



**Quality, Patient Safety & Compliance
Committee Meeting
December 14, 2023
10:00 A.M.**

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA**

**December 14, 2023 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=REZ4TWtYUXowQWNpWTBaVXRrsZ1dDQT09>

Telephone Dial-In Access: 646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

1. Call to Order

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

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 27, 2023. [Pages 1-4]

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

June 2023 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

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

Committee Attendance. [Page 5]

7A-3 **RECEIVE AND FILE**

Quality, Patient Safety and Compliance Committee Meeting Schedule for 2024
[Pages 6-7]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**

Patient Relations Dashboards
(Dr. Belma Andric) [Pages 8-15]

- Patient Relations Dashboard, School Health.
(Steven Sadiku) [Page 11]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(Alexa Goodwin) [Page 12]
- Patient Relations Dashboard, E. J. Healey Center.
(Tracy-Ann Reid) [Page 13]
- Patient Relations Dashboard, Lakeside Medical Center.
(Janet Moreland/ Joe-Ann Reynolds) [Page 14]
- Patient Relations Dashboard, Pharmacy.
(Alexa Goodwin) [Page 15]

C. **PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards
(Dr. Belma Andric) [Pages 16-24]

- Productivity Dashboard, School Health.
(Steven Sadiku) [Page 19]
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
(Dr. Charmaine Chibar) [Page 20]
- Productivity Dashboard, E. J. Healey Center.
(Shelly Ann Lau/ Terretha Smith) [Page 21]
- Productivity Dashboard, Lakeside Medical Center.
(Janet Moreland/ Sylvia Hall) [Pages 22-23]
- Productivity Dashboard, LifeTrans Ground Transportation.
(Amaury Hernandez) [Page 24]

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**

Compliance, Privacy and Ethics Program Activities and Updates
(Heather Bokor) [Pages 25-35]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**

Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 36-50]

- Quality & Patient Safety Report, School Health.
(Steven Sadiku) [Page 41]
- Quality & Patient Safety Report, Aeromedical.
(Steven Sadiku/Jostein Lavoll) [Page 42]
- Quality & Patient Safety Report, Trauma.
(Steven Sadiku) [Pages 43-44]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
(Steven Sadiku/Dr. Charmaine Chibar) [Page 45]
- Quality & Patient Safety Report, E. J. Healey Center.
(Steven Sadiku/Tracy-Ann Reid) [Pages 46-47]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Steven Sadiku/ Sylvia Hall) [Page 48]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.
(Steven Sadiku/ Amaury Hernandez) [Page 49]
- Quality & Patient Safety Report, Corporate Quality Metrics.
(Steven Sadiku) [Pages 50]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

March 13, 2024

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

June 12, 2024

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

September Meeting (Date TBD)

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

December 11, 2024

- 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.



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 27, 2023 at 2:00P.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Tracey Caruso called the meeting to order.

A. Roll Call

Committee members present: Tracy Caruso, Chair, Dr. Jyothi Gunta; Tammy Jackson-Moore; Dr. Alina Alonso, Dr. Luis Perezalonso (REMOTE), William Johnson and Dr. LaTanya McNeal (REMOTE); Kimberly Schulz and Robert Glass were excused.

Staff present: Darcy Davis, Chief Executive Officer; Bernabe Icaza, General Counsel; Heather Bokor, Chief Compliance, Privacy and Risk Officer; Belma Andric, Chief Medical Officer; Candice Abbott, Chief Financial Officer; Karen Harris, VP of Field Operations, Daniel Scott, Chief Information Officer; Regina All, Chief Nursing Officer; Geoff Washburn, Chief Human Resources Officer; Robin Kish, Tracey Archambo, Tracy-Ann Reid, Alyssa Tarter, Janet Moreland, Dr. Charmaine Chibar, Andrea Steele, Cindy Dupont, Terretha Smith, Shauniel Brown, Dr. Jennifer Dorce-Medard, Kelley Anderson, Amaury Hernandez and Leah Eichelroth.

Recording/ Transcribing Secretary: Christine Ferguson

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

CONCLUSION/ACTION: William Johnson made a motion to approve the agenda. The motion was duly seconded by Dr. Alina Alonso. There being no opposition, the motion passed unanimously.

- 3. **Awards, Introductions and Presentations**
- 4. **Disclosure of Voting Conflict**
- 5. **Public Comment**
- 6. **Meeting Minutes**

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of June 15, 2023.

CONCLUSION/ACTION: Tammy Jackson-Moore made a motion to approve the Committee Meeting Minutes of June 15, 2023. The motion was duly seconded by Dr. Alina Alonso. There being no opposition, the motion passed unanimously.

7. **Consent Agenda- Motion to Approve Consent Agenda Items**

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

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

June 2023 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

7A-3 **Staff recommends a MOTION TO APPROVE:**

Amendment to the Quality Patient Safety Charter

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.

C. **PRODUCTIVITY DASHBOARDS**

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

- Productivity Dashboard, School Health.
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
- Productivity Dashboard, E. J. Healey Center.
- Productivity Dashboard, Lakeside Medical Center.
- Productivity Dashboard, LifeTrans Ground Transportation.
- Productivity Dashboard, Pharmacy.

8. Regular Agenda

A. **COMPLIANCE**

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

**Ms. Bokor reviewed the Compliance, Privacy and Ethics Program Activities and Updates to the Committee.

CONCLUSION/ACTION: Received and Filed.

B. **CORPORATE QUALITY DASHBOARDS**

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

- Quality & Patient Safety Report, School Health.
- Quality & Patient Safety Report, Aeromedical.
- Quality & Patient Safety Report, Trauma.
- Quality & Patient Safety Report, 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, LifeTrans Ground Transportation.
- Quality & Patient Safety Report, Corporate Quality Metrics.
- Quality & Patient Safety Report, Pharmacy.

**Mr. Sadiku reviewed all of the Corporate Quality Dashboards to the Committee

CONCLUSION/ACTION: Received and Filed.

9. CEO Comments

Darcy Davis gave an update on their Falls Prevention Program, since receiving the 1-million-dollar grant for the program.

Quality, Patient Safety and Compliance Committee
Summary Meeting Minutes
June 15, 2023

10. Committee Member Comments
None

11. Establishment of Upcoming Meetings

December 14, 2023

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

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.

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tracy Caruso, Chair

Date

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

Attendance Tracking for 2023

	3/15/23	6/15/23	9/27/23	12/14/23
Dr. Jyothi Gunta	N/A	X	X	
Tracy Caruso	X	X	X	
Dr. Alina Alonso	X	X	X	
Tammy Jackson-Moore	N/A	X	X	
Dr. Luis Perezalonso	X	X	X	
Kimberly Schulz	X	X	Absent	
Dr. LaTanya McNeal	X	Absent	X	
Robert Glass	X	Absent	Absent	
William Johnson	X	X	X	

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

1. Description: Quality, Patient Safety and Compliance Committee Meeting Schedule for 2024

2. Summary:

This agenda item provides the Quality, Patient Safety and Compliance Committee with the meeting schedule for 2024.

3. Substantive Analysis:

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

March 13, 2024

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

June 12, 2024

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

September Meeting (Date TBD)

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

December 11, 2024


- 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 <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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:

 CA6A21FF2E09481...
 Jessica Cafarelli
 Interim VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee Receive and File the 2024 Committee meeting Schedule.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

0CF6F7DB6706434
Bernabe Icaza
SVP & General
Counsel

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, 2023**

1. Description: Patient Relations Dashboard & Summary

2. Summary:

This agenda item provides the patient relations dashboard for the 3rd Quarter of 2023 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and Pharmacy.

3. Substantive Analysis:

School Health

School Health had a total of 16 Patient Relations events reported for 169 school locations. Of the 16 patient relation events, 3 were complaints, 13 were compliments, and there were no grievances. Out of the 3 complaints, 67% were from family members, and 33% were from school district staff. The complaints categories were poor communication and nurse-related. The 13 compliments recognized the School Health Nurses and School Health Nurse Assistants, Healthcare Support Techs, and the School Health Leadership team received from school district staff, family members, and employees.

C. L. Brumback Primary Care Clinics

For Quarter 3 2023, there were a total of 33 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. This was a decrease from the previous quarter where we had 36 Complaints and Grievances. Of the 33 occurrences, there were 12 Grievances and 21 Complaints. The top 5 categories were Care & Treatment, Physician Related, Communication, Respect Related and Finance Related issues. The top subcategory was Physician Related All Aspects of Care with 6 occurrences.

There was also a total of 53 Compliments received across 5 Clinics and Clinic Administration. Of the 53 Compliments, 50 were patient compliments, and 3 were employee-to-employee Thumbs-Up compliments.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 66 grievances submitted during the 3rd quarter. 40 residents were responsible for the 66 grievances. The average census for the quarter was 115. The top 5 categories were Care and Treatment (16), Personal Belongings (15), Nutrition (13), Communication (7), and Nursing related (6).

Some of the concerns included: resident wanting to be in private room instead of semi-private- a reminder was given to the resident that he was admitted to the private room for isolation purposes only. Missing clothing- clothing was found in the residents' room and food and soup temperature not hot enough- audit was

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

completed on food temperature and the temperature was within normal serving range. Resident wanted to purchase electric wheelchair but was not allowed- education was provided to resident on risk and benefits of the use of manual wheelchair and resident requesting to change shower time to 5:30 am- this was done.

Grievances were resolved within the recommended guidelines.

A total of 31 compliments were submitted this quarter by residents and resident representatives. The compliments were residents and family being thankful for excellent services received, staff being caring and very supportive, and superb customer service.

Lakeside Medical Center

Lakeside Medical Center reported a total of 9 complaints and grievances for Q3, July – September 2023. The event categories include 1 for Care Plan relevance, 1 for Documentation in Medical record, 1 for Advance Directives not on file, 1 for Wrong Record received, 1 for Communication, 1 for overall, and 2 for Bad attitude/rude. Lakeside Medical Center also reported a total of 4 compliments for Q3, July – September 2023. All complaints and grievances are addressed by the Community Liaison Manager, who ensures appropriate follow-up with the provider and/or manager as necessary.

Pharmacy

For Quarter 3 2023, there were no patient complaints/grievances and one compliment. The compliment received at the Delray Pharmacy was related to the prescription.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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:

 CA8A21FF2E00481...
 Jessica Cafarelli
 Interim VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

5. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza

0CF6F7DB6706434...

Bernabe Icaza
SVP & General Counsel

DocuSigned by:

Belma Andric

1E272D34C8B04A5...

Belma Andric, MD
SVP & Chief Medical Officer

DocuSigned by:

Darcy Davis

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Darcy J. Davis
Chief Executive Officer

Patient Relations School Health (Grievances, Complaints & Compliments)



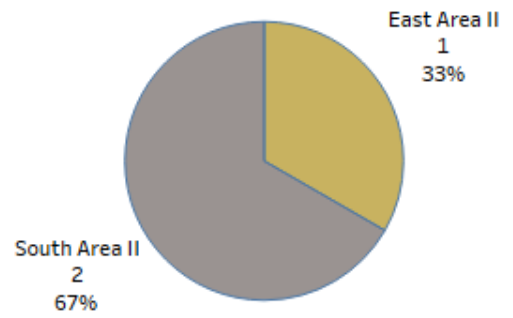
2023 Q3 2023 Q3

Total Complaints and Grievances

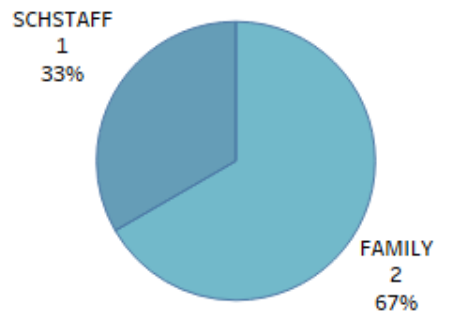
3

Late Entries: 0

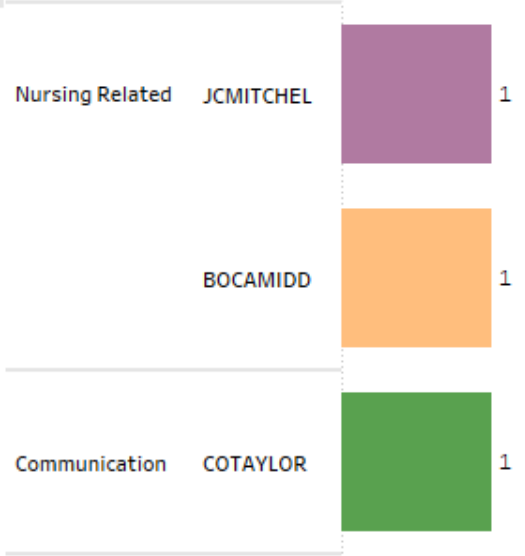
Schools by Area



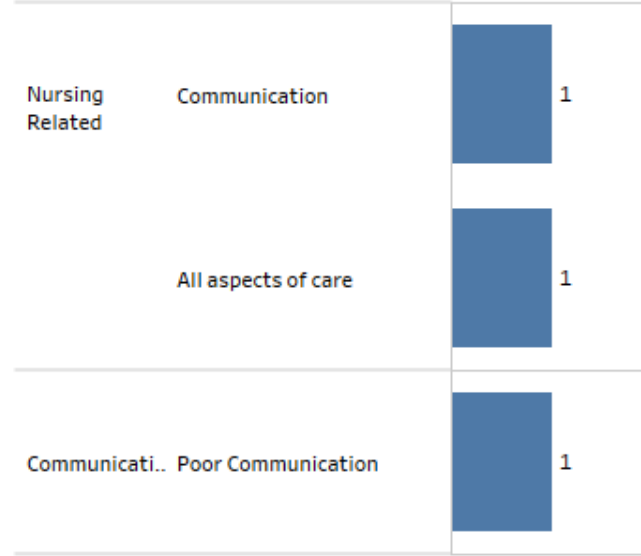
Complainant



Top 5 Categories



Total Top 5 Subcategories



Total Compliments

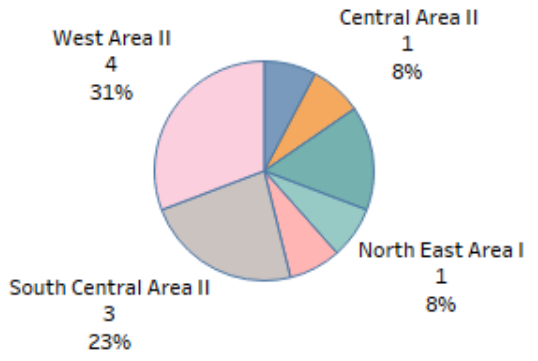
13

Late Entries: 1

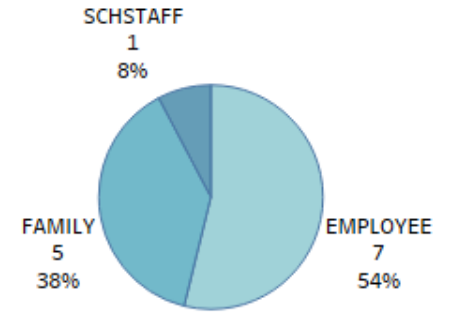
Comp/Griev Prev 4 Quarters

17

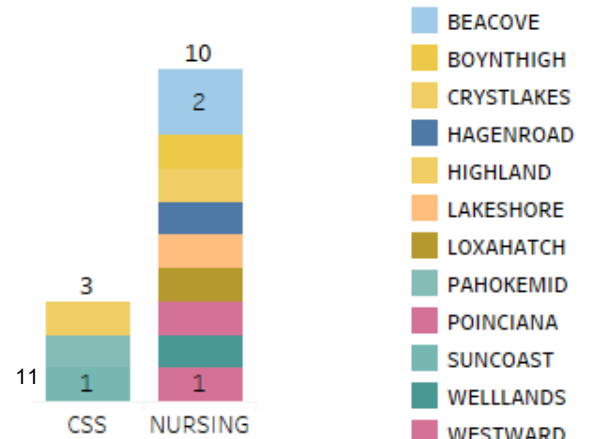
Schools by Area



Complimenter

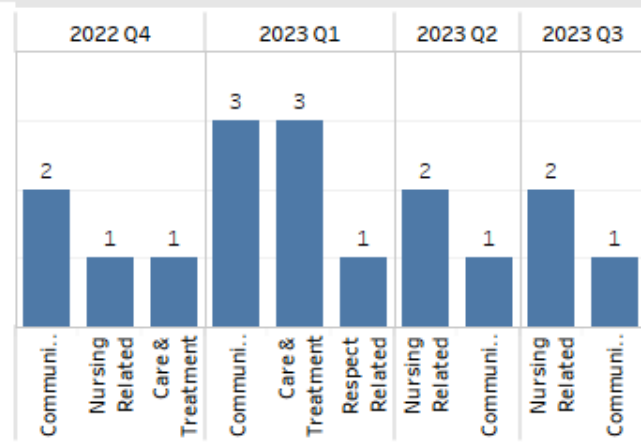


Care & Treatment Categories



- BEACOVE
- BOYNTHIGH
- CRYSTLAKES
- HAGENROAD
- HIGHLAND
- LAKESHORE
- LOXAHATCH
- PAHOKEMID
- POINCIANA
- SUNCOAST
- WELLLANDS
- WFTWARD

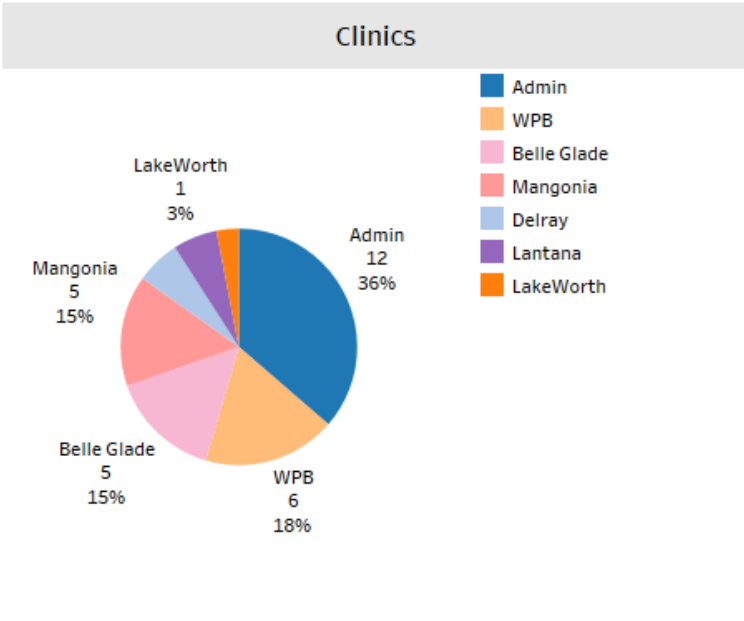
Top 5 Categories Trended



* Color represents Department

2023 Q3

Dept Desc All Provider All **Total Complaints and Grievances 33** Late Entries: 5 Clinic All



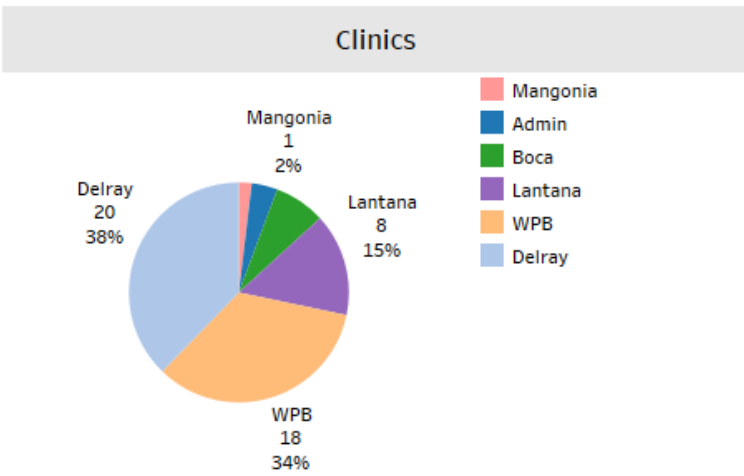
Top 5 Categories

Category	Subcategory	Count
Care & Treatment	Admin	3
	WPB	2
	Lantana	1
	LakeWorth	1
	Belle Glade	1
Physician Related	WPB	3
	Mangonia	2
	Delray	1
Respect Related	Admin	3
	Lantana	1
Communication	Admin	2
	WPB	1
	Mangonia	1
Finance	Admin	2
	Mangonia	1
Nursing Related	Belle Glade	2
Medical Records	Mangonia	1
	Delray	1

Total Top 5 Subcategories

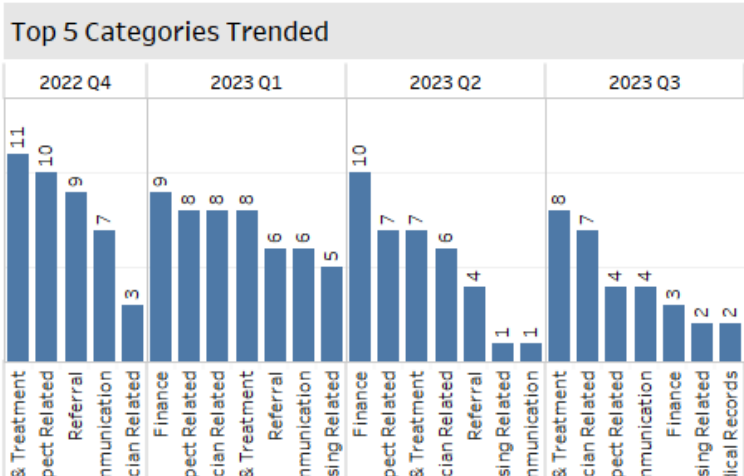
Category	Subcategory	Count
Care & Treatment	Competency Of Staff	3
	Inappropriate Care	2
	Confidence in Care Givers	1
	Refusal of Treatment	1
	Wait Time	1
Physician Related	All aspects of care	6
	Communication	1
Respect Related	Bad attitude/rude	4
	Poor Communication	2
Communication	Staff did not listen carefully	2
	District Cares Related	2
Finance	Billing issues (refusal to pay request fo..	1
	Communication	2
Nursing Related	Communication	2
Medical Records	Change/Amend Medical Chart	1
	Delay in obtaining medical chart	1

Total Compliments 53 Late Entries: 11 **Complaints/Grievances Prev 4 Quarters 119**



Care and Treatment Categories

Category	Count
ADMIN	7
CSS	37
NURSING	1
OTHER	1
PHYSICIAN	4
THUMBSUP	3

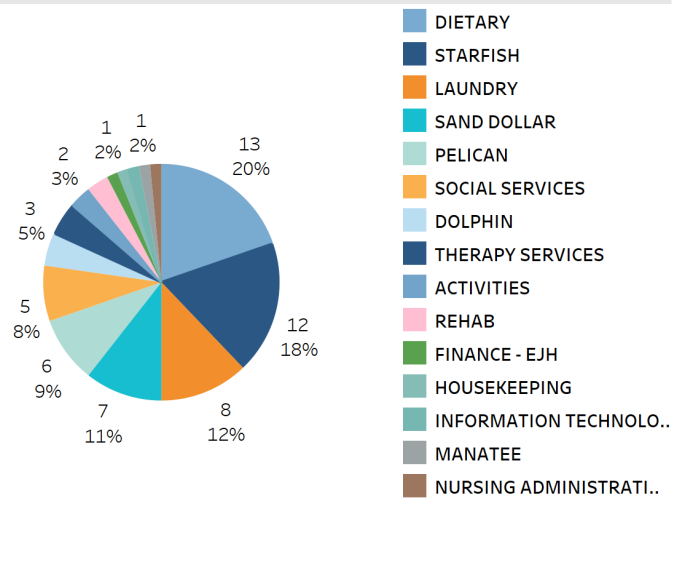


* Color represents Department, ** CSS = Clinical Support Staff

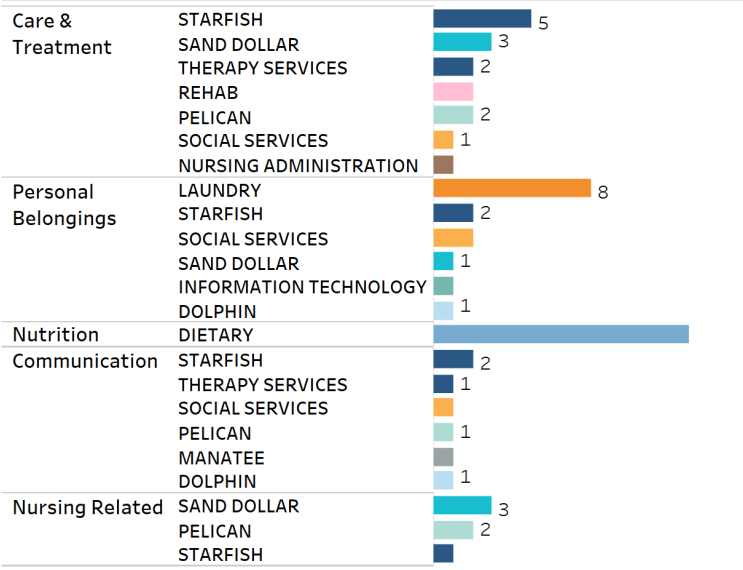
2023 Q3

Total Complaints and Grievances 66

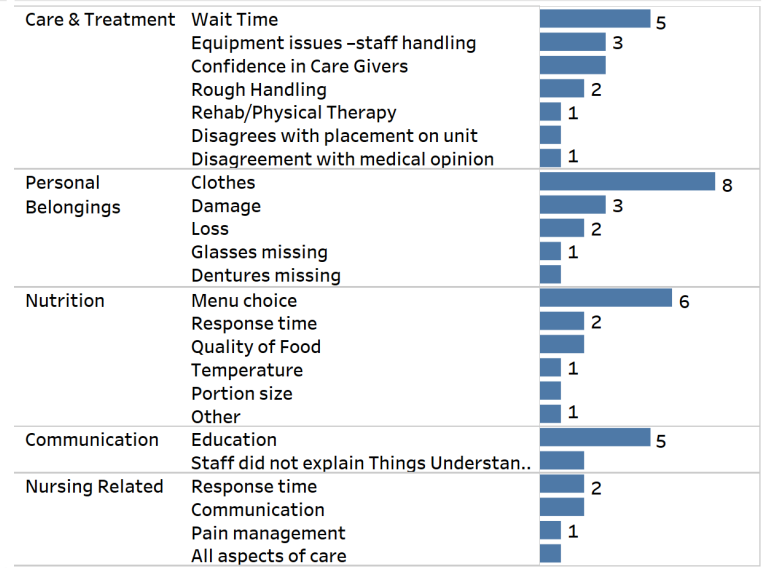
Departments



Top 5 Categories



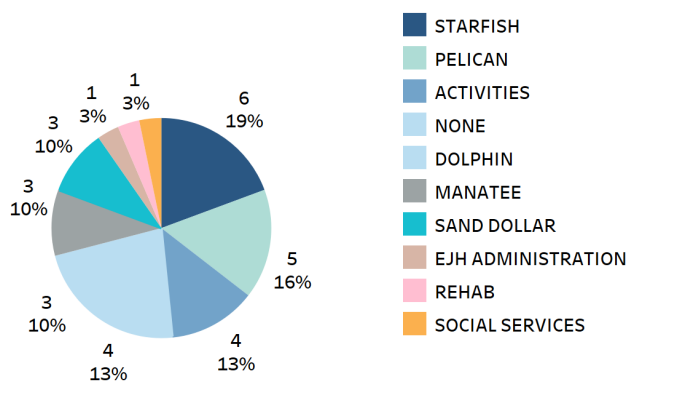
Total Top 5 Subcategories



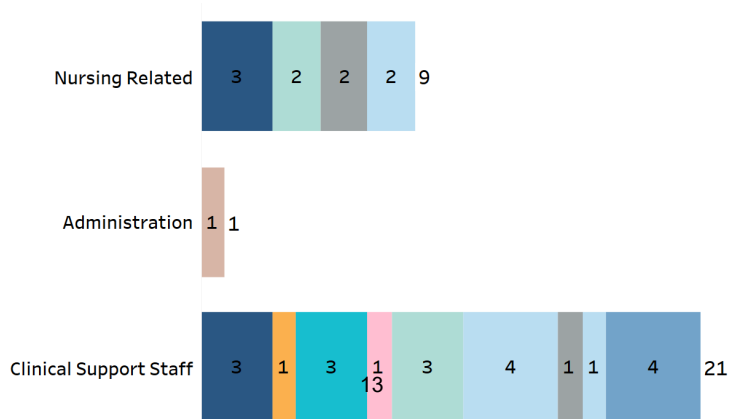
Total Compliments 31

Complaints/Grievances Prev 4 Quarters 145

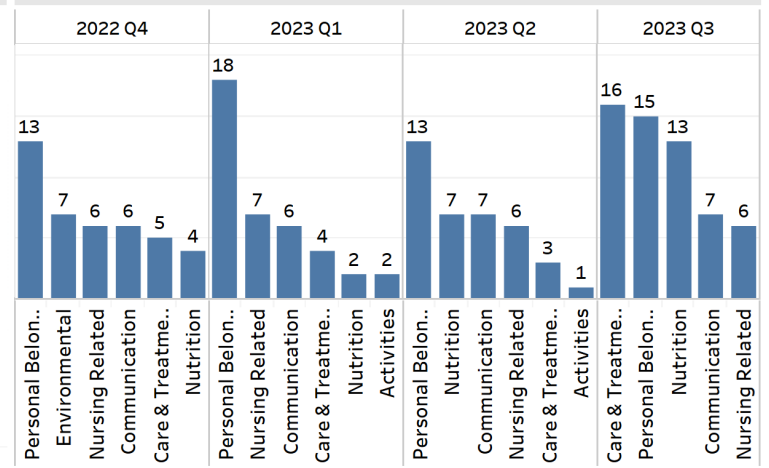
Departments



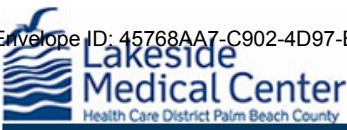
Care and Treatment Categories



Top 5 Categories Trended



* Color represents Department



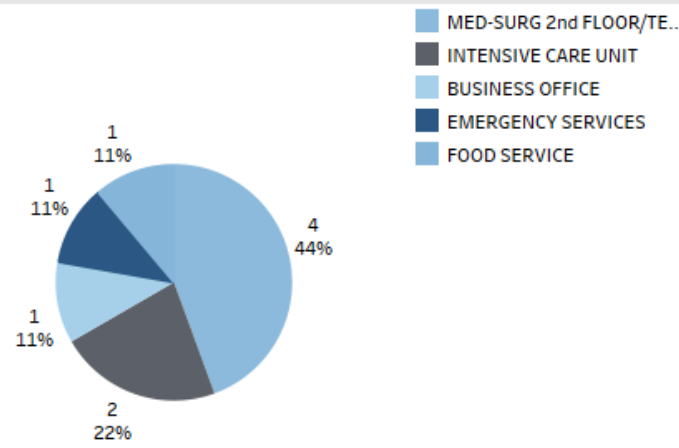
Patient Relations (Grievances, Complaints & Compliments)

Lakeside Medical Center

2023 Q3

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

Departments



Top 5 Categories

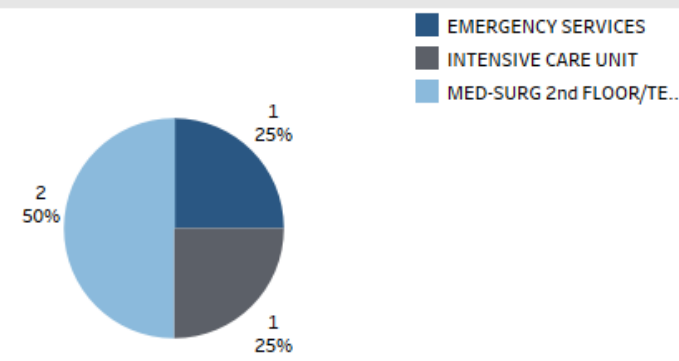
Category	Department	Count
Respect Related	MED-SURG 2nd FLOOR/TELEMETRY	2
Medical Records	EMERGENCY SERVICES	1
	BUSINESS OFFICE	1
Communication	MED-SURG 2nd FLOOR/TELEMETRY	1
	INTENSIVE CARE UNIT	1
Personal Belongings	INTENSIVE CARE UNIT	1
Nutrition	FOOD SERVICE	1
Nursing Related	MED-SURG 2nd FLOOR/TELEMETRY	1

Total Top 5 Subcategories

Category	Subcategory	Count
Respect Related	Bad attitude/rude	2
Medical Records	Wrong Record Received	1
	Advance Directives not on file	1
Communication	Documentation in Medical Record	1
	Care Plan relevance	1
Personal Belongings	Loss	1
Nutrition	Overall	1
Nursing Related	Communication	1

Total Compliments: 4 **Late Entries: 0** **Complaints/Grievances Prev 4 Quarters: 38**

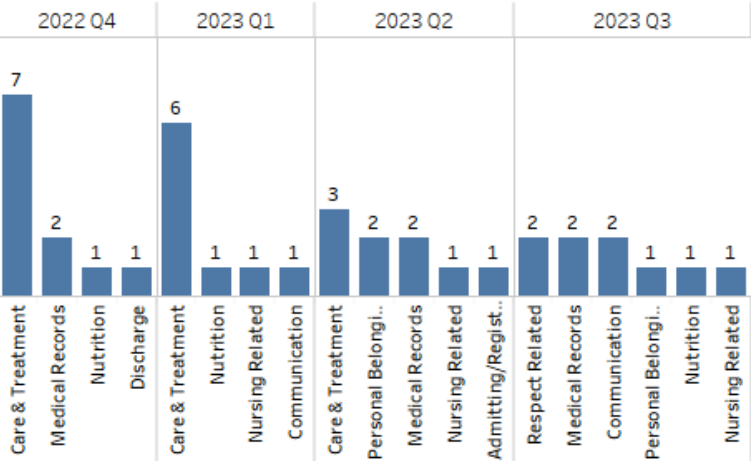
Departments



Care and Treatment Categories

Category	Department	Count
CSS	MED-SURG 2nd FLOOR/TELEMETRY	1
	EMERGENCY SERVICES	1
NURSING	MED-SURG 2nd FLOOR/TELEMETRY	1
	EMERGENCY SERVICES	1


Total Top 5 Subcategories

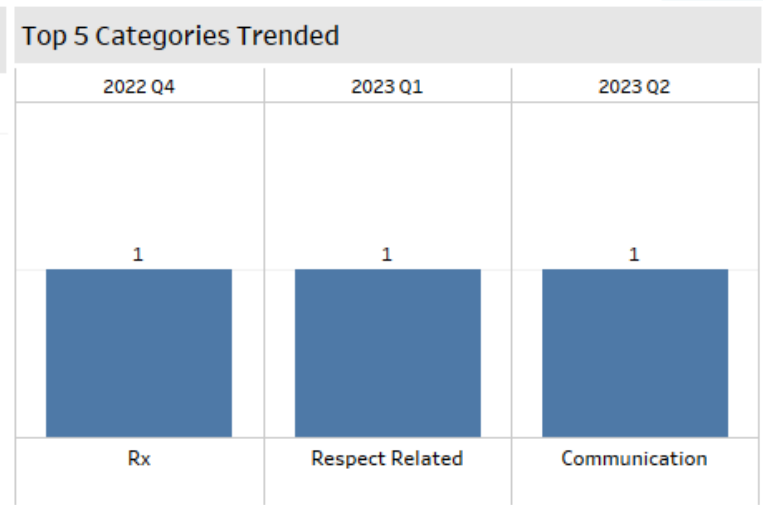
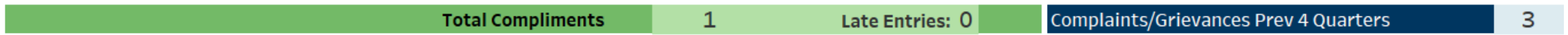


* Color represents Department



Patient Relations (Grievances, Complaints & Compliments) Pharmacy

[Detail](#)

 Start Date: 7/1/2023 End Date: 9/30/2023 Top Categories: 5



* Color represents Department

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

1. Description: Productivity Reports

2. Summary:

This agenda item provides the productivity reports for the 3rd Quarter of 2023 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and LifeTrans Ground Transportation.

3. Substantive Analysis:

School Health

In the 3rd Quarter of 2023, we completed a total of 98,124 events across 169 schools, providing care for a total of 49,089 students. These events were broken down into 48,162 office visits, 19,149 medication visits, 13,548 procedure visits, 6,508 consultation events, and 10,767 record reviews. The top 3 schools with the most events are Western Pines Middle School, Okeeheelee Middle School, and Eagles Landing Middle School.

C. L. Brumback Primary Care Clinics

In Q3 of 2023, the clinics served 20,074 unique patients and provided 40,290 clinic visits.

Edward J. Healey Rehabilitation and Nursing Center

During the third quarter, the census for the Healey Center averaged 114-a slight increase from the previous 113. COVID-19 screening totals were ceased for employees and 2,127 completed for vendors. Treatments performed by nursing average increased to 16,849 compared to the last quarter 16,402 and 92,906 for medication administration compared to 93,202 last quarter. Food and nutrition services provided an average of 8,895 resident meals compared to 8,823 last quarter. CNA POC documentation compliance rate for day shift averaged 98.9%, evening shift averaged 98.6% and night shift averaged 99.3%. The therapy department completed a total of 5075 units for the quarter.

Lakeside Medical Center

The productivity data report for 3rd Quarter 2023 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,465 patient days for Q3-2023 compared to 1,359 for Q2-2023 resulting in a 7.8% increase.
- **Emergency Services Visits** – There was a total of 5,738 visits for Q3-2023 compared to 5,742 for Q2-2023, resulting in a 0.07 % decrease.

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- **Physical Therapy Visits (Evaluations and Treatments)** – There was a total of 183 evaluations and treatments for Q3-2023 compared to 161 for Q2-2023, resulting in a 13.6% increase.
- **Inpatient Admissions** – There was a total of 103 Inpatient Admissions for Q3-2023 compared to 106 for Q2-2023, resulting in a 2.8% decrease.
- **Surgical Cases** – There was a total of 52 surgical cases performed for Q3-2023 compared to 31 for Q2-2023 resulting in a 67.7% increase.
- **Medication Administration** - There was a total of 38,349 medications administered for Q3-2023 compared to 35,225 for Q2-2023 resulting in an 8.9% increase.
- **Laboratory Specimens Collected** – There was a total of 20,748 lab specimens collected for Q3-2023 compared to 20,671 for Q2-2023 resulting in a 0.37% increase.
- **Radiology Exams Completed** – There was a total of 6,794 radiological exams performed for Q3-2023 compared to 6,854 for Q2-2023 resulting in a 0.9% decrease.

LifeTrans Ground Transportation

For Q3 2023, the LifeTrans Ground Transportation department performed 502 transports, with 451 (89.8%) originating at Lakeside Medical Center. Most of the patients transported were between 21 and 70 years old. The most common diagnostic impressions for the patients transported during this period were cardiovascular diseases, gastrointestinal bleeding, and mental health disorders. Palms West Hospital continues to be our main receiving facility, followed by JFK Main and St. Mary’s Medical Center.


4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

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*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:

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Jessica Cafarelli
Interim SVP & Chief Financial Officer


5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Reports


Approved for Legal sufficiency:

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Bernabe Icaza
SVP & General Counsel

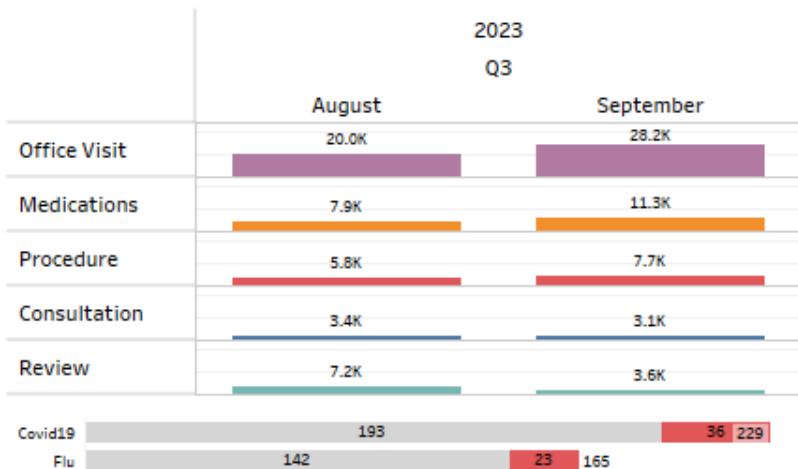
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Belma Andric, MD
SVP & Chief Medical Officer

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Darcy J. Davis
Chief Executive Officer

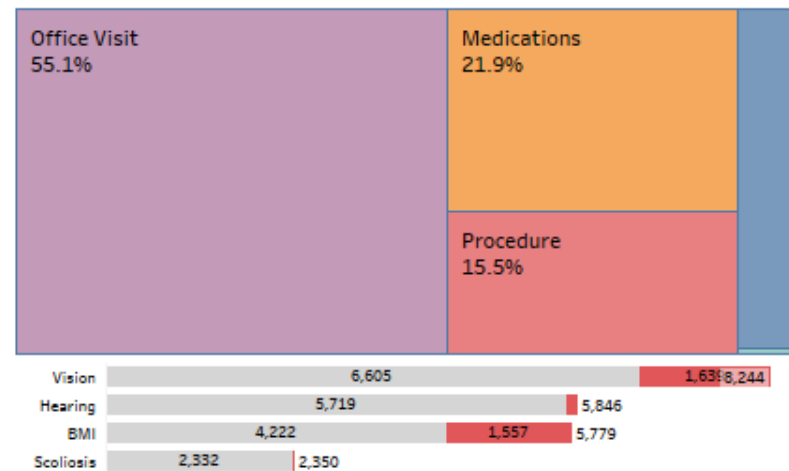
Volume Trend



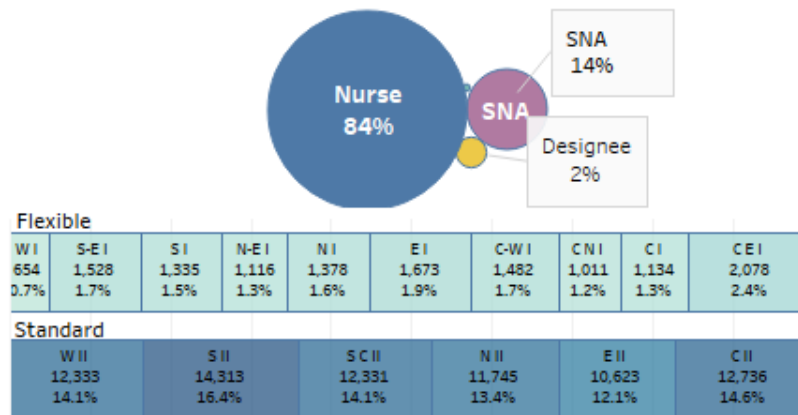
Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Office Visit	48,162	169	32,700	211	19.14
Medications	19,149	161	841	204	5.96
Procedure	13,548	106	203	153	13.66
Consultation	6,508	166	4,578	147	13.84
Review	10,767	64	10,767	59	0.00

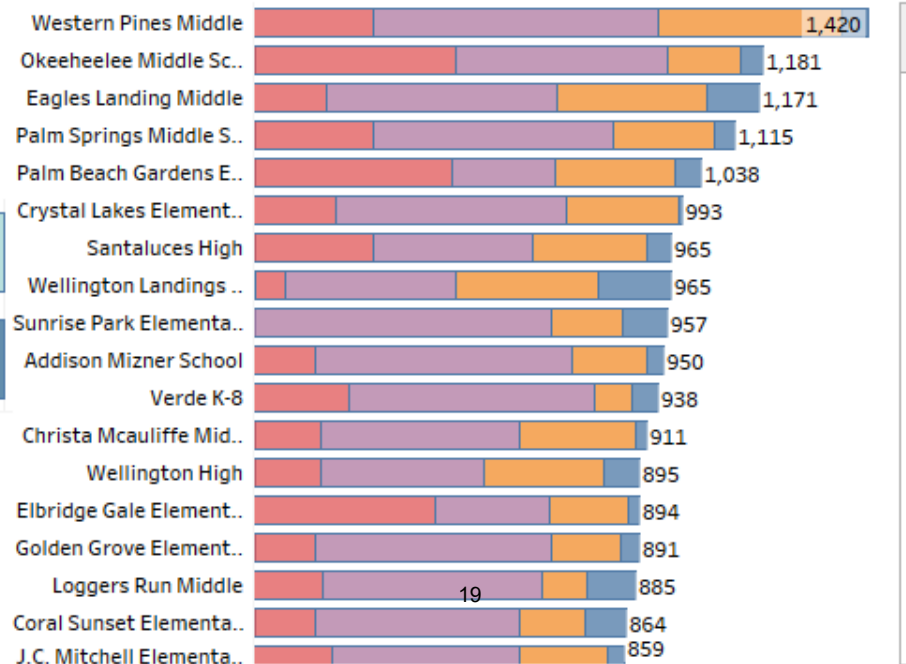
Percent by Event Type



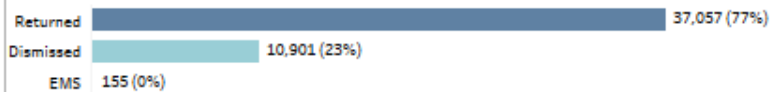
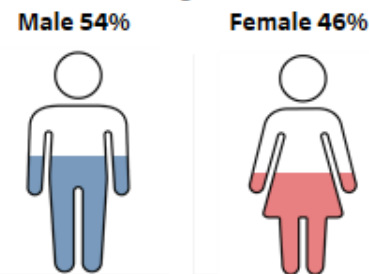
Provider Type



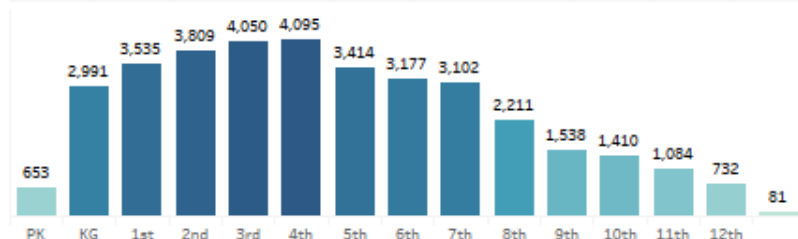
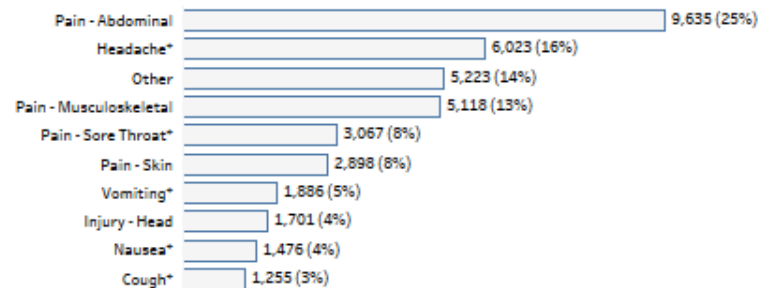
Events by School



Gender Assigned at Birth



Top 10 Reasons for Visit



Unique Patients
20,074

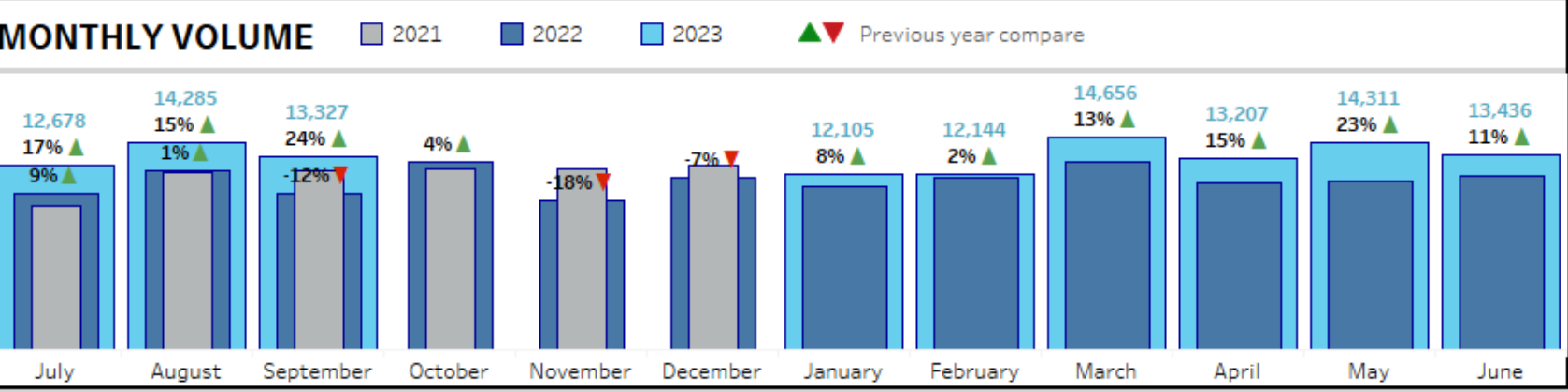
Patient Visits
40,290

VISIT TYPE

	Office Visit	Nurse Only	Telemedicine	Immunization
Patients	19,757	1,612	848	6
Visits	36,966	2,168	1,150	6

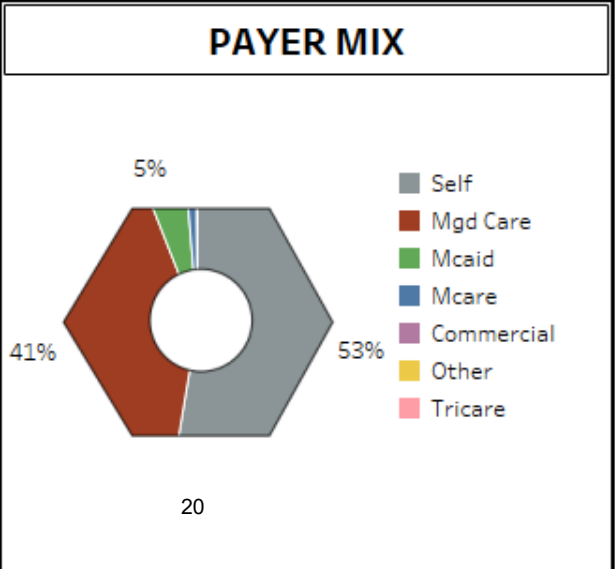
VOLUME BY CLINIC

	Patient Visits	Unique Patients
Lantana Primary	6,001	4,572
West Palm Beach Primary	5,314	3,561
Mangonia BH	3,539	918
West Palm Beach Dental	3,162	2,066
Lantana Dental	2,539	1,768
Mangonia Primary	2,464	853
Delray Primary	2,425	1,652
Belle Glade Primary	2,397	1,521
Lake Worth Primary	2,138	1,606
Jupiter Primary	1,652	1,095
Delray Dental	1,605	1,043
Belle Glade Dental	1,496	845
Lake Worth Women's	1,455	931
Boca Primary	1,103	821
Delray BH	784	500
Lake Worth BH	409	348
Lantana BH	359	322
St. Ann BH	268	181
Belle Glade Women's	207	109
West Palm Beach BH	185	179
Mobile Hero	144	134
St. Ann Primary	137	75
Jupiter Women's	135	105
Portable Clinic Medical	113	86
Lewis Primary	104	88
Boca BH	89	80
Mobile Warrior	35	34
Portable Clinic Dental	17	15
Mobile Scout	14	14

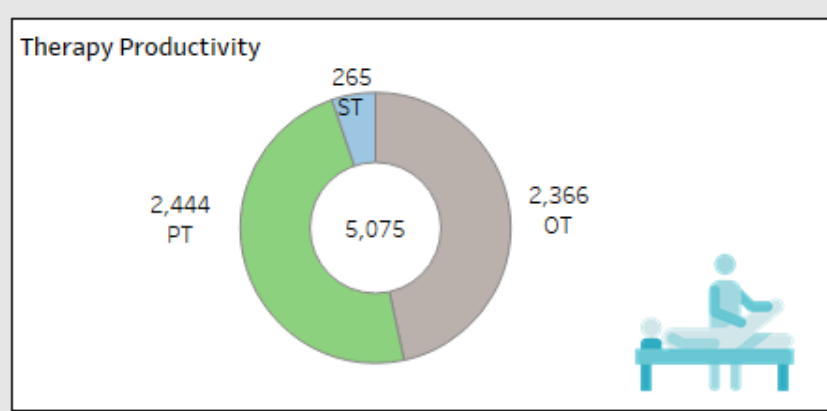
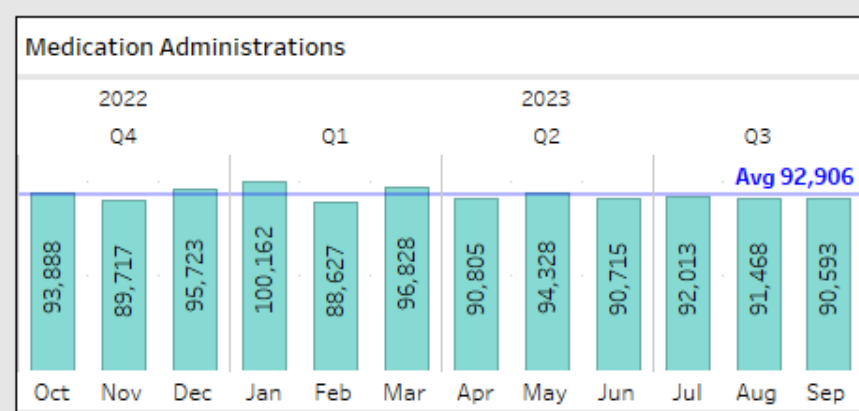
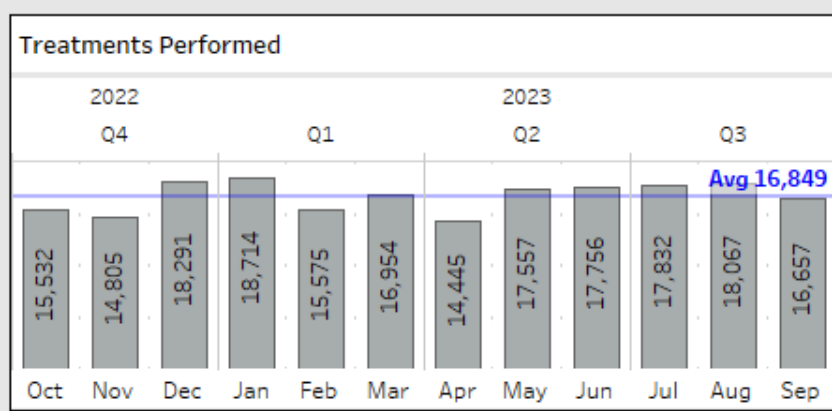
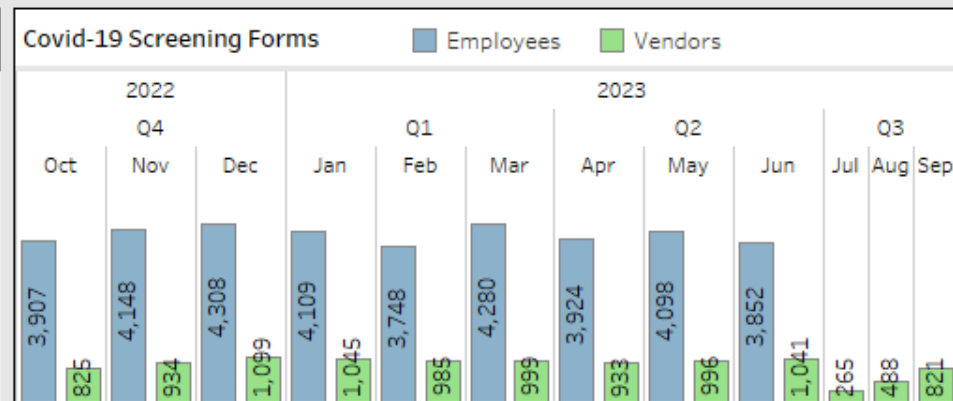
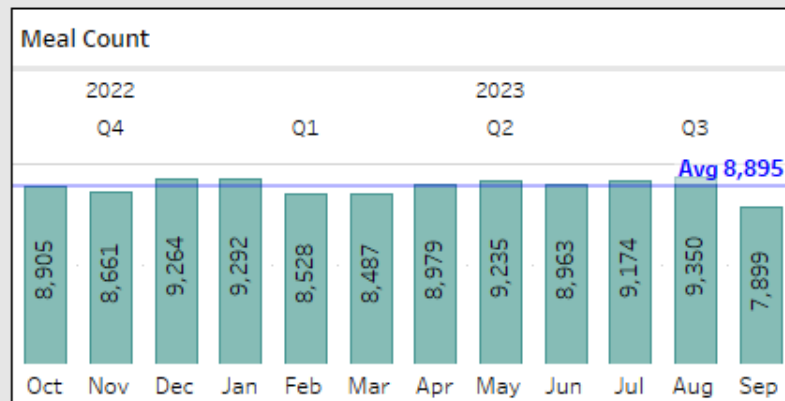
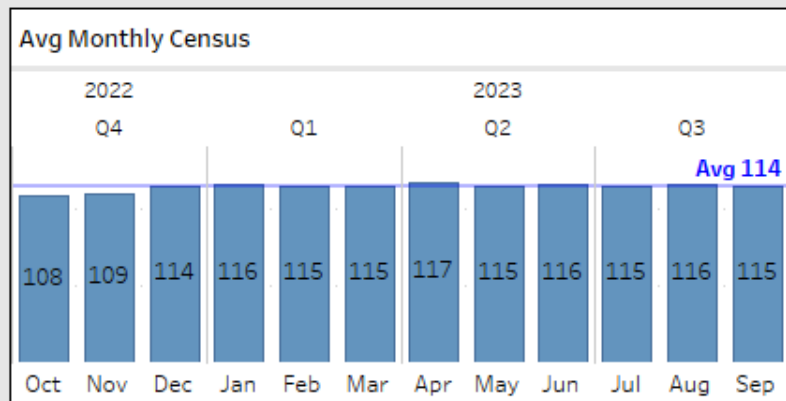


VOLUME BY PROVIDER CATEGORY

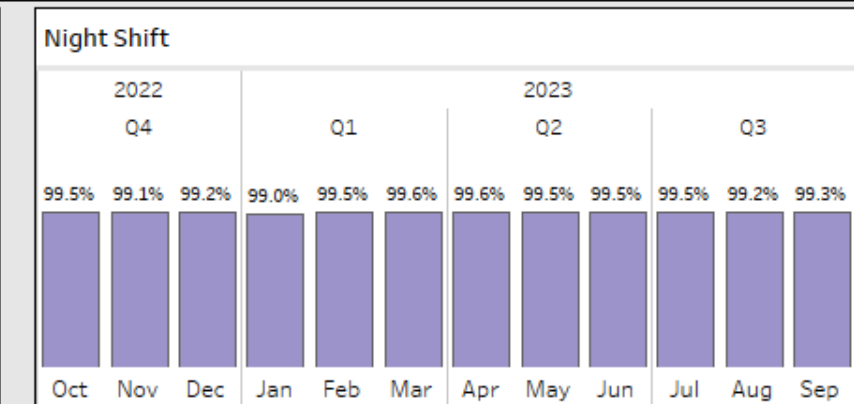
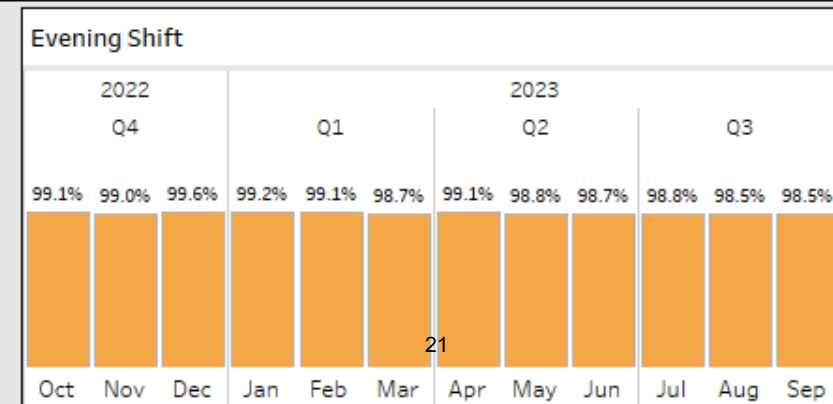
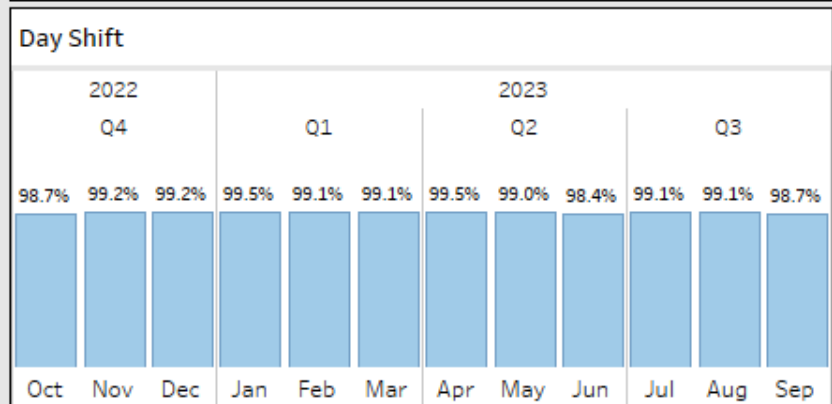
Category	Patient Visits	Unique Patients
Adult	15,434	8,819
Dental	8,819	4,854
Pediatric	4,854	2,228
BH Addiction	2,228	1,831
Residency Program	1,831	1,815
Registered Nurse	1,815	1,751
BH Integration	1,751	1,727
OB/GYN	1,727	884
Residency Psychiatry	884	768
Psychiatry	768	165
Licensed Nurse	165	13
Resource	13	1
Peer Specialist	1	



Healey Center Productivity Data Q3 2023

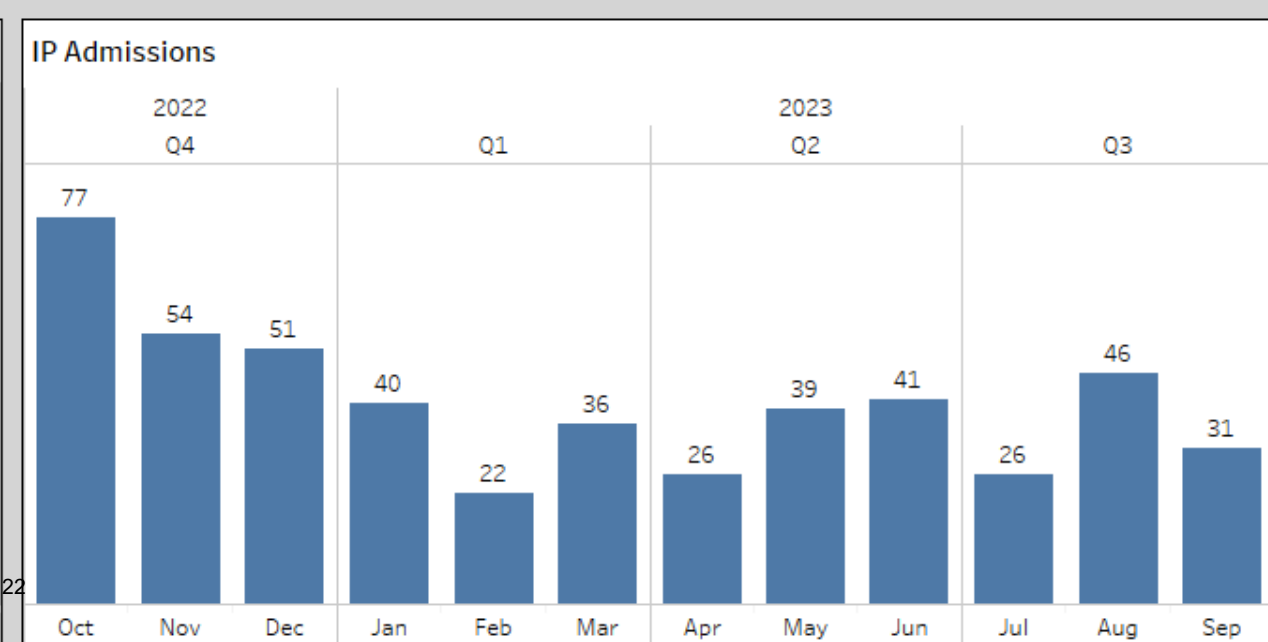
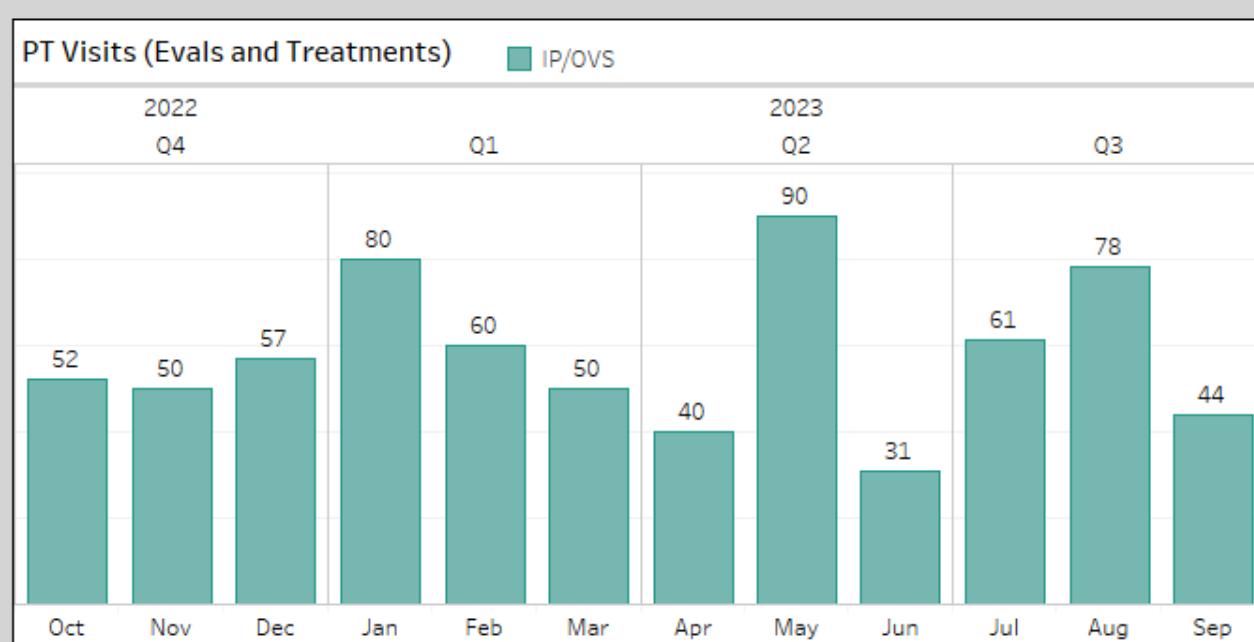
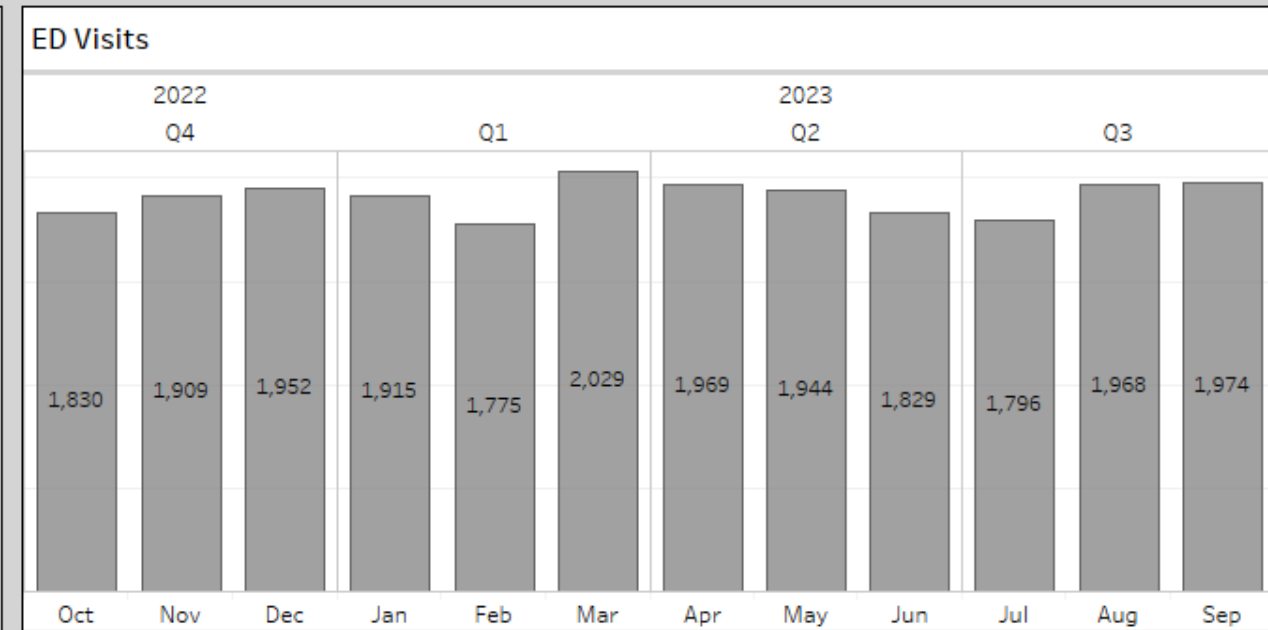
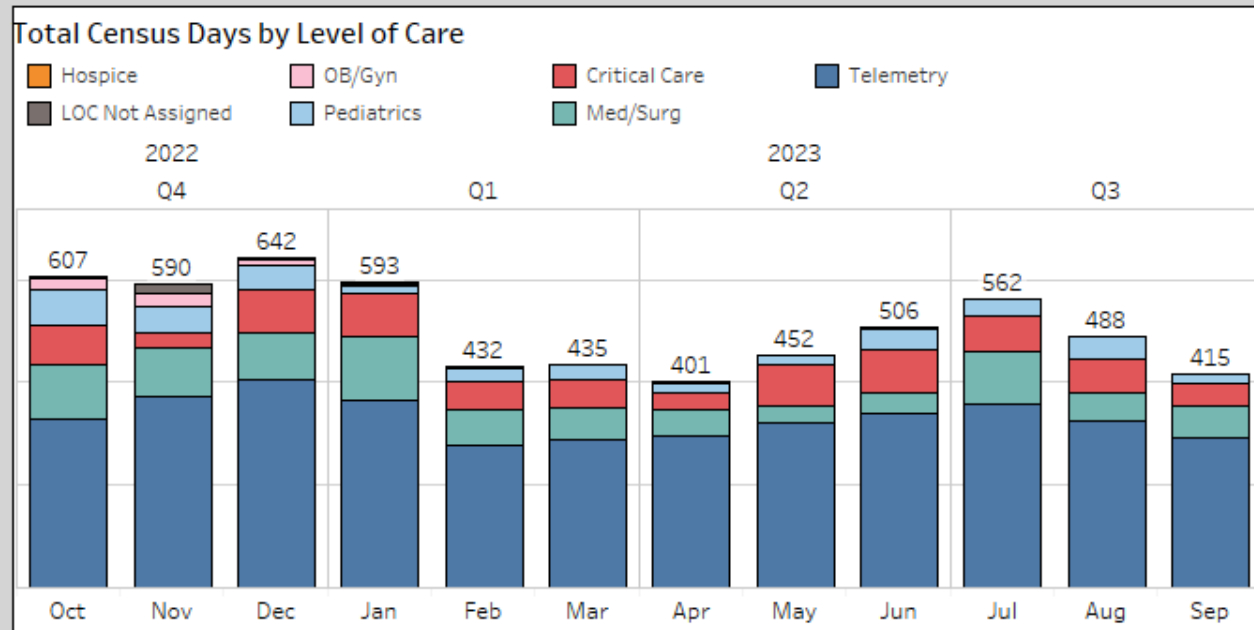


CNA Point of Care (POC) Compliance



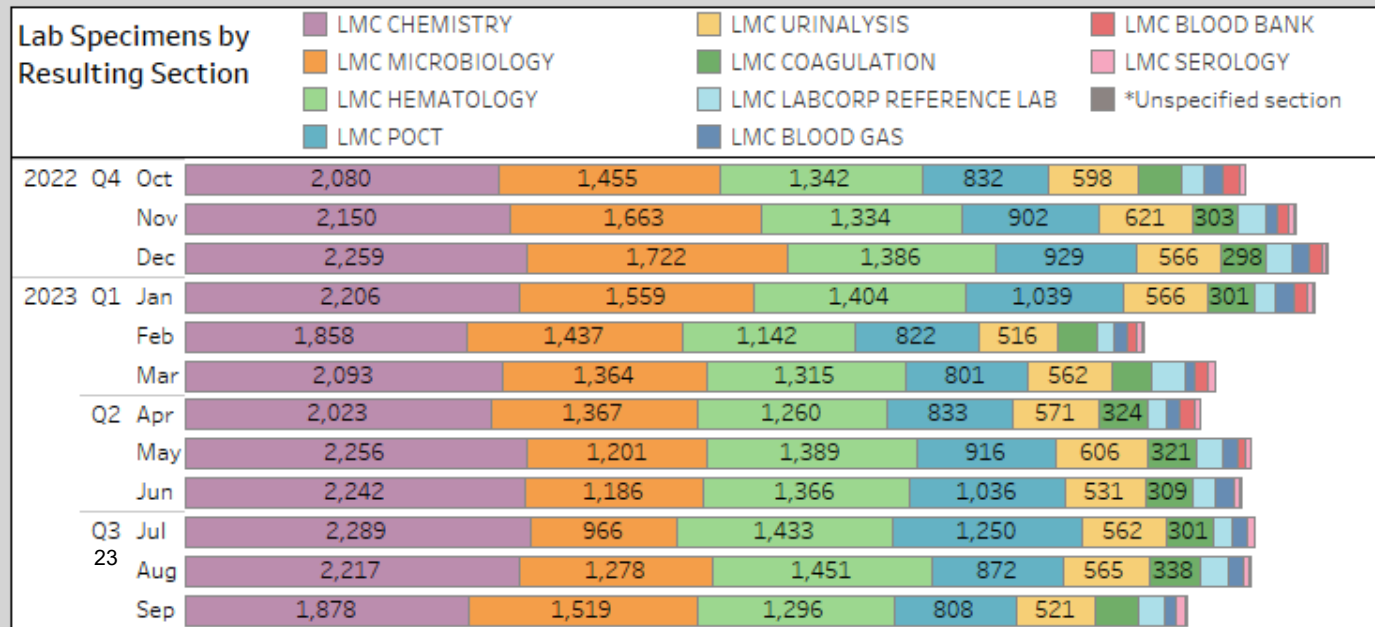
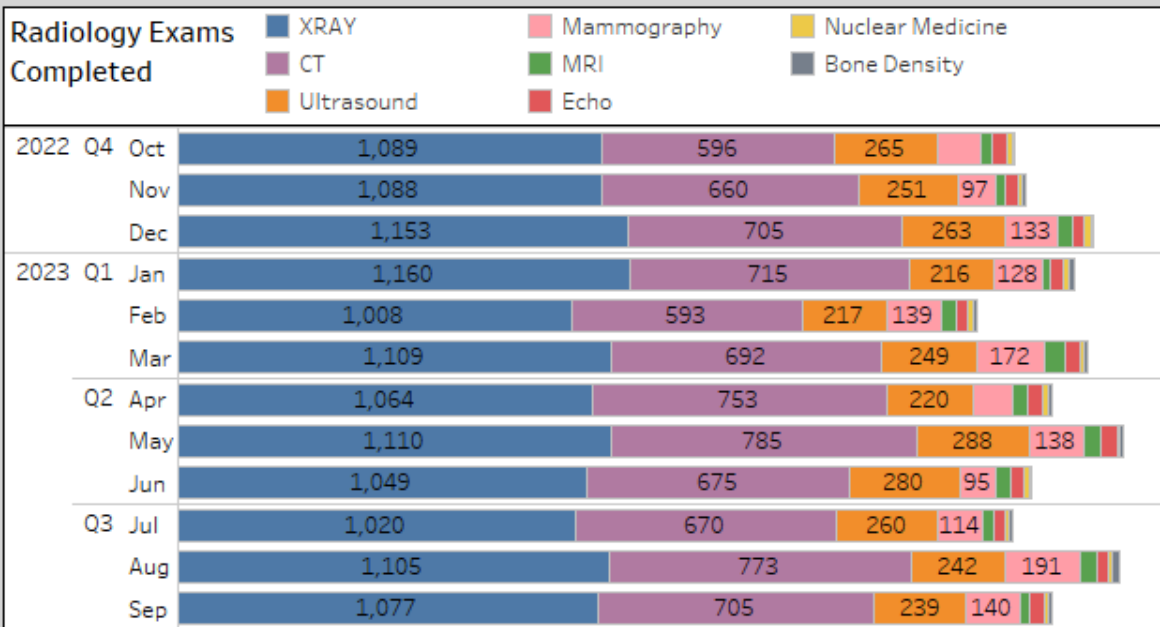
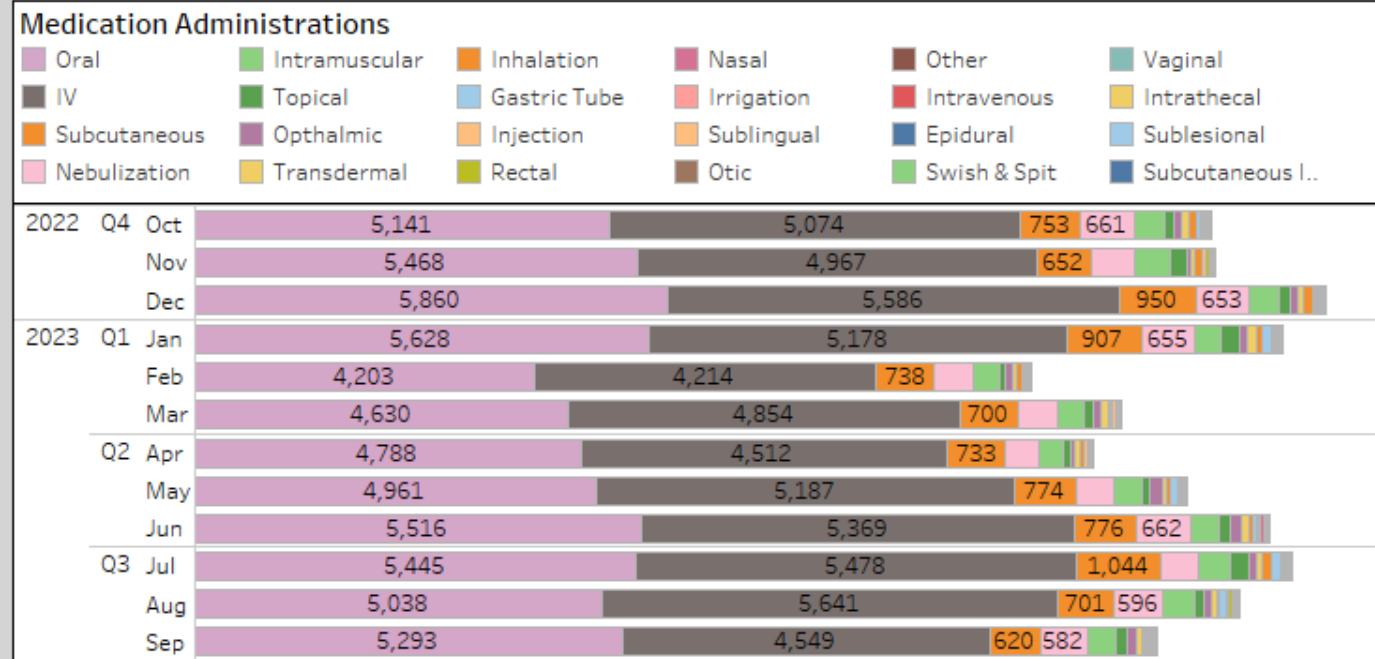
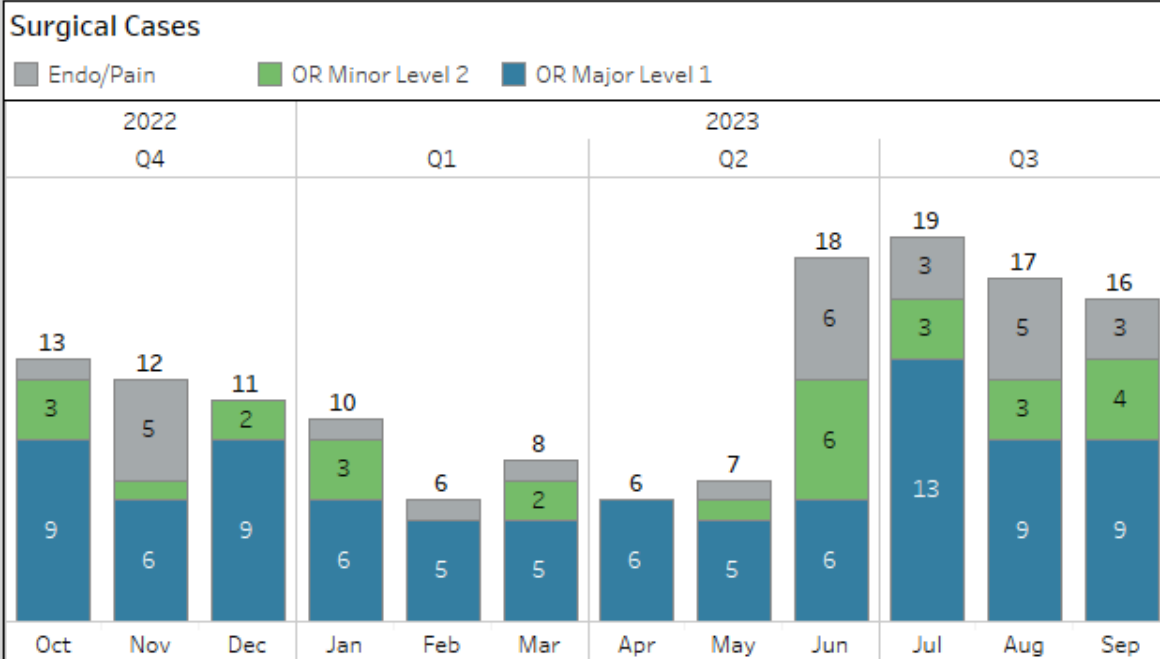
Lakeside Medical Center

Patient Flow Productivity Data Q3 2023



Lakeside Medical Center

Clinical Productivity Data Q3 2023



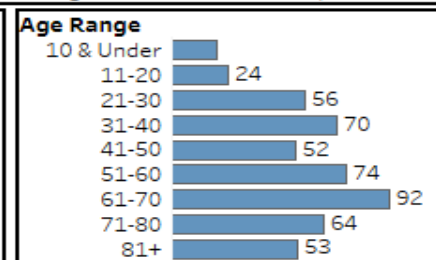
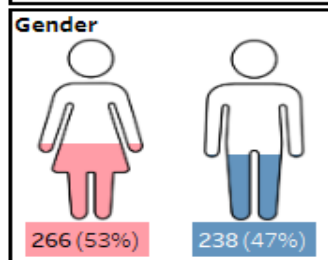
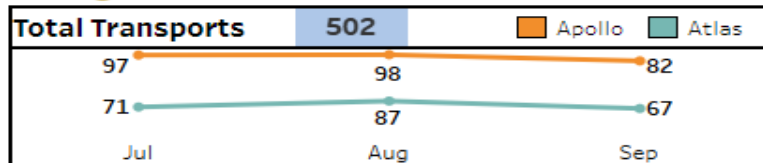


LifeTrans Q4 2023 Productivity Overview



LifeTrans Ground Transport

2023-07-01 to 2023-09-30



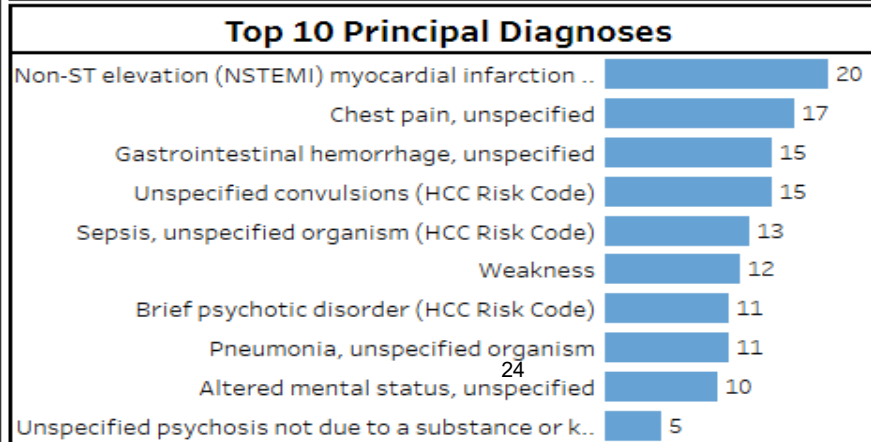
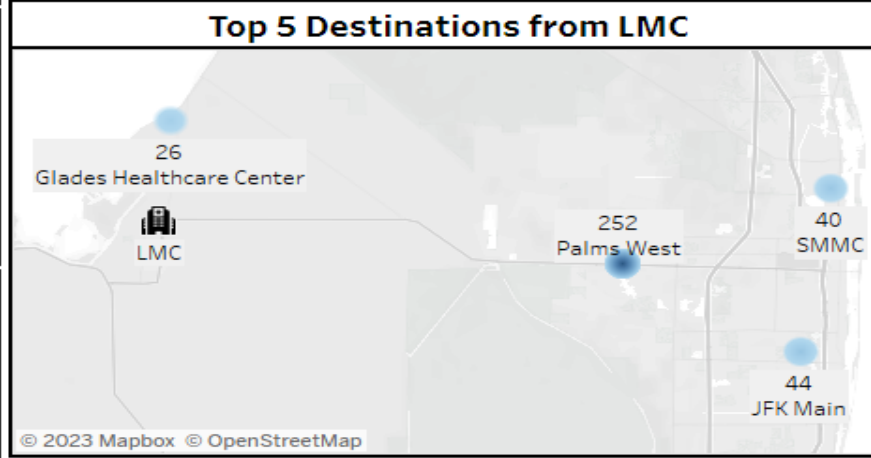
Transports Originating from Other Facilities

51

Pick Up Loc	Drop Off Loc	Count	Time
EJH	JFK North	5	(50min)
	SMMC	5	(17min)
	Delray Medical Center	1	(23min)
	Good Samaritan Hos..	2	(137min)
	WPB VA	2	(102min)
	Wellington Regional	1	(82min)
JFK North	EJH		
SMMC	EJH		
WPB VA	EJH		
Good Samarit..	EJH		
JFK Main	EJH	1	(278min)
	Other	1	(205min)
PWH	EJH	1	(38min)
	Palms West	1	(27min)
WRMC	EJH		
CLB Belle Glade	Palms West		
CLB Delay	Delray Medical Center		
CLB Delray	JFK Main		
CLB Mangonia..	Other		
Delray Medica..	EJH		
Gardens Court	EJH		
Kindred	EJH		
MorseLife	EJH		
Noreen McKeen	EJH		
Other	EJH		
PBGMC	EJH		

Overall Turnaround Times

Activation to Pick Up		Pick Up to Drop Off		Activation to Drop Off	
Apollo	Atlas	Apollo	Atlas	Apollo	Atlas
42min	48min	68min	71min	110min	119min



Transports Originating from LMC

451

Drop Off Loc	Truck	Count	Time
Palms West	Apollo	162	(33min)
	Atlas	90	(19min)
JFK Main	Apollo	24	(40min)
	Atlas		
SMMC	Apollo	23	(35min)
	Atlas		
Glades Healthcare Center	Apollo	17	(45min)
	Atlas		
Private Residence	Apollo	10	(83min)
	Atlas		
Coral Shores Behavioral Hea..	Apollo	4	(149min)
	Atlas		
Wellington Regional	Apollo	7	(10min)
	Atlas		
South County Mental Health..	Apollo	7	(32min)
	Atlas		
Other	Apollo	2	(220min)
	Atlas		
South County Mental Health	Apollo	3	(118min)
	Atlas		
Palm Beach Gardens MC	Apollo		
Lawnwood Hospital	Apollo		
NeuroBehavioral Hospital	Atlas		
Bascom Palmer	Apollo	1	(25min)
	Atlas		
Clewiston Nursing and Rehab	Atlas		
Royal Palm Beach Health an..	Apollo	1	(15min)
	Atlas		
Wood Lake Rehabilitation C..	Atlas		
Delray Medical Center	Apollo		
Fort Lauderdale Behavioral ..	Atlas		
JFK North	Apollo		
Joe Dimaggio Children's Hos..	Atlas		
Lee Memorial Hospital	Apollo		
LMC	Atlas		
Luxe Healthcare	Apollo		
Memorial Regional Hospital	Apollo		
Noreen McKeen	Atlas		
Park Royal Behavioral Health	Apollo		
Port Royal Behavioral Health	Atlas		
South Bay Correctional Facil..	Atlas		

**HEALTH CARE DISTRICT
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1. Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report

2. Summary:

A summary of the Health Care District’s (“HCD”) Compliance, Privacy, and Ethics Program (“Compliance”, “CPE”, or “Program”) activities since the last meeting is provided. This Report covers FY23 Q4 (July 1 – September 30, 2023).

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

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

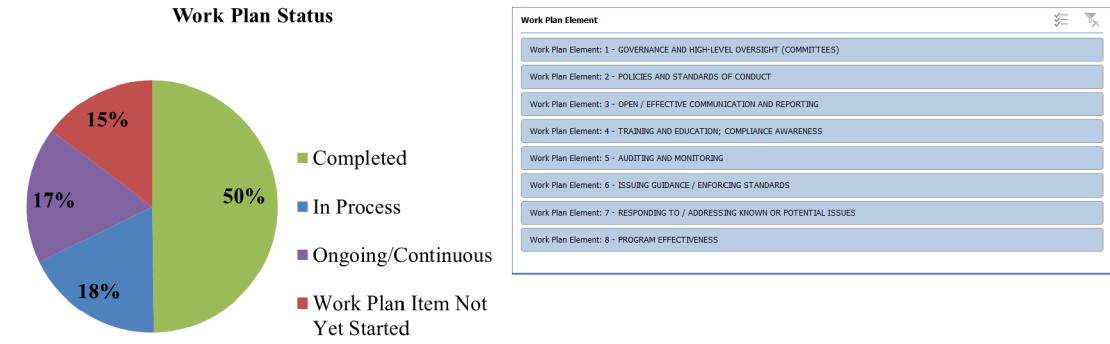
CPE continues to assess HCD and develop the Program to address areas for attention and/or enhancement, in order to ensure that through the Work Plan and other activities, we meet or exceed Effective Compliance Program Elements, per OIG.

Key areas since the last report which have had significant or notable work included as part of or separate from the FY23-24 Work Plan include: auditing, monitoring and compliance reviews; policies and procedures/Standards of Conduct; emergency preparedness and response framework development, including incident response guides for privacy/data breaches; breach readiness with vendors and insurers; contract reviews and payments with external parties; cybersecurity and data privacy; external auditing and monitoring participation; Conflicts of Interest; Consent and form drafting/revision; Issuing guidance to staff; Research and issuance of regulatory and other guidance and education/information to staff; COVID and related guidance; Regulatory updates and industry enforcement activity; active participation and responsiveness to HCD staff on inquiries/incidents/needs; Education and dissemination of information and communication to HCD staff; and other initiatives to improve compliance and mitigate risk in the organization.

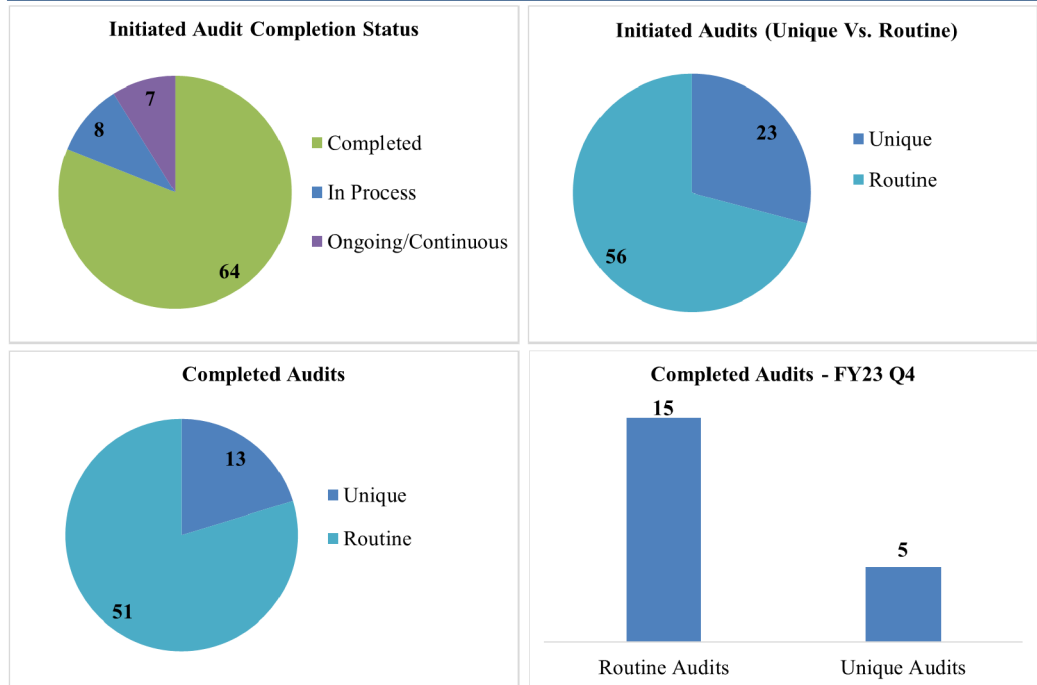
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A. Work Plan Status / Updates

HCD Compliance, Privacy, and Ethics FY23-24 Work Plan Status / Updates



FY23 YTD Audit Activity Summary



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

In FY23 YTD, CPE initiated seventy-nine (79) total audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual CPE Work Plan. This includes twenty-three (23) unique and fifty-six (56) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

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- Of the 79 initiated, 64 reviews have been completed (13 unique, 51 routine).
- Of the 64 completed, 20 were completed since the last report/meeting (5 unique, 15 routine). These are reported in the tables below.
- Of the 15 completed routine reviews, results were mostly favorable.
- Of the 79 initiated, 13 reviews (8 unique, 5 routine) are currently in preparation, in process, or pending preliminary / final reports. These items are reported as “Open” in the tables below. *Note: Items reported on at the prior meeting are included in reported data, however, are excluded from this report.*

Auditing and Monitoring – Completed	
Work Plan Item/Area	Summary
<p>High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Hospital Services (Annual)</p> <p><i>Compliance takes proactive measures to anticipate, predict, and prevent recovery efforts from payors and government agencies through internal data mining and external moderating of government investigations and audits. These are assessed for risk and placed on the Work Plan as necessary.</i></p>	<p>Risk Assessment and Analysis Complete. The review and analysis identified various hospital outpatient services that may be targeted as areas of potential concerns various by outside payors/agencies. Certain services were identified as needing additional review, monitoring, and/or training for HCD staff. The following services have a potential to be included in four (4) target areas of the RAC (Recovery Audit Contractor):</p> <ul style="list-style-type: none"> • Therapeutic, Prophylactic, and Diagnostic Injections and Infusions: Medical Necessity and Documentation Requirements • Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements • MRI Procedures: Excessive Units • CT Scans: Excessive Units <p>Proactive measures were implemented to monitor the RAC, OIG Monthly Work Plan, National and Local Coverage Determinations, and PEPPER activities. Compliance will continue to monitor and review items for potential work plan items.</p>
<p>PEPPER Report Monitoring for Skilled Nursing Facility: Healey (Annual)</p> <p><i>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</i></p>	<p>Review Complete. Results Favorable. In summary, the review revealed:</p> <ul style="list-style-type: none"> • The report is currently incorporated into an annual review/monitoring process, which is reviewed during Pre-Quality Assurance Committee meetings. Healey maintains a low Medicare population, which is reflected in the data. 4 of the 6 target areas did not meet the data threshold for

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<p><i>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 annual Work Plans for continuous monitoring.</i></p>	<p>reporting in FFY22.</p> <ul style="list-style-type: none"> • A low outlier was identified for the target area "High PT and OT Case Mix". Healey's percent was 64.7%, below the 20th percentile, indicating potential issues with medical record documentation to accurately reflect the functional score of the patient. • A high outlier was identified for the target area "High Speech Language Pathology (SLP)". The Healey Center's percent was 30.9%, which was above the 80th %ile, indicating potential issue with MDS coding of the patient characteristics included in the SLP component. <i>Note: SLP services increased due as HCD hired a speech therapist in FY22. Additionally, Healey self-audited SLP services, revealing minimal findings with no impact to billing/reimbursement. Action items consisted of education on physician orders and a follow-up audit.</i> <p>Conclusion and Recommendations: A follow up audit is recommended to ensure compliance and to provide ongoing SLP education. Compliance recommends Healey review the PEPPER report annually, in addition to continued CASPER report reviews, to identify any potential issues and/or opportunities from the target area outliers.</p>
<p>PEPPER Report Monitoring for Short Term Acute Care Hospitals: LMC (STACH, Q3)</p> <p><i>[Refer to background/rationale above.]</i></p>	<p>Review Complete. Results Favorable. In summary, the review revealed:</p> <ul style="list-style-type: none"> • Compliance participated in the prior quarterly Utilization Review, Discharge Planning, Denials, PEPPER Report and Case Management meetings with LMC where PEPPER data is reviewed, action plans developed and communicated with key staff. • Of the 24 target outliers, quarterly reports indicated low or non-outlier and no reportable data. This is consistent with past reports due to a low volume of Medicare claims at LMC. <p>Conclusion and Recommendations: No auditing is recommended at this time. Compliance recommends LMC resume UM Committee meetings, and continue monitoring and evaluating the PEPPER reports, to identify any potential issues and/or opportunities identified through the target area</p>

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	outliers.
<p>Employee Licensure and Certification Risk Assessment</p> <p><i>The Florida Department of Health is responsible for the enforcement of licensure regulation for all health care professions in the state. Applicable staff must possess a current license and meet applicable standards required. Failure to maintain active licensure and/or certification may result in fines and penalties imposed for inadequate credentials and lead to claims billed for services rendered by the individual without proper licensure and/or certification to become false claims. To better understand current HCD practices and to assist the organization in evaluating compliance, a risk assessment was added to the FY23 CPE Work Plan.</i></p> <p>Note: This review did <u>not</u> include physician credentialing.</p>	<p>Review Complete. Results Mostly Favorable. Action Items Recommended. HCD has some processes in place to track and monitor applicable personnel to ensure compliance with state licensure laws and regulatory standards, including certification requirements qualifications, and initial training and education requirements. Opportunities were identified for improving the notification process. As a result, Compliance recommends HR and Credentialing:</p> <ul style="list-style-type: none"> • Review and revise policies and procedures as indicated on the attached log; • Review the approaching expiration reports generated to identify any gaps and/or overlaps; • Centralize processes, including reminders, communication/escalation; and • Establish a process to notify Compliance and others of any instances of non-compliance.
<p>Records Management / Retention Policy and Procedure Risk Assessment</p> <p><i>To better understand HCD’s current practices and ensure compliance with applicable state and federal laws Compliance reviewed existing records management, retention, and destruction policies and procedures. The OIG Compliance Program Guidance recommends healthcare providers have proper record retention policies and HIPAA security rules require such for electronic Protected Health Information. Written policies help establish a defense against claims or allegations of improper destruction of records. Retention of records policies and procedures should clearly establish creation, distribution, retention, storage, retrieval and destruction of documents that comply with relevant statutes, regulations, contracts, and accreditation standards. Among other requirements, the Florida Department of State, Division of Library and Information Services, Records Management Program provides the general records schedules</i></p>	<p>Review Complete. Results Mostly Favorable. Action Items Recommended. Compliance reviewed policies and procedures related to record retention and destruction to verify whether retention schedules comply with requirements. Compliance made recommendations for revisions and shared with HCD document owners:</p> <ul style="list-style-type: none"> • Document owners should continue to revise policies and procedures as identified and update ConvergePoint. • HCD to establish an over-arching/system-wide policy and procedure on Records Management (retention and destruction). A draft is in process by Compliance. • HCD staff shall continue to inquire with Compliance for guidance on retention and destruction matters, especially for those situations where a record has an unclear, unlisted, or conflicting retention period, or where there is consideration for retention/destruction outside of the specified limits. • <i>Incidental: While not specific to this risk</i>

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<p><i>for the proper retention and destruction of records. The following apply to HCD:</i></p> <ul style="list-style-type: none"> • <i>GS1-SL for State and Local Government Agencies</i> • <i>GS4 for Public Hospitals, Health Care Facilities and Medical Providers</i> • <i>GS7 for Public Schools Pre-K-12 and Adult and Career Education</i> 	<p><i>assessment, Business Unit leaders should consider retention and destruction when entering into arrangements (e.g., contracts or purchasing) for services where data is being transferred and for initiating or sunseting a system, or that must otherwise be maintained or accessible.</i></p>
<p>Exclusion Screening Compliance Reviews (Monthly) <i>[Background/rationale details omitted].</i></p>	<p>Reviews Complete for July – September 2023. Results Favorable. No Recommended Actions. All potential matches were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions.</p>
<p>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) <i>[Background/rationale details omitted].</i></p>	<p>Reviews Complete for July – September 2023. There were three (3) privacy incident investigations which resulted in recommended actions and education conducted to staff.</p>
<p>SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily) <i>[Background/rationale details omitted].</i></p>	<p>Reviews Complete for July – September 2023. Results Favorable. No Actions Recommended. 100% compliance with applicable rules and policy, with no red flags or resulting violations for HCD staff/Epic users. These are counted as monthly for purposes of data/reporting.</p>
<p>Referral Source/Physician Payment Audits (Ongoing) <i>[Background/rationale details omitted].</i></p>	<p>Reviews Complete (continuous), July – September 2023. Results Favorable. Recommended Actions. All physician and referral source payments routed for approval are reviewed and audited by Compliance. <i>These are reported only as monthly items for purposes of volume.</i> Recommendation made to expand the routing/audits of agreements and associated payments review, where appropriate, also to address other physician employment and/or contracting needs as referenced in the review. This is in process.</p>
<p>OIG Work Plan (Monthly) <i>[Background/rationale details omitted].</i></p>	<p>In HCD’s FY23, CPE monitored and analyzed all OIG monthly work plan additions. Information is disseminated and/or added to CPE’s Work Plan if/where applicable. For July – September 2023 the OIG added (4) new review items since the last report, all of which may apply to HCD. These include: (1) <i>Audit of Health Centers' Use of COVID-19 Supplemental Grant Funding and Reimbursement from the HRSA COVID-19 Uninsured Program;</i> (2) <i>Medicare Part B Payments for Over-the-Counter COVID-19 Tests During the PHE Demonstration;</i> (3) <i>Audit of Ambulance Services Supplemental Payment</i></p>

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	<i>Program; and (4) Audit of Nursing Homes' Emergency Power Systems.</i>
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Element/Type	Work Plan Item/Area – Completed Items (FY23) <i>(Non-Auditing Items, Includes Unique and Standing Items)</i>
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> • Framework for Emergency Response and Disaster Preparedness: HCD system-wide <i>(Creation of a comprehensive Emergency Response and Disaster Preparedness Plan to ensure the safety of patients and staff, maintain business and continuity of care, comply with regulations, and contribute to the broader community's resilience during emergencies. This proactive step and strategic investment in overall system wide preparedness and responsiveness is designed to ensure the organization can effectively respond to a wide range of emergencies and disasters).</i> • Incident Response Guides (Playbooks) for Emergency Response and Disaster Preparedness: (1) Data Privacy Breach/Information Security (Cybersecurity); (2) Privacy Large-Scale (>500 individuals impacted) Breach (Non-Cybersecurity); (3) Privacy Small-Scale (<500 individuals impacted) Breach; and (4) Responding to Emergencies for School Health/PBC School District Policies • Data Breach Response for Insurance – Non-Panel Provider Review (for Privacy Preparation and Readiness): Part I • Issued Guidance on Regulatory Updates <i>(e.g., EEOC and Department of Labor Partner to Share Information and Conducting Joint Investigations, FEMA and CISA Joint Guidance on Cyber Incident Planning and Responsiveness, OCR Enforcement Activities, other)</i> • Responded to various issues and issued guidance internally accordingly <i>(e.g., Data Privacy and Information Security; Social Media; Release of Information)</i> • Monitoring/Review of Regulatory Updates and Industry Enforcement Activity that may impact HCD <i>(e.g., Updated General Compliance Program Guidance, President Signs Funding Bill to Avoid Shutdown, Final Payment Rules Issued for FY24, Settlement, 340B Payments for Hospitals Announced, The Health Services Resource Administration Released Notice Outlining 340B Eligibility Requirements)</i> • Florida Bill/Statutes Review • Conflicts of Interest (“COI”) Annual Disclosure Issued to HCD Staff/On-site visits conducted
Responding to Issues and Inquiries	<ul style="list-style-type: none"> • External audit: Annual RSM HIPAA Risk Assessment • Privacy guidance <i>(e.g., Employee Wellness Program Implementation, Falls Prevention Initiative)</i> • Response to Vendor Breach impacting HCD staff (The Standard) • OCR Technical Assistance Formal Correspondence dated 07/17/2023 (Transaction Number: 21-429891). <i>Note: A summary was provided at the last meeting in September 2023.</i>

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Policies & Procedures (and Forms)	<ul style="list-style-type: none"> • Policies and Procedures (e.g., <i>HRSA Legislative Mandates Policy and Procedure Revisions; Service Animal Policy (PCC); Credentialing and Privileging P&P (PCC)</i>) • Forms (e.g., <i>Community Partnership consent form for Mobile Clinics in Palm Beach County schools, General Treatment and Financial Consent</i>)
Training & Education; Awareness Activities	<ul style="list-style-type: none"> • Training to Communications Department (e.g., <i>Social Media training to Communications Staff; Authorization for Marketing and Fundraising and updated Media Release Consent forms</i>)

Element/Type	Work Plan Item/Area – In Process and/or Routine/Ongoing *
Auditing and Monitoring	<ul style="list-style-type: none"> • High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Professional Services (PCC) (<i>annual</i>) • PEPPER Report Monitoring for Short Term Acute Care Hospitals (STACH) (LMC) (<i>Q4</i>) • EMTALA and Access to Emergency Services and Care Risk Assessment • Hospital Emergency Department Signage Review (LMC) (<i>New</i>) • Privacy and Security Compliance Surveys for HCD Departments * • External Ambulance Services (AMR) Claims Review and Contract Discussions • Air Ambulance (Aeromedical/TraumaHawk) Claims Review (<i>complete, to be reported on at next meeting</i>) • HCD Non-employed Individuals in the workplace: Risk Assessment (<i>New</i>) • <i>SlicerDicer Use and Access Monitoring for Privacy Use *</i> • <i>FairWarning system monitoring/auditing of detected potential privacy violations / red flags by Epic Users *</i> • <i>Referral Source Audits and Payments to Physicians *</i> • <i>Exclusion Screening Monthly and Ad Hoc (e.g., Credentialing) *</i> • <i>OIG Work Plan Monitoring *</i>
Standards of Conduct / Policies & Procedures / Forms	<ul style="list-style-type: none"> • Charters: Medical Ethics Charter (<i>new</i>) • Forms (e.g., <i>Medical Record Amendment Request Response Template, Data Use Agreements</i>) • Policies and Procedures (e.g., <i>Records Management/Record Retention and Destruction; FERPA; 340B Compliance and Program Integrity Policies and Procedures; Standards of Conduct P&P/Guidebook; Law Enforcement Requests and Disclosures; Permitted/Required Disclosures to Law Enforcement; Hotline Investigating (Revised) Resolution Report; Internal Reporting of Compliance Issues*; ONC HIT Information Blocking Rule Compliance Sanctions for Non-Compliance with Information Privacy and Security Policy and Procedure, FERPA Protections for Student Health Records Policy and Procedure</i>)
Open/Effective Communication	<ul style="list-style-type: none"> • Ongoing monitoring and dissemination of information to HCD (e.g., <i>OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates and Dashboard</i>) * • Ongoing Website Enhancement/ Communication/Posting *

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	<ul style="list-style-type: none"> • Ongoing Internal staff development *
Training & Education	<ul style="list-style-type: none"> • Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership • Baker Act Training Module (LMC Emergency Department/HCD) • New Hire Orientation *
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> • Data Breach Response for Panel Provider Reviews (Privacy Preparation and Readiness: Parts I and II) • COI Review: Board/Committee Members for FY23 (<i>annual requirement</i>) • COI Review: HCD Staff for FY23 (<i>annual requirement</i>) • Evaluation and Mandatory Rule Implementation / Development and Monitoring: ONC HIT Information Blocking Rule under the 21st Century Cures Act (policy creation and work with MHS) • Human Resources Exit Processes (on hold) • HCD Applicable Rule/Law Analysis * • Regulatory Updates/Industry Enforcement Activity * • Contract Reviews and Guidance *
Responding to Issues	<ul style="list-style-type: none"> • Hotline Call Response/Investigations * • Response to Issues/Inquiries/Investigations * • External Agency Audit Activity / Review and Response *
Effectiveness	<ul style="list-style-type: none"> • Compliance Program Development/Effectiveness * • Review of OIG's new Compliance Program Guidance (<i>New</i>)

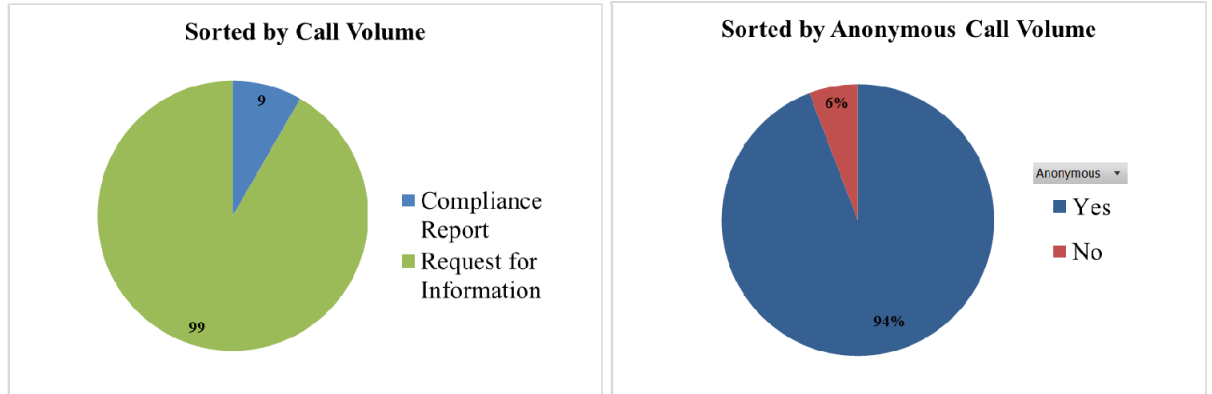
B. Department Activity and Statistics:

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

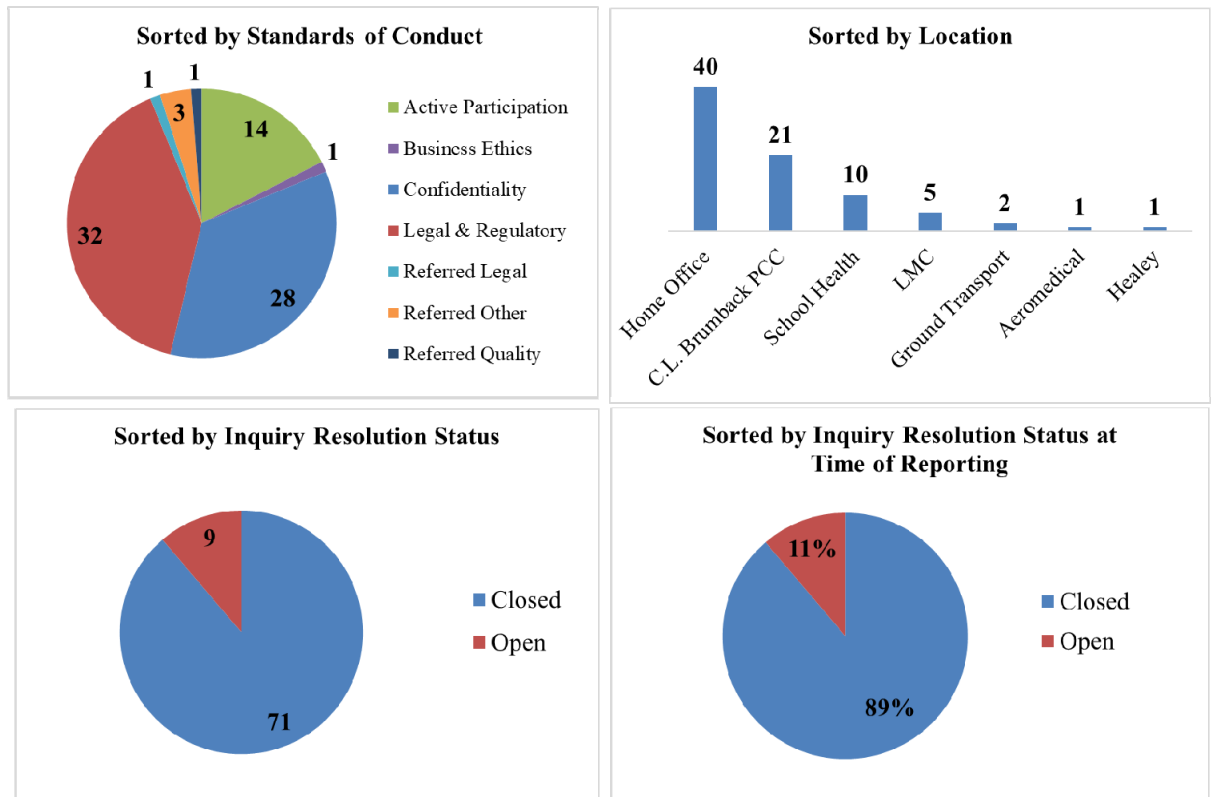
HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE DECEMBER 14, 2023

Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY23 Q4)

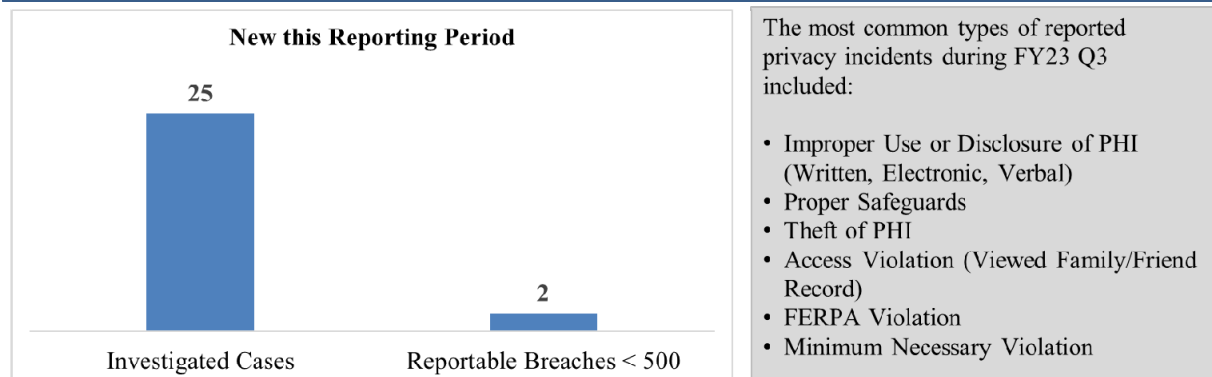
Hotline Activity



Inquiries



Privacy Case Activities



HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE DECEMBER 14, 2023

2. Conflicts of Interest (“COI”)

- During Q3, Compliance issued HCD’s annual mandatory COI disclosure. At the time of this report, approximately 9% of HCD staff have not completed their disclosures. *Note: Future policy changes recommended to ensure timely completion by HCD staff.*
- HCD Compliance is in the process of revising the COI Disclosure Form and will push it out next quarter in FY24 for completion by Board and Committee members.

C. Regulatory Updates and Industry Enforcement Activity

These updates, including any State Laws as applicable, are reported at the December Board of Director/Commissioners meeting as informational and are omitted here.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*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:

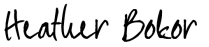
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 Jessica Cafarelli
 Interim SVP & Chief Financial Officer


5. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

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 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:

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

DocuSigned by:

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 Darcy J. Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides the quality and patient safety reports for the 3rd Quarter of 2023 for School Health, Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, and Corporate Quality Metrics.

3. Substantive Analysis:

School Health

Florida-Mandated Student Screenings

- For Q3 2023, we are working towards the Florida-mandated goal of completing 45% of the vision and hearing by the end of Q4 and 45% of BMI and scoliosis screenings by the end of Q1 2024. Parents are notified of any abnormal results so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: In Q3 of 2023, we screened 5,826 (15%) of eligible students in the 1st, 3rd, and 6th grades. Out of 5,826 students, 1,573 (27%) students required referral.
- Hearing screening: In Q3 of 2023, we screened 5,845 (16%) of eligible students in kindergarten, 1st, and 6th grades. Out of 5,845 students, 127 (2.17%) students required referral.
- Scoliosis screening: In Q3 of 2023, we screened 2,413 (19%) of eligible students in 6th grade. Out of 2,413 students, 20 (0.83%) students required referral.
- Vision screening: In Q3 of 2023, we screened 8,226 (16%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 8,226 students, 1,633 (19.85%) students required referral.

Aeromedical

Run Time

For 2023 Q3, Aeromedical-Trauma Hawk flew 129 flights (105 Scene (66%) and 24 Interfacility (34%) Calls) transporting 131 Patients. The top 3 Scene call types were Trauma (86%), Neurology (8%), and Cardiac (4%), with an average dispatch to enroute of 0:05:07. The top 3 scene destinations were St. Mary's Medical Center, Delray Medical Center and Palm Beach Gardens Medical Center. The top 3 Interfacility call types were Cardiac (29%), Trauma (17%), and

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Neurology (17%) with an average dispatch to hospital average of 1:22:38. The top 3 interfacility destinations were St. Mary's Medical Center, JFK, and Jupiter Medical Center/Hollywood Memorial Regional. The farthest interfacility destination this quarter was UF-Shands.

Trauma

○ **System Utilization:**

Over Q3 of 2023, 1,450 patients were seen at a trauma center. Q3 trauma center comparison showed SMMC treated 790 (55%) patients and DMC treated 660 (45%) patients. Q3 countywide trauma patient demographics showed Gender was 38% Female compared to 62% Male, while Race and Ethnicity showed White making the majority with 72%, followed by Black at 21%, and non-Hispanic leading with 83% followed by Hispanic at 17% respectively. The age distribution of the trauma centers highlights the difference in populations between the two centers. In Q3, the SMMC Age Group showed 12% Pediatrics, 62% Adults, and 27% Geriatrics, while DMC showed 5% Pediatrics, 39% Adults, and 56% Geriatrics. The top Decade of Age by Trauma Center shows SMMC was 20-29Yr, while DMC was 80-89Yr. *Trauma Volume by Month and Trauma Center* shows August as the highest month in volume for both trauma centers, followed by July and September, respectively.

○ **Mechanism of Injury:**

Over Q3, the leading Mechanism of Injury remained Falls, followed by Vehicular Crash and GSW respectively. Vehicular Crash Breakdown showed MVC leading, followed by MV vs Pedestrian, then Motorcycle Crash. Overall county Years of Age by Decade demographic shows top group of 80-89Yr with 15%. Further pediatric breakdown showed the top Pediatric Age Distribution of < 1 Year leading with 20%. Transports by Ground supplied the majority of patient transports with 91% volume, while Transports by Air accounted for 9%. Trauma Activation Level shows that Trauma Alerts accounted for 55%, Trauma Transfers accounted for 27%, and ED Upgrades accounted for 17%. Trauma Injury Type showed Blunt at 84%, Penetrating at 11%, and Burn at 4%.

C. L. Brumback Primary Care Clinics

The following measures were not meeting goal at the end of Q3 2023: Hypertension (72%), Ischemic Vascular Disease/Antiplatelet Therapy (77%), Childhood Immunization (43%), Weight Screening and Counseling for Children and Adolescents (89%), Breast Cancer Screening (57%), Cervical Cancer Screening (61%), Colorectal Cancer Screening (41%).

All other goals were achieved for the quarter.

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Edward J. Healey Rehabilitation and Nursing Center

For Q3, 17 of 17 quality measures were met.

Lakeside Medical Center

For Q3 2023, **Inpatient Quality Measures** there were 2 of 4 measures (ED-1a, Sepsis) that did not meet goal.

ED Measure:

For **ED-1a**, there were (107) cases that fell into the sample for Q3 with a median time of (343) minutes, which is higher than the set goal of (280) minutes.

Sepsis:

For **Sep-1**, there were a total of (17) cases the fell into to the sample population, of those cases (6) met the numerator for a pass rate of 35.29% for Q3, which is lower than the set goal of $\geq 70\%$.

For Q3 2023, **Outpatient Quality Measures** there we did not meet goal for the following measures (OP-18) and (OP-23).

OP-18 Measure:

For **OP-18**, there were (98) cases that fell into the sample population with a median time of (180) minutes, which is higher than the set goal of (137) minutes.

OP-18 Measure:

For **OP-23**, there were (3) cases that fell into the sample population, with 2 out of 3 patients meeting the goal of stroke patients arriving in ED within 2 hours of the onset of symptoms and receiving CT/MRI results within 45 minutes of arrival. Overall, 67% is below the set goal of $\geq 71\%$.

LifeTrans Ground Transportation

LifeTrans is trending and monitoring 5 GAMUT quality metrics for 2023. These are Waveform Capnography Monitoring for Patients with Mechanical Ventilation and/or Advanced Airways, Blood Glucose Testing for Altered Mental Status Patients, Use of Appropriate Pain Scale, Appropriate Management of Aortic Emergencies, and Medical Equipment Failures. During Q3 2023, trended at 98% for the use of the Appropriate Pain Scale, exceeding the GAMUT national threshold of 89.67%. We trended 95% for Blood Glucose Testing for Altered Mental Status Patients, exceeding the GAMUT national threshold of 91.31%. We trended at 94% for Waveform Capnography Monitoring for mechanically vented patients during transport, slightly missing the GAMUT national threshold of 95.02%. We did not transport any Aortic Emergency Patients or had Medical Equipment Failure events.

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Corporate Quality Metrics

Human Resources

Turnover and Recruitment:


- For Q3 2023, the average turnover was 29 employees/month, which is slightly above the industry standard of 26 employees/month.
- For Q3 2023, the highest turnover rate (15%) was among employees under one year of service
- Ground Transportation had the highest turnover during Q3 2023.
- Q3 2023 average 55 open requisitions
 - 79 days = Average time to Fill, which is above the 49-day industry standard.
 - 22 days = Average time to Hire, which is within the industry standard of 36 days.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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:

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 Jessica Cafarelli
 Interim SVP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
DECEMBER 14, 2023**

5. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
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Belma Andric, MD
SVP & Chief Medical Officer


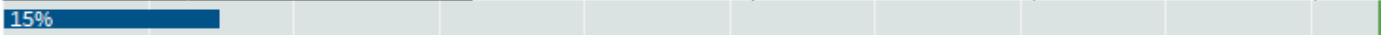



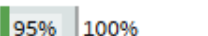


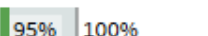


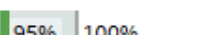
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Darcy Davis
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Darcy J. Davis
Chief Executive Officer

Florida Mandated Student Screening Summary

Goal 45% of Students to Have Completed Vision and Hearing Screenings by December 2023

Goal of 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2024

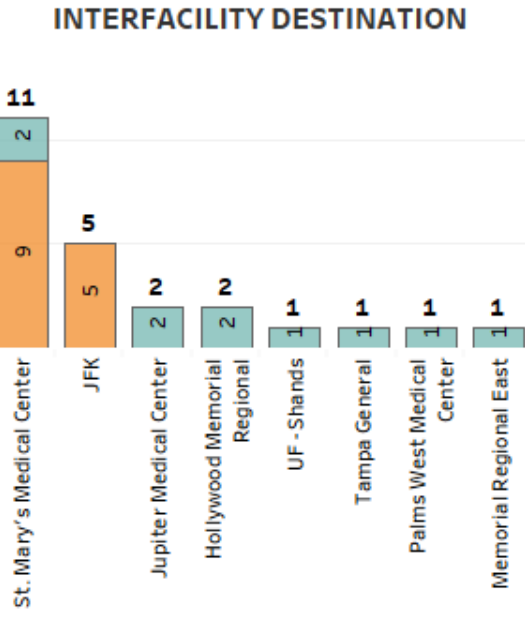
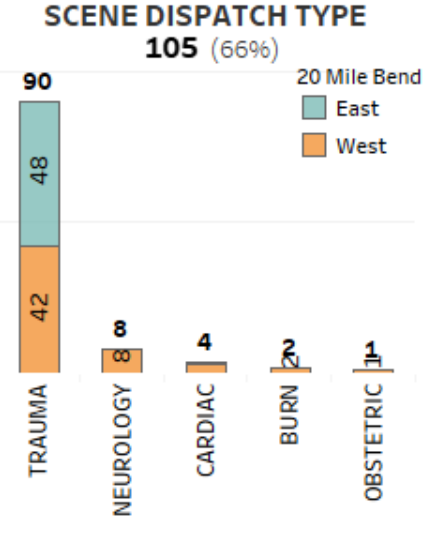
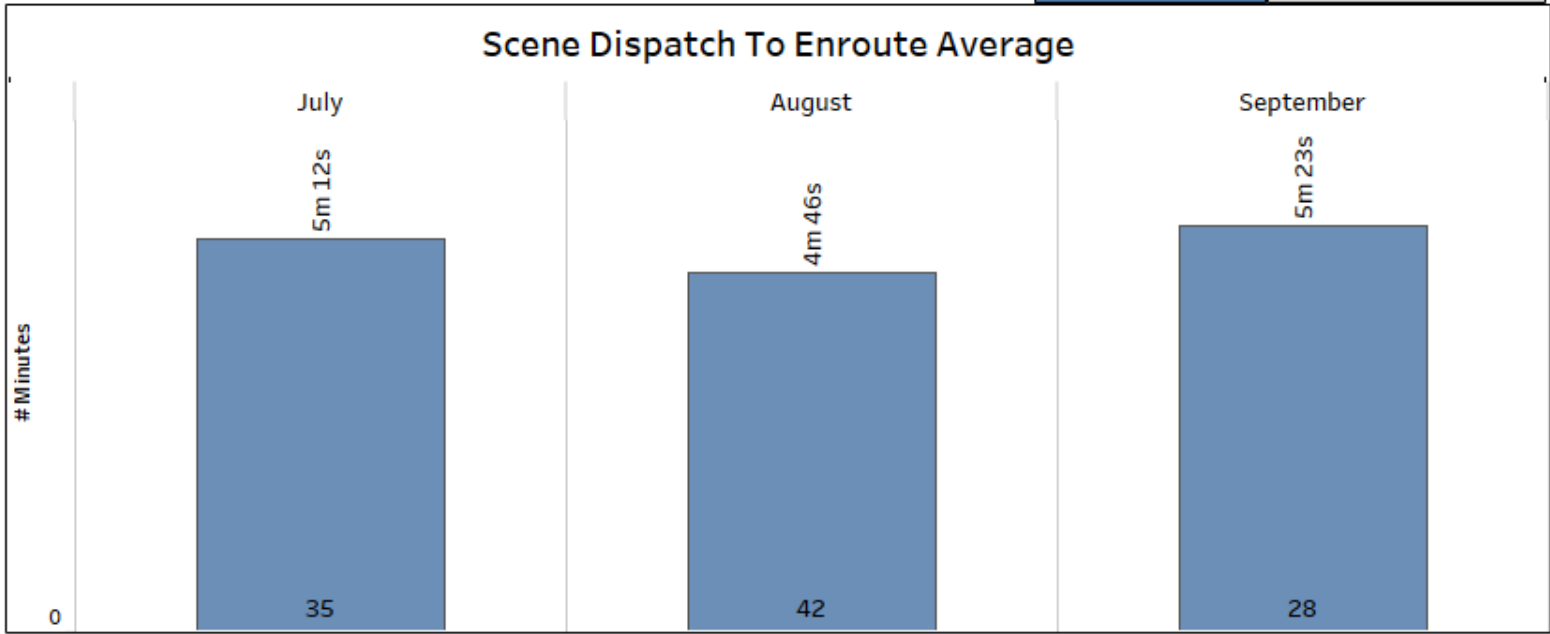
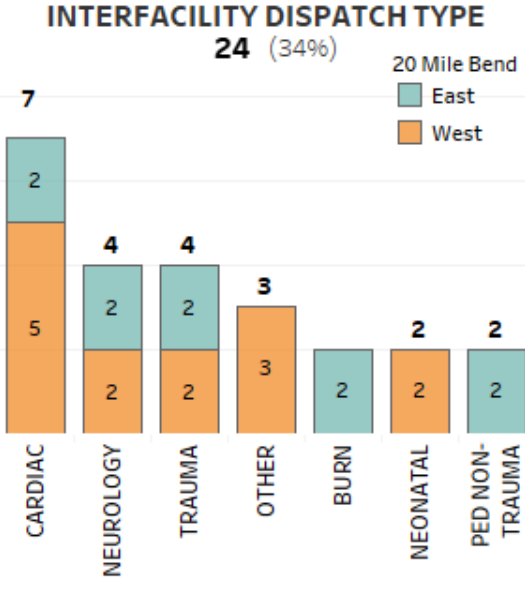
 BMI	BMI Screenings	<p style="text-align: center;">147 Total Schools 28 Have 50% Screened</p>	<p style="text-align: center;">38,823 Total Students 18% Scheduled</p>	<p style="text-align: center;">5,826 Students Screened 15% of Total 99.9% of Eligible</p>	<p style="text-align: center;">1,573 Abnormal Screens 27.00% Need Follow Up</p>	
						
	Hearing Screenings	<p style="text-align: center;">146 Total Schools 37 Have 50% Screened</p>	<p style="text-align: center;">37,422 Total Students 18% Scheduled</p>	<p style="text-align: center;">5,845 Students Screened 16% of Total 100.0% of Eligible</p>	<p style="text-align: center;">127 Abnormal Screens 2.17% Need Follow Up</p>	
						
	Scoliosis Screenings	<p style="text-align: center;">46 Total Schools 12 Have 50% Screened</p>	<p style="text-align: center;">12,493 Total Students 24% Scheduled</p>	<p style="text-align: center;">2,413 Students Screened 19% of Total 100.0% of Eligible</p>	<p style="text-align: center;">20 Abnormal Screens 0.83% Need Follow Up</p>	
						
	Vision Screenings	<p style="text-align: center;">147 Total Schools 39 Have 50% Screened</p>	<p style="text-align: center;">51,149 Total Students 19% Scheduled</p>	<p style="text-align: center;">8,226 Students Screened 16% of Total 100.0% of Eligible</p>	<p style="text-align: center;">1,633 Abnormal Screens 19.85% Need Follow Up</p>	
						

Detailed RunTime Report TH135

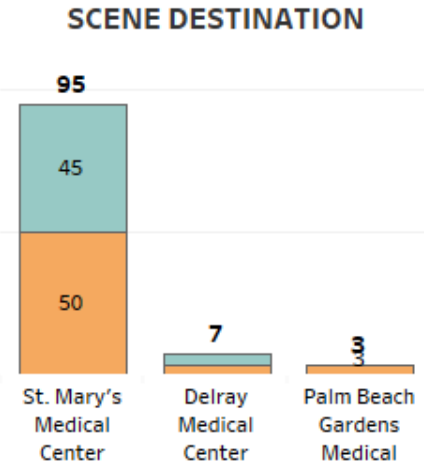
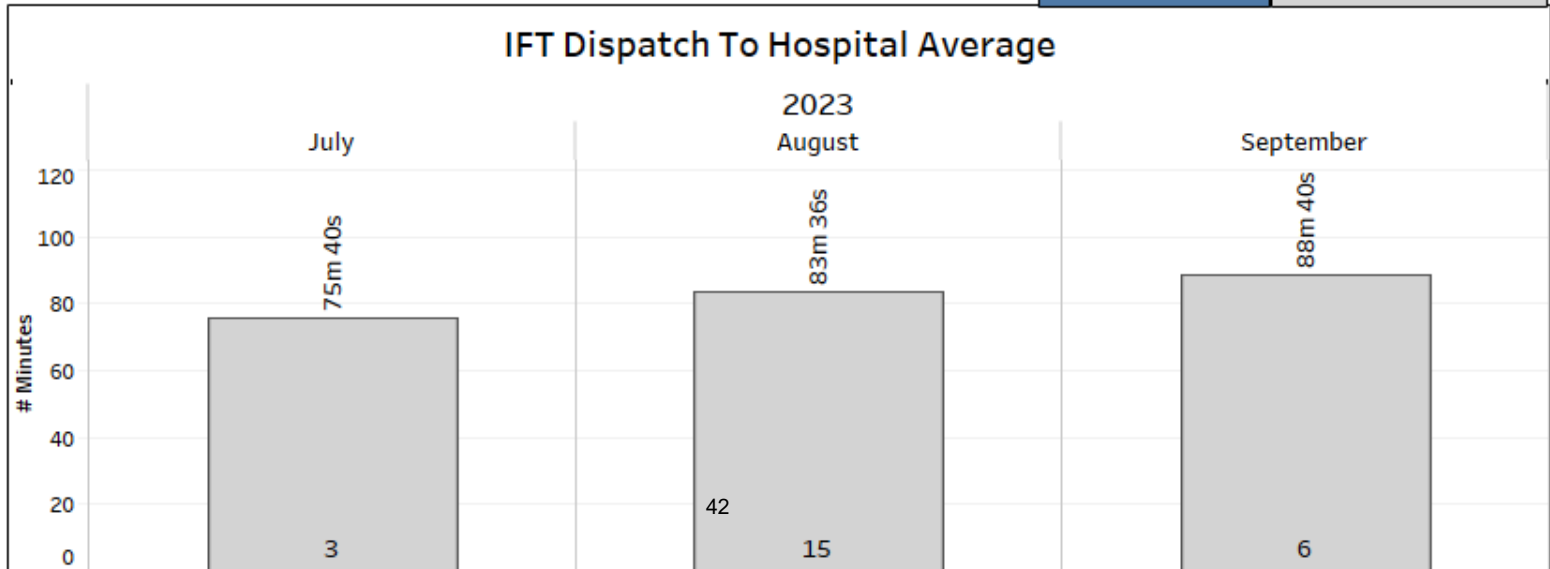
Start Date 7/1/2023
 End Date 9/30/2023

Total Transports: **129**
 Total Patients: **131**

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Scene **Hide Item**



TRAUMA SYSTEM UTILIZATION



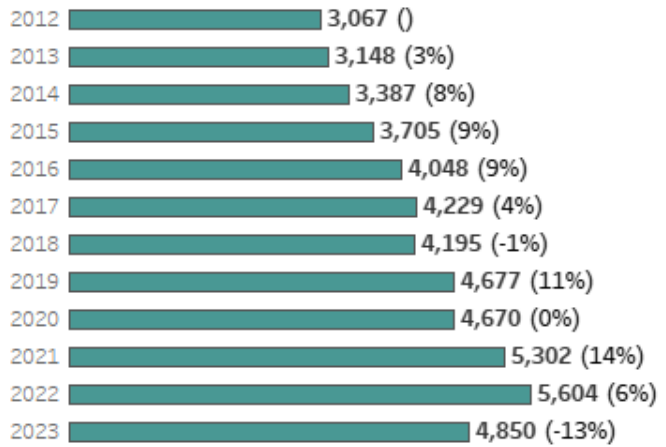
TSTM TDLR

Start Date 7/1/2023

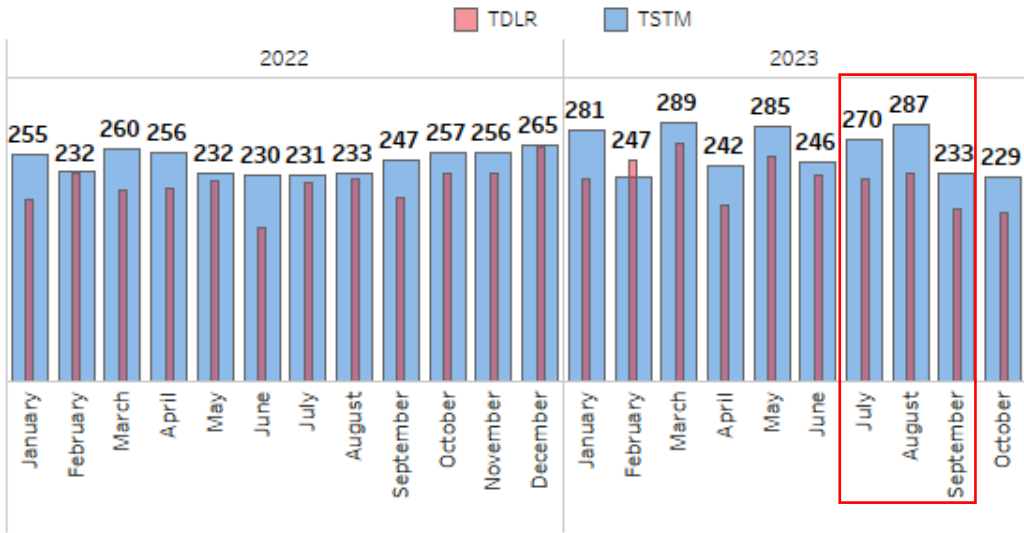
End Date 9/30/2023

1,441

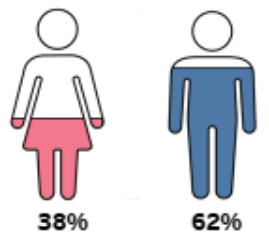
TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



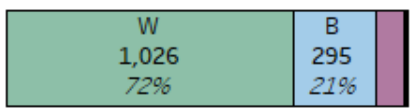
TRAUMA VOLUME BY MONTH AND TRAUMA CENTER



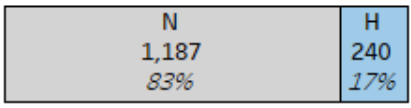
GENDER



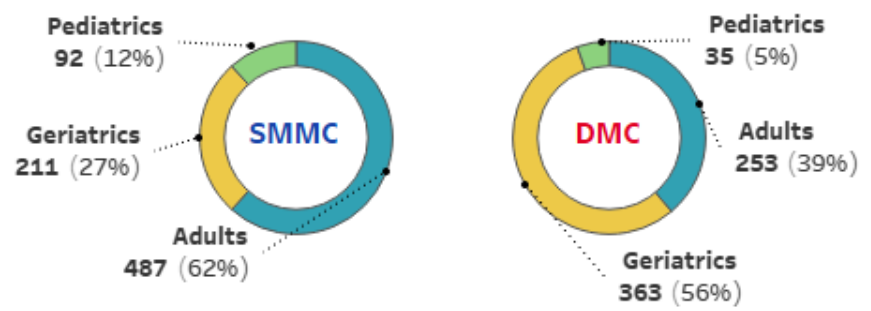
RACE



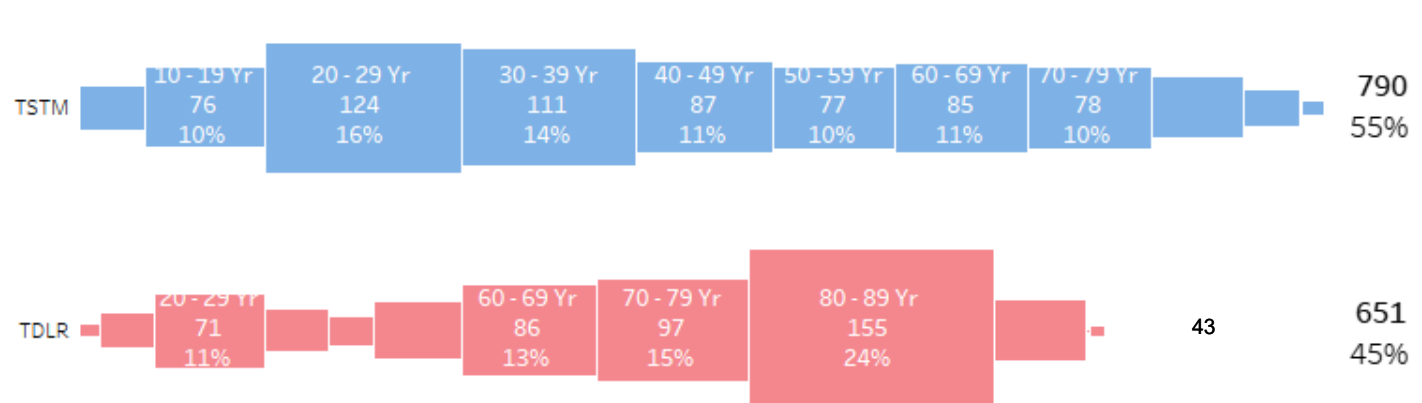
ETHNICITY



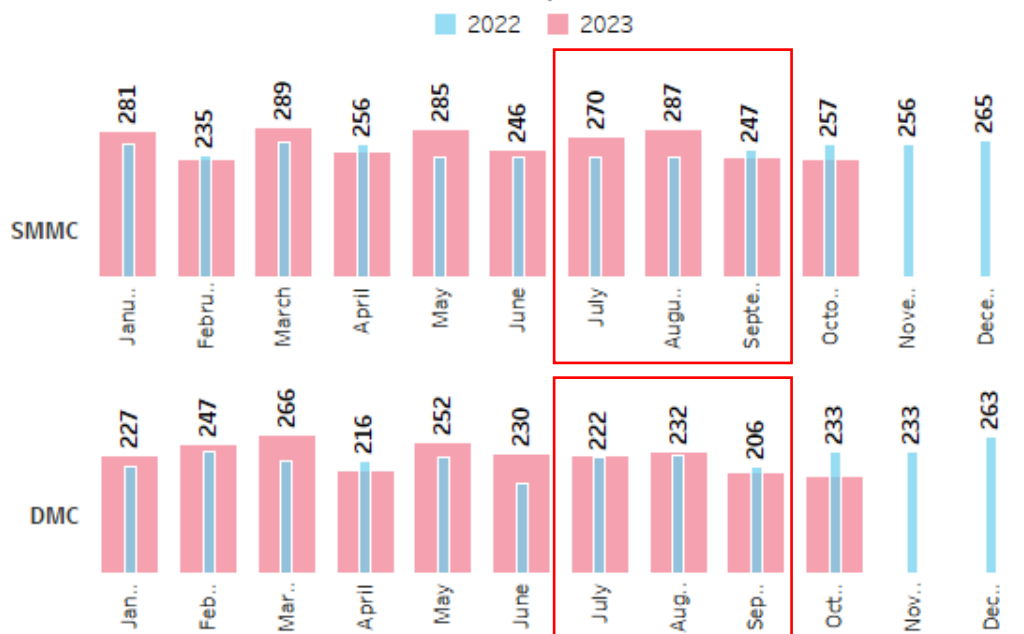
AGE GROUP BY TRAUMA CENTER



DECADE OF AGE BY TRAUMA CENTER



TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER



PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

Data Source: Health Care District of Palm Beach County, Trauma Registry, 2023.



TSTM TDLR

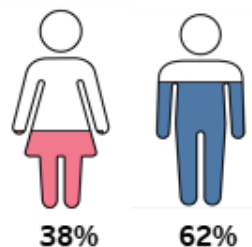
PBC TRAUMA SYSTEM VOLUME

Start Date 7/1/2023

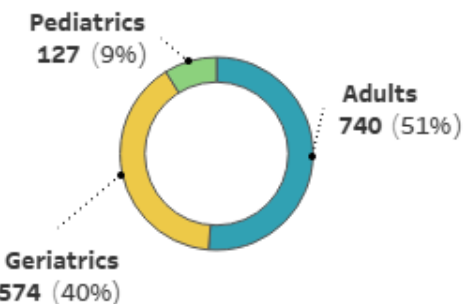
End Date 9/30/2023

1,441

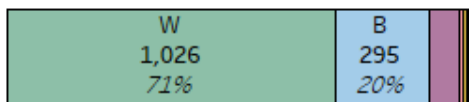
GENDER



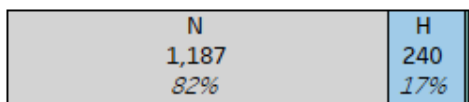
AGE GROUP



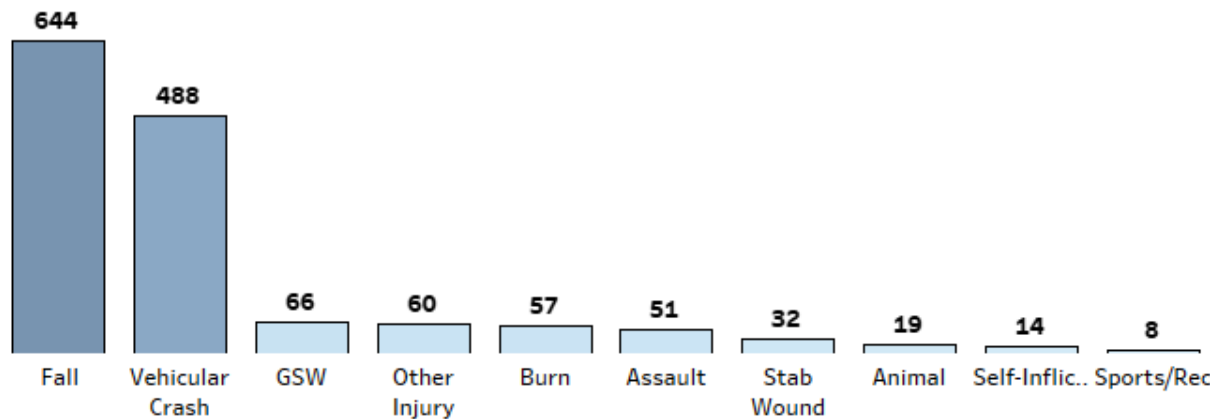
RACE



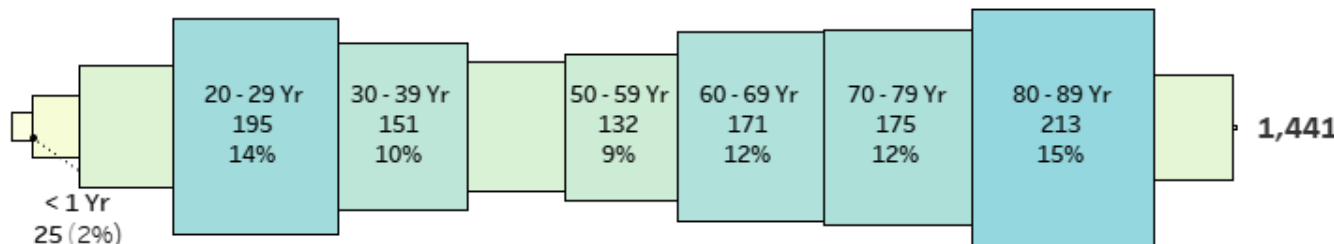
ETHNICITY



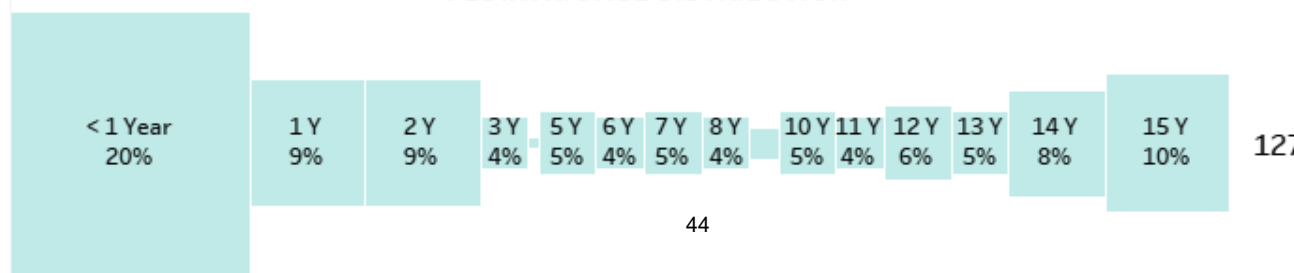
MECHANISM OF INJURY



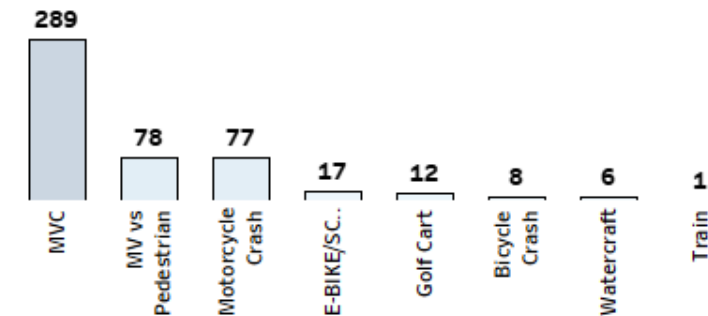
YEARS OF AGE BY DECADE



PEDIATRIC AGE DISTRIBUTION



VEHICULAR CRASH BREAKDOWN



TRANSPORTS BY GROUND

1,243 (91%)



TRANSPORTS BY AIR

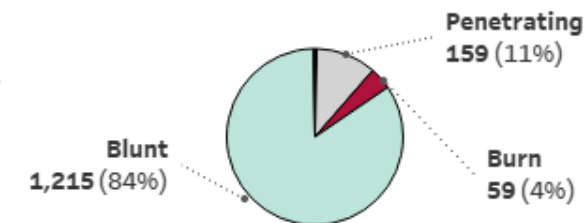
119 (9%)



ACTIVATION LEVEL



INJURY TYPE



UDS PROVIDER LEVEL QUALITY MEASURES 2023

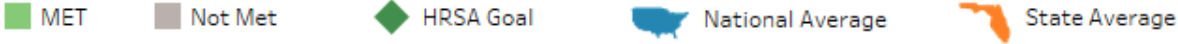
NATIONAL QUALITY LEADER METRICS

Load Date
10/2/2023

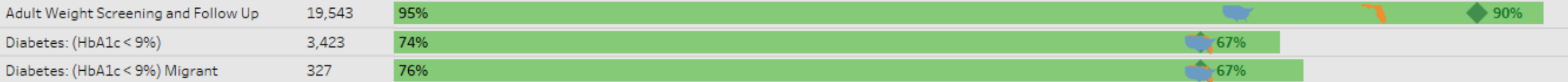
Filters

HEART HEALTH

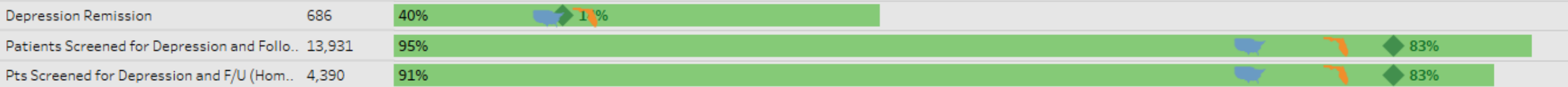
Universe



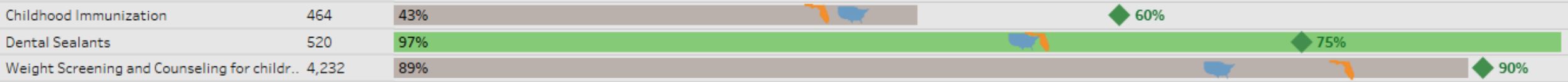
DIABETES



BEHAVIORAL HEALTH



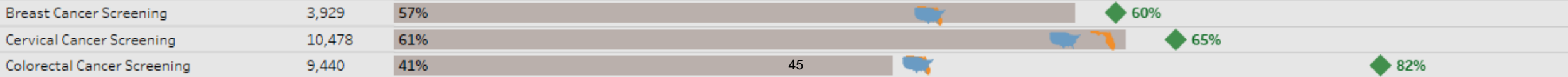
CHILDHOOD MEASURES



HIV PREVENTION AND CARE



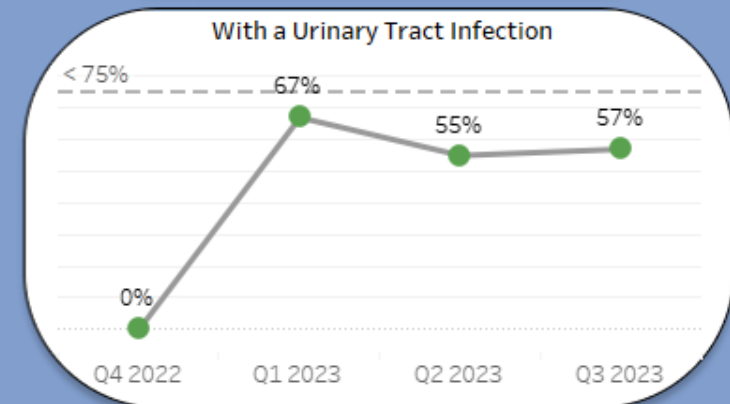
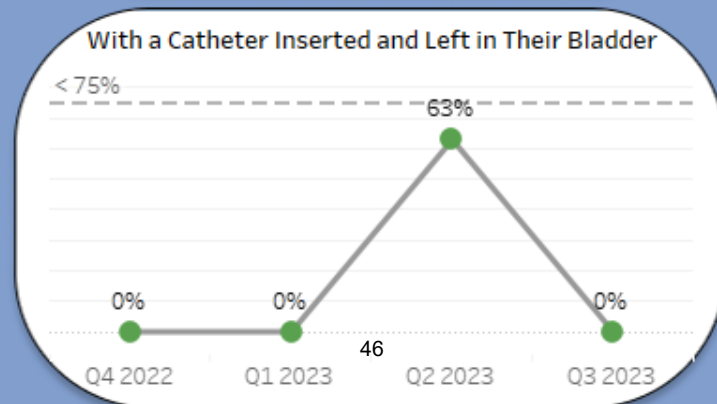
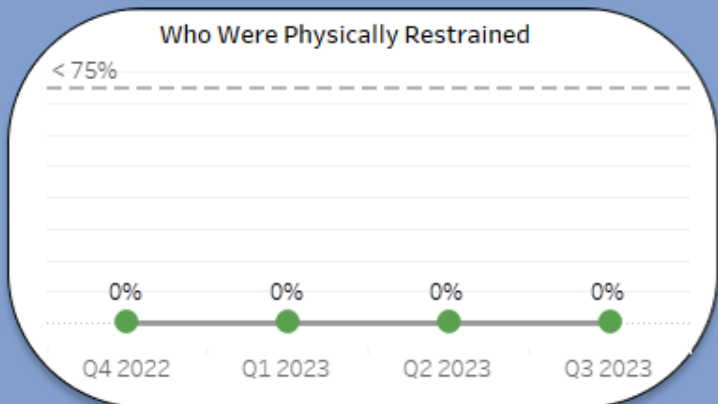
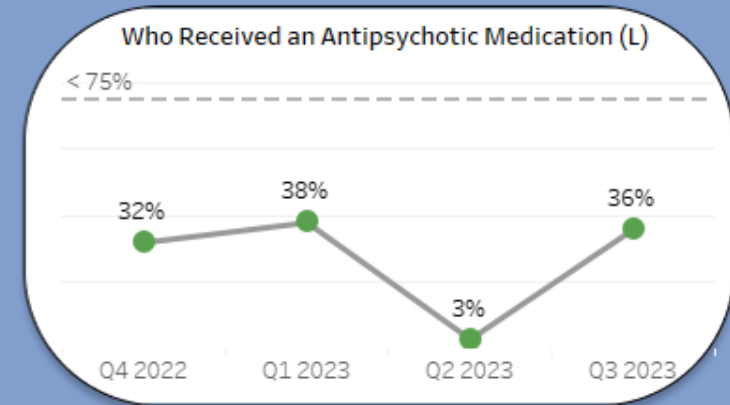
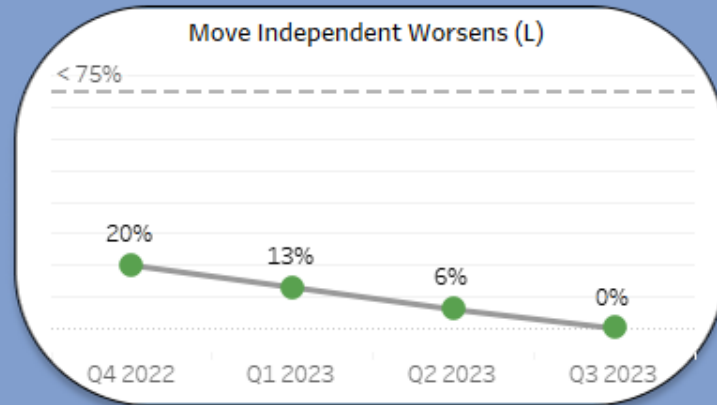
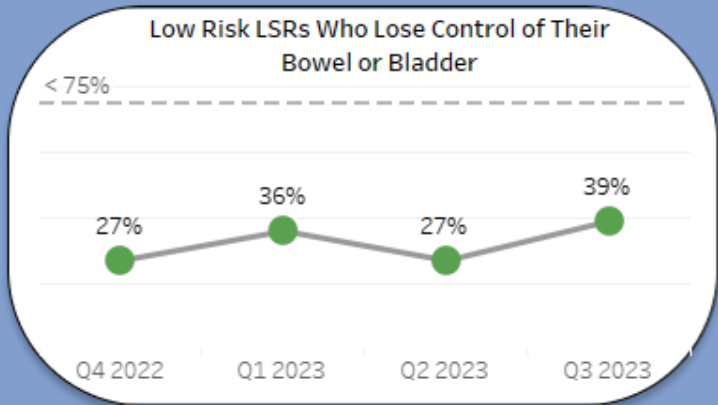
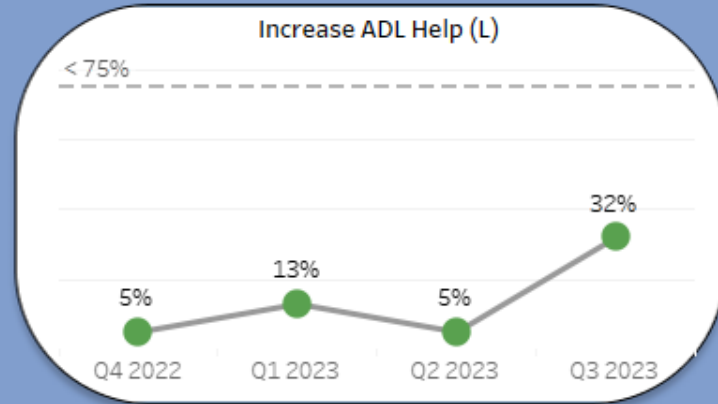
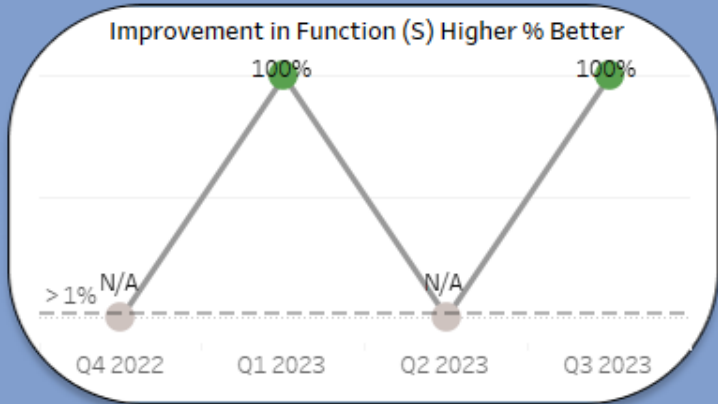
CANCER PREVENTION



EJH Quality Measures

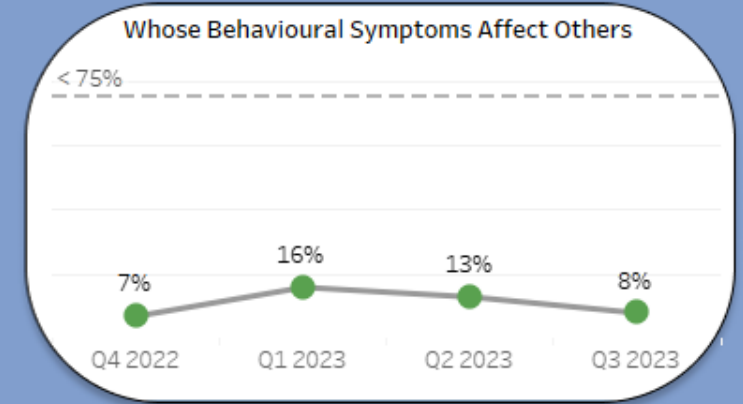
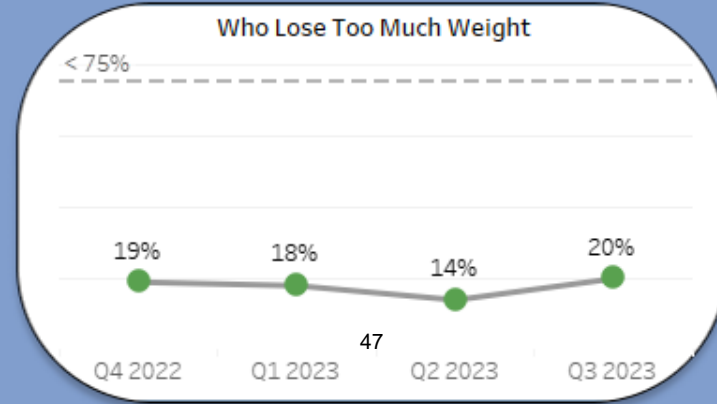
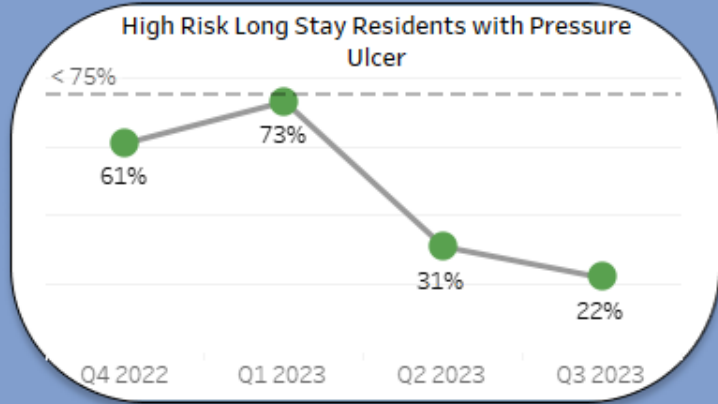
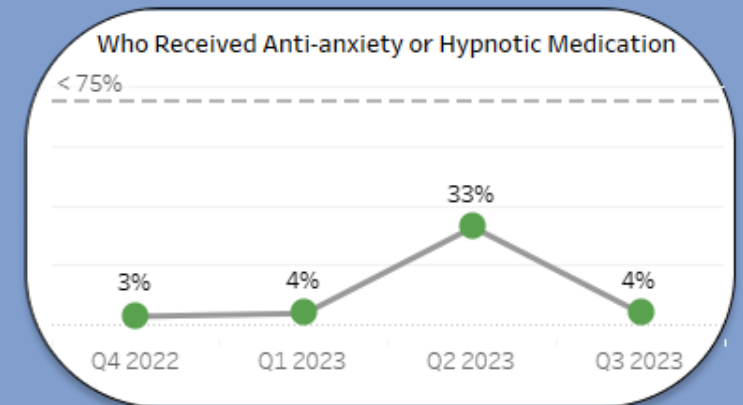
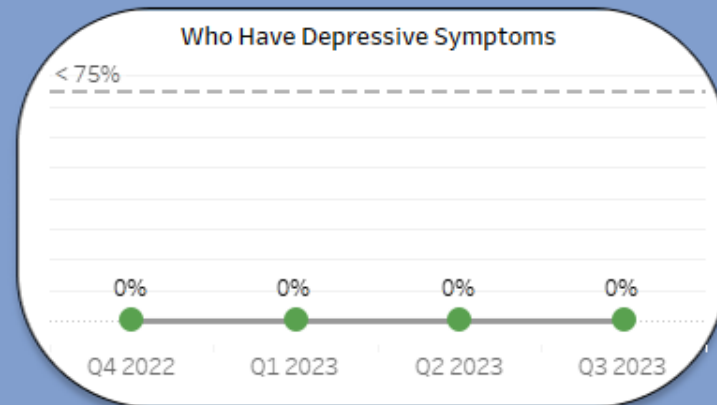
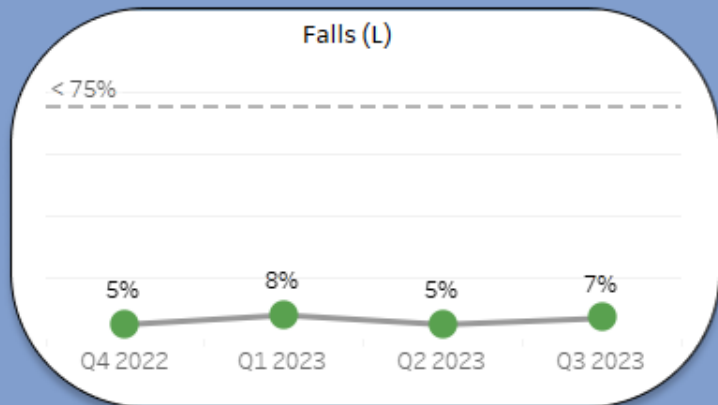
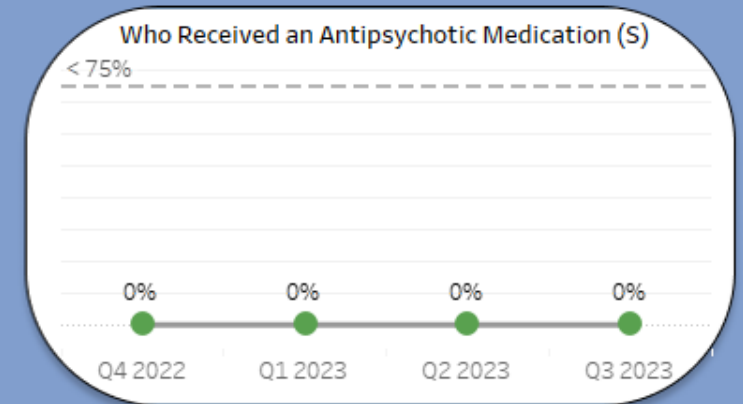
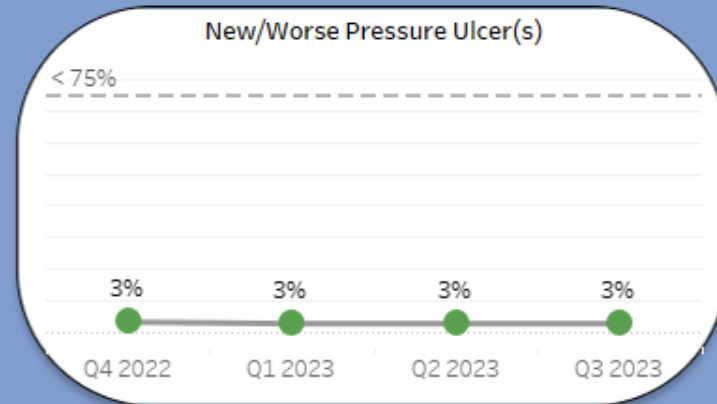
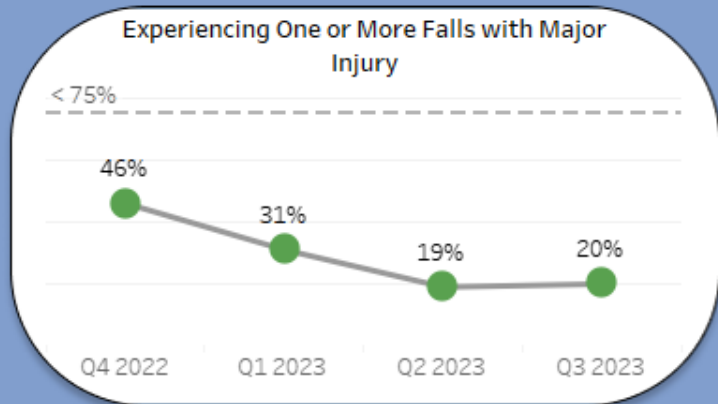
Q3 2023

Meeting Goal?
Y



EJH Quality Measures

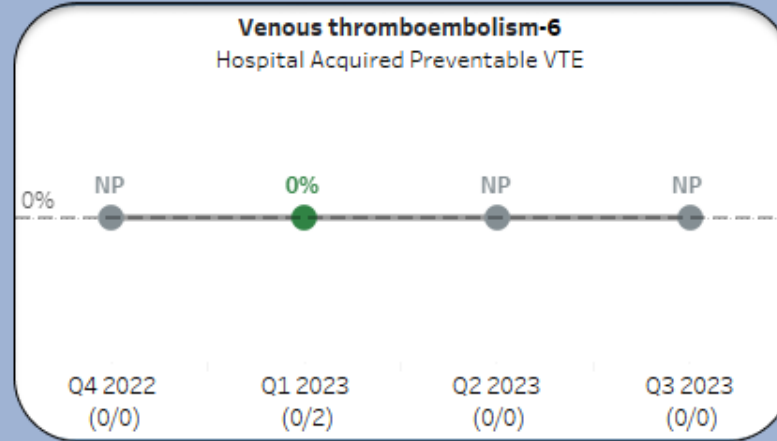
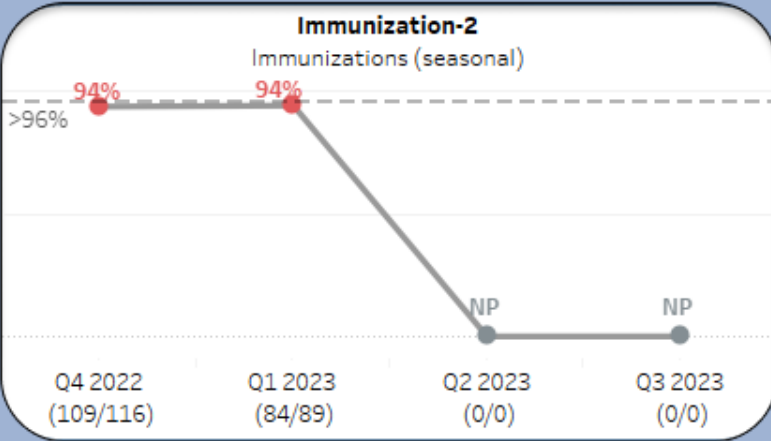
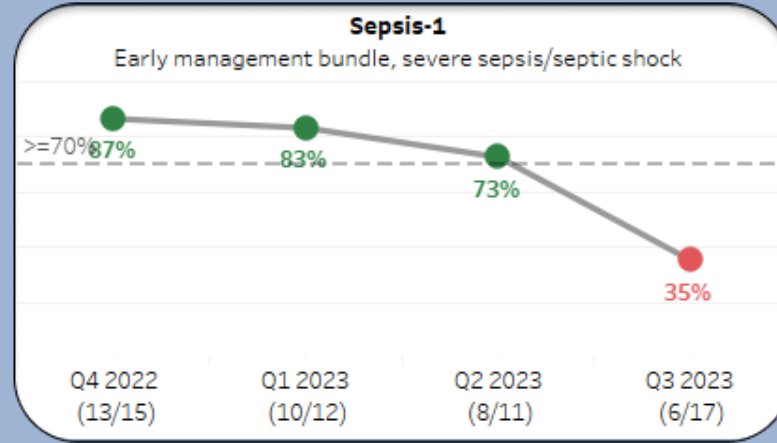
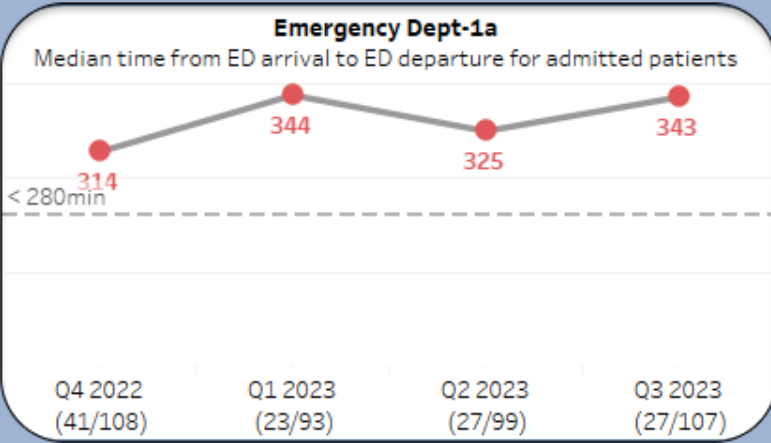
Q3 2023



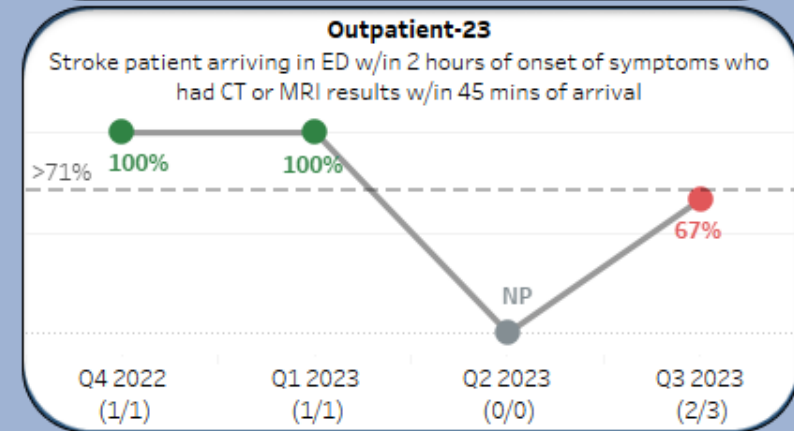
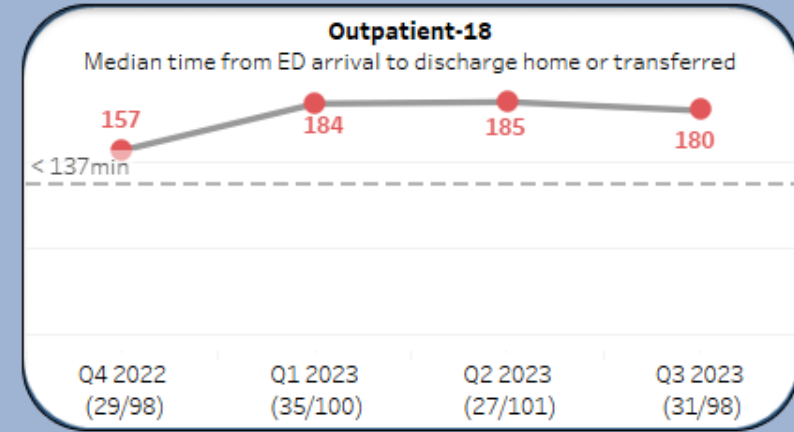
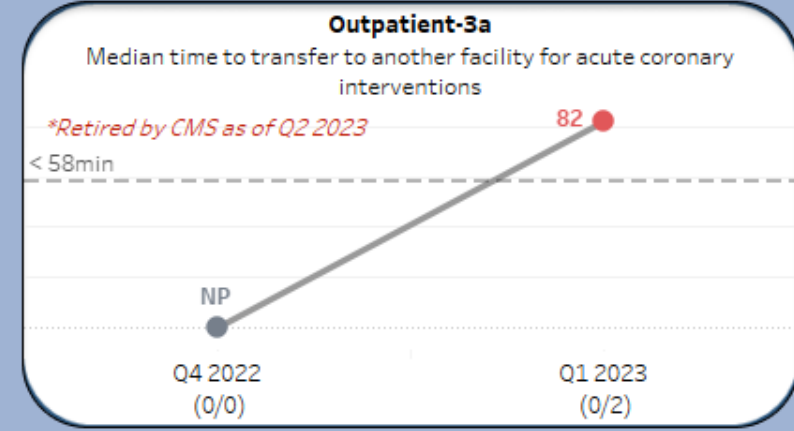
LMC Quality Core Measures Q3 2023

Meeting Goal? Yes ● No ● No Population ●

Inpatient Measures



Outpatient Measures



LifeTrans Quality Metrics - Q3 2023

Quarter Summary

Medical Equipment Failure
2023

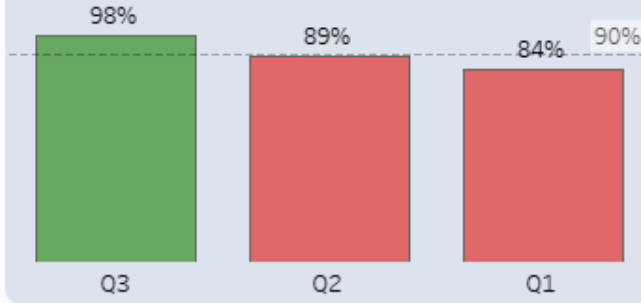
0%	0%	0%
Q3	Q2	Q1

Appropriate Management for
Aortic Emergencies
2023

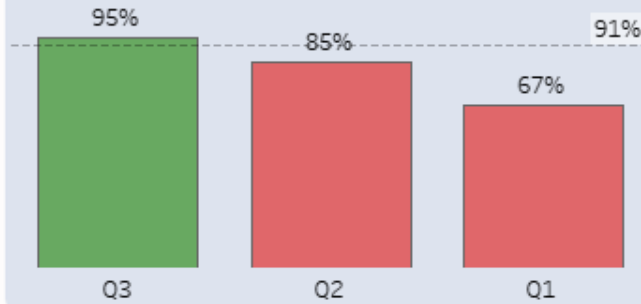
No Population	No Population	No Population
Q3	Q2	Q1



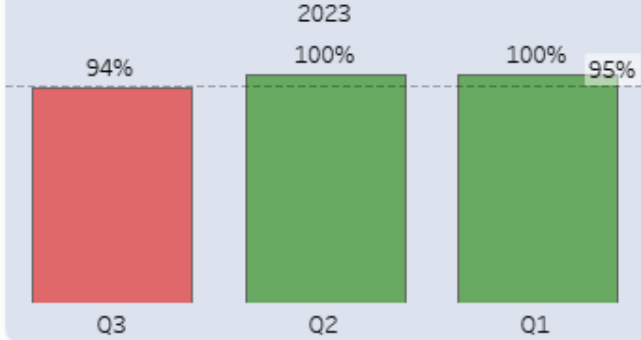
Reliable Pain Assessments
2023



Blood Glucose Check for Mentally Altered Patients
2023

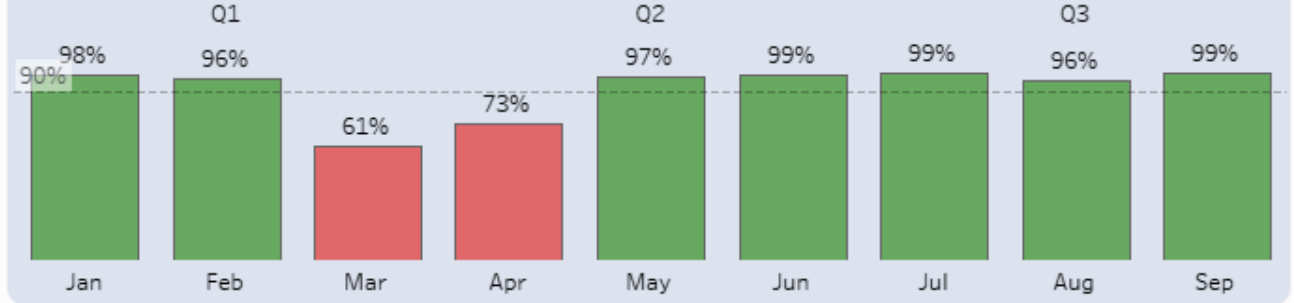


Waveform Capnography
2023

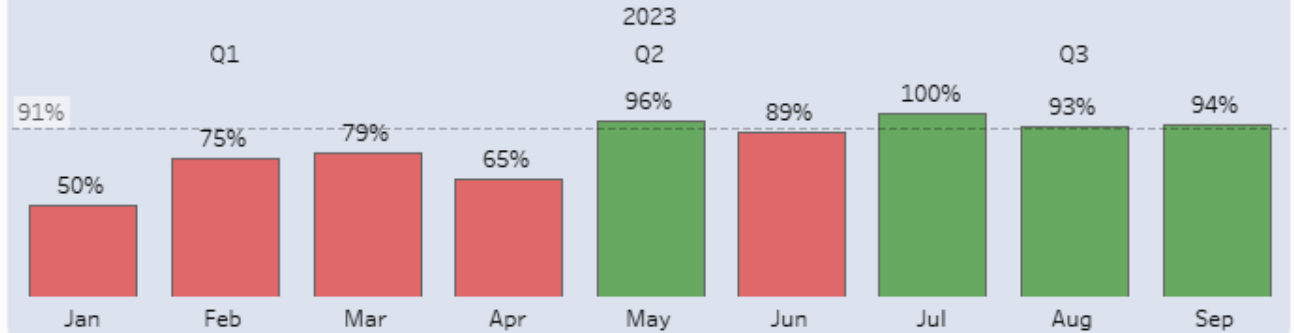


Monthly Trends

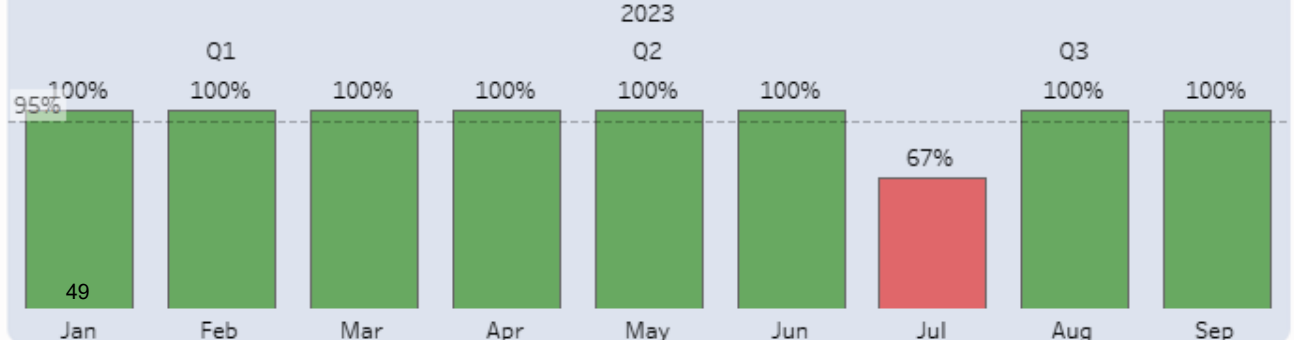
Reliable Pain Assessments
2023



Blood Glucose Check for Mentally Altered Patients
2023



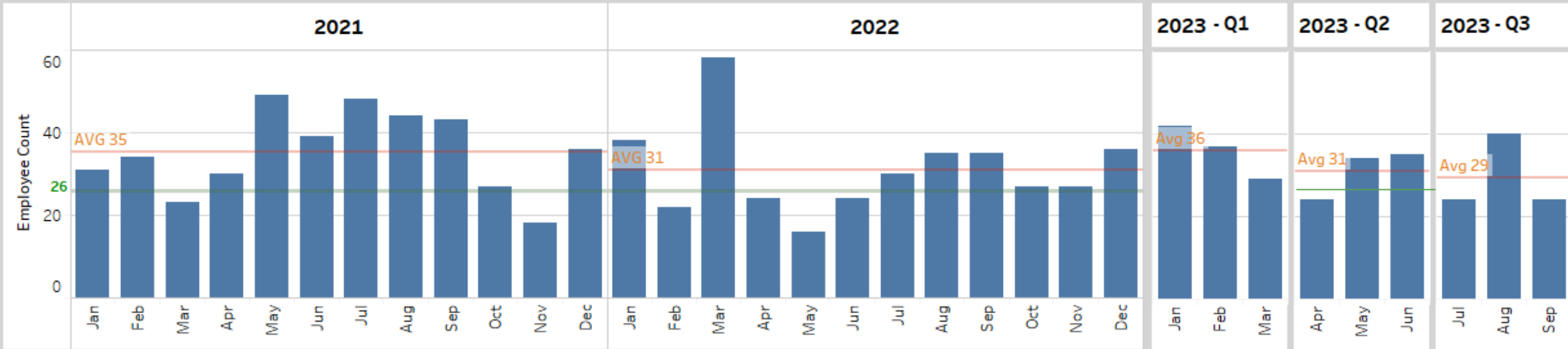
Waveform Capnography
2023



TURNOVER AND RECRUITMENT

ANNUAL TURNOVER

— Industry Standard 26



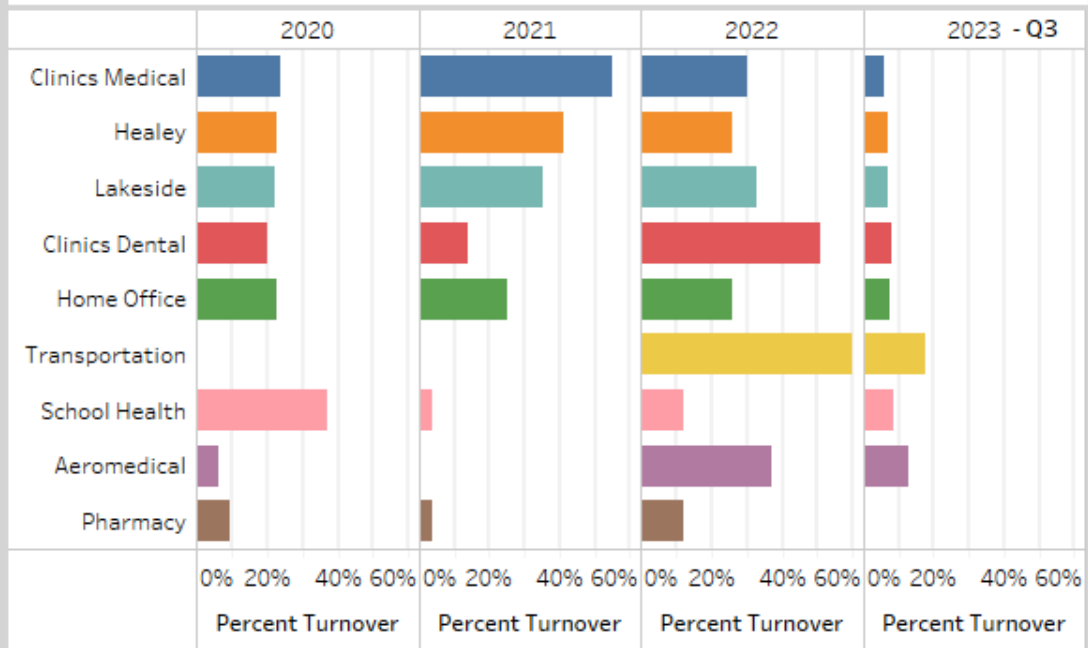
RECRUITMENT

55
Open Positions

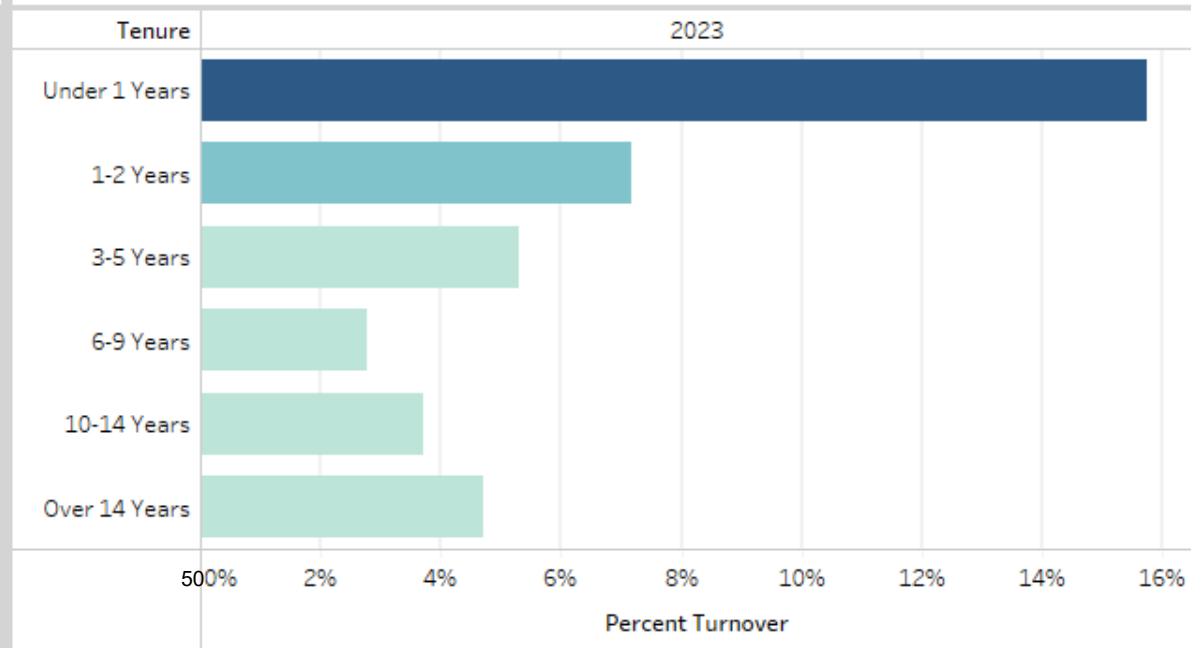
— Industry Standard



TURNOVER RATES BY BUSINESS UNIT



TURNOVER BY TENURE - Q3



Avg Time to Fill: 79
Avg time to hire: 22