United Medical Center

Management Action Plan

Not-for-Profit
Hospital Corporation
FY2017

October 2016

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1.0 Executive Summary

The Not-for-Profit Hospital Corporation (NFPHC), commonly known as United Medical Center or UMC, is dedicated to the health and well-being of individuals in Ward 7, Ward 8, and the surrounding Maryland communities. In order to achieve the patient-centered services and high quality healthcare the community needs, while also attaining financial stability, the fiscal year 2017 (FY2017) Management Action Plan (MAP), developed in conjunction with the FY2017 budget, details a systematic and integrated set of solutions that will be implemented throughout FY2017.

The creation of this MAP has occurred in partnership with the executive leadership team. Similarly, the execution of initiatives included herein will also require the entire executive leadership team and their staff. These initiatives consist of both new projects and projects already underway. As a leadership team, we have reviewed, assessed, and aligned all the initiatives to ensure they support one or many of the following goals:

- Improve the quality of patient care
- Increase patient volume and community engagement
- Drive financial performance to return UMC to financial stability
- Improve organizational effectiveness and efficiency
- Create a safe and gratifying work environment for our staff

These tactical and strategic initiatives have been identified for the purpose of stabilizing operations; improving foundational clinical, financial and operational systems; and building organizational capabilities and capacity for FY2017 and future years. As such, the MAP is not a static document. Each year as part of the budgeting process, which begins in December and continues through September, the MAP will be adjusted to provide greater visibility into the major initiatives for the upcoming fiscal year.

In the Ambulatory Care and Ancillary Services area the FY2017 initiatives address the continued expansion of core services at UMC to include orthopedics and urology; and the creation of a patient-centered "medical mall" designed to encourage patients to utilize UMC for all of their healthcare services - from office visits to lab and radiology services, and outpatient surgery. These initiatives are intended to ensure UMC can address the non-emergent needs of the community.

In order to address the emergent needs of our patients, there are MAP initiatives that focus on the improvement of collaboration throughout the emergency department (ED), the reduction of the length of stay for patients in observation status, and improvements in safety in the ED and throughout the hospital. These initiatives are designed to improve patient satisfaction, reduce wait times, and improve the overall quality of care for UMC patients.

UMC leadership also has initiatives to improve in-patient experience of care, improve physicians' clinical documentation, and expand in-patient behavioral health capabilities. During FY2017 UMC will also begin to migrate to a skilled level of care model for the Skilled Nursing Facility (SNF) v. a traditional nursing home.

There are several MAP initiatives to control expenses and improve revenues in FY2017. In FY2016, cost containment initiatives were implemented to reduce labor expenses which account for 60% of overall expenses. In addition, there are initiatives that address materials management; a comprehensive review and assessment of contracts and purchased services; managed care organization relationships; and strategic support for the hospital's future - identification of a strategic

partner other than the District v. new hospital construction. Improvements to the revenue cycle have begun and will continue throughout 2017 upon completion of the consulting analysis currently underway. In addition, UMC leadership is also establishing processes and updating systems to all for provider based billing for outpatient services.

The actions outlined in the MAP are derived from both evidenced-base clinical medicine or EBM (defined as "the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information" (Sackett D, 1996)) and evidence-based management (defined in the Harvard Business Review as gathering the necessary facts and using data to guide decision-making (Pfeffer and Sutton, January 2006)).

2.0 Document Layout

In the sections that follow, the key underlying assumptions of the FY2017 budget are detailed: volume, expense, and revenue assumptions. The budget assumptions have been collaboratively developed among hospital executive leaders and are described in detail the areas of:

- **Volumes**: Inpatient volumes (as defined by patient admissions, patient days, number of surgeries and skilled nursing facility census: Outpatient volumes as defined by emergency department and clinic visits, mobile clinic visits, same day surgeries and ancillary tests and exams);
- **Expenses:** as defined by salaries, wages, benefits, contract labor, supplies, professional fees, purchased services, depreciation/amortization, direct subsidies and other expenses; and
- **Revenues**: resulting from the acute care hospital; skilled nursing facility, deduction from revenues; Children's National Medical Center and other sources.

Following the assumption section are the metrics that will be tracked on a monthly basis to assess UMC progress and overall performance and the individual MAP initiatives. Initiatives highlighted in blue are specifically tied to the FY2017 budget, whereas, initiatives highlighted in green "may" have an FY2017 impact but are intended to have a major impact FY2018 or FY2019. Each initiative is centered on the one or more of the three core elements (financial, quality, and productivity) and is detailed as follows:

- Initiative: [*what is being done*]
- Responsible Party: [*person accountable for execution*]
- Background: [*description of the problem / challenge / obstacle*]
- Opportunity: [*benefits or expected outcomes defined in terms of quality of patient care, productivity throughout, and/or volume increases*]
- Measure of Success & Metrics: [*the specific measurements that indicate the objectives of the initiative have been accomplished*]
- Start Date and End Date
- Impact Areas: [*quality, productivity, volume or financial; structural, process, or outcome.*]
- In FY17 Budget: [*indication if the volume, capacity, and/or expense increases or decreases are included in the budget.*]
- Key Stakeholders / Resources Required: [*key leadership team members and/or other stakeholders*]
- Milestones, Tasks and Timeline: [*project plan of major tasks required to accomplish the initiative*]

3.0 Volume Assumptions

Volume assumptions are compared to FY2016 forecast as of March for consistency with the budget previously submitted to the District Council.

3. 1 Inpatient Volumes

- Patient Admissions
  - Admissions are budgeted at 7,339 for FY2017, a 4.4% increase over the projected FY2016 volume of 7,031 admissions. Admissions are expected to increase 0.5% (7,376) and 1.0% (7,450) for FY2018 and FY2019, respectively.
    - Volumes were adjusted to reflect proper medical classification and admission corrections.
    - The patient room refresh program is not expected to affect room availability.

- Patient Days:
  - Patient days are budgeted at 41,098 which is a 4.4% increase above FY 2016 projections of 39,375. Patient days are projected to increase by 0.5% (41,304) and 1.0% (41,732) for FY2018 and FY2019, respectively.
  - The average acute care length of stay (ALOS) is projected to be 5.6 patient days per admitted patient.
    - Lower ALOS with better resource utilization and strategic partners for long-term placement
    - Increased physician monitoring and metrics reporting to move patients through appropriately.
    - Increased coordination between case management and nursing leadership on patient placement and discharge.
    - Lower patient days projected due to higher observation conversion/re-classification.

- Surgeries:
  - As compared to the projected annualized YTD FY2016 volume of 1,938, surgical volumes are projected to increase about 3% to 1,996 in FY 2017 as physicians build business base. Surgical volumes are projected to increase 44% (2,880) in FY2018 and 35% (3,888) in FY2019.
  - Inpatient surgeries account for 50% of total surgeries.

- Skilled Nursing Facility:
  - Average daily census projected at 117 for FY 2017, an increase of 5% from FY16 average daily census of 109 clients.
  - The average daily census is expected to remain constant at 97% (117) annually for FY2018 and FY2019.

3.2 Outpatient Volumes

- ER Visits:
  - Emergency room visits are budgeted at 57,992 visits for FY2017, an increase of 1,016 visits. This compares to projected FY2016 visits of 56,976 or a 1.8% increase.
  - As we near capacity and redirect urgent care patients to clinics, emergency room visits are anticipated to grow by 2.0% (59,152) in FY2018 and 1.5% (60,039) in FY2019.

- Other Outpatient Visits:
  - Clinic visits are budgeted at 19,164 visits. This is an increase of 2,592 visits or 15.1% as compared to FY2016. Clinics visits for the addition of urology, orthopedics, gastroenterology, and family medicine physicians are projected to satisfy this increase. The pace of growth is projected at a 3.0% (19,739) and 6.1% (20,943) in FY2018 and FY2019, respectively.
  - Laboratory tests are budgeted at 3,411 visits. This is an increase of 223 tests or 7% as compared to FY2016. The increase in volume is attributable to the full participation of Hadley Memorial as a new client for reference lab services. Laboratory tests are projected to increase by 8.0% for FY2018 (3,684 tests) and FY2019 (3,979 tests).
  - Radiology visits are budgeted at 14,011. This is a modest increase of 539 visits or 4% as compared to FY2016. With capital work continuing in this area, we are projecting growth of 3.5% (14,501) and 6.8% (15,487) in FY2018 and FY2019, respectively with the full implementation of the technology purchased with capital funds.
  - Same day surgeries (In and Out Surgery) are budgeted at 990, an increase of 42 procedures or 4.4% as compared to the annualized YTD FY2016 volume of 948. In FY2018 and FY2019 the growth is projected to be 44% (2,880) and 35% (3,888) respectively with the on-boarding of our Orthopedics and Neurology physicians by the third quarter of FY2017.
  - Mobile Clinics visits are budgeted at 769 visits which is flat as compared to FY2016. Mobile clinic visits are projected to increase by 5% for both FY2018 (807 visits) and FY2019 (848 visits).

4.0 Expense Assumptions

4.1 Salaries/Wages and Benefits

- NFPHC reduced its salary/wages and benefits category by $8.4M and 103 FTEs in the non-clinical areas in FY2016
- FTEs are projected to be 855 in FT2017, 862 in FY2018, and 879 in FT2019.
- Expense is expected to be $56.0M in salaries and $14.9M in benefits for FY 2017. Salaries in FY2018 and FY2019 are expected to increase 0.8% and 1.6%; and benefits are projected to increase 0.7% and 1.6%, respectively.
- Salaries include on-boarding of the following five (5) physicians in FY2017, plus a full year of four (4) physicians hired throughout FY2016. Payroll cost of $2.9M is budgeted.
  - 2 Family Practice physicians: Two physicians who will start in October
  - 2 Gastro-intestinal physicians: One who will start in October and the second who will start January 2017.
  - 1 Urology physician: One physician starting in October
  - Neurology: If Howard University cannot supply a neurologist, UMC will have to budget and hire one.
  - Infectious Disease (ID): if Howard University cannot supply an ID, UMC will have to budget and hire one.
- The benefits line includes worker's compensation expenses
- Salaries and FTEs are built to hire staffing to accomplish a *working* productivity of 98 – 100% to reduce overtime and agency dependence for patient care services
- The inclusion of increase related to collective bargaining agreement for all four unions of $1.9M. Projected union increases for FY2018 and FY2019 are $1.0M each year.
- The impact of an increase of minimum wage hourly rate is budgeted in FY2017 at $250K.

4.2 Contract Labor

- Contract labor is expected to be $935K for FY 2017 which reflects a $3.9M decrease from FY2017.
- Contract labor is expected to remain constant for FY2018 and FY2019 at $935K per year.
- No agency dollars were budgeted for FY 2017. Funds if needed, will be offset by a 3% vacancy factor. Some agency dollars are factored into DY2019 as the growth is projected to outpace recruitment and we anticipate a nursing shortage
- A 2.5% inflation factor has been added annually for cost of living improvements.

4.3 Supplies-Medical & Non-Medical

- Supply cost is budgeted at $14.3M for FY 2017 and is projected to decrease by 1.9% ($14M) in FY2018 and increase by 1.0% ($14.1M) in FY2019.
- The drop in FY2017 is projected as the organization
  - Optimizes its use of industry standards,
  - Reviews linen utilization,
  - Consolidates physician preference items to generate savings,
  - Continue vendor consolidation to take advantage of better pricing opportunities, and
  - Utilize benchmark pricing to gauge our current pricing

commitments for more opportunities.

4.4 Professional Fees

- Professional fees are budgeted at $9.4M for FY 2017 with projected increases of 2.5% ($9.6M) in FY2018 and 2.5% ($9.8M) in FY2019.
- Professional fees are projected to increase based on escalation clauses in contracts, contracted physicians v. hired to payroll. A 3% cost of living factor has been assumed for FY2018 and FY2019.
- Final contract negotiations are occurring with an orthopedic group
  - Two orthopedic surgeons will start in November and one will start in in December ($650K per year group practice fee)
  - The group will staff three 10 hrs. clinic days plus cover the ED 24 hours /7 days;
  - For those activities that occur after 5 pm, they will bill for their own services

4.5 Purchased Services

- Purchased Services is booked at $16.5M for FY 2017 and $14.4M and $15.8M for FY2018 and FY2019, respectively.
- Purchase services includes media expenses, legal expenses, support services such as food and beverage, environmental services, maintenance, bio-medical services, engineering, linen, and licenses and fee expenses.
- Veritas is anticipated to continue through FY2019 and has been accounted for in FY2017 at $6.5M. For FY2018 and FY2019, it is assumed that the expense will be absorbed by the hospital.
- In FY2018 and FY2019 an additional $750K is recorded for revenue cycle analysis and enhancements.

4.6 Other Expenses

- Other Expenses are booked at $7.8M for FY 2017, $7.9M for FY2018, and $8.0M for FY2019.
- Other Expenses include Repairs and Maintenance, Utility Expenses, Business Insurances, Rents and Leases and Other Administrative Expenses.
- An annual 4% increase has been budgeted for the business insurance for FY 2017, as well as a 2.5% inflationary factor.
- Contingencies for Liability Insurance of $750K (malpractice deductibles and legal settlements)

4.7 Depreciation/Amortization

- Depreciation/Amortization has been budgeted at $8.2M for FY 2017 and is expected to increase by 15% annually for FY2018 and FY2019 as more capital projects become operational.
- Capitalization of assets is set at $1K with other requirements

4.8 District Subsidies – Capital ONLY

- District Subsidies are budgeted at $16.5M positive revenue as subsidies are realized pertaining to capital projects in FY2017.
- Capital budgets are $16.5M in FY2017, $19.1M in FY2018, and

$18.0M in FY2019.

- The budgeted subsides increase by 15.4% in FY2018 and decreases by 5.6% in FY 2017 as the remaining capital commitment is realized according to GAAP principles.

5.0 Revenue Assumptions

5.1 Acute Care Hospital

Gross Revenue:

- Room and Ancillary rates reflect a 5% price increase for FY2017.
- Annual increases have been discussed with no set percentages for FY2018 and FY2019
- In patient revenue calculation:
  - Average Charge of $3,875.30 * Total Patient Days
  - Reduction of 0.6% for FY2017, with 1.9% and 1.7% projected increases year over year for FY2018 and FY2019, respectively
- Outpatient Revenue:
  - Average Charge of $1,680.80 * Total Outpatient volume
  - Increase of 1.2% for FY 2017, with 7% and 3.2% increases projected year over year for FY2018 and FY2019, respectively

5.2 Skilled Nursing Facility

Gross Revenue:

- Rates unchanged since FY 2010
- Revenue calculation:
  - Average Charge of $585.14 * Total SNF days
  - An increase of 7.2% for FY2017, with no annual increases planned for FY2018 and FY2019

5.3 Deduction from Revenues

- Contractual Discounts:
  - Calculated at a collection rate of $0.33 per $1.00 earned for FY 2017. Modest increases in the collection rate projected at $0.34 per $1.00 earned in both FY2018 and FY2019.
  - Net revenue recovery through the revenue cycle:
    - Implement recommendations from CohnReznick
    - Implement tools to enhance workflow and patient throughput to appropriate care venues
    - Eliminate process breakdowns in registration and coding
    - Create transparency in metrics to improve accountability

5.4 Children's National Medical Center (CNMC) Revenues

- Projections based on CNMC volume assumptions and utilization
- For FY2017 a 10.3% reduction in CNMC revenues is projected, from $2.39M in FY2016 to $2.15M for FY2017. Modest increases of 3% is projected for both FY2018 and FY2019 due to anticipated market shifts by their management team.

5.5 Other Revenues

Other revenues are budgeted at $13.9M for FY 2017, $5.6M for FY2018, and $5.6M for FY2019. Key items included are:

- District funds — District funds for both the Obstetrics and the Veritas project are recorded here. Veritas is $6.5M ($3.5M base contracts and $3M revenue cycle), and the Obstetrics program is $2.0M for FY 2017. In FY2018 and FY2019 these offsets are absorbed by the hospital.
- Grants Revenue — $800K for FY 2017, FY2018, and FY2019
- Meaningful Use — Final phase to be completed in FY2017, projected at

$800K. No revenues are budgeted for FY2018 and FY2019.

- Cafeteria Sales — $57K per month ($684K annually) is projected for FY2017; with projected increases of $60K and $62K per month for FY2018 and FY2019, respectively.
- Medical Office Building (MOB) — MOB revenues are budgeted at $48K per month ($576K annually) for FY2017. Although not budgeted, this amount is expected to increase upon the completion of a fair market assessment of real estate rents in the area. FY2018 and FY2019 are projected at $50K per month.

6.0 Key Operational and Financial Performance Metrics

The key indicators listed below are the metrics that will be tracked on a monthly basis to assess UMC progress and overall performance. Target values are listed for FY2017 through FY2019.

Metric	Quality of Patient Care	Patient volume & Community Engagement	Financial Performance and Stability	Organizational Effectiveness and Efficiency	A Safe and Gratifying Work Environment	FY2017	FY2018	FY2019
Emergency Department								
Number of visits		X	X			4,833/mo.	4,929/mo.	5,003/mo.
Number of visits by ambulance		X	X			1,325 or ≥27%	1,325 or ≥27%	1,325 or ≥27%
Average length of stay in observation status	X		X	X	X	< 48 hr.	< 48 hr.	< 48 hr.
Hospital								
Total inpatient admissions		X	X	X		7,339	7,376	7,450
Average length of stay	X		X	X		5.6 days	5.6 days	5.6 days
Number of deliveries	X	X	X			32	32	32
HCAHPS "recommend hospital"	X					50%	50%	50%
Average daily census - Psychiatry		X	X			before April: 18 May – July: 26	26	26
Ambulatory Care								
Total number of ambulatory visits	X	X				1,661 / mo.	1,697 / mo.	1,749 / mo.
Number of radiology tests / exams		X				1,168 / mo.	1,207 / mo.	1,253 / mo.
Number of laboratory test		X				284 / mo.	304 / mo.	316 / mo.
Financial								
Days in AR		X				48 days	48 days	48 days
Days cash on hand		X				45 days	44 days	45 days
Current Ratio		X				1.5	1.5	1.5

Metric	Quality of Patient Care	Patient volume & Community Engagement	Financial Performance and Stability	Organizational Effectiveness and Efficiency	A Safe and Gratifying Work Environment	FY2017	FY2018	FY2019
Average Payment Period		X				60 days	60 days	60 days
Deductible Ratio		X				66.5	65.9	65.8
Operating Margin		X				1.00%	0.20%	1.40%
Total Margin		X				7.90%	8.30%	7.20%
Productivity								
FTEs per average daily census (acute)	X		X		X	3.1	3.1	3.1
Salary and benefits expense per FTE ($)					X	$83,089	$83,069	$82,780
% of salary and benefits expense					X	59.20%	60.40%	59.90%
Other								
TJC accreditation renewal	X		X	X		Successfully renewed	N/A	Successfully renewed
Number of staff injuries			X		X	0	0	0
Overtime as a percent of total hours worked by department	X		X		X	<3%	<3%	<3%

7.0 Management Action Plan (MAP) Initiatives

Each MAP initiative is grouped into one of five target areas: – Ambulatory Care and Ancillary Services, Emergency Department (ED), Hospital In-Patient, Skilled Nursing Facility (SNF), and UMC-Wide.

7. 1 AMBULATORY CARE AND ANCILLARY SERVICES

1. Expand UMC Medical Staff Network 15
2. Implement Comprehensive, Hospital-based Ambulatory Center 20
3. Establish Processes and Systems to Allow for Provider-based Billing in Outpatient Services 28
4. Develop Women's Health Services 30

7.2 EMERGENCY DEPARTMENT (ED)

5. Strengthen Collaborative Operations in the Emergency Department 33
6. Improve Staff and Patient Safety in the ED and Throughout the Hospital 37
7. Increase Ambulance Traffic volume to UMC ED When it is the Appropriate Level of Care 39
8. Reduce Length of Stay for Patients in ED Observation Status 42

7.3 HOSPITAL INPATIENT

9. Transition Hospital from a Predominantly Monday – Friday Organization to a Six-Day Organization 46
10. Improve Patient Experience of Care 49
11. Improve Physicians' Clinical Documentation 52
12. Renew the Joint Commission (TJC) Accreditation 54
13. Expand In-Patient Behavioral Health Capacity 59

7.4 SKILLED NURSING FACILITY (SNF)

14. Migrate to a Skilled Level of Care Model 63

7.5 UMC-WIDE

15. Improve Revenue Cycle 66
16. Establish an Effective Materials Management Department 70
17. Effectively Manage Staffing and Overtime Utilization 72
18. Complete SEIU & DCNA Negotiations 74
19. Perform a Comprehensive Contracts Review and Assessment 77
20. Update and Establish Contracts with Local Managed Care Organizations (MCOs), Behavioral Health MCOs, and Commercial Companies 80
21. Enhance Risk and Compliance Management 82
22. Identify a Strategic Partner Other than the District 85
23. Support the Construction of a New Hospital 87

7.1 Ambulatory Care and Ancillary Services

1 Expand UMC Medical Staff Network

Responsible Leader: COO

Start Date: 8/1/15 **End Date**: 6/30/17	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity:	☒ Yes ☐ No ☐ N/A
- Increase clinics visits from additional physicians by a minimum of 1,755 visits	
- Radiology volume increases of 270 exams	☒ Yes ☐ No ☐ N/A
Operating Expense: 3 additional medical assistants added throughout the first quarter as new physicians are on-boarded	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CMO, CEO, COO, Marketing, IT (training), Human Resources, Contracting

Background:

Community hospitals, such as UMC, should offer certain core medical specialties which allow the hospital to: make the most efficient use of its space and capital (such as operating room (OR) capacity); retain patients within the hospital system that would otherwise require transfer to another facility; and, support hospital growth in patient visits and patient admissions. It was determined that UMC would benefit from several medical specialties.

According to the 2014, District of Columbia Community Health Needs Assessment[1] only Ward 5 had less access to primary care than Wards 7 and 8; however, Wards 7 and 8 demonstrated the highest percentage of having a routine doctors' visit in the past year. Obvious demand exists for Primary Care, though it appears the residents of Wards 7 and 8 are seeking primary care outside of their home wards. Expanding internal medicine and family practice services will increase primary care access to Ward 7 and 8 residents while also growing UMC's primary care base.

Currently, the only orthopedic service at UMC is from an outside, contracted service which provides on call services for the Emergency Department (ED). Expanding the *orthopedics service* will: 1) reduce reliance on outside orthopedic surgeons to cover the UMC Emergency Department, 2) allow UMC to admit to the hospital, those patients who require designated procedures and in turn, 3) increase OR revenue and contribute in inpatient census.

Urology "is a part of health care that deals with diseases of the male and female urinary tract (kidneys, ureters, bladder and urethra) [1]. Currently UMC does not have an urologist on staff to address these conditions. Adding urology helps to promote a more holistic approach to a men's and women's health care and health promotion by complementing existing medical services at UMC. According to the 2014, District Of Columbia Community Health Needs Assessment [2] between 2006 and 2010, Wards 7 and 8 were the only two wards that did not improve death rates due to diabetes and actually increased by 28.3 and 129.1 percent increases, respectively.

[1]Urology Care Foundation, retrieved from: http://www.urologyhealth.org/urologic-conditions/what-is-urology

[2]http://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20DOH%20CHNA%20%28v5%200%29%2005%2007%202014%20-%20FINAL%20%282%29.pdf

Opportunity:

Brand UMC to promote the value of the hospital to the community and help change the negative perceptions of the hospital. The core branding strategy will center on communicating the characteristics, values, and attributes that define "UMC's services and mission – Working for a Healthier Community". UMC's overall branding effort will encompass website, social media, television, radio, and print communications.

The expected benefits of this initiative are:

- Increase patient volume for surgery and ambulatory care
- Improve access to care to the community east of the river
- Provide continuity of care which leads to increased quality of care
- Improve patient satisfaction
- Create a UMC multispecialty group practice to improve access; to retain patients within the UMC network / campus; increase our market base.

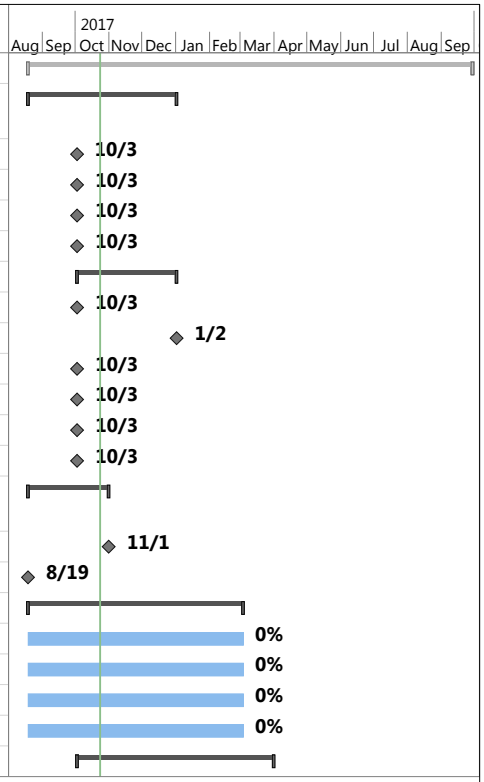
Measure of Success & Metrics:

- Successfully contracting / hiring new physicians
- Increased patient volumes by physician group
- Percentage of patients retained within UMC tracked via the ambulatory health record (eClinicalWorks)

Activity Timeline & Milestones:

- See Next Page

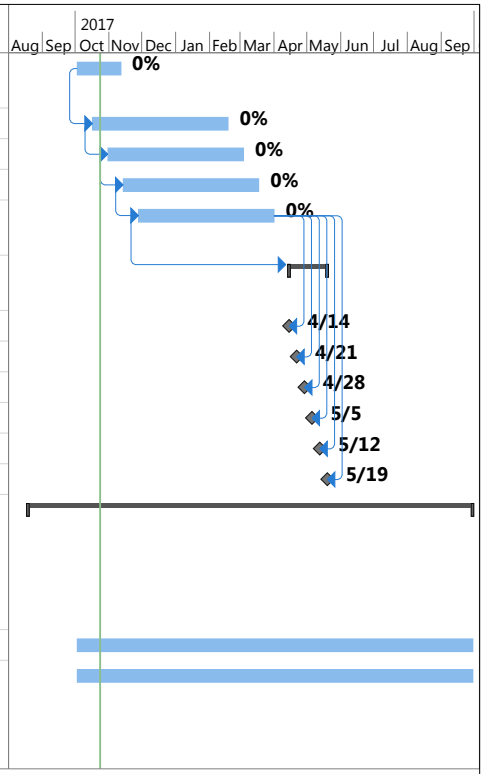
ID	Task Name	Start	Finish
1	**1 Expand UMC Medical Staff Network**	**Fri 8/19/16**	**Fri 9/29/17**
1	**1 Service Availability: Recruit and hire physician to provide comprehensive menu of services**	**Fri 8/19/16**	**Mon 1/2/17**
2	**1.1 Internal Medicine**	**Mon 10/3/16**	**Mon 10/3/16**
3	1.1.1 Fully staffed with 3 physicians	Mon 10/3/16	Mon 10/3/16
4	**1.2 Urology**	**Mon 10/3/16**	**Mon 10/3/16**
5	1.2.1 Staff with 1 physician	Mon 10/3/16	Mon 10/3/16
6	**1.3 GI**	**Mon 10/3/16**	**Mon 1/2/17**
7	1.3.1 Staff with 1 physician	Mon 10/3/16	Mon 10/3/16
8	1.3.2 1 physician added (2 total)	Mon 1/2/17	Mon 1/2/17
9	**1.4 Family Medicine**	**Mon 10/3/16**	**Mon 10/3/16**
10	1.4.1 Staff with 3 physicians	Mon 10/3/16	Mon 10/3/16
11	**1.5 General Surgery**	**Mon 10/3/16**	**Mon 10/3/16**
12	1.5.1 Staffed with 1 physician	Mon 10/3/16	Mon 10/3/16
13	**1.6 Orthopedics: Staff for 3, 10 hr clinic days + 24 hr ED coverage**	**Fri 8/19/16**	**Tue 11/1/16**
14	1.6.1 Staff with 2 physicians	Tue 11/1/16	Tue 11/1/16
15	1.6.2 1 physician added (3 total)	Fri 8/19/16	Fri 8/19/16
16	**2 On-board physicians**	**Fri 8/19/16**	**Fri 3/3/17**
17	2.1 Physician credentialing & privileges	Fri 8/19/16	Fri 3/3/17
18	2.2 Orient to eClinicalWorks (eCW)	Fri 8/19/16	Fri 3/3/17
19	2.3 Establish office operations	Fri 8/19/16	Fri 3/3/17
20	2.4 Orient to UMC hospital policies and procedures	Fri 8/19/16	Fri 3/3/17
21	**3 Develop branding strategy for each physician group**	**Mon 10/3/16**	**Fri 3/31/17**



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
22	3.1 Define the overall business strategy for specialty clinics/Internal Medicine/Family Practice	Mon 10/3/16	Fri 11/11/16
23	3.2 Identify target patients / FQHCs	Mon 10/17/16	Fri 2/17/17
24	3.3 Research / understand target patient habits	Mon 10/31/16	Fri 3/3/17
25	3.4 Develop messaging strategy (varies by audience)	Mon 11/14/16	Fri 3/17/17
26	3.5 Develop content marketing strategies to increase both visibility and reputation	Mon 11/28/16	Fri 3/31/17
27	**4 Build "marketing toolkit" for each specialty, e.g. facts sheets, presentations, videos, etc.**	**Fri 4/14/17**	**Fri 5/19/17**
28	4.1 Urology	Fri 4/14/17	Fri 4/14/17
29	4.2 GI	Fri 4/21/17	Fri 4/21/17
30	4.3 Orthopedics	Fri 4/28/17	Fri 4/28/17
31	4.4 General Surgery	Fri 5/5/17	Fri 5/5/17
32	4.5 Internal Medicine	Fri 5/12/17	Fri 5/12/17
33	4.6 Family Medicine	Fri 5/19/17	Fri 5/19/17
34	**5 Develop specific speaker's bureau for outreach activities with community and civic groups, including to organizations including Wards 7 & 8 Health Councils, Forest Heights Recreation Council, ANC 7B & 8D, Anacostia Coordinating Council, Brinkley Station**	**Fri 8/19/16**	**Fri 9/29/17**
35	5.1 Promote UMC's internal medicine practice	Mon 10/3/16	Fri 9/29/17
36	5.2 Promote UMC's new urologist providing diagnosis and treatment for a variety of conditions including bladder infection, urinary track infections, kidney stones, prostrate cancer, and low testosterone.	Mon 10/3/16	Fri 9/29/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
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Inactive Milestone		Finish-only			

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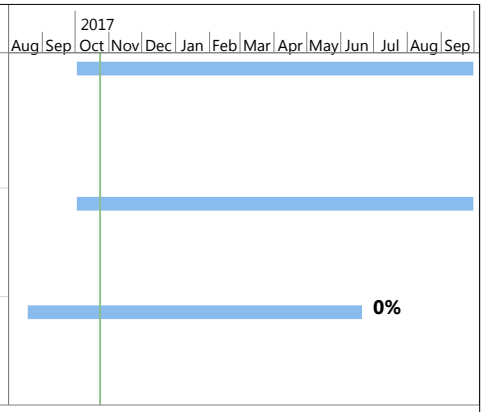
ID	Task Name	Start	Finish
37	5.3 Market UMC's GI practice by positioning our physicians as experts in the digestive system disorders including small intestine, colon, rectum, and other areas (Glassmanor Citizen Association; Oxon Hill Civic Association)	Mon 10/3/16	Fri 9/29/17
38	5.4 Promote the family medicine group as doctors dedicated to providing regular check-ups and screenings to prevent illness from occurring and helping to control various conditions.	Mon 10/3/16	Fri 9/29/17
39	5.5 Promote UMC's orthopedics group as a new offering at UMC with an emphasis on the treatment of sports injuries, skeletal degenerative diseases, infections and other conditions.	Fri 8/19/16	Mon 6/19/17



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2. Implement Comprehensive, Hospital-based Ambulatory Center

Responsible Leader: COO

Start Date: 8/1/2016 **End Date**: 5/31/2016	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: - Increase clinics visits from additional physicians by a minimum of 873 visits - Increase in outpatient laboratory services volumes by 223 visits - Increase in outpatient radiology services volume by 270 exams	☒ Yes ☐ No ☐ N/A
Operating Expense: Physician expenses (Family Practice, Internal Medicine, GI, Urology), Medical Assistants (MAs) & RNs support staff	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CMO, COO, VP of Quality, CIO, CFO, Marketing/PR, Building Services / Construction

Background:

As with other hospitals across the country that serve vulnerable populations, the emergency department at UMC has become a source of care for patient complaints and conditions that could be handled in the primary care physician's office. This practice creates overutilization of the ED, creates backlogs and reduces capacity for patients with emergent needs. Before patients can be referred to primary care, however, there must be enough primary care capacity to absorb an increase in patient load. The previously described budget assumptions demonstrated how UMC is adding to its complement of family practice and internal medicine physicians, both of whom are the most common medical specialties for primary care.

Ambulatory centers, such as the one planned for UMC that offers a convenient, patient-friendly, one-stop shop where patients may see a primary care physician or a specialist, have lab work drawn and X-Ray examinations completed not only increases patient access but have also been shown to increase patient satisfaction.

In addition, the existing and new practices are establishing their office processes, policies and management based on the National Center for Quality Assurance (NCQA) standards of the Patient Centered Medical Home (PCMH) and plan to seek NCQA Level 3 PCMH recognition in late 2017. The "medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety [3].

Studies comparing non-PCMH with PCMH practices showed reduced visits to the emergency department; less dollars spent in the ED per beneficiary; increased screening rates for cervical and breast cancer; higher rates of eye testing in patients with diabetes; decline in prescription drug use; and improvements in hypertension, diabetes, vascular disease and chronic kidney disease quality measure.

Not only have PCMHs demonstrated improved patient health outcomes, but payers are recognizing the value of PCMH's by starting to provide physicians practicing in the PCMH model incentive payments. Private insurers, state Medicaid programs and Medicare pilot programs are beginning offering extra per member per month payments to PCMHs. Although these types of payment arrangements may not be prevalent in the DC area, it appears that PCMH's are quickly being endorsed in other areas of the country and by proactively

establishing its primary care clinics as PCMHs, UMC is positioning itself well for the time that payers in the DC area adopt this direction.

[3]The Patient Centered Primary Care Collaborative, retrieved from: https://www.pcpcc.org/about/medical-home
The Patient-Centered Medical Home's Impact on Cost and Quality: Annual Review of Evidence 2014-2015, retrieved from: https://www.pcpcc.org/sites/default/files/resources/Executive%20Summary.pdf

Opportunity:

The expected benefits of this initiative are:

- Increase outpatient visits
- Provide greater patient access to primary and specialty care
- Allow UMC to become a primary care medical home allowing for patients to receive all of their services in one place (one stop shopping)
- Free up leasable space in the UMC Medical Office Building (MOB)
- Create a base for inpatient referrals
- Integrate patients into the UMC network of services, i.e. once in primary care, patients can obtain all ancillary services

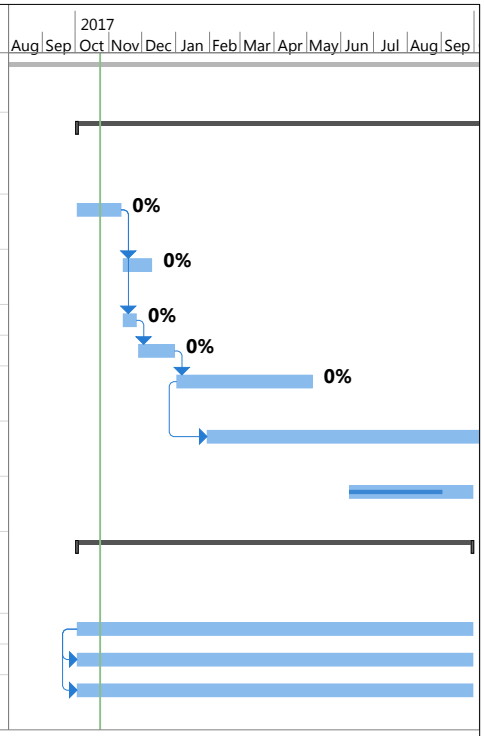
Measure of Success & Metrics:

- Reduce proportion of non-urgent ED visits (Emergency Severity Index levels 4 and 5)
- Obtain National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level 3 Recognition in FY18
- Begin measuring outpatient patient satisfaction in FY17 and achieve top box standards in FY18
- Keep the remodel on time and on budget
- Increase in the number of inpatient referrals
- Increase in the number of clinic visits by specialty
- Increase in the number of ancillary services provided

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
2	**2 Implement Comprehensive Hospital-based Ambulatory Care**	**Mon 12/7/15**	**Mon 9/30/19**
1	**1 Establish baseline financial and operations pro formas for each specialty clinic (e.g. Primary Care, Urology, etc.)**	**Mon 10/3/16**	**Mon 9/30/19**
2	1.1 Review and update assumptions of prior pro formas for all existing specialty	Mon 10/3/16	Fri 11/11/16
3	1.2 Establish productivity standards for each specialty clinic	Mon 11/14/16	Fri 12/9/16
4	1.3 Update assumptions as needed	Mon 11/14/16	Fri 11/25/16
5	1.4 Obtain buy-in from physician practices	Mon 11/28/16	Fri 12/30/16
6	1.5 Amend practice agreements to incorporate pro formas	Mon 1/2/17	Fri 5/5/17
7	1.6 Implement and track performance, and adjust as necessary	Mon 1/30/17	Mon 9/30/19
8	2 Ensure full participation of Hadley Memorial for reference lab	Fri 6/9/17	Fri 9/29/17
9	**3 Develop relationships with local organizations to deploy mobile clinic in the community to perform screenings and other services**	**Mon 10/3/16**	**Fri 9/29/17**
10	3.1 Partner with local grocers (Safeway and Giant)	Mon 10/3/16	Fri 9/29/17
11	3.2 Partner with DC Housing Authority	Mon 10/3/16	Fri 9/29/17
12	3.3 Partner with local businesses, e.g. MGM Grand Hotel and Casino	Mon 10/3/16	Fri 9/29/17



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Task		Inactive Summary		External Tasks	
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Milestone		Duration-only		Deadline	
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Inactive Milestone		Finish-only			

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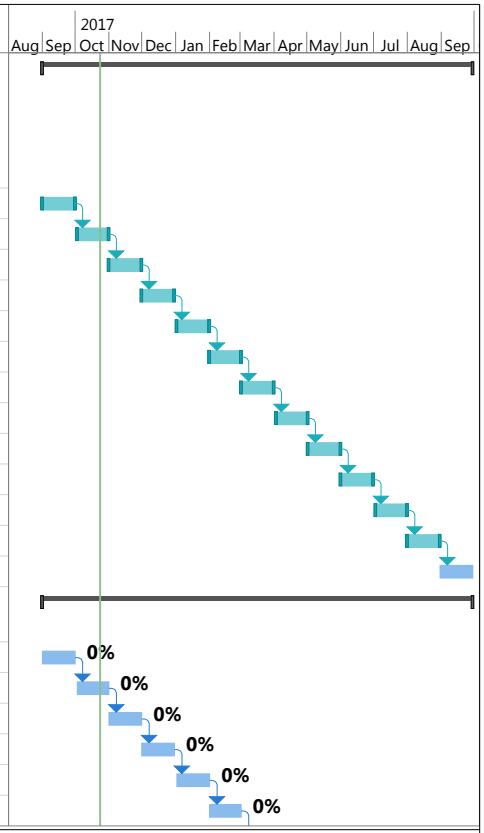
ID	Task Name	Start	Finish
13	**4 Produce and air UMC specific television advertisements to be aired on FOX 5 and DC 20 - UMC is a sponsor of Sunday mornings weather and Redskins injury update report. Ads will also run during morning news and afternoon shows (e.g. Steve Harvey).**	**Thu 9/1/16**	**Fri 9/29/17**
14	4.1 September: UMC General ad	Thu 9/1/16	Fri 9/30/16
15	4.2 October: Breast Cancer awareness ad	Mon 10/3/16	Mon 10/31/16
16	4.3 November: UMC General ad	Tue 11/1/16	Wed 11/30/16
17	4.4 December: UMC Primary Care Services ads	Thu 12/1/16	Fri 12/30/16
18	4.5 January: UMC Primary Care Services ads	Mon 1/2/17	Tue 1/31/17
19	4.6 February: UMC Surgery Services (15 sec. short) ad	Wed 2/1/17	Wed 3/1/17
20	4.7 March: UMC Surgery Services (30 sec. full) ad	Thu 3/2/17	Fri 3/31/17
21	4.8 April: UMC Primary Care Services ad	Mon 4/3/17	Mon 5/1/17
22	4.9 May: UMC Primary Care Services ad	Tue 5/2/17	Wed 5/31/17
23	4.10 June: UMC Surgery Services (30 sec. full) ad	Thu 6/1/17	Fri 6/30/17
24	4.11 July: UMC General ad	Mon 7/3/17	Mon 7/31/17
25	4.12 August: UMC General ads	Tue 8/1/17	Wed 8/30/17
26	4.13 September: UMC Primary Care Services ads	Thu 8/31/17	Fri 9/29/17
27	**5 Produce and air UMC specific radio advertisements to be broadcasted on RadioOne's 5 local stations**	**Thu 9/1/16**	**Fri 9/29/17**
28	5.1 September: Prostrate Cancer awareness ad	Thu 9/1/16	Fri 9/30/16
29	5.2 October: Breast Cancer awareness ad	Mon 10/3/16	Mon 10/31/16
30	5.3 November: Diabetes awareness ad	Tue 11/1/16	Wed 11/30/16
31	5.4 December: UMC General awareness ads	Thu 12/1/16	Fri 12/30/16
32	5.5 January: UMC General awareness ads	Mon 1/2/17	Tue 1/31/17
33	5.6 February: American Heart awareness ad	Wed 2/1/17	Wed 3/1/17



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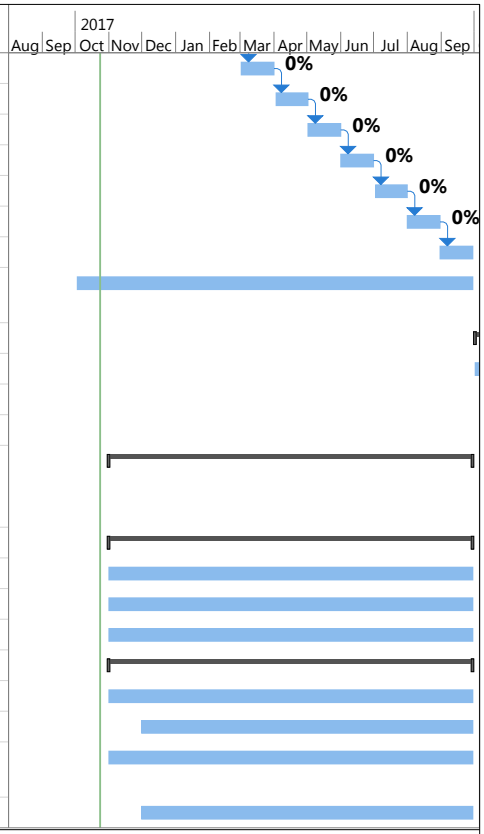
ID	Task Name	Start	Finish
34	5.7 March: National Kidney awareness ad	Thu 3/2/17	Fri 3/31/17
35	5.8 April: National Minority Health ad	Mon 4/3/17	Mon 5/1/17
36	5.9 May: Mental/Behavioral Health awareness ad	Tue 5/2/17	Wed 5/31/17
37	5.10 June: Men's Health awareness ad	Thu 6/1/17	Fri 6/30/17
38	5.11 July: World Hepatitis awareness ad	Mon 7/3/17	Mon 7/31/17
39	5.12 August: UMC General awareness ads	Tue 8/1/17	Wed 8/30/17
40	5.13 September: Prostrate Cancer awareness ads	Thu 8/31/17	Fri 9/29/17
41	6 Produce and publish print media spots in local community newspapers	Mon 10/3/16	Fri 9/29/17
42	**7 Update UMC website**	**Mon 10/2/17**	**Fri 9/28/18**
43	7.1 Initial redesign	Mon 10/2/17	Fri 2/2/18
44	7.2 Launch of updated UMC website with new features	Fri 2/2/18	Fri 2/2/18
45	7.3 On-going release of new content	Mon 2/5/18	Fri 9/28/18
46	**8 Implement patient centered medical home (PCMH) standards in hospital-based ambulatory primary care practices**	**Tue 11/1/16**	**Fri 9/29/17**
47	**8.1 PCMH 1: Patient-Centered Access**	**Tue 11/1/16**	**Fri 9/29/17**
48	8.1.1 Element A: Patient-centered Appointment Access	Tue 11/1/16	Fri 9/29/17
49	8.1.2 Element B: 24/7 Access to Clinical Advice	Tue 11/1/16	Fri 9/29/17
50	8.1.3 Element C: Electronic Access	Tue 11/1/16	Fri 9/29/17
51	**8.2 PCMH 2: Team-Based Care**	**Tue 11/1/16**	**Fri 9/29/17**
52	8.2.1 Element A: Continuity	Tue 11/1/16	Fri 9/29/17
53	8.2.2 Element B: Medical Home Responsibilities	Thu 12/1/16	Fri 9/29/17
54	8.2.3 Element C: Culturally and Linguistically Appropriate Services (CLAS)	Tue 11/1/16	Fri 9/29/17
55	8.2.4 Element D: The Practice Team	Thu 12/1/16	Fri 9/29/17



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Inactive Task		Start-only			
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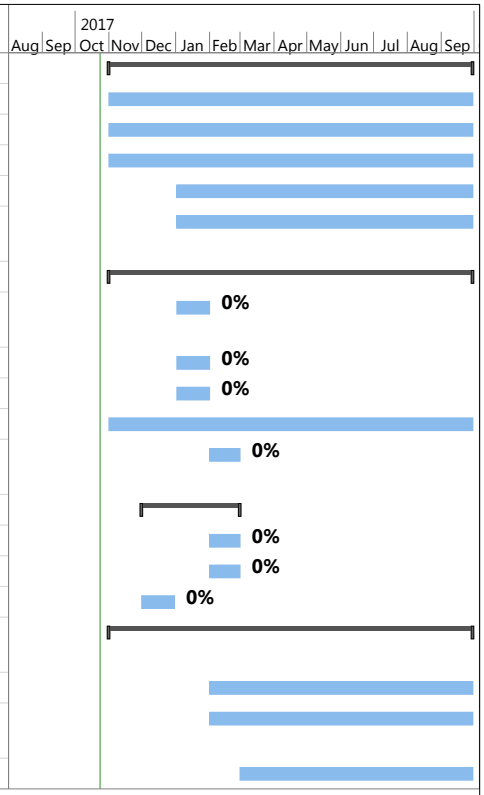
ID	Task Name	Start	Finish
56	**8.3 PCMH 3: Population Health Management**	**Tue 11/1/16**	**Fri 9/29/17**
57	8.3.1 Element A: Patient Information	Tue 11/1/16	Fri 9/29/17
58	8.3.2 Element B: Clinical Data	Tue 11/1/16	Fri 9/29/17
59	8.3.3 Element C: Comprehensive Health Assessment	Tue 11/1/16	Fri 9/29/17
60	8.3.4 Element D: Use Data For Population Management	Mon 1/2/17	Fri 9/29/17
61	8.3.5 Element E: Implement Evidence-Based Decision Support	Mon 1/2/17	Fri 9/29/17
62	**8.4 PCMH 4: Care Management and Support**	**Tue 11/1/16**	**Fri 9/29/17**
63	8.4.1 Element A: Identify Patients for Care Management	Mon 1/2/17	Tue 1/31/17
64	8.4.2 Element B: Care Planning And Self-Care Support	Mon 1/2/17	Tue 1/31/17
65	8.4.3 Element C: Medication Management	Mon 1/2/17	Tue 1/31/17
66	8.4.4 Element D: Use Electronic Prescribing	Tue 11/1/16	Fri 9/29/17
67	8.4.5 Element E: Support Self-Care and Shared Decision Making	Wed 2/1/17	Tue 2/28/17
68	**8.5 PCMH 5: Care Coordination and Care Transitions**	**Thu 12/1/16**	**Tue 2/28/17**
69	8.5.1 Element A: Test Tracking and Follow-Up	Wed 2/1/17	Tue 2/28/17
70	8.5.2 Element B: referral tracking and follow-up	Wed 2/1/17	Tue 2/28/17
71	8.5.3 Element C: Coordinate Care Transitions	Thu 12/1/16	Fri 12/30/16
72	**8.6 PCMH 6: Performance Measurement and Quality Improvement**	**Tue 11/1/16**	**Fri 9/29/17**
73	8.6.1 Element A: Measure Clinical Quality Performance	Wed 2/1/17	Fri 9/29/17
74	8.6.2 Element B: Measure Resource Use and Care Coordination	Wed 2/1/17	Fri 9/29/17
75	8.6.3 Element C: Measure Patient/Family Experience	Wed 3/1/17	Fri 9/29/17



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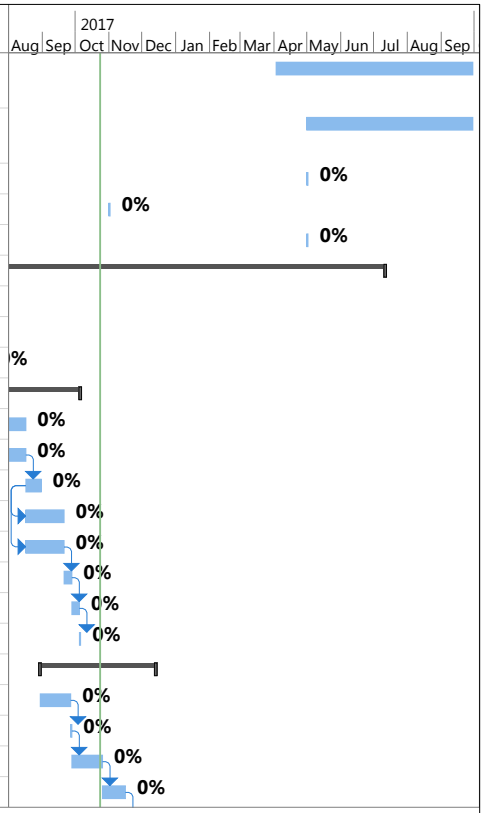
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
76	8.6.4 Element D: implement continuous quality improvement	Mon 4/3/17	Fri 9/29/17
77	8.6.5 Element E: Demonstrate Continuous Quality Improvement	Mon 5/1/17	Fri 9/29/17
78	8.6.6 Element F: Report Performance	Mon 5/1/17	Mon 5/1/17
79	8.6.7 Element G: Use Certified EHR Technology	Tue 11/1/16	Tue 11/1/16
80	8.7 Apply for NCQA PCMH Recognition	Mon 5/1/17	Mon 5/1/17
81	**9 UMC Medical Mall Facility Design and Buildout**	**Mon 12/7/15**	**Tue 7/11/17**
82	9.1 Conceptual Design	Mon 12/7/15	Wed 2/17/16
83	9.2 Schematic Design	Thu 2/18/16	Mon 5/30/16
84	9.3 Design Development	Tue 5/31/16	Tue 7/12/16
85	**9.4 Construction Documents (CDs)**	**Wed 7/13/16**	**Wed 10/5/16**
86	9.4.1 CD drawings - 70%	Wed 7/13/16	Tue 8/16/16
87	9.4.2 CD Specifications - Outline	Wed 7/13/16	Tue 8/16/16
88	9.4.3 CD Cost Estimate	Wed 8/17/16	Tue 8/30/16
89	9.4.4 CD Drawings - 100%	Wed 8/17/16	Tue 9/20/16
90	9.4.5 CD Specification - 100%	Wed 8/17/16	Tue 9/20/16
91	9.4.6 Quality Control Review	Wed 9/21/16	Tue 9/27/16
92	9.4.7 Quality Control Pickup	Wed 9/28/16	Tue 10/4/16
93	9.4.8 Submit for Bid	Wed 10/5/16	Wed 10/5/16
94	**9.5 Bidding**	**Tue 8/30/16**	**Tue 12/13/16**
95	9.5.1 Prepare Bid RFP	Tue 8/30/16	Mon 9/26/16
96	9.5.2 Release RFP	Tue 9/27/16	Tue 9/27/16
97	9.5.3 Contractors Submit Bid Proposals	Wed 9/28/16	Tue 10/25/16
98	9.5.4 Bid Review	Wed 10/26/16	Tue 11/15/16



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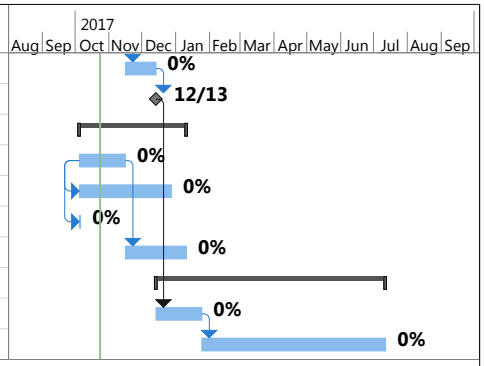
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
99	9.5.5 Contract Negotiation	Wed 11/16/16	Tue 12/13/16
100	9.5.6 Bid Award	Tue 12/13/16	Tue 12/13/16
101	**9.6 Permitting**	**Wed 10/5/16**	**Tue 1/10/17**
102	9.6.1 Peer Review	Wed 10/5/16	Tue 11/15/16
103	9.6.2 Site Plan Submission	Wed 10/5/16	Tue 12/27/16
104	9.6.3 Demolition Permit	Wed 10/5/16	Wed 10/5/16
105	9.6.4 Permit Review	Wed 11/16/16	Tue 1/10/17
106	**9.7 Construction**	**Wed 12/14/16**	**Tue 7/11/17**
107	9.7.1 Contractor Mobilization	Wed 12/14/16	Tue 1/24/17
108	9.7.2 Construction Commences	Wed 1/25/17	Tue 7/11/17



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3. Establish Processes and Systems to Allow for Provider-based Billing in Outpatient Services

Responsible Leader: COO & CFO

Start Date: 9/1/15 **End Date**: 1/31/17	☐ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	In FY17 Budget?
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

COO, CFO, CMO, CIO

Background:

Historically, UMC has experienced issues in billing outpatient services provided in the hospital setting. UMC stopped invoicing the facility fee component of the outpatient bill in 2011.

Opportunity:

The expected benefits of this initiative are:

- Hospital has the opportunity to bill a higher rate by billing both a provider fee and a facility.
- Currently we only bill the physician fee.

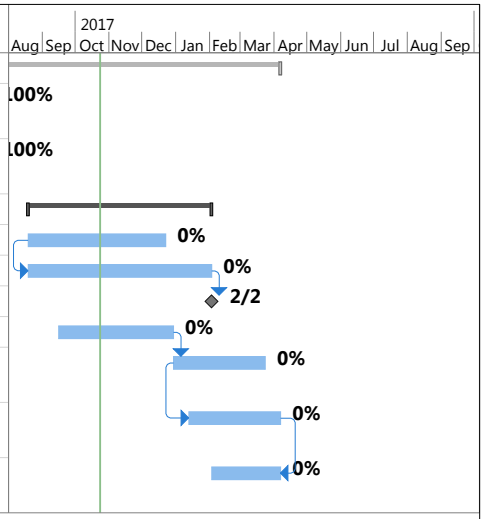
Measure of Success & Metrics:

- Authorized by CMS to proceed
- CFO commences billing for facility fee

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
3	**3 Provider Based Billing in Outpatient Services**	**Mon 6/6/16**	**Thu 4/6/17**
1	1 Completed the CMS Novatas checklist for provider based billing	Mon 6/6/16	Fri 7/15/16
2	2 Updated UMC's 855 A & B applications to reflect multiple practice locations	Mon 6/6/16	Fri 7/15/16
3	**3 CMS clearance**	**Fri 8/19/16**	**Thu 2/2/17**
4	3.1 Determine sanction amount from CMS, if applicable	Fri 8/19/16	Thu 12/22/16
5	3.2 Resolve any open CMS items or concerns	Fri 8/19/16	Thu 2/2/17
6	3.3 Obtain clearance from CMS to proceed	Thu 2/2/17	Thu 2/2/17
7	4 Determine rate for evaluation and management (E&M)	Fri 9/16/16	Thu 12/29/16
8	5 Update the UB92 and HCFA1500 to determine the split of the base rate	Fri 12/30/16	Thu 3/23/17
9	6 Setup internal financial systems to bill appropriate claims	Fri 1/13/17	Thu 4/6/17
10	7 Update website and information posting to inform community of additional fees	Fri 2/3/17	Thu 4/6/17



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Inactive Milestone		Finish-only			

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4 Develop Women's Health Services

Responsible Leader: CMO

Start Date: 10/1/16 **End Date**: on-going	☒ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: No volume increase planned for FY17	☐ Yes ☒ No ☐ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

CMO, CEO, COO, CFO, VP of Quality, Marketing/Public Relations

Background:

The typical negative health outcomes for women associated with vulnerable populations are prevalent in UMC's service area as well. These include: infant mortality, high risk pregnancies, cervical and breast cancer, and sexually transmitted infections (STI). UMC offers a small obstetrical and gynecological (OB/GYN) service which is losing money and delivers few babies compared to other maternity services. Growing the OB / GYN service as a part of a women's health program that covers a woman's lifespan provides the opportunity to promote healthy women in addition to healthy mothers and babies.

Opportunity:

The expected benefits of this initiative are:

- Increase OB and GYN procedures
- Expand services east of the river to include mammography and other cancer screening
- Expand partnerships with FQHCs to provide downstream ancillary services and deliveries that FQHCs can't perform
- Expand clinician base to include midwives
- Reduce STIs east of the river
- Develop a prenatal to post-partum program to include OB/GYN clinic, WIC, breast feeding, parenting education, and eventually delivery (bridge program)

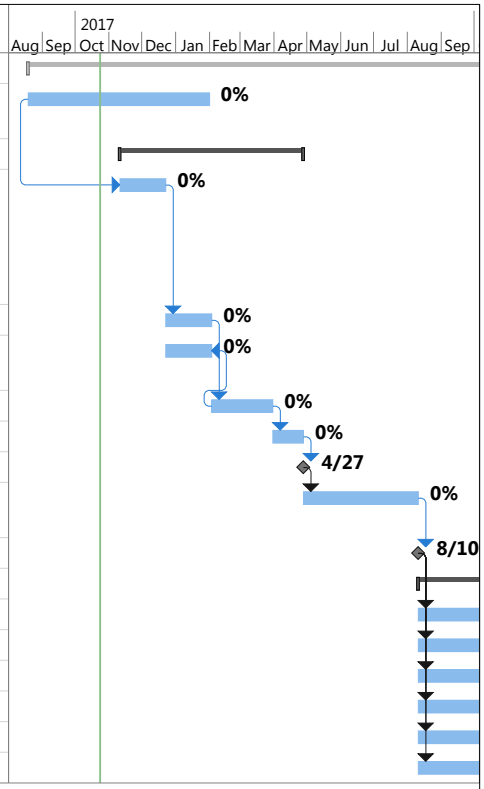
Measure of Success & Metrics:

- Number of deliveries
- Number of OB/GYN surgeries
- Percentage of mothers who present with pre-natal care

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
4	**4 Develop Women's Health Services**	**Fri 8/19/16**	**Mon 9/30/19**
1	1 Develop comprehensive OB/GYN plan and business model	Fri 8/19/16	Tue 1/31/17
2	**2 Resume RFP process for inpatient OB/GYN services**	**Fri 11/11/16**	**Thu 4/27/17**
3	2.1 Create statement of work (SOW) inclusive of requirements to grow OB services (including deliveries), integrated Certified Nurse Midwives, collaboration with FQHCs, and the full development of GYN women's services	Fri 11/11/16	Thu 12/22/16
4	2.2 Review, update, and edit previous RFP	Fri 12/23/16	Thu 2/2/17
5	2.3 Identify possible vendors, e.g. Howard, current UMC OB/GYN group, other outside groups	Fri 12/23/16	Fri 2/3/17
6	2.4 Issue RFP	Fri 2/3/17	Thu 3/30/17
7	2.5 Evaluate proposal submission	Fri 3/31/17	Thu 4/27/17
8	3 Select winning vendor	Thu 4/27/17	Thu 4/27/17
9	4 Negotiate contract terms and implementation schedule	Fri 4/28/17	Thu 8/10/17
10	5 Execute agreement and launch program	Thu 8/10/17	Thu 8/10/17
11	**6 On-board physicians**	**Fri 8/11/17**	**Mon 9/30/19**
12	6.1 Physician credentialing	Fri 8/11/17	Thu 10/5/17
13	6.2 Physician privileges	Fri 8/11/17	Thu 10/5/17
14	6.3 Orient to eClinicalWorks (eCW)	Fri 8/11/17	Thu 10/5/17
15	6.4 Establish office operations	Fri 8/11/17	Thu 10/5/17
16	6.5 Orient to UMC hospital policies and procedures	Fri 8/11/17	Thu 10/5/17
17	6.6 Monitor and grow program	Fri 8/11/17	Mon 9/30/19



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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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7.2 Emergency Department (ED)

5 Strengthen Collaborative Operations in the Emergency Department

Responsible Leader: CNO

Start Date: 8/1/16 **End Date**: ongoing	☒ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: Productivity initiative that will improve ED efficiency and increase available capacity	☐ Yes ☐ No ☒ N/A
Operating Expense: Implementation of the efficiencies will result in a reduction of cycle time and the overall cost of a patient visit	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

DON, ED physicians, ancillary services managers, VP of Quality

Background:

The Emergency Department at UMC is a complex environment of care requiring numerous types of licensed and unlicensed staff to work closely as a team to manage health care needs for a wide range of patient needs. Coordinating, prioritizing and executing care requires not only clinical teamwork, but also robust operational processes to ensure that required infrastructure and effective and efficient support functions are in place. A regular multidisciplinary operations meeting will promote communication and collaborative problem solving for day to day issues experienced in the ED. Improving throughput allows patients to be seen quicker and in turn, opens capacity for more EMS admissions and walk-in patients.

Opportunity:
The expected benefits of this initiative are:

- Improve ED operations
- Improve patient experience
- Improve efficiency

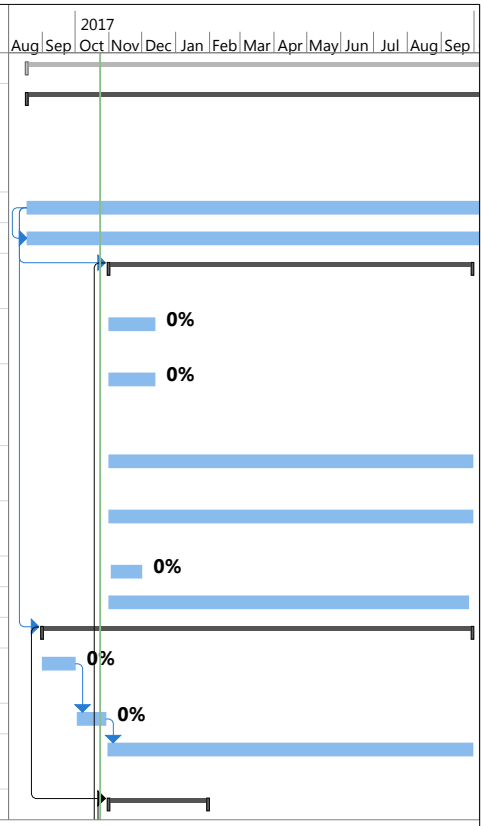
Measure of Success & Metrics:

- Lower ED length of stay (LOS)
- Lower time to be seen by MD in the ED
- Maintain the number of patients "left without being seen" which is currently at 1.5 -2.0%
- Increase patient satisfaction
- Decrease ancillary turnaround times
- Decrease proportion of non-urgent visits

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
5	**5 Strengthen collaborative operations of ED**	**Thu 8/18/16**	**Thu 12/12/19**
1	**1 Re-establish interdisciplinary operations meetings: physicians, nursing, radiology, respiratory therapy, admitting, environmental services, security, lab and other departments as indicated**	**Thu 8/18/16**	**Thu 11/14/19**
2	1.1 Build teamwork across departmental managers	Thu 8/18/16	Mon 9/30/19
3	1.2 Role model teamwork for the ED staff	Thu 8/18/16	Mon 9/30/19
4	**1.3 Evaluate ED quality data, e.g. turnaround times, observation days, etc.**	**Tue 11/1/16**	**Fri 9/29/17**
5	1.3.1 Goals will be developed for ancillary department supporting ED that match national standards	Tue 11/1/16	Mon 12/12/16
6	1.3.2 Ancillary department metrics will be reviewed and adapted to ensure they align with national standards	Tue 11/1/16	Mon 12/12/16
7	1.3.3 Turn-around times will be reviewed and analyzed at every meeting	Tue 11/1/16	Fri 9/29/17
8	1.3.4 Performance gaps will be identify and improvements made as indicated	Tue 11/1/16	Fri 9/29/17
9	1.3.5 Invite EMS to interdisciplinary team	Thu 11/3/16	Wed 11/30/16
10	1.3.6 Share operations data with EMS	Tue 11/1/16	Mon 9/25/17
11	**1.4 Identify and resolve operational barriers**	**Thu 9/1/16**	**Fri 9/29/17**
12	1.4.1 Assess equipment and supplies needs for upcoming fiscal year	Thu 9/1/16	Fri 9/30/16
13	1.4.2 Identify and prioritize needs	Mon 10/3/16	Fri 10/28/16
14	1.4.3 Coordinate with materials management and bio-medical departments	Mon 10/31/16	Fri 9/29/17
15	**1.5 Implement short-term solutions**	**Tue 11/1/16**	**Mon 1/30/17**



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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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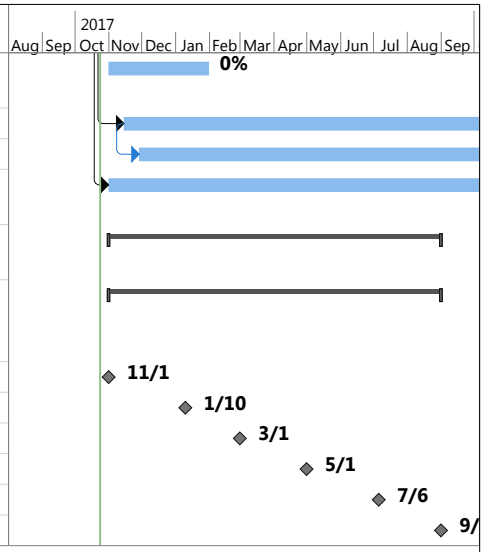
ID	Task Name	Start	Finish
16	1.5.1 Stagger staffing schedules to adjust to volume demand	Tue 11/1/16	Mon 1/30/17
17	1.6 Monitor impact of intervention	Tue 11/15/16	Thu 11/14/19
18	1.7 Continuously adjust to enhance solution	Tue 11/29/16	Thu 11/14/19
19	2 Facilitate implementation of ED improvement team efforts	Tue 11/1/16	Thu 12/12/19
20	**3 Develop and implement community outreach plan start Dec 2016**	**Tue 11/1/16**	**Fri 9/1/17**
21	**3.1 Deploy content experts to community venues to education and communicate preventive health and build community relationships and perceptions**	**Tue 11/1/16**	**Fri 9/1/17**
22	3.1.1 Outreach event with a local church or school	Tue 11/1/16	Tue 11/1/16
23	3.1.2 Outreach event with a local church or school	Tue 1/10/17	Tue 1/10/17
24	3.1.3 Outreach event with a local church or school	Wed 3/1/17	Wed 3/1/17
25	3.1.4 Outreach event with a local church or school	Mon 5/1/17	Mon 5/1/17
26	3.1.5 Outreach event with a local church or school	Thu 7/6/17	Thu 7/6/17
27	3.1.6 Outreach event with a local church or school	Fri 9/1/17	Fri 9/1/17



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Milestone		Duration-only		Deadline	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

6 Improve Staff and Patient Safety in the ED and Throughout the Hospital

Responsible Leader: COO

Start Date: 9/1/16 **End Date**: on-going	☐ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: On-boarding of 3 additional security staff	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

Head of UMC security, DON, MPD

Background:

An unsafe ED environment at UMC has been driven by the increased utilization of synthetic drugs and the increased behavioral health needs of the ED's patient population. This has resulted in increased risk exposure as evidenced by:

- Patient to Patient violence
  - Patient attacked elderly female patient in lobby due to a "perceived stare"
- Patient to staff violence (clinical and security staff)
  - ED physician brutally beaten and attempted sexual assault
  - Tech and nurse assaulted on the hospital floor
  - Security staff – multiple fractures, physical assaults
  - Patients presenting weapons in ED

The presence of "hospital security personnel" has not been a deterrent for violent acts and additional actions must be taken.

Opportunity:

The expected benefits of this initiative are:

- Reduce harm to staff and patients
- Reduce patient anxiety / fear due to violent acts within the ED area

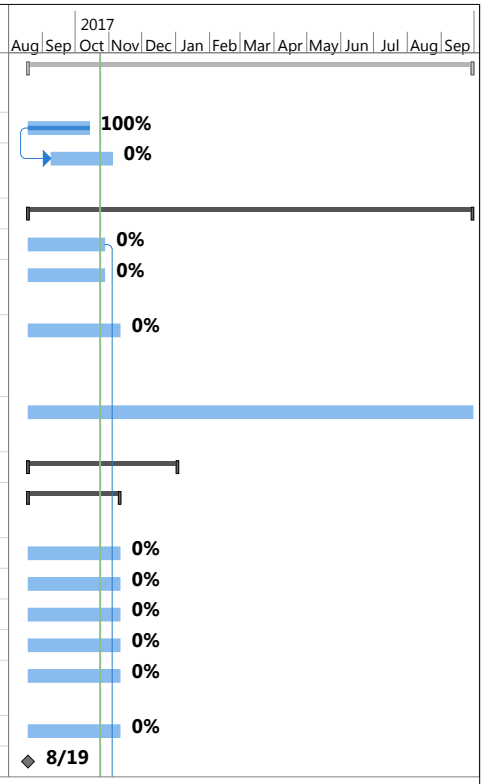
Measure of Success & Metrics:

- Number of staff injuries
- Number of staff off on medical leave / workman's compensation
- Patient satisfaction

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
6	**6 Improve staff and patient safety in the ED and throughout the hospital**	**Fri 8/19/16**	**Fri 9/29/17**
1	1 Evaluate the frequency and severity of incidents	Fri 8/19/16	Thu 10/13/16
2	2 Assess the financial and risk impact of the recent incidents	Fri 9/9/16	Thu 11/3/16
3	**3 Reinforce security in the ED**	**Fri 8/19/16**	**Fri 9/29/17**
4	3.1 Hire a full complement of security officers	Fri 8/19/16	Thu 10/27/16
5	3.2 Fully implement Command Center to minimize "desk duty"	Fri 8/19/16	Thu 10/27/16
6	3.3 In partnership with HR and AIG, cross-train and deploy non-security "light-duty" staff to security desk functions	Fri 8/19/16	Thu 11/10/16
7	3.4 Continuously evaluate and identify short term improvement strategies	Fri 8/19/16	Fri 9/29/17
8	**4 Develop long term improvement strategies**	**Fri 8/19/16**	**Mon 1/2/17**
9	**4.1 Strategy 1: Create a business proposal for a medical stabilization unit**	**Fri 8/19/16**	**Thu 11/10/16**
10	4.1.1 Identify regulatory requirements and / or barriers	Fri 8/19/16	Thu 11/10/16
11	4.1.2 Identify location	Fri 8/19/16	Thu 11/10/16
12	4.1.3 Project patient volume	Fri 8/19/16	Thu 11/10/16
13	4.1.4 Evaluate reimbursement methods and amounts	Fri 8/19/16	Thu 11/10/16
14	4.1.5 Determine staffing needs: medical, nursing, support staff, other expenses	Fri 8/19/16	Thu 11/10/16
15	4.1.6 Evaluate cost / benefit	Fri 8/19/16	Thu 11/10/16
16	4.1.7 Based on analysis, decide to proceed or not	Fri 8/19/16	Fri 8/19/16



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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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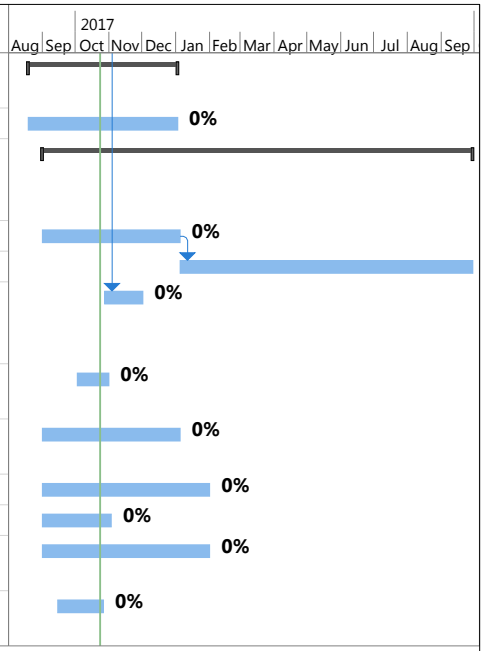
ID	Task Name	Start	Finish
17	**4.2 Strategy 2: Work with Mayor's Office, MPD, and community leaders**	**Fri 8/19/16**	**Mon 1/2/17**
18	4.2.1 Evaluate feasibility of 24/7 police presence	Fri 8/19/16	Mon 1/2/17
19	**5 Conduct comprehensive crisis management training for UMC security, nursing, EVS, respiratory therapy, and behavioral health staff**	**Thu 9/1/16**	**Fri 9/29/17**
20	5.1 Conduct initial training sessions	Thu 9/1/16	Wed 1/4/17
21	5.2 Conduct ongoing training as necessary	Thu 1/5/17	Fri 9/29/17
22	6 Implement the "gun shot" alert on the exterior to the building to be monitored by MPD. This will provide MPD access to our camera system.	Fri 10/28/16	Thu 12/1/16
23	7 Expand security management to increase "seasoned" leadership	Mon 10/3/16	Mon 10/31/16
24	8 Continue to implement "active shooter" and "shelter in place" training	Thu 9/1/16	Wed 1/4/17
25	9 Install metal detectors in the ED entrance	Thu 9/1/16	Tue 1/31/17
26	10 Train security staff on baton and handcuff usage	Thu 9/1/16	Wed 11/2/16
27	11 Procure and deploy bullet and knife proof vests for UMC officers	Thu 9/1/16	Tue 1/31/17
28	12 Adjust UMC security presence to increase during peak hours	Thu 9/15/16	Wed 10/26/16



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Task		Inactive Summary		External Tasks	
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Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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7 Increase Ambulance Traffic volume to UMC ED When it is the Appropriate Level of Care

Responsible Leader: CNO

Start Date: 9/1/16 **End Date**: ongoing	☒ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: increase patients arriving by ambulance	☐ Yes ☒ No ☐ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

CNO, DON, UMC Administration, District of Columbia and Maryland Fire Departments / Emergency Medical Services (EMS)

Background:

The emergency department is a significant source of inpatient hospital admissions. It is important for the emergency department to establish and maintain an appropriate patient mix aligned with the level of care provided. To do so requires minimizing overutilization of low need patients through access to primary care for patients who utilize the ED as their primary source of healthcare and ensuring that the ED be used for urgent and emergent patient visits. While some urgent patients may walk into the ED, many urgent and most emergent cases are brought to the ED via the EMS system. Ambulances transporting patients requiring services that UMC does not provide, such as a trauma center, will bypass UMC; however, proximity, payer networks, patient request and hospital reputation can also influence an ambulance destination.

Opportunity:

The expected benefits of this initiative are:

- Increase ambulance admissions
- Improve good will with EMS

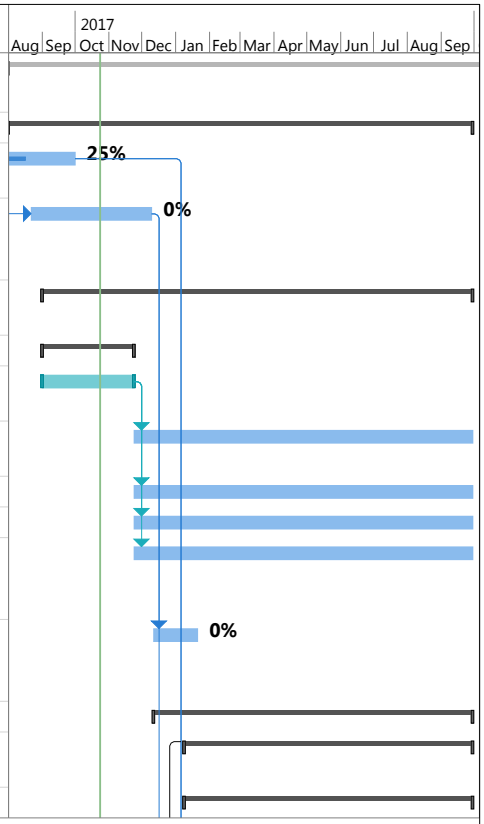
Measure of Success & Metrics:

- An increase in the number of patients transported to ED by EMS

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
7	**7 Increase Ambulance Traffic Volume when it is the Appropriate Level of Care**	**Mon 8/1/16**	**Mon 9/30/19**
1	**1 Analyze ED data on ambulance admissions**	**Mon 8/1/16**	**Fri 9/29/17**
2	1.1 Analyze ambulance admission process for bottlenecks and delays	Mon 8/1/16	Fri 9/30/16
3	1.2 Identify EMS staff needs, expectations and perceptions of care, work environment and ease of admission process at UMC	Mon 8/22/16	Fri 12/9/16
4	**1.3 Develop robust method for collecting and analyzing off-loading EMS times**	**Thu 9/1/16**	**Fri 9/29/17**
5	**1.3.1 Collection and analyze dataset**	**Thu 9/1/16**	**Wed 11/23/16**
6	1.3.1.1 Develop and implement robust methodology to collect and analyze dataset	Thu 9/1/16	Wed 11/23/16
7	1.3.2 Review monthly reports at interdisciplinary management meetings	Thu 11/24/16	Fri 9/29/17
8	1.3.3 Generate and implement improvements	Thu 11/24/16	Fri 9/29/17
9	1.3.4 Monitor data on an ongoing basis	Thu 11/24/16	Fri 9/29/17
10	1.3.5 Invite EMS to interdisciplinary meetings to share data, observations, and participate in improvement actions	Thu 11/24/16	Fri 9/29/17
11	1.4 Identify EMS leadership's needs, expectations and perceptions of care, work environment and ease of admission process at UMC	Mon 12/12/16	Fri 1/20/17
12	**1.5 Engage with EMS leaders in DC and Maryland**	**Mon 12/12/16**	**Fri 9/29/17**
13	**1.5.1 Establish forum with EMS leaders to identify barriers and misconceptions**	**Mon 1/9/17**	**Fri 9/29/17**
14	**1.5.1.1 Conduct bi-monthly meetings**	**Mon 1/9/17**	**Fri 9/29/17**



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Split		Manual Task		External Milestone	
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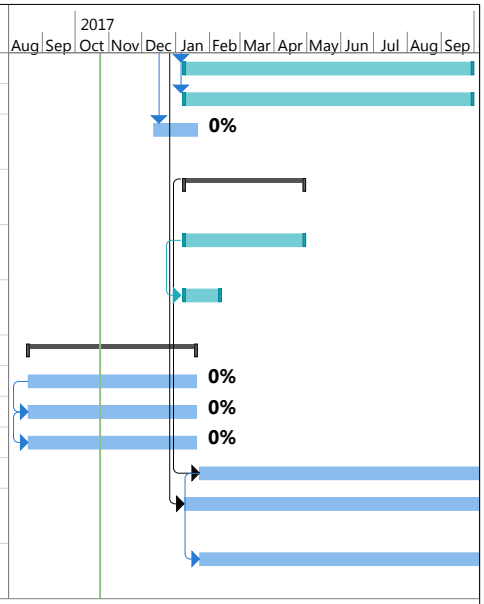
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
15	1.5.1.1.1 DC EMS officials	Mon 1/9/17	Fri 9/29/17
16	1.5.1.1.2 Prince George County EMS officials	Mon 1/9/17	Fri 9/29/17
17	1.5.2 Identify and prioritize root causes for ambulances not using UMC ED	Mon 12/12/16	Fri 1/20/17
18	**1.5.3 Improve EMS work environment within UMC emergency department**	**Mon 1/9/17**	**Fri 4/28/17**
19	1.5.3.1 Establish appropriate workspace for EMS team to facilitate the completion of documentation	Mon 1/9/17	Fri 4/28/17
20	1.5.3.2 Establish designated break area and snacks for EMS team	Mon 1/9/17	Fri 2/10/17
21	**2 Research DC and Maryland regulations**	**Fri 8/19/16**	**Thu 1/19/17**
22	2.1 EMS Systems	Fri 8/19/16	Thu 1/19/17
23	2.2 Ambulance policies and procedures	Fri 8/19/16	Thu 1/19/17
24	2.3 Ambulance ownership	Fri 8/19/16	Thu 1/19/17
25	3 Implement Improvements	Mon 1/23/17	Fri 11/10/17
26	4 Continue EMS education about UMC services and capabilities	Mon 1/9/17	Mon 9/30/19
27	5 Conduct continuous reviews and implement improvements as necessary	Mon 1/23/17	Mon 9/30/19



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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

8 Reduce the Length of Stay for Patients in ED Observation Status

Responsible Leader: CNO

Start Date: 9/1/16 **End Date**: on-going	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: reduce observation patients with LOS >48 hours by 50% over three quarters	☐ Yes ☒ No ☐ N/A
Operating Expense: None	☐ Yes ☒ No ☐ N/A

Key Stakeholders / Resources Required:

CNO, DON, ED physicians, Hospitalists, VP of Quality

Background:

Observation status is an ED patient status used for patients who do not meet criteria for inpatient admission but do not yet meet requirements for ED discharge. Observation status allows a patient to be observed for 24-48 hours until a definitive decision can be made about their disposition. The American College of Emergency Physicians (ACEP) endorses a dedicated space within or close to the ED for an observation area where patients are monitored and cared for by ED physicians and staff. Because UMC does not have such an area, observation status patients are dispersed throughout the inpatient units. While occupying an inpatient bed, patients are receiving the same care and consuming the same resources that an actual inpatient would, yet the hospital is being reimbursed at the much lower observation rate. Because Medicare does not reimburse Part B for outpatients, observation status patients are left with a heavier personal financial burden than that of an inpatient. In addition, if a patient is unknowingly transferred from observation to a SNF, the patient will not meet the minimum inpatient Medicare requirement and will not qualify for Medicare SNF reimbursement.

Initial analysis of ED observation data from 1/1/16 – 6/30/16 showed that 281 (57%) of the 489 total observation patients were on observation status for >48 hours. The average length of stay in observation for the time period was 2.75 days; of those, the longest was 9 days.

Opportunity:

The expected benefits of this initiative are:

- Reduce hospital costs
- Reduce length of stay (LOS) for patients with ED observation status to < 2 days on average
- Reduce financial burden of observation status to patients
- Free bed capacity to allow for more inpatient admissions

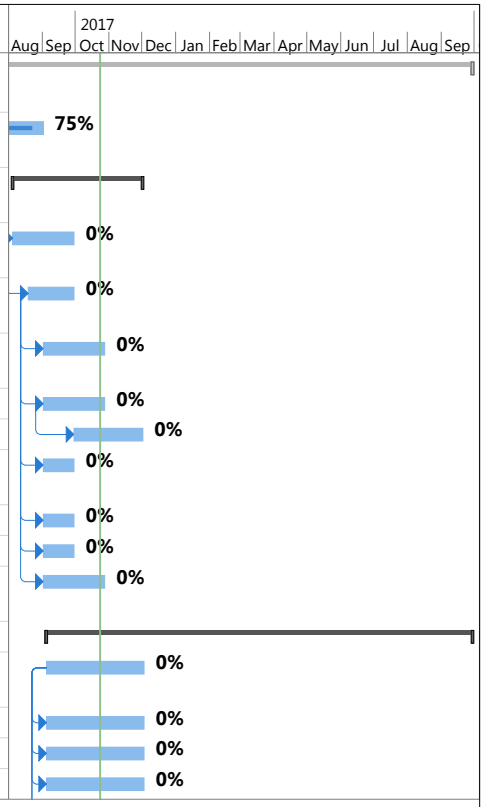
Measure of Success & Metrics:

- Average observation status LOS for patients with observation status (target < 2days)
- Lower percentage of observation patients whose LOS is >48 hours
- Creation of a low acuity patient area

Activity Timeline & Milestones:

- See Next Page

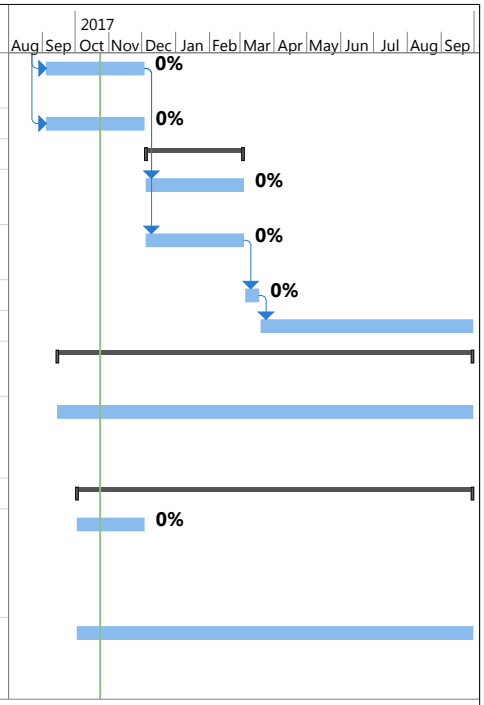
ID	Task Name	Start	Finish
8	**8 Reduce the LOS for Patients in ED Observation Status**	**Fri 7/15/16**	**Fri 9/29/17**
1	1 Analyze observation data to identify the scope problem	Fri 7/15/16	Thu 9/1/16
2	**2 Convene a meeting with ED physicians and hospitalist physicians to:**	**Fri 8/5/16**	**Thu 12/1/16**
3	2.1 Clarify and define patient criteria for admission to observation status	Fri 8/5/16	Thu 9/29/16
4	2.2 Define care and monitoring requirements for patients on observation status	Fri 8/19/16	Thu 9/29/16
5	2.3 Identify the root causes of for excessive observation status LOS from the physician's perspective	Fri 9/2/16	Thu 10/27/16
6	2.4 Generate solutions to resolve root causes	Fri 9/2/16	Thu 10/27/16
7	2.5 Implement solutions to resolve root causes	Fri 9/30/16	Thu 12/1/16
8	2.6 Decide and describe which physician bears clinical responsibility patients in observation status	Fri 9/2/16	Thu 9/29/16
9	2.7 Determine the maximum allowable stay	Fri 9/2/16	Thu 9/29/16
10	2.8 Describe when a physician should be notified	Fri 9/2/16	Thu 9/29/16
11	2.9 Define utilization and quality measures that will be monitored and reported	Fri 9/2/16	Thu 10/27/16
12	**3 Develop a dedicated low acuity patient area**	**Mon 9/5/16**	**Fri 9/29/17**
13	3.1 Identify and work within regulatory requirements and / or barriers	Mon 9/5/16	Fri 12/2/16
14	3.2 Identify location, if applicable	Mon 9/5/16	Fri 12/2/16
15	3.3 Project patient volume	Mon 9/5/16	Fri 12/2/16
16	3.4 Evaluate reimbursement methods and amounts	Mon 9/5/16	Fri 12/2/16



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

ID	Task Name	Start	Finish
17	3.5 Determine staffing needs: medical, nursing, support staff, other expenses	Mon 9/5/16	Fri 12/2/16
18	3.6 Evaluate cost / benefit	Mon 9/5/16	Fri 12/2/16
19	**3.7 Develop policies and procedures for:**	**Mon 12/5/16**	**Fri 3/3/17**
20	3.7.1 Management of space, staff, equipment and supplies	Mon 12/5/16	Fri 3/3/17
21	3.7.2 Expedited discharge process and transfer process to inpatient bed	Mon 12/5/16	Fri 3/3/17
22	3.8 Execute plan to establish low acuity patient area	Mon 3/6/17	Fri 3/17/17
23	3.9 Track and monitor results	Mon 3/20/17	Fri 9/29/17
24	**4 Start observation patient daily rounding by Case Management and Hospitalist representative**	**Thu 9/15/16**	**Fri 9/29/17**
25	4.1 Activities include: monitor LOS, identify barriers to discharge, resolve barriers, and facilitate inpatient admissions as needed	Thu 9/15/16	Fri 9/29/17
26	**5 Establish physician accountability for LOS**	**Mon 10/3/16**	**Fri 9/29/17**
27	5.1 Develop monthly Quality scorecards for each physician that tracks inappropriate admissions, LOS, reportable quality data, and HCAHPS questions regarding MDs	Mon 10/3/16	Fri 12/2/16
28	5.2 Establish weekly meetings with CMO, VP Clinical Services, DON, and Quality to review observation data and physician scorecards	Mon 10/3/16	Fri 9/29/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

7.3 Hospital Inpatient

9 Transition Hospital from a Predominantly Monday – Friday Organization to a Six-Day Organization

Responsible Leader: CNO

Start Date: August 2016 **End Date**: ongoing	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: increase inpatient capacity	☐ Yes ☐ No ☐ N/A
Operating Expense: reduce losses of excess LOS	☐ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:
CNO, DON, ancillary services department managers, VP of Quality

Background:
Business functions in large medical centers may be carried out predominantly during Monday through Friday, but patient care is active 24 hours a day, seven days a week. Smaller community hospitals with limited resources often try to save money by reducing clinical services on off shifts and weekends; however, this practice can result in additional days in the hospital. Extra days do not translate into extra revenue in condition-based payments (i.e. diagnostic related groups). Extra days in the hospital also put patients at risk for hospital-acquired complications and contribute to delirium in elderly patients. While UMC has been judiciously using ancillary services on the weekends to reduce labor expense, current discharge patterns indicate there is opportunity to more evenly distribute patient clinical activities, at least to Saturday.

Opportunity:

The expected benefits of this initiative are:

- Reduce unnecessary length of stay
- Reduce ED time from admission order to time patient transferred to inpatient room

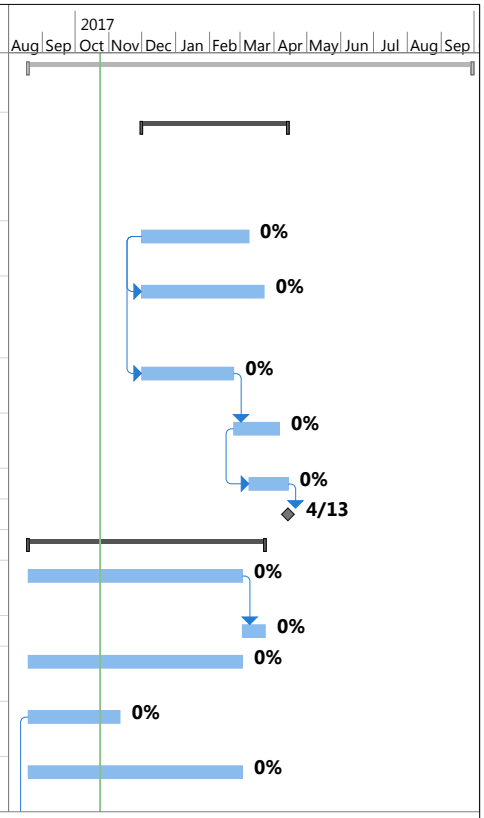
Measure of Success & Metrics:

- Difference between number of discharges on Mon-Fri vs Sat/Sun

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
9	**9 Transition UMC from a M-F Hospital to a 6-day a week Hospital**	**Fri 8/19/16**	**Fri 9/29/17**
1	**1 Identify ancillary (radiology, x-rays, CT, and ultrasound) and / or other services (lab, housekeeping, nursing, hospitalists, security) utilized overnight and on weekends for ED and inpatient**	**Thu 12/1/16**	**Thu 4/13/17**
2	1.1 Analyze data to determine volume of ancillary services used overnight and weekends	Thu 12/1/16	Wed 3/8/17
3	1.2 Analyze test response times from order to results, as possible, to evaluate response times by day of week and time of day	Thu 12/1/16	Wed 3/22/17
4	1.3 Document ancillary and/or other services availability overnight and on weekends	Thu 12/1/16	Wed 2/22/17
5	1.4 Based on analysis, determine if extending hours of services is warranted	Thu 2/23/17	Wed 4/5/17
6	1.5 Evaluate cost / benefit of extended service	Thu 3/9/17	Thu 4/13/17
7	1.6 Act upon above analysis as indicated	Thu 4/13/17	Thu 4/13/17
8	**2 Improve Discharge Process**	**Fri 8/19/16**	**Thu 3/23/17**
9	2.1 Analyze discharge data to identify trends and bottlenecks (by time of day, day of week, etc.)	Fri 8/19/16	Thu 3/2/17
10	2.2 Implement rapid rounds	Fri 3/3/17	Thu 3/23/17
11	2.3 Communicate and integrate expected date of discharge in day to day patient management	Fri 8/19/16	Thu 3/2/17
12	2.4 Target discharges for mornings with discharges occurring after 12 noon as the exception	Fri 8/19/16	Thu 11/10/16
13	2.5 Facilitate Saturday discharges to prevent backlogs in ED and inpatient areas	Fri 8/19/16	Thu 3/2/17



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Task		Inactive Summary		External Tasks	
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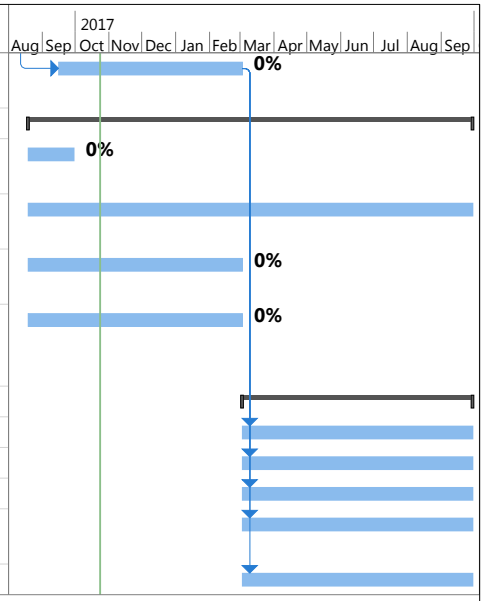
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
14	2.6 Initiate discharge planning within 24 hours of admission as an inpatient	Fri 9/16/16	Thu 3/2/17
15	**3 Improve case management services**	**Fri 8/19/16**	**Fri 9/29/17**
16	3.1 Evaluate cost / benefit of providing case management coverage on weekends and holidays	Fri 8/19/16	Thu 9/29/16
17	3.2 Evaluate, select and implement automated case management and utilization review system	Fri 8/19/16	Fri 9/29/17
18	3.3 Automate records transfer; implement short term vs long term solution (via fax or curaspan)	Fri 8/19/16	Thu 3/2/17
19	3.4 Involve case managers and utilization review staff more in the interdisciplinary management of the patient's episode of care	Fri 8/19/16	Thu 3/2/17
20	**4 Actively manage throughput on the weekends**	**Fri 3/3/17**	**Fri 9/29/17**
21	4.1 Identify potential discharges	Fri 3/3/17	Fri 9/29/17
22	4.2 Facilitate discharge teaching	Fri 3/3/17	Fri 9/29/17
23	4.3 Facilitate medication availability and teaching	Fri 3/3/17	Fri 9/29/17
24	4.4 Ensure all discharge activities have been completed before patient leaves the facility	Fri 3/3/17	Fri 9/29/17
25	4.5 Reconcile patient records prior to HIM coding	Fri 3/3/17	Fri 9/29/17



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Inactive Task	Start-only	
Inactive Milestone	Finish-only	

10 Improve Patient Experience of Care

Responsible Leader: CNO

Start Date: July 2016 **End Date**: On-going	☒ Quality ☐ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: increase *recommend the hospital* responses by 10%	☐ Yes ☒ No ☐ N/A
Operating Expense: NA	☐ Yes ☒ No ☐ N/A

Key Stakeholders / Resources Required:

CNO, COO, all department heads, VP of Quality

Background:

Patient satisfaction has been positively linked to patient loyalty, patient adherence to treatment, reduced hospital readmission rates, care provider satisfaction, and reimbursement. Patients' experience of care is measured by the Hospital Consumer Assessment of Health Care Providers (HCAHPS) survey. Reporting HCAHPS is required by the Center for Medicare and Medicaid Services (CMS) and at UMC, is administered, analyzed and reported by the vendor, Press Ganey. The survey consists of questions about specific topics such as communication with physicians, room cleanliness, and pain management and also summary questions such as *Would you recommend this hospital to your friends and family?*

Opportunity:
The expected benefits of this initiative are:

- Improve overall patient experience of care as measured by the HCAHPS surveys
- Reduce patient complaints
- Improve community perception

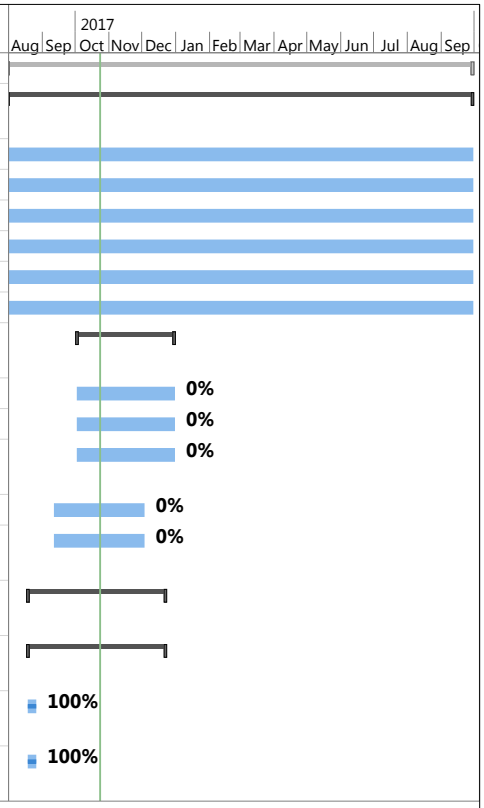
Measure of Success & Metrics:

- HCAHPS top box scores
- HCAHPS percentile rankings
- HCAPHS distribution of responses
- Number of patient and visitor complaints

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
10	**10 Improve Patient Experience of Care**	**Mon 8/1/16**	**Fri 9/29/17**
1	**1 Continue to monitor, evaluate and improve execution of recently implemented interventions in nursing:**	**Mon 8/1/16**	**Fri 9/29/17**
2	1.1 Leader rounding	Mon 8/1/16	Fri 9/29/17
3	1.2 Manager rounding	Mon 8/1/16	Fri 9/29/17
4	1.3 Hourly nurse rounding	Mon 8/1/16	Fri 9/29/17
5	1.4 Use of white boards in patient rooms	Mon 8/1/16	Fri 9/29/17
6	1.5 Real time service recovery	Mon 8/1/16	Fri 9/29/17
7	1.6 Assigned "real estate"	Mon 8/1/16	Fri 9/29/17
8	**2 Improve effectiveness of discharge teaching and patient's understanding of discharge instructions**	**Mon 10/3/16**	**Fri 12/30/16**
9	2.1 Implement teach back method for nurses	Mon 10/3/16	Fri 12/30/16
10	2.2 Implement teach back method for physicians	Mon 10/3/16	Fri 12/30/16
11	2.3 Implement teach back method for other disciplines that teach the patient	Mon 10/3/16	Fri 12/30/16
12	3 Redesign reports so they are more user friendly	Mon 9/12/16	Fri 12/2/16
13	4 Create systemic distribution of patient experience of care reports that reaches a broader audience	Mon 9/12/16	Fri 12/2/16
14	**5 Engage the entire organization in improving the patient's experience of care.**	**Fri 8/19/16**	**Thu 12/22/16**
15	**5.1 Establish patient experience of care as the common goal**	**Fri 8/19/16**	**Thu 12/22/16**
16	5.1.1 Each department describes their respective contribution to patient satisfaction	Fri 8/19/16	Thu 8/25/16
17	5.1.2 Collectively review Press Ganey patient satisfaction scores	Fri 8/19/16	Thu 8/25/16



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Milestone		Duration-only		Deadline	
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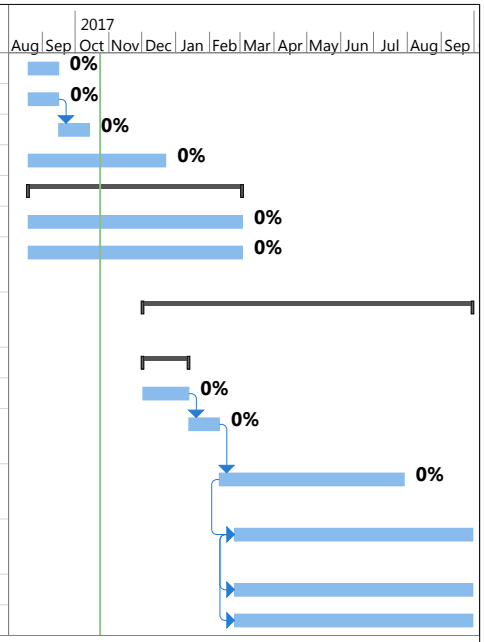
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
18	5.1.3 Each department identify priorities	Fri 8/19/16	Thu 9/15/16
19	5.1.4 Each department generates improve plans	Fri 8/19/16	Thu 9/15/16
20	5.1.5 Implement plans / interventions	Fri 9/16/16	Thu 10/13/16
21	5.1.6 Monitor and track patient satisfaction data	Fri 8/19/16	Thu 12/22/16
22	**6 Complete patient room refresh**	**Fri 8/19/16**	**Thu 3/2/17**
23	6.1 Update nursing station	Fri 8/19/16	Thu 3/2/17
24	6.2 Paint rooms and replace FF&E (furniture, fixtures, and equipment)	Fri 8/19/16	Thu 3/2/17
25	**7 Establish a new customer service model based on code of conduct behavioral standards**	**Fri 12/2/16**	**Fri 9/29/17**
26	**7.1 Develop customer service training package**	**Fri 12/2/16**	**Thu 1/12/17**
27	7.1.1 Develop department-specific scripting	Fri 12/2/16	Thu 1/12/17
28	7.2 Establish with union code of conduct expectations and consequences	Fri 1/13/17	Thu 2/9/17
29	7.3 Conduct customer service training for all patient-facing employees	Fri 2/10/17	Fri 7/28/17
30	7.4 Verify employee understanding and re-train as necessary	Fri 2/24/17	Fri 9/29/17
31	7.5 Monitor behavior change	Fri 2/24/17	Fri 9/29/17
32	7.6 Remediate with employees that need assistance	Fri 2/24/17	Fri 9/29/17



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Task		Inactive Summary		External Tasks	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

Printed: October 24, 2016

11 Improve Physicians' Clinical Documentation

Responsible Leader: CMO

Start Date: 7/15/16 **End Date**: On-going	☒ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity:	☐ Yes ☐ No ☒ N/A
Operating Expense:	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

Chief of Staff, medical staff, clinical documentation team, VP of Quality

Background:

Patient documentation serves several purposes: 1) to communicate key patient information to other providers and staff within and outside of the hospital; 2) to improve patient safety and reduce adverse events that result from communication breakdowns; 3) to meet regulatory and accreditation requirements; 4) to accurately capture how sick the patients cared for at UMC are as represented by the case mix index (CMI); and 5) to maximize quality metrics and reimbursement that are adjusted according to the CMI. Quality metrics affected by documentation include the *core quality measures* required by UMC's accrediting agency, The Joint Commission (TJC), and by CMS. The hospital quality program administered by CMS includes public reporting of the core quality measures on their internet site, Hospital Compare. This site can influence perceptions of UMC by patients, stakeholders, insurance companies and competitors. Even if quality care is being delivered, if the care is not properly documented, UMC will not receive credit in these publically reported measures and the scores will decline.

Opportunity:
The expected benefits of this initiative are:

- Reduce clinical communication breakdowns
- Improve physician compliance with documentation requirements
- Increase case mix index
- Maximize reimbursement based on case mix adjustment
- Reduce payment denials based on incomplete documentation

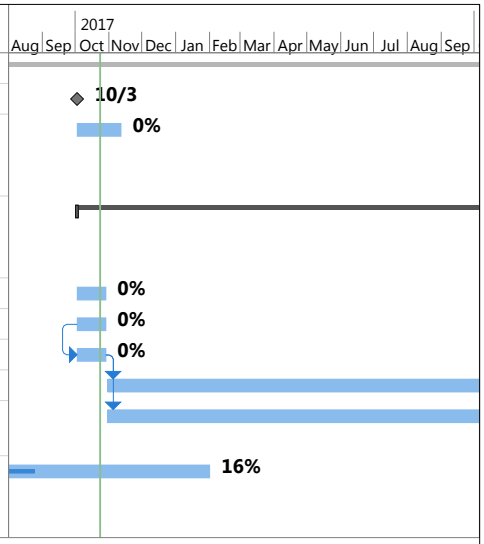
Measure of Success & Metrics:

- Ratio of Actual (based on current documentation) to Expected (based on review and adjustments by CDI specialists)
- Percentage of physician documentation adherence
- Physicians under disciplinary action for documentation delinquencies
- CMS core measures scores
- Payment denials due to incomplete documentation

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
11	**11 Improve Physicians' Clinical Documentation**	**Mon 7/25/16**	**Tue 10/31/17**
1	1 Clinical Documentation Kickoff meeting	Mon 10/3/16	Mon 10/3/16
2	2 Identify Top 10 most frequent DRGs to ensure that physicians are proficient in the documentaion these DRGs	Mon 10/3/16	Fri 11/11/16
3	**3 Design and implement a clinical documentation training curriculum for physicians using mixed training modalities**	**Mon 10/3/16**	**Tue 10/31/17**
4	3.1 Point of care resources (pocket guide)	Mon 10/3/16	Fri 10/28/16
5	3.2 Classroom instruction, as needed	Mon 10/3/16	Fri 10/28/16
6	3.3 1:1 coaching	Mon 10/3/16	Fri 10/28/16
7	3.4 Concurrent review of physician documentation	Mon 10/31/16	Tue 10/31/17
8	3.5 Email reminders as indicated according to CMS guidelines	Mon 10/31/16	Tue 10/31/17
9	4 Install Nuance / Voice recognition software that allow physicians to use voice recognition for documenting notes and discharges	Mon 7/25/16	Tue 1/31/17



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Inactive Milestone	Finish-only	

Printed: October 24, 2016

12 Renew the Joint Commission (TJC) Accreditation

Responsible Leader: Quality Director

Start Date: July 2016 **End Date**: ongoing	☒ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: NA	☐ Yes ☒ No ☐ N/A
Operating Expense: required for Medicare / Medicaid participation	☐ Yes ☒ No ☐ N/A

Key Stakeholders / Resources Required:

CNO, Executive leadership team members, department managers

Background:

The hospital is awarded accreditation and CMS deemed status from The Joint Commission (TJC). Deemed status assures CMS that its conditions of participation and conditions of coverage (requirements for participating in the Medicare and Medicaid programs) are being met. The TJC standards provide hospitals with structures and processes, that when implemented, promote quality, safe care for patients. An onsite accreditation survey occurs every three years via an unannounced survey within the eighteen-month window prior to the accreditation renewal date. The intent of this type of accreditation process is to promote continuous survey readiness rather than a ramp up before the survey with performance slippage in between the onsite surveys. While UMC has prepared for previous surveys in the traditional manner, there is opportunity now to involve and engage a broader scope of managers and staff in the process.

Opportunity:

The expected benefits of this initiative are:

- Involve managers and staff in the survey preparation
- Deploy the entire quality staff to assist in preparation
- Begin to institutionalize sustainable processes and systems that fulfill the standards

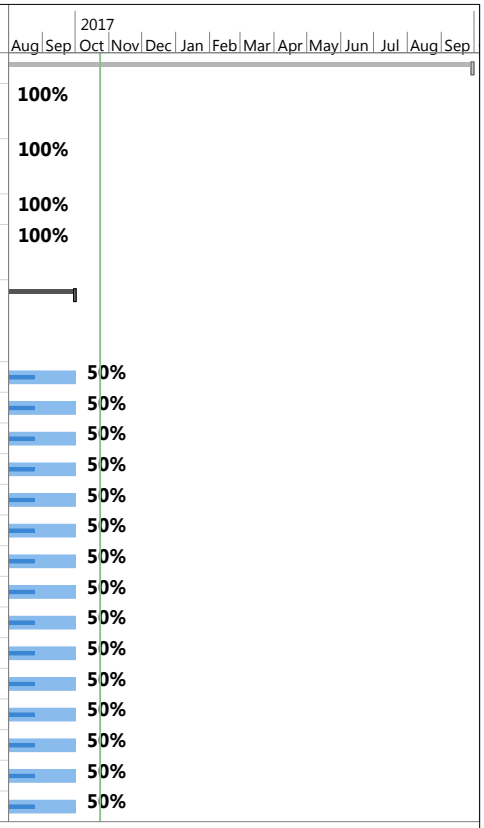
Measure of Success & Metrics:

- Attainment of The Joint Commission Accreditation renewal

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
12	**12 Renew The Joint Commission (TJC) Accreditation**	**Mon 7/11/16**	**Fri 9/29/17**
1	1 Kick off accreditation preparation with weekly meetings (July 2016)	Mon 7/11/16	Fri 7/29/16
2	2 Reconvene accreditation chapter teams; verify team leaders and team members (July 2016	Mon 7/18/16	Fri 7/29/16
3	3 Provide updated standards to teams	Mon 7/18/16	Fri 7/29/16
4	4 Assign a quality coordinator as a resource to each team Aug 2016	Mon 7/18/16	Fri 7/29/16
5	**5 Conduct self-assessments to identify gaps between standards requirements and current standards chapters**	**Mon 7/18/16**	**Fri 9/30/16**
6	5.1 Accreditation Participation Requirements	Mon 7/18/16	Fri 9/30/16
7	5.2 Environment of Care	Mon 7/18/16	Fri 9/30/16
8	5.3 Emergency Management	Mon 7/18/16	Fri 9/30/16
9	5.4 Human Resources	Mon 7/18/16	Fri 9/30/16
10	5.5 Infection Control	Mon 7/18/16	Fri 9/30/16
11	5.6 Information Management	Mon 7/18/16	Fri 9/30/16
12	5.7 Leadership	Mon 7/18/16	Fri 9/30/16
13	5.8 Life Safety	Mon 7/18/16	Fri 9/30/16
14	5.9 Medication Management	Mon 7/18/16	Fri 9/30/16
15	5.10 Medical Staff	Mon 7/18/16	Fri 9/30/16
16	5.11 National Patient Safety Goals	Mon 7/18/16	Fri 9/30/16
17	5.12 Nursing	Mon 7/18/16	Fri 9/30/16
18	5.13 Performance Improvement	Mon 7/18/16	Fri 9/30/16
19	5.14 Radiology	Mon 7/18/16	Fri 9/30/16
20	5.15 Record of Care	Mon 7/18/16	Fri 9/30/16



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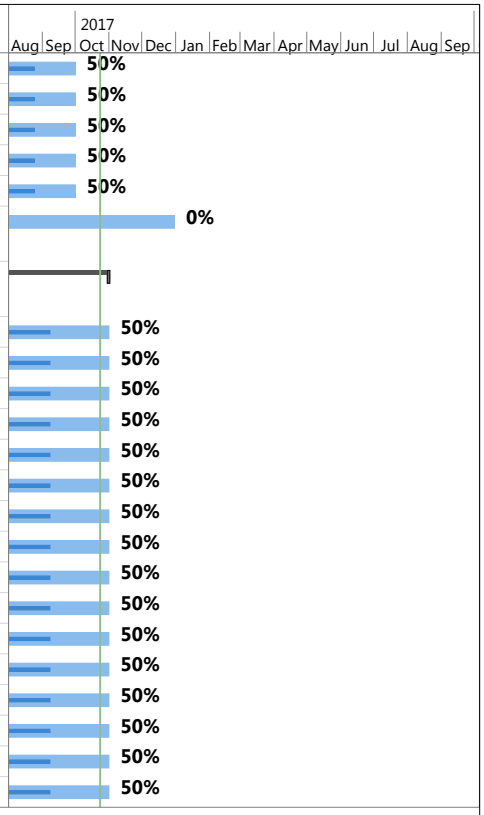
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
21	5.16 Rights and Responsibilities	Mon 7/18/16	Fri 9/30/16
22	5.17 Sentinel Events	Mon 7/18/16	Fri 9/30/16
23	5.18 Transplant Safety	Mon 7/18/16	Fri 9/30/16
24	5.19 Waived Testing	Mon 7/18/16	Fri 9/30/16
25	5.20 Provision of Care	Mon 7/18/16	Fri 9/30/16
26	6 Conduct meetings every two weeks to provide teams time to meet (Aug – Dec)	Mon 8/1/16	Fri 12/30/16
27	**7 Identify and collect elements of performances for the standards chapters**	**Mon 7/18/16**	**Mon 10/31/16**
28	7.1 Accreditation Participation Requirements	Mon 7/18/16	Mon 10/31/16
29	7.2 Environment of Care	Mon 7/18/16	Mon 10/31/16
30	7.3 Emergency Management	Mon 7/18/16	Mon 10/31/16
31	7.4 Human Resources	Mon 7/18/16	Mon 10/31/16
32	7.5 Infection Control	Mon 7/18/16	Mon 10/31/16
33	7.6 Information Management	Mon 7/18/16	Mon 10/31/16
34	7.7 Leadership	Mon 7/18/16	Mon 10/31/16
35	7.8 Life Safety	Mon 7/18/16	Mon 10/31/16
36	7.9 Medication Management	Mon 7/18/16	Mon 10/31/16
37	7.10 Medical Staff	Mon 7/18/16	Mon 10/31/16
38	7.11 National Patient Safety Goals	Mon 7/18/16	Mon 10/31/16
39	7.12 Nursing	Mon 7/18/16	Mon 10/31/16
40	7.13 Performance Improvement	Mon 7/18/16	Mon 10/31/16
41	7.14 Radiology	Mon 7/18/16	Mon 10/31/16
42	7.15 Record of Care	Mon 7/18/16	Mon 10/31/16
43	7.16 Rights and Responsibilities	Mon 7/18/16	Mon 10/31/16



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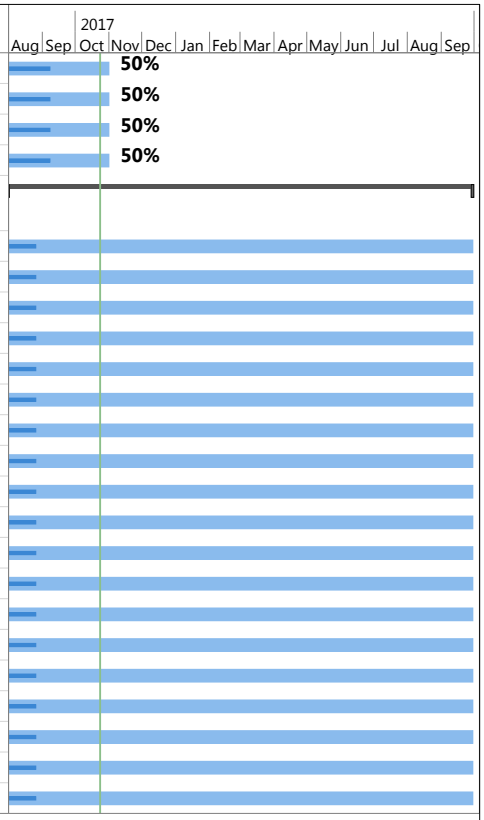
Inactive Milestone	Finish-only	

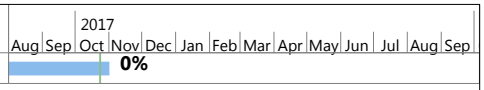
ID	Task Name	Start	Finish
44	7.17 Sentinel Events	Mon 7/18/16	Mon 10/31/16
45	7.18 Transplant Safety	Mon 7/18/16	Mon 10/31/16
46	7.19 Waived Testing	Mon 7/18/16	Mon 10/31/16
47	7.20 Provision of Care	Mon 7/18/16	Mon 10/31/16
48	**8 Validate standards implementation (i.e. tracers, rounding, etc.)**	**Mon 8/1/16**	**Fri 9/29/17**
49	8.1 Environment of Care	Mon 8/1/16	Fri 9/29/17
50	8.2 Emergency Management	Mon 8/1/16	Fri 9/29/17
51	8.3 Human Resources	Mon 8/1/16	Fri 9/29/17
52	8.4 Infection Control	Mon 8/1/16	Fri 9/29/17
53	8.5 Information Management	Mon 8/1/16	Fri 9/29/17
54	8.6 Leadership	Mon 8/1/16	Fri 9/29/17
55	8.7 Life Safety	Mon 8/1/16	Fri 9/29/17
56	8.8 Medication Management	Mon 8/1/16	Fri 9/29/17
57	8.9 Medical Staff	Mon 8/1/16	Fri 9/29/17
58	8.10 National Patient Safety Goals	Mon 8/1/16	Fri 9/29/17
59	8.11 Nursing	Mon 8/1/16	Fri 9/29/17
60	8.12 Performance Improvement	Mon 8/1/16	Fri 9/29/17
61	8.13 Radiology	Mon 8/1/16	Fri 9/29/17
62	8.14 Record of Care	Mon 8/1/16	Fri 9/29/17
63	8.15 Rights and Responsibilities	Mon 8/1/16	Fri 9/29/17
64	8.16 Sentinel Events	Mon 8/1/16	Fri 9/29/17
65	8.17 Transplant Safety	Mon 8/1/16	Fri 9/29/17
66	8.18 Waived Testing	Mon 8/1/16	Fri 9/29/17
67	8.19 Provision of Care	Mon 8/1/16	Fri 9/29/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

ID	Task Name	Start	Finish
68	9 Administrative preparation for onsite visit	Mon 8/1/16	Mon 10/31/16



Project: MAP Project Plan - com
Date: Mon 10/24/16

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Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
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Inactive Task	Start-only	
Inactive Milestone	Finish-only	

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13 Expand Inpatient Behavioral Health Capacity

Responsible Leader: CNO		
Start Date: July 2016 **End Date**: Q4 FY17	☐ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☐ Process ☒ Outcome
Impact		**In FY17 Budget?**
Volume / Capacity: Construction completed by May 2017; number of available beds increased from 20 to 30, projected increase in average daily census to 26 beds (85% of capacity)		☒ Yes ☐ No ☐ N/A
Operating Expense: included in budget		☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CNO, COO / Construction

Background:

The design phase of the behavioral health patient area and patient rooms refresh has already begun with construction targeted to begin on October 1. After the refresh, UMC will have 30 inpatient psychiatric beds available.

Opportunity:

The expected benefits of this initiative are:

- Improve utilization of behavioral health space

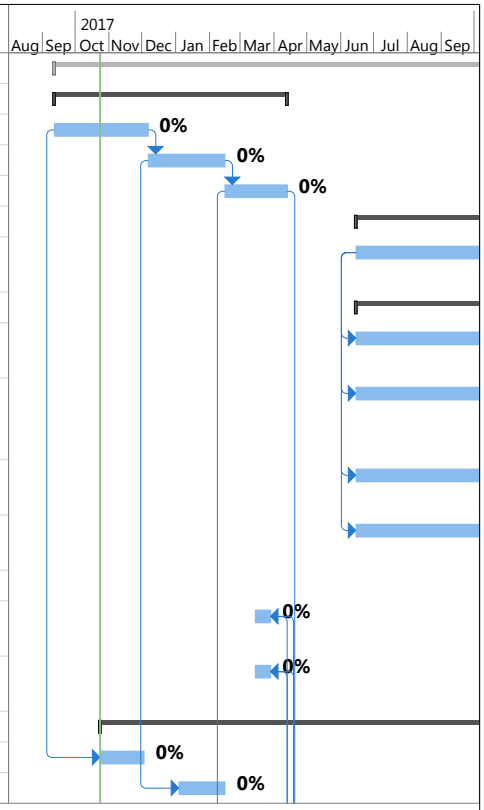
Measure of Success & Metrics:

- Increase in the average daily census
- Check to get the number of transfers from UMC
- Need for an extra provider starting in May
- Extra volume starts in March

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
13	**13 Expand Inpatient Behavioral Health Capacity**	**Mon 9/12/16**	**Mon 9/30/19**
1	**1 Patient Room Refresh: Construction**	**Mon 9/12/16**	**Wed 4/12/17**
2	1.1 Phase I: 4th Floor Buildout	Mon 9/12/16	Tue 12/6/16
3	1.2 Phase II: 4th Floor Buildout	Wed 12/7/16	Tue 2/14/17
4	1.3 Phase III: 4th Floor Buildout	Wed 2/15/17	Wed 4/12/17
5	**2 Negotiate Expanded Services with PIW**	**Thu 6/15/17**	**Wed 11/1/17**
6	2.1 Clarify PIW administrator on-site management expectations	Thu 6/15/17	Wed 11/1/17
7	**2.2 Ensure quality is included in agreement**	**Thu 6/15/17**	**Wed 11/1/17**
8	2.2.1 Required CMS and Joint Commission quality metrics	Thu 6/15/17	Wed 11/1/17
9	2.2.2 100% completion of the treatment plan and discharge summary components of the medical record components	Thu 6/15/17	Wed 11/1/17
10	2.3 Expand the number of group therapy sessions and the number of attendees per session	Thu 6/15/17	Wed 11/1/17
11	2.4 Increase of an additional provider and intake resources	Thu 6/15/17	Wed 11/1/17
12	3 Execute PIW contract	Wed 11/1/17	Wed 11/1/17
13	4 PIW on-boards mid-level provider to support additional volume	Wed 3/15/17	Tue 3/28/17
14	5 PIW: add intake resources to handle incremental volume	Wed 3/15/17	Tue 3/28/17
15	**6 Review and modify nursing staffing plan**	**Mon 10/24/16**	**Mon 9/30/19**
16	6.1 Phase I Completion	Mon 10/24/16	Fri 12/2/16
17	6.2 Phase II Completion	Wed 1/4/17	Tue 2/14/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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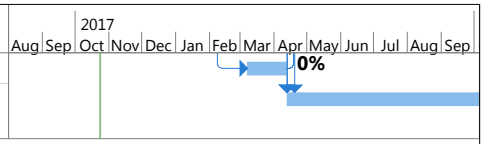
ID	Task Name	Start	Finish
18	6.3 Phase III Completion	Wed 3/8/17	Tue 4/11/17
19	6.4 Service additional patients based on high community demand	Thu 4/13/17	Mon 9/30/19



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Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

7.4 Skilled Nursing Facility (SNF)

14 Migrate to a Skilled Level of Care Model

Responsible Leader: CNO		
Start Date: July **End Date**: On-going	☐ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☐ Process ☐ Outcome
Impact		**In FY17 Budget?**
Volume / Capacity: increase Medicare short-term beds from 5% to 15%; increase average daily census from 90% to 96%		☒ Yes ☐ No ☐ N/A
Operating Expense:		☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

SNF Administrator

Background:

All of UMC's nursing home beds are licensed for both long term care and short-term rehabilitation / short term skilled nursing. UMC receives frequent requests to admit clients for short term care; however, due the large proportion of total beds being occupied by long term care clients, UMC does not have the capacity to fill this requested demand. Increasing the number of available short term beds provides UMC the opportunity to better meet community demand and to increase revenue as short-term Medicare beds reimburse at a higher rate than long-term Medicaid beds.

Opportunity:

The expected benefits of this initiative are:

- Increase the number of short term rehabilitation clients

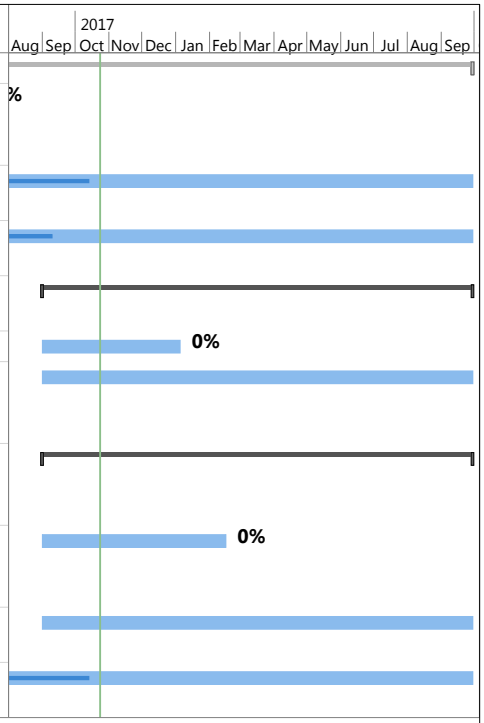
Measure of Success & Metrics:

- Average percentage of Medicare Beds increased from 5% to 15%

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
14	**14 Migrate to a Skilled Level of Care Model**	**Mon 6/6/16**	**Fri 9/29/17**
1	1 Identify clients who no longer need or meet criteria for long-term care, e.g. not a US resident, no payer source, homeless, clients refusing to leave	Mon 6/6/16	Fri 6/17/16
2	2 Find alternative living arrangements for clients who no longer need or meet criteria for long-term care	Mon 6/20/16	Fri 9/29/17
3	3 Collaborate between case management and social services in long term care	Mon 6/20/16	Fri 9/29/17
4	**4 Elevate UMC's current rehabilitation program to allow for higher intensity rehabilitation**	**Thu 9/1/16**	**Fri 9/29/17**
5	4.1 Hire appropriately skilled nurses	Thu 9/1/16	Wed 1/4/17
6	4.2 Train current staff as necessary: total parenteral nutrition, rehab related to stroke, and short term ventilator dependent	Thu 9/1/16	Fri 9/29/17
7	**5 Design and implement an aggressive campaign to recruit clients / increase the percent of Medicare and short-term rehab clients**	**Thu 9/1/16**	**Fri 9/29/17**
8	5.1 Conduct in-house physician education to improve patient continuity of care to migrate acute patients to sub-acute and eventually to outpatient rehab	Thu 9/1/16	Wed 2/15/17
9	5.2 Conduct DC acute care facility outreach to secure additional referrals for sub-acute unit	Thu 9/1/16	Fri 9/29/17
10	6 As long term beds become available, begin to accept short term, Medicare clients	Mon 6/20/16	Fri 9/29/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
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Inactive Task	Start-only	
Inactive Milestone	Finish-only	

7.5 UMC Wide

15 Improve Revenue Cycle

Responsible Leader: CFO, COO, Veritas		
Start Date: 6/1/16 **End Date**: 9/30/17	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome
Impact		**In FY17 Budget?**
Volume / Capacity: Will be determined upon completion of the consulting analysis		☐ Yes ☒ No ☐ N/A
Operating Expense: Included in the budget		☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CFO, COO, CIO, CMO, and VP of Quality Team

Background:

The revenue cycle at UMC is disjointed and not managed as an integrated, singular entity which has resulted in inefficient and inaccurate processes and less than optimal cash collections.

Opportunity:

The expected benefits of this initiative are:

- Enhance UMC's entire revenue cycle by implementing industry best practices to increase net revenue, maximize insurance and self-pay collections, and cash collections on a sustainable basis.
- Improve physician documentation.
- Increase efficiency and accuracy of work flows throughout the entire revenue cycle

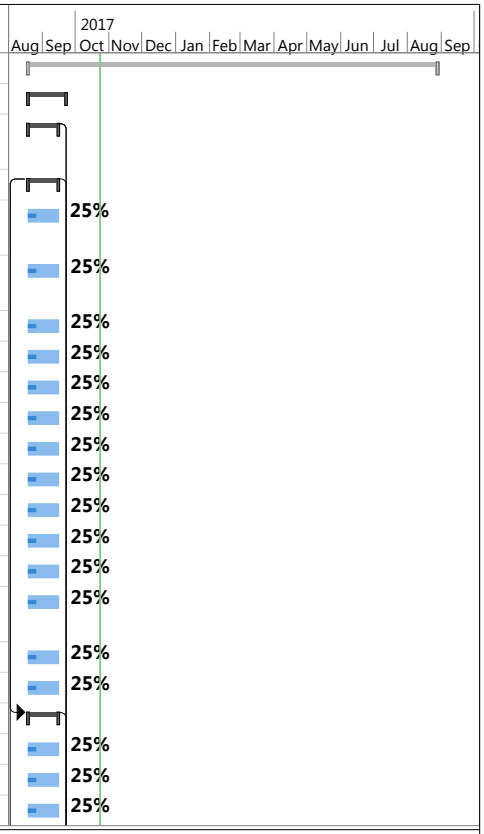
Measure of Success & Metrics:

- Increased cash collections
- Increased clean claims rate / lower denials rate
- Lower AR days

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
15	**15 Improve Revenue Cycle**	**Fri 8/19/16**	**Mon 8/28/17**
1	**1 Identify current state of revenue cycle process**	**Fri 8/19/16**	**Thu 9/22/16**
2	**1.1 Engage revenue cycle consulting firm to perform current state assessment**	**Fri 8/19/16**	**Thu 9/15/16**
3	**1.1.1 Review backoffice revenue cycle functions**	**Fri 8/19/16**	**Thu 9/15/16**
4	1.1.1.1 Insurance billing, follow-up, and account resolution	Fri 8/19/16	Thu 9/15/16
5	1.1.1.2 Aged insurance account resolution and liquidation	Fri 8/19/16	Thu 9/15/16
6	1.1.1.3 Denials and appeals management	Fri 8/19/16	Thu 9/15/16
7	1.1.1.4 Payment posting	Fri 8/19/16	Thu 9/15/16
8	1.1.1.5 Credit balance resolution	Fri 8/19/16	Thu 9/15/16
9	1.1.1.6 Reporting and analysis	Fri 8/19/16	Thu 9/15/16
10	1.1.1.7 Self pay billing, follow-up, and collections	Fri 8/19/16	Thu 9/15/16
11	1.1.1.8 Patient statements	Fri 8/19/16	Thu 9/15/16
12	1.1.1.9 Correspondence processing	Fri 8/19/16	Thu 9/15/16
13	1.1.1.10 Customer services	Fri 8/19/16	Thu 9/15/16
14	1.1.1.11 Bad debt management	Fri 8/19/16	Thu 9/15/16
15	1.1.1.12 Claims workflow improvements and billing system optimization	Fri 8/19/16	Thu 9/15/16
16	1.1.1.13 Revenue integrity	Fri 8/19/16	Thu 9/15/16
17	1.1.1.14 Reporting and analysis	Fri 8/19/16	Thu 9/15/16
18	**1.1.2 Review mid-cycle revenue cycle functions**	**Fri 8/19/16**	**Thu 9/15/16**
19	1.1.2.1 Coding - hospital	Fri 8/19/16	Thu 9/15/16
20	1.1.2.2 Coding - ancillary and ambulatory	Fri 8/19/16	Thu 9/15/16
21	1.1.2.3 Coding - physician	Fri 8/19/16	Thu 9/15/16



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Task		Inactive Summary		External Tasks	
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Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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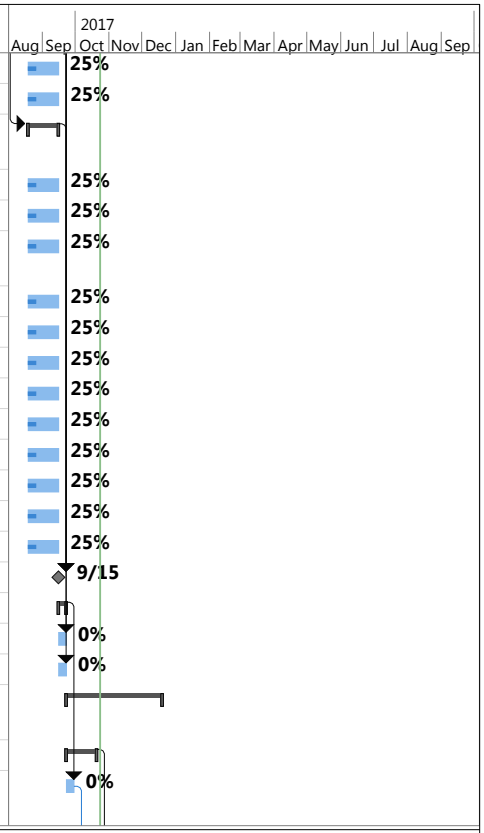
ID	Task Name	Start	Finish
22	1.1.2.4 Charge capture and data entry	Fri 8/19/16	Thu 9/15/16
23	1.1.2.5 Reporting and analysis	Fri 8/19/16	Thu 9/15/16
24	**1.1.3 Review front-end processes - workflows, quality and staffing**	**Fri 8/19/16**	**Thu 9/15/16**
25	1.1.3.1 Registration and patient access	Fri 8/19/16	Thu 9/15/16
26	1.1.3.2 Scheduling and call center operations	Fri 8/19/16	Thu 9/15/16
27	1.1.3.3 Financial counseling and patient liability estimates	Fri 8/19/16	Thu 9/15/16
28	1.1.3.4 Insurance eligibility and verification	Fri 8/19/16	Thu 9/15/16
29	1.1.3.5 Patient identity and address verification	Fri 8/19/16	Thu 9/15/16
30	1.1.3.6 Medical necessity and authorization	Fri 8/19/16	Thu 9/15/16
31	1.1.3.7 Utilization of existing technology	Fri 8/19/16	Thu 9/15/16
32	1.1.3.8 Future technology requirements	Fri 8/19/16	Thu 9/15/16
33	1.1.3.9 Point of service cash collections	Fri 8/19/16	Thu 9/15/16
34	1.1.3.10 Physician billing and revenue management	Fri 8/19/16	Thu 9/15/16
35	1.1.3.11 Physician credentialing	Fri 8/19/16	Thu 9/15/16
36	1.1.3.12 Reporting and analysis	Fri 8/19/16	Thu 9/15/16
37	1.1.4 Revenue Cycle Assessment Complete	Thu 9/15/16	Thu 9/15/16
38	**1.2 Review and analyze assessment results**	**Fri 9/16/16**	**Thu 9/22/16**
39	1.2.1 Review internally with UMC mgmt	Fri 9/16/16	Thu 9/22/16
40	1.2.2 Develop needs assessment and requirements	Fri 9/16/16	Thu 9/22/16
41	**2 Engage a revenue cycle firm to lead UMC's revenue cycle initiative**	**Fri 9/23/16**	**Mon 12/19/16**
42	**2.1 Engage various firms for capability and price quotes**	**Fri 9/23/16**	**Thu 10/20/16**
43	2.1.1 Provide revenue cycle requirements and assessment results to firms	Fri 9/23/16	Thu 9/29/16



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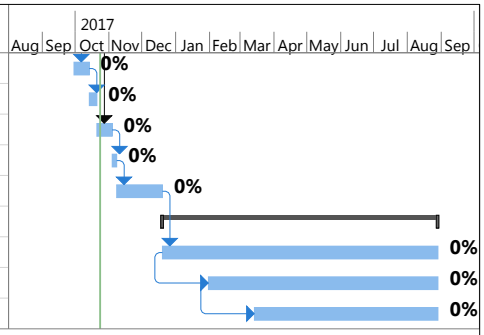
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
44	2.1.2 Solicit bids	Fri 9/30/16	Thu 10/13/16
45	2.1.3 Review bids	Fri 10/14/16	Thu 10/20/16
46	2.2 Select firm and negotiate scope of contract	Fri 10/21/16	Thu 11/3/16
47	2.3 Execute contract	Fri 11/4/16	Mon 11/7/16
48	2.4 Conduct kickoff and implementation preparation	Tue 11/8/16	Mon 12/19/16
49	**3 Commence Revenue Cycle Improvement Activities**	**Tue 12/20/16**	**Mon 8/28/17**
50	3.1 Backoffice functions	Tue 12/20/16	Mon 8/28/17
51	3.2 Mid-cycle functions	Tue 1/31/17	Mon 8/28/17
52	3.3 Front-end functions	Tue 3/14/17	Mon 8/28/17



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Milestone		Duration-only		Deadline	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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16 Establish an Effective Materials Management Department

Responsible Leader: COO and Veritas

Start Date: 8/1/16 **End Date**: 9/30/17	☐ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	In FY17 Budget?
Volume / Capacity: Volume increases are not expected; however, a savings target has been established in the FY17 budget as compared to FY16	☒ Yes ☐ No ☐ N/A
Operating Expense: The expense for a Supply Chain Director is included in the budget.	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

COO, CIO, CFO

Background:

UMC has changed GPOs multiple times due to contracting issues and has failed to fully integrate the current GPO provider to assume the larger impact in the reduction of supply expenses (excluding pharma), including settling on an inventory system. In addition, a gap in frontline leadership has resulted since the manager departed in March.

Opportunity:

The expected benefits of this initiative are:

- Development of a par level system
- Electronic tracking of supplies for billing
- Appropriate ordering per GPO contract to ensure maximum rate savings
- Utilization of formulary in pharmacy
- Standardization of supplies

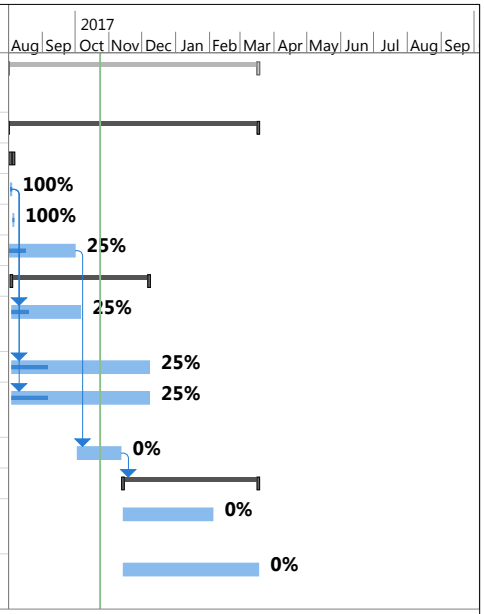
Measure of Success & Metrics:

- On-boarding of a Supply Chain Director
- Established par-levels for supplies
- Reduction in supply costs

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
16	**16 Establish Effective Materials Management Department**	**Mon 8/1/16**	**Fri 3/17/17**
1	**1 Enhance Supply Chain Management**	**Mon 8/1/16**	**Fri 3/17/17**
2	**1.1 Initiate conversation with vendor(s)**	**Wed 8/3/16**	**Fri 8/5/16**
3	1.1.1 Premier/GNYHA	Wed 8/3/16	Wed 8/3/16
4	1.1.2 Vizient (MedAssets)	Fri 8/5/16	Fri 8/5/16
5	1.2 Hire a director of supply chain management	Mon 8/1/16	Fri 9/30/16
6	**1.3 Evaluate current GPO**	**Thu 8/4/16**	**Wed 12/7/16**
7	1.3.1 Fully implement scope / buying options in the current agreement	Thu 8/4/16	Wed 10/5/16
8	1.3.2 Migrate all spend to current GPO	Thu 8/4/16	Wed 12/7/16
9	1.3.3 In partnership with GPO, identify savings opportunities	Thu 8/4/16	Wed 12/7/16
10	1.4 Develop supply chain management / GPO strategy	Mon 10/3/16	Fri 11/11/16
11	**1.5 Execute supply chain management / GPO strategy**	**Mon 11/14/16**	**Fri 3/17/17**
12	1.5.1 Implement inventory control system with appropriate par levels, etc.	Mon 11/14/16	Fri 2/3/17
13	1.5.2 Renegotiate with GPO to drive additional competitive savings	Mon 11/14/16	Fri 3/17/17



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Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
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Inactive Task	Start-only	
Inactive Milestone	Finish-only	

17 Effectively Manage Staffing and Overtime Utilization

Responsible Leader: CEO

Start Date: June 2016 **End Date**: 9/30/17	☒ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: not to exceed 3% per quarter (less holiday OT pay)	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CEO, COO, CNO, CFO

Background:

Recent interventions to reduce overtime (OT) in nursing services has resulted in a decline of overtime hours; however, causes of overtime hours in other departments also need to be addressed. The environmental services department is currently running large OT expenses because they are cleaning the Medical Office Building, services for which existing tenants are not being charged. Similarly, UMC provides cleaning services to the Children's Emergency Department. Security is currently running large OT expenses to cover staff vacancies resulting from officers injured during physical patient encounters and subsequently requiring leave time.

Opportunity:
The expected benefits of this initiative are:

- Nursing
  - Hire to budget
- EVS
  - Hire to budget
  - Expand MOB tenant leases to include EVS cleaning services fee
  - Evaluate the volume statistics that determine productivity and staffing needs
- Security
  - Hire to budget
  - Partner with District and/or MPD to identify ways to reduce injuries during physical patient encounters

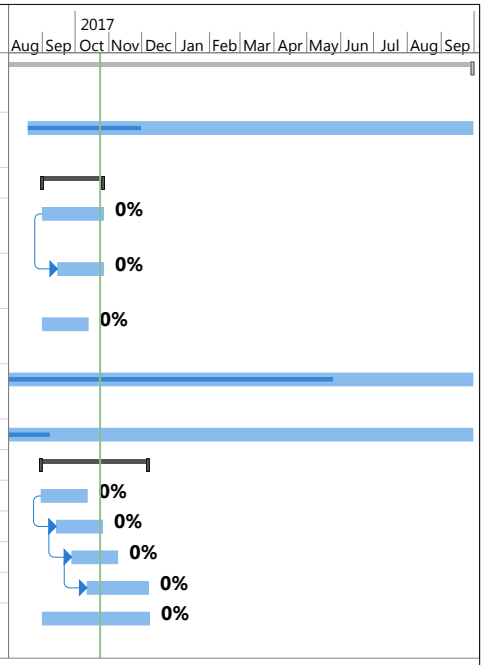
Measure of Success & Metrics:

- Nursing
  - Fully hired staff complement
  - OT % 3% or less
- EVS
  - Fully hired staff complement
  - OT % 3% or less
  - MOB leases inclusive of EVS service fees
  - Updated productivity measurement tool
- Security
  - Fully hired staff complement
  - Reduction in the number of staff out due to injuries

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
17	**17 Effectively Manage Staffing and Overtime Utilization**	**Mon 5/2/16**	**Fri 9/29/17**
1	1 Hire to standard complement of staff to reduce need for overtime	Fri 8/19/16	Fri 9/29/17
2	**2 Reconstitute the Labor Steering Committee**	**Thu 9/1/16**	**Wed 10/26/16**
3	2.1 Review and update the underlying assumptions for the productivity tracker	Thu 9/1/16	Wed 10/26/16
4	2.2 Review and update the underlying assumptions for shift management and FTE tools	Thu 9/15/16	Wed 10/26/16
5	3 Review and update expectations, policies and procedure for OT	Thu 9/1/16	Wed 10/12/16
6	4 Analyze overtime for each department to identify trends, patterns, gaps	Mon 5/2/16	Fri 9/29/17
7	5 Monitor overtime every pay period	Mon 5/2/16	Fri 9/29/17
8	**6 Review productivity standard for each department**	**Wed 8/31/16**	**Tue 12/6/16**
9	6.1 Nursing	Wed 8/31/16	Tue 10/11/16
10	6.2 EVA	Wed 9/14/16	Tue 10/25/16
11	6.3 Security	Wed 9/28/16	Tue 11/8/16
12	6.4 Others	Wed 10/12/16	Tue 12/6/16
13	7 Analyze staff schedules to ensure that departments are staffing to work demands	Thu 9/1/16	Wed 12/7/16



Project: MAP Project Plan - com
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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

18 Complete SEIU & DCNA Negotiations

Responsible Leader: Veritas and HR

Start Date: 5/15/16 **End Date**: 3/31/17	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	In FY17 Budget?
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: Included in FY17 budget	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

UMC Board, CEO, COO, CNO, CFO

Background:

- The Collective Bargaining Agreements (CBA) for both SEIU and DCNA are expired. Negotiations with SEIU were completed in 2015; however, due to the financial instability of the hospital, the agreement did not receive a Fiscal Impact Statement from the OCFO confirming the existence of funding.

Opportunity:

The expected benefits of this initiative are:

- The creation of a multi-year agreement and the resolution with SEIU regarding compensation and non-compensation issues
- The creation of a multi-year agreement and the resolution with DCNA regarding compensation and non-compensation issues

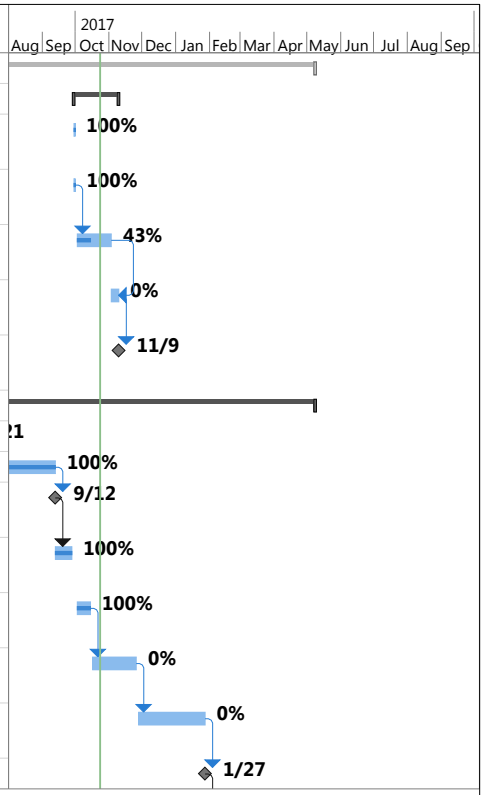
Measure of Success & Metrics:

- Execution of an agreement with each union that is approved by the Council

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
18	**18 Complete SEIU & DCNA Negotiations**	**Tue 6/21/16**	**Mon 5/8/17**
1	**1 Complete SEIU Negotiation**	**Fri 9/30/16**	**Wed 11/9/16**
2	1.1 Obtain Fiscal Impact Statement issued by the OCFO confirming the existence of funding	Fri 9/30/16	Fri 9/30/16
3	1.2 Mayor submits package to the Council for approval (certifies that the agreement if fully funded)	Fri 9/30/16	Fri 9/30/16
4	1.3 Council Roundtable conducted to discuss the CBA agreement	Mon 10/3/16	Wed 11/2/16
5	1.4 Update UMC's systems and processes to facilitate pay increase and other non-financial terms	Thu 11/3/16	Wed 11/9/16
6	1.5 SEIU Collective Bargaining Agreement fully executed	Wed 11/9/16	Wed 11/9/16
7	**2 Complete DCNA Negotiations**	**Tue 6/21/16**	**Mon 5/8/17**
8	2.1 An impasse declared by DCNA	Tue 6/21/16	Tue 6/21/16
9	2.2 Mediation commences between DCNA and UMC	Tue 6/21/16	Mon 9/12/16
10	2.3 Public Employee Relations Board (PERB) notified that mediation has concluded	Mon 9/12/16	Mon 9/12/16
11	2.4 Parties prepare and exchange Last Best & Final Offers	Tue 9/13/16	Tue 9/27/16
12	2.5 With input from both parties, PERB selects an impartial professional arbitrator	Mon 10/3/16	Fri 10/14/16
13	2.6 Parties seek to agree on a statement of issues for the arbitrator	Mon 10/17/16	Fri 11/25/16
14	2.7 Arbitration on each issue is conducted (note: arbitrator can extend timeframe)	Mon 11/28/16	Fri 1/27/17
15	2.8 Arbitration concluded	Fri 1/27/17	Fri 1/27/17



Project: MAP Project Plan - com
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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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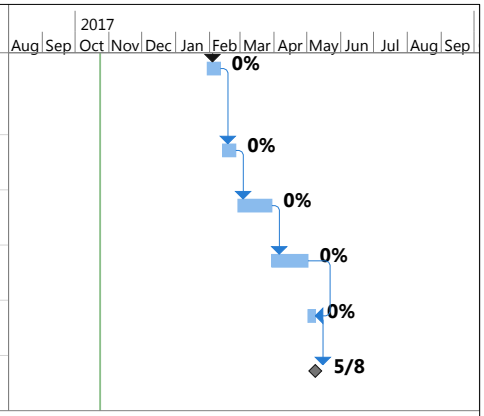
ID	Task Name	Start	Finish
16	2.9 Obtain legal opinion from Attorney General that the agreement complies with DC law (Legal Sufficiency opinion)	Mon 1/30/17	Fri 2/10/17
17	2.10 Obtain Fiscal Impact Statement issued by the OCFO confirming the existence of funding	Mon 2/13/17	Fri 2/24/17
18	2.11 Mayor submits package to the Council for approval (certifies that the agreement if fully funded)	Mon 2/27/17	Wed 3/29/17
19	2.12 Council Roundtable conducted to discuss the CBA agreement	Thu 3/30/17	Mon 5/1/17
20	2.13 Update UMC's systems and processes to facilitate pay increase and other non-financial terms	Tue 5/2/17	Mon 5/8/17
21	2.14 SEIU Collective Bargaining Agreement fully executed	Mon 5/8/17	Mon 5/8/17



Project: MAP Project Plan - com
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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

19 Perform a Comprehensive Contracts Review and Assessment

Responsible Leader: COO, Veritas

Start Date: 8/1/16 **End Date**: 9/30/17	☐ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

COO, CFO, legal / contracts

Background:

Overusing purchase orders, rather than service contracts and using inconsistent processes to manage contract expiration, option extensions, and RFP creation and evaluation have created a chaotic approach to contracts review and management.

Opportunity:

The expected benefits of this initiative are:

- Evaluate and assess the need to RFP all contracts with an annual value greater than $1M that have been in place for more than 1 year
- Fully implement contract management database
- Change the service model from a "service what walks through door" to a "create value for UMC"
- Establish and monitor service level agreements (SLAs) to ensure value creation

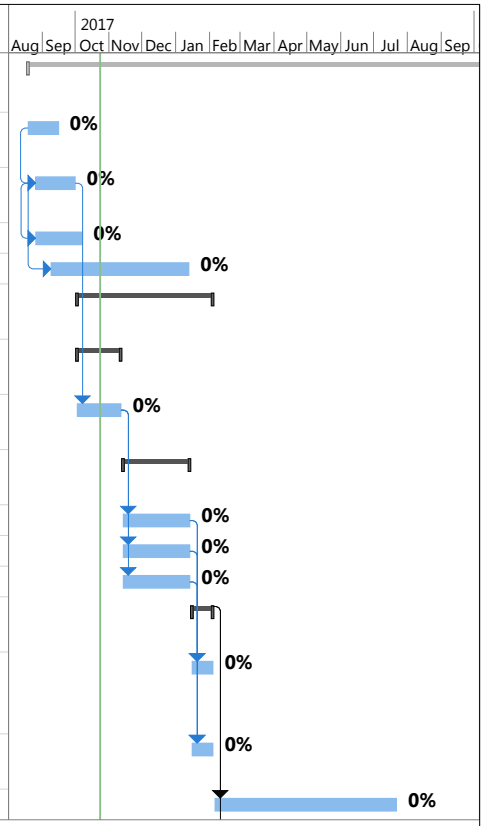
Measure of Success & Metrics:

- Comprehensive contracts management database with push notification of expiring contracts
- Listing of contracts to RFP
- New agreements with appropriate SLAs and valued based pricing / cost reductions, where applicable

Activity Timeline & Milestones:

- See Next Page

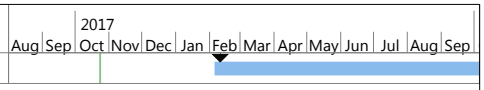
ID	Task Name	Start	Finish
19	**19 Perform Comprehensive Contracts Review and Assessment**	**Fri 8/19/16**	**Fri 10/20/17**
1	1 Identify all expired contracts or those that will expire with 30 days	Fri 8/19/16	Thu 9/15/16
2	2 Negotiate extensions / option year extensions as appropriate	Fri 8/26/16	Fri 9/30/16
3	3 Terminate vendor agreements not required	Fri 8/26/16	Thu 10/6/16
4	4 Update contracts database	Fri 9/9/16	Thu 1/12/17
5	**5 Prioritize vendor agreements with an annual spend in excess of $1M**	**Mon 10/3/16**	**Fri 2/3/17**
6	**5.1 Document the criticality of the services being provided to UMC**	**Mon 10/3/16**	**Fri 11/11/16**
7	5.1.1 Divvy suppliers into primary and secondary categories	Mon 10/3/16	Fri 11/11/16
8	**5.2 Document the completeness of each vendor's agreement**	**Mon 11/14/16**	**Fri 1/13/17**
9	5.2.1 Is the scope of work comprehensive and specific	Mon 11/14/16	Fri 1/13/17
10	5.2.2 Are performance indicators established	Mon 11/14/16	Fri 1/13/17
11	5.2.3 Are the terms written for a win-win relationship	Mon 11/14/16	Fri 1/13/17
12	**5.3 Develop a schedule to renegotiate and/or RFP services**	**Mon 1/16/17**	**Fri 2/3/17**
13	5.3.1 There's an opportunity to improve UMC's position, e.g. better pricing, establishment of performance or service levels, etc.	Mon 1/16/17	Fri 2/3/17
14	5.3.2 Agreements nearing their expiration with no additional option years	Mon 1/16/17	Fri 2/3/17
15	6 Commence renegotiations	Mon 2/6/17	Fri 7/21/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
16	7 Draft RFPs and solicit, as appropriate	Mon 2/6/17	Fri 10/20/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

20 Update and Establish Contracts with Local Managed Care Organizations (MCOs), Behavioral Health MCOs, and Commercial Companies

Responsible Leader: COO

Start Date: 3/1/16 **End Date**: 9/30/2017	☒ Quality ☐ Productivity Improvement / HR ☒ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	**In FY17 Budget?**
Volume / Capacity:	☐ Yes ☒ No ☐ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

CFO, COO, VP of Quality, CEO, Nursing, CMO

Background:

In the past, UMC has not had a focus on establishing and maintaining manage care organizations' (MCO) contracts and as a result, all have lapsed or do not exist at all. Managed care contracts are vital because payers select providers for which they will pay for services for their enrollees. If UMC is not a selected provider, the hospital, clinics and emergency department will not receive patients from those payers, even if the patient wants to come here.

Opportunity:

The expected benefits of this initiative are:

- Establish relationships to improve volumes, quality, and access to care for Ward 7 & 8 residents, and MD residents
- Improving the relationship with the MCOs allowing the assignment of more patients to UMC and its providers.
- Partner with MCOs to implement care management for patients with high service utilization

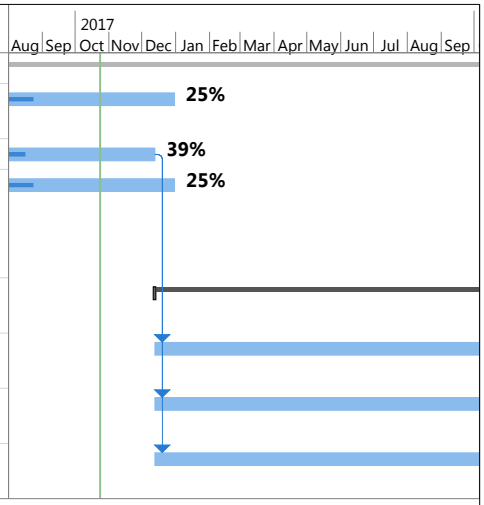
Measure of Success & Metrics:

- Help the MCOs meet their quality standards HEDIS measures by 90% of patients served (Healthcare Effectiveness Data and Information Set) which measures the performance on important dimensions of care and services.
- Reduce of denials through improved relationship with MCOs
- Reduction in utilization of ED for non-emergent care
- Reduce unnecessary hospital admissions through ambulatory care management

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
20	**20 Update and Establish Managed Care Contracts**	**Tue 5/31/16**	**Fri 11/10/17**
1	1 Establish agreements with additional Managed Care Organizations (MCOs)	Mon 7/11/16	Fri 12/30/16
2	2 Renegotiate agreements with current MCOS	Tue 5/31/16	Mon 12/12/16
3	3 Help the MCOs meet HEDIS measures by 90% of patients served (Healthcare Effectiveness Data and Information Set) which measures the performance on important dimensions of care and services.	Mon 7/11/16	Fri 12/30/16
4	**4 Track and monitor effectiveness of negotiated agreements**	**Tue 12/13/16**	**Fri 11/10/17**
5	4.1 Reduction of denials through improved relationship with MCOs	Tue 12/13/16	Fri 11/10/17
6	4.2 Decrease in LOS as a result of care management in partnership with the MCOs	Tue 12/13/16	Fri 11/10/17
7	4.3 Reduction in utilization of ED for non-emergent care (MCOs will place someone in the ED to assist)	Tue 12/13/16	Fri 11/10/17



Project: MAP Project Plan - com
Date: Mon 10/24/16

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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21 Enhance Risk and Compliance Management

Responsible Leader: COO

Start Date: 9/1/16 **End Date**: on-going	☒ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome

Impact	In FY17 Budget?
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: On-boarding of staff	☒ Yes ☐ No ☐ N/A

Key Stakeholders / Resources Required:

CEO, COO, CFO, UMC Board

Background:

UMC has had a difficult time replacing the compliance manager after his departure in earlyFY16. In addition, previous management planned on combining risk management and quality; however, this was not feasible.

Opportunity:

Develop effective internal controls that promote adherence to applicable federal and state laws.

The expected benefits of this initiative are:

- Anticipate, predict and mitigate the impact of adverse events
- Improve compliance oversight
- Foster a culture of collaboration amongst organizational divisions
- Reduce risk and improve safety

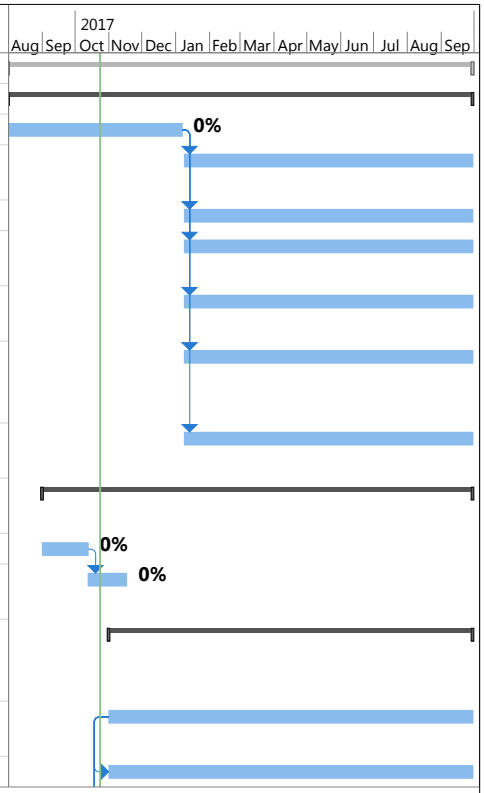
Measure of Success & Metrics:

- Designation of a Compliance Officer and a Compliance Committee
- Designation of a Risk Manager
- A developed and distributed written standard of conduct
- Implementation of regular and effective education and training programs for all affected employees
- Maintenance of a process and hotline to receive complaints and procedures to protect anonymity

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
21	**21 Risk and Compliance Management**	**Mon 8/1/16**	**Fri 9/29/17**
1	**1 Reduce risks, and improve safety**	**Mon 8/1/16**	**Fri 9/29/17**
2	1.1 Recruit and hire Risk Manager	Mon 8/1/16	Fri 1/6/17
3	1.2 Improve the investigation and documentation of adverse events	Mon 1/9/17	Fri 9/29/17
4	1.3 Improve policy and procedure review	Mon 1/9/17	Fri 9/29/17
5	1.4 Improve medical staff competencies as it relates to risk	Mon 1/9/17	Fri 9/29/17
6	1.5 Mitigate risks related to data breach, cyber risk, social media and adverse events	Mon 1/9/17	Fri 9/29/17
7	1.6 Implement enterprise risk management system to assist in decision making process and to identify risk uncertainty	Mon 1/9/17	Fri 9/29/17
8	1.7 Enhance governance by allowing more informed decision making	Mon 1/9/17	Fri 9/29/17
9	**2 Improve complaince oversight and foster a culture of collaboration throughout UMC for reporting events**	**Thu 9/1/16**	**Fri 9/29/17**
10	2.1 Establish Compliance Oversight Committee	Thu 9/1/16	Wed 10/12/16
11	2.2 Review OIG 2016/2017 work plan and identify areas for audit	Thu 10/13/16	Wed 11/16/16
12	**2.3 Re-evaluate the Corporate Compliance Plan for UMC to ensure proper application of the listed target areas**	**Tue 11/1/16**	**Fri 9/29/17**
13	2.3.1 Submission of accurate claims and the Federal False Claims Act	Tue 11/1/16	Fri 9/29/17
14	2.3.2 HIPAA Privacy and Security Rules	Tue 11/1/16	Fri 9/29/17



Project: MAP Project Plan - com
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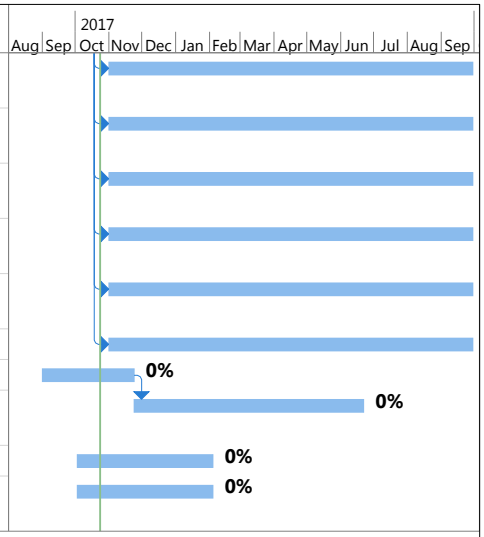
Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Start	Finish
15	2.3.3 Referral Statutes: the physician self-referral law (Stark Law) and the federal anti-kickback statute	Tue 11/1/16	Fri 9/29/17
16	2.3.4 The Emergency Medical Treatment and Active Labor Act (EMTALA)	Tue 11/1/16	Fri 9/29/17
17	2.3.5 Inducement to Medicare or Medicaid beneficiaries	Tue 11/1/16	Fri 9/29/17
18	2.3.6 Quality of care which fails to meet professionally recognized standards of care	Tue 11/1/16	Fri 9/29/17
19	2.3.7 Billing Medicare or Medicaid substantially in excess of usual charges	Tue 11/1/16	Fri 9/29/17
20	2.3.8 Conflict of Interest	Tue 11/1/16	Fri 9/29/17
21	2.4 Update and distribute the UMC Code of Compliance	Thu 9/1/16	Wed 11/23/16
22	2.5 Increase education on corporate compliance related matters	Thu 11/24/16	Wed 6/21/17
23	2.6 Establishment of an audit schedule for risk areas	Mon 10/3/16	Fri 2/3/17
24	2.7 Creation of an audit team to review risk areas for continued readiness	Mon 10/3/16	Fri 2/3/17



Project: MAP Project Plan - com
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Task	Inactive Summary	External Tasks
Split	Manual Task	External Milestone
Milestone	Duration-only	Deadline
Summary	Manual Summary Rollup	Progress
Project Summary	Manual Summary	Manual Progress
Inactive Task	Start-only	
Inactive Milestone	Finish-only	

22 Identify a Strategic Partner Other than the District

Responsible Leader: Veritas		
Start Date: 5/15/16 **End Date**: 9/30/17	☒ Quality ☒ Productivity Improvement / HR ☐ Volume and Financial	☐ Structural ☒ Process ☒ Outcome
Impact		**In FY17 Budget?**
Volume / Capacity: N/A		☐ Yes ☐ No ☒ N/A
Operating Expense: N/A		☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

UMC Board, CEO, COO, CMO

Background:

- Due to the unique skill set of the Operator, they will participate in the negotiations and development of any affiliation, merger, or acquisition with a strategic partner

Opportunity:

The expected benefits of this initiative are:

- Ensure long-term viability of the hospital

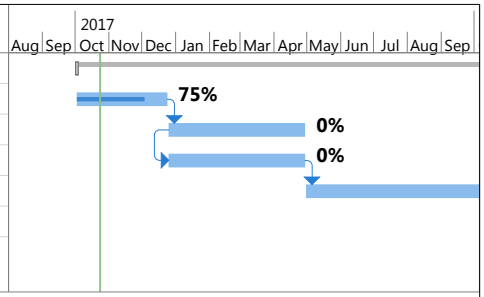
Measure of Success & Metrics:

- Identification of an appropriate partner and execution of an agreement

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
22	**22 Identify a Strategic Partner**	**Mon 10/3/16**	**Fri 2/16/18**
1	1 Identify UMC's imperatives for partnering	Mon 10/3/16	Fri 12/23/16
2	2 Identify potential partners	Mon 12/26/16	Fri 4/28/17
3	3 Identify operational implications of the deal	Mon 12/26/16	Fri 4/28/17
4	4 Conduct negotiations	Mon 5/1/17	Fri 10/13/17
5	5 Obtain Board Approval	Mon 10/16/17	Fri 12/15/17
6	6 Close the deal and implement the communications plan	Mon 12/18/17	Fri 2/16/18



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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
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Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

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23 Support the Construction of a New Hospital

Responsible Leader: Veritas

Start Date: 6/1/16 **End Date**: 9/30/17	☒ Quality ☒ Productivity Improvement / HR ☒ Volume and Financial	☒ Structural ☒ Process ☒ Outcome

Impact	In FY17 Budget?
Volume / Capacity: N/A	☐ Yes ☐ No ☒ N/A
Operating Expense: N/A	☐ Yes ☐ No ☒ N/A

Key Stakeholders / Resources Required:

UMC Board, CEO, and COO

Background:

Veritas will participate in and work with other consultants and/or vendors as it relates to the planning process and the implementation of a new hospital;

- Site analysis and selection
- Program definition
- Financial and projected economic feasibility studies
- Schematic design
- Design development
- Construction documents; and
- Building construction

Opportunity:

The expected benefits of this initiative are:

- Provide a state of the art institution that addresses the inpatient and ambulatory needs of the community
- Opportunity to re-brand UMC's image

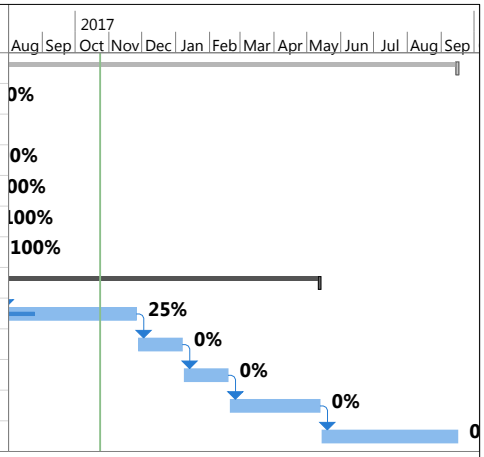
Measure of Success & Metrics:

- Finding the necessary funding to complete the project

Activity Timeline & Milestones:

- See Next Page

ID	Task Name	Start	Finish
23	**23 Support the Construction of a New Hospital**	**Wed 6/1/16**	**Fri 9/15/17**
1	1 Identify UMC's imperatives for a new hospital	Wed 6/1/16	Tue 6/28/16
2	**2 Identify site selection firm**	**Mon 6/20/16**	**Fri 7/22/16**
3	2.1 Solicit bids from site selection firms	Mon 6/20/16	Fri 7/1/16
4	2.2 Review bids	Mon 7/4/16	Fri 7/8/16
5	2.3 Select firm and negotiate agreement	Mon 7/11/16	Fri 7/15/16
6	2.4 Obtain Board Approval	Mon 7/18/16	Fri 7/22/16
7	**3 Identify potential site locations**	**Mon 7/25/16**	**Fri 5/12/17**
8	3.1 Perform market assessment of possible locations	Mon 7/25/16	Fri 11/25/16
9	3.2 Review possible sites	Mon 11/28/16	Fri 1/6/17
10	3.3 Select best site(s)	Mon 1/9/17	Fri 2/17/17
11	3.4 Obtain Board Approval	Mon 2/20/17	Fri 5/12/17
12	4 Negotiate to obtain rights to the site	Mon 5/15/17	Fri 9/15/17



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Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
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Inactive Milestone		Finish-only			

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