Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance Committee Meeting
December 14, 2022
10:00 A.M.

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

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE MEETING AGENDA
December 14, 2022 at 10:00 A.M.
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

A. LifeTrans Transport Team- Amaury Hernandez

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 23, 2022. [Pages 1-4]

B. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from June 15, 2022. [Pages 5-8]

7. Consent Agenda- MOTION TO APPROVE Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
March 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=453&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
June 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=470&m=0|0&DisplayType=C

7A-3 **RECEIVE AND FILE:**
September 2022 Agenda Items. [Pages 9-61]

7A-4 **RECEIVE AND FILE:**
Committee Attendance. [Page 62]

7A-5 **RECEIVE AND FILE:**
Quality, Patient Safety and Compliance Committee Meeting Schedule for 2023 [Pages 63-64]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 65-66]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (David Speciale) [Page 67]

- Patient Relations Dashboard, E. J. Healey Center.
  (Tracy-Ann Reid) [Page 68]

- Patient Relations Dashboard, Lakeside Medical Center.
  (Kimberly Randall) [Page 69]

- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 70]

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 71-73]

- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
  (Dr. Charmaine Chibar) [Page 74]

- Productivity Dashboard, E. J. Healey Center.
  (Shelly Ann Lau/ Terretha Smith) [Page 75]

- Productivity Dashboard, Lakeside Medical Center.
  (Alyssa Tarter/ Sylvia Hall) [Page 76]

8. Regular Agenda

A. **LEGAL**

8A-1 **MOTION TO APPROVE:**
Amendment to the Quality, Patient Safety and Compliance Committee Charter
(Bernabe Icaza) [Pages 77-85]

B. **COMPLIANCE**

8B-1 **RECEIVE AND FILE:**
Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities
(Heather Bokor) [Pages 86-97]

8B-2 **MOTION TO APPROVE:**
HCD Compliance, Privacy and Ethics Work Plan (FY23-34)
(Heather Bokor) [Pages 98-108]

C. **CORPORATE QUALITY DASHBOARDS**

8C-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 109-114]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Page 115]
- Quality & Patient Safety Report, Trauma.
  (Andrea Steele) [Page 116]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Page 117]
- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Page 118]
- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Page 119]
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 120-125]
- Quality & Patient Safety Report, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Page 126]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

March 15, 2023

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

June 15, 2023

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

September Meeting (Date TBD)

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

December 14, 2023

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

12. Motion to Adjourn Public Meeting Immediately following the Conclusion of the Closed Meeting

13. Closed Meeting: Risk and Peer Review [Under Separate Cover]

Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147 and 395.0193.

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
March 23, 2022 at 10:00 A.M.
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

James Elder called the meeting to order.

A. Roll Call

Committee Members Present: James Elder, Kimberly Schulz, Sharon Larson, Dr. Ishan Gunawardene (virtual)

Committee Members Absent: Dr. Alina Alonso, Sean O'Bannon, Mary Weeks

Staff Present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric -Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris -Vice President of Field Operations, Patricia Lavely -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alyssa Tarter, Andrea Steele, Charmaine Chibar, Christina Schiller, Cindy Dupont, Danielle Fuller, David Speciale, Gerry Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Martha Benghie Hyacinthe, Sandra Bell, Shauniel Brown, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo

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

None.

B. Motion to Approve Agenda

Due to no quorum present, the current meeting agenda could not be approved. It will be approved at the following meeting.

3. Awards, Introductions and Presentations

None.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from December 15, 2021. [Pages 1-4]

Due to no quorum present, the December meeting minutes could not be approved. They will be approved at the following meeting.

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
December 2021 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]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 6-8]

- Patient Relations Dashboard, School Health.
  (Steven Sadiku) [Pages 9]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (David Speciale) [Page 10]

- Patient Relations Dashboard, E. J. Healey Center.
  (Tracy-Ann Reid) [Page 11]

- Patient Relations Dashboard, Lakeside Medical Center.
  (Alyssa Tarter) [Page 12]

- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 13]

Conclusion: Due to no quorum present, the Consent Agenda could not be approved. It will be approved at the following meeting.

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Summary of HCD Compliance, Privacy and Ethics Program Updates and Activities
(Heather Bokor) [Pages 14-21]

Conclusion: Received and filed.

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 22-28]

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku) [Pages 29-31]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Page 32]

- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Pages 33-35]

- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 36-37]

- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Pages 38-44]

- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Pages 45-47]

- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 48-52]

Conclusion: Received and filed.

9. CEO Comments

CEO Darcy Davis commented the following: The June 15, 2022 meeting time is being adjusted from 12:00 pm to 10:00 am. There is a new Board of Commissioners and

QPSCC Member, Erica Whitfield, School District. Lakeside Medical Center was named number 1 out of 2,800 hospitals for racial inclusivity and diversity. The Ground Transportation operational date has been delayed from April 1; there has been no revised ambulance delivery date. In the meantime, EMTs will continue to train at Lakeside and Healey. Congratulations to the Healey's Administrator Shelly Ann Lau on having her baby. Kudos to Karen Harris for filling in at Healey in Shelly's absence as active licensed administrator, while conducting her other roles at Lakeside and the Home Office.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

June 15, 2022

- 12:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

September 2022 (TBD)

- 2:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

December 14, 2022

- 10:00 A.M. - Quality, Patient Safety and Compliance Committee Meeting

Conclusion: Upcoming Meeting dates read.

12. Motion to Adjourn Public Meeting

There being no further business, the public meeting was adjourned at 10:55 A.M.

13. Closed Meeting: Risk and Peer Review [Under Separate Cover]

Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147 and 395.0193.

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
June 15, 2022 at 10:00 A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

1. Call to Order

Dr. Alina Alonso called the meeting to order.

A. Roll Call

Committee members present: Dr. Alina Alonso, James Elder, Dr. Ishan Gunawardene, Sharon Larson, Sean O'Bannon, Kimberly Schulz, Erica Whitfield.
Committee members absent: Mary Weeks

Staff present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric -Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris -Vice President of Field Operations, Patricia Lavely -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alyssa Tarter, Andrea Steele, Charmaine Chibar, Christina Schiller, Cindy Dupont, David Speciale, Gerry Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Martha Benghie Hyacinthe, Sandra Bell, Shauniel Brown, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo

Recording/ Transcribing Secretary: Nicole Glasford

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 December 15, 2021.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Committee Meeting Minutes of December 15, 2021. The motion was dually seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Consent Agenda. The motion was dually seconded by James Elder. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
December 2021 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:**
March 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

7A-3 **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, C. L. Brumback Primary Care Clinics.
- Patient Relations Dashboard, E. J. Healey Center.
- Patient Relations Dashboard, Lakeside Medical Center.
- Patient Relations Dashboard, Pharmacy.

8. Regular Agenda

A. **COMPLIANCE**

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

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, C. L. Brumback Primary Care Clinics.
- Quality & Patient Safety Report, E. J. Healey Center.
- Quality & Patient Safety Report, Lakeside Medical Center.
- Quality & Patient Safety Report, Corporate Quality Metrics.

CONCLUSION/ACTION: Received and Filed.

9. CEO Comments

Ms. Davis congratulated the Healey Center for passing a general AHCA survey, followed by passing a separate survey from AHCA Life Safety. The Health Care District was notified of an award for a 1.65-million-dollar federal appropriation towards Falls Prevention. Palm Beach Chamber awarded Health Care District with a Health and Human Services award for the year. The Wellness Promotion Task Force acknowledged HCD and the Department of Health for the School Nurse program. The Homeless Coalition recognized Darcy Davis and Dr. Alina Alonso for their organizations' great efforts in Public Health.

10. Committee Member Comments

James Elder congratulated the HCD staff for their hard work and accomplishments.

11. Establishment of Upcoming Meetings

September 2022 (TBD)

- 2:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

December 14, 2022

- 10:00 A.M. - Quality, Patient Safety and Compliance Committee Meeting

12. Motion to Adjourn Public Meeting

There being no further business, the meeting was adjourned.

13. Closed Meeting: Risk and Peer Review [Under Separate Cover]

Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147 and 395.0193.

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboards for the 3rd Trimester of the 2021/2022 school year for School Health and the 2nd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

School Health

For Trimester 3 of School Year 2021/2022, School Health had a total of 111 Patient Relations events reported for 166 school locations and 105,727 health room events. Of the 111 patient relation events, 8 were complaints, 103 were compliments, and there were no grievances. Out of the 8 complaints, 75% were from family members, 12.5% was from an outside agency and 12.5% was from a school district staff. The complaints were related to poor communication and care and treatment of students.
The 103 compliments recognized the School Health Nurses, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, students, outside agencies, and employees.

C. L. Brumback Primary Care Clinics

For Quarter 2 2022, there were a total of 43 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. Of the 43 occurrences, there were a total of 6 Grievances and 37 Complaints. The top 5 categories were Care & Treatment, Finance, Respect Related, Referral and Communication related issues. The top subcategories with 7 occurrences in each was Lack of Continuity of Care and Billing Issues. This was followed by Bad Attitude/Rude with 5 occurrences. There were also 109 Compliments received across 8 Clinics and Clinic Administration. Of the 109 Compliments, 99 were patient compliments and 10 were employee to employee Thumbs-Up compliments.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 39 grievances submitted during the 2nd quarter with an average census of 111 residents. The 39 grievances were submitted by 23 residents during the quarter. The top 5 categories were Personal Belongings (14), Environment (5), Care/treatment (5), Communication (4), and Nursing related (4). Some of the concerns included: missing garlic cloves and salt, explanation was given to resident about molded items, not enough shade on the patio, the facility provided umbrellas for more shade, relative wanting room change, and complaints of cracked tooth. Grievances were resolved within the recommended guidelines.

A total of 15 compliments were submitted this quarter by residents and resident representatives. The compliments surrounded being happy that their family member

is in good hands, and excellent care from the staff- always going above and beyond when providing care.

Lakeside Medical Center

For the second quarter, Lakeside served 6,215 patients. There were 10 complaints. The top 5 categories were Care & Treatment, Communication, Nursing Related, Personal Belongings, and Physician Related. The top subcategories within Care & Treatment were: Inappropriate Care and Unavailability of Staff Delay to Call Bell Response with 2 complaints. Communication: Poor Communication and Education with 4 complaints, Nursing Related with 1 complaint, Personal Belongings: Loss with 1 complaint, and Physician related: Communication with 1 complaint.

There were 4 compliments reported for second quarter 2022 regarding Care and Treatment.

Pharmacy

A compliment to the Delray Pharmacy Team from an non-clinic patient utilizing HCD pharmacy because of Paxlovid. The patient was very appreciative that the Pharmacist spent approximately 30 mins counseling the patient on the medication and possible side effects. Another thumbs up to Delray from a patient writing a thank you card for always going above and beyond. And in WPB, a patient left a comment card commending technician LaKesha for her performance and personality.

4. Fiscal Analysis & Economic Impact Statement:

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A — Committee

N/A — Date Approved

6. Recommendation:

Staff recommends the Committee receive and file the Patient Relations Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
5C75A1C7D5E64B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

School Health
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
School Health

Top Categories
5

Provider All

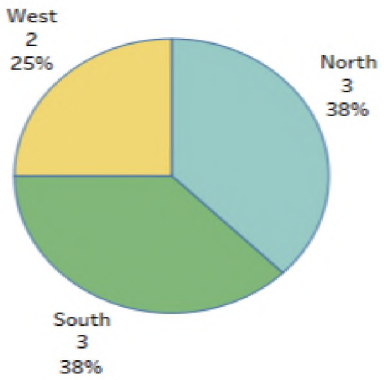
2021-2022 T3

T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL

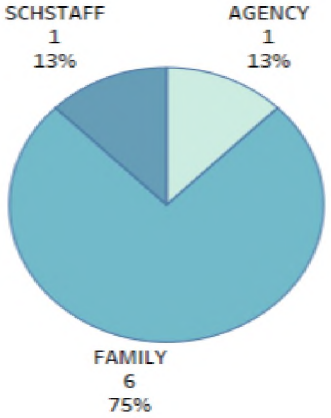
4/1/22 to 6/30/22

Total Complaints and Grievances 8 **Late Entries: 0**

Schools by Area



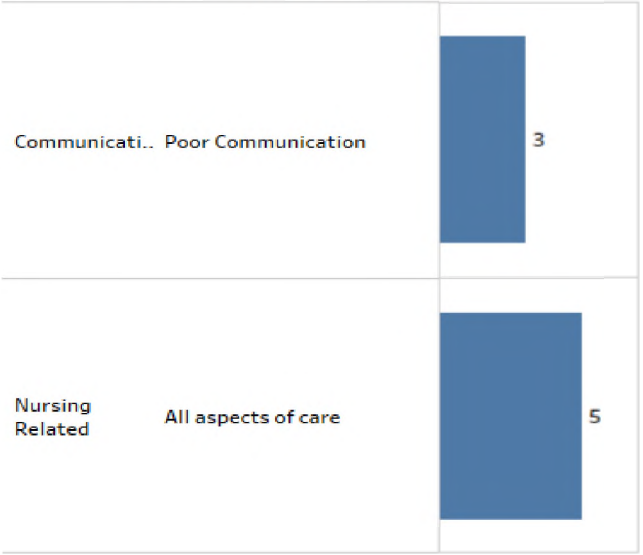
Complainant



Top 5 Categories

Nursing Related	EAGLAND	1
	INDEPEND	1
	SUNRISE	1
	WELLELEM	1
	WELLLANDS	1
Communication	CONSERVNP	1
	HAMMPOINT	1
	LIMESTCRK	1

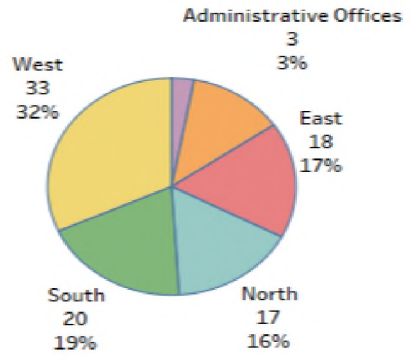
Total Top 5 Subcategories



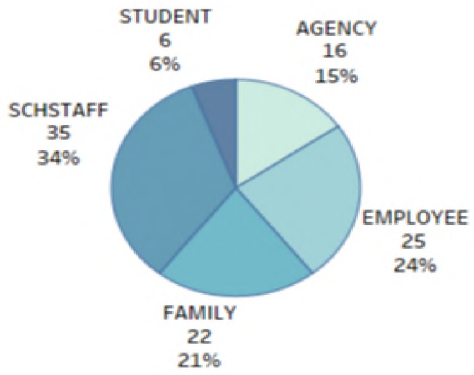
Total Compliments 104 **Late Entries: 1**

Comp/Griev Prev 4 Terms

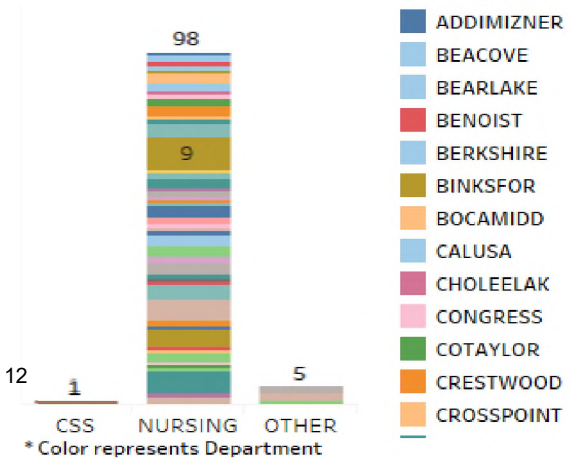
Schools by Area



Complimenter

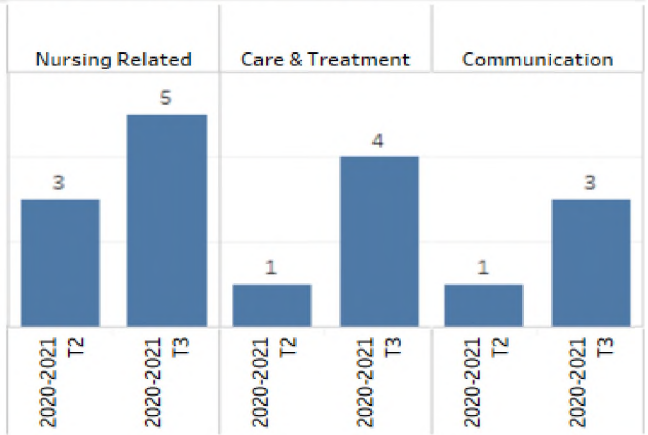


Care & Treatment Categories



Top 5 Categories Trended

1/1/21 to 6/30/21



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

Patient Relations (Grievances, Complaints & Compliments)
C.L. Brumback Primary Care Clinics

Detail

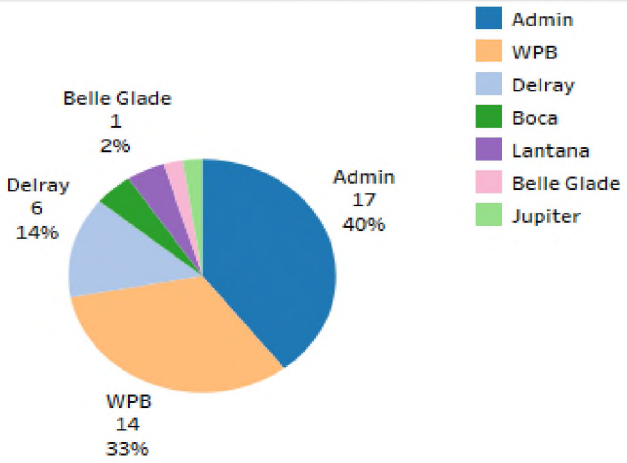
Top Categories 5

2022 Q2 4/1/22 to 6/30/22

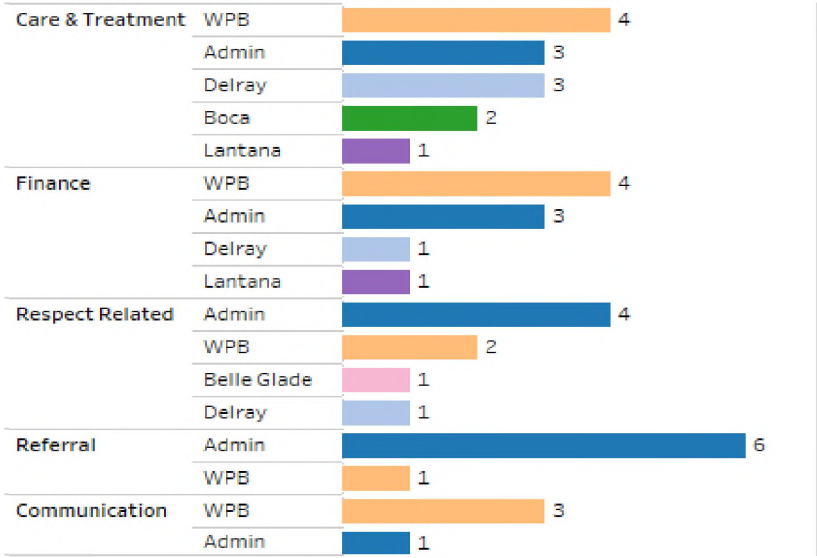
Dept Desc All | Provider All | Clinic All

Total Complaints and Grievances 43 | **Late Entries: 10**

Clinics



Top 5 Categories



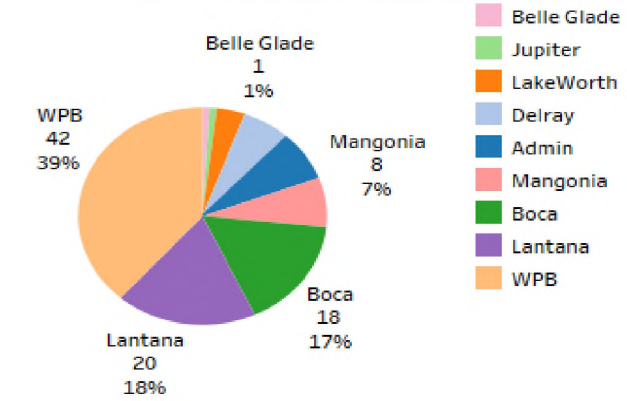
Total Top 5 Subcategories

Care & Treatment	Lack of Continuity of Care	7
	Confidence in Care Givers	2
	Refusal of Treatment	2
	Inappropriate Care	1
	Rough Handling	1
Communication	Poor Communication	2
	Staff did not listen carefully	2
Finance	Billing issues (refusal to pay request fo..	7
	Insurance issues	1
	Lack of Explanation	1
Referral	Communication	3
	Authorization	2
	Untimely processing	2
Respect Related	Bad attitude/rude	5
	Lack of compassion	2
	Discrimination or perception	1

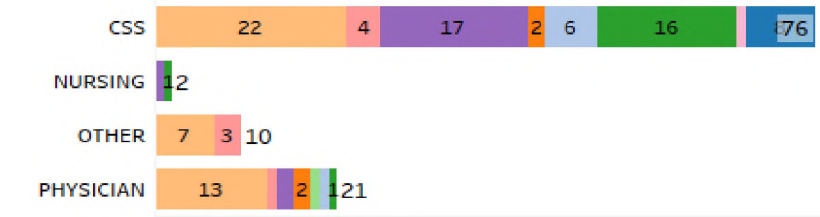
Total Compliments 109 | **Late Entries: 10**

Complaints/Grievances Prev 4 Quarters 58

Clinics

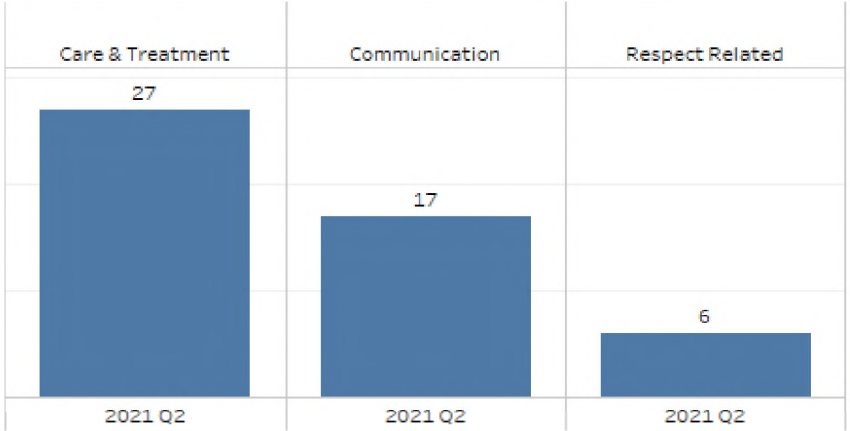


Care and Treatment Categories



Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department, ** CSS = Clinical Support Staff

Healey Center
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Detail

Top Categories 5

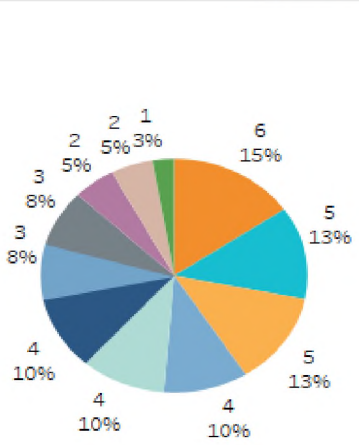
Provider All

2022 Q2

4/1/22 to 6/30/22

Total Complaints and Grievances 39 **Late Entries: 18**

Departments



- LAUNDRY
- SAND DOLLAR
- SOCIAL SERVICES
- DIETARY
- PELICAN
- STARFISH
- ACTIVITIES
- FACILITIES
- NURSING
- SUPPORT SERVICES
- FINANCE - EJH

Top 5 Categories

Personal Belongings	LAUNDRY	6
	SOCIAL SERVICES	4
	ACTIVITIES	1
	PELICAN	1
	SAND DOLLAR	1
	STARFISH	1
Care & Treatment	SAND DOLLAR	3
	PELICAN	1
	SOCIAL SERVICES	1
Environmental	FACILITIES	3
	SUPPORT SERVICES	2
Communication	NURSING	1
	PELICAN	1
	SAND DOLLAR	1
	STARFISH	1
Nursing Related	STARFISH	2
	NURSING	1

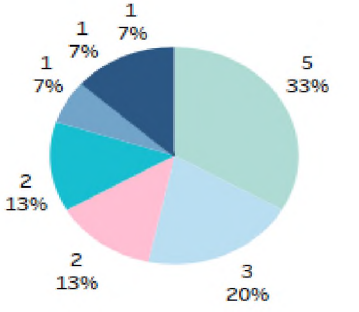
Total Top 5 Subcategories

Care & Treatment	Confidence in Care Givers	3
	Disagrees with placement on unit	1
	Equipment issues –staff handling	1
Communication	Poor Communication	2
	Education	1
	Staff did not explain Things Understan..	1
Environmental	Other	3
	Lack of amenities	2
Nursing Related	Other	1
	All aspects of care	3
Personal Belongings	Clothes	6
	Loss	3
	Money	3
	Damage	2

Total Compliments 15 **Late Entries: 0**

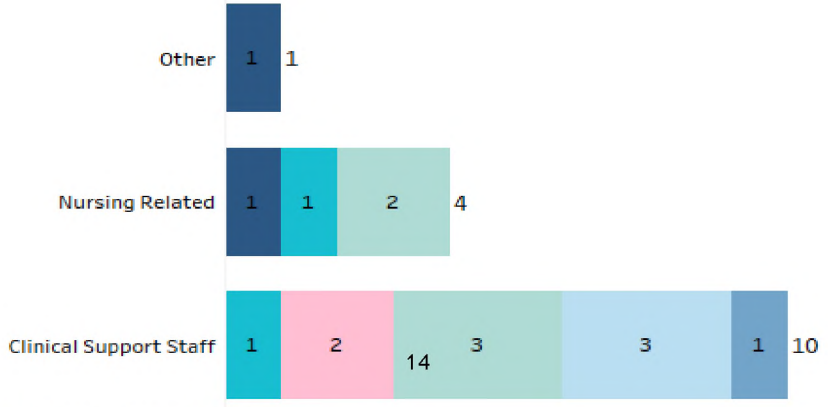
Complaints/Grievances Prev 4 Quarters 43

Departments



- PELICAN
- NONE
- REHAB
- SAND DOLLAR
- ACTIVITIES
- STARFISH
- THERAPY SERVICES

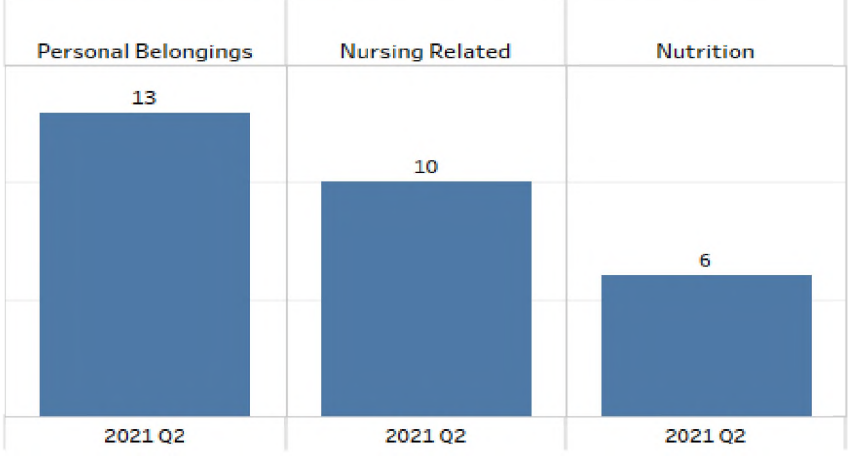
Care and Treatment Categories



* Color represents Department

Top 5 Categories Trended

4/1/21 to 6/30/21



Lakeside Medical Center
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center

Detail

Top Categories
5

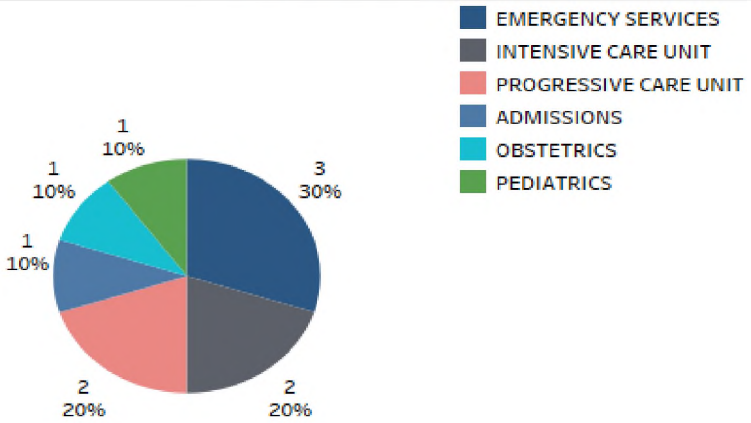
Provider All

2022 Q2

4/1/22 to 6/30/22

Total Complaints and Grievances 10 **Late Entries: 1**

Departments



Top 5 Categories

Communication	ADMISSIONS	1
	EMERGENCY SERVICES	1
	INTENSIVE CARE UNIT	1
	PEDIATRICS	1
Care & Treatment	EMERGENCY SERVICES	1
	PROGRESSIVE CARE UNIT	1
Nursing Related	OBSTETRICS	1
Personal Belongings	PROGRESSIVE CARE UNIT	1
Physician Related	EMERGENCY SERVICES	1

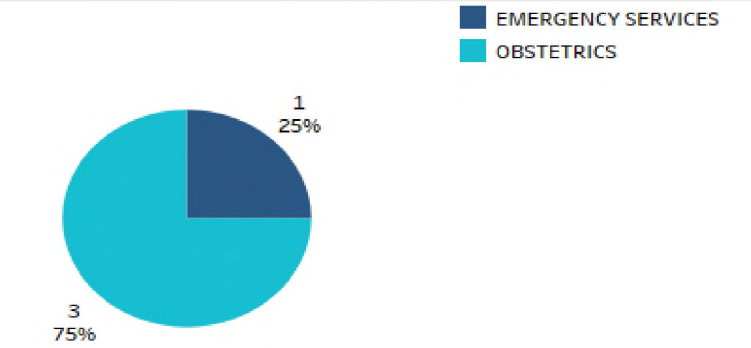
Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	1
	Unavailability of Staff Delay to Call Bell Response	1
Communication	Poor Communication	3
	Education	1
Nursing Related	Other	1
Personal Belongings	Loss	1
Physician Related	Communication	1

Total Compliments 4 **Late Entries: 0**

Complaints/Grievances Prev 4 Quarters 20

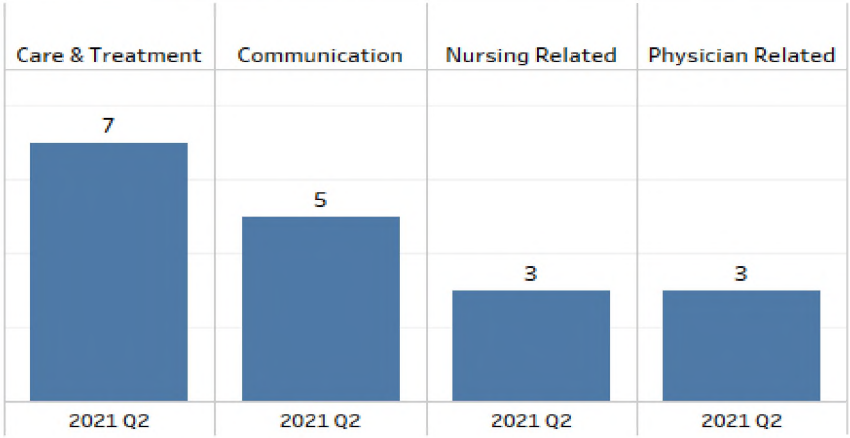
Departments



Care and Treatment Categories

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

Health Care District
PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Detail

Top Categories
5

Provider All

2022 Q2

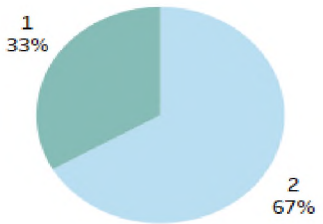
4/1/22 to 6/30/22

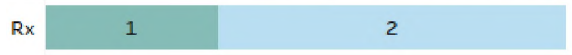
Total Complaints and Grievances

Departments	Top 5 Categories	Total Top 5 Subcategories

Total Compliments 3 Late Entries: 0

Departments	Care and Treatment Categories

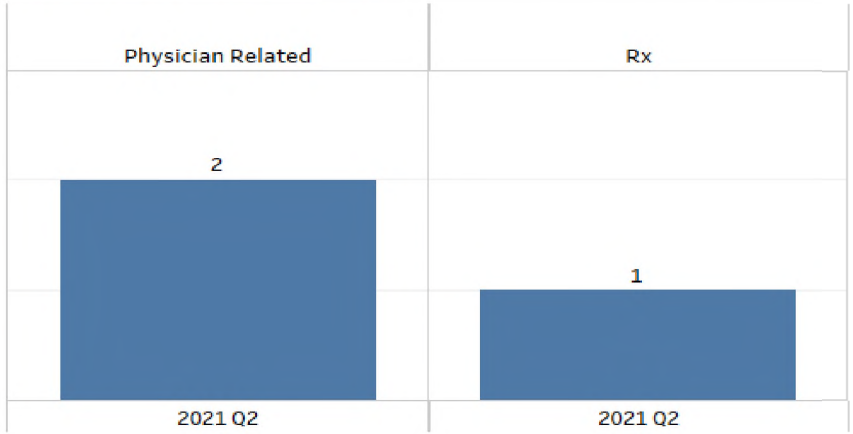




Complaints/Grievances Prev 4 Quarters 3

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity dashboards for the 3rd Trimester of the 2021/2022 school year for School Health and the 2nd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center and Lakeside Medical Center.

3. Substantive Analysis:

School Health
In the third trimester of the 2021/2022 school year (April 1st – May 31st, no school in the month of June), we completed a total of 105,727 events across 166 schools. These events were broken down by 23,337 office visits, 26,497 medication visits, 15,635 procedure visits, 4,771 consultation events, 30,821 screenings (COVID-19, mandated, and pediculosis), 1,851 COVID-19 in-house testing, and 2,815 record reviews.

C. L. Brumback Primary Care Clinics
In the second quarter of 2022, the clinics served 16,903 unique patients from 33,235 visits. Of those patient visits, 60% were female and 40% male. The average age group ranged from 30 years old to 59 years old.

The Lantana Clinic had the highest volume with 5,264 visits, followed by the West Palm Beach Clinic with 4,293.

Our payer mix for the quarter reflects 62% uninsured and 32% of patients were Managed Care.

Edward J. Healey Rehabilitation and Nursing Center
During the second quarter, census for the Healey Center averaged 111. Covid-19 Screening averaged 11,700 for employees and 2830 for vendors. Treatments performed by nursing averaged 16,437 and 91,958 for medication administration. Food and nutrition services provided an average of 8,463. CNA POC documentation compliance rate for day and evening shift averaged 99.1% and night shift 98.4%. The therapy department completed a total of 4,321 units for the quarter.

Lakeside Medical Center

- Total Census Days by Level of Care – There was a total of 2108 patient days for Q2- 2022 compared to 2079 for Q1-2022 resulting in a 1.38% increase.

- Emergency Services Visits – There was a total of 4982 visits for Q2-2022 compared to 4276 for Q1-2022 resulting in a 15% increase.

- Obstetrical Deliveries - There was a total of 44 deliveries for Q2-2022 compared to 33 for Q1-2022 resulting in a 28.5% increase.

- Baker Acts – The was a total of 2 Baker Act cases for Q2-2022 compared to 6 for Q1-2022 resulting in a 33% decrease.

- Physical Therapy Visits (Evaluations and Treatments) – There was a total of 272 evaluation and treatments for Q2-2022 compared to 258 for Q1-2022 resulting in a 5.3% increase.

- Medication Orders - There was a total of 43,783 medications administered for Q2-2022 compared to 38,461 for Q1-2022 resulting in a 13% increase.

- Laboratory Specimens Collected – There was a total of 22,751 lab specimens collected for Q2-2022 compared to 21,292 for Q1-2022 resulting in a 6.6% increase.

- Radiology Exams Completed – There was a total of 6602 radiological exams performed for Q2-2022 compared to 6049 for Q1-2022 resulting in an 8.7% increase.

- Co-Vid 19 Testing – There was a total of 2429 Covid-19 test performed for Q2-2022 compared to 1927 for Q1-2022 resulting in a 23% increase.

4. Fiscal Analysis & Economic Impact Statement:

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Committee	Date
	N/A

6. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
5C75A1C7D5E64B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

School Health
Health Care District Palm Beach County

School Health Room Events - Completed Activity Summary

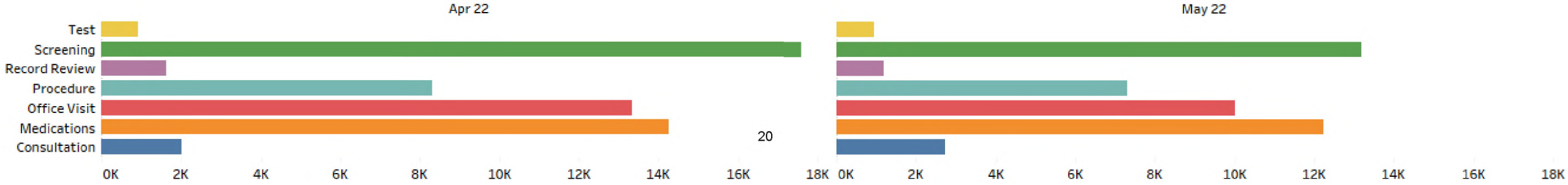
Total Events: 105,727

Start Date 4/1/2022 | End Date 5/31/2022

Event Type	# Unique Nurses	# Health Room Events	Average Duration (Min)	# Unique Students	# Unique Schools	Provider Type	Volume Trend
Illness/ Injury	180	23,337	17.9	18,166	166	Designee 778 3.3% Nurse 22,559 96.7%	3,472 / 660
Medications	181	26,497	5.5	1,056	160	Designee 758 2.9% Nurse 25,739 97.1%	3,639 / 699
Procedures	135	15,635	14.1	240	110	Designee 76 0.5% Nurse 15,559 99.5%	2,121 / 418
Consultations	172	4,771	13.6	3,159	162	Nurse 4,771 100.0%	788.0 / 90.0
Screenings	Covid19 181 96% Mandated 84 45%	Covid19 28K 90% Mandated 3K 10%	Covid19 28.9 Mandated 15.1	Covid19 22K 94% Mandated 2K 8%	Covid19 166 100% Mandated 118 71%	Designee 335 1.1% Nurse 30,450 98.9%	4,796 / 745
Testing	N/A	Test to Kn.. 0K 3% In-House 2K 86% F/U 0K 11%	30	Test to Kn.. 0K 2% In-House 2K 87% F/U 0K 11%	Test to Know 19 In-House 149 F/U 62	N/A	317.0 / 33.0
Reviews	74	2,815	N/A	N/A	74	REGISTERED NURSE 2,815 100.0%	864 / 7

Includes Events for HCD Schools

Events by Type

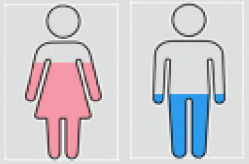


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Unique Patients	Patient Visits
16,903	33,235

Monthly Productivity All 2022

DEMOGRAPHICS



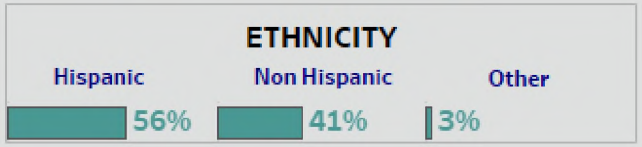
60% 40%

Homeless 19.3%

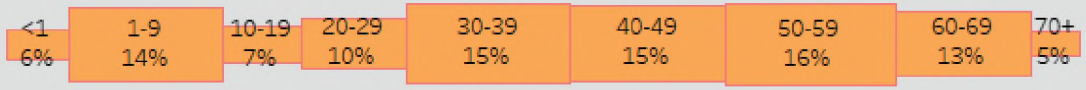
Agricultural 4.6%

RACE

ETHNICITY



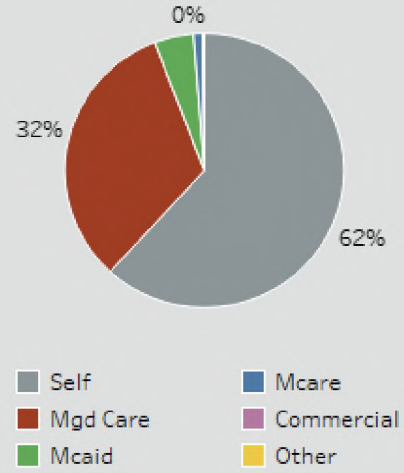
AGE GROUP



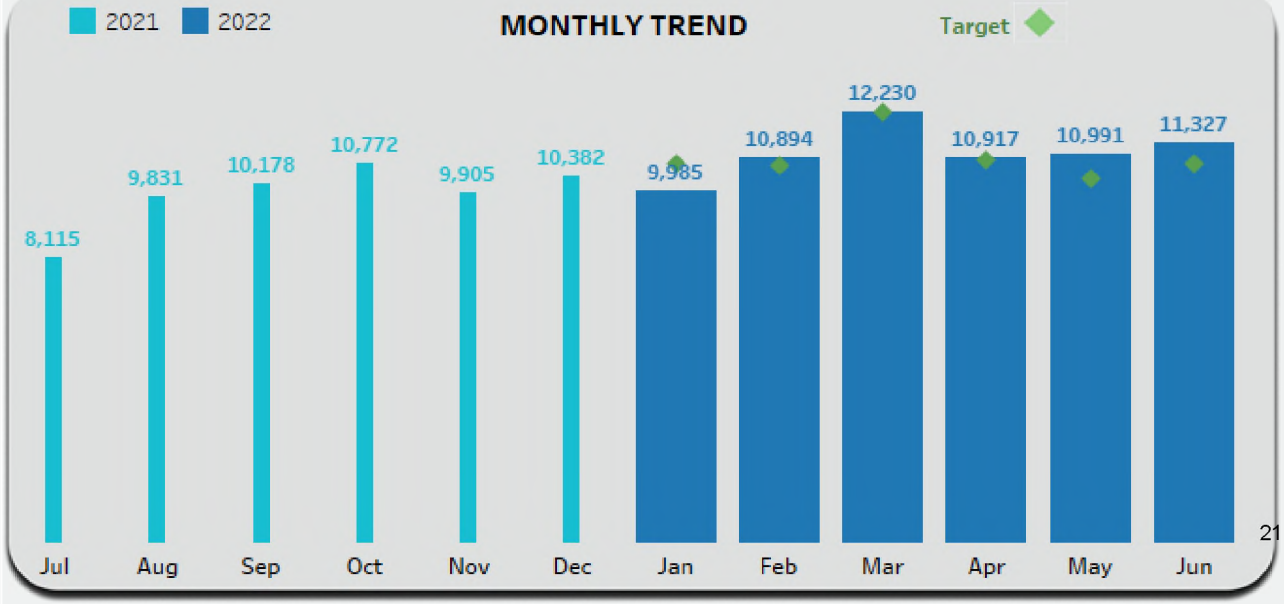
VISIT TYPE

	In Person	Tele Health	Total
Adult	99.3%	0.7%	**12,100**
Residency Program	99.3%	0.7%	**1,145**
OB/GYN	100.0%		**1,423**
Pediatric	100.0%		**4,774**
BH Integration	80.3%	19.7%	**2,460**
BH Addiction	80.4%	19.6%	**3,531**
Psychiatry	79.7%	20.3%	**133**
Dental	100.0%		**7,669**
Total	**96.1%**	**3.9%**	**33,235**

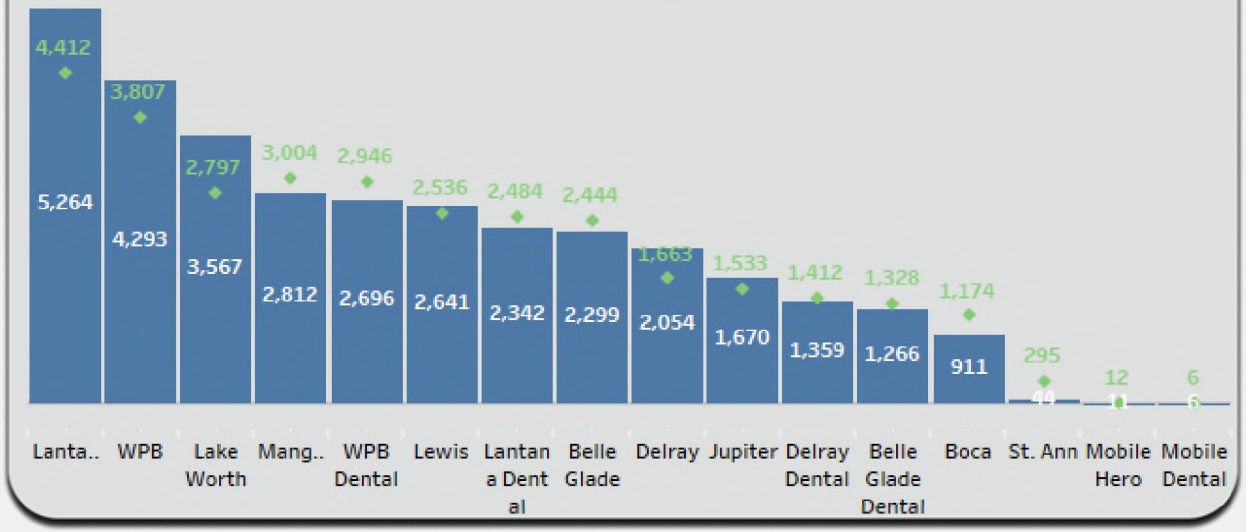
PAYOR MIX



MONTHLY TREND



VOLUME BY CLINIC

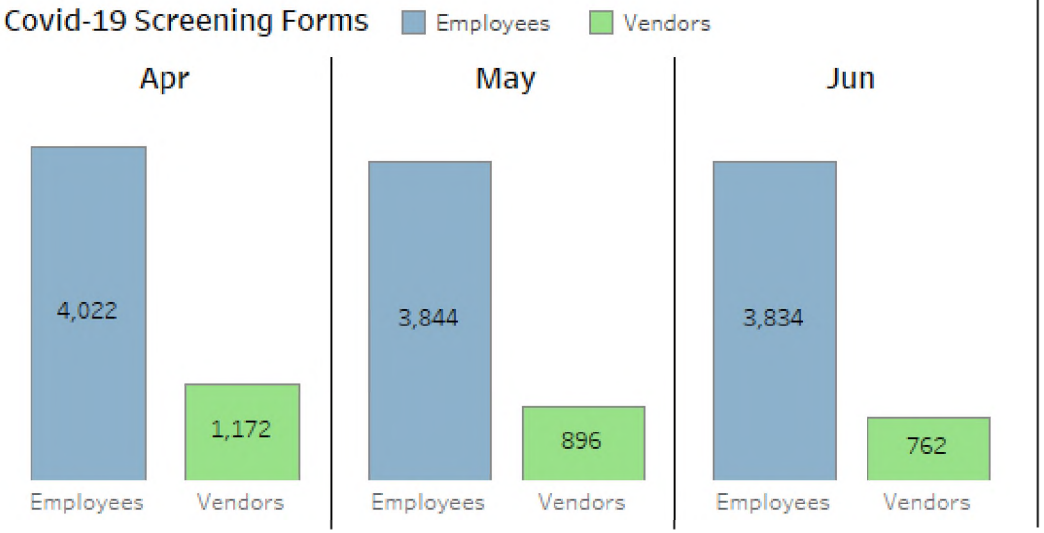


Healey Center
Health Care District Palm Beach County

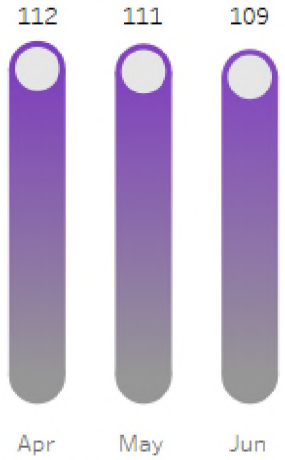
Healey Center Productivity Data

April 1, 2022
to
June 30, 2022

Covid-19 Screening Forms



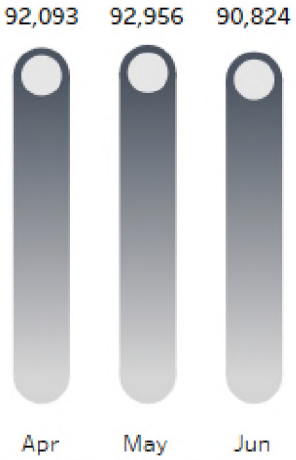
Avg Monthly Census



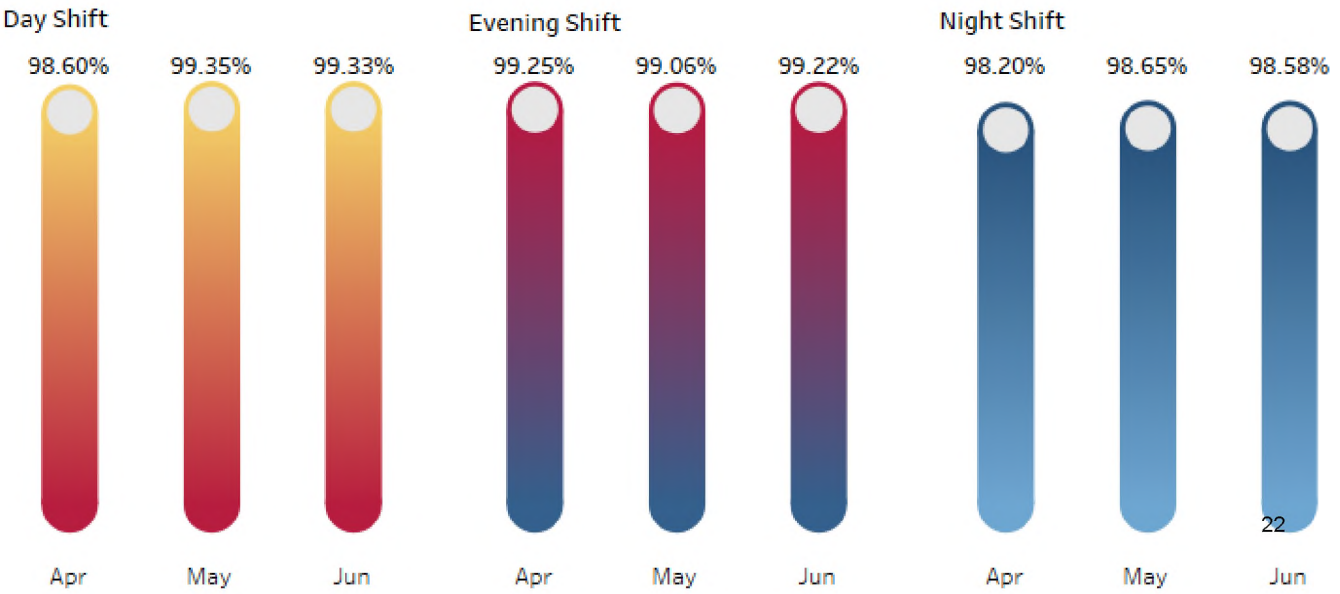
Treatments Performed

Meal Count

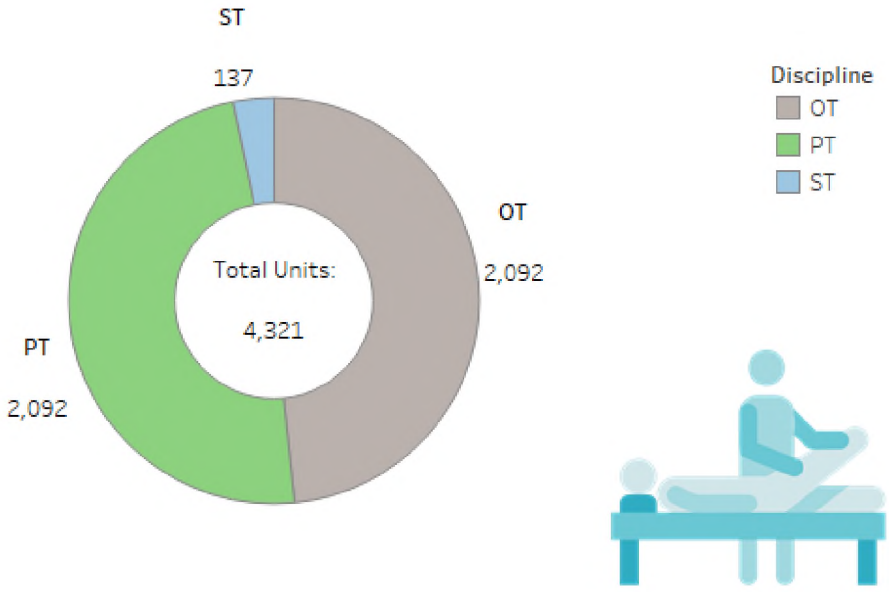
Medication Administrations



CNA Point of Care (POC) Compliance



Therapy Productivity



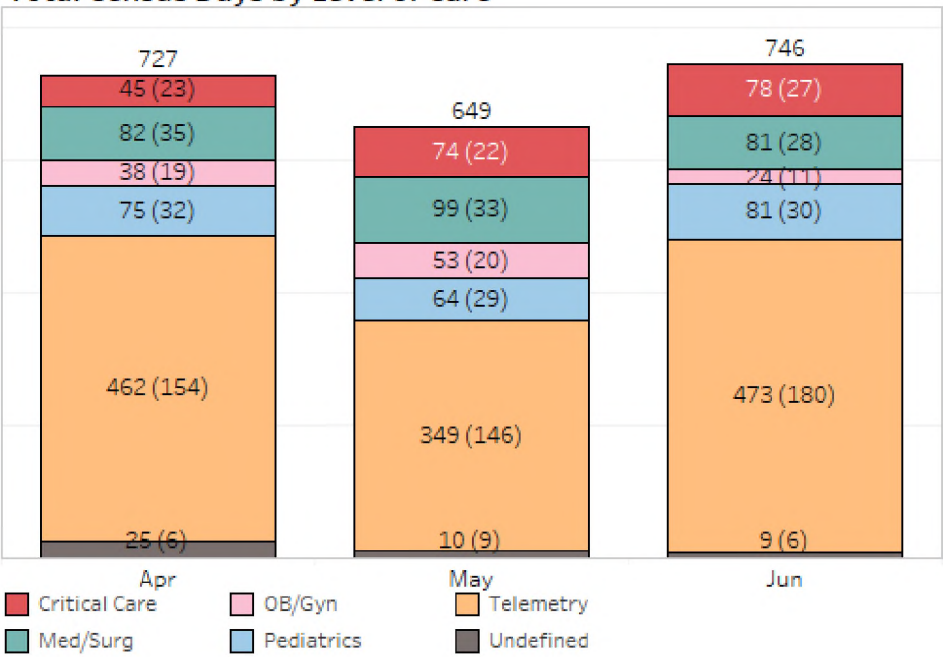
Lakeside Medical Center
Health Care District Palm Beach County

Lakeside Medical Center Productivity Data

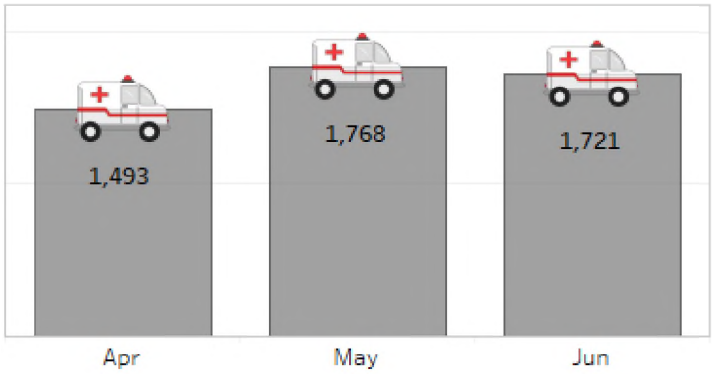
Date Range
Previous Quarter

April 01, 2022
to
June 30, 2022

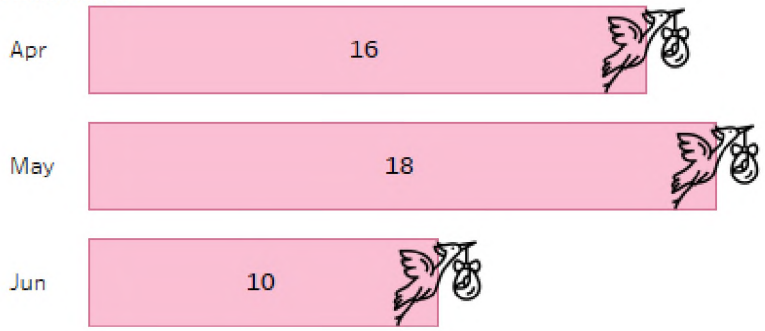
Total Census Days by Level of Care



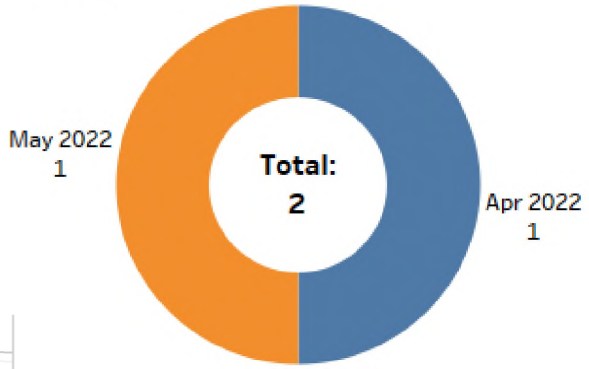
ED Visits



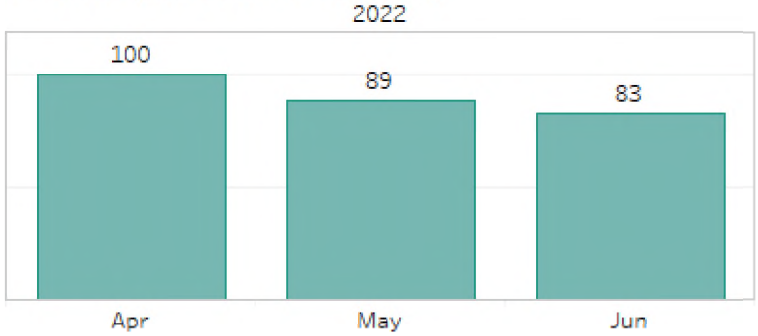
Deliveries



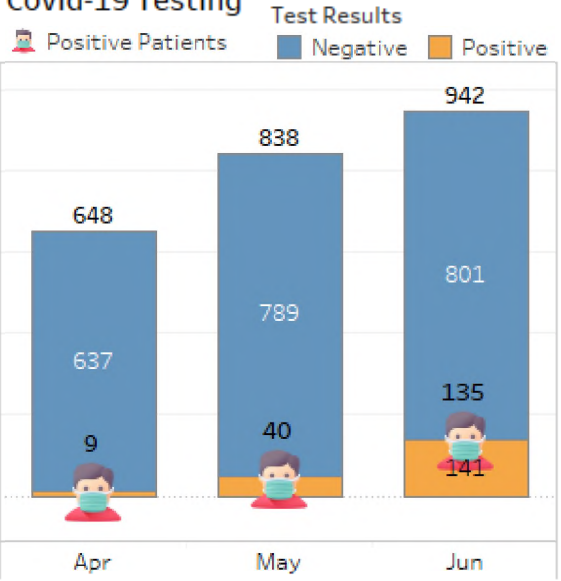
Baker Acts



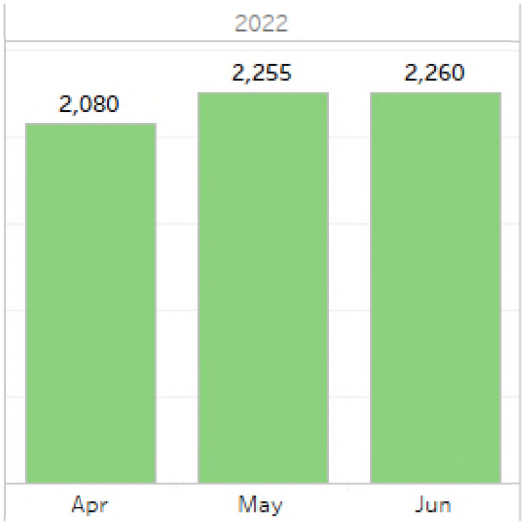
PT Visits (Evals and Treatments)



Covid-19 Testing

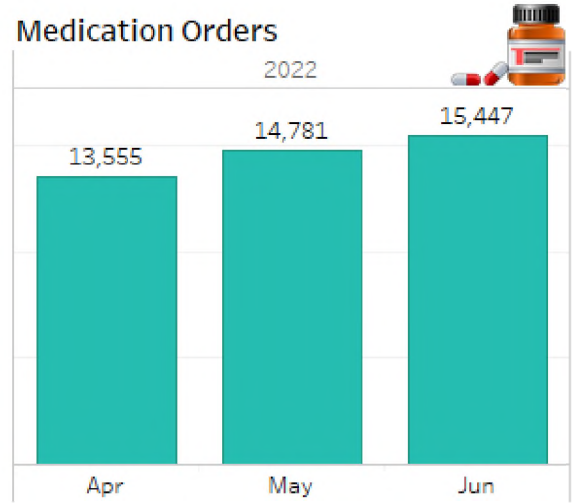


Radiology Exams Completed



of Lab Specimens Collected

Medication Orders



HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022

1. Description: Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities

2. Summary:

This item presents a summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Program" or "CPE") activities since the last meeting. Data reported at this meeting covers FY22 Q3: April – June 2022 ("Reporting Period"). Additional updates on Program activities, recently completed audits, and initiatives updates from FY22 Q4: July – September 2022 ("Current Period") are also provided.

3. Substantive Analysis:

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 compliance and privacy program. The purpose of this report is to provide an update on CPE Program activities, initiatives, monitoring, and statistics, including but not limited to Work Plan updates, Conflicts of Interest, and a summary of Recent Regulatory Updates and Industry Enforcement Activity. Heather Bokor, VP & Chief Compliance, Privacy, & Risk Officer, presents the following:

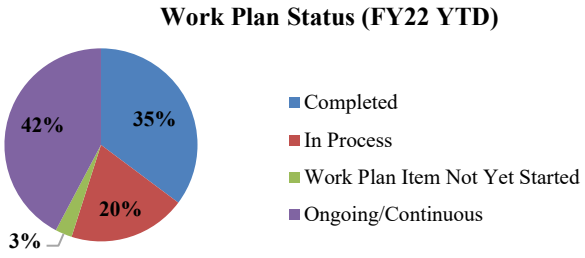
4. Compliance, Privacy, and Ethics Report:

The CPE Department continues to assess HCD and develop the Program to address areas requiring attention and/or enhancement, in order to ensure that through our work plan and other activities, HCD meets or exceeds Effective Compliance Program Elements, per the OIG.

Key focus areas since the last report have been on the FY22 Work Plan, increased auditing and monitoring efforts, Conflicts of Interest reviews, systems, processes, policies and procedures, cybersecurity and data privacy, compliance awareness activities, active participation and responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate risk in the organization in all areas.

HCD CPE is in process of developing its annual Work Plan for FY23. A copy of the proposed Work Plan and a formal request for approval will be made at the next Committee meeting.

A. Work Plan Status Update:



1. Audit Activity Summary (CPE Work Plan – FY22 YTD):

In FY22 YTD, CPE initiated Fifty-five (55) audits, data risk assessments/research, compliance risk assessments, and/or reviews ("reviews"), in accordance with the annual Compliance, Privacy, and Ethics Work Plan. *Note: This volume includes twenty-five (25) unique and thirty (30) routine monitoring activities.* Additionally, CPE addressed other items as per OIG's Compliance Program Guidance. A breakdown is provided below:

- Of these, thirty-nine (18 unique, 21 routine) reviews are complete; With fourteen (5 unique, 9 routine) completed since the last meeting. Results were favorable. CPE made recommendations where appropriate (e.g., training, policies, or monitoring).
- Completed items are reported in the tables below, with additional details on the background, scope and methodology, findings, and recommendations.
- Sixteen (7 unique, 9 routine) reviews are currently in preparation, in process, or pending preliminary reports. These items are reported as "Open" in the tables below,
- *Note: Twenty-five (25) were previously completed and reported on at prior meeting(s). These are not reported below.*
- *Note: One (1) unique review for the FY22 Work Plan has not yet started. One (1) new item has been added to the Work Plan: Cybersecurity Tabletop Exercise.*

Auditing and Monitoring – Completed	
Work Plan Item/Area	**Summary**
PYA Consulting Report Billing and Coding Review and Report Follow-Up *In 2020, PYA Consulting reviewed the C.L. Brumback Primacy Care Clinics ("PCC") billing and coding processes and related accuracy to determine areas of opportunity and issued their report. Subsequently, allegations of improper billing and coding were made. As a result, HCD Compliance Department staff, in place at the time, conducted an investigation.* • *PYA's report identified opportunities to enhance coder and provider training,*	**Review Complete. Results Favorable.** After review of the prior reports, findings, and communication with HCD key staff, all items identified have been addressed and are resolved or in process for completion; therefore, no audit is recommended. **Recommended Actions:** • Revenue Integrity to continue to implement random coder audits for clinics in FY23, to identify any potential issues and/or opportunities.

improve coding accuracy through routine auditing and monitoring, and develop policies and procedures and workflow documents to provide more concrete guidance for the coding team. • *HCD's Compliance report provided in inconclusive findings, however, noted areas of concern, generally.* As a result, the current Compliance Department staff included a follow-up review "PYA / Compliance Prior Review(s) on Revenue Cycle Report and Recommendations" as part of HCD's CPE FY22 Work Plan.	• Compliance will further evaluate and consider adding a PCC coding review to the FY23 CPE Work Plan.
Program for Evaluation Payment Patterns Electronic Report ("PEPPER") Report Monitoring for Skilled Nursing Facilities (SNF: Healey) *The OIG encourages healthcare facilities to conduct regular audits to ensure charges for Medicare are correctly documented and billed. The PEPPER report contains claims data statistics within the prospective payment system that could be at risk for improper payment due to potential billing, coding, admission necessity, and/or episodes of care issues (known as target areas). HCD's Medicare Administrative Contractor, ("MAC" or "FCSO") also conducts post-payment audits of these areas to ensure compliance.* As a result, this item was added to HCD's CPE FY22 Work Plan to evaluate and assess current processes utilizing PEPPER as a monitoring mechanism.	**Review Complete. Results Favorable.** In summary, the review revealed: • While the SNF Annual PEPPER Report was not incorporated into an annual monitoring process, due to low Medicare population, Healey does routinely monitor CMS Certification and Survey Provider Enhanced Reports ("CASPER"), which overlaps with PEPPER. The data from these reports are monitored, implemented into action plans (where applicable), and communicated with key staff, leadership, and committees. • A low outlier was identified for FY2021, target area "High PT and OT Case Mix", on the PEPPER report, which may indicate a potential issue with medical record documentation needed to accurately reflect the functional score of the patient. *Note: In March 2021, FCSO conducted an audit of twenty (20) claims containing therapeutic procedures. Audit findings revealed a 0% payment error rate, where all services were billed with documentation supporting the medical necessity of the services provided.* **Conclusion and Recommendations:** • After review of the reports, and communication with key staff, no audit is recommended.

	• Compliance recommends Healey review the SNF PEPPER report annually, in addition to their ongoing reviews of the CASPER reports, to identify any potential issues and/or opportunities identified through the target area outliers.
Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: Lakeside Medical Center) *[Refer to background/rationale above.]*	**Review Complete. Results Favorable.** In summary, the review revealed: • PEPPER reports are reviewed and monitored quarterly through various LMC Committees. Target area data is monitored, implemented into action plans (when applicable), and communicated with key staff and leadership. • For FY21, four target areas were identified, "Single CC or MCC" and "30-Day Readmission to Same or Elsewhere" indicated high outliers and "Medical DRGs with CC or MCC" and "Emergency Department Evaluation and Management Visits", indicated low/non-outliers. • The Committee reviewed the outlier suggested interventions for determining coding or medical necessity errors, and based on various factors, including but not limited to ongoing Revenue Integrity and Health Information Management (coding) reviews and/or low volume for other quarters, recommended no audit actions of the above target areas at this time, however will continue to monitor PEPPER reports. **Conclusion and Recommendations:** • After review of the PEPPER report, hospital/committee monitoring process, and communications with key leadership, no auditing is recommended at this time. • Compliance recommends LMC continue monitoring and evaluating the PEPPER reports quarterly, upon the release of the report, to identify potential issues and/or opportunities identified through the target area outliers.

Medicare Payments for Inpatient Claims with Mechanical Ventilation >96 hours *Proper billing of Medicare inpatient hospital claims with mechanical ventilation greater than ninety-six (96) hours has been an identified risk area on the Office of Inspector General's ("OIG") current and past Work Plan(s), with numerous findings of improper coding resulting in considerable overpayment of funds.* As a result of this, and the OIG's renewed focus in this area due to COVID-19, this item was added to HCD's CPE FY22 Work Plan to be reviewed and evaluated through data analytics.	**Review Complete. Results Favorable.** In summary, the review revealed: • A low volume of Medicare inpatient hospital claims (16 total); • Prebill measures implemented. Inpatient Coders review the charges, documentation, and time stamps in Epic for the most accurate ventilation times; use various tools to assist in counting hours based on the documentation; and have the capability to adjust the charges and accurately assign the applicable code for the claim if errors are identified. **Conclusion and Recommendations:** Compliance recommends that the HIM Department include a few inpatient accounts, that have Respiratory Ventilation, greater than 96-Consecutive Hours (5A1955Z) coded, as part of the random coder audits throughout each year to identify potential issues or opportunities.
Observation Notices Process Review (MOON/HOON Federal/State Requirements) *Compliance with the Medicare Outpatient Observation Notice ("MOON") requirements has been a target for audit by Medicare Administrative Contractors ("MACs") and a focus with increased legislation in Florida.* As a result, and as a preventive measure, a mini-risk assessment to review observation notice processes was added to the HCD's CPE FY22 Work Plan.	**Review Complete. Results Favorable.** In summary, the review revealed that while there were no formal written processes in place, HCD staff were aware of requirements and processes. After discussing this, along with the new written procedures and communications with key staff, no further audit is needed at this time. **Recommendations:** • Patient Access/Admissions Department to develop a hospital admission notice policy in FY23 to address all hospital notices. • Compliance to consider adding MOON/HOON audits to the FY23 CPE Work Plan, either to be performed by CPE or as a department self-audit, to evaluate compliance with regulatory requirements.
Monthly Exclusion Screening Compliance Reviews (April – June 2022)	**Monthly Reviews Complete. Results Favorable, No Actions Recommended.**

[Background/rationale details provided prior – Omitted from here as a routine review].	All reviews completed monthly. 100% compliance with HCD policies and applicable rules with no resulting exclusions for HCD.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) *[Background/rationale details provided prior – Omitted from here as a routine review]*.	**Weekly Reviews Complete. Results Favorable, No Actions Recommended.** All reviews completed weekly. 100% compliance with HCD policies and applicable rules with no red flags or resulting privacy violations for HCD.
Monthly Referral Source/Physician Payment Audits (April – June 2022) *[Background/rationale details provided prior – Omitted from here as a routine review]*.	**Monthly Reviews Complete. Results Favorable. Recommended Actions.** Multiple monthly payment and contract reviews complete as routed to CPE. No issues, all in compliance. For FY23, CPE to analyze reports/lists for full review scope area to ensure encompasses all.
OIG Work Plan (Monthly): *[Background/rationale details provided prior – Omitted from here as a routine review]*.	From April– June 2022, OIG added 15 items to their Work Plan, at least 10 of which appear to pertain to HCD. Information is disseminated to applicable staff and is added to the Work Plan, upon full evaluation by HCD CPE, if/where applicable.

Element/Type	**Work Plan Item/Area – Completed Items** *(Non-Auditing & Monitoring (See above); Non-Ongoing Items (See below))*
Audit & Monitoring	• Price Transparency Requirements and Review
Issuing Guidance / Enforcing Standards	• No Surprises Act/Surprise Billing Act • Conflicts of Interest Disclosures and Review Process – HCD Board • Conflicts of Interest Disclosures and Review Process – HCD Staff
Training & Education	• Committee/Board Education through the following education presentations: Conflicts of Interest; Cybersecurity Stark/Anti-Kickback Statute; COVID/Vaccine Mandates; and Recent Regulatory Updates and Industry Enforcement Activity Trends. • Topic Specific Training (e.g., Ambulance, EMTALA, HIPAA/Privacy) • New Hire Orientation CPE Training Revision – Clinics
Open/Effective Communication	• Compliance, Privacy, & Ethics Annual Awareness Survey (HCD staff)

	• Leadership Engagement and Program Satisfaction Survey (VP/AVP)

Element/Type	Work Plan Item/Area – Ongoing (*) or In Process Items
Committees	Committees/Meetings *
Policies and Standards of Conduct	Standards of Conduct Policies & Procedures / Guide (revised) Clinic/Administrative/Operational Business Unit P&P (via Committee) * Internal Business Unit P&P's (new) *
Open/Effective Communication	Dissemination of information to HCD staff * Regulatory Updates/Industry Enforcement Activity * Regulatory Dashboard/Website enhancements * Internal staff development * Release of Information Authorization for Marketing/Patient Stories
Training & Education	New Hire CPE Training (All HCD Staff)
Auditing and Monitoring *[Unique]* *[Routine]*	Privacy and Security Compliance Surveys for HCD Departments EMTALA and Access to Emergency Services and Care Risk Assessment Observation Billing Process Review Credentialing Risk Assessment (to be pushed out in FY23) Pharmacy Controls and Drug Diversion (Review of Consultant's report) Florida Medicaid – Deficit Reduction Act (DRA of 2005) Telehealth CMS Publications and Notifications and RAC Reports * OIG Work Plan Monthly Updates * Exclusion Screening Reviews (monthly) * Privacy FairWarning auditing and monitoring of Epic user access and activity for HIPAA Compliance) (weekly) * Referral Source/Physician Payment Audits (monthly) * Continuous Monitoring (e.g., OIG Work Plan, Government Contractors) * External Agency Audit Activity/Response
Issuing Guidance / Enforcing Standards	HCD Applicable Rule/Law Analysis Contract Reviews and Guidance * CMS ONC HIT Requirements for Information Blocking Air Transportation Regulatory and Billing Requirements Privacy Violations / Sanctions Grid development Social Media Guidance Regulatory Updates and Industry Enforcement Activity ****
Responding to Issues	Hotline Call Response/Investigations ** Response to Issues/Inquiries/Investigations ***
Effectiveness	Cybersecurity Tabletop Exercise (NEW) Compliance Program Development/Effectiveness *

2. Conflicts of Interest *

During FY22, 100% of Board/Committee members and HCD Staff completed required Disclosures for FY21-22. The submitted COI Questionnaires were reviewed by HCD CPE, and referred to Human Resources and/or Legal, where needed. Opportunities were identified and recommendations will be made. Select recommendations are noted below:

HCD Board/Committees:

- Continue review and comparison of Bylaws for potential amendments to address inconsistent language surrounding conflicts. Note different Bylaws may require amendments.
- Consider potential amendment to address current remedies to cure conflicts, where necessary, and to allow for appropriate alternatives.

HCD Staff:

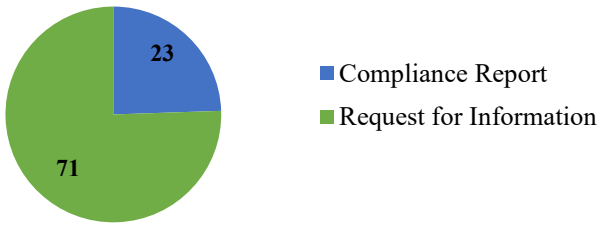
- The vast majority of these disclosures related to outside employment, mainly with staff who also work at other healthcare companies/facilities.
- Most disclosures are allowable, as long as guardrails are in place and followed to ensure no actual conflicts occur. Recommend development of a Human Resources policy on "Outside Employment", and ensuring policies address identified areas.

3. Department Activity and Statistics (CPE Work Plan – FY22 YTD)

Hotline Calls **

- A total of 94 calls were placed to the Hotline during FY22 Q3 (April – June 2022). 77% of these were anonymous. *Note: Decrease (positive trend) in calls made to the Hotline from Prior reporting.*
- The majority of Hotline calls were requests for information (76%), which were addressed by our vendor, ComplianceLine. The remaining 24% were addressed by CPE. *Note: Increase (positive trend) in calls made to CPE from Prior reporting.*

Hotline Calls (FY22 Q3)
Sorted by Call Volume

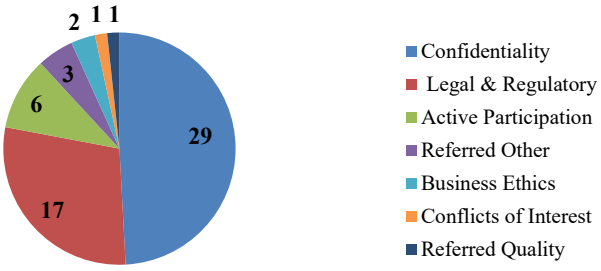


CPE Inquiries ***

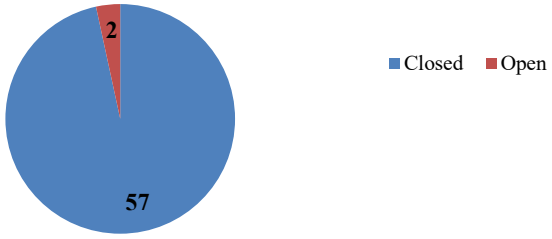
- CPE reviewed and responded to over 59 inquiries (*) during the Reporting Period (FY22 Q3). 97% of these were resolved at the time of reporting. The most common type of inquiries during related to Confidentiality/Privacy, 49%, followed by Legal

and Regulatory, 29%. The below graphs provide a breakdown of the inquiries by Standards of Conduct category. *CPE continues to refine methodologies for documenting and reporting on data. Recent data is increased in actual volume, complexity, facilities, variation by category.*

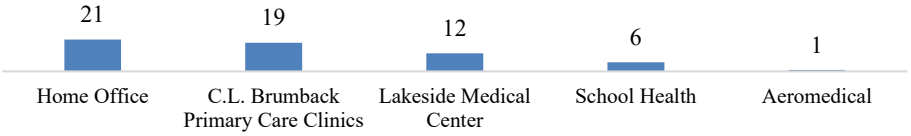
Inquiries (FY22 Q3)
Sorted by Standards of Conduct



Resolved Inquiries (FY22 Q3)
Sorted by Inquiry Resolution Status



Inquiries (FY22 Q3)
Sorted by Location



Privacy Case Activity ***

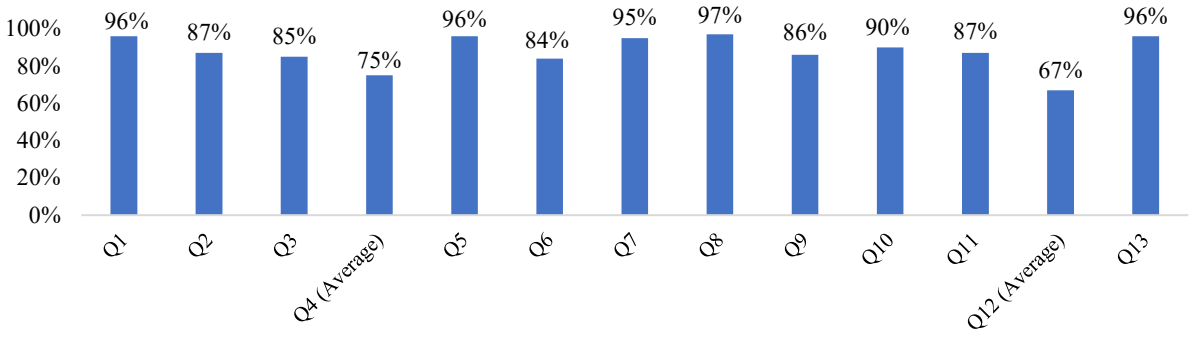
- The most common types of reported privacy incidents during FY22 Q3 included: Misfile of PHI, Proper Safeguards, and Disclosures to an Unauthorized Individual. All addressed by staff education, where appropriate.
- During the reporting period the Privacy Office reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q3 FY22
Office for Civil Rights (OCR) / FIPA Reportable Breaches < 500 * (Individual)	6
Office for Civil Rights (OCR) Complaint Letters or Investigation Notices **	0
Internal Reports of Alleged Violations (Investigated Cases)	29

** Breaches of unsecured PHI affecting <500 individuals are reported annually to OCR.*
*** HCD has one (1) open case, pending closure by OCR, which was previously reported. (0) new complaints/investigations.*

Compliance, Privacy, and Ethics Awareness and Feedback Surveys *:
During August 2022, CPE completed its first annual Compliance Awareness Survey. The responses will help us to measure awareness and effectiveness of our Program, identify strengths and opportunities for improvement, and provide HCD staff with education about compliance and an additional mechanism to report issues and concerns. Over 975 HCD employees took the voluntary survey. Additionally, the Department sent a separate survey for feedback and engagement to HCD's Leadership Team.

Compliance, Privacy, & Ethics Awareness Survey - Overall Summary
(*Employee Awareness % by Question*)



Survey Questions [paraphrased]:

1. Are you aware that HCD has a Compliance, Privacy, and Ethics Program?
2. Who oversees the Compliance, Privacy, and Ethics Program for HCD?
3. Do you know how to contact us if you have a question or to report a concern?
4. Are you familiar with Compliance and Privacy resources *(note: multiple selections)?*
5 – 9. True or False Test Questions (5 covering Compliance and Privacy topics).
10. Do you know where to locate HCD/Compliance & Privacy policies and procedures?
11. Are you aware that HCD has a non-retaliation policy?
12. I feel comfortable reporting issues and concerns to *(note: multiple selections)*: my supervisor/business unit leader/HCD leader, Human Resources, CPE, Legal Services, Risk Management/RiskQual, or the Hotline.
13. This survey has increased my level of compliance, privacy, and ethics awareness.

4. Regulatory Updates and Industry Enforcement Activity (June – September) **:**

HCD CPE continuously reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD. Information is searched, tracked, reviewed, analyzed, monitored (at a minimum), and is published on HCD's Regulatory Dashboard. Updates and trends are provided to the Board/Committees as needed and/or as informational. For this quarter, a summary of the items since the last report was sent as part of the Consent Agenda for HCD's 9/27/2022 Board meeting. To learn more about any or all of these updates, please contact Heather Bokor at hbokor@hcdpbc.org.

5. Fiscal Analysis & Economic Impact Statement:

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

Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

Committee

N/A
Date Approved

7. Recommendation:

Staff recommends the Committee Receive and File the Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
4766F813A13D48D...
Heather N. Bokor
VP & Chief Compliance, Privacy & Risk Officer

DocuSigned by:
Candice Abbott
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Candice Abbott
VP & Chief Financial Officer

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3rd trimester of the school year for School Health and the 2nd Quarter of 2022 for Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

School Health

Florida Mandated Student Screenings

- In the third trimester of the 2021/2022 school year (April 1st – May 31st, no school in the month of June), we met the Florida State mandated interim goal of completing 50% of the screenings required at the end of the 2nd trimester in all four areas (vision, hearing, scoliosis, and BMI). Parents are notified of any abnormal (outside the target area), so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: In the third trimester, we screened 33,841 (98.7%) of eligible students in the 1st, 3rd, and 6th grades. Out of 33,841 students, 9,391 (27%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 143 schools (99%). For the BMI categories, 54.23% of students were normal, 16.84% were overweight, 3.36% were underweight, and 25.57% were obese.
- Hearing screening: In the third trimester, we screened 28,003 (98.9%) of eligible students in kindergarten, 1st, and 6th grades. Out of 28,003 students, 570 (2%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 143 schools (99%).
- Scoliosis screening: In the third trimester, we screened 10,846 (99.2%) of eligible students in 6th grade. Out of 10,846 students, 119 (1%) students required referral. Out of 43 eligible schools, we have completed over 50% of screenings at 43 schools (100%).
- Vision screening: In the third trimester, we screened 38,828 (99%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 38,828 students, 6,481 (17%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 144 schools (100%).

School Health Office Visit Metric

We exceeded the goal (Target > 80%) for students returning to class from an office visit, with 87% of students remained in school versus 13% of students that were sent home (non-COVID -19 related).

COVID-19

In the third trimester, we performed a total of 27,148 COVID-19 screenings with 21,326 unique students. The elementary schools performed the most screenings at 61%, followed by middle schools at 24% and high schools at 15%. As a result of the COVID-19 screenings, 24% of students were screened positive and referred for testing, and 76% resulted in a negative screen who remained in school. The leading primary symptom for positive COVID-19 screening is fever, and the leading secondary symptom is a headache. We performed a total of 1,851 in-house point-of-care COVID-19 tests for students. 95% resulted in a negative test, and 5% resulted in a positive test. The elementary schools performed the most COVID-19 testing at 58%, followed by middle schools at 30% and high schools at 12%. The leading primary symptom for positive COVID-19 testing is fever, and the leading secondary symptom is a headache.

Aeromedical

For Q2 2022 there were 151 patient transports. 46 of those were interfacility transports representing 34% of total patient transports for the quarter. Interfacility transport requests originating west of 20 mile bend make up the majority of interfacility flights and are predominately cardiac and neurology requests. There were 105 patient transports from scene representing 65% of total patient transports for the quarter. Transports from scene are primarily trauma related, but neurology and cardiac cases are also requested. Dispatches to west of 20 mile are the leading call for patient transports. Dispatch to enroute average shows a declining trend for both interfacility and scene transports. May average was under 5 minutes for scene and June was under 20 min for interfacility. Dispatch to Hospital Average shows a declining trend for interfacility transports and a slight increasing trend for scene transports.

GAMUT

There were 677 flights with Palm Beach County Fire Rescue providing care in the last rolling year (September 2021 through August 2022). Of those flights, crewmembers placed 23 advanced airways out of 27 attempts. 20 of the advanced airways placed were made on the first attempt. 16 of those (placed on first attempt) were transported with no instance of hypoxia or hypotension. An additional 81 advanced airways were managed by crew members. Average mobilization time is approximately 5 minutes. Average scene time specific to STEMI cases are 16 minutes. Endotracheal tubes account for largest type of advanced airway followed by Igel. 98% of advanced airways are confirmed, succeeding the GAMUT average. 91% of advanced airways placed follow Rapid Sequence Protocol as defined by PBCFR SOPs. 86% of patients had a pain assessment scale completed just below the average of 90%. 3% of all patient transports suffered from a hypoxic event at some point during transport which is below the national average of 5%.

Trauma

System Utilization Slide:
Over the past rolling year 5,392 patients were seen at a trauma center - an increase of 276 patients compared to the previous rolling year. Rolling year comparison (September 2021 – August 2022) showed St. Mary's treating 2,857 traumatically injured patients and Delray treating 2,535 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age ≤15) accounted for 8% of total volume, Adults (Ages 16 – 64) accounted for 51% of total volume and Geriatrics (Age >65) accounted for 41% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 33% of trauma patients seen at Delray Medical Center are ≥80 years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 3rd decade of life. 14% of St. Mary's total volume are between the ages of 30 and 39. 93% of trauma volume originates in Palm Beach County.

Palm Beach County Trauma Injury Analysis Slide:
The leading and dominating mechanism of injury for all patients is Falls [(46% of total volume) seen primarily in Geriatrics and Pediatrics]. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account for 33% of total volume. Combined, these two categories account for over 75% of total trauma volume. 88% of Trauma volume is related to blunt impact injuries compared to penetrating injuries at 9% of volume and burns at 3% of volume. Trauma Alerts accounted for 56% of total volume with Transfers from Acute Care Hospitals representing 27% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 17%. There were 4,726 ground transports and 436 air transports to palm beach county trauma centers. Age distribution by city of injury show the largest concentration of geriatric injuries occurring in the southern half of the county, but also shows significant pockets in Lake Worth, Atlantis, Green Acres, North Palm Beach, Palm Beach Gardens and Jupiter. Pediatric volume historically has been seen in Lake Worth and West Palm Beach, but growing concentrations are continuing to be noted in Boca Raton, Boynton Beach and Green Acres.

Pre-Hospital Analysis Slide:
The leading pre-hospital provider is PBCFR with 37% of transports followed by AMR transporting interfacility transfers with 20% of volume followed by West Palm Beach Fire Rescue (8%), Boca Raton Fire Rescue (7%), Delray Beach Fire Rescue (5%) and Trauma Hawk (6%) as the major transporters of trauma patients. Protocols used by EMS to accurately identify and transport the trauma patient from scene of injury as an alert shows 57% of patients met blue criteria, 31% met red criteria, 5% under the discretion of the medics, 2% shows not documented and 6% show a blank (most of which are from out of county providers that do not adhere to PBC protocols). Over 30% of patients arriving to a Trauma Center present with a Glasgow Coma Score < 15.

C. L. Brumback Primary Care Clinics

Of the 15 UDS Measures: 4 Exceeded the HRSA Goal and 11 were short of the HRSA Goal.

The breast cancer screening measure data for January – June 2022 shows that among the whole population, the satisfaction of the metric improved from 44%-51% over the past month, getting us closer to our goal of 60%. The number of patients with no order decreased from 13%-12%, while the number of patients not met with order remained the same at 37%. Our highest performing locations are Belle Glade, Boca, and Lantana. We are exceeding goals in Belle Glade (61%) and Boca (62%) and very close to the goal in Lantana (56%).

The cervical cancer screening measure satisfaction rate has improved from 38% to 46% over the past 2 months. The number of patients with missing data decreased from 62% to 54%. This was partly due to the auditing of charts to ensure that pap smears completed in previous years or by outside providers were being counted in the measure.

Edward J. Healey Rehabilitation and Nursing Center

For Q2, 16 of 17 quality measures were met. Urinary Tract Infections (UTI) data revealed that there were 4 residents that had a UTI during the quarter.

Lakeside Medical Center

Inpatient Measures:
For Q2 2022, Inpatient Quality Measures there were 3 of 8 measures (ED-1a, PC-05, Sepsis) that did not meet goal.

ED Measure:
For ED-1a, there were (96) cases sampled with a median time of (311) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered was appropriate and an increase in patient census and bed availability were noted to be contributing factors.

Perinatal Measure:
For PC-05, there were (26) cases that fell into the sample population, of those cases (2) parents strictly Breastfed, (15) both breast and bottle fed and (3) bottle fed only.

Sepsis Measure:
For Sepsis, there were (15) cases that fell into the sample population, of those cases (10) fell into the numerator for a pass rate of 67% for the quarter which is 3% lower than the set goal of ≥ 70%. The (5) cases that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. New system processes have been implemented within EPIC system to assist providers.

Outpatient Measures:
For Q2 2022, Outpatient Quality Measures there were 2 of 3 measures (OP-3, OP-18) that did not meet goal.

For OP-18, there were (102) cases that fell into the sample population with a median time of (153) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, care and treatment were rendered appropriately.

For OP-3, there was (1) case that fell into the sample population, that did not meet goal, which exceeded, the set goal of <58 minutes. The case was reviewed, care and treatment were rendered appropriately.

Corporate Quality Metrics

- **Call Center**
  - For Quarter 2 2022, the Clinic Service Center processed 59,014 Calls of which 72% per inbound calls and 28% were outbound calls. The agents handled 92.7% of incoming calls in real time and voicemails were returned within 24 hours. Outbound calls consisted of appointment rescheduling and quality initiatives including after-hours follow-up, scheduling for gaps in clinic measures (HPV & depression remission, and hospital follow up appointment. The team scheduled a total of 11,623 appointments fin Q2. The peak times for incoming calls were Tuesday between 9:00am and 12:00pm. Call metrics for the period include:
    - Average call queue time was 2 minutes and 17 seconds – short of goal
    - Average speed of answer was 6 seconds – exceeded goal
    - Average time to handle calls was 7 minutes and 30 seconds – short of goal
    - Call Duration 4 minutes, 22 seconds – short of goal
    - Average wrap up time was 15 seconds – exceeded goal
    - Call Abandoned Rate was less than 1% - meets goal exceeded goal
  - Corrective action to improve metrics is to ensure all agents are attending to inbound calls during peak times and reserving outbound calls for the afternoon, later in the week.

- **Health Information Technology**
  - Release of Information data for Q2 shows better than average turnaround time for the total releases. We are averaging 1 day for LMC and 4 days for HCD. The goal for Q3 is to reduce the Turnaround by purpose for PCC.
  - Closing the loop between referrals and orders is the purpose of this indicator. It is in its early development and with the auditing will improve over the next few months.

- **Human Resources**
  - Quarter 2 headcount ended at 1,220 team-members after 77 new hires.
  - Turnover rate for Q2 was 5%.
  - The average age of employees is between the ages of 41 and 50 years old and 79% of the workforce is female.

- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. We are now monitoring 7 mission critical applications we have most recently added the school health EMR Welligent to the critical application list. We had a uptime percentage of 100% across all critical applications. There were 21 hours of planned application downtime and we did meet our service level for the quarter. Epic is hosted by Memorial Healthcare as a part of our agreement and we have been stable since early October 2021.

  - **Customer Service:** For Q2, we received 5,835 total new tickets and maintained a closure rate of 91% on those Q2 tickets. The IT department started tracking SLA metrics on submitted "incident" category tickets in April with a target SLA of 99.9%. We had an SLA rate of 94% in April and over the next two months improved to 98% and 99% respectively on submitted "incident" tickets. We plan on implementing and tracking the same SLA's on submitted "request" tickets starting in October. The IT Service Desk saw an abandoned call rate of 3.46% and were below our current target of 4.5%.

  - **Cybersecurity:** For Q2, we investigated 269 security incidents. Of the total incidents, all are closed, and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts, and security investigations. Most cyber security investigations were related to alerts from our cyber security operations center.

Pharmacy

Q2 medication management adherence tool data for our pharmacies showed a 92% success rate in completing 11,728 contacts with patients about their medications.

4. Fiscal Analysis & Economic Impact Statement:

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Committee	Date Approved
	N/A

6. Recommendation:

Staff recommends the Committee receive and file the Quality and Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
5C75A1C7D5E64B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

School Health
Health Care District Palm Beach County

Florida Mandated Student Screening Summary

For Current Term Starting August 10, 2021
Goal 50% of Students by June 2022

School Health
Health Care District Palm Beach County

School Health Room Visits - Illness/Injury

# Unique Nurses	# Health Room Visits	Avg Dur (Min)	# Unique Students	# Unique Schools
180	23,337	17.9	18,166	166

Returned 20,229 | Dismissed 2,977 | EMS Called 131

Start Date 4/1/2022
End Date 5/31/2022

Designee 3.3%
Nurse 96.7%

School Name | # Students | # Office Visits

School Name	# Students	# Office Visits
Sunrise Park Elementary	355	552
Addison Mizner Elementary	352	539
Emerald Cove Middle School	276	403
H. L. Johnson Elementary	268	378
Diamond View Elementary	247	368
Wellington Landings Middle	246	365
Calusa Elementary	271	345
Christa Mcauliffe Middle	253	343
Verde Elementary	265	339
Sunset Palms Elementary	256	335
Waters' Edge Community El..	207	334
J.C. Mitchell Elementary	224	329
Binks Forest Elementary	219	318
Eagles Landing Middle	211	292

45% 8,181 Female
55% 9,985 Male

13% Dismissed
87% Returned to Class

Weekday of Visit

Hour	MON	TUE	WED	THU	FRI
7	110	128	102	101	96
8	371	377	377	312	322
9	616	576	570	557	526
10	767	732	765	734	756
11	863	843	872	792	810
12	994	936	918	830	761
13	890	820	853	712	621
14	306	304	295	217	233
15	118	93	129	91	86
16	4	3	9	5	10

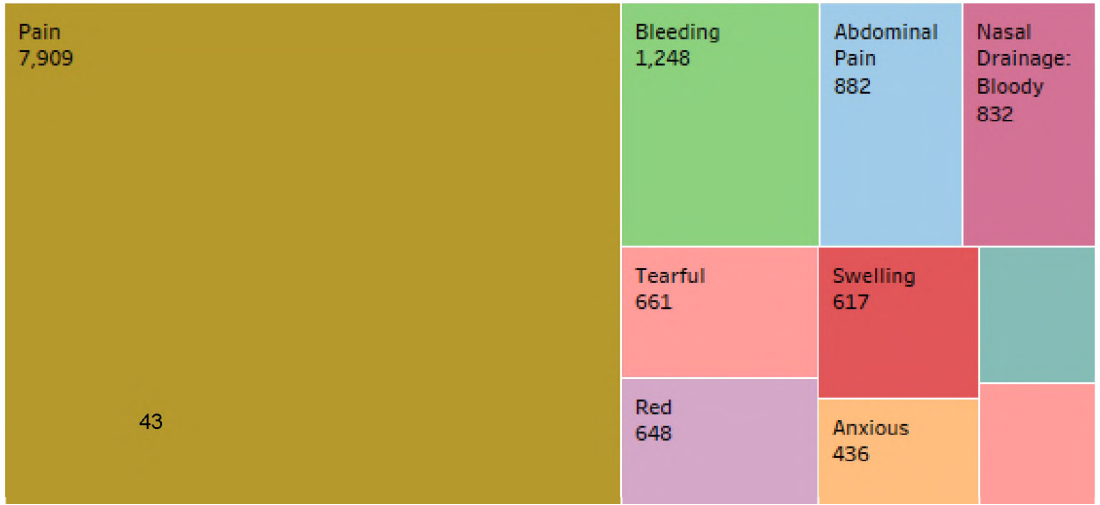
Area: Multiple values
Location Type: All
Grade: All
School: All
Top N: 10

Activities

Nursing Assessment/Counse..	22,227
First Aid	21,014
SH/Parent Consultation	14,568
SH/Staff Consultation	7,295
Case Management	1,225
COVID Assessment/Counseli..	841
Paraprofessional Eval/Treat	454
Snellen Chart	138
SH Exam - Other	98
Mental Health	45

Symptoms

System: All



Symptom
- Abdominal Pain
- Anxious
- Bleeding
- Dizziness
- Limitation of Movement
- Nasal Drainage: Bloody
- Pain
- Red
- Swelling
- Tearful

School Health
Health Care District Palm Beach County

Palm Beach County Schools
Covid-19 Student Screening & Testing

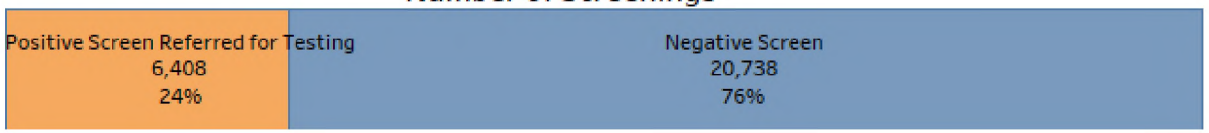
Start Date 4/1/2022 End Date 5/31/2022

27,148	1,851	85
Screenings Performed	In-House Testing Performed	Tests Collected

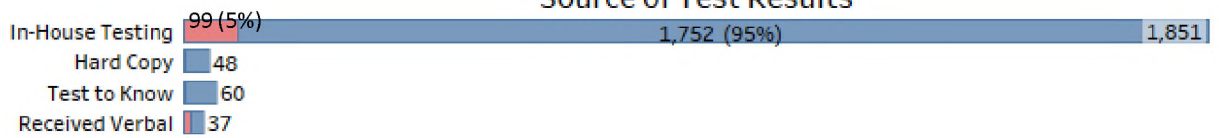
Area: Multiple values School: All

Area: Multiple values School: All

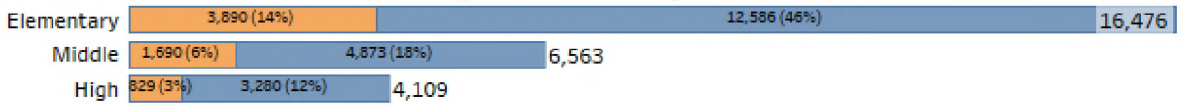
Number of Screenings*



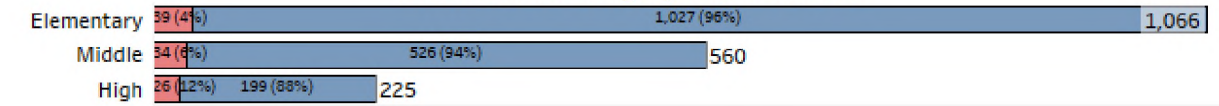
Source of Test Results



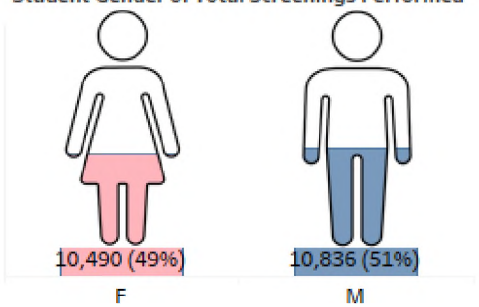
Screenings Performed by School Level



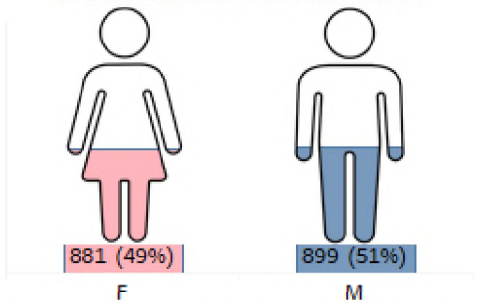
In-House Testing by School Level



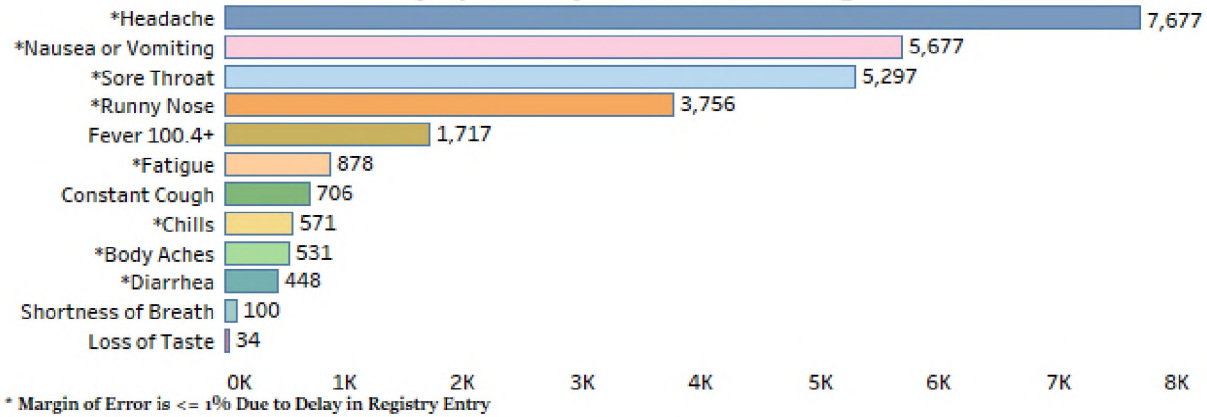
Student Gender of Total Screenings Performed



In-House Student Gender for Positive

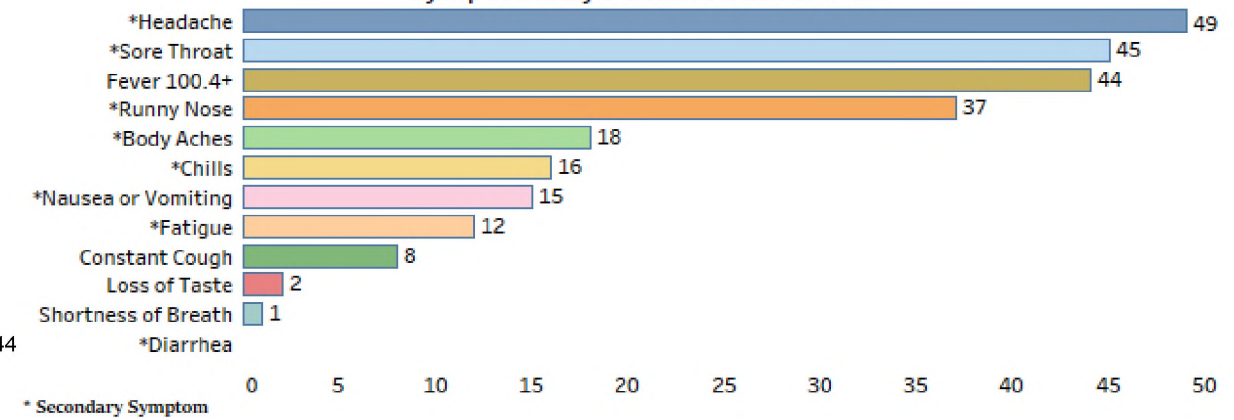


Symptoms by Positive Screening



* Margin of Error is <= 1% Due to Delay in Registry Entry

Symptoms by Positive Test Result



* Secondary Symptom

School Health
Health Care District Palm Beach County

Multiple values All

Palm Beach County Schools
Covid-19 Volume

Area	School	Start Date	End Date
Multiple values	All	4/1/2022	5/31/2022

21,326 Unique Students

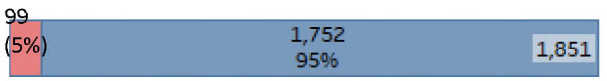
Screening Volume

27,148 # Screenings

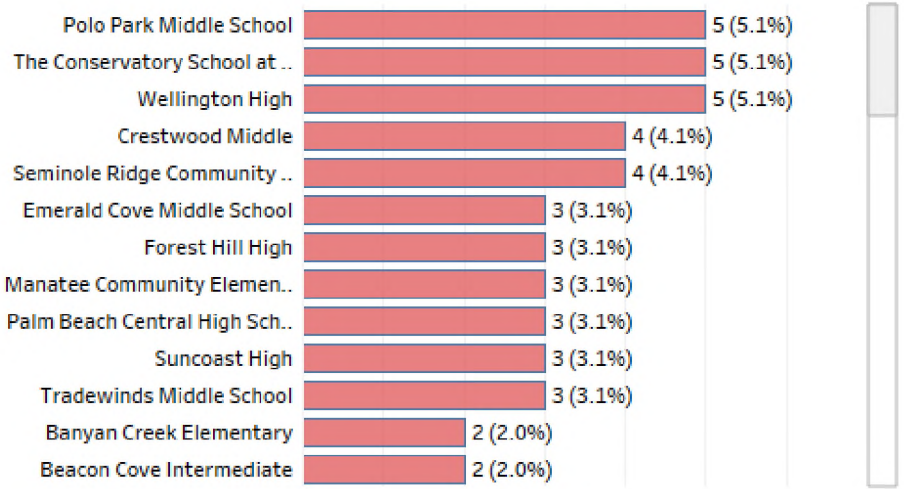
Weekday of Visit

Ho..	MON	TUE	WED	THU	FRI
7	131	107	85	97	66
8	842	640	653	581	490
9	1,183	998	902	866	775
10	1,301	1,038	936	858	808
11	1,236	980	965	891	724
12	1,190	922	840	823	654
13	813	614	563	492	416
14	275	199	169	175	155
15	82	62	60	51	44
16	3	1	1	1	1
17			2		

In-House Testing



Positive In-House Test Results



1,780 Unique Students

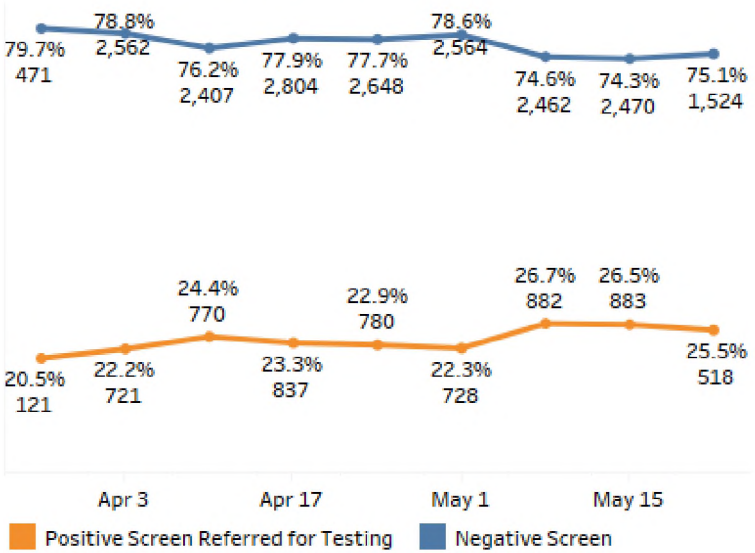
In-House Testing Volume

1,851 # Tested

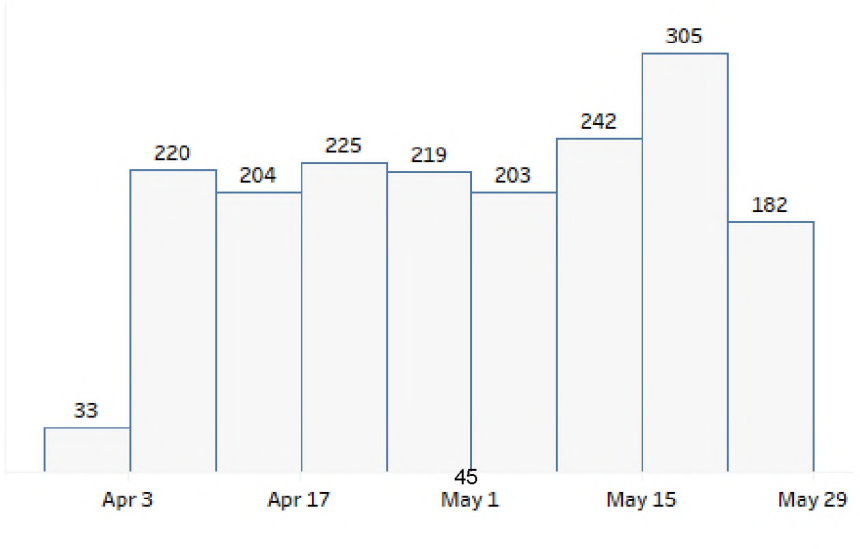
Weekday of Visit

Hour	MON	TUE	WED	THU	FRI
7	1	3		7	
8	19	20	15	13	10
9	47	56	28	31	35
10	72	72	50	47	45
11	85	59	49	52	61
12	84	64	59	50	41
13	73	57	64	53	42
14	51	46	42	32	33
15	39	27	28	21	17
16	11	4	6	5	
17			2	4	

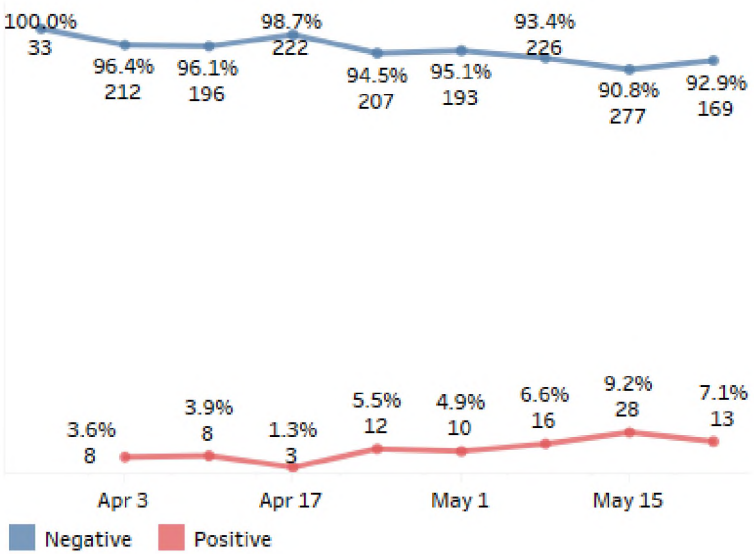
Students Screened



Students Tested In-House



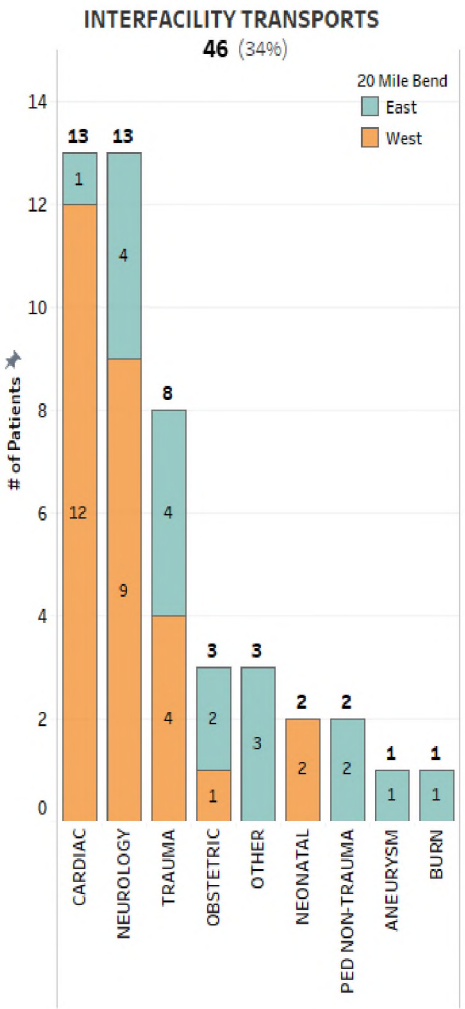
Students Tested In-House

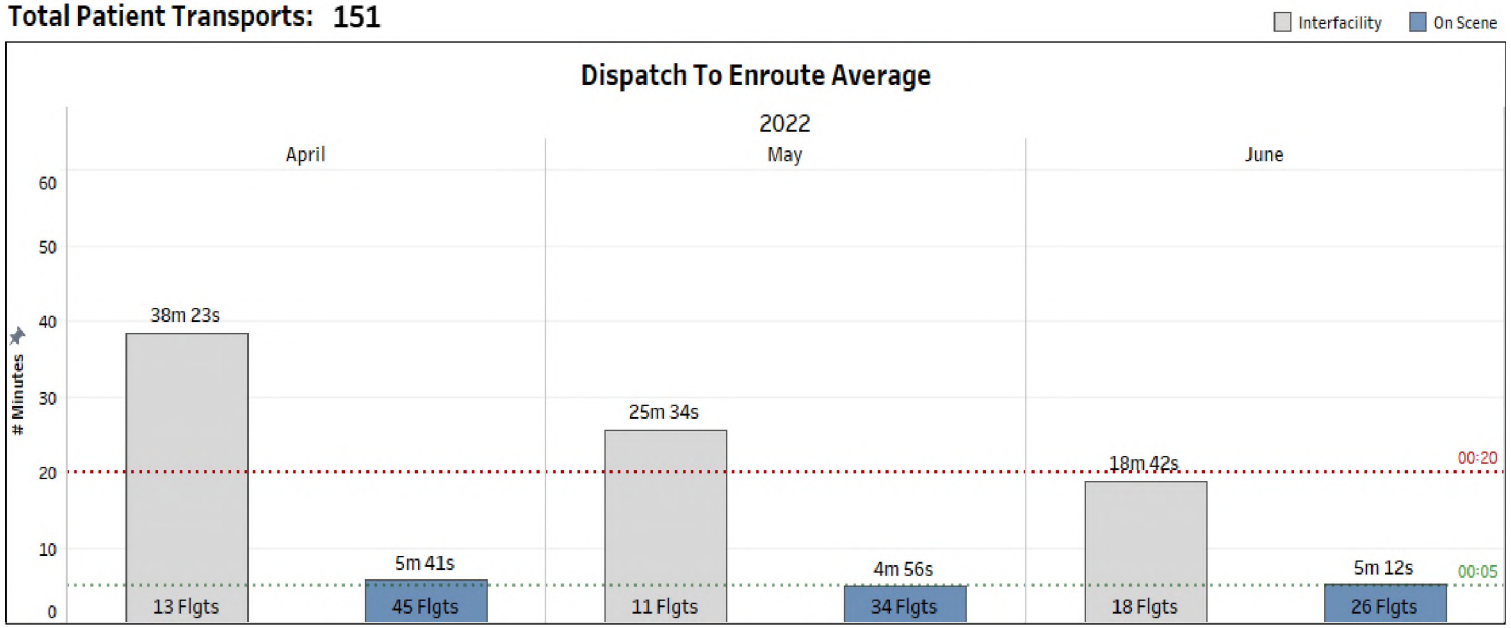


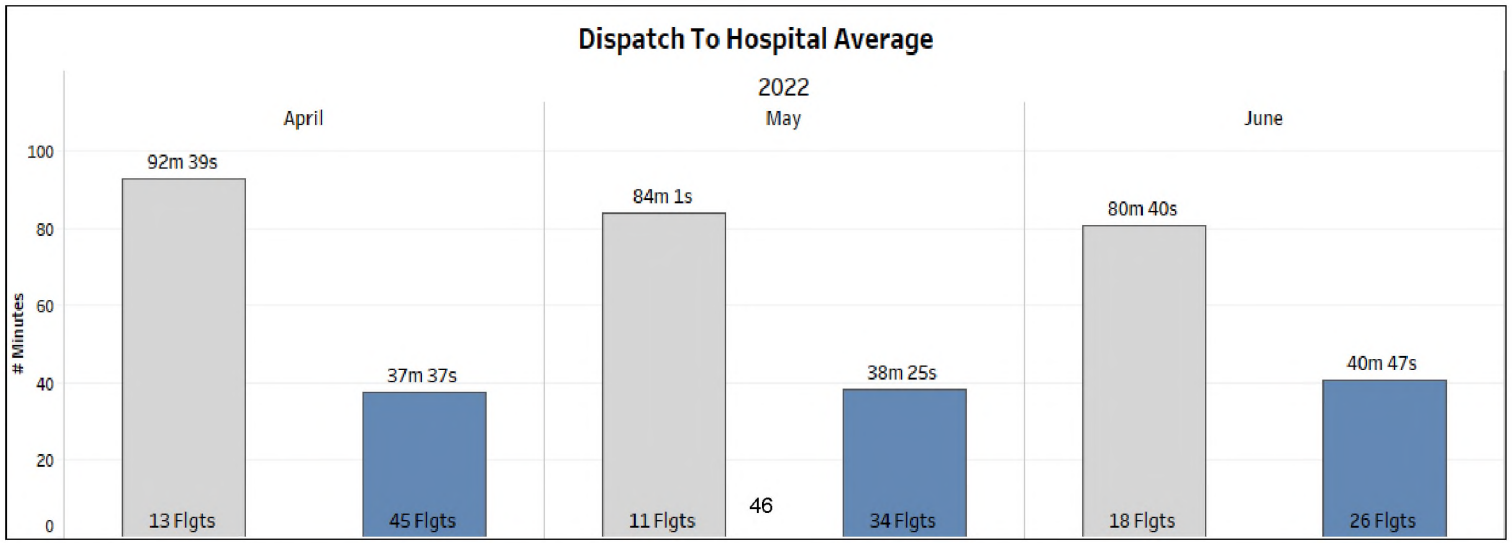
Trauma Hawk
Aeromedical Program
Health Care District Palm Beach County

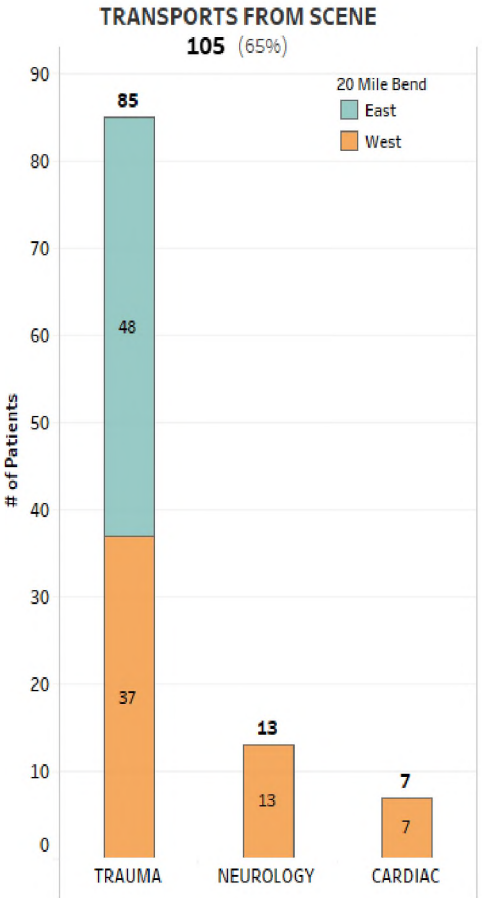
Detailed RunTime Report TH135
Q2 2022

Total Patient Transports: 151









GAMUT METRICS BENCHMARK ANALYSIS

Ground Air Medical qUality Transport

ROLLING YEAR September 2021 - August 2022

Data Source: Safetypad PCR; Palm Beach County Fire Rescue, August *2022*. GAMUT QI Collaborative, *August 2022*. Palm Beach County Fire Rescue *(PBCFR)* Care Provider Flights

METRICS LEGEND

Icon: Green smiley face with green star – exceeding GAMUT ABC
Icon: Green smiley face – equal to or exceeding GAMUT rate
Icon: Yellow flat face – performance less than, but near, the GAMUT rate
Icon: Red magnifying glass – performance less than GAMUT rate

Advanced Airway Metrics

All Transport Metrics

PBCFR CARE PROVIDER FLIGHTS

677

August 2022

51

ADVANCED AIRWAYS **PLACED** BY TH CREW

23

ADVANCED AIRWAYS **MANAGED** BY TH CREW

81

MEAN MOBILIZATION TIME

(Dispatch - Enroute)

00:05

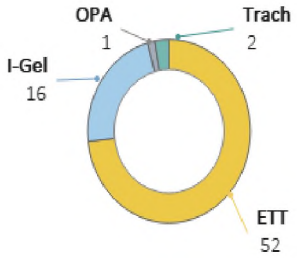
MEAN SCENE TIME *(STEMI)*

(Arrive Scene - Depart Scene)

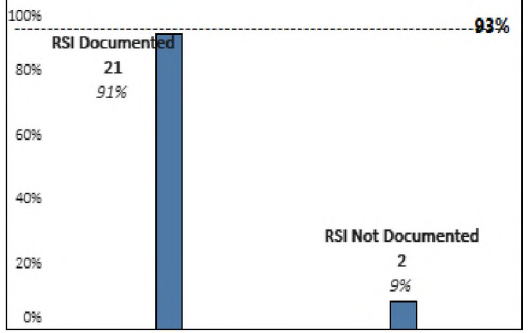
00:16

ADVANCED AIRWAY TYPE *(Placed/Managed by PBCFR)*

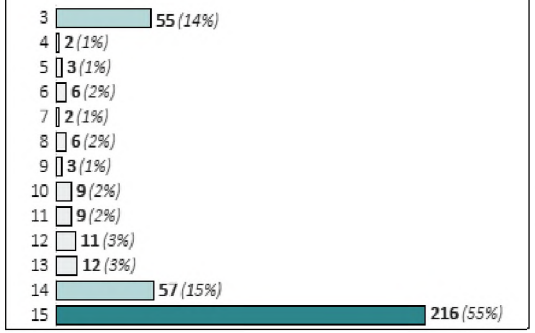
(January - August 2022)



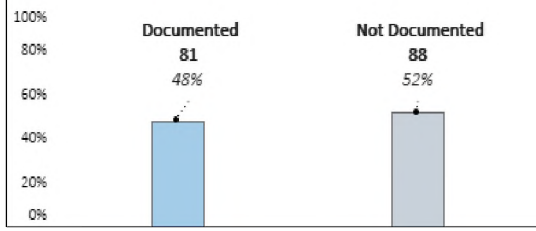
RAPID SEQUENCE INTUBATION PROTOCOL



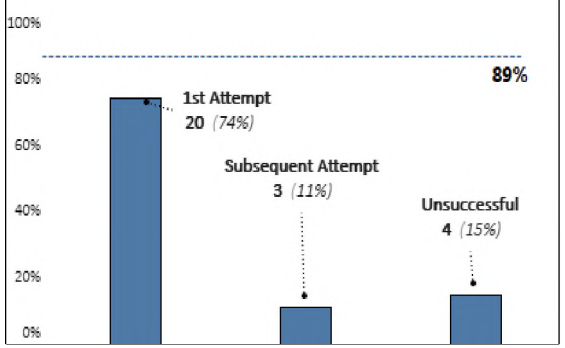
GLASGOW COMA SCORE *(January - August 2022)*



BLOOD GLUCOSE CHECK **GCS <15** *(January - August 2022)*

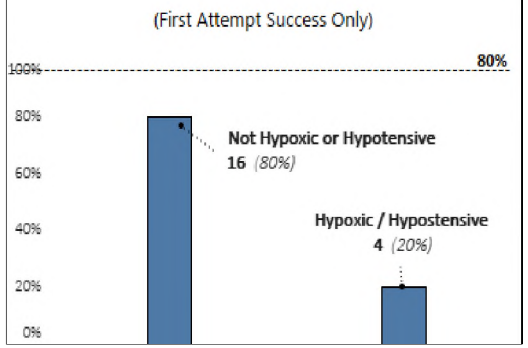


FIRST ATTEMPT ADVANCED AIRWAY PLACEMENT

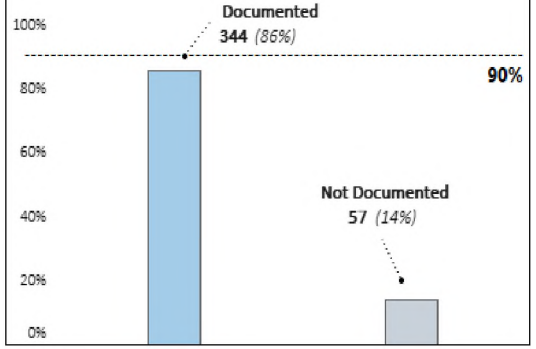


HYPOXIC / HYPOTENTSIVE EVENT DURING TRANSPORT

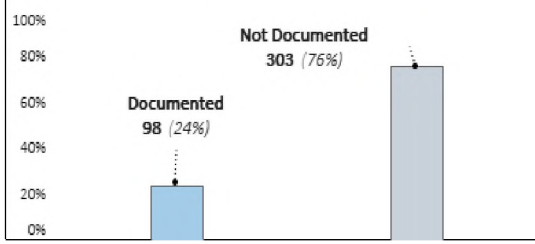
(First Attempt Success Only)



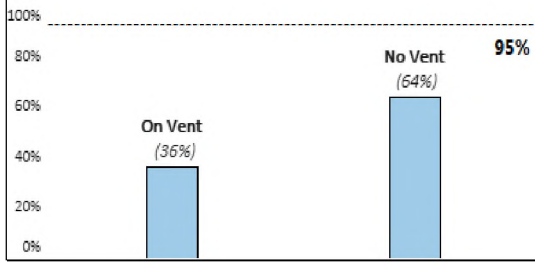
PAIN ASSESSMENT SCALE *(January - August 2022)*



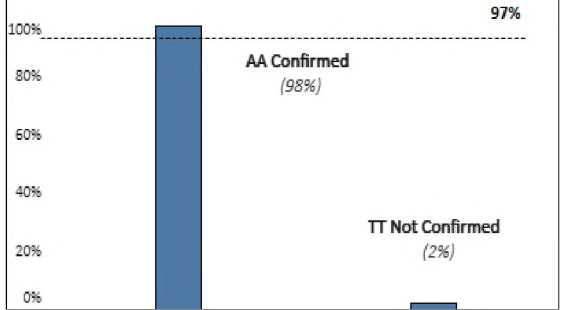
TEMPERATURE FIRST VITAL SET *(January - August 2022)*



PATIENT TRANSPORTS ON VENT

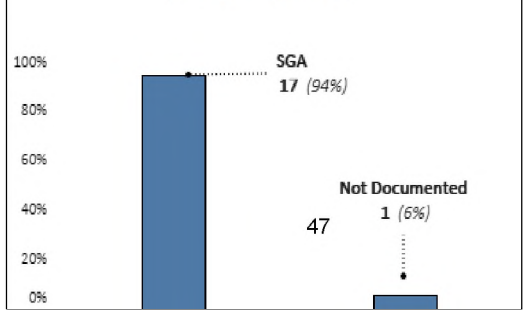


ADVANCED AIRWAY CONFIRMATION

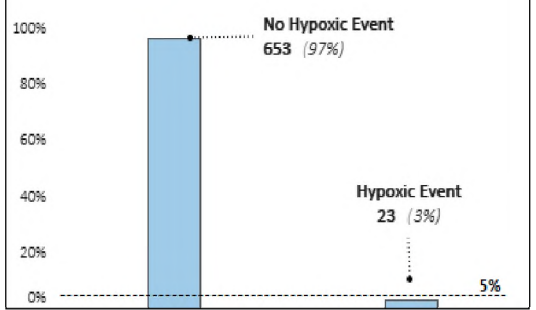


USE OF SUPRAGLOTTIC AIRWAY DEVICE (SGA)

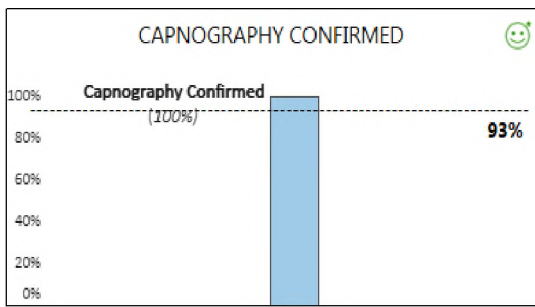
(January - August 2022)



HYPOXIC EVENT



CAPNOGRAPHY CONFIRMED



Trauma Agency
Health Care District Palm Beach County

TRAUMA SYSTEM UTILIZATION

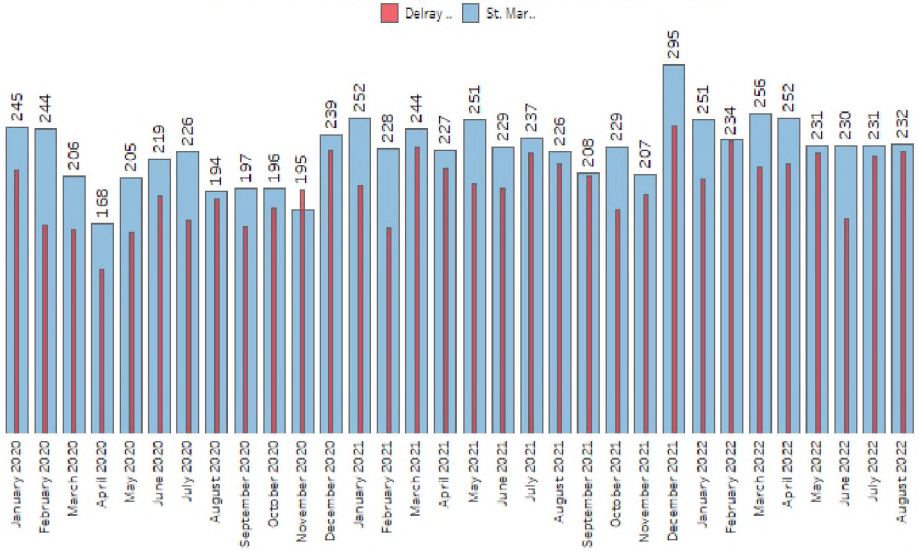
Rolling Year Comparison
St. Mary's (SMMC) Delray (DMC)

PBC TRAUMA SYSTEM VOLUME

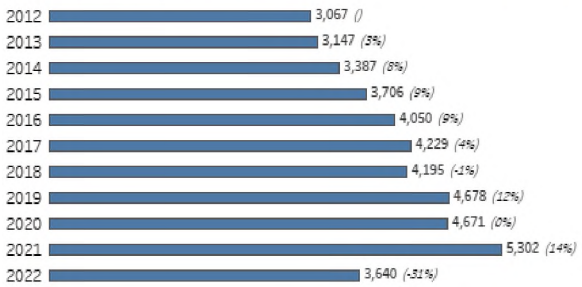
Current Year	5,392
Previous Year	5,116
Variance:	276

Current Rolling Year = September 2021 - August 2022
Previous Rolling Year = September 2020 - August 2021
Variance = Current Year - Previous Year

TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

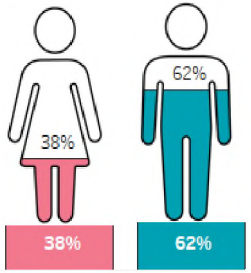


TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



GENDER

(Current Year)

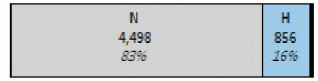


RACE

(Current Year)

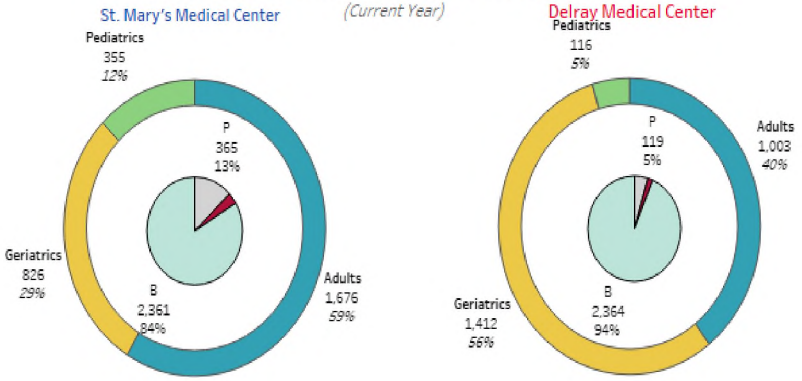
ETHNICITY

(Current Year)



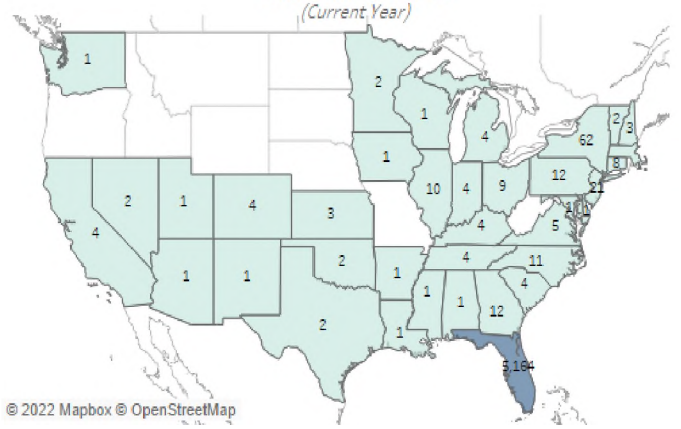
AGE GROUP & INJURY TYPE BY TRAUMA CENTER

(Current Year)

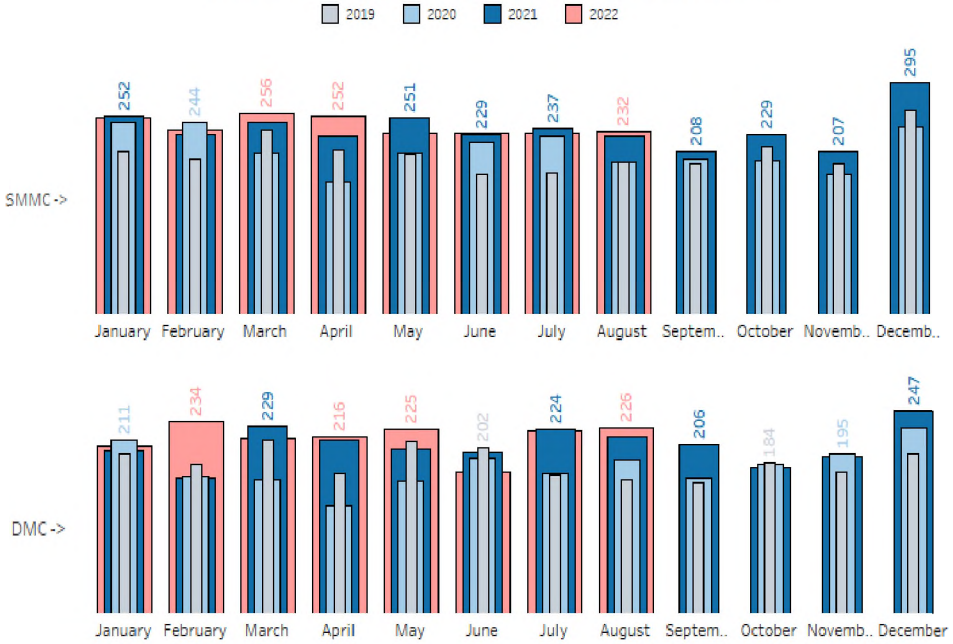


STATE RESIDENCE

(Current Year)

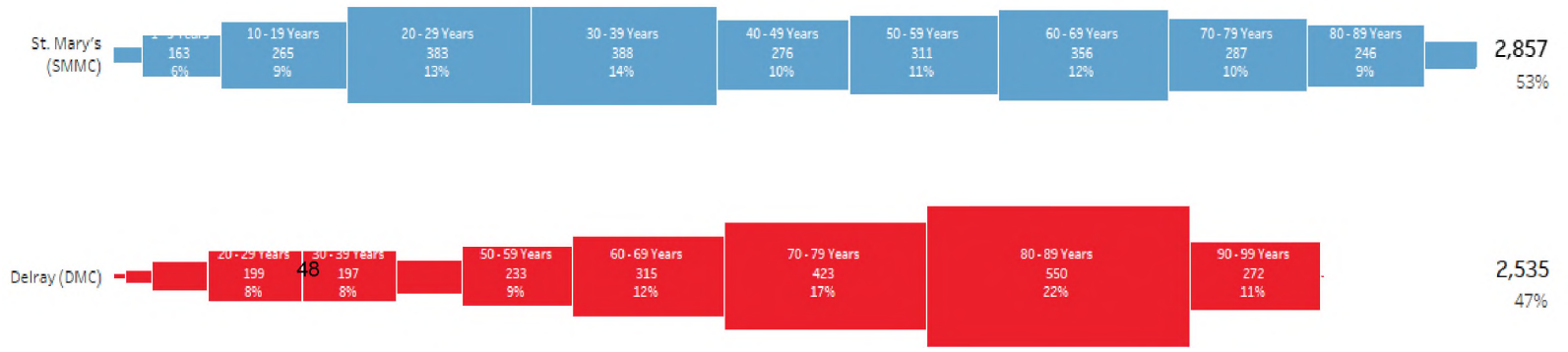


TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



Trauma Agency
Health Care District Palm Beach County

PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

(Mechanism of Injury, Activation Level, Injury Type, Patient Demographics and Transport Mode)

Current Rolling Year = September 2021 - August 2022

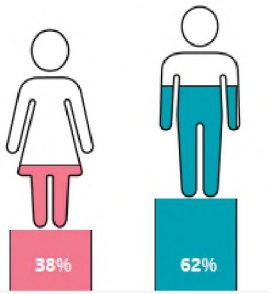
Data Source: Health Care District of Palm Beach County, Trauma Registry. 2020 - 2022.

St. Mary's (SMMC) Delray (DMC)

PBC TRAUMA VOLUME

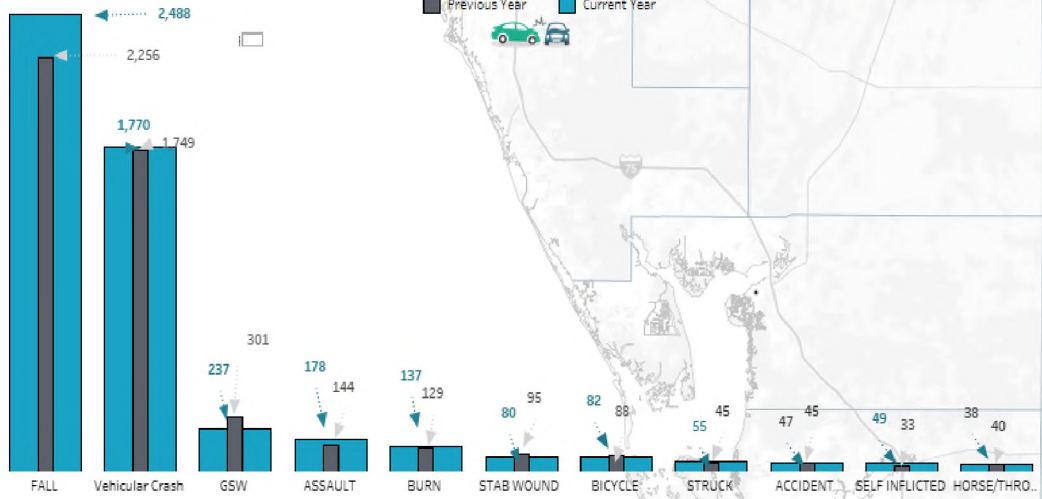
Current Year	5,392
Previous Year	5,116
Variance:	276

GENDER

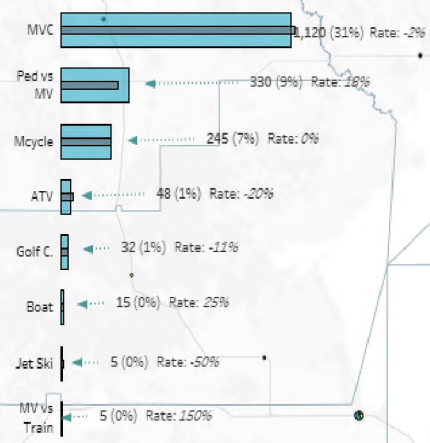


MECHANISM OF INJURY

Previous Year Current Year



VEHICULAR CRASH BREAKDOWN



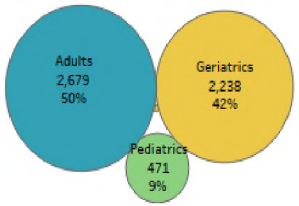
TRANSPORTS BY GROUND

4,726 *(95%)*

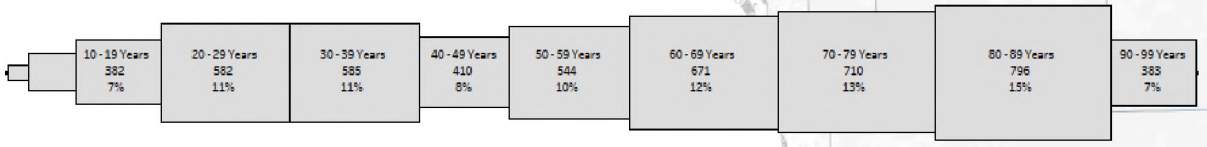
TRANSPORTS BY AIR

436 *(1%)*

AGE GROUP

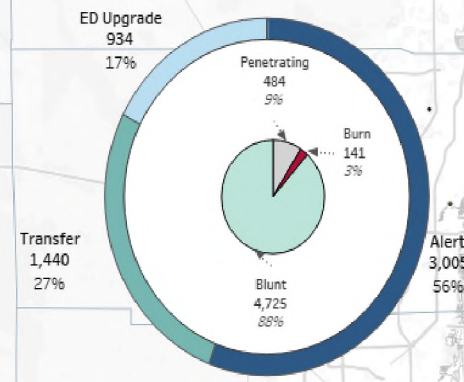


YEARS OF AGE BY DECADE



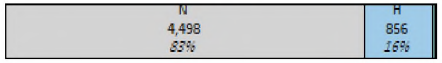
5,392

ACTIVATION & INJURY TYPE

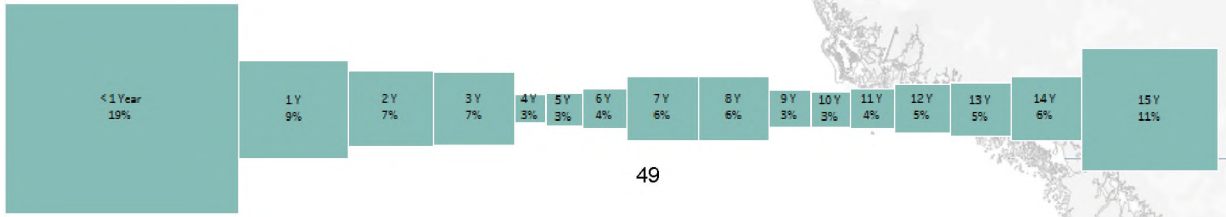


RACE

ETHNICITY



PEDIATRIC AGE DISTRIBUTION



471

49

Trauma Agency
Health Care District Palm Beach County

PALM BEACH COUNTY TRAUMA SYSTEM

PRE-HOSPITAL ANALYSIS

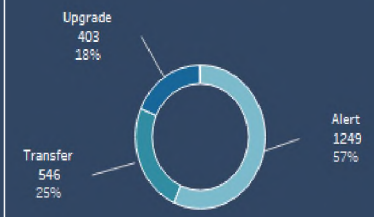
Rolling Year Analysis: September 2021 - August 2022

Transports to Trauma Centers

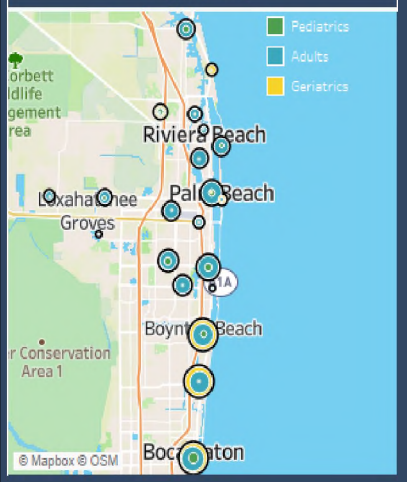
5,392

PBC Ground Transport	4,451 *(83%)*
Trauma Hawk	296 *(5%)*
OOC Ground Transport	240 *(4%)*
POV	192 *(4%)*
Unknown EMS	138 *(3%)*
OOC Air Transport	73 *(1%)*
LifeTrans (HCD)	1 *(0%)*

Activation Level



Injury City



Trauma Transport Protocol Documentation

Color Coded Triage System
Identifies Trauma Patients In-field
(PBC Trauma Alert Transport Guidelines for the EMT)
Red Criteria (x1)
Blue Criteria (x2)
Paramedic Discretion

Blue Criteria Met *(57%)*

B: HEAD INJ LOC	774 *(55%)*
B: AGE >= 55	404 *(29%)*
B: MVC W/LONGBONE ..	99 *(7%)*
B: HR >= 120	60 *(4%)*
B: INTRUSION > 12 IN..	59 *(4%)*

Red Criteria Met *(31%)*

R: GCS <= 13	189 *(31%)*
R: PENETRATING INJ	187 *(30%)*
R: GSW ABOVE ELBO..	98 *(16%)*
R: ACTIVE AIRWAY AS..	96 *(16%)*
R: RESP RATE < 10 BPM	44 *(7%)*

**BLANK *(6%)*

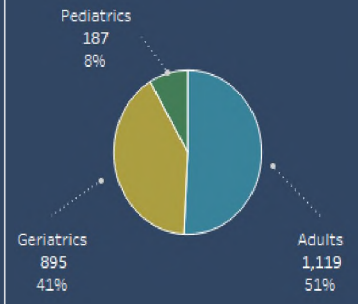
Paramedic Discretion *(5%)*

TTPs Not Documented *(2%)*

Glasgow Coma Score (GCS)

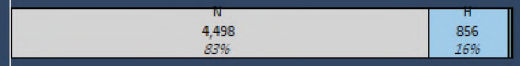
3	208 *(5%)*
4	15 *(0%)*
5	12 *(0%)*
6	11 *(0%)*
7	28 *(1%)*
8	36 *(1%)*
9	33 *(1%)*
10	47 *(1%)*
11	54 *(1%)*
12	107 *(2%)*
13	176 *(4%)*
14	605 *(14%)*
15	3,005 *(69%)*

Age Group

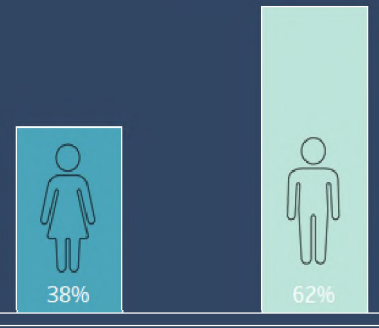


Race

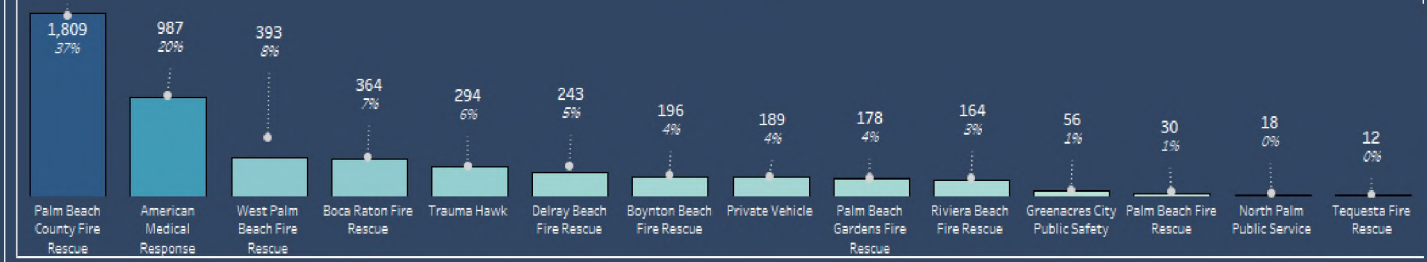
Ethnicity



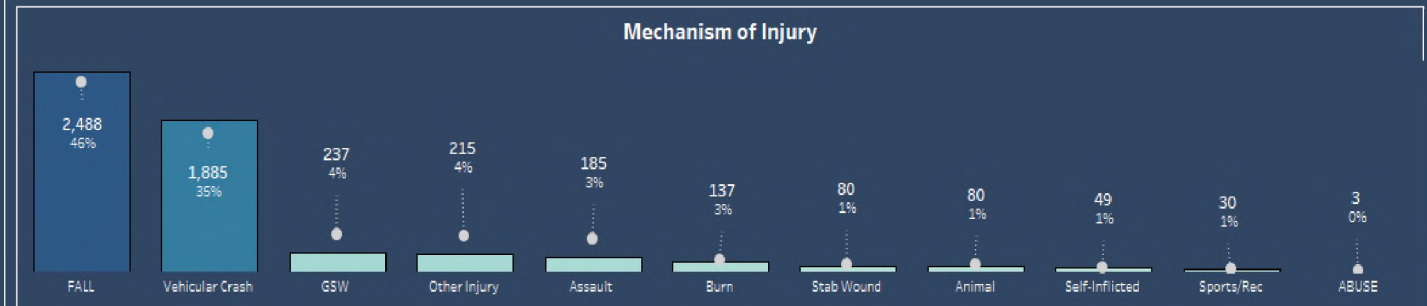
Sex



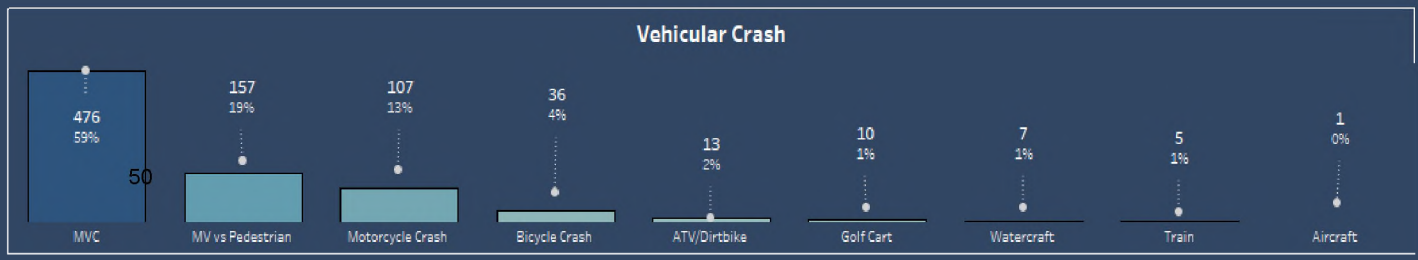
EMS Agency



Mechanism of Injury



Vehicular Crash



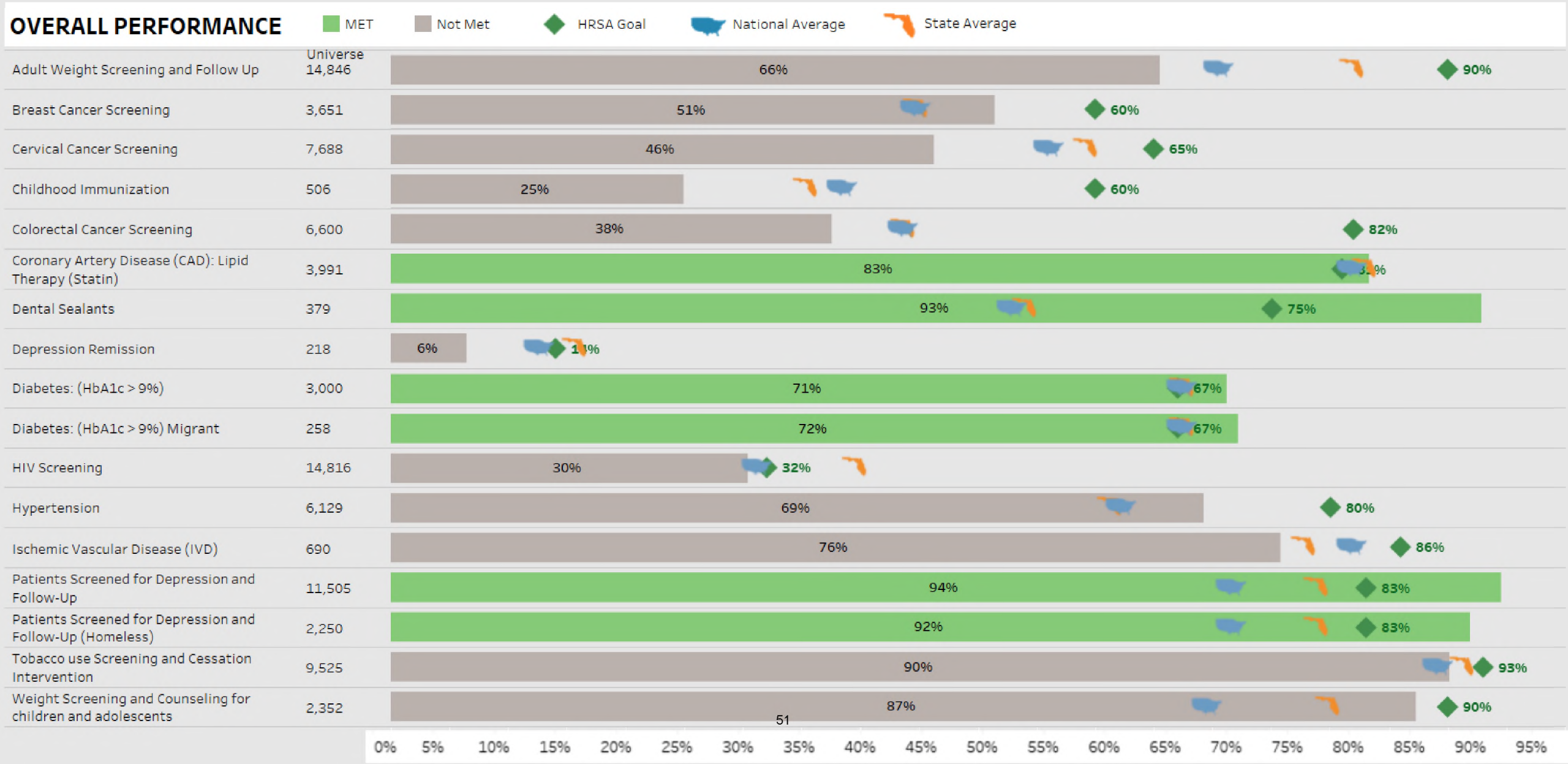
C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

UDS PROVIDER LEVEL QUALITY MEASURES 2022

Load Date
7/4/2022

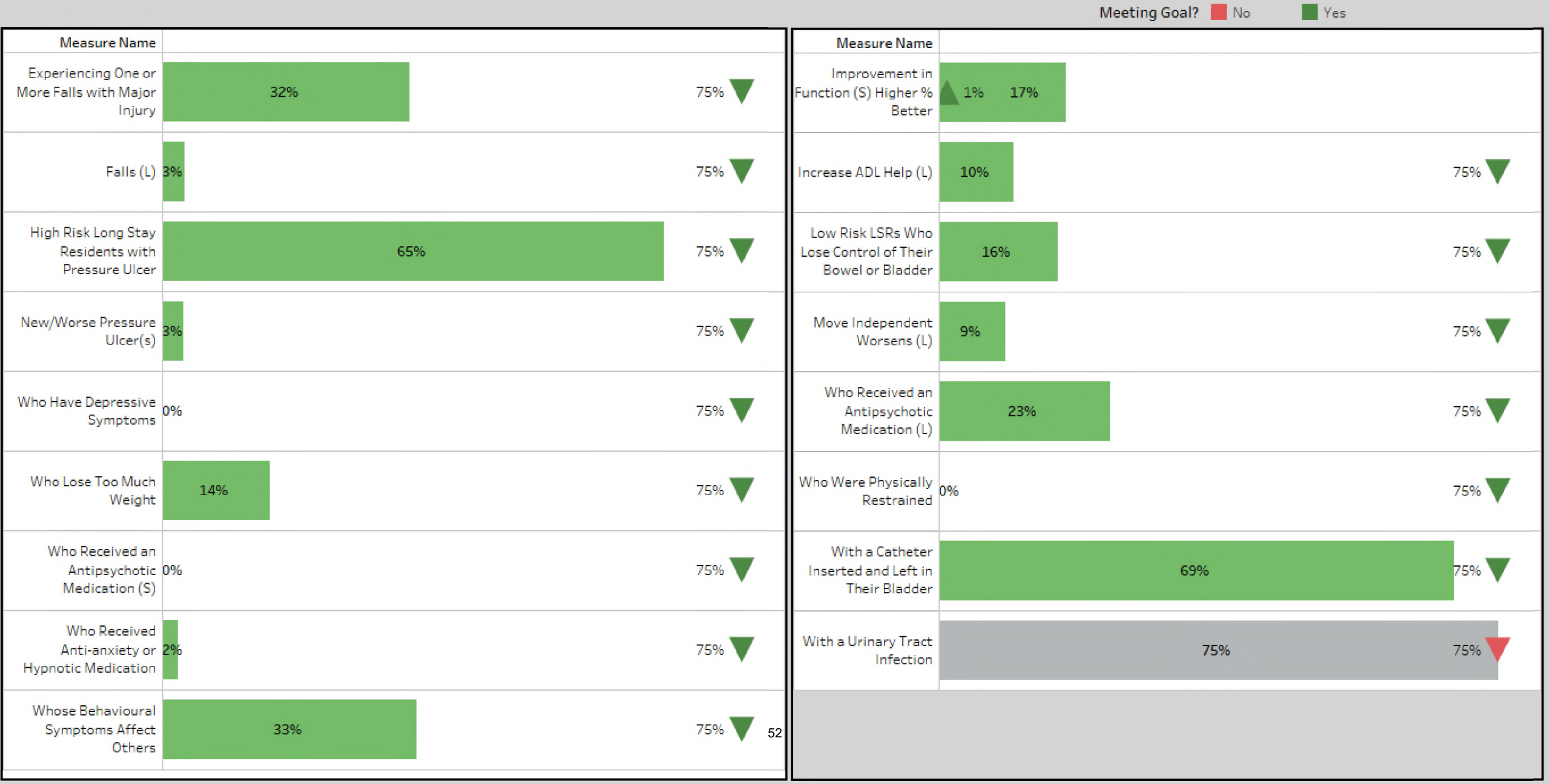
Filters

OVERALL PERFORMANCE



Healey Center
Health Care District Palm Beach County

EJH Quality Measures
2nd Quarter 2022



Lakeside Medical Center
Health Care District Palm Beach County

LMC Quality Core Measures
2nd Quarter 2022

Inpatient Measures

Meeting Goal? No NP Yes

Measure Name	Sample Size	
ED-1a	96	36% ▲ 35%
IMM-2	0	NP ▲ 96%
PC-01	13	0% ▼ 2%
PC-02	8	13% ▼ 20%
PC-05	26	8% ▲ 15%
PC-06	34	6% ▼ 7%
SEPSIS-1	15	67% ▲ 70%
VTE6	0	NP ▼ 0%

Outpatient Measures

Meeting Goal? No Yes

Measure Name	Sample Size	
OP-3a	1	0% ▲ 45%
OP-18	102	31% ▲ 40%
OP-23	1	100% ▼ 71%

Health Care District
PALM BEACH COUNTY

Call Center Performance

4/1/2022 to 6/30/2022

Filters

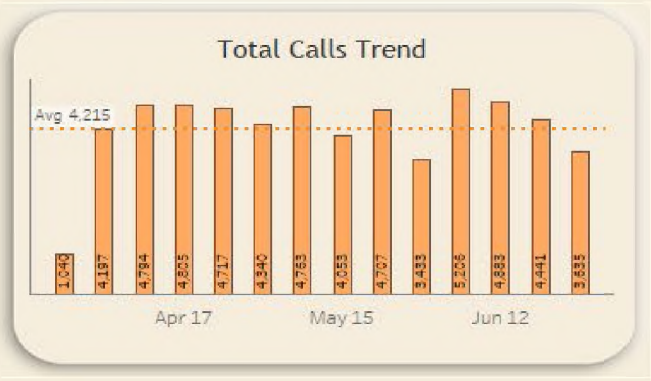
Call Date 4/1/2022 to 6/30/2022

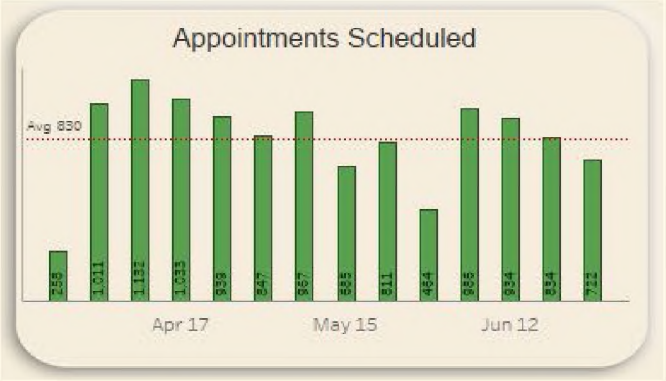
Agent Name All

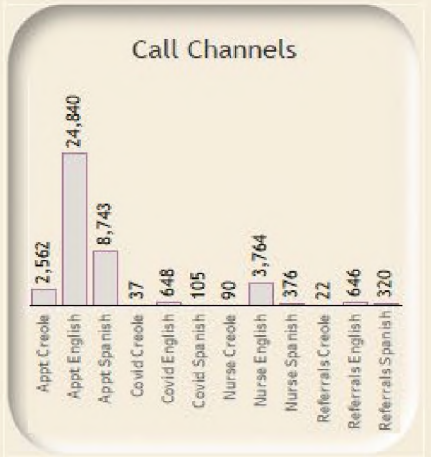
All

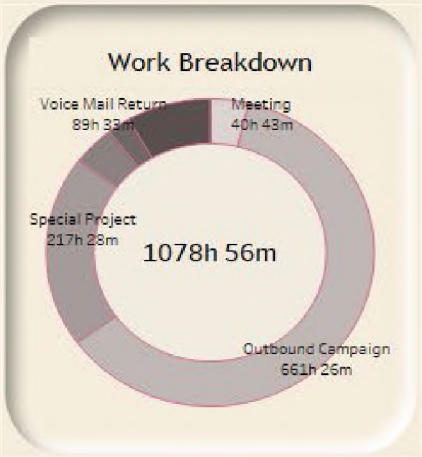
Total Calls Received	Total Inbound Calls	Total Outbound Calls	Patients Served
59,014	42,629 (72%)	16,381 (28%)	9,419

Appts. Scheduled	Handled Calls
11,623	41,171 (92.7%)









Key Performance Indicators

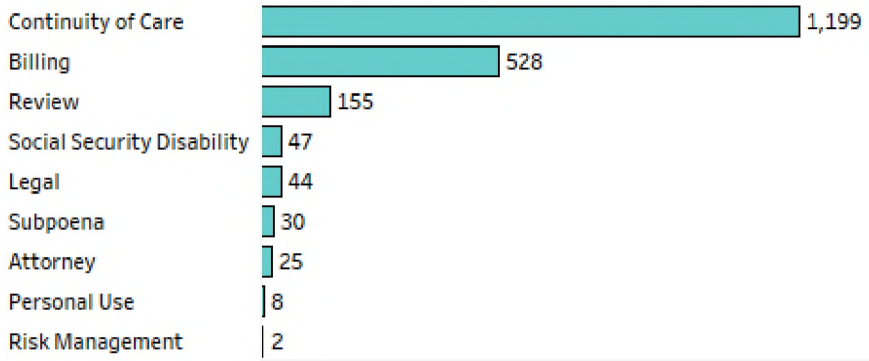
Time taken to answer calls	Average speed of answer	Avg Time to Handle Calls	Call Duration	Average Wrap-up Time	Call Abandonment Rate
SLA 80% calls answered < 20s	SLA < 28s	SLA Calls handled time < 6m	SLA < 4m	SLA < 6m	SLA < 5%
2m 17s	6s	7m 30s	4m 22s	15s	0.93%
Queue Time + Ring Time	Ring Time	Queue Time + Ring Time + Hold Time + Talk Time + Work Time	Talk Time	Work Time	Abandoned Call as % of Call Presented

Health Care District
PALM BEACH COUNTY

Health Information Management
Release of Information for Q2 2022

2,091	1	3,726	2	1,635	4
LMC Completed Releases	LMC Average Days Turnaround Time	Total Completed Releases	Overall Average Days Turnaround Time	PCC Completed Releases	PCC Average Days Turnaround Time

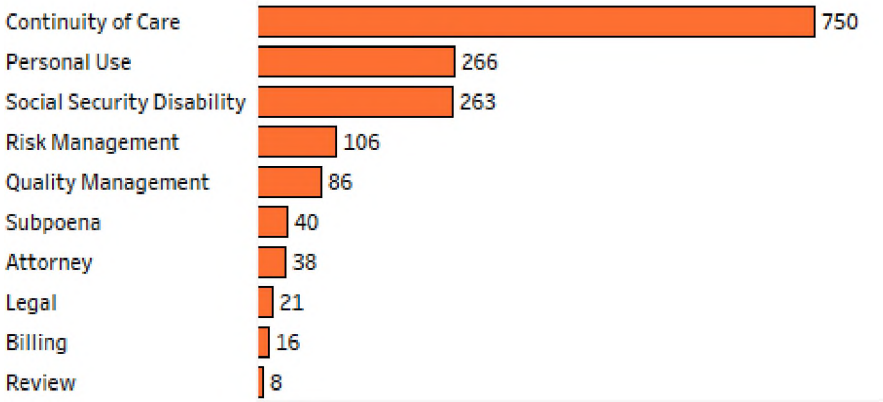
Top 10 LMC Completed by Purpose



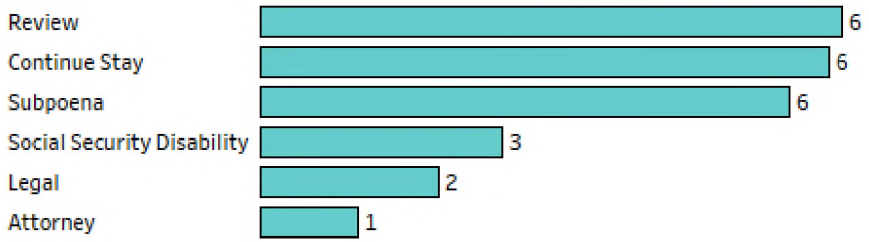
Top 10 Completed by Recipient

VENTRAHEALTH	307	307	0
SOCIAL SECURITY ADMINISTRATION (DISABILITY)	212	2	210
BLUE RADIOLOGY SERVICE	116	99	17
VENTRA HEALTH	113	113	0
CIOX AMBETTER SUNSHINE HEALTH	95	0	95
THE PEDIATRIC CENTER	82	79	3
SOCIAL SECURITY ADMINISTRATION	71	43	28
REBECCA ABU, MD	67	59	8
MARTIN HARLAND, DO	58	52	6
ANTONIO MENDEZ, MD	49	45	4

Top 10 PCC Completed by Purpose



Top 10 LMC Turnaround Time by Purpose



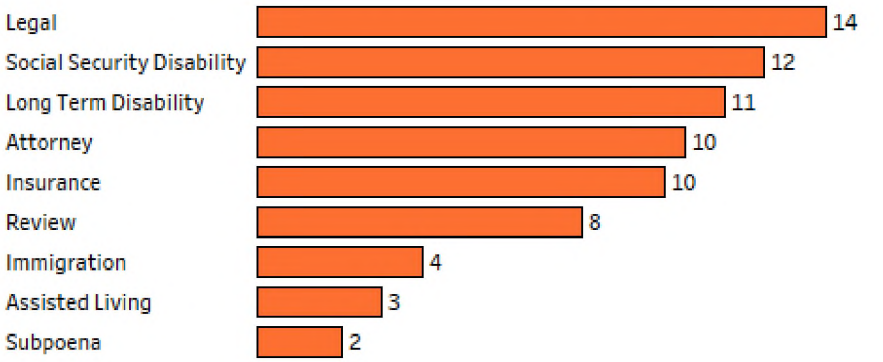
LMC

VENTRAHEALTH	307
VENTRA HEALTH	113
BLUE RADIOLOGY SERV..	99
THE PEDIATRIC CENTER	79
REBECCA ABU, MD	59
MARTIN HARLAND, DO	52
ANTONIO MENDEZ, MD	45
SOCIAL SECURITY ADMI..	43
SOCIAL SECURITY ADMI..	2

PCC

SOCIAL SECURITY ADMI..	210
CIOX AMBETTER SUNSH..	95
SOCIAL SECURITY ADMI..	28
BLUE RADIOLOGY SERV..	17
REBECCA ABU, MD	8
MARTIN HARLAND, DO	6
ANTONIO MENDEZ, MD	4
THE PEDIATRIC CENTER	3

Top 10 PCC Turnaround Time by Purpose



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

CLOSING THE LOOP ON REFERRALS

Referrals

TOTAL STATUS

14,918 Referrals

Open Closed

13,809 93%

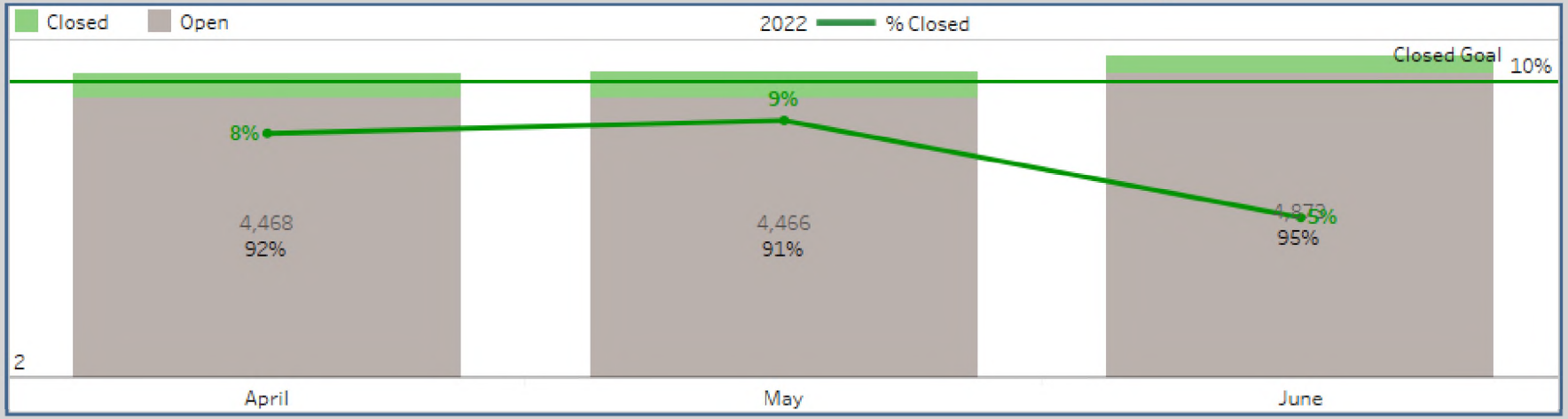
1,109 7%

CATEGORY

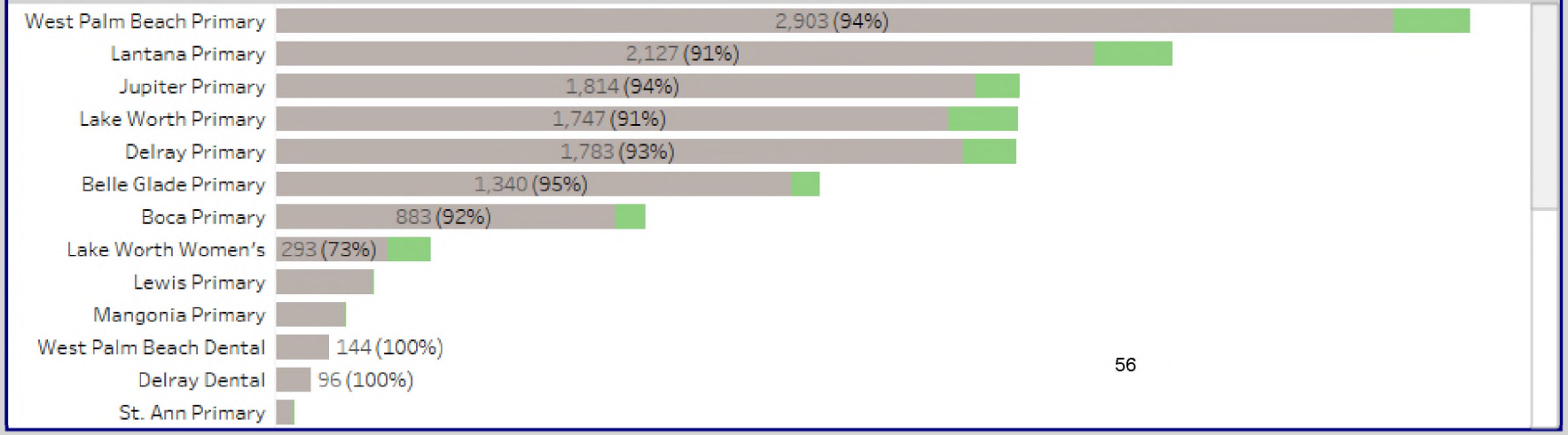
- ✔ Non Referral Department
- ✔ Referral Department

PROVIDERS

PEREZ, DANIEL JESUS	1,054 (93%)
DABU, DARNEL	990 (92%)
ST VIL, CARLINE	999 (93%)
FLOREZ, GLORIA	972 (92%)
PIERRE LOUIS, JOANN	908 (91%)
SHOAF, NOREMI	925 (96%)
PHILISTIN, KETELY	872 (94%)
LAM, MINH DAI	767 (92%)
ALFONSO PUENTES, RAMI..	747 (90%)
CLARKE-AARON, NOELLA	649 (93%)
NAVARRO, ELSY	553 (87%)
HARBERGER, SENECA	540 (96%)
JEAN-JACQUES, FERNIQUE	496 (89%)
GARCIA, CARLOS	472 (90%)
LAZARO RIVERA, NANCY	364 (96%)
MARZOUCA, KISHA F.	318 (99%)
CASANOVA, JENNIFER	
WILKINSON, SARAH	
NORMIL-SMITH, SHERLOU..	
FERNANDEZ SANCHEZ, M..	
DESSALINES, DUCLOS	
KOOPMAN, REBECCA	
TAHERI, NERGESS T.	
SOFIANOS JR, MICHAEL	112 (100%)
FERWERDA, ANA	
ALWEHAIB, ARWA	96 (100%)
WARREN, SANDRA	
ZITO, AMALINNETTE	55 (100%)
LEQUERICA ZIEMBA, ADRI..	55 (100%)
WILLIAMS, RICHARD	31 (100%)
ZANGENEH, YASMINE	28 (100%)
PHILLIPS, COURTNEY	22 (100%)



DEPARTMENTS

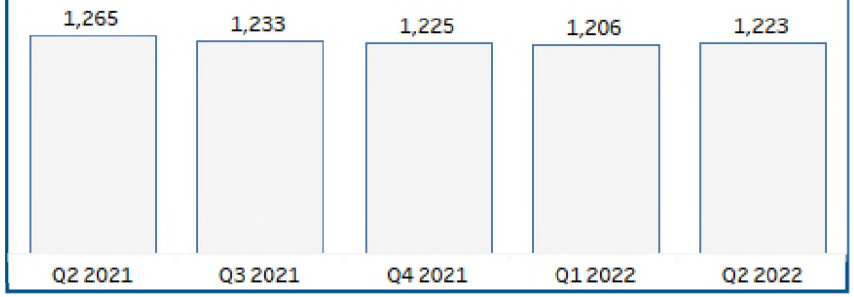


Health Care District
PALM BEACH COUNTY

Human Resources Dashboard
Q2 2022

1,220	62	77	16	46	7
Current Head Count	Total Terminations	New Hires	New Hires Termed	Average Age	Avg Years Tenure

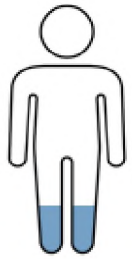
Headcount Trend



Employee Demographics

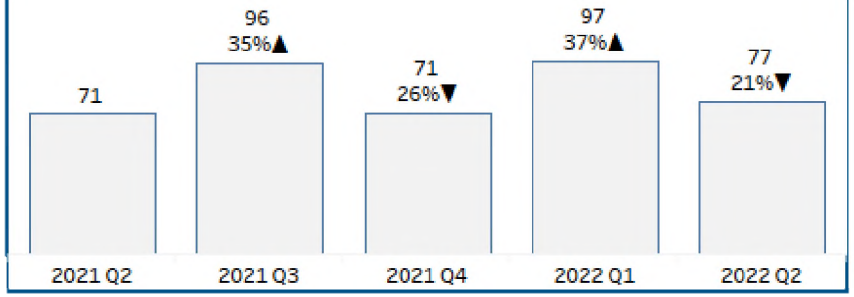
79%

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific I..
- Two or more races (Not Hispanic o..
- Asian
- Null
- Black or African American
- White

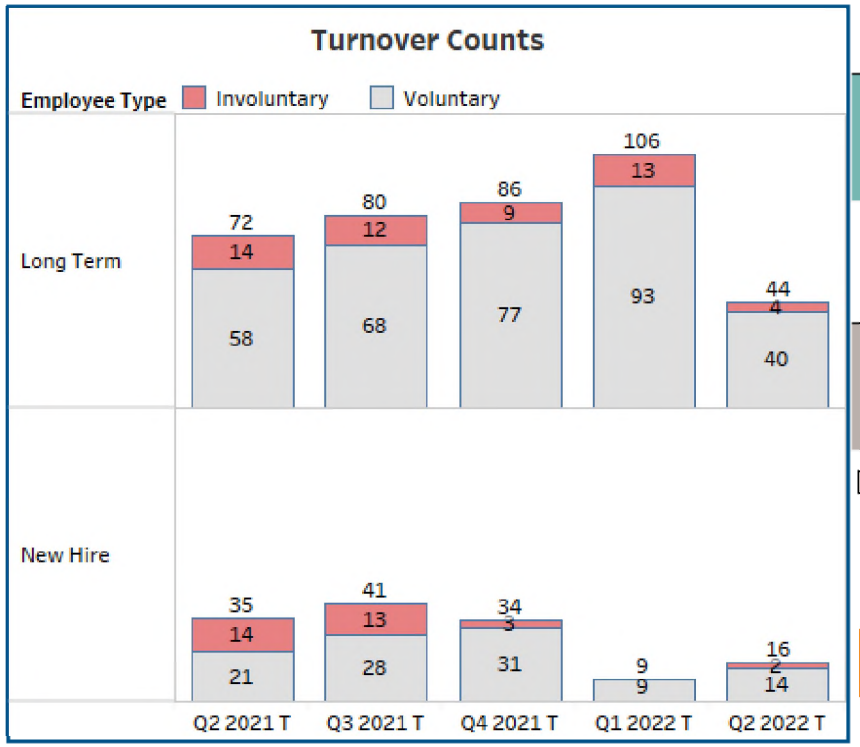


21%

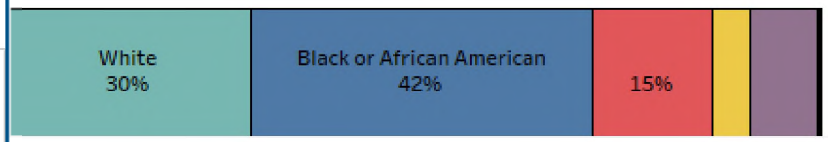
New Hire Trend



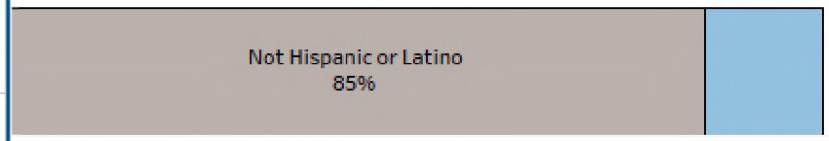
Turnover Counts



Race

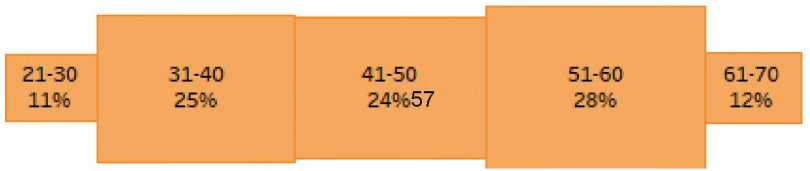


Ethnicity

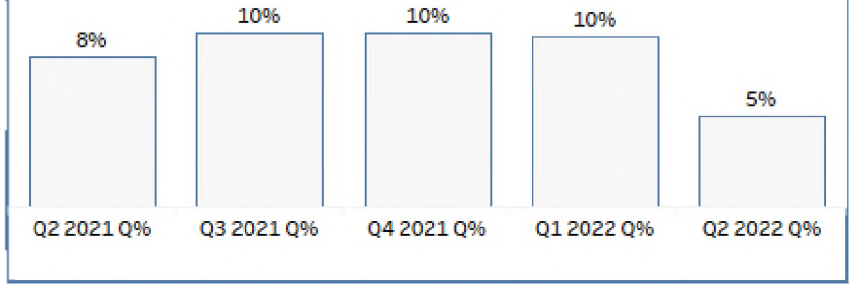


Not Hispanic or Latino Hispanic or Latino

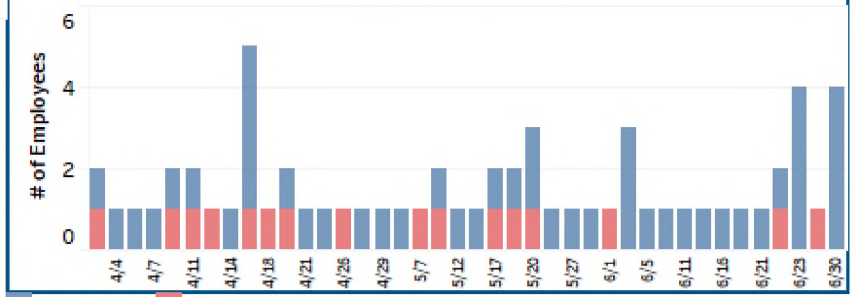
Age



Turnover Percent



Turnover Trend

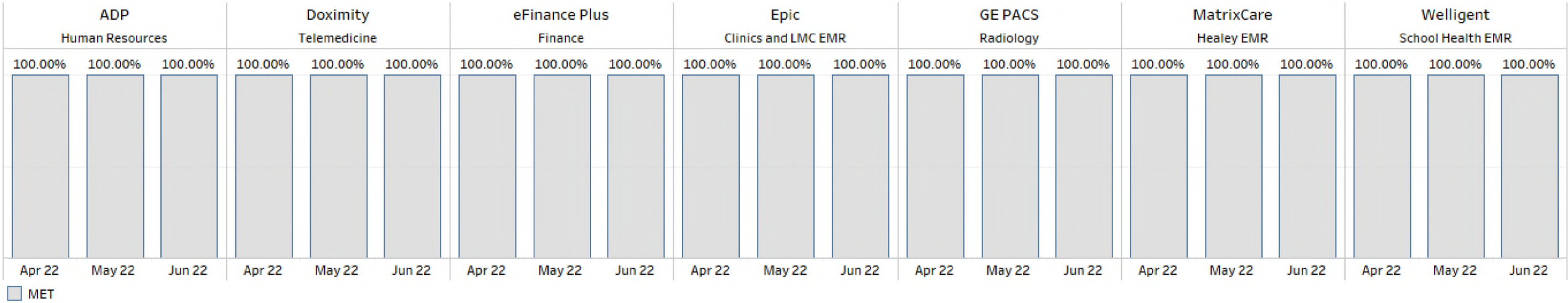


Long Term New Hire

Health Care District
PALM BEACH COUNTY

UPTIME
For Q2 2022

Uptime Percent by Application
SLA 99.99%



NOTES: For Q2 we did not have an unplanned downtime for any of the mission critical applications we track thus meeting our SLA of 99.99 percent. The HCD userbase did experience small isolated pockets of Epic issues that made logging in difficult in March and June but the system was available to the majority of the users. This issue was traced back to a single MHS Citrix server each time. Once the MHS server was rebooted the issue was resolved. On 6/24/22 Lakeside Medical Center briefly lost network connectivity but the network quickly failed over to the backup circuit and restored functionality. The issue was tracked back to a fiber line being cut by accident per Palm Beach County.

22

Hours

(Non-Concurrent)

Planned downtime

system is unavailable while it undergoes routine maintenance

Downtime

Application Na..	Date	Planned	Planned %	Unplanned	Unplanned %
eFinance Plus	Apr 22	2	0.28%	0	0.00%
Epic	Apr 22	4	0.56%	0	0.00%
	May 22	4	0.54%	0	0.00%
	Jun 22	4	0.56%	0	0.00%
MatrixCare	Apr 22	4	0.56%	0	0.00%
	May 22	2	0.27%	0	0.00%
	Jun 22	2	0.28%	0	0.00%

0

Hours

(Network Outage)

Unplanned downtime

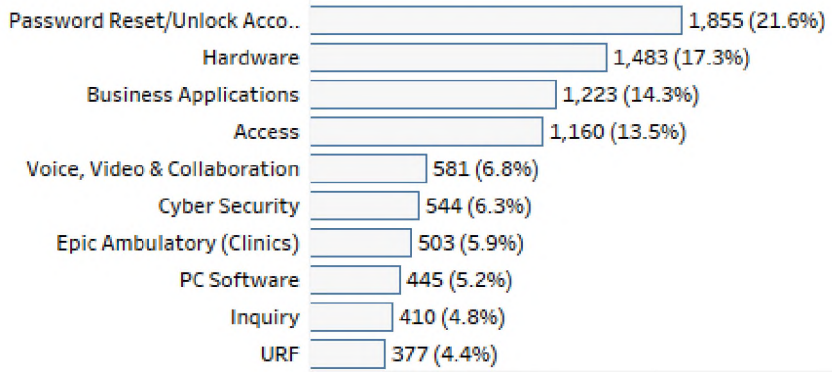
system is unavailable due to unforeseen circumstances

Health Care District
PALM BEACH COUNTY

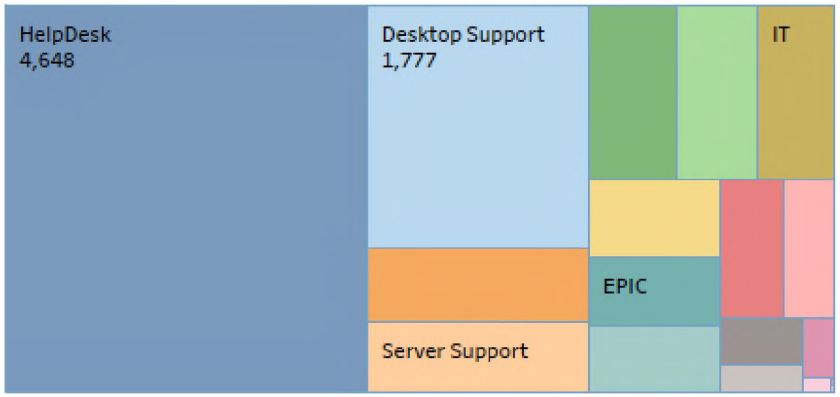
SERVICE DESK
For Q2 2022

5,377	186	3.46%	5,835	4,801	91%	5,353
Total Calls	Abandoned Calls	Abandoned % (Target 4.5%)	Tickets Created Q2	Tickets Opened & Closed Q2	Closure % of Q2 Tickets	All Tickets Closed Q2

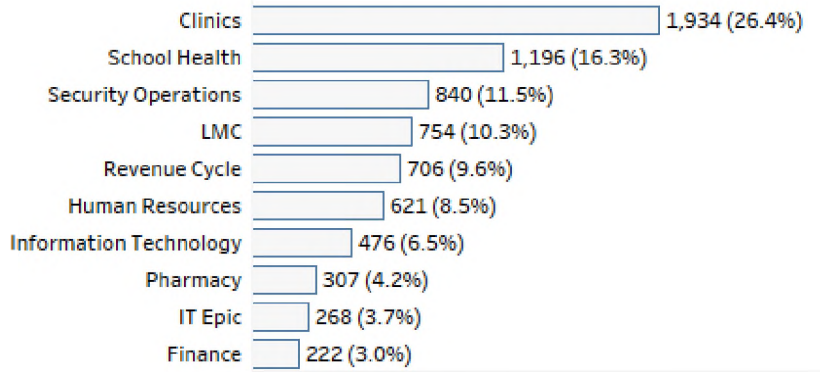
Top 10 Tickets by Category



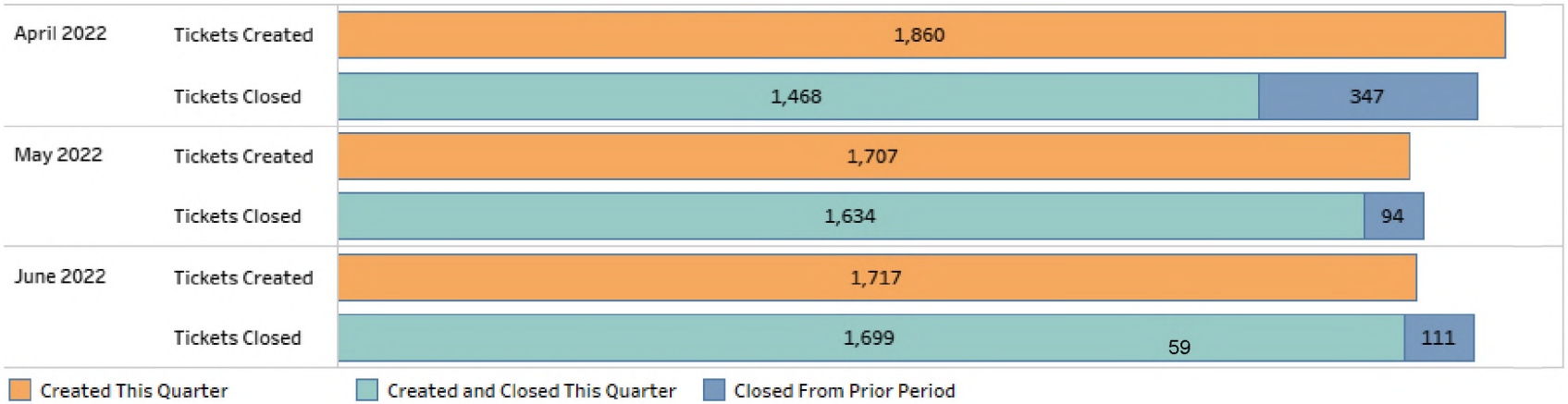
of Tickets by Group



Top 10 Total Tickets by Business Unit

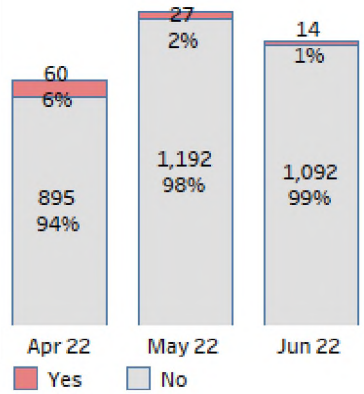


Tickets Created/Tickets Closed



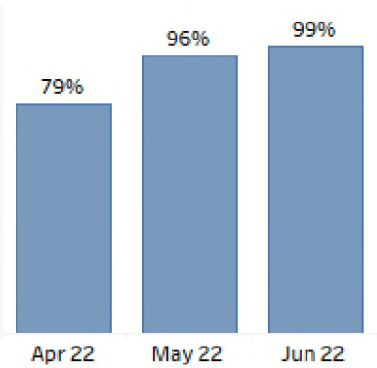
Missed SLA

Incidents Only



Closure Rate

Opened and Closed Same Month

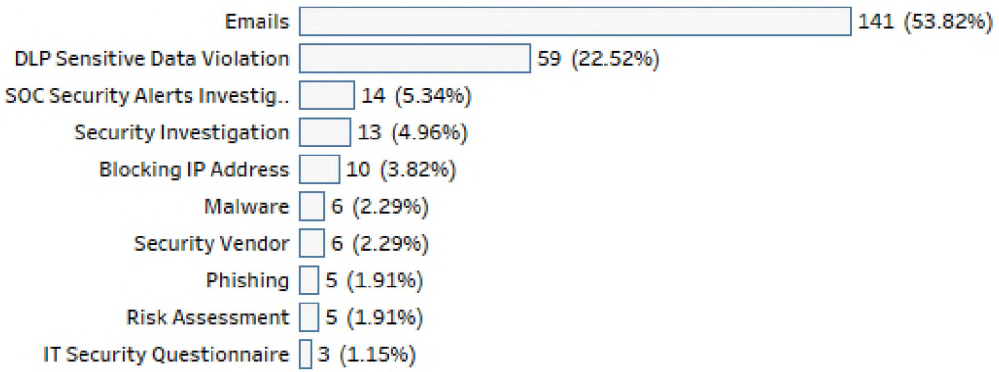


Health Care District
PALM BEACH COUNTY

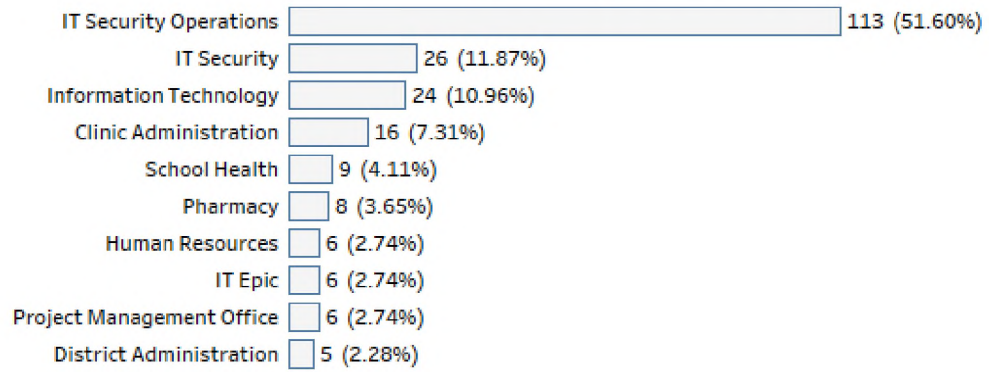
CYBER SECURITY
For Q2 2022

0	269	2.46	99.63%
Total Reportable Cyber Security Investigations	Total Investigations	Avg Days to Resolve	Percent of Investigations Closed

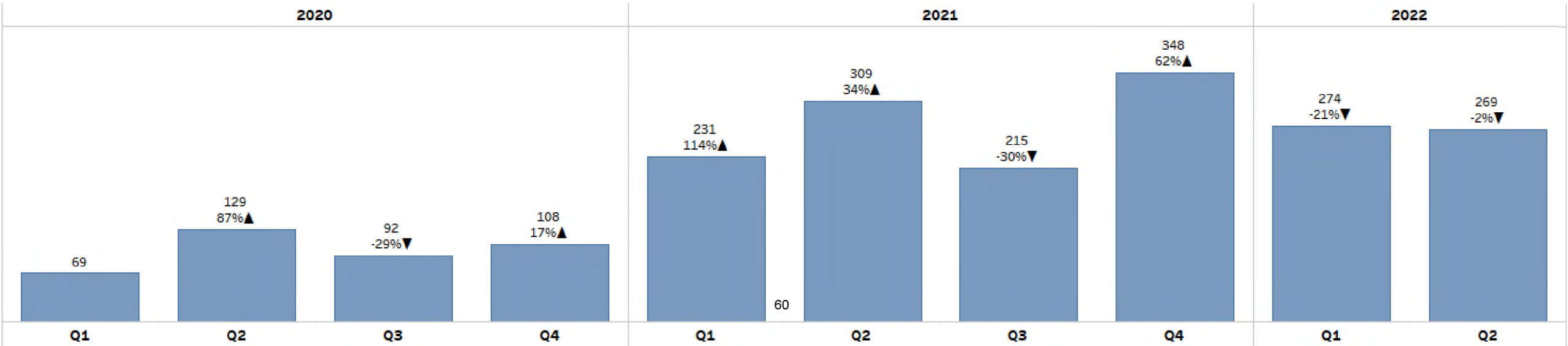
Top 10 Total Investigations by Category



Top 10 Total Investigations by Business Unit



Request Trend by Quarter



Health Care District
PALM BEACH COUNTY

EnlivenHealth™ and HCDPBC Pharmacy

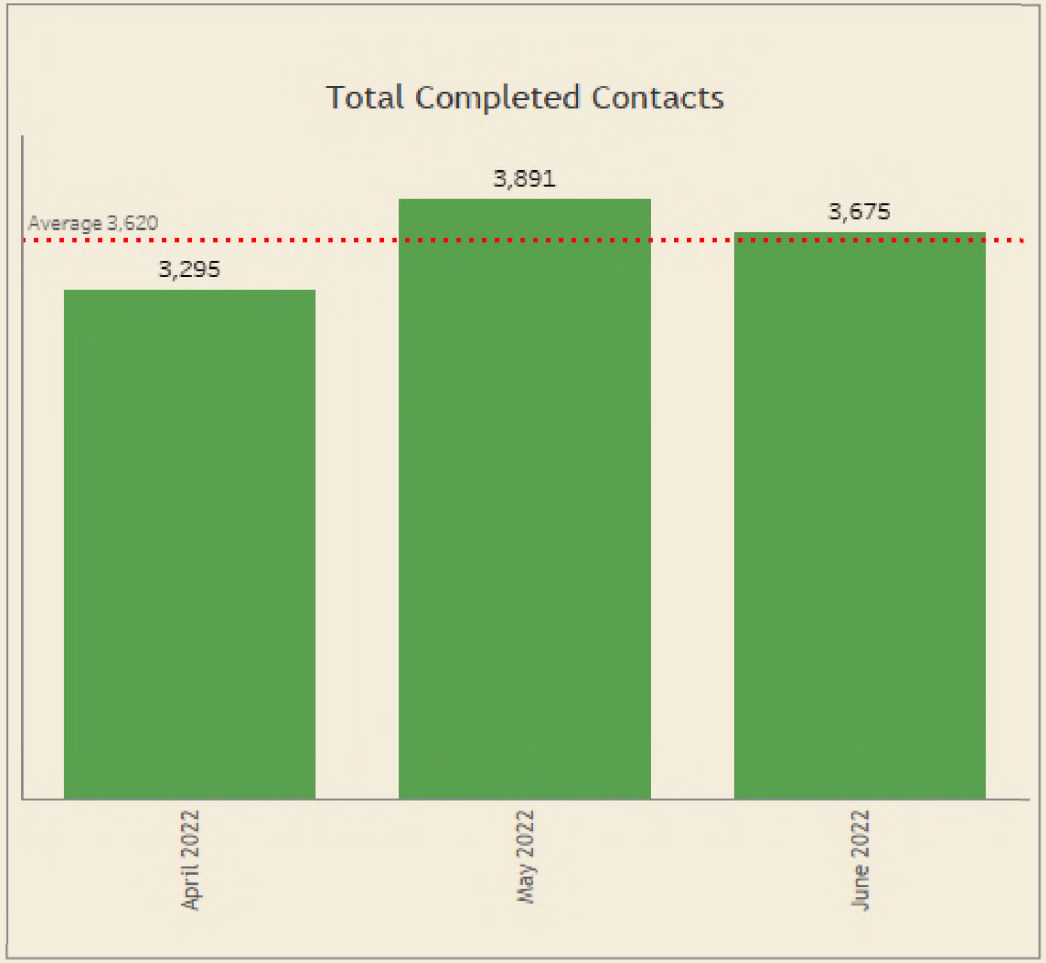
Non-Interactive Chain Summary - Q2 2022 Data for All Pharmacy

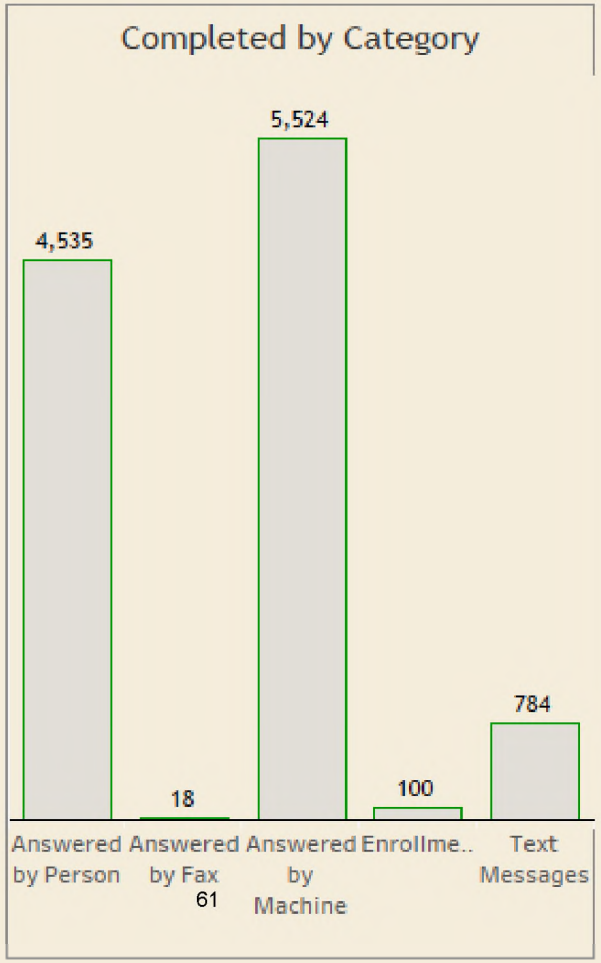
Filters

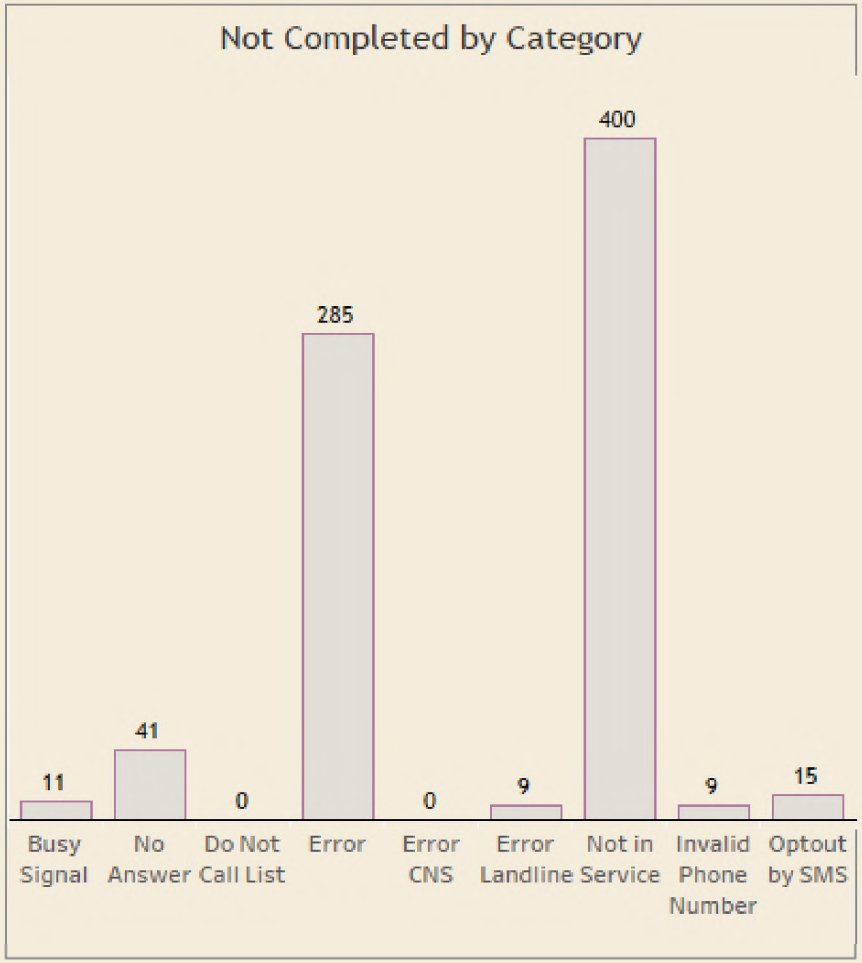
Otr Q2 2022

Store Name All

Total Contacts	Prescription-Orders Ready	Pickup late	Pickup Warning	Total Completed Contacts (%Completed)	Average Completed Call Duration
11,728	7,312	3,094	1,322	10,861 92%	29.08s







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

Attendance Tracking for 12/2021 to 12/2022

	12/15/22	3/23/22	6/15/22	9/27/22	12/14/22
Dr. Alina Alonso	X		X	MEETING CANCELLED	
Dr. Luis Perezalonso					
Kimberly Schulz	X	X	X		
Erica Whitfield			X		
Dr. LaTonya McNeal					
Robert Glass					
William Johnson					

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Quality, Patient Safety and Compliance Committee meeting Schedule for 2023

2. Summary:

This agenda item provides the Committee with the meeting schedule for 2023.

3. Substantive Analysis:

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

March 15, 2023

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

June 15, 2023

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

September Meeting (Date TBD)

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

December 14, 2023

- 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 ☐

*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:

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

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 and Compliance Committee meeting Schedule for 2023.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
2BFB5BDACB0848B...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboards for the 3rd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

C. L. Brumback Primary Care Clinics

For Quarter 3 2022, there were a total of 40 Patient Relations Occurrences that occurred between 7 Clinics and Clinic Administration. Of the 40 occurrences, there were a total of 4 Grievances and 36 Complaints. The top 5 categories were Care & Treatment, Finance, Referrals, Communication and Respect Related issues. The top subcategory was Billing Issues with 6 occurrences. This was followed by Inappropriate Care and Referral Communication with 4 occurrences in each.

There was also a total of 236 Compliments received across 8 Clinics and Clinic Administration. Of the 236 Compliments, 228 were patient compliments and 8 were employee to employee Thumbs-Up compliments.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 46 grievances submitted during the 3rd quarter. 32 residents were responsible for the 46 grievances. The average census for the quarter was 110. The top 5 categories were Personal Belongings (14), Communication (13), Nutrition (7), Nursing related (5), and Environment (4). Some of the concerns included: missing clothing which were found in the resident room, invitation letter received by family for care plan meeting- family misread letter and thought there was a luncheon at the care plan meeting, not liking dinner- food preference was updated, broken tooth and request was made for the dentist, and residents roommate spending a long time in the bathroom. Grievances were resolved within the recommended guidelines.

A total of 15 compliments were submitted this quarter by residents and resident representatives. The compliments were having a wonderful facility with all the staff being nice, the cleanliness of the facility, and happy with the staff and the excellent care that they provide.

Lakeside Medical Center

Lakeside Medical Center reported a total of 15 complaints and 2 compliments for the Q3 July - September 2022. The event categories include 9 Care & Treatment, 2 Communication, 1 Environmental, 1 Personal Belongings, and 2 Respect Related. All complaints are addressed by the Patient Advocate who ensures appropriate follow-up occurs as necessary.

Pharmacy

For Q3, Pharmacy had two patient complaints, one in the Delray Beach Pharmacy and one in the Belle Glade Pharmacy. Delray pharmacy also reported one patient bad behavior and had two patient compliments attributed to them.

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 ☐

*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:

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

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
2BFB5BDACB0848B...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

Primary Care Clinics
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
C.L. Brumback Primary Care Clinics

Detail

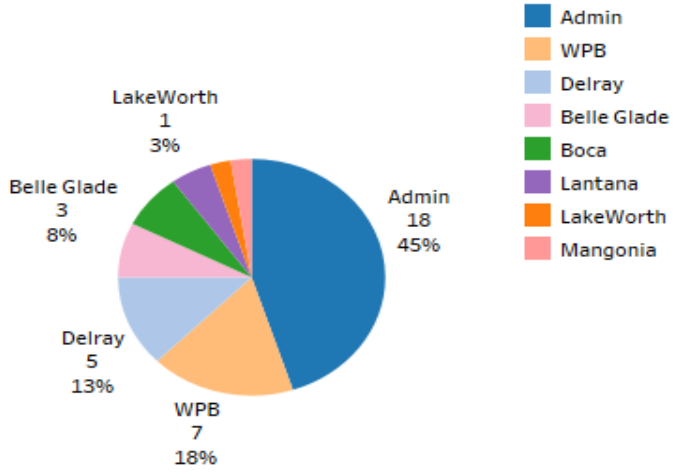
Top Categories
5

2022 Q3 7/1/22 to 9/30/22

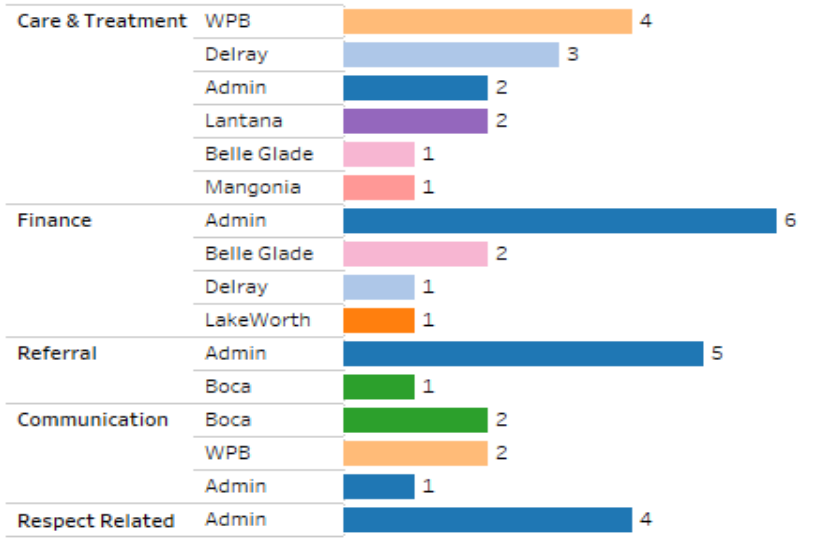
Dept Desc All | Provider All | Clinic All

Total Complaints and Grievances 40 | **Late Entries: 2**

Clinics



Top 5 Categories



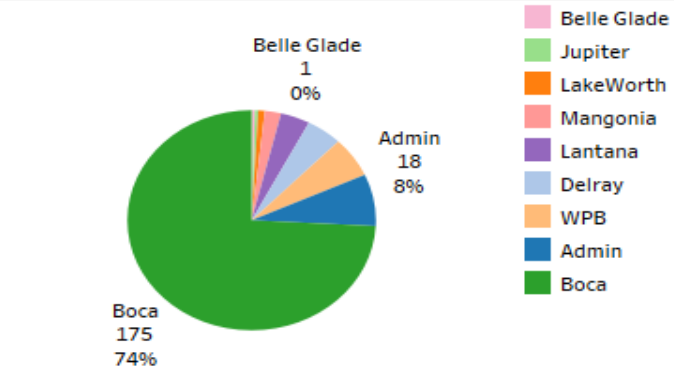
Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	4
	Competency Of Staff	3
	Wait Time	3
	Lack of Continuity of Care	1
	Refusal of Treatment	1
	Resident to Resident Health and Safety	1
Communication	Poor Communication	3
	Failure to Introduce	1
	Staff did not explain Things Understan..	1
Finance	Billing issues (refusal to pay request fo..	6
	District Cares Related	2
	Lack of Explanation	2
Referral	Communication	4
	Authorization	1
	Untimely processing	1
Respect Related	Bad attitude/rude	3
	Courtesy of staff	1

Total Compliments 236 | **Late Entries: 15**

Complaints/Grievances Prev 4 Quarters 187

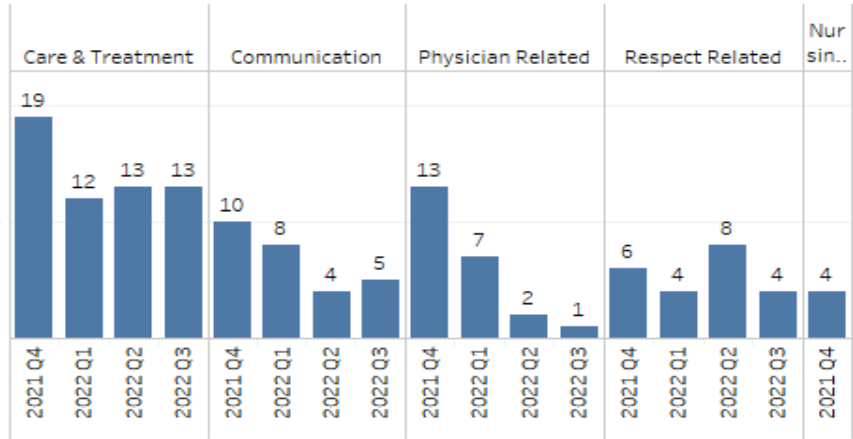
Clinics



Care and Treatment Categories

Top 5 Categories Trended

10/1/21 to 9/30/22



* Color represents Department, ** CSS = Clinical Support Staff

Healey Center
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Detail

Top Categories
5

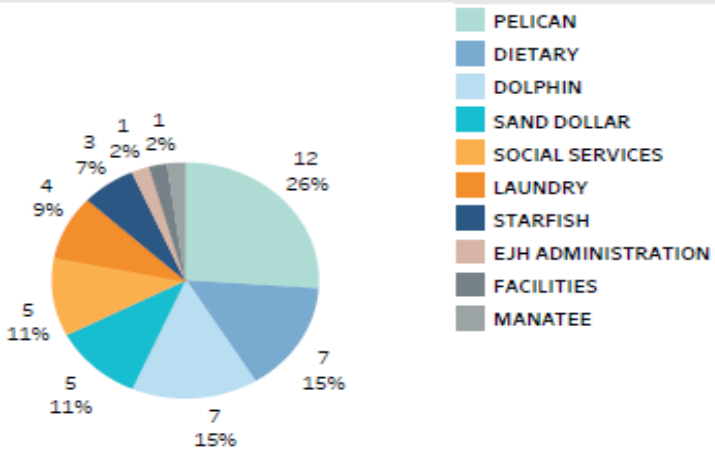
Provider All

2022 Q3

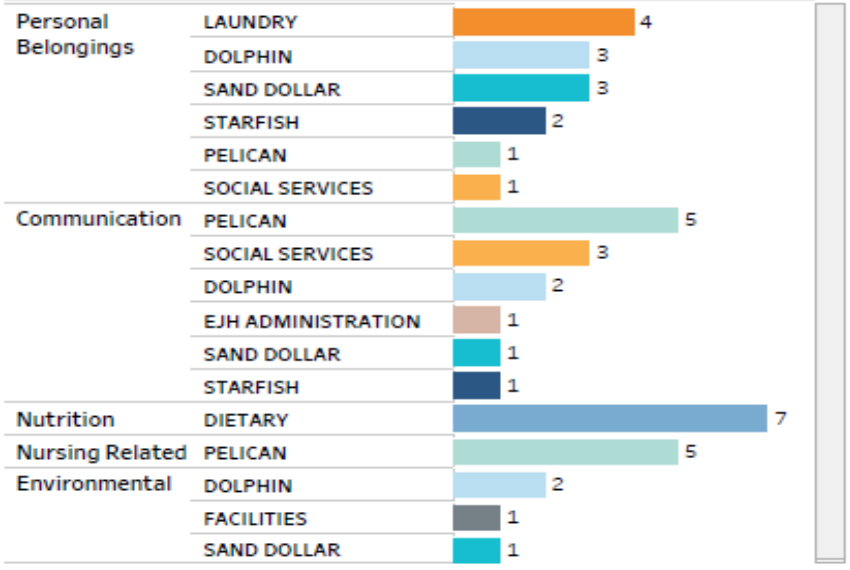
7/1/22 to 9/30/22

Total Complaints and Grievances 46 **Late Entries:** 24

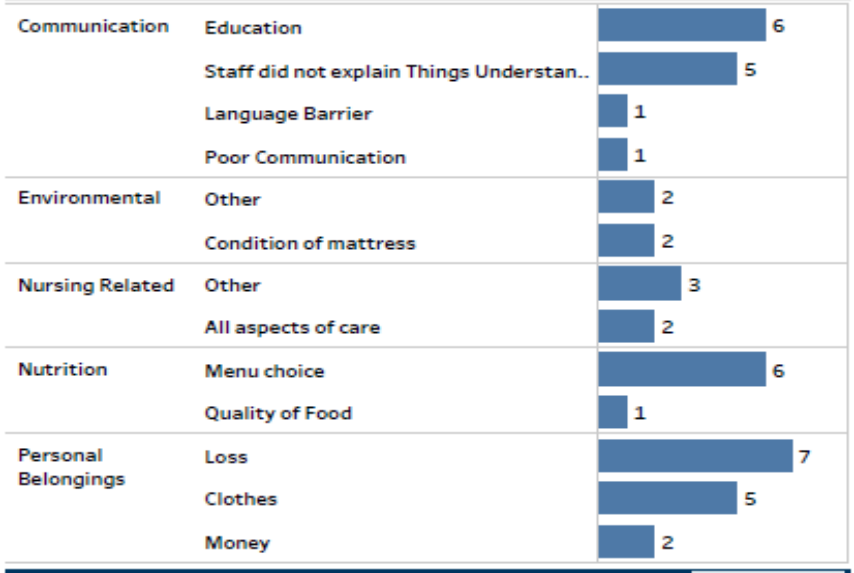
Departments



Top 5 Categories



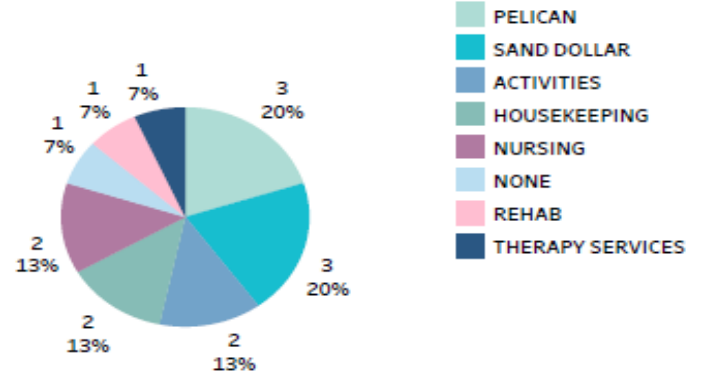
Total Top 5 Subcategories



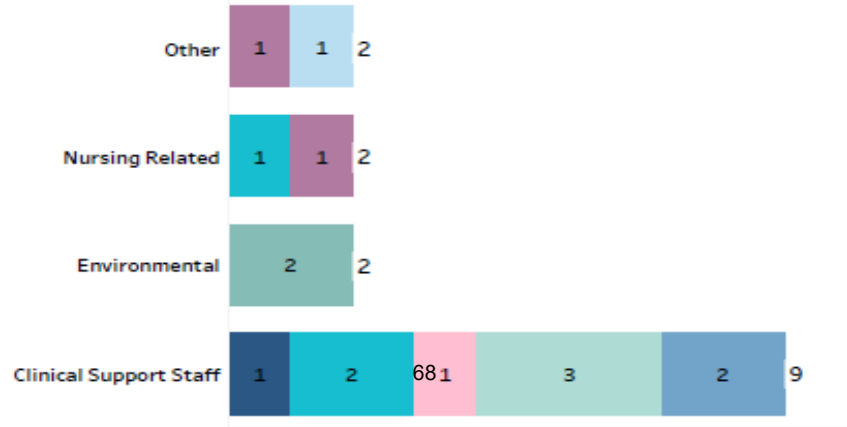
Total Compliments 15 **Late Entries:** 0

Complaints/Grievances Prev 4 Quarters 171

Departments



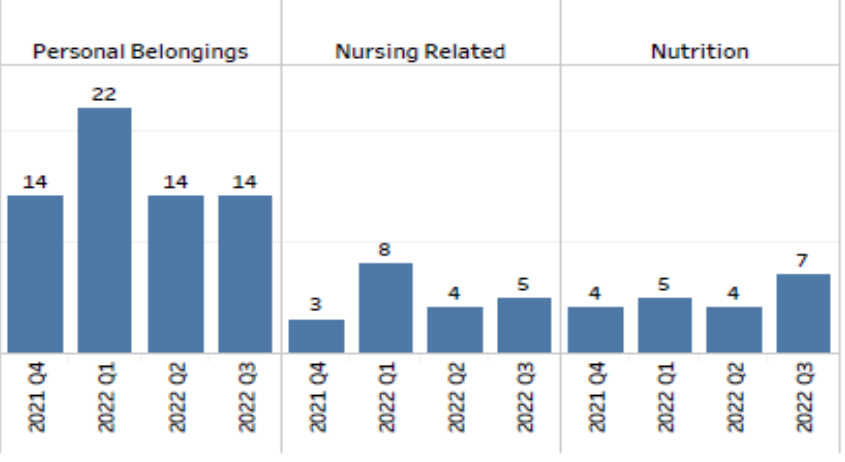
Care and Treatment Categories



* Color represents Department

Top 5 Categories Trended

9/30/21 to 9/30/22



Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center

Lakeside Medical Center
Health Care District Palm Beach County

Detail

Top Categories
5

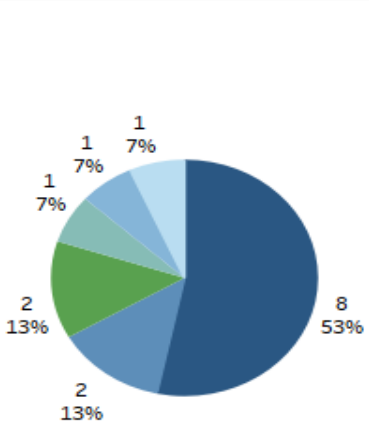
Provider
All

2022 Q3

7/1/22 to 9/30/22

Total Complaints and Grievances 15 **Late Entries: 0**

Departments



- EMERGENCY SERVICES
- MED SURGERY 2ND FLOOR
- PEDIATRICS
- CLINICAL LABORATORY
- FOOD SERVICE
- NONE

Top 5 Categories

Care & Treatment	EMERGENCY SERVICES	5
	MED SURGERY 2ND FLOOR	1
	NONE	1
	PEDIATRICS	1
Respect Related	EMERGENCY SERVICES	1
	FOOD SERVICE	1
Communication	EMERGENCY SERVICES	1
Environmental	CLINICAL LABORATORY	1

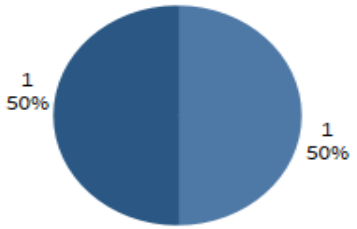
Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	4
	Confidence in Care Givers	2
	Competency Of Staff	1
	Lack of Continuity of Care	1
	Wait Time	1
Communication	Poor Communication	2
Environmental	Lack of cleanliness	1
Personal Belongings	Loss	1
Respect Related	Bad attitude/rude	2

Total Compliments 2 **Late Entries: 0**

Complaints/Grievances Prev 4 Quarters 20

Departments

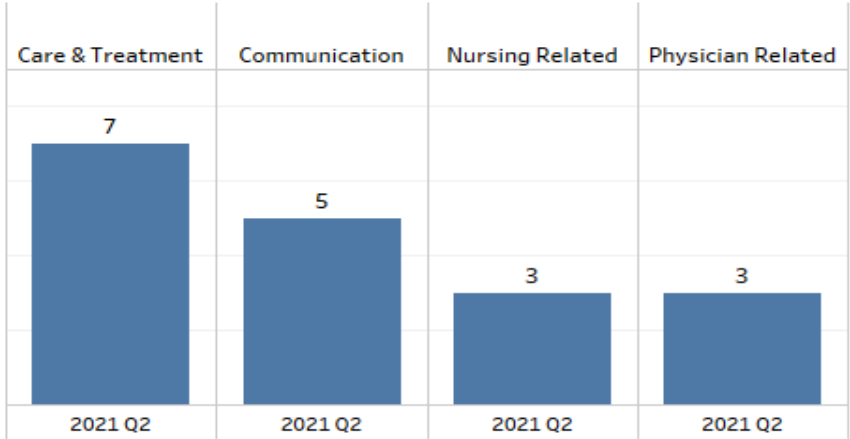


- ADMISSIONS
- EMERGENCY SERVICES

Care and Treatment Categories

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Detail

Top Categories
5

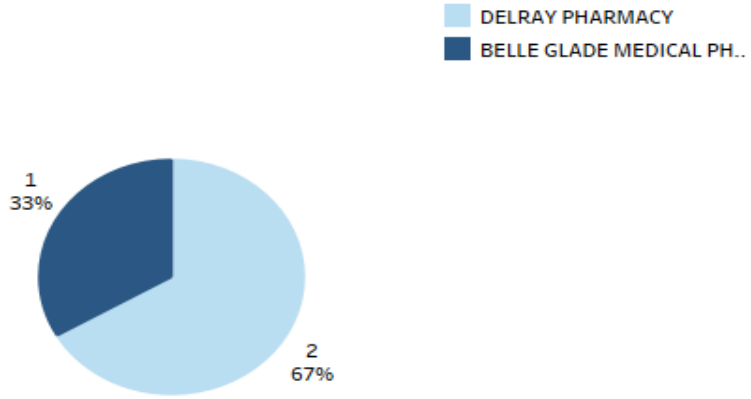
Provider All

2022 Q3

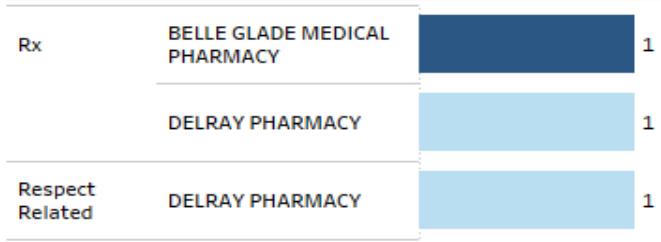
7/1/22 to 9/30/22

Total Complaints and Grievances 3 **Late Entries: 0**

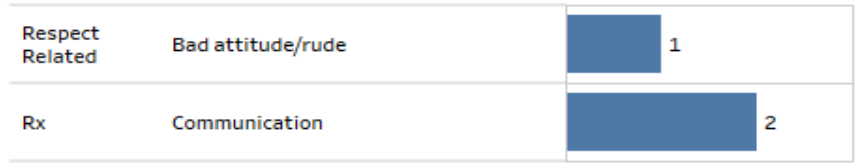
Departments



Top 5 Categories

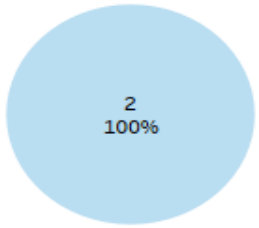


Total Top 5 Subcategories

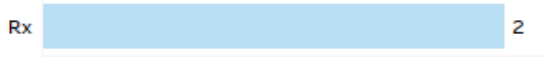


Total Compliments 2 **Late Entries: 0**

Departments



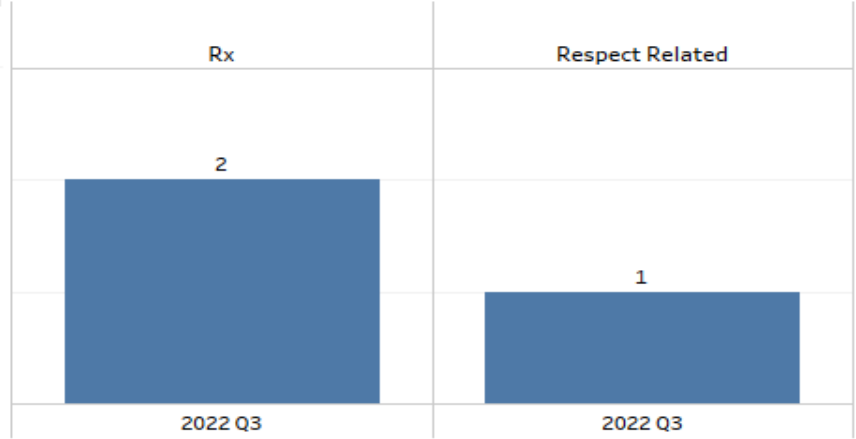
Care and Treatment Categories



Complaints/Grievances Prev 4 Quarters 3

Top 5 Categories Trended

7/1/22 to 9/30/22



* Color represents Department

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity dashboards for the 3rd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center and Lakeside Medical Center.

3. Substantive Analysis:

C. L. Brumback Primary Care Clinics

In September, the clinics had 10,019 visits which was 1,421 less than the month prior and 121 less than in September of 2021. 39% of patients were adults in Primary Care, 15% in Pediatrics and 21% in Dental. The Mangonia Clinic had the highest volume, with 1,645 visits, followed by Lantana, with 1,536 visits.

Our payer mix for September remains consistent with the previous month at 54% uninsured, 40% of patients were Managed Care and 4% Medicaid.

61% of patients were female. 51% of patients reported as White and 39% as Black. Of those patients, 41% reported as Hispanic, which is 15% less than the previous month. 5.5% of patients reported as agricultural workers.

Our average homeless population increased from the previous month to 21.7%. We served 1,563 unique homeless patients. Of those patients, 67% reported doubling up, 8% reported being in permanent supportive housing, and 8% in the street. In September, the average number of visits per homeless patient was 1.7, which was 0.3% more than a non-homeless patient.

The percentage of homeless patients varies per clinic. Mangonia and Lewis Center have the highest reported percentage of homeless patients at 53%. For that clinic, only 17% reported doubling up, 24% are in a homeless shelter and 28% are in the street. The lowest reported homeless population was in our Jupiter clinic with 7%. 70% of those patients reported as doubling up.

Edward J. Healey Rehabilitation and Nursing Center

During the third quarter, census for the Healey Center averaged 110. Covid-19 Screening averaged 11,936 for employees and 2664 for vendors. Treatments performed by nursing averaged 15,730 and 92,543 for medication administration. Food and nutrition services provided an average of 8,520. CNA POC documentation compliance rate for day shift averaged 99.15, evening shift averaged 99.22% and night shift averaged 99.17%. The therapy department completed a total of 3,919 units for the quarter.

Lakeside Medical Center

- Total Census Days by Level of Care – There was a total of 1868 patient days for Q3- 2022 compared to 2108 for Q2-2022 resulting in a 11.3% decrease.

- Emergency Services Visits – There was a total of 5107 visits for Q3-2022 compared to 4982 for Q2-2022 resulting in a 2.5% increase.

- Obstetrical Deliveries - There was a total of 33 deliveries for Q3-2022 compared to 44 for Q2-2022 resulting in a 25% decrease.

- Baker Acts – The was a total of 0 Inpatient Baker Act cases for Q3-2022 compared to 2 for Q2-2022 resulting in a 100% decrease.

- Physical Therapy Visits (Evaluations and Treatments) – There was a total of 199 evaluation and treatments for Q3-2022 compared to 272 for Q2-2022 resulting in a 26.8% decrease.

- Medication Orders - There was a total of 40,687 medications administered for Q3-2022 compared to 43,783 for Q2-2022 resulting in a 7% decrease.

- Laboratory Specimens Collected – There was a total of 22,041 lab specimens collected for Q3-2022 compared to 22,751 for Q2-2022 resulting in a 3.1% decrease.

- Radiology Exams Completed – There was a total of 6343 radiological exams performed for Q3-2022 compared to 6602 for Q2-2022 resulting in a 3.9% decrease.

- Co-Vid 19 Testing – There was a total of 2321 Covid-19 test performed for Q3-2022 compared to 2429 for Q2-2022 resulting in a 4.4% decrease.

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 ☐

*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:

DocuSigned by:
Candice Abbott
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Candice Abbott
VP & Chief Financial Officer

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
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

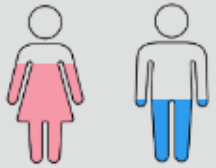
Darcy J. Davis
Chief Executive Officer

Primary Care Clinics
Health Care District Palm Beach County

Unique Patients	Patient Visits
6,944	10,019

Monthly Productivity September 2022

DEMOGRAPHICS



61% 39%

Homeless 20.9%

Agricultural 5.5%

RACE

White	Black/AfricanAme.
3,524	2,703
51%	39%

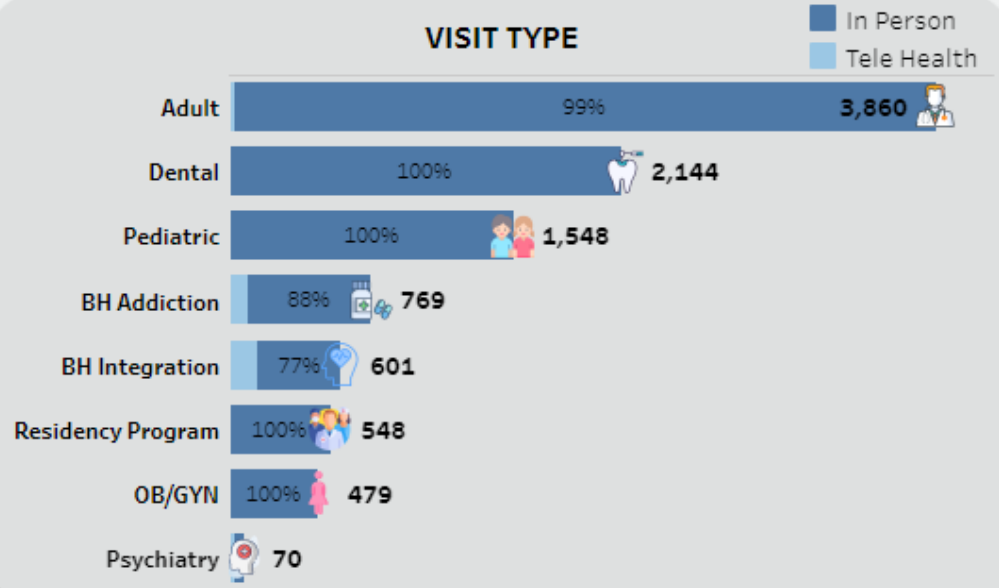
ETHNICITY

Not Hispanic or Latino	Hispanic or Latino
3,880	2,844
56%	41%

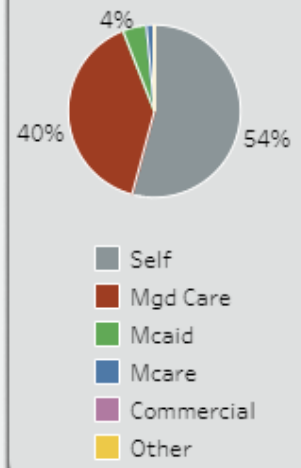
AGE GROUP

<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70+
7%	14%	7%	9%	17%	15%	15%	12%	4%

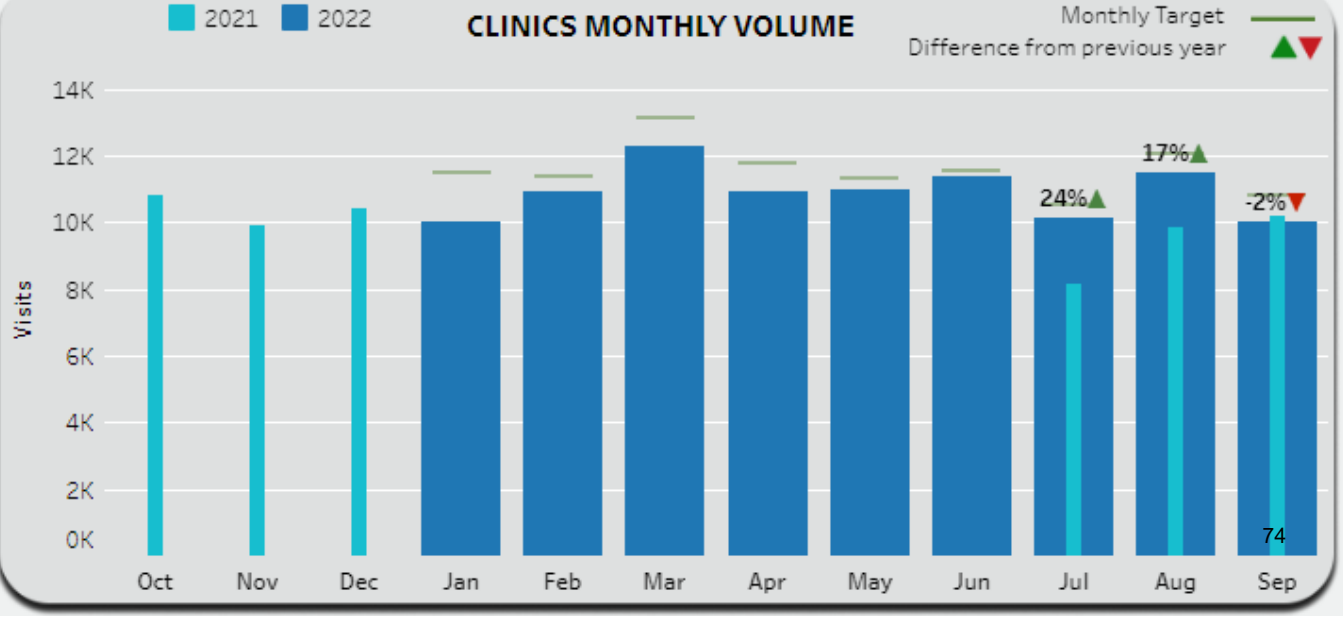
VISIT TYPE



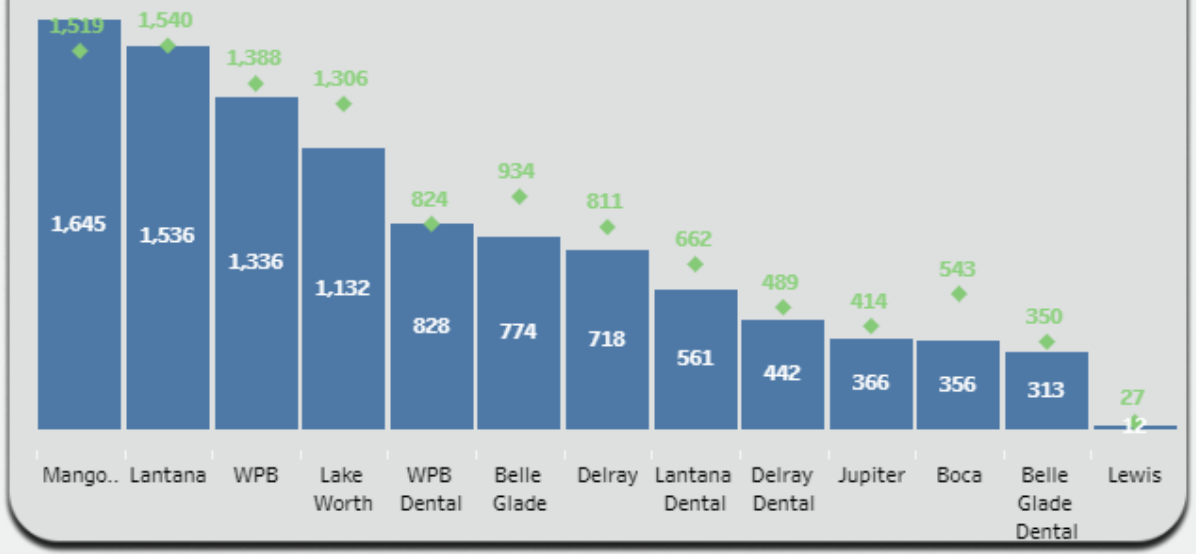
PAYOR MIX



CLINICS MONTHLY VOLUME



VOLUME BY CLINIC

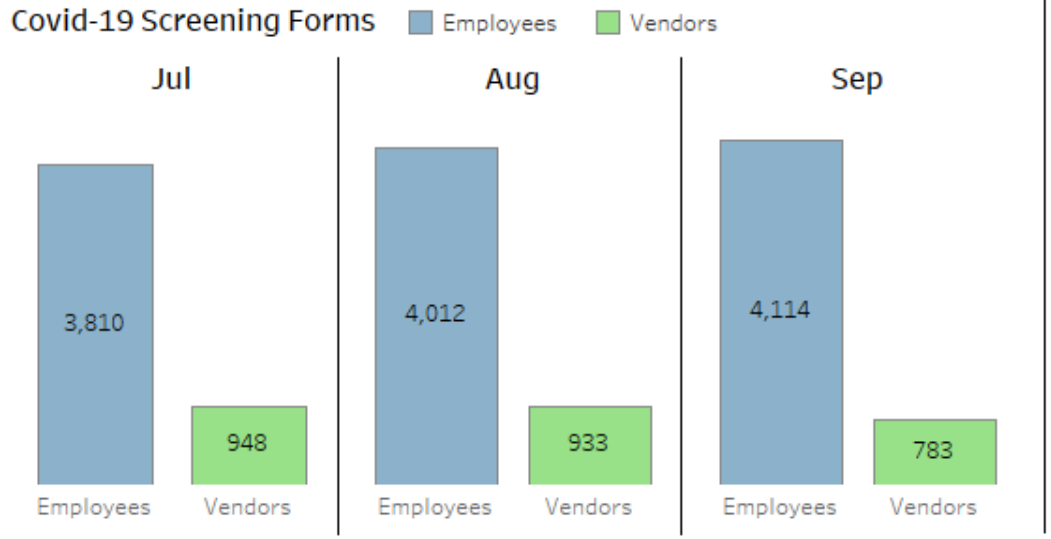


Healey Center
Health Care District Palm Beach County

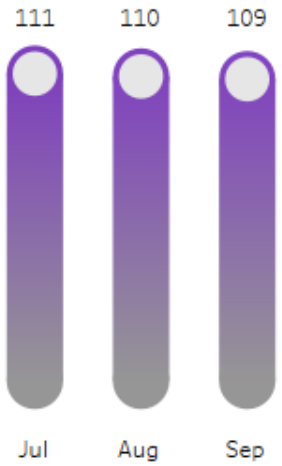
Healey Center Productivity Data

July 1, 2022
to
September 30, 2022

Covid-19 Screening Forms



Avg Monthly Census

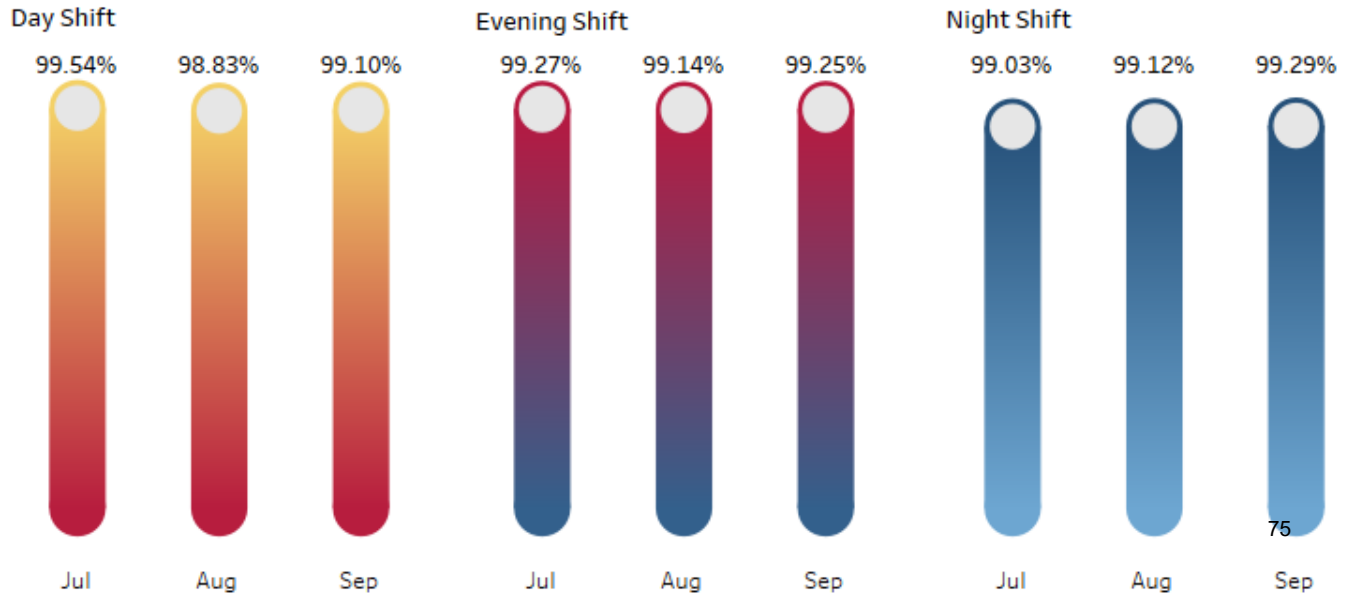


Treatments Performed

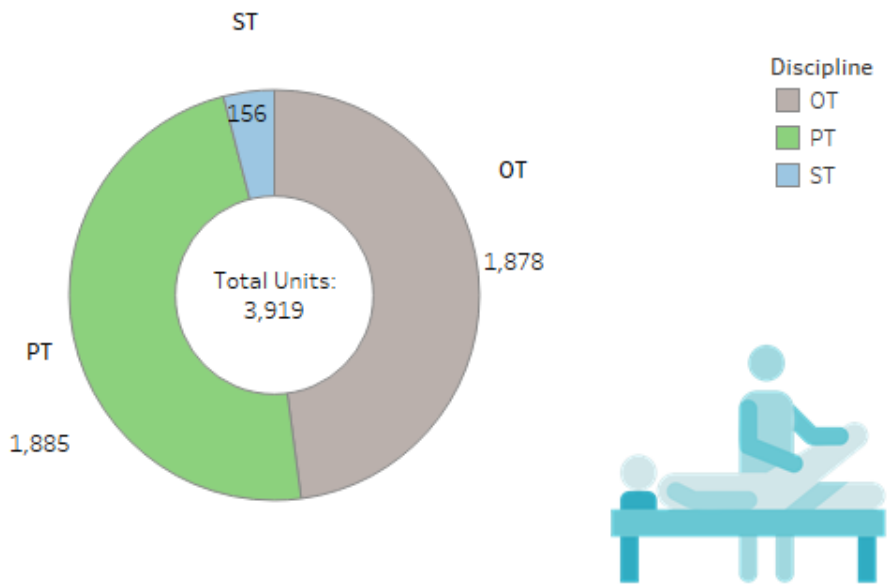
Meal Count

Medication Administrations

CNA Point of Care (POC) Compliance



Therapy Productivity



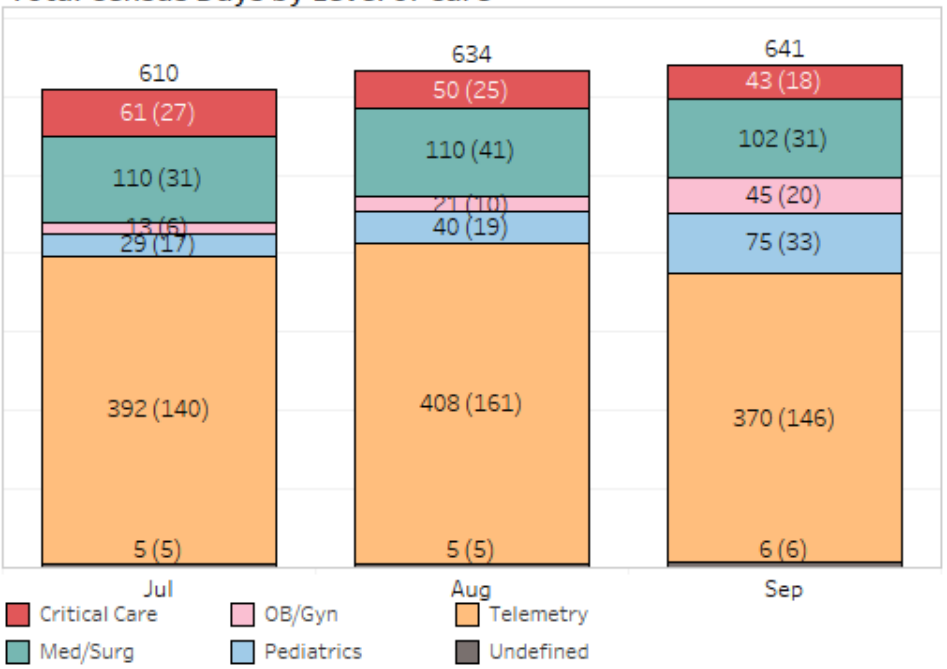
Medical Center
Health Care District Palm Beach County

Lakeside Medical Center
Productivity Data

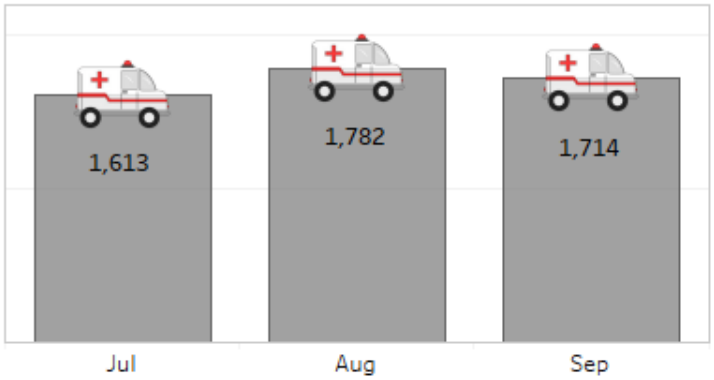
Date Range
Previous Quarter

July 01, 2022
to
September 30, 2022

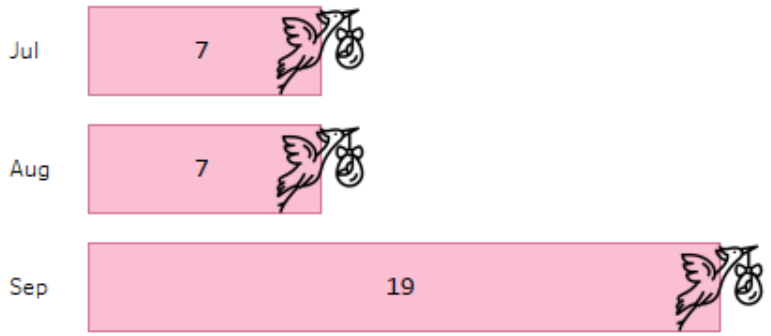
Total Census Days by Level of Care



ED Visits



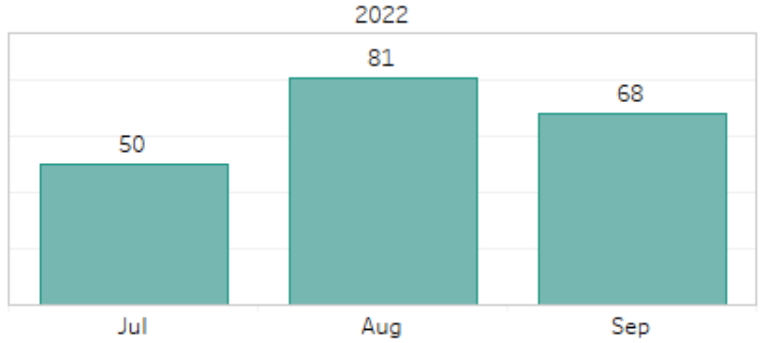
Deliveries



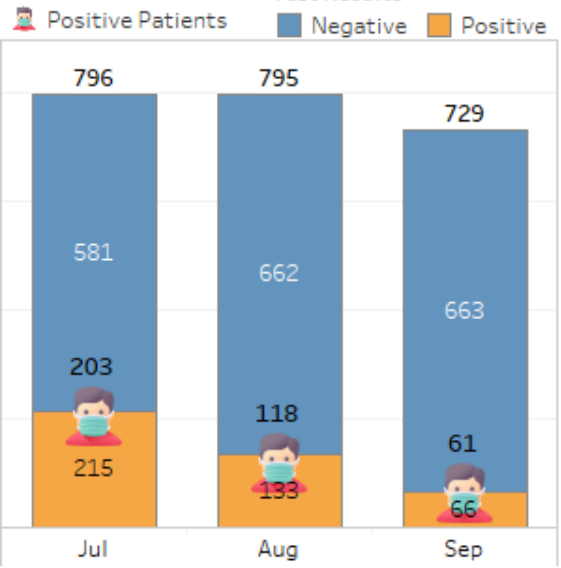
Baker Acts

0

PT Visits (Evals and Treatments)



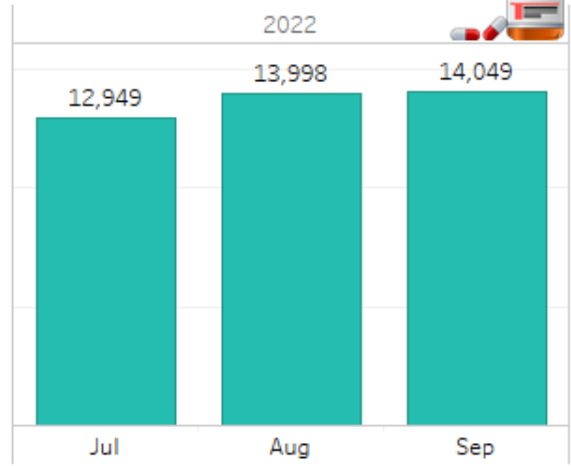
Covid-19 Testing



Radiology Exams Completed

of Lab Specimens Collected

Medication Orders



HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Amendment to the Quality, Patient Safety and Compliance Committee Charter

2. Summary:

This item presents proposed amendments to the Quality, Patient Safety and Compliance Committee Charter ("Charter").

3. Substantive Analysis:

The charter was last updated on March 10, 2021. The District proposes amending the charter to add to the Section titled 'Composition of Committee.' The proposed new language designates the Lakeside Medical Center Chief of Staff as a new Committee member. Attached for your review is the following document:

- Updated version of the charter showing the proposed amendments

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:

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee approve the amendment to the Quality, Patient Safety and Compliance Committee Charter and forward to the Board for informational purposes.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

The purpose of the Quality, Patient Safety, and Compliance ~~& Patient Privacy~~ Committee Charter of the Health Care District and its a~~A~~ffiliated c~~E~~ntities ("District') is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety, compliance and privacy program, corporate ethics, and risk management activities of the District and promote an organizational "Culture of Quality~~Safety~~". The Committee will monitor and oversee the District's process for ensuring compliance with laws and regulations and the District's compliance and privacy program.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community, ~~and~~ one (1) Committee member shall serve on the District Clinic Board, one~~and~~ (1) Committee member shall be a community member at large, and one (1) Committee member shall be the Lakeside Medical Center Chief of Staff ("Chief of Staff"). The Board shall appoint Committee members, except for ~~who are not a~~ Board member~~s,~~ or the Chief of Staff, to a four (4) year term, commencing on the date of appointment, with Committee membership limited to two (2) full four (4) year terms unless otherwise recommended by the Committee and approved by the Board. The term for Board members and the Chief of Staff appointed to serve on the Committee shall run concurrently with their term on the Board or while serving in the position of Chief of Staff. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

MEETINGS

Regular meetings of the Committee shall be conducted quarterly. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a r~~R~~egular meeting, upon proper notice to Committee members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

There shall be an agenda for every meeting of the Committee. However, the Committee is not prohibited from discussing and/or taking action on an item or matter not specified in the agenda. Minutes of each meeting shall be accurately taken, preserved and provided to members.

Regular attendance shall be expected for all Committee members. If a member misses more than twenty-five percent (25%) of the Regular Committee meetings during the twelve (12) month calendar period, the Chair shall advise the Board.

The presence of the majority of appointed Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee will adjust their meetings accordingly.

VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION

If a quorum of the Committee is physically present at a Committee meeting and at the time of a Committee vote, other members of the Committee may participate and vote by telephonic or electronic communication provided that such members are:

a. Physically outside the boarders of Palm Beach County; or

b. Unable to attend the meeting due to illness of the Board member; or

c. Unable to attend the meeting due to some unforeseen circumstance beyond the Board member's control.

The Committee shall ensure that any telephonic or electronic communication utilized to permit committee members to participate and/or vote in a committee meeting is properly amplified or displayed so that all attending the meeting can hear and/or see the committee member's comments and/or vote and so that the committee members can hear and/or see all other committee members' comments and/or votes and the comments of other participants in the meeting.

Notwithstanding the above, if an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the above requirements shall not be applicable.

POWERS AND DUTIES

The following functions shall be the common recurring functions of the Committee in carrying out its oversight role.

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.

2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.

3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.

4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.

5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).

6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation, processes designed to facilitate communication across the organization regarding risk

management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.

8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.

9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.

10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.

11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.

12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.

13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.

14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
    a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
    b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
    c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
    d. Federal Sentencing Guidelines; and,
    e. Laws which apply to the District as a result of its tax-exempt status.

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.

16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.

17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.

18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.

19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

THE HISTORY OF THE QUALITY PATIENT SAFETY AND COMPLIANCE CHARTER

The initial Charter of the Quality Patient Safety and Compliance Committee was first adopted on the 23rd day of May 2017.

Change Number	Date of Adoption	Section(s) Amended
1	September 25, 2018	Amended Composition of Committee Board Reporting Sections.
2	March 26, 2019	Amended Meetings Section, to specify the need for a majority presence to constitute a quorum.
3	May 28, 2019	Composition of Committee, Board shall appoint members who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (3) full terms.
4	September 24, 2019	Amended Meetings Section to reflect that the regular meetings of the Committee shall be conducted quarterly.
5	March 10, 2021	Amended to add Section titled, Voting by Electronic or Telephonic Communication.

6	September 27, 2022	Amended to add to the Committee the LMC Chief of Staff.

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities

2. Summary:

This item presents a summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Program" or "CPE") activities since the last meeting. Data reported at this meeting covers FY22 Q3 and Q4: April 1 – September 30, 2022 ("Reporting Period"). Additional updates on Program activities, recently completed audits, and initiatives updates from FY22 Q4: July 1 – September 30, 2022 ("Current Period") are also provided.

3. Substantive Analysis:

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 compliance and privacy program. The purpose of this report is to provide an update on CPE Program activities, initiatives, monitoring, and statistics, recent regulatory updates and industry enforcement activity, Work Plan approval and updates. Heather Bokor, VP & Chief Compliance, Privacy, & Risk Officer, presents the following:

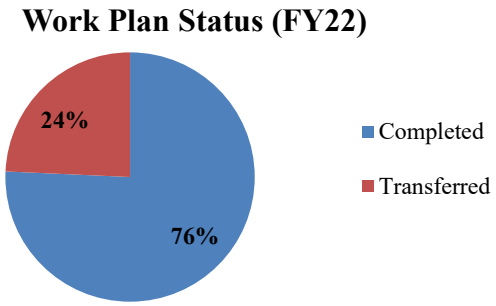
4. Compliance, Privacy, and Ethics Report:

The CPE Department continues to assess HCD and develop the Program to address areas requiring attention and/or enhancement, in order to ensure that through our work plan and other activities, HCD meets or exceeds Effective Compliance Program Elements, per the OIG.

Key focus areas since the last report have been on completion of the FY22 Work Plan, development of the FY23 Work Plan, increased auditing and monitoring efforts, Conflicts of Interest reviews, legal and compliance reviews, systems, processes, policies and procedures, cybersecurity and data privacy, compliance awareness activities, active participation and responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate risk in the organization in all areas.

HCD CPE drafted its annual Work Plan for FY23. A copy of the proposed Work Plan and a formal request for approval is requested at this Committee meeting.

A. Work Plan Status Update:



1. Audit Activity Summary (FY22 Completed Work Plan):

In FY22, CPE initiated Sixty-eight (68) audits, data risk assessments/research, compliance risk assessments, and/or reviews ("reviews"), in accordance with the annual Compliance, Privacy, and Ethics Work Plan. *Note: This volume includes twenty-six (26) unique and forty-two (42) routine monitoring activities.* Additionally, CPE addressed other items as per OIG's Compliance Program Guidance. A breakdown is provided below:

- Of these, Sixty-two (20 unique, 42 routine) reviews are complete; With thirty-one (7 unique, 24 routine) completed since the last meeting. Results were favorable. CPE made recommendations where appropriate (e.g., training, policies, or monitoring).
- Completed items are reported in the tables below, with additional details on the background, scope and methodology, findings, and recommendations.
- Six (unique) reviews are currently in preparation, in process, or pending preliminary reports. These items are reported as "Open" in the tables below and have been transferred to the FY23 Work Plan.
- *Note: Thirty-one (31) were previously completed and reported on at prior meeting(s) for FY22. These are not reported below.*
- *Note: Review added for Cybersecurity Tabletop Exercise. Due to natural disaster this was moved and completed in FY23 and will be included on the FY23 Work Plan.*

Auditing and Monitoring – Completed	
Work Plan Item/Area	**Summary**
PYA Consulting Report Billing and Coding Review and Report Follow-Up *In 2020, PYA Consulting reviewed the C.L. Brumback Primacy Care Clinics ("PCC") billing and coding processes and related accuracy to determine areas of opportunity and issued their report. Subsequently, allegations of improper billing and coding were made. As a result, HCD Compliance staff in place at the time investigated.* • *PYA's report identified opportunities to enhance coder and provider training, improve*	**Review Complete. Results Favorable.** After review of the prior reports, findings, and communication with HCD key staff, all items identified have been addressed and are resolved or in process for completion; therefore, no audit is recommended. **Recommended Actions:** • Revenue Integrity to continue to implement random coder audits for clinics in FY23, to

coding accuracy through routine auditing and monitoring, and develop policies and procedures and workflow documents to provide more concrete guidance for the coding team. • *HCD's Compliance report provided in inconclusive findings, however, noted areas of concern, generally.* As a result, the current Compliance Department staff included a follow-up review "PYA / Compliance Prior Review(s) on Revenue Cycle Report and Recommendations" on our Work Plan.	identify any potential issues and/or opportunities. • Compliance will further evaluate and consider adding a PCC coding review to the FY23 Work Plan.
Program for Evaluation Payment Patterns Electronic Report ("PEPPER") Report Monitoring for Skilled Nursing Facilities (SNF: Healey) *The OIG encourages healthcare facilities to conduct regular audits to ensure charges for Medicare are correctly documented and billed. The PEPPER report contains claims data statistics within the prospective payment system that could be at risk for improper payment due to potential billing, coding, admission necessity, and/or episodes of care issues (known as target areas). HCD's Medicare Administrative Contractor, ("MAC" or "FCSO") also conducts post-payment audits of these areas to ensure compliance.* As a result, this item was added to the Work Plan to evaluate and assess current processes utilizing PEPPER as a monitoring mechanism.	**Review Complete. Results Favorable.** In summary, the review revealed: • While the SNF PEPPER Report was not incorporated into an annual monitoring process due to low Medicare population, Healey routinely monitors CMS Certification and Survey Provider Enhanced Reports ("CASPER"), which overlaps with PEPPER. The data from these reports are monitored, implemented into action, and communicated with key staff, leadership, and committees. • A low outlier was identified for FY21, target area "High PT and OT Case Mix", on the PEPPER report, which may indicate a potential issue with medical record documentation needed to accurately reflect the functional score of the patient. *Note: In March 2021, FCSO conducted an audit of twenty (20) claims containing therapeutic procedures. Audit findings revealed a 0% payment error rate, where all services were billed with documentation supporting the medical necessity of the services provided.* **Conclusion and Recommendations:** • After review and discussion, no audit is recommended. • Recommend Healey review the SNF PEPPER report annually, in addition to their ongoing reviews of the CASPER reports, to identify any potential issues and/or opportunities identified through the target area outliers.

Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: Lakeside Medical Center) *[Refer to background/rationale above.]*	**Review Complete. Results Favorable.** In summary, the review revealed: • PEPPER reports are reviewed and monitored quarterly through various LMC Committees. Target area data is monitored, implemented into action plans, and communicated with key staff and leadership. • For FY21, four target areas were identified, "Single CC or MCC" and "30-Day Readmission to Same or Elsewhere" indicated high outliers and "Medical DRGs with CC or MCC" and "Emergency Department Evaluation and Management Visits", indicated low/non-outliers. • The Committee reviewed the outlier suggested interventions for determining coding or medical necessity errors, and based on various factors, including but not limited to ongoing Revenue Integrity and Health Information Management (coding) reviews and/or low volume for other quarters, recommended no audit actions of the above target areas at this time, however will continue to monitor PEPPER reports. **Conclusion and Recommendations:** • After review of the PEPPER report, hospital/committee monitoring process, and communications with key leadership, no auditing is recommended at this time. • Recommend LMC continue monitoring and evaluating the PEPPER reports quarterly, upon the release of the report, to identify potential issues and/or opportunities identified through the target area outliers.
Medicare Payments for Inpatient Claims with Mechanical Ventilation >96 hours *Proper billing of Medicare inpatient hospital claims with mechanical ventilation greater than ninety-six (96) hours has been an identified risk area on the Office of Inspector General's ("OIG") current and past Work Plan(s), with numerous findings of improper coding resulting in considerable overpayment of funds.*	**Review Complete. Results Favorable.** In summary, the review revealed: • A low volume of Medicare inpatient hospital claims (16 total); • Prebill measures were implemented. Inpatient Coders review the charges, documentation, and time stamps in Epic for the most accurate ventilation times; use various tools to assist in counting hours based on the documentation; and have the capability to adjust the charges

As a result of this, and the OIG's renewed focus in this area due to COVID-19, this item was added to the FY22 Work Plan to be reviewed and evaluated through data analytics.	and accurately assign the applicable code for the claim if errors are identified. **Conclusion and Recommendations:** Recommend that the HIM include some inpatient accounts, that have Respiratory Ventilation, greater than 96-Consecutive Hours (5A1955Z) coded, as part of the random coder audits throughout each year to identify potential issues or opportunities.
Observation Notices Process Review (MOON/HOON Federal/State Requirements) *Compliance with the Medicare Outpatient Observation Notice ("MOON") requirements has been a target for audit by Medicare Administrative Contractors ("MACs") and a focus with increased legislation in Florida. HOON are also a target for Compliance areas with new requirements for all payors/patients.* As a result, and as a preventive measure, a mini-risk assessment to review observation notice processes was added to the HCD's CPE FY22 Work Plan.	**Review Complete. Results Favorable.** In summary, the review revealed that while there were no formal written processes in place, HCD staff were aware of requirements and processes. After discussing this, along with the new written procedures and communications with key staff, no further audit is needed at this time. **Recommendations:** • Patient Access/Admissions Department to develop a hospital admission notice policy in FY23 to address all hospital notices. • Compliance will consider adding MOON/HOON audits to the FY23 Work Plan, by CPE or as a department self-audit to evaluate compliance with requirements.
Monthly Exclusion Screening Compliance Reviews (April – September 2022) *[Background/rationale details provided prior – Omitted from here as a routine review]*.	**Monthly Reviews Complete. Results Favorable, No Actions Recommended.** All reviews completed monthly. All potential matches were addressed and resolved. 100% compliance with HCD policies and applicable rules with no resulting exclusions for HCD.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) *[Background/rationale details provided prior – Omitted from here as a routine review]*.	**Weekly Reviews Complete (Reported Monthly). Results Favorable, No Actions Recommended.** All reviews completed weekly. 100% compliance with HCD policies and applicable rules with no red flags or resulting privacy violations for HCD.
Monthly Referral Source/Physician Payment Audits (April – September 2022) *[Background/rationale details provided prior – Omitted from here as a routine review]*.	**Monthly Reviews Complete. Results Favorable. Recommended Actions.** Multiple monthly payment and contract reviews complete as routed to CPE. No issues, all in compliance. For FY23, CPE to analyze reports/lists for full review scope area to ensure

	encompasses all, and to address other physician employment and contracting needs.
OIG Work Plan (Monthly): *[Background/rationale details provided prior – Omitted from here as a routine review]*.	In FY22, CPE monitored and analyzed all OIG monthly work plan publications. Since the last report, the OIG added 31 items to their Work Plan, at least 12 of which appear to pertain to HCD. Information is disseminated to applicable staff and is added to the Work Plan, upon full evaluation by CPE, if/where applicable.
Price Transparency Requirements and Review *CMS requires hospitals to comply with certain price transparency requirements, including:* 1. *Hospitals must annually post a machine-readable file containing certain data elements, including gross charges for an individual item or service, a discounted cash price for individuals who elect to pay cash, the payer-specific negotiated charge with a third-party payer, the de-identified lowest negotiated charge with all payers for an item or service, and a de-identified maximum negotiated charge will all payers for an item or service; and* 2. *A consumer-friendly shoppable services list with at least 300 services, 70 of which are mandated by CMS.* *[Note: Additional requirements redacted from this report; It should be noted that there has been recent consumer audit activity and federal activity in auditing and fining organizations for noncompliance. None presently impact HCD]*	**Review Complete. Results Favorable.** HCD previously published a machine-readable file that appears to contain the required elements outlined by CMS. HCD utilized an open-ended price estimator tool that appears to meet requirements. The estimator contains approximately 340 services, which exceeds the 300 services that are required by CMS. **Recommendations:** 1. Ensure the machine-readable file is updated at least annually. 2. Enact any changes identified by a full review of the charges. 3. Work with Epic to ensure a timely transition of new prices to remain in compliance. 4. If any charges are found to exist outside of the chargemaster, ensure such charges are added to the machine-readable file.
Privacy and Security Compliance Survey(s) for HCD Departments *Privacy surveys are completed for selected facilities of the Health Care District to ensure compliance with the District's security/privacy policies and procedures and safeguards of Personal Identification Information ("PII") and Protected Health Information ("PHI").* *A privacy walkthrough survey was conducted in September 2022 for the C.L. Brumback Primary Care Clinic's Lewis Center location ("Lewis Center").*	**Review Complete. Results Favorable. Recommended Actions.** In summary, a review of 23 total on-site controls were observed and measured at time assessment. The review revealed two (2) opportunities for improvement: 1. Unable to identify any accessible or operational smoke detection devices on-site as required by the Security Rule; and 2. The Notice of Privacy Practices ("NPP") displayed in the registration area was outdated and did not include the current

This particular location was prioritized in response to an OCR correspondence letter received by HCD which included patient complaint details alleging Lewis Center staff violated privacy rules by disclosing patient information in an impermissible manner and failed to maintain reasonable and appropriate safeguards. The matter was closed with technical assistance by the OCR. As a result of the findings included in the OCR's correspondence letter and as part of our annual Work Plan, a privacy and security walkthrough site survey of the Lewis Center was timely performed.	version from June 2022. These were previously ordered and will be installed. **Recommendations:** 1. Install and/or replace fully operational smoke detection devices at the Lewis Center to ensure compliance with privacy and security rule requirements. 2. Install (post) an updated NPP version in the Clinic's patient registration area.

Element/Type	**Work Plan Item/Area – Completed Items (FY22)** ***(Non-Auditing Items, Includes Unique and Standing Items)***
Committees	• Committees/Meetings *(Certain new committees transferred to FY23)*
Issuing Guidance / Enforcing Standards	• No Surprises Act/Surprise Billing Act • Conflicts of Interest Disclosures and Review Process – HCD Board • Conflicts of Interest Disclosures and Review Process – HCD Staff • Regulatory Updates and Industry Enforcement Activity • Contract Reviews and Guidance • Air Transportation Regulatory and Billing Requirements
Policies & Procedures	• Clinic/Administrative/Operational Business Unit P&P (via Committee) • Internal Business Unit P&P's (new)
Training & Education	• Committee/Board Education through the following education presentations: Conflicts of Interest; Cybersecurity Stark/Anti-Kickback Statute; COVID/Vaccine Mandates; and Recent Regulatory Updates and Industry Enforcement Activity Trends. • Topic Specific Training (e.g., Ambulance, EMTALA, HIPAA/Privacy) • New Hire Orientation CPE Training Revision (Clinics)
Open/Effective Communication	• Compliance, Privacy, & Ethics Annual Awareness Survey (HCD staff) • Leadership Engagement and Program Satisfaction Survey (VP/AVP) • Continuous Monitoring and Dissemination of information to HCD staff (Continuous Monitoring (e.g., OIG Work Plan, Government Contractors, CMS Publications, Notifications, and RAC Reports) • Regulatory Updates/Industry Enforcement Activity • Regulatory Dashboard/Website enhancements • Internal staff development
Responding to Issues	• Hotline Call Response/Investigations • Response to Issues/Inquiries/Investigations • External Agency Audit Activity / Review and Response
Effectiveness	• Compliance Program Development/Effectiveness

Element/Type	**Work Plan Item/Area – In Process (Transferred to FY23)**

Standards of Conduct	Standards of Conduct Policies & Procedures / Guide
Open/Effective Communication	Release of Information – Completed FY23 Authorization for Marketing/Patient Stories – Completed FY23
Training & Education	New Hire CPE Training (All HCD Staff) – Completed FY23
Auditing and Monitoring	EMTALA and Access to Emergency Services and Care Risk Assessment Observation Billing Process Review Credentialing Risk Assessment Pharmacy Controls and Drug Diversion Florida Medicaid – Deficit Reduction Act (DRA of 2005) – Completed FY23
Issuing Guidance / Enforcing Standards	HCD Applicable Rule/Law Analysis CMS ONC HIT Requirements for Information Blocking Privacy Violations / Sanctions Grid development Human Resources Exit processes Social Media Guidance – Completed FY23

2. Conflicts of Interest

During FY22, 100% of Board/Committee members and HCD Staff completed required Disclosures for FY21-22. The submitted COI Questionnaires were reviewed by HCD CPE, and referred to Human Resources and/or Legal, where necessary. Opportunities were identified and recommendations made. Some of these are noted below:

HCD Board/Committees:

- Continue review and comparison of Bylaws for potential amendments to address inconsistent language surrounding conflicts. Note different Bylaws may require amendments.
- Consider potential amendment to address current remedies to cure conflicts, where necessary, and to allow for appropriate alternatives.
- Consider development of a process to ensure Board/Committee members complete COI Questionnaires before appointment.

HCD Staff:

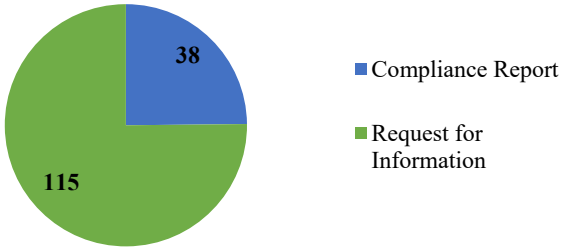
- The vast majority of these disclosures related to outside employment, mainly with staff who also work at other healthcare companies/facilities.
- Most disclosures are allowable, as long as guardrails are in place and followed to ensure no actual conflicts occur.
- Recommend development of a Human Resources policy on “Outside Employment”, and ensuring policies address identified areas.

3. Department Activity and Statistics (CPE Work Plan – FY22 Q3 and Q4)

Hotline Calls

A total of 153 calls were placed to the Hotline during FY22 Q3 and Q4. 77% of these were anonymous. The majority of Hotline calls were requests for information (75%) and were addressed by our vendor. The remaining 25% were addressed by CPE.

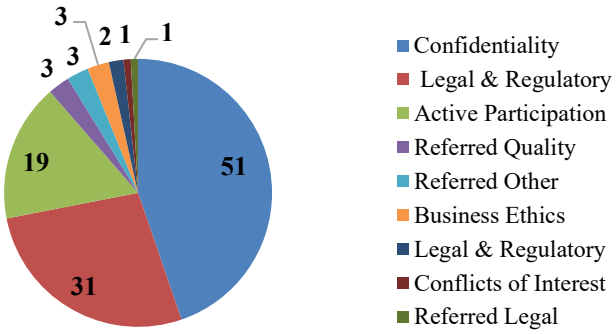
Hotline Calls (FY22 Q3 and Q4)
Sorted by Call Volume



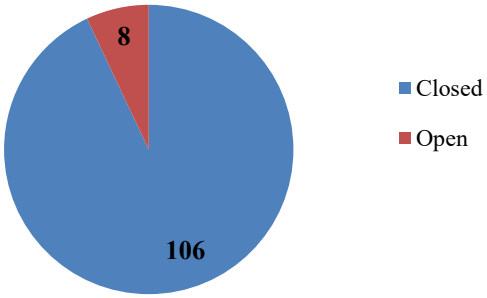
CPE Inquiries

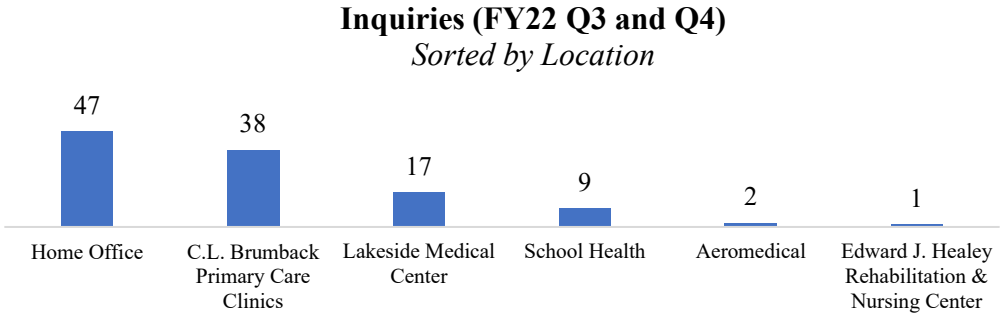
- CPE reviewed and responded to over 114 inquiries (*) during FY22 Q3 and Q4. 93% of these were resolved at the time of reporting.
- The most common type of inquiries during related to Confidentiality/Privacy (45%), followed by Legal and Regulatory (27%). The below graphs provide a breakdown of the inquiries by Standards of Conduct category. *Note: Actual volume of inquiries addressed is higher than reported).*

Inquiries (FY22 Q3 and Q4)
Sorted by Standards of Conduct



Resolved Inquiries (FY22 Q3 and Q4)
Sorted by Inquiry Resolution Status





Privacy Case Activity

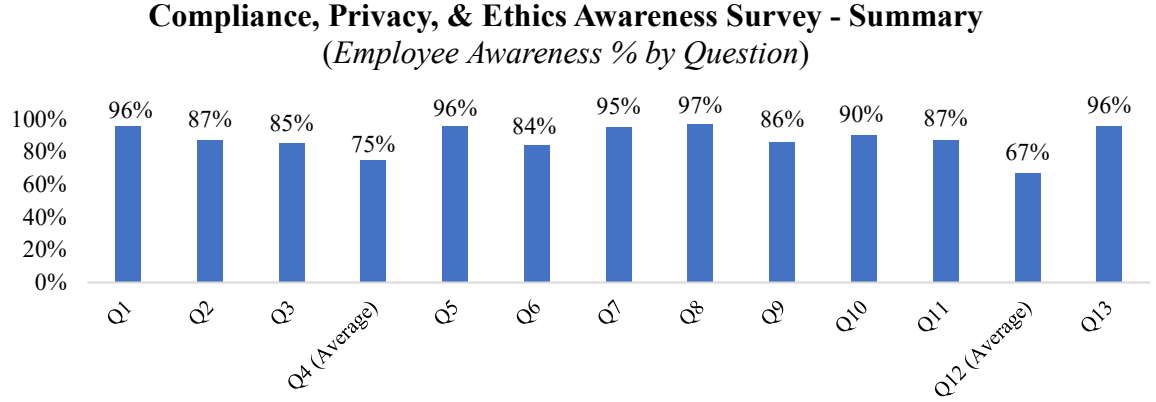
- The most common types of reported privacy incidents during FY22 Q3 and Q4 included: Misfile of PHI, Proper Safeguards, and Disclosures to an Unauthorized Individual. All addressed by staff education, where appropriate.
- During the reporting period the Privacy Office reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q3	Q4	Total
Office for Civil Rights / FIPA Reportable Breaches < 500 (Individual) – *These are reported annually to the OCR.*	6	3	9
Internal Reports of Alleged Violations (Investigated Cases)	29	25	54

Note: HCD has one (1) open case, pending closure by OCR, which was previously reported. (0) new complaints/investigations. HCD Privacy performed a follow-up review to address the allegations.

HCD Staff Awareness and Feedback Survey:

During August 2022, CPE completed its first annual Compliance Awareness Survey. The responses will help us to measure awareness and effectiveness of our Program, identify strengths and opportunities for improvement, and provide HCD staff with education about compliance and an additional mechanism to report issues and concerns. Over 975 HCD employees took the voluntary survey. Additionally, the Department sent a separate survey for feedback and engagement to HCD's Leadership Team. *See below.*

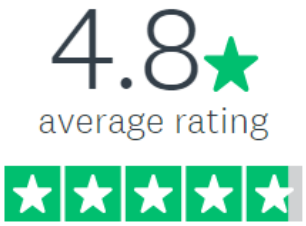


Survey Questions [paraphrased]:

1. Are you aware that HCD has a Compliance, Privacy, and Ethics Program?
2. Who oversees the Compliance, Privacy, and Ethics Program for HCD?

3. Do you know how to contact us if you have a question or to report a concern?
4. Are you familiar with Compliance and Privacy resources *(note: multiple selections)?*
5 – 9. True or False Test Questions (covering Compliance and Privacy topics).
10. Do you know where to locate HCD/Compliance & Privacy policies and procedures?
11. Are you aware that HCD has a non-retaliation policy?
12. I feel comfortable reporting issues and concerns to *(note: multiple selections)*: my supervisor/business unit leader/HCD leader, Human Resources, CPE, Legal Services, Risk Management/RiskQual, or the Hotline.
13. This survey has increased my level of compliance, privacy, and ethics awareness.

Leadership Engagement and Program Satisfaction Survey:
During August 2022, CPE conducted an engagement and program satisfaction survey to HCD's Executive and Senior Leadership Team. The goal of the survey was to measure program satisfaction and effectiveness, identify strengths and opportunities for improvement, gauge program reputation, and provide a mechanism to communicate division needs and provide anonymous feedback. The survey covered areas such as: Ability to meet or exceed needs, responsiveness, confidence and quality in competencies/capabilities, effective communication, and professionalism. The 10-question survey was anonymous and set on a 5-star rating scale, with 1 being the least satisfied and 5 being the most satisfied. The overall average for the survey was a 4.8 out of 5.



4. Regulatory Updates and Industry Enforcement Activity (June – November):

HCD CPE continuously reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD. Information is searched, tracked, reviewed, analyzed, monitored (at a minimum), and is published on HCD's Regulatory Dashboard. Updates and trends are provided to the Board/Committees as needed and/or as informational. For the reported quarter(s), a summary of the items since the last report was sent as part of the Consent Agenda for HCD's December Board meeting. To learn more about any or all of these updates, please contact Heather Bokor at hbokor@hcdpbc.org.

5. 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 ☐

*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:

DocuSigned by:
Candice Abbott
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Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

7. Recommendation:

Staff recommends the Committee Receive and File the Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
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Heather N. Bokor
VP & Chief Compliance, Privacy & Risk Officer

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

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: HCD Compliance, Privacy, and Ethics Work Plan (FY23-24)

2. Summary:

This item presents for approval the Health Care District's ("HCD" or the "District") Compliance, Privacy, and Ethics Program ("Compliance" or "Program") Work Plan beginning in Fiscal Year 2023 ("FY23") through FY24. Information on the preparation for and development of the Work Plan is included below along with a copy of the Work Plan for review, discussion, and approval. A formal request for approval is being requested at this December 14, 2022 Quality, Patient Safety, and Compliance meeting. A summarized copy of the Work Plan is also being provided to the Board for receive and file.

3. Substantive Analysis:

- Approval of the Compliance, Privacy, and Ethics Work Plan for FY23-24 is being requested from the Quality, Patient Safety, and Compliance Committee.
- A copy of the Work Plan is provided (See attached).
- A summary of its composition/development is included below.
- As initiated in FY22, the goal for the FY23-24 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 OIG's Compliance Program Guidance on Effectiveness ("Elements").
- As initiated in FY22, the FY23 Work Plan includes all items identified that are standing or are not yet complete from FY22 (these items have been transferred from FY22 to FY23), in addition to other items to be added based on internal assessment and to address the *Elements of an Effective Compliance Program (which now officially include our 8th element)*: (1) Governance and High-Level Oversight, (2) Policies and Standards of Conduct, (3) Open Communication and Reporting, (4) Training and Education, (5) Auditing and Monitoring, (6) Enforcing Standards, (7) Addressing Known or Potential Issues, and (8) Compliance Program Effectiveness.
- As initiated in FY22, the Department considered and included the following in developing its annual Work Plan: Leadership/Management requests, feedback and input; Standing items; OIG Compliance Program and Supplemental Guidance; OIG Monthly Work Plan items; New or changed rules; Recent industry enforcement and Government report findings; Published guidance from Regulators and Authorities; High volume, high dollar, and high reimbursement areas; Data analytics and reporting trends; Known or potential areas of risk/concern; Past items requiring re-check or monitoring; New or changed business units; COVID-19 potential or known risk areas; and Compliance Program Effectiveness and Compliance Program Evaluation Guidelines from Government and Other Entities/Authorities (e.g., DOJ, OIG, CMS).

4. Attachment: Compliance, Privacy, and Ethics Work Plan (FY23-24)

(Refer to attached PDF for a copy of the Work Plan).

5. 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 ☐

*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:

DocuSigned by:
Candice Abbott
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Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

7. Recommendation:

Staff recommends the Committee approve the HCD Compliance, Privacy, and Ethics Work Plan (FY23-24).

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
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Heather N. Bokor
VP & Chief Compliance, Privacy & Risk Officer

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

1 - GOVERNANCE AND HIGH-LEVEL OVERSIGHT (BOARD AND COMMITTEES)		
Item Type	Work Plan Item	Description
Committees	Quality, Patient Safety and Compliance Committee of the Board; Finance and Audit Committee of the Board; Clinics Board; and HCD Board	Conduct periodic meetings to communicate and/or review of compliance 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.
Committees	HCD Compliance and Audit Committee (Internal Management)	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. Committee to replace Internal Controls Committee, in part. Begin reporting per recommendation/CCO.
Committees	HCD Compliance and Audit Workgroup (Compliance, Privacy, and Ethics, and Internal Audit Departments)	Conduct periodic meetings to communicate and/or review of compliance and audit activities, issues, and pertinent regulations. Allows for an internal group focused on risks/controls. Committee to replace Internal Controls Committee, in part.
Committees	Other Oversight Committee Development: Standing/Adhoc	Establish new Committee(s) to address compliance and privacy or related areas as requested or needed.
Committees	Other Committee Participation: Standing/Adhoc	Participate in existing Committee(s) to address compliance and privacy or related areas as requested or needed.
2 - POLICIES AND STANDARDS OF CONDUCT		
Item Type	Work Plan Item	Description
Policies & Procedures Review	Policy Review and Committee Participation (HCD, non-Compliance, Privacy, and Ethics)	Committee participation on FY22/23 established Policy and Procedure Committee(s). Review of HCD policies (non-CPE).
Policies & Procedures Review	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.
Policies & Procedures Revision	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.
Policies & Procedures: New Policy Development	Development and Deployment of New Policies and/or Procedures (as needed, see below)	Involves the identification, development, and deployment (see training and education) of new Compliance, Privacy, and Ethics policies.

Policy & Standards of Conduct Revision	Standards of Conduct Policy and Booklet Revisions and Redeployment to HCD staff	Policy and Booklet Revisions and Redeployment of the HCD Standards of Conduct. Revisions consistent with recommendations and internal assessment.
Policies & Procedures: Revision and Redeployment	Conflicts of Interest Policy and Questionnaire	Additional review and revision of Conflicts of Interest Policy and Disclosures. Includes consideration of bylaws review and revision.
Policies & Procedures Review	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. Process development assistance.
Policies & Procedures: New Development and/or Revision, and Redeployment	Physician Employment, Contracts, and Compensation	Comprehensive review of physician agreement and compensation policies and procedures to determine compliance with applicable laws and regulations and for process improvement.
Policies & Procedures: New Policy Development	The Family Educational Rights and Privacy Act (FERPA): New Policy Development	New policy development and deployment of the FERPA Policy to provide general guidance on FERPA for School Health Program (HCD Compliance).
Policies & Procedures: New Policy Development	Records Management / Record Retention and Destruction [Compliance] Policy	New Compliance (HCD) policy development and deployment of the Records Management and Retention Schedule Policy to ensure awareness of retention standards and to assist in the proper identification, storage, retention, protection, and disposal of records.
Policies & Procedures: New Form Development	Hotline Investigating Processes	Develop and implement new process and form for assigning Hotlines to other core service departments (e.g., Human Resources, Risk Management / Quality, and Patient Experiance) for referred cases, and ensuring proper communication, investigation, and closure.
Policies & Procedures: New Policy Development	Law Enforcement Requests and Disclosures	Develop Policies and guidance for LMC/other staff on law eforcement requests and disclosures (e.g., blood alcohol and urine / specimen draw, mandatory reporting) and guidance for staff on uses and disclosures for PHI and patient consent.
Policies & Procedures Review	340B Compliance and Program Integrity Policies and Procedures	Review of 340B Policies and Procedures to evaluate compliance with 340B Program Requirements.
Policies & Procedures Review	Service Animal Policy and Procedure	For review by CPE in order for feedback and re-assignment, as requested by Admnistrative Policy and Procedure Committee.
3 - OPEN / EFFECTIVE COMMUNICATION AND REPORTING		
Item Type	Work Plan Item	Description

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 Board.
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.
Monitoring / 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).
Communication / Dissemination of Information	Compliance, Privacy, and Ethics Compliance Website(s) Enhancements / Development	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.
Survey / Questionnaire Development / Deployment	Compliance, Privacy, and Ethics Annual Awareness Survey	Conduct Compliance, Privacy, and Ethics Annual Awareness Survey
Survey / Questionnaire Development / Deployment	Leadership Engagement and Program Satisfaction Survey	Survey to be sent to new members of 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.
4 - TRAINING AND EDUCATION; COMPLIANCE AWARENESS		
Item Type	Work Plan Item	Description
Training and Education: Committee Members	HCD Board / Committee Training	Conduct training and education on Compliance/Privacy/Ethics-related matters at least annually to the HCD Quality Patient Safety and Compliance Committee and/or HCD Board. E.g., Sunshine Law.
Training and Education: Compliance Awareness Events	Compliance , Privacy, and Ethics Awareness Week	Annual week-long series of events, activities, and education to share information and focus on the importance of compliance and ethics.

Training and Education: Modules Development or Revision	Cybersecurity Training	Develop and or revise training as required under Florida Statutes, that relates to Cybersecurity for the Health Sector.
Training and Education: Modules Development or Revision	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.
Training and Education: Modules Development or Revision	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Training	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report training at the request of the LMC Utilization Review Committee.
Training and Education: Billing Compliance	Billing Compliance matters	Provide guidance / conduct training and education on Billing Compliance matters to HCD staff, such as: A/B Rebilling, Orders, 2 midnight, Observation, as needed or requested.
Training and Education: Modules Development or Revision	Baker Act	Develop and disseminate Baker Act training based on Florida Statutes and supplemental guidance issued by additional parties.
Privacy Guidance / Training	Authorization for Marketing/Patient Stories	Provide guidance / education on Communications' authorizations in compliance with the Privacy rules (as per HIPAA) for Marketing/Patient Stories.
Privacy Guidance / Training	Release of Information	Provide guidance / education on Release of Information (ROI) in compliance with the Privacy rules (as per HIPAA) for ROI.
Training and Education: Presentation	New Hire Orientation (NHO) Live/Virtual Presentation and Participation	Continue to provide Compliance, Privacy, and Ethics Orientation for newly hired HCD staff.
Training and Education: Modules Development or Revision	Development and Review/Revision of New Hire Orientation (NHO) Presentation and Modules for Compliance, Privacy, and Ethics	Development and Review of Training Modules for Compliance, Privacy, and Ethics, as needed (including and outside of Cornerstone).
Training and Education: Modules Development or Revision	Development and Review/Revision of Annual Refresher Presentation Modules for Compliance, Privacy, and Ethics	Development and deployment of Annual Refresher Compliance, Privacy, and Ethics training presentations/modules for all HCD staff, and in compliance with various rules and regulatory surveys.
Training and Education: Modules Development or Revision	Development and Review/Revision of Training and Education Modules and Materials, as needed	Development and Review of new/existing Training Modules that relate to Compliance, Privacy, and Ethics, as needed (including and outside of Cornerstone) for potential staff assignment.

Training and Education: Staff Development	Privacy Training and Education and/or Development and Communication / Dissemination of Information to HCD staff.	Conduct training and education on Privacy-related matters to HCD staff, as needed, such as: including FERPA (School Health), HIPAA, and FIPA, as needed or requested.
Training and Education: Staff Development	Compliance Services Internal Staff Learning and Development	Ongoing Compliance, Privacy, and Ethics Internal Team Development, also to include LEAN (Yellow belt).
5 - AUDITING AND MONITORING		
Item Type	Work Plan Item	Description
Compliance Audit	Physician Employment, Contracts, and Compensation	Review of employed physician agreement and compensation to determine compliance with applicable laws, regulations, internal policies and procedures, and for process improvement.
Compliance Audit	Contracted Physician Agreements and Compensation	Review of independent contracted physician agreemenst and compensation to determine compliance with applicable laws, regulations, internal policies and procedures, and for process improvement.
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).
Mandatory Monthly Reporting and Monitoring / Review	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 the HCD.
Risk Assessment/ 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.
Compliance Audit	Ground Transport (Ambulance) restocking/narcotics workflow	Review workflow/processes (diversion and replenishing under Stark & AKS laws) for Ambulance for new program/processes.
Compliance Audit	Ground Transport /Ambulance Billing Audit	New Service (LifeTrans). Review of ambulance transports provided by LifeTrans and billed to ensure accuracy and compliance with the rules/requirements.
Compliance Audit	Air Ambulance (Aeromedical/Helicopter) Billing Audit	New Helicopters / Existing Services (Aeromedical). Review of air ambulance transports provided by Aeromedical and billed to ensure accuracy and compliance with the rules/requirements.
Compliance Audit	Aeromedical Compliance with FAA Regulations: Pilot Certifications & Recertifications	Review/Audit pilot certifications and timely recertifications (training) to ensure compliance with FAA regulations.
Mini-Risk Assessment / Compliance Audit	Required licensure and certifications (e.g., BLS, CPR)	Risk assessment/Audit to assess processes and compliance with required licensure and certifications by departments, including Human Resources, to ensure activity.

Compliance Audit	Substance Abuse Confidentiality - Part 2 Privacy Program Requirements	Review of Policies and Procedures, 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.
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.
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.
Mini-Risk Assessment	Observation Billing Process Review	Mini-Risk assessment of hospital observation policy and procedures / processes to ensure accurate billing.
Monitoring / Analysis / Communications	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: LMC)	Monitoring of STACH quarterly PEPPER reports for processes and data that reflects potential target areas for Medicare severity diagnosis related groups (“DRGs”) and discharges at high-risk for improper payment due to potential billing, coding and/or admission necessity issues.
Monitoring / Analysis / Communications	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Skilled Nursing Facilities (SNF: Healey)	Monitoring of SNF annual PEPPER reports for processes and data that reflects potential target areas for Medicare discharges at high-risk for improper payment due to potential billing, coding and/or admission necessity issues.
Evaluation and Assessment	Pharmacy Controls and Drug Diversion	Review Consultant findings and evaluate needs for future risk assessment on Pharmacy Controls and/or ongoing system/vendor monitoring efforts for routine monitoring.
Risk Assessment	Credentialing Risk Assessment	Risk Assessment on controls and compliance with regulatory / accreditation requirements for credentialing and privileging.
Risk Assessment/ExternalAttestation	340B Office of Pharmacy Affairs Information System (340B OPAIS)	Review to understand rules and assess compliance with the OPAIS database system, in order to attest and complete requirements with 340B for HCD Pharmacy/Purchasing Operations. External attestation required.
Data Risk Assessment	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.
Risk Assessment	Billing Process Review - Healey	Billing Risk Assessment to ensure processes are setup for compliant billing at the SNF.
Data Risk Assessment	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 (FY24 forward, annually) or pose external audit risk to the organization based on volume and activity.

Data Risk Assessment	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 (FY24 forward, annually) or pose external audit risk to the organization based on volume and activity.
External Audits and Activity	External Agency Activity (General)	Monitoring of External Agency Activity (general line item to address and document specific external agency reviews/ audits/investigations/communications)
Mini-Risk Assessment	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.
Monitoring / Analysis / Communications	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.
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: 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).
Risk Assessment/Survey	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.
Risk Assessment/Survey	Privacy and Security Compliance Surveys for IT Security Department	Conduct electronic risk assessment for controls and compliance for cybersecurity per CISA and RSM control audits.
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 our compliance with the rules.
Privacy Audits	Release of Information (ROI)	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.
Risk Assessment	Records Management / Record Retention and Destruction Policy	Risk assessment of the Records Management and Retention Schedule Policy to ensure awareness of retention standards and to assist in the proper identification, storage, retention, protection, and disposal of records.
Compliance Audit	Telehealth	Audit of Telehealth compliance with regulatory, billing and documentation requirements.
Risk Assessment	Blood Bank	Compliance process surrounding of implementation of new system for blood bank. Scope to be determined, based on new service/system.
Risk Assessment	Beaker Laboratory	Compliance process surrounding of implementation of new system for Laboratory, Beaker system. Scope to be determined, based on new service/system.

Monitoring / Analysis / Communications	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.
Evaluation and Mandatory Rule Implementation / Development and Monitoring	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.
6 - ISSUING GUIDANCE AND ENFORCING STANDARDS		
Item Type	Work Plan Item	Description
Mandatory Annual Event Reporting	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.
Annual Review Process	Conflicts of Interest Disclosure and Review Process - HCD Staff	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD Staff (Policy Requirement)
Annual Review Process	Conflicts of Interest Disclosure and Review Process - HCD Board and Committees	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD (Policy Requirement)
Monitor and Issue Regulatory Guidance	Framework for Emergency Response and Disaster Preparedness	Development of Framework for Emergency Response and Disaster Preparedness, per Leadership request.
Monitor and Issue Regulatory Guidance	Guidance on Physician Employment, Contracts, and Compensation	Provide guidance / conduct training and education on physician employment, contracts, and compensation to HCD staff, as needed.
Mandatory Annual Event Reporting	Data Breach Response	Compliance preparation / readiness for Privacy/Security Data Breach Response (e.g., toolkit, processes, and vendor relations).
Flowchart/Process	Business Associate Agreements and Decision Tree	Review and revision of Business Associate Agreement template and BA Decision Tree
Regulatory Analysis	Applicable rules, laws, and regulations to HCD for future activities and work plan setting.	To assess compliance for HCD entities with applicable regulatory requirements.
Contract Reviews	Contract Reviews and Recommendations	Perform various contract reviews (Compliance360, other) as required or requested to assess issues such as patient information, HIPAA, Medicare billing provisions, fraud and abuse issues, and/or Stark and Anti-Kickback issues.
Evaluation and Mandatory Rule Implementation / Development and Monitoring	ONC HIT Information Blocking Rule (New Rule)	Compliance with Information Blocking requirements focused on prohibition with Privacy. HCD Privacy to work with HCD departments to evaluate new rules, determine needs, and ensure compliance with the new rules.

Sanctions	Development of Privacy Violations / Sanctions Grid	Development and implementation of Privacy Sanctions Grid to assist Human Resources in consistent and appropriate recommendations of sanctions for violations of privacy by HCD staff, as applicable.
Monitor and Issue Regulatory Guidance	Law Enforcement Disclosures	Issue guidance for staff on blood draw requests when law enforcement is present #2 issue guidance for staff on PHI requests.
7 - RESPONDING TO / ADDRESSING KNOWN OR POTENTIAL ISSUES		
Item Type	Work Plan Item	Description
Hotline Reporting	Hotline Call Response	Track, triage, investigate, and address calls made to the HCD ComplianceLine.
Responsiveness	Response to issues/inquiries/investigations	Respond to and address inquiries / issues communicated to Compliance, Privacy, and Ethics (Inquiries / Issues / Investigations)
Development and Monitoring of Action Plans	Monitoring of Recommendations / Action Items	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.
8 - PROGRAM EFFECTIVENESS		
Item Type	Work Plan Item	Description
Implementation / Development	Compliance Program Development	Compliance Program Ongoing Implementation / Development for HCD
Self Assessment / Effectiveness Survey	Compliance Program Effectiveness	Compliance Program Effectiveness Continued Reviews (Internal, Government / Industry) and Addressing the External Effectiveness Assessment (Attac)

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 14, 2022

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3rd Quarter of 2022 for Aeromedical, Trauma C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

Aeromedical

For Q3 2022, Trauma Hawk delivered 141 patients over the course of 133 transports. 47 of those transports were interfacility dispatches representing 34% of total transports for the quarter. Interfacility transport requests originating west of 20 mile bend make up the majority of interfacility flights and are predominately cardiac and neurology requests. There were 86 transports from scene representing 65% of total transports for the quarter. Transports from scene are primarily trauma related, but neurology and cardiac cases are also requested. Dispatches to west of 20 mile bend are the leading call for patient transports. Dispatch to enroute average shows a slight increase in average times for both interfacility and scene transports for the month of September. August average was under 5 minutes for scene transports. July and August were under 20 min for interfacility.

GAMUT

(Data from Safety Pad Reporting, PBCFR, 2022.)

GAMUT stands for Ground and Air Medical Quality Transports. Trauma Hawk has been benchmarking data to this national file repository site since 2018 for quality purposes. Over the past rolling year (November 2021 – October 2022), Trauma Hawk Crew Members treated and transported 718 patients resulting in an increase of 264 patients when compared to the previous year.

Average Mobilization Time for All Patients (Dispatch to Enroute) is 5 minutes.

Average Scene Time for STEMI patients (Arrive Scene to Depart Scene) is 16 minutes.

26 patients required advanced airway support by Trauma Hawk crew members. 16 (64%) patients had an airway placed on the first attempt, 5 (20%) patients had an airway placed on a subsequent attempt and 4 airway placement attempts were unsuccessful. GAMUT benchmark (national average) is 89% of patients have airway placed on first attempt. Of these 16 airway placements on the first attempt, 15 patients were transferred without suffering a hypoxic or hypotensive event. 62 ETT, 19 I-Gels, 2 trachs and 1 OPA was either placed or managed by crewmembers for patients requiring advanced airway support.

92% of all intubations were carried out through rapid sequence intubation protocols.

5 new data points are being collected for use of supraglottic airway device, pain scale assessment, blood glucose check on patients with a GCS <14 and temperature recorded at first set of vitals.

Trauma Hawk sits just below national average (hospital-based program comparison) for the following metrics:

- 1st attempt intubation 64% (GAMUT=89%)
- RSI protocol documentation 92% (GAMUT=93%)

Trauma Hawk sits above national average for the following metric:

- Capnography confirmed for ventilated patients 100% (GAMUT=97%)
- 1st attempt without hypoxia or hypotension 94% (GAMUT=80%)
- No hypoxic event during transport 97% (GAMUT=95%)
- Airway device confirmation 98% (GAMUT=97%)

Trauma

(Data from PBC Trauma Registry, HCD, 2022)

System Utilization Slide:

Over the past rolling year 5,506 patients were seen at a trauma center - an increase of 308 patients compared to the previous rolling year. Rolling year comparison (November 2021 – October 2022) showed St. Mary's treating 2,918 traumatically injured patients and Delray treating 2,588 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age ≤15) accounted for 9% of total volume, Adults (Ages 16 – 64) accounted for 50% of total volume and Geriatrics (Age >65) accounted for 42% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 32% of trauma patients seen at Delray Medical Center are ≥80 years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 3rd decade of life. 14% of St. Mary's total volume are between the ages of 30 and 39. 96% of trauma volume originates in the state of Florida.

Palm Beach County Trauma Injury Analysis Slide:

The leading and dominating mechanism of injury for all patients is Falls [(46% of total volume) seen primarily in Geriatrics and Pediatrics]. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account for 33% of total volume. Combined, these two categories account for over 75% of total trauma volume. 88% of Trauma volume is related to blunt impact injuries compared to penetrating injuries at 9% of volume and burns at 3% of volume. Trauma Alerts accounted for 56% of total volume with Transfers from Acute Care Hospitals representing 27% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 17%. There were 4,784 ground transports and 463 air transports to palm beach county trauma centers. Age distribution by city of injury show the largest concentration of geriatric injuries occurring in the southern half of

the county, but also shows significant pockets in Lake Worth, Atlantis, Green Acres, North Palm Beach, Palm Beach Gardens and Jupiter. Pediatric volume historically has been seen in Lake Worth and West Palm Beach, but growing concentrations are continuing to be noted in Boca Raton, Boynton Beach and Green Acres. 91% of trauma volume originates in Palm Beach County.

Pre-Hospital Analysis Slide:
The leading pre-hospital provider is PBCFR with 36% of transports followed by AMR transporting interfacility transfers with 20% of volume followed by West Palm Beach Fire Rescue (8%), Boca Raton Fire Rescue (8%), Delray Beach Fire Rescue (5%) and Trauma Hawk (7%) as the major transporters of trauma patients. Protocols used by EMS to accurately identify and transport the trauma patient from scene of injury as an alert shows 56% of patients met blue criteria, 30% met red criteria, 4% under the discretion of the medics, 2% shows not documented and 7% show a blank (most of which are from out of county providers that do not adhere to PBC protocols). Over 30% of patients arriving to a Trauma Center present with a Glasgow Coma Score < 15.

Interfacility Transfer Slide
Over the past rolling year 1,354 traumatically injured patients arrived to a palm beach county trauma center as a transfer to a higher level of care from an area acute care hospital. An increase of 116 patients compared to the previous year. St. Mary's saw 625 interfacility transferred patients (an increase of 48 patients) and Delray saw 729 interfacility transferred patients (an increase of 68 patients). JFK Medical Center transfers the most patients at 231 followed by Boca Regional and West Boca Medical Center. 91% of interfacility transfers originate in Palm Beach County and 9% interfacility transfer volume originates from out of the county (Primarily northern counties where St. Mary's is the closest Trauma Center). Falls dominate the mechanism of injury category at 825 patients followed by vehicular crash and burn. 43% of interfacility transferred patients suffer a traumatic brain injury. 62% of interfacility transferred volume is transferred for head injuries followed by spinal injuries at 12% and thoracic injuries at 11%. Dispositions show that the majority of these patients are ultimately discharged home at 74% followed by SNF 13% and Rehab at 4%.

C. L. Brumback Primary Care Clinics
Of the 17 UDS Measures: 10 Exceeded the HRSA Goal and 7 were short of the HRSA Goal. We are continuing work on the Breast Cancer Initiative quality improvement project in collaboration with American Cancer Society. Met with our local American Cancer Society (ACS) staff partner on 9/14/2022 to facilitate a process mapping session for the breast cancer initiative project. The ideas from this process mapping session will be used to create and implement a PDCA to increase breast cancer screening rates for our patients.

Edward J. Healey Rehabilitation and Nursing Center
For Q3, 17 of 17 quality measures were met.

Lakeside Medical Center

For Q3 2022, ***Inpatient Quality Measures*** there were 4 of 8 measures (ED-1a, PC-05, PC-06, Sepsis) that did not meet goal.

ED Measure:

For **ED-1a,** there were (103) cases sampled with a median time of (329) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered were rendered appropriately.

Perinatal Measure:

For **PC-05,** there were (19) cases that fell into the sample population, of those cases (1) parents strictly Breastfed, (15) both breast and bottle fed and (3) bottle fed only.

For **PC-06, there were (**25) cases that fell int the sample population, of those cases (2) fell into the numerator. The (2) cases were reviewed, care and treatment were rendered appropriately.

Sepsis Measure:

For **Sepsis,** there were (13) cases that fell into the sample population, of those cases (8) fell into the numerator for a pass rate of 60% for the quarter which is 10% lower than the set goal of ≥ 70%. The (5) cases that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. New system processes have been implemented within EPIC system to assist providers.

For Q3 2022, ***Outpatient Quality Measures*** there were 1 of 3 measures (OP-18) that did not meet goal.

For **OP-18,** there were (103) cases that fell into the sample population with a median time of (157) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, care and treatment were rendered appropriately.

Corporate Quality Metrics

- **Call Center**
  For Quarter 3 2022, the Clinic Service Center processed 57,459 calls of which 72% were inbound calls and 28% were outbound calls. The agents handled 88.1% of incoming calls in real time and the remaining calls were received via voicemail and returned within 24 hours. The decrease in handled calls was attributed to an issue with the phone system being transferred to the service. The issue was corrected and Clinic Service Center Management now has the ability to send calls to service manually through a regular phone line rather than an internal extension. Outbound calls consisted of appointment rescheduling, after hours follow up calls, Hospital follow up calls and quality initiatives including HPV & depression remission outreach. The Patient Access Team scheduled a total of 10,654 appointments for Q3. The peak times for incoming calls were Monday, Tuesday, and Thursdays between 10:00am and 12:00pm. Call metrics for the period include:

- Average call queue time was 2 minutes and 31 seconds – short of goal
- Average speed of answer was 5 seconds – exceeded goal
- Average time to handle calls was 7 minutes and 27 seconds – short of goal
- Call Duration 3 minutes, 56 seconds – exceeded goal
- Average wrap up time was 14 seconds – exceeded goal
- Call Abandoned Rate was less than 1% - meets goal exceeded goal

The new phone tree was launched on September 26, 2022 and reflects current operations and incorporates new services.

- **Health Information Management**
  - Lakeside Medical Center had an increase in requests from physicians this past month which shows an increase in the average turn-around-time.
  - The turn around time for PCCs disability requests needs improvement. The requests go to the clinic and then sent to the Home Office. We are working with the clinics to improve this process.

- **Human Resources**
  - Quarter 3 headcount ended at 1,205 team-members after 89 new hires.
  - Turnover rate for Q3 was 8%, while New Hire turnover rate was 25%.
  - The current diversity headcount is 70%, average age of employees is about 46 years old and 79% of the workforce is female.

- **Information Technology**
  - **Operations**: Information Technology has established a service level of 99.90% of mission critical application availability. We are now monitoring 7 mission critical applications as we have added the school health EMR Welligent to the critical application list. We did not have any unplanned outages in Q3 and had an uptime percentage of 100% across all critical applications thus meeting our SLA of 99.9% for the quarter. Epic is hosted by Memorial Healthcare as a part of our agreement and we have been stable since early October 2021.

  - **Customer Service**: For Q3, we received 6,470 total new tickets and closed 5,776 for a close rate of 92%. The IT department started tracking SLA metrics on submitted “incident” category tickets in April with a target SLA of 99.9%. We had an SLA rate of 93% in April and over the next two months improved to 94% and 96% respectively on submitted “incident” tickets. We attribute being below the 99.9% target to confusion from the news of the EPIC application support team transitioning to MHS. The IT Service Desk saw an abandoned call rate of 2.99% and were below our current target of 4.5%.

  - **Cybersecurity**: For Q3, we investigated 318 security incidents. Of the total incidents, all are closed, and 0 were reportable. The incidents included phishing, impostor, malware, and spam emails, responding to the security

operations center alerts, and users reported security investigations. We are vigilant due to recent targeted cyberattacks on healthcare and government entities.

Pharmacy

For Q3, Pharmacy continued to meet all goals. The average wait time for prescriptions was at 28 minutes. The pharmacy had a 99.5% promise by ready time for non-waiters. HCD Pharmacies filled 35,793 prescriptions for Q3, a slight increase from Q2. HCD Pharmacy mailed 1,762 packages for a total of 5,398 prescriptions (15% of prescriptions sold).

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 ☐

*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:

DocuSigned by:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Committee Name	Date Approved
N/A	N/A

6. Recommendation:

Staff recommends the Committee receive and file the Quality and Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
2BEB5BDACB0848B...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1E272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

Trauma Hawk
Aeromedical Program
Health Care District Palm Beach County

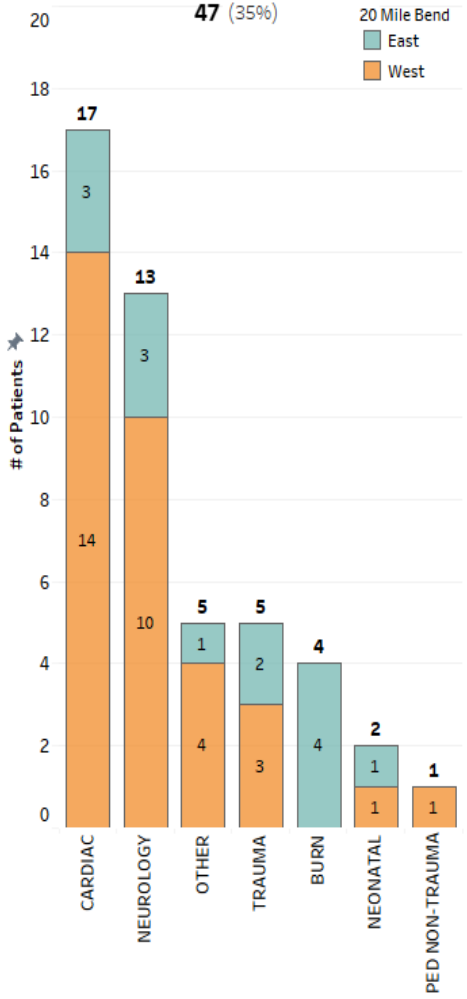
Detailed RunTime Report TH135
Q3 2022

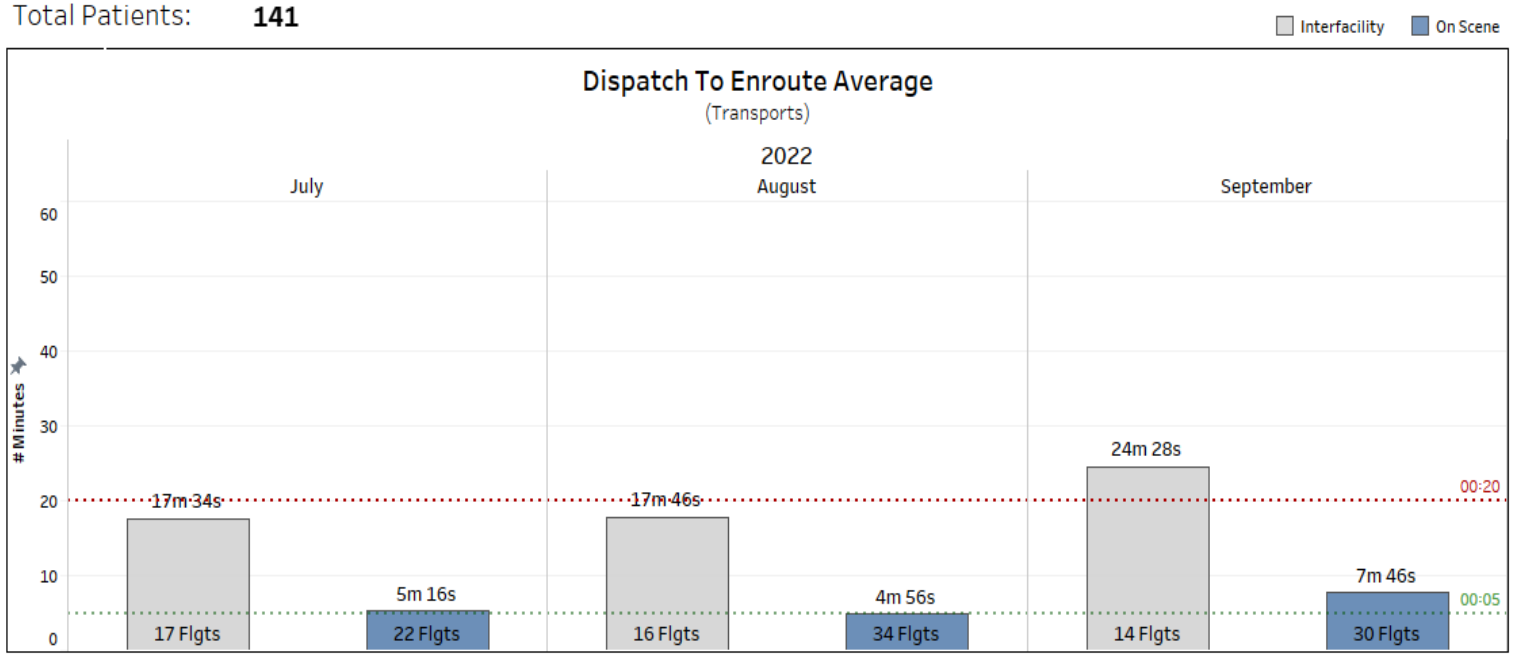
Start Date
7/1/2022

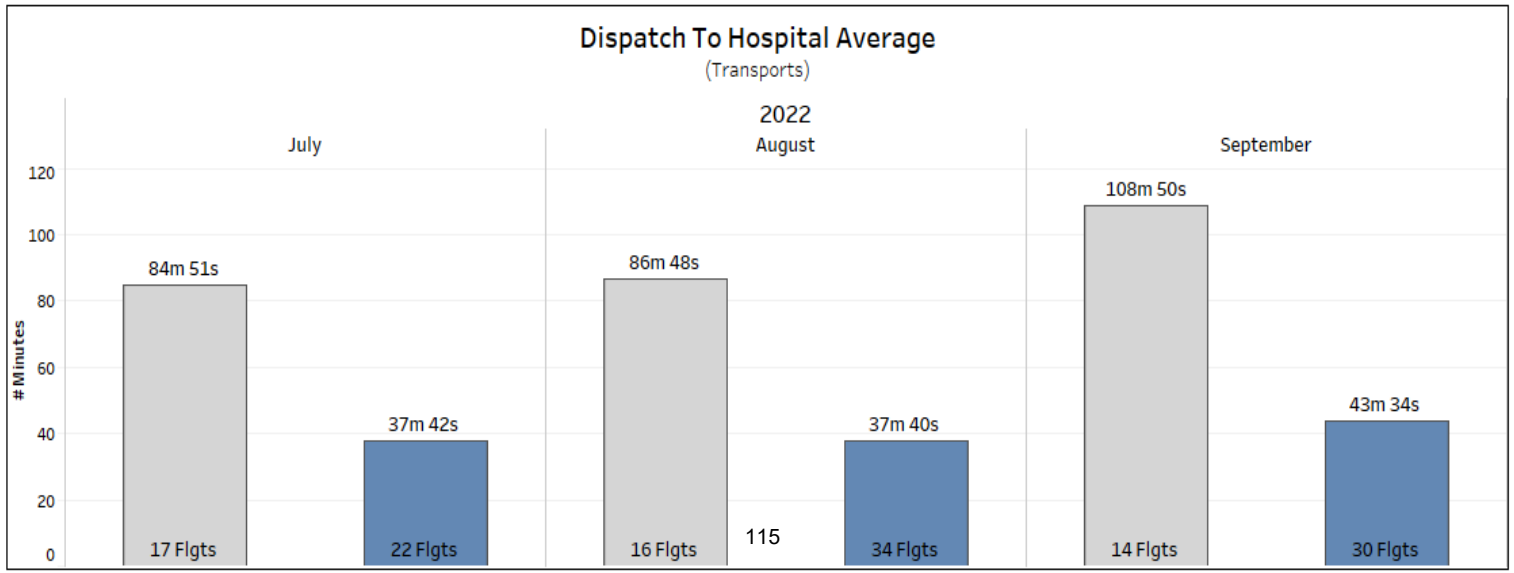
End Date
9/30/2022

Total Transports: **133**
Total Patients: **141**

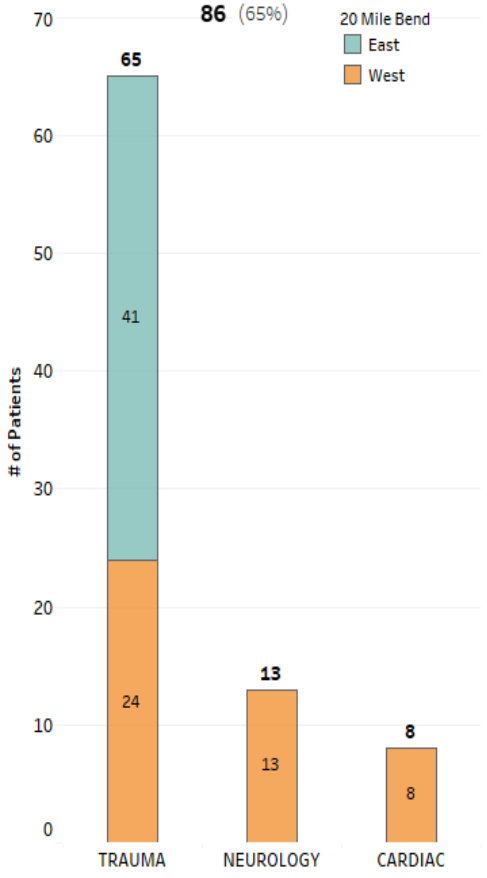
INTERFACILITY DISPATCH
(Transports)
47 (35%)







SCENE DISPATCH
(Transports)
86 (65%)



Health Care District Palm Beach County

TRAUMA SYSTEM UTILIZATION

Rolling Year Comparison

St. Mary's (SMMC) Delray (DMC)

PBC TRAUMA SYSTEM VOLUME

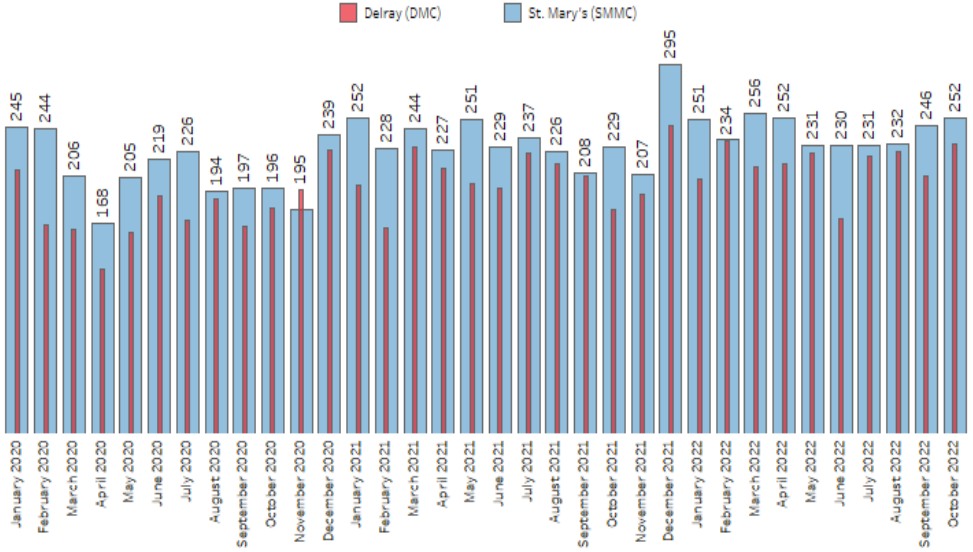
Current Year	5,506
Previous Year	5,198
Variance:	308

Current Rolling Year = November 2021 - October 2022

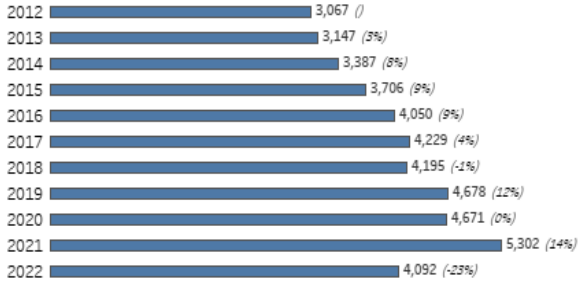
Previous Rolling Year = November 2020 - October 2021

Variance = Current Year - Previous Year

TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

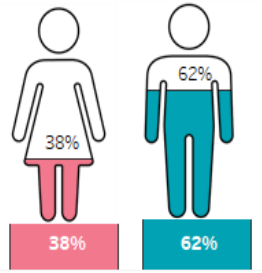


TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



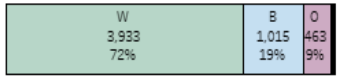
GENDER

(Current Year)



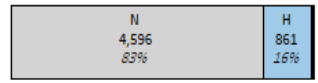
RACE

(Current Year)



ETHNICITY

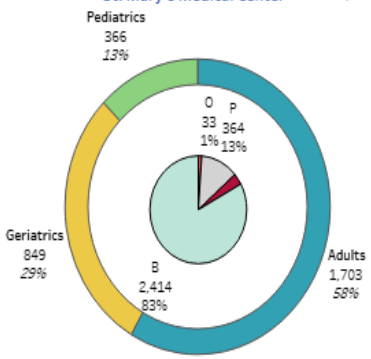
(Current Year)



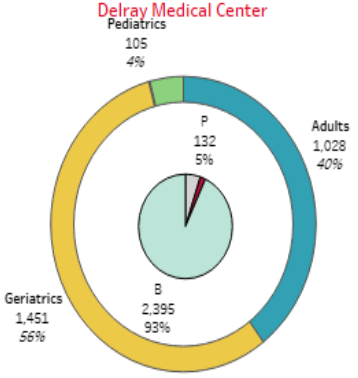
AGE GROUP & INJURY TYPE BY TRAUMA CENTER

(Current Year)

St. Mary's Medical Center

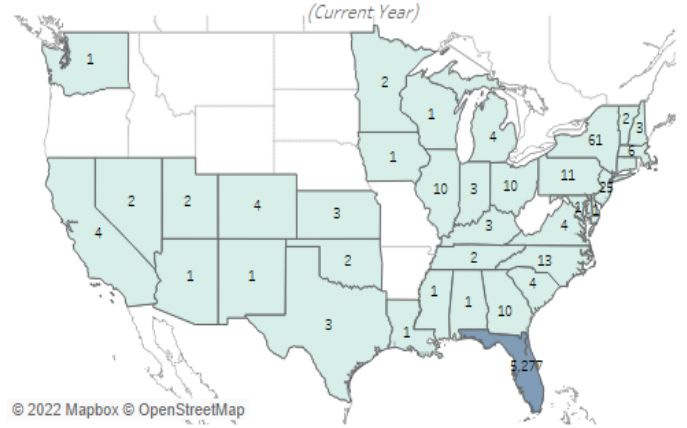


Delray Medical Center

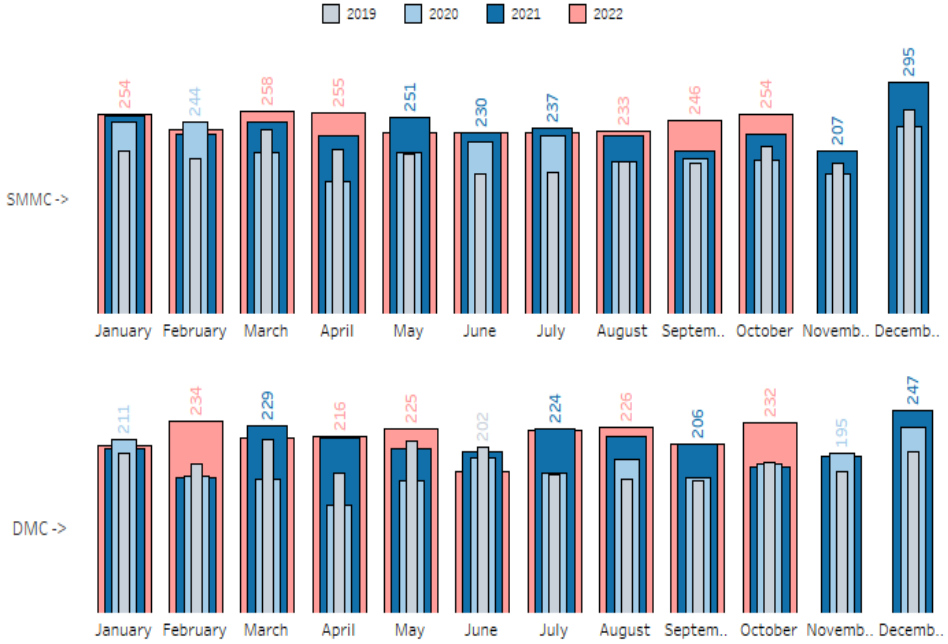


STATE RESIDENCE

(Current Year)

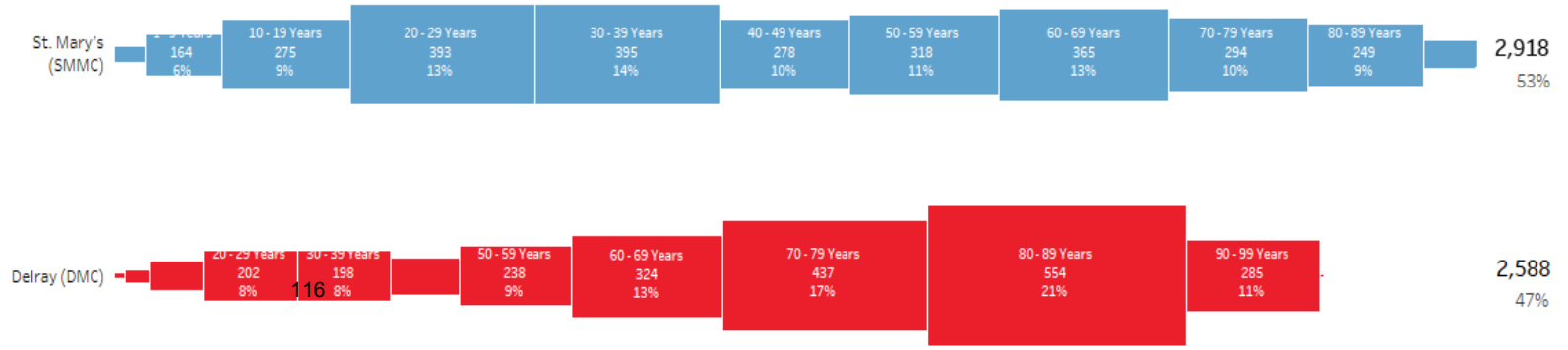


TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



Primary Care Clinics
Health Care District Palm Beach County

UDS PROVIDER LEVEL QUALITY MEASURES 2022

Load Date
11/14/2022

Filters

OVERALL PERFORMANCE

MET | Not Met | HRSA Goal | National Average | State Average

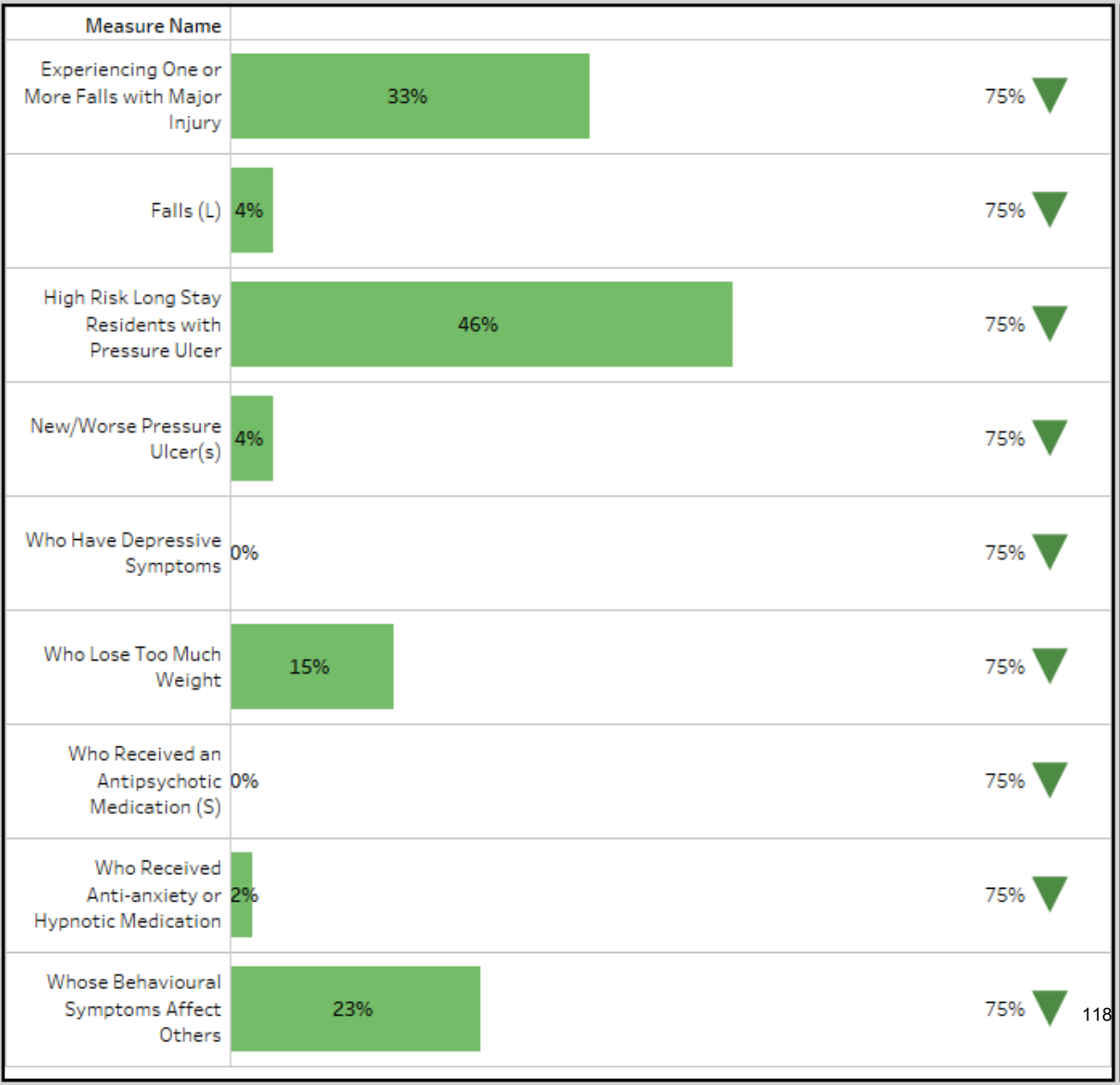
	Universe	
Adult Weight Screening and Follow Up	19,460	73% — 90%
Breast Cancer Screening	4,246	56% — 60%
Cervical Cancer Screening	10,150	53% — 65%
Childhood Immunization	608	21% — 60%
Colorectal Cancer Screening	7,951	47% — 82%
Coronary Artery Disease (CAD): Lipid Therapy (Statin)	4,817	83% — 8[illegible]%
Dental Sealants	570	95% — 75%
Depression Remission	164	23[illegible] — 1[illegible]%
Diabetes: (HbA1c > 9%)	3,622	71% — 67%
Diabetes: (HbA1c > 9%) Migrant	312	73% — 67%
HIV Screening	20,029	35% — 32%
Hypertension	6,546	69% — 80%
Ischemic Vascular Disease (IVD)	899	78% — 86%
Patients Screened for Depression and Follow-Up	15,182	92% — 83%
Patients Screened for Depression and Follow-Up (Homeless)	3,171	89% — 83%
Tobacco use Screening and Cessation Intervention	14,448	93% — 93%
Weight Screening and Counseling for children and adolescents	3,257	93% — 90%

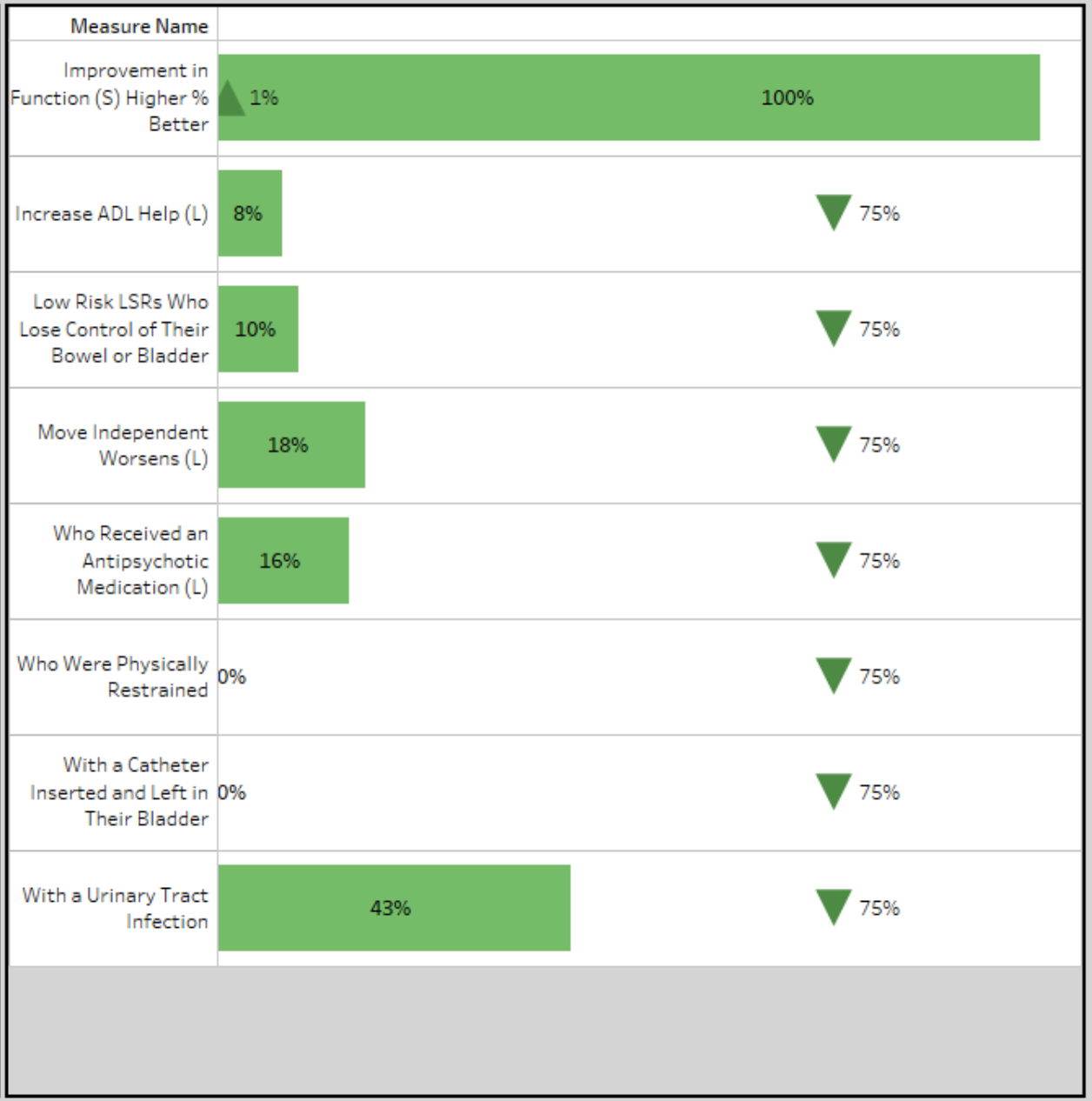
0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95%

Healey Center
Health Care District Palm Beach County

EJH Quality Measures
3rd Quarter 2022

Meeting Goal? Yes





Lakeside Medical Center
Health Care District Palm Beach County

LMC Quality Core Measures
3rd Quarter 2022

Inpatient Measures

Meeting Goal? No NP Yes

Measure Name	Sample Size	
ED-1a	103	30% ▲ 35%
IMM-2	0	NP ▲ 96%
PC-01	11	0% ▼ 2%
PC-02	4	0% ▼ 20%
PC-05	19	5% ▲ 15%
PC-06	25	8% ▼ 7%
SEPSIS-1	13	62% ▲ 70%
VTE6	0	NP 0%

Outpatient Measures

Meeting Goal? No NP

Measure Name	Sample Size	
OP-3a	0	NP ▲ 45%
OP-18	103	34% ▲ 40%
OP-23	0	NP ▲ 71%

Health Care District
PALM BEACH COUNTY

Call Center Performance

7/1/2022 to 9/30/2022

Filters

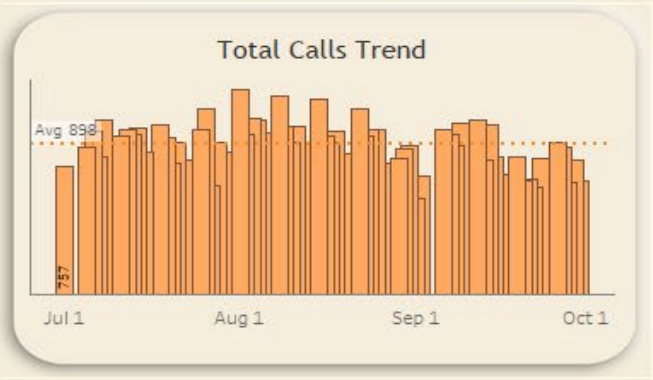
Call Date 7/1/2022 to 9/30/2022

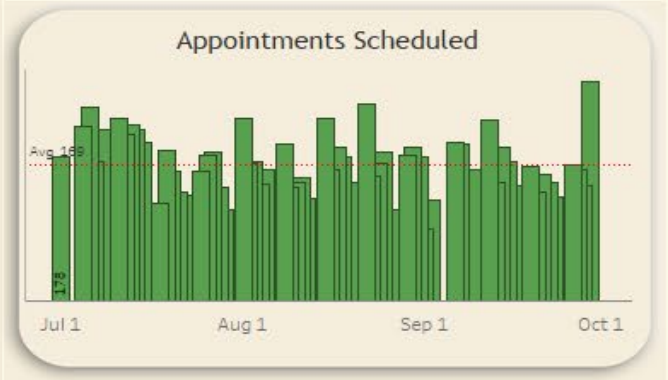
Agent Name All

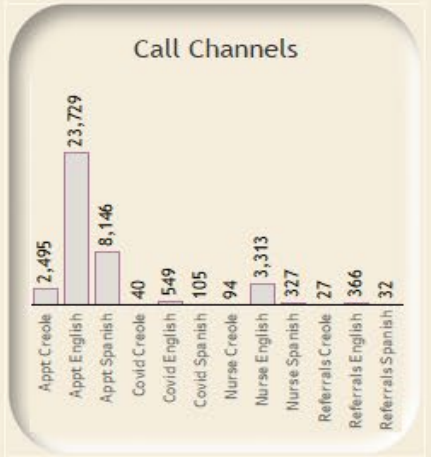
All

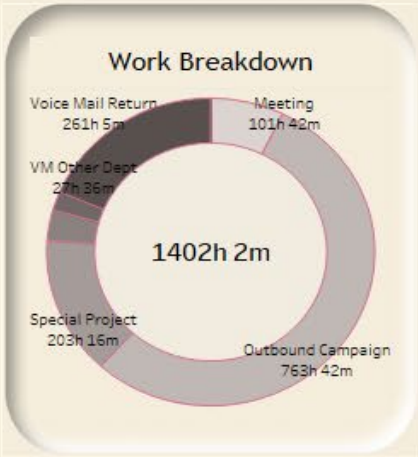
Total Calls Received	Total Inbound Calls	Total Outbound Calls	Patients Served
57,459	41,302 (72%)	16,147 (28%)	8,763

Appts. Scheduled	Handled Calls
10,654	39,675 (88.1%)









Key Performance Indicators

Time taken to answer calls	Average speed of answer	Avg Time to Handle Calls	Call Duration	Average Wrap-up Time	Call Abandonment Rate
SLA 80% calls answered < 20s	SLA < 28s	SLA Calls handled time < 6m	SLA < 4m	SLA < 6m	SLA < 5%
2m 31s	5s	7m 27s	3m 56s	14s	0.86%
Queue Time + Ring Time	Ring Time	Queue Time + Ring Time + Hold Time + Talk Time + Work Time	Talk Time	Work Time	Abandoned Call as % of Call Presented

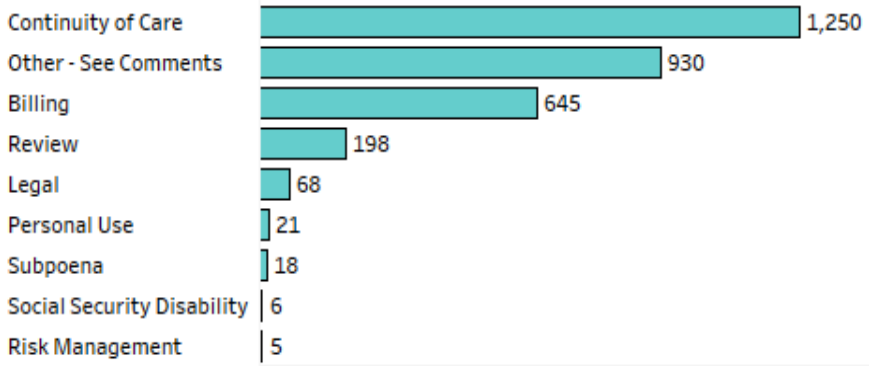
PALM BEACH COUNTY

Health Information Management

Release of Information for Q3 2022

3,180	4	4,398	4	1,218	4
LMC Completed Releases	LMC Average Days Turnaround Time	Total Completed Releases	Overall Average Days Turnaround Time	PCC Completed Releases	PCC Average Days Turnaround Time

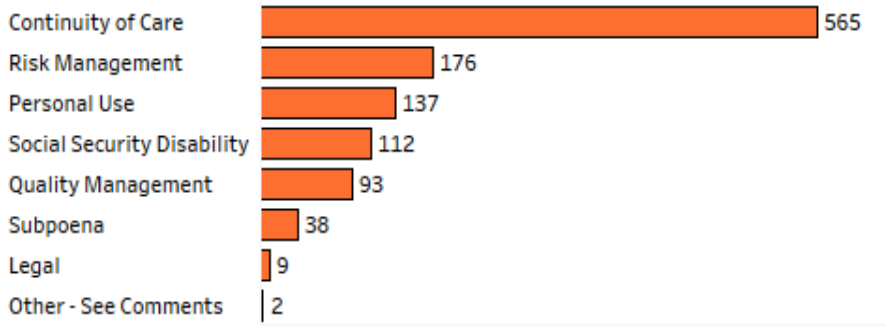
Top 10 LMC Completed by Purpose



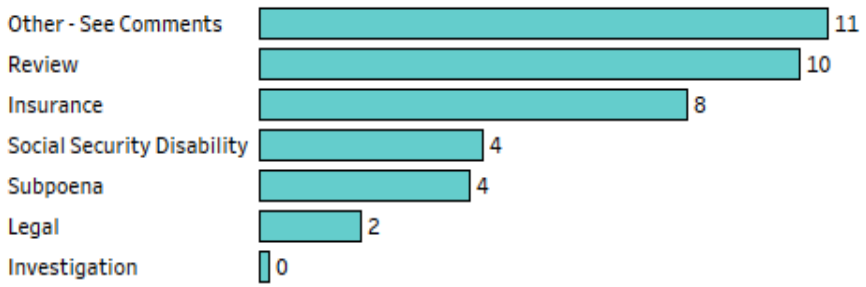
Top 10 Completed by Recipient

VENTRAHEALTH	437	437	0
FLORIDA BLUE BLUE CROSS BLUE SHIELD	164	3	161
CLB LANTANA	155	154	1
VENTRA HEALTH	136	136	0
BLUE RADIOLOGY SERVICE	134	134	0
CLB BELLE GLADE	109	109	0
CLB WEST PALM BEACH	92	92	0
CARDIOLOGY PARTNERS,PL	91	80	11
CLB DELRAY BEACH	90	90	0
SOCIAL SECURITY ADMINISTRATION (DISABILITY)	89	1	88

Top 10 PCC Completed by Purpose



Top 10 LMC Turnaround Time by Purpose



LMC

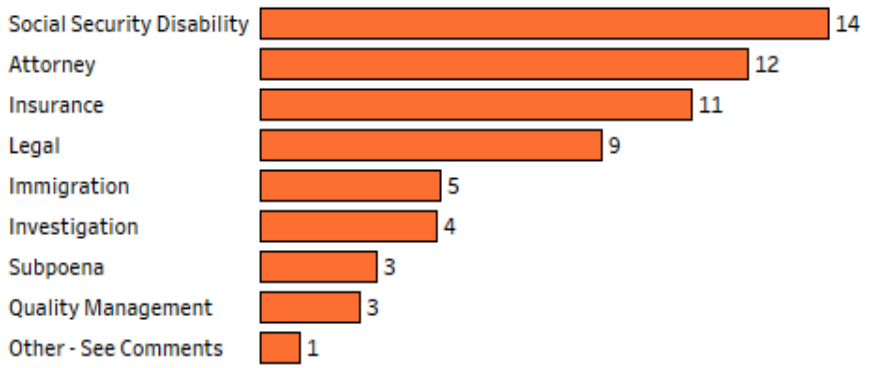
VENTRAHEALTH	437
CLB LANTANA	154
VENTRA HEALTH	136
BLUE RADIOLOGY SERV..	134
CLB BELLE GLADE	109
CLB WEST PALM BEACH	92
CLB DELRAY BEACH	90
CARDIOLOGY PARTNER..	80
FLORIDA BLUE BLUE C..	3
SOCIAL SECURITY ADMI..	1

121

PCC

FLORIDA BLUE BLUE C..	161
SOCIAL SECURITY ADMI..	88
CARDIOLOGY PARTNER..	11
CLB LANTANA	1

Top 10 PCC Turnaround Time by Purpose



Health Care District
PALM BEACH COUNTY

Human Resources Dashboard
Q3 2022

Business Unit: (All)

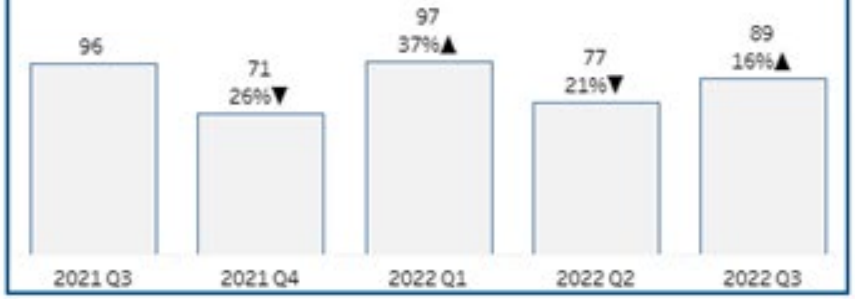
1,205	100	89	28	46	7
Current Head Count	Total Terminations	New Hires	New Hires Termed	Average Age	Avg Years Tenure

Headcount Trend

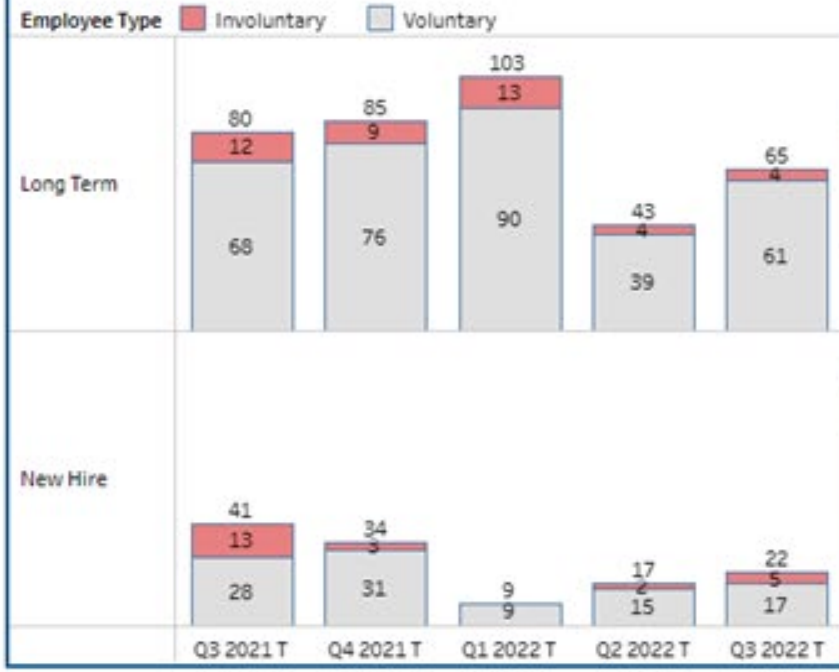
Employee Demographics

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific I...
- Two or more races (Not Hispanic o...
- Asian
- Null
- Black or African American
- White

New Hire Trend



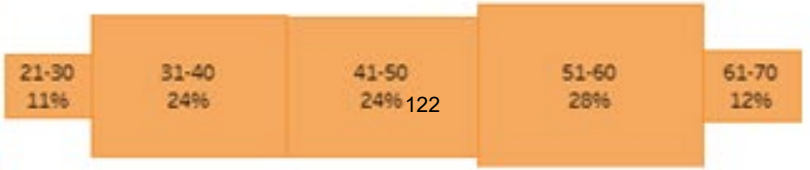
Turnover Counts



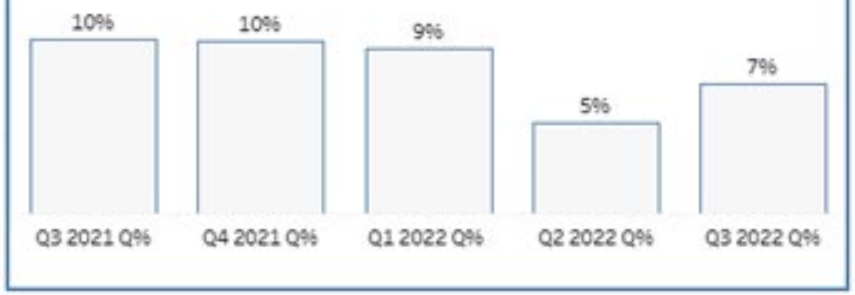
Race

Ethnicity

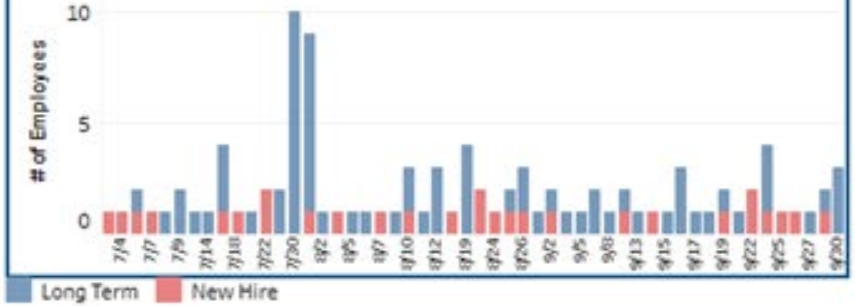
Age



Turnover Percent



Turnover Trend



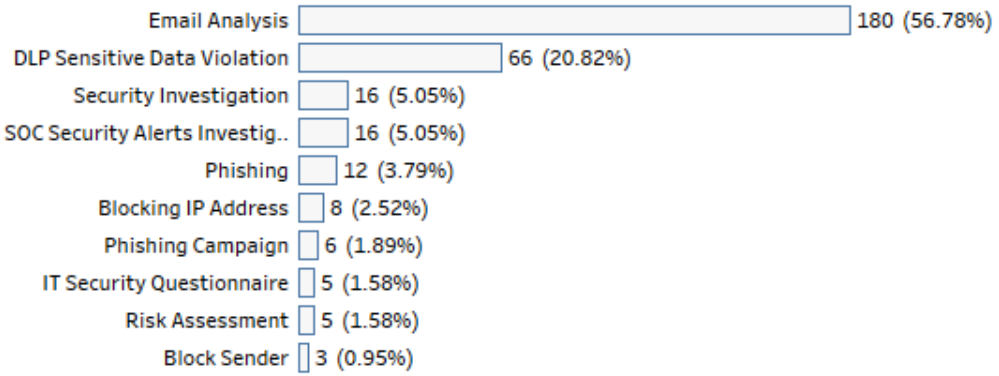
PALM BEACH COUNTY

CYBER SECURITY

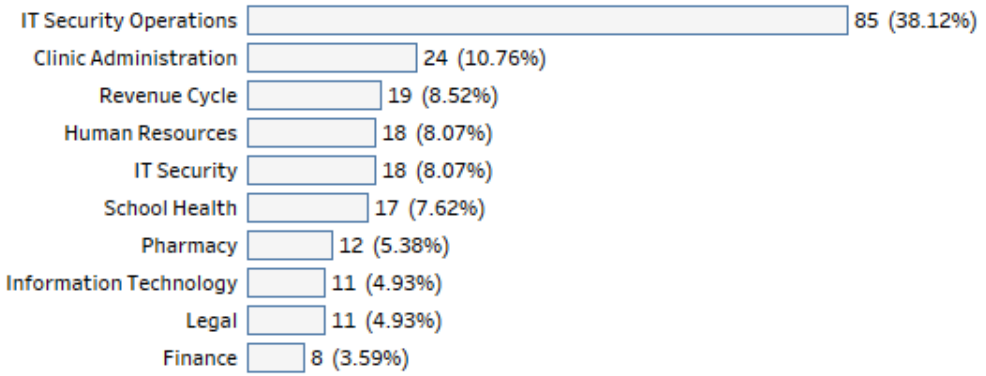
For Q3 2022

0	318	1.97	100.00%
Total Reportable Cyber Security Investigations	Total Investigations	Avg Days to Resolve	Percent of Investigations Closed

Top 10 Total Investigations by Category

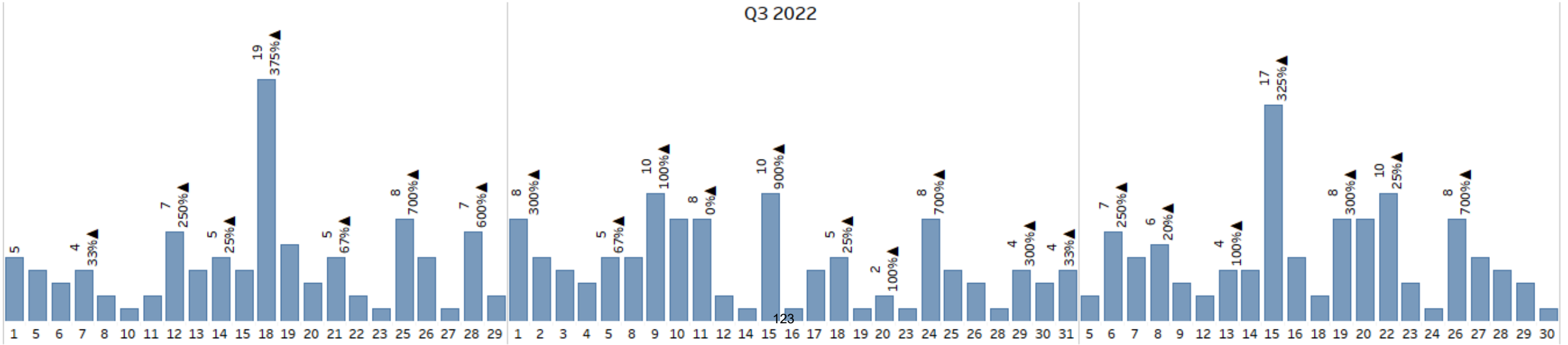


Top 10 Total Investigations by Business Unit



Daily Request Trend by Quarter

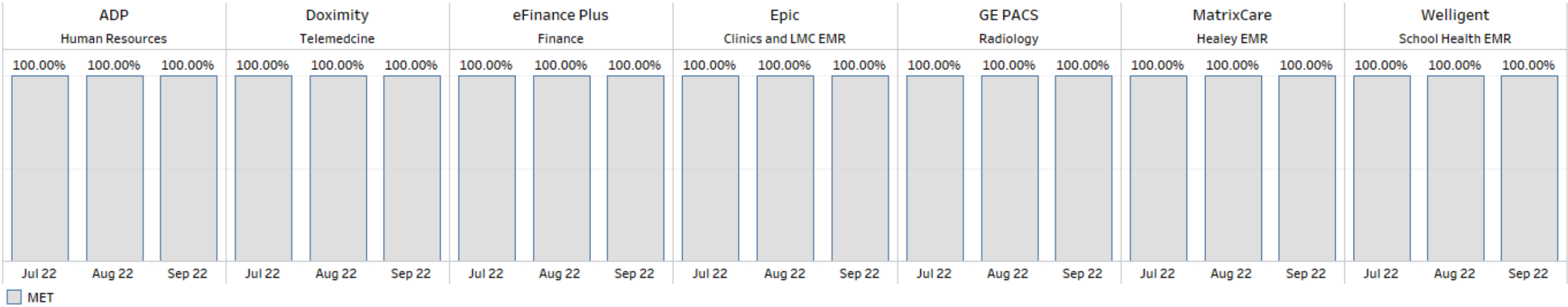
Q3 2022



PALM BEACH COUNTY

UPTIME
For Q3 2022

Uptime Percent by Application
SLA 99.99%



NOTES: For Q3 we did not have an unplanned downtime for any of the mission critical applications we track thus meeting our SLA of 99.99 percent. The HCD userbase did experience isolated pockets of Epic issues that made logging in difficult but the system was available to the majority of the users. This happend twice in July, once in August, and twice in September. Each of these issues were traced back to the MHS citrix servers with one exception which ended up being an expired MHS web certificate. Once the MHS server was rebooted and web certificate renewed the issues were resolved.

21

Hours

(Non-Concurrent)

Planned downtime

system is unavailable while it undergoes routine maintenance

Downtime

Application Na..	Date	Planned	Planned %	Unplanned	Unplanned %
eFinance Plus	Sep 22	4	0.56%	0	0.00%
Epic	Jul 22	3	0.40%	0	0.00%
	Aug 22	3	0.40%	0	0.00%
	Sep 22	3	0.42%	0	0.00%
MatrixCare	Jul 22	4	0.54%	0	0.00%
	Aug 22	2	0.27%	0	0.00%
	Sep 22	2	0.28%	0	0.00%

0

Hours

(Network Outage)

Unplanned downtime

system is unavailable due to unforeseen circumstances

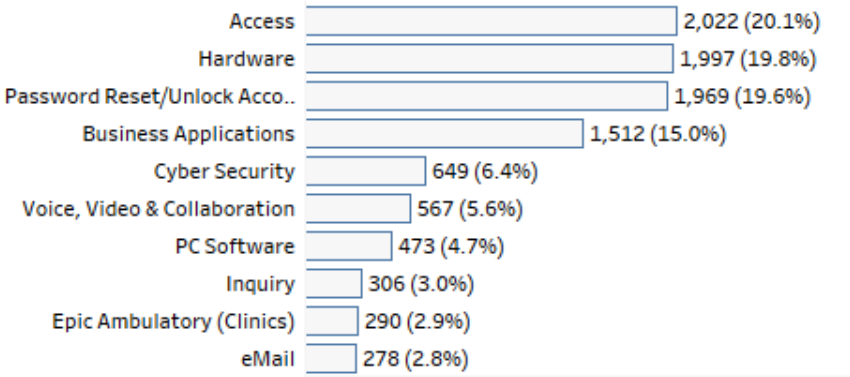
PALM BEACH COUNTY

SERVICE DESK
For Q3 2022

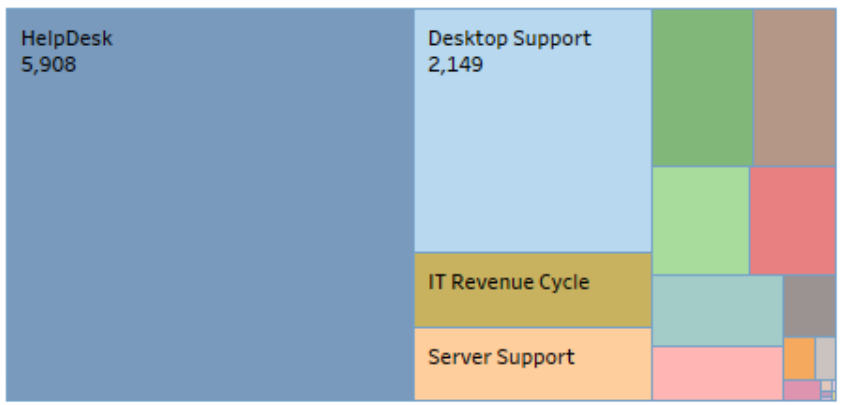
5,557	166	2.99%
Total Calls	Abandoned Calls	Abandoned % (Target 4.5%)

6,470	5,576	92%	6,018
Tickets Created Q3	Tickets Opened & Closed Q3	Closure % of Q3 Tickets	All Tickets Closed Q3

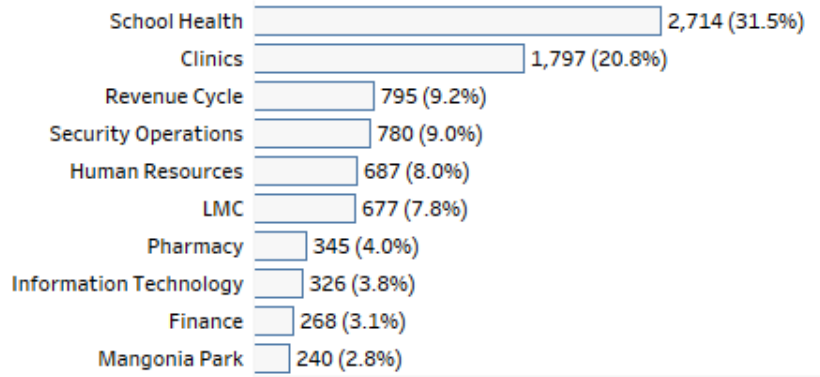
Top 10 Tickets by Category



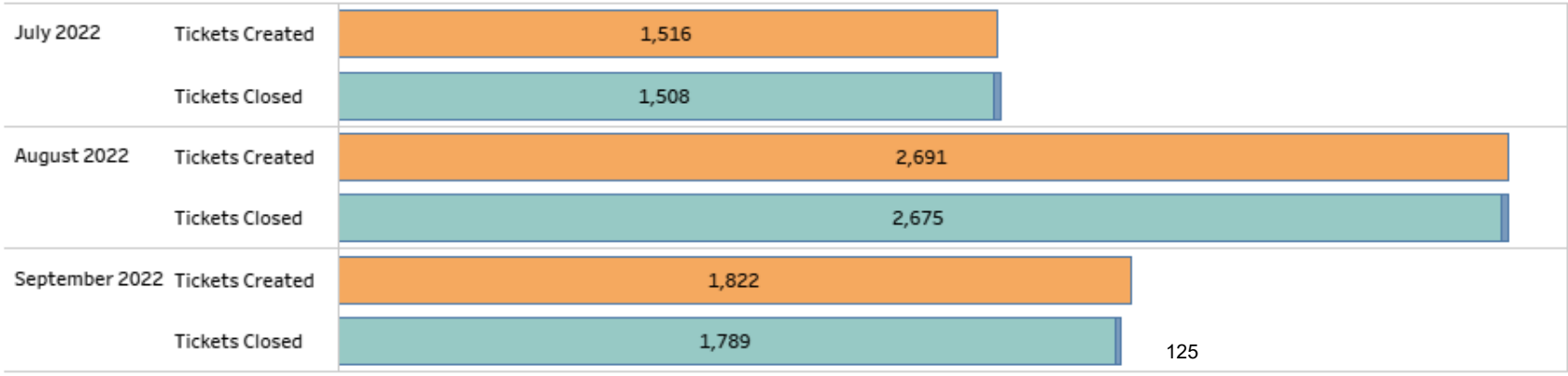
of Tickets by Group



Top 10 Total Tickets by Business Unit

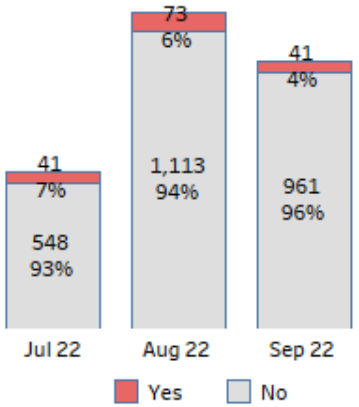


Tickets Created/Tickets Closed



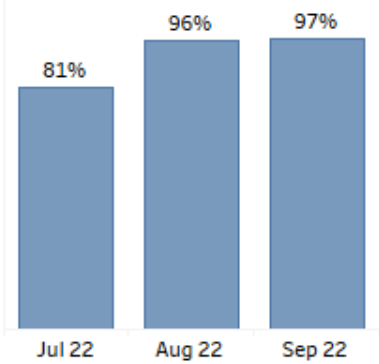
Missed SLA

Incidents Only



Closure Rate

Opened and Closed Same Month



Health Care District
PALM BEACH COUNTY

Pharmacy Outbound Notifications

Prescription Reminders - 2022 Q3 Data for All Pharmacy

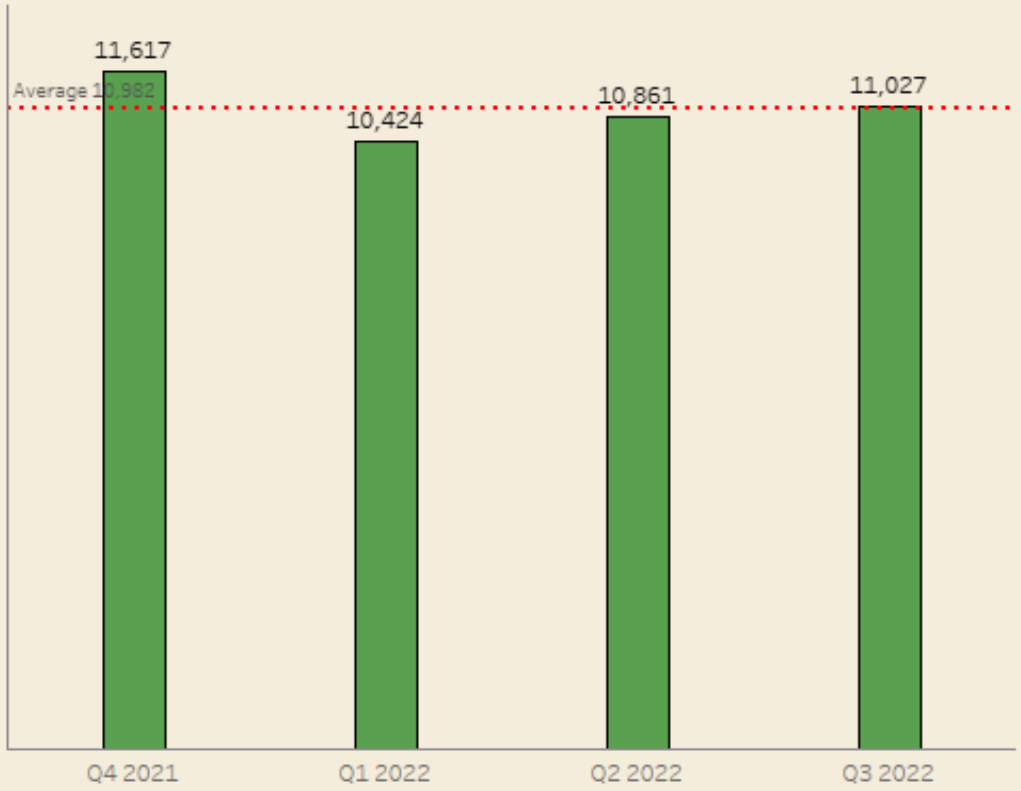
Filters

Qtr 2022 Q3

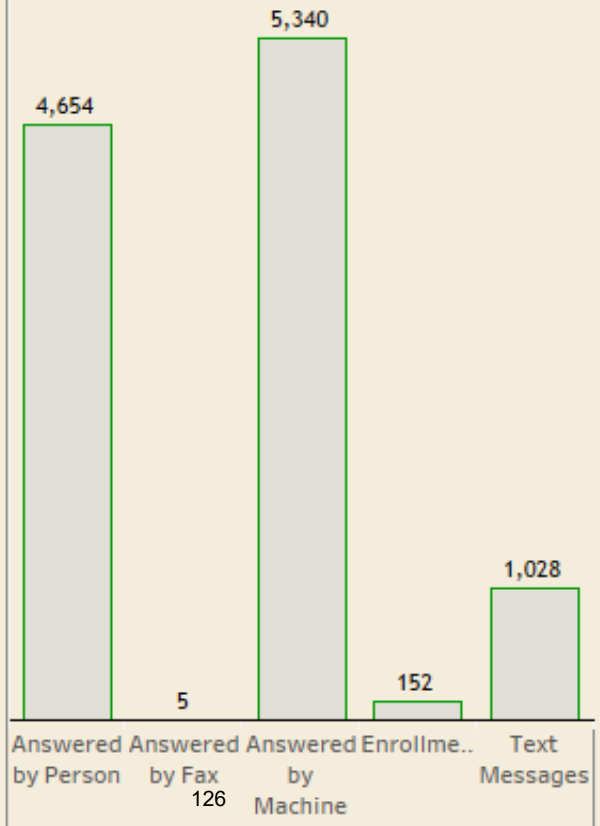
Store Name All

Total Attempted Contacts	Initial Pickup Reminder	2nd Pickup Reminder	Final Pickup Reminder	Total Completed Contacts (%Completed)	Too Soon Category
11,861	7,195	3,227	1,439	11,027 91%	148

Total Completed Contacts



Successful Contacts by Category



Unsuccessful Contacts by Category