



Health Care District
PALM BEACH COUNTY

**Quality, Patient Safety &
Compliance Committee Meeting
March 10, 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**

**March 10, 2020, 2020 at 10:00 a.m.
1515 N. Flagler Dr., Suite 101
West Palm Beach, FL 33401**

- 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**
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from December 10, 2019. [Pages 1-6]
- 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 7]
 - 7A-3 **RECEIVE AND FILE:**
Compliance Work Plan Update 2019
(Deborah Hall) [Pages 8-13]
 - 7A-4 **MOTION TO APPROVE:**
Compliance Policy Updates
(Deborah Hall) [Pages 14-36]

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Summary of Compliance, Privacy and HIPAA Security Activities.
(Deborah Hall) [Pages 37-45]

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 RECEIVE AND FILE:

Patient Relations Dashboards
(Belma Andric) [Pages 46-57]

- Patient Relations Dashboard, School Health.
(Andrea Steele/Tracey Flechaus) [Page 48-49]
- Patient Relations Dashboard, C.L. Brumback Care Clinics.
(Andrea Steele/David Speciale) [Pages 50-51]
- Patient Relations Dashboard, E.J. Healey Center.
(Andrea Steele/Melesia Aymer) [Pages 52-54]
- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/Monique Jackson) [Pages 55-57]

8B-2 RECEIVE AND FILE:

Quality & Patient Safety Reports
(Belma Andric) [Pages 58-86]

- Quality & Patient Safety Report, School Health.
(Andrea Steele/Tracey Flechaus) [Pages 60-61]
- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/Gerry Pagano) [Pages 62-67]
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.
(Andrea Steele/Ana Ferwerda, M.D.) [Pages 68-71]
- Quality & Patient Safety Report, E.J. Healey Center.
(Andrea Steele/Melesia Aymer) [Page 72-78]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Andrea Steele/Sylvia Hall) [Pages 79-83]

8. Regular Agenda (continued)

- Quality and Patient Safety Report, Pharmacy.
(Andrea Steele/Luis Rodriguez) [Page 84]
- Quality & Patient Safety Report, Trauma Program.
(Andrea Steele/Sandra Smith) [Page 85-86]

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

- June 9, 2020 (Q1 2020)
- September TBD, 2020 (Q2 2020)
- December 8, 2020 (Q3 2020)

13. Motion to Adjourn

**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
December 10, 2019 10:00 a.m.
1515 North Flagler Dr., Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Dr. Alonso called the meeting to order at 10:00 am

A. Roll Call

Committee Members present included:

Dr. Alina Alonso, Chairperson; Mary Weeks; Sharon Larson; Sean O'Bannon; Kimberly Schulz; Dianne King; Dr. David Bohorquez; James Elder;

Committee Members absent included:

None

Staff present included:

Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Dr. Belma Andric, Chief Medical Officer; Deborah Hall, VP & Chief Compliance and Privacy Officer; Karen Harris, Vice President of Field Operations; Patricia Lavelly, Interim CIO; Lisa Hogans; Ginny Keller; Terretha Smith; Janet Moreland; Andrea Steele; Sandra Smith; Luis Rodriguez; Hyla Fritsch; Gerry Pagano; David Speciale; Leticia Stinson; Regina Stolpman; Kristine Morales; Shelly Ann Lau; Martha B. Hyacinthe; Leticia Stinson; David Speciale; Lisa Sulger; Shauniel Brown

Recording/Transcribing Secretary: Jonathan Dominique

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Mr. Elder made a motion to approve the agenda as presented/amended. The motion was duly seconded by Ms. Schulz. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

None.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:
Committee Meeting Minutes from September 24, 2019.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the committee meeting minutes from September 24, 2019 as presented. The motion was duly seconded by Mr. Elder. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Consent Agenda items. The motion was duly seconded by Mr. Elder. There being no opposition, 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.
- 7A-3 RECEIVE AND FILE:
Compliance Work Plan Status.

8. Regular Agenda

A. Compliance

- 8A-1 RECEIVE AND FILE
Summary of Compliance, Privacy, and HIPAA Security Activities

Deborah Hall, VP & Chief Compliance & Privacy Officer Presented the following

The purpose of this summary is to provide an overview of compliance, privacy and HIPAA security activities and actions. The Office of Inspector General (OIG)

recommends reporting on a regular basis to the governing body, CEO, and compliance committee with regard to planning, implementing, and monitoring the compliance program. Reporting the compliance activities helps to establish methods to improve the District's efficiency and quality of services, and to reduce the District's vulnerability to fraud, waste, and abuse. Dr. Alonso Asked about the complaints about medical records and the changes that are being made. Ms. Hall explained that if patients requested a change and finds us to be slow to make that change, they might then file a complaint. We currently stand at a 94% Completion rate in HIPAA security compliance training and look forward to reaching a 100% completion rate. We are awaiting the final report from our annual HIPAA security risk assessment. Phishing Campaign is also underway. So far there were 17 attacks and 17 were substantiated.

CONCLUSION/ACTION: Received and filed.

8A-2 **Staff recommends a MOTION TO APPROVE**

Risk Assessment Analysis and Proposed Audit and Monitoring Work Plans for Compliance Privacy and HIPAA Security. The purpose of this executive summary is to provide a detailed analysis of the results of the combined risk assessment conducted in fall of 2019 in order prepare for FY 2020 work plans for Compliance, Privacy, and HIPAA Security. These efforts are the culmination of various inputs and forty plus interviews with the District's management resources. The proposed plans outline the audit and monitoring coverage across various governance resources in order to assist management at managing risk across the District entities and business process activities. There were approximately 130 points of risk that have stemmed 10 or so Audits in each individual area. Our year starts in January and Internal Audit will start in February. 10,000 hours of resources has been afforded to the department by the HCD Board and Senior Leadership. Of that, 5,000 hours would be dedicated to performing Audits and monitoring in the HCD.

CONCLUSION/ACTION: Mr. Elder made a motion to approve the Risk Assessment Analysis and Proposed Audit and Monitoring Work Plans for Compliance Privacy and HIPAA Security. The motion was duly seconded by Ms. Schulz. There being no opposition, the motion passed unanimously.

8A-3 **Staff recommends a MOTION TO APPROVE**

Compliance Policy Updates

Ongoing review and revision of policies is critical to an effective compliance program. The Compliance Department reviewed and revised Compliance policies in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct

- Ensure consistent processes, structures, and ongoing compliance
- Keep employees and the District current with regulatory and industry best practices

The Compliance Department reviewed and revised the following compliance policies:

- Non-Monetary Compensation for Physicians and Immediate Family Members
- Overpayments and Refunds Policy
- Gifts and Gratuities
- Non-Retaliation
- Physician Employment
- Standards of Conduct
- Business Associate Agreements
- Compliance Hotline
- False Claims Prevention
- Governmental Investigation
- Compliance Investigation
- Refund and Overpayment
- Non-Discrimination
- Standards of Conduct Acknowledgement Form

Of the recently updated policies listed above, Non-Monetary Compensation was the only policy that went through significant changes.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to forward the Quality Patient Safety and Compliance Committee's recommendation for approval of the Compliance Policy Updates to the Health Care District Board of Directors. The motion was duly seconded by Mr. Elder. There being no opposition, the motion passed unanimously.

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 RECEIVE AND FILE: Patient Relations Dashboards

The Q3 Patient Relations Dashboards for the following business units were presented by Andrea Steele, Director of Corporate Quality.

- School Health
 - 1 Nursing Related Complaint: A parent brought in a student's medication without physician's authorization, so the nurse was unable to dispense medication. There were 7 compliments.
- Primary Care Clinics

- 26 Complaints and Grievances (Highest Category: Care and treatment at 14).
- All grievances were submitted within the required 7 day window. 43
- 43 Compliments Total (Highest total in September)
- Healey Center
 - 63 Grievances (15 Related to Nutrition)
 - 44 of the Grievances were resolved within 72 Hours
 - 69 Compliments
- Lakeside Medical Center
 - 23 Grievances (9 of which are Physician Related)
 - 9 Compliments

CONCLUSION/ACTION: Received and filed.

8B-2 RECEIVE AND FILE:
Quality & Patient Safety Reports

The Quality & Patient Safety Reports for the following business units were presented by Andrea Steele, Director of Corporate Quality.

- Aeromedical
- Primary Care Clinics
- Healey Center
- Lakeside Medical Center
- Pharmacy
- Trauma Program

CONCLUSION/ACTION: Received and filed.

9. CEO Comments

Ms. Davis, Chief Executive Officer, apologized to the Committee about the timeliness of the packet, and has assured the committee that changes will be made in the immediate future to resolve the issue.

10. Committee Member Comments

Ms. Weeks stated that she is grateful and appreciative for all of the behind the scenes work that is put into the reports presented.

11. Closed Risk Meeting

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

12. Establishment of Upcoming Meetings

- March 10, 2020 (Q4 2019)
- June 9, 2020 (Q1 2020)
- September TBD, 2020 (Q2 2020)
- December 8, 2020 (Q3 2020)

13. Motion to Adjourn

There being no further business, the meeting was adjourned at 11:52 am.

Dr. Alina Alonso

Date

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

12 Month Attendance Tracking

	3/26/19	5/28/19	9/24/19	12/10/19
Mary Weeks	X	X	X	x
Sharon Larson	X	X	E	x
Alina Alonso	X	X	X	x
James Elder	X	X	X	x
Sean O'Bannon	E	X	X	x
Dianne King	E	X		x
Kimberly Shultz				x
Dr. David Bohorquez	E	X	X	x
Dr. Daniel Padron	X	X	E	E

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 10, 2020

1. Description: Compliance Work Plan Update 2019

2. Summary:

Ongoing evaluation is critical to an effective compliance program. The Compliance Department will perform the reviews from the Compliance Work Plan 2019 in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Identify and report criminal and unethical conduct
- Focus on areas of high risk and focus on any area of concern that has been identified
- Align resources to critical review areas that focus on the District's mission and values

3. Substantive Analysis:

The Compliance Work Plan 2019 demonstrates areas of concern based on government enforcement trends, the OIG 2019 Work Plan, and interviews with senior management.

As part of the review process, the Compliance Department will be utilizing:

- On-site visits
- Interviews with personnel involved in management, operations, coding, claim development, patient care, and other related activities
- Reviews of medical and financial records that support claims for reimbursement
- Reviews of written materials and documentation prepared by each business line
- Monitor and trend analysis that seek deviations in specific areas

The Compliance Department will:


- Remain independent of physicians and management
- Have access to existing audit resources and relevant personnel
- Present written evaluative reports on compliance activities
- Specifically identify areas where corrective actions are needed

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 10, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:


N/A

Committee Name Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the Compliance Work Plan Update 2019.

Approved for Legal sufficiency:



 Valerie Shariari
 VP & General Counsel



 Deborah Hall
 VP, Chief Compliance and Privacy Officer &
 Internal Audit



 Darcy J. Davis
 Chief Executive Officer

Compliance Auditing Plan

Quarter	Entity	Source of Risk	Review Title	Description
1	LMC and Clinic	Risk Assessment	Instrument Sterilization	Review procedures and assess the level of infection prevention surveillance. Completed
1	LMC	Internal Risk Assessment	Financial Assistance Policy	Review LMC's Financial Assistance Policy to determine if it meets the requirements of 501(r). Completed
1	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. Completed
1	Clinics/LMC/Healey	Internal Risk Assessment	Confidential Communication	Review policies, procedures, and documentation regarding requests for confidential communication. Completed
1	Clinics (MAT Program)	Internal Risk Assessment	Program Consents	Review a random sample of completed consents to determine its use is consistent with the performance criterion. Completed
2	Healey Center	OIG Workplan	Nursing Facility Staffing Levels	Examine nursing staffing levels and related policies and procedures to ensure compliance with CMS requirements. Completed
2	District Wide	Internal Risk Assessment	Advanced Beneficiary Notice (ABN)	Verify practices for notifying patients of their financial liability. Completed
2	Clinics/LMC	Internal Risk Assessment	Authorization for Uses and Disclosures	Obtain and review a sample of authorizations obtained to permit disclosure for consistency with the established performance criterion the policies and procedures require. Completed
2	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. Completed

3	LMC	Internal Risk Assessment	Hospital Discharge Notice (Medicare)	Review all policies, procedures, and processes associated with delivery of the notice of discharge. Completed
3	Healey Center	Internal Risk Assessment	Infection Prevention and Control Program	Review facility's infection prevention and control program including all related policies and procedures. Duplicate / Remove
3	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. Completed
3	District Wide	OCR Investigation	Business Associate Agreement Audit	Review policies, procedures, and internal controls for identifying and engaging business associates. Gather exhaustive list of Business Associate Agreements and Memorandum of Understanding in preparation for potential Office for Civil Rights audit. Review a sample of business associate agreements per business unit for compliance with District policies and federal requirements. In Progress
3	District Wide	Risk Assessment	Physician Compensation and Medical Directorships	Review a sample of Physicians with Professional Services Agreements to assure the Physician and/or group are paid per the terms of the contract with required documentation and following the Professional Services Policy. On 2020 plan
4	Healey Center	Internal Risk Assessments	Transfer, Discharge, and Bed hold Process	Review policies and procedures, notice of bed hold, notice for transfer/discharge, and related preparation and documentation. Completed
4	LMC	Internal Risk Assessment	Adverse Events	Verify that Lakeside is properly reporting any incidences of identified serious preventable errors. Risk Qual assessment completed
4	Clinics (Behavioral Health)	Internal Risk Assessment	Telehealth	Review billing and documentation for accuracy per policy. On 2020 work plan
4	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy. Completed

4	District Wide	OCR Investigation	Encryption	Obtain and review the policies and procedures regarding the encryption and decryption of ePHI. Including documentation of processes regarding the use and management of the confidential process.
4	District Wide	OCR Investigation	Notice of Privacy Practices	Review whether the uses and disclosures of PHI are consistent with the District's notice of privacy practices and business units have made good faith attempts to provide written notice to individuals. In progress

Compliance Monitoring Plan

The purpose of the Compliance Monitoring Plan is to:

1. Review claims on a retrospective and concurrent basis to ensure the accuracy, integrity and consistency of billings for a sample of Medicare, Medicaid and other third party payor claims;
2. Ensure sampled claims meet state and federal requirements, national coding standards and other regulatory rules, payor contract terms, regulations and requirements.
3. Ensure that all charges reported for claim and billing purposes are supported by appropriate documentation in the medical record.
4. Review claims and related records to identify potential under and over payments.

Entity	Key Measurements	Description
LMC	Inpatient and Outpatient Audit	External auditors to complete a DRG/Billing and Documentation audit for Inpatient and Outpatient coding, documentation and billing audit.
CLINICS/ DENTAL	Provider Evaluation and Management Audit (E&M)	Acevedo Consulting to complete an E&M and billing audit for all providers in the 1 st Qtr Calendar Year 2019 and repeat 3 rd Qtr 2019. Dental provider to be complete audit in process for Dentrix.
HCD ALL BUSINESS UNITS	Office of Civil Rights (OCR) HIPAA Risk Assessment	Audit completed by SecureState. OCR Desk Audit Updated to Ransomware 2019
CLINIC	Review of Consents and Medical Record Content	MK Medical Solutions to complete an audit of Athena Charts to assure complete consents and content belonging to correct patient.

HCD	Compliance Program Effectiveness Assessment	Crowe to complete Compliance Program Effectiveness Assessment
------------	---	---

All audits in the 2019 Audit Work Plan are subject to change due to Compliance issues raised and requiring audit/investigation during quarter. The Office of Inspector General (OIG) 2019 Work Plan is a dynamic changing document that is updated by the OIG monthly. All new items identified by the OIG as identified as a risk for HCD, these will be incorporated into the Work Plan.

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

1. Description: Compliance Policy Updates

2. Summary:

Ongoing review and revision of policies is critical to an effective compliance program. The Compliance Department reviewed and revised Compliance policies in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Ensure consistent processes, structures, and ongoing compliance
- Keep employees and the District current with regulatory and industry best practices

3. Substantive Analysis:

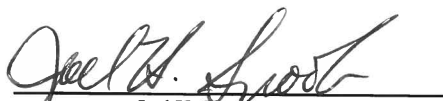
The Compliance Department is presenting the following policies:

- Standards of Conduct Policy
- Conflict of Interest Policy
- Social Media Policy

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel H. Snook
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

5. Reviewed/Approved by Committee:

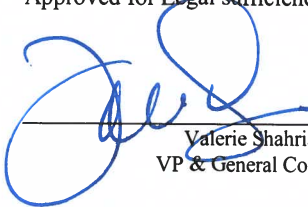
N/A

Committee Name Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee forward their recommendation for Board Approval.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Deborah Hall
VP, Compliance & Privacy Officer, Internal Audit



Darcy J. Davis
Chief Executive Officer

POLICY

The District will maintain and periodically update a written Standards of Conduct to provide guidance on the organization's responsibilities related to compliance and address specific issues related to health care regulations, quality of care, reimbursement, financial relationships and other critical areas with a particular emphasis on preventing fraud and abuse. The Standards of Conduct is available on the District's website. All new employees will review the Standards and sign an acknowledgement that they have read and understand the Standards during their new hire orientation and again each time a new version is published. A copy of the Standards of Conduct booklet will be provided to all Committee and Board members at the time of their appointment and again each time a new version is published. and participate in periodic training sessions that include a review of the Standards.

APPLICABILITY

This procedure applies to all workforce, Board and Committee members ~~employees~~ of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, E.J. Healey Center, School Health, C.L. Brumback Primary Care Clinics, Pharmacy, Trauma and Managed Care.

PROCEDURE

The Quality, Patient Safety Audit and Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.

1. The Standards of Conduct will be written in at a basic reading level to avoid complex language.
2. The Standards of Conduct will address the following areas related to health care compliance:
 - The District's mission and values
 - Quality of Care
 - Compliance with laws and regulations including, but not limited to fraud waste and abuse, privacy and security, etc.
 - Proper Billing and Coding
 - Use of Information, property and assets
 - Conflicts of Interest including, but not limited to procurement provisions to protect federal awards
 - Duty Obligation to report suspected violations
 - Reporting options available to employees
 - Responsibilities of management and employees
 - Non-retaliation and non-discrimination
3. The Standards of Conduct will be distributed to Board Members, Executive Management, employees and any other applicable parties. Copies will be provided to all new employees as part of their

orientation. Recipients will sign a statement acknowledging:

- Receipt and Understanding
 - Agreeing to abide by its provisions
4. All employees will receive training on the Standards of Conduct to help them understand how it applies to their work situations. The Chief Compliance Officer and/or Human Resources will ensure that documentation is maintained to evidence those employees who have received training and education.
 5. All employees will receive the Standards of be provided the opportunity to review it electronically, sign the acknowledgment or be provided the opportunity to acknowledge review electronically and receive training in accordance with this policy.
 6. The Chief Compliance Officer will investigate possible violations of the Standards and ensure appropriate corrective actions and disciplinary action is taken when necessary.

RESPONSIBILITY

Employee Responsibilities

1. Ask questions; seek guidance, report violations and express concerns regarding compliance with this policy to your direct supervisor, the Human Resources Department or the Chief Compliance Officer.
2. Abide by the District's Standards of Conduct.

Department Directors/Managers/Supervisors Responsibilities

1. Create a work environment in which ethical concerns can be raised and openly discussed without fear of retaliation.
2. Consult with Human Resources and the Chief Compliance [and Privacy](#) Officer regarding violations or suspected violations of Standards of Conduct and work with Human Resources and Chief Compliance [and Privacy](#) Officer to conduct proper investigation.
3. Monitor compliance.

Human Resources Responsibilities

1. Observe the standards of our professions and exercise judgment and objectivity.
2. Provide guidance and assist employees in complying with the District's expectations of ethical business conduct and uncompromising values.
3. Assist supervisors/managers with investigations of violations of Standards of Conduct.

4. Notify Chief Compliance and Privacy Officer of violations or suspected violations of the Standards of Conduct.

Compliance Office Responsibilities

1. Track and investigate violations of the Standards of Conduct
2. Provide education and guidance to ~~staff and the board~~workforce, Committee and Board members as appropriate.

APPROVED BY	DATE
Ellen Pentland <u>Deborah Hall</u> , Chief Compliance and Privacy Officer	12/11/2012
Quality, Patient Safety Audit and Compliance Committee	12/11/2012
Health Care District Board Approval:	1/16/2013

POLICY REVISION HISTORY

Original Policy Date	Revisions	
1/1/2008	12/1/2008	"[Next Revised Policy Date]"
	10/1/2010	"[Next Revised Policy Date]"
	1/16/2013	"[Next Revised Policy Date]"

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

Number: _____

APPLICABILITY AND PURPOSE

This Conflict of Interest Policy and Procedure applies to all board members, committee members, officers, employees and individuals contracted for services in lieu of employment of the Health Care District of Palm Beach County ("District") and its affiliated entities including Lakeside Medical Center, Edward J. Healey Center, Physician Office Practices, School Health, Pharmacy, Aeromedical, Trauma, and Managed Care.

PURPOSE

The purpose of this policy is to ensure that all organizational decisions are made solely to promote the best interests of the District, its patients, members and residents without favor or preference based upon prohibited personal considerations. It is intended to provide guidance concerning the identification, avoidance, curing and disclosure of any act or relationship that may conflict or appear to conflict with the best interests of the District, the safety of its patients, the quality of care, and the communities it serves.

DEFINITIONS

Agent – any person and entity that contracts with the District to provide health care related services, equipment or other goods or services. Agents do not include volunteers.

Conflict of Interest- any situation in which financial, professional or personal interests, including the interests of their immediate family members, persons living in the same household and/or business associates, may compromise one's professional judgement or other obligation to the District or its primary constituencies. situation where regard for a Covered Person's private interest tends to lead to disregard of a public duty or interest. A "conflict of interest" occurs when Covered Persons solicit or accept gifts, do business with the District and/or engage in prohibited employment or business relationships, accept unauthorized compensation, misuse their position, disclose or use certain information, solicit or accept honoraria, or engage in lobbying the District within two years of separation of employment in violation of this policy, all of which are more fully described below. It is important to understand that the appearance of a Conflict of Interest may be just as damaging to the District as an actual Conflict of Interest.

Contract- means and includes any type of written agreement that . This includes, but is not limited to, memorandums of understanding/agreement, memorandums of agreement, letters of agreement, written vendor quotes (with terms and conditions), leases, inter-local agreements, grants, purchase orders, and addendums or amendments to the foregoing.

Covered Person- a District board member, committee member, officer, employee, or individual contracted for services in lieu of employment.

District- the Health Care District of Palm Beach County and its affiliated entities including, but not limited to, Lakeside Medical Center, Edward J. Healey Center, Physician Office Practices, School Health, Pharmacy, Aeromedical, Trauma, and Managed Care.

Domestic Partner- an adult, unrelated by blood, with whom an unmarried or separated Covered Person has an exclusive committed relationship and maintains a mutual residence as evidenced by registration with the Clerk of Court of Palm Beach County, or the county in which the Covered Person and Domestic Partner reside.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

Employees - includes all employees (permanent, temporary and per-diem), volunteers, students, and others rendering paid or unpaid services, including, but not limited to Agents, Board Members, Medical Staff, and Officers.

Exempt Employee- an ~~individual employee~~ employed ~~in a~~ bona fide executive, administrative, professional, computer or outside sales position and is not subject ~~to the minimum~~ wage and overtime provisions of laws governing the payment of wages. To qualify for the exemption, ~~employees~~ must meet certain tests regarding their job duties and be paid on a salary basis. Job titles do not determine exempt status. Additional information can be found in the District's Exempt Employee Pay Policy. Questions about your status as an exempt employee should be directed to Human Resources.

Family Member- a spouse/domestic partner, parent child sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, aunts, uncles, nieces, nephews, and spouse of a grandparent or grandchild.

~~parent, spouse, domestic partner, child, or sibling of the Covered Person. This includes biological, adoptive or step relationships.~~

Gift- something which is ~~offered~~ paid or given by a person or entity to a Covered ~~Person~~, or to another person for or on behalf of the Covered Person, directly, indirectly, or in trust for the Covered Person's benefit or by any other means, where the Covered ~~Person~~ does not, in exchange, give something ~~of equal or greater value to that person or entity within 90 days, including:~~

- ~~R~~Real property
- ~~T~~he use of real property
- ~~T~~angible or intangible personal property or the use of such property
- ~~A~~ preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to all other similarly situated government employees or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin
- ~~F~~orgiveness of an indebtedness
- ~~T~~ransportation, other than that provided to a public employee by an agency in relation to officially approved governmental business, lodging, or parking
- ~~F~~ood or beverage

- ~~m~~Membership dues
- ~~e~~Entrance fees, admission fees, or tickets to events, performances, or facilities
- ~~p~~Plants, flowers, or floral arrangements
- ~~s~~Services provided by persons pursuant to a professional license or certificate
- ~~e~~Other personal services for which a fee is normally charged by the person providing the service
- ~~a~~Any other similar service or thing having an attributable value not already provided for above

A "gift" does not include the following items:

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

- Salary, benefits, services, fees, commissions, or expenses associated with the Covered Person's employment, business, or service as an officer or director of a corporation or organization.
- Campaign contributions or expenditures reported pursuant to statute, campaign-related personal services provided without compensation by individuals volunteering their time, or any other contribution or expenditure by a political party.
- An honorarium or an expense related to an honorarium event, unrelated to their public duties, paid to a Covered Person or the Covered Person's spouse.
- An award, plaque, certificate, or similar personalized item given in recognition of the Covered Person's public, civic, charitable, or professional service.
- An honorary membership in a service or fraternal organization presented merely as a courtesy by such organization.
- The use of a public facility or public property made available by a governmental agency, for a public purpose.
- Transportation provided to a Covered Person by an agency in relation to officially approved governmental business.
- Gifts provided directly or indirectly by a state, regional, or national organization which promotes the exchange of ideas between, or the professional development of, government officials or employees, and whose membership is primarily composed of elected or appointed public officials or staff, to members of that organization or officials or staff of a governmental agency that is a member of that organization.

Lobbyist- a person who, for compensation, seeks or sought to influence the governmental decision making of the District Board, Chief Executive Officer or purchasing agent, or who encouraged the passage, defeat, or modification of any proposal or recommendation by the Chief Executive Officer, purchasing agent, or the District Board, within the past 12 months.

Non-Exempt Employee-an employee, generally paid on an hourly basis, who is subject to the minimum wage and overtime provisions of the laws governing payment of wages. Additional information can be found in the District's Non-Exempt Employee Pay Policy. Questions about your status as a non-exempt employee should be directed to Human Resources.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy Number: N/A

Outside Employment- an employment or contractual relationship between a Covered Person and a person or entity other than the District whereby the Covered Person provides services in exchange for compensation.

Third Party –any individual or organization that currently or in the future conducts business transactions with the District, including entities in which an employee has a substantial interest (for publicly held corporations, substantial interest is defined as owning at least 1% of a class of the outstanding securities for that corporation; for non-publicly held entities, substantial interest will be examined on a case-by-case basis after the disclosure is made), is a director or officer of, or has any personal contract, agreement, understanding or employment of any kind with any physician, supplier, customer, or other individual or business concern that has a contractual arrangement with, does business with, seeks to do business with, or competes with the District.

POLICY

All Covered Persons have a duty to be loyal and to advance the legitimate business interests of the District. This includes avoiding the solicitation or acceptance of any type of personal benefit by virtue of their employment or association with the District. Covered Persons should avoid placing themselves in a position where their actions, or the acts or interests of a family member or a related third party may have a financial, business, professional, or social impact that could directly or indirectly oppose the best interests of the District or the constituencies it serves. Any potential conflict of interest should be disclosed immediately upon identification by completing a Conflicts of Interest Disclosure Form (Disclosure).

All Covered Persons whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will subject workforce members to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination.

Although it is not possible to list all activities that could create a conflicts of interest in the workplace, the following are examples of activities that should be avoided/may be prohibited:

- Receiving or giving a personal benefit of more than a nominal value from or to any Third Party doing or seeking to do business with the District.
- Conducting business with a personal friend, business associate or relative on behalf of the District.
- Speculating or dealing in material, equipment, supplies, products, land leases or other property purchased or sold by the District for which negotiations to purchase, acquire or sell are pending or anticipated.
- Disclosing to anyone, including relatives as defined above, any information, plans, or forecasts relating to the District which have not been released publicly.
- Except where prohibited by law, hiring or entering into a contractual arrangement with a Relative where a person currently employed by the District will be working directly for, or supervising, a Relative,

and/or occupying a position in the same line of authority as the Relative within the organization.

- Accepting outside employment or holding a material financial interest with an organization that does business with or is a competitor of the District.
- Holding a position(s) that interferes with the performance of their assigned duties or the professional standards of the District.
- Using the District's property or other resources for outside activities.
- Participating in any other activity that is perceived by the District as being a conflict of interest.

Any questions you may have should be discussed with your supervisor, the Human Resources Department or the Chief Compliance and Privacy Officer.

PROCEDURE

PROHIBITED CONFLICTS OF INTEREST:

All Covered Persons are prohibited from engaging in conduct that creates a conflict of interest_

including, but not limited to, the activities described below:

- Solicitation or Acceptance of Gifts

Covered Persons are prohibited from *soliciting* ~~or~~ *accepting* or offering/giving anything of value, including gifts, loans, rewards, ~~promises of future employment, favors or services that are based on any understanding that their vote, official action or judgment would be influenced by such a gift.~~

The District Board members, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, is prohibited from *soliciting* any gift from a political committee, a certified committee of continuous existence (as defined by Fla. Stat. 106.011), or from a lobbyist, where the gift is for the personal benefit of the District Board member, Chief Executive Officer, the purchasing agent, or any of their Family Members.

District Board members, the Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, or any person on his or her behalf, is prohibited from *knowingly accepting*, directly or indirectly, a gift from a political committee, certified committee of continuous existence (as defined in Fla. Stat. 106.011), or from a Lobbyist, if he/she knows or reasonably believes that the gift has a value in excess of \$100.00. However, such a gift may be accepted by the Chief Executive Officer on behalf of the District or a charitable organization so long as the Chief Executive Officer does not maintain custody of the gift for any period of time beyond that reasonably necessary to arrange for the transfer of custody and ownership of the gift. The value of the gift is generally determined using the actual cost to the donor, less taxes and gratuities, or the reasonable and customary charge for personal services provided by the donor directly. Compensation provided by the Chief Executive Officer to the donor within 90 days after receipt of the gift is deducted from the value.

Doing Business with the District and Prohibited Employment and Business Relationships

Covered Persons are prohibited from having an employment or contractual relationship with any business entity or agency which is subject to the regulation of the District or that is doing business with the District. Furthermore, Covered Persons are prohibited from having an employment or contractual relationship that will create a continuing

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full and faithful discharge of his or her public duties. However, where the regulatory power over the business entity resides in another agency and not the District, the employment or contractual relationship is not a conflict of interest. Additionally, where the Covered Person is not personally performing services for the District through the outside employment or business relationship of the other entity, such outside employment may be approved depending on the facts and circumstances of each situation presented.

Covered Persons acting in their official capacity as a purchasing agent, with authority to commit the expenditure of public funds through a contract for, or the purchase of, any goods, services, or interest in real property for the District (as opposed to the authority to request or requisition a contract or purchase by another person) are prohibited from either directly or indirectly purchasing, renting, or leasing any realty, goods, or services for the District from any business entity of which the Covered Person, or the Covered Person's spouse or child is an officer, partner, director, or proprietor or in which the Covered Person or his or her spouse or child, or any combination of them, has a material interest. A material interest means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity; however, indirect ownership does not include ownership by a spouse or minor child.

Covered Persons are prohibited from acting in a private capacity to rent, lease, or sell any realty, goods, or services to the District unless the contract for the transaction was entered into prior to the Covered Person's first date of employment, or first date of appointment, at the District. However, no violation of this policy exists where:

- The Covered Person's Outside Employer or Business is awarded the contract under a system of sealed, competitive bidding to the lowest or best bidder and:
 - the Covered Person or his/her spouse or child have not participated in the determination of bid specifications or the determination of the lowest or best bidder in any way;
 - the Covered Person or his/her spouse or child have not in any way used or attempted to use the Covered Person's influence to persuade the District or its board members, officers or employees to enter into the contract other than by the mere submission of the bid; and
 - the Covered Person, prior to or at the time of the submission of the bid, has filed a statement with the Palm Beach County Supervisor of Elections disclosing the nature of the Covered Person or his/her spouse or child's interest in the Outside Employer or Business and the nature of the intended business.
- The purchase or sale contemplated is for legal advertising in a newspaper, for any utilities service, or for passage on a common carrier.
- An emergency purchase or contract that must be made in order to protect the health, safety, or welfare of the citizens of Palm Beach County;
- The Outside Employer or Business is the only source of supply within Palm Beach County and there is full disclosure by the Covered Person of his/her interest in the Outside Employer or Business to the District Board prior to the purchase, rental, sale, leasing, or other business being transacted.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

- The total amount of the contracts or transactions in the aggregate between the Outside Employer or Business and the District does not exceed \$500.00 per calendar year.
- The Covered Person purchases in a private capacity goods or services at a price and terms available to similarly situated members of the general public.

A Covered Person who seeks secondary employment with an Outside Employer or Business that maintains a contract with the District may be approved depending on consideration the following factors, which include but are not limited to:

- The Covered Person and his/her Family Members do not work in the District department that will enforce, oversee or administer the subject contract;
- The Outside Employment does not interfere with or otherwise impair the Covered Person's independence of judgment or otherwise interfere with the full and faithful performance of his or her public duties to the District;
- The Covered Person or his/her Family Members have not participated in determining the contract requirements or awarding the contract;
- The Covered Person's job responsibilities will not require him/her to be involved in the Outside Employer's contract with the District in any way including, but not limited to, its enforcement oversight, administration, amendment, extension, termination, or forbearance;
- The Covered Person will not use District Property or other resources in conducting the activities;
- The Covered Person's performance of District functions will not be impaired or impeded by the activities;
- The Covered Person will not use paid or unpaid leave time, including FMLA, medical or personal leave, provided by the District to engage in the activities;
- No outside work may be done during paid hours, including lunch hours and breaks, and no District facilities, equipment, labor or supplies are to be used to conduct this outside activity;
- Covered Persons who hold exempt positions are not prohibited from engaging in secondary employment outside of regularly scheduled work hours at the District so long as the Covered Person responds to District needs outside of regularly scheduled hours in a timely and responsible manner.
- The Covered Person has submitted a Conflict of Interest Disclosure Form which has been reviewed and approved by Human Resources and Compliance.

Unauthorized Compensation

Covered Persons, their spouses and minor children are prohibited from accepting any compensation, payment, or item of value when the Covered Person knows, or should know with the exercise of reasonable care, that is given to influence an action in which the Covered Person was expected to participate in his or her official capacity.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

Misuse of Position

Covered Persons are prohibited from corruptly using or attempting to use his or her position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit or exemption for himself, herself, or others.

Disclosure or Use of Certain Information

Current and former Covered Persons of the District are prohibited from disclosing or using information not available to members of the general public and gained by reason of his or her position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

Solicitation or Acceptance of Honoraria

The District Board, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District are prohibited from soliciting an honorarium which is related to their public office or duties. An honorarium means any payment of money or anything of value, directly or indirectly, to the District Board member, Chief Executive Officer, and purchasing agent, or to any other person on his or her behalf, as payment for a speech, address, oration or other oral presentation by the individual, regardless of whether presented in person, recorded or broadcast over the media, or for a writing that is intended to be published (other than a book). Because an honorarium does not include the payment or provision of actual and reasonable transportation, lodging, and food and beverage expenses related to the honorarium event, including any event or meeting registration fee for the individual and spouse, the individual may accept payment of such expenses related to an honorarium event, provided the individual receives a statement listing the name and address of the person providing the expenses, a description of the expenses provided each day, and the total value of the expenses provided for the event within 60 days of the event and discloses such expenses with the statement annually in the financial disclosure when such expenses are paid by a political committee or committee of continuous existence or from a Lobbyist.

Use of District Name

Using the District's name, logo, or other identifying marks in outside private business or employment, or misrepresenting oneself as an agent of the District, is prohibited. Using the District's name in an individual's sponsorship of a political party or cause in a way that implies the District endorsement of private services, business, equipment or supplies is prohibited.

Lobbying by Former Employees

Employees are prohibited from representing another person or entity for compensation before the District for two (2) years after vacating such office.

~~**DISCLOSURE OF POTENTIAL CONFLICTS**~~

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy Number: N/A

PROCEDURE

All Covered Persons must complete the Conflict of Interest Disclosure Form upon hire and annually during their performance review. Covered Persons must also update the Form if any activity or personal interest that may lead to a conflict of interest arises within 10 days of becoming aware of a potential conflict of interest.

CONSEQUENCES OF VIOLATIONS:

Any employee who engages in prohibited conduct, as specified above shall be subject to discipline, up to and including termination of employment.

Additionally, any Covered Person may be subject to investigation by the Florida Commission on Ethics, the Palm Beach County State Attorney's Office, the Palm Beach County Inspector General, or other enforcement agencies, which may result in civil and/or criminal penalties. If the violation of this policy also constitutes a violation of Florida law.

REPORTING VIOLATIONS:

Employees must contact the Compliance Department if they have any questions concerning the Conflict of Interest Policy. Suspected violations of the Conflict of Interest Policy must be reported immediately to the Compliance or Human Resources Departments or to the Compliance Hotline at 1-866-633-7233.

NON-RETALIATION

The District will not retaliate against any employee who reports suspected violations of this policy in good faith. [NR1]

RESPONSIBILITIES

Covered Person's Responsibilities

1. Fully, accurately, and timely fill out and submit the Conflict of Interest Disclosure Form as required by District policy.
2. Submit interim Conflict of Interest Disclosure Forms within 10 days of becoming aware of new activities or interests that may present a potential Conflict of Interest.
3. Avoid engaging in activities that present a potential Conflict of Interest
4. When engaging in approved Outside Employment or other activities, adhere to all other District policies governing the situation.
5. When engaging in approved Outside Employment or other activities, he or she shall not take part in any decisions related to the outside employer or business to which the conflict relates.
6. Immediately report suspected Conflicts of Interest to the Compliance or Human Resource Departments or calling the Compliance Hotline (1-866-633-7233).

Department Directors/Managers/Supervisors Responsibilities

1. Refer employees to the Compliance or Human Resource Departments as needed.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy N/A

Number:

2. Assist in ensuring Conflict of Interest Disclosure Forms are provided to, and collected from, employees annually. Forms are located on SharePoint under Compliance
3. Assure ~~all~~ employees submit all Conflict of Interest Disclosure Forms thru SharePoint.

Compliance Department Responsibilities

1. Review all Conflict of Interest Disclosure Forms that present a potential Conflict of Interest, conduct further investigation as needed.
2. Consult with Human Resources to develop and implement recommendations as to the resolution of any actual conflict.
3. Educate new employees about this Policy. Educate current employees as needed.
4. Receive and investigate complaints regarding violations of this Policy with assistance from Human Resources.

Human Resources Department Responsibilities

1. Ensure Conflict of Interest Disclosure Forms are provided to, and collected from, each employee annually and during New Hire Orientation.
2. Assist Compliance Department in developing and implementing recommendations as to the resolution of any actual conflict.
3. Receive complaints regarding violations of this Policy.
4. Assist Compliance Department in conducting investigations of potential conflicts of interest.
5. Assist in providing Conflict of Interest Disclosure Forms as needed from employees..
6. File and maintain Conflict of Interest Disclosure Forms and related documents [NR2].

Any Disclosures noting a potential conflict will be reviewed and conflicts resolved in the following manner:

1. **For Board Members and the Chief Executive Officer**, the Chief Compliance and Privacy Officer will review and make a recommendation to the Board’s Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.
2. **For employed and contracted Medical Staff**, the Medical Executive Committee shall review the disclosure and recommend corrective action to the Board’s Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.
3. **For Volunteers, and Employees**, the Director of Human Resources will review the disclosed conflict and recommend a course of action to the Chief Compliance and Privacy Officer who shall take appropriate action as warranted under the circumstances to resolve the actual or potential conflict of interest.
4. **For Vendors**, the Procurement Officer [NR3] will review the disclosure and recommend action to the Chief Compliance and Privacy Officer who may take corrective action to cure or manage the conflict

after

consultation with the appropriate executive officer.

Any valid **appeal** regarding corrective action recommended or taken shall be submitted to the District's Compliance Committee for review. Recommendations to amend actions previously taken will be submitted to the Board's Compliance Committee for approval.

The following factors shall be considered when reviewing completed Questionnaires and Disclosures:

1. Whether the Covered Person or an Immediate Family Member is a party to, or may directly or indirectly benefit from, a proposed agreement or transaction;
2. Whether the Covered Person's desire for, or expectation of, direct or indirect external economic advantage could distort the decision regarding a proposed transaction or activity;
3. Whether the Covered Person or an Immediate Family Member is engaging in an activity, business, or transaction in which the District is likely to engage;
4. Whether the Covered Person's outside activities may conflict with his/her rights of, or obligations to, the District or its constituencies;
5. Whether the Conflict of Interest can be cured or managed by recusal or other appropriate action; and
6. Whether the Conflict of Interest is actual or perceived.

If it has been determined that a Conflict of Interest, the Chief Compliance and Privacy Officer shall notify the applicable Covered Person in writing of the determination and the recommended course of action. The Covered Person shall respond to the Chief Compliance and Privacy Officer in writing indicating how he/she complied with the determination and the recommended course of action.

Completed Conflict of Interest Disclosures Forms in hard copy and/or electronic format, will be maintained in strict confidence and retained for six (6) years following the end of the current calendar year. The Chief Compliance and Privacy Officer will retain corresponding memoranda of all Board Compliance Committee and Corporate Compliance Committee actions/decisions for the corresponding six (6) year period.

CROSS-REFERENCES

Employment of Relatives Policy
Exempt Employee Pay Policy
Non-Exempt Employee Pay Policy
Standards of Conduct Policy
Contracts Policy
Purchasing Policy
Property Usage Policy
Florida Statute Sections: 112.313; 112.3148

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: NJA

FORMS

The Conflict of Interest Disclosure Form is available under the Compliance Section in SharePoint, the District's internal website.

APPROVED BY



Darcy Davis, CEO

12/03/2018

Audit and Compliance Committee

12/11/2012

Health Care District Board Approval:

~~12/11/2012~~

POLICY REVIEW AND/OR REVISION HISTORY

Original Policy Date

Review and/or Revisions

5/19/ 010

10/12/2012

"[Next Revised Policy Date]"

3/23/2015 (procedure only)

"[Next Revised Policy Date]"

01/12/18 (procedure only)

"[Next Revised Policy Date]"

Revised

12/03/18 Revised

"[Next Revised Policy Date]"

Social Media

Policy #:	HCDPRIV103	Effective Date:	03/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Privacy Policy Board Approval	Document Owner(s):	Compliance
Board Approval Date:			

PURPOSE

The purpose of this policy is to provide workforce members who participate in social media with guidelines regarding appropriate participation in social media sites. Social media includes personal blogs and other websites, including, but not limited to Facebook, LinkedIn, Twitter, YouTube or others. These guidelines apply whether workforce members are posting to their own sites or commenting on other sites.

SCOPE

The scope of this policy includes all workforce members of the Healthcare District of Palm Beach County and its affiliates (the "District") who participate in social media by posting to their own sites or commenting on other sites.

POLICY

Any workforce member who participates in social media either, as an employee or an individual on their own time, must follow all relevant policies and procedures of the District. For example, workforce members must not share confidential or proprietary information about the company and you must maintain patient privacy at all times. Among the policies that are most pertinent include those dealing with Confidential Information and Data Security and Authorized Uses and Disclosures of Protected Health Information (PHI).

Workforce members who violate the policy's guideline may be subject to disciplinary action, up to and including termination. In addition, violations of the privacy or security requirements of the Health Insurance Portability and Accountability Act (HIPAA) may subject both you as an individual and the District to fines up to \$1.5 million.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

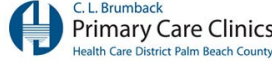
Social Media

Procedure #:	HCDPRIV103	Effective Date:	3/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Privacy Policy Board Approval	Document Owner(s):	Compliance

PROCEDURE

The following guidelines should be followed whenever you participate in social media as an employee or an individual.

1. You should never post any content that includes individually identifiable personal health information including patient images on any Social Media Site. You are also prohibited from using Social Media to provide medical advice or medical commentary by non-physicians or to use the Social Media Site to make, recommend or increase referrals to physicians.
2. You should never violate any local, state, federal and international laws and regulations, including but not limited to copyright and intellectual property rights laws regarding any content that you send or receive or transmit any material (by uploading, posting, email or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another person's privacy, is hateful or racially, ethnically or otherwise objectionable.
3. Write in the first person. Where your connection to the District is apparent, make it clear that you are speaking for yourself and not on behalf of The District. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social media profile.
4. If you identify your affiliation to the District, your social media activities should be consistent with the District's high standards of professional conduct.
5. If you communicate in the public internet about the District or District-related matters, you must disclose your connection with the District and your role at the District or one of its affiliated entities.
6. Be professional. Use good judgment and be accurate and honest in your communications; errors, and omissions. Unprofessional language or behavior reflect poorly on the District, and may result in liability for either you or the District. Be respectful and professional to fellow employees, business associates, competitors and patients.
7. Ensure that your social media activity does not interfere with your work commitments.
8. The District strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.



9. The District discourages staff in management/supervisory roles from initiating “friend” requests with employees they manage. Managers/supervisors may accept friend requests if initiated by the employee, and if the manager/supervisor does not believe it will negatively impact the work relationship.
10. The District does not endorse people, products, services and organizations. Official District accounts should not be used to provide such endorsements. For personal social media accounts where your connection to the District is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of the District, rather than a personal endorsement. As an example, LinkedIn users may endorse individuals or companies, but may not use the District's name in connection with the endorsement, state or imply that the endorsement is on behalf of The District, or state specifically that the endorsement is based on work done at the District.
11. Unless approved by the Executive Leadership, your social media name, handle and URL should not include the District’s name or logo.

Suspected violations of these guidelines should be reported immediately to the Chief Compliance and Privacy Officer for review and investigation.

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 10, 2020

1. Description: Summary of Compliance, Privacy and HIPAA Security Activities

2. Summary:

This item presents the summary of the District’s compliance, privacy and HIPAA Security activities for the 4th Quarter of FY 2019.


3. Substantive Analysis:

The purpose of this summary is to provide an overview of compliance, privacy and HIPAA security activities and actions. The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and compliance committee with regard to planning, implementing, and monitoring the compliance program. Reporting compliance activities helps to establish methods to improve the District’s efficiency and quality of services, and to reduce the District’s vulnerability to fraud, waste, and abuse.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

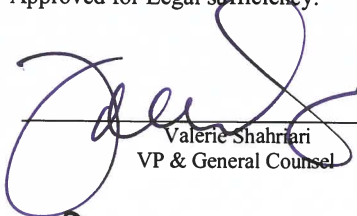
 Date Approved

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 10, 2020

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the District's Summary of Compliance, Privacy and HIPAA Security Activities for the 4th Quarter of FY 2019.

Approved for Legal sufficiency:



Valerie Shahriri
VP & General Counsel



Deborah Hall
VP, Chief Compliance and Privacy Officer &
Internal Audit



Darcy J. Davis
Chief Executive Officer



SUMMARY OF COMPLIANCE, PRIVACY AND HIPAA SECURITY ACTIVITES



Compliance Highlights

For the period November 1 to December 31, 2019

- Implemented new Sanction checking process across the District {1300 empl. monthly; vendors checked monthly}
- Collaborated with Human Resources - new FMV process for employed Physicians – process initiated 1/2020
- Completed Annual Risk Assessment process
 - Finalized Multi-year Audit plans across all governance functions; plans span Compliance, Privacy, HIPAA Security & Internal Audit
- Participated in task force for the following management initiatives;
 - Athena post implementation optimization (revenue cycle/portal)
 - Coding and Compliance work group design
 - Revenue Cycle / Compliance Committee
 - Began initial assessment of Compliance Website
 - Began initial build for Compliance and Ethics program
 - Initiated inventory and revision for Privacy Policies & Procedures
 - Collaborated with Clinics to transition 340 B policy/procedures to Compliance
 - Space Planning – Corporate
 - Process Optimization – Corporate
 - IT Governance Structure Study / Analysis
 - IT Security Alignment / Compliance Activities



Compliance Major Projects

For the period November 1 to December 31, 2019

- Medication Assisted Treatment Audit
- Perform monthly time log analysis - Contracted Physicians
 - Reconciliation to time submitted/call schedule/contract terms
 - Established new process for review and approval
- Participate in Pharmacy action plan task force
- Revised Privacy and Compliance education sources and content for roll out 2020
- Conducted ad hoc training with specific groups
 - G4s Security – Lakeside medical
 - Board Orientation
 - New Hire Orientation
- Recruiting for open positions
 - Compliance / Privacy Manager
 - Privacy Analyst
 - Initiate interim contractors during this period



Compliance and Privacy Concerns Report

Between Nov 1, 2019 and Dec 31, 2019

Compliance Concerns by Entity by Date Reported

		2019										Total	
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Health Care District of Palm Beach County	C.L. Brumback											3	3
	E.J. Healey												
	Lakeside Medical Center												
	Total												3

Privacy Concerns by Entity by Date Reported

Entity		2019											Total	
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Health Care District of Palm Beach County	Aeromedical													
	C.L. Brumback									1	1		2	
	E.J. Healey													
	Healthy Palm Beaches													
	Home Office									5	2		7	
	Lakeside Medical Center										2		2	
	School Health													
	Total												11	



Privacy Concern Crosstab Report

Between Nov 1, 2019 and Dec 31, 2019

Privacy Concerns by Entity by Date Reported

Privacy ID	Health Care District of Palm Beach County							Total
	Aeromedical	C.L. Brumback	E.J. Healey	Healthy Palm Beaches	Home Office	Lakeside Medical Center	School Health	
Consent for Treatment								
Disclosure to an Unauthorized Person						1		1
Employee Complaint								
Improper Disposal								
Medication Error								
Misdirected Email		1			1			2
Misdirected Fax					5			5
Misdirected Mail (USPS)								
Misfile of Protected Health Information		2						2
Patient Complaint						1		1
Proper Safeguards								
Reports of Violation								
Vendors								
Total								11



Major HIPAA Security Activities

Period 11/1/19 – 12/31/2019

Activity	Target Completion Date
Developing Remediation Action Plan from 2019 Assessments Findings: <ul style="list-style-type: none">• RSM_Firewall Assessments_FY2019• RSM_Network Architecture Review_FY2019• RSM_PCI Gap Assesment_FY2019• RSM_External, Internal and Wireless Penetration Tests_FY2019• RSM_HIPAA Security Risk Analysis_FY2019	2/17/2019
LMC Network Segmentation Upgrade: <ul style="list-style-type: none">• The Network completion project is at 95% completion. The IT network team is completing the last part of the Wireless network segmentations.	Updated 3/1/2020
Identity and Access Management IAM: <ul style="list-style-type: none">• Vendor Selection	1/1/2020



Security Investigations & Trends

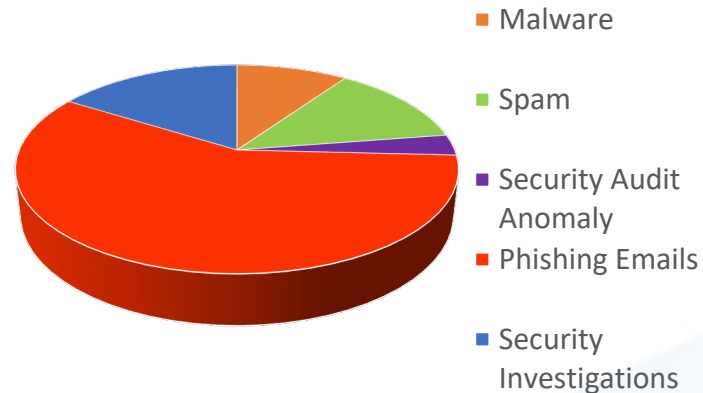
Period 11/1/19 – 12/31/2019

Status	Cases	% of Total
Closed	31	100%
In Progress	0	0
Total	31	100%

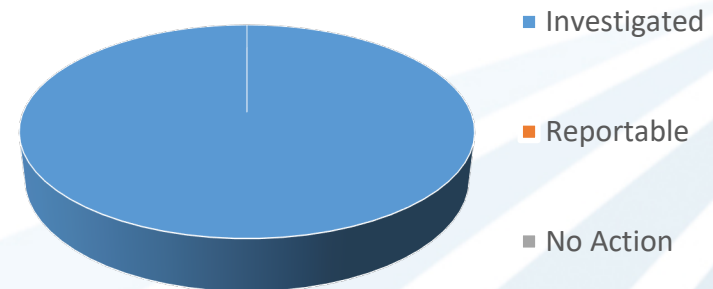
Outcome	Cases	% of Total
Investigated	31	100%
Reportable	0	0%
No Action	0	0%
Total	31	100%

Comparisons	Cases
fy-YTD 2019	78
fy-YTD 2018	35

2019 Nov-Dec Categories



2019 Nov-Dec Outcomes



**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

1. Description: Patient Relations Dashboards

2. Summary:

Periodic departmental patient relations dashboards for review.

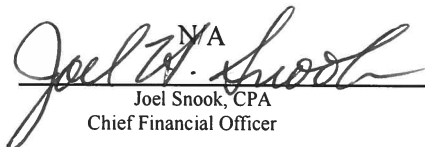
3. Substantive Analysis:

This agenda item provides the patient relations dashboard for the 1st Trimester of the 2019-2020 school year for School Health and 4th Quarter of 2019 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, and Lakeside Medical Center.

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
 Joel Snook, CPA
 Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Quality, Patient Safety, and Compliance
 Committee

N/A

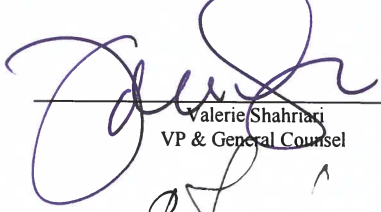
 Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:



Valerie Shahriri
VP & General Counsel



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



Darcy J. Davis
Chief Executive Officer



SCHOOL HEALTH PATIENT RELATIONS DASHBOARD

Trimester 1
July-Dec 2019

COMPLAINTS/GRIEVANCES

CATEGORY	JUL	AUG	SEP	OCT	NOV	DEC	T1 2019	JAN	FEB	MAR	T2 2020	APR	May	Jun	T3 2020	2019-2020	2018/2019	
	#	#	#	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL	
Care & Treatment	0			1	1		2									2	5	
Communication				2		1	3									3	6	
Nursing Related		1		2		1	4									4	4	
Respect Related																	2	
TOTAL:	0	1	0	5	1	2	9									9	16	
Complaints/ No Letter Required																	13	
Grievances/Letter Sent ≤ 7 days																	3	
Grievances/Letter Sent > 7 days																		
Total Completed Events:	358,470																358,470	728,326

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

<u>JULY:</u>	NONE
<u>AUG:</u>	1. Parent brought student's daily medication to health room without a Physician Authorization and was upset with RN when she was informed the medication could not be administered.
<u>SEPT:</u>	NONE
<u>OCT:</u>	1. Step-mother upset RN made only phone call notification of student injury to mother and did not make additional phone call notifications to father of student. 2. Mother upset re: incorrect parent letter sent home by RN which resulted in unnecessary MD visit. 3. Mother of student upset with RN's tone of voice, comment made, and overall unpleasant conversation that took place re: student injuring ankle. 4. Mother upset that no one contacted her after student fell at school. RN had called and left a message, but mother states did not get the message. RN did verify phone number with mother and RN had correct #. 5. Father upset about school administration and RN's management of lice in the school.
<u>NOV:</u>	1. Father upset that student sent home by teacher and SH RN for fever. Student had been seen day before and had not been fever free for 24 hrs.
<u>DEC:</u>	1. Principal reports received complaint from parent upset with RN re: use of restroom in health room, upon speaking with parent the complaint was discovered to be unfounded. 2. Father upset student was sent home for skin ailment to scalp without documented MD clearance to return to school.

COMPLIMENTS

	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>T1 2019</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>T2 2020</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>T3 2020</u>	<u>2019/2020</u>	<u>2018/2019</u>
	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>TOTAL</u>	<u>TOTAL</u>
# COMPLIMENTS RECEIVED	0	2	5	3	2	0	12	0								12	18

SUMMARY OF COMPLIMENTS

<u>JUL:</u>	NONE
<u>AUG:</u>	1. Principal and AP commended RN for the great job she was doing, even when faced with challenges. 2. Parent sent an email thanking the RN for care rendered to her daughter during an emergency/seizure event.
<u>SEPT:</u>	1. Member of the community who was in Park Vista HS during Hurricane Dorian called nursing supervisor to compliment and thank the team of nurses for their care during the storm. 2. Mother called to thank RN for advising she seek medical care for an injury to her student's left wrist, which was fractured at the ulna and radius. 3. Adult staff member (22 weeks pregnant) emailed school principal to thank RN for care rendered when she was in distress and awaiting EMS personnel. 4. Mother of a student complimented RN on treatment provided to daughter's fractured arm. MD had advised mother that had the RN not applied a splint, the child may have required surgery. 5. RN complimented by teacher for her care and compassion.
<u>OCT:</u>	1. MD complimented RN for going above and beyond for a student. 2. Teacher sent RN a thank you card for care received. 3. Parent thanked RN for referring student to MD for possible ear infection.
<u>NOV:</u>	1. Parent sent an email complimenting the RN for her calming manner and care provided to her injured son. 2. Email received complimenting the RN in all aspects of her care.
<u>DEC:</u>	NONE

PATIENT RELATIONS DASHBOARD

2019

October, November, December

COMPLAINTS/GRIEVANCES

CATEGORY	JAN	FEB	MAR	Q1 2019	APR	MAY	JUN	Q2 2019	JULY	AUG	SEPT	Q3 2019	OCT	NOV	DEC	Q4 2019	2019	2018
Care & Treatment	7	6	2	15	6	3	3	12	4	5	5	14	4	3	8	15	56	23
Communication	2	3	2	7	3			3	1	1	2	4	2	2	3	7	21	11
Discharge				0	0			0				0				0	0	0
Environmental		1		1	0			0				0				0	1	1
Finance	1			1	0	1		1		2	1	3			1	1	6	2
Medical Records			1	1	0			0				0				0	1	2
Nursing Related				0	0			0				0				0	0	1
Clinical Support Staff				0	0			0				0				0	0	0
Other			1	1	0		1	1	3			3	2	1	3	6	11	21
Pharmacy Related	2			2	2			2				0				0	4	6
Physician Related			2	2	0			0	1			1				0	3	5
Respect Related	1	2		3	2	1	1	4			1	1			1	1	9	8
TOTAL:	13	12	8	33	13	5	5	23	9	8	9	26	8	6	16	30	112	80
Complaints/No Letter Required	5	7	4	16	5	2	2	9	5	6	4	15	4	3	11	18	58	43
Grievances/Letter Sent ≤ 7 days	8	5	4	17	8	3	3	14	4	2	5	11	4	3	5	12	54	44
Grievances/Letter Sent > 7 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LETTERS NOT SENT FOR GRIEVANCES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Q1 encounters: 34,178				Q2 encounters: 35,361				Q3 encounters: 34,891				Q4 encounters: 34,579				139,009	156,331	

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

OCT	Of the 8 occurrences there were 4 complaints and 4 grievances. All 4 complaints were received at the Delray Beach Clinic (3 Medical / 1 Dental) of which: 1 was related to the communication of referrals, 2 were related to Quest laboratories, and 1 was related to the scheduling of a dental appointment. For the 4 grievances, 1 was submitted at West Palm Beach Clinic and 3 were submitted at the Delray Beach Clinic. Of the 4 grievances: 1 was concerning a providers behavior, 1 was related to the timeliness of lab results, 1 was related to the receipt of an incorrect referral, and 1 was related to the behavior of a Registration Specialist. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure.
NOV:	Of the 6 occurrences there were 3 complaints at the Jupiter clinic and 3 grievances: 2 in Delray Beach and 1 in West Palm Beach. Of the 3 complaints: 1 was concerning the behavior of a security guard and 2 were related to problems with the Referral and Call Center Departments. Of the 3 grievances: 1 was related to a patients hospital discharge summary, 1 was regarding District Cares coverage, and 1 was related to the behavior of an Eligibility employee. All complaints resolved to the patient's satisfaction and grievances resolved according to policy and procedure.
DEC:	Of the 16 occurrences there were 11 complaints (6 Delray Medical, 2 Jupiter, 1 Lantana Medical, 1 Lantana Dental, and 1 Lewis Center) and 5 grievances (1 at the Jupiter clinic, 2 at the WPB clinic, and 2 at the Boca Raton clinic). Of the 11 complaints: 5 related to the slow performance of the EMR, 1 was related to concerns with the District Cares Program, 1 was related to the scheduling of a patients appointment, 1 was concerning the Lantana furniture, 1 was a complaint from an employee about another employee, 1 was related to the refusal of a patients request to complete a document, and 1 was related to difficulties contacting the referral department. Of the 5 grievances: 3 were related to the District Cares program overall services, 1 was related to the length of time to receive a referral, 1 was regarding the need for a "better phone service".

PATIENT RELATIONS DASHBOARD 2019

October, November, December

COMPLIMENTS

COMPLIMENTS																		
	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>Q1</u> <u>2019</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>Q2</u> <u>2019</u>	<u>JULY</u>	<u>AUG</u>	<u>SEPT</u>	<u>Q3</u> <u>2019</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>Q4</u> <u>2019</u>	<u>2019</u>	<u>2018</u>
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
# COMPLIMENTS	1	9	13	23	8	5	14	27	11	5	27	43	8	1	10	19	112	224

SUMMARY OF COMPLIMENTS

<u>OCT</u>	There were 8 compliments for the month, all for the Delray Clinic. Of the 8 compliments received: 1 was to the nurse's ability to assist a patient comply with medication, 1 was related to the professionalism of the Registration Specialist, 6 were specific to Dr. Dabu for his kindness, compassion, and work as a physician.
<u>NOV</u>	There was 1 compliment for the month, received at the Delray Beach clinic. The compliment was to express appreciation to all staff for providing an overall positive experience at the clinic.
<u>DEC</u>	There were 10 compliments for the month, 2 at the Delray Beach Clinic and 8 at the Boca Raton clinic. Of the 10 compliments received: 1 was for a patients experience with medical / behavioral health integration, 1 was specific to Behavioral Health Specialist - Stephany Bonhometre, 3 were specific to Nurse - Maria Lara, 2 were specific to Dominique Domond - Practice Manager, 2 were specific to Norma Cash - Registration Specialist, and 1 was for Dr. Inacio for, "Being a voice and resource to the Portuguese speaking population. For always being kind, respectful, and motivating".

PATIENT RELATIONS DASHBOARD

Location: Healey Center

Period: 4th Quarter (October-December 2019)



REGULATORY

Survey Type &
Date

Ombudsman Annual visit was conducted on October 24, 2019, with no findings

Average number of residents: 118

GRIEVANCES

CATEGORY	JAN	FEB	MAR	Q1	APRIL	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2019	2018
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
Activities												0				0	0	0
Admitting/Registration																0	0	0
Care & Treatment			2	2	2	3	1	6	3	2		5		2	1	3	16	37
Communication	2	2	1	5		1		1	1		2	3	1	2	3	6	15	22
Discharge												0					0	2
Environmental		3	1	4	2	1	1	4	2	1	1	4	2			2	14	29
Finance										1		1				0	1	0
Medical Records						1	1	2				0				0	2	0
Noise Issue		1		1	1			1				0				0	2	8
Nursing Related	2	5	1	8	2	4	2	8	5	2	2	9		2	2	4	29	25
Nutrition	3	3	1	7	1	10	2	13	7	3	5	15	3	5	2	10	45	33
Other		5	2		1	6	4	11	6	3	4	13	1	5	3	9	33	62
Pain Management				7		1		1	0			0				0	8	2
Personal Belongings	5	6	9	20	7	6	7	20	8	3	2	13	5	6	4	15	68	58
Physician Related									0			0				0	0	2
Respect Related						2	2	4	0			0				0	4	4
TOTAL GRIEVANCES:	12	25	17	54	16	35	20	71	32	15	16	63	12	22	15	49	237	263

SOURCE OF CONCERNS

Verbal: Patient/Family	12	25	17	54	16	35	20	71	32	15	16	63	12	23	15	50	238	256
Written: Patient/Family				0				0				0				0	0	7
Survey				0				0				0				0	0	0
Employee				0				0				0				0	0	0
Physician				0				0				0				0	0	0
Compliance Hotline				0				0				0				0	0	0
Regulatory				0				0				0				0	0	0
Federal				0				0				0				0	0	0

RESOLUTION TURN AROUND TIME

# Resolved w/i 72 Hrs. Per Policy	11	20	12	43	14	27	13	54	20	12	12	44	8	18	11	37	178	244
# Not Resolved w/i 72 Hrs. Per Policy	1	5	5	11	2	8	7	17	12	3	4	19	4	4	4	12	59	19

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

<u>October: Personal Belongings/Nutrition</u>	A summary of the grievances revealed 11 out 119 residents' submitted grievances. 1 resident accounted for 2 of 11 grievances. 5 concerns reported were related to missing personal belongings such as cup, clothing and partial dentures. The facility makes every attempt to locate missing items and if items are not located, then they are replaced by the facility. There were a total of 3 concerns related to nutritional services which included residents' preferences to meal preparation. All efforts have been made to rectify residents concerns and education provided regarding dietary restrictions and portion sizes as appropriate. 8 of 12 grievances were resolved within the 72 hour period per the facilities policy. 4 grievances were resolved after 72 hours due to locating and or replacing missing personal belongings.
<u>November: Nutrition & Personal Belongings</u>	A summary of the grievances revealed 18 of 118 residents or resident representative submitted grievances for the month of November. 4 residents submitted 2 grievances each. There were a total of 7 nutritional concerns for the month. An analysis of the concerns revealed food preparation/taste preferences, one wanted to tour kitchen, one for cup wasn't clean and other related to dietitian recommendation. 18 of 22 grievances were resolved within the 72 hour period. 4 grievances were not resolved within 72 hours due to awaiting laundry services, additional time needed to locate or replace missing items and review and education of resident's nutritional needs and dietary restrictions by the Dietician.
<u>December: Personal Belongings/Communication</u>	A summary of the grievances revealed 11 of 118 residents submitted grievances for the month of December. An analysis of the grievances revealed 4 residents each submitted 2 grievances. There were 3 concerns related to missing/damaged clothing from laundry provider and 1 for missing glasses. Other grievances included residents concerns related to medication without explanation, one resident expected to go on facility Walmart outing but was not on the list. Other concerns were related to outside transportation being late or failing to pick up residents for scheduled appointments. Other concerns included resident requesting someone with a particular ethnic background to cook food in the kitchen and another did not like food served. All concerns have been addressed and results communicated to resident and or representative. 11 of 15 grievances were resolved within 72 hours and 4 resolved greater than 72 hours due to replacement of missing items, staff and resident education and/or counseling.

COMPLIMENTS

	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>Q1</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUN</u>	<u>Q2</u>	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>Q3</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>Q4</u>	<u>2019</u>	<u>2018</u>
	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>#</u>	<u>#</u>	<u>#</u>	<u>TOTAL</u>	<u>TOTAL</u>	<u>TOTAL</u>
# COMPLIMENTS	2	3	1	6	2	18	19	39	17	28	24	69	41	15	17	73	187	58

SUMMARY OF COMPLIMENTS

<u>October</u>	A summary of the compliments for the month of October includes resident and resident representatives verbalizing how pleased they were with overall care and services provided by the Healey Center staff. Specific compliments included the Activities departments ability to engage the residents, there were compliments about the quality and taste of the food. Residents expressed how happy they were to be living in the facility. The quality of the Restorative program and its staff were also mentioned during residents care conference meetings.
<u>November</u>	A summary of the compliments during the month of November details several residents and family's appreciation and satisfaction for overall and care and services provided and customer service.
<u>December</u>	A summary of the compliments received for the month of December included one resident who stated, "The Healey is the best place I have been in 10 years. I can sleep at night knowing I am cared for". Other residents and resident representatives complimented the facility on the overall care and services provided including specific departments such as therapy, activities and nursing.

PATIENT RELATIONS DASHBOARD

Location: Lakeside Medical Center

Reporting Period: 4th Quarter (October - December 2019)



REGULATORY

Survey Type & Date: None

GRIEVANCES

	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2019	2018
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
Admitting/Registration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Care & Treatment	1	3	2	6	2	0	0	2	1	0	1	2	0	1	1	2	12	12
Communication	1	0	0	1	0	1	1	2	0	0	1	1	0	0	1	1	5	6
Discharge	0	0	1	1	0	0	0	0	1	1	0	2	0	0	0	0	3	3
Environmental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Nursing Related	0	2	0	2	0	0	0	0	0	3	1	4	1	2	0	3	9	5
Nutrition	2	1	0	3	0	0	0	0	0	0	1	1	0	0	0	0	4	3
Other	2	4	0	6	4	0	0	4	0	0	1	1	2	1	0	3	14	7
Pain Management	1	1	0	2	3	0	0	3	1	0	0	1	0	0	0	0	6	5
Personal Belongings	0	0	0	0	1	0	0	1	1	0	1	2	0	0	0	0	3	2
Pharmacy	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	1	2	0
Physician Related	1	6	3	10	2	0	1	3	2	5	2	9	1	3	0	4	26	18
Respect Related	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1	2	4
TOTAL GRIEVANCES:	8	17	6	31	12	1	4	17	6	9	8	23	5	7	2	14	85	70
Patient Encounters (Inpatient/Outpatient)	7,448			7,204			7,570			7,725			29,947	31,675				

SOURCE OF CONCERNS

	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2019	2018
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL	TOTAL
Verbal: Patient/Family	7	15	4	26	11	1	2	14	6	3	7	16	3	4	2	9	65	67
Written: Patient/Family	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Survey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee	0	2	1	3	1	0	1	2	0	4	1	5	1	4	0	5	15	2
Physician	1	0	0	1	0	0	1	1	0	2	0	2	1	0	0	1	5	0
Compliance Hotline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Regulatory	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Media	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
TOTAL # OF CONCERNS:	8	17	6	31	12	1	4	17	6	9	8	23	5	8	2	15	86	70

TOTAL NUMBER OF CONCERNS

	<u>JAN</u> #	<u>FEB</u> #	<u>MAR</u> #	<u>Q1</u> TOTAL	<u>APR</u> #	<u>MAY</u> #	<u>JUN</u> #	<u>Q2</u> TOTAL	<u>JUL</u> #	<u>AUG</u> #	<u>SEP</u> #	<u>Q3</u> TOTAL	<u>OCT</u> #	<u>NOV</u> #	<u>DEC</u> #	<u>Q4</u> TOTAL	<u>2019</u> TOTAL	<u>2018</u> TOTAL
Complaints/No Letter Required	8	16	3	27	8	1	4	13	6	7	5	18	5	8	0	13	71	64
Grievances/Letter Sent ≤ 30 days	0	1	3	4	4	0	0	4	0	2	3	5	0	0	2	2	15	5
Grievances/Letter Sent > 30 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
TOTAL # OF CONCERNS:	8	17	6	31	12	1	4	17	6	9	8	23	5	8	2	15	86	70

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

<u>OCT:</u>	Staff perceived, as being rude by another employee; Staff re-educated about IV's at the request of the surgeon; Confused ER patient tried taking wheelchair; Parent of patient wanted better communication from ER Physician; Patient's family unhappy with isolation precautions.
<u>NOV:</u>	Nurse was overheard speaking to charge nurse, patient's mother was offended; ER patient didn't feel welcomed; ER patient disagreed with Physician's treatment (reviewed by CMO and found unsubstantiated); OB patient unhappy with care received overnight (Nurse Manager counseled nurse); Delay in CT scan reading (addressed by Radiology/Administration); Pharmacy label printer down (labels done by hand); OB Physician was rude to DON/another physician (referred to CMO/Administration); Radiologist unhappy with ER physician (referred to CMO/Administration).
<u>DEC:</u>	Patient was concerned that she was injured while being repositioned in bed, Pt was discharged to go, stopped by Patient Relations office to verbalize her complaint. She was sent to the ED for a follow-up exam and MRI. Tests revealed no injury; ER patient upset that he was not given oxygen, his oxygen level was 99%, and he was hyperventilating.

COMPLIMENTS

	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2019 TOTAL	2018 TOTAL
# COMPLIMENTS RECEIVED	14	4	3	21	1	0	7	8	2	5	2	9	4	4	5	13	51	45
Comments on Compliments	<p>OCTOBER: Nine PCU employees were all in a compliment about the wonderful care received; Two EVS employees were complimented, for their promptness, in responding to a request; Former patient came back to compliment staff, from check-in to the ER guard, lab and dietary; Director of Nursing complimented staff, for the way they handled a Code Purple (Emergency Lockdown), after multiple shooting victims came to the ER.</p>																	
	<p>NOVEMBER: ER Registration Clerk was complimented by ER Nurse, for her kind and courteous manner; EVS employee was complimented by two ER employees for her "pleasant, approachable [manner] and detailed cleaning; Med/Surg RN complimented by telemetry for her willingness to help in CCU twice in two days; CNA was complimented by OR Nurse Manager, for "going above and beyond to assist the team, in resuscitation efforts".</p>																	
	<p>DECEMBER: EVS employee was complimented, for their willingness to help move furniture; OR Nurse was complimented, for helping a patient with a home health care issue; ER Nurse was complimented, for "always going above and beyond with a smile"; Med/Surg Nurse was appreciated, for her willingness to fill in shifts, when needed; Med/Surg Nurse stayed beyond her shift, until staff was able to cover the rest of the shift.</p>																	

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

1. Description: Quality & Patient Safety Reports

2. Summary:

Periodic departmental quality and patient safety reports for review.

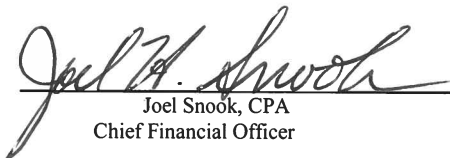
3. Substantive Analysis:

This agenda item provides quality and patient safety reports for the 1st Trimester of School Health and the 4th Quarter of 2019 for Aeromedical, C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

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:



 Joel Snook, CPA
 Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Quality, Patient Safety, and Compliance
 Committee

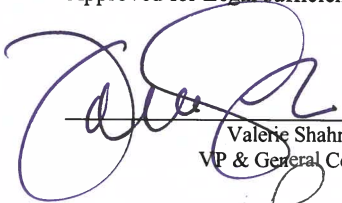
 N/A
 Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 10, 2020**

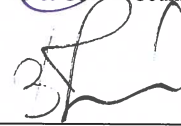
6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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



Darcy J. Davis
Chief Executive Officer

School Health
Quality Report (School Year 2019-2020)
YTD 1st Trimester

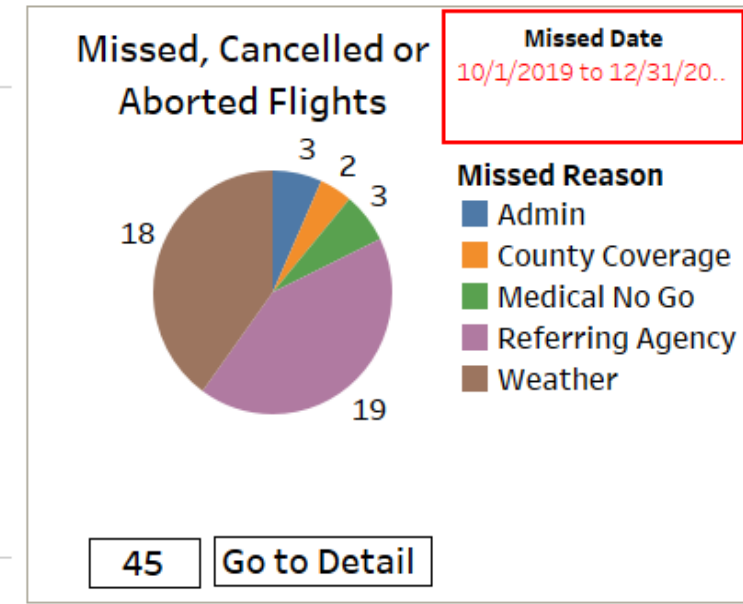
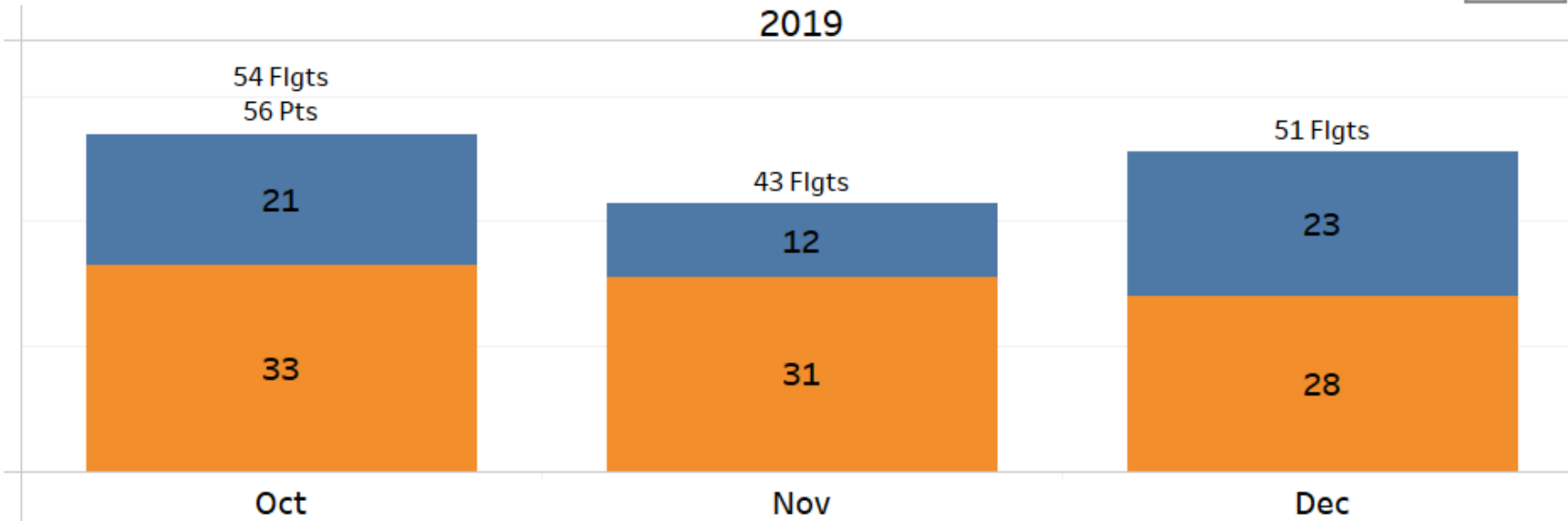
MEASURE SET:										ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL
Demographics	T1 2019/2019 (Aug - Dec)			T2 2019/2020 (Jan - March)			T3 2019/2020 (Apr - June)			
Total Completed Events	358,470									
Office Visits	165,105									
Medications	78,198									
Procedures	48,384									
Record Review - <i>Immunizations/Physical Exams/School Registrations</i>	50,020									
Consultations	16,763									
Return Rate	T1 2019/2019 (Aug - Dec)			T2 2019/2020 (Jan - March)			T3 2019/2020 (Apr - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Total Number of Students Remained in School	132,641	80.3%	>80%			>80%			>80%	
Total Number of Students Excused from School	32,457	19.7%	<20%			<20%			<20%	
Continuum of Care	T1 2019/2019 (YTD Aug - Dec)			T2 2019/2020 (YTD Aug - March)			T3 2019/2020 (YTD Aug - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Total Number of Student Pregnancies Identified	58									
Number of Student Pregnancies who have been referred to Healthy Mothers / Healthy Babies	56	96.6%	>95%			>95%			>95%	
Mandated Screenings	T1 2019/2019 (YTD Aug - Dec)			T2 2019/2020 (YTD Aug - March)			T3 2019/2020 (YTD Aug - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Vision - Number of Schools (county-wide) with Mandated Grades	145									
Vision - Total # of Schools (w/ Mandated Grades) with Completed Screenings	92	63.4%	>45%			>95%			>95%	
Vision - Total # of Students Screened	32234									
Vision - Total # of Students Requiring Referral for Further Evaluation	3231									
Vision - Completed Outcomes		0.0%	See 3rd Tri for Goal			See 3rd Tri for Goal			>65%	
Hearing - Number of Schools (county-wide) with Mandated Grades	145									
Hearing - Total # of Schools (w/ Mandated Grades) with Completed Screenings	92	63.4%	>45%			>95%			>95%	
Hearing - Total # of Students Screened	21382									
Hearing - Total # Students Requiring Referral for Further Evaluation	488									
Hearing - Completed Outcomes		0.0%	See 3rd Tri for Goal			See 3rd Tri for Goal			>75%	

Scoliosis - Number of Schools (county-wide) with Mandated Grades	41								
Scoliosis - Total # of Schools (w/ Mandated Grades) with Completed Screenings	29	70.7%	>45%			>95%			>95%
Scoliosis - Total # of Students Screened	8089								
Scoliosis - Total # of Students Requiring Referral for Further Evaluation	67								
Scoliosis - Completed Outcomes		0.0%	See 3rd Tri for Goal			See 3rd Tri for Goal			>60%
BMI - Number of Schools (county-wide) with Mandated Grades	145								
BMI - Total # of Schools (w/ Mandated Grades) with Completed Screenings	113	77.9%	>45%			>95%			>95%
BMI - Total # of Students Screened	31003								
BMI - Total # of Students Requiring Referral for Further Evaluation	7583								
BMI - Completed Outcomes		0.0%	See 3rd Tri for Goal			See 3rd Tri for Goal			>2%

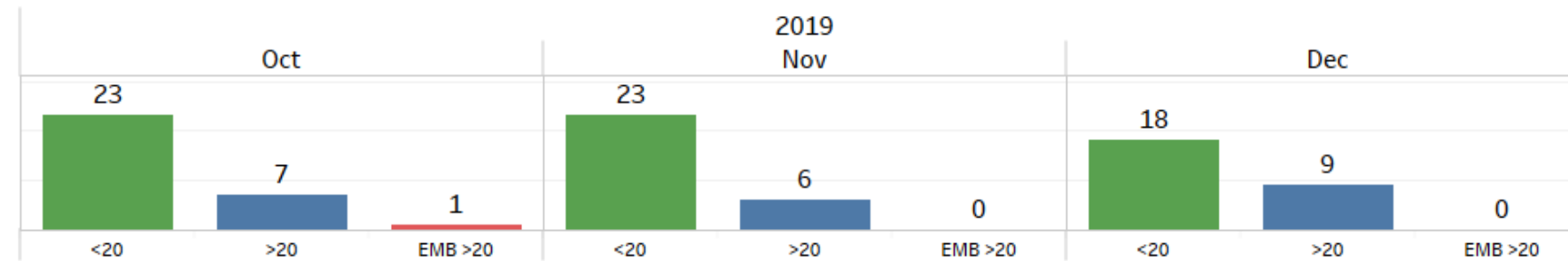
Flights **148**
Patients **150**

■ Interhospital ■ On Scene

2019



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



Average Times for Scene Flights

Month, Year of F..	On Sce..	Disp To En..	Disp To O..
October 2019	8m 7s	4m 34s	14m 55s
November 2019	8m 48s	4m 22s	15m 37s
December 2019	7m 57s	4m 34s	15m 35s

62

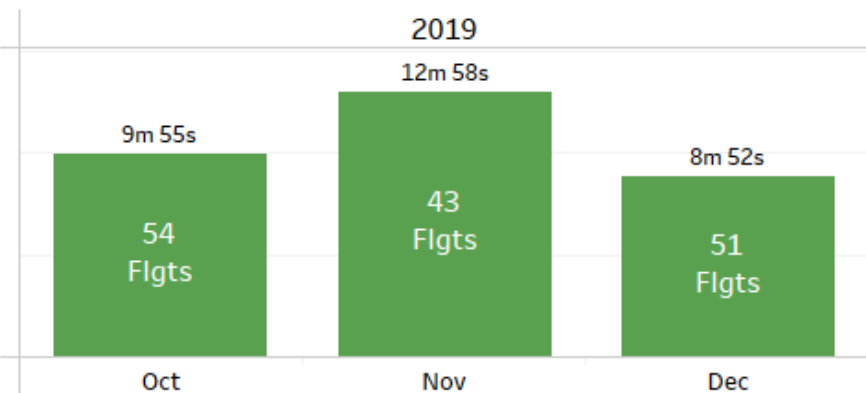
Utilization	2019		
	Oct	Nov	Dec
Hours Utilized	79.43	63.15	74.49
% Hours Utilized	7.2%	5.9%	6.7%
Available Hours	1,103	1,078	1,116
% Available Hours	99%	100%	100%

*EMB - East of 20 Mile Bend

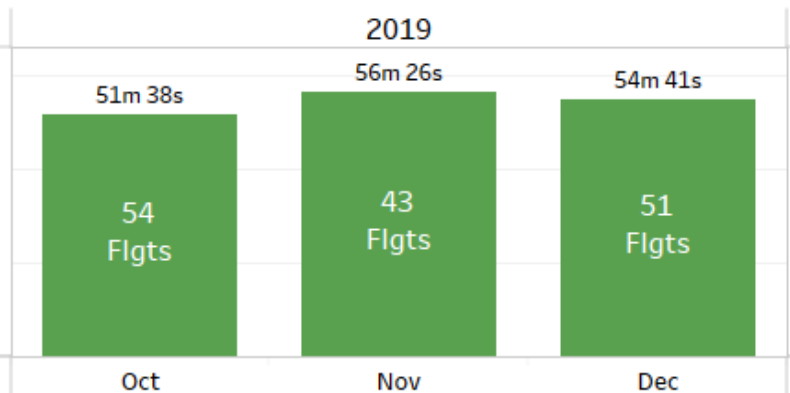
■ < 15 Minutes

■ < 70 Minutes

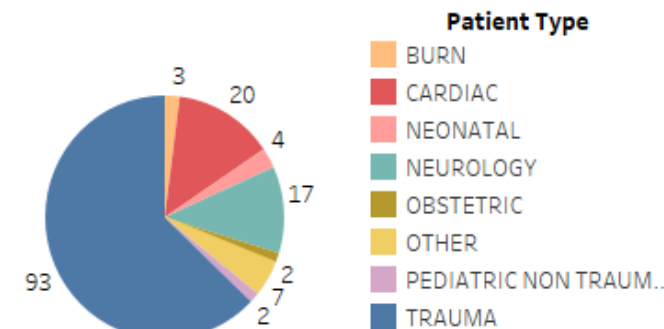
Dispatch To Enroute Average



Dispatch To Hospital Average

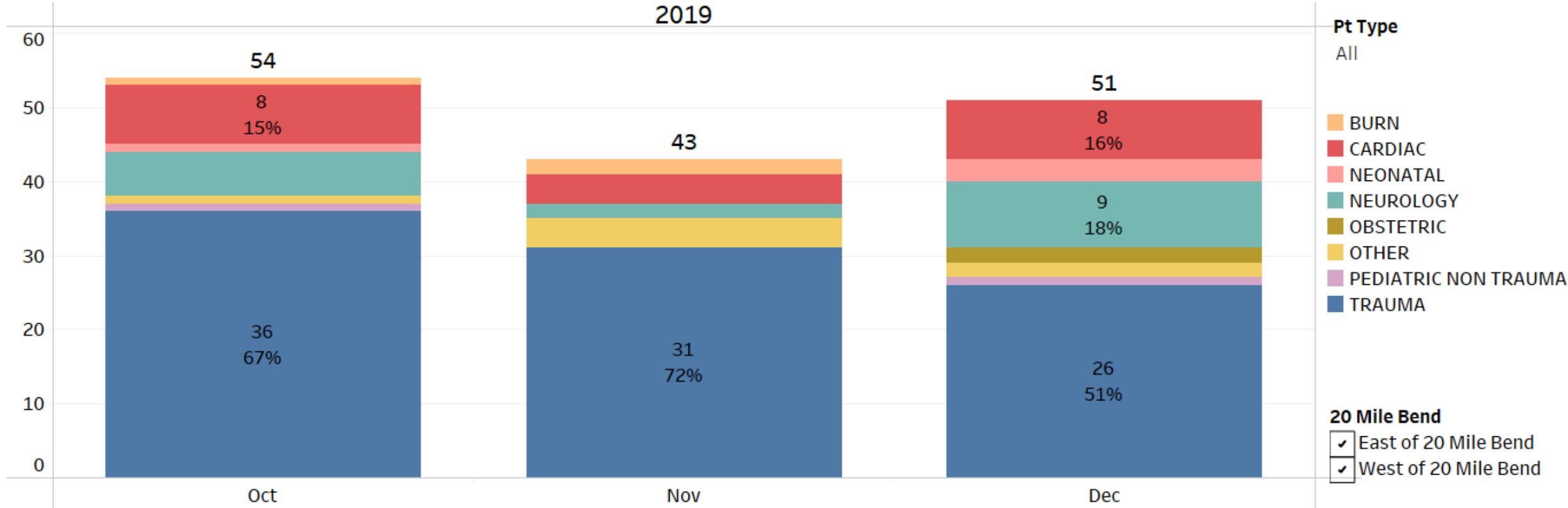


148

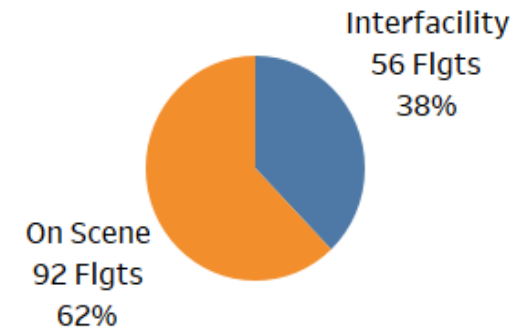
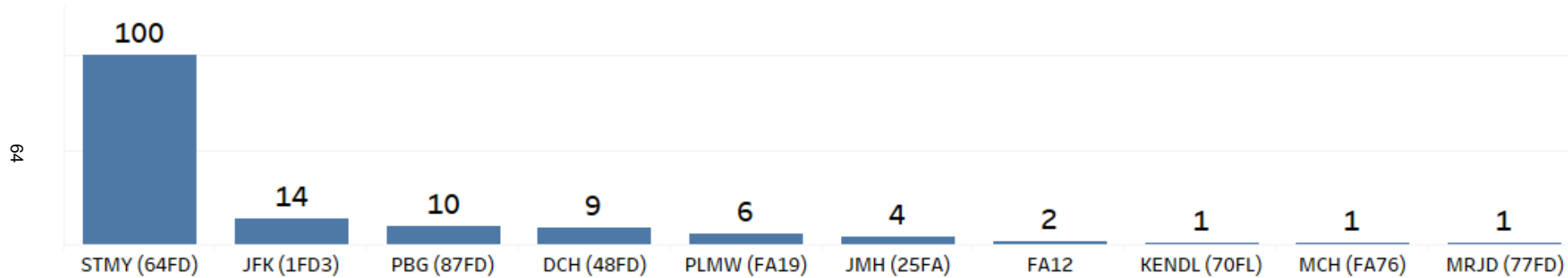


Flight Detail

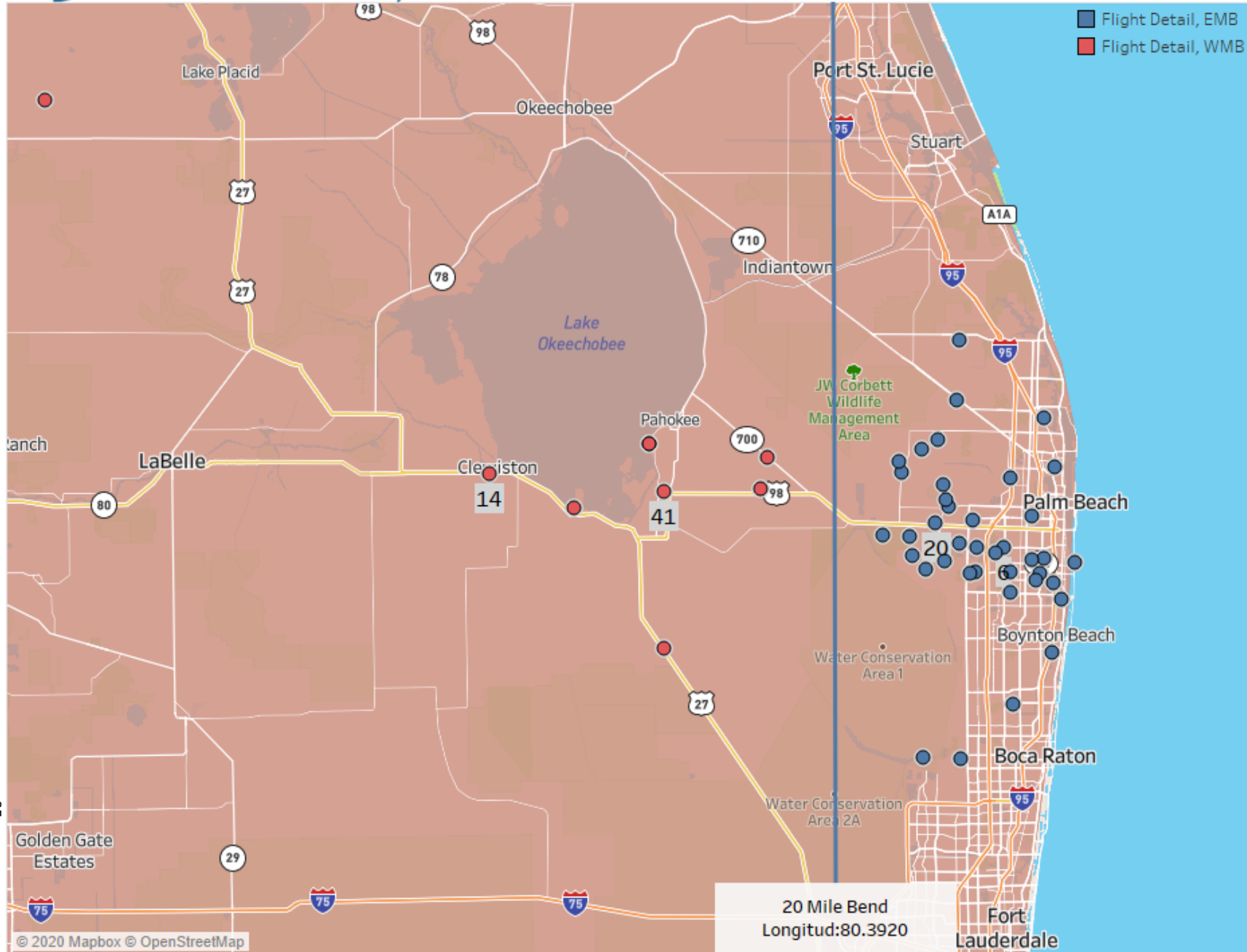
Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enro..	Time Arrival To Hospit..	Disp to Hosp	TimeOnScen..	Pickup Location	Destination	To Enrou	To Hosp
2019-31833	10/01/2019	TRAUMA	10/01/2019 08:44:26	4m 42s	10/01/2019 09:19:00	34m 34s	18m 0s	COMMUNITY PARK (ACREAGE) 33413	STMY (64FD)	4.7	34.6
2019-31837	10/03/2019	NEONATAL	10/03/2019 07:29:40	50m 15s	10/03/2019 08:49:37	79m 57s	7m 0s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	50.3	80.0
2019-31838	10/03/2019	NEUROLOGY	10/03/2019 12:13:27	22m 45s	10/03/2019 14:00:43	107m 16s	52m 36s	LAKESIDE MEDICAL CENTER 33430 1	PLMW (FA19)	22.8	107.3
2019-31839	10/03/2019	TRAUMA	10/03/2019 16:45:25	2m 4s	10/03/2019 17:15:34	30m 8s	8m 43s	CONNOR & 80 33430	STMY (64FD)	2.1	30.2
2019-31840	10/03/2019	TRAUMA	10/03/2019 16:49:04	4m 55s	10/03/2019 17:25:21	36m 16s	8m 24s	CONNOR & 80 33430	STMY (64FD)	4.9	36.3
2019-31841	10/03/2019	CARDIAC	10/03/2019 21:07:11	8m 19s	10/03/2019 21:56:01	48m 49s	6m 27s	PAHOKEE AIRPORT 33476	JFK (1FD3)	8.3	48.8
2019-31852	10/06/2019	TRAUMA	10/06/2019 11:08:35	5m 7s	10/06/2019 11:34:58	26m 22s	9m 7s	K-MART / HYPOLUXO RD & DIXIE 33462	DCH (48FD)	5.1	26.4
2019-31853	10/06/2019	TRAUMA	10/06/2019 13:07:46	4m 1s	10/06/2019 13:30:22	22m 36s	5m 45s	K-MART / HYPOLUXO RD & DIXIE 33462	STMY (64FD)	4.0	22.6
2019-31854	10/07/2019	TRAUMA	10/07/2019 02:22:00	18m 1s	10/07/2019 03:48:39	86m 39s	21m 34s	HENDRY REGIONAL MEDICAL CENTER 33..	STMY (64FD)	18.0	86.7
2019-31861	10/08/2019	CARDIAC	10/08/2019 08:37:42	9m 52s	10/08/2019 09:45:56	68m 13s	27m 39s	LAKESIDE MEDICAL CENTER 33430 1	PBG (87FD)	9.9	68.2
2019-31864	10/08/2019	TRAUMA	10/08/2019 12:00:56	4m 49s	10/08/2019 12:29:41	28m 45s	4m 24s	PALMS WEST HOSPITAL 33470	STMY (64FD)	4.8	28.8
2019-31866	10/08/2019	CARDIAC	10/08/2019 19:21:20	13m 46s	10/08/2019 20:39:22	78m 1s	34m 7s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	13.8	78.0
2019-31867	10/08/2019	TRAUMA	10/08/2019 21:00:44	17m 40s	10/08/2019 22:29:10	88m 25s	22m 0s	HENDRY REGIONAL MEDICAL CENTER 33..	STMY (64FD)	17.7	88.4
2019-31871	10/10/2019	TRAUMA	10/10/2019 12:44:55	4m 31s	10/10/2019 13:09:42	24m 46s	8m 33s	PALMS WEST HOSPITAL 33470	STMY (64FD)	4.5	24.8



Destination



TH135 Pickup Locations



Flight Detail, EMB
 Flight Detail, WMB

Flight Detail

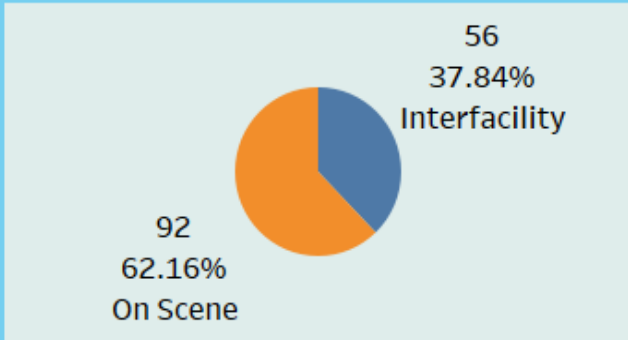
Flight Date
 10/01/2019 to 12/31/2019

Total Flights	148
Flights West ..	71
% Flights We..	48%

WMB

EMB

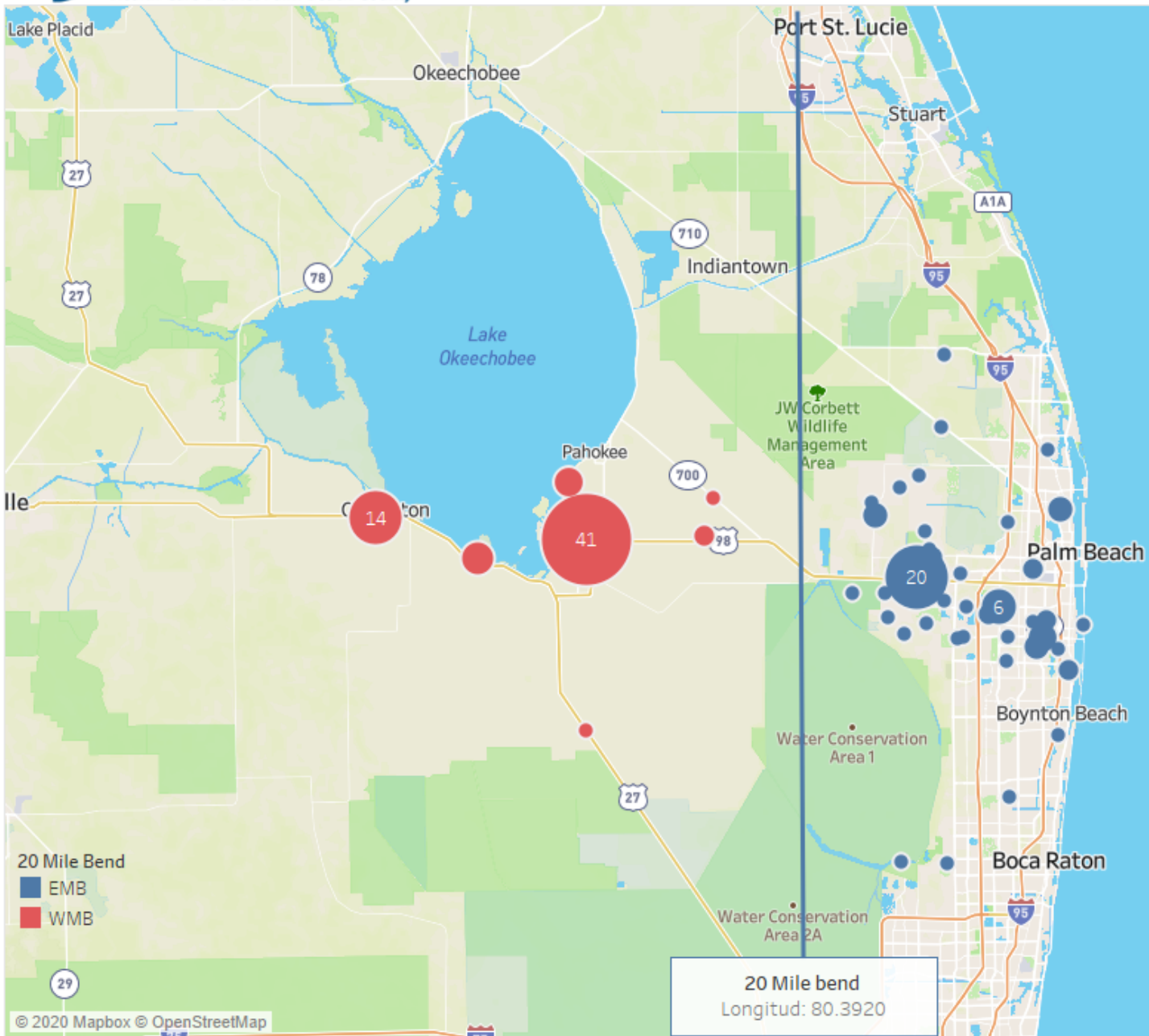
WMB



20 Mile Bend
 Longitud:80.3920

65

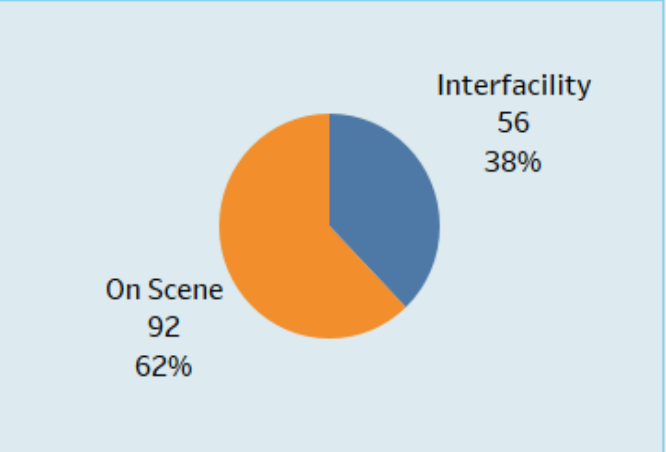
Pick Up Locations



Flight Detail ●

Flight Date
 10/01/2019 to 12/31/2019

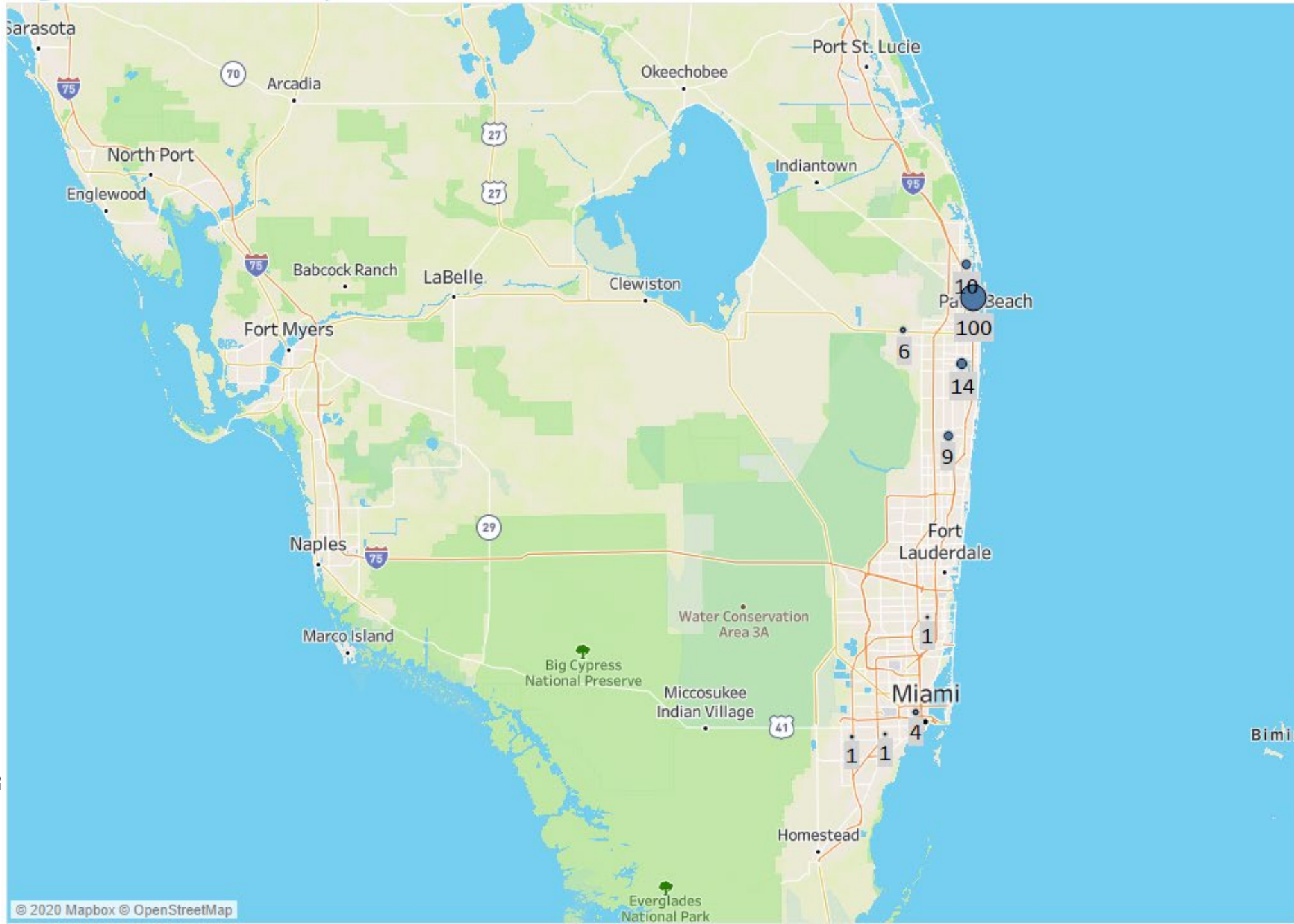
Total Flights	148
Flights East of 20 Mile Bend	77
Flights West of 20 Mile Bend	71
% Flights West of 20 Mile bend	48%



20 Mile bend
 Longitud: 80.3920

20 Mile be..
 All

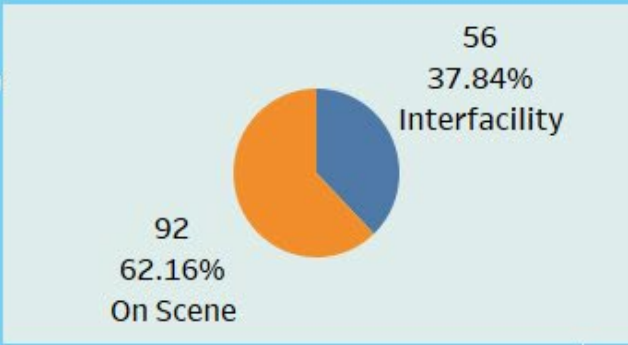
Receiving Locations



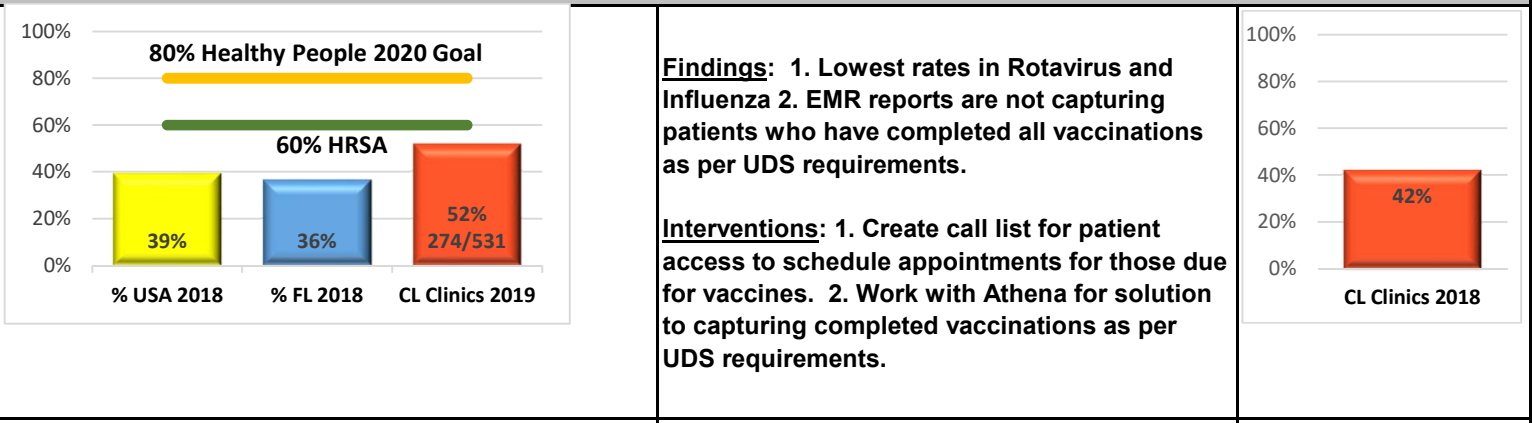
Flight Detail ●

Flight Date
 10/01/2019 to 12/31/2019

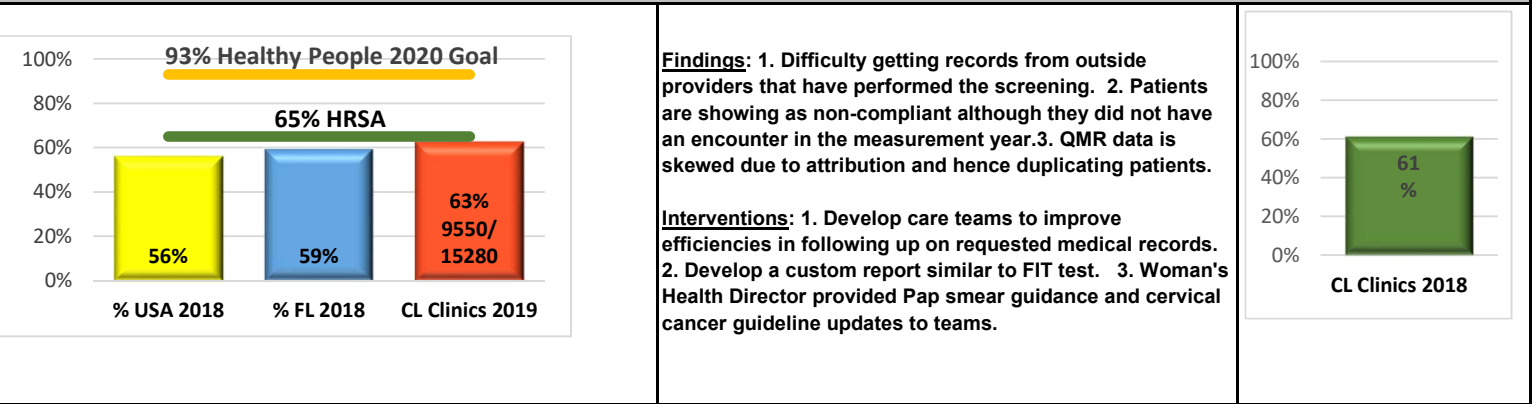
Flights
148



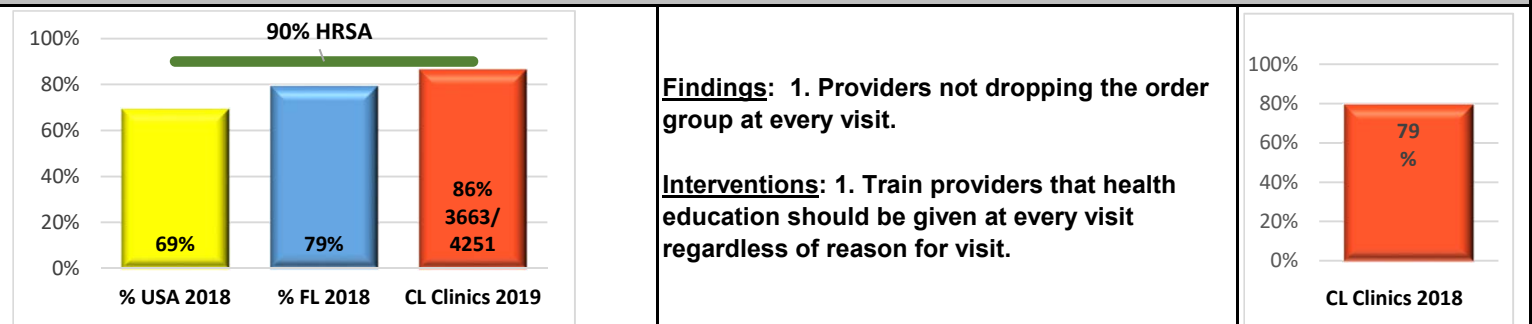
CHILDHOOD IMMUNIZATION



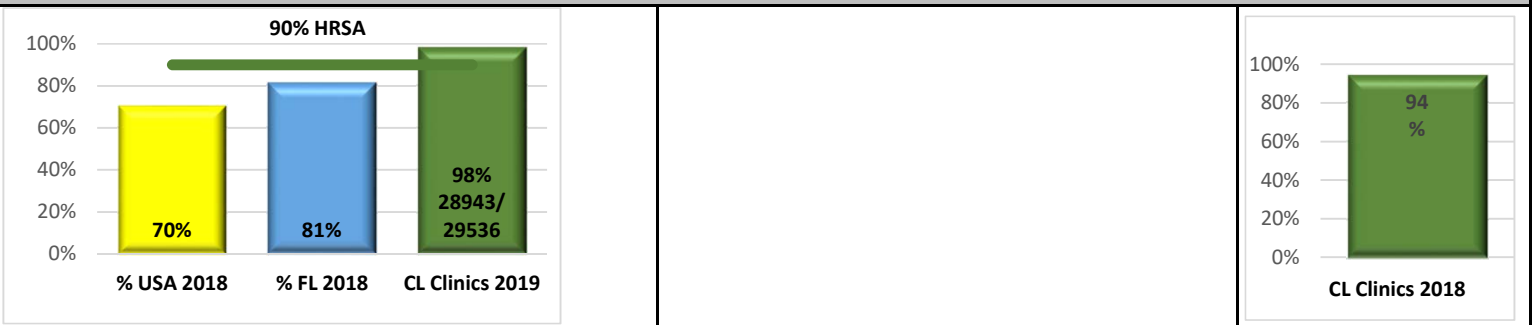
CERVICAL CANCER SCREENING



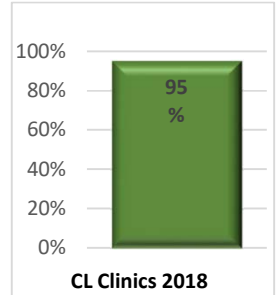
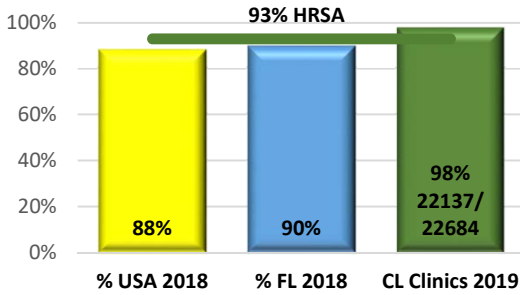
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



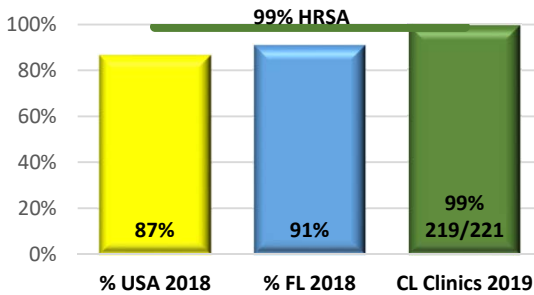
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

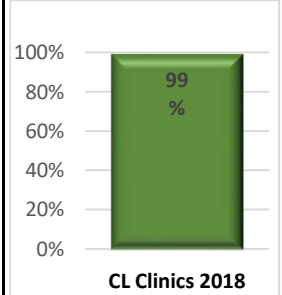


ASTHMA PHARMACOLOGIC THERAPY

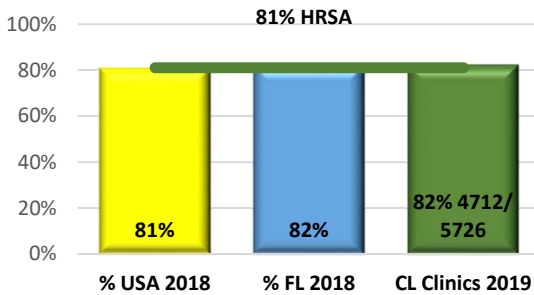


Findings: 1. Asthma medication must dated as active in 2019 to be compliant and some therapies that were first prescribed in 2018 may not have updated dates.

Interventions: 1. Providers have been trained to update the dates. 2. Send cases to individual providers to update medication list if still active.



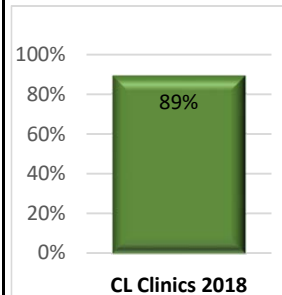
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



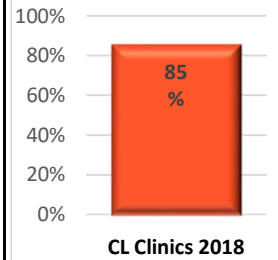
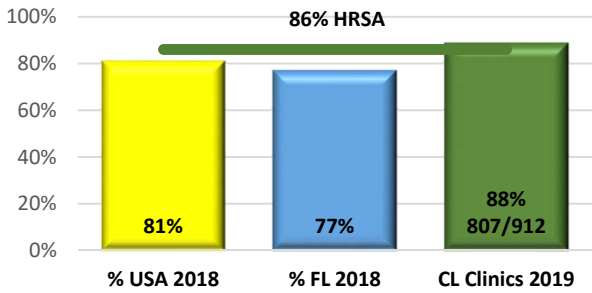
Findings: There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.

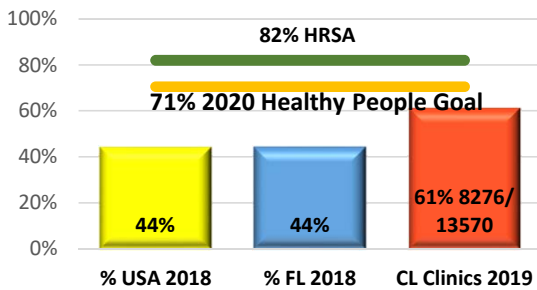
Interventions: (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

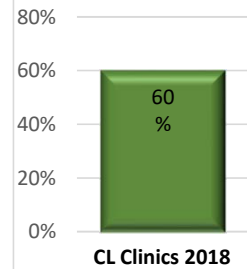


COLORECTAL CANCER SCREENING

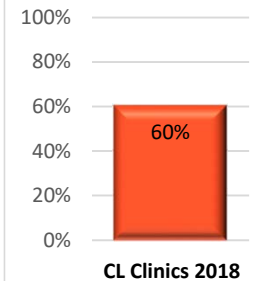
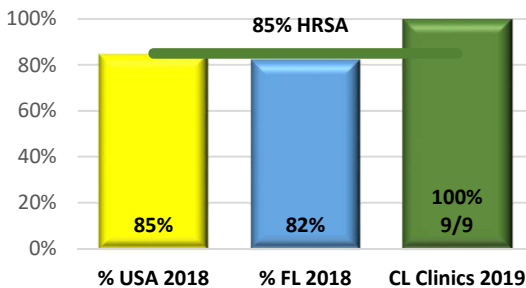


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

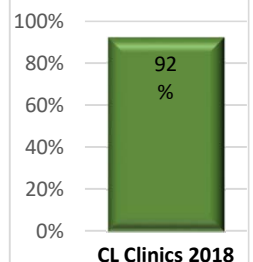
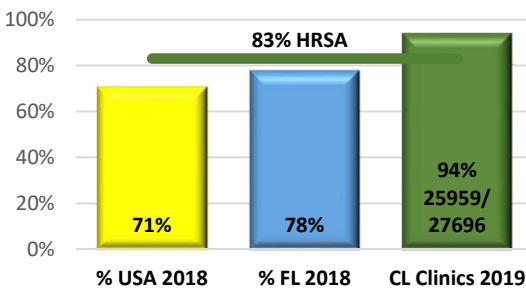
Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.



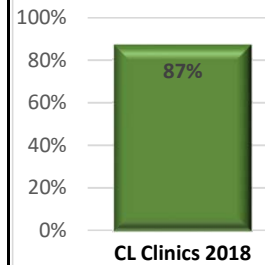
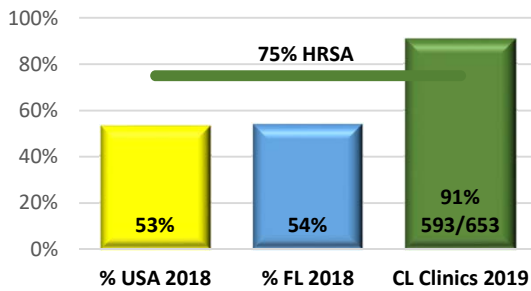
HIV LINKAGE TO CARE



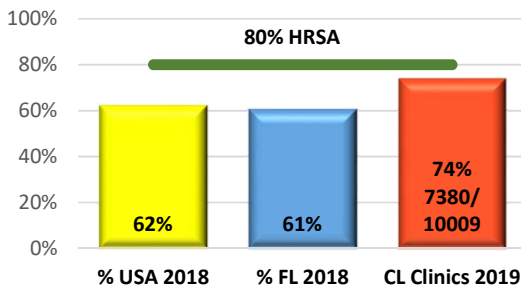
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



DENTAL SEALANTS

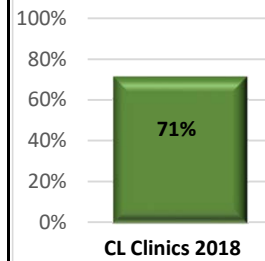


HYPERTENSION

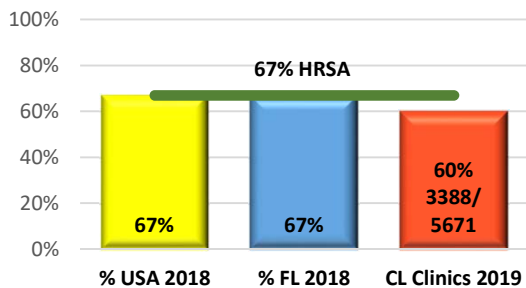


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

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.

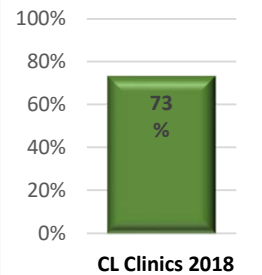


DIABETES



Findings: 1. Patients are non-compliant with therapy for various reasons (pill burden, fear of insulin, lack of understanding the disease). 2. Clinical inertia

Interventions: 1. Implement POC A1C machines in clinic. 2. Collaborate with pharmacy on educating patients on medications and medication reconciliation. 3. Build care teams to include health educator to address high risk patients. 4. Provide lunch and learns on Diabetes management. 5. Outreach to patients without A1c on chart.



Edward J. Healey Rehabilitation and Nursing Center

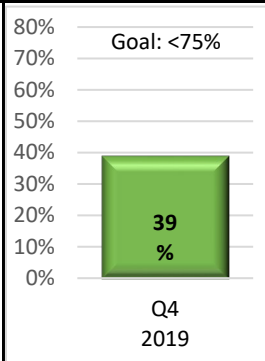
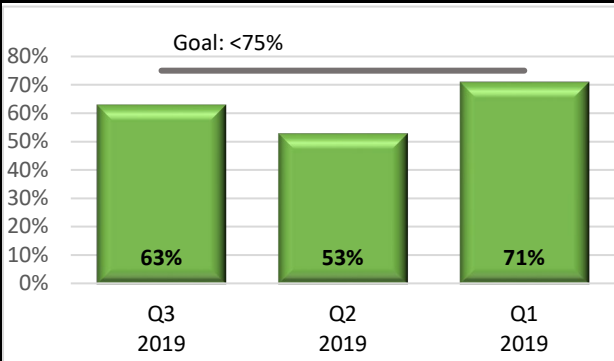
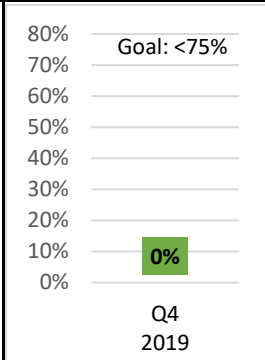
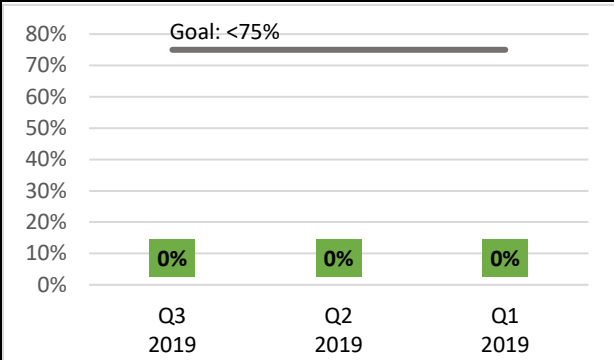
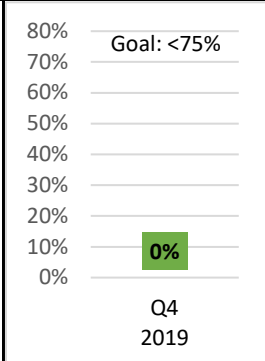
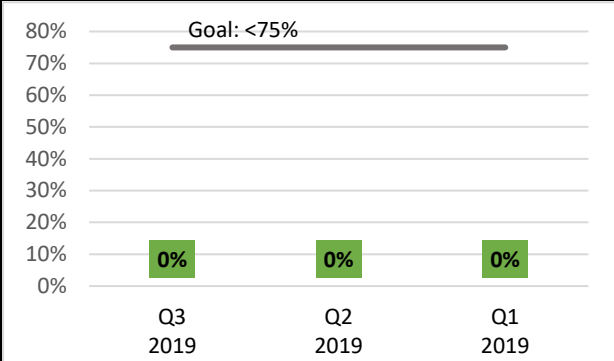
Quality Report

4th Quarter 2019

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% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">39%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">63%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">53%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">71%</p> <p style="text-align: center;">Q1 2019</p>
New/Worse Pressure Ulcer(s)	 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q1 2019</p>
Experiencing One or More Falls with Major Injury	 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center

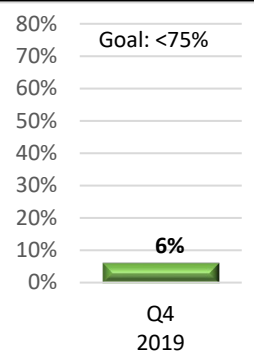
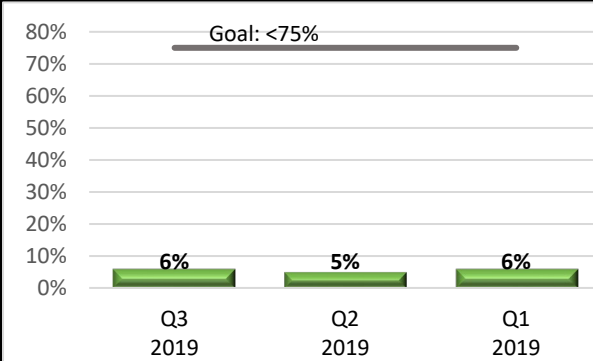
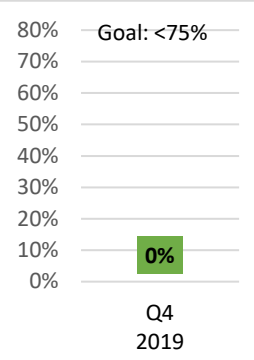
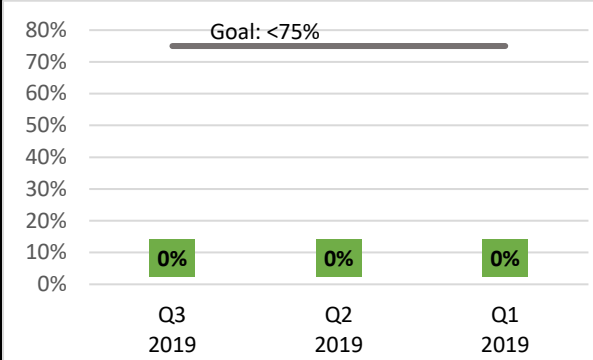
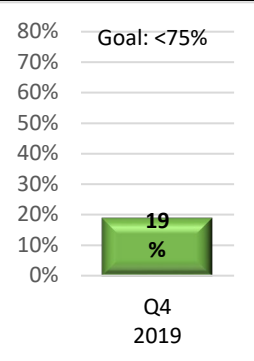
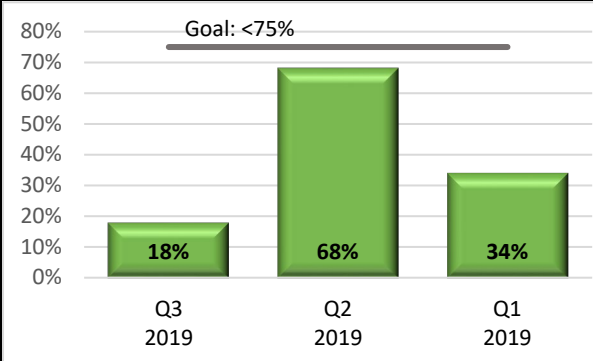
Quality Report

4th Quarter 2019

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
Falls (L)	 <p style="text-align: center;">Q4 2019</p>		 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
Who Have Depressive Symptoms	 <p style="text-align: center;">Q4 2019</p>		 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
Who Lose Too Much Weight	 <p style="text-align: center;">Q4 2019</p>		 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center

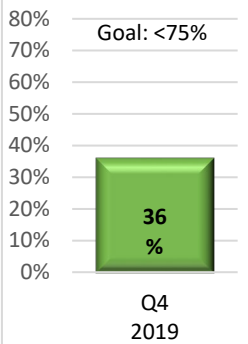
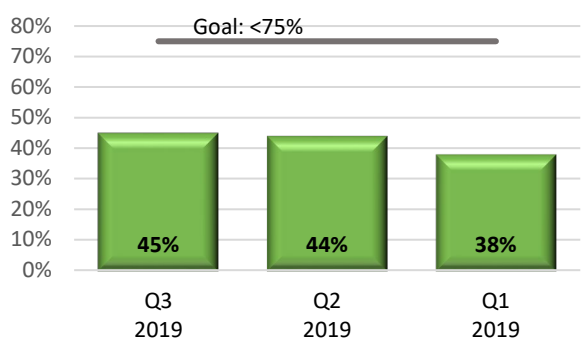
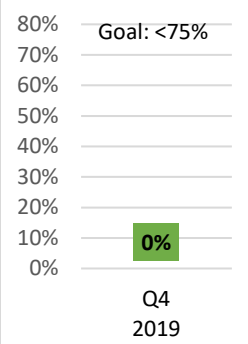
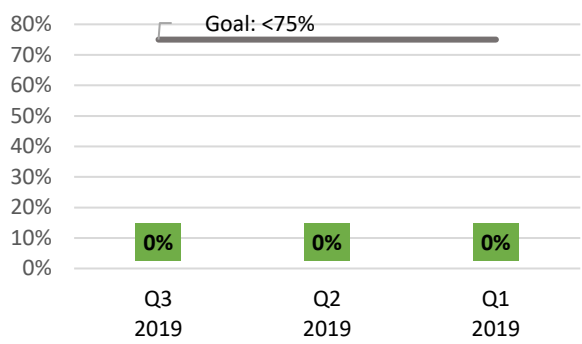
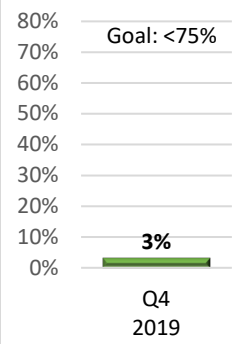
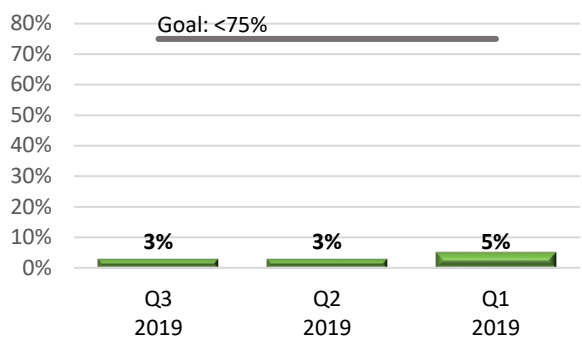
Quality Report

4th Quarter 2019

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
Who Received an Antipsychotic Medication (L)	 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">36%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">45%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">44%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">38%</p> <p style="text-align: center;">Q1 2019</p>
Who Received an Antipsychotic Medication (S)	 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">0%</p> <p style="text-align: center;">Q1 2019</p>
Who Received Anti-Anxiety or Hypnotic Medication	 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">3%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% Goal: <75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p style="text-align: center;">3%</p> <p style="text-align: center;">Q3 2019</p> <p style="text-align: center;">3%</p> <p style="text-align: center;">Q2 2019</p> <p style="text-align: center;">5%</p> <p style="text-align: center;">Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center

Quality Report

4th Quarter 2019

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
Who Self Report Moderate to Severe Pain (L)	 <p style="text-align: center;">Q4 2019</p>	<p>CMS is no longer collecting data for this nursing home quality measure</p>	 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
Who Self Report Moderate to Severe Pain (S)	 <p style="text-align: center;">Q4 2019</p>	<p>CMS is no longer collecting data for this nursing home quality measure</p>	 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
Who Were Physically Restrained	 <p style="text-align: center;">Q4 2019</p>		 <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center

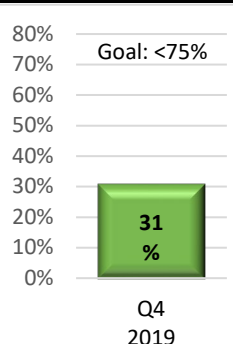
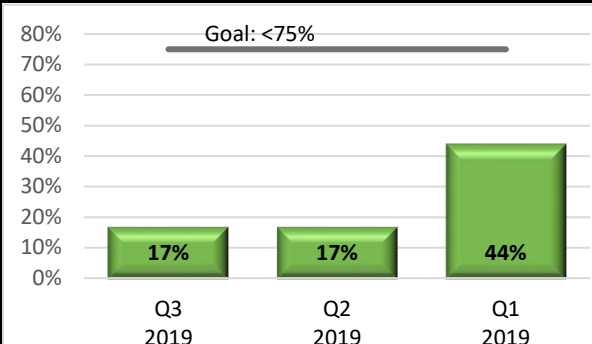
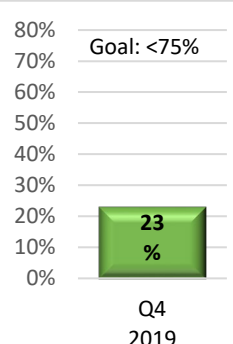
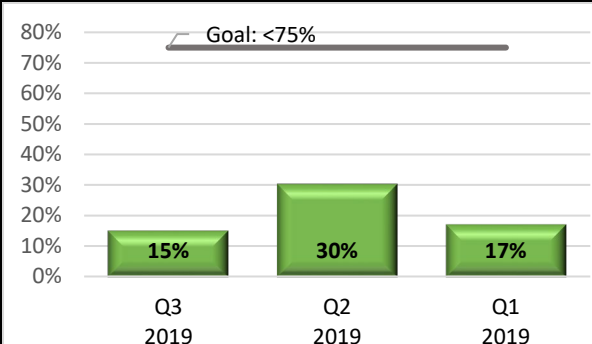
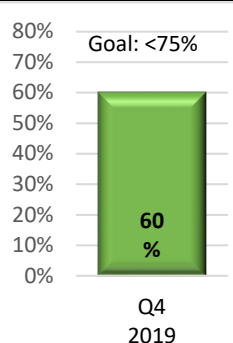
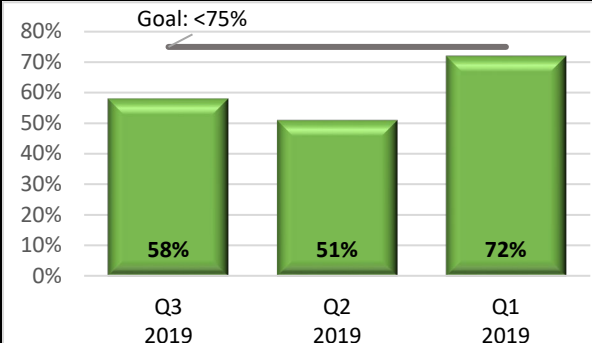
Quality Report

4th Quarter 2019

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
Whose Behavioural Symptoms Affect Others	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">31%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">17% 17% 44%</p> <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
Increase ADL Help (L)	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">23%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">15% 30% 17%</p> <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>
With a Catheter Inserted and Left in the Their Bladder	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">60%</p> <p style="text-align: center;">Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">58% 51% 72%</p> <p style="text-align: center;">Q3 2019 Q2 2019 Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center

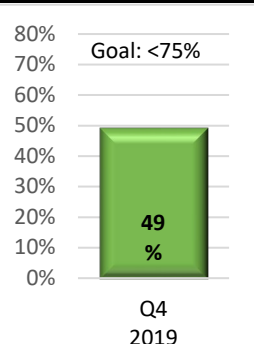
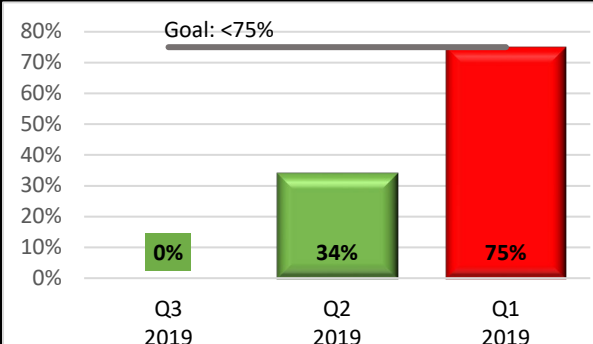
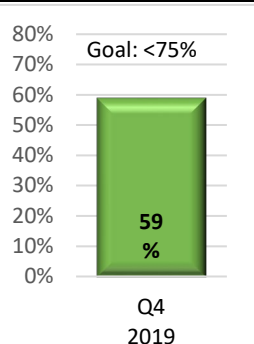
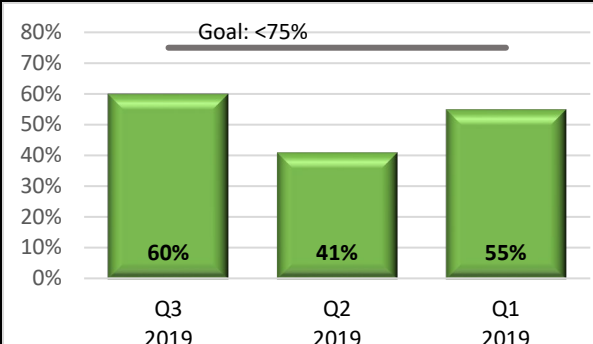
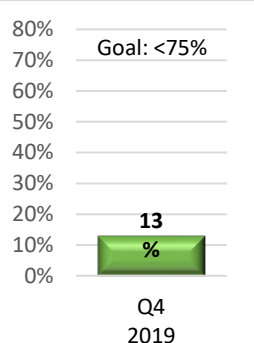
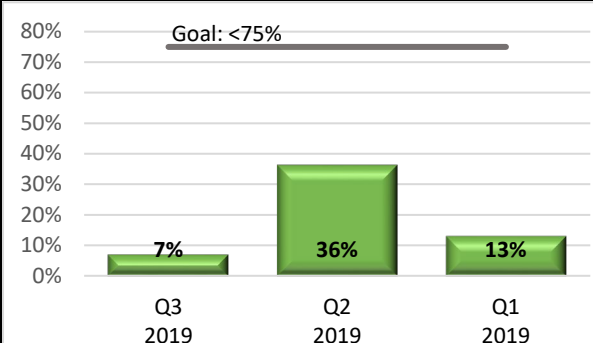
Quality Report

4th Quarter 2019

Percentages

MDS 3.0 Facility Level Quality Measure Report

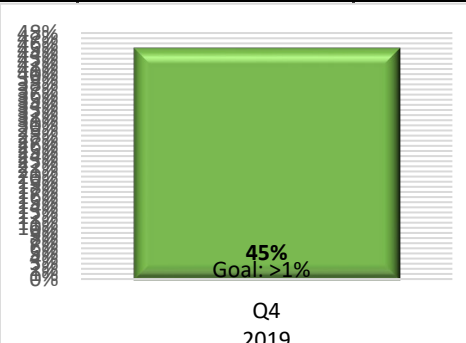
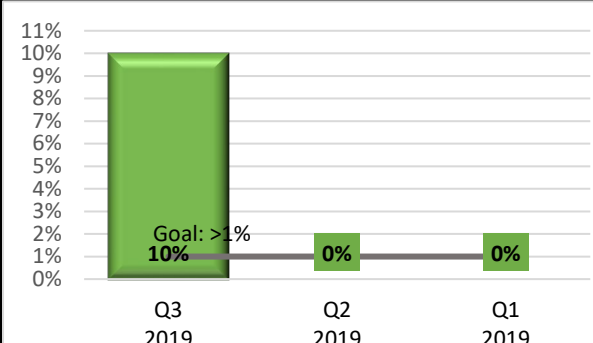
Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
With a Urinary Tract Infection	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">49% Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">0% 34% 75% Q3 2019 Q2 2019 Q1 2019</p>
Low Risk LSRs Who Lose Control of their Bowel or Bladder	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">59% Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">60% 41% 55% Q3 2019 Q2 2019 Q1 2019</p>
Move Independent Worsens (L)	 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">13% Q4 2019</p>		 <p>80% 70% Goal: <75% 60% 50% 40% 30% 20% 10% 0%</p> <p style="text-align: center;">7% 36% 13% Q3 2019 Q2 2019 Q1 2019</p>

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
4th Quarter 2019
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
<p>Improvement Function (S) Hig Better</p>	 <p>45% Goal: >1%</p> <p>Q4 2019</p>		 <p>11% 10% 9% 8% 7% 6% 5% 4% 3% 2% 1% 0%</p> <p>Goal: >1%</p> <p>10% 0% 0%</p> <p>Q3 Q2 Q1 2019 2019 2019</p>

QUALITY CORE MEASURES REPORT
4th Quarter (October - December 2019) - Preliminary



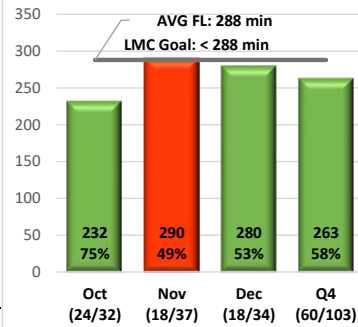
Sampled Population

INPATIENT QUALITY MEASURES

Emergency Department: ED-1a

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

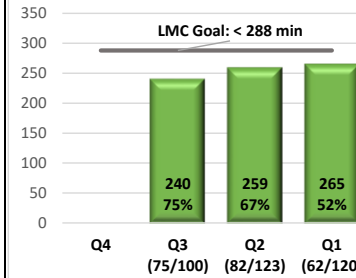
Numerator: Departed ED in less than 267 minutes.
Denominator: Measure sampled population for any ED Patient from the facility's emergency department.



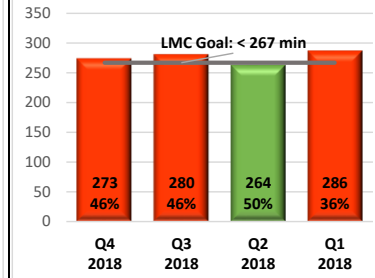
Findings: The goal of <288 minutes was met for the quarter. The CMO reviewed the top 5 cases.

Interventions: The nursing and medical staff provided appropriate care and no further action was required.

2019



2018

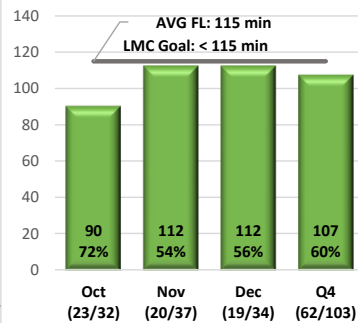


***TJC

Emergency Department: ED-2a

Median time from decision to admit time to ED departure for admitted patients.

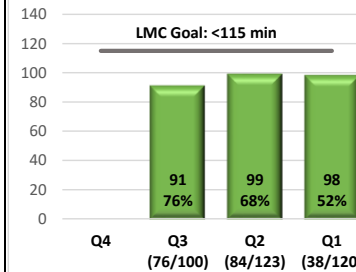
Numerator: Admitted and departed ED in less than 79 mins.
Denominator: Measure sampled population or any ED Patient from the facility's emergency department.



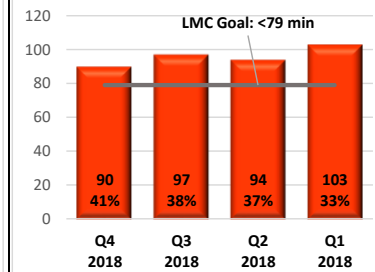
Findings: The goal of <115 minutes was met for the quarter. The CMO reviewed the top 5 cases.

Interventions: The nursing and medical staff provided appropriate care and no further action was required.

2019



2018

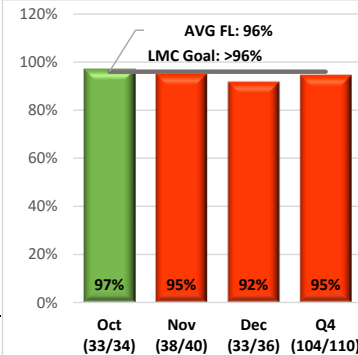


***Retired as of 01/01/2020 for CMS reporting ***TJC

IMM-2 Influenza Immunization

Immunizations (seasonal):

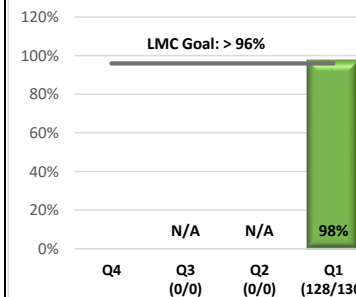
Numerator: Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.
Denominator: Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**



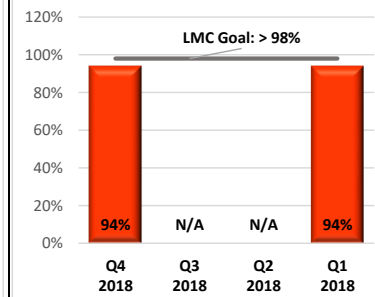
Findings: The goal of 96% was not met. There were cases (6) that failed, due to the vaccine not being offered upon admission or prior to discharge.

Interventions: The failed cases were provided to the manager for follow-up with the involved staff and review of the immunization protocol.

2019



2018



TJC

QUALITY CORE MEASURES REPORT
4th Quarter (October - December 2019) - Preliminary



Sampled Population

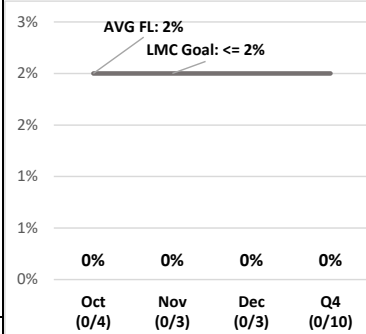
INPATIENT QUALITY MEASURES

Perinatal Care: PC-01

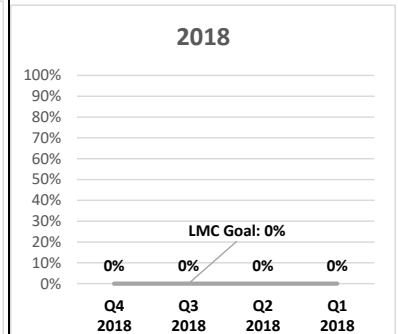
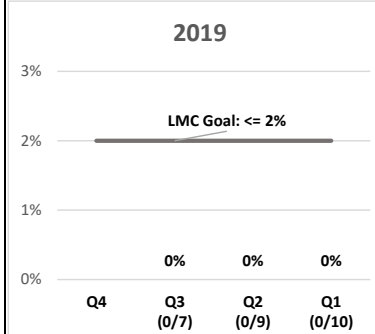
Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed.

(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.



Findings: No population.
Interventions: No action was required.

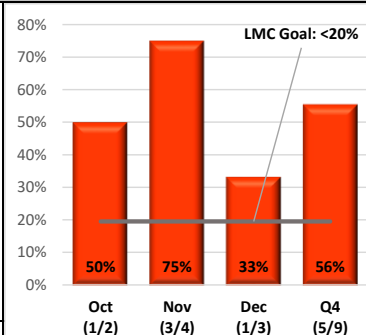


TJC

Perinatal Care: PC-02

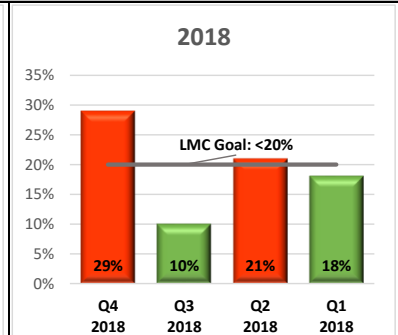
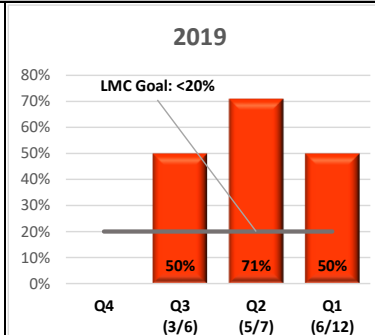
Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
 (Lower percentage is better).

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



Findings: The CMO reviewed all five cases. Gestational ages ranged from 37 to 39 weeks. The C-sections were performed due to but not limited to elevated blood pressure, non-reassuring fetal heart rate pattern, failure to progress with induction of labor, cephalopelvic disproportion with refused trial of labor and severe preeclampsia.

Interventions: No further action was required.

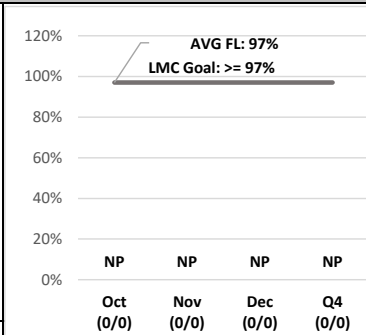


TJC

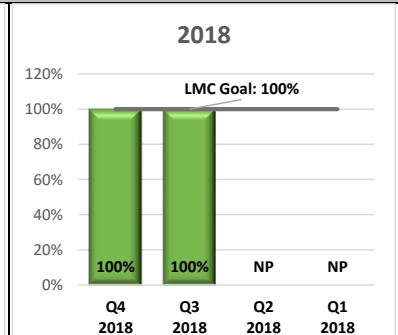
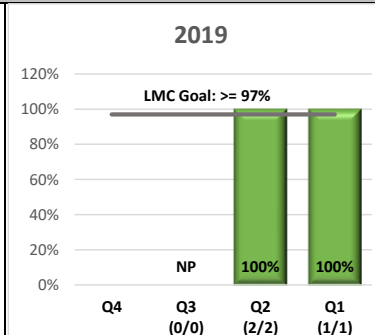
Perinatal Care: PC-03

Patients at risk of preterm delivery at ≥ 24 and < 34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns
 (Higher percentage is better).

Numerator: Patients with antenatal steroids initiated prior to delivering preterm newborns.
Denominator: Patients delivering live preterm newborns with ≥ 24 and < 34 weeks gestation completed.



Findings: No population.
Interventions: No action was required.



****Retired as of 01/01/2020 ****TJC

QUALITY CORE MEASURES REPORT
4th Quarter (October - December 2019) - Preliminary
Sampled Population



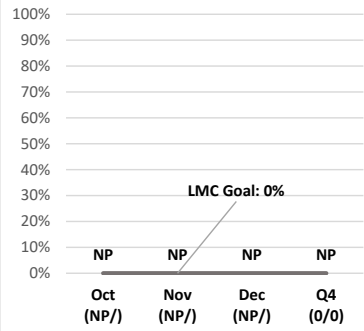
INPATIENT QUALITY MEASURES

Perinatal Care: PC-04

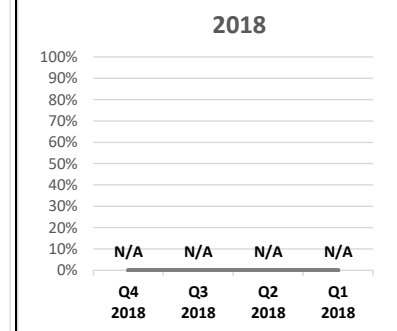
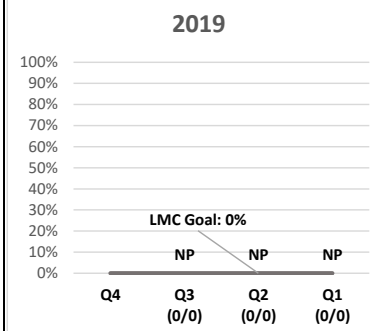
Health Care-Associated Bloodstream Infections in newborns.
 (Lower percentage is better)

Numerator: Newborns with septicemia or bacteremia.
Denominator: Live born newborns.

****Retired as of 01/01/2020 **** TJC



Findings: No population.
Interventions: No action was required.

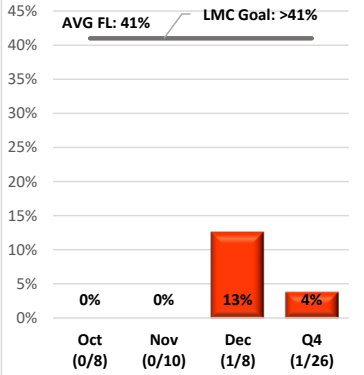


Perinatal Care: PC-05

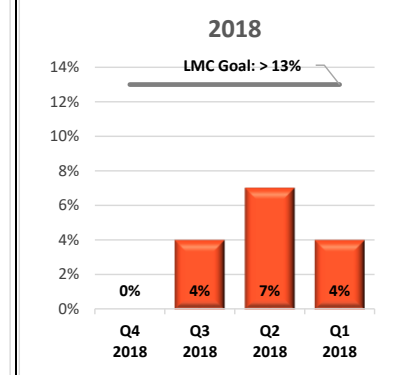
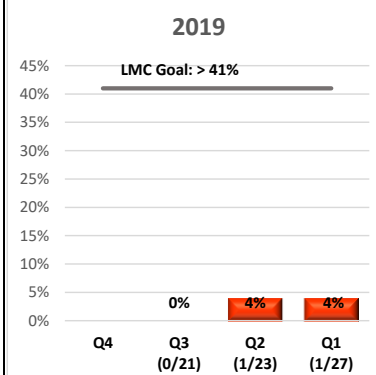
Exclusive breast milk feeding during the newborn's entire hospitalization.
 (Higher percentage is better)

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

TJC



Findings: Based on review of all of the sampled population 81% (21) both breast and bottle fed. 15% (4) bottle fed only and 4% (1) strictly breast fed.
CY 2019: Delivery total: 187
Stats: 63% (119) both breast and bottle fed. 34% (63) bottle fed only and 3% (5) strictly breast fed.
Interventions: A new manager has been hired for the OB unit. She has met with LMC Patient Advocate to discuss marketing strategies and developing community partnerships. She is in the process of developing plans for staff and patient education.

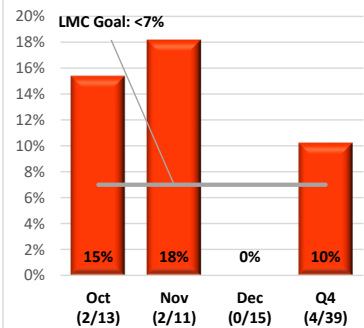


Perinatal Care: PC-06

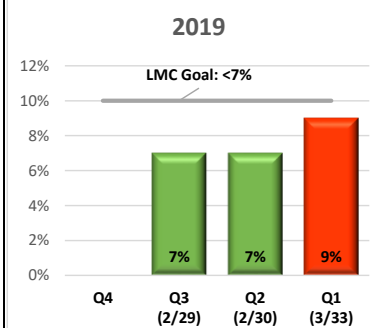
Unexpected Complications in Term Newborns.
 (Lower percentage is better)

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

TJC



Findings: The goal of <7% was not met. The CMO reviewed all four cases. The gestational ages ranged from 38-39 weeks. One newborn required intubation and was transferred due to respiratory distress. The others were complicated deliveries due to a tight nuchal cord, apnea post delivery and maternal complications. The newborns did well and were discharged home with mom.
Interventions: The nursing and medical staff provided appropriate care and no further action was required.



Measure is new for 2019

QUALITY CORE MEASURES REPORT
4th Quarter (October - December 2019) - Preliminary
Sampled Population



INPATIENT QUALITY MEASURES																																
Sepsis: SEP-1																																
<p>Early management bundle, severe sepsis/septic shock. Special Note: Measure is not publicly reported by Hospital Compare.</p> <p>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).</p> <p>Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.</p>	<table border="1"> <caption>Sepsis: SEP-1 Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Oct (9/9)</td> <td>100%</td> </tr> <tr> <td>Nov (7/7)</td> <td>100%</td> </tr> <tr> <td>Dec (9/10)</td> <td>90%</td> </tr> <tr> <td>Q4 (25/26)</td> <td>96%</td> </tr> </tbody> </table>	Month	Performance (%)	Oct (9/9)	100%	Nov (7/7)	100%	Dec (9/10)	90%	Q4 (25/26)	96%	<p>Findings: The goal of >60% was met. The case (1) that failed was reviewed at the Sepsis Committee Meeting and with the CMO.</p> <p>Interventions: A follow-up email was sent to the involved clinicians and the case was discussed in full detail with them at the Sepsis Committee Meeting held on January 9, 2019.</p>	<p>2019</p> <table border="1"> <caption>Sepsis: SEP-1 2019 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Q3 (11/13)</td> <td>85%</td> </tr> <tr> <td>Q2 (15/21)</td> <td>71%</td> </tr> <tr> <td>Q1 (15/17)</td> <td>88%</td> </tr> </tbody> </table>	Quarter	Performance (%)	Q3 (11/13)	85%	Q2 (15/21)	71%	Q1 (15/17)	88%	<p>2018</p> <table border="1"> <caption>Sepsis: SEP-1 2018 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Q4 2018</td> <td>65%</td> </tr> <tr> <td>Q3 2018</td> <td>57%</td> </tr> <tr> <td>Q2 2018</td> <td>79%</td> </tr> <tr> <td>Q1 2018</td> <td>72%</td> </tr> </tbody> </table>	Quarter	Performance (%)	Q4 2018	65%	Q3 2018	57%	Q2 2018	79%	Q1 2018	72%
	Month	Performance (%)																														
Oct (9/9)	100%																															
Nov (7/7)	100%																															
Dec (9/10)	90%																															
Q4 (25/26)	96%																															
Quarter	Performance (%)																															
Q3 (11/13)	85%																															
Q2 (15/21)	71%																															
Q1 (15/17)	88%																															
Quarter	Performance (%)																															
Q4 2018	65%																															
Q3 2018	57%																															
Q2 2018	79%																															
Q1 2018	72%																															
CMS/TJC																																
Venous Thrombosis: VTE-6																																
<p>Hospital Acquired Preventable VTE. (Lower percentage is better)</p> <p>Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.</p> <p>Denominator: Patients who developed confirmed VTE during hospitalization.</p>	<table border="1"> <caption>Venous Thrombosis: VTE-6 Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Oct (0/0)</td> <td>NP</td> </tr> <tr> <td>Nov (0/0)</td> <td>NP</td> </tr> <tr> <td>Dec (0/0)</td> <td>NP</td> </tr> <tr> <td>Q4 (0/0)</td> <td>NP</td> </tr> </tbody> </table>	Month	Performance (%)	Oct (0/0)	NP	Nov (0/0)	NP	Dec (0/0)	NP	Q4 (0/0)	NP	<p>Findings: No population.</p> <p>Interventions: No action was required.</p>	<p>2019</p> <table border="1"> <caption>Venous Thrombosis: VTE-6 2019 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Q3 (0/0)</td> <td>NP</td> </tr> <tr> <td>Q2 (0/0)</td> <td>NP</td> </tr> <tr> <td>Q1 (0/0)</td> <td>NP</td> </tr> </tbody> </table>	Quarter	Performance (%)	Q3 (0/0)	NP	Q2 (0/0)	NP	Q1 (0/0)	NP	<p>2018</p> <table border="1"> <caption>Venous Thrombosis: VTE-6 2018 Performance Data</caption> <thead> <tr> <th>Quarter</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Q4 2018</td> <td>NP</td> </tr> <tr> <td>Q3 2018</td> <td>NP</td> </tr> <tr> <td>Q2 2018</td> <td>NP</td> </tr> <tr> <td>Q1 2018</td> <td>NP</td> </tr> </tbody> </table>	Quarter	Performance (%)	Q4 2018	NP	Q3 2018	NP	Q2 2018	NP	Q1 2018	NP
	Month	Performance (%)																														
Oct (0/0)	NP																															
Nov (0/0)	NP																															
Dec (0/0)	NP																															
Q4 (0/0)	NP																															
Quarter	Performance (%)																															
Q3 (0/0)	NP																															
Q2 (0/0)	NP																															
Q1 (0/0)	NP																															
Quarter	Performance (%)																															
Q4 2018	NP																															
Q3 2018	NP																															
Q2 2018	NP																															
Q1 2018	NP																															
CMS/TJC																																

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

The Florida Averages Data from Hospital Compare was 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
4th Quarter (October - December 2019) - Preliminary
Sampled Population



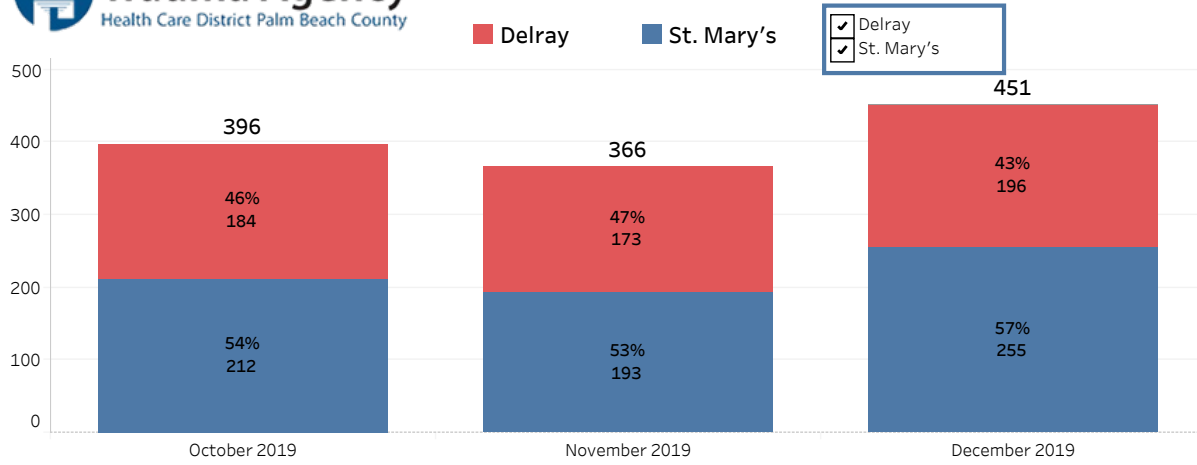
OUTPATIENT QUALITY MEASURES																																														
Acute Myocardial Infarction: OP-3a																																														
<p>Acute Myocardial Infarction: OP-3a Median time to transfer to another facility for acute coronary interventions</p> <p>Numerator: Number of patients transferred to another facility within less than 90 minutes Denominator: Patients with Transfer for Acute Coronary Intervention.</p> <p align="right">CMS/TJC</p>	<table border="1"> <caption>Acute Myocardial Infarction: OP-3a - Median time to transfer</caption> <thead> <tr> <th>Month</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>116</td> <td>0%</td> </tr> <tr> <td>Nov</td> <td>0</td> <td>NP</td> </tr> <tr> <td>Dec</td> <td>0</td> <td>NP</td> </tr> <tr> <td>Q4</td> <td>39</td> <td>0%</td> </tr> </tbody> </table>	Month	Count	Percentage	Oct	116	0%	Nov	0	NP	Dec	0	NP	Q4	39	0%	<p>Findings: The cases (2) were reviewed by the CMO. The findings showed that transport was delayed due to weather conditions and stabilization of the patient.</p> <p>Interventions: The CMO reviewed the findings with the involved physicians and no further action was required.</p>	<p align="center">2019</p> <table border="1"> <caption>Acute Myocardial Infarction: OP-3a - 2019</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>80</td> <td>0%</td> </tr> <tr> <td>Q3</td> <td>102</td> <td>80%</td> </tr> <tr> <td>Q1</td> <td>190</td> <td>100%</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4	80	0%	Q3	102	80%	Q1	190	100%	<p align="center">2018</p> <table border="1"> <caption>Acute Myocardial Infarction: OP-3a - 2018</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 2018</td> <td>93</td> <td>25%</td> </tr> <tr> <td>Q3 2018</td> <td>129</td> <td>100%</td> </tr> <tr> <td>Q2 2018</td> <td>94</td> <td>67%</td> </tr> <tr> <td>Q1 2018</td> <td>100</td> <td>0%</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4 2018	93	25%	Q3 2018	129	100%	Q2 2018	94	67%	Q1 2018	100	0%
Month	Count	Percentage																																												
Oct	116	0%																																												
Nov	0	NP																																												
Dec	0	NP																																												
Q4	39	0%																																												
Quarter	Count	Percentage																																												
Q4	80	0%																																												
Q3	102	80%																																												
Q1	190	100%																																												
Quarter	Count	Percentage																																												
Q4 2018	93	25%																																												
Q3 2018	129	100%																																												
Q2 2018	94	67%																																												
Q1 2018	100	0%																																												
Emergency Department Throughput: OP-18																																														
<p>Median time from ED arrival to discharge home or transferred.</p> <p>Numerator: Number of patients discharged in less than 120 minutes. Denominator: Any ED patient from the facility's emergency department.</p> <p align="right">CMS/TJC</p>	<table border="1"> <caption>Emergency Department Throughput: OP-18 - Median time from ED arrival to discharge</caption> <thead> <tr> <th>Month</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>146</td> <td>50%</td> </tr> <tr> <td>Nov</td> <td>158</td> <td>47%</td> </tr> <tr> <td>Dec</td> <td>150</td> <td>68%</td> </tr> <tr> <td>Q4</td> <td>136</td> <td>55%</td> </tr> </tbody> </table>	Month	Count	Percentage	Oct	146	50%	Nov	158	47%	Dec	150	68%	Q4	136	55%	<p>Findings: The goal of < 146 minutes was met for the quarter. The top cases (5) were reviewed by the CMO. There were cases (4) with a delay in transfer due to transport.</p> <p>Interventions: The nursing and medical staff provided appropriate care and no further action was required. Transportation is currently being addressed at the administrative level.</p>	<p align="center">2019</p> <table border="1"> <caption>Emergency Department Throughput: OP-18 - 2019</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>150</td> <td>62%</td> </tr> <tr> <td>Q3</td> <td>150</td> <td>47%</td> </tr> <tr> <td>Q1</td> <td>146</td> <td>34%</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4	150	62%	Q3	150	47%	Q1	146	34%	<p align="center">2018</p> <table border="1"> <caption>Emergency Department Throughput: OP-18 - 2018</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 2018</td> <td>143</td> <td>37%</td> </tr> <tr> <td>Q3 2018</td> <td>125</td> <td>49%</td> </tr> <tr> <td>Q2 2018</td> <td>147</td> <td>51%</td> </tr> <tr> <td>Q1 2018</td> <td>122</td> <td>49%</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4 2018	143	37%	Q3 2018	125	49%	Q2 2018	147	51%	Q1 2018	122	49%
Month	Count	Percentage																																												
Oct	146	50%																																												
Nov	158	47%																																												
Dec	150	68%																																												
Q4	136	55%																																												
Quarter	Count	Percentage																																												
Q4	150	62%																																												
Q3	150	47%																																												
Q1	146	34%																																												
Quarter	Count	Percentage																																												
Q4 2018	143	37%																																												
Q3 2018	125	49%																																												
Q2 2018	147	51%																																												
Q1 2018	122	49%																																												
Stroke: OP-23																																														
<p>Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 minutes of arrival. (Higher percentage is better).</p> <p>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.</p> <p align="right">CMS/TJC</p>	<table border="1"> <caption>Stroke: OP-23 - Percentage of patients with CT/MRI results within 45 minutes</caption> <thead> <tr> <th>Month</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>0</td> <td>NP</td> </tr> <tr> <td>Nov</td> <td>1</td> <td>100%</td> </tr> <tr> <td>Dec</td> <td>1</td> <td>100%</td> </tr> <tr> <td>Q4</td> <td>2</td> <td>100%</td> </tr> </tbody> </table>	Month	Count	Percentage	Oct	0	NP	Nov	1	100%	Dec	1	100%	Q4	2	100%	<p>Findings: The goal of 75% was met. The cases (2) were reviewed by the CMO.</p> <p>Interventions: The nursing and medical staff provided appropriate care and no further action was required.</p>	<p align="center">2019</p> <table border="1"> <caption>Stroke: OP-23 - 2019</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>2</td> <td>100%</td> </tr> <tr> <td>Q3</td> <td>3</td> <td>25%</td> </tr> <tr> <td>Q1</td> <td>0</td> <td>NP</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4	2	100%	Q3	3	25%	Q1	0	NP	<p align="center">2018</p> <table border="1"> <caption>Stroke: OP-23 - 2018</caption> <thead> <tr> <th>Quarter</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q4 2018</td> <td>1</td> <td>100%</td> </tr> <tr> <td>Q3 2018</td> <td>3</td> <td>25%</td> </tr> <tr> <td>Q2 2018</td> <td>0</td> <td>NP</td> </tr> <tr> <td>Q1 2018</td> <td>0</td> <td>NP</td> </tr> </tbody> </table>	Quarter	Count	Percentage	Q4 2018	1	100%	Q3 2018	3	25%	Q2 2018	0	NP	Q1 2018	0	NP
Month	Count	Percentage																																												
Oct	0	NP																																												
Nov	1	100%																																												
Dec	1	100%																																												
Q4	2	100%																																												
Quarter	Count	Percentage																																												
Q4	2	100%																																												
Q3	3	25%																																												
Q1	0	NP																																												
Quarter	Count	Percentage																																												
Q4 2018	1	100%																																												
Q3 2018	3	25%																																												
Q2 2018	0	NP																																												
Q1 2018	0	NP																																												

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

Pharmacy Services Quality Report 4th Quarter 2019

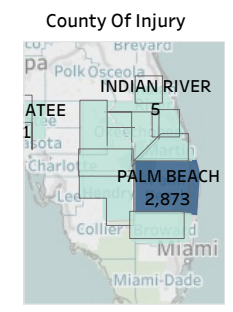
Measure Set:				ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL				Previous Quarters															
Pharmacy Quality Measures				2019 Q4				2019 Q3				2019 Q2				2019 Q1				2018 Q4			
Goal	Total			Goal	Total			Goal	Total			Goal	Total			Goal	Total						
	#	%		#	%		#	%		#	%	#	%		#	%		#	%				
340B utilization																							
Total HCD prescriptions sold (excludes RW)	61,903			59,610			58,672			62,036			70,485										
340B prescription fills sold	61,061	98.7			100.0			100.0		62,050	100.0		69,947	99.2									
Central Fill (refills)	10,377	75.0		10,058	87.7		10,913	65.2		21,419	34.5		21,930	31.4									
MAT Clinic opened October and was not 340B licensed until 1/1/2020 Central Fill pharmacy co-located with West Palm pharmacy so number indicative for Delray and Lantana pharmacies only now																							
Ready when promised (non-waiters)																							
Belle Glade	4,952	99.7		5,352	99.7		5,539	99.9		5,259	99.9		5,732	99.6									
Delray	11,589	99.9		11,573	99.2		11,379	98.3		11,843	99.6		11,924	99.4									
Jupiter																							
Lake Worth																							
Lantana	19,467	99.4		21,380	99.4		18,322	97.1		18,695	98.9		19,684	98.7									
West Palm	19,983	99.5		17,401	99.5		16,000	99.1		13,007	99.2		12,738	98.9									
Prescriptions designated as waiters																							
Belle Glade	1,205	19.6		1,462	21.5		1,291	18.9		1,585	23.2		1,501	20.8									
Delray	1,001	8.0		1,017	8.1		1,682	12.9		1,682	12.4		1,541	11.4									
Jupiter										61	1.8		77	2.3									
Lake Worth																							
Lantana	2,159	10.0		2,666	11.1		2,971	14.0		3,928	17.4		3,098	13.6									
West Palm	1,113	5.3		2,037	10.5		3,600	18.4		3,958	23.3		3,643	22.2									
Prescriptions returned to stock																							
Increase in return to stock due to holidays; In testing phase of outbound text reminders																							
Belle Glade	614	10.0		380	5.6		399	5.8		341	5.0		499	6.9									
Delray	1,262	10.0		1,260	10.0		1,364	10.4		1,368	10.1		1,396	10.4									
Jupiter										116	3.5		138	4.1									
Lake Worth																							
Lantana	1,893	8.8		1,940	8.1		1,992	9.4		1,903	8.4		2,158	9.5									
West Palm	2,504	11.9		2,330	12.0		2,159	11.0		1,891	11.1		2,255	13.8									
Total wait time in minutes (waiters)		21.7 Minutes			21.25 Minutes			23.8 Minutes			23.14 Minutes			21.3 Minutes									
Belle Glade		21.9 mins			22.4 mins			19.9 mins			19.8 mins			20.5 mins									
Delray		19.3 mins			16.8 mins			19.5 mins			21.2 mins			19.3 mins									
Jupiter											8.9 mins			7.1 mins									
Lake Worth																							
Lantana		22.7 mins			20.2 mins			25.2 mins			34.4 mins			30.6 mins									
West Palm		22.9 mins			25.6 mins			30.9 mins			31.4 mins			28.8 mins									
Total out of stock fills																							
Belle Glade	226	3.7		169	2.5		165	2.4		151	2.2		211	2.9									
Delray	161	1.3		160	1.3		176	1.4		127	0.9		152	1.1									
Jupiter										156	4.7		155	4.6									
Lake Worth																							
Lantana	675	3.1		488	2.3		672	3.1		846	3.7		775	3.4									
West Palm	478	2.2		475	2.4		677	3.4		554	3.3		225	1.4									
Quality Audit Results																							
CQI Compliance Audit	Quarterly CQIs completed in compliance with Board requirements																						
Control Substance Reconciliation Audit	No discrepancies during the quarter																						
Mobile Van Deliveries	1455 Prescriptions (WPB, BG, and Delray locations only)																						

TRAUMA QUALITY IMPROVEMENT COMMITTEE



Admission Date
10/1/2019 12:00:00 AM ..

1,213

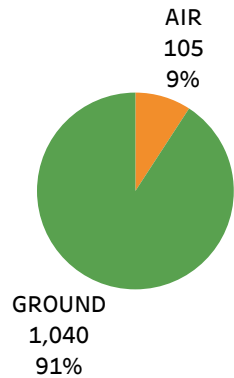


IN County
 Out Of County

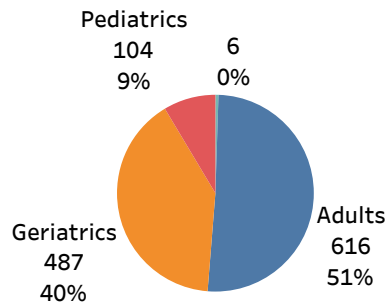
Transferring Facility

JFK MEDICAL CENTER	74
PALMS WEST HOSPITAL	32
BOCA RATON REGIONAL HOS..	30
JUPITER MEDICAL CENTER	30
PALM BEACH GARDENS MEDI..	29
GOOD SAMARITAN MEDICAL ..	22
WEST BOCA MEDICAL CENTER	21
BETHESDA HOSPITAL EAST	16
JFK NORTH	10
BETHESDA HOSPITAL WEST	9
WELLINGTON REGIONAL MED..	9
DELRAY MEDICAL CENTER FR..	6
LAKESIDE MEDICAL CENTER	6
VETERANS ADMINISTRATION..	6
JFK BOYNTON BEACH FREE S..	2
DELRAY MEDICAL CENTER	1
JFK PALM BEACH GARDENS F..	1

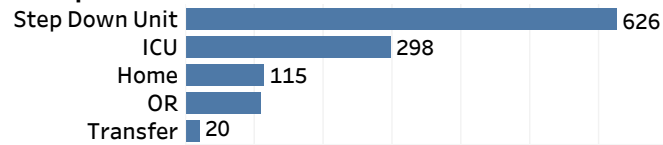
Transport Mode



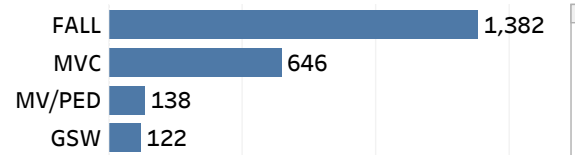
Age Group



Disposition



Mechanism of Injury

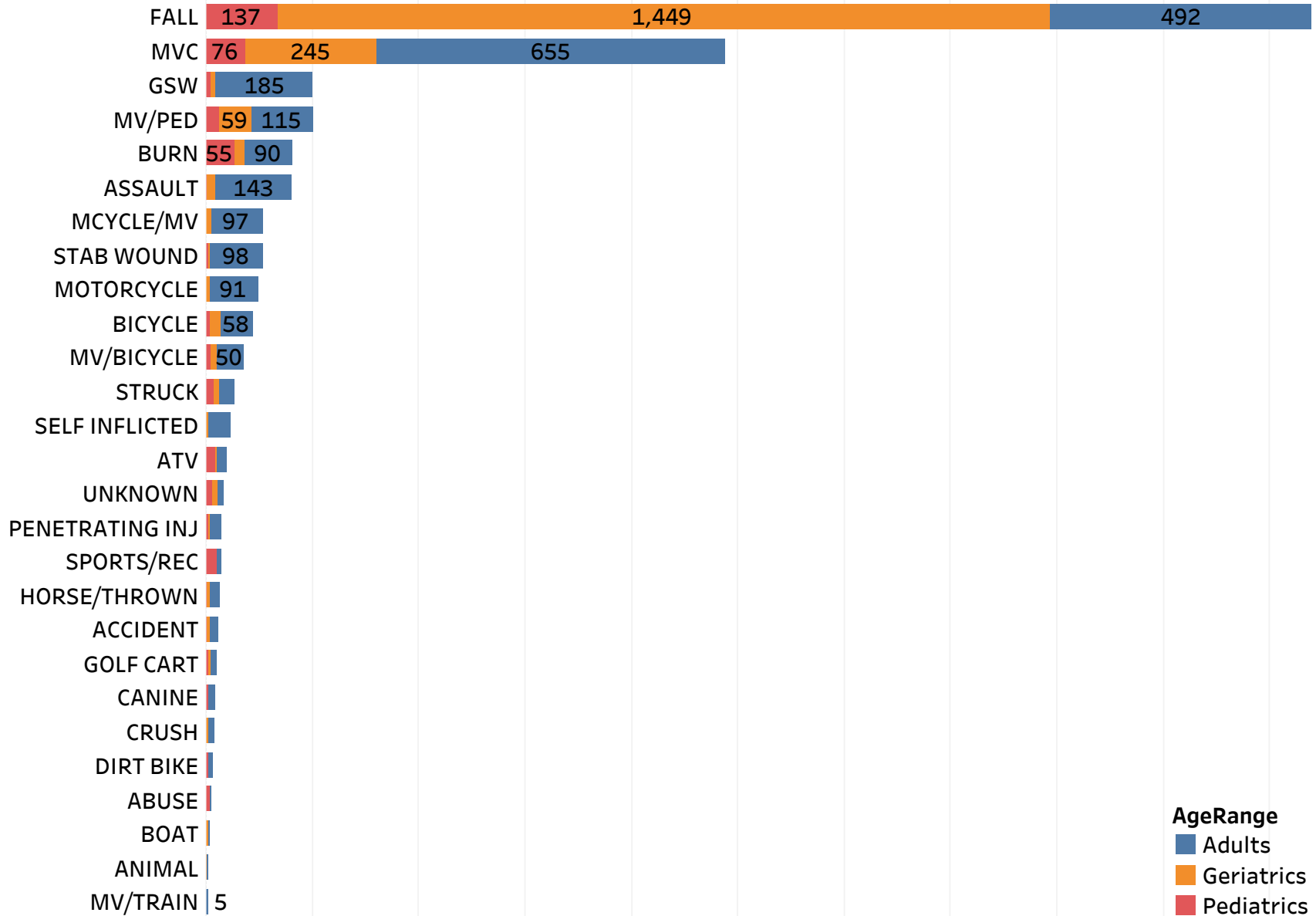


Trauma

4,664

Admission Date
1/1/2019 12:00:00 A..
and Null values

Mechanism of Injury



AgeRange
■ Adults
■ Geriatrics
■ Pediatrics