Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance Committee Meeting
December 15, 2021
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 15, 2021 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 – Dr. Alina Alonso, Chair

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 March 10, 2021. [Pages 1-4]

B. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 28, 2021. [Pages 5-8]

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 9]

7A-3 **RECEIVE AND FILE:**
Quality, Patient Safety and Compliance Committee Meeting Schedule for 2022 (Dr. Belma Andric) [Pages 10-11]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 12-14]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(David Speciale) [Page 15]

- Patient Relations Dashboard, E. J. Healey Center.
(Tracy-Ann Reid) [Page 16]

- Patient Relations Dashboard, Lakeside Medical Center.
(Regina Stolpman) [Page 17]

- Patient Relations Dashboard, Pharmacy.
(Luis Rodriguez) [Page 18]

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Work Plan FY22
(Heather Bokor) [Pages 19-27]

8A-2 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Statistics
(Heather Bokor) [Pages 28-34]

8A-3 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Recent Regulatory Updates and Industry Enforcement Activity FY22 Q1
(Heather Bokor) [Pages 35-49]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 50-55]

- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/ Gerry Pagano) [Page 56]

- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Page 57]

- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 58-60]

- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Pages 61-67]

- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Pages 68-70]

- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 71-73]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

March 23, 2022

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

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

12. Motion to Adjourn

13. Closed Risk and Peer Review Meeting [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 AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
March 10, 2021 at 10:00 A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33409
Zoom Webinar Meeting

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

A. Roll Call

Committee Member Include: Dr. Alina Alonso, James Elder, Mary Weeks, Sharon Larson, Kimberly Shultz, Sean O'Bannon, Dr. Gunawardene

Committee Members Absent: Cory Neering

Staff Present Include: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel, Belma Andric, Chief Medical Officer; Candice Abbott, Chief Financial Officer; Karen Harris, Vice President of Field Operations; Patricia Lavely, Interim Chief Information and Digital Officer; Steven Hurwitz; Chief Administrative Officer, Janet Moreland, Charmaine Chibar, Sonia Johnson, Regina Stolpman, Kelley Anderson, Martha Benghie Hyacinthe, Andrea Steele, Cindy Dupont, Sylvia Hall, Eduardo Bustillo, Shelly Ann Lau, Hyla Fritsch, Terretha Smith, Tracy Ann Reid, Allison Vandever, Alyssa Tarter, Luis Rodriguez, Shauniel Brown, Jennifer Dorce Medard, Gerald Pagano, Jamie Bell

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

Conclusion/Action: Ms. Larson made a motion to approve the agenda as presented. The motion was duly seconded by Mr. O'Bannon. There being no opposition, the motion was passed unanimously.

3. Awards, Introductions and Presentations

A. Press Ganey Population and Sampling – Sylvia Hall
Ms. Hall presented on the Press Ganey reports that are provided to LMC.

4. Disclosure of Voting Conflict

5. *Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 24th, 2020.

Committee Meeting Minutes from December 8th, 2020

Conclusion/Action: Ms. Larson made a motion to approve the agenda as presented. The motion was duly seconded by Mr. O'Bannon. There being no opposition, the motion was passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

Conclusion/Action: Mr. O'Bannon made a motion to approve the agenda as presented. The motion was duly seconded by Ms. Larson. There being no opposition, the motion was passed unanimously.

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
Internet Posting of District Public Meeting.
http://www.hcdpbc.org-Resources-Public Meetings

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

7A-3 **RECEIVE AND FILE:**
Proposed Schedule for 2021 Quality, Patient Safety and Compliance Committee.
(Darcy Davis)

7A-4 **RECEIVE AND FILE:**
Amendment to the Quality, Patient Safety and Compliance Committee Charter
(Darcy Davis)

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Summary of Compliance and Privacy Activities
(Sonia Johnson)

CONCLUSION: Received and Filed

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Belma Andric)

CONCLUSION: Received and Filed

- Patient Relations Dashboard, School Health.
  (Andrea Steele/ Steven Sadiku
- Patient Relations Dashboard, C.L. Brumback Care Clinics.
  (Andrea Steele/David Speciale)
- Patient Relations Dashboard, E.J. Healey Center.
  (Andrea Steele/Terretha Smith)
- Patient Relations Dashboard, Lakeside Medical Center.
  (Andrea Steele/Regina Stolpman)
- Patient Relations Dashboard, Pharmacy.
  (Andrea Steele/ Luis Rodriguez)

8B-2 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Belma Andric)

CONCLUSION: Received and Filed

- Patient Relations Dashboard, School Health.
  (Andrea Steele/Steven Sadiku)
- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/Gerry Pagano)
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.
  (Andrea Steele/Dr. Charmaine Chibar)
- Quality & Patient Safety Report, Corporate Quality Metrics
  (Andrea Steele)
- Quality & Patient Safety Report, E.J. Healey Center.
  (Andrea Steele/Terretha Smith)
- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/Sylvia Hall)

- Quality and Patient Safety Report, Pharmacy. (Andrea Steele/Luis Rodriguez)

- Quality & Patient Safety Report, Trauma Program. (Andrea Steele/Sandra Smith)

9. CEO Comments

Ms. Davis commented on the HRSA survey that was conducted with the clinics. This was originally scheduled last year, but was rescheduled due to COVID and done virtually this year. There were 93 elements of the survey and there were only 9 findings. The findings were not quality, care or patient treatment but were admirative findings such as number of scheduled board meetings, updated policy and procedures, etc.

Ms. Davis commented on this being Valerie Shariari's last meeting as she will be retiring.

10. Committee Member Comments

Dr. Alonso wished Valerie a happy retirement.

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

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

12. Establishment of Upcoming Meetings

June 9, 2021

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

September Meeting (Date TBD)

December 15, 2021

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

13. Motion to Adjourn

There being not further business, the meeting was adjourned at 11:51AM.

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
September 28, 2021 at 2:00 P.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401
Zoom Webinar Meeting

Remote Participation Link:
https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09

Via Telephone dial-in access:
646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

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

A. Roll Call

Committee Members Present: Dr. Alina Alonso, Sean O'Bannon, Mary Weeks, Sharon Larson, Kimberly Schulz, Cory Neering (virtual), Dr. Ishan Gunawardene (virtual)

Committee Members Absent: James Elder

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, Andrea Steele, Alyssa Tarter, Amelia Stewart, Charmaine Chibar, Cindy Dupont, David Morsell, David Speciale, Eduardo Bustillo, Gerald Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Kenneth Scheppke, Lisa Sulger, Lou Bassi, Luis Rodriguez, Martha Benghie Hyacinthe, Regina Stolpman, Shauniel Brown, Shelly Ann Lau, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

Conclusion: Agenda approved

3. Awards, Introductions and Presentations

None

4. Disclosure of Voting Conflict

Conclusion: Disclosure of Voting Conflict read

5. *Public Comment

None

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from June 29, 2021. [Pages 1-4]

Conclusion: Meeting Minutes approved

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
Internet Posting of District Public Meeting.
http://www.hcdpbc.org-Resources-Public Meetings

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

B. **PATIENT RELATIONS DASHBOARDS**

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

- Patient Relations Dashboard, School Health.
(Andrea Steele/ Steven Sadiku) [Page 9]

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

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

- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/ Regina Stolpman) [Page 12]

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

Conclusion: Consent Agenda approved

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy & Ethics Program Activities and Initiatives
(Heather Bokor) [Pages 14-25]

Conclusion: Received and Filed

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 26-31]

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku) [Pages 32-34]
- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Pages 35-41]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 42-48]
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 49-54]
- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Page 55-60]
- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Pages 61-66]
- Quality & Patient Safety Report, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Pages 67-71]
- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Pages 72-74]

Conclusion: Received and Filed

9. CEO Comments

None

10. Committee Member Comments

None

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

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

12. Establishment of Upcoming Meetings

December 15, 2021

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

13. Motion to Adjourn

There being no further business, the meeting was adjourned at 3:09 P.M.

* Public comments should be emailed to nglasfor@hcdpbc.org or submitted via telephone to 561-804-5780 by 12:00 P.M. on Monday, September 27, 2021. All comments received during this timeframe will be read aloud and included in the official meeting record.

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

12-Month Attendance Tracking

	12/08/20	3/10/21	6/29/21	9/28/21
Dr. Alina Alonso		X	X	X
Dr. Daniel Padron	X	X		
Dr. Ishan Gunawardene	X	X		X
James Elder		X	X	
Kimberly Schulz	X	X		X
Mary Weeks	X	X	X	X
Sean O'Bannon	X	X		X
Sharon Larson		X	X	X

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

1. Description: Quality, Patient Safety and Compliance Committee Meeting Schedule for 2022

2. Summary:

This agenda item provides the committee with the meeting schedule for 2022.

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 23, 2022

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

June 15, 2022

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

September Meeting (Date 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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the meeting schedule for 2022.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe A. Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
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Belma Andric, MD
Chief Medical Officer

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 3rd Quarter of 2021 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, there were a total of 59 Patient Relations Occurrences that occurred between 7 clinics and Clinic Administration. Of the 59 occurrences, there were 10 Grievances and 49 Complaints. The top 5 categories were Care & Treatment, Communication, Finance, Respect Related, and Physician Related issues. The top 2 subcategories with 17 Complaints and Grievances in each was Wait Time and Poor Communication issues.

There were 19 compliments received across 7 Clinics and Clinic Administration.

Edward J. Healey Rehabilitation and Nursing Center

There were a total of 35 grievances submitted by 24 out of 114 residents during the 3rd quarter. The top 5 categories were Personal Belongings (13), Nutrition (5), Nursing (4), Environment (4), and Care treatment (4). Some of the concerns included: missing shirts which were found in the resident room, re-adding shrimp to the menu, not having pay-per view for watching wrestling, could not sleep because resident next door was praying aloud, and request made for a CNA to apply a Passy Muir Valve, only a nurse can apply this. Grievances were resolved within the recommended guidelines. 23 were resolved within 72 hours and 12 required additional time related to: turnaround time for laundry and in-services being done on all shifts.

A total of 58 compliments were submitted this quarter by residents and resident representatives. The compliments surrounded being contented with meals, and happy with staff from the facility and the provision of excellent healthcare.

Lakeside Medical Center

For the third quarter, Lakeside served 5,173 patients. There were 23 complaints. The top 5 categories were Care & Treatment, Communication, Physician Related, Nursing Related and Respect Related. The top subcategories were Care & Treatment: confidence in caregiver with 3 complaints, Communication: poor communication with 4 complaints, Nursing/Physician Related: communication with 2 complaints each.

There were 3 compliments related to clinical support staff.

Pharmacy

For Q3, there were two patient relations entries, one grievance/patient behavior-related and the other was a compliment towards a staff member. Patient behavior entry was due to the patient being upset while the pharmacy was waiting to receive a prescription from the clinic. Once the pharmacy received the prescription, they immediately notified the patient that it was received and informed him it would be ready in 15 minutes. The patient proceeded to use foul language towards staff and stormed off, requesting the prescription to be transferred to another pharmacy location.

As for the staff compliment, a Delray patient called asking for Victoria Bisecco (Pharmacy Technician) to thank her for the help provided. Victoria was out on PTO, and the patient took the time to call again as she wanted to thank Victoria personally.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance 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 A. Icaza
5C75A1C7D5E84B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
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Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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

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

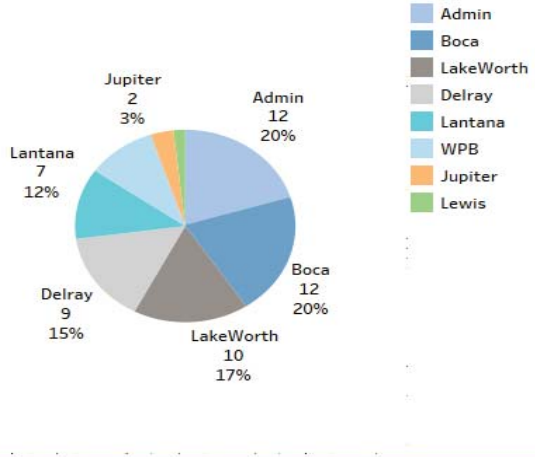
Detail

Top Categories
5

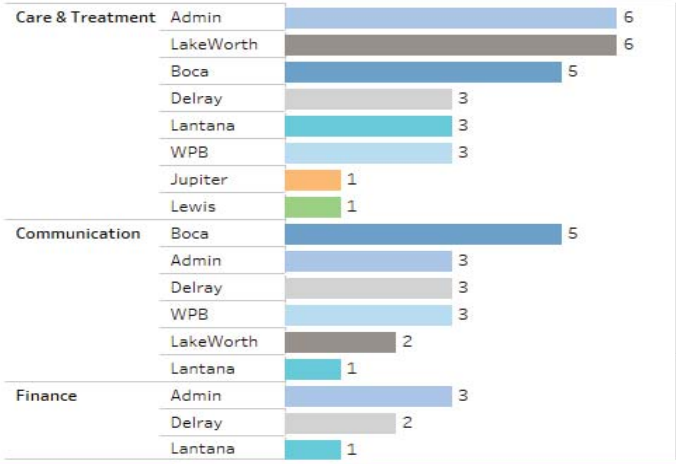
2021 Q3 7/1/21 to 9/30/21

Dept Desc All **Provider** All **Total Complaints and Grievances** 59 **Clinic** All

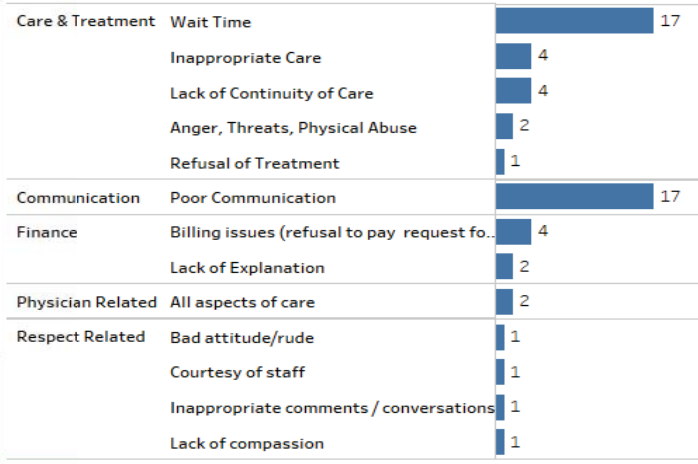
Clinics



Top 5 Categories



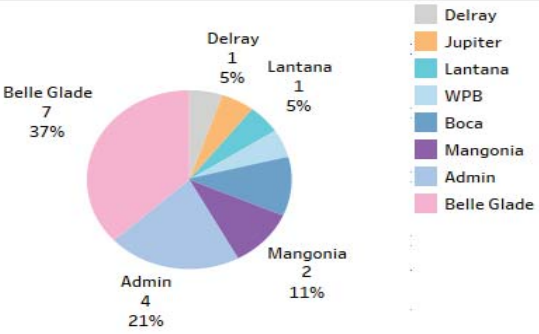
Total Top 5 Subcategories



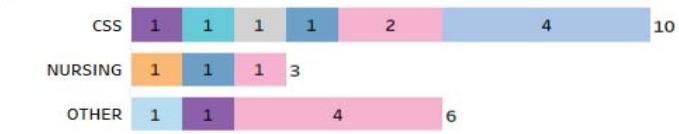
Total Compliments 19

Complaints/Grievances Prev 4 Quarters 58

Clinics

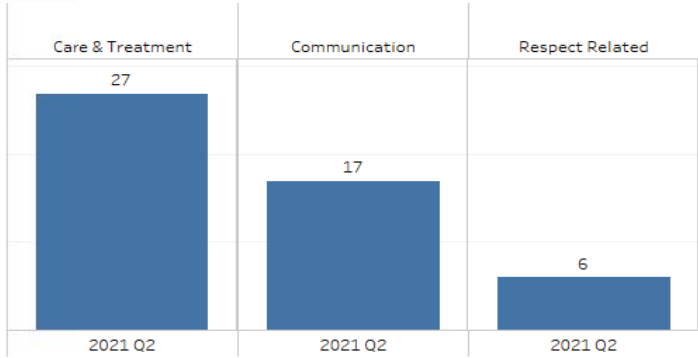


Care and Treatment Categories



Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

Healey Center
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Detail

Top Categories
5

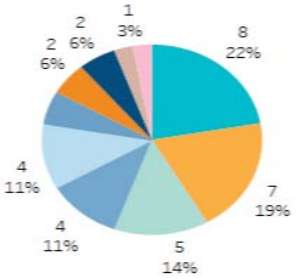
Provider All

2021 Q3

7/1/21 to 9/30/21

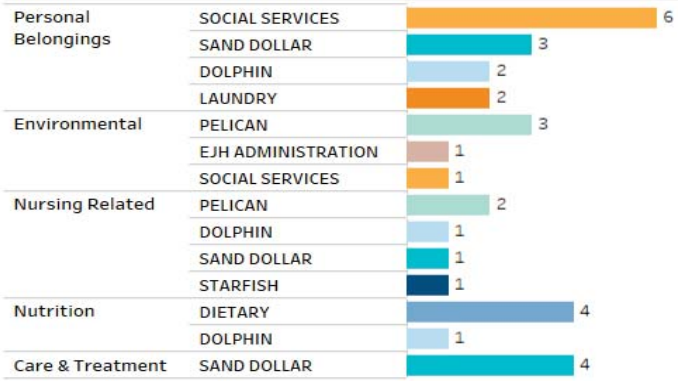
Total Complaints and Grievances 36

Departments



- SAND DOLLAR
- SOCIAL SERVICES
- PELICAN
- DIETARY
- DOLPHIN
- ACTIVITIES
- LAUNDRY
- STARFISH
- EJH ADMINISTRATION
- REHAB

Top 5 Categories



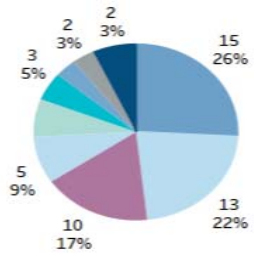
Total Top 5 Subcategories

Care & Treatment	Wait Time	2
	Equipment issues –staff handling	1
	Inappropriate Care	1
Environmental	Other	2
	Noise issues: staff roommate construct..	3
Nursing Related	Other	1
	Communication	3
	All aspects of care	1
Nutrition	Other	1
	Menu choice	3
	Response time	1
Personal Belongings	Clothes	6
	Damage	3
	Loss	2
	Money	2

Total Compliments 58

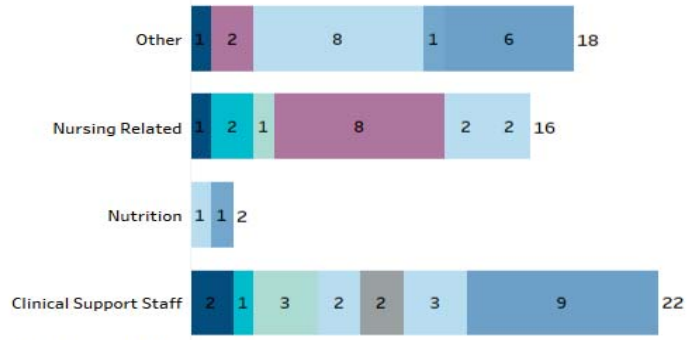
Complaints/Grievances Prev 4 Quarters 43

Departments



- ACTIVITIES
- NONE
- NURSING
- DOLPHIN
- PELICAN
- SAND DOLLAR
- DIETARY
- MANATEE
- STARFISH
- THERAPY SERVICES

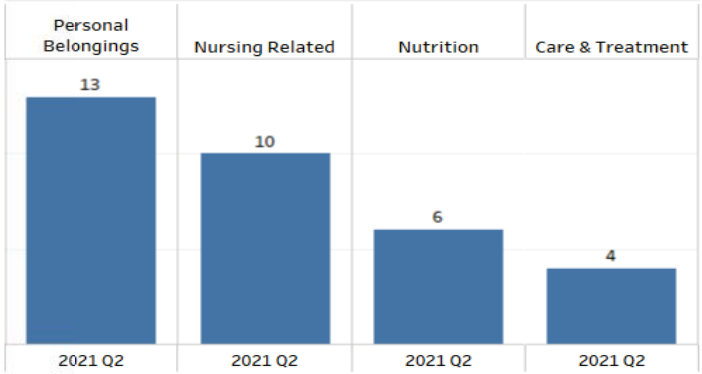
Care and Treatment Categories



* 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

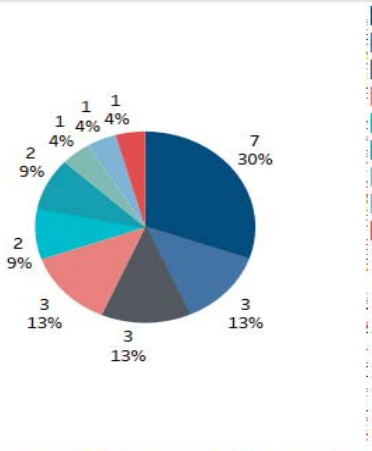
Provider
All

2021 Q3

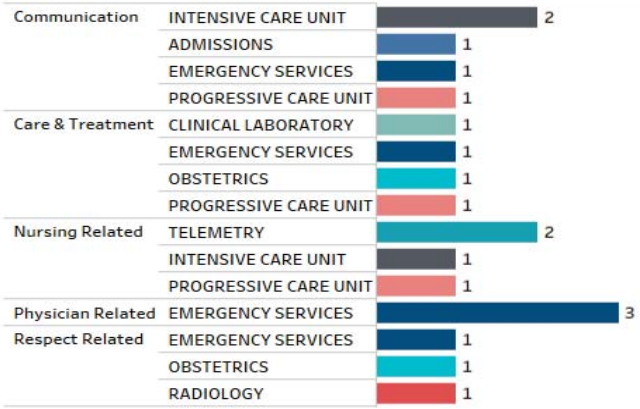
7/1/21 to 9/30/21

Total Complaints and Grievances 23

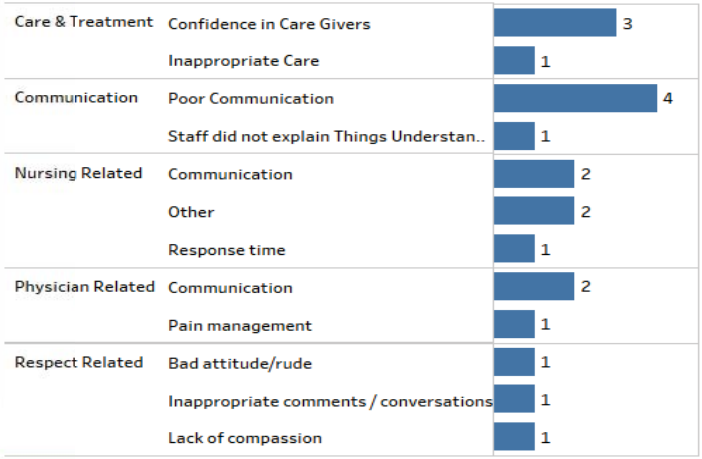
Departments



Top 5 Categories



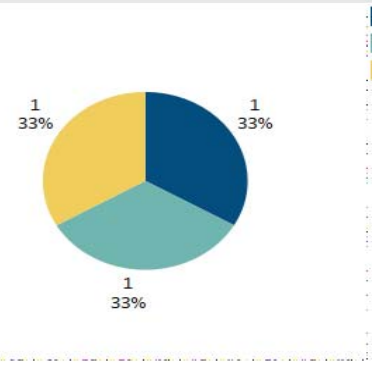
Total Top 5 Subcategories



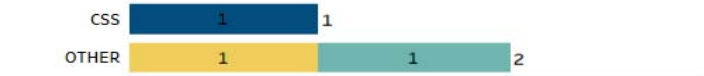
Total Compliments 3

Complaints/Grievances Prev 4 Quarters 20

Departments

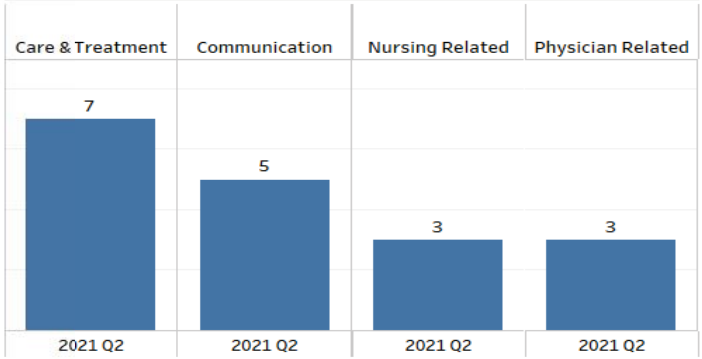


Care and Treatment Categories



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

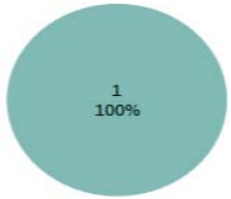
2021 Q3

7/1/21 to 9/30/21

Total Complaints and Grievances 1

Departments

WEST PALM BEACH PHAR..

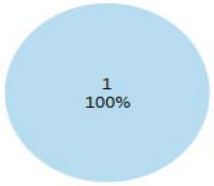


Top 5 Categories

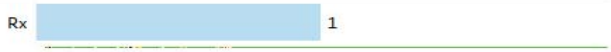
Total Top 5 Subcategories

Total Compliments 1

Departments



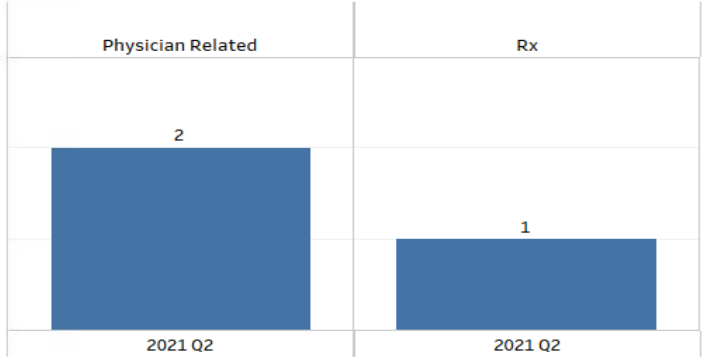
Care and Treatment Categories



Complaints/Grievances Prev 4 Quarters 3

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

1. Description: Compliance, Privacy and Ethics Work Plan (FY22)

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 2022 ("FY22"). Information on the preparation for and development of the Work Plan is included below and was provided to the Quality, Patient Safety and Compliance Committee at the September 2021 meeting. A copy of the Work Plan is provided to the Committee for review, discussion, and approval. A formal request for approval is being requested at this December 15, 2021 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 FY22 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.
- The goal for the FY22 Work Plan is to move to a more proactive, risk-based, and effective program – in addition to meeting or exceeding the recommendations described in the OIG's Compliance Program Guidance on Effectiveness ("7 elements").
- The FY22 Work Plan includes all items identified that are standing or are not yet complete from FY21, in addition to other items to be added based on internal assessment and to address the *Elements of an Effective Compliance Program*: (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) Program Effectiveness.
- The Department considered and included the following in developing its annual Work Plan: Standing items for Seven Elements/OIG Compliance Program Guidance; Open or closed recommendations from Consultant and Internal Audit; Leadership/Management requests and input; OIG Monthly Work Plan; 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.

4. Attachment: <u>Compliance, Privacy, and Ethics Work Plan (FY22)</u>

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

5. Fiscal Analysis & Economic Impact Statement:

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

Note: N/A – Changes for FY22 were approved by the Board as part of the overall District budget.

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

Quality, Patient Safety and Compliance Committee	N/A
Committee Name	Date

7. Recommendation:

Staff recommends the Board approve the Compliance, Privacy and Ethics Work Plan (FY22).

Approved for Legal sufficiency:

DocuSigned by:
Bernabe A. Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
A4CAB79941684CB...
Heather N. Bokor
VP & Chief Compliance and Privacy Officer

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

HEALTH CARE DISTRICT OF PALM BEACH COUNTY
COMPLIANCE, PRIVACY, AND ETHICS WORK PLAN (FY22)

Type	Work Plan Item	Description
1 - GOVERNANCE AND HIGH-LEVEL OVERSIGHT (COMMITTEES)		
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. Increase 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 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 (e.g., Access Oversight Committee; Medical/Ethics Committee (LMC); HCD-MHS Privacy and Compliance Meetings)	AOC: Establish new Committee to conduct periodic meetings post-Epic implementation to review and approve access controls, Epic use requests, and research activities; MEC: Establish new Committee to conduct periodic meetings on medical/general ethics; MHS: Epic related meetings. Request/determined need.
Committees	Other Committee Participation: Standing/Adhoc (e.g., Vaccine and Accommodations Committee, Policy & Procedure Committee, Utilization Management Committee)	Conduct periodic meetings to communicate and/or review of compliance activities, issues, and pertinent regulations. Request/determined need.
2 - POLICIES AND STANDARDS OF CONDUCT		
Policies & Procedures Review	Review and Committee Participation (HCD, non-Compliance, Privacy, and Ethics)	Committee participation on newly established Policy and Procedure Committees. Review of HCD policies (non-CPE).
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 for needed changes.
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: 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.
Policies & Procedures: Revision and Redeployment	Conflicts of Interest Policy, Process, and Questionnaire (as needed)	Comprehensive Revision of Conflicts of Interest Policy and Procedures, and Disclosures. Consistent with recommendations from Internal Audit, Consultant, and internal assessment based on industry activity.
Policies & Procedures: Revision and Redeployment	Exclusions/Sanctions Policy and Procedure, and Internal Processes	Comprehensive Revision of Exclusions/Sanctions policy, procedure, and processes as needed. Consistent with recommendations from Internal Audit, Consultant, and internal assessment based on review of practices.
Policies & Procedures: New Policy Development	Records Management / Record Retention and Destruction Policy (and Retention Schedule Appendix if necessary)	New 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 Policy Development	Development and Deployment of New Vaccination Policy and Standards	New policy development and deployment related to COVID-19 vaccination requirements and processes. Completed for initial vaccine mandate with Committee (HR policy).
3 - OPEN / EFFECTIVE COMMUNICATION AND REPORTING		
Development / Communication / Dissemination of Information	Development / Communication / Dissemination of Information to HCD staff on Compliance, Privacy, and Ethics matters. Training and Education Topics and Other Information (e.g., FYI's, Updates, and Notifications) to HCD staff (as needed).	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.
Monitoring / Analysis / Communication / Dissemination of Information: Regulatory Guidance	Compliance and Privacy 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. Includes COVID-19 as significant number of rule changes and waivers since the onset of the Public Heath Emergency. Publish information in a variety of ways, including posting to the regulatory dashboard.
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 (CMS Quarterly Provider Compliance Newsletter, FCSO Connection Newsletter, MLN Matters), Outpatient NCD/LCD changes in rules for Medicare's National and/or Local Coverage Determinations).

Survey / Questionnaire Development / Deployment	Compliance, Privacy, and Ethics (First) Annual Awareness Survey	Conduct Compliance, Privacy, and Ethics First Annual Awareness Survey.
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.
4 - TRAINING AND EDUCATION; COMPLIANCE AWARENESS		
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.
Training and Education: Annual / New Hires	Annual and New Hire Compliance, Privacy, and Ethics: Mandatory Training Requirement (live/online)	Annual and New Hire Compliance and Privacy Training Mandatory Requirement. Update and revise as needed to include Fraud, Waste & Abuse and other information.
Training and Education: Staff Development	Compliance Services Internal Staff Learning and Development	Ongoing Compliance, Privacy, and Ethics Internal Team Development
Training and Education: Billing Compliance	Training and Education and/or Development / Communication / Dissemination of Information to HCD staff on Billing Compliance matters for Case Management / Utilization Review	Conduct training and education on Billing Compliance matters to HCD staff, such as: Observation and Condition Code 44, as needed or requested.
Training and Education: Privacy	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, HIPAA (School Health), and FIPA, as needed or requested.
Privacy Guidance / Training	Authorization for Marketing/Patient Stories	Guidance on Communications' authorizations compliance with Privacy rules, required/afforded under HIPAA.
Privacy Guidance / Training	Release of Information	Guidance on Release of Information (ROI) compliance with Privacy rules and internal processes, required/afforded under HIPAA.
Training and Education: Compliance Awareness Events	Compliance 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	Development and Review/Revision of Training and Education Modules and Materials, as needed	Training Modules - Development and Review for Compliance, Privacy, and Ethics, as needed (including and outside of Cornerstone).
Training and Education: Presentation	New Employee Orientation (NEO) Presentation and Participation for Compliance, Privacy, and Ethics	Continue Compliance, Privacy, and Ethics Orientation for employees, including but not limited to Clinic staff.

5 - AUDITING AND MONITORING		
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 HDC-applicable OIG Work Plan items (e.g., Accuracy of Place of Service Codes on Claims for Medicare Part B Physician Services when Beneficiaries are Inpatients under Part A; Medicaid Applied Behavioral Analysis for Children Diagnosed with Autism; SAMHSA's Substance Abuse Prevention and Treatment Block Grant Funding; SAMHSA's Certified Community Behavioral Health Clinic Expansion Grants; Emergency Department Evaluation and Management (E/M) Services; Intimate Partner Violence Screening and Referral by PCP for Patients Enrolled in Medicaid; Nursing Home Reporting of COVID-19 Data to the National Health Care Safety Network; Adverse Events: Disparities Among Hospitalized Medicare Patients, and Toolkit for Identifying Adverse Events Through Medical Record Review; COVID-19 Pandemic Relief Funding and Its Effects on Nursing Homes Case Study)
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. New process and policy to be established, new contract/vendor secured.
Privacy Audits	FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users	FairWarning 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).
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)
Compliance Risk Assessment	EMTALA and Access to Emergency Services and Care Risk Assessment	Ensuring EMTALA (Emergency Medical Treatment and Labor Act) (federal law) and Access to Emergency Services and Care (state law, Florida) requirements are in place for compliance with Emergency Department Rules.
Risk Assessment	Credentialing Risk Assessment	Risk Assessment on controls and compliance with regulatory / accreditation requirements for credentialing and privileging.
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)*

External Annual Attestation	Florida Medicaid - Deficit Reduction Act (DRA) of 2005	External Attestation on Compliance Programs and Fraud, Waste, and Abuse policies required for Deficit Reduction Act (DRA of 2005) to Florida Medicaid for entities that receive > $5 Million in funds.
Risk Assessment	Human Resources Exit Processes, as needed	Risk assessment / review of Human Resources exit interview processes in place to assist in process improvement or revisions, if necessary.
Compliance Audit	Telehealth	Audit of Telehealth compliance with regulatory, billing and documentation requirements.
Mini-Risk Assessment	Industry Enforcement Activity (as needed) *(General entry item)*	Mini-Risk Assessment(s) based on 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.
Mini-Risk Assessment	Observation Notices (Required by State/Federal Rules)	Mini-Risk Assessment of processes to ensure compliance with observation notice requirements (e.g., MOON, HOON/State Notice).
Mini-Risk Assessment	Observation Process Review for Billing	Mini-Risk assessment of hospital observation policy and procedures / processes to ensure accurate billing.
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/selected hospital departments.
Audit Follow-up	PYA / Compliance Prior Review(s) on Revenue Cycle Report and Recommendations	Follow-up on past PYA / Compliance Review(s) on Revenue Cycle Report and Recommendations
Evaluation and Assessment	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: LMC)	Assessment of STACH quarterly 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.
Evaluation and Assessment	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Skilled Nursing Facilities (SNF: Healy)	Assessment of SNF annual 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.
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.
Data Risk Assessment	Medicare Payments for Inpatient Claims for Mechanical Ventilation >96 hours	Medicare Payments for Inpatient Claims for Mechanical Ventilation >96 hours, based on data/volume and OIG Work Plan focus area. To be evaluated.
Data Risk Assessment	Medicare Part B Opioid-Use Disorder Treatment Services Provided by Opioid Treatment Programs	Medicare Part B Opioid-Use Disorder Treatment Services Provided by Opioid Treatment Programs, based on data/applicability and OIG Work Plan focus area (Place of Service 58). To be evaluated.
Data Risk Assessment	Medicaid Inpatient Hospital Claims with Severe Malnutrition	Medicaid Inpatient Hospital Claims with Severe Malnutrition, based on data and applicability. To be evaluated.

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.
Data Risk Assessment	High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis	High Dollar / High Volume / High Reimbursement Services Data Review and Risk Assessment to determine future work plan items that may require review (FY23 forward, annually) or pose external audit risk to the organization based on volume and activity.
6 - ISSUING GUIDANCE / ENFORCING STANDARDS		
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	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD (Policy Requirement)
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.
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	CMS Open Payments; Review and Dispute Reconciliation	Analysis of applicability of CMS' Open Payments Law (also known as the Physician Payment Sunshine Act) to HCD. Where applicable, ensure new / ongoing review of payments made to physicians and/or HCD to identify areas of risk and to dispute any payments reported in error.
Monitor and Issue Regulatory Guidance	Air Transportation Regulatory and Billing Requirements	Monitor and Issue Guidance on Air Transportation Regulatory and Billing Requirements to assess compliance for HCD entities with applicable regulatory requirements.
Monitor and Issue Regulatory Guidance	Ground Inter-facility Transports Regulatory and Billing Requirements (New Service)	Monitor and Issue Guidance on Ground ambulance to assess compliance for HCD entities with applicable regulatory requirements.
Mandatory Rule Implementation / Development and Monitoring	Price Transparency Requirements (New Rule)	Compliance with CY2020 OPPS Final Rule on Price Transparency. The Biden administration continues to pursue price transparency for healthcare costs. Requires hospitals to publish information related to charges with managed care payors the hospital contracted with. This includes publishing all charges that could occur at the hospital and to provide certain costs associated with 300 shoppable services in a machine readable format. Work with other departments.

Mandatory Rule Implementation / Development and Monitoring	No Surprises Act, Surprise Billing Act (New Rule)	Compliance with new "Surprise Billing Act", which aims to limit surprise medical bills, which are bills an in-network patient receives for out-of-network ("OON") care in emergency care settings OR from OON providers at in-network provides. Common examples include Anesthesiology and Radiology. These surprise medical bills result in balance billing, where the patient is sent the remaining balance for the OON care received. It is broad in scope and applies to hospitals, freestanding emergency departments, providers, and health plans.
Evaluation / 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.
7 - RESPONDNIG TO / ADDRESSING KNOWN OR POTENTIAL ISSUES		
Hotline Reporting	Hotline Call Response	Track, triage, investigate, and address calls made to the HCD ComplianceLine.
Hotline Reporting	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) for referred cases, and ensuring proper communication, investigation, and closure.
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		
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 15, 2021

1. Description: Compliance, Privacy and Ethics Program Activities and Statistics

2. Summary:

This item presents for discussion and receive and file a summary of the Health Care District's ("HCD" or the "District") Compliance, Privacy, and Ethics Program ("Compliance" or "Program") activities since the last meeting. Data reported at this meeting covers FY21 Q4: July – September 2021 ("Reporting Period"). Additional updates from FY22 Q1: October – December 2021 ("Current Period") on Program activities and initiatives 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 Compliance, Privacy, and Ethics program statistics for the Reporting Periods, an update on Program activities and initiatives since the prior meeting through current. Heather Bokor, VP & Chief Compliance and Privacy Officer, presented the following.

Compliance, Privacy, and Ethics highlights and initiatives:

- Current Program Development and Initiatives Summary Update
- Conflicts of Interest (COI) Update
- Department Activity and Statistics (including, but not limited to, Hotline Calls, Inquiries/Issues/Investigations, Privacy Cases, Training and Education/Compliance Awareness, and Ongoing Monitoring/Issued Guidance/Open Lines of Communication, Auditing and Monitoring Activity)
- *Note: The Compliance, Privacy, and Ethics FY22 Work Plan, and the Regulatory Updates and Industry Enforcement Activity included as separate agenda items.*

A. <u>Current Program Development and Initiatives – Overview</u>

Since July 2021, the CCO and Compliance, Privacy, and Ethics Department have been assessing the Program to address areas requiring attention and further identify enhancement opportunities in re-developing the Program, in order to ensure that through our work plan and other activities, HCD Compliance meets or exceeds the Elements of an Effective Compliance Program, as defined by the Office of Inspector General (OIG).

Key focus areas have been on staff placement and development, Program and Work Plan development, program activities and effectiveness, address past identified issues and recommendations, active participation, responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information, and other initiatives to improve compliance and mitigate risk in the organization. Assistance to the organization has been focused on, but not limited to the following areas as needed or requested: Audit, Privacy, Record retention and destruction, Regulatory, School Health, Research, Billing, Policies, COI, Consents, Epic, Pharmacy, Medical records, Vaccination Mandates and Accommodations, and other COVID-19 requirements. Refer to the FY22 Work Plan for current and future efforts.

B. Conflicts of Interest (COI):

- **Annual Conflicts of Interest Disclosures – (Board/Committees and HCD Staff):**
  - HCD's Conflict of Interest Policy requires annual review and disclosure of circumstances which may give rise to conflicts of interest. For FY21/CY21, HCD Compliance sent the annual Survey/Questionnaire to Board members.
  - The submitted COI Questionnaires have been initially reviewed by HCD CPE. Analysis of the pending COI Surveys/Questionnaires will be completed upon submission. An update will be provided to the Committee/Board at the next regularly scheduled meeting.
  - FY22 Employee COI Disclosures are being sent to all HCD Staff in December 2021.

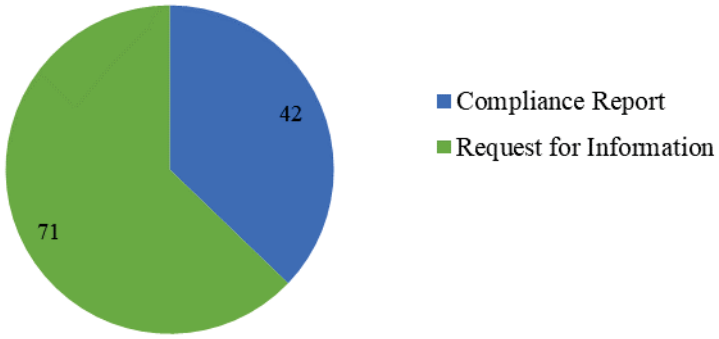
- **Future Revisions to Conflicts of Interest – FY22:**
  - In light of the increased focus from government and industry, and pursuant to Internal Audit's recommendations, Compliance identified necessary revisions and is in process of amending the Conflicts of Interest policy, accompanying Disclosures, and internal processes.
  - HCD provided training to the Board/Committees at the September 2021 meeting on "Conflicts of Interest", with a focus on recent high-profile cases, including Memorial Sloan Kettering and the University of Maryland Medical System.

C. Department Activity and Statistics (including reported incidents from FY21 Q4 (July – September 2021)):

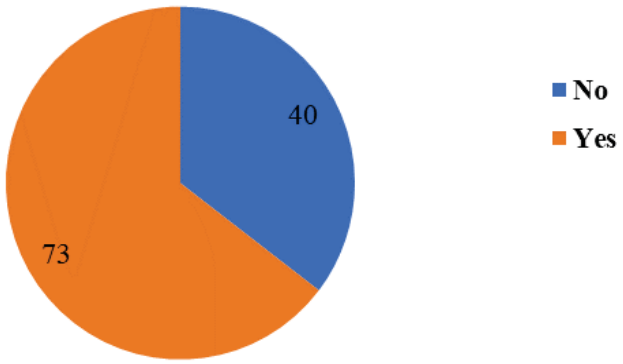
- **HCD Hotline Call Report**
  - A total of 113 calls were placed to the HCD Hotline ("ComplianceLine") during FY21 Q4 (July – September 2021). 65% of the calls were made anonymously.
  - The most common calls made to the Hotline related to requests for information (63%) (for example, where a person can go to get their COVID-19 vaccinatoin), which were addressed by the Hotline vendor, ComplianceLine.

- 37% of the calls were addressed by HCD CPE.

Hotline Calls (FY21 Q4)
Sorted by Call Volume and Type
July 1, 2021 - September 30, 2021



Hotline Calls (FY21 Q4)
Sorted by Anonymous Call Volume
July 1, 2021 - September 30, 2021

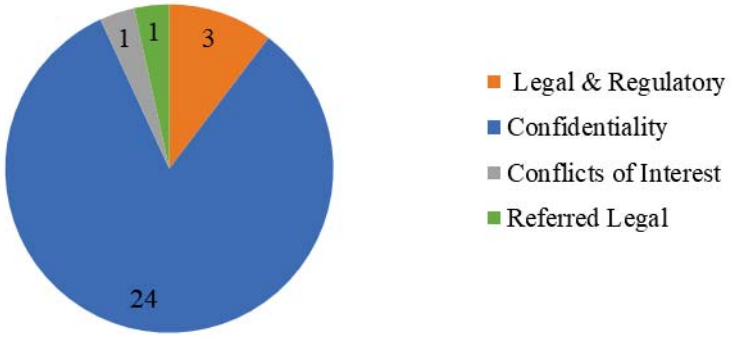


- **HCD Compliance, Privacy, and Ethics Inquiries**

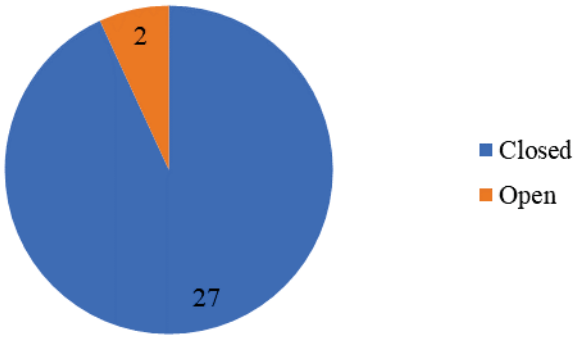
HCD CPE reviewed and responded to over 29 inquiries during the Reporting Period (FY21 Q4). Over 93% of these inquiries were resolved at the time of reporting. The below graphs provide a breakdown of the inquiries by Standards of Conduct category. The most common type of inquiries during this period related to Confidentiality (Privacy), 83%, followed by Legal and Regulatory (10%). *Note: HCD CPE is in process of refining its methodologies for documenting and reporting on data (at present it is increased from prior reporting, however, overall under-reported). Recent data trends (Current Period) has increased in volume and complexity, and is more varied by category.*

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

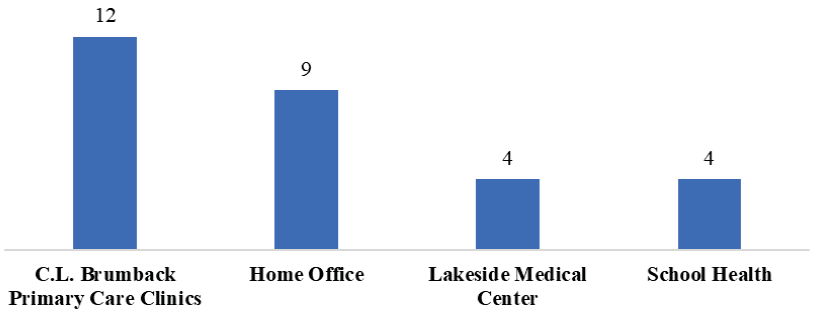
FY21 Q4 Inquiries
Sorted by Standards of Conduct
July 1, 2021 - September 30, 2021



FY21 Q4 Resolved Inquiries
Sorted by Inquiry Resolution Status
July 1, 2021 - September 30, 2021



FY21 Q4 Inquiries
Sorted by Location
July 1, 2021 - September 30, 2021



- **HCD Privacy Office Case Activity**

The most common types of reported privacy incidents during FY22 Q1 included: Misfile of PHI, Proper safeguards, and Disclosures to an unauthorized person. During FY21 Q4, in addition to the above, the Privacy Office reports the following metrics:

HCD Privacy Office Case Activities (New this Reporting Period)	Q4 FY21
Office for Civil Rights (OCR) / FIPA Reportable Breaches < 500 *	2
Reports of Alleged Violations (Investigated Cases) **	20
Electronic Audits of Patient or User Activity	5

** Breaches of unsecured PHI affecting <500 individuals reported annually to OCR.*
*** Cases addressing known or alleged violations reported in greater detail in table above.*

- **HCD Training, Education, and Compliance Awareness Activities**

Compliance Services provided training to HCD employees in FY21 and FY22 YTD through online and live events, dissemination of publications and informational/educational materials, and during Compliance Awareness Week.

The first annual HCD Compliance Awareness Week was held in November 2021. Goals of the event were to introduce Compliance, Privacy, and Ethics staff to the HCD, visit all HCD locations and meet with HCD staff, and disseminate educational information for increased awareness and interest of the CPE program.

D. <u>Work Plan Activity</u> (Including Auditing and Monitoring, Refer to Work Plan)

- **Overall activity:** HCD CPE has initiated or completed several Program Enhancements per Recommendations, including: Staffing, Policies and Procedures, Standards of Conduct, Committee(s), Training and Education, Hotline, Open Lines of Communication, Issuing of Regulatory Guidance, Exclusion Processes, Conflicts of Interest, and Review of Reported (including Past) Concerns.

- **Auditing and Monitoring (Brief Summary)**

  - In FY21-22 year to date (YTD), HCD CPE completed various auditing and monitoring efforts (Refer to Work Plan). Additionally, other items were addressed as per the Compliance Program Guidance (and are not reported here). Audited items completed to date, with favorable outcomes, include: Referral Source Audits (routine physician payments and contract reviews). Privacy is consistently monitored through HCD's FairWarning system (note: these are reported as issues and investigations under Privacy Office Activity).

- In FY22 YTD, HCD CPE is in process of performing various auditing and monitoring efforts. These include: Referral Source Audits, Privacy Fair Warning Monitoring, High Dollar / High Volume / High Reimbursement Services Risk Assessment, and other Data Risk Assessments.

- HCD CPE continuously performs/monitors the following: CMS Publications Notifications and Monitoring, OIG Compliance Audit Notifications and Monitoring, and Regulatory Updates and Industry Enforcement Activity Monitoring. Specific details are included below, in part.

- **OIG Compliance Audit Notifications and Monitoring (Refer to Work Plan)**

  The OIG updates their Work Plan initiatives on its website monthly. These updates summarize OIG's review priorities for all health care entities throughout the year. HCD CPE continuously monitors and analyzes the Work Plan. Since June 2021, the OIG has added a significant number of items to its Work Plan, some of which are related to COVID-19, many of which may be applicable to HCD. A full copy of the OIG's Work Plan can be accessed at: https://oig.hhs.gov/reports-and-publications/workplan/index.asp. In the current review period of June-November 2021, the OIG added 45 new items to their Work Plan, at least 20 of which appear to pertain to the HCD. Applicable items have been added to the FY22 Work Plan. Upon full evaluation, information will be disseminated to applicable staff.

4. Fiscal Analysis & Economic Impact Statement:

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

Note: N/A – Changes for FY22 were approved by the Board as part of the overall District budget.

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 Name

N/A — Date Approved

6. Recommendation:

Staff recommends the Board receive and file the Compliance, Privacy and Ethics Program Activities and Statistics.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe A. Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
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Heather N. Bokor
VP & Chief Compliance and Privacy 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 15, 2021

1. Description: Compliance, Privacy and Ethics Recent Regulatory Updates and Industry Enforcement Activity (FY22 Q1)

2. Summary:

This item presents a summary of the recent regulatory updates and industry enforcement activity. Information on the regulatory updates and industry enforcement activity was presented to the Quality, Patient Safety and Compliance Committee at the September 2021 meeting (covering April-September 2021) and is being presented to this Committee at the December 2021 meeting (covering October-December 2021) as informational. In addition to this report, education and information on recent trends in regulatory and industry activity, including recent COVID-19 Vaccine Mandates and Court Challenges, and the remaining Top 10 Issues and Trends, is also being provided to the HCD Board for discussion.

3. Substantive Analysis:

Beginning in July 2021, HCD Compliance, Privacy, and Ethics consistently reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD, communicate information to necessary parties, and to help shape the Departmental Work Plan. Information is continuously searched, tracked, reviewed, analyzed, monitored (at a minimum). HCD Compliance, Privacy, and Ethics staff determines the information necessary to communicate to HCD staff, physicians, and leadership, as well as if additional action (e.g., audit, policy, training) is necessary. Beginning in 2020, regulatory and industry activity shifted to focus largely on COVID-19. Information is provided to the Quality, Patient Safety, and Compliance Committee, as informational, on a quarterly basis by the HCD VP/Chief Compliance and Privacy Officer. ***A detailed summary of recent regulatory updates from September – December 2021, is provided below.***

4. Recent Regulatory Updates (FY22 Q1) – *Refer to attached document.*

- U.S. Court Temporarily Halts Biden's Vaccine Mandate for Federal Contractors Nationwide
- The Centers for Medicare and Medicaid Services ("CMS") Halts Vaccination Mandate Following Court Decisions
- The Office of Inspector General ("OIG") Issues Semiannual Report to Congress
- District Court Issues Injunction Temporarily Blocking COVID-19 Healthcare Vaccination Mandate
- President Biden Administration Recommends Federal Employers Delay COVID-19 Vaccination Mandate Enforcement
- Federal Judge Refuses to Block COVID-19 Health Care Vaccination Rule
- Florida Implements Laws Governing COVID-19 Vaccination Mandates for Employers
- Incentives Boosted Hospital Staff COVID-19 Vaccination Rates in South Florida
- Former Food and Drug Administration ("FDA") Commissioner Expects "Fully Vaccinated" Definition will include COVID-19 Booster Dose

- CMS Issues Interim Final Rule Requiring Healthcare Workers to Receive COVID-19 Vaccination
- CMS Issues FY22 OPPS Final Rule
- OIG Revises Provider Self-Disclosure Protocol
- The Department of Health and Human Services ("DHHS" or "HHS") Issues Warning on Zero Day Cyber Attacks
- CMS Issues Long-Awaited Guidance on Co-Location
- CMS Issues Surprise Billing Act
- CMS Issues FY2022 IPPS Final Rule
- National Health Care Fraud Enforcement Action Results in Charges Involving Nearly $1.5 Billion in Losses

5. Recent Industry Enforcement Activity (FY22 Q1) – *Refer to attached document.*

- First Case of the Omicron COVID-19 Variant Identified in Florida (Tampa, FL)
- Recent COVID-19 Enforcement Actions
- South Florida Addiction Treatment Facility Operators Convicted in $112 Million Fraud Scheme
- Florida Physician Sentenced to Seven Years in Prison for Performing Unnecessary Procedures
- Hospice Company Agrees to pay $5.5 Million to Resolve FCA Claims
- Home Health Agency Agrees to Pay Over $4 Million to Resolve FCA Allegations
- Idaho Physician Agrees to Pay $110,000 to Resolve Allegations of Overprescribing Opioids
- California Physician Guilty on Charges of Illegally Prescribing Opioids
- Three Anesthesia Providers and Numerous Georgia Outpatient Surgery Centers Agree to pay Approximately $28 million to Resolve Kickback and False Claims Allegations
- Two Ophthalmologists and Eye Clinics Face $170 Million Penalties for Fraud
- Physician Fined and Sentenced to Prison for Overprescribing Opioids
- Geisinger Community Health Services Self-Discloses Violations, Pays $18 Million
- Individual Excluded for Providing Free Gifts to Beneficiaries
- Private Equity Firm and South Bay Mental Health Center Agree to $25 Million Fraud Settlement
- Three Pharmaceutical Companies Agree to $447 Million Price Fixing Settlement
- Former Chief of Prosthetics at Walter Reed Medical Center Sentenced to Prison for Accepting Cash and Other Gratuities

HEALTH CARE DISTRICT
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6. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

7. Reviewed/Approved by Committee:

Quality, Patient Safety and Compliance Committee
Committee Name

N/A
Date Approved

8. Recommendation:

Staff recommends the Board receive and file the Compliance, Privacy and Ethics Recent Regulatory Updates and Industry Enforcement Activity (FY22 Q1).

Approved for Legal sufficiency:

DocuSigned by:
Bernabe A. Icaza
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Bernabe Icaza
VP & General Counsel

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

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

Regulatory Updates and Industry Enforcement Activity (FY22 Q1)

Regulatory Updates

A. U.S. Court Temporarily Halts Biden's Vaccine Mandate for Federal Contractors Nationwide

- The U.S. District Court for the Southern District of Georgia told the Biden administration to halt enforcement "in all covered contracts in any state or territory of the United States of America."
- The court's decision to issue a nationwide injunction comes a week after another federal district court in Kentucky halted enforcement in Kentucky, Ohio and Tennessee.
- The court said President Biden likely exceeded his authority under the Procurement Act when he issued the mandate.
- The requirements cover millions of workers across the U.S. economy.
- The Biden administration was forced to halt enforcement of its vaccine and testing requirements for businesses with 100 or more employees last month. The U.S. Court of Appeals for the 5th Circuit in New Orleans ordered the administration to refrain from enforcing the requirements until further notice, citing "serious constitutional concerns."
- The federal contractor mandate is stricter than the business requirements issued by the Occupational Safety and Health Administration ("OSHA"). However, it allows companies to put in place additional safety measures for unvaccinated employees who have religious or medical exemptions, including mask requirements or regular testing for COVID-19.

B. CMS Halts Vaccination Mandate Following Court Decisions (12/2021)

- Following two recently issued injunctions, CMS has temporarily suspended the COVID-19 vaccination mandate for healthcare workers.
- CMS noted the following, "On November 29, 2021, the United States District Court for the Eastern District of Missouri issued a preliminary injunction against the implementation and enforcement in ten states of Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination, 86 Fed. Reg. 61,555, 61,556 (Nov. 5, 2021). On November 30, 2021, the United States District Court for the Western District of Louisiana issued a nationwide preliminary injunction against the implementation and enforcement of the same rule, with the exception of the ten states covered under the first preliminary injunction. CMS has appealed both of these decisions, and has filed motions for stays of these orders. While CMS remains confident in its authority to protect the health and safety of patients in facilities funded by the Medicare and Medicaid programs, it has suspended activities related to the implementation and enforcement of this rule pending future developments in the litigation. Please note that the comment period is separate from the litigation."

C. OIG Issues Semiannual Report to Congress (12/2021)

- The HHS-OIG issued its Fall 2021 Semiannual Report to Congress. The report discusses the approximate $4 billion in expected recoveries due to audits and investigations conducted by the HHS-OIG during fiscal year 2021.
- It also highlights recent enforcement actions taken by the agency.
- The OIG expects to recover nearly $787 million due to audit findings and an additional $3 billion is expected to be recovered based on investigations.
- 532 criminal enforcement actions were brought against individuals and/or entities engaged in illegal activity that impacts federal healthcare programs.
- This is on top of the 689 civil actions, such as claims brought pursuant to the False Claims Act and other civil related matters, such as Civil Monetary Penalties.
- 1689 individuals and/or entities were excluded by the OIG, limiting their ability to participate in Medicare, Medicaid, and TRICARE.

- Other findings include that COVID-19 devastated Medicare beneficiaries in nursing homes, as 40 percent of beneficiaries had or likely had COVID-19 in 2020.
- An analysis of CMS's Medicare protocols revealed a lack of consistent oversight for medical devices in hospitals.
- Further, telehealth was an area of concern, as was COVID-19 related fraud, such as orders for medically unnecessary testing and DME.

D. District Court Issues Injunction Temporarily Blocking Healthcare Vaccination Mandate (11/2021)

- A District Court in Louisiana has issued a preliminary injunction enjoining and restraining the implementation of the CMS vaccine mandate.
- The scope of the injunction is nationwide except for the 13 states in the Midwest that had already prevailed in obtaining a preliminary injunction.
- The preliminary injunction will remain in place until the Supreme Court, the Court of Appeals, or the District Court in Louisiana make a different ruling.
- The Judge cites the recent issuance of an injunction temporarily preventing the enforcement of the OSHA vaccination or test requirement for large employers with over 100 employees.

E. Biden Administration Recommends Federal Employers Delay COVID-19 Vaccination Mandate Enforcement (11/2021)

- The White House Safer Federal Workforce Taskforce issued updated guidelines for the enforcement of the COVID-19 for federal employees.
- This references the requirement that federal employees receive the COVID-19 vaccination by November 22, 2021.
- "The White House advised agencies that they should deal with noncompliant employees by providing a week of counseling to encourage them to get vaccinated, followed by suspensions and, eventually, more severe adverse personnel actions, including removal."
- An email from the Office of Personnel Management indicated federal agencies should wait until January to begin suspending employees. The email indicated there can be circumstances where employers should move more quickly when issuing adverse personnel actions.
- The White House updated the FAQ, outlining which federal employees are covered by this specific mandate. More importantly, they updated their guidance on enforcement of the rule:
- **Q: What steps may an agency take if a Federal employee refuses to be vaccinated or provide proof of vaccination?** A: Employees covered by Executive Order 14043 who fail to comply with a requirement to be fully vaccinated or provide proof of vaccination and have neither received an exception or extension nor have an exception or extension request under consideration, are in violation of a lawful order. Employees who violate lawful orders are subject to discipline, up to and including termination or removal. Consistent with the Administration's policy, agencies should initiate an enforcement process to work with employees to achieve their compliance. Accordingly, agencies should initiate the enforcement process with an appropriate period of education and counseling, including providing employees with information regarding the benefits of vaccination and ways to obtain the vaccine. If the employee does not demonstrate progress toward becoming fully vaccinated through completion of a required vaccination dose or provision of required documentation by the end of the counseling and education period, agencies may issue a letter of reprimand, followed by a short suspension (generally, 14 days or less). Continued noncompliance during the suspension can be followed by proposing removal. Operational needs of agencies and the circumstances affecting a particular employee may warrant departure from these guidelines if necessary, including whether to expedite or extend the enforcement process. For example, agencies may consider the length of the education and counseling period or following an

initial brief suspension (14 days or less) with a longer second suspension (15 days or more), rather than moving from a first suspension to proposal of removal. That said, consistency across Government in enforcement of this Government-wide vaccine policy is desired, and the Executive Order does not permit exceptions from the vaccination requirement except as required by law.

- Agencies may initiate the enforcement process for employees who fail to submit documentation to show that they have completed receiving required vaccination dose(s), as long as those employees have not received an exception or extension, or the agency is not considering an exception or extension request from the employee.
- If an employee responds at any phase of the enforcement process by submitting proof of progress toward full vaccination (i.e., completed vaccination dose), the agency should hold the discipline in abeyance to afford a reasonable period of time to become fully vaccinated.
- In pursuing any adverse action, the agency must provide the required procedural rights to an employee and follow normal processes, including any agency policies or collective bargaining agreement requirements concerning disciplinary matters. Employees should not be placed on administrative leave while agencies are pursuing an adverse action for refusal to be vaccinated, but those employees will be required to follow safety protocols for employees who are not fully vaccinated when reporting to agency worksites.
- If the employee claims a legally required exception, or a medical circumstance that necessitates delay of vaccination, as the reason for not being vaccinated, an agency should follow its ordinary process to review and consider what, if any, accommodation it must offer. All agency personnel designated to receive and review requests for accommodations should know how to handle requests consistent with applicable Federal law. If the employee's request for an exception or extension is denied, and the employee does not comply with the vaccination requirement in a timely manner, the agency may pursue disciplinary action, up to and including removal from Federal service.
- OPM has issued additional guidance to further assist agencies with enforcing the vaccination requirement for Federal employees.

F. A Florida Judge Refuses to Block Health Care Vaccination Rule (11/2021)

- A Florida judge blocked a request for a Temporary Restraining Order or Preliminary Injunction that would prohibit the COVID-19 vaccine requirement for hospitals, healthcare workers, and nursing home workers.

G. Florida Implements Laws Governing COVID-19 Vaccination Mandates for Employers (11/2021)

- On November, Florida held a special session of the legislature to discuss potential laws related to the COVID-19 vaccine mandates issued by the federal government.
- Concluding the meeting, four bills were signed into law governing COVID-19 vaccine requirements.
- The new laws prohibit public and governmental employers in Florida from mandating the COVID-19 vaccine, which is at odds with the CMS requirements for healthcare workers.
- For private employers, they are allowed to mandate the COVID-19 vaccine, provided they provide the ability to opt out of the requirement based on any of the following:
    - Religious exemption;
    - Medical exemption,
    - COVID-19 immunity based on previous infection;
    - Periodic employer testing of the employee;
    - Employer provided PPE.
- Penalties for violating the law will result in $10,000 fines for employers with fewer than 100 employees, while employers with more than 100 employees face a $50,000 fine per violation. Employers have the ability to reinstate terminated employees and provide full back pay.

Regulatory Updates and Industry Enforcement Activity (FY22 Q1)

H. Incentives Boosted Hospital Staff Vaccination Rates in South Florida (11/2021)

- Providing increased incentives to staff increased the vaccination rate from approximately 60% in August to 80% or higher in south Florida hospitals.

I. Former FDA Commissioner Expects "Fully Vaccinated" Definition will include Booster Dose (11/2021)

- Former FDA Commissioner Scott Gottlieb expects that the CDC will require the additional COVID-19 booster dose for an employee to be considered "fully vaccinated." Gottlieb does not expect this to be passed until at least 2022.

J. CMS Issues Interim Final Rule ("IFR") Requiring Healthcare Workers to Receive COVID-19 Vaccination (11/2021)

- CMS Issued an Interim Final Rule ("IFR") on November 4, 2021 that requires healthcare staff to receive the COVID-19 vaccine for staff at Medicare participating organizations. The rule became effective November 5, 2021.
- CMS held a Stakeholder Call to provide clarity on the IFR issued November 4th. An FAQ was also issued.
- Medicare participating organizations must do the below by December 6th, 2021:
- Have a process or plan for vaccinating all eligible staff that notes the below:
    - Staff must receive their first dose of the vaccine by December 6, 2021.
    - Staff must receive their second dose/full dose, where applicable, by January 4, 2022.
    - Exception for 100 percent (100%) remote employees. The FAQ provides further clarification on this. "Individuals who provide services 100 percent remotely and who do not have any direct contact with patients and other staff, such as fully remote telehealth or payroll services, are not subject to the vaccination requirements outlined in this regulation."
- Have a process or plan for providing exemptions and accommodations for those who are exempt, in accordance with federal law; and
- Have a process or plan for tracking or documenting staff vaccinations.
- This applies to current and new employees; and addresses volunteers, students, and trainees.
- Boosters are NOT currently included within the requirements, though CMS urges facilities to review the considerations for the booster dose.
- Per the final rule, a staff member is "fully vaccinated" when it has been two weeks or more since the staff member completed a primary vaccination series for COVID-19. For Johnson & Johnson vaccine, the single dose is sufficient.
- Previously having a COVID-19 infection and antibodies is NOT sufficient to receive an exemption from the vaccination requirement.
- Organizations must have a process for medical exemptions for recognized medical conditions for which the vaccine is contraindicated AND for religious beliefs, observances, or practices, in accordance with federal law.
- Medical exemptions:
    - Facilities must develop a process for permitting staff to request a medical exemption
    - Facilities must ensure all documentation is signed and dated by a licensed practitioner
    - Documentation must contain all information specifying why the COVID-19 vaccines are clinically contraindicated for the staff member
    - Documentation must include a statement by the authenticating practitioner recommending the staff member be exempted
- Religious exemptions:

  - Facilities must develop a process for permitting staff to request a religious exemption
  - Facilities must ensure all requests for religious exemptions are documented and evaluated in accordance with applicable federal law and as a part of the facility's policies and procedures
- Accommodations: When an exemption is approved, accommodations must be made. These can include testing, physical distancing, and source control. Regardless of the method selected, organizations must ensure the risk of COVID-19 transmission is minimized.
- Enforcement: CMS will work with State Survey Agencies to review compliance with the requirements. Onsite compliance reviews will be conducted for the requirements during Recertification Surveys and Complaint Surveys. Surveyors will check if the organization has a process or plan for vaccinating all eligible staff, a process or plan for providing exemptions/accommodations for those deemed exempt, and a process or plan for tracking and documenting staff vaccines (all previously listed in this summary).
- Accreditation organizations will also review for compliance.
- Failure to comply will result in citations, however, organizations are provided an opportunity to remedy the errors.
- If the errors are not corrected, CMS may levy Civil Monetary Penalties, denial of payment, and potentially termination from the Medicare program.
- The regulation preempts any state law (Supremacy Clause). Stakeholders have 60 days to comment on the Interim Final Rule ("IRF").

K. CMS Issues FY22 OPPS Final Rule (11/2021)

- CMS issued its FY22 Outpatient Prospective Payment System ("OPPS") final rule.
- OPPS payment rates for hospitals by two percent, provided quality reporting metrics are met.
- Ambulatory Surgery Center payment rates will also increase by two percent.
- The rule substantially increases penalties related to noncompliance with the Price Transparency requirements that were implemented on January 1, 2021.
- For large hospitals with many beds, the penalties for noncompliance can now reach over $2 million per year. Additionally, hospitals must take steps to ensure the machine-readable files are easily available by searches and available for download.
- CMS did not change the payment rate for 340B drugs, which will continue to be paid at Average Sales Price minus 22.5 percent.
- CMS ultimately reversed course on the decision to eliminate the Inpatient Only list, which will continue to be utilized.
- The Radiation Oncology model was not delayed an is to be implemented on January 1, 2022.

L. OIG Revises Provider Self-Disclosure Protocol (11/2021)

- The Department of Health and Human Services Office of Inspector General recently changed the Provider Self-Disclosure Protocol. Changes include renaming the guidance document, which is now entitled "OIG's Health Care Fraud Self-Disclosure Protocol."
- Under the revisions, the minimum dollar threshold for self-disclosures increased from $50,000 to $100,000 for potential settlements related to kickbacks.
- For other issues, the minimum dollar threshold was increased from $10,000 to $20,000.
- Further, the OIG indicated that it will now only support parties self-disclosing in civil matters, as opposed to civil and criminal matters. The removal of criminal matters is a significant change.
- When submitting information in the SDP, a party is now required to provide itemized damages for each impacted health care program, meaning charges for Medicare and Medicaid must be separated, as well as any other affected program.

- If a party submitting to the SDP is under a Corporate Integrity Agreement, they must note such in the submission and note the self-disclosure to the CIA monitor.

M. HHS Issues Warning on Zero Day Cyber Attacks (11/2021)

- The Department of Health and Human Services issued a cybersecurity warning to healthcare systems about the dangers of so called zero-day attacks.
- A zero-day attack occurs when hackers exploit system vulnerabilities before program creators have had a chance to identify any issues in the first place.
- In some instances, hackers will then sell information related to the exploit to other hackers.
- DHHS has warned that the lack of vigilance and cybersecurity can result in huge financial losses and the potential loss of patient data.

N. CMS Issues Long-Awaited Guidance on Co-Location (11/2021)

- CMS recently issued guidance to hospitals on the sharing of space with other facilities. The guidance had been pending since May 2019, when CMS initially released the proposal related to shared space arrangements.
- The guidance focuses us on how each hospital must demonstrate independent guidance with the hospital Conditions of Participation.
- Shared Spaces: Spaces should be separate and distinct, though areas such as a closet can be shared provided they are sufficiently clear for supplies. Considerations include patient rights, infection prevent and control, and governance.
- Contracted Services: Services may be offered directly or under contract or arrangement. (i.e., lab, dietary, pharmacy, maintenance, and housekeeping).
- Personnel: Must have adequate personnel to meet staffing requirements, whether provided by the hospital or under arrangement. If under arrangement, the governing body must ensure adequate staffing levels, appropriate oversight, training and education to contracted staff, quality and safety, and accountability to practice standards.
- When co-locating, hospitals should "consider the risk to compliance through any shared space or shared service arrangements." Additionally, the State Operations Manual Appendix A will be modified to provide guidance to surveyors. The guidance is effective 11/12/2021.

O. CMS Issues No Surprise Billing Act (09/2021)

- CMS recently issued the No Surprise Act, which aims to reduce surprise bills that patients unexpectedly receive. The law takes effect January 1, 2022.
- The Act aims to limit surprise medical bills, which are bills an in-network patient receives for out-of-network ("OON") care in emergency care settings or from OON providers at in-network settings. Common examples: Anesthesiology, Radiology.
- These surprise medical bills result in balance billing, where the patient is sent the remaining balance for the OON care received.
- Applies to hospitals, freestanding emergency departments, providers, and health plans.
- This Applies to the following categories:
    - Emergency Services, which include post-stabilization services and items providers as an observation patient or an inpatient/outpatient stay related to an emergency visit.
    - For non-emergency services, Prohibits OON provider from balance billing patient for services provided at in-network facility. (i.e., Anesthesiology, Radiology).
        1. There is a waiver for non-emergency services with strict timing requirements and consent that must be signed by the patient in advance. Waivers DO NOT apply to

ancillary services, including emergency medicine, anesthesiology, pathology, radiology, and neonatology; items and services provided by assistant surgeons, hospitalists, and intensivists; diagnostic services; and nonparticipating providers if there is no participating provider option.

2. Patients cannot waive treatment received by OON provider while at an in in-network facility.

- Air Ambulance Services: prohibits balance billing for OON air ambulance transports.
- This is NOT applicable to ground ambulance at this time, but be on the lookout for changes, as ground ambulance will likely come next.
- The Act also mandates Independent Dispute Resolution process for OON providers, facilities, providers of air ambulance services, plan and issuers. This acts as a baseball style arbitration, where both sides submit their suggested payment and rationale. The arbitrator would pick one number or the other.

- The Surprise Billing Act also mandates certain requirements for health systems. Hospitals must post public disclosure related to The No Surprise Act on their main website. This provides the public and patients with pertinent health plans notice of the rule. The notice must be clear and easy to read.
- Hospitals must enact process to ensure they are not balance billing OON patients. First step: Determine which plans are in-network vs. OON. Would then negotiate OON payments with patient's health plan.
- Violations result in Civil Monetary Penalties of up to $10,000.00 per occurrence:
  - Mens rea: Knowingly.
  - Can still withdraw the bill within 30 days if realize the mistake and reimburse the payment plus applicable interest.
- Organizations should begin developing waivers for non-emergency services, if desired.

P. CMS Issues FY2022 IPPS Final Rule (09/2021)

- CMS recently issued the fiscal year 2022 Inpatient Prospective Payment System ("IPPS") and Long-Term Care Hospital Prospective Payment System.
- Payment rates will increase by approximately 2.5 percent for acute care hospitals that participate in the Hospital Inpatient Quality Reporting Program and are EHR users.
- Hospitals may face payment adjustments for excess readmissions, payment reduction for the worst performing hospitals in the Hospital-Acquired Condition Reduction Program, and an increase or decrease depending on the Hospital Value-Based Purchasing Program.
- CMS is extending the New COVID-19 Treatment Add-on Payment ("NCTAP") for eligible COVID-19 products through the fiscal year.
- CMS approved 19 New Technology Add-on Payments.
- Under the final rule, CMS will distribute approximately $7.2 billion in uncompensated care payments, which is a decrease of $1.1 billion from last year.
- CMS is repealing the market-based MS-DRG disclosure policy, which required hospitals to report median payer-specific negotiated charges with all Medicare Advantage payers on its Cost Report.
- Additionally, CMS is repealing the market-based MS-DRG relative weight methodology that was adopted for 2024. CMS will continue to use its existing methodology.

Q. National Health Care Fraud Enforcement Action Results in Charges Involving Nearly $1.5 Billion in Losses (09/2021)

- The DOJ announced criminal charges against 138 defendants. These include 42 doctors, nurses, and other licensed medical professionals all over the United States.

- These fraud schemes caused nearly $1.5 billion in losses. Of that, approximately $1.1 billion resulted from fraud related to telemedicine, $29 million from COVID-19 fraud, $133 million related to substance abuse treatment facilities, and $160 million from other fraud and illegal opioid distribution.
- The telemedicine case involved 43 criminal defendants and include conduct such as executives paying doctors and nurse practitioners to order medically unnecessary DME equipment, genetic laboratory tests, and other diagnostic tests. This included fake telehealth visits that never occurred.
- The case was investigated by the Health Care Fraud Unit of the Criminal Division's Fraud Section, the Health Care Fraud and Appalachian Regional Prescription Opioid Strike Force, the DHHS OIG Attorney General, and the DEA.

Industry Enforcement Activity

A. First Case of the COVID-19 Omicron Variant Identified in Tampa, Florida (12/2021)

- The first confirmed case of the omicron variant in Florida has been detected in Tampa.
- A spokesperson with the James A. Haley Veterans' Hospital in Tampa, confirms one of its patients tested positive for the variant, adding the patient has mild symptoms and recently returned from international travel.

B. Recent COVID-19 Enforcement Actions (12/2021)

- There have been numerous recent COVID-19 enforcement actions for various illegal conduct related to the pandemic from September to November. These encompass a number of different activities, across many industries, a few of which are included below:
    - Three National Football League ("NFL") players (Tampa Bay Buccaneers) were suspended for providing or purchasing false COVID-19 vaccination cards.
    - Seattle doctor found guilty of fraudulently obtaining millions from COVID-19 relief programs.
    - Lab owner sentenced to 82 months for COVID-19 kickback scheme.
    - Arkansas man charged in $100 COVID-19 fraud scheme.
    - Two defendants charged over providing fraudulent COVID-19 vaccination cards.
    - Pharmacy owner pleads guilty to charges for vaccinating minors under 12.

C. South Florida Addiction Treatment Facility Operators Convicted in $112 Million Fraud Scheme (11/2021)

- A federal jury in Florida recently convicted two operators, Johnathan and Daniel Markovich, of two addiction treatment facilities for illegally billing over $110 million for services that were not rendered, were not medically necessary, and for paying and receiving kickbacks.
- Ultimately, they were convicted of conspiracy to commit health care fraud and wire fraud. Johnathan was convicted of eight counts of health care fraud, while Daniel was convicted of two counts of health care fraud. This is in addition to the convictions both received for conspiracy to pay and receive kickbacks and two counts of paying and receiving kickbacks.
- One of the defendants was also sentenced for money laundering and a separate bank fraud charge for illicit actions related to the Paycheck Protection Program ("PPP").
- Jonathan and Daniel Markovich paid recruiters kickbacks and received kickbacks from laboratories in exchange for the referral of patients.

- They paid recruiters to obtain patients for their clinic. The recruiters offered illicit kickbacks to patients, which took the form of free airline tickets, illegal drugs, and cash payments.
- These patient recruiters would provide illegal drugs to the recruited patients to ensure the were admitted for detox treatment, which was the highest charge available at the facility.
- Further, the facility allegedly billed for therapy sessions that were not provided or attended and ordered excessive laboratory tests.
- Patients were also provided with a "Comfort Drink" that would keep them sedated and to ensure they kept coming back to the facility. These drinks contained large doses of controlled substances aiming to keep patients docile. Patients cycled through the facility frequently.
- Jonathan Markovich was ultimately convicted of bank fraud after completing the PPP application, which requires individuals to assert that they are not engaged in illicit conduct.

D. Florida Physician Sentenced to Seven Years in Prison for Performing Unnecessary Procedures (11/2021)

- Dr. Moses de-Graft Johnson was sentenced to seven years in prison for health care fraud, conspiracy to commit healthcare fraud, and identity theft.
- From 2016-2020, de-Graft Johnson performed medical unnecessary procedures on patients.
- These patients were located using relationships with churches, nursing homes, and hospitals.
- de-Graft Johnson falsified medical records indicating he performed surgeries that did not occur.
- de-Graft Johnson was also ordered to pay over $28 million in restitution and forfeit other assets, including homes, vehicles, and jewelry.

E. Hospice Company Agrees to pay $5.5 Million to Resolve FCA Claims (11/2021)

- Carrefour Associates, Crossroads Hospice of Cincinnati, and several Crossroads Hospices operating in Ohio and Tennessee agreed to pay $5.5 million to resolve False Claims Act ("FCA") allegations.
- The alleged violations occurred due to these providers submitting non-covered hospice services for reimbursement to Medicare.
- Per the settlement agreement, Crossroads knowingly submitted these false claims to Medicare for patients who were not terminally ill.
- To qualify for hospice, patients must be considered terminally ill. Instead, Crossroads billed for hospice care who were diagnosed with dementia or Alzheimer's from January 2012-December 2014.
- The case was raised pursuant to the qui tam provisions of the False Claims Act. The claims were raised by former employees of Crossroads and a home health physician.

F. Home Health Agency Agrees to Pay Over $4 Million to Resolve FCA Allegations (11/2021)

- PruittHealth, Inc. and several related entities agreed to pay over $4 million to resolve False Claims Act ("FCA") allegations. The case was raised under the FCA qui tam provision.
- PruittHealth allegedly submitted claims for home health services that were for services not covered by Medicare or Medicaid.
- Additionally, PruittHealth failed to timely refund overpayments to Medicare and Medicaid. The conduct in question occurred from January 2011-June 2012, during which PruittHealth knowingly submitted claims for home health services that did meet certain requirements, such as having a face-to-face certification from the referring physician, plans of care, and failed to document the patients' homebound status or need for home health services.
- Once PruittHealth discovered the overpayments, it did disclose this information to the government nor did they timely refund the programs.

- When agreeing to the settlement agreement, the government factored in documents produced by PruittHealth that indicated it had improved its compliance with home health requirements and conducted audits later, such as a pre-bill review of home health claims. These were produced to the government during the investigation.

G. Idaho Physician Agrees to Pay $110,000 to Resolve Allegations of Overprescribing Opioids (11/2021)

- Dr. Eric Benson, a physician in Idaho, agreed to pay over $100,000 to resolve allegations that he illegally prescribed controlled substances, including opioids, to patients from 2014-2021.
- These prescriptions were issued despite having no legitimate medical purpose and were issued outside the normal course and scope of practice.
- These prescriptions caused the submission of false claims for prescriptions. One factor in the amount of the settlement was Dr. Benson's ability to pay.
- Dr. Benson is limited in his ability to accept new patients already being prescribed opioids.
- This case was investigated by the U.S. Attorney's Office and U.S. Department of Health and Human Services OIG, with additional assistance provided by the DEA and Idaho Board of Pharmacy. This continues a recent trend of law enforcement collaboration in investigating these types of issues.

H. California Physician Guilty on Charges of Illegally Prescribing Opioids (11/2021)

- California physician Edmund Kemprud was found guilty of 14 counts of illegally prescribing opioids and additional controlled substances to patients.
- From September 2018-March 2019, Dr. Kemprud allegedly prescribed opioids without accounting for patients' medical and prescription history.
- He also failed to perform proper medical examinations of the patients, did not verify the legitimacy of the patients' complaints and symptoms, and failed to review the potential risk of drug abuse for patients who would receive these commonly abused drugs.
- Dr. Kemprud would frequently prescribe Hydrocodone, Alprazalom, and Oxycodone.
- It was found that Dr. Kemprud knowingly operated outside the scope of practice, as he expected patients to return for more prescriptions. Kemprud was arrested in December 2019.
- The case demonstrates another instance of law enforcement collaboration, as this case was investigated by the California Department of Justice's Division Medi-Cal Fraud and Elder Abuse, the Office of Inspector General (OIG), and the Drug Enforcement Agency (DEA).

I. Three Anesthesia Providers and Numerous Georgia Outpatient Surgery Centers Agree to pay Approximately $28 million to Resolve Kickback and False Claims Allegations (11/2021)

- Three anesthesia providers and numerous Georgia outpatient surgery centers agreed to pay over $28 million to resolve allegations that they violated the False Claims Act.
- The providers entered into kickback schemes that involved paying and receiving compensation in exchange for items such as medications, supplies, equipment, and labor, as well as providing staffing services in exchange for the referral of patients.
- From 2005-2015, several anesthesia companies engaged in the above activity in order to become the sole provider of anesthesia services at the outpatient surgery centers.
- Due to this conduct, these agreements violated the Anti-Kickback Statute, which then caused all claims submitted pursuant to such AKS violations to be subject to the False Claims Act.

J. Two Ophthalmologists and Eye Clinics Face $170 Million Penalties for Fraud (11/2020)

- Drs. Kibirige and Agomo and their eye clinic, Outreach Diagnostic Clinic, to pay over $170 million for their conduct in fraudulently billing Medicare for the evaluation and treatment of glaucoma.

- The allegations include that the doctors fraudulently billed Medicare for performing single eye pressure measurement tests used to assess and treat glaucoma. They instead used a different reimbursement code that indicated more treatment was provided, which resulted in higher payment for the physicians, a practice known as "upcoding."
- The ultimate determination of the fines occurred after the court found treble damages, which is allowable under the FCA. In total, the pair and practice must pay $170,553,350.
- The case was raised pursuant to the qui tam provisions of the False Claims Act. The relator was a former employee of the Outreach Diagnostic Center.

K. Physician Fined and Sentenced to Prison for Overprescribing Opioids (11/2021)

- A Virginia physician was ordered to serve three years in prison, fined $10,000, and ordered to pay a forfeiture judgment of $500,000 for distributing controlled substances outside of the normal course and scope of practice.
- Further, the medications were not prescribed for a legitimate medical practice.
- The substances in question include higher than usual amounts of morphine, oxycodone, and hydromorphone, which are classified as opioids and are Schedule II drugs.
- Per evidence presented in court, patients were often continuously prescribed the same dose without ever tapering and in some instances increased the dosage.
- Prescriptions were often issued without a medical examination or diagnostic study.

L. Geisinger Community Health Services Self-Discloses Violations, Pays $18 Million (11/2021)

- Geisinger Community Health Services agreed to pay approximately $18.5 million to resolve allegations that it submitted home health and hospice claims to Medicare that failed to comply with Medicare requirements.
- The settlement took place after Geisinger voluntarily disclosed the violations.
- Per the disclosures, from January 2012-December 2017, Geisinger and affiliated companies submitted claims for home health and hospice that did not meet requirements related to physician certifications of terminal illness, patient elections of hospice care, and face-to-face encounters with home health patients.

M. Individual Excluded for Providing Free Gifts to Beneficiaries (10/2021)

- Afrooz Javanford agreed to be excluded from participation in federal healthcare programs for 20 years due to his role in providing free items or services to Tricare patients.
- Specifically, the OIG alleged that Javanford illegally offered and paid remuneration to bariatric patients, which included free nutritional shakes.
- The remuneration was provided to improperly induce patients to purchase or order certain drugs, particularly scar creams and metabolic substances.

N. Private Equity Firm and South Bay Mental Health Center ("SBMHC") Agree to $25 Million Fraud Settlement (10/2021)

- In a unique settlement agreement, a privacy equity firm and executives from SBMHC agreed to pay $25 million to resolve fraud accusations related to mental health services provided by staff who were unlicensed and improperly supervised in various clinics.
- The Attorney General's Office intervened in the case in 2018, at which time it discovered rampant issues with credentialing of providers and proper supervision of personnel.

- Claims were issued to federal health care programs for care provided to patients by these providers, resulting in violations of the Massachusetts False Claims Act. The case was raised pursuant to the qui tam provisions of the False Claims Act by a former employee of SBMHC.

O. Three Pharmaceutical Companies Agree to $447 Million Price Fixing Settlement (10/2021)

- Taro Pharmaceuticals, Sandoz Inc., and Apotex Corporation have agreed to pay a combined $447.2 million to resolve False Claims Act allegations.
- Allegations involved price fixing of several generic prescription drugs, causing beneficiaries and federal health care programs to pay higher costs for these medicines than they otherwise would have.
- These payments come after a criminal deferred prosecution agreement for all three companies, which required the companies to pay a combined $424.7 million, totaling nearly $900 million.
- The conduct in question took place from 2013-2015, where the companies agreed to arrangements on price, quantity, and supply of the prescriptions.
- Of note, Taro Pharmaceuticals agreed to pay $213.2 million, Sandoz Inc. agreed to pay $185 million, and Apotex Corporation agreed to pay $49 million.

P. Former Chief of Prosthetics, David Laufer, at Walter Reed Medical Center Sentenced to Prison for Accepting Cash and Other Gratuities (09/2021)

- Laufer, former Chief of the Prosthetics and Orthotics Department at Walter Reed Medical Center, was sentenced to eight months in federal prison for accepting gratuities as a public official.
- Following eight months in prison, Laufer will required to be under supervised release, four months of which will be in home confinement.
- He must also pay nearly $8,000.00 in restitution. Per the plea agreement, from 2009-2019, a vendor named Pinnacle Orthopedic Services provided medical equipment to the facility in exchange for payment from the federal government.
- In exchange for the thousands of dollars paid to Laufer, the government ended up purchasing millions of dollars' worth of equipment from Pinnacle. The purchases were performed through a blanket purchasing agreement, which means a credit card or contract were not required to be utilized for each purchase.
- During this time, Laufer and his wife also received airline tickets, hotel stays, tickets to entertainment events, and cash. Laufer admitted he entered into the purchases with Pinnacle in part because of the gifts. He also admitted to limiting the number of companies Walter Reed could purchase materials from, thereby providing Pinnacle with a further advantage.
- Federal agents interviewed Laufer about some of these payments from 2017-2019, at which time he lied about the payments.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 15, 2021

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3rd Quarter of 2021 for Aeromedical, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, Pharmacy, and Trauma.

3. Substantive Analysis:

Aeromedical

For Q3, there were 138 flights transporting 138 patients. The Aeromedical Quality Report shows 60 flights were missed, cancelled, or aborted in Q3. The majority of missed flights were due to weather (21) and referring agency cancelations (17). Two scene flights east of 20 mile bend in September that exceeded 20 minutes were due to weather and the crew making a change to the LZ.

70 of the total flights were to pick up locations west of 20 mile bend.

The Detailed Run Time Report filtered for Interfacility transports shows that the dispatch to enroute average time was greatest in the month of July at 32 minutes and 36 seconds, and dispatch to destination hospital average was also greatest in the month of July at 99 minutes and 1 second. These delays were associated with weather, gathering patient information, confirming acceptance from receiving hospital, or waiting on a specialty team. One transport was delayed due to a stroke alert taking priority.

The Detailed Run Time Report filtered for On Scene shows that all Dispatch to enroute trip times were less than 6 minutes, and Dispatch to Hospital trip average times were all less than 38 minutes, and mostly due to trauma.

The two Services- All dashboards provide patient types and shows the variance between county wide transports and those transported from the western community. Trauma transport percentage was higher for the entire county than for the area west of 20-mile bend.

July data showed majority of the flights west of 20 mile bend were cardiac patients. The majority of all patient flights were transported to St Mary's.

GAMUT

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, Trauma Hawk Crew Members treated and transported 517 patients resulting in an increase of 35 patients when compared to the previous year. 61% of transports were trauma related and the remaining 29%

accounted for medical emergencies. 65% of patient transports by Trauma Hawk were dispatched as a 911 response to the scene and 35% were dispatched as an interfacility transfer. Injuries to the head account for 29% of Trauma Hawk flights.

23 patients required intubation by Trauma Hawk crew members. 17 (74%) patients were intubated on the first attempt and 6 (26%) patients were intubated on a subsequent attempt. GAMUT benchmark (national average) is 88% intubated on first attempt. Of these 17 patients intubated on the first attempt, 6 patients suffered a hypoxic and hypotensive event during transport, 1 patient suffered a hypoxic event only and 11 patients were transported without any event.

All but 2 intubations were carried out through rapid sequence intubation protocols. ETT confirmation rate of 98%. Ventilator status sits far below national average, but is does not reflect the quality of care delivered.

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

- 1st attempt intubation 74% *(GAMUT=88%)*
- 1st attempt without hypoxia or hypotension 61% *(GAMUT=82%)*
- RSI protocol documentation 91% *(GAMUT=93%)*
- Ventilator Status 30% *(GAMUT=95%)*

Trauma Hawk sits above national average for the following metric:

- Airway device confirmation 98% *(GAMUT=97%)*

Trauma

Over the past rolling year 5,226 patients were seen at a trauma center - an increase of 567 patients compared to the previous rolling year. Rolling year comparison (December 2020 – November 2021) showed St. Mary's treating 2,778 traumatically injured patients and Delray treating 2,448 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 53% of total volume and Geriatrics (Age >65) accounted for 39% 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. 19% 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 2nd decade of life. 15% of St. Mary's total volume are between the ages of 20 and 30. 93% of trauma volume originates in Palm Beach County.

Trauma Alerts accounted for 57% of total volume with Transfers from Acute Care Hospitals representing 25% of total volume. Emergency Department upgrades at the

Trauma Centers account for the remaining 18%. The leading and dominating mechanism of injury for all patients is Falls [(44% 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 2% of volume. 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 (5%) as the major transporters of trauma patients. 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 being noted in Boca Raton, Boynton Beach and Green Acres. The majority of patients arriving to a trauma center in Palm Beach County are discharged from the Trauma Bay to the Telemetry or Step-Down Unit (35%) followed by ICU (23%), Floor (17%), Home (11%) and the OR 9%).

C. L. Brumback Primary Care Clinics

In the third quarter of 2021, the clinics served 19,379 unique patients and provided 30,489 clinic visits.

The following measures were not meeting goal at the end of October: Childhood Immunization (49%), Cervical Cancer Screening (52%), Adult Weight Screening and Follow-Up (73%), Tobacco use Screening and Cessation Intervention (91%), Colorectal Cancer Screening (38%), Ischemic Vascular Disease/Antiplatelet Therapy (76%), Hypertension (69%), Diabetes (66%) and Diabetes for Migrant Population (57%), HIV Linkage to Care (75%) and Depression Remission (8%).

All other goals achieved for the quarter.

Edward J. Healey Rehabilitation & Nursing Center

For Q3, 17 of 17 quality measures were met.

Lakeside Medical Center

For Q3 2021, ***Inpatient Quality Measures*** there were 4 of 8 measures (ED-1a, PC-02, PC-05, Sepsis) that did not meet goal.

ED Measure:

For ED-1a, there were (132) cases sampled with a median time of (514) minutes, which is higher than the set goal of (280) minutes. The top (5) cases were reviewed monthly, care and treatment rendered was appropriate and an increase in patient census and bed availability related to Covid-19, was noted to be a contributing factor.

Perinatal Measures:

For PC-02, there were (8) cases that fell into the sample population, of those cases (3) were Primary C-Sections, (2) were related to non-reassuring fetal heart rates and

(1) Cephalopelvic Disproportion resulting in a rate of 38% for the quarter which is higher that the set goal of <20%.

For PC-05, there were (22) cases that fell into the sample population, of those cases (1) mom strictly breast fed and the remaining both breast and bottle fed (14) or gave a bottle only (7) resulting in a compliance rate of 5% for the quarter which fell below the goal of >15%.

Sepsis:
For Sepsis, there were (5) cases that fell into the sample population, of those cases (3) fell into the numerator for a pass rate of 60% for the quarter which is lower than the set goal of ≥ 70%. The (2) that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. A Sepsis work group has been created with the EPIC team to review the work flow process and documentation within the electronic record, to ensure that all data elements are met.

For Q3 2021, ***Outpatient Quality Measures*** there were 2 of 3 measures (OP-3a and OP-18) that did not meet goal.

For OP-3a there were (2) cases that fell into the sample population with a median time of 188 minutes, which is higher than the goal of a median time of less than 58 minutes. The (2) cases were reviewed and it was determined that care and treatment was rendered appropriately based on the patient condition.

Corporate Quality Metrics

- **Human Resources**
  - Quarter 3 headcount ended at 1,212 team-members after 103 new hires.
  - Turnover rate for Q3 was 10.98%, while New Hire turnover rate was 4.31%.
  - The current diversity headcount is 68%, average age of employees is about 46.9 years old and 80% of the workforce is female.

- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. With the implementation of Epic, we are now monitoring 6 mission critical applications. We met our service level for all applications but Epic in in the 3rd Qtr. Epic is hosted by Memorial Healthcare as a part of our agreement. With the go live of July 1, we had several technology issues that caused unplanned downtime. Memorial has increase infrastructure capacity and made other adjustments. We have been stable since early October.

  - **Customer Service:** For Q3, we received 3,225 support tickets in July (an increase of 1,000 from June), 3,110 in August and back down to 2,348 in September. Although our close rate ended the quarter at 103% for

September. Closed tickets exceed opened due to backlog of tickets that were addressed in September. About 45% of these open tickets are Epic as we continue to learn and optimize the software. The IT Service Desk saw a significant decrease in the abandon call rate ending the quarter at 3.19% in September. Our target is 4.5% average abandon call rate. We are finding that approx. 40% of our tickets are emailed vs called in.

- **Cybersecurity:** For Q3 we investigated 196 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 requested security investigations. Comparing 2020 (390 cases) to the YTD 2021 (650 cases), we are experiencing another significant increase that could lead to more than doubling the number of investigated cases in 2021. The increase is due to our Security Program maturing and adding additional tools for monitoring as well as an overall increase in email phishing and malware activity.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

N/A

Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe A. Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
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Belma Andric, MD
VP & Chief Medical Officer

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

Trauma Hawk
Aeromedical Program
Health Care District Palm Beach County

Aeromedical Quality Report

Go to Detail

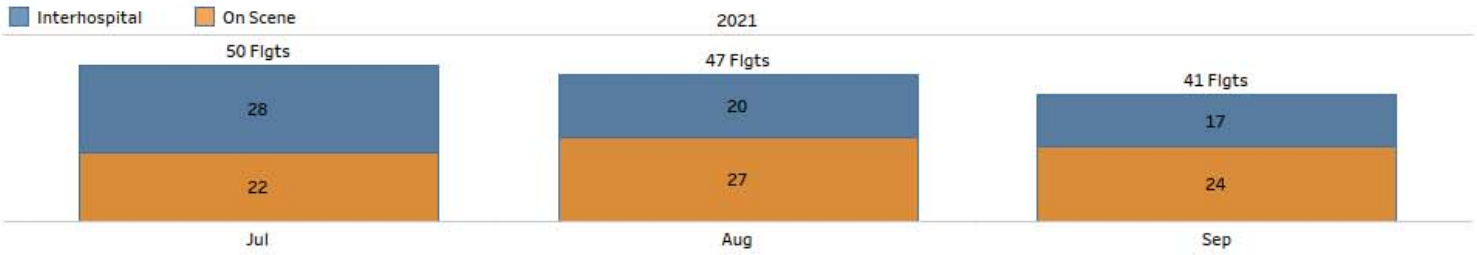
Start Date 7/1/2021

End Date 9/30/2021

Flights 138

Number of Flights

Patients 138



Average Times for Scene Flights

Year of Flight D..	Month of Flight Date	On Scene	Disp To Enroute	Disp To OnScene
2021	Jul	8m 30s	5m 11s	16m 24s
	Aug	9m 5s	4m 33s	16m 15s
	Sep	8m 27s	5m 55s	18m 3s

Call to Scene (Minutes) for Scene Flights with 3 Legs or More

Utilization

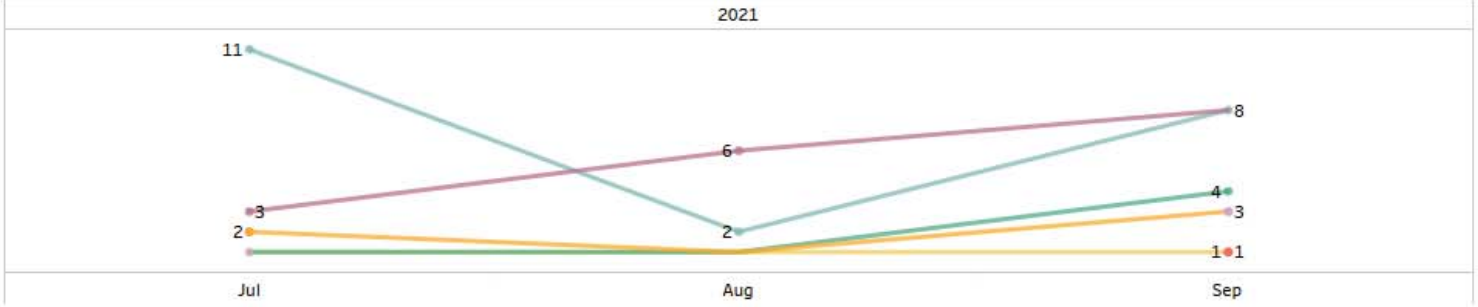
Year of Flight D..	Month of Flight Da..	Hours Utilized	% Hours Utilized	Available Hours	% Available ..
2021	Jul	82	7.4%	1,116	100%
	Aug	72	6.6%	1,098	98%
	Sep	63	5.9%	1,076	100%

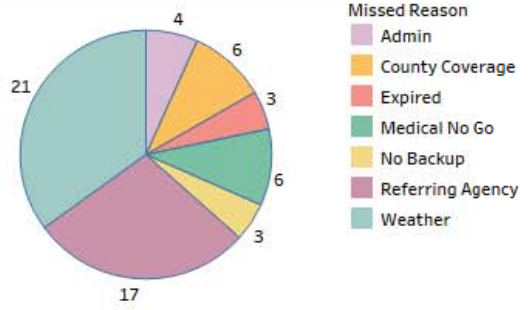
Miss Start 7/1/2021

Miss End 9/30/2021

Missed, Cancelled or Aborted Flights by Quarter

60



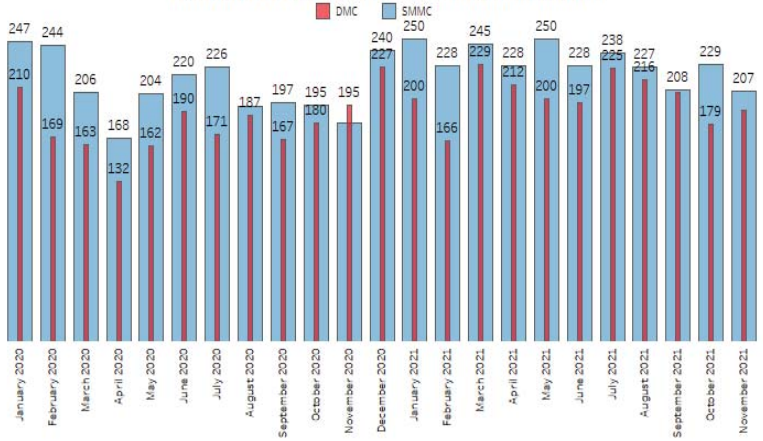


Trauma Agency
Health Care District Palm Beach County

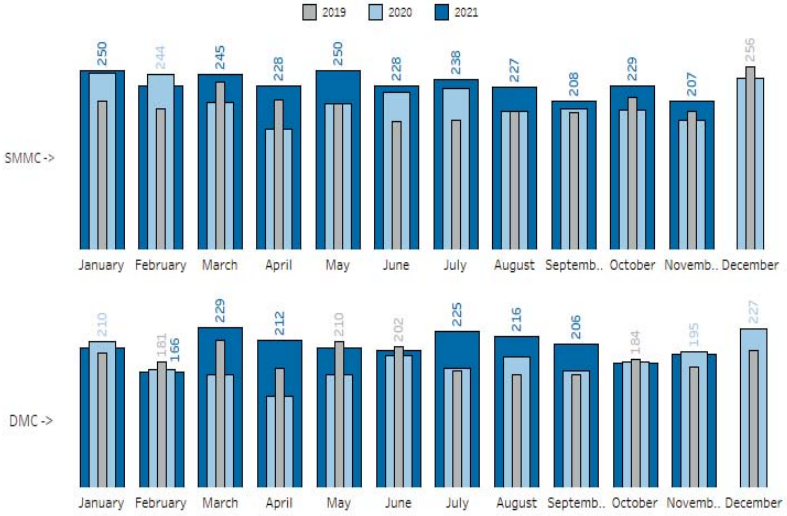
TRAUMA SYSTEM UTILIZATION

Rolling Year Comparison
SMMC DMC

TRAUMA VOLUME BY MONTH AND TRAUMA CENTER



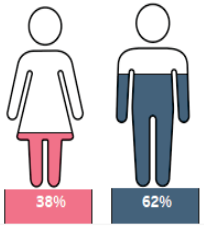
TRAUMA VOLUME BY MONTH AND YEAR



TRAUMA VOLUME BY YEAR AND TRAUMA CENTER

GENDER

(Current Year)



PBC TRAUMA SYSTEM VOLUME

Current Year 5,226
Previous Year 4,659
Variance: +567

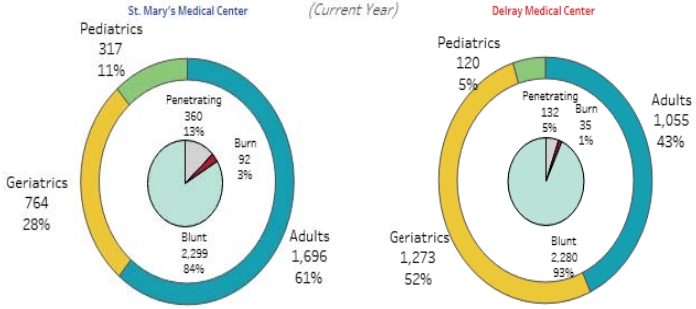
Current Rolling Year = December 2020 - November 20..
Previous Rolling Year = December 2019 - November 2020
Variance = Current Year - Previous Year

RACE

(Current Year)

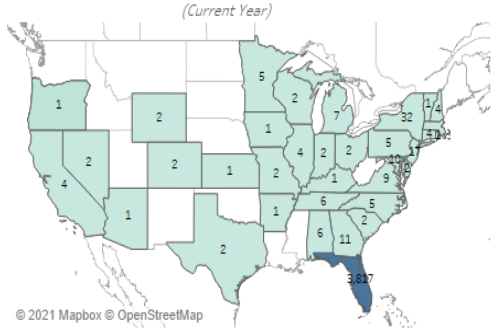
AGE GROUP & INJURY TYPE BY TRAUMA CENTER

(Current Year)



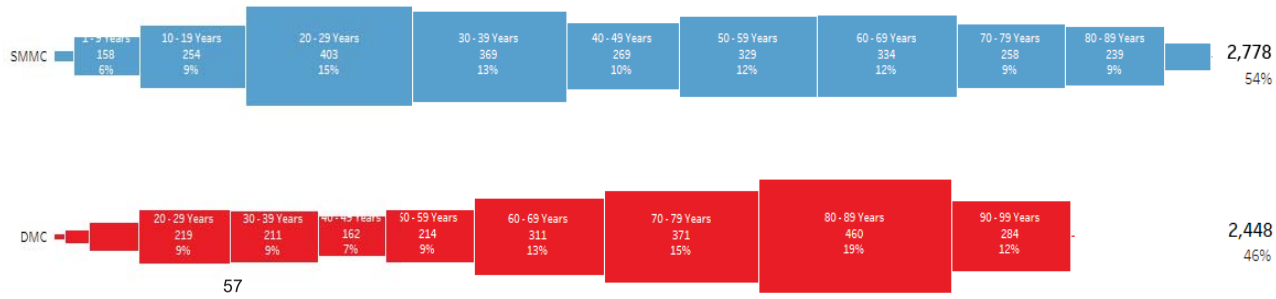
STATE RESIDENCE

(Current Year)



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



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

STATISTICS 7/1/2021 to 12/7/2021 Specialty: All

ALL CLINICS

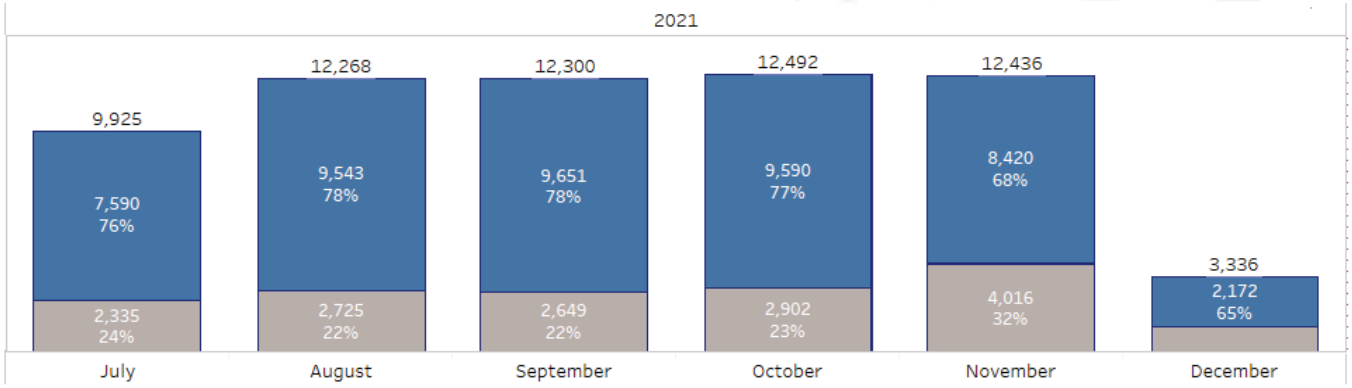
Click to display filter options

	Patient Visits	Unique Patients
	62,757	28,792

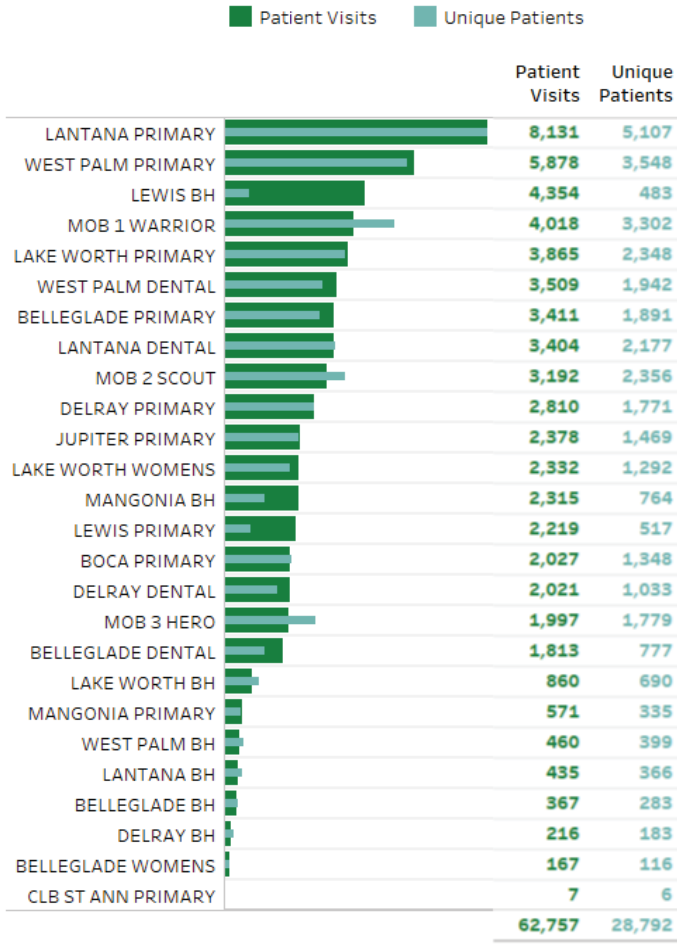
Office Visit	Immunization	Telemedicine	Nurse Only
48,717	9,205	2,454	2,381
22,076	6,981	888	1,750

MONTHLY VOLUME

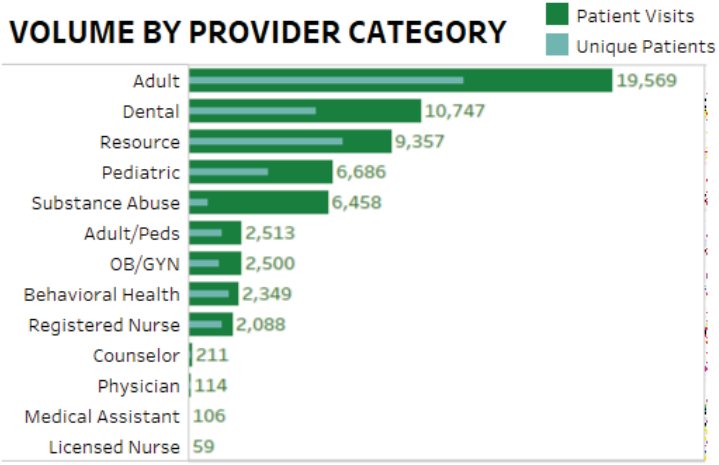
Adult >18
Pediatric 0-18



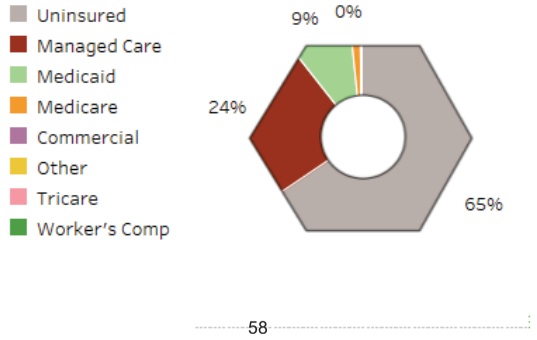
VOLUME BY CLINIC



VOLUME BY PROVIDER CATEGORY



PAYER MIX



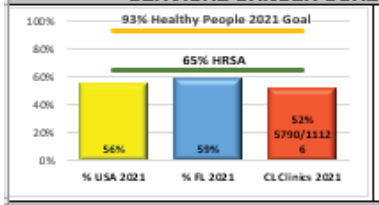
Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

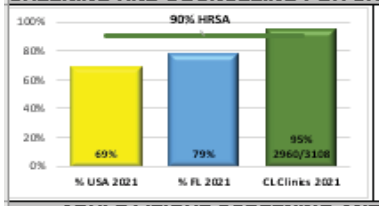
YTD October 2021

CHILDHOOD IMMUNIZATION

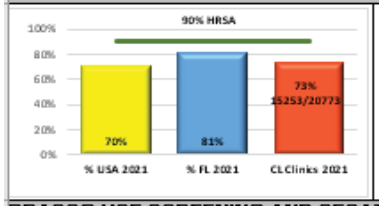
CERVICAL CANCER SCREENING



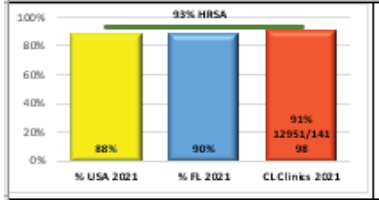
CREENING AND COUNSELING FOR CHILDREN AND ADOL



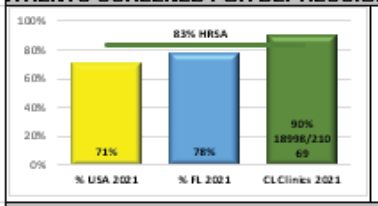
ADULT WEIGHT SCREENING AND FOLLOW UP



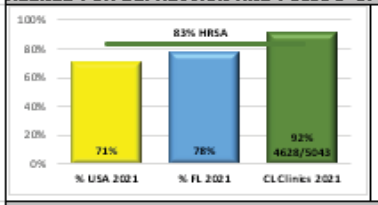
OBACCO USE SCREENING AND CESATION INTERVENTIO



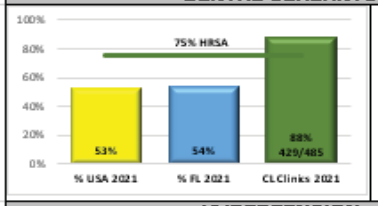
ATIENTS SCREENED FOR DEPRESSION AND FOLLOW-U



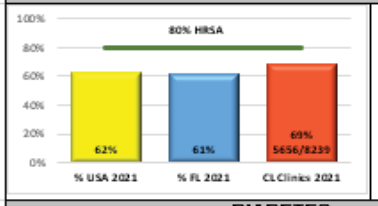
REENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATIO



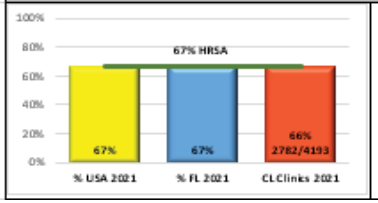
DENTAL SEALANTS



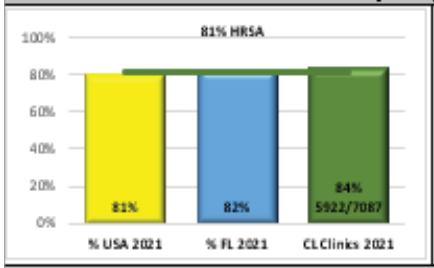
HYPERTENSION

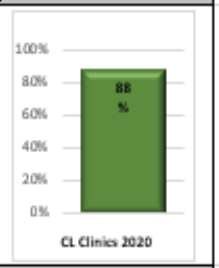


DIABETES

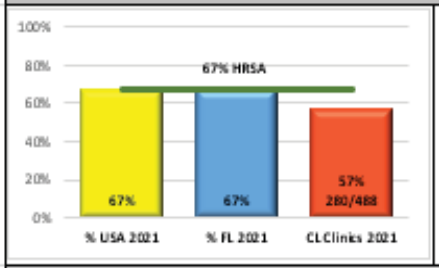


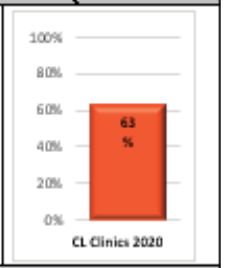
(CAD): LIPID THERAPY



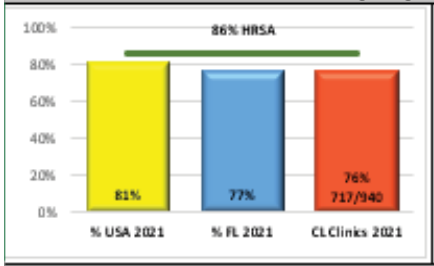


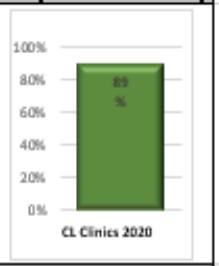
FOR SPECIAL POPULATION: AGRICULTURAL (MIGRANT &



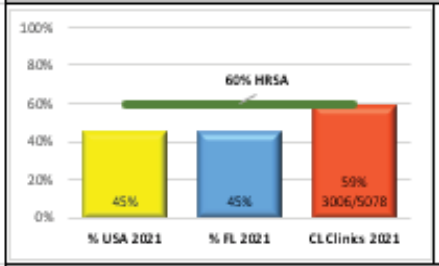


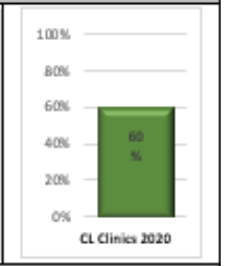
SCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therap



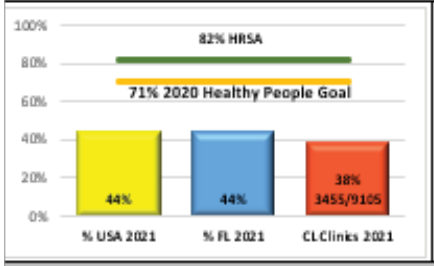


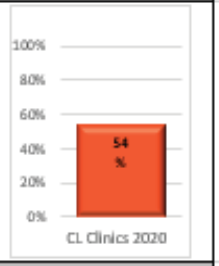
BREAST CANCER SCREENING



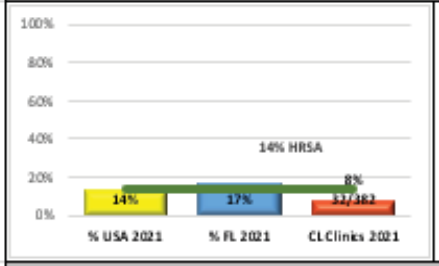


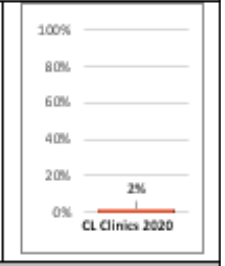
COLORECTAL CANCER SCREENING



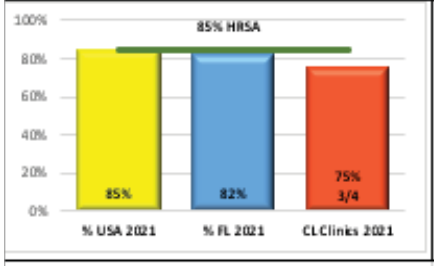


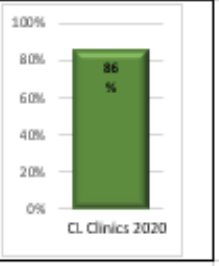
DEPRESSION REMISSION



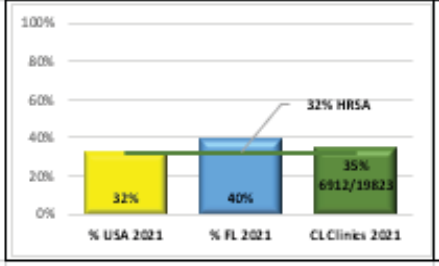


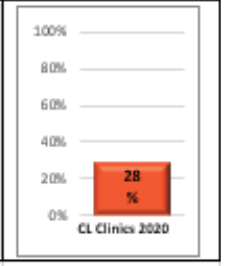
HIV LINKAGE TO CARE





HIV SCREENING



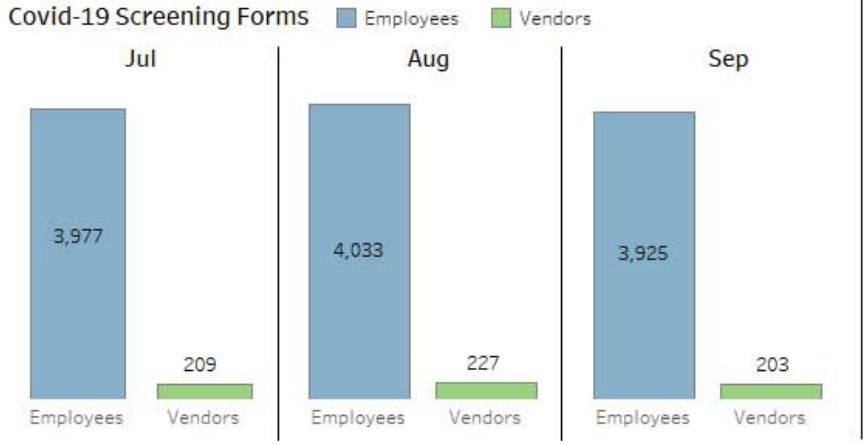


Healey Center
Health Care District Palm Beach County

Healey Center Productivity Data

July 1st, 2021
to
Sept 30th, 2021

Covid-19 Screening Forms

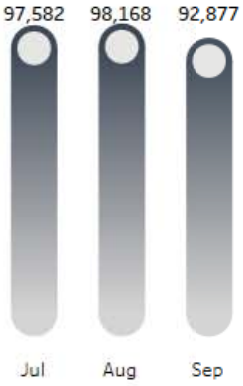


Avg Monthly Census

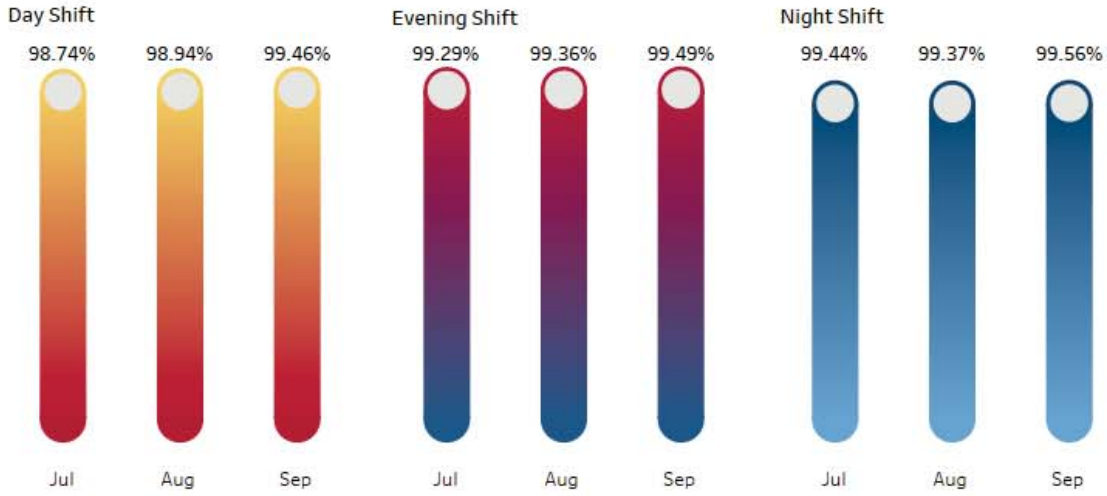
Treatments Performed

Meal Count

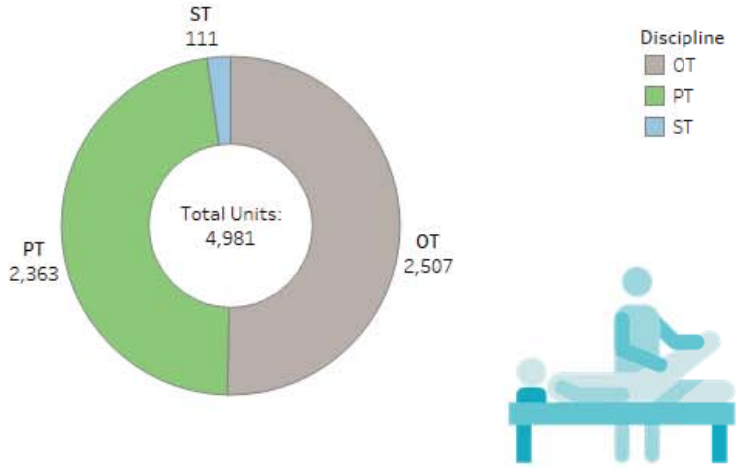
Medication Administrations



CNA Point of Care (POC) Compliance



Therapy Productivity

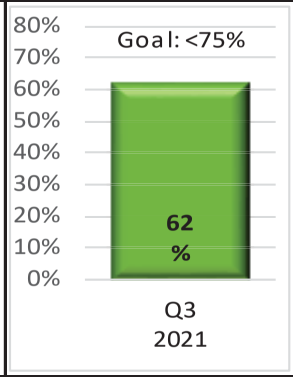
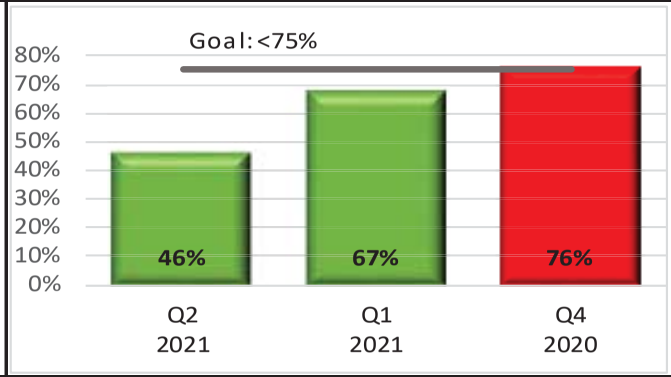
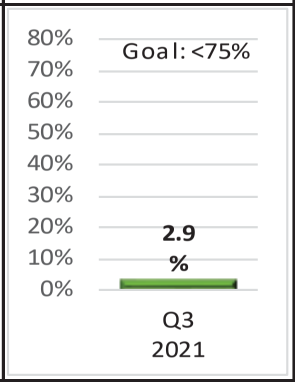
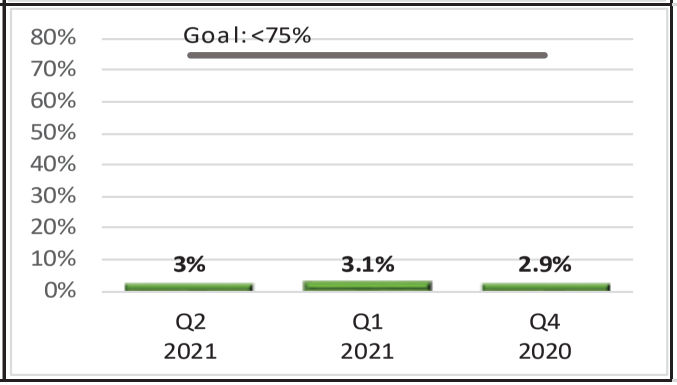


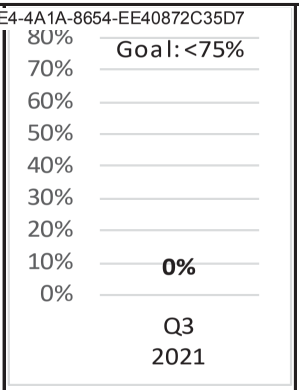
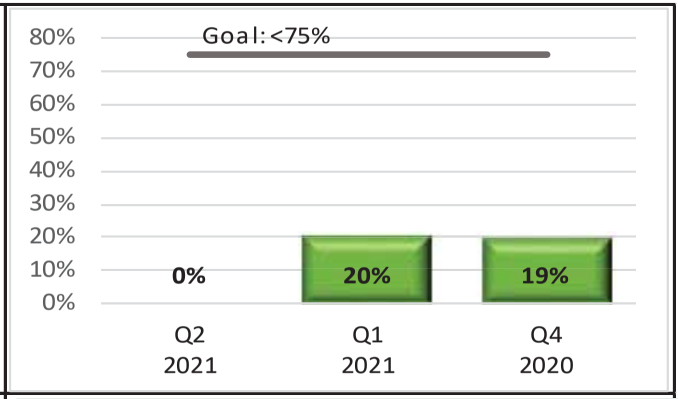
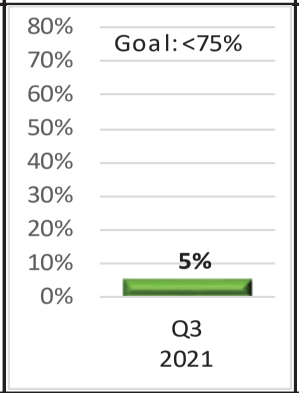
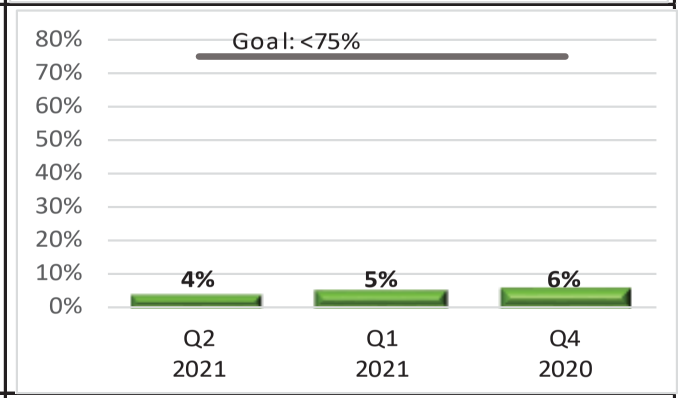
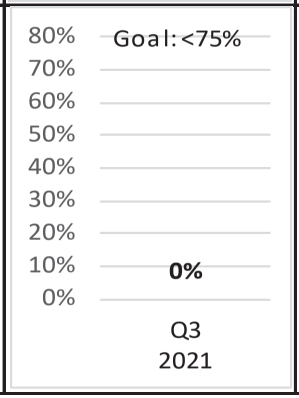
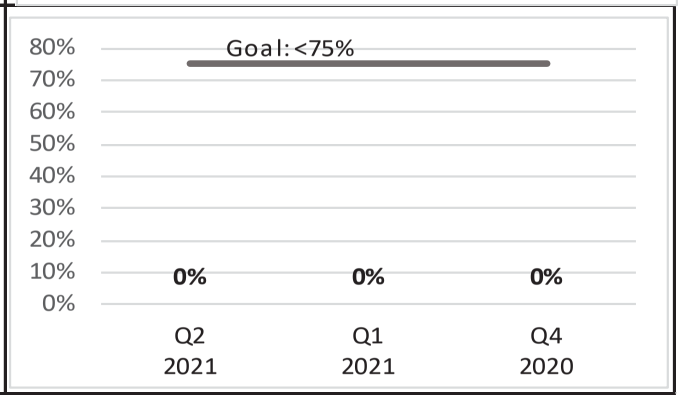
Healey Center
Health Care District Palm Beach County

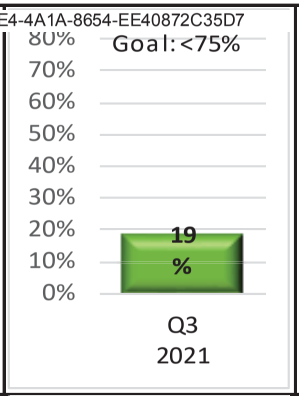
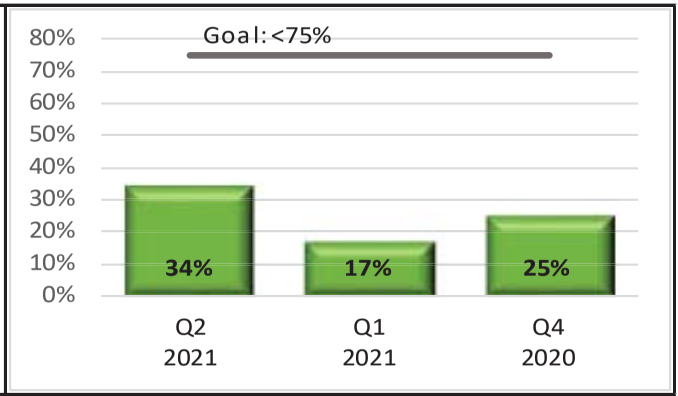
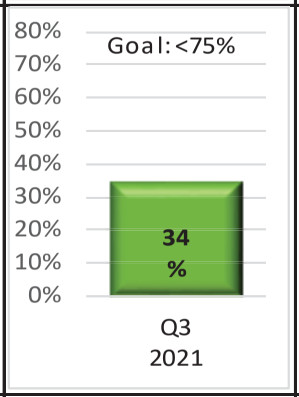
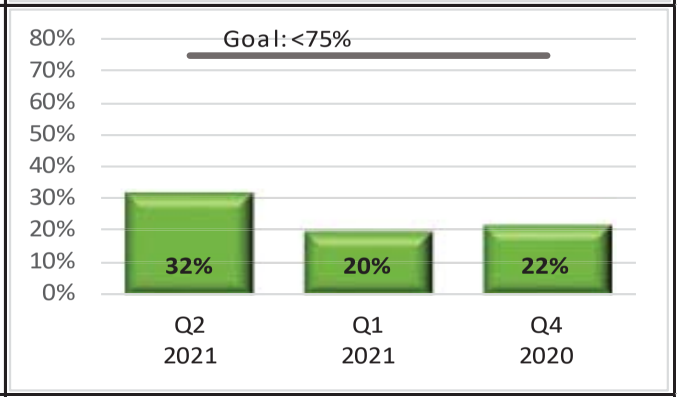
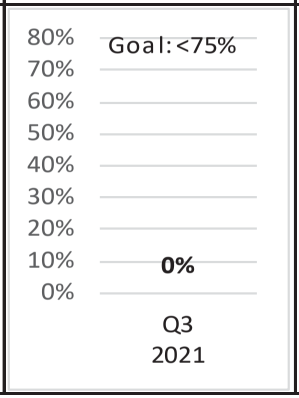
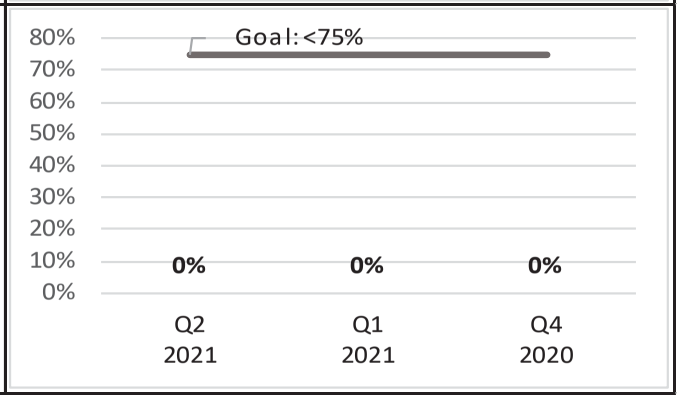
Edward J. Healey Rehabilitation and Nursing Center
Quality Report
3rd Quarter 2021
Percentages

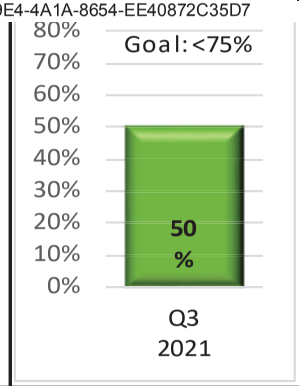
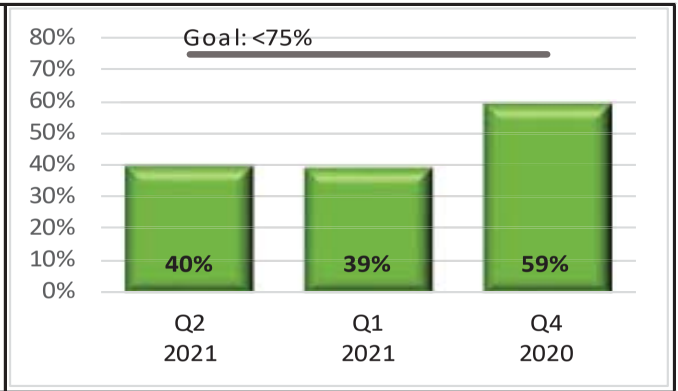
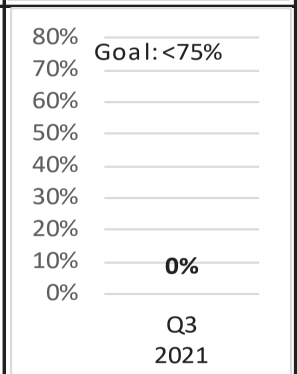
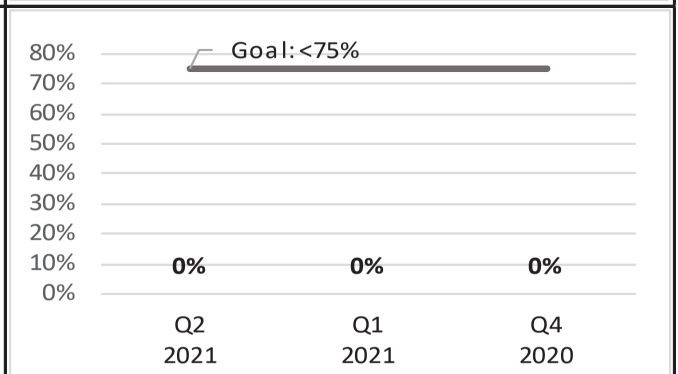
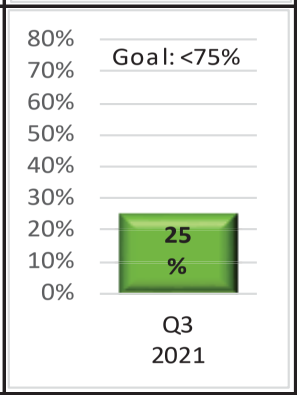
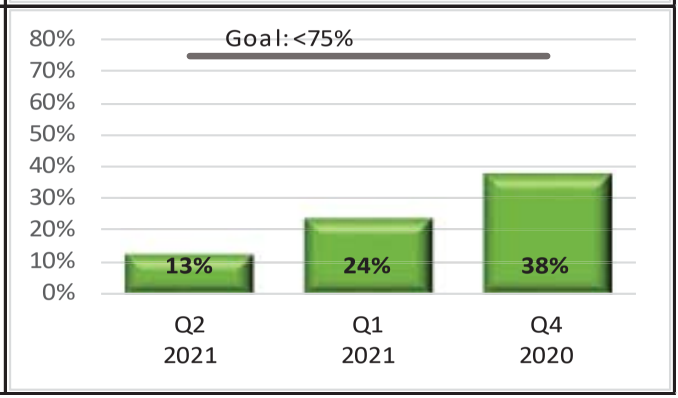
MDS 3.0 Facility Level Quality Measure Report

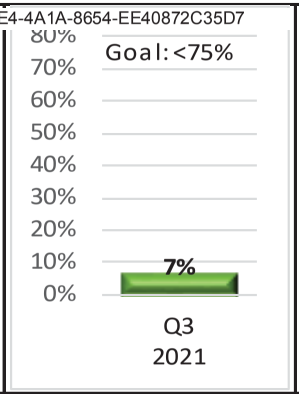
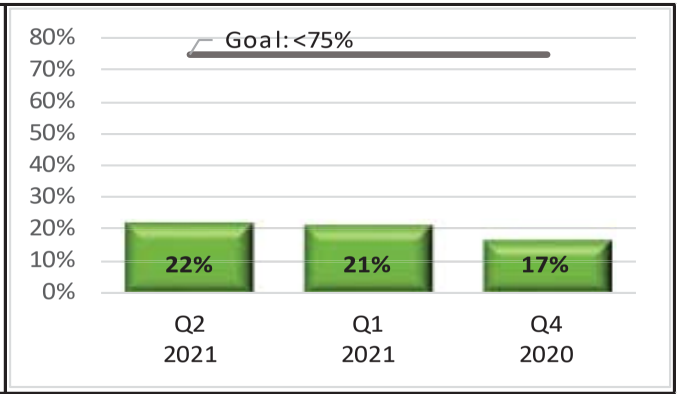
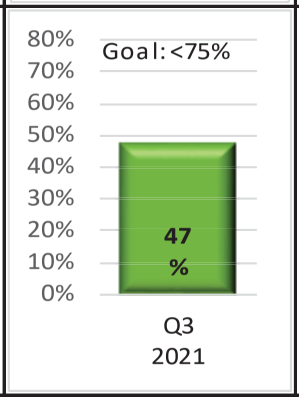
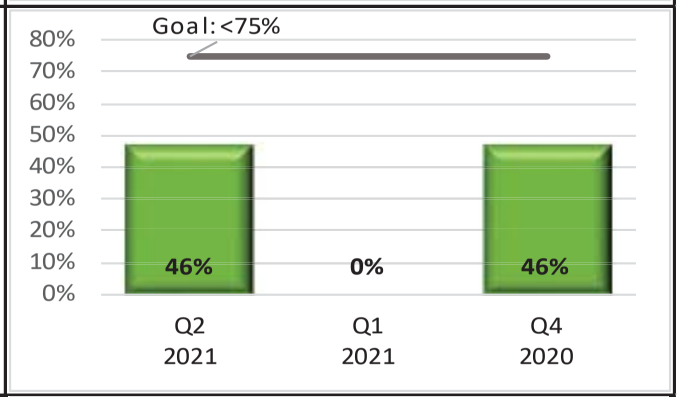
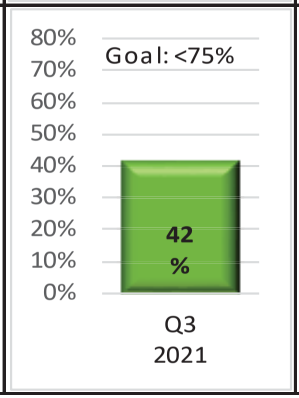
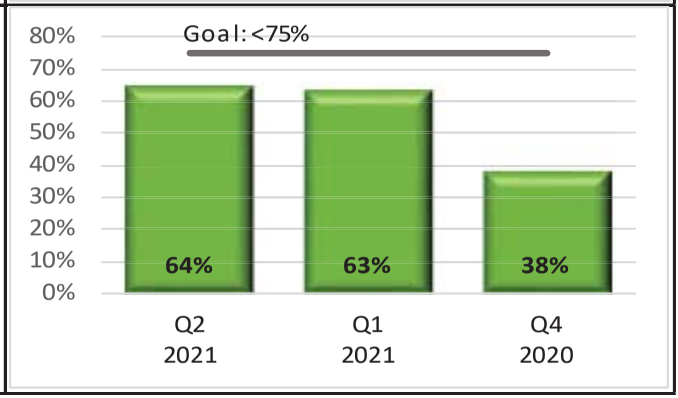
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

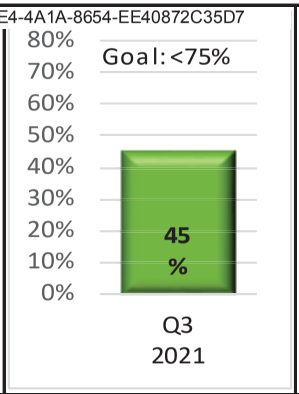
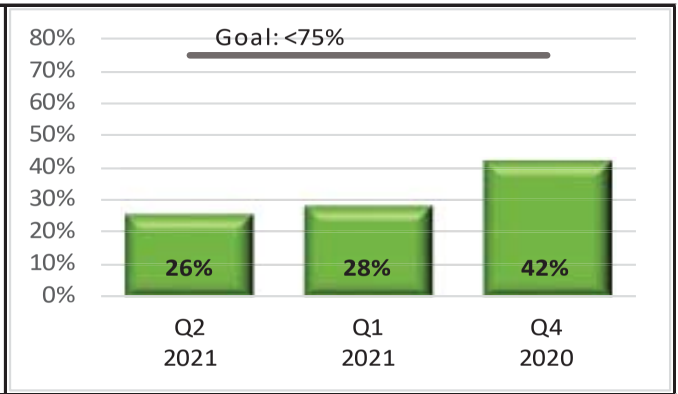
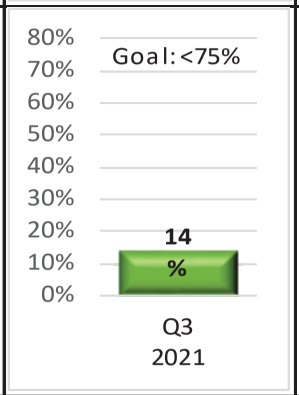
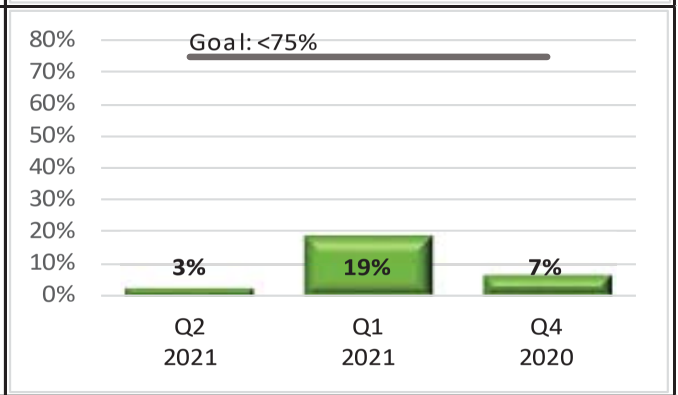
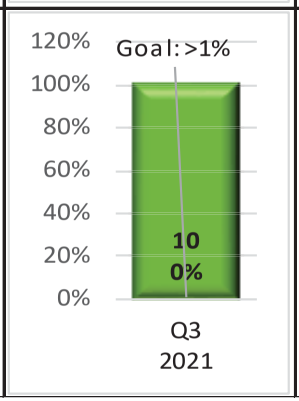
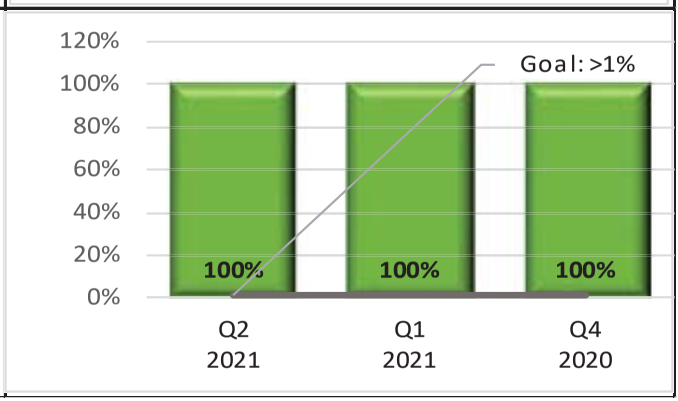
	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
High Risk Long Stay Residents with Pressure Ulcer			
New/Worse Pressure Ulcer(s)		62	

Experiencing One or More Falls with Major Injury			
Falls (L)			
Who Have Depressive Symptoms			

Who Lose Too Much Weight			
Who Received an Antipsychotic Medication (L)			
Who Received an Antipsychotic Medication (S)			

Who Received Anti-Anxiety or Hypnotic Medication			
Who Were Physically Restrained			
Whose Behavioural Symptoms Affect Others			

Increase ADL Help (L)			
With a Catheter Inserted and Left in the Their Bladder			
With a Urinary Tract Infection			

Low Risk LSRs Who Lose Control of their Bowel or Bladder			
Move Independent Worsens (L)			
Improvement in Function (S) Higher % Better			

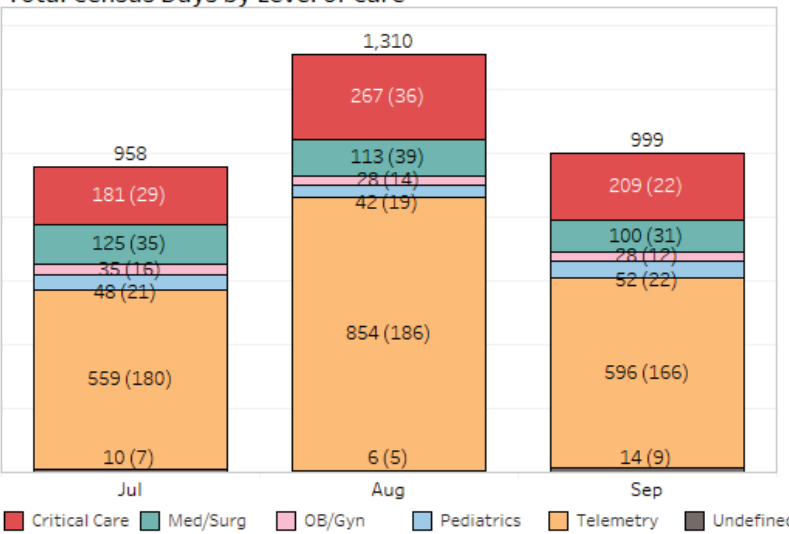
Lakeside Medical Center
Health Care District Palm Beach County

Lakeside Medical Center Productivity Data

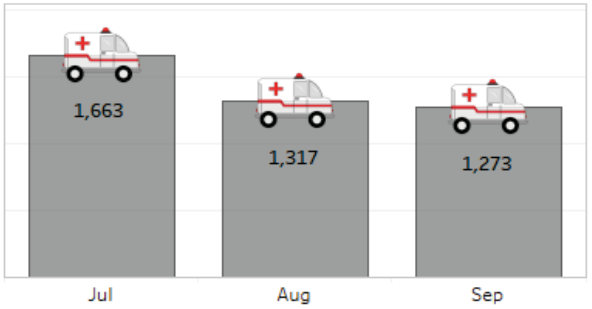
Date Range
Previous Quarter

July 01, 2021
to
September 30, 2021

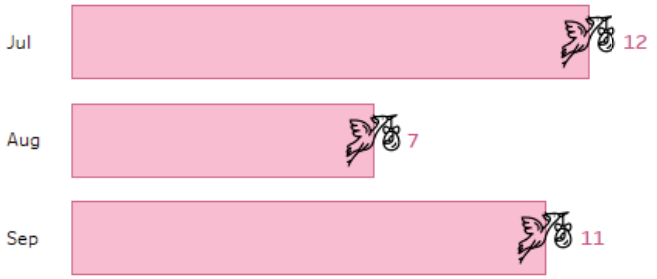
Total Census Days by Level of Care



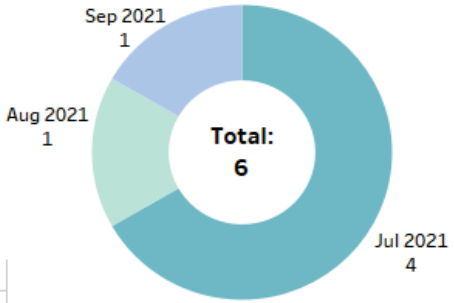
ED Visits



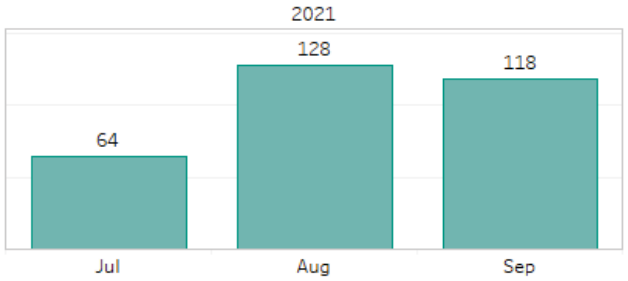
Deliveries



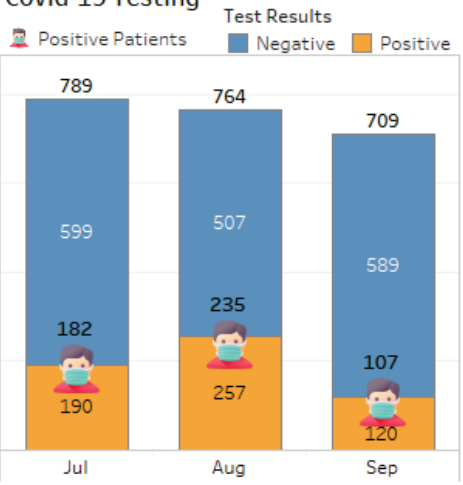
Baker Acts



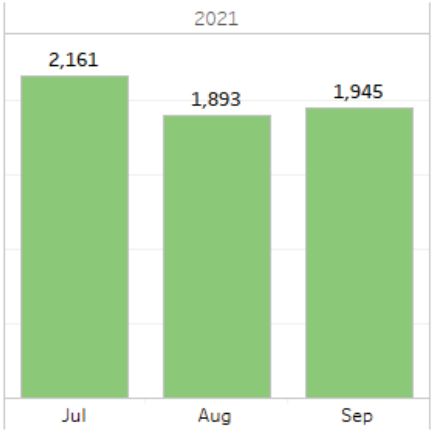
PT Visits (Evals and Treatments)



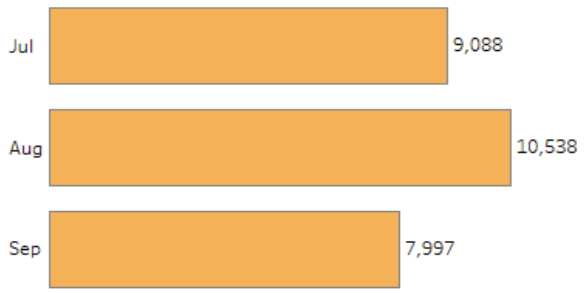
Covid-19 Testing



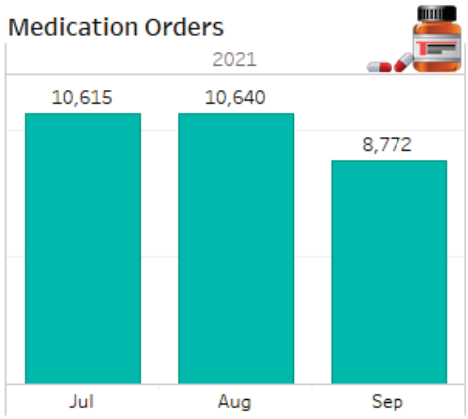
Radiology Exams Completed



of Lab Specimens Collected



Medication Orders



QUALITY CORE MEASURES REPORT
3rd Quarter (July - Sept. 2021) - Preliminary
Sampled Population

Lakeside Medical Center

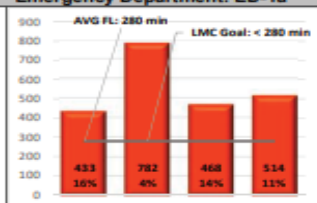
INPATIENT QUALITY MEASURES

Emergency Department: ED-1a

Median time from ED arrival to ED departure for admitted patients.

Numerator: Departed ED in less than 280 minutes.
Denominator: Measure sampled population for any ED Patient from the facility's emergency department.

TJC

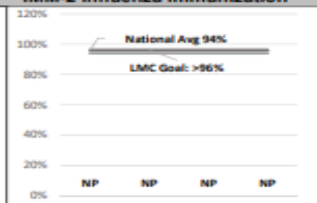


IMM-2 Influenza Immunization

Immunizations (seasonal):

Numerator: Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.
Denominator: Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**

TJC

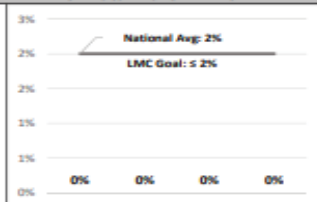


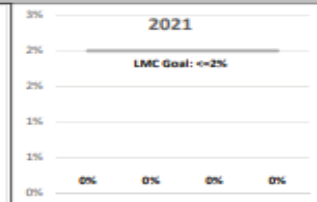
Perinatal Care: PC-01

Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed.
(Lower percentage is better, for cases that fall into measure).

Numerator: Patients with elective deliveries.
Denominator: Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed.

CMS/TJC



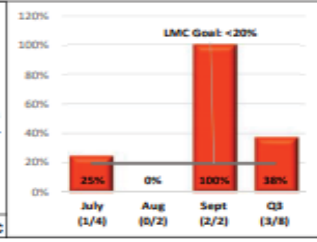


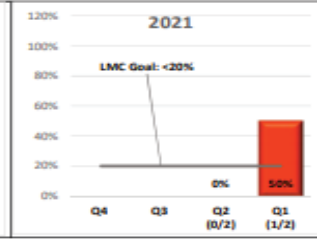
Perinatal Care: PC-02

Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
(Lower percentage is better).

Numerator: Patients with cesarean births.
Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

TJC



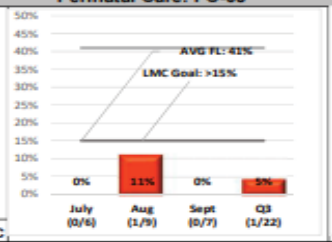


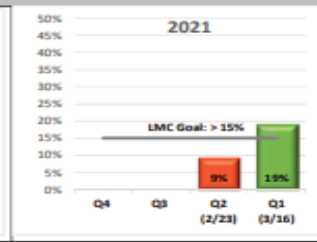
Perinatal Care: PC-05

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

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

TJC



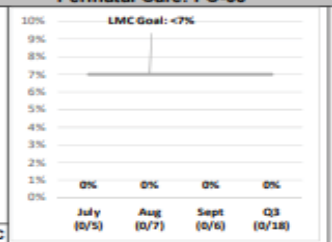


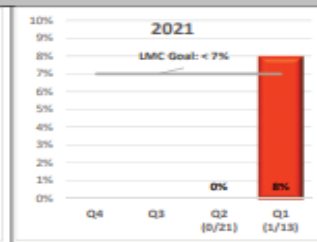
Perinatal Care: PC-06

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

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

TJC

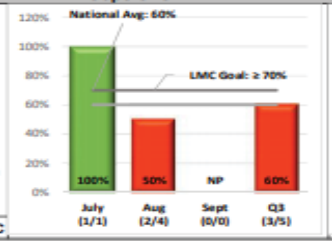




Sepsis: SEP-1

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

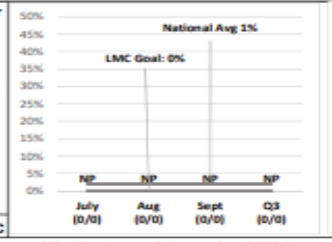
CMS/TJC

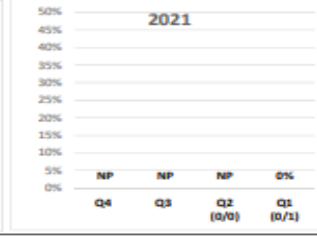


Venous Thrombosis: VTE-6

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

TJC





Averages are reported from the National Healthcare and Quality Research December 2020 Data

* An additional case has been added (001402341) to the sampling population for QP-IM PNC (Newborns - Breast Feeding) 2Q21 Measure data

QUALITY CORE MEASURES REPORT

3rd Quarter (July - Sept. 2021) - Preliminary

Sampled Population

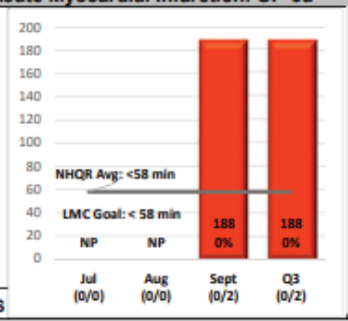
Lakeside Medical Center
Health Care District Palm Beach County

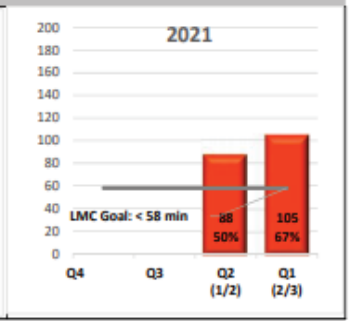
OUTPATIENT QUALITY MEASURES

Acute Myocardial Infarction: OP-3a

Acute Myocardial Infarction: OP-3a
Median time to transfer to another facility for acute coronary interventions.
(Higher percentage is better).
Numerator: Number of patients transferred to another facility within less than 58 minutes
Denominator: Patients with Transfer for Acute Coronary Intervention.

CMS



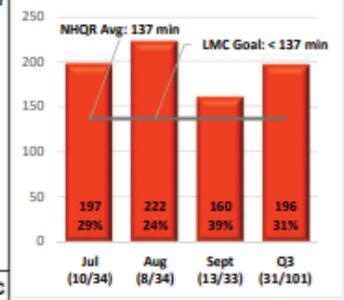


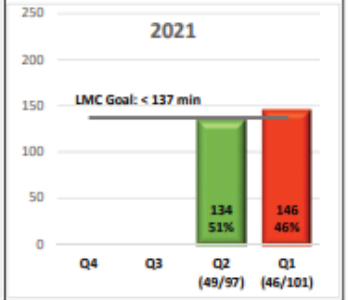
Emergency Department Throughput: OP-18

Median time from ED arrival to discharge home or transferred.

Numerator: Number of patients discharged in less than 137 minutes.
Denominator: Any ED patient from the facility's emergency department.

CMS/TJC



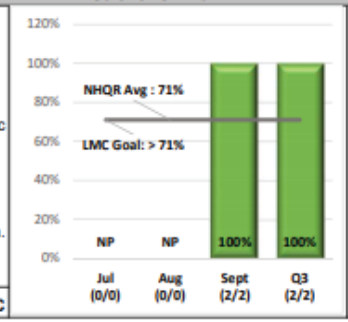


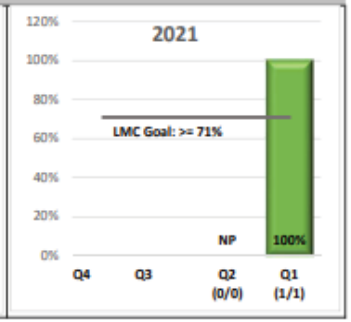
Stroke: OP-23

Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival.
(Higher percentage is better).

Numerator: Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients.
Denominator: Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients arriving at the ED within 2 hours of the Time Last Known Well with an order for a head CT or MRI scan.

CMS/TJC

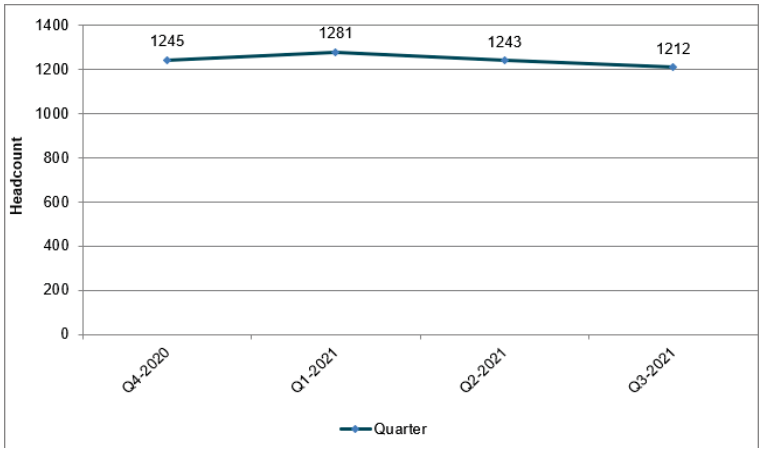




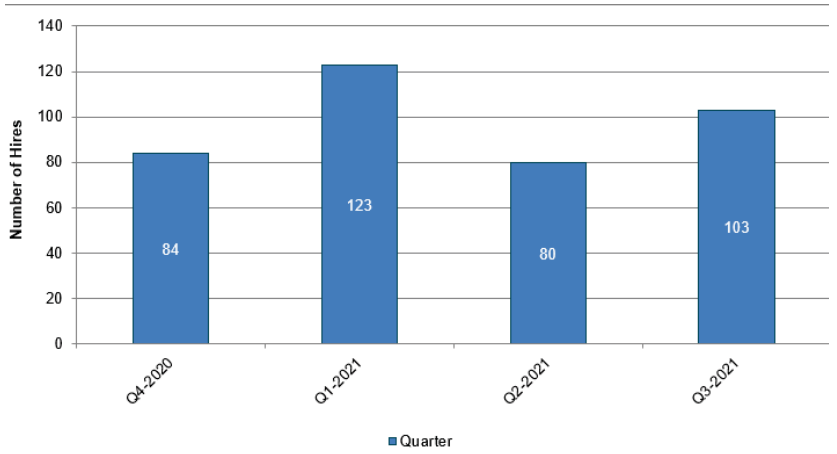
Averages are reported from the National Healthcare and Quality Research December 2020 Data

HCD HR Dashboard- *Attrition Q4 2020 – Q3 2021*

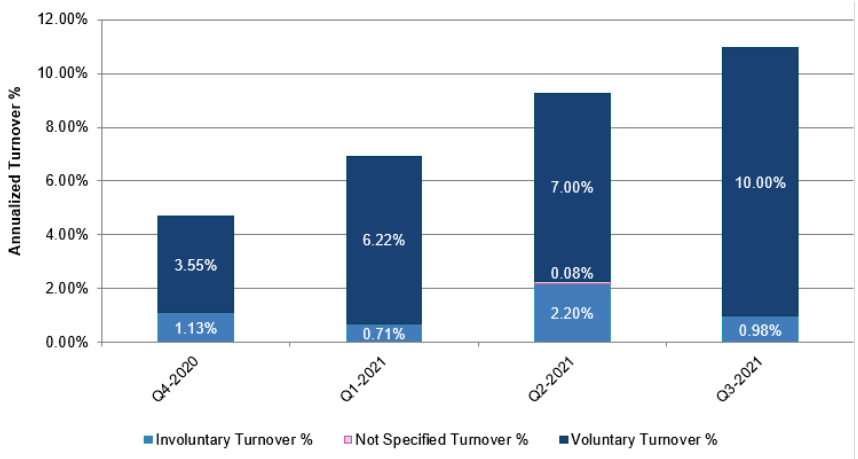
Headcount



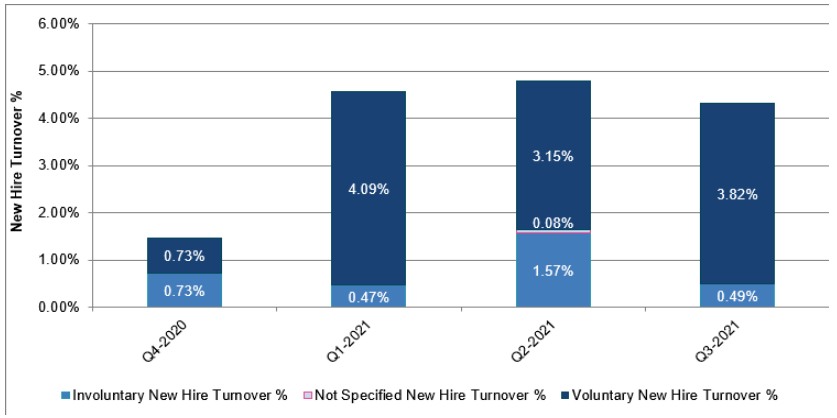
New Hires



Turnover Rate



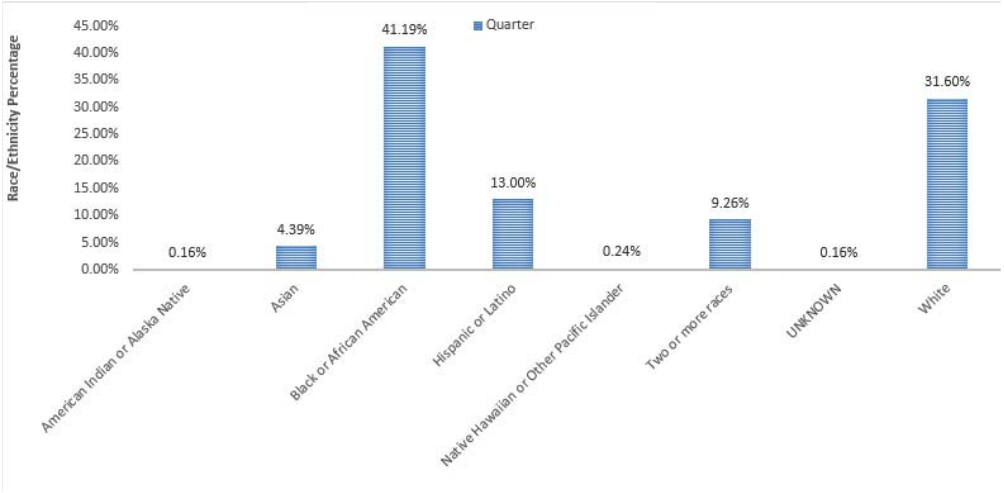
New Hire Turnover Rate



HCD HR Dashboard- *Diversity Q4 2020 – Q3 2021*

Minority Headcount

68%



72

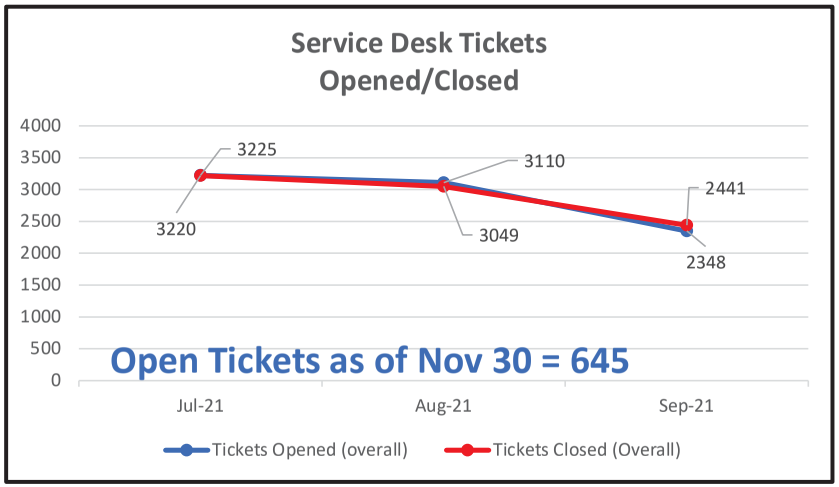
Average Age

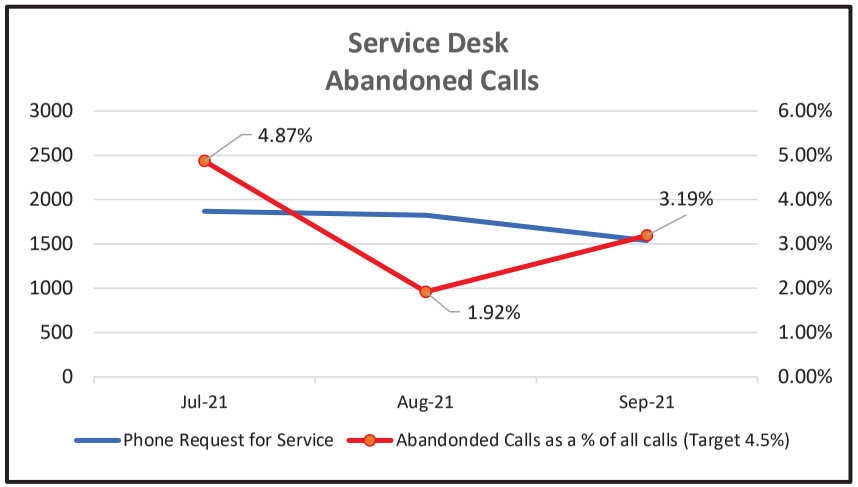
46.91

Female Percentage

80%

IT Dashboard





Cybersecurity Investigations

Period 07/1/2021 – 9/30/2021

Status	Cases	% of Total
Closed	196	100%
In Progress	0	0
Total	196	100%

Comparisons	Cases
Q3-2021	196
2020	390
2019	78

Outcome	Cases	% of Total
Investigated	196	100%
Reportable	0	0%
Total	196	100%