

# United Medical Center First Anniversary

**Greater Southeast Community Hospital Before:**



**United Medical Center Today:**



November 7, 2008

## Introduction

On November 7, 2007, Specialty Hospitals of America (SHA) purchased Greater Southeast Community Hospital with the assistance of \$79 million in grants and loans from the District of Columbia. Prior to the sale, Greater Southeast had endured years of mismanagement, neglect, elimination of services, layoffs, and downsizings. In its last year under the ownership of Envision Hospital Corporation, the hospital deteriorated to the point of near closure. The hospital's condition was the subject of five hearings by the D.C. Council's Committee on Health between May and September 2007. Ultimately, the Council and the Mayor approved a plan to assist the sale of the hospital to SHA.

In the past year, however, the hospital, renamed United Medical Center (UMC), has undergone a dramatic improvement. Shortly after the sale, SHA hired Quorum Health Resources to provide management advice to the hospital's ownership team. Quorum is the largest hospital management firm in the world, and has also helped re-staff the hospital's senior and middle management. The combined efforts the District, SHA, and Quorum have led to dramatic quality of care improvements at UMC. The hospital has also received numerous capital and equipment upgrades in the past year. A summary of the condition of the hospital prior to its sale and the progress made since that time is included below.

### Greater Southeast Community Hospital Prior to November 7, 2007

- **October 12, 2006**

**DCHC Closes Urgent Care Center.** At 11:00 p.m. on Friday, October 13, 2006, DCHC closes the Urgent Care Center on the campus of the former D.C. General Hospital. DCHC received over \$46 million in District funds to operate the center. [Letter to Dr. Gregg Pane 10/12/06; Internal Documents]

- **December 8, 2006**

**GSCH Downsizes to 120 beds.** GSCH notifies city leaders that it planned to downsize the number of operational beds to 120 and shift its other beds into a "holding pattern." [Letter to Councilmember David Catania 12/8/06]

- **January 12, 2007**

**GSCH Threatens Closure of OBGYN Unit.** GSCH notifies the District's Department of Health that it planned to discontinue Obstetrics services on February 16, 2007. [Letter to Dr. Gregg Pane, 2/1/07]

- **January 17, 2007**

**GSCH Physicians Decry "Unsafe Environment."** In an unprecedented step, the Medical Executive Committee at GSCH wrote city officials about deteriorating conditions at the hospital. According the Committee, "the declining level of hospital services has resulted in an unsafe environment in which to care for our patients." The warning went on to say, "Inoperable equipment, shortage of supplies, combined with a lack of staffing in various departments i.e., radiology, pharmacy, laboratory, rehabilitative medicine, and the operating room have crippled our ability to optimize outcomes for patients in a timely manner." [Letter to Dr. Walter Faggett, 1/17/07]

- **February 1, 2007**

**GSCH Rescinds Threat to Close OBGYN Unit.** GSCH notifies the District's Department of Health that it was rescinding its January 12, 2007 letter explaining that it planned to cease providing Obstetrics

services in February. According to GSCH the hospital would continue these services indefinitely. [Letter to Dr. Gregg Pane, 2/1/07]

- **March 8, 2007**

**GSCH Asks District for Over \$20 Million for Equipment and Staffing.** In a March 8, 2007 letter to Councilmember David Catania, Chairman of the Committee on Health, GSCH asks the city to fund \$3.4 million in staffing needs and over \$17 million in equipment needs. [Letter to Councilmember David Catania, 3/8/07]

- **May 2007**

**GSCH Announces Plans to Lay Off Another 60 Employees.** The hospital announced its decision to lay off another 60 employees. That same month, the nurses who staffed the Emergency Room walked off the job over frustration with not being paid.

- **May 23, 2007**

**Committee on Health Holds First in Series of Hearings on GSCH.** In response to the growing crises at Greater Southeast and the threat that instability posed to the health and safety of District residents, the Committee on Health held the first in a series of public hearing to address patient safety and quality of care at the hospital.

## **Summary of HCLRA Licensure Surveys at Greater Southeast, June 2007**

### **A. Staffing**

1. Blood Bank – inadequate staffing on evenings, nights, and weekends; delay in processing specimens; no written contract with Quest Laboratories; no quality control materials for electrolyte testing in ICU; 2 out of 3 blood gas testing machines not in use.
2. Medical Records – No Health Information Manager; no weekly audits; no meetings with hospital staff to address issues
3. Pharmacy – Insufficient staffing; no Assistant Pharmacist; Director of Pharmacy working nights and working as staff pharmacist
4. Diagnostics – No Nuclear Medicine Technician (dept. closed); Radiographic equipment not repaired due to lack of admin staff;
5. Respiratory – Inadequate staff; No PRN to assist for sick days, vacation, etc.; instances of only 2 staff being on hand during critical hours
6. Rehabilitation Dept. – Inadequate staff; only 1 physical therapist providing direct patient care on some days
7. Labor and Delivery – Dept. frequently closed due to lack of medical coverage;
8. Emergency Dept. – Shortage of PA coverage resulting in closure; Lack of nurses

9. Misc. Staffing – Inadequate staffing for Maintenance, Engineering, Biomedical and Housekeeping; equipment not maintained

## **B. Policies, Protocols, & Procedures**

1. Failure to assess, reassess, and document care
  - a. Patient with urinary retention was not given catheter despite doctor's orders; procedure not properly documented; patient discharged without documented evidence of prescriptions, follow-up appointment or emergency telephone numbers
  - b. Patient not given proper wound care treatment for infected Stage IV sacral wound; wound not documented; treatment plan not initiated; surgical and wound care consult not ordered for 2 days; wound not monitored or assessed
  - c. No proper infection control procedures
  - d. Patient with Schizophrenia presented with "suicidal ideation." Condition not properly addressed or documented. Patient was discharged and instructed to follow-up at off campus clinic.
2. Failure to triage and manage psychiatric problem in ED
3. Lack of Incident Reporting – Patient needing Cort Enema did not receive treatment due to lack of medicine in pharmacy; Patient discharged without treatment; no incident report filed;
4. Failure to follow policies – Staff failed to observe oxygen policy; no signage posted;
5. Medical Records – lack of reporting; lack of physician signatures on medical records; no medication reconciliation

## **C. Equipment**

1. Blood Bank - Refrigerators in Blood Bank had broken doors; alarms broken; reagent refrigerator inoperable; cell washers inoperable; 3 of 4 centrifuges inoperable; walk-in freezer in Urinalysis broken; Walk-in fridge in Microbiology broken
2. Radiology – routine equipment not available; No fluoroscopy units; half of radiographic tubes out of service
3. Emergency Department – Hemodynamic monitoring equipment not functional; limited portable blood pressure machines; broken cables on life-pack transporters; IV Pumps inoperable
4. Pharmacy – broken printer
5. Other equipment not calibrated – X-ray machines; infusion pumps, monitors; ultracapnomac monitors, ECG leads, cables and transducers, ultrasound machines, blood pressure unites, etc.

## **D. Physical Plant**

Soiled and damaged floors, HVAC covers, ceiling tiles, furniture, equipment, walls, baseboards, bed frames, privacy curtains, draperies, over-bed lamps, windowsills, exhaust vents, IV poles, linen carts.

## **United Medical Center: First Year Achievements**

### **Capital & Equipment Upgrades**

- Replacement of building's exterior curtain wall.
- Replaced the buildings roof which was the cause of frequent leaks and room closures.
- Construction of the facility to house the MRI (Magnetic Resonance Imaging unit) is underway. A functioning MRI will drastically improve patient volumes.
- Plans to develop the appropriate number of isolation rooms to comply with patient care needs and regulations are being bid at an estimated cost of \$1 million.
- Renovation of the Nuclear Medicine Room renovation and installation of equipment.
- Renovation of the Basic Radiology Room and preparations for equipment installation.
- Cat Scan (CT) room renovation and preparation for equipment installation.
- Renovation of the Interventional Angiography Room and preparation for equipment installation.
- Preparation of plans and the completion of a request for solicitations to renovate the Surgery room and replace equipment and instruments.
- Replacement of patient beds and furniture, as well as, ED stretchers. The new beds for Intensive Critical care unit (ICCU) and the stretchers for ED are completed.
- Replacement of the telephone system, including hardware and software was completed in September. In addition to moving from analog to digital hardware, we will save approximately \$462,000 annually.
- Replacement of the boiler.
- Replacement of the emergency generator.
- Replacement of one chiller and two chilling towers.
- Replaced the floor in the Emergency Department.
- Installation of electronic medicine cabinets in all patient care areas is currently underway.
- Elevator modernization contract to repair and replace components of ten elevators over a 15 month period at a cost of \$2 million.

### **Service Expansions**

- Expansion project of our Behavioral Health program from 20 to 34 beds, and the relocation back into the permanent space.
- UMC is finalizing plans for the Skilled Nursing Facility (SNF) and renovation is underway.
- UMC is finalizing plans for the new Long Term Acute Care (LTAC) service and renovation is underway.
- The opening of the SNF and LTAC wings are scheduled for December 2008.
- Development of a substantive Wound Care program is underway and includes the renovation of the old radiation therapy space. Within the next year, UMC will be home to 4 hyperbaric wound care units – the only such units in the District of Columbia.

- A Certificate of Need (CON) application has been turned in for the establishment for an Outpatient Dialysis Program.
- Development and expansion of our Primary Care Clinic to include medical and surgical specialists is underway.
- UMC and Children's National Medical Center have partnered to bid on the creation and construction of a state-of-the-art pediatric emergency room and children's primary care clinic.

## **Accreditation and Certification**

- The annual District of Columbia Department of Health and federal recertification surveys are currently underway and will conclude by Friday, November 7, 2008.
- UMC has reapplied for Joint Commission accreditation status, and anticipates that the accreditation survey will occur during the month of November. The survey is unannounced and lasts 3.5 days.

## **Miscellaneous**

- Prior to the sale of the hospital financial losses equaled approximately \$1.2 million per month. Today, those losses have been virtually eliminated. Returning the hospital to a profitable status will continue to take time. However, the hospital is in an entirely different financial condition than it was prior to the sale.
- By the end of 2008, the hospital will have doubled its numbers of employees from 750 to 1500.
- UMC has made the first 2 loan repayments of \$1 million in-full and on-time as stipulated in their agreement with the District.