

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Not-for-Profit Hospital Corporation

United Medical Center



Colene Daniel

Chief Executive Officer, United Medical Center

Before the

COMMITTEE ON HEALTH

Honorable Vincent C. Gray, Chairperson

Annual Performance Oversight Hearing

Thursday, March 4, 2021

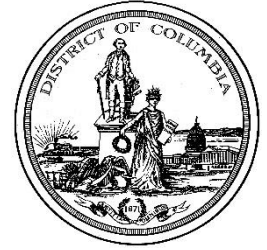
John A. Wilson Building

1350 Pennsylvania Avenue, N.W.

Washington, D.C. 20004

Not-for-Profit Hospital Corporation – United Medical Center (UMC)
FY20-21 Performance Oversight Questions

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHAIRMAN VINCENT C. GRAY
COUNCILMEMBER, WARD 7**



**NOT-FOR-PROFIT HOSPITAL CORPORATION – UNITED MEDICAL CENTER (UMC)
FY20-21 PERFORMANCE OVERSIGHT QUESTIONS**

1. What was the amount of the local funds subsidy that was provided to UMC by the District in FY20?

During fiscal year 2020, UMC received a total local subsidy of \$22.1 million dollars of which \$15 million was recurring and \$7.13745 million was a one-time subsidy.

2. What is the District's approved local subsidy for UMC for FY21?

The DC Council approved local subsidy for fiscal year 2021 is \$15 million dollars.

3. Is UMC currently projected to have a surplus or deficit in FY21, and if a deficit is projected, what are solutions for closing the projected funding gap? Please provide the date for which the data is reported.

As of December 2020, UMC has a deficit of \$30 million dollars. Mazars, the current operator continues to identify gap closing measures and, subject to the approval of the Board these measures will be implemented to close as much of this operating deficit as possible. Depending on the Board's decision on Mazars' proposed plans, subject to review and input from the Mayor and Council regarding certain policy decisions on the operations at the hospital, this shortfall could potentially carryover to fiscal year 2022 and require additional funding from the city.

4. Please provide the annual reports for the Not-for-Profit Hospital Corporation for Fiscal Years 2019 and 2020.

Please refer to attachment #1.

5. Please provide all of UMC's bi-weekly newsletters published in calendar year 2021.

Please refer to attachment #2.

6. Please provide a link to the board book from the most recent meeting of the Not-for-Profit Hospital Corporation's Board of Directors.

Board Books from the open session of the NFPHC Monthly Board meeting may be found on the hospitals website at: <https://www.unitedmedicaldc.com/board-archives/>. Please refer to attachment #3.

Not-for-Profit Hospital Corporation – United Medical Center (UMC)
FY20-21 Performance Oversight Questions

7. Please provide copies of any COVID-19 vaccination outreach materials provided to the community.

Please refer to attachment #4.

8. How many COVID-19 vaccinations has UMC provided? Please provide the date for which the data is reported.

As of February 22, 2021 UMC has provided a total of 4,167 doses of the COVID-19 vaccine.

Please refer to attachment #5.

9. What percentage of UMC staff have been fully and partially vaccinated for COVID-19? Please provide the date for which the data is reported.

As of February 21, 2021 35.15% of UMC staff members have been fully vaccinated.

10. Please provide a chart detailing UMC's capital budget for FY20 and FY21 that includes approved budgets and a spending plan, which includes expenditures, encumbrances, pre-encumbrances, and other planned expenditures.

UMC's spend plans related to the funds below were last adjusted in December 2020 and still under EOM/OBPM review. Once approved, copies will be provided to the Council Committee.

○ FY20 Budgeted (District MOU)	\$4,500,000
▪ Facilities/Infrastructure	\$3,000,000
▪ Routine Capital	\$505,000
▪ Information Technology	\$995,000
○ FY21 Budgeted (District MOU)	\$3,000,000
▪ Facilities/Infrastructure	\$1,000,000
▪ Routine Capital	\$1,500,000
▪ Information Technology	\$500,000

UMC's Capital Plan continues to:

- Maintain levels of standards required by a regulatory authority and/or directly related to the health and safety of the community utilizing/working at the facility.*
- Comply with the facility condition assessment recommendations to address the aging infrastructure, to reduce the severity and frequency of major capital incidents and to maintain a secure and safe environment for our staff and patients.*
- Secure clinical documentation and meet the financial reporting requirements.*

Not-for-Profit Hospital Corporation – United Medical Center (UMC)
FY20-21 Performance Oversight Questions

- *Address information technology to support cybersecurity, network and infrastructure needs.*
- *Anticipate the opening of the New Hospital pursuant to recently enacted District laws and maintain compliance with life safety and environment of care standards during the wind down period.*

11. At the March 4, 2021 FY 20-21 performance oversight hearing, the Committee on Health will be asking about the findings of the Office of the Inspector General's Not-for-Profit Hospital Corporation Management Recommendations report for the Fiscal Year ending on September 30, 2020. Please provide any written responses to these findings updating the Committee on UMC's efforts to respond to the audit findings.

UMC is pleased to report that there were no findings or recommendations for the fiscal year ending September 30, 2020.

2019 Annual Report of the Not-for-Profit Hospital Corporation – United Medical Center

Presented by:
Colene Y.
Daniel, Chief
Executive
Officer



UMC

UNITED
MEDICAL CENTER

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Introduction

- This annual report for the United Medical Center details the major accomplishments achieved during Fiscal Year 2019 and the challenges which had to be addressed. During FY19, the UMC Board of Directors, Mazars, hospital staff members, Medical Staff, and the Office of the Chief Financial Officer continued to face challenges related to providing much needed high quality health care services within the communities of Wards 7 and 8 with limited fiscal resources, an infrastructure which is rapidly deteriorating, and rumors/misconception that UMC is either closed or about to close.
- Notwithstanding these challenges, we are happy to be able to report that UMC is alive and well, and thriving in terms of providing high quality care, meeting the basic emergency, acute care (with the exception of obstetrics), primary care, and long term care needs of the Ward 7 and Ward 8 communities.
- Despite the misinformation about the status of the Hospital and the subsequent continued decline in patient volumes (see Table 1), we managed to turn UMC's financial bottom line around with the assistance of the District subsidy and DSH funds.
- This success was the result of the commitment of the Board of Directors, Mazars' leadership, highly dedicated employees and physicians, and the continued support of the Mayor and District of Columbia Council.

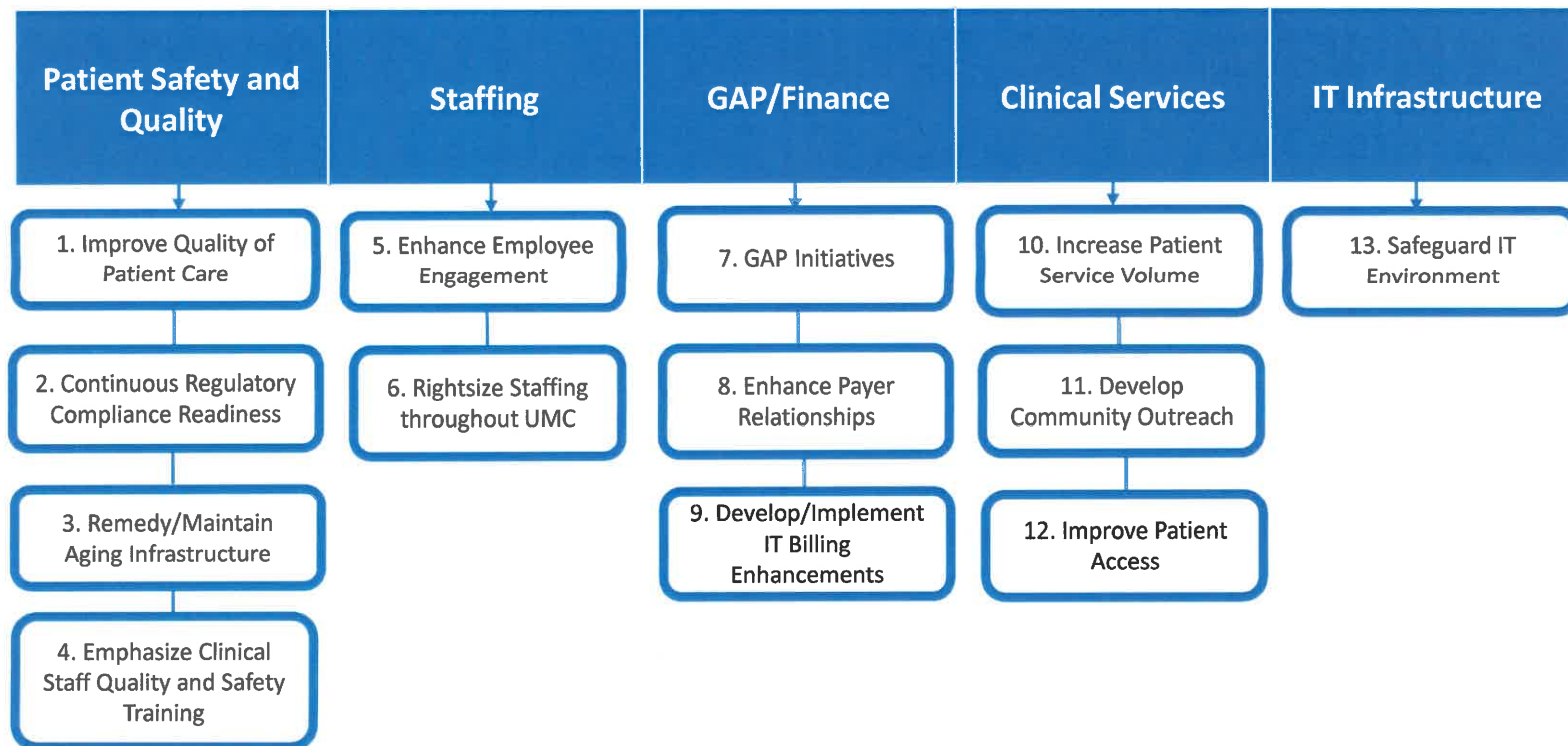
Introduction

Table 1: Patient Volume

	FY19	FY18	FY17
Total Admissions	4,952	5,112	6,616
Behavioral Health Admissions	1,373	1,002	811
ED Visits	51,939	57,297	58,867
Outpatient Visits	29,007	33,254	35,181
SNF Admissions	60	74	83

UMC FY19 Goals

Based on our assessment, the specific challenges identified during the past year, and an effort to maintain the progress made during FY18, we established major goals for FY19.



UMC FY19 Goals

Highlights of the progress made during FY19 include the following within each of the five pillars.

- **Patient Safety and Quality**

- Established the foundation for a patient-centered culture of safety
- Sustained a strong record preventing hospital acquired infections; recorded no central line, urinary catheter or ventilator associated infections
- Set measurable quality metrics for each unit
- Revamped communications and tracking of patient concerns
- Fully integrated GWMFA ED and Hospitalist group into a high functioning and best practice seamless care team for UMC patients

UMC FY19 Goals

- **Patient Safety and Quality (continued)**

- Established safety/quality daily huddles for each unit and the Executive team
- Upgraded internal wireless network and rolled out mobile phones to nursing staff
- Replaced servers and workstations on wheels (WOWs) which were broken/nonfunctioning or were unable to run current upgraded software
- Revamped and provided patient safety and quality training for new physicians
- Developed online educational material for new providers to be used during the onboarding process
- Redesigned ligature free area with 3 rooms in the ED to address the needs of FD-12 behavioral health consumers

UMC FY19 Goals

- **Patient Safety and Quality (continued)**
 - Improved patient satisfaction

Patient Satisfaction Scores			
CAHPS	2017	2018	2019 YTD
Rate hospital 0-10	45.1 ▲	39.3 ▼	47.0 ▲
Recommend the hospital	31.3 ▼	28.1 ▼	34.1 ▲
Cleanliness of hospital environment	58.5 ▲	54.5 ▼	65.9 ▲
Quietness of hospital environment	52.4 ▼	49.5 ▼	45.0 ▼
Comm w/ Nurses	63.6 ▼	59.2 ▼	65.6 ▲
Response of Hosp Staff	41.6 ▲	37.3 ▼	44.5 ▲
Comm w/ Doctors	72.0 ▼	62.6 ▼	67.8 ▲
Hospital Environment	55.5 ▲	52.0 ▼	55.4 ▲
Communication About Pain	-	40.8	45.1 ▲
Comm About Medicines	52.3 ▲	46.5 ▼	50.0 ▲
Discharge Information	68.4 ▲	68.8 ▲	75.9 ▲

Source: Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS)

UMC FY19 Goals

- **Patient Safety and Quality (continued)**

- In accordance with the District of Columbia's mandate to limit capital improvements to the facility given the plans to replace this structure within the near future, we have performed only emergent repairs and preventive maintenance that was absolutely necessary to provide a safe environment for patients and staff and avoid a negative impact on meeting regulatory requirements.
 - Due to flooding we relocated the ICU and moved all patients without incident
 - Replaced backup chiller and cooling towers mitigating risk
 - Completed roofing repairs thus eliminating structural concerns
 - Installed new air conditioning units in the CT rooms
 - Replaced all o-ring oxygen outlets in the ED bays
 - Replaced built-in refrigerators and freezers in the kitchen

UMC FY19 Goals

- **Staffing**
 - Rightsized staffing to reflect current patient volumes without any elimination of bedside personnel. To meet the fiscal constraints of the budget, we had a Reduction in Force without negatively impacting the quality of care provided.
 - Revamped the staffing makeup to more efficiently meet the needs of FD-12 behavioral health patients
 - With the assistance of the Board leadership, initiated sitter program to provide one-on-one patient coverage for specific needs where appropriate
 - To maintain employee morale, we have improved communications and contact with the staff on all shifts through daily Executive rounds and Town Hall meetings

UMC FY19 Goals

- **Finance**

- Obtained DSH payments through the diligent efforts of the CFO and the Deputy Mayor, who also serves as Chair of the Board's Finance Committee
- Improved clinical documentation and charge capture through the diligent efforts of the leadership team, UMC medical staff, IT department, and the Medical Records department
- Realigned the staffing organizational structure to reflect the lower patient volumes and maintain a balanced budget without negatively impacting the quality of care
- Increased behavioral health patient volume while providing a much needed service in the primary service area
- Reduced expenditures on supplies and services
- Adjusted par levels for supplies on the units to ensure availability of necessary supplies and proper inventory turns

UMC FY19 Goals

- **Finance (continued)**

- Implemented plan to reduce expenditures for physician coverage in clinics and anesthesia to more effectively provide the level of services needed
- Decreased hospital spend on pharmaceuticals by updating formulary and increasing inventory turns (i.e., number of times an item is utilized)
- Interfaced Meditech (UMC's hospital information system) and eClinicalWorks (eCW) (UMC's ambulatory information system) to enhance outpatient billing capabilities
- Met federal guidelines for utilization of Electronic Medical Records (EMR) resulting in the attainment of Meaningful Use dollars at the Hospital
- Implemented discharge planning software to provide the necessary tools to assist Case Management in the appropriate discharge of patients in a timely manner

UMC FY19 Goals

- **Clinical Services**

- Attained approval from the Board and the DC Department of Health for replacement of the MRI which was contributing to a reduction in patient volumes and transfer of all inpatients and outpatients needing MRI services
- Developed and began to implement plans to enhance patient throughput in the ED as well as inpatient services
- Utilizing industry standard clinical criteria, began to realize an appropriate reduction in the length of stay for observation patients
- Increased admissions of psychiatric patients based on community outreach efforts
- Implemented scanning of supplies by nursing staff which streamlined the process and improved the availability of critical supplies
- Strengthened community relationships; Executive team participated in meetings with numerous community organizations including Ward 8 Health Council, DC Senior Advisory Coalition, UDC, Iona, Pennsylvania Avenue Baptist Church, and Mayor's Commission on Healthcare System Transformation to improve the needed health care services being provided in the community

UMC FY19 Goals

- **IT Infrastructure**

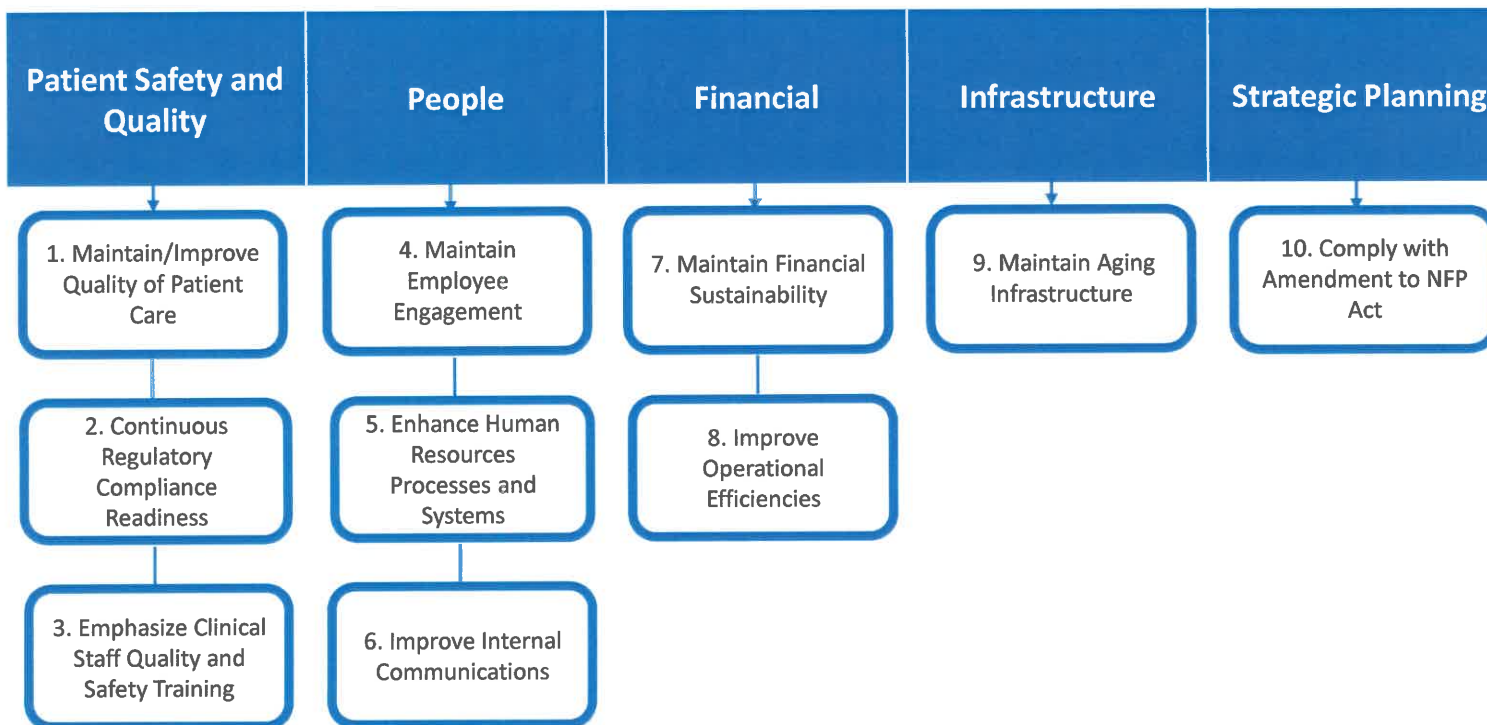
- Installed backup power in several of the IT closets to prevent total loss of access to critical systems
- Organized and cleaned up data center and closets to eliminate potential disasters and enable staff to remedy problems more efficiently
- Completed encryption of all data at rest for UMC data center systems
- Implemented screen locks on devices throughout UMC
- Upgraded numerous systems to enable UMC to meet regulatory requirements, remain within the vendor's support window, and to enhance the systems' capabilities

Conclusion

- Significant progress was made during FY19
 - Achieved and maintained high quality patient care
 - Overcame the challenges of a deteriorating infrastructure and a reduction in patient volumes
 - Operated within fiscal constraints
 - Remained mindful of the District's plans for the future of healthcare in Wards 7 and 8
- In spite of the public's misbelief that UMC is either closed or about to be closed, we were able to make the necessary adjustments to stay within the approved budget with the District's support
- During FY20, we will be faced with many of the same challenges and will need to focus on increasing the patient volumes in order to stay viable until the new replacement facility is built and operational
- Lastly, we would like to thank the UMC Board, medical staff, and all UMC employees, who through these challenging times, have continued to put our patients first and provide quality care.

UMC FY20 Goals

Based on the specific challenges encountered during the past year, the mandates of the Amendment to the NFP Act, and an effort to maintain the progress made during FY19, we established major goals for FY20.



UMC FY20 Goals

Much of our effort in FY20 will be focused on reversing the trend of declining patient volumes. To this end, we have already initiated numerous initiatives including...

- Enhance the Emergency Department patient flow and reduce the wait time in collaboration with GW MFA (e.g., establish a “super fast track”, restructure the staffing to efficiently handle FD-12 patients, improve the admitting process and prioritize timely ambulance offloading)
- Develop a concerted recruitment and retention program for key clinical positions the cost of which will be offset by the reduction in overtime and agency utilization

UMC FY20 Goals

- Continue to develop community and industry relationships to share our health care expertise and promote health literacy, and explore solutions to current challenges of placement following discharge
- Executive attendance at monthly community meetings including Ward 8 Health Council meetings and DC Senior Advisory Coalition events
- Collaborate with District agencies and local schools and organizations on workforce development



2020 Annual Report of the Not-for-Profit Hospital Corporation

Submitted by:

Colene Y. Daniel

Chief Executive Officer

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HISTORY OF NFPHC

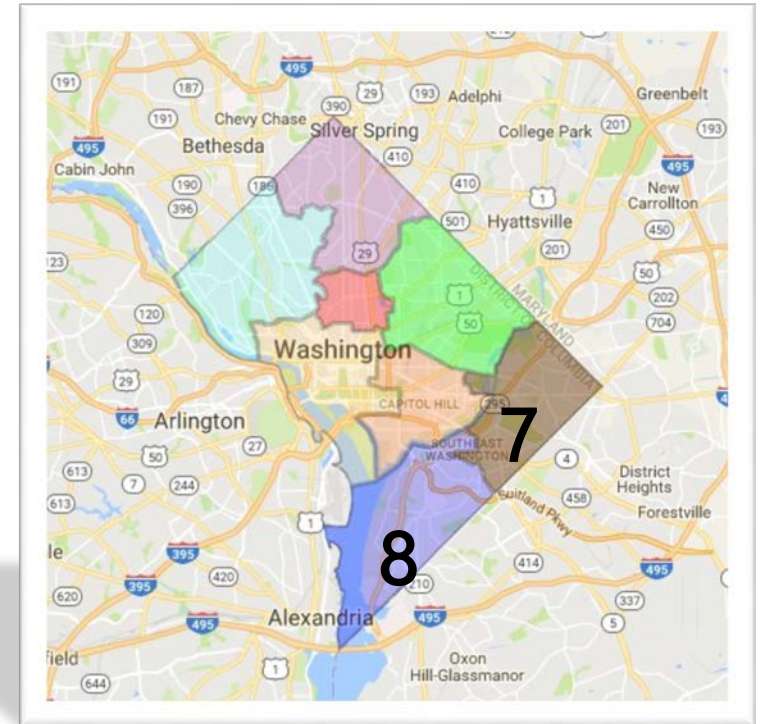
- The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC, is a District of Columbia government hospital (not a private 501(c)(3) entity) serving Southeast DC and surrounding Maryland communities.
- In 2010, NFPHC Establishment Act was created by the District of Columbia as an instrumentality which has a separate legal existence within the District Government.

At A Glance...

- Began as 380-bed Morris Cafritz Memorial Hospital in 1966.
- Renamed as Greater Southeast Community Hospital in 1974.
- Opened a 180-bed nursing home in 1980.
- Opened a second facility in Fort Washington Medical Center in 1983.
- Became United Medical Center in 2008.
- Had multiple owners from 1999-2010.
- Became part of the Government of the District of Columbia in 2010.

WHO WE SERVE

- UMC offers community based services primarily to District residents residing east of the Anacostia River in Wards 7 and 8 and the southern end of Prince George's County, Maryland.
- The primary service area includes over 200,000 residents.



MISSION & VISION

Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care.

Our Vision

- UMC is an efficient, patient-focused, provider of high quality healthcare the community needs.
- UMC will employ innovative approaches that yield excellent experiences.
- UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.
- UMC will empower healthcare professionals to live up to their potential to benefit our patients.
- UMC will collaborate with others to provide high value, integrated and patient-centered services.

Executive Summary

Throughout FY20, we focused on meeting the community's need for quality health services, including remaining ready for the expected COVID-19 surge (as of February), maintaining a safe environment for our patients, staff, and visitors, successfully completing the DC Health, CMS, and Joint Commission surveys, and completed the year with a slight net gain. This report delineates the progress made through September 2020, as well as, the challenges encountered in UMC's efforts to maintain or improve quality as well as organizational and operational efficiencies within the organization's budgetary limitations. As is the case around the nation and in all DC hospitals, the unprecedented public health crisis due to COVID-19 has had a major negative impact on the budget and UMC's ability to make significant progress on some of its initiatives.

Executive Summary

Major Accomplishments

- Infection control performance remained well above national standard benchmarks throughout the year with no Catheter-Associated Urinary Tract infections and no Central Line-Associated Blood Stream infections.
- ICU mortality rate due to sepsis was at 9.7% in September including COVID-19 patients. In FY20, the ICU mortality rate was 11.1% (excluding COVID-19 patients) well within the national standard of 15%.
- Enhanced COVID-19 testing to provide 100% in-house testing with faster turnaround times to support clinical workflow.
- No elopements of FD-12 patients during FY20.
- Observation ALOS has been reduced by 22% during FY20 from 56.3 hours in FY19 to 43.7 hours in FY20. ■
- The overall Press Ganey score for inpatients increased 16.5% to 50.8 for FY20 from 43.6 in FY19. For the Emergency Department, the overall Press Ganey score increased 28.3% to 49.1 from 38.3 in FY19.. ■
- Increased CBE/SBE spend by 48% from \$3.8M in FY19 to \$6.2M in FY20. ■
- Finished the year with a net gain.

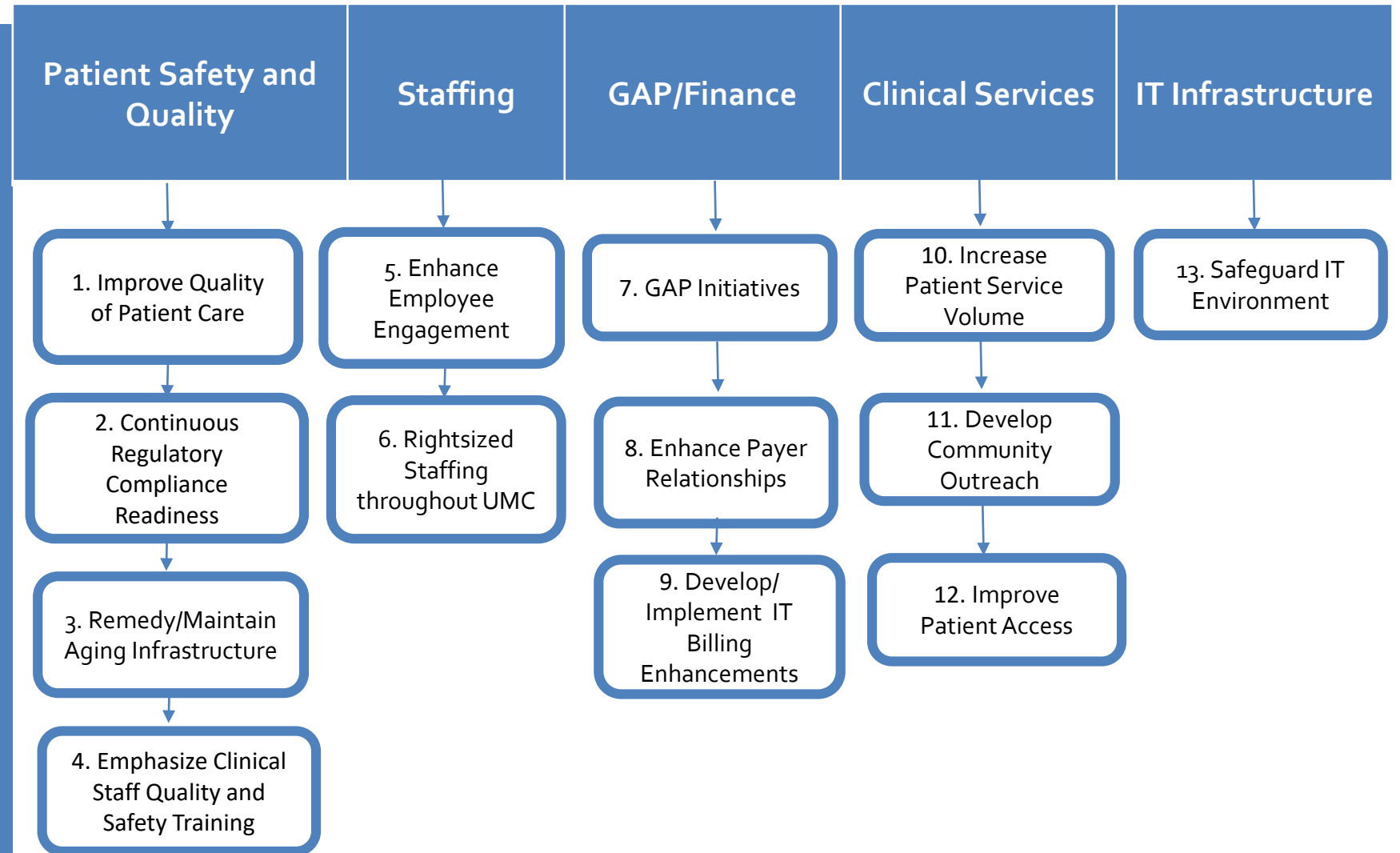
Executive Summary

Challenges

The Hospital continued to face numerous challenges in terms of fiscal stability, declining patient volumes, and infrastructure deterioration. Major challenges included:

- UMC had to maintain its readiness to address the needs of the community which has been deemed to be the epicenter of the COVID-19 pandemic in DC.
- Poor condition of infrastructure; worn plumbing resulted in several major flooding disruptions including in the OR and the ER negatively impacting our ability to provide care to patients.
- In FY20 admissions declined by 6.3% from the prior year (4,646 in FY20 versus 4,959 in FY19). Much of the reduction in admissions was due to the need to discontinue elective surgeries in preparation for the COVID-19 surge as well as the environmental disruptions due to the poor condition of the infrastructure.
- ED visits were down in FY20 by 17.5% (42,356 visits versus 51,349 in FY19).
- Providing care for COVID-19 patients and continuing to provide a safe environment for our staff.
- Key clinical and technical personnel vacancies which were exacerbated by the staff quarantined due to COVID-19.

FY 2020 Goals & Objectives



Goal 1: Patient Safety & Quality

Patient Safety and Quality

- UMC continued to have no Catheter-Associated Urinary Tract Infections or Central Line-Associated Blood Stream Infections during FY20.
- ICU mortality rate due to sepsis was at 9.7% in September including COVID-19 patients. In FY20, the ICU mortality rate was 11.1% (excluding COVID-19 patients) well within the national standard of 15%.
- No FD-12 elopements in FY20. Maintained greater than 95% compliance with FD-12 process.
- The overall Press Ganey score for inpatients increased 16.5% to 50.8 for FY20 from 43.6 in FY19. For the Emergency Department, the overall Press Ganey score increased 28.3% to 49.1 from 38.3 in FY19..
- Developed medication reconciliation alert for inpatients in Meditech which helped improve compliance during the fourth quarter by 16.4% from 69.9% in FY19 to 81.2% in FY20.
- Enhanced COVID-19 testing to provide 100% in-house testing with faster turnaround times to support clinical workflow.
- Held daily Executive huddles and monthly Quality & Safety Audits with departments to strengthen employee morale and improve communications.
- Continued to provide Joint Commission Readiness training during departmental huddles.

Goal 1: Patient Safety & Quality

Patient safety and quality is paramount at the Not-For-Profit Hospital Corporation.

- At the beginning of FY20, NFPHC began building the foundation for a patient-centered culture of safety, by conducting the Agency for Healthcare Quality and Research's Culture of Safety Survey.
 - The Culture of Safety Survey was administered to all staff members to obtain a baseline understanding of staff views regarding NFPHC's safety culture.
 - As a result of survey results NFPHC began presenting monthly education programs on the "Culture of Safety" for patients, visitors, and staff.

During fiscal 2020, the hospital focused on numerous measures to improve patient safety and improve the quality of care. In addition to the Culture of Safety Survey, NFPHC also:

- Established safety/quality daily huddles for each unit and daily huddles for the entire Management Council.
- Upgraded internal wireless network and rolled out mobile phones to nursing staff.
- Replaced servers and workstations on wheels (WOWs) which were broken/nonfunctioning or were unable to run current upgraded software.
- Revamped and provided patient safety and quality training for new physicians.
- Developed online educational material for new providers to be used during the onboarding process for staff and contractors.
- Redesigned ligature free area in the Emergency Department to address the needs of FD-12 behavioral health patients.
- Implemented direct electronic submission to DOH for Syndromic Surveillance and laboratory data.

Goal 1: Patient Safety & Quality (cont.)

- Revived the Ethics Committee which had been inactive for years. The current committee is comprised of 20 individuals of diverse disciplines. This patient centered committee meets quarterly when possible.
- Reinvigorated the Sepsis Committee. Improved Meditech flow- including the sepsis bundle, and improved early detection of patients who present with sepsis.
- Training provided for employees in the new Patient Care Sitter role to enhance care and safety of patients with cognitive impairments.
- Robust competency assessment and training for all nursing personnel. In response to global pandemic training included:
 - Personal Protective Equipment (refresher)
 - Care of the Covid-19 Positive patient
- Fully integrated GWMFA ED and Hospitalist group into a high functioning and best practice seamless care team for UMC patients.

The NFPHC also continued to focus on improving patient satisfaction scores as indicated below.

Goal 1: Patient Safety & Quality (cont.)

CAHPS	2017	2018	2019	2020
Rate Hospital 0 - 10	45.1	39.3	47.0	52.3
Recommend the hospital	31.3	28.1	34.1	34.9
Communication with Nurses	63.6	59.2	65.6	67.2
Response of Hospital Staff	41.6	37.3	44.5	48.4
Communication with Physician	72.0	62.6	67.8	80.6
Hospital Environment	55.5	52.0	55.4	55.7
Cleanliness of hospital environment	58.5	54.5	65.9	61.4
Quietness of hospital environment	52.4	49.5	45.0	50.0
Communication about Pain	N/A	40.8	45.1	N/A
Communication about Medicines	52.3	46.5	50.0	58.3
Discharge Information	68.4	68.8	75.9	73.7

Source: Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Goal 1: Patient Safety & Quality (cont.)

- Working with nursing, quality and physician leadership the Information Technology (IT) area created many enhancements in Meditech, including:
 - Sepsis evaluation tool.
 - Foley catheter documentation
 - Malnutrition assessment
 - Medication Assisted Treatment Plans
 - Electronic prescriptions for new UMC pharmacy
 - Wound Care plan and treatment
 - Accessibility to in process ED documentation
 - Pharmacy Titration toolsets
 - Updated downtime reports for all clinical areas
- Implemented ambulatory OB/GYN clinic documentation in eClinicalWorks.
- Designed and implemented an Intranet, that included access to:
 - An extensive COVID dashboard for easy and timely access to patient tests and COVID news.
 - Expanded clinical, quality, and management reports.

Goal 2: Continued Regulatory Compliance Readiness

In FY20 and calendar year 2020, NFPHC successfully completed an unprecedented number of reaccreditations, surveys, and inspections.

These activities not only required an enormous amount of time, energy, focus, education and training of the staff, and rewriting & updating of policies; but also had a significant impact on the operational budget.



DC | HEALTH



Goal 2: Continued Regulatory Compliance Readiness

The completed surveys include:

- Mock Survey – The Joint Commission – December 2019
- College of American Pathologist Reaccreditation – January 2020
- DC Health SNF Survey – January 2020
- Mammography Quality Standards/FDA Survey – February 2020
- IV Hood Certification – February 2020
- American Association of Blood Bank Reaccreditation – March 2020
- DC Health Hospital Survey – March 2020
- The Joint Commission – November 2020
- Boiler Inspection – December 2020
- Finance Interim Financial Audit – Finance Year-End Audit – December 2020
- The Leapfrog Group – Hospital Safety Survey – December 2020

Goal 2: Continued Regulatory Compliance Readiness COVID-19 Surge Planning & Preparations

In March 2020, NFPHC began to develop plans and implement processes to “ready” the hospital for COVID-19 patients. The overall goal was to provide excellent care to keep our patients and staff safe. On April 10, 2020, all D.C. area hospitals were asked to increase bed capacity by 125%. NFPHC worked with Russel Philips Associates and the DC Health Task Force to provide a complement of 153 inpatient surge beds and 20 emergency surge beds by May 15, 2020.

The UMC Executive Team worked and focused on the COVID-19 Surge Plan, which included the following:

- Worked with the Mayor’s Task Force to establish the UMC campus as one of the District’s first COVID-19 testing sites.
- Completed multiple surveys and data requests from DCHA, DC Health, and the COVID-19 Task Force.
- Developed with the UMC Management Team the “Crisis Standards of Care” staffing ratios as a foundation for the COVID-19 budget.

Goal 2: Continued Regulatory Compliance Readiness COVID-19 Surge Planning & Preparations (cont.)

- Surveyed the campus with Russel Phillips Associates for the purpose of validating the final surge bed count – Total 277 Beds.
- Based upon the surge bed plan, developed the operations and capital “readiness” budgets.
- Completed agreements guaranteeing the increase in Surge Beds per the Mayor’s Declaration, federal payment, the DC Government Grant, and temporary closure of the Skilled Nursing Facility.
- Executed an agreement effective May 11, 2020 with Medstar Health Corporation (“Medstar”) regarding the use of UMC’s CMS Certification Number (“CCN”) at the Walter E. Washington Convention Center COVID-19 alternate healthcare site (“ACS”).
- Completed “CMS - 116 CLIA (Clinical Laboratory Improvement Amendments) and DC Pharmacy License and Control Applications and amended our Radiology license registration to include three additional devices, and to add Walter E. Washington Convention Center COVID-19 alternate healthcare site and testing equipment.

Goal 2: Continued Regulatory Compliance Readiness COVID-19 Surge Planning & Preparations (cont.)

- Information Technology (IT) completed surge preparations in Meditech:
 - Created new nursing units.
 - Established new room and ancillary charge set ups.
 - Implemented new documentation screens.
 - Interfaced Meditech with attached medical devices (e.g., STATS).
 - Created user logons and training for new and temporary clinical, financial and administrative end-users.
- IT deployed technology infrastructure components for the COVID surge:
 - Additional desktops, workstations on wheels, phones, printers, and other peripherals for three (3) tents and a new inpatient unit.
 - Established wireless connectivity between tents and main hospital
 - Replaced televisions on new COVID-19 floors.
 - Updated nurse-patient call systems on new COVID-19 floors.
 - Provided new switches and network drops for all COVID-19 area devices, including workstations, telemetry, and patient room cameras.
 - Installed monitors in hallways for nurses to monitor telemetry patients.

Goal 2: Continued Regulatory Compliance Readiness (Corporate Compliance)

The hospital is committed to creating and maintaining a “Culture of Compliance” that is driven by our Mission, Vision, and Values, that enhances the safety and quality of care enjoyed by our patients, and that enables a workplace environment where all employees can thrive.

Through the efforts of our new Chief Compliance Officer, the NFPHC:

- Improved communications and contact with the staff on all shifts through daily executive rounds.
- Enhanced the New Employee Orientation and departmental training programs regarding Code of Conduct/Culture of Safety.
- Reviewed and updated the compliance program’s policies and procedures.

Goal 2: Continued Regulatory Compliance Readiness (Corporate Compliance)

- Conducted a review, investigation, and completion of all outstanding compliance hotline inquiries.
- Implemented more frequent routine checks on government exclusions lists to ensure the NFPHC is compliant with federal and local procurement rules. (OIG, GSA).
- Created and began High Reliability Organization and Quadruple Aim training with leaders in the nursing, emergency medicine, behavior health, and information technology departments, consistent with the hospital's FY21 strategic goals.
- Reviewed cyber-coverage policy, limits, and scope of coverage to ensure proper coverage, in collaboration with Risk Management.

Goal 2: Continued Regulatory Compliance Readiness (Corporate Compliance)

- Developed an Enterprise Risk Management initiative, which was presented to and approved by the Governance Committee, Board of Directors, Medical Executive Committee, Medical Staff and hospital management for FY21 roll-out.
- Prepared for and presented to Joint Commission Surveyors regarding the Culture of Safety within the hospital, including Culture of Safety training to new employees and contractors, medical staff, Board of Directors, and hospital managers; reviewed and updated hospital Code of Conduct in preparation for Survey.
- Commenced a Compliance Program Benchmark Assessment.

Goal 3: Continued Remedy/ Maintain Aging Infrastructure

The NFPHC experienced several disruptions to service during FY20 and calendar year 2020 due to the aging infrastructure. To bring services back online and maintain patient and staff safety, the hospital completed several construction projects with the assistance and support of the federal and District governments.

Month	Incident(s)	Impact	District Support
June	Cooling : Chiller	Diversion	HSEMA, DC Health
	Water Intrusion (2)	Contract labor, OT	
July	Electrical: Power outage	Diversion	HSEMA, DCFEMS, DC Health
	Water Intrusion (2)	Contract labor, OT	
August	Water Intrusion (4)	Contract labor, OT	
September	Flood: ED	Diversion	DC Health
	Water Intrusion (10)	Contract labor, OT	
October	IT: Outlook down	Contract labor, OT	DC OCTO
	Planned Water shutdown	Diversion	DC Health
November	Flood: ED	Diversion	DC Health
	Flood: Kitchen	Contract labor, OT	

Goal 3: Continued Remedy/ Maintain Aging Infrastructure

Completed Projects

Refurbish the Intensive Care Unit (electrical, mechanical & clinical upgrades).

3rd Floor 6 Patient Rooms Converted to Negative Pressure Rooms.

3rd Floor Medical Gas Pipe Upgrade (Air, Gas, Vacuum).

Medical Gas Master Alarm Panels Upgrades.

ICU Emergency Power Electrical Upgrade.

Operating Theater Isolating Room, & Scope Cleaning Room negative pressure fan unit installs.

Upgraded #4 Air Handler Unit for the Operating Theater.

3rd Floor Reopening – Telemetry Equipment Installation.

Refurbished the sterile processing unit to meet new OHSA and NFPA Standards.

Built and deployed over 500 workstations (desktops, laptops) and 15 servers to improve functionality and install supported and secure operating systems.

Expanded and improved wireless coverage for UMC workstations, laptops and mobile devices.

Goal 4: Emphasize Clinical Staff Quality & Safety Training



Middle managers play a vital role in the success of our safety, quality improvement efforts, and patient experience. In their role, middle managers must translate strategic-level goals into actionable improvement at the department or unit level, train and engage staff. In 2020 UMC offered numerous educational & training programs to ensure management had:

- Knowledge of quality improvement methodologies in order to coach teams and guide improvement efforts.
- Ability to establish clear quality and safety goals for the microsystem that are aligned with the strategic goals of the hospital/organization.
- Knowledge of measurement and resource utilization.
- Ability to foster an environment characterized by a culture of teamwork and enhanced communication among members of the healthcare team.
- Ability to teach and coach staff on the basic skills needed to engage in improvement efforts.



Goal 4: Emphasize Clinical Staff Quality & Safety Training (cont.)

- Implemented bi-weekly educational sessions on DC Health, CMS, and Joint Commission standards to ensure that staff understood the 2020 standards and had implemented the standards correctly.
- Developed and began to implement plans to enhance patient throughput in the Emergency Department, as well as inpatient services by establishing the Emergency Efficiency Committee. The committee has established matrix and new nursing education programs to improve quality.
- Utilized industry standard clinical criteria, began to realize an appropriate reduction in the length of stay for observation patients through the retraining of Case Managers and Social Workers.
- Increased admissions of psychiatric patients based on community outreach efforts, collaboration with providers, and additional training of the staff.
- Educated and implemented scanning of supplies by nursing staff which streamlined the process and improved the availability of critical supplies.



Goal 5: Enhance Employee Engagement

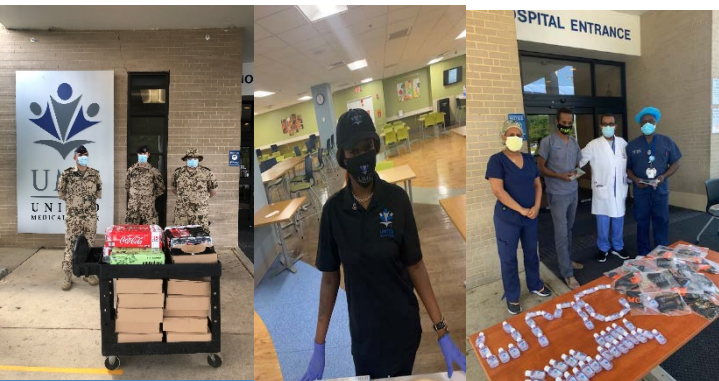
The NFPHC significantly increased its efforts to improve employee engagement and satisfaction. These efforts were enhanced by the outpouring of support from local businesses and community organizations seeking to give back to frontline healthcare workers during the ongoing coronavirus pandemic.

Over the course of calendar year 2020, staff enjoyed:

- Newly designed Newsletter to keep staff and community informed about new policies and procedures, resources, and activities related to COVID-19 and other administrative and community updates. Newsletter contains special recognition of new employees, retirements, work anniversaries, etc.
- Black History Month Employee Honor Roll honoring employees who have been with the hospital over 25 years.
- Black History Month Celebration with performance by Malcolm X Drummers & Dancers.
- National nurses' week celebration with special events, gift giveaways, and activities for staff in the nursing department.
- Appreciation luncheon and gift card giveaway (courtesy of Monumental Sports Foundation) for staff in EVS & Facilities and Sitter job classifications.

Goal 5: Enhance Employee Engagement

- One-time bonus payment paid to all staff with the exception of Vice Presidents, Physicians, and C-Suite executives made possible by donation from NFL Players' Association.
- Mary Kay First Responders Parade with gifts provided by Mary Kay representatives. Snacks provided by NFPHC Executive Office.
- CNA/TECH week with free meals and gifts provided to staff in those job classifications.
- UnitedHealthCare Fitness Community Day- Free fitness event for staff and community to show appreciation and promote staying healthy during the pandemic.
- Thanksgiving meal for employees.
- Christmas meal for employees.
- Bradley Beal Christmas Giveback event where select departments received Air Jordan's, \$100 gift cards, and free lunch.



Goal 5: Enhance Employee Engagement



NFPHC received over 3,500 free meals and PPE donated from restaurants including:

Temple of Praise Church
Monumental Sports Foundation
DC Central Kitchen
Brother Jimmy's BBQ
IHOP (Alabama Ave. SE)
Roaming Rooster DC
Temple Noyes Cathedral Lodge #32

Thrift Chapter No. 12 OES, PHA
Ebenezer AME Church
Mamma's Pizza Kitchen
Shaw's Tavern
Nellie's Sports Bar
Bistro Bohem
Uproar Lounge & Restaurant
Tropical Smoothie Café (Temple Hills, MD)
DCNA

Rachel Coffin / Latham & Watkins LLP DC
Pranvera Boshnjaku &
The PPE Volunteer Team
Embassy of The Federal Republic Of Germany

Emily's Café
All Purpose Pizza
Top Flight Corvette Club
Compass Rose DC
Dharma Relief Fund
Jayson Williams, MD Strategic
Fresh Baguette
The Alibi
Embassy of France
National Council of Eritrean Americans
Ascend Greater Washington
Yunnan by Potomac
Sweet Greens
Bradley Beal / BB3 Foundation

Goal 6: Rightsizing Staffing & Human Resource

HUMAN RESOURCES TRANSFORMATION

UMC HR Transformation efforts have been underway during the past fiscal year. This transformation streamlines processes and is intended to provide effective and more efficient HR Services for management and employees.

To date HR has:

- Increased staffing to support department managers and employees.
- Updated policies and procedures.
- Implemented new recruiting practices.
- Implemented new onboarding and orientation practices for employees and contractors.
- Implemented new electronic personnel action requests (PAR) and requisition processes to improve HR transactions.
- Developed Manager Orientation.
- Completed an internal audit on 100% of the HR record/files to be in compliance with DC Health, CMS & The Joint Commission.

Goal 6: Rightsizing Staffing & Human Resources

To address the negative impact the coronavirus pandemic had on staff who utilize public transportation to travel to work, NFPHC participated in two transportation subsidy programs.

- UMC Healthcare Worker Public Transportation with DC Neighborhood Connect began in April, 2020 and allowed staff to access trips to the hospital to and from the District and Prince George's County at \$3.00 per ride.
- Uber Healthcare Worker Transportation program with DC Health allowed staff to utilize Uber for travel to and from work for any ride under \$25 in value.

Goal 7: GAP Initiatives Case Management

- Provided interim Case Managers to fill the vacancies while increasing recruitment efforts for permanent staff.
- Implemented 24/7 Emergency Department Case Management coverage.
- Developed/implemented formal CM orientation, core competency checklists.
- Provided ongoing CM Team and Provider education and training, in-services.
- Accurate and Complete documentation.
 - Case management initial assessments.
 - 72-hour reassessments.
 - Post-discharge assessment.
- Timely and appropriate patient status and level of care, including appropriate criteria specificity.
- Instituted formal and timely escalation process to proactively prevent medical necessity denials.
- Conducting concurrent chart audits to ensure complete and accurate documentation.

Goal 8: Enhance Payer Relationships

- During FY20 executed new and updated contracts for the following payers:
 - **Amerigroup DC** (Hospital Contract).
 - **CareFirst BCBS** (Hospital & Professional - Separate Contracts).
 - **HSCSN** (Professional Contract).
 - **Magellan Healthcare** (Hospital Contract).
 - **MedStar Family Choice** (Hospital & Professional – Separate Contracts).
 - **NaphCare** (Hospital & Professional – Same Contract).
- Established managed care contracting committee to identify payer issues and to review contract terms.
- Established payer representative meetings to review ongoing payment issues, denials, and other communications.

Goal 9: Develop/ Implement IT Billing Enhancements

Over the past year, Information Technology:

- Submitted Meaningful Use (Interoperability) certification for CMS calendar year 2019.
- Achieved Meaningful Use (interoperability) compliance for CMS calendar year 2020.
- Designed and implemented duplicate order checking tool in Meditech.
- Designed and implemented many new Meditech documentation tools to assist Case Management with optimal admission and discharge processes and timelines.
- Implemented a Radiology CMS requirement and tool for Appropriate Use Criteria checking.

Goal 9: Develop/ Implement IT Billing Enhancements

- Ensured application updates were timely implemented for multiple systems including Meditech, NaviHealth (Discharge management), Interqual (Case Management), Patient Works (forms/labels).
- Expanded Interqual software by implementing a Behavioral Health Module.
- Implemented new 3M SSR Reporting Tool.
- Implemented Revenue & Usage Reporting.
- Started Claim Check/Proration Checks for Mutually Exclusive.
- Implemented Proration Check for Miscellaneous Implant Charges.
- Completed Telehealth Claims Setup.
- Completed DHG Cost Accounting requested reports.
- COVID Grant Billing Reporting.
- Built and implemented CCU (Bad Debt) tracking and reporting.

Goal 10: Increase Patient Volume

As is the case around the nation and in all DC hospitals, the unprecedented public health crisis has had a major negative impact on the overall patient volume and UMC's budget.

- Much of the reduction in admissions was due to the need to discontinue elective surgeries in preparation for the COVID-19 surge as well as the environmental disruptions due to the poor condition of the infrastructure.
- Slight increase of behavioral health patient volume while providing a much needed service in the primary service area.
- Adjusted par levels for supplies on the units to ensure availability of necessary supplies and proper inventory.

	FY 2020	FY19	FY18	FY17
Total Admissions	4646	4,952	5,112	6,616
Behavioral Health Admissions	1498	1,373	1,002	811
ED Visits	43290	51,939	57,297	58,867
Outpatient Visits	11719	29,007	33,254	35,181
SNF Admissions	38	60	74	83

Goal 11: Develop Community Outreach

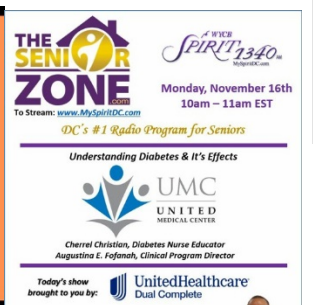
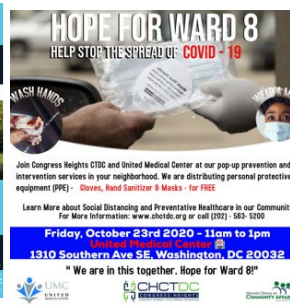
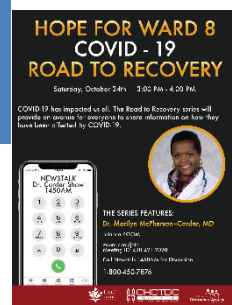
During fiscal and calendar year 2020, the NFPHC maintained active membership in the DC Hospital Association, Ward 8 Health Council, and Ward 7 Health Alliance Network. Through the efforts of our new VP of Public Relations / Corporate Secretary the hospital significantly increased its presence in the community and greatly improved its media image and positive news coverage.



Goal 11: Develop Community Outreach

Since January 2020, the NFPHC has participated in the following community initiatives and events:

- Hosted Ward 8 Health Alliance's February Meeting.
- Served as promotion partner for the Physicians Committee for Responsible Medicine's 8 Week Online Healthy Eating Workshop.
- Reactivated the "Wellness on Wheels" program with UMC Mobile Unit providing wellness checks, STI testing, flu shots, and COVID-19 tests every Wednesday from August – December at the Faunteroy Center in Ward 7.
- Expanded the Wellness on Wheels program to include DCHA sites every Monday and Tuesday from September – December.
- Provided wellness checks, STI testing, flu shots, and COVID-19 tests via Wellness on Wheels program in Anacostia, Ward 8 in partnership with Don't Mute My Health & Check It Enterprises.



Goal 11: Develop Community Outreach

- Participated in the Woodland Terrace Family Success Center Grand Opening at Allen Chapel AME Church in Ward 8. Provided wellness guides, toys, books, and PPE.
- Hosted Congress Heights Community Training and Development Center's (CHCTDC) PPE Pop Up.
- Chief of Medical Staff, Dr. Marilyn McPherson-Corder served as panelist for "Hope for Ward 8" discussion on the road to recovery from COVID-19 in partnership with CHCTDC.
- Diabetes Nurse Educator and Wound Center Clinical Director appeared as guests on *The Senior Zone* radio show to discuss diabetes.
- Participated in Congress Heights "Soul of the City Go Santa" event located on St. Elizabeth's campus.
- Donated holiday toys to youth at Kids R Us Learning Center located across the street from UMC campus.

Goal 12: Improve Patient Access

- UMC Nursing opened a Discharge Lounge located on 5W which is available to all discharged inpatients waiting to be picked up by family or ambulance, or waiting for other reasons preventing their immediate but imminent departure from the hospital. While in the lounge the patients will be assigned a sitter or a tech and snacks will be provided from the 5W nutrition room. Personnel from Excel Pharmacy will assist with a timely departure by filling the patient's prescription while they wait. The lounge will be available 24/7 based on need and staffing.
- SuperTrack opened on December 19th providing low acuity care to patients, improving the emergency department's patient flow. SuperTrack is operational on very high volume days serving as many as 25 patients.
- Renovated 3rd Floor, by adding 31 beds to accommodate patients who were Covid-19 positive and did not require intubation.

Goal 13: Safeguard the IT Environment

Cybersecurity and IT safety measures taken this year include:

- Enabled two-factor authentications for UMC staff working remotely.
- Tighter controls and monitoring for end-user network/application access.
- Implemented secure texting for UMC leadership.
- Launched new tool to standardize and facilitate patches and application distributions to UMC devices.
- Implemented 24/7 server and network monitoring alerting tool.
- Activated and tested a mirrored server array on the 3rd floor to provide additional disaster recovery abilities.
- Began implementation of secure single sign-on (Clinical and public facing areas were completed December 2020).
- Encrypted local drives on all workstations.

Goal 13: Safeguard the IT Environment

- Established 'water-intrusion' detection devices in UMC Data Center.
- Regularly performed infrastructure security patch updates.
- Analyzed and strengthened router access and firewall rules.
- Carried out external penetration testing to identify security risks.
- Moved all servers (50+) from default and less-secure default VLAN.
- Created a special report for auditing and improving Meditech change controls.
- Completed annual HIPAA security audit.
- Contracted for and began a project to provide offsite disaster recovery services for PACS.
- Replaced monitors in nursing areas with built-in privacy screens.



Summary

"If a man is called to be a street sweeper, he should sweep streets even as Michelangelo painted, or Beethoven composed music, or Shakespeare wrote poetry. He should sweep streets so well that all the host of heaven and earth will pause to say, here lived a great street sweeper who did his job well."

The Rev. Dr. Martin Luther King Jr.

The Medical Staff and Management Council of the NFPHC are dedicated to serve our community and always ready to serve.



In this Issue:

1. Message from the CEO

2. UMC Mission & Vision

3-4. Administrative Updates / Staff Recognition

5-6. Retirement Resources

7-8. The Hill We Climb

9-15. Stay Safe / Wellness News

16. DC COVID Numbers

17. UMC in the News

It's A Family Affair

When Dr. Carter G. Woodson and others formed the Association for the Study of Negro Life and History (ASNLH) and established the Negro History week in 1926, they realized the importance of providing a theme to bring the Black experience to the public's attention, with an emphasis on the significant progress that has been made in our culture over the years. As stated in the last newsletter, ASNLH's theme for 2021 is **The Black Family: Representation, Identity, and Diversity**.

The black family is an ongoing subject of discussion in history, literature, the arts, social sciences, and science, including healthcare. Despite negative portrayals over the years, time has proven that the black family best displays the source of determination and resilience of the Black (African American) community. Black family culinary traditions and poise in the arts, sports, music, etc., are a substantial part of our nation's heritage, culture and identity.

UMC offers community based services primarily to District residents residing east of the Anacostia River in Wards 7 and 8 and the southern end of Prince George's County, Maryland. The hospital's primary service area includes over 200,000 residents. We dedicate ourselves to achieve Our Mission, which is dedicated to the health and well-being of individuals and communities entrusted in our care. Recognizing the Black Family offers our hospital opportunities to revere our ancestors, including the committed and gallant efforts of our healthcare professionals who worked tirelessly to improve the health and wellness of the Black Family. I am grateful to our devoted, optimistic workforce who contributes constantly to the fulfillment of our mission.

Colene Y. Daniel

A handwritten signature in blue ink that reads 'Colene Y. Daniel'.

Chief Executive Officer



Who We Are...

Our Mission
&
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care

Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

UMC will empower healthcare professionals to live up to their potential to benefit our patients

UMC will collaborate with others to provide high value, integrated and patient-centered services



Who We Are...

Values

Values

• *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

• *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

• *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

• *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

• *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

• *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values

TO: Not-For-Profit Hospital Corporation Management Council

FROM: Jacqueline Payne-Borden, PhD, RN
Chief Nursing Officer

William Strudwick, M.D.
Chief Medical Officer

DATE: February 6, 2021

RE: Influenza Vaccine

Occupational Health started administering flu vaccines in September 2020 with an intended mandatory end date of December 31, 2020, per Mandatory Influenza Vaccination Policy IC 6-08. However, the end date has been extended to February 21, 2021, to accommodate staff who took the COVID-19 vaccine prior to taking the flu vaccine. This decision was based on the current public health necessity and goal for all health care workers along with the general population to be vaccinated against the corona virus.

Important Dates:

1. February 21, 2021, is the last day Occupational Health will be providing flu vaccines.
2. March 7, 2021, will be the deadline to produce documentation to support exemption/waiver or confirmation of receiving flu vaccine.
3. After March 7, 2021, staff will have voluntarily resigned employment or voluntarily terminated their contractual relationship.

Occupational Health Office Hours 7:00am-4:00pm, (Lunch Break 12:30pm-1:30pm)

Thanks as always for your follow through.

UMC

LOOKING FOR YOUR W2?

To All UMC Employees:



Please be advised that the 2020 W2 statements are now available in Adobe Acrobat PDF on the Paperless Pay website under the Tax Forms tab. Please take a moment to review your copy and notify Payroll immediately if you have any concerns or issues. You can download and print a copy for your 2020 federal and state income tax returns as needed. Contact the Payroll Department at 202-574-6681 for assistance.



UMC would like to welcome our newest members to the team!

Gabriel Kwekam-Med/Surg Tech 1

Michaels Akoakpa-LPN III

Chris Mangilit-MRI Technician

Chinelo Ekwensi-Psych Tech 1

Oluwatooyin Owoeye-LPN III

Onyeka Ibeh-Clinical Nurse II

Christion Jackson-Patient Sitter

Albert Sarpong-Clinical Nurse II



Start Saving Now Enroll Online

You can now contribute to your UMC's 457 (b) Deferred Compensation Plan automatically each paycheck, and receive a 401 (a) Defined Contribution Plan match – a valuable step for your financial future.

ENROLLING IS SIMPLE – JUST CLICK [HERE](#)

457 (b) Deferred Compensation Plan - You make voluntary contributions to the Plan by agreeing to defer a dollar or percentage of your salary on either a pre-tax or after-tax Roth basis.

401 (a) Defined Contribution Plan- UMC will contribute an amount equal to 100% of your voluntary deferrals up to 3%. Must meet eligibility and vesting requirement.

To learn more, please register for a virtual meeting with your ICMA-RC [Retirement Plans Specialist](#) for more information.



Kevin Brown
Retirement Plans Specialist
(877) 313-8318
[Send an Email](#)

Want to learn more about finances and investing? Check out the [Investing](#) and [Education](#) sections of the [DCRetire.com](#) website.

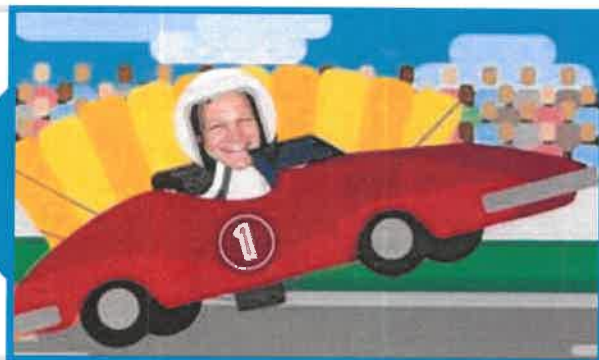


BRING YOUR FUTURE INTO FOCUS

DURING AMERICA SAVES WEEK
FEBRUARY 22–26, 2021

ICMA-RC will once again participate in America Saves Week, a national campaign which encourages public sector employees to assess their saving status and focus on their 2021 savings goals.

Imagine your future self in retirement with ICMA-RC's interactive animated adventure. Upload a photo and visualize yourself enjoying retirement.



“Share your story”

What does your retirement journey mean to you? Share your Retirement Savings Success Story today!

FOR MORE INFORMATION VISIT [ICMARC.ORG/AMERICA-SAVES](https://icmarc.org/america-saves)





Amanda Gorman – The Hill We Climb

(Delivered during the Inauguration of President Joe Biden, January 20, 2021)

When day comes, we ask ourselves, where
can we find light in this never-ending
shade?

The loss we carry. A sea we must wade.
We braved the belly of the beast.

We've learned that quiet isn't always peace,
and the norms and notions of what "just" is
isn't always justice.

And yet the dawn is ours before we knew it.
Somehow we do it.

Somehow we weathered and witnessed a
nation that isn't broken, but simply
unfinished.

We, the successors of a country and a time
where a skinny Black girl descended from
slaves and raised by a single mother can
dream of becoming president, only to find
herself reciting for one.

And, yes, we are far from polished, far from

pristine, but that doesn't mean we are striving to form a union that is
perfect.

We are striving to forge our union with purpose.

To compose a country committed to all cultures, colors, characters and
conditions of man.

And so we lift our gaze, not to what stands between us, but what stands
before us.

We close the divide because we know to put our future first, we must first
put our differences aside.

We lay down our arms so we can reach out our arms to one another.

We seek harm to none and harmony for all.

Let the globe, if nothing else, say this is true.

That even as we grieved, we grew.

That even as we hurt, we hoped.

That even as we tired, we tried.

That we'll forever be tied together, victorious.

Not because we will never again know defeat, but because we will never
again sow division.

Scripture tells us to envision that everyone shall sit under their own vine and
fig tree, and no one shall make them afraid.

If we're to live up to our own time, then victory won't lie in the blade, but in all the bridges we've made.

That is the promise to glade, the hill we climb, if only we dare.

It's because being American is more than a pride we inherit.

It's the past we step into and how we repair it.

We've seen a force that would shatter our nation, rather than share it.

Would destroy our country if it meant delaying democracy.

And this effort very nearly succeeded.

But while democracy can be periodically delayed, it can never be permanently defeated.

In this truth, in this faith we trust, for while we have our eyes on the future, history has its eyes on us.

This is the era of just redemption.

We feared at its inception.

We did not feel prepared to be the heirs of such a terrifying hour.

But within it we found the power to author a new chapter, to offer hope and laughter to ourselves.

So, while once we asked, how could we possibly prevail over catastrophe, now we assert, how could catastrophe possibly prevail over us?

We will not march back to what was, but move to what shall be: a country that is bruised but whole, benevolent but bold, fierce and free.

We will not be turned around or interrupted by intimidation because we know our inaction and inertia will be the inheritance of the next generation, become the future.

Our blunders become their burdens.

But one thing is certain.

If we merge mercy with might, and might with right, then love becomes our legacy and change our children's birthright.

So let us leave behind a country better than the one we were left.

Every breath from my bronze-pounded chest, we will raise this wounded world into a wondrous one.

We will rise from the golden hills of the West.

We will rise from the windswept Northeast where our forefathers first realized revolution.

We will rise from the lake-rimmed cities of the Midwestern states.

We will rise from the sun-baked South.

We will rebuild, reconcile, and recover.

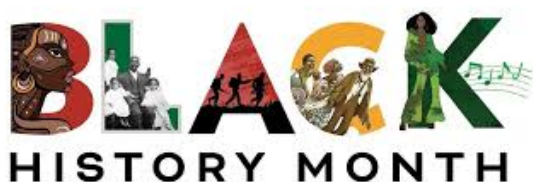
And every known nook of our nation and every corner called our country, our people diverse and beautiful, will emerge battered and beautiful.

When day comes, we step out of the shade of flame and unafraid.

The new dawn balloons as we free it.

For there is always light, if only we're brave enough to see it.

If only we're brave enough to be it.



STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Although the city continues to reopen we must continue to adhere to the safety and social distancing mandates in effect throughout the region.

IT'S SIMPLE: WHEN YOU LEAVE HOME, YOU MUST
WEAR A MASK. 

Common allowable exceptions:



You are a child age 2 or younger



You are vigorously exercising outdoors
and not close to anyone else

You are actively eating or drinking



You are in an enclosed office and alone



Wear a mask. Save lives. Stop the spread.



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

GET VACCINATED DC

ALYSIA FALBY
DIR. ICU & DIALYSIS

"I AM TAKING THE
VACCINE TO JOIN THE
FIGHT AGAINST COVID
AND TO SET A GOOD
EXAMPLE FOR THE
COMMUNITY TO FOLLOW."



ROLANDO ANDREWN
PRES. & CEO
BREATHE DC

"I TOOK THE VACCINE BECAUSE I BELIEVE IN
BEING HEALTHY AND MY GOAL IS TO ENCOURAGE
OTHERS TO TAKE THE VACCINE. COVID AFFECTS
THE RESPIRATORY SYSTEM AND BREATHE DC IS
CONCERNED ABOUT RESPIRATORY HEALTH. WE
KNOW TOBACCO IMPACTS YOUR RESPIRATORY
SYSTEM WHICH MAKES PEOPLE MORE AT RISK
FOR COVID."



ROBERT BOBB
NFPHC BOARD MEMBER

"I AM TAKING THE
VACCINE BECAUSE I
THINK IT IS IMPORTANT
IN THE FIGHT AGAINST
THE COVID-19 PANDEMIC
AND MOST IMPORTANTLY
TO ENCOURAGE THE
AFRICAN AMERICAN
COMMUNITY WHO FOR
MANY YEARS HAVE HAD
CONCERNS ABOUT
GOVERNMENT MANDATED
VACCINES FROM A
HISTORICAL
PERSPECTIVE."





GRAPEVINE HEALTH

ASK THE DOCS

**Have questions about COVID-19?
About vaccines? Are they safe?
What are the side effects?**

**Join our 'Ask the Doctor' chats
from the safety and comfort of
your own space!"**

**We're hosting weekly ZOOM
sessions with doctors from
the Grapevine Health team.
Ask anything!**



TUESDAYS 6:30-7:30pm EST

For the Zoom link, text
202-702-8175 or

email info@grapevinehealth.co



Wellness News



Tips to stay healthy throughout the year
Issue X ■ February 2021 ■ Be Sweet to Your Heart

Be Sweet to Your Heart

February is American Heart Month

Did you know that people who have close relationships at home, work, or in their community tend to be healthier and live longer? One reason, according to the National Heart, Lung, and Blood Institute (NHLBI), is that we're more successful at meeting our health goals when we join forces with others. NHLBI launched the #OurHearts movement to inspire us to protect and strengthen our hearts with the support of others.



Here are some facts, how-to tips, and resources to inspire you to join with others to improve your heart health.

Heart Disease

[Heart disease](#) is the leading cause of death for both men and women in the United States. About 90 percent of middle-aged people and

more than 74 percent of young adults have one or more risk factors for heart disease, such as diabetes, high blood pressure, high blood cholesterol, or being a smoker or overweight. Having multiple risk factors increases your risk for heart disease.

Connecting is Good for Your Heart

Feeling connected with others and having positive, close relationships benefit our overall health, including our blood pressure and weight. Having people in our lives who motivate and care for us helps, as do feelings of closeness and companionship.

Heart Healthy Lifestyle Tips

Follow these [heart healthy lifestyle](#) tips with your friends, family, coworkers, and others in your community and you'll all be heart healthier for it:

- Be more physically active.
- Maintain a healthy weight.
- Eat a nutritious diet.
- Quit smoking.
- Reduce your stress.
- Get enough quality sleep.
- Track your heart health stats.

You don't have to make big changes all at once. Small steps will get you where you want to go.

Move More

Invite family, friends, colleagues, or members of your community to join you in your efforts to be more [physically active](#):

- Ask a colleague to walk with you on a regular basis, put the date on both your calendars, and text or call to make sure you both walk.
- Join an online exercise class and invite a friend along.
- Grab your kids, put on music, and do jumping jacks, skip rope, or dance.
- Make your social time active and encourage everyone—family and friends alike—to think of fun activities that get you off the couch and moving.

How much is enough? Aim for at least 2½ hours of physical activity each week—that's just 30 minutes a day, 5 days a week. In addition, do muscle strengthening exercises 2 days a week. Can't carve out a lot of time in your day? Don't chuck your goal, chunk it! Try 10 or 15 minutes a few times a day. NHLBI's [Move More fact sheet](#) provides ideas to get and keep you moving.

Aim for a healthy weight

Find someone in your friend group, at work, or in your family who also wants to reach or maintain a healthy weight. (If you're overweight, even a small weight loss of 5–10 percent helps your health.) Check in with them regularly to stay motivated. Do healthy activities together, like walking or playing on a neighborhood sports team. Share low-calorie, low-sodium meals or recipes.

Eat heart healthy

We tend to eat like our friends and family, so ask others close to you to join in your effort to eat healthier. Together, try NHLBI's free [Dietary Approaches to Stop Hypertension \(DASH\)](#) eating plan. Research shows that, compared to a typical American diet, it lowers high blood pressure and improves blood cholesterol levels.

Quit smoking

To help you quit, ask others for support or join a support group. Research shows that people are much more likely to quit if their spouse, friend, or sibling does. Social support online can also help you quit.

If you need extra motivation to quit, consider those around you: Breathing other people's smoke, called secondhand smoke, is dangerous. Thousands of adult *nonsmokers* die of stroke, heart disease, and lung cancer caused by secondhand smoke.

Manage stress

Reducing stress helps your heart health. Join with a friend or family member to do a relaxing activity every day, like walking, yoga, or meditation, or participate in a stress management program together. Physical activity also helps reduce stress. Talk to a qualified mental health provider or someone else you trust.

Improve sleep

Sleeping 7–8 hours a night helps to improve heart health. De-stressing will help you sleep, as does getting a 30-minute daily dose of sunlight. Take a walk instead of a late afternoon nap! Family members and friends: remind each other to turn off the screen and stick to a regular bedtime. Instead of watching TV before bed, relax by listening to music, reading, or taking a bath.

Track your heart health stats

Keeping a log of your blood pressure, weight goals, physical activity, and if you have diabetes, your blood sugars, will help you stay on a heart healthy track. Ask your friends or family to join you in the effort.

Visit [#OurHearts](#) for inspiration on what others around the country are doing together for their heart health. Then join the #OurHearts movement and let NHLBI know what you're

doing with friends, family, or others to have a healthy heart. Tag #OurHearts to share how you're being heart healthy together.

CareFirst Member Resources



- RealAge® test:** In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body, compared to your calendar age.
- Personalized timeline:** Receive content based on your health and well-being goals, along with your motivation and interests.
- Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.
- Challenges:** Stay motivated to achieve your health goals by joining a challenge.
- Health Profile:** Access your health data like biometric and lab results, vaccine information and medications, all in one place.

- **Scale Back Lifestyle Change Program** – A personalized solution to reach a healthier weight through gradual lifestyle changes that become lifelong habits.
- **One-on-One Health Coaching** – Confidential support to help improve your overall well-being that can help you achieve the best possible health. Call 877-260-3253 and press option 7 to enroll.
- **Craving to Quit** – Quitting tobacco can lower your risk for many health conditions including heart disease. Expert guidance, support and online tools make quitting easier than you might think.
- **Sharecare Inspirations & Relax 360** – Soothing video content in the palm of your hand designed to help reduce and eliminate daily stress.

National Resources

- Find delicious recipes at [NHLBI's Heart Healthy Eating](#) web page.
- Check out [NHLBI's Aim for a Healthy Weight](#) web page.
- Free smoking cessation support, call 1-800-QUIT-NOW (1-800-784- 8669). You'll find many free resources to help you quit smoking, such as apps, a motivational text service, and a chat line at [BeTobaccoFree.hhs.gov](#) and [Smokefree.gov](#).
- Check out NHLBI's [Healthy Blood Pressure for Healthy Hearts: Tracking Your Numbers worksheet](#).





Are you looking for a fresh start to 2021? Improving your health can be as easy as what you put on your plate. Join nutrition experts and weekly guests who will share practical tips and inspire you to eat more plant-based foods.

Delicious, plant-based foods can reduce your risk for severe outcomes from COVID-19 by optimizing your blood pressure, weight, and blood sugar. We'll explain why and show you how to meal plan and get healthy as a household! Take advantage of these free weekly classes with a supportive friend or family member and watch recordings of anything you missed in the series!

Now is not the time to wait! Sign up today to get access to class resources and recipes before class begins!

This 8-week class series will feature weekly lectures from Vanita Rahman, MD, Deitra Dennis, RN, NBC-HWC, and health nonprofit founder Marc Ramirez, and you will receive practical tips, recipes, and more from dozens of featured guests! It will be held via Zoom every Tuesday from Jan. 19 through March 9 from 4-5 p.m. ET.

To register click:

[HERE](#)



Heart-Healthy Norwegian-Style Oven Roasted Salmon

You need to eat at least two meals per week with fatty fish like salmon. You'll enjoy the benefits of heart-healthy omega 3 fats, as well as vitamin D, which is critical for healthy bones.



INGREDIENTS

1/3 cup of honey
1/4 cup plus 2 tbsp fresh lemon juice
3/4 oz garlic, minced
1/4 tbsp salt
3/4 tsp ground cumin
3/4 tsp paprika
1 tsp ground coriander
1/4 cup plus 2 tbsp white wine
1/4 cup plus 2 tbsp olive oil
3 oz parsley leaves, chopped
Six 3-oz salmon fillets

Servings: 6

PREPARATION

1. Combine honey, lemon juice, garlic, salt, cumin, paprika, coriander, wine, oil, and parsley and mix well. Pour over salmon and marinate overnight in refrigerator.
2. Preheat oven to 325 degrees. Remove fish from marinade and place in baking pan. Discard marinade.
3. Bake salmon for 12 minutes or until golden brown.

NUTRITION

Per serving: 153 calories; 2.3g carbohydrates; 0.1g fiber; 7.7g fat; 17g protein; 79mg sodium; 1.2g saturated fat; 47mg cholesterol; 16mg calcium

To learn more helpful tips about maintaining a healthy lifestyle, visit carefirst.com/sharecare.

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For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of February 18, 2021

	Total Number Positives	
All	39,461	
Race		
Unknown	270	
American Indian/Alaska Native	81	
Asian	849	
Black/African American	19,136	
Native Hawaiian/Pacific Islander	77	
Other/Multi-Racial	8,914	
White	10,130	
Ethnicity		
Unknown	2,776	
Hispanic or Latinx	8,201	
NOT Hispanic or Latinx	28,469	

UMC IN THE NEWS–February 5- February 19, 2021

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael,



[DC Health: UK and South African COVID-19 variants detected in the District](#)

February 11, 2021, Jonathan Franklin & Delia Gonclaves, WUSA9

UMC Newsletter

February 5, 2021

Volume 2, Number 9



In this Issue:

1-2. Message from the CEO

3. UMC Mission & Vision

4. Staff Recognition

5-7. COVID-19 Vaccine

8. Stay Safe

9-10. February is.....

11. Community Resources

12. DC COVID Numbers

13. UMC in the news

Happy Black History Month and Happy Heart Healthy Month (The Nation Goes Red the 1st Friday in February)

During the month of February, America celebrates two important activities. You're probably familiar with Black History Month, but are you familiar with its yearly [theme](#)? Since its inception, every [Black History Month](#) has had a theme. The theme of Black History Month for 2021 is [The Black Family: Representation, Identity, and Diversity](#). The black family has been a topic of study in many disciplines—history, literature, the visual arts and film studies, sociology, anthropology, and social policy. Its representation, identity, and diversity have been revered, stereotyped, and vilified from the days of slavery to our own time. The black family knows no single location, since family reunions and genetic-ancestry searches testify to the spread of family members across states, nations, and continents. Not only are individual black families diasporic, but Africa and the diaspora itself have been long portrayed as the black family at large. While the role of the black family has been described by some as a microcosm of the entire race, its complexity as the “foundation” of African American life and history can be seen in numerous debates over how to represent its meaning and typicality from a historical perspective—as slave or free, as patriarchal or matriarchal, as single-headed or dual-headed household, as extended or nuclear, as fictive kin or blood lineage, as legal or common law, and as black or interracial, etc. The Black family offers a rich tapestry of past and present successes.

The first Friday each February, [American Heart Month](#), is when the nation comes together, igniting a wave of red from coast to coast. The human heart is responsible for pumping blood throughout our body, supplying oxygen and nutrients and removing toxins and waste. Weighing between 8 and 12 ounces, the heart is a mighty organ divided into four chambers that work together to pump blood in and out. The heart gets oxygenated blood from the lungs and pumps it throughout the rest of the body. It does this by contracting at a rhythmic pace, about 60-80 times per minute, thanks to electrical cells called “pacemakers.” When the heart ceases to perform its regular function, a medical device also called a pacemaker can be implanted to assist the heart. Heart disease occurs when the arteries leading to the heart become clogged. Although heart disease has been around for thousands of years, we do know that many aspects of modern life exacerbate risk factors and make people more prone to heart disease and heart failure. As far as we know, the best way to protect your heart is to stay active, eat a healthy and balanced diet, and reduce your daily stress.

Heart disease is the leading cause of death for all Americans, but certain minority groups face a greater risk than others. The Black Family has had to suffer and endure the loss even though heart disease has been studied within the African American communities for decades. Deaths from heart disease are higher in black Americans than in white Americans and other ethnic groups, and heart disease develops at a younger age in African Americans. Nearly 48% of African American women and 44% of African American men have some form of heart disease. Research has found that even among the growing middle- and upper-class black community, the rate of heart disease among black Americans is still greater than in white Americans who have a comparable socioeconomic status. The most common conditions that increase the risk of heart disease and stroke among black Americans are high blood pressure, obesity and diabetes.

So, during the month of February, please celebrate the Black Family and a Healthy Heart in the Black Community. Also, please remember three Black History pioneers who successfully improved heart disease in the Black Family.

**Dr. Daniel Hale Williams
(1856-1931)**



Dr. Williams performed the first successful open heart surgery in 1893 and founded Provident Hospital and Training School for Nurses (the first black-owned hospital in America) in 1891. From 1893-1898, he was Surgeon-in-Chief, Freedmen's Hospital, Washington, DC. He also founded the National Medical Association in 1895 (African Americans were denied membership in the American Medical Association). As a charter member of the American College of Surgeons in 1913, he was the first and only African American member for many years.

**Dr. Charles Richard Drew
(1904-1950)**



Charles Drew was a pioneer researcher in blood plasma for transfusion and in the development of blood banks. He was the first Director, American Red Cross Blood Bank; Professor, Howard University; and Chief Surgeon, Freedmen's Hospital. The U.S. Postal Service issued a Commemorative Stamp with his portrait in 1981. Drew received his M.D. and Master of Surgery (C.M.) degree from McGill University in 1933. On April 1, 1950, Drew died after an auto accident in rural Alamance County, North Carolina.

Colene Daniel

A handwritten signature in blue ink that reads "Colene Daniel".

Chief Executive Officer



Who We Are...

Our Mission
&
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care

Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

UMC will empower healthcare professionals to live up to their potential to benefit our patients

UMC will collaborate with others to provide high value, integrated and patient-centered services



Who We Are...

Values

Values

• *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

• *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

• *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

• *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

• *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

• *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values



UMC would like to welcome our newest members to the team!

Aaron Giddings-Patient Sitter

Sean Allen-Surgeory Coordinator

Ebony Brown-ER Nurse

Gissella Mana-CCU

Shay Bowie-Respiratory Care Manager

Regina Neako-Progressive Care

Dorathy Nwachukwu-Clinical Nurse

Darnelle Everett-Senior Administrative assistant

Shelita Pierce-Bacchas-ER Tech

Kellie Stanfield-Clinical Lab Tech

Shaniya Ceasar-Patient Sitter

Simon Choi-Pharmacy Operations Manger

Mareshet Habtemariam-ER Clinical Nurse

Christine Jordan-ER Clinical nurse

Regine Josie-ER Nurse

Kristofer Green-Patient Sitter

**EVELYN MCKENLY
DISTRICT CENTENARIAN
(101 YEARS OLD)**



**"I AM TAKING THE
VACCINE BECAUSE I SAW
IT ADVERTISED THAT
SENIORS AND
HEALTHCARE WORKERS
SHOULD TAKE IT FIRST
AND I AM HOPING THE
VACCINE WILL PROTECT
ME FROM THE VIRUS."**



**DOUG WILLIAMS
NFL SUPERBOWL MVP**



**"I AM TAKING THE
VACCINE BECAUSE I
BELIEVE DR. FAUCI'S
REPORT THAT IT IS SAFE.
I ALSO HAVE A FAMILY
AND I WANT TO MAKE
SURE THEY ARE SAFE
FROM CORONAVIRUS."**



#GetVaccinatedDC

**DR. FOX
EMERGENCY MEDICINE**



**"I'M GETTING THE COVID
VACCINE BECAUSE I
WANT LIFE IN THIS
COUNTRY TO GO BACK TO
WHAT IT WAS BEFORE
COVID DEVASTED THIS
COUNTRY."**



**DR. O'CONNELL
PHYSICIAN**



**"I TOOK THE VACCINE
BECAUSE AS HEALTHY
PEOPLE WHEN WE ARE
ABLE TO TAKE THE
VACCINE WE ARE ABLE
TO PROTECT THOSE WHO
AREN'T ABLE TO GET
THE VACCINE."**



Get DC's free DC COVID Alert Notice (DC CAN) to help protect your community while protecting your privacy.

Public health authorities around the world are building apps that use the Exposure Notifications System to help their contact tracing efforts.

DC CAN uses Bluetooth Low Energy (BLE) technology to quickly notify users who have likely been exposed so you can reduce the risk of infection for your friends and family and help DC stop the spread.

To get DC's free DC COVID Alert Notice (DC CAN) click the link below to receive instructions.

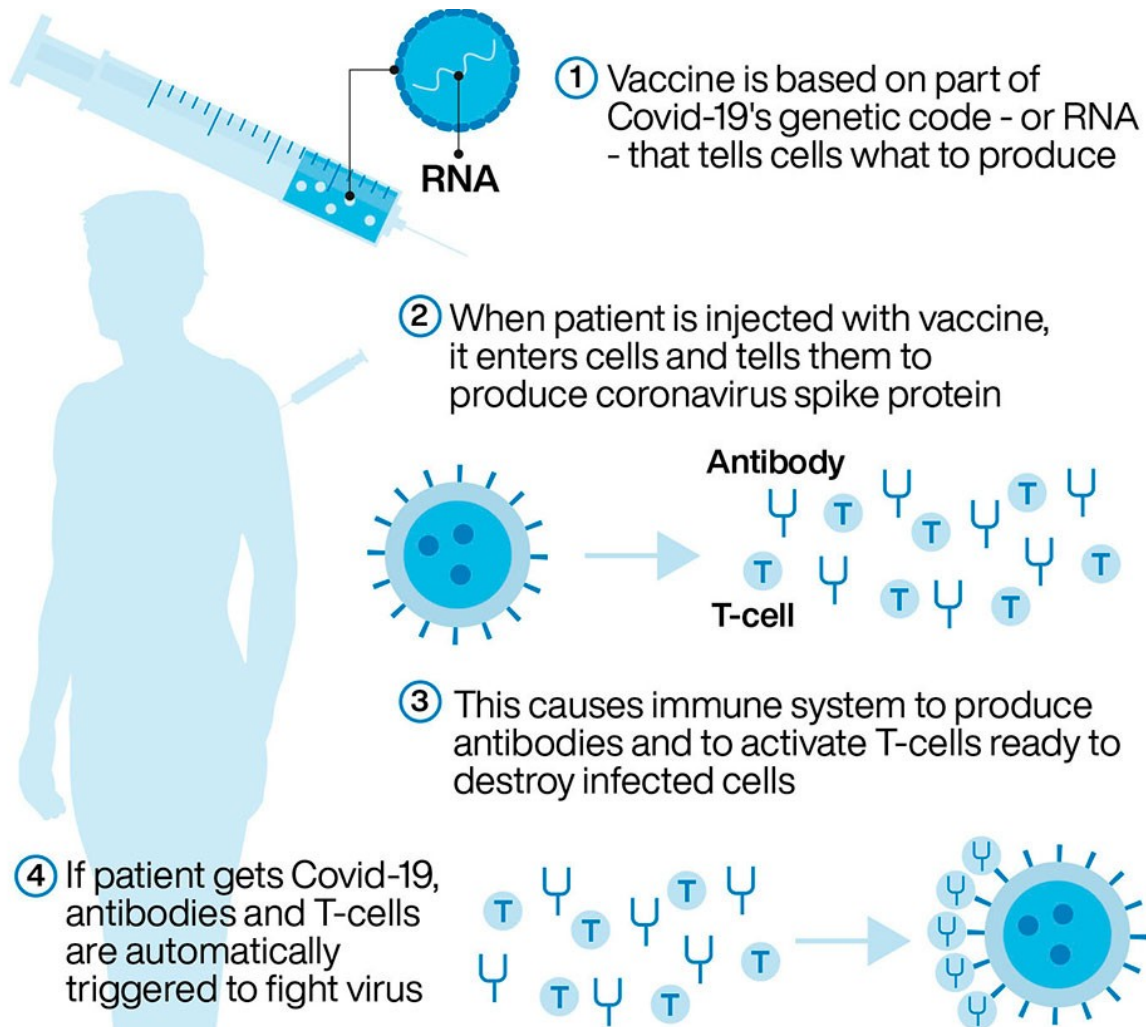
<https://coronavirus.dc.gov/dccan>



DC COVID ALERT NOTICE

The COVID-19 Vaccine will become available to UMC Staff in late December. The information provided below is the best information we have thus far. We will continue to provide updated information and facts as it becomes available. Please refer to the FAQs for more detailed information.

How the COVID-19 Vaccine Works



PA graphic. Source: Nature



GRAPEVINE HEALTH

ASK THE DOCS

**Have questions about COVID-19?
About vaccines? Are they safe?
What are the side effects?**

**Join our 'Ask the Doctor' chats
from the safety and comfort of
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Ask anything!**



TUESDAYS 6:30-7:30pm EST

For the Zoom link, text
202-702-8175 or
email info@grapevinehealth.co



STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Although the city continues to reopen we must continue to adhere to the safety and social



Mandatory

- Attention Staff !!!
- Flu vaccines will be given in Employee Health Clinic beginning 09/21/2020 on :
 - Monday - Friday : 7 AM –12 Noon
 - Monday - Friday : 4 PM – 5:30 PM
- Location: Medical Office Building 2nd floor
- Room 211

IT'S SIMPLE: WHEN YOU LEAVE HOME, YOU MUST

WEAR A MASK.



Common allowable exceptions:



You are a child age 2 or younger



You are vigorously exercising outdoors
and not close to anyone else

You are actively eating or drinking



You are in an enclosed office and alone



Wear a mask. Save lives. Stop the spread.



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



February is...
American Heart Month
www.NationalDayCalendar.com

AMERICAN HEART MONTH

American Heart Month isn't just for lovers. February also reminds us to take care of our heart and consider our risk factors.

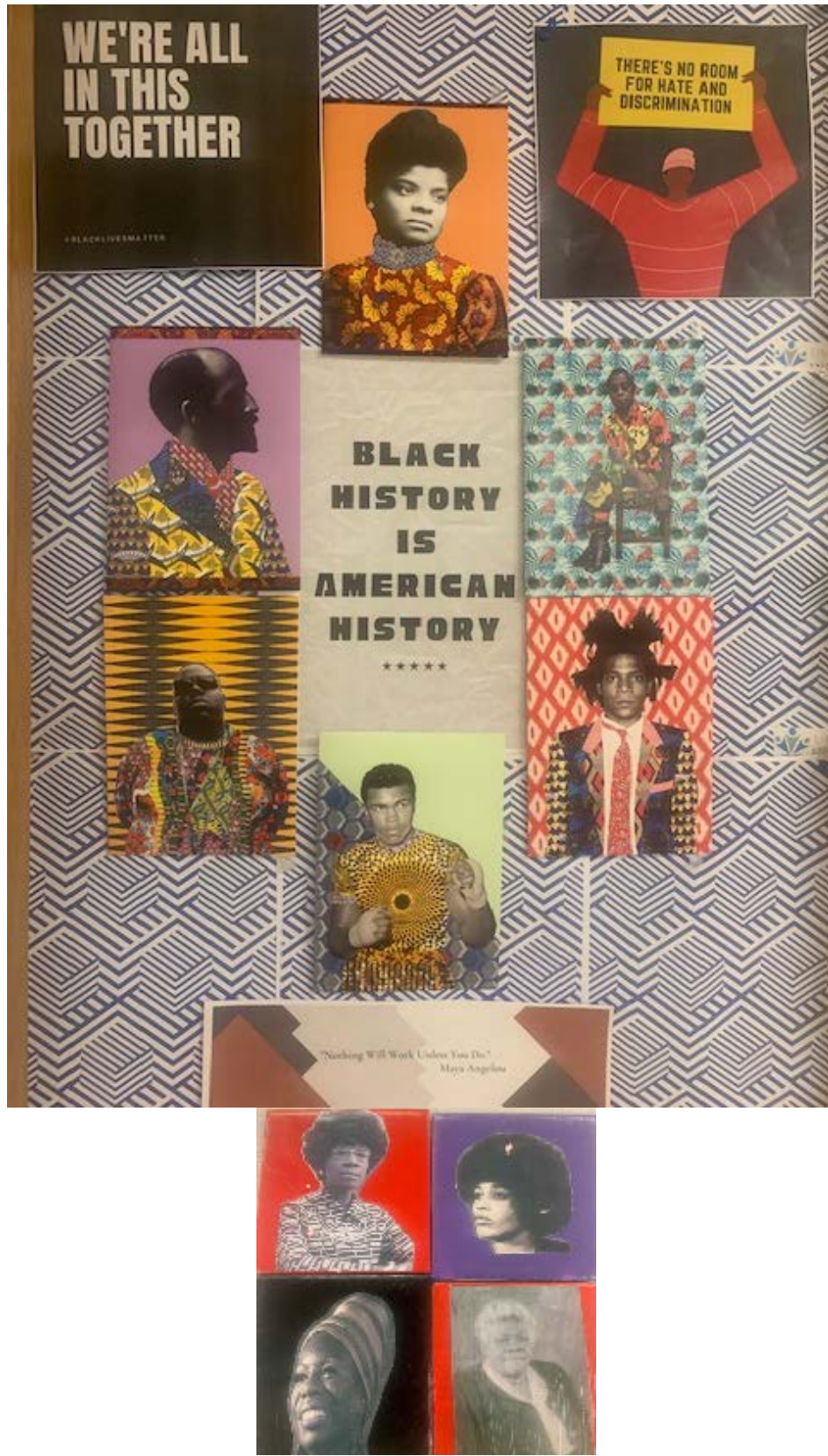
Believe it or not, heart disease can happen at any age. Some risk factors for heart disease and stroke are preventable. American Heart Month teaches us the ways we can help reduce our risks while eliminating those we have control over. Do you have one of these risk factors for cardiovascular disease? Obesity, physical inactivity, high blood pressure, cigarette smoking, high cholesterol or diabetes.

For more information on how to observe American heart month click:

[HERE](#)

POP QUIZ TIME!!!

How well do you know your Black/American History? **Visit the 6th Floor** and view the Black History Month Display Case with the poster "Black History Is American History" and the art tiles on the reception desk. **The first 12 staff members to name all 12 of the Black History Month Heroes will receive a prize.** Please send your responses to Kenneth Whitaker @ KWhitaker@United-MedicalCenter.com by **February 19, 2021.**





Are you looking for a fresh start to 2021? Improving your health can be as easy as what you put on your plate. Join nutrition experts and weekly guests who will share practical tips and inspire you to eat more plant-based foods.

Delicious, plant-based foods can reduce your risk for severe outcomes from COVID-19 by optimizing your blood pressure, weight, and blood sugar. We'll explain why and show you how to meal plan and get healthy as a household! Take advantage of these free weekly classes with a supportive friend or family member and watch recordings of anything you missed in the series!

Now is not the time to wait! Sign up today to get access to class resources and recipes before class begins!

This 8-week class series will feature weekly lectures from Vanita Rahman, MD, Deitra Dennis, RN, NBC-HWC, and health nonprofit founder Marc Ramirez, and you will receive practical tips, recipes, and more from dozens of featured guests! It will be held via Zoom every Tuesday from Jan. 19 through March 9 from 4-5 p.m. ET.

To register click:

[HERE](#)



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of February 4, 2021

	Total Number Positives
All	37,365
Race	
Unknown	234
American Indian/Alaska Native	78
Asian	791
Black/African American	18,014
Native Hawaiian/Pacific Islander	75
Other/Multi-Racial	8,626
White	9,543
Ethnicity	
Unknown	2,742
Hispanic or Latinx	7,882
NOT Hispanic or Latinx	26,726

UMC IN THE NEWS–January 21- February 5, 2021



[VP Harris sets example, Bow Wow apologizes, vaccine shortages: News from around our 50 states](#)

January 21, 2021, USA Today

[RN Who Inoculated Kamala Harris: We Can 'Potentially End' COVID-19](#)

January 26, 2021, Brian Mastroianni, Healthline

[Outreach underway at D.C. hospitals & clinics, to help seniors schedule COVID-19 vaccines](#)

January 29, 2021, Heather Graf, ABC7(WJLA),

[What You Need to Know To Get The COVID-19 Vaccine In D.C., Maryland And Virginia \(And Who Can Help\)](#)

February 4, 2021, Margaret Barthel, DCist

[Nurse Who Inoculated Vice President Kamala Harris Advocates for COVID-19 Vaccine](#)

February 5, 2021, NurseJournal Staff

UMC Newsletter

January 22, 2021

Volume 2, Number 8



In this Issue:

1. Message from the CEO

2. UMC Mission & Values

3. Staff Recognition

4-7. New Year, New Resolutions

8-9. COVID-19 Vaccine

10. Stay Safe

11. DC COVID Numbers

12. UMC in the News

A Week to Celebrate!

The District has been in a celebratory mood all week long as we waited in anticipation and then watched the swearing in of President Joe Biden and Vice President Kamala Harris. Today, we received more great news: ***The District has eclipsed West Virginia as the jurisdiction in the United States with the highest percentage of vaccines administered*** (see chart below). DC Health's Dr. Nesbitt and Dr. Shah attributed much of this accomplishment to the great partner hospitals and providers. They asked that I share this news along with thanks and gratitude.

Jurisdiction	Total Doses Distributed	Total Doses Administered	Percentage of Doses Administered
District of Columbia	75175	55108	73%
West Virginia	231800	167548	72%

The UMC COVID-19 Vaccine program has been a resounding success. As of January 13, 2021 had administered about 120 – 130, with a few days topping over 140 – 150 per day. The totals were: **310** Pfizer #1 doses; 273 Pfizer #2 doses; 836 Moderna #1 doses; **3** Moderna #2 doses / **1422** total doses of vaccine. On January 19, 2021, the UMC COVID-19 Vaccination Clinic extended the service to seniors – 65 years or older which remains ongoing.

Dr. Strudwick, Dr. Payne-Borden, and Marcela Maamari have led this wonderful project with the entire Executive Team. The NFPHC-UMC also administered the Moderna Vaccine to Vice President Kamala D.

Harris and her husband, Doug Emhoff; Councilman Grey and his wife Dr. Dawn Kum, Dr. Marilyn Corder, and today the Washington Redskin Super Bowl MVP Mr. Doug Williams. The NFPHC-UMC COVID-19 Vaccination Clinic should be looked at as a source of pride, and a model of how the hospital can be attractive to people throughout the region who have a choice of where to go for their health care.

Keep Up The Great Work!

Colene Daniel

A handwritten signature in blue ink that reads "Colene Daniel".

Chief Executive Officer

1310 Southern Ave. SE
Washington, DC 20032
202-574-6000
Unitedmedicaldc.com



Who We Are...

Our Mission
&
Our Vision

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UMC will collaborate with others to provide high value, integrated and patient-centered services



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Phyllis Black- Case Manager

Yifde-Amlak Baraki- Case Manager Assistant

Sharon Cruel- Telecommunications Operator

Wellness News

Tips to stay healthy throughout the year
January 2021



New Year, New You and the Tools to help you!

Fitness

The new year is a great time to revamp your fitness program or try something new! CareFirst members have access to free on demand yoga and a 12 week work out series through Sharecare!



Week 1

Learn basic moves to build a strong foundation for the weeks to come.

Don't forget about [Blue365](#) for additional fitness related discounts! Find discounts on fitness gear, virtual fitness programs and more.

Weight Management & Nutrition

Proper nutrition can be difficult to figure out. There is a lot of information out there and the reality is nutrition is not one size fits all. If you are thinking about working on weight management in the new year, check out the Scale Back program in Sharecare.

Be part of a group, have 1:1 access with a registered dietician through the platform, track your food with real time feedback and get a **FREE** digital scale and Fitbit.



Scale Back

Get help to lose weight

Stress Management

An ounce of prevention is worth a pound of cure.
– Benjamin Franklin

Stress is no different. Incorporating stress management tools into your daily routine can have huge ripple effects in other areas of your life and help us become more resilient when stressful situations occur. Check out Inspirations in Sharecare for breathing techniques, guided meditations, yoga, and much more.



Relax

Beautiful scenery from around the world with a...

Goal Setting for Success

As we come into the new year, we have a sense of rejuvenation and a fresh start. We begin to think about setting New Year's Resolutions. One way to help set yourself up for success is setting goals, both short term and long term. Setting short term goals allows you to build on the new habit, making sure you have ways to sustain it, even when obstacles try to get in the way. Short term goals allow you to maintain that long term goal once you get there! When you set goals, be sure you are setting SMART goals. Setting SMART goals is one way to ensure you are setting yourself up for success!

SMART Goals

- S – Make your goals SPECIFIC.
- M – Be sure they are MEASURABLE.
- A – Are they ATTAINABLE in your current stage in life.
- R – Is it RELEVANT to your current stage in life.
- T – TIME bound for progress.

Accountability Partners

Teamwork makes the dream work! Well, this statement applies to more than sports teams. The key factors in a team's success are support and accountability. It is important to have connections that support your goals and will check in to see how things are going. Setting up regular check-ins with your accountability partners helps you stay on track, as well as keeps you connected to others in your life. Accountability partners check-in regularly to discuss both the successes and the difficulties you have experienced while working towards your goals.

Roadblocks and Bridges

There will be obstacles to your success when you set goals, it is life! Learning to navigate these obstacles is key. Having a "plan B" and some self-compassion will help you get back on the path when obstacles try to set you back. We can

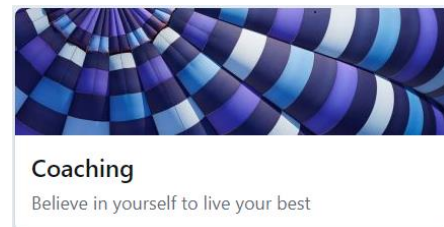
also learn from these obstacles to plan a more effective way of managing them in the future.

Hey Coach....

Every team has a coach. A coach is there to help guide the team to success by being supportive, facilitating practices to help the team see what is working & what isn't, keeps the team moving forward towards their goal and celebrates their successes while learning from their losses.

A health coach is your personal coach. Someone who listens and helps you reflect on both your successes and your setbacks. Their goal is to see you succeed in your wellness journey. As a CareFirst member you have access to Health Coaches that are ready to be part of your team! There are a couple of ways to get started:

- **Take the Call** – Coaches will reach out by phone to invite you into the program.
- **Self-Enroll** – To call in to enroll in coaching, dial 877-260-3253 and press option 7.
- **Enroll Online** - Enroll through the Sharecare app. You will find the tile under the Achieve icon.



Join Today!

CareFirst Wellness powered by Sharecare

Not signed up for the tool that will help you every step of your wellness journey. Sign up today at <https://www.carefirst.com/sharecare/> and start exploring!



Chicken, Kale, and White Bean Stew

This hearty stew provides women with almost half of their daily fiber needs and men with one third. Plus, you'll get lean protein from the chicken and beans, B vitamins, iron, and antioxidants — all key nutrients for optimal health and an active lifestyle.



INGREDIENTS

2 teaspoon canola oil
1/2 medium onion, chopped
2 cloves garlic, minced
4 ounces sliced mushrooms
1 pound boneless, skinless chicken breasts, cut into pieces
1 bunch kale (about 3/4 pound), stems removed and cut into ribbons
1 15-ounce can diced tomatoes
1/4 cup no-salt-added tomato paste
1 15-ounce can cannellini beans, rinsed and drained
Freshly ground pepper to taste

Servings: 4

PREPARATION

1. Heat oil on medium heat in large skillet.
2. Saute onion, garlic, and mushrooms for 3 to 4 minutes.
3. Add chicken and cook for 3 to 4 minutes, until no longer pink on the outside.
4. Add the kale in two or more batches and cook until wilted.
5. Stir in the tomatoes and tomato paste, then add the beans.
6. Simmer for 10 to 15 minutes.

NUTRITION

Per serving: 370 calories; 42g carbohydrates; 11g fiber; 4.8g fat; 40g protein; 473mg sodium; 0.7g saturated fat; 85mg cholesterol

To learn more helpful tips about maintaining a healthy lifestyle, visit carefirst.com/sharecare.

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Are you looking for a fresh start to 2021? Improving your health can be as easy as what you put on your plate. Join nutrition experts and weekly guests who will share practical tips and inspire you to eat more plant-based foods.







Delicious, plant-based foods can reduce your risk for severe outcomes from COVID-19 by optimizing your blood pressure, weight, and blood sugar. We'll explain why and show you how to meal plan and get healthy as a household! Take advantage of these free weekly classes with a supportive friend or family member and watch recordings of anything you missed in the series!

Now is not the time to wait! Sign up today to get access to class resources and recipes before class begins!

This 8-week class series will feature weekly lectures from Vanita Rahman, MD, Deitra Dennis, RN, NBC-HWC, and health nonprofit founder Marc Ramirez, and you will receive practical tips, recipes, and more from dozens of featured guests! It will be held via Zoom every Tuesday from Jan. 19 through March 9 from 4-5 p.m. ET.

To register click:








[HERE](#)

COVID-19 VACCINE - FACT #9

CAN I STOP WEARING A MASK AFTER THE VACCINE?


MAYBE BUT PLAY IT SAFE – WEAR A MASK AROUND OTHERS, CONTINUE TO SOCIAL DISTANCE, AND WASH YOUR HANDS OFTEN.

COVID-19 VACCINE - FACT #10

WHO WILL GET THE VACCINE FIRST?

THE DISTRICT OF COLUMBIA WILL BEGIN MAKING THE VACCINE AVAILABLE TO HEALTHCARE WORKERS AND HIGH RISK INDIVIDUALS (OLDER ADULTS AND PEOPLE WITH CERTAIN MEDICAL CONDITIONS) FIRST.



#GetVaccinatedDC


TONIA JOHNSON
DIRECTOR OF REHAB




I'M TAKING THE VACCINE TO PROTECT MY FAMILY, COMMUNITY. WE KNOW WE CAN BE HARMED BY COVID, BUT THE VACCINE IS SAFE.



TERESA KORVAH
RMA



I TOOK THE VACCINE TO KEEP MY PATIENTS, CO-WORKERS AND THE PEOPLE AROUND ME TO BE SAFE.



Get DC's free DC COVID Alert Notice (DC CAN) to help protect your community while protecting your privacy.

Public health authorities around the world are building apps that use the Exposure Notifications System to help their contact tracing efforts.



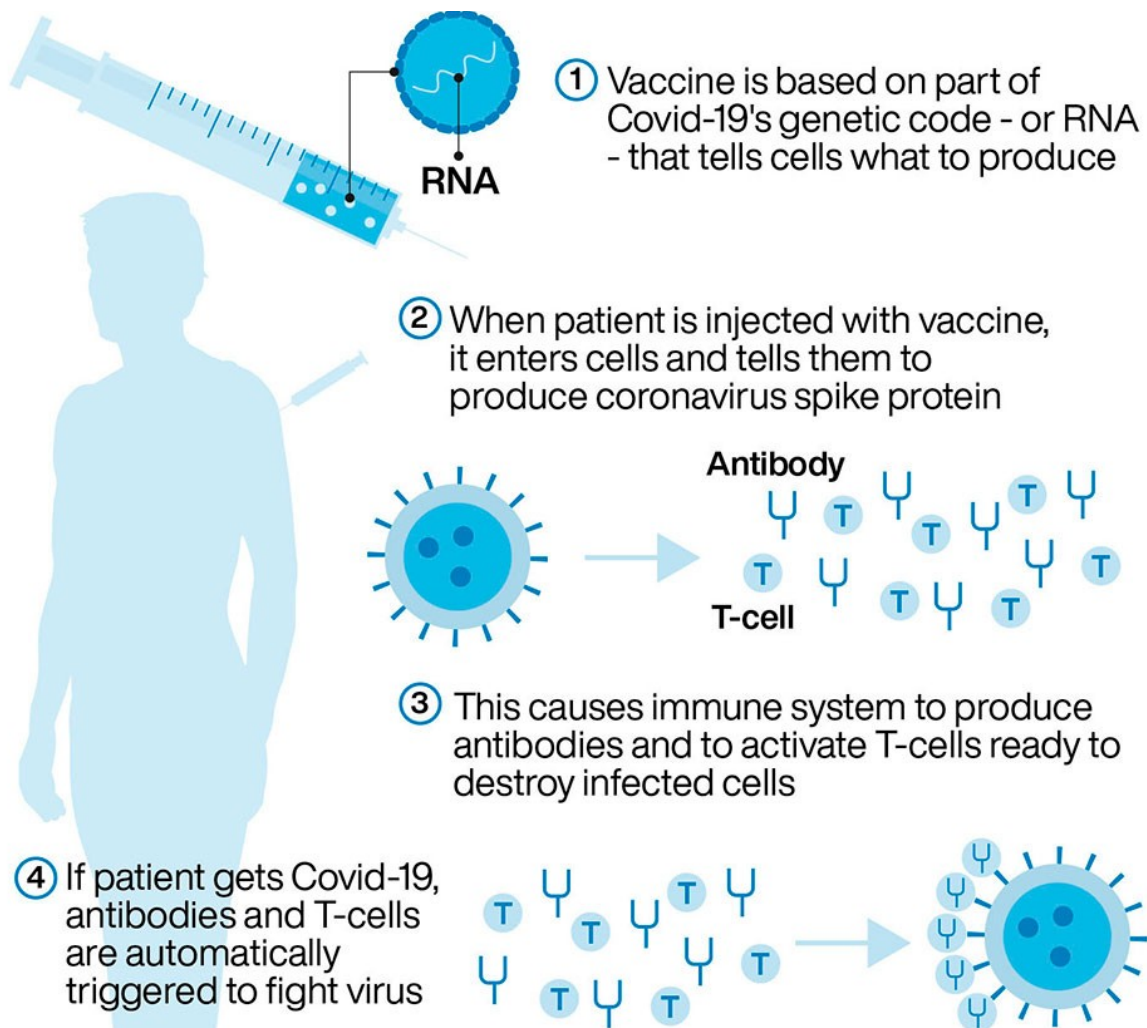
DC CAN uses Bluetooth Low Energy (BLE) technology to quickly notify users who have likely been exposed so you can reduce the risk of infection for your friends and family and help DC stop the spread.

To get DC's free DC COVID Alert Notice (DC CAN) click the link below to receive instructions.

<https://coronavirus.dc.gov/dccan>

The COVID-19 Vaccine is now available to UMC Staff. For more information or to make a reservation please visit the 6th Floor or call 202-574-6473.

How the COVID-19 Vaccine Works



PA graphic. Source: Nature

STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Although the city continues to reopen we must continue to adhere to the safety and social



Mandatory

- Attention Staff !!!
- Flu vaccines will be given in Employee Health Clinic beginning 09/21/2020 on :
 - Monday - Friday : 7 AM –12 Noon
 - Monday - Friday : 4 PM – 5:30 PM
- Location: Medical Office Building 2nd floor
- Room 211

IT'S SIMPLE: WHEN YOU LEAVE HOME, YOU MUST

WEAR A MASK.



Common allowable exceptions:



You are a child age 2 or younger



You are vigorously exercising outdoors
and not close to anyone else

You are actively eating or drinking



You are in an enclosed office and alone



Wear a mask. Save lives. Stop the spread.



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of January 21, 2020

	Total Number Positives
All	34,905
Race	
Unknown	287
American Indian/Alaska Native	71
Asian	740
Black/African American	16,685
Native Hawaiian/Pacific Islander	70
Other/Multi-Racial	8,250
White	8,799
Ethnicity	
Unknown	2,755
Hispanic or Latinx	7,464
NOT Hispanic or Latinx	24,671

UMC IN THE NEWS–January 8-22, 2021

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael,
VP of Public Relations @Tcarmichael@united-medicalcenter.com.



Arnold Schwarzenegger Just Became the Latest Celebrity to Get the COVID-19 Vaccine

January 21 2021, Jason Pham, Style Caster

Nurse who vaccinated Kamala Harris working to solve vaccine disparities in DC

January 18, 2021, Jess Arnold, WUSA9

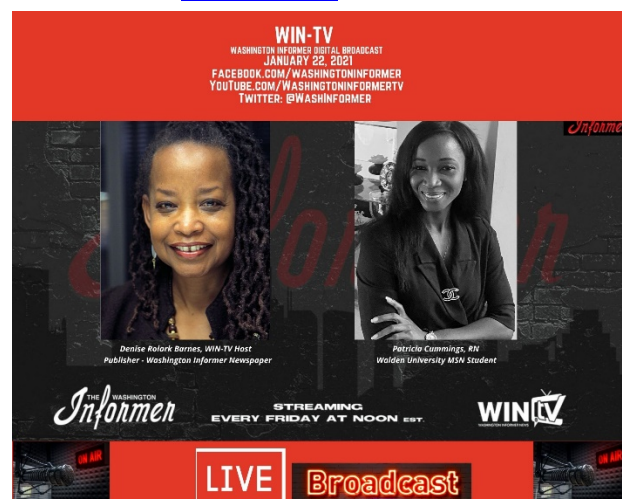
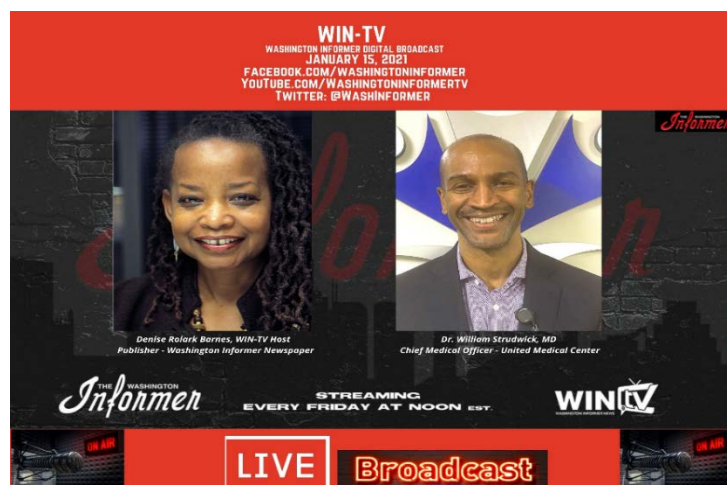
Police say Stratford woman arrested after impersonating cabinet member near US Capitol

January 17, 2021, Khalida Volou, FOX61

Councilmembers Butt Heads with DC Health Director Over Racial Equity in Vaccine Distribution

January 14, 2021, Amanda Michelle Gomez and Mitch Ryals, Washington City Paper

Did you catch our CMO Dr. Strudwick and/or Nurse Patricia Cummunings representing Team UMC on WIN TV? View the videos on [YouTube](#).



UMC Newsletter

January 8, 2021

Volume 2, Number 7



New Year, New Focus

In this Issue:

01-02. Message from the CEO

03. UMC Mission & Values

04-05. Administrative Updates

06-07. COVID-19 Vaccine

08. New Year, New Resolutions

09. Thank You

10. Vice President Elect

11. January is.....

12. Stay Safe

13. DC COVID Numbers

14. UMC in the News

As we start the new year, I want to congratulate you all on successfully completing a challenging year. The Not-for-Profit Hospital Corporation's workforce provides inspiration to patients, especially for those patients with special circumstances who often have few resources. Your dedication to your work is exemplary, especially when you consider what we have as a team accomplished in 2020.

Throughout FY20, we focused on meeting the community's need for quality health services, including remaining ready for the expected COVID-19 surge, maintaining a safe environment for our patients, staff, and visitors, successfully completing the DC Health, CMS, and Joint Commission surveys, and completed the year with a slight net gain.

As we move into 2021, the Leadership Team, Management Council, Medical Staff, and Administrative Staff Members remain committed to the Values of the hospital: Compassion, Excellence, Integrity, Collaboration, Equity, and Innovation.

During FY21, the hospital shall implement the principles of a "High Reliable Organization" as we work to continue achieving the Mission, Vision, and Values.

Quadruple Aims



1310 Southern Ave. SE
Washington, DC 20032
202-574-6000
Unitedmedicaldc.com

To become a High Reliable Organization, each department, will use the Quadruple Aim: Better Outcomes, Improved Patient Experience, Reduce Care Cost, and Satisfied Providers.

Better Outcomes: To achieve better outcomes the hospital will implement three principles of anticipation and two principles of containment.

Three Principles of Anticipation:

- Preoccupation with Failure – Regarding small, inconsequential errors as a symptom that something's wrong (Safety Culture)
- Sensitivity to Operation's- Paying attention to what's on the front-line
- Reluctance to Simplify Interpretation – Encouraging diversity in experience, perspective, and opinion.

Two Principles of Containment:

- Commitment to Resilience – Developing capabilities to detect, contain, and bounce-back from events that do occur (Safety Culture).
- Deference to Expertise – Pushing decision making down and around to the person with the most related knowledge and expertise.

To provide a more improved patient experience, the hospital will continue to work to increase patient satisfaction by improving communications with patients and family members, and the results shall be monitored monthly by each department.

The hospital will work to reduce care cost with a focus on the budget (revenues and expenditure) the hospital team will standardize supplies and equipment to reduce operational cost, implement more protocols to help reduce duplication of efforts, and hire appropriate staffing.

The hospital will continue to significantly increase its efforts to improve provider & staff engagement and satisfaction. In 2020, NFPHC received over 3500 free meals and PPE donations from local restaurants and organizations and introduced the bi-weekly UMC Newsletter to keep staff and the community informed about new policies, procedures, resources, COVID-19 updates, activities related to employee recognitions, retirements, and work anniversaries. These efforts shall continue in 2021 and accompanied by new initiatives to keep you informed, acknowledged and appreciated.

As a Team we shall each and every day build a High Reliable Organization. Your contribution and commitment to your work, our patients, each other, and the hospital is unparalleled.

On our own we are individuals. Together we are a team.

Thank you for being such an amazing Team as our healthcare heroes!

Colene Daniel



Chief Executive Officer



Who We Are...

Our Mission
&
Our Vision

The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC is a District of Columbia government acute care hospital servicing Southeast DC and surrounding Maryland communities

Our Mission

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care

Our Vision

UMC will be an efficient, patient-focused, provider of high quality healthcare the community needs

UMC will employ innovative approaches that yield excellent experiences

UMC will empower healthcare professionals to live up to their potential to benefit our patients

UMC will collaborate with others to provide high value, integrated and patient-centered services



Who We Are...

Values

Values

• *Compassion*

Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the patient we practice family-centered care as the cornerstone of compassion.

• *Excellence*

Our promise to treat, prevent and cure disease is an enormous responsibility. We follow the highest standards of quality and safety and expect accountability from each other.

• *Integrity*

At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain UMC for generations to come.

• *Collaboration*

We work in partnership with patients, their families, staff, providers, volunteers and other caregivers. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

• *Equity*

We embrace and find strength in the diversity of our patients, their families, staff and community. We believe all patients deserve exceptional care, the best outcomes, respect and a safe environment.

• *Innovation*

We aspire to be an innovative leader in community healthcare and service. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Who We Are...

Values



NOT-FOR-PROFIT HOSPITAL CORPORATION

TO: NFPHC – All Staff

FROM: Dr. William Strudwick, Chief Medical Officer

DATE: Sunday, January 3, 2021

RE: COVID-19 Vaccine – Influenza Vaccine (Flu Shot)

Our COVID-19 Vaccination program has successfully administered 693 vaccines to our employees and medical staff. It is so important that everyone takes their opportunity to get the COVID-19 vaccine as soon as it's available to them.

The flu vaccine is also very important, and is mandatory for all employees and staff, with a deadline of December 31st 2020. Because the guidelines indicate that the COVID-19 and flu vaccines should be administered 2 weeks apart, for those that received the COVID-19 vaccine prior to the flu vaccine, **and have not received your flu shot**, your deadline for the mandatory flu vaccine may be extended to 2 weeks beyond the time that you received the **second dose of the** COVID-19 vaccine.

Please see the below example for additional clarity:

- **Friday, December 18, 2020** – Employee received the COVID-19 1st Vaccine
- **Wednesday, January 6, 2021** – Employee received the COVID-19 2nd Vaccine (18 days after the first vaccine has been administered)
- **Wednesday, January 20, 2021** – The mandatory date an employee must have their flu vaccine (2 weeks exactly after an employee has received their 2nd COVID-19 vaccine)

Should you need any additional clarity or have additional questions regarding the timeline listed above, I may be reached at (202) 574-6611 or @WStrudwick@united-medicalcenter.com.

UMC

VACCINATION SCHEDULE

*****The Moderna Vaccines will be administered on the following dates and times:**

Wednesday December 23rd 9:30 am – 6:30 pm

Monday December 28th 7:30 am – 6:30 pm

Tuesday December 29th 7:30 am – 6:30 pm

Wednesday December 30th 7:30 – 6:30 pm

In 2021

Tuesday January 12th 7:30 – 6:30 pm

Wednesday January 13th 7:30 – 6:30 pm



Thursday January 14th 7:30 – 6:30 pm

Friday January 15th 7:30 – 6:30 pm



Please remember that at the time you receive the first dose, you must commit and be scheduled for the second dose.

Day_First Dose	First Dose	Second Dose				
		24th Day	25th Day	26th day	27th Day	28th Day
Wednesday	12/23/2020	1/16/2021		1/18/2021	1/19/2021	1/20/2021
Monday	12/28/2020	1/21/2021	1/22/2021			1/25/2021
Tuesday	12/29/2020	1/22/2021	1/23/2021	1/24/2021	1/25/2021	1/26/2021
Wednesday	12/30/2020	1/23/2021	1/24/2021	1/25/2021	1/26/2021	1/27/2021
Tuesday	1/12/2021	2/5/2021	2/6/2021		2/8/2021	2/9/2021
Wednesday	1/13/2021		2/7/2021	2/8/2021	2/9/2021	2/10/2021
Thursday	1/14/2021	2/7/2021	2/8/2021	2/9/2021	2/10/2021	2/11/2021
Friday	1/15/2021	2/8/2021	2/9/2021	2/10/2021	2/11/2021	2/12/2021
Saturday	1/16/2021	2/9/2021	2/10/2021	2/11/2021	2/12/2021	

No Administration on Saturdays & Sundays











COVID-19 VACCINE - FACT #5






WHO SHOULD NOT TAKE THE VACCINE?

YOU SHOULD NOT TAKE THIS VACCINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION TO VACCINES IN THE PAST OR ANY INGREDIENT IN THIS VACCINE. PLEASE CONSULT YOUR MEDICAL DOCTOR IF YOU ARE UNSURE.














COVID-19 VACCINE - FACT #6

SHOULD I TAKE THE VACCINE IF I ALREADY HAD THE CORONAVIRUS?

YES. THERE IS A CHANCE OF REINFECTION OF THE VIRUS. THE VACCINE MAY HELP PROTECT YOU AGAINST FUTURE INFECTION.

[#GetVaccinatedDC](#)

DARNELLE EVERETT ADMINISTRATIVE ASSISTANT





I CHOSE TO TAKE THE VACCINE SO THAT I WOULD HELP PROTECT MYSELF AND COMMUNITY FROM POSSIBLE EXPOSURE TO COVID.






YVETTE BOYD EXECUTIVE ASSISTANT



EVEN WITH MY FEARS AND CONCERNS WITH THE COVID-19 VACCINE, AS AN AFRICAN AMERICAN WOMAN FIGHTING LUPUS, I HAD TO EXERCISE MY FAITH OVER MY FEARS. HAPPY TO SHARE THAT I HAVE NOT EXPERIENCED ONE SIDE EFFECT! PLEASE GET YOUR VACCINE AND LET'S ALL WORK TOGETHER TO PUT AN END TO THIS PANDEMIC THAT HAS KEPT US FROM OUR LOVE ONES!!










COVID-19 VACCINE - FACT #7






WHAT IF I AM PREGNANT OR BREASTFEEDING?

IF YOU ARE PREGNANT OR BREASTFEEDING, DISCUSS YOUR OPTIONS WITH YOUR HEALTHCARE PROVIDER.














COVID-19 VACCINE - FACT #8

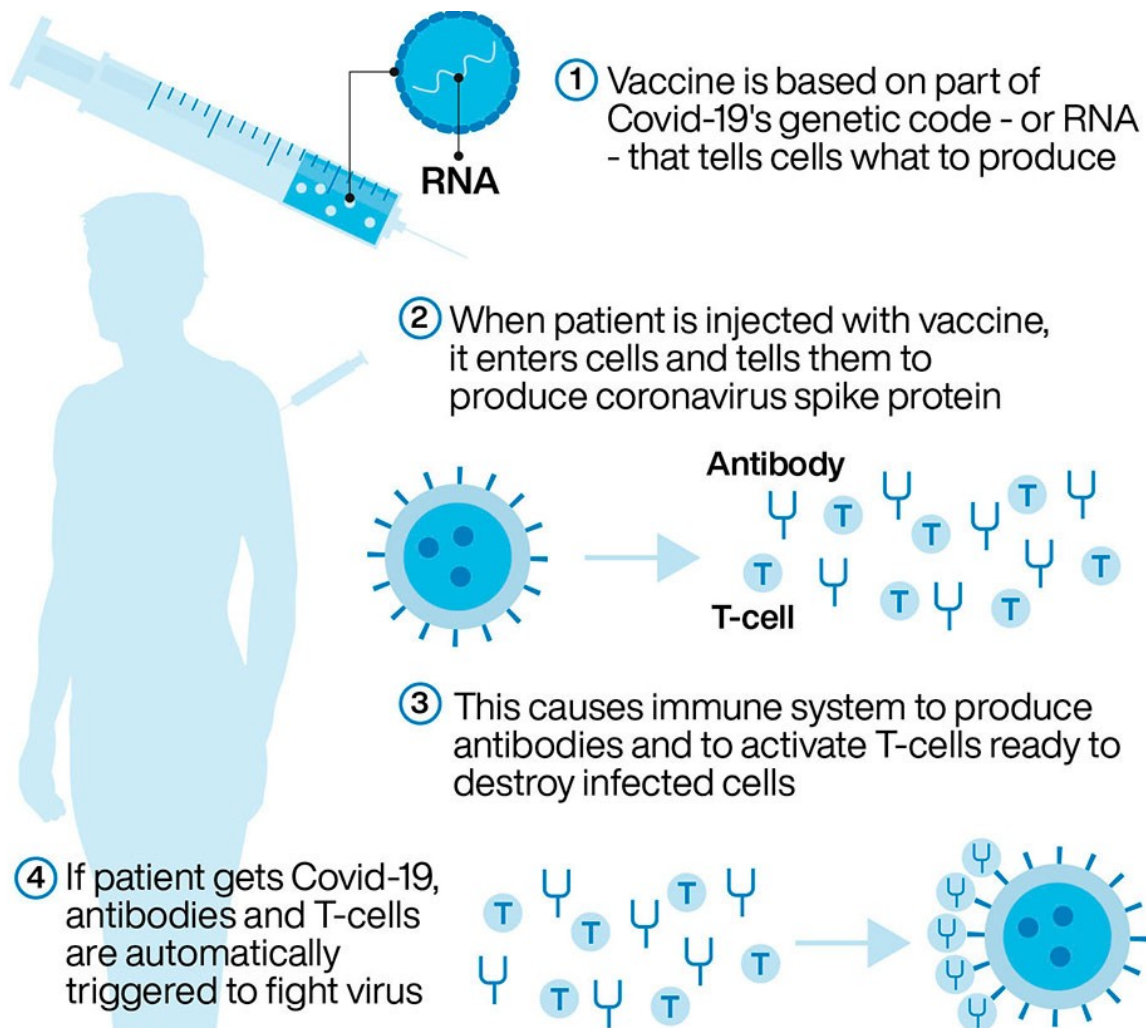
HOW DO I KNOW THIS VACCINE IS SAFE?

THERE IS A RISK WITH ALL MEDICATIONS AND VACCINES. THIS VACCINE WAS TESTED ON OVER 74,000 INDIVIDUALS OVER THE AGE OF 16. CLINICAL TRIALS INCLUDED DIVERSE PARTICIPANTS AND EVERY 4 OUT OF 10 WERE NON-WHITE. ADULTS OVER AGE 65 WERE ALSO INCLUDED IN THE TRIALS.

The information provided below is the best information we have thus far. We will continue to provide updated information and facts as it becomes available. Please refer to the FAQs for more detailed information.

How the COVID-19 Vaccine Works



PA graphic. Source: Nature

New Year, New Resolutions

Start off the new year on the right foot – take control of all of your health-related goals, compete in challenges, and earn rewards! Here's how to make lasting health changes for the rest of the year.

Stay Positive: How you think can make the difference between what you do or what you fail to do.

Get Fit: Find the best workout for your fitness level, whether it's walking the neighborhood or going high-intensity!

Lose Weight: Select a "start" date for your diet and plan the majority of your meals and snacks.

Lower Stress: Take up meditation, cut back on caffeine, and/or start exercising to get your stress under control!

Set Goals: Team up with a health coach by calling [client phone number] [additional phone instructions]



After the holidays, stress levels can skyrocket. Get started by visiting carefirst.com/sharecare!

THANK YOU!!!!

We are so grateful to the District residents and local businesses who have poured out an overflow of support to UMC through donated meals and/or PPE. Please share expressions of gratitude to the businesses directly or send a note to Toya Carmichael, VP of Public Relations / Corporate Secretary @ Tcarmichael@united-medicalcenter.com.

Donated Meals

Care First

All Purpose Pizza



UMC is extremely honored, to be the hospital to give the first dose of the COVID-19 vaccine to VP Elect Kamala Harris!! On Tuesday December 29, 2020 the VP Elect came and was administered the COVID-19 vaccine. "It's literally about saving lives," Harris said.

"I trust the scientists. And it is the scientists who created and approved this vaccine. So I urge everyone, when it is your turn, get vaccinated." Thank you VP Elect Harris for your outstanding leadership and determination to put an end to this Pandemic, and for choosing United Medical Center!





Donate Blood
Donate Plasma
Volunteer
Save Lives

National Blood Donor Month

www.NationalDayCalendar.com

January

#NationalBloodDonationMonth

NATIONAL
DAY
CALENDAR

January is the beginning of a new year and the perfect time to start the year celebrating National Blood Donor Month.

Due to increased seasonal illnesses during the winter months and inclement weather conditions, donations of blood and platelets decline and demand increases. The American Red Cross and Blood Banks of America encourage everyone can donate to continue their donations. Those who have never donated, to make an appointment. Blood donation is safer than ever before and saves lives. Millions of people including cancer patients, organ recipients, and victims of accidents; rely on blood donations from people like you and I.

For more information on National Blood Donor Month click:

[HERE](#)

STAY SAFE

As the District of Columbia's only public hospital, we all have a heightened responsibility to prevent the spread of COVID-19 **whether on/or off duty**. Although the city continues to reopen we must continue to adhere to the safety and social



Mandatory

- Attention Staff !!!
- Flu vaccines will be given in Employee Health Clinic beginning 09/21/2020 on :
 - Monday - Friday : 7 AM –12 Noon
 - Monday - Friday : 4 PM – 5:30 PM
- Location: Medical Office Building 2nd floor
- Room 211

IT'S SIMPLE: WHEN YOU LEAVE HOME, YOU MUST

WEAR A MASK.



Common allowable exceptions:



You are a child age 2 or younger



You are vigorously exercising outdoors
and not close to anyone else

You are actively eating or drinking



You are in an enclosed office and alone



Wear a mask. Save lives. Stop the spread.



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



For the latest information on the District Government's response to COVID-19 (Coronavirus), please visit coronavirus.dc.gov.

Cases as of January 6, 2020

	Total Number Positives	Percent
All	30,482	100
Race		
Unknown	298	1
American Indian/Alaska Native	62	<1
Asian	604	2
Black/African American	14,550	47
Native Hawaiian/Pacific Islander	67	<1
Other/Multi-Racial	7312	26
White	7587	24
Ethnicity		
Unknown	2414	8
Hispanic or Latinx	6676	22
NOT Hispanic or Latinx	21,376	70

UMC IN THE NEWS-December 29,2020 -January 8th, 2021

UMC Staff are reminded to direct **ALL MEDIA INQUIRIES** to Toya Carmichael, VP of Public Relations @Tcarmichael@united-medicalcenter.com.



Kamala Harris receives coronavirus vaccination

December 29, 2020, Nick Niedzwiadek, Politico

Harris receives coronavirus vaccine on camera, urges Americans to get vaccinated

December 29, 2020, Morgan Chalfant, The Hill

UMC nurse who administered Kamala Harris's vaccine: 'It means everything' to Southeast DC

December 30th, 2020, Heather Graf, ABC 7





UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting

Date: January 27, 2021

Location - Meeting link: <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=m88165f39bab5eee9a1c385d1aa5bba36>

2021 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*

Colene Y. Daniel, *CEO*

Girume Ashenafi

Raymond Tu, MD

Konrad Dawson, MD

Malika Fair, MD

Millicent Gorham

Angell Jacobs

William Sherman

Velma Speight

Wayne Turnage

Marilyn McPherson-Corder, MD

Robert Bobb



**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
BOARD OF DIRECTORS
NOTICE OF PUBLIC MEETING**

LARUBY Z. MAY, 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 5:30pm on Wednesday, January 27, 2021. Due to the Coronavirus pandemic, the meeting will be held via WebEx.

Meeting link: <https://unitedmedicaldc.webex.com/unitedmedicaldc/j.php?MTID=m88165f39bab5eee9a1c385d1aa5bba36>

Meeting number: 132 339 5859 **Password:** wJPMmkSG239 **Via Phone:** +1-415-655-0001,
Access code: 132 736 6761

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 - November 18, 2020

V. CONSENT AGENDA

- A. William Strudwick- Chief Medical Officer - Pg. 21
- B. Dr. Gregory Morrow- Medical Chief of Staff - Pg. 26
- C. Dr. Jacqueline Payne-Borden, Chief Nursing Officer- Pg. 47

VI. EXECUTIVE MANAGEMENT REPORT

- A. Colene Daniel, Chief Executive Officer- Pg. 52
- B. Brian Gradle, Chief Compliance Officer

VII. HUMAN RESOURCES REPORT

- A. Trenell Bradley, Human Resources Director- Pg. 69

VIII. CORPORATE SECRETARY REPORT

- A. Toya Carmichael, VP Public Relations/Corporate Secretary- Pg. 84

IX. NFPHC COMMITTEE REPORTS

- A. Performance Improvement- Pg. 87
- B. Finance- Pg. 160

X. PUBLIC COMMENT

XI. OTHER BUSINESS

- A. Old Business
- B. New Business

XII. ANNOUNCEMENTS

XIII. ADJOURN

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

**General Board
Meeting Date:
January 27, 2021**

Reading and Approval of Minutes

**Minutes Date:
November 18, 2020**



Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, November 18, 2020
Held via WebEx

Absent: Dir. Gorham

Directors: Absent: Dir. Gorham and Dr. Fair

LaRuby May, Angell Jacobs, Brenda Donald, Velma Speight, Wayne Turnage, Dr. Konrad Dawson, Robert Bobb, Girume Ashenafi, Dr. Malika Fair, Millicent Gorham William Sherman

UMC Staff: CEO Colene Daniel, Dr. McPherson Corder, CNO Dr. Jacqueline Payne-Borden, CFO Lillian Chukwuma, Corp. Sec. Toya Carmichael, HR Dir. Trenell Bradley, CCO Brian Gradle, Ken Blackwell

Other: Kai Blisset, Cheyenne Holland

Agenda Item	Discussion
Call to Order	By Chair May at 12:05pm Acknowledged the board for their dedication to the people they serve.
Approval of the Agenda	Mot by Dr. Dawson, 2 nd by Dir. Ashenafi , unanimous vote
Approval of the Minutes	Mot by Dir. Bobb, 2 nd by Dir. Ashenafi, unanimous vote

Discussion

CONSENT AGENDA

CHIEF MEDICAL OFFICER REPORT:

CHIEF OF MEDICAL STAFF REPORT: Dr. Marilyn McPherson-Corder

- Gave oral report this month.
- Highlighted a successful Joint Commission visit.
- Introduced new CMO Dr. Strudwick

Dr. Dawson took a moment to thank Dr. Corder and CEO Daniel and recognized them for being able to have a successful JC visit despite COVID and all that is going on. Want to personally thank Dr. Corder for serving in multiple capacities at this time.

Chair May seconded the thoughts of Dr. Dawson and expressed gratefulness for Dr. Corder and the entire UMC team.

Chair May asked about the Sepsis rate which is 12.1%. Noted there was not PI meeting this month to talk about this in detail but asked Dr. Corder to explain where this rate puts us? Is this an increase or decrease? If not, if we can talk about it next month and we have gone up since July with regards to our patients who are leaving without being seen, why is that and what are we doing to decrease that number?

- Dr. Corder said our Sepsis rate is good compared to other hospitals. Will get the report for Chair May next month.
- Our report is impressive but wants to make sure we have a complete evaluation of where we are.
- Leaving without being seen is something that we continue to address and we now have a nurse in the ED who is monitoring this and making sure we are seeing everyone with serious issues. We had a lower number at one time so she will look and compare where we are now compared to where we were before.

Chair May asked if we are yielding results from the Fast Track that we intended to yield?

- Dr. Corder will allow Dr. O'Connell to address this but as she sees when she walks through the ED she is seeing those who are vital are being seen. She knows that we have shown improvement based on her observation and review of the reports.
- Dr. Strudwick weighed in, although he is brand new. In terms of infections looking at it with a fresh eye, when we look at UTIs and infections related to catheters our numbers are low compared to other ED departments in the area. With regards to Fast Track it is faster than other hospitals and the Quick Look Nurse in the ED is keeping their eye on patients and making sure we are not missing people. Also a Washingtonian like Dr. Corder.

	<p>Chair May welcomed Dr. Strudwick and noted that we have been anticipating his arrival.</p> <p>Dir. Ashenafi asked if there have been any internal conversations at the hospital about what we will do with the vaccine when it becomes available?</p> <ul style="list-style-type: none"> • Dr. Corder stated that we are on the list as well as all the hospitals so we are part of it and will be included as one of the sites for the vaccine but the conversation on when/how is to be continued so she will follow up next month. <p><u>CHIEF NURSING OFFICER: Dr. Faye</u></p> <ul style="list-style-type: none"> • Very proud of the job of the nursing leaders and Ken during the JC visit last week, the surveyors gave us positive feedback. • The IT additions with regards to the Multidisciplinary Treatment Plan are now live. • To date we are 58.8% for staff who have received the flu vaccine and of course the expectation is 100% for staff. • BHU handbook is now complete. Dr. Payne-Borden contributed to the handbook. • The HR team and nursing representatives have continued to work diligently on a realistic economic proposal to be presented to DCNA to complete the collective bargaining agreement process. • Participated in community fitness day on the hospital grounds, thanks to Toya Carmichael for keeping us engaged with the community. <p>Motion to accept the MCOS and CNO reports by Dr. Dawson, 2nd by Dir. Speight. Unanimous vote.</p>
	<p><u>EXECUTIVE MANAGEMENT REPORT: CEO Colene Daniel</u></p> <ul style="list-style-type: none"> • Thanked everyone again, in her private consultation meeting with JC they were blown away with the three major meetings where the Board Members participated. Dr. Fair was stellar in the PI interview and she went way above the JC standards. Chair May was exceptionally good in making sure the JC understood what we are doing in the community and our commitment to the community. The JC said they seldom go to a hospital where the board is that involved. • The leadership management committee were really good across the board. • Gave kudos to facilities and EVS because even on the 2nd day when there was a major flood we were able to negotiate with JC to put the kitchen on the last day

and the facilities team worked around the clock to fix the pipes. The nurse on the JC team said that she came from a hospital that floods often so they were not fazed by that.

- So far we only received two conditional standards: 1 was fixed on the spot but we have to show a plan on how we will continually fix it. The other has to do with oxygen cylinders so when we write the report we will show that is fixed as well.
- We had 4 moderates and less than 20, 18 to be exact, what they call low standards.
- We will put a calendar in place so the quality department as well as management council so that three years from now when we have the next survey we will be fine.
- Most of our issues are facilities issues because our building is so old and Ken Blackwell who is a JC consultant has told us that they do not wait 45 days but they come back within 30 days to make sure the issues have been corrected.
- As it relates to the vaccine, we had a meeting about this yesterday, we are following DOH guidelines so we are putting in all the data and submitting the reports. As soon as they tell us who is will be first and how they will distribute it we will let the board now.
- We had a meeting with Children's yesterday and we are 99.9% complete with the contract.
- We had two meetings with procurement on our CBE spend and looking at ways to increase that spend.
- COVID-19 numbers have ticked back up so we are doing an evaluation with nursing and supplies to make sure we have what we need. Our patient numbers haven't ticked back up as of yet.
- Facilities projects are underway and the beautiful new pharmacy is almost complete we are just waiting for the DCRA permit. As we move forward we will have MRI, Fluoroscopy, etc. Those ambulances will no longer have to be diverted for those services.
- We are really focused on improving the patient experience.

Questions:

Chair May thanked Colene for her leadership and noted that she would like to quote the JC on their positive feedback.

Dr. Dawson again thanked leadership for their work during JC and expects a bright future.

Colene added that Ken Blackwell just reported that we are no longer waiting for DCRA approval on any of our projects.

Chair May thanked Colene for the patient handbook and noted that this is the first time that she has had an opportunity to view and read over the handbook. She would like us to

add a place where we solicit input from the patient to tell us how we are doing. Now in this COVID space restaurants do not have menus and she is wondering if we can add this or a phone number where patients can tell us how we are doing.

- Colene noted that in the handbook on page 7 and page 19 we tell patients how they can get in the portal and give us feedback. On Page 7 we tell them that they will get a Press Ganey survey. There is some discussion on letting the patient be discharged before we ask them for feedback. We are looking at a digital component as well. We are now telling patients if they have complaints they can call a certain number. we will also have new patient policy boards throughout the hospital.

Chair May asked if we have a Spanish version of the handbook?

- Colene said no we are getting it translated now.

Chair May asked about page 30 and medical records. She has clients now that are seeking to retrieve their medical records from the hospital. It would be helpful for us to consider our request process can include an option to fax it.

HUMAN RESOURCES REPORT: Trenell Bradley

- Open season will begin on 11/23 and will be virtual due to COVID
- No changes to the premiums so we are excited to share that information.
- We will have prerecorded enrollment sessions and then have live sessions via zoom for employees to ask questions and we will also have an opportunity for them to speak with our providers.
- We met with DOES with regards to the local hire program. We have identified four programs that also come with some grant funding for the hospital for us to participate. These positions will be limited to DC residents because they will be coming from DOES. We will need approval from Finance on how we can roll these programs out and continue them beyond the 6-month period.
- We have union negotiations that are ongoing that we will report more on during closed session.

Chair May stated that we do not list our job openings on our UMC website. There is room for us to think about us putting on our own website the job opportunities with the hospital for those folks who may not go directly to indeed.

- Trenell mentioned that he does not know how/if PR department can add that information to our website.

CORPORATE SECRETARY: Toya Carmichael

- Toya highlighted areas referenced in her written report.

Discussion:

Dr. Donald asked if we can promote our successful JC survey.

- Toya noted that we are waiting for the official notice from JC and will share the positive news at that time.
- Colene added that we can state we are reaccredited and have the gold seal but we are not allowed to discuss the score.

Chair May highlighted the information shared by Brian Gradle which shows how we are doing in comparison to other hospitals.

- Brian gave an overview of the report that he shared.
- Dr. Corder added that she will highlight our JC success on her radio show in the near future.

Chair May shared a question from Dr. Fair –

- Dr. Faye stated the discharge lounge was made to facilitate patients who were discharged but didn't have a pickup date. Because of COVID they don't have a need to use it.

Chair May asked that UMC provide a map or drawing of the room be shared which should answer her question.

- Dr. Faye added that we have about 5 chairs in the room and a tv. We also provide nutrition and increased our PAR for that room.

Motion to accept management report by Dir. Jacobs, 2nd by Dir. Ashenafi. Unanimous vote.

COMMITTEE REPORTS

PERFORMANCE IMPROVEMENT: Dr. Fair

- Committee did not meet or submit a report.

FINANCE COMMITTEE: DM Turnage

- Finished the year in the black with two months of payroll, Lillian can discuss how she got there but the only reason we finished in the black is because we received significant subsidies due to COVID.
- If you look all our admissions are coming in below budget, if we continue this way Lillian will come back and say she needs some money.
- DM Turnage believes our cost structure is too high for our volume.
- The average daily census does not reflect what we would like to be doing in terms of our expenses. We either have to find a way to reduce our expenses or we will have to go to Council and ask for money and that will trigger the control board.
- The finance committee will not break in December and will meet to review the GAP savings plan. Mazars put forth a good effort in creating a plan but those numbers have not been certified yet by the CFO.
- Added there are contracts that we have to approve in Closed Session.
- Lillian thanked DM Turnage and the entire finance committee. Takes a dedicated finance committee team to care enough to guide us in the right direction knowing our limitations. Also thanked Kai for all her support in assisting us to prepare for the committee and board review.
- Lillian added we are not where we wanted to be but we do have a balanced budget of \$821,000 and that includes 1.7mil of raises that will be given to the employees. IF you recall when we came to you we noted that raises would not be given up front but after we had a balanced budget. SNF employees will also receive their raise as they end their employment.
- Our admissions are still down.
- We will come back in December to finance committee with October numbers right now we are going through our audit.
- On December 1 the auditors will give us our certification.
- Dr. Strudwick added that the community does not know the services and technology that we have at the hospital.

Chair May noted that she was recently alerted by Toya Carmichael that MOAA is doing a mammography event in Greenbelt MD so we need to do a better job of marketing our services.

Dir. Bobb added that revenue projections are still under water. The 2020 focus really does have to be on whether or not if those revenues projects can realistically support the expenses of the hospital.

	<p>Also noted that we need to think about our budget and how to jump start those marketing initiatives.</p> <p>Chair May noted that Toya Carmichael presented her marketing budget a few months ago and is not sure if those funds made it into the final budget. CEO Daniel will have to figure out a path forward to determine a path forward.</p> <p><u>GOVERNANCE COMMITTEE: Dir. Sherman</u></p> <ul style="list-style-type: none"> • The Committee met yesterday and most of the discussion was around pending litigation which we can discuss in Closed Session. • Toya added that Committee reviewed Enterprise Risk Management survey presented by Brian Gradle. • Brian gave an overview of the survey. Has been reviewed by MEC and will be shared at the MEC staff meeting and has been reviewed by management council. The survey is twofold, it asks what is the likelihood of an occurrence and . • Also allows management to weigh in on the culture with regards to safety vs blame first. • ERM has been around in the private sector and is relatively new in the public sector especially in the hospital setting but is particularly useful at this time. <p>Dir. Jacobs reminded Chair May that we need an affirmative vote on the financials.</p> <p>Motion to accept Governance committee report and the finance report specifically regarding the financials of the month presented by DM Turnage, 2nd by Dir. Bobb. Unanimous vote.</p>
Public Comment	<p>.</p> <p>Wala Blegay, Staff Attorney with DCNA.</p> <ul style="list-style-type: none"> • Joined by a group of nurses from the SNF unit. Disappointed with the decision to close the SNF and leave them with layoffs. 30 nurses will be laid off. UMC

seems to be doing more to recruit people than to keep people who have been working to maintain the hospital. These nurses continued to come in during COVID to make sure the unit was appropriately staffed. We were told before that there would be efforts to keep them and been told different stories every time.

Onyinka Ebay – Employed by UMC for the past 7 years. Was told by management that the SNF closure was temporary due to COVID and then last week received a letter that the SNF would be closed December 31st. Feels as if they are being pushed out and not considered as part of the team.

Toyin Yusuf – Was told the SNF would be back and the letter stated that they would be coming back and was placed inside the hospital to work which was good for them because they learned new skills they did not have working on the SNF. Had in the back of their mind that SNF is not coming back and that is not fair. If the SNF was going to close that should have been communicated in the beginning. SNF nurses should be absorbed into the hospital instead of hiring nurses from the outside.

Nanna – Thankful for the opportunity to speak. This was a big shock. Been at UMC since 2019.

Chair May thanked the nurses for their input and asked Ms. Blegay is it her position that we are hiring nurses when we have qualified SNF nurses here?

- Ms. Blegay stated yes, HR did provide 8 positions to SNF nurses but they are insisting that nurses have go to on Indeed and apply as opposed to giving the SNF nurses those jobs? In the past if there was an opening it would go to the most senior nurse already here.
- Nurse Julia stated that she is a RN. Noted that just because they have worked on the SNF doesn't mean they aren't qualified for other positions in the hospital.

Yahnae Barner SEIU-Noted they have 63 of the members slated to lay off. Urged the board think their decision through due to the fact we are in flu season, COVID numbers ticking up. Still waiting on response on market rate increase. Sent information to Chair May via email and ups mail. Length of process is tying her hands and leaving her no chance but to go to the mayor, which she does not want to do.

Chair May is almost as frustrated as the union and agrees they should not have to keep coming back to the Board begging for some resolution. After Closed Session she will get back Ms. Barner and have someone who is authorized to speak on behalf of the hospital present going forward.

	<p>Ms. Barner also noted that members recently received notice that they were overpaid in July. If UMC had come to the union prior, they could have worked together to come up with a solution.</p> <p>Chair May stated she will be sure to ask that the board is updated on the issues that she brought to the board's attention.</p> <p>Dir. Ashenafi noted that clearly we are not doing something properly on our end because the union should not have to keep coming back to the board for resolution on issues that we are under the impression are being handled.</p> <p>Chair May publicly expressed her sincere appreciation for Dir. Donald for her board service and working outside of the Board through her agency to assist UMC. She never has to say how strong her roots are in the city outside of the hospital because she lives it. She will be missed and is always welcomed to join us on any Wednesday to chime in and provide her guidance.</p> <ul style="list-style-type: none"> • Dir. Donald thanked Chair May for her appreciation and noted that she will continue her service on the Finance Committee through December. Asked that finance matters be moved to the end of the Closed Session agenda so she can rejoin the call after her presentation. • CEO Daniel thanked Dir. Donald for her service and reiterated that she will continue to reach out to Dir. Donald for her guidance in the future. • Kai expressed her thanks on behalf of the Finance Committee. • DM Turnage added her work ethic and contribution to DC government is on point and noted that she is one of the finest professionals he has ever worked with. • Dir. Jacobs appreciated the opportunity to work closely with Dir. Donald and glad that she was able to grow with her as a colleague and a friend. • Dir. Speight echoed and shared her thanks on behalf of the Audit Committee. • Chair May noted we will have a celebration post COVID. <p>Open session suspended at 2:06pm.</p>
Other Business	N/A
Closed Session	Entered closed session at 2:15 pm

	<p>Motion by Ashenafi, 2nd by Dir. Bobb</p> <p>Mike Austin read the justification for entering closed session.</p> <p>Roll call vote: absent Dr. Fair, Dir. Donald, Dir. Gorham, Dr. Dawson</p> <p>.</p> <p>Motion to end closed session carried at 4:44pm.</p>
Announcements	<p>During closed session the board voted to approve two contracts for one Axis Healthcare and Curtis Bay Medial Waste Services, also voted and accepted the credentialing report from the MEC, voted and approved two modifications for the operator pending fiscal sufficiency and also not to rescind overpayments made to employees if board has the authority to do so.</p>
Adjourned.	<p>Motion to adjourn by Dir. Jacobs, 2nd by Dir. Ashenafi. Unanimous vote meeting adjourned at 4:47pm.</p>



UMC
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General Board Meeting

Date: January 27, 2021

Consent Agenda



UMC
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General Board Meeting

Date: January 27, 2021

CMO Report

Presented by:

Dr. William Strudwick
Chief Medical Officer

Not-For-Profit Hospital Corporation CMO January 2021 Report & Accomplishments

Dr. William Strudwick

During my second month as the NFPHC/UMC Chief Medical Officer, I have developed stronger relationships with the administrative leadership and the clinical teams throughout the hospital, as well as the Ward 7 and Ward 8 communities. Some of the following accomplishments have occurred:

COVID-19 Vaccination:

- Acceptance by hospital personnel has accelerated along with the success of our vaccination clinic. “Influencers” within departments have testified to the vaccines safety. Community physicians and their staff have given us rave reviews on the access and efficiency of our process, driving positive awareness of our hospital in other parts of the city.
- The Vice President Elect and her husband choose our hospital to receive her COVID-19 vaccine, and she encouraged all communities that have been hard hit by COVID-19 to accept the vaccine as soon as it’s offered to them. The Secret Service and her advance team praised us for every aspect of their experience at UMC, including maintaining the great discretion that was required.
- We have improved our daily census from 60 vaccines per day to 150 with a targeted average of 120 vaccines per day.
- Our vaccination clinic should be looked at as a source of pride, and a model of how UMC can be attractive to people throughout the region who have a choice of where to go for their health care. This successful service can be replicated throughout UMC.

Joint Commission Survey:

- After the unprecedented positive results of our Joint Commission Survey, we submitted the appropriate Corrective Action Plans. We are awaiting the plans acceptance by the Joint Commission.

DC Department of Health:

- We have had ongoing collaboration with DC Health to improve the infection control policies and procedures specifically associated with COVID-19 surveillance and care. An “outbreak” of positive COVID-19 tests among patients and staff on 5W triggered a plan to cohort all non-ICU COVID-19 admissions on 8W (see attachment). Cohorting is intended to provide more consistent and focused care of COVID-19 patients, with less opportunity for cross infections.
- After successfully managing a COVID-19 “outbreak” on the Behavioral Health Unit, the unit has remained COVID-19 free and was cleared to re-open at full capacity by DC Health.

Patient Advocacy:

- Collaborating with Patient Advocacy Manager, meetings scheduled with units throughout hospital that have focused Press Ganey patient satisfaction surveys – including the emergency department, 5W, and 8W. Unit leadership will be given direct access to Press Ganey survey criteria and data, with an expectation to educate and monitor measurable improvements.

Quality Department:

- UMC submitted the 2020 Fall Leapfrog Survey. The results will be reflected in the 2021 Spring Leapfrog Survey results along with a Safety Grade.

Case Management:

- Case Management hosted Grand Rounds, presenting information about supporting admission status (inpatient vs observation) with appropriate documentation. Matching documentation with the level of service and preventing denials of payment was a focus.
- Physician Advisor met with Amerihealth to discuss their considerations and reasons for denials of payment.
- Two new full-time Case Managers were recruited and hired.
- Emergency Department Social Worker was located to a space directly across from the ED providing for safety and easier access to patients.

Emergency Department:

- Challenges with staffing causing throughput delays throughout the hospital have greatly limited the Emergency Department's ability to get patients in and out of the department.
- Throughput challenges have caused excessive boarding of admitted – including ICU - patients and ambulance delays.
- Nursing leadership has engaged contract staffing agency to supplement staff in the ED, ICU, and telemetry.

Ambulatory Care:

- All ambulatory clinics have progressed from telephone visits to video tele-medicine visits through ECW electronic medical record. Clinics are doing a combination of in-person and tele-medicine visits as appropriate for patient satisfaction and convenience.
- Ambulatory clinic support staffing is full and stable.



NOT-FOR-PROFIT HOSPITAL CORPORATION

Recruitment:

- Considered multiple physician contracts and call coverage.
- New Neurology physician to begin on call in January 2021
- Recruiting Hematologist/Oncologist and Ophthalmologist – who is interested in renting space in the MOB.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "William Strudwick", written over a horizontal line.

William Strudwick, MD



NOT-FOR-PROFIT HOSPITAL CORPORATION

Medical/Surgical COVID-19 “Outbreak” December 2020

- **November 30th – December 21st** – Three (3) extended stay medical/surgical patients who were admitted to the NFPHC (UMC) with negative COVID-19 tests, subsequently have converted to positive.
- All patients were admitted to medical/surgical 5W unit
- Length of stay prior to positive COVID-19 test ranged from 11 – 15 days, and considering an incubation period between 2 and 14 days for the novel coronavirus, iatrogenic infection must be considered
- One 5W staff member – patient sitter - tested positive for COVID-19 on **November 13th**
- Contact tracing will be performed by Quality Improvement/Infection Control.

Additional Information:

- Medical/Surgical surveillance period is expected to last for two (2) weeks
- During the surveillance period, staff will be tested for COVID-19 every seven (7) days, and patients will be tested every four (4) days.
- If there are any positive test results, the surveillance clock will be reset for an additional two (2) weeks.
- Med/Surg 8E is being considered as a dedicated respiratory unit to isolate COVID-19 care in one space – supporting consistent infection control, focus, and safety.
- Staff will appropriately wear PPE including masks, face shields, gowns, and gloves. Hand washing and universal precautions will be constantly discussed and emphasized.
- Infection Control will distribute a daily report to NFPHC leadership including medical/surgical census and COVID-19 testing results for patients and staff.



UMC

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**General Board
Meeting Date:
January 27, 2021**

Medical Chief of Staff Report

Presented by:
Dr. Gregory Morrow
Medical Chief of Staff



**REPORT OF THE CHIEF OF STAFF
GREGORY MORROW, M.D., F.A.C.S.
DECEMBER 2020**

The UMC Medical Staff has selected a new set of officers for the Medical Executive Committee starting in January 2021.

Chief of Staff	Gregory D. Morrow, MD
Vice Chief of Staff	Francis O'Connell, MD
Secretary Treasurer	Jancy Mathew, MD
Member at Large	Nabil Fallouh, MD
Member at Large	Laura Fox, MD

We look forward to working in conjunction with the Board of Directors and the Hospital Administration to continue provide excellence in care and service to the surrounding community.

The UMC Medical Staff is currently working in conjunction with Quality, Information Technology (IT), and Administration to develop a sustainable approach to collect physician performance data and analysis for Ongoing Professional Practice Evaluation (OPPE) in order to:

- 1) monitor professional competency
- 2) identify areas for possible performance improvement by individual practitioners
- 3) use objective data in decisions regarding continuance of practice privileges

We are meeting on a weekly basis to outline the parameters and measures that will be used moving forward. The Departmental Chairman will have input in which measures will be adopted for each specialty represented. We are collaborating with **MD-Stat**, a stand-alone web application providing provider performance data and analysis for hospitals and healthcare systems.

The Medical Staff has been engaged in the Covid-19 Vaccine rollout which started in mid-December. We continue to encourage as many as possible to participate in this on-going endeavor.

Respectfully,

Gregory D. Morrow, M.D., F.A.C.S.
Chief of Staff



Mina Yacoub, M.D., Chairman

DECEMBER 2020

UMC ICU COVID-19 DATA TO DATE

As of January 10th, 2021 the ICU managed 93 patients with Covid-19 infection, of whom 48 have died. The overall ICU mortality rate for Covid-19 patients to date is 52 %.

The ICU began to see another increase in Covid-19 admissions around mid-November. Patients with Covid-19 infection tend to have prolonged ICU courses. This has led to increased ICU length of stay and Average Daily Census. In late December and early January we began experiencing increased boarding times for ICU patients in the ED, sometimes for up to two and three days at a time. Boarding of ICU patients in the ED presents challenges in provision of care.

BLOOD CULTURE CONTAMINATION

Contamination rates of blood culture specimens for ICU patients drawn on admission to ED continue to be unacceptably high. In December, 29% of ICU patients had at least one contaminated blood culture specimen. This presents challenges in clinical decision making and increases risk and cost. Solution remains ED staff education and/or staffing the Pathology lab to draw the specimens. Department of Pathology is conducting a study of performance and outcomes of blood culture collection practices.

DECEMBER 2020 PERFORMANCE DATA

ICU INFECTION CONTROL DATA

December ICU Infection Control Data is being compiled by Quality Department.

ICU SEPSIS DATA

In December, the ICU managed 37 cases of severe sepsis (including Covid-19 patients). Eight patients died due to severe sepsis, for an overall December severe sepsis mortality rate of 22%. Before the Covid-19 pandemic, the national goals for hospital deaths due to severe sepsis were at 15% or less. National deaths due to Covid-19 have probably driven the severe sepsis mortality rates for hospitals higher since the beginning of the pandemic. UMC ICU severe sepsis mortality rate for December (excluding Covid-19 cases is 5%) The Quality Department compiles and reports on overall sepsis data for the ICU and Hospital.

Average Length Of Stay

In December, the Intensive Care Unit had 45 admissions, 44 discharges, and 268 Patient Days. Average Length of Stay (ALOS) increased to 6 days, compared to 3.8 in November.

Overall, ICU admissions continue to be low for this time of the year. Average daily census in December was 8.5 patients, (This does not include ICU patients boarding in the ED) There was one readmission to ICU within 48 hours of ICU discharge.

ICU Mortality

ICU managed 52 patients in December. There were a total of 12 deaths for 44 discharges, with an overall ICU mortality rate of 27 % (compared to 18.6 in December) and with half the deaths being due to Covid-19 infection.

Rapid Response and Code Blue Teams

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed monthly in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes. Code Blue and Intubation practices have been modified during the Covid-19 pandemic to help improve outcomes and to protect healthcare providers.

Mina Yacoub, MD,

Chair, Department of Critical Care Medicine

January 10, 2021



Francis O'Connell, M.D., Chairman

DECEMBER 2020

Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for December 2020 and a summary for calendar year 2020. 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:

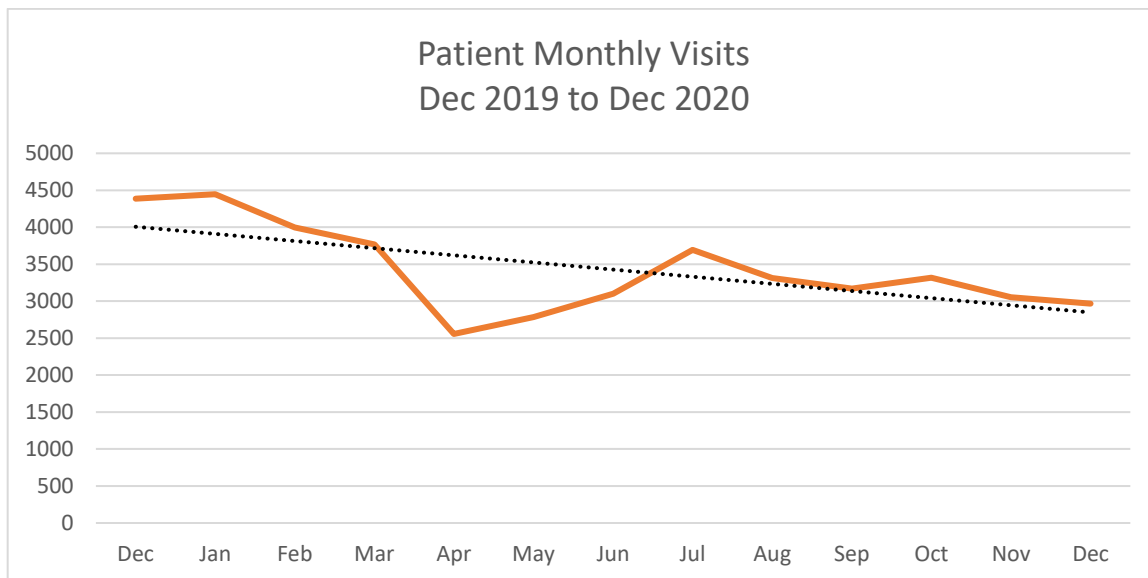
- **Total Patients:** number of patients who register for treatment in the ED
- **Admit:** number of admissions to UMC
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
 - **LAT:** All patients who leave after nursing triage
 - **LPTT:** All patients who leave after registration but prior to being triaged

Data table:

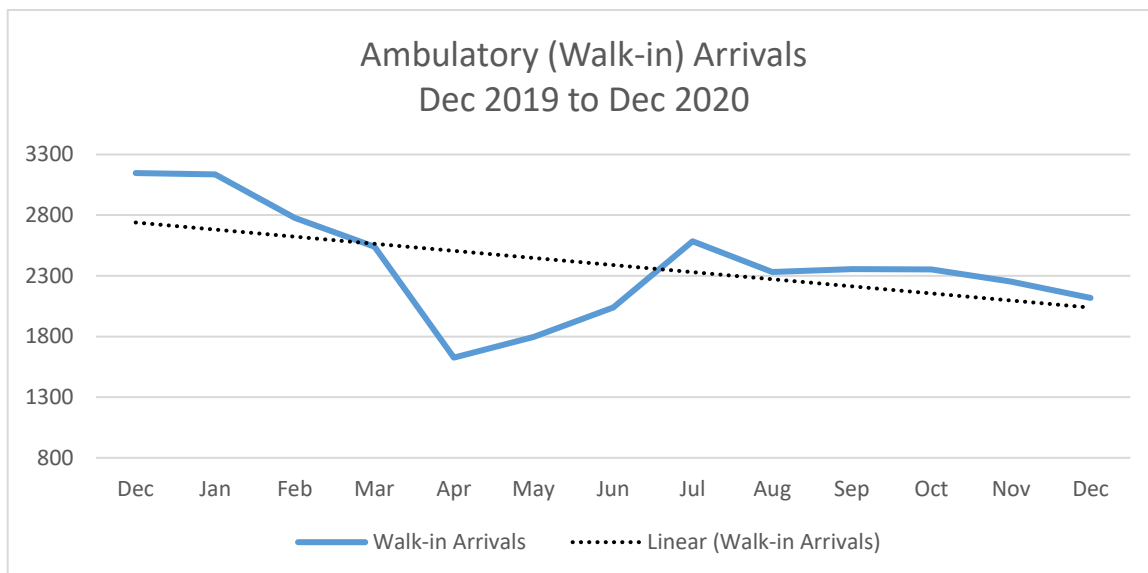
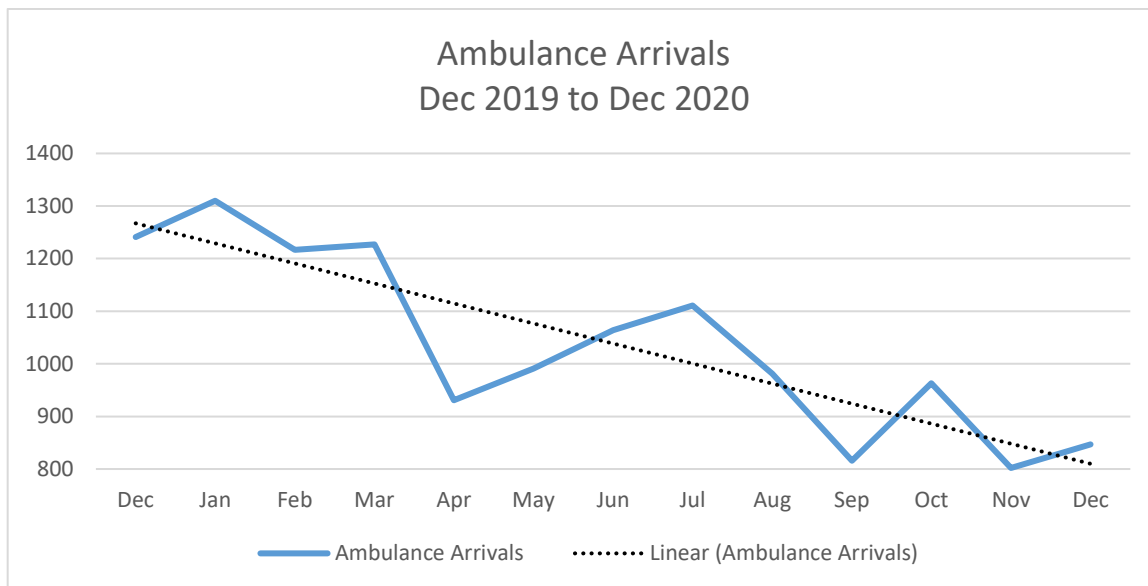
ED Volume and Events - December				
	Dec 2019	%	Dec 2020	%
Total patients	4388		2965	
Daily Avg Census	142		96	
Ambulance Arrivals	1241	28.3%	847	28.6%
Admit	537	12.2%	448	15.1%
• Med Surg	417	9.5%	371	12.5%
• Psych	120	2.7%	77	2.6%
LWBS	513	11.7%	421	14.2%
Ambulance				
Admission Rate	27.3%		35.2%	

Department of Emergency Medicine

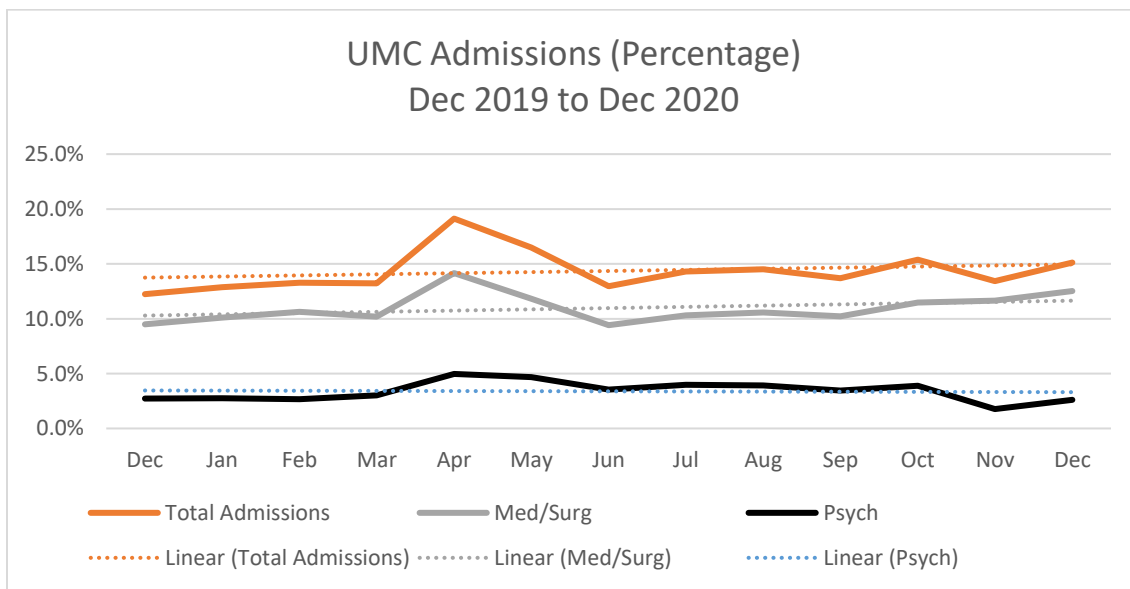
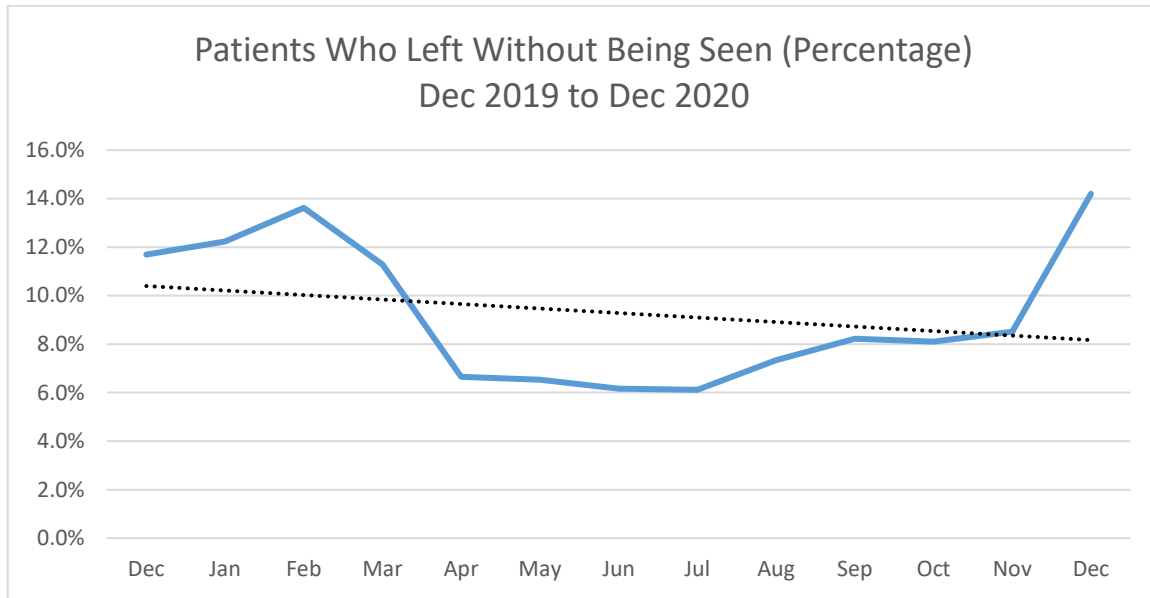
ED Volume and Events – Calendar Year				
	2019	%	2020	%
Total patients	50764		39488	
Daily Avg Census	139		108	
Ambulance Arrivals	14072	27.7%	12033	30.5%
Admit	6468	12.7%	5649	14.3%
• Med Surg	5136	10.1%	4317	10.9%
• Psych	1332	2.6%	1332	3.4%
LWBS	5951	11.7%	3694	9.4%
Ambulance Admission Rate	27.3%		30.6%	
Walk-In Admission Rate	6.3%		7.2%	



Department of Emergency Medicine



Department of Emergency Medicine



Analysis:

1. The monthly census for Dec 2020 decreased from the previous month and is down from the previous year.
2. The total number of medicine admissions in Dec 2020 is less than that of 2019. The percentage of admissions of med/surg and psychiatric patients rose slightly from the previous year, but generally remains stable.
3. The percentage of patients who left without seeing a provider (LWBS) rose significantly this month. The LWBS continued to rise over the past 5 months.
4. The total number of ambulances coming to UMC was similar to previous month, however, over the past year, ambulance traffic declined.
5. Ambulance visits remains a large contributor to ED volume and admissions as approximately one-third of patients who arrive by ambulance are admitted.

The two trends that are most notable for the year 2020 are the decline in ambulance traffic and the progressive rise in the percentage of LWBS.

While there is a region-wide decrease in ED patient visits due to the COVID-19 pandemic, this does not fully explain the progressive drop in ambulance traffic at UMC. When comparing the graphs of ambulance and ambulatory (walk-in) patient visits, the trending decline in ambulance visits is steeper than the trend line of walk-in visits. This suggests there are other factors, other than COVID-19, leading to the decline in ambulance traffic. For example, both ambulance and walk-in visits declined during April and then began to rise in May with walk-in visits reaching a relative steady state from June 2020 onward. Ambulance traffic, however, did not reach a steady state and instead declined. UMC did have periods of diversion related to infrastructure issues (cooling system, flooding, electrical outages) during the summer and early autumn months which did lead to ambulance diversions. However, during the months of November and December, UMC has not required diversion periods, but ambulance traffic remained low. Because of ambulances are often queued and unable to unload expeditiously, largely related to closures of areas in the ED, decreased throughput and excessive ED patient boarding, DC and PG Fire and EMS are rerouting ambulances away from UMC.

As noted in previous letters, most of the hospital admissions and approximately a third of the ED census are derived from ambulance traffic. Disruptions to ambulance traffic directly impacts the ED census and hospital admissions.

The percentage of LWBS remains elevated for the fifth month in a row. The LWBS reached its lowest point and remained steady from April through July, but then began to rise appreciably after November. While the initial drop in LWBS may be attributed to the drop in ED census in April (leads to decreased waiting times), it would be expected that the LWBS would begin to rise when patient volumes increased. This, however, did not occur for the next three months. Instead, the LWBS remained stable throughout July and then began to rise from August onward. During the lowest LWBS periods, the hospital was without nursing staffing shortages. When nursing staffing began to decline in August and staffing levels became problematic, the LWBS rose again. Hospital-wide nursing staffing shortfalls are likely contributory to the elevated LWBS rate. A comparison of nursing staffing levels and the LWBS would be likely show that is the case.

Department of Emergency Medicine

If nursing staffing levels are more robust and consistent, throughput would improve, ambulance rerouting periods could be avoided. With all other things remaining constant, the ED census will likely rise and the LWBS rate decrease.

The goal remains to improve the Emergency Department throughput and the patient experience in the department. In order to do that, obtaining more data from the electronic medical record (EMR) to better identify and comprehend the areas in need of improvement are essential. Without a robust data analysis, we can only comment on noted trends and make broad, rather than targeted interventions to address the declining ED census and increasing LWBS rate

We continue to support the efforts in addressing the progressive rise in COVID patients over the last month.

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



Eric Li, M.D., Chairman

DECEMBER 2020

MONTH	1	2	3	4	5	6	7	8	9	10	11	12
Reference Lab test – K2 Urine (3DTAT) 90%	98%	96%	100%	100%	100%	100%	98%	100%	98%	100%	98%	98%
	82	76	81	79	80	86	107	103	103	118	66	78
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%
	16/16	20/20	16/16	16/16	16/16	16/16	16/16	19/20	16/16	18/18	16/16	16/16
Review of Performed ABO Rh confirmation for Patient with no Transfusion History. Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Review of Satisfactory/Unsatisfactory Reagent QC Results Benchmark 90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Review of Unacceptable Blood Bank specimen Goal 90%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%	100%
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators Benchmark <90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Utilization of Red Blood Cell Transfusion/ CT Ratio – 1.0 – 2.0	1.1	1.1	1.4	1.3	1.2	1.3	1.2	1.3	1.1	1.1	1.2	1.2
Wasted/Expired Blood and Blood Products Goal 0	1	3	1	5	7	2	1	0	3	1	1	4
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hematology Analytical PI Body Fluid	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	16/12	10/9	17/13	8/8	2/2	12/11	13/13	10/10	10/10	11/9	13/13	15/12
Sickle Cell	0/0	0/0	1/1	0/0	2/2	2/2	0/0	1/1	0/0	1/1	0/0	1/1
ESR Control	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	46/22	56/14	43/22	90/30	99/29	56/56	72/28	74/29	60/27	69/25	58/26	60/29
Delta Check Review	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	297/297	267/267	260/260	232/232	230/230	191/191	145/145	197/197	191/191	217/217	213/213	235/235
Blood Culture Contamination – Benchmark 90%	100% ER Holding 90.6% ER 97.3 ICU	100% ER Holding 93.7% ER 99% ICU	95% ER Holding 93% ER 95% ICU	96.2% ER Holding 87.3% ER 85% ICU	100% ER Holding 90.5% ER 83% ICU	100% ER Holding 95.2% ER 94.7% ICU	82% ER Holding 88% ER 79% ICU	84% ER Holding 89% ER 100% ICU	100% ER Holding 91.3% ER 100% ICU	97% ER Holding 89% ER 81% ICU	94% ER Holding 86% ER 100% ICU	95% ER Holding 88% ER 91% ICU

STAT turnaround for ER and Laboratory Draws <60 min Benchmark 80%	78% ER 86% Lab	93% ER 92% Lab	92% ER 91% Lab	90% ER 81% Lab	90% ER 80% Lab	91% ER 93% Lab	94% ER 98% Lab	93% ER 98% Lab	93% ER 98% Lab	94% ER 94% Lab	93% ER 98% Lab	92% ER 92% Lab
Pathology Peer Review Discrepancies	0/0 Frozen vs Permanent 0/4 In house vs consultation	0/0 Frozen vs Permanent 0/5 In house vs consultation	0/1 Frozen vs Permanent 0/1 In house vs consultation	0/1 Frozen vs Permanent 0/4 In house vs consultation	0/1 Frozen vs Permanent 0/2 In house vs consultation	0/0 Frozen vs Permanent 0/6 In house vs consultation	0/0 Frozen vs Permanent 0/1 In house vs consultation	0/0 Frozen vs Permanent 0/3 In house vs consultation	0/0 Frozen vs Permanent 0/3 In house vs consultation	0/0 Frozen vs Permanent 0/1 In house vs consultation	0/0 Frozen vs Permanent 0/4 In house vs consultation	0/0 Frozen vs Permanent 0/4 In house vs consultation

LABORATORY PRODUCTIVITY RESULTS - We developed performance indicators we use to improve quality and productivity.

TURNAROUND TIME - Turnaround time is a critical factor that directly influences customer satisfaction.

CUSTOMER SATISFACTION - The key to business is providing great customer service, superior quality, and creating a unique customer experience.

COMPLAINTS - Complaints are an important metric for evaluating the quality of our laboratory processes.

EQUIPMENT DOWNTIME - It is important that laboratories track, monitor, and evaluate equipment failure rates and down time.

Eric Li, M.D.
Pathology Department



Shanique Cartwright, M.D., Chairwoman

DECEMBER 2020

	UMC Behavioral Health Unit December 2020 Board Report												
Description		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions													
	ALOS (Target <7 Days)	4.01	4.57	4.5	4.4	4.4	4.26	4.54	4.23	4.26	3.78	3.72	4.56
	Voluntary Admissions	52	36	56	51	39	27	36	33	37	39	24	25
	Involuntary Admissions = FD12	77	79	62	81	101	87	89	105	78	102	37	59
	Total Admissions	129	115	118	132	140	114	125	138	115	141	61	84
Other Measures	Average Throughput (Target: <2 hrs)	4.2	4.1	3.8	3.6	3.2	4	3.4	4.1	4.2	4.9	5.3	4.6
New Data	# TeleCourt Meetings (Pt Hearings)	0	0	0	0	0	0	0	0	0	0	0	0
New Data	# Psych Consultations	TBA	TBA	TBA	TBA	75	82	115	102	115	128	166	114
	Psychosocial Assessments (Target: 80%)	74%	92%	76%	45%	33%	47%	70%	84%	90%	91%	94%	74%
Discharge													
	Discharges	129	107	119	138	130	121	123	135	126	133	68	76

Key - TBA - Data to be provided by Access.

Shanique Cartwright, M.D.
Department of Psychiatry



Riad Charafeddine, M.D., Chairman

DECEMBER 2020

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
Cardiac Cath								
CT Scan	84		508		128		720	
Fluoro	14		0		18		32	
Mammography					157		157	
Magnetic Resonance Angio								
Magnetic Resonance Imaging								
Nuclear Medicine	22		0		3		25	
Special Procedures	7		1		4		12	
Ultrasound	79		175		149		403	
X-ray	173		926		496		1595	
Echo	60		0		24		84	
CNMC CT Scan			23				23	
CNMC X-ray			226				226	
Grand Total	439		1859		979		3277	

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.

Most of Radiology staff has been vaccinated with initial Pfizer vaccine, and Moderna first dose at UMC.

Radiology protocols are being reviewed and optimized to reduce the need for repeat procedures if patients are transferred to other facilities.

Services:

MRI: The new uMR 570 United 1.5T magnet is here. Applications for imaging is ongoing. The MRI services to be fully functional pending comprehensive permitting.

Fluoroscopy bariatric table room completion details and site inspections is pending. This is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, fluoroscopic radiological procedures, with added standing Chest Xray/exams options.

Nuclear Medicine: GE Discovery dual head camera provides wide range of exams, including cardiac software and SPECT applications is readily available.

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



Gregory Morrow, M.D., Chairman

DECEMBER 2020

For the month of December 2020, the Surgery Department performed a total of 156 procedures. The chart and graft below show the annual and monthly trends over the last 8 calendar years:

	2013	2014	2015	2016	2017	2018	2019	2020
JAN	173	159	183	147	216	155	210	195
FEB	134	143	157	207	185	194	180	167
MAR	170	162	187	215	187	223	158	82
APRIL	157	194	180	166	183	182	211	57
MAY	174	151	160	176	211	219	186	74
JUNE	159	169	175	201	203	213	177	126
JULY	164	172	193	192	189	195	186	140
AUG	170	170	174	202	191	203	193	161
SEP	177	168	166	172	171	191	182	162
OCT	194	191	181	177	214	211	175	146
NOV	137	157	150	196	152	196	138	156
DEC	143	183	210	191	153	192	156	146
TOTAL	1952	2019	2116	2242	2255	2374	2152	1612

This month concluded the 2020 calendar year in which we experienced a significant drop in OR volumes, **25%**, as compared to last year. This decrease was fueled by the early onset of the Covid-19 pandemic back in earlier months of the year and continue to linger, but to a lesser extent. Our outpatient procedures have continued to rise in relationship to the inpatient volumes.

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional measures, as necessary. We currently test all elective patients for Covid-19 on or within 72hrs prior to the day of surgery.

We continue to meet or exceed the monthly quality measures benchmarks outlined for the Surgery Department.

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	1.6%	3.5%
5) Surgical Site Infection	0%	4.8%

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

Department of Surgery

We are developing surgery specialty specific measures to support OPPE and the regularity with which these evaluations will be performed and reported.

All educational conferences within the department continue to be held by Zoom conferencing and focused on Covid-19 updates and procedures for UMC.

With the New Year, Surgery and Perioperative services continue to evaluate how best to utilize our resources to respond to the anticipated surge of hospitalized patients in response to the Covid-19 pandemic and will continue to collaborate with other departments to formulate a comprehensive strategic plan.

Our reopening plan for the operating rooms for elective procedures has worked well and there have been no identified problems noted. We will continue to make modifications as information is updated. We continue to evaluate and modify how we manage Covid positive patients to minimize exposure to the staff in all areas of the hospital.

We are currently working with administration to review, plan and realign our surgical services to make sure that we are focusing our resources in the areas that are most in need by the community. This means that we will be enhancing and complimenting some service lines, whereas others may be eliminated.

Respectfully,

A handwritten signature in black ink, appearing to read 'Gregory D. Morrow', with a large, stylized initial 'G' and a long, horizontal flourish extending to the right.

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



Amaechi Erongu, M.D., Chairman

DECEMBER 2020

PERFORMANCE SUMMARY:

Our total volume for all surgical cases for December was 146 while the November stood at 153.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocols are ensured for all our patients with no fall-outs. Surgical and anesthesia time outs followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics. All relevant quality metrics documented in the various anesthesia record for easy access and reference.

VASCULAR ACCESS SERVICE:

We have increased the number of credentialed providers for the service to meet the volume demand while ensuring quality service.

We introduced the use of Accucath/Powerglide catheters that provide extended life of 5-7 days for the catheters. These catheters are powerful with high tensile strength to support power injections during interventional procedures in the cath. Lab or for rapid infusions. Their extended dwell capability provides an alternative to the use of PICC and Midlines.

	PIV	ACCUCATH/ POWERGLIDE	MIDLINE	PICC	TOTAL
2020 CENSUS					
JANUARY	162		11	3	176
FEBRUARY	168		12	3	183
MARCH	110	25	15	3	158
APRIL	115	35	10	4	164
MAY	102	28	30	3	163
JUNE	94	25	20	4	143
JULY	87	27	11	4	129
AUGUST	134	35	13	0	182
SEPTEMBER	92	23	4	1	120
OCTOBER	72	21	4	0	97
TOTAL	1136	219	130	22	1515

BEDSIDE PICC LINE: We have updated Policy to include bedside 3-CG monitoring for PICC line placements and have commenced the service.

PAIN MANAGEMENT SERVICE

We are facilitating the chronic pain management to ensure adequate service coverage for hospital inpatient.

Interventional Pain Management service has recommenced service slowly and ramping up the volume.

As shown in the chart below, *Pain management service provides the next highest OR volume and is among the top 4 high volume services.*

Radiofrequency ablation (RFA) has commenced as we increase awareness of the service in the region.

Spinal Cord Stimulation Trials: This a new service offered by the Pain management. It is important to note that, UMC is the only center that offers this service in the area. This will drive enormous revenue for the hospital as we increase the service.

OR UTILIZATION

Our current utilization has decreased due to low surgical volume. We accommodate cases to ensure appropriate staff utilization.

EVIDENCE-BASED PRACTICE AND PRACTICE MANAGEMENT.

Virtual **Mortality and Morbidity Conference** will continue in February 2021.

OR CLINICAL MANAGEMENT QUARTERLY LECTURE SERIES to ensure adequate OR staff learning and clinical process management. Our first lecture was on *Malignant Hyperthermia.* We had a second presentation on this topic to the ER/Nursing and ICU staff to ensure awareness and clinical preparedness.

SERVICE (HCAHPS) SATISFACTION

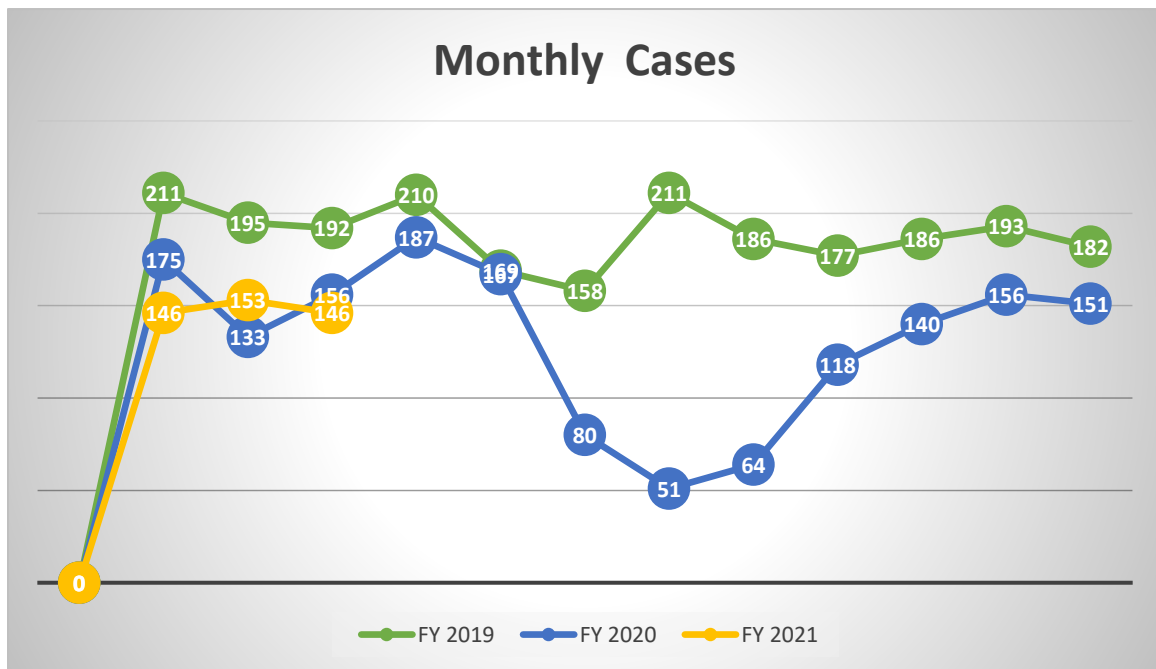
The Anesthesia Providers continue to provide quality service to our patients. We continue to provide real-time performance assessment of the anesthesia providers. We provide standardized service that ensures patient satisfaction.

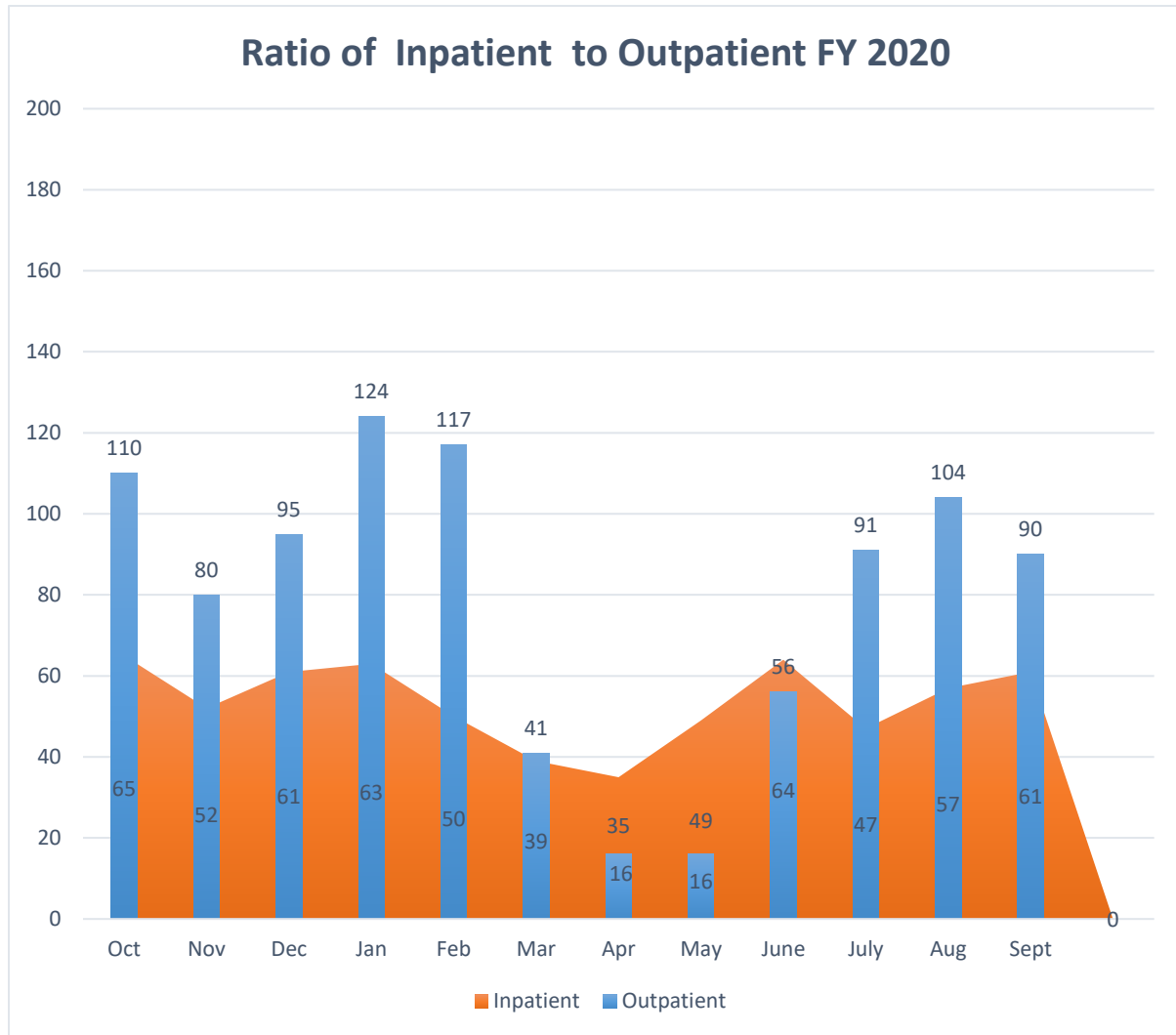
BILLING AND REVENUE CYCLE MANAGEMENT

We would continue to support the hospital to ensure adequate revenue capture for the services we provide.

We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.

MONTH	2018	2019	2020
JAN	150	210	187
FEB	181	169	167
MARCH	204	158	80
APRIL	177	211	51
MAY	219	186	64
JUNE	213	177	118
JULY	195	186	140
AUG	203	193	156
SEPT	191	182	151
OCT	211	175	146
NOV	195	133	153
DEC	192	156	146
TOTAL	2,331	2136	1559





Amaechi Erundu, M.D.
Chairman, Anesthesiology Department



UMC
UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 27, 2021**

CNO Report

Presented by:
Jacqueline Payne-Borden
Chief Nursing Officer

Nursing: Board Report

December 2020

The Not-For-Profit Hospital Corporation's FY 2021 Goals are grounded by the Quadruple Aims of Better Outcomes, Improved Patient Experience, Reduced Care Cost and Satisfied Providers. As such, the Nursing Administration/Patient Care Services report is guided by those principles and the hospital's mission, vision and values.

Nursing Administration/Patient Care Services

I. Better Outcomes

- During the month of December, nurses and nursing personnel cared for over 2968 patients via Emergency Department visits, 444 admissions, of that 81 were behavioral health admissions, in addition 142 patients were cared for in an observation status. Although Table 1 lists the ICU/Critical Care as having 18 admissions, there were a total of 45 patients cared for as a result of transfers from other units within the hospital. Fifty-five patients received hemodialysis in the Dialysis unit. Overall, there were 119 dialysis treatments performed.

Table 1. Number of Admissions Dec. 2020

UNIT	Nov. 2020 Admissions	Dec. 2020 Admissions
8W- Med/Surg/Telemetry	236	246
5W – Med/Surg	105	99
4E & 4W- Behavioral Health	54	81
ICU/Critical Care	14	18
Total	409	444

Data provided by UMC Analytics

- There were staffing challenges throughout the hospital units despite robust staffing scheduling. Factors such as staff absence due to illness, absence due to investigations, and staff call outs. Call outs included excessive call out rates from the staff who supported the Medical/Surgical/Telemetry units from the Skilled Nursing Facility (SNF). The hospital teams continue to attempt to recruit experienced staff for the specialty areas such as ICU/Critical Care, ED and Perioperative Nursing and Dialysis.
- A collaborative decision was made to geographically cohort the Covid-19 positive patients on Unit 8W versus both on 8W and 5W. The patients who were COVID-19 positive and required a higher level of care were admitted to the Critical Care/Intensive Care Unit. The goal to cohort is to as always, minimize interaction of infected individuals from non-infected individuals as is feasible, and to adopt consistent assignment for staff caring for these patients as much as possible. Geographic cohorting options may become challenging if there is an increase in covid-19 positive patients, however we will continue the practice but remain flexible to any adaptations needed. There were approximately 39 Covid-19 positive patients who received care as inpatients.

Emergency Department

- The Emergency Department continues to be the natural hub of activities for the hospital. The following table provides insight into the activities of the department and the beginning point of our throughput process. Every effort is made to expedite the throughput by addressing the needs of both medical staff and nursing personnel. The primary goal is to have adequate numbers of reliable and competent staff hospital wide to support our ED operations and hospital operations in general. All hospital departments to include nursing operations are joining forces to attempt to meet and maintain recruitment and retention goals.

Table 2. Emergency Dept. Metrics FY21

ED Metrics Empower Data	Oct	Nov	Dec
Visits	3329	3055	2968
Change from Prior Year (Visits)	4264	3883	4425
% Growth	-28.09	-27.10	-49.09
LWBS	13	8	12
Ambulance Arrivals	967	802	849
Ambulance Admissions	330	258	305
Ambulance Patients Admission Conversion	0.34	0.31	0.36
% of ED Patients arrived by Ambulance	0.29	0.26	0.29
% of Ambulance Patients Admitted	0.34	0.31	0.36
Reroute + Diversion Hours	38.2	60	141

Data provided by UMC Analytics

Table 3. Emergency Dept. Metrics FY21

ED Metrics Empower Data	*Goal in Mins	Oct	Nov	Dec
Door to triage	30	23	19	33
Door to room	45	64	61	96
Door to provider	60	70	67	98
Door to departure	150	195	206	234
Decision to admit to floor	240	304	315	335

Data provided by UMC Analytics

*The goals in minutes are a national standard by the Emergency Medical Service (EMS)

Skin and Wound Care

- Some of our patients are admitted with wounds due to varying reasons such as fragile skin, immobility or compromised nutritional status. As such, it is critical that skin and wound care are an integral aspect of the patient's care. We are fortunate to have a Registered Nurse who is a certified Wound Care Specialist from the SNF who supported the acute care/inpatient from the onset of the pandemic. Our original Certified Wound Care Specialist RN and Wound Care Technician have resigned the beginning of December. Despite this, wound care initiatives will be continued. One of the many and latest initiatives to help prevent Hospital Acquired Pressure Injury (HAPI) is the "Champion for Change" (CFC) program created by CNO with wound care team. Select staff, beginning with the Director/Manager is expected to shadow the wound care nurse for a minimum 6 hours. The shadowing time includes documentation skills, wound care risks as it pertains to legal ramifications, and record auditing.

- Diabetic Center Manager/Diabetic Educator continues to provide a range of service for patients and staff education. On an average, over 50% of our hospitalized patients have Diabetes Mellitus (DM) as their primary diagnosis or co-morbid diagnosis.

Table 4. Diabetes Metrics

	Oct-20	Nov-20	Dec-20	Total
Average # DM patients per work day	49	42	47	
Total DM patient days per month	1021	753	840	2614
Number patients with DM per month	259	228	237	724
Per Month % patients with Diabetes	61.8	74.27	63.54	62
Total Hospital Census	419	307	373	1099

- There were 21 patients who received an insulin drip – insulin given through intravenous route to quickly and safely decrease high blood glucose levels. A total of 194 insulin drips were administered for calendar year 2020.
- Audits are accomplished daily to monitor if the correct dose of subcutaneous insulin was given. Since the 95% target have been met and maintained, beginning in January, 2021 audits will be accomplished every 3 days versus daily.

Respiratory Department

- Respiratory Department continues to provide strong support for our hospital on any unit that is needed. The Respiratory Therapists are vital member of the Rapid Response and Code Blue lifesaving teams. As part of the department's performance improvement initiatives there are monthly audits of number of nebulizers ordered and given. The current performance rate is 95%.
- An official Manager for the Respiratory Department was selected from a pool of very talented applicants. The new Manger is expected to begin late January 2021.

Occupational Health

- Our Occupational Health Department continues to be vital to our hospital. We received proficient and committed support from two staff from the SNF. These staff were crucial not only in providing administrative and clinical support but assisted in preparation for the Joint Commission Survey. There were zero deficiencies in this department. Next Board Meeting and for future meetings a comparison of activities will be provided on a monthly basis.* See Table 5.

Table 5. Occupational Health Activities December 2020

Flu Vaccine	Pre-Employment Physicals	Annual Physical	COVID Testing	Back to Work Clearances	FIT Tests	Other Activities	Total
89	12	7	473	18	21	7	627

Culture of Safety

- Review and discussions surrounding the Culture of Safety Survey results continued by Nurse Directors and Managers during safety huddles and unit staff meetings. The discussions included initiatives/identified actions to improve patient safety, staffing and perception of hospital management. Examples included continuation of leadership rounds and newsletters.

Education/Training/Competency

- Each department has unit specific annual training or several spontaneous training depending on the needs. Training during this month included: Management of Self Extubation Prevention – ICU, Sepsis Screening/Protocol- ED, Covid-19 / PPE- 5W. IV Complications- 8W, Wound care – BHU, EKG Interpretation, Hoyer Lift, and Mindray EKG monitors – various units.

Covid-19 Vaccination Clinic

- Pharmacy Director along with C-Suite members facilitated the assessment, planning, and implementation of the COVID-19 Clinic located on the 6th Floor. All departments were involved and crucial to the success. The Patient Access team was the first contact with pre-registering the customers which initially were own staff. Many thanks to all but especially the Environmental Services team for keeping the clinic sanitized. The doses of Pfizer vaccine administered in December were 250. This included an initial dose given Vice President Elect, Kamala Harris.

II. Improve Patient and Customer Experience

- IPAD ICU – exploring possibility of obtaining to allow for communication with family members to include decision making as well as for families to have a visual of patients during pandemic.
- Reinforce – “No Pass Zones”, where a patient’s call is quickly acknowledged even if the person responding initially is unable to fully assist, but will timely notify a person who can assist.

III. Reduced Care Cost

- Members of the nursing and respiratory teams remain active participants in weekly Revenue Cycle meetings to explore ways to accurately and timely capture deserved revenue.
- Participation in daily Multi-Disciplinary Rounds facilitated by Case Management to improve care, ensure appropriate discharge and limit patient hours in observation status amongst other patient centered activities.

IV. Satisfied Providers

- Resume robust Leadership Rounding
- Collaborated with Director of Compliance on Leadership Formation Program. Looking forward to kick off presentation in January.
- Partner with Human Resources and the District of Columbia Nurses Association (DCNA) to come to agreement on open articles and to ratify contract over the next few weeks.
- Provide much appreciated goodies during the holidays for staff on the inpatient units.

Respectfully submitted,
Jacqueline A. Payne-Borden, PhD, RN
Chief Nursing Officer



UMC
UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 27, 2021**

Executive Management Report

Presented by:
Colene Y. Daniel
Chief Executive Officer



NOT-FOR-PROFIT HOSPITAL CORPORATION

Not-for-Profit Hospital Corporation Executive Management Report & Accomplishments

January 27, 2021

Respectfully Submitted: Colene Y. Daniel

"If a man is called to be a street sweeper, he should sweep streets even as Michelangelo painted, or Beethoven composed music, or Shakespeare wrote poetry. He should sweep streets so well that all the host of heaven and earth will pause to say, here lived a great street sweeper who did his job well."
The Rev. Dr. Martin Luther King Jr.

November's Accomplishments

During the month of November, the hospital had two major focuses: The Joint Commission (TJC) Reaccreditation Survey and providing additional protections for the safe care of COVID-19 patients. As it relates to TJC Survey, the unannounced full event took place on November 10, 2020 thru November 13, 2020. The outcome was an extremely successful survey. The hospital had only one (1) CMS – Conditional Level deficiency, due to the building infrastructure. All other citing were Standard-Level deficiencies. The categories are defined in the SAFER Matrix. Attachment 1

Limited Categories: Thirteen (13) Low, Three (3) Moderate, One (1) High, and zero (0) Immediate Threats to Life (ITL).

Pattern Category: Four (4) Low, Zero (0) Moderate, Zero (0) High, and Zero (0) ITL.

Widespread Category: Two (2) Low, One (1) Moderate, One (1) High, and Zero (0) ITL.

The one (1) CMS Conditional was due to a number of infrastructure citing's, and would normally be required to corrected within 45 days – with a return of TJC Surveys to verify compliance. However due to the COVID-19 numbers in the U.S., TJC and the hospital will establish an agreed upon date to have another inspection to verify compliance with the Conditional-Level standard. All of the other deficiencies are Standard-Level deficiencies. These are required to be corrected, along with the submission of Evidence Standards of Compliance (ESC), within 60 Calendar Days from the last day of the survey. The hospital submitted the ESC on January 14, 2021 before the final submission date – January 17, 2021.

The hospital has also submitted a Waiver to The Joint Commission. NFPHC-UMC had 105 fire door deficiencies noted on our annual fire door inspection that was completed in February 2020. Prior to receiving a PO to begin fire door repairs, the Facilities department priorities shifted to COVID-19 surge preparation. In addition, our fire door vendor cancelled all door repair projects until September of 2020 due to COVID-19 protocols. The 4-month project didn't start until October 2020, and of course Joint Commission arrived in November 2020, citing the hospital for not completing the repairs. During the survey, it was recommended by TJC surveyors to apply for a time-limited wavier because the Fire Door project would exceed the 60-day time period to complete all deficiencies identified during the survey. TJC Waiver was submitted on December 24, 2020.

The Joint Commission Surveyors were very complimentary of the dedicated and caring staff, as well as, the overall operations of the hospital.

December's Accomplishments

The month of December was a "whirlwind" month. The Accomplishments are as follows:

- With the Guidance of Kai Blissett, the Executive Team successfully completed and presented to DHCF the Capital Budget from 2021-2024 – December 3, 2020.
- Requested by DC Health to open and operate a COVID-19 Vaccination Clinic for the Priority 1A group. The immediate planning took place December 7th – 11th to arrange the partnership with CNMC, complete the DC Health Plan of Compliance for Vaccinations and Pharmacy regulations, implement Registration operations – Patient Access, IT opened up a portal for a new COVID-19 Scheduling System that was programed to feed into Meditech and the DC Health Vaccination portal. Nursing completed the training and the new work schedules, all other departments (EVS, Materials Management, Food Services, etc.) supported the daily efforts. Per DC Health requirements a Communication & Educational Plan was submitted and implemented to provide on-going communications (website, fliers, videos, social media) and education materials were printed and distributed for all recipients. The first clinic opened on December 15th thru 18th, and December 21st thru December 23rd. The COVID-19 Vaccination Clinic shall continue operations for an estimated six months. As of January 13th the hospital has administered 583 Pfizer vaccines. As of January 13th the hospital has administered 560 Moderna vaccines.
- The Cyber-Security Audit (CMS Meaningful Use Audit) was completed on December 12, 2020. The final report was received on January 12, 2021.
- Staff Appreciation and Recognition – Holiday Meal and gifts – December 24, 2020.
- NFPHC-UMC had the honor of given the Vice President-Elect (Kamala Harris) and her husband the on December 29, 2020. The call request arrived on December 24, 2020 and from Christmas Eve until the VP Elect arrival, the Executive Team coordinated by Dr. Strudwick and Marcela Maamari worked with the Secret Service and the VP Elect Communications Team to complete the following:
 - Preparation of a Briefing Memo
 - Provided the Bios of identified personal for security clearance
 - Conducted several "Walks" with the Security Service & Communication Team to select the location, secure the locations with new safety requirements, submit hospital drawings to the Secret Service & hospital security team, complete minor renovations for the UMC Auditorium in order to televise the event.
 - Completed minor renovations to the auditorium.
- The Leapfrog application was submitted on December 24, 2020
- The CMS Price Transparency Program was successfully completed with the team work of OCFO and the IT department by the due date on December 30, 2020.



NOT-FOR-PROFIT HOSPITAL CORPORATION

- Executive Management Team Major Tracking Sheet – Attachment 2

Chief Medical Officer

The Chief Medical Officer report is submitted in a separate report by Dr. William Strudwick.

Chief Nursing Officer

The Chief Nursing Officer report is submitted in a separate report by Dr. Jaqueline Payne-Borden

Children's National Medical Center

UMC and Children's have extended the terms of their current lease and Purchased Services Agreements until January 31, 2021. The new lease and Purchased Services Agreements are almost finalized. UMC received edits from Children's National Hospital on December 22nd, and are waiting on receiving the results of a FMV analysis from a specialized healthcare consulting company, which should be obtained no later than January 25, 2021. Once the analysis is obtained, UMC will provide final drafts to CNMC.

Compliance

Achieving Quadruple Aim and Becoming a High Reliability Organization

- Commenced in-person training sessions in UMC auditorium for staff Leadership Formation Program. Participants included staff from IT, Behavioral Health, Nursing, and Diabetic Program

COVID-19 Vaccination Program – Education and Communication

- Prepared revised FAQs describing mRNA technology, government approval of vaccines, and roll-out of vaccines.
- Incorporated vaccine education into New Employee Orientation program.
- Prepared "COVID-19: Understanding the Vaccines;" presented to hospital Management Council.
- Provided daily education and updates regarding vaccine program at hospital Safety Huddle.
- Conducted periodic rounding on floors to provide education and training to staff regarding vaccination program.
- Develop survey for hospital staff regarding concerns/questions about COVID-19 vaccines; review results and incorporate into staff education efforts.
- Prepare vaccination informed consent form.

Compliance Program Assessment

- Continued Compliance Program Benchmark Assessment; prepared policy regarding status of current False Claims Act safeguards and training.
- Commenced developed of compliance program training modules on fraud and abuse, medical documentation, and false claims.

Regulatory Compliance

- Prepared and filed Compliance Attestation for Federal Deficit Reduction Act (Federal and DC False Claims Act).



NOT-FOR-PROFIT HOSPITAL CORPORATION

- Prepared and filed CMS Section 111 Reporting Profile Update.

Enterprise Risk Management

- Presented to hospital medical staff regarding Enterprise Risk Management Program.

Contracts & Procurement

Procurement was able to significantly reduce the Supplies spend for Q4 2020 by ~\$200,000 from the previous year. Oct 2020 ~\$40K from 2019 and Nov 2020 ~\$48K from 2019 specifically, this is attributed to the great procurement sourcing work the team is completing along with the more streamlined fulfillment processes and enhancement to our PAR Levels throughout the organization. This work has all been completed with the same number of resources from the start of the pandemic, which is a testament to the team's overall commitment and agility to the organization during one of the worse times.

The Procurement Office initiated a new Monthly Operational Review (MOR) launched in July 2020 and continued the positive momentum with the team into December. We have developed 10 strategic KPIs to measure team and individual performance throughout SPD, Materials Management, and Procurement. We are continuing to train the leaders of each KPI on how to measure each team's performance and expectations monthly to change the UMC environment into one of a continuous improvement mindset. We were able to identify some areas for improvement and initiated mini project teams to improve our metrics to better run the department and hospital. These initiatives are to create procedures for reporting claims to suppliers timely, managing our patient lost charges and report to nursing staff, and conduct working instructions for all procurement activities to enhance our business continuity.

Our Sterile Processing Department had zero complaints on case carts delivered during November and December 2020, which highlights their processes assurance for the safety of patients and staff during procedures. Our Patient lost charges remain the same month over month, but this information is now shared with nursing staff and is an area we plan on attacking to reduce during Q1 2021.

We have been able to integrate UMC procurement activities into Vizient supplier diversity programs, which will help us increase and track our local spend more efficiently. We also received vendor contract finalized signature from Ramco a company that will enhance temperature screening processing into the hospital. This contract is awaiting Legal and Budget Office sign off. The new temperature screening devices have the potential if implemented and utilized correctly to generate a \$488K annually cost savings on labor, while also enhancing the employee screening and safety experience. With the increasing cases of Covid-19 and more and more vendors become stressed with PPE ordering we are happy we were able to acquire so much product early in the pandemic to ensure the safety of our employees and patients.

- Procurement Savings (Closed Book)
- CBE/Diversity Spend (Closed Book)
- Contracts & Agreements (Closed Book)
- Procurement Dashboard (Closed Book)

Corporate Secretary – VP of Community Affairs

The Corporate Secretary – VP of Community Affairs is submitted in a separate report by Toya Carmichael.



NOT-FOR-PROFIT HOSPITAL CORPORATION

COVID-19

In addition to the new request for hospitals to operate the COVID-19 Vaccination Centers, DC Health has also requested hospitals to provide Monoclonal Antibody-Bamlanivimab, for treatment of COVID-19 in SNF/ALR residents. A notice provides guidance for health care providers regarding emergency use authorization (EUA) of Bamlanivimab (LY-CoV555) for the treatment of non-hospitalized adults and children who are at high risk for progressing to severe COVID-19 and/or hospitalization. The guidance for use of the Monoclonal Antibody-Bamlanivimab, for treatment of COVID-19 in SNF/ALR residents. DC Health is working in two ways to increase access to Bamlanivimab to SNFs and ALRs: 1) working with the District of Columbia Hospital Association (DCHA) to identify primary hospital partners, and points of contact at the hospitals; 2) identifying an infusion company that can provide trained nurses to administer the medication in the SNF/ALR. More details can be found in the attached documents, which provide: 1) EUA information, 2) information for healthcare providers, and 3) guidance on access for DC SNFs/ALRs.

The NFPHC-UMC under the leadership of Dr. William Strudwick and Dr. Francis O'Connell will provide the monoclonal antibody, Bamlanivimab, treatment in the Emergency Department. NFPHC-UMC as required has partner with two locations:

- Transitional Care Center Capital City
- Jeanne Jugan Residence/St. Joseph
- Serenity Nursing Home

Facilities & Support Services

Environment of Care Key Initiatives: The Joint Commission (TJC) Compliance Requirements:

- Completed TJC Evidence of Standards Compliance (ESC's)
- Completed 3rd Floor Preparations for 8th Floor Move to 3rd Floor.

Completed Projects in 2020

Refurbish the Intensive Care Unit (electrical, mechanical & clinical upgrades).

3rd Floor 6 Patient Rooms Converted to Negative Pressure Rooms.

3rd Floor Medical Gas Pipe Upgrade (Air, Gas, Vacuum).

Medical Gas Master Alarm Panels Upgrades.

ICU Emergency Power Electrical Upgrade.

Operating Theater Isolating Room, & Scope Cleaning Room negative pressure fan unit installs.

Upgraded #4 Air Handler Unit for the Operating Theater.

3rd Floor Reopening – Telemetry Equipment Installation.

Refurbished the sterile processing unit to meet new OSHA and NFPA Standards.

Built and deployed over 500 workstations (desktops, laptops) and 15 servers to improve functionality and install supported and secure operating systems

Expanded and improved wireless coverage for UMC workstations, laptops and mobile devices.

Facilities: Project Updates

Project	Status	Targeted Completion Date
IT Closets	80 % complete. The project is progressing as planned. Two additional closets were added which increased the targeted completion date.	March 2021
MRI	75% complete. The project is moving as planned. The mobile unit was delivered. However, we've had to amend the current permit to include the required work within the mobile unit. We plan to submit the amended permit request no later than 1/19/2021.	March 2021
Pharmacy	Certificate of Occupancy Received. Punch list Created.	February 2021
Fluoroscopy	98% Completed. Application for the Certificate of Occupancy is in preparation.	February 2021
Data Center	60% of the FM 200 unit Suppression unit has installed.	February 2021
Fire Door Repairs	60% completed which includes all fire doors on floors 8 – 4.	March 2021
Chiller #1 Replacement	New chiller was ordered in November with a 20 lead time.	March 2021
9 Air Handler Unit Replacements	Award was issued on 6/19. Upon final approval by DC Council, we anticipate the	.TBD

	project to last 7 to 8 month.	
3rd Floor Reopening	Telemetry Equipment Installation	Completed
Kitchen Cart Wash	Assigned To Architect preparing to reapply for DCRA permit.	TBD
Materials Management	Design phase completed. New shelving was installed as a part of the Pharmacy project	TBD

- The Security Report – Attachment 3
- The Utility Report – Attachment 4

Grants

UMC Mobile Health Clinic:

United Medical Center Mobile Health Clinic is fully operational supporting the following programs:

- DC Housing Authority (twice a week)
- Faunteroy Community Enrichment Center (once a week)
- Ryan White Grant – Early Intervention Services (EIS)

Our services include primary & preventive health care screenings, health literacy and COVID19 Testing. The Mobile Health Clinic team includes a Nurse Practitioner (Erin Athey), Medical Assistant, Health Impact Specialist, Registration (PAO) assistant, Driver and other UMC volunteers.

Human Resources

The Human Resources report is submitted separately for your perusal. (Closed Book).

Information Technology - Accomplishments

- Updated (multiple) 3M system software
- Participated in preparation and completion of Leapfrog event
- Updated Kronos software; includes resolution of Adobe Flash issue
- Created scheduling, registration and clinical documentation screens for COVID vaccinations
- Supported and assisted to train clinical and registration staff with new COVID processes in Meditech
- Designed and implemented an electronic transmission/reporting of COVID vaccinations with Health Department
- Daily, reconciled electronic COVID reporting back to Meditech records and manual vaccination records
- Set-up workstations and printers for registration and clinical staff in new COVID vaccination clinic
- Assisted Human Resources and Finance with year-end closing work in Meditech
- Applied security patches to servers and workstations

- Brought in and worked with an external specialist to perform our annual IT security audit
- Successfully completed 90-day attestation period for Meaningful Use
- Programmed Meditech to create the Charge Description Master report required for Price Transparency
- Completed and posted Price Transparency files and webpage; disabled old charge page on website
- Expanded single sign-on to additional areas (ED and Radiology) – clinical areas completed
- Maintained the 3rd floor replication of PACs, Exchange and Pyxis systems
- Continued 24/7 network monitoring tools and services with Mazars' team
- Cabled and configured network and switch, and installed printer and scanner for new mobile MRI
- Regularly monitored network and user traffic for potential security issues/attacks
- Completed cooling for 2 network closets; additional 5 need minor remediation by vendor before acceptance; remaining 2 scheduled for January 2021.
- Implemented additional domain controller
- Built additional Workstation on Wheels (WOWS) and tested patient room televisions in preparation for re-opening of the 3rd floor
- Worked with UMC Grant Liaison to gather and submit documents for Telehealth grant
- Replaced PCs and implemented new Windows 10 devices in SPD, IT Training, Case Management, Quality, Diabetes and Scheduling departments
- Began cabling for new Radiology and ED closets
- Started FM200 fire suppressant system project for the UMC Data Center
- Researched cell coverage improvement project with multiple, potential vendors
- Finalized contract and purchase of new Tiger Text application
- Successfully serviced 385 Help Desk/Service tickets in December 2020
- Completed Network penetration testing for a security risk assessment.

Operations

Prepared & Presented BRT - FY2022 NFPHC Agency Budget Submission to Office of City Administrator to include Capital Summary, Capital Projects Analysis, COVID19 Capital Expenditures, Planned Spend Overview & Wind Down Planning.

COVID19 Vaccination Clinic fully operational as of 12/16/2020:

- Planning & coordination with Partner Hospital for Pfizer vaccine (include delivery, reporting & tracking of vaccine vials)
- Clinic operation activities
- Reporting to HHS, DC Health, DCHA & Partner Hospital
- Tracking staff, UMC Medical Staff, Community Providers

Staff Recognition:

- Recognition for successful COVID19 Vaccination Clinic rollout – Pharmacy, Registration/Scheduling, Nursing, IT, EVS, Materials Mgmt.
- Holiday meals for staff working on Christmas Day (all shifts)

Coordination of Vice President-elect Vaccination at UMC:

- Preparation of Briefing memo for the VP-elect
 - UMC Vaccination program - # doses administered, population receiving vaccine, dates of operation, etc.
 - UMC submitted Community Health Needs Assessment to provide requested information on the community we serve.
 - Provided Bios & personal identifiers of UMC staff participating in the event
- Prepared UMC Auditorium for the event
 - IT equipment & connectivity
 - Facilities updates to entrance hallway/closet
 - Clear parking lot areas ahead of event (to include dumpster near the loading dock area)
 - EVS – terminal cleaning of auditorium, hallways & designated offices
 - Communicated with Departments & tenants of use of the space on event date
 - Supplies & equipment for day of event (crash cart, stretcher, vaccination supplies)
 - Created & mounted new UMC banner for Auditorium

HR: Benefits Open Enrollment – 60% of eligible employees elected to enroll in Benefits compared to ~45% last year.

Fair Market Value (valuation) performed for lease spaces (Children's space & Medical Office Building)

340 B Program: The Executive Team worked for a few months with Excel Pharmacy to investigate a partnership in the 340B Program. After must investigation, the hospital has decided not to pursue the 340B contract pharmacy agreement with Excel Pharmacy, at least not at this time. There is continued OIG & GAO activity related to auditing, oversight, and compliance with 340B programs and, as the covered entity, UMC would bear all of the risks for compliance. The amount of new organization/financial infrastructure to provide oversight of the program would require sophisticated systems. When we evaluated these risks, we realized we would need to add resources either through a 3rd party or hire staff to just insure compliance with the program. The additional expense and risk did not way the potential benefits. This decision does not preclude our ability to enroll in the program and contract with EXCEL at a later date, as we continue to evaluate the program.

The Joint Commission SAFER™ Matrix

Program: Hospital

Likelihood to harm a Patient / Visitor / Staff

ITL			
High	IC.02.02.01 EP 2	EC.02.05.09 EP 12	
Moderate	EC.02.06.01 EP 20 MM.03.01.01 EP 7 NPSG.15.01.01 EP 1	MS.08.01.03 EP 1	
Low	EC.02.02.01 EP 12 EC.02.04.03 EP 3 EC.02.05.05 EP 5 EC.02.05.07 EP 1 EC.02.05.07 EP 2 EC.02.06.01 EP 1 LS.02.01.10 EP 11 LS.02.01.10 EP 14 LS.02.01.20 EP 1 LS.02.01.20 EP 14 LS.02.01.20 EP 41 LS.02.01.30 EP 3 LS.02.01.35 EP 6	EC.02.03.03 EP 3 LS.02.01.34 EP 9 LS.02.01.35 EP 14 MS.06.01.07 EP 9	EC.02.03.05 EP 25 TS.03.02.01 EP 2
	Limited	Pattern	Widespread
	Scope		



FY 2020-2021 Executive Management Committee Tracking Sheet December 2020

<u>Issue Identified</u>	<u>Plan Description</u>	<u>Responsible Exec(s)</u>	<u>Discussion</u>	<u>Target Date</u>	<u>Date Completed</u>
DHCF Capital Budget		Kai Blissett Marcela Maamari, Ken Blackwell, David Parry, Lilian Chukwuma, Colene Y. Daniel	Complete the DHCF Capital Budget submission as required; BRT Presentation Review in preparation for DHCF meeting.	Dec. 3, 2020	Completed Dec. 10, 2020
			***Detailed deadlines is listed below.		
DC Council Hearings		Kai Blissett Mike Austin Megan Dhillon Marcela Maamari David Parry Lilian Chukwuma Colene Y. Daniel	Complete the Retro-Contracts, and Concurrent Contracts for Board and DC Council Government approval.	Dec. 4, 2020	Submitted on Dec. 18, 2020
DC Council	Finance Committee – Capital Oversight	Marcela Maamari Ken Blackwell David Parry Lilian Chukwuma Perry Sheely	Review Capital Spend Plan; Infrastructure Plan; and FY2022 – 2025 capital needs.	Dec. 8, 2020	Completed Dec. 18, 2020
Leapfrog	Leapfrog Submission is scheduled by Dec. 31 st .	Isabel Shepard, William Strudwick and EMC	Review and approve the Leapfrog submission as required.	Dec. 11, 2020	Completed Dec. 24, 2020



FY 2020-2021 Executive Management Committee Tracking Sheet December 2020

<u>Issue Identified</u>	<u>Plan Description</u>	<u>Responsible Exec(s)</u>	<u>Discussion</u>	<u>Target Date</u>	<u>Date Completed</u>
2021 Budget	Download Budgets – Premier	EMC Team	Downloading Hospital and Departmental Budgets is imperative to monitor spending and to hold departments accountable.	Dec. 11, 2020	TBD
	***Meditech	EMC Team	***Marcela and Cheyenne shall review October & November expense spend and OT tracking.		TBD
Mazars	Contract	Cheyenne Holland Colene Y. Daniel Lilian Chukwuma	Complete the FY2021 GAP Initiatives	Dec. 14, 2020	Submitted to Finance Committee on Dec. 15, 2020
TJC & CMS – Evidence of Standards Compliance	Corrections submitted to TJC.	EMC Team per assigned areas	Complete the ESC per TJC requirements for all findings on the SAFER Matrix – Interpretation Group Meeting – EMC Review ESCs –	Dec. 3, 2020 Dec. 7, 2020 2 nd Review Dec. 23, 2020	ESC Final Submission Jan. 14, 2021
Fire Suppressant	Auditors, TJC, & CMS Requirement	David Parry Ken Blackwell	Must implement the correct Fire Suppressant in the Data Center – Review	Dec. 15, 2020	On target to complete Feb. 28, 2021
COVID-19 Vaccination Coordination	DC Health – coordination	EMC Team	Recognition of successful COVID-19 Vaccination Click Rollout – Pharmacy, Registration/Scheduling, Nursing, IT, EVS, Materials Mgmt.	Dec. 15-18, 2020 – Pfizer Dec. 22-23, 2020 – Moderna Dec. 28-30, 2020 – Moderna	Completed as planned per DC Health

FY 2020-2021 Executive Management Committee Tracking Sheet December 2020

<u>Issue Identified</u>	<u>Plan Description</u>	<u>Responsible Exec(s)</u>	<u>Discussion</u>	<u>Target Date</u>	<u>Date Completed</u>
COVID-19 Vaccination Coordination	Preparations for visit from Vice-President Elect Kamala Harris	Colene Y. Daniel Marcela Maamari William Strudwick Derrick Lockhart	<p>Coordination began 12/24/2020 with Vice President-Elect Team:</p> <ul style="list-style-type: none"> • Preparation of Briefing Memo for VP-Elect <ul style="list-style-type: none"> ○ UMC Vaccination Program - #does administered, population receiving vaccine, dates of operation, etc. ○ UMC submitted Community Health Needs Assessment to provide requested information on the community we serve ○ Provided Bios & personal identifiers of UMC staff participating in the event • UMC team met with Secret Service to select location & meeting with UMC Security team to review drawings • Prepared UMC Auditorium for the event <ul style="list-style-type: none"> ○ IT equipment & connectivity ○ Facilities updates to entrance hallway/closet ○ Clear parking lot areas ahead of event (to include dumpster near the loading dock area) ○ EVS – Terminal cleaning of auditorium, hallways & designated offices ○ Communicated with Departments & tenants of use of the space on event date 		Completed Dec. 29, 2020

FY 2020-2021 Executive Management Committee Tracking Sheet

December 2020

			<ul style="list-style-type: none"> Supplies and equipment for day of event (crash cart, stretcher, vaccination supplies) Created and mounted new UMC banner for Auditorium 		
Staff Holiday Meals		EMC Team	Provide holiday meals for staff working on Christmas Day (all shifts)	Dec. 24, 2020	Dec. 24, 2020
340B Pharmacy Application	Excel Pharmacy	Cheyenne Holland, Ehrentraut, Christopher, Marcela Maamari,	<ul style="list-style-type: none"> Review and if approved, complete the 340B Pharmacy Application with the Excel Pharmacy Team Fully executed BAA with Excel Pharmacy, Registered with HRSA Provided a revised draft of Purchase Service Agreement to Excel Pharmacy 	Dec. 31, 2020	Completed for final review and decision by Jan 15, 2021
Price Transparency	CMS Requirement	Lilian Chukwuma David Parry	Per CMS, must complete all documents and download for the Price Transparency Program.	Dec. 31, 2020	Completed Dec. 30, 2020
Kronos	Kronos – HR System	David Parry Marcela Maamari Lilian Chukwuma	The implementation of the Kronos System will be delayed and hospital needs a “backup” system until Kronos comes on line.	Dec. 31, 2020	On target for Dec. 31, 2020
	***On-Boarding & Meditech	David Parry Marcela Maamari	Develop an On-Boarding Program	TBD	TBD

FY 2020-2021 Executive Management Committee Tracking Sheet December 2020

<u>Issue Identified</u>	<u>Plan Description</u>	<u>Responsible Exec(s)</u>	<u>Discussion</u>	<u>Target Date</u>	<u>Date Completed</u>
Auditors	Final Year-End Audit	Lilian Chukwuma Colene Y. Daniel EMC Team – as required	The final Year-End Audit must be completed over the next three (3) weeks.	Dec. 31, 2020	TBD
Cyber-Security Audit	CMS Meaningful Use Audit	David Parry Mike Austin	The Cyber-Security Audit is required before the year-end to ensure current reimbursement.	Dec. 31, 2020	Completed Dec. 12, 2020 – The Final Report received on Jan. 13, 2021
8th Floor Opening		William Strudwick Jacqueline Payne-Borden Ken Blackwell EMC Team	Co-located COVID-19 patients on the 8 th Floor per clinical protocols.		Dec. 23, 2020
3rd Floor Opening		William Strudwick Jacqueline Payne-Borden Ken Blackwell EMC Team	Per the DC Government's requirement – the hospital needs to relocate from the 8 th floor to the 3 rd floor.	Dec. 15, 2020	Bio-Med – Jan 31, 2020 Clinical move-in date – Feb 15, 2021
Telehealth Grant		David Parry William Strudwick Marcela Maamari Vernon Richardson	Must complete a program to spend the remainder of the funds.	Dec. 31, 2020	Completed



FY 2020-2021 Executive Management Committee Tracking Sheet

December 2020

<u>Issue Identified</u>	<u>Plan Description</u>	<u>Responsible Exec(s)</u>	<u>Discussion</u>	<u>Target Date</u>	<u>Date Completed</u>
Human Resources	Recruitment	EMC Team	<ul style="list-style-type: none"> • Medical Staff Director – • Infection Control Director – • Risk Manager – • Respiratory Therapy Manager – 	In Progress Christiana Buller-Jarrett Wendy Faulkner Shay Bowie –	TBD Started Jan. 4, 2021 Starts Feb. 15, 2021 Starts Jan. 25, 2021



UMC
UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 27, 2021**

Human Resources Report

Presented by:
Trenell Bradley,
HR Director

Human Resources Board Report

November & December 2020



Trenell Bradley,
Human Resources Director
Wednesday, January 27, 2021

HUMAN RESOURCES UPDATES

- THE JOINT COMMISSION SURVEY (November 2020)
- BENEFITS OPEN ENROLLMENT (November 2020)
- SNF CLOSURE JOB ELMININATIONS (December 31, 2020)
- 3 UNION NEGOTIATIONS for Collective Bargaining (Ongoing)
- UMC LOCAL HIRE PROGRAM (Ongoing)

THE JOINT COMMISSION SURVEY

UPDATES

UMC HR personnel records were reviewed by The Joint Commission on the week of November 9, 2020.

The Joint Commission reviewed employees' personnel files and there were no finding related to employee record documentation.

HR staff completed extensive audit of employee documentation to ensure employee files meet The Joint Commission standards.

BENEFITS OPEN ENROLLMENT

UPDATES

UMC's Benefits Open Enrollment began on November 23, 2020 through December 7, 2020.

To support increased enrollment, UMC HR extended the open enrollment period to December 9, 2020.

2021 Benefits Open Enrollment Participation:

- 76% participation for eligible employees
- Extending the enrollment period yielded a 5% increase in enrollment participation
- In response to COVID-19, all enrollment meetings were virtual
- All employees were required to enroll in benefits to participate
- Increased engagement by mailing postcards, holding virtual benefit town hall meetings, one-on-one sessions, extended office hours for each shift, and weekend support

SNF Closure

UPDATES

- December 31, 2020, UMC completed all job eliminations for union employees.
- Employees received their final wage pay on January 6, 2021.
- Employees received their severance pay on January 12, 2021.
- Employees will receive their accumulated leave payout on January 22, 2021.
- SNF administrators remain on staff until the official closure of the SNF.

Collective Bargaining

UPDATES

DCNA

- Effective January 6, 2021, UMC and DCNA concluded its bargaining and came to tentative agreements on all terms related to the employment for registered nurses. The Collective Bargaining Agreement is being submitted for Board and Council approval.

UFSPPO

- On December 22, 2020, UMC and UFSPPO concluded its bargaining and came to tentative agreements on all terms. The Collective Bargaining Agreement is being submitted for Board and Council approval.

SEIU

- UMC's largest union is reviewing the Hospital's final economic proposal for employee wages. The bargaining team will meet on January 25, 2021 for the union's response.

UMC HIRE LOCAL PROGRAM

UPDATES

UMC human resources met with the Department of Employment Services (DOES) to discuss programs that can support the UMC Local Hire Program and facilitate hiring for Washington, DC residents.

In December 2020, UMC submitted an application to the DOES to participate in the On-The-Job-Training program and completed the program orientation. This program is to help Washington DC residents who have transferable skills obtain specific fields related to the job. The DOES will provide salary support for up to six months of the training program.

Positions being recruited through the program:

- Program Manager, Screening Program
- Human Resources Administrative Support Specialist

STAFF COMPOSITION – NOVEMBER & DECEMBER 2020

Employee Data								
Employee Data by Group			# of EEs		DC	Ward 7	Ward 8	
Total FTE			753		188	63	93	
Total Active Employees (Full-time, Part-time, and relief staff)			913		205	64	102	
Total Union (Active EEs)			592		141	45	68	
Total Non-Union (Active EEs)			321		64	19	34	
		Employee Demographics						
Age (Average)	50 Years Old	Race	African American 85%	Gender	Female - 70%	Male – 30%	Average Tenure	9 Years
		Union Data						
Total Active Union EE by Group			# of EEs		DC	Ward 7	Ward 8	
Total Active Union EEs DCNA			221		15	1	7	
Total Active Union EEs SEIU			344		115	40	56	
Total Active Union EEs UFSO			27		10	4	5	
UMC Annual Turnover (YTD)								
		UMC Rates		NE Region		National Average		
Hospital Turnover		6.9%		16.2%		17.1%		
RN Turnover Rate		5.1%		15.9%		15.9%		

The Hospital FY20 turnover rate is significantly below the national and northeast region averages according to the 2020 Nursing Solutions National Health Care Retention & RN Staffing Report.

New Hire Positions November 2020		
Department	Position Title	Number
Emergency Department	Clinical Nurse II	2
Emergency Department	Registered Nurse	1
Emergency Department	ED Tech I	1
Emergency Department	ED Tech II	1
ER Admitting (OFCO)	Patient Access Officer	1
Medical Affairs	Credentialing Assist	1
Critical Care Unit	BI Nurse	1
Clinical Lab	Phleb/Access Tech	1
Clinical Lab	Med Tech	1
4W Psychology	Psych Tech I	1
5W Med/Surg	Clinical Nurse	1
5W Med/Surg	Monitor Tech	1
8W Telemetry	Clinical Manager	1
Primary Care Clinic	Medical Assistant	1
Radiology/CAT	Multi-Modality	2
Radiology/CAT	MRI Tech	1
	Total	18
OFFICE OF THE CHIEF FINANCIAL OFFICER – NOV 2020		
OCFO	ER Admitting	1
	Total	1

November UMC New Hire Residence	
Residence	Number
Washington, DC	0
<i>Washington, DC Ward 7</i>	0
<i>Washington, DC Ward 8</i>	0
Maryland	18
Virginia	0
Totals	18

November OCFO New Hire Residence	
Residence	Number
Washington, DC	0
<i>Washington, DC Ward 7</i>	0
<i>Washington, DC Ward 8</i>	0
Maryland	1
Virginia	0
Totals	1

New Hire Positions – December 2020		
Department	Position Title	Number
Care Management	Assistant	1
Care Management	Care Coordinator	2
Clinical Lab	Phleb/Access Tech	1
Emergency Dept.	Registered Nurse	1
Primary Care Clinic	Medical Assistant	1
MRI	Multi-Modality	1
	Total	7
OFFICE OF THE CHIEF FINANCIAL OFFICER – DEC 2020		
OCFO		
	Total	0

December UMC New Hire Residence	
Residence	Number
Washington, DC	0
<i>Washington, DC Ward 7</i>	0
<i>Washington, DC Ward 8</i>	2
Maryland	4
Virginia	1
Totals	7

[illegible]



UMC
UNITED
MEDICAL CENTER

**General Board
Meeting Date:
January 27, 2021**

**VP of Public
Relations/
Corporate
Secretary Report**

Presented by: Toya
Carmichael
VP Public Relations/
Corporate Secretary

Written report submitted as
Attachment 4 to CEO Report



NOT FOR PROFIT HOSPITAL CORPORATION

CORPORATE SECRETARY REPORT

TO: NFPHC Board of Directors

FROM: Toya Carmichael
VP Public Relations / Corporate Secretary

DATE: January 15, 2021

GENERAL UPDATE

It has been approximately one year since I joined the UMC Team. In May of 2020, the PR Team grew from one to a two-person team to include Kenneth Whitaker, formerly employed as the Activities Assistant in the UMC SNF. Over the past year, our team has made great progress in enhancing employee engagement at UMC due to an outpouring of support from local businesses and organizations. (See Annual Report pages 27-29.) The PR team also significantly increased UMCs' presence in the community and greatly improved its media image and positive news coverage. (See Annual Report pages 38-40). It has been a fast and steep learning curve, but overall enjoyable experience and we look forward to continuing to serve team UMC and the residents of the District of Columbia.

COVID COMMUNITY SUPPORT

During the months of November and December 2020, UMC received donations from the Church of Scientology (How to Care for Yourself and Others Booklets) Jimmy Ward of Will Interactive (Donation of clothing items for our cold weather clothing drive), meals from CareFirst (Meals prepared at Brookland's Finest Restaurant) and were the recipients of a huge Holiday Give Back Celebration with Air Jordan's, lunch, and Visa gift cards from Washington Wizards player Bradley Beal.

PUBLIC RELATIONS

Weekly Newsletter – Distributed bi-weekly on Friday via all staff email and included on UMC website. During the month of November, the UMC Newsletter welcomed Dr. William Strudwick as our new CMO, celebrated Dir. Gorham’s award from the American Academy of Nurses, and began promotion of the UMC Cold Weather Clothing Drive. In December, the UMC Newsletter celebrated the one-year anniversary of our CEO Colene Daniel, thanked the members of the SNF team for the service to the hospital, and provided education and communications regarding the COVID-19 vaccine. If Board members would like to include a special note, article, or upcoming event please submit to the PR team.

News Media– The PR team continues to track news articles and social media mentions which are now listed in the bi-weekly newsletter. UMC appeared in four news articles in the month of November. We were also represented by nurses Cherrel Christian and Augustina Fofanah on the Senior Zone Radio Show to discuss diabetes. In the month of December, UMC appeared in six articles including coverage by BBC America (highlighting our Mobile Unit). Toya Carmichael also appeared on The Sip’s Sunday Brunch with Higher Heights podcast to discuss her experience taking the COVID-19 vaccine and highlighting UMC’s public education campaign.

UMC Activities – The PR Team spearheaded UMC’s Cold Weather clothing drive to obtain needed items for our clothes closet. On December 15, 2020 the UMC Mobile Unit joined Check-It Enterprises to provide COVID testing and flu shots the Anacostia community and the DC Go Go community. On December 19, 2020, UMC participated in the Congress Heights Go-Go Santa Christmas Celebration on St. Elizabeth’s campus.

AGENDA ITEMS

1. Call Meeting to Order
2. Approval of the Minutes (October, 2020)

New Business – Hospital-Wide Programs
3. Hospital Licensure/Survey/Accreditation Activities for 2021 (Attachment 1 pg. 5))
4. The Joint Commission – Colene Daniel & Ken Blackwell
Report and TJC Evidence of Standard Compliance submission – January 12, 2021. The SAFER Matrix Monitoring Sheet and monthly monitoring to ensure all corrections are in compliance. (Attachment 2 pg. 6)
5. Leapfrog Report – and the follow-up status regarding the submission. Dr. William Strudwick, Dr. Jaqueline Payne-Borden and Dr. Isabel Shephard
6. The 2020 – 2021 Flu Season Report – Dr. Jacqueline Payne-Borden
UMC Influenza Report.
7. Provisions of Care, Treatment & Services Report – Dr. Jacqueline Payne-Borden
 - Improvements with Patient Care – 2021
 - Staffing and Recruitment Updates
8. Safety Culture initiative – Dr. Isabel Shephard (Attachment 3 pg 8)
 - Based upon the evaluation of the 2020 results – the new Safety Culture Action Plan is presented for discussion and approval. The action plan will focus on the strengths and areas for improvement from 2020.
 - The Safety Culture Action Plan – Training & Education
 - Patient Safety Education with all staff – quarterly training at the Management Council.
 - Making sure the clinical staff are reviewing the patient safety information and medication from the Patient Handbooks
9. Compliance Report – Brian Gradle
10. DC Health Hospital Survey Readiness – Dr. Isabel Shepard
 - Action Plan for the upcoming hospital survey. (Window begins February onwards)
11. Emergency Department – Dr. Francis O'Connell and Teka Henderson



COVID-19 Reports

12. COVID -19: Monoclonal Antibody-Bamlanivimab Treatment for seniors – Dr. William Strudwick & Maxine Lawson (Attachment 4 pg 27)
The NFPHC-UMC under the leadership of Dr. William Strudwick and Dr. Francis O'Connell will provide the Monoclonal Antibody-Bamlanivimab, treatment in the Emergency Department. NFPHC-UMC as required has partner with two locations:
 - Transitional Care Center Capital City
 - Jeanne Jugan Residence/St. Joseph
 - Serenity Nursing Home
13. COVID-19 – Vaccination Report (Attachment 5 pg 32) – Dr. William Strudwick & Marcela Maamari
“Lessons Learned” and total numbers to date.
14. COVID-19
Capital Spend Plan – Marcela Maamari (Attachment 6 pg 33)
Completed FY2021 Capital Spend Plan; updated existing prior year capital spend plans & COVID19 plan.

Standing Reports – Old Business

15. Quality Assessment Performance Improvement (QAPI) Department Reports and Quality Dashboards – Dr. Isabel Shephard
 - December Reports (Attachment 7 pg 34)
16. Pharmacy – Maxine Lawson
17. Patient Experience/Patient Advocacy – Denise Vernon
 - Press Ganey Report (Attachment 8 pg 48)
 - Schedule of Department Reviews for 2021
 - Management Council December Presentation – Management Council
18. Safety & Security Report and Fire Drill Matrix Report – Derrick Lockhart (Attachment 9 pg 65)
19. Facilities & Support Services – Ken Blackwell
 - Utility Report – Ken Blackwell (Attachment 10 pg 70)

Environment of Care Key Initiatives FY 21 – Ken Blackwell
The Joint Commission (TJC) Compliance Requirements:

 - Continuity of Operation Plan - Completed
 - Emergency Operations Plan - Completed
 - Hazard Vulnerability Analysis (HVA) - Completed
 - 2021 Performance Indicators – Completed
 - Annual Review of the 7 Management Plans – Completed
 - Co-Chair of the Environment of Care Committee – Ken Blackwell. The joint EOC and ICC surveillance rounds have increased in the number of rounds and monitoring, which has improved the EOC results (the monthly results are reported to the Infection Control Committee)

Project Updates

Completed Projects in 2020

Refurbish the Intensive Care Unit (electrical, mechanical & clinical upgrades).

3rd Floor 6 Patient Rooms Converted to Negative Pressure Rooms.

3rd Floor Medical Gas Pipe Upgrade (Air, Gas, Vacuum).

Medical Gas Master Alarm Panels Upgrades.

ICU Emergency Power Electrical Upgrade.

Operating Theater Isolating Room, & Scope Cleaning Room negative pressure fan unit installs.

Upgraded #4 Air Handler Unit for the Operating Theater.

3rd Floor Reopening – Telemetry Equipment Installation.

Refurbished the sterile processing unit to meet new OSHA and NFPA Standards.

Built and deployed over 500 workstations (desktops, laptops) and 15 servers to improve functionality and install supported and secure operating systems.

Expanded and improved wireless coverage for UMC workstations, laptops and mobile devices.

Project	Status	Targeted Completion Date
IT Closets	80 % complete. The project is progressing as planned. Two additional closets were added which increased the targeted completion date.	March 2021
MRI	75% complete. The project is moving as planned. The mobile unit was delivered. However, we've had to amend the current permit to include the required work within the mobile unit. We plan to submit the amended permit request no later than 1/19/2021.	March 2021
Pharmacy	Certificate of Occupancy Received. Punch list Created.	February 2021
Fluoroscopy	98% Completed. Application for the Certificate of Occupancy is in preparation.	February 2021
Data Center	60% of the FM 200 unit Suppression unit has	February 2021

	installed.	
Fire Door Repairs	60% completed which includes all fire doors on floors 8 – 4.	March 2021
Chiller #1 Replacement	New chiller was ordered in November with a 20 lead time.	March 2021
9 Air Handler Unit Replacements	Award was issued on 6/19. Upon final approval by DC Council, we anticipate the project to last 7 to 8 month.	.TBD
3rd Floor Reopening	Telemetry Equipment Installation	Completed
Kitchen Cart Wash	Assigned To Architect preparing to reapply for DCRA permit.	TBD
Materials Management	Design phase completed. New shelving was installed as a part of the Pharmacy project	TBD

20. Information Technology: Key Performance Improvement Initiatives – David Parry

- CMS Meaningful Use Audit (Completed December 12, 2020) – Report is available upon request.
- Successfully completed the attestation period. The attestation will avoid a potential \$500K loss in CMS reimbursement.
- To improve the security of access to UMC's EMR and other systems; we have begun deployment of the secure sign on/badge reader project; target completion end of 2020
- Sepsis: Since July, the Sepsis Medical Record program continues to support patient care – compliance is at 87% in December 2020.
- IT Closet Cooling
 - This project is to enhance the reliability of our systems throughout the organization. This project is targeted to be completed by March 2021.
- Network Architecture
 - In late August the CER and purchase order were initiated; project kick-off date was 9/8/20. This project will provide significant benefits in cybersecurity and network performance; target completion March 31, 2021.
- Business Continuity
 - We are implementing an off-site, replication archive of our PACs system to improve our abilities to recover from a system failure or disaster

Closed Session

21. Risk Management Report (RCAs) – No RCAs to report

22. Adjournment

HOSPITAL LICENSURE/SURVEY/ACCREDITATION ACTIVITIES FY 2021

DUE	ACTIVITY	REGULATORY BODY	FREQUENCY
December 2020 – January 2021	Boiler Inspection	Inspection performed by Insurance Carrier & DCRA Inspection & Compliance Admin. provides Certificate of Inspection	Yearly (Between December – January)
January- April, 2021	Fire Inspection Hospital Life Safety Inspection	Department of Health	Annual
TBD 2021	Radiology	Nuclear Regulatory Commission (NRC)	Triennial
January – February, 2021	Radiology	Mammography Quality Standards Act (MQSA/FDA)	Annual
January – February, 2021	Lab Accreditation	Clinical Laboratory Improvement Amendments (CLIA)	Biennial
TBD January, 2021	Joint Commission Application	The Joint Commission	Annual
February – July, 2021	Annual Hospital License Survey	DC Health	Yearly (Between February – July)
February 2021 – August 2021	IV Hood Certification	Laminar Flow Consultants	Biannual
February 7, 2021 February 15, 2021 March 1, 2021 May 29, 2021 October 19, 2021	MRI Nuclear Medicine CAT Scan Ultrasound Mammography	American College Radiology (ACR)	Triennial
November 1, 2021	Hospital License Application	DC Health	Yearly Post Annual Survey
November 30, 2021	Hospital Safety Survey	The Leapfrog Group	Annual (TBD)
January 13, 2022	Lab Accreditation	College of American Pathology (CAP)	Biennial
January 13, 2022	Lab Accreditation	American Association of Blood Banks (AABB)	Biennial
November, 2023	Joint Commission Accreditation	The Joint Commission	Triennial

**FY 2021 Not-For-Profit Hospital Corporation - The Joint Commision SAFER Matrix
Limited Findings**

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN
P. 13	High	IC.02.02.01 EP 2	<p>Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.</p> <p>EP Text: The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.</p>	During tracer activities in the ED, it was discovered that reusable, sharp instruments are not being transported to the dirty utility room in a closed container, and are hand carried without a closed container. The ED Director and Quality Department scribe were present for the finding. The finding was corrected on site by placing 3 clean closed biohazard containers in the clean supply room for staff to use to transport the instruments from the procedure room to the dirty utility room.	The Infection Preventionist and ED Nurse Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The activities to monitor compliance will include random audits via Infection Control/Environment of Care Rounds on the availability and placement of the biohazard puncture resistant containers in the clean supply room. In addition other activities to ensure compliance will include random interviews of staff to ensure understanding of handling soiled surgical instruments. Review Staff compliance with Education material provided.	100%
P. 12	Moderate	EC.02.06.01 EP 20	<p>Standard Text: The hospital establishes and maintains a safe, functional environment.</p> <p>EP Text: Areas used by patients are clean and free of offensive odors.</p>	During tracer activities on the BHU, in room 422 there were electrodes found stuck on the bathroom door. Room 422 was not occupied and was ready for a patient admission. The Unit Manager and Quality Department scribe was present for the observation.	The Behavioral Health Manager and ED RN Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Behavioral Health leadership will perform 10 random room inspections audits monthly.	100%
P. 19	Moderate	MM.03.01.01 EP 7	<p>Standard Text: The hospital safely stores medications.</p> <p>EP Text: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.</p>	During tour of the Orthopedic clinic, a multi dose vial of lidocaine was used. It was label for opening date. No 28 discard date was present as required by hospital policy: " Medication Administration Policy" dated 2/1/2020. This was witnessed by Ambulatory Director and scribe accompanying the surveyor.	The Director of Ambulatory Rehab Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To ensure proper medication management, labeling of vial monitoring will be put in place for multi-dose vials in specialty/orthopedic clinic in regards to beyond use dates. New and existing medical assistants and providers will have mandatory annual multi-dose vial education in Relias.	100%

**FY 2021 Not-For-Profit Hospital Corporation - The Joint Commision SAFER Matrix
Limited Findings**

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN
P. 20	Moderate	NPSG.15.01.01 EP 1	<p>Standard Text: Reduce the risk for suicide.</p> <p>EP Text: For psychiatric hospitals and psychiatric units in general hospitals: The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the hospital takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging). For non-psychiatric units in general hospitals: The organization implements procedures to mitigate the risk of suicide for patients at high risk for suicide, such as one-to-one monitoring, removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care, assessing objects brought into a room by visitors, and using safe transportation procedures when moving patients to other parts of the hospital.</p>	During tracer activities on the BHU, in room 422 there was no plastic safety cover on the thermostat, which was identified as a safety risk on the unit risk assessment. Room 422 was not occupied and ready for a patient admission. The Unit Manager and Quality Department scribe were present for the observation. The finding was corrected on site.	The VP of Facilities and Support Services and Behavioral Health Unit is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	A semiannual Ligature Risk assessment will be documented to ensure compliance of safety measures.	100%
P. 8	Low	EC.02.02.01 EP 12	<p>Standard Text: The hospital manages risks related to hazardous materials and waste.</p> <p>EP Text: The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * (See also IC.02.01.01, EP 6)</p>	During tracer activities in the ED it was discovered that dirty instruments were transported to the dirty utility room without a biohazard label. The ED Director and Quality Department scribe were present for the finding.	The Infection Preventionist and ED Nursing Director is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	UMC purchased additional biohazard puncture resistant containers. Random audits via Infection Control/Environment of Care Rounds to ensure biohazard puncture resistant containers are properly labeled.	100%
P. 9	Low	EC.02.04.03 EP 3	<p>Standard Text: The hospital inspects, tests, and maintains medical equipment.</p> <p>EP Text: The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.</p>	Hydrocollator water changes and cleaning not performed per manufacturer's recommendations. Confirmed by Ambulatory director and QA staff with surveyor.	The VP of Facilities and Support Services and Director of Rehabilitation Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To monitor compliance a monthly review of the hydrocollator cleaning log book will be conducted.	100%
P. 9	Low	EC.02.05.05 EP 5	<p>Standard Text: The hospital inspects, tests, and maintains utility systems.</p> <p>EP Text: The hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.</p>	Ice machines in the 8th floor Telemetry Unit had an accumulation of white lime scale around the outside and inside of dispensing chute. This was verified by Unit manager and staff accompanying the surveyor.	The VP of Facilities and Support Services and Infection Control is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The procedures identified to monitor compliance with performance will include review of documentation and surveillance of the Preventive Maintenance (PM) of the ice machines during environment of care rounding.	100%

**FY 2021 Not-For-Profit Hospital Corporation - The Joint Commision SAFER Matrix
Limited Findings**

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN
P. 10	Low	EC.02.05.07 EP 1	<p>Standard Text: The hospital inspects, tests, and maintains emergency power systems.</p> <p>EP Text: At least monthly, the hospital performs a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs. The test results and completion dates are documented.</p>	At the time of survey, the documentation of the monthly testing of battery lights and inspection of exit lights did not include an inventory to ensure that each and every one was completed.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The inspection logs will be reviewed on a monthly basis for compliance with battery powered lights and exit light inspections. For instances of non-compliance a corrective action plan will be sent to the VP of Facilities & Support Services.	100%
P. 10	Low	EC.02.05.07 EP 2	<p>Standard Text: The hospital inspects, tests, and maintains emergency power systems.</p> <p>EP Text: Every 12 months, the hospital performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 1/2 hours. For new construction, renovation, or modernization, battery-powered lighting in locations where deep sedation and general anesthesia are administered is tested annually for 30 minutes. The test results and completion dates are documented.</p>	At the time of survey, the documentation of the annual functional testing of battery lights did not include an inventory to ensure that each and every light had been tested.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Review the log for functional testing compliance monthly.	100%
P. 11	Low	EC.02.06.01 EP 1	<p>Standard Text: The hospital establishes and maintains a safe, functional environment.</p> <p>EP Text: Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.</p>	At the time of survey, there was a stained ceiling tile in the corridor by Radiology room #1030. During environmental tour of Pharmacy, peeled paint on furnace ducts above exposed ceiling was noted over area where medications were being stored. This was confirmed by pharmacy director and VP of Facilities & Support Services. Furnace ducts were repainted and defect corrected and confirmed by surveyor prior to leaving HCO.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	All thermostats will be removed from Behavioral Health Unit patient rooms. Address all stained ceiling tiles within 24 hours of discovery. Address peeling paint in clean areas within 24 hours of discovery.	100%
P. 12	Low	LS.02.01.10 EP 11	<p>Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.</p> <p>EP Text: Fire-rated doors within walls and floors have functioning hardware, including positive latching devices and self-closing or automatic-closing devices (either kept closed or activated by release device complying with NFPA 101-2012:7.2.1.8.2). Gaps between meeting edges of door pairs are no more than 1/8 of an inch wide, and undercuts are no larger than 3/4 of an inch. Fire-rated doors within walls do not have unapproved protective plates greater than 16 inches from the bottom of the door. Blocking or wedging open fire-rated doors is prohibited.</p>	<p>At the time of survey, the door in the 1-hour rated fire wall by OR#9 was in need of adjustment, rendering it to not be fully self-closing and positive-latching.</p> <p>The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8), Other-Deficiency will be promptly corrected. (EP-15)</p>	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform a documented monthly functional test on all fire doors ensuring the self-closer device operates appropriately thus causing the door to latch.	100%

**FY 2021 Not-For-Profit Hospital Corporation - The Joint Commision SAFER Matrix
Limited Findings**

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN
P. 13	Low	LS.02.01.10 EP 14	<p>Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.</p> <p>EP Text: The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.</p>	At the time of survey, the space around cables within a four-inch conduit sleeve penetrating the floor of the IT closet by room #755 was not properly sealed with an intumescent fire-stop system. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected. (EP-15). At the time of survey, the space around cables within two conduit sleeves penetrating the floor of the 3East IT closet were not properly sealed with an intumescent fire stop system. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected. (EP-15).	The VP of Facilities and Support Services and Chief Information Officer is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	To monitor compliance monthly visual inspections and annually will be monitored for compliance with this element of performance. The vendor will use an approved fire stop material.	100%
P. 13	Low	LS.02.01.20 EP 1	<p>Standard Text: The hospital maintains the integrity of the means of egress.</p> <p>EP Text: Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3.</p>	At the time of survey, the emergency exit stair door in the kitchen was in need of repair. Neither this surveyor nor members of the hospital team were able to open it, even after multiple tries. The hospital maintenance team immediately repaired it. This finding was observed during survey activity, but corrected onsite prior to the surveyor's departure. The corrective action taken needs to be included in the organization's Evidence of Standards Compliance submission.	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform monthly observation of all emergency exit stair doors. The inspection results will be reported to the Hospital's Joint Commission Compliance Committee, as well as the Environment of Care Committee on a monthly basis.	100%
P. 13	Low	LS.02.01.20 EP 14	<p>Standard Text: The hospital maintains the integrity of the means of egress.</p> <p>EP Text: Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice.</p>	At the time of survey, there were multiple carts and equipment, not in use, located in the egress corridors in ICU. At this point, the area had not been identified as a suite as defined by Life Safety Code. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance(EP-8), Conduct education promoting awareness of deficiencies (EP-13). At the time of survey, there were seven pieces of equipment, not in use, stored in the egress corridor in the Radiology Department. This corridor was not within the area defined as a suite under Life Safety Code. It was adjacent to it. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	Annually a vendor will be employed annually to evaluate the Life Safety drawings and make changes as necessary.	100%

**FY 2021 Not-For-Profit Hospital Corporation - The Joint Commision SAFER Matrix
Limited Findings**

Report Page No.	Risk Scale	Limited	Standard Text & EP Text	Finding(s)	Assigning Accountability	Status	% JAN
P. 15	Low	LS.02.01.20 EP 41	<p>Standard Text: The hospital maintains the integrity of the means of egress.</p> <p>EP Text: Signs reading "NO EXIT" are posted on any door, passage, or stairway that is neither an exit nor an access to an exit but may be mistaken for an exit.</p>	The "dead end" corridor by room #8835 and the "dead end" corridor by room #8803 could both be mistaken for paths to exit but are not. At the time of survey, they lacked the required "NO EXIT" signs. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15). The door to the patio in the Healing Garden could be mistaken for a path to exit but is not. At the time of survey, it lacked a "NO EXIT" sign. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The United Medical Center will continue to have their environment of care rounds and will inspect and evaluate the facility for specific doors and pathways that could be mistaken as a path to an exit.	100%
P. 16	Low	LS.02.01.30 EP 3	<p>Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.</p> <p>EP Text: All existing hazardous areas have doors that are self-closing or automatic-closing. These areas are protected by either a fire barrier with one-hour fire-resistive rating or an approved electrically supervised automatic sprinkler system. Hazardous areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories employing flammable or combustible materials deemed less than a severe hazard, and storage rooms greater than 50 square feet used for storage of equipment and combustible supplies.</p>	Supply room #3342 is greater than one hundred square feet. At the time of survey, the door was in need of adjustment, rendering it to not be fully self-closing and positive-latching. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15). At the time of survey, the door to trash room SS91, a storage room greater than one hundred square feet, was in need of maintenance, rendering it to not be fully self-closing and positive-latching. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Other-Deficiency will be promptly corrected.(EP-15).	The VP of Facilities Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	The Facilities staff will perform monthly a documented functional test for all doors located at the entrance all fully self-closing and positive-latching. The inspection results will be reported to the Hospital's Joint Commission Compliance Committee, as well as the Environment of Care Committee on a monthly basis.	100%
P. 18	Low	LS.02.01.35 EP 6	<p>Standard Text: The hospital provides and maintains systems for extinguishing fires.</p> <p>EP Text: There are 18 inches or more of open space maintained below the sprinkler to the top of storage.</p>	At the time of survey, there was storage less than eighteen inches below the sprinklers in EOP Storage Room G072. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy: Increase surveillance (EP-8), Conduct education promoting awareness of deficiencies (EP-13).	The VP of Facilities and Support Services is ultimately responsible for all corrective actions and ongoing compliance associated with this element of performance.	All Emergency supply rooms located on the ground floor will be added to the Environment of Care rounding schedule.	100%

Culture of Safety Survey Implementation Plan FY 2021

Survey Goal date April 2021

Preliminary Team Planning Date: TBD

Task Timeline	Planning	Sample Selection & Preparation			Data Collection				Analysis & Reports		
Week		1	2	3	4	5	6	7	8	9	10
Determine Available Resources	x										
Decide on Data Collection Method	x										
Use of Outside Vendor?	x										
Plan Project Schedule	x										
Form Project Team	x										
Establish Hospital Points of Contact	x										
Survey Population											
Whom to Survey	x										
Sample Size	x										
Sample List		↔									
Mode of Survey Administration											
Design & Pretest of Web Survey		↔									
Publicize & Promote Survey		↔									
Send Pre-notification Email				x							
Send Survey Invitation Email					x						
Track Responses & Preliminary Responses					↔						
Send Reminder Survey Invitation Email(s)						x	x				
Close out Data Collection								x			
Analyzing Data & Producing Reports											
Identify Incomplete & Ineligible Surveys									x		
Calculate the Final Response Rates									x		
Prepare the Data File									x		
Analyze the Data and Produce Reports of the Results									↔		



Patient Safety Plan

EVALUATION

Dr. Isabel Shephard, RN
1-11-2021

Summary

The United Medical Center's Safety Plan was evaluated using the, "Leading a Culture of Safety: A Blueprint for Success" Evaluation tool, to assess the Culture of Safety within our organization. The tool is organized in six domains that require "focus and dedication" to sustain a culture of safety (American College of Healthcare Executives (ACHE), 2017).

The first step in creating the culture of safety was to assess the hospital's patient safety plan. The assessment of the plan using the tool will indicate a score using the scoring methodology provided. The score will provide an assessment of where the hospital is at, and the recommended next steps based on the score.

After review of the safety plan, the senior leadership will review and plan action items based on the suggestions of the "Leading a Culture of Safety: A Blueprint for Success". The recommended actions will assist the organization in its journey to becoming a high reliability organization, which embraces the culture of safety.

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Establish a compelling vision for safety

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
<i>Key questions to ask about your organization's capabilities and processes.</i>	1	2	3	4	5	Unsure 0	<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. My organization's safety vision statement and aspirational end state are clear and consistently communicated.			X				
2. My organization completes and reviews culture of safety surveys every 12 – 18 months with evidence of improvement.			X				
3. My organization's CEO and leadership team effectively build enthusiasm for and understanding of my organization's safety vision statement.			X				

Total Score = 9

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	Organization's vision statement does not reflect an end state of zero harm and is not regularly communicated to the workforce. Leaders and staff may have a difficult time understanding or communicating how their daily work contributes to advancement of the vision statement.	Organization has a defined vision with a clear, aspirational end state. Leaders communicate this vision consistently to the workforce, and understand how their work fits into the organizational vision statement. All members of the workforce are able to effectively communicate the vision statement.	Leaders and the workforce effectively communication the organization's vision to patients, families, and the public. The workforce is motivated by the vision statement and can clearly tie their daily work to the advancement of this vision. Metrics to benchmark progress toward vision are in place and regularly evaluated.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Develop a vision statement with a clear end goal; Educate leaders and the workforce on the meaning of safety culture and zero harm; Host information sessions to build understanding and enthusiasm for the vision	<i>Review Foundational and Sustaining tactics</i> Encourage leader visibility on front lines and communication about how daily work advances vision; Hold leaders accountable for regularly and consistently communicating vision to all units and departments	<i>Review Foundational and Sustaining tactics</i> Share vision and action plans for change transparently with patients, families, and the public; Benchmark progress towards zero harm and share goals and strategies with similar organizations; Develop and support programs that recognize growth and adherence to vision

Leadership next steps:

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Value trust, respect, and inclusion

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
<i>Key questions to ask about your organization's capabilities and processes.</i>	1	2	3	4	5	Unsure 0	<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. My organization uses and regularly evaluates formal respect programs that provide education and support to patients and the workforce.		X					
2. My organization implements workforce safety programs to reduce physical and psychological harm to the workforce.			X				
3. My organization transparently shares information and metrics around harm events and action plans for improvement across our organization.			X				

Total Score = **8**

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	CEO and organizational leaders understand the criticality of trust, inclusion, and respect, but may not model these values in all situations. The workforce fears punishment from reporting and disclosing errors to patients. Hierarchies based on rank and role exist throughout the organization.	Formal respect and teamwork programs are in place across the organization, and all staff participate in regular trainings. The workforce reports errors and close calls anonymously and without fear of retribution. Leaders across the organization embody behaviors that focus on trust, respect, and inclusion in all interactions.	Open and honest reporting is standard across the organization and includes defined feedback cycles. Both patients and the workforce are empowered to speak up about safety concerns. Robust communication and support programs are in place for patients, families, and the workforce.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Develop organization-wide respect for people programs; Train all leaders, staff, and clinicians on respect program; Develop, implement, and train on anonymous reporting systems; Establish a patient and family advisory council	Review Foundational and Sustaining tactics Educate leaders and workforce on inclusion, diversity, and communication with both patients and co-workers; Develop and implement disclosure and apology program; Include metrics for trust, respect, and inclusion as part of annual review process for all leaders	<i>Review Foundational and Sustaining tactics</i> Publically share information about harm events and plans to prevent recurrence; Enable and encourage patients and families to speak up for safety through available tools and education programs; Provide cultural competency training for leaders and workforce; Regularly evaluate metrics on disparities in patient care

Leadership next steps:

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Select, develop and engage your Board

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
<i>Key questions to ask about your organization's capabilities and processes.</i>	1	2	3	4	5	Unsure 0	<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. At all Board meetings in my organization, the amount of time spent reviewing and discussing a transparent dashboard on safety and culture is equal to or greater than time spent reviewing financial performance.			X				
2. My organization's Board members are required to complete regular self-assessments and education related to safety culture and quality principles.						X	
3. Performance assessments and incentives for my organization's leadership are inclusive of safety culture metrics and performance.			X				

Total Score = 6

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	Organization's Board members have strong financial backgrounds, but lack quality and safety expertise. Safety metrics are presented briefly at each Board meeting, and few questions are asked. The majority of the meeting focuses on financial review.	Organization has a quality and safety committee that reviews all serious harm events, but these are rarely presented to the full Board. Time spent on safety during Board meetings includes a story of harm told by the safety/quality manager, and some questions are asked about the event. Board meetings prioritize financial review over safety review.	Organization's Board and committees include experts in safety, clinicians, and a patient and family representative. Patients are invited to meetings to present their experiences directly to the Board. Safety is a top priority and Board members understand how safety impacts the bottom line and feel empowered to ask questions.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Provide educational opportunities in safety science and culture for all Board members; Include a safety expert on the Board; Develop a patient and workforce safety dashboard for regular review; Establish a quality and safety committee	<i>Review Foundational and Sustaining tactics</i> Consider including a patient/family representative on Board and all committees; Provide opportunities for all Board members to participate on guided leadership rounds; Share all serious safety events and action plans with the full Board	<i>Review Foundational and Sustaining tactics</i> Link CEO compensation and bonuses to performance on safety and culture metrics; Provide opportunities for Board members to learn from other organizations and industries; Bring frontline teams to Board meetings to tell their stories and be recognized for exemplary performance

Leadership next steps:

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Prioritize safety in the selection and development of leaders

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
<i>Key questions to ask about your organization's capabilities and processes.</i>	1	2	3	4	5	Unsure 0	<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. All leaders in my organization receive education and review opportunities in safety science and safety culture.			X				
2. My organization has defined roles, safety competencies, and development programs for leaders at all levels.			X				
3. My organization allows leaders opportunities for learning across departments and from outside organizations and industries.						X	

Total Score = 6

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	Organization's leaders are considered for development opportunities and promotion based on business and financial competencies. Leader development programs focus on executive leadership. All leaders have semi-regular reviews that focus on financial performance.	Organization's executive leaders are provided basic safety science and culture educational opportunities. Leadership development programs are in place at all levels and throughout the organization. Both current and emerging leaders have access to peer coaching and mentoring programs.	Leaders at all levels of the organization are required to complete safety culture training. Regular reviews for all leaders include safety and culture metrics. Leaders are provided opportunities to learn from outside organizations and industries and are able to transfer among departments and units based on interest and organizational needs.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Define required leadership competencies in culture and safety; Conduct regular gap analyses for CEO and senior leader competencies in safety culture; Develop and implement an organization-wide leadership development program	<i>Review Foundational and Sustaining tactics</i> Provide continuing education opportunities in safety and culture for both new and emerging leaders; Develop systems that support leaders at all levels, including opportunities for cross-departmental training	<i>Review Foundational and Sustaining tactics</i> Provide leaders at all levels opportunities for learning outside the organization; Define talent as an organizational resource; Tie performance on safety culture to leadership development priorities and promotional opportunities

Leadership next steps:

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Lead and reward a just culture

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
<i>Key questions to ask about your organization's capabilities and processes.</i>	1	2	3	4	5	Unsure 0	<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. My organization uses a defined just culture policy during all review processes and decisions (e.g. not just harm event review).						X	No Just Culture Policy available.
2. My organization regularly reviews metrics for just culture education and understanding and defines improvement opportunities.						X	
3. My organization has one set of defined and employed behavior standards and accountability guidelines in place for all individuals, regardless of department, rank, or role.					X		

Total Score = 5

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	Organization may have just culture policy but it is not robust or embedded in decisions and processes across the organization. Patient safety and risk management professionals are systematically trained in just culture principles.	Organization has a robust just culture policy that is well-communicated internally and utilized in processes and departments across the organization and/or system. All staff are trained on just culture principles and use of just culture algorithm.	Just culture algorithm is embedded in all reviews and decisions across all departments. The Board, leaders, and the workforce are held accountable for utilizing the just culture policy. Patients and the public are educated on just culture and transparency around events through their providers and use of the media.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Develop a robust just culture policy; Educate the Board, leadership team, and workforce on just culture principles and the daily use of the just culture algorithm; Ensure utilization of just culture principles in all event reviews	<i>Review Foundational and Sustaining tactics</i> Work with the Board and organizational leaders to align just culture policies across all professions and departments; Develop and review metrics for just culture; Hold workforce accountable for the utilization of just culture algorithm	<i>Review Foundational and Sustaining tactics</i> Treat gaps in culture as adverse events requiring review with the just culture algorithm; Educate providers on transparent communication of errors; Work with the media to educate and inform the public about just culture and plans for improvement

Leadership next steps:

Safety Culture Plan Evaluation

Scoring	
1- Never true for my organization	4- Almost always true for my organization
2- Rarely true for my organization	5- Always true for my organization
3- Sometimes true for my organization	0- Unsure of the response

Establish organizational behavior expectations

MEASURABLE ELEMENTS	SCORE						OBSERVATIONS
	1	2	3	4	5	Unsure 0	
<i>Key questions to ask about your organization's capabilities and processes.</i>							<i>Please provide a brief description of why you chose this score, considering all parts of each question.</i>
1. My organization uses and regularly reviews a formal training program and defined processes for teamwork and communication.			x				Chief Compliance Officer has a training program developed which commenced in December 2020.
2. Professional accountability standards, including processes to address disruptive behavior and disrespect, are implemented uniformly across my organization.			x				
3. My organization has a program for recognition and celebration when individuals or teams excel at key safety behaviors and culture metrics.						x	Good Catch Program will need to be restarted with a rewards and recognition component.

Total Score = 6

Safety Culture Plan Evaluation

	Score: 0 – 4	Score: 5 – 9	Score: 10 – 15
Organizational State <i>Brief description of current state of the organization</i>	Behavior expectations vary across the organization, often based on department, unit, or role. Leaders and the workforce are not aware of defined standards of respectful behavior or consequences for disrespectful behavior. Best practices and standard processes also vary.	Behavior expectations are consistent across care providers, but organizational response to disruptive behavior may vary. Non-clinical departments, including finance and human resources, may not utilize common behavioral standards. Leaders are held accountable for modeling expected behaviors.	All members of the organization are held accountable for the same behavior expectations and have the same consequences for disrespectful behavior. Organization provides transparency of these expectations through patient/provider compacts. Leaders and the workforce are rewarded for exceptional teamwork and communication.
Recommended Next Steps <i>Recommended next steps for improvement and implementation are based on domain and included in Leading a Culture of Safety: A Blueprint for Success</i>	<i>Begin with review of Foundational tactics</i> Implement a formal team training program; Develop and communicate organization-wide behavioral expectations; Develop and implement standard processes for teamwork and communication	<i>Review Foundational and Sustaining tactics</i> Measure implementation and compliance of teamwork and communication programs; Develop compacts detailing behavior expectations for signature by leaders and the workforce; Ensure measurement tools and report cards for individual performance exist and are utilized	<i>Review Foundational and Sustaining tactics</i> Work with key stakeholders to ensure identical processes for employed and non-employed clinicians and staff; Develop required processes for communication and teamwork with patients and families; Develop standard tools for patient and family involvement in teamwork and communication processes

Leadership next steps:



Hospital Survey on Culture of Safety Implementation Plan Evaluation

Dr. Isabel Shephard, RN
Noteworthy Achievements
Mr. Brian Gradle

Culture of Safety Survey Results; Action Items; Evaluations; Noteworthy Achievements		
<p>The identified Action Items - Staffing, Patient Safety, and Perception of Hospital Management - are areas identified in the 2019 Culture of Safety Survey. The plans related to each of the Action Items were created by analyzing the survey responses and developing tools, techniques, and strategies to creating a Culture of Safety. Also included is an evaluation of the plan for each Action Item, as well as additional, noteworthy achievements for each Action Item. Please note that the original target date (12/31/20) for a follow-up Safety Culture Survey will be reset and a follow-up survey will be conducted in FY 2021, consistent with the hospital's goal of becoming a High Reliability Organization.</p>		
1. Staffing		
<i>The majority of staff felt the need for increased staffing to meet patient needs safely.</i>	Target Dates	Goal(s)
Possible Tools/Techniques: a. Recruiting b. Job Fairs c. Daily Safety Huddle Staffing Information d. Nursing Department- Resource Manager daily staffing assignments. e. Calculate staffing level percentages for nurses and techs.	12/31/2020	On a Safety Culture Survey, to be conducted no later than 12/31/20, have 15% "Strongly Agree" and 50% "Agree" with the statement that "We have enough staff to handle the workload."
Evaluation of Staffing Plan		
<i>a. Hospital Leaders continue with the assistance of HR in recruitment efforts. UMC should consider dedicated dates for virtual recruitment and/or telephonic screening of potential hospital employees.</i>		
<i>b. Due to the Pandemic, UMC conducted in person job fairs. UMC should consider virtual job fairs.</i>		
<i>c. Daily staffing is reviewed and reported daily at the Leadership safety huddles and during the daily nursing safety huddles (830am & 1500pm).</i>		
<i>d. The nursing department continues to review the staffing assignments throughout the shifts daily and prospectively for next day.</i>		
<i>e. The calculation of staffing percentages is an initiative that is being worked on between the Chief Nurse Officer and the Quality department.</i>		
Goals- <i>Create the virtual recruitment calendar and also a dedicated day to have telephonic interviews. Include a live helpdesk on hospital internet for outsiders to ask questions to HR.</i>		
Noteworthy Achievements- <i>In conjunction with Human Resources Department, the traditional New Employee Orientation "Code of Conduct" review has been significantly enhanced and the scope of participants greatly expanded. Participants now also include contractors, students, and agency nurses, in addition to new employees, and the covered topics now include interactive discussions regarding the Health Care Quadruple Aim, developing a Safety Culture, the Dispelling the Myth of Perfect Performance, the role of leaders within a High Reliability Organizations, effective patient communication, the hospital's Mission, Vision, and Values, the Essential Elements of an Effective Compliance Program, and a case study regarding the Values within the Enron Corporation. This new program is intended to enhance the quality of care provided to our patients, and engender a Culture of Safety.</i>		
2. Patient Safety		
<i>Although most responses were positive in terms of patient safety, there were responses that indicated that further actions can be taken to improve patient safety reporting to prevent negative outcomes.</i>	Target Dates	Goal(s)
Possible Tools/Techniques: a. Restart Patient Safety Meetings b. Education on National Patient Safety Goals c. External Regulatory Body updates on Safety d. Proactive in assessing High Risk/High Volume, Low Volume/High Risk Patient care events. e. Promoting staff use of incident reporting in Navex. f. Promoting the use of SBAR communication tool throughout hospital.	12/31/2020	On that Survey, have less than 1% respond "Never," and more than 60% respond "Always" to the statement, "When a mistake is made that could harm the patient, but does not, how often is this reported?"

Evaluation of Patient Safety		
a. The Patient safety meetings was being revamped by the Risk Manager. The Risk Manager should consider a planning meeting with leadership to plan topics and meeting dates throughout the year to meet and create a culture of safety within hospital.		
b. Education on National Patient Safety goals were disseminated in the Joint Commission pocket guide. Various methods of education and awareness will need to be improved upon.		
c. External Regulatory Body updates on safety occurs consistently and is reported to staff via safety huddles and leadership during the Leadership safety huddles.		
d. UMC participates in Failure Modes Effects Analysis and will continue to conduct on a yearly basis. Information should be disseminated to frontline staff after results are reviewed.		
e. The "Good Catch" Program should be revamped during the hospital Patient Safety meeting to incentivize staff reporting near misses and incidents so a measures can be mitigated to limit risk to patients and/or staff, and performance improvement measures can be implemented.		
f. The hospital will need to develop a standard form for SBAR communication throughout the hospital. The bedside nurses are utilizing a SBAR tool, however, education on SBAR will need to be conducted for other non clinical departments.		
Goal(s): Engage the Risk Manager with Quality Collaboration to restart the Patient Safety Meeting with the support of CEO and leadership.		
Noteworthy Achievements-In conjunction with the hospital's Executive Management Team and Management Council, the Chief Compliance Officer has developed and is now implementing a Leadership Formation Program designed to help the hospital achieve health care's Quadruple Aim and to become a High Reliability Organization. As the hospital moves towards both of these goals, a safer environment for patients will be created, and one that aims to achieve world-class health care. This 18 module Program is conducted live and in-person (consistent with all COVID-19 protocols) and begins with a study of "Empathy: The Human Connection to Patient Care," and has been well-received to date.		
3. Perception of Hospital Management		
Most staff expressed that it was easy to communicate at all levels, felt heard by managers and felt supported by managers. Nonetheless, staff also expressed through the qualitative results (narrative) they would like to increase interactions with C-suite Level leadership.	Target Dates	Goal(s)
Possible Tools/Techniques: Leadership to continue and/or start the following: a. Townhalls with Leadership b. Leadership Rounding c. Daily Staff huddles d. Newsletters e. Reporting Information to staff on how to file and/or report concerns and complaints to TJC, DC Health, CMS and Hospital Compliance Hotline	12/31/2020	A. On that Survey, have 25% "Strongly Disagree" and 50% "Disagree" with the statement that "Hospital Management seems interested in patient safety only after an adverse event happens." B. On that Survey, have 25% "Strongly Agree" and 50% "Agree" with the statement that the "actions of hospital management show that patient safety is a top priority."
Evaluation of Hospital Management		
a. Townhalls with leadership commenced in the beginning of 2020 however, ceased with the pandemic. UMC should consider virtual townhalls with leadership.		
b. The CEO developed a leadership rounding schedule. The schedule should be followed incorporating the use of the culture of safety questions to promote and build a culture of safety.		
c. Daily safety huddles occur at all departments. The Quality team revamped their reporting format to include high/medium/low prioritization of incidents to be followed up on daily. All leaders receive this report.		
d. UMC started their weekly newsletter this year during the start of the COVID pandemic. This newsletter is very informative and promotes methods on staying safe as well as educational material and/or memos for safety updates.		

e. The Chief Compliance Officer has started education on how to file and report concerns to external bodies and also how to utilize the compliance hotline. New signs for the compliance hotline were posted throughout the hospital.

Goal(s): include methods to report concerns and complaints to external bodies in the newsletter.

Noteworthy Achievements-Hospital leadership has been focused on addressing the staff's perception that it lacks appropriate concern about patient safety. Efforts by leadership to address this perception include regular participation by leadership on the Daily Safety Huddle, routine rounding by leadership to clinical departments, and, most recently, significant hospital leadership visibility in the development and implementation of the COVID-19 vaccination program. In addition, the staffing gap created with the departure of the hospital's Risk Manager has been addressed, and a full-time Risk Manager is scheduled to join the hospital's work force in February.

**Use of Bamlanivimab (LY-CoV555) for the Treatment of COVID-19:
Access for Skilled Nursing Facilities and Assisted Living Residences and
Guidance for Healthcare Providers**

SUMMARY

This health notice provides guidance for health care providers regarding emergency use authorization (EUA) of bamlanivimab (LY-CoV555) for the treatment of non-hospitalized adults and children who are at high risk for progressing to severe COVID-19 and/or hospitalization. The issuance of an EUA does not constitute FDA approval of a product. Bamlanivimab is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of bamlanivimab under section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

BACKGROUND

On November 9, 2020, the United States Food and Drug Administration (FDA) issued an EUA to make bamlanivimab available for treatment of COVID-19 in specific clinical settings. Bamlanivimab is a neutralizing monoclonal antibody (IgG1) derived from human convalescent plasma that targets the receptor-binding domain of the spike protein of SARS-CoV-2. The spike protein is the means by which SARS-CoV-2 binds to receptors for angiotensin-converting enzyme 2 on human target cells allowing intracellular entry and causing infection. Because this drug may reduce viral replication, it is being evaluated for the treatment of COVID-19. Bamlanivimab is not currently FDA-approved for any indication and should not be considered the standard of care for the treatment of patients with COVID-19.

The EUA authorization was based on an interim analysis from the BLAZE-1 (Blocking Viral Attachment and Cell Entry with SARS-CoV-2 Neutralizing Antibodies) study which suggested potential benefit of bamlanivimab for outpatients with mild to moderate COVID-19 at high risk of progressing to severe COVID-19 and/or hospitalization. BLAZE-1 is an ongoing phase 2 multicenter, randomized, double-blinded, placebo-controlled trial studying outpatients with mild to moderate COVID-19 in the United States. Treatment was initiated within 3 days of a positive viral SARS-CoV-2 test. The test subjects (n=467) were randomized to a single infusion of one of 3 doses of bamlanivimab (700 mg, 2800 mg or 7000 mg) or placebo. Interim analysis was performed when the last randomized patient reached Day 11. 452 patients met criteria for interim analysis. The predefined primary endpoint of change in viral load from baseline to Day 11 did not differ between treatment and placebo groups. Most individuals in the treatment as well as the placebo group cleared the virus effectively by day 11. The evidence providing the strongest support for benefit of bamlanivimab was a predefined secondary endpoint of hospitalization or emergency room visits. Among patients at high risk for severe COVID-19, this endpoint occurred in 3% of the treatment group vs 10% in the placebo group (at day 29). There was no marginal benefit observed with the higher doses of bamlanivimab. No serious adverse events occurred in the treatment cohort. The clinical trial is ongoing. More data is needed to assess the impact of bamlanivimab on the disease course of COVID-19 and to identify those people who are most likely to benefit from the drug. Health care providers are encouraged to discuss participation in bamlanivimab clinical trials with their patients.

More information about the Emergency Use Authorization of bamlanivimab can be found on the FDA website: [fda.gov/media/143603/download](https://www.fda.gov/media/143603/download) and [fda.gov/media/143605/download](https://www.fda.gov/media/143605/download). The original article *SARS-CoV-2 Neutralizing Antibody LY-CoV555 in Outpatients with Covid-19* can be found at: [nejm.org/doi/full/10.1056/NEJMoa2029849](https://www.nejm.org/doi/full/10.1056/NEJMoa2029849).

Access and Distribution of Bamlanivimab for SNFs and ALRs

DC Health is working in two ways to increase access to bamlanivimab to SNFs and ALRs: 1) working with the District of Columbia Hospital Association (DCHA) to identify primary hospital partners, and

points of contact at the hospitals, that SNF and ALRs can reach out to when the treating healthcare provider orders the medication. SNFs and ALRs should also designate a POC for communication with the partnering hospital. If the primary hospital partner does not have the capacity or enough doses to support the SNF or ALR referral, other hospitals may then be contacted; 2) identifying an infusion company that can provide trained nurses to administer the medication in the SNF/ALR. Facilities must be prepared to facilitate this by ensuring the proper space is available. If a space for up to three residents can be identified, that will increase the number of residents that the infusion nurse can provide treatment to at one time. These spaces must follow all DC Health guidelines for COVID-19 infection prevention measures, and should be designated for use only by COVID-19 patients. Specific instructions on the process will be provided when the information becomes available.

Use of Bamlanivimab

The EUA authorizes the use of bamlanivimab in non-hospitalized adults and children aged ≥ 12 years and weighing ≥ 40 kg with positive results of direct SARS-CoV-2 viral testing who have a high risk for progressing to severe COVID-19 and/or hospitalization. **Administer bamlanivimab as soon as possible after positive results of diagnostic SARS-CoV-2 viral testing and within 10 days from symptom onset.**

High risk is defined in the EUA as:
<ul style="list-style-type: none"> Individuals aged ≥ 12 years who have one of the following conditions: <ul style="list-style-type: none"> BMI ≥ 35 Chronic kidney disease Diabetes mellitus Immunosuppression¹ Currently receiving immunosuppressive treatment¹ <i>Treatment should not be withheld from a pregnant individual who is considered high risk and potential benefit outweighs potential risk</i> Individuals aged ≥ 65 years Individuals aged ≥ 55 years who have: <ul style="list-style-type: none"> Cardiovascular disease Hypertension Chronic obstructive pulmonary disease/other chronic respiratory disease Individuals aged 12 to 17 years who have: <ul style="list-style-type: none"> BMI ≥ 85th percentile for their age and gender based on the CDC growth charts available at cdc.gov/growthcharts/clinical_charts.htm Sickle cell disease Congenital or acquired heart disease Neurodevelopmental disorders, (e.g. cerebral palsy) A medical-related technological dependence, e.g. tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19) Asthma or a reactive airway or other chronic respiratory disease that requires daily medication for control

Benefit of treatment with bamlanivimab has **not** been observed in patients hospitalized due to COVID-19. Bamlanivimab, may be associated with worse clinical outcomes when administered to hospitalized patients with COVID-19 requiring high flow oxygen or mechanical ventilation.

¹ Immunosuppressive condition (hematologic malignancy, metastatic cancer, asplenia or functional asplenia, HIV with CD4<200, or other congenital or acquired defects of humoral or cell-mediated immunity **OR** immunosuppressive medication (steroid equivalent of ≥ 20 mg/day for >14 days, chemotherapy within past 3 months, calcineurin inhibitor, anti-proliferative agent, mTor inhibitor, tumor necrosis alfa inhibitor, or anti B-cell antibody)

Bamlanivimab is not authorized for use in patients:
○ Hospitalized due to COVID-19
○ Who require oxygen therapy due to COVID-19
○ Who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity
○ With known hypersensitivity to any ingredient of bamlanivimab
○ Patients who are hospitalized for COVID-19 should not receive bamlanivimab outside of a clinical trial

Administration of Bamlanivimab

Bamlanivimab is administered as a single 700 mg dose intravenous (IV) infusion over 60 minutes. Patients must be observed for at least 1 hour after infusion is complete. Treatment may only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

Communication to patients consistent with information provided in “*Fact Sheet for Patients, Parents and Caregivers*” is required prior to patients receiving bamlanivimab. **Healthcare providers (to the extent practicable given the circumstances of the emergency) must document in patients’ medical record that the patient/caregiver has been:**

- Given the information in the “*Fact Sheet for Patients, Parents and Caregivers*” available at [fda.gov/media/143604/download](https://www.fda.gov/media/143604/download),
- Informed of alternatives to receiving authorized bamlanivimab,
- Informed that bamlanivimab is an unapproved drug that is authorized for use under this EUA.

After treatment with bamlanivimab, patients should continue to self-isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect “high touch” surfaces, and frequent handwashing) consistent with DC Health guidance.

Side effects of bamlanivimab

There is a potential for serious hypersensitivity reaction, including anaphylaxis, with administration of bamlanivimab. If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medications and/or supportive therapy.

Infusion-related reactions have been observed with administration of bamlanivimab. Signs and symptoms of infusion related reactions may include: fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness. If an infusion-related reaction occurs, consider slowing or stopping the infusion and administer appropriate medications and/or supportive care.

Reporting Requirements

Health care providers are responsible for mandatory reporting of all medication errors and serious adverse events potentially related to bamlanivimab treatment within 7 days from onset of the event.

- Serious adverse events are defined as death, a life-threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, a

- congenital anomaly/birth defect; a medical or surgical intervention to prevent death, a life-threatening event, hospitalization, disability, or congenital anomaly.
- Submit adverse event reports to FDA MedWatch using one of the following methods:
 - Complete and submit the report online at fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program, or
 - By using a postage-paid Form FDA 3500 (available at fda.gov/media/76299/download) and returning by mail (MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787), or by fax (1-800-FDA-0178), or Call 1-800-FDA-1088 to request a reporting form
 - Submitted reports should include “Describe Event, Problem, or Product Use/Medication Error” in the subject field and the statement “Bamlanivimab treatment under Emergency Use Authorization (EUA)” in the description section of the report.
 - Provide mandatory responses to requests from FDA for information about adverse events and medication errors following receipt of treatment.
 - Provide a copy of all FDA MedWatch forms to:
Eli Lilly and Company, Global Patient Safety
Fax: 1-317-277-0853
E-mail: mailindata_gsmtindy@lilly.com
Or call Eli Lilly and Company at 1-855-LillyC19 (1-855-545-5921) to report adverse events.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.

Please contact DC Health regarding COVID-19 at:
Phone: 202-576-1117 Fax: 202-442-8060 | Email: coronavirus@dc.gov

Hospital	Contact	Phone	Email	Partner 1	Partner 2	Partner 3	Partner 4
United Medical Center	William Strudwick, MD	202-574-6611	wstrudwick@united-medicalcenter.com	Transitional Care Center Capitol City	Jeanne Jugan Residence/St. Joseph	Serenity	
George Washington University Hospital	Caitlin Noon	202-715-5653	mary.noon@gwu-hospital.com	Carroll Manor Nursing and Rehabilitation	Forest Side Assisted Living Alzheimer	Forest Hills of DC	
Howard University Hospital	Shelly McDonald-Pinkett	202-865-6698	smcdonald-pinkett@Howard.edu	Stoddard Baptist Global Care/Stoddard Baptist Nur	Maple Heights Senior Living	Unique Rehabilitation Health Center	
MedStar Washington Hospital Center	Karol Edwards	410-746-2430	karol.edwards@medstar.net	Inspire Health and Rehabilitation Center	Deanwood Rehabilitation & Wellness Center	Ingleside Presbyterian Retirement Comnr	The Marigold
MedStar Georgetown University Hospital	Karol Edwards	410-746-2430	karol.edwards@medstar.net	Sunrise on Connecticut Avenue	Lisner-Louise-Dickson-Hurt Home	Residences at Thomas Circle	Knollwood
Sibley Memorial Hospital	Onyinye Mkparu	1-646-912-2748	omkparu1@jhmi.edu	The Renaissance	Grand Oaks	Chevy Chase House	
Bridgepoint Capitol Hill				Bridgepoint Capitol Hill			
BridgePoint National Harbor				BridgePoint National Harbor			
Children's National				HSC SNF			



NOT-FOR-PROFIT HOSPITAL CORPORATION

Not For Profit Hospital Corporation (UMC) Vaccination Clinic Daily Numbers 1-18-2021

Submitted by: William Strudwick, MD

December 16th – **60** Pfizer #1
17th – **64** Pfizer #1
18th – **105** Pfizer #1
21st – **54** Pfizer #1

23rd – **60** Moderna #1
28th – **70** Moderna #1
29th – **70** Moderna #1
30th – **110** Moderna #1

January 5th – **96** Pfizer #2
6th – **48** Pfizer #2 / 10 Moderna #1
7th – **54** Pfizer #2
8th – **30** Pfizer #2
11th – **45** Pfizer #2 / **27** Pfizer #1

12th – **120** Moderna #1
13th – **120** Moderna #1
14th **130** Moderna #1
15th – **146** Moderna #1 / **3** Moderna #2

Totals: **310** Pfizer #1 doses; 273 Pfizer #2 doses; 836 Moderna #1 doses; **3** Moderna #2 doses / **1422** total doses of vaccine.

UMC [HT0 UMC02] FY20 COVID-19 Already Spent Capital Expenses

	Already Spent
COVID-19 Capital Expenditures	\$ 6,912,382

- Confirmed by UMC Finance
- COVID-19 capital expenses were covered by COVID stimulus.

** Detailed supporting documentation available upon request*














Plan of Correction QAPI Tracker















Compliance Key: Compliance Goal
Within 10% of Goal
< 10% of Goal














Plan of Correction	Performance Improvement Metric	Denominator	Compliance Goal	Reporting Schedule	Average 5-7/2020	Average 8-10/2020	August 2020	September 2020	October 2021	Nov-20	Quarterly Analysis	Responsible Party
H002-Page 3/ H-169 Page 37	Discharge Planning/Inpatient Initial Case Management Assessment	20 charts/monthly	80%	Monthly	93%	95%	95%	95%	95%	100%	Meeting and exceeding compliance goal.	Dr. Morgan
	Discharge Planning/Inpatient Reassessment	20 charts/monthly	80%	Monthly	92%	93%	94%	100%	85%	95%	Meeting and exceeding compliance goal.	Dr. Morgan
H002-Page 4/H097-Page 13 H-142 Page 21	Physician Chief Complaint Reassessment documentation	5 charts/monthly	100%	Monthly	100%	100%	100%	100%	100%	100%	Meeting and exceeding compliance goal.	Medical Staff
H002- Page 7	Expired Medication Removal	Monthly logs	100%	Monthly	100%	100%	100%	100%	100%		Meeting and exceeding compliance goal.	Dr. Lawson
H002-Page 8	Methadone Medication Order Review	Weekly Audit of all Methadone Patients	100%	Monthly	69%	89%	83%	83%	100%		Compliance increased from 69% to 89%.	Dr. Lawson
H002-Page 9	Performance Appraisals-90 day	20 Employee files/Monthly	85%	Quarterly	70%	92%	90%	90%	95%	80%	Increase in compliance noted.	Mr. Bradley
	Performance Appraisals-Annual Reviews	20 Employee files/Monthly	85%	Quarterly	97%	93%	80%	100%	100%	65%	Meeting and exceeding compliance goal.	Mr. Bradley
H097-Page 14/H120- Page 19/	Glucose Monitoring Documentation	10 charts/monthly	100%	Monthly	100%	100%	100%	100%	100%	100%	Meeting compliance goal.	Chair of Medicine
H097-Page 15/H120- Page 20	History & Physical Documentation	10 charts/monthly	100%	Monthly	99%	99%	100%	98%	100%	100%	No change in compliance average review with Responsible Party.	Chair of Surgery
H102- Page 16	Employee Expiring Licenses	20 Employee files/Monthly	85%	Quarterly	83%	83%	60%	95%	95%	100%	No change in compliance average review with Responsible Party.	Mr. Bradley
H116- Page 17	HR- Employee Annual Competencies	20 Employee files/Monthly	85%	Quarterly	90%	92%	80%	95%	100%	100%	Meeting and exceeding compliance goal.	Mr. Bradley
H-142 Page 22	Huddle-Discharge Instructions/Signage	10 charts/monthly	100%	Monthly	100%	97%	90%	100%	100%	100%	Compliance met for Sept and October.	Ms. Henderson
H-145 Page 23	Emergency Department/ Patient Assessment	10 charts/monthly	100%	Quarterly	97%	93%	100%	90%	90%	90%	Director reinforcing education, coaching and counseling.	Ms. Henderson

Plan of Correction	Performance Improvement Metric	Denominator	Compliance Goal	Reporting Schedule	Average 6-7/2020	Average 8-10/2020	August 2020	September 2020	October 2021	Nov-20	Quarterly Analysis	Responsible Party
	ED Reassessment Q2 hours	10 charts/monthly	100%	Quarterly	100%	100%	100%	100%	100%	80%	Meeting Compliance.	Ms. Henderson
	ED Vitals Signs at Discharge	10 charts/monthly	100%	Quarterly	73%	50%	90%	40%	20%	80%	Director reinforcing education, coaching and counseling.	Ms. Henderson
H-145 Page24 H-169 Page 38	Timely Wound Consults	10 charts/monthly	100%	Monthly	97%	73%	70%	80%	70%	70%	Need for an updated course of action to meet compliance.	Ms. Doyle/Fontoh
H-145 Page27	Small Volume Nebulizer therapy-Policy	10 charts/monthly	100%	Monthly	96%	96%	95%	98%	95%	96%	A plan is needed to meet compliance.	Lead Respiratory Therapy
H-145 Page29	Care Plan Implementation	10 charts/monthly	100%	Monthly	89%	98%	97%	96%	100%	93%	Increase in compliance noted.	Dr. Goode-Vaddy
H-145 Page30	Skin and Wound Care Documentation	10 charts/monthly	100%	Monthly	74%	88%	90%	80%	93%	93%	Increase in compliance noted.	Ms. Aldene/Fontoh
H-145 Page26/H-153 Page 35	"Medication Administration and Narcotic Control Documentation and Count".	10 charts/monthly	100%	Monthly	98%	87%	93%	88%	80%	97%	Decrease in compliance. DON action plan for compliance created.	Dr. Goode-Vaddy
H-183 Page 44	Hand Hygiene	Total observed hand hygiene encounters	90%	Monthly	97%	99%	98%	100%	99%	97%	Meeting and exceeding compliance goal.	Ms. Sylvain
H-235 Page 46	Preventive Maintenance/Cleaning	Cleaning Logs	90%	Quarterly	100%	100%	100%	100%	100%	100%	Meeting compliance goal.	Ms. Barry
H-239 Page 57	Biomed Preventive Maintenance	10 Monthly Audits	80%	Quarterly	100%	100%	100%	100%				Ms. Brown
H-239 Page 58	Expired Supplies	Daily TJC Rounding Log	100%	Monthly	100%	99%	99%	99%	100%	100%		Dr. Goode-Vaddy
H-239 Page 59	Telephone Cords-Ligature Risk	Rounding Log	100%	Monthly	100%	100%	100%	100%	100%	100%	Meeting compliance goal.	Mr. Anderson

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
BLOOD PRODUCTS MANAGEMENT																		
BLOOD TRANSFUSION REACTIONS																		
# Transfusion Reaction Cases		1	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	2
Allergic Reaction		1	0	0	0	0	0	0	0	0	0	0		1	0	0	0	1
Febrile Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Hemolytic Reaction		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Non-Specific Reaction		0	0	0	0	0	1	0	0	0	0	0		0	1	0	0	1
BLOOD TRANSFUSION RECORD REVIEW																		
Transfusions		185	198	110	106	144	149	113	104	111	117	134	0	493	399	328	251	1471
Cryoprecipitate Transfusions		8	0	0	0	0	0	0	0	0	0	0		8	0	0	0	8
Fresh Frozen Plasma Transfusions		17	17	7	11	12	18	2	0	7	6	15		41	41	9	21	112
Platelet Transfusions		2	8	4	2	4	10	1	11	12	10	8		14	16	24	18	72
RH Immune Globulin (RhIG)		2	3	2	1	1	1	1	0	0	1	0		7	3	1	1	12
Total Red Blood Cells (RBCs) Transfused		156	170	97	92	127	120	109	93	92	100	111		423	339	294	211	1267
Total RBC units Crossmatched		177	185	131	121	150	155	136	117	113	117	136	0	493	426	366	253	1538
Crossmatch/Transfusion Ratio Threshold <2		1.1346	1.0882	1.3505	1.3152	1.181	1.2917	1.2477	1.2581	1.2283	1.17	1.2252	-	1.16548	1.2566	1.2449	1.19905	1.213891
BLOOD TRANSFUSION JUSTIFICATION																		
# Times O- BLOOD TRANSFUSED TO NON O- PT		0	12	2	2	7	5	3	6	9	5	9		14	14	18	14	60

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
BLOOD TRANSFUSION DOCUMENTATION																		
THRESHOLD 100%																		
MD Order Confirmed		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%
Consent Signed		83%		91%	100%	97%	97%	100%	100%	100%	100%	100%		87%	98%	100%	100%	97%
2 RN Signature		98%		99%	98%	97%	96%	94%	99%	96%	96%	93%		98%	97%	96%	95%	97%
FALL PREVENTION																		
# Falls Housewide		7	8	6	11	12	8	13	8	11	8			21	31	32	8	92
# Falls - ED		0	0	0	0	1	1	0	1	0	0			0	2	1	0	3
# Falls - Outpatient		1	0	0	0	0	0	0	1	0	0			1	0	1	0	2
# Falls - Inpatient		6	8	6	11	11	7	13	6	11	8			20	29	30	8	87
# Falls - Visitor		0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
Inpatient Days		2201	2619	2596	2687	3001	2516	2177	2175	2074	2136	1772		7416	8204	6426	3908	25954
# Falls - With Injury		0	0	0	0	0	3	0	0	1	2			0	3	1	2	6
INPATIENT FALL RATE		2.7	3.1	2.3	4.1	3.7	2.8	6.0	2.8	5.3	3.7		-	2.7	3.5	4.7	2.0	3.4
INFECTION PREVENTION AND CONTROL																		
NPSG: REDUCE THE RISK OF HEALTHCARE ASSOCIATED INFECTIONS																		
INFECTION SURVEILLANCE - DEVICE ASSOCIATED HAI																		
CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI) THRESHOLD <1/YR																		
CLABSI -Medical/Surgical		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0

UMC QUALITY Dashboard					<div></div> At or Exceeds Target	<div></div> Within 10% of Target	<div></div> Target not Met	<div></div> Amended										
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
Medical/Surgical CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
CLABSI Telemetry		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Telemetry CLABSI rate		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
CLABSI-Critical Care Unit (CCU)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CCU CLABSI RATE		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI) THRESHOLD < 1/YR																		
CAUTI -Medical/Surgical		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Medical/Surgical CAUTI Rate		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
CAUTI- Telemetry		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Telemetry CAUTI Rate		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
CAUTI -CCU		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
CAUTI -CCU RATE		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
VENTILATOR ASSOCIATED EVENTS THRESHOLD < 1/YR																		
Ventilator Associated Condition (VAC)		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Ventilator Associated Condition Rate		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
MULTI DRUG RESISTANT ORGANISMS (MDRO) THRESHOLD RATE <1/YR																		
MRSA-HAI (Healthcare Acquired Infection)		0	1	0	0	0	0	1	0	0	0	0		1	0	1	0	2
MRSA Rate		0	0.3818	0	0	0	0	0.4593	0	0	0	0	-	0.13484	0	0.15562	0	0.077059

UMC QUALITY Dashboard					<div></div> At or Exceeds Target	<div></div> Within 10% of Target			<div></div> Target not Met			<div></div> Amended						
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
CLOSTRIDIUM DIFFICILE (C.DIFF) THRESHOLD RATE <1/YR																		
C.Diff-HAI (Healthcare Acquired Infection)		0		0	2	0	1	1	0	0	0	1		0	3	1	1	5
C.Diff Rate		0		0	0.7443	0	0.3975	0.4593	0	0	0	0.5643	-	0	0.3657	0.15562	0.25589	0.192649
VANCOMYCIN RESISTANT ENTEROCOCCUS (VRE) THRESHOLD RATE <1/YR																		
VRE Healthcare Acquired Infection		3	3	3	0	0	0	0	0	3	2	1		9	0	3	3	15
VRE Rate		1.363	1.1455	1.1556	0	0	0	0	0	1.4465	0.9363	0.5643	-	1.21359	0	0.46685	0.76766	0.577946
INFECTION SURVEILLANCE : SURGICAL SITE INFECTIONS (SSI) THRESHOLD <4 INCIDENCE/YR																		
# Colon Surgeries		3	2	0	0	0	3	0	0		0	0		5	3	0	0	8
#SSI from Colon Surgeries		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0
# Major Orthopedic Surgeries		2	0	0	0	0	0	0	0		0	0		2	0	0	0	2
# SSI from Orthopedic Surgeries		0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0
DEVICE UTILIZATION RATE (DUR)																		
# PATIENT DAYS-TOTAL		2225	2140	2291	2047	2155	1954	1785	1733	1772	1765	1699	0	6,656	6,156	5,290	3,464	21,566
# Patient Days - MS		594	478	617	587	681	564	501	513	456	461	495		1,689	1,832	1,470	956	5,947
#Patient Days-Tele		1351	1379	1445	1174	1145	1116	1091	981	1049	1069	997		4,175	3,435	3,121	2,066	12,797
#Patient Days MS/T		1945	1857	2062	1761	1826	1680	1592	1494	1505	1530	1492	0	5,864	5,267	4,591	3,022	18,744
# Patient Days - CCU		280	283	229	286	329	274	193	239	267	235	207		792	889	699	442	2,822
FOLEY DUR THRESHOLD: < 1/YR																		

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Foley Days - MS		62	42	49	87	41	71	27	29	50	26	23		153	199	106	49	507
FOLEY DUR - MS		0.10	0.09	0.08	0.15	0.06	0.13	0.05	0.06	0.11	0.06	0.05	-	0.09	0.11	0.07	0.05	0.09
#Foley Days-Tele		215	168	171	118	111	202	202	85	213	184	230		400	431	500	414	1899
FOLEY DUR - Tele		0.16	0.12	0.12	0.10	0.10	0.18	0.19	0.09	0.20	0.17	0.23	-	0.10	0.13	0.16	0.20	0.15
# Foley Days - CCU		184	159	158	217	219	165	119	182	215	185	155		718	601	516	340	1958
FOLEY DUR - CCU		0.66	0.56	0.69	0.76	0.67	0.60	0.62	0.76	0.81	0.79	0.75	-	0.91	0.68	0.74	0.77	0.69
# Foley Days - TOTAL		461	369	220	205	152	273	229	114	263	210	253	0	1050	630	606	463	2750
CENTRAL LINE DUR THRESHOLD: MS< 1/YR TELE < 1/YR CCU < 1/YR																		
# Central Line Days - MS		17	3	28	14	26	6	5	5	4	8	7		48	46	14	15	123
CENTRAL DUR - MS		0.03	0.01	0.05	0.02	0.04	0.01	0.01	0.01	0.01	0.02	0.01	-	0.03	0.03	0.01	0.02	0.02
#Central Line Days Tele		19	31	44	13	33	28	24	35	27	43	11		308	74	86	54	308
CENTRAL DUR TELE		0.0141	0.0225	0.0304	0.0111	0.029	0.0251	0.022	0.0357	0.0257	0.0402	0.011	-	0.07	0.02	0.03	0.03	0.02
# Central Line Days CCU		71	74	72	147	160	165	41	95	77	83	62		217	472	213	145	1047
CENTRAL DUR - CCU		0.25	0.26	0.31	0.51	0.49	0.60	0.21	0.40	0.29	0.35	0.30	-	0.27	0.53	0.30	0.33	0.37
# Central Line Days TOTAL		107	108	144	174	219	199	70	135	108	134	80	0	359	592	313	214	1478
VENTILATOR DUR THRESHOLD: TELE< 1/YR CCU 1/YR																		
# Ventilator Days - CCU		120	117	85	179	209	132	32	119	157	107	68		322	520	308	175	1325
VENT DUR - CCU		0.43	0.41	0.37	0.63	0.64	0.48	0.17	0.50	0.59	0.46	0.33	-	0.40657	0.5849	0.44063	0.40	0.469525

UMC QUALITY Dashboard					<div></div> At or Exceeds Target	<div></div> Within 10% of Target				<div></div> Target not Met	<div></div> Amended							
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Ventilator Days TOTAL		120	117	85	179	209	132	32	119	157	107	68	0	322	520	308	175	1325
TRANSMISSION BASED PRECAUTIONS																		
Airborne-MS/T		0	5	10	3	5	7	0	1	2	8	0		15	15	3	8	41
Airborne-CCU		0	0	2	0	0	0	0	0	0	0	0		2	0	0	0	2
Airborne-Total		0	5	12	3	5	7	0	1	2	8	0	0	17	15	3	8	43
Droplet - MS/T		21	27	119	529	622	318	50	54	86	9	3		167	1469	190	12	1838
Droplet - CCU		1	8	26	132	155	84	8	31	40	0	0		35	371	79	0	485
Droplet - TOTAL		22	35	145	661	777	402	58	85	126	9	3	0	202	1840	269	12	2323
Contact - MS/T		180	124	190	103	122	140	87	55	84	125	94		494	365	226	219	1304
Contact - CCU		80	64	63	8	36	31	7	6	15	31	40		207	75	28	71	381
Contact - Total		260	188	253	111	158	171	94	61	99	156	134	0	701	440	254	290	1685
Contact Enteric - MS/T		49	24	8	25	8	8	10	4	18	2	12		81	41	32	14	168
Contact Enteric - CCU		10	6	7	3	2	4	0	0	10	1	12		23	9	10	13	55
Contact Enteric - TOTAL		59	30	15	28	10	12	10	4	28	3	24	0	104	50	42	27	223
Neutropenic - MS/T		0	0	0	0	0	2	0	4	1	0	0		0	2	5	0	7
Neutropenic - CCU		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Neutro - TOTAL		0	0	0	0	0	2	0	4	1	0	0	0	0	2	5	0	7
HAND HYGIENE COMPLIANCE					THRESHOLD >90%													



UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Hand Hygiene Compliance		192	194	153	189	194	211	174	203	226	198	174		539	594	603	372	2108
# Hand Hygiene Obs.		210	202	160	190	200	220	175	208	227	201	180		572	610	610	381	2173
Compliance-Hospital Wide		91%	96%	96%	99%	97%	96%	99%	98%	99%	99%	97%	-	94%	97%	99%	98%	97%
HAND HYGIENE COMPLIANCE STRATIFIED PER ROLE THRESHOLD>90%																		
# Obs. EMPLOYEE (Non Provider)		193	179	148	158	168	197	157	162	201	185	164		520	523	520	349	1912
# Compliant Obs. Employee (Non Provider)		175	172	141	158	162	189	156	158	200	182	158		488	509	514	340	1851
EMPLOYEE RATE		91%	96%	95%	100%	96%	96%	99%	98%	99%	98%	96%	-	94%	97%	99%	97%	97%
# Obs. PROVIDER		17	23	12	32	32	23	18	46	26	16	16		52	87	90	32	261
# Compliant Obs. PROVIDER		16	22	12	31	32	22	18	45	26	16	16		50	85	89	32	256
PROVIDER RATE		94%	96%	100%	97%	100%	96%	100%	98%	100%	100%	100%	-	97%	98%	99%	100.0%	98%
HAND HYGIENE COMPLIANCE STRATIFIED PER PATIENT CARE DEPARTMENT THRESHOLD 90%																		
# Obs. ED		40	30	30	30	30	30	26	30	30	30	30		100	90	86	60	336
# Compliant Obs. ED		35	28	27	30	29	26	26	29	30	29	28		90	85	85	57	317
ED RATE		88%	93%	90%	100%	97%	87%	100%	97%	100%	97%	93%	-	90%	94%	99%	95%	94%
# Obs. PeriOperative (PeriOP)		30	30	30	30	30	30	30	30	30	30	30		0	90	90	60	330
# Compliant Obs. PeriOp		30	30	30	30	30	30	30	30	30	30	30		90	90	90	60	330
PeriOp Services RATE		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	100%	100%	100%
# Obs. MS/T		100	100	60	90	90	90	74	86	93	74	60		260	270	253	134	917

UMC QUALITY Dashboard					<div></div> At or Exceeds Target	<div></div> Within 10% of Target				<div></div> Target not Met	<div></div> Amended							
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# Compliant Obs. MS/T		89	94	57	89	86	86	73	83	92	73	58		240	261	248	131	880
MS/T RATE		89%	94%	95%	99%	96%	96%	99%	97%	99%	99%	97%	-	93%	97%	98%	98%	96%
# Obs. CCU		30	30	30	30	30	30	27	50	54	37	40		90	90	131	77	388
# Compliant Obs. CCU		28	30	30	30	29	29	27	49	54	37	39		88	88	130	76	382
CCU RATE		93%	100%	100%	100%	97%	97%	100%	98%	100%	100%	98%	-	98%	98%	99%	99%	98%

MEDICATION SAFETY

BARCODE MEDICATION ADMINISTRATION (BCMA) - Hospital Wide

THRESHOLD >95%

%Pt Scanned		99.94%	99.94%	100.00%	99.98%	99.89%	99.91%	99.75%	99%	99.94%	99.99%	99.90%	99.00%	99.80%
%Medications Scanned		84.09%	82.68%	86.53%	84.15%	81.28%	82.60%	83.13%	83.95%	83.39%	85.34%	82.34%	83.95%	83.55%

















MEDICATION RECONCILIATION COMPLETED -


















THRESHOLD >95%

(Breakdown of ED Physician and Attending Physician Compliance)

# Patient Records Reviewed - ED PHYS 10/20		138	3782	3585	2461	2722	3037	2935	3220	3095	3191			7505	8220	9,250	3,191	28166	
# Records Med Rec Complete ED PHYS 10/20		103	2878	2576	1740	2053	2516	2430	2682	2489	2548			5557	6309	7,601	2,548	22015	
% Med. Reconciliations completed ED Phys		74.6%	76.1%	71.9%	70.7%	75.4%	82.8%	82.8%	83.3%	80.4%	79.8%		-	-	74.0%	76.8%	82.2%	79.8%	78.2%
# Patient Records Reviewed Attending Phys											405			0	0	0	405	405	
# Records Med Rec Complete Attending Phys											372			0	0	0	372	372	
% Med. Reconciliations completed Attending Phys		-	-	-	-	-	-	-	-	-	91.9%	-	-	-	-	91.9%	91.9%		

MEDICATION ERRORS REPORTED

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met			Amended		
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
# TOTAL ERRORS		8	18	5	3	2	1	3	7	6	5	0	0	31	6	16	5	58
ERROR TYPE																		
MED-GIVEN IN SPITE OF DOCUMENTED ALLERGY		0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
MED-DELAY		0	2	0	0	0	1	1	1	0	1			2	1	2	1	6
MED-WRONG STRENGTH		0	0	0	0	0	0	0	0	0	1			0	0	0	1	1
MED-OMISSION		4	7	0	0	0	0	0	0	0	0			11	0	0	0	11
MED-UNORDERED MED.		0	0	0	0	0	0	0	1	0	0			0	0	1	0	1
MED-OTHER		1	3	4	3	1	0	0	2	6	1			8	4	8	1	21
MED-WRONG DOSE		3	6	1	0	1	0	2	3	0	0			10	1	5	0	16
MED-WRONG MEDICATION		0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
MED-WRONG PATIENT		0	0	0	0	0	0	0	0	0	2			0	0	0	2	2
MED-WRONG RATE		0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
MED-WRONG TIME		0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
PATIENT SATISFACTION/PERCEPTION OF CARE																		
#Grievances/Complaints		8	20	25	15	15	25	15	15	29	17	14		198	55	59	31	198
Recommend Hospital UMC Target 50%		67%	39%	11%	26%	11%	30%	60%	38%	13%	23%	58%		38.73%	22%	34%	41%	34.79%
Overall Hospital Rating UMC Target 50%		67%	54%	45%	45%	44%	30%	67%	67%	26%	44%	58%		55.13%	40%	47%	51%	50.19%
STAR Rating		2	2	2	2	2	2				2	2		2	6	0	4	2

UMC QUALITY Dashboard					<div></div> At or Exceeds Target	<div></div> Within 10% of Target				<div></div> Target not Met			<div></div> Amended					
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
CLINICAL OUTCOMES																		
Total Code Blue Events (outside of CCU)		1	4	5	18	7	4	0	5	1	5	6	0	10	29	6	11	56
Code Blue Rates		0.4494	1.5273	2.1825	6.6989	2.333	1.5898	0	2.2989	0.4822	2.3408	3.386	-	1.3864	3.5404	0	0	2.117121
Patient Days		2225	2619	2291	2687	3001	2516	2177	2175	2074	2136	1772		7135	8204	6426	3908	25673
Tele		1	3	3	14	6	4	0	5	1	3	6		7	24	6	9	46
M/S		0	0	2	4	0	0	0	0	0	2	0		2	4	0	2	8
BHU		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Dialysis		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
OR		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
PACU		0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
Radiology		0	1	0	0	1	0	0	0	0	0	0		1	1	0	0	2
Total Rapid Response Events		17	7	6	19	15	17	12	3	12	8	9		30	51	27	17	125
Rapid Response Rates		7.6404	2.6728	2.6189	7.0711	4.998	6.7568	5.5122	1.3793	5.7859	3.7453	5.079	-	4.20463	6.2165	4.20168	4.35005	4.868928
Tele		13	5	5	10	11	6	10	3	10	5	5		23	27	23	10	83
3 West							0	4	0	0	0	0		0	4	0	0	4
M/S		1	1	0	5	2	3	1	0	1	2	3		2	10	2	5	19
BHU		0	0	1	4	1	3	1	0	1	0	1		1	8	2	1	12
Dialysis		3	1	0	0	1	1	0	0	0	1	0		4	2	0	1	7

UMC QUALITY Dashboard				At or Exceeds Target					Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
OR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PACU		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiology		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VTE Prophylaxis MS/T Compliance >95%		92.09%	93.34%	92.79%	88.69%	89.82%	91.06%	87.58%	90.36%	89.08%	88.57%	90.00%		92.74%	89.86%	89.01%	89.29%	90.31%
VTE Prophylaxis CCU Compliance >95%		100%	100%	99%	100%	96%	100%	96%	100%	100%	100%	98%		99.80%	98.53%	98.67%	99.00%	99.00%
CLINICAL SAFETY INDICATORS																		
Number of Restraint Hours Behavioral Health Unit		2.4	0.116	0	0	0	0	1.083		0	0	0		2.516	0	1.083	0	3.599
Restraint Rate		4.94	0.0021	0	0	0	0	0.079		0	0	0		4.9421	0	0.079	0	5.0211
Deliveries in the ED		0	0	0	0	1	0	0	0	0	0	0		0	1	0	0	1
SQ Insulin Administration Adherence >95%		97%	97%	100%	95%		87%	97%	95%	96%	98%	97%	-	98%	91%	96%	98%	96%
PRESSURE ULCERS																		
Total Patient Days		2225	2619	2291	2687	3001	2516	2177	2175	2074	2136	1772		7135	8204	6426	3908	25673
# Hospital Acquired Pressure Injuries		1	0	4	5	10	14	3	6	10	3	11		5	29	19	14	67
Incidence Rate <1		0.4494	0	1.746	1.8608	3.332	5.5644	1.378	2.7586	4.8216	1.4045	6.2077	-	0.70077	3.5349	2.95674	3.5824	2.609746
OCCURRENCE REPORTS																		
# OCCURRENCE REPORTS		117	135	122	114	114	103	114	119	113	117		0	374	331	346	117	1168
EQUIPMENT		1	1	1	0	4	3	1	4	2	1			3	7	7	1	18
FALLS		7	8	6	11	12	8	13	8	11	8			21	31	32	8	92
MEDICATION		8	18	5	3	2	1	2	7	6	5			31	6	15	5	57

UMC QUALITY Dashboard					At or Exceeds Target				Within 10% of Target				Target not Met		Amended			
2020	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	Q4	YTD
OTHER		101	108	110	100	96	91	98	100	94	103			319	287	292	103	1001
# NEAR MISSES		UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK			0	0	0	0	0
# SENTINEL EVENTS		0	1	0	0	0	1	0	0	0	0			1	1	0	0	2
SEPSIS MEASURES																		
Sepsis (Principal DX) 30 Day Readmit		0	1	0	0	0	0	0	0					1	0	0	0	1
Simple Severe Sepsis w/Shock		11	9	10	26	15	16	15	7					30	57	22	0	109
Sepsis Patients Observed Mortality (APR DRG 720)		0	0	0	0	0	0	0	0					0	0	0	0	0
Sepsis Patients Volume (APR DRG 720)		24	28	24	21	31	16	21	18					76	68	39	0	183
CASE MANAGEMENT THRESHOLD LOS < 5.5																		
Average Length of Stay		5.18	4.82	5.34	5.7	5.97	6.25	6.09	5.11	5.35	4.75	4.9	-	5.11333	5.97333	5.516667	4.825	5.4054545
FD12 PATIENT ADMISSIONS/ELOPEMENT TRACKING																		
FD12 ADMISSIONS		80	73	72	74	85	99	104	78	68	103	31	-	225	258	250	134	867
FD12 Elopement Cases		0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0

UNITED MEDICAL CENTER

Monthly Report Performance Improvement Committee

(1/22/21)

(Patient Experience)

Accomplishments

- Number of survey responses continue to improve for the Emergency Department and Inpatient Stays.
- Scores are trending upward in the domain for “Doctor Communication” and EVS/Food Services.
- Continued improved scores for the Emergency Department for wait-times/delays and test & treatments questions.
- Continued upward trend in rank and scores for the Emergency Department and Inpatient stays within the Press Ganey overall database of comparison of participating hospitals. (PG ED overall N=2526, PG Inpatient overall N=2601)

Challenges and Current Action Plan

- Although there is improvement with the survey response rate, our scores decreased from the previous quarter.
 - Continue to inform patients of the Press Ganey survey
 - Continue to encourage participation in completing the survey
- Priority Index questions for focused improvement related to the Emergency Department:
 - “Concern regarding blood draw comfort”
 - “Courtesy of person who took blood”
- Priority Index questions for focused improvement for 5W and 8W
 - “Recommend the hospital”
 - “Nurses listen carefully to you”
 - “Nurses kept you informed”
 - “Staff addressed emotional needs”
 - “Staff worked together to care for you”

UNITED MEDICAL CENTER

Regulatory/Corrective Action Follow-up

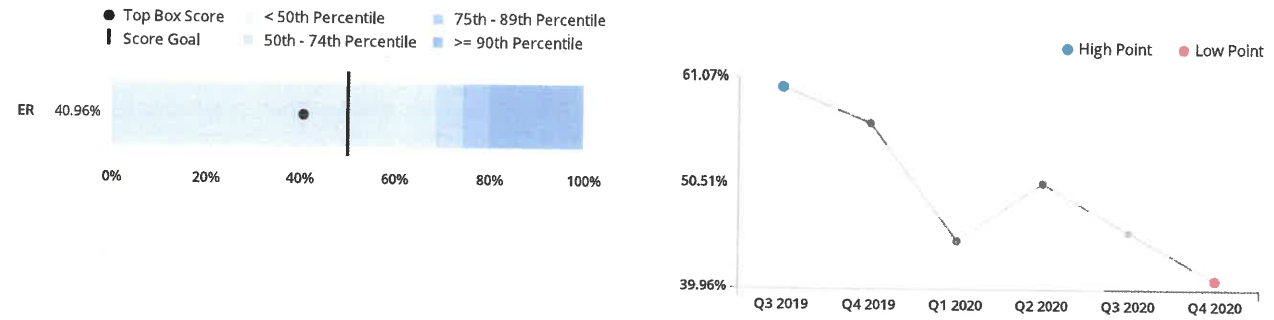
- N/A

HCAHPS Reporting Schedule 2021

DEPARTMENT	January	February	March	April	May	June	July	August	September	October	November	December
Emergency Department	x			x			x			x		
5 West		x			x			x			x	
8 West			x			x			x			x

Service Line Performance ⓘ

PG Overall



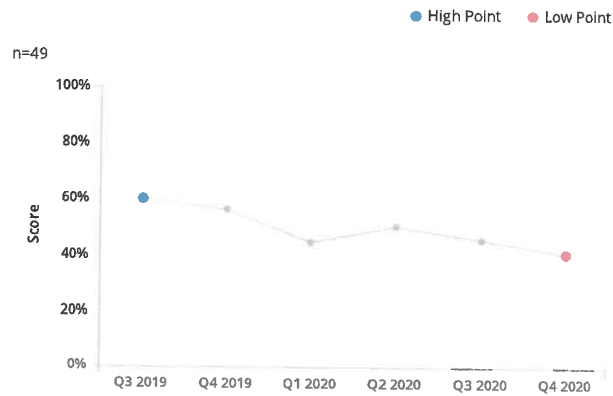
n	49
Top Box Score	40.96%
Score Goal	50.00%
Percentile Rank	1

Time Period	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
n	22	16	13	52	42	49
Top Box Score	60.07%	56.50%	44.83%	50.55%	45.72%	40.96%
Percentile Rank	16	10	1	2	1	1

Top Box Score ⓘ

PG Overall

40.96% ▼

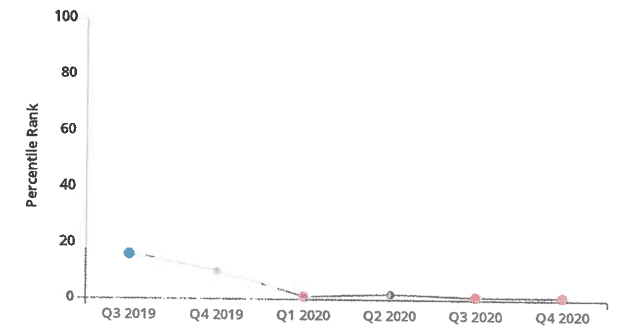


Top Box Percentile Rank ⓘ

PG Overall

1st

Peer Group: All PG Database
 Benchmark by: All Respondents
 PG Overall N=2526



Time Period	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
n	22	16	13	52	42	49
Top Box Score	60.07%	56.50%	44.83%	50.55%	45.72%	40.96%
Percentile Rank	16	10	1	2	1	1

Section Performance ⓘ

SORT BY

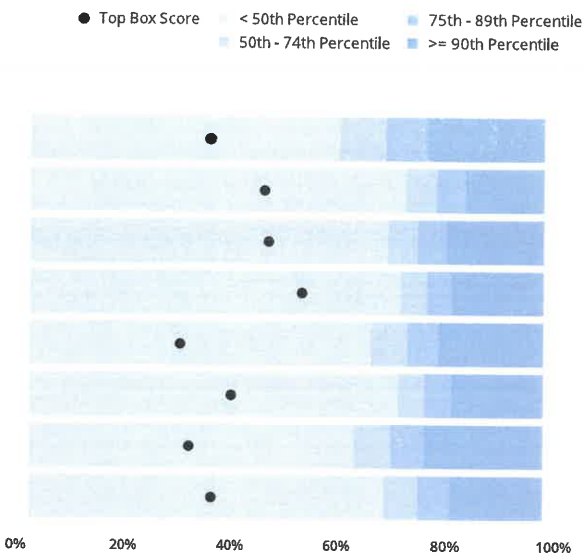
Default

SELECT

Standard

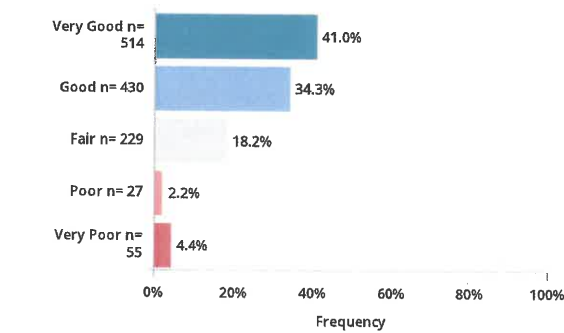
Peer Group: All PG Database
PG Overall N=2526

Survey Type	Section	n	Top Box Score	Percentile Rank
PG	Arrival	49	35.19%	3
PG	Nurses	49	45.92%	1
PG	Doctors	49	46.77%	1
PG	Tests	40	53.37%	2
PG	Family or Friends	18	29.41%	1
PG	Personal/Insurance Info	43	39.53%	1
PG	Personal Issues	47	31.21%	1
PG	Overall Assessment	45	35.63%	1

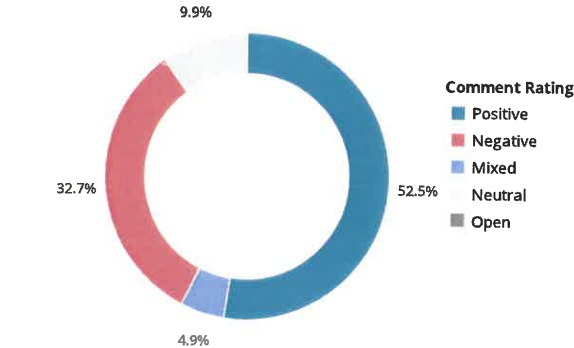


Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ




PG Overall

 Above Goal  Below Goal

No Data Available


PG Overall

 Above Goal  Below Goal

No Data Available

Priority Index ⓘ

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Nurse took time to listen	2	0.83
1	PG	Staff cared about you as person	2	0.83
3	PG	Concern blood draw comfort	1	0.8
4	PG	Nurses attention to your needs	3	0.84
5	PG	Nurses courtesy	2	0.81
5	PG	Waiting time for radiology test	2	0.81
7	PG	Courtesy of person who took blood	1	0.79
8	PG	Likelihood of recommending	5	0.85
9	PG	Nurses informative re treatments	5	0.84
10	PG	Nurses concern for privacy	3	0.81

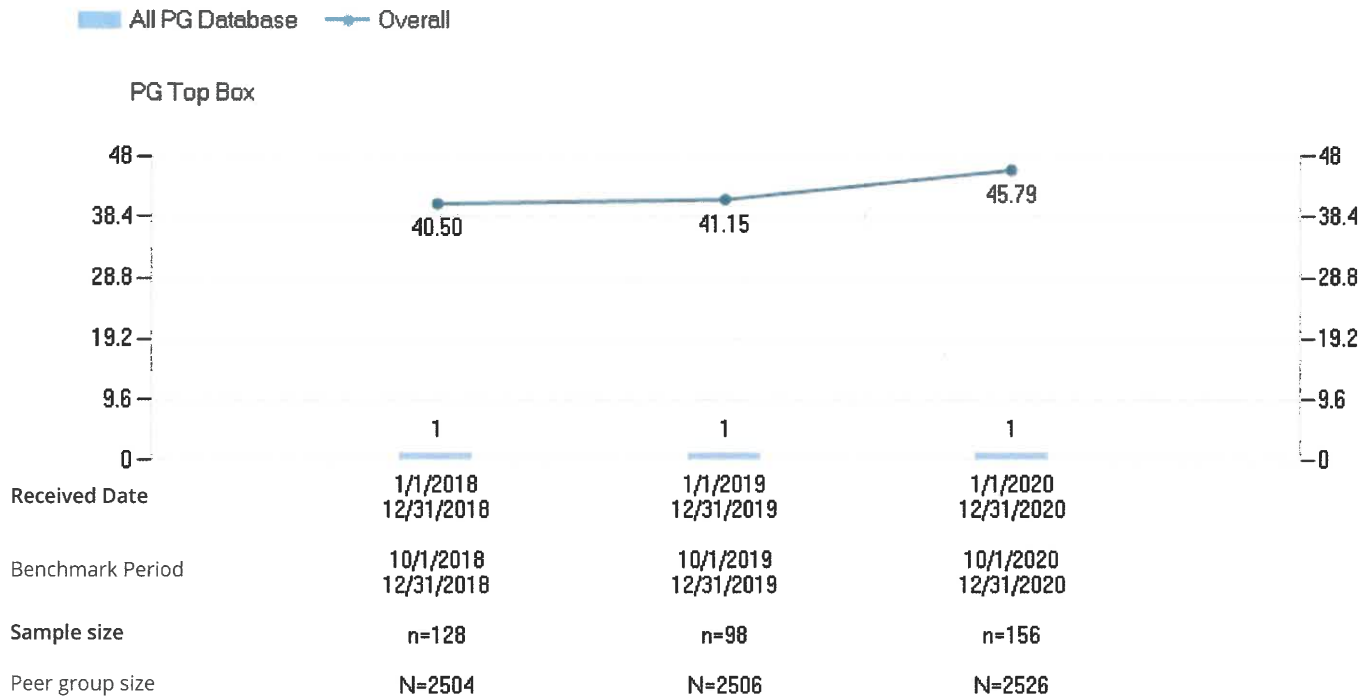
† Custom Question ^ Focus Question

▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Q4-20)	Previous Period (Q3-20)	Change	
PG	Arrival	Waiting time before noticed arrival	49	1	40.82%	41.46%	-0.65%	▼
PG	Arrival	Helpfulness of first person	47	1	38.30%	50.00%	-11.70%	▼
PG	Arrival	Comfort of waiting area	46	3	28.26%	34.15%	-5.89%	▼
PG	Arrival	Waiting time to treatment area	46	1	30.43%	35.00%	-4.57%	▼
PG	Arrival	Waiting time to see doctor	45	7	37.78%	25.00%	12.78%	▲
PG	Nurses	Nurses courtesy	47	1	46.81%	59.52%	-12.72%	▼
PG	Nurses	Nurse took time to listen	47	1	40.43%	53.66%	-13.23%	▼
PG	Nurses	Nurses attention to your needs	46	1	43.48%	56.10%	-12.62%	▼
PG	Nurses	Nurses informative re treatments	46	3	47.83%	51.22%	-3.39%	▼
PG	Nurses	Nurses concern for privacy	47	1	51.06%	56.10%	-5.03%	▼
PG	Doctors	Doctors courtesy	48	1	50.00%	58.97%	-8.97%	▼
PG	Doctors	Doctor took time to listen	46	1	50.00%	65.79%	-15.79%	▼
PG	Doctors	Doctor informative re treatment	46	1	43.48%	60.53%	-17.05%	▼
PG	Doctors	Doctors concern for comfort	46	1	43.48%	57.89%	-14.42%	▼
PG	Tests	Courtesy of person who took blood	31	1	51.61%	46.43%	5.18%	▲
PG	Tests	Concern blood draw comfort	30	1	46.67%	42.86%	3.81%	▲
PG	Tests	Waiting time for radiology test	33	9	48.48%	34.62%	13.87%	▲
PG	Tests	Courtesy of radiology staff	33	3	57.58%	42.31%	15.27%	▲
PG	Tests	Concern for comfort radiology test	36	8	61.11%	46.15%	14.96%	▲
PG	Family or Friends	Courtesy shown family/friends	17	1	29.41%	21.05%	8.36%	▲
PG	Family or Friends	Adequacy of info to family/friends	18	1	27.78%	15.79%	11.99%	▲
PG	Family or Friends	Let family/friend be with you	16	1	31.25%	12.50%	18.75%	▲
PG	Personal/Insurance Info	Courtesy during pers/insur info	43	1	41.86%	50.00%	-8.14%	▼
PG	Personal/Insurance Info	Privacy during pers/insur info	43	1	37.21%	51.28%	-14.07%	▼
PG	Personal/Insurance Info	Ease giving pers/insur info	43	1	39.53%	54.05%	-14.52%	▼
PG	Personal Issues	Informed about delays	46	1	26.09%	25.64%	0.45%	▲
PG	Personal Issues	Staff cared about you as person	44	1	31.82%	36.59%	-4.77%	▼
PG	Personal Issues	How well pain was controlled	42	1	28.57%	41.67%	-13.10%	▼
PG	Personal Issues	Information about home care	41	1	39.02%	52.63%	-13.61%	▼
PG	Overall Assessment	Overall rating ER care	45	1	33.33%	46.15%	-12.82%	▼
PG	Overall Assessment	Likelihood of recommending	42	1	38.10%	40.00%	-1.90%	▼

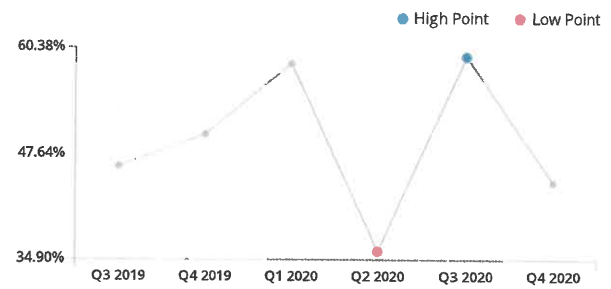
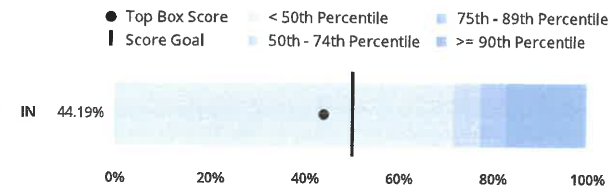
† Custom Question ^ Focus Question

Emergency Department



Service Line Performance ⓘ

CAHPS Rate 0-10



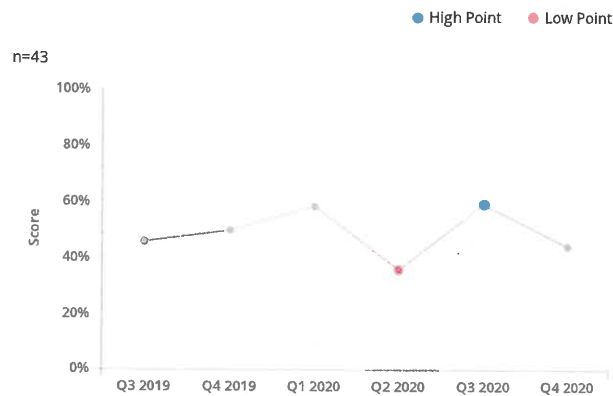
n	43
Top Box Score	44.19%
Score Goal	50.00%
Percentile Rank	1

Time Period	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
n	26	20	41	39	32	43
Top Box Score	46.15%	50.00%	58.54%	35.90%	59.38%	44.19%
Percentile Rank	1	1	7	1	10	1

Top Box Score ⓘ

CAHPS Rate 0-10

44.19% ▼

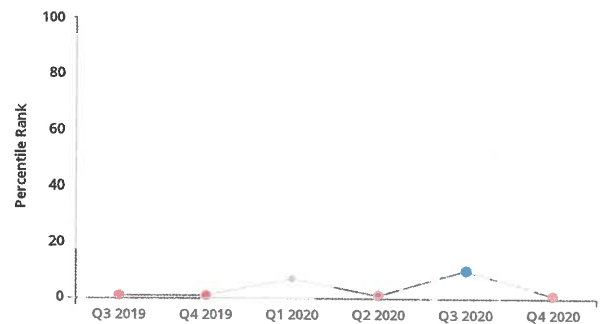


Top Box Percentile Rank ⓘ

CAHPS Rate 0-10

1st ▼

Peer Group: All PG Database
 Benchmark by: All Respondents
 CAHPS Item Level N=2601



Time Period	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
n	26	20	41	39	32	43
Top Box Score	46.15%	50.00%	58.54%	35.90%	59.38%	44.19%
Percentile Rank	1	1	7	1	10	1

Section Performance 1

SORT BY

Default

SELECT

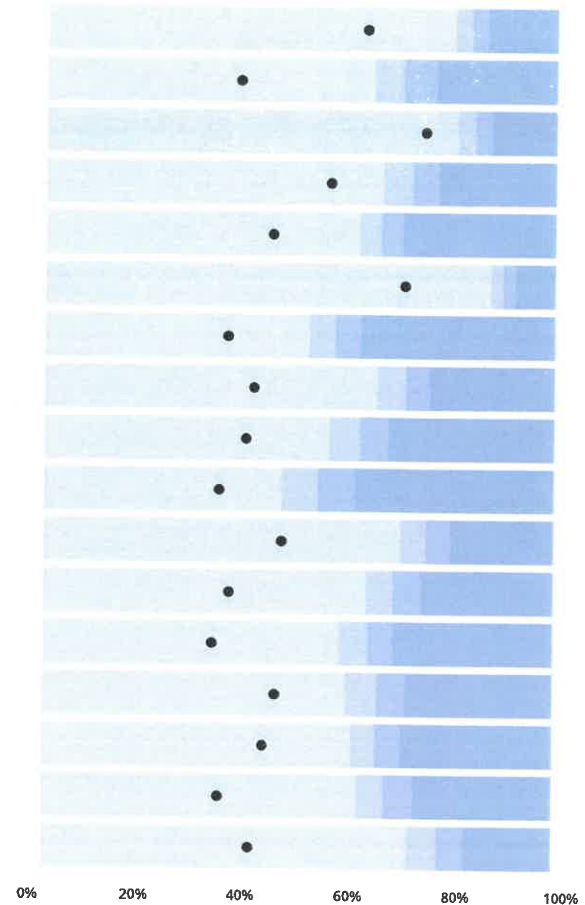
Standard

Peer Group: All PG Database

CAHPS Section/Domain Level N=2609 | PG Overall N=1557

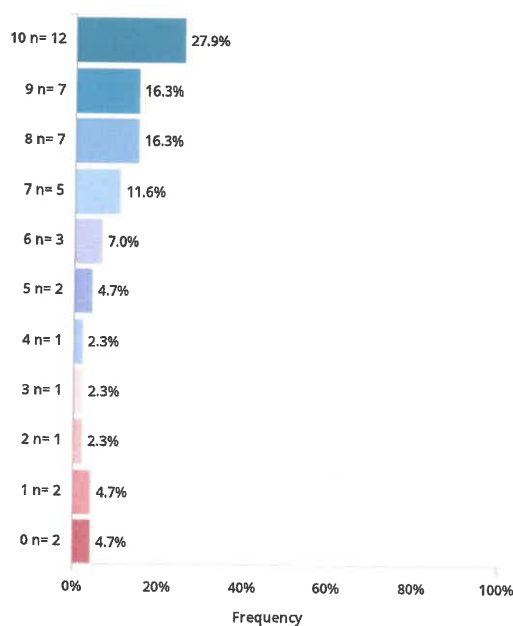
Survey Type	Section	n	Top Box Score	Percentile Rank
CAHPS	Comm w/ Nurses	44	62.63%	1
CAHPS	Response of Hosp Staff	40	38.13%	1
CAHPS	Comm w/ Doctors	44	74.03%	13
CAHPS	Hospital Environment	43	55.81%	8
CAHPS	Comm About Medicines	19	44.74%	1
CAHPS	Discharge Information	35	70.28%	1
CAHPS	Care Transitions	43	36.03%	2
PG	Admission	35	41.18%	1
PG	Room	37	39.66%	4
PG	Meals	40	34.51%	10
PG	Nurses	40	46.78%	1
PG	Tests and Treatments	39	36.54%	1
PG	Visitors and Family	12	33.33%	1
PG	Physician	39	45.64%	8
PG	Discharge	43	43.31%	2
PG	Personal Issues	43	34.63%	1
PG	Overall Assessment	43	40.65%	1

● Top Box Score < 50th Percentile 50th - 74th Percentile 75th - 89th Percentile >= 90th Percentile

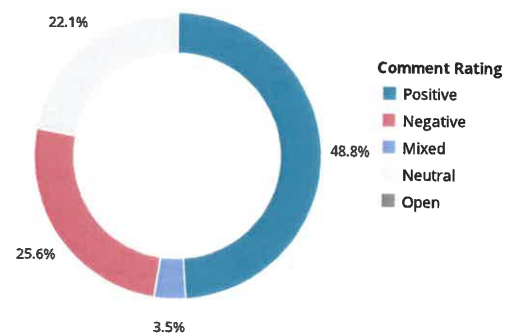


Distribution of Responses 1

CAHPS Rate 0-10



Comment Distribution 1



Unit Performance ⓘ

CAHPS Rate 0-10

■ Above Goal ■ Below Goal

SET GOAL

50

SEARCH

SORT BY

Default (A-Z)



5 West n=17 1

8 West n=26 1



Specialty Performance ⓘ

CAHPS Rate 0-10

■ Above Goal ■ Below Goal

SET GOAL

50

SEARCH

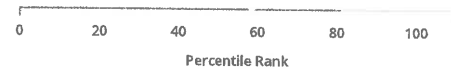
SORT BY

Default (A-Z)



Medical/Surgical n=26 2

Telemetry n=17 1



Unit	n	Top Box Score	Percentile Rank
5 West	17	41.18%	1
8 West	26	46.15%	1

Specialty	n	Top Box Score	Percentile Rank
Medical/Surgical	26	46.15%	2
Telemetry	17	41.18%	1

Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Likelihood recommending hospital	1	0.64
2	CAHPS	Recommend the hospital	1	0.58
2	PG	Overall rating of care given	1	0.58
4	PG	Attention to special/personal needs	1	0.57
5	PG	Explanations: happen during T&T	1	0.56
5	PG	Staff include decisions re: trtmnt	1	0.56
7	CAHPS	Nurses listen carefully to you	2	0.62
8	PG	Nurses kept you informed	1	0.55
9	PG	Staff addressed emotional needs	1	0.53
9	PG	Response concerns/complaints	1	0.53
9	PG	Staff worked together care for you	1	0.53

† Custom Question ^ Focus Question

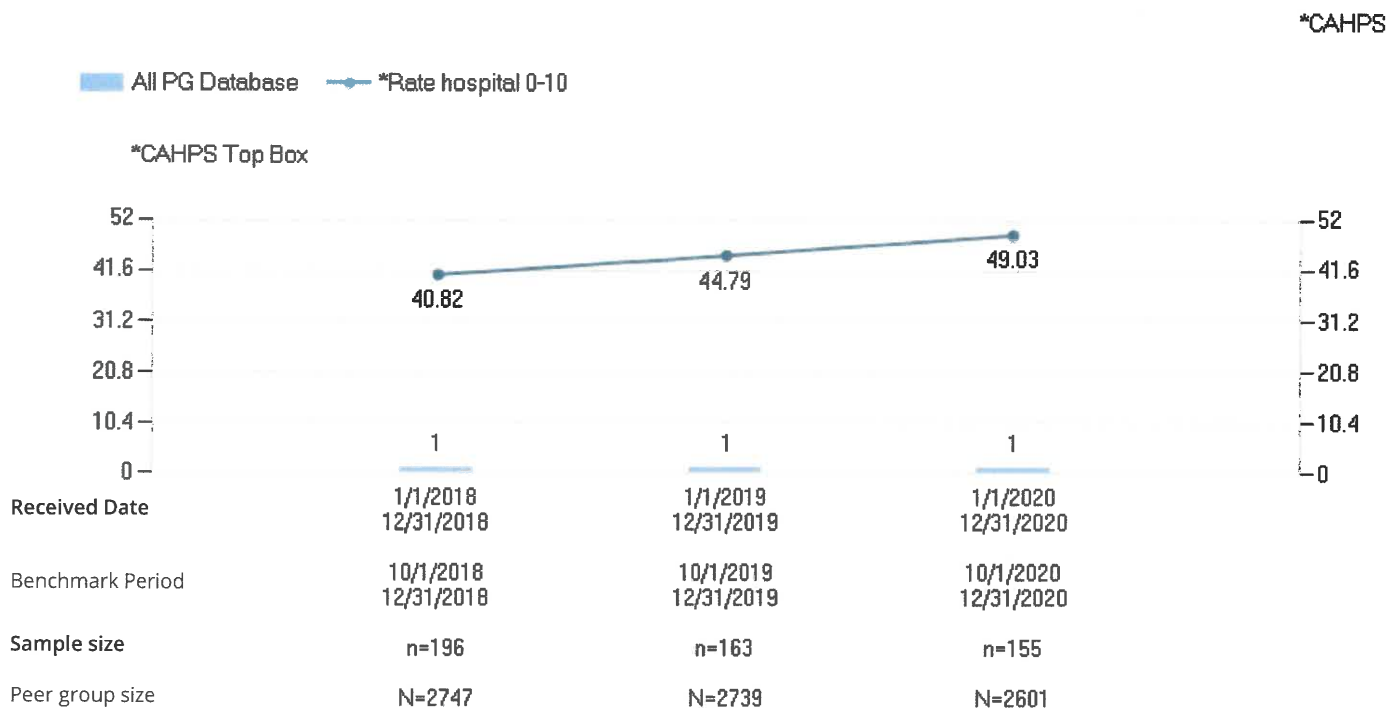
▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Q4-20)	Previous Period (Q3-20)	Change	
CAHPS	Global Items	Rate hospital 0-10	43	1	44.19%	59.38%	-15.19%	▼
CAHPS	Global Items	Recommend the hospital	42	1	35.71%	37.50%	-1.79%	▼
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	43	1	67.44%	68.75%	-1.31%	▼
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	44	1	56.82%	65.63%	-8.81%	▼
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	44	4	63.64%	62.50%	1.14%	▲
CAHPS	Response of Hosp Staff	Call button help soon as wanted it	40	1	32.50%	44.83%	-12.33%	▼
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	26	1	34.62%	31.82%	2.80%	▲
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	44	9	79.55%	75.00%	4.55%	▲
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	44	10	70.45%	66.67%	3.79%	▲
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	43	30	72.09%	71.88%	0.22%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	43	5	58.14%	53.13%	5.01%	▲
CAHPS	Hospital Environment	Quietness of hospital environment	43	24	53.49%	48.28%	5.21%	▲
CAHPS	Comm About Medicines	Tell you what new medicine was for	28	2	60.71%	60.00%	0.71%	▲
CAHPS	Comm About Medicines	Staff describe medicine side effect	28	4	35.71%	34.62%	1.10%	▲
CAHPS	Discharge Information	Staff talk about help when you left	38	1	63.16%	80.00%	-16.84%	▼
CAHPS	Discharge Information	Info re symptoms/prob to look for	37	2	75.68%	81.25%	-5.57%	▼
CAHPS	Care Transitions	Hosp staff took pref into account	39	2	28.21%	21.88%	6.33%	▲
CAHPS	Care Transitions	Good understanding managing health	42	8	40.48%	40.63%	-0.15%	▼
CAHPS	Care Transitions	Understood purpose of taking meds	33	1	39.39%	34.48%	4.91%	▲
PG	Admission	Speed of admission	35	2	37.14%	30.00%	7.14%	▲
PG	Admission	Courtesy of person admitting	33	1	45.45%	42.31%	3.15%	▲
PG	Room	Pleasantness of room decor	36	21	36.11%	31.03%	5.08%	▲
PG	Room	Room cleanliness	37	5	43.24%	41.38%	1.86%	▲
PG	Room	Courtesy of person cleaning room	35	6	54.29%	39.29%	15.00%	▲
PG	Room	Room temperature	36	2	30.56%	27.59%	2.97%	▲
PG	Room	Noise level in and around room	35	11	34.29%	26.92%	7.36%	▲
PG	Meals	Temperature of the food	37	1	21.62%	34.48%	-12.86%	▼
PG	Meals	Quality of the food	40	12	27.50%	32.14%	-4.64%	▼
PG	Meals	Courtesy of person served food	36	10	55.56%	44.83%	10.73%	▲
PG	Nurses	Friendliness/courtesy of the nurses	38	1	55.26%	48.39%	6.88%	▲
PG	Nurses	Promptness response to call	39	2	41.03%	31.03%	9.99%	▲
PG	Nurses	Nurses' attitude toward requests	39	1	48.72%	53.57%	-4.85%	▼
PG	Nurses	Attention to special/personal needs	39	1	43.59%	51.72%	-8.13%	▼

PG	Nurses	Nurses kept you informed	38	1	39.47%	44.44%	-4.97%	▼
PG	Nurses	Skill of the nurses	40	1	52.50%	60.71%	-8.21%	▼
PG	Tests and Treatments	Wait time for test or treatments	39	4	35.90%	34.48%	1.41%	▲
PG	Tests and Treatments	Explanations: happen during T&T	39	1	33.33%	48.28%	-14.94%	▼
PG	Tests and Treatments	Courtesy of person took blood	39	1	38.46%	46.67%	-8.21%	▼
PG	Tests and Treatments	Courtesy of person started IV	39	1	38.46%	46.67%	-8.21%	▼
PG	Visitors and Family	Accommodations & comfort visitors	12	4	33.33%	41.67%	-8.33%	▼
PG	Visitors and Family	Staff attitude toward visitors	12	1	33.33%	41.67%	-8.33%	▼
PG	Physician	Time physician spent with you	39	5	35.90%	32.14%	3.75%	▲
PG	Physician	Physician concern questions/worries	39	2	41.03%	42.86%	-1.83%	▼
PG	Physician	Physician kept you informed	39	7	46.15%	40.00%	6.15%	▲
PG	Physician	Friendliness/courtesy of physician	39	1	48.72%	50.00%	-1.28%	▼
PG	Physician	Skill of physician	39	3	56.41%	50.00%	6.41%	▲
PG	Discharge	Extent felt ready discharge	43	4	48.84%	43.33%	5.50%	▲
PG	Discharge	Speed of discharge process	43	4	39.53%	32.26%	7.28%	▲
PG	Discharge	Instructions care at home	41	1	41.46%	45.16%	-3.70%	▼
PG	Personal Issues	Staff concern for your privacy	43	1	34.88%	36.67%	-1.78%	▼
PG	Personal Issues	How well your pain was controlled	40	2	45.00%	46.88%	-1.87%	▼
PG	Personal Issues	Staff addressed emotional needs	41	1	34.15%	28.13%	6.02%	▲
PG	Personal Issues	Response concerns/complaints	41	1	31.71%	30.00%	1.71%	▲
PG	Personal Issues	Staff include decisions re: trtmnt	40	1	27.50%	38.71%	-11.21%	▼
PG	Overall Assessment	Staff worked together care for you	43	1	41.86%	50.00%	-8.14%	▼
PG	Overall Assessment	Likelihood recommending hospital	40	1	35.00%	35.48%	-0.48%	▼
PG	Overall Assessment	Overall rating of care given	40	1	45.00%	43.33%	1.67%	▲

† Custom Question ^ Focus Question

Inpatient



SECURITY 2020 QUALITY SAFETY SCORECARD

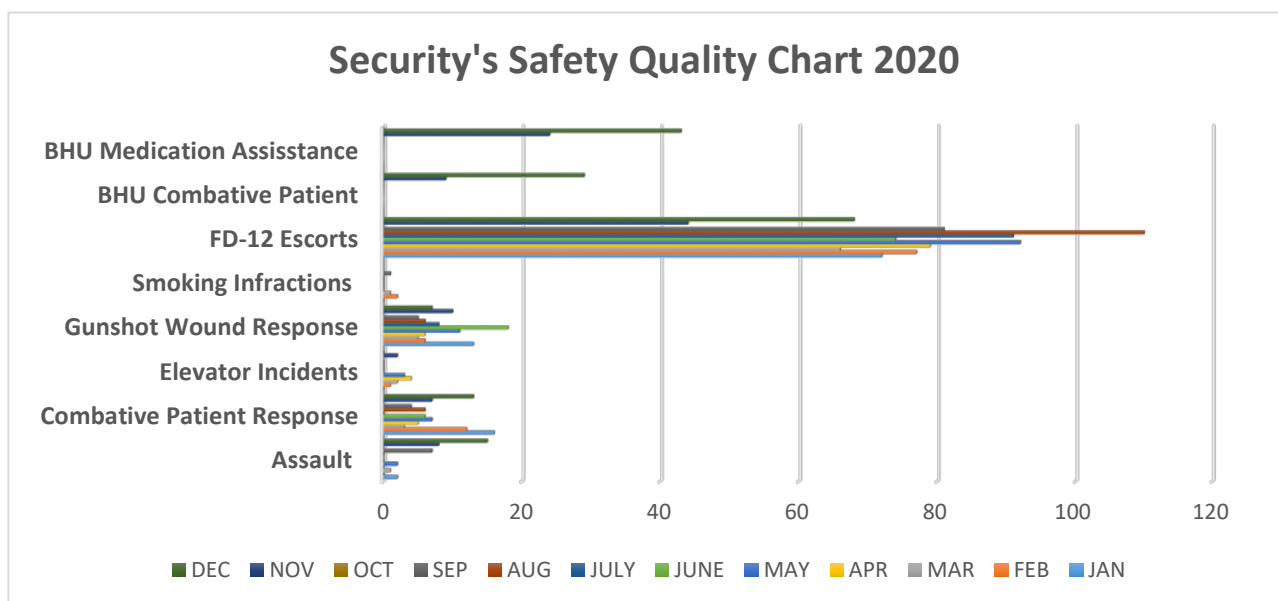
MEASURE	GOAL	PERFORMANCE
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			JAN	FEB	MAR	APR	MAY	JUNE
1	Assault		2	0	1	0	2	0
2	Combative Patient Response		16	12	3	5	7	6
3	Elevator Incidents		0	1	2	4	3	0
4	Gunshot Wound Response		13	6	5	6	11	18
5	Smoking Infractions		0	2	1	0	0	0
6	FD-12 Escorts		72	77	66	79	92	74
7	BHU Combative Patient							
8	BHU Medication Assistance							
9	Physician Ordered Restraints	100%	C	C	C	C	C	C
10	Usecurd Door Checks	100%	C	C	C	C	C	C
11	Fire Drills (1 Shift Per QTR)	100%	C	C	C	C	C	C
12	Fire Extinguishers Check	100%	C	C	C	C	C	C
C=Compliant - Grey= N/A								

			JULY	AUG	SEP	OCT	NOV	DEC
1	Assault			0	7		8	15
2	Combative Patient Response		0	6	4		7	13
3	Elevator Incidents		0	0	0		2	0
4	Gunshot Wound Response		8	6	5		10	7
5	Smoking Infractions		0	0	1			
6	FD-12 Escorts		91	110	81			
7	BHU Combative Patient						9	29
8	BHU Medication Assistance						24	43
9	Physician Ordered Restraints	100%	C	C	C		C	C
10	Usecurd Door Checks	100%	C	C	C		C	C
11	Fire Drills (1 Shift Per QTR)	100%	C	C	C		C	C
12	Fire Extinguishers Check	100%	C	C	C		C	C
C = Compliant - Grey = N/A								

Security's Safety Quality Chart 2020



COMPLETED FIRE DRILL MATRIX

Hospital Name: United Medical Center (UMC)

Score at EC

Quarterly Hospital Fire Drills									
Day = M, Tu, W, Th, F, Sa, Su Time: 24 hour formatted			Q1			Q2			
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.
1st Shift	Normal	Location/Building	6th Fl	CNMC	7Th Fl		CNMC	CNMC	7Th Fl
		Day	Tu	Tu	Tu		Fr.	Fri	Tu
		Date	1/28/20	2/26/20	3/24/20		5/29/20	6/19/20	7/7/20
		Time	1330 PM	0910 AM	1056		0957	0950 AM	0713
	ILSM	Location/Building							CNMC
		Day							Fri
		Date							7/3/20
		Time							1145
2nd Shift	Normal	Location/Building		CNMC	5Th Floor	6Th Fl	CNMC	3rd Fl	
		Day		Tu	Su	Tu	Sa	Th	
		Date		2/28/20	3/2/20	4/21/20	5/30/20	6/18/20	
		Time		1800 PM	2153	1800 PM	2200 PM	1917	
	ILSM	Location/Building	CNMC						4th Fl
		Day	F						Th
		Date	1/31/20						6/18/20
		Time	2115 PM						2000
3rd Shift	Normal	Location/Building	7th SNF	8th Fl	CNMC	4 East	6th SNF	1st Fl	1st Fl HR
		Day	Tu	Th	Tu	Su	W	Tu	M
		Date	1/21/20	2/20/20	3/24/20	4/12/20	5/20/20	6/30/20	7/6/20
		Time	0345 AM	0347 AM	0156	0108 AM	0300 AM	0300 AM	0745
	ILSM	Location/Building							1st Fl East
		Day							Tu
		Date							7/21/20
		Time							0637
Previous and Current High Risk Fire Drills (recommended not required)									
Location:	Previous	Current	Location:	Previous	Current	Location:	Previous	Current	Location:
Kitchen			Surgery			Cath/EP Lab			MRI
Day	W	Th	Day			Day			Day
Date			Date			Date			Date
Time			Time			Time			Time
Quarterly Ambulatory Fire Drills									
1st Shift			Q1	Q2	Q3	Q4			Q1
	Location/Building		AST					Location/Building	
	Day		Tu					Day	
	Date							Date	
	Time							Time	
Annual Business Occupancy Fire Drills (2 Years of drills)									
	Previous	Current		Previous	Current		Previous	Current	
Building	Medical Office Buliding		Building			Building			Building
Day	W	Th	Day			Day			Day
Date			Date			Date			Date
Time			Time			Time			Time

Definitions of Shifts: Provide timeframes for shift hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)

COMPLETED FIRE DRILL MATRIX

1st	
2nd	
3rd	

NA Not applicable for no shift, building,
NC Not completed or missed

COMPLETED FIRE DRILL MATRIX

0.02.03.03 EP3

Drills				
Q3		Q4		
Aug.	Sep.	Oct.	Nov.	Dec.
	5th FI	4th FI W	1st FI Core	CNMC
	Fri	Su	Sa	M
	9/18/20	10/11/20	11/14/20	12/28/20
	1230	1352	1200	1000
	CNCM			
	Tu			
	9/8/20			
	2200			
8th FI	4th FI W		CNMC	6th FI
Tu	Tu		Sa	Th
8/11/20	9/15/20		11/21/20	12/10/20
1900	2100		1800	2100
4th FI W			Kitchen	
M			Sa	
8/3/20			11/28/20	
2245			1730	
4th FI W		7Th FI	8Th FI	3rd FI
Th		W	F	F
8/20/20		10/21/20	11/20/20	12/18/20
0640		0200	0340	0330
Required)				
Previous	Current	Location:	Previous	Current
		Plant		
		Day		
		Date		
		Time		
Q2	Q3	Q4		
Previous	Current		Previous	Current
		Building		
		Day		
		Date		
		Time		

COMPLETED FIRE DRILL MATRIX

location or ILSM.

Utility Management Performance Indicators

QUALITY/SAFETY

UTILITIES

#	MEASURE	GOAL	PERFORMANCE											
			YTD 2020	Jan ' 20	Feb' 20	Mar' 20	Apr' 20	May' 20	Jun' 20	Jul' 20	Aug' 20	Sept' 20	Oct' 20	Nov' 20

#	PROCESS													
1	PM Completion Rate on Utility Components or Systems	100%		50%	50%	50%	50%	50%	100%	100%	100%	100%	100%	100%
2	Quarterly Differential Pressure Testing of Special Environment Areas	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
3	Domestic water sampling/treatment (commenced in March)	100%				100%	100%	100%	100%	100%	100%	100%	100%	100%
4	Steam Utility Failures	10 % reduction or 5			1	0	0	1	1	2	1	2	3	2
5	Air Handler Reliability	<5%		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
6	Power Fluctations/Outages			0	1	3	4	1	4	2	2	1	0	1%
7	Water Intrution/Flooding Incidents			2	4	4	3	4	2	2	4	10	14	5

January 2021

Finance Committee

Open Report

- Jan 25: Reg Mtg
- Dec 18: Reg Mtg

AGENDA

- Jan 25, 2021



Not-For-Profit Hospital Corporation Board of Directors
Finance Committee: DM Wayne Turnage, Chair
Reg Mtg Agenda: Monday, January 25, 2021 @430p



I. CALL TO ORDER / RECORDING / ROLL CALL

Agenda – 1/22/2021;9p

II. MINUTES

Attachment/Agenda Item		Included in Shared Drive	Committee Action Req'd
B1	Minutes – Nov 16 (reg), as updated based on Dec 18 discussion	X	Vote

III. FINANCE, FINANCIALS & BUDGET

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
C1	FY21 Q1 Financials (Oct – Dec)	X	Vote
C2	Detailed FY21 Gap Closing & Action Items Plan PPT, as certified by OCFO	X	Discuss

IV. CONTRACTS & POs

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
D1	Proposed Contracts/POs for review and approval	X	Vote
D2-A	Proposed DCNA Collective Bargaining Agreement w/summary memo – <i>Financial review only</i>	X	Discuss
D2-B	Proposed UFPSO Collective Bargaining Agreement w/summary memo– <i>Financial review only</i>	X	Discuss
D3	CY 2021 Council Transmittals Monthly Report	X	Discuss
D4	Monthly Contracts, PO, CBE Spend Dashboards	X	FYI
D5	Planned and Implemented Procurement Savings Monthly Reports	X	FYI

V. SETTLEMENTS

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd
E1 & E2	Sept 2020 FC & Board Approved Settlement Payment Confirmations & Vendor Update	X	Discuss

VI. FINANCE COMMITTEE OPERATIONS *(Discuss)*

- FC Prep Mtg
- Deadline for meeting materials
- Monthly dashboards & Oversight
- Updated CY21 Meeting schedule

<i>3rd Monday of each month, except where noted</i>	
Monday, January 25, 430p	Monday, July 19th, 3p
Wednesday, February 17, 3p	Monday, August 16th, 3p
Monday, March 15th, 3p	Monday, September 20th, 3p
Monday, April 19th, 3p	Monday, October 18th, 3p
Monday, May 17th, 3p	Monday November 15th, 3p
Monday, June 21st, 3p	Friday, December 17th, 3p

VII. NEW BUSINESS/OLD BUSINESS

- Council FY21 Performance and FY22 Budget Oversight hearings *(note dates below)*
- Capital: DHCF-UMC FY21 Capital MOUs & Ongoing Requisitions in PASS

VIII. ANNOUNCEMENTS *(Dates subject to change)*

Wed, Jan 27, 2021	Board – Monthly meeting, 530p
Tues, Feb 2	Council – Regular Leg Mtg <i>(Jan 27 – UMC deadline)</i> ; first opportunity for consideration of emergency contract legislation (old and new Mazars, insurance)
Thurs, Feb 4	Council – CAFR Hearing (DC Gov comprehensive audit)
Wed, Feb 17	Finance Committee – Regular Monthly Meeting
Wed, Feb 24	Board – Monthly meeting
Tues, Mar 2	Council – Regular Leg mtg <i>(Feb 24 – UMC deadline)</i>
Thurs, Mar 4	Council – COH FY21 Performance Oversight Hrgs: NFPHC, DMHHS, DHCF
Mon, Mar 15	Finance Committee – Regular Monthly Meeting
Wed, Mar 24	Board – Monthly meeting
Wed, Mar 31	Mayor transmits proposed FY22 Budget & BSA
Thurs, Apr 1	Council – Hearing on Mayor’s proposed FY22 Budget & BSA
Fri, Apr 9	Council – COH proposed FY22 Budget & BSA Oversight Hrgs: NFPHC, DMHHS, DHCF
Tues, Apr 6	Council – Regular Leg mtg <i>(Mar 31 – UMC deadline)</i>
Apr 9 -16	Council – Spring Recess
Mon, Apr 19	Finance Committee – Regular Monthly Meeting
Wed, Apr 28	Board – Monthly meeting
Tues, May 11	Council – COH FY22 Budget & BSA Mark up Meeting

IX. ADJOURNMENT

Notice of Intent to close. The NFPHC hereby gives notice that if necessary, it may close and move to executive session to discuss contracts, settlements, legal matters with an attorney, personnel matters, and public health emergency matters. D.C. Official Code §§2-575(b)(2)(4A)(8)(10).



**Not-For-Profit Hospital Corporation
Draft Finance Committee Meeting Minutes
November 16, 2020 @ 3:00 pm**

Present: **Directors: Wayne Turnage, Angell Jacobs, Brenda Donald**
 UMC Staff: Jaqueline Payne-Borden, Lilian Chukwuma, Mike Austin, Toya Carmichael
 Mazars: Colene Daniel, Cheyenne Holland,
 DCHF: Kai Blissett

Agenda Item	Discussion	Action Item
I. Call to order/Roll Call		
II. Minutes	Motion to approve minutes Dir Jacobs 2 nd Dir. Turnage. Unanimous Vote	
III. Finance, Financials, & Budget	<p>DM asked if the FY20 projection include what we needed for the payroll requirement? - Lilian stated yes.</p> <ul style="list-style-type: none"> • SNF RIF will occur by the end of the year. The notification has gone out so some people may be gone by the end of November. • We need approval to do the raises that we budgeted for in FY19. • Dir. Jacobs asked if the net income of \$821 took into account the one-time cost of living increase for FY20. • Lilian said yes. • Dir. Jacobs explained that in District Government, the cost of living increase usually occurs at the beginning of the fiscal year but due to the hospital's tenuous financial situation, we wait until the end of the year. • Lilian explained that finance is going over all minutes for fiscal year 19 because the minutes do not reflect the board vote. • Clarifying discussion amongst committee regarding what approval is needed and why it is needed now. 	

	<ul style="list-style-type: none"> • Going into FY21 with a lot of challenges. Our patient statistics are still down but working itself up. Our ED stats are down but working itself up. • Every COVID expense 27.7mil were covered by stimulus dollars. Also had \$22.1mil in DC operating subsidy. • DM Turnage pointed out that if we only have a balanced budget due to stimulus and subsidy and asked if we are giving up the cost structure or have we given up on that? Lillian said no, we are still looking at the cost structure. • DM Turnage noted that all activities are down again for the month to date and year to date. DM Turnage noted that if you look around the city hospitals' revenues are up partly because they are doing elective surgeries again. DM Turnage asked what our daily census is? • Colene noted that daily census 47-55 critical patients. • DM Turnage asked what level of daily census are we staffed to handle? • Colene said for med surge once the SNF employees come of the units we are scheduled to have between 58 med surge beds. Colene said for FY21 budget we are staffed for 48 beds. It was a much higher level for FY20 but Colene would have to look it up. • Lillian pointed out we had 10mil in OT and contract labor in FY20 so we are hoping the processes we put in place will help us avoid these costs in FY21. • Dir. Jacobs asked if we spent 5mil in OT in FY20 so what is the budget for OT in FY21? • Lillian stated it is budgeted at 1.5mil in FY21. • Dir. Jacobs asked what is the strategy to decrease these costs in FY21? • Colene stated that if we can get a higher rate of pay for the specialty nurses those are the areas we were spent a lot of money on staffing except for when we got a reprieve from DC. We have still not been able to fill those positions we are only hiring for med surge. • Dir. Donald asked if we have done an analysis and put together a proposal for increasing the salaries for these positions? • Colene said no, Lillian asked for that analysis about 6 weeks ago and HR did some analysis to show we are well below the market for these positions and then two weeks ago Lillian and HR went through and had a discussion on the analysis, we think if the union agrees we can fill these positions and save money. • Cheyenne noted that we have employees who will take a lot of shifts which is not safe for the employee but they make a lot of OT. Cheyenne said she will provide the document to the committee so they can see the areas they have been monitoring. Compared EVS and Café to other areas. 	
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	<ul style="list-style-type: none"> • Dir. Donald stated 3.5 million dollars is a big bet, and asked about the driving factors to meet these number. • Dir. Jacobs stated that we have been having a discussion about OT for quite some time. Understood Colene saying we have a need for a certain level of skill and we are having a hard time bringing those people on because of the low salary but if we can increase the salary for those positions and bring these positions on board we will avoid OT and contract labor for these areas which will bring the costs down. • Colene stated that is correct and we carved out EVS and Facilities because that OT has resulted from all the of the floods and emergencies we have had at the hospital which we can't control. • Page 16 shows were we are at the end of the year for FY20. IF the raises were not reflected the number would be 2.5 million dollars. • Dir. Donald asked if the SNF severance is included. Lillian said only through Sept and that the severance pay from Oct-Dec will come from FY21 budget. • Lillian said the Cola that was factored in the beginning of the year will be implemented in FY21 so the employees will receive their increase as they exit the hospital. • For the auditors Lillian only needs the September finances to be accepted. <p>Motion by DM Turnage, 2nd by Donald, unanimous vote.</p>	
IV. GAP Closing Initiatives	<ul style="list-style-type: none"> • Gap Closing Initiative: Document C2 in the shared drive. Kai noted this is Mazars first draft being presented to the committee. 	

	<ul style="list-style-type: none"> • Presented by Cheyenne noted this is the draft for FY21, the original 6.7 million. • Dir. Donald suggested the committee review the document on their own time and wait for presentation of the document when the document is certified by the OCFO. • Cheyenne stated the document can be certified by the next finance meeting. • Next finance committee will be held the 2nd week of December. 	
V. Contracts	<ul style="list-style-type: none"> • Kai noted there are only three contracts being presented today because the other contracts contain errors and are not ready for review. • Mike Austin presented the contracts. • ICU Medical – Status upgrade. New contract, not a CBE. Competitive procurement, base year contract. Retro contract. Cost 350k coming from operating costs. • Axis Healthcare – New contract, not a CBE. Competitive procurement. Base year contract, retro contract. Cost 759k coming from operating costs. Council approval not required. • Curtis bae – Waste services. Not a CBE, competitive procurement. Retro contract. Term March 2020-March 2021, proposed costs 260k operating budget, no council action required. • Dir. Jacobs asked if council approval not required because the cost is less than 1 million? DM Turnage said yes. • Dir. Jacobs asked why the contracts are retro? • DM Turnage said because the procurement process is still not clear at UMC. <p>Motion by DM Turnage, 2nd by Jacobs, unanimous vote.</p>	

	<ul style="list-style-type: none"> • Kai noted that if you notice the two Mazars contracts Mod 4 and Mod 5 all three are noted in the notice only section with the expectation that those are corrected. UMC is giving notice that the insurance contract for workers comp and physicians' liability insurance contracts all have to go Council with the Mazars contract which is why we will need an emergency meeting. • Dir. Jacobs asked if all of these contracts retro contracts will go to council? • Kai said yes because the modifications when you add them up will require council approval. • Lillian asked how she will pay Mazars if the contract expires? • Kai said it will be retro. Lillian wanted to put it on record that she will not be able to pay Mazars until the contract is approved. 	
VII. Settlements	<ul style="list-style-type: none"> • Kai noted that settlements are FYI. E4H payment is being withheld until the contractor produces deliverables. • Section 6 Planned to review Finance Committee oversight and OCA BRT will be postponed. 	
VIII. COVID 19 Justifications		
IX. New Business/Old Business	<ul style="list-style-type: none"> • Kai noted that Lillian already informed the committee that the SNF closing notifications has already been sent. Asked everyone to review the upcoming dates. • Lillian asked the committee to congratulate Colene on the successful JC visit. All the money we spent was worth it as the surveyors noted that our improvements were state of the art. • Dir. Donald gave congratulations as she knows this was the most important visit we had and have spent a lot of time preparing for it. • BHU Update provided by Dr. Jacqui • Dir. Donald asked how many patients we have on BHU currently? Also asked the capacity 	

	<ul style="list-style-type: none"> Dr. Jacqui stated it is 34 and we usually have about 20-24 patients with most people coming in on Monday but we had to turn people away yesterday. Currently there are 13 patients on the unit. 	
X. Announcements		
Adjournment	Motion to adjourn by Dir. Donald. 2nd DM Turnage Meeting adjourned at 5:21pm.	



DRAFT

Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending December 31, 2020



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1. Gap Measure
2. Financial Summary
3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



Gap Measures Tracking

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**Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of December 2020**

	FY 2021 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
--	--	---	-----------------------------------	--

Net Income/(Loss) from Operations:

(\$22,468,000)

Add: Initiatives to be Realized

Various Issues Affecting Admission	\$4,300,000	\$0	\$4,300,000	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$1,284,397	\$5,915,603	17.8%
Supply Chain/Contracts	\$600,000	\$0	\$600,000	0.0%
Salary and Agency Reduction	\$1,000,000	\$0	\$1,000,000	0.0%
Managed Care	\$500,000	\$0	\$500,000	0.0%
Subtotal	\$13,600,000	\$1,284,397	\$11,815,603	9.4%
Projected Net Income (Loss) from Operations			(\$10,652,397)	
Original Projected Income			\$1,176,483	
Shortfall from Budget			(\$11,828,880) *	

***Need a plan to close the 11.8M gap from Mazar**



Report Summary

DRAFT

- **Revenue**
 - ❖ **Total operating revenue is lower than budget for the month by 13% (1.4M) and 15% YTD (5M), due to the following factors:**
 - ❖ **Net patient revenues are below budget by 23% (1.8M) MTD and 24% (5.6M) YTD, due to the following:**
 - ❖ **Admissions are below budget by 10% for the month and 11% YTD**
 - ❖ **ER visits are below budget by 29% MTD and 25% YTD**
 - ❖ **Radiology visits are below budget by 48% MTD and 28%YTD**
 - ❖ **DSH revenue is lower than budget by 28% (271K) MTD and 28% (813K) YTD based on preliminary calculation**
 - ❖ **GWMFA collections are lower than budget by 24% (143K) MTD and 29% (516K) YTD**
- **Expenses**
 - ❖ **Total operating expenses are higher than budget by 6% (665K) MTD and 3% (975K) YTD**
 - ❖ **Contributing factors are as follows:**
 - ❖ **Salaries are over budget by 18% (758K) MTD and 15% (1.8M) YTD, due to unbudgeted FTE's**
 - ❖ **Overtime is \$1.2M YTD, \$155K of the overtime is COVID related.**
 - ❖ **Employee benefits are over budget by 27% (292K) MTD and 13% (412K) YTD.**
 - ❖ **Purchased Services are higher than budget by 6% (83K) MTD on target YTD.**
- **Cash on Hand – 64 days**



Key Indicators

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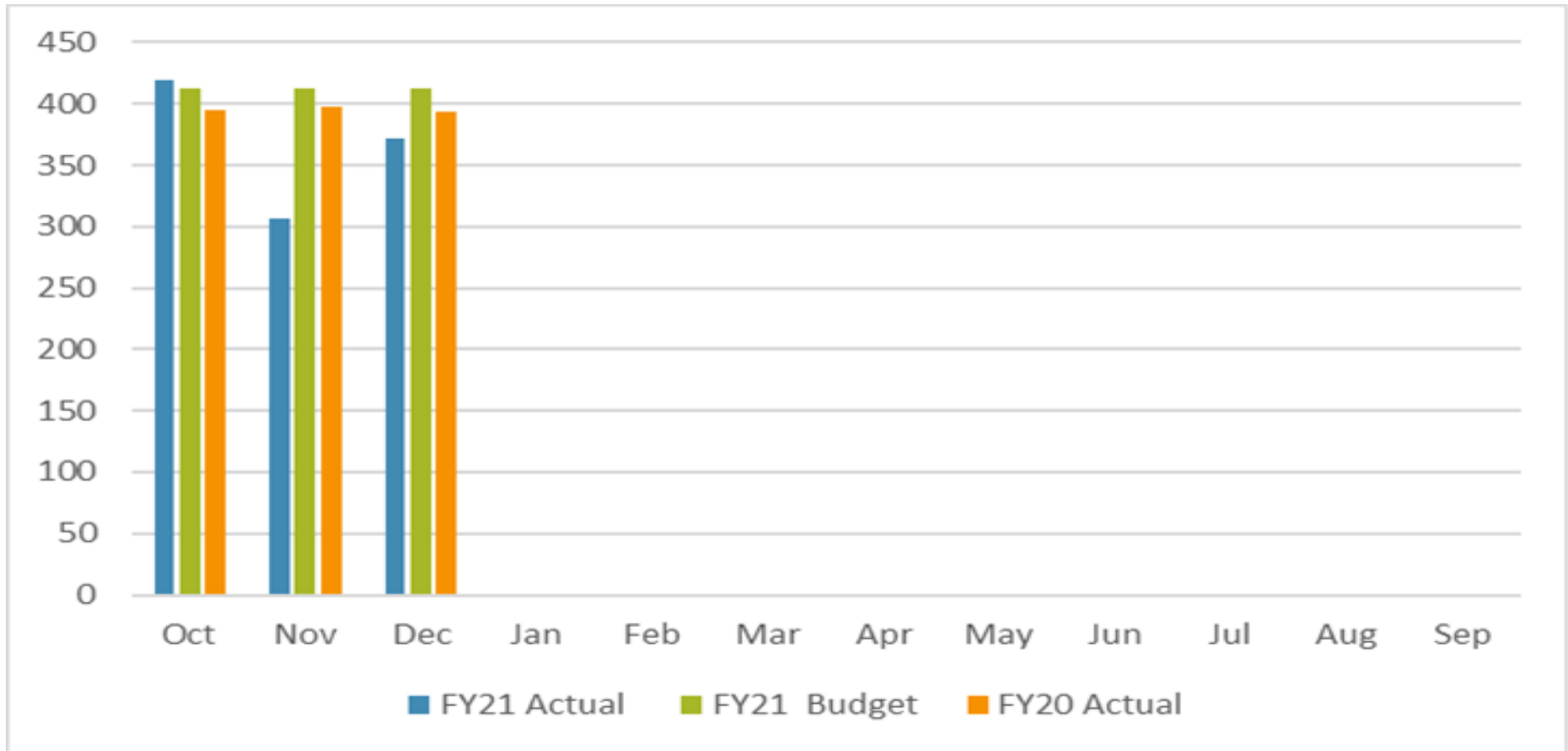
Fiscal Year 2021 thru 12/31/2020

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	372	413	393	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	146	125	156	▲	▲
Emergency Room Visits	Actual Visits	2,947	4,125	4,365	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	766	654	779	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.38	1.23	1.22	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes contract services)	61%	54%	58%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	76.0	85.0	83.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	98%	92%	94%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	64	45	38	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-20.0%	1.0%	-3.5%	▼	▲



Total Admissions (Consolidated)

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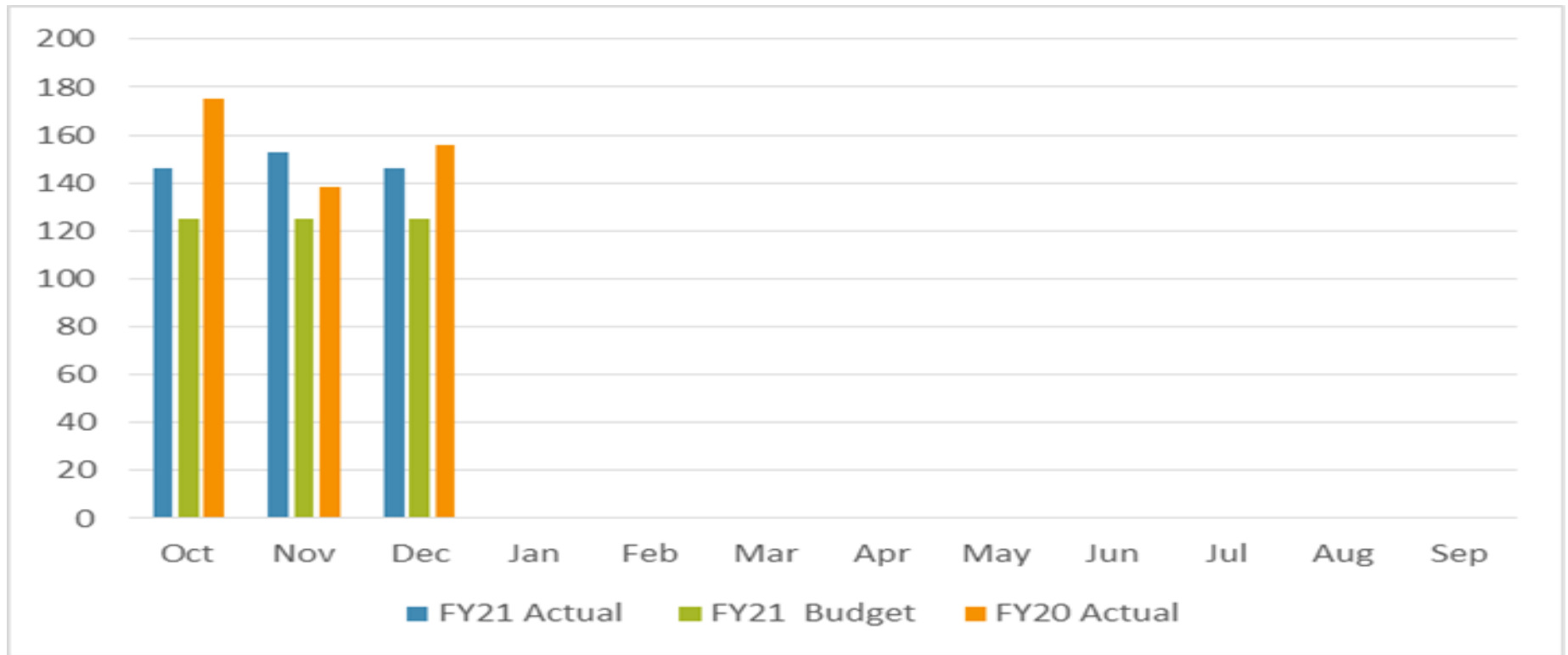


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419	306	372									
FY21 Budget	413	413	413									
FY20 Actual	395	398	393									



Inpatient/Outpatient Surgeries

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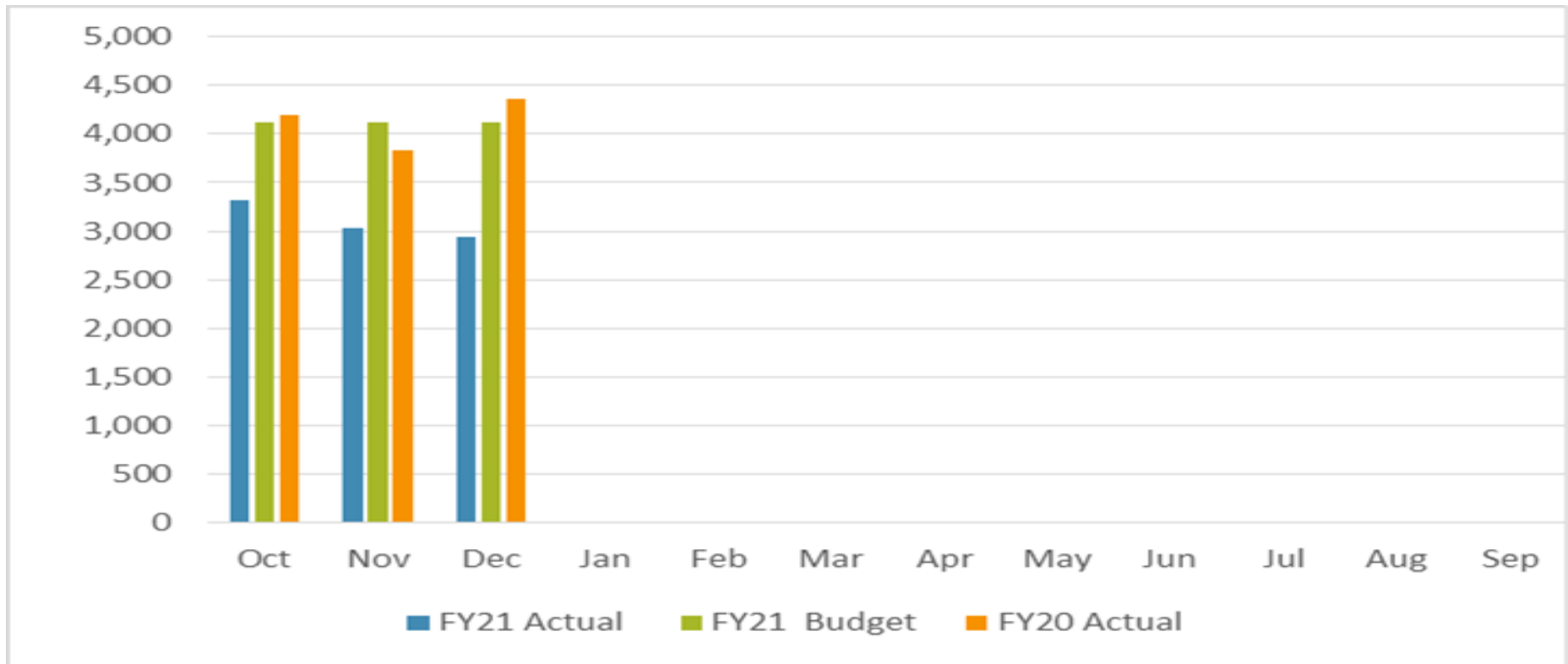


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146	153	146									
FY21 Budget	125	125	125									
FY20 Actual	175	138	156									



Total Emergency Room Visits

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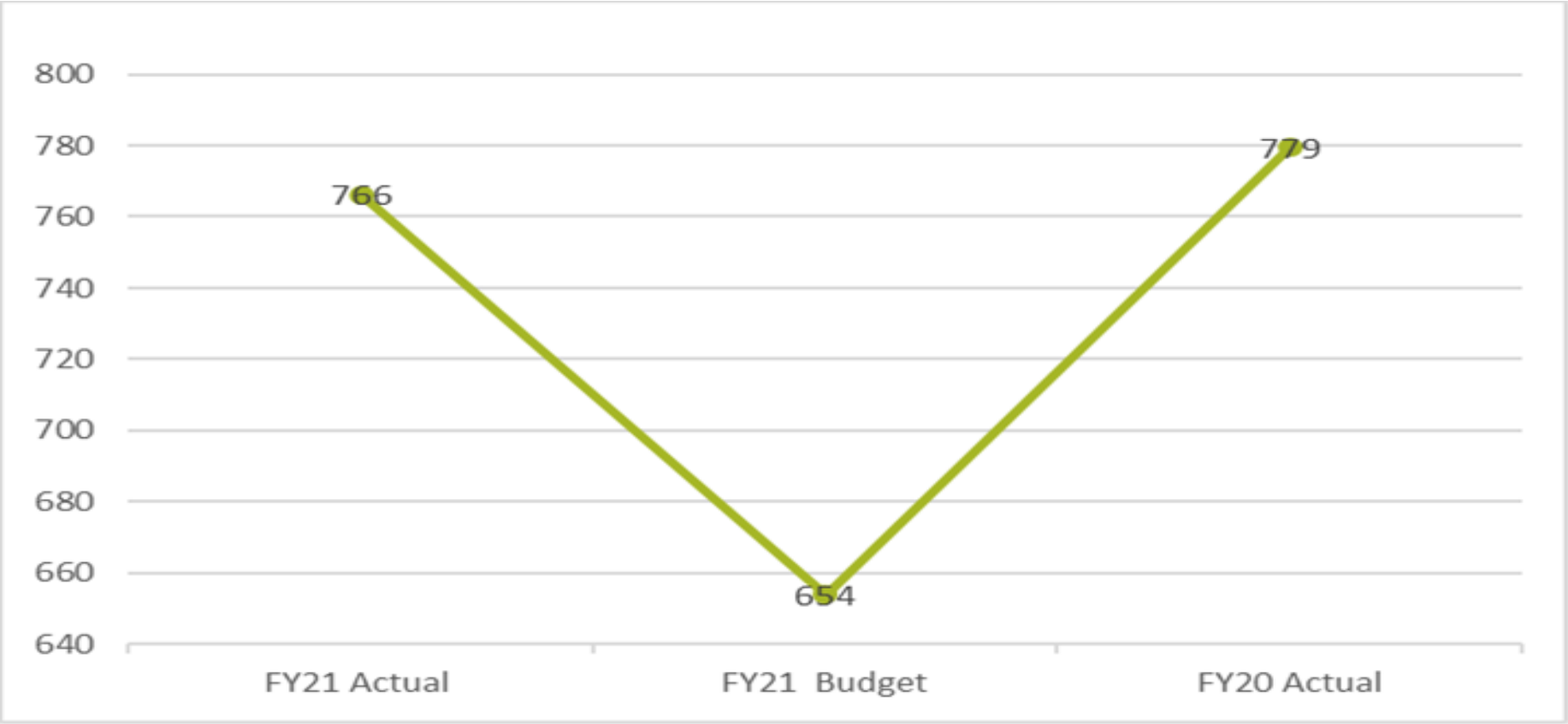


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	3,313	3,037	2,947									
FY21 Budget	4,125	4,125	4,125									
FY20 Actual	4,194	3,836	4,365									



Number of FTEs

DRAFT

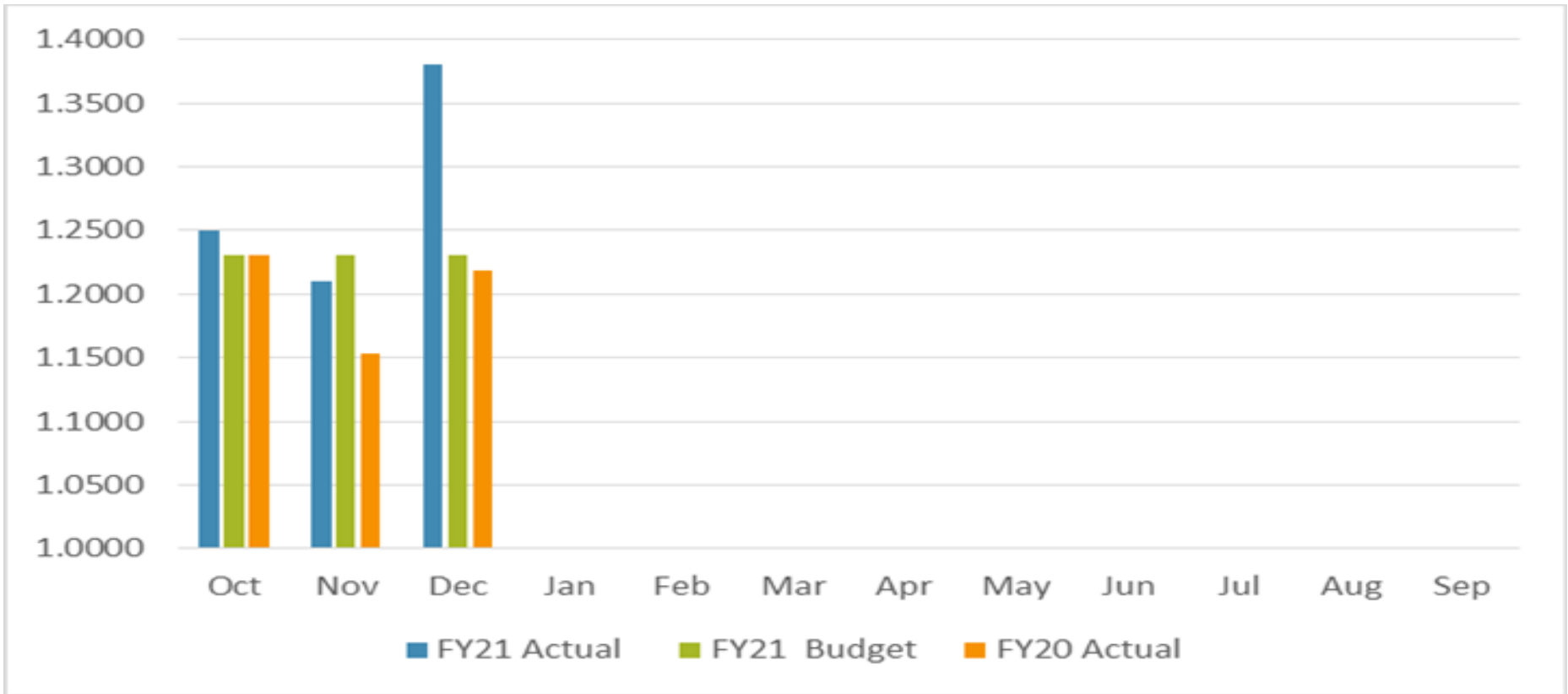


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771	766									
FY21 Budget	654	654	654									
FY20 Actual	748	770	779									



Case Mix Index

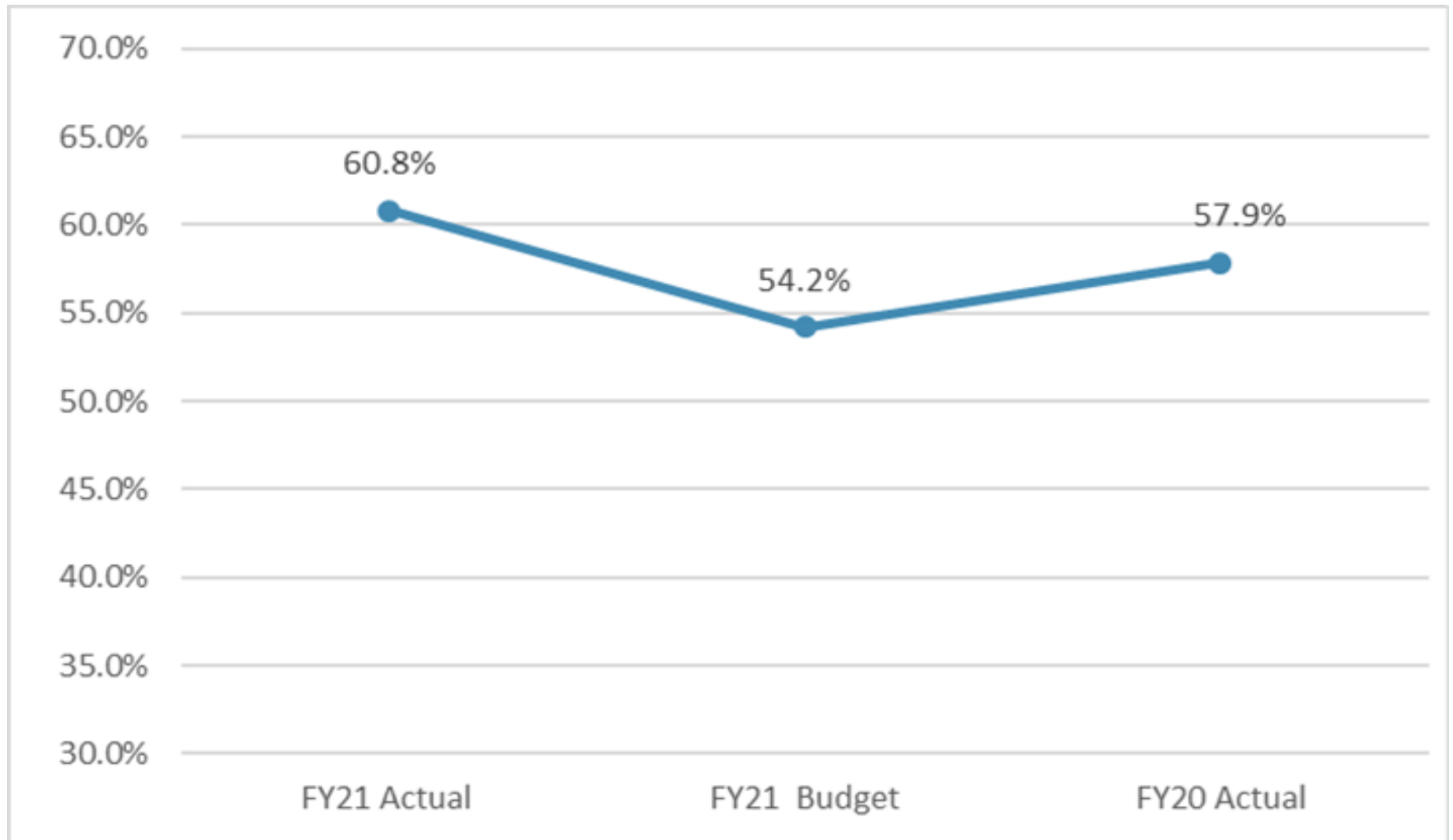
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	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500	1.2100	1.3800									
FY21 Budget	1.2300	1.2300	1.2300									
FY20 Actual	1.2300	1.1530	1.2190									

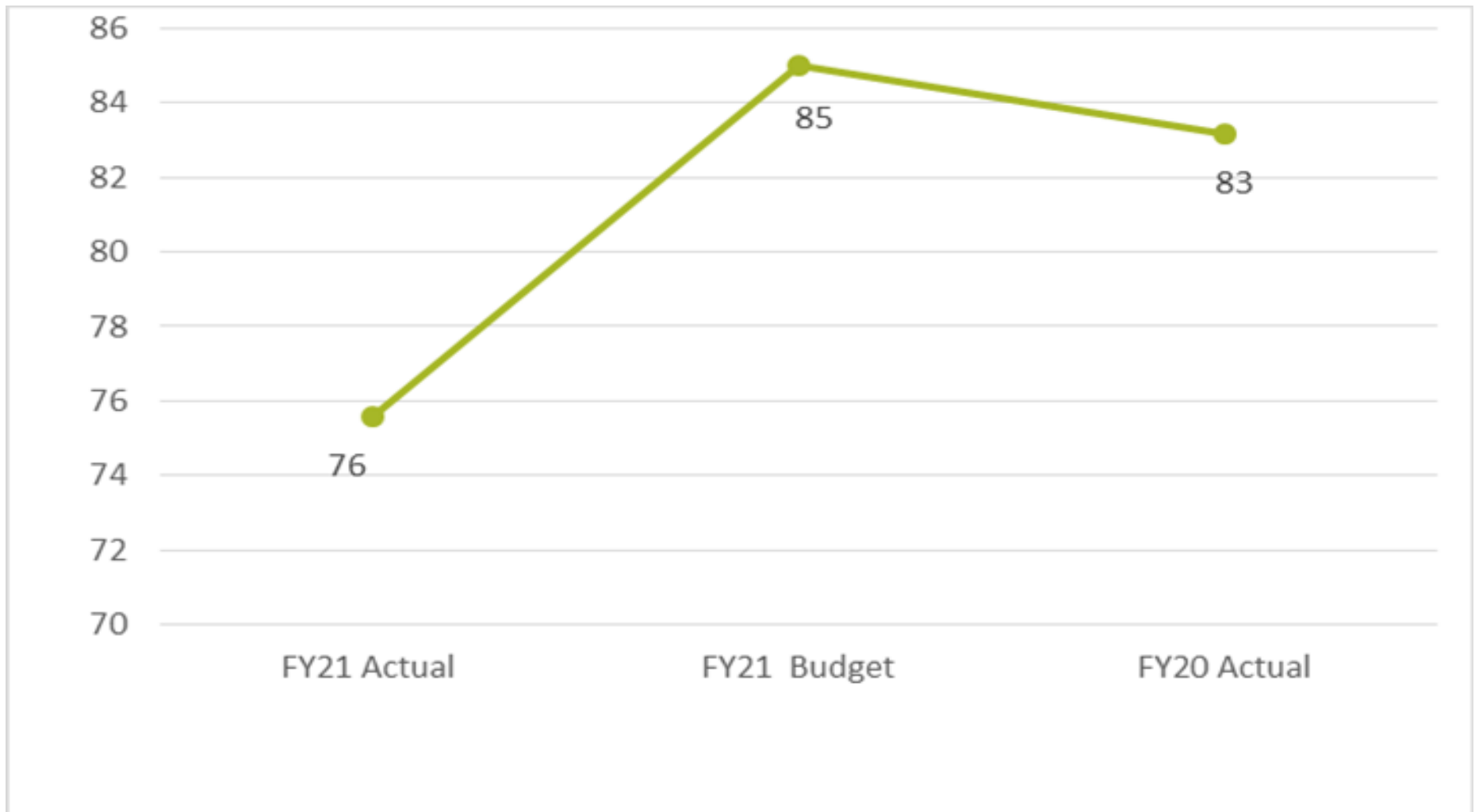


Salaries/Wages & Benefits as a % of **DRAFT** Operating Expenses (less 2 major contracts)



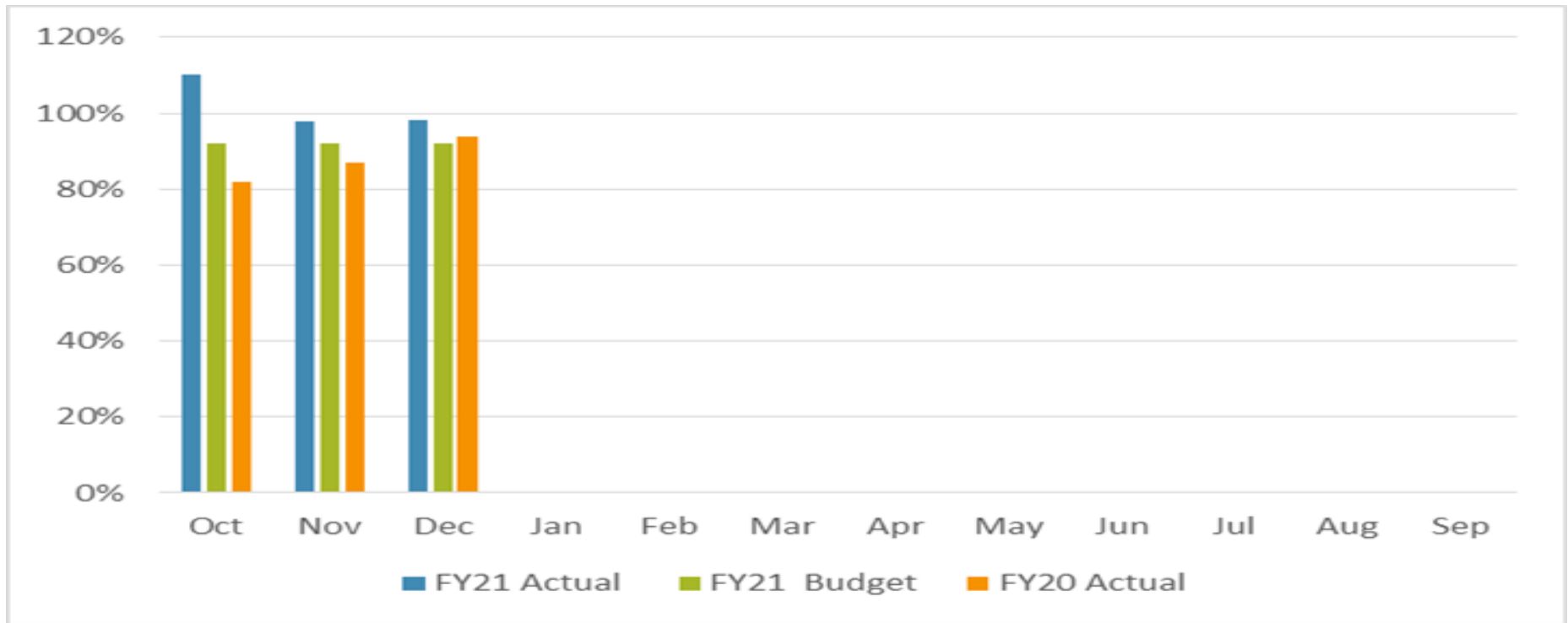


Net Accounts Receivable (AR) **DRAFT** Days With Unbilled





Cash Collection as a % of Net Revenues **DRAFT**

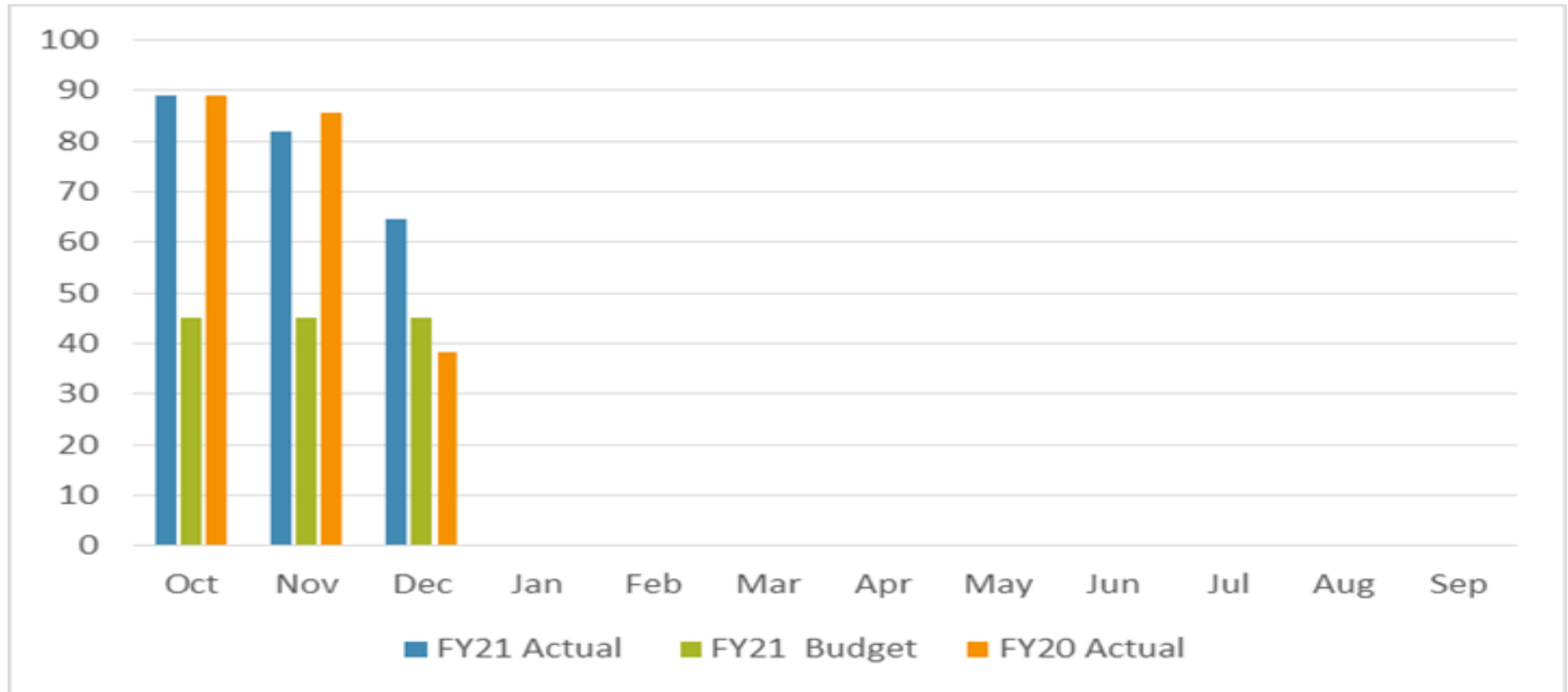


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%	99%	98%									
FY21 Budget	92%	92%	92%									
FY20 Actual	82%	87%	94%									



Days Cash On Hand

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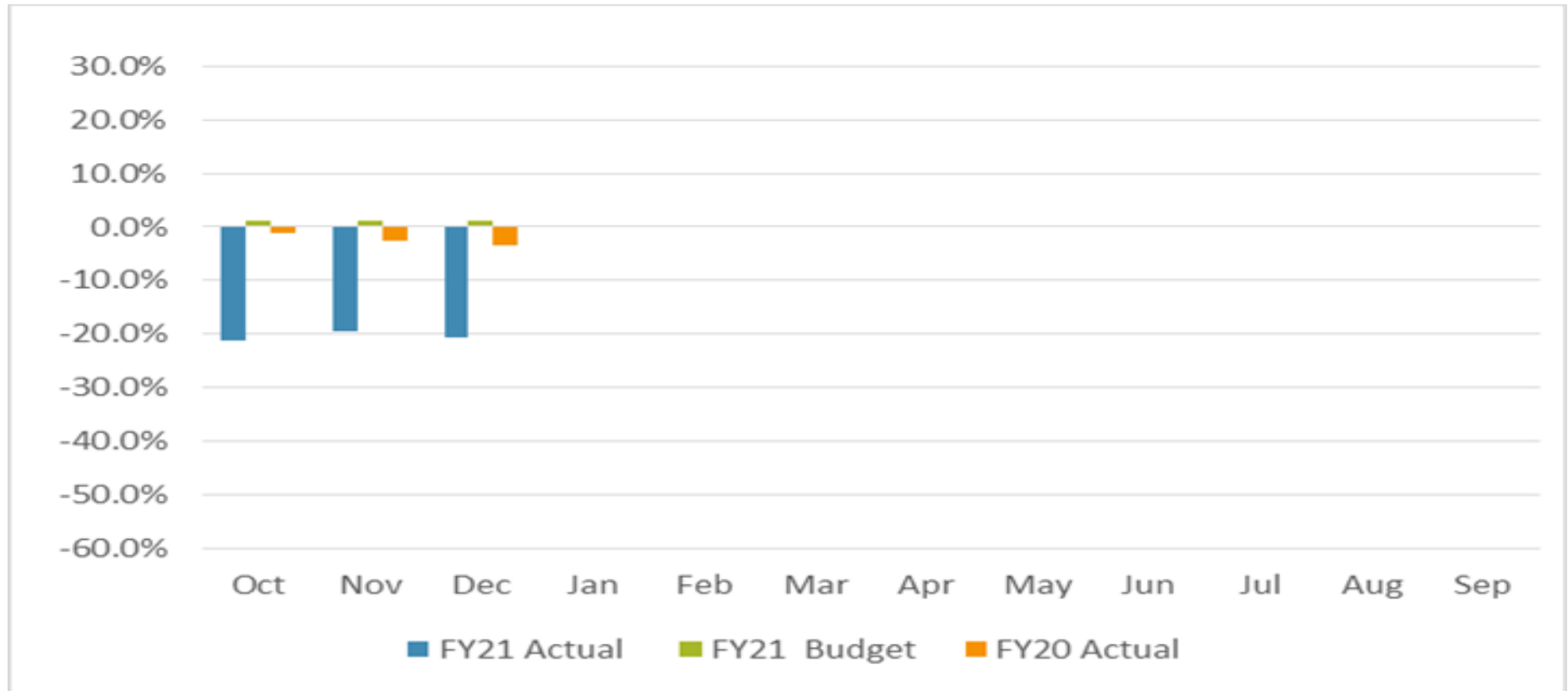


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	86	84	64									
FY21 Budget	45	45	45									
FY20 Actual	89	86	38									



Operating Margin % (Gain or Loss)

DRAFT



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	-19.4%	-19.7%	-20.0%									
FY21 Budget	1.0%	1.0%	1.0%									
FY20 Actual	-1.3%	-2.6%	-3.5%									



Income Statement

DRAFT

FY21 Operating Period Ending December 31, 2020

	Month of December			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	372	413	393	(41)	-10%	(21)	-5%	1,097	1,238	1,186	(141)	-11%	(89)	-8%
Patient Days	2,158	2,308	4,941	(150)	-6%	(2,783)	-56%	6,035	6,923	14,631	(888)	-13%	(8,596)	-59%
Emergency Room Visits	2,947	4,125	4,365	(1,178)	-29%	(1,418)	-32%	9,297	12,375	12,395	(3,078)	-25%	(3,098)	-25%
Clinic Visits	2,166	1,093	888	1,073	98%	1,278	144%	4,989	3,278	3,254	1,711	52%	1,735	53%
IP Surgeries	70	58	61	12	21%	9	15%	189	174	183	15	9%	6	3%
OP Surgeries	76	67	95	9	13%	(19)	-20%	256	201	286	55	27%	(30)	-10%
Radiology Visits	398	765	889	(367)	-48%	(491)	-55%	1,658	2,296	2,860	(638)	-28%	(1,202)	-42%
Revenues														
Net Patient Service	6,037	7,875	6,917	(1,838)	-23%	(879)	-13%	18,039	23,625	20,939	(5,586)	-24%	(2,900)	-14%
DSH	693	964	964	(271)	-28%	(271)	-28%	2,079	2,892	2,892	(813)	-28%	(812)	-28%
CNMC Revenue	165	177	241	(11)	-6%	(76)	-31%	474	530	662	(56)	-11%	(187)	-28%
Other Revenue	2,729	2,007	2,960	722	36%	(231)	-8%	7,540	6,022	8,291	1,518	25%	(751)	-9%
Total Operating Revenue	9,625	11,023	11,083	(1,398)	-13%	-1,457	-13%	28,133	33,070	32,783	(4,936)	-15%	(4,650)	-14%
Expenses														
Salaries and Wages	4,928	4,170	4,917	758	18%	11	0%	14,337	12,509	14,167	1,828	15%	171	1%
Employee Benefits	1,376	1,084	1,129	292	27%	248	22%	3,664	3,252	3,421	412	13%	243	7%
Contract Labor	203	167	242	36	22%	(39)	-16%	539	500	641	39	8%	(102)	-16%
Supplies	1,105	1,208	947	(104)	-9%	158	17%	2,970	3,625	2,725	(656)	-18%	245	9%
Pharmaceuticals	121	241	229	(120)	-50%	(109)	-47%	665	723	630	(58)	-8%	35	6%
Professional Fees	1,699	1,734	1,271	(34)	-2%	428	34%	5,212	5,201	4,836	12	0%	377	8%
Purchased Services	1,495	1,412	2,095	83	6%	(600)	-29%	4,228	4,235	5,353	(7)	0%	(1,125)	-21%
Other	664	910	846	(246)	-27%	(182)	-22%	2,134	2,730	2,158	(596)	-22%	(24)	-1%
Total Operating Expenses	11,590	10,925	11,675	665	6%	(85)	-1%	33,750	32,776	33,929	975	3%	-179	-1%
Operating Gain/ (Loss)	(1,965)	98	(592)	(2,063)	-2104%	(1,373)	232%	(5,617)	294	(1,146)	(5,911)	-2010%	(4,471)	390%



Balance Sheet

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As of the month ending December 31, 2020

Dec-20	Nov-20	MTD Change		Sep-20	YTD Change
Current Assets:					
\$ 38,107	\$ 46,299	\$ (8,192)	Cash and equivalents	\$ 53,402	\$ (15,295)
14,816	15,689	(873)	Net accounts receivable	14,651	165
6,232	6,086	146	Inventories	6,024	208
4,311	2,189	2,122	Prepaid and other assets	1,054	3,257
63,466	70,263	(6,797)	Total current assets	\$ 75,131	\$ (11,665)
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
68,190	68,747	(557)	Capital Assets	69,722	(1,532)
68,190	68,747	(557)	Total long term assets	69,722	(1,532)
\$ 131,655	\$ 139,010	\$ (7,354)	Total assets	\$ 144,853	\$ (13,198)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
15,487	16,106	(619)	Trade payables	18,773	(3,286)
11,612	11,092	520	Accrued salaries and benefits	11,838	(226)
2,592	2,593	(2)	Other liabilities	2,594	(2)
29,691	29,792	(100)	Total current liabilities	33,205	(3,514)
Long-Term Liabilities:					
13,298	16,109	(2,811)	Unearned grant revenue	13,890	(592)
7,270	7,253	17	Estimated third-party payor settlements	7,219	51
1,629	1,629	-	Contingent & other liabilities	1,629	0
22,198	24,992	(2,794)	Total long term liabilities	22,738	(540)
Net Position:					
79,766	84,227	(4,460)	Unrestricted	88,910	(9,144)
79,766	84,227	(4,460)	Total net position	88,910	(9,144)
\$ 131,655	\$ 139,010	\$ (7,355)	Total liabilities and net position	\$ 144,853	\$ (13,198)



Statement of Cash Flow

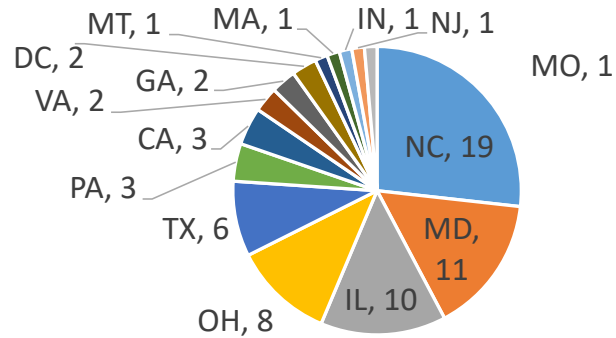
As of the month ending December 31, 2020

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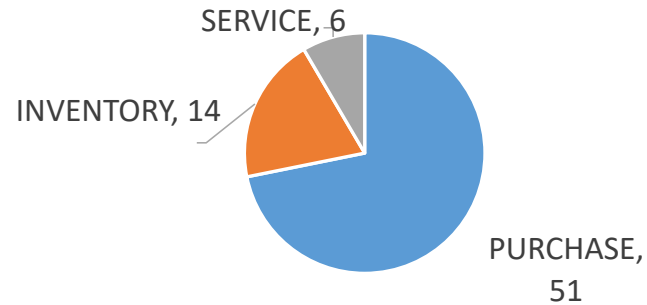
Month of December				<i>Dollars in Thousands</i>	
				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 7,620	\$ 7,904	Receipts from and on behalf of patients		\$ 20,004	\$ 21,662
(8,174)	(6,543)	Payments to suppliers and contractors		(22,500)	(11,590)
(5,784)	(5,496)	Payments to employees and fringe benefits		(18,228)	(17,970)
86	408	Other receipts and payments, net		(7,501)	1,374
(6,252)	(3,728)	Net cash provided by (used in) operating activities		(28,224)	(6,524)
Cash flows from investing activities:					
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		-	-
-	-	Receipts of interest		-	1
-	-	Net cash provided by (used in) investing activities		-	1
Cash flows from noncapital financing activities:					
-	-	Repayment of notes payable		-	-
-	-	Receipts (payments) from/(to) District of Columbia		15,000	22,140
-	-	Net cash provided by noncapital financing activities		15,000	22,140
Cash flows from capital and related financing activities:					
-	-	Net cash provided by capital financing activities		-	-
(1,309)	-	Receipts (payments) from/(to) District of Columbia		(127)	-
(632)	(211)	Change in capital assets		(1,945)	(996)
(1,941)	(211)	Net cash (used in) capital and related financing activities		(2,072)	(996)
(8,192)	(3,938)	Net increase (decrease) in cash and cash equivalents		(15,296)	14,620
46,299	50,490	Cash and equivalents, beginning of period		53,402	31,933
\$ 38,107	\$ 46,553	Cash and equivalents, end of period		\$ 38,107	\$ 46,553
Supplemental disclosures of cash flow information					
Cash paid during the year for interest expense					
Equipment acquired through capital lease					
Net book value of asset retirement costs					

DECEMBER COMPLETED PO REPORT FY21

TOTAL COMPLETED PO'S BY STATE



**TOTAL COMPLETED PO'S
DECEMBER**



Vendor	Amount	Vendor	Amount	Vendor	Amount
NAC MECHANICAL SERVICES	\$60,450.00	CDW-G	\$4,600.00	GE HEALTHCARE (FORMERLY	\$650.00
DAYCON PRODUCTS COMPANY	\$42,628.75	HOLOGIC LIMITED PARTNER	\$4,080.00	MEDTRONICS / XOMED	\$614.00
ABBOTT LABORATORIES FOR	\$26,360.00	NANOSONICS INC.	\$3,956.00	RBO PRINTLOGISTIX	\$600.00
CARDINAL HEALTH/MEDICAL	\$24,763.69	AMBU INC	\$2,990.00	THE MORTAN LENS	\$585.60
ORTHO CLINICAL DIAGNOST	\$15,273.77	TISSUE REGENIX WOUND CA	\$2,230.00	CAREFUSION 2200, INC.	\$564.00
BIOMERIEUX, INC.,	\$11,000.00	TRIANGLE MANIFOLD SERVI	\$2,075.00	MERRY X-RAY CORP FORMLY	\$532.78
ICU MEDICAL, INC.	\$10,100.88	MEDICAL SUPPLY SYSTEMS	\$1,450.00	ARMSTRONG MEDICAL INDUS	\$450.00
IMMIXTECHNOLOGY INC	\$8,511.41	STERIS CORPORATION	\$1,413.04	GI SUPPLY	\$380.00
NOW MARKETING SOLUTIONS	\$7,840.00	BECKMAN COULTER	\$1,379.62	AIRGAS EAST	\$379.80
SOLARWINDS INC	\$7,109.00	PARTS SOURCE INC.	\$1,306.42	ETHICON ENDO SURGERY	\$359.97
ACELL INC.	\$6,478.00	HEALTH CARE LOGISTICS	\$1,139.76	ALIMED, INC.,	\$259.00
CONCENTUS.NET	\$6,440.00	OLYMPUS CORPORATION OF	\$1,096.74	PC CONNECTION SALES COR	\$236.00
QIAGEN	\$5,725.20	S. FREEDMAN & SONS	\$975.00	FISHER HEALTHCARE	\$212.60
TRILLIANT SURGICAL	\$5,306.00	POSEY COMPANY	\$775.08	Grand Total	\$273,277.11

VENDOR #	Vendor Name	VENDOR STATE	PO Number	PO Type	PO Status	Del Date	Amount
M00002	CARDINAL HEALTH/MEDICAL	NC	60556	PURCHASE	COMPLETE	12/10/2020	\$1,050.20
M00002	CARDINAL HEALTH/MEDICAL	NC	60576	PURCHASE	COMPLETE	12/8/2020	\$2,996.71
M00002	CARDINAL HEALTH/MEDICAL	NC	60581	PURCHASE	COMPLETE	12/15/2020	\$7,255.95
M00002	CARDINAL HEALTH/MEDICAL	NC	60598	PURCHASE	COMPLETE	12/11/2020	\$2,265.84
M00002	CARDINAL HEALTH/MEDICAL	NC	60607	PURCHASE	COMPLETE	1/8/2021	\$131.88
M00002	CARDINAL HEALTH/MEDICAL	NC	60608	PURCHASE	COMPLETE	1/8/2021	\$1,250.98
M00002	CARDINAL HEALTH/MEDICAL	NC	60610	PURCHASE	COMPLETE	1/8/2021	\$2,414.68
M00002	CARDINAL HEALTH/MEDICAL	NC	60613	INVENTORY	COMPLETE	1/4/2021	\$318.92
M00002	CARDINAL HEALTH/MEDICAL	NC	60671	PURCHASE	COMPLETE	1/12/2021	\$2,273.48
M00002	CARDINAL HEALTH/MEDICAL	NC	60674	PURCHASE	COMPLETE	1/12/2021	\$1,416.56

DECEMBER COMPLETED PO REPORT FY21

VENDOR #	Vendor Name	VENDOR STATE	PO Number	PO Type	PO Status	Del Date	Amount
M00002	CARDINAL HEALTH/MEDICAL	NC	60700	PURCHASE	COMPLETE	1/10/2021	\$987.97
M00002	CARDINAL HEALTH/MEDICAL	NC	60707	INVENTORY	COMPLETE	1/16/2021	\$784.58
M00002	CARDINAL HEALTH/MEDICAL	NC	60718	INVENTORY	COMPLETE	1/17/2021	\$670.00
M00002	CARDINAL HEALTH/MEDICAL	NC	60741	INVENTORY	COMPLETE	1/23/2021	\$344.14
M00002	CARDINAL HEALTH/MEDICAL	NC	60742	PURCHASE	COMPLETE	12/30/2020	\$601.80
M00004	STERIS CORPORATION	OH	60546	INVENTORY	COMPLETE	12/26/2020	\$1,061.84
M00004	STERIS CORPORATION	OH	60689	PURCHASE	COMPLETE	1/12/2021	\$176.20
M00004	STERIS CORPORATION	OH	60703	PURCHASE	COMPLETE	1/16/2021	\$175.00
M00008	BECKMAN COULTER	CA	60566	PURCHASE	COMPLETE	12/29/2020	\$1,379.62
M00022	AIRGAS EAST	IL	60729	PURCHASE	COMPLETE	1/18/2021	\$379.80
M00035	ALIMED, INC.,	TX	60606	PURCHASE	COMPLETE	1/8/2021	\$259.00
M00040	FISHER HEALTHCARE	TX	60537	PURCHASE	COMPLETE	12/26/2020	\$212.60
M00055	ROCHE DIAGNOSTICS CORPO	GA	60552	PURCHASE	COMPLETE	12/2/2020	\$0.00
M00081	BIOMERIEUX, INC.,	NC	60547	INVENTORY	COMPLETE	12/26/2020	\$2,800.00
M00081	BIOMERIEUX, INC.,	NC	60682	INVENTORY	COMPLETE	1/12/2021	\$3,920.00
M00081	BIOMERIEUX, INC.,	NC	60722	PURCHASE	COMPLETE	1/17/2021	\$4,280.00
M00088	ABBOTT LABORATORIES FOR	IL	60542	SERVICE	COMPLETE	12/11/2020	\$22,050.00
M00088	ABBOTT LABORATORIES FOR	IL	60611	PURCHASE	COMPLETE	12/22/2020	\$4,310.00
M00165	MERRY X-RAY CORP FORMLY	OH	60678	PURCHASE	COMPLETE	12/25/2020	\$532.78
M00201	ICU MEDICAL, INC.	CA	60594	INVENTORY	COMPLETE	1/3/2021	\$10,100.88
M00209	GE HEALTHCARE (FORMERLY	NJ	60685	PURCHASE	COMPLETE	12/25/2020	\$650.00
M00217	OLYMPUS CORPORATION OF	TX	60687	PURCHASE	COMPLETE	12/25/2020	\$1,096.74
M00221	ORTHO CLINICAL DIAGNOST	IL	60571	PURCHASE	COMPLETE	12/29/2020	\$6,292.56
M00221	ORTHO CLINICAL DIAGNOST	IL	60572	PURCHASE	COMPLETE	12/29/2020	\$8,981.21
M00232	PC CONNECTION SALES COR	PA	60563	PURCHASE	COMPLETE	12/11/2020	\$236.00
M00352	MEDTRONICS / XOMED	GA	60692	INVENTORY	COMPLETE	1/12/2021	\$614.00
M00359	GI SUPPLY	PA	60733	PURCHASE	COMPLETE	1/22/2021	\$380.00
M00388	ARMSTRONG MEDICAL INDUS	IL	60591	PURCHASE	COMPLETE	1/2/2021	\$450.00
M00452	HEALTH CARE LOGISTICS	OH	60567	INVENTORY	COMPLETE	1/3/2021	\$1,139.76
M00527	THE MORTAN LENS	MT	60668	INVENTORY	COMPLETE	1/11/2021	\$585.60
M00561	MEDICAL SUPPLY SYSTEMS	DC	60544	INVENTORY	COMPLETE	12/26/2020	\$1,450.00
M00567	ULINE	IL	60575	PURCHASE	COMPLETE	12/15/2020	\$181.50
M00567	ULINE	IL	60717	PURCHASE	COMPLETE	1/17/2021	\$72.00
M00591	RBO PRINTLOGISTIX	MO	60623	PURCHASE	COMPLETE	1/10/2021	\$600.00
M00646	CDW-G	IL	60676	PURCHASE	COMPLETE	12/25/2020	\$4,600.00
M00802	PARTS SOURCE INC.	OH	60540	PURCHASE	COMPLETE	12/8/2020	\$116.84
M00802	PARTS SOURCE INC.	OH	60541	PURCHASE	COMPLETE	12/8/2020	\$1,189.58
M00839	POSEY COMPANY	CA	60570	PURCHASE	COMPLETE	12/29/2020	\$775.08
M01133	S. FREEDMAN & SONS	MD	60683	INVENTORY	COMPLETE	1/12/2021	\$975.00
M01426	ETHICON ENDO SURGERY	OH	60609	PURCHASE	COMPLETE	1/8/2021	\$359.97
M01556	CAREFUSION 2200, INC.	IL	60664	PURCHASE	COMPLETE	12/23/2020	\$564.00
M01730	HOLOGIC LIMITED PARTNER	MA	60582	PURCHASE	COMPLETE	1/2/2021	\$4,080.00

DECEMBER COMPLETED PO REPORT FY21

VENDOR #	Vendor Name	VENDOR STATE	PO Number	PO Type	PO Status	Del Date	Amount
M02015	ACELL INC.	PA	60734	SERVICE	COMPLETE	1/22/2021	\$6,478.00
M02431	SOLARWINDS INC	TX	60564	SERVICE	COMPLETE	9/30/2021	\$7,109.00
M02457	TISSUE REGENIX WOUND CA	TX	60735	PURCHASE	COMPLETE	12/28/2020	\$2,230.00
M02464	NANOSONICS INC.	IN	60673	PURCHASE	COMPLETE	12/25/2020	\$3,956.00
M02493	AMBU INC	MD	60706	INVENTORY	COMPLETE	1/16/2021	\$2,990.00
M02544	CONCENTUS.NET	VA	60583	PURCHASE	COMPLETE	12/8/2020	\$6,440.00
M02558	TRILLIANT SURGICAL	TX	60712	SERVICE	COMPLETE	1/17/2021	\$5,306.00
M02617	DAYCON PRODUCTS COMPANY	MD	60549	PURCHASE	COMPLETE	12/9/2020	\$3,770.00
M02617	DAYCON PRODUCTS COMPANY	MD	60550	PURCHASE	COMPLETE	12/9/2020	\$9,747.00
M02617	DAYCON PRODUCTS COMPANY	MD	60558	PURCHASE	COMPLETE	12/10/2020	\$20,000.00
M02617	DAYCON PRODUCTS COMPANY	MD	60559	PURCHASE	COMPLETE	12/11/2020	\$6,456.75
M02617	DAYCON PRODUCTS COMPANY	MD	60599	PURCHASE	COMPLETE	12/18/2020	\$2,468.80
M02617	DAYCON PRODUCTS COMPANY	MD	60618	PURCHASE	COMPLETE	12/22/2020	\$186.20
M02636	IMMIXTECHNOLOGY INC	VA	60543	PURCHASE	COMPLETE	12/1/2020	\$8,511.41
M02650	TRIANGLE MANIFOLD SERVI	NC	60624	SERVICE	COMPLETE	12/16/2020	\$2,075.00
M02653	QIAGEN	MD	60679	PURCHASE	COMPLETE	1/12/2021	\$5,725.20
M02668	NAC MECHANICAL SERVICES	MD	60595	PURCHASE	COMPLETE	12/10/2020	\$60,450.00
M02710	NOW MARKETING SOLUTIONS	DC	60684	PURCHASE	COMPLETE	12/18/2020	\$7,840.00
M02715	CARSON W CAIN/MAYNE MED	MD	60625	SERVICE	COMPLETE	12/16/2020	\$0.00

UMC CONTRACTS/AGREEMENTS EXECUTED IN DECEMBER 2020					
DATE OF EXECUTION	CONTRACTOR/VENDOR	ADDRESS	VALUE	SERVICES	TERM(S)
12/8/2020	Mazars USA LLP	New York, NY	\$834,013.38	Modification to extend Hospital operations services	11/19/2020 - 12/31/2020
12/9/2020	Tiger Connect, Inc.	Santa Monica, CA	\$0.00	Business Associates Agreement (BAA)	N/A
12/11/2020	Robert Half International	Washington, DC	\$0.00	Business Associates Agreement (BAA)	N/A
12/14/2020	District of Columbia Behavioral Health (DCBH)	Washington, DC	\$0.00	FY21 Acute Psychiatric Care MOU	12/14/2020 - 12/13/2021
12/16/2020	CareFirst BlueCross BlueShield	Washington, DC	\$0.00	Community Health Plan Hospital Participation Agreement	12/16/2020 - 12/15/2021
12/16/2020	Armco Systems Corporation	Princeton, NJ	\$0.00	Business Associates Agreement (BAA)	N/A
12/17/2020	Abbott Rapid Diagnostics Informatics, Inc.	Charlottesville, VA	\$9,195.93	Provision of RALS interface license and associated support services	12/17/2020 - 12/16/2021
12/17/2020	William J. Brownlee, III, MD	Washington, DC	\$33,750.00	Modification for the provision of Surgical Call services for the Hospital	09/01/2020 - 01/31/2021
12/17/2020	Khosrow Davachi, M.D.	Clinton, MD	\$19,200.00	Modification for the provision of professional medical services in the specialty of Dialysis ('Specialty').	09/25/2020 - 09/24/2021
12/18/2020	Manufactures Alliance Insurance Corporation	Blue Bell, PA	\$1,558,062.00	Plan selection form	11/23/2020 - 11/22/2021
12/21/2020	Rivendell International Inc.	Washington, DC	\$50,000.00	Design and maintenance of hospital website	12/21/2020 - 12/20/2021
12/22/2020	Trinity Washington University	Washington, DC	\$0.00	Academic Affiliation Agreement	12/22/2020 - 12/21/2021
12/23/2020	Children's Hospital	Washington, DC	\$0.00	3rd Amendment to extend lease for an additional thirty (30) days	01/01/2021 - 01/31/2021

UMC CONTRACTS/AGREEMENTS EXECUTED IN DECEMBER 2020					
12/23/2020	Cardinal Health	Dublin, OH	\$0.00	Letter of Agreement (“LOA”) regarding that certain Preferred Rebate Program Agreement dated August 1, 2020 (SA2 Agreement).	01/01/2021 - 12/31/2021
12/28/2020	Vision Benefits of America (VBA)	Carnegie, PA	see agreement	Extension of vision care benefits contract	01/01/2021 - 12/31/2021
12/28/2020	Entercom Communications Corp.	Washington, DC	\$4,878.33	Settlement agreement	N/A
12/30/2020	Cintas Corporation No. 2	Landover, MD	\$63,000.00	Amendment to the Contract is to allow for the rental of an automated garment distribution system.	11/16/2020 - 11/15/2021
12/30/2020	Michael Austin, Esq.	Washington, DC	\$20,000.00	Provision of legal services	12/03/2020 - 01/04/2021
12/31/2020	Maxim Healthcare Staffing, Inc.	Silver Spring, MD	\$300,000.00	Provision of supplemental staffing in nursing specifically in the ICU and ER Department.	12/10/2020 - 12/09/2021

DECEMBER CBE/DIVERSITY SPEND YTD FY21

CBE SPEND

VENDOR #	CBE	SERVICE	WARD	AP SPEND YTD
M01856	U.S. OFFICE SOLUTIONS	OFFICE SUPPLIES	5	\$ 26,280.98
M02509	RSC ELECTRICAL & MECHANICAL	ELECTRICAL/HVAC	7	\$ 171,500.00
M00561	MEDICAL SUPPLY SYSTEMS	MEDICAL/SURGICAL EQUIPMENT	4	\$ 11,478.00
M02574	E-LOGIC, INC	INFORMATION TECHNOLOGY	2	\$ 80,400.00
M02261	RATH ENTERPRISES	CONSTRUCTION/ASBESTOS	5	\$ 95,910.00
M02624	WALDON STUDIO ARCHITECTS & PLANNERS	ARCHITECTURAL DESIGN	2	\$ 131,168.29
M02647	GLOBAL PRINT MASTER	MARKETING/BRANDING	5	\$ 260.00
M02692	NETWORKING FOR FUTURE INC	INFORMATION TECHNOLOGY	2	\$ 374,291.25
M02597	AL'S TWIN AIR, LLC	HVAC	6	\$ 113,691.27
M01157	COAST TO COAST HOSPITALITY LLC	SIGN LANGUAGE	8	\$ 15,763.50
TOTAL CBE SPEND YTD 12/31/20				\$ 1,020,743

DC BASED BUSINESS

VENDOR #	DC BASED BUSINESS	SERVICE	WARD	AP SPEND YTD
M02270	BONNER KIERNAN TREEBACH CROCIATA LLP	LAW FIRM	2	\$ 103,179.17
M02680	IM SO DC	DC CLOTHING APPAREL	8	\$ 3,890.00
M02691	NOVA MEDICAL LLC	TERMINAL CLEANING	2	\$ 234,244.00
M02710	NOW MARKETING SOLUTIONS	CUSTOM PRINT	7	\$ 70,210.00
M02709	DILIGENT CORPORATION	SOFTWARE	2	\$ 8,769.60
M02706	PACT PRO LLC	ASSET SECUTIRY MGMT	6	\$ 83,934.00
M02657	PITT ELECTRIC INC & CONSTRUCTION	ELECTRIC CONTRACTOR	8	\$ 97,072.00
M02693	JH CONTRACTORS LLC	CONSTRUCTION	5	\$ 135,225.00
TOTAL SPEND YTD 12/31/20				\$ 736,524

VIZIENT (GPO) SUPPLIER DIVERSITY TIER 2 DISTRIBUTION SPEND

SUPPLIER NAME	VETERAN DISTRIBUTION		MINORITY DISTRIBUTION		WOMAN DISTRIBUTION	TOTAL
ABOBOTT LABORATORIES	\$	50.14	\$	176.30	\$ 257.86	\$ 484.30
DEROYAL INDUSTRIES	\$	-	\$	-	\$ -	\$ -
FRESENIUS-KABI USA, INC	\$	162.35	\$	713.06	\$ 2,093.49	\$ 2,968.90
GETINGE USA, INC	\$	8.89	\$	18.99	\$ 23.81	\$ 51.69
MEDTRONIC	\$	3,071.25	\$	6,442.87	\$ 4,040.26	\$ 13,554.38
PHILIPS NORTH AMERICA LLC	\$	14,578.72	\$	7,427.98	\$ 17,560.23	\$ 39,566.93
RR DONNELLEY & SONS COMPANY				3.55	\$ 34.59	\$ 38.14
MORRISON MANAGEMENT SPECIALISTS	\$	4,705.10	\$	2,271.26	\$ 10,657.35	\$ 17,633.71
UPSHER-SMITH LABORATORIES, INC.	\$	25.11	\$	-	\$ 71.55	\$ 96.66
HEALTHMARK INDUSTRIES CO INC				86.18	\$ 16,314.31	\$ 16,400.49
VERIZON WIRELESS	\$	33.04	\$	490.72	\$ 200.63	\$ 724.38
TOTAL SPEND YTD 12/31/20						\$ 91,520

** start date for tracking supplier diversity 9/1/20

TOTAL CBE/DIVERSITY SPEND YTD FY21

\$ 1,848,787

AGENDA

- Dec 18, 2020



Not-For-Profit Hospital Corporation Board of Directors
Finance Committee: DM Wayne Turnage, Chair
Reg Mtg Agenda: Friday, December 18, 2020 @ 3p



I. CALL TO ORDER / RECORDING / ROLL CALL

Draft Agenda – 12/18/2020; 230p

II. MINUTES

Attachment/Agenda Item		Included in Shared Drive	Committee Action Req'd
B1	Minutes – Nov 16 (reg)	X	Vote

III. FINANCE, FINANCIALS & BUDGET

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd	Corresponding Oversight Question
C1	FY21 (Oct and/or Nov) Financials	X	Vote	8b(i)
C2	Detailed FY21 Gap Closing & Action Items Plan PPT, as certified by OCFO	X	Discuss	N/A
C3	Overtime Analysis & Plan	N/A	Discuss	N/A

IV. CONTRACTs & POs

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd	Corresponding Oversight Question
D1	UMC to provide update on policy for physicians Liability, employee liability, excess facility liability insurance	N/A	Discuss	N/A
D2	Proposed Contracts/POs for review and approval	X	Vote	N/A
D3	Dec 2020 & Jan 2021 Council Transmittals	No. UMC did not complete this request	FYI	8b(i)
D4	Monthly Contracts, PO, CBE Spend Dashboards	X	FYI	8c(i)
D5	Planned and Implemented Procurement Savings	X	FYI	11

V. SETTLEMENTS

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd	Corresponding Oversight Question
E1	Sept 2020 FC & Board Approved Settlement Payment Confirmations	X	FYI	14

VI. CAPITAL: FC OVERSIGHT & OCA BRT

Attachments/Agenda Item		Included in Shared Drive	Committee Action Req'd	Corresponding Oversight Question
F1	UMC Capital Program Administration PPT	X	FYI; Discussion in Jan	13
F2	Final OCA BRT PPT & Appendix	X	FYI, DM Update	N/A

VII. NEW BUSINESS/OLD BUSINESS

- Jan – Mar: FC continued oversight activity, subject to Board Chair re-org
- CY21 FC Meeting Schedule (*tentative*)

3rd Monday of each month, except where noted	
Friday, January 15th, 3p	Monday, July 19th, 3p
Friday, February 12th, 3p	Monday, August 16th, 3p
Monday, March 15th, 3p	Monday, September 20th, 3p
Monday, April 19th, 3p	Monday, October 18th, 3p
Monday, May 17th, 3p	Monday November 15th, 3p
Monday, June 21nd, 3p	Friday, December 17th, 3p

VIII. ANNOUNCEMENTS (*Dates subject to change*)

Dec TBD	Board – Emergency meeting for approval of key contracts (new and old Mazars)
Monday, Dec 21	Council - Last day for transmittal of contracts for passive review prior to recess. If missed, these transmittals restart Jan 4, 2021
Monday, Jan 4, 2021	Council - First day of Council Period 24; Council organization meeting, and first business day post recess
Tuesday, Jan 5, 2021	Council – Regular Leg Mtg; <i>no emergency contract legislation to be considered</i>
Jan TBD, 2021	Finance Committee Regular Meeting; CY2021 committee calendar
Tuesday, Feb 2	Council – Regular Leg Mtg (<i>Jan 27 – UMC deadline</i>); <i>first opportunity for consideration of emergency contract legislation (old and new Mazars, insurance)</i>
Mar – May 2021	Mayor’s Proposed FY22 Budget & Council’s FY21 Performance and FY22 Budget Hearings (<i>Dates TBD</i>)

IX. ADJOURNMENT

Notice of Intent to close. The NFPHC hereby gives notice that if necessary, it may close and move to executive session to discuss contracts, settlements, legal matters with an attorney, personnel matters, and public health emergency matters. D.C. Official Code §§2-575(b)(2)(4A)(8)(10).



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending October 31, 2020

DRAFT



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1. Gap Measure
2. Financial Summary
3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of October 2020

	FY 2021 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
--	--	---	-----------------------------------	--

Net Income/(Loss) from Operations:

(\$20,520,000)

Add: Initiatives to be Realized

Various Issues Affecting Admission	\$4,300,000	\$0	\$4,300,000	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$365,968	\$6,834,032	5.1%
Supply Chain/Contracts	\$600,000	\$0	\$600,000	0.0%
Salary and Agency Reduction	\$1,000,000	\$0	\$1,000,000	0.0%
Managed Care	\$500,000	\$0	\$500,000	0.0%
Subtotal	\$13,600,000	\$365,968	\$13,234,032	2.7%
Projected Net Income (Loss) from Operations			(\$7,285,968)	
Original Projected Income			\$1,176,483	
Shortfall from Budget			(\$8,462,451)*	

***Need a plan to close the 8.5M gap from Mazar**



Report Summary

- **Revenue**
 - ❖ **Total operating revenue is lower than budget by 16% (1.8M), due to the following factors:**
 - ❖ **Net patient revenues are below budget by 22% (1.7M), due to:**
 - ❖ **ER visits are below budget by 20%**
 - ❖ **Radiology visits are below budget by 12%**
 - ❖ **Lag in revenue initiative implementation**
 - ❖ **DSH revenue is lower than budget by 28% (271K) based on preliminary receipts**
 - ❖ **GWMFA collections are lower than budget by 39% (234K)**
- **Expenses**
 - ❖ **Total operating expenses are slightly over budget:**
 - ❖ **Salaries are over budget by 6% (249K), due to continued SNF operations. SNF expenses have been accounted for with stimulus payments.**
 - ❖ **Overtime was 324K in October**
 - ❖ **Contract labor is over budget by 51% (85K), due to vacancies**
 - ❖ **Other Expenses are over budget by 27% (245K), due to COVID expenses**
- **Cash on Hand – 89 days**



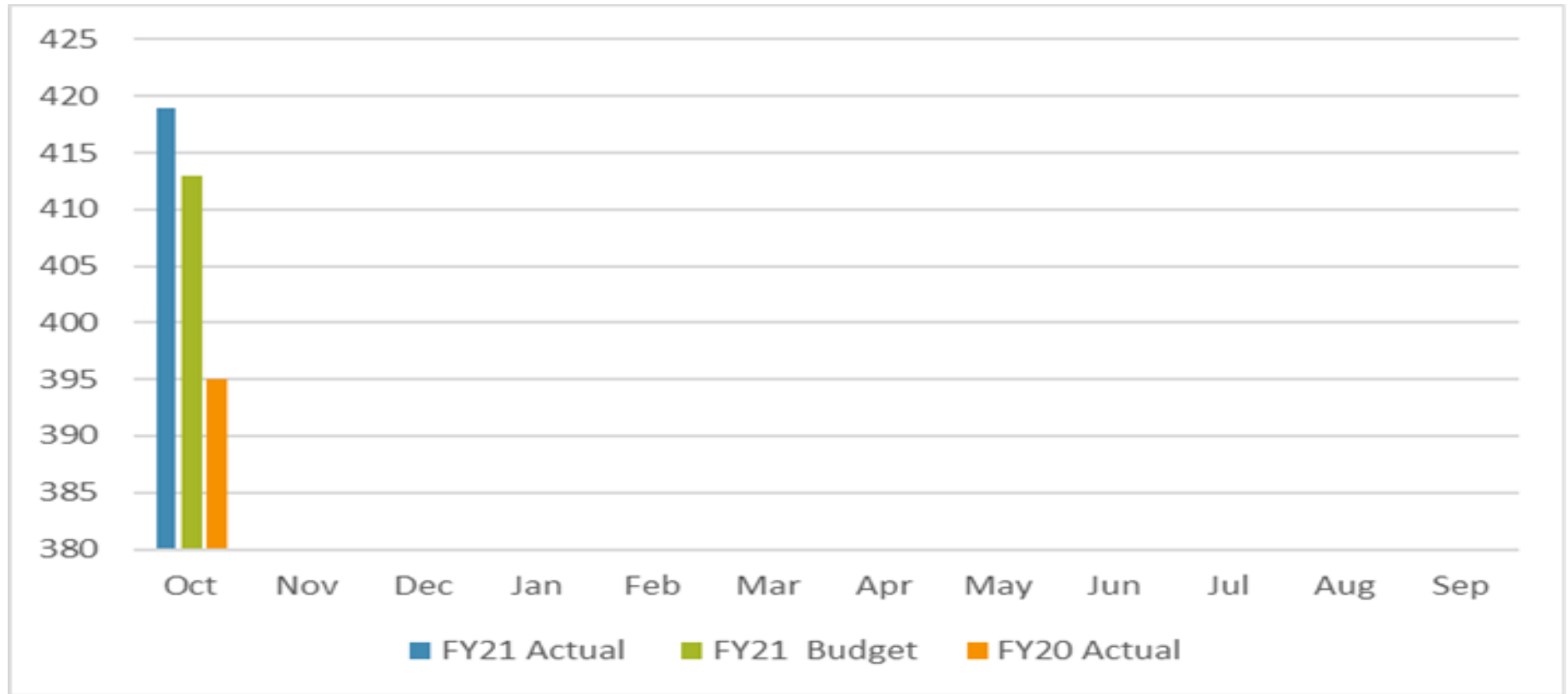
Key Indicators

Fiscal Year 2021 thru 10/31/2020

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY19	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	419	413	395	▲	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	146	125	175	▲	▲
Emergency Room Visits	Actual Visits	3,313	4,125	4,194	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	764	654	748	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.25	1.23	1.23	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes contract services)	56%	54%	58%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	74.2	85.0	83.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	111%	92%	82%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	89	45	89	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-18.5%	1.0%	-1.3%	▼	▲



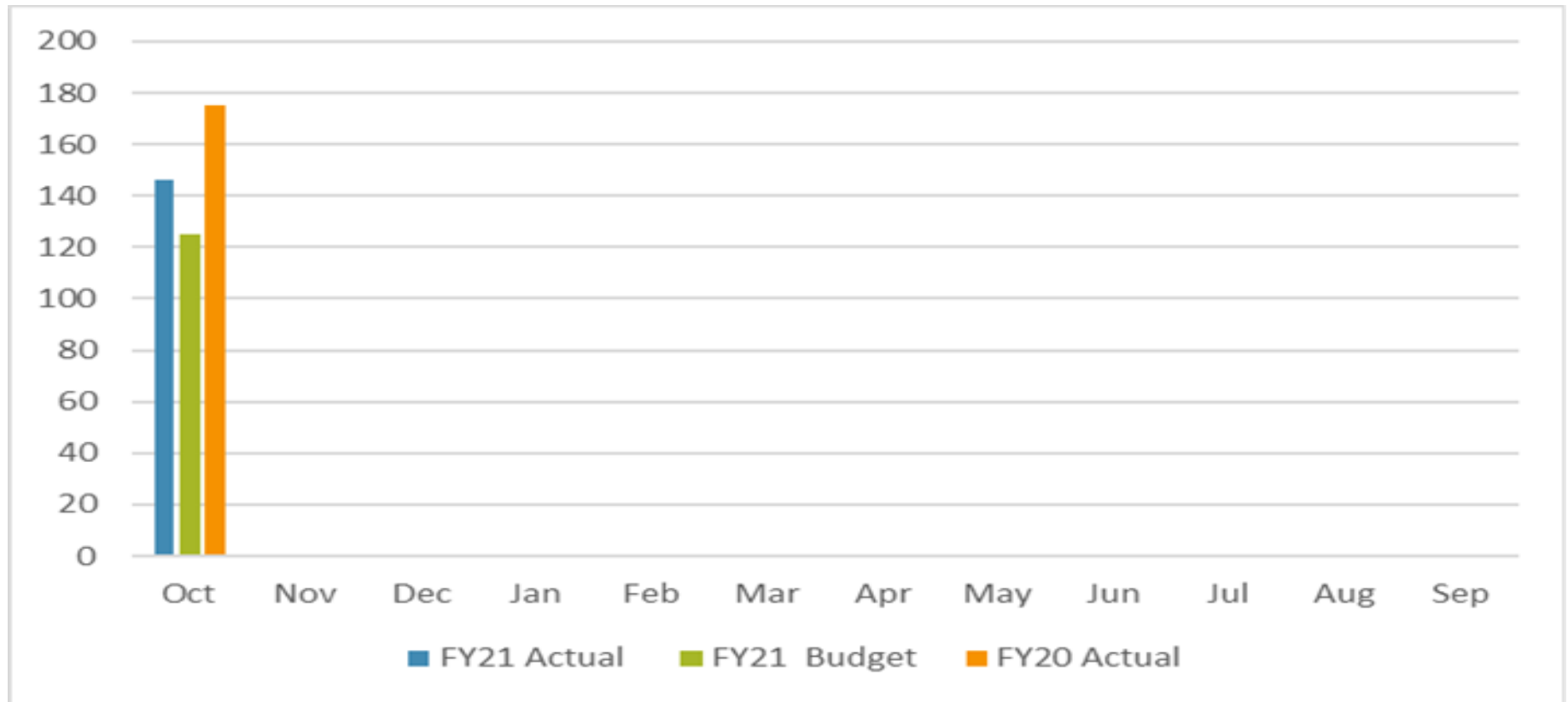
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419											
FY21 Budget	413											
FY20 Actual	395											



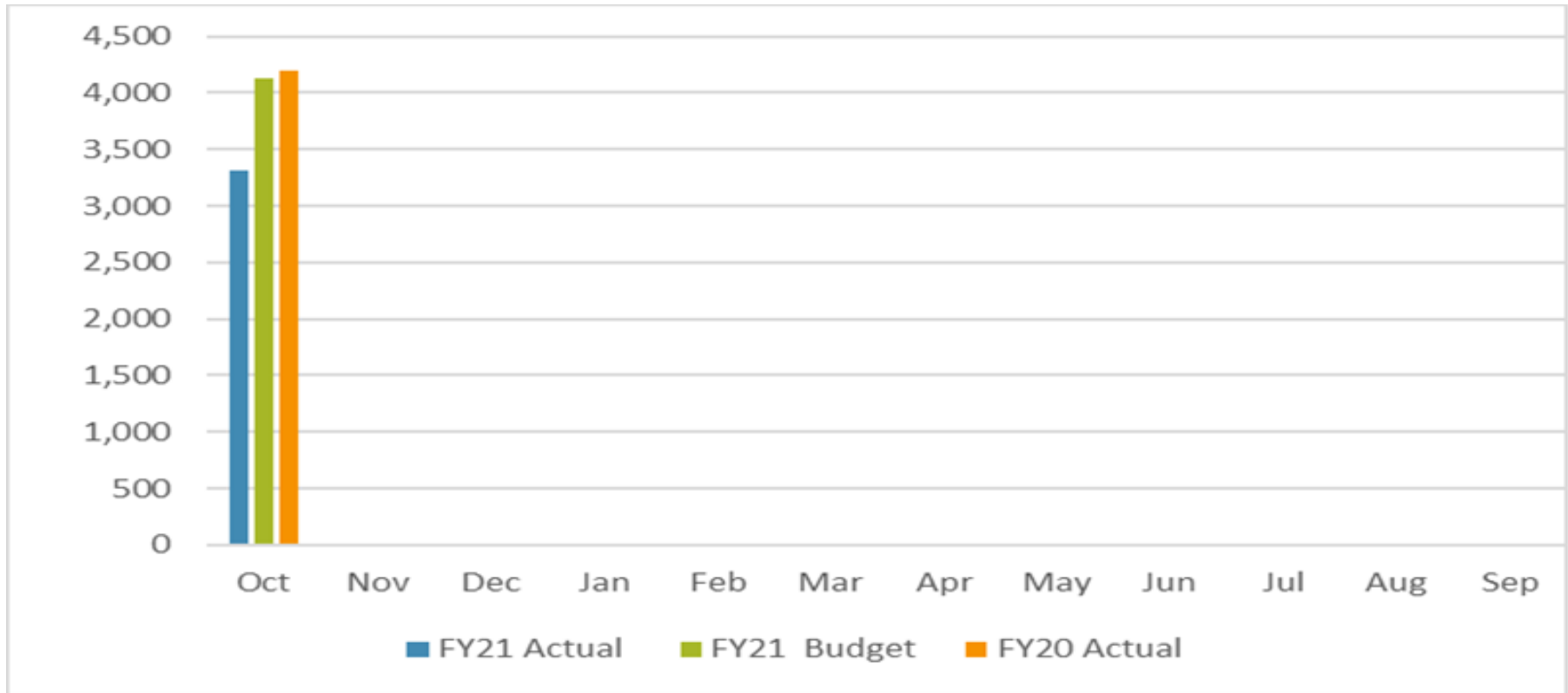
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146											
FY21 Budget	125											
FY20 Actual	175											



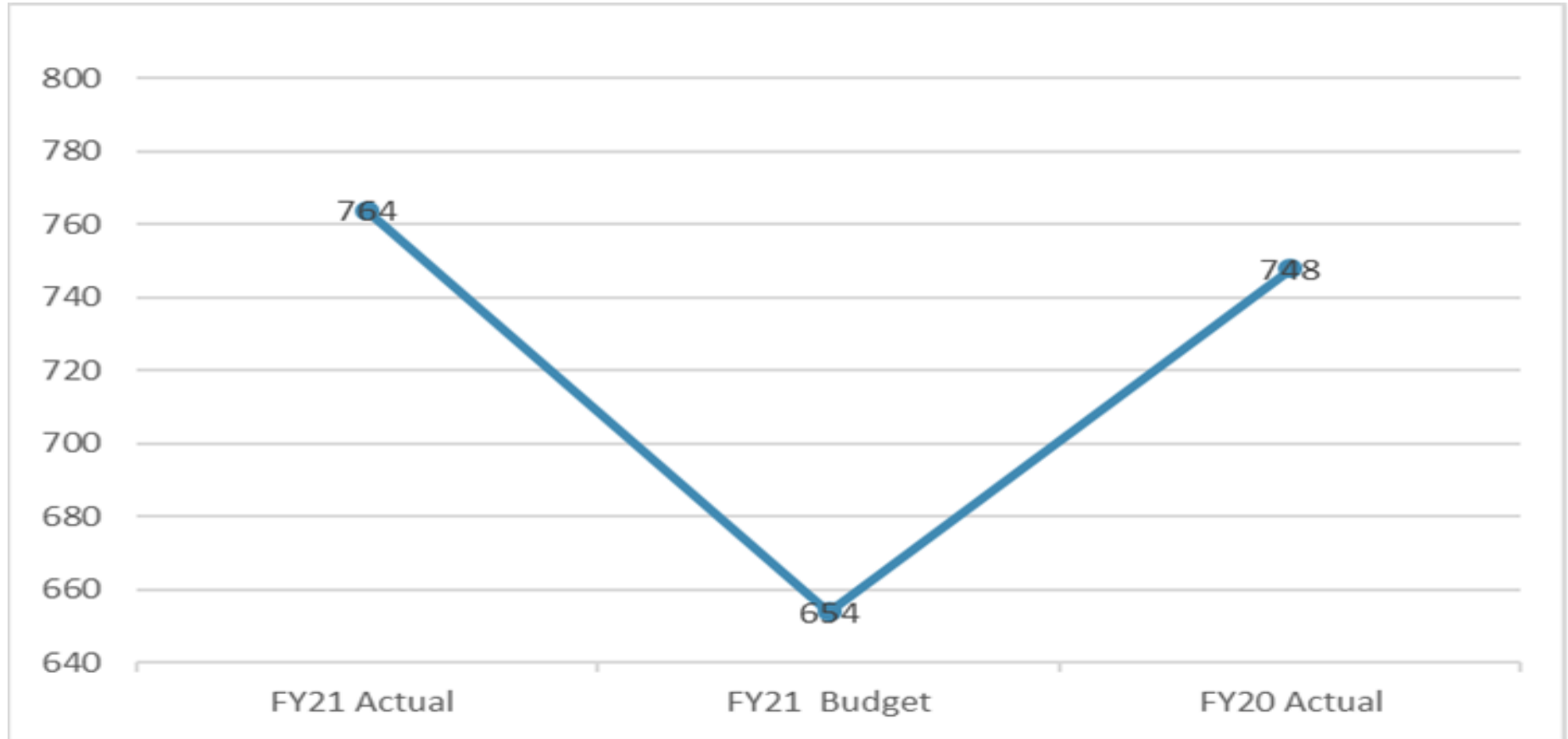
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	3,313											
FY21 Budget	4,125											
FY20 Actual	4,194											



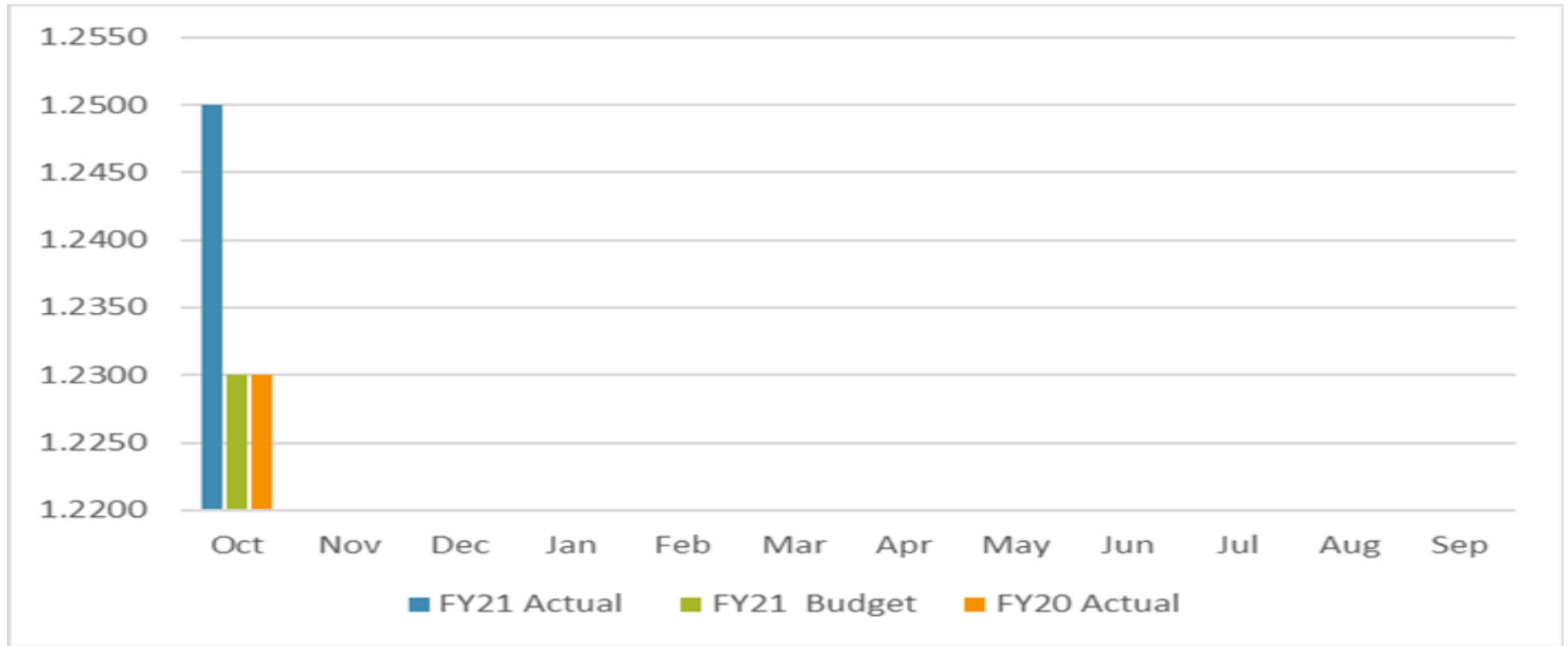
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764											
FY21 Budget	654											
FY20 Actual	748											



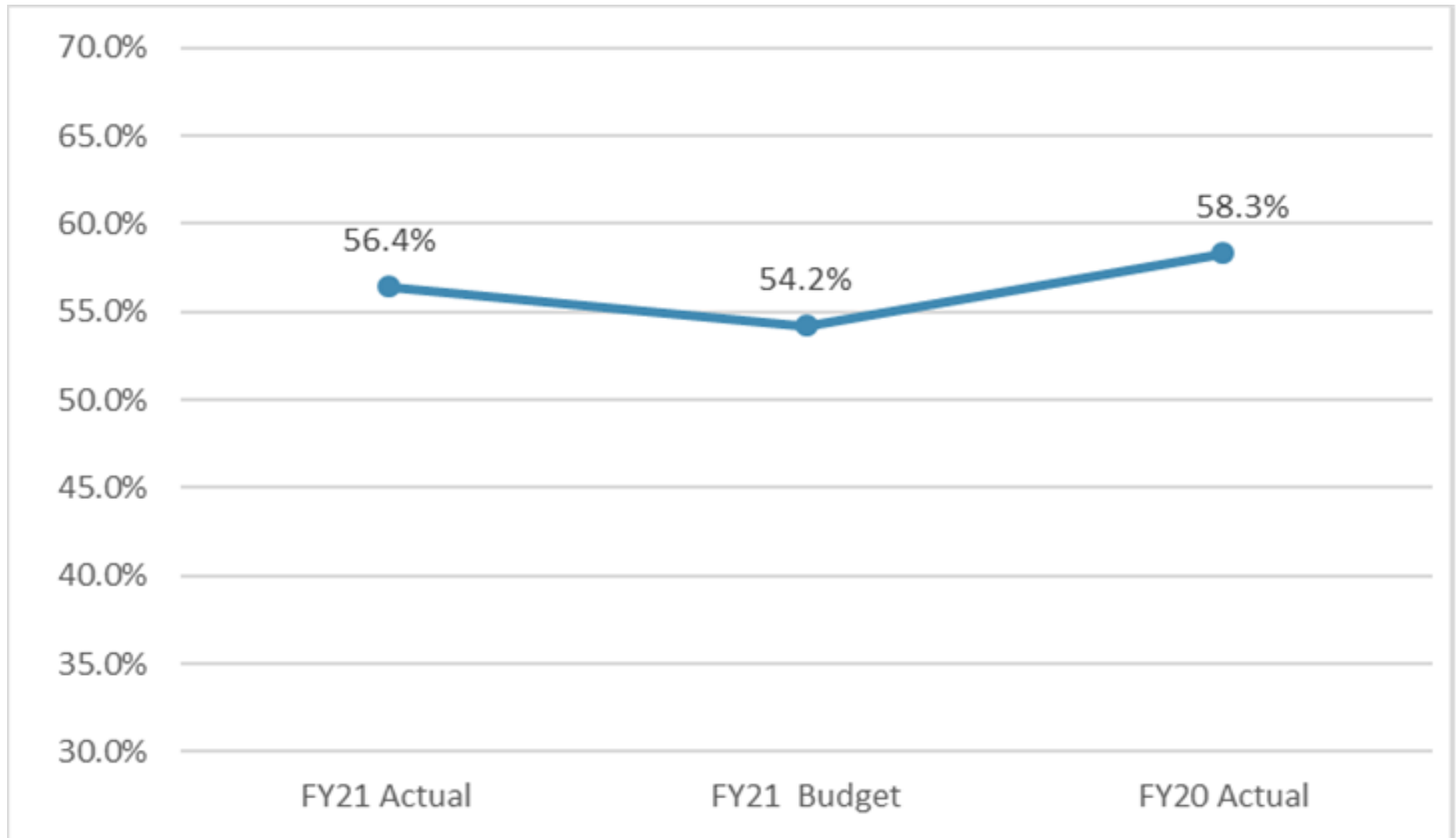
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500											
FY21 Budget	1.2300											
FY20 Actual	1.2300											

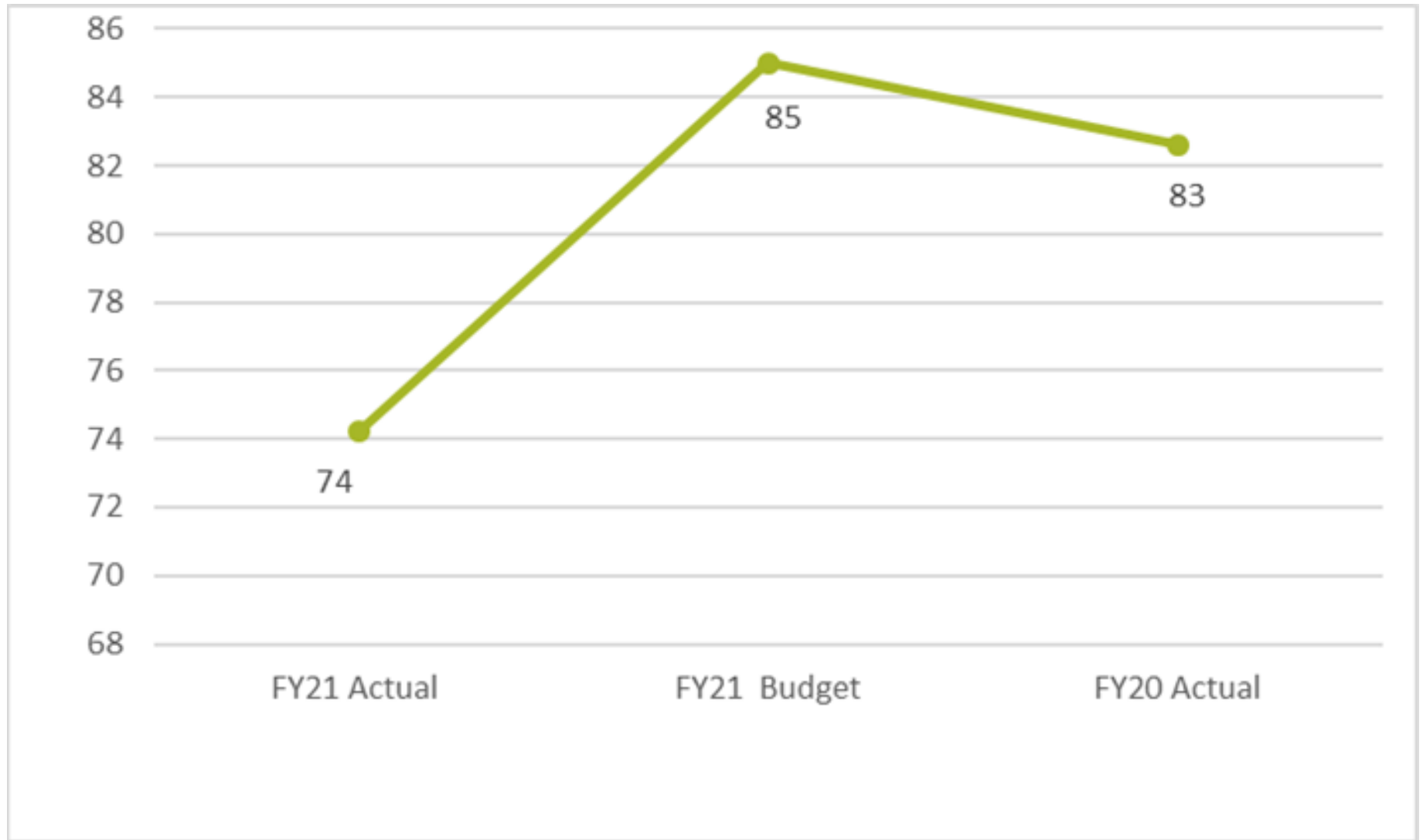


Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)



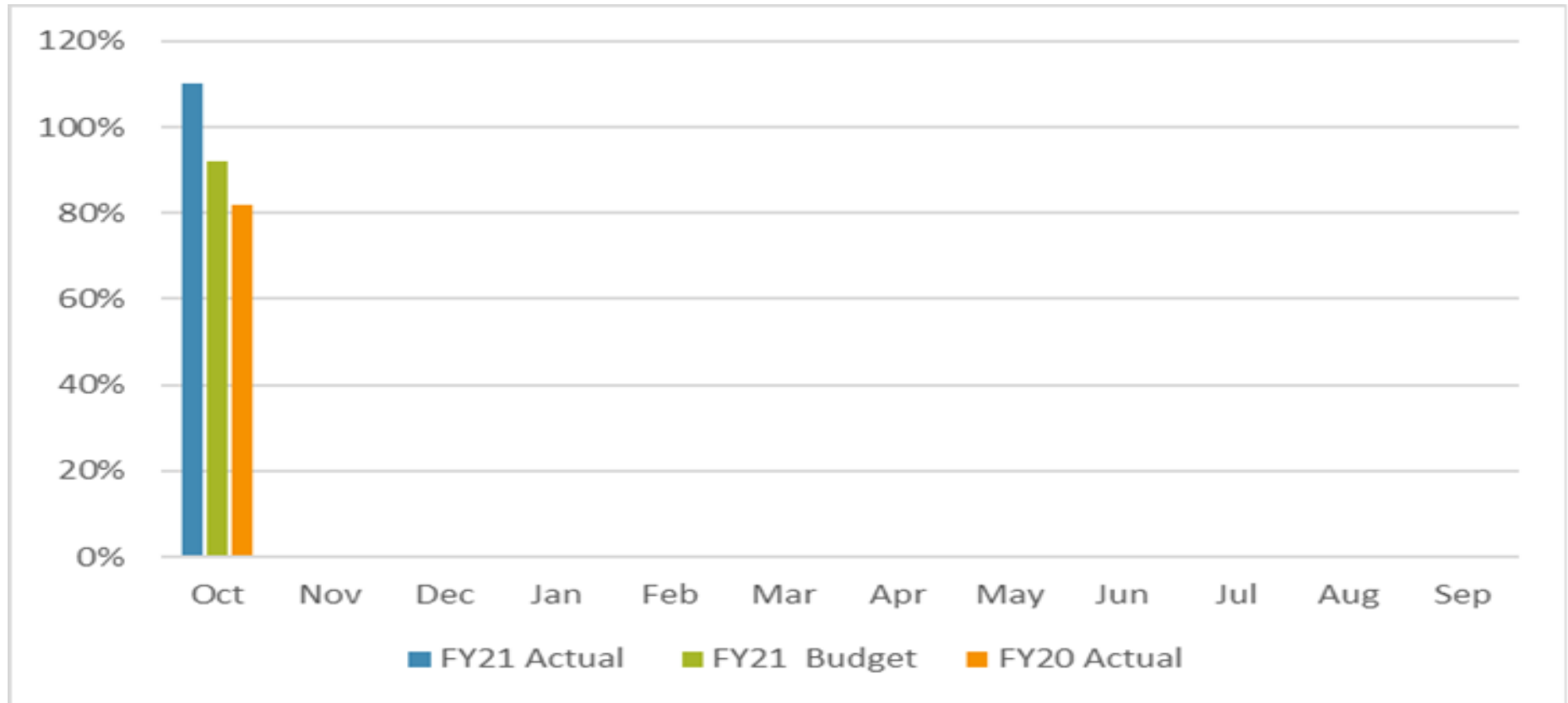


Net Accounts Receivable (AR) Days With Unbilled





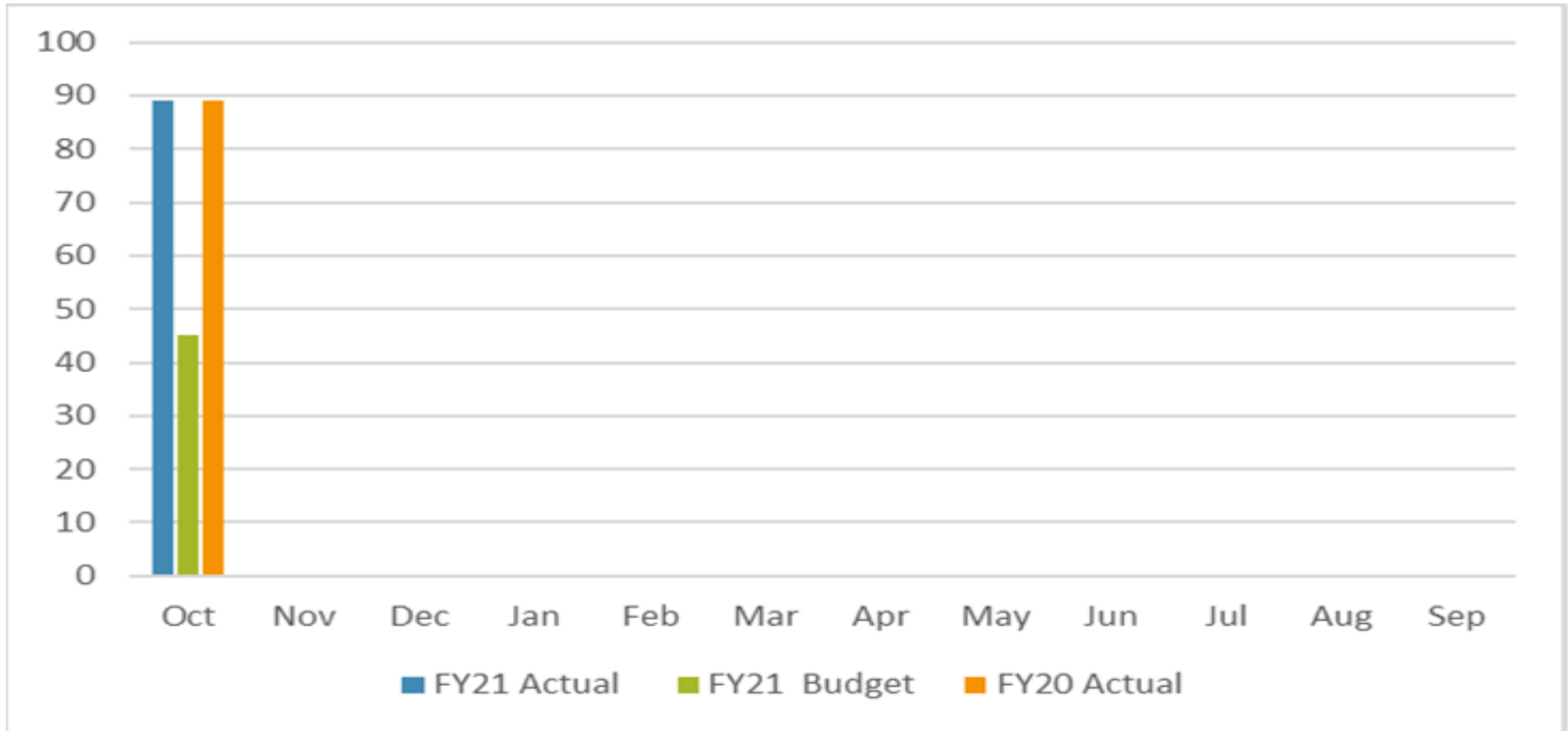
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%											
FY21 Budget	92%											
FY20 Actual	82%											



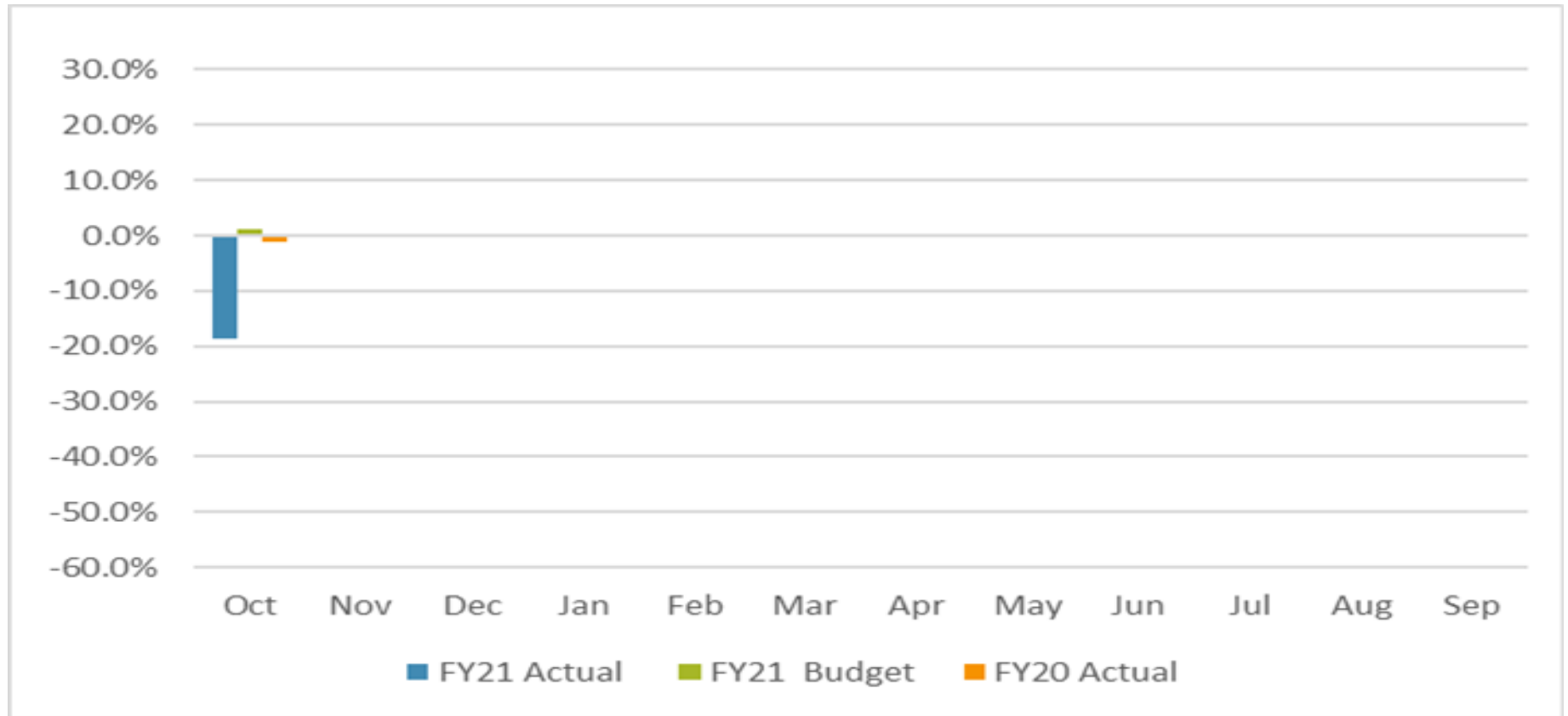
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	89											
FY21 Budget	45											
FY20 Actual	89											



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	-18.5%											
FY21 Budget	1.0%											
FY20 Actual	-1.3%											



Income Statement

FY20 Operating Period Ending October 31, 2020

	Month of October			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	419	413	395	7	2%	24	6%	419	413	395	7	2%	24	6%
Patient Days	2,105	2,308	4,770	(203)	-9%	(2,665)	-56%	2,105	2,308	4,770	(203)	-9%	(2,665)	-56%
Emergency Room Visits	3,313	4,125	4,194	(812)	-20%	(881)	-21%	3,313	4,125	4,194	(812)	-20%	(881)	-21%
Clinic Visits	1,463	1,093	1,362	370	34%	101	7%	1,463	1,093	1,362	370	34%	101	7%
IP Surgeries	55	58	65	(3)	-5%	(10)	-15%	55	58	65	(3)	-5%	(10)	-15%
OP Surgeries	91	67	110	24	36%	(19)	-17%	91	67	110	24	36%	(19)	-17%
Radiology Visits	677	765	1,076	(88)	-12%	(399)	-37%	677	765	1,076	(88)	-12%	(399)	-37%
Revenues														
Net Patient Service	6,172	7,875	7,117	(1,703)	-22%	(945)	-13%	6,172	7,875	7,117	(1,703)	-22%	(945)	-13%
DSH	693	964	964	(271)	-28%	(271)	0%	693	964	964	(271)	-28%	(271)	0%
CNMC Revenue	140	177	227	(37)	-21%	(88)	-39%	140	177	227	(37)	-21%	(88)	-39%
Other Revenue	2,230	2,007	2,741	223	11%	(511)	-19%	2,230	2,007	2,741	223	11%	(511)	-19%
Total Operating Revenue	9,235	11,023	11,050	(1,788)	-16%	-1,815	-16%	9,235	11,023	11,050	(1,788)	-16%	(1,815)	-16%
Expenses														
Salaries and Wages	4,418	4,170	4,658	249	6%	(239)	-5%	4,418	4,170	4,658	249	6%	(239)	-5%
Employee Benefits	1,068	1,084	1,152	(17)	-2%	(84)	-7%	1,068	1,084	1,152	(17)	-2%	(84)	-7%
Contract Labor	252	167	255	85	51%	(3)	-1%	252	167	255	85	51%	(3)	-1%
Supplies	980	1,208	873	(229)	-19%	106	12%	980	1,208	873	(229)	-19%	106	12%
Pharmaceuticals	301	241	229	60	25%	72	31%	301	241	229	60	25%	72	31%
Professional Fees	1,748	1,734	1,709	15	1%	39	2%	1,748	1,734	1,709	15	1%	39	2%
Purchased Services	1,024	1,412	1,438	(387)	-27%	(413)	-29%	1,024	1,412	1,438	(387)	-27%	(413)	-29%
Other	1,155	910	875	245	27%	280	32%	1,155	910	875	245	27%	280	32%
Total Operating Expenses	10,946	10,925	11,189	20	0%	(244)	-2%	10,946	10,925	11,189	20	0%	-244	-2%
Operating Gain/ (Loss)	(1,710)	98	(139)	(1,809)	-1845%	(1,571)	1128%	(1,710)	98	(139)	(1,809)	-1845%	(1,571)	1128%



Balance Sheet

As of the month ending October 31, 2020

Oct-20	Sep-20	MTD Change		Sep-20	YTD Change
Current Assets:					
\$ 47,637	\$ 53,402	\$ (5,765)	Cash and equivalents	\$ 53,402	\$ (5,765)
14,782	14,651	131	Net accounts receivable	14,651	131
5,448	5,405	43	Inventories	5,405	43
1,621	1,054	567	Prepaid and other assets	1,054	567
69,488	74,512	(5,024)	Total current assets	\$ 74,512	\$ (5,024)
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
69,012	69,957	(945)	Capital Assets	69,957	(945)
69,012	69,957	(945)	Total long term assets	69,957	(945)
\$ 138,500	\$ 144,469	\$ (5,970)	Total assets	\$ 144,469	\$ (5,969)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
14,425	18,617	(4,192)	Trade payables	18,617	(4,192)
9,803	11,838	(2,035)	Accrued salaries and benefits	11,838	(2,035)
2,593	2,593	0	Other liabilities	2,593	0
26,822	33,048	(6,226)	Total current liabilities	33,048	(6,226)
Long-Term Liabilities:					
16,768	13,890	2,878	Unearned grant revenue	13,890	2,878
7,437	7,420	17	Estimated third-party payor settlements	7,420	17
1,629	1,629	-	Contingent & other liabilities	1,629	0
25,834	22,939	2,895	Total long term liabilities	22,939	2,895
Net Position:					
85,844	88,482	(2,638)	Unrestricted	88,482	(2,638)
85,844	88,482	(2,638)	Total net position	88,482	(2,638)
\$ 138,500	\$ 144,469	\$ (5,969)	Total liabilities and net position	\$ 144,469	\$ (5,969)



Statement of Cash Flow

As of the month ending October 31, 2020

Month of October				<i>Dollars in Thousands</i>	
				Year-to-Date	
Actual	Prior Year			Actual	Prior Year
Cash flows from operating activities:					
\$ 6,751	\$ 8,206	Receipts from and on behalf of patients		\$ 6,751	\$ 8,206
(10,256)	(4,980)	Payments to suppliers and contractors		(10,256)	(4,980)
(7,520)	(5,138)	Payments to employees and fringe benefits		(7,520)	(5,138)
(9,658)	520	Other receipts and payments, net		(9,658)	520
(20,684)	(1,393)	Net cash provided by (used in) operating activities		(20,684)	(1,392)
Cash flows from investing activities:					
-	-	Proceeds from sales of investments		-	-
-	-	Purchases of investments		-	-
-	-	Receipts of interest		-	-
-	-	Net cash provided by (used in) investing activities		-	-
Cash flows from noncapital financing activities:					
-	-	Repayment of notes payable		-	-
15,000	22,140	Receipts (payments) from/(to) District of Columbia		15,000	22,140
15,000	22,140	Net cash provided by noncapital financing activities		15,000	22,140
Cash flows from capital and related financing activities:					
-	-	Net cash provided by capital financing activities		-	-
118	-	Receipts (payments) from/(to) District of Columbia		118	-
(199)	(1,059)	Change in capital assets		(199)	(1,059)
(81)	(1,059)	Net cash (used in) capital and related financing activities		(81)	(1,059)
(5,765)	19,688	Net increase (decrease) in cash and cash equivalents		(5,765)	19,689
53,402	31,933	Cash and equivalents, beginning of period		53,402	31,933
\$ 47,637	\$ 51,622	Cash and equivalents, end of period		\$ 47,637	\$ 51,622
Supplemental disclosures of cash flow information					
Cash paid during the year for interest expense					
Equipment acquired through capital lease					
Net book value of asset retirement costs					



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending November 30, 2020

DRAFT



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Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2020 Actual Gap Measures
As of November 2020

	FY 2021 Original Gap Measures Gain/(Loss)	Realized/ Recognized/ Adjusted	Balance to be Realized	Percentage Completed (Realized/ FY21 Adjusted Gap Measures)
--	--	---	-----------------------------------	--

Net Income/(Loss) from Operations:

(\$24,540,000)

Add: Initiatives to be Realized

Various Issues Affecting Admission	\$4,300,000	\$0	\$4,300,000	0.0%
GWUMFA Professional Fees Collection	\$7,200,000	\$827,077	\$6,372,923	11.5%
Supply Chain/Contracts	\$600,000	\$0	\$600,000	0.0%
Salary and Agency Reduction	\$1,000,000	\$0	\$1,000,000	0.0%
Managed Care	\$500,000	\$0	\$500,000	0.0%
Subtotal	\$13,600,000	\$827,077	\$12,772,923	6.1%
Projected Net Income (Loss) from Operations			(\$11,767,077)	
Original Projected Income			\$1,176,483	
Shortfall from Budget			(\$12,943,560) *	

***Need a plan to close the 12.9M gap from Mazar**



Report Summary

- **Revenue**
 - ❖ **Total operating revenue is lower than budget for the month by 20% (2.2M) and 18% YTD (4M), due to the following factors:**
 - ❖ **Net patient revenues are below budget by 26% (2M) MTD and 24% (3.7M) YTD, due to the following:**
 - ❖ **Admissions are below budget by 26% for the month and 12% YTD**
 - ❖ **ER visits are below budget by 26% MTD and 23% YTD**
 - ❖ **Radiology visits are below budget by 24% MTD and 18%YTD**
 - ❖ **Lag in revenue initiative implementation**
 - ❖ **DSH revenue is lower than budget by 28% (271K) MTD and 28% (542K) YTD based on preliminary receipts**
 - ❖ **GWMFA collections are lower than budget by 23% (139K) MTD and 31% (373K) YTD**
- **Expenses**
 - ❖ **Total operating expenses are higher than budget by 3% (301K) MTD and 1% (322K) YTD**
 - ❖ **Contributing factors are as follows:**
 - ❖ **Salaries are over budget by 6% (247K) MTD and 6% (495K) YTD, due to continued SNF operations. However, those expenses have been accounted for with stimulus payments.**
 - ❖ **Overtime is 762K as of November YTD**
 - ❖ **Employee benefits are over budget by 13% (136K) MTD and 6% (120K) YTD, due to continued SNF operations.**
 - ❖ **Purchased Services are higher than budget by 21% (297K) MTD, due to pharmacy aseptic enclosure rental expenses. However, YTD expenses are below budget by 3% (91K).**
- **Cash on Hand – 84 days**



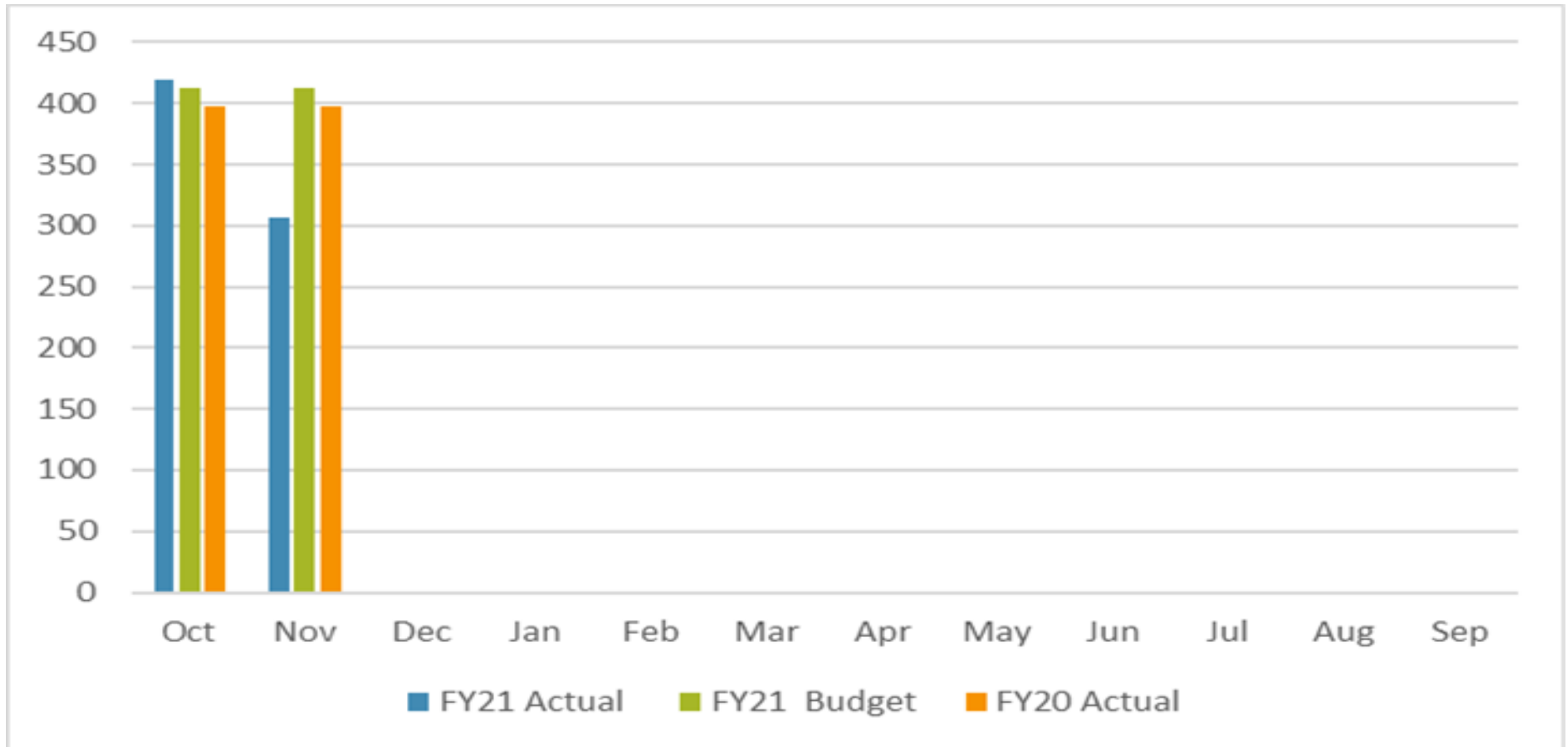
Key Indicators

Fiscal Year 2021 thru 11/30/2020

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY20	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	306	413	398	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	153	125	138	▲	▲
Emergency Room Visits	Actual Visits	3,037	4,125	3,836	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours YTD	771	654	770	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.21	1.23	1.15	▼	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses (excludes contract services)	56%	54%	58%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	78.0	85.0	81.0	▼	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	99%	92%	87%	▲	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	84	45	86	▲	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-22.6%	1.0%	-2.6%	▼	▲



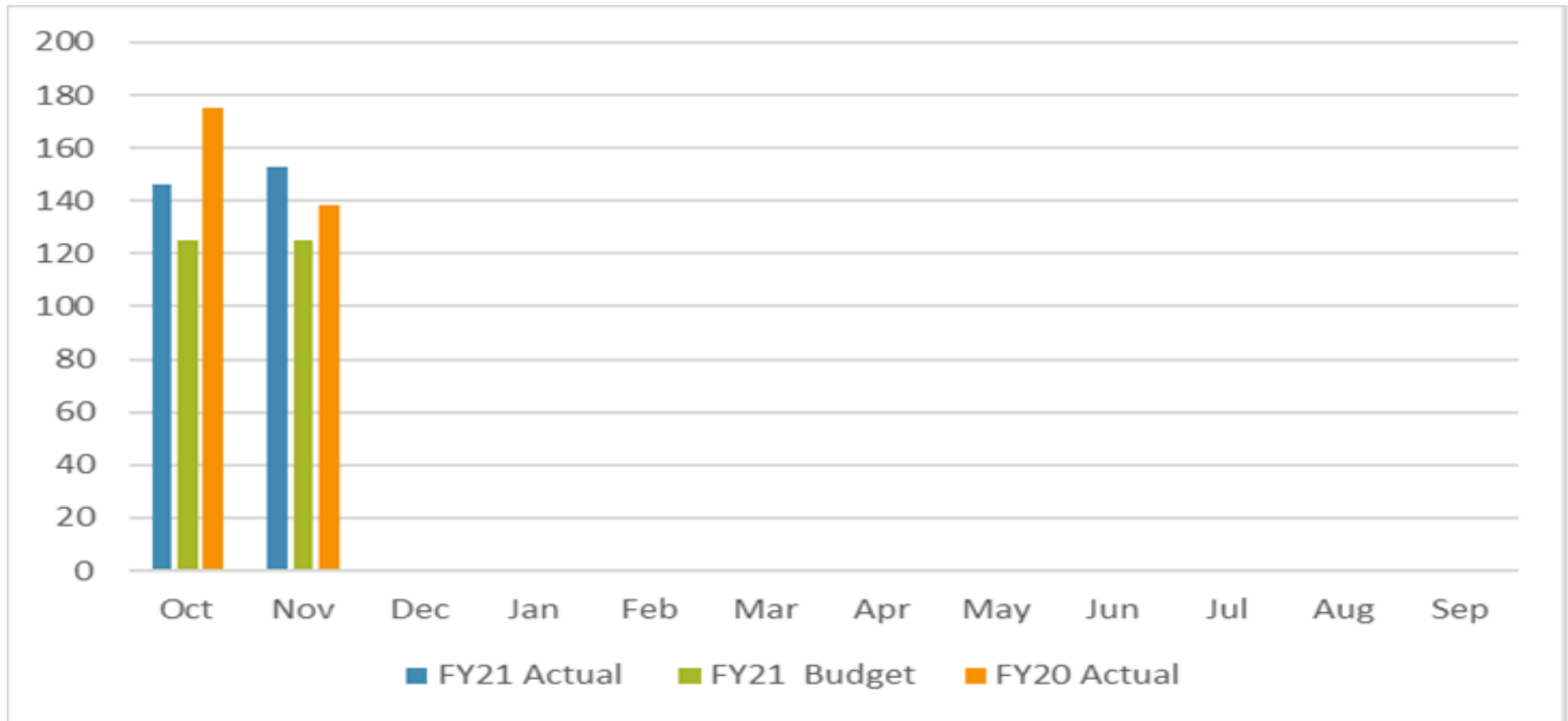
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	419	306										
FY21 Budget	413	413										
FY20 Actual	395	398										



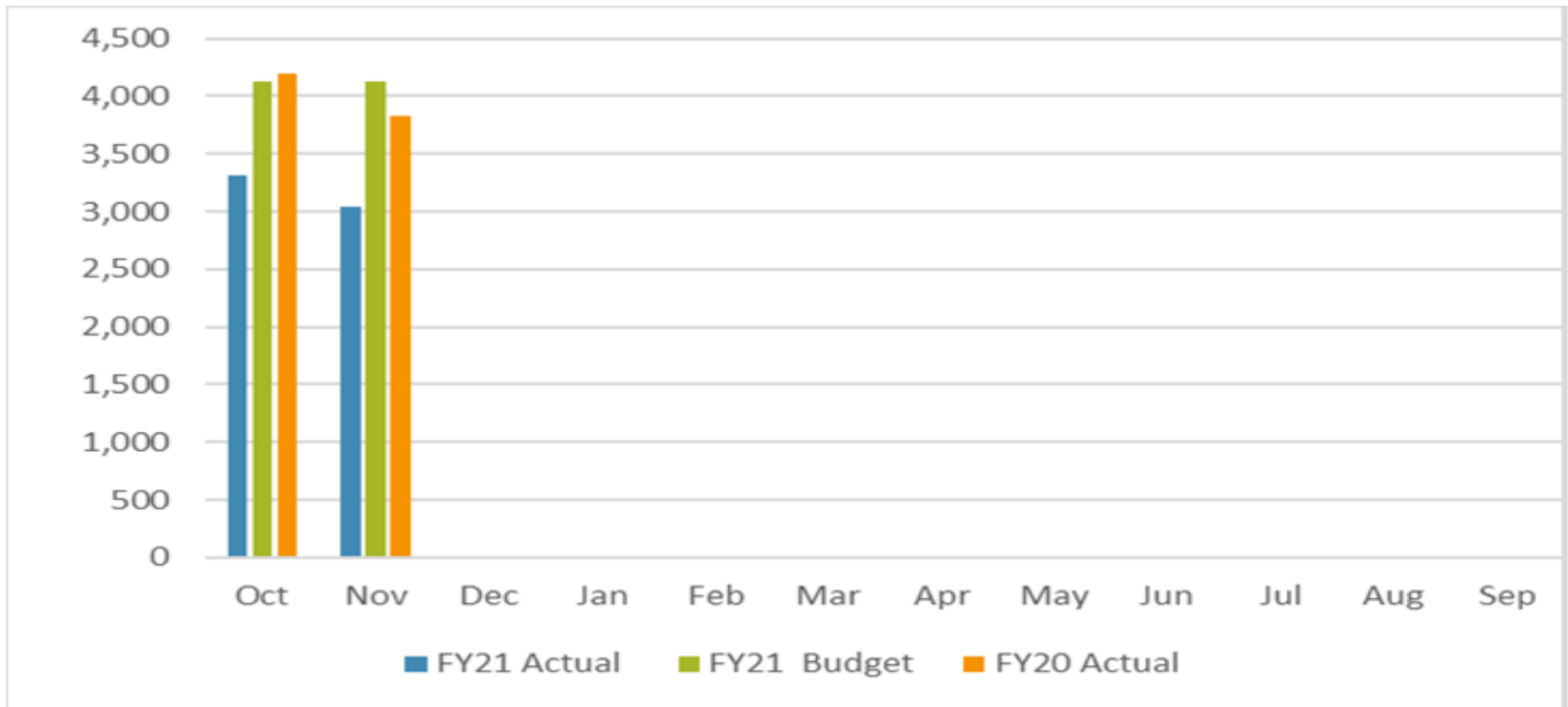
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	146	153										
FY21 Budget	125	125										
FY20 Actual	175	138										



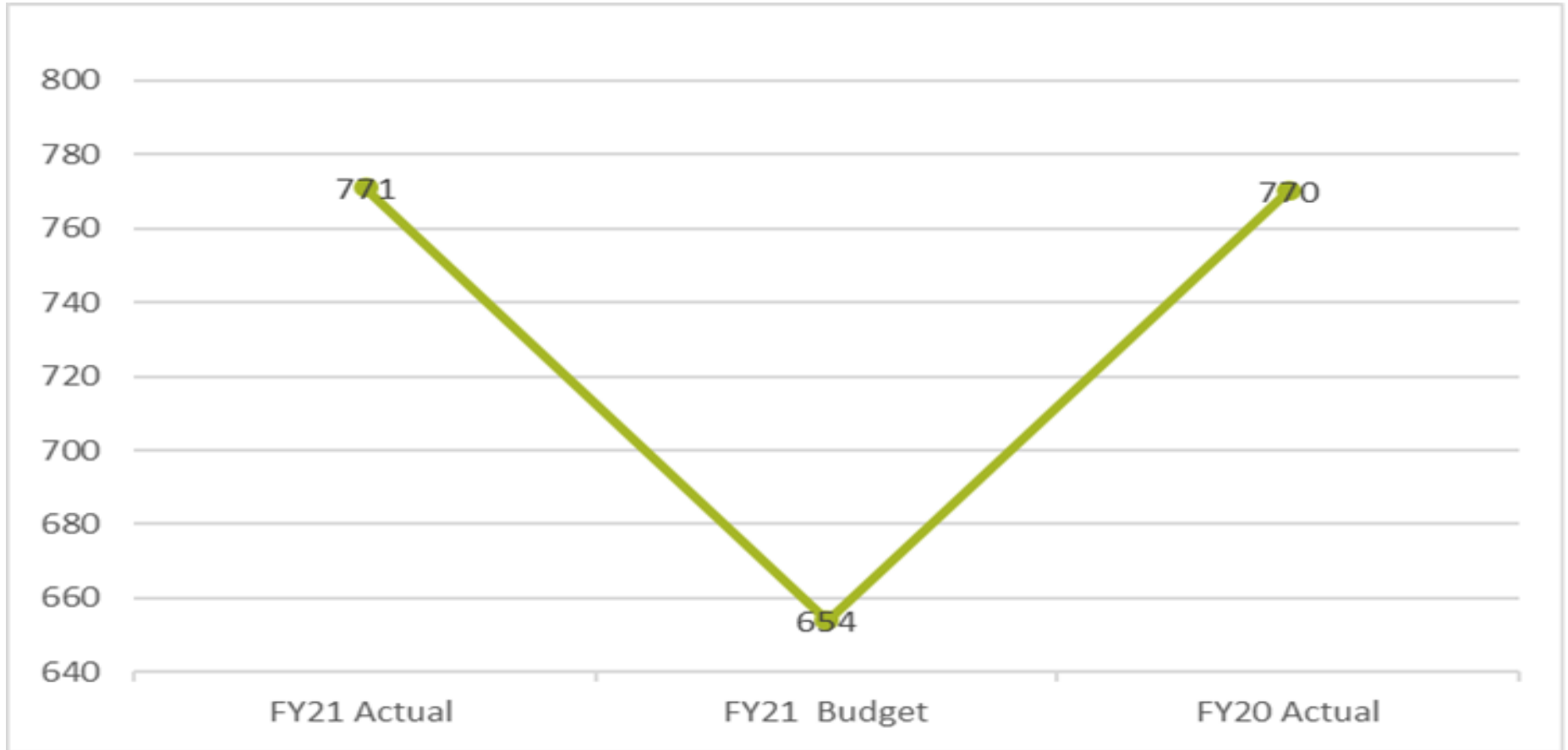
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	3,313	3,037										
FY21 Budget	4,125	4,125										
FY20 Actual	4,194	3,836										



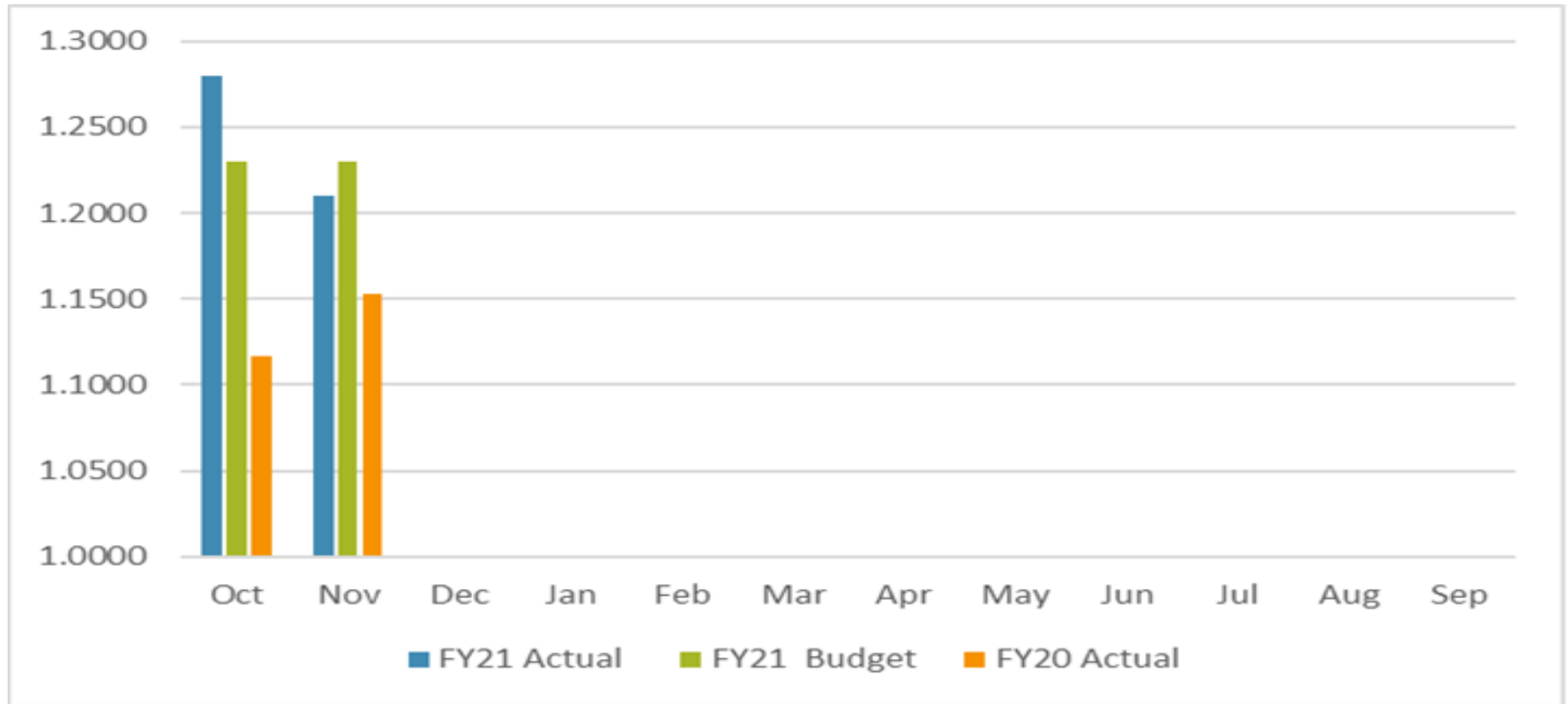
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	764	771										
FY21 Budget	654	654										
FY20 Actual	748	770										



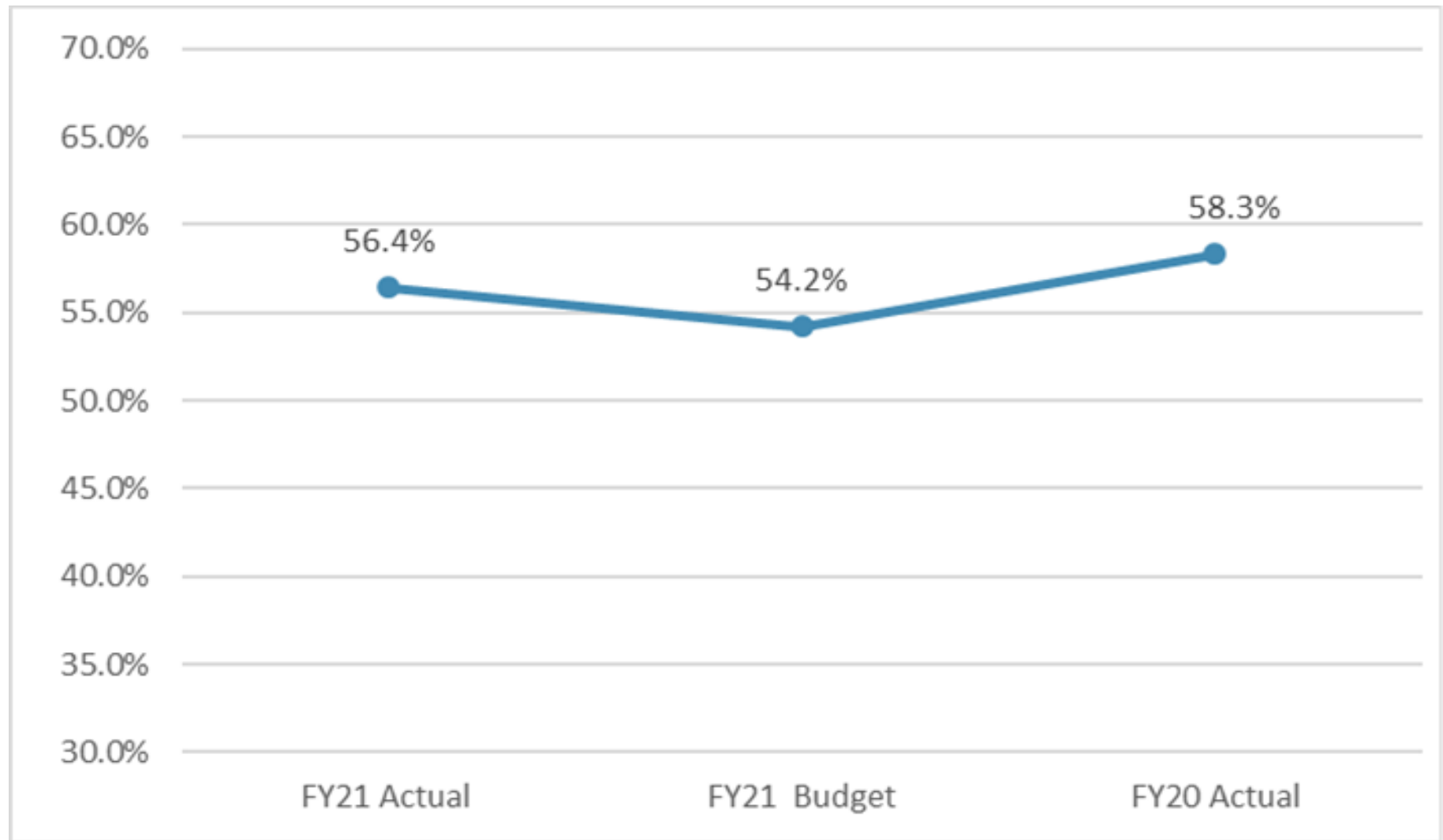
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	1.2500	1.2100										
FY21 Budget	1.2300	1.2300										
FY20 Actual	1.2300	1.1530										



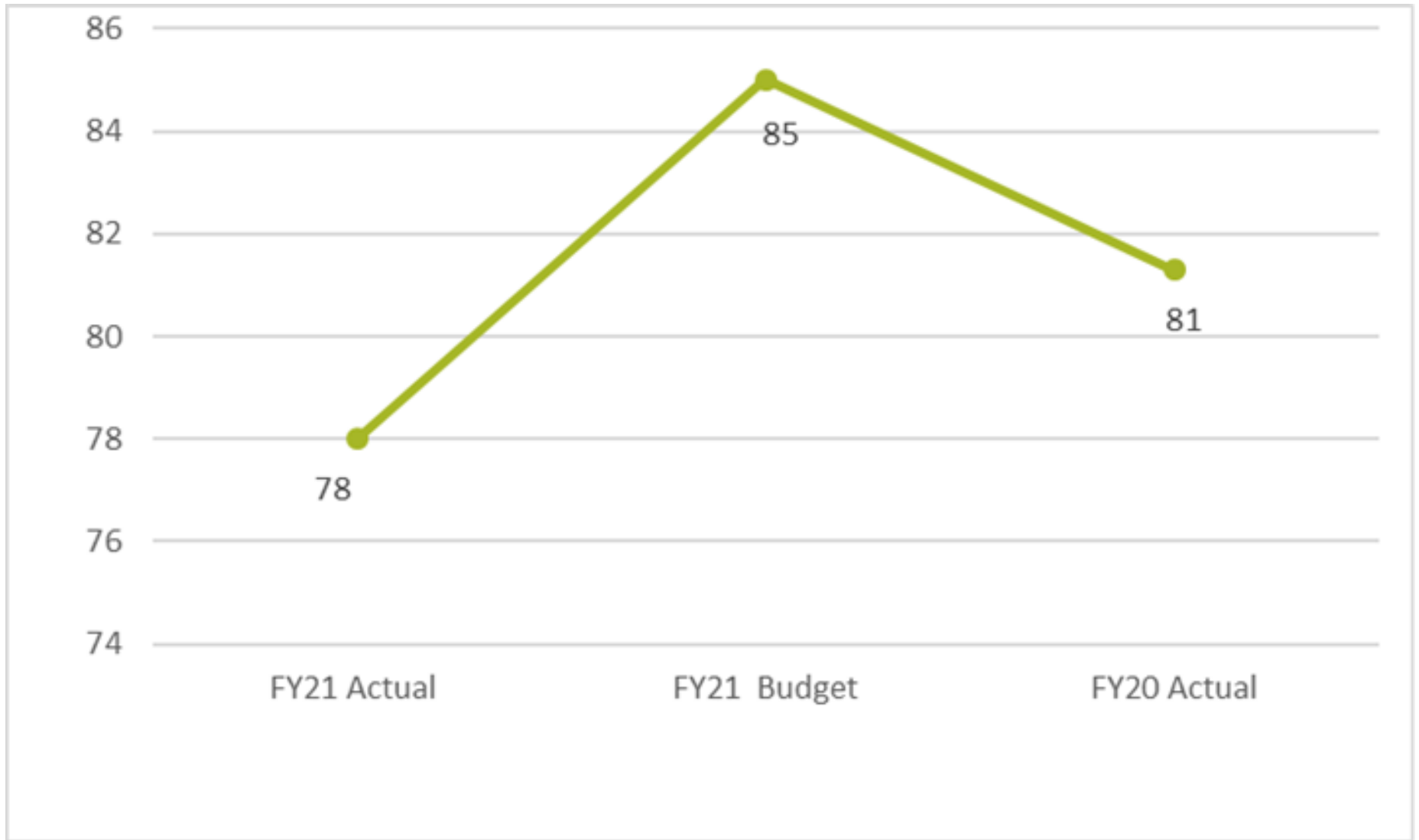
Salaries/Wages & Benefits as a % of Operating Expenses (less 2 major contracts)





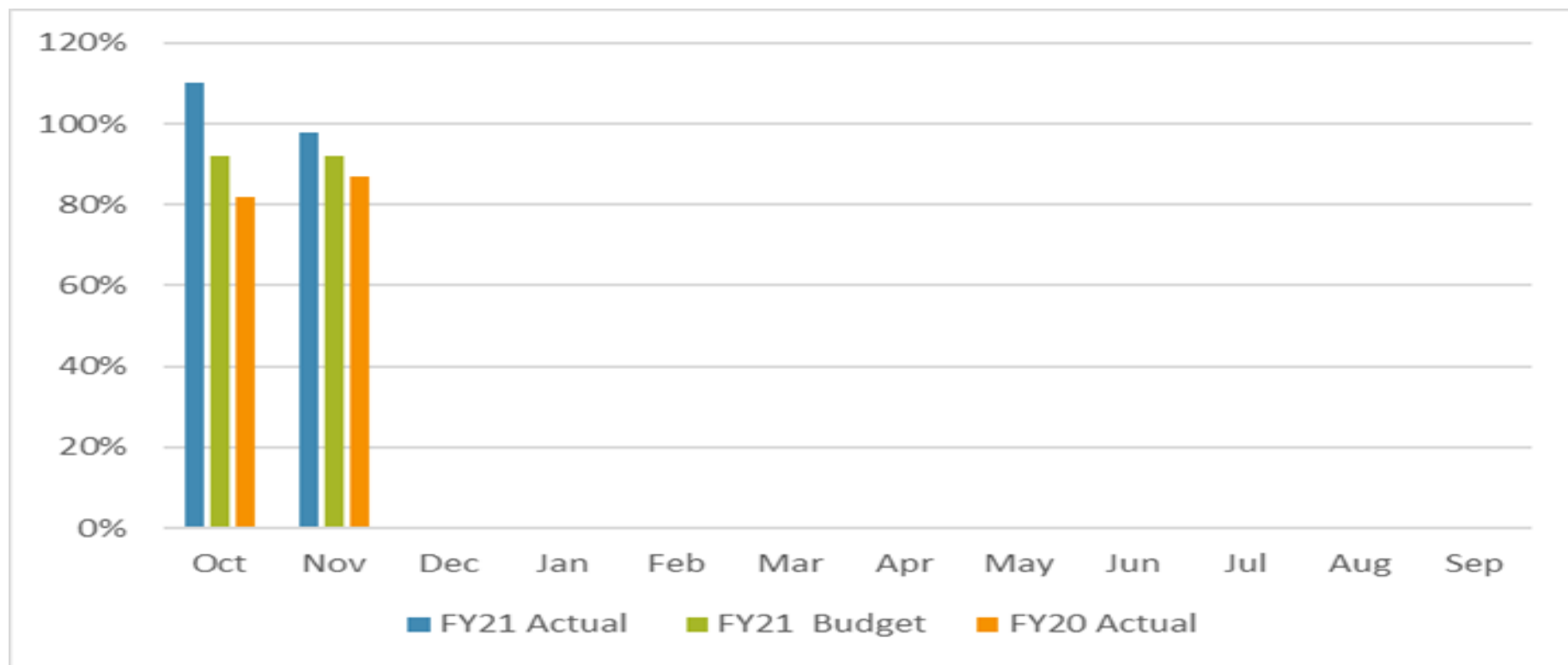
UNITED
MEDICAL CENTER

Net Accounts Receivable (AR) Days With Unbilled





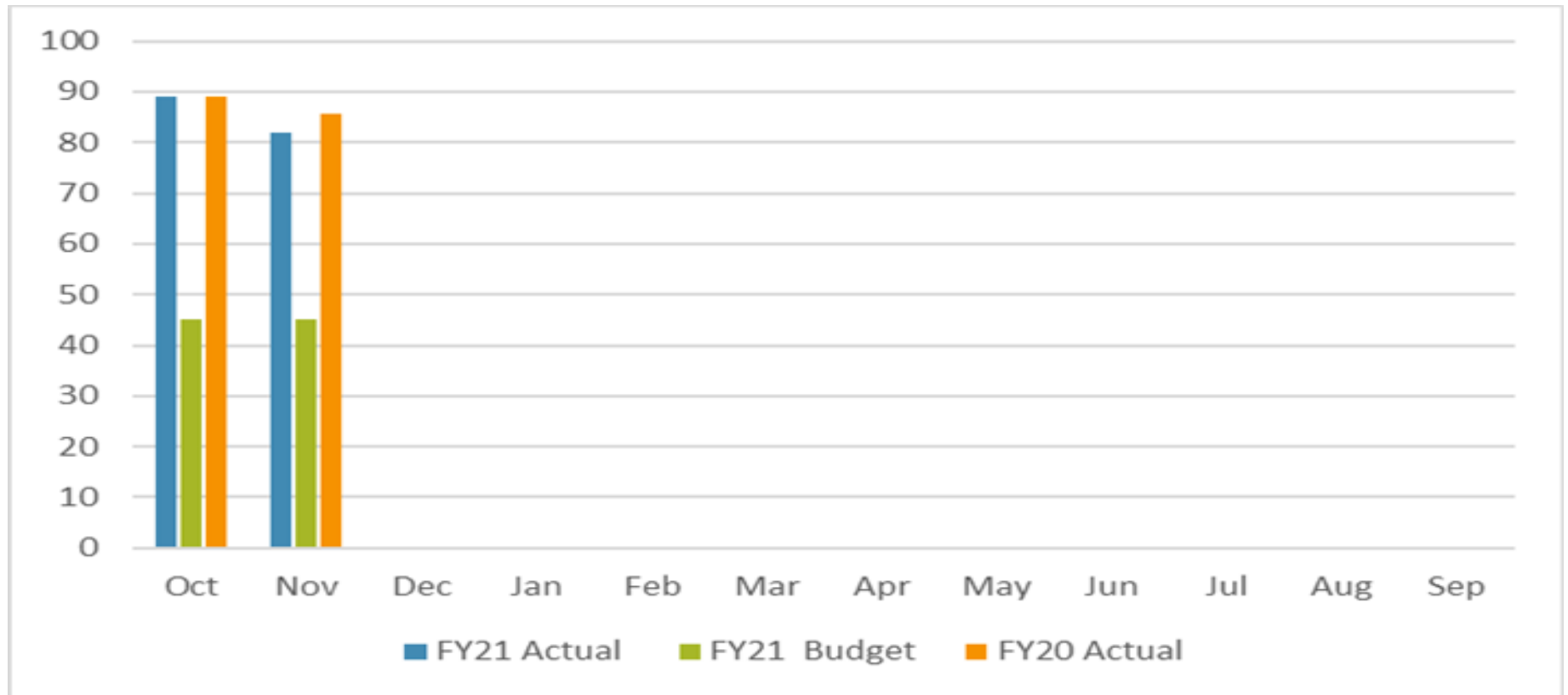
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	111%	99%										
FY21 Budget	92%	92%										
FY20 Actual	82%	87%										



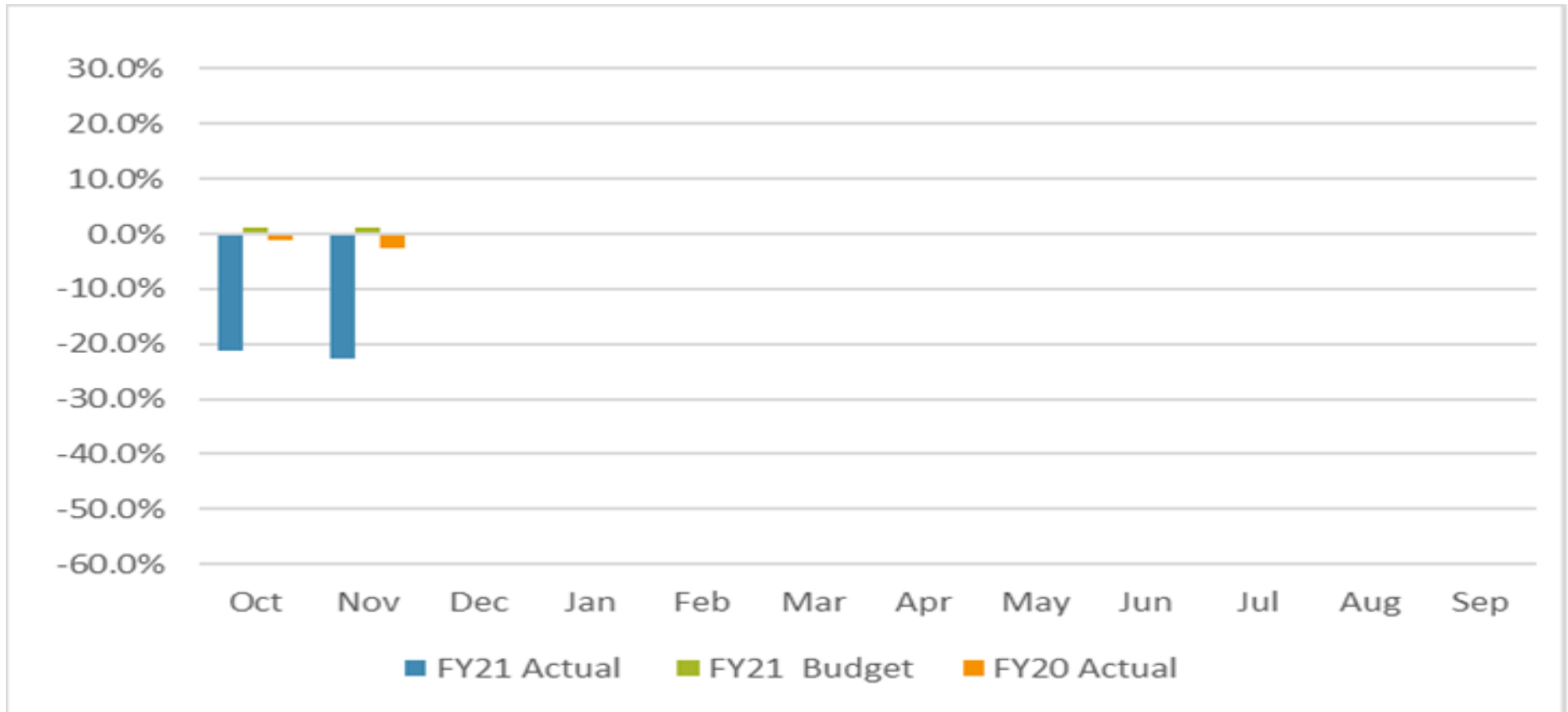
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	89	84										
FY21 Budget	45	45										
FY20 Actual	89	86										



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY21 Actual	-18.5%	-22.6%										
FY21 Budget	1.0%	1.0%										
FY20 Actual	-1.3%	-2.6%										



Income Statement

FY20 Operating Period Ending November 30, 2020

	Month of November			Variance				2021 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	306	413	398	(107)	-26%	(92)	-23%	725	825	793	(100)	-12%	(68)	-9%
Patient Days	1,772	2,308	4,920	(536)	-23%	(3,148)	-64%	3,877	4,616	9,690	(739)	-16%	(5,813)	-60%
Emergency Room Visits	3,037	4,125	3,836	(1,088)	-26%	(799)	-21%	6,350	8,250	8,030	(1,900)	-23%	(1,680)	-21%
Clinic Visits	1,360	1,093	1,004	267	24%	356	35%	2,823	2,185	2,366	638	29%	457	19%
IP Surgeries	64	58	57	6	10%	7	12%	119	116	122	3	3%	(3)	-2%
OP Surgeries	89	67	81	22	33%	8	10%	180	134	191	46	34%	(11)	-6%
Radiology Visits	583	765	895	(182)	-24%	(312)	-35%	1,260	1,531	1,971	(271)	-18%	(711)	-36%
Revenues														
Net Patient Service	5,830	7,875	6,905	(2,045)	-26%	(1,075)	-16%	12,002	15,750	14,022	(3,748)	-24%	(2,020)	-14%
DSH	693	964	964	(271)	-28%	(271)	-28%	1,386	1,928	1,928	(542)	-28%	(542)	-28%
CNMC Revenue	169	177	193	(8)	-4%	(24)	-12%	309	353	420	(45)	-13%	(112)	-27%
Other Revenue	2,155	2,007	2,589	147	7%	(435)	-17%	4,385	4,015	5,331	370	9%	(946)	-18%
Total Operating Revenue	8,847	11,023	10,651	(2,177)	-20%	-1,804	-17%	18,082	22,046	21,701	(3,965)	-18%	(3,619)	-17%
Expenses														
Salaries and Wages	4,417	4,170	4,592	247	6%	(176)	-4%	8,835	8,339	9,250	495	6%	(415)	-4%
Employee Benefits	1,220	1,084	1,140	136	13%	80	7%	2,288	2,168	2,292	120	6%	(5)	0%
Contract Labor	84	167	144	(82)	-49%	(60)	-42%	336	333	399	3	1%	(63)	-16%
Supplies	1,008	1,208	846	(200)	-17%	163	19%	1,988	2,417	1,793	(429)	-18%	195	11%
Pharmaceuticals	121	241	229	(120)	-50%	(109)	-47%	422	482	385	(60)	-12%	37	9%
Professional Fees	1,765	1,734	1,855	31	2%	(90)	-5%	3,513	3,467	3,564	46	1%	(52)	-1%
Purchased Services	1,709	1,412	1,820	297	21%	(112)	-6%	2,733	2,824	3,258	(91)	-3%	(525)	-16%
Other	903	910	438	(7)	-1%	465	106%	2,058	1,820	1,312	238	13%	745	57%
Total Operating Expenses	11,226	10,925	11,065	301	3%	161	1%	22,172	21,850	22,254	322	1%	-82	0%
Operating Gain/ (Loss)	(2,380)	98	(414)	(2,478)	-2527%	(1,965)	474%	(4,090)	196	(554)	(4,286)	-2186%	(3,537)	639%



Balance Sheet

As of the month ending November 30, 2020

Nov-20	Oct-20	MTD Change		Sep-20	YTD Change
Current Assets:					
\$ 46,299	\$ 47,637	\$ (1,338)	Cash and equivalents	\$ 53,402	\$ (7,103)
15,689	14,782	907	Net accounts receivable	14,651	1,038
5,468	5,448	20	Inventories	5,405	63
2,015	1,621	394	Prepaid and other assets	1,054	961
69,471	69,488	(16)	Total current assets	\$ 74,512	\$ (5,041)
Long- Term Assets:					
-	-	-	Estimated third-party payor settlements	-	-
68,981	69,012	(31)	Capital Assets	69,957	(976)
68,981	69,012	(31)	Total long term assets	69,957	(976)
\$ 138,452	\$ 138,500	\$ (47)	Total assets	\$ 144,469	\$ (6,017)
Current Liabilities:					
\$ -	\$ -	\$ -	Current portion, capital lease obligation	\$ -	\$ -
16,363	14,425	1,938	Trade payables	18,617	(2,254)
10,517	9,803	714	Accrued salaries and benefits	11,838	(1,321)
2,593	2,593	0	Other liabilities	2,593	0
29,474	26,822	2,652	Total current liabilities	33,048	(3,574)
Long-Term Liabilities:					
16,535	16,768	(233)	Unearned grant revenue	13,890	2,645
7,454	7,437	17	Estimated third-party payor settlements	7,420	34
1,629	1,629	-	Contingent & other liabilities	1,629	0
25,618	25,834	(216)	Total long term liabilities	22,939	2,679
Net Position:					
83,360	85,844	(2,484)	Unrestricted	88,482	(5,122)
83,360	85,844	(2,484)	Total net position	88,482	(5,122)
\$ 138,452	\$ 138,500	\$ (47)	Total liabilities and net position	\$ 144,469	\$ (6,017)

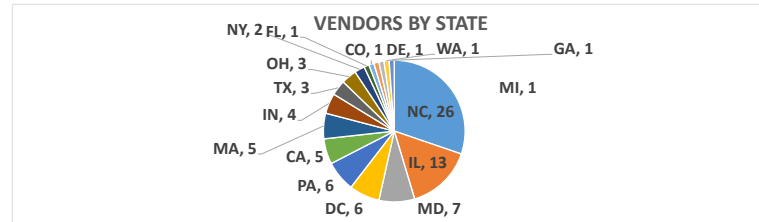
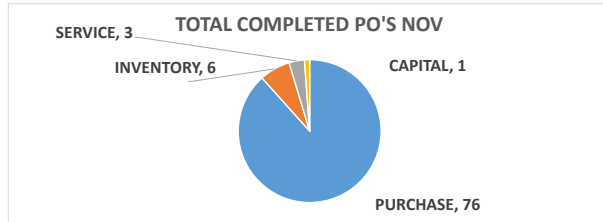


Statement of Cash Flow

As of the month ending November 30, 2020

Month of November		<i>Dollars in Thousands</i>	
Actual	Prior Year	Year-to-Date	
		Actual	Prior Year
Cash flows from operating activities:			
\$ 5,362	\$ 5,551	\$ 12,384	\$ 13,758
(4,070)	(67)	(14,327)	(5,047)
(4,923)	(7,337)	(12,443)	(12,474)
2,342	446	(7,587)	966
(1,289)	(1,407)	(21,973)	(2,798)
Cash flows from investing activities:			
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
Cash flows from noncapital financing activities:			
-	-	-	-
-	-	15,000	22,140
-	-	15,000	22,140
Cash flows from capital and related financing activities:			
-	-	-	-
1,064	-	1,182	-
(1,114)	273	(1,312)	(786)
(49)	273	(130)	(786)
(1,338)	(1,134)	(7,103)	18,557
47,637	51,623	53,402	31,933
\$ 46,299	\$ 50,490	\$ 46,299	\$ 50,490
Supplemental disclosures of cash flow information			
Cash paid during the year for interest expense			
Equipment acquired through capital lease			
Net book value of asset retirement costs			

NOVEMBER COMPLETED PURCHASE ORDERS



Vendor Name	Amount	Vendor Name	Amount	Vendor Name	Amount
ABBOTT LABORATORIES FORMERLY	\$19,018.00	DAYCON PRODUCTS COMPANY INC	\$26,646.00	PERFORMANCEHEALTH.COM	\$57.94
ABBOTT VASCULAR	\$7,920.00	E-LOGIC, INC (CBE)	\$80,400.00	POLY SCIENTIFIC	\$265.00
ACELL INC.	\$17,958.00	FRESENIUS USA MARKETING	\$5,578.38	POSEY COMPANY	\$1,479.36
ALIMED, INC.,	\$54.61	FRIED BROTHERS, INC	\$5,789.00	PREMIER HEALTHCARE SOLUTIONS	\$15,800.00
BARD ACCESS SYSTEMS INC	\$446.50	GLOBAL EQUIPMENT COMPANY	\$179.24	ROCHE DIAGNOSTICS CORPORATION	\$0.00
BARD PERIPHERAL TECHNOLOGY	\$2,570.00	HEALTH MARK INDUSTRIES	\$800.00	S. FREEDMAN & SONS	\$805.32
BAXTER BIOSCIENTIFIC DIVISION	\$1,153.68	HELMER INC	\$297.66	SHERWIN WILLIAMS	\$59.76
BECKMAN COULTER	\$3,445.73	IMPRA	\$950.00	SMITH & NEPHEW ENDOSCOPY	\$339.00
BIOMERIEUX, INC.,	\$3,280.01	MEDCOMP	\$170.00	STERIS CORPORATION	\$1,033.34
BIO-RAD LABORATORIES, INC.,	\$7,065.54	MEDICAL SUPPLY SYSTEMS (SBE)	\$2,202.30	STRYKER ENDOSCOPY	\$297.60
BONESUPPORT INC	\$4,500.00	MESA LABORATORIES, INC.,	\$111.00	TRILLIANT SURGICAL	\$4,650.00
BOSTON SCIENTIFIC CORPORATION	\$2,541.66	NAC MECHANICAL SERVICES LLC	\$12,662.50	U.S. OFFICE SOLUTIONS (SBE)	\$319.48
CARDINAL HEALTH/MEDICAL PRODUCTS	\$21,517.78	OLYMPUS CORPORATION OF AMERICA	\$3,367.16	US IMPLANT SOLUTIONS/DBA I.T.S.	\$544.00
CDW-G	\$5,520.00	ORTHO CLINICAL DIAGNOSTIC	\$7,078.57	VERATHON MEDICAL	\$350.00
COLLEGE OF AMERICAN PATHOLOGIST	\$24,014.22	PARTS SOURCE INC.	\$1,692.98	W.L. GORE & ASSOCIATES	\$2,954.00
COOK MEDICAL INCORPORATED	\$211.25	PC CONNECTION SALES CORP.	\$17,059.96	ZIMMER INC	\$16,185.60
				Grand Total	\$331,342.13

Vendor #	Vendor Name	Vendor Address	Number	PO Type	Ord Date	Amount
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60368	PURCHASE	11/4/2020	\$572.01
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60369	PURCHASE	11/4/2020	\$47.79
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60375	PURCHASE	11/4/2020	\$1,282.92
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60380	PURCHASE	11/5/2020	\$4,505.75
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60396	PURCHASE	11/6/2020	\$143.52
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60398	PURCHASE	11/9/2020	\$951.07
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60402	PURCHASE	11/9/2020	\$902.86
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60417	PURCHASE	11/12/2020	\$1,122.14
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60423	PURCHASE	11/12/2020	\$1,859.80
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60428	PURCHASE	11/13/2020	\$2,496.83
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60441	PURCHASE	11/13/2020	\$3,072.24
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60455	PURCHASE	11/16/2020	\$243.96
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60473	PURCHASE	11/18/2020	\$53.76
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60476	PURCHASE	11/19/2020	\$2,208.38
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60493	INVENTORY	11/20/2020	\$552.60
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60501	PURCHASE	11/23/2020	\$558.78
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60528	PURCHASE	11/30/2020	\$373.17
M00002	CARDINAL HEALTH/MEDICAL PRODUCTS	NC	60535	PURCHASE	11/30/2020	\$570.20
M00004	STERIS CORPORATION	OH	60419	PURCHASE	11/12/2020	\$1,033.34
M00008	BECKMAN COULTER	CA	60382	PURCHASE	11/5/2020	\$3,445.73
M00011	BOSTON SCIENTIFIC CORPORATION	MA	60371	PURCHASE	11/4/2020	\$680.00
M00011	BOSTON SCIENTIFIC CORPORATION	MA	60430	PURCHASE	11/13/2020	\$689.50
M00011	BOSTON SCIENTIFIC CORPORATION	MA	60450	PURCHASE	11/16/2020	\$1,172.16
M00019	IMPRA	NC	60477	PURCHASE	11/19/2020	\$950.00
M00033	POLY SCIENTIFIC	NY	60366	PURCHASE	11/4/2020	\$265.00
M00035	ALIMED, INC.,	MA	60376	PURCHASE	11/4/2020	\$54.61
M00055	ROCHE DIAGNOSTICS CORPORATION	NY	60461	PURCHASE	11/16/2020	\$0.00

NOVEMBER COMPLETED PURCHASE ORDERS

Vendor #	Vendor Name	Vendor Address	Number	PO Type	Ord Date	Amount
M00060	FRESENIUS USA MARKETING	MA	60361	INVENTORY	11/3/2020	\$5,578.38
M00073	SMITH & NEPHEW ENDOSCOPY	NC	60370	PURCHASE	11/4/2020	\$339.00
M00081	BIOMERIEUX, INC.,	NC	60357	INVENTORY	11/3/2020	\$1,680.00
M00081	BIOMERIEUX, INC.,	NC	60401	PURCHASE	11/9/2020	\$1,600.01
M00088	ABBOTT LABORATORIES FORMERLY	IL	60399	PURCHASE	11/9/2020	\$17,500.00
M00088	ABBOTT LABORATORIES FORMERLY	IL	60409	PURCHASE	11/11/2020	\$478.00
M00088	ABBOTT LABORATORIES FORMERLY	IL	60411	PURCHASE	11/11/2020	\$562.00
M00088	ABBOTT LABORATORIES FORMERLY	IL	60452	PURCHASE	11/16/2020	\$478.00
M00094	STRYKER ENDOSCOPY	CA	60355	PURCHASE	11/2/2020	\$297.60
M00118	COOK MEDICAL INCORPORATED	IL	60364	PURCHASE	11/4/2020	\$211.25
M00146	ZIMMER INC	IN	60405	PURCHASE	11/10/2020	\$16,185.60
M00171	BARD ACCESS SYSTEMS INC	NC	60496	INVENTORY	11/20/2020	\$446.50
M00217	OLYMPUS CORPORATION OF AMERICA	TX	60427	PURCHASE	11/13/2020	\$2,074.80
M00217	OLYMPUS CORPORATION OF AMERICA	TX	60502	PURCHASE	11/23/2020	\$1,292.36
M00221	ORTHO CLINICAL DIAGNOSTIC	IL	60381	PURCHASE	11/5/2020	\$0.00
M00221	ORTHO CLINICAL DIAGNOSTIC	IL	60390	PURCHASE	11/6/2020	\$2,247.42
M00221	ORTHO CLINICAL DIAGNOSTIC	IL	60413	PURCHASE	11/12/2020	\$4,236.21
M00221	ORTHO CLINICAL DIAGNOSTIC	IL	60491	PURCHASE	11/20/2020	\$594.94
M00232	PC CONNECTION SALES CORP.	PA	60372	PURCHASE	11/4/2020	\$2,041.26
M00232	PC CONNECTION SALES CORP.	PA	60490	PURCHASE	11/20/2020	\$15,018.70
M00367	BIO-RAD LABORATORIES, INC.,	CA	60492	PURCHASE	11/20/2020	\$7,065.54
M00410	BARD PERIPHERAL TECHNOLOGY	NC	60362	PURCHASE	11/4/2020	\$1,220.00
M00410	BARD PERIPHERAL TECHNOLOGY	NC	60367	PURCHASE	11/4/2020	\$1,350.00
M00413	W.L. GORE & ASSOCIATES	DE	60426	PURCHASE	11/13/2020	\$2,954.00
M00439	MESA LABORATORIES, INC.,	CO	60360	INVENTORY	11/3/2020	\$111.00
M00469	COLLEGE OF AMERICAN PATHOLOGIST	IL	60389	PURCHASE	11/6/2020	\$24,014.22
M00480	GLOBAL EQUIPMENT COMPANY	GA	60403	PURCHASE	11/9/2020	\$179.24
M00561	MEDICAL SUPPLY SYSTEMS (SBE)	DC	60448	INVENTORY	11/16/2020	\$2,202.30
M00575	PERFORMANCEHEALTH.COM	IL	60377	PURCHASE	11/4/2020	\$57.94
M00646	CDW-G	IL	60472	PURCHASE	11/17/2020	\$5,520.00
M00802	PARTS SOURCE INC.	OH	60373	PURCHASE	11/4/2020	\$92.76
M00802	PARTS SOURCE INC.	OH	60454	PURCHASE	11/16/2020	\$1,600.22
M00839	POSEY COMPANY	CA	60470	PURCHASE	11/17/2020	\$1,479.36
M00921	HELMER INC	IN	60378	PURCHASE	11/4/2020	\$0.00
M00921	HELMER INC	IN	60431	PURCHASE	11/13/2020	\$149.80
M00921	HELMER INC	IN	60497	PURCHASE	11/20/2020	\$147.86
M00925	BAXTER BIOSCIENTIFIC DIVISION	DC	60532	PURCHASE	11/30/2020	\$1,153.68
M01133	S. FREEDMAN & SONS	MD	60456	PURCHASE	11/16/2020	\$544.40
M01133	S. FREEDMAN & SONS	MD	60479	PURCHASE	11/19/2020	\$260.92
M01192	HEALTH MARK INDUSTRIES	MI	60416	PURCHASE	11/12/2020	\$800.00
M01229	MEDCOMP	PA	60363	PURCHASE	11/4/2020	\$170.00
M01308	VERATHON MEDICAL	WA	60459	PURCHASE	11/16/2020	\$350.00
M01484	ABBOTT VASCULAR	IL	60379	PURCHASE	11/4/2020	\$7,920.00
M01560	FRIED BROTHERS, INC	PA	60483	PURCHASE	11/19/2020	\$5,789.00
M01672	SHERWIN WILLIAMS	DC	60445	PURCHASE	11/16/2020	\$59.76
M01856	U.S. OFFICE SOLUTIONS (SBE)	DC	60397	PURCHASE	11/7/2020	\$110.21
M01856	U.S. OFFICE SOLUTIONS (SBE)	DC	60474	PURCHASE	11/18/2020	\$209.27
M02015	ACELL INC.	PA	60443	PURCHASE	11/13/2020	\$5,904.00
M02015	ACELL INC.	PA	60444	PURCHASE	11/13/2020	\$12,054.00
M02018	US IMPLANT SOLUTIONS/DBA I.T.S.	FL	60404	PURCHASE	11/10/2020	\$544.00
M02209	PREMIER HEALTHCARE SOLUTIONS	NC	C60429	SERVICE	11/1/2020	\$15,800.00
M02558	TRILLIANT SURGICAL	TX	60406	SERVICE	11/10/2020	\$4,650.00
M02574	E-LOGIC, INC (CBE)	DC	C60392	SERVICE	11/1/2020	\$80,400.00
M02617	DAYCON PRODUCTS COMPANY INC	MD	60408	PURCHASE	11/10/2020	\$6,498.00
M02617	DAYCON PRODUCTS COMPANY INC	MD	60442	PURCHASE	11/13/2020	\$9,572.50
M02617	DAYCON PRODUCTS COMPANY INC	MD	60458	PURCHASE	11/16/2020	\$2,516.90
M02617	DAYCON PRODUCTS COMPANY INC	MD	60469	PURCHASE	11/16/2020	\$8,058.60

NOVEMBER COMPLETED PURCHASE ORDERS

Vendor #	Vendor Name	Vendor Address	Number	PO Type	Ord Date	Amount
M02668	NAC MECHANICAL SERVICES LLC	MD	K60368	CAPITAL	11/4/2020	\$12,662.50
M02703	BONESUPPORT INC	CA	60386	PURCHASE	11/5/2020	\$4,500.00

NOVEMBER EXECUTED CONTRACTS FY21

DATE OF EXECUTION	CONTRACT NO.	CONTRACTOR/VENDOR	LOCATION	VALUE	SERVICES	TERM(S)
11/4/2020	N/A	Sign Language USA LLC	McLean, VA	\$16,555.00	Settlement agreement	N/A
11/12/2020	NFPHC-IT-C-19-0022	Merger Healthcare Solutions	Chicago, IL	\$65,269.40	Continued provision of Tape Conversion Services	10/01/2020 - 09/30/2021
11/13/2020	N FPHC-OGC-21-LC-00003	Carlton Fields	Washington, DC	\$199,000.00	120-day Letter Contract for the provision of legal services for contracts attorney	11/13/2020 - 03/13/2021
11/16/2020	NFPHC-MS-21-C-00014	Axis Healthcare Group, P.C	Kensington, MD	\$739,753.93	Provision of psychiatric services, in which Contractor employs board-certified psychiatrists and other mental health professionals and assists the Hospital in the operation and management of certain of its behavioral health programs by providing, appropriately qualified psychiatrists and other mental health professionals to the Hospital to provide direct patient care, on-call and consultation services, administrative oversight and management and related virtual intake and coordination services.	10/01/2020 - 09/30/2021
11/16/2020	NFPHCEVS-19-C-0001	Curtis Bay Medical Waste Services	Baltimore, MD	\$260,000.00	Modification for continued provision of Biomedical Waste Removal for the Hospital.	04/04/2020 - 04/03/2021
11/16/2020	N/A	MedStar Family Choice, Inc.	Washington, DC	\$0.00	Hospital & Provider Participation Agreements	11/16/2020 - 11/15/2021
11/17/2020	N/A	Health Service for Children With Special Needs, Inc. (HSCNS)	Washington, DC	\$0.00	Participation Agreement Physician Group Services	11/17/2020 - 11/16/2021
11/23/2020	N/A	Northern Virginia Community College	Springfield, VA	\$0.00	Clinical Affiliation Agreement	01/04/2021 -01/03/2022
11/24/2020	NFPHC 2019-465 Mod 4	Mazars USA LLP	New York, NY	\$155,162.28	Modification 4 inserts and exercises a fourth option period of contract for Hospital operation services	11/11/2020 - 11/17/2020
11/24/2020	NFPHC 2019-465 Mod 5	Mazars USA LLP	New York, NY	\$853,409.04	Modification 5 exercises a fifth option period under OY3 of the contract for Hospital operation services	11/18/2020 - 12/31/2020
11/24/2020	N/A	Walden University	Minneapolis, MN	\$0.00	Academic Affiliation Agreement and COVID-19 Addendum	11/24/2020 - 11/23/2021
11/24/2020	N/A	Children's Hospital d/b/a Children's National Hospital	Washington, DC	\$0.00	2nd Amendment to original lease agreement and purchased services agreement	11/24/2020 - 11/23/2021
11/25/2020	NFPHC-IT-21-C-00017	3M Health Information Systems, Inc.	Murray, UT	\$9,700.00	License agreement for Fluency for Imaging (FFI) Perpetual Solution software.	10/01/2020 - 09/30/2021
11/25/2020	NFPHC-IT-21-C-00018	3M Health Information Systems, Inc.	Murray, UT	\$8,340.00	Agreement for Perpetual Software Support Services for the Fluency for Imaging (FFI) Perpetual Solution software.	01/01/2021 - 12/30/2021
Total Dollar Amount:				\$2,307,189.65		

NOVEMBER CBE/DIVERSITY SPEND YTD FY21

CBE SPEND

VENDOR #	CBE	SERVICE	WARD	AP SPEND YTD
M01856	U.S. OFFICE SOLUTIONS	OFFICE SUPPLIES	5	\$ 15,649.13
M02509	RSC ELECTRICAL & MECHANICAL	ELECTRICAL/HVAC	7	\$ 171,500.00
M00561	MEDICAL SUPPLY SYSTEMS	MEDICAL/SURGICAL EQUIPMENT	4	\$ 6,738.00
M02261	RATH ENTERPRISES	CONSTRUCTION/ASBESTOS	5	\$ 95,910.00
M02624	WALDON STUDIO ARCHITECTS & PLANNERS	ARCHITECTURAL DESIGN	2	\$ 121,268.26
M02647	GLOBAL PRINT MASTER	MARKETING/BRANDING	5	\$ 260.00
M02597	AL'S TWIN AIR, LLC	HVAC	6	\$ 41,559.91
M01157	COAST TO COAST HOSPITALITY LLC	SIGN LANGUAGE	8	\$ 11,942.50
TOTAL CBE SPEND YTD 11/30/20				\$ 464,827.80

DC BASED BUSINESS

VENDOR #	DC BASED BUSINESS	SERVICE	WARD	AP SPEND YTD
M02270	BONNER KIERNAN TREEBACH CROCIATA LLP	LAW FIRM	2	\$ 73,600.46
M02680	IM SO DC	DC CLOTHING APPAREL	8	\$ 100.00
M02691	NOVA MEDICAL LLC	TERMINAL CLEANING	2	\$ 179,384.00
M02710	NOW MARKETING SOLUTIONS	CUSTOM PRINT	7	\$ 70,210.00
M02709	DILIGENT CORPORATION	SOFTWARE	2	\$ 4,320.00
M02706	PACT PRO LLC	ASSET SECUTIRY MGMT	6	\$ 53,178.00
M02657	PITT ELECTRIC INC & CONSTRUCTION	ELECTRIC CONTRACTOR	8	\$ 97,072.00
M02693	JH CONTRACTORS LLC	CONSTRUCTION	5	\$ 135,225.00
TOTAL SPEND YTD 11/30/20				\$ 613,089.46

VIZIENT (GPO) SUPPLIER DIVERSITY SPEND

SUPPLIER NAME	VETERAN DISTRIBUTION	MINORITY DISTRIBUTION	WOMAN DISTRIBUTION	TOTAL
ABOBOTT LABORATORIES	\$ 2.73	\$ 26.70	\$ 37.88	\$ 67.30
DEROYAL INDUSTRIES	\$ -	\$ -	\$ -	\$ -
FRESENIUS-KABI USA, INC	\$ 57.45	\$ 211.96	\$ 683.33	\$ 952.73
GETINGE USA, INC	\$ 2.17	\$ 5.50	\$ 3.51	\$ 11.17
MEDTRONIC	\$ 469.45	\$ 998.62	\$ 630.30	\$ 2,098.37
PHILIPS NORTH AMERICA LLC	\$ 5,524.14	\$ 3,064.79	\$ 7,499.17	\$ 16,088.10
UPSHER-SMITH LABORATORIES, INC.	\$ 10.03	\$ -	\$ 56.33	\$ 66.36
VERIZON WIRELESS	\$ 21.69	\$ 331.45	\$ 134.19	\$ 487.33
TOTAL SPEND YTD 11/30/20				\$ 19,771.38

** start date for tracking supplier diversity 9/1/20

TOTAL NOVEMBER CBE/DIVERSITY SPEND YTD FY21

\$ 1,097,688.64

Residents age 65+ may now receive the COVID-19 Vaccine

The Moderna and Pfizer vaccines are over 90% effective at decreasing an individual's chance of contracting the coronavirus when administered properly (two doses required).



TO SCHEDULE AN APPOINTMENT

Call UMC at 202-574-6473 between the hours of **9:00am – 5:00pm**. Please be ready to provide your +1's date of birth, social security number, home address, and phone number to the reservation specialist.

IT'S IMPORTANT TO KNOW:

- The vaccine will be provided free of charge.
- Two doses are required which means two appointments/visits will be scheduled.
- Visit unitedmedicalcenterdc.com for more information on the vaccine.
- If you are unable to obtain an appointment at UMC, you may call the citywide appointment line at 1-855-363-0333 or vaccinate.dc.gov.

1310 Southern Ave. SE
6th Floor
Washington, DC 20032

Home Healthcare Workers may now receive the COVID-19 Vaccine

The Moderna and Pfizer vaccines are over 90% effective at decreasing an individual's chance of contracting the coronavirus when administered properly (two doses required).



TO SCHEDULE AN APPOINTMENT

Contact your affiliated home health organization and be prepared to provide your date of birth, SSI #, address and phone number.

IT'S IMPORTANT TO KNOW:

- The vaccine will be provided free of charge.
- Two doses are required which means two appointments/visits will be scheduled.
- Visit unitedmedicalcenterdc.com for more information on the vaccine.
- When you arrive, enter through the main entrance and check in at the security desk.
- UMC Vaccination Clinic - 202-574-6788.



NOT FOR PROFIT HOSPITAL CORPORATION

COVID-19 Vaccine (Updated January 11, 2021) Frequently Asked Questions

For additional information visit [Unitedmedicaldc.com](https://unitedmedicaldc.com) or follow us on Social Media @unitedmedicaldc or UMC United Medical Center

What is the COVID-19 vaccine? There are several vaccines supported by the United States that are in Phase 3 clinical trials.

Two vaccines - one created by Pfizer and the other created by Moderna - have been determined to be more than 94% effective and are now being used in vaccination programs. Both are produced in the United States by American companies and require 2 doses. The 2nd dose of the Pfizer vaccine must be administered 19-23 days after the first dose while the 2nd dose of Moderna's vaccine must be administered 24-28 days after the first dose. Both the Food & Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) have approved these 2 vaccines for distribution, and determined them to be both safe and effective.

How does the COVID-19 vaccine work? Will I contract the COVID-19 virus if I take the vaccine? The Pfizer and Moderna's vaccines do not inject or produce the COVID-19 virus in your body. Instead, they use a molecule (the messenger RNA or "mRNA" molecule) that instructs your cells to make a copy of a harmless protein that is on the outer shell of the COVID-19 virus. When your immune system detects this protein, it begins to produce antibodies as if the body has been infected. The antibodies will help your immune system fight off future COVID-19 infections.

What are the side effects of taking the vaccine? Like all vaccines, some physical response to the COVID-19 vaccine is possible. However, Pfizer and Moderna have reported no serious safety concerns from their vaccines. Those who participated in the vaccine trials were followed for two months after vaccination and will continue to be monitored for two years. While no serious side effects were noted, some participants have reported sore arms, fatigue, fever and joint and muscle aches that last for a day or two. It is important to know that if you experience any of these reactions, that this is normal and means the vaccine is working.

Who will get the vaccine first? The District of Columbia made the vaccine available to healthcare workers and high risk individuals (older adults and people with certain medical conditions) first. The Pfizer vaccine has been authorized for individuals age 16 and older, while the Moderna vaccine has been authorized for individuals age 18 and older.

Which vaccine will we receive, and how many doses? We have received both the Pfizer and the Moderna vaccines, in dosages consistent with the District of Columbia's COVID-19 vaccination plan.

How much does the vaccine cost? The vaccine is being administered free of charge at this time.

If I receive the vaccination, do I still have to wear Personal Protective Equipment (PPE) Yes. Individuals are advised to wear PPE, such as a mask and eye protection (goggles or a face shield), even if they receive the vaccination.

If I decide not to get vaccinated at this time, can I still get vaccinated later? We anticipate that we will receive more vaccines at a later date. If you choose not to be vaccinated now, you can still choose to be vaccinated later, as such additional vaccines arrive.

Have these drugs been tested on people? How are those clinical trials run? All vaccines administered in the United States must first complete a 3-phase clinical trial. In each phase of the COVID-19 clinical trials conducted by Pfizer and Moderna, for example, the vaccine was given to even more participants than legally required. Participants in the trial were randomly assigned to either receive the vaccine or a placebo (a harmless substance). Neither the participants, nor the people running the trial, knew which participant was in which group. This is called a "blinded" study, which minimizes bias or influence, and is considered best practice in scientific studies. Vaccine clinical trials are overseen by independent data and safety monitoring boards, which review all data from the trials, and have the power to halt the trial at any time if a serious safety issue arises. The identities of the boards' members are kept secret, to prevent them from being subject to pressure from pharmaceutical companies, federal authorities, or the public.

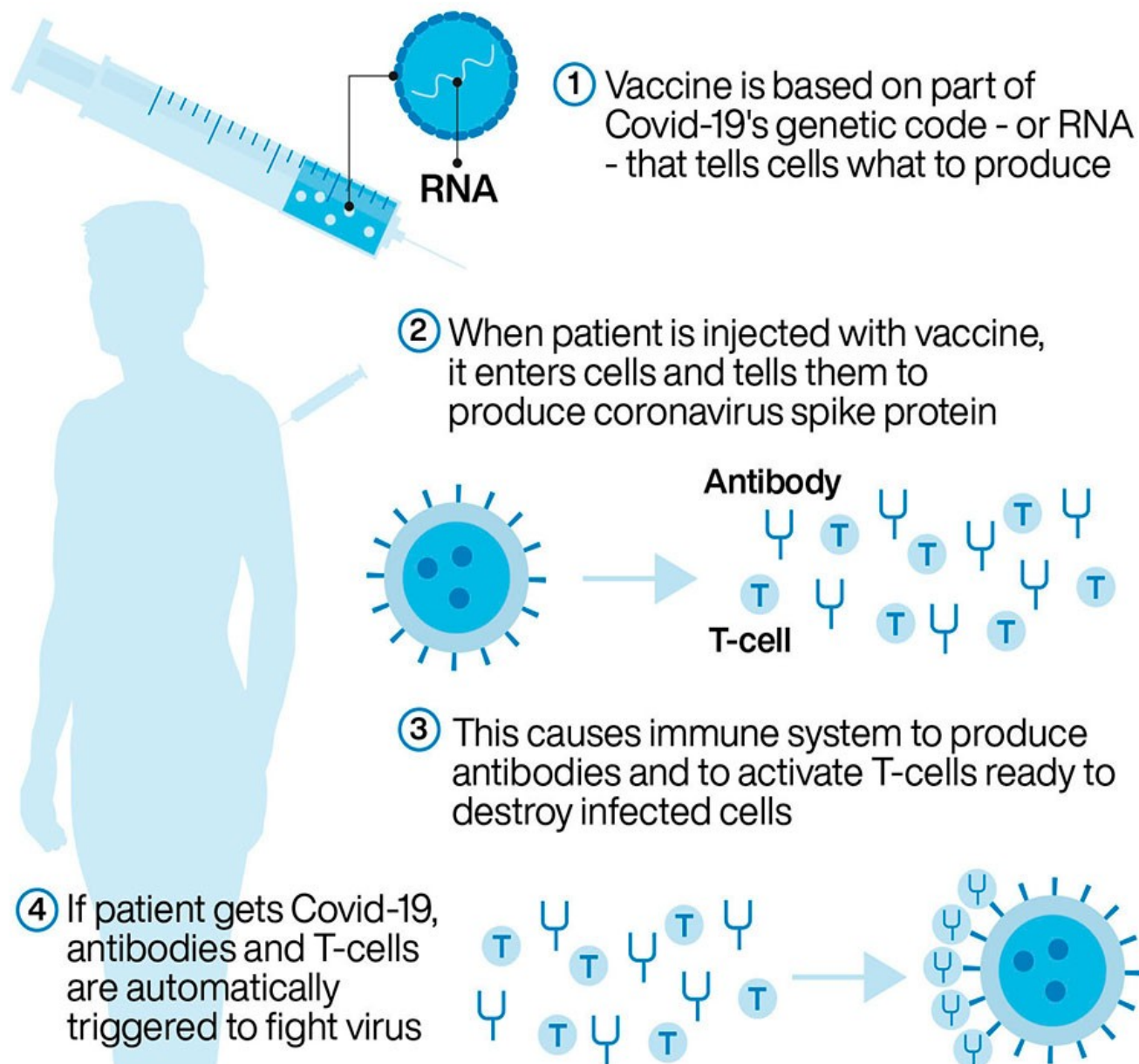
What were the results of the clinical trials? Almost 74,000 adults participated in Pfizer and Moderna's clinical trials. Both vaccines are reportedly more than 94% effective at protecting you against having COVID-19 disease with symptoms. It is unknown if the vaccines also protect you from catching COVID-19 without symptoms and spreading it to others, so you will still need to follow safety precautions such as wearing a mask and socially distancing after being vaccinated. It is also unknown how long the vaccines protect you from COVID-19. Both clinical trials included diverse participants; approximately every 4 out of 10 participants was non-white. Adults over age 65 were also included in both clinical trials. There is currently no data on the safety and effectiveness of the vaccine for patients under age 16, or for pregnant or breastfeeding women.

I heard these trials went a lot faster than normal. Does that mean the vaccines are not as safe or as effective as other drugs and vaccines that are studied longer? Both the Pfizer and Moderna vaccines have gone through all the phases of testing as required for every drug and vaccine available in the United States. To produce a COVID-19 vaccine in a shorter amount of time because of the pandemic, the following occurred:

- Some of the study phases overlapped, but none were skipped.
- Researchers began working on a vaccine before the first case was ever reported in the United States, so they had a head start.
- When it looked like the vaccine could be effective, they began producing many doses to be ready to distribute as soon as it gets approved.

What is an "EUA" that people are talking about? Both the Pfizer and Moderna vaccines achieved the safety milestones required for Emergency Use Authorization (or EUA). Emergency Use Authorization authority allows the Food and Drug Administration (FDA) to make available medical products to be used during a public health emergency, to diagnose, treat or prevent serious or life-threatening diseases or conditions when there are no adequate, approved, or available alternatives. The FDA Emergency Use Authorization panel, which is made up of outside scientific and public health experts from around the country, reviewed data about the safety and effectiveness of the vaccines before granting authorization. A separate independent committee also reviewed the data before officially recommending the vaccines to the public. This committee's membership includes doctors, osteopaths, nurses, midwives, physician assistants and pharmacists.

How the RNA vaccine would work



Additional COVID-19 Vaccine FAQs

What is an mRNA vaccine?

Vaccines can be protein-based or gene-based. Many childhood vaccinations use viral proteins from inactivated virus or viral fragments to generate an immune response. Polio, tetanus, flu, and HBV vaccines are examples of protein-based vaccines.

Gene-based vaccines traditionally use live, attenuated virus to deliver the genetic code for an antigen. The host's cell builds the viral antigen using the pathogen's DNA or RNA stored in the viral vector, thereby provoking an immune response. The MMR and chickenpox vaccines are gene-based.

mRNA vaccines also use viral genes, but the technique does not involve a live, attenuated virus. Instead, the mRNA coding for the SARS-CoV-2 spike protein is stabilized in a lipid nanoparticle and injected into the patient. The patient's cells absorb the mRNA and build the spike protein it encodes. The spike protein is expressed on the cell's surface generating a potentially more robust immune response than from protein-based vaccines. The mRNA never enters the nucleus, and there is no risk it incorporates into our genetic code.

mRNA vaccines have several benefits. Delivering mRNA directly rather than via a vector such as an adenovirus should decrease the risk of pre-existing immunity to the vector. There is no risk of infection, unlike attenuated virus vaccines. They are quicker to develop - the first mRNA vaccine was actually injected into a volunteer only 66 days after SARS-CoV-2's genetic code had been published!

What is the evidence supporting these mRNA vaccines?

Two manufacturers – Pfizer and Moderna - reported similar results for their products, with both mRNA vaccines demonstrating ~95% efficacy one week after the second dose. The FDA reviewed the data, to assure the vaccines' safety and effectiveness. The following information comes from Pfizer's press releases:

Pfizer and BioNTech ran an international randomized 1:1 placebo-controlled study of 43,661 individuals. Of the placebo group, 162 developed COVID compared to only 8 in the vaccinated group. Severe COVID occurred in 9 individuals from the placebo group, compared to 1 individual in the vaccinated group.

No serious safety events were noted. Approximately 42% of the global participants and 30% of the US participants were from racial/ethnic minority groups.

What are the risks of the mRNA vaccines?

These vaccines appear to be safe, based on current data. In the approximately 75,000 patients (Pfizer and Moderna) in the Phase 3 studies, no deaths due to vaccination or severe adverse events were reported. Usually if vaccines were to cause a severe adverse outcome, it would be found within the first few weeks after vaccination.

There is no specific reason that mRNA vaccines would be more likely to trigger disease than any other vaccine. In fact, they might be less likely to trigger disease than the live, attenuated virus vaccines we've all received for other conditions.

Ultimately any potential risk from the vaccine should be balanced against the very real threat of COVID. For health care workers, around 250,000 cases of COVID have been documented by the CDC and 864 deaths reported; real numbers are likely significantly higher. The pandemic is now one of the leading causes of death in the USA. One in every 1,500 Americans alive at the beginning of 2020 is now dead from COVID. Accepting a vaccine, even if it were to have some risk, will likely be safer than the alternative.

Should I receive this vaccine if I already had COVID?

Yes. Current guidance is that all health care workers should receive the vaccine regardless of COVID status. Given that the long-term immunity after infection is of unclear duration, that repeat infection is possible, and that the vaccine appears to confer higher rates of antibodies, health care workers are potentially more protected by the vaccine than by prior infection. Serologic testing is not recommended prior to vaccination.

Can I stop wearing PPE after I get the vaccine?

No. First, while the mRNA vaccine has been shown to decrease symptomatic disease, it's unclear how effective it is at limiting transmission. These vaccines might effectively protect you from lower respiratory complications while still allowing for asymptomatic nasal carriage. While you would be protected from a bad outcome, you might still unknowingly pass along the virus to your patients and loved ones.

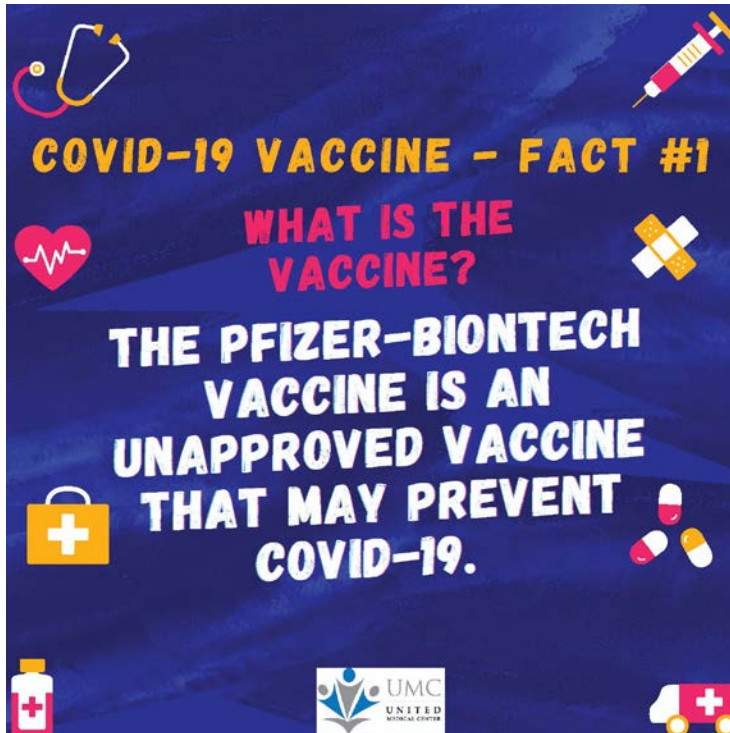


GET VACCINATED DC

COVID-19 VACCINE - FACT #1

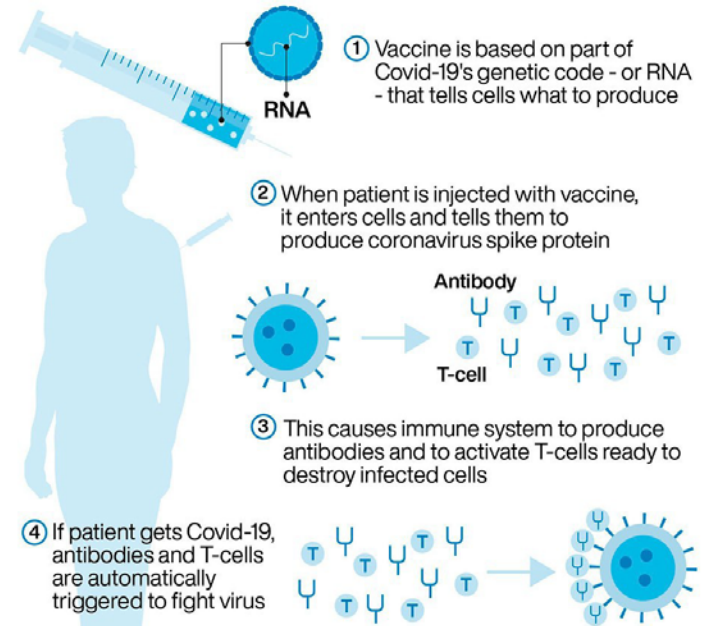
WHAT IS THE VACCINE?

THE PFIZER-BIONTECH VACCINE IS AN UNAPPROVED VACCINE THAT MAY PREVENT COVID-19.



UMC UNITED MEDICAL CENTER

How the RNA vaccine would work





PA graphic. Source: Nature

COLENE DANIEL CHIEF EXECUTIVE OFFICER




"I'M TAKING THE COVID-19 VACCINE BECAUSE I WANT TO BE HEALTHY AND I MISS MY FAMILY. THE MORE OF US THAT RECEIVES THE VACCINE THE CLOSER WE ARE TO ENDING THIS NIGHTMARE."











COVID-19 VACCINE – FACT #2




WILL I CONTRACT THE COVID-19 VIRUS IF I TAKE THE VACCINE?




NO.
THE VACCINE DOES NOT INJECT OR PRODUCE THE COVID-19 VIRUS IN YOUR BODY. THE INJECTION IS AN MRNA MOLECULE THAT TELLS YOUR CELLS TO MAKE A COPY OF A HARMLESS PROTEIN THAT IS ON THE OUTER SHELL OF THE COVID-19 VIRUS. THE PROTEIN CAUSES YOUR BODY TO CREATE ANTIBODIES THAT WILL HELP YOUR IMMUNE SYSTEM FIGHT OFF FUTURE COVID-19 INFECTIONS.



DR. O'CONNELL PHYSICIAN





"I TOOK THE VACCINE BECAUSE AS HEALTHY PEOPLE WHEN WE ARE ABLE TO TAKE THE VACCINE WE ARE ABLE TO PROTECT THOSE WHO AREN'T ABLE TO GET THE VACCINE."




TERESA KORVAH RMA


"I TOOK THE VACCINE TO KEEP MY PATIENTS , CO-WORKERS AND THE PEOPLE AROUND ME TO BE SAFE."








COVID-19 VACCINE – FACT #3





HOW EFFECTIVE IS THE VACCINE?




THE VACCINATION IS 95% EFFECTIVE WHEN ADMINISTERED PROPERLY. YOU WILL REQUIRE TWO DOSES A FEW WEEKS APART FOR MAXIMUM PROTECTION









COVID-19 VACCINE – FACT #4




WHAT ARE THE SIDE EFFECTS OF TAKING THE VACCINE?




THE MOST COMMON SIDE EFFECTS ARE SORE ARMS, FATIGUE, FEVER AND JOINT AND MUSCLE ACHES OR FLU LIKE SYMPTOMS THAT LAST FOR A DAY OR TWO. THESE ARE NORMAL AND MEANS THE VACCINE IS WORKING.


DOUG WILLIAMS NFL SUPERBOWL MVP





"I AM TAKING THE VACCINE BECAUSE I BELIEVE DR. FAUCI'S REPORT THAT IT IS SAFE. I ALSO HAVE A FAMILY AND I WANT TO MAKE SURE THEY ARE SAFE FROM CORONAVIRUS."




DR. BYAM SURGEON




"I TOOK THE VACCINE BECAUSE EVEN THOUGH WE DON'T KNOW EVERYTHING THERE IS TO KNOW ABOUT THE VACCINE I BELIEVE IT'S SAFER THAN THE RISK OF GET COVID-19."






COVID-19 VACCINE – FACT #5



WHO SHOULD NOT TAKE THE VACCINE?



YOU SHOULD NOT TAKE THIS VACCINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION TO VACCINES IN THE PAST OR ANY INGREDIENT IN THIS VACCINE. PLEASE CONSULT YOUR MEDICAL DOCTOR IF YOU ARE UNSURE.



MARTIN CONSTABLE NURSING ADMIN.COODINATOR

I'M TAKING THE COVID-19 VACCINE BECAUSE I WANT TO KEEP MYSELF AND OTHERS SAFE. I'M HOPING OTHERS WILL TAKE THE VACCINE NOT ONLY FOR THEM, BUT TO KEEP OUR PATIENTS AND THE GENERAL PUBLIC SAFE.



COVID-19 VACCINE - FACT #6



SHOULD I TAKE THE VACCINE IF I ALREADY HAD THE CORONAVIRUS?



YES. THERE IS A CHANCE OF REINFECTION OF THE



VIRUS. THE VACCINE MAY HELP PROTECT YOU AGAINST FUTURE INFECTION.



COVID-19 VACCINE - FACT #7



WHAT IF I AM PREGNANT OR BREASTFEEDING?



IF YOU ARE PREGNANT OR BREASTFEEDING, DISCUSS YOUR OPTIONS WITH YOUR HEALTHCARE PROVIDER.



CLETUS CHECK NURSE



"I ENCOURAGE ANYONE WITH FEARS ABOUT THE VACCINE TO TAKE IT, BECAUSE IT IS SAFE AND EFFECTIVE."



MRS. SPEIGHT NFPHC BOARD MEMBER

"I BELIEVE IT'S
EVERYONE'S RIGHT AND
DUTY TO BE
VACCINATED, SO WE CAN
ELIMINATE THIS VIRUS."



COVID-19 VACCINE - FACT #8



HOW DO I KNOW THIS VACCINE
IS SAFE?



THERE
IS A RISK WITH ALL MEDICATIONS
AND VACCINES.
THIS VACCINE WAS TESTED ON OVER
74,000 INDIVIDUALS OVER THE AGE
OF 16. CLINICAL
TRIALS INCLUDED DIVERSE
PARTICIPANTS AND EVERY 4 OUT OF
10 WERE NON-WHITE. ADULTS OVER
AGE 65 WERE ALSO INCLUDED IN THE
TRIALS.



OFFICER JENKINS SECURITY

"I TOOK THE VACCINE
BECAUSE I BELIEVE IT'S
WHAT'S BEST TO
PROTECT MY FAMILY, AS
WELL AS MY COMMUNITY."



COVID-19 VACCINE - FACT #9











CAN I STOP WEARING A
MASK
AFTER THE VACCINE?



MAYBE
BUT PLAY IT SAFE -
WEAR A MASK AROUND
OTHERS, CONTINUE TO
SOCIAL DISTANCE, AND
WASH YOUR HANDS
OFTEN.







COVID-19 VACCINE – FACT #10

WHO WILL GET THE VACCINE FIRST?


THE DISTRICT OF COLUMBIA WILL BEGIN MAKING THE VACCINE AVAILABLE TO HEALTHCARE WORKERS AND HIGH RISK INDIVIDUALS (OLDER ADULTS AND PEOPLE WITH CERTAIN MEDICAL CONDITIONS) FIRST.




EVELYN MCKENLY
DISTRICT CENTENARIAN
(101 YEARS OLD)




"I AM TAKING THE VACCINE BECAUSE I SAW IT ADVERTISED THAT SENIORS AND HEALTHCARE WORKERS SHOULD TAKE IT FIRST AND I AM HOPING THE VACCINE WILL PROTECT ME FROM THE VIRUS."




TOYA CARMICHAEL
VP OF PUBLIC RELATIONS




"I'M TAKING THE VACCINE BECAUSE I MISS MY FAMILY AND FRIENDS IN CALIFORNIA AND WANT TO TRAVEL AGAIN."



MARCELA MAAMARI
CHIEF OPERATING OFFICER



MY REASON FOR TAKING THE VACCINE IS SO THAT I AM MORE PROTECTED TO CONTINUE TO SERVE OUR UMC COMMUNITY AND TO KEEP MY FAMILY SAFE.





GRAPEVINE HEALTH

ASK THE DOCS

**Have questions about COVID-19?
About vaccines? Are they safe?
What are the side effects?**

**Join our 'Ask the Doctor' chats
from the safety and comfort of
your own space!"**

**We're hosting weekly ZOOM
sessions with doctors from
the Grapevine Health team.
Ask anything!**



TUESDAYS 6:30-7:30pm EST

For the Zoom link, text
202-702-8175 or

email info@grapevinehealth.co



Where Community and
Family Come First

COMMUNITY COVID-19 VACCINATIONS AS OF FEBRUARY 22, 2021

Community COVID19 Vaccinations		
Race	Vaccinated	% Vaccinated
White	812	19.84%
Black or African American	2509	61.31%
Unknown	301	7.36%
Other Race	330	8.06%
Asian	136	3.32%
American Indian or Alaska Native	4	0.10%
Declined	0	0.00%
Grand Total	4092	100.00%
Ethnicity	Vaccinated	% Vaccinated
Not Hispanic or Latino	2535	61.95%
Unknown	1499	36.63%
Hispanic or Latino	56	1.37%
Declined	2	0.05%
Grand Total	4092	100.00%
Patient Zip Code	Vaccinated	% Vaccinated
20001	44	1.08%
20002	74	1.81%
20003	78	1.91%
20004	0	0.00%
20005	12	0.29%
20007	81	1.98%
20008	124	3.03%
20009	38	0.93%
20010	27	0.66%
20011	95	2.32%
20012	43	1.05%
20013	0	0.00%
20015	44	1.08%
20016	140	3.42%
20017	14	0.34%



COMMUNITY COVID-19 VACCINATIONS AS OF FEBRUARY 22, 2021

20018	22	0.54%
20019	218	5.33%
20020	471	11.51%
20024	37	0.90%
20032	277	6.77%
20036	18	0.44%
20037	53	1.30%
20057	0	0.00%
20118	0	0.00%
20764	0	0.00%
20814	12	0.29%
20815	12	0.29%
20852	15	0.37%
20854	72	1.76%
22101	18	0.44%
22972	0	0.00%
Other Zip Codes	2053	50.17%
Grand Total	4092	100.00%