



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
November 27th, 2018, 10:00 a.m.
1515 N. Flagler Drive
West Palm Beach, FL 33401**

1. Call to Order

Dr. Alina Alonso called the meeting to order at 10:00 a.m.

A. Roll Call

Committee Members present included:

Dr. Alina Alonso, Chairperson; Mary Weeks; Sean O'Bannon; Dianne King; Dr. David Bohorquez arrived at 10:10 am;

Committee Members absent included:

Sharon Larson; James Elder; Steven Seeley

Staff present included:

Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Ellen Pentland, Chief Compliance and Privacy Officer; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Ginny Keller, Administrator of School Health; Terretha Smith, Risk Manager; Stephanie Dardanella, Lakeside Medical Center Administrator; Karen Harris, Vice President of Field Operations; Sandra Smith, Admin-Trauma Services; Gerry Pagano, Director of Medical Transport and Aeromedical Facilities; Victoria Pruitt, Corporate Director of Risk Management; Dr. Noelle Stewart, FQHC Medical Director; Leticia Stinson, Senior Compliance and Privacy Analyst; Kristine Macaya, Assistant Director of Pharmacy; Shelly Ann Lau, Healey Center Administrator; Dr. Ken Schepke, Aeromedical Agency Medical Director; David Speciale, Quality Manager; Dr. Hyla Fritsch, Director of Pharmacy Services; Andrea Steele, Corporate Quality Director; Alena Ranucci, Administrative Assistant; Heidi Bromley, Executive Assistant to CEO.

Recording/Transcribing Secretary: Heidi Bromley / Alena Ranucci

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Mary Weeks made a motion to approve the agenda as presented/amended. The motion was duly seconded by Sean O'Bannon. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

None.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:
Committee Meeting Minutes from September 25, 2018.

CONCLUSION/ACTION: Sean O'Bannon made a motion to approve the committee meeting minutes from September 25, 2018. as presented. The motion was duly seconded by Mary Weeks. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Dianne King made a motion to approve the Consent Agenda items. The motion was duly seconded by Sean O'Bannon. There being no opposition, the motion passed unanimously.

A. ADMINISTRATION

- 7A-1 RECEIVE AND FILE:
Internet Posting of District Public Meeting
<http://www.hcdpbc.org-Resources-Public Meetings>
- 7A-2 RECEIVE AND FILE:
Committee Attendance
- 7A-3 RECEIVE AND FILE:
Compliance and Privacy Dashboard
- 7A-4 RECEIVE AND FILE:
Proposed Schedule for 2019 Committee Meetings.

8. Regular Agenda

A. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8A-1 RECEIVE AND FILE:

- Patient Relations Dashboard, School Health

Mrs. Steele presented the patient relations dashboard for the first trimester of the 2018-2019 school year. During the first trimester there were zero complaints, grievances and compliments to date, but they have not yet finished their trimester

- Patient Relations Dashboard, Primary Care Clinics

Mrs. Steele presented the Patient Relations Dashboard for the 3rd Quarter of 2018 (July-September). During Quarter 3 there were nine complaints, ten grievances and sixty-two compliments. The two highest categories were other and care and treatment.

- Patient Relations Dashboard, Healey Center

Mrs. Steele presented the Patient Relations Dashboard for Quarter 3 (July-September). During Quarter 3 there were a total of sixty-one grievances all of which were resolved within seventy-two hours. Trends reported with no outliers. There were a total of thirteen compliments related to excellent customer service and overall care provided by staff. Highest category were other and personal belongings

- Patient Relations Dashboard, Lakeside Medical Center

Mrs. Steele presented the Patient Relations Dashboard for Quarter 3 (July-September). During Quarter 3 there were a total of nineteen grievances and eighteen complaints. Trends reported with no outliers. There were a total of four compliments related to ER services. All issues addressed timely with no outliers. Top reported categories were other, care in treatment and pain management.

CONCLUSION/ACTION: Received and filed.

8A-2 RECEIVE AND FILE:

- Quality & Patient Safety Report, Aeromedical

Mrs. Steele and Gerry Pagano presented the Quality and Safety Report for the third quarter featuring our new data program, Tableau that pulls all of TH135

data and is moved into Tableau. For Quarter 3 (July 1, 2018 – September 30, 2018) the report provided details on the number of flights and number of transports.

- Quality & Patient Safety Report, Primary Care Clinics

Mrs. Steele presented the quality indicators / UDS measures in a revised table for June 2018. Select underperforming measures reviewed including Childhood Immunization, Colorectal Cancer Screening, A1C / Diabetes. HIV Linkage to Care we had 2 patients lost due to follow up. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Healey Center

Mrs. Steele presented the Quality & Patient Safety Report for the third quarter. The underperforming measures were discussed in more detail which included: Pressure ulcers, patients who received antipsychotic medication, and patients who report moderate to severe pain. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Lakeside Medical Center

Mrs. Steele presented the Quality Core Measure Report for the third quarter. There were three underperforming measures which were discussed in more detail and included: median time from decision to admit time to ED departure for admitted patients, Median time from decision to admit time to ED departure, Exclusive breast milk feeding during the newborns entire hospitalization. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Pharmacy

Mrs. Steele presented the Pharmacy Services Quality Report for the third quarter. Underperforming issues discussed in detail which included prescriptions returned to stock, total wait time in minutes (waiters). Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Trauma Program

Mrs. Steele presented the Trauma Quality Report for the third quarter. One underperforming measure reported, Total Number of Records Entered Beyond three Business Days. Findings and Interventions of these measures presented.

CONCLUSION/ACTION: Received and filed.

B. COMPLIANCE

8B-1 RECEIVE AND FILE:

Annual Report on Compliance and Privacy

Mrs. Pentland presented Annual Compliance Summary as we have reached the end of the fiscal year. Mrs. Pentland touched on our audit and compliance timeline data YTD history of the compliance department from the time the compliance committee started to the restructuring of the QPSCC; Our current organizational chart and the skills that are within the compliance department; The seven elements of our compliance program; Policies and procedures that have been reviewed and revised this year which include both compliance and privacy; Hotline calls that have been trended since 2009 with the annual report. There is no specific area of increase, however just seeing if the compliance line is effective. Education and training that has occurred throughout the year. We are putting more emphasis on being practice with education with our staff as well as the resource

Work plan with be coming in January 2019 that will touch on education, auditing from a billing perspective and privacy continued education to prevent breaches.

CONCLUSION/ACTION: Received and filed.

C. CORPORATE RISK MANAGEMENT CLOSED MEETING

The meeting was closed pursuant to Sections 395.0197, 400.119, 400.147, 766.101, and 768.28, Florida Statutes and other relevant statutes and regulations. The closed portion of the meeting is to address risk management matters. All persons currently present must exit the meeting except the following: Quality, Patient Safety and Compliance Committee members, Risk Management Department personnel and key clinical and leadership personnel who are directly involved in risk and quality management issues, legal counsel to the committee, and District Board members.

9. CEO Comments

None.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

- March 26, 2019 (Q4 2018)
- May 28, 2019 (Q1 2019)
- September 24, 2019 (Q2 2019)
- November 26, 2019 (Q3 2019)

12. Motion to Adjourn

There being no further business, the meeting was adjourned at 11:30 a.m.



Dr. Alina Alonso

3/26/19
Date