



**Quality, Patient Safety &  
Compliance Committee Meeting  
March 10, 2021  
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, 2021 at 10:00 A.M.  
1515 North Flagler Drive, Suite 101  
West Palm Beach, FL 33409  
Zoom Webinar Meeting**

**Remote Participation Link:**

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

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

- 1. Call to Order – Dr. Alina Alonso, Chair**
  - A. Roll Call
- 2. Agenda Approval**
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
  - A. Press Ganey Population and Sampling – Sylvia Hall
- 4. Disclosure of Voting Conflict**
- 5. \*Public Comment**
- 6. Meeting Minutes**
  - A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from September 24, 2020 [Pages 1-4]  
Committee Meeting Minutes from December 8, 2020 [Pages 5-8]
- 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 9]
- 7A-3 **RECEIVE AND FILE:**  
Proposed Schedule for 2021 Quality, Patient Safety and  
Compliance Committee  
(Darcy Davis) [Pages 10-11]
- 7A-4 **MOTION TO APPROVE:**  
Amendment to the Quality, Patient Safety and Compliance Committee  
Charter  
(Darcy Davis) [Pages 12-18]

## 8. Regular Agenda

### A. **COMPLIANCE**

- 8A-1 **RECEIVE AND FILE:**  
Summary of Compliance and Privacy  
Activities (Sonia Johnson) [Pages 19-25]

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

- 8B-1 **RECEIVE AND FILE:**  
Patient Relations Dashboards  
(Belma Andric) [Pages 26-33 ]
- Patient Relations Dashboard, School Health.  
(Andrea Steele/ Steven Sadiku) [Page 29]
  - Patient Relations Dashboard, C.L. Brumback Care  
Clinics.(Andrea Steele/David Speciale) [Page 30]
  - Patient Relations Dashboard, E.J. Healey Center.  
(Andrea Steele/Terretha Smith) [Page 31]
  - Patient Relations Dashboard, Lakeside Medical Center.  
(Andrea Steele/Regina Stolpman) [Page 32]
  - Patient Relations Dashboard, Pharmacy.  
(Andrea Steele/Regina Stolpman) [Page 33]

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

Quality & Patient Safety Reports  
(Belma Andric) [Pages 34-83]

- Patient Relations Dashboard, School Health.  
(Andrea Steele/Steven Sadiku) [Page 40]
- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/Gerry Pagano) [Pages 41-50]
- Quality & Patient Safety Report, C.L. Brumback Care  
Clinics.(Andrea Steele/Dr. Charmaine Chibar) [Pages 51-57]
- Quality & Patient Safety Report, Corporate Quality Metrics  
(Andrea Steele) [Pages 58-52]
- Quality & Patient Safety Report, E.J. Healey Center.  
(Andrea Steele/Terretha Smith) [Page 63-38]
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/Sylvia Hall) [Pages 69-74]
- Quality and Patient Safety Report, Pharmacy.  
(Andrea Steele/Luis Rodriguez) [Pages 75-77]
- Quality & Patient Safety Report, Trauma Program.  
(Andrea Steele/Sandra Smith) [Page 78-83]

**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, 2021**

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

**September Meeting (Date TBD)**



**December 15, 2021**

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

**13. Motion to Adjourn**

\* Public comments should be emailed to [nwhite@hcdpbc.org](mailto:nwhite@hcdpbc.org) or submitted via telephone to 561-804-5870 by 12:00 P.M. on Tuesday, March 9, 2021. All comments received during this timeframe will be read aloud and included in the official meeting record.



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

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

A. Roll Call

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

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

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

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

**3. Awards, Introductions and Presentations**

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

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

**4. Disclosure of Voting Conflict**

None

**5. \*Public Comment**

None

**6. Meeting Minutes**

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

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

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

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

A. **ADMINISTRATION**

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

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

**8. Regular Agenda**

A. **COMPLIANCE**

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

**CONCLUSION: Received and Filed**

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

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

**CONCLUSION: Received and Filed**

- Patient Relations Dashboard, C.L. Brumback Care Clinics.  
(Andrea Steele/David Speciale)

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

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

**CONCLUSION: Received and Filed**

- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/Gerry Pagano)
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.  
(Andrea Steele/Ana Ferwerda, M.D.)
- Quality & Patient Safety Report, Corporate Quality Metrics  
(Andrea Steele)
- Quality & Patient Safety Report, E.J. Healey Center.  
(Andrea Steele/Marceline Colin)
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/Sylvia Hall)
- Quality and Patient Safety Report, Pharmacy.  
(Andrea Steele/Luis Rodriguez)
- Quality & Patient Safety Report, Trauma Program.  
(Andrea Steele/Sandra Smith)

**9. CEO Comments**

**Ms. Davis informed the Committee that the new mobile coach, Hero, would be delivered tomorrow, ahead of schedule.**

**10. Committee Member Comments**

None

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

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

**12. Establishment of Upcoming Meetings**

- December 8, 2020 (Q3 2020)

**13. Motion to Adjourn**

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



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE**

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

**1. Call to Order – Mr. Cory Neering**

A. Roll Call

Committee Members include: Cory Neering, Sean O’Bannon, Mary Weks, Kimberly Shultz, Dr. Gunawardene

Committee Members absent: Dr. Alina Alonso, Sharon Larson

Staff present include: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Belma Andric, Chief Medical Officer; Joshua Burrill, Compliance and Regulatory Director; Karen Harris, Vice President of Field Operations; Steven Hurwitz, Chief Administrative Officer; Patricia Lavelly, Interim Chief Information Officer; Alyssa Tarter; Ana Ferwerda; Andrea Steele; Charmaine Chibar; Cindy Dupont; Daniel Padron; David Bohorquez; David Speciale; Eduardo Bustillo; Gerry Pagano; Giovanne Dipasquale; Hyla Fritsch; Janet Moreland; Jennifer Dorce-Medard; Joshua Burrill; Kelley Anderson; Lisa Hogans; Luis Rodriguez ; Martha Hyacinthe; Melesia Aymer; Monique Jackson; Regina Stolpman; Rosella Weymer; Sandra Smith; Sandra Warren; Shauniel Brown; Shelly Ann Lau; Sonia Johnson; Sylvia Hall; Terretha Smith; Thomas Cleare; Tracey Archambo; Tracy-Ann Reid; Valena Grbic

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

**Conclusion/Action: No action taken**

**3. Awards, Introductions and Presentations**

A. Press Ganey Population and Sampling – Sylvia Hall

**This will be moved to the March 2021 Quality, Patient Safety and Compliance meeting.**

**4. Disclosure of Voting Conflict**

**None**

**5. \*Public Comment**

**None**

**6. Meeting Minutes**

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

**Conclusion/Action: No action taken**

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

**Conclusion/Action: No action taken**

**A. ADMINISTRATION**

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

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

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

**8. Regular Agenda**

**A. COMPLIANCE**

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

**Conclusion/Action: Received and Filed**

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

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

Patient Relations Dashboards  
(Belma Andric)

**Conclusion/Action: Received and Filed**

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

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

Quality & Patient Safety Reports  
(Belma Andric)

**Conclusion/Action: Received and Filed**

- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/Gerry Pagano)
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.  
(Andrea Steele/Dr. Charmaine Chibar)
- Quality & Patient Safety Report, Corporate Quality Metrics  
(Andrea Steele)
- Quality & Patient Safety Report, E.J. Healey Center.  
(Andrea Steele/Terretha Smith)
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/Sylvia Hall)
- Quality and Patient Safety Report, Pharmacy.  
(Andrea Steele/Luis Rodriguez)
- Quality & Patient Safety Report, Trauma Program.  
(Andrea Steele/Sandra Smith)

**9. CEO Comments**

**None**



**10. Committee Member Comments**

**Mr. Neering recognized HCDPBC for the user experience and facilitating the meeting with Zoom. He stated that the experience he had was probably one of the best that he has attended.**

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

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

**12. Establishment of Upcoming Meetings**

**March 10, 2021**

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

**June 9, 2021**

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

**September Meeting (Date TBD)**

**December 15, 2021**

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

**13. Motion to Adjourn**

There being no further business, the meeting was adjourned at 1:53 P.M.

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

**12 Month Attendance Tracking**

	<b>3/10/20</b>	<b>6/09/20</b>	<b>9/24/20</b>	<b>12/08/20</b>
Mary Weeks	X	X	X	X
Sharon Larson	X	X	X	
Alina Alonso	E	X	X	
James Elder	X	X		
Sean O'Bannon	X	X	X	X
Kimberly Shultz	X	X	X	X
Cory Neering	X	X		X
Dr. Ishan Gunawardene	X	X	X	X
Dr. Daniel Padron	X	X	X	X

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

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

**2. Summary:**

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

**3. Substantive Analysis:**

**March 10, 2021**

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

**June 9, 2021**

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

**September Meeting (Date TBD)**

**December 15, 2021**

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

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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

\_\_\_\_\_  
 Tony Colby  
 Interim VP & Chief Financial  
 Officer

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**5. Reviewed/Approved by Committee:**

\_\_\_\_\_  
N/A  
Committee Name

\_\_\_\_\_  
N/A  
Date Approved

**6. Recommendation:**

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:  
*Valerie Shahriari*  
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Valerie Shahriari  
VP & General Counsel

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

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

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

**2. Summary:**

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

**3. Substantive Analysis:**

The charter was last updated on May 12, 2020. The District proposes amending the charter to add Section titled, Voting by Electronic or Telephonic Communication. The new language outlines the guidelines for committee members to vote by electronic and telephonic communication. Attached for your review are the following documents:

- Updated version of the charter showing the proposed amendments

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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:

\_\_\_\_\_  
 N/A  
 Tony Colby  
 Interim VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

\_\_\_\_\_  
 N/A  
 Committee Name

\_\_\_\_\_  
 N/A  
 Date Approved

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**6. Recommendation:**

Staff recommends the Quality, Patient Safety and Compliance Committee review the amendments to the charter and forward to the Health Care District Board for approval.

Approved for Legal sufficiency:



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Valerie Shahriari  
VP & General Counsel

DocuSigned by:



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Darcy J. Davis  
Chief Executive Officer

## **QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER**

### **PURPOSE**

The purpose of the Quality, Patient Safety, Compliance & Patient Privacy Committee of the Health Care District and its Affiliated Entities (“District”) is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety and risk management activities of the District and promote an organizational “Culture of Safety”. The Committee will monitor and oversee the District’s process for ensuring compliance with laws and regulations and the District’s compliance and privacy program.

### **COMPOSITION OF COMMITTEE**

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

### **MEETINGS**

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

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

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

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

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

#### **VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION**

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

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- a. Physically outside the borders of Palm Beach County; or
- b. Unable to attend the meeting due to illness of the Board member; or
- c. Unable to attend the meeting due to some unforeseen circumstance beyond the Board member's control.

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

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

## POWERS AND DUTIES

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

1. **Policies & Procedures.** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.
2. **Reporting.** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.
3. **Quality.** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.
4. **Patient Safety.** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.
5. **Quality Improvement Plans.** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).
6. **Internal Systems & Controls.** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation, processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.
7. **Risk Management Program.** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.

8. **Credentialing.** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.
9. **Risk.** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.
10. **Risk Management Plans.** The Committee shall review and approve business unit Risk Management plans.
11. **Compliance Reports.** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.
12. **Policy and Procedure.** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.
13. **Board Report.** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.
14. **Compliance Work Plans.** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
  - a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
  - b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
  - c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
  - d. Federal Sentencing Guidelines; and,
  - e. Laws which apply to the District as a result of its tax exempt status.
15. **Compliance Program.** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. **Corrective Action.** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. **Education.** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.

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

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

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**1. Description: Summary of Compliance and Privacy Activities**

**2. Summary:**

This item presents a summary of the District's compliance and privacy activities for the fourth quarter of 2020.

**3. Substantive Analysis:**

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

Compliance and privacy highlights include:

- Continued development and implementation of Executive Leadership Compliance Training. This training is scheduled for the upcoming year to cover topics such as fraud, waste, and abuse; coding, billing, and associated regulatory guidance; and HIPAA Privacy;
- Participation in the Clinic Compliance Task Force for ongoing management initiatives; and
- Ongoing implementation of the Compliance Workplan.

Major ongoing compliance and privacy projects include:

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

Reported Compliance and Privacy incidents for the 4<sup>th</sup> Quarter of 2020 included:

- Ten (10) privacy concerns, including five as reportable breaches where a notice to the patient was sent timely.
- Nineteen (19) compliance inquiries.

The ComplianceLine (the District's Compliance Hotline) received eight (8) calls.

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**4. Fiscal Analysis & Economic Impact Statement:**

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
\_\_\_\_\_  
Tony Colby  
Interim VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Date

**6. Recommendation:**

Staff recommends the Committee receive and file the District’s Summary of Compliance and Privacy Activities.

Approved for Legal sufficiency:

DocuSigned by:  
*Valerie Shalviani*  
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valerie Shalviani  
VP & General Counsel

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*Sonia Johnson*  
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Sonia Johnson  
Compliance & Privacy Manager

DocuSigned by:  
*Darcy Davis*  
\_\_\_\_\_  
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Darcy J. Davis  
Chief Executive Officer

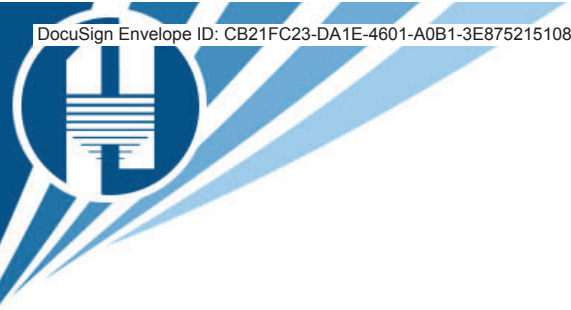


# Health Care District of Palm Beach County

*Dedicated to the health of our community*

**QUALITY, PATIENT SAFETY AND  
COMPLIANCE COMMITTEE**

**March 10, 2021**



# COMPLIANCE & PRIVACY SUMMARY AND DASHBOARD

For the period October 1, 2020 to December 31, 2020



## Compliance, Privacy & Highlights

- Continued development and implementation of Executive Leadership Compliance Training. This training is scheduled for the upcoming year to cover topics such as fraud, waste, and abuse; coding, billing, and associated regulatory guidance; and HIPAA Privacy;
- Participation in the Clinic Compliance Task Force for ongoing management initiatives; and
- Ongoing implementation of the Compliance Workplan.





## Compliance & Privacy Major Projects

- Ongoing compliance support for COVID-19 operations;
- Revision of compliance and privacy training program and new hire orientation;
- Compliance Program Effectiveness (CPE) Assessment;
- Review of effective lines of communication; and
- Compliance and Privacy P&P Review



## Compliance & Privacy Dashboard

October 1, 2020 – December 31, 2020

Reported Privacy Concerns				
Entity	October	November	December	Total
Home Office	-	1	2	3
Lakeside Medical Center	1	1	-	2
C.L. Brumback Clinics	-	2	1	3
E.J. Healey Center	-	-	-	-
Aeromedical	-	-	-	-
Pharmacy	-	-	-	-
School Health	1	-	1	2
<b>Total</b>				<b>10</b>

Compliance Inquiries				
Entity	October	November	December	Total
Home Office	5	7	4	16
Lakeside Medical Center	2	-	3	5
C.L. Brumback Clinics	-	-	-	-
E.J. Healey Center	-	-	-	-
Aeromedical	-	-	-	-
Pharmacy	-	-	-	-
School Health	2	1	1	4
<b>Total</b>				<b>25</b>

Privacy Category Reported	
Disclosure to an Unauthorized Person	6
Proper Safeguards	-
Misdirected Fax	-
Medication Error	1
Misfile of PHI	2
Consent for Treatment	-
Unauthorized Access	1

Breach Notifications Mailed	
Home Office	1
Lakeside Medical Center	2
C.L. Brumback Clinics	1
E.J. Healey Center	-
Aeromedical	-
Pharmacy	1
School Health	-

Regulatory Inquiries			
Oct.	Nov.	Dec.	Total
-	-	-	0

Compliance Hotline Calls			
Oct.	Nov.	Dec.	Total
-	2	6	8

Record Amendment Requests			
Oct.	Nov.	Dec.	Total
-	-	-	0

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**1. Description: Patient Relations Dashboards**

**2. Summary:**

This agenda item provides the patient relations dashboard for the 1<sup>st</sup> Trimester of the 2020/2021 school year for School Health and the 4<sup>th</sup> Quarter of 2020 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center and Pharmacy.

**3. Substantive Analysis:**

**School Health**

For Trimester 3 of School Year 2019/2020, Palm Beach County School implemented distance/virtual learning on March 31, 2020 due to the COVID-19 Pandemic. School Health Rooms were closed and not reopened until September 2020. There is no patient relations data to report for this Trimester.

For Trimester 1, School Health had a total of 8 Patient Relations events that occurred between 167 school locations. Of the 8 events, 2 were complaints and 6 were compliments. The 2 complaints were regarding changes this school year involving COVID-19. 5 of the compliments were towards the School Health Nurses and 1 was for the Consultant of Education.

Notes: Due to the COVID-19 Pandemic:

- The Health Care District of Palm Beach County, Palm Beach County School District and Department of Health collaborated to adjust the primary focus of the Health Room to COVID-19 assessment and testing, ensuring our public schools were safe and minimized any risk of spreading the virus.
- Schools started re-opening on September 21, 2020 and parents had the option of students attending classes in-person or virtually.
- COVID-19 Screenings started September 21, 2020 in the School Health Room (20,591 screenings performed during this reporting period)
- COVID-19 Testing of students, with a signed parent consent, and School District Staff started on November 20, 2020 (238 tests were performed during the 3-week period).

**C. L. Brumback Primary Care Clinics**

For Quarter 4, there were a total of 82 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Scout. Of the 82 occurrences, there were 29 Grievances and 53 Complaints. The top 5 categories were Care & Treatment, Finance, Communication, Respect Related, and Physician Related. The top subcategory with 20 Complaints and Grievances was Billing issues followed by Poor Communication with 16 Complaints and Grievances.

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

There was also a total of 37 compliments received across 8 clinics and Clinic Administration. Of the 37 compliments, 26 were towards the Clinic Support Staff.

**E. J. Healey Nursing & Rehabilitation Center**

There were a total of 43 grievances submitted by 25 out of 116 residents during the 4th quarter. The top 5 categories were Personal Belongings, Communication, Nutrition, Activities, and Environmental. Some of the concerns included: miscalculation of days in isolation, missing cellphone (phone was located), request for change in shower schedule, why patio doors were closed earlier, food, and restorative therapy. 40 were resolved timely and 3 were beyond 72 hours due to completing in-servicing and waiting for response from laundry service.

A total of 99 compliments submitted this quarter by residents and resident representatives. The compliments surrounded the outstanding care and communication across all departments.

**Lakeside Medical Center**

For the fourth quarter, Lakeside served 4,788 patients. There were a total of 12 complaints. The top 5 categories were Care & Treatment, Communication, Pain Management, Discharge, and Finance. The top 5 subcategories were communication with 5 complaints, followed by pain management with 2 complaints, care and treatment with 2 and 1 for discharge and finance.

There were 15 compliments related to care and treatment provided by nursing and physicians.

**Pharmacy**

For Q4, there was only one patient complaint. Patient complained about our COVID protocols and miscommunication from our staff. Patient received a partial prescription and was not aware the complete fill would be ready the next day. Additionally, patient was upset that we could not take back his medications, all issues were resolved when Director of Pharmacy Operations reached out and spoke with the patient.

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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  
 Tony Colby  
 Interim Chief Financial Officer

**5. Reviewed/Approved by Committee:**

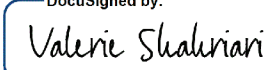
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 N/A  
 Quality, Patient Safety, and Compliance  
 Committee

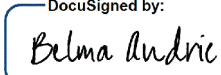
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 N/A  
 Date Approved

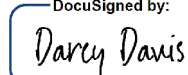
**6. Recommendation:**

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

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 Valerie Shahriari  
 VP & General Counsel

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

DocuSigned by:  
  
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77A3B53589A1477...  
 Darcy J. Davis  
 Chief Executive Officer



## Patient Relations (Grievances, Complaints & Compliments) School Health

Top Categories  
5

2020-2021 T1

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

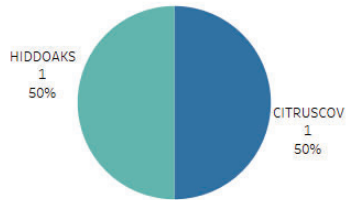
08/01/2020 to 12/31/2020

Total Compliments and Grievances

2

Schools

CITRUSCOV  
HIDDOAKS



Top 5 Categories



Total Top 5 Subcategories

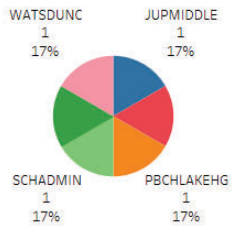


Total Compliments

6

Schools

JUPMIDDLE  
PANTHRUN  
PBCHLAKEHG  
SCHADMIN  
SUNSPALM  
WATSDUNC



Care and Treatment Categories

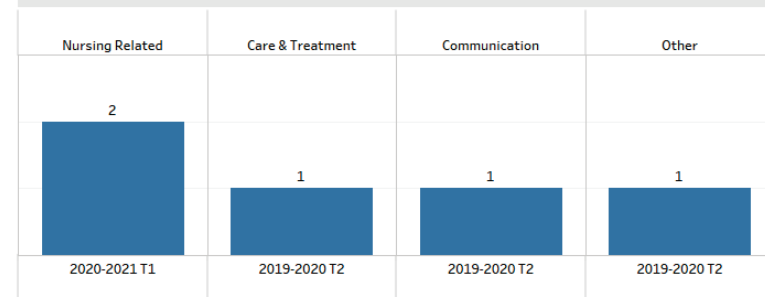


Complaints/Grievances Previous 4 Terms

5

Top 5 Categories Trended

01/01/2020 to 12/31/2020



\* Color represents Department

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

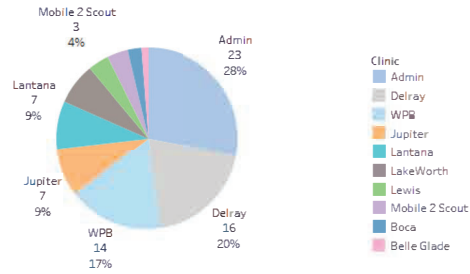
2020 Q4

10/01/2020 to 12/31/2020

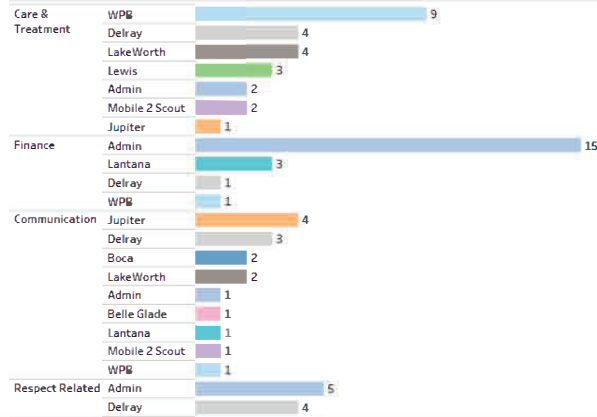
**Total Complaints and Grievances**

82

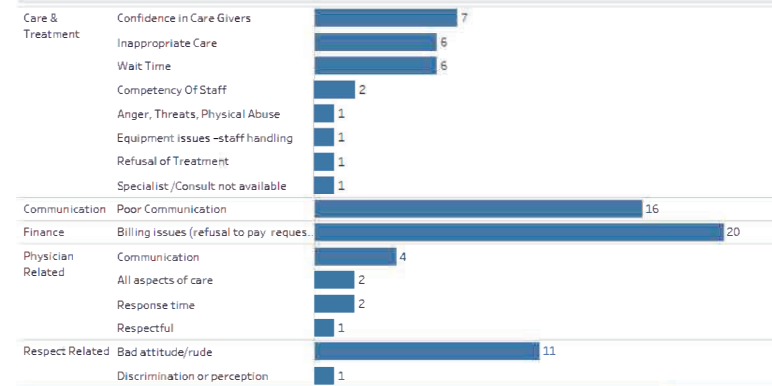
**Clinics**



**Top 5 Categories**

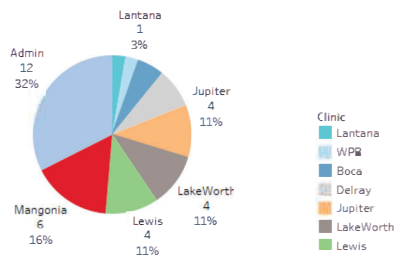


**Total Top 5 Subcategories**

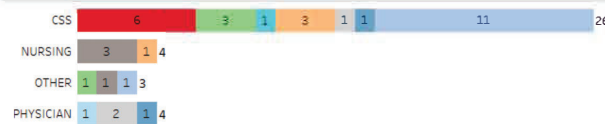


**Total Compliments**

37



**Care and treatment Categories**



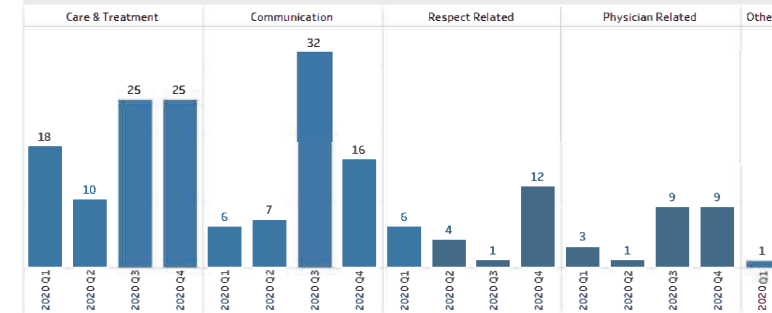
\* Color represents Department

**Complaints/Grievances Previous 4 Quarters**

217

**Top 5 Categories trended**

01/01/2020 to 12/31/2020





## Patient Relations (Grievances, Complaints & Compliments) Healey Center

Detail Top Categories 5

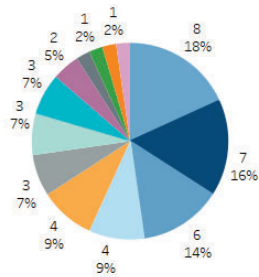
2020 Q4

10/01/2020 to 12/31/2020

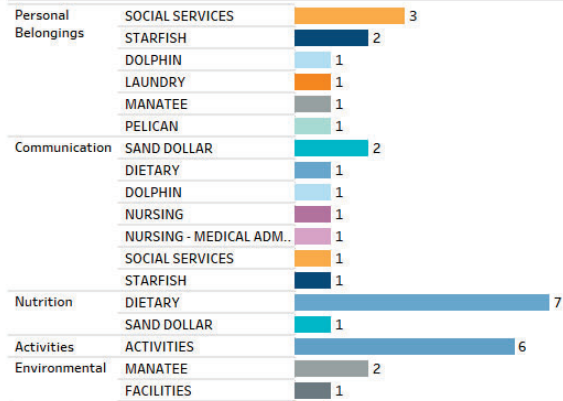
### Total Complaints and Grievances

44

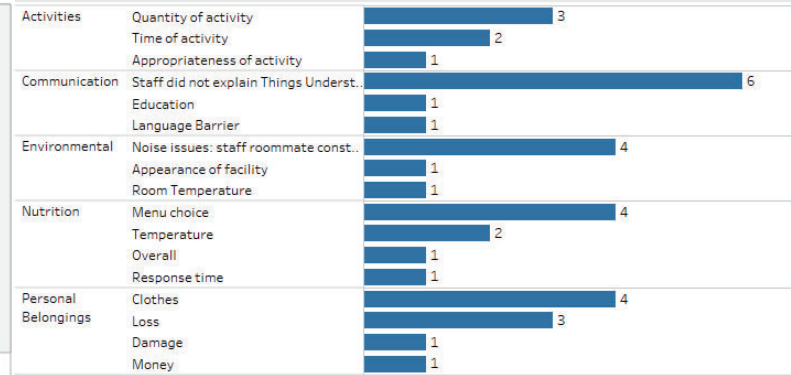
#### Departments



#### Top 5 Categories



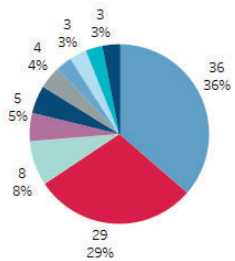
#### Total Top 5 Subcategories



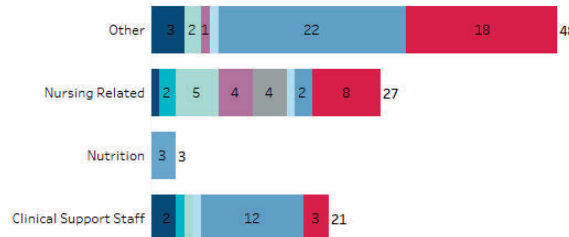
### Total Compliments

99

#### Departments



#### Care and treatment Categories



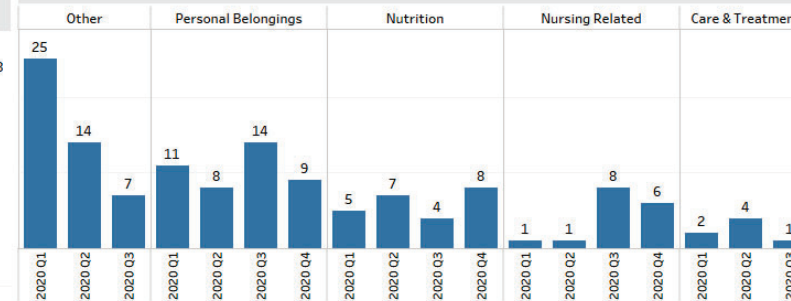
\* Color represents Department

### Complaints/Grievances Previous 4 Quarters

165

#### Top 5 Categories trended

01/01/2020 to 12/31/2020







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

Detail Top Categories 5

2020 Q4

10/01/2020 to 12/31/2020

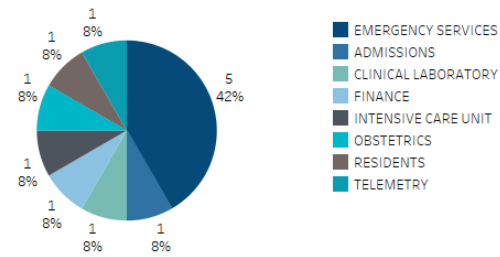
Total Complaints and Grievances

12

Departments

Top 5 Categories

Total Top 5 Subcategories



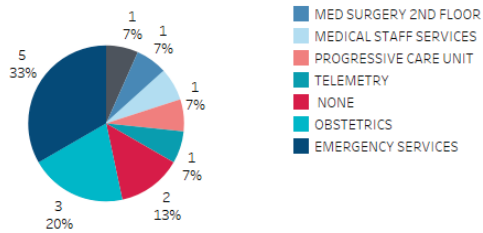
Category	Subcategory	Count
Communication	CLINICAL LABORATORY	1
	EMERGENCY SERVICES	1
	INTENSIVE CARE UNIT	1
	OBSTETRICS	1
Care & Treatment	RESIDENTS	1
	EMERGENCY SERVICES	1
Pain Management	TELEMETRY	1
	EMERGENCY SERVICES	2

Category	Subcategory	Count
Care & Treatment	Confidence in Care Givers	1
	Rough Handling	1
Communication	Poor Communication	2
	Staff did not explain Things Understandably	2
	Staff did not listen carefully	1
Discharge	Inappropriate/ early discharge	1
Pain Management	Medication / pain management	2

Total Compliments

15

Care and treatment Categories



Category	Subcategory	Count
CSS	NONE	1
NURSING	OBSTETRICS	1
	PROGRESSIVE CARE UNIT	1
	EMERGENCY SERVICES	3
PHYSICIAN	INTENSIVE CARE UNIT	1
	OBSTETRICS	1
	EMERGENCY SERVICES	2

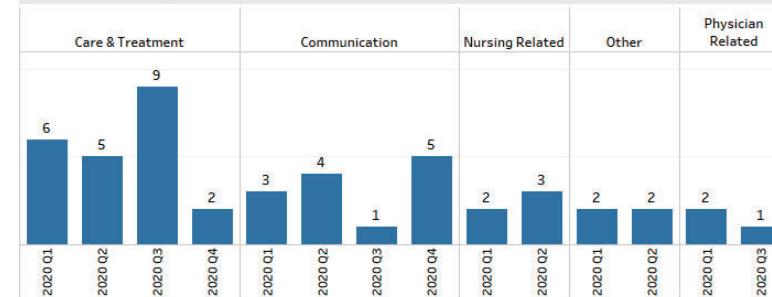
\* Color represents Department

Previous 4 Quarters

65

Top 5 Categories trended

01/01/2020 to 12/31/2020





## Patient Relations (Grievances, Complaints & Compliments) Pharmacy

Detail Top Categories  
5

2020 Q4

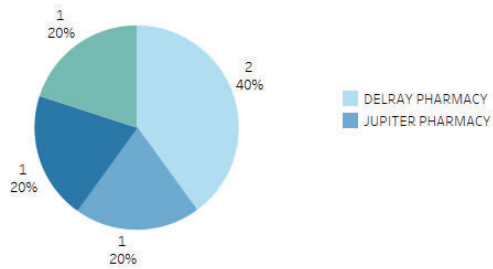
10/01/2020 to 12/31/2020

Total Complaints and Grievances

5

Departments

Top 5 Categories



Category	Department	Count
Rx	JUPITER PHARMACY	1
	LANTANA PHARMACY	1
	WEST PALM BEACH PHARMACY	1
Respect Related	DELRAY PHARMACY	2

Category	Sub-Category	Count
Respect Related	Inappropriate comments / conversations	2
	Communication	2
Rx	Other	1

Total Compliments

Departments

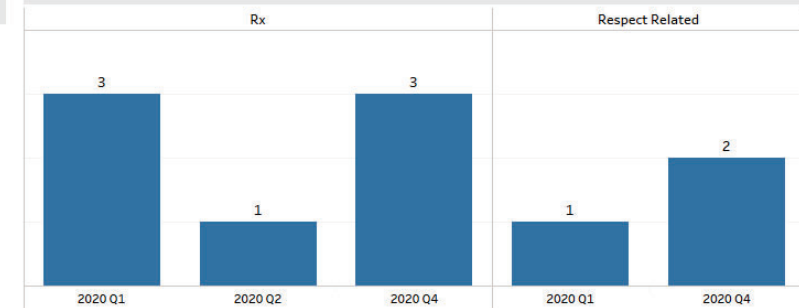
Care and treatment Categories

Complaints/Grievances Previous 4 Quarters

10

Top 5 Categories trended

01/01/2020 to 12/31/2020



\* Color represents Department

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**1. Description: Quality & Patient Safety Reports**

**2. Summary:**

This agenda item provides quality and patient safety reports for the 1<sup>st</sup> Trimester of the 2020/2021 school year and the 4<sup>th</sup> Quarter of 2020 for Aeromedical, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

**3. Substantive Analysis:**

**School Health**

In the first trimester of the 2020/2021 school year (Sept 21 – Dec 31), we completed a total of 30, 862 office visits, with a total of 95,885 completed events. The office visits included 20,591 COVID-10 Screenings. We are currently meeting the goal for all our mandated screenings (vision, hearing, scoliosis, & BMI for total enrolled students.

The following measures were not meeting their goal at the end of T1:

- Return Rate of Students (Target > 80%): 79.8% (8,326 of 10,439) students remained in school; dismissal of students sick or exhibiting COVID-19 symptoms contributed to missing the target by 0.2%.
- Mothers/Healthy Babies Referrals (Target > 95%): 66.7% (4 of 6) students were successfully referred; 2 students received services through another program; School Nurses followed up with these students to confirm necessary services were provided.

Notes: Due to the COVID-19 Pandemic:

- The Health Care District of Palm Beach County, Palm Beach County School District and Department of Health collaborated to adjust the primary focus of the Health Room to COVID-19 assessment and testing, ensuring our public schools were safe and minimized any risk of spreading the virus.
- Schools opened on September 21, 2020 and parents had the option of students attending classes in-person or virtually.
- COVID-19 Screenings started September 21, 2020 in the School Health Room (20,591 screenings performed during this reporting period)
- COVID-19 Testing of students, with a signed parent consent, and School District Staff started on November 20, 2020 (238 tests were performed during the 3-week period).

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**Aeromedical**

For Q4, there were 92 flights with 94 unique patients. The Aeromedical Quality Report shows a total of 59 flights were missed, cancelled or aborted between July and September. 25 were missed during a required annual inspection on N911PB which occurred while N276TH is out for repair, 15 flights were cancelled due to weather, 2 Medical No Go's due to COVID-19 complications of weight/size and/or equipment requirements.

The Detailed Run Time Report filtered for Interfacility transports shows that Dispatch to En-route Average time was greatest in the month of October at 53 minutes and 33 seconds and Dispatch to Destination Hospital Average was greatest also in October at 113 minutes and 9 seconds. This resulted from simultaneous scene requests and a delayed response to 1 Interfacility transport. There was a total of 34 Interfacility transports 4 of which were due to trauma.

The Detailed Run Time Report filtered for On Scene shows that all Dispatch to Hospital flights took less than 40 minutes. There was a total of 58 On Scene flights. The majority were due to trauma.

The Services All dashboard shows that 37% of flights were interfacility transfers while 63% were on scene. Comparatively, the Services West of 20 Mile Bend show that interfacility flights are greater at 48% and on scene are higher at 52%.

The Pick-Up Locations dashboard shows that 46 Flights occurred West of 20 Mile Bend. 37 of these were picked up in Belle Glade.

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

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

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

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**C. L. Brumback Primary Care Clinics**

In the fourth quarter of 2020, the clinics served 15,142 unique patients and provided 23,997 clinic visits.

The following measures were not meeting goal at the end of December: Childhood Immunizations (52%), Colorectal Cancer Screening (54%), Hypertension (69%) and Diabetes (65%).

All other goals achieved for the quarter.

**Corporate Quality Metrics**

- **Clinic Service Center Stats**
  - For Quarter 4 2020, there were 262,348 calls received by the Clinic Service Center. Of these calls there were 88,504 unique numbers.
  - Most calls were received between 9am and 12pm. Highest call volumes are typically on Monday's however due to increased demand for COVID testing, there have been higher call volumes throughout the week.
  - The most amount of calls for the quarter occurred on Thursday, October 29th in which we received 7,332 calls. All voicemails for the quarter month were responded to.
  
- **Human Resources**
  - Quarter 4 headcount ended at 1,245 team-members after 85 new hires and 58 separations.
  - Turnover rate for Q4 was 4.84%, while New Hire turnover rate was 1.46%.
  - The current diversity headcount is 68.43%, average age of employees is about 47 years old and 80.4% of the workforce is female.
  
- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. The chart includes the top 7 mission critical applications for the organization and will include 2 quarters of data (Sept was first month data was presented). We met our service level for all applications in September except The Healey due to a network fiber cut. We met our service level for all applications in October except LMC due to a network fiber cut. The LMC outage was extended due to our back up network circuit malfunctioning. This has been corrected and tested. We met our service level for all mission critical applications for November and December. We are using Phreesia software for our vaccine operations. This application will be added to the January report.

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

- **Customer Service:** For Q4, we saw a decrease in service requests overall, receiving 2,568 in October, 1,905 in November and 1,815 in December. Our close rate started the quarter at a high of 101% in October dropping to 97% in December due to the slight increase volume of tickets. The IT Help Desk saw a reduction the abandon call rate from 4.41% in October to 2.56% in December as the overall number of phone calls increases. Our abandoned call rate went up from last quarter initially due to staff turnover.
- **Cybersecurity:** For Q4 we investigated 106 security incidents. Of the total incidents, all are closed and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts and requested security investigations. The increase from 2019 to 2020 is due to an increase in phishing emails (external and internal campaigns) and malware investigations in the healthcare industry. Q4 of 2020 is indicating this increase will most likely continue into 2021.

**E. J. Healey Rehabilitation Center**

For Q4 16 of 17 quality measures were met. 1 measure (High-Risk Long Stay Pressure Ulcer) triggered greater than 75 percentile.

**Lakeside Medical Center**

For Q4 2020, *Inpatient Quality Measures* there were 2 of 8 measures (PC-05, PC-06) that did not meet goal.

Perinatal Measures:

For PC-05, there were (23) sampled breastfeeding cases for a compliance rate 9% which is 1% higher than 8% for Q3 but did meet the goal of 41%.

For PC-06 there were (3) cases of the sample population of (18) that fell into the numerator for a rate of 17%. The (3) cases were reviewed, care was deemed appropriate and the newborns were discharged home with the parents after care and treatment.

For Q4 2020, *Outpatient Quality Measures* there were 3 of 3 measures (OP-3a, OP-18, OP-23) that did meet goal.

There was (3) cases that fell into sample population for OP-3a with a median time of 123 minutes of the 3, which is higher than the goal of less than 59 minutes. All (3) cases were reviewed and it was determined that care and treatment was rendered appropriately based on the patient condition.

For OP-18 there were (101) cases sampled with a median time of (149) minutes which is higher than Q3 median time of (133) minutes and the set goal of (146)

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

minutes. The top cases were reviewed, care and treatment rendered was appropriate and patient transport was noted to be a contributing factor.

For the final measure OP-23 there was one case that fell into the population that did not meet the goal of 75% or greater. The case was reviewed and determined that care and treatment was rendered appropriately.

**Pharmacy**

For Q4 2020, the total HCD prescriptions filled were 42,803. Central Fill continues to be suspended due to COVID-19 closure. Mailed over 10,000 prescriptions (4,156 packages).

**Trauma**

For Q4 2020, 1,218 patients were seen at a trauma center. The trauma system saw 4,605 patients total in 2020. Even with the pandemic looming, the trauma system only saw a negative 1% change in total volume (4,664 patients in 2019) and accounting for a difference of 59 patients. Delray Medical Center saw 2,147 patients in 2020. A slight decrease from 2019. St. Mary's Medical Center saw 2,458 patients in 2020. Also, a slight decrease from 2019. Since June of 2020, the trauma system has reported more patients per month than the previous year with the exception of October. The only months that saw a decrease in trauma volume were March, April, May and October. Pediatrics (Age  $\leq 15$ ) accounted for 9% of total volume with 427 patients seen, Adults (Ages 16 – 64) accounted for 51% of total volume with 2,370 patients seen and Geriatrics (Age  $>65$ ) accounted for 39% of total volume with 1,791 patients seen. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 28% of trauma patients seen at Delray Medical Center are  $\geq 80$  years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 2nd and 3rd decades of life. 28% of St. Mary's total volume are between the ages of 20 and 40. 93% of trauma volume originates in Palm Beach County with the remaining 7% originating from Martin, Hendry and St. Lucie counties. Trauma Alerts accounted for 55% of total volume with Transfers from Acute Care Hospitals representing 27% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 18%. The leading and dominating mechanism of injury for all patients is Falls [(45% of total volume) seen primarily in Geriatrics and Pediatrics]. Motor vehicle accidents account for 22% of total volume and motor vehicle vs pedestrian accounts for 6% of total volume. Motor vehicle crashes, Gunshot wounds, Motorcycle crashes and Bicycle crashes saw an increase in volume. Falls, Motor vehicle vs pedestrian, Assault, Burn and Stab wounds saw a decrease in volume.

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2021**

**4. Fiscal Analysis & Economic Impact Statement:**

	<b>Amount</b>	<b>Budget</b>
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  
 Tony Colby  
 Interim Chief Financial Officer

**5. Reviewed/Approved by Committee:**

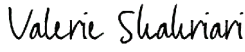
\_\_\_\_\_  
 N/A  
 Quality, Patient Safety, and Compliance  
 Committee

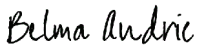
\_\_\_\_\_  
 N/A  
 Date Approved

**6. Recommendation:**

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:  
  
 \_\_\_\_\_  
3AA9F66F61AE4F0...  
 Valerie Shahriari  
 VP & General Counsel

DocuSigned by:  
  
 \_\_\_\_\_  
1F272D34C8B04A5...  
 Belma Andric, MD  
 CMO, VP & Executive Director of Clinical  
 Services

DocuSigned by:  
  
 \_\_\_\_\_  
77A3B53589A1477...  
 Darcy J. Davis  
 Chief Executive Officer





**School Health  
Quality Report (School Year 2020-2021)  
1st Trimester**

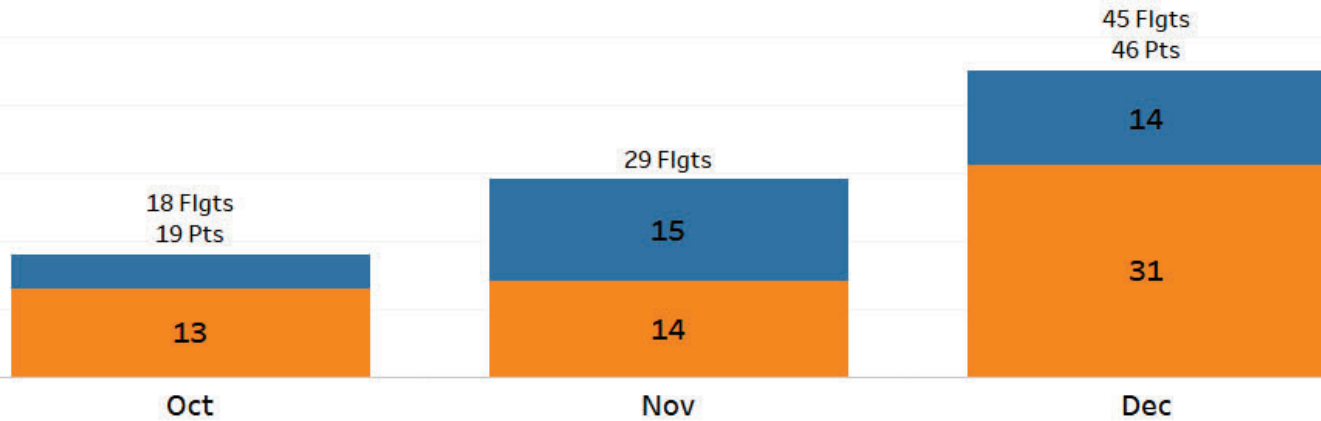
MEASURE SET:		ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL								
Demographics	T1 2020/2021 (Aug - Dec)			T2 2020/2021 (Jan - March)			T3 2020/2021 (Apr - June)			
Total Completed Events	95,885									
Office Visits	30,862									
Medications	13,762									
Procedures	4,694									
Record Review - Immunizations/Physical Exams/School Registrations	30,112									
Consultations	16,455									
Return Rate	T1 2020/2021 (Aug - Dec)			T2 2020/2021 (Jan - March)			T3 2020/2021 (Apr - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Total Number of Students Remained in School	8,326	79.8%	>80%		#DIV/0!	>80%		#DIV/0!	>80%	Due to COVID-19, a higher amount of students were dismissed home
Total Number of Students Excused from School	2,113	20.2%	<20%		#DIV/0!	<20%		#DIV/0!	<20%	
Continuum of Care	T1 2020/2021 (YTD Aug - Dec)			T2 2020/2021 (YTD Aug - March)			T3 2020/2021 (YTD Aug - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Total Number of Student Pregnancies Identified	6									2 students are residents of JoAnn's Cottage (Place of Hope)-they provide services.
Number of Student Pregnancies who have been referred to Healthy Mothers / Healthy Babies	4	66.7%	>95%		#DIV/0!	>95%		#DIV/0!	>95%	
Mandated Screenings	T1 2020/2021 (YTD Aug - Dec)			T2 2020/2021 (YTD Aug - March)			T3 2020/2021 (YTD Aug - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Vision - Number of Schools (county-wide) with Mandated Grades	145									Due to COVID-19 pandemic, school started late this year on 9/21. Screenings began in the beginning of October until middle of December 18th (Holiday break)
Vision - Total # of Schools (w/ Mandated Grades) with Completed Screenings	58	40.0%	>45%		#DIV/0!	>95%		#DIV/0!	>95%	
Vision - Total # of Students Screened	8811									
Vision - Total # of Students Requiring Referral for Further Evaluation	1416									
Vision - Completed Outcomes		0.0%	See 3rd Tri for Goal		#DIV/0!	See 3rd Tri for Goal		#DIV/0!	>65%	
Hearing - Number of Schools (county-wide) with Mandated Grades	145									
Hearing - Total # of Schools (w/ Mandated Grades) with Completed Screenings	58	40.0%	>45%		#DIV/0!	>95%		#DIV/0!	>95%	
Hearing - Total # of Students Screened	6833									
Hearing - Total # Students Requiring Referral for Further Evaluation	97									
Hearing - Completed Outcomes		0.0%	See 3rd Tri for Goal		#DIV/0!	See 3rd Tri for Goal		#DIV/0!	>75%	
Scoliosis - Number of Schools (county-wide) with Mandated Grades	41									Due to COVID-19 pandemic, school started late this year on 9/21. Screenings began in the beginning of October until middle of December 18th (Holiday break)
Scoliosis - Total # of Schools (w/ Mandated Grades) with Completed Screenings	7	17.1%	>45%		#DIV/0!	>95%		#DIV/0!	>95%	
Scoliosis - Total # of Students Screened	564									
Scoliosis - Total # of Students Requiring Referral for Further Evaluation	7									
Scoliosis - Completed Outcomes		0.0%	See 3rd Tri for Goal		#DIV/0!	See 3rd Tri for Goal		#DIV/0!	>60%	
BMI - Number of Schools (county-wide) with Mandated Grades	145									
BMI - Total # of Schools (w/ Mandated Grades) with Completed Screenings	33	22.8%	>45%		#DIV/0!	>95%		#DIV/0!	>95%	
BMI - Total # of Students Screened	2618									
BMI - Total # of Students Requiring Referral for Further Evaluation	687									
BMI - Completed Outcomes		0.0%	See 3rd Tri for Goal		#DIV/0!	See 3rd Tri for Goal		#DIV/0!	>2%	



# Aeromedical Quality Report

Flights **92**  
Patients **94**

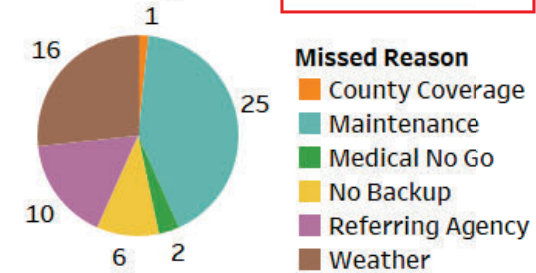
■ Interhospital ■ On Scene  
2020



Flight Date  
10/01/2020 to 12/31/2020

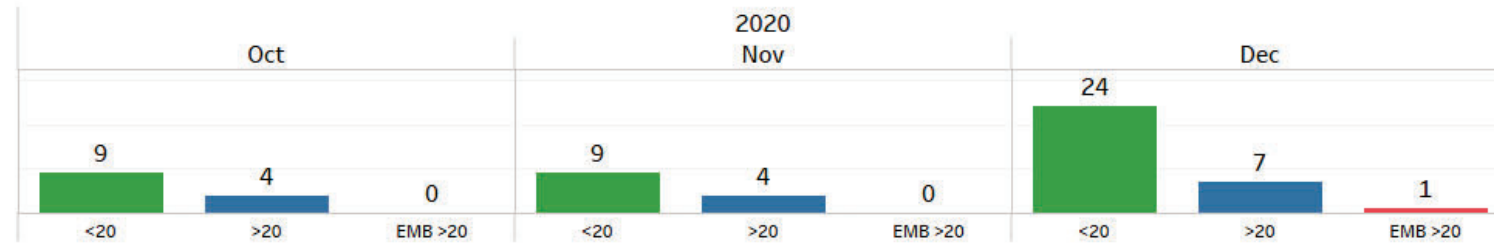
## Missed, Cancelled or Aborted Flights

Missed Date  
10/01/2020 to 12/31/2020



60 [Go to Detail](#)

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



## Average Times for Scene Flights

Month, Year of..	On Sce..	Disp To En..	Disp To On..
October 2020	10m 2..	4m 35s	15m 24s
November 2020	8m 41s	5m 30s	17m 0s
December 2020	9m 31s	5m 8s	16m 12s

## Utilization

	2020		
	Oct	Nov	Dec
Hours Utilized	24.94	47.22	69.45
% Hours Utilized			
Available Hours	0.00	0.00	0.00
% Available Hours	0%	0%	0%

\*EMB - East of 20 Mile Bend

# Detailed RunTime report TH135

**Flight Type**

Interfacility

**Flight Date**

10/01/2020 to 12/31/2020

**Patient Type**

All

**20 Mile Bend**

All

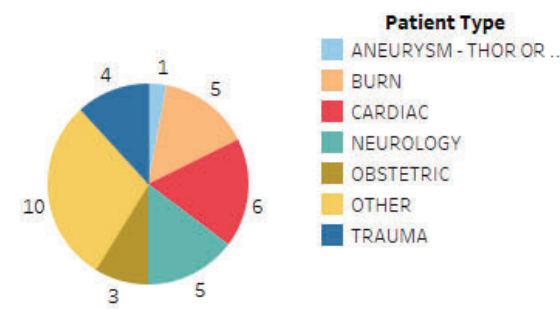
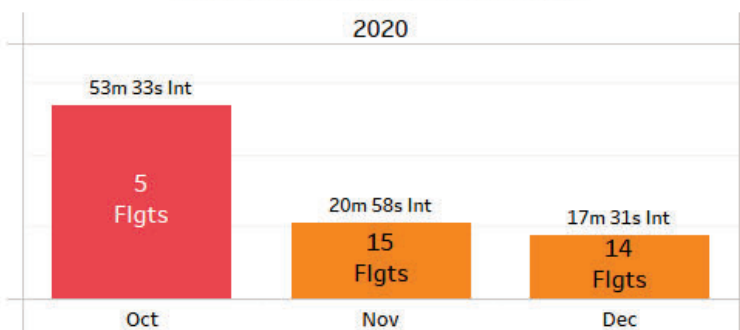
Between 15 and 20 Minutes  
 > 20 Minutes

> 80 minutes

**Dispatch To Enroute Average**

**Dispatch To Hospital Average**

34



## Flight Detail

Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnScen..	Pickup Location	Destination	To Enrou	To Hosp
2020-33085	10/15/2020	OTHER	10/15/2020 18:05:26	19m 43s	10/15/2020 19:47:52	102m 25s	52m 54s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	19.7	102.4
2020-33090	10/16/2020	CARDIAC	10/16/2020 13:59:29	18m 1s	10/16/2020 15:30:33	91m 4s	29m 22s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	18.0	91.1
2020-33124	10/27/2020	NEUROLOGY	10/27/2020 17:27:41	12m 1s	10/27/2020 18:33:29	65m 47s	23m 33s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	12.0	65.8
2020-33135	10/29/2020	OTHER	10/29/2020 23:59:22	193m 31s	10/30/2020 04:52:28	222m 58s	47m 15s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	193.5	293.1
2020-33136	10/29/2020	CARDIAC	10/29/2020 23:49:27	24m 31s	10/30/2020 01:12:56	83m 28s	40m 50s	ST. MARY'S HOSPITAL 33407	DCH (48FD)	24.5	83.5
2020-33143	11/02/2020	CARDIAC	11/02/2020 19:27:22	15m 43s	11/02/2020 20:49:46	82m 24s	23m 36s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	15.7	82.4
2020-33157	11/11/2020	TRAUMA	11/11/2020 03:42:14	21m 28s	11/11/2020 05:02:21	80m 7s	23m 0s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	21.5	80.1
2020-33166	11/16/2020	BURN	11/16/2020 01:03:25	19m 48s	11/16/2020 02:58:27	46m 16s	46m 48s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	19.8	115.0
2020-33171	11/17/2020	OTHER	11/17/2020 17:24:39	22m 53s	11/17/2020 18:57:00	92m 20s	38m 22s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	22.9	92.4
2020-33172	11/18/2020	TRAUMA	11/18/2020 05:27:08	11m 33s	11/18/2020 06:18:26	51m 17s	10m 7s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	11.6	51.3
2020-33178	11/19/2020	OTHER	11/19/2020 18:07:40	17m 18s	11/19/2020 19:47:01	99m 20s	53m 12s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	17.3	99.4
2020-33181	11/20/2020	OTHER	11/20/2020 17:01:51	23m 31s	11/20/2020 19:01:50	119m 58s	51m 24s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	23.5	120.0
2020-33184	11/21/2020	BURN	11/21/2020 18:46:27	11m 33s	11/21/2020 20:21:00	94m 32s	51m 35s	DELRAY MEDICAL CENTER 33484	JMH (25FA)	11.6	94.6
2020-33189	11/23/2020	ANEURYSM - THOR OR AB..	11/23/2020 13:48:26	35m 4s	11/23/2020 16:43:00	174m 34s	43m 21s	PALM BEACH GARDENS HOSPITAL 33410	FA12	35.1	174.6
2020-33193	11/25/2020	NEUROLOGY	11/25/2020 01:14:04	27m 48s	11/25/2020 02:57:45	102m 48s	24m 20s	PALM WEST HOSPITAL 33470	JMH (2750)	27.7	102.7



# Detailed RunTime report TH135

**Flight Type**

On Scene

**Flight Date**

10/01/2020 to 12/31/2020

**Patient Type**

All

**20 Mile Bend**

All

■ < 15 Minutes

■ < 70 Minutes

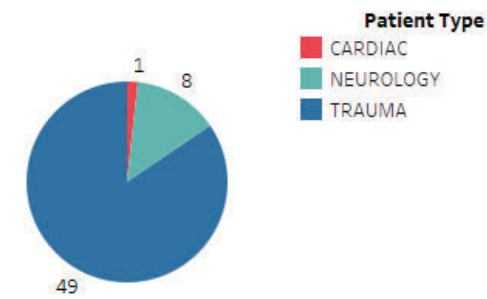
**Dispatch To Enroute Average**



**Dispatch To Hospital Average**



58



## Flight Detail

Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnSce..	Pickup Location	Destination	To Enrou	To Hosp
2020-33083	10/14/2020	NEUROLOGY	10/14/2020 13:41:36	5m 34s	10/14/2020 14:25:44	44m 7s	7m 5s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	5.57	44.13
2020-33084	10/14/2020	TRAUMA	10/14/2020 18:01:44	4m 4s	10/14/2020 18:50:26	48m 42s	11m 56s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	4.07	48.70
2020-33087	10/16/2020	TRAUMA	10/16/2020 10:09:48	3m 40s	10/16/2020 10:53:53	44m 4s	9m 35s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.68	44.08
2020-33101	10/19/2020	TRAUMA	10/19/2020 19:22:09	6m 10s	10/19/2020 20:11:11	49m 1s	8m 13s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	6.18	49.03
2020-33105	10/23/2020	TRAUMA	10/23/2020 14:42:48	4m 27s	10/23/2020 15:25:50	43m 1s	7m 0s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	4.45	43.03
2020-33108	10/23/2020	TRAUMA	10/23/2020 22:43:02	5m 58s	10/23/2020 23:14:00	30m 58s	12m 36s	OSCEOLA CREEK MIDDLE SCHOOL 33470	STMY (64FD)	5.97	30.97
2020-33120	10/26/2020	TRAUMA	10/26/2020 12:32:56	3m 37s	10/26/2020 13:08:15	35m 19s	14m 56s	TIGER SHARK COVE PARK 33414	STMY (64FD)	3.63	35.32
2020-33121	10/26/2020	TRAUMA	10/26/2020 14:47:09	5m 10s	10/26/2020 15:28:54	41m 45s	21m 18s	PALM SPRINGS BAPTIST CHURCH 33461	STMY (64FD)	5.17	41.75
2020-33125	10/27/2020	TRAUMA	10/27/2020 18:55:12	0m 3s	10/27/2020 19:19:06	23m 53s	8m 15s	HAMPTON INN / WELLINGTON 33414	STMY (64FD)	0.05	23.90
2020-33126	10/27/2020	TRAUMA	10/27/2020 20:11:36	6m 22s	10/27/2020 20:39:07	27m 31s	10m 52s	BANK OF AMERICA LAKE WORTH RD 334..	STMY (64FD)	6.37	27.52
2020-33131	10/28/2020	NEUROLOGY	10/28/2020 15:28:32	6m 5s	10/28/2020 16:13:36	45m 4s	7m 30s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	6.10	45.07
2020-33132	10/28/2020	TRAUMA	10/28/2020 19:59:10	4m 10s	10/28/2020 20:27:16	28m 6s	10m 31s	PALMS WEST HOSPITAL 33470	STMY (64FD)	4.17	28.10
2020-33140	10/31/2020	TRAUMA	10/31/2020 23:07:00	4m 10s	10/31/2020 23:26:42	19m 41s	4m 38s	DIAMOND VIEW ELEMENTARY 33463	DCH (48FD)	4.18	19.70
2020-33142	11/02/2020	NEUROLOGY	11/02/2020 11:49:20	2m 45s	11/02/2020 12:47:47	58m 27s	9m 37s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	2.75	58.45
2020-33145	11/02/2020	TRAUMA	11/02/2020 11:16:00	4m 25s	11/02/2020 11:30:56	22m 22s	7m 20s	GREEN ACRES COMMUNITY PARK 33467	DCH (48FD)	4.60	22.55



Services  
All

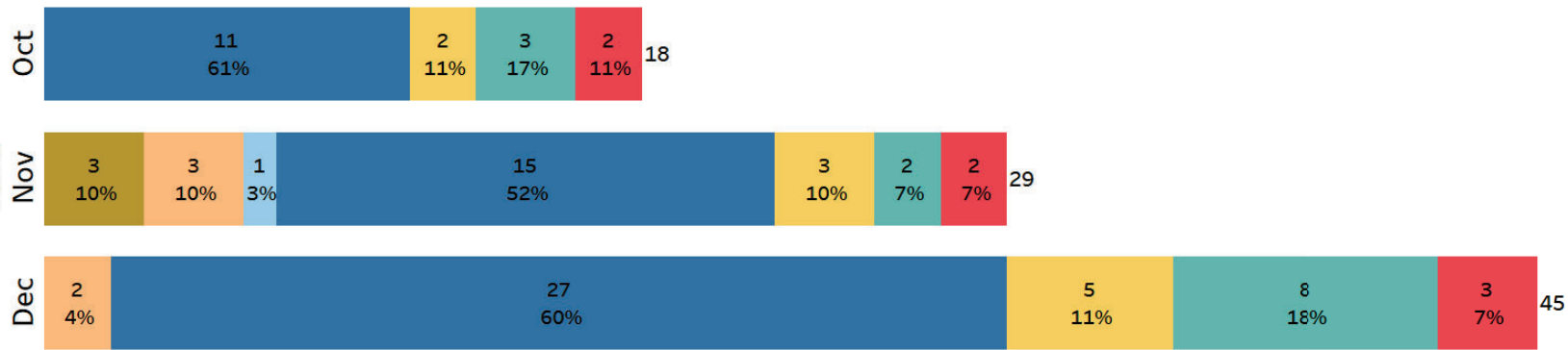
TOTAL FLIGHTS

92

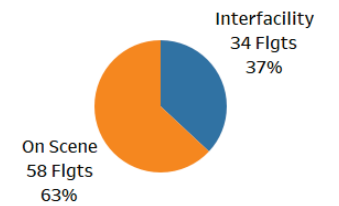
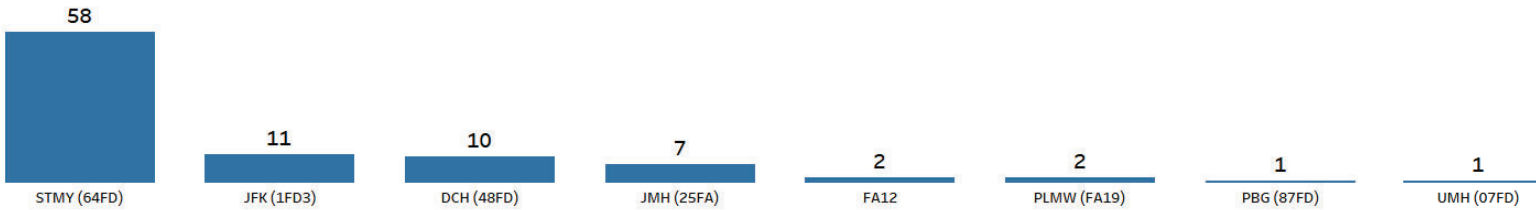
Flight Date  
10/01/2020 to 12/31/2020

- Pt Type  
All
- CARDIAC
  - NEUROLOGY
  - OTHER
  - TRAUMA
  - ANEURYSM - THOR OR ABDOMI..
  - BURN
  - OBSTETRIC

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



Destination





### Services West of 20 Mile Bend

TOTAL FLIGHTS

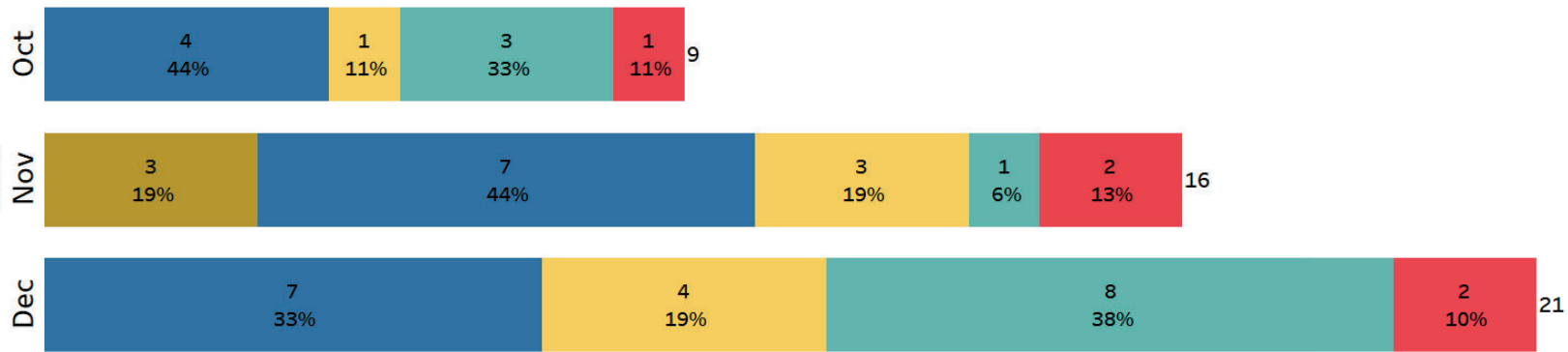
46

Flight Date  
10/01/2020 to 12/31/2020

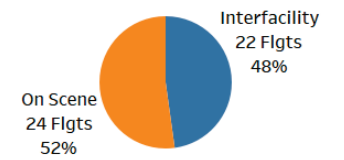
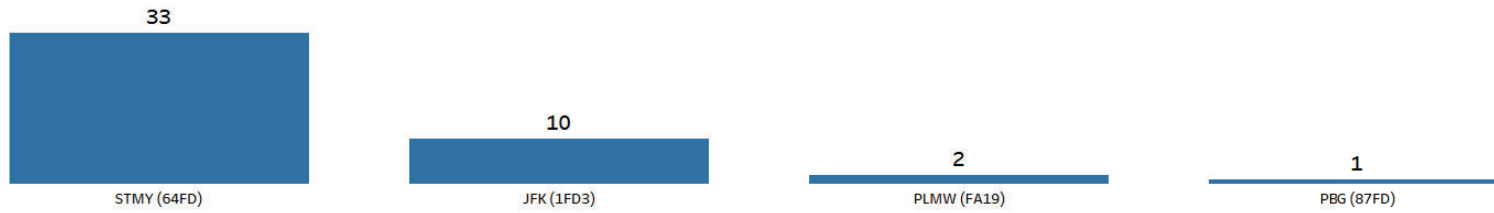
**Pt Type**

- All
- CARDIAC
- NEUROLOGY
- OTHER
- TRAUMA
- OBSTETRIC

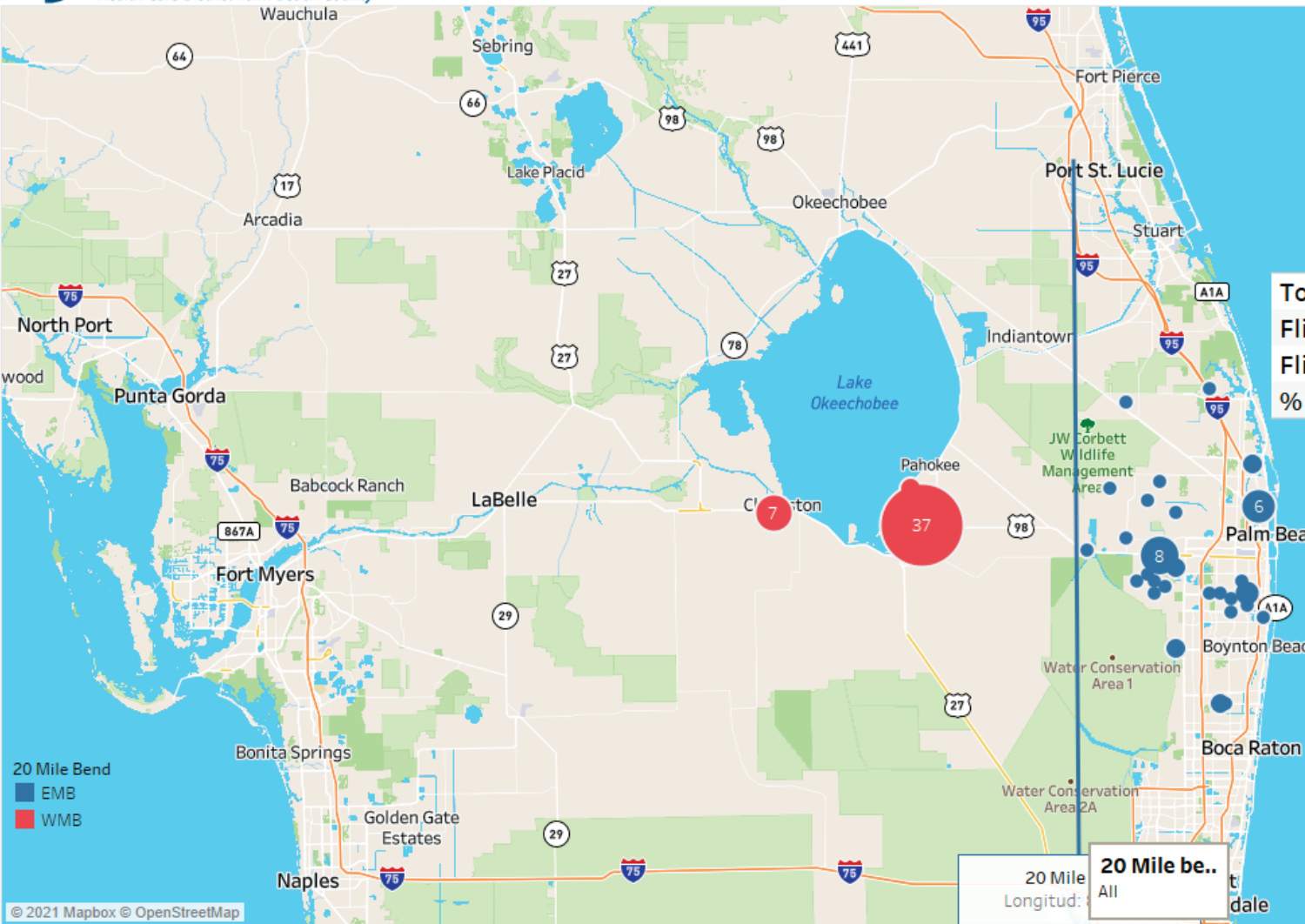
- 20 Mile Bend**
- East of 20 Mile Bend
  - West of 20 Mile Bend



**Destination**



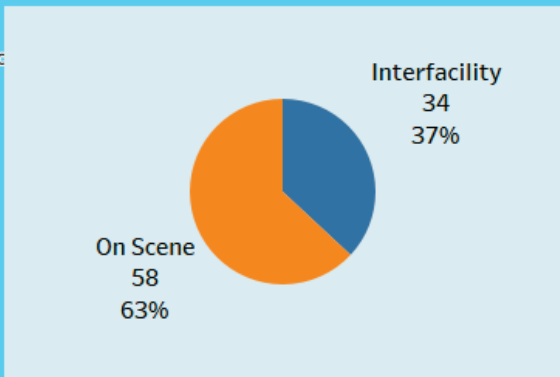
### Pick Up Locations



**Flight Detail** ●

**Flight Date**  
10/01/2020 to 12/31/2020

<b>Total Flights</b>	92
<b>Flights East of 20 Mile Bend</b>	46
<b>Flights West of 20 Mile Bend</b>	46
<b>% Flights West of 20 Mile bend</b>	50%



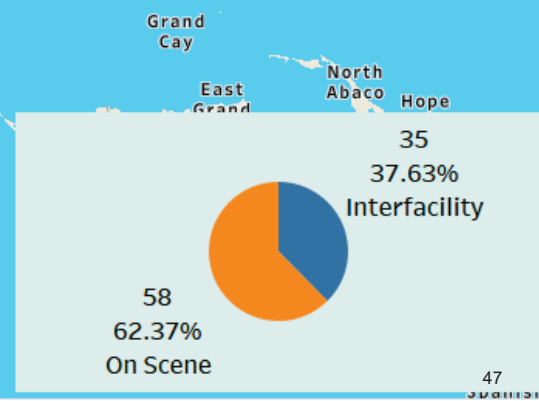
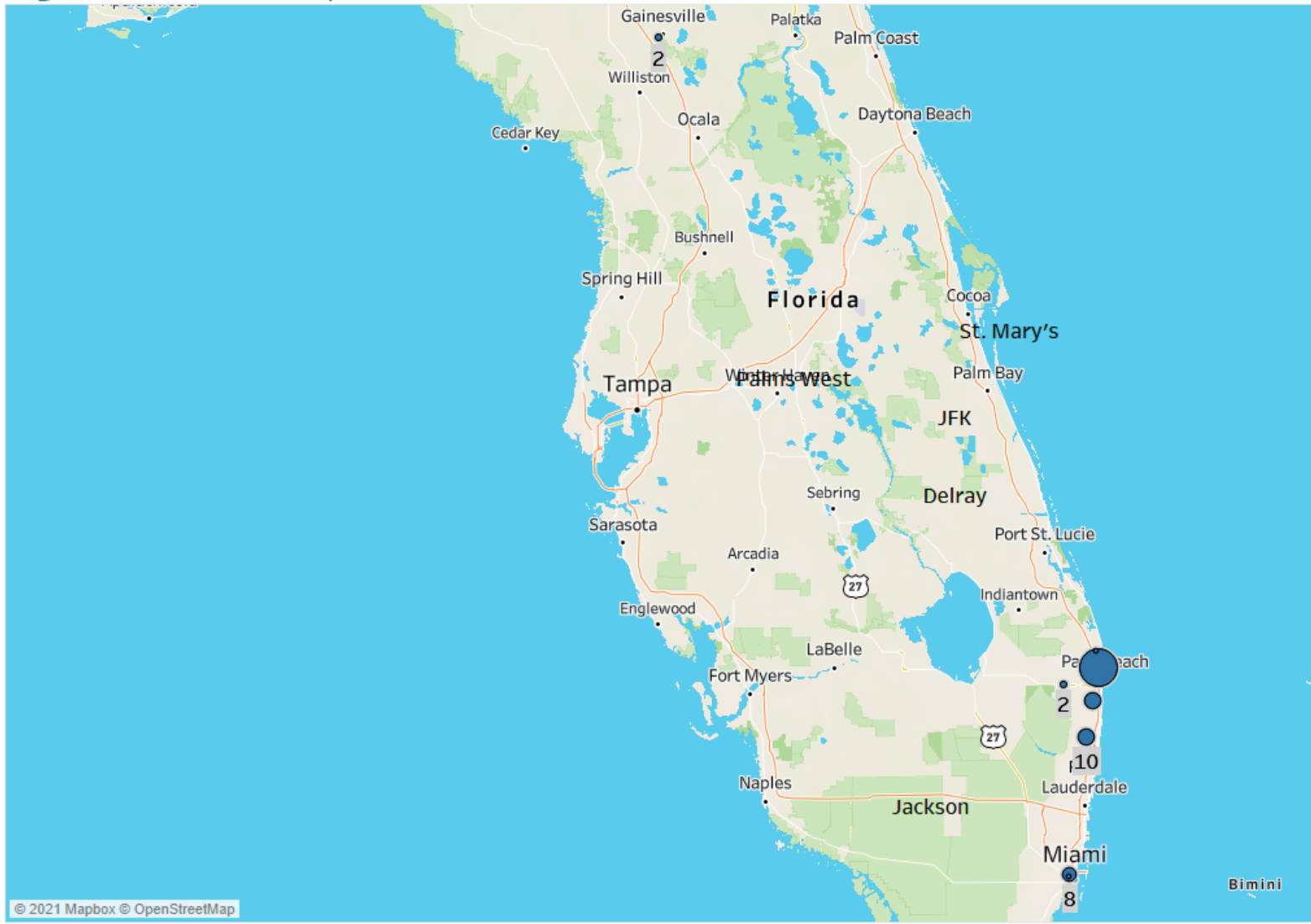
20 Mile be..  
Longitud: All

# Receiving Locations

## Flight Detail

**Flight Date**  
10/01/2020 to 12/31/2020

**Flights**  
93

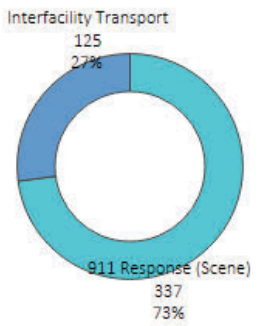




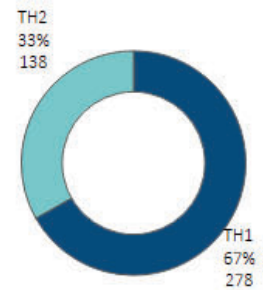
## AEROMEDICAL UTILIZATION

**PATIENT TRANSPORTS BY TRAUMA HAWK (CY 2020): 462**

### SCENE / INTERFACILITY RESPONSE

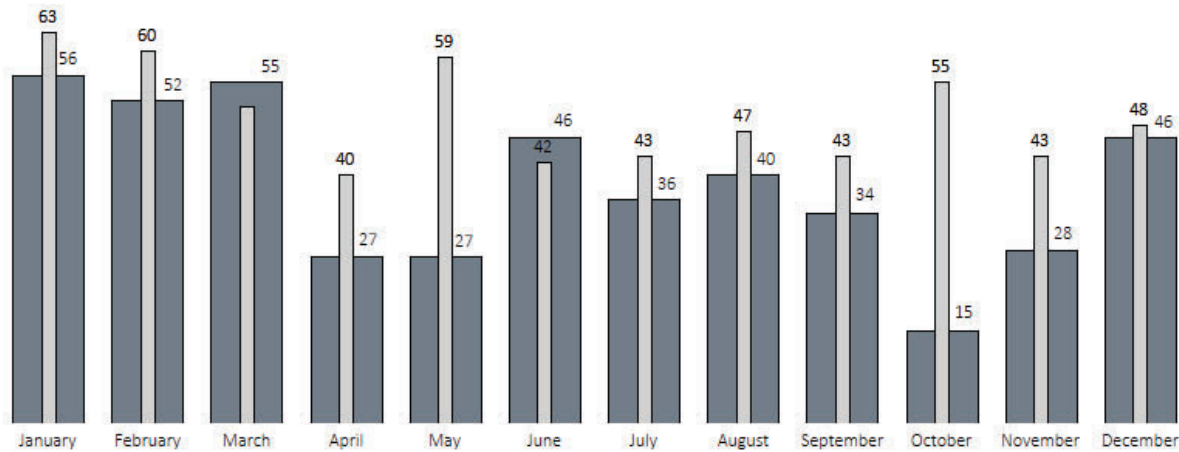


### AIRCRAFT RESPONSE

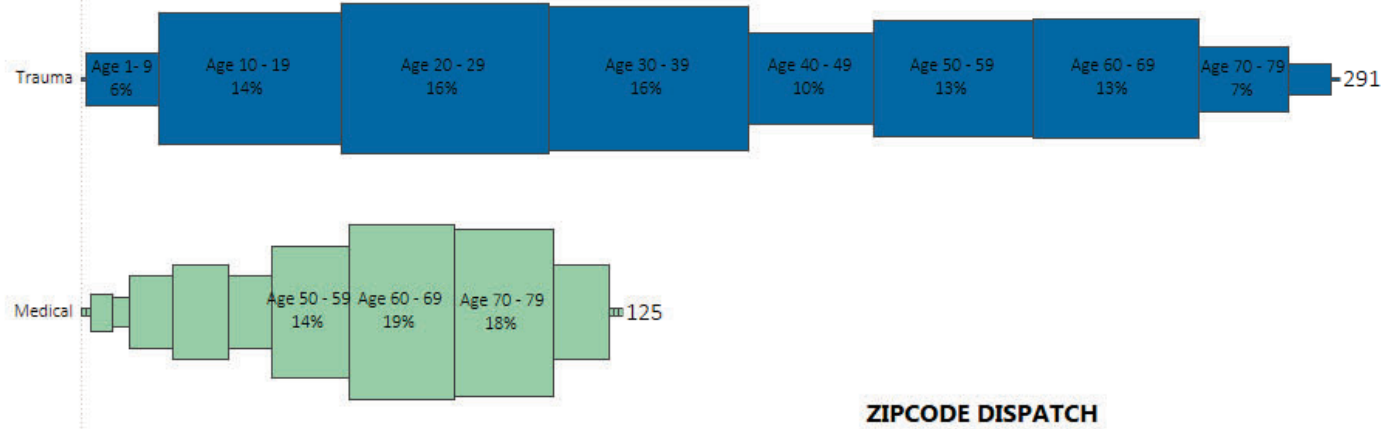


### TOTAL FLIGHTS BY MONTH

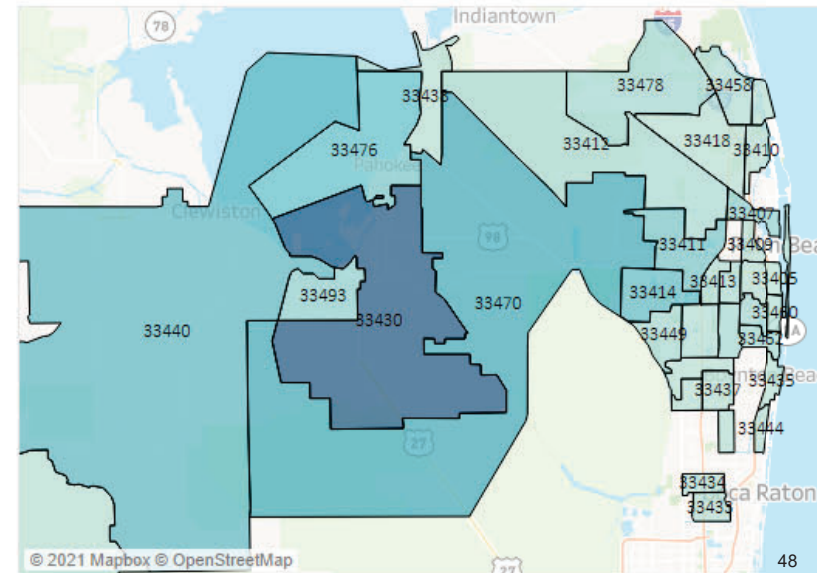
2019 (light grey) 2020 (dark grey)



### AGE RANGE



### ZIPCODE DISPATCH



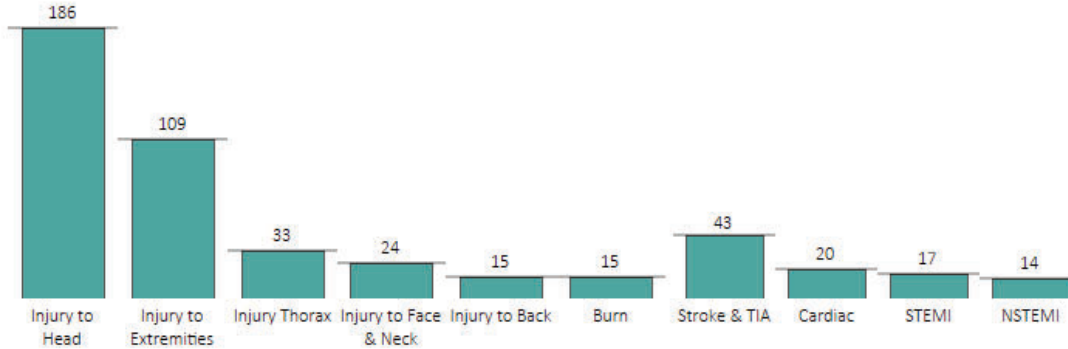


## GAMUT DATA BENCHMARK ANALYSIS

(Ground & Air Medical Quality Transport)  
June 2019 - June 2020



TOTAL PATIENTS TRANSPORTED BY TRAUMA HAWK: 543



MEAN MOBILIZATION TIME (All Patient Transports): 4:29

MEAN ON-SCENE TIME (STEMI Cases Only): 14:00

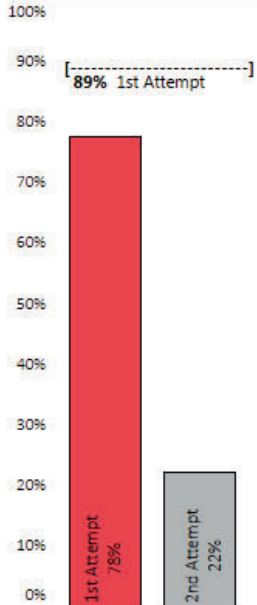
\* Time format = mm:ss

ENDOTRACHEAL TUBES PLACED BY TH CREW: 20

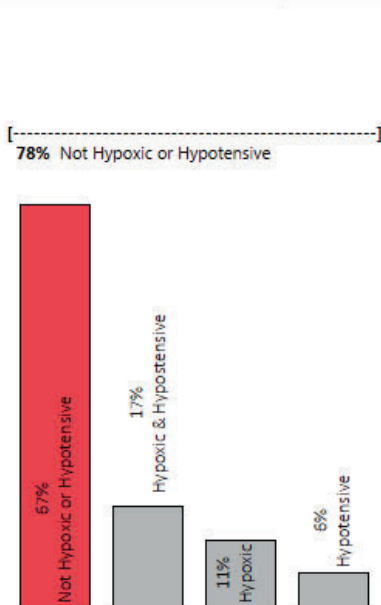
ENDOTRACHEAL TUBES MANAGED BY TH CREW: 62

\*Black dotted line represents GAMUT National Average [-----]

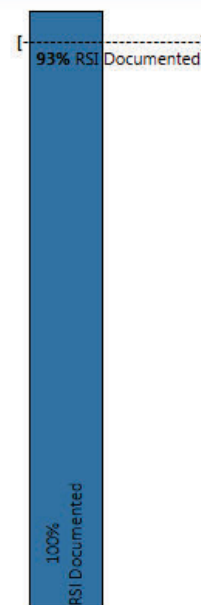
### 1ST ATTEMPT INTUBATION



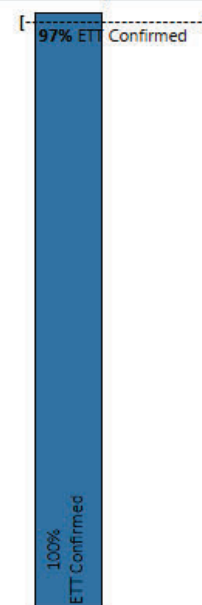
### W/OUT HYPOXIA OR HYPOTENSION (1ST ATTEMPT)



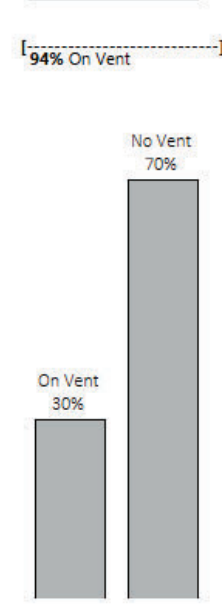
### RSI Protocol Documentation (ETT Placed)



### ETT Confirmed (Placed & Managed)



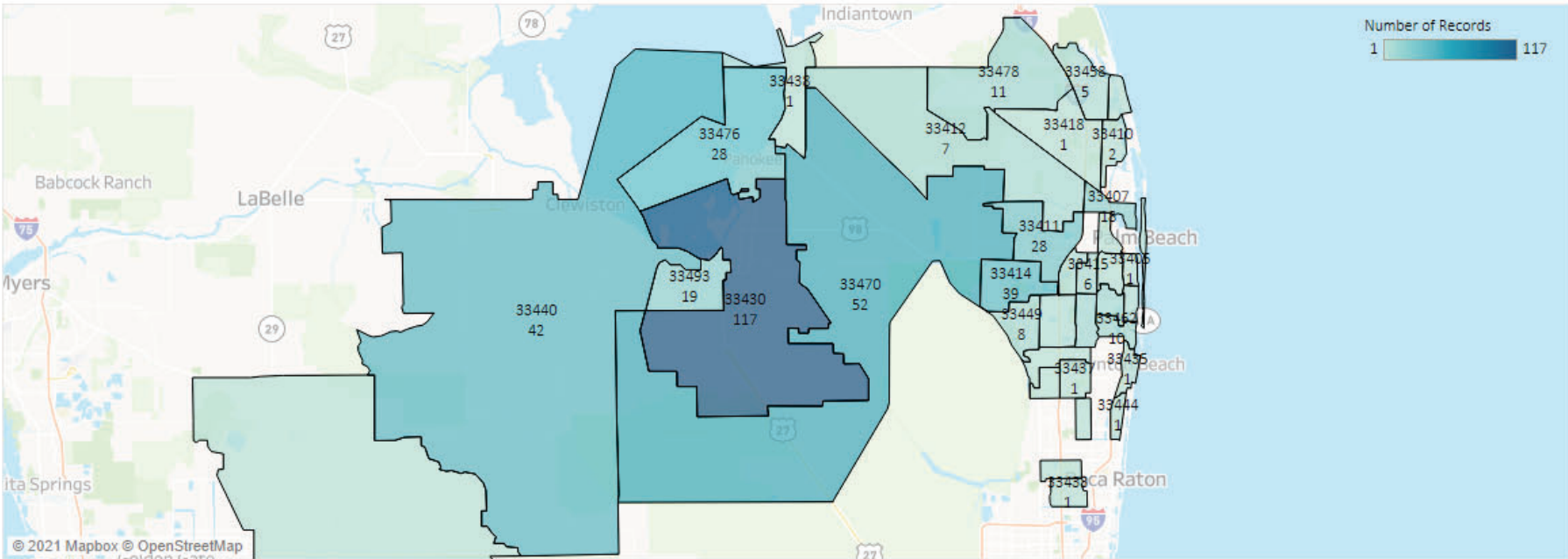
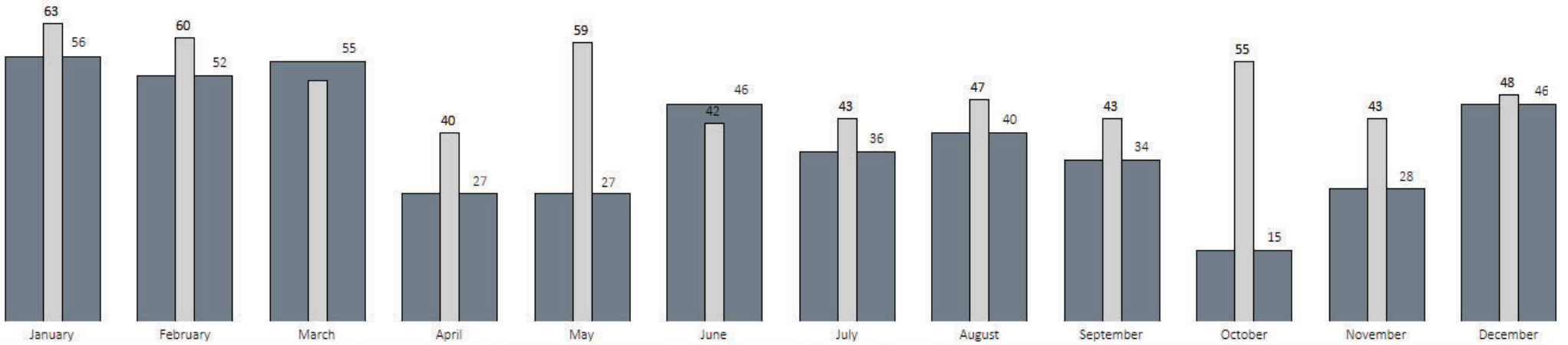
### VENTILATOR STATUS



\*A low ventilator status benchmark does not necessarily reflect the quality of patient care delivered.

### TOTAL FLIGHTS BY MONTH (2020)

2019 2020

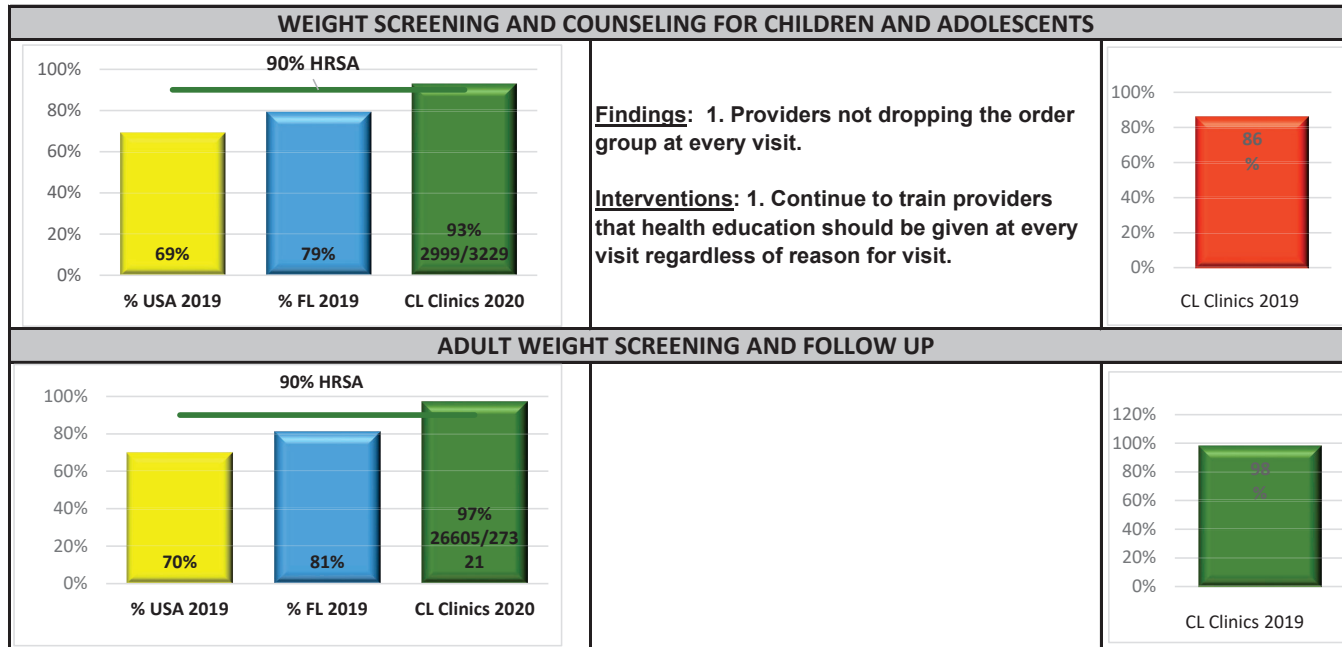


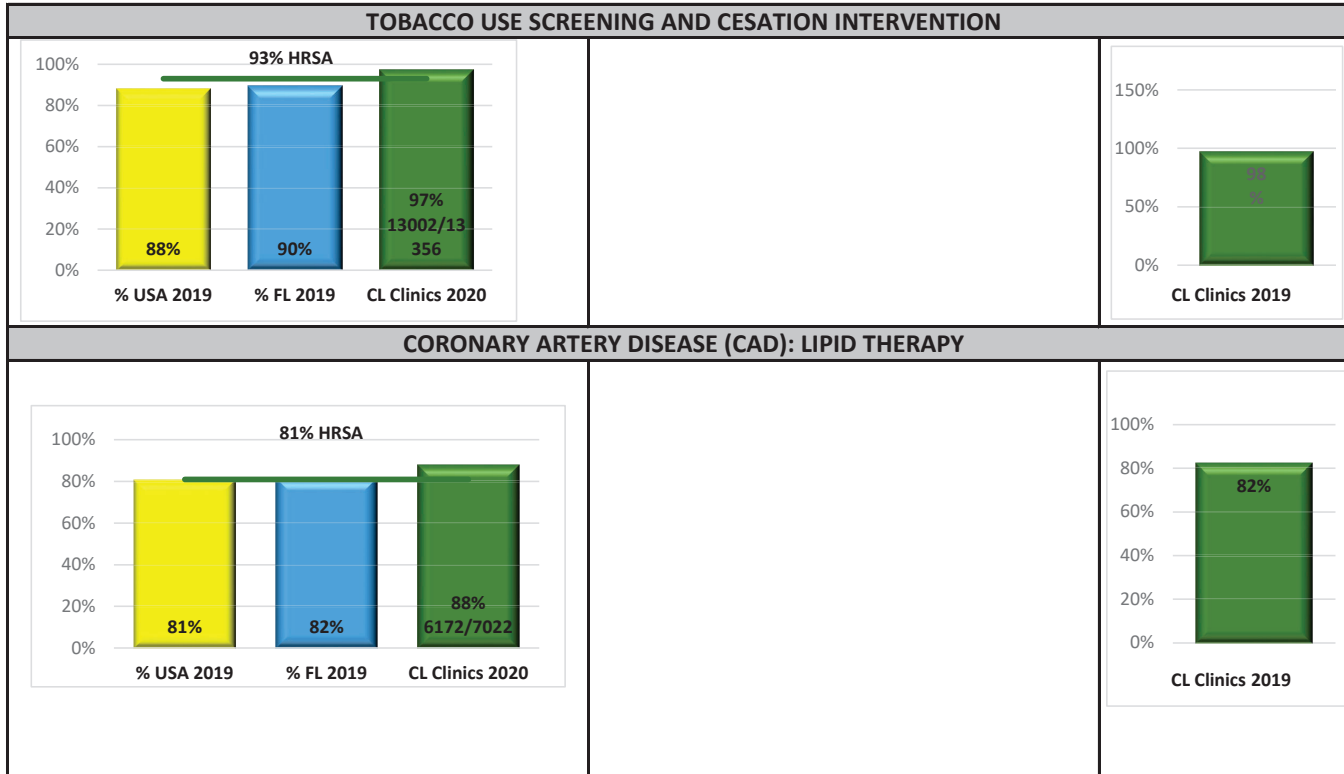
33430	117
33470	52
33440	42
33414	39
33476	28
33411	28
33493	19
33407	18
33333	12
33478	11
33462	10
33463	9
33461	9
33449	8
33412	7
33415	7
33467	6
33460	6
33458	5
33413	5
33480	5
33484	5
33410	4
33416	4
33412	4
33477	4
33473	4
33472	4
33444	4
33438	4
33437	4
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33434	4
33433	4
33418	4
33409	4
33405	4
33343	4
33341	4
33331	4
33314	4

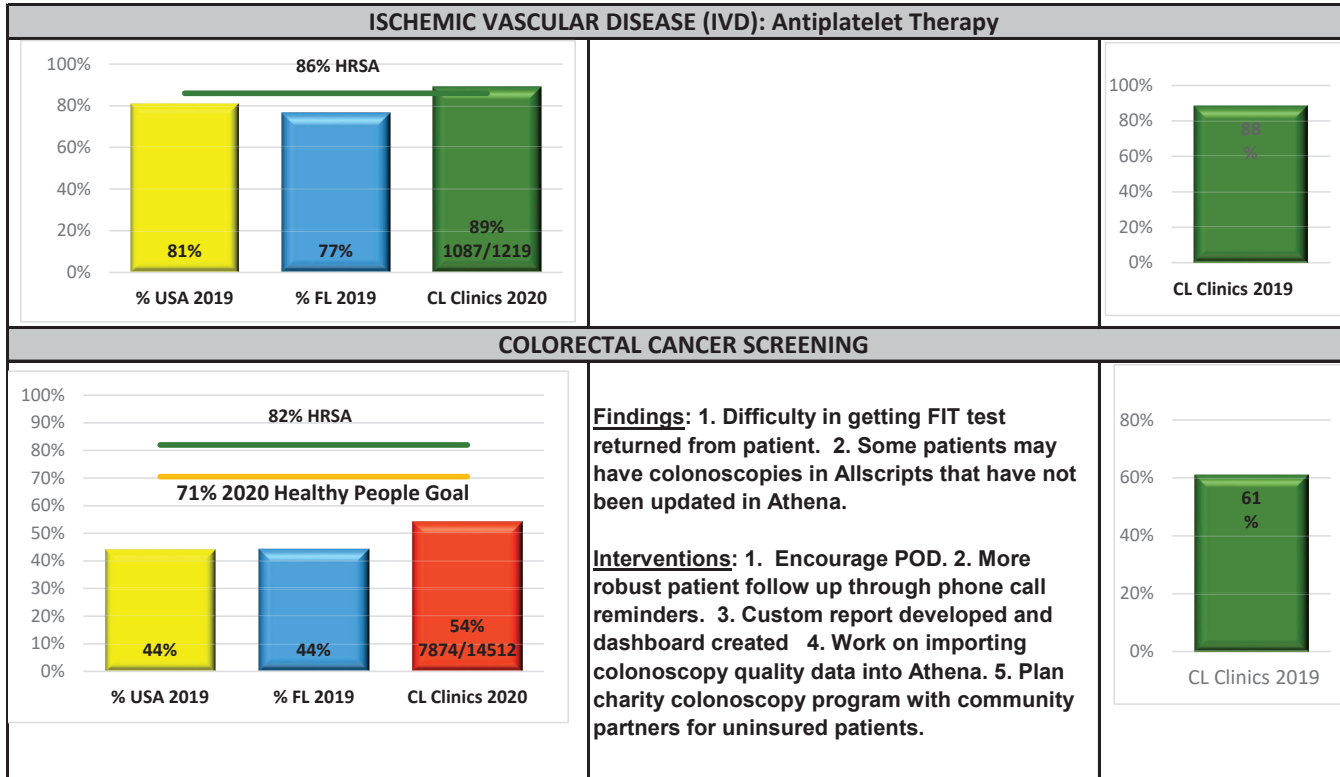


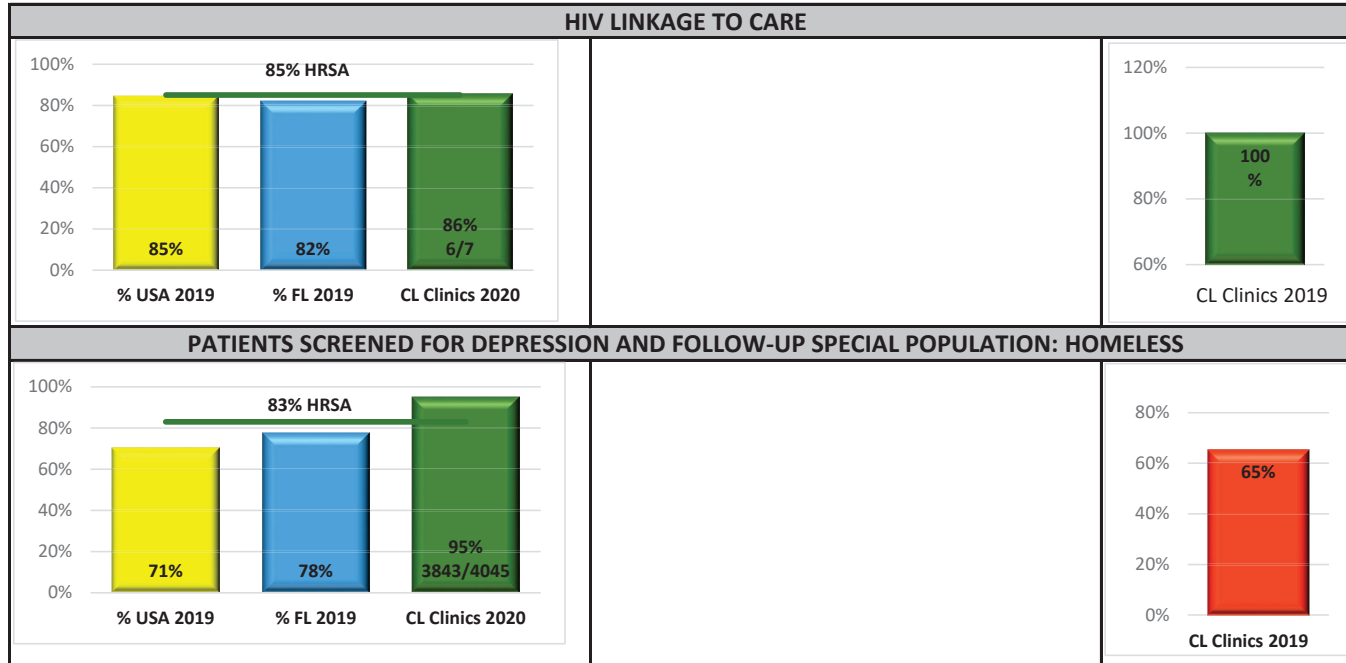
**C. L. BRUMBACK PRIMARY CARE CLINICS**  
**YTD December 2020**

CHILDHOOD IMMUNIZATION														
<p><b>80% Healthy People 2020 Goal</b></p> <p><b>60% HRSA</b></p> <table border="1"> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> <tr> <td>% USA 2019</td> <td>39%</td> <td>-</td> </tr> <tr> <td>% FL 2019</td> <td>36%</td> <td>-</td> </tr> <tr> <td>CL Clinics 2020</td> <td>52%</td> <td>239/462</td> </tr> </table>	Category	Percentage	Count	% USA 2019	39%	-	% FL 2019	36%	-	CL Clinics 2020	52%	239/462	<p><b>Findings:</b> 1. Small universe.</p> <p><b>Interventions:</b> 1. Team to evaluate if historical vaccine entry is needed.</p>	<p><b>CL Clinics 2019</b></p>
Category	Percentage	Count												
% USA 2019	39%	-												
% FL 2019	36%	-												
CL Clinics 2020	52%	239/462												
CERVICAL CANCER SCREENING														
<p><b>93% Healthy People 2020 Goal</b></p> <p><b>65% HRSA</b></p> <table border="1"> <tr> <th>Category</th> <th>Percentage</th> <th>Count</th> </tr> <tr> <td>% USA 2019</td> <td>56%</td> <td>-</td> </tr> <tr> <td>% FL 2019</td> <td>59%</td> <td>-</td> </tr> <tr> <td>CL Clinics 2020</td> <td>65%</td> <td>9999/15501</td> </tr> </table>	Category	Percentage	Count	% USA 2019	56%	-	% FL 2019	59%	-	CL Clinics 2020	65%	9999/15501		<p><b>CL Clinics 2019</b></p>
Category	Percentage	Count												
% USA 2019	56%	-												
% FL 2019	59%	-												
CL Clinics 2020	65%	9999/15501												

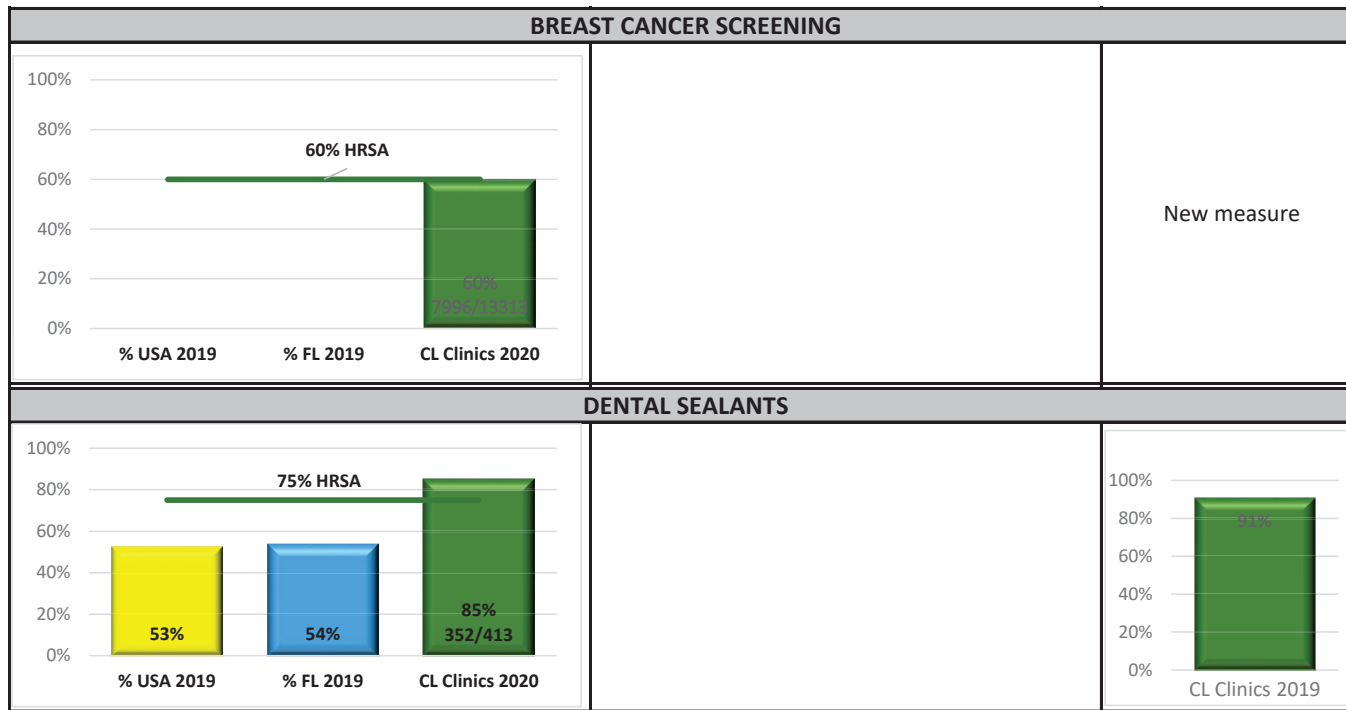


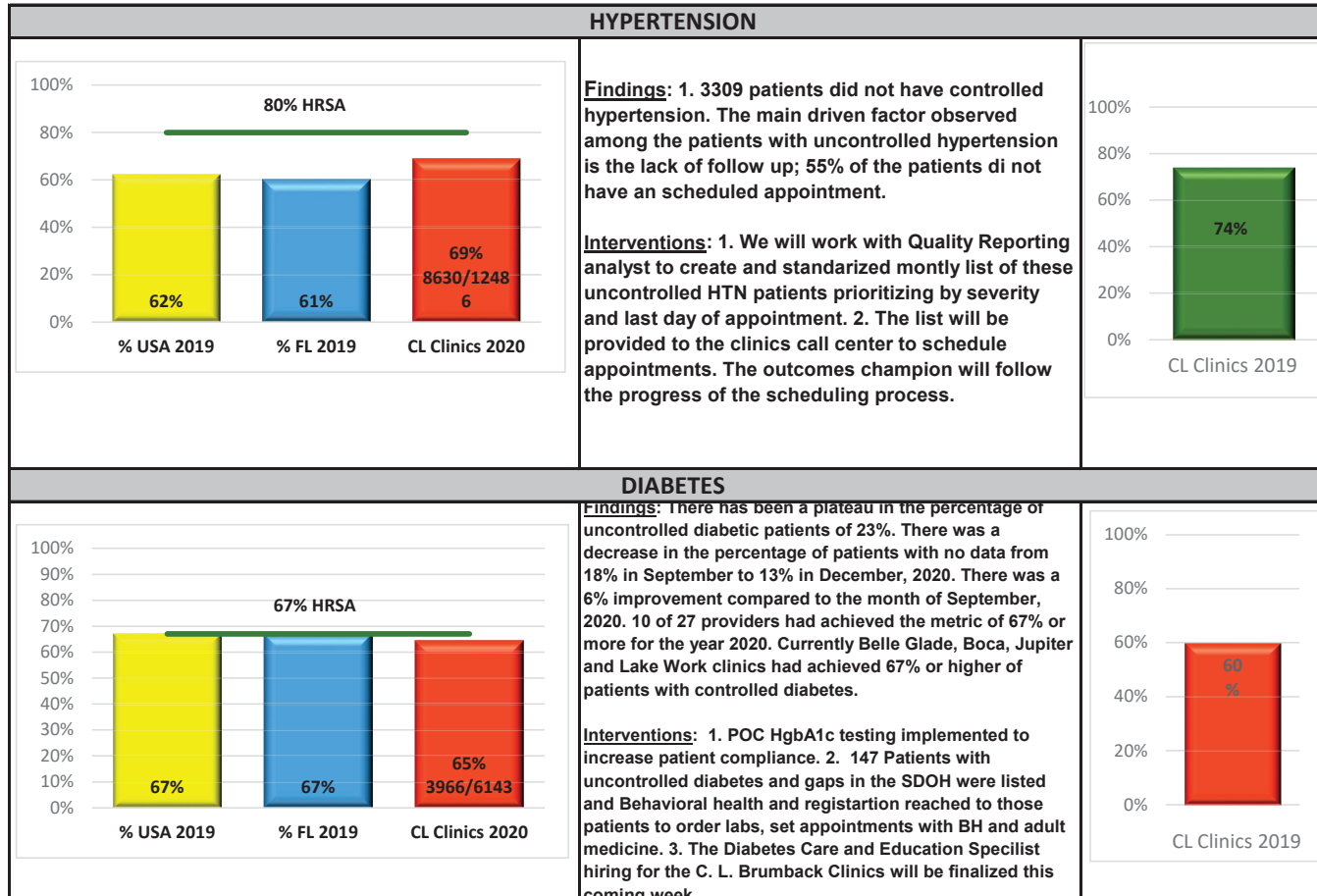














# Clinic Service Center Stats

Start Date  
10/1/2020

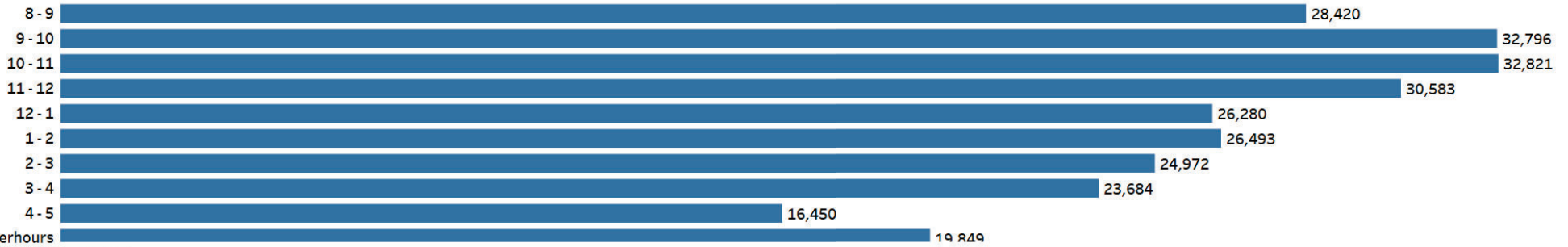
End Date  
12/31/2020

Number of Calls	262,348
Unique Phone Numbers	88,504

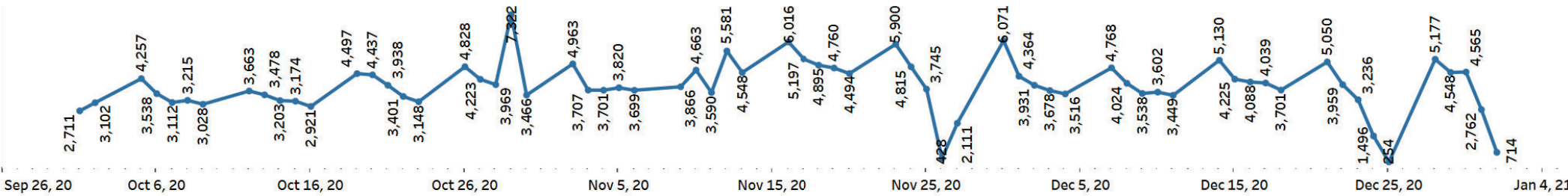


Anonymous numbers counted individually

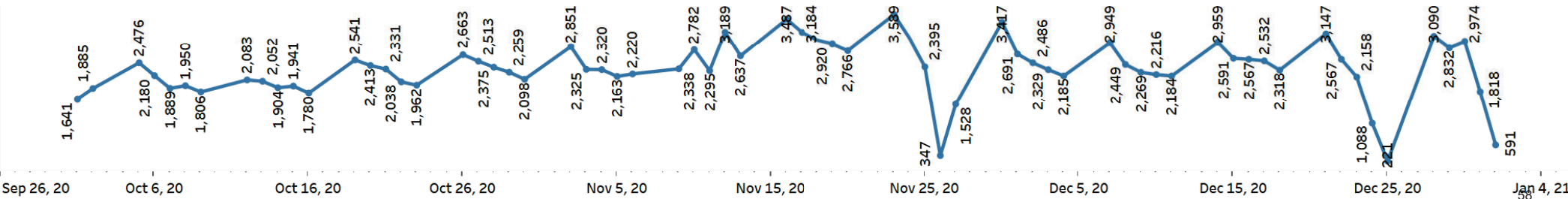
## Calls per time of day



## Calls Received



## Unique Numbers

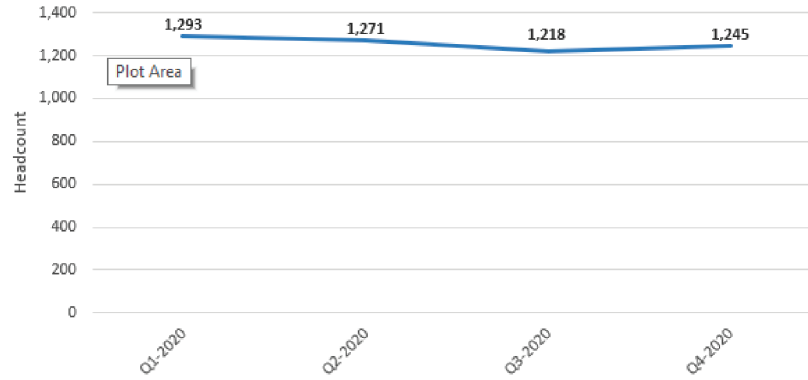




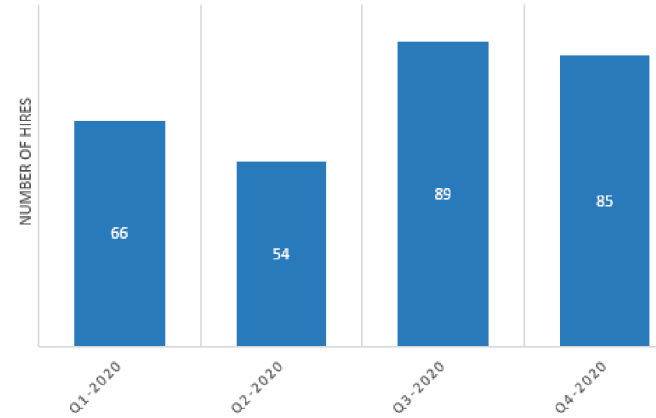
# HCD HR Dashboard- Attrition

## Q1 2020 – Q42020

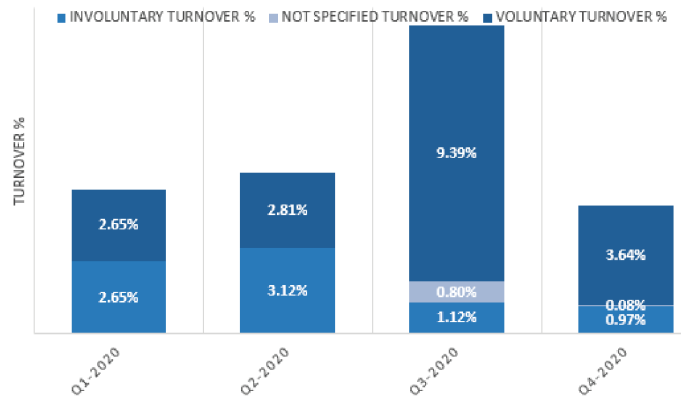
### Headcount



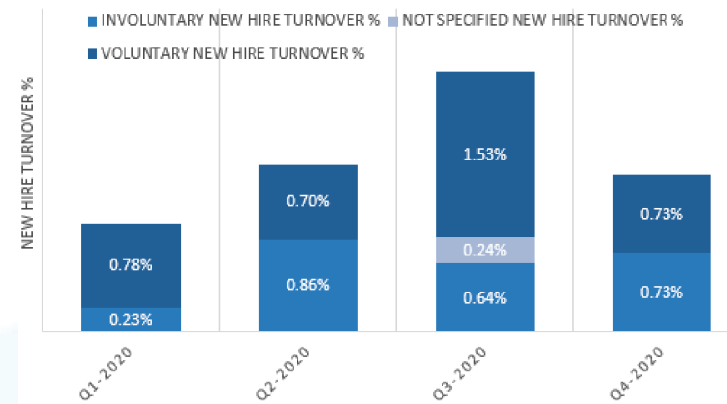
### New Hires



### Turnover Rate



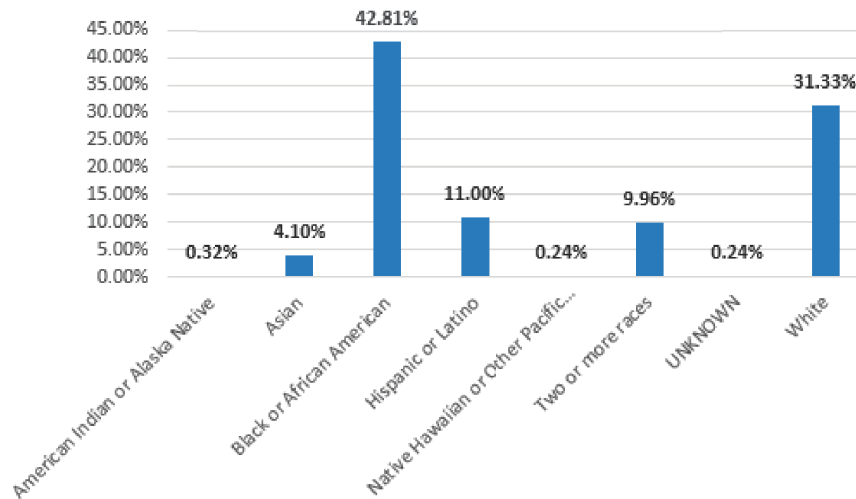
### New Hire Turnover Rate



# HCD HR Dashboard- *Diversity* Q1 2020 – Q4 2020

## Minority Headcount

**68.43%**



## Average Age

**46.7**

## Female Percentage

**80.4%**

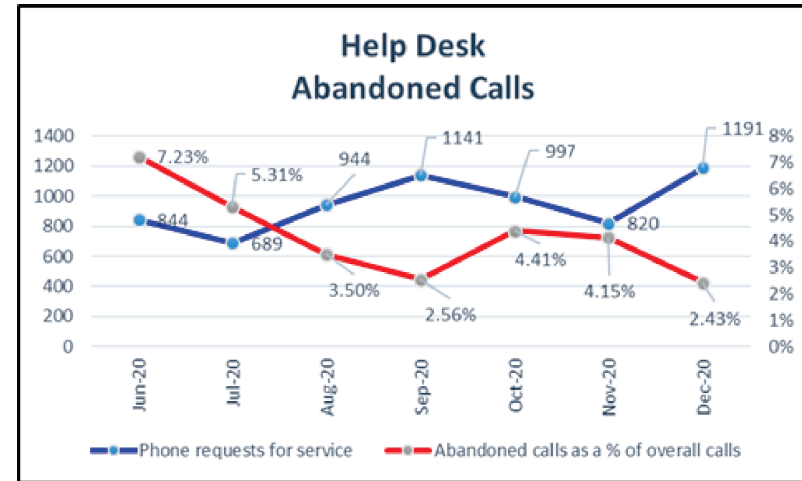
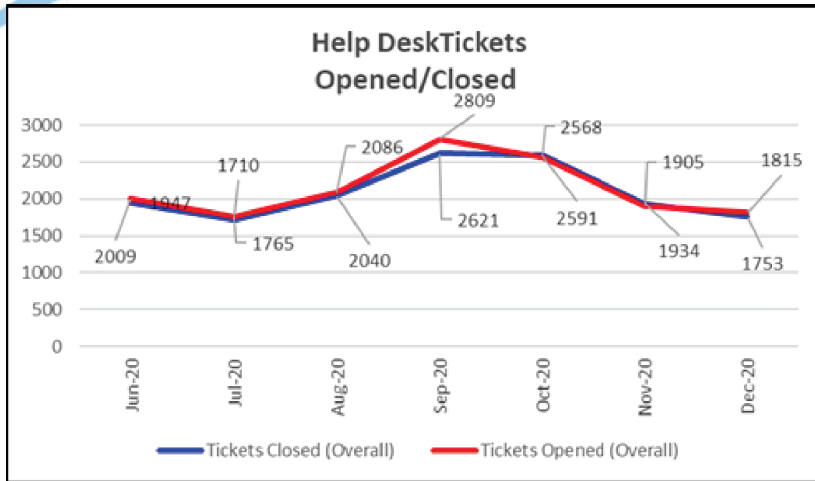
# Mission Critical Application Availability

(Service level expected – 99.9% availability)

Application	Function	Sep '20	Oct '20	Nov '20	Dec '20
ADP	Human Resources	100%	100%	100%	100%
AthenaHealth	Clinics medical record	100%	99.9%	100%	100%
Dentrix	Dental medical record	100%	99.9%	100%	100%
Doximity	Telemedicine	100%	100%	100%	100%
eFinance Plus	Finance	100%	100%	100%	100%
MatrixCare	The Healey medical record	<b>99.1%</b>	100%	100%	100%
Medhost	LMC medical record	100%	<b>97.5%</b>	100%	100%

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

# IT Dashboard



## Cybersecurity Investigations Period 10/1/2020 – 12/31/2020

Status	Cases	% of Total
Closed	106	100%
In Progress	0	0
<b>Total</b>	<b>106</b>	<b>100%</b>

Comparisons	Cases
YTD 2020	390
YTD 2019	78

Outcome	Cases	% of Total
Investigated	106	100%
Reportable	0	0%
<b>Total</b>	<b>106</b>	<b>100%</b>



Edward J. Healey Rehabilitation and Nursing Center

Quality Report  
4th Quarter 2020  
Percentages

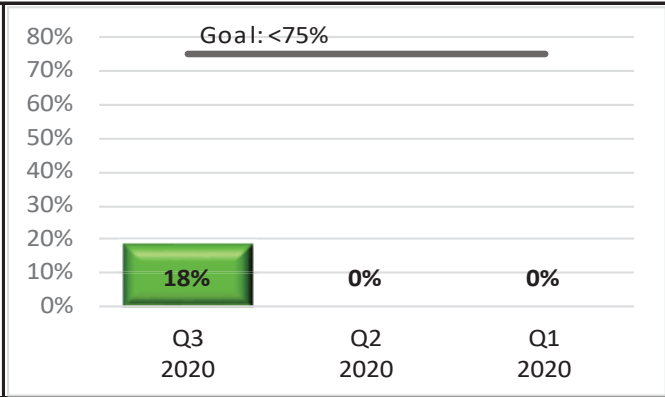
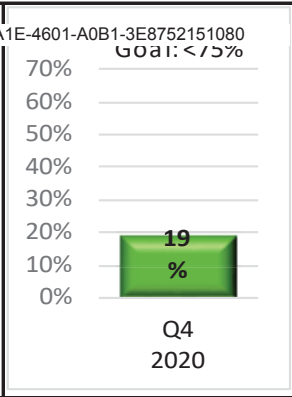
MDS 3.0 Facility Level Quality Measure Report

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

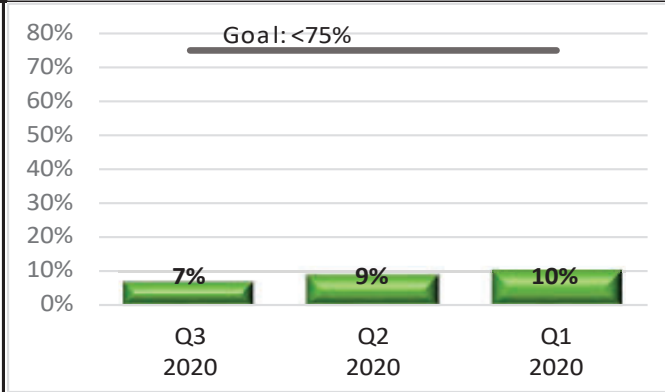
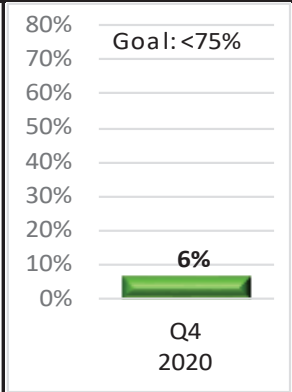
	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
<p><b>High Risk Long Stay Residents with Pressure Ulcer</b></p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: &lt;75%</p> <p>76%</p> <p>Q4 2020</p>	<p><b>Findings:</b> 7 residents were admitted with pressure ulcers, 3 residents had a re-current pressure ulcer in which 2 has since resolved.</p> <p><b>Interventions:</b> (1) Weekly review /assessment of wound progress, prevention initiatives, therapy evaluation, and nutritional consult. (2) Review accuracy of coding pressure ulcer on the MDS assessment. (3) Evaluation of wound by Wound MD.</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: &lt;75%</p> <p>46% 62% 30%</p> <p>Q3 2020 Q2 2020 Q1 2020</p>
<p><b>New/Worse Pressure Ulcer(s)</b></p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: &lt;75%</p> <p>2.9%</p> <p>Q4 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: &lt;75%</p> <p>1.7% 2% 2%</p> <p>Q3 2020 Q2 2020 Q1 2020</p>



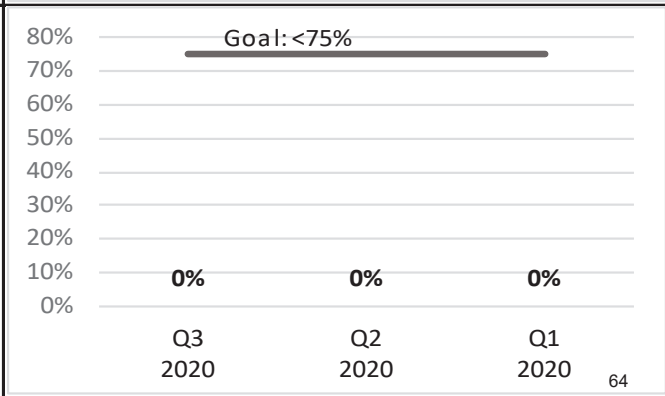
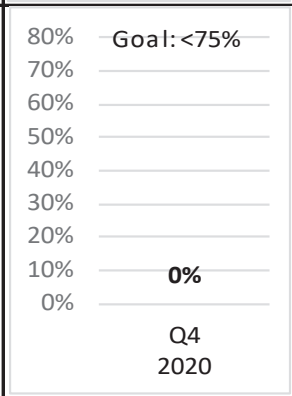
**Experiencing One or More Falls with Major Injury**



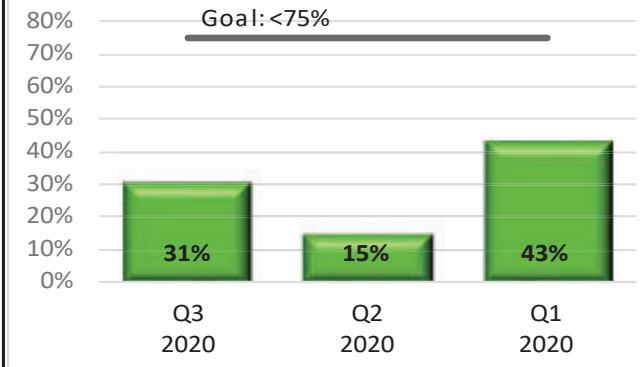
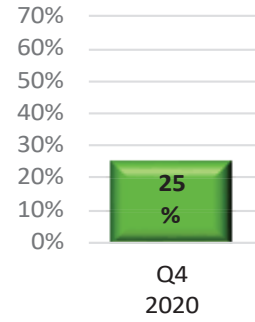
**Falls (L)**



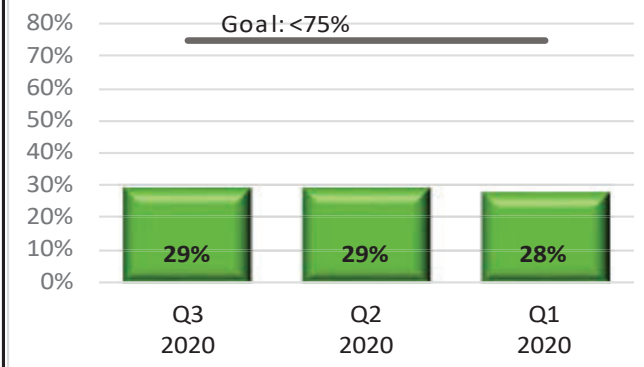
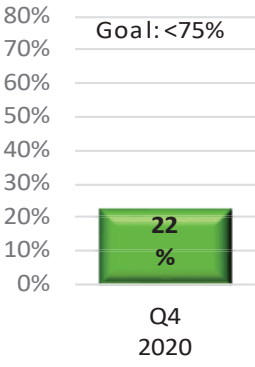
**Who Have Depressive Symptoms**



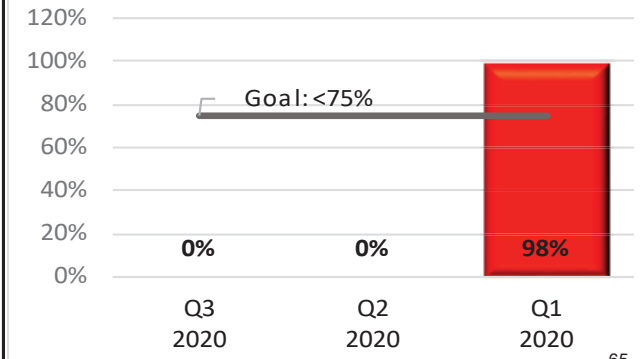
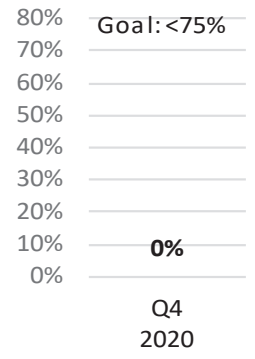
### Who Lose Too Much Weight



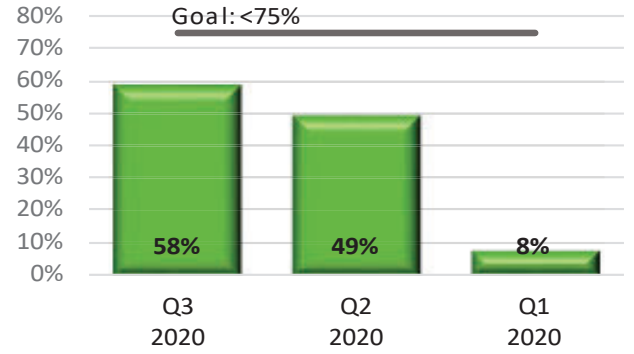
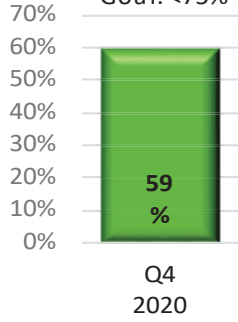
### Who Received an Antipsychotic Medication (L)



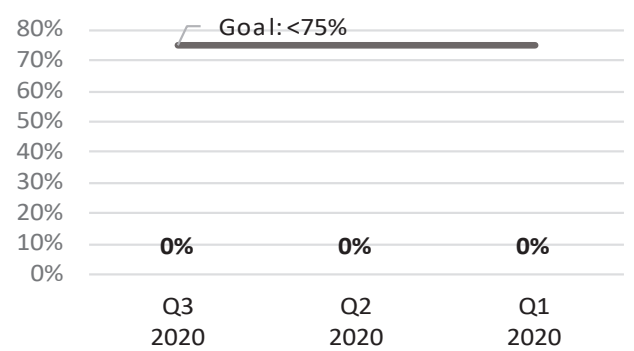
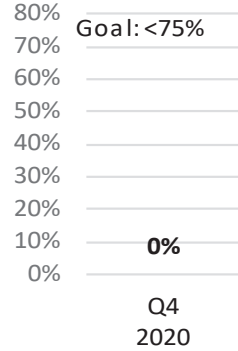
### Who Received an Antipsychotic Medication (S)



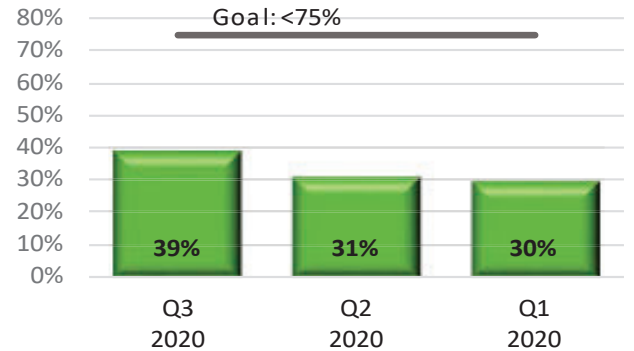
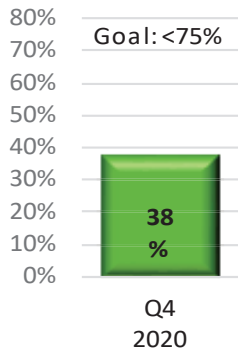
**Who Received Anti-Anxiety or Hypnotic Medication**



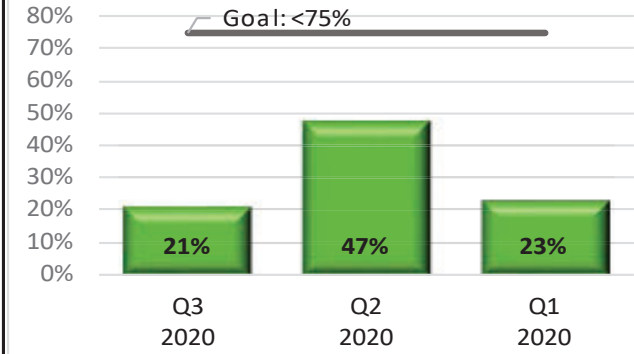
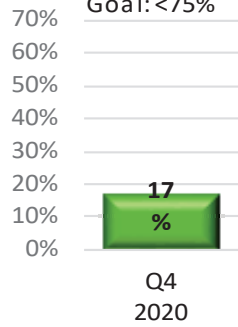
**Who Were Physically Restrained**



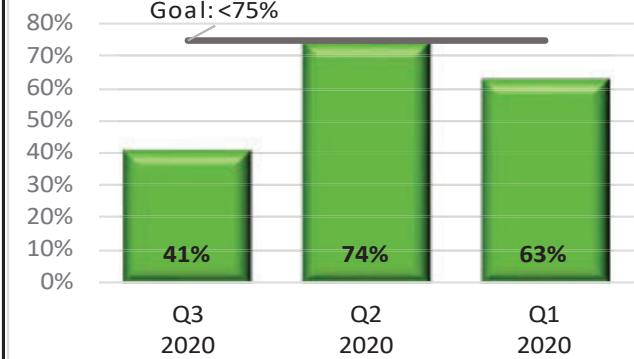
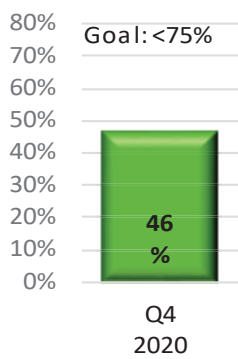
**Whose Behavioural Symptoms Affect Others**



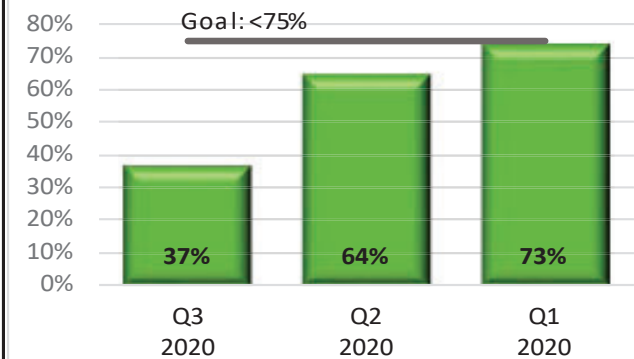
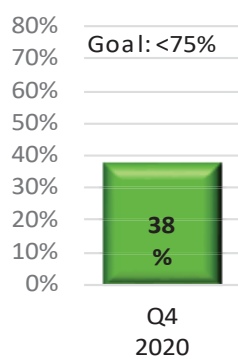
### Increase ADL Help (L)



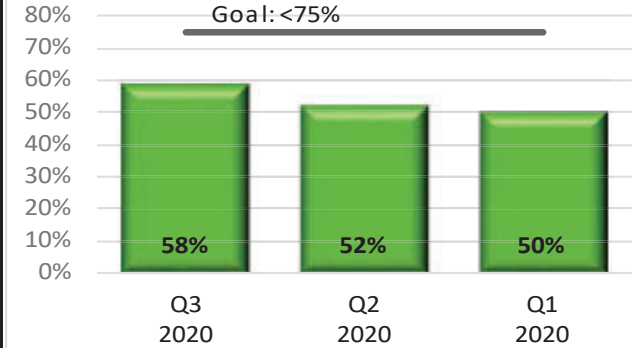
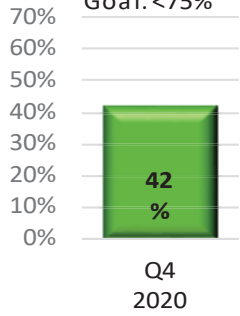
### With a Catheter Inserted and Left in the Their Bladder



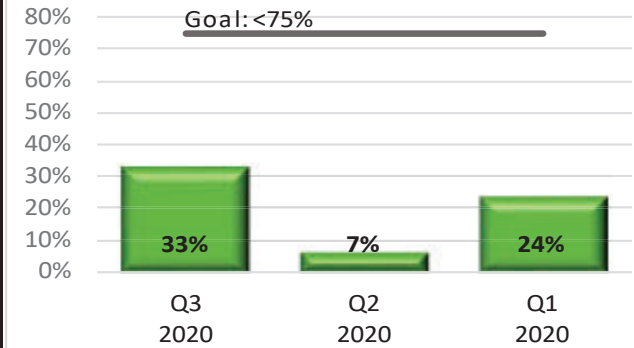
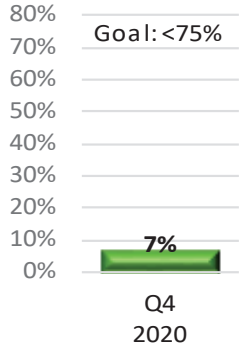
### With a Urinary Tract Infection



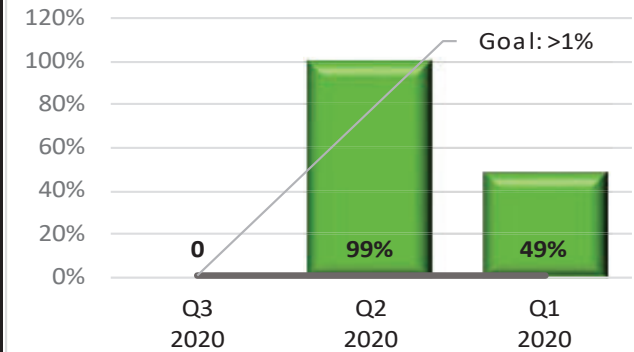
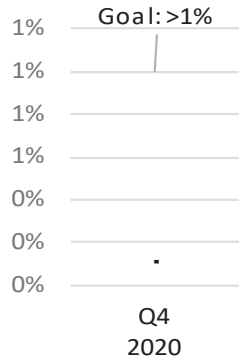
**Low Risk LSRs  
Who Lose Control  
of their Bowel or  
Bladder**



**Move  
Independent  
Worsens (L)**



**Improvement in  
Function (S) Higher  
% Better**



## QUALITY CORE MEASURES REPORT

### 4th Quarter (October - December 2020) - Preliminary

#### Sampled Population



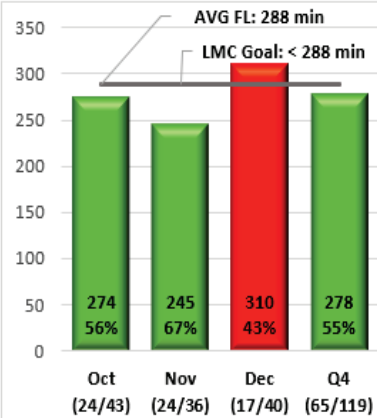
#### INPATIENT QUALITY MEASURES

##### Emergency Department: ED-1a

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

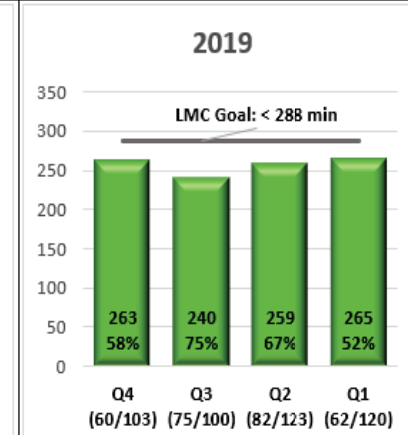
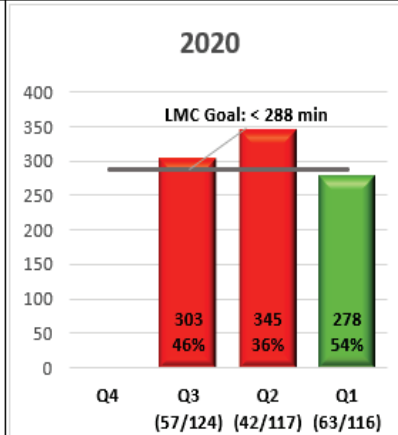
**Numerator:** Departed ED in less than 267 minutes.

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



**Findings:** The goal of <288 minutes was met for this quarter. The top 5 cases were reviewed by the ACOMO.

**Interventions:** The nursing and medical staff provided appropriate care and no further follow-up was required.



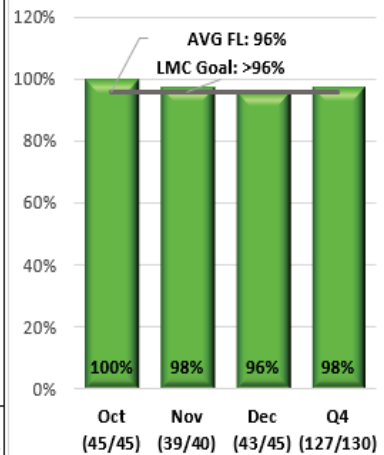
\*\*\*TJC

#### IMM-2 Influenza Immunization

**Immunizations (seasonal):**

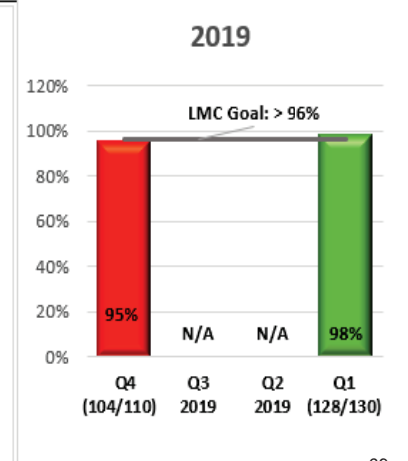
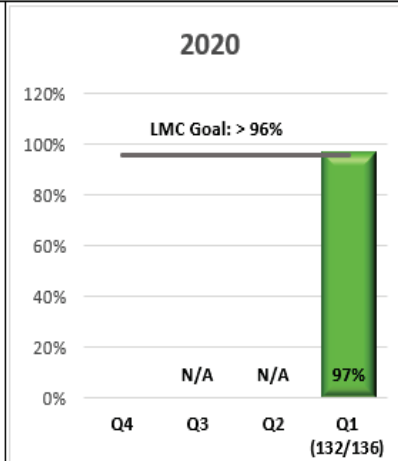
**Numerator:** Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.

**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 met for this quarter.

**Interventions:** The two failed cases were shared with the department manager for review and education with the involved staff.



CMS/TJC

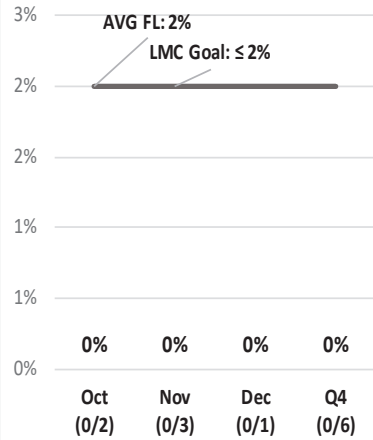
**Perinatal Care: PC-01**

**Patients with elective vaginal deliveries or elective cesarean births at  $\geq 37$  and  $< 39$  weeks of gestation completed.**

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

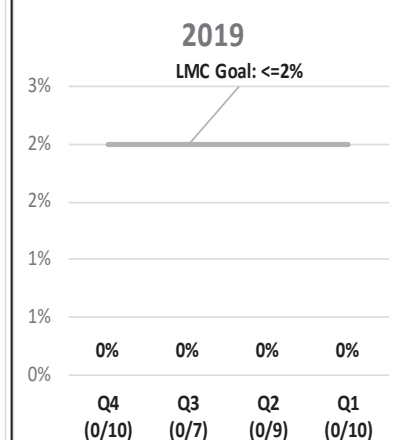
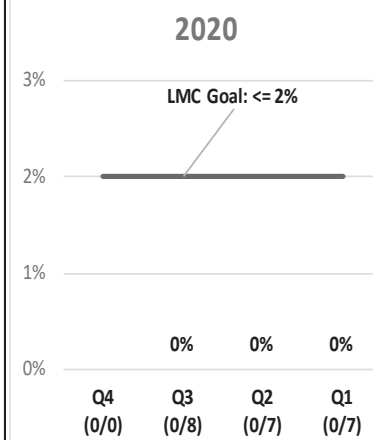
**Numerator:** Patients with elective deliveries.

**Denominator:** Patients delivering newborns with  $\geq 37$  and  $< 39$  weeks of gestation completed.



**Findings:** The goal of  $\leq 2\%$  was met for this quarter.

**Interventions:** No action was required.



CMS/TJC

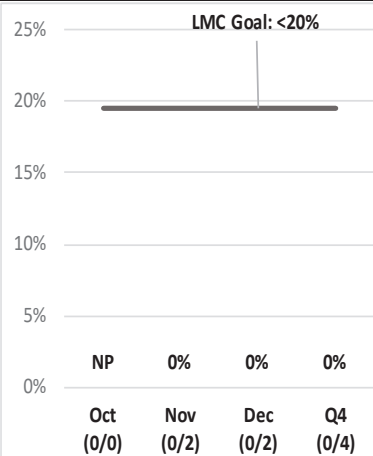
**Perinatal Care: PC-02**

**Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth**

(Lower percentage is better).

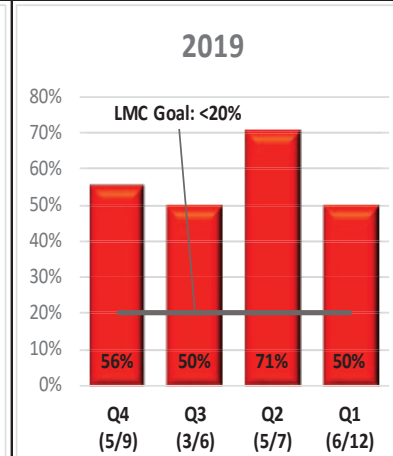
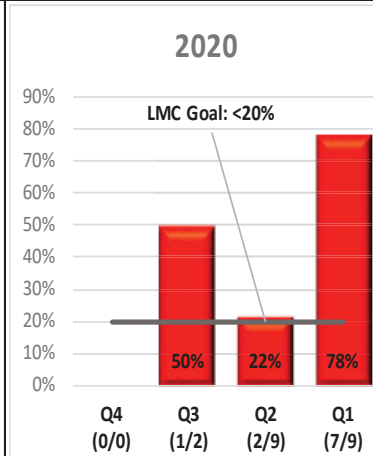
**Numerator:** Patients with cesarean births.

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



**Findings:** The goal of  $<20\%$  was met for this quarter.

**Interventions:** No action was required.



TJC

**QUALITY CORE MEASURES REPORT**  
**4th Quarter (October - December 2020) - Preliminary**

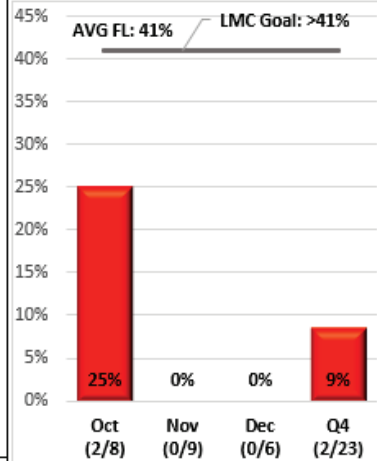


**Sampled Population**  
**INPATIENT QUALITY MEASURES**

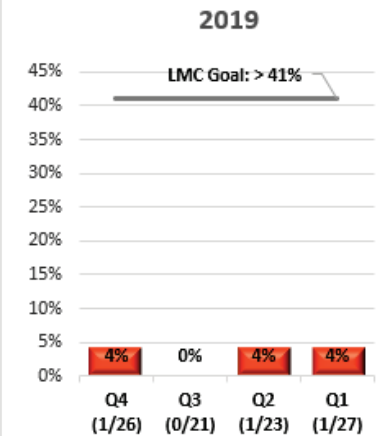
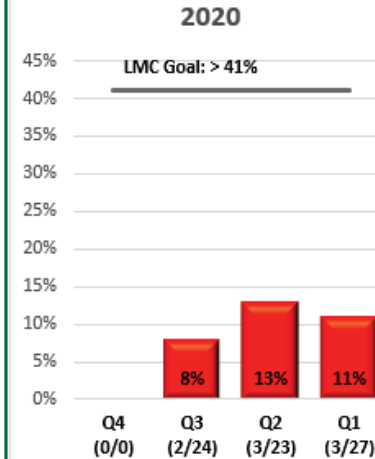
**Perinatal Care: PC-05**

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

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



**Findings:** The goal of >41% was not met for this quarter. Based on review of all of the sampled population (2) strictly breast fed, (10) both breast and bottle fed and (11) Bottle fed only.  
**4Q (October - December) 2020:**  
**Total Deliveries:** (28) Live Births (27)  
**Stats:** (3) strictly breast fed (12) breast and bottle fed and (12) bottle fed only.  
**Interventions:** The manager and staff members continue to attend the monthly Breastfeeding Coalition meetings. On going education, staff have been assigned a Breastfeeding course in CE Direct. The staff course completion rate is currently 73%.

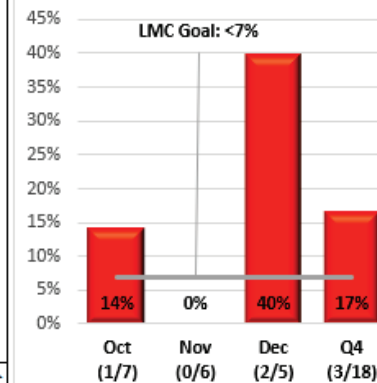


TJC

**Perinatal Care: PC-06**

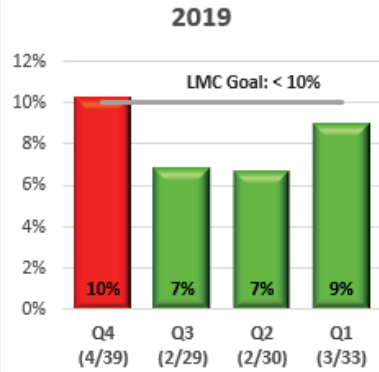
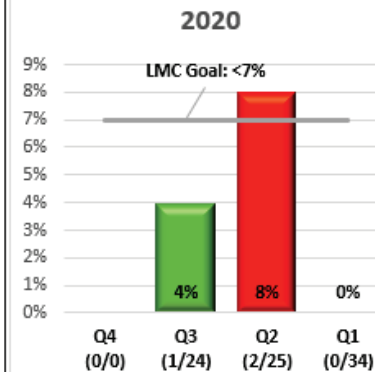
**Unexpected Complications in Term Newborns.**  
 (Lower percentage is better)

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



**Findings:** The goal of <7% was not met for this quarter. The (3) cases that met the numerator were reviewed by the ACOM.

**Interventions:** The nursing and medical staff provided appropriate care. (2) of (3) cases were resolved prior to discharge home and (1) required follow-up post discharge.



TJC



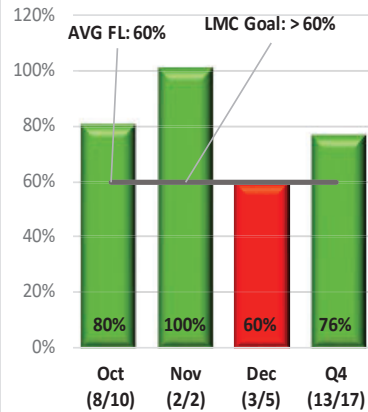
**Sepsis: SEP-1**

**Early management bundle, severe sepsis/septic shock. Special Note: Measure is not publicly reported by Hospital Compare.**

**Numerator:** Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment).

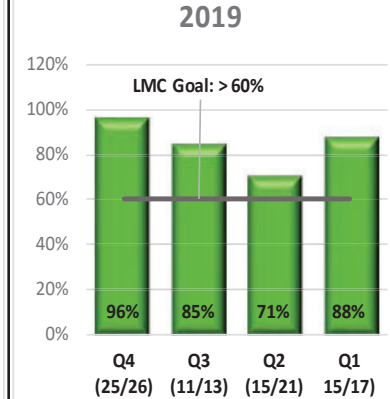
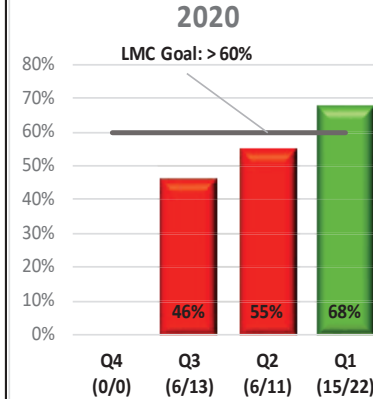
**Denominator:** Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

CMS/TJC



**Findings:** The goal of >60% was met for the quarter.

**Interventions:** Concurrent review of all cases continue. All failed cases are reviewed and discussed in detail at the Sepsis Committee Meeting. All involved staff and physicians were notified.



**Venous Thrombosis: VTE-6**

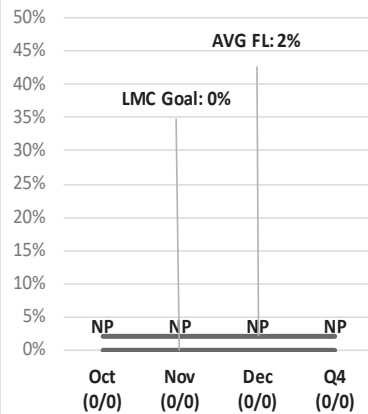
**Hospital Acquired Preventable VTE.**

(Lower percentage is better)

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

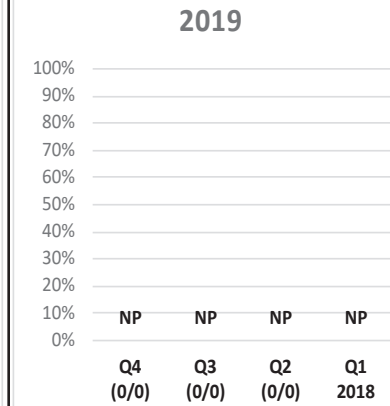
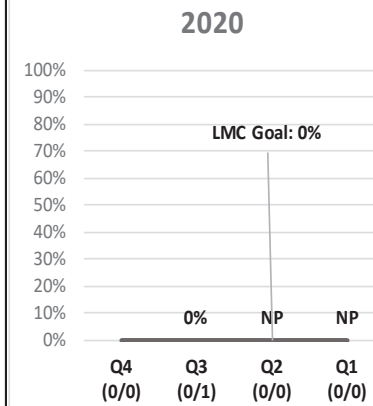
**Denominator:** Patients who developed confirmed VTE during hospitalization.

CMS/TJC



**Findings:** No data.

**Interventions:** No action was required.



\*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 2020) - Preliminary

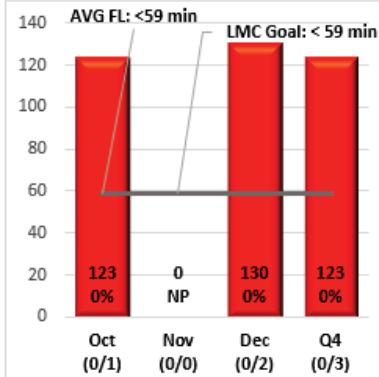
#### Sampled Population



#### OUTPATIENT QUALITY MEASURES

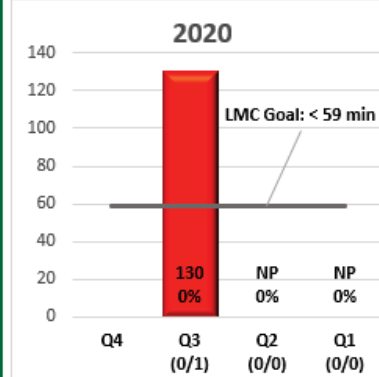
##### Acute Myocardial Infarction: OP-3a

**Acute Myocardial Infarction: OP-3a**  
**Median time to transfer to another facility for acute coronary interventions.**  
 (Higher percentage is better).  
**Numerator:** Number of patients transferred to another facility within less than 90 minutes  
**Denominator:** Patients with Transfer for Acute Coronary Intervention.



**Findings:** There were (3) cases that fell into the sample population. The goal of <59 minutes was not met for this quarter. Trauma Services delayed due to another Transport.

**Interventions:** The cases were reviewed by the ACMO. Care and treatment was rendered appropriately. No further follow-up was required. There was no adverse outcome due to delay in transport.

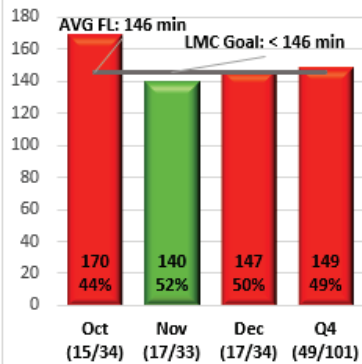


CMS/TJC

##### Emergency Department Throughput: OP-18

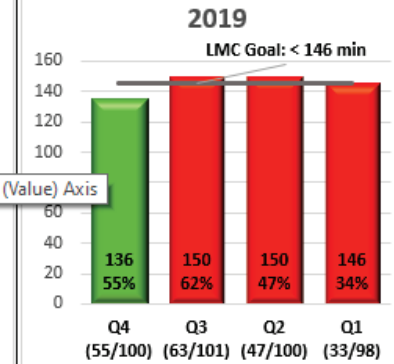
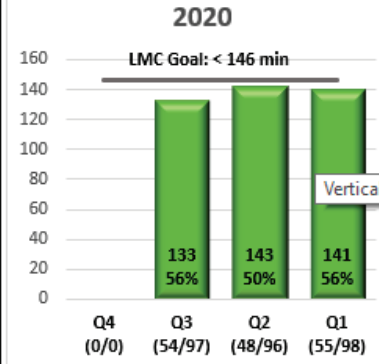
**Median time from ED arrival to discharge home or transferred.**

**Numerator:** Number of patients discharged in less than 120 minutes.  
**Denominator:** Any ED patient from the facility's emergency department.



**Findings:** The goal of <146 min was not met for this quarter. The top 5 cases were reviewed by the ACMO. There were a total (7) transfers with a wait time that ranged from 1.5 - 4.5 hours.

**Interventions:** Care and treatment was rendered appropriately. No further follow-up was required.

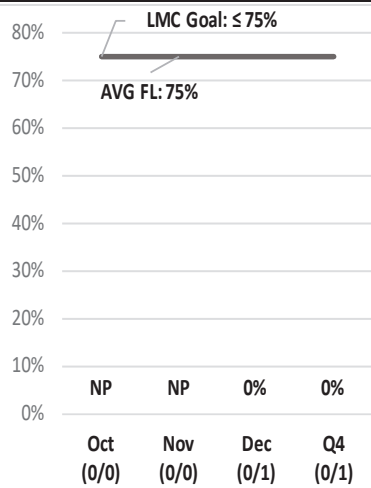


CMS/TJC

**Stroke: OP-23**

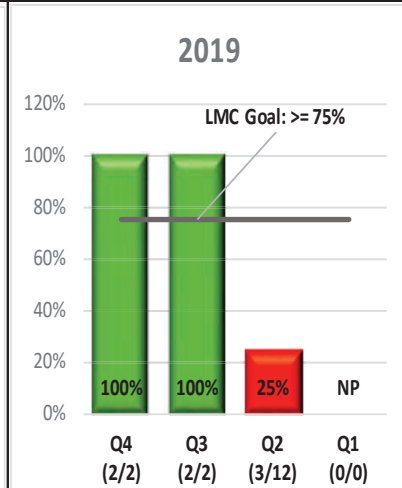
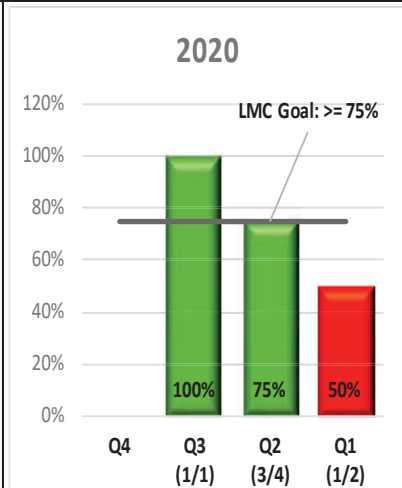
**Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival.**  
(Higher percentage is better).

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



**Findings:** There was (1) case that fell into the sample population. The goal of >75% was not met. The case was reviewed by the ACMO and the findings showed that the results were reported in 46 minutes due to a change in the order during testing.

**Interventions:** No further follow-up was required.



CMS/TJC

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



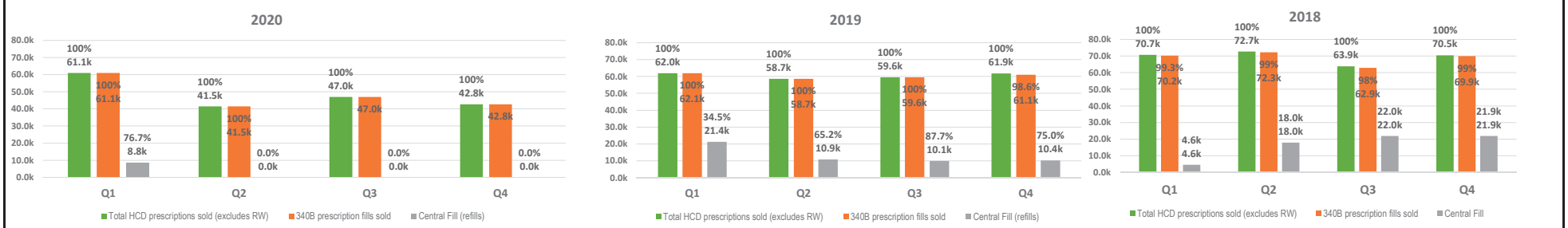
Pharmacy Services  
Quality Report  
4rd Quarter 2020

Pharmacy Quality Measures

Measure Set:	ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL						Previous Quarters											
	2020 Q4			2020 Q3			2020 Q2			2020 Q1			2019 Q4					
	Goal	Total		Goal	Total		Goal	Total		Goal	Total		Goal	Total				
	#	%	#	%	#	%	#	%	#	%	#	%	#	%				

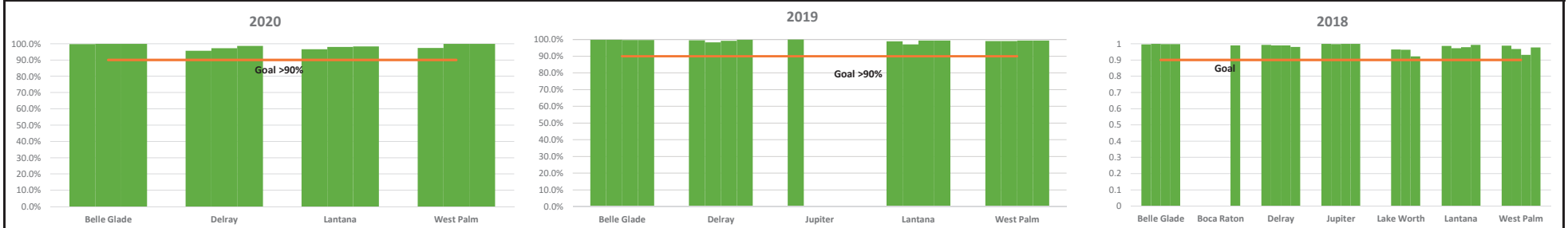
340B utilization

Total HCD prescriptions sold (excludes RW)	42,803		47,008		41,469		61,053		61,903	
340B prescription fills sold	100.0		100.0		100.0		100.0		98.7	
Central Fill (refills)	0	0.0	0	0.0	0	0.0	8,818	76.7	10,377	75.0



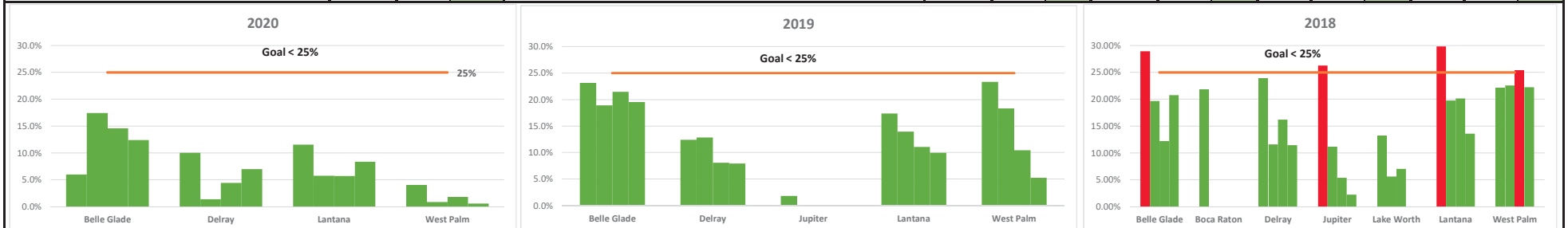
Ready when promised (non-waiters)

Location	Goal	2020 Q4	2020 Q3	2020 Q2	2020 Q1	2019 Q4
Belle Glade	>90%	3,819 100.0	4,503 100.0	2,662 100.0	1,031 99.8	4,952 99.7
Delray	>90%	8,205 99.5	9,665 98.7	6,557 97.3	9,576 95.8	11,589 99.9
Lantana	>90%	13,136 98.4	16,179 98.4	14,717 98.1	18,917 96.7	19,467 99.4
West Palm	>90%	17,717 100.0	18,845 100.0	15,873 99.9	24,659 97.4	19,983 99.5



Prescriptions designated as waiters

Location	Goal	2020 Q4	2020 Q3	2020 Q2	2020 Q1	2019 Q4
Belle Glade	<25% per site	542 12.4	771 14.6	563 17.5	66 6.0	1,205 19.6
Delray	<25% per site	617 7.0	451 4.5	94 1.4	1,069 10.0	1,001 8.0
Lantana	<25% per site	1,198 8.4	978 5.7	903 5.8	2,478 11.6	2,159 10.0
West Palm	<25% per site	102 0.6	353 1.8	143 0.9	1,038 4.0	1,113 5.3

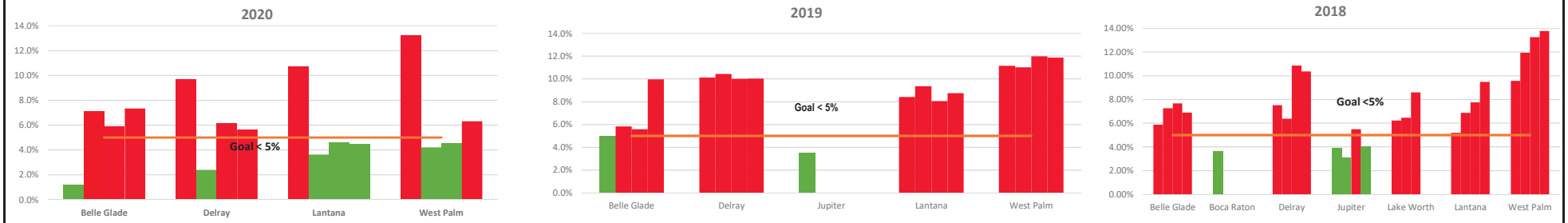


Pharmacy Quality Measures

Measure Set:	ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL						Previous Quarters								
	2020 Q4			2020 Q3			2020 Q2			2020 Q1			2019 Q4		
	Goal	Total		Goal	Total		Goal	Total		Goal	Total		Goal	Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	

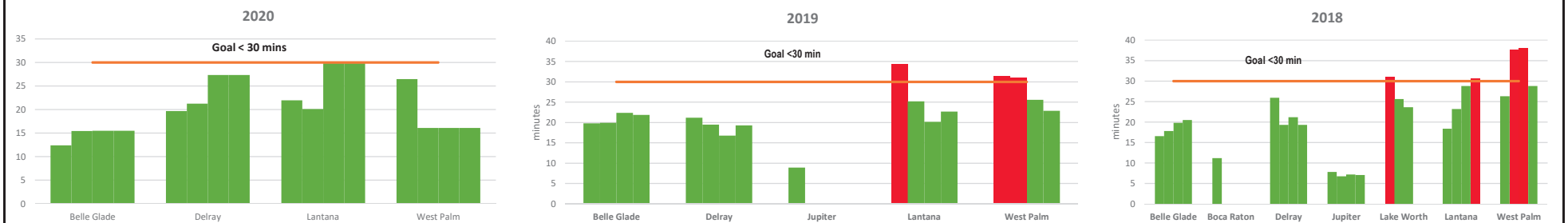
Prescriptions returned to stock

Location	Goal	2020 Q4		Notes	2020 Q3		2020 Q2		2020 Q1		2019 Q4	
		#	%		#	%	#	%	#	%	#	%
Belle Glade		320	7.3	Usual increase due to multiple holidays	311	5.9	230	7.1	13	1.2	614	10.0
Delray	<5% per site	498	5.6		621	6.1	159	2.4	1,028	9.7	1,262	10.0
Lantana		641	4.5		792	4.6	568	3.6	2,289	10.7	1,893	8.8
West Palm		1,123	6.3		869	4.5	673	4.2	3,403	13.2	2,504	11.9



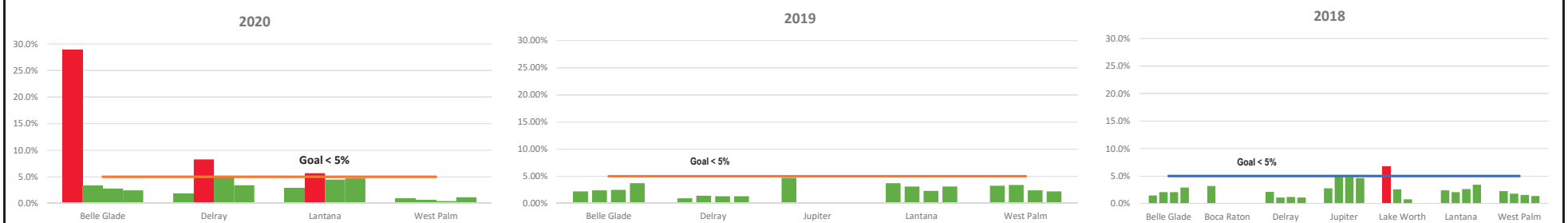
Total wait time in minutes (waiters)

Location	Goal	2020 Q4		2020 Q3		2020 Q2		2020 Q1		2019 Q4	
		Minutes	<30 mins	Minutes	<30 mins	Minutes	<30 mins	Minutes	<30 mins	Minutes	<30 mins
Belle Glade		22.18	15.49 mins	22.18	15.44 mins	18.24	15.44 mins	20.14	12.42 mins	21.9	21.9 mins
Delray		27.32	27.32 mins	27.32	21.26 mins	21.26	19.67 mins	19.67	19.67 mins	19.3	19.3 mins
Lantana		29.82	29.82 mins	29.82	20.14 mins	20.14	21.96 mins	21.96	21.96 mins	22.7	22.7 mins
West Palm		16.08	16.08 mins	16.08	16.12 mins	16.12	26.49 mins	26.49	26.49 mins	22.9	22.9 mins



Total out of stock fills

Location	Goal	2020 Q4		2020 Q3		2020 Q2		2020 Q1		2019 Q4	
		#	%	#	%	#	%	#	%	#	%
Belle Glade		107	2.5	117	2.8	111	3.4	318	28.9	226	3.7
Delray	<5% per site	301	3.4	471	5.2	566	8.3	208	1.9	161	1.3
Lantana		682	4.7	684	4.5	905	5.7	637	2.9	675	3.1
West Palm		203	1.1	80	0.5	103	0.6	246	0.9	478	2.2



Quality Audit Results

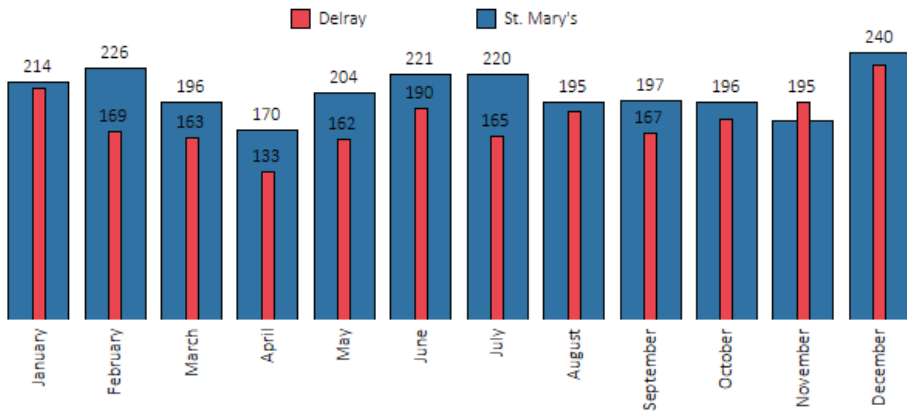
CQI Compliance Audit Quarterly CQIs completed in compliance with Board requirements  
 Control Substance Reconciliation Audit No discrepancies during the quarter

Pharmacy Quality Measures																
Measure Set:	2020 Q4			ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL	2020 Q3			2020 Q2			2020 Q1			2019 Q4		
	Goal	Total			Goal	Total		Goal	Total		Goal	Total		Goal	Total	
		#	%			#	%		#	%		#	%		#	%
Mailed Prescriptions	4,156 mailed packages (10,859 prescriptions)															

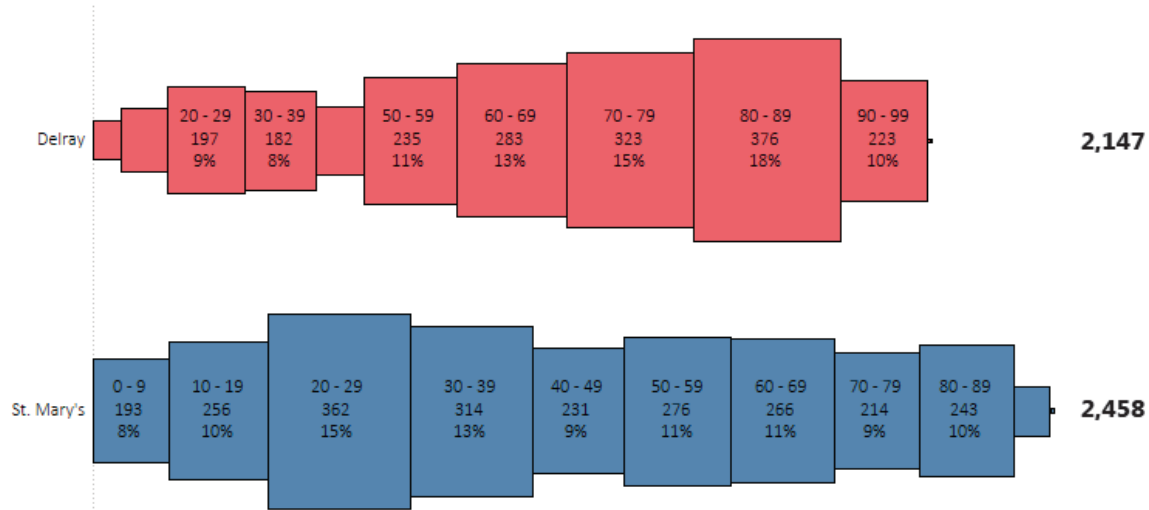
# TRAUMA SYSTEM UTILIZATION

**TOTAL PATIENTS**  
 2020: **4,605**

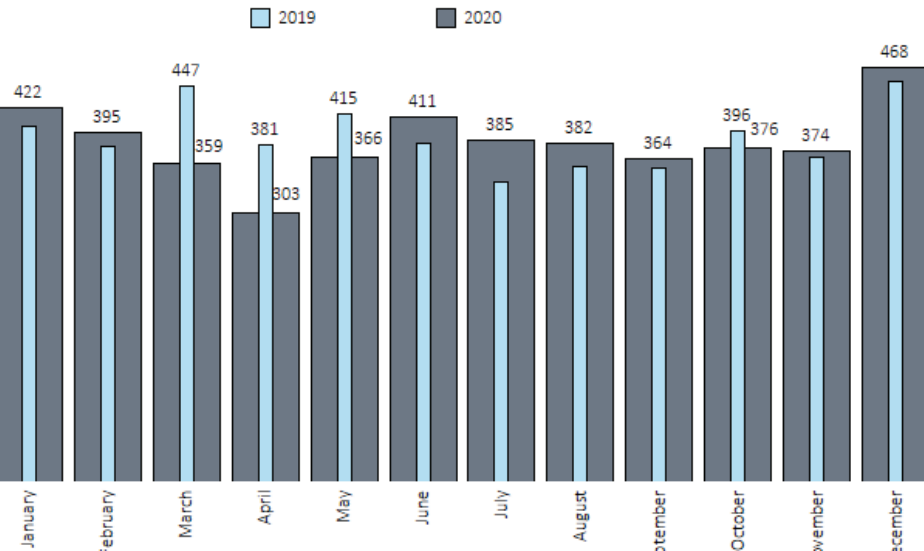
**TRAUMA CENTER VOLUME BY MONTH (2020 YTD)**



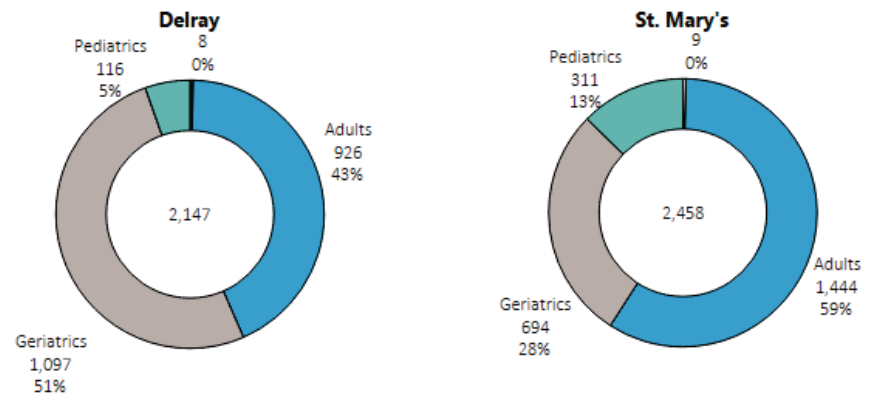
**DECADE OF AGE BREAKDOWN BY TRAUMA CENTER (2020 YTD)**



**TRAUMA CENTER VOLUME BY YEAR (2019 - 2020 YTD)**



**AGE GROUP BY TRAUMA CENTER (2020 YTD)**





# MECHANISM OF INJURY

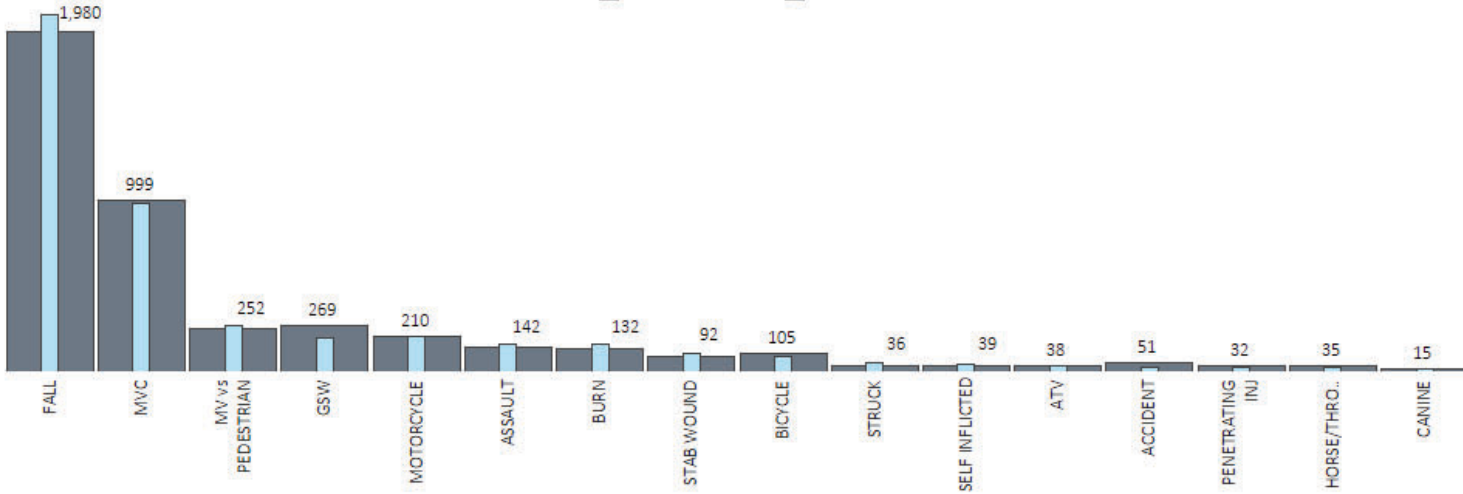
(All Ages)

## TOTAL TRAUMA PATIENTS

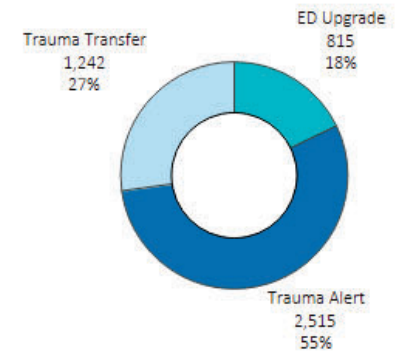
2020 (YTD): **4,605**

MECHANISM OF INJURY (2019 - 2020 YTD)

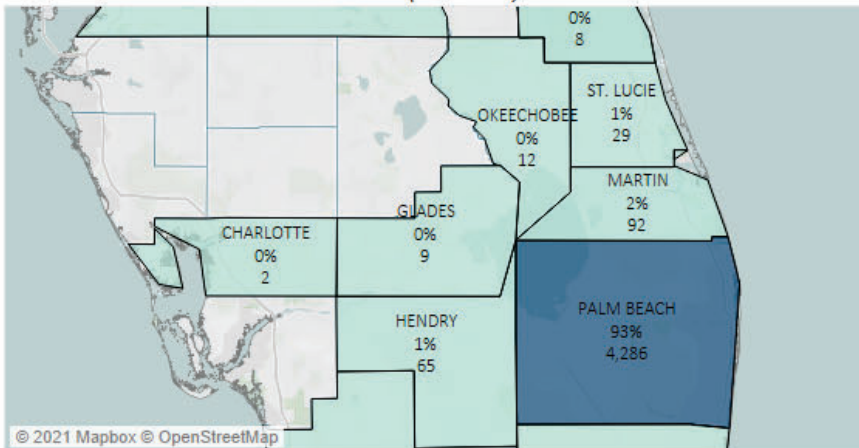
2019 2020



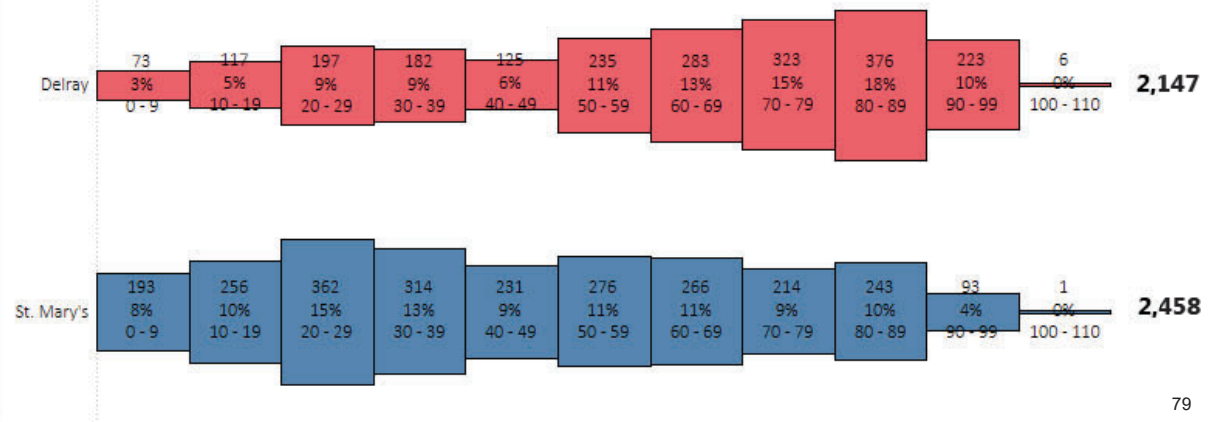
ACTIVATION LEVEL (2020 YTD)



INJURY MAP (2020 YTD)



YEARS OF AGE BY DECADE (2020 YTD)





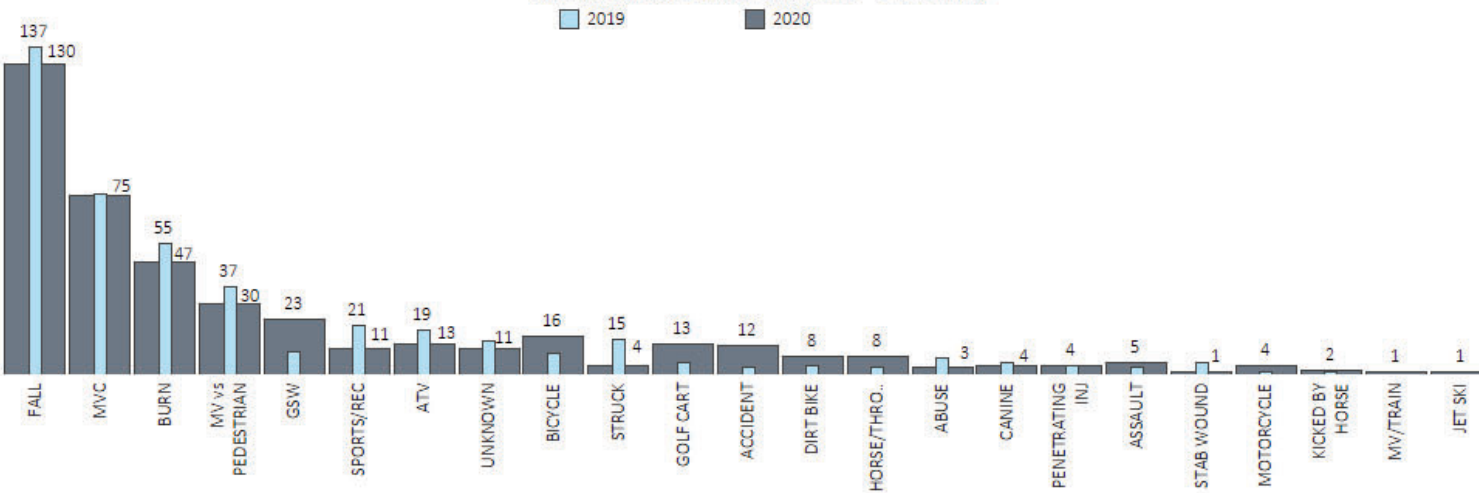
# PEDIATRIC MECHANISM OF INJURY

(Ages <1 - 15)

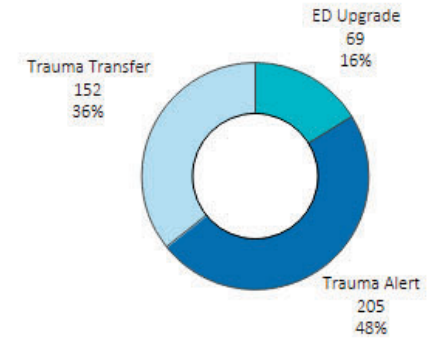
## TOTAL PEDIATRIC PATIENTS

2020 (YTD): 427

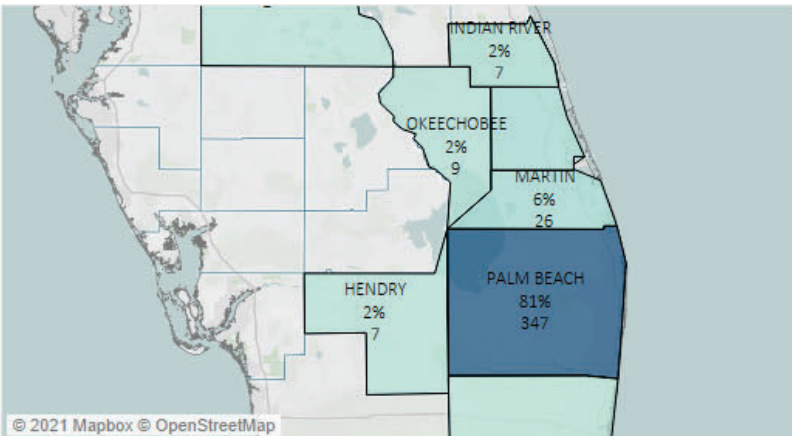
### MECHANISM OF INJURY (2019 - 2020 YTD)



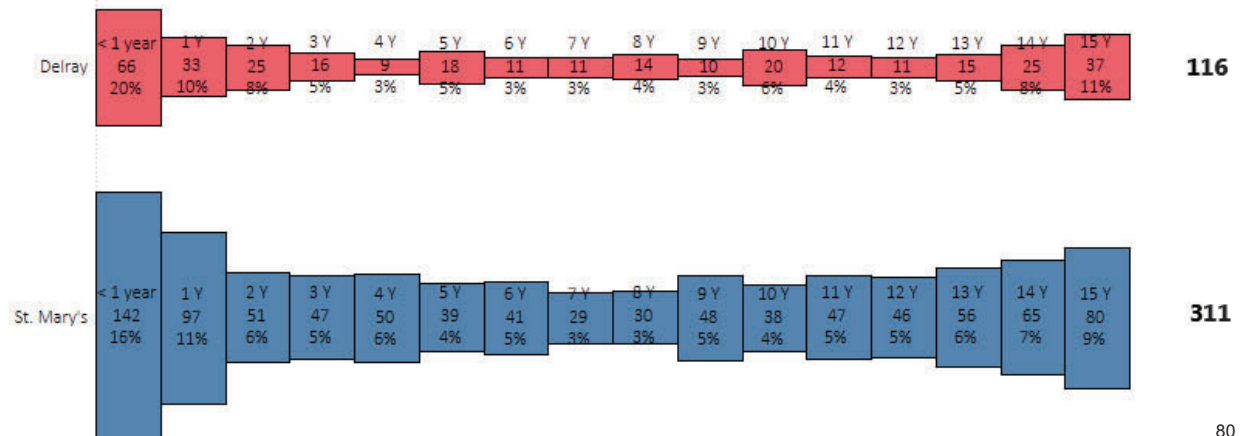
### ACTIVATION LEVEL (2020 YTD)



### INJURY MAP (2020 YTD)



### YEARS OF AGE (2020 YTD)





# ADULT MECHANISM OF INJURY

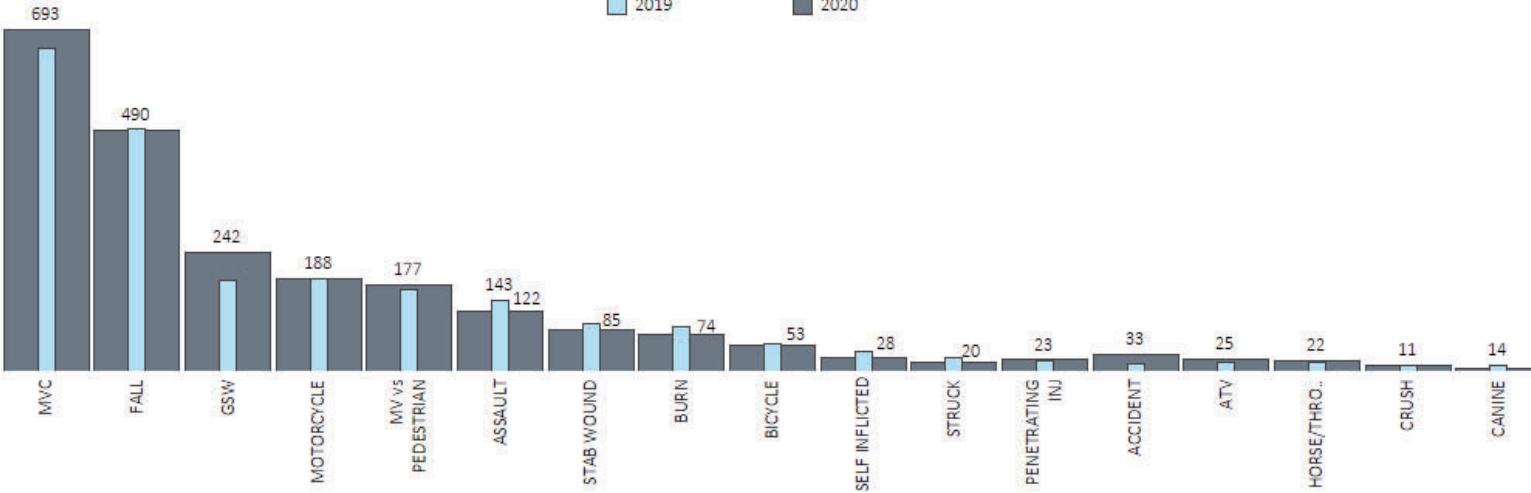
(Ages 16 - 65)

## TOTAL ADULT PATIENTS

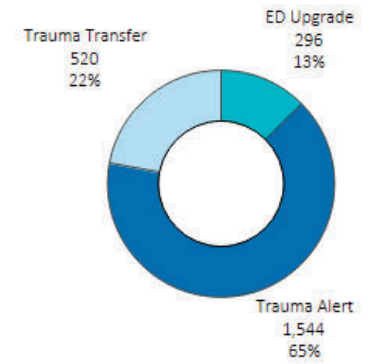
2020 (YTD): **2,370**

MECHANISM OF INJURY (2019 - 2020 YTD)

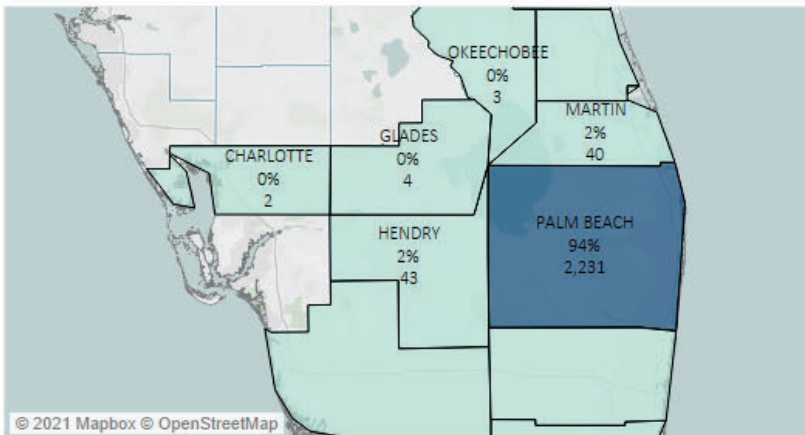
2019 2020



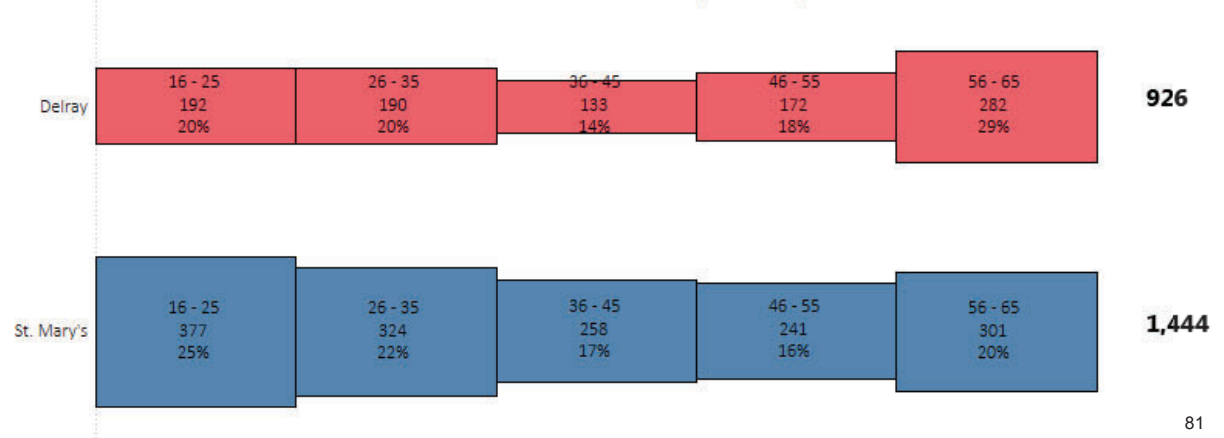
ACTIVATION LEVEL (2020 YTD)



INJURY MAP (2020 YTD)



YEARS OF AGE BY DECADE (2020 YTD)





# GERIATRIC MECHANISM OF INJURY

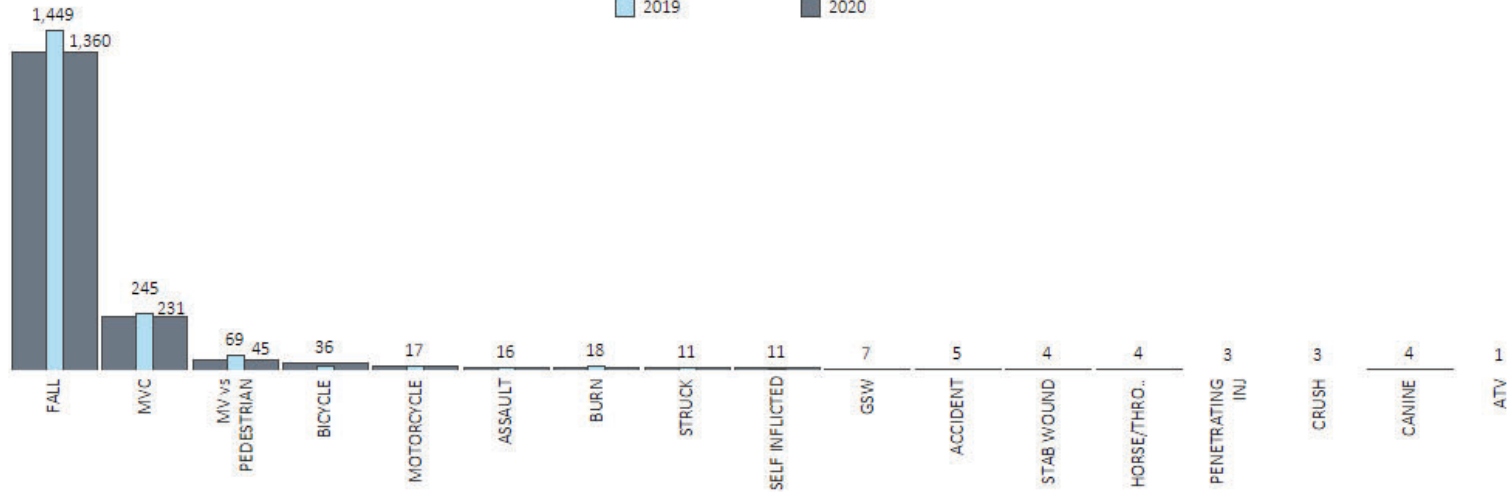
(Age >65)

## TOTAL GERIATRIC PATIENTS

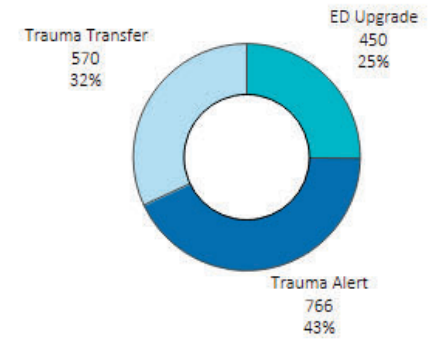
January - November 2020: **1,791**

### MECHANISM OF INJURY (2019 - 2020 YTD)

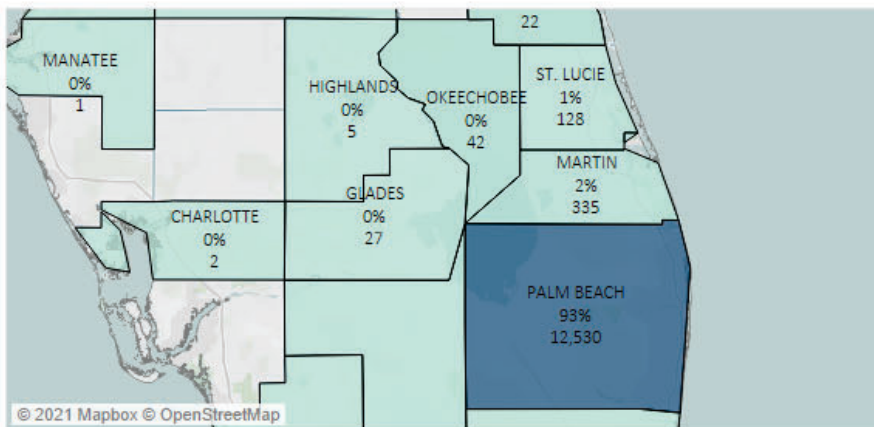
2019 2020



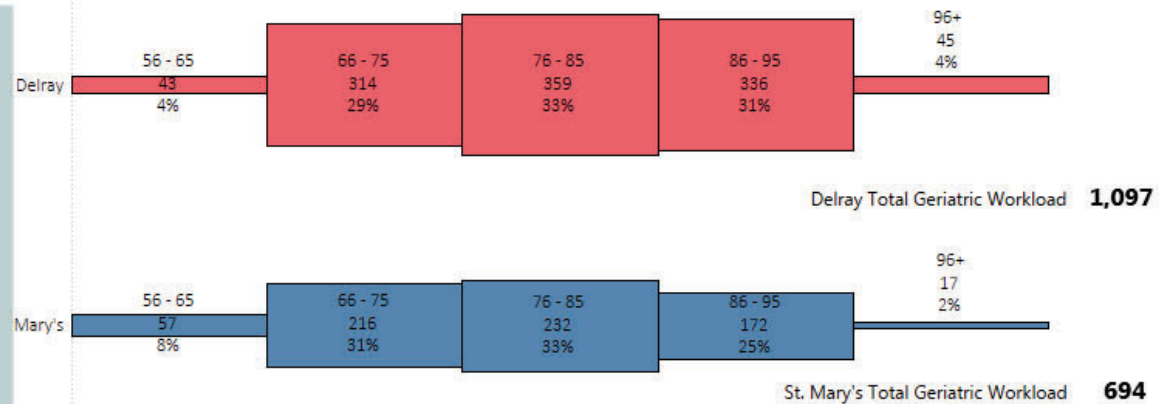
### ACTIVATION LEVEL (2020 YTD)



### INJURY MAP (2020 YTD)



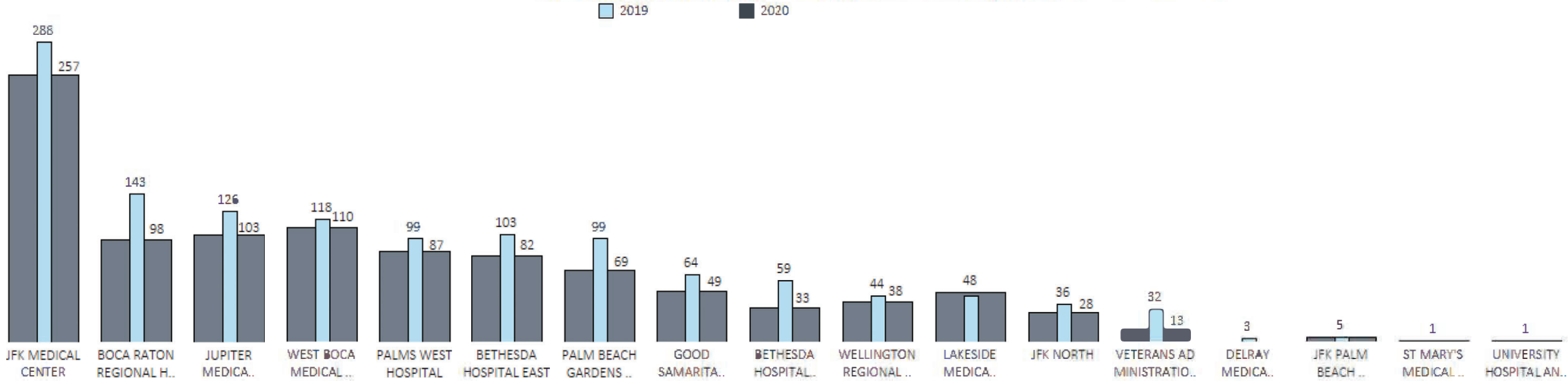
### YEARS OF AGE BY DECADE (2020 YTD)



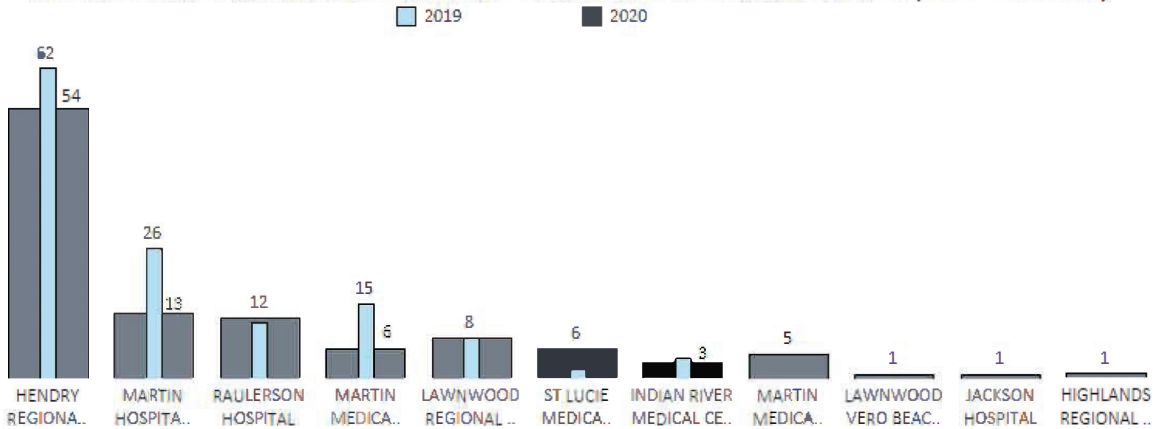


# TRAUMA TRANSFER ANALYSIS

**PBC ACUTE CARE HOSPITAL TRANSFERS TO TRAUMA CENTER (2019 - 2020 YTD)**



**OUT OF COUNTY ACUTE CARE HOSPITAL TRANSFERS TO TRAUMA CENTER (2019 - 2020 YTD)**



**EMS AGENCY DOCUMENTATION**

*Scene Transport to Acute Care Hospital (2020 YTD)*

