



**Quality, Patient Safety &
Compliance Committee Meeting
December 8th, 2020
10:00 A.M.**

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



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
AGENDA**

**December 8th, 2020 at 10:00 A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33409
Zoom Webinar Meeting**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

**Via Telephone dial-in access: (646) 558-8656 / Meeting ID: 550 789 5592 /
Password: 946503**

- 1. Call to Order – Dr. Alina Alonso, Chair**
 - A. Roll Call
- 2. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
 - A. Press Ganey Population and Sampling – Sylvia Hall
- 4. Disclosure of Voting Conflict**
- 5. *Public Comment**
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 24, 2020. [Pages 1-4]
- 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]

7A-3 **RECEIVE AND FILE:**

Proposed Schedule for 2021 Quality, Patient Safety and Compliance Committee.

(Darcy Davis) [Page 6-7]

8. **Regular Agenda**

A. **COMPLIANCE**

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

Summary of Compliance and Privacy Activities

(Joshua Burrill) [Pages 8-14]

B. **CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS**

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

Patient Relations Dashboards

(Belma Andric) [Pages 15-20]

- Patient Relations Dashboard, C.L. Brumback Care Clinics. (Andrea Steele/David Speciale) [Page 18]
- Patient Relations Dashboard, E.J. Healey Center. (Andrea Steele/Terretha Smith) [Page 19]
- Patient Relations Dashboard, Lakeside Medical Center. (Andrea Steele/Regina Stolpman) [Page 20]

8B-2 **RECEIVE AND FILE:**

Quality & Patient Safety Reports

(Belma Andric) [Pages 21-67]

- Quality & Patient Safety Report, Aeromedical. (Andrea Steele/Gerry Pagano) [Pages 27-35]
- Quality & Patient Safety Report, C.L. Brumback Care Clinics. (Andrea Steele/Dr. Charmaine Chibar) [Pages 36-40]
- Quality & Patient Safety Report, Corporate Quality Metrics (Andrea Steele) [Pages 41-45]
- Quality & Patient Safety Report, E.J. Healey Center. (Andrea Steele/Terretha Smith) [Page 46-51]

- Quality & Patient Safety Report, Lakeside Medical Center. (Andrea Steele/Sylvia Hall) [Pages 52-57]
- Quality and Patient Safety Report, Pharmacy. (Andrea Steele/Luis Rodriguez) [Pages 58-59]
- Quality & Patient Safety Report, Trauma Program. (Andrea Steele/Sandra Smith) [Page 60-63]

9. CEO Comments

10. Committee Member Comments

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

March 10, 2021

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

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

* Public comments should be emailed to nwhite@hcdpbc.org or submitted via telephone to 561-804-5870 by 12:00 P.M. on Monday, December 7, 2020. All comments received during this timeframe will be read aloud and included in the official meeting record.



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 24, 2020 at 2:00 P.M.
Zoom Webinar Meeting**

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

A. Roll Call

Committee Members include: Dr. Alina Alonso; Mary Weeks; Sharon Larson; Sean O’Bannon; Kimberly Shultz

Staff present include: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Belma Andric, Chief Medical Officer; Joshua Burrill, Compliance and Regulatory Director; Joel Snook, Chief Financial Officer; Karen Harris, Vice President of Field Operations; Patricia Lavelly, Interim Chief Information Officer; Rosella Weymer, Andrea Steele, Ana Ferwerda, Alyssa Tarter, Cindy Dupont, David Speciale, Giovanna Dipasquale, Gerry Pagano, Hyla Fritsch, Jennifer Medard, Leticia Stinson, Lou Bassi, Luis Rodriguez, Martha Hyacinthe, Monique Jackson, Shauniel Brown, Thomas Cleare, Terretha Smith

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. Introduction of Joshua Burrill, Compliance and Regulatory Director
Darcy Davis

Ms. Davis introduced Mr. Joshua Burrill to the Quality, Patient Safety and Compliance Committee.

4. Disclosure of Voting Conflict

None

5. *Public Comment

None

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 10, 2020.

CONCLUSION/ACTION: Ms. Larson made a motion to approve the committee minutes from June 9, 2020 as presented. The motion was duly seconded by Mr. O'Bannon. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Ms. Weeks made the motion to approve the Consent Agenda items. The motion was duly seconded by Mr. O'Bannon. There being no oppositions, the motion passed unanimously.

A. **ADMINISTRATION**

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

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

8. Regular Agenda

A. **COMPLIANCE**

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

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, C.L. Brumback Care Clinics.
(Andrea Steele/David Speciale)

- Patient Relations Dashboard, E.J. Healey Center.
(Andrea Steele/Marceline Colin)
- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/Monique Jackson)
- Patient Relations Dashboard.
(Andrea Steele/Luis Rodriguez)

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

CONCLUSION: Received and Filed

- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/Gerry Pagano)
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.
(Andrea Steele/Ana Ferwerda, M.D.)
- Quality & Patient Safety Report, Corporate Quality Metrics
(Andrea Steele)
- Quality & Patient Safety Report, E.J. Healey Center.
(Andrea Steele/Marceline Colin)
- 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 informed the Committee that the new mobile coach, Hero, would be delivered tomorrow, ahead of schedule.

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 8, 2020 (Q3 2020)

13. Motion to Adjourn

There being no further business, the meeting was adjourned at 1:57 P.M.

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

12 Month Attendance Tracking

	12/10/19	3/10/20	6/09/20	9/24/20
Mary Weeks	X	X	X	X
Sharon Larson	X	X	X	X
Alina Alonso	X	E	X	X
James Elder	X	X	X	
Sean O'Bannon	X	X	X	X
Kimberly Shultz	X	X	X	X
Cory Neering		X	X	
Dr. Ishan Gunawardene		X	X	X
Dr. Daniel Padron	E	X	X	X

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

1. Description: Proposed Schedule for 2021 Quality, Patient Safety and Compliance Meetings

2. Summary:

This agenda item provides the Committee with the proposed schedule for 2021 Quality, Patient Safety and Compliance Meetings.

3. Substantive Analysis:

March 10, 2021

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

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

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shahriari

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Valerie Shahriari
VP & General Counsel

DocuSigned by:
Darcy Davis

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Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

1. Description: Summary of Compliance and Privacy Activities

2. Summary:

This item presents a summary of the District's compliance and privacy activities for the 3rd Quarter of 2020.

3. Substantive Analysis:

The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and compliance committee regarding planning, implementing, and monitoring the compliance and privacy program. Reporting the compliance and privacy activities helps to establish methods for improving the District's efficiency and quality of service, and to reduce vulnerability to fraud, waste, and abuse.

Compliance and privacy highlights include:

- Recruiting for a Senior Compliance and Privacy Analyst;
- Development of an Executive Leadership Compliance Training schedule for the upcoming year to cover topics such as fraud, waste, and abuse; coding, billing, and associated regulatory guidance; and HIPAA Privacy;
- Participation in the Revenue Cycle Task Force and the Clinic Compliance Task Force for ongoing management initiatives; and
- Ongoing implementation of the Compliance Workplan.

Major ongoing compliance and privacy projects include:

- Ongoing compliance support for COVID-19 operations;
- Training for evaluation and management regulatory updates for 2021;
- Revision of compliance and privacy training program and new hire orientation;
- BAA reconciliation;
- Compliance Program Effectiveness (CPE) Assessment;
- Review of effective lines of communication; and
- Compliance and privacy P&P review.

Reported Compliance and Privacy incidents for the 3rd Quarter of 2020 included:

- Fourteen (14) privacy concerns, one was a reportable breach where a notice to the patient was sent timely.
- Five (5) compliance inquiries.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE December 8, 2020

The ComplianceLine (the District’s Compliance Hotline) received six (6) calls. Additional requests received by the Compliance Department included two (2) regulatory inquiries.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date

6. Recommendation:

Staff recommends the Board receive and file the District’s Summary of Compliance and Privacy Activities for the first and second quarter of FY 2021

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shahriri

C1BC64230646437...
valerie Shahriri
VP & General Counsel

DocuSigned by:
Joshua Burrill

745544633486479...
Joshua Burrill
AVP, Compliance, Privacy, & Internal Audit

DocuSigned by:
Darcy Davis

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Darcy J. Davis
Chief Executive Officer



Health Care District of Palm Beach County

Dedicated to the health of our community

**QUALITY, PATIENT SAFETY AND
COMPLIANCE COMMITTEE**

December 8, 2020



COMPLIANCE & PRIVACY SUMMARY AND DASHBOARD

Compliance, Privacy & Highlights

- Recruiting for Sr. Compliance & Privacy Analyst position
- Executive Leadership Compliance Training
 - Regular training scheduled for the upcoming year
- Participated in task forces for management initiatives
 - Revenue Cycle Task Force
 - Clinic Compliance Task Force
- Implementation of Compliance Workplan



Compliance & Privacy Major Projects

- Compliance support for COVID-19 operations and 2021 regulatory changes
- Evaluation & Management Updates for 2021
 - Training sessions scheduled for December available to providers, coders, and applicable staff
- Revision of Compliance and Privacy training program and new hire orientation
- Business Associate Agreement document revision and reconciliation
 - Review of BAAs complete
 - In process of conducting vendor outreach and updating BAAs on file
- Compliance Program Effectiveness (CPE) Assessment
- Effective lines of communication
 - Updates to Compliance posters in District facilities
- Compliance and Privacy P&P Review





Compliance & Privacy Dashboard

July 1, 2020 – September 30, 2020

Reported Privacy Concerns				
Entity	July	August	September	Total
Home Office	1	1	-	2
Lakeside Medical Center	-	-	-	-
C.L. Brumback Clinics	1	8	3	12
E.J. Healey Center	-	-	-	-
Aeromedical	-	-	-	-
Pharmacy	-	-	-	-
School Health	-	-	-	-
			Total	14

Compliance Inquiries				
Entity	July	August	September	Total
Home Office	2	1	1	4
Lakeside Medical Center	-	-	1	1
C.L. Brumback Clinics	-	-	-	-
E.J. Healey Center	-	-	-	-
Aeromedical	-	-	-	-
Pharmacy	-	-	-	-
School Health	-	-	-	-
		Total	Total	5

Privacy Category Reported	
Disclosure to an Unauthorized Person	1
Proper Safeguards	1
Misdirected Fax	7
Medication Error	1
Misfile of PHI	2
Consent for Treatment	1
Unauthorized Access	1

Breach Notifications Mailed	
Home Office	-
Lakeside Medical Center	-
C.L. Brumback Clinics	-
E.J. Healey Center	-
Aeromedical	-
Pharmacy	1
School Health	-

Regulatory Inquiries		
July	August	September
1	-	1
		Total
		2

Compliance Hotline Calls		
July	August	September
1	3	2
		Total
		6

Record Amendment Requests		
July	August	September
-	-	-
		Total
		0

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

1. Description: Patient Relations Dashboards

2. Summary:

Periodic departmental relations dashboards for review.

3. Substantive Analysis:

This agenda item provides the patient relations dashboard for the 3rd Quarter of 2020 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center and Pharmacy.

C. L. Brumback Primary Care Clinics

In the third quarter of 2020, the clinics served 14,676 unique patients and provided 24,226 clinic visits. During this time period the clinics received a total of 61 complaints and 16 grievances for a total of 76 Patient Relations occurrences which represents less than 1% of clinics visits for the quarter. The Top Five Categories for Complaints and Grievances for the quarter were: Communication, Care & Treatment, Environmental, Finance, and Physician Related. The Top Subcategory was Poor Communication. Many complaints and grievances were related to the patients perceived wait times for in-person and telemedicine clinic appointments, wait times related to the receipt of a referral, and contacting the clinic by phone. Complaints and grievances related to contacting the clinics by phone has decreased significantly since the launch of the new phone tree on August 18th. All grievances were followed-up on by mailing a letter within 7 days.

There were 8 compliments received at 5 clinics and one compliment for the Clinic Service Center.

E. J. Healey Nursing & Rehabilitation Center

For the period from 07/01/20 to 09/30/20, there was an average of 111 residents. There were 41 grievances submitted from 20 residents. The Top Five Categories were Personal Belongings, Nursing Related, Other, Environmental and Nutrition. The grievances included in in the category “Other” included a resident who was unhappy with their roommate, questions regarding facility A/C system and UV lights, questions regarding Hurricane protocol, and a resident that did not like the new care plan protocol that was established due to COVID-19.

There were a total of 127 compliments. 52% of these were attributed to the Healey Center as a whole, not a specific department.

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

Lakeside Medical Center

For Q3 2020, Lakeside served 4,304 patients and had 16 complaints and grievances. The Top 5 Categories were Care & Treatment, Finance, Admitting/Registration, Communication and Personal Belongings. The Top Subcategories revealed the highest subcategory as competency of staff, two from Emergency Services Department and one with residents. One patient was treated in the ER for an ear-ache and was also COVID-19 positive. There was concern about taking an anti-inflammatory while being COVID-19 positive, but the Physician was able to explain the rationale and the patient was happy with treatment in the end. 14 of these grievances were addressed, with positive recovery and for 2 incidents, from the same daughter in which an interdisciplinary team meeting was held with the daughter. There were 11 grievance letters sent within 30 days.

18 compliments were received. 6 were nursing related.

Pharmacy

For Q3, there were no complaints or compliments.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance
Committee

N/A

Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shahriari
C1BC64230646437...
Valerie Shahriari
VP & General Counsel

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

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

Patient Relations (Grievances, Complaints & Compliments)

C.L. Brumback Primary Care Clinics

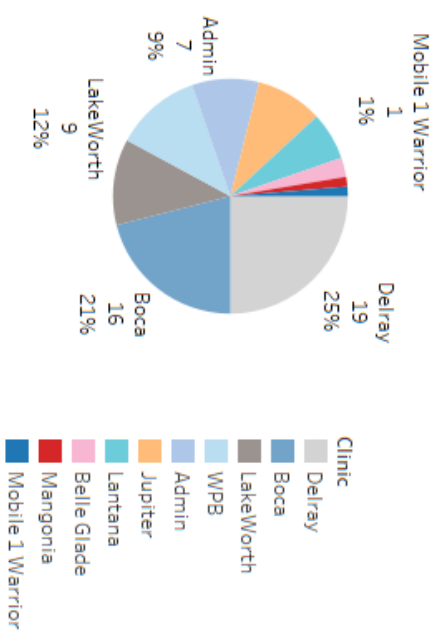
2020 Q3

07/01/2020 to 09/30/2020

Total Complaints and Grievances

76

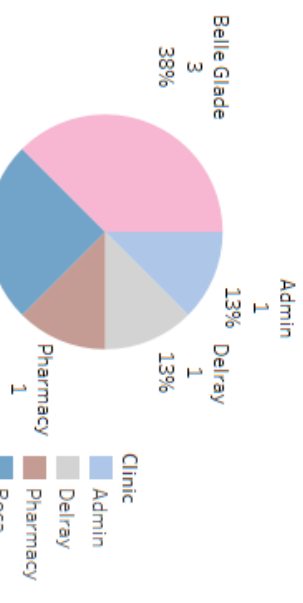
Clinics



Category	Top 5 Categories	Count
Communication	Boca	10
	Delray	5
	WPP	5
	Admin	3
	Jupiter	3
Care & Treatment	Boca	5
	Delray	4
	Jupiter	4
	WPP	4
	LakeWorth	3
Physician Related	Delray	6
	LakeWorth	2
	Mangonia	1
	Belle Glade	2
	Lantana	2

Total Compliments 8

Care and treatment Categories



Category	CSS	NURSING	OTHER	PHARMACY	PHYSICIAN
Belle Glade	1	1	1	1	1
Admin	1	1	1	1	2
Delray	1	1	1	1	2
Pharmacy	1	1	1	1	2
Boca	1	1	1	1	2

Total Top 5 Subcategories

Care & Treatment	Lack of Continuity of Care	9
	Wait Time	9
	Confidence in Care Givers	3
	Inappropriate Care	2
	Anger, Threats, Physical Abuse	1
	Unavailability of Staff; Delay to Call ..	1
Communication	Poor Communication	31
	Staff did not explain Things Underst..	1
Environmental	Appearance of facility	1
Finance	Billing issues (refusal to pay; reque..	7
Physician Related	Communication	5
	All aspects of care	3
	Response time	1

Complaints/Grievances Previous 4 Quarters 167

Top 5 Categories trended

10/01/2019 to 09/30/2020

Category	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3	2019 Q4	2020 Q1
Care & Treatment	16	18	10	25	7	6	7	32	3	1	9	2	6	4
Communication	7	6	7	32	3	1	9	2	6	4	1	6	2	1
Physician Related	3	1	9	3	1	1	9	2	6	4	1	6	2	1
Respect Related	2	6	4	1	2	6	4	1	6	4	1	6	2	1
Other	6	1	6	1	6	1	6	1	6	1	6	1	6	1

* Color represents Department

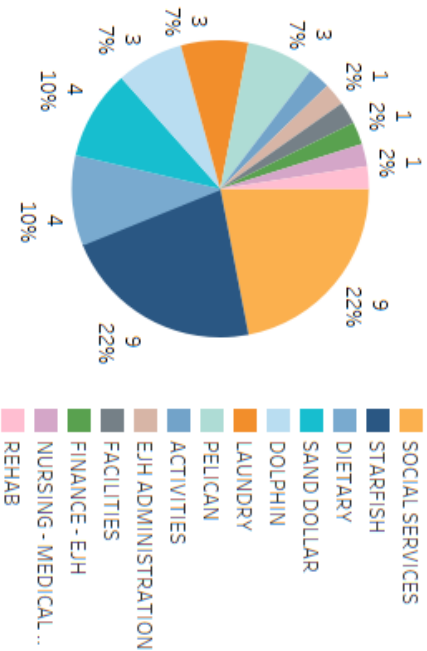


2020 Q3

07/01/2020 to 09/30/2020

Total Compliments and Grievances 41

Departments

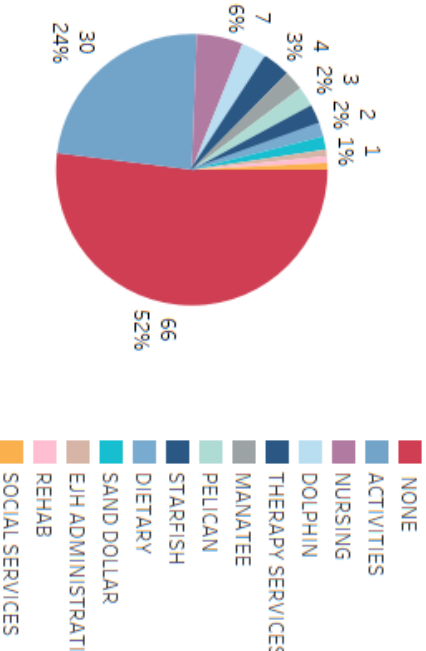


Top 5 Categories

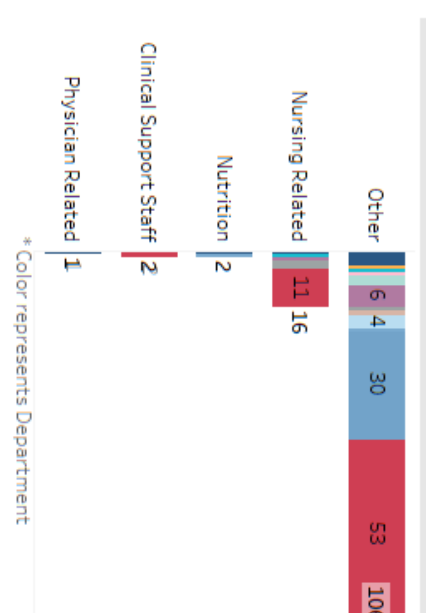
Category	Count
SOCIAL SERVICES	5
LAUNDRY	3
PELICAN	2
STARFISH	2
DOLPHIN	1
SAND DOLLAR	1
SOCIAL SERVICES	2
STARFISH	2
ACTIVITIES	1
DOLPHIN	1
REHAB	1
SAND DOLLAR	1
STARFISH	3
EJH ADMINISTRATION	1
FINANCE - EJH	1
NURSING - MEDICAL ADM...	1
PELICAN	1
STARFISH	2

Total Compliments 127

Departments



Care and treatment Categories



Total Top 5 Subcategories

Category	Count
Environmental	2
Other	2
Noise issues: staff roommate const..	3
Lack of amenities	1
Nursing Related	3
Other	3
All aspects of care	5
Nutrition	3
Other	3
Temperature	1
Other	7
Personal Belongings	9
Clothes	3
Loss	3
Damage	2

Complaints/Grievances Previous 4 Quarters 171

Top 5 Categories trended

10/01/2019 to 09/30/2020

Category	2019 Q4	2020 Q1	2020 Q2	2020 Q3
Other	16	25	14	7
Personal Belongings	15	11	8	14
Nutrition	12	5	7	4
Nursing Related	3	1	1	8

* Color represents Department

Patient Relations (Grievances, Complaints & Compliments)

Lakeside Medical Center

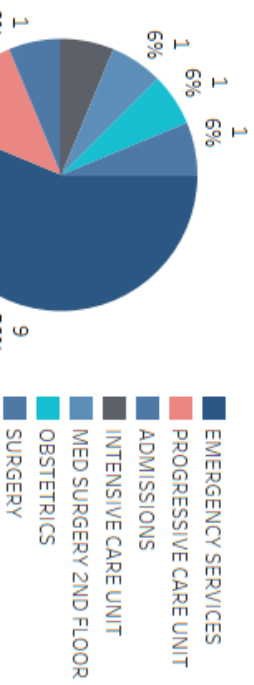
2020 Q3

07/01/2020 to 09/30/2020

Total Complaints and Grievances 16

Departments

Top 5 Categories

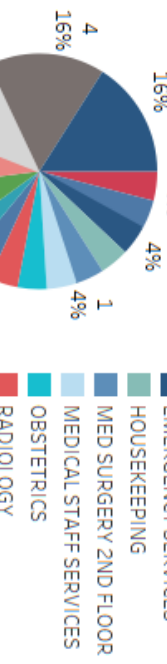


Care & Treatment	EMERGENCY SERVICES	MED SURGERY 2ND FLOOR	OBSTETRICS	PROGRESSIVE CARE UNIT	SURGERY	EMERGENCY SERVICES	ADMISSIONS	INTENSIVE CARE UNIT	COMMUNICATION	PERSONAL BELONGIN..
	5	1	1	1	1	3	1	1	1	1

Admitting/Registration	Delay in process for admission	Competency Of Staff	Confidence in Care Givers	Conflicting Information by Health P..	Diagnosis Issues	Lack of Continuity of Care	Rough Handling	Wait Time	Communication	Finance	Personal Belongings
	1	3	1	1	1	1	1	1	1	3	1

Total Compliments 25

Care and treatment Categories



CSS	1	2	3	4	5	6	7	8	9	10
NURSING	1	2	1	3	7					
OTHER	4	1	1	1	1	1	1	1	1	1
PHYSICIAN	1	3	1	1	1	1	7			

Previous 4 Quarters 68

Top 5 Categories trended 10/01/2019 to 09/30/2020

Care & Treatment	Communication	Nursing Related	Other	Physician Related
2019 Q4	1	2	2	3
2020 Q1	3	2	2	2
2020 Q2	4	3	2	2
2020 Q3	1	1	2	3
2020 Q4	9	5	5	1

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
December 8, 2020**

1. Description: Quality & Patient Safety Reports

2. Summary:

Periodic departmental quality and patient safety report for review.

3. Substantive Analysis:

This agenda item provides quality and patient safety reports for the 3rd Quarter of 2020 for Aeromedical, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

Aeromedical

For Q3, there were 117 flights with 122 unique patients. The Aeromedical Quality Report shows a total of 42 flights were missed, cancelled or aborted between July and September. 22 flights were cancelled due to weather. Medical No Go's decreased to 4 since last quarter as a direct result of updating COVID-19 protocols to allow flights. 2 No Go's were due to weight/size and/or equipment requirements.

The Detailed Run Time Report filtered for Interfacility transports shows that Dispatch to Enroute Average time was greatest in the month of September at 21 minutes and 40 seconds. Dispatch to destination Hospital Average was greatest in July at 90 minutes and 21 seconds. This resulted from one transport to Shand's Hospital in Gainesville, FL in July with extended transport time due to distance, patient information gathering delay, and pilot pre-flight risk analysis. There was a total of 34 inter-facility transports. 8 inter-facility transports were due to trauma.

The Detailed Run Time Report filtered for On Scene shows that all flights took less than 70 minutes. There was a total of 83 On Scene flights. The majority were due to trauma.

The Services All dashboard shows that 29% of flights were inter-facility transfers while 71% were on scene. Comparatively, the Services West of 20 Mile Bend show that inter-facility flights are greater at 40% and on scene are lower at 60%.

The Pick Up Locations dashboard shows that 55 Flights occurred West of 20 Mile Bend. 38 of these were picked up in Belle Glade.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE December 8, 2020

The Receiving Locations dashboard shows that the majority of flights went to St. Mary's.

GAMUT stands for Ground and Air Medical Quality Transports. Trauma Hawk has been benchmarking data to this National file repository site since 2018 as part of the Aeromedical Quality Improvement Committee. For Q3, 2020 71% of patient transports by Trauma Hawk were dispatched as a 911 response to the scene and 29% were dispatched as an interfacility transfer. Injuries to the head account for 31% of Trauma Hawk flights.

7 patients required intubation by Trauma Hawk crew members. 6 patients were intubated on the first attempt and 1 patient was intubated on the second attempt. 3 patients suffered a hypoxic event during transport. All intubations were carried out through rapid sequence intubation protocols.

C. L. Brumback Primary Care Clinics

In the third quarter of 2020, the clinics served 14,676 unique patients and provided 24,226 clinic visits.

Although, the following measures were not meeting goal at the end of September, we expect slow improvement over the remainder of the year: Childhood Immunizations (51%), Cervical Cancer Screening (55%), Colorectal Cancer Screening (41%), HIV Linkage to Care (83%), Hypertension (73%) and Diabetes (60%).

All other goals achieved for the quarter.

Corporate Quality Metrics

- **Clinic Service Center Stats**
 - Quarter 3 number of calls received was 265,542 by 76,951 unique numbers.
 - The heaviest call volumes occur between 9am and 12pm which is 38% of all calls received.
 - Call volumes remain the highest on Mondays.

- **Human Resources**
 - Quarter 3 headcount ended at 1,217 team-members after 89 new hires and 117 separations.
 - Turnover rate for Q3 was 11.32%, while New Hire turnover rate was 2.4%.
 - The current diversity headcount is almost 68%, average age of employees is about 47 years old and almost 81% of the workforce are female.

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- **Information Technology**
 - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. The chart includes the top 7 mission critical applications for the organization. We met our service level for all applications in September except The Healey due to a network fiber cut. We met our service level for all applications in October except LMC due to a network fiber cut. The LMC outage was extended due to our back up network circuit malfunctioning. This has been corrected and tested.
 - **Customer Service:** For Q3, we saw an increase in service requests overall, receiving 1,765 in July, 2,086 in August and 2,809 in September. Our close rate dropped from a high of 98% in August to 93% in September due to the increase volume of tickets. The IT Help Desk was able to reduce the abandon call rate from 5.31% in July to 2.56% in September.
 - **Cybersecurity:** For Q3 we investigated 84 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. The increase from FY19 is due to an increase in phishing and malware investigations in the healthcare industry.

E. J. Healey

For Q3 there was an average of 111 patients. All goals achieved for quarter.

Lakeside Medical Center

For Q3 2020, *Inpatient Quality Measures* there were 4 of 8 measures (ED-1a, PC-02, PC-05 and Sep-1) that did not meet goal.

From July-September 2020, of the cases sampled (124) for ED-1a, the median turn-around time was 303 minutes due to an increase in bed capacity and ER holds. There was a decrease noted from 345 minutes in Q2 (lower rate is better).

There were (2) Perinatal measures, for PC-02 there were (2) cases sampled and (1) delivered by C-Section for a 50% total rate, which is above the goal of 20% and an increase from 22% in Q2. The case was reviewed and deemed necessary. For PC-05, there were (24) sampled breastfeeding cases for a compliance rate of 8% which was lower than 13% for Q2 and the goal of 41%.

The compliance rate for Sepsis was 46%, a decrease from 55% in Q2, which was below the goal of 60%. Concurrent review continues and all cases are discussed in full detail at the Sepsis Committee meeting and with involved individuals.

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For Q3 2020, *Outpatient Quality Measures* there was 1 of 3 measures (OP-3a) that did not meet goal.

From July-September 2020, there was one case that fell into the population for OP-3a with a median time for transfer of 130 minutes, which was above the goal of less than 59 minutes. The case was reviewed and it was determined that care was rendered appropriately based on the patient's condition.

Pharmacy

For Q3 2020, the total HCD prescriptions filled were 47,008. Central Fill continues to be suspended due to COVID-19 closure. Prescriptions returned to stock is just above 5% goal in Belle Glade and Delray. We have mailed 5,483 packages for a total of 14,385 prescriptions mailed. All other goals achieved for quarter.

Pharmacy has finally rolled out the outbound notifications for all pharmacy sites. The system sends either text or an automated call notifying patients that prescriptions are ready to be picked up.

Trauma

For Q3 2020, 1,131 patients were seen at a trauma center. 519 patients were seen at Delray Medical Center and 612 patients were seen at St. Mary's Medical Center. The greatest number of traumatic injuries seen at St. Mary's is attributed to the 20 – 29 age range at 15% of St. Mary's total trauma volume. The greatest number of traumatic injuries seen at Delray is attributed to the 80 – 89 age range at 18% of Delray's total trauma volume.

Pediatrics account for 13% of total volume for St. Mary's while pediatrics account for 5% of total trauma volume for Delray. Adults account for 58% of total trauma volume for St. Mary's and 44% of total trauma volume at Delray, Geriatrics account for 28% of total trauma volume at St. Mary's and 51% of total trauma volume at Delray. This highlights the age discrepancy seen between the lower half of the county versus the upper half of the county.

Total trauma workload saw a decline during the beginning of the COVID-19 Pandemic (March – May 2020) at both trauma centers, but have seen an increase since June 2020 when compared to previous years of 2018 and 2019.

Pediatrics: The most common injuries for this age range are Fall, MVC and Burn.

Adults: The most common injuries for this age group are MVC, Fall and GSW.

Geriatrics: The most common injuries for this age group are Fall, MVC, MV vs Pedestrian. Falls dominate the injury mechanism category for this age range. 80% of geriatric trauma volume is associated with a fall.

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851 Trauma Alerts were activated at the scene of injury, 372 patients were transferred from an acute care facility to a trauma center and 306 patients were upgraded from the emergency department into trauma services. JFK Medical center transfers the most patients to the trauma centers followed by West Boca Medical Center and Jupiter Medical Center.

93% of traumatic injuries occur in Palm Beach County. Martin, St. Lucie and Hendry Counties make up the majority of the remaining 6%.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy J. Davis
Chief Executive 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 this information.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shahrari

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Valerie Shahrari
VP & General Counsel

**HEALTH CARE DISTRICT
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December 8, 2020**

DocuSigned by:

Belma Andric

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Belma Andric, MD

CMO, VP & Executive Director of Clinical
Services

DocuSigned by:

Darcy Davis

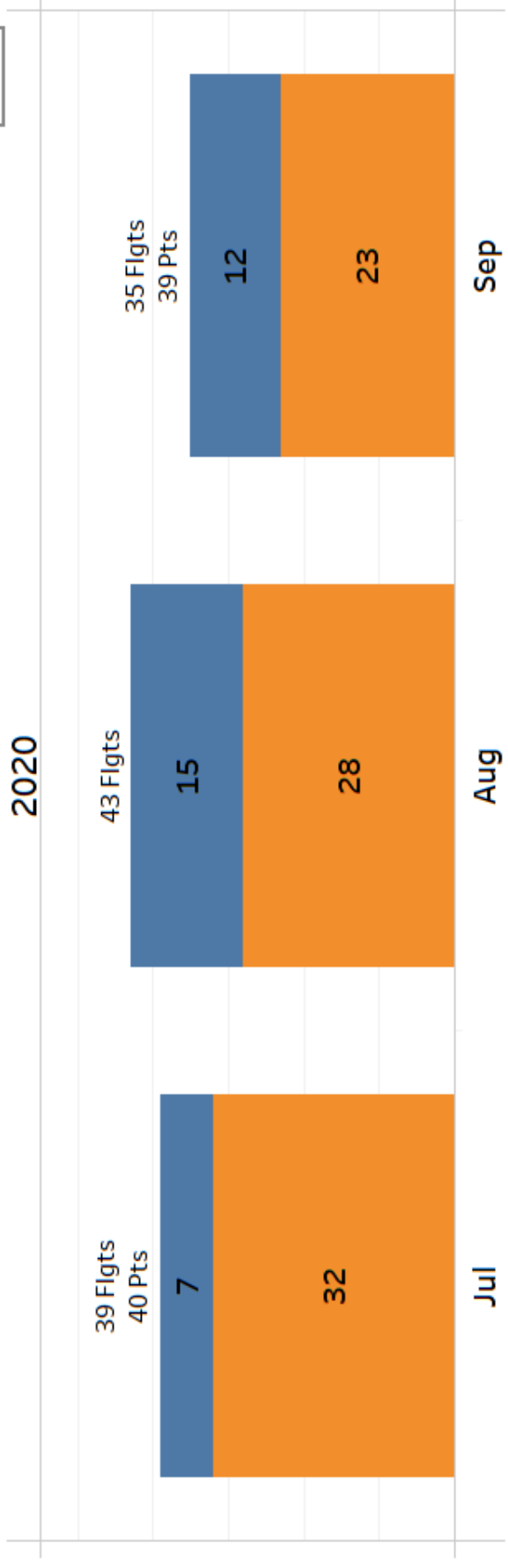
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Darcy J. Davis

Chief Executive Officer

Flights
Patients

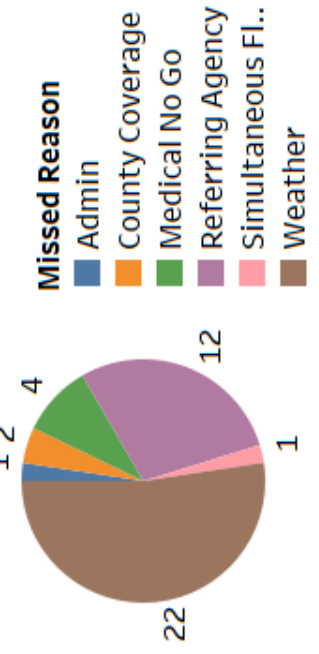
Interhospital On Scene

2020

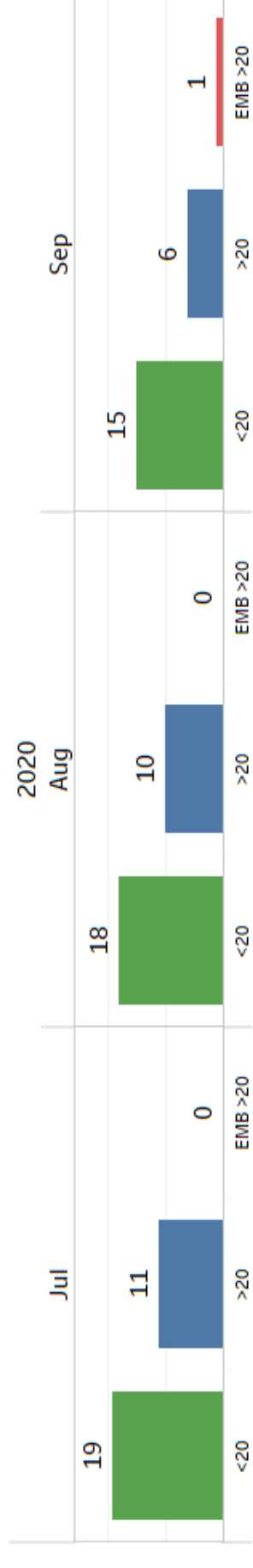


Missed, Cancelled or Aborted Flights

Missed Date
 07/01/2020 to 09/30/2020



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



Average Times for Scene Flights

Month, Year of..	On Sce..	Disp To En..	Disp To On..
July 2020	8m 44s	4m 47s	17m 14s
August 2020	8m 39s	5m 13s	18m 8s
September 20..	9m 53s	6m 13s	17m 0s

Utilization

	2020		
	Jul	Aug	Sep
Hours Utilized	57.25	65.11	50.09
% Hours Utilized	5.2%	6.6%	7.2%
Available Hours	1,104	984	696
% Available Hours	99%	88%	64%

*EMB - East of 20 Mile Bend

Detailed RunTime report TH135

Flight Type
Interfacility

Flight Date
07/01/2020 to 09/30/2020

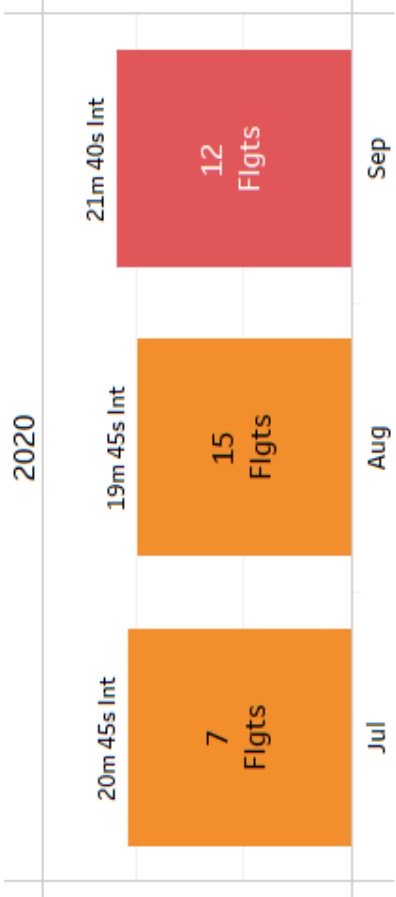
Between 15 and 20 Minutes
 > 20 Minutes

20 Mile Bend
 All

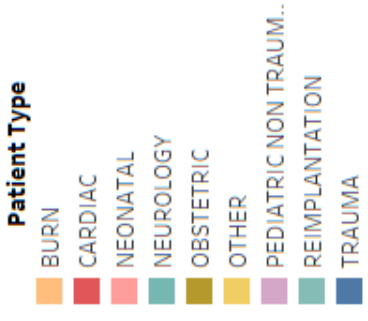
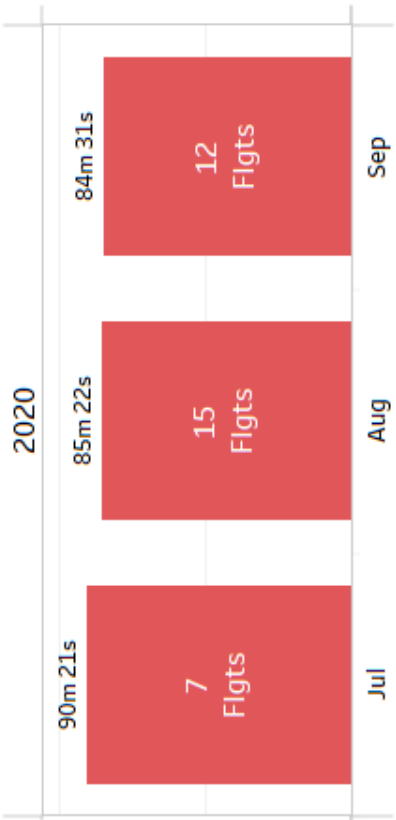
Patient Type
All

34

Dispatch To Enroute Average



Dispatch To Hospital Average



Flight Detail

Flight Num...	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr...	Time Arrival To Hospit...	Disp to Hosp	Time On Sce...	Pickup Location	Destination	To Enrou	To Hosp
2020-32803	07/01/2020	TRAUMA	07/01/2020 21:21:09	10m 16s	07/01/2020 22:03:33	42m 23s	17m 40s	JUPITER HOSPITAL 33458	STMY (64FD)	10.3	42.4
2020-32806	07/02/2020	OBSTETRIC	07/02/2020 14:16:34	42m 38s	07/02/2020 16:14:12	117m 37s	47m 23s	ST. MARY'S HOSPITAL 33407	MRJD (77FD)	42.7	117.6
2020-32807	07/03/2020	REIMPLANTATION	07/03/2020 09:49:29	15m 20s	07/03/2020 10:51:52	62m 22s	15m 27s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	15.4	62.4
2020-32809	07/04/2020	TRAUMA	07/04/2020 15:08:36	12m 55s	07/04/2020 16:31:13	82m 37s	36m 58s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	12.9	82.6
2020-32812	07/05/2020	TRAUMA	07/05/2020 19:15:51	8m 11s	07/05/2020 20:19:51	64m 0s	25m 28s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	8.2	64.0
2020-32854	07/23/2020	CARDIAC	07/23/2020 05:39:47	21m 49s	07/23/2020 06:51:38	71m 50s	33m 56s	ST. MARY'S HOSPITAL 33407	DCH (48FD)	21.8	71.9
2020-32883	07/30/2020	CARDIAC	07/30/2020 14:11:38	34m 6s	07/30/2020 17:23:19	191m 40s	58m 45s	ST. MARY'S HOSPITAL 33407	FA12	34.1	191.7
2020-32886	08/01/2020	NEUROLOGY	08/01/2020 12:56:19	19m 18s	08/01/2020 13:58:16	61m 57s	28m 37s	JFK MEDICAL CENTER (1FD3) 33462	DCH (48FD)	19.3	62.0
2020-32896	08/04/2020	TRAUMA	08/04/2020 22:37:27	12m 40s	08/04/2020 23:48:23	70m 55s	15m 56s	HENDRY REGIONAL MEDICAL CENTER 33...	STMY (64FD)	12.7	70.9
2020-32905	08/08/2020	PEDIATRIC NON TRAUMA	08/08/2020 22:25:28	21m 58s	08/09/2020 00:18:59	113m 31s	60m 30s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	22.0	113.5
2020-32906	08/09/2020	OBSTETRIC	08/09/2020 15:20:29	29m 56s	08/09/2020 16:46:10	85m 40s	32m 10s	ST. MARY'S HOSPITAL 33407	MRJD (77FD)	30.0	85.7
2020-32913	08/11/2020	TRAUMA	08/11/2020 22:35:24	19m 7s	08/12/2020 00:01:54	86m 30s	22m 20s	HENDRY REGIONAL MEDICAL CENTER 33...	STMY (64FD)	19.1	86.5
2020-32916	08/12/2020	TRAUMA	08/12/2020 19:06:48	14m 33s	08/12/2020 21:11:35	124m 46s	68m 6s	HENDRY REGIONAL MEDICAL CENTER 33...	STMY (64FD)	14.6	124.8
2020-32919	08/13/2020	TRAUMA	08/13/2020 18:33:05	10m 16s	08/13/2020 19:31:06	58m 1s	37m 6s	JFK MEDICAL CENTER 33462	DCH (48FD)	10.3	58.0

Detailed RunTime report TH135

Flight Type
On Scene

Flight Date

07/01/2020 to 09/30/2020

Patient Type
All

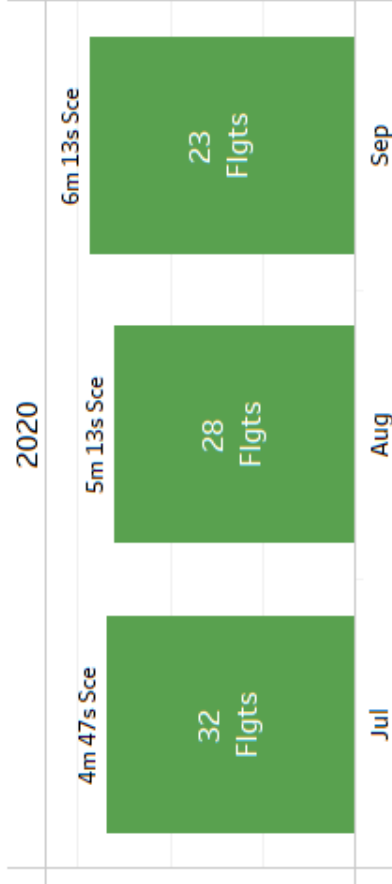
20 Mile Bend
All

< 70 Minutes

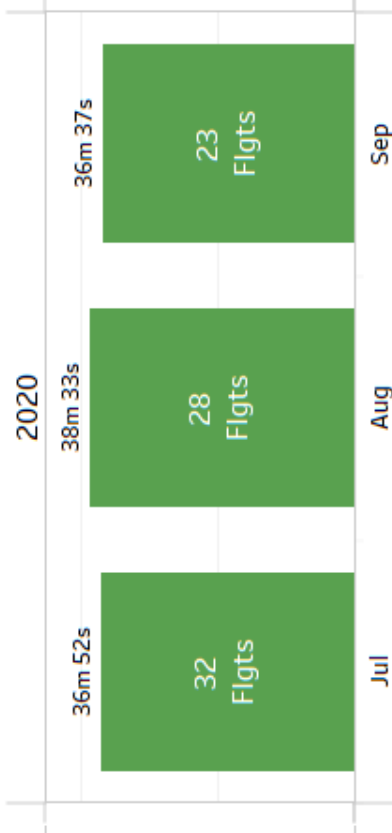
< 15 Minutes

83

Dispatch To Enroute Average



Dispatch To Hospital Average



Flight Detail

Flight Num...	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr...	Time Arrival To Hospit...	Disp to Hosp	TimeOnSce...	Pickup Location	Destination	To Enrou	To Hosp
2020-32800	07/01/2020	TRAUMA	07/01/2020 04:09:58	3m 43s	07/01/2020 04:54:04	44m 6s	6m 30s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.73	44.10
2020-32802	07/01/2020	TRAUMA	07/01/2020 16:18:45	4m 57s	07/01/2020 16:44:52	26m 7s	6m 39s	TIGER SHARK COVE PARK 33414	STMY (64FD)	4.95	26.12
2020-32805	07/02/2020	TRAUMA	07/02/2020 14:23:11	4m 28s	07/02/2020 15:05:03	41m 52s	6m 56s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	4.48	41.87
2020-32808	07/04/2020	TRAUMA	07/04/2020 00:39:37	3m 22s	07/04/2020 01:11:00	31m 22s	14m 11s	TURNPIKE/DONALD ROSS	STMY (64FD)	3.37	31.38
2020-32813	07/05/2020	TRAUMA	07/05/2020 23:17:20	11m 10s	07/06/2020 00:05:35	48m 15s	8m 24s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	11.18	48.25
2020-32814	07/06/2020	TRAUMA	07/06/2020 11:44:25	0m 55s	07/06/2020 12:10:24	25m 58s	8m 22s	ST THERESE DE LISIEUX 33414	DCH (48FD)	0.93	25.98
2020-32816	07/06/2020	NEUROLOGY	07/06/2020 17:13:49	7m 34s	07/06/2020 18:22:08	68m 19s	9m 52s	SOUTHERN GARDENS JUICE PLANT 33440	STMY (64FD)	7.58	68.32
2020-32817	07/07/2020	TRAUMA	07/07/2020 03:07:45	7m 16s	07/07/2020 03:42:30	34m 45s	15m 58s	HAMPTON INN / WELLINGTON 33414	STMY (64FD)	7.27	34.75
2020-32823	07/10/2020	TRAUMA	07/10/2020 18:05:06	24m 19s	07/10/2020 19:07:37	27m 55s	29m 16s	PBI 33406	STMY (64FD)	24.33	62.52
2020-32824	07/10/2020	TRAUMA	07/10/2020 19:46:53	7m 4s	07/10/2020 20:29:18	42m 25s	5m 15s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	7.08	42.42
2020-32826	07/11/2020	TRAUMA	07/11/2020 07:20:52	1m 37s	07/11/2020 07:41:27	20m 34s	6m 26s	PALMS WEST HOSPITAL 33470	STMY (64FD)	1.62	20.58
2020-32830	07/14/2020	TRAUMA	07/14/2020 13:19:34	4m 57s	07/14/2020 13:50:42	31m 7s	10m 54s	PALMS WEST HOSPITAL 33470	STMY (64FD)	4.95	31.13
2020-32832	07/15/2020	TRAUMA	07/15/2020 08:53:45	5m 54s	07/15/2020 09:33:26	39m 40s	21m 45s	VETERANS PARK 33415	STMY (64FD)	5.90	39.68
2020-32833	07/16/2020	TRAUMA	07/16/2020 09:55:17	1m 48s	07/16/2020 10:26:16	30m 58s	9m 41s	FRONTIER ELEMENTARY 33470	STMY (64FD)	1.80	30.98

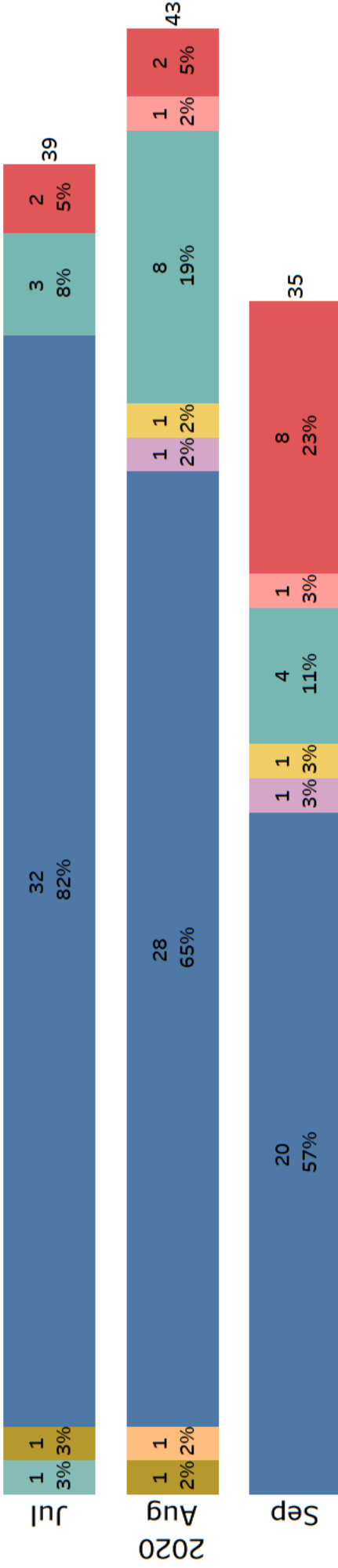
Services
All

117

Flight Date
07/01/2020 to 09/30/2020

Pt Type
All

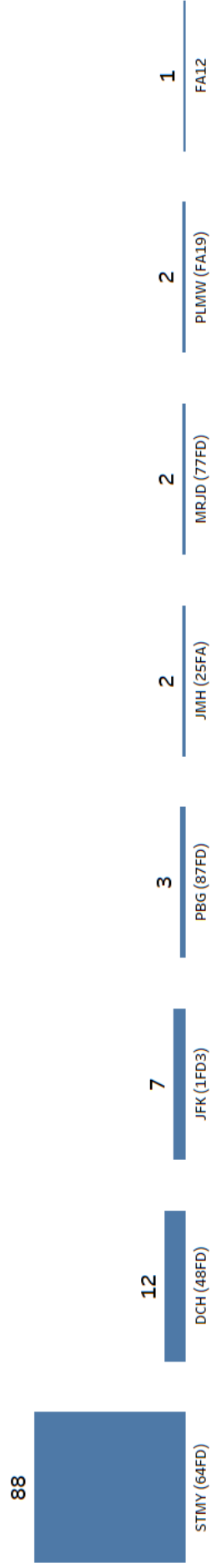
- CARDIAC
- NEONATAL
- NEUROLOGY
- OTHER
- PEDIATRIC NON TRAUMA
- TRAUMA
- BURN
- OBSTETRIC
- REIMPLANTATION



20 Mile Bend

- East of 20 Mile Bend
- West of 20 Mile Bend

Destination



Interfacility
34 Flgts
29%



On Scene
83 Flgts
71%

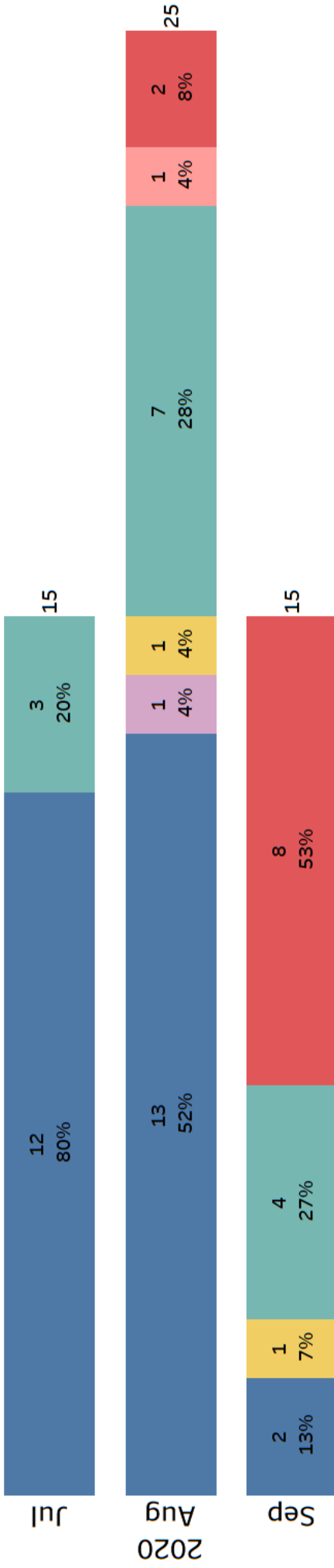
Services
West of 20 Mile Bend

TOTAL FLIGHTS 55

Flight Date
07/01/2020 to 09/30/2020

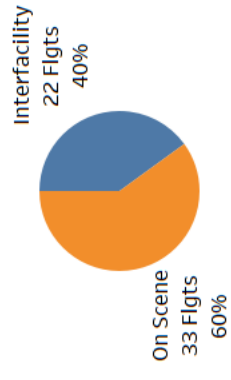
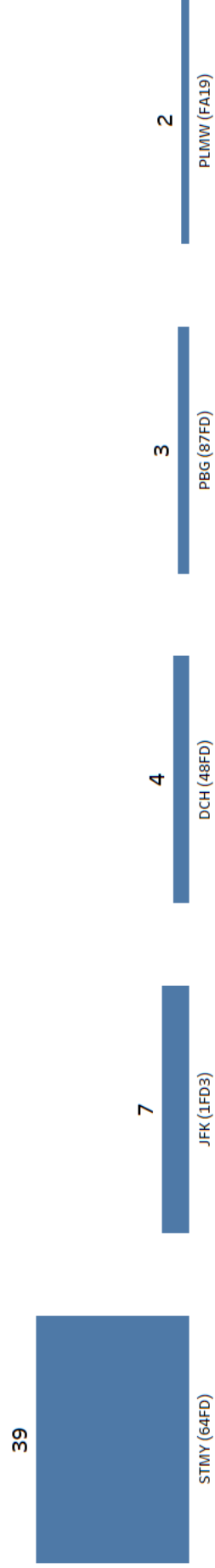
Pt Type
All

- CARDIAC
- NEONATAL
- NEUROLOGY
- OTHER
- PEDIATRIC NON TRAUMA
- TRAUMA

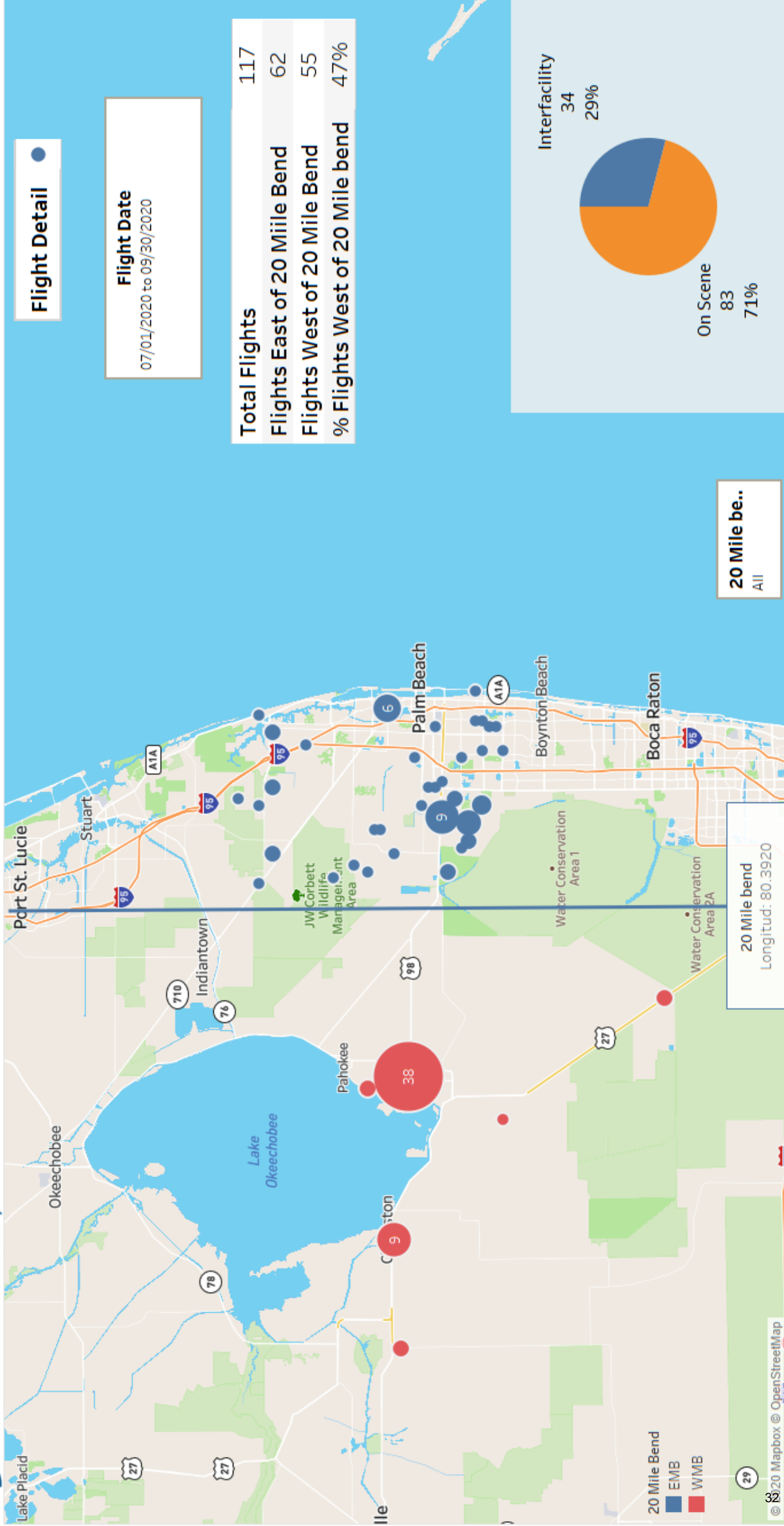


20 Mile Bend
 East of 20 Mile Bend
 West of 20 Mile Bend

Destination



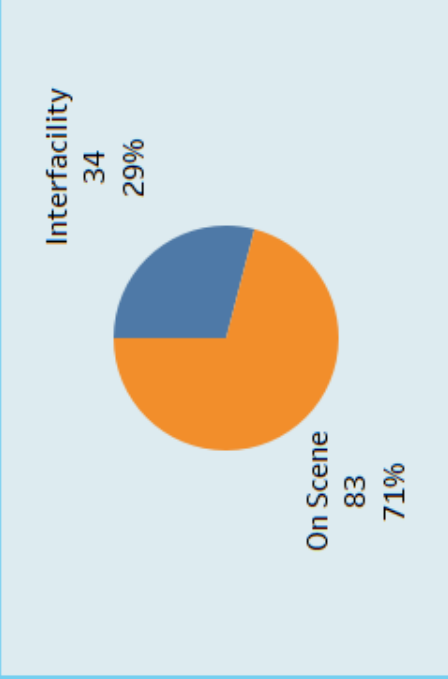
Pick Up Locations



Flight Detail

Flight Date
 07/01/2020 to 09/30/2020

Total Flights	117
Flights East of 20 Mile Bend	62
Flights West of 20 Mile Bend	55
% Flights West of 20 Mile bend	47%



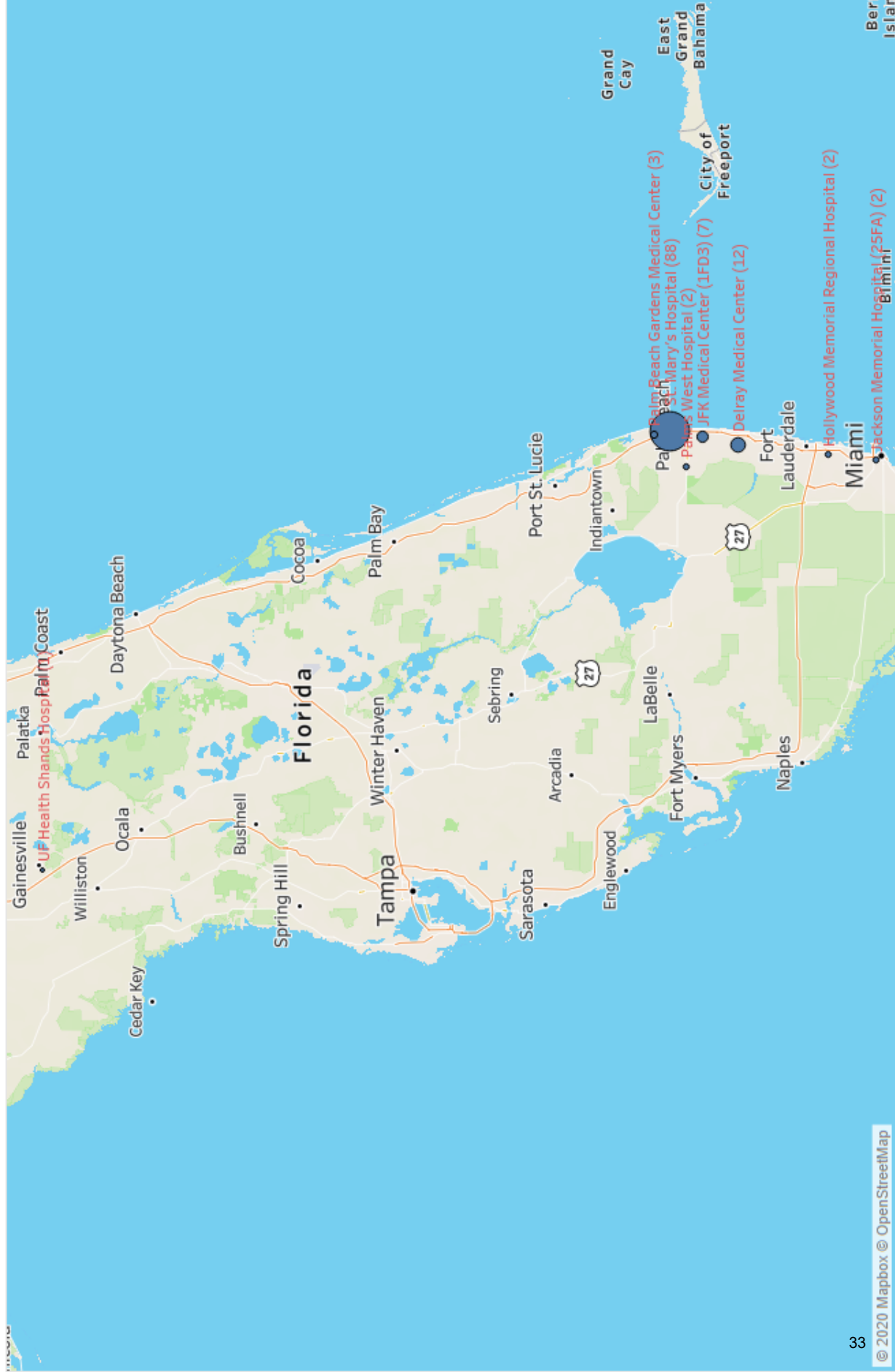
20 Mile be..
 All

20 Mile bend
 Longitude: 80.3920

20 Mile Bend
 EMB
 WMB

Receiving Locations

Flight Detail

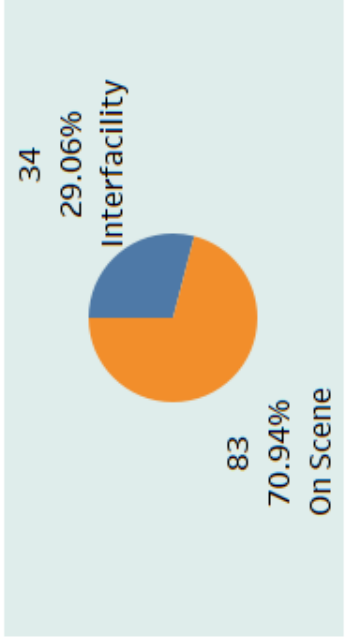


TH135 Receiving Locations

Flight Detail

Flight Date
07/01/2020 to 09/30/2020

Flights
117

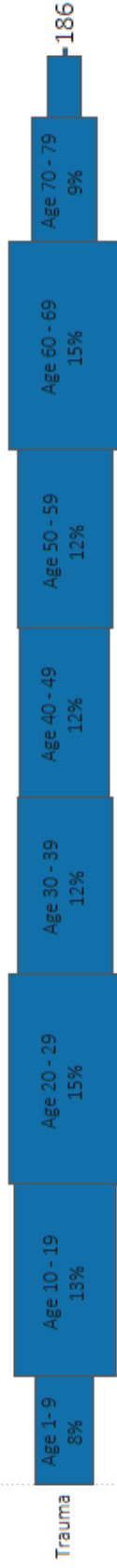


AEROMEDICAL UTILIZATION

PATIENT TRANSPORTS BY TRAUMA HAWK

January - September 2020: 373

AGE RANGE

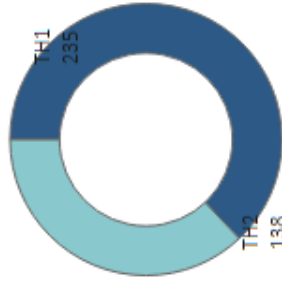


SCENE / INTERFACILITY RESPONSE

Interfacility Transport



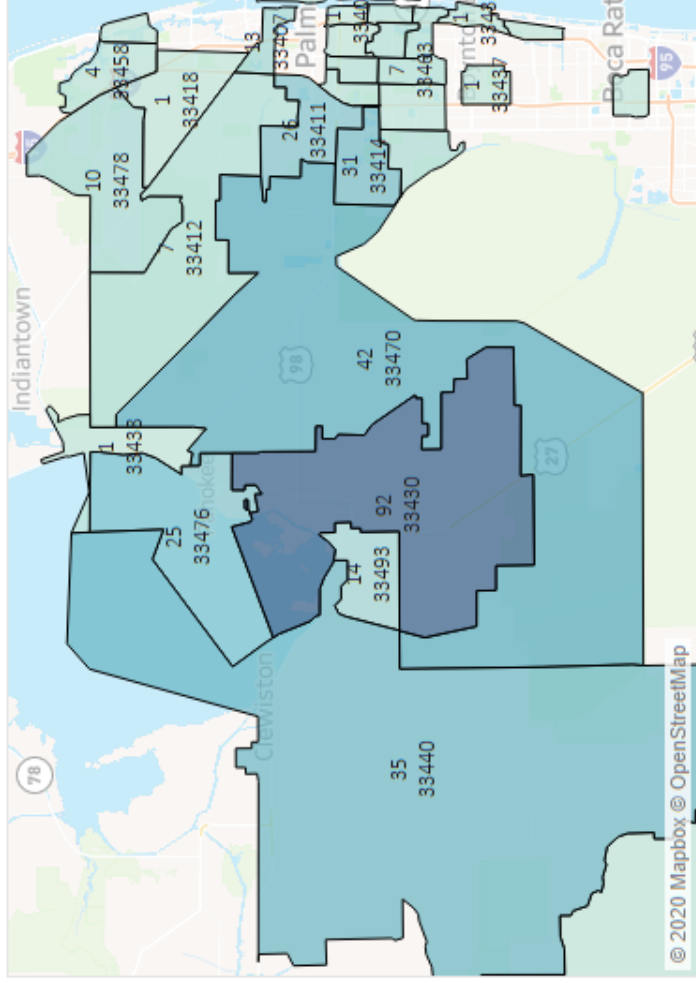
AIRCRAFT RESPONSE



911 Response (Scene)

282

ZIPCODE DISPATCH



TOTAL FLIGHTS BY MONTH



TOTAL PATIENTS TRANSPORTED BY TRAUMA HAWK: 373

MEAN MOBILIZATION TIME: 12:01

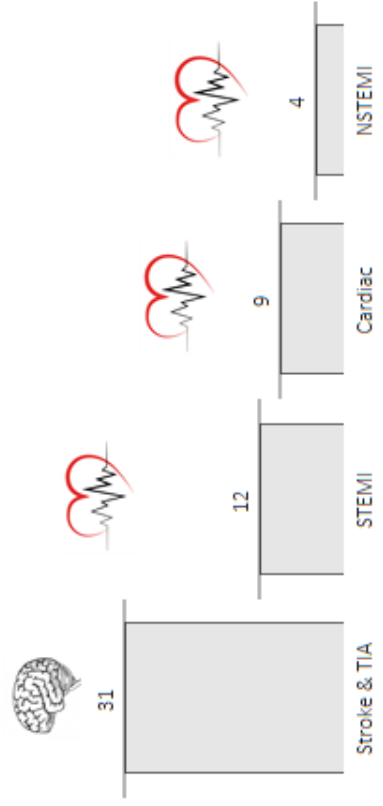
MEAN ON-SCENE TIME: 12:06

* Time format = mm:ss



GAMUT DATA ANALYSIS

(Ground & Air Medical Quality Transport)
January - September 2020



ENDOTRACHEAL TUBE STATUS

Placed	19	37%
Managed	32	63%

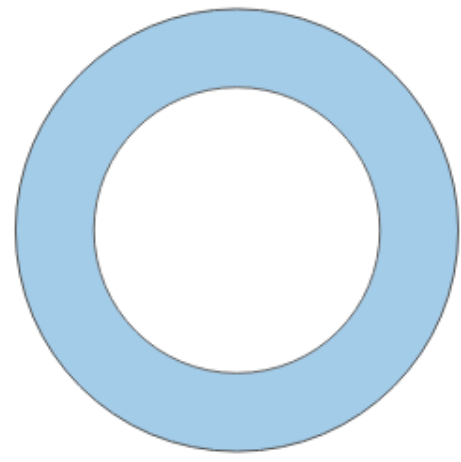
VENTILATOR STATUS

On Vent	16	31%
No Vent	35	69%

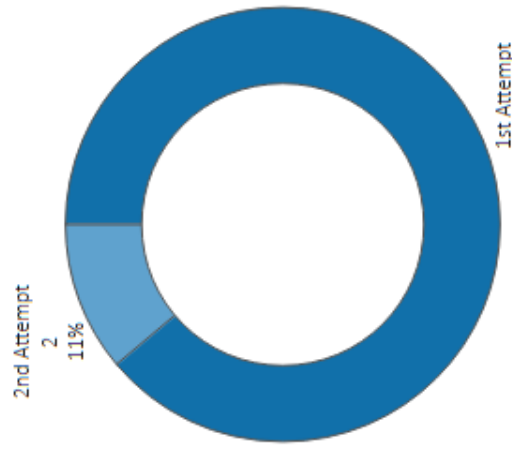
HYPOXIC EVENT DURING TRANSPORT

No Hypoxic Event	338	91%
Hypoxic Event	35	9%

RAPID SEQUENCE INTUBATION DOCUMENTATION (RSI)

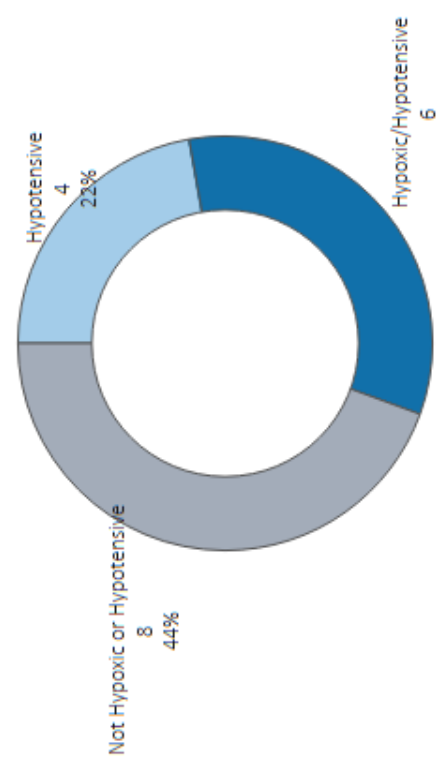


INTUBATION ATTEMPTS

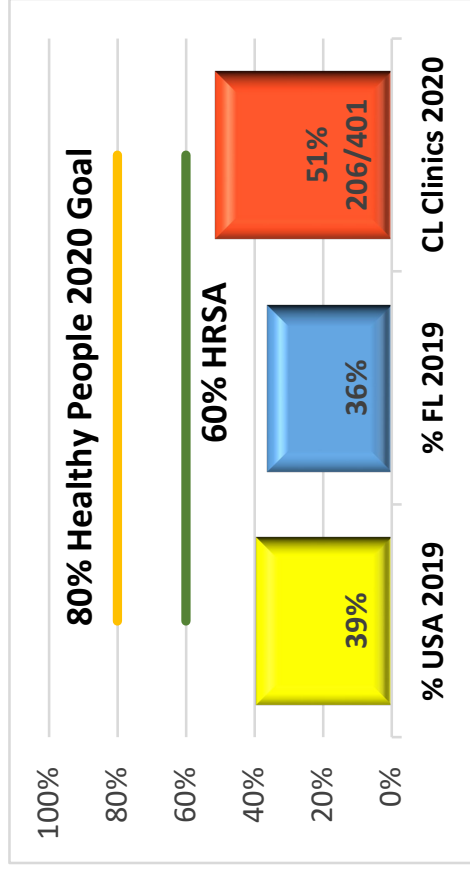


HYPOTENSION AND HYPOXIA

(post successful 1st attempt intubation)

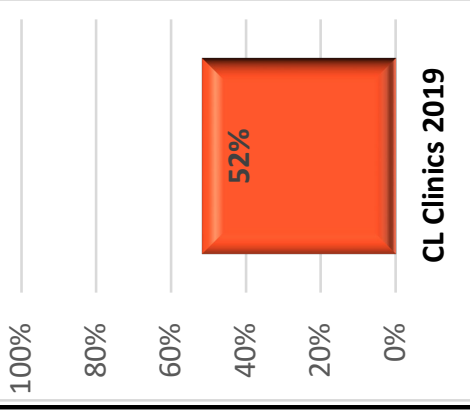


CHILDHOOD IMMUNIZATION

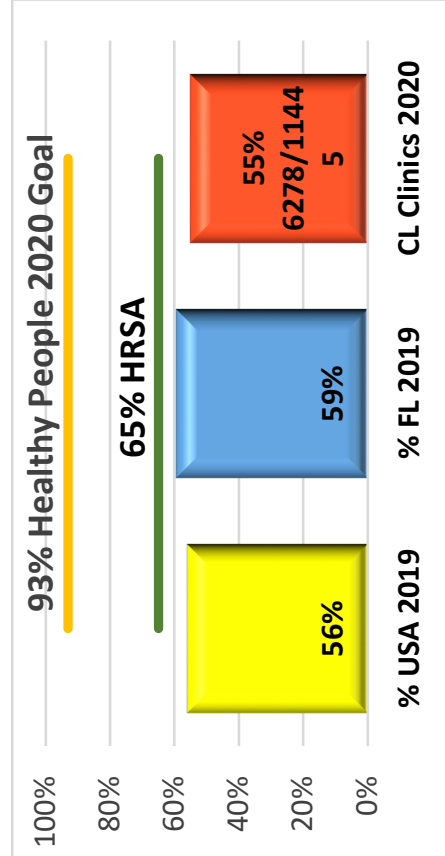


Findings: 1. There are frequent documentation errors regarding vaccines, patients may be compliant but show as non-compliant. 2. Patients are not always scheduled for follow up appointments.

Interventions: 1. Providers given a list of non-compliant patients to review and correct. 2. Staff have been working to schedule vaccine follow-up's.

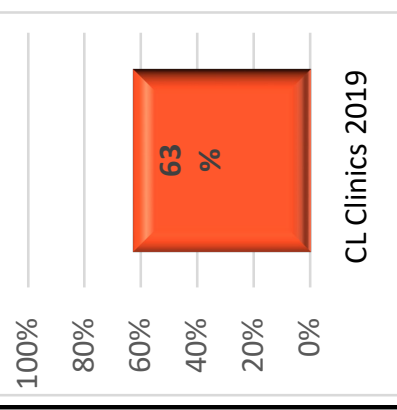


CERVICAL CANCER SCREENING

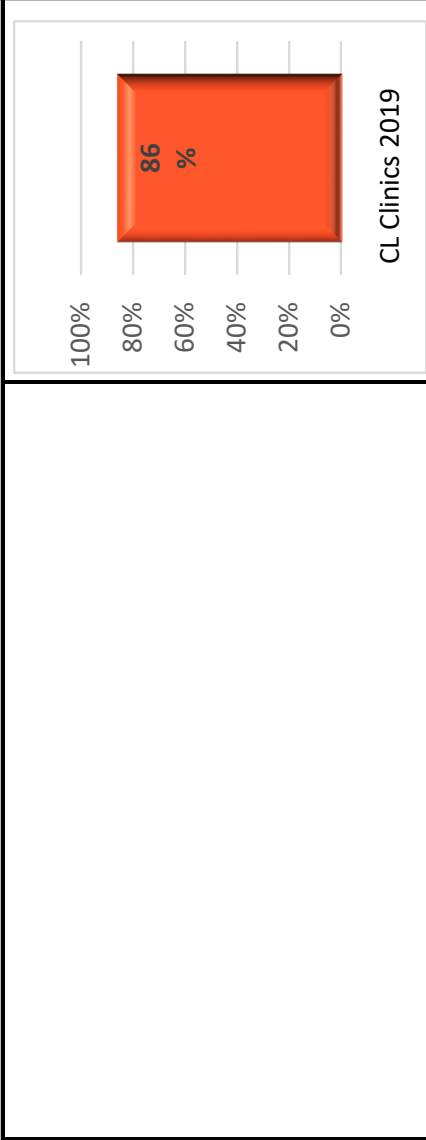
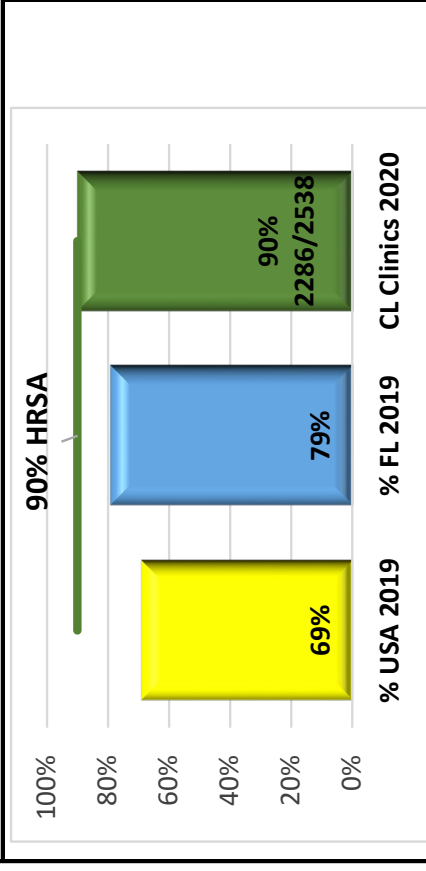


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

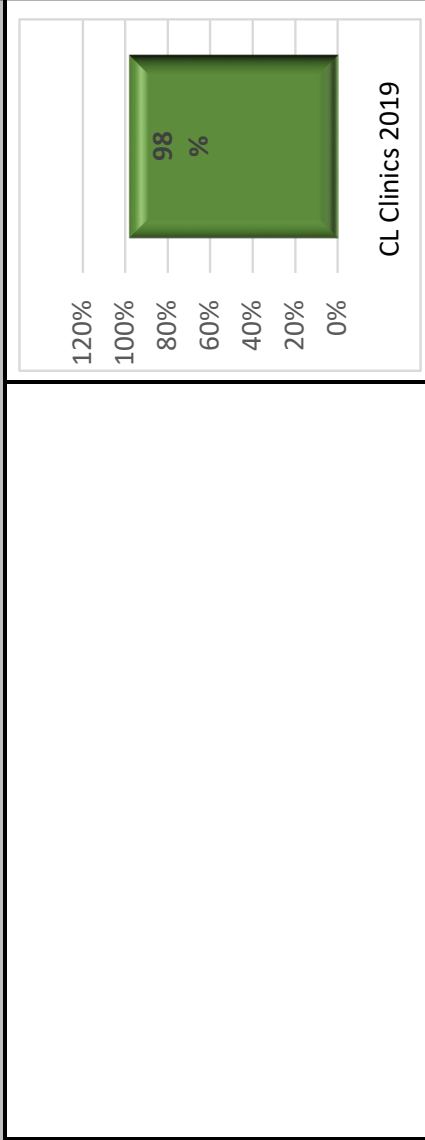
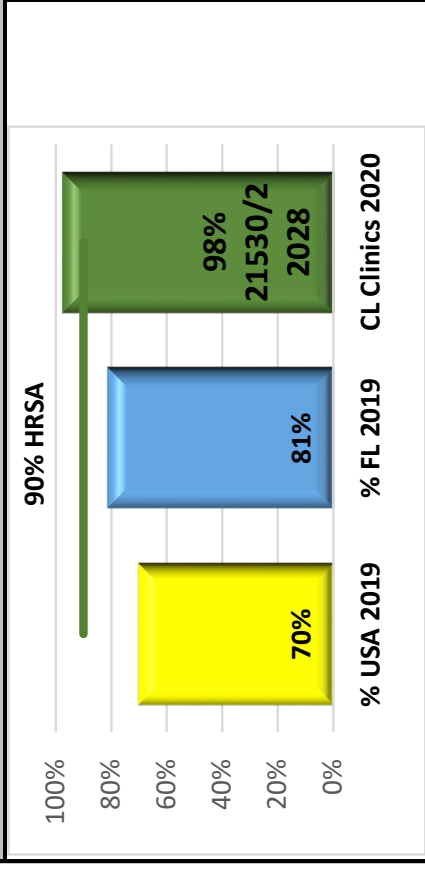
Interventions: 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Ongoing cervical cancer screening education provided to providers.



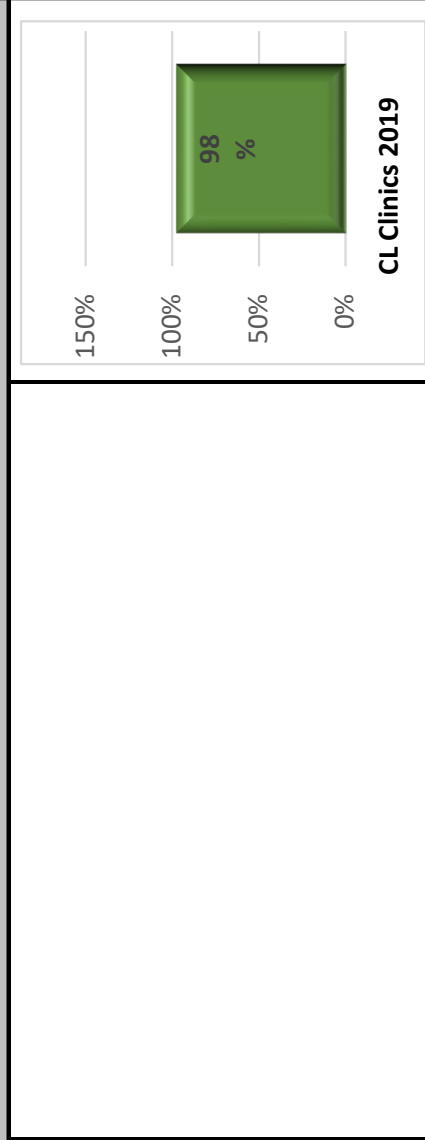
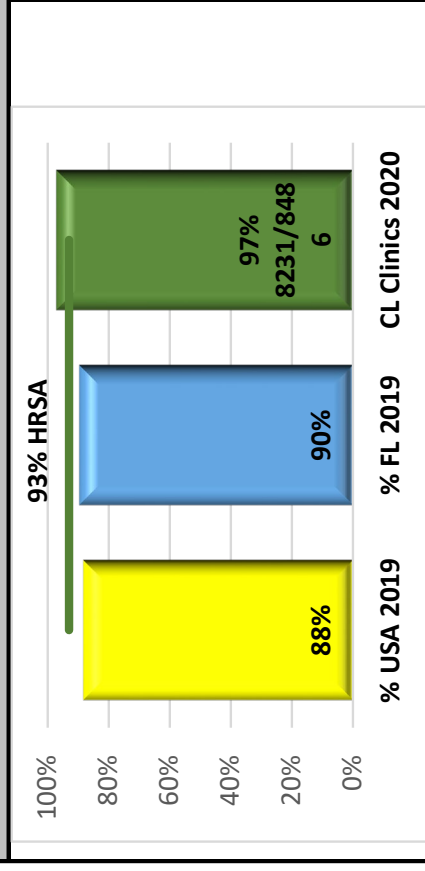
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



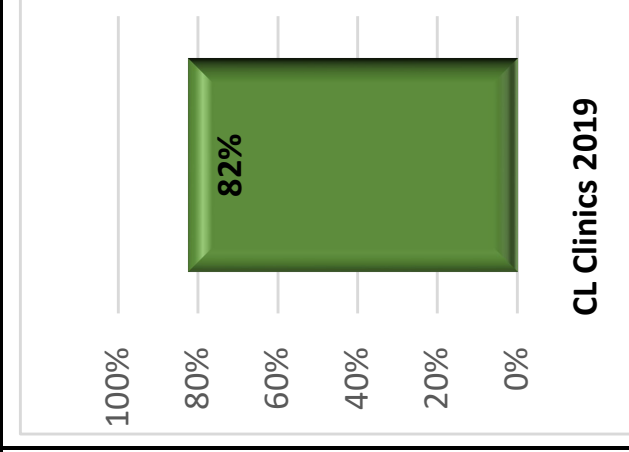
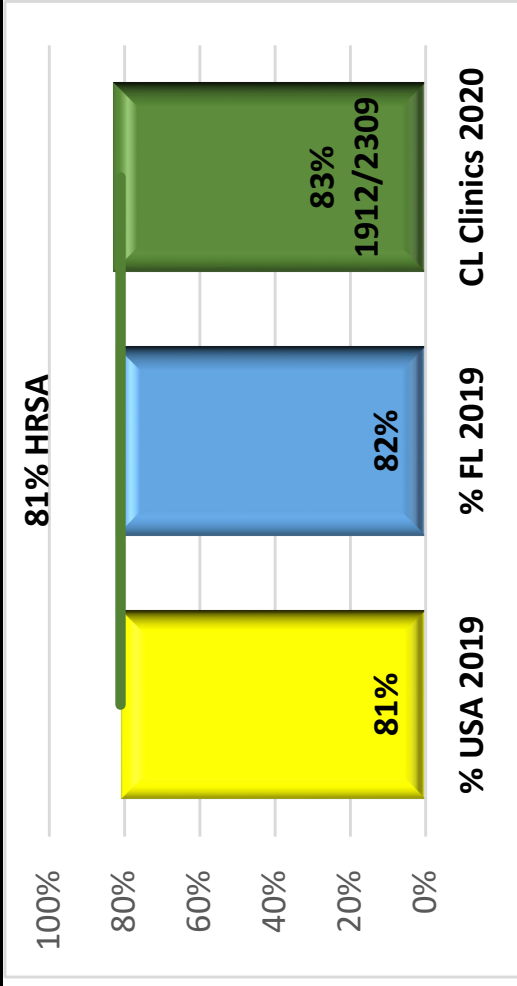
ADULT WEIGHT SCREENING AND FOLLOW UP



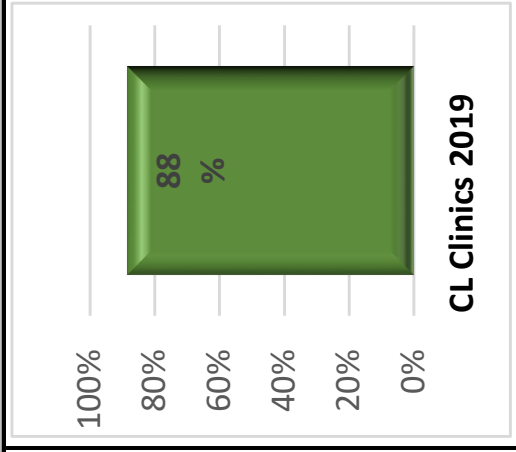
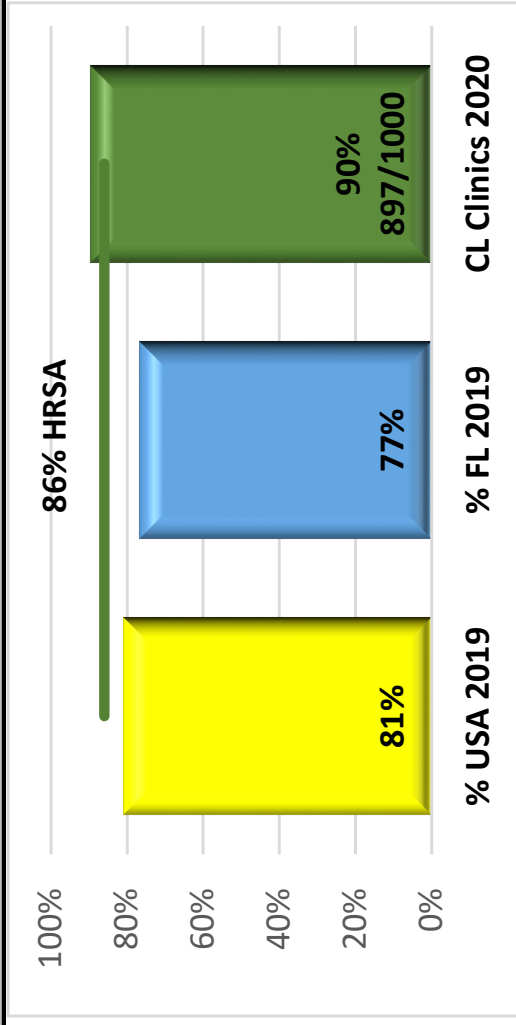
TOBACCO USE SCREENING AND CESSATION INTERVENTION



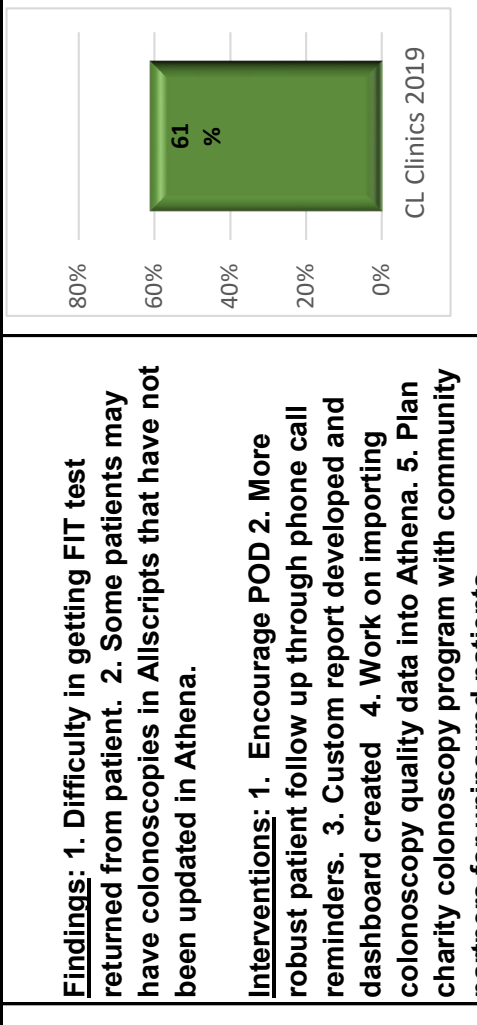
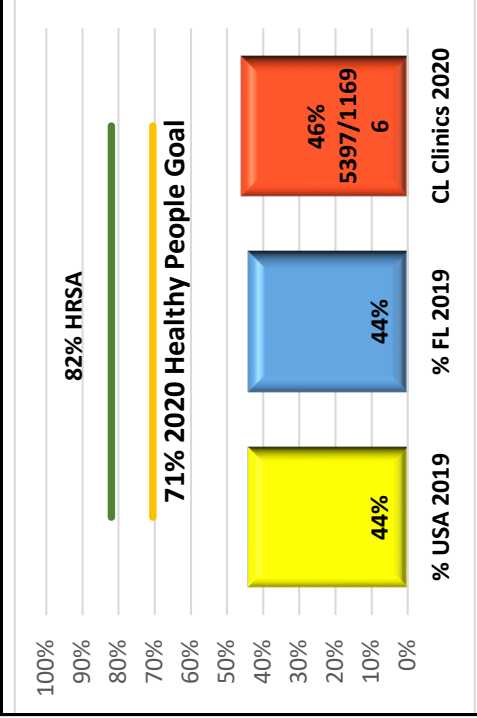
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy



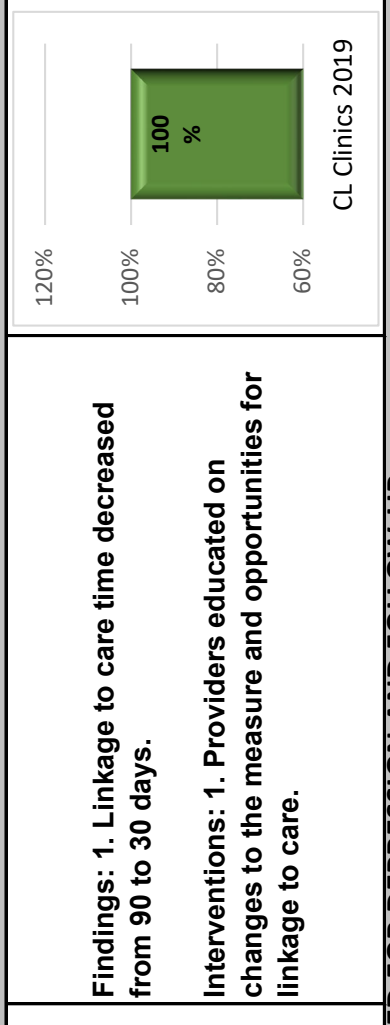
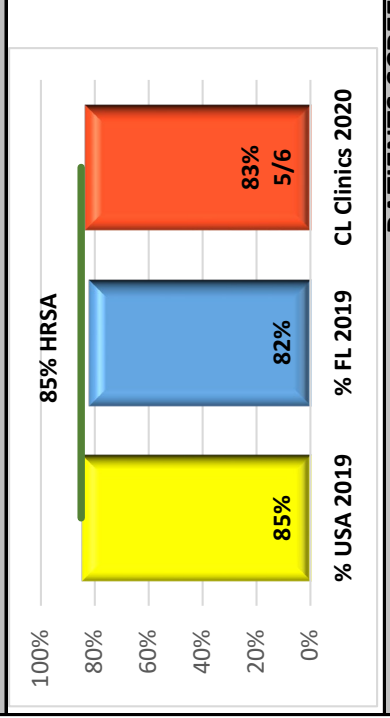
COLORECTAL CANCER SCREENING



Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.

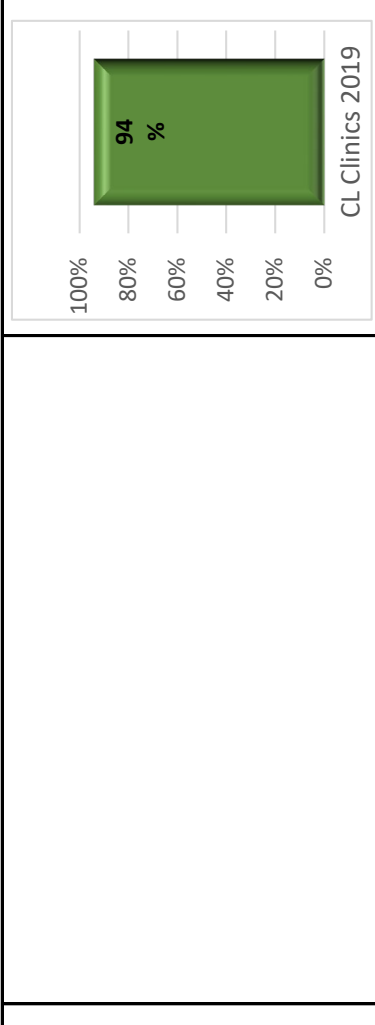
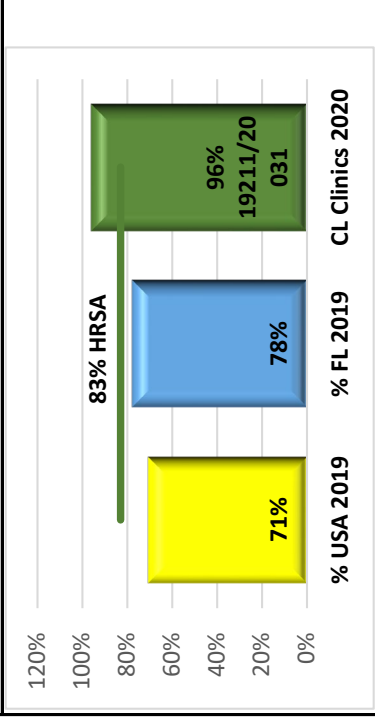
HIV LINKAGE TO CARE



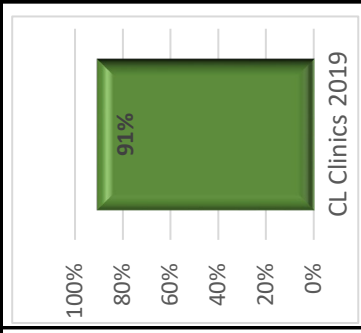
Findings: 1. Linkage to care time decreased from 90 to 30 days.

Interventions: 1. Providers educated on changes to the measure and opportunities for linkage to care.

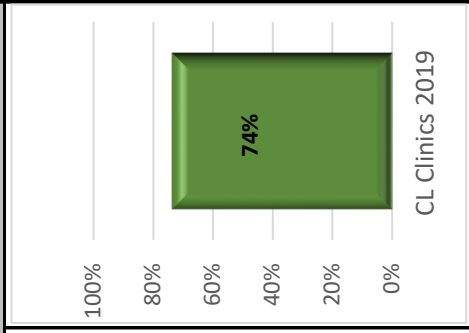
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



DENTAL SEALANTS



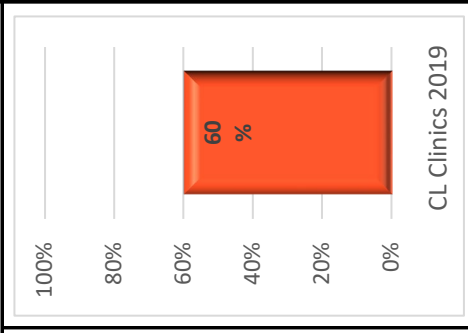
HYPERTENSION



Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

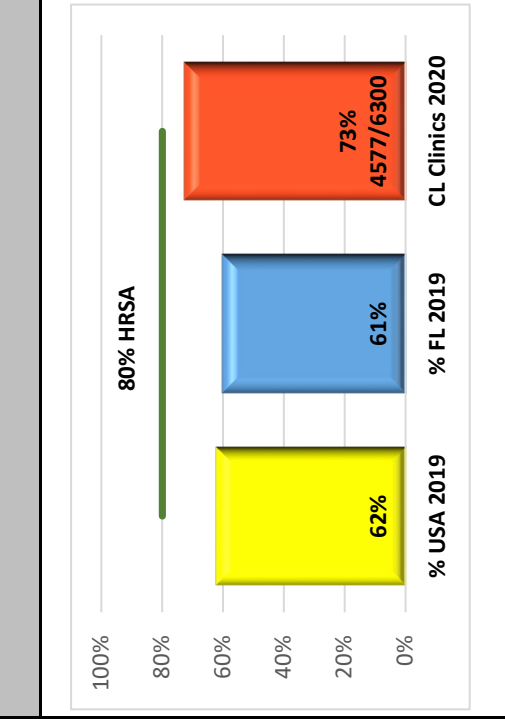
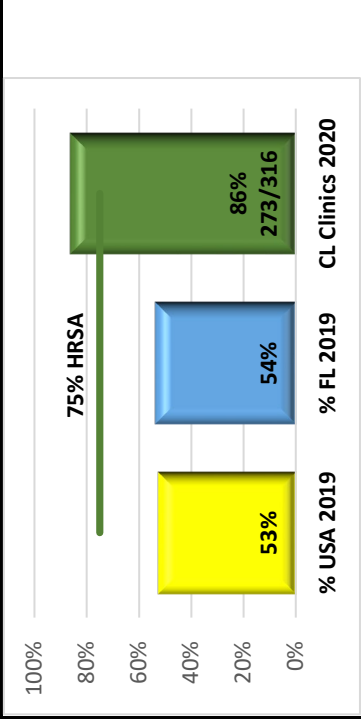
Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate.

DIABETES



Findings: 1. Many patients did not meet the measure because they did not have HgbA1c during measurement period.

Interventions: 1. POC HgbA1c testing implemented to increase patient compliance.





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

Clinic Service Center Stats

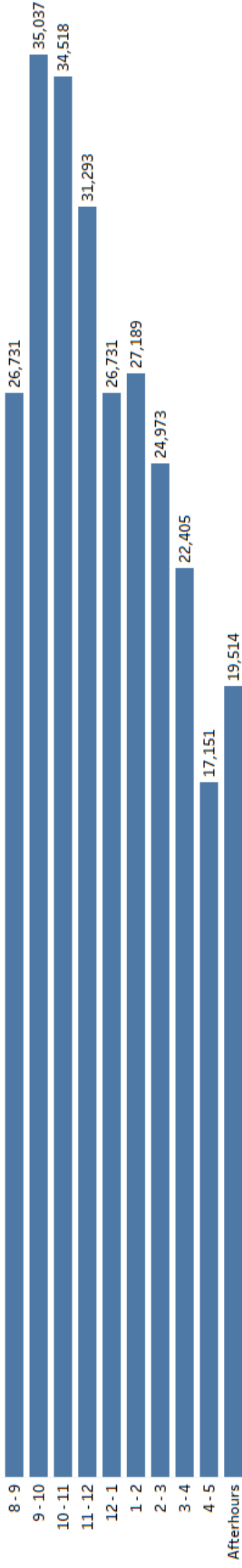
Number of Calls 265,542
Unique Phone Numbers 76,951

Call Date
7/1/2020 to 9/30/2020

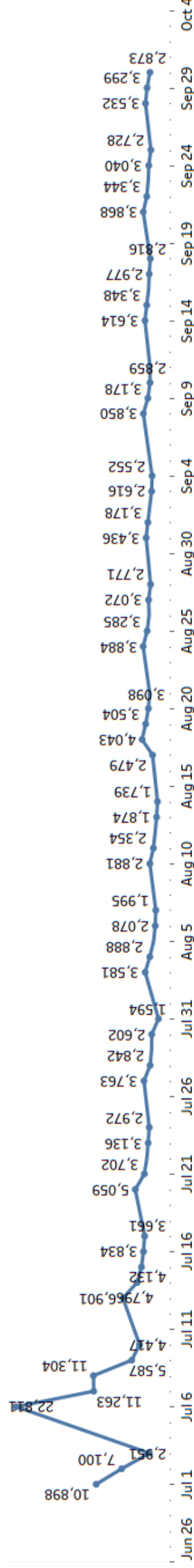


Calls per time of day

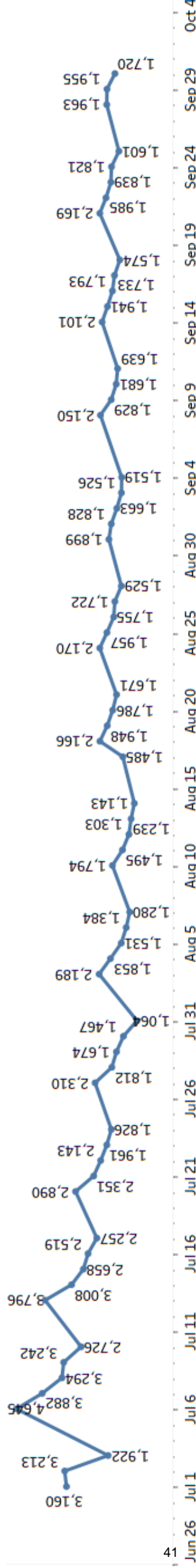
Anonymous numbers counted individually



Calls Received



Unique Numbers

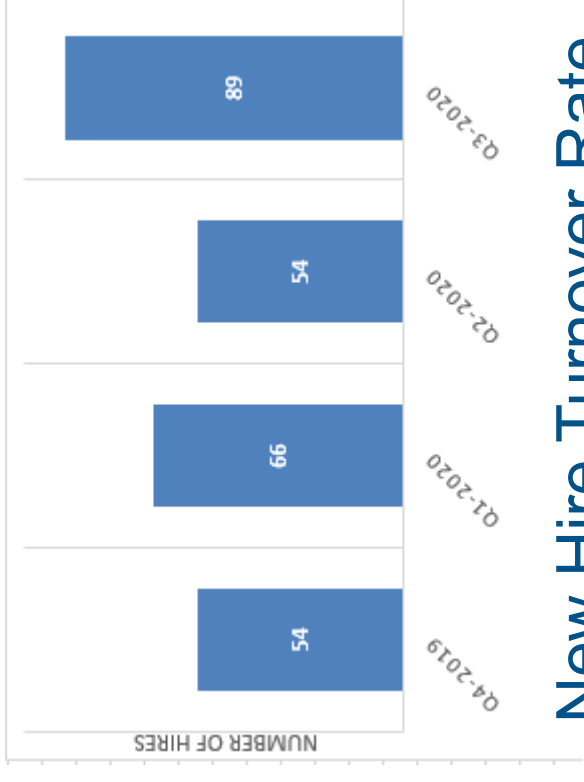




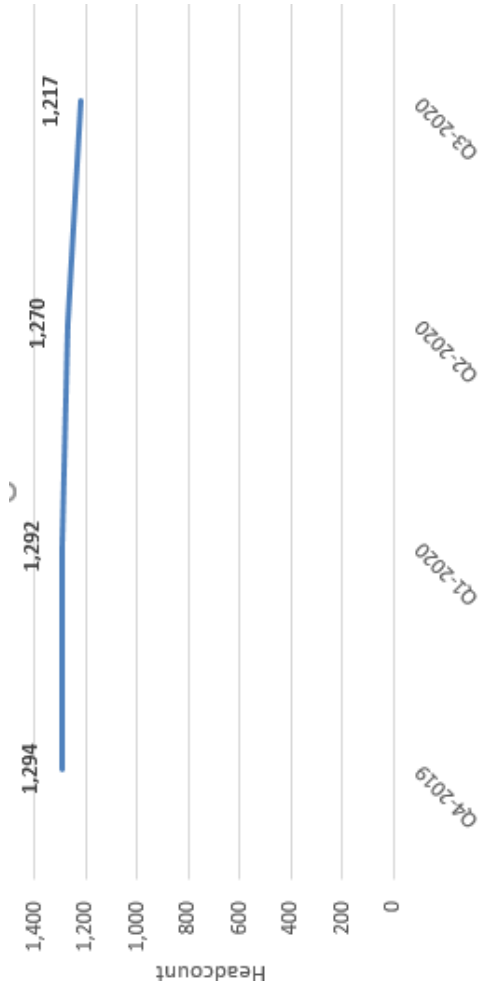
HCD HR Dashboard- Attrition

Q4 2019 – Q3 2020

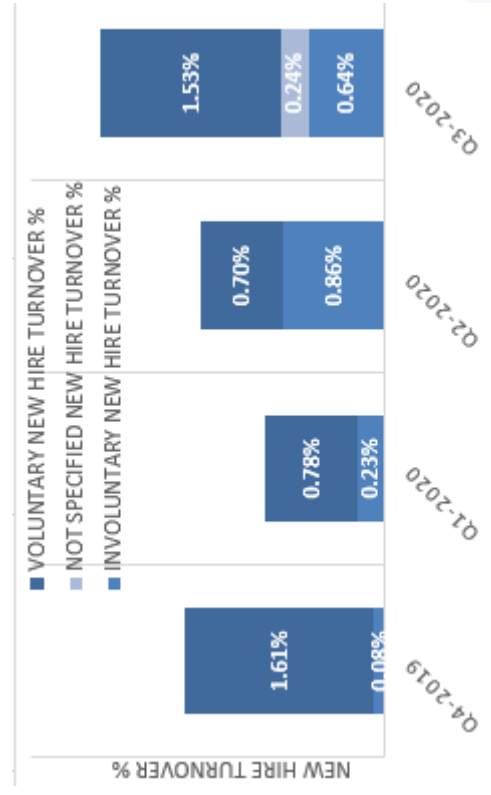
New Hires



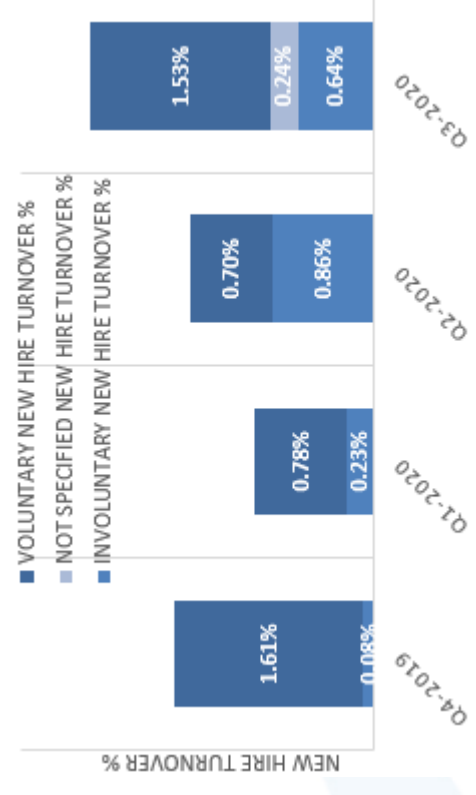
Headcount



Turnover Rate



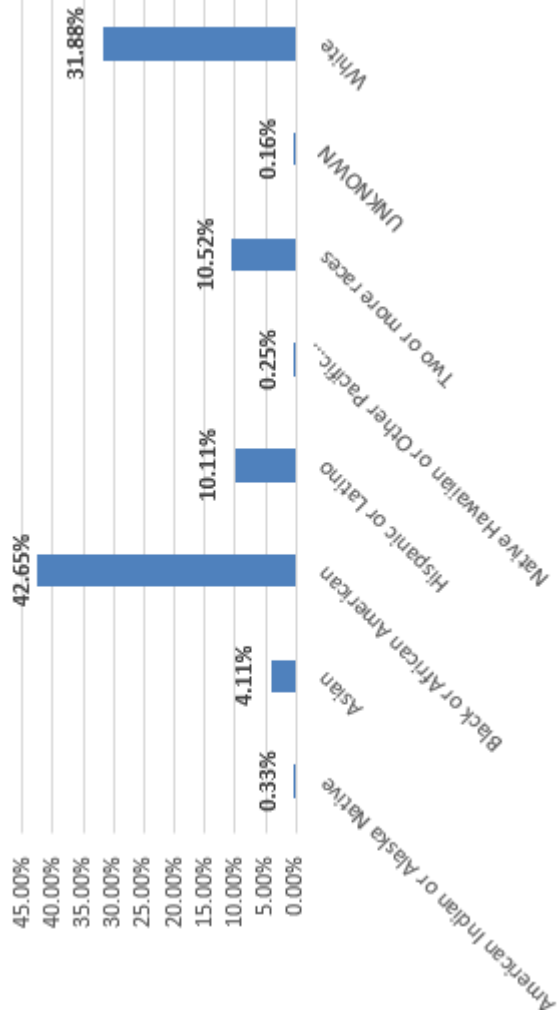
New Hire Turnover Rate



HCD HR Dashboard- Diversity Q4 2019 – Q3 2020



Minority Headcount
67.97%



Average Age

46.81

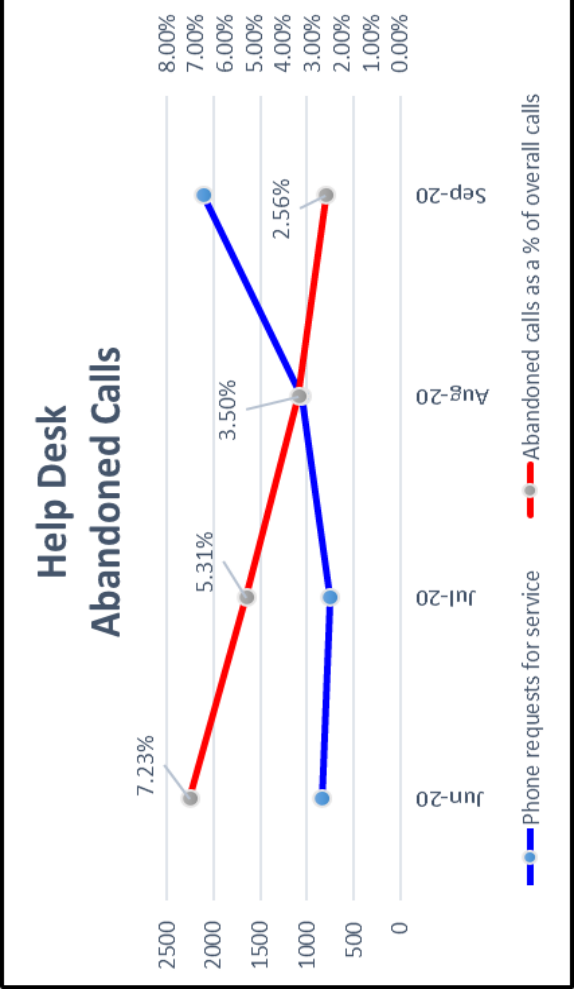
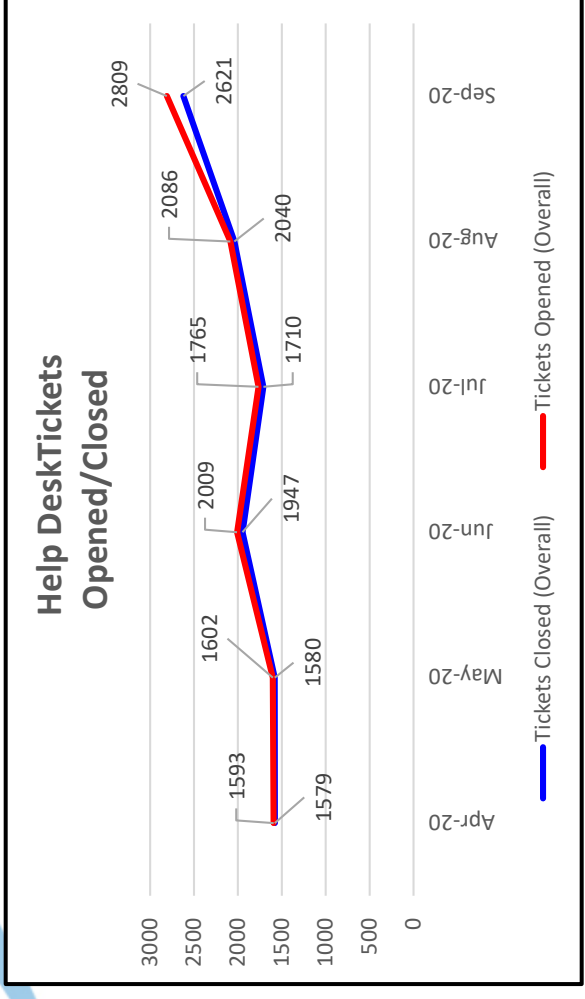
Female Percentage

80.85%

Mission Critical Application Availability

Application	Function	Sept '20	Oct '20	SLA
ADP	Human Resources	100%	100%	99.9%
AthenaHealth	Clinics medical record	100%	99.9%	99.9%
Dentrix	Dental medical record	100%	99.9%	99.9%
Doxicimity	Telemedicine	100%	100%	99.9%
eFinance Plus	Finance	100%	100%	99.9%
MatrixCare	The Healey medical record	99.1%	100%	99.9%
Medhost	LMC medical record	100%	97.5%	99.9%

Date	Major outages
9/16/20 Healey	2 hr network outage, fiber cut
10/15/20 LMC	9 hr 50 min network outage, fiber cut



Cybersecurity Investigations

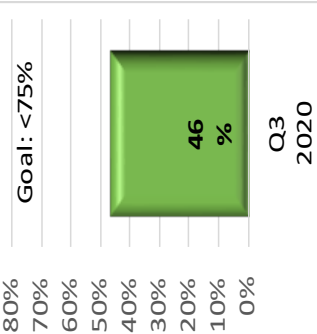
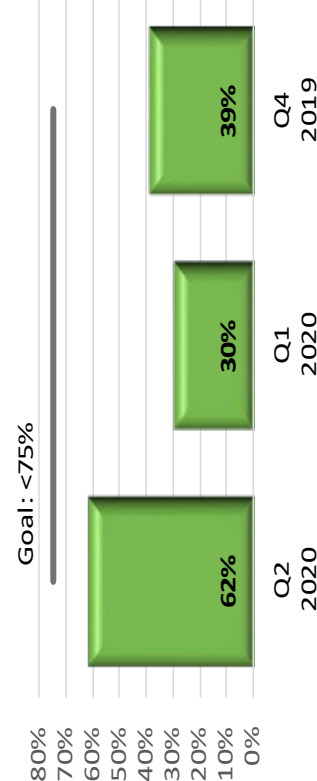
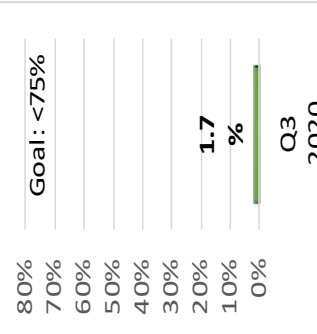
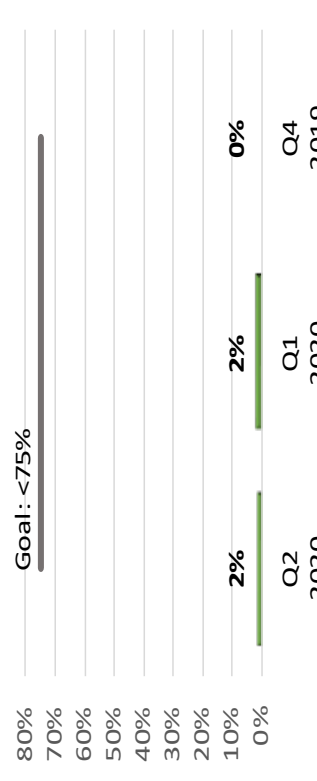
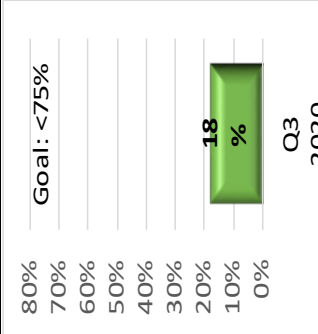
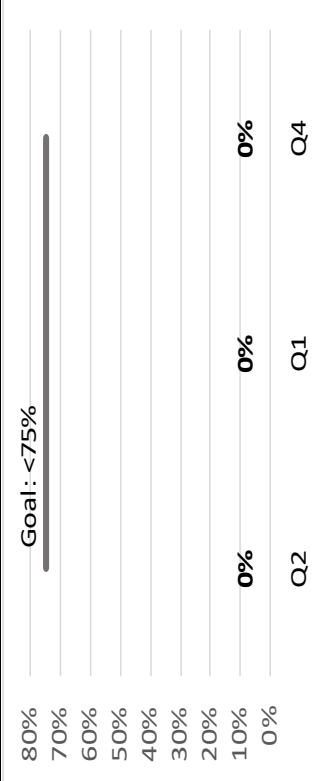
Period 7/1/2020 – 9/30/2020

Status	Cases	% of Total	Comparisons	Cases	Outcome	Cases	% of Total
Closed	84	100%	fy-YTD 2020	226	Investigated	84	100%
In Progress	0	0	fy-YTD 2019	78	Reportable	0	0%
Total	84	100%			Total	84	100%

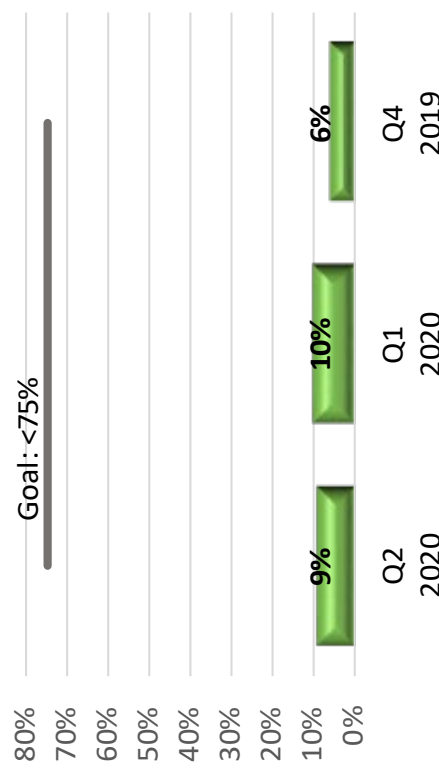
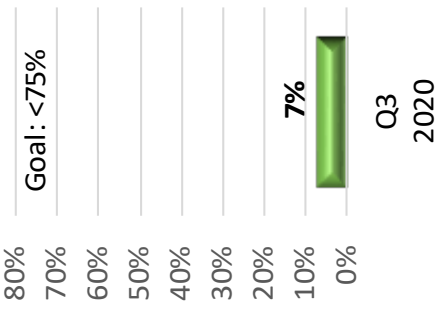
Percentages

MDS 3.0 Facility Level Quality Measure Report

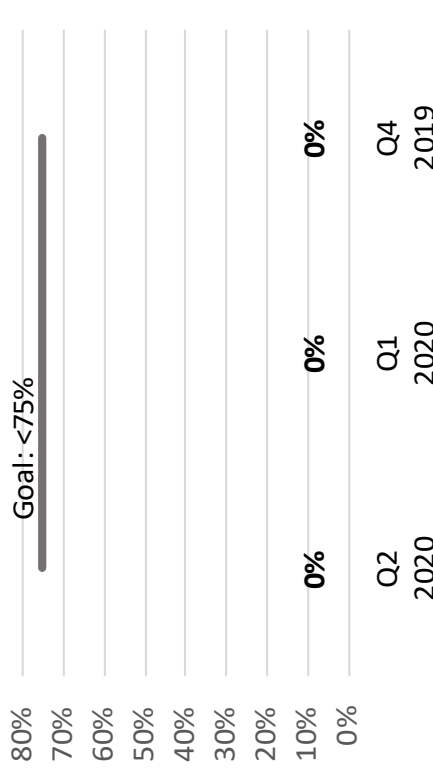
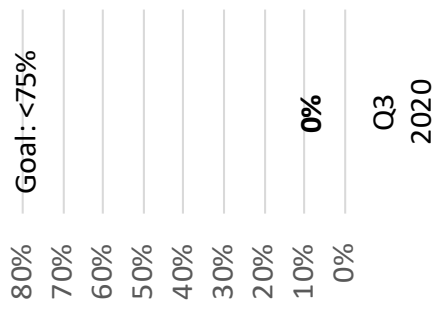
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
High Risk Long Stay Residents with Pressure Ulcer	 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>46% Q3 2020</p>		 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>62% Q2 2020 30% Q1 2020 39% Q4 2019</p>
New/Worse Pressure Ulcer(s)	 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>1.7% Q3 2020</p>		 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>2% Q2 2020 2% Q1 2020 0% Q4 2019</p>
Experiencing One or More Falls with Major Injury	 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>18% Q3 2020</p>		 <p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>0% Q2 2020 0% Q1 2020 0% Q4 2019</p>

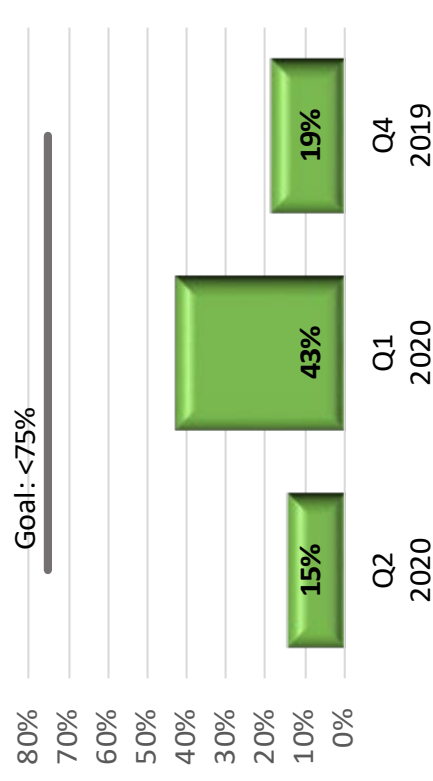
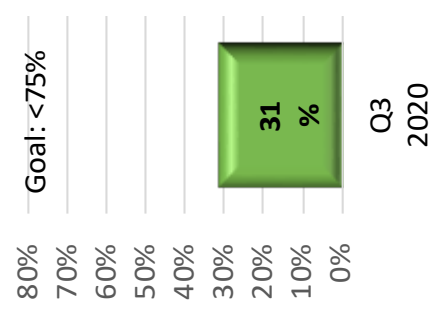
Falls (L)



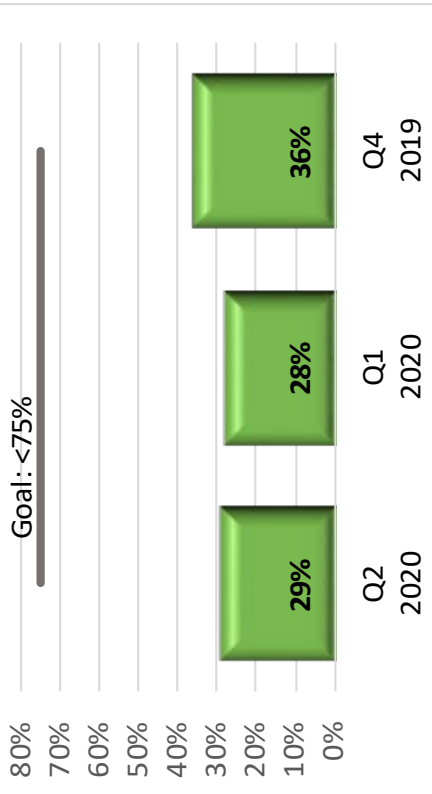
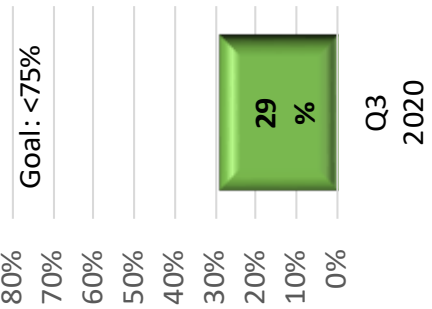
Who Have Depressive Symptoms



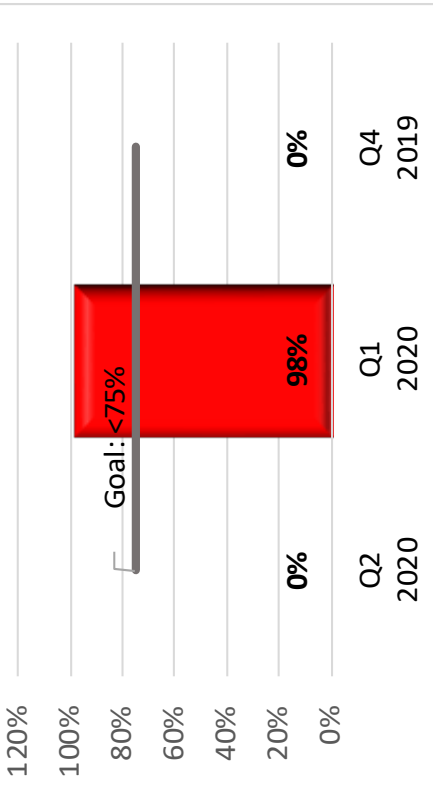
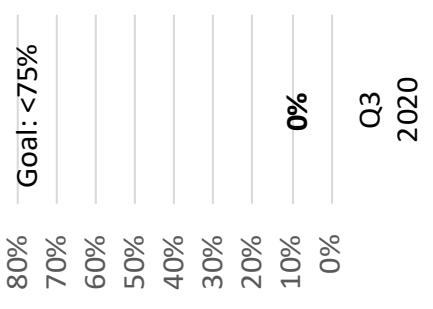
Who Lose Too Much Weight



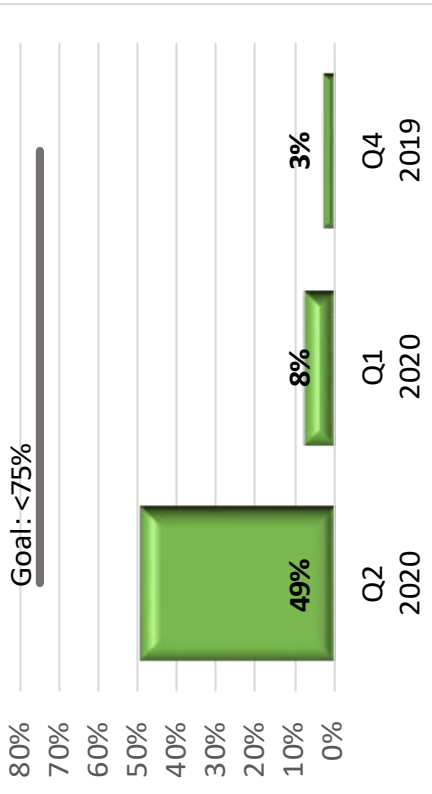
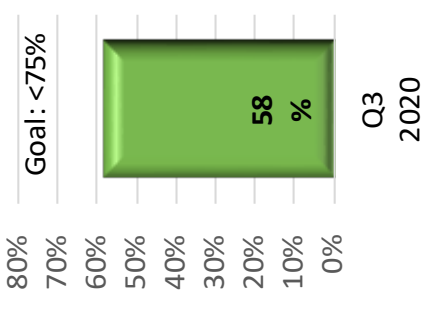
Who Received an Antipsychotic Medication (L)



Who Received an Antipsychotic Medication (S)



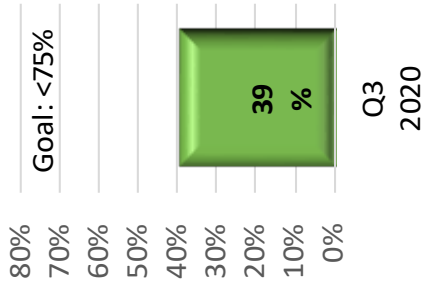
Who Received Anti-Anxiety or Hypnotic Medication



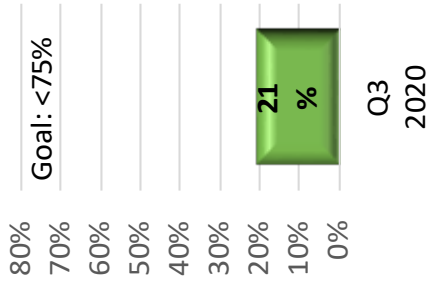
Who Were Physically Restrained



Whose Behavioural Symptoms Affect Others



Increase ADL Help (L)



80%
70%
60%
50%
40%
30%
20%
10%
0%

Goal: <75%

0% 0% 0%

Q2 2020 Q1 2020 Q4 2019

80%
70%
60%
50%
40%
30%
20%
10%
0%

Goal: <75%

31% 30% 31%

Q2 2020 Q1 2020 Q4 2019

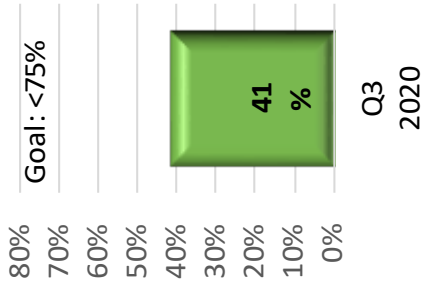
80%
70%
60%
50%
40%
30%
20%
10%
0%

Goal: <75%

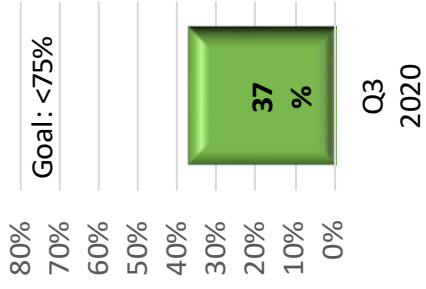
47% 23% 23%

Q2 2020 Q1 2020 Q4 2019

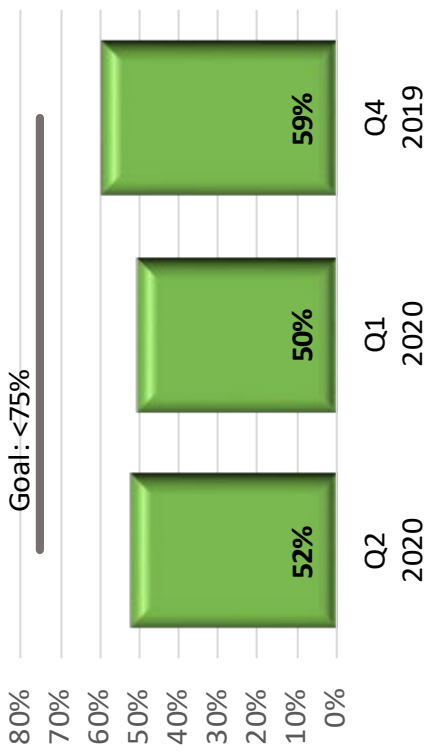
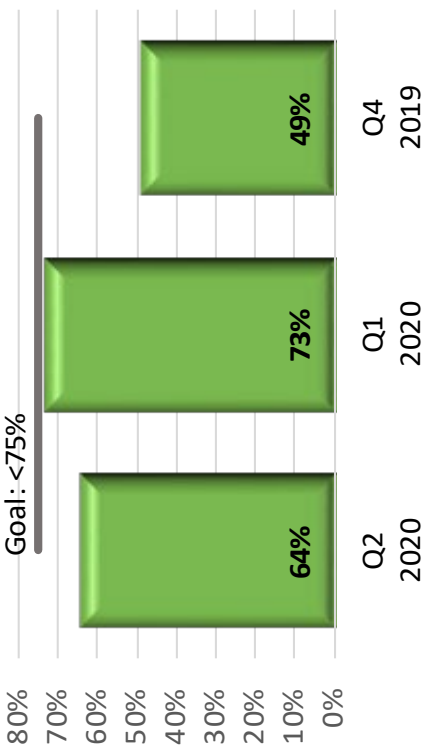
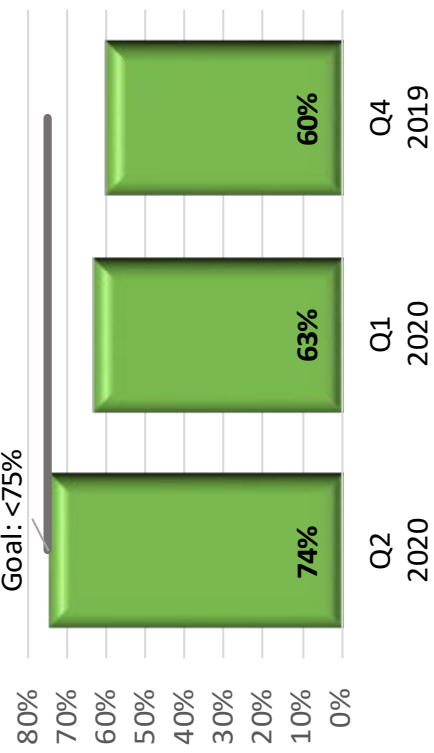
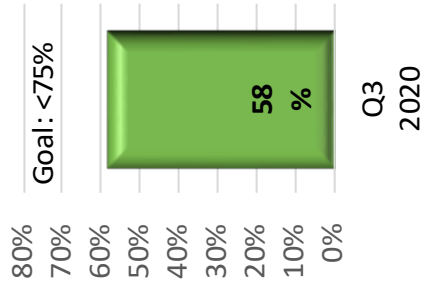
With a Catheter Inserted and Left in the Their Bladder



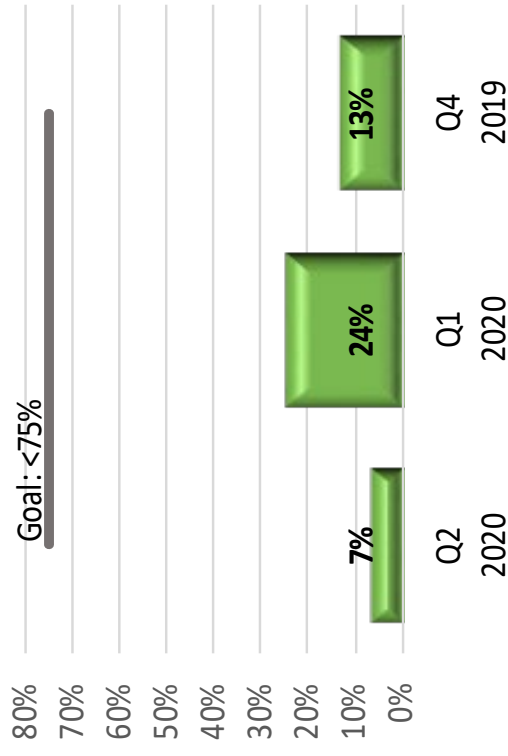
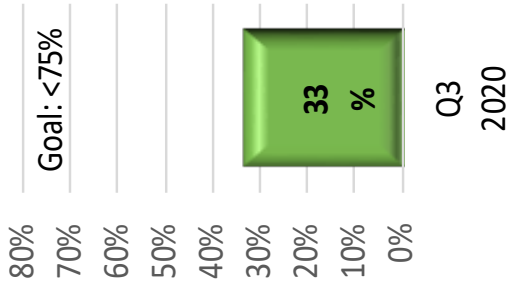
With a Urinary Tract Infection



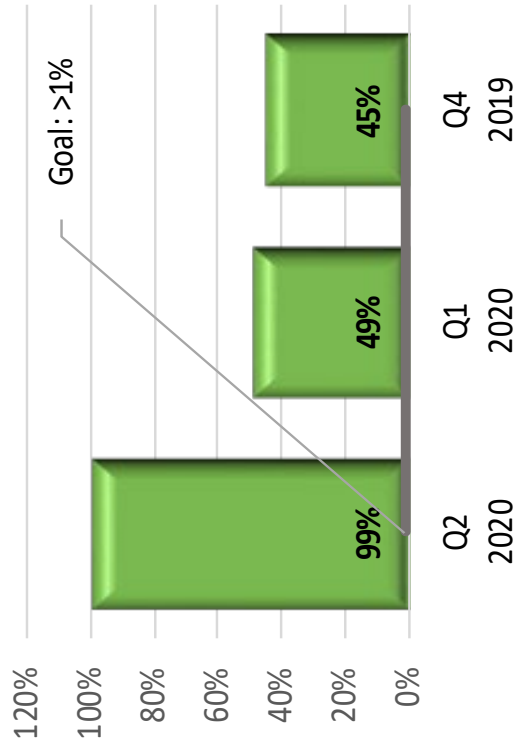
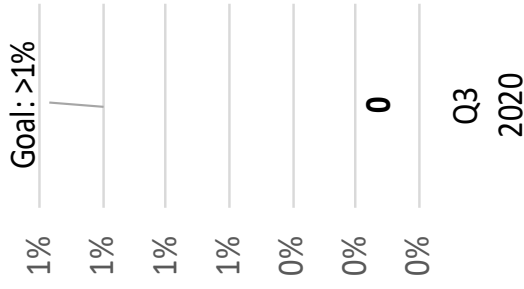
Low Risk LSRs Who Lose Control of their Bowel or Bladder



Move Independent Worsens (L)



Improvement in Function (S) Higher % Better



QUALITY CORE MEASURES REPORT

3rd Quarter (July- September 2020) - Preliminary

Sampled Population



INPATIENT QUALITY MEASURES

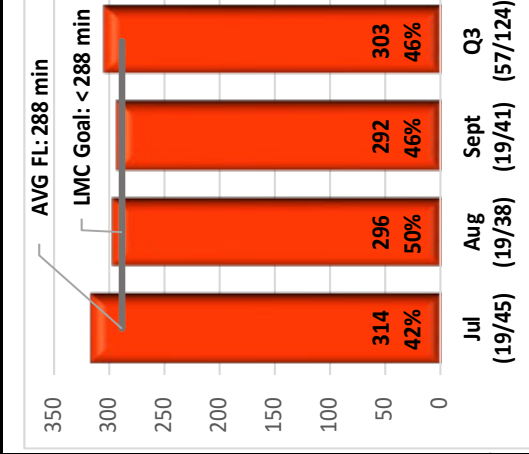
Emergency Department: ED-1a

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

Numerator: Departed ED in less than 267 minutes.

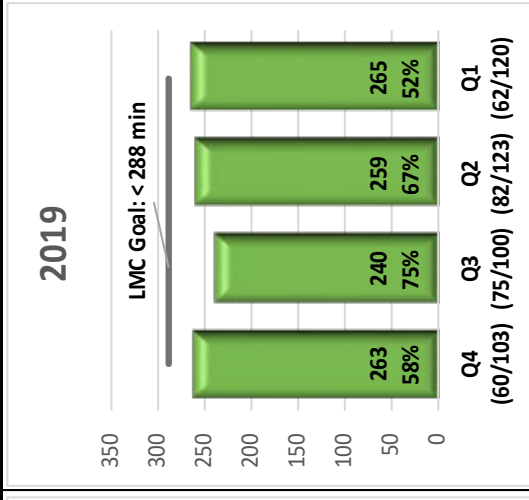
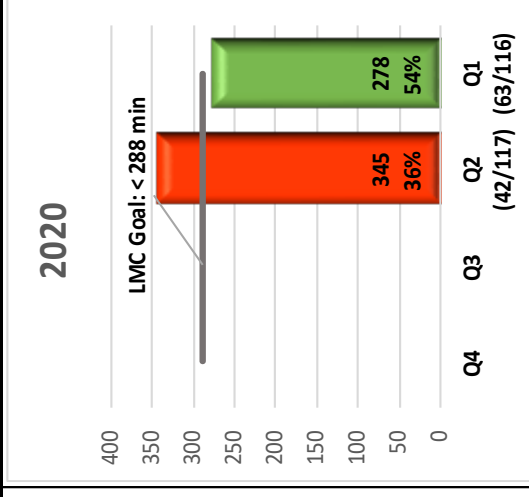
Denominator: Measure sampled population for any ED Patient from the facility's emergency department.

***TJC



Findings: The goal of <288 minutes was not met for the quarter. The top 5 cases were reviewed by the ACMO.

Interventions: The nursing and medical staff provided appropriate care and no further action was required. The patients ER stay was prolonged due to awaiting bed availability.



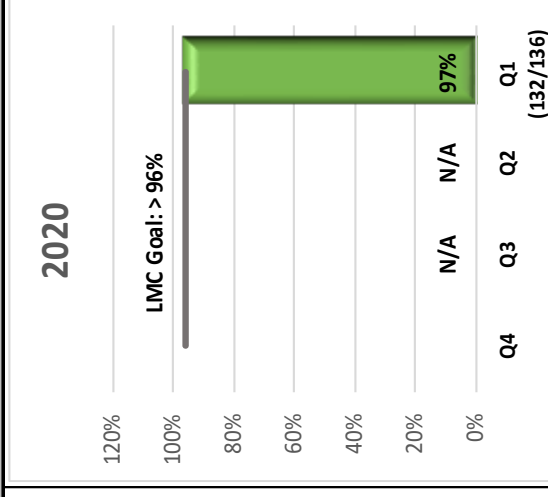
IMM-2 Influenza Immunization

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

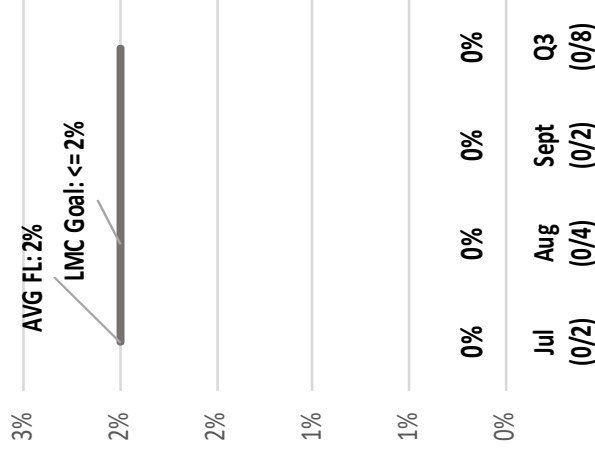
Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed.

(Lower percentage is better, for cases that fall into measure).

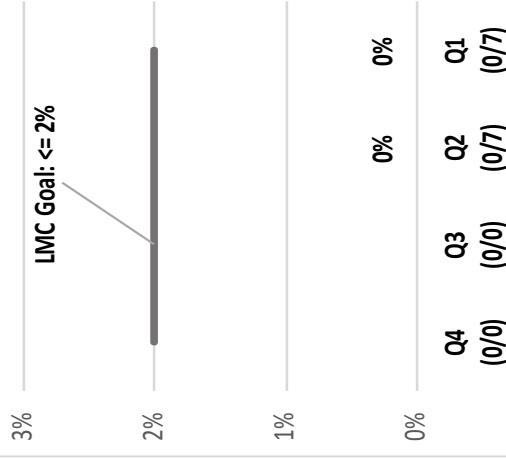
Numerator: Patients with elective deliveries.

Denominator: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed.

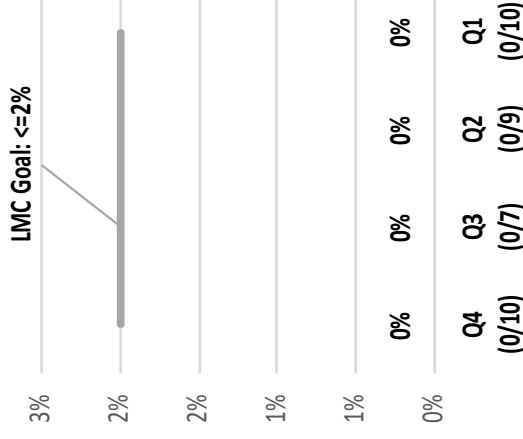
TJC



2020



2019

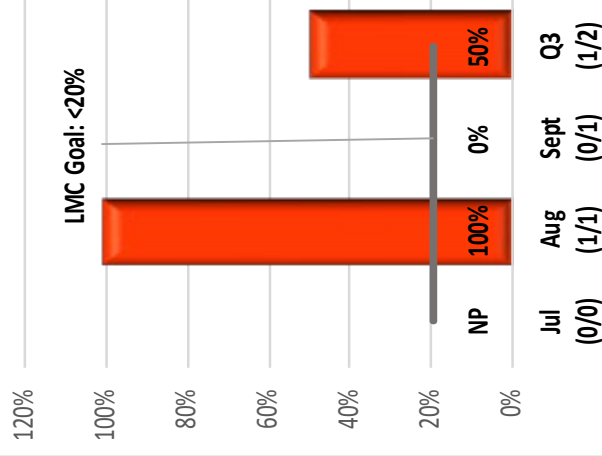


Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
(Lower percentage is better).

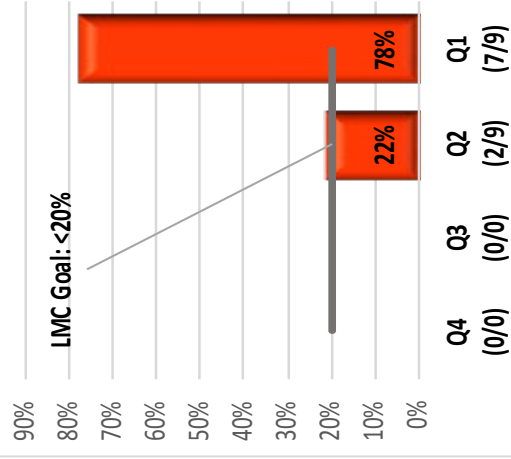
Numerator: Patients with cesarean births.

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

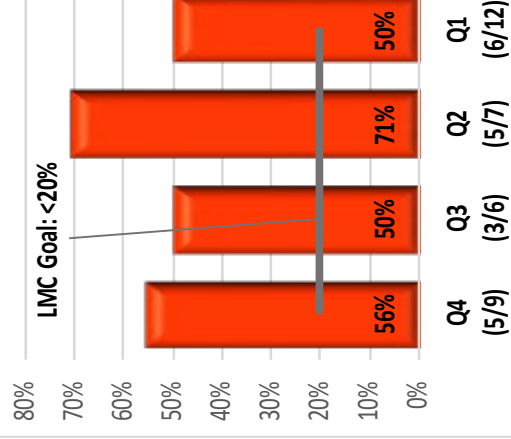
TJC



2020



2019



Findings: The goal of <20% was not met for the quarter. The one case was reviewed. The C-section was performed due a non-reassuring fetal heart with multiple late and variable decelerations.

Interventions: No further action was required.

QUALITY CORE MEASURES REPORT

3rd Quarter (July- September 2020) - Preliminary

Sampled Population

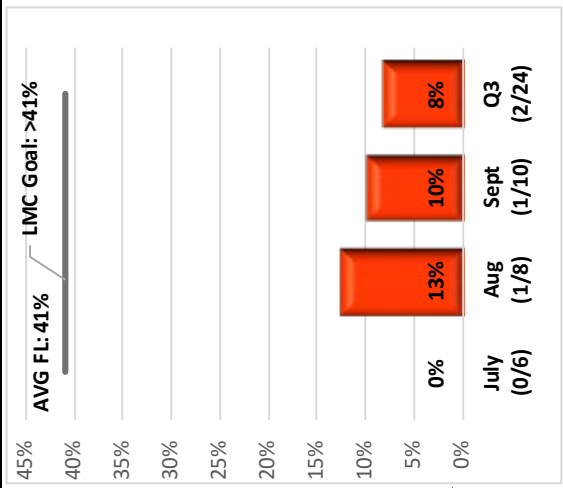
INPATIENT QUALITY MEASURES

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.

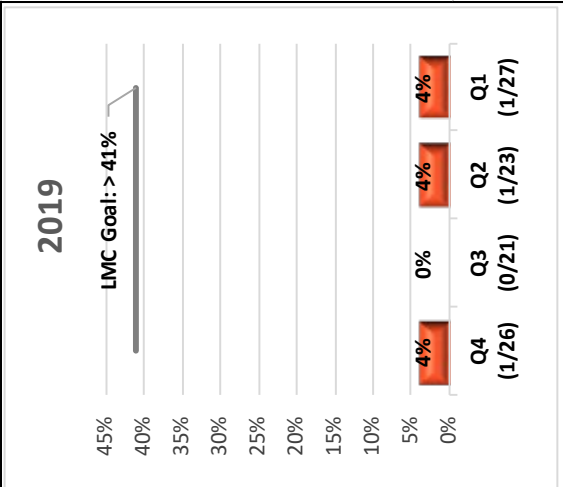
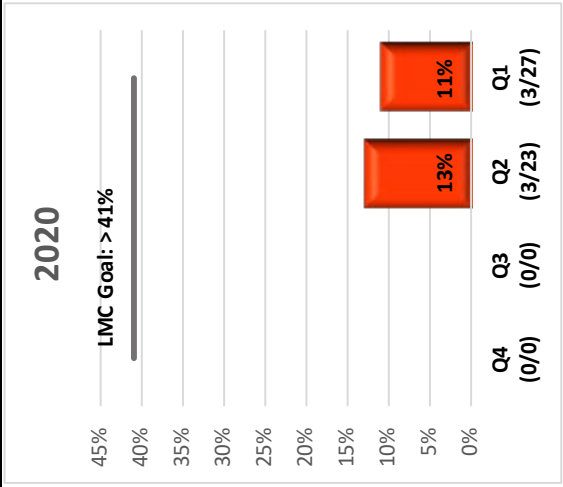


Findings: The goal of >41% was not met for the quarter. Based on review of all of the sampled population (13) both breast and bottle fed. (9) Bottle fed only and (2) strictly breast fed.

Q3- 2020: Total Deliveries: (29)

Stats: (6) strictly breast fed (14) breast and bottle fed and (9) bottle fed only.

Interventions: Breastfeeding education has been completed for staff, by the Lactation Consultant. A Community outreach event was held in October at LMC and the manager will be attending a scheduled meeting November 24, 2020 at Bridges of Belle Glade.



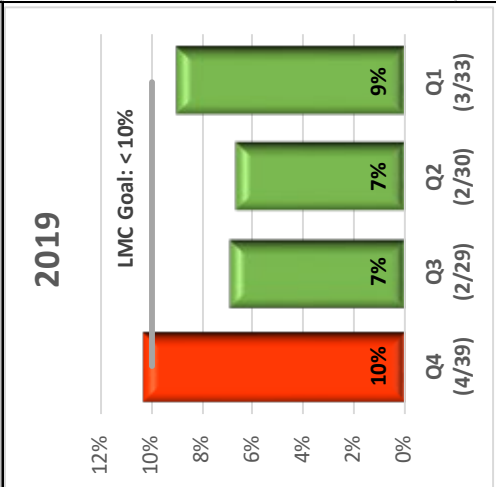
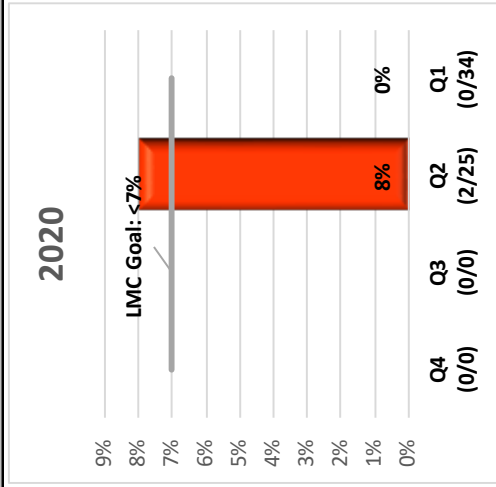
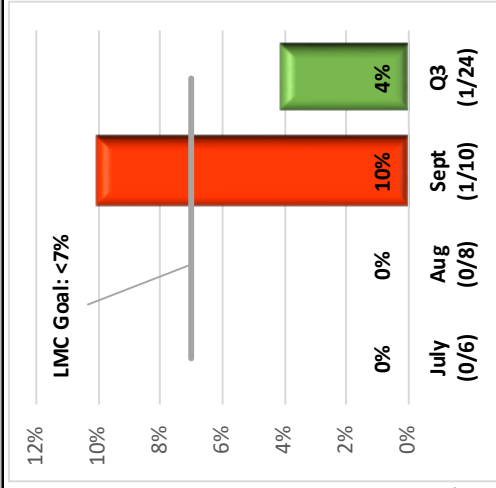
TJC

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).

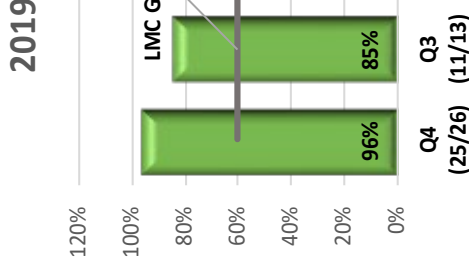
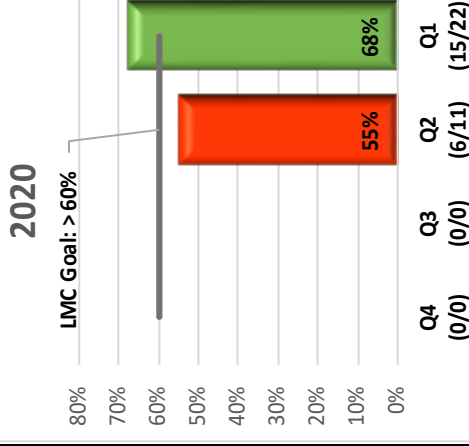
Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

CMS/TJC



Findings: The goal of >60% was not met for the quarter. The cases (7) that failed were reviewed at the Sepsis Committee and by the ACMO.

Interventions: Each case was discussed in detail at the Sepsis Committee meeting. New Sepsis Screening tools have been implemented and education has been provided for individual staff / physicians involved.



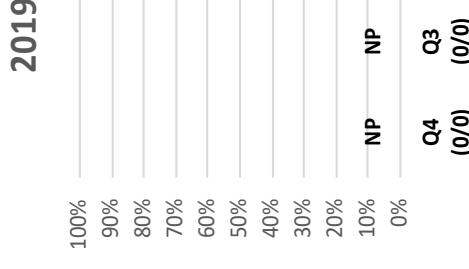
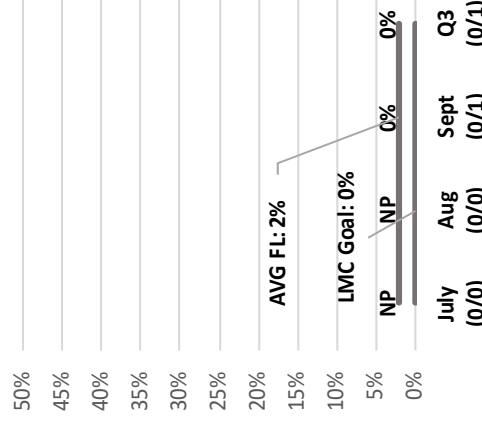
Venous Thrombosis: VTE-6

Hospital Acquired Preventable VTE. (Lower percentage is better)

Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.

Denominator: Patients who developed confirmed VTE during hospitalization.

CMS/TJC



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

The Florida Averages Data from Hospital Compare w as obtained from the Florida Hospital Association.

**Additional case added to ED-1 and ED-2 by Press Ganey for the month of July to prevent under population sampling.

***Starting 01/01/2020, ED2 is a retired measure for CMS reporting. The ED measure set (ED 1&2) will remain available in QP-IM for voluntary Joint Commission reporting or for facility internal use. The ED measure will remain on the QP-IM tab as an available measure for abstraction until such time the facility wishes to drop the ED measure set and the facility notifies the Clinical Advisor, by email, of the request to drop the measure.

**** PC03 and PC04 Measures are retired as of 01/01/2020 for accreditation and certification programs.

QUALITY CORE MEASURES REPORT
3rd Quarter (July- September 2020) - Preliminary
Sampled Population



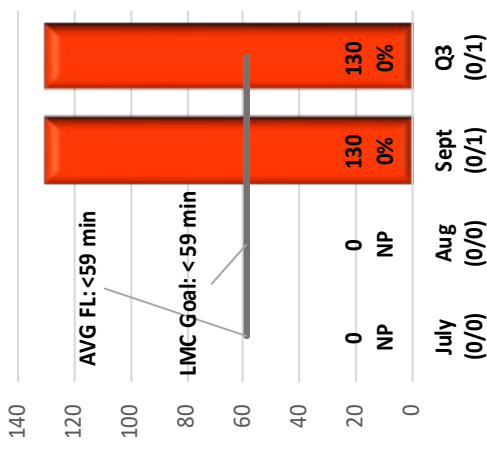
OUTPATIENT QUALITY MEASURES

Acute Myocardial Infarction: OP-3a

Acute Myocardial Infarction: OP-3a
Median time to transfer to another facility for acute coronary interventions

Numerator: Number of patients transferred to another facility within less than 90 minutes

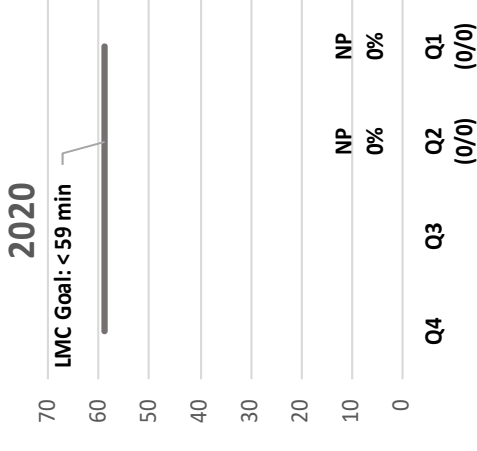
Denominator: Patients with Transfer for Acute Coronary Intervention.



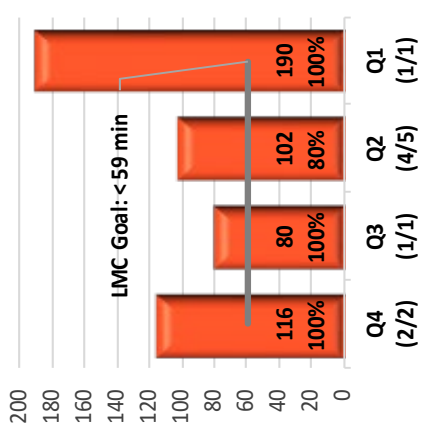
CMS/TJC

Findings: There was one case that fell into the measure and did not meet the goal of less than 59 minutes. The case was reviewed by the ACMO. Care and treatment was rendered appropriately.

Interventions: No further action was required.



2019

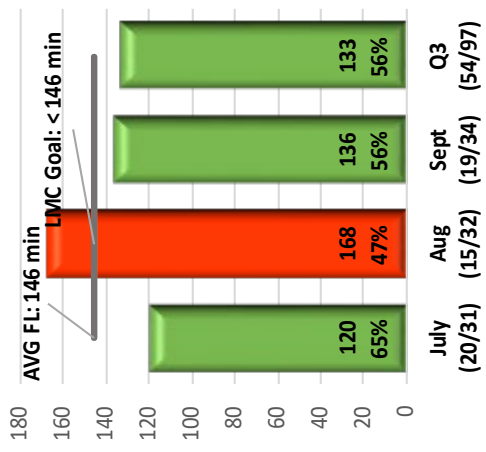


Emergency Department Throughput: OP-18

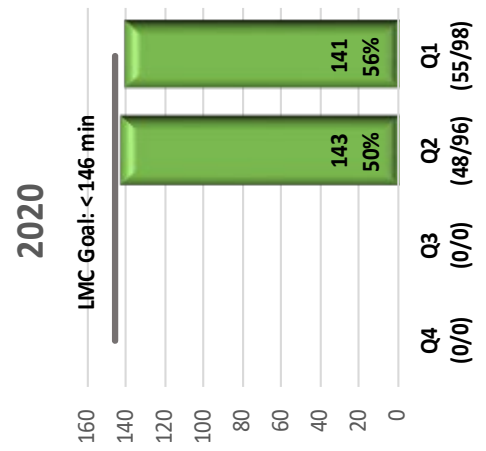
Median time from ED arrival to discharge home or transferred.

Numerator: Number of patients discharged in less than 120 minutes.

Denominator: Any ED patient from the facility's emergency department.



CMS/TJC



2020

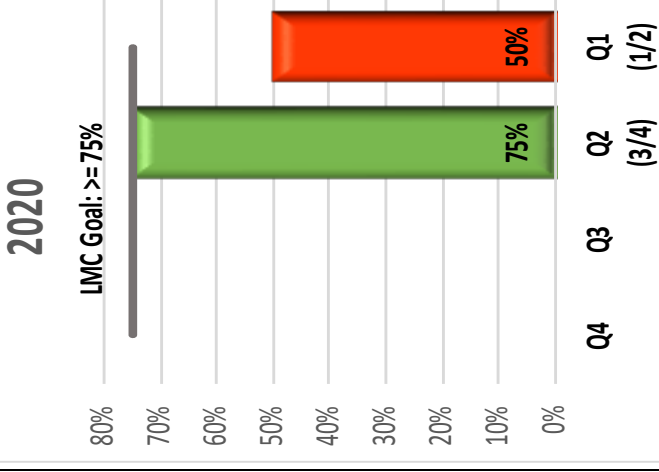
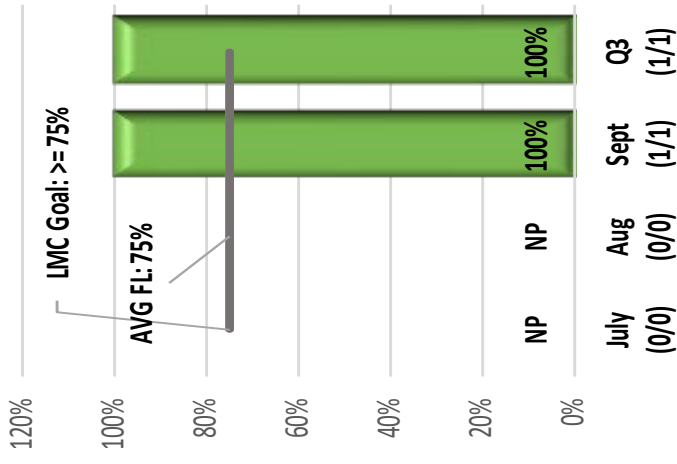
2019

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



**Additional case added to OP-3 by Press Ganey for the month of September to prevent under population sampling.

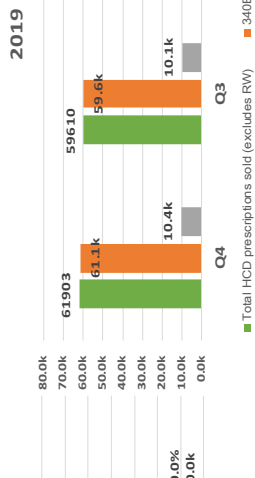
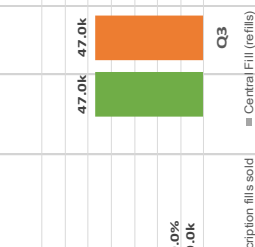
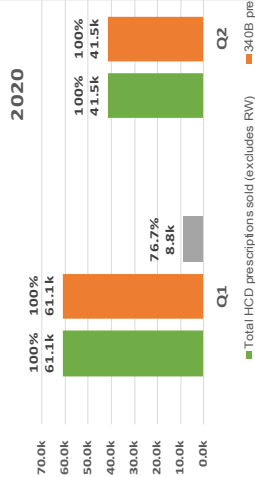
Pharmacy Quality Measures
ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL

Measure Set:

	2020 Q3			2020 Q2			2020 Q1			2019 Q4			2019 Q3		
	Goal	#	%	Goal	#	%	Goal	#	%	Goal	#	%	Goal	#	%
Total HCD prescriptions sold (excludes RW)		47,008	100.0		41,469	100.0		61,053		61,903				59,610	
340B prescription fills sold			100.0			100.0									100.0
Central Fill (refills)		0	0.0		0	0.0		8,818	76.7		10,377	75.0		10,058	87.7

340B utilization

Temporarily closed Central Fill 3/20 due to COVID-19



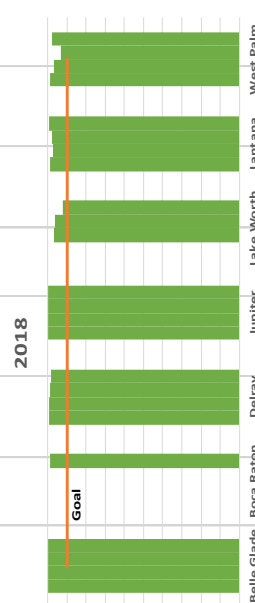
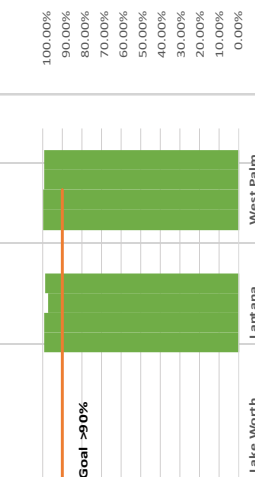
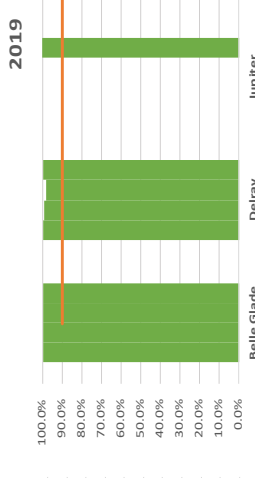
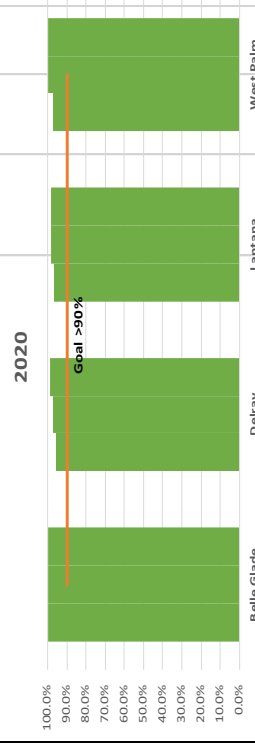
Ready when promised (non-waiters)

Belle Glade	4,503	100.0
Delray	9,665	98.7
Lantana	16,179	98.4
West Palm	18,845	100.0

Belle Glade	2,662	100.0
Delray	6,557	97.3
Lantana	14,717	98.1
West Palm	15,873	99.9

Belle Glade	1,031	99.8
Delray	9,576	95.8
Lantana	18,917	96.7
West Palm	24,659	97.4

Belle Glade	4,952	99.7
Delray	11,589	99.9
Lantana	19,467	99.4
West Palm	19,983	99.5



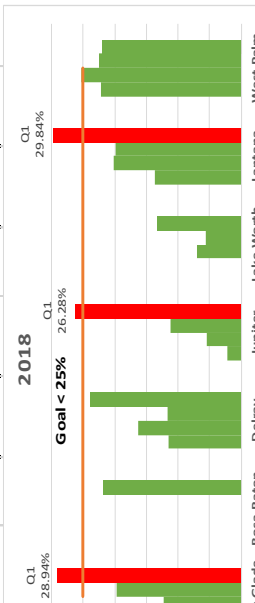
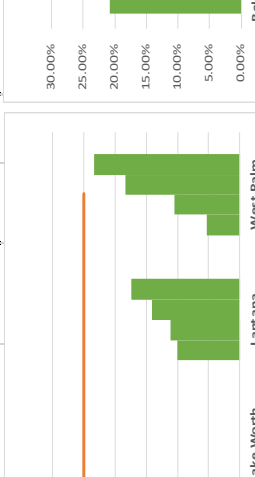
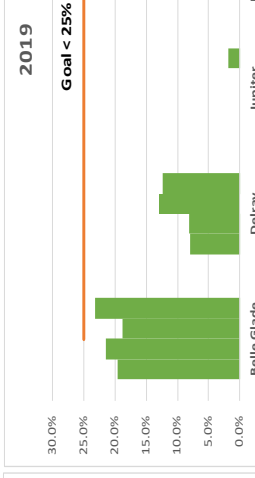
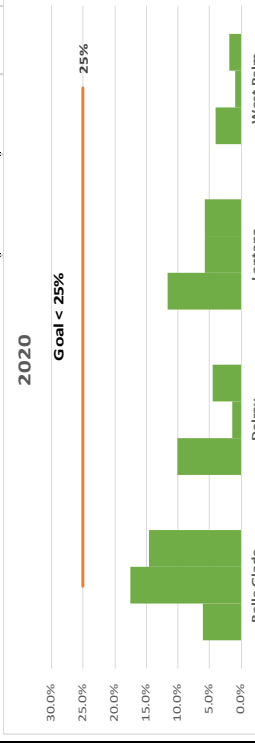
Prescriptions designated as waiters

Belle Glade	771	14.6
Delray	451	4.5
Lantana	978	5.7
West Palm	353	1.8

Belle Glade	563	17.5
Delray	94	1.4
Lantana	903	5.8
West Palm	143	0.9

Belle Glade	66	6.0
Delray	1,069	10.0
Lantana	2,478	11.6
West Palm	1,038	4.0

Belle Glade	1,205	19.6
Delray	1,001	8.0
Lantana	2,159	10.0
West Palm	1,113	5.3



Pharmacy Quality Measures
ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL

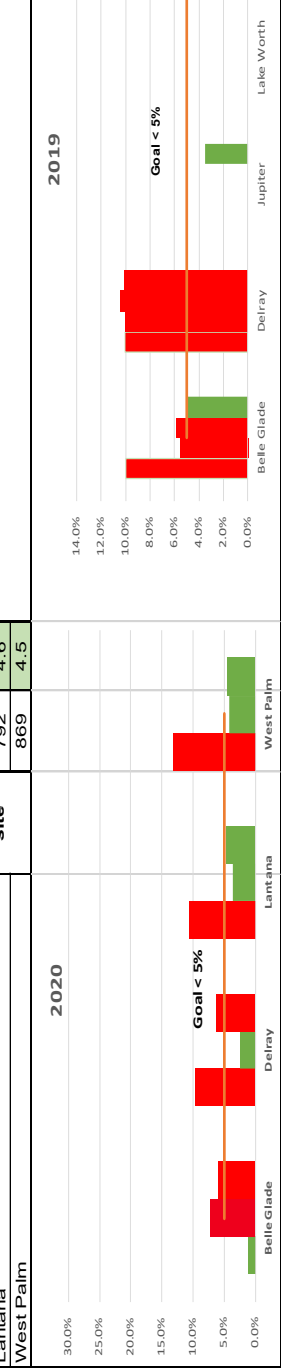
Measure Set:

Previous Quarters

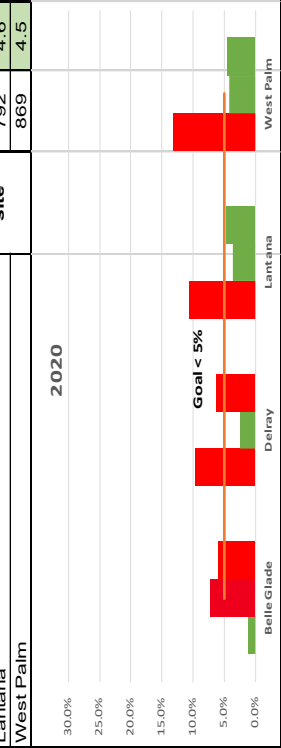
Prescriptions returned to stock

Started outbound text notifications at ALL pharmacy locations

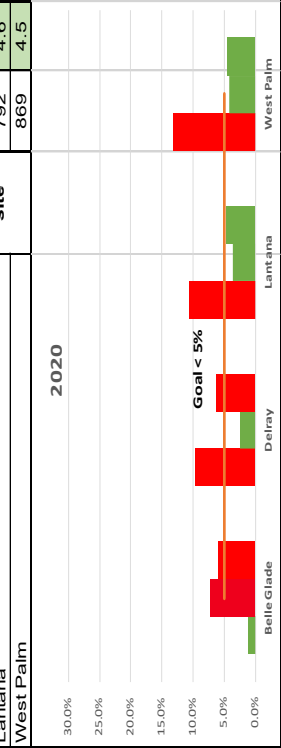
Belle Glade	311	5.9
Delray	621	6.1
Lantana	792	4.6
West Palm	869	4.5



Belle Glade	230	7.1
Delray	159	2.4
Lantana	568	3.6
West Palm	673	4.2



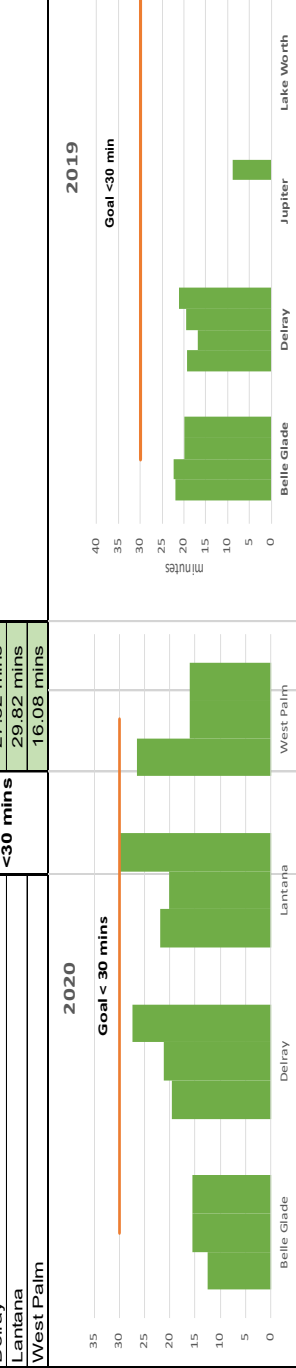
Belle Glade	13	1.2
Delray	1,028	9.7
Lantana	2,289	10.7
West Palm	3,403	13.2



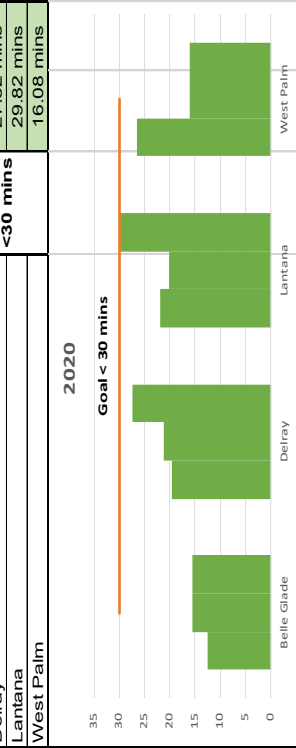
Total wait time in minutes (waiters)

22.18 Minutes

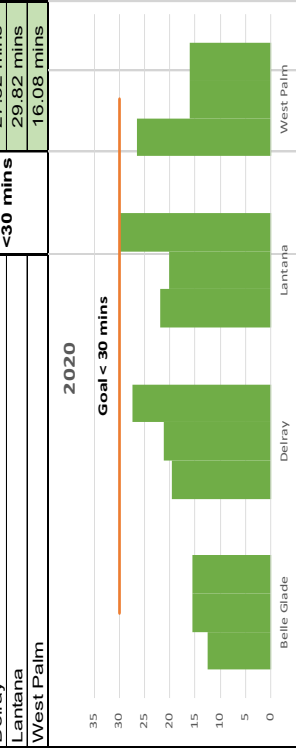
Belle Glade	15.49 mins
Delray	27.32 mins
Lantana	29.82 mins
West Palm	16.08 mins



Belle Glade	15.44 mins
Delray	21.26 mins
Lantana	20.14 mins
West Palm	16.12 mins



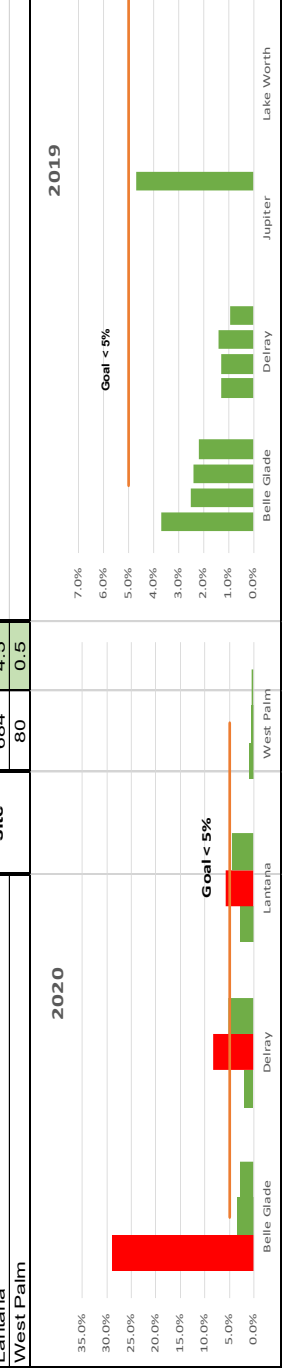
Belle Glade	12.42 mins
Delray	19.67 mins
Lantana	21.96 mins
West Palm	26.49 mins



Total out of stock fills

Increased due to upfilling prescriptions to 90 days

Belle Glade	117	2.8
Delray	471	5.2
Lantana	684	4.5
West Palm	80	0.5



Belle Glade	111	3.4
Delray	566	8.3
Lantana	905	5.7
West Palm	103	0.6



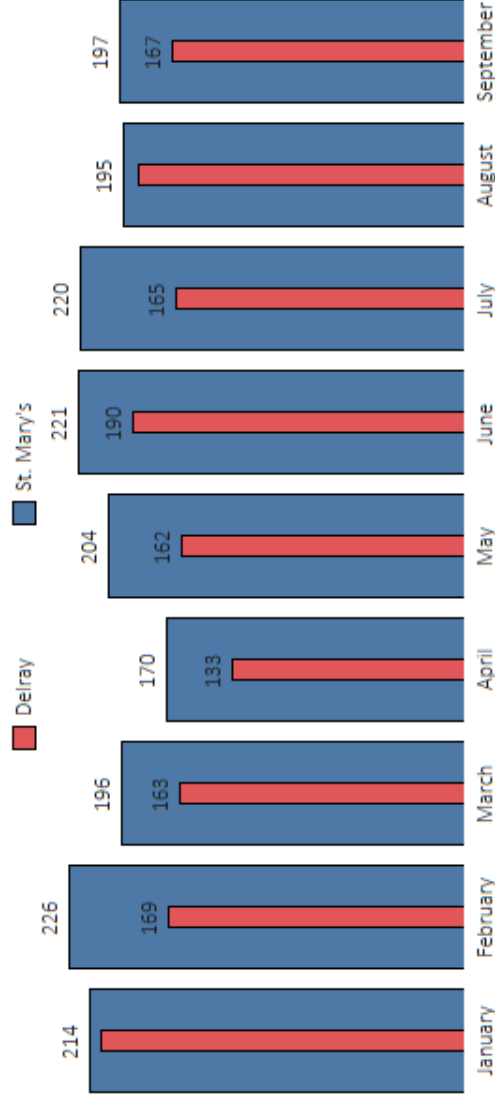
Belle Glade	318	28.9
Delray	208	1.9
Lantana	637	2.9
West Palm	246	0.9



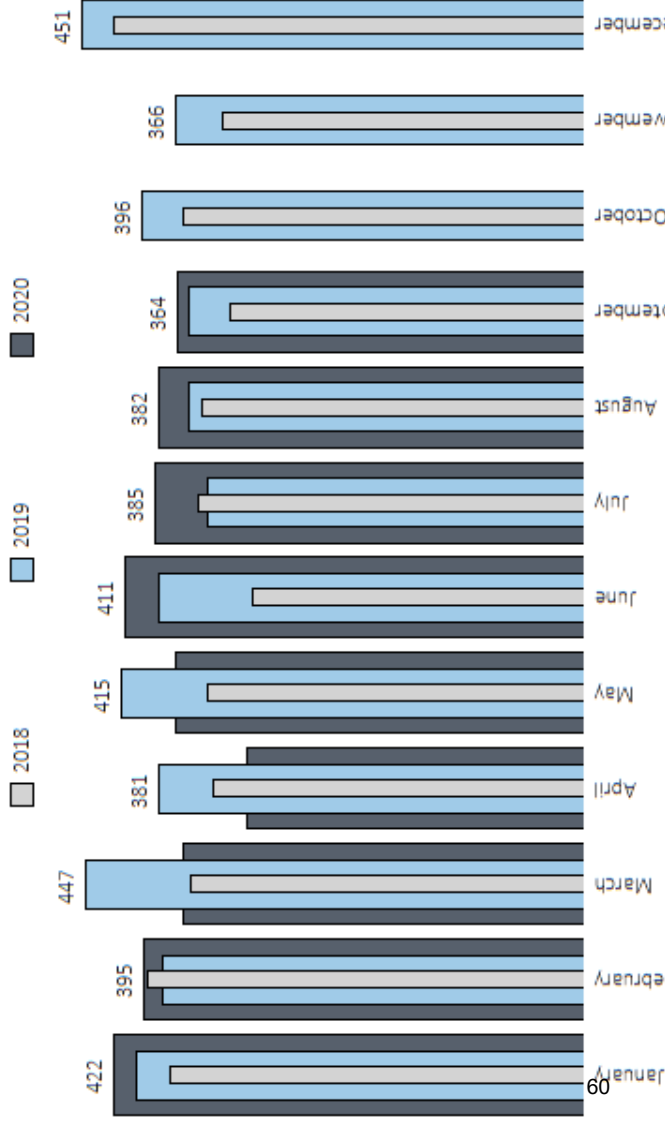
Quality Audit Results

Quarterly CQIs completed in compliance with Board requirements
No discrepancies during the quarter
5,483 mailed packages (14,385 prescriptions)

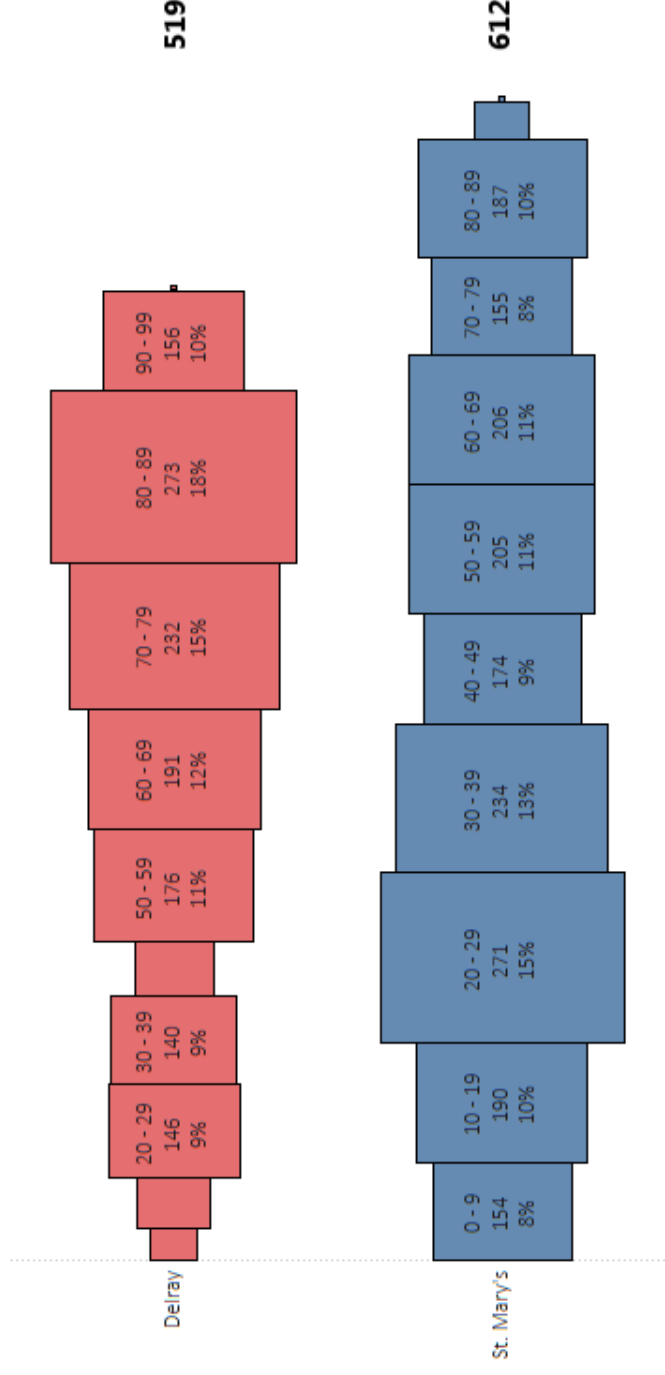
TRAUMA CENTER VOLUME BY MONTH (2020 YTD)



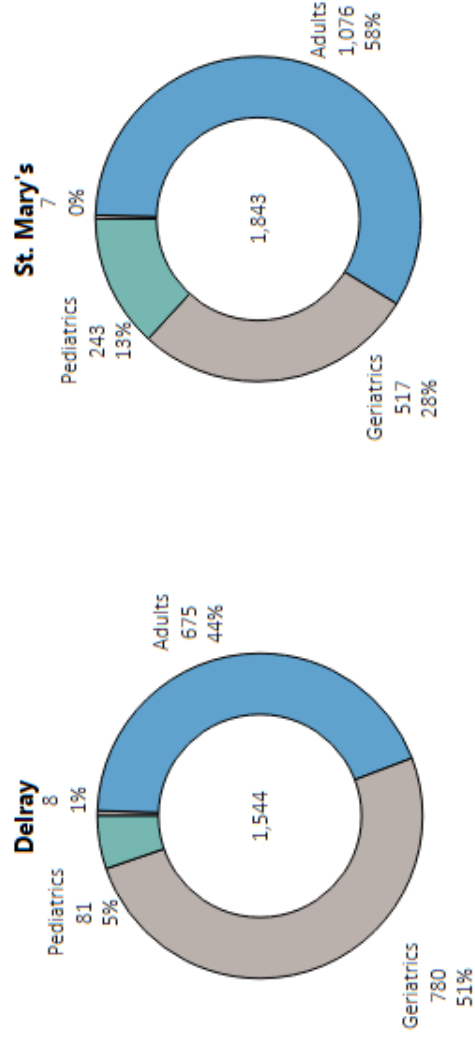
TRAUMA CENTER VOLUME BY YEAR (2018 - 2020 YTD)



DECADE OF AGE BREAKDOWN BY TRAUMA CENTER (2020 YTD)



AGE GROUP BY TRAUMA CENTER (2020 YTD)



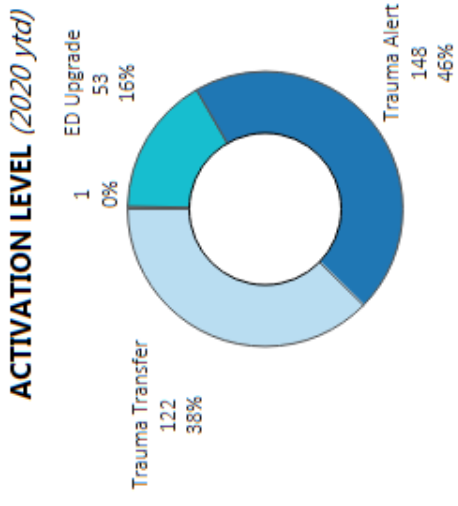
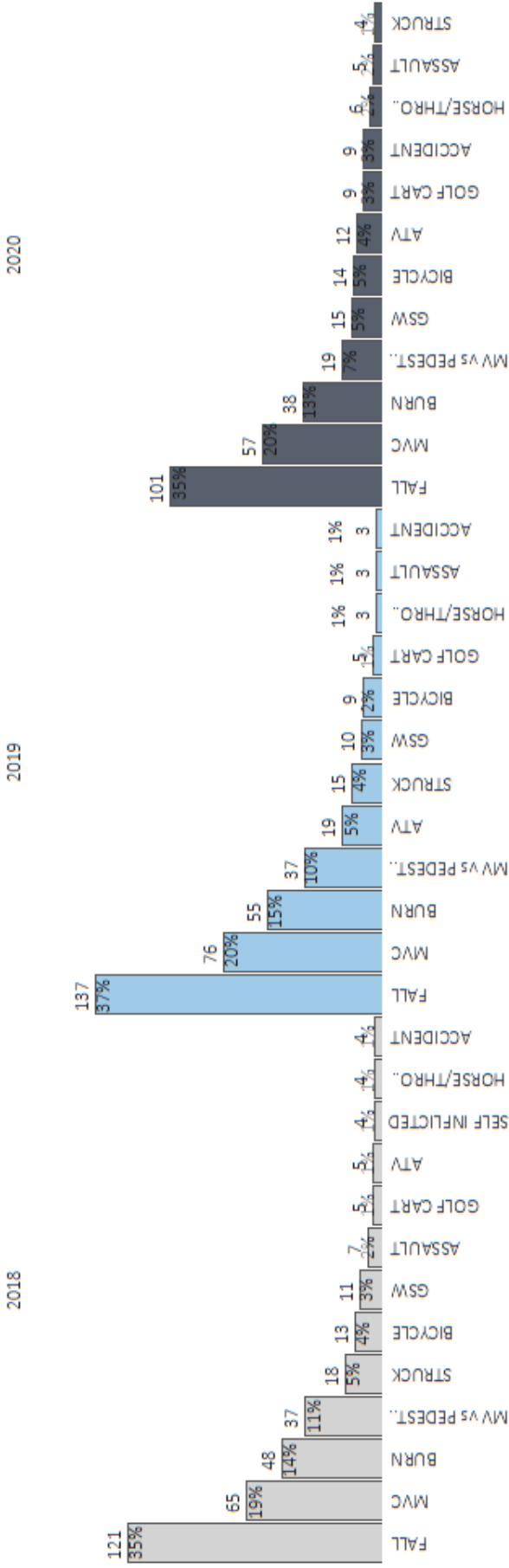
PEDIATRIC MECHANISM OF INJURY

(Ages <1 - 15)

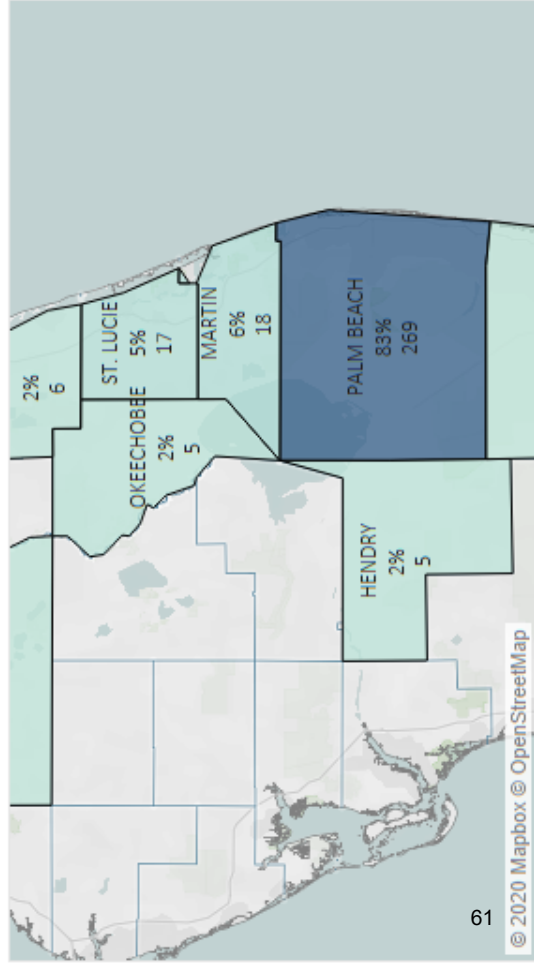
TOTAL PEDIATRIC PATIENTS

January - September 2020: 104

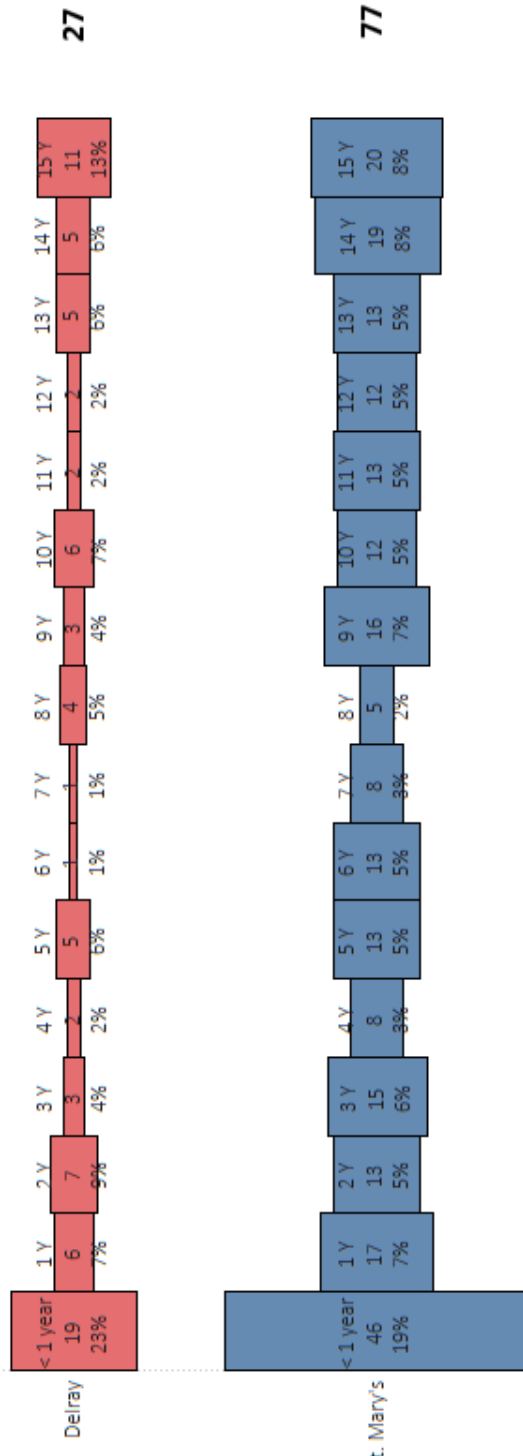
MECHANISM OF INJURY (2018 - 2020 ytd)



INJURY MAP (2020 ytd)



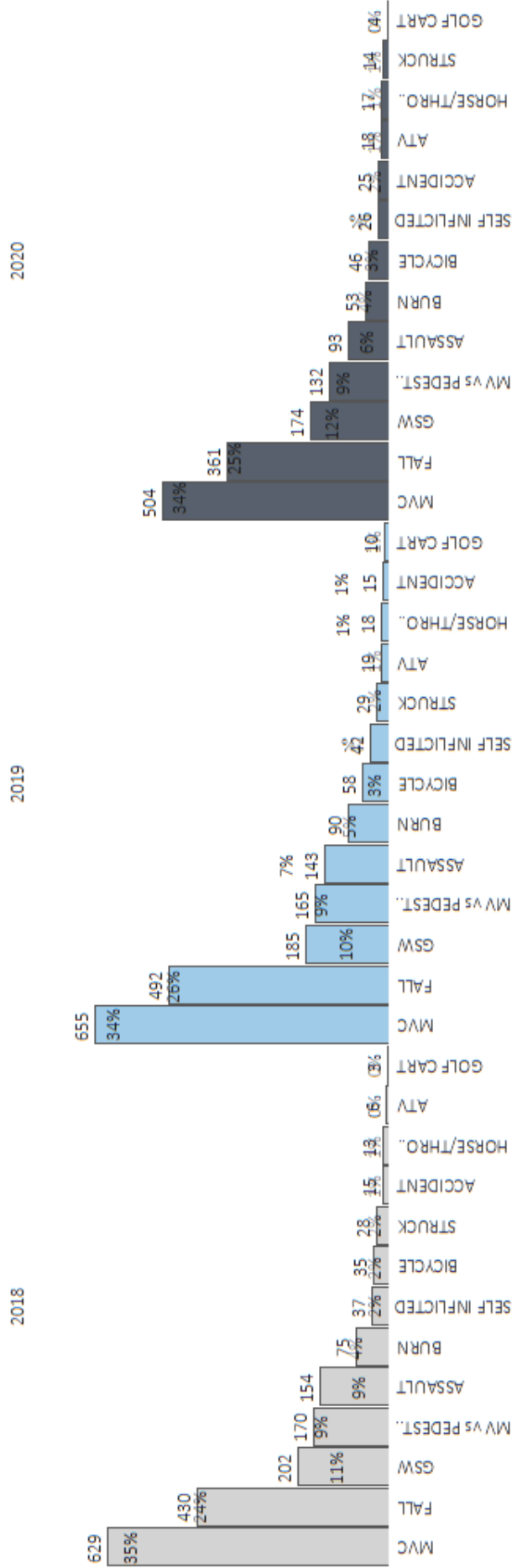
YEARS OF AGE (2020 ytd)



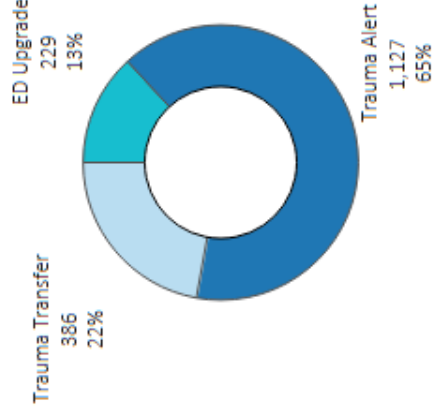
ADULT MECHANISM OF INJURY (Ages 16 - 65)

TOTAL ADULT PATIENTS
January - September 2020: **619**

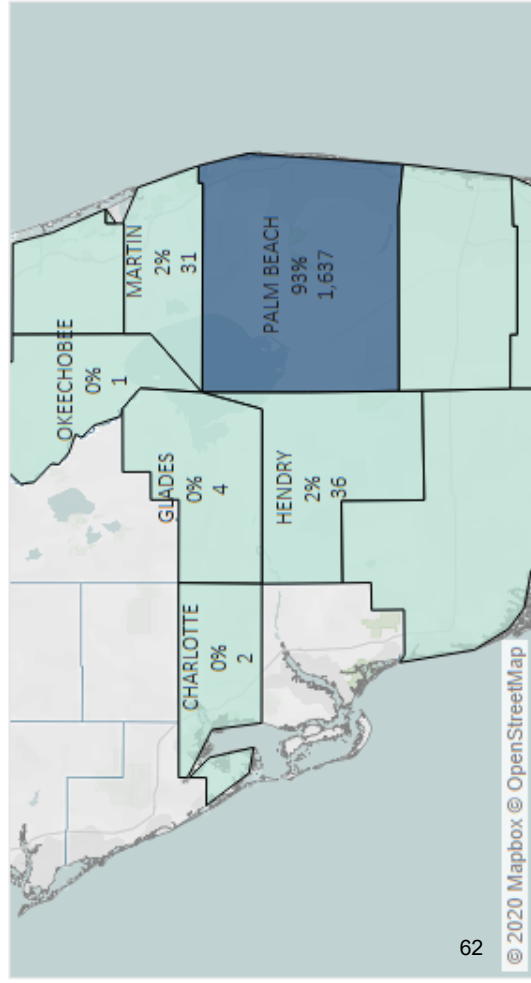
MECHANISM OF INJURY (2018 - 2020 ytd)



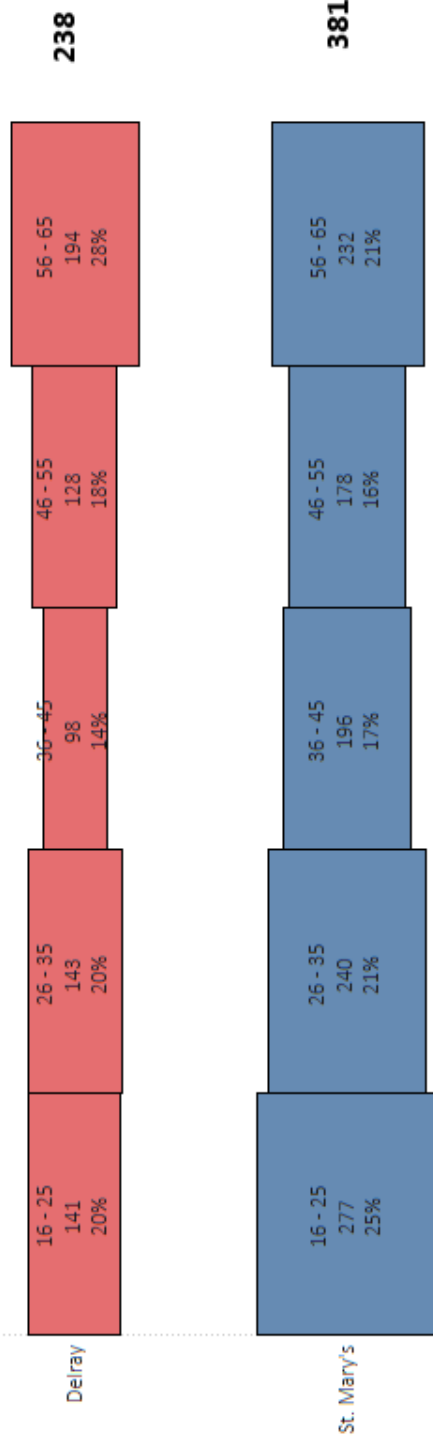
ACTIVATION LEVEL (2020 ytd)



INJURY MAP (2020 ytd)



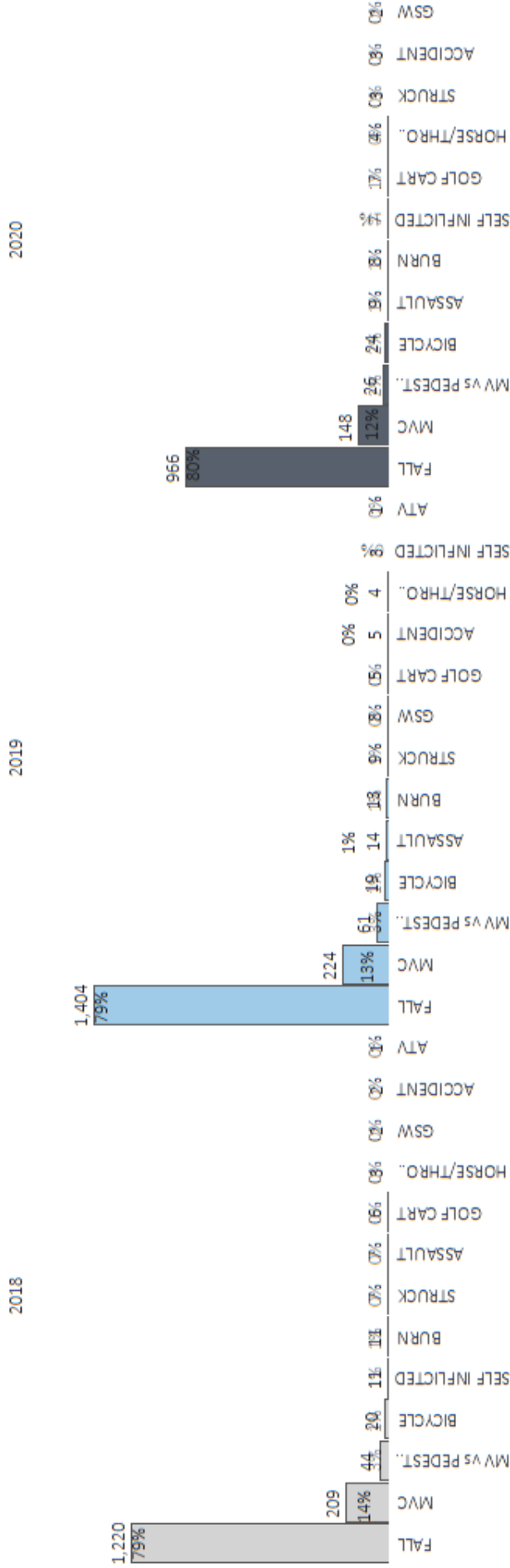
YEARS OF AGE BY DECADE (2020 ytd)



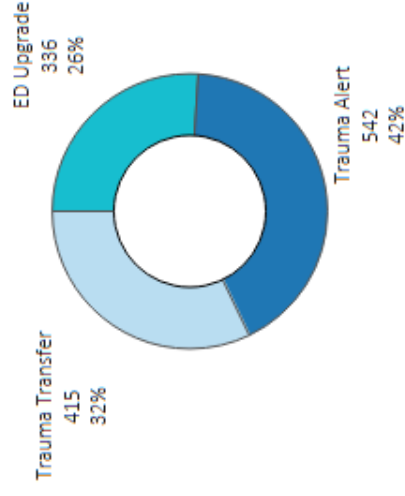
GERIATRIC MECHANISM OF INJURY (Age >65)

TOTAL GERIATRIC PATIENTS
January - September 2020: **407**

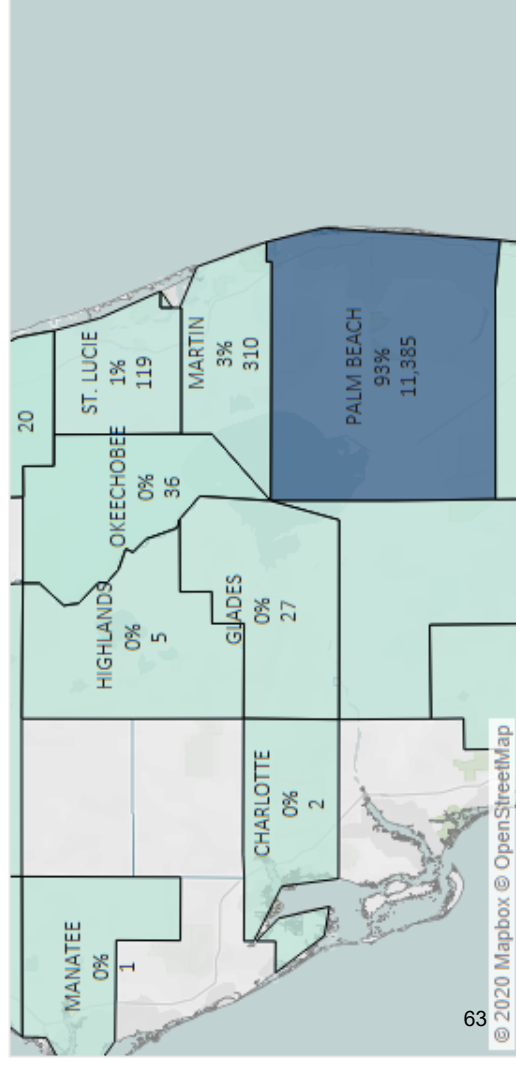
MECHANISM OF INJURY (2018 - 2020 ytd)



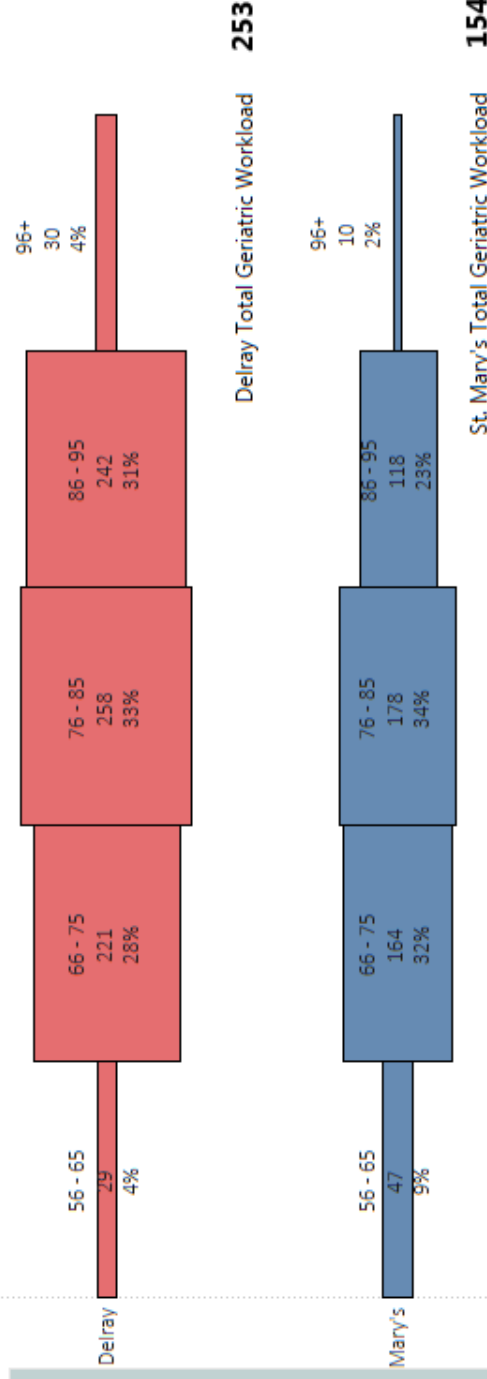
ACTIVATION LEVEL (2020 ytd)



INJURY MAP (2020 ytd)



YEARS OF AGE BY DECADE (2020 ytd)



Delray Total Geriatric Workload **253**

St. Mary's Total Geriatric Workload **154**