UMC Management Action Plan (MAP)

February Status
Meeting to the Board

2/24/17

Agenda

- Follow-up Action Items
  - Addition of a Summary page, additional metrics, & Veritas lead for initiatives
  - Extended Stay Patients list with insurance type
  - Personnel Vacancy Report
  - Line of Business Analysis: OB, SNF, and BH
  - Availability of Financial Information
  - Board Communication
  - Nurse Staffing Request

- Review of the January Performance Data

- Key Attention Areas

- MAP Activities Update

Jan. Key Performance Indicators

Metric	Budget	Actual	Variance		Fav/ Neut/ Unfav	Budget	Actual	Variance		Fav/ Neut/ Unfav	Desired Trend	Actual Trend
		FY2017 (Jan)					**FY2017 YTD**					
Emergency Department												
Number of visits	4,411	**4,847**	436	9.9%	F	18,316	**19,378**	1,062	5.8%	F	⬆	⬆
Number of visits by ambulance	1,191	**1,405**	214	18.0%	F	4,945	**5,249**	304	6.1%	F	⬆	⬆
Patients in Observation	143	**205**	62	43.4%	U	620	**945**	325	52.4%	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)	641	**634**	-7	-1.1%	N	2,420	**2,419**	-1	0.0%	N	⬆	➡
Total discharges (hospital+SNF)	634	**620**	-14	-2.2%	N	2,420	**2,390**	-30	-1.2%	N	⬆	➡
Patient Days - Hospital	3,550	**3,659**	109.0	3.1%	U	13,558	**13,369**	-189	-1%	N	⬇	➡
Resident Days - SNF	3,440	**3,260**	-180.0	-5.2%	U	14,282	**13,052**	-1,230	-9%	U	⬆	⬇
Average length of stay	5.6 days	**5.71 days**	0.1 days	1.8%	N	5.6 days	**5.56 days**	-0.1 days	-1.8%	N	⬇	➡
Number of deliveries	38	**38**	0	0	N	175	**134**	-41	-23.4%	U	⬆	⬇
HCAHPS "recommend hospital"	50%	**35.30%**	-14.7%	-29.4%	U	50%	**35.30%**	-14.7%	-29.4%	U	⬆	⬇
Average daily census - Psychiatry	18 (before April: 18)	**17.5**	-0.5	-2.8%	N	18 (before April: 18)	**18**	0	0%	N	⬆	➡
	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
Medicare CMI	1.59	**1.67**	0.08	5.1%	F	1.59	**1.56**	-0.03	-1.6%	N	⬆	➡
Medicaid CMI	0.93	**0.83**	-0.10	-11.2%	U	0.93	**0.88**	-0.05	-5.4%	U	⬆	⬇
Ambulatory Care												
Total number of ambulatory visits	1,529	**1,658**	129	8.4%	F	6,274	**7,069**	795	12.7%	F	⬆	⬆
Number of radiology visits	871	**1,072**	201	23.1%	F	4,265	**4,380**	115	2.7%	N	⬆	➡
Number of laboratory test	213	**239**	26	12.2%	F	1,032	**881**	-151	-14.6%	TBA **	⬆	**
Same Day Surgeries	80	**131**	51	63.8%	F	328	**487**	159	48.5%	F	⬆	⬆
Financial												
Days in AR	48 days	**63.3**	15.3	31.9%	U	48 days	**63.3**	15.3	31.9%	U	⬇	⬆
Days cash on hand - Operating	45 days	**42.79**	-2.21	-4.9%	U	45 days	**42.79**	-2.21	-4.9%	U	⬆	⬇
Current Ratio	1.5	**3.4**	1.9	126.7%	F	1.5	**3.4**	1.9	126.7%	N	⬆	➡
Average Payment Period	60 days	**53.5**	-6.5	-10.8%	U	60 days	**53.5**	-6.5	-10.8%	U	⇨	⬇
Deductible Ratio	66.50%	**65.10%**	-1.40%	-2.1%	N	66.50%	**65.10%**	-1.40%	-2.1%	N	⬇	➡
Operating Margin	1.00%	**-2.30%**	-3.30%	n/a	U	1.00%	**-2.30%**	-3.30%	n/a	U	⬆	⬇
Total Margin	7.90%	**-8.30%**	-16.20%	n/a	U	7.90%	**-8.30%**	-16.20%	n/a	U	⬆	⬇
Productivity												
FTEs per average daily census (acute)	3.1	**3.2**	0.1	3.2%	U	3.1	**3.3**	0.2	6.5%	U	⬇	⬆
Salary and benefits expense per FTE ($)	$83,089	**$89,768**	$6,679	8.0%	U	$83,089	**$84,870**	$1,781	2.1%	N	⬇	➡
% of salary and benefits expense	59.2%	**55.0%**	-4.2%	-7.1%	F	59.2%	**55.0%**	-4.2%	-7.1%	F	⬇	⬆

** Laboratory numbers are incomplete and will be adjusted next month

Key Attention Areas

- Skilled Nursing Facility
  - General Operations
  - DOH Survey

- Nurse Staff and Recruiting

- Hospital Census

- Extended LOS / Discharge Planning

- ED Throughput

- Respiratory Therapy

- Revenue Cycle Consolidation

Key Staffing Challenges

C-Suite Positions	Count	Time Open
No Openings	N/A	N/A
Total		

Key Positions	Count	Time Open
Director of Materials Mgmt.	1.0	11 mos.
Director Radiology	1.0	2 mos.
Contract Specialist	1.0	0 mos.
Total	3.0	

Hard to Fill Positions	Count	Time Open
Respiratory Therapist	1.0	3 mos.
RN – Dialysis	1.6	1.5 mos.
RN – ED	6.3	4 mos.
RN – ICU	1.5	2 mos.
RN – L&D	1.6	5 mos.
RN – OR	1.7	2 mos.
Surgical Assistant	1.0	4 mos.
Total	14.7	

Nurse Recruitment 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

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

Implement Comprehensive, Hospital-based Ambulatory Center

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

Project Lead: COO

- Certificate of Need (CON) package for ED renovations and the Ambulatory Facility is being put on hold

- Ambulatory volumes continue to be above budget – Jan YTD volumes are favorable by 12.7%

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

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

<u>Project Lead</u>: COO

- The initial Crisis Management, active shooter / shelter in place training was conducted on Feb. 21st
  - Approximately 80 employees attended
  - Additional trainings are being scheduled to ensure all employees are training
- Additional activities planned include:
  - Security & ED teams will participate in a more in depth, hands on active shooter training
  - Provide Bomb and telephonic threats to the Security Team
  - Provide Sharp instruments and knife to the Security Team
  - Provide Comprehensive Crisis Mgmt. training to the Security Team
- Updated exterior cameras on the building to eliminate blind spots
- Bullet and knife proof vests, batons, and handcuffs have been ordered; delivery in 30-45 days

Extended LOS / Discharge Planning

- <u>Phase I</u> – complete. Categorize patients with a LOS >= 10 days

- <u>Phase II</u> – in-process. Using the expected LOS, manage patient stays based on Milliman and Interqual guidelines.

Total census *(excluding BHU)*	106
Patients < 10 days LOS	84
Patients >= 10 days LOS	22
Patients >= 10 days LOS: % of Total	21%
ALOS for patients >= 10 days	20.1
ALOS of patients < 10 days	4.0
Total Patient Days	775
Patient days for patients > 10 days	443
Percentage of patient days from patients with LOS > 10 days	57%

Reasons:	10+ Days	5-9 Days
Social Concerns		
Acute	9	18
PA Referral	3	
Placement Delay	6	7
Physician Delays		1
Service Delays		1
State Delay (OOS/Qualis)		1
No Beds/Bed Loss		
Insurance Authorization	2	
Self-pay		1
Planned Discharge for Weekend		
Planned Discharge Today	2	4
Discharged		1
Blank		
Total	22	34

Extended LOS / Discharge Planning cont.

Attending	Admit Date	Insurance_1	Insurance_2	LOSDAYS	Current Reason	Current Description
GHEBRAI,RUSSOM B. MD	1/13/2017	DC MEDICAID		40	Placement Delay	IVA; from Brintonwoods
GHEBRAI,RUSSOM B. MD	1/14/2017	DC MEDICAID		39	Placement Delay	Ref'd to several facilities but hx of alcohol and straight Medicaid he has not been accepted. Refer to out of state facililties.
GHEBRAI,RUSSOM B. MD	1/19/2017	MedStar DC Family Choice		34	Placement Delay	Patient homeless - ref'd to several facilities.
DANIEL,GILBERT MD	1/22/2017	MC PT B ONLY FOR INP	DC MEDICAID	31	Placement Delay	Patient awaiting placement. UMCNH refused due to mental hlth issues. Ref'd to several
HADGU,ESKINDER W.,MD	1/26/2017	MEDICARE INPATIENT REGULAR	COMMERCIAL OTHER	27	PA Referral	Need discharge plan
GHEBRAI,RUSSOM B. MD	1/26/2017	MedStar DC Family Choice		27	PA Referral	Placement - d/c home
GHEBRAI,RUSSOM B. MD	1/31/2017	MEDICARE INPATIENT REGULAR	MEDICAID MARYLAND	22	Planned Discharge Today	Planned discharge for 2/22 or 2/23.
HADGU,ESKINDER W.,MD	2/2/2017	MEDICARE INPATIENT REGULAR		20	Acute	
DANIEL,GILBERT MD	2/4/2017	MEDICARE INPATIENT REGULAR	MAILHANDLERS	18	Placement Delay	Complex placement due to patient's combative behavior which is documentation. Ft Washington NH has not accepted patient yet due to behavior. Ref'd to other facilities, family meeting held on 2/21.
OKONKWO,SYLVESTER O. MD	2/4/2017	DC MEDICAID		18	PA Referral	Need discharge order - plan discharge for 2/23
DANIEL,GILBERT MD	2/4/2017	MEDICARE INPATIENT REGULAR	TRUSTED FAMILY CHOICE	18	Acute	
DANIEL,GILBERT MD	2/7/2017	AETNA US HEALTHCARE		15	Insurance Authorization	Awaiting authorization for rehab placement; patient unable to ambulate, obesity
GHEBRAI,RUSSOM B. MD	2/7/2017	COMMERCIAL OTHER		15	Insurance Authorization	Out of state commercial insurance to provide authorization for home health services. Awaiting auth
GHEBRAI,RUSSOM B. MD	2/7/2017	BRAVO		15	Placement Delay	Plan to discharge home for resumption of PT w/home hlth services
GHEBRAI,RUSSOM B. MD	2/7/2017	BRAVO	MEDICAID MARYLAND	15	Acute	
DANIEL,GILBERT MD	2/8/2017	MEDICARE INPATIENT REGULAR	DC MEDICAID	14	Acute	
GHEBRAI,RUSSOM B. MD	2/8/2017	MEDICARE PART A ONLY	MAILHANDLERS	14	Acute	Ref'd to LTAC
DANIEL,GILBERT MD	2/8/2017	MEDICARE INPATIENT REGULAR	AETNA US HEALTHCARE	14	Acute	
HADGU,ESKINDER W.,MD	2/9/2017	MEDICARE INPATIENT REGULAR		13	Acute	
HADGU,ESKINDER W.,MD	2/10/2017	DC MEDICAID		12	Planned Discharge Today	Discharge instruction 2/21, plan for discharge today.
GHEBRAI,RUSSOM B. MD	2/10/2017	MEDICARE INPATIENT REGULAR	DC MEDICAID	12	Acute	
HADGU,ESKINDER W.,MD	2/12/2017	DC MEDICAID		10	Acute	Tranfusion today

Strengthen Collaborative Operations in the Emergency Department

Project Lead: Dr. Stanley Boucree & Diane Kelly,
Veritas Consultants

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 have commenced to remove bottlenecks and unnecessary tasks to improve patient flow. Two areas of focus:
  - "Pull to Full" Process (*available treatment rooms*)
    - designated charge nurse champions are scheduled around the clock
    - Aligning "quick registration clerk" for night shift
    - Developing FAQs for staff related to the new process
    - Soft launch March 6th, actual launch March 20th
  - "Full House" Process (*no available treatment rooms*)
    - Design meetings scheduled to occur in the next two weeks

Respiratory Therapy

Project Lead: Veritas Consultants: Diane Kelly, Patricia Silver, Peggy Reed-
Watts, and Darnetta Clinksdale

- Respiratory therapy department lacks strong frontline management.
- To improve staff competence, quality of care and patient safety, Veritas is evaluating the department and will implement
  - training and education,
  - management tools, and
  - dashboards to monitor performance and patient care
- Timeline: February 27th through end of April, 2017

Reduce Length of Stay for Patients in Observation Status

Project Lead: Diane Kelly, Veritas Consultant

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

- Continue to monitor performance data weekly

- Providing weekly performance data to hospitalists

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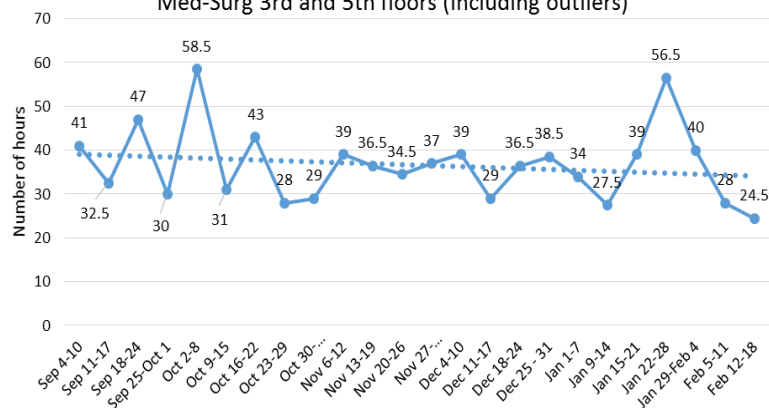
Observation Patients

UMC Observation Status: Sept 2016- present
Total and length of stay <48 hours LOS
Med-Surg 3rd and 5th floors (including outliers)
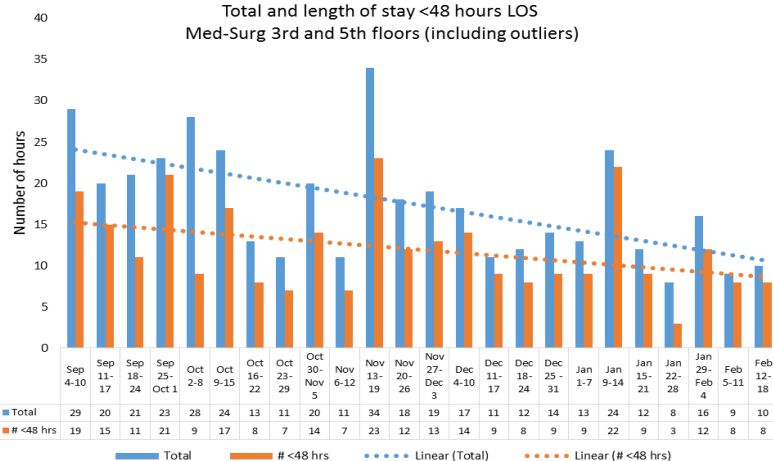
UMC Observation Status: Sept 2016- present
Actual Number of Observation Patients per Week
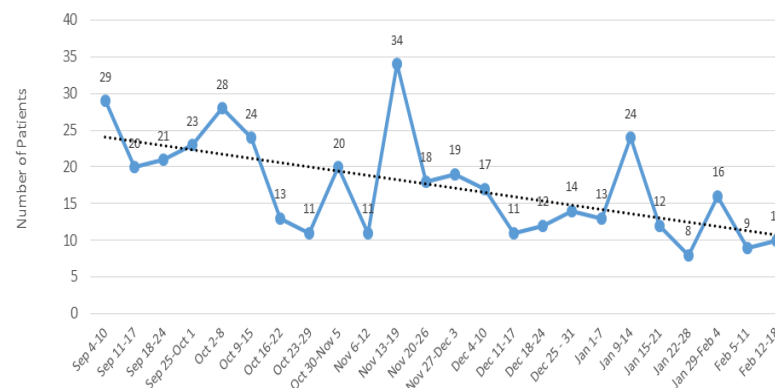
UMC Observation Status: Sept 2016 to present
Median Length of Stay
Med-Surg 3rd and 5th floors (including outliers)

UMC Observation Status: Sept 2016 - present
Per Med-Surg 3rd and 5th floors (including outliers)
% of Total Observation Patients with Length of Stay <48 hours

Patient Experience of Care

Overall Initiative Status:
Month-to-Month Status:
Financial/Budget Impact: TBD
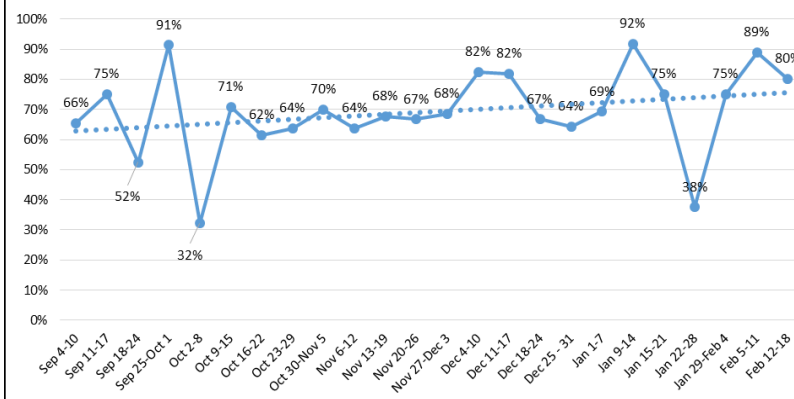
Project Leads: Quality Director, David Boucree,
and Diane Kelly, Veritas Consultant

- The trend continues to be lower than expected; however, the sample size of respondents continues to be too low: 5% v. Press Ganey average of 18%

- Initiated conversations with Press Ganey to analyze the low response rate and develop methods to increase

- Tasked UMC Nursing management to develop a "Leadership" rounding program to visit patients and solicit feedback

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Patient Experience of Care

Press Ganey: HCAHPS "recommend hospital"

run date: 12/20/2016 — run date: 1/20/2017 — run date: 2/22/2017

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
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	
Sample Size (n): 2/22/2017	38	47	38	28	33	28	18	23	23	28	28	34	13
Available Respondents	600	609	690	585	571	560	547	574	559	533	583	660	634
Response Rate	6.3%	7.7%	5.5%	4.8%	5.8%	5.0%	3.3%	4.0%	4.1%	5.3%	4.8%	5.2%	2.1%
Avg Induustry Response Rate	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%

SNF: Migrate to a Skilled Level of Care Model

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

<u>Project Lead</u>: Barry Dukes, Veritas Consultant

- To improve staff competence, quality of care and patient safety, Veritas engaged a SNF subject matter expert to evaluate the department – management, processes, etc.

- Isolation Room construction will be completed mid-March that will add 12 beds into service. These additional beds will be targeted for short-term rehab clients

- Continue to work with the Mayor's Office to find alternative housing for select patients

Establish Effective Materials Management Department

Project Lead: David Boucree

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

1. In final contract negotiations with vendor
    1. Group purchasing services
    2. On-boarding of a Materials Manager

2. Engaged a recruitment firm to identify additional candidates

Perform a Comprehensive Contracts Review and Assessment

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

<u>Project Lead</u>: COO & David Boucree

1. Identified all contracts that need to be extended and/or prioritized to competitively bid
    1. Linen Services – awaiting financial assessment
    2. Anesthesiology – finalizing SOW
    3. OB/GYN - TBD
    4. Rehab - TBD

2. Update contracts database (1/12/17) – behind schedule due to the lose of UMC contract manager

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/