UMC
UNITED
MEDICAL CENTER

UMC Management Action Plan (MAP)

January Status
Meeting to the Board

1/30/17

Agenda

- Comparison of the December's performance data with the MAP benchmarks
- MAP Activities
- Issues and Concerns

Dec. Key Performance Indicators

Metric	Budget	Actual	Variance		Fav/ Unfav	Budget	Actual	Variance		Fav/ Unfav	Desired Trend	Actual Trend
	FY2017 (Dec)					FY2017 YTD						
Emergency Department												
Number of visits	4,604	**4,952**	348	7.6%	F	13,905	**14,271**	366	2.6%	F	↑	↑
Number of visits by ambulance	1,243	**1,319**	76	6.1%	F	3,754	**3,844**	90	2.4%	F	↑	↑
Patients in Observation	151	**223**	72	47.7%	U	477	**638**	161	33.8%	U	↓	↑
Median length of stay in observation status	< 48 hr.	**38 hrs. 70% <48 hrs**	10	21%	F	< 48 hr.	**38 hrs. 65% <48 hrs**	10	21%	F	↓	↓
Hospital												
Total admissions (hospital+SNF)	653	**661**	8	1.2%	F	1,808	**1,801**	-7	-0.4%	U	↑	→
Total discharges (hospital+SNF)	653	**660**	7	1.1%	F	1,807	**1,800**	-7	-0.4%	U	↑	→
Average length of stay	5.6 days	**5.5 days**	-0.1 days	-1.8%	F	5.6 days	**5.4 days**	-0.2 days	-3.6%	F	↓	↓
Number of deliveries	40	**30**	-10	-25.0%	U	137	**96**	-41	-29.9%	U	↑	↓
HCAHPS "recommend hospital"	50%	**44.40%**	-5.6%	-11.2%	U	50%	**44.4%**	-5.6%	-11.2%	U	↑	↓
Average daily census - Psychiatry	18 (before April: 18)	**17.3**	-0.7	-3.9%	U	18 (before April: 18)	**18**	0	0%	F	↑	↑
	26 (May – July: 26)	**N/A**	N/A	N/A	N/A	26 (May – July: 26)	**N/A**	N/A	N/A	N/A	N/A	N/A
Ambulatory Care												
Total number of ambulatory visits	1,589	**1,576**	-13	-0.8%	U	4,745	**5,396**	651	13.7%	F	↑	↑
Number of radiology tests / exams	1,102	**2,367**	1,265	114.8%	F	3,394	**7,313**	3,919	115.5%	F	↑	↑
Number of laboratory test	249	**202**	-47	-18.9%	U	819	**642**	-177	-21.6%	U	↑	↓
Same Day Surgeries	75	**106**	31	41.3%	F	248	**307**	59	23.8%	F	↑	↑
Financial												
Days in AR	48 days	**58.8**	10.8		U	48 days	**58.8**	10.8		U	↓	↑
Days cash on hand	45 days	**112.1**	67.1		F	45 days	**112.1**	67.1		F	↑	↑
Current Ratio	1.5	**3.9**	2.4		F	1.5	**3.9**	2.4		F	↑	↑
Average Payment Period	60 days	**46.5**	-13.5		U	60 days	**46.5**	-13.5		U	↓	↑
Deductible Ratio	66.50%	**64.50%**	-2.00%		F	66.50%	**64.50%**	-2.00%		F	↓	↓
Operating Margin	1.00%	**-1.80%**	-2.80%		U	1.00%	**-1.80%**	-2.80%		U	↑	↓
Total Margin	7.90%	**-7.60%**	-15.50%		U	7.90%	**-7.60%**	-15.50%		U	↑	↓
Productivity												
FTEs per average daily census (acute)	3.1	**3.3**	0	6.5%	U	3.1	**3.3**	0	6.5%	U	↓	↑
Salary and benefits expense per FTE ($)	$83,089	**$83,347**	258	0.3%	U	$83,089	**$83,264**	175	0.2%	U	↓	↑
% of salary and benefits expense	59.2%	**54.6%**	-4.6%	-7.8%	F	59.2%	**54.4%**	-4.8%	-8.1%	F	↓	↑

MAP Initiatives Update

AMBULATORY CARE AND ANCILLARY SERVICES

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

EMERGENCY DEPARTMENT (ED)

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

HOSPITAL INPATIENT

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

SKILLED NURSING FACILITY (SNF)

14. Migrate to a Skilled Level of Care Model

UMC-WIDE

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

Initiatives underlined are detailed on following pages

Implement Comprehensive, Hospital-based Ambulatory Center

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: None

- UMC Ambulatory Center Facility Design and Buildout
  - Certificate of Need (CON) package for ED renovations and the Ambulatory Mall has been accepted by State Health Planning Development Agency (SHPDA) with no additional questions.
    - Date Review Period Begins: January 20, 2017
    - Project Review Committee Consideration Date: March 9, 2017
    - SHCC Consideration Date: April 13, 2017
    - Estimated SHPDA Decision Date: April 20, 2017
- Ambulatory volumes above budget Dec YTD by 14%
- December volumes slightly below budget due to training and full implementation of eClinicalWorks, and physician staffing constraints

Strengthen Collaborative Operations in the Emergency Department

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: None

- ED interdisciplinary team (physicians, nursing, and interacting departments: continuous improvements
- ED Front end improvement effort: Major redesign to remove bottlenecks and unnecessary tasks to improve patient flow
  - Goals:
    - Remove congestion in waiting room to improve patient, visitor and staff safety
    - To ensure accurate registration data is captured
    - Better manage patient flow to improve patient satisfaction and address patients who leave without being seen
  - Current state mapped and ideal state defined
  - Implementation planning commenced to deploy the best practice of rapid triage and treatment model of care
- Respiratory Therapy Consultants: Assess the department's clinical operations and strengthen the departmental managerial, educational and quality infrastructure to best serve the needs of ED, ICU, and other in-patient areas.
- ED Physician Consultant: we've engaged with an emergency medicine physician specialist with extensive knowledge of the DC and MD EMS to assist in the implementation of the rapid triage and treatment model of care.

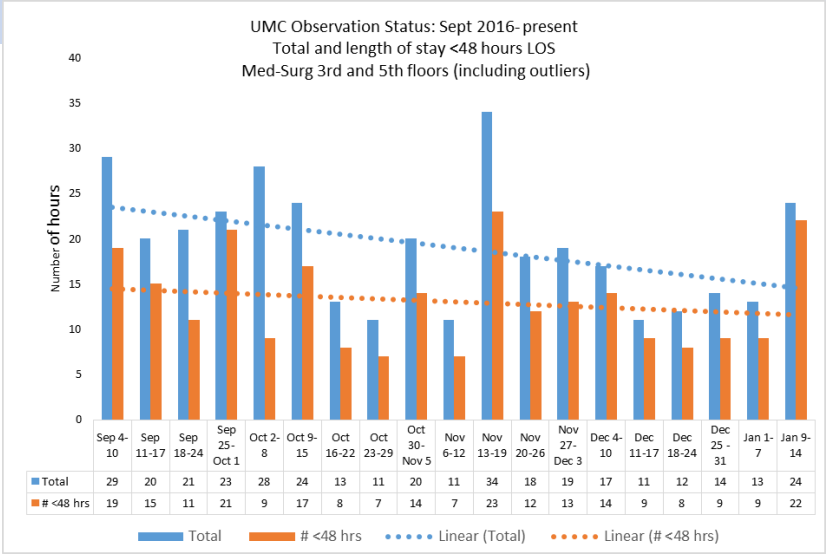
Reduce Length of Stay for Patients in Observation Status

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- Implemented a real-time dashboard for ongoing monitoring of observation patient's length of stay
- Improving coordination among inpatient care providers to facilitate patient throughput and discharge as indicated
- Monitoring performance data weekly
- Providing weekly performance data to hospitalists

- Results:
  - Next slides
  - Med/Surgery occurrences only (excluding OB since patients are not evaluated in the ED)

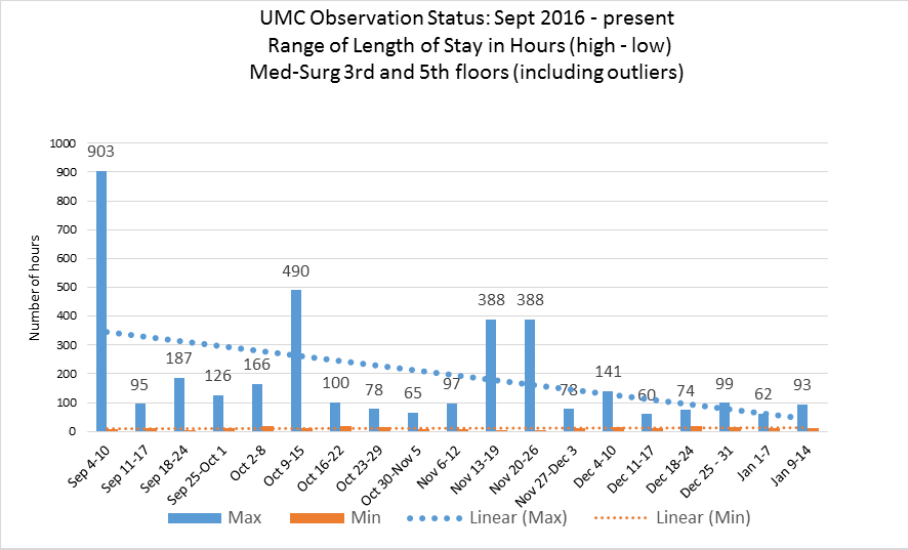
Observation Patients



	Sep 4-10	Sep 11-17	Sep 18-24	Sep 25-Oct 1	Oct 2-8	Oct 9-15	Oct 16-22	Oct 23-29	Oct 30-Nov 5	Nov 6-12	Nov 13-19	Nov 20-26	Nov 27-Dec 3	Dec 4-10	Dec 11-17	Dec 18-24	Dec 25 - 31	Jan 1-7	Jan 9-14
Total	29	20	21	23	28	24	13	11	20	11	34	18	19	17	11	12	14	13	24
# <48 hrs	19	15	11	21	9	17	8	7	14	7	23	12	13	14	9	8	9	9	22

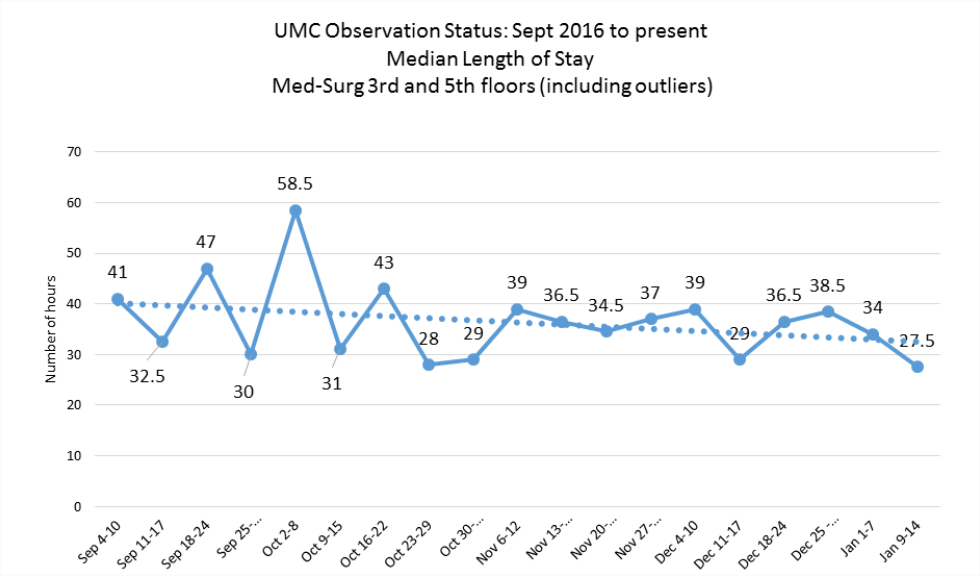
- Many emergency departments (ED) have dedicated physical space within or in the vicinity of the ED for patients requiring observation status.
- UMC ED does not have such space, patients in observation status occupy inpatient beds and use inpatient resources. Reimbursement, however, is at the outpatient rate rather than the higher inpatient rate.
- Effectively managing patients in observation status is key to freeing inpatient beds for new inpatient admissions; preventing ED bottlenecks to maximize ED capacity; and improving patient flow throughout the ED hospital.
- Observation status should only be for patients that meet the clinical criteria and observation length of stay (LOS) is less than 48 hours.
- The number of observation patients will vary based on the diagnoses seen in the ED; for example, patients with cardiac pain typically require observation status to confirm or rule out the patient's diagnosis.
- The above graph shows the actual number of patients in observation status by week from September 4th through the present.
- The blue trend line illustrates that the actual number of patients in observation status is declining (favorable). The comparison in height of the two bars represent the proportion of total patients with a less than a 48 hour LOS. The closer the top of the bars, the better the performance as seen best in the Week of December 11-17. Across the time period, the actual number of observation patients with a LOS <48 hours is also moving in a favorable direction.

Observation Patients cont.



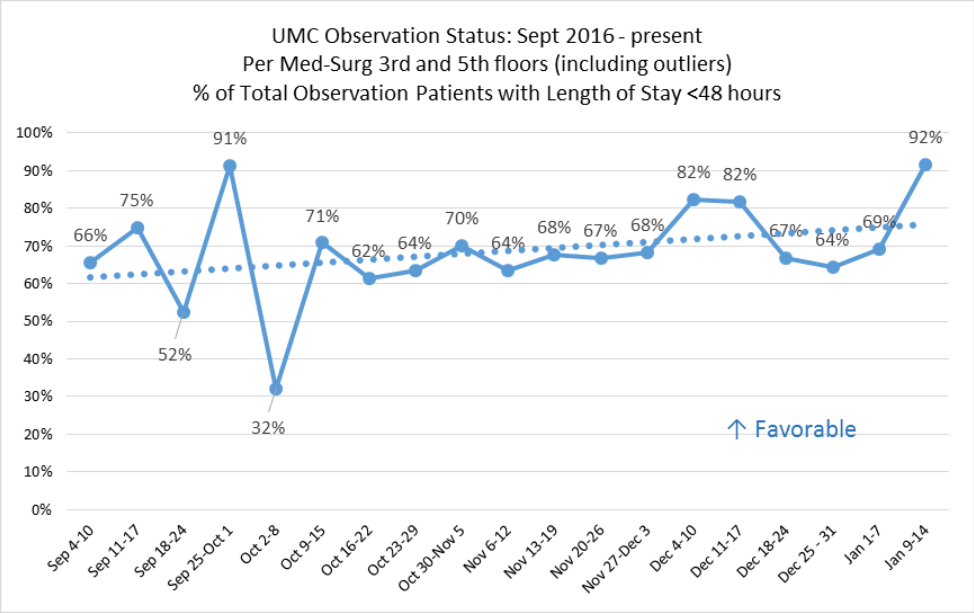
- Common contributing factors to excessive observation LOS are social issues such as: the patient is homeless; the family is unable to care for the patient; and, delays in arranging home durable medical equipment or home health services.
- The four outliers in this graph illustrate the impact of social issues on the patient's observation LOS (data points 903, 490, 388). To identify and begin addressing social issues as early as possible after patients arrive in the ED, a case manager and a social worker have been assigned to the ED seven days a week from late morning to early evening.
- The blue trend line illustrates that the gap between the maximum LOS and the minimum LOS is declining (favorable) showing not only an improved ability to manage LOS overall, but also the declining maximum patient LOS

Observation Patients cont.



- The goals of improvement efforts are twofold: reduce variation in practice and move the measure of performance in the desired direction.
- This slide illustrates the weekly median length of stay in observation. The median, rather than average, is presented here to minimize the mathematical impact of the extreme outliers described early.
- September 4 through October 29 shows a jagged line representing a large amount of variability in practice (unfavorable). This type of process performance is difficult to manage and is also unpredictable.
- At the beginning of November, the line flattens indicating a more stable process (favorable). The week of December 11-17 shows a decline (favorable). Both of the aforementioned goals of improvement are seen in this graph.

Observation Patients cont.



- As stated previously, the goals of improvement efforts are twofold: reduce variation in practice and move the actual in the desired direction.
- In this case, the percentage of observation patients with a LOS of <48 hrs. should be as high as the clinical population allows. The target of 48 hours is the initial performance target with the ultimate target of LOS <24 hours.
- This graph illustrates that the variability begins to flatten out towards the end of October (favorable) and then demonstrates an increase the beginning of December (favorable).

Transition Hospital to a Six-Day Organization

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- In December the Hospitalists group implemented overnight onsite physician to help prepare patients for discharges earlier in the day.
- Implemented interdisciplinary patient rounds for inpatients with a length of stay >10 days to identify and resolve barriers to discharge
- Implemented twice a day case management rounding
- Extended MRI and patient transportation services to include weekend coverage
- Adjusted social worker scheduled to accommodate 8 hrs of coverage on Sat and Sun
- Created and deployed a new daily work tool for case management to manage patient LOS based on Interqual and Milliman expected discharge date v. actual LOS

SHW ADM
CASE MANAGEMENT CRITERIA EVAL REPORT

ROOM	PATIENT NAME	TYPE	ACCOUNT #	REASON FOR VISIT	VISIT DIAGNOSIS	ACT LOS	INTQ ELOS	PP	CO	QL	ELOS & LOS/DIFF
550		ADM IN	E00000907337	DIZZY LIGHTHEADED ASTHMA	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, U	3					3
522		ADM INo	E00000907385	CHEST PAIN	CHEST PAIN, UNSPECIFIED	2	2	N	Y	N	0
533	Patient names removed from this column to protect their confidentiality.	ADM IN	E00000907406	RESP DISTRESS	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W	2					2
548		ADM IN	E00000907415	VOMITING	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	2	5	N	Y	N	-3
510		ADM IN	E00000907427	WEAKNESS	WEAKNESS	2	2	N	Y	N	0
525		ADM IN	E00000907484	SOB	HEART FAILURE, UNSPECIFIED	2	3	N	Y	N	-1
548		ADM IN	E00000907492	CHEST PAIN	HYPERKALEMIA	2	4	N	Y	N	-2
556		ADM IN	E00000907554	CHEST PAINS	ST ELEVATION (STEMI) MYOCARDIAL INFARCTI	2	5	N	Y	N	-3
519		ADM IN	E00000907606	SWOLLEN FOOT	HEART FAILURE, UNSPECIFIED	2					2
506		ADM INo	E00000907753	CHEST PAIN	CHEST PAIN, UNSPECIFIED	2					2
508		ADM IN	E00000907417	7 MONTHS PREGNANT SEIZURE	UNSPECIFIED CONVULSIONS	1					1

ACT LOS = current LOS, INTQ ELOS = InterQual Expected LOS, PP = Placement Problem, CO = Comorbidities, QL = Qualis Delay, DIFF = Difference in Days

Patient Stay Outliers

	on 12/20/2016	on 1/27/2017
Total census *(excluding BHU)*	107	118
Patients < 10 days LOS	89	85
Patients >= 10 days LOS	18	27
Patients >= 10 days LOS: % of Total	17%	23%
ALOS for patients > 10 days	19.4	17.4
ALOS of patients < 10 days	3.13	3.35
Percentage of patient days from patients with LOS > 10 days	56%	67%
Patient days for patients > 10 days	350	

Reasons:		
Placement Delay	6	1
Social Issues	2	1
Acute		13
No Beds/Bed Loss		1
Physician Delays		1
Service Delays		1
State Delay (OOS/Qualis)	4	2
Other Insurance / Self-pay	6	1
Planned Discharge for Weekend		2
Discharge Today		4

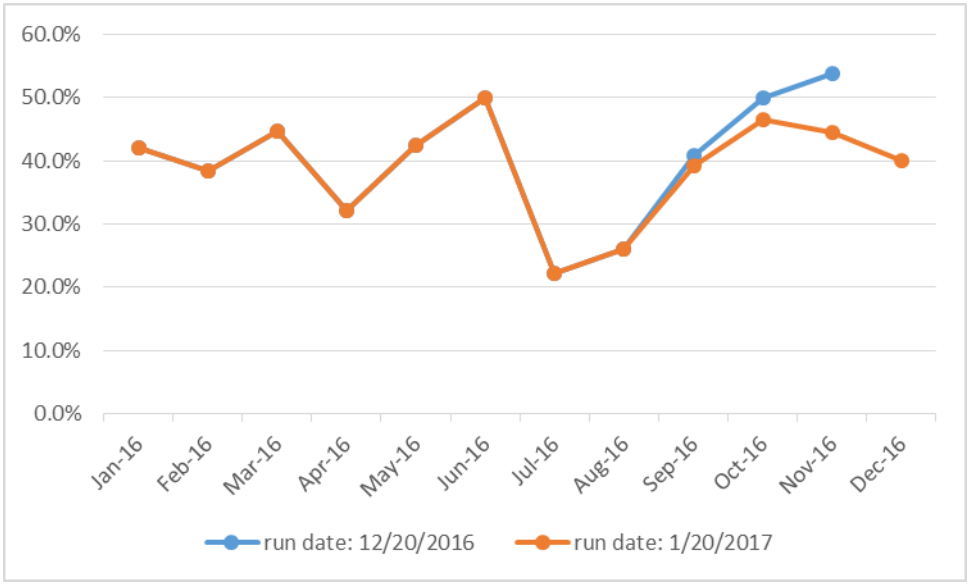
Patient Experience of Care

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- Nurse hourly rounding: Forty direct observations demonstrated that hourly rounding is occurring.
- Findings:
  - Greeted patients - 92.5% of the observations;
  - Assessed and addressed pain - 90.6%;
  - Positioned /re-positioned patient - 85.7%;
  - Ensured patient's possessions were in reach - 85.7%; and
  - Assessment of patient's bathroom needs - 65.7% of the observations.
- Follow-up interventions:
  - Incorporate 4Ps into orientation process – Purposeful Hourly Rounding;
  - Collate findings and report to management; and
  - Increase staff's attention to patient bathroom needs during the rounding process.
- The Performance Improvement Committee completed its initial hospital-wide, cross-departmental improvement plan of 20 departments and 45 interconnecting activities all geared to improving the patient's experience of care.
  - Goal: Every department assessing their contribution to patient satisfaction.

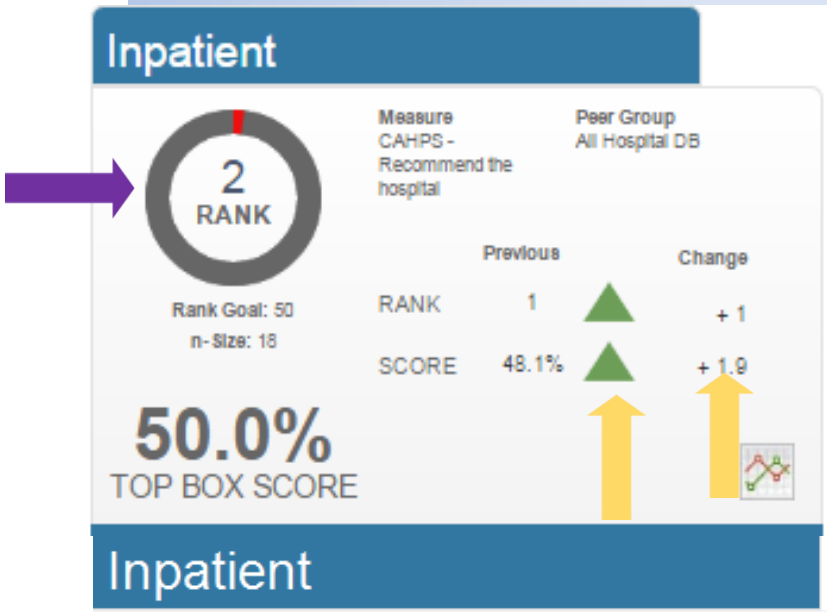
Patient Experience of Care

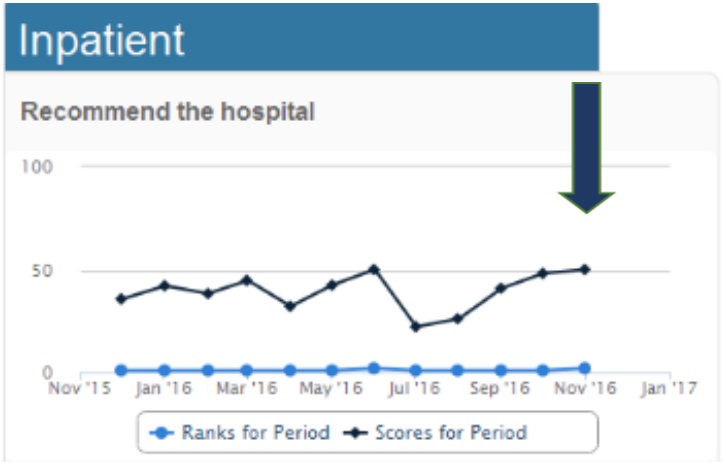
Press Ganey: HCAHPS "recommend hospital"

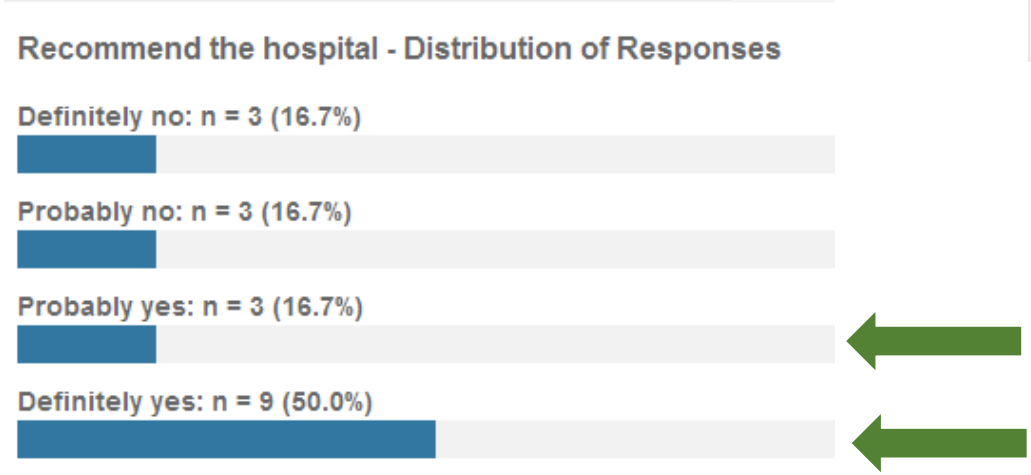


	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sample Size (n): 12/20/16	38	47	36	28	33	28	18	23	22	26	13	
Sample Size (n): 1/20/17	38	47	38	28	33	28	18	23	23	28	27	10
Available Respondents	600	609	690	585	571	560	547	574	559	533	583	660
Response Rate	6.3%	7.7%	5.5%	4.8%	5.8%	5.0%	3.3%	4.0%	4.1%	5.3%	4.6%	1.5%
Avg Industry Response Rate	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%

November 2016 Press Ganey: Inpatient Perceptions of Care by Service Date
Accessed 12/30/16
Recommend the hospital – November 1-30, 2016







November 2016 Press Ganey: Patient Perceptions of Care by Service Date
Accessed 12/30/16
Doctors listen carefully to you - November 1-30, 2016

Inpatient

93
RANK

Rank Goal: 50
n-Size: 18

Measure	Peer Group
CAHPS - Doctors listen carefully to you	All Hospital DB

	Previous	Change
RANK	66	+ 27
SCORE	82.1%	+ 6.8

88.9%
TOP BOX SCORE

Distribution of Responses

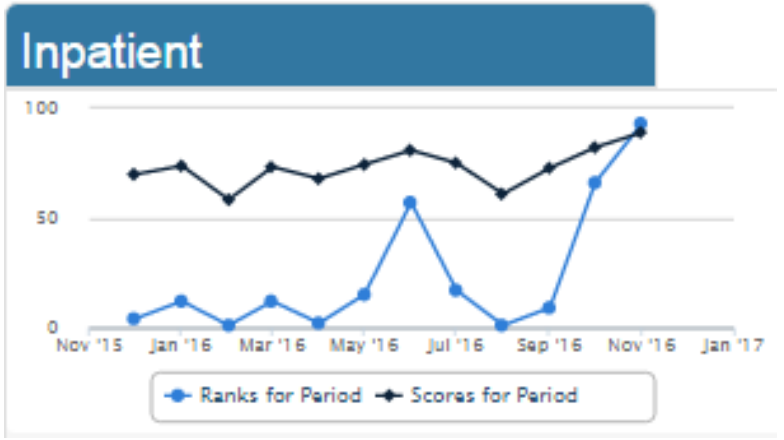
Doctors listen carefully to you - Distribution of Responses

Never: n = 0 (0.0%)

Sometimes: n = 0 (0.0%)

Usually: n = 2 (11.1%)

Always: n = 16 (88.9%)



SNF: Migrate to a Skilled Level of Care Model

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- Identified clients who no longer need or meet criteria for long-term care
- Continue to work with the Mayor's Office to find alternative housing for select patients
- Isolation Room construction removed 12 beds from service
- With limited availability, we've been challenged to increase the percent of Medicare and short-term rehab clients

Improve Revenue Cycle

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- We support the creation of a seamless revenue cycle process like every other hospital in which the management and oversight of all functions are managed by the CFO.
- The Board will be engaged to approve the organizational structure and the end-to-end process prior to implementation
- Prior to this decision to migrate the front-end functions to the OCFO, we have redesigned and implemented various improvements in the front-end.
  - Created and deployed a new daily work tool for case management to actively manage LOS daily to minimize avoidable days and denials
  - Redesign of the ED front-end process to migrate to a rapid triage and treatment model of care

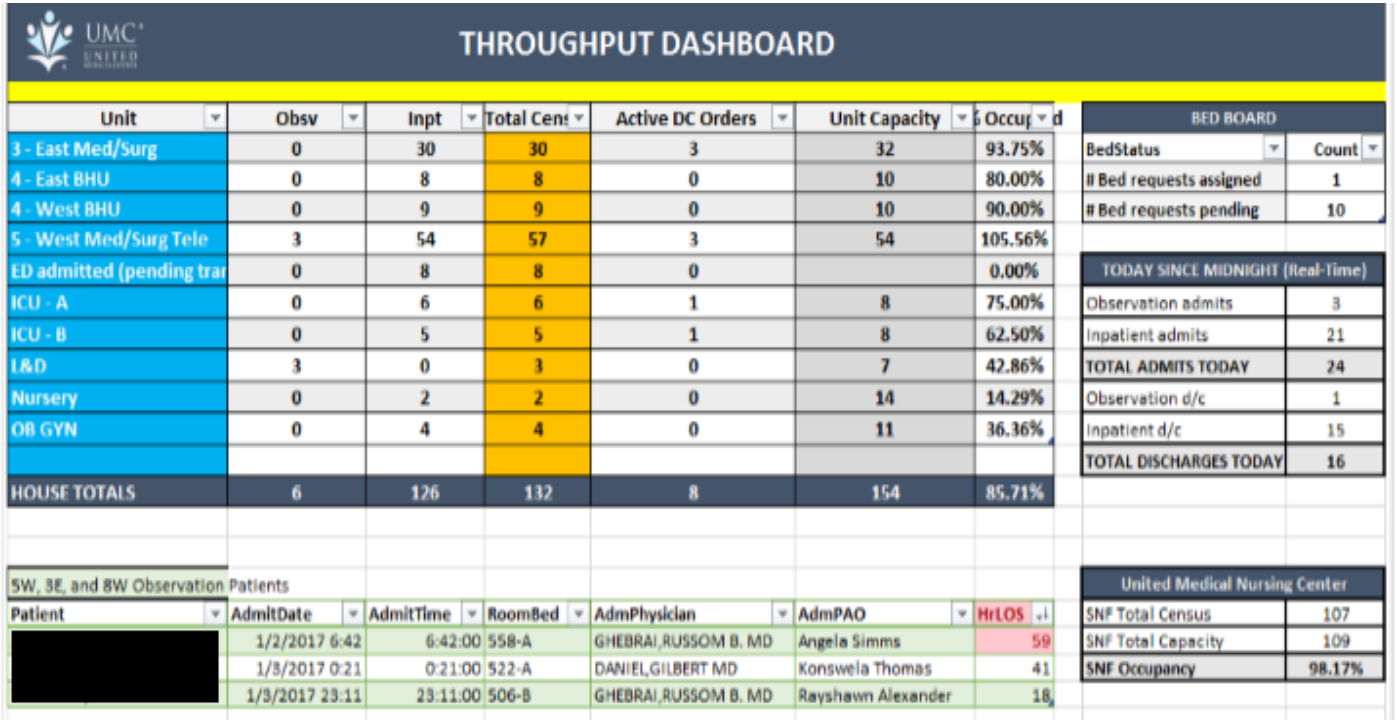
Improve Revenue Cycle cont.

- In collaboration with the appropriate stakeholders, we've been redesigning the current case management department to separate the insurance functions from patient care functions
  - This will allow care managers to focus on patient care and utilization review staff to focus on front end denial prevention.

- The observation status improvement effort
  - Began in September; education and implemented occurred in October; and weekly results have been monitored by the Veritas Quality Consultant since implementation and distributed to the hospitalists and ED physicians.
  - Results have continued favorable as shown in earlier graphs.

Improve Revenue Cycle cont.

- A real-time throughput dashboard has been designed and implemented so that the CEO, clinical leaders, and other stakeholders may monitor hospital census, patient throughput, bottlenecks, pending discharges and admissions observation patient on an ongoing basis. This information helps to facilitate patient throughput to maximize inpatient bed utilization.



THROUGHPUT DASHBOARD

Unit	Obsv	Inpt	Total Cens	Active DC Orders	Unit Capacity	% Occup'd
3 - East Med/Surg	0	30	30	3	32	93.75%
4 - East BHU	0	8	8	0	10	80.00%
4 - West BHU	0	9	9	0	10	90.00%
5 - West Med/Surg Tele	3	54	57	3	54	105.56%
ED admitted (pending trar	0	8	8	0		0.00%
ICU - A	0	6	6	1	8	75.00%
ICU - B	0	5	5	1	8	62.50%
L&D	3	0	3	0	7	42.86%
Nursery	0	2	2	0	14	14.29%
OB GYN	0	4	4	0	11	36.36%
HOUSE TOTALS	6	126	132	8	154	85.71%

BED BOARD	
BedStatus	Count
# Bed requests assigned	1
# Bed requests pending	10

TODAY SINCE MIDNIGHT (Real-Time)	
Observation admits	3
Inpatient admits	21
TOTAL ADMITS TODAY	24
Observation d/c	1
Inpatient d/c	15
TOTAL DISCHARGES TODAY	16

5W, 3E, and 8W Observation Patients

Patient	AdmitDate	AdmitTime	RoomBed	AdmPhysician	AdmPAO	HrLOS
[redacted]	1/2/2017 6:42	6:42:00	558-A	GHEBRAI,RUSSOM B. MD	Angela Simms	59
	1/3/2017 0:21	0:21:00	522-A	DANIEL,GILBERT MD	Konswela Thomas	41
	1/3/2017 23:11	23:11:00	506-B	GHEBRAI,RUSSOM B. MD	Rayshawn Alexander	18

United Medical Nursing Center	
SNF Total Census	107
SNF Total Capacity	109
SNF Occupancy	98.17%

Complete SEIU & DCNA Negotiations

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

- DCNA:
  - Arbitration commenced on 1/23/17
  - On 1/23/17 DCNA entered their exhibits and called witnesses to testify on their behalf
  - On 1/24/17 UMC entered exhibits and testimony into the record
- Five Points of Impasse
  - Article 10 – Joint Committees and Councils
  - Article 12 – Hours of Work / Scheduling
  - Article 32 – Wages
  - Article 43 – Retirement Plan
  - Article 48 – Term of Agreement
- Next Steps: Arbitrator will review exhibits, testimony, and transcripts and deliver a verdict for either UMC or DCNA for each of the 5 impasse positions

Effectively Manage Staffing and Overtime Utilization

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD

Nurse Recruiting

- ED Staffing
  - # of Budgeted Nursing Positions Currently Open: 8.1 openings, an additional 5.4 are pending approval
  - # of Nurses Hired in Past 45 days:
    - ED: 3 hired
    - Declined offers: 1 ED RNs
  - # of Nurses Resigned in Past 45 days: 1 (transferred to ICU)

- Inpatient Staffing
  - # of Budgeted Nursing Positions Currently Open:
    - Inpatient: 2.1 openings
    - Budget assumes avg. daily census of 105 inpatients
  - # of Nurses Hired in Past 45 days:
    - Inpatient: 2 hired
  - # of Nurses Resigned in Past 45 days:
    - Inpatient: 1 terminated
  - Nov – avg. daily census = 115 patients (110 inpatient & 5 observation)
    - 10 additional patients => 2 additional nurses or 9.4 FTEs for 24/7 coverage
  - Dec – avg. daily census = 119.8 patients (110 inpatient & 9.8 observation)
    - 15 additional patients => 2.5 additional nurses or 12.6 FTEs for 24/7 coverage

Effectively Manage Staffing and Overtime Utilization cont.

Four (4) Step Recruiting Strategy

1. Advertising

- *The Washington Post*
- *Zip Recruiter*
- *LinkedIn*
- *UMC Website*

2. University Partnerships

- *Chamberlain College of Nursing*
- *Howard University, College of Nursing*
- *Bowie State University*
- *Washington Adventist University*
- *Prince Georges Community College*
- *Coppin State University*
- *Kaplan University*
- *University of District of Columbia*
- *Montgomery College*

3. Health/Career Fairs

- *Nursing and Healthcare Career Expo – (Annually) Job Fair*
- *Nursing.com Career Fair – (Annually) – Job Fair*
- *UMC Open House*

4. Hospital Initiatives

- *Referral Program*
- *Relocation Allowances*
- *Skills enhancement compensation for key positions*
- *Health Resources and Services Administration Grant ****

*** See Appendix

Issues and Concerns

Issues and Concerns

- Construction Impact on Operations
  - Bed availability:
    - 8th floor patient room refresh project Med/Surg unit is scheduled to be completed at the end of February.
    - Isolation room tower (12 SNF beds and 4 Med/Surg beds) is scheduled to be completed at the end of February.
  - Mitigating Strategy:
    - Frequent discussions with hospitalists and case management to expedite patient discharges

- Limited availability of financial data for decision making

Issues and Concerns cont.

- Key personnel
  - CIO – Status: interim CIO started 1/24/17
  - Director of Radiology – Status – 2 candidates in final selection
  - Director of Materials Manager – Status: final negotiations with vendor
- Retention and recruitment
  - Mitigating strategies:
    - Engaged security labor firm to increase security in the ED (two officers 24/7)
    - Developing a comprehensive recruitment strategy
- High percentage of patients with social issues
  - Mitigating strategy:
    - Case Management and Social Workers focusing on discharge
- Employee morale
  - DCNA – negotiations are in arbitration
  - Non-union employees have not received salary increases in more than 2 years
  - Mitigating Strategies:
    - Working with unions to improve morale

Issues and Concerns cont.

- Age of Facility
  - Electrical overloads
  - Plumbing / leaking pipes
  - HVAC
  - Nurse call bell system
  - Mitigating Strategies:
    - Addressed via capital projects

- Repeal of ACA and repercussions related to insurance coverage. Presently 96% of District patients are covered by insurance

Appendix

HRSA (Health Resources and Service Administration) Programs

HRSA (Health Resources and Service Administration) Programs

NURSE Corps Scholarship Program enables students accepted or enrolled in a diploma, associate, baccalaureate, or graduate nursing programs, including RN to BSN, RN to MSN-NP, Direct Entry MSN-NP program to receive funding for tuition, fees and other educational costs in exchange for working at an eligible NURSE Corps site upon graduation.

HRSA health professions loan repayment, scholarship and loan programs help to encourage and enable clinicians to work in underserved areas.

The NURSE Corps Scholarship Program is a selective program of the U.S. Government that helps alleviate the critical shortage of nurses currently experienced by certain types of health care facilities located in Health Professional Shortage Areas (HPSAs). Upon graduation, NURSE Corps Scholarship recipients work at these facilities for at least two years, earning the same competitive salary and benefits as any new hire.
As much as half of the award funds are reserved for students pursuing a master's level nurse practitioner degree.

To learn more about the Nurse Corps Repayment Program, please visit:
http://www.hrsa.gov/loanscholarships/repayment/nursing/