPITAL	278	264	276	254	302	234	256	235	234	222	206	213	2974
PERCENTAGE	77%	75%	72%	75%	72%	74%	77%	73%	74%	71%	69%	73%	74%
DISCHARGES													
OBSERVATION													
MEDICINE	115	100	91	113	99	106	97	95	109	108	88	84	1205
HOSPITAL	115	100	91	113	99	106	97	95	109	109	88	84	1205
PERCENTAGE	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%
REGULAR													
MEDICINE	161	154	169	147	175	132	138	148	124	138	100	118	1704
HOSPITAL	224	216	241	208	254	195	195	211	186	201	159	176	2466
PERCENTAGE	72%	71%	70%	71%	69%	68%	71%	70%	67%	69%	63%	67%	69%
PROCEDURES													
HEMODIALYSIS	173	215	161	145	238	191	169	132	107	151	209	127	1973
EGD'S	12	18	15	16	22	19	16	15	11	11	11	11	177
PEG'S	1	2	3	0	5	6	5	3	1	1	2	0	29
COLONOSCOPY	23	19	21	30	17	23	31	22	6	4	4	4	204
ERCP	0	0	0	0	0	0	0	0	0	0	0	0	0
BRONCHOSCOPY	1	1	0	0	0	0	1	1	0	2	1	1	8
QUALITY													
Cases Referred to Peer Review	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Reviewed	0	0	0	0	0	0	0	0	0	0	0	0	0
Cases Closed	0	0	0	0	0	0	0	0	0	0	0	0	0

Musa Momoh, M.D.
Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

DECEMBER 2024

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators		Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD AVG/TOTAL	Improvement vs baseline
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6	96.0	97.8	97.3	96.5	97.8	97.7	96.4	98.1	97.1	96.9	96.1	96.0	97.0	1.38
	# test		255	205	159	212	172	207	195	190	209	136	176	153	157	2171	
	Chem12	95%	95.6	95.7	97.5	97.3	96.4	97.5	97.0	96.3	97.9	96.7	96.6	96.2	96.0	96.8	1.16
	# test		1143	1170	1141	1227	1207	1297	1194	1274	1219	1275	1245	1202	1265	14716	
	Troponin	95%	83.6	87.0	89.5	90.6	87.0	90.0	89.9	86.9	89.1	89.2	88.3	87.4	85.4	88.4	4.76
	# test		693	712	678	685	744	757	677	750	644	725	705	630	668	8375	
URINALY SIS	95%	97.6	98.0	96.0	98.4	96.1	97.9	97.9	97.5	97.3	98.6	98.3	97.8	97.6	96.6	97.5	(0.09)
	# test		903	921	843	942	904	945	901	987	976	951	891	897	883	11041	
STAT 60 minutes Volumes	Urine Drug	90%	91.0	89.8	93.0	92.4	92.1	95.1	93.5	96.7	95.6	96.0	97.4	97.5	92.6	94.3	3.31
	# test		178	168	187	185	152	208	186	186	186	204	157	207	176	2202	
	Covid PCR	90%	44.1	84.7	89.7	89.1	93.7	93.6	91.1	92.5	93.8	93.3	93.7	90.2	94.3	91.6	47.54
	# test		1107	1161	1002	985	846	839	755	911	934	936	847	786	940	10942	
	Average		146	50	48	48	45	44	45	47	43	45	43	46	43	45.6	100.42
Covid PCR(BHU)	90%	44.5	83.0	85.7	80.1	91.4	ORDER CODE DEACTIVATED SAME AS COVID PCR									85.1	40.55
	# test		110	97	91	101	94									383	
	Average	*1h 25m		51	50	52	47									50.0	
Blood Culture Contamination	Goal	YTD 2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
% Blood culture Contamination	<3%	10.9	9.1	8.5	10.1	7.6	8.6	5.9	8.8	6.8	7.5	5.5	4.9	4.7	7.3	(3.57)	
Volumes	Total	# test		429	365	395	395	421	373	401	366	281	311	286	342	4365	% of total Contaminated
Number Contaminated	# Total Contaminated	#		39	31	40	30	36	22	35	25	21	17	14	16	326	
Collected by Ed	# From ED	#		37	27	39	27	33	22	33	22	16	14	14	14	298	91.4%
Performance Indicators	Goal	Baseline 12/23	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion CT Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.1	1.1	1.2	1.2	1.3	1.2	1.2	1.2	1.2	1.1	1.2		1.2	
Wasted/Expired Blood and Blood Products; Target = 0	Waste d/Expired Blood and Blood Products; Target = 0	0	0	2	2	4	3	3	0	0	0	1	1	1	1	18	
STAT ED 30 minutes	CBC	95%	90.9	93.0	96.3	96.5	98.3	98.0	97.6	96.5	97.2	93.9	96.0	96.0	97.0	96.4	5.5
	# test		1331	1304	1268	1401	1346	1408	1356	1428	1360	1392	1370	1309	1379	16321	
45 minutes and Volumes	PT	95%	90.9	93.9	91.6	92.5	89.7	98.3	93.2	93.1	95.3	94.3	94.0	96.0	90.1	93.5	2.6
	# test		167	231	168	229	234	249	207	220	193	195	173	167	173	2439	
	PTT	95%	88.0	92.1	92.9	89.8	88.1	97.5	93.7	94.4	93.2	91.7	95.0	96.0	89.7	92.8	4.8
	# test		166	230	170	226	236	246	209	217	193	195	172	167	176	2437	

Summary for 2024 Notes: Chem 7 & 12 met the 95% goal in 45 minutes with 97% Urinalysis met the 95% goal in 45 minutes with 97.5%. Troponin did not meet the 95% in 45 minutes at 88.4% but has shown 5.8% improvement. Urine Drug met the 90% goal in 60 minutes at 94.3%. Covid met target 90% in 60 minutes at 91.6%. a 47.5% improvement. CBC met the 95% in 30 minutes at 96.4%. PT did not meet the 95% goal in 45 minutes at 93.5 but improved by 2.6% and PTT did not meet the 95% goal in 45 minutes, at 92.8%. but improved by 4.8%. Blood Culture contamination did not meet 3% but improved by 3.6% and trending down to less than 5%. 17 units of blood products wasted for the year, only . Phlebotomist 0 needlesticks. No safety concerns. **2 medical technologist not approved and 2 phlebotomist not approved to replace agency staff, 3 additional technologist left or reduced hours at UMC in Dec.** Overall the laboratory quality assurance and performance improvement program demonstrated improvements and compliance. Maintained College of American Pathologist Accreditation. Introduced a number of successful cost savings initiatives.

Sreedevi Kurella, M.D



Shanique Cartwright, M.D., Chairwoman

DECEMBER 2024

UMC Behavioral Health Unit December 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	3.85	4.54	3.78	3.77	
Voluntary Admissions	31	30	40	45	27	27	20	25	27	30	25	25	
Involuntary Admissions = FD12	83	109	100	87	56	33	38	38	33	35	38	32	
Total Admissions	114	139	140	132	83	60	58	63	60	65	63	57	
Average Daily Census	17	21	19	18	11	11	9	9	9	10	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	2.66	3.59	1.52	2.33	
# TeleCourt Meetings (Pt Hearings)	0	0	0	0	BHU 0/8W one	0	0	0	0	1	0	0	
# Psych Consultations	94	170	243	170	154	122	180	176	175	154	90	133	
Psychosocial Assessments (Target: 80%)	44%	62%	65%	73%	43%	43%	54%	56%	48%	42%	69%	70%	
Discharge													
Discharges	102	147	143	138	78	64	59	64	62	64	62	59	

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



Kusha Mehta, M.D., Chairman

DECEMBER 2024

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath	0		0		0		0	
CT Scan	33		644		97		774	
Fluoro	5		0		0		5	
Mammography	0		0		0		0	
Magnetic Resonance Angio	0		0		0		0	
Magnetic Resonance Imaging	0		0		0		0	
Nuclear Medicine	0		0		0		0	
Special Procedures	2		0		0		2	
Ultrasound	49		207		21		277	
X-ray	99		903		307		1309	
CNMC CT Scan	0		57		0		57	
CNMC X-ray	0		479		0		479	
Grand Total	188		2290		425		2903	

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:

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

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

DECEMBER 2024

For the month of December 2024, the Surgery Department performed a total of 50 procedures.

The chart and graph below show the annual and monthly trends over the last 6 years:

	2019	2020	2021	2022	2023	2024	2025
OCT	211	175	146	135	150	100	59
NOV	196	138	156	137	127	110	51
DEC	192	156	146	132	110	102	50
FIRST QUARTER TOTALS	599	469	448	404	387	312	160
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	55	
FOURTH QUARTER TOTALS	561	463	458	341	307	273	
ANNUAL TOTAL	2282	1633	1826	1522	1417	1205	110

This month ended with a **2.0% decrease** compared to last month and **51.0% decrease** compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- Closure of Specialty Clinics and Elective Outpatient 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%

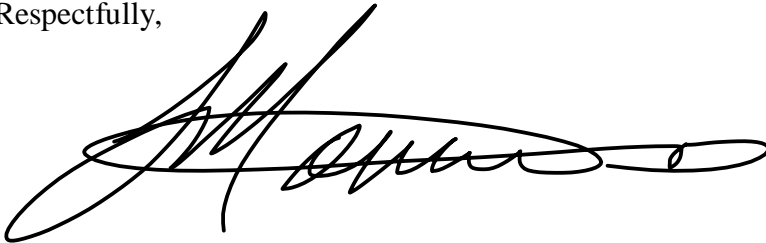
We remain below national benchmarks for our annual numbers.

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: January
22, 2025**

**Nursing
Department Report
for December 2024**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report December 2024

Overall State of Nursing Department(s)

Staffing:

With the upcoming closure of the hospital in three months, I am pleased to report that our staffing levels have been effectively managed to meet the needs of both our patients and staff. The census remains stable and continues to exceed expectations.

We continue to collaborate with two agencies for contract labor, and extending these contracts has allowed us to minimize the need for onboarding or hiring new staff. Our team remains committed to effectively managing overtime while ensuring the delivery of high-quality care, which is tailored to patient acuity and census levels.

Nursing Excellence

Our nursing staff remains deeply committed to upholding the highest standards of nursing excellence. They continue to work within the full scope of their certifications and licensure through the hospital's closure. We are equally dedicated to ensuring full compliance with regulatory requirements and maintaining adherence to all industry standards, reaffirming our commitment to exceptional patient care.

We are grateful for the opportunity to partner with Cedar Hill Regional Medical Center (CHRMC) through the Voluntary Training Program and the Onsite Career Fair. These initiatives play a key role in strengthening nursing excellence and advancing the professional development of our team.

Case Management

Case management has played a critical role in ensuring safe and timely discharges, from admission through discharge. We are currently managing a number of complex and challenging cases, including hard-to-place patients, and are collaborating with various local entities to facilitate appropriate placements and transitions. This has truly been a collaborative team effort, with everyone working together to ensure the best outcomes for our patients and the smooth operation of our services.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Restraints
December	65	9	16	15	5	1

There were 65 ICU admissions for the month of December compared to 64 last month.

Education

Heparin Infusion Protocol
 Certifications (ACLS/BLS)
 Hypoglycemia Protocol
 Hyperglycemia DKA or Tight Glucose Control protocol
 Insulin Administration for Accuracy
 Patient Consent Forms
 Suicide Risk and Prevention Training
 Foley Catheter Physician Orders
 Wound Care Protocol
 Braden Scores for skin assessment
 Turning and Repositioning
 Restraint Monitoring
 Medication management (administration/waste)

PI Initiatives

Continuation of wound Consults and initiation of treatment 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
December	46	46	0	5	0	0	0

There were 49 cases last month.

Education

Relias 2025 Hospital Based Mandatories

PI Initiatives

Pain medication care plan chart audits (PACU)
 Handwashing - PACU
 OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 3 insulin drips this month and 124 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 ORDER		226	371	229	316	242	511	571	248	149	206	143	159	826	1069	968	508	3371
Total # of Novolog orders administered correctly		179	344	221	306	234	502	566	246	148	205	142	158	744	1042	960	505	3251
% Compliance		79.2%	92.7%	96.5%	96.8%	96.7%	98.2%	99.1%	99.2%	99.3%	99.5%	99.3%	99.4%	90.1%	97.5%	99.2%	99.4%	96.4%

December compliance rate was 99.4%. The overall accuracy for the year is 96.4%. Insulin accuracy improvement has been achieved by the collaboration of administration, Nursing, Physicians, Quality, and Pharmacy. The implementation of scheduled orders for all insulin medication orders contributed to a significant improvement in insulin accuracy.

We will continue to use evidence-based practice and compliance according to the American Diabetes Association Standards of 2024-2025 until closure.

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 5 months.

Emergency Department

ED Metrics Empower Data	July	Aug	Sept	Oct	Nov	Dec
Visits	3057	2958	3014	3013	2693	2890
Change from Prior Year (Visits)	3019	3084	2867	2866	2927	3011
% Growth	1.24	-4.26	4.88	4.88	-8.69	-4.19
Ambulance Admitted	208	201	227	198	203	178
Ambulance Arrivals	757	747	837	870	812	857
Ambulance Patients Admission Conversion	0.27	0.27	0.28	0.23	0.25	0.21
% of ED patients arrived by Ambulance	0.25	0.25	0.27	0.29	0.30	0.30
% of Ambulance Patients Admitted	0.27	0.27	0.28	0.23	0.25	0.21

ED Metrics Empower Data	July	Aug	Sept	Oct	Nov	Dec
Door to triage	18	19	20	18	21	21
Door to room	90	88	97	77	75	94
Door to provider	100	96	108	91	87	105
Door to departure	258	253	263	242	250	272
Door to decision to admit	349	346	371	308	326	364

Education

BHU property list documentation

Influenza vaccine compliance-deadline

Vital signs and rounding notes Q2hrs/LWBS/ CSSR nursing documentation

Restraints: Mechanical: assessment every 15 minutes/Chemical: every 15 minutes x 2 hours

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12 (contraband search)

Service Recovery

none

Respiratory Therapy**Education**

Shift huddle education on patient advocacy, respiratory therapist responsibility and accountability.

PI Initiative

Critical value reporting compliance was 99.4%. Documentation compliance increased to 97%.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
December	1	20	9	8	3	24	73	0	13	151

Annual influenza (flu) vaccine administration began October 1, 2024 and employee deadline was December 31, 2024.

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
December	57 FD-12=32 Vol=25	9	1	3.77	56	0	0	0	0	0

There were no transfers to St. Elizabeth, one transfer to the medical floor, and no transfers from the medical floor to behavioral health for the month of December. There were no court appearance/commitment hearings.

Education

Education focused on securing patient property, safety and security rounds, environmental rounds and reporting of issues, and crisis intervention.

PI Initiatives

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

Respectfully submitted,

Dr. Teka Henderson, DNP, MSN, BSN, ADN, RN

Vice President of Nursing



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: January
22, 2025**

**Executive
Management Report
for December 2024**

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



Executive Leadership Board Report Meeting, January 2025

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:

Closure Plan Updates: The Hospital Closure Plan, Phase 2 – closure of the Primary Care and the Ob/Gynecology Clinics were successfully accomplished on December 20, 2024. Timely communication/notifications was provided to both internal and external stakeholders including patients, physicians, and staff. On January 8, the State Health Planning and Development Agency (SHPDA), authorized UMC's permanent closure of all outpatient services. In mid-November, the request for Phase 3 - closure of the Emergency Services, Inpatient and all Ancillary and Support Services was submitted to SHPDA and the Health Regulation and Licensing Administration (HRLA). After submission, SHPDA requested additional information such as demographics, zip codes, types of services, and complex to discharge patients data. The goal is to initiate Phase 3 when Cedar Hill Regional Medical Center (CHRMC) is operational and ready to accept the first patient. United Medical Center's leadership and CHRMC's leadership will continue working together as UMC progress towards closure and CHRMC progress towards opening.

Official patient and community wide closure communication is delayed pending SHPDA's review of closure plan. However, plans are in progress for roll out of communications campaign to include mailers, banners and communication with Wards 8 and Ward 7 Advisory Neighborhood Commissions (ANC). United Medical Center and CHRMC are contemplating having at least one joint messaging for the community.

Meetings are being scheduled with both DC and Prince George's County Fire and Emergency Services (FEMS) Fire Chiefs, Medical Directors, key UMC staff and physician leaders. This is in preparation for timely communication, strategic planning to ensure a safe and coordinated transport of patients to other healthcare facilities including coordinating ambulances and routes to minimize disruptions and ensure timely transfer of critical patients. The hospital currently has two transportation vendors with different capabilities and limitations.

The Case Management leaders and other hospital team members, continues to engage in productive bi-weekly work group with various external agencies lead the office of the Deputy Mayor of Health and Human Services (DMHHS) to strategize and bring solutions for complex to place/discharge patients. The length of stay (LOS) for these patients range from 32-365 days. A sample of barriers includes: awaiting feedback after applying for housing, awaiting acceptance to area nursing and rehabilitation facilities and level of care assessment. There were eight cases when the work group was initiated, that has decreased to three due to the excellent collaboration and commitment of the work group.



Overtime (OT) continues to be closely managed in all departments. Despite this, there are instances where OT is used to fill staffing gaps for safe, effective operations. Nursing and respiratory continues to be heavily dependent on current contract staff to fill needed gaps.

Flu Season: The mandatory influenza vaccine was available at UMC's Occupational Health from October through December 31, 2024. The current compliance rate is 98.5%. Staff or contractors who are not in compliance will have *voluntarily resigned their employment or privileges* per IC Policy 6-08.

The Information Technology (IT) Department continues to upgrade all systems and networks with the latest patches. Provided data for financial audits, assisted with cost reports, open enrollment and completed year end processing (benefits). Implemented *Closure Answering Service* for the Outpatient clinics. Phone lines for Outpatient clinics were configured to play recorded informational message when the lines are called. Installed a new security camera in the ED Bay patient entrance to replace outdated system. This system is compatible with the Omnilert Gun Detection System. All IT communications infrastructure continues to be maintained. There were no cyberattacks during December 2024.

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 ended on January 15. Fulltime and partime UMC employees were eligible to participate. There were 213 registered participants, 64% completed at least one module per December's report. A comprehensive report will be provided by GW/UHS by the end of this month as planned.

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.

All nursing programs have completed their clinical rotations at the Not-for-Profit-Hospital Corporation/UMC after many years of clinical affiliation. This month was the final clinical rotation due to pending closure. On behalf of UMC, we are grateful to all the schools for choosing our facility for their students. UMC valued the opportunities to contribute to their education and development while providing the students high-quality leaning experiences that reflect real-world challenges and rewards of nursing practice.

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



UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: January
22, 2025**

**Financial Report
Summary**

OCFO will give an oral presentation discussing year-end audit for FY 2024.

**Lilian Chukwuma
Chief Financial Officer**