Quality, Patient Safety & Compliance Committee Meeting
December 10, 2019
10:00 A.M.

Meeting Location
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
AGENDA
December 10, 2019 at 10:00 a.m.
1515 N. Flagler Dr., Suite 101
West Palm Beach, FL 33401

1. Call to Order – Dr. Alina Alonso, Chair

A. Roll Call

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 24, 2019. [Pages 1-5]

7. Consent Agenda- Motion to Approve Consent Agenda Items

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. [Page 6]

7A-3 **RECEIVE AND FILE:**
2019 Work Plan Status.
(Deborah Hall) [Pages 7-12]

8. Regular Agenda

A. COMPLIANCE

8A-1 **RECEIVE AND FILE:**
Summary of Compliance, Privacy and HIPAA Security Activities.
(Deborah Hall) [Pages 13-25]

8A-2 **Staff recommends a MOTION TO APPROVE:**
Risk Assessment Analysis and Proposed Audit and Monitoring Work Plans for Compliance, Privacy and HIPAA Security.
(Deborah Hall) [Pages 26-48]

8A-3 **Staff recommends a the Quality, Patient Safety, and Compliance Committee forward their recommendation for Board Approval:**
Compliance Policy Updates.
(Deborah Hall) [Pages 49-52]

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Belma Andric) [Pages 53-59]

- Patient Relations Dashboard, School Health.
  (Andrea Steele/Ginny Keller) [Page 55]
- Patient Relations Dashboard, Primary Care Clinics.
  (Andrea Steele/Ana Ferwerda, M.D.) [Pages 56]
- Patient Relations Dashboard, Healey Center.
  (Andrea Steele/Terretha Smith) [Pages 57]
- Patient Relations Dashboard, Lakeside Medical Center.
  (Andrea Steele/Janet Moreland) [Pages 58-59]

8B-2 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Belma Andric) [Pages 60-81]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/Gerry Pagano) [Page 62-65]
- Quality & Patient Safety Report, Primary Care Clinics.
  (Andrea Steele/Ana Ferwerda, M.D.) [Pages 66-69]

8. Regular Agenda (continued)

- Quality & Patient Safety Report, Healey Center.
  (Andrea Steele/Terretha Smith) [Page 70-76]

- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/Janet Moreland) [Pages 77-78]

- Quality and Patient Safety Report, Pharmacy.
  (Andrea Steele/Hyla Fritsch) [Page 79]

- Quality & Patient Safety Report, Trauma Program.
  (Andrea Steele/Sandra Smith) [Page 80-81]

9. CEO Comments

10. Committee Member Comments

11. Closed Risk Meeting [Under Separate Cover]
Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147

12. Establishment of Upcoming Meetings

- March 10, 2020 (Q4 2019)

- June 9, 2020 (Q1 2020)

- September TBD, 2020 (Q2 2020)

- December 8, 2020 (Q3 2020)

13. Motion to Adjourn

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 24, 2019 2:00 p.m.
1515 N. Flagler Drive,
West Palm Beach, FL 33401

1. Call to Order

Dr. Alonso called the meeting to order at 2:00 pm

A. Roll Call

Committee Members present included:
Dr. Alina Alonso, Chairperson; Mary Weeks; James Elder; Sean O'Bannon; Kimberly Schulz; Dr. David Bohorquez

Committee Members absent included:
Sharon Larson; Dr. Daniel Padron; Brian Lohmann

Staff present included:
Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Steven Hurwitz, Vice President, CHRO, CCO & EPMO; Ginny Keller, Administrator of School Health; Terretha Smith, Director of Clinical Services- Healey Center ; Janet Moreland, 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; Dr. Ana Ferwerda, FQHC Interim Medical Director; Leticia Stinson, Senior Compliance and Privacy Analyst; Kristine Macaya, Assistant Director of Pharmacy; Shelly Ann Lau, Healey Center Administrator; David Speciale, Patient Experience Manager; Dr. Hyla Fritsch, Director of Clinic Operations and Pharmacy Services; Andrea Steele, Corporate Quality Director; Deborah Hall; Chief Compliance Officer; Luis Rodriguez, Quality Compliance Pharmacist; Regina Stolpman, Director of Nursing – Lakeside Medical Center; Sylvia Hall, Quality Manager- Lakeside Medical Center

Recording/Transcribing Secretary: Jonathan Dominique

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Mr. Elder made a motion to approve the agenda as presented/amended. The motion was duly seconded by Ms. Weeks. 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 May 28, 2019.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the committee meeting minutes from May 28, 2018 as presented. The motion was duly seconded by Mr. Elder. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Ms. Weeks made a motion to approve the Consent Agenda items. The motion was duly seconded by Mr. Elder. 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:
Proposed Meeting Schedule 2020.

7A-4 RECEIVE AND FILE:
Compliance and Privacy Dashboard.

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff recommends a MOTION TO APPROVE**
Amendment to the Quality, Patient Safety, and Compliance Committee Charter

CONCLUSION/ACTION: Dr. Bohorquez made a motion to approve the updates to the Quality Patient Safety & Compliance Committee Charter. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

B. COMPLIANCE

8B-1 **RECEIVE AND FILE:**
Summary of Compliance and Privacy Activities.

Deborah Hall, Chief Compliance Officer, presented an overview updating the committee of compliance activities and actions that have taken place during the second quarter of FY 2019.

CONCLUSION/ACTION: Received and filed.

8B-2 **Staff recommends a MOTION TO APPROVE**:
Compliance Work Plan 2019.

The Compliance Work Plan 2019 demonstrates areas of concern based on government enforcement trends, the OIG 2019 Work Plan, and interviews with senior management.

As part of the review process, the Compliance Department will be utilizing:

- On-site visits
- Interviews with personnel involved in management, operations, coding, claim development, patient care, and other related activities
- Reviews of medical and financial records that support claims for
- reimbursement
- Reviews of written materials and documentation prepared by each business line
- Monitor and trend analysis that seek deviations in specific areas

The Compliance Department will:

- Remain independent of physicians and management
- Have access to existing audit resources and relevant personnel

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Compliance Work plan for 2019. The motion was duly seconded by Mr. Elder. There being no opposition, the motion passed unanimously.

C. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8C-1 RECEIVE AND FILE:
Patient Relations Dashboards

The patient relations dashboards were presented for the following:

- School Health
- Primary Care Clinics
- Edward J Healey Center
- Lakeside Medical Center

CONCLUSION/ACTION: Received and filed

8C-2 RECEIVE AND FILE:
Quality & Patient Safety Reports

Quality and Patient Safety reports for were presented for the following:

- School Health (3rd trimester)
- Aeromedical (2nd Quarter of 2019)
- Primary Care Clinics (2nd Quarter of 2019)
- Edward J Healey Center (2nd Quarter of 2019)
- Lakeside Medical Center (2nd Quarter of 2019)
- Pharmacy (2nd Quarter of 2019)
- Trauma (2nd Quarter of 2019)

CONCLUSION/ACTION: Received and filed

9. CEO Comments

There were no CEO comments, but there were comments from two other staff members:

Ms. Shelley Ann Lau, Administrator of the Healey Center updated the committee on a recent survey that had been conducted at the Healey, and was proud to announce that they were able to successfully pass inspection. Dr. Belma Andric, VP, CMO, and Executive Director of the C.L. Brumback Primary care clinics shared with the committee that the CLBPCC was awarded with a Gold stamp from the American Heart Association and the American Medical Association for Cholesterol and Blood Pressure Control.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

- December 10, 2019 (Q3 2019)

12. Motion to Adjourn

There being no further business, the meeting was adjourned at 3:57 p.m.

Dr. Alina Alonso	**Date**

HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE

12 Month Attendance Tracking

	3/26/19	5/28/19	9/24/19	12/10/19
Mary Weeks	X	X	X	
Sharon Larson	X	X	E	
Alina Alonso	X	X	X	
James Elder	X	X	X	
Sean O'Bannon	E	X	X	
Dianne King	E	X		
Dr. David Bohorquez	E	X	X	
Dr. Daniel Padron	X	X	E	

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
December 10, 2019

1. Description: Compliance Work Plan 2019

2. Summary:

Ongoing evaluation is critical to an effective compliance program. The Compliance Department will perform the reviews from the Compliance Work Plan 2019 in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Identify and report criminal and unethical conduct
- Focus on areas of high risk and focus on any area of concern that has been identified
- Align resources to critical review areas that focus on the District's mission and values

The Compliance Work Plan 2019 was re-evaluated during this quarter and items were both removed from the plan that were redundant, revised to include completed work to reflect a status of our status of the work plan.
See attached original Work Plan 2019

3. Substantive Analysis:

The Compliance Work Plan 2019 demonstrates areas of concern based on government enforcement trends, the OIG 2019 Work Plan, and interviews with senior management.

As part of the review process, the Compliance Department will be utilizing:

- On-site visits
- Interviews with personnel involved in management, operations, coding, claim development, patient care, and other related activities
- Reviews of medical and financial records that support claims for reimbursement
- Reviews of written materials and documentation prepared by each business line
- Monitor and trend analysis that seek deviations in specific areas

The Compliance Department will:

- Remain independent of physicians and management
- Have access to existing audit resources and relevant personnel
- Present written evaluative reports on compliance activities
- Specifically identify areas where corrective actions are needed

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☐
Annual Net Revenue	**N/A**	Yes ☐ No ☐
Annual Expenditures	**N/A**	Yes ☐ No ☐

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee Receive and File the Revised Compliance Work Plan 2019.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Deborah Hall
VP, Chief Compliance and Privacy Officer & Internal Audit

Darcy J. Davis
Chief Executive Officer

Health Care District
PALM BEACH COUNTY

Compliance Work Plan 2019

Compliance Auditing Plan				
Quarter	Entity	Source of Risk	Review Title	Description
1	LMC and Clinic	Risk Assessment	Instrument Sterilization	Review procedures and assess the level of infection prevention surveillance. ***Completed***
1	LMC	Internal Risk Assessment	Financial Assistance Policy	Review LMC's Financial Assistance Policy to determine if it meets the requirements of 501(r). ***Completed***
1	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. ***Completed***
1	Clinics/LMC/ Healey	Internal Risk Assessment	Confidential Communication	Review policies, procedures, and documentation regarding requests for confidential communication. ***Completed***
1	Clinics (MAT Program)	Internal Risk Assessment	Program Consents	Review a random sample of completed consents to determine its use is consistent with the performance criterion. **In progress Q4**
2	Healey Center	OIG Workplan	Nursing Facility Staffing Levels	Examine nursing staffing levels and related policies and procedures to ensure compliance with CMS requirements. ***Completed***
2	District Wide	Internal Risk Assessment	Advanced Beneficiary Notice (ABN)	Verify practices for notifying patients of their financial liability. ***Completed***
2	Clinics/LMC	Internal Risk Assessment	Authorization for Uses and Disclosures	Obtain and review a sample of authorizations obtained to permit disclosure for consistency with the established performance criterion the policies and procedures require. **In progress Q4**
2	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. ***Completed***

3	LMC	Internal Risk Assessment	Hospital Discharge Notice (Medicare)	Review all policies, procedures, and processes associated with delivery of the notice of discharge. ***In progress Q4***
3	Healey Center	Internal Risk Assessment	Infection Prevention and Control Program	Review facility's infection prevention and control program including all related policies and procedures. **Duplicate / Remove**
3	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. ***Completed***
3	District Wide	OCR Investigation	Business Associate Agreement Audit	Review policies, procedures, and internal controls for identifying and engaging business associates. Gather exhaustive list of Business Associate Agreements and Memorandum of Understanding in preparation for potential Office for Civil Rights audit. Review a sample of business associate agreements per business unit for compliance with District policies and federal requirements. In Progress
3	District Wide	Risk Assessment	Physician Compensation and Medical Directorships	Review a sample of Physicians with Professional Services Agreements to assure the Physician and/or group are paid per the terms of the contract with required documentation and following the Professional Services Policy.
4	Healey Center	Internal Risk Assessments	Transfer, Discharge, and Bed hold Process	Review policies and procedures, notice of bed hold, notice for transfer/discharge, and related preparation and documentation.
4	LMC	Internal Risk Assessment	Adverse Events	Verify that Lakeside is properly reporting any incidences of identified serious preventable errors.
4	Clinics (Behavioral Health)	Internal Risk Assessment	Telehealth	Review billing and documentation for accuracy per policy. On 2020 workplan
4	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. In Progress

4	District Wide	OCR Investigation	Encryption	Obtain and review the policies and procedures regarding the encryption and decryption of ePHI. Including documentation of processes regarding the use and management of the confidential process.
4	District Wide	OCR Investigation	Notice of Privacy Practices	Review whether the uses and disclosures of PHI are consistent with the District's notice of privacy practices and business units have made good faith attempts to provide written notice to individuals. *In progress*

Compliance Monitoring Plan

The purpose of the Compliance Monitoring Plan is to:

1. **Review claims on a retrospective and concurrent basis to ensure the accuracy, integrity and consistency of billings for a sample of Medicare, Medicaid and other third party payor claims;**
2. **Ensure sampled claims meet state and federal requirements, national coding standards and other regulatory rules, payor contract terms, regulations and requirements.**
3. **Ensure that all charges reported for claim and billing purposes are supported by appropriate documentation in the medical record.**
4. **Review claims and related records to identify potential under and over payments.**

Entity	Key Measurements	Description
LMC	Inpatient and Outpatient Audit	External auditors to complete a DRG/Billing and Documentation audit for Inpatient and Outpatient coding, documentation and billing audit.
CLINICS/ DENTAL	Provider Evaluation and Management Audit (E&M)	Acevedo Consulting to complete an E&M and billing audit for all providers in the 1st Qtr Calendar Year 2019 and repeat 3rd Qtr 2019. Dental provider to be complete audit in process for Dentrix.
HCD ALL BUSINESS UNITS	Office of Civil Rights (OCR) HIPAA Risk Assessment	Audit completed by SecureState. OCR Desk Audit Updated to Ransomware 2019
CLINIC	Review of Consents and Medical Record Content	MK Medical Solutions to complete an audit of Athena Charts to assure complete consents and content belonging to correct patient.

HCD	Compliance Program Effectiveness Assessment	Crowe to complete Compliance Program Effectiveness Assessment

All audits in the 2019 Audit Work Plan are subject to change due to Compliance issues raised and requiring audit/investigation during quarter. The Office of Inspector General (OIG) 2019 Work Plan is a dynamic changing document that is updated by the OIG monthly. All new items identified by the OIG as identified as a risk for HCD, these will be incorporated into the Work Plan.

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
December 10, 2019

1. Description: Summary of Compliance, Privacy and HIPAA Security Activities

2. Summary:

This item presents the summary of the District's compliance, privacy and HIPAA Security activities for the 3rd Quarter of FY 2019.

3. Substantive Analysis:

The purpose of this summary is to provide an overview of compliance, privacy and HIPAA security activities and actions. The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and compliance committee with regard to planning, implementing, and monitoring the compliance program. Reporting the compliance activities helps to establish methods to improve the District's efficiency and quality of services, and to reduce the District's vulnerability to fraud, waste, and abuse.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☐
Annual Net Revenue	**N/A**	Yes ☐ No ☐
Annual Expenditures	**N/A**	Yes ☐ No ☐

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the District's Summary of Compliance, Privacy and HIPAA Security Activities for the 3rd Quarter of FY 2019.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Deborah Hall
VP, Chief Compliance and Privacy Officer & Internal Audit

Darcy J. Davis
Chief Executive Officer

Compliance Privacy and HIPAA Security Summary of Activities

December 10th 2019

Health Care District PALM BEACH COUNTY

Compliance Highlights

For the period June 30 to October 31, 2019

- Initiate transfer of Internal Audit & HIPAA Security Department(s) oversight to Compliance
- Streamlined Recruiting process to identify resources for open positions
- Sanction checking process re-evaluated and new vendor selected after resignation of John Sterling notification
- Established new FMV – Fair Market Value process with outside Vendor support
- Initiated the Annual Risk Assessment process
  - Combined work effort with Internal Audit
  - Conducted 40+ Interviews across the District
  - Developed Multi-year Audit plans for coverage across all governance functions
  - Plans developed in Compliance, Privacy, HIPAA Security and Internal Audit
- Completed comprehensive review and revision of all Compliance Policies
  - Inventory of XX Revisions for XX
  - Reviewed and completed approval for all PCC policies
  - Revised Standards of Conduct for 2019
- Participated in task force for the following management initiatives;
  - Athena post implementation “closing the gap”
  - Himformatics IT assessment and Steering Committee
  - PMO establishment – initial framework SBAR discussions and templates
  - Converge Point – policy framework and approval process
  - Lakeside Advisory Council – Community Assessment

Health Care District PALM BEACH COUNTY

Compliance Major Projects

For the period June 30th to October 31st, 2019

- ADP – Compliance of website content
  - Current compliance of website is 85% up from 76% when commenced
  - Initiated Vendor scans for deficiencies to website
  - Engaged PMO support of overall project
- Trauma Protocol review – as requested per JFK
- Perform monthly time log analysis - Contracted Physicians
  - Reconciliation to time submitted/call schedule/contract terms
  - Established new process for review and approval
- Participate in Pharmacy action plan task force
- Initiate build for non-monetary compensation annual requirements process

Health Care District PALM BEACH COUNTY

Compliance & Privacy Significant Training

For the period June 30th to October 31st, 2019

- Attended Florida Hospital Association – Compliance Officer Meeting
- Attended Privacy and Security Roundtable – Florida Hospital Assoc.
- Sr. Analyst and CCO attend AHIA – Association of Healthcare Auditors annual conference
- G4S: HIPAA Privacy training and education
- Clinic practice managers: Use of personal camera devices by patients/employees
- G4S: HIPAA Privacy training
- G4S: HIPAA Privacy training

Health Care District PALM BEACH COUNTY

Compliance and Privacy Concerns Report

Between Jan 1, 2019 and Oct 31, 2019

Compliance Concerns by Entity by Date Reported

		2019								
		Jan	Feb	Mar	May	Jul	Aug	Sep	Oct	**Total**
Health Care District of Palm Beach County		1					1		1	**3**
	C.L. Brumback				2		1			**3**
	E.J. Healey			1				1		**2**
	Lakeside Medical Center		1			1				**2**
	Total	**1**	**1**	**1**	**2**	**1**	**2**	**1**	**1**	**10**

Privacy Concerns by Entity by Date Reported

Entity		2019										
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	**Total**
Health Care District of Palm Beach County		1	2		2						4	**9**
	Aeromedical		1									**1**
	C.L. Brumback	6	7	4	7	3	5	13	3	2	5	**55**
	E.J. Healey		2				1					**3**
	Healthy Palm Beaches										1	**1**
	Home Office	3	1	2	2	2	3	1	2	3	3	**22**
	Lakeside Medical Center	3		2	4	2	1		1			**13**
	School Health					1						**1**
	Total	**13**	**13**	**8**	**15**	**8**	**10**	**14**	**6**	**5**	**13**	**105**

Privacy Concern Crosstab Report

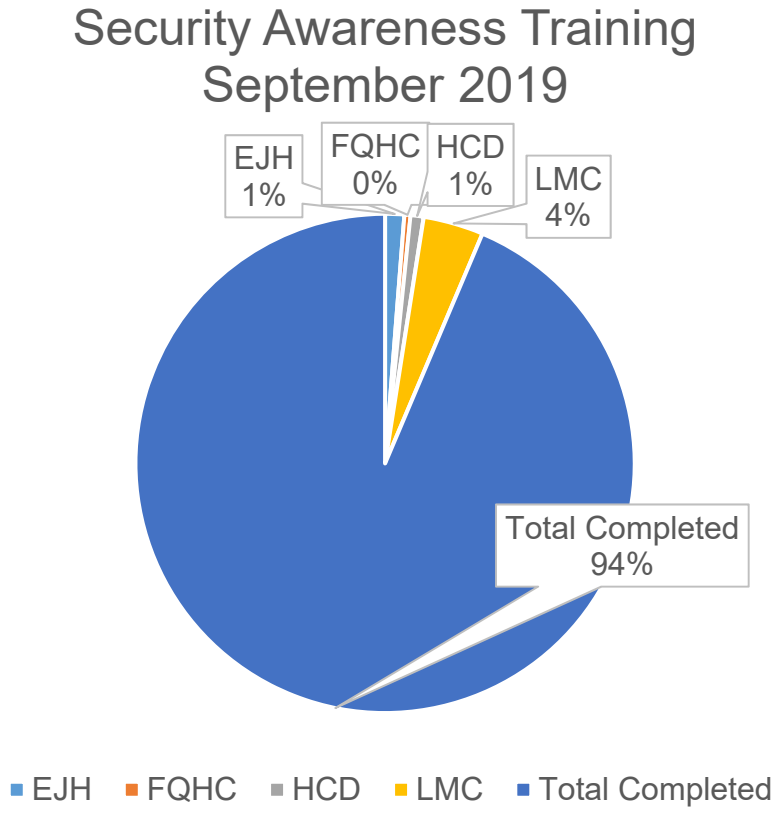
Between Jan 1, 2019 and Oct 31, 2019

Privacy Concerns by Entity by Date Reported

Privacy ID	Health Care District of Palm Beach County							
	Aeromedical	C.L. Brumback	E.J. Healey	Healthy Palm Beaches	Home Office	Lakeside Medical Center	School Health	Total
Consent for Treatment		1						**1**
Disclosure to an Unauthorized Person	2	4	2		1	5		**14**
Employee Complaint		2						**2**
Improper Disposal						1	1	**2**
Medication Error		3						**3**
Misdirected Email	1	1		1	5	1		**9**
Misdirected Fax	5	1	3	1	10	1		**21**
Misdirected Mail (USPS)	1	3						**4**
Misfile of Protected Health Information		27			5	2		**34**
Patient Complaint		2				1		**3**
Proper Safeguards		9				1		**10**
Reports of Violation						1		**1**
Vendors					1			**1**
Total	**9**	**1**	**55**	**3**	**1**	**22**	**13**	**1**	**105**

Security Workforce Education

Period 1/1/19 – 10/31/2019



Major HIPAA Security Activities

Period 7/1/19 – 10/31/2019

Activity	Target Completion Date
Performed 2019 Enterprise HIPAA Security Risk Assessment on: • Info Security program (policies, procedures, interviews, observations)	10/10/19
Performed 2019 Network Security Architecture Review	10/23/19
Automated a Monthly Sanction Screening process to screen individuals and/or entities on exclusion databases	07/26/19
Email Phishing Campaign: • Information Systems Security Team continues to run quarterly phishing campaigns to enhance staff awareness. • Implemented immediate feedback mechanism during these educational exercises • Spearheaded the addition of an Outlook software feature that allows suspicious emails to be reported for investigation	ongoing 10/10/19
LMC Network Segmentation Upgrade: • Network completion project is at 90% completion. The IT network team is completing tasks on outliers	12/31/19

Health Care District PALM BEACH COUNTY

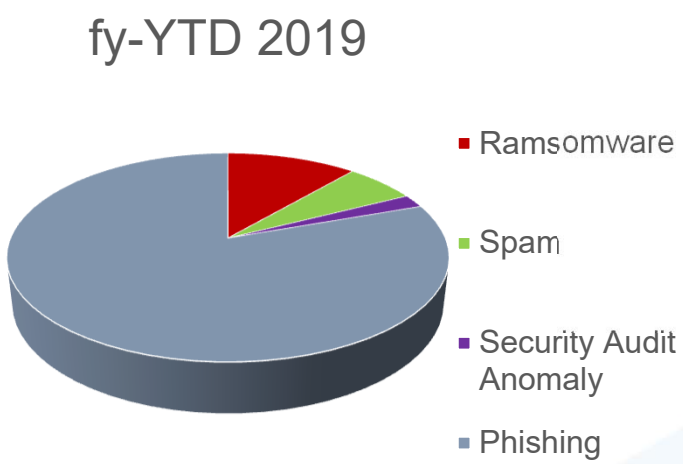
Security Investigations & Trends

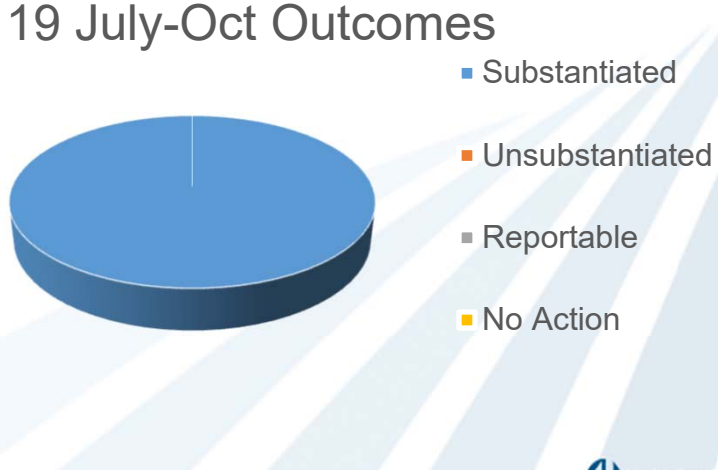
Period 7/1/19 – 10/31/2019

Status	Cases	% of Total
Closed	17	100%
In Progress	0	0
Total	17	100%

Comparisons	Cases
fy-YTD 2019	49
fy-YTD 2018	35

Outcome	Cases	% of Total
Substantiated	17	100%
Unsubstantiated	0	0%
Reportable	0	0%
No Action	0	0%
Total	17	100%





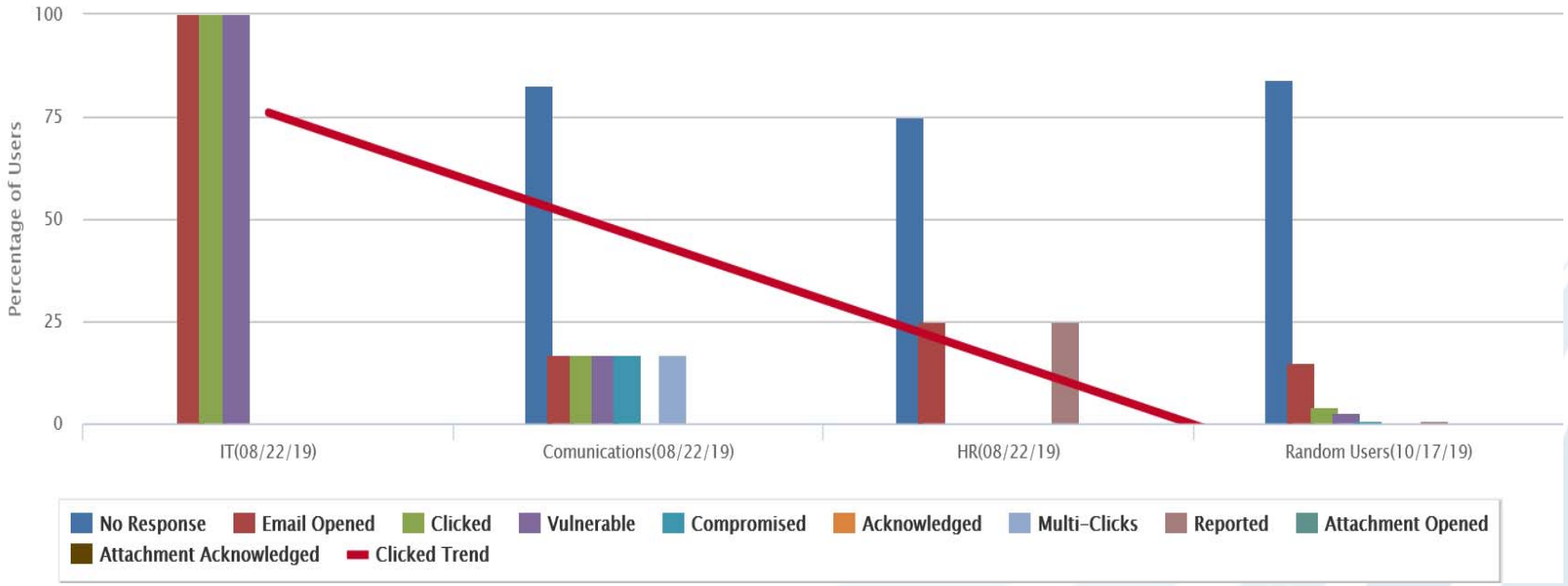
Health Care District PALM BEACH COUNTY

Phishing Campaigns

Period 7/1/19 – 10/31/2019

Phishing Campaigns

The most common method for hackers to spread ransomware is through phishing emails. In 2019 Ransomware continues to be a major threat to businesses in all sectors, with some areas getting hit particularly hard, especially healthcare. The HCD security team continues to run phishing campaigns to enhance workforce cybersecurity awareness.

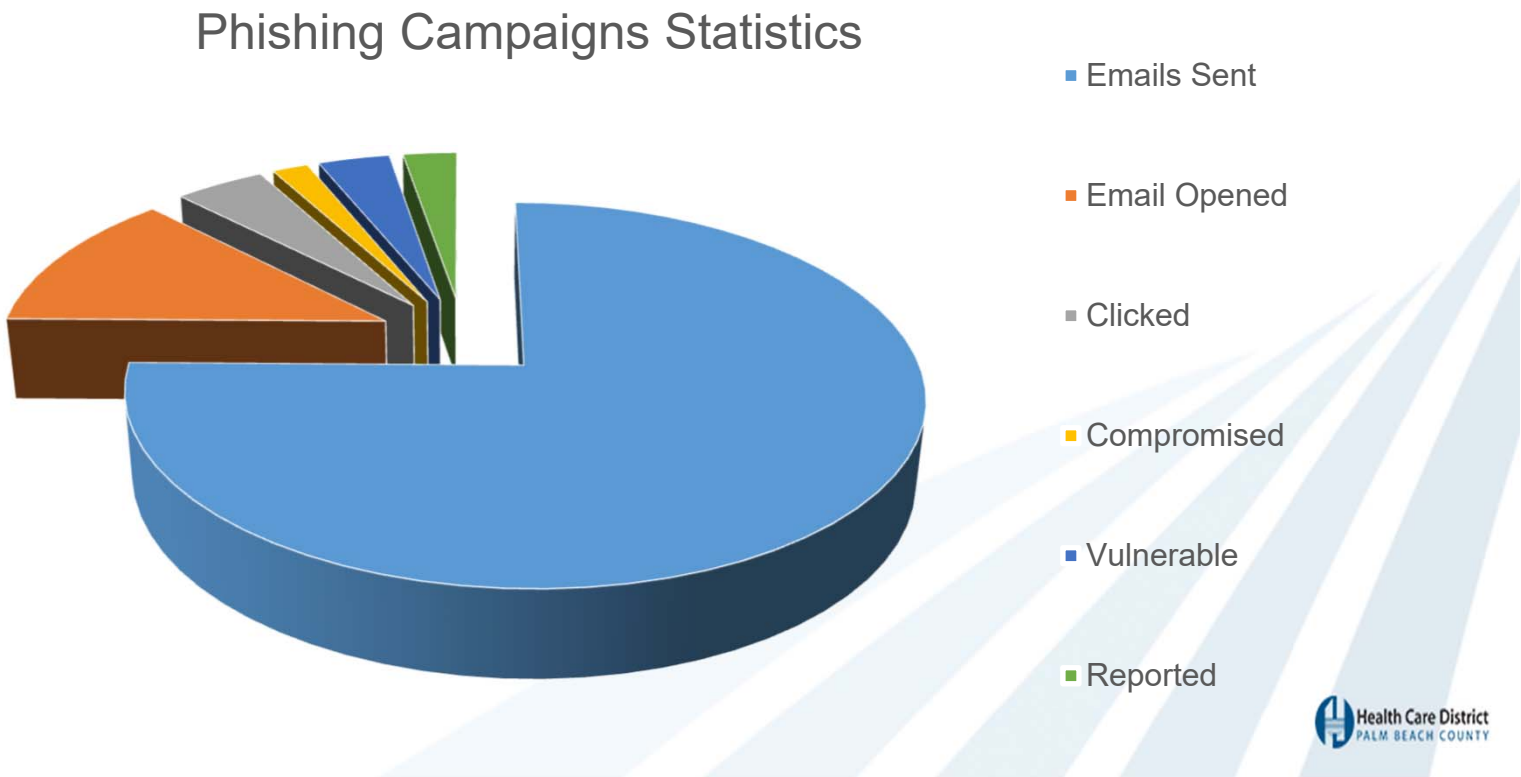


Health Care District PALM BEACH COUNTY

Phishing Campaigns

Period 7/1/19 – 10/31/2019

Department	Subject	Emails Sent	Email Opened	Clicked	Compromised	Vulnerable	Reported
IT	Wellness Discount Program	1	1	1	0	1	0
Communications	Notification: LinkedIn Business Invitation	6	1	1	1	1	0
HR	Notification: LinkedIn Business Invitation	4	1	0	0	0	1
Claims	Your updated AT&T scheduled payment	12	2	1	0	1	0
Clinics Home Office	Your updated AT&T scheduled payment	1	0	0	0	0	0
Mailroom	Your updated AT&T scheduled payment	6	1	0	0	0	1
Pharmacy	Your updated AT&T scheduled payment	54	8	2	1	1	1
Risk Management	Your updated AT&T scheduled payment	1	0	0	0	0	0
	Totals	**85**	**14**	**5**	**2**	**4**	**3**



HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
December 10, 2019

1. Description: Risk Assessment Analysis & Proposed Audit and Monitoring Work Plans for Compliance, Privacy and HIPAA Security

2. Summary:

This item presents the executive summary of the District's compliance, privacy HIPAA security proposed work plans FY 2020.

3. Substantive Analysis:

The purpose of this executive summary is to provide a detailed analysis of the results of the combined risk assessment conducted in fall of 2019 in order prepare for FY 2020 work plans for Compliance, Privacy, and HIPAA Security. These efforts are the culmination of various inputs and forty plus interviews with the District's management resources. The proposed plans outline the audit and monitoring coverage across various governance resources in order to assist management at managing risk across the District entities and business process activities.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☐
Annual Net Revenue	**N/A**	Yes ☐ No ☐
Annual Expenditures	**N/A**	Yes ☐ No ☐

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
December 10, 2019

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee approve the Executive Summary of Compliance, Privacy and HIPAA Security work plans for approval for FY 2020.

Approved for Legal sufficiency:

Valerie Shahnari
VP & General Counsel

Deborah Hall
VP, Chief Compliance and Privacy Officer & Internal Audit

Darcy J. Davis
Chief Executive Officer

HCD Annual Risk Assessment

Fall 2019

Health Care District
PALM BEACH COUNTY

Annual Risk Assessment
December 10, 2019

Agenda

- What is a Risk Assessment
- Process
  - Review historical evidence and external factors such as laws, regulations and industry trends
  - Select key employees to interview
  - Conduct interviews to identify risk areas and opportunities for enhancement
  - Rating and Ranking Criteria – Prioritization
  - Build Compliance, Privacy, HIPAA Security and Internal Audit work plan
    - Multiyear Compliance & Privacy Plan
    - HIPAA Security Plan
    - Multiyear Internal Audit Plan
- Next Steps
- Questions

Health Care District
PALM BEACH COUNTY

DEFINITION

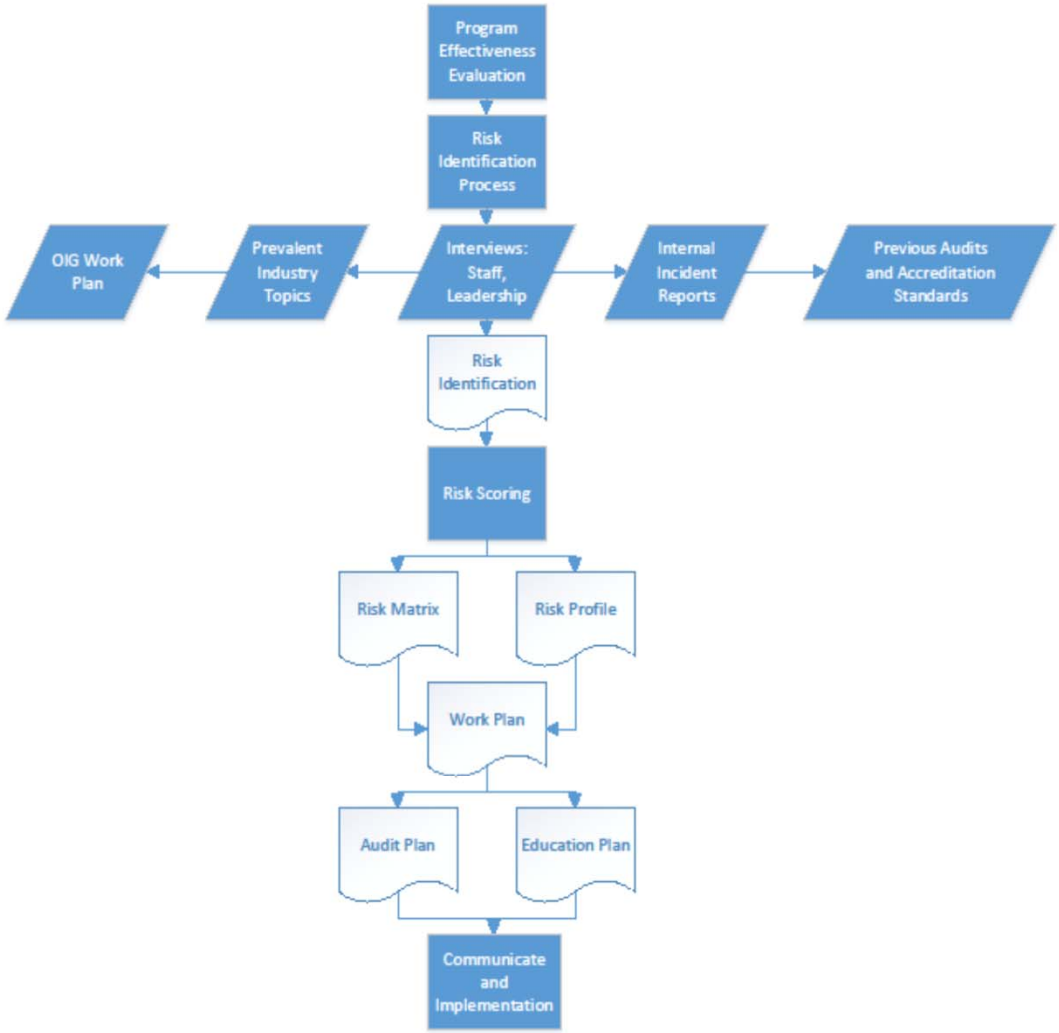
Risk assessment is the identification of threats that could negatively impact the District's ability to conduct its mission.

These assessments help identify the inherent business risks and provide measures, processes and controls to reduce the impact of these risks to business operations.

Risk Assessment Process

1. Identify potential threats that, if they were to occur, would negatively influence the District's ability to conduct its mission. This includes, but is not limited to, conducting focused interviews with key stake holders and management; reviewing previous audits and assessments; and evaluating external factors such as the OIG Workplan, hotline reports, industry practices, changes in laws, regulations, industry practices, audit results, accreditation survey results, structural and District initiatives, etc.
2. Determine which functions, processes and/or business assets would be negatively influenced if the risk came to fruition such as critical infrastructure, IT systems, business operations, District reputation, etc.
3. Rate the potential impact and vulnerability to each risk identified, as well as any mitigating controls that might reduce the likelihood or enhance the ability to prevent or detect an failure.

Health Care District
PALM BEACH COUNTY


Program Effectiveness Evaluation
Risk Identification Process
OIG Work Plan
Prevalent Industry Topics
Interviews: Staff, Leadership
Internal Incident Reports
Previous Audits and Accreditation Standards
Risk Identification
Risk Scoring
Risk Matrix
Risk Profile
Work Plan
Audit Plan
Education Plan
Communicate and Implementation

List of Interviewees

Amy Walker - Director of Patient Access
Andrea Steele - Director of Corporate Quality
Belma Andric, MD - VP & CMO
Charlene Murray - Director of Pharmacy - LMC
Cindy Yarbrough - Director of IT Security
Daniel Padron - Chief Medical Officer-Lakeside Medical Center
Darcy Davis - CEO
Deborah Hall (Debbie) - VP & Chief Compliance/Privacy Officer
Dennis Dzurovski - Director of Facilities
Dr. Alina Alonso - Patient Safety and Quality Chairperson
Dr. Ana Ferwerda - Interim Director (Clinics)
Ed Sabin - Finance and Audit Committee Chairman
Eileen Perry - Director of Utilization Management
Gerry Pagano – Director of Aviation Operations
Ginny Keller – Director of School Health
Hyla Fritsch - Director of Clinic Operations and Pharmacy Services
Jacques Lagrange - Radiology Manager
Janet Moreland - LMC Administrator
Jeanne Rizzo - Practice Manager, Jupiter Clinic
Jerry Elder - Chairman Clinic Board
Jesenia Bruno - Director of Accounting
Joel Snook, Chief Financial Officer
Karen Harris - VP Field Operations
Kenneth Scheppke - Aeromedical Medical Director
Lisa Sulger - Medical Records Manager
Manuel Diaz - Medical Records Manager
Martha Hyacinthe (Benghie) - Director of Corporate Risk Management
Michael Francischiello - Director of Infrastructure and Operations
Mina Bayik - Director of Finance
Patricia Lavely - CIO - Interim
Regina Stolpman - Director of Nursing-LMC
Robert Forchin - Purchasing and Accounting Manager
Robin Kish - Director of Communications
Ronni Lapides - Director of Eligibility
Rosella Weymer – Human Resources Director
RoseAnn Webb - Director of HIM
Sandra Smith - Director of Trauma and Clinical Aeromedical Services
Sarah Gonzalez - Director of Credentialing and Provider Services
Shelly Ann Lau - Healey Center Administrator
Tabatha McCallister - Revenue Cycle Manager – LMC
Val Shahriari - VP & General Counsel
Yolanda Ogle - Director of Revenue Cycle Management

Health Care District PALM BEACH COUNTY

Risk Rating and Analysis

- Determine the areas of greatest risk based inherent risk and the resulting residual risk.
- Evaluate the appropriate countermeasure to mitigate the identified risk (i.e., compliance review, policy development and/or education, internal audit, managements oversight and business process integrity).
- Quantify the resources needed to address the highest risk areas (workplan development to current complement of governance resources).
- Document multi year plan coverage for compliance, privacy, HIPAA security and internal audit.
- Obtain approval of various workplan(s).

Note: 130+ risks identified and aggregated into risk categories then specific audit activities (see work plans)

Health Care District
PALM BEACH COUNTY

2020 Compliance Work Plan
Proposed Audit & Monitoring Coverage

- Clinics/LMC - Telehealth Device Compliance (Lantana/LMC) - billing compliance, device management, healthcare ops
- LMC - Pharma audit – follow up PCI review /corrective action
- LMC - Pharma – High Alert Medications policy
- LMC / Clinics / Providers - Opioid prescription by Physician - open pages/DEA review
- School Health - scope of practice/risk management – contracted versus alignment to needs
- District Cares Program – Eligibility/Insurance Verification
- Clinics - Behavioral – MAT/Therapy programs
- Clinics – Call center and follow up business processes authorizations
- All applicable locations - e-prescribe – audit readiness for regulatory updates FL new requirement 12/31/19
- Risk Management - Risk Qual – audit for trends and addressing proactive education training /risk management program
- Clinics – Transportation review of Lyft program and NEMT process tracking
- District – Physician contract reconciliation (employed / contracted – reconciliation to payments/non-monetary comp)

OUTSOURCED AUDIT ACTIVITY

- Chart Audits / Coding Audits – external /outsourced coverage

Health Care District
PALM BEACH COUNTY

2020 Privacy Work Plan
Proposed Audit & Monitoring Coverage

- Contracting - Privacy Threshold Analysis – review of e-phi/PHI/IHII data points
- Privacy Walkthroughs – road shows for specific items related to patient privacy in combined clinics & open areas
- Systems Interface to State Portals - interface audit Athena/Florida shots/naming/vaccines/other screens
- Medical Record Documentation - documentation review by clinic – Athena
- Behavioral Medical Records mat program/telehealth recording/containment in EHR / authorizations/consents
- Medication Reconciliation Audit – School Health / retention guidelines
- Access to PHI / DATA - downstream access to privacy data
- Notice of Privacy Practices (NOPP) - Clinics/LMC/Healey – regulatory review
- Annual HIPAA Privacy and Security review / risk assessment

Health Care District
PALM BEACH COUNTY

2020 HIPAA Security Work Plan
Proposed Audit & Monitoring Coverage

IT Security – Access for credentialed physicians that work remote and access District systems (access/equipment/use and disclosure of PHI).

IT Security – Alerts reviewed within HIPAA Risk Assessment / reaction / investigations

IT Security – Force Point Data Loss Prevention (DLP) Solution – post Force Point implementation to verify endpoint and file shares are protected from data theft while on and off the corporate network.

IT Security – Virus protection audit – MacAfee/carbon black - determine the effectiveness of current/potential endpoint malware solutions that support the prevention, detection, proactive hunting and remediation of active threats.

OUTSOURCED Audit Activity

IT Security – Medical Device Audit – RSM will perform an assessment in February 2020 to consider medical device identification, data classification, patches, and security updates.

IT Security - Ransomware simulation - RSM will simulate several ransomware infection scenarios to determine the effectiveness of our existing network protection and staff readiness.

NOTE: Plan changes may occur based on results from outsourced HIPAA annual Security Assessment not received thru 11/21/19

Health Care District PALM BEACH COUNTY

2020 Internal Audit Work Plan
Proposed Audit & Monitoring Plan

- Finance – asset validations automobile – car allowance / actual automobiles assets
- Clinics – Revenue Cycle - Waiver of Services, Co-pays, Sliding fee scale
- LMC/Clinics - Pharmacy – Controlled Substance Inventory – all locations Omni cell/Pyxis
- Information Systems – Physical Security-IT Patch Mgmt. endpoints, policy/procedures
- Provider Services - Payor Fee schedule review accuracy
- Compliance - Program effectiveness review alignment to 7 elements
- Revenue Cycle – all locations denials management within the revenue cycle
- Billing Compliance – all locations Billing CCP/CDI/Coding/Nursing Documentation
- Access to Services - Assessment of process community awareness – outreach projects/hedis measures/UDS measures including specific screens (cancer/fit screens)

Note Current Complement is 8 audits and 6 special projects

Health Care District
PALM BEACH COUNTY

Multi-Year Other Coverage areas

- Clinics / LMC SDOH – social determinants of health contract/alignment to initiatives/kpi's contracting/grants)
- IT Security–Access user provisioning audit as follow-up to Identity Access Management (IAM) implementation (HIPAA Security)
- Revenue Cycle - Credit Balances (IA)
- IT - User provisioning role based access (IA)
- Non – Monetary Compensation for Physicians – (Compliance)
- IT - Business Continuity (IA)
- LMC/Clinics - Instrument Sterilization follow up reviews (Compliance)
- Finance - BOT – ghost employee/ghost vendor/ a/p/employee/vendor (IA)
- All locations – interpreter services - language Line languages testing (Compliance)
- Meaningful use – if Athena portal turned on 2019 (Privacy)
- Epic – cloud analysis readiness to implementation (IA)
- Construction Audits – follow up new bldg/new clinics (IA)
- Case management process – validate for school health
- Aeromedical – review of processes over trauma hawk dispatch / drop off
- Transportation – AMR contract

Health Care District PALM BEACH COUNTY

Next Steps

- Present to the Quality, PT Safety and Compliance Committee (12/10)
- Present to the Finance and Audit Committee of full Board for approval of workplans (12/10)
- Initiate audit and monitoring coverage across governance resource(s) (Jan 2020 and beyond)

Health Care District
PALM BEACH COUNTY

Healthcare District of Palm Beach County
Compliance Privacy & HIPAA Security Program - Audit & Monitoring Plan

Table of Contents

Executive Summary

I. Executive Summary

The attached workbook represents the preliminary scope and audit/monitoring activities proposed for a multi year audit plan. This document was derived from the subjective analysis over the last several months in reaction to enterprise risks as presented for the period November 2018 through November 2019. The following is the result of audits/investigations, process reviews conducted during that timeframe and external surveys responded to during this timeframe.

The results were evaluated for trends, patterns of risk activities across multiple process areas, existing risk management activities, and the initiation of managements priorities being undertaken. Further, the audit activities were evaluated within the process and sub process category they represent to reflect audit coverage broadly across the enterprise. The audit activities may overlap more than one process category and have been discussed through Management meetings and various compliance participation in management task forces and resulting outside group analysis.
Annually a formalized risk assessment should be completed to effectively rate / rank this subjective risk analysis and provide alignment to the District's strategies, objectives and goals. That risk assessment update will have an impact to the proposed audit coverage for 2020. Additionally, as resources are evaluated (internally and externally) against the completion of these plans there will be a relative impact to the audit coverage capabilities as well. We assume that the attached plan for 2020 would commence in January after management and BOD approval during the December 10th 2019 committee meetings.

II. Estimated Budget for Staffing - HCD Compliance Department

The 2020 proposed audit and monitoring plan coverage, includes the current complement of resources within the Compliance privacy and HIPAA Security function(s) including multiple independent contractors. The plan was developed recognizing the existence of segregated audit and monitoring coverage among other groups; ***Privacy Program*** , HIPAA ***Security Team*** and the ***Internal Audit plan*** (s) respectively. An FTE is considered to put forth approximately ***1600*** hours to the annual audit plan coverage in addition to annualized training, vacation hours and start of audit plan coverage.

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III. Audit Plan - 2020

The audit plan coverage was developed by allocating hours to audits based on the results of subjective risk assessment and management's priorities. Audit reviews would entail the traditional evaluation of compliance, privacy, HIPAA Security and control design and effectiveness for the purpose of assessing compliance with the regulatory environment and overall process controls. There are 11 Compliance reviews, 8 Privacy reviews, & 6 HIPAA Security reviews on the 2020 audit plan coverage. The remaining hours to the plan are made up of various compliance privacy & HIPAA security program implementation, training, reporting tasks, audit follow up, risk assessment updates, and management requests that occur through out the year and by areas outside these functions. The definitions of these areas are included in the plan tab. The coverage areas support the on-going implementation of the seven elements aligned with OIG Program guidance for Healthcare Organizations and the risks identified in the 2019 OIG work plan.

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A preliminary scope was defined for all the proposed audit and monitoring coverage depicted for the 2020 plan. All other coverage areas are defined here as well. The compliance work plan is on the 5th tab, Privacy the 6th tab and HIPAA Security the 7th tab.

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IV. Audit Plan - Other Coverage Areas - 2021/2022

Proposed coverage for subsequent audit plans was derived by evaluating the remaining results of risk areas and taking into consideration the current complement resource hours, existing budget within these function(s). A preliminary scope was defined for areas of coverage.

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HCD Proposed Audit & Monitoring Plan (Detail Plan 3 of 8)

HCD - Compliance Privacy & HIPAA Security Audit & Monitoring Plan 2020
Resource Allocation and System Budget

		Existing Staff Estimated Hours							
Audit & Monitoring Activity	***Risk Rating***	***CCO***	***Open Position Manager IC***	***Open Position Privacy Analyst IC***	***FTE Sr. Analyst***	***Part Time Analyst IC***	***FTE Security Analyst***	***FTE Security Director***	***Total Audit Hours***
Audit Response to Compliance Privacy & HIPAA Security Events		300	380	380	300	80	280	240	1960
Annual Program Implementation /Audit Coverage		670	820	820	900	250	775	850	5,085
Management Requests		350	100	200	100	100	75	50	975
Follow-Up Reviews		80	200	80	200	60	350	315	1,285
Management Reporting (Board/Sr. Management)		120	40	40	0	20	40	65	325
Risk Assessment Update		80	60	80	100	0	80	80	480
Total		**1,600**	**1,600**	**1,600**	**1,600**	**510**	**1,600**	**1,600**	**10,110**

Note: CCO hours included in total audit hours and allocation for oversight to other programs

Risk Rating Legend:
H - High risk - Residual Risk above ranking of 6
M - Moderate risk - Residual Risk above ranking of 4
L - Low risk - Residual Risk above ranking of 1
F - Follow-up audit

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan 4 of 8)

HCD - Compliance & Privacy & HIPAA Security Audit & Monitoring Plan 2020
Resource Allocation, and District Budget to Current Complement

		2020 Estimated Hours with Current Staffing Complement							
Audit Activity	***Risk Rating***	***CCO***	***Open Manager IC***	***FTE Senior Analyst***	***Open Privacy Analyst IC***	***Part time Compliance Analyst IC***	***FTE Security Analyst***	***FTE Security Director***	***Total Audit Hours***
Audit Response to Compliance Events									
Audits/Investigations (annual response)	H, M	300	380	300	380	80	280	240	1,960
Annual Program Compliance & Privacy Audits									
Program Compliance Activities	H	40	80	0	0	80	0	0	200
Program Compliance Training	H	40	80	80	80	20	0	0	300
Annual Physician Contract Reconciliation	H	50	100	80	0	100	0	0	330
Telehealth - Clinics	H	35	140	60	20	0	0	0	255
Pharma - High Alert Meds	M	15	40	75	0	0	0	0	130
Opioid Prescription - across all locations	M	20	40	75	0	0	0	0	135
School Health - Scope of Practice	M	20	40	75	0	0	0	0	135
District Cares Eligibility	H	20	50	80	0	0	0	0	150
Behavioral Mat Program - Clinics	H	20	80	80	0	0	0	0	180
Call Center - Clinics	M	20	20	75	0	0	0	0	115
e-prescribe - all locations	H	20	30	80	0	0	0	0	130
Risk Qual - Risk Management	H	20	80	60	0	50	0	0	210
Transportation - Lyft Program	M	10	40	80	0	0	0	0	130
Privacy Reviews * See next tab	H	180	0	0	720	0	0	0	900
HIPAA Security Reviews - See next tabs	H	160	0	0	0	0	775	850	1,785
Management Requests									
TBD	TBD	350	100	100	200	100	75	50	975
Follow-Up Reviews									
Follow-Up Reviews	F	80	200	200	80	60	350	315	1,285
Management Reporting (Board/Sr. Management)									
Reporting/Communication	N/A	120	40	0	40	20	40	65	325
Risk Assessment Update	N/A	80	60	100	80	0	80	80	480
Total		**1,600**	**1,600**	**1,600**	**1,600**	**510**	**1,600**	**1,600**	**10,110**

Note Audit & Monitoring Plan 2020 = January 2020 - December 2020

Risk Rating Legend:
H - High risk - Residual Risk above ranking of 6
M - Moderate risk - Residual Risk above ranking of 4
L - Low risk - Residual Risk above ranking of 1
F - Follow-up audit

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan 5 of 8)

HCD Compliance Audit & Monitoring Plan 2020
Preliminary Scope for reviews aligned with current staffing complement

Audit Activity	*Risk Rating*	*Process*	*Preliminary Audit & Monitoring Objective/Scope*
Audit Response - Compliance Inquiries			
Traditional reaction audit response	H, M	District / Location Operations	Perform an audit investigation into allegations made with regard to compliance with laws, regulatory or HCD policy for specific area(s) of process control weakness. To include applicable allegations into specific response to workforce incidents, management reporting, hotline inquiries, and other pertinent or relevant to allegation(s) or research inquiries. (coordination with human resources, legal or clinical resources where necessary). Support necessary corrective action with assisted management action plans.
Compliance Program Implementation or Compliance Audits			
Program Compliance	M	Program Compliance	On-going implementation of the foundation for the seven elements compliance program. Specifically, efforts to maintain policy and procedures for compliance, privacy and HIPAA security, maintain code of conduct, annual attestations, completion of annual compliance program road map for effectiveness of program, further implementation of anonymous hotline, compliance recognition program, standard disciplinary response.
Compliance Training	H	Program Compliance	Develop specific annual compliance required training and focused training as a response to specific corrective action (i.e. False Claims Act (FCA) or CMS Fraud Waste & Abuse (FWA) Annual Training, Clinical Training (Blood borne Pathogens, Infection Control, etc..).
On-going Monitoring	H	Annual Compliance & Privacy	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for Sanction checking across the government and state databases for work force resources that may have been disbarred or sanctioned from federal health care programs. We provide this monitoring for all workforce associate, Physicians and in 2020 all vendors.
Physician Contracts	H	Physician Arrangements	A review to validate accuracy of payment and documentation made to both employed and contracted Physicians within the District Holdings entities/Locations. Review will specifically validate payment reconciliation to Physicians while comparison to actual contract and identify deficiencies with regard to FMV/Leases, Volume - Value of referrals situations, Commercial Reasonableness, and overall regulatory compliance with Stark regulation.
Telehealth Services	H	Clinics Audit	This audit will review and cover the specifics with regards to telehealth procedural compliance in both the clinics locations and LMC. This audit will also consider the appropriate equipment/devices with which to perform these services and a review of adequate clinical documentation to support billing compliance.
Pharma - High Alert Medications	M	LMC/Clinics	This audit will review the high alert medications policy and include all applicable locations.
Opioid Prescription	M	LMC/Clinics	This audit will review DEA specific information against regulatory measures to ensure that Physician compliance is in order with regard to prescribed outcomes and will include a review of open pages Physician measures/results.
School Health - Scope of Practice	M	School Health	This audit will include a specific review of the individual nursing scope of practice for school health and the inherent practices performed across the locations school nurses are assigned to. It includes the evaluation of specific resources to complement the District.
District Cares Eligibility	H	District Cares Program	The audit will review specific attributes and criteria around the District Cares eligibility program. The audit will compare authorizations and services performed by CCP our outsourced vendor.
Behavioral Mat Program	H	Clinics Audit	The audit will cover the specific Mat program services provided by the clinics in relation to patient care and the execution of these billable services.
Call Center	M	Revenue Cycle	The audit of the call center will include specifics on call volume, supporting following up for revenue cycle activities and access to District programs.
e-prescribe	H	All Locations	The audit review will consist of adherence to current regulatory guidelines and the Districts utilization of e-prescribe use. It will review current practices with regard to any manual prescription pads currently in use at any locations.
Risk Qual System	M	Risk Management	The audit of the Risk Qual incident tracking system will evaluate trends and corrective actions with regard to incidents tracked through closure in the Risk Qual system. The review will also evaluate time to closure and the escalation procedures for incidents noted here.
Transportation	H	Clinics Audit	This audit will support a new process put in place to utilize a vendor, Lyft for transportation for NEMT - non emergent medical transport. The process will review the eligibility/consent waiver and tracking for this new process, since implementation in November 2019.
Management Requests			
TBD	TBD	Any	Compliance will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.
Follow-Up Reviews			
Follow-Up Reviews	F	Any	Compliance will perform follow up reviews for all reportable comments contained within suggested corrective action, Final Audit Reports issued for 2019 and Plans of Correction (POC's) documented within compliance investigations.
Management Reporting			
Management Reporting	MR	Audit Plan Status	Compliance function time to develop management reports representing the results of compliance audit & monitoring, reviews, or diagnostics of specific compliance and control activities across the District. Additional time here for participation in management task forces, Compliance Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
Risk Assessment Update			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal compliance risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan.

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan 6 of 8)

HCD Privacy Audit & Monitoring Plan 2020
Preliminary Scope for reviews aligned with current staffing complement

Audit Activity	*Risk Rating*	*Process*	*Preliminary Audit & Monitoring Objective/Scope*
Privacy Program Implementation or Privacy Audits			
Program Compliance	M	Privacy Program	On-going implementation of the foundation for the elements of privacy program. Specifically, efforts to maintain policy and procedures for privacy and HIPAA security, annual attestations, completion of annual privacy program road map for effectiveness of program, further implementation of privacy road show - training and standard disciplinary response.
Privacy Training	H	Privacy Program	Develop specific annual privacy required training and focused training as a response to specific corrective action (i.e. HIPAA - OCR Breach, Privacy and Security Rule - Annual Training, Clinical Training (HRSA, Privacy specific items faxing/sending/access to PHI). This will also include specific time and presentation to the Privacy Road Show - training and how to report incidents to be conducted in 2020.
On-going Monitoring	H	Annual Privacy Program Requirements	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for HIPAA Privacy Rule assessment. There are certain addressable and reportable that are required for review each year.
Privacy threshold analysis	H	Privacy Program	A review to validate accuracy of ePHI, PHI, and IHII data points across the District and to analyze the safety and security of protected health information in transit, at rest and to support overall patient care.
Privacy Systems Interface to State Portals	M	Privacy Audit	This review will focus on the specific interfaces with regard to Athena and the Florida portals supporting tracking for disease management, various vaccine requirements and annual screening requirements.
Medical Record Documentation	H	Privacy Audit	This review will focus on the specific results of the Athena implementation and is to be considered a follow up to the deficiencies noted post implementation in the faxing and scanning of patient records that will require auditing and monitoring to address any breach concerns with 144K medical records documentation.
Behavioral Medical Records	M	Privacy Audit	This review will focus on a review of specific behavioral records within the Athena system. These records have not been parsed from the actual medical records and will focus on the corrective actions in order to secure these records from typical medical records request process.
Medication Reconciliation	M	Privacy Audit	This review will focus on the privacy components of medication reconciliation within the school nurse programs where our District employees support the school health programs. Select locations will be sampled for review of privacy and medication reconciliation.
Downstream Access to PHI	H	Privacy Audit	This review will focus on specific contracts and third parties that have access to PHI and utilize PHI in a downstream relationship with the District. The review will consist of contract service level agreements (SLA's) and specifically with regards to privacy and security of PHI in our covered entity and BAA relationships.
NOPP	M	Privacy Audit	The review will focus on a standard depiction of our Notice of Privacy Practices - NOPP and include a review of the various disclosures made at all the District entities where this applies. Consistency is documentation and practices will be the outcome of the review.
Management Requests			
TBD	TBD	Any	Privacy will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.
Follow-Up Reviews			
Follow-Up Reviews	F	Any	Privacy will perform follow up reviews for all reportable comments contained within suggested corrective action, Final Audit Reports issued for 2019 and Plans of Correction (POC's) documented within privacy investigations and walk through.
Management Reporting			
Management Reporting	MR	Audit Plan Status	Privacy function time to develop management reports representing the results of privacy audit & monitoring, reviews, or diagnostics of specific privacy and control activities across the District. Additional time here for participation in management task forces, Privacy Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
Risk Assessment Update			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal privacy risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan and adherence to the annual Privacy and HIPAA Security rule requirements.

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan 7 of 8)

HCD HIPAA Security Audit & Monitoring Plan 2020
Preliminary Scope for reviews aligned with current staffing complement

Audit Activity	*Risk Rating*	*Process*	*Preliminary Audit & Monitoring Objective/Scope*
HIPAA Security Program Implementation or HIPAA Security Audits			
Physician Access	H	Security Audit	This audit will complete a comprehensive access of both employed and contracted Physician access across the District locations. This audit will focus on "active" access but will likely update and include a review of prior Physician access assigned and changed, terminated and status of inactive is warranted.
IT Alerts	H	Security Audit	This audit will represent a comprehensive review of Alerts provided by the monitoring security systems across the District. It will focus on specific alert trends, reaction and closure to security events/alerts as part of the overall monitoring function.
On-going Monitoring	H	HIPAA Security Audit	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for PHI security over data with regard to protected health information contained in patient records; this among other on-going monitoring such as Phishing campaigns would be conducted in this area.
Force Point - Data Loss Prevention	H	Security Audit	This audit will be performed after Force Point implementation to verify endpoint and file shares are protected from data theft while on and off the corporate network.
Virus Protection	M	Security Audit	The audit will determine the effectiveness of the current / potential endpoint malware solutions that support the prevention, detection, proactive hunting and remediation of active threats.
Medical Device Audit	M	Security Audit	An outsourced provider, RSM will assist the HIPAA Security team in performing an assessment to consider medical device identification, data classification, patches, and security updates.
Ransomware	H	Security Audit	An outsourced provider, RSM will assist the HIPAA Security team in performing an assessment to simulate several ransomware infections scenarios to determine the effectiveness of our existing network protection and staff readiness.
Management Requests			
TBD	TBD	Any	HIPAA Security will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.
Follow-Up Reviews			
Follow-Up Reviews	F	Any	HIPAA Security will follow up on specific areas identified in both the annual HIPAA risk assessment / and remediation plan and the access audits conducted in 2019. Additionally any other areas identified in HIPAA Security reviews conducted in 2019 will be completed within the hours identified here.
Management Reporting			
Management Reporting	MR	Audit Plan Status	HIPAA Security function time to develop management reports representing the results of compliance audit & monitoring, reviews, or diagnostics of specific compliance and control activities across the District. Additional time here for participation in management task forces, Compliance Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
Risk Assessment Update			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal compliance risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan.

HCD Proposed Audit Plan (Detail Plan 8 of 8)

HCD Compliance Privacy & HIPAA Security Audit & Monitoring Plan 2021
Proposed other coverage areas for consideration

Audit Entity	*Audit Year*	*Process*	*Preliminary Audit & Monitoring Objective/Scope*
Clinics / LMC SDOH	2021	Access to Programs	Social determinants of health / contract alignment to initiatives / KPI's / grants
IT Security Access	2021	All Access Users	Access user provisioning audit as a follow up to IAM Identify Access Management
Credit Balances	2021	Revenue Cycle	Credit balance process for overpayments/refunds/ to regulatory quidelines and internal policy
Role Based Access	2021	All Access Users	Review of various role based security set up and access to systems across the District (specific)
Non - Monetary Compensation	2021	Physicians	Review of annual non-monetary compensation limits for all Physicians across the District
Business Continuity	2021	Information Technology	Review of the various business continuity plans for the critical systems / processes across the District
Accounts Payment payroll	2021	Workforce Employees	Review of payroll files to determine if ghost employees/vendors or employee/vendor relationships exist
Meaningful Use	2021	Information Technology	Review of portal implications to meaningful use and appropriate reporting capabilities; review to include specifics around timeframe for portal in Athena to be re-opened
Construction Audit	2021	Construction Operations	Review of specific construction projects and follow up to the Construction audit for Belle Glade Clinic in 2019
Case Management	2021	Clinical Operations	Review of specific utilization of case management in the eligibility and case management process for the clinics and school health. Review of specific regulatory reporting with regards to ED visits.
Aeromedical	2021	Aeromedical	Review of process surrounding dispatch and drop off for Trauma Hawk transportion
AMR Contract	2021	Transportation	Review of specific service level agreement details and response time to the contract for applicable locations; Lakeside/Healey/Clinics
Interpreter Services	2022	Clinical Operations	Review of language line interpreter services across the District of applicable Clinical Operations
Instrument Sterilization	2022	Clinical Operations	Review of applicable locations instrument sterilization and follow up to reviews completed in 2019
Epic Post Implementation	2021	Information Technology	Review of post implementation application specifics and clinical operations impacts

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 10, 2019

1. Description: Compliance Policy Updates

2. Summary:

Ongoing review and revision of policies is critical to an effective compliance program. The Compliance Department reviewed and revised Compliance policies in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Ensure consistent processes, structures, and ongoing compliance
- Keep employees and the District current with regulatory and industry best practices
- The below link is being provided along with the attached documents to enable your review of these policies. https://hcdpbcpartners.hcdpbc.org/board/Documents/Forms/AllItems.aspx

3. Substantive Analysis:

The Compliance Department reviewed and revised the following compliance policies:

- Non-Monetary Compensation for Physicians and Immediate Family Members
- Overpayments and Refunds Policy
- Gifts and Gratuities
- Non-Retaliation
- Physician Employment
- Standards of Conduct
- Business Associate Agreements
- Compliance Hotline
- False Claims Prevention
- Governmental Investigation
- Compliance Investigation
- Refund and Overpayment
- Non-Discrimination
- Standards of Conduct Acknowledgement Form

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☐
Annual Net Revenue	**N/A**	Yes ☐ No ☐
Annual Expenditures	**N/A**	Yes ☐ No ☐

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee forward their recommendation for Board Approval.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Deborah Hall
VP, Compliance & Privacy Officer, Internal Audit

Darcy J. Davis
Chief Executive Officer

HCDPBC COMPLIANCE POLICY UPDATES

POLICY NAME	AREA	LAST REVISED	SUMMARY OF POLICY CHANGES
Business Courtesies to Physicians and Immediate Family Members (changed to Non-Monetary Compensation for Physicians and Immediate Falsify Members)	Compliance	9/12/2012	Changed the name of the policy to align with legal nomenclature and changed the annual and per occurrence limits from $373 to $416 and $31 to $35 in order to align with regulatory changes.
Correction of Errors (Changed name to Overpayments and Refunds policy and combine with similar policies)	Compliance	1/16/2013	Changed name of policy, but no substantive changes were made. Expanded scope to include overpayments from all sources including patients, guarantors and payors in addition to Federal health care programs.
Gifts (Changed to Gifts and Gratuities)	Compliance	1/16/2013	Changed policy name to include gratuities. No substantive changes to the policy, but expanded definition of what actions may constitute improper conduct; i.e., offer, give, solicit or accept to align with regulatory language.
Non Retaliation	Compliance	1/16/2013	Expanded descriptions and added definition of "good faith" reporting.
Physician Employment Policy	Compliance	1/16/2013	No substantive changes to policy.
Standards of Conduct	Compliance	1/16/2013	Changes made to reflect all substantive policy changes that were made.
Business Associate Agreements	Compliance	3/20/2013	Expanded the definition and requirements of Business Associate Agreements and changed the "voice" of the policy from passive to active.
Compliance Hotline	Compliance		No substantive changes. Focused policy more specifically on the availability and operation of the hotline.
False Claims Prevention	Compliance	3/20/2013	No substantive changes. "Voice" changed from passive to active.
Governmental Investigation	Compliance	3/20/2013	No substantive changes. Expanded scope to include all workforce members, not just employees, and explicitly prohibit "hiding or altering" any documents.
Compliance Investigation	Compliance	6/15/2016	Added detail regarding what warrants investigation and expanded who may be involved; i.e., Legal Department.
Refund and Overpayment Policy (Combined with Overpayments and Refund policy and procedure referenced above.)	Compliance	9/14/2016	See Correction of Errors above.

HCDPBC COMPLIANCE POLICY UPDATES

Non-Discrimination Policy	Compliance	10/12/2016	Changed to an overarching policy to include both employees and patients so that definition of discrimination is consistent.
Standards of Conduct Acknowledgement Form	Compliance	10/10/2018	Additional location added re: School Health.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 10, 2019

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 1st Trimester of the 2019-2020 school year for School Health and 3rd Quarter of 2019 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, and Lakeside Medical Center.

3. Substantive Analysis:

See attached reports.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

Valerie Shalmiari
VP & General Counsel

Belma Andric, MD
CMO, VP & Executive Director of Clinical Services

Darcy J. Davis
Chief Executive Officer

PATIENT RELATIONS DASHBOARD

School Health 1st Trimester

July-December 2019

COMPLAINTS/GRIEVANCES

CATEGORY	JUL	AUG	SEP	OCT	NOV	DEC	T1 2019	JAN	FEB	MAR	T2 2020	APR	May	Jun	T3 2020	2019-2020	2018/2019
	#	#	#	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
Care & Treatment	0																5
Communication																	6
Nursing Related		1														1	4
Respect Related																	2
TOTAL:	0	1	0														16
Complaints/ No Letter Required																	13
Grievances/Letter Sent ≤ 7 days																	3
Grievances/Letter Sent > 7 days																	
Total Completed Events:																	728,326

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

JULY:	NONE
AUG:	1. Parent brought student's daily medication to health room without a Physician Authorization and was upset with RN when she was informed the medication could not be administered.
SEPT:	NONE

COMPLIMENTS

	JUL	AUG	SEP	OCT	NOV	DEC	T1 2019	JAN	FEB	MAR	T2 2020	APR	MAY	JUN	T3 2020	2019/2020	2018/2019
	#	#	#	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
# COMPLIMENTS RECEIVED	0	2	5													4	18

SUMMARY OF COMPLIMENTS

JUL:	NONE
AUG:	1. Principal and AP commended RN for the great job she was doing, even when faced with challenges. 2. Parent sent an email thanking the RN for care rendered to her daughter during an emergency/seizure event.
SEPT:	1. Member of the community who was in Park Vista HS during Hurricane Dorian called nursing supervisor to compliment and thank the team of nurses for their care during the storm. 2. Mother called to thank RN for advising she seek medical care for an injury to her student's left wrist, which was fractured at the ulna and radius. 3. Adult staff member (22 weeks pregnant) emailed school principal to thank RN for care rendered when she was in distress and awaiting EMS personnel. 4. Mother of a student complimented RN on treatment provided to daughter's fractured arm. MD had advised mother that had the RN not applied a splint, the child may have required surgery. 5. RN complimented by teacher for her care and compassion.

C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

PATIENT RELATIONS DASHBOARD
2019
January thru September

COMPLAINTS/GRIEVANCES

CATEGORY	JAN #	FEB #	MAR #	Q1 2019 TOTAL	APR #	MAY #	JUN #	Q2 2019 TOTAL	JULY #	AUG #	SEPT #	Q3 2019 TOTAL	OCT #	NOV #	DEC #	Q4 2019 TOTAL	2019 TOTAL	2018 TOTAL
Care & Treatment	7	6	2	15	6	3	3	12	4	5	5	14				8	49	23
Communication	2	3	2	7	3			3	1	1	2	4				2	16	11
Discharge				0	0			0				0				0	0	0
Environmental		1		1	0			0				0				0	1	1
Finance	1			1	0	1		1		2	1	3				1	6	2
Medical Records			1	1	0			0				0				0	1	2
Nursing Related				0	0			0				0				0	0	1
Clinical Support Staff				0	0			0				0				0	0	0
Other			1	1	0		1	1	3			3				1	6	21
Pharmacy Related	2			2	2			2				0				0	4	6
Physician Related			2	2	0			0	1			1				0	3	5
Respect Related	1	2		3	2	1	1	4			1	1				2	10	8
TOTAL:	13	12	8	33	13	5	5	23	9	8	9	26	0	0	0	14	96	80
Complaints/No Letter Required	5	7	4	16	5	2	2	9	5	6	4	15				0	40	43
Grievances/Letter Sent ≤ 7 days	8	5	4	17	8	3	3	14	4	2	5	11				0	42	44
Grievances/Letter Sent > 7 days	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0
LETTERS NOT SENT FOR GRIEVANCES	0	0	0	0	0	0	0	0	0	0	0	0				0	0	4

Q1 encounters: 35,625 Q2 encounters: 37,071 Q3 encounters: 38,358 Q4 encounters:

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

JUL:	Of the 9 occurrences there were 5 complaints and 4 grievances. There was 1 Dental complaint about a Dentist care in Delray, 1 Women's Health complaint from a patient concerning the wait time for receiving a lab result (over 30 days), and 7 Primary Care occurrences of which there were 3 complaints and 4 grievances. The 3 complaints included 2 for Quest Lab services and billing, and was 1 related to the District Cares authorization process. The 4 grievances included: receiving a lab result letter in the mail for a lab the patient did not receive, poor care & treatment by a provider at the Lewis Center, confusion with the referral process for a Humana patient, and a patient feeling disrespected by a Certified Application Counselor in Lantana. The Patient Experience Manager completed a "walk in your shoes" with patient to learn more about the patient experience.All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure.
AUG:	Of the 8 occurrences there were 6 complaints and 2 grievances reported. There were 5 complaints for Primary Care services of which: 2 from the Delray Beach clinic for a delay in processing a patient referral and another related to a billing issue; 2 related to wait times at the Lantana and West Palm Beach clinics; and 1 form a Jupiter patient who was turned away from Quest labs for an outstanding balance. The last complaint was from a Delray Beach Dental patient who refused the Hygienist recommendation to receive an SRP (deep cleaning) instead of a one-visit, full-mouth cleaning. Of the 2 grievances, 1 was from a WPB patient related to the wait time for a Primary Care Visit, and 1 was from a Delray Beach Dental Clinic patient who felt the hygienist was "too rough" during her teeth cleaning. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure.
SEP:	Of the 9 occurrences there were 4 complaints and 5 grievances. All 4 complaints were submitted by patients of the West Boca Clinic. Of these 4: one (1) was related to the sliding fee scale policy, 1 related to frustrations with contacting clinic staff directly, 1 was related to an issue with the security guard, and 1 was regarding a denied request for a patient to be seen by a medical provider via telephone / telemedicine. Of the 5 grievances, 4 were for Primary Care Services of which one (1) was related to care and treatment of a parathyroid issue at the Delray Beach Clinic, 1 was related to the incorrect processing of an authorization at the Home Office, and 2 were submitted by Lake Worth patient: 1 regarding the patients inability to reach the clinic directly by phone, and 1 was regarding an incorrect lab result. The 1 Dental grievance was submitted by a WPB patient who reported she was denied for service. The Patient Experience Manager completed a "walk in your shoes" with patient to learn more about the patient experience. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure

COMPLIMENTS

	JAN #	FEB #	MAR #	Q1 2019 TOTAL	APR #	MAY #	JUN #	Q2 2019 TOTAL	JULY #	AUG #	SEPT #	Q3 2019 TOTAL	OCT #	NOV #	DEC #	Q4 2019 TOTAL	2019 TOTAL	2017 TOTAL
# COMPLIMENTS RECEIVED	1	9	13	23	8	5	14	27	11	5	27	43				0	93	316

SUMMARY OF COMPLIMENTS

JUL:	There were 11 compliments of which 7 were for staff and services for Primary Care, 2 were for dental providers Dr. Flora Bentsi-Enchill, 1 for the Delray Dental Team, and 1 fcompliment was for Substance Abuse Services Program.
AUG:	There were 5 compliments for the month. One was made by a clinic partner "Fyzical Therapy Plam Beach" to the FQHC Referral Team for their hard work and dedication to the patients they serve. One made to Rochelle Francois, Registration Specialist at WPB for excellent service. One was made on behalf of Keisha Pittman, MA/ Registrations Specialist at the Lewis Center for being professional. One for Irlande Polynice, MA at the WPB Clinic for being helpfuland nice. One made for Dr. Delvis Secin Santana, WPB provider for being a compassionate, thorough, and caring doctor.
SEP:	There were 27 Primary Care Service compliments for the month. Of these compliments: 16 were for WPB registration and nursing staff, 5 were for West Boca Satff, 5 for the Lewis Center, and 1 for Belle Glade staff. Some of the compliments are: "I couldn't have a better healthcare experience. Thanks so much for all staff members", "patient stated to staff that she loved how she is treated every time she comes to the clinic and that she enjoys the friendly staff and the provider", "the staff sincerely care about our patients", "Excellent, polite, good respectful, speedy", "My experience with my visit today was amazing. I received exceptional service from the doctor and staff. Thank you!".

PATIENT RELATIONS DASHBOARD

Location: Healey Center
Period: 4th Quarter (October-December)

Healey Center
Health Care District Palm Beach County

REGULATORY

Survey Type & Date	Annual AHCA re-certification survey conducted 9/12/19, Life Safety Survey 9/17/19, Pharmacy inspection 9/27/19

Average number of residents: 118

GRIEVANCES

CATEGORY	JAN #	FEB #	MAR #	Q1 TOTAL	APRIL #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2019 TOTAL
Activities												0				0	0
Admitting/Registration																0	0
Care & Treatment			2	2	2	3	1	6	3	2		5				0	13
Communication	2	2	1	5		1		1	1		2	3				0	9
Discharge												0				0	0
Environmental		3	1	4	2	1	1	4	2	1	1	4				0	12
Finance										1		1				0	1
Medical Records						1	1	2				0				0	2
Noise Issue		1		1	1			1				0				0	2
Nursing Related	2	5	1	8	2	4	2	8	5	2	2	9				0	25
Nutrition	3	3	1	7	1	10	2	13	7	3	5	15				0	35
Other		5	2		1	6	4	11	6	3	4	13				0	24
Pain Management				7		1		1	0			0				0	8
Personal Belongings	5	6	9	20	7	6	7	20	8	3	2	13				0	53
Physician Related									0			0				0	0
Respect Related						2	2	4	0			0				0	4
TOTAL GRIEVANCES:	12	25	17	54	16	35	20	71	32	15	16	63	0	0	0	0	188

SOURCE OF CONCERNS

Verbal: Patient/Family	12	25	17	54	16	35	20	71	32	15	16	63				0	188
Written: Patient/Family				0				0				0				0	0
Survey				0				0				0				0	0
Employee				0				0				0				0	0
Physician				0				0				0				0	0
Compliance Hotline				0				0				0				0	0
Regulatory				0				0				0				0	0
Federal				0				0				0				0	0

RESOLUTION TURN AROUND TIME

# Resolved w/i 72 Hrs. Per Policy	11	20	12	43	14	27	13	54	20	12	12	44				0	141
# Not Resolved w/i 72 Hrs. Per Policy	1	5	5	11	2	8	7	17	12	3	4	19				0	47

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

July: Personal Belongings	A summary of the grievance revealed 22 out 119 residents' submitted grievances. 5 residents accounted for multiple grievances. Many of the concerns reported were related to missing clothing which were all resolved by locating clothing and if not located clothing were replaced. One resident reported a tablet was missing which was located in the possession of another resident who is residents close friend. The tablet was returned without incident. A total of 20 were resolved within 24-72 hours. Delay in the resolution of other grievances beyond 72 hours include awaiting outside laundry return due to missing items, one resident reported a missing sports team jersey which facility was unable to locate and was ultimately ordered and replaced and one resident reported a damaged laptop which was sent out for repair and delay due to ordering of parts.
August: Nutrition & Personal Belongings	Analysis of the grievances indicated a total of 15 of 118 residents reported 15 total concerns during the month. A summary of the grievance included preference of specific staff to cook rice, and the taste of salt in soup; request to have outside eye specialist, one report that he did not wear dentures because they make him gag and resident complaining staff refused to purchace gift card at his request and one resident reported one staff member was not sensitive to his disabilities. 12 of 15 grievances were resolved within 24-72 hours. Delay in the resolution of other grievances beyond 72 hours include, awaiting outside eye specialist appointment and awaiting pest control and meeting with staff member.
September: Nutrition	A summary of the grievances revealed 13 of 118 residents' had written grievances. 2 of the 13 residents accounted for two or more grievances. There were a total of 16 grievances filed. Nutrition accounted for 5 of the 16 filed grievances which included complaints of the texture and preparation of the food. One resident complained dietary did not have the snacks he prefers. Other reports included report of denture not fitted properly, staff did not answer question, one resident reported difficulty getting through a door due to height of threshold, and one resident wanted to spend more time at Walmart during facility outings. 12 out of 16 grievances were resolved withing 72 hours. Of the remaining 4 grievances, delay included replacement of damaged clothing, accomodating residents in a semi private room with comfortable temperature for both residents, meeting with family member and adjustment of the door entry to accomodate easier maneuvering for resident.

COMPLIMENTS

	JAN #	FEB #	MAR #	Q1 TOTAL	APRIL #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2019 TOTAL
# COMPLIMENTS	2	3	1	6	2	18	19	39	17	28	24	69				0	114

SUMMARY OF COMPLIMENTS

July:	A summary of the compliments during the month of July details several residents and familys appreciation and satisfaction for overall and care and services provided as well as satisfaction with improvement in residents physical functioning. Compliments also included good customer service and some residents also verbalized how happy they were to be living at the Healey Center. Other compliments included Environmental services and Activities department.
August:	A summary of the compliments for the month of August includes resident and family verbalizing their gratefulness and their satisfaction with the overall care and services provided by the Healey Center staff. Some residents also highlighted they like the new menue items and there were compliments regarding the tastefulness of the food. One family member commented on their satisfaction with communication from Nursing staff providing updates regarding residents condition. There were also compliments regarding the variety of Activity programs provided in the facility.
September:	A summary of the compliments for the month of September includes resident and family verbalization of gratitude for the care they have recevied at the Healey Center and spoke kindly of the Nursing staff. Some residents highlighted the excellent care received from specific Restorative nursing staff members. One resident expressed "everyone makes me happy here" There were also compliments regarding the quality and quantity of activities offered to the residents and compliments towards the Activities staff. Compliments also included the cleanliness of the facility and the tastfulness of the food.

PATIENT RELATIONS DASHBOARD

Lakeside Medical Center
Health Care District Palm Beach County

Location: Lakeside Medical Center
Reporting Period: July - September 2019

REGULATORY

Survey Type & Date	Survey Findings Summary & Actions
Report:	

GRIEVANCES

	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2019 TOTAL
Admitting/Registration	0	0	0	0	0	0	0	0	0	0	0	0					0
Care & Treatment	1	3	2	6	2	0	0	2	1	0	1	2					10
Communication	1	0	0	1	0	1	1	2	0	0	1	1					4
Discharge	0	0	1	1	0	0	0	0	1	1	0	2					3
Environmental	0	0	0	0	0	0	0	0	0	0	0	0					0
Finance	0	0	0	0	0	0	0	0	0	0	0	0					0
Medical Records	0	0	0	0	0	0	0	0	0	0	0	0					0
Nursing Related	0	2	0	2	0	0	0	0	0	3	1	4					6
Nutrition	2	1	0	3	0	0	0	0	0	0	1	1					4
Other	2	4	0	6	4	0	0	4	0	0	1	1					11
Pain Management	1	1	0	2	3	0	0	3	1	0	0	1					6
Personal Belongings	0	0	0	0	1	0	0	1	1	0	1	2					3
Pharmacy	0	0	0	0	0	0	1	1	0	0	0	0					1
Physician Related	1	6	3	10	2	0	1	3	2	5	2	9					22
Respect Related	0	0	0	0	0	0	1	1	0	0	0	0					1
TOTAL CATEGORIES:	8	17	6	31	12	1	4	17	6	9	8	23					71

SOURCE OF CONCERNS

Verbal: Patient/Family	7	15	4	26	11	1	2	14	6	3	7	16					56
Written: Patient/Family	0	0	0	0	0	0	0	0	0	0	0	0					0
Survey	0	0	0	0	0	0	0	0	0	0	0	0					0
Employee	0	2	1	3	1	0	1	2	0	4	1	5					10
Physician	1	0	0	1	0	0	1	1	0	2	0	2					4
Compliance Hotline	0	0	0	0	0	0	0	0	0	0	0	0					0
Regulatory	0	0	0	0	0	0	0	0	0	0	0	0					0
Social Media	0	0	1	1	0	0	0	0	0	0	0	0					1
TOTAL # OF CONCERNS:	8	17	6	31	12	1	4	17	6	9	8	23					71

TOTAL NUMBER OF CONCERNS

Complaints/No Letter Required	8	16	3	**27**	8	1	4	**13**	6	7	5	**18**					**58**
Grievances/Letter Sent ≤ 30 days	0	1	3	**4**	4	0	0	**4**	0	2	3	**5**					**13**
Grievances/Letter Sent > 30 days	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**					**0**
TOTAL # OF CONCERNS:	**8**	**17**	**6**	**31**	**12**	**1**	**4**	**17**	**6**	**9**	**8**	**23**					**71**

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

JUL:	Confused, combative patient helped with extra attention; Patient's wife was concerned that his pain would not be properly managed due to perception of drug-seeking; Patient upset about late discharge; Patient did not like physician's approach but refused to speak to physician or take follow-up phone calls; Missing locator bracelet, valuables list signed by daughter clearly states 'no jewelry'; OB patient unhappy with physician insisted on leaving AMA, AMA call revealed a nursing issue as well, referred to DON.
AUG:	There were five complaints about a physician that are being handled by the CMO and Hospital Administrator; A Sickle Cell patient who was unhappy with the wait time for Gatorade; A patient/nurse miscommunication; Clinical staff voiced concern during clinical trial of new IV product; Patient with gallbladder pain unhappy with ER discharge.
SEPT:	Granddaughter unhappy with care, unable to satisfy; ED physician unwilling to give patient the medication requested; Delay in Radiology reading of CT; Patient's daughter did not return calls x 3, unable to satisfy; Patient unhappy about an IV infiltrate after her shower; Patient complaint about missing money days after discharge; OB patient unhappy with interaction with physician; Patient unhappy with dietician, service recovered by dietary manager.

COMPLIMENTS

	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2019
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL
# COMPLIMENTS RECEIVED	14	4	3	21	**1**	**0**	**7**	**8**	**2**	**5**	**2**	**9**				**0**	**38**

Comments on Compliments	**JULY:** Plant Ops recognized for professionalism and teamwork; ER nurse recognized for going above and beyond with a patient admitted with wounds.
	AUGUST: Respiratory therapist comforted and calmed a labor patient in her own language; ER nurse helped start a difficult IV on another unit; OB nurse recognized for comfort and compassion she gave a patient; Admitting employee acknowledged for recognizing a patient needed help and making sure she received it; A physician was recognized for her collaboration and communication skills both with patients and staff.
	SEPTEMBER: ER nurse complimented for taking time to discuss/educate a sickle cell patient about other options to manage the disease; ICU and Respiratory staff recognized by a family for a "marvelous, outstanding job" with a dying patient and the care after he passed "Great job, we truly felt the love."

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 10, 2019

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3rd Quarter of 2019 for Aeromedical, C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

3. Substantive Analysis:

See attached reports.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Belma Andric, MD
CMO, VP & Executive Director of Clinical Services

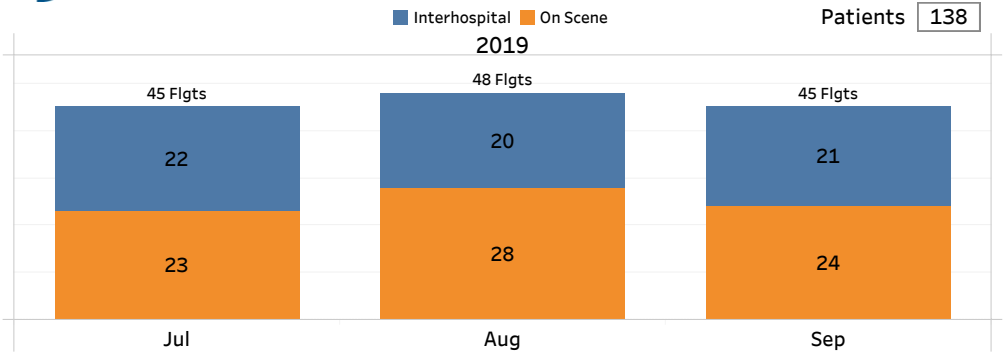
Darcy J. Davis
Chief Executive Officer

Health Care District
PALM BEACH COUNTY

Aeromedical Quality Report

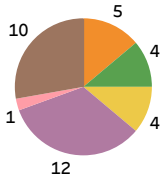
Flight Date
07/01/2019 to 09/30/2019

Flights 138
Patients 138



Missed, Cancelled or Aborted Flights

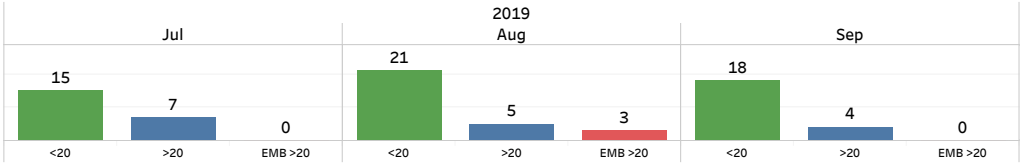
Missed Date
7/1/2019 to 9/30/2019



Missed Reason
- County Coverage
- Medical No Go
- No Backup
- Referring Agency
- Simultaneous Fl..
- Weather

36 Go to Detail

Call To Scene (minutes) for Scene Flights with 3 legs or more



Average Times for Scene Flights

Month, Year of F..	On Sce..	Disp To En..	Disp To O
July 2019	7m 31s	3m 44s	15m 51s
August 2019	10m 1..	4m 39s	15m 23s
September 2019	7m 11s	4m 2s	14m 17s

Utilization

	2019		
	Jul	Aug	Sep
Hours Utilized	69.27	74.96	66.77
% Hours Utilized	6.2%	6.7%	7.1%
Available Hours	1,116	1,116	942
% Available Hours	100%	100%	87%

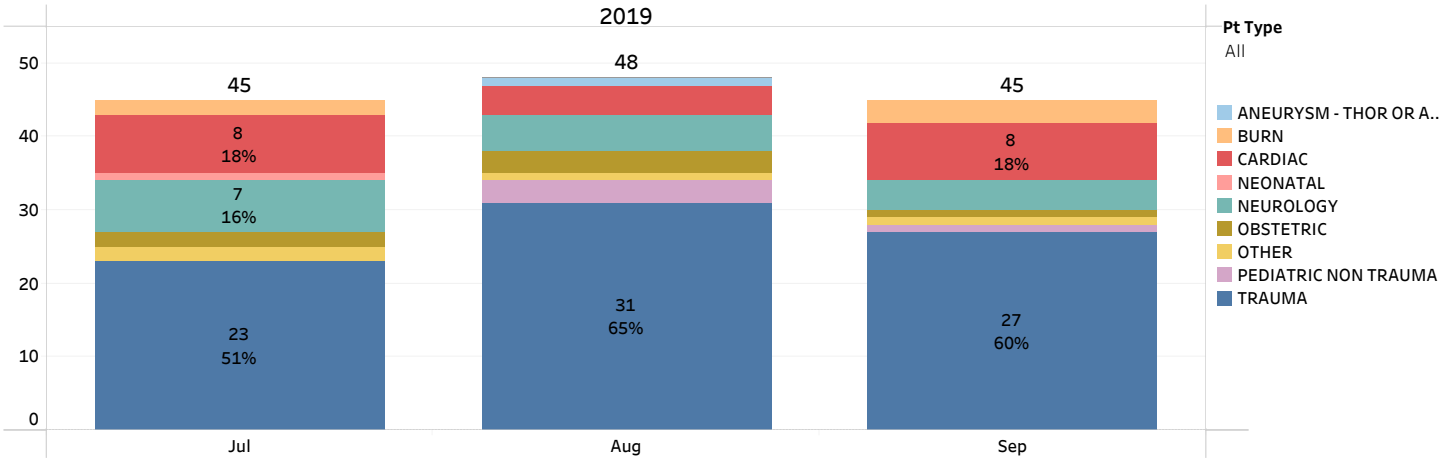
*EMB - East of 20 Mile Bend

Trauma Hawk
Aeromedical Program
Health Care District Palm Beach County

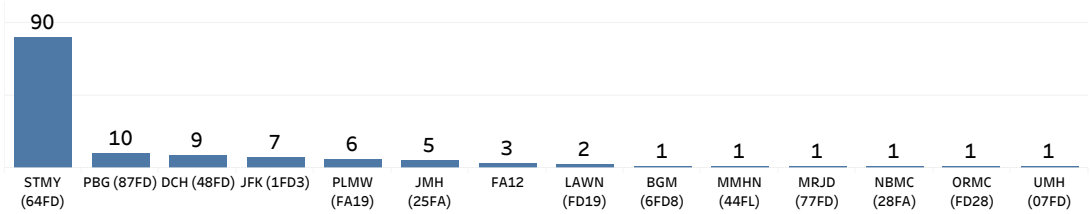
Services

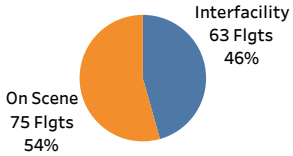
TOTAL FLIGHTS 138

Flight Date
07/01/2019 to 09/30/2019

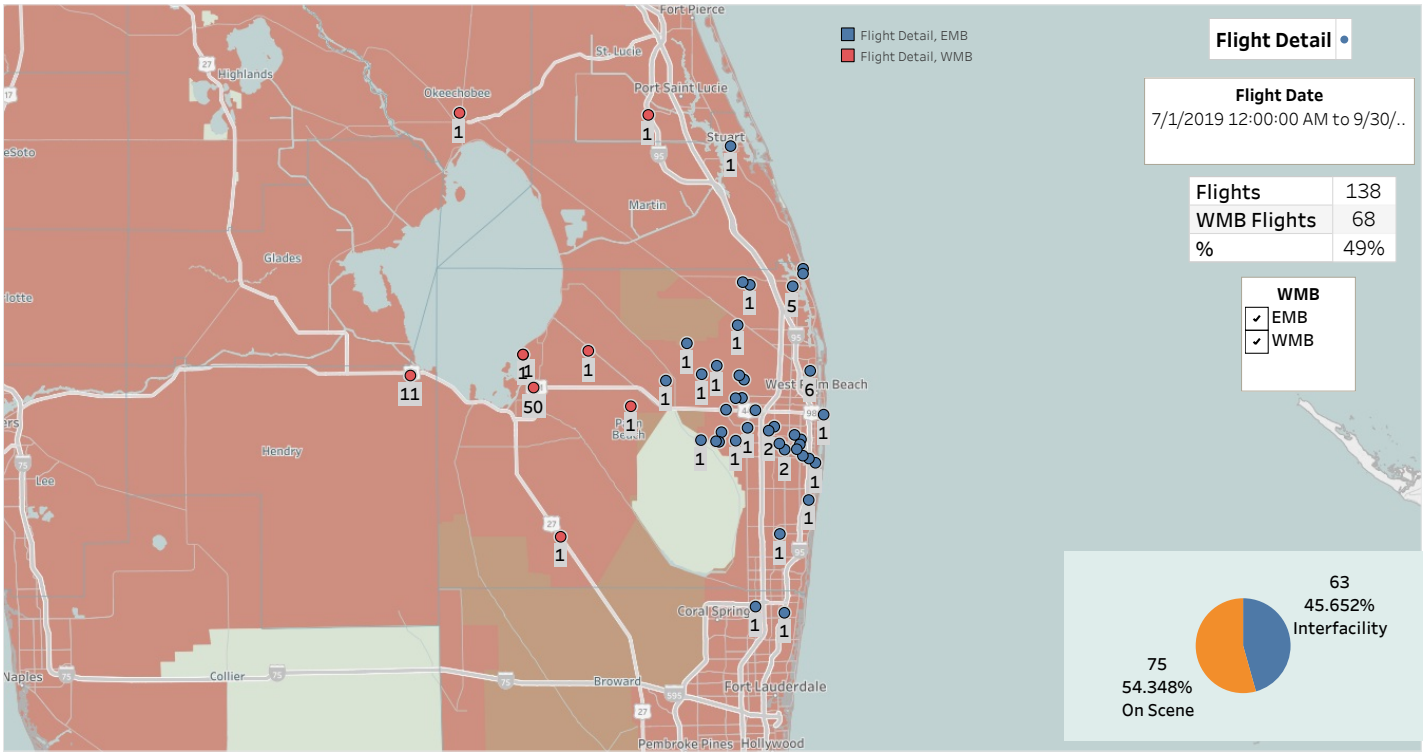


Destination

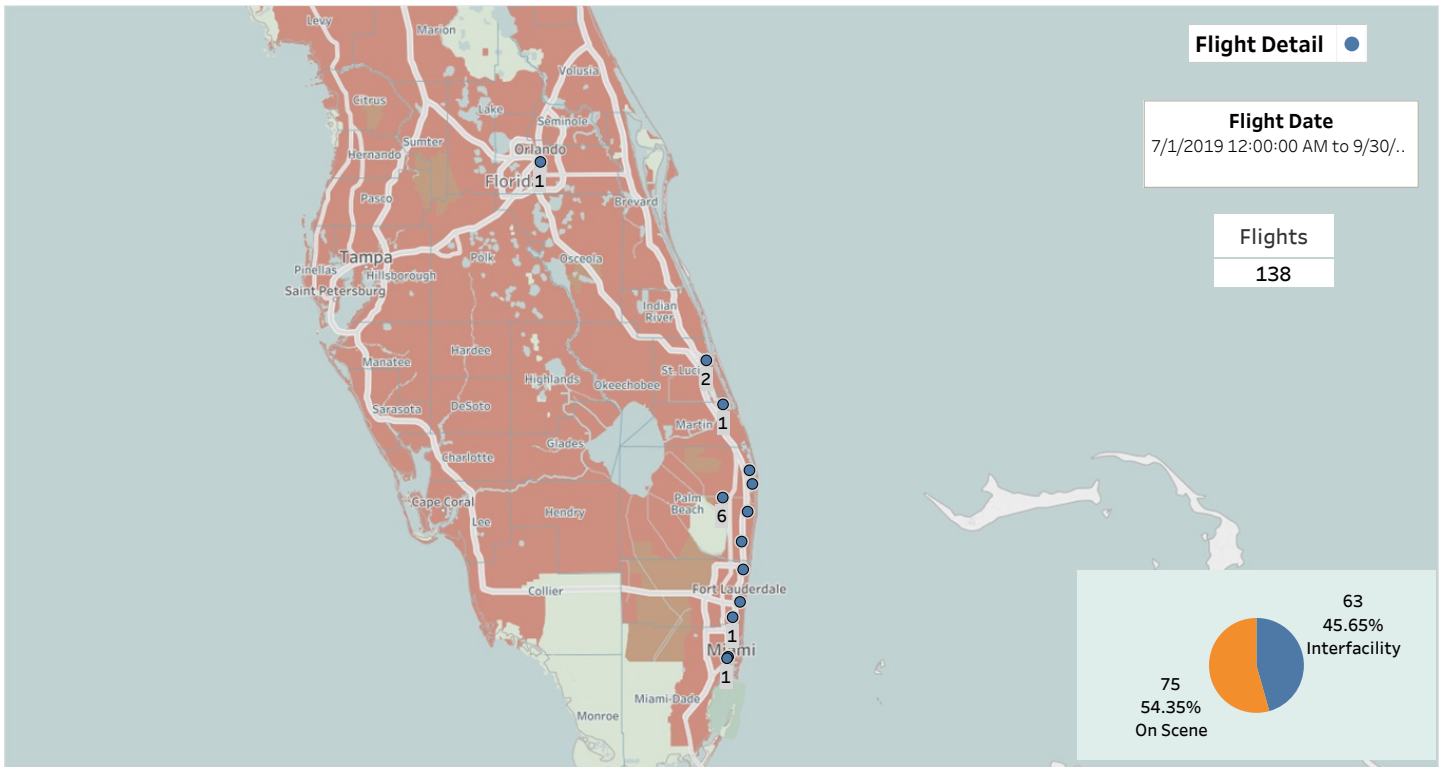




TH135 Pickup Locations



TH135 Receiving Locations

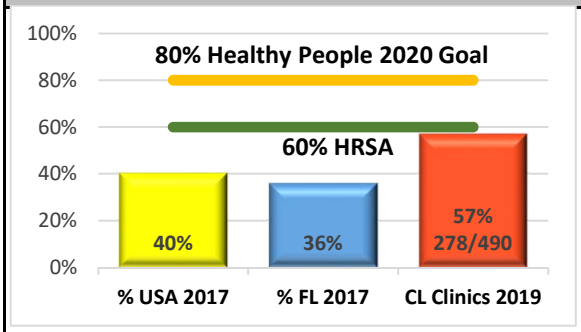


C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

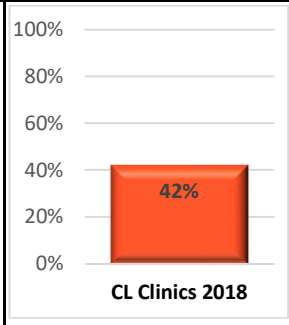
YTD September 2019

CHILDHOOD IMMUNIZATION

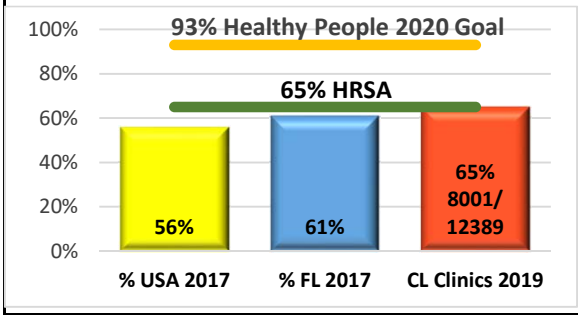


Findings: 1. Lowest rates in Rotavirus and Influenza 2. EMR reports are not capturing patients who have completed all vaccinations as per UDS requirements. 3. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Create call list for patient access to schedule appointments for those due for vaccines. 2. Work with Athena for solution to capturing completed vaccinations as per UDS requirements. 3. Work with Athena to correct attribution errors.

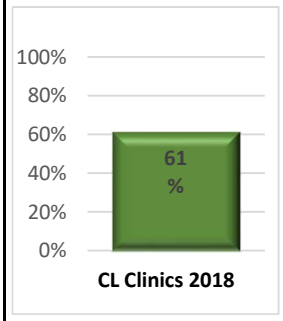


CERVICAL CANCER SCREENING

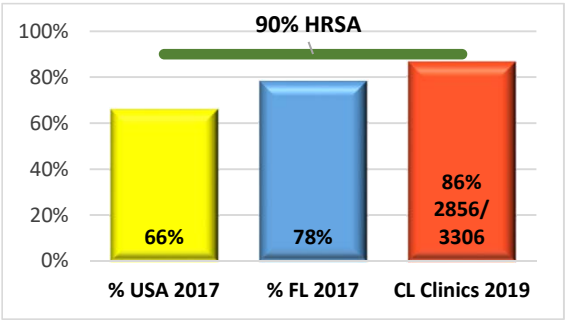


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.3. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Develop a custom report similar to FIT test. 3. Woman's Health Director provided Pap smear guidance and cervical cancer guideline updates to teams.

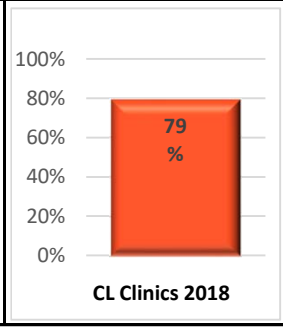


WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

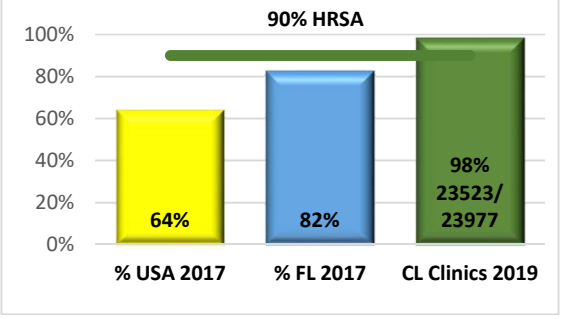


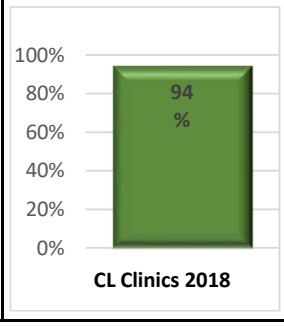
Findings: 1. Providers not dropping the order group at every visit. 2. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Train providers that health education should be given at every visit regardless of reason for visit. 2. Work with Athena to correct attribution errors.



ADULT WEIGHT SCREENING AND FOLLOW UP



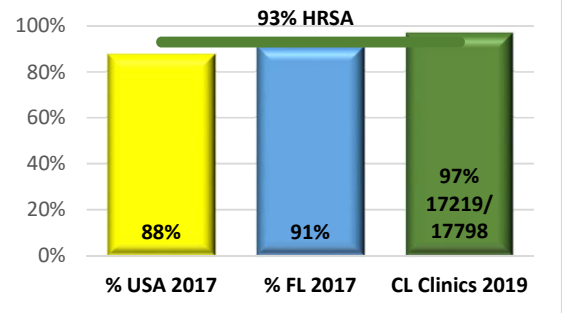


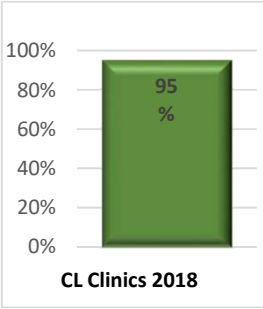
C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

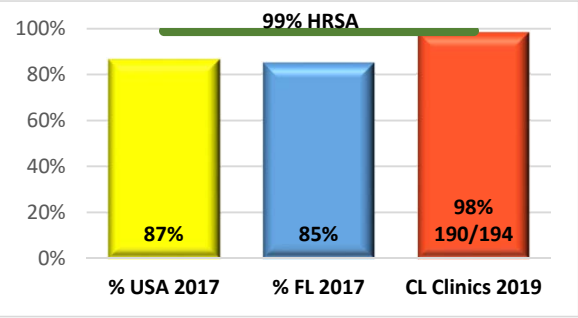
YTD September 2019

TOBACCO USE SCREENING AND CESATION INTERVENTION



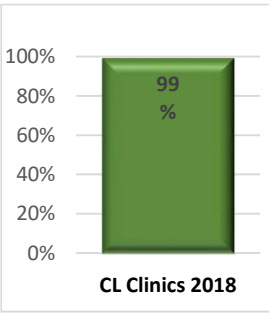


ASTHMA PHARMACOLOGIC THERAPY

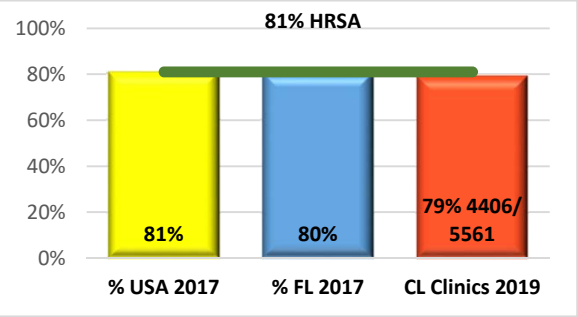


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates. 3. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Providers have been trained to update the dates. 2. Send cases to individual providers to update medication list if still active. 3. Work with Athena to correct attribution errors.

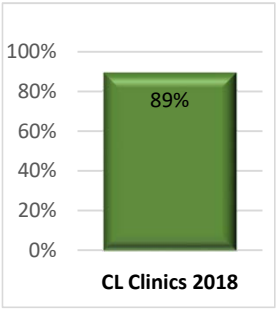


CORONARY ARTERY DISEASE (CAD): LIPID THERAPY

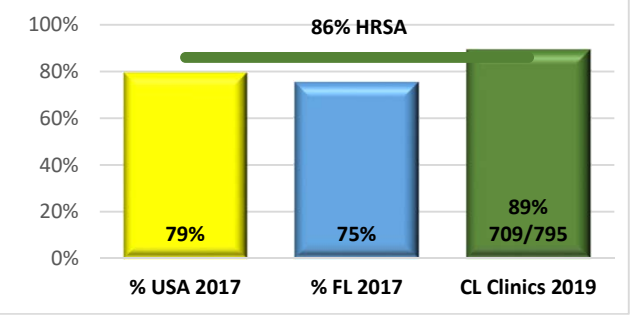


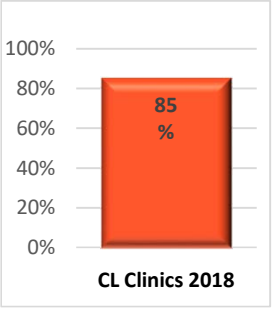
Findings:1. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Work with Athena to correct attribution errors.



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy



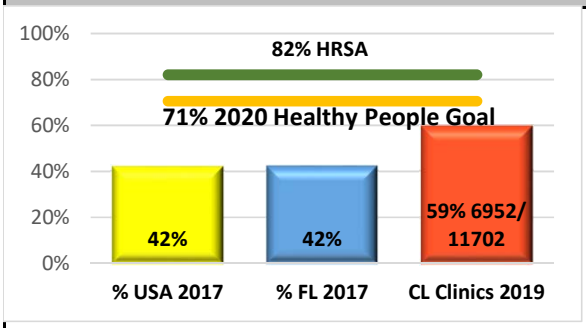


C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

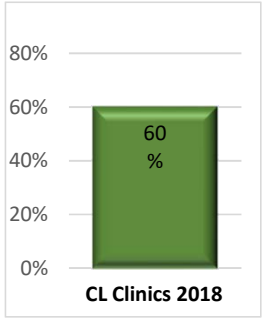
YTD September 2019

COLORECTAL CANCER SCREENING

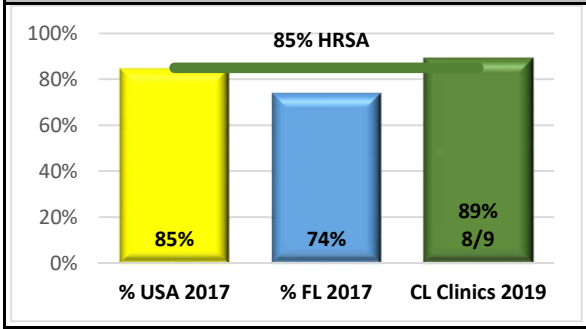


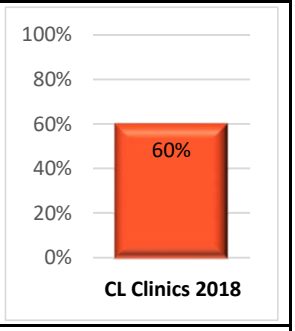
Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena. 3. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonscopy quality data into Athena. 5. Work with Athena to correct attribution errors.

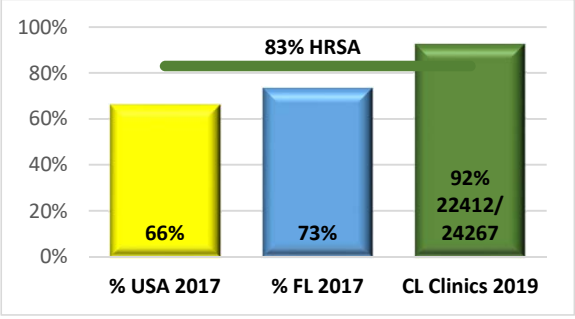


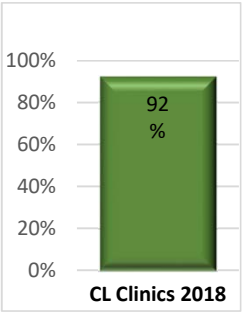
HIV LINKAGE TO CARE



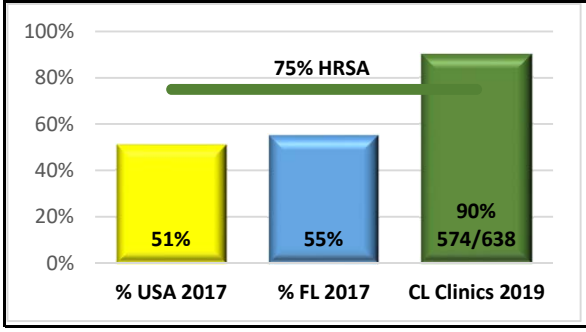


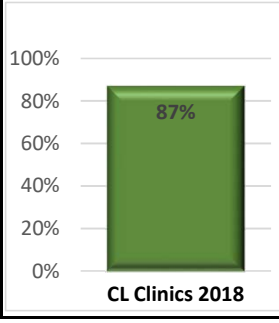
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP





DENTAL SEALANTS



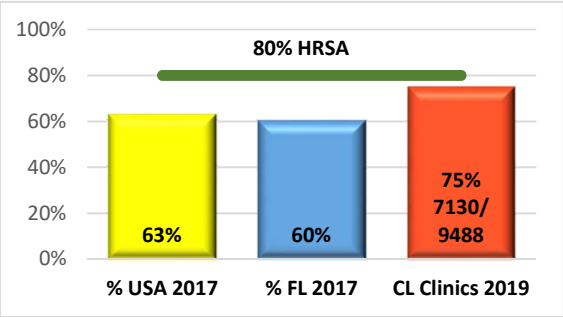


C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

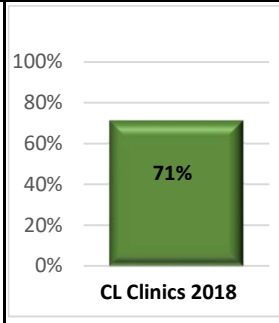
YTD September 2019

HYPERTENSION

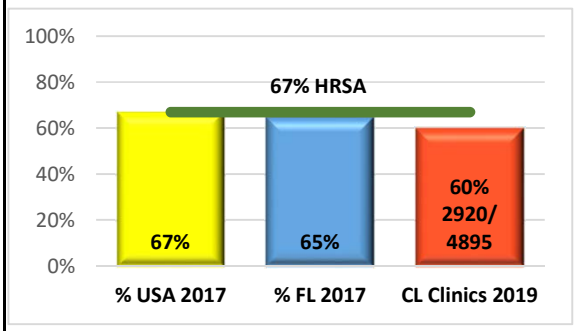


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen. 3. QMR data is skewed due to attribution and hence duplicating patients.

Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate. 4. Work with Athena to correct attribution errors.

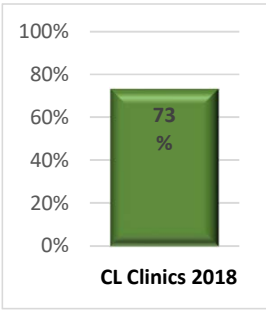


DIABETES

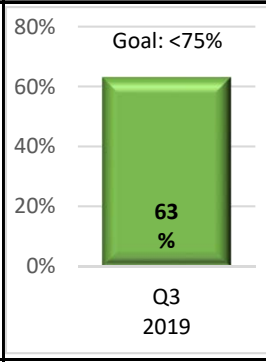
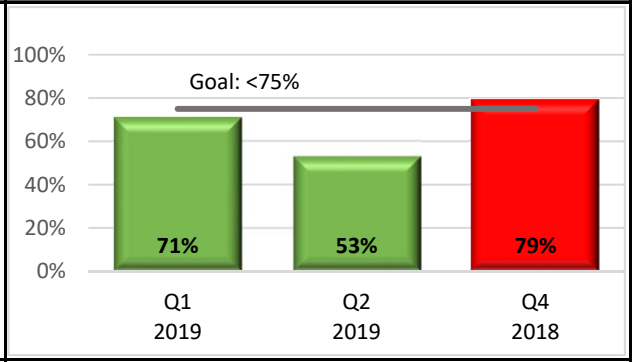
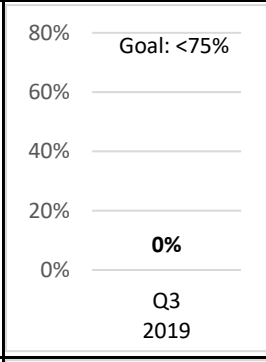
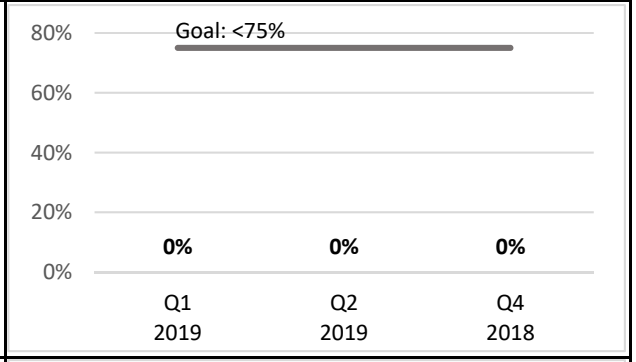
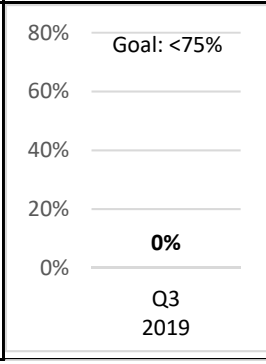
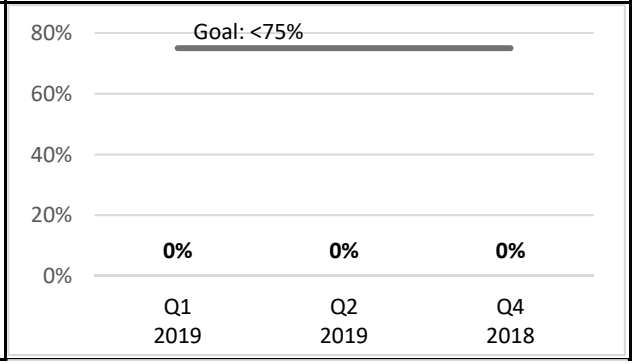


Findings: 1. Patients are non-compliant with therapy for various reasons (pill burden, fear of insulin, lack of understanding the disease). 2. Clinical inertia 3. QMR data is skewed due to attribution and hence duplicating patients.

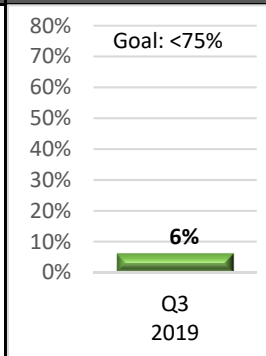
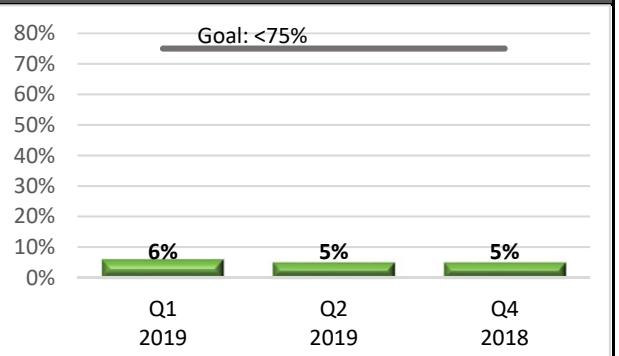
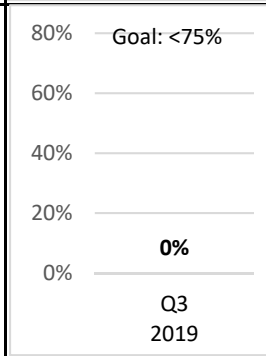
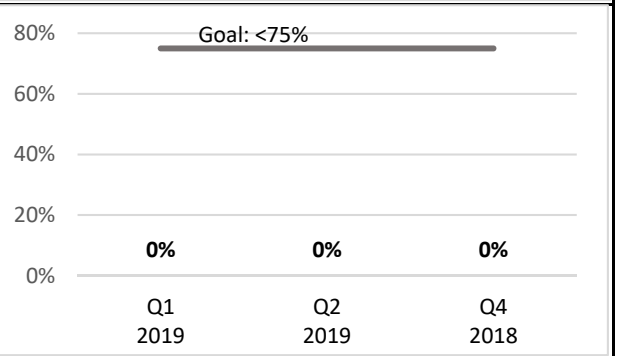
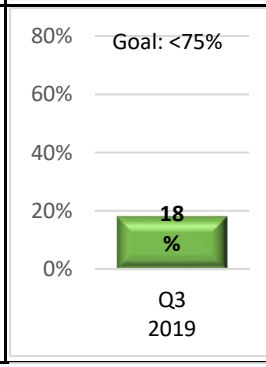
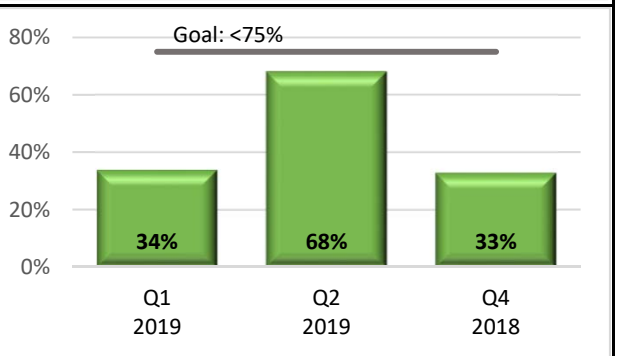
Interventions: 1. Imlement POC A1c machines in clinic. 2. Collaborate with pharmacy on educating patients on medications and medication reconciliation. 3. Build care teams to include health educator to address high risk patients. 4. Provide lunch and learns on Diabetes management. 5. Outreach to patients without A1c on chart. 6. Work with Athena to correct attribution errors.



Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative			
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
High Risk Long Stay Residents with Pressure Ulcer			
New/Worse Pressure Ulcer(s)			
Experiencing One or More Falls with Major Injury			

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative			
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
Falls (L)			
Who Have Depressive Symptoms			
Who Lose Too Much Weight			

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
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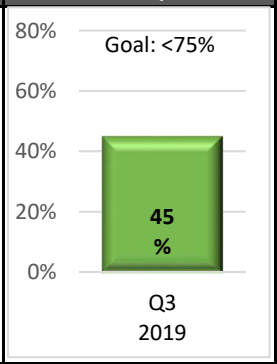
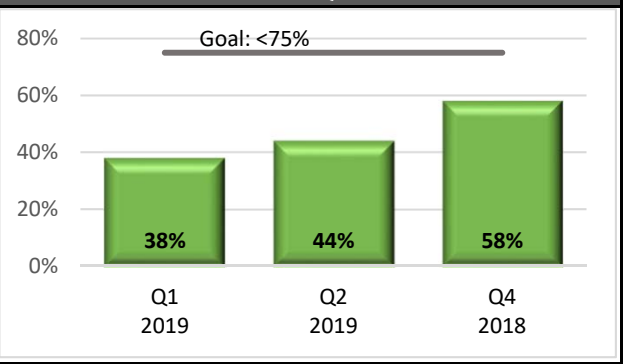
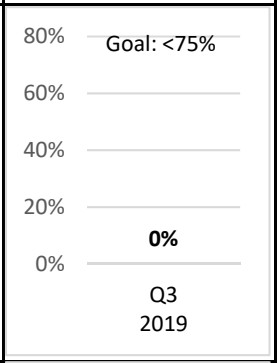
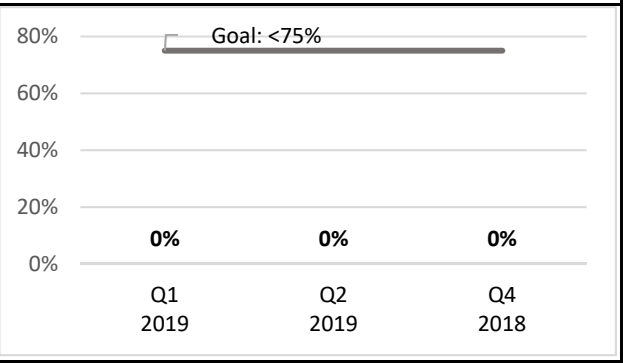
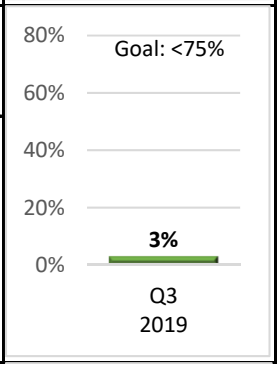
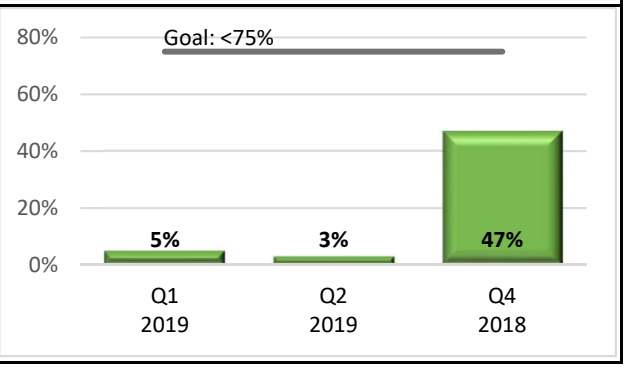
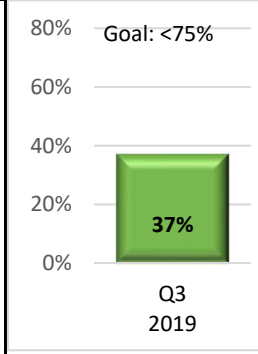
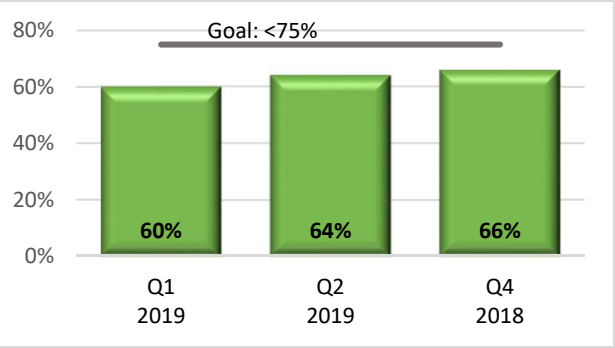
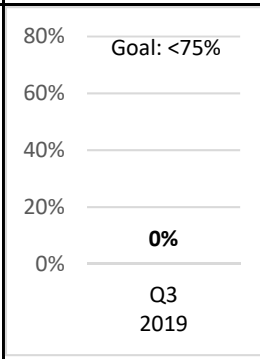
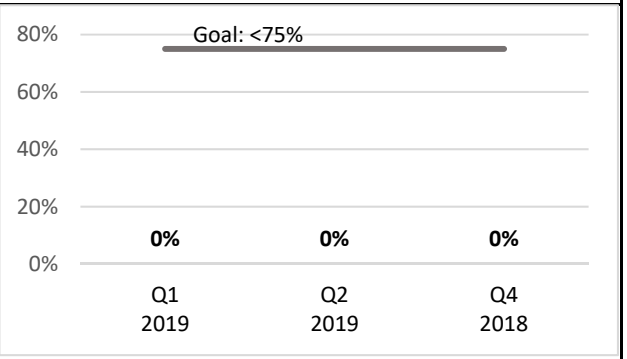
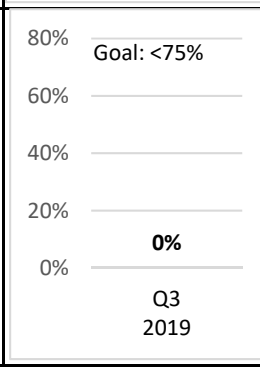
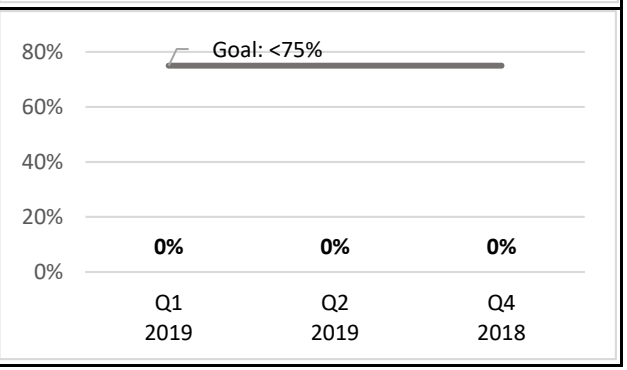
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
Who Received an Antipsychotic Medication (L)			
Who Received an Antipsychotic Medication (S)			
Who Received Anti-Anxiety or Hypnotic Medication			

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative			
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
Who Self Report Moderate to Severe Pain (L)			
Who Self Report Moderate to Severe Pain (S)			
Who Were Physically Restrained			

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
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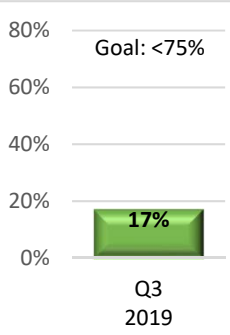
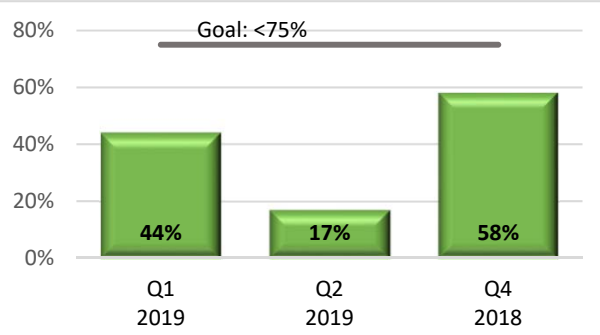
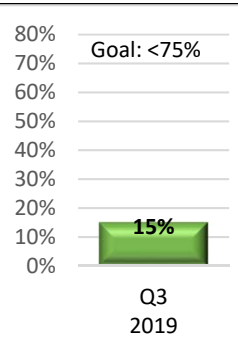
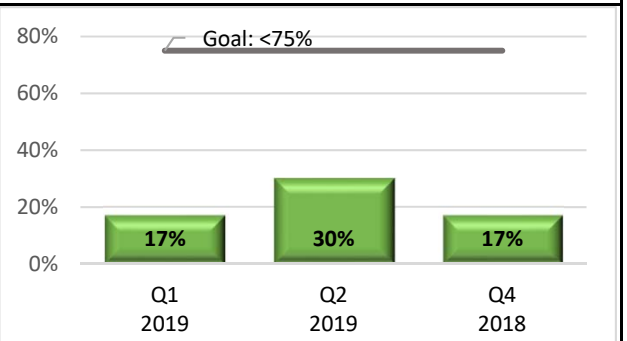
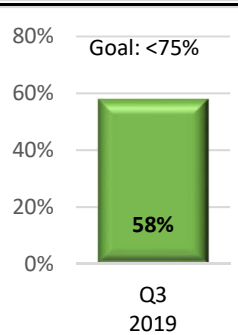
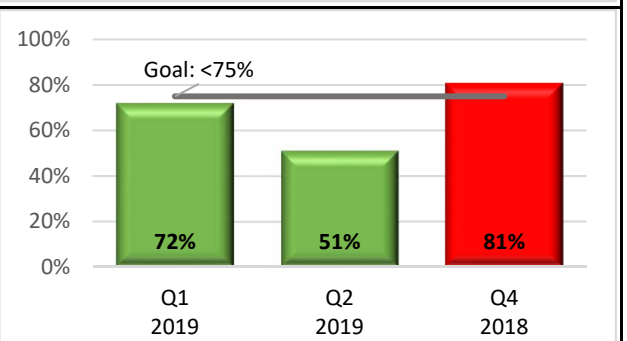
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
Whose Behavioural Symptoms Affect Others			
Increase ADL Help (L)			
With a Catheter Inserted and Left in the Their Bladder			

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2019
Percentages

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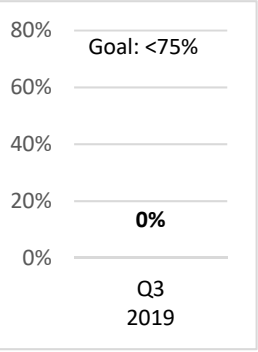
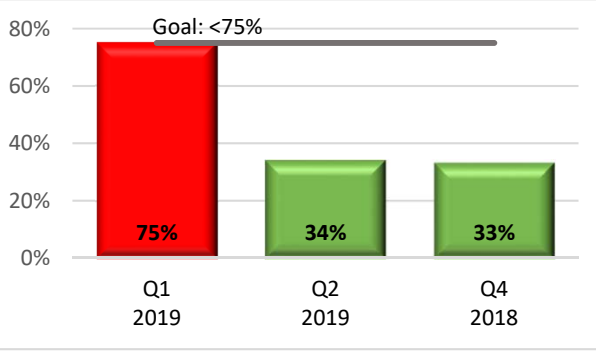
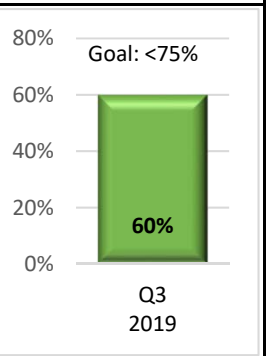
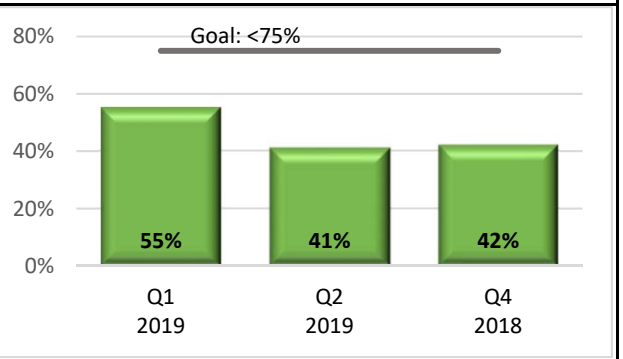
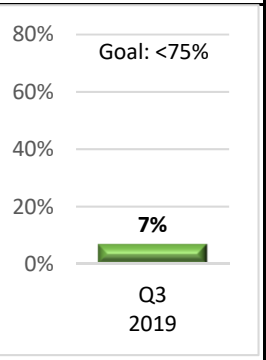
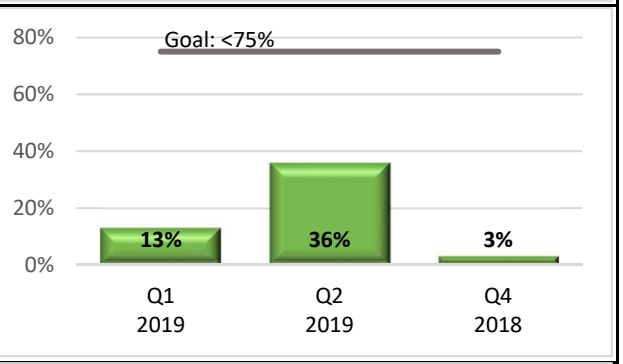
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
With a Urinary Tract Infection			
Low Risk LSRs Who Lose Control of their Bowel or Bladder			
Move Independent Worsens (L)			

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Quality Report
3rd Quarter 2019
Percentages

MDS 3.0 Facility Level Quality Measure Report			
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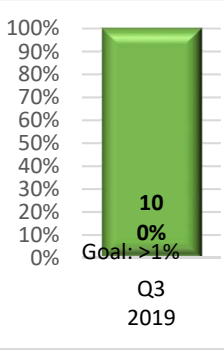
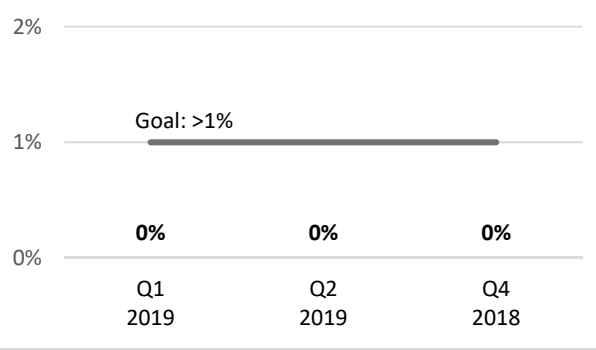
	Current Quarter	**Actions Taken When Indicator Not Meeting Goal**	**Previous Quarters**
Improvement in Function (S) Higher % Better			

Lakeside Medical Center
Health Care District Palm Beach County

QUALITY CORE MEASURES REPORT
3rd Quarter 2019 - Preliminary
Sampled Population

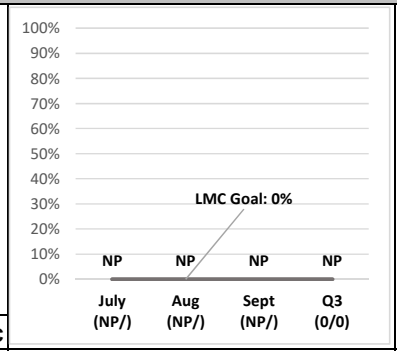
INPATIENT QUALITY MEASURES

Perinatal Care: PC-04

Health Care-Associated Bloodstream Infections in newborns.
(Lower percentage is better)

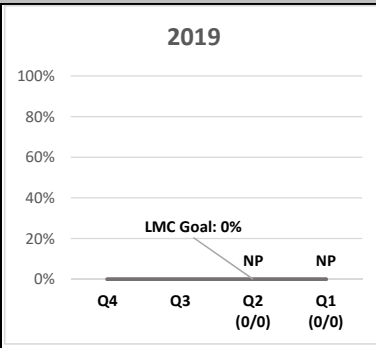
Numerator: Newborns with septicemia or bacteremia.
Denominator: Live born newborns.

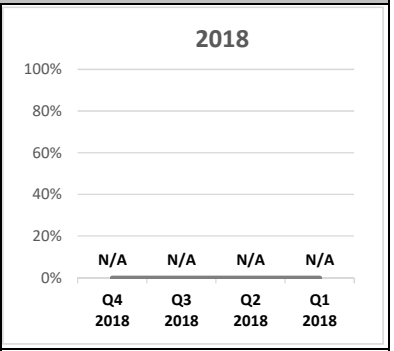
TJC



Findings: No population.

Interventions: No action required.



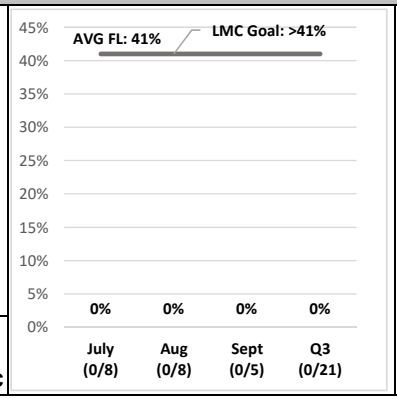


Perinatal Care: PC-05

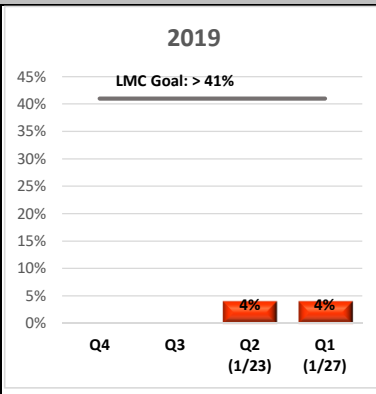
Exclusive breast milk feeding during the newborn's entire hospitalization.
(Higher percentage is better)

Numerator: Number of moms Exclusively Breast Feeding.
Denominator: Single term newborns discharged alive from the hospital.

TJC



Findings: Based on review of all cases for 3rd Quarter (52%) of the sampled population both breast and bottle fed. (48%) Bottle fed only and (0%) strictly breast fed.
There have been 134 deliveries from January - Sept 2019. (58%) have both Breast and Bottle fed.
Interventions: Managers Continue to attend the monthly Breast Feeding Coalition Meetings at the Lantana Health Department. There were (2) new Breast Pumps purchased for the unit. Efforts are continued to establish community partnerships to discuss and plan Breast Feeding education for mom prior to delivery.

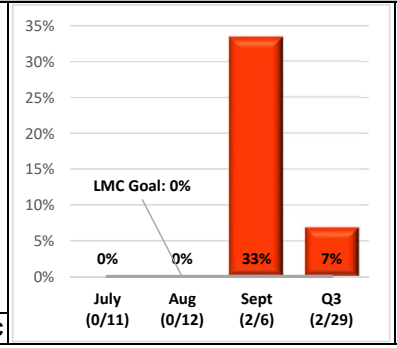


Perinatal Care: PC-06

Unexpected Complications in Term Newborns.
(Lower percentage is better)

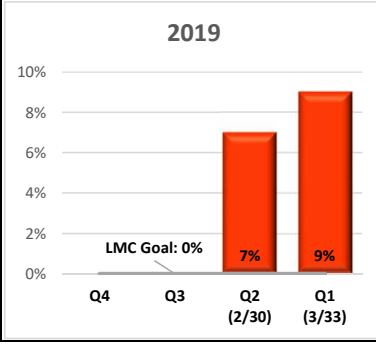
Numerator: Newborns with severe complications and moderate complications.
Denominator: Liveborn single term newborns 2500 gm or over in birth weight.

TJC



Findings: The goal of 0% was not met.

Interventions: Both cases were reviewed. One newborn was transferred to a higher level of care for Respiratory Distress Syndrome and the other remained in the nursery for Hypoglycemia, Phototherapy, Antibiotic therapy for (10 days) and was discharged home.



*N/A. Measure is new for 2019

Sepsis: SEP-1

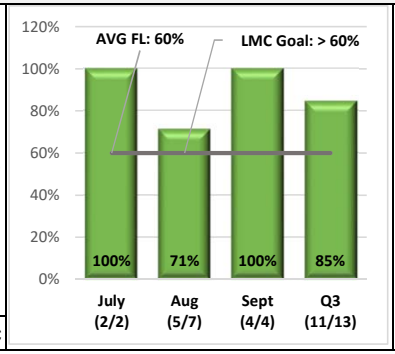
Lakeside Medical Center
Health Care District Palm Beach County

QUALITY CORE MEASURES REPORT
3rd Quarter 2019 - Preliminary
Sampled Population

INPATIENT QUALITY MEASURES

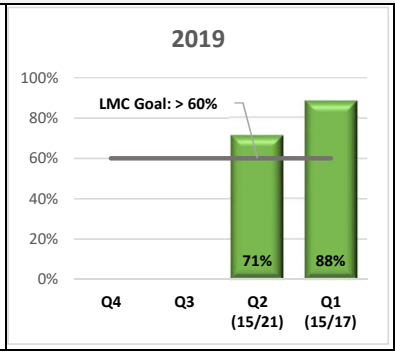
Early management bundle, severe sepsis/septic shock. Special Note: Measure is not publicly reported by Hospital Compare.
Numerator: Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment).
Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

CMS/TJC



Findings: The goal of >60% was met. The 2 failed cases were reviewed by the Sepsis Committee and the CMO.

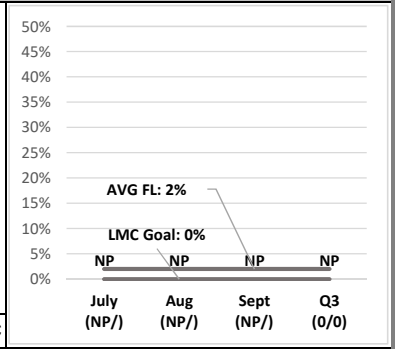
Interventions: Concurrent review of all cases completed. A more in-depth review of failed cases will be completed to seek opportunities for improvement.



Venous Thrombosis: VTE-6

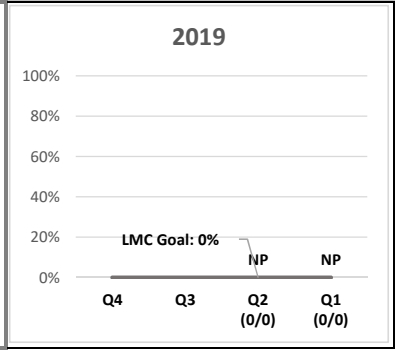
Hospital Acquired Preventable VTE. (Lower percentage is better)
Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.
Denominator: Patients who developed confirmed VTE during hospitalization.

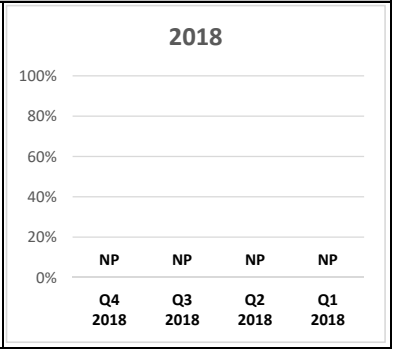
CMS/TJC



Findings: No population.

Interventions: No action required.





*Perinatal Care: PC-06 - New Measure :Started 1st Quarter 2019

The Florida Averages Data from Hospital Compare was obtained from the Florida Hospital Association.

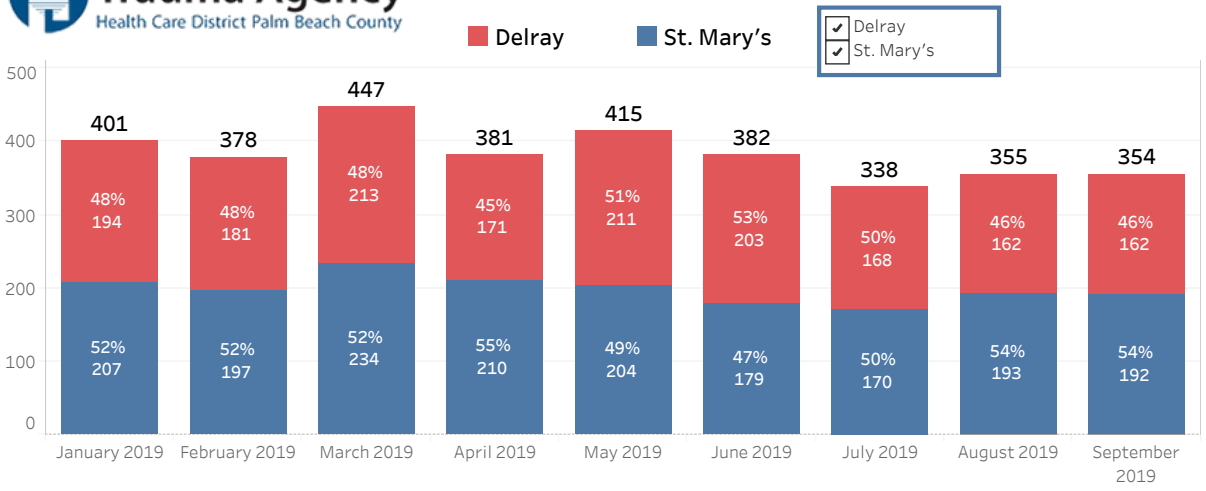
Health Care District
PALM BEACH COUNTY

Pharmacy Services
Quality Report
3rd Quarter 2019

Measure Set:				ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL				Previous Quarters									
Pharmacy Quality Measures	**2019 Q3**				**2019 Q2**			**2019 Q1**			**2018 Q4**			**2018 Q3**			
Total HCD pharmacy transactions (workload)	**70,250**				**70,250**			**70,250**			**70,250**			**70,250**			
Total HCD pharmacy prescriptions dispensed	**65,851**				**65,851**			**65,851**			**65,851**			**65,851**			
Prescriptions written by PCC providers	**59,786**				**59,786**			**59,786**			**59,786**			**59,786**			
Prescriptions written by specialty providers	**4,002**				**4,002**			**4,002**			**4,002**			**4,002**			
Total Chemo prescriptions	**335**				**335**			**335**			**335**			**335**			
Total EJ Healey prescriptions	**446**				**446**			**446**			**446**			**446**			
Total Ryan White prescriptions	**895**				**895**			**895**			**895**			**895**			
Unique patients	**11,063**				**11,063**			**11,063**			**11,063**			**11,063**			
Total number of retail prescriptions	**12,622**				**12,622**			**12,622**			**12,622**			**12,622**			
340B utilization	**Goal**	**Total**			**Goal**	**Total**		**Goal**	**Total**		**Goal**	**Total**		**Goal**	**Total**		
		#	**%**			**#**	**%**		**#**	**%**		**#**	**%**		**#**	**%**	
Total HCD prescriptions sold (excludes RW)		**59,610**				**58,672**			**62,036**			**70,485**			**63,875**		
340B prescription fills sold			**100.0**				**100.0**		**62,050**	**100.0**		**69,947**	**99.2**		**62,907**	**98.5**	
Central Fill (refills)		**10,058**	**87.7**	Central Fill pharmacy co-located with West Palm pharmacy so number indicative for Delray and Lantana pharmacies only now		**10,913**	**65.2**		**21,419**	**34.5**		**21,930**	**31.4**		**22,003**	**34.5**	
Ready when promised (non-waiters)																	
Belle Glade		5,352	99.7			5,539	99.9		5,259	99.9		5,732	99.6		5,992	99.9	
Delray		11,573	99.2			11,379	98.3		11,843	99.6		11,924	99.4		10,854	99.0	
Jupiter	**>90%**				**>90%**			**>90%**	3,240	100.0	**>90%**	3,326	100.0	**>90%**	3,033	99.8	
Lake Worth															8,503	96.5	
Lantana		21,380	99.4			18,322	97.1		18,695	98.9		19,684	98.7		12,338	97.3	
West Palm		17,401	99.5			16,000	99.1		13,007	99.2		12,738	98.9		12,137	96.8	
Prescriptions designated as waiters																	
Belle Glade		1,462	21.5			1,291	18.9		1,585	23.2		1,501	20.8		833	12.2	
Delray	**<25% per site**	1,017	8.1		**<25% per site**	1,682	12.9	**<25% per site**	1,682	12.4	**<25% per site**	1,541	11.4	**<25% per site**	2,101	16.2	
Jupiter									61	1.8		77	2.3		173	5.4	
Lake Worth															644	7.0	
Lantana		2,666	11.1			2,971	14.0		3,928	17.4		3,098	13.6		3,119	20.2	
West Palm		2,037	10.5			3,600	18.4		3,958	23.3		3,643	22.2		4,113	25.3	
Prescriptions returned to stock				Increase in return to stock due to holidays and closures from hurricane													
Belle Glade		380	5.6			399	5.8		341	5.0		499	6.9		523	7.7	
Delray	**<5% per site**	1,260	10.0		**<5% per site**	1,364	10.4	**<5% per site**	1,368	10.1	**<5% per site**	1,396	10.4	**<5% per site**	1,408	10.9	
Jupiter									116	3.5		138	4.1		176	5.5	
Lake Worth															787	8.6	
Lantana		1,940	8.1			1,992	9.4		1,903	8.4		2,158	9.5		1,199	7.8	
West Palm		2,330	12.0			2,159	11.0		1,891	11.1		2,255	13.8		2,154	13.3	
Total wait time in minutes (waiters)		**21.25 Minutes**				**23.8 Minutes**			**23.14 Minutes**			**21.3 Minutes**			**23.1 Minutes**		
Belle Glade		22.4 mins				19.9 mins			19.8 mins			20.5 mins			19.8 mins		
Delray		16.8 mins				19.5 mins			21.2 mins			19.3 mins			21.2 mins		
Jupiter	**<30 mins**				**<30 mins**			**<30 mins**	8.9 mins		**<30 mins**	7.1 mins		**<30 mins**	7.2 mins		
Lake Worth															23.6 mins		
Lantana		20.2 mins				25.2 mins			34.4 mins			30.6 mins			28.8 mins		
West Palm		25.6 mins				30.9 mins			31.4 mins			28.8 mins			38.1 mins		
Total out of stock fills																	
Belle Glade		169	2.5			165	2.4		151	2.2		211	2.9		140	2.1	
Delray	**<5% per site**	160	1.3		**<5% per site**	176	1.4	**<5% per site**	127	0.9	**<5% per site**	152	1.1	**<5% per site**	152	1.2	
Jupiter									156	4.7		155	4.6		155	4.8	
Lake Worth															73	0.8	
Lantana		488	2.3			672	3.1		846	3.7		775	3.4		416	2.6	
West Palm		475	2.4			677	3.4		554	3.3		225	1.4		262	1.6	

Trauma Agency
Health Care District Palm Beach County

TRAUMA QUALITY IMPROVEMENT COMMITTEE

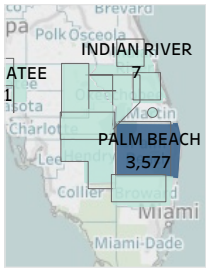


Admission Date
1/1/2019 12:00:00 AM t..

3,451

IN County
Out Of County

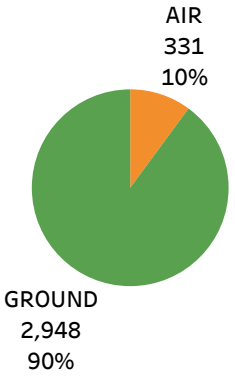
County Of Injury



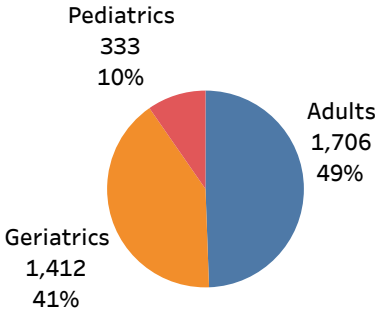
Transferring Facility

JFK MEDICAL CENTER	214
BOCA RATON REGIONAL HOS..	113
WEST BOCA MEDICAL CENTER	97
JUPITER MEDICAL CENTER	96
BETHESDA HOSPITAL EAST	87
PALM BEACH GARDENS MEDI..	70
PALMS WEST HOSPITAL	67
BETHESDA HOSPITAL WEST	50
HENDRY REGIONAL MEDICAL ..	44
GOOD SAMARITAN MEDICAL ..	42
LAKESIDE MEDICAL CENTER	38
WELLINGTON REGIONAL MED..	35
JFK NORTH	26
VETERANS ADMINISTRATION..	26
MARTIN HOSPITAL SOUTH	17
JFK BOYNTON BEACH FREE S..	15
MARTIN MEDICAL CENTER	12
DELRAY MEDICAL CENTER FR..	9
RAULERSON HOSPITAL	8
JFK PALM BEACH GARDENS F..	4
LAWNWOOD REGIONAL MEDI..	4
INDIAN RIVER MEDICAL CENT..	3
CLEVELAND CLINIC HOSPITAL	2
DELRAY MEDICAL CENTER	2
ST LUCIE MEDICAL CENTER	2
PALM SPRINGS GENERAL HO..	1
ST MARY'S MEDICAL CENTER	1

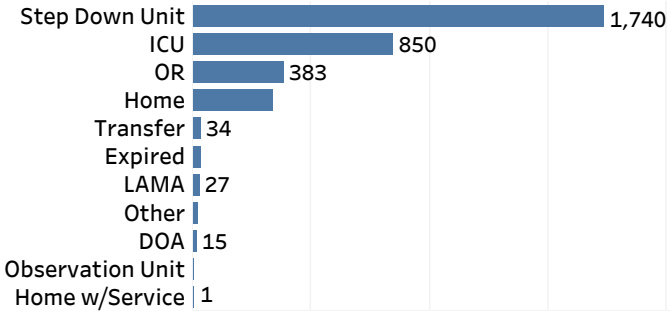
Transport Mode



Age Group

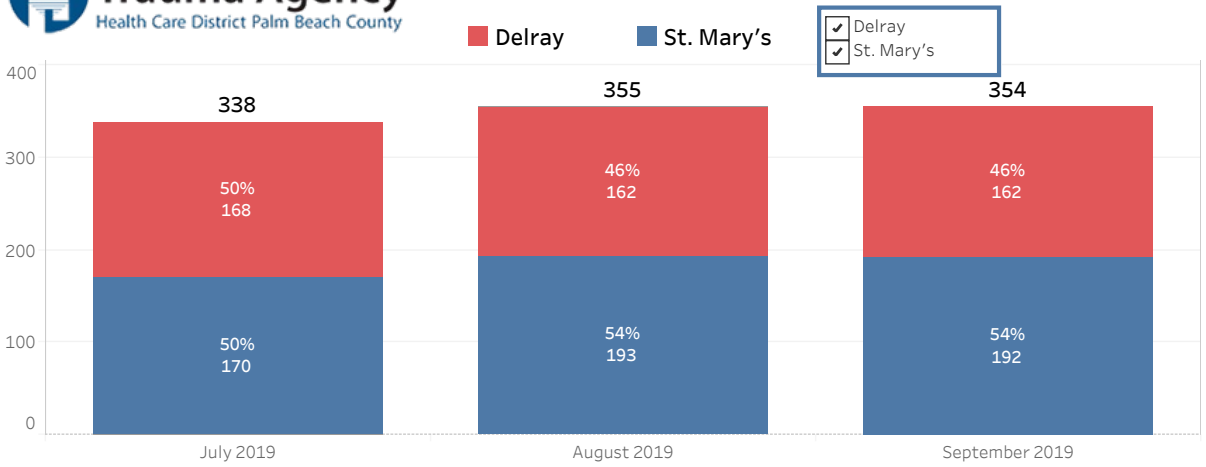


Disposition



TRAUMA QUALITY IMPROVEMENT COMMITTEE

Trauma Agency
Health Care District Palm Beach County

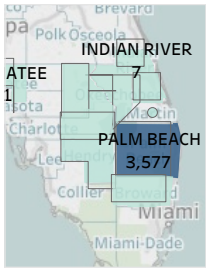


Admission Date
7/1/2019 12:00:00 AM t..

1,047

IN County
Out Of County

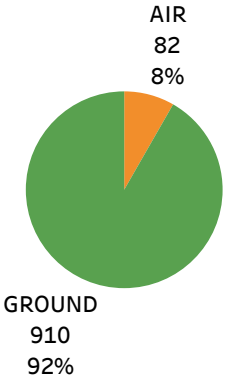
County Of Injury



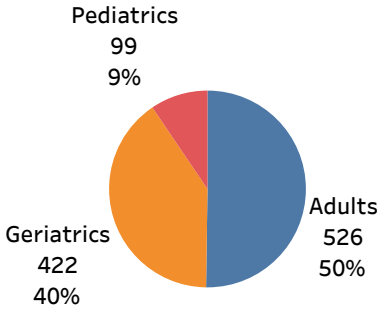
Transferring Facility

JFK MEDICAL CENTER	75
BOCA RATON REGIONAL HOS..	32
WEST BOCA MEDICAL CENTER	29
BETHESDA HOSPITAL EAST	27
PALMS WEST HOSPITAL	25
JUPITER MEDICAL CENTER	23
PALM BEACH GARDENS MEDI..	22
BETHESDA HOSPITAL WEST	20
GOOD SAMARITAN MEDICAL ..	14
HENDRY REGIONAL MEDICAL ..	12
LAKESIDE MEDICAL CENTER	12
VETERANS ADMINISTRATION..	8
WELLINGTON REGIONAL MED..	7
JFK NORTH	6
RAULERSON HOSPITAL	6
MARTIN HOSPITAL SOUTH	5
JFK BOYNTON BEACH FREE S..	3
DELRAY MEDICAL CENTER FR..	2
LAWNWOOD REGIONAL MEDI..	2
CLEVELAND CLINIC HOSPITAL	1
MARTIN MEDICAL CENTER	1
PALM SPRINGS GENERAL HO..	1
ST LUCIE MEDICAL CENTER	1
ST MARY'S MEDICAL CENTER	1

Transport Mode



Age Group



Disposition