



UMC  
UNITED  
MEDICAL CENTER

**Monthly Board  
Meeting Date:  
September 23,  
2025**

## **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**



**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 4:00pm on Tuesday, September 23, 2025. The meeting will be held via Zoom

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

**DRAFT AGENDA**

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES –March 30, 2025**
- V. EXECUTIVE MANAGEMENT REPORT  
Dr. Jacqueline Payne-Borden, CEO/CNO**
- VI. FINANCIAL REPORT  
Lillian Chukwuma, Chief Financial Officer**
- VII. PUBLIC COMMENT**
- VIII. OTHER BUSINESS**
  - A. Old Business**
  - B. New Business**
- IX. ANNOUNCEMENTS**
- X. 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).



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## **Reading and Approval of Minutes**

**Minutes Date:**

**April 30, 2025**



Not-For-Profit Hospital Corporation  
FISCAL CONTROL BOARD MEETING  
**Wednesday, April 30, 2025 12:00pm**  
**Held via WebEx**

**Directors:**

Chair Angell Jacobs, Deputy Mayor Wayne Turnage, Robert Bobb, Donita Reid-Jackson, Girume Ashenafi, (Dr. Malika Fair, Absent)

**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, Dr. Cheron Rust, Derrick Lockhart, Vineela Yannamreddy, LaMonica Threet

**Other:** Kai Blissett

Agenda Item	Discussion
<b>Call to Order/ Determination of Quorum</b>	By Chair Jacobs at approx 12:15 pm.  Quorum determined by Eric Goulet
<b>Approval of Agenda</b>	<i>Mot to approve agenda by Dir Reid-Jackson, 2nd Ashenafi; unanimous vote</i>
<b>Approval of Minutes</b>	<i>Mot to approve minutes by Dir Bobb, 2<sup>nd</sup> by Dir. Ashenafi; unanimous vote.</i>
	<b>CMO Report – Dr. Yacoub</b> <ul style="list-style-type: none"> <li>Dr. Yacoub presented a brief final CMO report that spoke to the successful closure of UMC and thanked everyone.</li> </ul>

### **Executive Management Report - Dr. Jacqueline Payne Borden**

- Closure Plan Updates: On February 6, Mayor Bowser announced April 15 as the opening of Cedar Hill Regional Medical Center (CHRMC)/GW Health. United Medical Center will cease all patient operations NLT 1159pm April 15. All employees received the required Worker Adjustment and Retraining Notification (WARN) letters. The three unions - District Nurses Association, Service Employees International Union and United Federation of Special Police and Security received timely notifications.
- During the month, key internal stakeholders prepared for a mock closure drill for the upcoming interfacility patient transfers on April 15. The actual drill was conducted on March 6, and successfully led by Teka Henderson, VP Nursing, Derrick Lockhart, VP Operations and Christopher Mosely, Project Manager, Hospital Closure, and members of various UMC departments. Invited external attendees included representatives from DC FEMS, PG FEMS, DC Health, State Health Planning and Development Agency (SHPDA) District Columbia Hospital Association (DCHA), Children's National Hospital, CHRMC, transportation companies Vesper and Protector.
- During the mock drill debrief, it was evident that UMC's current only transportation vendor with Advance Life Support (ALS) and Basic Life Support (BLS) capabilities would be challenged if UMC needed to transfer up to 30 patients within a 24-hour period. There was productive discourse about strategies to decrease patient throughput and increase transportation capabilities. The general message is: to close efficiently and timely, UMC must significantly decompress both the Emergency Department and Inpatient units. UMC and the office of the Deputy Mayor of Health and Human Services (DMHHS) spearheaded a work group with several District agencies within a very impressive compressed time to create and propose a time line of activities to accomplish efficient timely strategies leading up to and including the day of closure.

- Case Management leaders and other hospital team members, now engage in weekly vs bi-weekly work group with various external agencies lead by the office of the DMHHS to strategize and bring solutions for complex to place/discharge patients. At present there are 11 patients with length of stays between 20-454 days. The District’s Ombudsman was recently added to the work group; this has significantly facilitated expedient access to resources and follow through of key contributors. The work group’s goal is to have all these patients discharged from UMC by April 7.
- In preparation for closure and post closure activities, UMC remains in collaboration with external agencies such as Office of Risk Management (ORM), Department of General Services (DGS), Office of Contracting and Procurement (OCP) and Office of the Chief Technology Officer (OCTO).
- The Information Technology Department continues with monthly activities. The team is working closely with OCTO to migrate UMC Data Center, trained DGS staff on UMC’s video surveillance systems and granted access. Ongoing reporting for audits, completed attestations for promoting systems interoperability CY2024. Continue to maintain all IT and communication infrastructure There were no cyber-attacks for the month of February.
- On March 21, 2025, authorization to permanently close the hospital was received from SHPDA. The hospital continues to serve patients in the Emergency Department, Inpatients Units, Dialysis, Emergency Surgery, Post Anesthesia Care, in conjunction with all Ancillary and Support Services until end of day April 15, 2025. All departments within UMC will continue to provide services at or above the standards required by the various regulatory and accrediting agencies.
- As this is the last Fiscal Management Board meeting while the hospital remains operational; I would like to sincerely acknowledge and thank the employees, physicians and vendors for their unwavering commitment and support to this community and hospital for the many years whether during challenges or triumphs. Many thanks to the well credentialed and experienced Fiscal Management Board for the oversight, guidance, and the trust in our team that “UMC could run UMC.”

	<ul style="list-style-type: none"> <li>• <i>Mot to accept CMO and CEO reports by Dir. Bobb, Dir Reid Jackson, unanimous vote.</i></li> <li>• Lilian Chukwuma presented the Fiscal Management report for the period ending March 30, 2025, and reported that the hospital had successful ended operations with a positive balance.</li> </ul> <p><i>Mot to accept CFO report by Dir Reid Jackson, Ashenafi 2nd</i></p> <ul style="list-style-type: none"> <li>• <i>Mot to accept CMO and CEO reports by Dir. Bobb, Dir Reed Jackson, unanimous vote. 12:31pm</i></li> </ul>
<b>Public Comment</b>	No Public Comment
<b>Closed Session</b>	<p>Eric Goulet read the justification for entering Closed Session.</p> <p><i>Motion to enter closed session Dir Reid-Jackson, 2nd Dir Ashenafi</i></p> <p><i>Eric Goulet conducted roll call; unanimous</i></p> <p>Contracts and settlements presented by Kendrick Dandridge.</p> <p><i>Mot to approve contracts and settlements by DM Turnage, 2nd Ashenafi, unanimous vote.</i></p> <p>Mot to approve Board Resolution to allow for approval of settlements under \$200,000 and contract modifications under \$200,000 to contracts that are cumulatively over \$200,000 with the approval of the Board Chair.</p> <p><i>Motion to approve resolution by Dir Bobb, 2nd Ashenafi.</i></p> <p><i>Motion to end closed session DM Trunage, 2nd Ashenafi; Unanimous vote</i> Closed session ended at approximately 12:40pm</p>

<b>Announcements</b>	Chair stated that proposed contracts and settlements and a board resolution were approved in closed session.
<b>Adjourned.</b>	Mot to adjourn Turnage 2 <sup>nd</sup> by Dr. Ashenafi Meeting adjourned at approximately 12:43pm





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**Executive  
Management Report  
for September 2025**

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



## **Executive Leadership Board Report Meeting: September 2025**

### Chief Executive Officer's Final Board Report

#### Highlights:

The Not-For-Profit- Hospital Corporation d/b/a/ United Medical Center officially and seamlessly ceased all patient operations on 15 April at 12:01am simultaneously as the new Cedar Hill Regional Medical Center (CHRM) opened for patient operations. This successful closure was due to the full collaboration, coordinated efforts, and joint planning and execution of the "Safety First Wind Down Timeline" with partners such as Office of the Deputy Mayor for Health and Human Services (DMHHS), DC Health - Health Systems and Preparedness Administration (DSPA), DC Fire and Emergency (DC FEMS), State health Planning and Development Agency (SHPDA), District Columbia Hospital Association (DCHA), DC Health - Office of Health Care Facilities, Department of Behavioral Health (DBH), and UMC's Fiscal Management Board of Directors. Due to the extremely effective "Safety First Wind Down strategies, there were no patients that needed to be transferred from UMC to CHRM on their opening day.

#### Post Closure:

Centers for Medicare and Medicaid Services: Accepted UMC's voluntary termination of Medicare Enrollment Termination and Deactivation of Billing Privileges and Provider/Supplier Agreement Termination effective April 15, 2025.

Staffing: The majority of UMC's union and non-union employees had their last day on April 15. The remaining employees' last dates were staggered by department, depending on the post-closure activities involved. The post-closure activities included: decontamination, decommissioning of relevant medical equipment, working with vendors accounts, returning or coordinating the return of leased equipment, financial audits, and the preparation of final reports that were submitted to various accrediting/licensing bodies. The last 18 remaining employees are scheduled to have their final day on September 30, 2025.

Facility: Commencing in April, the Department of General Services (DGS), initiated the process of integrating the UMC facility into its portfolio for maintenance and security. This transition included a two-week period of collaboration with UMC facilities and security staff. Effective April the end of April, DGS on boarded a fulltime management staff with prior knowledge of UMC facility to assume day to day oversight.

In June, there were two incidents of unauthorized entry by squatters which was quickly resolved. In response to these incidents, DGS reinforced and boarded up the breached areas and other vulnerable points. In early September, there was a break-in at the Data Center, where four computer monitors were stolen. There was no data breach as monitors do not store data. All stored PCs were securely erased/wiped as part of the Information Technology (IT) Department's post closure activities. In response to the break-in, and to deter further incidents, the DGS facilities and protective services teams have implemented additional measures. These include welding some



doors shut and installing metal bars on others, including certain internal doors. DGS has also increased Security Officers (SO) during the day and Armed Special Police Officers (ASPO) overnight. Additionally, they are in the process of installing motion detector alarms and sensors on the ground and first floors.

Asset Management: The Office of Contracting and Procurement's (OCP), Surplus Property Division team has been on-site since patient operations ceased mid-April. The team has been preparing assets such as medical equipment and other surplus property, for an online auction. Signage have been strategically placed to direct customers for the inspection and pick up of auctioned items. It is projected that asset disposition will continue through fall and winter of 2025.

Information Technology: The Information Technology Department continued its monthly activities; there were no cyber-attacks. Post- closure activities are ongoing including the securing of hard drives and return of leased equipment. IT equipment that is no longer in use such as desktops, laptops, cell phones and iPads, have been securely wiped and handed over to OCP.

Data transfers to the Department of Health (DOH), National Healthcare Safety Network (NHSN), District of Columbia Hospital Association (DCHA) and relevant regulatory bodies have been completed. The IT team is working closely with Office of the Chief Technology Officer (OCTO) Enterprise Cloud and Infrastructure (ECIS) team to replicate the UMC data center in the OCTO environment. The UMC's data center will be decommissioned once the replication and migration of data is complete. UMC is working with OCTO and DC Net to ensure UMC's main line, 202-574-4600 and the Health Information Management (HIM) line, 202-574-6770 remains operational until a custodian is determined. The UMC's website will remain operational beyond the dissolution of the hospital. In addition, there is collaboration with OCP and the District of Columbia Health Care Finance (DHCF) to onboard vendors (e.g. Meditech, UKG, CloudWave, and Plan Source) necessary to maintain the continuity of services required to obtain archives and hand them over to a custodian.

As we hold our final board meeting, I want to extend my sincere gratitude to the entire team, especially those who are remaining on board to see the hospital through its dissolution. My deepest thanks go to Chair Jacobs for her exceptional guidance and unwavering support, which was provided at any time, day or night. I also want to express my thanks to the highly credentialed and experienced Fiscal Management Board Directors for the oversight, direction and trust in me and our team that "UMC could run UMC."

Respectfully submitted,

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



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**Financial Report  
Summary - August  
2025**

**Lilian Chukwuma  
Chief Financial Officer**

**NFPHC UNITED MEDICAL CENTER**  
**Statements of Net Position**  
**August 31, 2025 and 2024**

	ASSETS	Aug-25	Aug-24
Current assets:			
Cash	\$	5,805,924	21,323,011
Patient receivables, net of allowances for estimated uncollectibles		-	11,601,200
Inventories		-	3,893,047
Prepaid expenses and other assets		-	1,015,498
<b>Total current assets</b>		5,805,924 -	37,832,756
Capital assets, net		-	28,909,575
<b>Total assets</b>		<b>5,805,924</b>	<b>66,742,330</b>
<b>LIABILITIES AND NET POSITION</b>			
Current liabilities:			
Accounts payable and accrued expenses		-	11,478,094
Accrued salaries and benefits			2,403,936
Other liabilities		-	1,904,145
<b>Total current liabilities</b>		-	15,786,175
Unearned Grant Income			3,010,834
Estimated settlements due to third party payors, net of current portion		4,590,634	5,112,751
Other long-term liabilities		-	3,657,475
<b>Total noncurrent liabilities</b>		<b>4,590,634</b>	<b>11,781,060</b>
<b>Total liabilities</b>		<b>4,590,634</b>	<b>27,567,235</b>
Net position:			
Net investment in capital assets		-	28,909,575
Restricted for:			
Expendable			
Capital projects		-	5,701,408
Unrestricted		1,215,291	4,564,112
<b>Total net position</b>	\$	<b>1,215,291</b>	<b>\$ 39,175,095</b>

**NFPHC UNITED MEDICAL CENTER**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**For the Years Ended August 31, 2025 and 2024**

	<u>Aug-25</u>	<u>Aug-24</u>
<b>Operating revenues:</b>		
Patient service revenue, net of contractual allowance and other adjustments	28,099,985	83,524,374
Provision for bad debts	<u>(6,674,003)</u>	<u>(14,418,553)</u>
Net patient service revenue, less provision for bad debts	21,425,981	69,105,821
Disproportionate share revenues	374,546	\$ 6,476,185
Grant revenues	-	250,367
District Grants	26,000,000	20,000,000
Other operating revenues	<u>1,673,174</u>	<u>2,648,119</u>
<b>Total operating revenues</b>	<u>49,473,702</u>	<u>98,480,492</u>
<b>Operating expenses:</b>		
Salaries and wages	24,594,117	38,055,438
Employee benefits	6,939,598	11,647,817
Contract labor	7,502,916	14,219,243
Supplies	6,386,166	7,651,283
Professional fees	6,715,156	13,338,569
Purchased services	5,342,533	10,014,926
Depreciation and amortization	7,492,704	13,029,207
Utilities	2,045,651	4,037,140
Insurance	6,021,619	3,764,882
Rent and leases	488,126	274,883
Repairs and maintenance	693,121	1,140,752
Other expenses	<u>(601,481)</u>	<u>1,216,680</u>
<b>Total operating expenses</b>	<u>73,620,227</u>	<u>118,390,819</u>
<b>Operating Income/(Loss)</b>	<u>(24,146,525)</u>	<u>(19,910,327)</u>
<b>Changes in net position</b>	<u>(24,146,525)</u>	<u>(19,910,327)</u>
Net position, beginning of year	50,966,525	59,085,422
Transfers to District of Columbia	<u>(25,604,709)</u>	<u>-</u>
<b>Net position, end of year</b>	<u>\$ 1,215,291</u>	<u>\$ 39,175,095</u>