



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE  
MEETING AGENDA**

**March 13, 2024 at 10:00 A.M.  
1515 North Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

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

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 from December 14, 2023. [Pages 1-4]

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

A. **ADMINISTRATION**

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

March 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. [Page 5]

**B. PATIENT RELATIONS DASHBOARDS**

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

Patient Relations Dashboards  
(Dr. Belma Andric) [Pages 6-8]

- Patient Relations Dashboard, School Health.  
(Steven Sadiku) [Page 9]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.  
(Alexa Goodwin) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.  
(Tracy-Ann Reid) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.  
(Janet Moreland/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Pharmacy.  
(Alexa Goodwin) [Page 13]

**C. PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards  
(Dr. Belma Andric) [Pages 14-16]

- Productivity Dashboard, School Health.  
(Steven Sadiku) [Page 17]
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.  
(Dr. Charmaine Chibar) [Page 18]
- Productivity Dashboard, E. J. Healey Center.  
(Shelly Ann Lau/ Terretha Smith) [Page 19]
- Productivity Dashboard, Lakeside Medical Center.  
(Janet Moreland/ Sylvia Hall) [Pages 20-21]
- Productivity Dashboard, LifeTrans Ground Transportation.  
(Amaury Hernandez) [Page 22]
- Productivity Dashboard Human Resources  
(Geoff Washburn/Christina Schiller) [Page 23]

**8. Regular Agenda**

A. **COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates  
(Heather Bokor) [Pages 24-36]

B. **CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Reports  
(Dr. Belma Andric) [Pages 37-41]

- Quality & Patient Safety Report, School Health.  
(Steven Sadiku) [Page 42]
- Quality & Patient Safety Report, Aeromedical.  
(Steven Sadiku/Jostein Lavoll) [Page 43-44]
- Quality & Patient Safety Report, Trauma.  
(Steven Sadiku) [Pages 45-46]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.  
(Steven Sadiku/Dr. Charmaine Chibar) [Page 47]
- Quality & Patient Safety Report, E. J. Healey Center.  
(Steven Sadiku/Tracy-Ann Reid) [Pages 48-49]
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Steven Sadiku/ Sylvia Hall) [Page 50]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.  
(Steven Sadiku/ Amaury Hernandez) [Page 51]
- Quality & Patient Safety Report, Corporate Quality Metrics.  
(Steven Sadiku) [Pages 52-53]

**9. CEO Comments**

**10. Committee Member Comments**

**11. Upcoming Meetings**

**June 12, 2024**

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

**September Meeting (Date TBD)**

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

**December 11, 2024**

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

**12. Motion to Adjourn Public Meeting Immediately Following the Conclusion of the Closed Meeting**

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

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





**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE  
SUMMARY MEETING MINUTES  
December 14, 2023 at 10:00A.M.  
1515 North Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

**1. Call to Order**

Dr. Alina Alonso called the meeting to order.

**A. Roll Call**

Committee members present: Tracy Caruso (REMOTE), Chair; Dr. Alina Alonso, Kimberly Schulz, Dr. Luis Perezalonso, Robert Glass, and Dr. LaTanya McNeal (REMOTE); Tammy Jackson-Moore, Dr. Jyothi Gunta, and William Johnson were excused.

Staff present: Darcy Davis, Chief Executive Officer; Bernabe Icaza, General Counsel; Heather Bokor, Chief Compliance, Privacy and Risk Officer; Belma Andric, Chief Medical Officer; Candice Abbott, Chief Financial Officer; Karen Harris, VP of Field Operations, Daniel Scott, Chief Information Officer; Geoff Washburn, Chief Human Resources Officer; Jessica Cafarelli, Chief of Finance, Steven Sadiku, Tracey Archambo, Alyssa Tarter, Janet Moreland, Dr. Charmaine Chibar, Andrea Steele, Terretha Smith, Shauniel Brown, Dr. Jennifer Dorce-Medard, Kelley Anderson, Amaury Hernandez, Sylvia Hall, Joe Anne Reynolds, David Speciale, Lisa Hogans, Quennise Giles, Alexa Goodwin and Jostein Lavoll.

Recording/ Transcribing Secretary: Christine Ferguson

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

**2. Agenda Approval**

**A. Additions/Deletions/Substitutions**

**B. Motion to Approve Agenda**

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

- 3. **Awards, Introductions and Presentations**
- 4. **Disclosure of Voting Conflict**
- 5. **Public Comment**
- 6. **Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes of September 27, 2023.

**CONCLUSION/ACTION:** Tracey Caruso made a motion to approve the Committee Meeting Minutes of September 27, 2023. The motion was duly seconded by Dr. Luis Perezalonso. There being no opposition, the motion passed unanimously.

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

**CONCLUSION/ACTION:** Robert Glass made a motion to approve the Consent Agenda. The motion was duly seconded by Tracey Caruso. There being no opposition, the motion passed unanimously.

- A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**  
June 2023 Internet Posting of District Public Meeting.  
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

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

- 7A-3 **RECEIVE AND FILE:**  
Quality, Patient Safety and Compliance Committee Meeting Schedule for 2024

- B. **PATIENT RELATIONS DASHBOARDS**

- 7B-1 **RECEIVE AND FILE:**  
Patient Relations Dashboards

- Patient Relations Dashboard, School Health.
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
- Patient Relations Dashboard, E. J. Healey Center.
- 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, C. L. Brumback Primary Care Clinics.
- Productivity Dashboard, E. J. Healey Center.
- Productivity Dashboard, Lakeside Medical Center.
- Productivity Dashboard, LifeTrans Ground Transportation.

8. **Regular Agenda**

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**  
Compliance, Privacy and Ethics Program Activities and Updates

\*\*Ms. Bokor reviewed the Compliance, Privacy and Ethics Program Activities and Updates to the Committee.

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

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**  
Quality & Patient Safety Reports

- Quality & Patient Safety Report, School Health.
- Quality & Patient Safety Report, Aeromedical.
- Quality & Patient Safety Report, Trauma.
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
- Quality & Patient Safety Report, E. J. Healey Center.
- Quality & Patient Safety Report, Lakeside Medical Center.
- Quality & Patient Safety Report, LifeTrans Ground Transportation.
- Quality & Patient Safety Report, Corporate Quality Metrics.

\*\*Mr. Sadiku reviewed all of the Corporate Quality Dashboards to the Committee

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

9. **CEO Comments**

None

Quality, Patient Safety and Compliance Committee  
Summary Meeting Minutes  
December 14, 2023

**10. Committee Member Comments**

None

**11. Establishment of Upcoming Meetings**

**March 13, 2024**

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

**June 12, 2024**

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

**September Meeting (Date TBD)**

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

**December 11, 2024**

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

**12. Motion to Adjourn Public Meeting Immediately Following the Conclusion of the Closed Meeting**

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

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

**14. Motion to Adjourn**

There being no further business, the meeting was adjourned.

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**Tracy Caruso, Chair**

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**Date**

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

**Attendance Tracking for 2024**

	<b>3/13/24</b>	<b>6/12/24</b>	<b>September (TBD)</b>	<b>12/11/24</b>
Dr. Jyothi Gunta				
Tracy Caruso				
Dr. Alina Alonso				
Tammy Jackson-Moore				
Dr. Luis Perezalonso				
Kimberly Schulz				
Dr. LaTanya McNeal				
William Johnson				

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2024**

**1. Description: Patient Relations Dashboard & Summary**

**2. Summary:**

This agenda item provides the patient relations dashboard for the 4<sup>th</sup> Quarter of 2024 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and Pharmacy.

**3. Substantive Analysis:**

**School Health**

For Quarter 4 2023, School Health had a total of 30 Patient Relations events reported for 169 school locations. Of the 30 patient relation events, 8 were complaints, 22 were compliments, and there were no grievances. Out of the 8 complaints, 75% were from family members, 13% were from school district staff, and 13% from HCD staff. The complaints categories were nurse-related, poor communication, respect-related, and overall clinical support staff. The 22 compliments recognized the School Health Nurses and School Health Nurse Assistants, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, and employees.

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

For Quarter 4 2023, there were a total of 20 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. This was a decrease from the previous quarter, where we had 33 Complaints and Grievances. Of the 20 occurrences, there were 7 Grievances and 13 Complaints. The top 3 categories were Care & Treatment, Communication, and Finance Related issues. The top subcategory was Competency of Staff with 3 occurrences.

There was also a total of 81 Compliments received across 7 Clinics and Clinic Administration. Of the 81 Compliments, 78 were patient compliments, and 3 were employee-to-employee “Thumbs-Up” compliments.

**Edward J. Healey Rehabilitation and Nursing Center**

For Quarter 4 2023, there were a total of 47 Patient Relations Occurrences received across 5 resident units (Dolphin, Pelican, Sand Dollar, Manatee, Starfish), Laundry, Dietary, Facilities, Administration, and Social Services. Of the 47 occurrences, there were 47 Grievances. The top 3 categories were Personal Belonging, Care & Treatment, and Environmental issues. The top subcategory was Personal Belongings – Clothes, with 10 occurrences reported.

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2024**

There was also a total of 28 Compliments received across 8 units. Of the 28 Compliments, 9 were Nursing-related, and 19 were related to Clinical Support Staff.

**Lakeside Medical Center**

For Quarter 4 2023, there were a total of 13 Patient Relations Occurrences that occurred between the Emergency Department, Intensive Care Unit, Med-Surg/Telemetry and Radiology. Of the 13 occurrences, there were 2 Grievances and 11 Complaints. The top 4 categories were Care & Treatment, Respect Related, Physician Related and Nursing Related. The top subcategories were Inappropriate comments/conversations, Physician Related Other, and Nursing Related All Aspects of Care, with 2 occurrences in each.

There was also a total of 5 Compliments received across the Intensive Care Unit, Med Surg/Telemetry, and Utilization Review. There were 3 compliments related to Administration, 1 related to Nursing, and 1 related to a Physician.

**Pharmacy**

For Quarter 4 2023, there were no Patient Relations Occurrences that occurred in CLBPC Pharmacy.

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

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


DocuSigned by:  
  
 CA6A21FF2E09481... li  
 Interim VP & Chief Financial Officer


**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2024**

**5. Recommendation:**

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

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706434...<sup>1</sup>  
SVP & General Counsel

DocuSigned by:  
  
1F272D34C8B04A5... c, MD  
SVP & Chief Medical Officer

DocuSigned by:  
  
77A3B53589A1477... vis  
Chief Executive Officer



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



Start Date 10/1/2023 End Date 12/31/2023 Top Category 5

2023 Q4

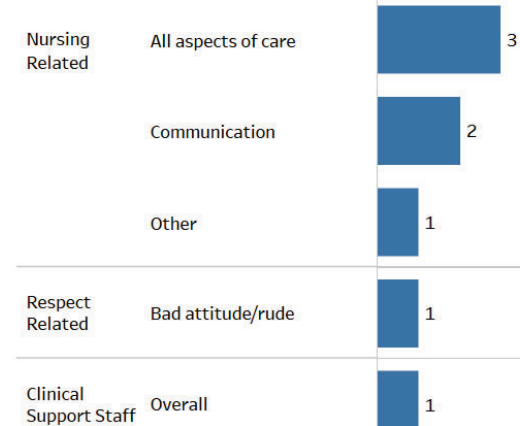
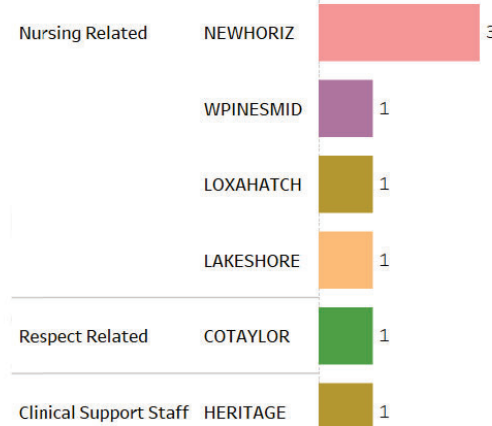
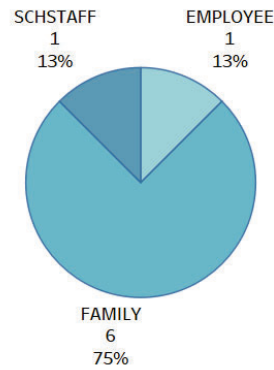
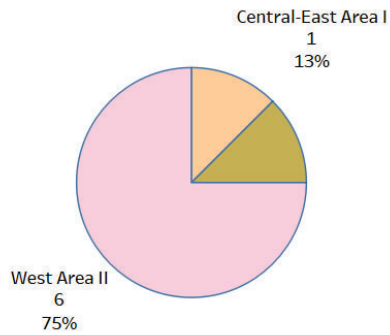
**Total Complaints and Grievances 8 Late Entries: 0**

Schools by Area

Complainant

Top 5 Categories

Total Top 5 Subcategories



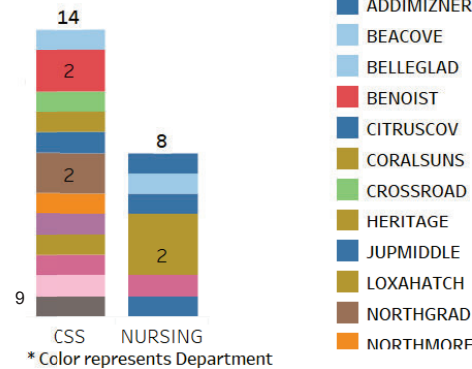
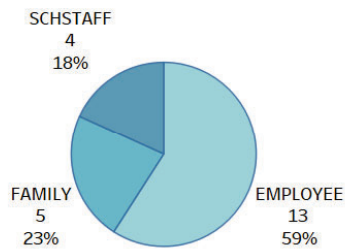
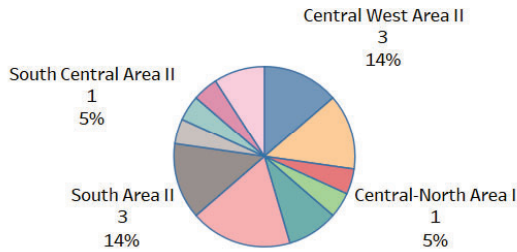
**Total Compliments 22 Late Entries: 2 Comp/Griev Prev 4 Quarters 21**

Schools by Area

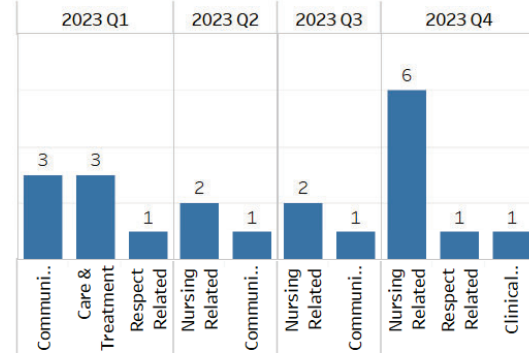
Complimenter

Care & Treatment Categories

Top 5 Categories Trended



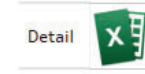
- ADDIMIZNER
- BEACOVE
- BELLEGLAD
- BENOIST
- CITRUSCOV
- CORALSUNS
- CROSSROAD
- HERITAGE
- JUPMIDDLE
- LOXAHATCH
- NORTHGRAD
- NORTHMORF



\* Color represents Department



## ient Relations (Grievances, Complaints & Compliments) C.L. Brumback Primary Care Clinics



Start Date  
10/1/2023

End Date  
12/31/2023

Top Categories  
5

### 2023 Q4

Dept Desc All Provider All **Total Complaints and Grievances 20** **Late Entries: 3** Clinic All

#### Clinics

- Delray 8 (40%)
- Lantana 2 (10%)
- Belle Glade 2 (10%)
- Admin 2 (10%)
- Pharmacy 1 (5%)
- Boca 1 (5%)

#### Top 5 Categories

Care & Treatment	Delray	4
	WPB	1
	Pharmacy	1
	Jupiter	1
	Belle Glade	1
	Admin	1
Communication	Lantana	1
	Delray	1
	Boca	1
	Belle Glade	1
Finance	Lantana	1
	Delray	1
Respect Related	Delray	1
Referral	Admin	1
Physician Related	WPB	1
Nursing Related	Boca	1
Environmental	Delray	1

#### Total Top 5 Subcategories

Care & Treatment	Competency Of Staff	3
	Inappropriate Care	2
	Wait Time	2
	Confidence in Care Givers	1
	Refusal of Treatment	1
Communication	Staff did not listen carefully	2
	Poor Communication	1
	Staff did not explain Things Understan..	1
Finance	Billing issues (refusal to pay request fo..	2
Respect Related	Discrimination or perception	1
Referral	Communication	1
Physician Related	All aspects of care	1
Nursing Related	Communication	1
Environmental	Other	1

### Total Compliments 81 Late Entries: 0 Complaints/Grievances Prev 4 Quarters 89

#### Clinics

- WPB 45 (56%)
- Lantana 12 (15%)
- Delray 7 (9%)
- LakeWorth 2 (2%)
- Admin 2 (2%)
- Mangonia 2 (2%)

#### Care and Treatment Categories

ADMIN	3	4
CSS	34	10 3 2 6 58
NURSING	1	
PHYSICIAN	8	2 3 15
THUMBSUP	3	

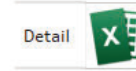
#### Top 5 Categories Trended

Category	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Finance	9	7	8	9
Physician Related	8	6	4	2
Referral	6	6	3	1
Nursing Related	5	4	2	1
Finance	10	7	3	4
Care & Treatment	7	6	2	1
Referral	1	4	1	1
Communication	1	1	1	1
Care & Treatment	8	7	2	1
Respect Related	4	3	1	1
Finance	3	2	1	1
Medical Records	2	1	1	1
Care & Treatment	9	4	1	1
Finance	2	1	1	1
Referral	1	1	1	1
Nursing Related	1	1	1	1

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



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



Start Date  
10/1/2023

End Date  
12/31/2023

Top Categories  
5

### 2023 Q4

**Total Complaints and Grievances 47**

Departments	Top 5 Categories	Total Top 5 Subcategories
<ul style="list-style-type: none"> <li>LAUNDRY</li> <li>DOLPHIN</li> <li>PELICAN</li> <li>SAND DOLLAR</li> <li>DIETARY</li> <li>FACILITIES</li> <li>MANATEE</li> <li>STARFISH</li> <li>EJH ADMINISTRATION</li> <li>SOCIAL SERVICES</li> </ul>	<b>Personal Belongings</b> LAUNDRY: 11 DOLPHIN: 3 EJH ADMINISTRATION: 1	<b>Personal Belongings</b> Clothes: 10 Loss: 3 Money: 1 Glasses missing: 1
	<b>Care &amp; Treatment</b> PELICAN: 4 DOLPHIN: 2 STARFISH: 2 SAND DOLLAR: 2 MANATEE: 1	<b>Care &amp; Treatment</b> Confidence in Care Givers: 7 Wait Time: 4 Competency Of Staff: 2
	<b>Environmental</b> FACILITIES: 2 SOCIAL SERVICES: 1 PELICAN: 1 LAUNDRY: 1 DOLPHIN: 1	<b>Environmental</b> Condition of furniture: 2 Noise issues: staff roommate construct...: 1 Lack of amenities: 1 Condition of mattress: 1 Condition of Bed Linen: 1
	<b>Nutrition</b> DIETARY: 1	<b>Nutrition</b> Menu choice: 3 Overall: 2
	<b>Nursing Related</b> SAND DOLLAR: 1 PELICAN: 1 MANATEE: 1 DOLPHIN: 1	<b>Nursing Related</b> Communication: 2 All aspects of care: 2
	<b>Communication</b> SAND DOLLAR: 3 DOLPHIN: 1	<b>Communication</b> Staff did not explain Things Understan...: 2 Staff did not listen carefully: 1 Education: 1

**Total Compliments 28**

**Complaints/Grievances Prev 4 Quarters 150**

Departments	Care and Treatment Categories	Top 5 Categories Trended																																																																																
<ul style="list-style-type: none"> <li>ACTIVITIES</li> <li>STARFISH</li> <li>PELICAN</li> <li>DOLPHIN</li> <li>SAND DOLLAR</li> <li>MANATEE</li> <li>NURSING</li> <li>SOCIAL SERVICES</li> </ul>	<b>Nursing Related</b> (Stacked bar chart showing counts by department)	<table border="1"> <thead> <tr> <th>Category</th> <th>2023 Q1</th> <th>2023 Q2</th> <th>2023 Q3</th> <th>2023 Q4</th> </tr> </thead> <tbody> <tr> <td>Personal Belon..</td> <td>18</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nursing Related</td> <td>7</td> <td>13</td> <td>16</td> <td>15</td> </tr> <tr> <td>Communication</td> <td>6</td> <td>7</td> <td>15</td> <td>13</td> </tr> <tr> <td>Care &amp; Treatme..</td> <td>4</td> <td>7</td> <td>13</td> <td>7</td> </tr> <tr> <td>Nutrition</td> <td>2</td> <td>6</td> <td>7</td> <td>6</td> </tr> <tr> <td>Activities</td> <td>2</td> <td>3</td> <td>1</td> <td>6</td> </tr> <tr> <td>Personal Belon..</td> <td></td> <td></td> <td></td> <td>15</td> </tr> <tr> <td>Nutrition</td> <td></td> <td></td> <td></td> <td>13</td> </tr> <tr> <td>Communication</td> <td></td> <td></td> <td></td> <td>6</td> </tr> <tr> <td>Nursing Related</td> <td></td> <td></td> <td></td> <td>5</td> </tr> <tr> <td>Care &amp; Treatme..</td> <td></td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>Environmental</td> <td></td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>Nutrition</td> <td></td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>Nursing Related</td> <td></td> <td></td> <td></td> <td>4</td> </tr> <tr> <td>Communication</td> <td></td> <td></td> <td></td> <td>4</td> </tr> </tbody> </table>	Category	2023 Q1	2023 Q2	2023 Q3	2023 Q4	Personal Belon..	18				Nursing Related	7	13	16	15	Communication	6	7	15	13	Care & Treatme..	4	7	13	7	Nutrition	2	6	7	6	Activities	2	3	1	6	Personal Belon..				15	Nutrition				13	Communication				6	Nursing Related				5	Care & Treatme..				4	Environmental				4	Nutrition				4	Nursing Related				4	Communication				4
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Nutrition				4																																																																														
Nursing Related				4																																																																														
Communication				4																																																																														
<b>Clinical Support Staff</b> (Stacked bar chart showing counts by department)																																																																																		

\* Color represents Department



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



Start Date  
10/1/2023

End Date  
12/31/2023

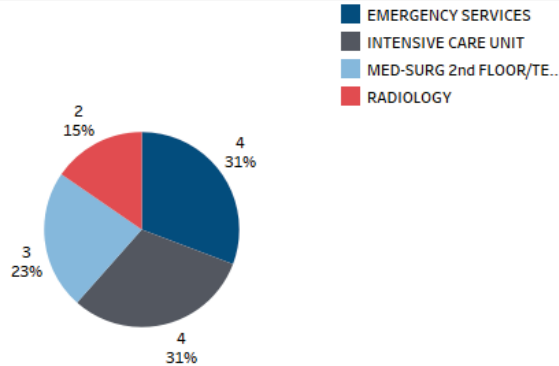
Top Categories  
5

### 2023 Q4

**Total Complaints and Grievances 13**

**Late Entries: 0**

#### Departments



#### Top 5 Categories

Care & Treatment	MED-SURG 2nd FLOOR/TELEMETRY	2
	INTENSIVE CARE UNIT	2
Respect Related	INTENSIVE CARE UNIT	2
	EMERGENCY SERVICES	1
Physician Related	RADIOLOGY	2
Nursing Related	MED-SURG 2nd FLOOR/TELEMETRY	1
	EMERGENCY SERVICES	1
Personal Belongings	EMERGENCY SERVICES	1
Communication	EMERGENCY SERVICES	1

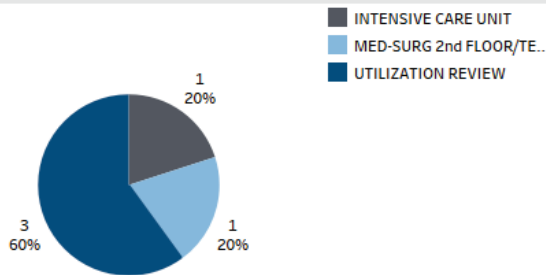
#### Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	1
	Conflicting Information by Health Professionals	1
	Confidence in Care Givers	1
	Competency Of Staff	1
Respect Related	Inappropriate comments / conversations	2
	Bad attitude/rude	1
Physician Related	Other	2
Nursing Related	All aspects of care	2
Personal Belongings	Loss	1
Communication	Poor Communication	1

**Total Compliments 5** **Late Entries: 0**

**Complaints/Grievances Prev 4 Quarters 40**

#### Departments



#### Care and Treatment Categories

ADMIN	3
NURSING	1
PHYSICIAN	1

#### Total Top 5 Subcategories

	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Care & Treatment	6			4
Nutrition	1			
Nursing Related	1			
Communication	1			
Care & Treatment	3			3
Personal Belongings	2			2
Medical Records	2			2
Nursing Related	1			2
Admitting/Regist..	1			1
Respect Related	2			
Medical Records	2			
Communication	2			
Personal Belongings	1			
Nutrition	1			
Nursing Related	1			
Care & Treatment				4
Respect Related				3
Physician Related				2
Nursing Related				2
Personal Belongings				1
Communication				1

12

\* Color represents Department



Patient Relations (Grievances, Complaints & Compliments)  
Pharmacy

Detail Start Date 10/1/2023 End Date 12/31/2023 Top Categories 5

2023 Q4		
Total Complaints and Grievances		
Departments	Top 5 Categories	Total Top 5 Subcategories

Total Compliments		Complaints/Grievances Prev 4 Quarters
Departments	Care and Treatment Categories	Top 5 Categories Trended
		2023 Q1
		1
		2023 Q2
		1
		Respect Related
		Communication

\* Color represents Department

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2024**

**1. Description: Productivity Reports**

**2. Summary:**

This agenda item provides the productivity reports for the 4<sup>th</sup> Quarter of 2023 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and LifeTrans Ground Transportation and Human Resources.

**3. Substantive Analysis:**

**School Health**

In the 4<sup>th</sup> Quarter of 2023, we completed a total of 150,515 events across 169 schools, providing care for a total of 52,682 students. These events were broken down into 80,569 office visits, 33,140 medication visits, 27,787 procedure visits, 6,090 consultation events, and 7,929 record reviews. The top 3 schools with the most events are Western Pines Middles School, Eagles Landing Middle School, and Okeeheelee Middle School.

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

In Q4 of 2023, the clinics served 19,772 unique patients (1.5% decrease from the previous quarter) and provided 39,144 clinic visits (2.8% decrease from the previous quarter).

**Edward J. Healey Rehabilitation and Nursing Center**

During the fourth quarter 2023, census for the Healey Center averaged 116 a slight increase from previous 114. Covid-19 Screening is no longer required. Treatments performed by nursing averaged increased to 17,291 compared to last quarter of 16,849 and a decrease to 92,553 for medication administration compared to 92,906 last quarter. Food and nutrition services provided an average of 8,932 resident meals compared to 8,895 last quarter. CNA POC documentation compliance rate for the day shift averaged 98.3%, the evening shift averaged 98.6%, and the night shift averaged 99.4%. The therapy department completed a total of 5,075 units for the quarter.

**Lakeside Medical Center**

The productivity data report for 4th Quarter of 2023 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,344 patient days for Q4-2023 compared to 1,465 for Q3-2023 resulting in an 8.2% decrease.



## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE MARCH 13, 2024

- **Emergency Services Visits** – There was a total of 5,924 visits for Q4-2023 compared to 5,738 for Q3-2023, resulting in a 3.2 % increase.
- **Physical Therapy Visits (Evaluations and Treatments)** – There was a total of 208 evaluations and treatments for Q4-2023 compared to 183 for Q3-2023, resulting in a 13.6% increase.
- **Inpatient Admissions** – There was a total of 109 Inpatient Admissions for Q4-2023 compared to 103 for Q3-2023 resulting in an 5.8% increase.
- **Surgical Cases** – There was a total of 52 surgical cases performed for Q4-2023 compared to 52 for Q3-2023.
- **Medication Administration** - There was a total of 38,146 medications administered for Q4-2023 compared to 38,349 for Q3-2023, resulting in a 0.5% decrease.
- **Radiology Exams Completed** – There was a total of 6,672 radiological exams performed for Q4-2023 compared to 6,794 for Q3-2023 resulting in a 1.7% decrease.
- **Laboratory Specimens Collected** – There was a total of 21,156 lab specimens collected for Q4-2023 compared to 20,748 for Q3-2023 resulting in a 1.9% increase.

### **LifeTrans Ground Transportation**

For Q4 2023, the LifeTrans Ground Transportation department performed 545 transports, with 499 (91.5%) originating at Lakeside Medical Center. Most of the patients transported were between 21 and 70 years old, with the 61-70 age group being the highest group. The most common principal diagnoses for the patients transported during this period were neurological disorders, gastrointestinal bleeding, and cardiovascular disorders. Palms West Hospital remains our main receiving facility, followed by St. Mary's Medical Center and JFK Main.

### **Human Resources**

- Q4 2023 headcount ended at 1,274, an increase of 3.8% increase from the previous year (1227).
  - FT=1,190
  - PT=50
  - PD=34
- Clinical job functions/positions are the leading with 47%, followed by technical at 13% and specialist at 8%.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE MARCH 13, 2024

- Q4 2023 diversity headcount is 45% African American, 28% White, 15% Hispanic, and 12% Other; 79% of the workforce is female.
- Q4 2023 average age of employees is 47 years old, with 202 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	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	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:


DocuSigned by:  
  
 CA6A21FF2E09481...  
 Interim VP & Chief Financial Officer

### 5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Reports.

Approved for Legal sufficiency:

DocuSigned by:  
  
 0CF6F7DB6706434...  
 SVP & General Counsel

DocuSigned by:  
  
 1F272D34C8B04A5... MD  
 SVP & Chief Medical Officer

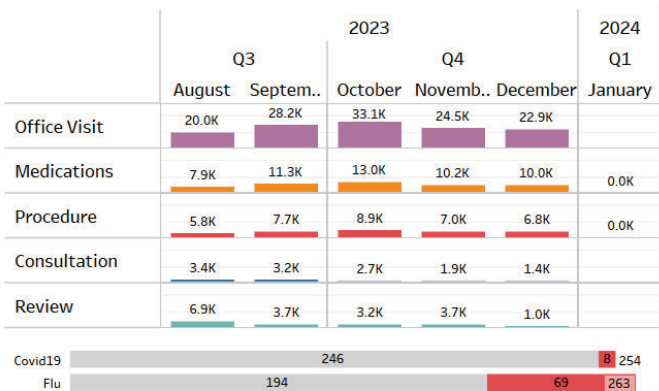
DocuSigned by:  
  
 77A3B53589A1477... is  
 Chief Executive Officer



# School Health Room Overview



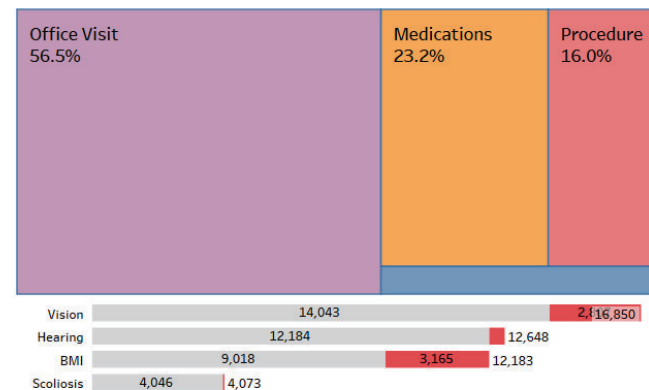
## Volume Trend



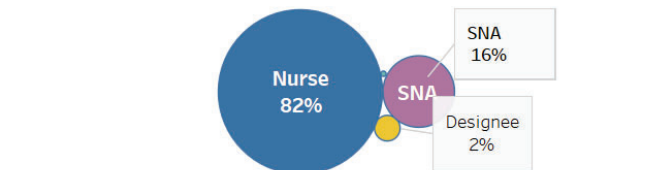
## Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Office Visit	80,569	169	47,072	214	19.12
Medications	33,140	168	1,227	213	5.88
Procedure	22,787	114	229	171	13.28
Consultation	6,090	165	4,154	146	13.62
Review	7,929	68	7,929	63	0.00

## Percent by Event Type

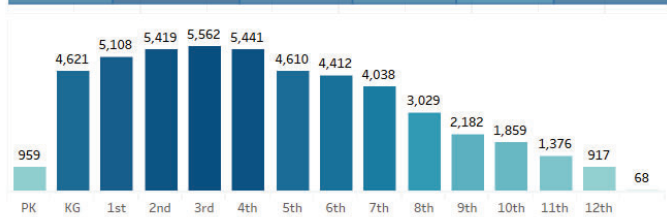


## Provider Type

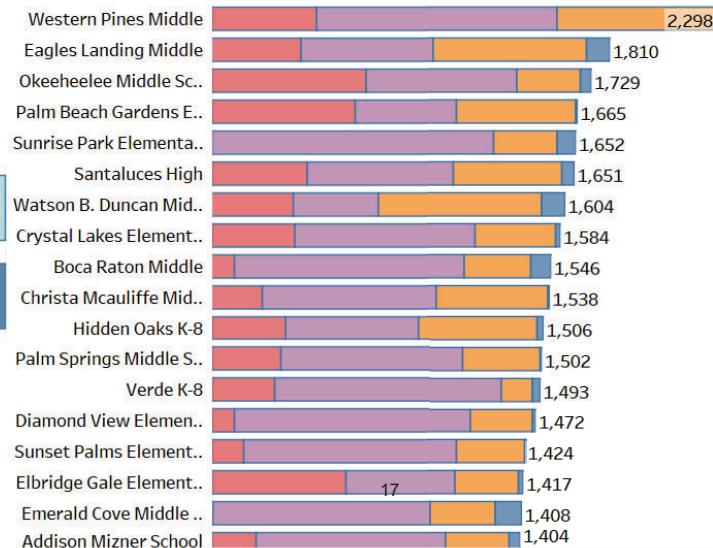


Flexible									
WI	S-EI	SI	N-EI	NI	EI	C-WI	CNI	CI	CEI
1,012	3,081	2,194	1,785	2,907	2,379	2,177	2,055	1,814	3,632
0.7%	2.2%	1.5%	1.3%	2.0%	1.7%	1.5%	1.4%	1.3%	2.5%

Standard					
WII	SII	SCII	NII	EII	CII
19,126	22,799	20,265	18,836	17,546	21,103
13.4%	16.0%	14.2%	13.2%	12.3%	14.8%

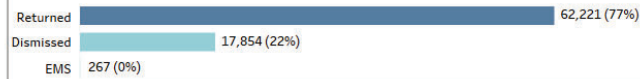
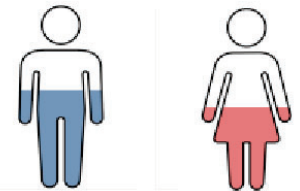


## Events by School

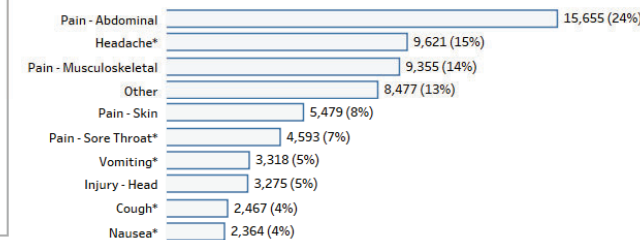


## Gender Assigned at Birth

Male 55% Female 45%

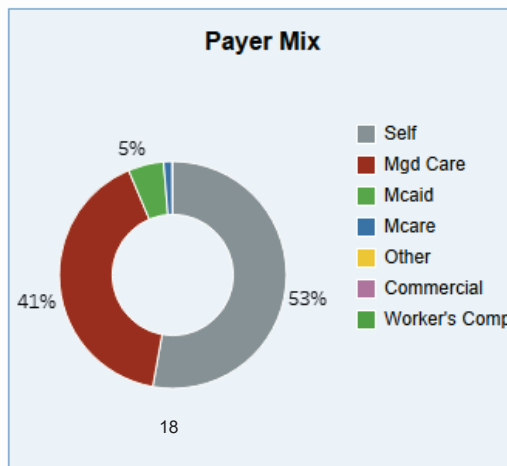
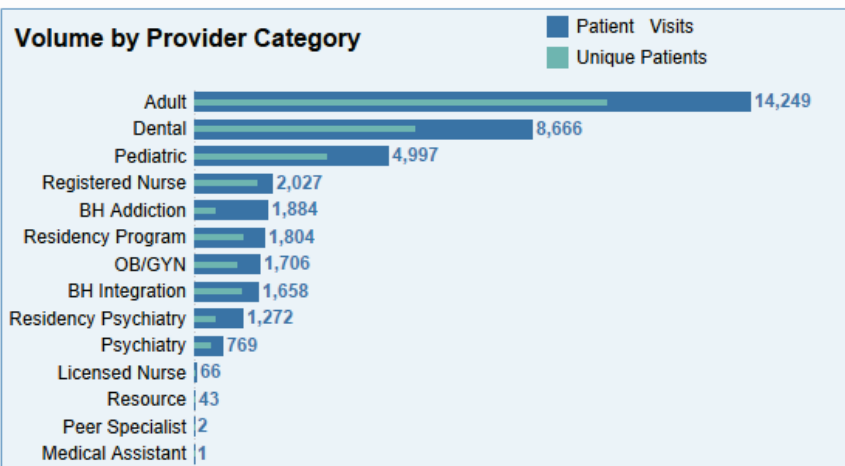
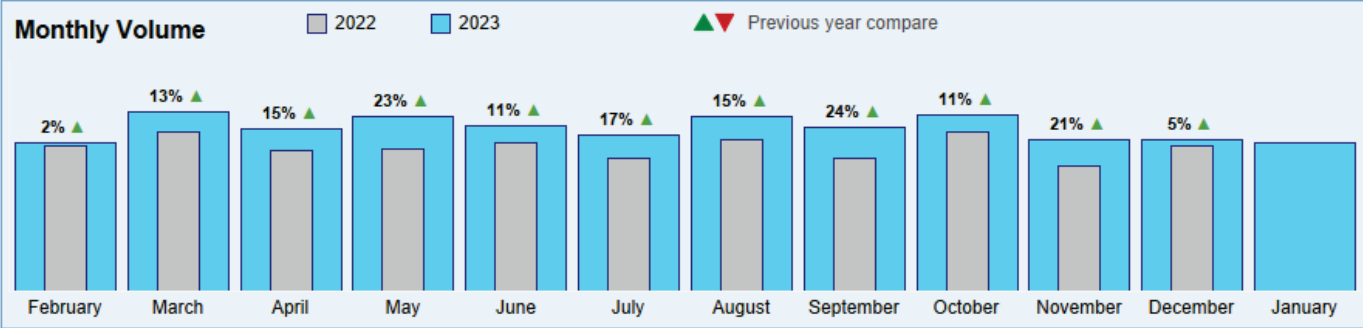
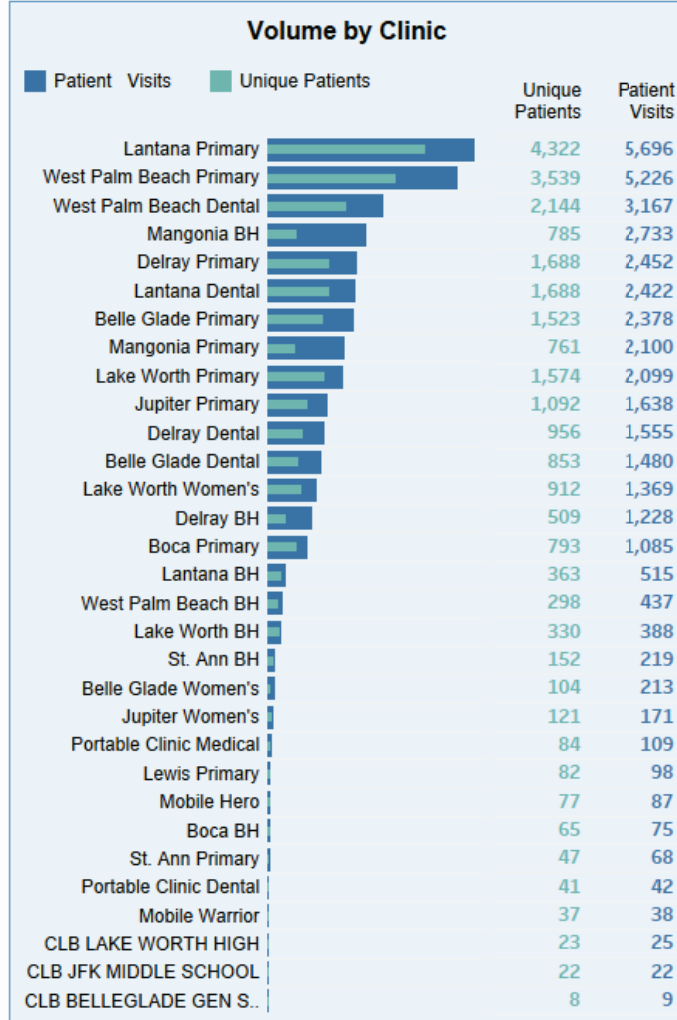
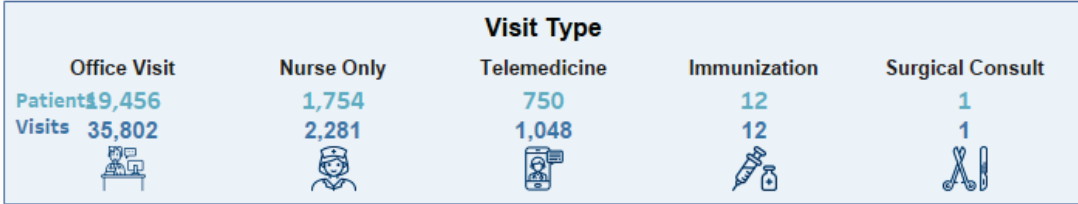
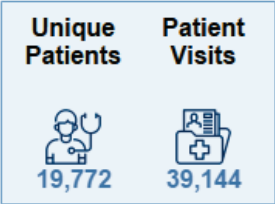


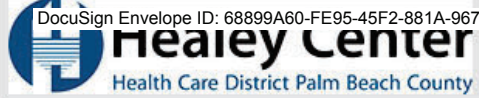
## Top 10 Reasons for Visit



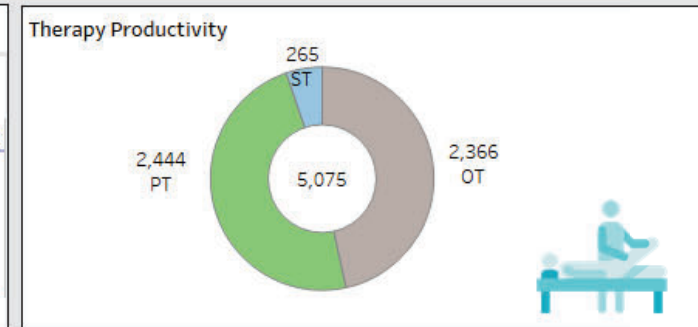
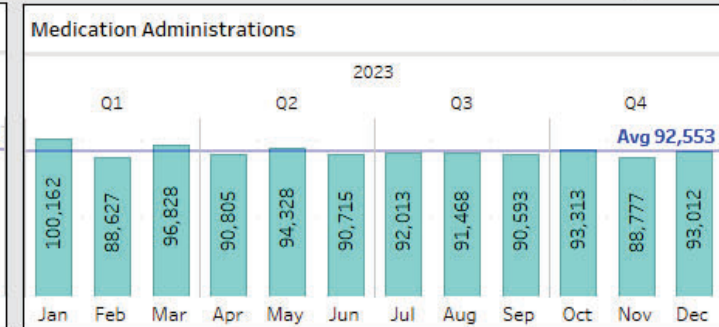
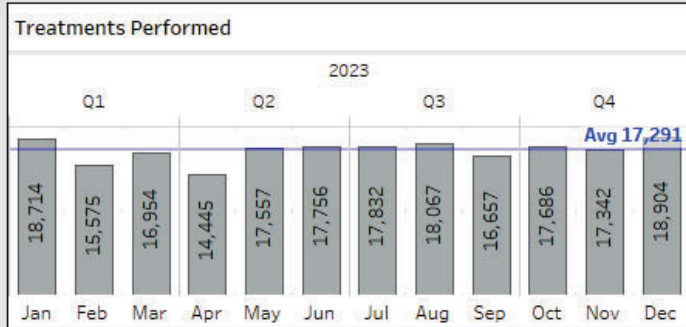
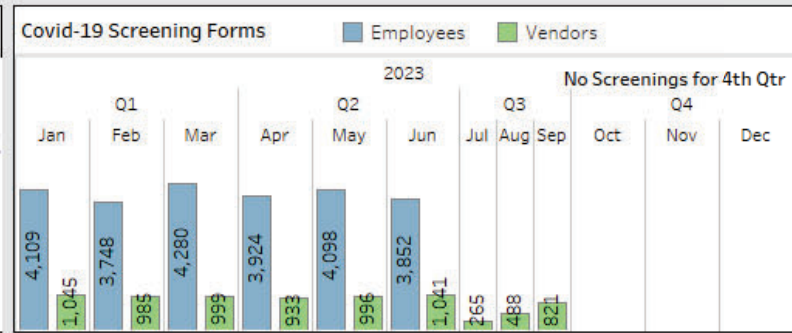
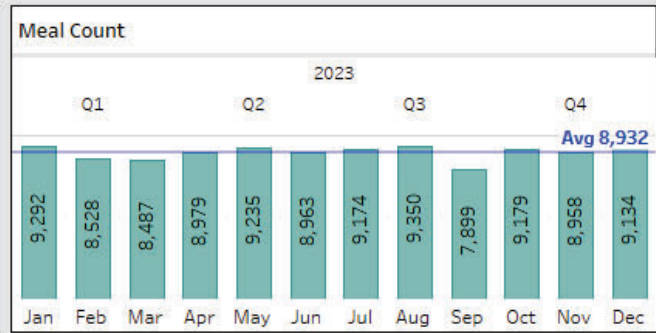
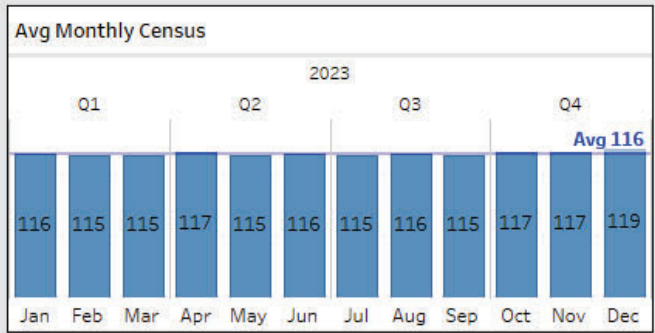
# Clinic visit types, Trends & Different Service Utilization 10/1/2023 to 12/31/2023

All

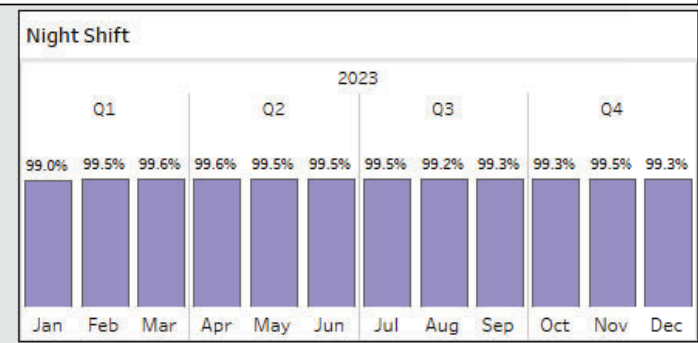
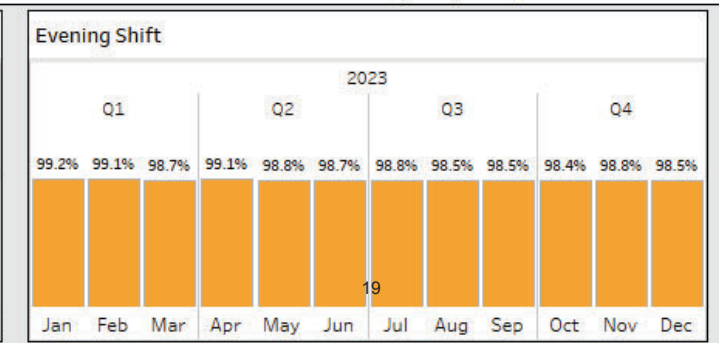
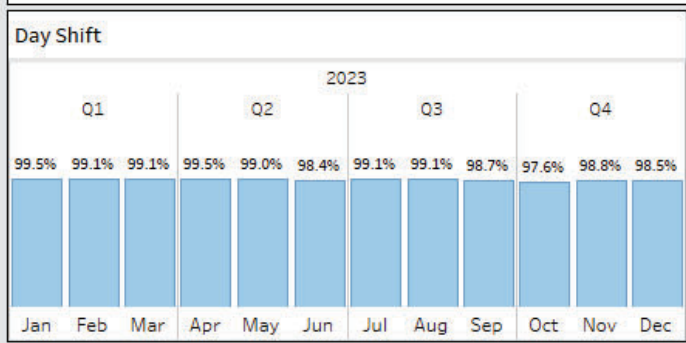




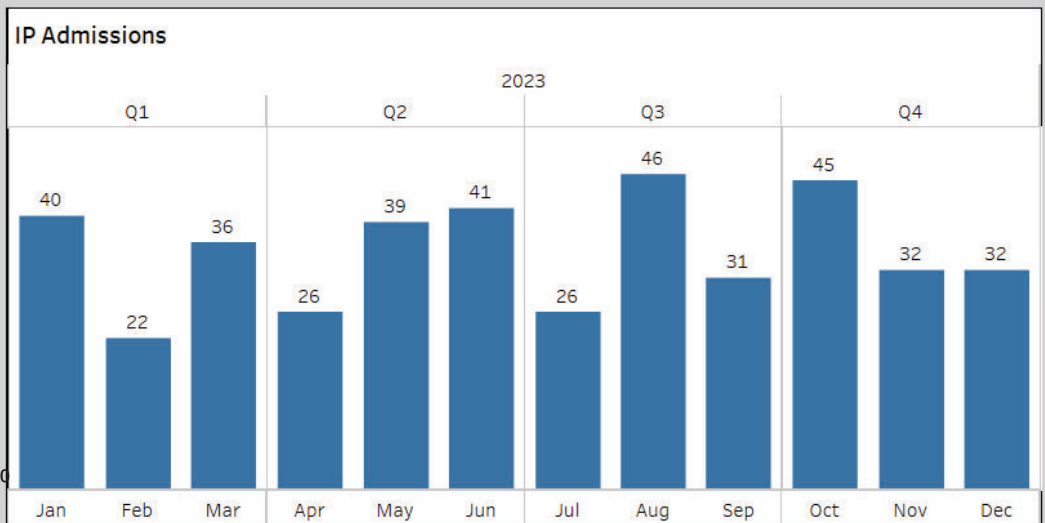
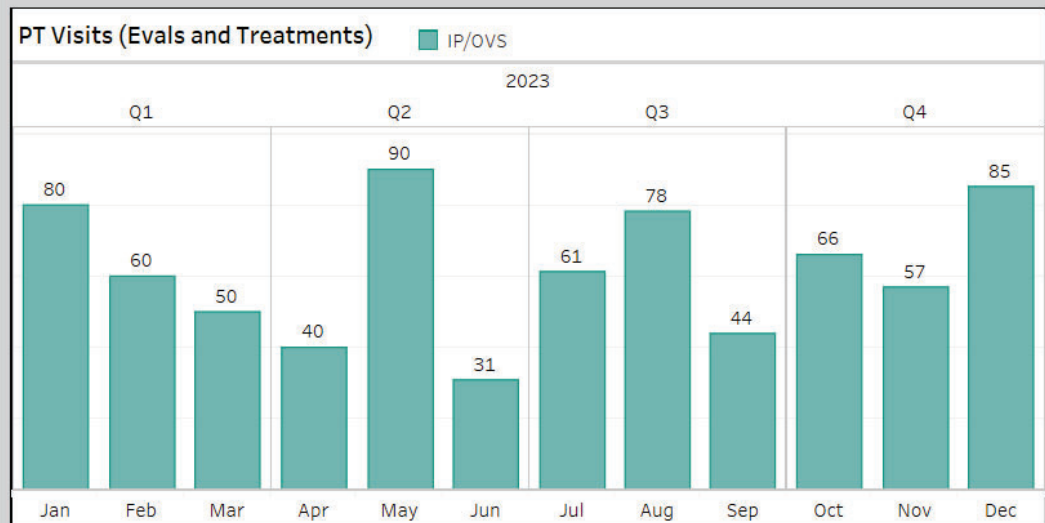
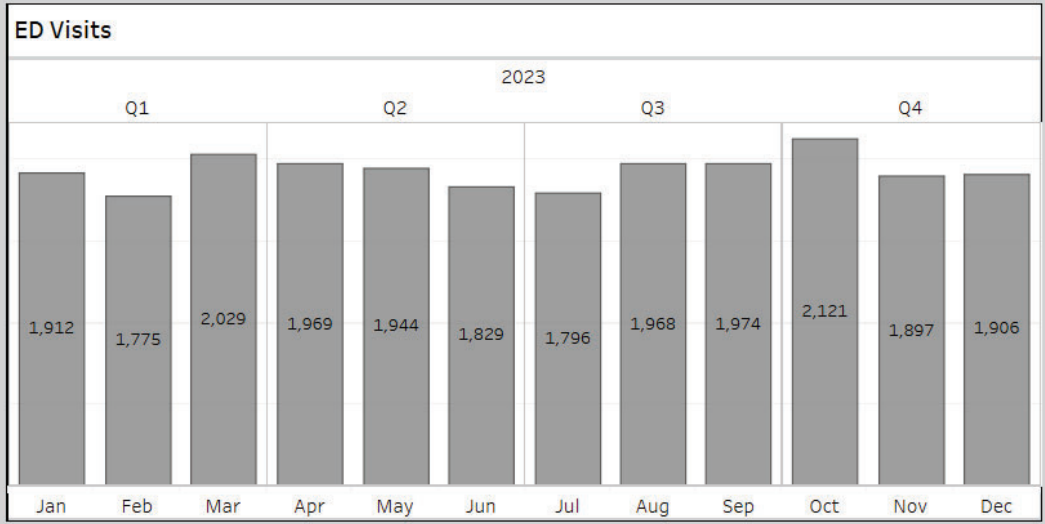
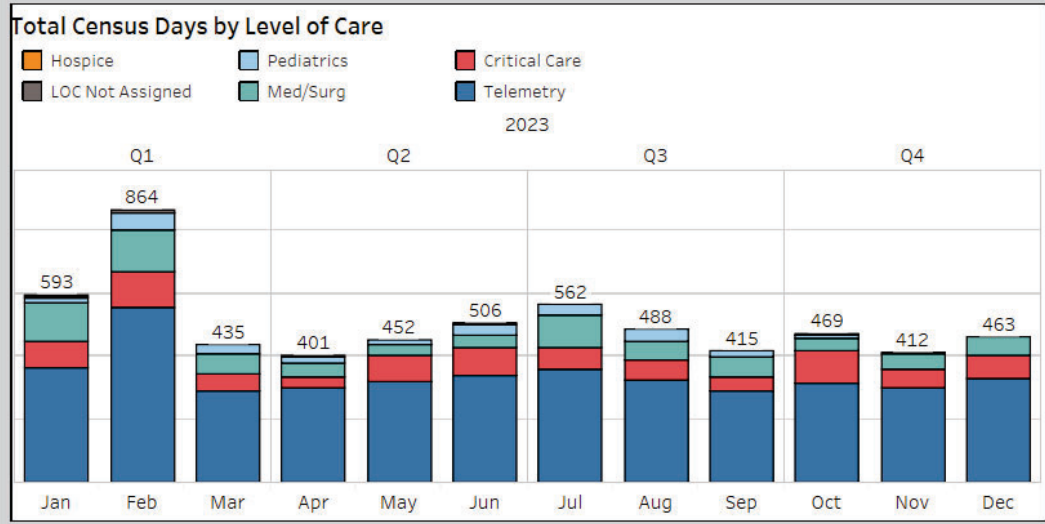
# Healey Center Productivity Data Q4 2023



## CNA Point of Care (POC) Compliance

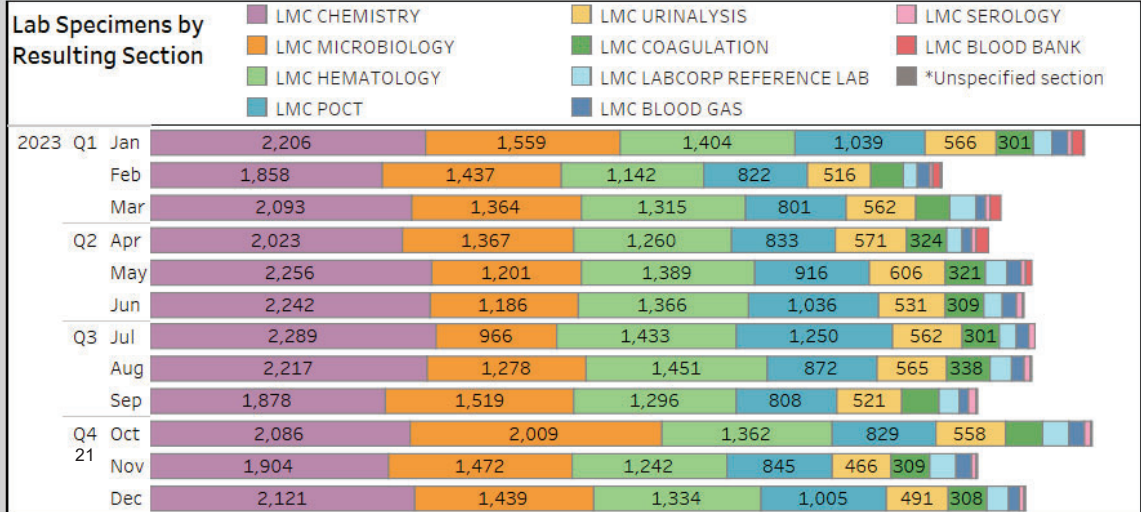
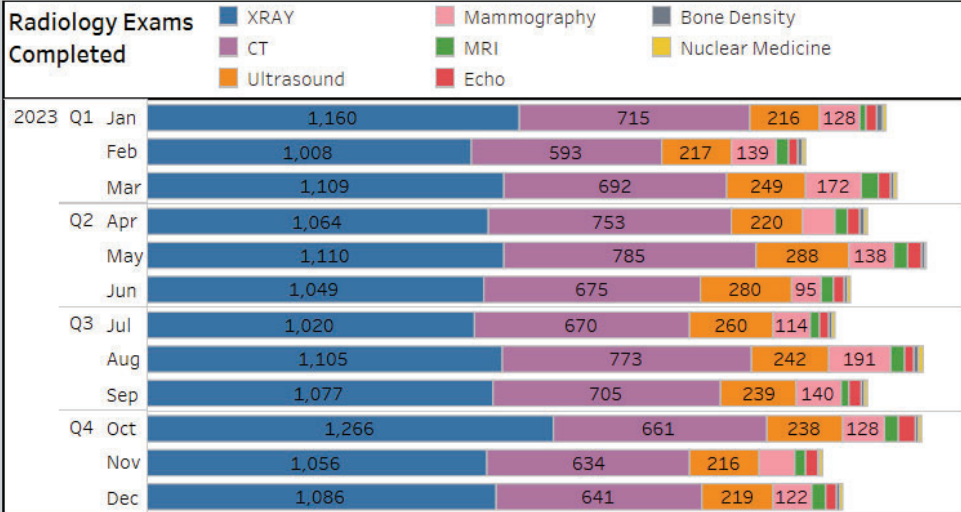
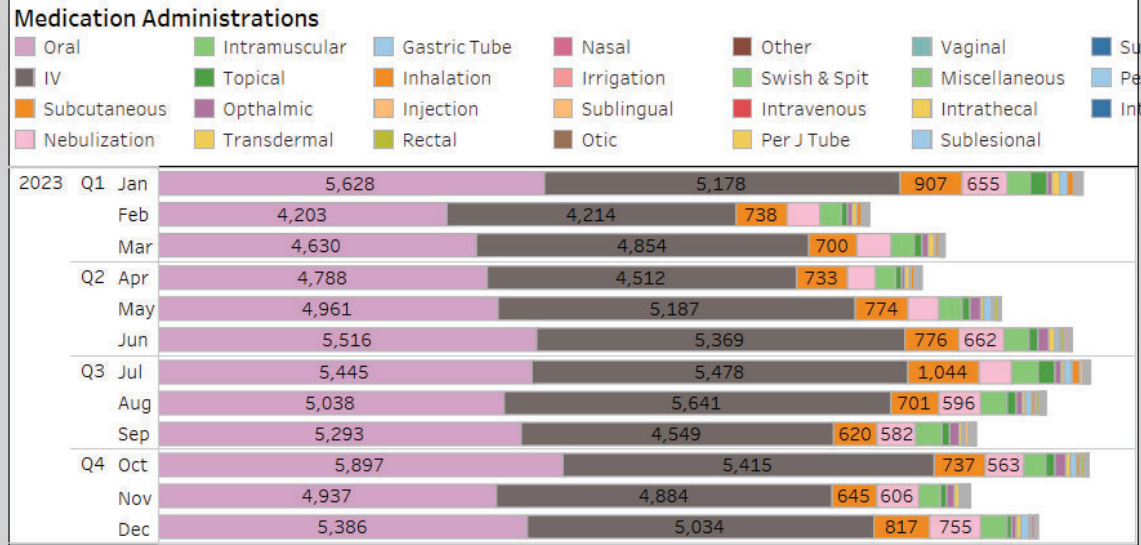
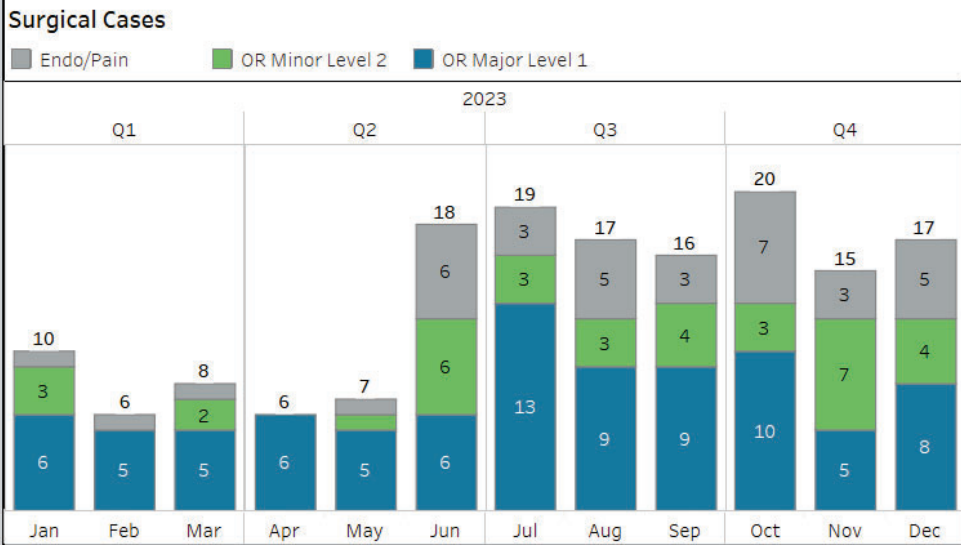


## Lakeside Medical Center Patient Flow Productivity Data Q4 2023





# Lakeside Medical Center Clinical Productivity Data Q4 2023

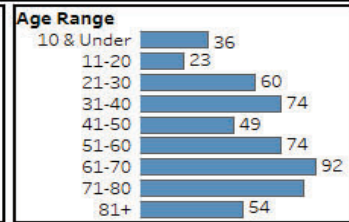
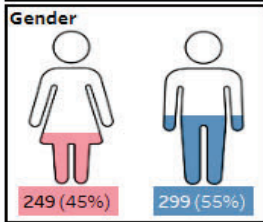
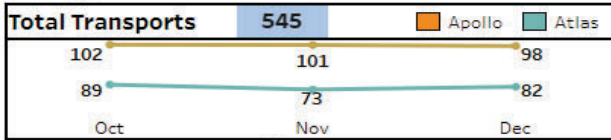


# LifeTrans Q4 2023 Productivity Metrics Overview



## LifeTrans Ground Transport - Completed Transports

2023-10-01 to 2023-12-31

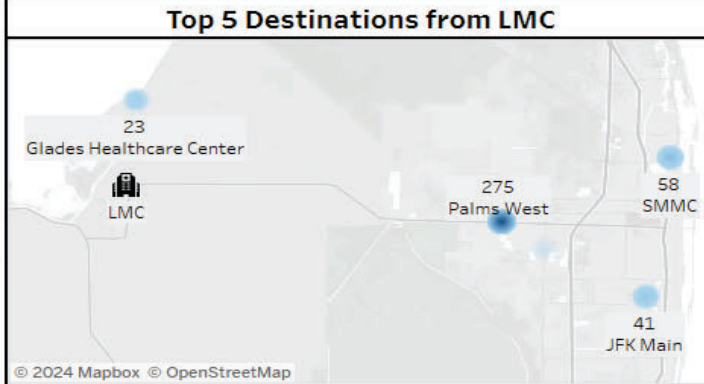


**Overall Turnaround Times**

Activation to Pick Up		Pick Up to Drop Off		Activation to Drop Off	
Apollo	Atlas	Apollo	Atlas	Apollo	Atlas
46min	48min	78min	141min	119min	131min

**Transports Originating from LMC** 499

Drop Off Loc	Truck	Count	Time
Palms West	Apollo	157	(32min)
Palms West	Atlas		
SMMC	Apollo	29	(-12min)
SMMC	Atlas		
JFK Main	Apollo	24	(26min)
JFK Main	Atlas		
Glades Healthcare Center	Apollo	21	(76min)
Glades Healthcare Center	Atlas		
Private Residence	Apollo	13	(76min)
Private Residence	Atlas		
Other	Apollo	8	(242min)
Other	Atlas		
Coral Shores Behavioral Hea..	Apollo	7	(51min)
Coral Shores Behavioral Hea..	Atlas		
JFK MEDICAL CENTER	APOL..		
South County Mental Health..	Apollo	6	(6min)
South County Mental Health..	Atlas		
Wellington Regional	Apollo	2	(12min)
Wellington Regional	Atlas		
Fort Lauderdale Behavioral ..	Atlas		
NeuroBehavioral Hospital	Apollo		
Royal Palm Beach Health an..	Apollo	1	(11min)
Royal Palm Beach Health an..	Atlas		
SOUTH COUNTY MENTAL HE..	APOL..	1	(69min)
SOUTH COUNTY MENTAL HE..	ATLAS		
Clewiston Nursing and Rehab	Apollo	1	(58min)
Clewiston Nursing and Rehab	Atlas		
Palm Beach Gardens MC	Apollo		
Quiet Waters ALF	Apollo		
South County Mental Health	Apollo	1	(10min)
South County Mental Health	Atlas		
Bascom Palmer	Apollo		
Delray Medical Center	Apollo		
EJH	Apollo		
Good Samaritan Hospital	Atlas		
Henderson Behavioral Health	Atlas		
Jackson Memorial	Apollo		
JFK North	Apollo		
Kendall Regional Hospital	Atlas		
Kindred	Apollo		
Lawwood Hospital	Atlas		
Luxe Healthcare Wellington	Atlas		
Nicklaus Childrens Hospital	Apollo		
QUIET WATERS SENIOR CEN..	ATLAS		
Select Specialty Hospital	Atlas		
Signature Healthcare of Pal..	Apollo		
WPB VA	ATLAS		



**Transports Originating from Other Facilities** 46

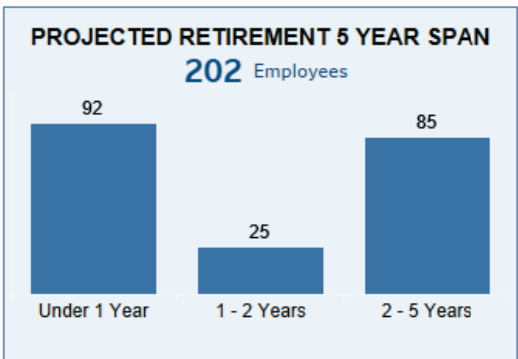
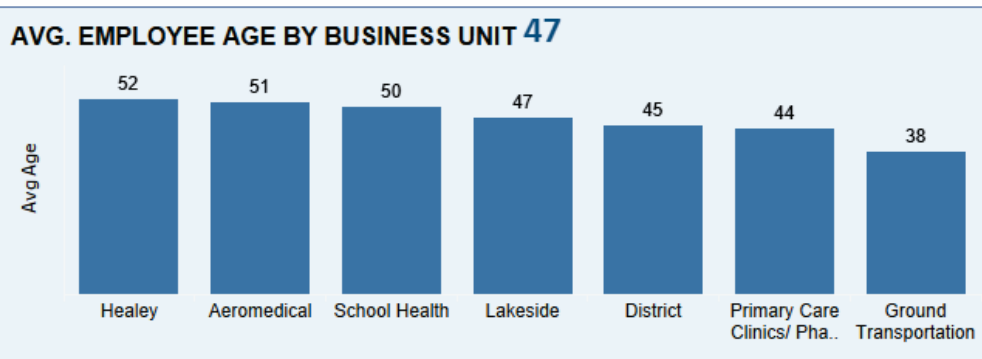
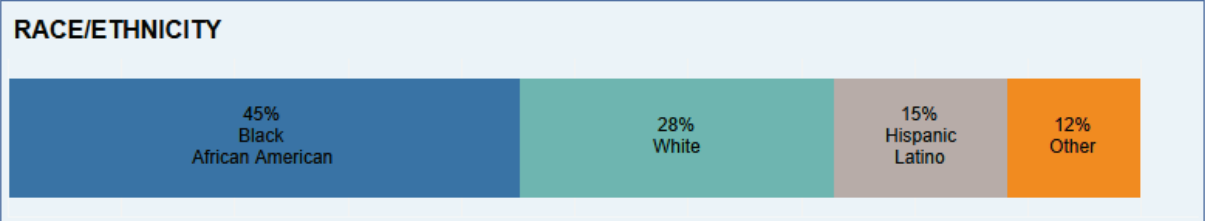
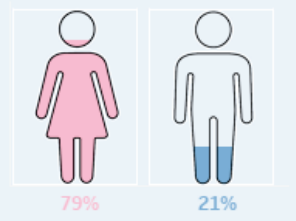
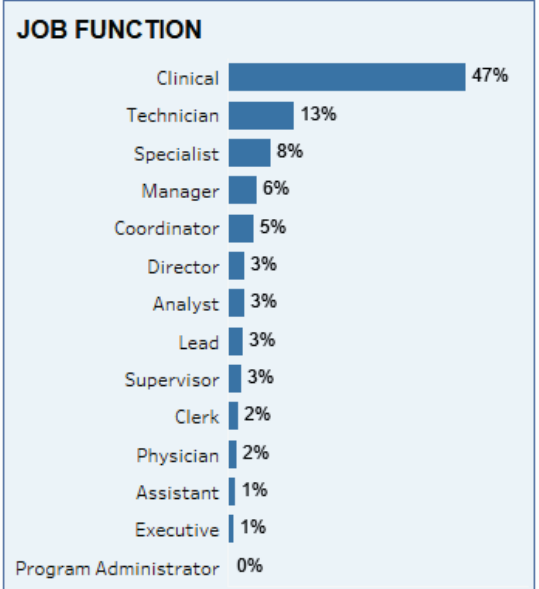
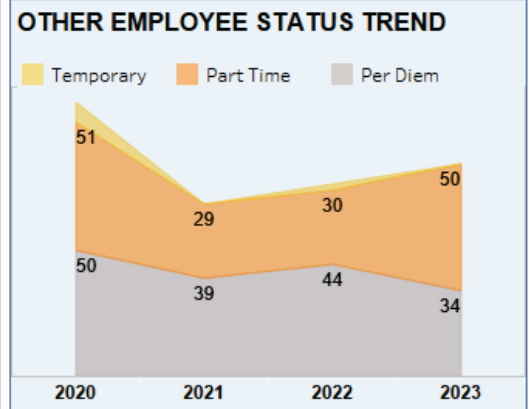
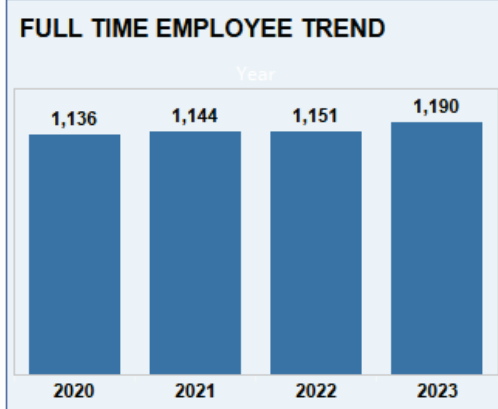
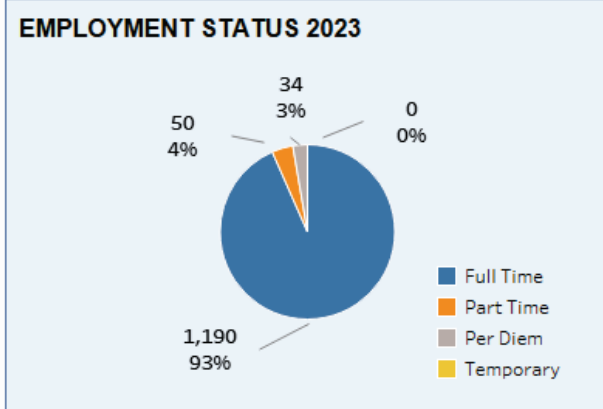
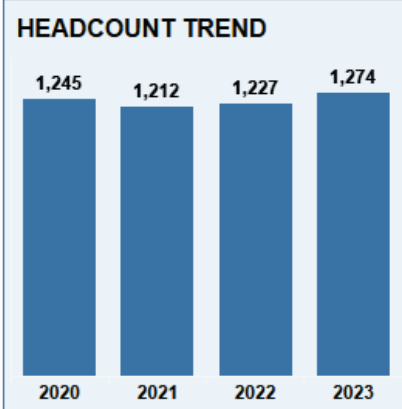
Pick Up L..	Drop Off Loc	Count	Time
EJH	SMMC	7	(43min)
EJH	JFK North	6	(289min)
EJH	Palms West	1	(20min)
EJH	Good Samaritan Hos..	2	(10min)
EJH	Wellington Regional	2	(73min)
EJH	Other	1	(21min)
EJH	WPB VA	1	(30min)
SMMC	EJH	5	(81min)
SMMC	SMMC	1	(86min)
WPB VA	EJH	6	(-1,851min)
PWH	EJH	1	(15min)
PWH	Palms West	2	(-486min)
PWH	LMC	2	(1min)
JFK North	EJH	4	(19min)
Good Samarit..	EJH	1	(1min)
JFK Main	EJH	1	(25min)
PBGMC	EJH	1	(98min)
WEST PALM B..	Private Residence	1	(204min)
WRMC	Private Residence	1	(52min)

**Top 10 Principal Diagnoses**

Diagnosis	Count
Unspecified convulsions (HCC Risk Code)	20
Gastrointestinal hemorrhage, unspecified	16
Altered mental status, unspecified	14
Non-ST elevation (NSTEMI) myocardial infarction..	13
Pneumonia, unspecified organism	12
Syncope and collapse	11
Chest pain, unspecified	9
Unspecified psychosis not due to a substance or k..	9
Weakness	9
Sepsis, unspecified organism (HCC Risk Code)	8



# EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS



**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
March 13, 2024**

**1. Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report**

**2. Summary:**

A summary of the Health Care District’s (“HCD”) Compliance, Privacy, and Ethics Program (“Compliance”, “CPE”, or “Program”) activities since the last meeting is provided. This Report covers FY24 Q1 (October 1 – December 31, 2023).

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

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

*CPE continues to assess HCD and develop the Program to address areas for attention and/or enhancement, in order to ensure that through the Work Plan and other activities, we meet or exceed Effective Compliance Program Elements, per OIG.*

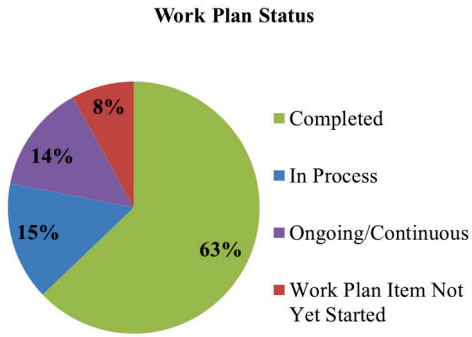
Key areas since the last report which have had significant or notable work included as part of or separate from the FY24 Work Plan include: Auditing, monitoring and compliance reviews/risk assessments; Policies and procedures/Standards of Conduct; Analysis and assessment of HHS-OIG’s new/revised Compliance Program Guidance documents; Cybersecurity and privacy breach readiness with vendors and insurers; Responses to insurance renewals; Contract reviews and payments with external parties; External auditing and monitoring participation (e.g., HRSA, RSM); Conflicts of Interest; Consent and form revisions; Issuing guidance to staff; licensure and accreditation; Research and issuance of regulatory and other guidance and education/information to staff; Vaccination and related guidance; Aeromedical billing guidance; Regulatory updates and industry enforcement activity, including new/proposed state laws; Active participation and responsiveness to HCD staff on inquiries/incidents/needs; Education and dissemination of information and communication to HCD staff; and other initiatives to improve compliance and mitigate risk in the organization.



# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE March 13, 2024

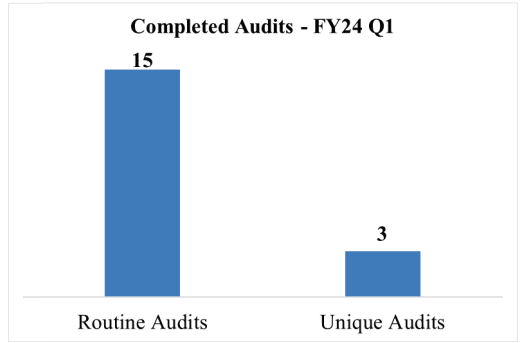
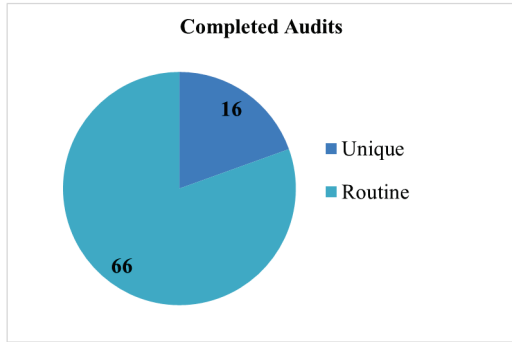
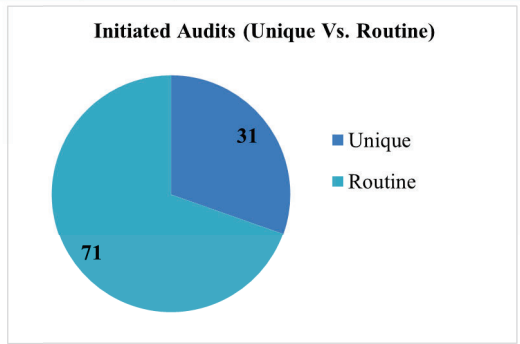
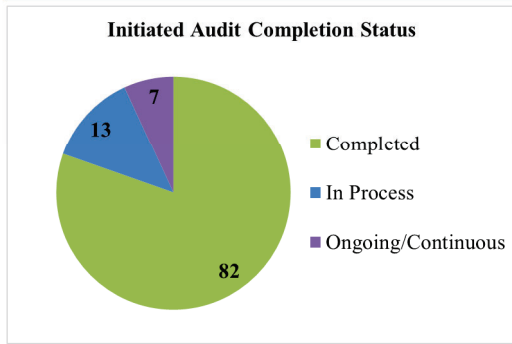
## A. Work Plan Status / Updates

### HCD Compliance, Privacy, and Ethics FY23-24 Work Plan Status / Updates



Work Plan Element
Work Plan Element 1 - GOVERNANCE AND HIGH LEVEL OVERSIGHT (COMMITTEES)
Work Plan Element 2 - POLICIES AND STANDARDS OF CONDUCT
Work Plan Element 3 - OPEN/EFFECTIVE COMMUNICATION AND REPORTING
Work Plan Element 4 - TRAINING AND EDUCATION COMPLIANCE AWARENESS
Work Plan Element 5 - AUDITING AND MONITORING
Work Plan Element 6 - ISSUING GUIDANCE / ENFORCING STANDARDS
Work Plan Element 7 - RESPONDING TO / ADDRESSING KNOWN OR POTENTIAL ISSUES
Work Plan Element 8 - PROGRAM EFFECTIVENESS

### FY23-24 YTD Audit Activity Summary



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**1. Audit Activity Summary (FY23-24 Work Plan):**

In FY23-24 YTD, CPE initiated one hundred and two (102) total audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual CPE Work Plan. This includes thirty-one (31) unique and seventy-one (71) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

- Of the 102 initiated, 82 have been completed (16 unique, 66 routine).
- Of the 82 completed, 18 were completed since the last report/meeting (3 unique, 15 routine). These are reported in the tables below. Of the 15 completed routine reviews, results were mostly favorable (see Privacy).
- Of the 102 initiated, 20 reviews (15 unique, 5 routine) are currently in preparation, in process, or pending preliminary / final reports. These items are reported as “Open” in the tables below. *Note: Items reported on at the prior meeting are included in reported data, however, are excluded from this report.*

<b>Auditing and Monitoring – Completed</b>	
<b>Work Plan Item/Area</b>	<b>Summary</b>
<p><b>Air Ambulance (Aeromedical/TraumaHawk) Claims Review</b> <i>HCDPBC is responsible for the billing and collections of air ambulance transports. Payers typically cover air ambulance services when the patient’s medical condition requires immediate and rapid transportation that ground ambulances cannot provide. The Medicare program pays for air ambulance services (transport and mileage) and sets the standards and guidelines that most payers follow related to medical necessity and proper documentation, billing, and coding. The Aeromedical program began using the Epic electronic health record (EHR) system in June 2022 for air ambulance registration, documentation, billing, and collections. Due to this being a new process, risk assessment, and leadership review request, this item was added to HCD’s Compliance, Privacy, and Ethics FY23-24 Work Plan for review.</i></p>	<p><b>Review Complete. Mostly Favorable. Recommended Actions.</b> The overall billing/claim accuracy is 83% with a potential overpayment amount to be refunded in the amount of \$9,410.27. Of the 30 claims reviewed, five (5) were incorrectly billed:</p> <ul style="list-style-type: none"> <li>• Two (2) claims were billed with the incorrect modifier “HH” (hospital to hospital) instead of “IH” (site of transfer to hospital), requiring a rebill; and</li> <li>• Three (3) claims were billed with mileage beyond the nearest hospital with appropriate facilities and the record does not include proper documentation to support why the closer facility with capabilities was not able to treat the patient’s medical condition. One (1) of these were also billed incorrectly with fractional mileage reported, requiring a rebill after documentation is provided.</li> </ul> <p>The review also revealed some opportunities for improvement, including, establishing written policies and procedures and improving documentation for high-risk air ambulance transports.</p>

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<p><b>Exclusion Screening Compliance Reviews (Monthly)</b> <i>[Background/rationale details omitted].</i></p>	<p><b>Reviews Complete for October – December 2023. Results Favorable. No Recommended Actions.</b> All potential matches were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions.</p>
<p><b>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly)</b> <i>[Background/rationale details omitted].</i></p>	<p><b>Reviews Complete for October – December 2023. Recommended Actions.</b> Thirteen (13) privacy incident investigations, four (4) of which resulted in recommended actions and education to staff.</p>
<p><b>SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily)</b> <i>[Background/rationale details omitted].</i></p>	<p><b>Reviews Complete for October – December 2023. Results Favorable. No Recommended Actions.</b> 100% compliance with applicable rules and policy, with no red flags or resulting violations for HCD staff/Epic users. These are counted as monthly for purposes of data/reporting.</p>
<p><b>Referral Source/Physician Payment Audits (Ongoing)</b> <i>[Background/rationale details omitted]. These are reported only as monthly items for purposes of volume.</i></p>	<p><b>Reviews Complete for October – December 2023. Results 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. Recommendation made to expand the routing/audits of agreements and associated payments review, where appropriate, also to address other physician employment and/or contracting needs as referenced in the review (in process).</p>
<p><b>OIG Work Plan (Monthly)</b> <i>[Background/rationale details omitted].</i></p> <p><i>*CMS audit received/in process for Healey.</i></p>	<p>In HCD’s FY24, CPE monitored and analyzed all OIG monthly work plan additions. Information is disseminated and/or added to CPE’s Work Plan if/where applicable. For <b>October – December 2023 the OIG added (28) new review items since the last report, nine (9) of which may apply to HCD: (1) <u>Audit of Nursing Homes’ Nurse Staffing Hours Reported in CMS’ Payroll-Based Journal</u> *; (2) <u>Audit of Medicare Payments for Emergency Department Services Provided in Nonemergency Department Sites of Service</u>; (3) <u>Audits of Pharmacy Support for Prescription Drug Event Data</u>; (4) <u>Audit of the National Institutes of Health’s Efforts To Ensure a Safe and Respectful Workplace</u>; (5) <u>Audit of Efforts of State Agencies to Ensure the Safety of Children in Foster Care</u>; and (6-9) <u>Comparison of Average Sales Prices and Average Manufacturer Prices: FFY23-24 Quarterly Results</u>.</b></p>
<p><b>External / Contracted Audit of HCD</b></p>	<p>Completed: RSM Annual HIPAA Risk Assessment</p>

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	preparation and participation
<b>External / Contracted Audit of HCD</b>	Completed: RegLantern HRSA Mock Audit/HRSA Audit preparation and participation

Element/Type	Work Plan Item/Area – Completed Items (FY24) ( <i>Non-Auditing Items, Includes Unique and Standing Items</i> )
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> <li>• Aeromedical and Emergency Medical Services Palm Beach County Ordinance review/revision/input provided to County</li> <li>• Development of Privacy Violations / Sanctions Grid to Human Resources</li> <li>• Release of Information Issued Guidance on General and Part 2 Substance Use Disorder and Medication Assisted Treatment</li> <li>• Conflicts of Interest (“COI”) Follow-up on Annual Review for HCD Staff</li> <li>• Monitoring/Review of Florida Bill/Statutes that may impact HCD</li> <li>• Monitoring/Review of Regulatory Updates and Industry Enforcement Activity that may impact HCD (<i>e.g., CMS Implements Prior Authorization Reforms, SCOTUS Reviewing Chevron Deference, FTC Updates Merger Guidelines, False Claims Act Settlements Exceed \$2.68 Billion in FY23, BlackCat Ransomware Claims Responsibility for Change Healthcare, Healthcare Breaches Continue at Unprecedented Rate, Penn State Self-Discloses Improper Billings Related to Medicare Annual Wellness Survey</i>)</li> </ul>
Responding to Issues and Inquiries	<ul style="list-style-type: none"> <li>• Responded to various compliance issues, inquiries, and issued guidance internally accordingly (<i>e.g., Gifts &amp; gratuities, Contract and third-party vendor management; Consents; COI; Service animals; Aeromedical/FAA; Credentialing committee reviews</i>)</li> <li>• Responded to various privacy issues, inquiries, and issued guidance internally accordingly (<i>e.g., Appropriate use of resources; Biometric data; Data privacy and information security; Third-party vendor management; FERPA ROI; School Health mandated reporting</i>)</li> </ul>
Policies & Procedures (and Forms)	<ul style="list-style-type: none"> <li>• New/Revised Policies and Procedures (<i>e.g., Charters: Medical Ethics Charter; Dialysis Consent P&amp;P; Sanctions for Non-compliance with Information Security and Data Privacy</i>)</li> <li>• New/Revised Forms (<i>e.g., Dialysis Consent Form; Medical Record Amendment Request Response Template, Data Use Agreements; Hotline Investigation Resolution Report</i>)</li> </ul>
Training & Education; Awareness Activities	<ul style="list-style-type: none"> <li>• Compliance, Privacy, Ethics and Risk Management Newsletter: Winter Edition</li> <li>• Privacy Incident Re-Education/Re-Training Activities</li> <li>• Annual Compliance, Privacy, and Ethics Training Issued to HCD staff</li> <li>• New Hire Orientation (ongoing)</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>• Analysis of OIG’s new Compliance Program Guidance (<i>New, see below</i>)</li> </ul>

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Element/Type	Work Plan Item/Area – Recently Completed ***; In Process **; and/or Routine/Ongoing *
Auditing and Monitoring	<ul style="list-style-type: none"> <li>• Online Tracking Technologies Risk Assessment (<i>New</i>) **</li> <li>• Information Blocking Audit (<i>New</i>) **</li> <li>• Annual FERPA Notification Audit (School Health) (<i>New, Completed January</i>) ***</li> <li>• OCR (HHS-Office for Civil Rights) Breach Event Reporting (<i>Annual, Completed in February 2024 for CY23</i>) ***</li> <li>• Release of Information (ROI) Privacy Audit of HIM **</li> <li>• High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Professional Services (PCC) (<i>annual</i>) **</li> <li>• PEPPER Report Monitoring for Short Term Acute Care Hospitals (STACH) (LMC) (Q4) (<i>Note: CMS has temporarily paused until Fall 2024 for improvements to the program and reporting system</i>) *</li> <li>• EMTALA and Access to Emergency Services and Care Risk Assessment (<i>was on hold, resumed and due 3/31</i>) **</li> <li>• Hospital Emergency Department Signage Review (LMC) (<i>New</i>) **</li> <li>• Privacy and Security Compliance Surveys for HCD Departments *** (<i>Completed in January</i>)</li> <li>• External Ambulance Services Claims Review and Contract Discussions (<i>Pending AMR</i>) **</li> <li>• Business Associate Agreements (“BAA”) and Decision Tree (<i>was on hold, pending Part 2 legislation</i>) **</li> <li>• Authorization for Marketing/Patient Stories **</li> <li>• Credentialing Risk Assessment (<i>remains on hold</i>) **</li> <li>• HCD Non-employed Individuals in the workplace: Risk Assessment (<i>New</i>) **</li> <li>• <i>SlicerDicer Use and Access Monitoring for Privacy Use</i> *</li> <li>• <i>FairWarning system monitoring/auditing of detected potential privacy violations / red flags by Epic Users</i> *</li> <li>• <i>Referral Source Audits and Payments to Physicians</i> *</li> <li>• <i>Exclusion Screening Monthly and Ad Hoc (e.g., Credentialing)</i> *</li> <li>• <i>OIG Work Plan Monitoring</i> *</li> </ul>
Standards of Conduct / Policies & Procedures / Forms	<ul style="list-style-type: none"> <li>• Complete P&amp;P (<i>IT Security Policy and Procedure review and revisions ONC HIT Information Blocking Rule Compliance; Records Management/Record Retention and Destruction; FERPA Protections for Student Health Records; Law Enforcement Requests and Disclosures; and Permitted/Required Disclosures to Law Enforcement</i>)</li> <li>• In process (<i>340B Compliance and Program Integrity; Standards of Conduct P&amp;P/Guidebook; Internal Reporting of Compliance Issues*; IT Security Policy and Procedure review and revisions</i>)</li> </ul>
Open/Effective	<ul style="list-style-type: none"> <li>• Ongoing monitoring and dissemination of information to HCD staff (<i>e.g.,</i></li> </ul>

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Communication	<p><i>OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates and Dashboard</i> *</p> <ul style="list-style-type: none"> <li>● Ongoing Website Enhancement/ Communication/Posting *</li> <li>● Ongoing Internal staff development *</li> </ul>
Training & Education	<ul style="list-style-type: none"> <li>● Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership **</li> <li>● Compliance, Privacy, &amp; Ethics Training – Exclusion Checks, Tips, and Reminders for Vendors **</li> <li>● Annual Compliance, Privacy, and Ethics Awareness Event/Survey development *</li> <li>● Baker Act Training Module (LMC Emergency Department/HCD) **</li> <li>● New Hire Orientation *</li> </ul>
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> <li>● Data Breach Response for Panel Provider Reviews – Part II (Privacy Preparation and Readiness) **</li> <li>● COI Issuance: Board/Committee Members for FY24 (<i>annual requirement</i>) **</li> <li>● COI Review: HCD Staff for FY23 (<i>annual requirement</i>) **</li> <li>● Human Resources Exit Processes (<i>on hold</i>)</li> <li>● Evaluation and Mandatory Rule Implementation / Development and Monitoring *</li> <li>● HCD Applicable Rule/Law Analysis *</li> <li>● Regulatory Updates/Industry Enforcement Activity *</li> <li>● Contract Reviews and Guidance *</li> </ul>
Responding to Issues	<ul style="list-style-type: none"> <li>● Hotline Call Response/Investigations *</li> <li>● Response to Issues/Inquiries/Investigations *</li> <li>● External Agency Audit Activity / Review and Response *</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>● Compliance Program Development/Effectiveness *</li> </ul>



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**B. Department Activity and Statistics:**

**1. Conflicts of Interest (“COI”)**

HCD Compliance has revised the COI Disclosure Form/Questionnaire and will disseminate to HCD Board and Committee members in March 2024.

**2. Regulatory Updates and Industry Enforcement Activity**

These updates, including any State Laws as applicable, are reported at the December Board of Director/Commissioners meeting as informational and are omitted here.

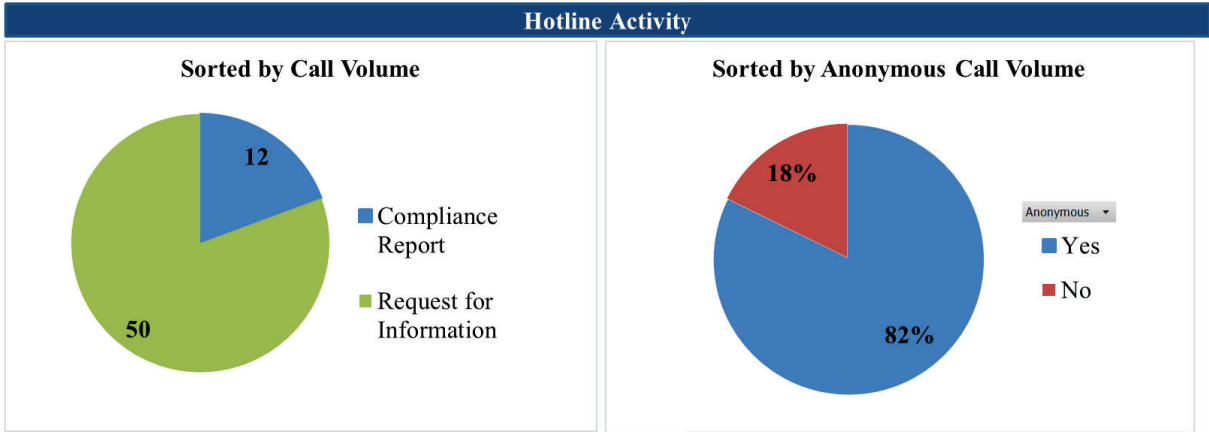
**3. Hotline, Inquiries & Investigations – *Continued on next page.***

# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

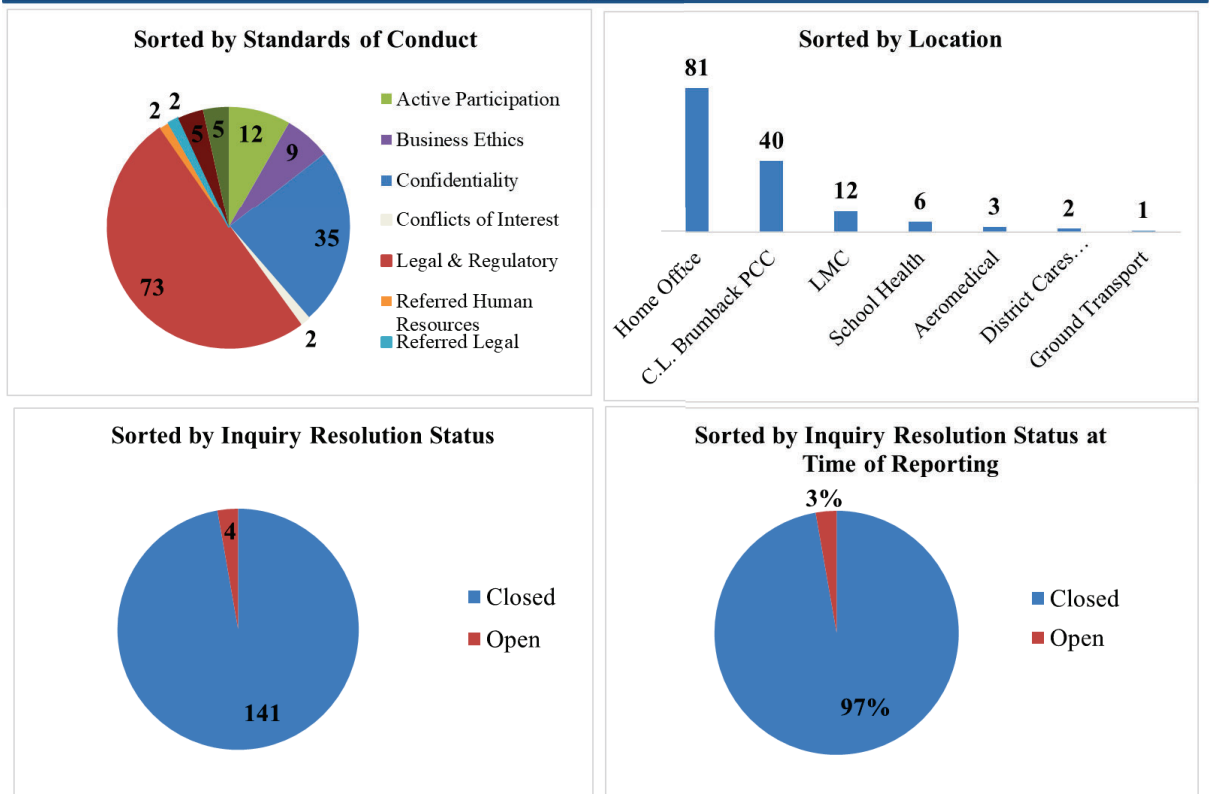
## March 13, 2024

### Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY24 Q1)

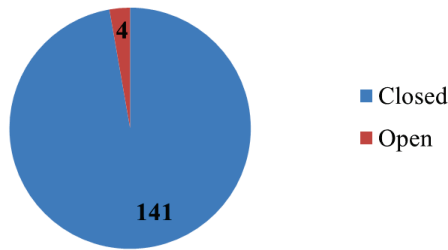
#### Hotline Activity



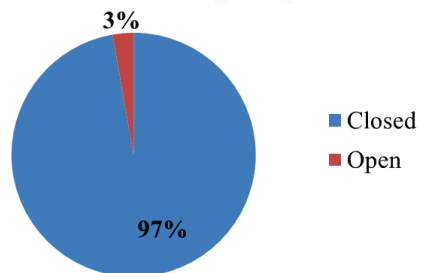
#### Inquiries



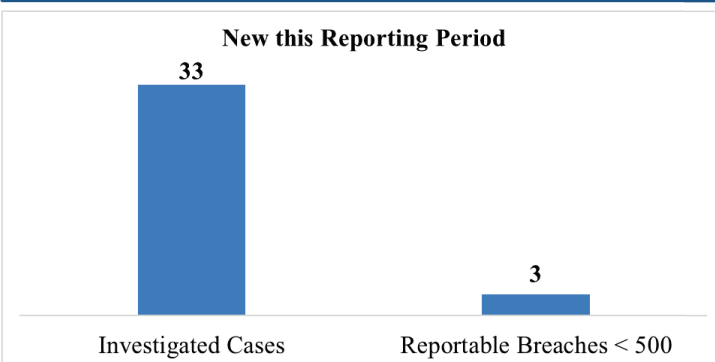
**Sorted by Inquiry Resolution Status**



**Sorted by Inquiry Resolution Status at Time of Reporting**



#### Privacy Case Activities



The most common types of reported privacy incidents during FY24 Q1 included:

- Improper Use or Disclosure of PHI (Written, Electronic, Verbal)
- Access Violation (Viewed Record Without Authorization)
- FERPA Violation
- Misfiled PHI



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**4. HHS-OIG’s new Compliance Program Guidance Documents / Analysis**

From 1998 to 2008, U.S. Department of Health and Human Services (“HHS”) Office of Inspector General (“OIG”) developed and issued several voluntary compliance program guidance documents (known as “CPGs”) which were directed at various parts of the healthcare industry. In April 2023, OIG announced plans to improve and update existing CPGs and deliver new CPGs specific to new segments of the healthcare industry through the OIG’s modernization initiative. On November 6, 2023, OIG released the first new CPG since September 2008, the GCPG.

The GCPG largely maintains the historic seven elements of a compliance program, but provides more depth for each element regardless of facility type and incorporates feedback from industry stakeholders and “lessons learned” from enforcement actions, CIA monitoring, investigations and evolving technologies used to support the healthcare delivery system. The prior and new elements are listed below:

<b>Prior Seven Elements</b>	<b>New Seven Elements</b>
Written Policies and Procedures	Written Policies and Procedures
Designated Compliance Officer and Compliance Committee	Compliance Leadership and Oversight
Training and Education	Training and Education
Effective Lines of Communication	Effective Lines of Communication with the Compliance Officer and Disclosure Program
Enforcing Standards Through Well-Publicized Disciplinary Guidelines	Enforcing Standards: Consequences and Incentives
Internal Monitoring and Auditing	Risk Assessment, Auditing and Monitoring
Responding Promptly to Detected Deficiencies and Undertaking Corrective Action	Responding to Detected Offenses and Developing Corrective Action Initiatives

This guidance serves as a revised reference guide for the healthcare compliance community and other healthcare stakeholders and:

- summarizes federal laws related to healthcare fraud enforcement and other standards (Physician Self-Referral Law (Stark), Anti-Kickback Statute, False Claims Act, Civil Monetary Penalty authorities, Exclusion authorities, Criminal Healthcare Fraud Statute, and HIPAA Privacy and Security Rules);
- includes examples of problematic conduct, key questions that entities can ask to evaluate certain risks (e.g., AKS) in an arrangement, and tips on what to do if a problem is identified;
- provides a revised version of the seven elements of a compliance program (see below);
- lists adaptations for small and large entities;

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- includes cybersecurity as a top priority for compliance \*;
- identifies other compliance considerations; and
- lists OIG processes and resources.

The OIG notes that because of increasing cybersecurity attacks, compliance with privacy, security and breach notification rule requirements should be a top compliance priority for HIPAA-regulated entities of all sizes.

While the GCPG is applicable to all entities, OIG provides guidance on how small entities and large organizations should think about how to “right-size” their compliance programs to meet their own entity’s needs.

The OIG and the Department of Justice (“DOJ”) provided additional compliance considerations, including, but not limited to: Adding Quality and patient safety into compliance programs as they are high priorities for DOJ and HHS; Consider and ensure New Entrants in the healthcare market are familiar with the healthcare regulatory landscape and address compliance and business risks and to ensure that there are checks and tracking systems in place to prevent prioritizing financial gain over patient care; and Financial Arrangement Monitoring to address the AKS and processes for monitoring and ensuring compliance when entering into arrangements with referral sources (including but not limited to legal review, Fair Market Value assessments, and proper tracking systems with supporting documentation).

In addition to the GCPGs, the OIG stated it will publish industry-specific CPGs (“ICPGs”) for different types of providers, suppliers, and other participants. When OIG lawyers announced this, they stated that managed care and nursing homes will be the first ICPGs published. The existing CPGs will remain effective until replaced and then most likely will be archived on OIG’s website (and no longer published in the Federal Register). IPGs are:

- For different types of providers, suppliers, and other participants in health care industry subsectors or ancillary industry sectors;
- Tailored to fraud and abuse risks; and
- Compliance measures that participants can take to reduce risks.

Some themes that OIG identifies include:

- *Tone from the Top*: OIG states that boards should take every opportunity to communicate to each of its audiences its commitment to compliance. To demonstrate such commitment, the board and chief executive officer (CEO) may wish to include a signed endorsement or similar written statement with their code of conduct, which should be updated after leadership changes to reflect the ongoing commitment to compliance.
- *Chief Compliance Officer (CCO) Has a Senior Role*: OIG spends a considerable amount of time discussing the CCO’s role as a senior leader in the organization

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who has the authority, stature, access and resources necessary to lead an effective and successful compliance program. OIG notes that the CCO's primary responsibilities should include advising the CEO, board and other senior leaders on compliance risks and business strategy. OIG maintains its long-held position that the CCO should not lead or report to the entity's legal or financial functions, and the CCO should maintain a degree of separation from the entity's delivery of healthcare items and services, including billing, coding and claim submission. This is true even for small entities or those with contracted functions.

- *Well-functioning Compliance Committees and Engaged Board Compliance Committee:* OIG suggests that the board compliance committee actively oversee the compliance program function and evaluate the risk assessment process. OIG states that the board compliance committee should reserve time at each meeting to discuss the compliance program, activities and risk updates with the CCO.
- *Targeted Training and Multiple Forms, including Board Training*
- *Multiple Reporting Pathways for Compliance Concerns*
- *Considerations for Incentives for Compliant Behavior*

**Summary/Takeaways \*:**

Compliance is a dynamic process, and an effective compliance program is critical to operational success and prevention of fraud, waste and abuse. The GCPG should assist healthcare entities and those playing a role in healthcare delivery today in evaluating and structuring compliance programs. Many of OIG's suggestions are consistent with prior compliance program guidance or reflect recent Corporate Integrity Agreements and other common industry practices.

At the same time, the GCPG goes farther in certain areas than OIG has in the past, particularly on governance issues relating to the CCO's role and placement in the organization, and the executive compliance committee's activities and scope, including making quality part of the compliance committee's work.

*Resources/Full article copy:*

- *HHS-OIG General Compliance Program Guidance (November 2023):*  
[oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf](https://oig.hhs.gov/documents/compliance-guidance/1135/HHS-OIG-GCPG-2023.pdf)
- *McDermott, Will & Emery article: "OIG Issues General Compliance Program Guidance Updates" \**

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE March 13, 2024

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

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

\*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.


Reviewed for financial accuracy and compliance with purchasing procedure:

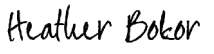
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 Interim VP & Chief Financial Officer

### 5. Recommendation:

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

Approved for Legal sufficiency:

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 SVP & General Counsel

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 VP & Chief Compliance, Privacy, & Risk Officer

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 Chief Executive Officer

**HEALTH CARE DISTRICT  
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**1. Description: Quality & Patient Safety Reports**

**2. Summary:**

This agenda item provides the quality and patient safety reports for the 4th Quarter of 2023 for School Health, Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, 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 the Quarter 4 of 2023. 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 4<sup>th</sup> of 2023, we screened 18,318 (53.5%) of eligible students in the 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 18,318 students, 4,820 (26.31%) students required referral.
- Hearing screening: Through the 4<sup>th</sup> quarter of 2023, we screened 18,492 (54.9%) of eligible students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades. Out of 18,492 students, 591 (3.2%) students required referral.
- Scoliosis screening: Through the 4<sup>th</sup> quarter of 2023, we screened 6,514 (61.8%) of eligible students in 6<sup>th</sup> grade. Out of 6,514 students, 47 (0.72%) students required referral.
- Vision screening: Through the 4<sup>th</sup> quarter of 2023, we screened 25,056 (54%) of eligible students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 25,056 students, 4,437 (17.71%) students required referral.

**Aeromedical**

**Run Time**

For 2023 Q4, Aeromedical-Trauma Hawk flew 131 flights (100 Scene and 31 Interfacility Calls) transporting 134 Patients. The top 3 scene call types were Trauma (82%%), Cardiac (9%), and Neurology (7%). with an average dispatch to enroute of 0:04:51 (meeting goal of <5 minutes) and an average dispatch to the landing zone of 0:17:36 (meeting goal of <20 minutes). There was a total of 64 missed flights (61%) due to weather, 91 cancelled flights and 47 aborted flights

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE MARCH 13, 2023

for scene dispatches. The top 3 scene destinations were St. Mary's, JFK and Palm Beach Gardens Medical.

Out of the 31 interfacility flights, the top 3 call types were Cardiac (29%), Trauma (19%), and Neurology (16%). The interfacility dispatch to enroute average time was 0:14:30 with an average dispatch to the hospital landing zone of 0:29:30.

There was a total of 112 missed flights (68%) due to weather, 40 cancelled flights and 4 aborted flights for interfacility dispatches. The top 3 interfacility destinations were St. Mary's, JFK, and Palms West Medical Center.

### Trauma

#### ○ **System Utilization:**

Over Q4 of 2023, 1,429 patients were seen at the trauma centers. 2023 calendar year there were 5,862 patients seen at the trauma centers.

*Trauma Center* comparison shows SMMC treated 57% of patients and DMC treated 43% of patients. *Gender* breakdown shows 40% female compared to 60% male. *Race* and *Ethnicity* shows White being the majority with 77%, followed by Black at 18%, and non-Hispanic leading with 83% followed by Hispanic at 17% respectively. *Age Group by Trauma Center* shows SMMC Age Group: 54% Adults, and 33% Geriatrics, and 13% Pediatrics, while DMC Age Group: 60% Geriatrics, 36% Adults, and 3% Pediatrics. The top *Decade of Age by Trauma Center* shows SMMC was 30-39Yr, while DMC was 80-89Yr. *Trauma Volume by Month and Trauma Center* for Q4 shows December as the highest month in volume for both trauma centers followed by November and October respectively. *Trauma Volume by Month, Year & Trauma Center* shows SMMC had a decrease of 11% in October compared to last year, while November showed an 11% increase and December showed an 12% increase compared to last year. DMC showed a 19% decrease in October, a 10% decrease in November and a 15% decrease in December compared to last year.

#### ○ **PBC Mechanism of Injury:**

Over Q4, the leading *Mechanism of Injury* remained Falls, followed by Motor Vehicular Crash and Motor Vehicle vs Pedestrian respectively. *Vehicular Crash Breakdown* showed MVC leading, followed by MV vs Pedestrian, then Motorcycle Crash. Overall county *Years of Age by Decade* demographic shows top group of 80-89Yr. Pediatric breakdown showed the top *Pediatric Age Distribution* of 14 Y as most prominent. *Transports by Ground* supplied the majority of patient transports with 92% volume, while *Transports by Air* accounted for 8%. *Trauma Activation Level* shows that Trauma Alerts accounted for 51%, Trauma Transfers accounted for 30%, and ED Upgrades accounted for 17%.

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2023**

*Trauma Injury Type* showed Blunt at 87%, Penetrating at 9%, and Burn at 3%.

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

The following measures were not meeting goal at the end of December 2023: Hypertension (71%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (77%) goal is 86%, Adult Weight Screening and Follow Up (89.6%), goal is 90%, Childhood Immunization (41%), goal is 60%, Breast Cancer Screening (58%), goal is 60%, Cervical Cancer Screening (61%), goal is 65%, and Colorectal Cancer Screening (45%) goal is 82%. All other goals achieved for the quarter.

**Edward J. Healey Rehabilitation and Nursing Center**

For Q4, all quality measures met goal.

**Lakeside Medical Center**

For Q4 2023, *Inpatient Quality Measures* there were 2 of 4 measures (ED-1a, IMM-2) that did not meet goal.

**ED Measure:**

- For **ED-1a**, there were (105) cases that fell into the sample for Q4 with a median time of (355) minutes, which is higher than the set goal of (280) minutes.

**IMM Measure**

- For **IMM-2**, there were a total of (95) cases the fell into to the sample population, of those cases (89) met the numerator for a pass rate of 94% for Q4, which is lower than the set goal of 96%.

For Q4 2023, *Outpatient Quality Measures* there was 1 of 2 measures (OP-18) that did not meet goal.

**OP-18 Measure:**

- For **OP-18**, there were (99) cases that fell into the sample population with a median time of (184) minutes, which is higher than the set goal of (137) minutes.

**LifeTrans Ground Transportation**

LifeTrans is trending and monitoring 5 GAMUT quality metrics for 2023. These are Use of Appropriate Pain Scale, Waveform Capnography Monitoring for Patients with Mechanical Ventilation and/or Advanced Airways, Blood Glucose Testing for Altered Mental Status Patients, Appropriate Management of Aortic



## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE MARCH 13, 2023

Emergencies, and Medical Equipment Failures. During Q4 2023, we trended at 100% for Waveform Capnography Monitoring for mechanically ventilated patients with an advanced airway with GAMUT national threshold being 95%. We transported one Aortic Emergency and they had appropriate management (100%), which met goal with national threshold being above 92%. Our program trended at 97% 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 90% for Q4, which did not meet the GAMUT national threshold of 91%. We did not have any Medical Equipment Failure events.

### Corporate Quality Metrics

#### **Information Technology**

- **Customer Service:** In Q4 2023, our IT department opened a total of 4,584 new support tickets and successfully closed 4,632 tickets, including those carried over from the previous month. On average, we received 50 new tickets each day. The average time taken to resolve a ticket, excluding any hold time, was 3 hours. The average days to close a ticket was 2 days and 4 hours. Additionally, the IT Service Desk handled 3,631 calls. The average wait time for these calls was 34 seconds, and the rate of calls abandoned was 3.0%, which is below our target rate of 4.5%.

#### **Human Resources**

##### Turnover and Recruitment:

- For Q4 2023, the average turnover was 24 employees/month, decrease by 17% from previous quarter.
- For Q4 2023, the highest turnover rate (4%) was among employees under one year of service
- For 2024 the top 3 highest turnover rates by business unit were Ground transportation department, followed by Aeromedical and Clinics Dental.
- Q4 2023 average 68 open requisitions, 26.3% increase from previous quarter (55)
  - 63 days = Average time to Fill, which is above the 49 days industry standard (20% decrease from previous quarter 79 days)
  - 20 days = Average time to Hire, which is within the industry standard of 36 days (9% decrease from previous quarter 22 days).

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QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
MARCH 13, 2023**

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

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


DocuSigned by:  
  
 \_\_\_\_\_  
 CA6A21FF2E09481...  
 Interim VP & Chief Financial Officer

**5. Recommendation:**

Staff recommends the Committee Receive and File the Quality & Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:  
  
 \_\_\_\_\_  
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 SVP & General Counsel

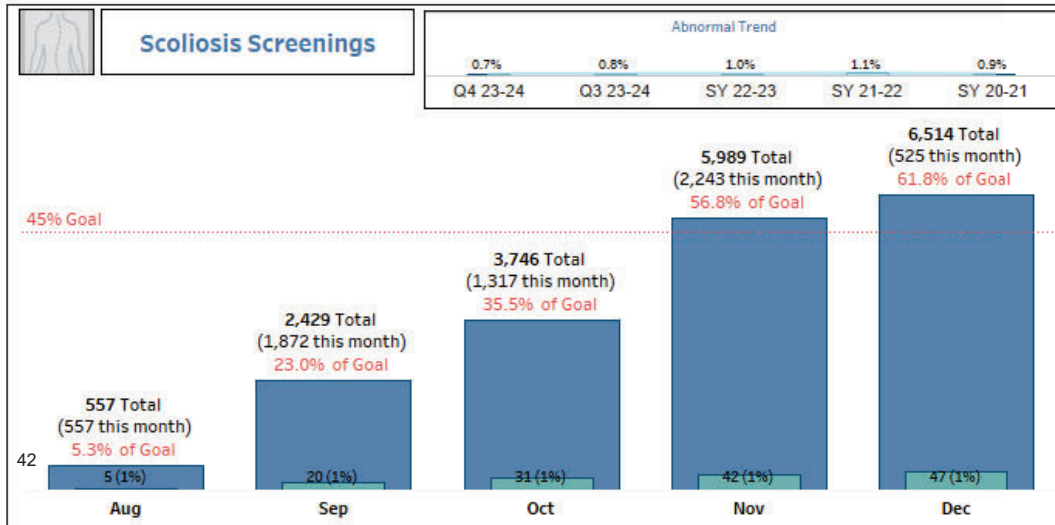
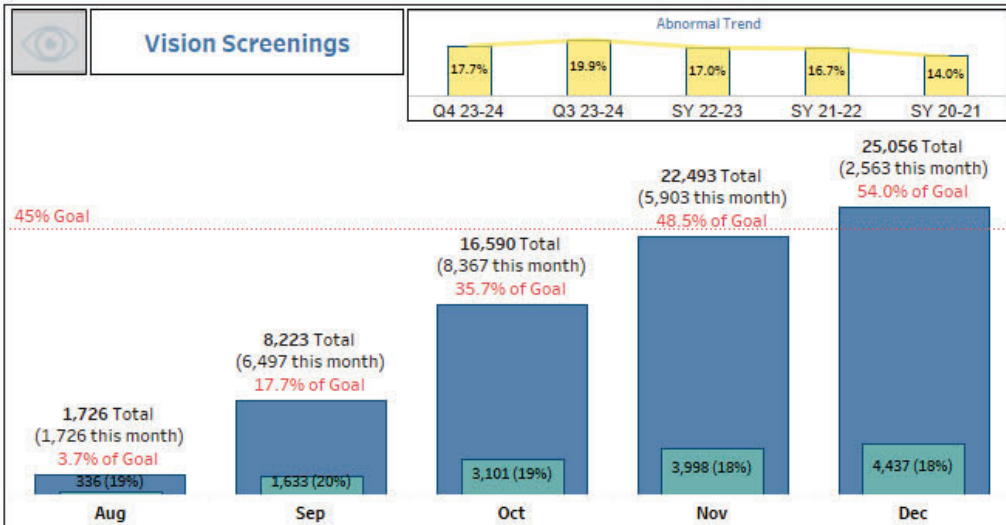
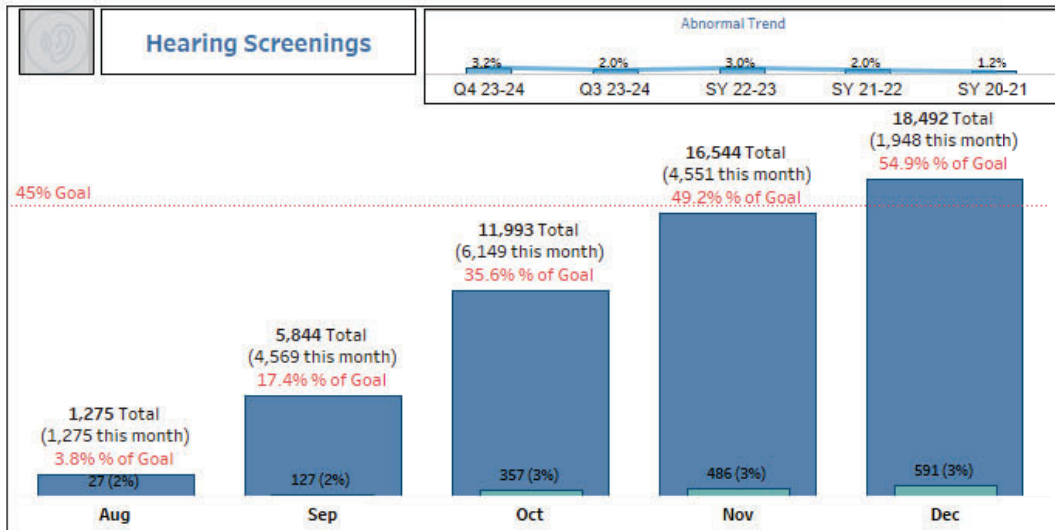
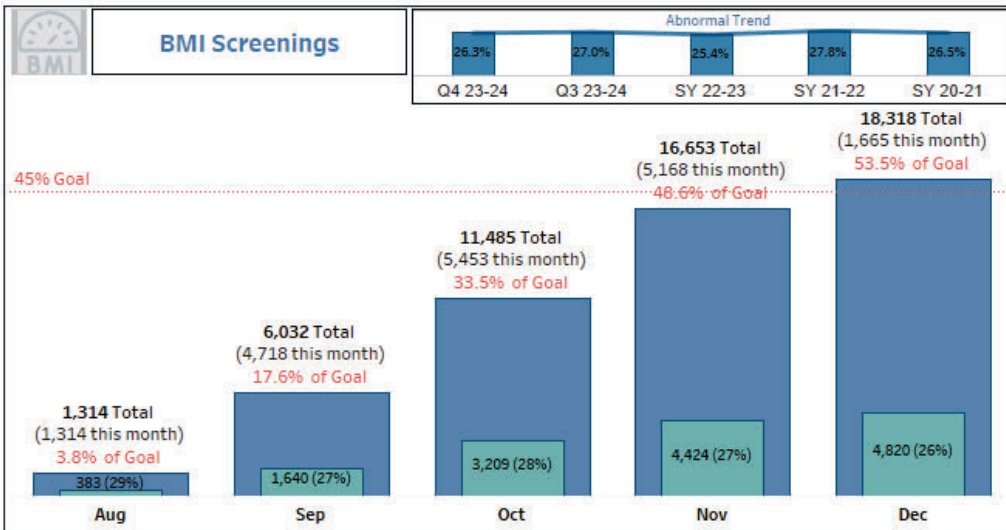
DocuSigned by:  
  
 \_\_\_\_\_  
 1F272D34C8B04A5... MD  
 SVP & Chief Medical Officer

DocuSigned by:  
  
 \_\_\_\_\_  
 77A3B53589A1477...  
 Chief Executive Officer

## Florida Mandated Student Screening Summary

Goal 45% of Students to Have Completed Vision and Hearing Screenings by December 2023  
 Goal of 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2024

■ # Abnormal (Cumulative)  
 ■ # Screened (Cumulative)

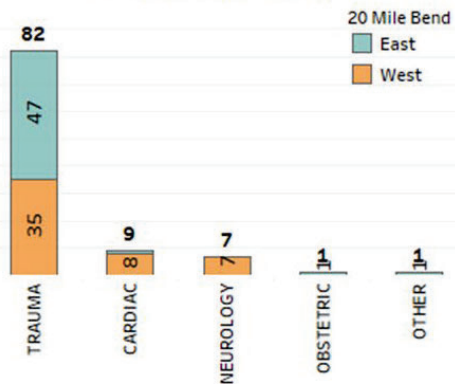


# Detailed RunTime Report TH135 (Scene Dispatches)

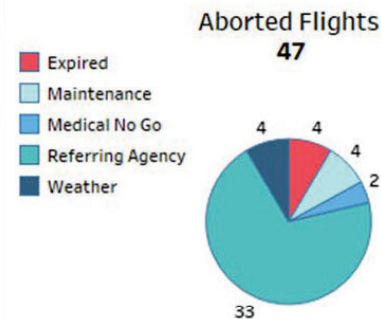
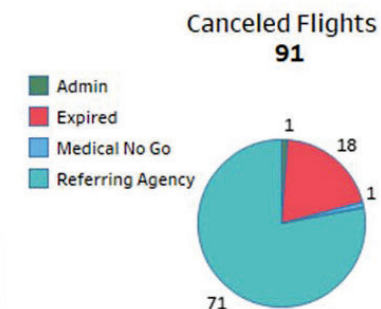
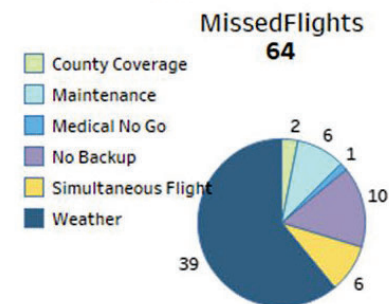
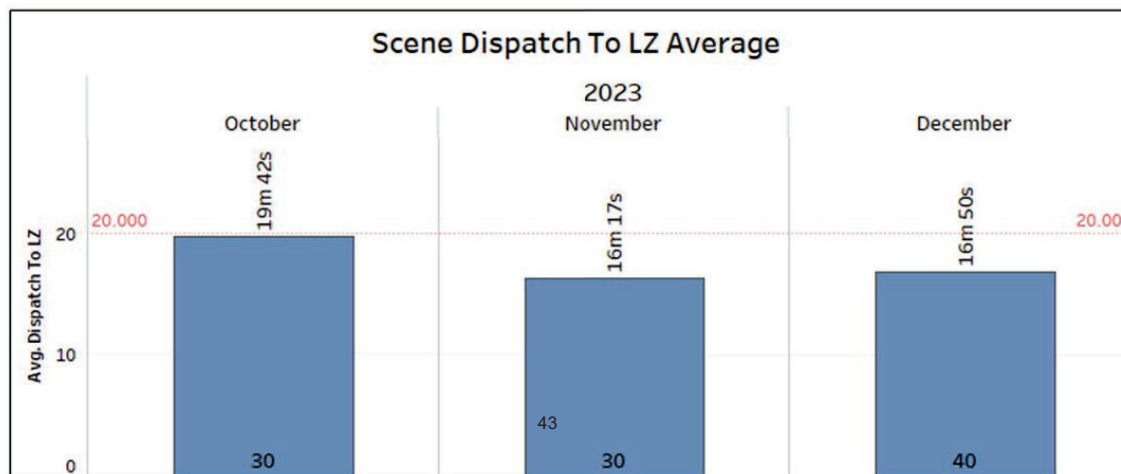
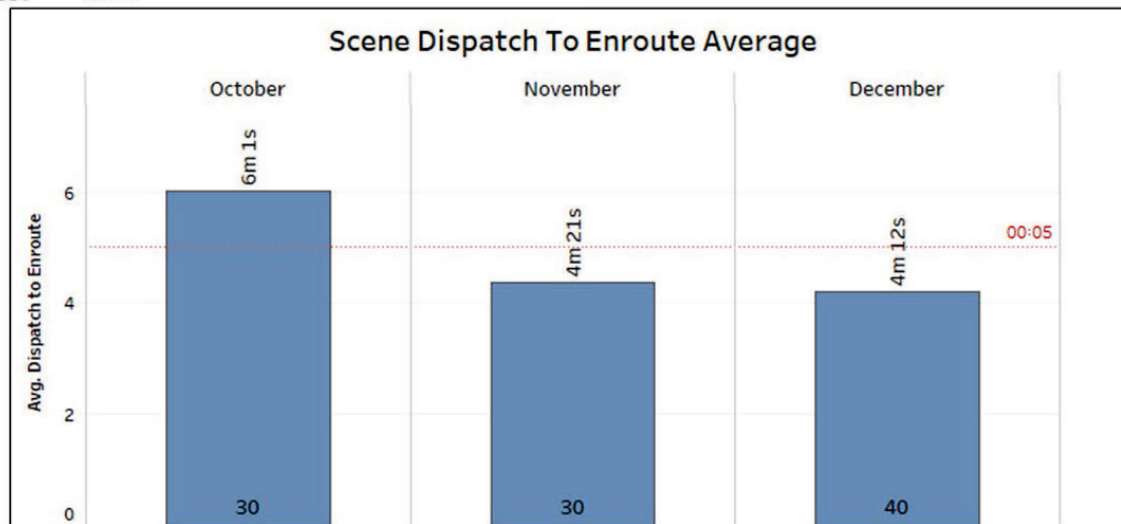
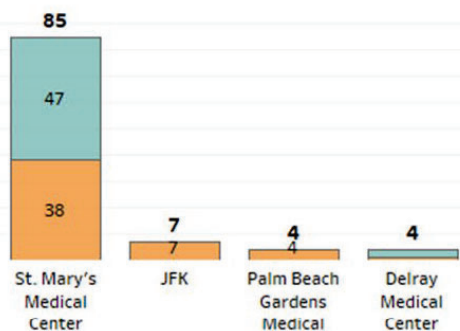
Start Date 10/1/2023  
 End Date 12/31/2023

Total Transports: 100  
 Total Patients: 103

### SCENE DISPATCH TYPE



### SCENE DESTINATION

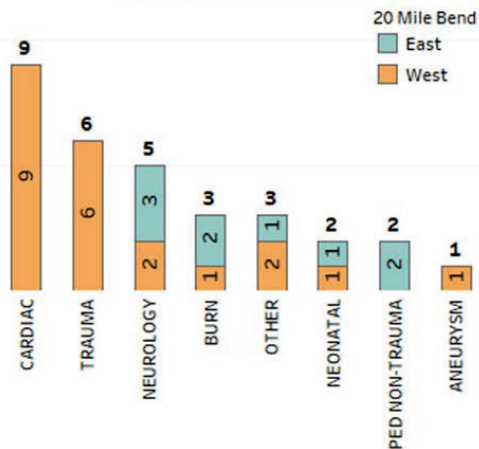


# Detailed RunTime Report TH135 (Interfacility Dispatches)

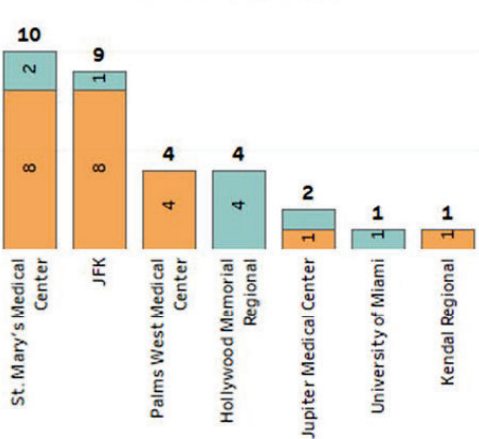
Start Date 10/1/2023  
 End Date 12/31/2023

Total Transports: 31  
 Total Patients: 31

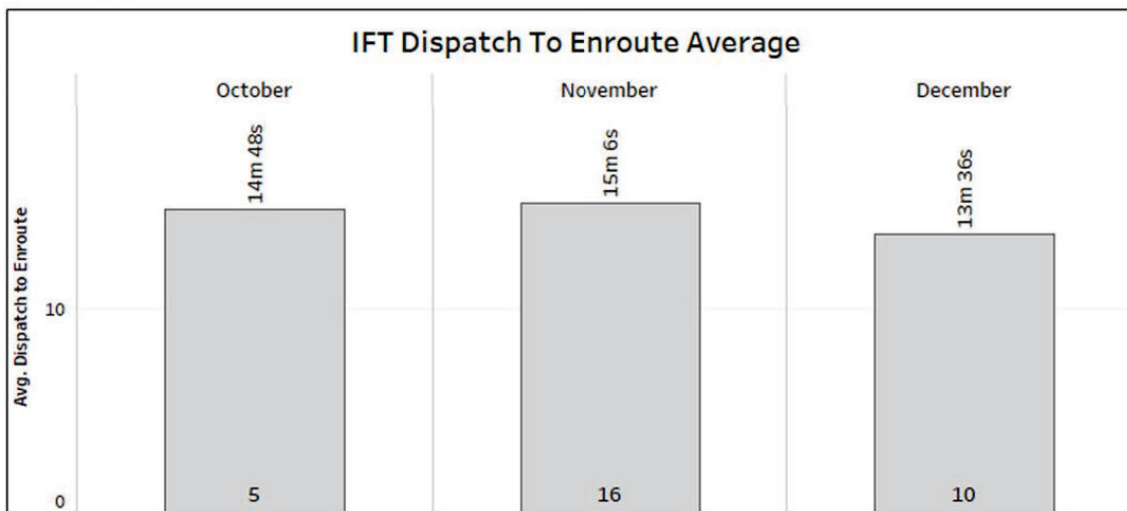
### IFT DISPATCH TYPE



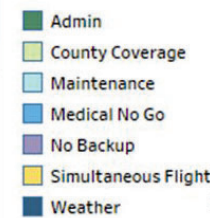
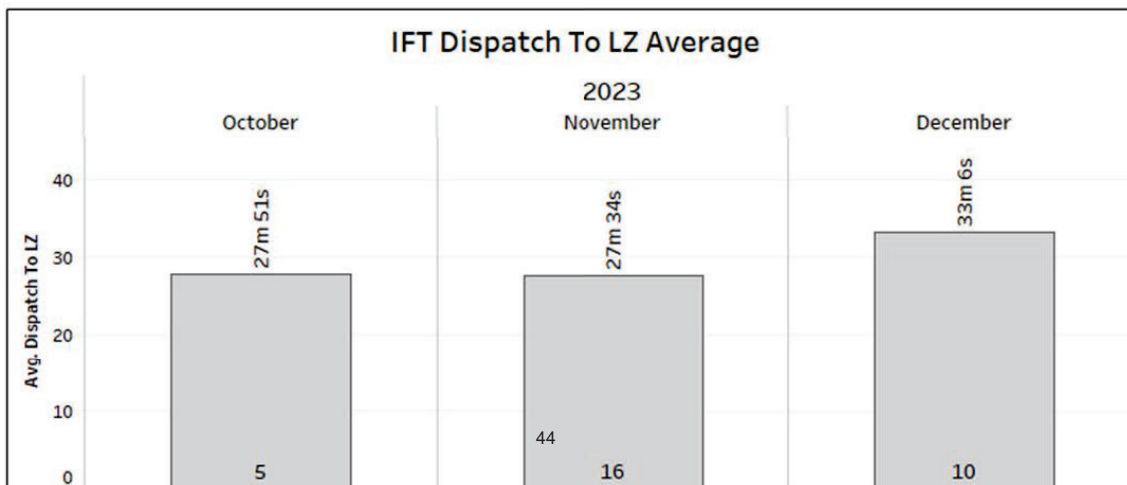
### IFT DESTINATION



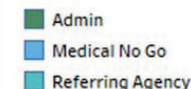
### IFT Dispatch To Enroute Average



### IFT Dispatch To LZ Average



### Missed Flights 112



### Canceled Flights 40



### Aborted Flights 4



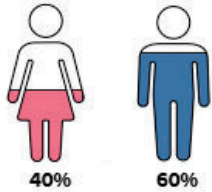
**PBC TRAUMA SYSTEM VOLUME**

Start Date 10/1/2023

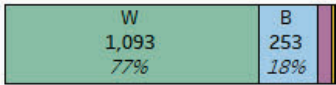
End Date 12/31/2023

**1,429**

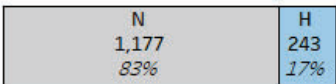
**GENDER**



**RACE**



**ETHNICITY**

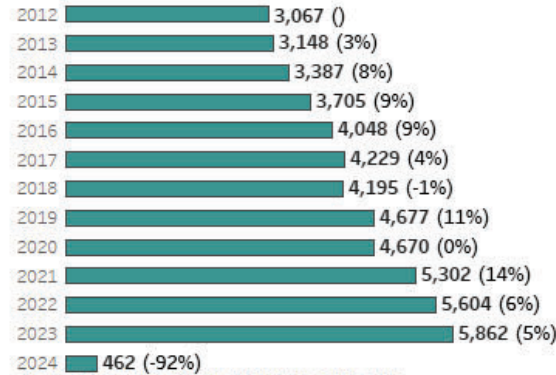


**TRAUMA SYSTEM UTILIZATION**

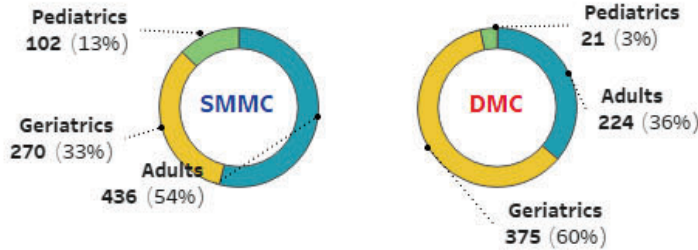
TSTM TDLR



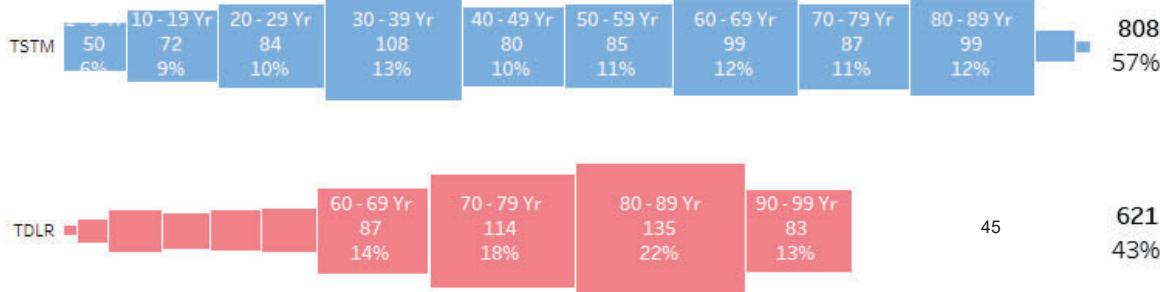
**TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR**



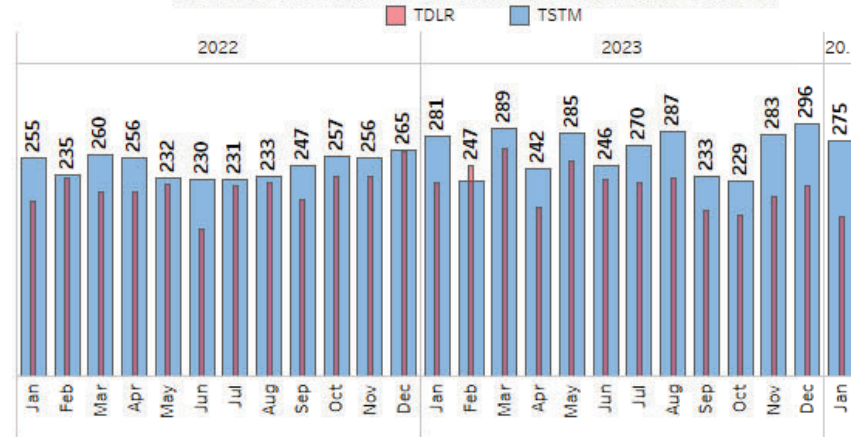
**AGE GROUP BY TRAUMA CENTER**



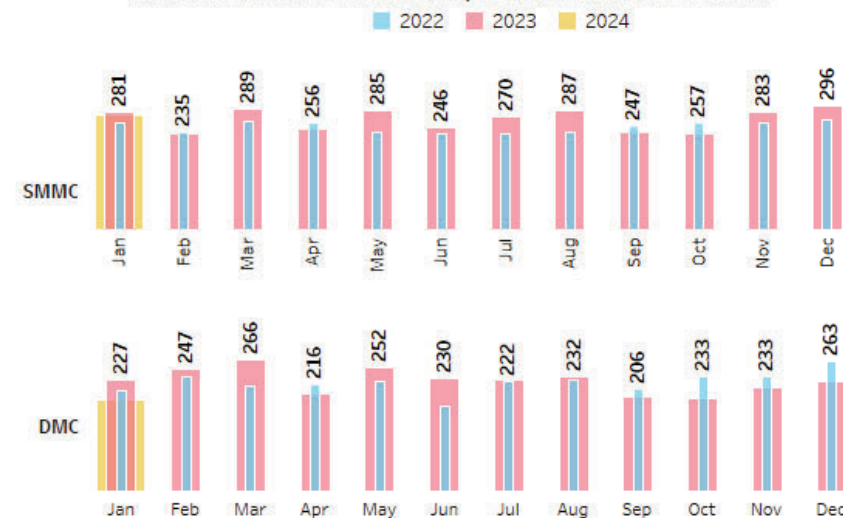
**DECADE OF AGE BY TRAUMA CENTER**



**TRAUMA VOLUME BY MONTH AND TRAUMA CENTER**



**TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER**



# PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

Data Source: Health Care District of Palm Beach County, Trauma Registry, 2023.

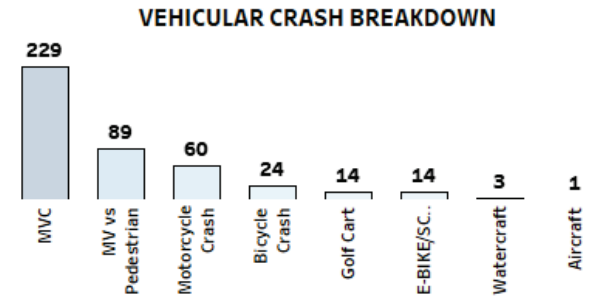
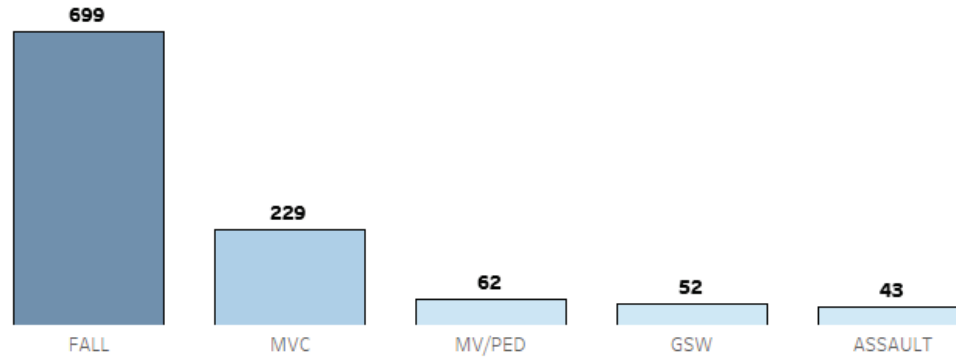
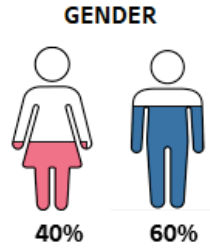
TSTM TDLR



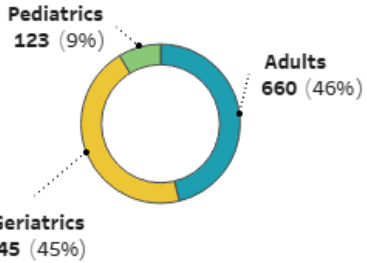
## PBC TRAUMA SYSTEM VOLUME

Start Date 10/1/2023  
End Date 12/31/2023 **1,429**

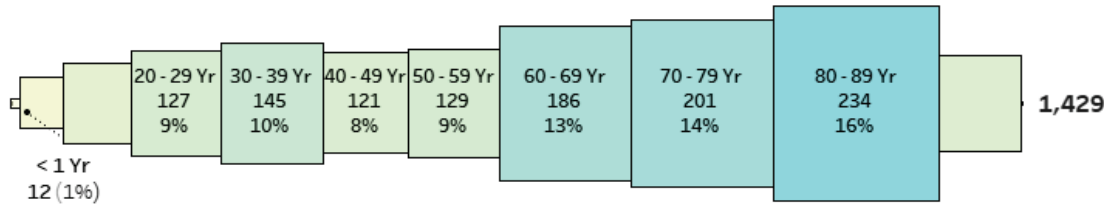
MOI view:  
top 5



### AGE GROUP



### YEARS OF AGE BY DECADE



### TRANSPORTS BY GROUND

1,246 (92%)



### TRANSPORTS BY AIR

111 (8%)



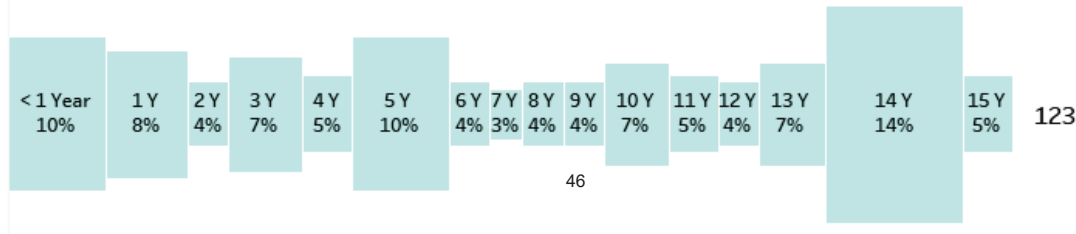
### RACE

W	1,093	76%
B	253	18%

### ETHNICITY

N	1,177	82%
H	243	17%

### PEDIATRIC AGE DISTRIBUTION



### ACTIVATION LEVEL



### INJURY TYPE



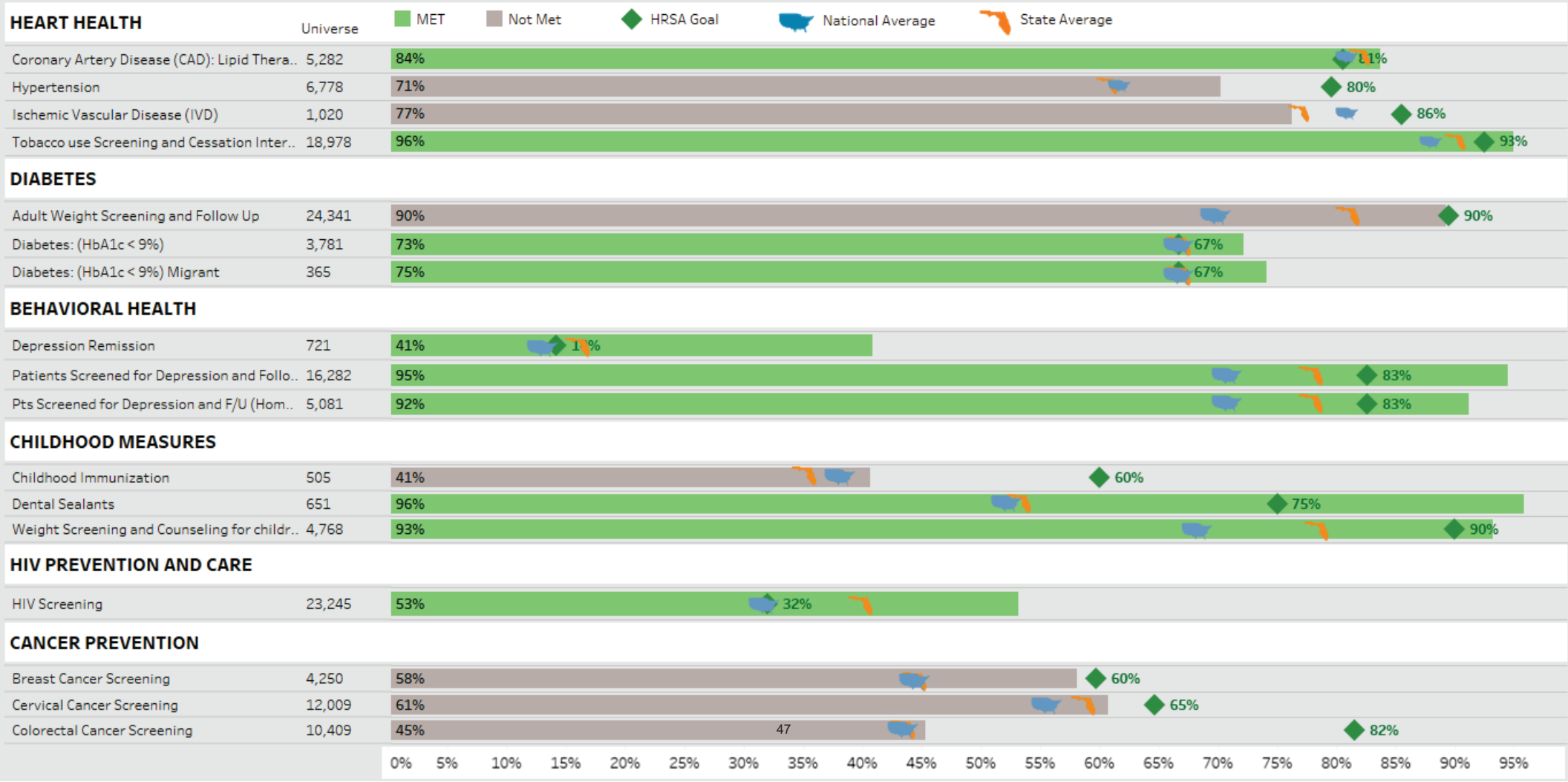


# UDS PROVIDER LEVEL QUALITY MEASURES 2023

## NATIONAL QUALITY LEADER METRICS

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1/8/2024

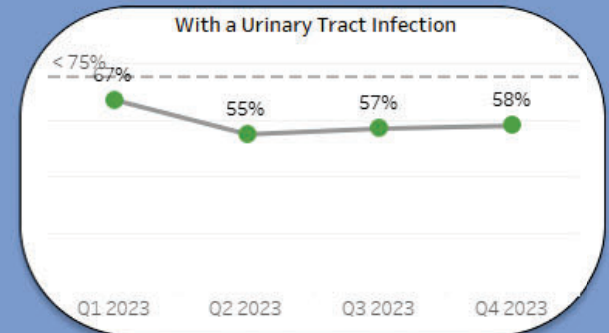
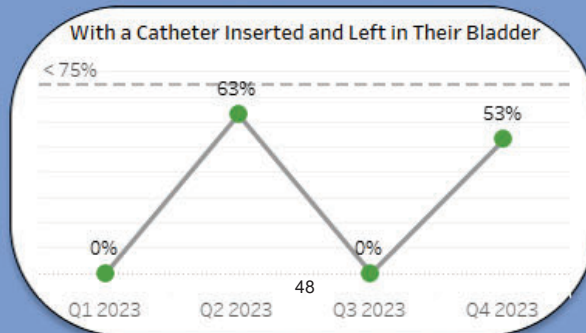
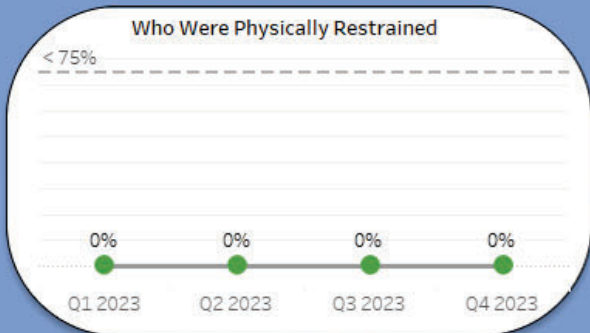
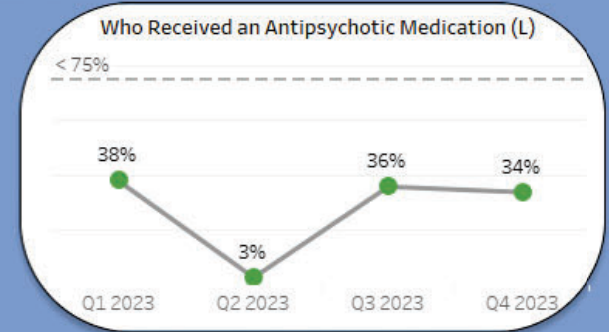
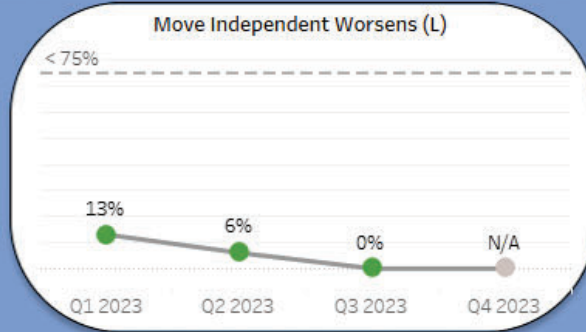
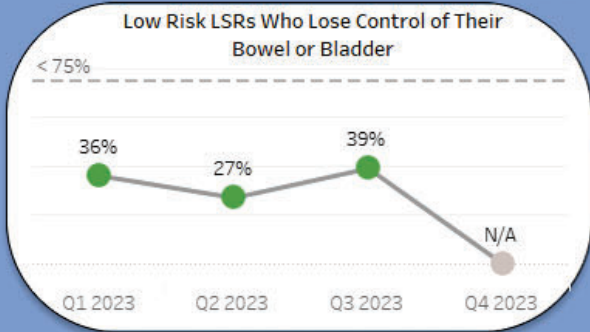
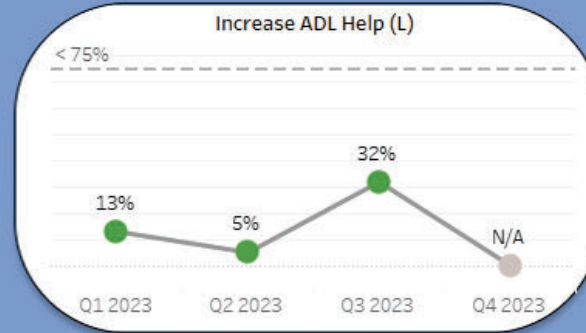
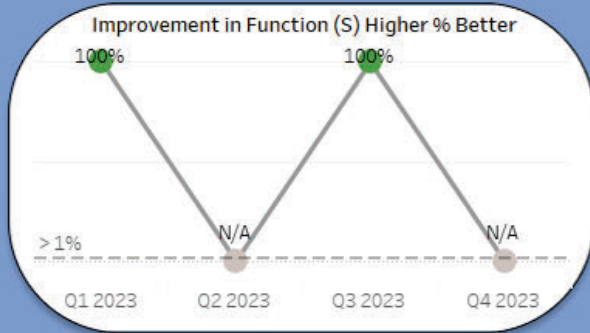
Filters



# EJH Quality Measures

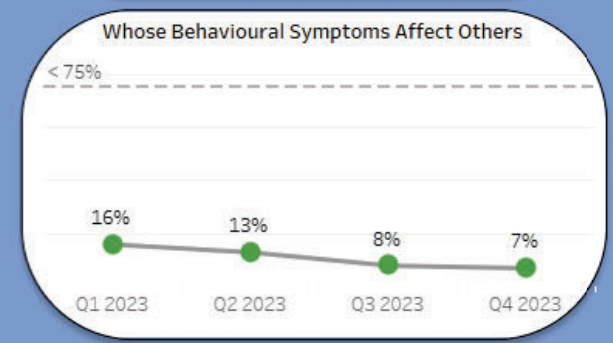
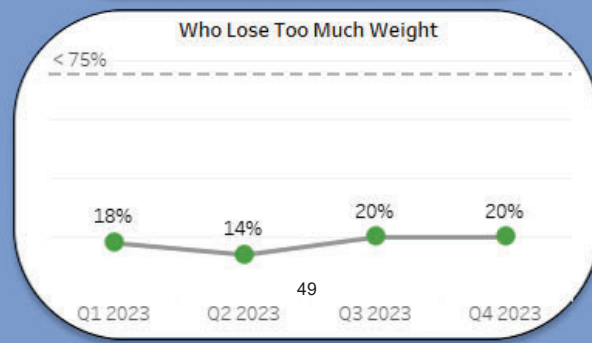
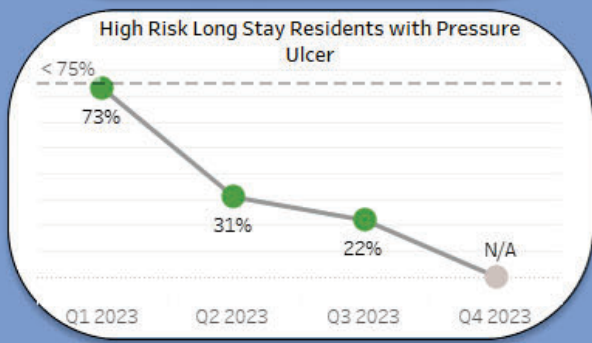
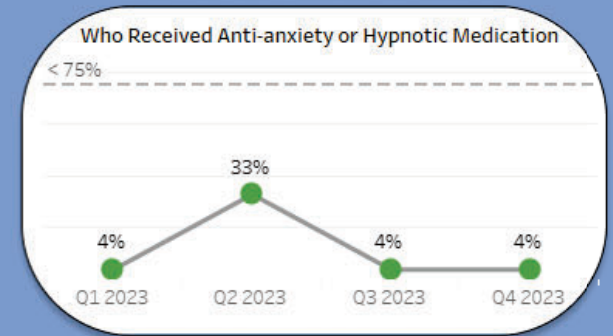
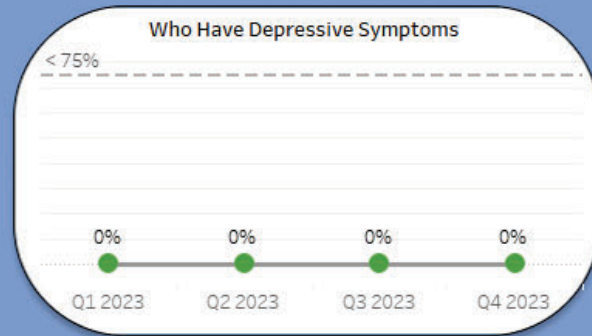
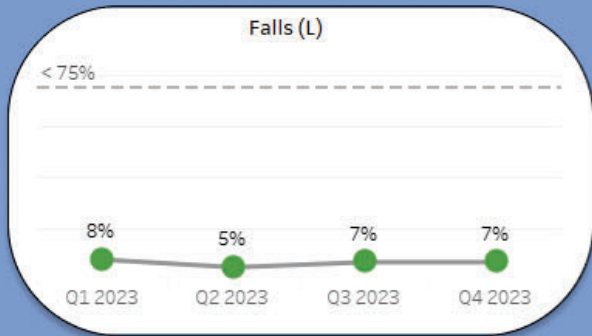
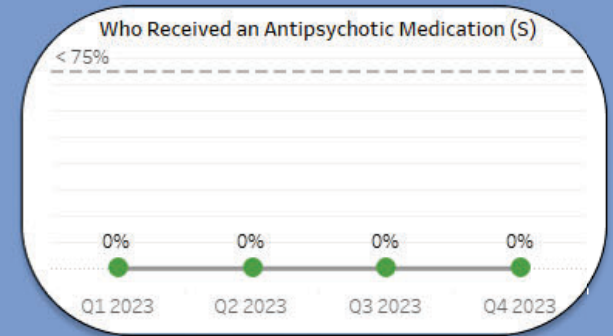
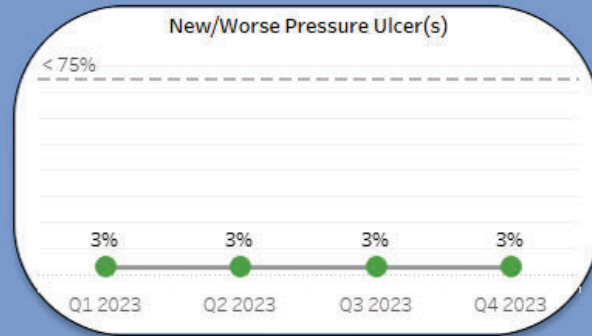
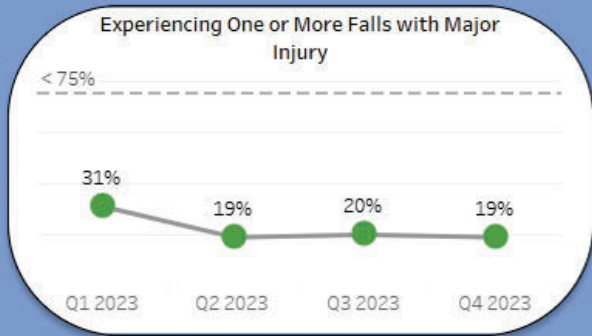
## Q4 2023

Meeting Goal?  
■ Y



# EJH Quality Measures

## Q4 2023



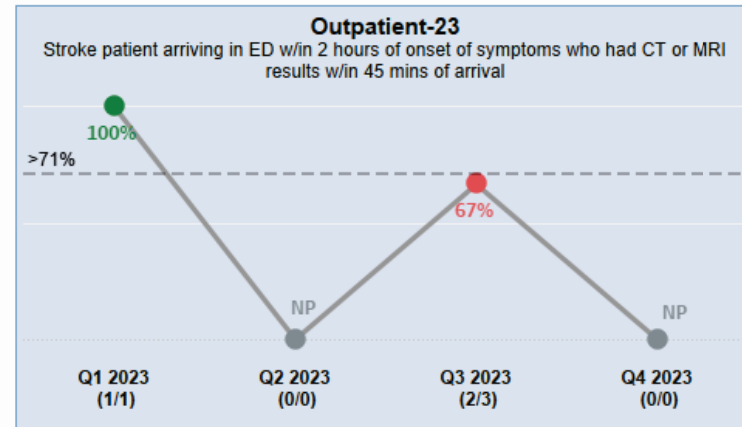
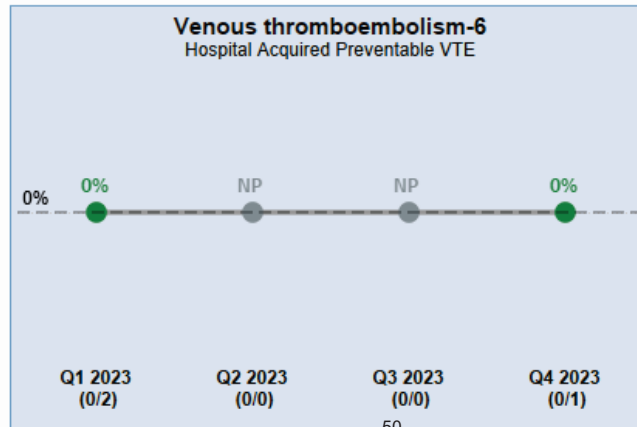
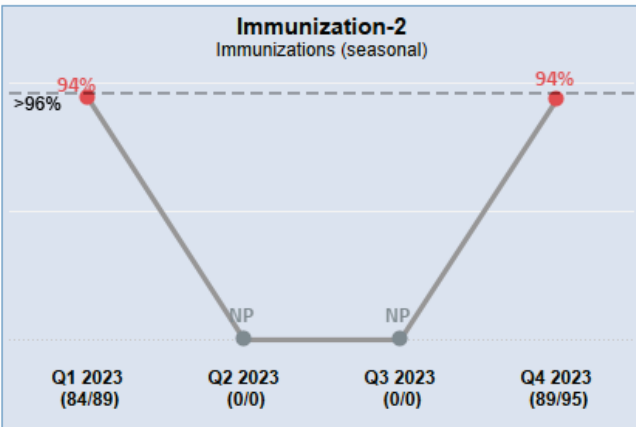
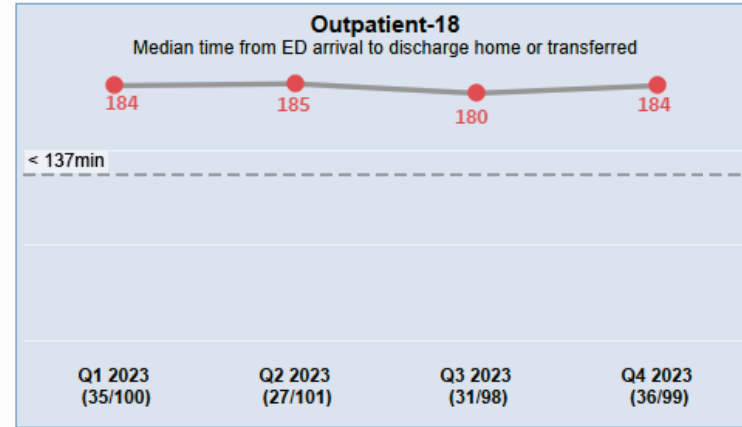
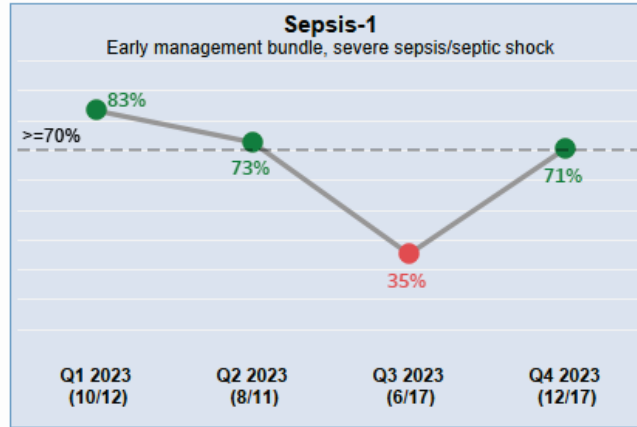
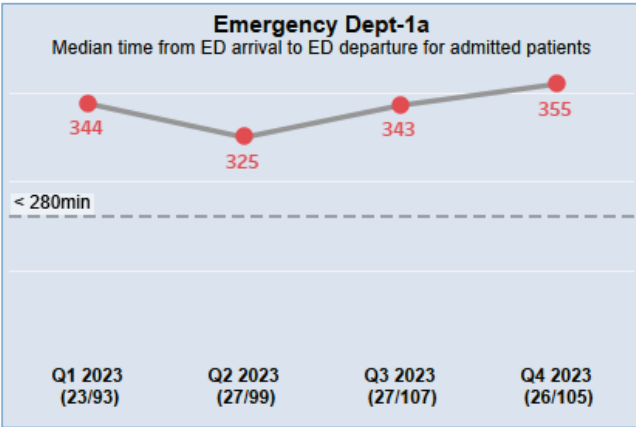


# LMC Quality Core Measures Q4 2023

## Inpatient Measures

## Outpatient Measures

Meeting Goal? Yes ■ No ■ No Population ■





# LifeTrans Quality Metrics Q4 2023

## Quarter Summary

### Medical Equipment Failure 2023

0.5%

0%	0%	0%	0%
0/544	0/504	0/556	0/467
Q4	Q3	Q2	Q1

### Appropriate Management for Aortic Emergencies 2023

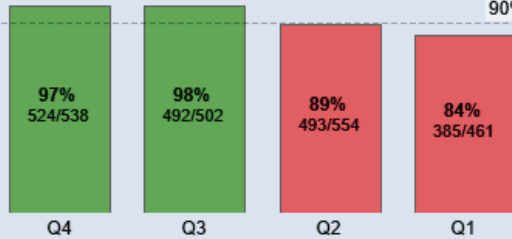
92%

100%	No Population	No Population	No Population
1/1	0/0	0/0	0/0
Q4	Q3	Q2	Q1

### Reliable Pain Assessments 2023

2023

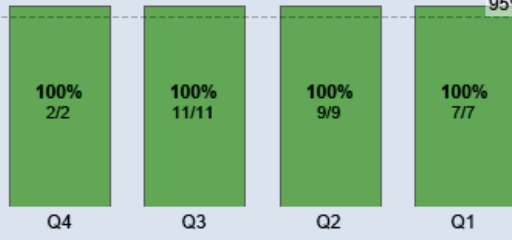
90%



### Waveform Capnography 2023

2023

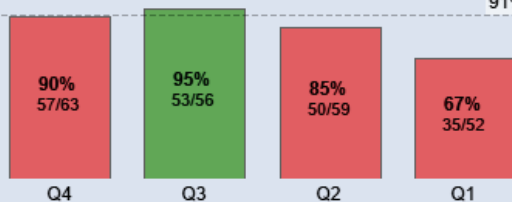
95%



### Blood Glucose Check for Mentally Altered Patients 2023

2023

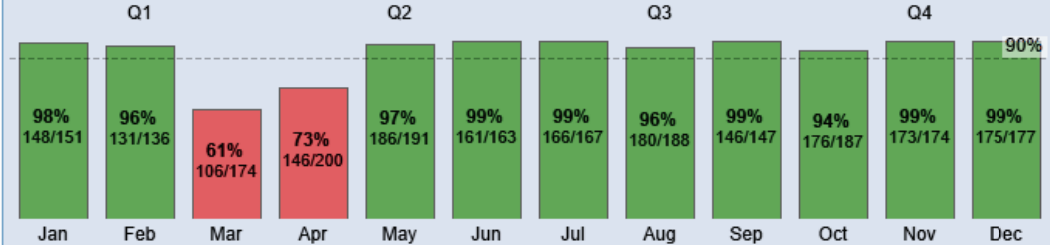
91%



## Monthly Trends

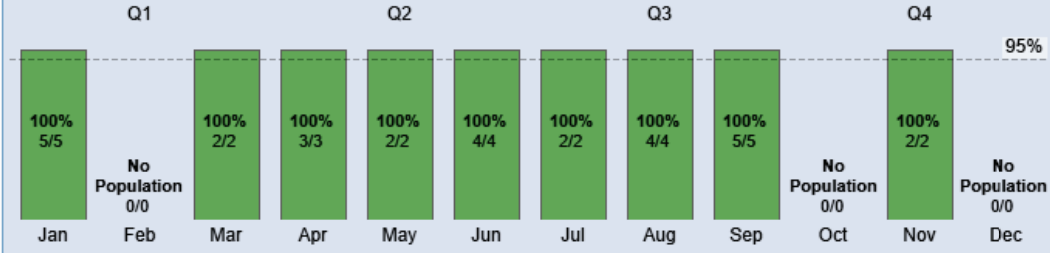
### Reliable Pain Assessments 2023

2023



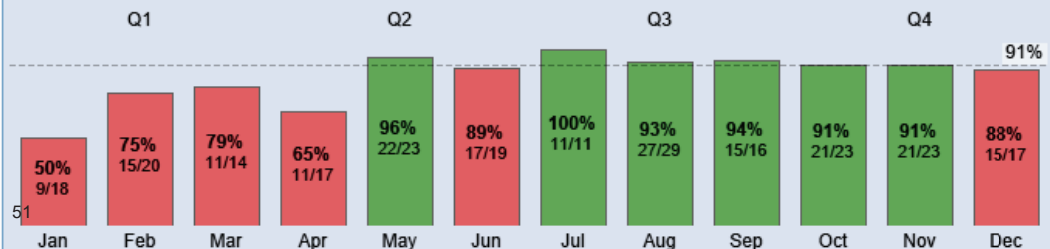
### Waveform Capnography 2023

2023





### Blood Glucose Check for Mentally Altered Patients 2023

2023



# IT SERVICE DESK HELP TICKETS

Start Date: 10/1/2023  
 End Date: 12/31/2023

<b>Calls Received</b> 3,631	<b>Average Queue Time</b> 34 seconds	<b>Abandoned Calls</b> 111	<b>Percent Abandoned</b> 3%	<b>% Abandoned Over Time</b>  
<b>Tickets Created</b> 4,584	<b>Tickets Closed</b> 4,632	<b>Avg Elapsed time to close*</b> 0 Days 3 hours	<b>Avg Days to close</b> 2 Days 4 hours	

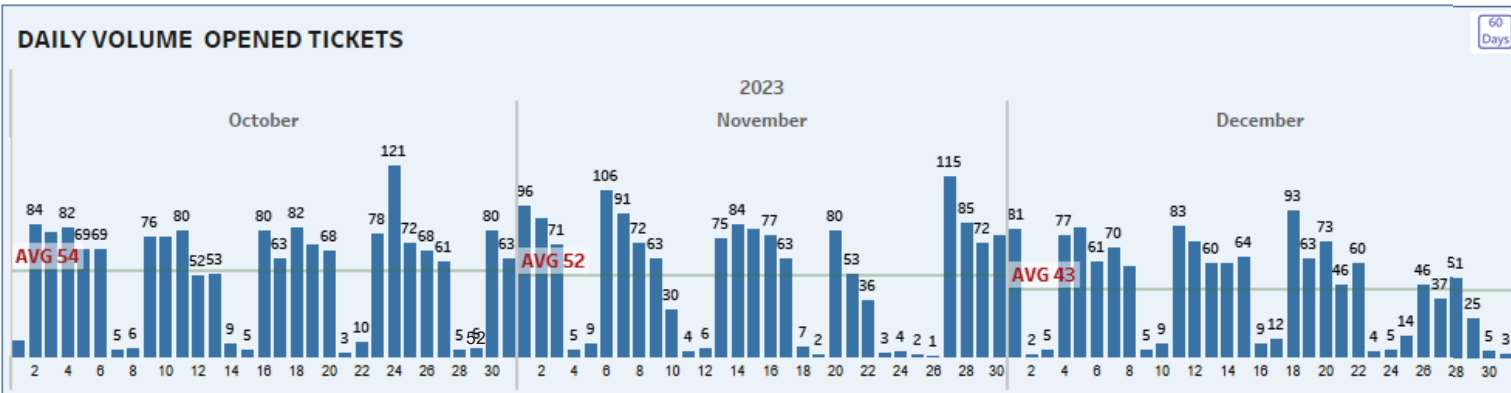
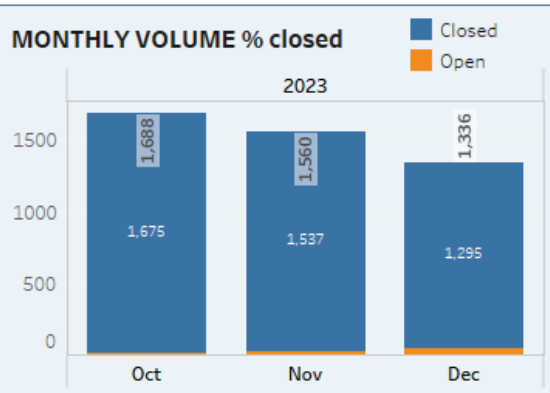
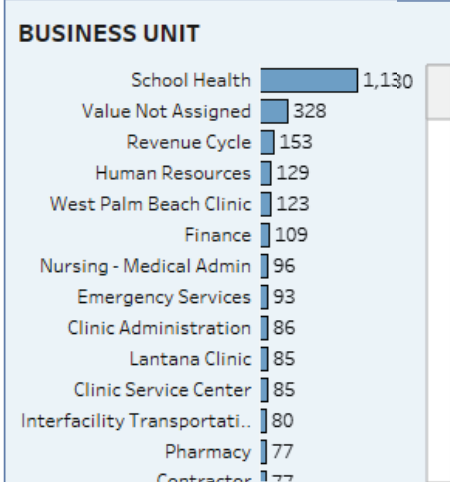
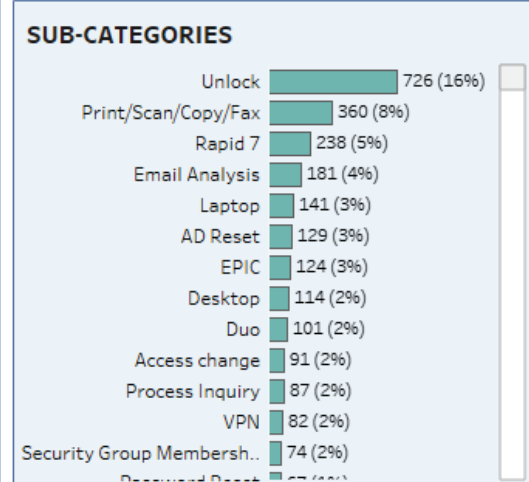
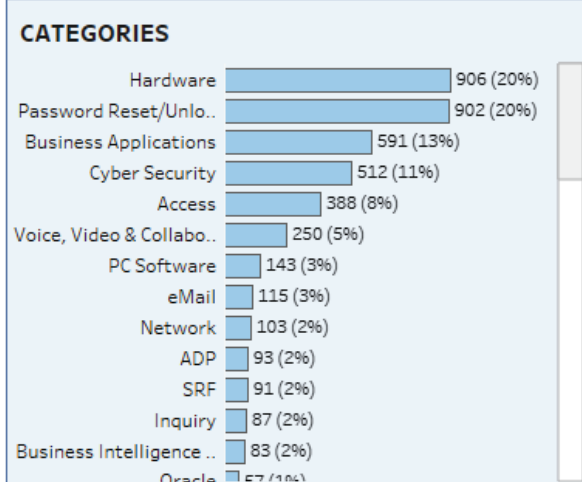
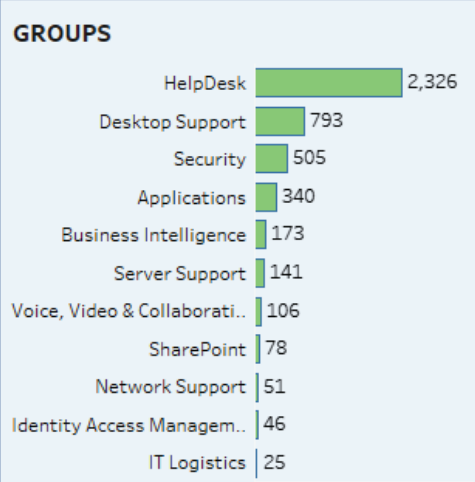
\*minus time on Hold

**Priority**  
All

**Ticket Status**  
 Closed  
 Open

 ← View Technicians

**CLOSED** **OPEN**  



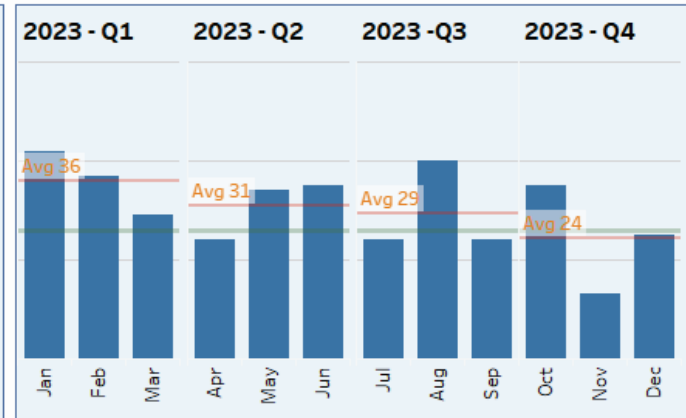
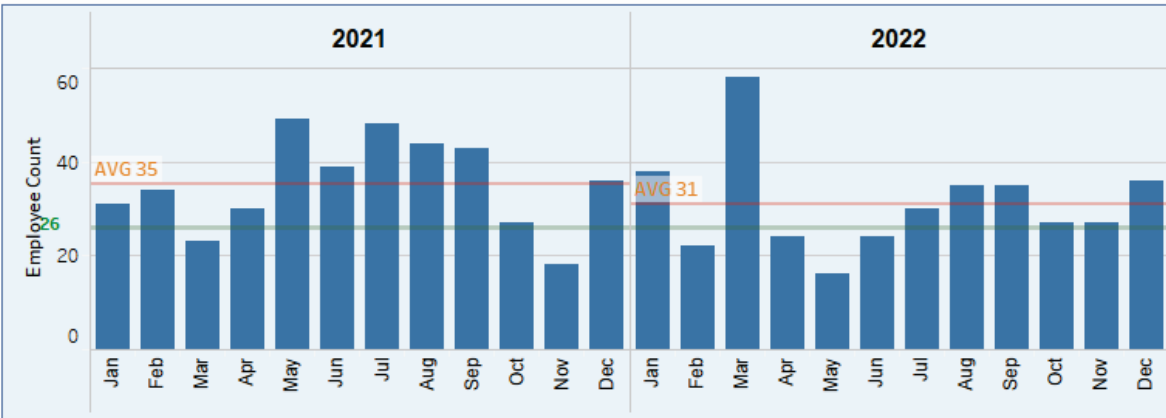




# TURNOVER AND RECRUITMENT

## ANNUAL TURNOVER

— Industry Standard 26

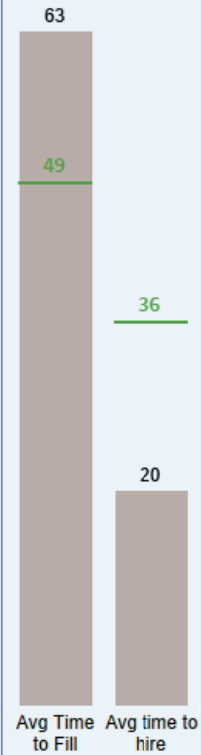


## RECRUITMENT

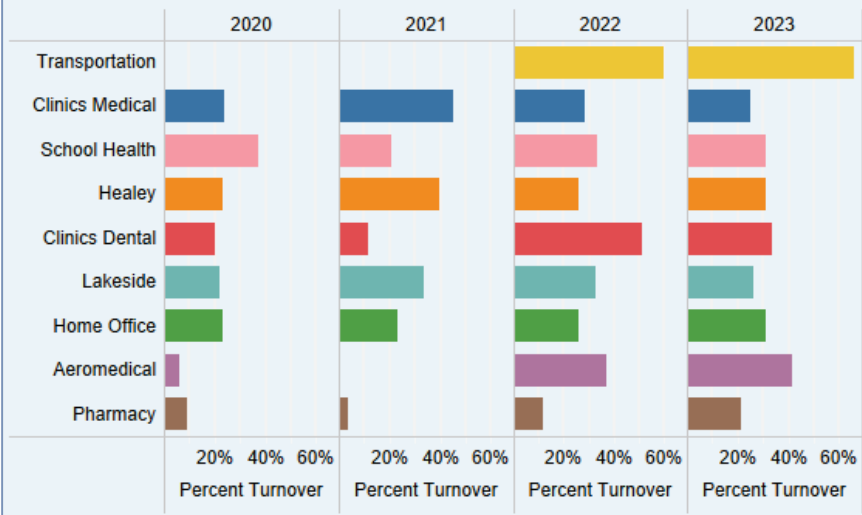
**68**

Open Positions

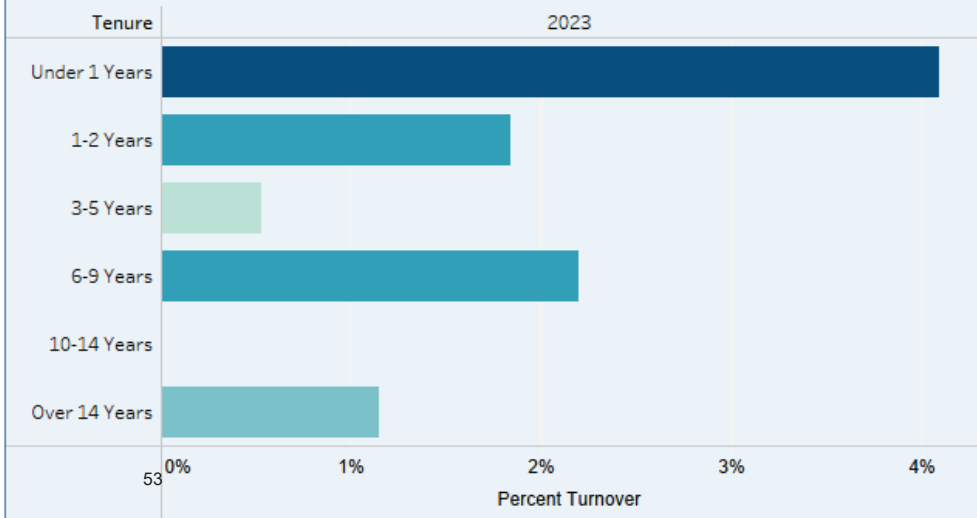
— Industry Standard



## TURNOVER RATES BY BUSINESS UNIT



## TURNOVER BY TENURE - Q4



Avg Time to Fill

Avg time to hire