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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
December 11, 2024 at 10:00AM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

Remote Participation Link: https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09
Telephone Dial-In Access: 646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

1. Call to Order

A. Roll Call

B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

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 of September 26, 2024 [Pages 1-4]

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7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
December 2024 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
Committee Attendance [Page 5]

7A-3 **RECEIVE AND FILE:**
Committee Meeting Schedule for 2025 [Pages 6-7]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 8-10]

- Patient Relations Dashboard, School Health
  (Alexa Goodwin/ Fe Pagtakhan) [Page 11]
- Patient Relations Dashboard, Community Health Centers
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Skilled Nursing Facility
  (Alexa Goodwin) [Page 13]
- Patient Relations Dashboard, Lakeside Medical Center
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 14]
- Patient Relations Dashboard, Pharmacy
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 15]

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 16-19]

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

- Productivity Dashboard, School Health
  (Fe Pagtakhan) [Page 20]

- Productivity Dashboard, Community Health Centers
  (Dr. Ana Ferwerda/ Elizabeth Haller) [Page 21]

- Productivity Dashboard, Skilled Nursing Facility
  (Shelly Ann Lau/ Terretha Smith) [Page 22]

- Productivity Dashboard, Lakeside Medical Center
  (Janet Moreland/ Sylvia Hall) [Pages 23-24]

- Productivity Dashboard, Ground Transportation
  (Lisa Azzaro/ Steven Sadiku) [Page 25]

- Productivity Dashboard, Pharmacy
  (Louis Bassi) [Page 26]

- Productivity Dashboard, Human Resources
  (Christina Schiller/Geoff Washburn) [Page 27]

D. **COMPLIANCE**

7D-1 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Updates
(Heather Bokor) [Pages 28-44]

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **Staff Recommends MOTION TO APPROVE:**
Compliance, Privacy and Ethics Work Plan
(Heather Bokor) [Pages 45-65]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Dashboards
(Dr. Belma Andric) [Pages 66-73]

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

- Quality & Patient Safety Report, Trauma
  (Joel Rosales) [Page 74]

- Quality & Patient Safety Report, Community Health Centers
  (Dr. Ana Ferwerda/ Elizabeth Haller) [Page 75]

- Quality & Patient Safety Report, Skilled Nursing Facility
  (Sonja Susnjevic) [Pages 76-77]

- Quality & Patient Safety Report, Lakeside Medical Center
  (Steven Sadiku/ Sylvia Hall) [Page 78]

- Quality & Patient Safety Report, Ground Transportation
  (Steven Sadiku/ Lisa Azzaro) [Pages 79-80]

- Quality & Patient Safety Report, Pharmacy
  (Louis Bassi) [Page 81]

- Quality & Patient Safety Report, Corporate Quality Metrics
  (Steven Sadiku) [Pages 82-84]

C. **RISK MANAGEMENT DASHBOARDS**

8C-1 **RECEIVE AND FILE:**
Risk Management Updates and Dashboards
(Dr. Belma Andric) [Pages 85-99]

9. CEO Comments

10. Committee Member Comments

11. Upcoming Meetings

March 12, 2025

- 10:00AM, Quality, Patient Safety and Compliance Committee

June 11, 2025

- 12:00PM, Quality, Patient Safety and Compliance Committee

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

September Meeting (Date TBD)

- 2:00PM, Quality, Patient Safety and Compliance Committee

December 10, 2025

- 10:00AM, Quality, Patient Safety and Compliance Committee

12. Motion to Adjourn

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 26, 2024 at 2:00PM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

1. Call to Order

Commissioner Gunta called the meeting to order.

A. Roll Call

Committee Members present: Dr. Alina Alonso, Kimberly Schulz (REMOTE), Tammy Jackson-Moore, Dr. Jyothi Gunta, and Dr. LaTanya McNeal. William Johnson, Dr. Ishan Gunawardene and Tracy Caruso, Chair were absent.

Staff present: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, SVP & Chief Medical Officer; Bernabe Icaza, SVP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Candice Abbott, SVP & Chief Operating Officer; Heather Bokor, VP & Chief Compliance, Privacy & Risk Officer; Jessica Cafarelli, VP & Chief Financial Officer; Regina All, Chief Nursing Officer and Dr. Courtney Phillips, VP of Behavioral Health & Clinical Innovations (REMOTE).

Transcribing Secretary: Heidi Bromley

B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

CONCLUSION/ACTION: Tammy Jackson-Moore made a motion to approve the agenda. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.

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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 of June 12, 2024.

CONCLUSION/ACTION: Tammy Jackson-Moore made a motion to approve the Committee Meeting Minutes of June 12, 2024. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Dr. Alonso made a motion to approve the Consent Agenda. The motion was duly seconded by Dr. McNeal. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
September 2024 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
Committee Attendance

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards

- Patient Relations Dashboard, School Health
- Patient Relations Dashboard, Community Health Centers
- Patient Relations Dashboard, E. J. Healey Center
- Patient Relations Dashboard, Lakeside Medical Center
- Patient Relations Dashboard, Pharmacy

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7. Consent Agenda (Continued)

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards

- Productivity Dashboard, School Health
- Productivity Dashboard, Community Health Centers
- Productivity Dashboard, E. J. Healey Center
- Productivity Dashboard, Lakeside Medical Center
- Productivity Dashboard, Ground Transportation
- Productivity Dashboard, Pharmacy
- Productivity Dashboard Human Resources

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Updates

Ms. Bokor reviewed the Compliance, Privacy and Ethics Activities and provided updates to the committee.

CONCLUSION/ACTION: Received and filed.

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports

- Quality & Patient Safety Report, School Health
- Quality & Patient Safety Report, Aeromedical
- Quality & Patient Safety Report, Trauma
- Quality & Patient Safety Report, Community Health Centers
- Quality & Patient Safety Report, E. J. Healey Center
- Quality & Patient Safety Report, Lakeside Medical Center
- Quality & Patient Safety Report, Ground Transportation
- Quality & Patient Safety Report, Pharmacy
- Quality & Patient Safety Report, Corporate Quality Metrics

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

Mr. Sadiku reviewed and discussed all the Corporate Quality Dashboards to the committee.

CONCLUSION/ACTION: Received and filed.

C. **RISK MANAGEMENT DASHBOARDS**

8C-1 **RECEIVE AND FILE:**
Risk Management Updates and Dashboards

Ms. Bokor presented the Risk Management updates and dashboards.

9. CEO Comments

Ms. Davis thanked everyone for attending the meeting despite the hazardous weather conditions due to Hurricane Helene.

10. Committee Member Comments

11. Establishment of Upcoming Meetings

December 11, 2024

- 10:00AM, Quality, Patient Safety and Compliance Committee

12. Motion to Adjourn

There being no further business, the meeting was adjourned.

_____ _____

Tracy Caruso, Chair **Date**

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

Attendance Tracking for 2024

	3/13/24	6/12/24	9/26/24	12/11/24
Dr. Jyothi Gunta	X	X	X	
Tracy Caruso	X	X	ABSENT	
Dr. Alina Alonso	X	X	X	
Tammy Jackson-Moore	REMOTE	REMOTE	X	
Dr. Luis Perezalonso	ABSENT	REMOTE	N/A	N/A
Kimberly Schulz	X	X	REMOTE	
Dr. LaTanya McNeal	ABSENT	ABSENT	X	
William Johnson	X	REMOTE	ABSENT	
Dr. Ishan Gunawardene	N/A	N/A	ABSENT	

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Health Care District
OF PALM BEACH COUNTY

HEALTH CARE DISTRICT
QUALITY, PATIET SAFETY & COMPLIANCE COMMITTEE
December 11, 2024

1. **Description: Quality, Patient Safety and Compliance Committee Meeting Schedule for 2025**

2. **Summary:**

This agenda item provides the Quality, Patient Safety and Compliance Committee with the meeting schedule for 2025.

3. **Substantive Analysis:**

In September, the Health Care District will convene two (2) Truth In Millage (TRIM) meetings. The actual September date will be determined once other taxing authorities establish their TRIM dates.

March 12, 2025

- 10:00AM, Quality, Patient Safety and Compliance Committee

June 11, 2025

- 12:00PM, Quality, Patient Safety and Compliance Committee

September Meeting (Date TBD)

- 2:00PM, Quality, Patient Safety and Compliance Committee

December 10, 2025

- 10:00AM, Quality, Patient Safety and Compliance Committee

4. **Fiscal Analysis & Economic Impact Statement:**

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes ☐ No ☐
Net Operating Impact	N/A	N/A	Yes ☐ No ☐

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HEALTH CARE DISTRICT
QUALITY, PATIET SAFETY & COMPLIANCE COMMITTEE
December 11, 2024

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:
Jessica Cafarelli
CA6A21FF2E09481...

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee Receive and File the 2025 Committee meeting schedule.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CE6E7DB6706434...

Bernabe Icaza
SVP & General Counsel

Signed by:
Darcy Davis
77A3B53589A1477...

Darcy Davis
Chief Executive Officer

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1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 3rd Quarter of 2024 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, and Pharmacy.

3. Substantive Analysis:

School Health

For Quarter 3 2024, School Health had a total of 12 Patient Relations events reported for 172 school locations. Of the 12 patient relation events, 6 were complaints, 6 were compliments, and there were no grievances. Out of the 6 complaints, 1 was made by school staff and 5 were from family members. The complaints categories were nurse, respect, and care and treatment related. The 6 compliments recognized the School Health Nurses and School Health Nurse Assistants received by school district staff, family members, and employees.

Community Health Centers

For Quarter 3 2024, there were a total of 27 Patient Relations Occurrences that occurred between 8 Centers and Center Administration. This was an increase from the previous quarter where we had 20 Complaints and Grievances. Of the 27 occurrences, there were 6 Grievances and 21 Complaints. The top 5 categories were Care & Treatment, Communication, Physician Related, Finance, Referral, Respect Related and Nursing Related issues. The top subcategory was Poor Communication with 5 occurrences.

There was also a total of 31 Compliments received across 6 Centers and Center Administration. Of the 31 Compliments, 70 were patient compliments and 1 were employee-to-employee “Thumbs-Up” compliments.

Skilled Nursing Center

For Quarter 3 2024, there were a total of 44 Resident-Related Occurrences received across 5 resident units, laundry, dietary, activities and therapy services. Of the 44 occurrences, there were 44 complaints and no grievances. The top 3 categories were Personal Belongings, Care & Treatment, Nutrition, Environmental, Nursing and Communication related issues.

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There was also a total of 61 Compliments received across 5 resident units, Activities, Dietary and Therapy Services.

Lakeside Medical Center

For Quarter 3 2024, there were a total of 9 Patient Relations Occurrences that occurred between the Emergency Services, Intensive Care Unit, Med-Surg/Telemetry and Medical Records. There was no fluctuation from the previous quarter where we also had 9 Complaints and Grievances. Of the 9 occurrences, there were 3 Grievances and 6 Complaints. The top 5 categories were Care & Treatment, Nursing Related, Physician Related, Personal Belongings and Medical Records. The top subcategory was Inappropriate Care.

There was also a total of 3 Compliments received across the Med Surg/Telemetry Radiology and Surgery. There were 3 compliments related to Administration, 1 related to Nursing, and 1 related to a Physician.

Pharmacy

For Quarter 3 2024, there were a total of 2 Patient Relations Occurrences between 2 pharmacies. This was an increase from the previous quarter when we had 1 Complaint. Of the 2 occurrences, there were no Grievances and 2 Complaints. The top category was prescription issues related to communication and other issues.

There were no compliments received for Pharmacy in Q3 2024.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

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5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the Patient Relations Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CE6E7DB6706434...

Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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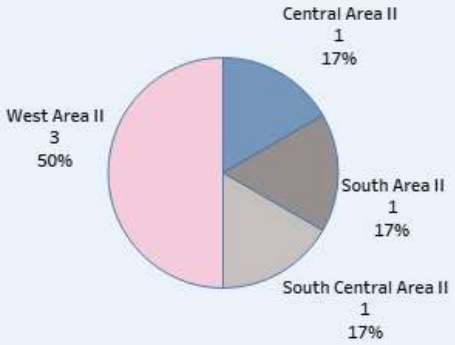
Health Care District
SCHOOL HEALTH

Patient Relations School Health
(Grievances, Complaints & Compliments) - 8/1/2024 to 9/30/2024

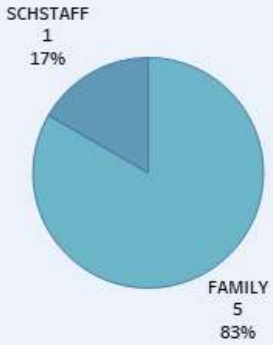
2024 Q3

Total Complaints and Grievances 6 **Late Entries: 1**

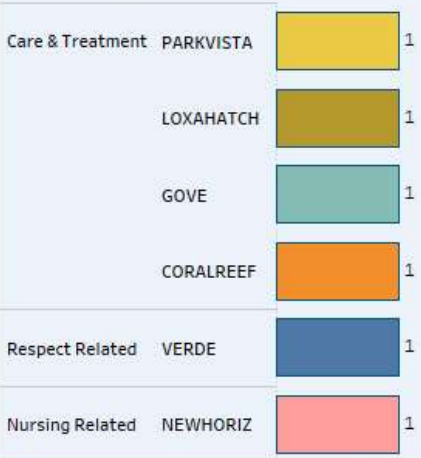
Schools by Area



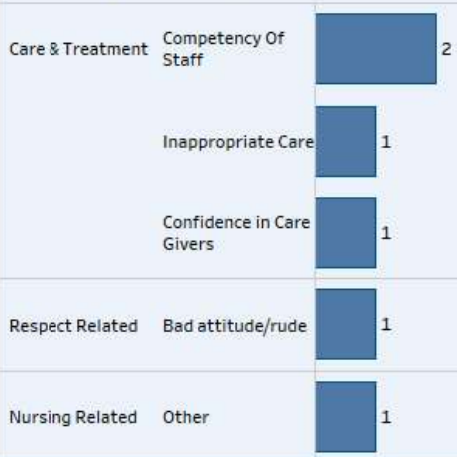
Complainant



Top 5 Categories

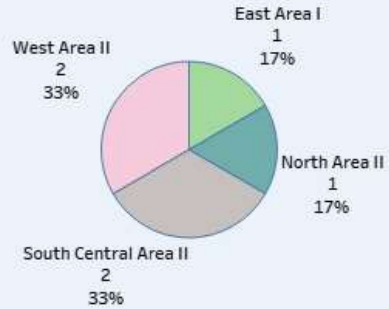


Total Top 5 Subcategories



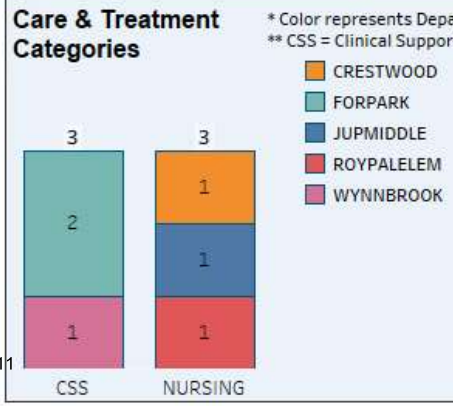
Total Compliments 6 **Late Entries: 0** **Comp/Griev Prev 4 Quarters** 26

Schools by Area



Complimenter

Care & Treatment Categories



Top 5 Categories Trended

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Health Care District
COMMUNITY HEALTH CENTERS

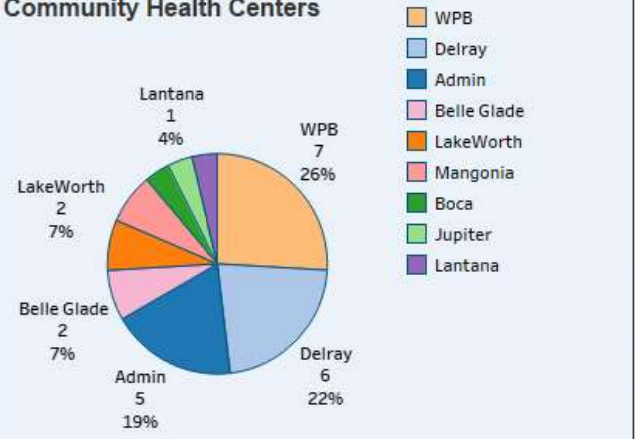
Patient Relations (Grievances, Complaints & Compliments)
Community Health Centers - 7/1/2024 to 9/30/2024

Detail

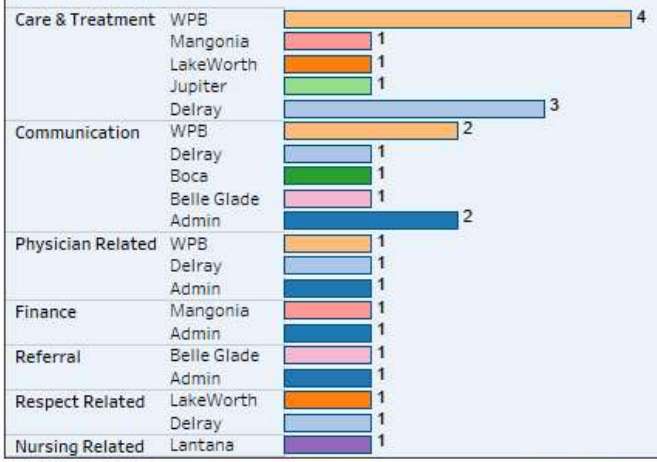
2024 Q3

Dept Desc All | Provider All | **Total Complaints and Grievances 27** | **Late Entries: 0** | Clinic All

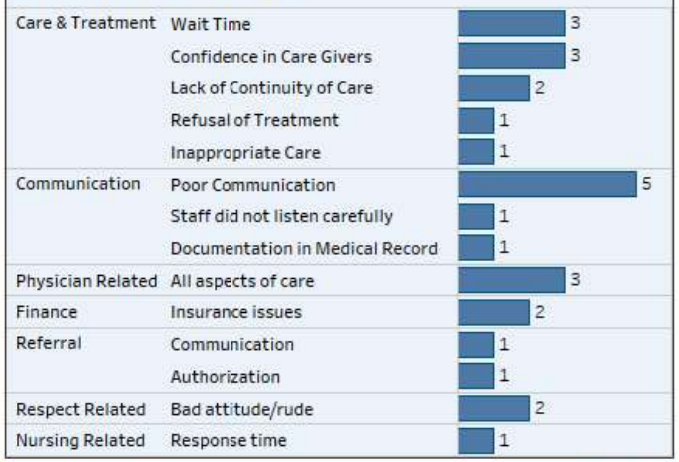
Community Health Centers



Top 5 Categories

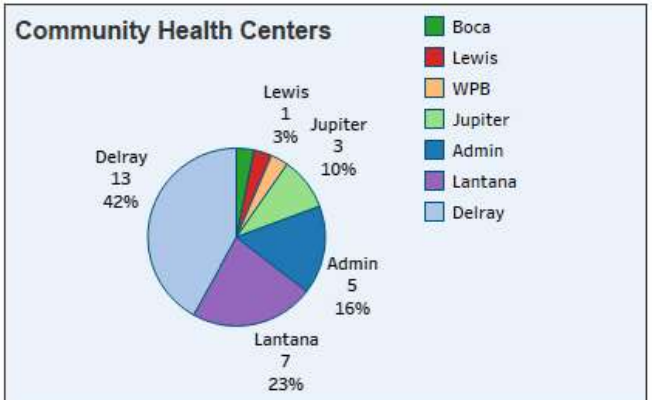


Total Top 5 Subcategories



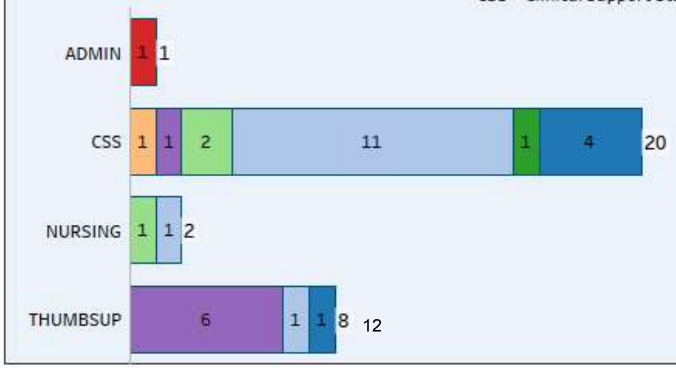
Total Compliments 31 | **Late Entries: 0** | Complaints/Grievances Prev 4 Quarters 78

Community Health Centers



Care and Treatment Categories

* Color represents Department
** CSS = Clinical Support Staff



Top 5 Categories Trended

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Health Care District
SKILLED NURSING FACILITY

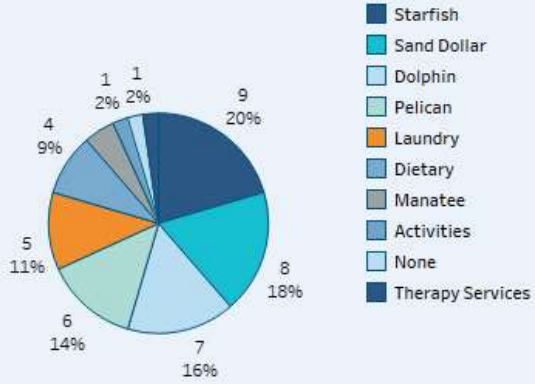
Patient Relations (Grievances, Complaints & Compliments)
Healey Center - 7/1/2024 to 9/30/2024

Detail

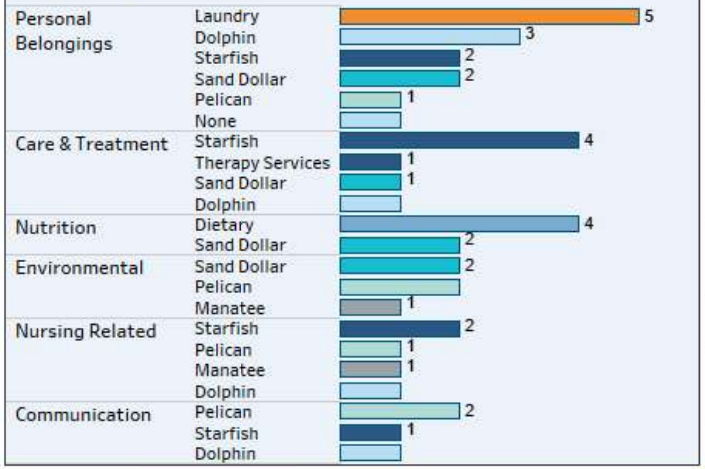
2024 Q3

Total Complaints and Grievances 44

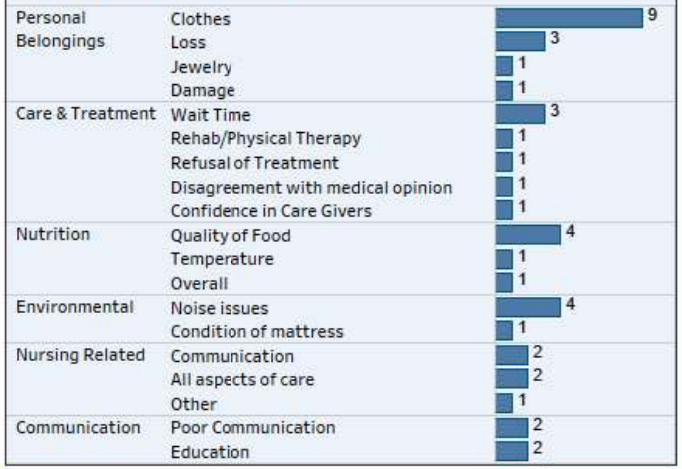
Departments



Top 5 Categories



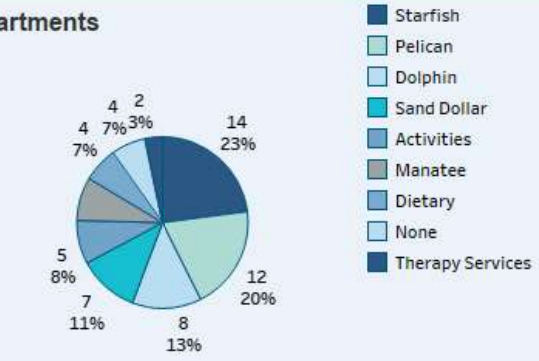
Total Top 5 Subcategories



Total Compliments 61

Complaints/Grievances Prev 4 Quarters 120

Departments



Care and Treatment Categories * Color represents Department

Top 5 Categories Trended

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Health Care District
LAKESIDE MEDICAL CENTER

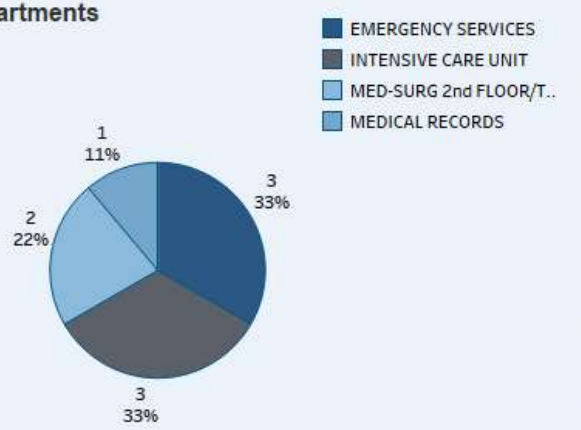
Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center - 7/1/2024 to 9/30/2024

Detail

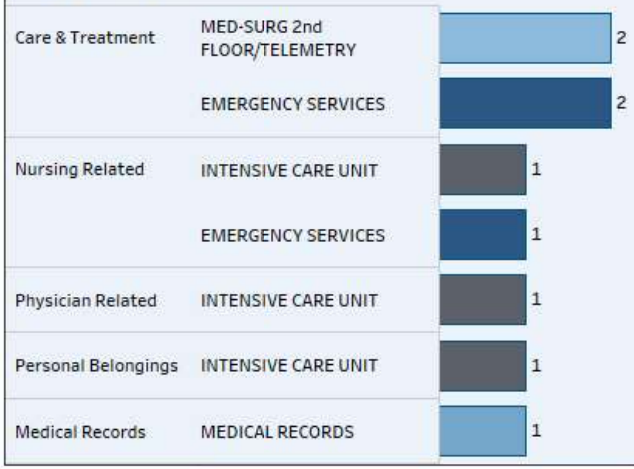
2024 Q3

Total Complaints and Grievances 9 **Late Entries: 0**

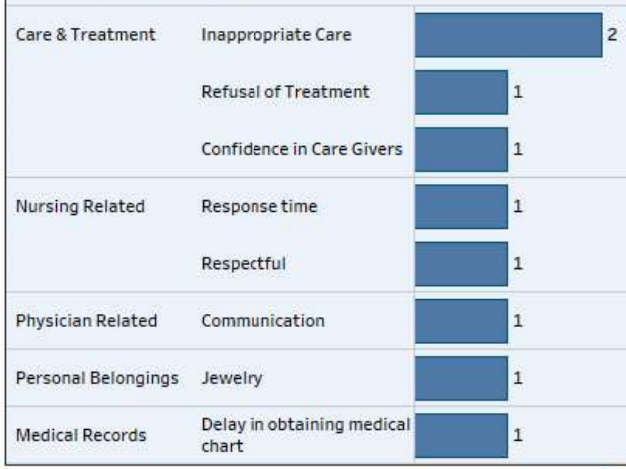
Departments



Top 5 Categories



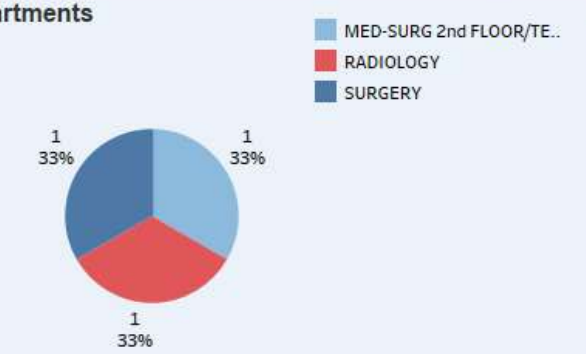
Total Top 5 Subcategories



Total Compliments 3 **Late Entries: 0**

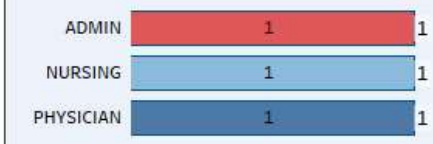
Complaints/Grievances Prev 4 Quarters 39

Departments



Care and Treatment Categories

* Color represents Department



Total Top 5 Subcategories

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Health Care District OF PALM BEACH COUNTY

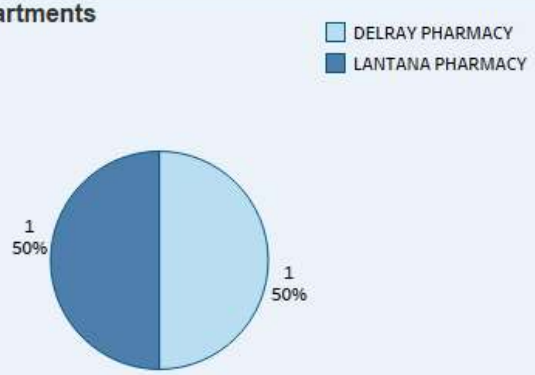
Patient Relations (Grievances, Complaints & Compliments)
Pharmacy - 7/1/2024 to 9/30/2024

Detail

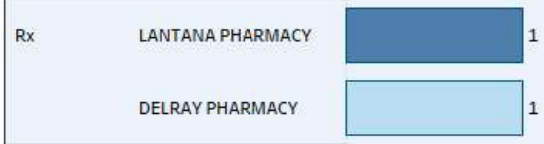
2024 Q3

Total Complaints and Grievances 2 **Late Entries: 0**

Departments



Top 5 Categories



Total Top 5 Subcategories

Total Compliments

Complaints/Grievances Prev 4 Quarters 7

Departments

Care and Treatment Categories

* Color represents Department

Top 5 Categories Trended

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1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity reports for the 3rd Quarter of 2024 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy, and Human Resources.

3. Substantive Analysis:

School Health

In the 3rd Quarter of 2024, we completed a total of 134,280 events across 172 schools, providing care for a total of 74,346 students. These events were broken down into 38,848 consultation events, 46,653 office visits, 13,706 procedure visits, 18,646 medication visits, and 16,427 record reviews. The top 3 schools with the most events are Verde K-8, Western Pines Middle School, and Santa Luces High School.

Community Health Centers

In Q3 of 2024, the Community Health Centers served 21,888 unique patients (a 2.1% increase from the previous quarter) and provided 41,406 patient visits (a 2.8% decrease from the previous quarter). The top three departments with the highest patient visits were Lantana Primary, West Palm Beach Primary, and Delray Primary.

Skilled Nursing Center

During Quarter 3, the census for the Healey Center averaged 109. Treatments performed by nursing averaged 16,154 and 84,484 for medication administration. Food and nutrition services provided an average of 8,801 resident meals. CNA POC documentation compliance rate for the day shift averaged 98.03%, the evening shift averaged 97.2%, and the night shift averaged 98.1%. The therapy department completed a total of 3,129 units for the quarter.

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Lakeside Medical Center

The productivity data report for 3rd Quarter 2024 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,217 patient days for Q3-2024 compared to 1,273 for Q2-2024, resulting in a 4.4 % decrease.

- **Emergency Services Visits**—There were a total of 4,923 visits for Q3-2024 compared to 5,180 for Q2-2024, resulting in a 5.0 % decrease.

- **Physical Therapy Visits** (Evaluations and Treatments) – There was a total of 157 evaluations and treatments for Q3-2024 compared to 187 for Q2-2024
- resulting in a 16% decrease.

- **Inpatient Admissions**—There were 66 Inpatient Admissions in Q3-2024 compared to 99 in Q2-2024, a 33% decrease.

- **Surgical Cases**—A total of 33 surgical cases were performed in Q3-2024 compared to 63 for Q2-2024, a 48% decrease.

- **Medication Administration**—A total of 36,202 medications were administered in Q3-2024 compared to 37,119 in Q2-2024, resulting in a 2.47% decrease.

- **Radiology Exams Completed**—A total of 6,598 radiological exams were performed for Q3-2024 compared to 6,592 for Q2-2024, resulting in a 0.9% decrease.

- **Laboratory Specimens Collected** – There was a total of 20,099 lab specimens collected for Q3-2024 compared to 20,108 for Q2-2024, resulting in a 0.4% decrease.

Ground Transportation

For Q3 2024, the Ground Transportation department performed 430 transports (522 previous quarter), with 411 (96%) originating at Lakeside Medical Center. Most of the patients transported were between 21 and 80 years old, with the 61-70 group being the highest. The top 3 diagnoses for the patients transported during this period were chest pain, weakness, and altered mental status. The top 3 destinations were Palms West Hospital, followed by JFK Main and St. Mary's. The top 3 services not available

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were neurology, cardiology, and gastroenterology. There was a total of 70 canceled transports, 80% of which were from the destination location and there were 15 transports in which lights/sirens were used.

Pharmacy

HCD Pharmacies filled 42,943 prescriptions for 7,531 unique patients for Q3, a 3% decrease compared to Q2. 10% of the patients serviced were new to the pharmacy in Q3, and 1,834 packages were mailed during the quarter containing 4,236 prescriptions, which was 10% of the total prescriptions dispensed. In addition, 885 Narcan units were distributed to the community in this time frame.

Human Resources

- For Q3 2024, our employee headcount reached 1,253, a 0.47% decrease from the previous quarter (1259).
  - FT=1,172
  - PT=28
  - PD=53
- Clinical job functions/positions are the leading with 47%, followed by technical at 13% and specialist at 9%.
- Q3 2024, the diversity headcount is 45% African American, 28% White, 15% Hispanic, and 12% Other; 78% of the workforce is female.
- Q3 2024, the average age of employees is 48 years old, with 205 employees projected to be within retirement age in the next 5 years.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

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5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
77A3B53680A1477...

Darcy J. Davis
Chief Executive Officer

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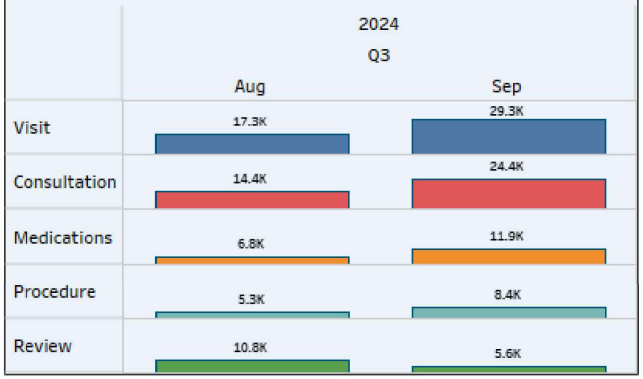
Health Care District
SCHOOL HEALTH

School Health Room Overview

From 8/1/2024 to 9/30/2024

Visit | Medications | Review | Consultation | Procedure

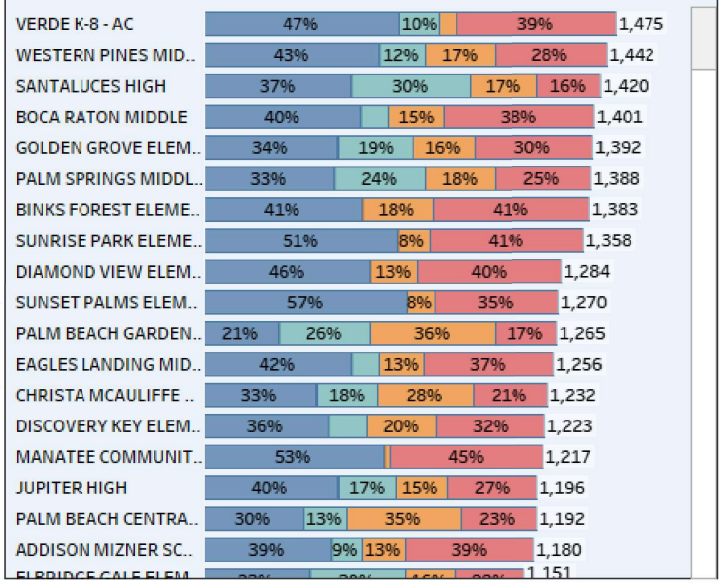
Volume Trend



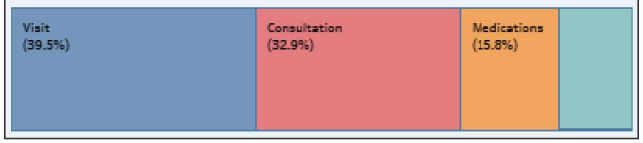
Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Visit	46,653	172	31,436	219	17.72
Consultation	38,848	172	25,490	217	19.47
Medications	18,646	156	781	199	6.05
Procedure	13,706	106	212	150	11.53
Review	16,427	123	16,427	102	124.71

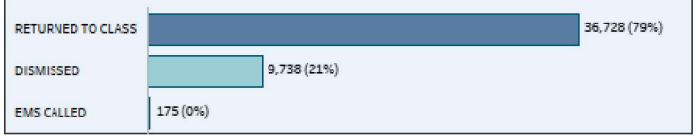
Events by School



Percent by Event Type

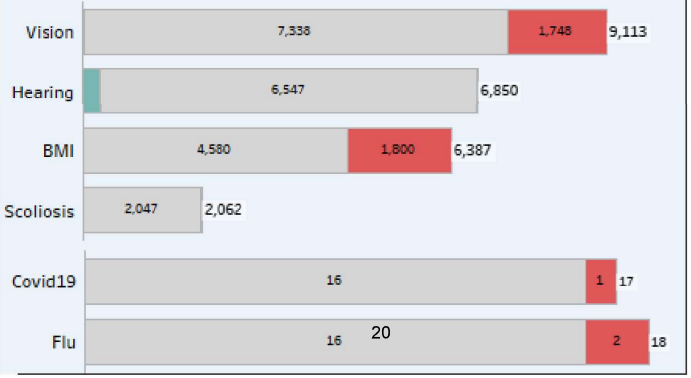


Visit Outcomes



Students by Grade

Mandatory Screenings and Covid/Flu Testing



Male 54% | Female 46%

Gender Assigned at Birth

Flexible

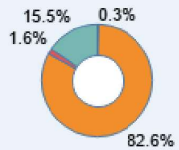
WI	SE I	SI	NE I	NI	EI	CW I	CN I	CE I	CI
1,103 0.9%	2,184 1.9%	2,024 1.7%	1,542 1.3%	2,718 2.3%	1,581 1.3%	1,375 1.2%	2,124 1.8%	2,569 2.2%	1,558 1.3%

Standard

WII	SC II	SII	NC II	NII	CII
15,715 13.3%	15,147 12.8%	19,217 16.3%	16,744 14.2%	15,696 13.3%	16,757 14.2%

HCD Personnel
HEALTH SUPPORT TECHNICIAN
LPN
RN
School Designee
SNA

Provider Type



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Health Care District
COMMUNITY HEALTH CENTERS

Clinic Visit types, Trends & Different Service Utilization 7/1/2024 to 9/30/2024

All

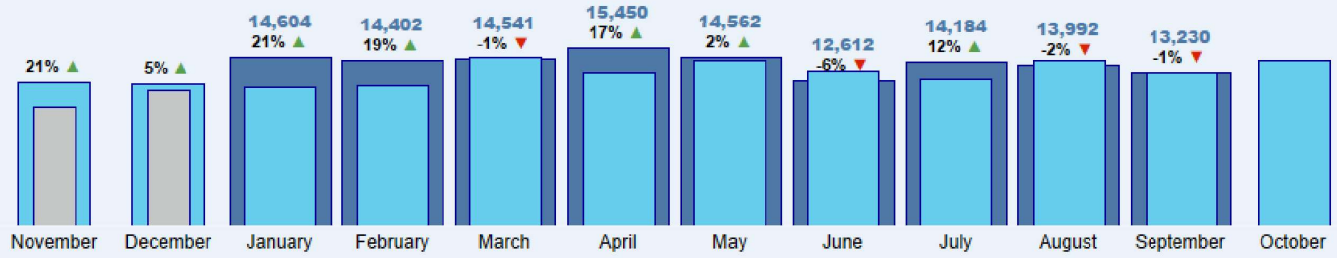
Filters

Unique Patients	Patient Visits
21,888	41,406

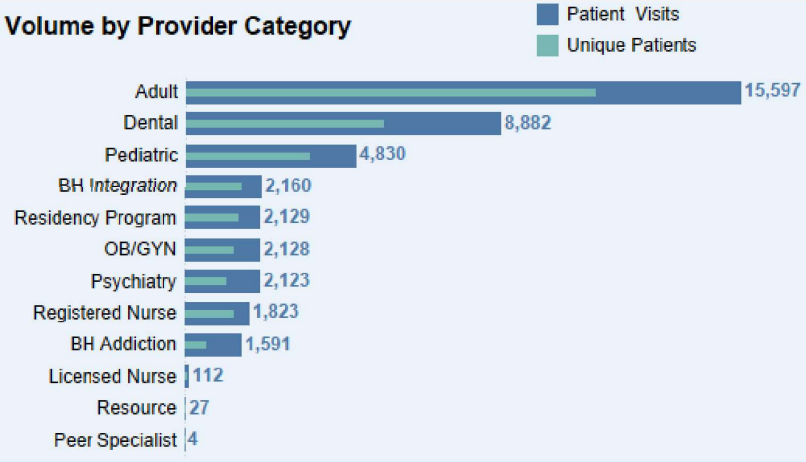
Visit Type

	Office Visit	Nurse Only	Telemedicine	Immunization	Evaluation
Patients	21,512	1,604	966	31	1
Visits	38,008	2,143	1,224	33	1

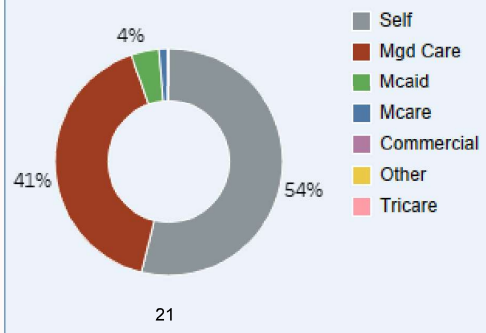
Monthly Volume



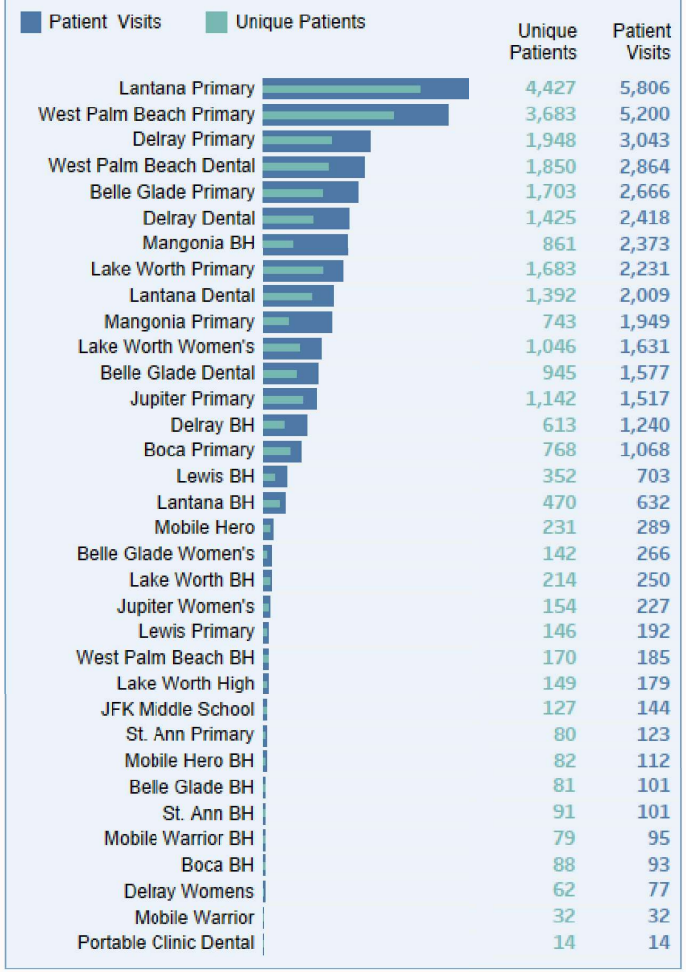
Volume by Provider Category



Payer Mix



Volume by Clinic



	Unique Patients	Patient Visits
Lantana Primary	4,427	5,806
West Palm Beach Primary	3,683	5,200
Delray Primary	1,948	3,043
West Palm Beach Dental	1,850	2,864
Belle Glade Primary	1,703	2,666
Delray Dental	1,425	2,418
Mangonia BH	861	2,373
Lake Worth Primary	1,683	2,231
Lantana Dental	1,392	2,009
Mangonia Primary	743	1,949
Lake Worth Women's	1,046	1,631
Belle Glade Dental	945	1,577
Jupiter Primary	1,142	1,517
Delray BH	613	1,240
Boca Primary	768	1,068
Lewis BH	352	703
Lantana BH	470	632
Mobile Hero	231	289
Belle Glade Women's	142	266
Lake Worth BH	214	250
Jupiter Women's	154	227
Lewis Primary	146	192
West Palm Beach BH	170	185
Lake Worth High	149	179
JFK Middle School	127	144
St. Ann Primary	80	123
Mobile Hero BH	82	112
Belle Glade BH	81	101
St. Ann BH	91	101
Mobile Warrior BH	79	95
Boca BH	88	93
Delray Womens	62	77
Mobile Warrior	32	32
Portable Clinic Dental	14	14

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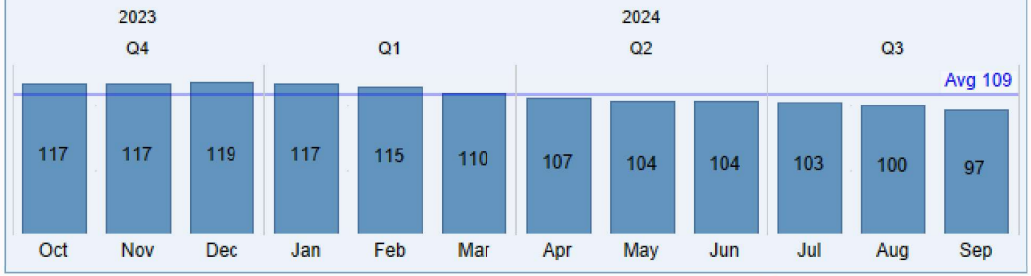
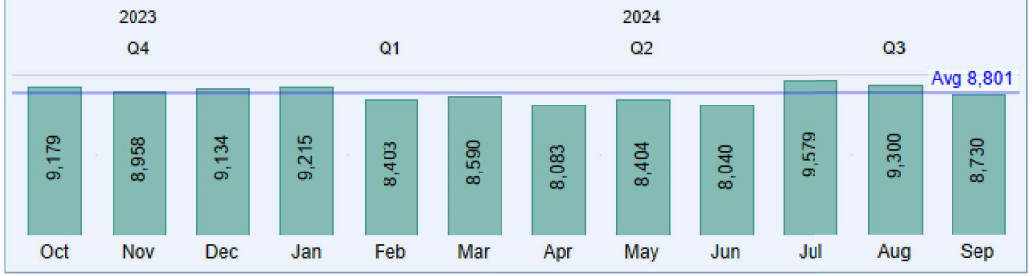
Health Care District
SKILLED NURSING FACILITY

Healey Center
Productivity Data Q3 2024

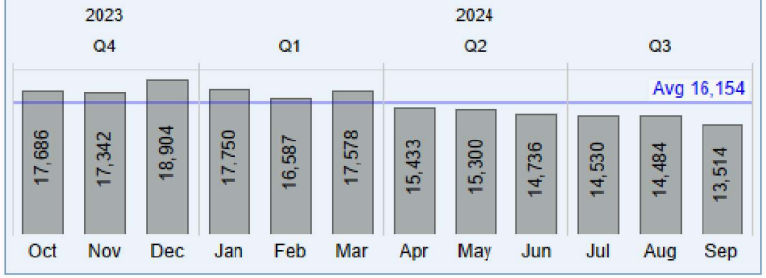
Avg Monthly Census



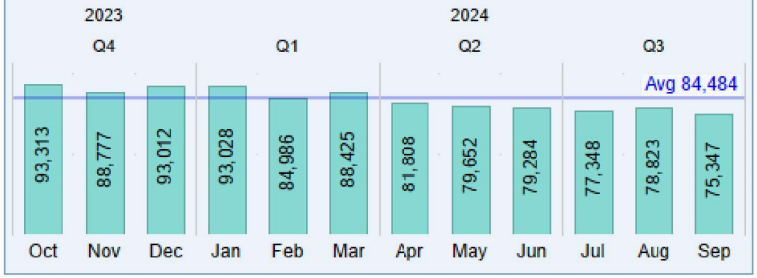
Meal Count



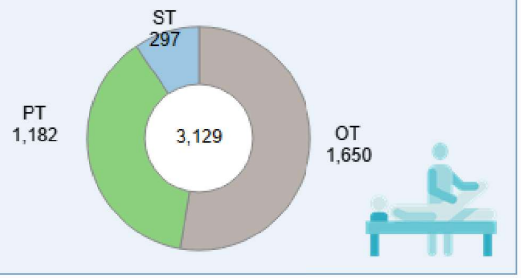
Treatments Performed



Medication Administrations

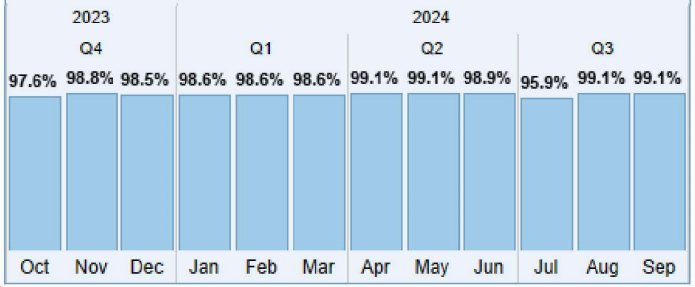


Therapy Productivity

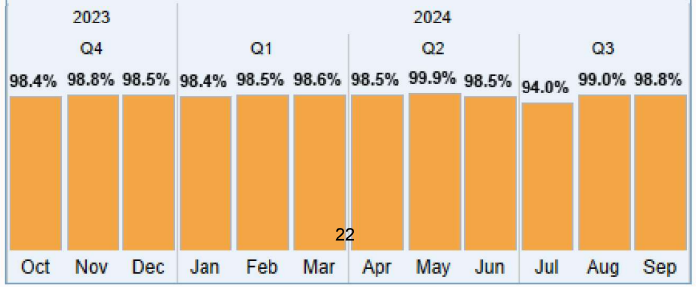


CNA Point of Care (POC) Compliance

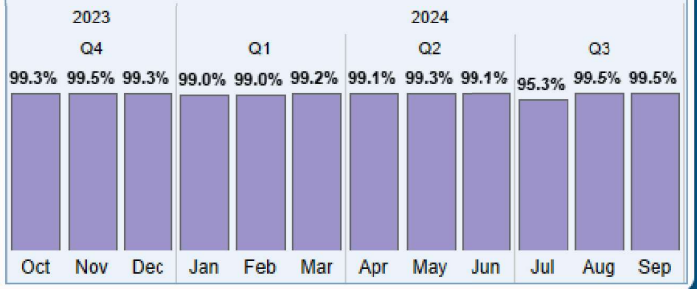
Day Shift



Evening Shift



Night Shift



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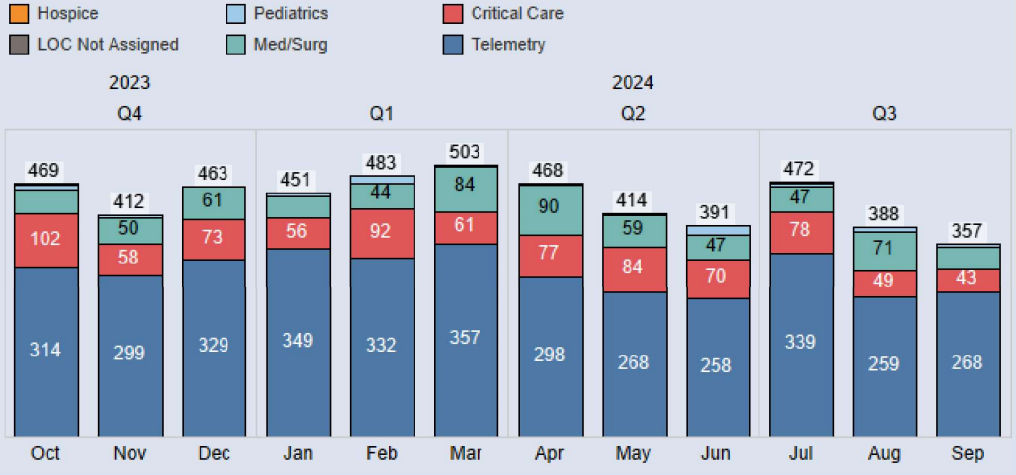
Health Care District
LAKESIDE MEDICAL CENTER

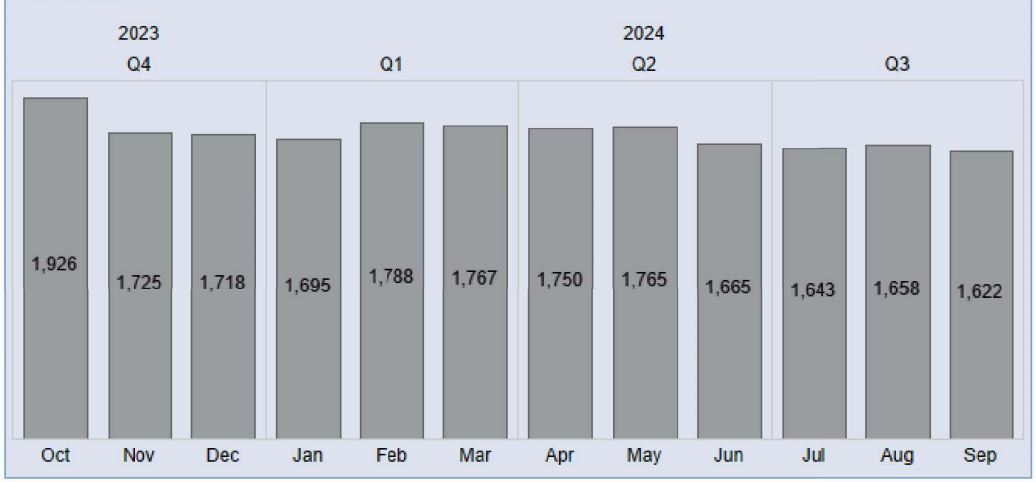
Lakeside Medical Center Patient Flow Productivity Data

10/1/2023 to 9/30/2024

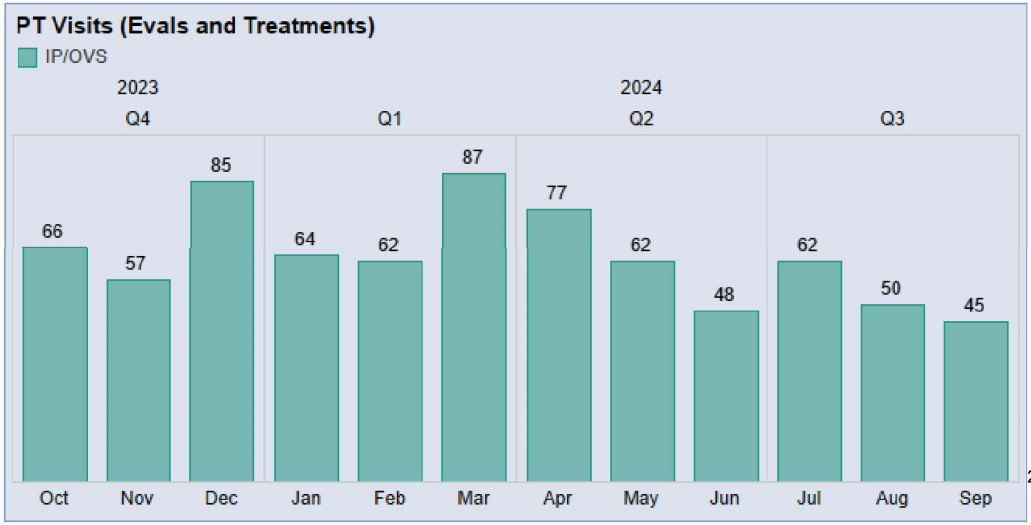
Total Census Days by Level of Care



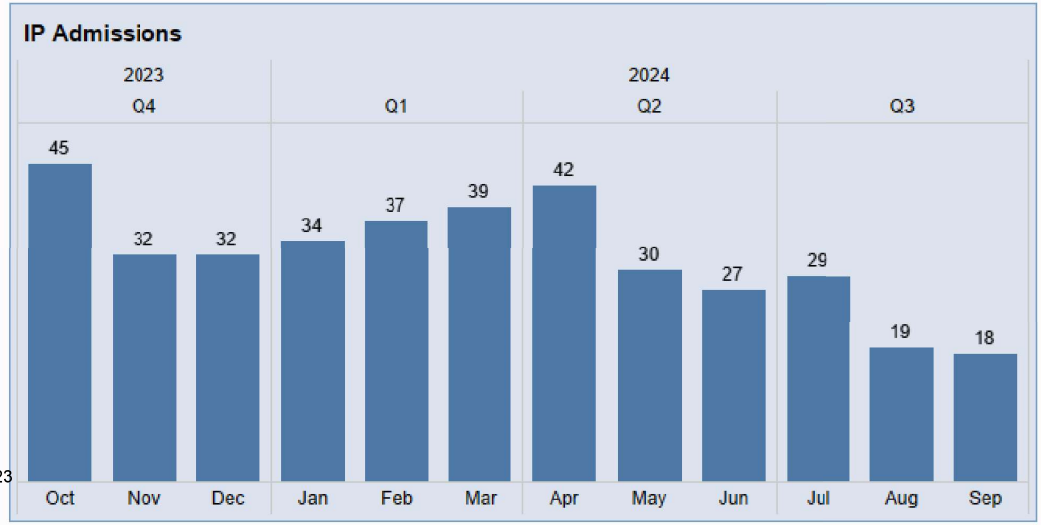
ED Visits



PT Visits (Evals and Treatments)



IP Admissions



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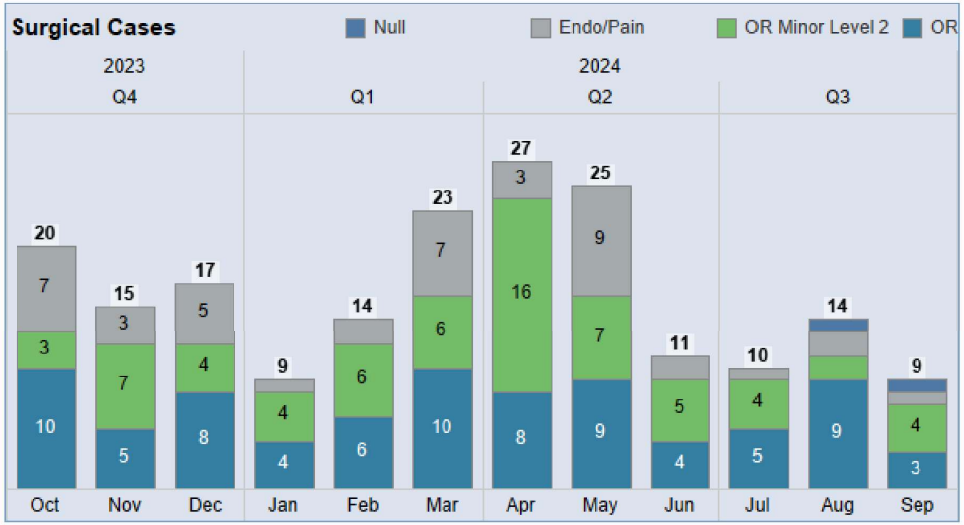
Health Care District
LAKESIDE MEDICAL CENTER

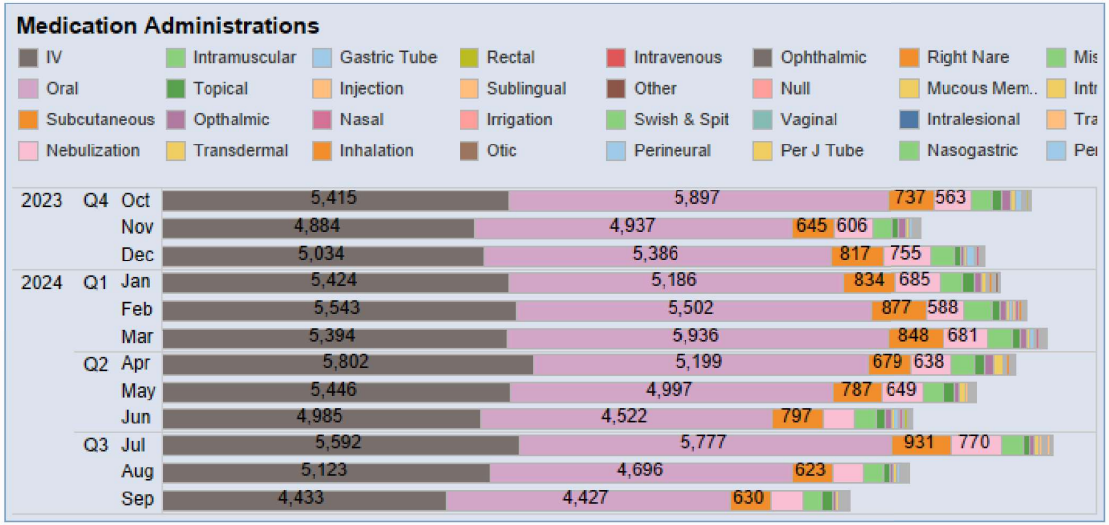
Lakeside Medical Center Clinical Productivity Data

10/1/2023 to 9/30/2024

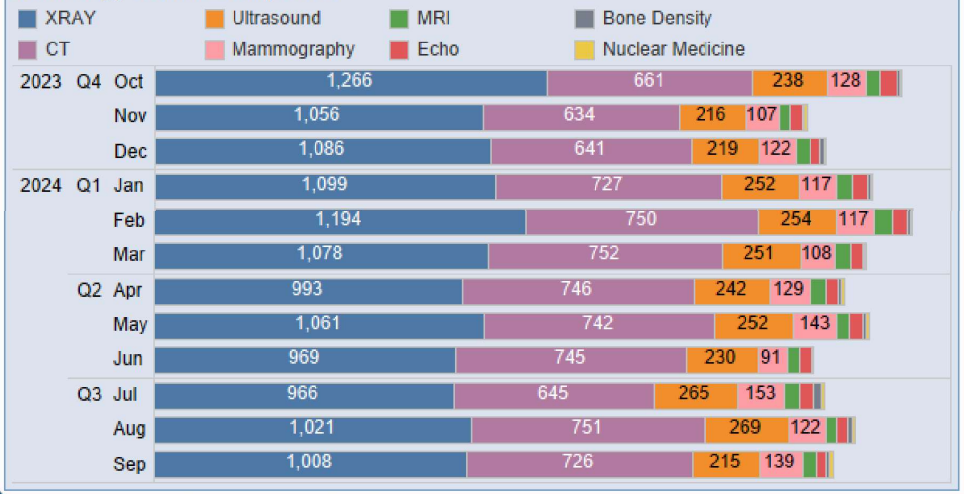
Surgical Cases



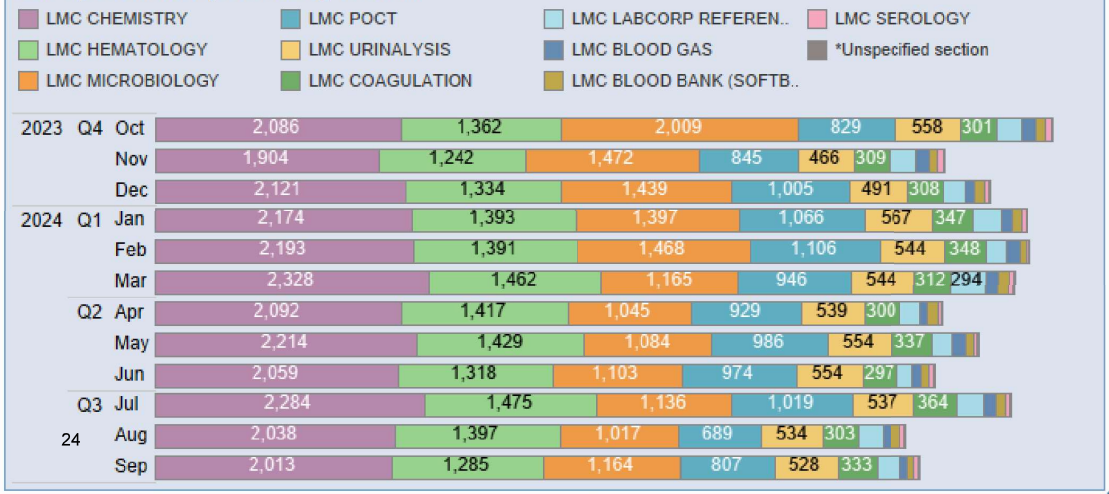
Medication Administrations



Radiology Exams Completed



Lab Specimens by Resulting Section



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Health Care District
GROUND TRANSPORTATION

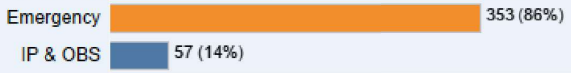
Ground Transportation Services

7/1/2024 - 9/30/2024

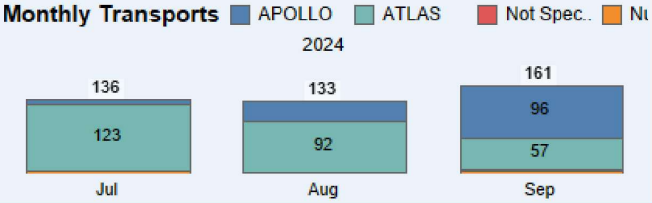
filters

Completed Transports	Average Mileage	Avg Pickup to Drop Off	Delays	Canceled Transports	Avg Response Time	Lights/Sirens Used
430	392 mi	471 min	138	70	51 min	15

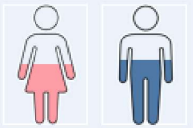
Patient Type - LMC Transports *Data Starting 12/2023



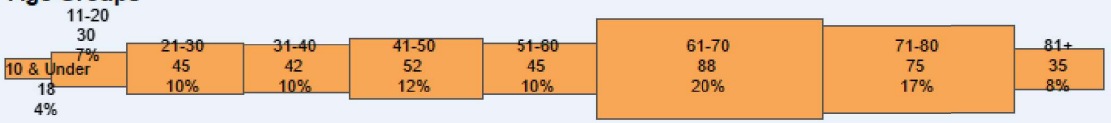
Monthly Transports



Gender



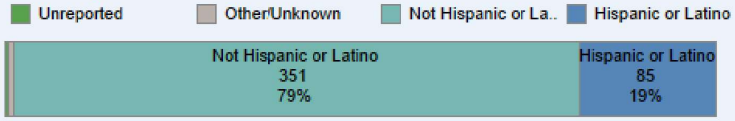
Age Groups



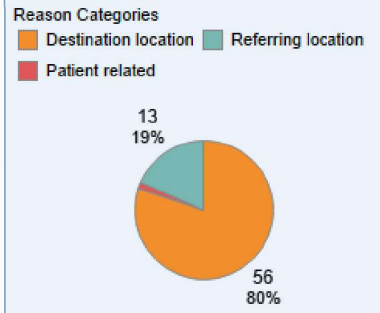
Top 10 Principal Diagnoses

Race

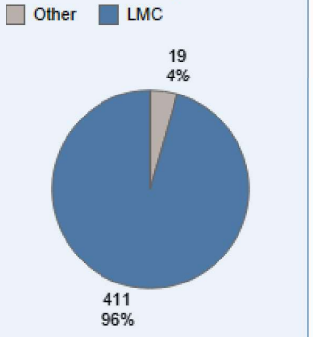
Ethnicity



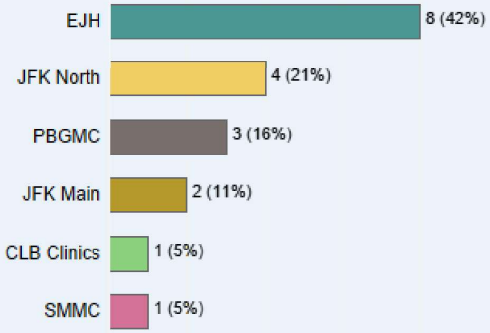
Canceled Runs



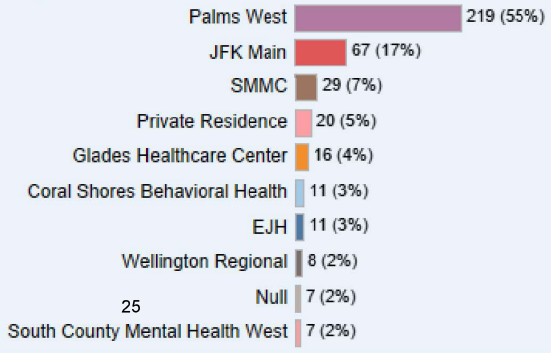
Origin of Transport



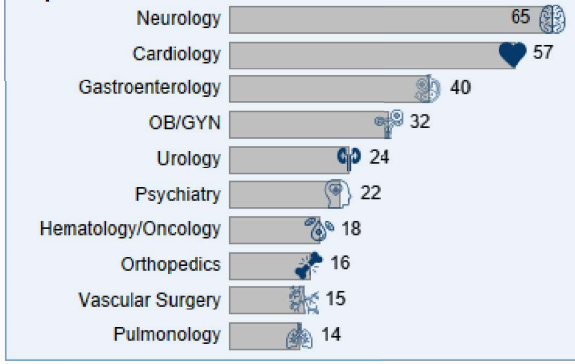
Top 10 - Origin of Transport - Other Locations



Top 10 Destinations



Top 10 Services Not Available



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Health Care District OF PALM BEACH COUNTY

PHARMACY DATA 7/1/2024 - 9/30/2024

Filters

Unique Pts	New Patients	Rx Filled	Rx Return to Stock	Out Of Stock <5%✓	Pharmacy Visits	Avg Rx per patient	Rx Mailed to patient
7,531	3,153 (10%)	42,943	1,965 (4.6%)	959 2.2%	20,580	6	1,834 Pkgs 4,236 (10%)

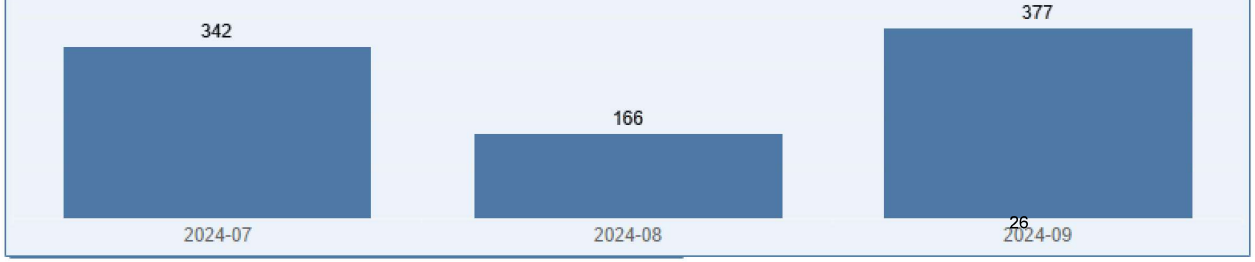
Prescriptions Filled

Prescriptions Released to Patient

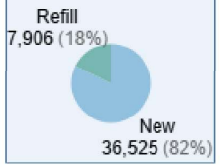
Program Total

885

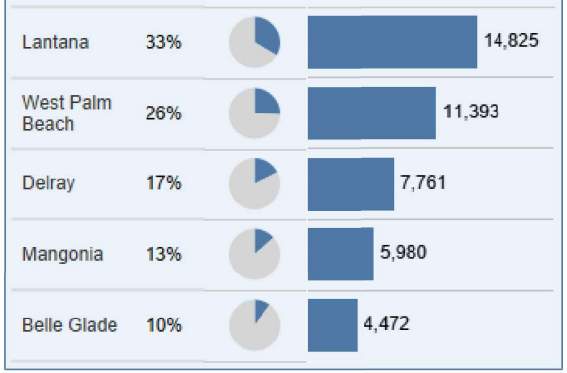
Narcan Distribution Volume



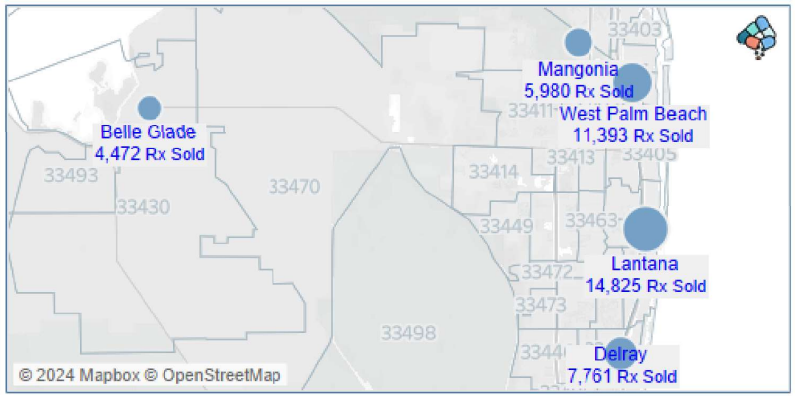
Rx Type



Prescriptions Filled by Pharmacy



Age Range



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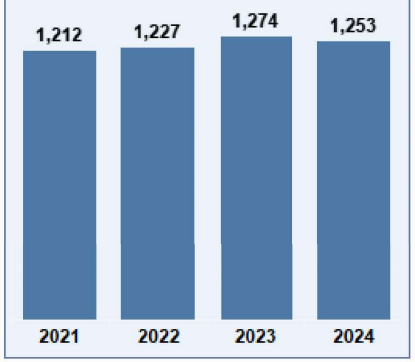
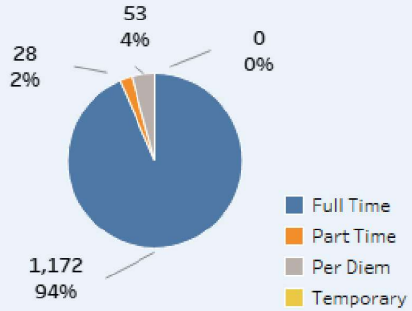
Health Care District
OF PALM BEACH COUNTY

EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS

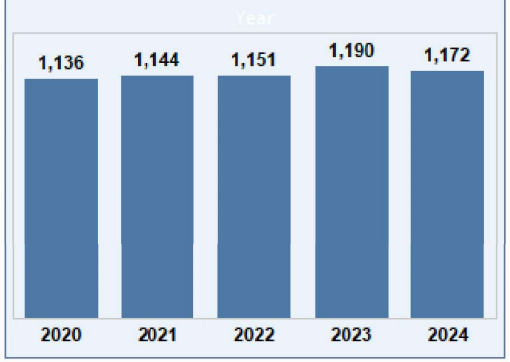
HEADCOUNT TREND



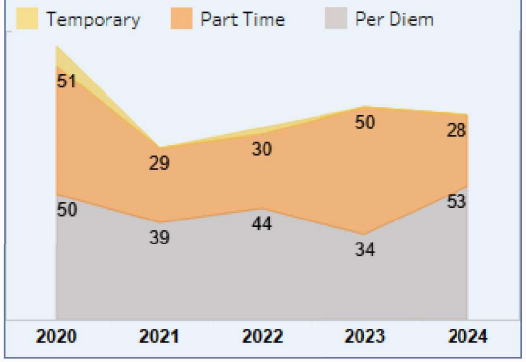
EMPLOYMENT STATUS 2024



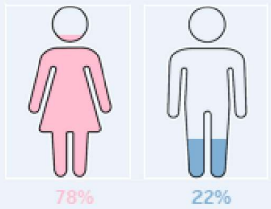
FULL TIME EMPLOYEE TREND



OTHER EMPLOYEE STATUS TREND

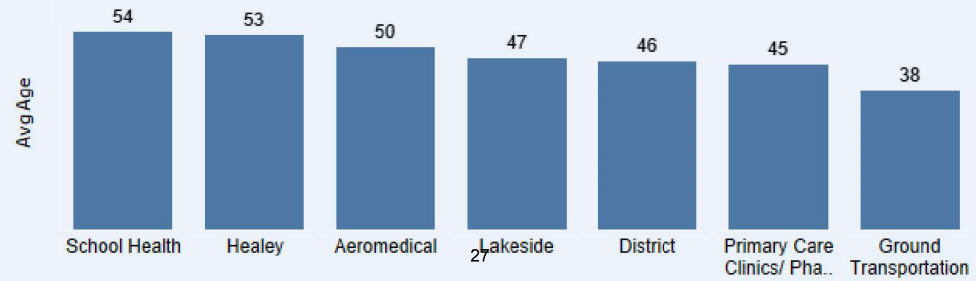


JOB FUNCTION



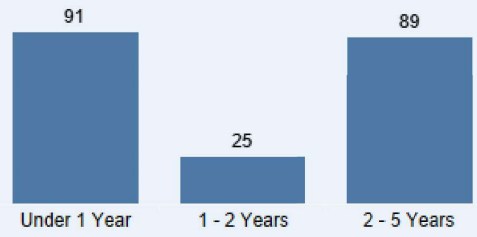
RACE/ETHNICITY

AVG. EMPLOYEE AGE BY BUSINESS UNIT 48



PROJECTED RETIREMENT 5 YEAR SPAN

205 Employees



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1. Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report (FY24 Q4)

2. Summary:

A summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Compliance", "CPE", or "Program") activities since the last meeting is provided. This Report covers FY24 Q4 (July 1 – September 30, 2024).

The Office of Inspector General ("OIG") recommends reporting on a regular basis to the governing body, CEO, and compliance committee(s) regarding the planning, implementing, and monitoring of the Program. This report is intended to provide an update on CPE activities, initiatives, monitoring, statistics, and Work Plan. Heather Bokor, VP / Chief Compliance & Privacy Officer, presents the following:

3. Substantive Analysis: Compliance, Privacy, and Ethics Report

HCD CPE continually assesses HCD and develops the Program to address areas for attention and/or enhancement, in order to ensure that through the Work Plan and other activities, we meet or exceed existing Effective Compliance Program Elements, per OIG, and that we continue to evaluate new guidance for effectiveness.

Key areas since the last report which have had significant or notable work as part of or separate from the FY24 Work Plan include: Analysis of newly issued/updated guidance documents from the OIG and DOJ; Research/Analysis and Issuing guidance to staff; Internal auditing and monitoring/reviews/risk assessments; External audit and monitoring assistance/participation; Policies, Procedures, Forms, and Consents; Cybersecurity/Data Privacy and Privacy incident readiness and response, including policies, audits/assessments, and third-party management; Technology/Data Governance/Artificial Intelligence (AI); Assistance to various Workgroups and Committees; HIPAA/FIPA/FERPA; Contract reviews and payments to physicians/external parties; Documentation, Coding, Billing and Reimbursement, and Medical Necessity; Conflicts of Interest (COI); Investigations; Licensure and accreditation/Survey readiness; Behavioral Health and Baker Act; Employee Health; School Health; Ground and Air Ambulance Guidance and workgroups, Training and Education/Awareness Activities; Regulatory updates/industry enforcement activity; Active participation and responsiveness to HCD staff on inquiries/incidents/needs; Other initiatives to improve compliance and mitigate risk in the organization; and Preparation of planned work for FY25 and future Work Plans.

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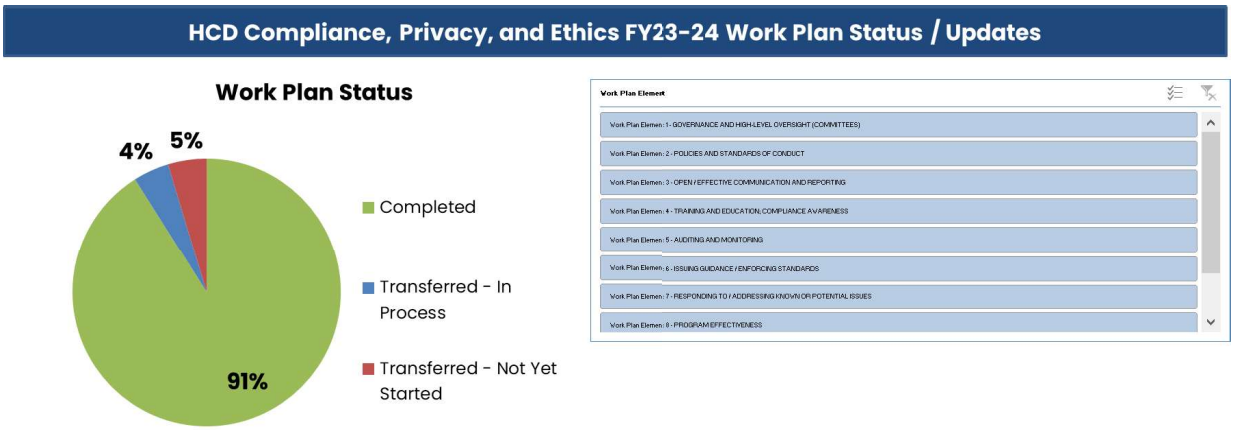
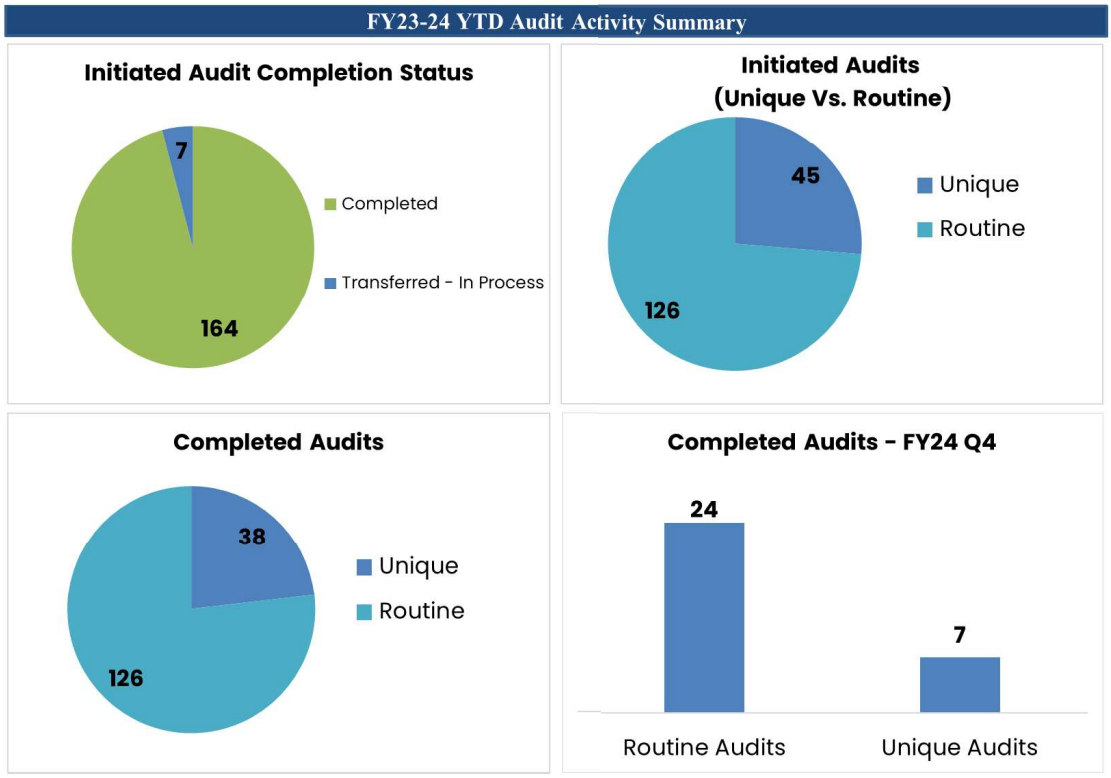
A. Work Plan Status / Updates





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1. Audit Activity Summary (FY23-24 Work Plan):

In FY23-24 YTD, CPE initiated one hundred and seventy-one (171) total audits, data risk assessments/research, compliance risk assessments, and/or reviews ("reviews"), in accordance with the annual CPE Work Plan. This includes forty-five (45) unique and one-hundred and twenty-six (126) routine reviews. Additionally, CPE addressed other items as per OIG's Compliance Program Guidance. A breakdown is provided below:

- Of the 171 initiated, 164 have been completed (38 unique, 126 routine).
- Of the 164 completed, 31 were completed since the last report/meeting (7 unique, 24 routine). These are reported in the tables below.
- Of the 24 routine reviews completed, results were mostly favorable (see below).
- Of the 171 initiated, 7 reviews (all unique) are currently in preparation, in process, or pending preliminary/final reports. These have all been transferred to the FY25 Work Plan and are reported as "Open/Transferred" in the tables below. *Note: Items reported at prior meetings may be included in the data, however, are excluded from this report.*

Auditing and Monitoring – Completed (Q4)	
Work Plan Item/Area (Item, Background and Rationale)	**Summary** (Findings/Recommendations/Action Items)
340B Policies and Procedures Compliance Review *Compliance review of HCD's Policies and Procedures and discussions with HCD key staff to evaluate compliance with 340B Program Requirements and make recommendations as necessary.*	**Review complete.** **Results: Partially favorable. Recommended actions.** Overall, some opportunities for improvement were identified. 340B policies and procedures are in place for most of the key elements/subject matter identified; However, more specific content should be included to further define specific tasks to ensure consistency and to meet or exceed ongoing Compliance with 340B requirements. HCD Compliance will continue to work with Pharmacy and recommends the Pharmacy Director review/revise the identified policies and procedures.

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Privacy and Security Compliance Survey: LMC Hospital-wide Review and Joint Commission (TJC) Tracer(s) *Onsite audit reviews are conducted to ensure compliance with Privacy and Security Rules (e.g., HIPAA/FIPA) that protect the privacy of Personal Identification Information (PII) and Protected Health Information/electronic PHI (PHI or ePHI). All HCD locations must implement reasonable and appropriate safeguards to maintain the confidentiality, integrity, and availability of patient information. This review was expedited and revised in scope for TJC readiness.*	**Review complete. Results: Partially favorable. Recommended actions.** Overall, some opportunities for improvement were identified. Of the controls directly observed and measured, the following areas of opportunities were identified and recommendations made and have since been addressed: - Health Information Management (HIM) Department office/employee workstations containing PHI or ePHI visible to the public to install privacy screens or proper window film/covering; - Notice of Privacy Practices ("NPP") posters shall be displayed throughout the facility and current (June 2022); and - Training and Education
Privacy and Security Compliance Survey: Mangonia Community Health Center *Onsite audit reviews are conducted to ensure compliance with Privacy and Security Rules (e.g., HIPAA/FIPA) that protect the privacy of Personal Identification Information ("PII") and Protected Health Information ("PHI"). All HCD locations must implement reasonable and appropriate safeguards to maintain the confidentiality, integrity, and availability of patient information. This review was expedited and completed in response to an OCR Complaint Letter (closed) where a patient alleged his information was communicated.*	**Review Complete.** **Results: Partially favorable. Recommended actions.** Overall, some opportunities for improvement were identified. Of the controls directly observed and measured, the following areas of opportunities were identified and recommendations made and have since been addressed: - All CHC staff members shall wear/display their official identification badges; - All employee workstations shall be locked and secured if unattended; and - Training and Education *Note: The OCR previously closed this matter with technical assistance.*

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Hospital Emergency Department (ED) Signage Review (LMC) *Various governing bodies require that signage is posted in locations likely to be seen by the public in order to inform patients and representatives of various rights, ranging from the Notice of Privacy Practices to the Notice of Non-Discrimination. Evaluation of The Joint Commission ("TJC") standards and state and federal regulations (e.g., Centers for Medicare and Medicaid Services) related to signage and posted notices were also analyzed as part of this review. A walk-through of LMC's ED was performed and Signage/Posted notices were reviewed to determine compliance with placement, vantage point, size, font, language, and other requirements.*	**Review Complete. Results: Unfavorable. Recommended Actions.** The audit revealed non-compliance with the requirements for several signs/posted notices in the Emergency Department (ED). Best practices were also noted. The following were identified and require new/revised/replaced/duplicated signage in the Emergency Department, ED Admissions, and ED Registration: EMTALA, Nondiscrimination notice, Hospital Provided Interpreter Notice, Consumer Assistance Notice, Notice of Availability of Hospital Performance Outcome and Financial Data, Patient Bill of Rights, and Notice of Privacy Practices.
Monitoring of External Audits: Recovery Audit Contractors ("RAC") *The Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC) conduct complex and automated post-payment reviews. HCD CPE monitors activity and the results to identify trends in findings to minimize the risk of future audit issues.*	**Reviews Complete for FY24.** **Results: Partially favorable.**
External Ambulance Services Invoice Review and Contract Discussions (Memo to File) *CPE completed a comprehensive review and reconciliation of all AMR ambulance transport invoices for HCD hospitals to ensure compliance with contract and with regulatory requirements for areas not specified in contract. Additionally, CPE completed a comprehensive review of the contract and provided additional billing/payment guidance on requirements for contract renewal.*	**Reviews Complete for FY24.** **Results: Partially favorable. Recommended Actions.** All transport invoices were reviewed for payment determinations according to the contract along with providing additional items to consider clarifying billing and payment responsibilities if the contract is renewed. Compliance made recommendations to revise the agreement or enter into a new agreement. HCD is in process of addressing contractually. This item is being closed for FY24.

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(New) Nursing Student Clearance Reviews (Monthly) *CPE partners with Clinical Education for nursing student clearance for each college semester. The nursing student clearance reviews consist of ensuring that each student completes the required training and forms prior to coming on site to complete their clinical rotations as part of their curriculum for learning.* *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024.** **Results: Favorable. Recommended Actions.** CPE ensures the following training and forms are completed: Exclusion Screening, Required CPE Training and Standards of Conduct, Signed Confidentiality Data Agreement and Media Release Authorization Form. All student clearance requests were reviewed in regard to Compliance and Privacy forms and education requirements. Recommended a more formalized process be put in place for FY25.
Exclusion Screening Compliance Reviews (Monthly) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024.** **Results: Favorable.** All potential matches were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions.
21st Century Cures Act Information Blocking Rule Monitoring (Weekly) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024.** **Results: Favorable.** No issues were found regarding information blocking or access to records, per Privacy's weekly reviews completed to date.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily/Weekly) *Recurring user access daily monitoring includes the following enforced policies: Anomalous Workflow (AI), High Access of Deceased Patients, High Access of Break-the-Glass, Employment flag indicators (EMP), Person of Interest Snooping, High Access of Discharged Patients, and Coworker Snooping Monitoring. [Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024.** **Results: Unfavorable. Recommended Actions.** A total of eleven (11) user-access privacy incidents were investigated, which resulted in three (3) recommended disciplinary actions, including but not limited to training and reeducation up to and including termination, for those involved members of HCD's workforce.

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HCD Leadership/Board VIP EHR Monitoring through FairWarning system for potential Privacy violations (Weekly) *New (VIP/HCD Leader) Weekly Monitoring Enforced Policy added (Executive Team and Senior Leadership, AVP/VP/SVP) and all Board/Committee members. Note also that all HCD employees have had flags (indicators) added to their electronic records (EMP) for monitoring. [Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024. Results: Favorable.** A total of (12) weekly access audit logs were investigated. No issues were found in regard to inappropriate/unauthorized user access per Privacy's reviews completed to date.
SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024. Results Favorable.** 100% compliance with applicable rules and policy, with no red flags identified or alerts resulting in HCD staff/Epic user violations.
Referral Source/Physician Payment Audits (Ongoing) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024. Results: Favorable. Recommended Actions.** All physician and referral source payments routed for approval are reviewed and audited by Compliance, and any issues are corrected prior to payment. *Note: Prior recommendations made which require follow-up. Item added to FY25 Work Plan to audit payments made to independent contracted physicians.*
OIG Work Plan (Monthly) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for July – September 2024. Results: Favorable. Recommended Actions.** The OIG added (12) new review items since the last report, one (1) of which may apply to HCD, Audit of Claim Lines Which Payments Exceeded Charges, which has been added to the FY25 Work Plan.
Auditing and Monitoring – Recently Completed (FY25 Q1)	

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Florida Medicaid - Deficit Reduction Act (DRA) of 2005 FY24. *The Deficit Reduction Act of 2005 (DRA) requires entities that receive $5 Million or more in funds from Florida Medicaid to meet certain requirements, including but not limited to training and policies and procedures on their compliance program, whistleblowers/nonretaliation, the False Claims Act, and Fraud, Waste, and Abuse (FWA). Further, some payors require annual attestations and auditing of such entities on these compliance requirements.*	**Annual monitoring complete. Results: Favorable.** HCD did not receive a request to provide an annual attestation from any Florida Medicaid/Medicaid MCO for FY23-24. Additionally, HCD CPE confirmed exceeds compliance with the DRA and the Centers for Medicare and Medicaid Services (CMS) requirements in operating its program.
HCD Non-employed Individuals in the workplace: Risk Assessment *The purpose of this assessment is to gain a better understanding of any non-employed/non-contracted in various capacities across HCD and to identify areas of possible process improvement. This Risk Assessment was conducted at the request of HCD Leadership.*	**Review Complete. Results: Partially favorable. Recommended Actions.** Overall, several opportunities for improvement and consistencies across HCD were identified, HCD would benefit from developing standard processes across HCD for these individuals. In summary, we recommend HCD establish processes and develop written policies and procedures for all types of non-employed individuals to address all findings and recommendations. *[Details summarized due to the report being issued in FY25].*

Element/Type	**Work Plan Item/Area – OTHER COMPLETED ITEMS *(Non-Auditing Items, Includes Unique and Standing Items)***
Issuing Guidance and Enforcing Standards; Responding to Inquiries, Issues and Investigations	• Evaluation and Mandatory Rule Implementation / Development and Monitoring (Florida Statutes and Federal Rules); Regulatory Updates/Industry Enforcement Activity; Contract reviews/guidance.
Responded to various issues, inquiries, and issued	• <u>Significant guidance:</u> Behavioral Health, Employee Health, School Health, HIPAA/FIPA/FERPA, Privacy & Security Guidance (e.g.,

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guidance internally accordingly on topics including but not limited to:	HIPAA, FIPA, FERPA, Data classification, Technology/Data, Artificial Intelligence, Configuration of systems for data loss prevention), HCD Privacy/IT Security Team coordination of reasonable and appropriate privacy and security controls for M365 implementation into HCD environment in alignment with HCD's Zero Trust Matrix, Ambulance compliance with rules, and Workgroup participation with guidance on Aeromedical Compliance with various FAA Regulations (e.g., Pilots Record Database tracking, training requirements, policies, onboarding, pre-employment and screening requirements). • Compliance: External agency reporting, Billing and reimbursement, Consents and Forms, Baker Act/Marchman Act, Conflicts of Interest, Ambulance, Infection control, Policy and vendor/travel, Telehealth, Patient rights and responsibilities, Documentation requirements, Clinical rotations and student shadow experiences, Provider Enrollment/Billing research and guidance, Interactions with Vendors, Retention and destruction, Regulatory analysis and research, Documentation, Coding, Billing and Reimbursement, and Medical Necessity, Credentialing and exclusion screening, Radiology and Laboratory, CLIA Waiver, Americans with Disabilities Act (ADA), Aeromedical and Ground Transportation guidance on County Ordinance and COPCN compliance, Grant assistance, Weapons in Facilities. Privacy: HIPAA/FIPA/FERPA, General data privacy and information security, External data sharing, Patient rights and Amendment requests, Release of Information, Retention & Destruction, Grant assistance, Authorization/Consents, HIPAA/Part 2 Consent Inquiry, Permitted versus Required Disclosures.
Policies & Procedures (and Forms) *New and Revised Policies and Procedure and Forms Reviews and guidance, including but not limited to*:	• Comprehensive Review of Department P&Ps for preparation of HCD's system conversion to MCN from Convergepoint. • Review/upload of P&Ps for Joint Commission readiness. • P&P and Forms New/Revised provided to HCD: Ethical and Appropriate Use of AI Technology, Security Incident Response Plan, Consents and forms for various business units, Behavioral Health, Employee Health, School Health • P&P maintenance (non-CPE): Informed Consent, Patient Stabilization and Transfer, Stillborn in the ED SOP, Employee Media Consent Form, Baker Act (Clinics), Patient Dismissal, Visitors

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	(LMC), Visitors (Clinics), and Pediatric Baker Act
Training & Education; Awareness Activities	• Privacy Incident Reeducation/Retraining Activities (individual in response to sanctions policy and staff training in response to OCR letter) • Annual CPE Awareness Survey build (bi-annual) • New Hire Orientation (virtual) • HCD Rebranding Project (e.g., Signage, Forms, Training)
Open/Effective Communication & Reporting; Responding to Issues	• Hotline Call/Web Portal: Intake, Response, and Investigations • Response to Issues/Inquiries/Investigations • External Agency Audit Activity / Review and Response • Monitoring and dissemination of information to HCD staff (e.g., OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory and Industry Updates) • Website Enhancement/Communication/Posting • Internal staff development
Effectiveness	• Initial Analysis of OIG's new General Compliance Program Guidance (GCPG) • FY25 Work Plan Preparation • Compliance Program Development

Element/Type	**Work Plan Item/Area – OPEN/TRANSFERRED ITEMS (Initiated in FY24, through 9/30): Recently Completed**; In Process***
Auditing and Monitoring	• Online Tracking Technologies Risk Assessment (pending final report)** • EMTALA/Access to Emergency Services and Care Risk Assessment (LMC) (pending final report)** • Signage Review (LMC: hospital-wide)* • Blood Bank Risk Assessment (LMC)* • Credentialing Risk Assessment (LMC)*

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Issuing Guidance / Enforcing Standards	• Employee Health** • Provider Enrollment/General Surgery** • HCD Applicable Rule/Law Analysis* • Business Associate Agreement: HIPAA and Part 2 Rule Alignment*
Standards of Conduct / Policies & Procedures / Forms	• Complimentary Transport, Medical Records Management/Retention/Destruction** • Marchman Act, Standards of Conduct P&P/Guidebook, Internal Reporting of Compliance Issues*
Training & Education	• Compliance, Privacy, Ethics and Risk Management Newsletter** • Modules: Medicare Audit Types Training Module; Compliance, Privacy, & Ethics Training – Exclusion Checks, Tips, and Reminders for Vendors; Baker Act Training Module (LMC Emergency Department/HCD)*

B. Department Activity and Statistics:

1. Privacy Investigations:

a. State of Florida Office of the Attorney General (OIG): Closed Privacy Inquiry (2) – Alleged Violation of The Florida Information Protection Act ("FIPA") Compliant involving failure to apply reasonable and appropriate safeguards under the Privacy and Security rules for unauthorized access and password sharing. This matter was fully investigated. Recommended actions to address these matters and prevent future reoccurrence.

b. Internal: (Open) Complaint involving failure to apply reasonable and appropriate safeguards under the Privacy and Security rules for unauthorized access and termination from HCD systems. Recommended actions to address this matter and prevent future reoccurrence.

2. Hotline, Inquiries & Investigations – *Continued on next page.*

3. Regulatory Updates and Industry Enforcement Activity – *Continued below.*

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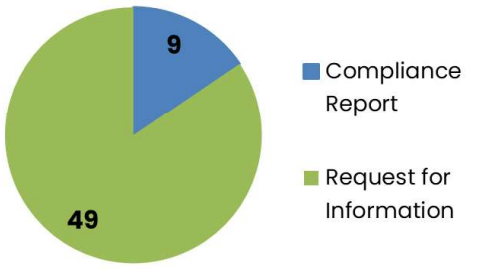
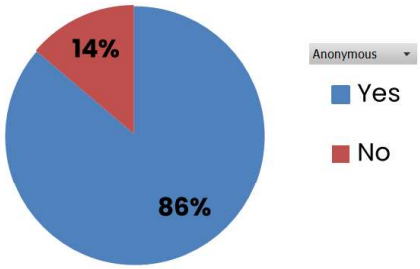
Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY24 Q4)

Hotline Activity

Sorted by Call Volume

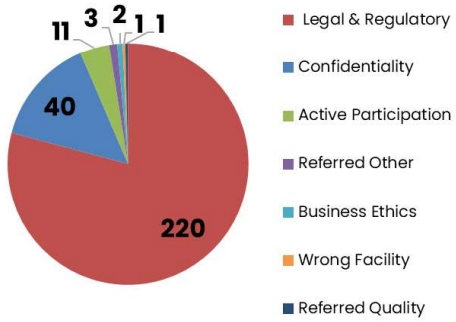


Sorted by Anonymous Call Volume

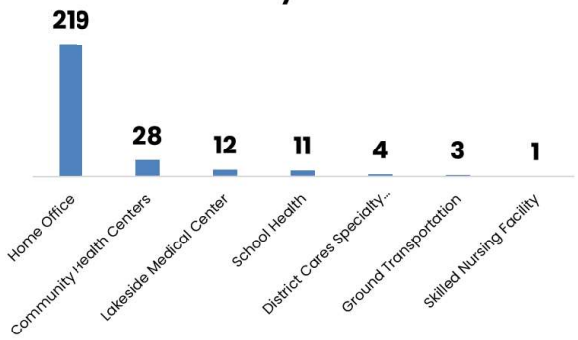


Inquiries

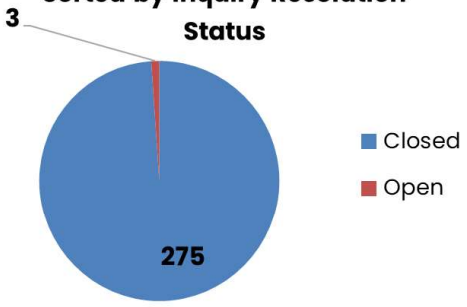
Sorted by Standards of Conduct



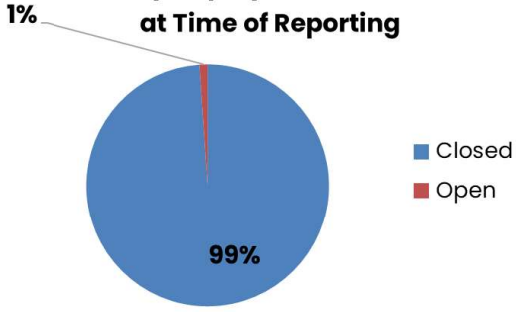
Sorted by Location



Sorted by Inquiry Resolution Status

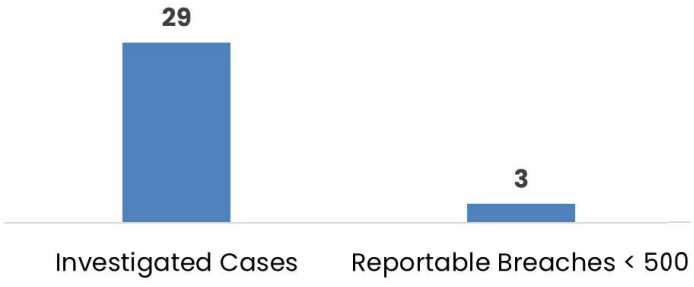


Sorted by Inquiry Resolution Status at Time of Reporting



Privacy Case Activities

New this Reporting Period



The most common types of reported privacy incidents during FY24 Q4 included:

- Improper Use or Disclosure of PHI (Written, Electronic, Verbal)
- Improper Disposal of PHI
- Access Violation (Viewed Record Without Authorization, Password)
- Minimum Necessary Violation

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C. Regulatory Updates and Industry Enforcement Activity

Regulatory Updates and Industry Enforcement Activity are reported at the Board of Director/Commissioners meeting as informational and listed below by title only. This detail is provided as informational. Should you wish to review in full, please notify Heather Bokor.

Recent Trends in the Regulatory and Enforcement:

Recent trends include, but are not limited to: Increased focus on cybersecurity, with several sectors facing breach events, ransomware attacks and malicious actors, President-elect Trump named several new faces to lead key health agencies such as the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid (CMS), final rules for prospective payment systems that impact physician and hospital payment, HIPAA Right of Access violations, numerous Civil Monetary Penalties Law violations for supervision issues or employment of excluded or unlicensed individuals, continued enforcement of the Stark Law and Anti-Kickback Statute, continued telehealth enforcement, the rise of Artificial Intelligence and cases, EMTALA violations, continued False Claims Act (FCA) allegations and settlements, COVID-19 fraud enforcement, updates to the Department of Justices' (DOJ) Evaluation of Corporate Compliance Programs, and new Industry-specific Compliance Program Guidance issued by the Office of Inspector General (OIG) for Nursing Homes.

Regulatory Updates

1. Donald Trump Elected President, Names Several Individuals to Lead Key Health Agencies and fill his Cabinet (11/2024)
2. The Office of Inspector General ("OIG") Issues First Nursing Facility Industry Segment-Specific Compliance Program Guidance ("ICPG") (11/2024)
3. CMS Issues CY2025 Medicare Physician Fee Schedule ("MPFS") Final Rule (11/2024)
4. The Center for Connected Health Policy ("CCHP") Issues New Telehealth Policy Summary Report Fall 2024 (11/2024)
5. The OIG Issues Report on Concerns for Safeguards to Protect Resident During Discharges from Nursing Homes (11/2024)
6. CMS Issues CY 2025 Medicare Hospital Outpatient Prospective Payment System ("OPPS") and Ambulatory Surgery Center ("ASC") Final Rule (11/2024)
7. Texas Governor Issues Executive Order Requiring Citizenship Questions at Hospitals (11/2024)
8. CMS Issues Updated Processes for Patients Moved to Observation Status (10/2024)

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9. The American Medical Association ("AMA") Current Procedural Terminology ("CPT") Editorial Panel Removes 16 Day Requirement for Remote Physiologic Monitoring Codes (10/2024)
10. HHS' HC3 (Health Sector Cybersecurity Coordination Center) Release Sector Warning of Miracle Exploit Vulnerabilities in Oracle Systems (10/2024)
11. HHS' HC3 Issue Scattered Spider Cyberthreat Actor Alert Known for Targeting Healthcare Sector with Sophisticated Social Engineering Attacks (10/2024)
12. Office for Civil Rights ("OCR") Explains Department's Key Priorities at Recent HHS-NIST (National Institute of Standards and Technology) Conference on Safeguarding Protected Health Information ("PHI") (10/2024)
13. White House Reviewing Proposed Updates to the Health Information Portability and Accountability Act ("HIPAA") Security Rule Updates (10/2024)
14. OIG Publishes Annual List of Top Unimplemented Recommendations (10/2024)
15. OCR Issue Guidance on Ransomware Prevention and Response (10/2024)
16. HHS Announces Initiative to Enforce Information Blocking Violations (10/2024)
17. Department of Justice ("DOJ") Criminal Division Issues Updated Evaluation of Corporate Compliance Program (09/2024)
18. Lawmakers introduce Healthcare Cybersecurity Act in House (08/2024)
19. The Federal Bureau of Investigation ("FBI"), Cybersecurity and Infrastructure Security Agency ("CISA"), and Department of Defense ("DOD") Warn Healthcare Sector that Iran-Based Group is Targeting Them (08/2024)
20. HHS Withdraws Appeal Related to Hospital Third-Party Online Tracking Technologies (08/2024)
21. OCR Reminds HIPAA-Regulated Entities That Physical Security Measures are Essential for HIPAA Security Rule Compliance (08/2024)

<u>Industry Enforcement Activity</u>

1. New York Judge Dismisses a Digital Millennium Copyright Act ("DMCA") Claims Against OpenAI (11/2024)
2. Second Wave of Enforcement in Nationwide Telemedicine Fraud Schemes (11/2024)
3. Two California Residents Charged with Obtaining Over $2 Million in COVID-19 Pandemic Relief Funds (11/2024)
4. OCR Imposes $240,000 Civil Monetary Penalty ("CMP") Law for Failure to Follow HIPAA Security Rule at Providence Medical Institute in California (10/2024)
5. St. Peter's Health Reaches Nearly $11 Million FCA Settlement for Actions Taken by Oncologist (10/2024)
6. OCR Initiates 50th HIPAA Right of Access Enforcement Action (10/2024)
7. Mercy Health Youngstown Self-Discloses Exclusion, CMP Law Violations through an Employee of a Contractor (10/2024)

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8. Long Island Plastic Surgical Group Confirms Data Breach of Over 160,000 Individuals' Data (10/2024)
9. Physician Agrees to Settlement to Resolve Supervision and Incident-to Billing Violations that Violated the CMP Law (10/2024)
10. Ohio Facility Agrees to Pay Over $100,000 to Resolve Allegations that it Employed an Unlicensed Individual, Violating the CMP Law
11. Refresh Mental Health Facility Agrees to Nearly $340,000 Settlement for Improper Supervision in Violation of the CMP Law (10/2024)
12. Lee Memorial Health System ("Lee Health") Agrees to Over $1.75 Million Settlement to Resolve FCA Allegations, CMP Law Violations for False Claims and Medically Unnecessary Surgeries (10/2024)
13. Texas Man Found Guilty in $160 Million Extensive Medicare Billing Fraud Scheme (10/2024)
14. Group Self-Discloses CMP Law Violation, Agreed to Pay Nearly $440,000 for Employing Excluded Individual (10/2024)
15. Accura Healthcare Management Services Agrees to Pay Over $60,000 for Employing Excluded Individual (10/2024)
16. Coliseum Medical Center (Georgia) Enters $100,000 Settlement Agreement for Violations of the Emergency Medical Treatment and Labor Act ("EMTALA") (10/2024)
17. Emergency Department Physician Enters into $65,000 Settlement Agreement to Resolve EMTALA Violations for Failing to Accept Patient Transfer (10/2024)
18. Ultra Radio Dispatch Transportation Service Agrees to Over $60,000 Settlement After Paying Cash for Referrals (10/2024)
19. Tenet Hospitals Limited, d/b/a The Hospitals of Providence, Agrees to Pay $726,000 to Resolve CMP Law Allegations (10/2024)
20. Loudes Counseling Center Self-Discloses CMP Law Violations, Agreed to Pay Nearly $125,000 for Services Provided by an Unlicensed Employee (10/2024)
21. United Surgical Partners International ("USPI"), USP Siouxland Inc., and South Dakota Surgical Hospitals (doing business as Dunes Surgical Hospital) Agrees to Pay More Than $12.7M to Resolve Alleged FCA, Stark Law, and Anti-Kickback Statute Violations relating to improper financial relationships between the groups (09/2024)
22. South Dakota Hospitals Agree to Pay $267,000 to Resolve Kickback Allegations (09/2024)
23. OCR Imposes CMP Law to Washington Facility (Cascade Eye and Skin Centers) for Alleged HIPAA Security Rule Violations Following Ransom Attack (09/2024)
24. Particle Health Sues Epic Systems Over Antitrust Violations (09/2024)
25. Atrium Health Alerts Patients to Phishing Scheme, Data Breach (09/2024)

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26. CMS and its Contractor, Wisconsin Physicians Service Insurance Corporation (WPS), Notifies Individuals Potentially Impacted by Data Breach Resulting from MOVEit Software Vulnerability (09/2024)
27. Ransom Group, RansomHub, Claims Responsibility for Planned Parenthood Cyberattack (09/2024)
28. Patient First New Jersey Physicians Group Agrees to Pay Over $25,000 to Resolve Allegations of Employing an Excluded Individual (09/2024)
29. Big Fork South Medical Center Enters into $60,000 Settlement Agreement to Resolve EMTALA Allegations (09/2024)
30. Baylor College of Medicine Self-Discloses CMP Law Violations, Agrees to Pay Over $622,000 for Improper Remuneration and Services to Physicians (09/2024)

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	**Total Amounts (Current + Future)**	**Budget**
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

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6. Recommendation:

Staff recommends the Committee Receive and File the HCD Compliance, Privacy & Ethics Program Updates and Activities Quarterly Reort.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
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Heather Bokor
VP & Chief Compliance and
Privacy Officer

Signed by:
Darcy Davis
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Darcy J. Davis
Chief Executive Officer

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1. Description: Compliance, Privacy & Ethics Work Plan (FY25-27) and Updated Compliance Program Guidance and Evaluation

2. Summary:

This item presents request for formal approval of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Compliance", "CPE", or "Program") Work Plan for Fiscal Years 2025 through 2027 (FY25-27). A copy of the Work Plan along with detailed information on the preparation and considerations for its development is being provided. Included in this report are summaries of updated key guidance from the Office of Inspector General ("OIG") through release of its new General Compliance Program Guidance ("GCPGs") and Industry Segment Specific Compliance Program Guidance ("ICPGs"), and the Department of Justice ("DOJ") through its "Updated Guidance on Evaluation of Corporate Compliance Programs", which are significant for the Department's planned work.

3. Substantive Analysis: Work Plan Details

- Approval of the Compliance, Privacy, and Ethics Work Plan for FY25-27 is being requested from the Quality, Patient Safety, and Compliance Committee.
- A copy of the three-year Work Plan is provided (see attached).
- A summary of the Work Plan composition/development is included below.
- The goal for this Work Plan is to continue our efforts to ensure a proactive, risk-based, and effective program – in addition to meeting or exceeding the recommendations described in the U.S. Department of Health and Human Services Office of Inspector General's ("OIG") Compliance Program Guidance on Effectiveness (commonly referred to as the "7 Elements") and new/updated issued guidance.*

- The Work Plan includes all items identified that are standing or not yet completed from FY24 (these items (9%) have been transferred to FY25), in addition to other items that will be added based on internal assessment and to address the OIG's new and existing guidance Elements of an Effective Compliance Program, including the below updated elements:
    1. Written Policies and Procedures;
    2. Compliance Leadership and Oversight;
    3. Training and Education;
    4. Effective Lines of Communication with the Compliance Officer and Disclosure Programs;

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5. Enforcing Standards: Consequences and Incentives;
6. Risk Assessment, Auditing and Monitoring; and
7. Responding to Detected Offenses and Developing Corrective Actions.

- The following were considered and included in the development of the Work Plan:
    - Leadership/Management requests/input (ongoing);
    - New or changed business units/service lines/systems/procedures;
    - Standing items;
    - Transferred items from prior Work Plan (FY23-24);
    - OIG Approved Monthly Work Plan Items and Annual Reports;
    - New or changed laws/rules/regulations;
    - Recent industry enforcement activity and government report findings;
    - Published guidance from regulators and authorities;
    - Published guidance for documentation, medical necessity, coding, billing and reimbursement (e.g., CMS/Medicare Administrative Contractor, Local and National Coverage Determinations – LCD/NCD);
    - Approved government auditor/contractor work (e.g., Recovery Audit Contractors);
    - High volume/high dollar/high reimbursement analyses;
    - Data analytics and reporting trends;
    - Known or potential areas of risk/concern and/or negative findings/trends;
    - Past items requiring monitoring;
    - Office for Civil Rights ("OCR") focus areas (HIPAA, Privacy and Security Rules; IT Security/Cybersecurity risks and NIST guidance (e.g., Breach and Ransomware);
    - OIG existing CPG's and Supplemental Guidance, and new General CPGs ("GCPGs") and Industry-Specific CPGs ("ICPGs")*; and
    - Department of Justice's ("DOJ") Updated Evaluation of Corporate Compliance Programs*.

4. Substantive Analysis: OIG Modernization Initiative – New/Updated OIG Compliance Program Guidance(s): GCPG's and ICPG's*

- For the first time in over fifteen years and as part of its modernization initiative, the the OIG issued comprehensive General Compliance Program Guidance ("GCPG") for all entities involved in the healthcare industry. The GCPG also serve as a repository and reference guide for other contemporary publications and guidance issued by the OIG

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(and other entities, such as the Department of Justice ("DOJ")) and applicable to all healthcare industry stakeholders.

- This is the first-ever comprehensive guidance on key compliance considerations for healthcare entities, payors, nontraditional entities and providers.
- The GCPG discusses general compliance risks and compliance programs, provides information on relevant Federal laws and authorities, enforcement and standards, compliance program infrastructure, elements of an effective compliance program, processes and resources, compliance considerations, and other information useful to understanding and measuring healthcare compliance.
- The GCPG is the first in a series of compliance guidance that is anticipated to be issued by the OIG starting in 2024. The new guidance is intended to replace the existing fragmented (and generally out of date) compliance guidance for the industry that began with the 1998 "Compliance Program Guidance ("CPG") for Hospitals" which were last updated in 2008.
- The OIG also announced that starting in 2024, it will publish industry segment-specific compliance program guidance ("ICPG") for specific types of providers, suppliers, and other participants touching the healthcare industry. ICPGs will be tailored to fraud and abuse risk areas for each industry subsector and are intended to be updated periodically to address newly identified risk areas and compliance measures.
- The newly issued GCPG is the 'hub' of OIG's new 'hub and spoke' model for voluntary compliance guidance. OIG will be issuing ICPGs beginning in 2024 as the 'spokes'.
- Link: HHS-OIG General Compliance Program Guidance | November 2023.
- A few key points are listed below:
    - The above revised "7 Elements" have been slightly revised to incorporate/address the OIG's updated guidance.
    - The GCPGs largely maintain the historic compliance program elements, but provides more depth and incorporates lessons learned. It summarizes laws related to healthcare enforcement and other compliance standards, includes examples of problematic conduct, and places Cybersecurity as a top priority for compliance due to the increase in attacks, etc.
    - The OIG identified certain themes, including but not limited to: Role of the Chief Compliance Officer, Tone from the Top, Well functioning Committees and Engaged Board Members, Targeted and Board Training, Multiple Reporting Pathways for Compliance Concerns, and Considerations for Incentives for Compliant Behavior.
    - The DOJ provided additional compliance considerations to the OIG's publication (e.g., Quality as part of Compliance, Regulatory landscape to address

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compliance and business risks, Financial monitoring with physicians and others for kickbacks, etc.).

- **The Office of Inspector General ("OIG") Issues First Nursing Facility Industry Segment-Specific Compliance Program Guidance ("ICPG") (11/2024)***
    - The OIG recently issued its Nursing Facility ICPG in late November 2024. The Nursing Facility ICPG, taken together with the OIG's GCPC's that broadly apply to all individuals and entities in the health care industry, work in conjunction to provide centralized guidance for nursing facilities. The Nursing Facility ICPG describes risk areas for nursing facilities, recommendations and practical considerations for mitigating those risks, and other important information OIG believes nursing facilities should consider when implementing, evaluating, and updating their compliance and quality programs.
    - The ICPG notes that improving the quality of care and safety of residents is one of the priorities for nursing facilities. The ICPG aims to assist in reducing fraud, waste, and abuse, promoting cost-effective and quality care, enhancing the effectiveness of provider operations, and pushing improvements in compliance, quality of care, and resident safety.
    - The ICPG was developed based on findings and observations from OIG's previous audits, evaluations, investigations, and enforcement actions from the past decade. It also was developed based on legal actions investigated by the OIG and associated Government partners, current enforcement priorities, and discussions with owners, operators, leaders of nursing facilities, trade associations, and other industry stakeholders.
    - For the below topics, the ICPG provides mitigation strategies and recommendations that will assist nursing facilities in mitigating the specific risks. The ICPG also offers specific examples of conduct that may raise concerns and areas that should be reviewed.
    - Key compliance risk areas for nursing facilities include:
        - Quality of care and quality of life, to include appropriate staffing, competencies, appropriate resident care plans resident activities, medication management, appropriate use of medications, minimizing conflicts of interest, emergency preparedness, infection control, and facility-initiated discharges;
        - Medicare and Medicaid billing requirements;

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- Federal anti-kickback statutes, to include free and discounted goods and services, discounts, swapping, arrangement for services, joint ventures, and hospital arrangements; and
- Other risk areas (related-party transactions, Stark Law, anti-supplementation, HIPAA, and civil rights).

5. Substantive Analysis: Department of Justice ("DOJ") Criminal Division Issues Updated Evaluation of Corporate Compliance Program*

- The DOJ issued updated guidance to federal prosecutors related to the evaluation of corporate compliance programs. The document aims to assist prosecutors in making determinations as to whether and to what extent the corporation's compliance program was effective at the time of the offense, and whether it was effective at the time of the resolution or charging decision, in order to determine the nature of the resolution or prosecution, monetary penalty, and compliance obligations that would be required in a corporate criminal resolution.
- Three essential questions in this determination:
  - Is the corporation's compliance program well designed?
  - Is the program being applied earnestly and in good faith? In other words, is the program adequately resourced and empowered to function effectively?
  - Does the corporation's compliance program work in practice?
- The DOJ updates include instructing prosecutors to determine what technology a company uses to conduct business, whether a risk assessment has been conducted on the specific use of the technology, and whether the company has implemented appropriate safeguards to mitigate any potential risks that may come with the use of technology. This section also specifically notes Artificial Intelligence ("AI") as a technology that requires such an evaluation for companies.
- Other pertinent items related to the use of technology include whether such use complies with existing laws and regulations, the governance structure in place, what training employees have received on the specific technology, etc.
- The guidance emphasizes the need for employees to have the ability to anonymously and confidentially report concerns. This has been supplemented by new guidance that recommends incentivizing such reporting, as well as ensuring a non-retaliation is in place.
- The guidance also recommends prosecutors determine to what extent the organization utilizes data analytics and whether such use is effective and reliable.

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HCD's Compliance, Privacy & Ethics department completed an initial analysis of these key updates from the OIG and DOJ and incorporated several items into the FY25-27 Work Plan. Additional work will begin in 2025 on these items and as new guidance documents are released and for a full assessment/analysis of the organization and current program.

Attachment: Compliance, Privacy, and Ethics Work Plan (FY25-27)

6. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

7. Reviewed/Approved by Committee:

N/A
Quality, Patient Safety & Compliance Committee

12/11/2024
Date Approved

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8. Recommendation:

Staff recommends the Committee approve the District's Compliance, Privacy, and Ethics FY25-27 Work Plan.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
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Heather Bokor
VP & Chief Compliance & Privacy Officer

Signed by:
Darcy Davis
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Darcy J. Davis
Chief Executive Officer

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1 - WRITTEN POLICIES AND PROCEDURES				
Item Type	Work Plan Item	Description and Rationale	Status	Type
Standards of Conduct Revision	Standards of Conduct Policy and Guide Revisions and Redeployment to HCD staff	Policy and Guide Revisions and Redeployment of the HCD Standards of Conduct. Revisions consistent with recommendations and internal assessment. Rationale: Transferred from FY24 Work Plan.	In Process	Transferred
Policies & Procedures: New Development	Development and Deployment of New Policies and/or Procedures (as needed, see	Identification, development, and deployment of new Compliance, Privacy, and Ethics policies and/or procedures.	Ongoing/Continuous	New
Policies & Procedures: New Development	Ethical and appropriate use of Artificial/ Augmented Intelligence (AI)	Identification, development, and deployment of new Artificial / Augmented Intelligence (AI) Policy and Procedure. Rationale: Identified need and leader request with new technologies/capabilities to guide staff and leaders based on evolving guidance, existing related rules and pending regulations for U.S.	In Process	New
Policies & Procedures: New Development	Patient Incentives / Beneficiary Inducement	Review of applicable laws, regulations, and organization policy and procedure to determine applicable updates to existing or development of new document to address patient incentives and beneficiary inducement. Rationale: new OIG guidance.	In Process	New
Policies & Procedures: New Development	Medical Records Management, Retention, and Destruction Compliance	New HCD Compliance policy development and deployment of the Records Management and Retention and Destruction, specific to Medical Records to ensure proper guidance. Rationale: Identified need from FY24 Work Plan review, Transferred item.	In Process	Transferred
Policies & Procedures: New Development	Overarching Compliance Record Retention and Destruction	New HCD overarching Compliance policy development and deployment of the Records Management and Retention Schedule Policy and Procedure to ensure awareness of retention standards and to assist in the proper identification, storage, retention, protection, and disposal of records. Rationale: Identified need.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Complimentary Transportation	New P&P development and deployment to provide guidance to HCD staff on instances where Complimentary Transportation may be appropriate and applied uniformly and consistently, in accordance with federal and state law. Rationale: Identified need.	In Process	New
Policies & Procedures: New Development	Student Clearance Requesting to Participate in a Health Education Program	Develop and/or assist in the development of a new policy and procedure to establish a pre-approval process for Students (non-employed) requesting to participate in a health education program. Rationale: Identified need and new HCD processes.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Vendor Risk Management; Security Risk Assessment (SRA)	Develop and/or assist in the development of a new policy and procedure for process on Privacy, Security and other reviews/controls identified by Third Party Vendor management platform Censinet for new or existing HCD vendors. Goal: identification, mitigation, and/or remediation of Third Party Vendor Privacy Risks identified through Censinet's SRA process. Rationale: Identified need and new system/service.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Notification, escalation, and reporting of external audits, investigations, and government visitors	Develop a new policy and procedure for notifying and reporting external audits, investigations, and government visitors to establish and esnsure proper protocols are followed and leaders are aware of information as necessary. Rationale: identified need/leader request.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Compliance as part of Employee Annual Performance Review	Work with Human Resources to evaluate the capability for a new or revised policy and procedure for Compliance to be part of employee annual performance reviews. Rationale: OIG new guidance.	Work Plan Item Not Yet Started	New

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Policies & Procedures: New Development	CMS Waivers	Develop and/or assist in the development of a new policy and procedure to ensure compliance with federal and state laws associated with waivers (e.g., 1115 and 1135). Also, to ensure awareness of any waivers the organization is utilizing (see also, Audit). Rationale: Compliance with rules and laws, COVID-19 pandemic reversion or extension of several waivers and rules/laws.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Privacy Enforced Policies (FairWarning)	Develop new Policy and Procedure to address the department's Privacy monitoring activities of User Access via FairWarning in accordance with Privacy rules, regulations, and internal requirements. Rationale: Identified to document existing practice.	Work Plan Item Not Yet Started	New
Policies & Procedures: New Development	Escalation and Reporting of Select/Serious Events (internal/external)	Assist in development/documentation of process and/or Policy and Procedure and/or flowchart for HCD Business Units in Escalating and Reporting of Select or Serious Events that may warrant internal review and advice and awareness for proper handling internally and externally. Examples may include a potential violation of law, a serious and potentially reportable safety event, or high reputational impact potential. Rationale: Identified need and leader request; New OIG guidance and DOJ evaluation.	In Process	New
Policies & Procedures: Review, Revise, Redeploy	Revision and Redeployment: HCD Organization Wide Compliance, Privacy, and Ethics Policies (as needed)	Identification, development, and redeployment (see training and education) of existing Compliance, Privacy, and Ethics policies. This involves review of laws, regulations, and best practices to ensure appropriate updates in accordance with various federal and state requirements, as well as additional guidance.	Ongoing/Continuous	New
Policies & Procedures: Review, Revise, Redeploy	Substance Abuse Confidentiality - Part 2 Privacy Program Requirements	Review of existing Policies and Procedures to determine whether a new policy or revisions to existing policy is needed with regard to 42 CFR Part 2. Policies to address the protection of confidential patient information for patients with substance use disorders. Rationale: New rule/rule change (Privacy and Mental Health); Transferred from FY24 due to rule change compliance date pending.	Work Plan Item Not Yet Started	Transferred
Policies & Procedures: Review, Revise, Redeploy	Documentation, Coding, Billing and Reimbursement Compliance; Overpayments Compliance	Assist in the review/revision and/or new development of HCD Revenue Cycle policies to ensure compliant coding, billing, and documentation processes, including the refunding of overpayments, enforcing disciplinary policies/procedures, and ensuring that policy and procedure changes necessary to prevent a recurrence of the misconduct occur. Rationale: Not previously reviewed, department changes, and to ensure compliance with the reaffirmed 60-day overpayment rules.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Review Compliance, Privacy, and Ethics Policies for MCN System from ConvergePoint conversion	Review existing HCD Compliance, Privacy & Ethics Policies and Procedures Migration by converting our Catalog into updated MCN HCD Policy and Procedure Templates. Rationale: Organization policy platform system change/leader request.	In Process	New
Policies & Procedures: Review, Revise, Redeploy	Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria	Review of the Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria Policies & Procedures to ensure policy awareness, alignment, and determine revisions or new policy development needs for current practice and to guide HCD Staff. Rationale: Identified need; Transferred from FY24 Work Plan.	In Process	Transferred

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Policies & Procedures: Review, Revise, Redeploy	Gifts and Gratuities	Review of applicable laws, regulations, and policies to determine updates to current process, policies and procedures, and to ensure appropriate guidance is provided to business units. Rationale: OIG new guidance; Transferred from FY24 Work Plan.	In Process	Transferred
Policies & Procedures: Review, Revise, Redeploy	Offering Free or Discounted Goods and Services	Review of applicable laws, regulations, and policies to determine updates to current process, policies and procedures, and to ensure appropriate guidance is provided to business units. Rationale: Identified need; OIG new guidance.	In Process	New
Policies & Procedures: Review, Revise, Redeploy	Exclusion Screening	Review and revise exclusion screening policy and procedure to add other parties, students, and affiliations as needed/identified. Rationale: Ensure new processes follow our standard practices for screening per statute and to help delineate responsibilities to avoid duplicate efforts; OIG new guidance.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Physician Compensation/Arrangements	Review of policies and procedures related to independent contracted physician agreements and compensation to determine compliance with applicable laws, regulations, and for process improvement. Rationale: Identified need and follow-up from FY23-24 Work Plan items and in response to identified process issues.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Conflicts of Interest / Employment of Relatives (HR)	Review and make necessary recommendations to Human Resources policy and procedure for potential revisions and to align with Compliance COI policy and current practice between departments. Rationale: Identified need based on policy change and FY24 issue follow-up.	Ongoing/Continuous	New
Policies & Procedures: Review, Revise, Redeploy	IT Security Policies and Procedures	Review and revise interdepartmental and cross functional policies and procedures related to HCD Privacy and IT Security Teams to ensure collaboration and compliance with related privacy and security rules, regulations, and requirements. Rationale: Current practice and identified need.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Amendment Requests	Review and revise internal policies, procedures, and processes to ensure compliance with 45 CFR 164.526 - Amendment of protected health information under HIPAA. Rationale: Ensure compliance with rules and to honor patient rights; identified need to address new and sunset systems (e.g., sunset of old medical record systems to new systems).	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Release of Information (ROI)	Review and revision of Release of Information ("ROI') Policies and Procedures to ensure compliance with Privacy Rules and Standards. Rationale: Compliance with HIPAA rules and laws.	Completed	New
Policies & Procedures: Review, Revise, Redeploy	Non-discrimination	Review and revision of policy and procedure for compliance and alignment with Section 1557 requirements. Rationale: Identified need; Chief Compliance Officer serves as organization's Nondiscrimination Officer.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	Non-retaliation	Evaluate policies and procedures addressing reporting concerns and compliance issues. Ensure HCD staff and leaders have ability to escalate and report concerns of actual/potential compliance or privacy or ethics related issues or concerns directly or indirectly to Compliance in a variety of ways. Rationale: New OIG guidance.	Work Plan Item Not Yet Started	New

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Policies & Procedures: Review, Revise, Redeploy	Internal Reporting of Potential Compliance or Privacy Issues Policy and Procedure	Review and revise existing policies and procedures for internal communication mechanisms in addition to the Compliance Hotline that may be used to report potential compliance or privacy issues and otherwise discuss issues and concerns related, but not limited to, compliance with laws and regulations, the District's Standards of Conduct and established policies and procedures, ethical conduct, etc. Rationale: Identified need and to ensure compliance with OIG new guidance.	Work Plan Item Not Yet Started	New
Policies & Procedures: Review, Revise, Redeploy	System and Access Terminations (Timely)	Review/Revise or assist in the revisions to existing HCD HR and IT policies and procedures (or development of new privacy policy and procedure) surrounding timely and thorough system and access termination for exited employees/individuals to ensure compliance with privacy and security rules and for HCD protection. Rationale: Compliance with privacy rules; Identified need in response to issue.	Work Plan Item Not Yet Started	New
Charters: New, Review/Revise, and Redeploy	Charters (Committees/Workgroups)	Identification, development, and deployment or review/revision of new CPE/HCD Charters, as needed. Rationale: Ongoing requests for planning.	Work Plan Item Not Yet Started	New
Documents/Forms/Signs/Notices: New, Review/Revise, and	Documents/Forms/Signs/Notices	Identification, development, and deployment or review/revision of new CPE/HCD Forms (e.g., Consents, Signage, Notices), as needed. Rationale: Ongoing requests for planning.	Work Plan Item Not Yet Started	New
Policies & Procedure Maintenance: CPE	Review and Gap Analysis: Compliance, Privacy, and Ethics Internal Policy and Procedure Review	Review of internal Compliance, Privacy, and Ethics Policies & Procedures to ensure policy awareness, alignment, and determine revisions or new policy development needs. Rationale: OIG new guidance.	Ongoing/Continuous	New
Policies & Procedure Maintenance: HCD (Non-	Policy Input and Review (HCD, Non-Compliance, Privacy, and Ethics)	Review of HCD policies and procedures (non-CPE). Rationale: Ongoing requests for planning.	Ongoing/Continuous	New
2 - COMPLIANCE LEADERSHIP AND OVERSIGHT				
Item Type	Work Plan Item	Description	Status	Comments
Board-level Committees	Quality, Patient Safety and Compliance Committee of the Board; HCD Board of Commissioners/Directors	Conduct periodic meetings to communicate and/or review of compliance and privacy activities, issues, and pertinent rules and information, per OIG for effectiveness. Continue reporting and metrics per recommendation/CCO. Regular reporting to Quality, Patient Safety and Compliance Committee of the Board; Regular reporting to Board of Commissioners. Rationale: OIG guidance.	Ongoing/Continuous	New
Board-level Committees	Finance and Audit Committee of the Board; Community Health Centers Board; Good Health Foundation	Conduct ad hoc or periodic meetings to communicate and/or review of compliance and privacy activities, issues, and pertinent rules and information, per OIG for effectiveness. Rationale: OIG guidance.	Ongoing/Continuous	New
Board-level Committees	HCD Compliance and Audit Committee (Internal)	Conduct periodic meetings (quarterly) to communicate and/or review of compliance activities, issues, and pertinent rules and information, per OIG for effectiveness. Allows for an internal group focused on risks/controls. Rationale: Need to begin reporting per CCO, and as per OIG guidance.	Ongoing/Continuous	New
Committees	Ethics Committee (Medical), Chair	New committee established in FY24 for Medical Ethics or other Significant Ethical matters to be discussed. Rationale: Compliance with rules for Nursing facilities for resident rights; request of Leadership for HCD-wide process.	Ongoing/Continuous	New

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Committees/Workgroups	IT Security and Privacy Workgroup, Co-chair	HCD's IT Security/Privacy Steering Workgroup provides a group forum for the IT Security and Compliance, Privacy, and Ethics Departments to regularly meet and discuss matters related to Privacy and Security which allows for proper oversight and collaboration and help ensure compliance with the Privacy and Security Rules. Rationale: Existing workgroup, co-chaired by CCO and AVP IT/BI.	Ongoing/Continuous	New
Committees/Workgroups	HCD Standing Committees: Technology, Data Governance, and Artificial Intelligence	Compliance and Privacy participation in various Committees for Technology, Data Governance, and Artificial Intelligence, developed in FY24. Rationale: New/Identified need		
Executive Steering Committees	IT Security Executive Steering Committee	CCO participation in IT Security Executive Steering Committee with Executive team on IT matters and updates.	Ongoing/Continuous	New
Executive Steering Committees	EPIC (HCD and IT) Executive Steering Committee	CCO participation in MHS-HCD Executive Steering Committee for Epic Community Connect product/service.	Ongoing/Continuous	New
Executive Steering Committees	Behavioral Health Strategy Committee	CCO participation in Behavioral Health Strategy Committee with Executive team.	Ongoing/Continuous	New
Committees	HCD - Other Committee Participation	Participate in existing Committee(s) to address compliance and privacy or related areas as requested or needed. (e.g., Aeromedical QI Meeting, Ground Transportation Quality & Safety Meeting, Case Management: Utilization Review / Discharge Planning / PEPPER Report Meeting, Provider Enrollment/Surgical Workgroup, Credentialing, Behavioral Health Steering).	Ongoing/Continuous	New
3 - TRAINING AND EDUCATION				
Item Type	Work Plan Item	Description	Status	Comments
Training and Education: Annual / New Hires	New Hire Orientation (NHO) Compliance, Privacy, and Ethics	Continue to provide Compliance, Privacy, and Ethics Orientation for newly hired HCD staff. Rationale: OIG guidance; Required staff training.	Ongoing/Continuous	New
Training and Education: Annual / New Hires	Annual and New Hire Compliance, Privacy, and Ethics: Mandatory Training Requirements	Annual and New Hire Compliance and Privacy Training Mandatory Requirement. Update and revise presentation as needed to include Fraud, Waste & Abuse and other information. Rationale: OIG and CMS guidance; Required staff training.	Work Plan Item Not Yet Started	New
Training and Education: Annual / New Hires	Human Resources training and education requirements	Evaluate with HR OIG's new guidance recommending organizations have a process to ensure the following: (1) licensed personnel must complete all training and education mandated by the licensing board that governs their license; and (2) training is a requirement of each employee's annual performance evaluation. Rationale: OIG new guidance.	Work Plan Item Not Yet Started	New
Training and Education: Awareness Events	Compliance, Privacy, and Ethics: Awareness Events	Series of events, activities and education to share information and focus on importance of Compliance, Privacy, and Ethics (in person and virtual).	Work Plan Item Not Yet Started	New
Training and Education: Board & Committee Members	HCD Board / Committee Training	Develop/conduct training and education on Compliance/Privacy/Ethics-related matters at least annually to the HCD Board/Committees. Further, new board members to receive training under governance and oversight roles after joining the board. Examples of past education: Sunshine Law, Cybersecurity, New or changed regulations. Rationale: OIG new guidance; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Training and Education: Contractors and Medical Staff	Compliance, Privacy, and Ethics Training: Contractors and Medical Staff	Develop and deploy training on Compliance and potential compliance risks, compliance with rules and laws and elements of compliance. Rationale: OIG new guidance.	Work Plan Item Not Yet Started	New

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Training and Education: New Development	Development of new Training and Education Materials, as needed	Development of new training and education materials that relate to Compliance, Privacy, and Ethics, and related risks, as needed (including or outside of Cornerstone) for potential staff assignment (proactive/reactive).	Ongoing/Continuous	New
Training and Education: New Development	Documentation, Coding, Billing, Reimbursement Compliance matters	Provide guidance / conduct training and education on Documentation, Coding, Billing and Reimbursement, and Medical Necessity as applicable to HCD staff. Rationale: Identified need.	Ongoing/Continuous	New
Training and Education: New Development	Baker Act	Develop and disseminate Baker Act training based on Florida Statutes and supplemental guidance issued by additional parties. Rationale: Facility request; Transferred from FY24 Work Plan.	In Process	Transferred
Training and Education: Publications	Compliance, Privacy, and Ethics Newsletter	Compliance, Privacy, and Ethics Newsletter to communicate information to HCD staff.	Ongoing/Continuous	New
Training and Education: Review, Revise, Re-Deploy	Development and Review/Revision of Training and Education Materials, as needed	Development and Review of new/existing Training materials that relate to Compliance, Privacy, and Ethics, and related risks, as needed (including and outside of Cornerstone) for potential staff assignment (proactive/reactive)	Ongoing/Continuous	New
Training and Education: Review, Revise, Re-Deploy	Cybersecurity Training (statutory requirement)	Assist IT in review/revision/development of training to satisfy the statute where needed. The Florida Cybersecurity Act requires government employees to complete annual security awareness training. Specifically, all local government employees with access to the local government's network must complete basic cybersecurity training annually. Additionally, employees handling highly sensitive information and local government technology professionals must also complete advanced cybersecurity training annually. Transferred from FY24 due to rule compliance date.	Work Plan Item Not Yet Started	Transferred
Training and Education: Review, Revise, Re-Deploy	Education on Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria Policy	Conduct training and education on employee acceptance of vendor or business associate sponsored training and honoraria. Rationale: Identified need; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Training and Education: Review, Revise, Re-Deploy	Re-training and Re-education on Compliance and Privacy Matters in Response to Detected Issues/Offenses or Other Need	Conduct reactive training and education on CPE-related matters to HCD staff, as needed (e.g., HIPAA/FIPA/FERPA training for a violation of policy).	Ongoing/Continuous	New
Training and Education: Review, Revise, Re-Deploy	Tips and Reminders for Staff Regarding Third-Party Vendors	Revise and redeploy Compliance, Privacy, & Ethics Training – Tips, and Reminders for Staff Regarding Third Party Vendors, as needed based on changed processes. Rationale: Transferred from FY24 Work Plan.	In Process	Transferred
Training and Education: Staff Development	Compliance Services Internal Staff Learning and Development	Ongoing Compliance, Privacy, and Ethics Internal Team Development.	Ongoing/Continuous	New
4 - EFFECTIVE LINES OF COMMUNICATIONS WITH THE COMPLIANCE OFFICER AND DISCLOSURE PROGRAM				
Item Type	Work Plan Item	Description	Status	Comments
Disclosure Programs	Disclosure Programs: Revision, as needed, to applicable documents and published information	Revise applicable existing documents to align with OIG's new guidance that relate to how and what to report to Compliance, Privacy and Ethics. Examples provided: Ensure multiple ways to contact Compliance Officer (posted/virtual information), preferences for generational communications, FAQs to compliance officer ("Ask the CCO"), Fraud, Waste, and Abuse reporting, non-discrimination, and Hotline. Rationale: OIG new guidance.	Work Plan Item Not Yet Started	New
Development / Communication / Dissemination of Information	Compliance, Privacy, and Ethics Compliance Website(s) Enhancements / Development / Posting	Communication and maintenance of the Compliance, Privacy, and Ethics public-facing and internal website to ensure HCD staff have various resources, regulatory and industry enforcement activity updates, educational material, and open lines of communication and reporting for compliance related questions or concerns.	Ongoing/Continuous	New

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Development / Communication / Dissemination of Information	Development / Communication / Dissemination of Information to HCD staff on Compliance, Privacy, and Ethics matters.	Development/dissemination of Compliance and Privacy topics in various formats (FYIs, alerts, action alerts) to Departments/areas as needed, also includes: Sharing of Webinars, Materials, and Information to HCD Departments and Staff. See also "OIG Monitoring" for FYI's. Training and Education Topics and Other Information to HCD staff. Rationale: OIG guidance.	Ongoing/Continuous	New
Monitoring / Analysis / Communication / Dissemination of Information: Regulatory Guidance	Regulatory Updates and Industry Enforcement Activity	Continuous monitoring, review, and communication/dissemination of regulatory updates and industry enforcement activity or audit reports related to peers, industry, and state, federal, and local authorities (to HCD staff/Board). Analysis of rules and potential impacts to HCD. Publish information in a variety of ways, including posting to the regulatory dashboard and reporting to HCD's Leadership and Board.	Ongoing/Continuous	New
Monitoring / Analysis / Communication / Dissemination of Information	Various Government and Contractor Notifications and Monitoring for Approved Work, as needed	Continuous monitoring, review, and communication to HCD of various Government and Contractor Notifications and Activity (CMS Recovery Audit Contractor proposed and approved items, CMS publications and/or notices (MLN Matters, Outpatient NCD/LCD changes in rules for Medicare's National and/or Local Coverage Determinations). Rationale: Audit readiness and response to external parties.	Ongoing/Continuous	New
Responsiveness	Hotline Intake and Monitoring, Investigation, and Response	Track, triage, investigate, and address calls and online submissions made to the HCD Compliance Line.	Ongoing/Continuous	New
Responsiveness	Inquiry Intake and Response	Respond to inquiries and requests for assistance related to Compliance, Privacy, and Ethics.	Ongoing/Continuous	New
Survey / Questionnaire Development / Deployment	Leadership Engagement and Program Satisfaction Survey	Periodic survey to be sent to HCD's senior leadership team and executive team members to collect feedback to help measure program satisfaction and effectiveness, identify strengths and opportunities for improvement, gauge reputation, and provide a mechanism to communicate their needs and provide feedback. Further, it will help Compliance to understand the factors that help satisfy each department, division, and HCD's organization needs, and enable us to modify our Program accordingly.	Ongoing/Continuous	New
Survey / Questionnaire Development / Deployment	Compliance, Privacy, and Ethics Awareness / EducationI Survey(s)	Conduct periodic/alternating Compliance, Privacy, and Ethics Awareness Survey(s) to ensure awarenss of Program and information by HCD staff.	Work Plan Item Not Yet Started	Transferred
6 - RISK ASSESSMENT, AUDITING, AND MONITORING				
Item Type	Work Plan Item	Description	Status	Comments
Compliance Audit	EMTALA and Access to Emergency Services and Care Risk Assessment	Review(s)/Risk Assessment(s) on EMTALA (Emergency Medical Treatment and Labor Act) (federal law) and Access to Emergency Services and Care (state law, Florida) requirements to ensure compliance with these Rules, impacting LMC. Rationale: Identified need; Transferred from FY24 Work Plan.	In Process	Transferred
Compliance Audit	Referral Source Audits	Ongoing review of referral sources and payments made to physicians as invoiced (pre-payment review and sign-off by CCO). Rationale: Identified need; Compliance with rules and laws and HCD P&P; Leader request.	Ongoing/Continuous	New
Compliance Audit	Independent Contracted Physician Agreements and Compensation Audit (AP)	Review of compensation paid/AP records for independent contracted physicians to determine compliance with contracts to ensure applicable laws, regulations, internal policies and procedures, and for process improvement. Rationale: Identified need; Compliance with rules and laws.	Work Plan Item Not Yet Started	Transferred

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Compliance Audit	Ground Transportation / Ambulance Billing Audit	Review of ambulance transports provided by LifeTrans and billed to ensure accuracy and compliance with the rules/requirements. Rationale: Transferred from FY24 Work Plan; Leader request for service.	Work Plan Item Not Yet Started	Transferred
Compliance Audit	Medicare Outpatient Observation Notice (MOON)	Audit to ensure compliance with Medicare observation notice delivery requirements per the Federal Rules - to be performed by Compliance or Department as self-audit. Rationale: Compliance with rules; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Compliance Audit	Hospital Outpatient Observation Notice (HOON)/State Notice	Audit to ensure compliance with observation notice delivery requirements per State rules - to be performed by Compliance or Department as self-audit. Rationale: Compliance with rules; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Compliance Audit	Medicare's Change of Status Notice	Audit to ensure compliance with the new CMS requirement to notify when a patient's hospital status is changed from inpatient to outpatient with observation effective October 11, 2024. Rationale: Compliance and awareness of new rules.	Work Plan Item Not Yet Started	New
Compliance Audit	Laboratory	Review of the top laboratory tests billed to include review of the Beaker system workflow, coding, and documentation to ensure billing compliance. Rationale: OIG CPG; Not prior reviewed; New system (Beaker); Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Compliance Audit	Air Ambulance Transports Billed with > 50 Miles	Review to ensure that documentation supports the transport to destination beyond the nearest and appropriate facility that can treat the patient. Rationale: Billing compliance and compliance with rules; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Compliance Audit	FY25 CMS Open Payments; Review and Dispute Reconciliation	Analysis of CMS' Open Payments entries during the review and dispute period for LMC/HCD applicable facilities/physicians/vendors/suppliers. Rationale: Annual review for teaching hospitals and for awareness of publicly reported information on vendor relationships.	Work Plan Item Not Yet Started	New
Compliance Monitoring	New or Changed Business Units, Locations, or Services	Monitoring of new or changed business units, locations, or services for needed assistance or review for compliance purposes. Rationale: For timely awareness of changes that may impact compliance, billing or licensing; or that may otherwise require review for a new area to timely capture issues and resolve them.	Ongoing/Continuous	New
Compliance Monitoring	Nursing Student Clearance Reviews	Review, track, and monitor the completion of Compliance and Privacy education and trainings for non-employed Students as part of the pre-approval process. Rationale: New process.	In Process	New
Compliance Monitoring	Exclusion Screening Reviews (Monthly)	Exclusion Screening Monthly Reviews to ensure compliance with requirements under the Office of Inspector General (OIG) and other rules, where no excluded individual or entity can work for, be paid by, or do business with HCD. Rationale: Statutory requirement to avoid risks of employing or contracting with an excluded individual or entity which could result in civil fines and penalties, including false claims.	Ongoing/Continuous	New

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Compliance Monitoring	Palm Beach Credentialing Committee Clearance/Monitoring (Monthly)	Specific to Credentialing Committee (CCP): Exclusion Screening and Background/Licensure reviews to ensure compliance with requirements under the Office of Inspector General (OIG) and other rules, where no excluded individual or entity can work for, be paid by, or do business with HCD. Rationale: Request for assistance; Statutory and/or contractual requirements to avoid risks of employing or contracting with an excluded individual or entity which could result in civil fines and penalties, including false claims.	Ongoing/Continuous	New
Compliance Monitoring and Analysis	Office of Inspector General (OIG) Monthly Work Plan	Office of Inspector General (OIG) Compliance Audit Notifications and Monitoring and Consideration for Work Plan placement. FYI's and other data mining to be performed, at a minimum on HCD-applicable OIG Work Plan items. Rationale: OIG guidance; HCD to stay abreast of approved audit items to shape our Work Plan or that could result in external reviews of HCD for readiness.	Ongoing/Continuous	New
Compliance Monitoring and Analysis	Analysis of OIG Unimplemented Recommendations	Analysis of OIG's top unimplemented recommendations to see potential impact to HCD. Rationale: HCD to stay abreast of approved audit items to shape our Work Plan or that could result in external reviews of HCD for readiness.	Completed	New
Risk Assessment (Compliance)	Credentialing Risk Assessment (LMC)	Risk Assessment on controls and compliance with regulatory / accreditation requirements for credentialing and privileging for LMC. Rationale: Transferred and scope revised from FY24 Work Plan.	In Process	Transferred
Risk Assessment (Compliance)	Nursing Facility (ICPGs) Supplemental Reimbursement Overview (Healey)	Risk assessment based on new industry-specific CPGs (ICPGs) for nursing facilities, specific to reimbursement. Rationale: New OIG Guidance published for facilities, like Healey, in November 2024; Program effectiveness and evaluation; Readiness.	Work Plan Item Not Yet Started	New
Risk Assessment (Compliance)	Blood Bank (LMC)	Compliance process surrounding of implementation of new system for blood bank. Scope to be determined, based on LMC's new service/system. Rationale: New system; Transferred from FY24 Work Plan.	In Process	Transferred
Risk Assessment (Compliance)	Pharmacy Controls and Controlled Substances	Review of procedures and practices for the proper management and monitoring of the dispensing of controlled substances, preventing diversion, tracking prescriptions, maintaining accurate records and utilizing security measures to safeguard controlled medications to ensure compliance with state and federal regulations. Rationale: Leader request and CCO recommendation.	Work Plan Item Not Yet Started	New
Risk Assessment (Compliance)	HCD Non-employed Individuals in the workplace: Risk Assessment	The purpose of this assessment is to gain a better understanding of who is in HCD workspaces and that are not employed or contracted. Rationale: Leader request; Transferred from FY24 Work Plan (now complete).	Completed	Transferred
Risk Assessment (Compliance)	Ground Transport (Ambulance) restocking/narcotics workflow	Review workflow/processes (diversion and replenishing under Stark Law and Anti-Kickback Statute) for Ambulance for new program/processes. Rationale: Services provided to ensure compliance, not previously reviewed; Transferred from FY24 Work Plan.	Work Plan Item Not Yet Started	Transferred
Data Risk Assessment (Compliance)	High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis - Professional Services	High Dollar / High Volume / High Reimbursement Professional Services Data Review and Risk Assessment to determine future work plan items that may require review or pose external audit risk to the organization based on volume and activity. Rationale: Periodic analysis to update/adjust Work Plan based on areas of potential exposure for external reviews.	Work Plan Item Not Yet Started	New

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Data Risk Assessment (Compliance)	High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis - Hospital Services	High Dollar / High Volume / High Reimbursement Hospital Services Data Review and Risk Assessment to determine future work plan items that may require review or pose external audit risk to the organization based on volume and activity. Rationale: Periodic analysis to update/adjust Work Plan based on areas of potential exposure for external reviews.	Work Plan Item Not Yet Started	New
Data Risk Assessment (Compliance)	Medicare Payments for Emergency Department Services Provided in Nonemergency Department Sites of Service	Certain Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes should be used only if a Medicare enrollee is seen in the emergency department and the services described by the codes' definitions are provided. Medicare reimburses providers based on the patient's documented service needs at the time of the visit and based on the site of service. This audit will determine whether Medicare appropriately paid hospitals and physicians for emergency department services provided in nonemergency department sites of service. Rationale: OIG Work Plan item.	Work Plan Item Not Yet Started	New
Data Risk Assessment (Compliance)	Medicare Claim Lines for Which Payments Exceeded Charges	Previous OIG audits found that when a health care provider was paid more than it charged for a claim line, that claim line was often incorrect, which resulted in overpayment to the health care provider. Our objective will be to determine whether certain Medicare payments that exceeded charges for Medicare Part B items and services were correct. Rationale: OIG Work Plan item.	Work Plan Item Not Yet Started	New
Data Risk Assessment (Compliance)	Facility (Hospital) & Physician Procedure Code Match	Obtain data and review to compare physician/hospital procedure codes reported, for the same service, to ensure billing accuracy.	Completed	New
External Annual Attestation/Readiness	Florida Medicaid - Deficit Reduction Act (DRA) of 2005	External Attestation on Compliance Programs and Fraud, Waste, and Abuse policies required for Deficit Reduction Act (DRA of 2005) to Florida Medicaid for entities that receive > $5 Million in funds. Rationale: Compliance with rules and laws; Readiness for payor audit/attestation.	Work Plan Item Not Yet Started	New
External Annual Attestation/Readiness	Compliance and Privacy assistance to HCD Departments for external activities	Compliance and Privacy assistance to HCD Departments for external activities (e.g., audit, attestation, review, and response).	Ongoing/Continuous	New
Compliance Audit	Compliance and Privacy review activities for LMC Joint Commission Readiness	Compliance and Privacy review activities for Hospital (LMC). Rationale: General compliance and Joint Commission Readiness	Completed	New
Compliance Audit	Compliance signage audit for LMC Joint Commission Readiness	Conduct onsite audit for required signage for Hospital (LMC) emergency department. Rationale: General compliance and Joint Commission Readiness.	Completed	New
Compliance Audit	Compliance signage audit for LMC Joint Commission Readiness	Conduct onsite audit for required signage for the LMC whole hospital. Rationale: TJC Readiness.	In Process	New
Privacy Audits	Privacy and Security Compliance Surveys/Tracer for LMC Joint Commission Readiness	Conduct onsite audit for controls and compliance with Privacy and Security Rules (HIPAA/FIPA/TJC) through Privacy and Security and Joint Commission Tracer AMP for LMC. Rationale: General privacy compliance and Joint Commission Readiness.	Completed	New
External Audits	RSM Annual HIPAA Risk Assessment	RSM (External Auditor) Annual HIPAA Risk Assessment preparation and participation for privacy and security compliance and readiness. Transferred from FY24 Work Plan due to audit final report not yet being issued.	In Process	Transferred
External Audits and Activity	External Agency Activity (General)	Monitoring of External Agency Activity (general Work Plan line item to address and document specific external agency reviews/ audits/investigations/communications).	Ongoing/Continuous	New

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Mini-Risk Assessment (Compliance)	Aeromedical FAA Pilot Record Database (PRD)	Compliance with Federal Aviation Administration (FAA) Pilot Records Database (PRD) to ensure requirements and current organizational practices are in compliance with requirements and new mandatory deadlines. Rationale: To assist Business Unit in ensuring compliance with new rules.	Work Plan Not Yet Started	New
Mini-Risk Assessment (Compliance)	Industry Enforcement Activity (as needed) (General entry item)	Mini-Risk Assessment(s) based on monitored Industry Enforcement Activity in lieu of audits (or in advance of audits) to communicate information to departments and staff and to test compliance or help direct future needs. Rationale: To continuously assess HCD in light of industry enforcement activity to keep us abreast of future potential issues and ensure staff awareness of related information.	Ongoing/Continuous	New
Mini-Risk Assessment (Compliance)	Telehealth	Assessment of Telehealth services/locations and workflows provided at HCD. Rationale: To ensure Compliance is aware of the locations that provide Telehealth services and what services are provided at HCD; To assist departments in requests for guidance on Telehealth; and to ensure compliance with evolving rules.	Work Plan Item Not Yet Started	New
Mini-Risk Assessment (Compliance)	Use of CMS Waivers at HCD	Assessment of waiver utilization at HCD to determine where waivers are currently inplace/being relied on and to ensure compliance with these varioud waivers (e.g., CMS 1135, 1115).	Work Plan Item Not Yet Started	New
Mini-Risk Assessment (Compliance)	Ambulance Vehicles (BLS/ALS)	New vehicles (Vans) purchased. Review of ambulance vehicle requirements (certification, equipment, staffing, and licensing and inspections) to meet state/regulatory requirements to ensure compliance. Rationale: New service/capacity.	Work Plan Item Not Y	New
Privacy Audits	FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users	FairWarning weekly system monitoring/auditing of Epic User Access for the following enforced policies: High Access of Deceased Patients, High Access of Break-the-Glass, Person of Interest Snooping, High Access of Discharged Patients, and Coworker Snooping (when applicable) to ensure compliance with use and access of HCD systems and records aligns with the privacy rules. Rationale: Continuous reviews to ensure compliance with privacy rules.	Ongoing/Continuous	New
Privacy Audits	HCD Leadership/Board VIP EHR monitoring through FairWarning system for potential Privacy violations (Weekly)	FairWarning weekly system monitoring/auditing of Epic User Access for HCD VIPs, including: Board/Committee members, Senior Leaders, Executive Team. EHR Monitoring for Privacy Use to ensure users access records apropriately and do not view VIPs unless involved in their care or the coordination of their care. Rationale: Compliance with privacy rules; New review(s) added in FY24.	Ongoing/Continuous	New
Privacy Audits	SlicerDicer Use and Access Monitoring for Privacy Use	SlicerDicer Use and Access Monitoring for Privacy Use (Weekly Reviews) to ensure compliance with Privacy rules with requests for enhanced/heightened access to data. Rationale: compliance with privacy rules with expanded functionalities and access.	Ongoing/Continuous	New
Privacy Audits	Authorization for Marketing/Patient Stories	Audit of compliance with privacy rules for 45 CFR 164.501, 164.508(a)(3)] - Marketing. This audit will follow issued guidance and training to test HCD's compliance with the privacy rules. Rationale: Transferred from FY24 Work Plan following the guidance and training and education provided to HCD staff.	Work Plan Item Not Yet Started	Transferred

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Privacy Audits	Release of Information (ROI) HIM	Audit of compliance with privacy rules for 45 CFR 164.506] - Release of Information. This audit will follow issued guidance and training to test our compliance with the rules. Rationale: Transferred from FY24 Work Plan following the guidance and training and education provided to HCD staff.	Work Plan Item Not Yet Started	Transferred
Privacy Audits	Online Tracking Technologies	Audit of Online Tracking Technologies following significant industry enforcement activity (lawsuits and audits) and published guidance and focus of the Office for Civil Rights (OCR) on entities and their use of certain online tracking technologies (e.g., Pixels). Review conducted and completed in FY24, however, prior to issuance of the final report, the courts determined that the OCR had exceeded its authority. As a result, we paused the issuance of the findings to revise according to the courts decision and current guidance and best practices. Resuming to reissue report in FY25. Rationale: Evolving guidance and enforcement and audit activity, transferred from FY24 Work Plan.	In Process	Transferred
Privacy Audits	Privacy and Security Compliance Surveys for HCD Departments	Conduct onsite and/or electronic risk assessment for controls and compliance with Privacy and Security Rules (HIPAA/FERPA/FIPA) through Surveys to random or selected departments and facilities, and or new/moved locations. Rationale: compliance with Privacy rules.	In Process	Transferred
Privacy Monitoring and Analysis	Security Risk Assessment (SRA-Censinet) Monitoring	Continuous monitoring any known or identified Third Party Vendor Privacy/Security Risks identified through Censinet's SRA process. Rationale: Compliance with privacy and security rules; Assistance to Legal in Contracting; New process and contract with Censinet.	Ongoing/Continuous	New
Privacy Monitoring and Analysis	Assistant Secretary for Technology Policy Information Blocking Rule and Office of the National Coordinator for Health Information Technology (ASTP/ONC)	Compliance with Information Blocking requirements focused on prohibition with Privacy. HCD Privacy to monitor weekly reports to ensure compliance with the new rules and processes put in place for HCD in FY24. Rationale: Significant focus through rulemaking and enforcement and audit activity by Government agencies and patients on information blocking practices by providers and entities. Compliance with privacy rules for access to patient information/medical records.	Ongoing/Continuous	New
Risk Assessment	Leadership CPE Risk Assessment/Work Plan Considerations/Input	HCD CPE considers possible risk areas or concerns that may be known to leaders or their divisions/departments in developing its Work Plan. A risk assessment was reviewed with HCD's executive team and will be pushed out to all senior leaders and the executive team for responses (e.g., new/changed rules, emerging risks, new service lines/locations, new or changed practices, external audits or investigations, negative billing trends, other needs, etc.) for input.	Work Plan Item Not Yet Started	New
5 - ENFORCING STANDARDS; CONSEQUENCES AND INCENTIVES				
Item Type	Work Plan Item	Description	Status	Comments
Annual Reporting Requirement	Conflicts of Interest Disclosure and Review Process - HCD Board and Committees	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD Board and Committee members. Rationale: Policy requirement; Awareness of conflicts and potential issue mitigation.	Work Plan Item Not Yet Started	New

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Annual Reporting Requirement	Conflicts of Interest Disclosure and Review Process - HCD Staff	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD Staff. Rationale: Policy requirement; Awareness of conflicts and potential issue mitigation.	Work Plan Item Not Yet Started	New
Consequences and Incentives	Compliance and Privacy Program Incentives	Develop Compliance and Privacy program incentives to recognize HCD staff for compliance contributions and risk reduction.	Work Plan Item Not Yet Started	New
Consequences and Incentives	Enforcement of Privacy Violations / Sanctions Grid	Enforcement of developed Privacy Sanctions Grid to assist Human Resources in consistent and appropriate recommendations of sanctions for violations of privacy by HCD staff, as applicable. Rationale: compliance with rules and laws, helps to ensure equal treatment for violations of privacy policies and/or rules in recommending disciplinary action.	Ongoing/Continuous	New
Contract Reviews	Contract Reviews and Recommendations	Perform various contract reviews (Compliance360, other) as required or requested to assess issues such as privacy and security rules, Medicare/Medicaid billing provisions, fraud, waste, and abuse issues, and/or Stark and Anti-Kickback issues. Rationale: Compliance with rules and laws, protection of HCD from risks.	Ongoing/Continuous	New
External Incident Readiness	Data Breach Response	Compliance preparation / readiness for Privacy/Security Data Breach Response (e.g., toolkit, processes, and vendor relations). Rationale: Continuation of prior review (Panel I and II) from FY24 (transferred from FY24 Work Plan).	In Process	Transferred
Regulatory Analysis / Issue Guidance	Business Associate Agreements and Decision Tree	Review and revision of Business Associate Agreement template and BA Decision Tree based upon HIPAA/Part 2 Rule changes. Rationale: Compliance with new/changed rules going into effect; Transferred from FY24 Work Plan due to rule change date.	Work Plan Item Not Yet Started	Transferred
Regulatory Analysis / Issue Guidance	Substance Abuse Confidentiality - Part 2 Privacy Program Requirements	Review of requirements and service lines offered at HCD facilities to determine applicability of 42 CFR Part 2, and review of current practices for ensuring the protection of confidential patient information for patients with substance use disorders. Rationale: Compliance with new/changed rules going into effect; Transferred from FY24 Work Plan due to rule change date.	Work Plan Item Not Yet Started	Transferred
Regulatory Analysis / Issue Guidance	Applicable rules, laws, and regulations to HCD for future activities and work plan	To assess compliance for HCD entities with applicable regulatory requirements.	Ongoing/Continuous	New
Regulatory Analysis / Issue Guidance	New/Changed rules, laws, and regulations resulting from Presidential and administrative changes that may impact HCD for future activities and work plan setting	To monitor,communicate, and assess compliance for HCD entities with applicable regulatory requirements with the anticipated significant shift in laws, rules, and regulations with the incoming Presidential Administration changes. Rationale: To continuously monitor and stay abreast of changes which may impact HCD.	Ongoing/Continuous	New
Regulatory Analysis / Issue Guidance	Evaluation of Proposed Rule Changes to COPCN/County Ordinance for Ambulance	Evaluation of Proposed Rule Changes to COPCN/County Ordinance for Ambulance; Pending County Commission and/or rule change.	Work Plan Item Not Yet Started	New
Regulatory Analysis / Issue Guidance	Provide guidance for HCD's New Employee Health Program	Review of applicable laws, regulations, business unit practices, and best practices to provide guidance on implementation of Employee Health Program. Rationale: Leader request; New service at HCD.	Ongoing/Continuous	New
Regulatory Analysis / Issue Guidance	Provide guidance for HCD's evolving behavioral health program	Review of applicable laws, regulations, business unit practices, and best practices to provide guidance on evolving behavioral health program. Rationale: Leader request; New/evolving services at HCD.	Ongoing/Continuous	New

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Regulatory Analysis / Issue Guidance	Provide guidance for LMC's new outpatient hospital department	Review of applicable laws, regulations, business unit practices, and best practices to provide guidance on implementation of outpatient hospital department (e.g. Notice of Liability Form). Rationale: Leader request; New/changed services and set up for LMC.	In Process	New
Regulatory Analysis / Issue Guidance	Medicare Change of Status Notice	New CMS requirement to notify when a patient's hospital status is changed from inpatient to outpatient with observation. Rationale: Compliance with new law effective 10/2024.	In Process	New
7 - RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION INITIATIVES				
Item Type	Work Plan Item	Description	Status	Comments
Annual Statutory Reporting Requirement	Annual Breach Event Reporting to the Office for Civil Rights for < 500 individuals (Existing OCR Requirement, State Rules)	Annual Breach Reporting to HHS OCR (for events <500 individuals), required under HIPAA, for events that require patient notification of an unauthorized access, use, or disclosure of PHI. Rationale: Statutory requirement.	Work Plan Item Not Yet Started	New
Responsiveness	Response to Detected Offenses (issues/investigations)	Investigate and respond to issues communicated to Compliance, Privacy, and Ethics.	Ongoing/Continuous	New
Corrective Action Initiatives	Develop Corrective Action Initiatives	Involves the development of recommended actions required as a result of various audits, risk assessments, and/or other identified areas of risk and monitoring to ensure completion and to prevent repeat occurrences. Communicate to appropriate parties the assignment and status of action plans. Rationale: Manage action items and recommendations made or resulting from issue/audit.	Ongoing/Continuous	New
Effectiveness/Evaluation	General Compliance Program Effectiveness (GCPG)	New OIG General Compliance Program Guidance (comprehensive) analysis and effectiveness review for new/updated (and monitoring of new/changed guidance to be released) guidance documents. Rationale: New OIG GCPG.	In Process	New
Effectiveness/Evaluation	Industry Specific Compliance Program Effectiveness (ICPGs)	New OIG Industry Specific Compliance Program Guidance (comprehensive) analysis and effectiveness review (and monitoring of ne guidances to be released). Rationale: New OIG guidance.	Work Plan Item Not Y	New
Effectiveness/Evaluation	Industry Specific Compliance Program Effectiveness (ICPGs) Nursing Facility	New OIG Industry Specific Nursing Facility Compliance Program Guidance (comprehensive) analysis and effectiveness review for newly released guidance document (11/2024). Rationale: New OIG ICPG impacts HCD's SNF, Healey.	In Process	New
Effectiveness/Evaluation	Evaluation of Corporate Compliance Programs	Updated DOJ guidance (criminal division) for the evaluation of Corporate Compliance Programs (CPE analysis and effectiveness review). Rationale: Updated DOJ guidance.	Work Plan Item Not Y	New

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1. Description: Quality & Patient Safety Dashboards

2. Summary:

This agenda item provides the quality and patient safety reports for the 3rd Quarter of 2024 for School Health, Aeromedical, Trauma, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy, and Corporate Quality Metrics.

3. Substantive Analysis:

Trauma

During Q2 of 2024, 1,402 patients were seen at the two trauma centers in Palm Beach County, compared to 1,573 seen in Q1 2024.

Palm Beach County Trauma System Utilization

- Demographics: Gender breakdown showed 37% of the trauma patients were Female compared to 63% Male. Race showed White making the majority of the trauma patients with 71%, followed by Black at 19%, and 10% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 79%. Age Groups showed that 10% of trauma patients were Pediatric, 49% were Adult, and 41% were Geriatric. Age Range showed that the 76-85 age group were the highest at 15%, while the age group of 26-35 and >85 were tied at 13%.
- Monthly Volume: stacked monthly volume trends for Q2 showed a 3% increase in April, a 6% decrease in May, and a 7% decrease in June compared to 2023.

Trauma System Utilization per Trauma Center

- Monthly Volume:
    - St. Mary's Medical Center: stacked monthly volume trends for Q2 showed a 1% increase in April, a 1% decrease in May, and a 2% decrease in June compared to 2023; with a total volume of 778 for Q2.
    - Delray Medical Center: stacked monthly volume trends for Q2 showed a 5% increase in April, a 12% decrease in May, and a 16% decrease in June compared to 2023; with a total volume of 624 for Q2.
- Demographics:
    - St. Mary's Medical Center: gender breakdown showed 34% of the trauma patients were Female compared to 66% Male. Race showed White making the majority of the trauma patients at 66%, followed by Black at 24%, and 10% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 71%. Age Groups showed that 15%

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of trauma patients were Pediatric, 57% were Adult, and 28% were Geriatric. Age Range showed that the 26-35 age group were the highest at 17%.

- Delray Medical Center: gender breakdown showed 40% of the trauma patients were Female compared to 60% Male. Race showed White making the majority of the trauma patients at 77%, followed by Black at 14%, and 9% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 89%. Age Groups showed that 4% of trauma patients were Pediatrics, 42% were Adults, and 54% were Geriatric. Age Range showed that the 76-85 age group were the highest at 21%.

- Trauma Center Volume by Year:
  - St. Mary's Medical Center: shows 1,693 trauma patients were seen YTD for 2024.
  - Delray Medical Center: shows 1,282 trauma patients were seen YTD for 2024.

Palm Beach County Trauma Injury Analysis

- Mechanism of Injury & Subcategories: The Top 5 Mechanisms of Injury and Top 5 Subcategories showed the following:
  - Falls: led at 46% for cause of injury. Looking further, 37% were same-level falls, 31% were unspecified, 8% were falls from a bed, 4% were falls from a ladder, and falls from an elevated level respectively.
  - Vehicular: followed at 33% for cause of injury. Looking further, 49% were motor vehicle vs motor vehicle collisions, 11% were motorcycle crashes, 10% were motor vehicle vs pedestrian collisions, 9% were motorcycle vs motor vehicle collisions, and 5% were bicycle crashes.
  - Assault: followed at 8% for cause of injury. Looking further, 36% were assaults with guns, 31% were assaults with a knife or sharp object, 19% were assaults during a fight/brawl, 8% were assaults with a blunt object, and 4% were assaults with an unspecified route.
  - Burn: followed at 4% for cause of injury. Looking further, 25% were burns from food, drink, or related to cooking, 23% were electrical burns, 14% were burns from fire or smoke, 12% were burns from a flammable object, and 9% were burns from an unspecified route.
  - Unintentional: rounding out the top 5, at 2% for cause of injury are accidental injuries. Looking further, 27% were accidental injury from a knife or sharp object, 23% were accidental injury by walking into or striking an object, 17% were injuries from accidental use of bodily force,

    and 10% were accidental injury from a hand tool, as well as accidental-

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non-burn-injuries from an explosion of a pressurized object respectively.

- Transportation Mode: showed that the majority of trauma patient transports were by Ground at 92%, while Air accounted for 8%.
- Injury Type: the injury classification showed Penetrating at 11%, Blunt at 85%, and Burn at 4%.

Q3 of 2024 showed that 1,315 patients were seen at a one of our two trauma centers in Palm Beach County, while YTD volume for 2024 shows that 4,627 patients were seen at one of our two trauma centers in Palm Beach County.

Palm Beach County Trauma System Utilization

- Demographics: Gender breakdown showed 37% of the trauma patients were Female compared to 63% Male. Race showed White making the majority of the trauma patients with 73%, followed by Black at 18%, and 9% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 78%. Age Groups showed that 11% of trauma patients were Pediatric, 46% were Adult, and 43% were Geriatric. Age Range showed that the >85 age group was the highest at 15%, followed by the age group of 76-85 at 13%.
- Monthly Volume: stacked monthly volume trends for Q3 showed an 8% decrease in July, a 17% decrease in August, and a 0.5% increase in September compared to 2023.
- Activation Level Trends: Q3 showed Level I (scene) as the leading activation type at 53% average, followed by Level II (interfacility transfer) at 27% average, Level III (ED Upgrade) at 19% average, and Level IV (Direct Admint) at <1%.

Trauma System Utilization per Trauma Center

- Monthly Volume:
  - St. Mary's Medical Center: stacked monthly volume trends for Q3 showed a 6% decrease in July, a 16% decrease in August, and a 0.8% decrease in September compared to 2023; with a total volume of 725 for Q3.
  - Delray Medical Center: stacked monthly volume trends for Q3 showed a 10% decrease in July, a 15% decrease in August, and a 2% increase in September compared to 2023; with a total volume of 590 for Q3.
- Demographics:
  - St. Mary's Medical Center: gender breakdown showed 33% of the trauma patients were Female compared to 67% Male. Race showed White making the majority of the trauma patients at 69%, followed by Black at 23%, and 8% classified as Other. Ethnicity showed that the majority of the trauma

    patients were Non-Hispanic at 72%. Age Groups showed that 16% of

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trauma patients were Pediatric, 55% were Adult, and 29% were Geriatric. Age Range showed that the 26-35 age group were the highest at 14%.

- Delray Medical Center: gender breakdown showed 43% of the trauma patients were Female compared to 57% Male. Race showed White making the majority of the trauma patients at 78%, followed by Black at 11%, and 11% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 84%. Age Groups showed that 5% of trauma patients were Pediatrics, 39% were Adults, and 56% were Geriatric. Age Range showed that the >85 age group were the highest at 22%.

- Trauma Center Volume by Year:
  - St. Mary's Medical Center: showed 2,664 trauma patients were seen YTD for 2024.
  - Delray Medical Center: showed 1,963 trauma patients were seen YTD for 2024.

Palm Beach County Trauma Injury Analysis

- Mechanism of Injury & Subcategories: The Top 5 Mechanisms of Injury and Top 5 Subcategories showed the following for Q3:
  - Falls: led at 49% for cause of injury. Looking further into top 3 subcategories: 41% were same-level falls, 28% were unspecified, and 7% were falls from a bed.
  - Vehicular: followed at 30% for cause of injury. Looking further into top 3 subcategories: 49% were motor vehicle vs motor vehicle collisions, 9% were motor vehicle vs pedestrian collisions, and also at 9% were motor vehicle vs bicycles.
  - Assault: followed at 8% for cause of injury. Looking further into top 3 subcategories: 31% were assaults with a knife or sharp object, 29% were assaults with a gun, and 17% were assaults from a fight/brawl.
  - Burn: followed at 4% for cause of injury. Looking further into top 3 subcategories: 31% were burns from food, drink, or related to cooking, 24% were burns from liquids, and 14% were burns from a flammable object.
  - Unintentional: rounding out the top 5, at 3% for cause of injury are accidental injuries. Looking further into top 3 subcategories: 31% were accidental injury from a knife or sharp object, 25% were accidental injury by walking into or striking an object, and 14% were injuries from accidental use of bodily force.

- Transportation Mode: showed that the majority of trauma patient transports were by Ground at 97%, while Air accounted for 3% for Q3.

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- Injury Type: the injury classification showed Penetrating at 10%, Blunt at 83%, Burn at 4%, and Other at 3% for Q3.

Community Health Centers

The following measures were not meeting goal at the end of Quarter 3 2024: Hypertension (72%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (73%), goal is 86%, Adult Weight Screening and Follow Up (85%), goal is 90%, Childhood immunization (53%), goal is 60%, Breast Cancer Screening (57%), goal is 60%, Cervical Cancer Screening (61%), goal is 65%, Colorectal Cancer Screening (40%) with goal of 82%.

All other goals were achieved for the quarter.

Skilled Nursing Center

For Q2 2024, the following quality measures did not meet goal:

- % of Residents with pressure ulcers (long stay) was 8.3% which was above the national benchmark of 7.4%
- All other quality measures met goal for the quarter.

Lakeside Medical Center

For Q3 2024, Inpatient Quality Measures there were 1 of 3 measures (ED-1a) that did not meet goal.

ED Measure:
For ED-1a, there were (61) cases that fell into the sample population for Q3 with a median time of (333) minutes, which is higher than the set goal of (313) minutes.

For Q3 2024, Outpatient Quality Measures there was 1 of 2 measures (OP-18) that did not meet goal.

OP-18 Measure:
For OP-18, there were (100) cases that fell into the sample population with a median time of (160) minutes, which is higher than the set goal of (134) minutes.

Ground Transportation

Ground Transportation is trending and monitoring 6 GAMUT quality metrics for 2024. These are Use of Appropriate Pain Scale, Blood Glucose Testing for Altered Mental

Status Patients, Waveform Capnography Monitoring for Patients with Mechanical

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Ventilation and/or Advanced Airways, Medical Equipment Failures, Appropriate Management of Aortic Emergencies and Temperature Assessment. During Q2 2024, our program trended at 98% for the Use of an Appropriate Pain Scale which is above the GAMUT national threshold of 90%. For Blood Glucose Testing for Altered Mental Status Patients we were at 88%, which is below the GAMUT national threshold of 91%. We were at 100% for Waveform Capnography Monitoring for mechanically ventilated patients with an advanced airway exceeding the GAMUT national threshold of 95%. We had no Medical Equipment Failure events this quarter and we did not transport any patients with aortic emergencies. We also reached 99% for performing and documenting temperature with the first set of vital signs, surpassing the GAMUT national threshold of 85.7%.

Pharmacy

For Q3, Pharmacy has met all goals. The average prescription wait time was less than 10 minutes and roughly 18% of prescriptions were filled while patients waitied was also within goal. The promised time was met for over 99% of orders. The out of stocks percentage goal was also met with only 2.2% of the total prescriptions needing to be ordered for the next business day.

Corporate Quality Metrics

Call Center

Overall, the call center is performing well. We continue to decrease our abandonment rate and hold times while also increasing our service levels.
For Quarter 3 2024, The Clinic Service Center received 63,484 incoming calls, which is a 5% increase compared to last quarter. 58,066 or 91% Of the calls reached an agent and was handled/resolved in real time. The abandonment rate was at 7%, with a goal of 10% or less. The abandonment rate has decreased 3% from the previous quarter. The service level (% of calls answered within 3 mins) was at 74% was a goal of 80%. The average hold time for callers was 1m 43sec with a goal of answering within 3 mins or less.

Information Technology

- **Customer Service:** In Q2, our IT department opened a total of 4,266 new support tickets and successfully closed 4,221 tickets, including those carried over from the previous month. On average, we received 47 new tickets each day. The average

  time taken to resolve a ticket, excluding any hold time, was 3 hours. Additionally, the IT Service Desk handled 3,247 calls. The average wait time for these calls was

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25 seconds, and the rate of calls abandoned was 4.0%, which is below our target rate of 4.5%.

- **Cybersecurity**: In Q2, The security team investigated 440 security incidents. Those were all closed, and none was reportable. The incidents included phishing, impostor, malware, and spam emails, responding to the security operations center alerts, and users reported security investigations.

Human Resources

Turnover and Recruitment:

- For Q2 2024, the average turnover was 15 employees/month, a decrease of 34.7% from the previous quarter, and it's below the industry standard of 26 employees.
- For Q2 2024, the highest turnover rate (2%) was among employees with 3-5 years of service.
- For Q2 2024, the top 3 highest turnover rates by business units were the Ground transportation department, followed by Healey and Clinics Medical.
- At the end of Q2 2024, there were 90 open requisitions, a 157% increase from the previous quarter (35)
  - 50 days = Average time to Fill, which is above the 49 days industry standard (12.3% decrease from the previous quarter of 57 days)
  - 17 days = Average time to Hire, which is within the industry standard of 36 days (a 5.5% decrease from the previous quarter of 18 days).

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

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5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Dashboards

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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Health Care District OF PALM BEACH COUNTY

Palm Beach County Trauma Injury Analysis

7/1/2024 - 9/30/2024

ADULT, PEDIATRIC & GERIATRIC

Patients
1,315

Mechanism of Injury

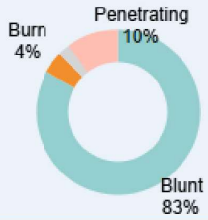
FALL	639 (49%)
VEHICULAR	398 (30%)
ASSAULT	103 (8%)
BURN	59 (4%)
UNINTENTIONAL	36 (3%)
SELF INFLICTED	20 (2%)
GSW	17 (1%)
ANIMAL	14 (1%)
UNSPECIFIED	11 (1%)
STRUCK	6 (<1%)
SPORTS/RECREATIONAL	6 (<1%)
CRUSH	5 (<1%)
ABUSE	1 (<1%)

Transportation Mode

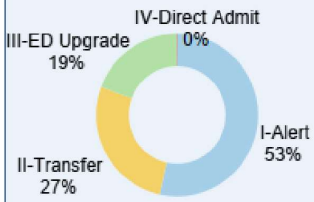
Air 3%

Ground 97%

Injury Type

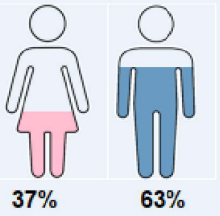


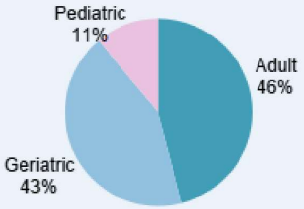
Activation Level



Mechanism of Injury - Subcategories

FALL	SAME-LEVEL	263 (41%)
	UNSPECIFIED	178 (28%)
	BED	42 (7%)
	LADDER	29 (5%)
	STAIRS/STEPS	20 (3%)
	ELEVATED LEVEL	19 (3%)
	CHAIR	11 (2%)
	ROOF	9 (1%)
	BATHTUB/SHOWER	8 (1%)
	ASSISTED OR CARRIED	8 (1%)
	SKATEBOARDING	7 (1%)
	FURNITURE	7 (1%)
	MOBILITY SCOOTER	5 (1%)
	HORSE	5 (1%)
	TREE	4 (1%)
	TOILET	4 (1%)
	PLAYGROUND/SWING	4 (1%)
	WHEELCHAIR	3 (<1%)
	VEHICLE	3 (<1%)
	SCAFFOLDING	3 (<1%)
VEHICULAR	MVC	196 (49%)
	MV VS PEDESTRIAN	36 (9%)
	MOTOR VEHICLE VS BIC..	34 (9%)
	MOTORCYCLE VS MV	27 (7%)
	MOTORCYCLE CRASH	27 (7%)
	BICYCLE	19 (5%)
	ATV ACCIDENT	19 (5%)
	PICK-UP/VAN	11 (3%)
	ELECTRIC BIKE	9 (2%)

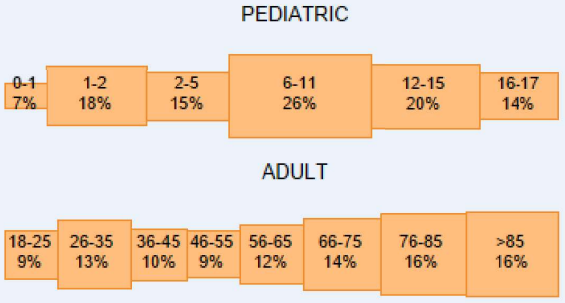




Ethnicity

Race

Age Distribution



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Health Care District
COMMUNITY HEALTH CENTERS

UDS PROVIDER LEVEL QUALITY MEASURES 2024
NATIONAL QUALITY LEADER METRICS

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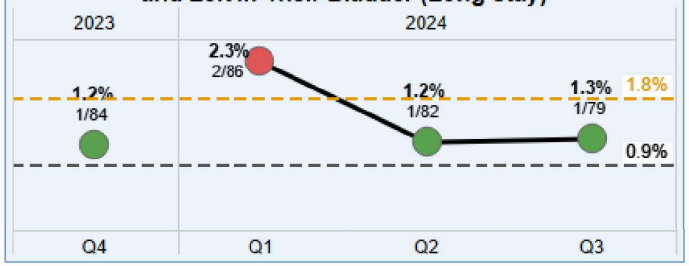
Health Care District
SKILLED NURSING FACILITY

Quality Measures
Q3 2024

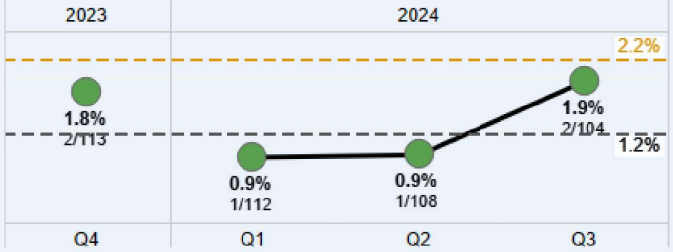
Comparions Groups: State National Meeting Goal? Yes No

Infection Control

N026.03: % of Residents Who have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

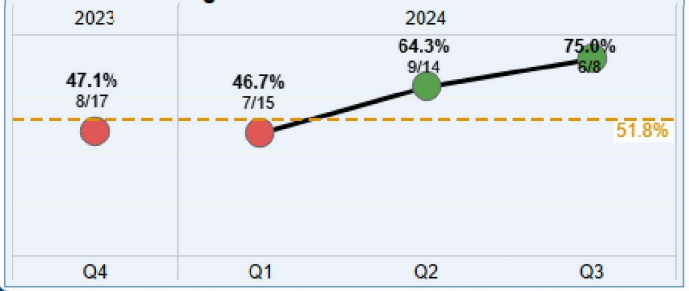


N024.02: % of Residents with a Urinary Tract Infection (Long Stay)



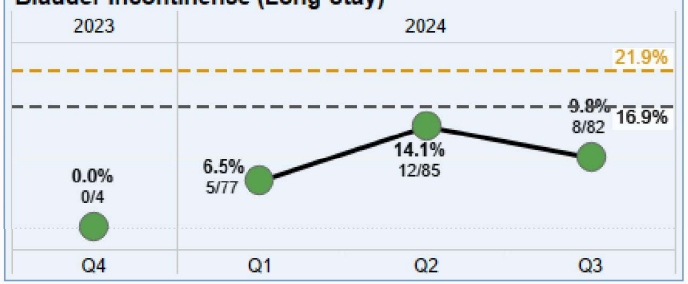
Functional Status

S042.01: Discharge Function Score

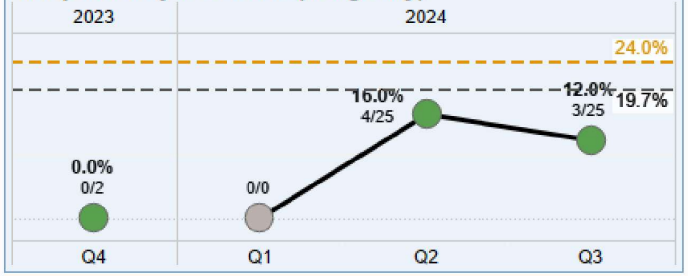


Functional Status

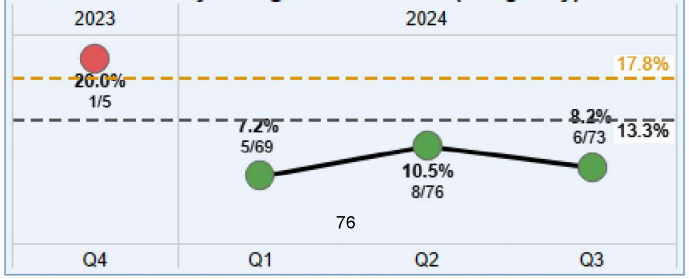
N046.01: % of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay)



N035.04: % of Residents Whose Ability to Walk Independently Worsened (Long Stay)

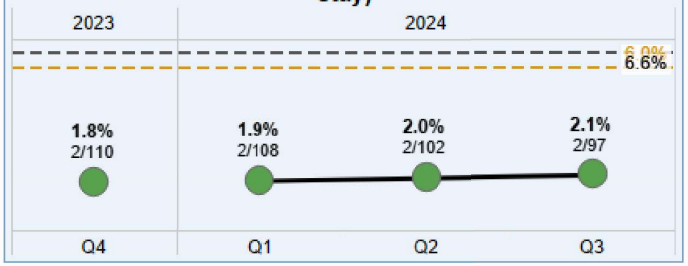


N028.03: % of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



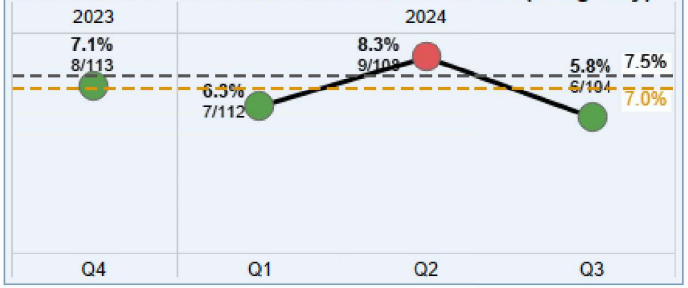
Functional Status

N029.03: % of Residents Who Lose Too Much Weight (Long Stay)

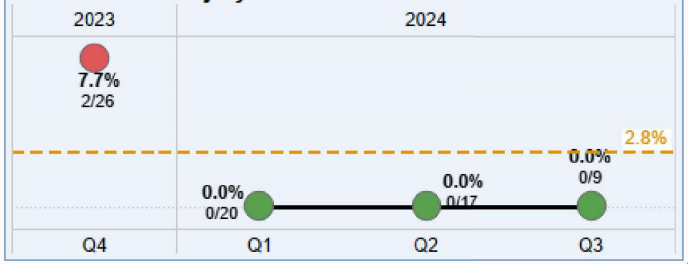


Skin Integrity

N045.01: % of Residents with Pressure Ulcers (Long Stay)



S038.02: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury



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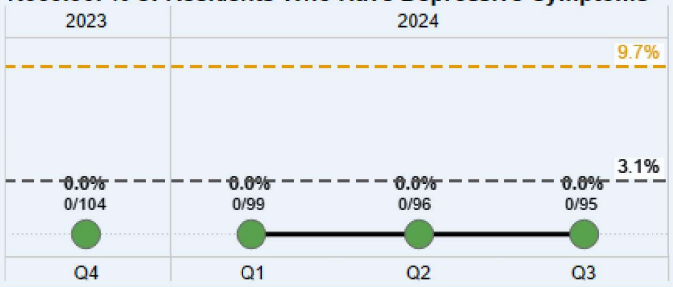
Health Care District
SKILLED NURSING FACILITY

Quality Measures
Q3 2024

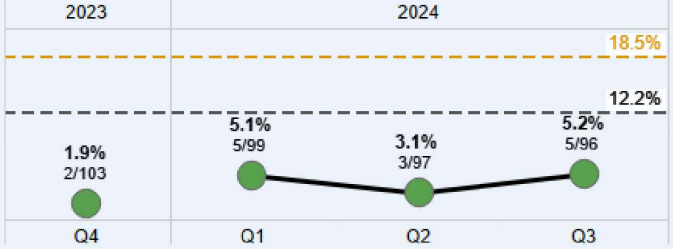
Comparions Groups: State National Meeting Goal? Yes No

Behavioral Health

N030.03: % of Residents Who Have Depressive Symptoms

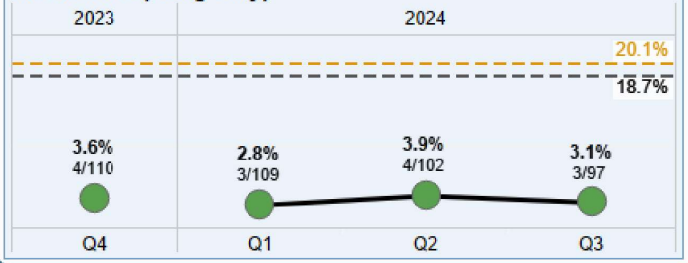


N034.02: Prevalance of Behavior Symptoms Affecting Others (Long Stay)



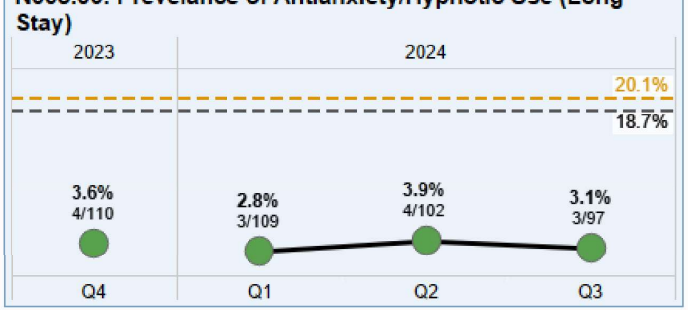
Medications

N036.03: % of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay)

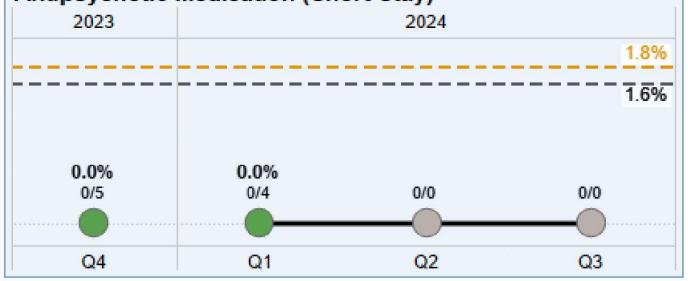


Medications

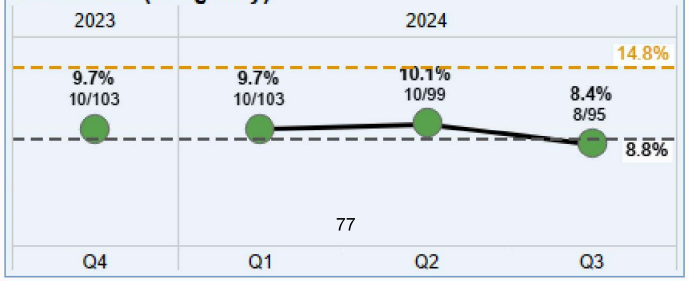
N033.03: Prevelance of Antianxiety/Hypnotic Use (Long Stay)



N011.03: % of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

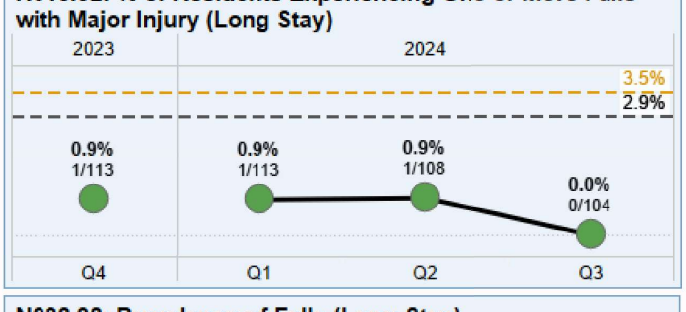


N031.04: % of Residents Who Received an Antipsychotic Medication (Long Stay)

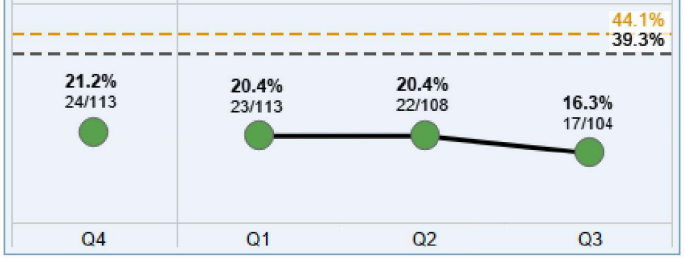


Falls

N013.02: % of Residents Experiencing One or More Falls with Major Injury (Long Stay)

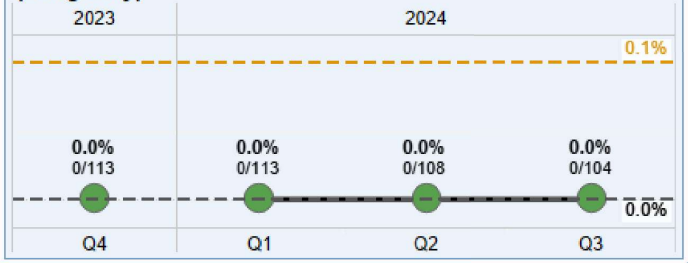


N032.02: Prevelance of Falls (Long Stay)



Restraints

N027.02: % of Residents Who Were Physically Restrained (Long Stay)



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Health Care District
LAKESIDE MEDICAL CENTER

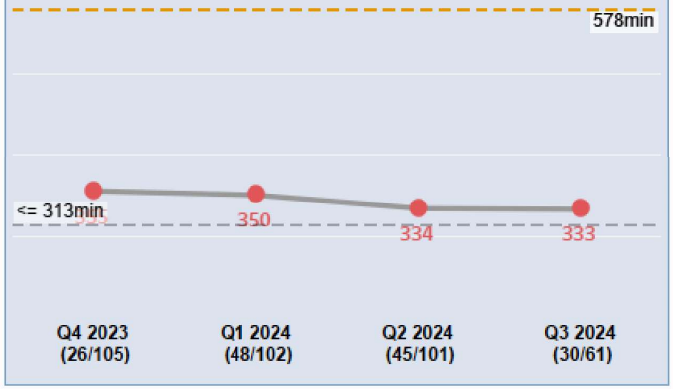
LMC Quality Core Measures Q3 2024

Inpatient Measures

Meeting Goal? Yes No No Population

LMC Internal Goal Line 2022 National Avg Line

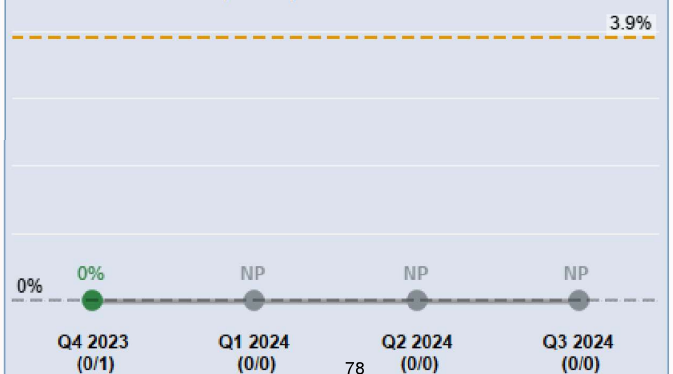
Emergency Dept-1a
Median time from ED arrival to ED departure for admitted patients



Sepsis-1
Early management bundle, severe sepsis/septic shock
*No National Avg available

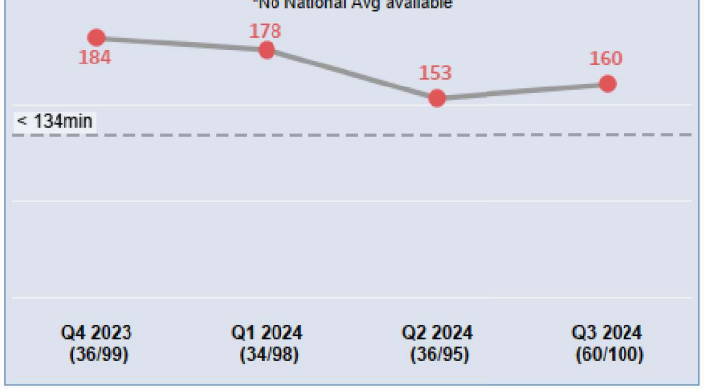
Immunization-2
Immunizations (seasonal)

Venous thromboembolism-6
Hospital Acquired Preventable VTE

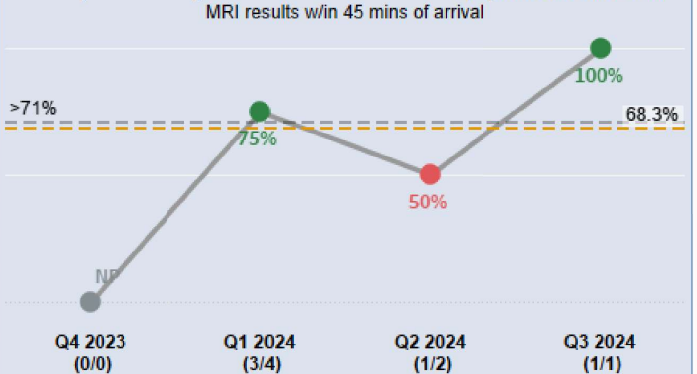


Outpatient Measures

Outpatient-18a
Median time from ED arrival to discharge home or transferred
*No National Avg available



Outpatient-23
Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival



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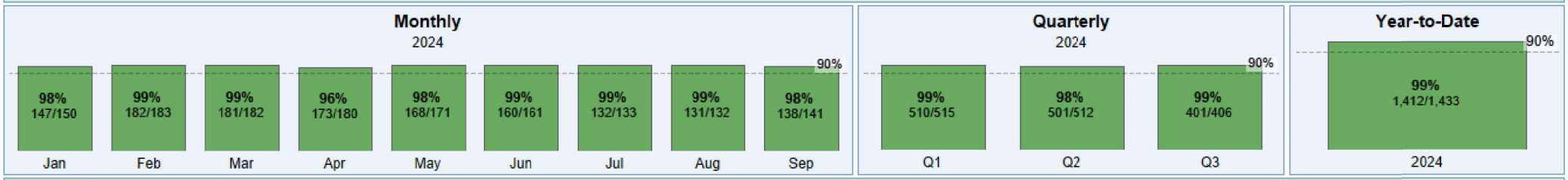
Health Care District
GROUND TRANSPORTATION

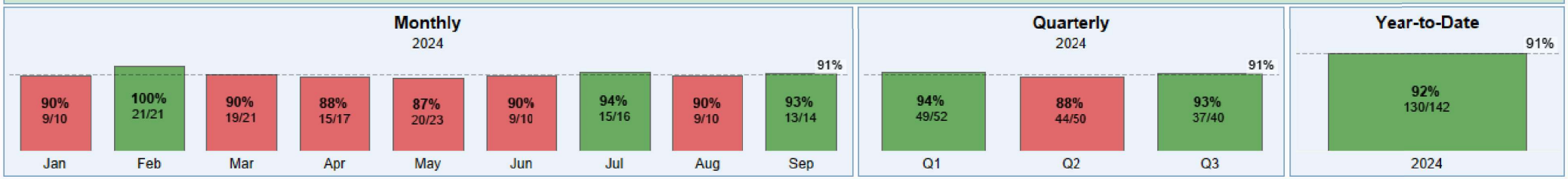
Ground Transportation Quality Metrics

Filters

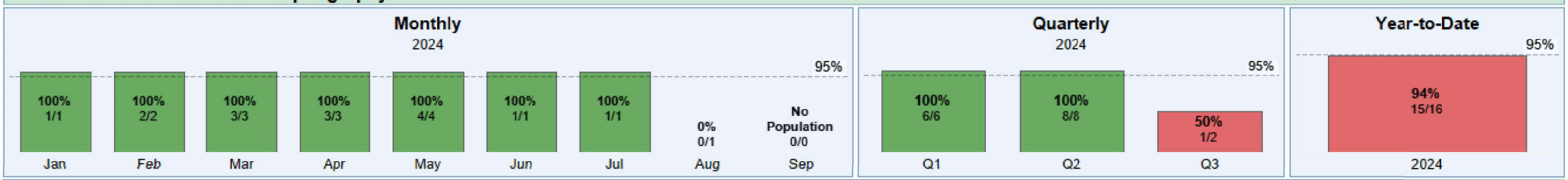
Reliable Pain Assessment



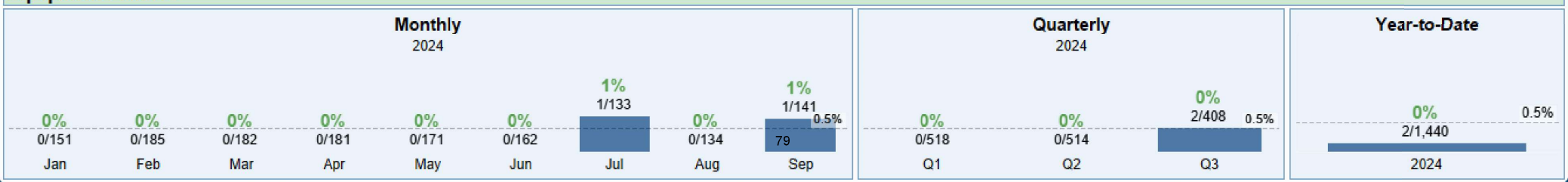
Altered Mental Status - Blood Glucose Check



ET Tube in Place - Waveform Capnography



Equipment Failures



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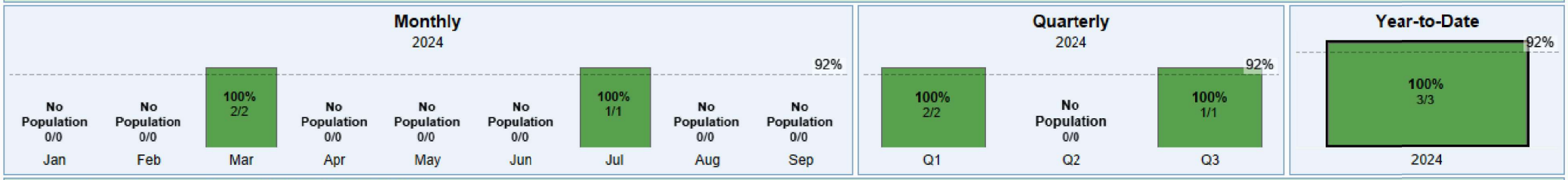
Health Care District
GROUND TRANSPORTATION

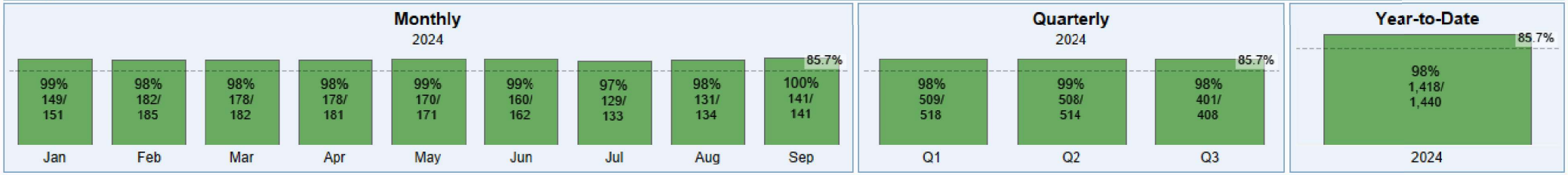
Ground Transportation Quality Metrics

Filters

Appropriate management for aortic emergencies



Temperature Documented with First Set of Vitals *Added at end of Sept 2023



Measure Name

Monthly

Quarterly

Year-to-Date

Measure Name

Monthly

Quarterly

Year-to-Date

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

Health Care District OF PALM BEACH COUNTY

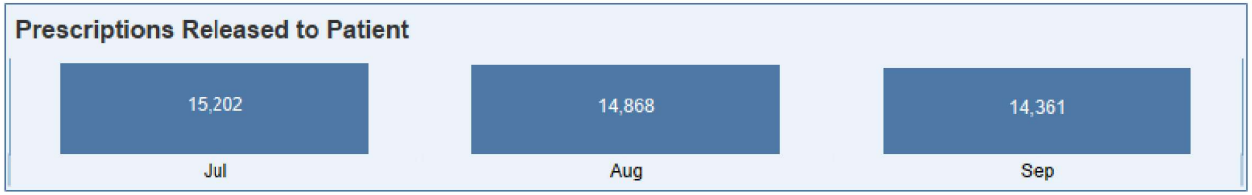
PHARMACY QUALITY DATA 7/1/2024 - 9/30/2024

Filters

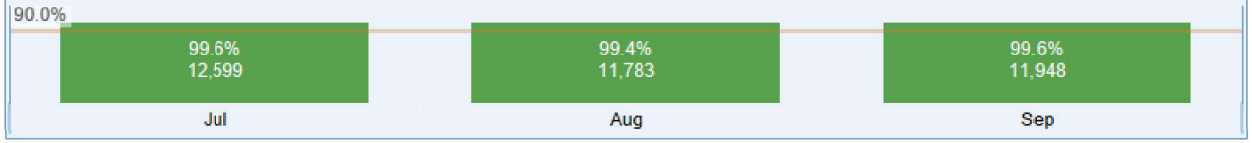
Unique Pts	New Patients	Rx Filled	Rx Return to Stock	Out Of Stock <5%✓	Pharmacy Visits	Avg Rx per patient	Rx Mailed to patient
7,531	3,153 (10%)	42,943	1,965 (4.6%)	959 2.2%	20,580	6	1,834 Pkgs 4,236 (10%)

Prescriptions Filled

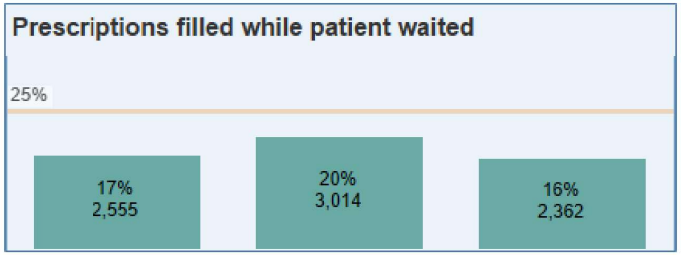
Prescriptions Released to Patient



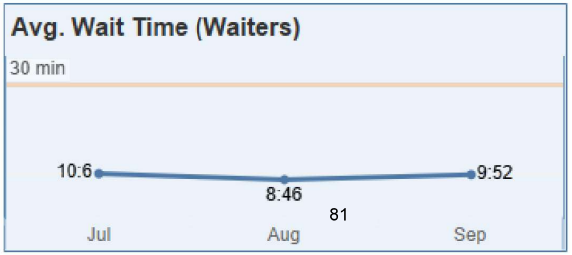
Prescriptions that were Ready When Promised



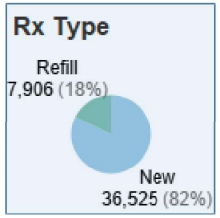
Prescriptions filled while patient waited



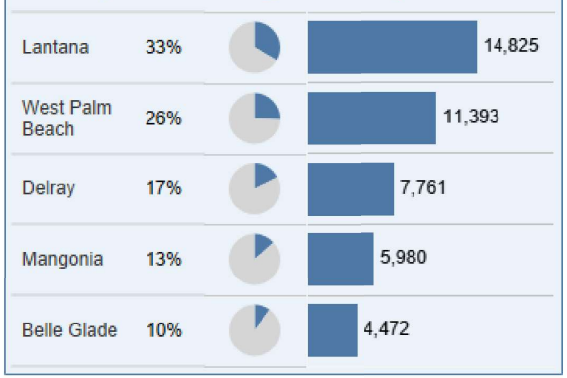
Avg. Wait Time (Waiters)

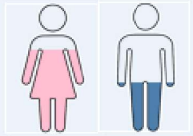


Rx Type

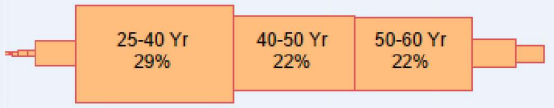


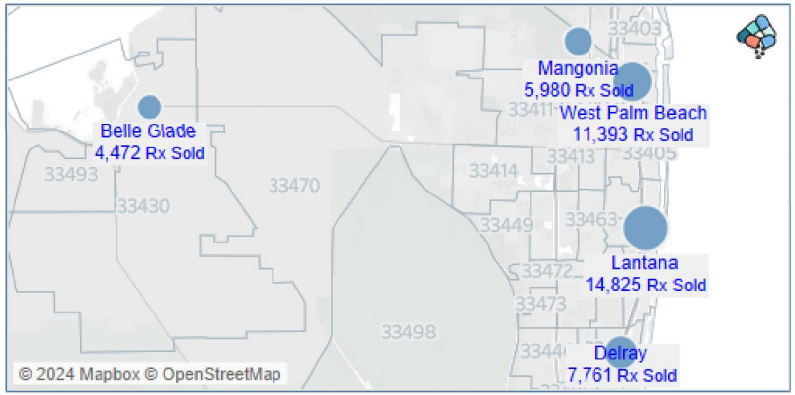
Prescriptions Filled by Pharmacy





Age Range





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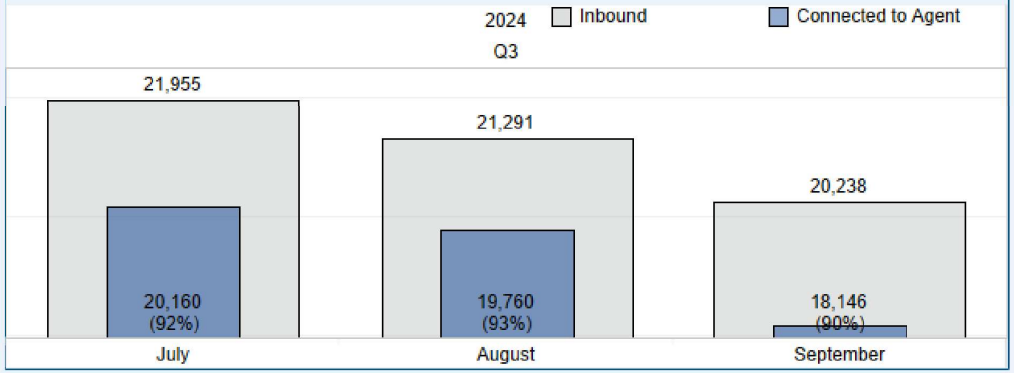
Health Care District
OF PALM BEACH COUNTY

CLINIC SERVICE CENTER PERFORMANCE

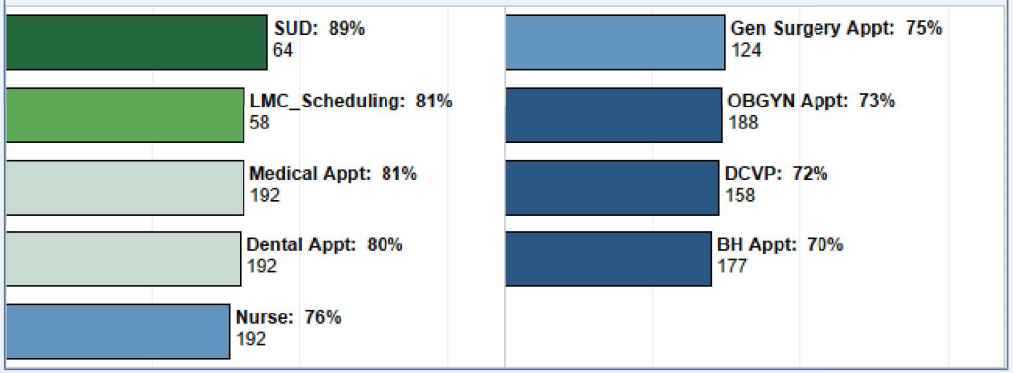
dates: 7/1/2024 to 9/30/2024

INBOUND CALL VOLUME	ABANDONMENT RATE	HANDLED BY AGENT	AVG SL % ACROSS CSQ'S	AVERAGE HOLD TIME	AVERAGE CALL DURATION
63,484	4,434 (7%)	58,066 (91%)	74%	1m 43s	4m 27s
	Goal: 10% or less		Service Level Goal: 80%	Ave Hold Time Goal: 3 min or less	

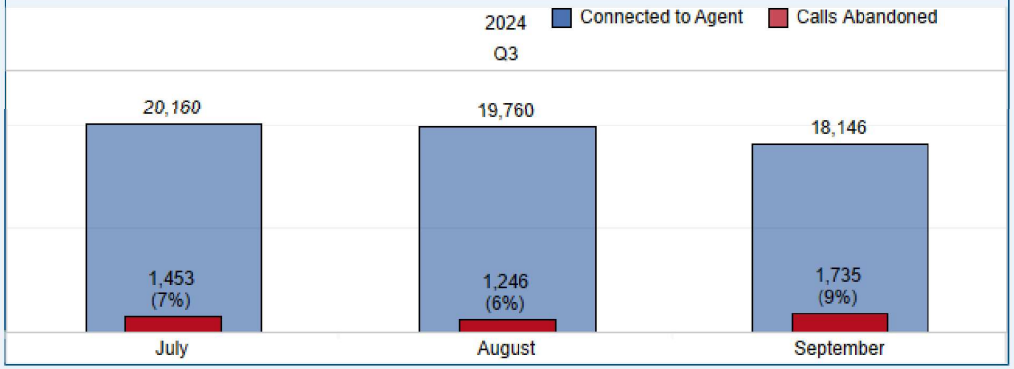
INBOUND CALL TREND



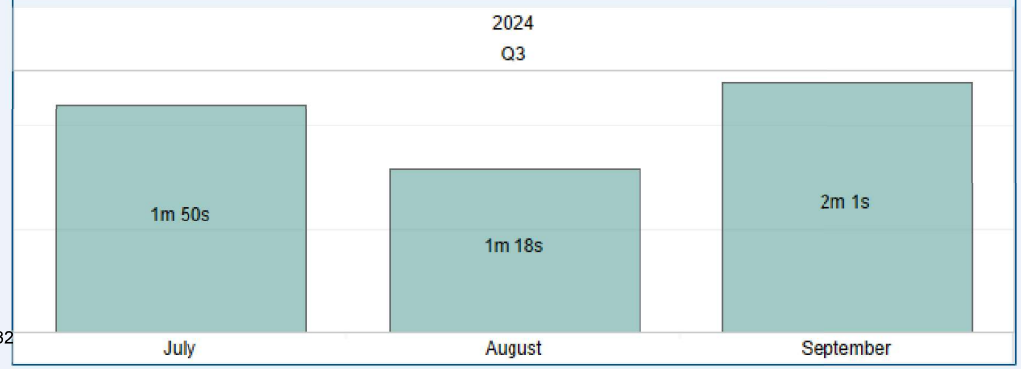
AVERAGE SERVICE LEVEL PERCENTAGE MET



ABANDONED RATE



AVERAGE QUEUE TIME



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Health Care District OF PALM BEACH COUNTY

Start Date 7/1/2024 | End Date 9/30/2024

Calls Received	Average Queue Time	Abandoned Calls	Percent Abandoned
5,360	36 seconds	266	5%

Tickets Created	Tickets Closed	Avg Elapsed time to close*	Avg Days to close
5,509	5,425	0 Days 4 hours	4 Days 4 hours

last updated: 12/03/24 10:00

*minus time on Hold

Priority: All

Ticket Status: Closed, Open

←View Technicians | CLOSED | OPEN

GROUPS

HelpDesk	3,016
Desktop Support	867
Security	399
Applications	308
Business Intelligence	223
Server Support	222
Identity Access Managem..	161
Voice, Video & Collaborati..	119
SharePoint	118
IT Logistics	41
Network Support	27
School Health IT	8

CATEGORIES

Password Reset/Unlo..	1,094 (20%)
Hardware	1,021 (19%)
Business Applications	708 (13%)
Access	544 (10%)
Cyber Security	374 (7%)
Voice, Video & Collabo..	256 (5%)
MS Office	224 (4%)
Business Intelligence ..	206 (4%)
Software	183 (3%)
EMail	174 (3%)
SRF	126 (2%)
Network	110 (2%)
Epic	92 (2%)

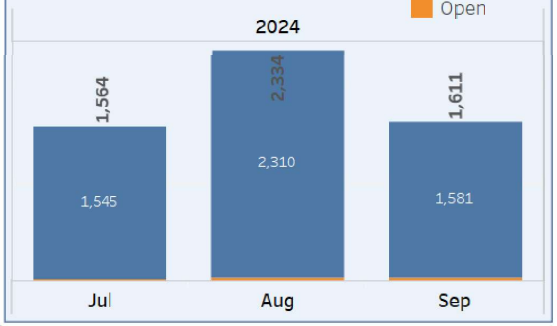
SUB-CATEGORIES

Unlock	932 (17%)
Print/Scan/Copy/Fax	363 (7%)
EPIC	268 (5%)
Email Security	247 (4%)
Laptop	199 (4%)
Desktop	160 (3%)
Outlook	150 (3%)
Duo	131 (2%)
Access change	126 (2%)
Tableau Dashboard	120 (2%)
Microsoft - Office	116 (2%)
Network	110 (2%)
AD Reset	104 (2%)

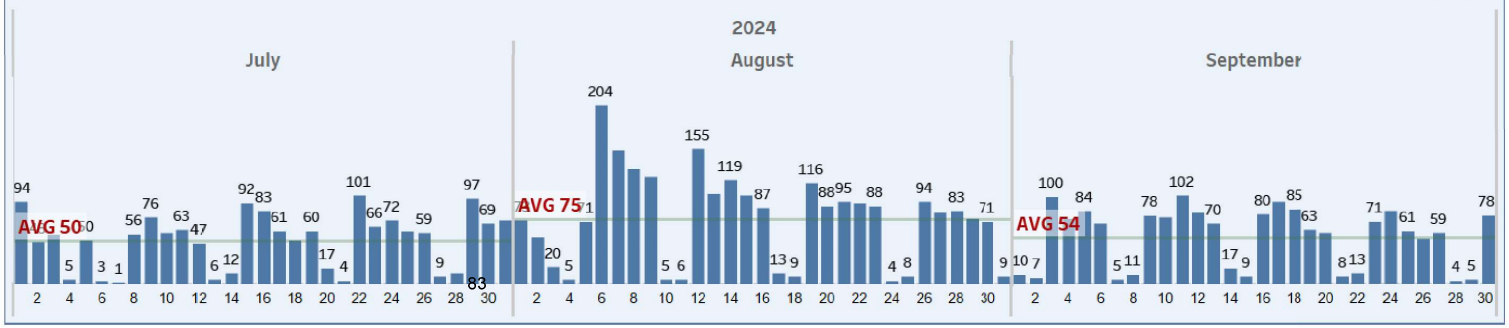
BUSINESS UNIT

School Health	1,109
Value Not Assigned	265
Revenue Cycle	163
Human Resources	140
Mangonia Park	127
Finance	120
IT Operations	113
West Palm Beach Clinic	106
Lantana Clinic	102
Belle Glade Clinic	90
Clinical Labor Pool	85
Corporate Quality	81
Clinic Administration	81

MONTHLY VOLUME % closed



DAILY VOLUME OPENED TICKETS



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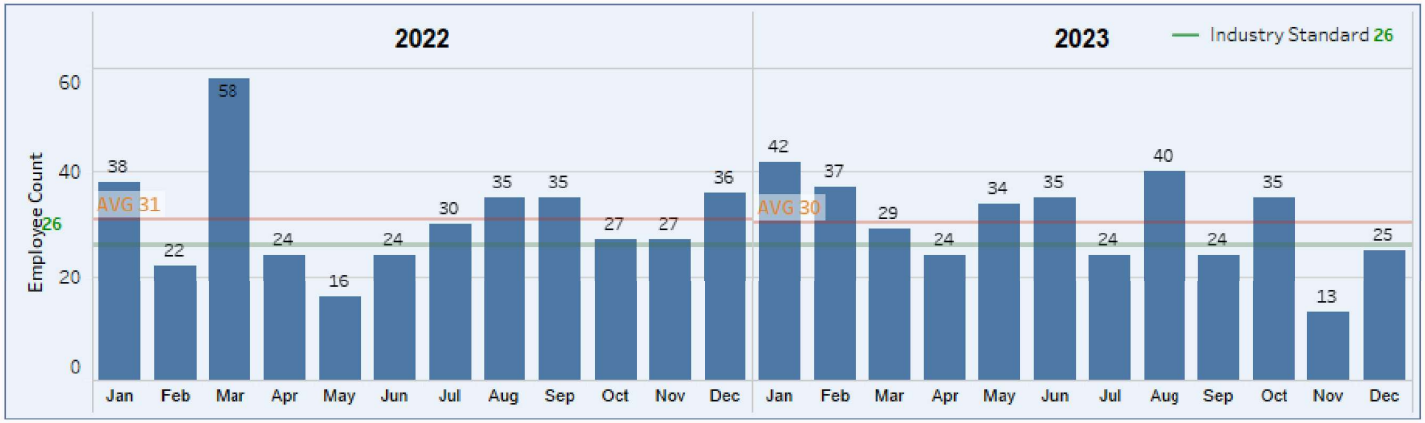
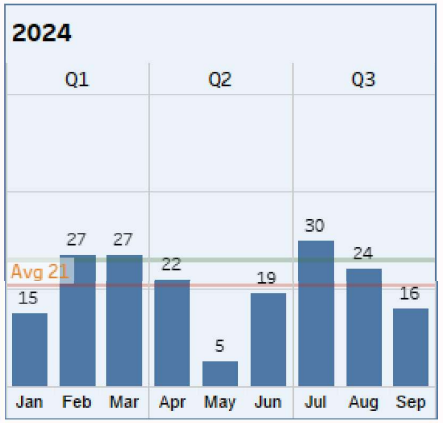
Health Care District
OF PALM BEACH COUNTY

TURNOVER AND RECRUITMENT

ANNUAL TURNOVER

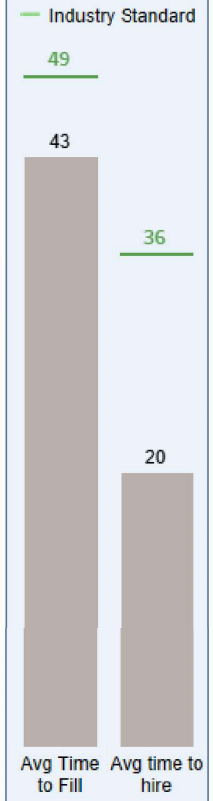




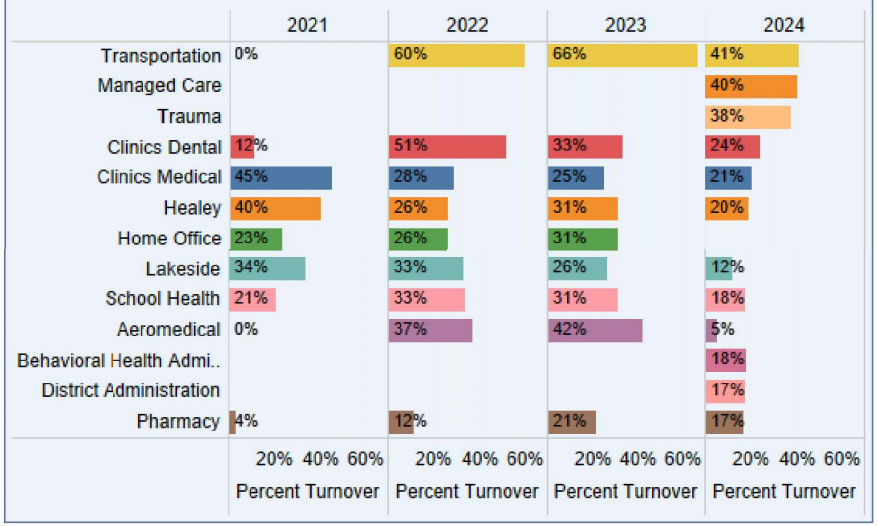
RECRUITMENT

40

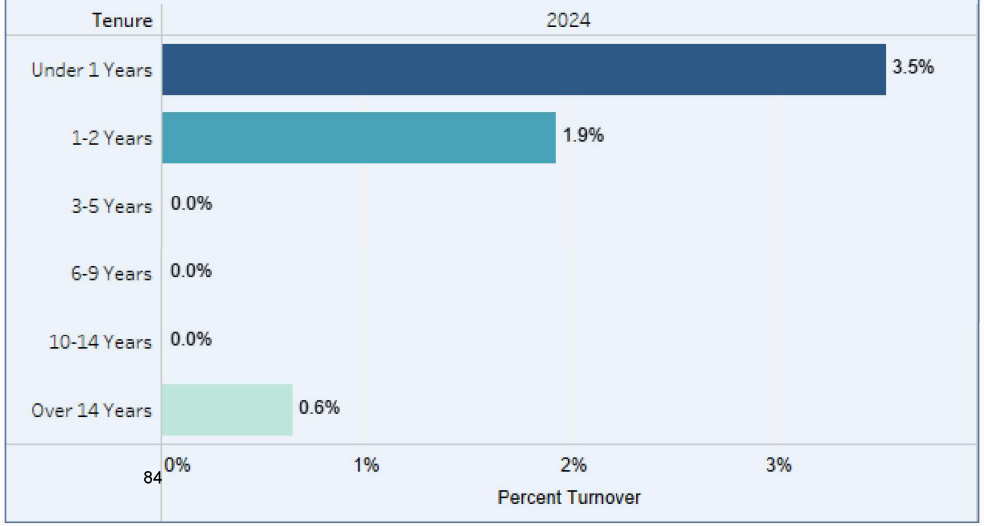
Open Positions



TURNOVER RATES BY BUSINESS UNIT



TURNOVER BY TENURE 2024- Q3



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1. Description: HCD Enterprise Risk Management Quarterly Report and Dashboard (Q3 2024)

2. Summary:

A summary report of the Enterprise Risk Management ("ERM", "Risk", or "Risk Management") dashboard covering the top five trending events. This report covers the Third Quarter of 2024 ("Q3 2024") for the following Health Care District of Palm Beach County ("HCD", "HCDPBC", or "District") business units: Lakeside Medical Center ("LMC"), Edward J. Healey Nursing and Rehabilitation Center ("Healey", "Skilled Nursing Center", or "SNF"), Community Health Centers ("CHC" or "Clinics", formerly known as C.L. Brumback Primary Care Clinics), Pharmacy, School Health, Aeromedical/TraumaHawk ("Aeromedical"), Ground Transportation Services ("Ambulance" or "GTS"), District Administration/Home Office, and Managed Care.

3. Substantive Analysis: ERM Quarterly Dashboard and Report

In Q3 2024, HCD had a total of 577 reports entered in its Safety Event Reporting System ("SERS" or "RiskQual/HAS"). The dashboard represents the Top five (5) trending event categories reported along with the risk severity levels and near misses for each HCD Business Unit. A detailed summary is provided below.

Risk Severity Volumes/Types:

Of the 577 entries reported in RiskQual/HAS, 535 were Events/Occurrences and 42 were Near Misses.

- Approximately 7.3% (42) of the events reported were "Near-Misses" or "Near Miss Events". *A Near Miss is an event that was prevented from actually occurring and did not result in any harm to an individual.*
- 85.4% (493) of the events reported were "No Harm Events". *A No Harm Event is an event that occurred but resulted in no harm to an individual.*
- 7.1% (41) were "Minor Events". *A Minor Event is an event that occurred, but had no harm to the patient, however, required monitoring.*
- 0.2% (1) was a "Major Event". *A Major Event is an event that occurred, had temporary harm, and required treatment.*

Events/Near Misses by Business Unit, Category, and Volume.

Includes all reported events and any required regulatory reported events and PCE's:

Docusign Envelope ID: FB0736FE-9B52-46F9-8DDA-CA6BA82953F3

Hospital (LMC):

LMC reported a total of 96 entries in HAS

This included 87 events (73 patient events, 14 non-patient events), and nine (9) Near Misses.

The 87 Events were reported under the following categories, sorted by volume: AMA* (34), IV/Blood Issues (9), Behavior (8), Falls/slips (8: 6 no harm, 2 minor harm), Admission/Discharge/Transfer Issues (5), Security (3), Patient Care (3), Facility/Administrative Services (3), Equipment-Related (3), Medical Documentation/Patient Records (2), Skin Issues (2), Safety (1), Medication Variance (1), Treatment/Therapies (1), Infection Control (1), HIPAA/Privacy (1), EHR/HIT (1), and Adverse Drug Event (1). The Near Misses included: Security (6), Medical Documentation & Patient Records (1), Safety (1), and Medication Variance (1). *(*) These events are included for facility-requested reporting purposes only due to a patient's status, however, were non-incident related events (all were for social or personal reasons).*

Skilled Nursing Center (Healey):

Healey reported a total of 85 entries in HAS.

This included 83 events (81 resident events, 2 non-resident events), and 2 Near Misses. The 83 Events were reported under the following categories, sorted by volume: Skin Issues* (52), Fall/Slips (12: 11 no harm, 1 moderate harm), Behavior (9), Safety (6), Patient Care (2), Nutrition/Dietary (1), and EMS Referral (1). The Near Misses included: Safety (1) and HIPAA/Privacy (1). *(*) These are included for facility-requested reporting purposes only due to a resident condition, however, were non-incident related events.*

Reported regulatory events: Six (8) cases were reported to the Agency for Healthcare Administration ("AHCA") as Immediate (1-day) and 5-Day Reports. One (1) case was reported to AHCA as an Adverse Incident.

42 CFR s. 483.13(c) - Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

Community Health Centers (Clinics):

CHC's reprorted a total of 114 entries in HAS.

This included 111 events (81 patient events, 30 non-patient events), and 3 Near Misses. The 111 Events were reported under the following categories, sorted by volume: Behavior (40), EMS/911 Referral (13), Safety (11), Lab (9), Equipment Related (7), Medical

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Documentation and Patient Records (6), Patient Care (6), Facility/Administrative Services (5), HIPAA/Privacy (5), Falls/Slips (2: no harm), EHR/HIT (2), Clinical Event for Review (2), Medication Variance (1), Security (1), and Property (1). The Near Misses included: Medical Documentation and Patient Records (1), Facility/Administrative Services (1), and Medication Variance (1).

Pharmacy:

Pharmacy reported a total of 89 entries in HAS.

This included 66 events (65 patient events, 1 non-patient event) and 23 Near Misses.
The 66 events were reported under the following categories, sorted by volume: Prescription Errors (33), Medication Variance (24), Behavior (6), Prescription Mail Return (1), HIPAA/Privacy (1), and Facility/Administrative Services (1). The Near Misses included: Prescription Errors (16) and Medication Variance (7).

School Health:

School Health reported a total of 171 entries in HAS.

This included 168 events (166 student events, 2 non-student events) and 3 Near Misses.
The 168 events were reported under the following categories, sorted by volume: Safety (59, including 39 DCF referrals*), Medication Variance (37), Patient Care (34), Medical Documentation/Patient Records (14), Behavior (12), Treatment/Therapies (4), HIPAA/Privacy (3), Supplies (1), Security (1), Lab (1), Facility & Administrative Services (1), and Clinical Event for Review (1). The 3 Near Misses included: Medication Variances (1), Patient Care (1), and EHR/HIT (1). Reported regulatory events: (*) 39 DCF referrals were mandatory reporting purposes only, however, were non-incident related events.

Ground Ambulance (GTS):

GTS reported a total of 19 entries in HAS.

This included 17 events (12 patient events, 5 non-patient events), and 2 Near Misses.
The 17 Events were reported as no harm events under the following categories: Safety (5), Treatment & Therapies (4), Scene Response (3), Equipment Related (3), Clinical Event for Review (1), and Admission process/discharge/transfer issues (1). The 2 Near Misses were reported as Medication Variances (2).

Aeromedical / TraumaHawk:

Aeromedical / TraumaHawk reported a total of 1 entry in HAS.

The included 1 non-patient event.
The event was reported as a no harm event under the following category: EHR/HIT.

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District Administration / Home Office:

Home Office/District Administration reported a total of 2 entries in HAS.

The 2 events were reported under the following categories: Security (1) and HIPAA/Privacy (1) as no harm events.

4. Proactive Initiatives:

Risk & Quality Club.

The risk and quality management departments developed the "Risk & Quality Club" that will utilize the Top 10 Patient Safety Concerns 2024 as a guide for a systems approach to adopting proactive strategies and solutions to mitigate risks, improve healthcare outcomes, and ultimately, enhance the well-being of patients and the healthcare workforce.

The Risk & Quality Club will meet on a monthly basis. Team members from the risk management and quality departments will take a deeper dive into one of the Top 10 Patient Safety Concerns 2024 and provide a presentation to the club members. The presentation will include a background in regard to the concern, applicable HCD statistics, ECRI's recommendations, and HCD's responses to the concern.

5. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

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7. Recommendation:

Staff recommends the Committee Receive and File the Enterprise Risk Management Program Updates and Activities Report and Dashboard Reports for Q3 2024.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D34C8B04A5...

Dr. Belma Andric
SVP/Chief Medical Officer

Signed by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Enterprise Risk Management Risk Severity & Good Catch/Near Miss Dashboards

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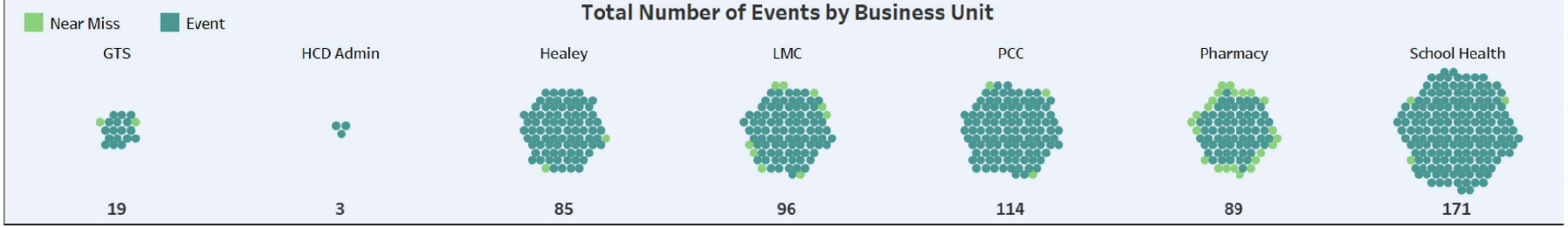
Health Care District
OF PALM BEACH COUNTY

Risk Severity

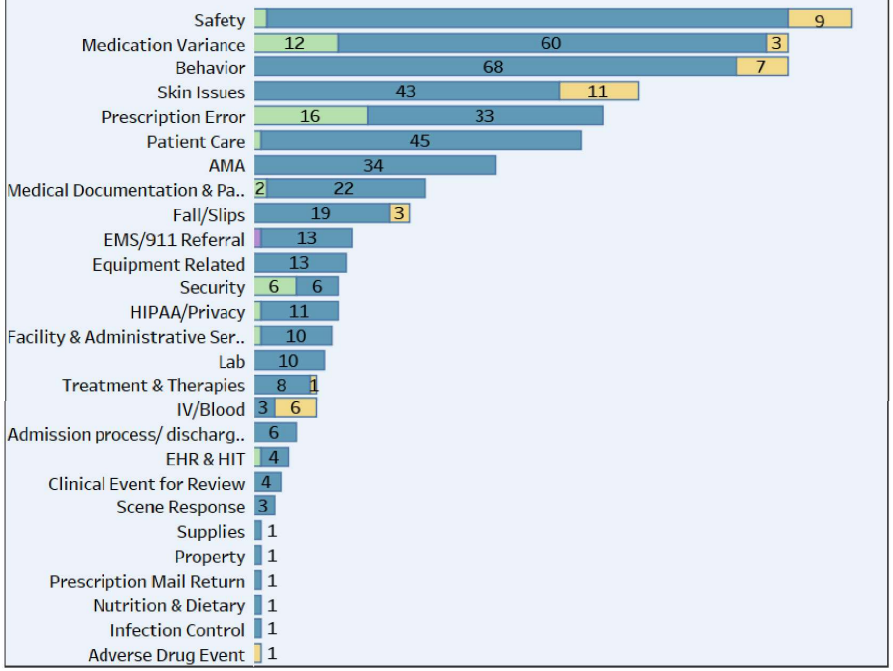
# Total Events	Near Misses	Near Miss %
577	42	7.3%

7/1/2024 to 9/30/2024

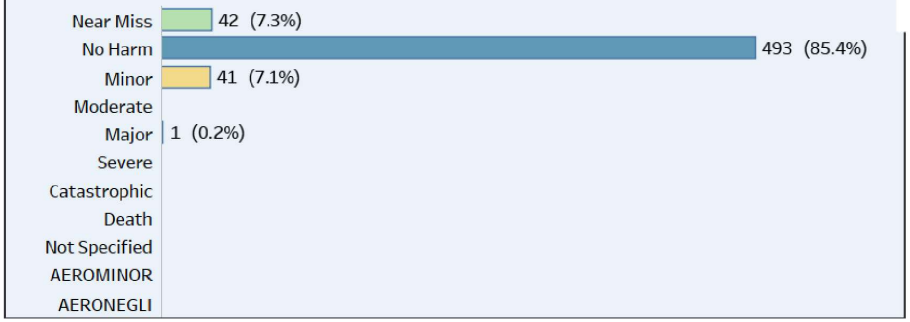
Total Number of Events by Business Unit



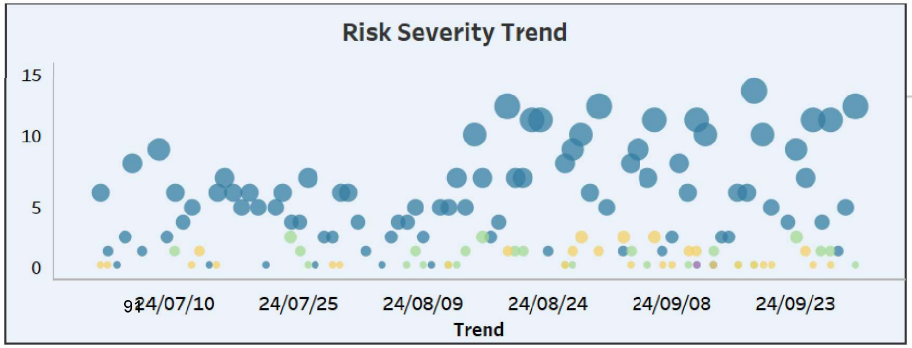
Severity by Event Category



Risk Severity Totals



Risk Severity Trend



Facility
All

Department
All

Category
All

Sub Category
All

Near Miss – did not occur, no harm to patient
No Harm – occurred, no harm to patient
Minor - occurred, no harm to patient but required moritoring
Moderate – occurred, temporary harm, no required treatment
Major – occurred, temporary harm, required treatment
Severe – occurred, permanent patient harm
Catastrophic – permanent neurologic harm or intervention to sustain life
Death – occurred, resulted in death

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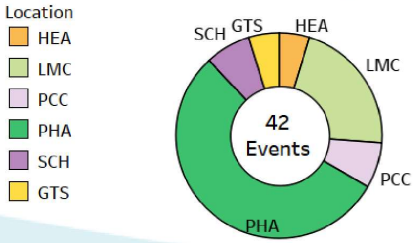
Health Care District
OF PALM BEACH COUNTY

NEAR MISS REPORTING PROGRAM

Reporting period from 7/1/2024 to 9/30/2024

Good Catch Events by Location



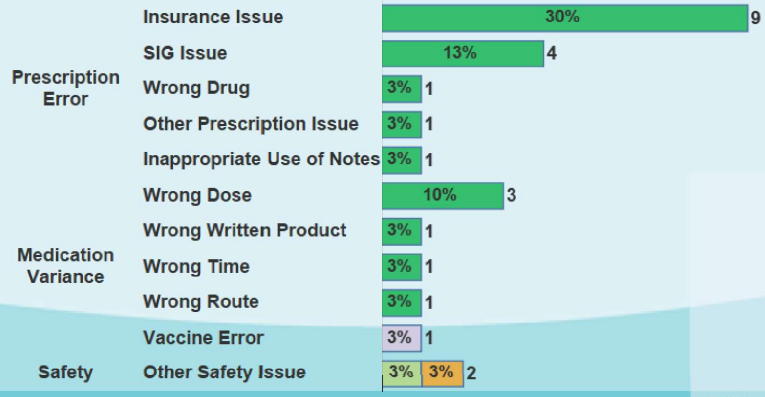
Location	# Total	# Events
HEA	5%	2
LMC	21%	9
PCC	7%	3
PHA	55%	23
SCH	7%	3
GTS	5%	2

WHAT IS A GOOD CATCH?

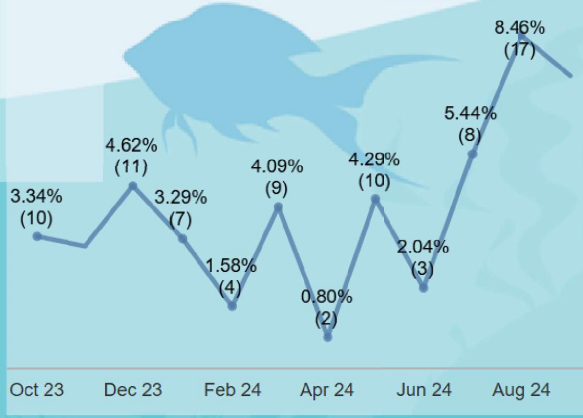
RECOGNITION BY AN EMPLOYEE OF A CONDITION OR SITUATION THAT HAD THE POTENTIAL TO CAUSE AN INCIDENT BUT DID NOT OCCUR DUE TO THE CORRECTIVE ACTION/INTERVENTION OF THAT EMPLOYEE.

Top 5 Event Categories

Top 5 Subcategories



Near Misses Last 12 Months



CULTURE OF SAFETY

We practice a Just Culture that optimally supports a system of safety through transparency and accountability. Our major focus is on understanding what happened, how it happened, and how we can prevent if from happening again. We do this by looking at systems, processes, and human behavior, not through blaming or focusing solely on the individual.

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Health Care District
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Risk & Quality Club

Risk & Quality Departments

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Background

Emergency Care Research Institute (ECRI) and the Institute for Safe Medication Practices (ISMP) present an annual report on the top 10 patient safety concerns currently confronting the healthcare industry.

The report sheds light on issues that leaders should evaluate within their own institutions as potential opportunities to reduce preventable harm.

ECRI The Most Trusted Voice in Healthcare

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ECRI's Top 10 Patient Safety Concerns 2024

The List for 2024

1. Challenges Transitioning Newly Trained Clinicians from Education into Practice
2. Workarounds with Barcode Medication Administration Systems
3. Barriers to Access Maternal and Perinatal Care
4. Unintended Consequences of Technology Adoption
5. Decline in Physical and Emotional Well-Being of Healthcare Workers
6. Complexity of Preventing Diagnostic Error
7. Providing Equitable Care for People with Physical and Intellectual Disabilities
8. Delay in Care Resulting from Drug, Supply, and Equipment Shortages
9. Misuse of Parenteral Syringes to Administer Oral Liquid Medications
10. Ongoing Challenges with Preventing Patient Falls

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Risk & Quality Club

The risk and quality management departments developed the “Risk & Quality Club” that will utilize the Top 10 Patient Safety Concerns 2024 as a guide for a systems approach to adopting proactive strategies and solutions to mitigate risks, improve healthcare outcomes, and ultimately, enhance the well-being of patients and the healthcare workforce.

- Meet on a monthly basis
- Deep dive into the Top 10 Patient Safety Concerns 2024
- Presentations to the team include the background in regard to the concern, applicable HCD statistics, ECRI’s recommendations, and HCD’s responses to the concern

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#1 Patient Safety Concern: *Challenges Transitioning Newly Trained Clinicians from Education into Practice*

ECRI Action Recommendations

- Partnerships with academic and healthcare institutions
- Robust TTP Programs
- Wellness programs
- Culture of Safety
- Simulation based training

HCD Initiatives

- Partnerships with academic and healthcare institutions
- Preceptor/Training Programs
- New Grad Orientation (2026)
- Consideration - Healthy Nurse, Healthy Nation
- Simulation based training/ consideration for new mannequins

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#2 Patient Safety Concern: *Workarounds with Barcode Medication Administration Systems*

ECRI Action Recommendations

- Multidisciplinary team to review practices that lead to BCMA workarounds
- Just Culture approach
- Escalation process for when barcode will not scan
- Patient education
- Adverse Incident/Disclosure
- Near Miss/Good Catch Program
- Set goals that align with national benchmarks for BCMA processes

HCD Initiatives

- LMC
  - uses BCMA system
  - Tracks compliance monthly
  - Reviews in P&T Committee monthly
  - Goal = 95%
  - Updates to Medication Administration P&P – BCMA Escalation Process
  - Adding category to RiskQual for Medication Safety Event
- *Considering BCMA Systems for additional Business Units*

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