



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE**

**MEETING AGENDA**

**March 12, 2025 at 10:00AM**

**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 11, 2024 [Pages 1-5]

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

### **A. ADMINISTRATION**

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

March 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 [Page 6]

### **B. PATIENT RELATIONS DASHBOARDS**

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

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 7-14]

- Patient Relations Dashboard, School Health  
(Alexa Goodwin/ Fe Pagtakhan) [Page 10]
- Patient Relations Dashboard, Community Health Centers  
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 11]
- Patient Relations Dashboard, Skilled Nursing Facility  
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Lakeside Medical Center  
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 13]
- Patient Relations Dashboard, Pharmacy  
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 14]

### **C. PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards

(Dr. Belma Andric) [Pages 15-26]

- Productivity Dashboard, School Health  
(Fe Pagtakhan) [Page 19]
- Productivity Dashboard, Community Health Centers  
(Dr. Ana Ferwerda/ Ingrid Barlett) [Page 20]

- Productivity Dashboard, Skilled Nursing Facility (Sonja Susnjevic) [Page 21]
- Productivity Dashboard, Lakeside Medical Center (Sylvia Hall/Steven Sadiku) [Pages 22-23]
- Productivity Dashboard, Ground Transportation (Lisa Azzaro/ Jostein Lavoll) [Page 24]
- Productivity Dashboard, Pharmacy (Louis Bassi/Leamsi Borges) [Page 25]
- Productivity Dashboard, Human Resources (Christina Schiller) [Page 26]

## **8. Regular Agenda**

### **A. COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates  
(Heather Bokor) [Pages 27-43]

### **B. CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Dashboards  
(Dr. Belma Andric) [Pages 44-62]

- Quality & Patient Safety Report, School Health (Steven Sadiku/Fe Pagtakhan) [Page 50]
- Quality & Patient Safety Report, Aeromedical (Steven Sadiku/Jostein Lavoll) [Page 51]
- Quality & Patient Safety Report, Trauma (Steven Sadiku/Joel Rosales) [Page 52]
- Quality & Patient Safety Report, Community Health Centers (Steven Sadiku/Dr. Ana Ferwerda) [Page 53]

- Quality & Patient Safety Report, Skilled Nursing Facility (Steven Sadiku/Sonja Susnjevic) [Pages 54-55]
- Quality & Patient Safety Report, Lakeside Medical Center (Steven Sadiku/ Sylvia Hall) [Page 56]
- Quality & Patient Safety Report, Ground Transportation (Steven Sadiku/Jostein Lavoll) [Pages 57-59]
- Quality & Patient Safety Report, Pharmacy (Steven Sadiku/Leamsi Borges) [Page 60]
- Quality & Patient Safety Report, Corporate Quality Metrics (Steven Sadiku) [Pages 61-62]
  - Call Center (Jessica Ramirez) [Page 61]
  - Information Technology (Andrea Steele) [Page 62]

### **C. RISK MANAGEMENT DASHBOARDS**

#### **8C-1 RECEIVE AND FILE:**

Risk Management Updates and Dashboards  
(Dr. Belma Andric) [Pages 63-69]

### **9. CEO Comments**

### **10. Committee Member Comments**

### **11. Upcoming Meetings**

#### **June 11, 2025**

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

#### **September Meeting (Date TBD)**

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

#### **December 10, 2025**

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

### **12. Motion to Adjourn**



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE**  
**MEETING MINUTES**  
**December 11, 2024 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 (REMOTE), Tammy Jackson-Moore (REMOTE), Dr. Jyothi Gunta (REMOTE), and Dr. LaTanya McNeal (REMOTE). Dr. Alina Alonso and Dr. Ishan Gunawardene were absent.

Staff present: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, SVP & Chief Medical Officer; Bernabe Icaza, SVP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Candice Abbott, SVP & Chief Operating 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**

Ms. Davis stated that we are moving 7D-1 from the consent agenda to 8A-2 on the regular agenda. This agenda item is typically on the regular agenda.

**B. Motion to Approve Agenda**

**CONCLUSION/ACTION: Tracy Caruso made a motion to approve the revised agenda. The motion was duly seconded by William Johnson. 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 26, 2024.

**CONCLUSION/ACTION: Tracy Caruso made a motion to approve the Committee Meeting Minutes of September 26, 2024. The motion was duly seconded by William Johnson. 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 2024 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

**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  
Patient Relations Dashboard, Pharmacy

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

8. **Regular Agenda**

A. **COMPLIANCE**

8A-1 **Staff recommends MOTION TO APPROVE:**

Compliance, Privacy and Ethics Work Plan

*Ms. Bokor reviewed the Compliance, Privacy and Ethics Work Plan to the committee*

**CONCLUSION/ACTION: William Johnson made a motion to approve the Compliance, Privacy and Ethics Work Plan. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.**

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, Trauma
- 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

*Dr. Belma Andric presented the Risk Management updates and dashboards.*

**CONCLUSION/ACTION: Received and filed.**

**9. CEO Comments**

**10. Committee Member Comments**

**William Johnson questioned the canceled transports for Ground Transportation productivity. Mr. Sadiku and Ms. Abbott explained the various reasonings behind the high number of cancellations.**

**11. Establishment of Upcoming Meetings**

**March 12, 2025**

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

**June 11, 2025**

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

**September Meeting (TBD), 2025**

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

**December 10, 2025**

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

**12. Motion to Adjourn**

There being no further business, the meeting was adjourned.

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**Tracy Caruso, Chair**

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**Date**

## QUALITY, PATIENT SAFETY& COMPLIANCE COMMITTEE

### Attendance Tracking for 2025

	<b>12/10/24</b>	<b>3/12/25</b>	<b>6/11/25</b>	<b>9/XX/25</b>	<b>12/10/25</b>
Dr. Jyothi Gunta	VIRTUAL				
Tracy Caruso	X				
Dr. Alina Alonso	ABSENT				
Tammy Jackson-Moore	VIRTUAL				
Kimberly Schulz	VIRTUAL				
Dr. LaTanya McNeal	VIRTUAL				
William (Bill) Johnson	X				
Dr. Ishan Gunawardene	ABSENT				

**1. Description: Patient Relations Dashboards**

**2. Summary:**

This agenda item provides the patient relations dashboard for the 4<sup>th</sup> Quarter of 2024 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, and Pharmacy.

**3. Substantive Analysis:**

**School Health**

For Quarter 4 2024, School Health had a total of 13 Patient Relations events reported for 172 school locations. Of the 13 patient relation events, 5 were complaints, 8 were compliments, and there were no grievances. All of the 5 complaints were from family members. The complaints categories were nurse related, respect, and care and communication related. The 8 compliments recognized the School Health Nurses and School Health Nurse Assistants received from employees.

**Community Health Centers**

For Quarter 4 2024, there were a total of 29 Patient Relations Occurrences that occurred between 8 Health Centers and Center Administration. This was an increase from the previous quarter where we had 27 Complaints and Grievances. Of the 29 occurrences, there were 5 Grievances and 24 Complaints. The top 3 categories were Respect Related, Care & Treatment, and Physician Related issues. The top subcategories were Poor Communication, Bad attitude/rude, All aspects of care and Change/ Amend Medical Chart with 3 occurrences from each.

There were also 63 Compliments received across 5 Health Centers. Of the 63 Compliments, 56 were patient compliments, and 7 were employee-to-employee "Thumbs-Up" compliments.

**Skilled Nursing Center**

For Quarter 4 2024, there were a total of 32 Resident-Related Occurrences received across 4 resident units, Social Services, Laundry, Dietary, Finance, Administration and Housekeeping services. Of the 32 occurrences, there were 31 complaints and 1 grievance. The top 5 categories were Personal Belongings, Nutrition, Care & Treatment, Environmental and Communication related issues.

There was also a total of 36 Compliments received across 4 resident units, Activities and Dietary Services.

**Lakeside Medical Center**

For Quarter 4 2024, there were a total of 11 Patient Relations Occurrences that occurred between the Emergency Services, Med-Surg/Telemetry/PCU, Dialysis and Main Entrance. This was an increase from the previous quarter where we had 9 Complaints and Grievances. Of the 11 occurrences, there were 3 Grievances and 8 Complaints. The top 4 categories were Care & Treatment, Nursing Related, Physician Related and Respect Related. The top subcategory was All aspects of care.

There was also a total of 2 Compliments received in the Emergency Department. There was 1 compliment related to Clinical Support Staff and 1 related to a Physician.

**Pharmacy**

For Quarter 4 2024, there was a total of 1 Patient Relations Occurrence that occurred from 1 Health Center. This was a decrease from the previous quarter where we had 2 Complaints. The 1 occurrence was a complaint. The category was pharmacy issues with the subcategory of Communication.

There were no compliments received for Pharmacy in Q4 2024.

**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:

N/A

Jessica Cafarelli


VP & Chief Financial Officer

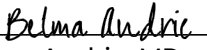



## 5. Recommendation:

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

Approved for Legal sufficiency:

Signed by:  
  
0CF6F7DB6706434...  
Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
Belma Andric MD  
SVP & Chief Medical Officer

Signed by:  
  
77A3B53589A1477  
Darcy J. Davis  
President & Chief Executive  
Officer

## Patient Relations School Health (Grievances, Complaints & Compliments) - 10/1/2024 to 12/31/2024



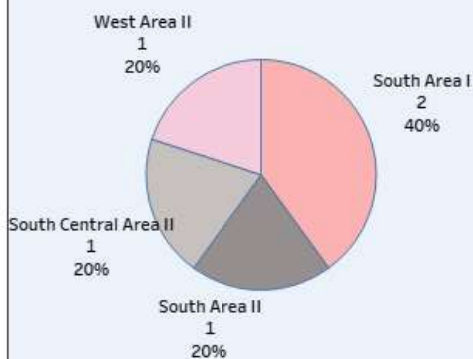
2024 Q4

Total Complaints and Grievances

5

Late Entries: 0

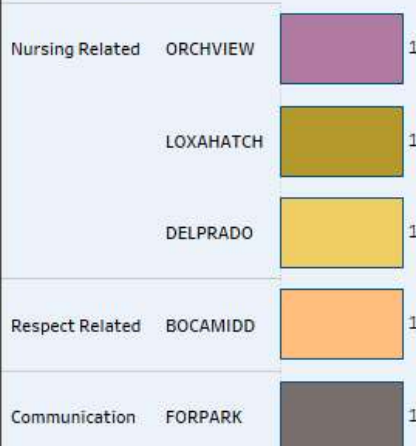
### Schools by Area



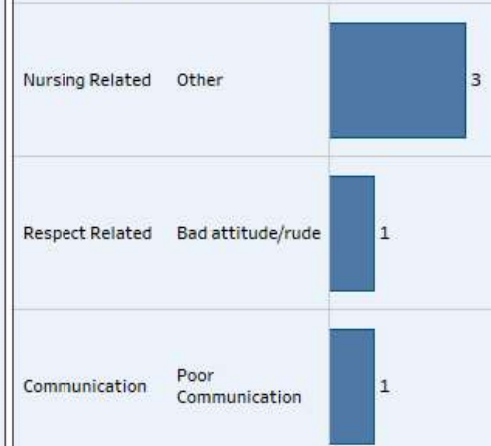
### Complainant



### Top 5 Categories



### Total Top 5 Subcategories



Total Compliments

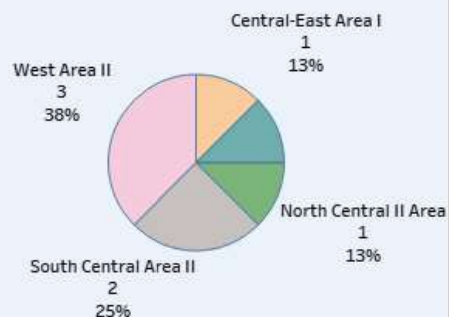
8

Late Entries: 0

Comp/Griev Prev 4 Quarters

23

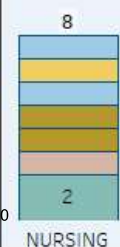
### Schools by Area



### Complimenter



### Care & Treatment Categories



\* Color represents Department  
\*\* CSS = Clinical Support Staff

- BEACOVE
- CRYSTLAKES
- CYPRTAILS
- EMERCOVE
- ROLLGREEN
- STHGRADE
- WELLHIGH

### Top 5 Categories Trended



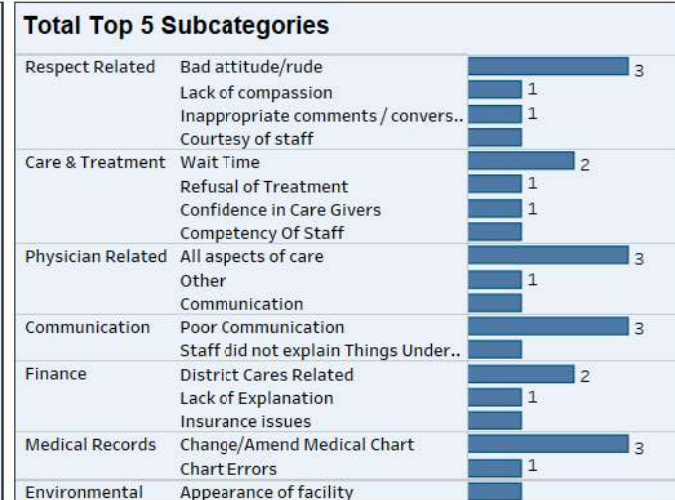
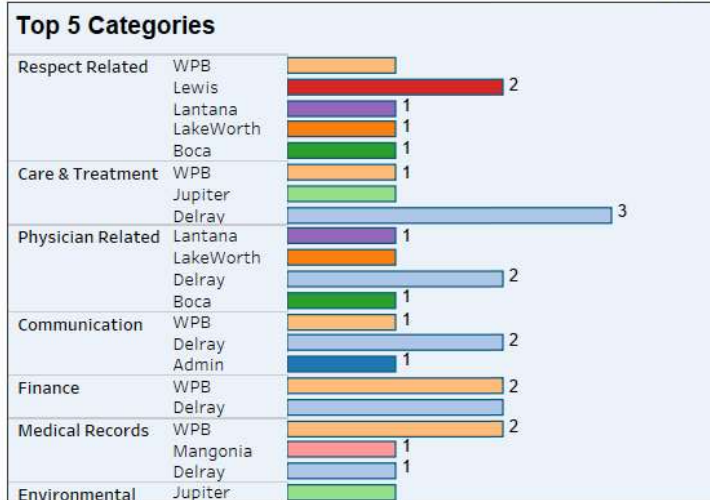
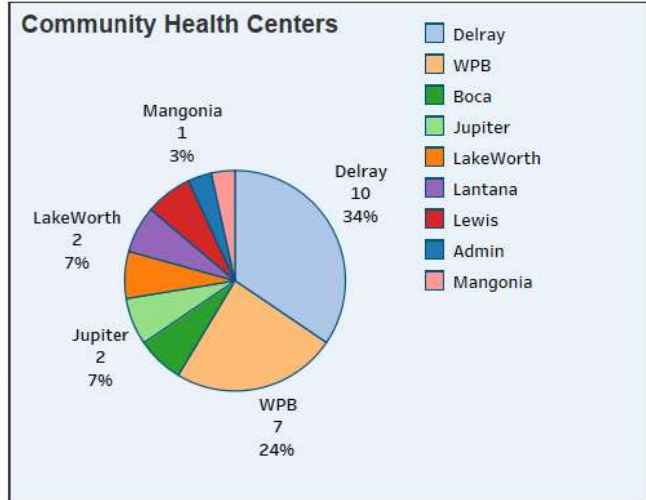
## Patient Relations (Grievances, Complaints & Compliments) Community Health Centers - 10/1/2024 to 12/31/2024

Detail

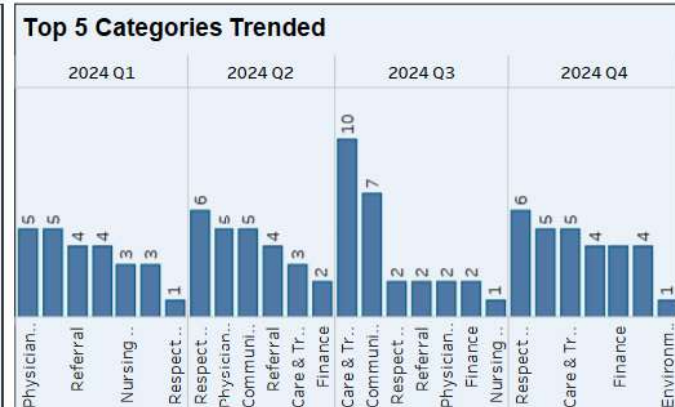
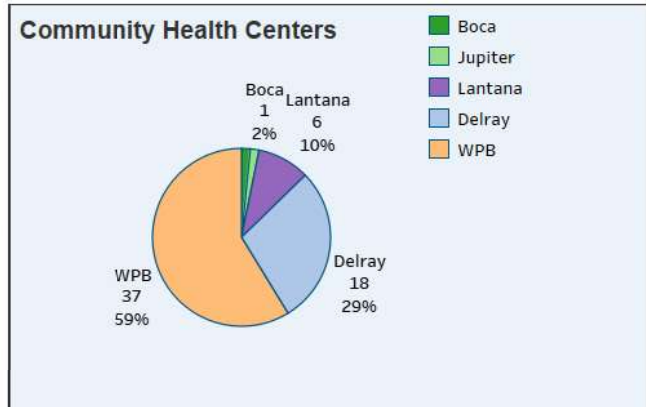


2024 Q4

Dept Desc All Provider All Total Complaints and Grievances 29 Late Entries: 5 Clinic All



Total Compliments 63 Late Entries: 1 Complaints/Grievances Prev 4 Quarters 106



## Patient Relations (Grievances, Complaints & Compliments) Healey Center - 10/1/2024 to 12/31/2024

Detail

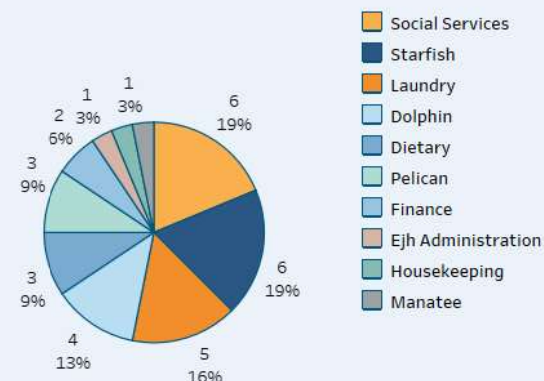


2024 Q4

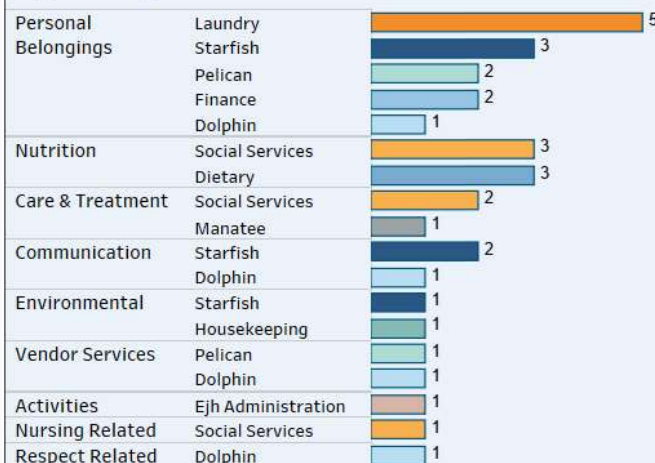
Total Complaints and Grievances

32

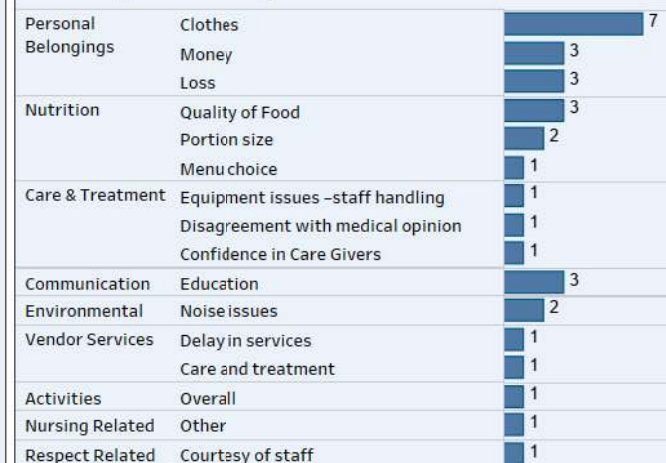
### Departments



### Top 5 Categories



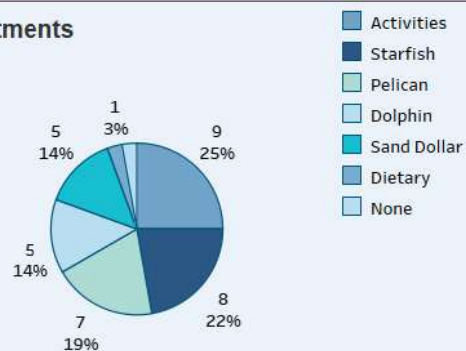
### Total Top 5 Subcategories



Total Compliments

36

### Departments



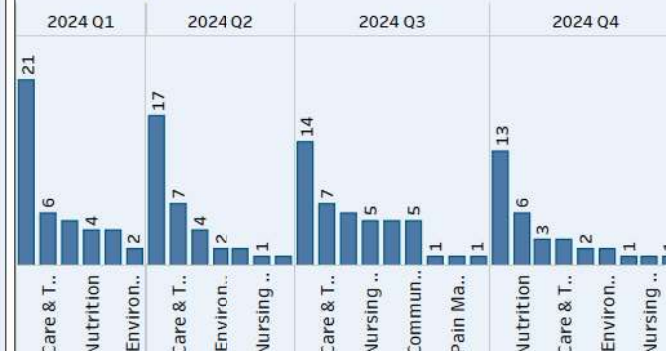
### Care and Treatment Categories \* Color represents Department



Complaints/Grievances Prev 4 Quarters

32

### Top 5 Categories Trended





## Patient Relations (Grievances, Complaints & Compliments) Lakeside Medical Center - 10/1/2024 to 12/31/2024

Detail



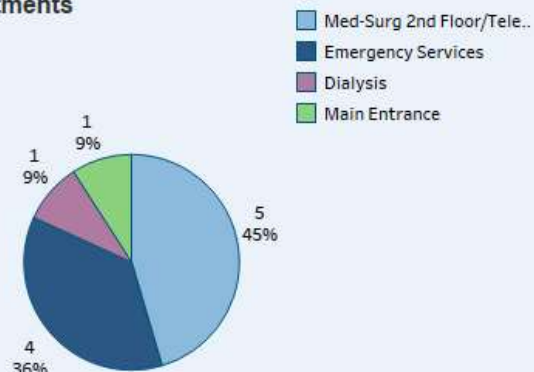
2024 Q4

Total Complaints and Grievances

11

Late Entries: 1

### Departments



### Top 5 Categories

Respect Related	Med-Surg 2nd Floor/Telemetry	1
	Emergency Services	1
Physician Related	Emergency Services	2
Nursing Related	Med-Surg 2nd Floor/Telemetry	1
	Dialysis	1
Care & Treatment	Med-Surg 2nd Floor/Telemetry	1
	Emergency Services	1
Medical Records	Med-Surg 2nd Floor/Telemetry	1
Environmental	Main Entrance	1
Communication	Med-Surg 2nd Floor/Telemetry	1

### Total Top 5 Subcategories

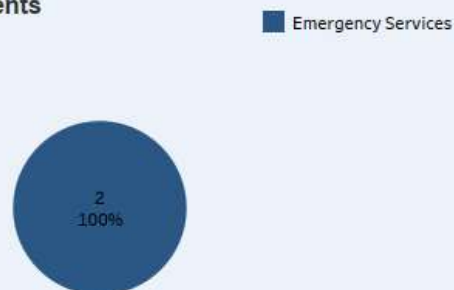
Respect Related	Inappropriate comments / conversations	1
	Bad attitude/rude	1
Physician Related	All aspects of care	2
Nursing Related	Respectful	1
	Other	1
Care & Treatment	Lack of Continuity of Care	1
	Equipment issues -staff ..	1
Medical Records	Change/Amend Medical Chart	1
Environmental	Other	1
Communication	Poor Communication	1

Total Compliments

2

Late Entries: 0

### Departments



### Care and Treatment Categories

CSS	1
PHYSICIAN	1

\* Color represents Department

Complaints/Grievances Prev 4 Quarters

37

### Total Top 5 Subcategories



**Patient Relations (Grievances, Complaints & Compliments)**  
**Pharmacy - 10/1/2024 to 12/31/2024**

Detail



2024 Q4

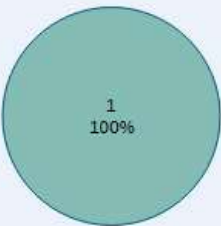
Total Complaints and Grievances

1

Late Entries: 0

Departments

 West Palm Beach Pharma..



Top 5 Categories

Rx

West Palm Beach  
Pharmacy



1

Total Top 5 Subcategories

Rx

Communication



1

Total Compliments

Complaints/Grievances Prev 4 Quarters

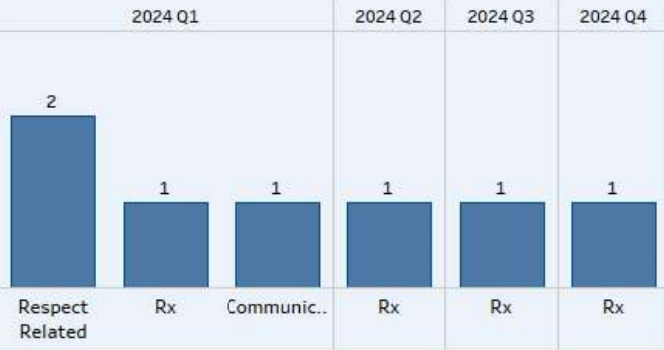
7

Departments

Care and Treatment Categories \* Color represents Department

14

Top 5 Categories Trended



**1. Description: Productivity Dashboards**

**2. Summary:**

This agenda item provides the productivity reports for the 4<sup>th</sup> Quarter of 2024 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 2024, we completed a total of 198,884 events across 172 schools, providing care for a total of 87,754 students. These events were broken down into 60,657 consultation events, 73,602 office visits, 21,958 procedure visits, 34,921 medication visits, and 7,756 record reviews. The top 3 schools with the most events are Palm Springs Middle School, Palm Beach Garden High School, and Verde K-8.

**Community Health Centers**

In Q4 of 2024, the Community Health Centers served 20,251 unique patients (a 7.5% decrease from the previous quarter) and provided 39,584 patient visits (a 4.4% decrease from the previous quarter). The top three departments with the highest patient visits were Lantana Primary, West Palm Beach Primary, and West Palm Dental.

**Skilled Nursing Center**

During Quarter 4, the census for the Healey Center averaged 96. Nurses performed 42,212 treatments and administered 228,139 medications. There were 245 provider visits during the quarter. The CNA POC documentation compliance rate for the day shift averaged 99.03%, the evening shift averaged 98.8%, and the night shift averaged 99.2%. The therapy department completed 3,407 units for the quarter.

### **Lakeside Medical Center**

The productivity data report for 4<sup>th</sup> Quarter 2024 represents the following detailed information:

- **Total Census Days by Level of Care** – There were a total of 1,203 patient days for Q4-2024 compared to 1,217 in the previous quarter, resulting in a 1.2% decrease.
- **Emergency Services Visits**— There was a total of 5,257 visits for Q4-2024 compared to 4,923 in the previous quarter, resulting in a 6.7 % increase.
- **Physical Therapy Visits** (Evaluations and Treatments) – There was a total of 186 evaluation and treatments for Q4-2024 compared to 157 for Q3-2024 resulting in a 18.4% increase.
- **Inpatient Admissions**— There was a total of 103 Inpatient Admissions for Q4-2024 compared to 66 for Q3-2024 resulting in an 56.06% increase.
- **Surgical Cases**— There was a total of 40 surgical cases performed for Q4-2024 compared to 33 for Q3-2024 resulting in an 21% increase.
- **Medication Administration**—There was a total of 35,947 medications administered for Q4-2024 compared to 36,202 for Q3-2024 resulting in an 0.7% decrease.
- **Radiology Exams Completed**— There was a total of 6,619 radiological exams performed for Q4-2024 compared to 6,598 for Q3-2024 resulting in a 0.3% increase.
- **Laboratory Specimens Collected** – There was a total of 20,210 lab specimens collected for Q4-2024 compared to 20,099 for Q3-2024 resulting in an 0.55% increase.

### **Ground Transportation**

For Q4 2024, the Ground Transportation department performed 498 transports (430 previous quarter), with 473 (95%) originating at Lakeside Medical Center and 25 (5%) originating from other facilities. Most of the patients transported were between 21 and



80 years old, with the 61-70 group being the highest. The top 3 diagnoses for the patients transported during this period were Non-ST elevation (NSTEMI) myocardial infarction, weakness, and unspecified convulsions,. The top 3 destinations were Palms West Hospital, followed by JFK Main and St. Mary's. The top 3 services not available were neurology, cardiology, and gastroenterology. There was a total of 37 canceled transports, 57% of which were from the destination location and there were 19 transports in which lights/sirens were used.

### **Pharmacy**

HCD Pharmacies filled 40,933 prescriptions for 7,108 unique patients for Q4, a 4.6% decrease compared to Q3. 9% of the patients serviced were new to the pharmacy in Q4, and 1,721 packages were mailed during the quarter containing 4,117 prescriptions, which was 10% of the total prescriptions dispensed. In addition, 901 Narcan units were distributed to the community in this time frame.

### **Human Resources**

- For Q4 2024, our employee headcount reached 1,230, a 1.8% decrease from the previous quarter (1253).  
     FT=1,160  
     PT=25  
     PD=45
- Clinical job functions/positions are the leading with 47%, followed by technical at 13% and specialist at 10%.
- Q4 2024, the diversity headcount is 44% African American, 28% White, 17% Hispanic, and 11% Other; 79% of the workforce is female.
- Q4 2024, the average age of employees is 47 years old, with 198 employees projected to be within retirement age in the next 5 years.

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"/>

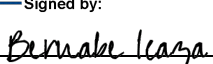
\*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

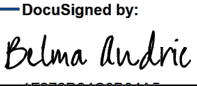
N/A  
\_\_\_\_\_  
Jessica Cafarelli  
VP & Chief Financial Officer

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  
SVP & Chief Medical Officer

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

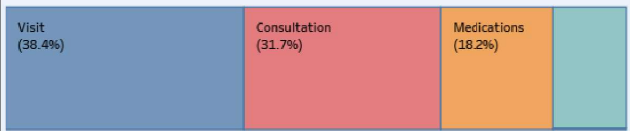
School Health Room Overview  
From 10/1/2024 to 12/31/2024

Visit Medications Review  
Consultation Procedure

Volume Trend



Percent by Event Type



# Students by Grade



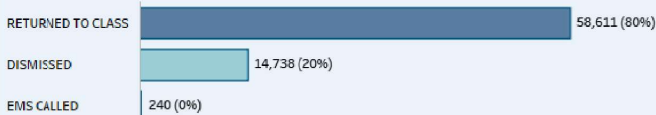
Flexible									
W I	SE I	S I	NE I	N I	E I	CW I	CN I	CE I	C I
1,786	3,328	3,500	2,298	4,455	2,447	1,861	2,994	4,522	2,475
0.9%	1.7%	1.8%	1.2%	2.3%	1.3%	1.0%	1.6%	2.4%	1.3%
Standard									
W II	SC II	S II	NC II	N II	C II				
25,308	23,765	29,950	27,084	28,300	27,415				
13.2%	12.4%	15.6%	14.1%	14.8%	14.3%				

Activity Summary

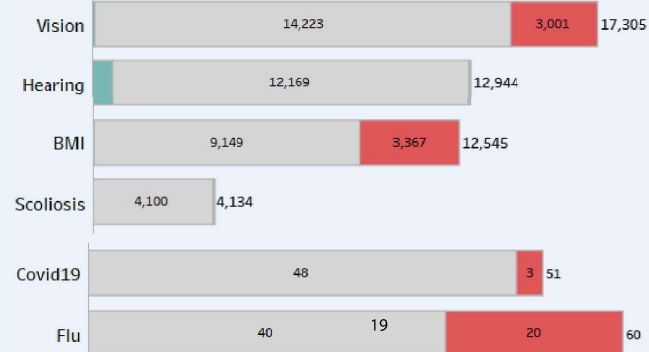
Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Visit	73,602	173	43,243	223	17.13
Consultation	60,657	172	35,435	221	19.12
Medications	34,921	163	1,058	221	5.45
Procedure	21,958	110	243	160	9.98
Review	7,756	141	7,756	105	72.39



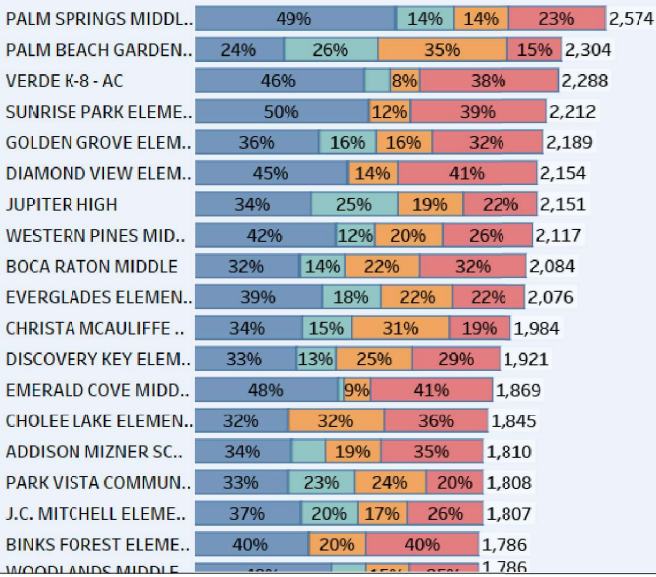
Visit Outcomes



Mandatory Screenings and Covid/Flu Testing



Events by School



Male 55%



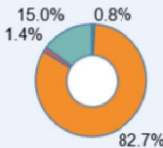
Gender Assigned at Birth

Female 45%



- HCD Personnel
- LPN
- RN
- School Designee
- SNA

Provider Type

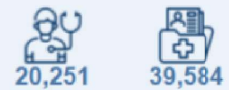


Clinic visit types, Trends & Different Service Utilization 10/1/2024 to 12/31/2024

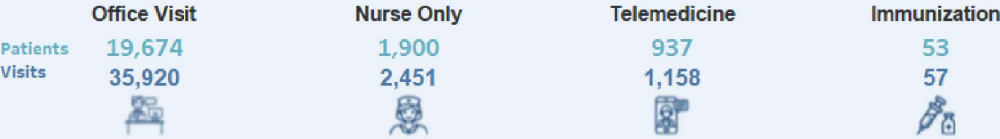
Filters



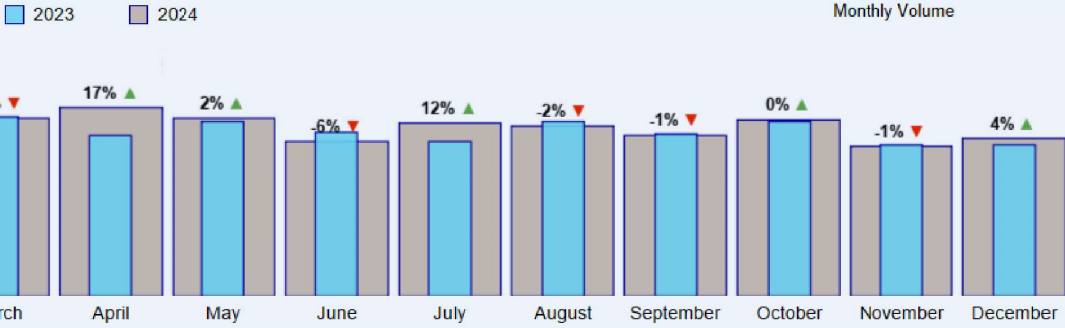
Unique Patients  
Patient Visits



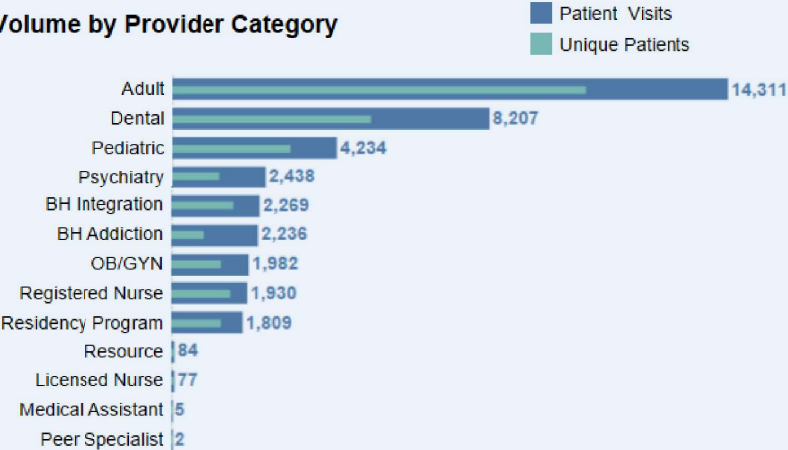
Visit Type



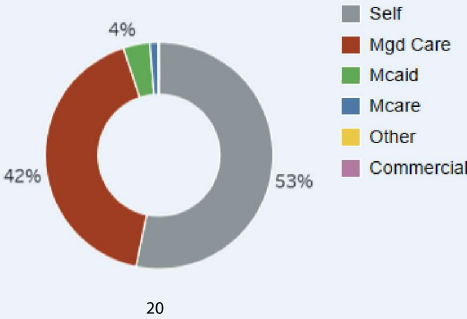
Monthly Volume



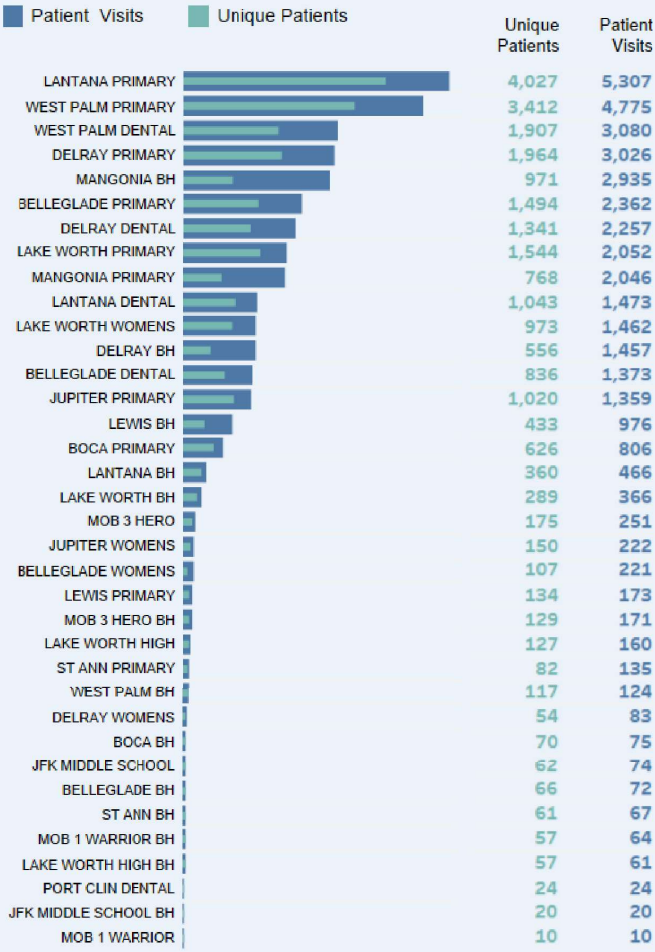
Volume by Provider Category



Payer Mix

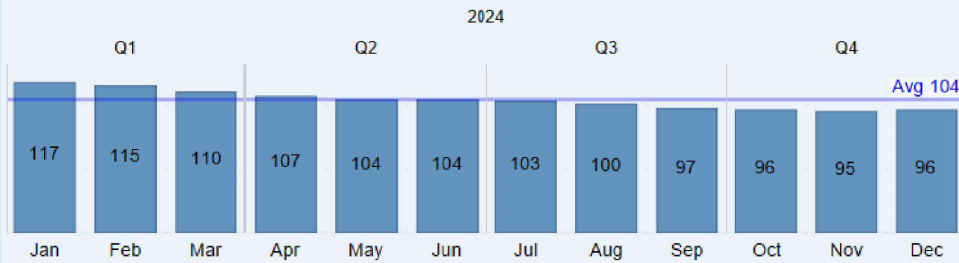


Volume by Clinic

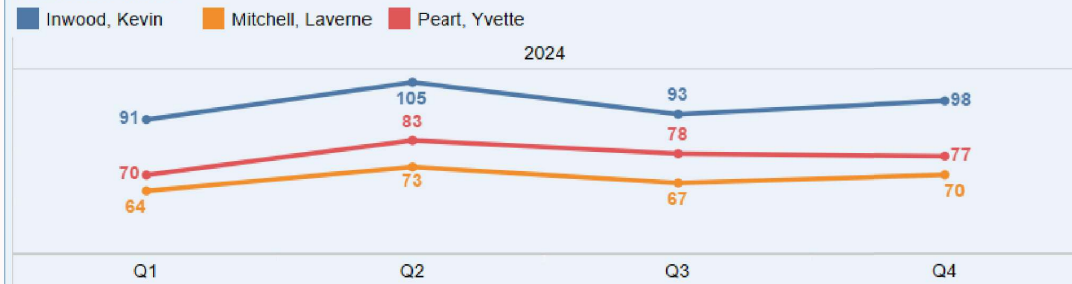


# Healey Center Productivity Data Q4 2024

## Avg Monthly Census



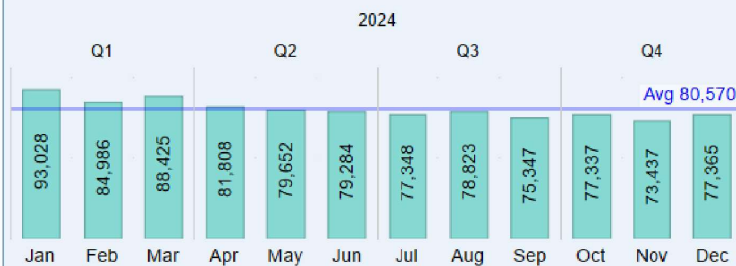
## Provider Visits



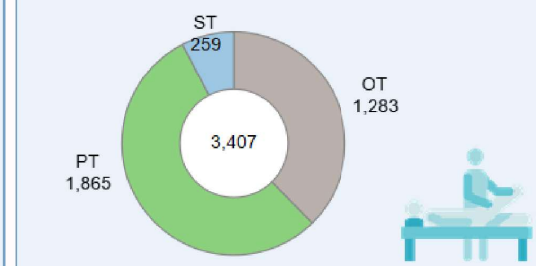
## Treatments Performed



## Medication Administrations



## Therapy Productivity



## CNA Point of Care (POC) Compliance

### Day Shift



### Evening Shift



### Night Shift

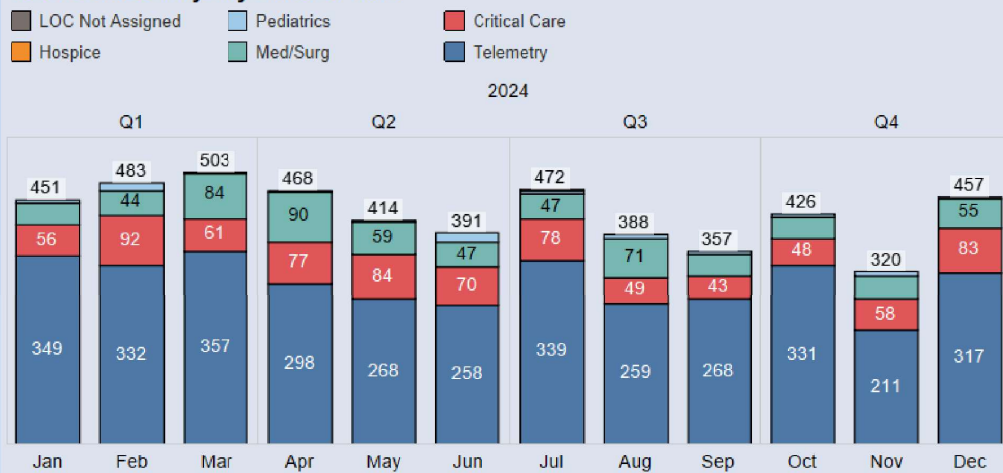


# Lakeside Medical Center Patient Flow Productivity Data

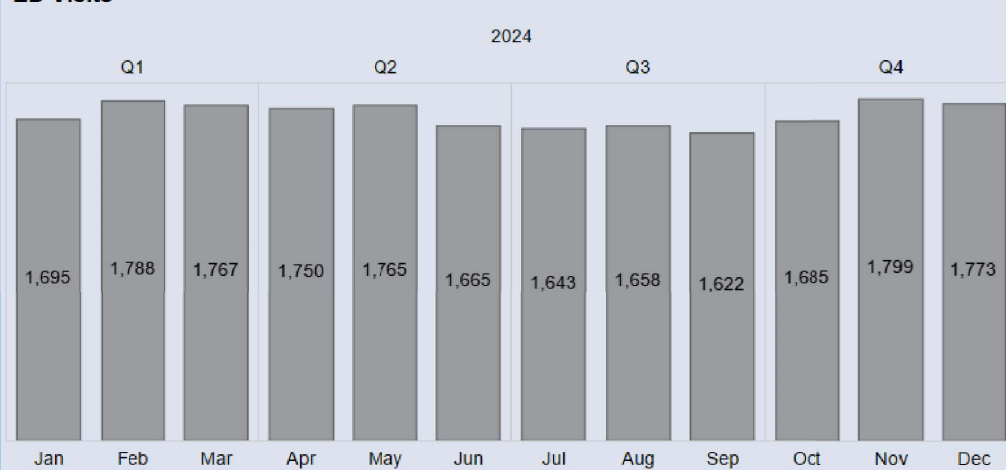
1/1/2024 to 12/31/2024



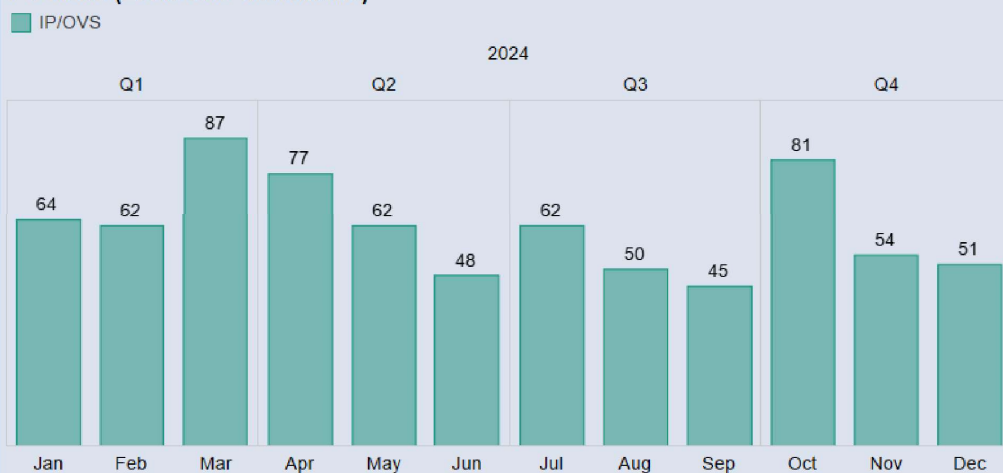
## Total Census Days by Level of Care



## ED Visits



## PT Visits (Evals and Treatments)



## IP Admissions





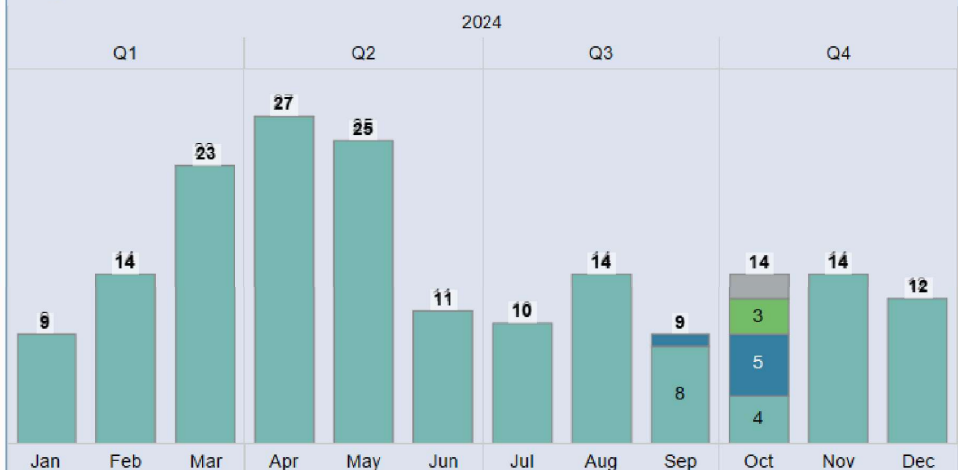
# Lakeside Medical Center Clinical Productivity Data

1/1/2024 to 12/31/2024



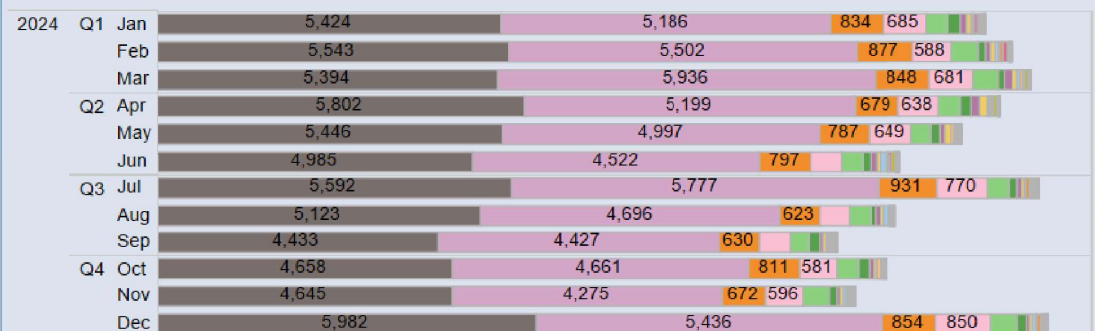
## Surgical Cases

Endo/Pain OR Minor Level 2 OR Major Level 1 Nul



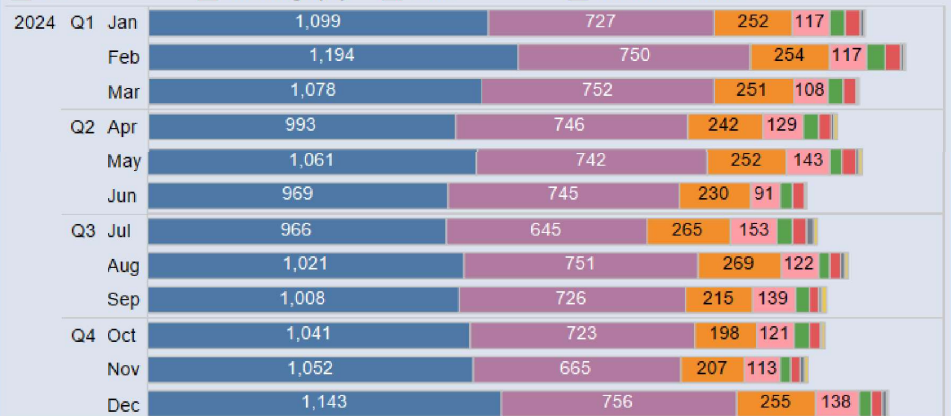
## Medication Administrations

IV Intramuscular Gastric Tube Rectal Irrigation Swish & Spit Right Nare Per  
Oral Topical Injection Sublingual Other Null Nasogastric Intr  
Subcutaneous Ophthalmic Inhalation Otic Perineural Vaginal Intralesional Fei  
Nebulization Transdermal Nasal Intravenous Ophthalmic Mucous Mem.. Transurethral Bu



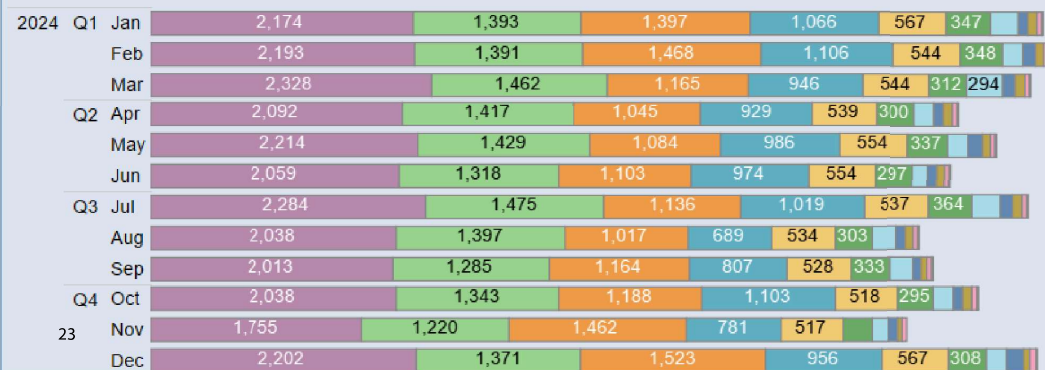
## Radiology Exams Completed

XRAY Ultrasound MRI Bone Density CT Mammography Echo Nuclear Medicine



## Lab Specimens by Resulting Section

LMC CHEMISTRY LMC POCT LMC LABCORP REFEREN.. LMC SEROLOGY  
LMC HEMATOLOGY LMC URINALYSIS LMC BLOOD GAS \*Unspecified section  
LMC MICROBIOLOGY LMC COAGULATION LMC BLOOD BANK (SOFTB..



# Ground Transportation Services

10/1/2024 - 12/31/2024

filters 

Completed Transports



498

Average Mileage



29 mi

Avg Pickup to Drop Off



60 min

Delays



95

Canceled Transports



37

Avg Response Time




24 min

Lights/Sirens Used



19

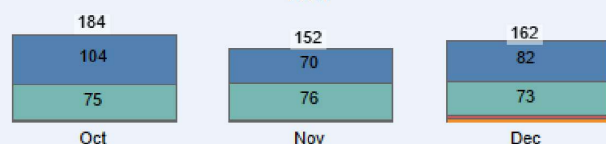
Patient Type - LMC Transports \*Data Starting 12/2023

Emergency  420 (90%)IP & OBS  43 (10%)

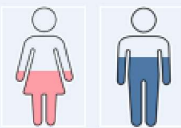
## Monthly Transports

■ APOLLO ■ ATLAS ■ Not Spec. ■ Nt

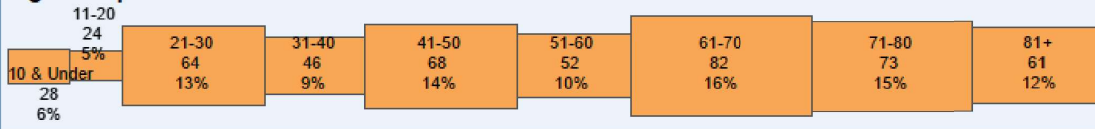
2024



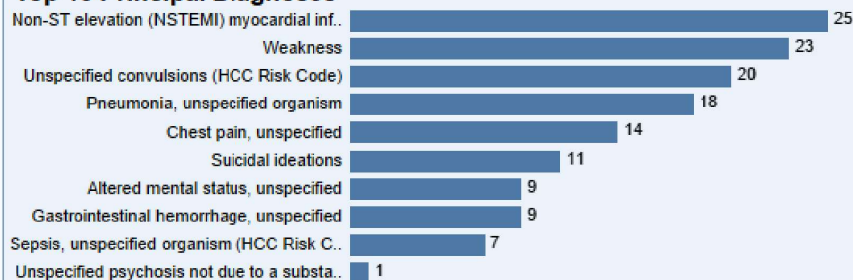
## Gender



## Age Groups



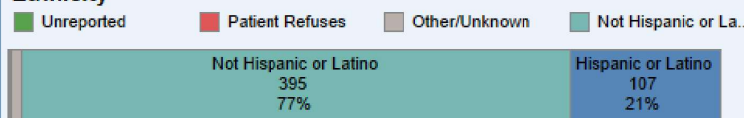
## Top 10 Principal Diagnoses



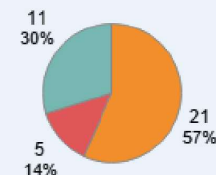
## Race



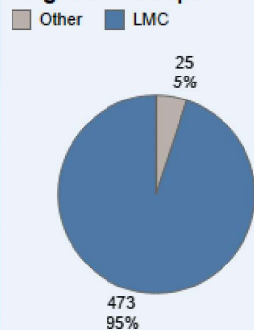
## Ethnicity



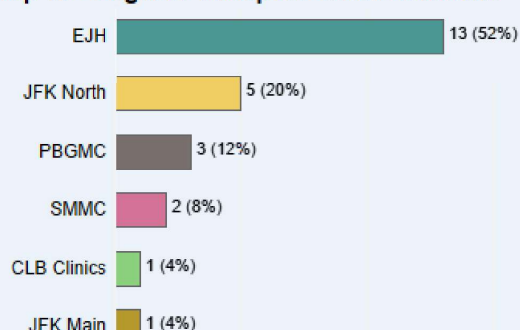
## Canceled Runs

Reason Categories  
■ Destination location ■ Referring location  
■ Patient related

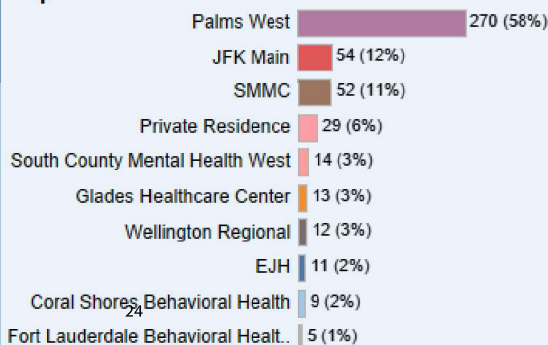
## Origin of Transport



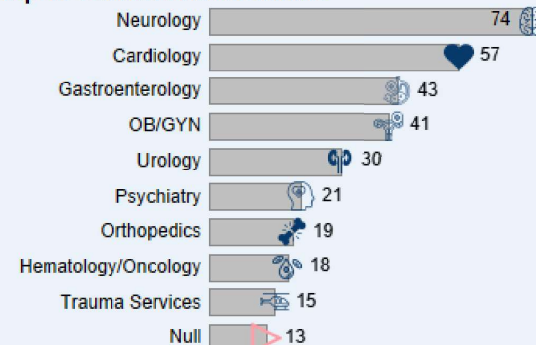
## Top 10 - Origin of Transport - Other Locations



## Top 10 Destinations



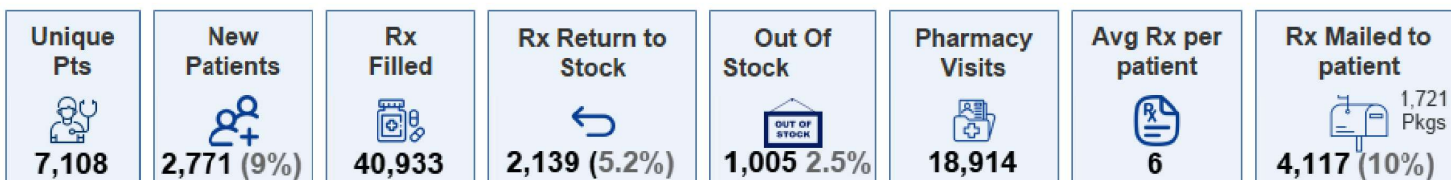
## Top 10 Services Not Available



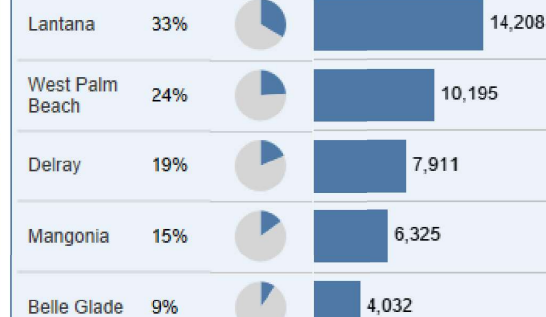


## PHARMACY DATA 10/1/2024 - 12/31/2024

Filters



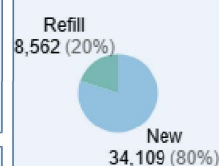
### Prescriptions Filled by Pharmacy



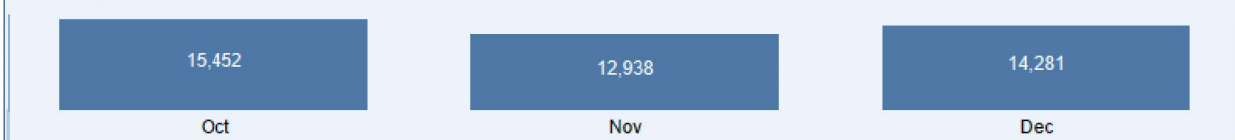
### Prescriptions Filled



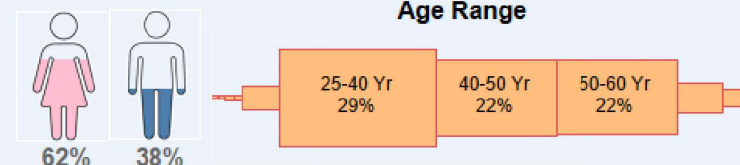
### Rx Type



### Prescriptions Released to Patient



### Age Range

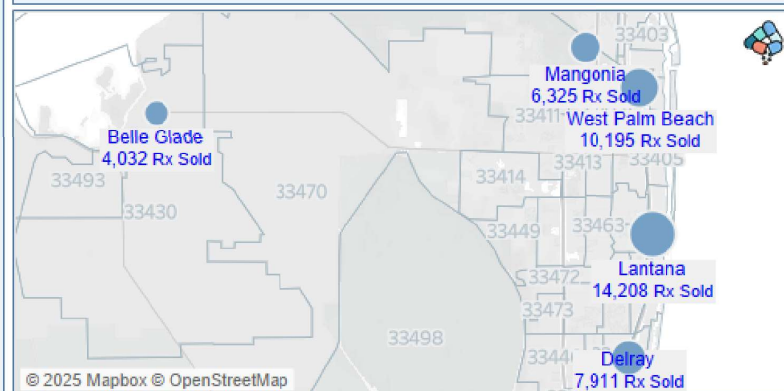
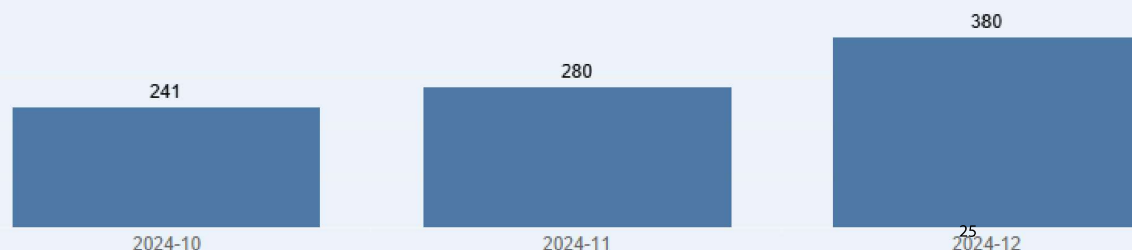


### Program Total



901

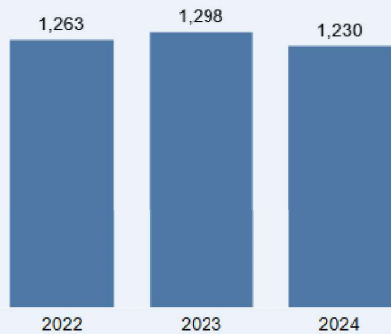
### Narcan Distribution Volume



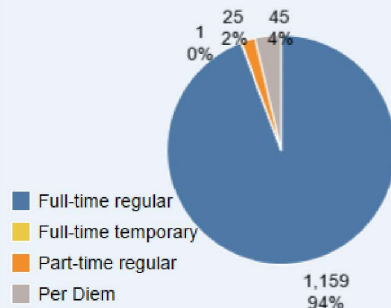
## EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS

End Date  
12/31/2024

### HeadCount Trend



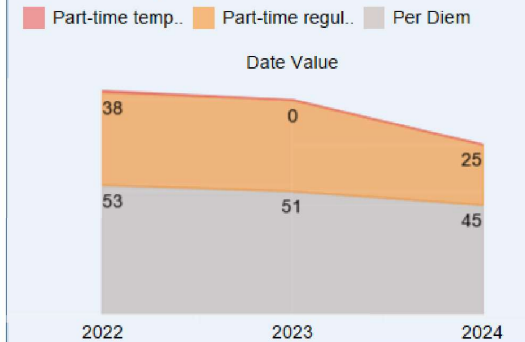
### Employee Category



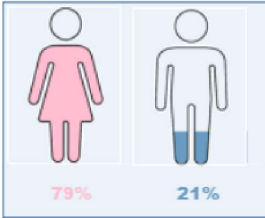
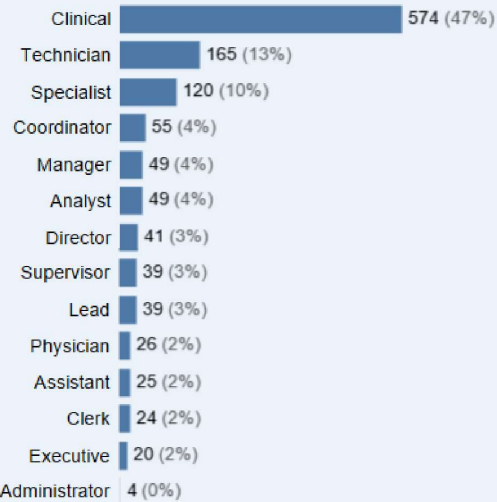
### Full Time Employee Trend



### Other Employee Status Trend



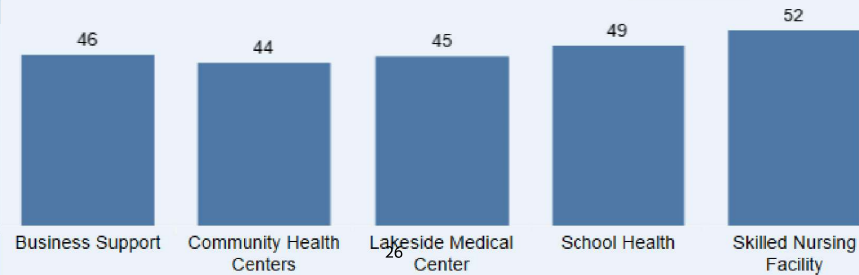
### Job Function



### Race/Ethnicity



### Avg. Employee Age by Business Division 47



### Projected Retirement 5 year Span 198 Employees



# **1. Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report (FY25 YTD, through January 31, 2025\*)**

## **2. Summary:**

A summary of the Health Care District’s (“HCD”) Compliance, Privacy, and Ethics (“CPE”) Program activities are provided. This Report covers FY25 YTD (October 1, 2024 – January 31, 2025) for routine reporting and updated for current notable activities as needed.

*The Office of Inspector General (“OIG”) recommends reporting on a regular basis to the governing body, CEO, and compliance committee(s) regarding the planning, implementation, and monitoring of the Program. This report is intended to provide an update on CPE activities, initiatives, audits, issues, statistics, and Work Plan progress. Heather Bokor, VP / Chief Compliance & Privacy Officer, presents the following:*

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

HCD CPE continually assesses HCD and develops the Program to address areas for attention and/or enhancement and ensure that through the Work Plan and other activities, we meet or exceed existing Effective Compliance Program Elements, per OIG, and that we continue to evaluate new guidance for effectiveness.

### **A. Work Plan Status / Updates**

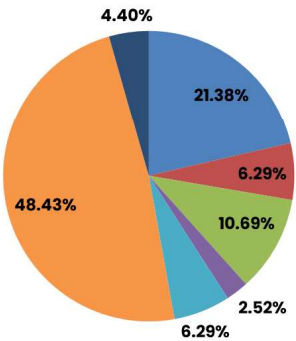
#### **1. Auditing & Monitoring Activity (FY25 Work Plan):**

In FY25 YTD, CPE initiated fifty-four (54) total audits, data risk assessments/research analyses, risk assessments, and/or comprehensive reviews (“reviews”), in accordance with its FY25–27 Work Plan. This includes sixteen (16) unique and thirty-eight (38) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

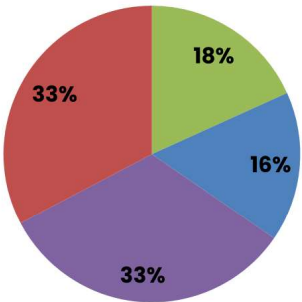
- Of the 54 review items initiated, 29 are complete (5 unique, 24 routine).
- Of the 29 completed, 29 were completed since the last report/meeting (5 unique, 24 routine). These are reported in further detail in the tables below.
- Of the 54 initiated, 11 reviews (unique), and 14 reviews (routine/ongoing) are currently in preparation, in process, or pending preliminary/final reports.

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

Work Plan % by Element

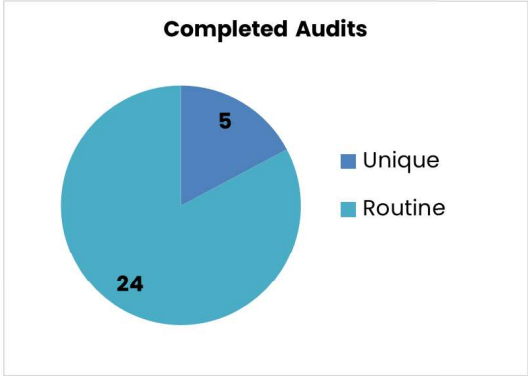
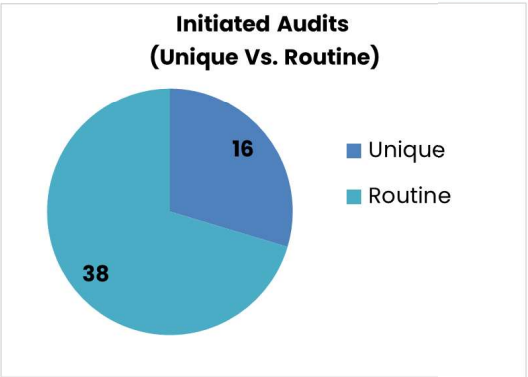
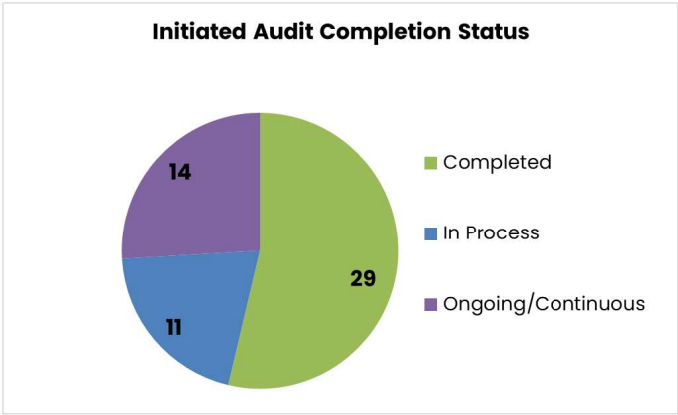


- 1 - WRITTEN POLICIES AND PROCEDURES
- 2 - COMPLIANCE LEADERSHIP AND OVERSIGHT
- 3 - TRAINING AND EDUCATION
- 4 - EFFECTIVE LINES OF COMMUNICATIONS WITH THE COMPLIANCE OFFICER AND DISCLOSURE PROGRAM
- 5 - ENFORCING STANDARDS; CONSEQUENCES AND INCENTIVES
- 6 - RISK ASSESSMENT, AUDITING, AND MONITORING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



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

FY25-27 YTD Audit Activity Summary



<b>Auditing and Monitoring – Status: Completed (FY25 Q1)</b>	
<b>Work Plan Item/Area</b> (Item, Background and Rationale)	<b>Summary</b> (Findings/Recommendations/Action Items)
<p><b>HCD Non-employed Individuals in the workplace: Risk Assessment</b></p> <p><i>The objective of this risk assessment was to gain a better understanding of processes involving non-employed/non-contracted individuals across the organization for awareness and process improvement/consistency across HCD.</i></p> <p><i>[Note: Completion of this review was reported on at the December meeting, with the details to be shared in this meeting.]</i></p>	<p><b>Review Complete. Results: Partially favorable, Recommended actions.</b></p> <p>Overall, opportunities for improvement and development of consistent processes were identified across HCD and within business units surveyed. Recommended actions:</p> <ul style="list-style-type: none"> <li>• Establish processes and develop written policies and procedures (P&amp;P) for: all types of non-employed individuals, and for non-employed individuals seeking clinical rotation with affiliation agreements;</li> <li>• Ensure Executives and Senior Leaders approve any new or existing programs;</li> <li>• Develop a packet (electronic/public-facing) for area(s) include requirements/information;</li> <li>• Designate a single department responsible for oversight and involvement of key staff;</li> <li>• Implement a comprehensive tracking method (e.g., Oracle, other); and</li> <li>• Conduct routine auditing and monitoring.</li> </ul>
<p><b>Nursing Student Clearance Reviews</b></p> <p><i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i></p>	<p><b>Reviews Complete for October 2024 – January 2025. Results: Favorable, Recommended actions.</b></p> <p>CPE reviewed (4 higher education schools, 185 students) to ensure required and appropriate training, education and forms are completed for Compliance and Privacy. Recommendations made for process improvement.</p>
<p><b>Exclusion Screening Compliance Reviews</b></p> <p><i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i></p>	<p><b>Reviews Complete for October 2024 – January 2025. Results: Favorable, No recommended actions.</b></p> <p>All potential matches were reviewed and resolved. 100% compliance with applicable rules/policy and no exclusions.</p>

<b>21<sup>st</sup> Century Cures Act Information Blocking Rule Monitoring (Weekly)</b> <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i>	<b>Reviews Complete for October 2024 – January 2025.</b> <b>Results: Favorable, No recommended actions.</b> No issues were found regarding information blocking or access to records, per reviews completed to date.
<b>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily/Weekly)</b> <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i>	<b>Reviews Complete for October 2024– January 2025.</b> <b>Results: Unfavorable, Recommended Actions.</b> 8 user-access privacy incidents were investigated, which resulted in 2 recommended disciplinary actions, including but not limited to, training and education up to and including termination for violations.
<b>HCD Leadership/Board VIP EHR Monitoring through FairWarning system for potential Privacy violations (Weekly)</b> <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i>	<b>Reviews Complete for October 2024 – January 2025.</b> <b>Results: Favorable, No recommended actions.</b> 12 weekly access audit logs were investigated. No issues were found in regard to inappropriate/unauthorized user access per reviews completed to date.
<b>SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly)</b> <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i>	<b>Reviews Complete for October 2024– January 2025.</b> <b>Results Favorable, No recommended actions.</b> 100% compliance with applicable rules and policy, with no red flags identified or alerts resulting in HCD staff/Epic user violations.
<b>OIG Work Plan (Monthly)</b> <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i>	<b>Reviews Complete for October – January 24/25 Results: Favorable. No recommended actions.</b> 18 new review items were added to the OIG’s work plan. All were reviewed, none presently apply to HCD.

<p><b>Referral Source/Physician Payment Audits (Ongoing)</b>  <i>[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]</i></p>	<p><b>Reviews Complete for October 2024 – January 2025.</b>  <b>Results: Partially favorable. Recommended Actions.</b>  All physician and referral source payments routed for approval are reviewed and audited by Compliance, and any issues are corrected prior to payment.  <i>Note: Prior recommendations made which require follow-up. Item added to FY25 Work Plan to audit payments made to independent contracted physicians.</i> For the review period, a guarantee payment requires reconciliation for one (1) physician group (in process).</p>
<p><b>Credentialing Committee (CCP) Clearance/Monitoring (Monthly)</b>  CPE reviews CCP files for new or renewed credentialing, specific to the following areas:  Exclusion Screening and  Background/Licensure/Case reviews to ensure awareness of risks/concerns, compliance with policies, and compliance with requirements under the OIG and other rules so HCD does not contract with, compensate, or otherwise do business with any excluded individuals or entities.</p>	<p><b>Reviews Complete for October 2024 – January 2025.</b>  <b>Results: Favorable, Recommended actions.</b>  All 94 individuals were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions. Any necessary information on case reviews for background information was provided to the Committee for review and consideration prior to approving or renewing credentialing applications.  Note: Recommended CCP provide files of reviews performed to avoid duplication of efforts in compliance reviews for exclusion purposes.</p>
<p><b>Auditing and Monitoring – Status: Recently Completed (FY25 YTD/Q2)</b></p>	
<p><b>Use of Online Tracking Technologies Risk Assessment</b>  CPE conducted a Risk Assessment to assist HCD in evaluating compliance with federal and state privacy laws and related regulatory requirements and mitigate industry risks to the organization. Following guidance from the Office of Civil Rights (OCR) and enforcement activity on various health systems across the country, this area has been in focus for regulators, over risks and concerns about the use of certain technologies, such as use of Meta/Facebook pixel and Google Analytics, that track a user's online activities and gather</p>	<p><b>Review Complete, Report issued.</b>  <b>Results: Partially Favorable, Recommended actions.</b>  Overall, the review identified some opportunities for improvement and and education on uses of such technologies and potential risks to HCD (which have been addressed or are in process). Recommendations include:</p> <ul style="list-style-type: none"> <li>• Revise certain administrative settings on systems to minimize risk of PHI/PII exposure by collecting less analytics data (e.g., device name) and limit location data to country level at minimum;</li> <li>• Develop internal auditing and monitoring plans to ensure compliance with privacy rules, which may include: review end-user submitted data to mitigate unauthorized data sharing, review of site</li> </ul>

<p><i>identifiable information about users as they interact with a website or mobile application, often in ways which are unavoidable and largely unknown to users. Note in 2024, Courts held that the OCR had overreached its authority for portions of the guidance and enforcement activity. As a result, HCD CPE re-reviewed its practices and issued a report to staff of various recommendations.</i></p>	<p>search results for identification and removal/masking/obfuscating (if necessary) any PHI/PII received from end user data entries, and revision and/or disabling of certain administrative settings and search functionalities; and</p> <ul style="list-style-type: none"> <li>• Ensure HCD departments maintain and follow P&amp;Ps and are in compliance with contractual requirements and related third-party vendor agreements for any used technologies.</li> </ul>
<p><b>EMTALA &amp; Access to Emergency Services and Care Risk Assessment (LMC)</b></p> <p><i>CPE conducted a risk assessment/review to determine whether the hospital meets obligations under EMTALA (Emergency Medical Treatment and Labor Act) and the State's Emergency Access to Services and Care Regulations to ensure compliance with federal and state regulations. Further, to identify any opportunities for education and process improvement that align with these rules to reduce organizational risk as EMTALA enforcement has increased in recent years and is currently an area of focus for the OIG. Medicare-participating hospitals (including LMC), must follow certain rules in providing treatment to individuals who come to the Emergency Department regardless of their ability to pay to ensure compliance.</i></p>	<p><b>Review Complete, Final report pending.</b></p> <p><b>Results: Partially favorable, Recommended actions.</b></p> <p>Overall, the risk assessment identified opportunities for improvement for compliance and to reduce risk.</p> <p>Recommended actions:</p> <ul style="list-style-type: none"> <li>• Signage to be posted at designated locations (LMC sign audit 9/2024);</li> <li>• Continue awareness and/or education to staff for Labor and Delivery/Obstetric patients that present or "come to the ED" for EMTALA since removal from LMC's license;</li> <li>• Develop a P&amp;P or revise existing P&amp;Ps to outline who can perform triage, and ensure training is provided to staff on P&amp;P changes;</li> <li>• Upload updated P&amp;P's and Bylaws to HCD's new system, ensure staff/providers are aware of where to locate these and are signed up for alerts for changes;</li> <li>• Ensure staff are informed of appropriate medical screening examination (MSE) requirements and that any emergency medical condition (EMC) receives appropriate stabilizing treatment;</li> <li>• Ensure physicians and staff are aware of responsibilities for treating and transfers when a patient comes to the ED;</li> <li>• Consult with Legal for any changes/clarifications to the Bylaws as discussed; and</li> <li>• Ensure any necessary follow-up is completed for the On-call list and Services list.</li> </ul>



<p><b>Medicare Payments for Emergency Department Services Provided in Nonemergency Department Sites of Service (Data Risk Assessment)</b></p> <p><i>This Data Risk Assessment was conducted as it was newly added to the OIG's work plan. The objective was to determine whether Medicare appropriately paid hospitals and physicians for emergency department services provided in nonemergency department sites of service. Certain Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes should be used only if a Medicare enrollee is seen in the emergency department and the services described by the codes' definitions are provided. Medicare reimburses providers based on the patient's documented service needs at the time of the visit and based on the site of service.</i></p>	<p><b>Review complete, final report pending.</b></p> <p><b>Results: Favorable, No recommended actions.</b></p> <p>The data risk assessment conducted revealed that the emergency department visit management codes (99281, 99282, 99283, 99284, 99285) were billed in accordance with the coding and billing rules and no variances were identified.</p>
<p><b>Medicare Outpatient Observation Notice (MOON)</b></p> <p><i>As a preventative measure, a compliance audit was added to the Work Plan to determine compliance with MOON completion, delivery, and retention requirements. The MOON is intended to inform beneficiaries they are an outpatient receiving observation services and the implications of such status with regard to Medicare cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services. Failure to provide a MOON to a patient would result in noncompliance.</i></p>	<p><b>Review Complete. Results: Unfavorable, Recommended actions.</b></p> <p>Overall, the risk assessment identified opportunities for improvement for compliance. Recommended actions:</p> <ul style="list-style-type: none"> <li>• Provide education to staff on MOON completeness, delivery, and retention requirements;</li> <li>• Reformat the MOON form to align with CMS form requirements; and</li> <li>• Revise LMC's written policies and procedures.</li> </ul> <p>Incidental findings related to Observation processes were identified which require follow-up review/action:</p> <ul style="list-style-type: none"> <li>• Review processes related to observation hours, including carve-out and documentation times, provide staff training and revise P&amp;P's as necessary; and</li> <li>• Review processes for observation orders and status changes for compliance requirements;</li> </ul>

	<ul style="list-style-type: none"> <li>Review claims for any potential corrections or rebilling, as necessary.</li> </ul>
<p><b>Analysis of OIG Unimplemented Recommendations</b></p> <p><i>Annually, the OIG reports on unimplemented items detailing a list of recommendations from their audits and evaluations which have not been implemented. These recommendations come from audits and evaluations conducted by the OIG, which examine various aspects of an agency's operations and programs. This report prioritizes recommendations with the most potential to reduce fraud, waste, or abuse, improve program efficiency, and protect public health and safety.</i></p>	<p><b>Review completed. Results: Favorable, No Recommended actions.</b></p> <p>Analysis completed of the OIG's top unimplemented recommendations within their report for any potential impacts to HCD which may warrant placement on the Work Plan. It was determined that these items have little to no impact to HCD. As a result, no new items have been added to the work plan. CPE will monitor changes and review future annual reports.</p>

<b>Auditing and Monitoring – External Audits (Status: Complete)</b>	
<b>Work Plan Item/Area</b> (Item, Background and Rationale)	<b>Summary</b> (Findings/Recommendations/Action Items)
<p><b>RSM Annual HIPAA Risk Assessment</b></p> <p><i>External risk assessment conducted by RSM, conforming to the methodology found within the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-30 Guide for Conducting Risk Assessments and the OCR's Guidance on Risk Analysis Requirements under the HIPAA Security Rule. The HIPAA Security Rule requirements mandate all Covered Entities to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (ePHI). These risk analyses are foundational for identifying and implementing safeguards that comply with the Security Rule.</i></p>	<p><b>Review Complete, Final report issued by RSM. Results: Partially Favorable (improvements noted).</b></p> <p>The Final Annual Risk Assessment Report, received by external auditor RSM US LLP ("RSM"), included observations and recommendations relating to the HIPAA security risk analysis and compliance assessment performed. The observations and recommendations received are designed to assess any information security and/or privacy risks identified to assist HCD better align security efforts with overall risk management and related decision-making efforts.</p> <p>The final report's summary of risk evaluations determined HCD to have a <b>low security-risk level</b>. This final determination was based on evaluation of HCD's organization, business processes and information systems controls. The risk level is determined by HCD's defense-in-</p>

	depth security strategy in place and the resulting combination of control effectiveness and the likelihood that a threat event could be successful in causing an adverse security scenario within the HCD environment. As control effectiveness may change over time, a higher risk level would require various risk-treatment activities to be applied to reduce the risk to acceptable levels.
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<b>Auditing and Monitoring Items (Status: In Process/In Preparation)</b>	
<b>Ongoing/Routine Auditing and Monitoring Items:</b> <ul style="list-style-type: none"> <li>• Nursing Student Clearance Reviews</li> <li>• Exclusion Screening Compliance Reviews</li> <li>• 21st Century Cures Act Information Blocking Rule Monitoring</li> <li>• Epic User Access/Activity Monitoring</li> <li>• through FairWarning system for potential Privacy violations</li> <li>• HCD Leader/Board EHR Monitoring through FairWarning system for potential Privacy violations</li> <li>• SlicerDicer Access/Activity Monitoring</li> <li>• through FairWarning system for potential Privacy violations</li> <li>• Referral Source/Physician Payment Audits</li> <li>• OIG Work Plan</li> <li>• Palm Beach Credentialing Committee Clearance/Monitoring</li> <li>• Other as directed</li> </ul>	
<b>Hospital Outpatient Observation Notice, "HOON" (LMC)</b> Work Plan audit in process to determine compliance with the HOON completion, delivery, and documentation requirements. Separate from the recently-completed MOON audit, which focuses on Medicare patients and rules, the HOON is a state of Florida rule requiring hospitals to provide non-Medicare patients with written notice of their observation status, immediately, when the patient is placed on observation status. (Transferred from FY24 Work Plan).	
<b>Blood Bank Risk Assessment (LMC)</b> Work Plan risk assessment to review and understand processes surrounding HCD's implementation of its new system for blood bank. (Transferred from FY24 Work Plan).	
<b>Signage Review (LMC: hospital-wide)</b> Work Plan audit of signage (hospital-wide), following the completion of the Emergency Department signage review for LMC. (Added with TJC Readiness for FY24-25 Work Plans).	

**Credentialing Risk Assessment (LMC)**

Work Plan risk assessment on controls and compliance with regulatory/accreditation requirements for credentialing and privileging for LMC. (Transferred and revised scope from FY24 Work Plan).

**High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis - (1) Hospital Services; and (2) Professional Services\***

Annual review(s). High Dollar / High Volume / High Reimbursement Data Review and Risk Assessment to determine future work plan items that may require review or pose external audit risk to the organization based on volume and activity. Rationale: Periodic analysis to update/adjust Work Plan based on areas of potential exposure for external reviews.

**Privacy and Security Compliance Surveys for HCD Departments (HCD system-wide)**

Annual review of all HCD locations, scheduled monthly unannounced visits for privacy compliance.

**Work Plan Item/Area: Non-Auditing and Monitoring Items (Status: Completed)**

**Issuing Guidance and Enforcing Standards; Responding to Inquiries, Issues and Investigations**

*Responded to various issues, inquiries, and issued guidance internally accordingly on topics including but not limited to:*

- Evaluation and Mandatory Rule Implementation / Development and Monitoring (Florida Statutes and Federal Rules, Executive Orders and other Governmental Memorandum); Regulatory Analysis; Regulatory Updates/Industry Enforcement Activity; Contract reviews/guidance.
- Significant guidance: Behavioral Health, Employee Health, School Health, Human Resources Job Description Template Revisions Project, 340B, Provider-based rules, Provider Credentialing Reviews, District Cares Voucher Program, HIPAA/FIPA/FERPA, Privacy & Security Guidance, Data classification, Technology, Data Governance, Artificial Intelligence, Configuration of systems for data loss prevention, Cybersecurity tabletop exercise preparation and Incident readiness/response.
- Compliance: External agency activity, Consents and Forms, Baker Act, Conflicts of Interest, Ambulance, Infection control, Telehealth, Patient rights and responsibilities, Medicare Change of Status Notice, Clinical rotations and student shadow experiences, Provider Enrollment/Billing research and guidance, Travel/Gifts/Interactions with Vendors and others, Retention and destruction, Documentation, Coding, Billing and Reimbursement, and Medical Necessity, Credentialing and exclusion screening, Americans with Disabilities Act.
- Privacy: General data privacy and information security, External data sharing, Patient rights and Amendment requests, Release of Information, Authorization/Consents, Permitted versus Required Disclosures, Cybersecurity.

<p><b>Policies &amp; Procedures (and Forms)</b></p> <p><i>New and Revised Policies and Procedure and Forms Reviews and guidance, including but not limited to:</i></p> <ul style="list-style-type: none"> <li>• P&amp;P CPE: Complimentary Transport, Medical Records Management/Retention/Destruction</li> <li>• P&amp;P and Forms New/Revised provided to HCD: Ethical and Appropriate Use of AI Technology, Security Incident Response Plan, Data Classification and Handling Policy and Procedure, General and Specific Consents and Forms for various business units, Behavioral Health, Employee Health, School Health, Sliding Fee Schedule Policy, Patient Stabilization and Transfer, Dialysis Consent and Policy, Stillborn in the ED SOP, Employee Media Consent Form, EMTALA-related.</li> </ul>
<p><b>Training &amp; Education; Awareness Activities</b></p> <ul style="list-style-type: none"> <li>• Privacy Incident Reeducation/Retraining Activities</li> <li>• New Hire Orientation (virtual)</li> <li>• Annual CPE Training (pending)</li> <li>• School Health Privacy Traning</li> </ul>
<p><b>Open/Effective Communication &amp; Reporting; Responding to Issues</b></p> <ul style="list-style-type: none"> <li>• Hotline Call/Web Portal: Intake, Response, and Investigations</li> <li>• Response to Issues/Inquiries/Investigations</li> <li>• External Agency Audit Activity / Review and Response</li> <li>• Monitoring and dissemination of information to HCD staff (e.g., OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates)</li> <li>• Website Enhancement/Communication/Posting</li> <li>• Internal staff development</li> </ul>
<p><b>Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Compliance Program Development</li> <li>• Initial Review of Compliance Program Effectiveness and Evalution Documents (OIG, DOJ, CMS)</li> </ul>

## **B. Department Activity and Statistics:**

### **1. Privacy Investigations – Ongoing**

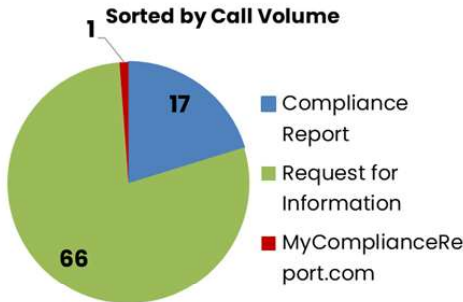
- a. Internal: (Closed) Complaint involving failure to apply reasonable and appropriate safeguards under the Privacy and Security rules for unauthorized access and termination from HCD systems. Recommended actions to address this matter and prevent future reoccurrence.
- b. Internal: (Closed) Patient complaint received involving the unauthorized disclosure of PHI. Recommended actions to address this matter and prevent future reoccurrence.

**2. Hotline, Inquiries & Investigations** – *Continued below.*

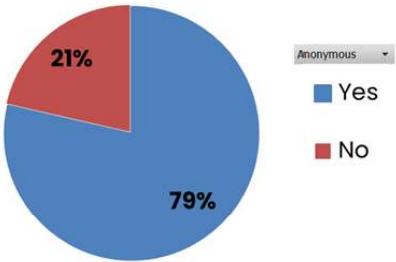
**3. Regulatory Updates and Industry Enforcement Activity** – *Continued below.*

Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY25 YTD)

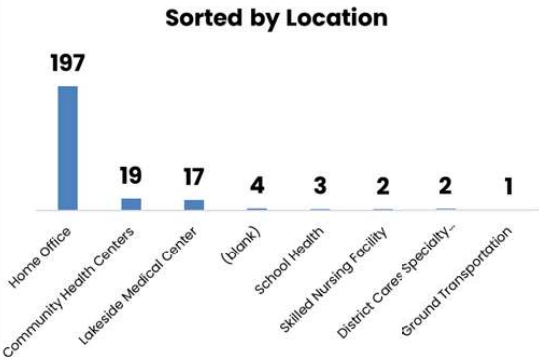
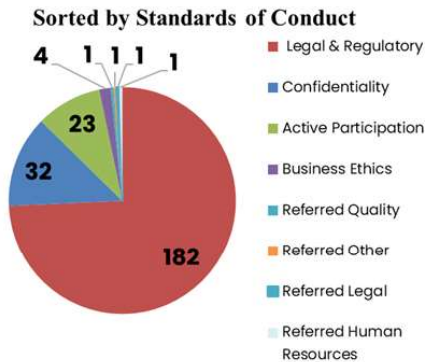
Hotline Activity



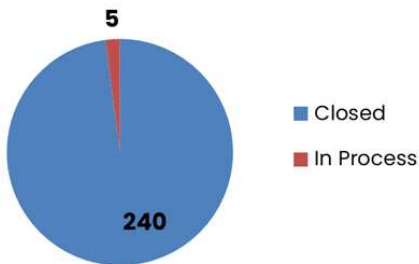
Sorted by Anonymous Call Volume



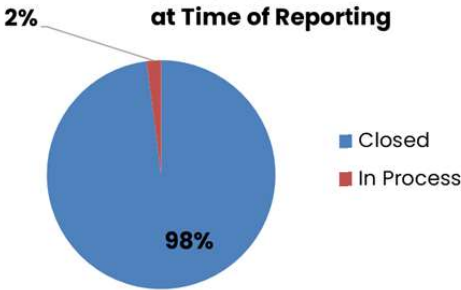
Inquiries



Sorted by Inquiry Resolution Status

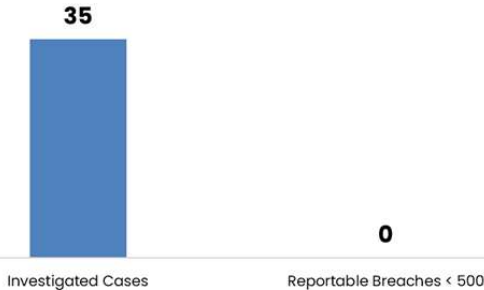


Sorted by Inquiry Resolution Status at Time of Reporting



Privacy Case Activities

FY25 TD



The most common types of reported privacy incidents during FY25 YTD included:

- Improper Use or Disclosure of PHI (Written, Electronic, Verbal)
- Improper Disposal of PHI
- Access Violation (Viewed Record Without Authorization, Password)
- Minimum Necessary Violation

### **C. Regulatory Updates and Industry Enforcement Activity**

*Regulatory Updates and Industry Enforcement Activity are reported at the Board of Director/Commissioners meeting as informational and listed below by title only. This detail is provided as informational. Should you wish to review in full, please notify Heather Bokor. This report covers December 2024 through February 15, 2025.\**

#### **Recent Trends in the Regulatory and Enforcement:**

Recent trends include, but are not limited to: Increased focus on cybersecurity, with several sectors facing breach events, ransomware attacks and malicious actors, President-elect Trump named a few new faces to lead key health agencies and to complete his cabinet, Office of Management and Budget Memorandums and subsequent rescission, final rules for prospective payment systems that impact physician and hospital payment, HIPAA Right of Access violations, numerous cases of Civil Monetary Penalties (CMP) Law violations for supervision issues or employment of excluded or unlicensed individuals, continued enforcement of the Stark Law and Anti-Kickback Statute, continued telehealth enforcement, the rise of Artificial Intelligence and cases, EMTALA violations, continued False Claims Act (FCA) allegations and settlements, COVID-19 fraud enforcement, updates to the Department of Justices' (DOJ) Evaluation of Corporate Compliance Programs, and new Industry-specific Compliance Program Guidance issued by the Office of Inspector General (OIG) for Nursing Homes.

#### **Regulatory Updates**

1. President Trump Signs Executive Order to Enforce Price Transparency (02/2025)
2. OCR Rescinds Guidance on Gender Affirming Care (02/2025)
3. President Trump Signs Series of Executive Orders (01/2025)
4. HHS, DEA Issue Rule Regarding Expansion of Buprenorphine Treatment via Telemedicine Encounter Final Rule (01/2025)
5. HHS-OIG Issues Semi-Annual Report to Congress (12/2024)
6. HHS OCR Proposes Measures to Strengthen Cybersecurity in Health Care Under HIPAA (12/2024)
7. HHS OIG Recommends OCR Expand Scope of HIPAA Audit Program (12/2024)
8. Russian-Israeli National Faces 41-Count Indictment for LockBit Development (12/2024)
9. HHS ASPR Urges Health Sector to Improve OT and IoMT Security (12/2024)
10. Health Section Cybersecurity Coordination Center (HC3) Issues Industry Warning About Ongoing Credential Harvesting Campaigns (12/2024)



11. CISA Requests Public Comment for Draft National Cyber Incident Response Plan (12/2024)
12. Consumer Financial Protection Bureau Issues Final Rule to Supervise Largest Nonbank Companies Offering Digital Funds Transfers (12/2024)
13. IAPP Issues 10 Tips for Global Compliance with Privacy and Data Protection Laws (12/2024)
14. OIG Issues Summary Report of General Cyber Threat Hunt Audits of Eight HHS Operating Divisions (12/2024)
15. FDA Issues FAQ on Clinical Decision Support Software (12/2024)

#### Industry Enforcement Activity

1. Florida Attorney's General Office Recovers Approximately \$350,000 Related to Kickbacks (02/2025)
2. Florida Attorney's General Office Recovers Over \$2.3 Million from Pfizer (02/2025)
3. Pfizer Settles Federal and State Kickback Allegations for nearly \$60 Million (02/2025)
4. St. Louis Doctor Sentenced to Prison for Health Care Fraud (02/2025)
5. January Data Breach Report Indicate Continued Breaches (02/2025)
6. OIG Report Finds Colorado Made Capitation Payments to Managed Care Organizations After Enrollees' Deaths (02/2025)
7. Woman Sentenced for Fraud Scheme Involving Claims for Unnecessary Respiratory Tests Submitted with COVID-19 Tests (02/2025)
8. Clinical Trials Database Publicly Exposes 1.6 million Medical Records (02/2025)
9. Two Pharmacists Convicted for Illegal Distribution of Oxycodone (02/2025)
10. OIG Report Finds Not All Medicare Enrollees Are Continuing Treatment for Opioid Use Disorder (02/2025)
11. Accounting and Consulting Firm Agrees to Pay \$7.5 Million Data Breach Settlement (02/2025)
12. California Man Pleads Guilty to Several Charges Related to Sham Hospice Companies (02/2025)
13. New York Physician Guilty of \$24 Million Medicare Fraud (02/2025)
14. OIG Releases Report on Comparison of Average Sales Prices and Average Manufacturer Prices for Third Quarter of 2024 (02/2025)
15. Louisiana Physician Sentenced to 87 Months in Prison for Illegally Distributing Controlled Substances and Fraud (02/2025)
16. Brightline Agrees to Pay \$7 Million in Class Action Settlement (01/2025)
17. Illinois Department of Human Services Falls Victim to Phishing Attack (01/2025)
18. HHS OCR Announces Enforcement Action Settles Phishing Cybersecurity Investigation,

- Institutes \$3 Million Fine Against Solara (01/2025)
19. HHS OCR Settles 8<sup>th</sup> Ransomware Investigations with Elgon Information Systems (01/2025)
  20. Woman Arrested After Babies Suffer Unexplained Fractures (01/2025)
  21. Redlands Christian Pays Nearly \$600,000 for Falsifying Expenses (12/2024)
  22. Sharp Healthcare Pays Over \$150,000 for Employing Excluded Individual (12/2024)
  23. Endoscopy Center Pays \$1.3 Million to Resolve CMP Allegations (12/2024)
  24. Grocery Store Chain to Pay Over \$8 Million to Resolve Opioid False Claims Allegations (12/2024)
  25. OIG Report Finds Skilled Nursing Facilities Failed to Comply with Medicare Requirements for Reporting Related-Party Costs (12/2024)
  26. Sixteen Cardiology Practices to Pay Combined \$17.76 Million to Resolve False Claims Act Allegations Related to Diagnostic Radiopharmaceuticals (12/2024)
  27. VA OIG Investigation Finds Issues with Processes Related to Choose my Therapy Program (12/2024)
  28. Criminal Complaint Unsealed Following Murder of UnitedHealthcare CEO (12/2024)
  29. Beese Medical Pays \$1.67 Million to Resolve Kickback Allegations (12/2024)
  30. OIG Conducts Medicare Advantage Compliance Audit of UCare Minnesota to Review Specific Diagnosis Codes (12/2024)
  31. OIG Conducts Medicare Advantage Compliance Audit of Blue Care Network of Michigan to Review Specific Diagnosis Codes (12/2024)
  32. OIG Issues Special Fraud Alert Related to Suspect Payments in Marketing Arrangements Related to Medicare Advantage and Providers (12/2024)
  33. HHS OCR Settles with Holy Redeemer Hospital Over Impermissible PHI Disclosures (12/2024)
  34. HHS OCR Imposes \$1.19 Million Penalty Against Gulf Coast Pain Consultants for HIPAA Security Violations (12/2024)
  35. HHS OCR Imposes \$548,265 Penalty Against Children's Hospital Colorado for HIPAA Privacy and Security Rules Violations (12/2024)
  36. Healthcare Data Breaches Continue to Climb in 2024 (12/2024)
  37. Long Island Physician Convicted of Distributing Opioids (12/2024)
  38. Hackers Breach Boston University Framingham Heart Study Patient Data (12/2024)
  39. Cisco Experiences Data Breach (12/2024)
  40. OIG Audit Finds Providers Used EI Transactions for Permissible Purposes (12/2024)
  41. MA Provider Agrees to Pay \$98 to Resolve False Claims Act Allegations (12/2024)
  42. Neurologist to pay Nearly \$1 Million to Resolve False Claims Allegations (12/2024)
  43. McKinsey & Company Agrees to Pay \$650 to Resolve Criminal and Civil Investigation into Opioid Consulting (12/2024)

- 44. HHS OCR Settle with Inmediata Health Group Over HIPAA Impermissible Disclosures (12/2024)
- 45. California Hospital to Pay \$10.25 Million to Resolve False Claims Allegations (12/2024)

4. Fiscal Analysis & Economic Impact Statement:

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

N/A  
\_\_\_\_\_  
Jessica Cafarelli  
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the HCD Compliance, Privacy & Ethics Program Updates and Activities Quarterly Report.

Approved for Legal sufficiency:

Signed by:  
Bernabe Icaza  
\_\_\_\_\_  
Bernabe Icaza  
SVP & General Counsel

Signed by:  
Heather Bokor  
\_\_\_\_\_  
Heather Bokor  
VP / Chief Compliance & Privacy Officer

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

## 1. **Description: Quality & Patient Safety Dashboards**

## 2. **Summary:**

This agenda item provides the quality and patient safety reports for the 4<sup>th</sup> Quarter of 2024 for School Health, Aeromedical, Trauma, 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 2024. 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 2024, we screened 18,894 (57.9%) of eligible students in the 1st, 3rd, and 6th grades. Out of 18,894 students, 5,165 (27%) students required referral.
- Hearing screening: Through the 4th quarter of 2024, we screened 18,822 (57.4%) of eligible students in kindergarten, 1st, and 6th grades. Out of 18,822 students, 97 (1%) students required referral.
- Vision screening: Through the 4th quarter of 2024, we screened 26,314 (57%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 26,314 students, 4,752 (18%) students required referral.
- Scoliosis screening: Through the 4th quarter of 2024, we screened 6,183 (61.8%) of eligible students in 6th grade. Out of 6,183 students, 35 (1%) students required referral.

### **Aeromedical**

Trauma Hawk transported a total of 136 patients in Q4 of 2024. Of the 136 patient transported, 93 were scene flights and 43 were interfacility transports.

Trauma Hawk responded to a total of 144 request for transports, of which 136 total patients were transported. This was 20 (17%) more transports than the previous quarter and 6 (4%) more transports than Q4 of 2023. Trauma Hawk averaged 6 min 21 sec response time from dispatch to airborne and an average of 18 min 01 sec from dispatch to arrival on scene for the quarter. For interfacility flights the average

dispatch to enroute for the quarter was 13 min 57 sec and the average dispatch to hospital was 27 min 46 sec. 68% were scene calls and 32% were Interfacility Transports, with 51% of the flights originating West of the 20 mile bend. Trauma Hawk completed a total of 517 patient flights with 518 patients flown in 2024.

For quarter 4, 132 requests were cancelled/turned down. Top reasons were: 70% were due to transport no longer being required after dispatch, 14% due to weather, and 8% due to patient expired.

Trauma Hawk averaged a 97% dispatch reliability on the AW169 Leonardo Helicopters (new Trauma Hawk helicopters), with two days and 28 min downtime due to unscheduled maintenance and three days and 8 min of scheduled (mandatory) maintenance. The Sikorsky S76 (old Trauma Hawk helicopter) had a 17 day down time due to mandatory annual maintenance, with no unscheduled maintenance delays.

### **Trauma**

In the fourth quarter of 2024, a total of 1,343 patients received care at one of Palm Beach County's two designated trauma centers. Year-to-date data for 2024 indicates that 5,636 patients have been treated at these facilities. Please note that Q4 data is still being updated as patient records are finalized within the required 60-day period per ACS Trauma Standard 6.2 and as new information is entered into the registry.

### **Palm Beach County Trauma Center Injury Data**

- **Monthly Volume Trends:** In Q4 of 2024, trauma patient volume increased by 14% in October, remained unchanged in November, and decreased by 30% in December compared to 2023.
- **Demographics:** Among trauma patients, 62% were male and 38% were female. The racial breakdown showed 76% White, 15% Black, and 9% classified as Other. Ethnicity data indicated that 78% of patients were Non-Hispanic, 18% Hispanic, and 4% classified as Other. Regarding age, 13% of trauma patients were Pediatric, 44% were Adults, and 43% were Geriatric. The highest percentage of trauma patients fell within the 76-85 age range at 17%, followed by a tie between the 66-75 and 85+ age groups at 13% each.
- **Activation Levels:** The most common trauma activation in Q4 was Level I (scene response) at an average of 48%, followed by Level II (interfacility transfer) at 32%, Level III (emergency department upgrade) at 20%, and Level IV (direct admission) at 0%.

### **Trauma System Utilization per Trauma Center**

- **Monthly Volume Trends:**
  - **St. Mary's Medical Center:** Trauma volume increased by 7% in October,

decreased by 9% in November, and saw a 40% decrease in December compared to 2023. Total Q4 volume: 681 patients.

- **Delray Medical Center:** Trauma volume increased by 22% in October, 13% in November, and decreased by 14% in December compared to 2023. Total Q4 volume: 662 patients

### **Palm Beach County Trauma Injury Analysis**

- **Top 5 Mechanisms of Injury & Leading Subcategories:**
  - **Falls (52%)** – The leading cause of injury.
    - 45% were same-level falls
    - 25% were unspecified falls
    - 5% were falls from a bed
  - **Vehicular (31%)**
    - 47% were motor vehicle collisions
    - 13% were motor vehicle vs pedestrian incidents
    - 9% were motorcycle vs motor vehicle collisions
  - **Assault (6%)**
    - 32% involved knives or sharp objects
    - 30% resulted from fights or brawls
    - 22% involved firearms
  - **Unintentional Injuries (4%)** – Accidental injuries
    - 21% resulted from walking into or striking an object
    - 19% were accidental injuries due to bodily force
    - 13% were accidental injuries from a knife or sharp object
  - **Burns (3%)**
    - 30% were caused by food, drink, or cooking-related incidents
    - 25% resulted from liquid burns
    - 20% were from fire or smoke exposure
- **Transportation Mode:** showed that the majority of trauma patient transports were by Ground transport at 98%, while Air transport accounted for 2% for Q4.
- **Injury Type:** the injury classification showed Penetrating at 7%, Blunt at 89%, and Burn at 4% for Q4.

### **Community Health Centers**

The following measures were not meeting goal at the end of Quarter 4 2024 and end of CY 2024: Hypertension (71%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (74%), goal is 86%, Adult Weight Screening and Follow Up (83%), goal is 90%, Childhood immunization (51%), goal is 60%, Breast Cancer Screening (58%), goal is 60%, Cervical Cancer Screening (64%), goal is 65%, Colorectal Cancer Screening (47%) with goal of 82%.

All other goals were achieved for the quarter.

### **Skilled Nursing Center**

For Q4 2024, All the CMS quality measures met goal for the quarter and were within the national benchmark.

### **Lakeside Medical Center**

For Q4 2024, for the **Inpatient Quality Measures** there were 2 of 4 measures (**ED-1a**) and (**IMM-2**) that did not meet goal.

#### **ED Measure:**

For **ED-1a**, there were (93) cases that fell into the sample population for Q4 with a median time of (321) minutes, which exceeds the set goal of (< 313) minutes.

#### **Immunization:**

For **IMM-2**, there were 82 cases that fell into the sample population for Q4, the goal 96% was not met for the quarter.

We met goal for **Sepsis-1** and **VTE-6** for the quarter.

For Q4 2024, for the **Outpatient Quality Measures** there was 1 of 2 measures (OP-18) that did not meet goal.

#### **ED Measure:**

For OP-18, there were (102) cases that fell into the sample population with a median time of (154) minutes, which exceeds the set goal of (< 134) minutes.

We met goal for Outpatient-23 for the quarter.

### **Ground Transportation**

#### **Response Time (PBC Ordinance)**

Of the 498 transports for quarter 4, 11 transports were Alerts, where the crews are expected to respond to the patient within 10 minutes of being dispatched in accordance with the PBC County COPCN criteria. The 11 transports were responded to with an average on 2 min 54 sec response time, meeting a 100% compliance with the COPCN requirements. 397 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 397 transports were 11 min 54 sec with 91.9% meeting the goal, fulfilling the 90% target set by the County.

### **GAMUT-Ground & Air Medical Quality in Transport (Patient Care)**

Ground Transportation is trending and monitoring 6 GAMUT quality metrics for 2024. These are Use of Appropriate Pain Scale, Blood Glucose Testing for Altered Mental Status Patients, Waveform Capnography Monitoring for Patients with Mechanical Ventilation and/or Advanced Airways, Medical Equipment Failures, Appropriate Management of Aortic Emergencies and Temperature Assessment. During Q4 2024, ground transportation was at 99% for the Use of an Appropriate Pain Scale which is above the GAMUT national threshold of 90%. For Blood Glucose Testing for Altered Mental Status Patients we were at 74%, which is below the GAMUT national threshold of 91%. We were at 100% for Waveform Capnography Monitoring for mechanically ventilated patients with an advanced airway exceeding the GAMUT national threshold of 95%. We had no Medical Equipment Failure events this quarter and we did not transport any patients with aortic emergencies. We also reached 97% for performing and documenting temperature with the first set of vital signs, surpassing the GAMUT national threshold of 85.7%.

### **Pharmacy**

For Q4, Pharmacy has met all goals. The average prescription wait time was less than 10 minutes (9min 17sec) and roughly 21% of prescriptions were filled while patients waited was also within goal. The promised time goal was met for over 99% of orders. The out of stocks percentage goal was also met with only 2.5% of the total prescriptions needing to be ordered for the next business day.

### **Corporate Quality Metrics**

#### **Call Center**

For Quarter 4 2024, The Clinic Service Center received 57,121 incoming calls, which is a 10% decrease compared to last quarter. 51,988 or 91% Of the calls reached an agent and was handled/resolved in real time. The abandonment rate was at 7%, with a goal of 10% or less. The abandonment rate did not change from the previous quarter. The service level (% of calls answered within 3 mins) was at 80% meeting goal. The average hold time for callers was 1m 36sec with a goal of answering within 3 mins or less.

#### **Information Technology**

**Customer Service:** In Q4, our IT department opened a total of 4,678 new support tickets and successfully closed 4,593 tickets, including those carried over from the



previous month. On average, we received 51 new tickets each day. The average time taken to resolve a ticket, excluding any hold time, was 4 hours. Additionally, the IT Service Desk handled 4,006 calls. The average wait time for these calls was 25 seconds, and the rate of calls abandoned was 3.0%, which is below our target rate of 4.5%.

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"/>

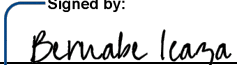
\*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

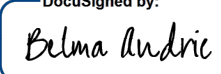
N/A  
\_\_\_\_\_  
Jessica Cafarelli  
VP & Chief Financial Officer

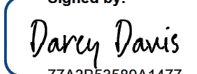
5. Recommendation:

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  
SVP & Chief Medical Officer

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

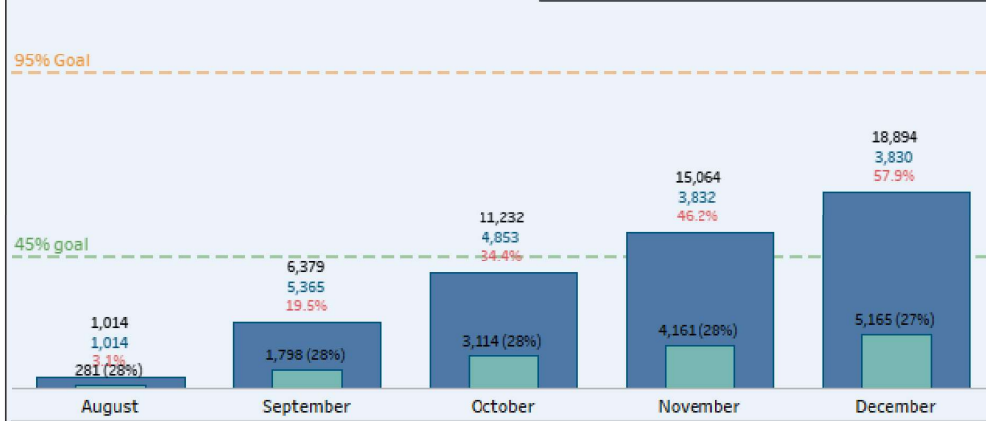
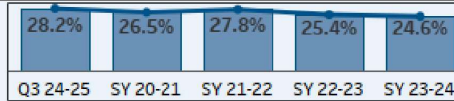
## Florida Mandated Student Screening Summary

Goal 45% of Students to Have Completed Vision and Hearing Screenings by December 2024  
Goal 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2025

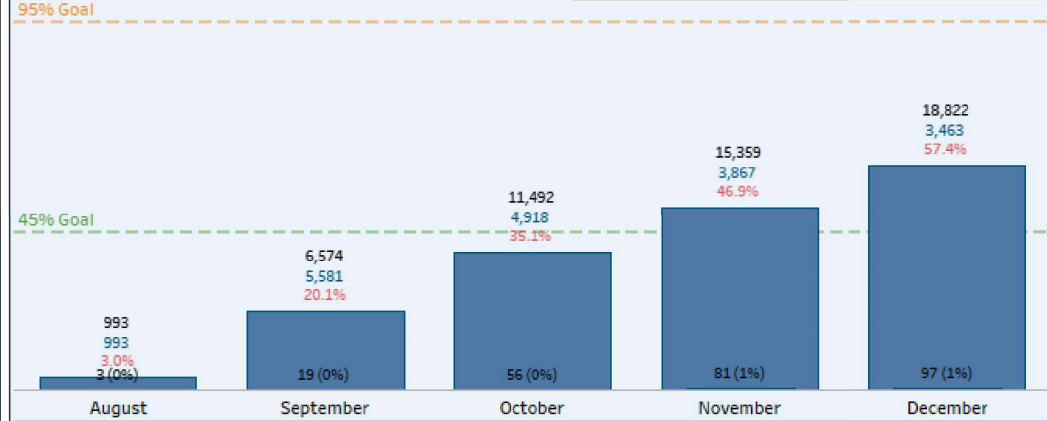
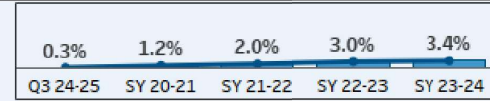
# Abnormal  
# Screening

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

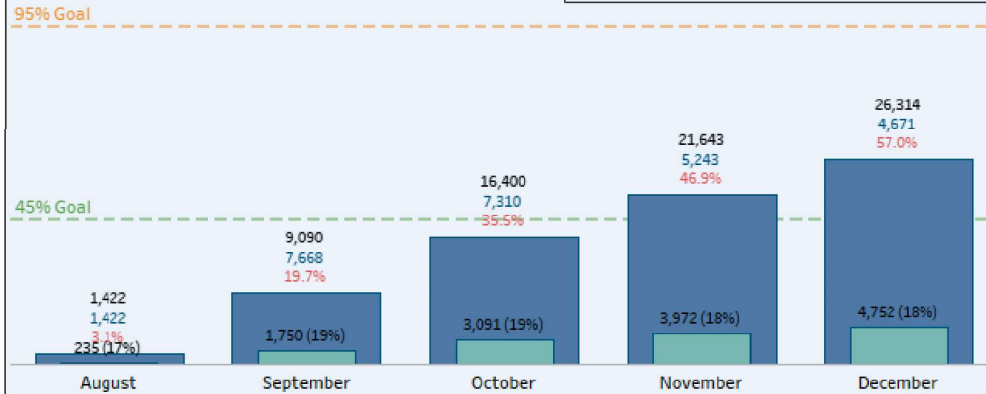
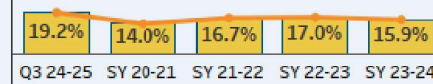
### BMI Screenings in 149 Schools



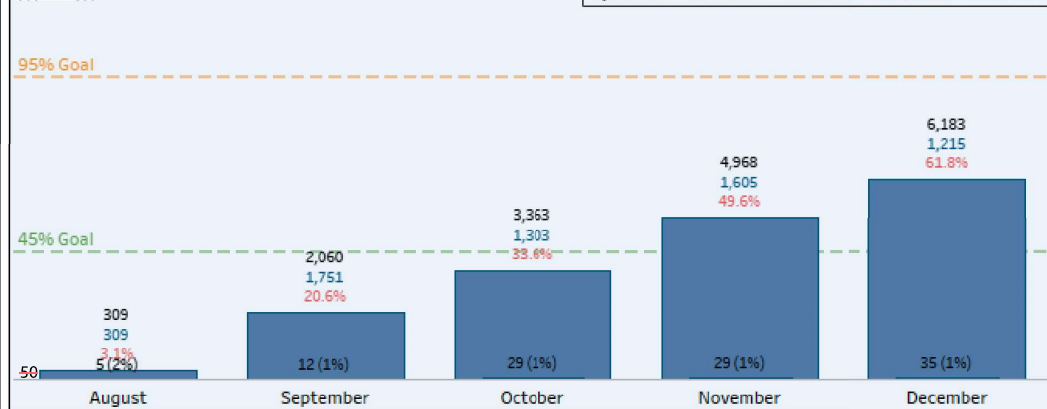
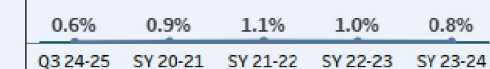
### Hearing Screenings in 154 Schools



### Vision Screenings in 156 Schools



### Scoliosis Screenings in 48 Schools

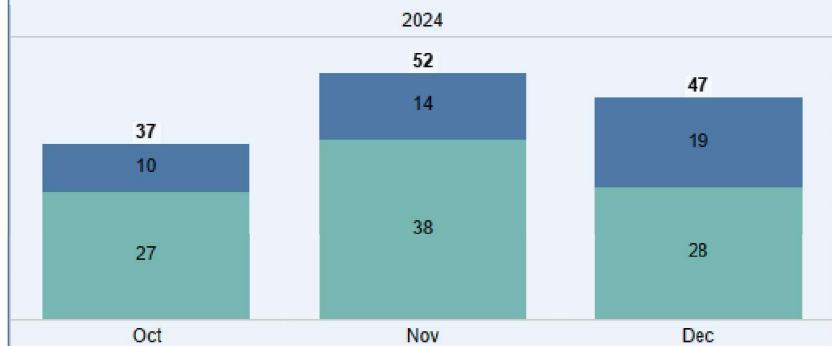


## AEROMEDICAL DATA

10/1/2024 - 12/31/2024

### Monthly Volume

IFT Scene



136 Flights

IFT Scene



43

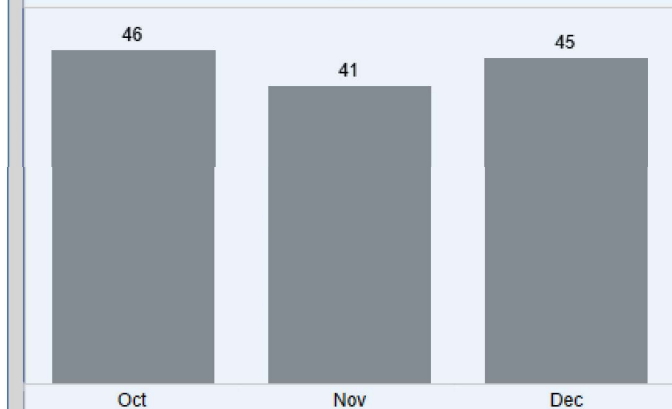


93

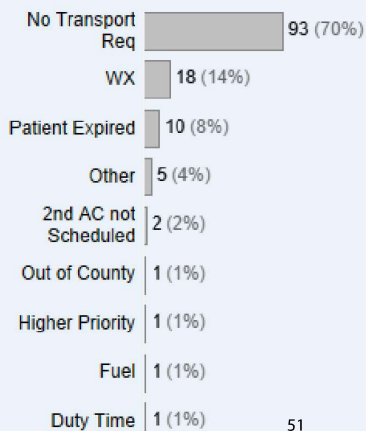
### Cancelled/Turned Down Flights

#### Monthly Volume

2024

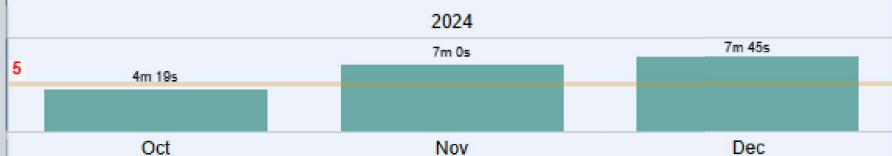


#### Reason to Cancel

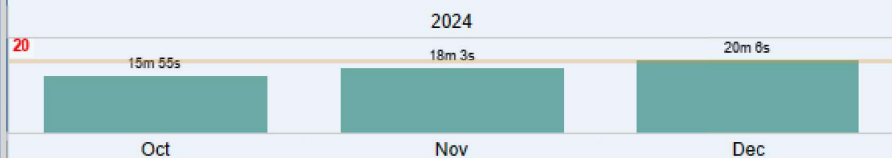


### RunTime Scene Dispatches

#### Dispatch to Enroute



#### Dispatch to on Scene

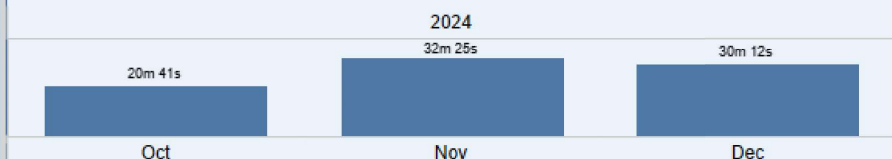


### RunTime Interfacility Dispatches

#### Dispatch to Enroute



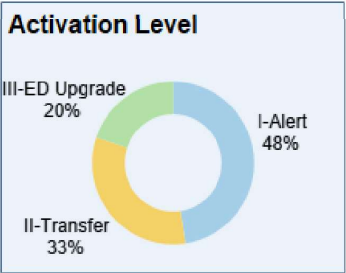
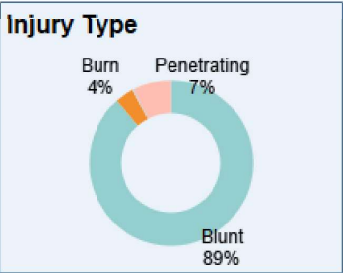
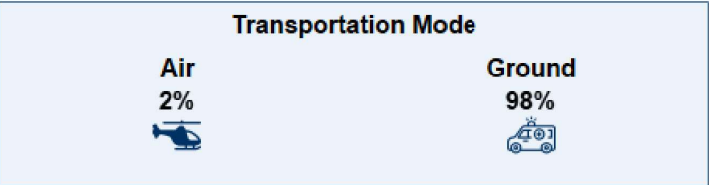
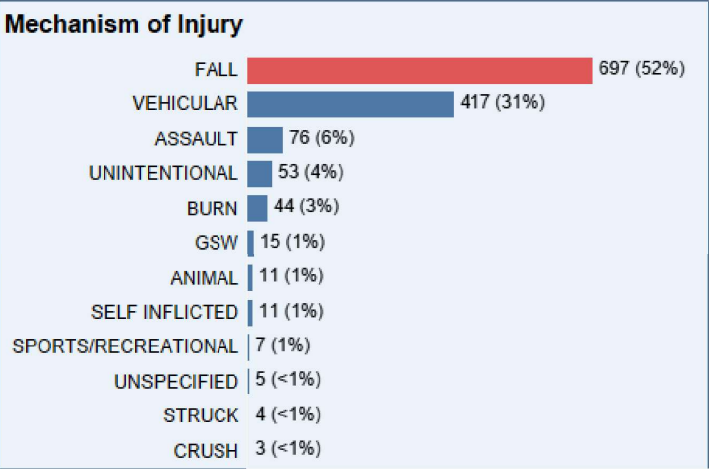
#### Dispatch to on Scene



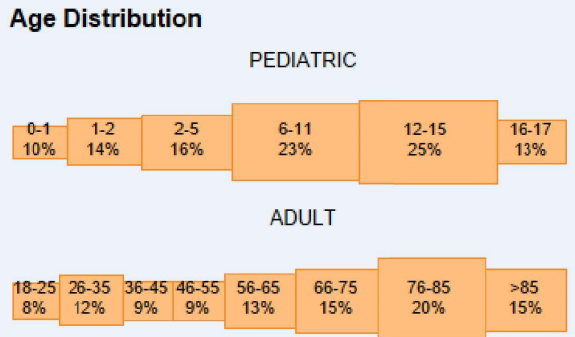
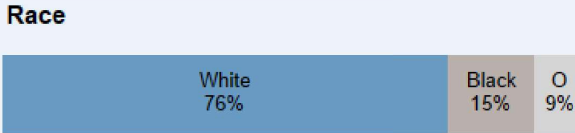
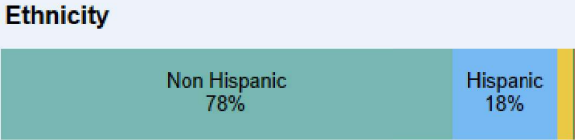
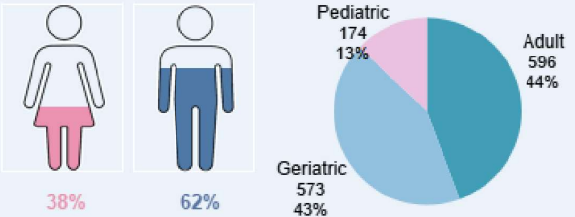


Palm Beach County Trauma Injury Analysis  
10/1/2024 - 12/31/2024  
ADULT, PEDIATRIC & GERIATRIC

Patients  
1,343



Mechanism of Injury - Subcategories		
FALL	SAME-LEVEL	313 (45%)
	UNSPECIFIED	176 (25%)
	BED	32 (5%)
	STAIRS/STEPS	30 (4%)
	LADDER	29 (4%)
VEHICULAR	MVC	196 (47%)
	MV VS PEDESTRIAN	56 (13%)
	MOTORCYCLE VS MV	36 (9%)
	MOTORCYCLE CRASH	27 (6%)
	BICYCLE	22 (5%)
ASSAULT	KNIFE/SHARP OBJECT	24 (32%)
	FIGHT/BRAWL	23 (30%)
	GSW	17 (22%)
	BLUNT OBJECT	6 (8%)
	UNSPECIFIED	5 (7%)
BURN	FOOD/DRINK/COOKING	13 (30%)
	LIQUIDS	11 (25%)
	FIRE/SMOKE	9 (20%)
	ELECTRICAL	5 (11%)
	UNSPECIFIED	3 (7%)
	FLAMMABLE OBJECT	3 (7%)
UNINTENTIONAL	WALKED INTO/STRUCK OBJECT	11 (21%)
	BODILY FORCE	10 (19%)
	KNIFE/SHARP OBJECT	7 (13%)
	FORCES OF NATURE	6 (11%)
	UNSPECIFIED	4 (8%)
	HAND TOOL	4 (8%)
GSW	UNINTENTIONAL	15 (100%)
SELF INFLICTED	KNIFE/SHARP OBJECT	5 (45%)





# UDS PROVIDER LEVEL QUALITY MEASURES 2024

## NATIONAL QUALITY LEADER METRICS

		Universe	<div><div></div> MET</div>	<div><div></div> Not Met</div>	<div><div></div> HRSA Goal</div>	<div><div></div> National Average</div>	<div><div></div> State Average</div>
Heart Health	Coronary Artery Disease (CAD): Lipid Ther..	5,387	86%				81%
	Hypertension	6,842	71%				80%
	Ischemic Vascular Disease (IVD)	999	74%				86%
	Tobacco use Screening and Cessation Inte..	20,166	95%				93%
Diabetes	Adult Weight Screening and Follow Up	25,965	83%				90%
	Diabetes: (HbA1c < 9%)	4,085	72%				67%
	Diabetes: (HbA1c < 9%) Migrant	409	68%				67%
Behavioral Health	Depression Remission	609	44%		14%		
	Patients Screened for Depression and Follow-Up	20,865	95%				83%
	Pts Screened for Depression and F/U (Homeless)	6,473	92%				83%
Childhood Measures	Childhood Immunization	718	51%				60%
	Dental Sealants	690	98%				75%
	Weight Screening and Counseling for children and adolescents	5,622	93%				90%
HIV Preven tion..	HIV Screening	25,050	61%		32%		
Cancer Prevention	Breast Cancer Screening	4,290	58%				60%
	Cervical Cancer Screening	12,963	64%				65%
	Colorectal Cancer Screening	10,688	47%	53			82%



# Quality Measures

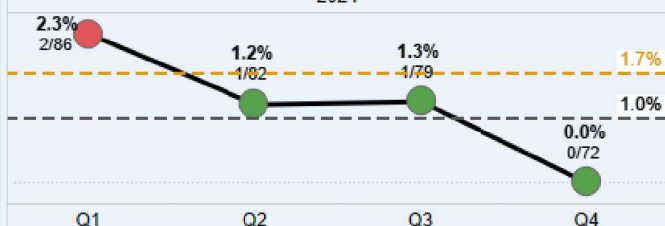
## Q4 2024

Comparisons Groups: State  National  Meeting Goal? Yes  No

### Infection Control

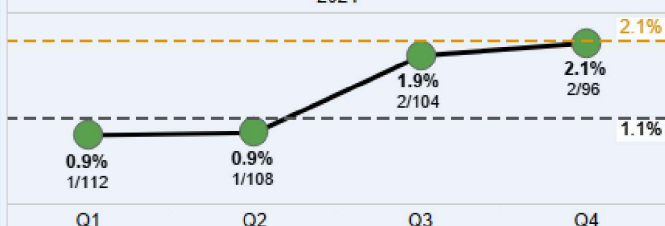
**N026.03: % of Residents Who have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)**

2024



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

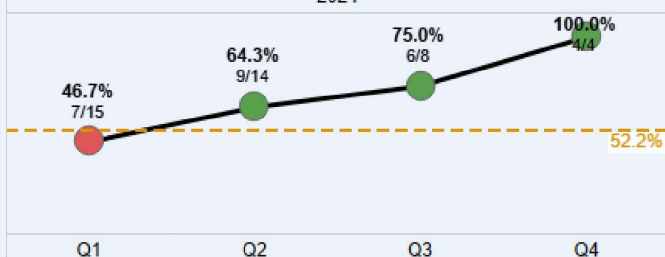
2024



### Functional Status

**S042.01: Discharge Function Score**

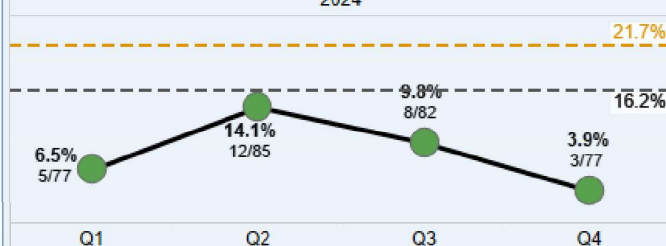
2024



### Functional Status

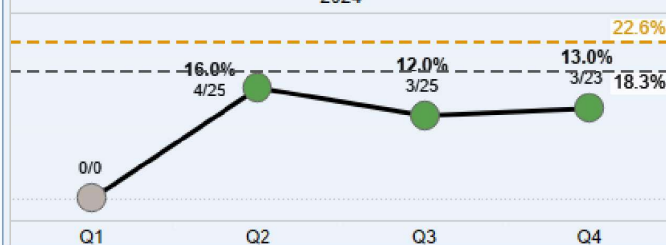
**N046.01: % of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay)**

2024



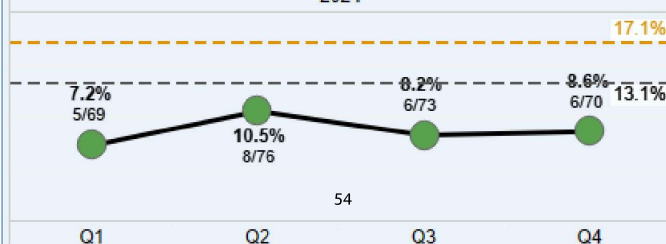
**N035.04: % of Residents Whose Ability to Walk Independently Worsened (Long Stay)**

2024



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

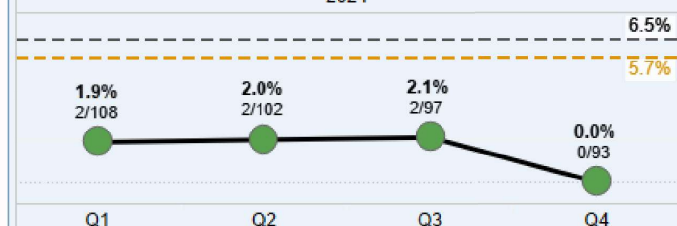
2024



### Functional Status

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

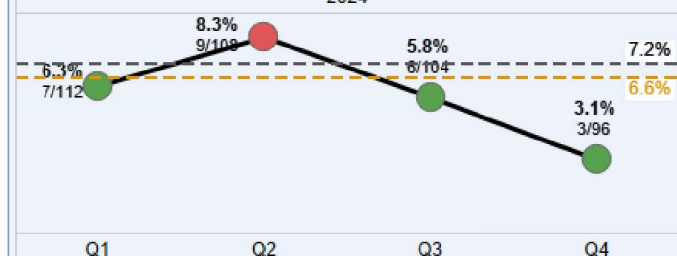
2024



### Skin Integrity

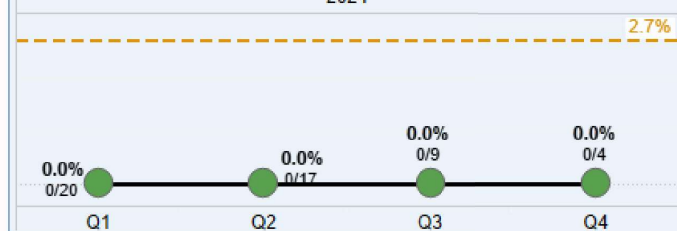
**N045.01: % of Residents with Pressure Ulcers (Long Stay)**

2024



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

2024



# Quality Measures

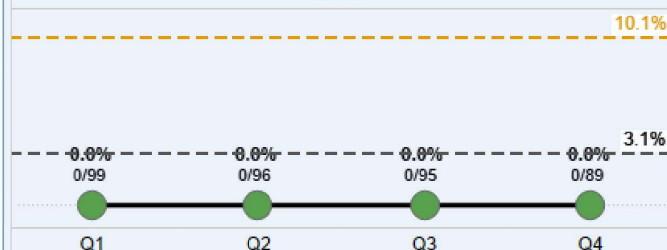
## Q4 2024

 Comparisons Groups: State  National  Meeting Goal? Yes  No 

### Behavioral Health

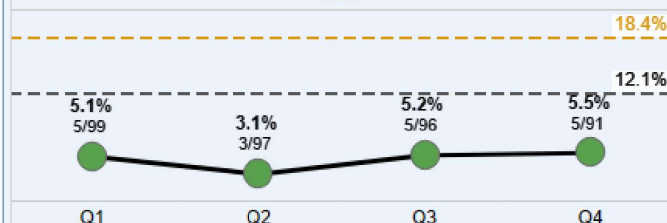
#### N030.03: % of Residents Who Have Depressive Symptoms

2024



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

2024



### Medications

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

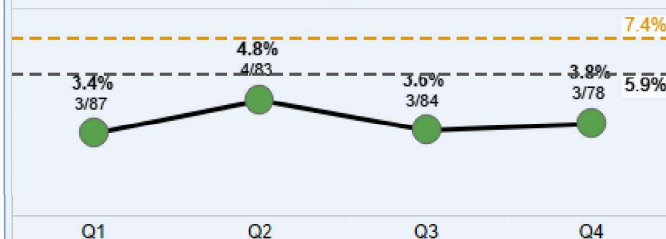
2024



### Medications

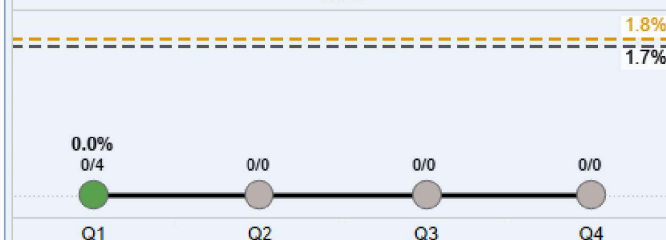
#### N033.03: Prevalence of Antianxiety/Hypnotic Use (Long Stay)

2024



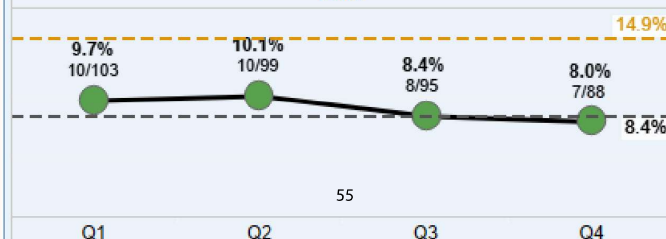
#### N011.03: % of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

2024



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

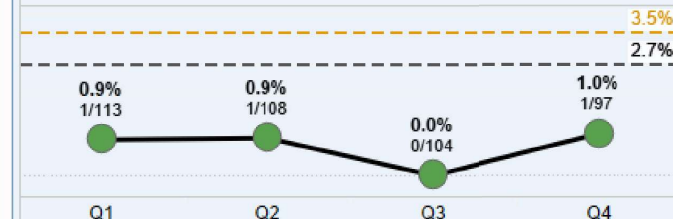
2024



### Falls

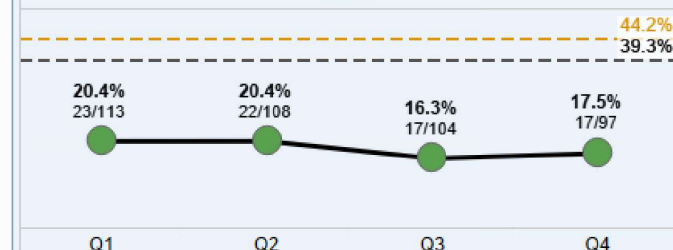
#### N013.02: % of Residents Experiencing One or More Falls with Major Injury (Long Stay)

2024



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

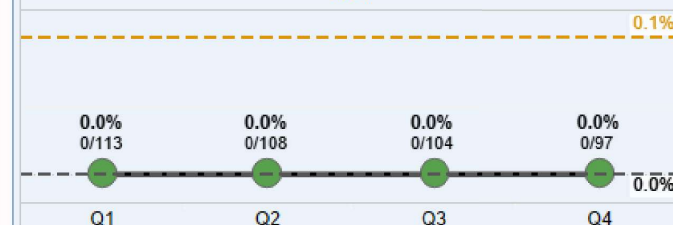
2024



### Restraints

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

2024



# LMC Quality Core Measures Q4 2024

## Inpatient Measures

## Outpatient Measures

Meeting Goal? Yes ■ No ■ No Population ■ LMC Internal Goal Line — 2022 National Avg Line —

### Emergency Dept-1a

Median time from ED arrival to ED departure for admitted patients



Q1 2024 (48/102) Q2 2024 (45/101) Q3 2024 (30/61) Q4 2024 (43/93)

### Sepsis-1

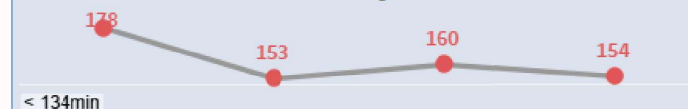
Early management bundle, severe sepsis/septic shock  
\*No National Avg available



Q1 2024 (7/9) Q2 2024 (13/17) Q3 2024 (10/11) Q4 2024 (9/11)

### Outpatient-18a

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



Q1 2024 (34/98) Q2 2024 (36/95) Q3 2024 (60/100) Q4 2024 (39/102)

### Immunization-2

Immunizations (seasonal)



Q1 2024 (93/93) Q2 2024 (0/0) Q3 2024 (0/0) Q4 2024 (77/82)

### Venous thromboembolism-6

Hospital Acquired Preventable VTE



Q1 2024 (0/0) Q2 2024 (0/0) Q3 2024 (0/0) Q4 2024 (0/0)

### 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



Q1 2024 (3/4) Q2 2024 (1/2) Q3 2024 (1/1) Q4 2024 (1/1)



# Ground Transportation Response Times

10/1/2024 to 12/31/2024

Filters 

## Alerts

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

### Completed Transport Requests

✓  
11

### Avg Response Time

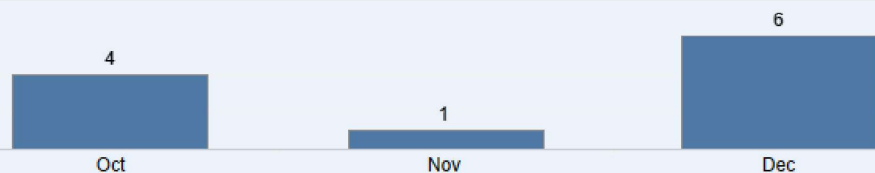
  
2.9min

### Percent Meeting Goal

  
100.0%

### Volume

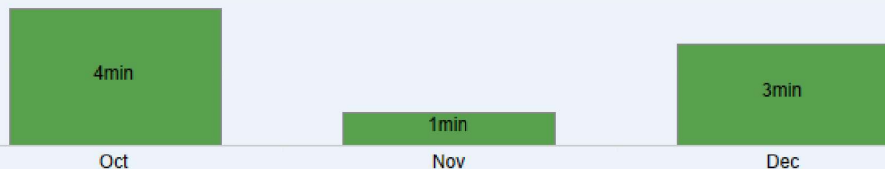
2024  
Q4



### Mean Response Time

2024  
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

✓  
397

### Avg Response Time

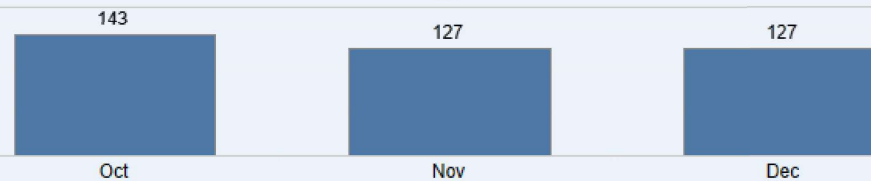
  
11.8min

### Percent Meeting Goal

  
91.9%

### Volume

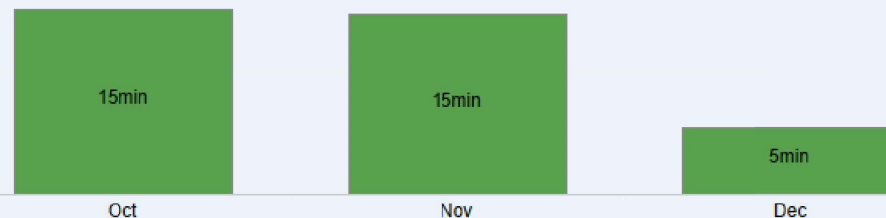
2024  
Q4



### Mean Response Time

2024  
Q4

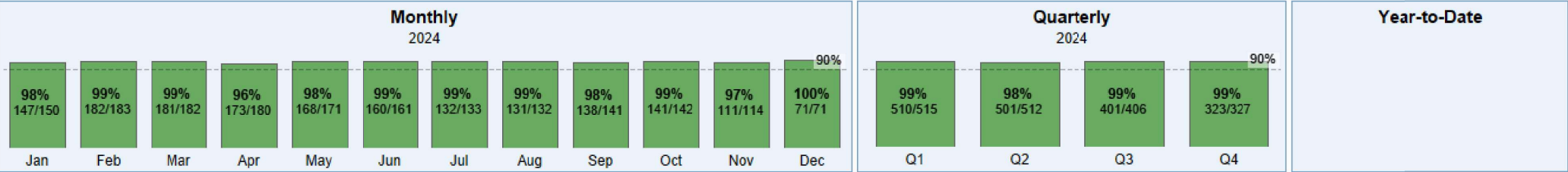
≤30min



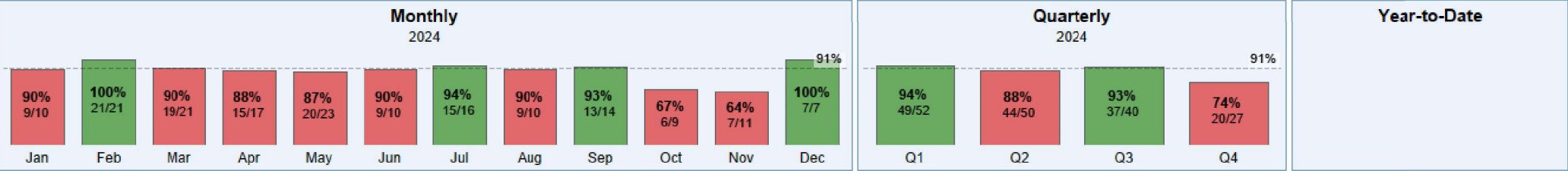
\*Negative turnaround times are not included in the average response time calculations

# Ground Transportation Quality Metrics

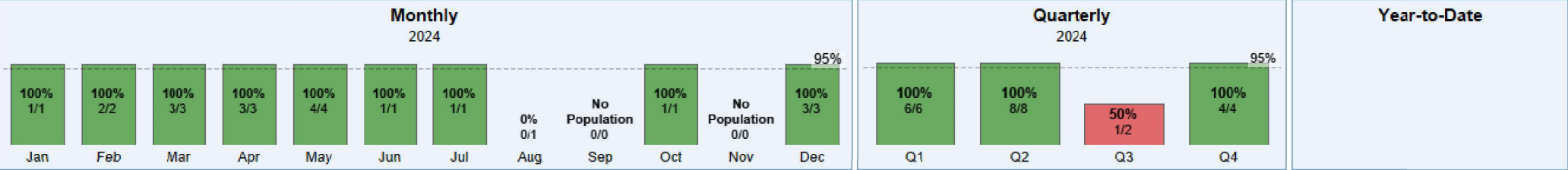
## Reliable Pain Assessment



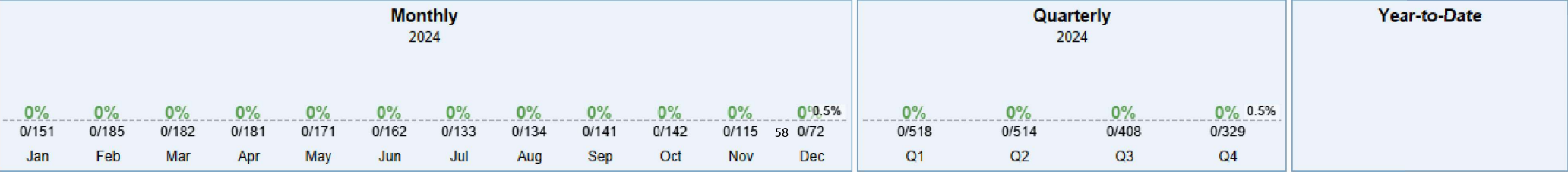
## Altered Mental Status - Blood Glucose Check



## ET Tube in Place - Waveform Capnography

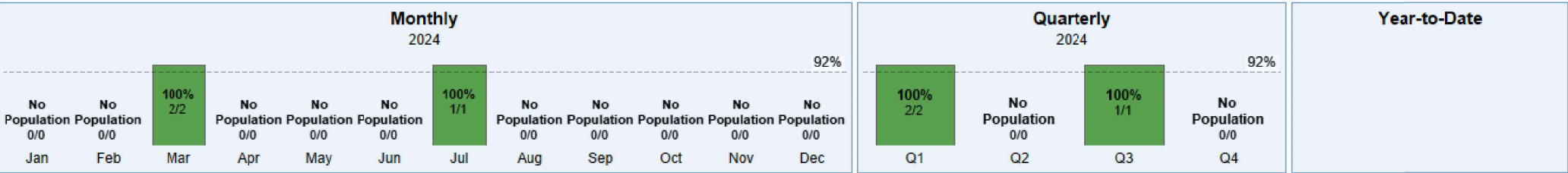


## Equipment Failures

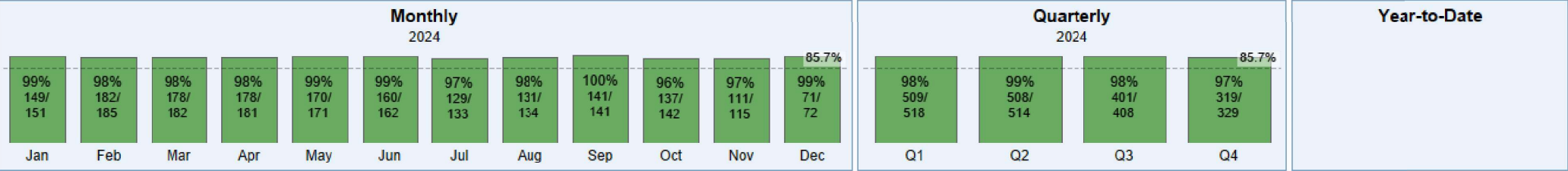


# Ground Transportation Quality Metrics

Appropriate management for aortic emergencies



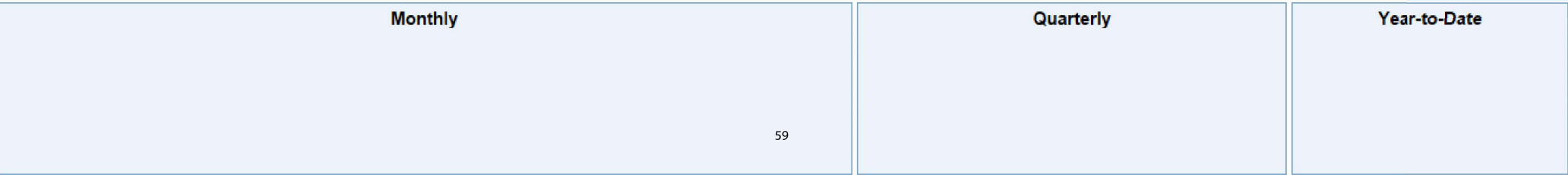
Temperature Documented with First Set of Vitals \*Added at end of Sept 2023



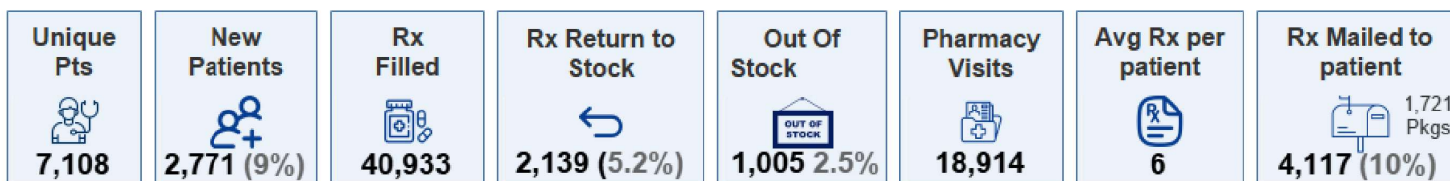
Measure Name



Measure Name



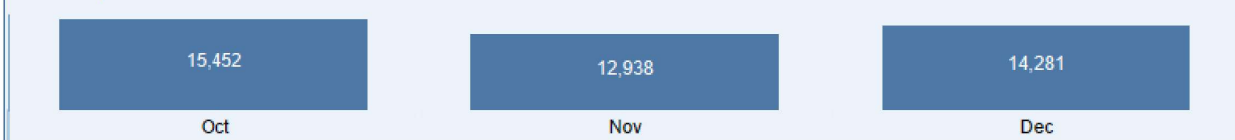
## PHARMACY QUALITY DATA 10/1/2024 - 12/31/2024



### Prescriptions Filled



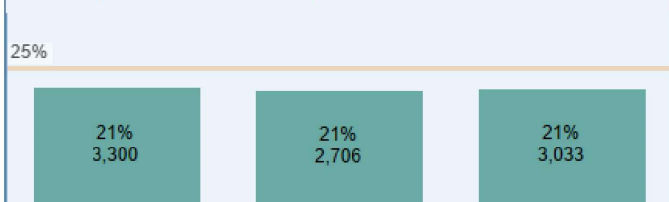
### Prescriptions Released to Patient



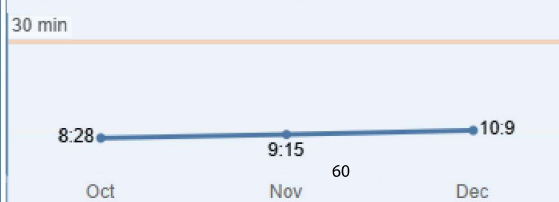
### Prescriptions that were Ready When Promised



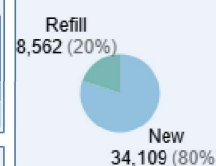
### Prescriptions filled while patient waited



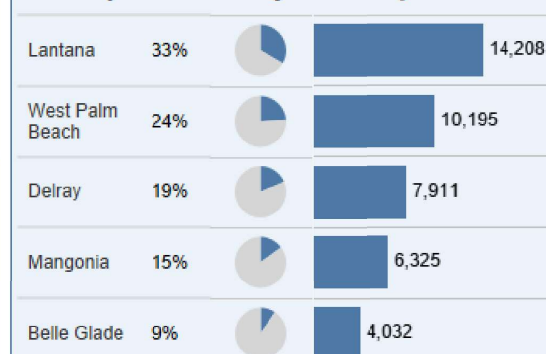
### Avg. Wait Time (Waiters)



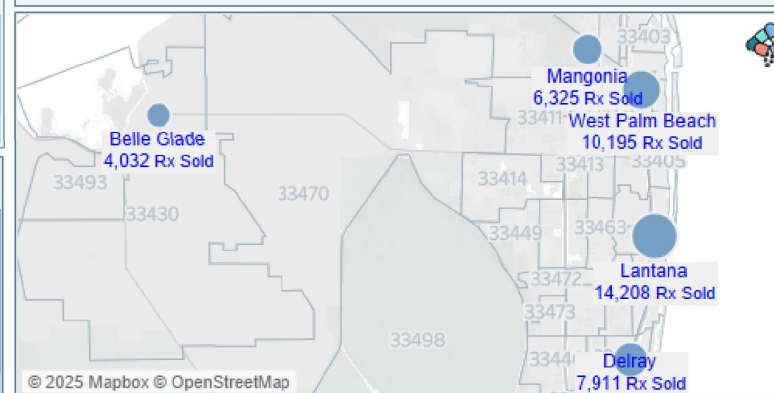
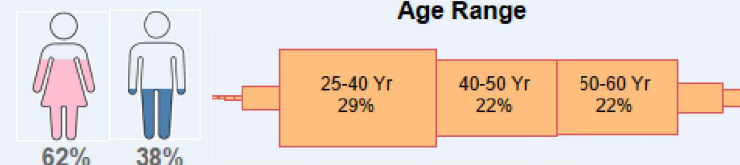
### Rx Type



### Prescriptions Filled by Pharmacy



### Age Range



# CLINIC SERVICE CENTER PERFORMANCE

dates: 10/1/2024 to 12/31/2024



**INBOUND CALL VOLUME**

57,121

**ABANDONMENT RATE**  
Goal: 10% or less

4,171 (7%)

**HANDLED BY AGENT**

51,988 (91%)

**AVG SL % ACROSS CSQ'S**  
Service Level Goal: 80%

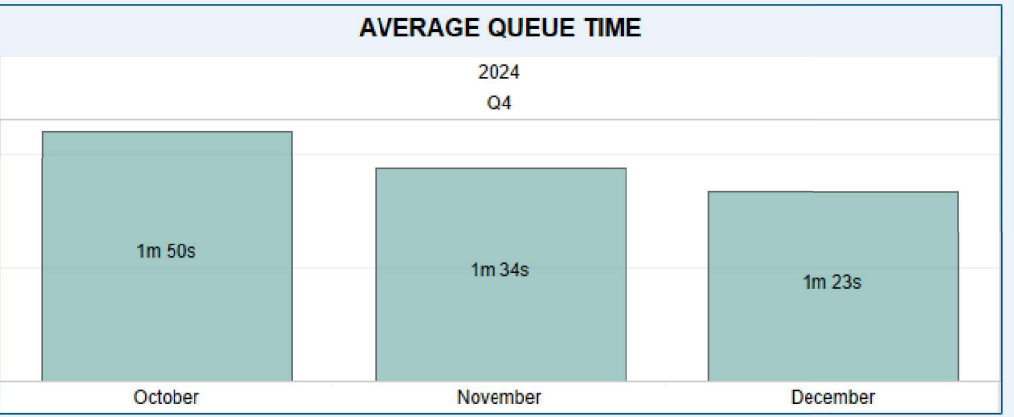
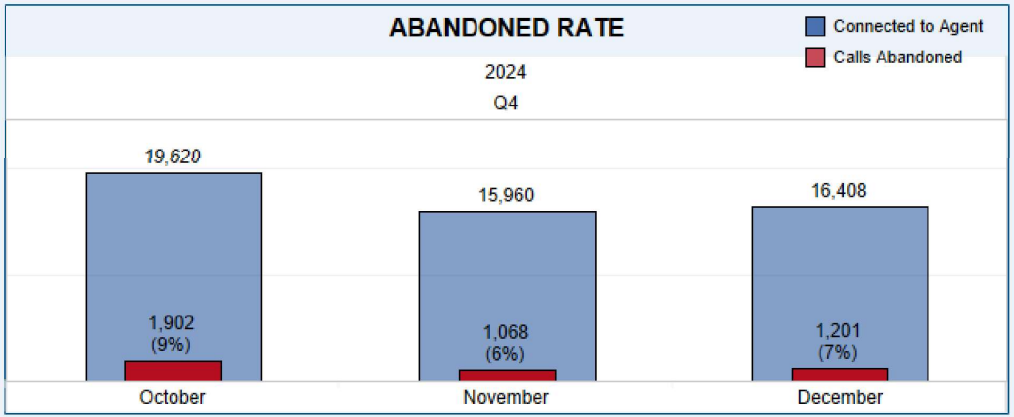
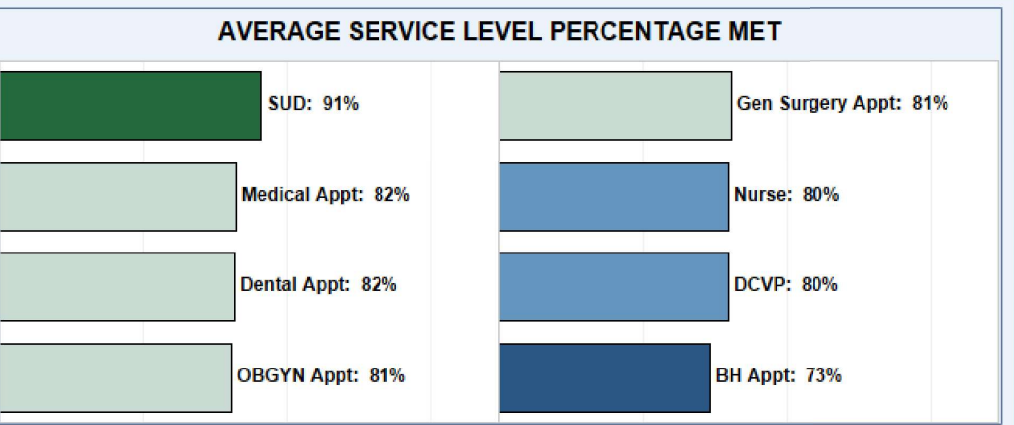
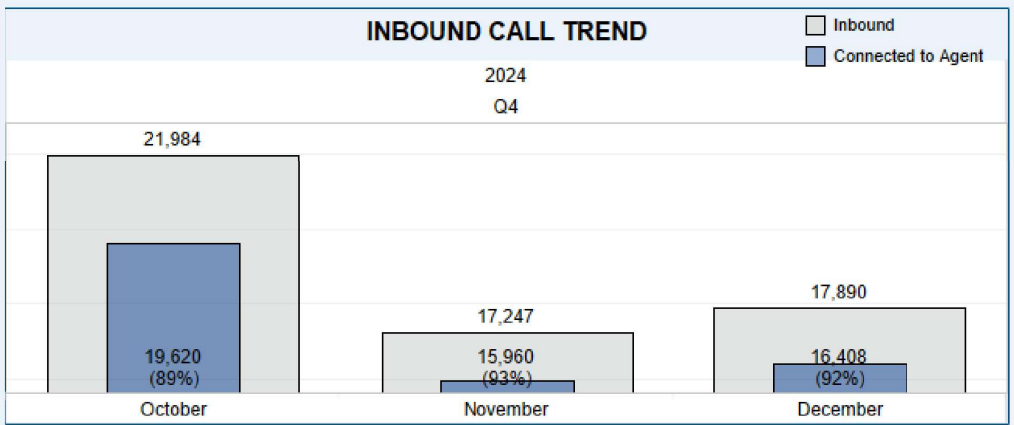
80%

**AVERAGE HOLD TIME**  
Ave Hold Time Goal: 3 min or less

1m 36s

**AVERAGE CALL DURATION**

4m 3s





Start Date  
10/1/2024End Date  
12/31/2024Calls Received  
**4,006**Average Queue Time  
**25 seconds**Abandoned Calls  
**125**Percent Abandoned  
**3%**Tickets Created  
**4,678**Tickets Closed  
**4,593**Avg Elapsed time to close\*  
**0 Days 4 hours**Avg Days to close  
**5 Days 4 hours**

last updated: 03/06/25 16:00

\*minus time on Hold

Priority  
AllTicket Status  
☒ Closed  
☒ Open

View Technicians



## GROUPS

HelpDesk	2,415
Desktop Support	618
Applications	458
Security	398
Business Intelligence	208
Server Support	172
Identity Access Managem..	144
SharePoint	85
Voice, Video & Collaborati..	70
Security Backlogs	51
Network Support	33
IT Logistics	26

## CATEGORIES

Password Reset/Unlo..	1,248 (27%)
Hardware	697 (15%)
Business Applications	516 (11%)
Cyber Security	434 (9%)
Access	303 (6%)
UKG MyTime	186 (4%)
Business Intelligence ..	184 (4%)
MS Office	137 (3%)
SRF	123 (3%)
Voice, Video & Collabo..	113 (2%)
Software	113 (2%)
Network	111 (2%)
Email	85 (2%)

## SUB-CATEGORIES

Unlock	1,160 (25%)
Print/Scan/Copy/Fax	237 (5%)
Email Security	190 (4%)
Access	165 (4%)
Network Security	160 (3%)
EPIC	138 (3%)
Laptop	128 (3%)
Access change	123 (3%)
Desktop	107 (2%)
Tableau Dashboard	87 (2%)
Duo	85 (2%)
Network	73 (2%)
Outlook	70 (1%)

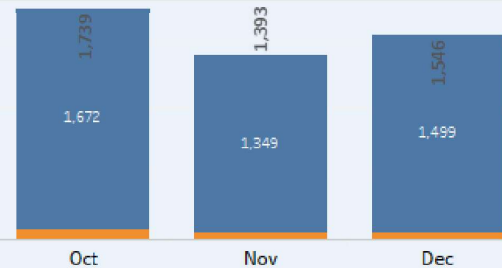
## BUSINESS UNIT

School Health	829
Value Not Assigned	209
Administration - CHC	175
Service Center - CHC	139
West Palm Beach Medi..	108
Human Resources - Dis..	105
Pharmacy - Outpatient	101
Corporate Quality - Dis..	96
Contractor	92
Lantana Medical - CHC	89
IT Operations	87
Radiology - LMC	75
Finance - District	71

## MONTHLY VOLUME % closed

Closed  
Open

2024



## DAILY VOLUME OPENED TICKETS



## 1. **Description: HCD Enterprise Risk Management Quarterly Report and Dashboard (Q4 2024).**

## 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 2024 (“Q4 2024”) 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 2024, HCD had a total of 646 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 646 entries reported in RiskQual/HAS, 577 were events/occurrences and 69 were near misses.

- 10.7% (69) 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.*
- 75.4% (487) 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.*
- 13.5% (87) were “Minor Events”. A *Minor Event is an event that occurred, but had no harm to the patient, however, required monitoring.*
- 0.2% (1) was a “Major Event”. A *Major Event is an event that occurred, had temporary harm, and required treatment.*
- 0.2% (1) was a “Death Event”. A *Death Event is an event that occurred, resulted in death.*
- 0.2% (1) was an “Aeromedical Minor Event”. A *Minor Event is an event that caused slight injuries to personnel; little environmental impact; damage less than \$50,000; limited impact to image.*

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

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

### **Hospital (LMC):**

LMC reported a total of 111 entries in HAS

This included 107 events (92 patient events, 15 non-patient events), and four (4) Near Misses.

The 107 Events were reported under the following categories, sorted by volume: AMA\* (23), Safety (10), Patient Care (9), IV/Blood Issues (9), Behavior (9), Equipment-Related (8), Admission/Discharge/Transfer Issues (6), Security (5), Treatment/Therapies (5), Falls/slips (5: 3 no harm, 2 minor harm), Medication Variance (4), Skin Issues (3), Medication Safety (2), Infection Control (2), Medical Documentation & Patient Records (1), Respiratory Therapy (1), Property (1), Lab (1), HIPAA/Privacy (1), Facility/Administrative Services (1), and EHR/HIT (1). The Near Misses included: Equipment Related (2), Security (1), and Medical Documentation & Patient Records (1). (\*) These events are included for facility-requested reporting purposes only due to a patient's status, however, were non-incident related events (all were for social or personal reasons). Reported regulatory events: One (1) case was reported to the Agency for Healthcare Administration ("AHCA") as an Adverse Incident/Code 15.

FL Statute 395.0197 – For purposes of reporting to the agency pursuant to this section, 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 such intervention occurred, and which: (a) 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 120 entries in HAS.

This included 117 events (115 resident events, 2 non-resident events), and 3 Near Misses. The 117 Events were reported under the following categories, sorted by volume: Skin Issues\* (59), Patient Care (12), Behavior (11), Fall/Slips (8: 7 no harm, 1 major harm), EMS/911 Referral (8), Treatment & Therapies (7), Safety (3), Medication Variance (3), Property (2), Respiratory Therapy (1), HIPAA/Privacy (1), Equipment Related (1), and Admission process/discharge/transfer (1). The Near Misses included: Safety (1), Medication Variance (1) and Nutrition/Dietary (1). (\*) These are included for facility-requested reporting purposes only due to a resident condition, however, were non-incident related events. Reported regulatory events: Seven (7) cases were reported to the Agency for Healthcare Administration ("AHCA"). Six (6) cases were reported as Immediate (1-day) and 5-Day Reports and one (1) case was reported to AHCA as an Adverse Incident.

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 involve 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 to 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 85 entries in HAS.

This included 83 events (63 patient events, 20 non-patient events), and 2 Near Misses. The 83 Events were reported under the following categories, sorted by volume: Behavior (21), EMS/911 Referral (16), Safety (13), Patient Care (9), Equipment Related (6), Lab (3), Falls/Slips (3: no harm), Property (2), Medical Documentation and Patient Records (2), Clinical Event for Review (2), AMA (2), Supplies (1), Security (1), Medication Variance (1), and Facility/Administrative Services (1). The Near Misses included: HIPAA/Privacy (2).

### **Pharmacy:**

Pharmacy reported a total of 73 entries in HAS.

This included 17 events (16 patient events, 1 non-patient event) and 56 Near Misses.

The 17 events were reported under the following categories, sorted by volume: Medication Variance (10), Prescription Error (2), Behavior (2), Prescription Mail Return (1), Medical Documentation & Patient Records (1) and Facility/Administrative Services (1). The Near Misses included: Prescription Error (41) and Medication Variance (15).

### **School Health:**

School Health reported a total of 236 entries in HAS.

This included 232 events (220 student events, 12 non-student events) and 4 Near Misses.

The 232 events were reported under the following categories, sorted by volume: Medication Variance (73), Safety (70, including 45 DCF referrals\*), Patient Care (36), Medical Documentation/Patient Records (19), Behavior (16), Treatment/Therapies (8), Clinical Event for Review (3), Equipment Related (2), HIPAA/Privacy (2), EHR & HIT (1), Facility & Administrative Services (1), and Lab (1). The 4 Near Misses included: Medication Variance (2), Medical Documentation & Patient Records (1) and Equipment Related (1). Reported regulatory events: (\*) 45 DCF referrals were mandatory reporting purposes only, however, were non-incident related events.

### **Ground Ambulance (GTS):**

GTS reported a total of 17 entries in HAS.

This included 17 events (8 patient events, 9 non-patient events), and 0 Near Misses.

The 17 Events were reported under the following categories: Safety (13), Patient Care (1), Facility & Administrative Services (1), Clinical Event for Review (1) and Admission process/discharge/transfer issues (1).

### **Aeromedical / TraumaHawk:**

Aeromedical / TraumaHawk reported a total of 1 entry in HAS.

The included 1 non-patient event.

The event was reported under the following category: Equipment Related (1).

### **District Administration / Home Office:**

Home Office/District Administration reported a total of 3 entries in HAS.

The 3 events were reported under the following categories: Supplies (1), Safety (1), and HIPAA/Privacy (1).

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:

N/A  
\_\_\_\_\_  
Jessica Cafarelli  
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the HCD Enterprise Risk Management Quarterly Report and Dashboard (Q4 2024).

Approved for Legal sufficiency:

Signed by:  
\_\_\_\_\_  
Bernabe Icaza  
Bernabe Icaza  
0CF6F7DB6706434...  
SVP & General Counsel

DocuSigned by:  
\_\_\_\_\_  
Belma Andric  
Belma Andric  
1F22B8130A4...  
SVP & Chief Medical Officer

Signed by:  
\_\_\_\_\_  
Darcy Davis  
Darcy J. Davis  
77A3B53589A1477...  
President & Chief Executive Officer

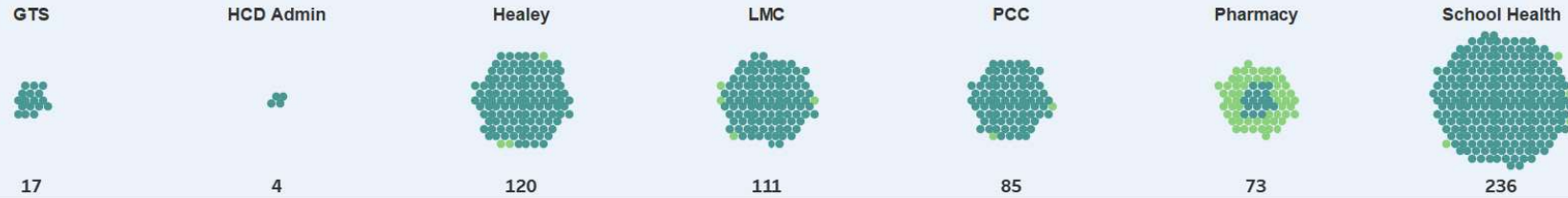
## Risk Severity

# Total Events	Near Misses	Near Miss %
646	69	10.7%



■ Near Miss ■ Event

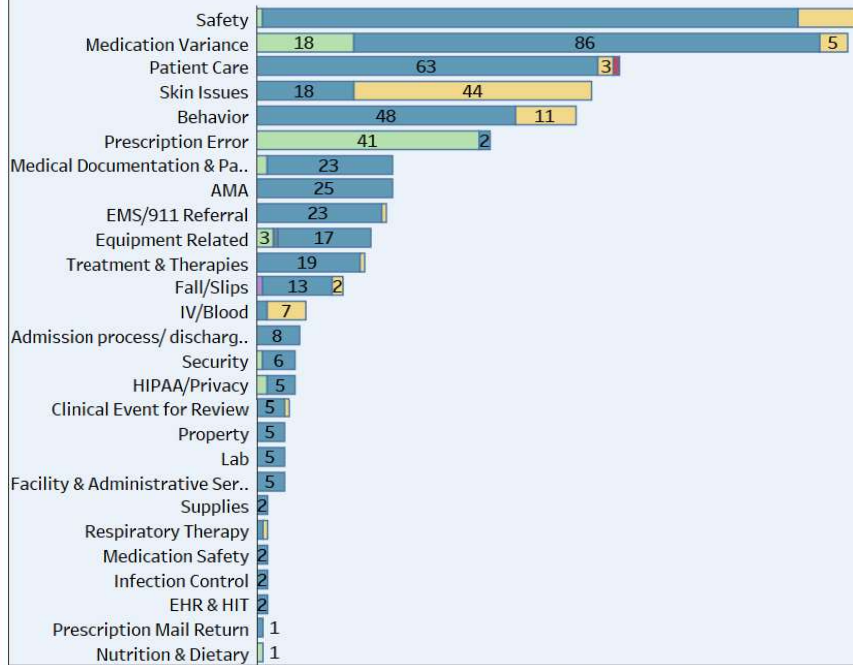
### Total Number of Events by Business Unit



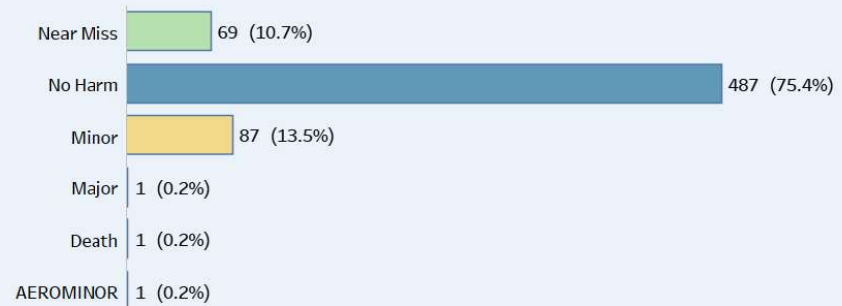
### Risk Severity

- Near Miss
- No Harm
- Minor
- Moderate
- Major
- Severe
- Catastrophic
- Death
- Not Specified
- AEROMINOR
- AERONEGLI

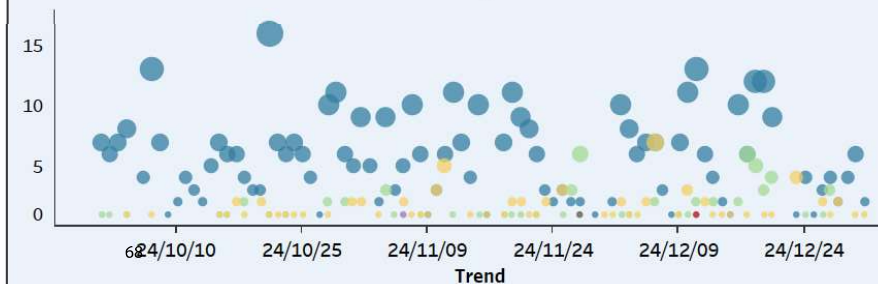
### Severity by Event Category



### Risk Severity Totals



### Risk Severity Trend



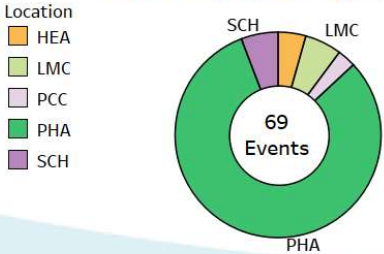
**Near Miss** – did not occur, no harm to patient  
**No Harm** – occurred, no harm to patient  
**Minor** – occurred, no harm to patient but required monitoring  
**Moderate** – occurred, temporary harm, no required treatment  
**Major** – occurred, temporary harm, required treatment  
**Severe** –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



# NEAR MISS REPORTING PROGRAM

Reporting period from 10/1/2024 to 12/31/2024

Good Catch Events by Location



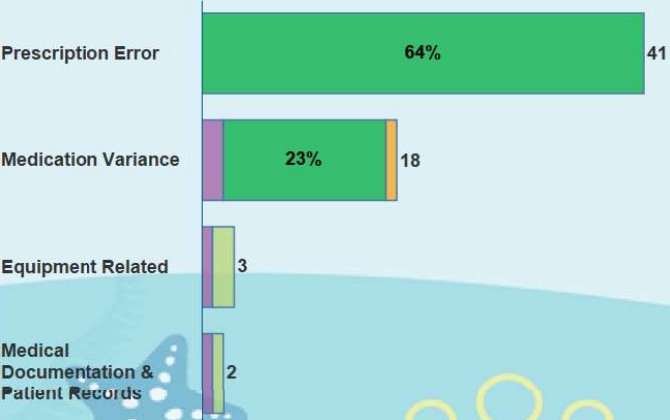
Location	# Total	# Events
HEA	4%	3
LMC	6%	4
PCC	3%	2
PHA	81%	56
SCH	6%	4

## 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

Prescription Error	Insurance Issue	47%	30
	SIG Issue	14%	9
	Wrong Drug	3%	2
Medication Variance	Wrong Dose	8%	5
	Wrong Patient	4%	4
	Wrong Frequency	5%	3
Equipment Related	Alarm Issues	3%	2
	Malfunction	2%	1
Medical Documentation & Patient Records	Discrepancy of Personal Information	2%	1
	Medical Record Related	2%	1

## 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.



Near Misses Last 12 Months

