



QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE

MEETING AGENDA

March 11, 2026 at 12:00PM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZlDDQT09>

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

1. Call to Order

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

2. Agenda Approval

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

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of December 10, 2025 [Pages 1-5]

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

A. **ADMINISTRATION**

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

March 2026 Internet Posting of District Public Meeting.

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

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

Committee Attendance [Page 6]

B. **PATIENT RELATIONS DASHBOARDS**

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

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 7-9]

- Patient Relations Dashboard, School Health
(Alexa Goodwin/ Fe Pagtakhan) [Page 10]
- Patient Relations Dashboard, Community Health Centers
(Alexa Goodwin/ Laura Acosta) [Page 11]
- Patient Relations Dashboard, Skilled Nursing Facility
(Alexa Goodwin/ Laura Acosta) [Page 12]
- Patient Relations Dashboard, Lakeside Medical Center
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 13]

C. **PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards

(Dr. Belma Andric) [Pages 14-17]

- Productivity Dashboard, School Health
(Fe Pagtakhan) [Page 18]
- Productivity Dashboard, Community Health Centers
(Dr. Ana Ferwerda/ Ingrid Barlett) [Page 19]

- Productivity Dashboard, Skilled Nursing Facility (Sonja Susnjevic) [Page 20]
- Productivity Dashboard, Lakeside Medical Center (Jackie Drahos) [Pages 21-22]
- Productivity Dashboard, Ground Transportation (Jostein Lavoll) [Page 23]
- Productivity Dashboard, Pharmacy (Jose Rodriguez / Leamsi Borges) [Page 24]
- Productivity Dashboard, Human Resources (Geoff Washburn / Brad Krietzberg) [Page 25]

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

HCD Compliance, Privacy and Ethics Quarterly Program Update (Heather Bokor) [Pages 26-43]

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Dashboards (Steven Sadiku) [Pages 44-48]

- Quality & Patient Safety Report, School Health (Fe Pagtakhan) [Page 49]
- Quality & Patient Safety Report, Aeromedical (Jostein Lavoll) [Page 50]
- Quality & Patient Safety Report, Community Health Centers (Dr. Ana Ferwerda/Melanie Deeroop-Kangoo) [Page 51]
- Quality & Patient Safety Report, Skilled Nursing Facility (Sonja Susnjevic) [Pages 52-53]

- Quality & Patient Safety Report, Lakeside Medical Center (Jackie Drahos) [Page 54]
- Quality & Patient Safety Report, Ground Transportation (Jostein Lavoll) [Page 55]
- Quality & Patient Safety Report, Pharmacy (Jose Rodriguez / Leamsi Borges) [Page 56]
- Quality & Patient Safety Report, Corporate Quality Metrics: IT, Human Resources (Steven Sadiku) [Pages 57-59]

C. RISK MANAGEMENT DASHBOARDS

8C-1 RECEIVE AND FILE:

Risk Management Updates and Dashboards
(Alyssa Tarter) [Pages 60-68]

9. CEO Comments

10. Committee Member Comments

11. Upcoming Meetings

June 10, 2026

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

September Meeting (Date TBD)

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

December 9, 2026

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

12. Motion to Adjourn



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING MINUTES
December 10, 2025 at 10:00AM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Tracy Caruso called the meeting to order.

A. Roll Call

Committee Members present: Tracy Caruso, William Johnson, Kimberly Schulz, Tammy Jackson-Moore (VIRTUAL), Dr. Jyothi Gunta (VIRTUAL), and Dr. Ishan Gunawardene (VIRTUAL). Dr. Alina Alonso was absent.

Staff present: Darcy Davis, President & Chief Executive Officer; Dr. Belma Andric, EVP & Chief Medical Officer; Bernabe Icaza, SVP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Heather Bokor, VP & Chief Compliance & Privacy Officer; Jessica Cafarelli, VP & Chief Financial Officer; and Regina All, Chief Nursing Officer.

Transcribing Secretary: Bianca Badolati

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

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

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**

Committee Meeting Minutes of September 30, 2025.

CONCLUSION/ACTION: William Johnson made a motion to approve the Committee Meeting Minutes of September 30, 2025. The motion was duly seconded by Tammy Jackson-Moore. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

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

A. **ADMINISTRATION**

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

December 2025 Internet Posting of District Public Meeting.

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

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

Committee Attendance

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

2026 Meeting Schedule

B. **PATIENT RELATIONS DASHBOARDS**

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

Patient Relations Dashboards

- Patient Relations Dashboard, School Health
- Patient Relations Dashboard, Community Health Centers
- Patient Relations Dashboard, Skilled Nursing Facility
- Patient Relations Dashboard, Lakeside Medical Center

C. **PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards

- Productivity Dashboard, School Health
- Productivity Dashboard, Community Health Centers
- Productivity Dashboard, Skilled Nursing Facility
- Productivity Dashboard, Lakeside Medical Center
- Productivity Dashboard, Ground Transportation
- Productivity Dashboard, Pharmacy
- Productivity Dashboard Human Resources

D. **RISK MANAGEMENT**

7D-1 **MOTION TO APPROVE:**

Risk Management Plan 2026 for Lakeside Medical Center

8. Regular Agenda

A. **COMPLIANCE**

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

FY25 HCD Compliance Program Effectiveness Assessment

Ms. Bokor reviewed the HCD Compliance Program Effectiveness Assessment and provided OIG program guidance to the committee.

CONCLUSION/ACTION: Received and filed.

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

Compliance, Privacy and Ethics Program Activities and Updates

Ms. Bokor reviewed the Compliance, Privacy and Ethics Activities and provided updates to the committee.

CONCLUSION/ACTION: Received and filed.

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Reports

- Quality & Patient Safety Report, School Health
- Quality & Patient Safety Report, Aeromedical
- Quality & Patient Safety Report, Community Health Centers
- Quality & Patient Safety Report, Skilled Nursing Facility
- Quality & Patient Safety Report, Lakeside Medical Center
- Quality & Patient Safety Report, Ground Transportation
- Quality & Patient Safety Report, Pharmacy
- Quality & Patient Safety Report, Corporate Quality Metrics

Mr. Sadiku reviewed and discussed all the Corporate Quality Dashboards to the committee.

CONCLUSION/ACTION: Received and filed.

C. RISK MANAGEMENT DASHBOARDS

8C-1 RECEIVE AND FILE:

Risk Management Updates and Dashboards

Alyssa Tarter presented the Risk Management updates and dashboards.

CONCLUSION/ACTION: Received and filed.

9. CEO Comments

Ms. Darcy Davis announced that an HCD research paper, developed with contributions from Dr. Belma Andric and Dr. Courtney Phillips, will be published in collaboration with the FAU research team. Dr. Belma Andric provided additional context about the paper, and members offered their congratulations.

10. Committee Member Comments

Tracy Caruso wished everyone happy holidays and a happy new year.

11. Establishment of Upcoming Meetings

March 11, 2026

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

June 10, 2026

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

September Meeting (Date TBD)

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

December 9, 2026

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

12. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tracy Caruso, Chair

Date



QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE

Attendance Tracking for 2026

	12/10/25	3/11/26	6/10/26	9/XX/26	12/9/26
Dr. Jyothi Gunta	X				
Tracy Caruso	X				
Dr. Alina Alonso	ABSENT				
Tammy Jackson-Moore	VIRTUAL				
Kimberly Schulz	X				
William (Bill) Johnson	X				
Dr. Ishan Gunawardene	VIRTUAL				

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
MARCH 11, 2026

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 4th Quarter of 2025 for School Health, Community Health Centers, Skilled Nursing Center, and Lakeside Medical Center.

3. Substantive Analysis:

School Health

For Quarter 4 2025, School Health had a total of 14 Patient Relations events reported for 173 school locations. Of the 14 patient relation events, 6 were complaints, 1 was grievance, and 7 were compliments. 4 of the 6 complaints were from a family member and the other 2 were from an employee, and 1 grievance was from a family member. The complaints categories were nurse, respect, and care and treatment related. The 7 compliments recognized the School Health Nurses and School Health aides received from School Health Staff, a physician, and family members.

Community Health Centers

For Quarter 4 2025 there were a total of 39 Patient Relations Occurrences that occurred between 7 Centers and Mobile Warrior. This was an decrease from the previous quarter where we had 49 Complaints and Grievances. Of the 39 occurrences, there were 9 Grievances and 30 Complaints. The top 5 categories were Care & Treatment, Finance, Communication, Nursing Related and Respect Related issues. The top subcategory was Poor Communication with occurrences from each.

There was also a total of 2 Compliments received across 2 Centers. All 2 Compliments were patient generated.

Skilled Nursing Center

For Quarter 4 2025, there were a total of 42 Patient Relations Occurrences that occurred between 5 resident units, Dietary, Laundry, Social Services, Facilities and Nursing Administration. This was an increase from the previous quarter where we had 28 Complaints and Grievances. Of the 42 occurrences, there were 0 Grievances and 42 Complaints. The top 5 categories were Personal Belongings, Communication, Nutrition, Care & Treatment, and Environmental Related issues. The top subcategory



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MARCH 11, 2026**

was Personal Belongings – Clothes with 5 occurrences.

There was also a total of 31 Compliments received across 9 departments. Of the 31 compliments, all were resident generated.

Lakeside Medical Center

For Quarter 4 2025, there were a total of 8 Patient Relations Occurrences that occurred between the Emergency Services, Intensive Care Unit, Main Entrance, Med-Surg 2nd Floor/Telemetry, Dialysis, Respiratory Therapy and Surgery. This was a decrease from the previous quarter where we had 13 Complaints and Grievances. Of the 8 occurrences, there were 3 Grievances and 5 Complaints. The top 4 categories were Care & Treatment, Respect Related, Admitting/ Registration, Communication and Personal Belongings. The top subcategory was Disagreement with medical opinion, Lack of continuity of care, Courtesy of staff, Privacy issues, Delay in process for admission, Staff did not listen carefully and Loss.

There was also a total of 6 Compliments received in Emergency Services and Med-Surg 2nd Floor/Telemetry. There were 5 compliments related to Nursing and 1 related to Nutrition.

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
MARCH 11, 2026

5. Recommendation:

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

Approved for Legal sufficiency:

Signed by:



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Bernabe Icaza

SVP & General Counsel

DocuSigned by:



1F272D34C8B04A5...

Belma Andric, MD

EVP & Chief Medical Officer

Signed by:



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Darcy J. Davis

President & Chief Executive Officer

Patient Relations School Health (Grievances, Complaints & Compliments) - 10/1/2025 to 12/31/2025



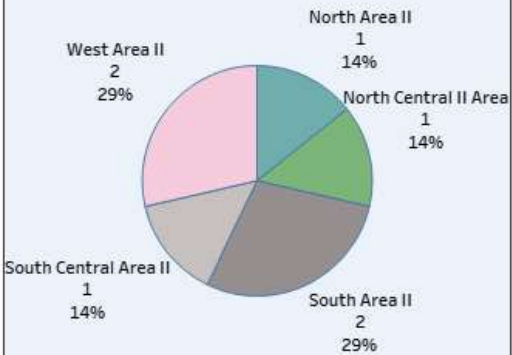
2025 Q4

Total Complaints and Grievances: 7

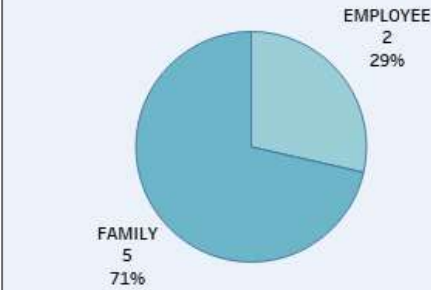
COMPLAINT: 6 GRIEVANCE: 1

Late Entries: 0

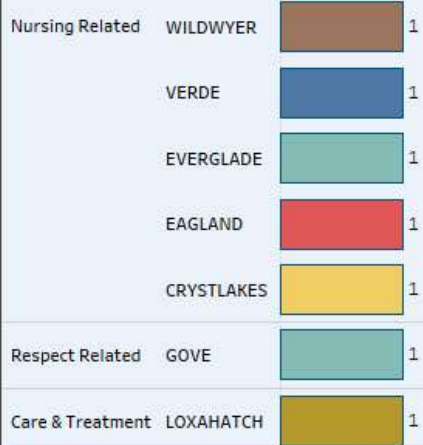
Schools by Area



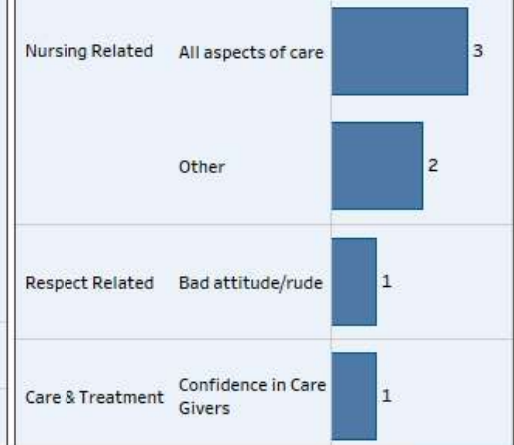
Complainant



Top 5 Categories



Total Top 5 Subcategories



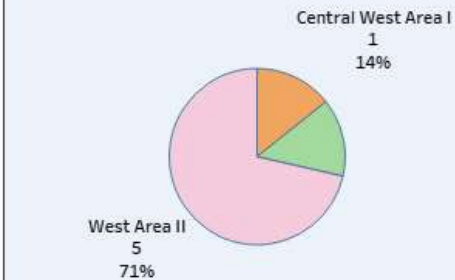
Total Compliments 7

Late Entries: 0

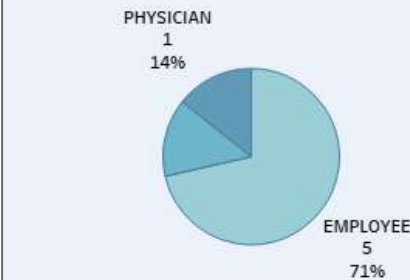
Comp/Griev Prev 4 Quarters

21

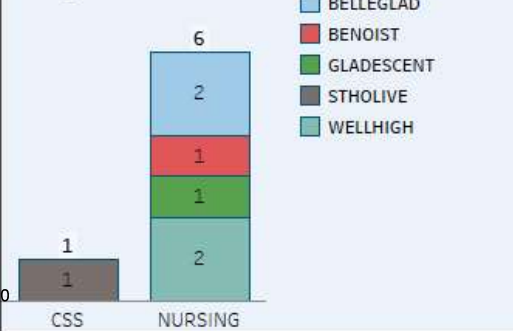
Schools by Area



Complimenter



Care & Treatment Categories



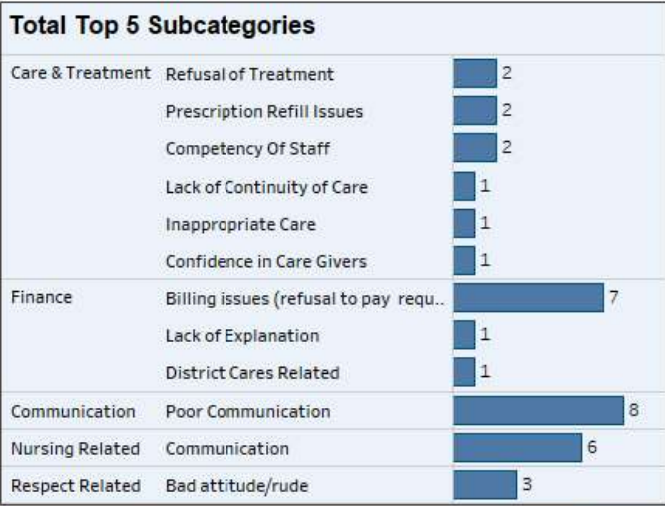
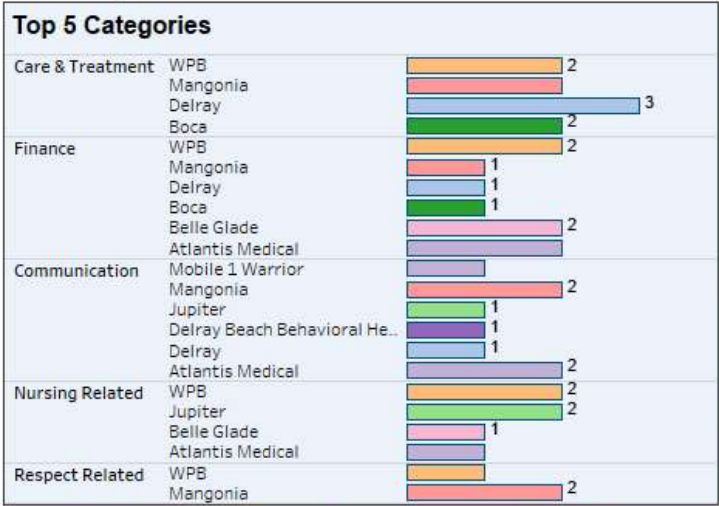
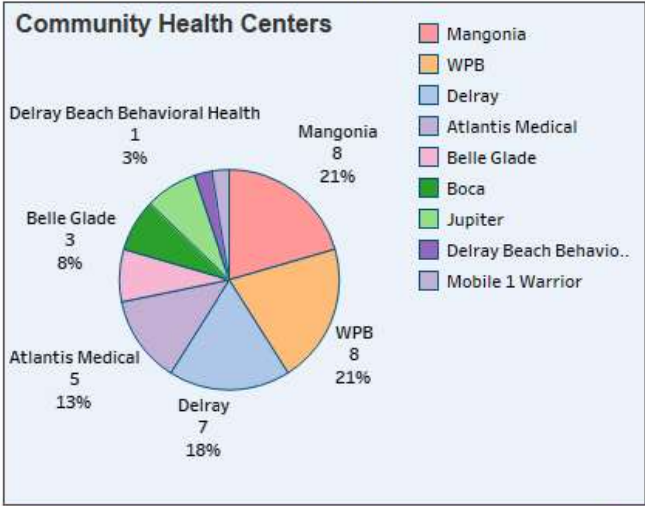
Top 5 Categories Trended



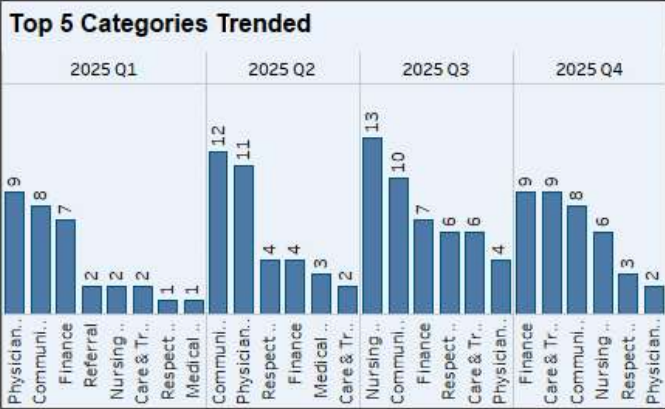
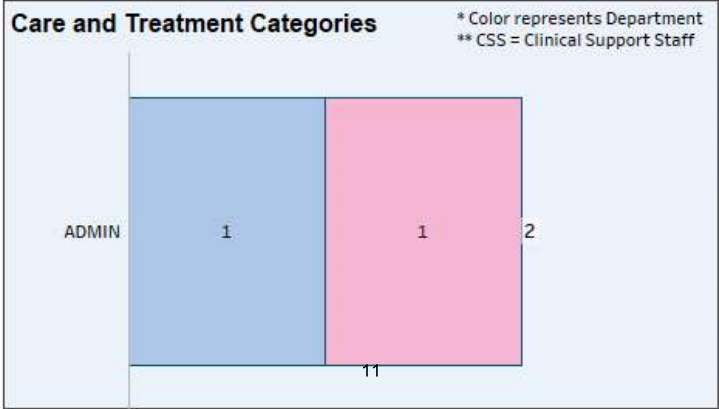
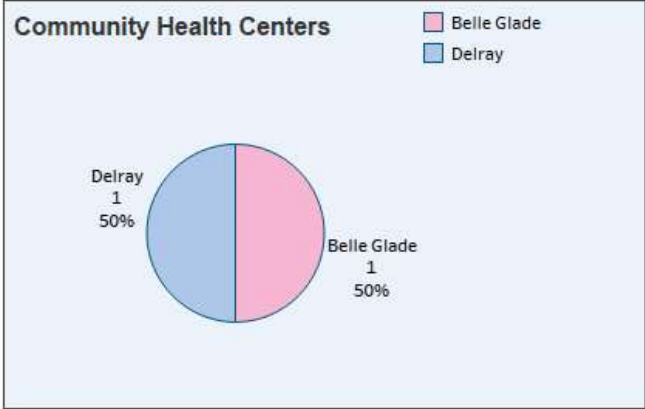
Patient Relations (Grievances, Complaints & Compliments)
Community Health Centers - 10/1/2025 to 12/31/2025

2025 Q4

Dept Desc All Provider All **Total Complaints and Grievances: 39** COMPLAINT: 30 GRIEVANCE: 9 Center All **Late Entries: 1**



Total Compliments: 2 **Late Entries: 0** **Complaints/Grievances Prev 4 Quarters: 159**

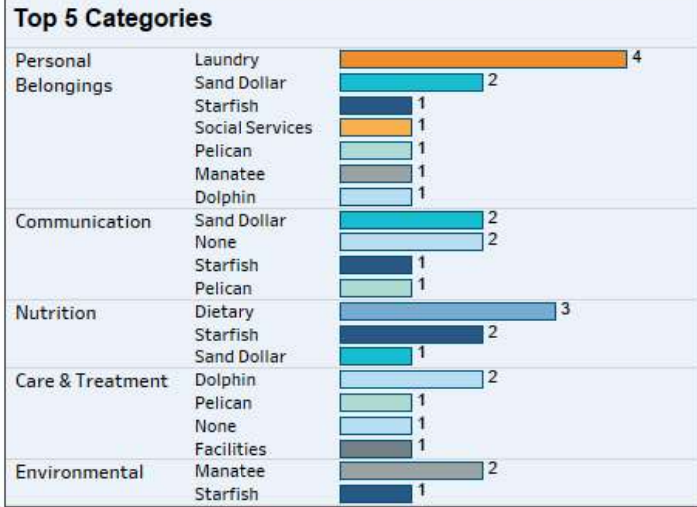
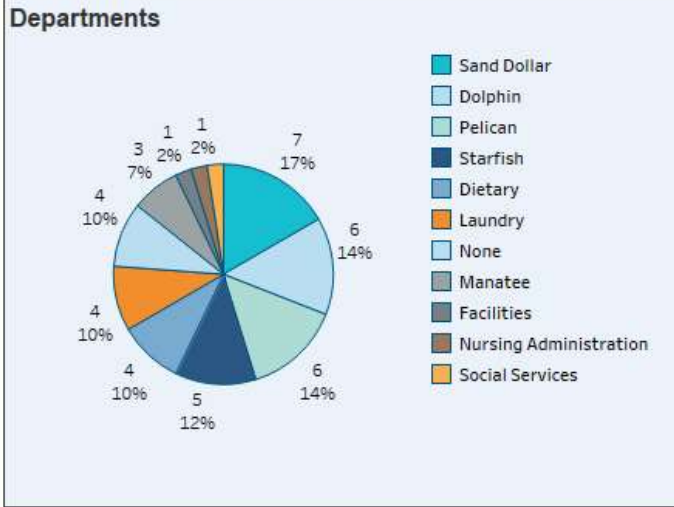


Patient Relations (Grievances, Complaints & Compliments) Healey Center - 10/1/2025 to 12/31/2025

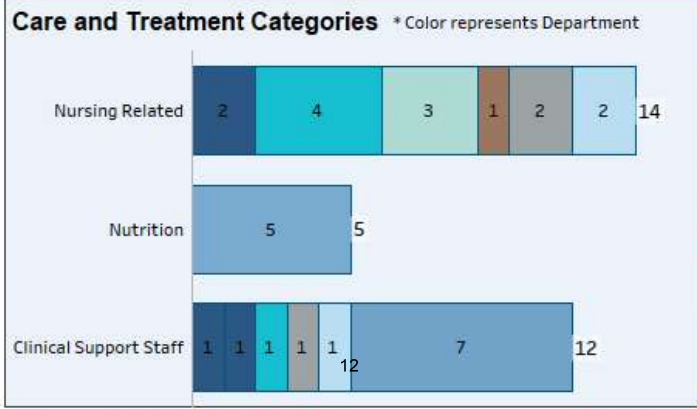
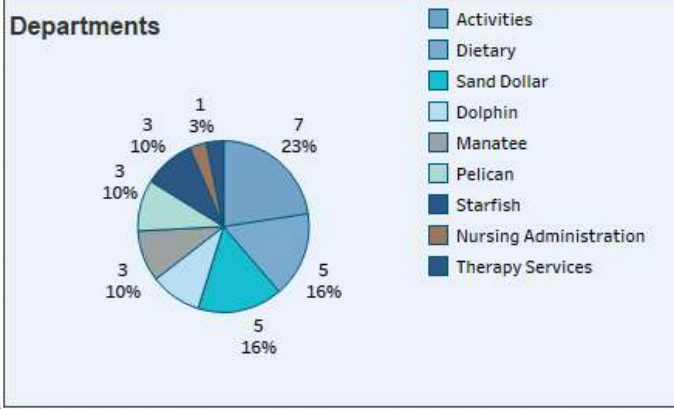
2025 Q4

Total Complaints and Grievances: 42

COMPLAINT: 42



Total Compliments 31 **Complaints/Grievances Prev 4 Quarters 42**



Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center - 10/1/2025 to 12/31/2025

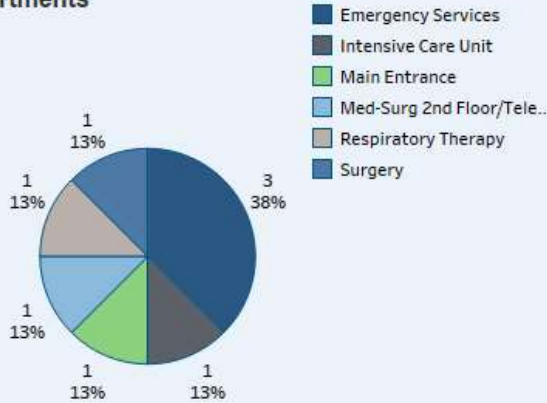
2025 Q4

Total Complaints and Grievances

8

Late Entries: 0

Departments



Top 5 Categories

Care & Treatment	Emergency Services	1
	Med-Surg 2nd Floor/Telemetry	1
Respect Related	Emergency Services	1
	Respiratory Therapy	1
Admitting/Registration	Intensive Care Unit	1
Communication	Main Entrance	1

Total Top 5 Subcategories

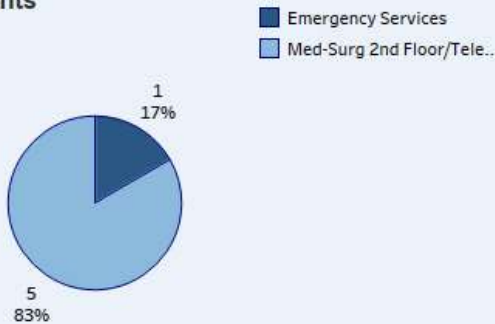
Care & Treatment	Disagreement with medical opinion	1
	Lack of Continuity of Care	1
Respect Related	Courtesy of staff	1
	Privacy issues	1
Admitting/Registration	Delay in process for admission	1
Communication	Staff did not listen carefully	1
Personal Belongings	Loss	1

Total Compliments

6

Late Entries: 0

Departments



Care and Treatment Categories * Color represents Department

NURSING	4	1	5
NUTRITION	1	1	

13

Complaints/Grievances Prev 4 Quarters

46

Total Top 5 Subcategories



QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

1. **Description: Productivity Dashboards**

2. **Summary:**

This agenda item provides the productivity reports for the 4th Quarter of 2025 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy and Human Resources.

3. **Substantive Analysis:**

School Health

In the 4th Quarter of 2025, School Health completed a total of 219,916 events across 173 schools, providing care for a total of 95,416 students. These events were broken down into 77,984 consultation events, 77,170 office visits, 22,012 procedure visits, 34,926 medication visits, and 7,824 record reviews. The top three schools with the most events are Verde K-8, Emerald Cove Middle School, and Sunrise Park Elementary.

Community Health Centers

In Q4 of 2025, the Community Health Centers served 18,715 unique patients, reflecting an 8.53% decrease from the previous quarter, and delivered 37,797 patient visits, an 8.18% decrease quarter-over-quarter. A total of 3,207 new patients were seen, representing 17% of the total unique patient population for the quarter. Among all patients, 60% were female, and 40% were male; 23.4% identified as homeless, and 5.1% identified as agricultural or migrant workers. The Atlantis, West Palm Beach, and Delray locations recorded the highest numbers of patient visits.

Skilled Nursing Center

In Q4 of 2025, the average census for the Skilled Nursing Center was 98 residents. Nurses performed 46,157 treatments and administered 227,132 medications. There were 334 provider visits during the quarter. The CNA POC documentation compliance rate for the day shift averaged 99.1%, the evening shift averaged 98.7%, and the night shift averaged 99.7%. The therapy department completed 4,108 units for the quarter (PT-2,378, OT-1,414, and ST-316).

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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Lakeside Medical Center

The productivity data report for the 4th Quarter 2025 represents the following detailed information:

- **Total Census Days by Level of Care** – There were a total of 1,298 patient days for Q4-2025 compared to 1,572 in the previous quarter, resulting in a 17.43% decrease.
- **Emergency Services Visits**— There was a total of 4,876 visits for Q4-2025 compared to 4,969 in the previous quarter, resulting in a 1.8 % decrease.
- **Physical Therapy Visits** (Evaluations and Treatments)—There were 112 evaluations and treatments in Q4-2025, compared to 247 in the previous quarter, a 54.65% decrease.
- **Inpatient Admissions**—There were 203 Inpatient Admissions in Q4-2025, compared to 182 in the previous quarter, a 11.54% increase.
- **Surgical Cases**—A total of 59 surgical cases were performed in Q4-2025, compared to 87 in the previous quarter, a 32.18% increase.
- **Medication Administration**—A total of 36,197 medications was administered for Q4-2025, compared to 40,579 in the previous quarter, resulting in a 10.79% decrease.
- **Radiology Exams Completed**—A total of 6,330 radiological exams was performed for Q4-2025, compared to 7,029 in the previous quarter, an 9.94% decrease.
- **Laboratory Specimens Collected**—A total of 19,661 lab specimens was collected for Q4-2025 compared to 21,804 in the previous quarter, resulting in a 9.83% decrease.

Ground Transportation

In Quarter 4, 2025, the Ground Transportation department completed 398 patient transports, which was a 3.39% decrease from the previous quarter. 398 transports originated from Lakeside Medical Center. The top three (3) destinations were: 1) Palm West (182), 2) JFK Main (60) and 3) St. Mary’s Medical Center (41).

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Of the 398 patients transported, 212 (53%) were male and 186 (47%) were female. The 61-70 age group had the highest transport need with 18% of overall transports, followed by the 71-80 age group (16%) and the 31-40 age group (15%). The top 5 Principal Diagnoses were: 1) NSTEMI, 2) Unspecified Pneumonia, 3) Weakness, 4) Unspecified convulsion, and 5) Unspecified Gastrointestinal hemorrhage. The Top 5 Services Not Available were: 1) Cardiology, 2) Gastroenterology, 3) OB/GYN, 4) Neurology, and 5) Urology. There was a total of 23 canceled transports, 57% from the referring location, and there were 24 transports in which lights/sirens were used.

Pharmacy

HCD Pharmacies sold 30,002 prescriptions for 6,208 unique patients for Q4 of 2025. Our Atlantis pharmacy accounted for 31% of that volume (8,861 prescriptions) followed by our WPB facility with 24% of the volume (6,590 prescriptions). 79% of the total processed prescriptions were NEW, and 21% were REFILLS. 21% of the patients (1,281) served were new to the pharmacy, which accounted for 2% higher than Q3. A total of 3,059 prescriptions or 33% of our Rx volume was processed and delivered timely while our patients waited. In addition, 432 Narcan units were distributed to the community in this time frame.

Human Resources

For Q4 2025, our employee headcount reached 1,240, no change from the previous quarter

- FT=1,147
- PT regular=39
- Per Diem=54
- Clinical job functions/positions are the leading with 47%, followed by technical at 13%, and specialist at 9%.
- Through Q4 2025, the diversity headcount is 46% African American, 25% White, 19% Hispanic, and 10% Other; 80% of the workforce is female.
- Through Q4 2025, the average age of employees is 47 years old, with 223 employees projected to be within retirement age in the next 5 years.



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:


Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer


5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

Signed by:


 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:


 Belma Andric, MD
 EVP & Chief Medical Officer

Signed by:


 Darcy J. Davis
 President & Chief Executive Officer

School Health Room Overview

From 10/1/2025 to 12/31/2025

■ Consultation
 ■ Medications
 ■ Review
■ Visit
 ■ Procedure



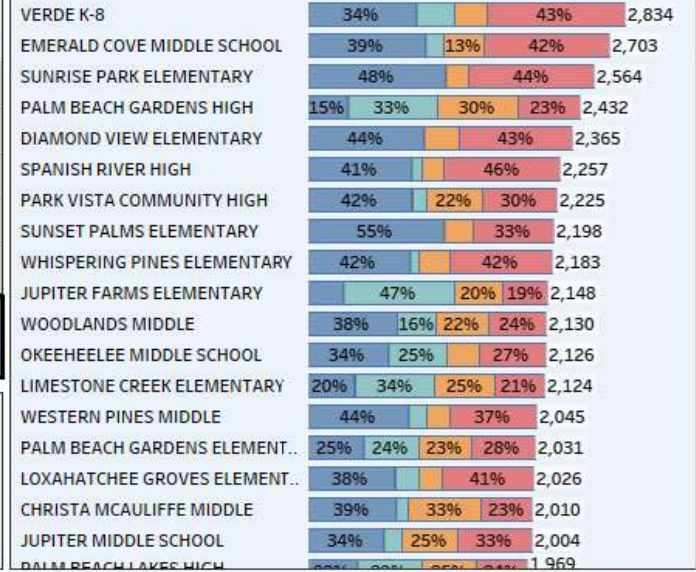
Volume Trend



Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Consultation	77,984	173	41,358	225	16.60
Visit	77,170	173	44,963	219	17.02
Medications	34,926	166	1,044	216	4.76
Procedure	22,012	113	227	164	10.11
Review	7,824	170	7,824	138	72.56

Events by School



Percent by Event Type



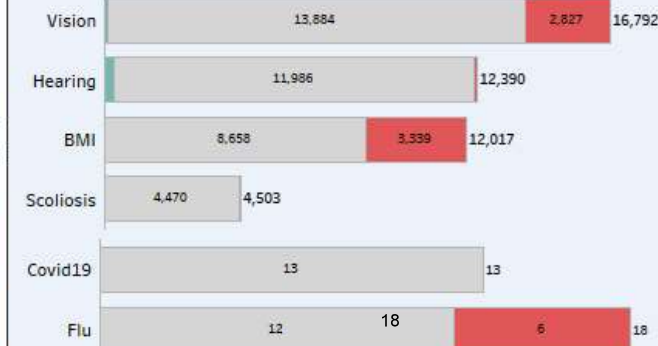
Visit Outcomes



Students by Grade



Mandatory Screenings and Covid/Flu Testing



Male 55%



Gender Assigned at Birth

Female 45%



Flexible

WI	SEI	SI	NEI	NI	EI	CWI	CNI	CEI	CI
1,810	4,596	3,335	2,323	4,495	4,027	2,316	3,478	3,803	2,923
0.9%	2.2%	1.6%	1.1%	2.1%	1.9%	1.1%	1.6%	1.8%	1.4%

Standard

WII	SCII	SII	NCII	NII	CII
26,384	26,726	35,162	28,168	31,604	31,490
12.4%	12.6%	16.5%	13.2%	14.9%	14.8%

■ HCD Personnel
■ LPN
■ RN
■ School Designee
■ SNA

Provider Type



Patients
18,715

Patient Visits
37,797

New Patients
3,207

Monthly Productivity All 2025

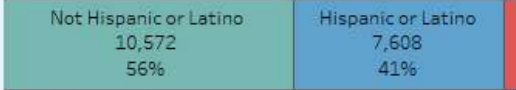
Filters

Demographics

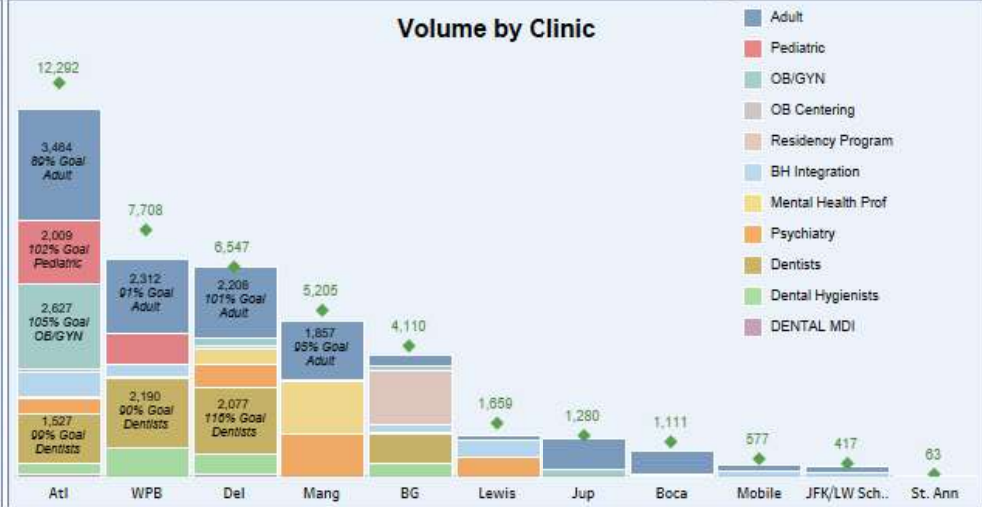
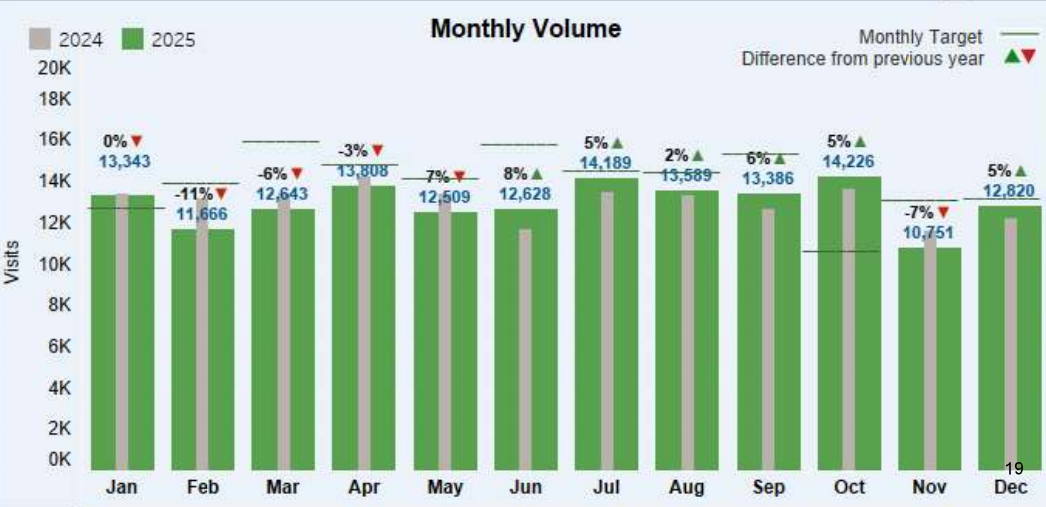
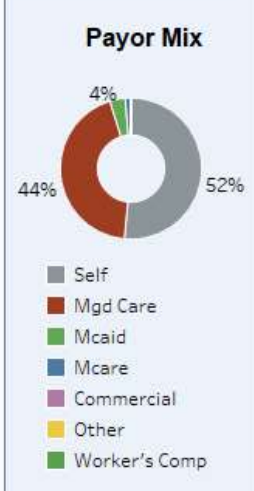
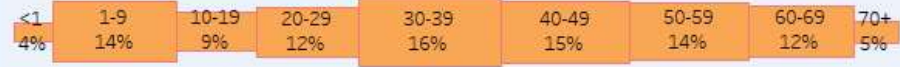
Race



Ethnicity



Age Group



Healey Center Productivity Data Q4 2025

Avg Monthly Census



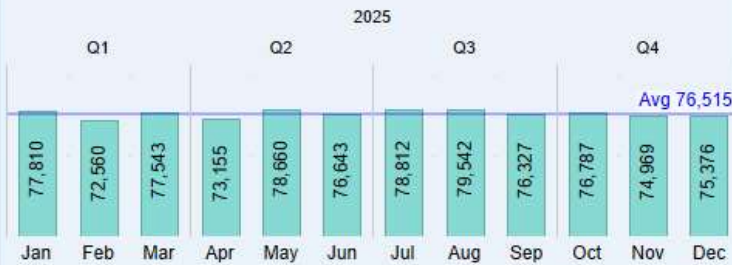
Provider Visits



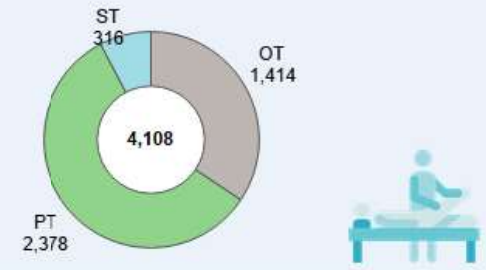
Treatments Performed



Medication Administrations



Therapy Productivity



CNA Point of Care (POC) Compliance

Day Shift



Evening Shift



Night Shift

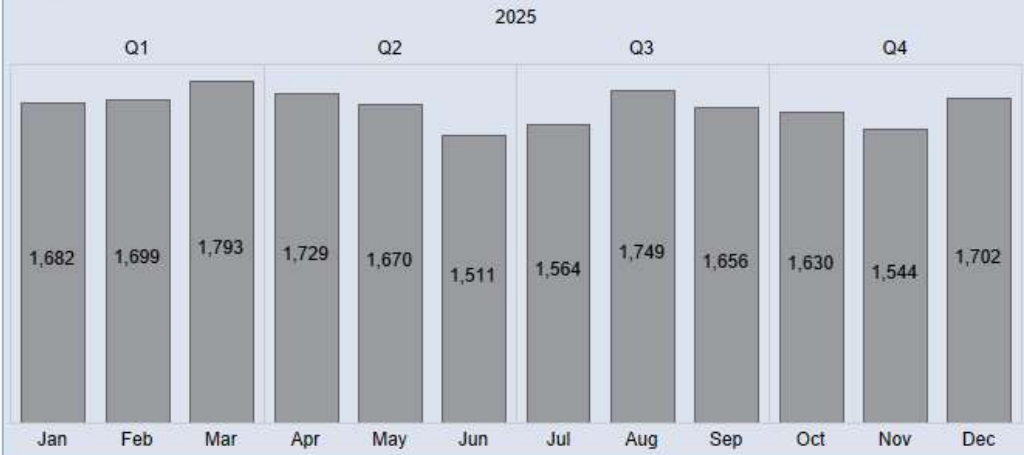




Total Census Days by Level of Care



ED Visits



PT Visits (Evals and Treatments)

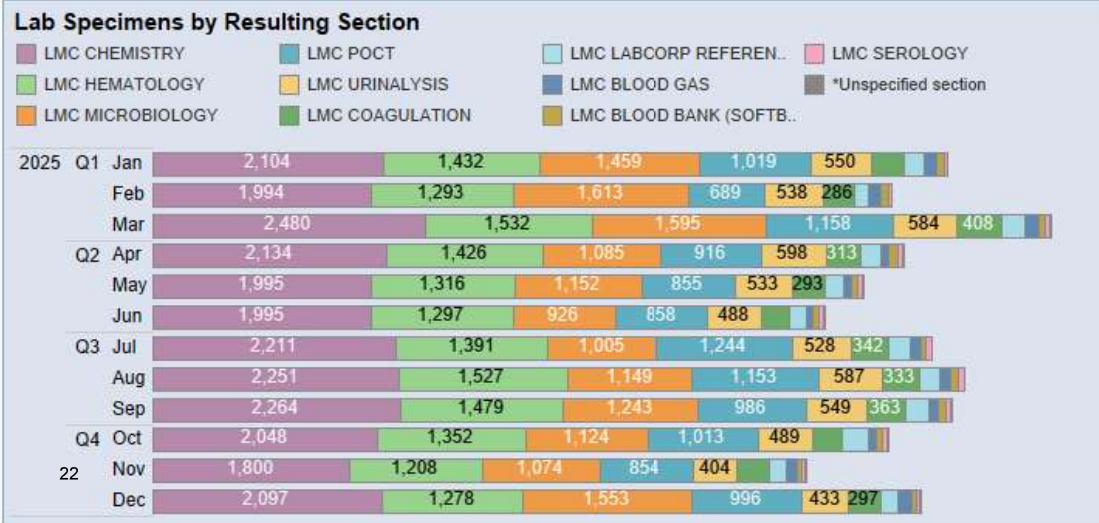
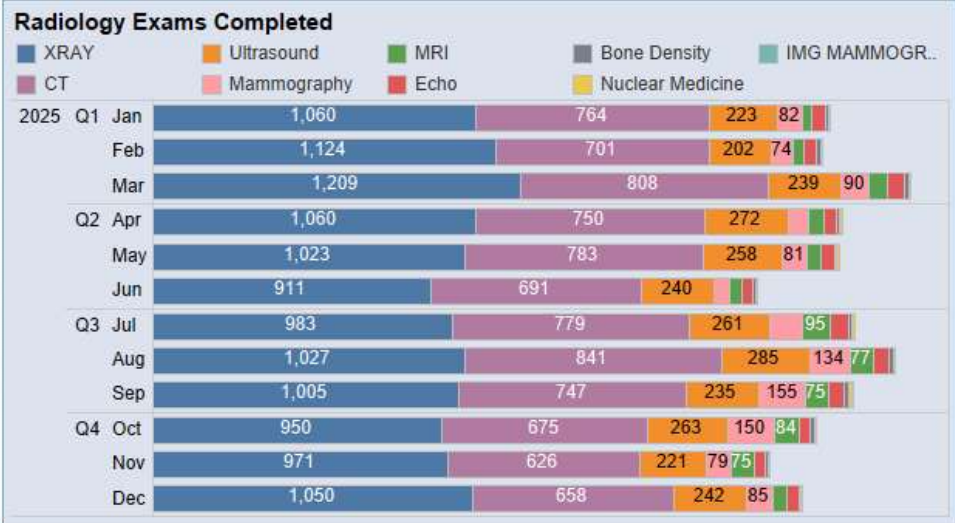
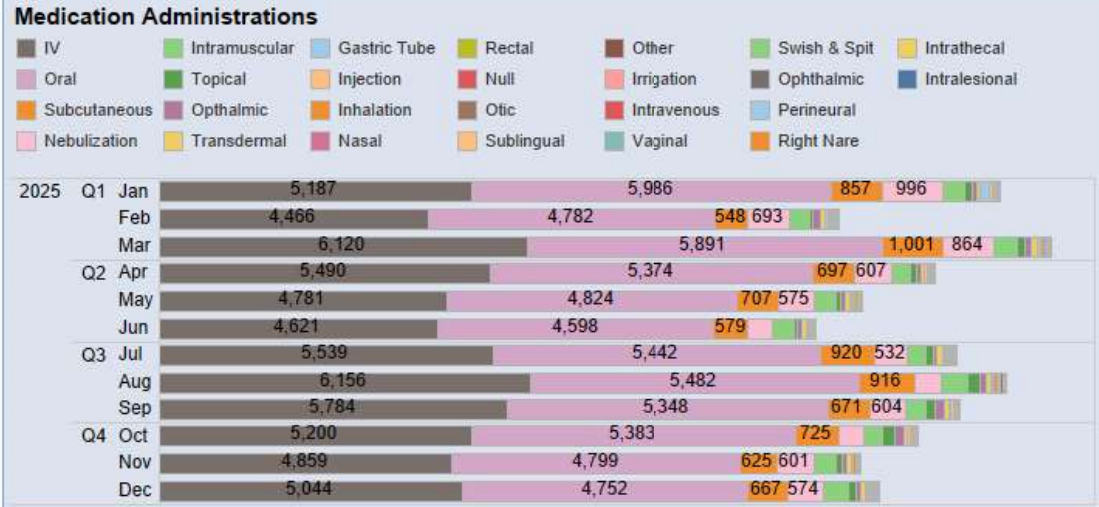
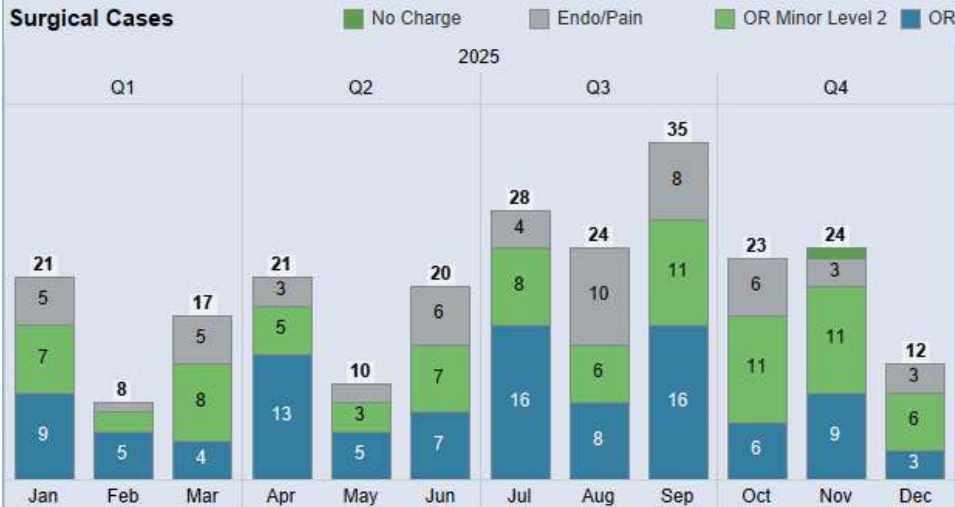


IP Admissions



Lakeside Medical Center Clinical Productivity Data

1/1/2025 to 12/31/2025



Ground Transportation Services

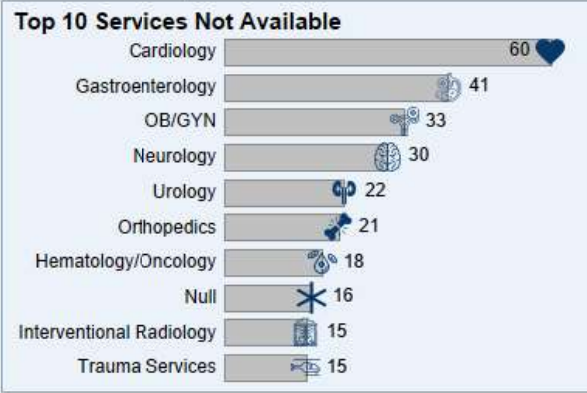
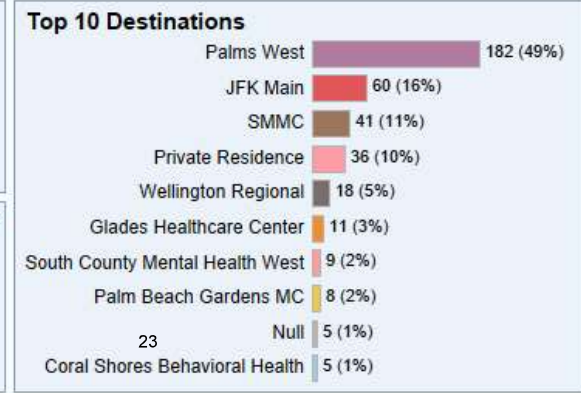
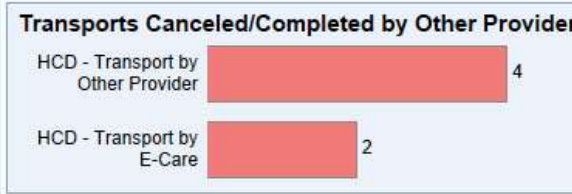
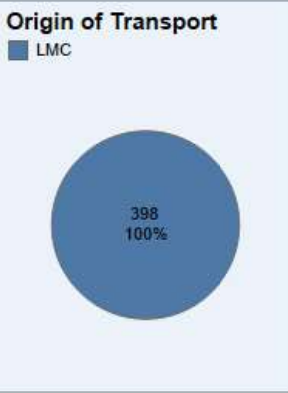
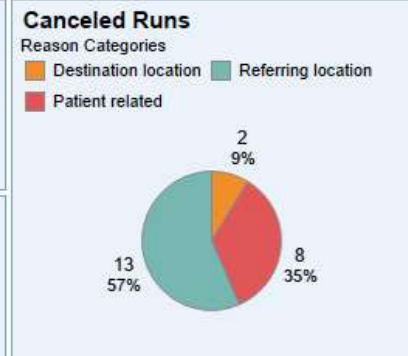
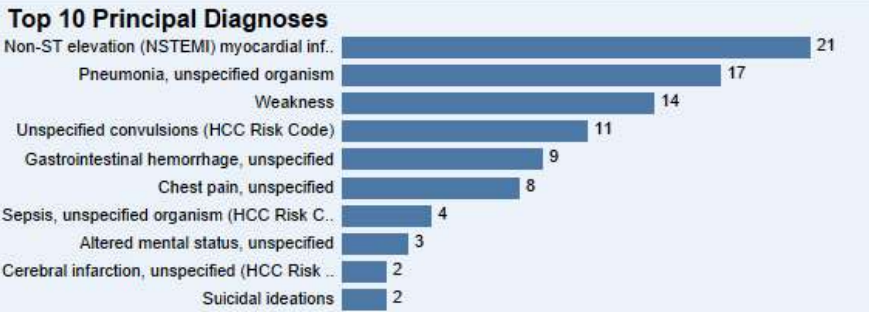
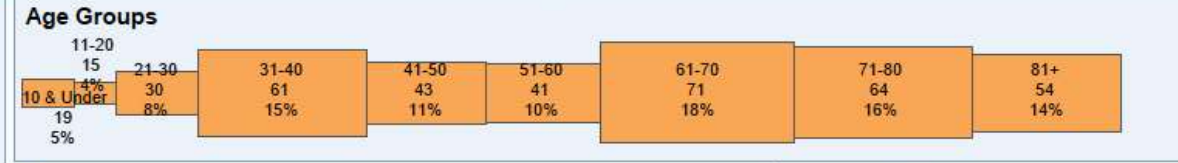
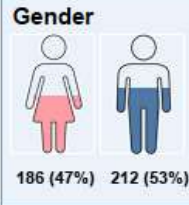
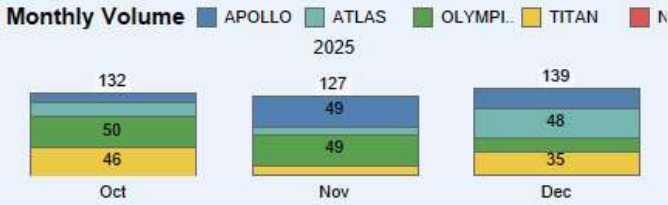
10/1/2025 - 12/31/2025

filters

Completed Transports 398	Average Mileage 31 mi	Avg Pickup to Drop Off 64 min	Delays 62	Canceled Transports 23	Avg Response Time 8 min	Lights/Sirens Used 24
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Patient Type - LMC Transports *Data Starting 12/2023

Emergency	335 (84%)
IP & OBS	63 (16%)

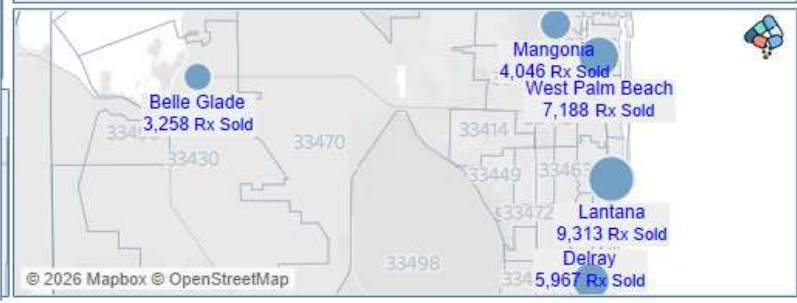
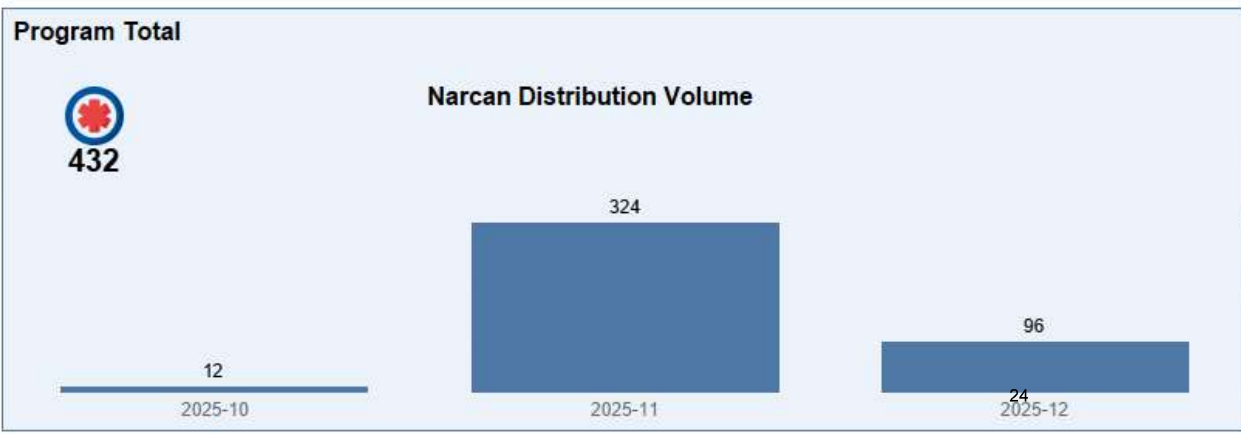
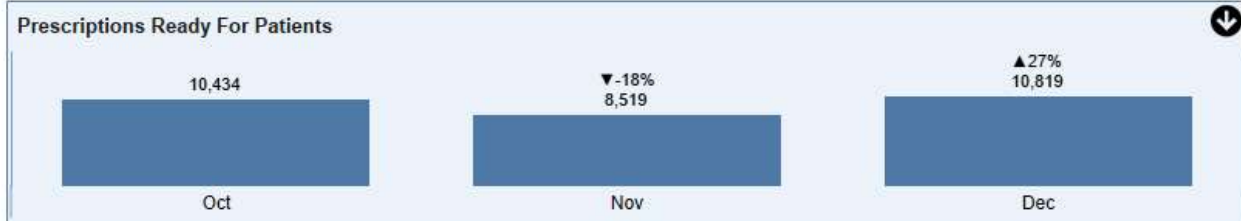
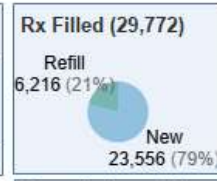


PHARMACY QUALITY DATA 10/1/2025 - 12/31/2025

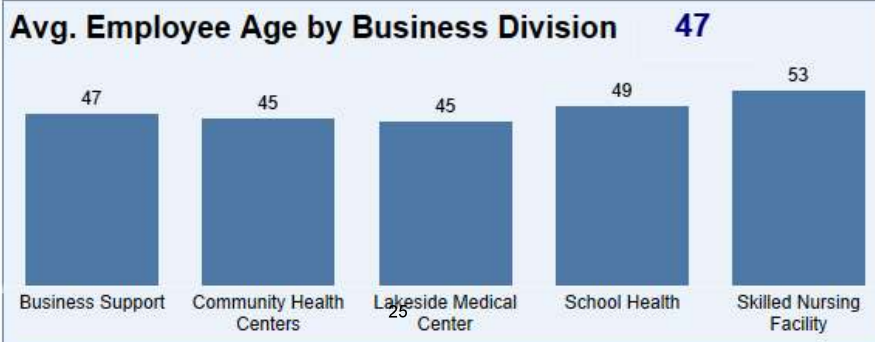
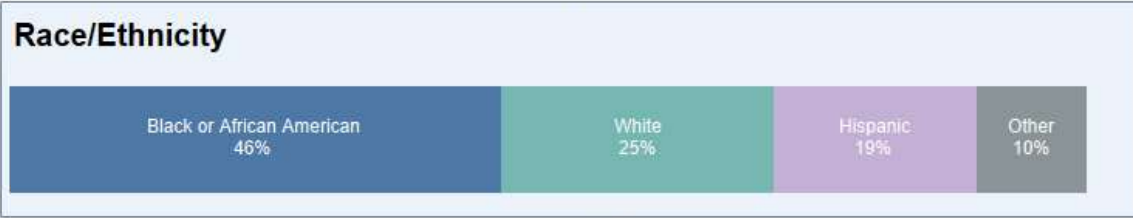
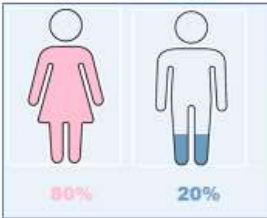
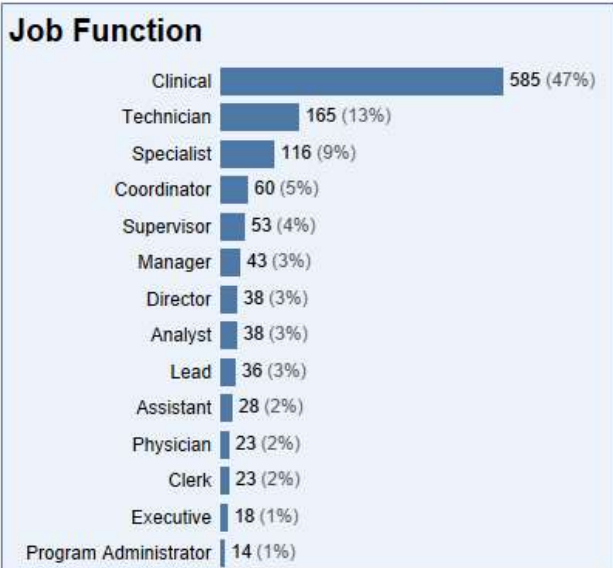
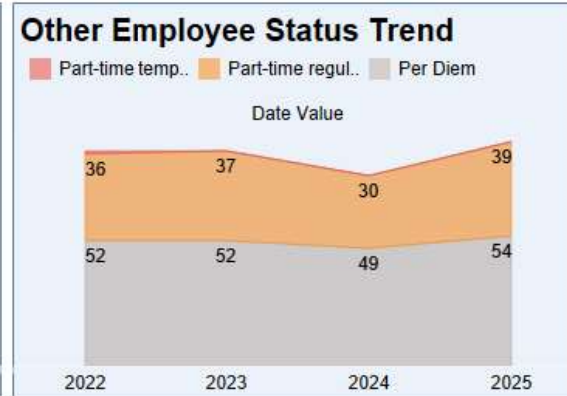
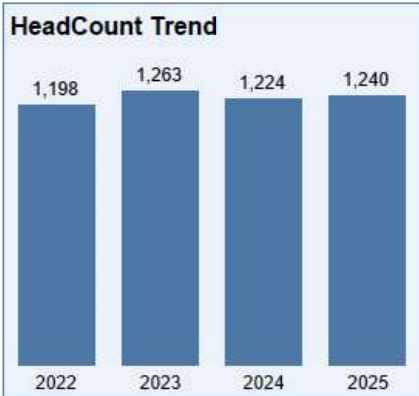
Unique Pts 6,208	New Patients 1,281 (21%)	Rx Sold 30,002	Rx Return to Stock 4,946 (14.2%)	Out Of Stock 4,759 (15.9%)	Pharmacy Visits 17,582	Avg Rx per patient 5	Rx Shipped to patient 263 (1%)
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Prescriptions Filled by Pharmacy

Atlantis	31%			8,861
West Palm Be..	24%			6,590
Delray	20%			5,495
Mangonia	14%			3,828
Belle Glade	11%			3,022



EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS



QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

1. Description: Compliance, Privacy & Ethics – Quarterly Program Update

2. Summary:

HHS’s Office of Inspector General (OIG) guidance calls for regular reporting to the governing body, CEO, and compliance committees on the planning, implementation, and monitoring of the Compliance Program. This report provides a transparent overview of key activities—including auditing and monitoring, issue response, and other initiatives—supporting compliance, privacy, and ethics across the Health Care District.

HCD’s VP & Chief Compliance and Privacy Officer submits this report for FY26 Quarter 1 (October 1–December 31, 2025). It includes year-to-date data, routine FY25–27 Work Plan updates, and notable departmental activities.

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

HCD’s compliance efforts focus on maintaining high standards and meeting or exceeding OIG expectations and guidance for an effective program. During the reporting period, activities aligned with the Work Plan to address potential risks, assess and strengthen processes, and respond to staff needs and emerging issues.

CPE continually evaluates HCD’s operations and adjusts the Program to address areas requiring attention or improvement. Through the Work Plan and related initiatives, the Program aims to meet or exceed OIG Effective Compliance Program Elements—such as auditing and monitoring, training and education, policies and procedures, leadership and committee oversight, and responding to identified deficiencies—while assessing and incorporating newly issued guidance to enhance effectiveness

A. New/Updated OIG Compliance Program Guidance:

HCD CPE completed a comprehensive internal review of program effectiveness in light of the **OIG’s new General Compliance Program Guidance (GCPG)**. Key GCPG highlights were shared at the December meeting, and the VP/Chief Compliance and Privacy Officer reported compliance and strong alignment with both new and existing OIG expectations. CPE will continue addressing recommended items while shifting focus to **two newly released Industry-Specific Compliance Program Guidances (ICPGs): Nursing Facilities and Medicare Advantage**, briefly summarized below.

Beginning in FY26, CPE will conduct a multidisciplinary assessment of the Nursing Facility guidance and related reimbursement materials for HCD’s Skilled Nursing

**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
MARCH 11, 2026**

Center. *Note: Details were provided at a prior meeting.*

Compliance will also conduct a comprehensive review of the February 2026 Medicare Advantage ICPG with a focus on identifying and mitigating compliance, audit, and payment risks, as well as prevention of fraud, waste, and abuse, under the Centers for Medicare and Medicaid Services (CMS) and MA programs (Part C and Part D), contracted or non-contracted. *Note: This is the first major OIG CPG update in 27 years for MA.*

B. CPE Work Plan – Summary of Additions/Revisions (FY26–27):

HCD CPE submits proposed additions and revisions to the Work Plan for your review and approval. These items reflect findings from the FY25 OIG GCPG assessment, the new Medicare Advantage ICPG, and key needs tied to HCD’s strategic priorities. They also address core CPE areas, including Privacy and Cybersecurity (IT Security and Data Privacy), Pharmacy/340B compliance, and Revenue Cycle/Revenue Integrity. Additional recommendations will be brought forward as needed throughout the Work Plan cycle.

Name/Type	Description/Rationale
OIG ICPG: Medicare Advantage Review*	Comprehensive review and analysis of the OIG’s February 2026 Industry-Specific Compliance Program Guidance (ICPG) for Medicare Advantage.
OIG GCPG Recommendations	<ul style="list-style-type: none"> • New or revised policies and processes (e.g., tracking and reporting of free and discounted goods to patients; tracking and reporting non-monetary compensation to referral sources). • Privacy and Security policy updates to follow final rulemaking. • Quality and patient-safety items added as identified by Compliance or recommended by Quality/Risk Management. • Referral to Internal Audit to review controls related to grants, grant funds, and applicable rules or contract terms.
New HIPAA Security Rule (NPRM)	Development of an internal readiness plan for the proposed HIPAA Security Rule updates, expected to be finalized in CY2026. The proposed changes signal a shift toward mandatory, proactive cybersecurity measures. Preparing now strengthens HCD’s security posture and reduces the risk of disruption once the final rule is issued. The proposed updates align with current industry frameworks (NIST, HITRUST, HICP), which are already required or recommended regardless of final

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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	rulemaking
Security Access Provisioning Audits	Access to ePHI must be role-based and approved, ensuring alignment with the minimum-necessary standard. This prevents over-privileged accounts during onboarding or role changes and supports compliance with the Privacy and Security Rules.
Security Access Deprovisioning (Termination) Audits	Verifies timely removal of access after termination or transfer, reducing risk from orphaned or dormant accounts and preventing former workforce access in line with Privacy and Security Rule requirements.
Implementation and Enforcement (Sanctions) of Security Violations	Revising and enforcing HCD’s Sanctions Grid to include IT Security policy violations alongside Privacy violations ensures consistent disciplinary standards, supports compliance with applicable laws and rules, and strengthens overall Privacy and Security compliance.
Strategic initiatives support: TGH/LMC Partnership;	Various activities—including regulatory analysis, guidance, and support—will assist HCD’s LMC/TGH partnership across key strategic initiatives such as the infusion center, hospital reorganization, telemedicine, and revenue cycle.
New/Changed Rules Impacting LMC	Guidance on new Provider-Based Department requirements under the Consolidated Appropriations Act, including required attestations and separate NPI registration for billing.
Strategic initiatives support: District Cares Wind-down/Foundation Wind-up	Various activities—including regulatory analysis, guidance, and support—will assist HCD through the District Cares transition and the launch of the Foundation.
Strategic initiatives support: Legislative Priorities and External Affairs	Various activities—including regulatory analysis, guidance, and support—will address the applicability of Florida bills and other new or amended laws during and after the legislative session for potential impact to HCD.
Strategic initiatives support: New/Changed Electronic Health Record Systems	Various activities—including regulatory analysis, guidance, meeting participation, data sharing, contract review, implementation support, migration work, and testing—will support HCD’s transition to new EHR systems, including MHS Epic Community Connect for HCN (CHCs) and PointClickCare for the SNC.
Implementation of BlueSight PrivacyPro for Patient Privacy	Implementation of BlueSight PrivacyPro for patient and employee privacy monitoring of Epic user access. With the transition to new EHR systems (Epic via HCN for CHCs and PointClickCare for the SNC) and

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Monitoring program (New/Revised)	existing monitoring, this tool maintains continuity of EHR user-access monitoring and strengthens HIPAA compliance, replacing FairWarning.
Strategic initiatives support: Revenue Cycle/Revenue Integrity	Various activities—including regulatory analysis, guidance, issue support, meeting participation, education, and testing/monitoring of documentation, coding, billing, and reimbursement—will support HCD through new revenue cycle and revenue-integrity changes and capture efforts.
Reporting and Returning Identified Overpayments	Various activities—including policy updates and guidance—will support compliance with new and existing requirements for returning overpayments to payors and patients.
340B Program compliance and integrity with HRSA and Apexus requirements	Oversight, monitoring, and continuous improvement of the 340B Program to ensure compliance with HRSA and Apexus program-integrity requirements. Quarterly meetings will review and communicate key program components to proactively maintain compliance. Start date: March 2025.
340B Verity Claims Audit and Referral Optimization	Conduct routine audits of Verity claims to confirm eligibility, accumulation accuracy, and 340B compliance. Assess system configuration for referral carve-in opportunities and workflow improvements. Implement process enhancements to maximize appropriate program use, and continuously review documentation accuracy, encounter linkage, and audit-trail integrity.
340B Contracted Pharmacy Oversight and Audit Program	Conduct monthly and risk-based audits of contracted pharmacies (Wellpartner, Walgreens, etc.), including eligibility validation, claims testing, and inventory-replenishment review. Perform sample claim tracing to confirm eligible patients, eligible prescribers, and compliant accumulation methodology.
340B and Pharmacy-related procedures	Review all pharmacy and 340B compliance-related procedures. Proposed updates are in progress, pending MCN review and approval.
340B Floor Stock Drug Inventory Management	Monitoring for compliance with 340B floor-stock drugs, including auditing, assessing, and implementing controls to account for all clinic floor-stock inventory. Processes now track medication usage, expired products, and documented waste, with ongoing cycle counts and routine audits to ensure inventory integrity, regulatory compliance, and sustained accountability. (Status: In progress.)

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Pharmacy Continuous Quality Improvement, Quarterly Meetings, and Reviews	Strengthen the Pharmacy CQI framework through enhanced metrics, structured trend analysis, and proactive risk identification. Formalize summary reporting with variance review and risk prioritization, and integrate monthly ISMP Ambulatory Pharmacy Safety reviews to identify emerging risks and mitigation strategies. Include education on billing, insurance-related risks, and related issues.
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C. Auditing and Monitoring Activity (FY25-27 Work Plan)

HCD’s commitment to compliance is advanced through ongoing auditing and monitoring designed to assess risk, identify process-improvement opportunities, and ensure adherence to regulatory requirements and internal standards. In FY26 Q1, CPE initiated 49 audits, data-risk assessments, research analyses, and comprehensive reviews under the Work Plan—25 unique and 24 routine. Additional items were addressed in alignment with OIG guidance.

Of the 49 reviews initiated, 29 have been completed (5 unique and 24 routine**). All 29 were finalized since the last report. The remaining 20 reviews—all unique—are in preparation, in progress, or pending final reporting. Detailed results are reflected in the tables below.

Key External Audits:

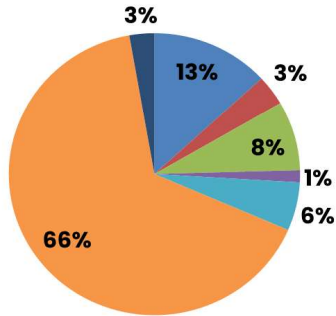
<p align="center">External RSM Annual HIPAA Risk Assessment (Status: Complete, final report received); Note: Includes Internal Privacy Review</p>
<ul style="list-style-type: none"> • HCD received the final audit report on December 19, 2025, from the 2025 external HIPAA risk analysis and compliance assessment conducted by RSM. Internal post-audit review to address all identified observations and recommendations is currently in processed. • Additional assessments for Privacy and Security were completed and finalized in FY26 with our external auditor, RSM, including PCI External Pentest, PCI Internal Pentest, Purple Team Exercise & Assessment, Firewall and Network Architecture Review, Wireless Pentest, and PCI Gap Assessment.

Work Plan and Internal CPE reviews continued below:

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE MARCH 11, 2026

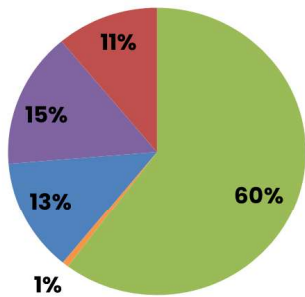
HCD Compliance, Privacy, and Ethics FY25-27 YTD Work Plan Status / Updates

Work Plan % by Element



- 1 - WRITTEN POLICIES AND PROCEDURES
- 2 - COMPLIANCE LEADERSHIP AND OVERSIGHT
- 3 - TRAINING AND EDUCATION
- 4 - EFFECTIVE LINES OF COMMUNICATIONS WITH THE COMPLIANCE OFFICER AND DISCLOSURE PROGRAM
- 5 - ENFORCING STANDARDS; CONSEQUENCES AND INCENTIVES
- 6 - RISK ASSESSMENT, AUDITING, AND MONITORING
- 7 - RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION INITIATIVES

Work Plan Status



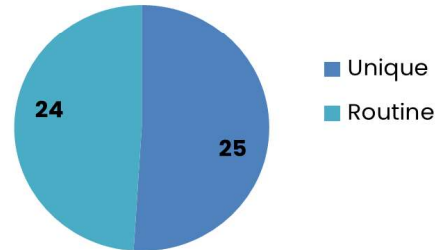
- Completed
- Completed w/ Action Items
- In Process
- Ongoing/Continuous
- Work Plan Item Not Yet Started

FY26 Q1 Audit Activity Summary

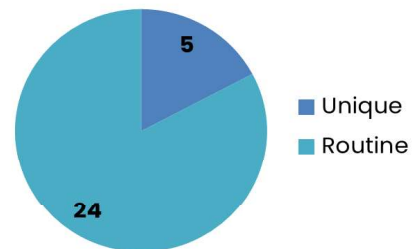
Initiated Audit Completion Status



Initiated Audits (Unique Vs. Routine)



Completed Audits (Current Period)



QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

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Auditing and Monitoring: Summary of Unique Work Plan Items Completed During the Current Period	
Authorization for Marketing/Patient Stories Audit (HCD Communications)	Review complete and final report issued. Results were unfavorable, with action items and recommendations provided. (*) <i>Details omitted, as previously reported at the December meeting.</i>
Credentialing Risk Assessment (LMC)	Review complete and final report issued. Results were favorable, with recommendations provided. (*) <i>Details omitted, as previously reported at the December meeting.</i>
High Dollar/Volume/ Reimbursement Services Data Risk Assessment and Analysis: Hospital Services (LMC)	Review complete and memo to file completed. Results were favorable, with recommendations provided. (*) <i>Details omitted, as previously reported at the December meeting.</i>
Medicare Outpatient Observation Notice (MOON) Follow-Up Audit to confirm that the action items and recommendations from the FY25 audit have been fully implemented and resolved.	Review complete and final report issued. Results were favorable, with recommendations provided: Training and education to staff on notice delivery, and revision of the written observation notification procedure.
HCD Internal Reviews (with RSM)	<i>Refer to "External Audit" below. Action items are outstanding.</i>
HIPAA's Breach Notification Annual Rule Requirements	<i>Annual report for CY2025 has been completed. The report will be presented at the June meeting for breaches involving fewer than 500 individuals.</i>

Auditing and Monitoring Routine Work Plan Items Completed During the Current Period** <i>Annual reports have been completed for each monitored item (memo to file). These activities are continuous and ongoing but are captured monthly for reporting purposes.</i>	
Security Risk Assessments: Status complete. FY26 Q1 included 14 assessments (11 completed) with favorable results and required actions addressed. Privacy and IT Security continue ongoing reviews of HCD's third-party vendors. Beginning in CY26, Privacy will continue these IT Security reviews.	
Epic User Access/Activity Monitoring through the FairWarning system for potential privacy violations. Status: Complete. Results were unfavorable, with required actions completed. FY26 Q1 included 13 weekly reviews (FY25: 52). Two reviews resulted in disciplinary action, including training, education, and attestation of the Confidentiality and Data Security Agreement.	
HCD Leadership/Board VIP EHR Monitoring through the FairWarning system for potential privacy violations. Status: Complete. Results were favorable with no recommendations. FY26 Q1 included 13 weekly reviews (FY25: 52). No inappropriate or unauthorized access was identified.	



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<p>Expanded Access/Activity Monitoring through the FairWarning system for potential privacy violations. Status: Complete. Results were favorable with no recommendations. FY26 Q1 included 13 weekly reviews (FY25: 52), with 100% compliance. Monitoring covered SlicerDicer, Clarity, Caboodle, etc.</p>
<p>21st Century Cures Act Information Blocking Rule monitoring for potential violations. Status: Complete. Results were favorable with no recommendations. FY26 Q1 included 13 weekly reviews (FY25: 52). No issues were identified related to information blocking or access to records.</p>
<p>Referral Source/Physician Payment Audits and Ongoing Reviews. Status: Complete. Results were partially unfavorable, with actions required for overpayment reconciliation and contract expirations. Compliance audits 100% of physician and referral-source payments routed for approval, and issues are corrected prior to payment. Note: A prior overpayment has been resolved with the physician group.</p>
<p>Exclusion Screening Compliance Reviews. Status: Complete. Results were favorable, with recommendations made. FY26 Q1 included 13 weekly reviews (FY25: 52). All potential matches were reviewed and resolved for the period (six cleared in FY25). Compliance achieved 100% adherence to applicable rules and policy, with no exclusions identified.</p>
<p>Credentialing Committee (CCP) clearance and monitoring for exclusions, background, and licensure. Status: Complete**. Results were favorable. The FY26 annual report reflects that 180 individuals and entities were screened in FY25, all in compliance with no exclusions. As of 10/1/2025, no further monitoring is required due to the sunset of the District Cares Program effective 1/1/2026.</p>
<p>Nursing Student Clearance Reviews. Status: Complete. Results were favorable, with recommended process-improvement actions underway. FY26 Q1 included 47 completed reviews (FY25: 363). CPE reviewed 47 students from higher-education institutions to ensure compliance for the period.</p>
<p>OIG Work Plan Monthly Reviews. Status: Complete. Results were favorable, with recommendations. FY26 Q1 included 19 new items, 5 potentially applicable (FY25: 54 new items, 8 potentially applicable). All potential items were reviewed; none directly impact HCD, but awareness and monitoring was taken, including Compliance FYI notices. Reviewed items addressed 340B inflation-rebate recoupment in Medicare Advantage, targeted Medicaid transportation reviews, Medicaid physician-administered and pharmacy claim rebates, Medicaid eligibility determinations tied to citizenship or immigration status, and Medicare Part B drug-payment impacts related to 2024 average sales-price substitutions.</p>

*The table above omits background detail, as these items are routine and previously presented. They are reported monthly for volume purposes but occur more frequently. Annual reports have been completed for all routine items, though they are not separately reflected in the volumes shown (**)*

Auditing and Monitoring
Status: Complete, pending issuance of the final report for this reporting period.

***Signage Review (LMC: Hospital-wide).** Status: Complete, pending issuance of the final report. This whole-hospital review followed the ED signage review. Action items will be due upon issuance of both reports, and LMC has requested self-audits to begin for readiness.

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<p>*Telehealth Compliance Mini-Risk Assessment (HCD). Status: Complete, pending issuance of the final report. The assessment of telehealth services provided across HCD locations—conducted to better understand current practices and evaluate the existing telehealth framework—is complete.</p>
<p>Hospital Outpatient Observation Notice (HOON) Follow-Up Audit (LMC). Status: Complete, pending issuance of the final report. The follow-up audit—conducted to verify that FY25 action items and recommendations were fully implemented and resolved—has been completed.</p>

<p align="center">Auditing and Monitoring</p> <p align="center">Status: In process or in preparation for this reporting period or current.</p>
<p>Nursing Facility (OIG ICPG) (SNC). Status: In preparation. A comprehensive analysis and effectiveness review of the newly issued OIG Industry/Segment-Specific Compliance Program Guidance for Nursing Facilities is being developed. Rationale: New OIG ICPG.</p>
<p>Nursing Facility (ICPG) Supplemental Reimbursement Overview (SNC). Status: In preparation. Compliance is reviewing the supplemental guidance outlining Medicare and Medicaid reimbursement risks and evaluating recommendations related to billing, coding, payment integrity, and internal-control expectations described in the ICPG for Nursing Facilities. Rationale: New OIG ICPG.</p>
<p>Blood Bank Risk Assessment (LMC). Status: In preparation. A risk assessment is being initiated to review and understand processes related to HCD’s implementation of its newer blood bank system.</p>
<p>Monitoring Nursing Homes’ Engagement of Medical Directors Risk Assessment (SNC). Status: Resuming Spring. This item was added in response to the OIG work plan focused on the medical director employment and engagement and accuracy of Payroll-Based Journal data reported to CMS.</p>
<p>Monitoring of Skilled Nursing Facility Financial Responsibilities for Medicare Part D Enrollees’ Drugs in Part A Stays (SNC). Status: Resuming Spring. This item was added in response to the OIG work plan.</p>
<p>Medicare Change of Status Notice (MCSN) Risk Assessment (LMC). Status: In preparation. The review will evaluate current processes and confirm alignment with new CMS requirements effective 2/14/25</p>
<p>(NEW) 340B Floor Stock Drug Inventory Management (Pharmacies). Status: In process. See above.</p>
<p>(NEW) Ground Transportation Audit (GTS). Status: In preparation. Refer to next report for details.</p>
<p>(NEW) Release of Information (ROI) Audit (HCD). Status: In preparation. Refer to next report for details.</p>
<p>NOTE: Refer to Routine Items.</p>

C. Conflict of Interest (COI)

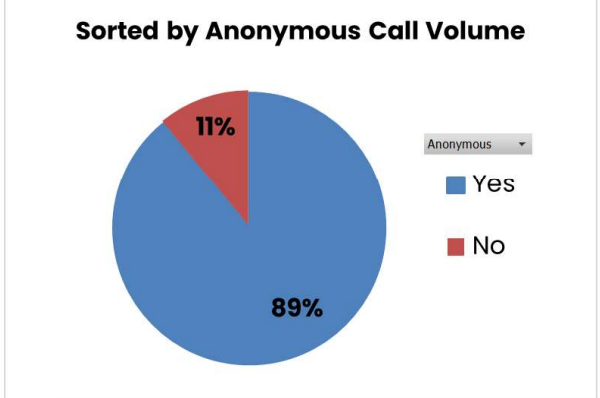
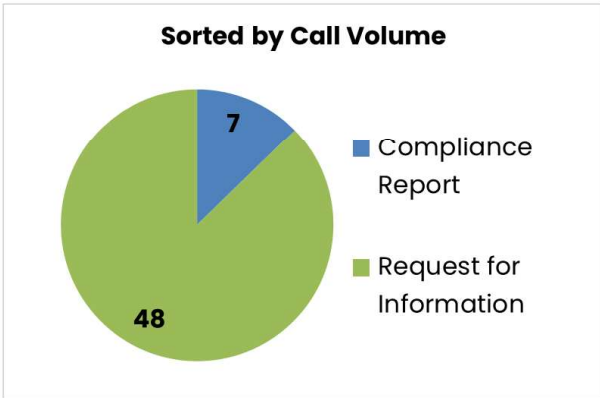
HCD’s Conflict of Interest (COI) Annual Governance Disclosure form and the COI Policy and Procedure are being distributed to all Board and Committee members for completion by **May 1, 2025**. No changes were made to the disclosure since the last reporting period; however, this year’s form will be sent via DocuSign, with

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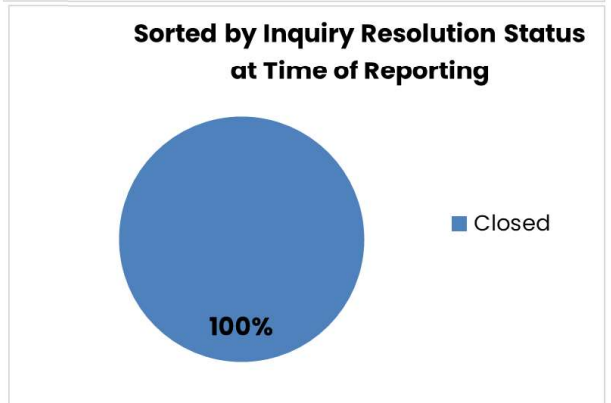
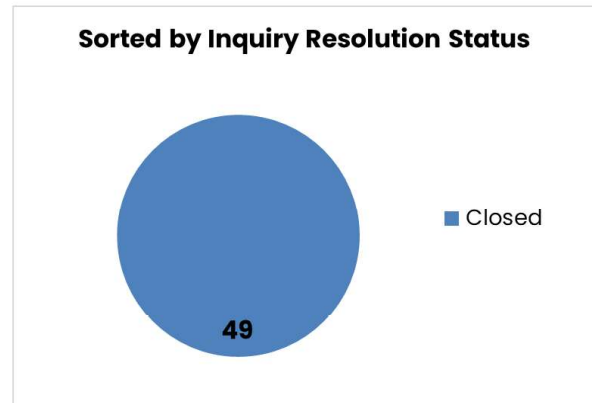
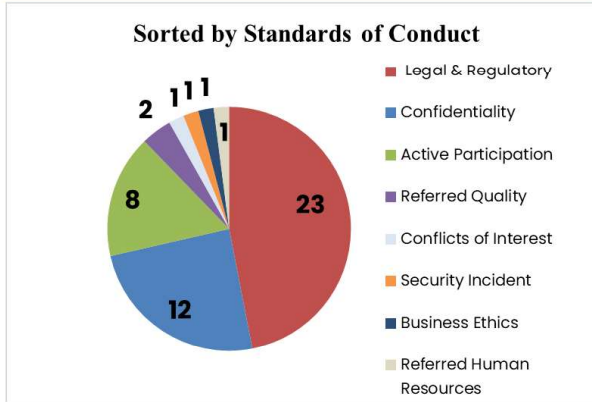
Hotline Calls, Inquiries, and Investigations

Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics FY26 Q1

Hotline Activity



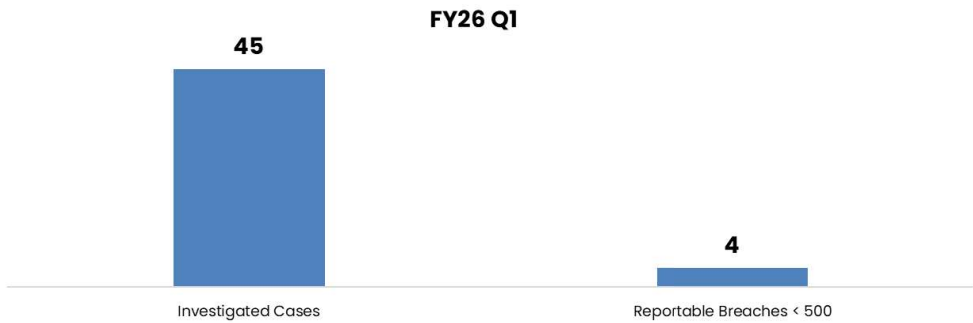
Inquiries



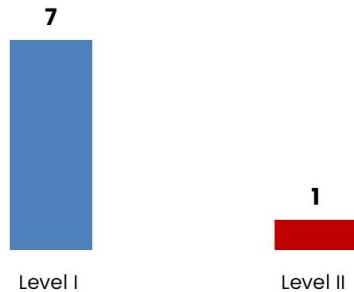
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Privacy Department Investigations

Privacy Incident Activities FY26 Q1



Substantiated Violations by Severity (YTD)



The most common types of Substantiated Violations during FY26 Q1 included:

- Improper Use or Disclosure of PHI (Written, Electronic, Verbal)
- Improper Disposal of PHI
- Minimum Necessary Violation

Training and Education; Compliance Awareness Survey and Activities

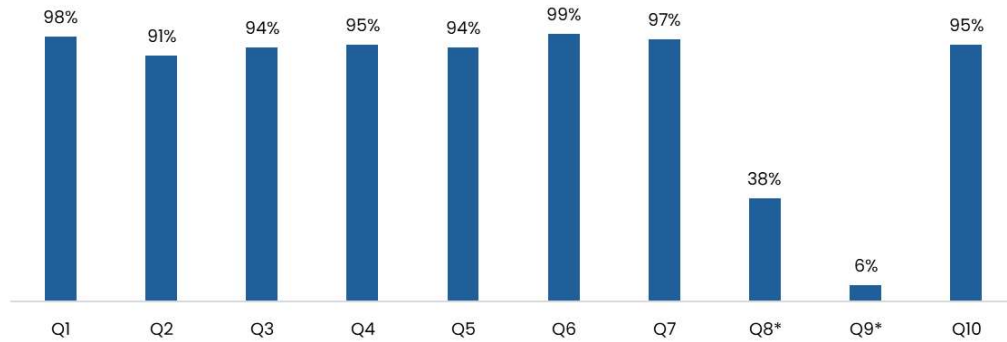
- CPE delivers training to HCD employees through a blend of online and in-person events, formal sessions, and the distribution of publications and educational materials. CPE's **annual training** was due November 14, 2025, with a 95% completion rate (note: School Health is at 100%).
- To mark November, the month in which the national awareness week is held, we hosted **Compliance, Privacy, and Ethics Awareness Month**, featuring site visits and awareness activities across HCD to strengthen recognition and reinforce core compliance, privacy, and ethics principles. During this initiative, we also introduced a **new incentives program**.

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- We launched the voluntary **CPE Awareness Survey** to collect feedback, measure engagement, and further educate HCD staff. *While we missed our target participation, over 600 HCD staff members completed the survey.*

Compliance, Privacy, & Ethics Awareness Survey – Summary **(Employee Awareness % by Question)**



Survey Questions:

1. Did you know that HCD has a Compliance, Privacy, and Ethics (CPE) Program?
2. Who is responsible for overseeing the CPE Program at HCD?
3. Do you know how to contact the CPE Department if you have a question or need to report a concern?
4. Are you familiar with the following resources? CPE Department Intranet Site (SharePoint), CPE Newsletter, CPE Training Modules, CPE Policies & Procedures, Standards of Conduct, Regulatory Dashboard.
5. Do you know where to find the Standards of Conduct, as well as CPE P&Ps?
6. Did you know that HCD has a Non-Retaliation P&P that protects individuals who report CPE concerns in good faith?
7. If I ever have a concern or need to report an issue, I am aware of the multiple reporting channels available to me. I feel confident reaching out to any of the following: my Supervisor, Business Unit Leader, HCD Leadership, Human Resources, The CPE Department, Legal Services, Risk Management/RiskQual, or the Hotline.
8. *Would you like to receive more information on CPE topics?
9. *Do you have any CPE concerns to report, disclose, or recommend for review? for review. However, only three (3) comments were received and reviewed.
10. Completing this survey increased my understanding of CPE.

**Note: 39% of respondents indicated interest in additional information, and 6% reported potential CPE concerns, with three (3) comments submitted.*

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D. Recent Regulatory Updates and Industry Enforcement Activity

HCD CPE monitors regulatory updates and enforcement activity to identify changes that may affect HCD, share essential information with stakeholders, and guide the CPE Work Plan. These are listed below with linked titles. A detailed report is provided quarterly to the Board reflecting activity since the last meeting. For access or questions, please contact Heather Bokor.

Recent Trends: Recent trends include, but are not limited to: New legislation extending telehealth temporarily until 2028, a new extension for telemedicine prescriptions for controlled substances through 2026, new Florida Laws going into effect on January 1, continued legislation and actions related to the use of artificial intelligence (AI), continued focus on cybersecurity, HRSA 340B Pilot Program changes, and continued enforcement of the Stark Law and Anti-Kickback Statute (AKS).

Regulatory Updates

1. [HHS' OCR Announce Civil Enforcement Program for Confidentiality of Substance Use Disorder Patient Records \(02/2025\)](#)
2. [Consolidated Appropriations Act Implements new PBD Rules \(02/2026\)](#)
3. [HRSA Requests Input on New 340B Rebate Model \(02/2026\)](#)
4. [CMS Proposes Regulations to Lower Health Care Costs and Reduce Fraud \(02/2026\)](#)
5. [HHS Agrees to Scrap 340B Pilot Program \(02/2026\)](#)
6. [OIG Issues Medicare Advantage Specific ICPG \(02/2026\)](#)
7. [CMS Issues Updates Telehealth Guidance FAQ \(02/2026\)](#)
8. [HHS' OCR Release HIPAA Security Rule Guidance Focused on System Hardening and Protecting ePHI \(01/2026\)](#)
9. [HHS Rescinds Guidance to Nation's Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Nondiscriminatory Access to Health Care at Pharmacies \(01/2026\)](#)
10. [Joint Commission and NQF Aligning Serious Reportable Events and Sentinel Events Lists \(01/2026\)](#)
11. [Executive Order Establishes Great American Recovery Initiative Addressing Addiction \(01/2026\)](#)
12. [Administration Announces Action to Substantially Cut Mental Health Grants \(01/2026\)](#)
13. [Florida Holds First Day of 2026 Legislative Session \(01/2026\)](#)
14. [Bills Filed in Florida Would Allow Broward Health and Memorial Healthcare to Partner \(01/2026\)](#)

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15. [HHS, DEA Announce Extension for Telemedicine Prescriptions for Controlled Substances Through 2026 \(01/2026\)](#)
16. [New Florida Laws on Overpayments Takes Effect January 1, 2026 \(01/2026\)](#)
17. [AHA and Health Systems File Lawsuit to Halt 340B Changes \(12/2025\)](#)
18. [Department of Justice Rule Restores Equal Protection for All in Civil Rights Enforcement \(12/2025\)](#)
19. [HHS Issues Rule to Prevent Gender-Affirming Care for Minors \(12/2025\)](#)
20. [President Trump signs Executive Order Eliminating State Law Obstruction of National Artificial Intelligence Policy \(12/2025\)](#)
21. [HHS Proposes HTI-5 Rule to Streamline Certification Program, Further Protect Patients from Information Blocking, and Foster an Artificial Intelligence-enabled Future \(12/2025\)](#)
22. [CISA Updates Cybersecurity Benchmarks for Critical Infrastructure Organizations \(12/2025\)](#)
23. [HHS Unveils Artificial Intelligence \(AI\) Strategy to Transform Agency Operations \(12/2025\)](#)

Industry Enforcement Activity

1. [Skilled Nursing Facility Agrees to Pay \\$1.3 Million to Resolve False Claims Allegations \(02/2026\)](#)
2. [Six Physicians and Practices to Pay \\$4.8 Million to Resolve FCA Allegations \(02/2026\)](#)
3. [Arizona Hospital to Pay \\$5.6 to Resolve Stark and AKS Allegations \(02/2026\)](#)
4. [West Tennessee Hospital Agrees to Settlement Following EMTALA Allegations \(02/2026\)](#)
5. [HHS' OCR Settles HIPAA Security Rule Investigation with Top of the World Ranch Treatment Center \(02/2026\)](#)
6. [HHS-OIG Identifies Web Application Security Weaknesses at Large U.S. Hospital \(02/2026\)](#)
7. [Comstar to Pay State AGs \\$515,000 to Settle Alleged HIPAA Violations \(01/2026\)](#)
8. [HHS Applies Inflation Increase to Penalties for HIPAA Violations \(01/2026\)](#)
9. [Palm Beach Nurse Arrested on Sexual Assault Allegations \(01/2026\)](#)
10. [Nurse Pleads Guilty to Illegally Distributing Controlled Substances \(01/2026\)](#)
11. [Hospital Agrees to Settlement Following Patient Dumping Allegations \(01/2026\)](#)
12. [Hospice Provider to Pay Nearly \\$1.6 Million to resolve CMP Allegations \(01/2026\)](#)
13. [Minnesota Facility Self-Discloses Violation for Submitting Claims Provided by Unlicensed Individual \(01/2026\)](#)
14. [Kaiser Permanent Affiliates Agree to Pay \\$556 Million to Resolve False Claims Act Allegations \(01/2026\)](#)

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15. [Holmes Regional Medical Center Agrees to Settlement Following EMTALA Allegations \(01/2026\)](#)
16. [Miami Psychiatrist Fined for Prescribing Medication to Partner \(01/2026\)](#)
17. [Hospital Agrees to Settlement for Submitting Claims Provided by Unlicensed Individual \(01/2026\)](#)
18. [Health Care Data Breaches Double as Risks Grow \(01/2026\)](#)
19. [Tampa General, Mass General Brigham Launch Ambulatory Care Network on Florida's East Coast \(01/2026\)](#)
20. [Done Global Charged in Adderall Distribution Scheme \(12/2025\)](#)
21. [HHS' OCR Settles HIPAA Right of Access Investigation with Concentra, Inc.\(12/2025\)](#)
22. [New York Hospital \(NY-Presbyterian Hudson Valley\) to Pay \\$6.8 Million to Resolve Kickback Allegations for Payments to an Oncology Practice to Induce Referrals \(12/2025\)](#)
23. [Dana Farber Cancer Institute Agrees to Pay \\$15 Million to Resolve False Claims Act Allegations Related to NIH Grants \(12/2025\)](#)
24. [Owners of Arizona Wound Graft Company Sentenced to Prison for \\$1.2 Billion Healthcare Fraud \(12/2025\)](#)
25. [AHA Urges Elevance Health to Remove Nonparticipating Provider Policy \(12/2025\)](#)
26. [CEO of Software Company \(DMERx\) Sentenced After \\$1 Billion Healthcare Fraud Conspiracy \(12/2025\)](#)
27. [Behavioral Health Provider \(Ohio\) Violates CMP, Agrees to Pay \\$100,000 to Settle Kickback Allegations It Recruited Staff in Exchange for Patient Referrals \(12/2025\)](#)
28. [Texas Physician and Practice Agree to Pay Nearly \\$550,000 to Resolve False Claims Allegations \(12/2025\)](#)
29. [Florida Court Case Could Determine Whether FCA Whistleblower Provision is Unconstitutional \(12/2025\)](#)
30. [An Arizona Ambulance Company Agrees to Pay \\$40,000 to Resolve CMP Allegations for Services Provided by Paramedic Without Proper Credentials \(12/2025\)](#)
31. [South Carolina Woman Charged with Practicing Nursing Without a License and Theft of Patient Medication \(12/2025\)](#)
32. [DOJ Increases Focus on Pharmacies and PBMs \(12/2025\)](#)
33. [Strata Pathology Services Agrees to Pay \\$100,000 to Resolve Kickback Allegations for Violating the CMP After Providing Free Access to Systems to a Physician Practice \(12/2025\)](#)
34. [California Hospital \(San Antonio Regional\) Agrees to Pay \\$100,000 to Resolve CMP Allegations that It Provided Free Prior Authorization Services to Physicians \(12/2025\)](#)



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4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

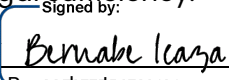
Signed by:


 CA0A21FF2E09481...
 Jessica Cafarelli
 VP & Chief Financial Officer

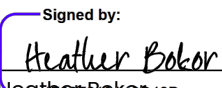
5. Recommendation:

Staff recommends the Committee Receive and File the Compliance, Privacy, and Ethics Quarterly Program Update.

Approved for Legal sufficiency:

Signed by:


 Bernabe Leaza
 SVP & General Counsel

Signed by:


 Heather Bokor
 VP & Chief Compliance & Privacy Officer

Signed by:


 Darcy J. Davis
 President & Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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1. Description: Quality & Patient Safety Dashboards

2. Summary:

This agenda item provides the quality and patient safety reports for the 4th Quarter of 2025 for School Health, Aeromedical, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy, and Corporate Quality Metrics.

3. Substantive Analysis:

School Health

Florida-Mandated Student Screenings

- We have exceeded the Florida-mandated goal of completing 45% of the vision and hearing screenings required at the end of quarter 4 of 2025. Parents are notified of any abnormal results so they can follow up with their healthcare provider and/or appropriate community resources.
 - **BMI screening:** Through the 4th quarter of 2025, we screened 18,420 (57.6%) of eligible students in the 1st, 3rd, and 6th grades. Out of 18,420 students, 5,184 (28%) students required referral.
 - **Hearing screening:** Through the 4th quarter of 2025, we screened 18,128 (57.5%) of eligible students in kindergarten, 1st, and 6th grades. Out of 18,128 students, 146 (0.8%) students required referral.
 - **Scoliosis screening:** Through the 4th quarter of 2025, we screened 6,718 (65.5%) of eligible students in 6th grade. Out of 6,718 students, 43 (0.6%) students required referral.
 - **Vision screening:** Through the 4th quarter of 2025, we screened 25,298 (57%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 25,298 students, 4,537 (18%) students required referral.

Aeromedical

Trauma Hawk completed a total of 126 flights, transporting 126 patients. Of the 126 patients transported, 100 were transported from the scene, and 26 patients were flown interfacility. This was 19 more transports (18%) than the previous quarter and 10 less transports (7%) compared to Q4 of 2024.

For scene flights, Trauma Hawk averaged 6 min 58 sec response time from dispatch to airborne and an average of 18 min 24 sec from dispatch to arrival on scene for the

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quarter. For interfacility flights, the average dispatch to en route for the quarter was 27 min 6 sec, and the average dispatch to the hospital was 34 min 45 sec. 79% were scene calls, and 21% were Interfacility transports. Trauma Hawk completed a total of 500 patient flights for the previous 12 months ending Q4 2025. The top dispatch reason for interfacility flights was Cardiac-Non STEMI, with the top origin location being Lakeside Medical Center and the top destination being JFK Medical Center. The top dispatch reason for scene flights was trauma-related, with the top destination being St. Mary's Hospital. During the quarter, 97 requests were cancelled and/or turned down before the aircraft became airborne, with 66% of these occurring due to being in standby status. Additionally, 10 requests were turned down, with weather conditions being the primary reason, accounting for 9%.
 **Note: Trauma Hawk 3 (N913PB), the last Sikorsky 76 helicopter, was officially retired on October 1st. The aircraft is no longer insured and is grounded by a Not-In-Motion policy.

Community Health Centers

The following measures were not meeting goal at the end of Quarter 4 2025: Hypertension (73%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (83%), goal is 86%, Adult Weight Screening and Follow Up (84%), goal is 90%, Childhood immunization (54%), goal is 60%, Weight Screening and Counseling for children and adolescents (85%), goal is 90%, Breast Cancer Screening (59%), goal is 60%, Colorectal Cancer Screening (47%) with goal of 82%.

All other goals were achieved for the quarter.

Skilled Nursing Center

In Q4 of 2025, the following quality measures did not meet goal:

- % of Residents with a Urinary Tract Infection (long stay) was 2.0% which was above the national benchmark of 1.9%.
- Discharge Function Score was 33.3% which was below the national benchmark of 56.9% (higher is better).
- % of Residents Whose Ability to Walk Independently Worsened (Long Stay) was 25.0% which was below the national benchmark of 17.6% (higher is better).

All other CMS quality measures met the goal for the quarter and were within the national benchmark.

Lakeside Medical Center

For quarter 4th quarter of 2025, Lakeside Medical Center continued to monitor performance across the CMS Inpatient and Outpatient Quality Measures. All measures

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met target other than the seasonal immunizations.

Inpatient Quality Measures

Of the four inpatient measures evaluated, one did not meet the performance target IMM-2 (immunization screening).

- **ED-1a:** A total of 98 cases were included in the Q4 sample. The median ED-to-admission time was 308 minutes, exceeding the goal of <313 minutes.
- **VTE-1:** A total of 109 cases fell into the sample population for Q4, with 94% compliance, which exceeded our internal goal of > 90% for the quarter
- **IMM-2:** A total of 115 patients were screened for immunization out of 128 patients, resulting in 90% rate, which is below our goal of >96%.

Outpatient Quality Measures

Of the two outpatient measures evaluated, both measures met the goal for the quarter

- **OP-18** (ED throughput) A total of 102 cases were sampled. The median time was 130 minutes, which meets our internal target goal of <134 minutes.
- **OP-23**(Head CT or MRI for stroke pt): The measure met the goal for the quarter.

Ground Transportation

Response Time (PBC Ordinance)

Ground Transportation completed 398 transports for Q4 2025. Of the 398, 6 were considered Alerts and 323 were Emergent as defined by PBC COPCN criteria. For Alerts transports, the crews are expected to respond to the patient within 10 minutes of being dispatched in accordance with the PBC County COPCN criteria. The 6 transports were responded to with an average response time of 1 min 24 sec, meeting a 100% compliance with the COPCN requirements. 323 transports were Emergent in nature, where the crews are expected to respond to the patient within 30 min of being dispatched. The average response time for the 323 transports were 9 min 36 sec with 93.2% meeting the goal, fulfilling the 90% target set by the County.

Pharmacy

For the 4th Quarter of 2025, Pharmacy has met all goals. We serviced a total of 6,208 unique patients, dispensed a total of 30,002 prescriptions, with each patient averaging and receiving approximately 5 prescriptions per quarter. The out-of-stock percentage for the quarter was 15.9%. The return to stock percentage was 14.2%,

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which is above our goal of <9%. The promised time goal was met for over 91% of orders, which exceeded our goal of >90%. The average prescription wait-time was approximately 26 minutes, exceeding our goal of less than 30 minutes, and 24% of our total prescriptions were filled while patients waited.

****Note:** On November 3rd, 2025, our HCD pharmacies successfully started processing prescriptions for insured patients (i.e. Commercial plans, Medicare, Medicaid third party plans) and became an open-door pharmacy (ability to service ALL patients in our community). Patients, providers, and HCD staff worked diligently and collaboratively to accomplish this initiative with minimum disruption of services. Our out-stock percentage was impacted by insurance pharmacy formularies.

Corporate Quality Metrics

Call Center

For Quarter 4 2025, The Clinic Service Center received 35,199 incoming calls. 96% of the calls reached an agent and were handled/resolved in real time. The abandonment rate was at 4%, with a goal of 10% or less. The service level (% of calls answered within 3 mins) was at 89%, which is above the 80% goal. The average hold time for callers was 1m 10 sec, with a goal of answering within 3 mins or less.

Information Technology

In Q4, our IT department opened a total of 5,341 new support tickets and successfully closed 5,377 tickets, including those carried over from the previous month (13.49% decrease from the previous quarter). On average, we received 39 new tickets each day. Additionally, the IT Service Desk handled 3,505 calls. The average wait time for these calls was 29 seconds, and the rate of calls abandoned was 3.5%, which is below our target rate of 4.5%.

Human Resources

Turnover and Recruitment:

- Through Q4 2025, the average turnover was 21.7%, which is below the industry standard of 26%.
- Through Q4 2025, the top 3 highest turnover rates by division were Community Health Centers, followed by Business Support, and School Health.
- Through Q4 2025, the highest turnover rate (12%) was among employees under one year of service.

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- Recruitment: At the end of Q4 2025, there were 20 open requisitions.
 - 48 days = Average time to fill, which is within the 63-day industry standard.
 - 20 days = Average time to hire, which is within the industry standard of 41 days.
 - 19 days = Average time to start, which is within the industry standard of 27 days.

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

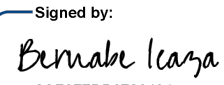
Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer

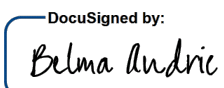
5. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Dashboards

Approved for Legal sufficiency:

Signed by:


 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:


 Belma Andric, MD
 EVP & Chief Medical Officer

Signed by:

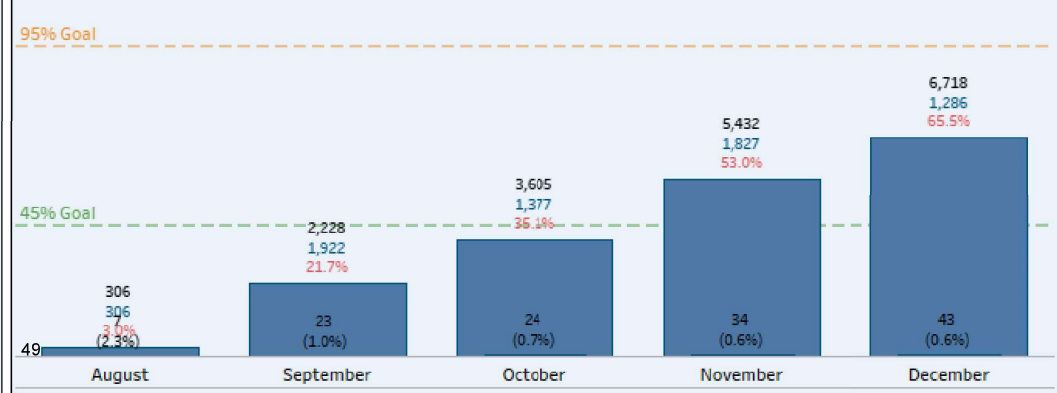
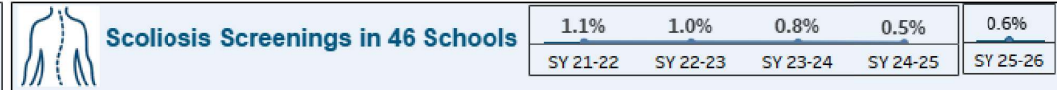
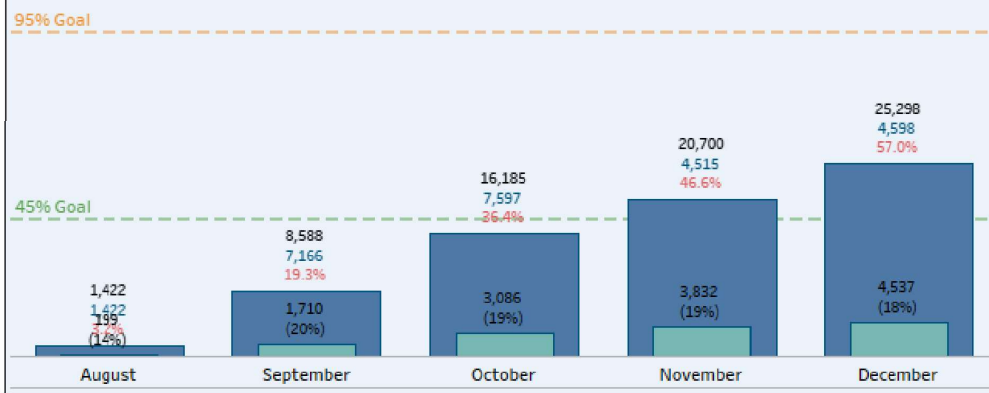
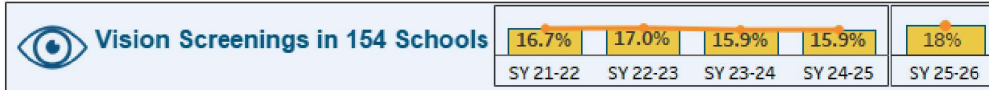
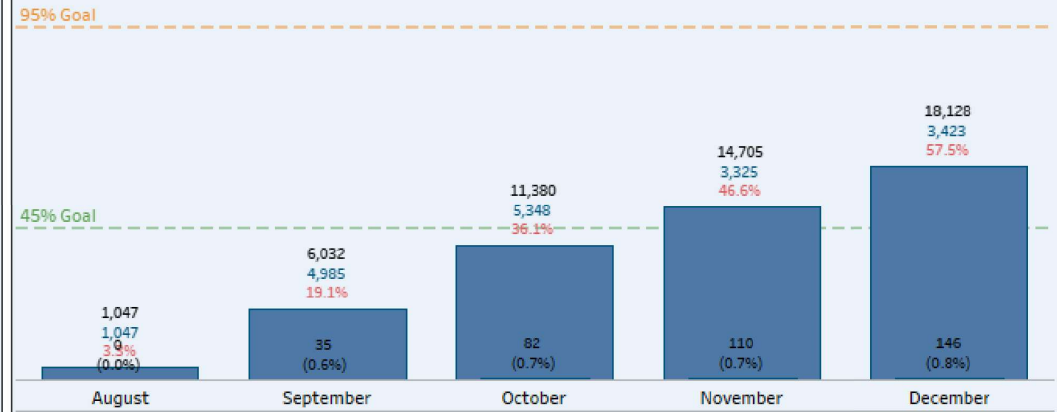
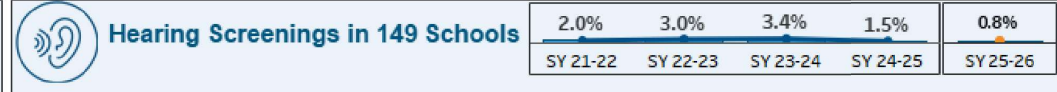
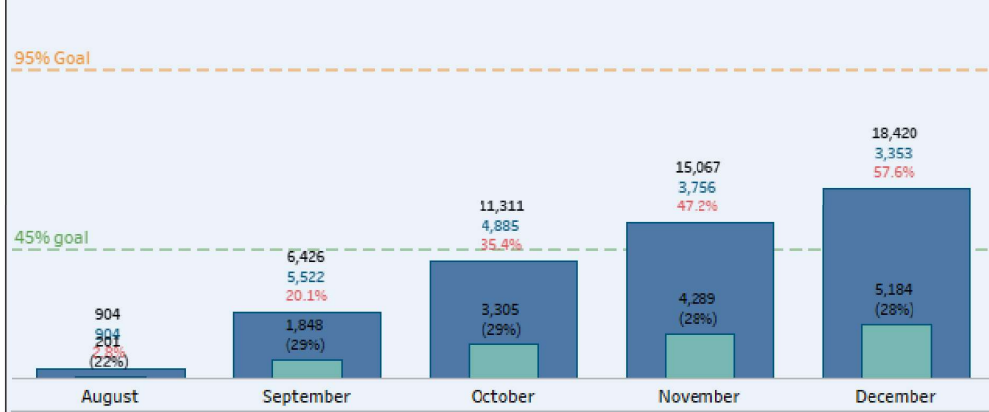
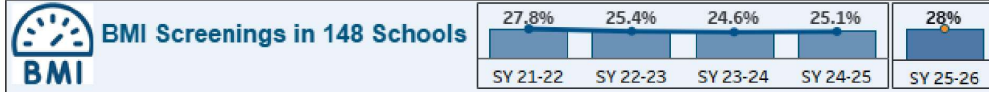

 Darcy J. Davis
 President & Chief Executive Officer

Florida Mandated Student Screening Summary

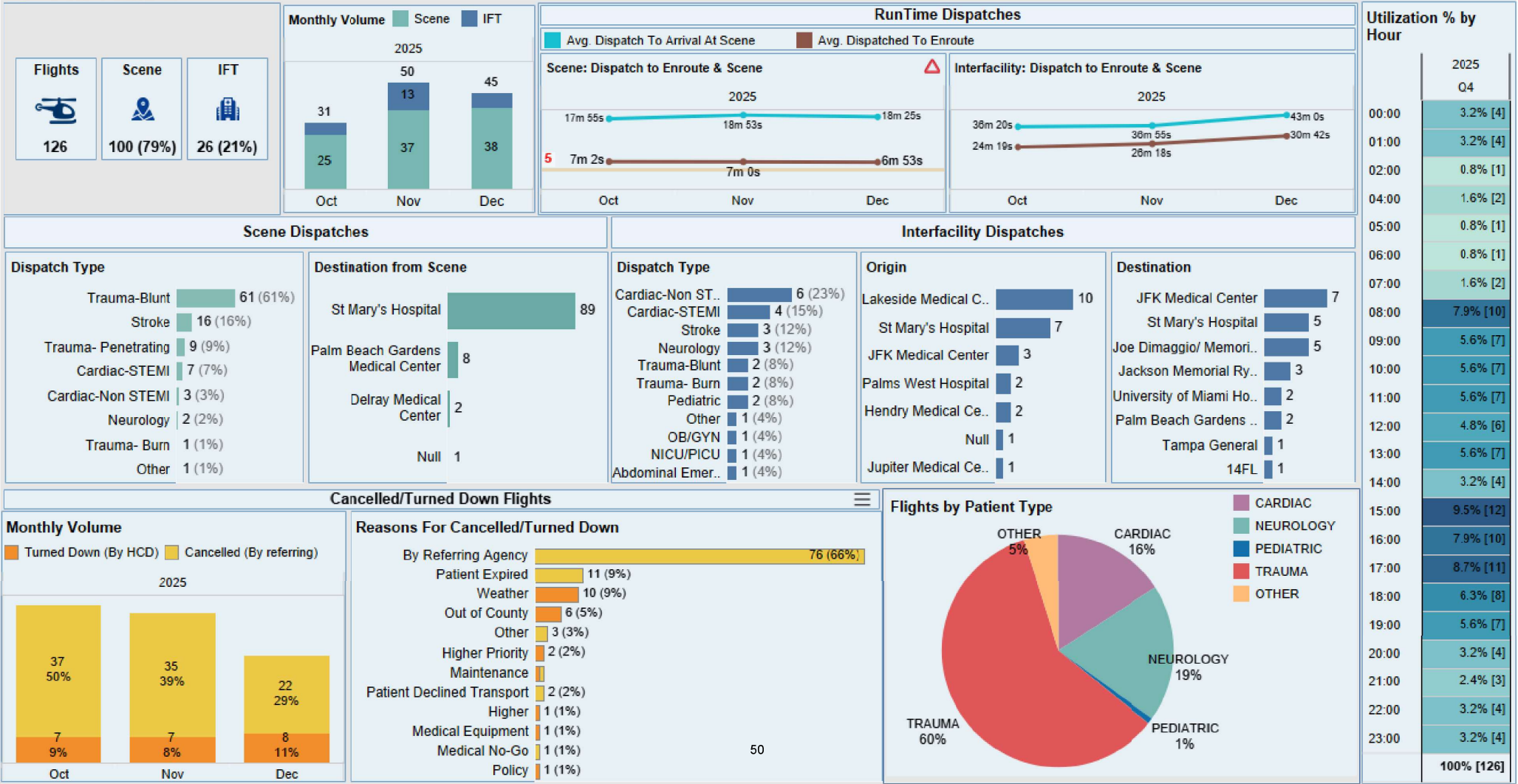
Goal 45% of Students to Have Completed Vision and Hearing Screenings by December 2025
Goal 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2026

#Abnormal
#Normal

Color Legend:
Total Distinct Students
Distinct Students screened this month
Percent of Goal reached



AEROMEDICAL DATA Q4 2025



UDS PROVIDER LEVEL QUALITY MEASURES 2025

NATIONAL QUALITY LEADER METRICS

Load Date
12/31/2025

Filters

		Universe	MET	Not Met	HCD Internal Goal for HRSA	National Average	State Average
Heart Health	Coronary Artery Disease (CAD): Lipid Therapy ...	5,283	87%				81%
	Hypertension	6,562	73%				80%
	Ischemic Vascular Disease (IVD)	997	83%				86%
	Tobacco use Screening and Cessation Interven..	20,330	94%				93%
Diabetes	Adult Weight Screening and Follow Up	23,620	84%				90%
	Diabetes: (HbA1c < 9%)	3,862	74%			67%	
	Diabetes: (HbA1c < 9%) Migrant	427	72%			67%	
Behavioral Health	Depression Remission	515	48%		14%		
	Patients Screened for Depression and Follow-Up	19,580	93%				83%
	Pts Screened for Depression and F/U (Homeless)	4,876	87%				83%
Childhood Measures	Childhood Immunization	506	54%				60%
	Dental Sealants	580	98%				75%
	Weight Screening and Counseling for children and adolescents	5,075	85%				90%
HIV	HIV Screening	22,412	69%		32%		
Cancer Prevention	Breast Cancer Screening	4,128	59%				60%
	Cervical Cancer Screening	11,264	65%				65%
	Colorectal Cancer Screening	10,129	47%		51		82%

Quality Measures

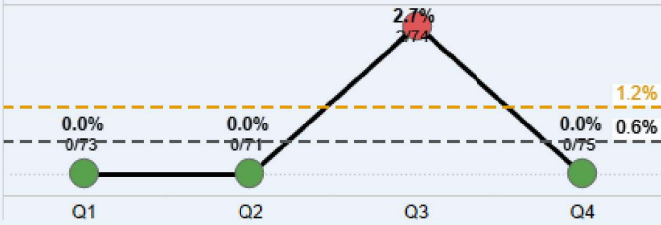
Q4 2025

Comparisons Groups: State National Meeting Goal? Yes No

Infection Control

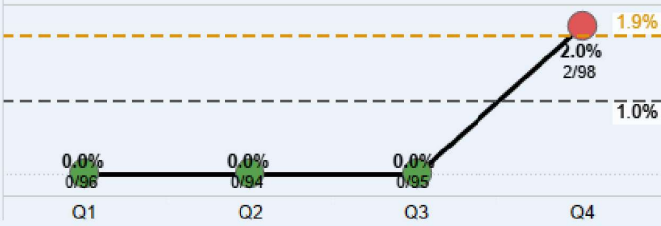
N026.03: % of Residents Who have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

2025



N024.02: % of Residents with a Urinary Tract Infection (Long Stay)

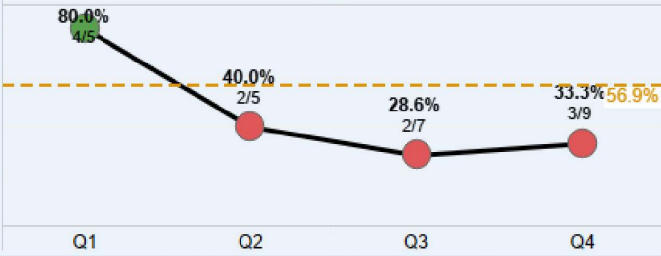
2025



Functional Status

S042.01: Discharge Function Score

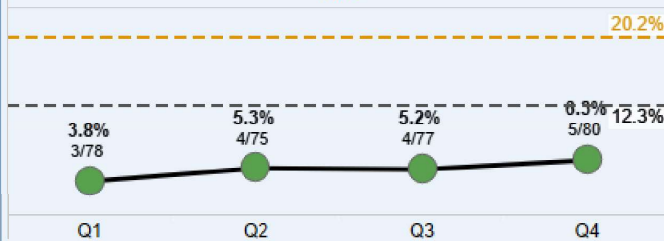
2025



Functional Status

N046.01: % of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay)

2025



N035.04: % of Residents Whose Ability to Walk Independently Worsened (Long Stay)

2025



N028.03: % of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)

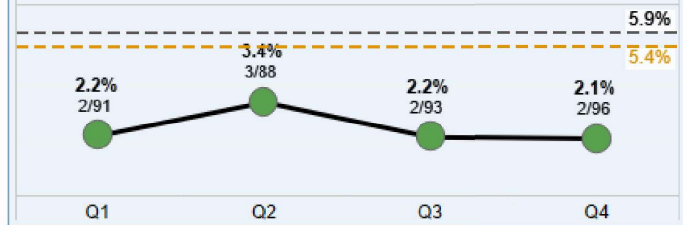
2025



Functional Status

N029.03: % of Residents Who Lose Too Much Weight (Long Stay)

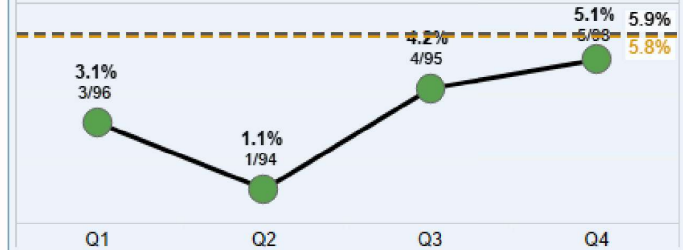
2025



Skin Integrity

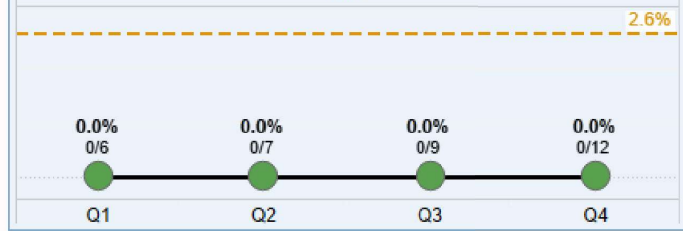
N045.01: % of Residents with Pressure Ulcers (Long Stay)

2025



S038.02: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

2025



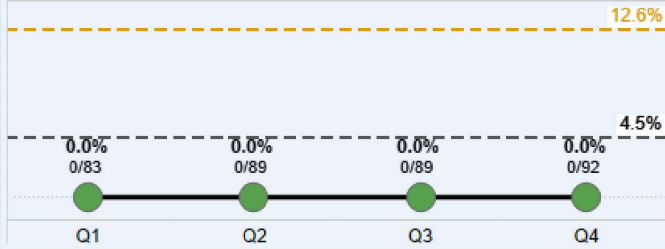
Quality Measures

Q4 2025

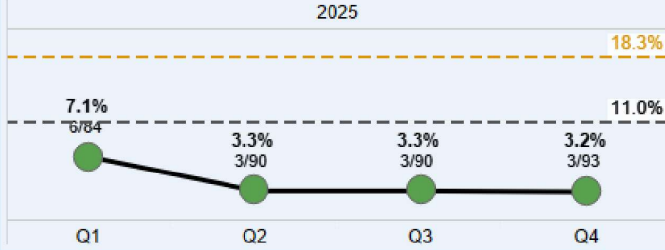
Comparisons Groups: State National Meeting Goal? Yes No

Behavioral Health

N030.03: % of Residents Who Have Depressive Symptoms
2025

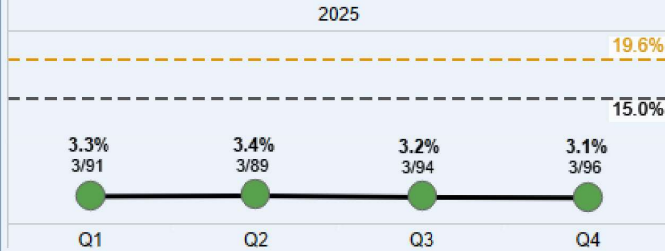


N034.02: Prevalence of Behavior Symptoms Affecting Others (Long Stay)
2025



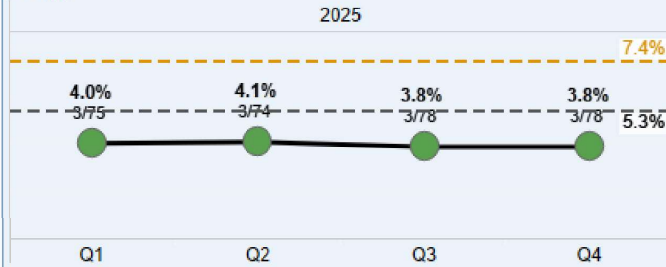
Medications

N036.03: % of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay)
2025

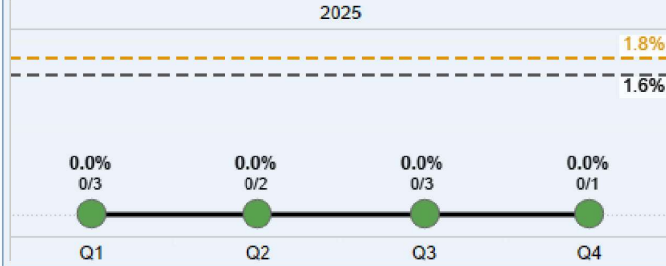


Medications

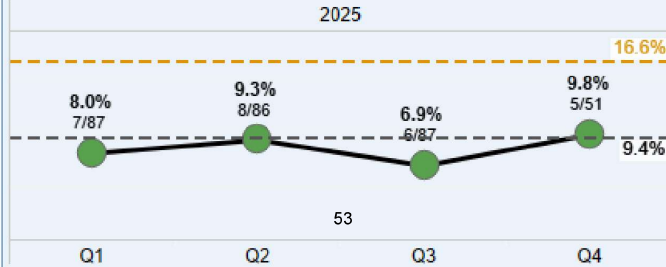
N033.03: Prevalence of Antianxiety/Hypnotic Use (Long Stay)
2025



N011.03: % of Residents Who Newly Received an Antipsychotic Medication (Short Stay)
2025

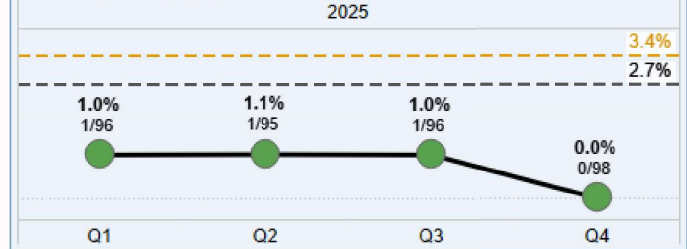


N031.04: % of Residents Who Received an Antipsychotic Medication (Long Stay)
2025

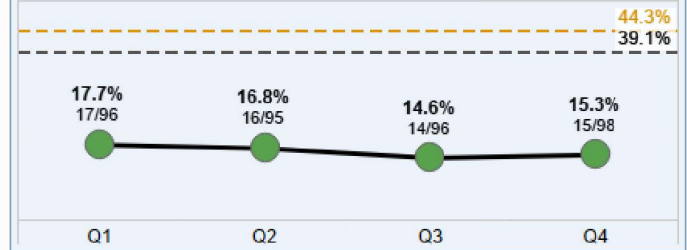


Falls

N013.02: % of Residents Experiencing One or More Falls with Major Injury (Long Stay)
2025



N032.02: Prevalence of Falls (Long Stay)
2025



Restraints

N027.02: % of Residents Who Were Physically Restrained (Long Stay)
2025



LMC Quality Core Measures Q4 2025

Inpatient Measures

Outpatient Measures

Meeting Goal? Yes ■ No ■ No Population ■ LMC Internal Goal Line — National Avg Line —

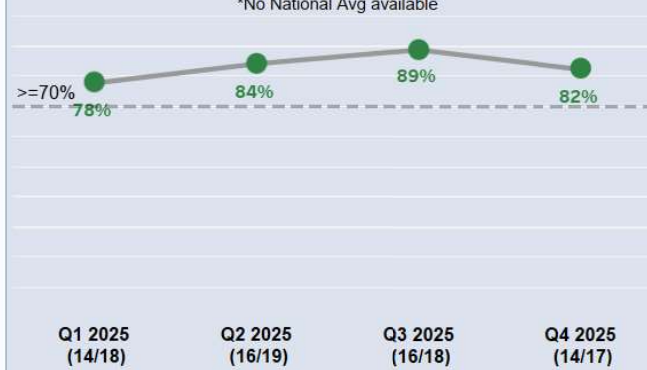
Emergency Dept-1a

Median time from ED arrival to ED departure for admitted patients



Sepsis-1

Early management bundle, severe sepsis/septic shock
*No National Avg available



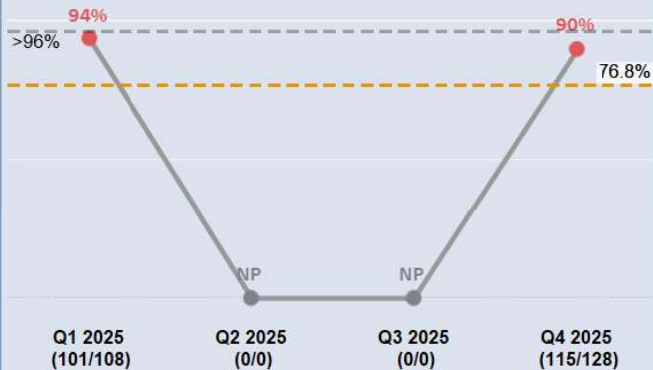
Outpatient-18a

Median time from ED arrival to discharge home or transferred
*No National Avg available



Immunization-2

Immunizations (seasonal)



Venous thromboembolism-1

VTE prophylaxis



Outpatient-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



Ground Transportation Response Times

10/1/2025 to 12/31/2025

Alerts

Definition (6.1 Priority 1): Interfacility Transports to higher level of care - Stroke, trauma, etc

Completed Transport Requests

✓
6

Avg Response Time

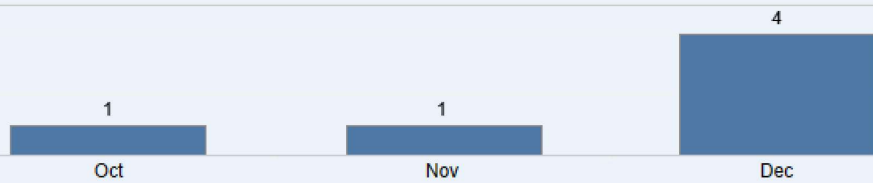
1.4min

Percent Meeting Goal

100.0%

Volume

2025
Q4



Mean Response Time

2025
Q4

≤10min



Emergency Transports

Definition (6.2): Requests for transports of urgent nature, but are not an emergency medical classification and not prescheduled.

Completed Transport Requests

✓
323

Avg Response Time

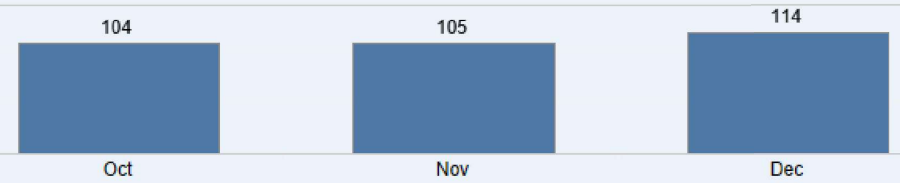
9.6min

Percent Meeting Goal

93.2%

Volume

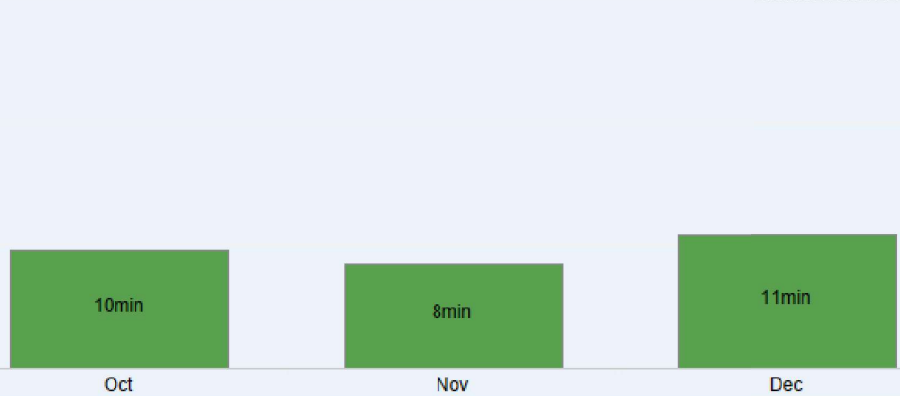
2025
Q4



Mean Response Time

2025
Q4

≤30min



*Negative turnaround times are not included in the average response time calculations

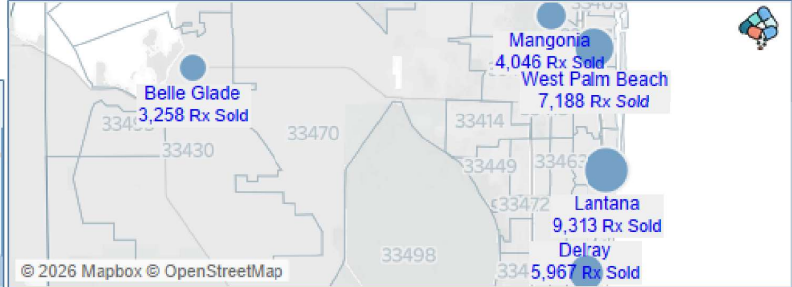
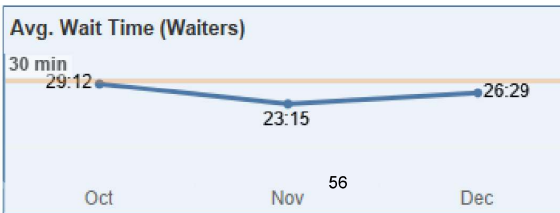
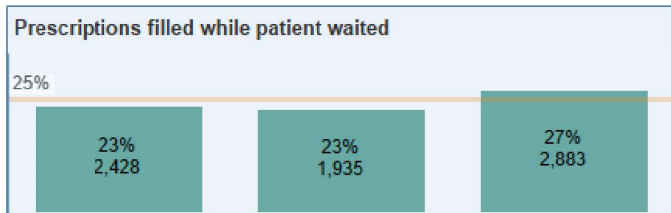
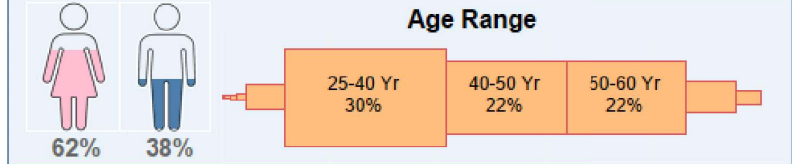
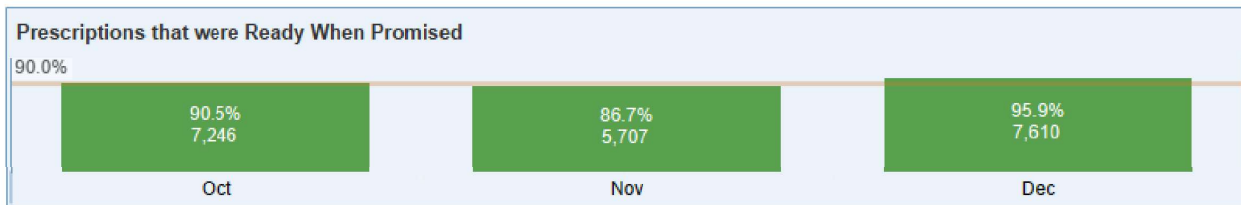
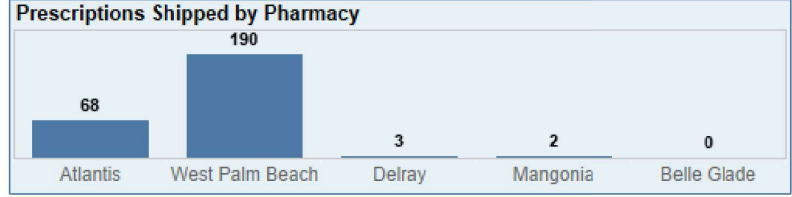
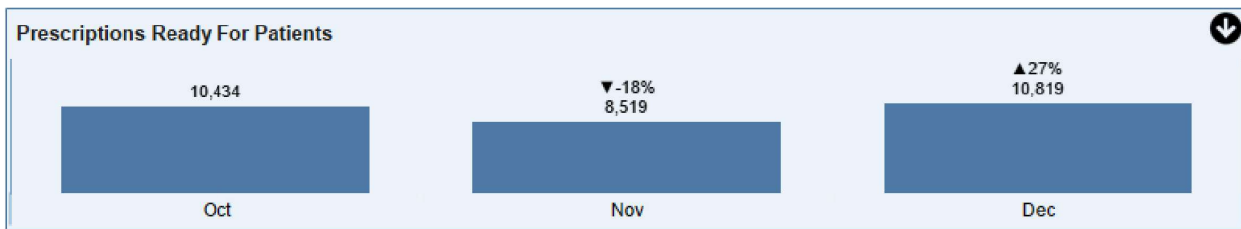
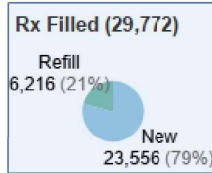
PHARMACY QUALITY DATA 10/1/2025 - 12/31/2025



Unique Pts 6,208	New Patients 1,281 (21%)	Rx Sold 30,002	Rx Return to Stock 4,946 (14.2%)	Out Of Stock 4,759 (15.9%)	Pharmacy Visits 17,582	Avg Rx per patient 5	Rx Shipped to patient 263 (1%) 2 Pkgs
---------------------------------------	---	-------------------------------------	---	---	---	---	--

Prescriptions Filled by Pharmacy

Atlantis	31%			8,861
West Palm Be..	24%			6,590
Delray	20%			5,495
Mangonia	14%			3,828
Belle Glade	11%			3,022



CLINIC SERVICE CENTER PERFORMANCE

** Please note this report excludes Referrals by default. **
To see Referrals, select "SHOW REFERRALS ONLY" in drop down.

Dates: 10/1/2025 to 12/31/2025

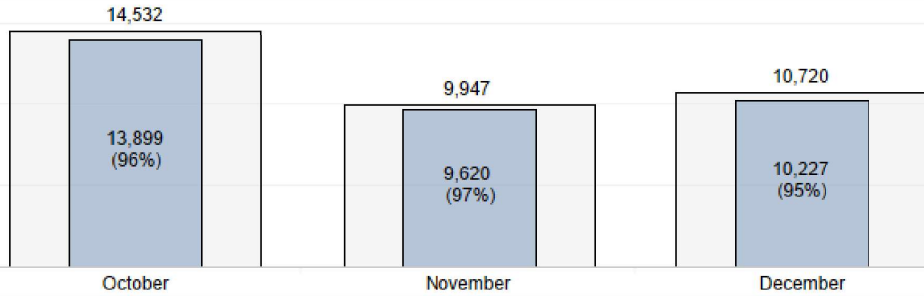


INBOUND CALL VOLUME <p>35,199</p>	ABANDONMENT RATE <p>Goal: 10% or less 1,392 (4%)</p>	SL % ACROSS CSQ'S <p>Service Level Goal: 80%</p> <p>89%</p>	AVERAGE HOLD TIME <p>Avg Hold Time Goal: 3 min or less</p> <p>1m 10s</p>	AVERAGE CALL DURATION <p>3m 56s</p>	OUTBOUND CAMPAIGNS <p>261</p>
---	--	--	---	--	--

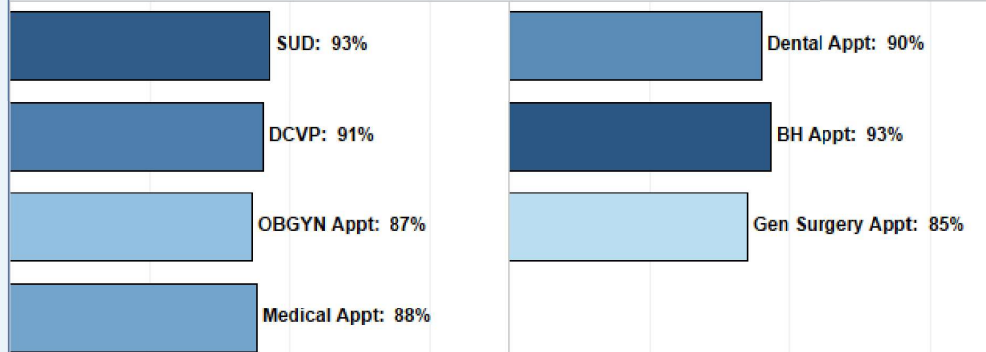
INBOUND CALL TREND

Inbound
 Connected to Agent

2025
Q4



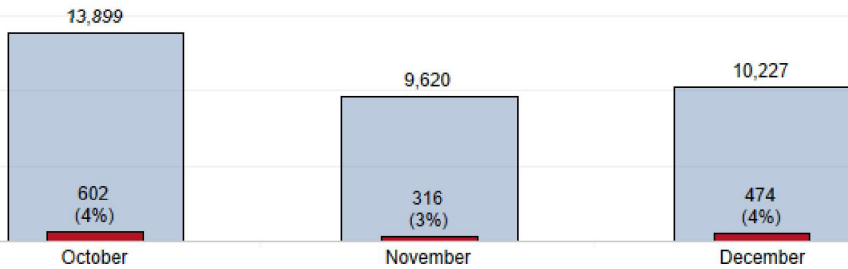
SERVICE LEVEL PERCENTAGE MET



ABANDONED RATE

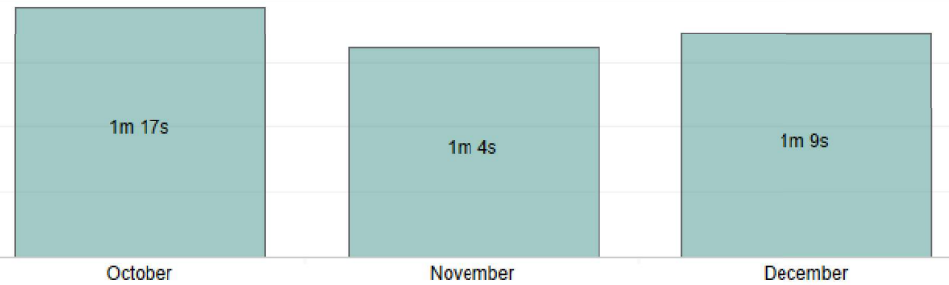
Connected to Agent
 Calls_Abandoned

2025
Q4



AVERAGE QUEUE TIME

2025
Q4



Summary View - Tickets Created/Closed

from 10/1/2025 to 12/31/2025 - All Service Lines

Last Updated: 3/4/2026 8:30:00 AM

Tickets Created
5,341



Tickets Closed
5,377

By Day of Week and Hour

Created Hour	Sun	Mon	Tue	Wed	Thu	Fri	Sat
0		2	2	2	3	4	4
1	1		2	2	4	9	6
2	1	1		2	1	5	1
3		1		4	2	3	
4		1	1	1	1	1	1
5	1	4	1	3	3	3	4
6	5	10	5	7	8	10	2
7	6	114	52	83	59	82	6
8	6	174	136	150	112	152	8
9	6	169	138	128	114	100	9
10	5	113	106	151	132	80	2
11	4	113	92	137	93	99	4
12	7	98	74	87	71	101	3
13	3	78	91	84	82	73	4
14	4	105	84	118	72	79	4
15	4	66	87	90	75	56	5
16	3	61	47	60	62	39	7
17	2	24	21	19	12	8	4
18	3	16	9	11	7	2	4
19	2	7	4	6	6	2	3
20	6	8	8	15	6	9	3
21	3	3	9	5	13	6	2
22	1	3	5	5	2	4	2
23		1	4	2	1	2	5

Calls Received
3,505

Average Queue Time
29 seconds

Abandoned Calls
126

Percent Abandoned
4%

By Priority



By Business Unit (grouped) - Top 10

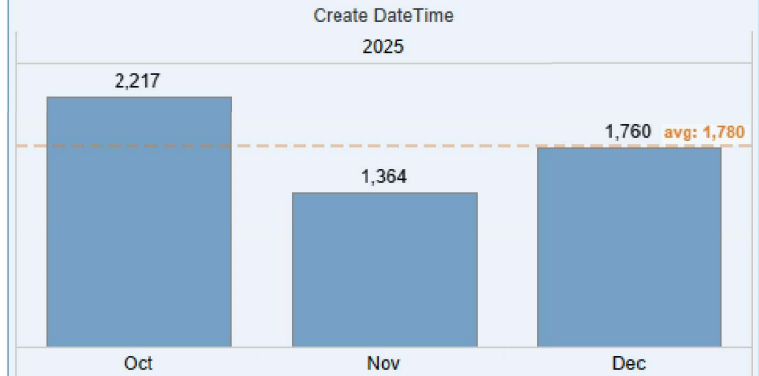


By Category - Top 10

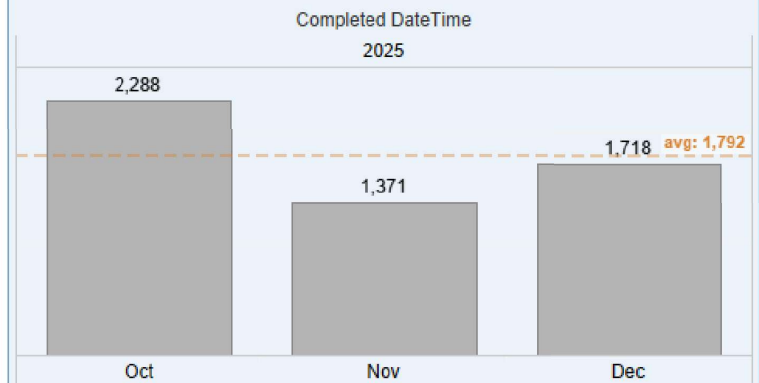
Select View: Category



Tickets Created



Tickets Closed

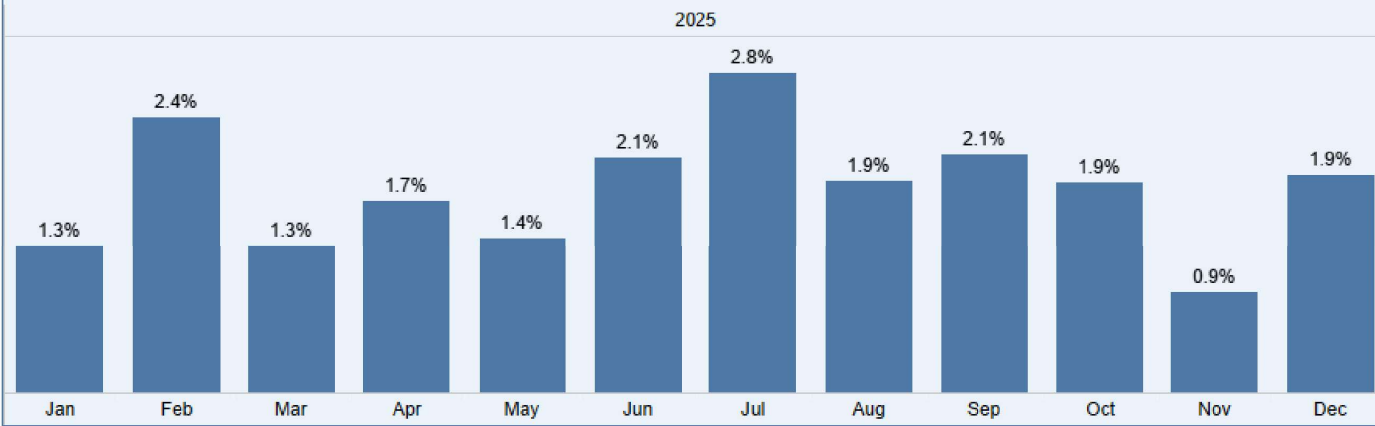


Turnover and Recruitment

Industry Standard



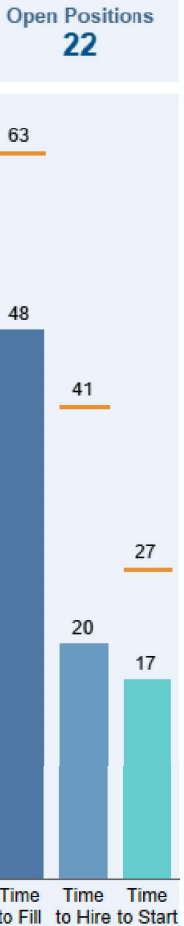
Turnover Rate by Month



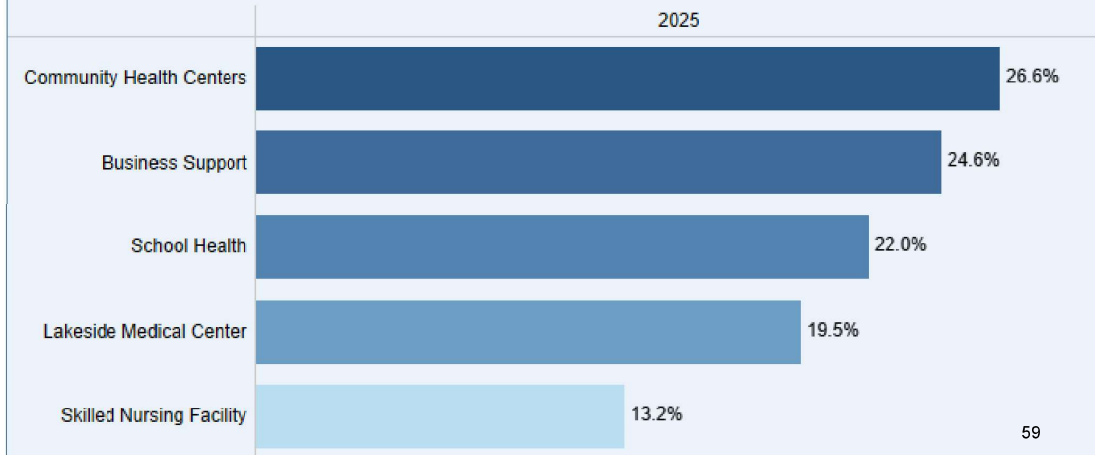
Turnover by Year



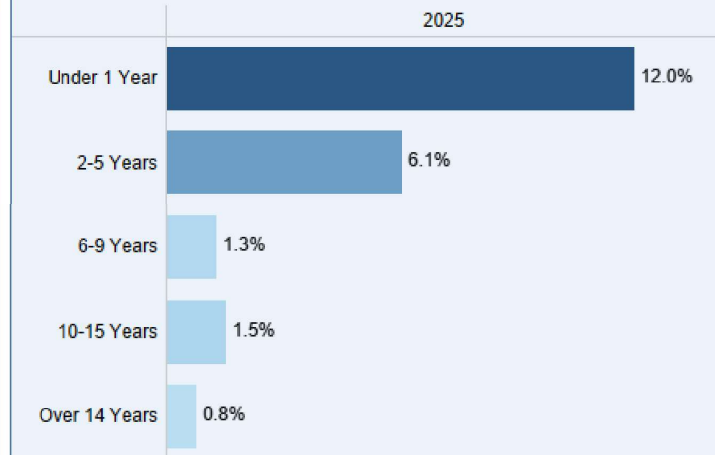
Recruitment



Turnover by Division 2025 YTD



Turnover by Tenure 2025 YTD



59

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

1. Description: HCD Enterprise Risk Management Quarterly Report and Dashboard (Q4 2025).

2. Summary:

A summary report of the Enterprise Risk Management (“ERM”, “Risk”, or “Risk Management”) dashboard covering the top five trending events. This report covers the Fourth Quarter of 2025 (“Q4 2025”) for the following Health Care District of Palm Beach County (“HCD”, “HCDPBC”, or “District”) business units: Lakeside Medical Center (“LMC”), Edward J. Healey Nursing and Rehabilitation Center (“Healey”, “Skilled Nursing Center”, or “SNF”), Community Health Centers (“CHC” or “Clinics”, formerly known as C.L. Brumback Primary Care Clinics), Pharmacy, School Health, Aeromedical/TraumaHawk (“Aeromedical”), Ground Transportation Services (“Ambulance” or “GTS”), District Administration/Home Office, and Managed Care.

3. Substantive Analysis:

In Q4 2025, HCD had a total of 722 reports entered in its Safety Event Reporting System (“SERS” or “RiskQual/HAS”). The dashboard represents the Top five (5) trending event categories reported along with the risk severity levels and near misses for each HCD Business Unit. A detailed summary is provided below.

Risk Severity Volumes/Types:

Of the 722 entries reported in RiskQual/HAS, 696 were events/occurrences and 26 were near misses.

- 3.6% (26) of the events reported were “Near-Misses” or “Near Miss Events”. A *Near Miss is an event that was prevented from actually occurring and did not result in any harm to an individual.*
- 74.7% (539) of the events reported were “No Harm Events”. A *No Harm Event is an event that occurred but resulted in no harm to an individual.*
- 21.3% (154) were “Minor Events”. A *Minor Event is an event that occurred, but had no harm to the patient, however, required monitoring.*
- 0.1% (1) were “Moderate Events”. A *Moderate Event is an event that occurred, temporary harm, no required treatment.*
- 0.3% (2) was a “Death Event”. A *Death Event is an event that occurred, resulted in death.*

Events/Near Misses by Business Unit, Category, and Volume.

Includes all reported events and any required regulatory reported events and PCE’s:

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

Hospital (LMC):

LMC reported a total of 188 entries in HAS.

This included 182 events (155 patient events, 27 non-patient events), and 6 Near Misses).

The 182 Events were reported under the following categories, sorted by volume: AMA (52), Behavior (17), IV/Blood (15), Admission Process/Transfer/Discharge (13), Falls/Slips (8), Facility & Administrative Services (8), Telemedicine (8), Equipment Related (7), Medication Variance (6), Security (6), Property (6), Treatment & Therapies (4), Safety (4), Patient Care (4), Radiology (3), Medical Documentation & Patient Records (3), HIPAA/Privacy (3), Clinical Event for Review (3), Infection Control (3), Medication Safety (2), Lab (2), Skin Issues (2), Surgery (1), EHR/HIT (1), and Adverse Drug Event (1). The Near Misses included Falls/Slips (1), Facility & Administrative Services (1), Medication Variance (1), Treatment & Therapies (1), Medication Safety (1), and Nutrition & Dietary (1). Reported regulatory events: One, (1) case was reported to the Agency for Healthcare Administration (“AHCA”) as an Adverse Incident/Code 15.

Florida Statute 395.0197 (5) – Requires licensed healthcare facilities to maintain an internal risk management program to report specific adverse incidents within 15 days to the Agency for Health Care Administration (AHCA). The term “adverse incident” means an event over which health care personnel could exercise control, and which is associated in whole or in part with medical intervention, rather than the condition for which intervention occurred, and which results in one of the following injuries: 1. Death; 2. Brain or spinal damage; 3. Permanent disfigurement; 4. Fracture or dislocation of bones or joints; 5. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility; 6. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent; or 7. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient’s condition prior to the adverse incident; (b) Was the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient’s diagnosis or medical condition; (c) Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or (d) Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.

Skilled Nursing Center (Healey):

Healey reported a total of 152 entries in HAS.

This included 149 events (145 resident events, 4 non-resident events), and 3 Near Misses.

The 149 Events were reported under the following categories, sorted by volume: Skin Issues* (94), Falls/Slips (11), Behavior (10), EMS/911 Referral (7), Patient Care (6), Safety (5), HIPAA/Privacy (3), Security (3), Nutrition & Dietary (3), Clinical Event for Review

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

(2), Treatment & Therapies (1), Respiratory Therapy (1), Property (1), Medication Variance (1), and Adverse Drug Event (1). (*) These are included for facility-requested reporting purposes only due to a resident condition, however, were non-incident related events. The Near Misses included HIPAA/Privacy (2) and Dietary (1). Reported regulatory events: Four (4) cases were reported to the Agency for Healthcare Administration (“AHCA”) as an Immediate (1-day) and 5- Day Report.

42 CFR s. 483.13(c) - Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involves abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

Community Health Centers (Clinics):

CHC’s reported a total of 92 entries in HAS.

This included 90 events (69 patient events, 21 non-patient events), and 2 Near Misses.

The 90 Events were reported under the following categories, sorted by volume: Behavior (40), EMS/911 Referral (15), Equipment Related (7), Safety (5), Medication Variance (5), Medical Documentation & Patient Records (5), HIPAA/Privacy (3), Patient Care (2), Lab (2), Facility & Administrative Services (2), Property (1), Medication Safety (1), Falls/Slips (1), and AMA (1). The Near Misses included: HIPAA/Privacy (1) and EHR/HIT (1).

Pharmacy:

Pharmacy reported a total of 32 entries in HAS.

This included 21 events (11 patient events, 10 non-patient events) and 11 Near Misses.

The 21 events were reported under the following categories, sorted by volume: Medication Variance (14), Prescription Mail Return (3), Medical Documentation & Patient Records (2), Patient Care (1), and HIPAA/Privacy (1). The Near Misses included: Medication Variance (7) and Prescription Error (4).

School Health:

School Health reported a total of 246 entries in HAS.

This included 242 events (235 student events, 7 non-student events) and 4 Near Misses.

The 242 events were reported under the following categories, sorted by volume:



QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

MARCH 11, 2026

Safety (94, including 43 DCF Referrals*), Medication Variance (86), Medical Documentation & Patient Records (32), Behavior (10), Treatment & Therapies (9), Patient Care (5), Clinical Event for Review (3), HIPAA/Privacy (2), and EHR/HIT (1). The 4 Near Misses included: Medication Safety (2), Medication Variance (1), and Patient Care (1). Reported regulatory events: (*) 43 DCF referrals were mandatory reporting purposes only, however, were non-incident related events.

Ground Ambulance (GTS):

GTS reported a total of 11 entries in HAS.

This included 11 events (9 patient events, 2 non-patient events), and 0 Near Misses.

The 11 Events were reported under the following categories, sorted by volume: Safety (4), Scene Response (2), Property (1), Equipment Related (1), Clinical Event for Review (1), Behavior (1), and Admission Process / Discharge / Transfer (1).

Aeromedical / TraumaHawk:

Aeromedical / TraumaHawk reported 0 entries in HAS and 5 entries in the Baldwin System. This included 4 events and 1 Near Miss (5 non-patient events).

The 5 Baldwin events were reported under the following categories: Flight Operations (4). The 1 Near Miss was reported under the following category: Administrative (1).

District Administration / Home Office:

Home Office/District Administration reported 0 entries in HAS.

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 Jessica Cafarelli
 VP & Chief Financial Officer



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5. Recommendation:

Staff recommend the Committee Receive and File the HCD Enterprise Risk Management Quarterly Report and Dashboard (Q4 2025).

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Regina All
Regina All
SVP & Chief Clinical Officer

Signed by:
Darcy Davis
Darcy J. Davis
President & Chief Executive Officer



Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

Enterprise Risk Management Dashboards

Alyssa Tarter

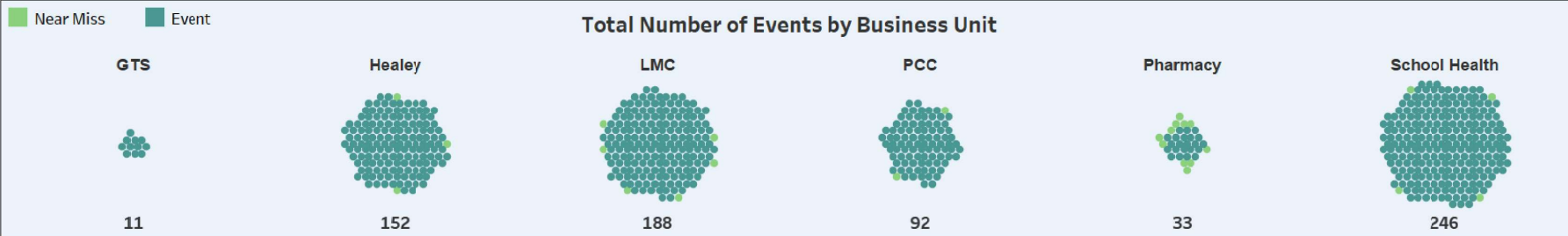
Director of Corporate Risk
Management

Risk Severity

Start 10/1/2025 End 12/31/2025

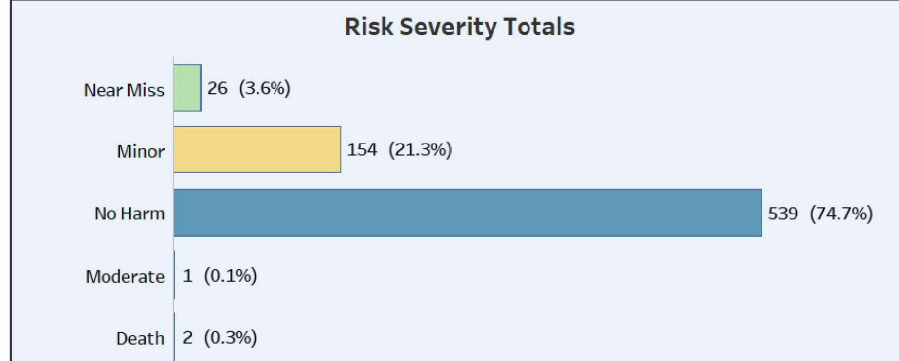
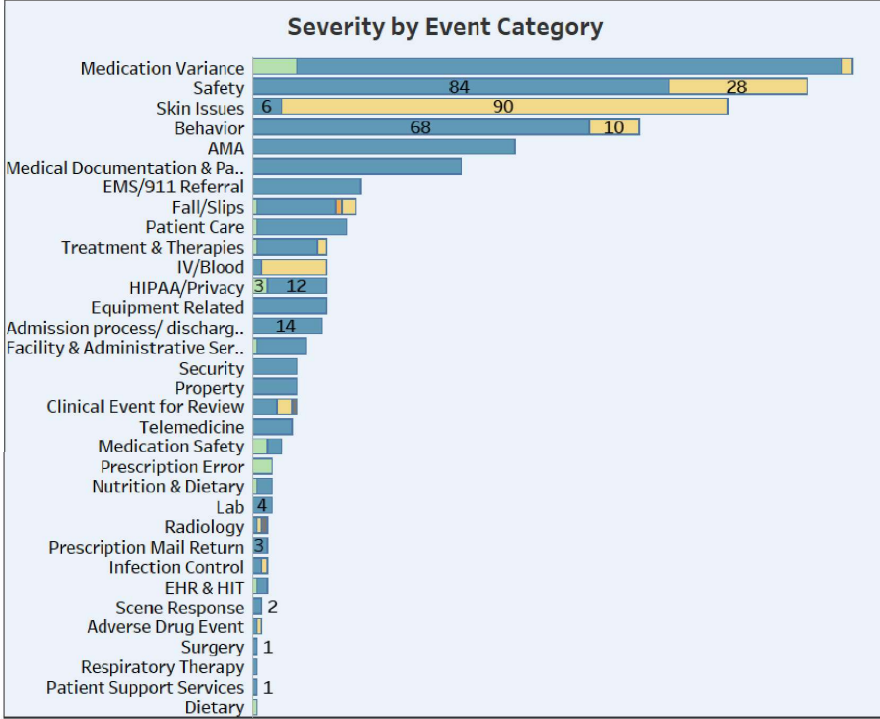


# Total Events	Near Misses	Near Miss %
722	26	3.6%

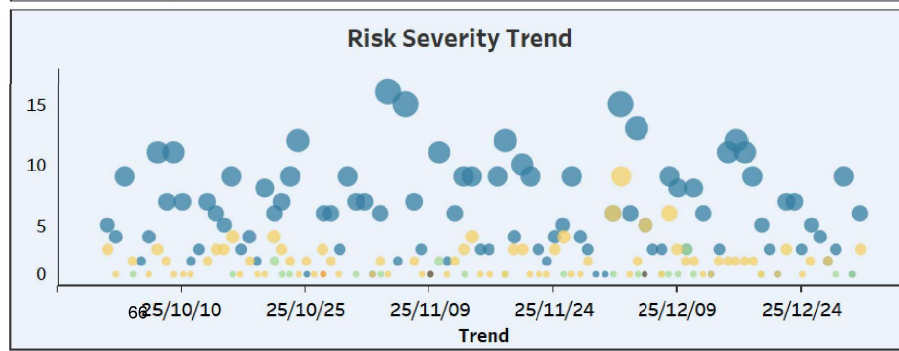


Risk Severity

- Near Miss
- No Harm
- Minor
- Moderate
- Death



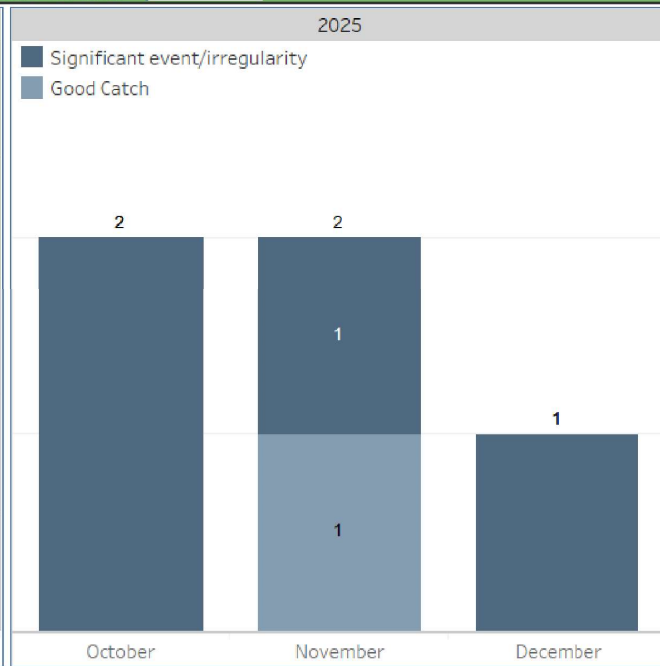
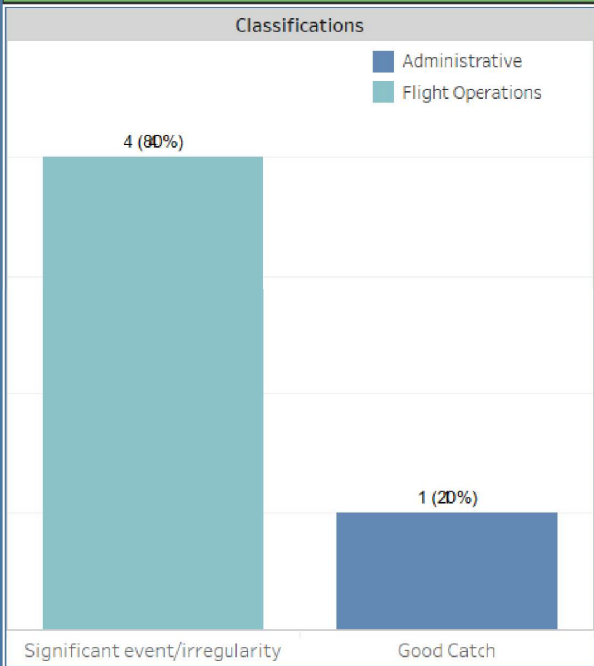
Near Miss – did not occur, no harm to patient
No Harm – occurred, no harm to patient
Minor – occurred, no harm to patient but required monitoring
Moderate – occurred, temporary harm, no required treatment
Major – occurred, temporary harm, required treatment
Severe – occurred, permanent patient harm
Catastrophic – permanent neurologic harm or intervention to sustain life
Death – occurred, resulted in death



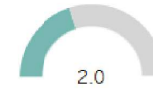
Risk Management Aeromedical

Start Date: 10/1/2025
End Date: 12/31/2025

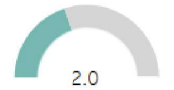
Total Events 5



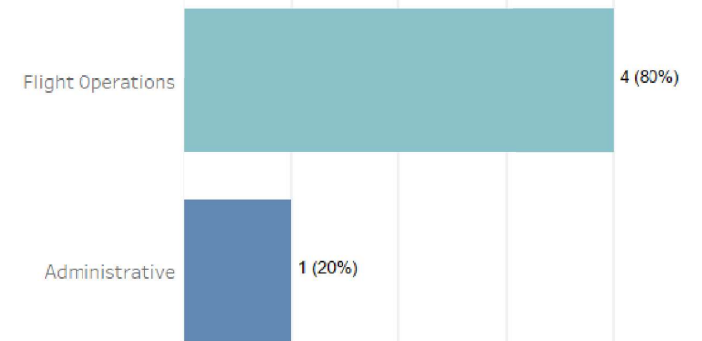
Initial Risk



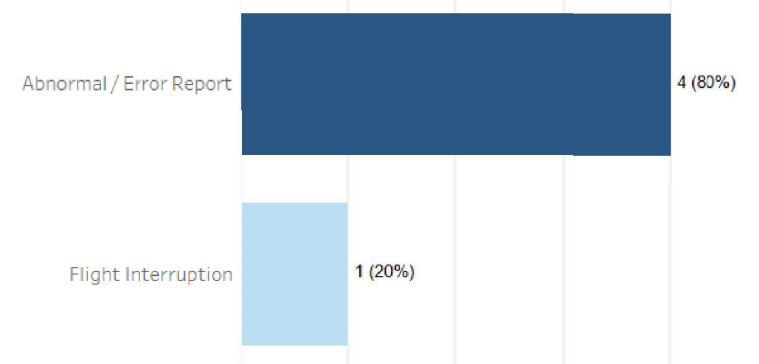
Residual Risk



Report Category



Report Type:



Regulatory Reportable 0

FAA				NASA ASR		NTSB	
0	0	0	0	0	67	0	0
Laser Pointer In..	Radio Altimeter ..	UAS	TCAS	NASA ASR		NTSB	

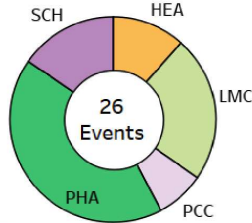


NEAR MISS REPORTING PROGRAM

Reporting period from 10/1/2025 to 12/31/2025

Good Catch Events by Location

Location
 HEA
 LMC
 PCC
 PHA
 SCH



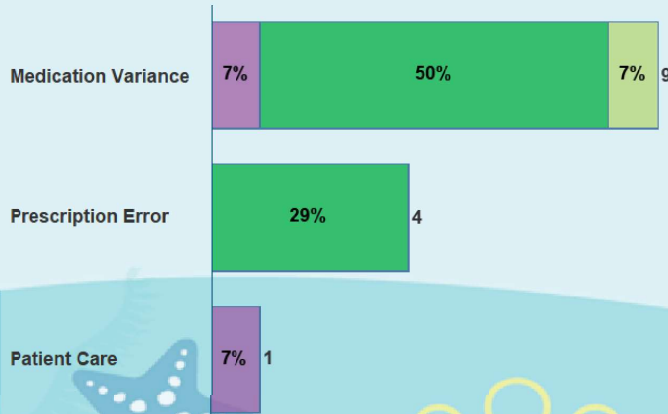
Location	# Total	# Events
HEA	12%	3
LMC	23%	6
PCC	8%	2
PHA	42%	11
SCH	15%	4

WHAT IS A GOOD CATCH?

RECOGNITION BY AN EMPLOYEE OF A CONDITION OR SITUATION THAT HAD THE POTENTIAL TO CAUSE AN INCIDENT BUT DID NOT OCCUR DUE TO THE CORRECTIVE ACTION/INTERVENTION OF THAT EMPLOYEE.



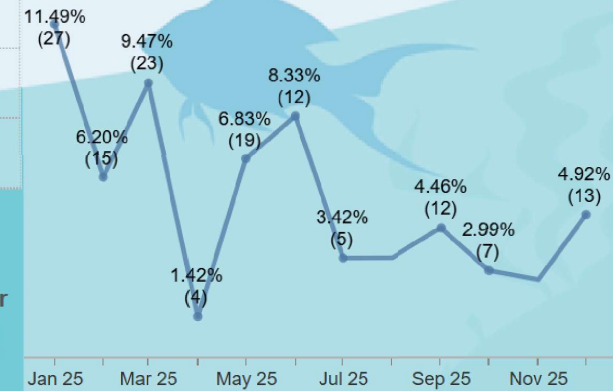
Top 5 Event Categories



Top 3 Event Sub-Categories

Medication Variance	Other Medication Issue	21%	3
	Wrong Drug or IV Fluid	14%	2
	Expired Medication	7%	1
Prescription Error	SIG Issue	14%	2
	Wrong Drug	14%	2
Patient Care	Other Patient Care Issue	7%	1

Near Misses Last 12 Months



CULTURE OF SAFETY

We practice a Just Culture that optimally supports a system of safety through transparency and accountability. Our major focus is on understanding what happened, how it happened, and how we can prevent it from happening again. We do this by looking at systems, processes, and human behavior, not through blaming or focusing solely on the individual.

