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Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance Committee Meeting
March 15, 2023
10:00 A.M.

Meeting Location
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

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Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE MEETING AGENDA

March 15, 2023 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=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09

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, 2022. [Pages 1-5]

7. Consent Agenda- MOTION TO APPROVE Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
December 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=453&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
Committee Attendance. [Page 6]

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B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 7-9]

- Patient Relations Dashboard, School Health.
  (Steven Sadiku) [Page 10]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (David Speciale) [Page 11]

- Patient Relations Dashboard, E. J. Healey Center.
  (Tracy-Ann Reid) [Page 12]

- Patient Relations Dashboard, Lakeside Medical Center.
  (Kimberly Randall) [Page 13]

- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 14]

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 15-17]

- Productivity Dashboard, School Health.
  (Steven Sadiku) [Pages 18-21]

- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
  (Dr. Charmaine Chibar) [Page 22]

- Productivity Dashboard, E. J. Healey Center.
  (Shelly Ann Lau/ Terretha Smith) [Page 23]

- Productivity Dashboard, Lakeside Medical Center.
  (Alyssa Tarter/ Sylvia Hall) [Page 24]

- Productivity Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 25]

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8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities
(Heather Bokor) [Pages 26-35]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 36-41]

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku) [Page 42]
- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Pages 43-44]
- Quality & Patient Safety Report, Trauma.
  (Andrea Steele) [Pages 45-46]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Page 47]
- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Pages 48-49]
- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Page 50]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.
  (Amaury Hernandez) [Pages 51-52]
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 53-59]
- Quality & Patient Safety Report, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Page 60]

9. CEO Comments

10. Committee Member Comments

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11. Establishment of Upcoming Meetings

June 15, 2023

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

September Meeting (Date TBD)

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

December 14, 2023

- 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.

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Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
December 14, 2022 at 10:00 A.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: Dr. Alina Alonso, Dr. Luis Perezalonso, Kimberly Schulz, Erica Whitfield, Dr. LaTanya McNeal, Robert Glass, William Johnson

Staff present: Robin Kish, Tracey Archambo, Tracy-Ann Reid, Janet Moreland, Dr. Charmaine Chibar, Andrea Steele, Luis Rodriguez, Shauniel Brown, Daniel Scott, David Speciale, Lorena Serna, Amaury Hernandez, Gerry Pagano, Dr. Jennifer Dorce-Medard, Kelley Anderson, Sandra Bell

Recording/ Transcribing Secretary: Nicole Glasford

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

None.

B. Motion to Approve Agenda

Kimberly Schulz made a motion to approve the Agenda. The motion was duly seconded by Luis Perezalonso. There being no objection, the motion passed unanimously.

3. Awards, Introductions and Presentations

A. LifeTrans Ground Transportation

Amaury Hernandez provided a LifeTrans Ground Transportation presentation.

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4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of March 23, 2022.

CONCLUSION/ACTION: Kimberly Shultz made a motion to approve the Committee Meeting Minutes of March 23, 2022. The motion was dually seconded by LaTanya McNeal. There being no opposition, the motion passed unanimously.

B. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of June 15, 2022.

CONCLUSION/ACTION: Kimberly Shultz made a motion to approve the Committee Meeting Minutes of June 15, 2022. The motion was dually seconded by LaTanya McNeal. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Erica Whitfield made a motion to approve the Consent Agenda. The motion was dually seconded by William Johnson. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
March 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=453&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
June 2022 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=470&m=0|0&DisplayType=C

7A-3 **RECEIVE AND FILE:**
September 2022 Agenda Items. [Pages 9-61]

7A-4 **RECEIVE AND FILE:**
Committee Attendance. [Page 62]

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7A-5 **RECEIVE AND FILE:**
Quality, Patient Safety and Compliance Committee Meeting Schedule for 2023 [Pages 63-64]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 65-66]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (David Speciale) [Page 67]
- Patient Relations Dashboard, E. J. Healey Center.
  (Tracy-Ann Reid) [Page 68]
- Patient Relations Dashboard, Lakeside Medical Center.
  (Kimberly Randall) [Page 69]
- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 70]

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 71-73]

- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
  (Dr. Charmaine Chibar) [Page 74]
- Productivity Dashboard, E. J. Healey Center.
  (Shelly Ann Lau/ Terretha Smith) [Page 75]
- Productivity Dashboard, Lakeside Medical Center.
  (Alyssa Tarter/ Sylvia Hall) [Page 76]

8. Regular Agenda

A. **LEGAL**

8A-1 **MOTION TO APPROVE:**
Amendment to the Quality, Patient Safety and Compliance Committee Charter
(Bernabe Icaza) [Pages 77-85]

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CONCLUSION/ACTION: Erica Whitfield made a motion to approve the Amendment to the Quality, Patient Safety and Compliance Committee Charter. The motion was dually seconded by LaTanya McNeal. There being no opposition, the motion passed unanimously.

B. **COMPLIANCE**

8B-1 **RECEIVE AND FILE:**
Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities
(Heather Bokor) [Pages 86-97]

C**ONCLUSION/ACTION: Received and Filed.**

8B-2 **MOTION TO APPROVE:**
HCD Compliance, Privacy and Ethics Work Plan (FY23-24)
(Heather Bokor) [Pages 98-108]

CONCLUSION/ACTION: Robert Glass made a motion to approve the HCD Compliance, Privacy and Ethics Work Plan (FY23-24). The motion was dually seconded by Luis Perezalonso. There being no opposition, the motion passed unanimously.

C. **CORPORATE QUALITY DASHBOARDS**

8C-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 109-114]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Page 115]
- Quality & Patient Safety Report, Trauma.
  (Andrea Steele) [Page 116]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Page 117]
- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Page 118]
- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Page 119]
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 120-125]

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- Quality & Patient Safety Report, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Page 126]

CONCLUSION/ACTION: Received and Filed.

9. CEO Comments

Ms. Davis welcomed the newest members of the Quality, Patient Safety and Compliance Committee (QPSCC). Ms. Davis also announced that the Florida governor appointed three new members to the Health Care District Board and one of those members will join this QPSCC. Dr. Alonso was recognized for her upcoming retirement and all she has done on this Committee.

10. Committee Member Comments

Robert Glass thanked Dr. Alonso for her presence and contribution to the Committee.

11. Establishment of Upcoming Meetings

March 15, 2023

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

June 15, 2023

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

September Meeting (Date TBD)

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

December 14, 2023

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

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

There being no further business, the Public Meeting was adjourned at 11:51 A.M.

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.

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

Attendance Tracking for 12/2021 to 12/2022

	12/15/22	3/23/22	6/15/22	9/27/22	12/14/22
Tracy Caruso					
Dr. Alina Alonso	✔		✔	MEETING CANCELLED	✔
Dr. Luis Perezalonso					✔
Kimberly Schulz	✔	✔	✔		✔
Dr. LaTanya McNeal					✔
Robert Glass	✔				✔
William Johnson					✔

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboards for the 1st trimester of the 2022/2023 school year for School Health and the 4th Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

School Health

For Trimester 1 of School Year 2022/2023, School Health had a total of 65 Patient Relations events reported for 167 school locations and 216,640 health room events. Of the 65 patient relation events, 14 were complaints, 51 were compliments, and there were no grievances. Out of the 14 complaints, 50% were from school district staff, 43% were from family members and 7% was from an employee awaiting testing equipment. The complaints were related to poor communication, nurse related, care and treatment of students. The 51 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 2022, there were a total of 42 Patient Relations Occurrences that occurred between 7 Clinics and Clinic Administration. Of the 42 occurrences, there were a total of 8 Grievances and 34 Complaints. The top 5 categories were Care & Treatment, Respect, Referral, Communication and Physician Related Issues. The top subcategory was Poor Communication with 5 occurrences.

There was also a total of 57 Compliments received across 7 Clinics and Clinic Administration. Of the 57 Compliments, 45 were patient compliments and 12 were employee to employee Thumbs-Up compliments.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 43 grievances submitted during the 4th quarter. 30 residents were responsible for the 43 grievances. The average census for the quarter was 110. The top 5 categories were Personal Belongings (13), Environmental (7), Communication (6), Nursing related (5), and Care and Treatment (5). Some of the concerns included: missing clothing which were out at laundry, broken key to night stand which was replaced, noise from other residents' room-tactile stimulation provided for resident making the noise along with familiar pictures, not liking when people go through deliveries- a pointing object was identified in the delivery and inspection revealed a knife- education was provided. Grievances were resolved within the recommended guidelines.

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A total of 37 compliments were submitted this quarter by residents and resident representatives. The compliments were contentment with care, happy with the staff being respectful, and appreciation of the excellent care that they provide.

Lakeside Medical Center

Lakeside Medical Center reported a total of 11 complaints and 8 compliments for Q4 October – December 2022. The event complaint categories include 7 Care & Treatment, 2 Medical Records, 1 Discharge- appropriate/early and 1 Nutrition. All complaints are addressed by the Community Liaison Manger who ensures appropriate follow-up occurs with provider and/or manager as necessary.

Pharmacy

The pharmacy had one patient complaint and one patient compliment for Q4. Both incidents originated from Delray Pharmacy. The complaint stated that the pharmacy staff used a condescending tone and didn't feel like the pharmacy team listened to her, and that she couldn't utilize the IVR line for refills. For the compliment, a patient left a voicemail stating the Delray Pharmacy manager, Alma Kadribasic, should be commended for helping him navigate access to the medication prescribed by a specialist; he appreciated the extra effort.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes ☐ No ☐
Net Operating Impact	N/A	N/A	Yes ☐ No ☐

*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:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
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Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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School Health
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
School Health

Top Categories
5

Provider All

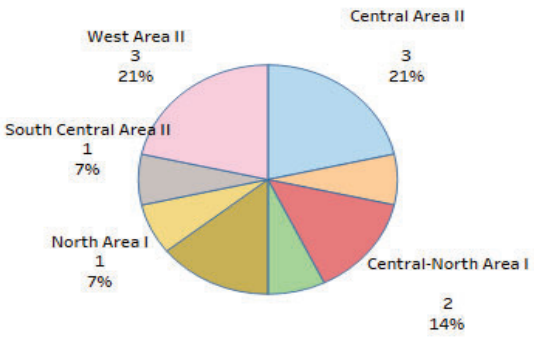
2022-2023 T1

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

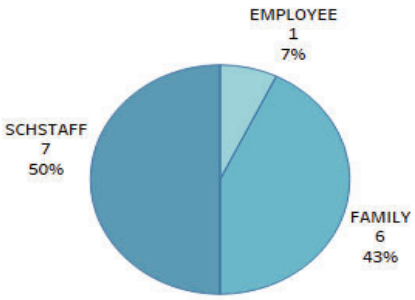
8/10/22 to 12/31/22

Total Complaints and Grievances 14 **Late Entries: 1**

Schools by Area



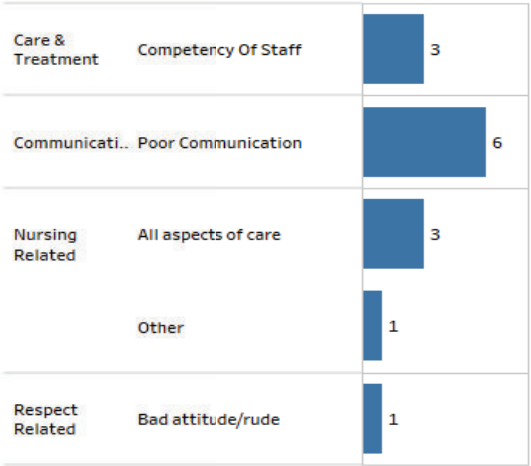
Complainant



Top 5 Categories

Communication	BENOIST	1
	LOXAHATCH	1
	NORTHMORE	1
	OKEEHEELEE	1
	PBCHPUBLIC	1
	SEMINTRAL	1
Nursing Related	CHRMCAULIF	1
	JOHNLEON	1
	STARLCOVE	1
	WELLHIGH	1
Care & Treatment	ALLAMANDA	1
	CRESTWOOD	1
	PLMSPRGEL	1
Respect Related	POINCIANA	1

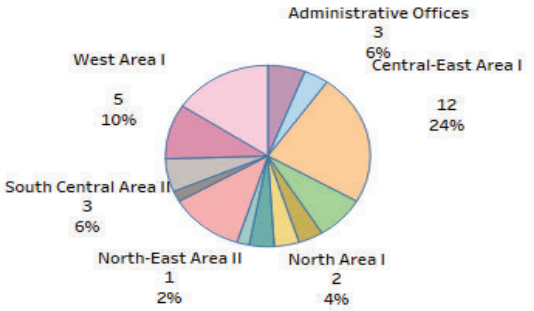
Total Top 5 Subcategories



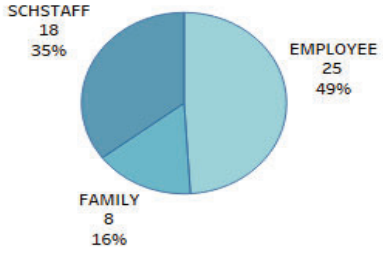
Total Compliments 51 **Late Entries: 1**

Comp/Griev Prev 4 Terms

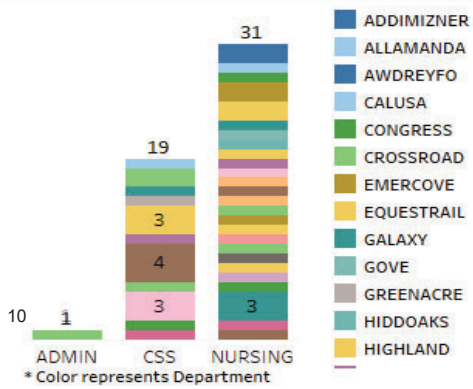
Schools by Area



Complimenter

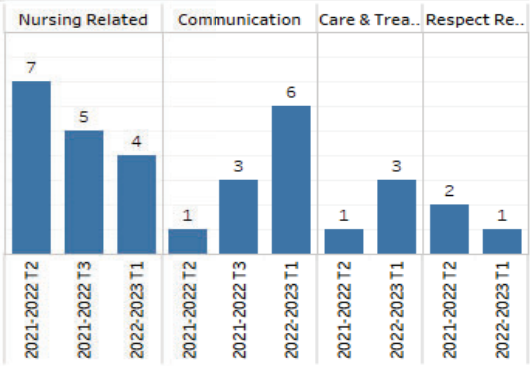


Care & Treatment Categories



Top 5 Categories Trended

1/1/22 to 12/31/22



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C.L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

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

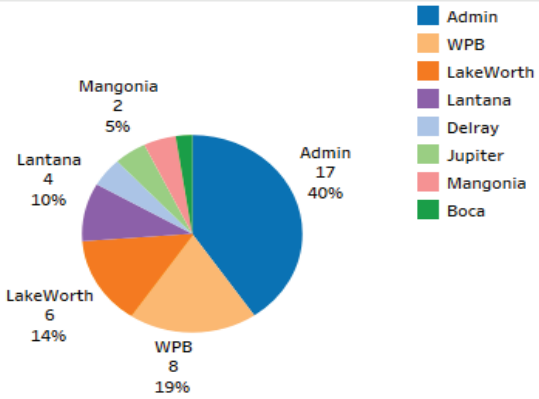
Detail

Top Categories
5

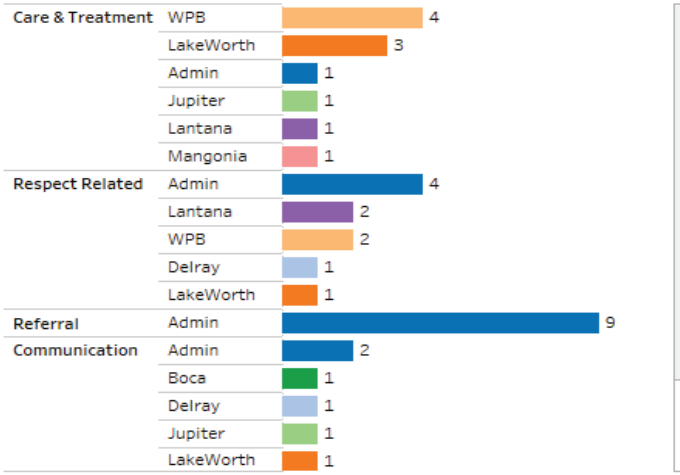
2022 Q4 10/1/22 to 12/31/22

Dept Desc All **Provider** All **Total Complaints and Grievances** 42 **Late Entries: 1** **Clinic** All

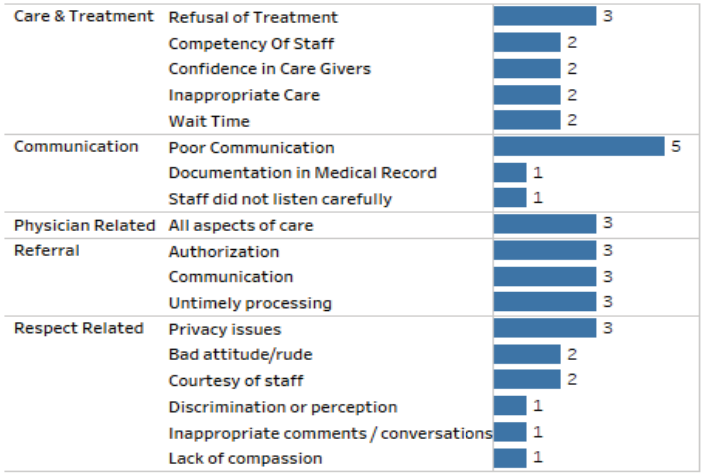
Clinics



Top 5 Categories



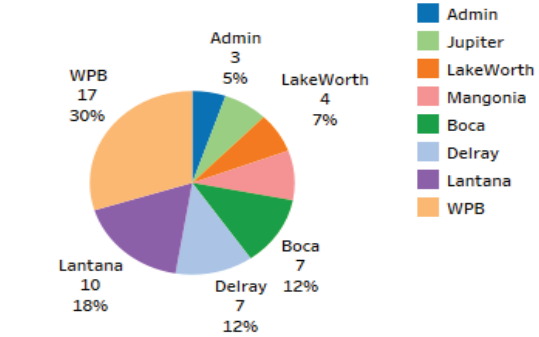
Total Top 5 Subcategories



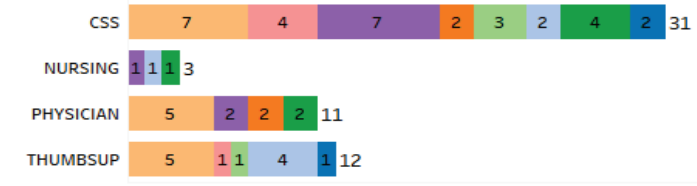
Total Compliments 57 **Late Entries: 2**

Complaints/Grievances Prev 4 Quarters 166

Clinics



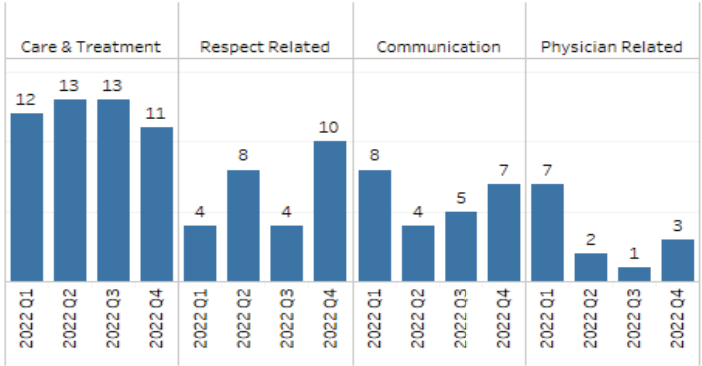
Care and Treatment Categories



11

Top 5 Categories Trended

1/1/22 to 12/31/22



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

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Healey Center
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Detail

Top Categories
5

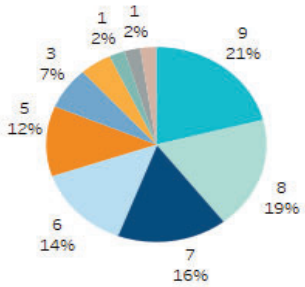
Provider All

2022 Q4

10/1/22 to 12/31/22

Total Complaints and Grievances 43

Departments



- SAND DOLLAR
- PELICAN
- STARFISH
- DOLPHIN
- LAUNDRY
- DIETARY
- SOCIAL SERVICES
- HOUSEKEEPING
- MANATEE
- SUPPORT SERVICES

Top 5 Categories

Personal Belongings	LAUNDRY	5
	STARFISH	3
	DOLPHIN	1
	MANATEE	1
	PELICAN	1
	SAND DOLLAR	1
	SUPPORT SERVICES	1
Environmental	DOLPHIN	4
	HOUSEKEEPING	1
	PELICAN	1
	SOCIAL SERVICES	1
Communication	SAND DOLLAR	3
	PELICAN	1
	SOCIAL SERVICES	1
	STARFISH	1
Nursing Related	PELICAN	3
	STARFISH	2

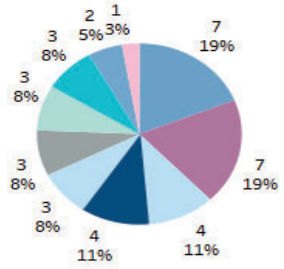
Total Top 5 Subcategories

Care & Treatment	Wait Time	5
Communication	Staff did not explain Things Understan..	3
	Education	2
	Documentation in Medical Record	1
Environmental	Other	1
	Noise issues: staff roommate construct..	5
	Lack of cleanliness	1
Nursing Related	Other	5
	All aspects of care	1
Personal Belongings	Clothes	7
	Money	5
	Loss	1

Total Compliments 37

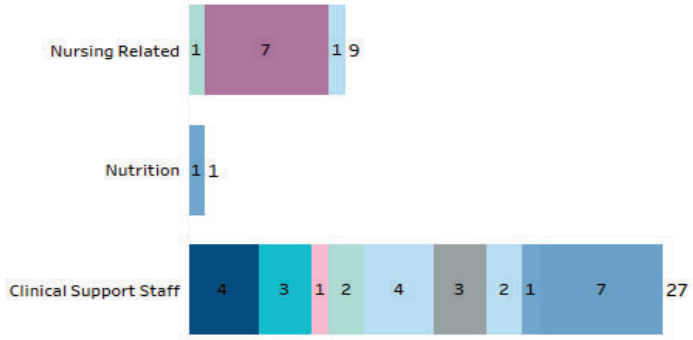
Complaints/Grievances Prev 4 Quarters 43

Departments



- ACTIVITIES
- NURSING
- NONE
- STARFISH
- DOLPHIN
- MANATEE
- PELICAN
- SAND DOLLAR
- DIETARY
- REHAB

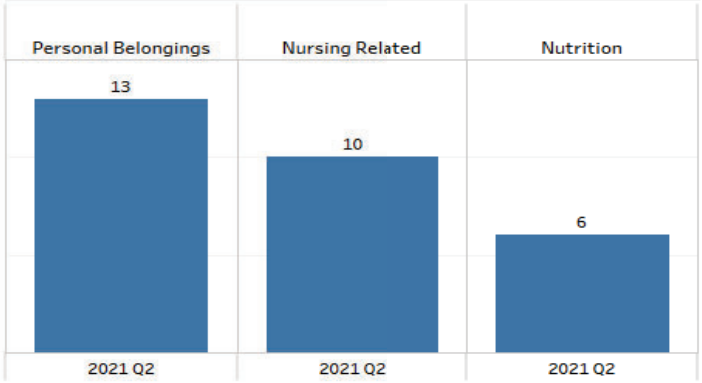
Care and Treatment Categories



* Color represents Department

Top 5 Categories Trended

4/1/21 to 6/30/21



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Lakeside Medical Center
Health Care District Palm Beach County

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

Detail

Top Categories 5

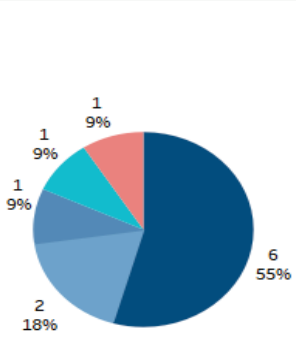
Provider: All

2022 Q4

10/1/22 to 12/31/22

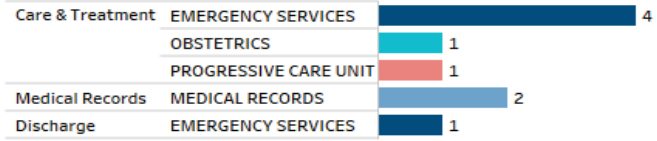
Total Complaints and Grievances 11 **Late Entries: 0**

Departments

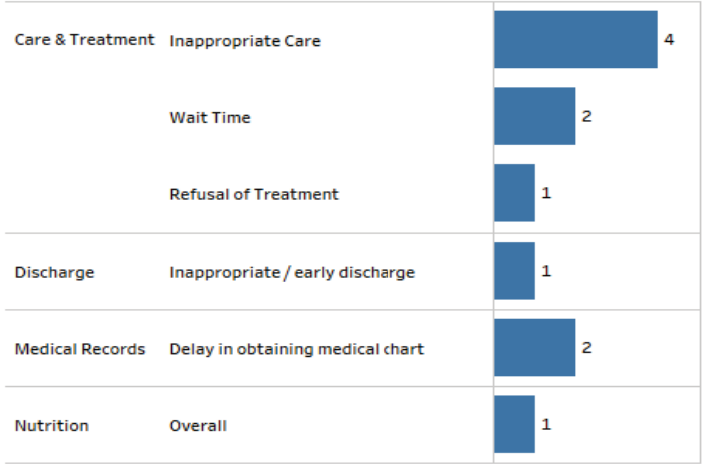


- EMERGENCY SERVICES
- MEDICAL RECORDS
- MED SURGERY 2ND FLOOR
- OBSTETRICS
- PROGRESSIVE CARE UNIT

Top 5 Categories



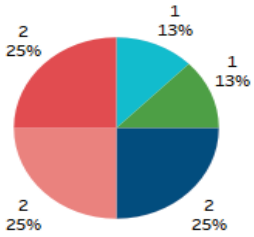
Total Top 5 Subcategories



Total Compliments 8 **Late Entries: 0**

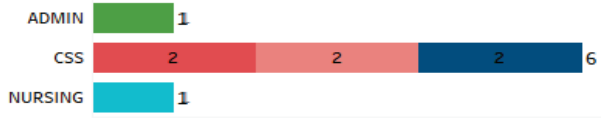
Complaints/Grievances Prev 4 Quarters 68

Departments



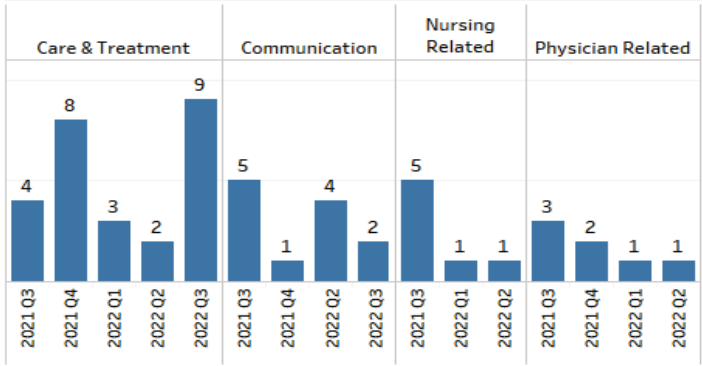
- OBSTETRICS
- PEDIATRICS
- EMERGENCY SERVICES
- PROGRESSIVE CARE UNIT
- RADIOLOGY

Care and Treatment Categories



Top 5 Categories Trended

7/1/21 to 9/30/22



* Color represents Department

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PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Detail

Top Categories
5

Provider All

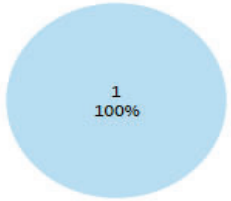
2022 Q4

10/1/22 to 12/31/22

Total Complaints and Grievances 1 **Late Entries: 0**

Departments

DELRAY PHARMACY

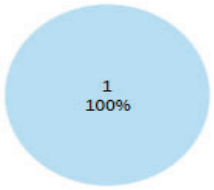


Top 5 Categories

Total Top 5 Subcategories

Total Compliments 1 **Late Entries: 0**

Departments



Care and Treatment Categories

Complaints/Grievances Prev 4 Quarters

Top 5 Categories Trended

4/1/21 to 6/30/21

* Color represents Department

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity dashboards for the 1st trimester of the school year 2022/2023 for School Health and the 4th Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

School Health

In the first trimester of the 2022/2023 school year (August 10th – December 31st), we completed a total of 216,640 events across 167 schools. These events were broken down by 96,438 office visits, 48,479 medication visits, 31,569 procedure visits, 13,920 consultation events, and 26,253 record reviews. The top 3 schools with the most events are Calusa Elementary, Crystal Lakes Elementary and Wellington Landings Middle School.

Class Return Rates

In the first trimester of the 2022/2023 school year (August 10th – December 31st), we met the goal (Target > 70%) for students returning to class from an office visit, with 73% of students that remained in school versus 27% of students that were sent home. The top 3 reasons/complaints students went home are abdominal pain, headache, and vomiting.

COVID-19 and Influenza

In the first trimester, we performed a total of 19,961 COVID-19/Influenza screenings with 15,036 unique students. The elementary schools performed the most screenings at 72%, followed by middle schools at 20% and high schools at 8%. As a result of the screenings, 28% of students were screened positive and referred for testing, and 72% resulted in a negative screen who remained in school.

We performed a total of 1,149 in-house point-of-care tests for students. Out of 1,149 tests, 637 were COVID-19 tests, and 512 were influenza tests. For COVID-19 testing, 93% resulted in a negative test, and 7% resulted in a positive test. For Influenza testing, 83% resulted in a negative test, and 17% resulted in a positive test.

The leading symptom for positive COVID-19 testing is headache, and the leading symptom for positive influenza testing is fever. We performed the most testing during the week of December 16th with 229 tests.

C. L. Brumback Primary Care Clinics

In Q4 of 2022, the clinics served 17,792 unique patients and provided 35,080 clinic visits.

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

Edward J. Healey Rehabilitation and Nursing Center

During the fourth quarter, census for the Healey Center averaged 110. Covid-19 Screening totaled 12,363 for employees, increased by 400 and 2858 for vendors, increased by 194. Treatments performed by nursing totaled 48,628 and 279,328 for medication administration. Food and nutrition services provided a totaled 26,830.
CNA POC documentation compliance rate for day shift averaged 99.01 evening shift averaged 99.20% and night shift averaged 99.30%. The therapy department completed a total of 2,934 units for the quarter.

Lakeside Medical Center

The productivity data report for 4th Quarter 2022 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,839 patient days for Q4- 2022 compared to 1,868 for Q3-2022 resulting in a 2% decrease.

- **Emergency Services Visits** – There was a total of 5,691 visits for Q4-2022 compared to 5,107 for Q3-2022 resulting in a 11% increase.

- **Obstetrical Deliveries** - There was a total of 21 deliveries for Q4-2022 compared to 33 for Q3-2022 resulting in a 36% decrease.

- **Baker Acts –** The was a total of 3 Inpatient Baker Act cases for Q4-2022 compared to 0 for Q3-2022 resulting in a 0% increase.

- **Physical Therapy Visits (Evaluations and Treatments)** – There was a total of 159 evaluation and treatments for Q4-2022 compared to 199 for Q-2022 resulting in a 20% decrease.

- **Medication Orders** - There was a total of 42,426 medications administered for Q4-2022 compared to 40,687 for Q3-2022 resulting in a 4% increase.

- **Laboratory Specimens Collected** – There was a total of 21,854 lab specimens collected for Q4-2022 compared to 22,041 for Q3-2022 resulting in a 1% decrease.

- **Radiology Exams Completed** – There was a total of 6,663 radiological exams performed for Q4-2022 compared to 6,343 for Q3-2022 resulting in a 5% increase.

- **Co-Vid 19 Testing** – There was a total of 2,262 Covid-19 test performed for Q4-2022 compared to 2,321 for Q3-2022 resulting in a 2.5% decrease.

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Pharmacy

For all pharmacies, pharmacy attempted 11,898 notifications with 92% successful contacts. 7,410 initial reminders were to notify patients that a prescription(s) was ready. A second reminder (3,096) was sent to patients for medications not picked up after three days. The pharmacy then sent a third and final reminder (1,392) on day 8 for prescriptions that had not been picked up.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes ☐ No ☐
Net Operating Impact	N/A	N/A	Yes ☐ No ☐

*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:
Candice Abbott
F637D209DB52427...
Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Committee Name	Date Approved
N/A	N/A

6. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...
Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...
Belma Andric, MD
VP & Chief Medical Officer

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

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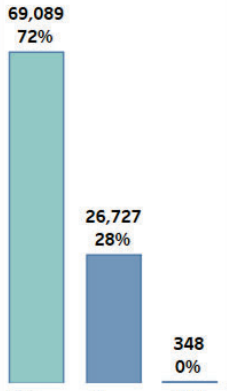
School Health
Health Care District Palm Beach County

School Health Room Office Visits

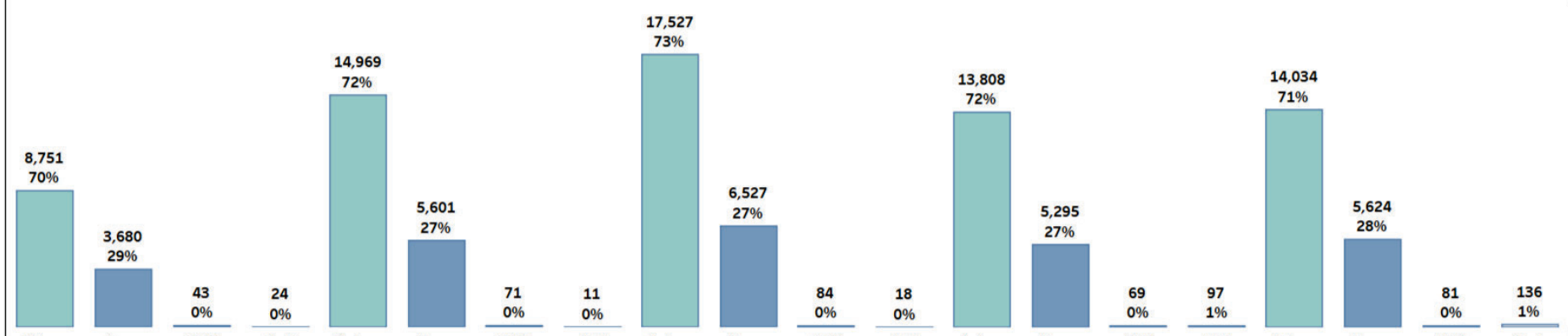
8/10/2022 to 12/31/2022

216	96,450	23.0	49,483
# Unique Providers	# Health Room Visits	Avg Dur (Min)	# Unique Students

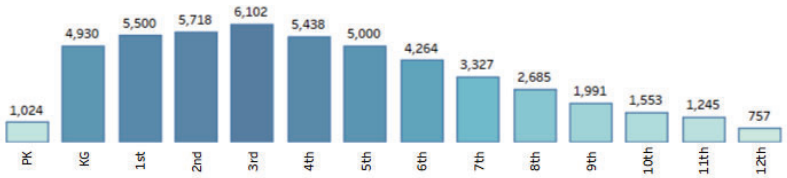
Students Outcome



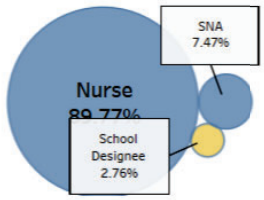
1st Trimester



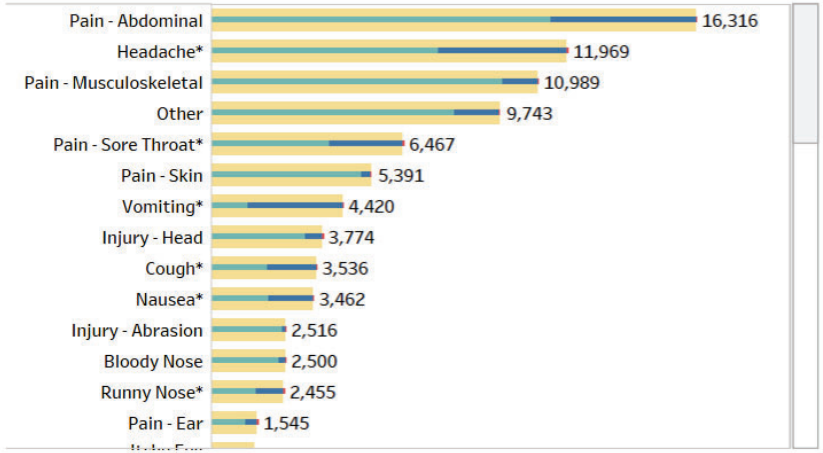
Students by Grade



Provider Type

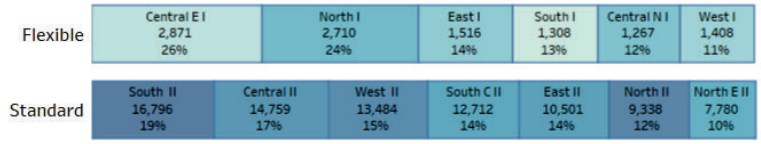


Reason for Visit



Visits by Area

Percentages are by Staffing Model



Female 48% / Male 52%

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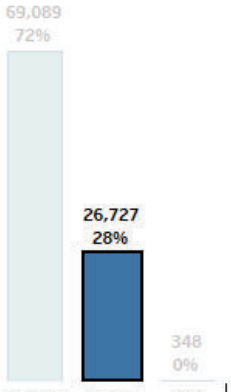
School Health
Health Care District Palm Beach County

School Health Room Office Visits

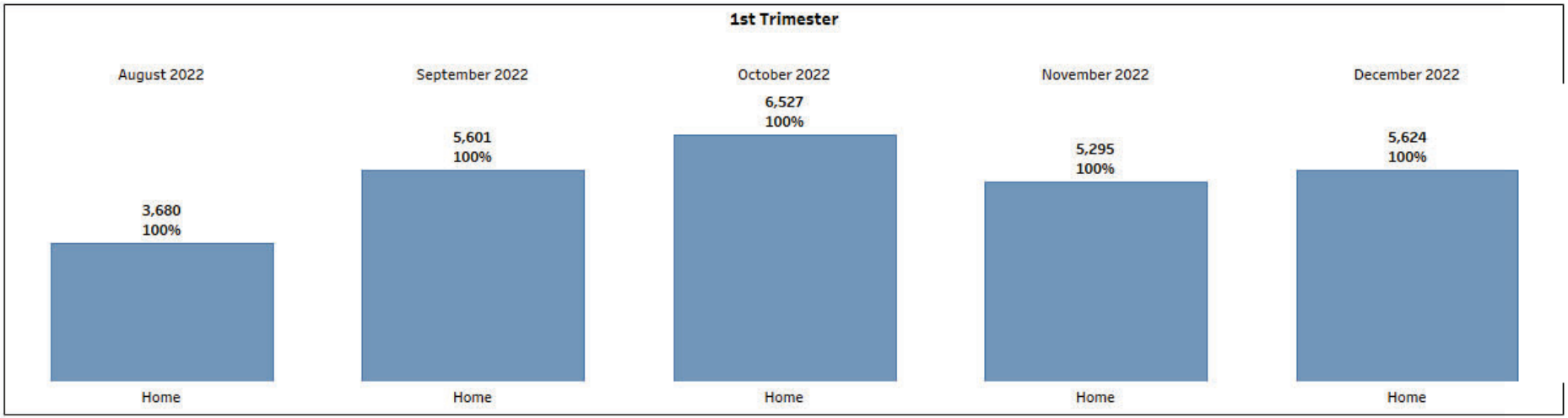
8/10/2022 to 12/31/2022

212	26,762	38.4	20,937
# Unique Providers	# Health Room Visits	Avg Dur (Min)	# Unique Students

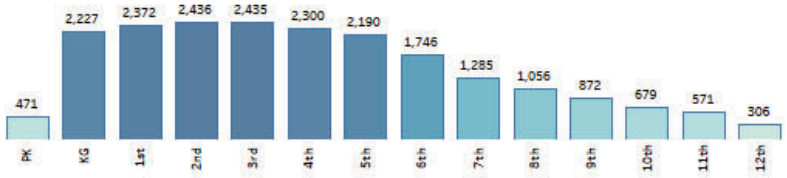
Students Outcome



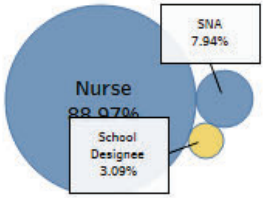
1st Trimester



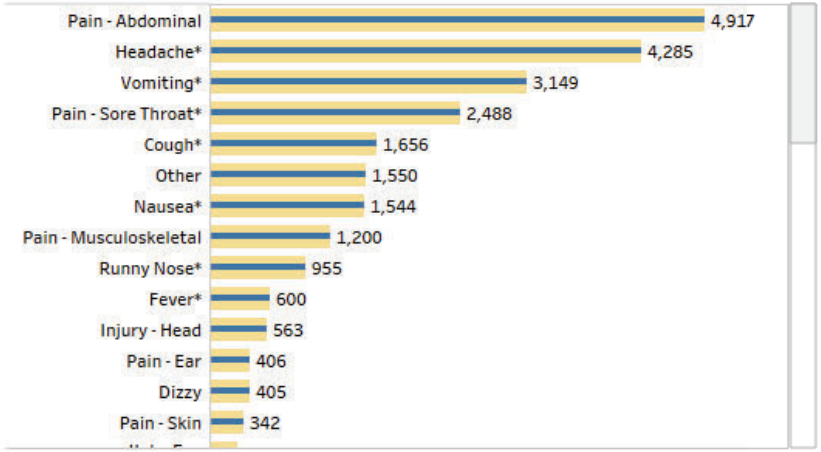
Students by Grade



Provider Type



Reason for Visit



Visits by Area

Percentages are by Staffing Model

Flexible	North I 963 28%	Central E I 925 27%	South I 438 13%	East I 408 13%	Central N I 322 11%	West I 275 8%	
Standard	South II 4,159 18%	Central II 4,037 17%	West II 3,454 14%	North II 3,354 14%	South C II 3,250 14%	East II 2,940 13%	North E II 2,237 10%

Female 48% / Male 52%

Gender Assigned at Birth

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School Health
Health Care District Palm Beach County

Palm Beach County Schools
Covid-19 and Influenza Student Screening & Testing

Start Date 8/10/2022 End Date 12/31/2022

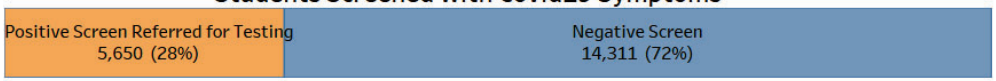
19,961 Screenings Performed

1,149 In-House Testing Performed

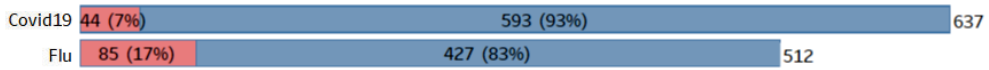
Area: Multiple values School: All

Area: Multiple values School: All

Students Screened with Covid19 Symptoms

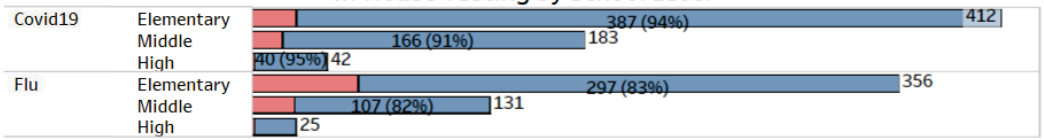


Test Results

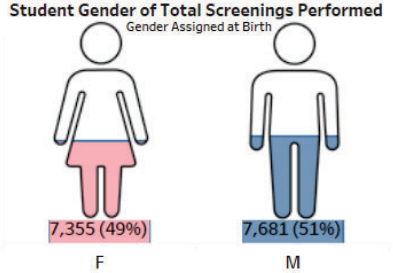


Screenings Performed by School Level

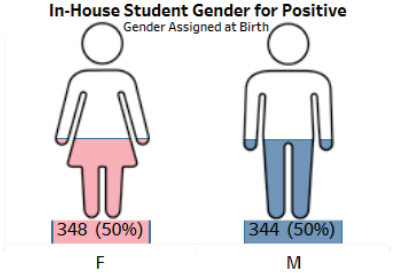
In-House Testing by School Level



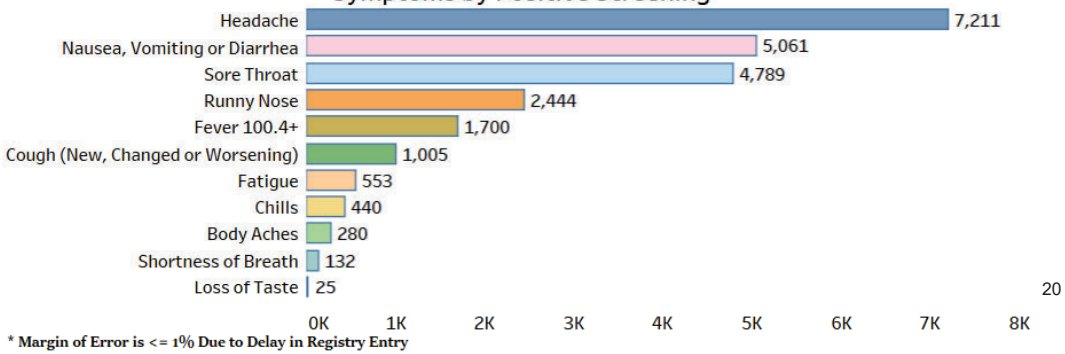
Student Gender of Total Screenings Performed



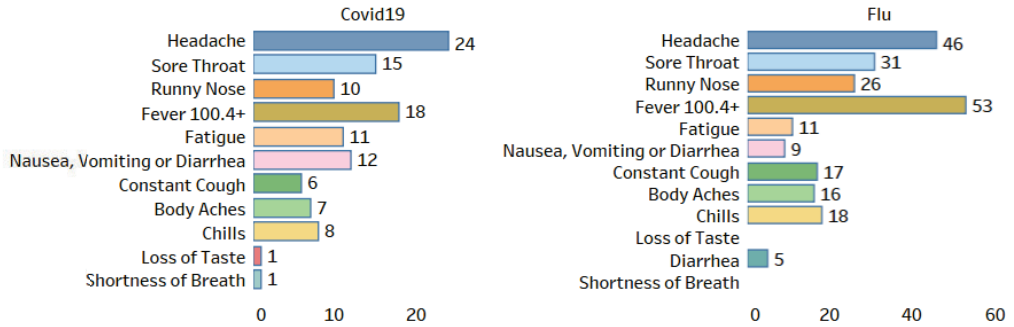
In-House Student Gender for Positive



Symptoms by Positive Screening



Symptoms by Positive Test Result



* Margin of Error is <= 1% Due to Delay in Registry Entry

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School Health
Health Care District Palm Beach County

Palm Beach County Schools
Covid-19 and Influenza Tests Performed

Area	School Name	Start Date	End Date
Multiple values	All	8/10/2022	12/31/2022

15,036 Unique Students

Screening Volume

19,961 # Screenings

Covid19	44 (7%)	593 (93%)	637
Flu	85 (17%)	427 (83%)	512

692 Unique Students

In-House Testing Volume

1,149 # Tested

Covid19 Positivity by School

of Rows 7

3 (11%) Conniston	2 (100%) Osceola Creek	1 (11%) Grassy Waters	1 (11%) Okeeheelee	1 (3%) West Gate
3 (14%) Coral Reef	2 (25%) Pine Jog	1 (17%) Hagen Road	1 (5%) Pahokee Senior	1 (33%) Wynnebrook
2 (25%) Crestwood	2 (13%) The Conservatory at NPB	1 (50%) Independence	1 (100%) Palm Beach Gardens Elem.	
2 (6%) Equestrian Trails	2 (14%) Watson B. Duncan	1 (50%) John I. Leonard	1 (8%) Panther Run	
2 (20%) Hammock Pointe	2 (7%) Woodlands	1 (2%) Jupiter	1 (6%) Polo Park	
2 (20%) Jupiter Farms	1 (33%) Belvedere	1 (100%) Lake Shore	1 (6%) Sandpiper Shores Elem.	
2 (9%) Marsh Pointe	1 (33%) Blue Lake	1 (33%) Lake Worth Comm	1 (17%) Tradewinds	

Flu Positivity by School

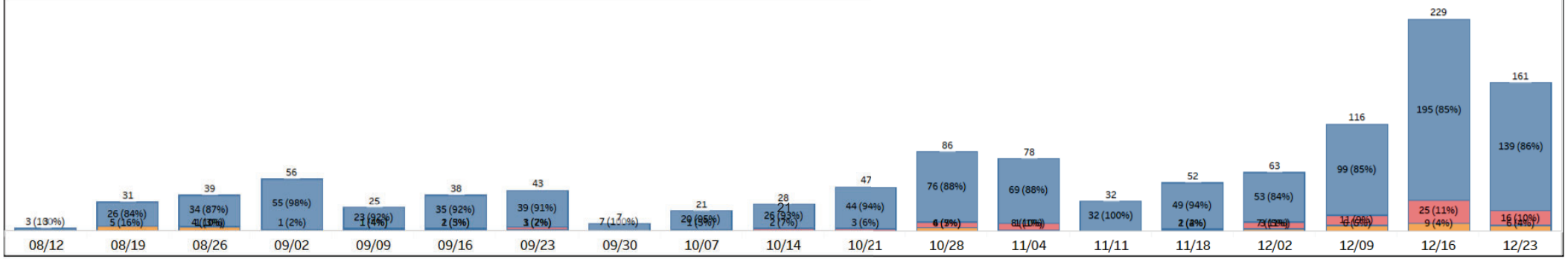
7 (18%) Equestrian Trails	4 (25%) Royal Palm Beach Elem	2 (25%) Jupiter Farms	1 (14%) Binks Forest	1 (100%) Hidden Oaks K-8	1 (17%) The Conservatory at NPB
6 (35%) Coral Reef	3 (25%) Jeaga	2 (25%) Okeeheelee	1 (50%) Blue Lake	1 (11%) Jerry Thomas	
6 (46%) Cypress Trails	3 (100%) K E Cunningham/Canal Pt. Elem	2 (18%) Pahokee Senior	1 (33%) Crystal Lakes Community Elem	1 (33%) New Horizons	1 (33%) Verde K-8
6 (24%) Woodlands	3 (100%) Osceola Creek	2 (13%) Watson B. Duncan	1 (25%) Freedom Shores Elem	1 (20%) Palmetto	
5 (28%) Sandpiper Shores Elem.	2 (67%) Atlantic	2 (67%) Wellington Landings	1 (14%) Hagen Road	1 (8%) Panther Run	
4 (40%) Elbridge Gale	2 (7%) Conniston	2 (6%) West Gate	1 (20%) Hammock Pointe	1 (14%) Polo Park	
4 (18%) Marsh Pointe	2 (40%) Independence	1 (8%) Addison Mizner	1 (100%) Heritage	1 (8%) South Olive	

Covid19 and Flu Positivity Trend for Weekly Testing

Negative Flu+ Covid19+

* By Week Ending Date

1st Trimester



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Primary Care Clinics
Health Care District Palm Beach County

Clinic Visit types, Trends & Different Service Utilization 10/1/2022 to 12/31/2022

All

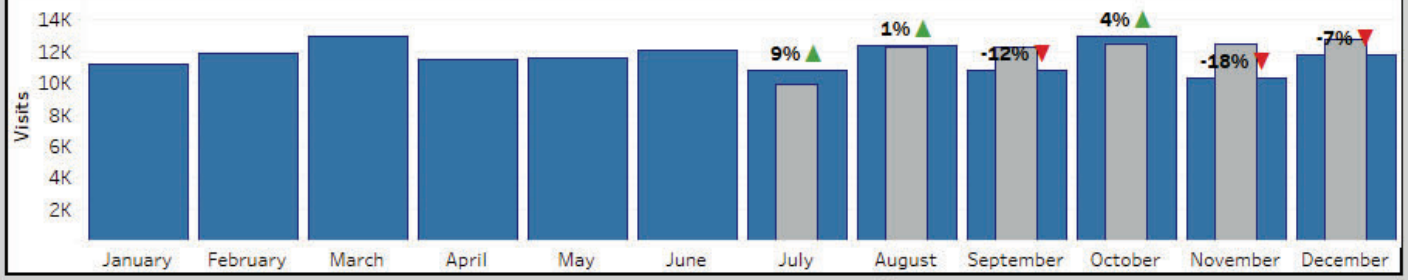
Click to display filter options

Unique Patients	Patient Visits
17,792	35,080

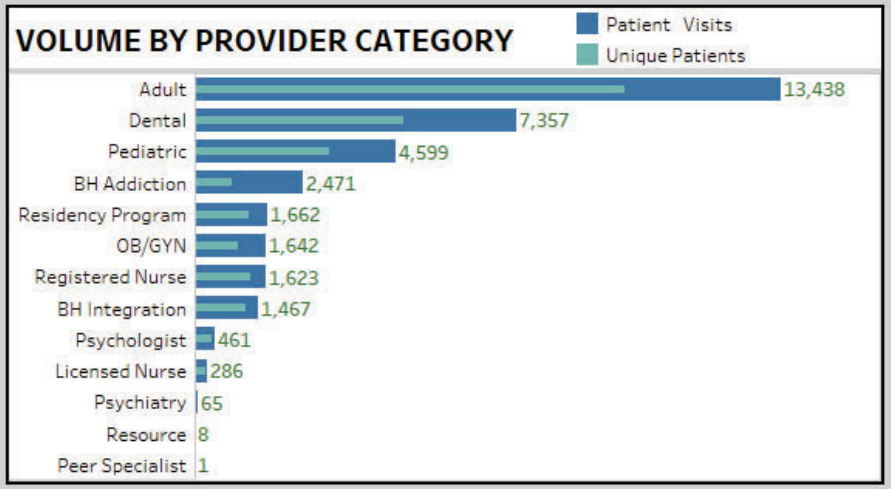
VISIT TYPE

	Office Visit	Nurse Only	Telemedicine	Immunization
Patients	17,505	1,550	501	7
Visits	32,404	2,039	630	7

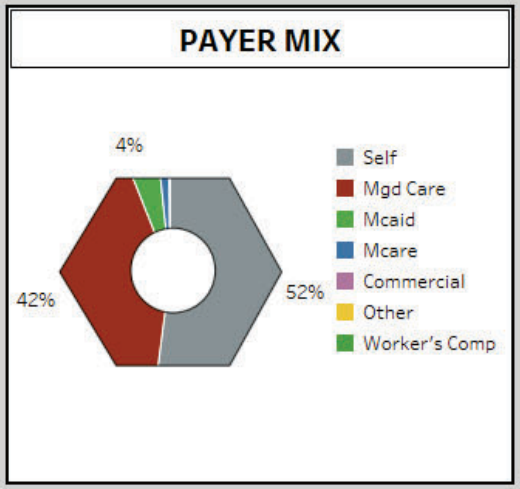
MONTHLY VOLUME



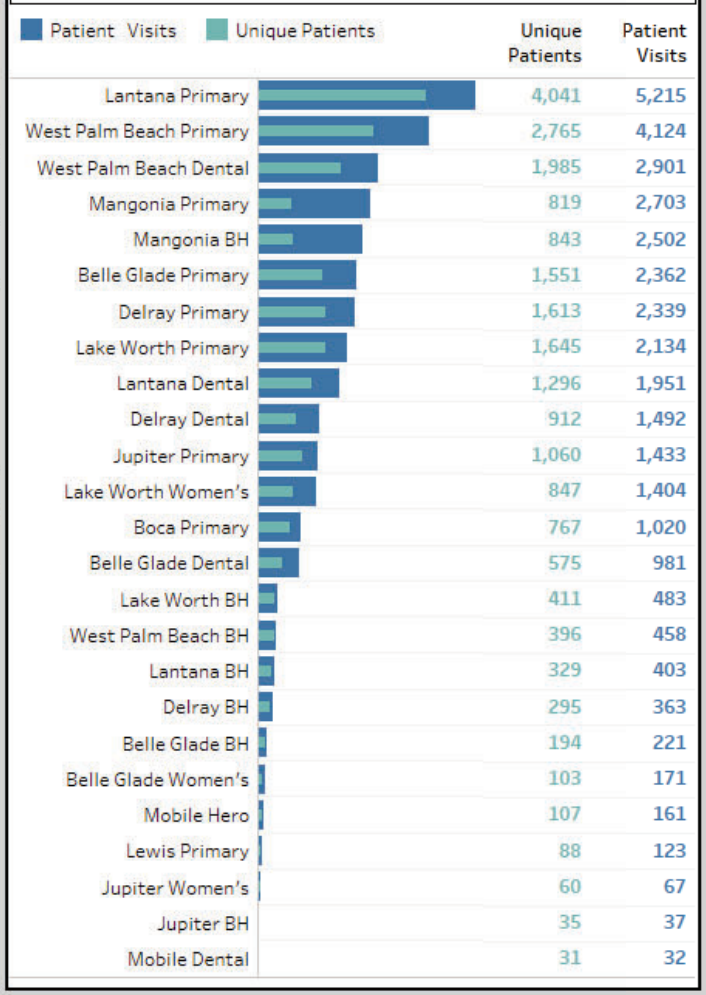
VOLUME BY PROVIDER CATEGORY



PAYER MIX



VOLUME BY CLINIC



	Unique Patients	Patient Visits
Lantana Primary	4,041	5,215
West Palm Beach Primary	2,765	4,124
West Palm Beach Dental	1,985	2,901
Mangonia Primary	819	2,703
Mangonia BH	843	2,502
Belle Glade Primary	1,551	2,362
Delray Primary	1,613	2,339
Lake Worth Primary	1,645	2,134
Lantana Dental	1,296	1,951
Delray Dental	912	1,492
Jupiter Primary	1,060	1,433
Lake Worth Women's	847	1,404
Boca Primary	767	1,020
Belle Glade Dental	575	981
Lake Worth BH	411	483
West Palm Beach BH	396	458
Lantana BH	329	403
Delray BH	295	363
Belle Glade BH	194	221
Belle Glade Women's	103	171
Mobile Hero	107	161
Lewis Primary	88	123
Jupiter Women's	60	67
Jupiter BH	35	37
Mobile Dental	31	32

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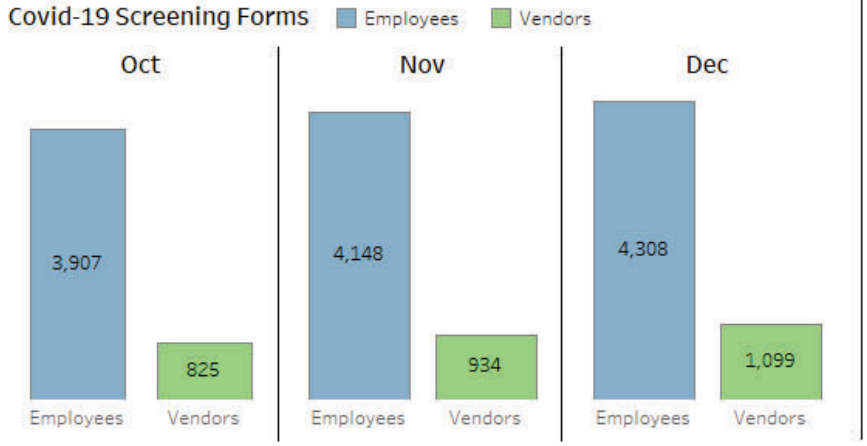
Healey Center
Health Care District Palm Beach County

Healey Center Productivity Data

October 1, 2022
to
December 31, 2022

Covid-19 Screening Forms



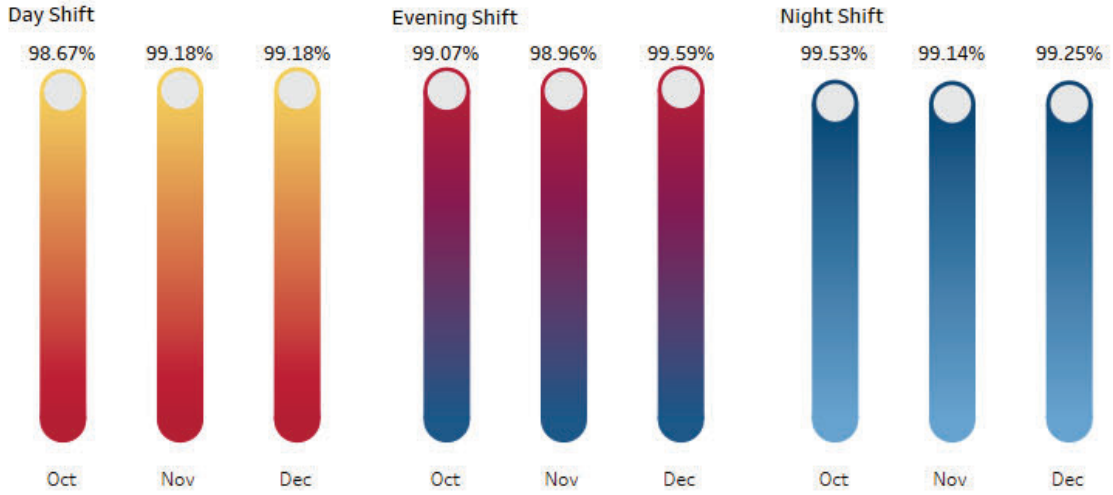
Avg Monthly Census

Treatments Performed

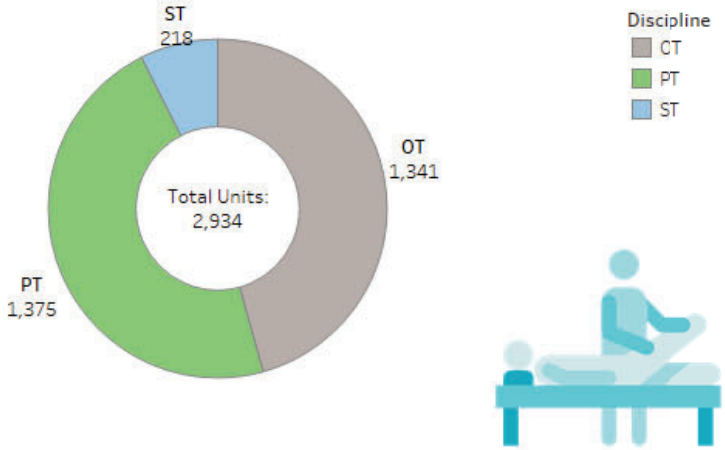
Meal Count

Medication Administrations

CNA Point of Care (POC) Compliance



Therapy Productivity



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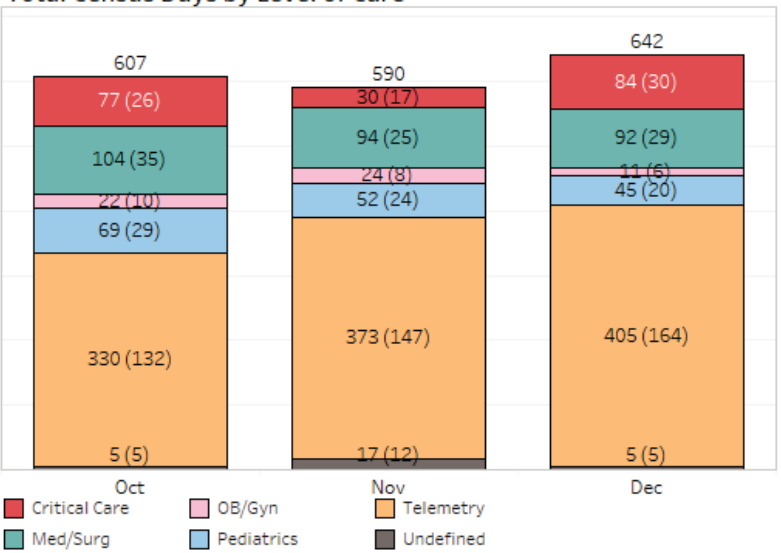
Medical Center
Health Care District Palm Beach County

Lakeside Medical Center
Productivity Data

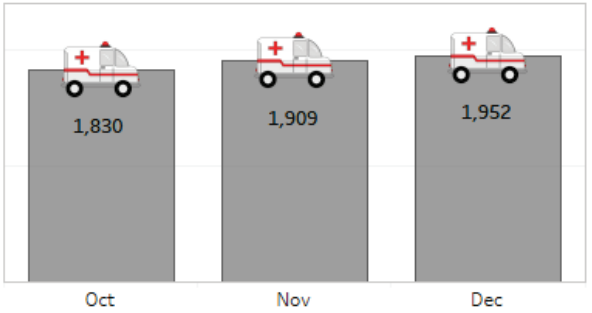
Date Range
Previous Quarter

October 01, 2022
to
December 31, 2022

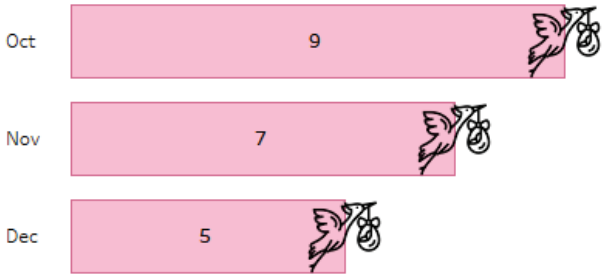
Total Census Days by Level of Care



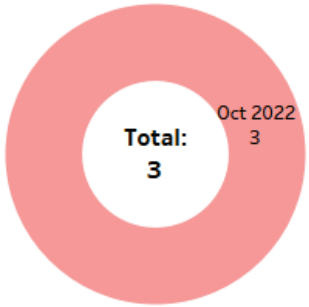
ED Visits



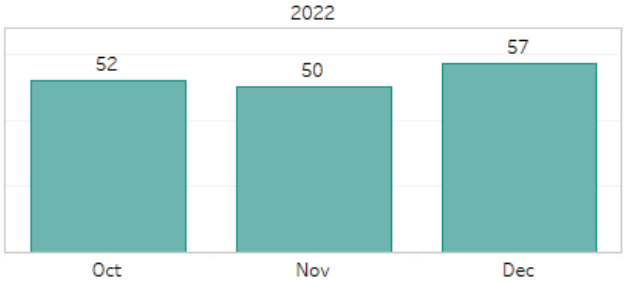
Deliveries



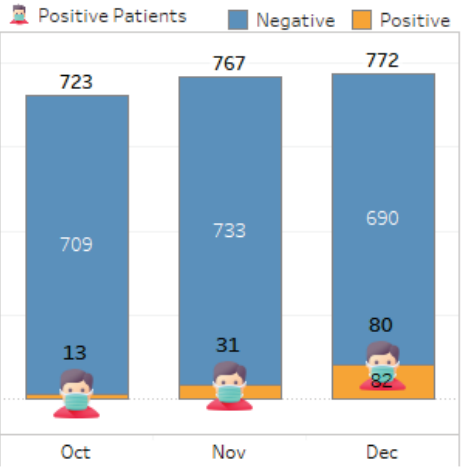
Baker Acts



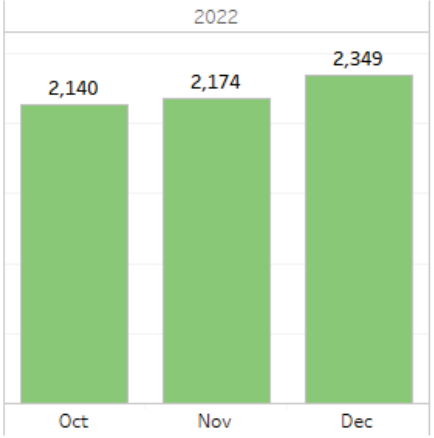
PT Visits (Evals and Treatments)



Covid-19 Testing

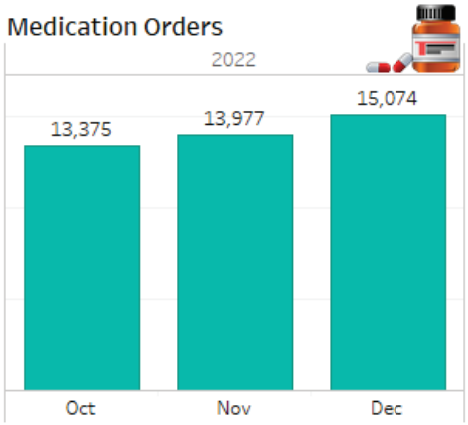


Radiology Exams Completed



of Lab Specimens Collected

Medication Orders



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Health Care District
PALM BEACH COUNTY

Pharmacy Outbound Notifications

Prescription Reminders - 2022 Q4 Data for All Pharmacy

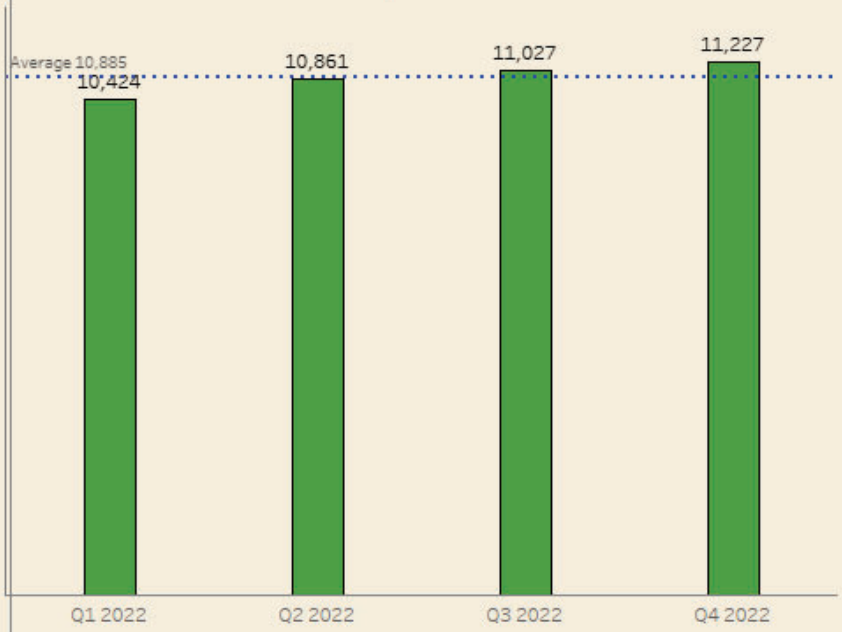
Filters

Qtr 2022 Q4

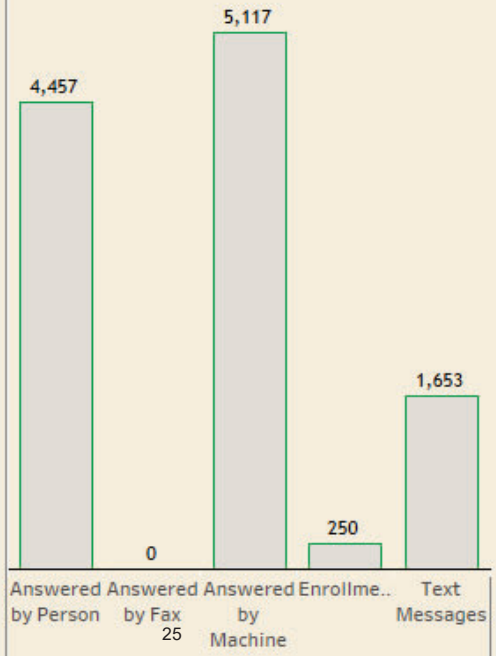
Store Name All

Total Attempted Contacts	Initial Pickup Reminder	2nd Pickup Reminder	Final Pickup Reminder	Total Completed Contacts (%Completed)
11,898	7,410	3,096	1,392	11,227 92%

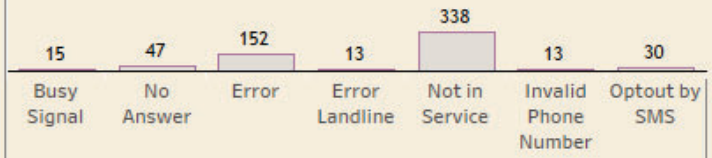
Total Completed Contacts



Successful Contacts by Category



Unsuccessful Contacts by Category



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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

1. **Description: Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities**

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 below. The data covers FY23 Q1 (October 1-December 31, 2022, "Reporting Period"). Additional updates on Program activities, recent completed audits, issued guidance, and initiatives from FY23 Q1- Q2 (October 1, 2022-February 28, 2023, "Current Period") are also provided.

3. **Substantive Analysis:**

   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 compliance and privacy program. This report is intended to provide an update on CPE Program activities, initiatives, monitoring, and statistics, and Work Plan. Heather Bokor, VP & Chief Compliance, Privacy, & Risk Officer, presents the following:

4. **Compliance, Privacy, and Ethics Report:**

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

   Key areas since the last report which have had significant or notable work included as part of or separate from the FY23-24 Work Plan include: auditing and monitoring, compliance reviews, systems, policies and procedures (e.g., physician employment, compensation, and contracts; cybersecurity and data privacy), conflicts of interest revisions and issuance to Board/Committee Members, compliance awareness activities, tracking, review, and issued guidance for rules and laws (e.g., unwinding of the Federal Public Health Emergency "PHE"), active participation and responsiveness to HCD staff inquiries/incidents and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate or reduce risk in the organization.

   A. Work Plan Status / Updates

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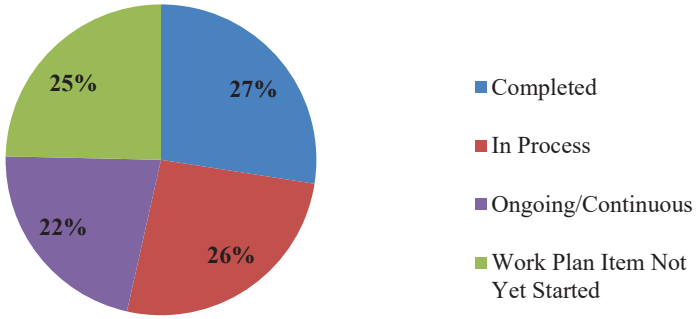
CPE WP Completion Status (FY23-24)



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

In FY23 YTD, CPE initiated thirty-eight (38) total audits, data risk assessments/research, compliance risk assessments, and/or reviews ("reviews"), in accordance with the annual CPE Work Plan. Note: This includes thirteen (13) unique and twenty-five (25) routine activities. Additionally, CPE addressed other items as per OIG's Compliance Program Guidance. A breakdown is provided below:

- Of the 38, 25 reviews are complete (5 unique, 20 routine), since the last report.
- Completed items are reported in the tables below, with additional details on the background, scope and methodology, findings, and recommendations. Results were generally favorable, unless where noted below. CPE made recommendations where appropriate (e.g., training, policies, or monitoring).
- Of the 38, 13 reviews are currently in preparation, in process, or pending preliminary / final reports. These items are reported as "Open" in the tables below.
- *Note: DRA reported below is not included in the above totals (counted in FY22).*

Auditing and Monitoring – Completed	
Work Plan Item/Area	**Summary**
RSM External Risk Assessment: Cybersecurity Tabletop Exercise (Ransomware)	***Refer to "1b. Cybersecurity," below the tables.***
Physician Employment Contracts, Payments, and Processes review (with and without administrative duties) *At the request of Leadership, Compliance conducted a comprehensive review of Employed Physician and Dentist contracts, compensation, and duties. Compliance consulted with and took direction from Legal in performing the review, and involved other Business Units as needed. The objective of the review was to ensure that such Physicians/Dentists have non-expired and accurate contracts that adequately reflect their duties (include medical directorship/administrative*	**Reviews Complete (2). Results Unfavorable. Recommended Actions Issued.** Compliance identified several areas that require attention and would also benefit from updates to standard practices/processes for improvement and consistency and to better align with policies, rules, and best practices for Physicians, Dentists, and Medical Directors. *Specific findings are not included here, however, recommendations are summarized below.* Ensure appropriate information is gathered and communicated throughout the contracting

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and/or clinical responsibilities and changes over time), and to ensure compensation is within Fair Market Value, is commensurate with HCD policies and procedures, their contracts, and applicable law. Further, to identify areas that would benefit from practice/process improvement (e.g., approval and workflows, policies and procedures, training and education, contract templates). Additionally, Compliance reviewed applicable policies and procedures and made recommendations for revisions to be implemented to ensure industry standards and best practices are utilized.	process. Contracts should be in place for any physician or dentist rendering services and meet policy requirements. Compensation for such physicians and dentists should be clearly stated in contracts, to include any eligibility for additional compensation. Physician/dentist contracts should undergo outside review when dictated by policy. For Medical Directorships, supporting documentation should be submitted to support payment and services. Consider making changes to certain payroll processing and approval systems for clarity on rates and compensation data points. Process/approval routing revisions recommended to ensure appropriate areas are consistently providing and/or receiving needed documents that require approval.
Observation Billing Process Review (LMC) *Hospital outpatient observation services are routinely ordered for patients who present to the Emergency Department, and who then require a period of treatment or monitoring in order to determine the need for further treatment, admission, or discharge. Hospitals begin billing for observation services at the clock time documented in the patient's medical record, which coincides with the time that such care is initiated in accordance with the Physician order. In July 2021, HCD went live with its Electronic Health Record, Epic, in partnership with Memorial Healthcare System (MHS) via Community Connect, with automated processes for billing observation hours.* *As a preventative measure and to gain a better understanding of HCD processes, a mini-risk assessment, specific to review of observation billing processes at Lakeside Medical Center ("LMC"), was added to the FY22 Workplan, which was transferred and completed in FY23.*	**Review Complete. Results Favorable. Recommended Actions.** CPE reviewed regulatory guidance for the billing and documentation of observation services and related policies and procedures for LMC. Additionally, CPE queried HCD staff regarding Epic workflows to gain a better understanding of processes for billing of observation hours (e.g., start and end times, carve out times) to assess compliance with Medicare requirements. In summary, Epic observation workflows meet regulatory requirements for billing and charging observation hours. CPE made recommendations to LMC to revise related policies and procedures, including a written observation policy and procedures.
Program for Evaluation Payment Patterns Electronic Report ("PEPPER") Report Monitoring for Short Term Acute Care Hospitals (STACH: LMC) *[Background/rationale details provided prior – Omitted from here as a quarterly review].*	**Quarterly Review Complete. Results Favorable. No Actions Recommended.** The Utilization Management Committee reviewed the outlier suggested interventions for determining coding errors, and based on various factors, including but not limited to ongoing Revenue Integrity and Health Information

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During FY22 Q3, two (2) target areas were identified as high or low outliers, "Medical DRGs with CC or MCC" and "Emergency Department Evaluation and Management Visits".	Management (coding) reviews, as well as CPE Work Plan reviews, and/or low volume for other quarters, no recommendations or actions are required at this time for these areas, however, will continue monitoring PEPPER reports.
Florida Medicaid – Deficit Reduction Act ("DRA") of 2005 *The DRA requires any entity that receives or makes payments to the State Medicaid Program of at least $5,000,000 annually, to provide Federal False Claims Act education to their employees, maintain a Hotline and certain compliance-related policies (e.g., Confidential Reporting, Non-Retaliation, and Whistleblower protections). Typically, payors request completion of audits and/or attestations related to Compliance Program Effectiveness and/or Business Continuity for Plan Members annually to ensure compliance with these requirements. HCD CPE added this item to its annual Work Plan to ensure a process for compliance with DRA.*	**Complete Data/Research Risk Assessment. Results Favorable. Recommended Actions.** CPE inquired with HCD Finance and performed research to determine the applicability of the DRA to HCD, and whether HCD had received any such audits or attestations from Payors during FY21-22. It appears HCD is subject to DRA, however, has not received notice of such review from Payors. CPE reviewed HCD policies and procedures to assess compliance with the DRA (e.g., detecting fraud, waste, and abuse, etc.). CPE will add DRA language to existing policies which would benefit from such language. Further, CPE will maintain this item on annual Work Plans going forward and will participate in responding to any audits/attestations received by HCD. *Completed in FY22, not previously reported.*
Exclusion Screening Compliance Reviews (Monthly) *[Background/rationale details provided prior – Omitted from here as a routine review].*	**Reviews Complete (Monthly). Results Favorable. No Actions Recommended.** All potential matches were reviewed and resolved. 100% compliance with HCD policies and applicable rules with no resulting exclusions.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) *[Background/rationale details provided prior – Omitted from here as a routine review].*	**Reviews Complete (Weekly). Results Favorable. No Actions Recommended.** 100% compliance with HCD policies and applicable rules, with no red flags or resulting privacy violations for HCD staff/Epic users.
Referral Source/Physician Payment Audits (Ongoing) *[Background/rationale details provided prior – Omitted from here as a routine review].*	**Reviews Complete (at least Monthly). Results Favorable. Recommended Actions.** All physician and referral source payments routed for approval are reviewed and audited by CPE, at the time of receipt and prior to approval. These are reported only as monthly items for purposes of CPE's Work Plan volume. Recommendation made for CPE to expand the routing of agreements and associated payments review, where appropriate, also to address other physician employment and/or contracting needs as

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	referenced in the above review. Additionally, CPE will perform random sample audits.
OIG Work Plan (Monthly): *[Background/rationale details provided prior – Omitted from here as a routine review].*	In HCD's FY23, CPE monitored and analyzed all OIG monthly work plan additions. The OIG added 32 new review items since the last report, at least 10 of which appear to apply to HCD. Information is analyzed and disseminated as appropriate. Items are added to HCD's CPE Work Plan if/where applicable.

Element/Type	**Work Plan Item/Area – Completed Items (FY23)** ***(Non-Auditing Items, Includes Unique and Standing Items)***
Committees	• Clinic/Administrative Business Unit Committee and P&P (FY22)
Issuing Guidance / Enforcing Standards	• Mandatory Annual Breach Event Reporting to HHS-OCR for < 500 Individuals (Completed 2/2023 for Calendar Year 2022) • Authorization for Marketing/Patient Stories (Issued Guidance)
Policies & Procedures *Revised* **	• Conflicts of Interest ("COI") Disclosures/Question Set revision *(disseminated to Board/Committee Members 2/2022)* ** • Breach Notification of Protected Health Information P&P ** • Security Incident Response ("SIR") P&P ** • Data Privacy and Information SIR Plan ("SIRP") ** • Reporting of Information Privacy and Security Breaches ** • Marketing and Fundraising ** • Individuals Right to Alternative Communication ** • Limited Data Sets / Data Use Agreements ** *Refer to "In Process" section for CPE completed P&P, not yet final in system.*
Training & Education *New*; Revised***	• New Hire Orientation Training Presentation and Modules ** • Annual Refresher Training Presentation and Modules */** (HCD-wide) • Authorization for Marketing/Patient Stories Training *

Element/Type	**Work Plan Item/Area – In Process and/or Routine/Ongoing * (FY23)**
Auditing and Monitoring	• High Dollar/ Volume/ Reimbursement Services Data Risk Assessment and Analysis for: (1) Professional Services; and (2) Hospital Services • EMTALA and Access to Emergency Services and Care Risk Assessment • Employee Licensure and Certification Risk Assessment • Privacy and Security Compliance Surveys for HCD Departments • Records Management/Records Retention Policy Risk Assessment • Pharmacy Controls and Drug Diversion Consultant Report Review • SlicerDicer Use and Access Monitoring for Privacy Use (New) * • FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users * • Referral Source Audits * • Exclusion Screening Monthly * • OIG Work Plan Monitoring *

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

	• Credentialing Risk Assessment *(on hold)*
Standards of Conduct / Policies & Procedures *New P&P, In Process *; Revised P&P, In Process**; Complete P&P revision, pending HCD adoption****	• Standards of Conduct P&P/Guide ** • Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria ** • Physician Employment *** • Professional Services Agreement *** • Compensation Administration *** • Education Assistance *** • HCD Pay Practices *** • *Reviewed all policies and procedures related to physician employment and compensation and provided feedback to Business Units**** • Law Enforcement Requests and Disclosures ** • Permitted/Required Disclosures to Law Enforcement ** • Hotline Investigating P&P (Revised) Resolution Report ** • Internal Reporting of Compliance Issues ** • 340B Compliance and Program Integrity Policies and Procedures ** • Sanctions for Non-Compliance, Information Privacy and Security ** • Information Blocking * • Fax Transmission of PHI ** • *Internal Business Unit Operations (ongoing/new) */**/***/****
Open/Effective Communication	• Compliance Awareness Week Survey/Education • Ongoing monitoring and dissemination of information to HCD (e.g., OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates and Dashboard) * • Ongoing Website Enhancement/Communication/Posting * • Ongoing Internal staff development *
Training & Education	• Topic-specific training (e.g., Baker Act, Social Media, PEPPER) • Compliance and Privacy Awareness Week • Board of Directors Sunshine Laws *(Planned for 4/2023)*
Issuing Guidance / Enforcing Standards	• Social Media Guidance *(Completed in FY23 Q2)* • Release of Information Guidance • Data Breach Response (Compliance Preparation and Readiness) • Human Resources Exit Processes (Guidance, Process, Risk Assessment) • CMS ONC HIT Information Blocking Rule (on hold) * • HCD Applicable Rule/Law Analysis * • Regulatory Updates and Industry Enforcement Activity * • Contract Reviews and Guidance *
Responding to Issues	• Hotline Call Response/Investigations * • Response to Issues/Inquiries/Investigations * • External Agency Audit Activity / Review and Response *
Effectiveness	• Compliance Program Development/Effectiveness *

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1b. Cybersecurity Tabletop Exercise (RSM)

In FY23 Q1, HCD worked with its external vendor, RSM, to review the organization's security incident response ("IR") program. The process involved conducting an IR tabletop exercise including a simulated cybersecurity incident (specifically, a ransomware attack) that would make data inaccessible and impact business and patient care operations.

The engagement was performed to gauge HCD's ability to respond to an incident. The objective was to assess how the organization's Security Incident Response Plan and Team ("SIRP" and "SIRT") and other key stakeholders would identify, protect, detect, respond and recover from an incident. RSM used the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF) as the foundation for this exercise, which consists of standards, guidelines and best practices to manage cybersecurity-related risks, threats and vulnerabilities present in the environment. This framework provides a prioritized and flexible approach to gauge the maturity of the IR processes. RSM's report is mapped to the CSF functions and focuses on RSM's observations from the IR tabletop exercise as they relate to the entire IR life cycle.

The exercise was favorable and positions HCD with a solid foundation and framework on incident preparedness and responsiveness. HCD will consider recommendations and continue to monitor and evolve its SIRP, policies, processes, and procedures to ensure readiness for any future cyber incident.

2. Conflicts of Interest ("COI")

In FY23 Q2, HCD CPE revised the COI Disclosure Questionnaire and sent a request to all Board and Committee Members to complete the required COI Disclosures (due 3/15/2023). HCD Compliance is in process of making necessary revisions to the HCD Staff / Employee COI Disclosure and will push it out during Spring 2023.

Summary of key revisions to the COI Questionnaire/Disclosure (in FY23):

- Included and amended questions to obtain additional background information to assist with the review of Disclosures.
- Included and amended questions to better align with the varying requirements between Bylaws and Charters for the Committees and Board.
- Included and amended questions to ensure compliance with the Enabling Legislation, and to request/obtain necessary information from new members prior to and at the time of appointment.

3. Department Activity and Statistics

Hotline Calls

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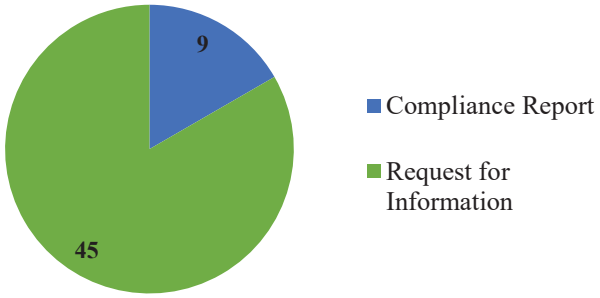
HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

A total of 54 calls were placed to the Hotline during FY23 Q1. 85% of these were anonymous. The majority of Hotline calls were requests for information (83%) and were addressed by our vendor, with the remaining calls (17%) addressed by CPE.

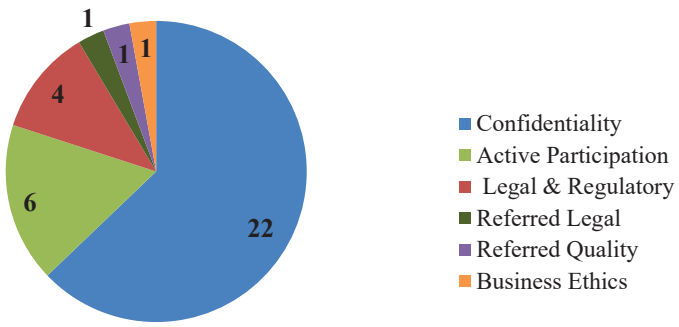
Hotline Calls (FY23 Q1)
Sorted by Call Volume



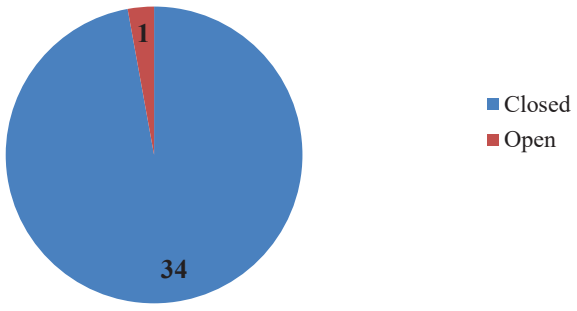
CPE Inquiries

- CPE reviewed and responded to over 35 inquiries (*) during FY23 Q1. 97% of these were resolved at the time of reporting.
- The most common types of inquiries during related to Confidentiality/Privacy (63%), followed by Active Participation (17%). The below graphs provide a breakdown of the inquiries by Standards of Conduct category. *Note: Actual volume of inquiries addressed is higher than reported.*

Inquiries (FY23 Q1)
Sorted by Standards of Conduct



Resolved Inquiries (FY23 Q1)
Sorted by Inquiry Resolution Status



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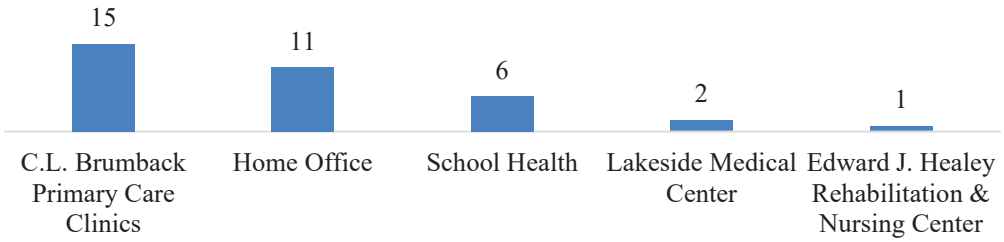
HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

Inquiries (FY23 Q1)
Sorted by Location



Privacy Case Activity

- The most common types of reported privacy incidents during FY23 Q1 included: Misfile of PHI, Proper Safeguards, and Disclosures to an Unauthorized Individual. All addressed by staff education, where appropriate.
- During the reporting period the Privacy Department reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q1
Office for Civil Rights / FIPA Reportable Breaches < 500 (Individual) – *These are reported annually to the OCR.*	3
Internal Reports of Alleged Violations (Investigated Cases)	18

HCD Training, Education, Compliance Awareness Activities, and Survey

HCD CPE provided training to HCD employees through online and live events, formal training, and dissemination of publications and informational/educational materials. In Q3, CPE and Risk Management will hold awareness week events across HCD for both CPE as well as Risk Management and Safety awareness, recognition, and reinforcement. In addition to the Awareness activities, CPE will also launch the Second Annual Compliance, Privacy, and Awareness Survey. During this time, Risk Management will also launch their AHRQ (Agency for Healthcare Research and Quality) Survey on Patient Safety and Culture.

Note: Regulatory Updates and Industry Enforcement Activity to be reported at the next Board meeting as informational.

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

5. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes ☐ No ☐
Net Operating Impact	N/A	N/A	Yes ☐ No ☐

*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:
Candice Abbott
F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

7. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
4766F813A13D48D...

Heather N. Bokor
VP & Chief Compliance, Privacy & Risk Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 1st trimester of the school year 2022/2023 for School Health and 4th Quarter of 2022 for Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, Corporate Quality Metrics and Pharmacy.

3. Substantive Analysis:

School Health

Florida-Mandated Student Screenings

- We met the Florida State mandated goal of completing 45% of the vision and hearing screenings required at the end of the 1st trimester. Parents are notified of any abnormal (outside the target area), so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: In the 1st trimester, we screened 15,167 (49.4%) of eligible students in the 1st, 3rd, and 6th grades. Out of 15,167 students, 6,114 (40.31%) students required referral. Out of 146 eligible schools, we have completed over 50% of screenings at 78 schools (53%). For the BMI categories, 57.09% of students were normal, 16.35% were overweight, 2.97% were underweight, and 23.6% were obese.
- Hearing screening: In the 1st trimester, we screened 16,711 (54.3%) of eligible students in kindergarten, 1st, and 6th grades. Out of 16,711 students, 787 (4.71%) students required referral. Out of 145 eligible schools, we have completed over 50% of screenings at 83 schools (57%).
- Scoliosis screening: In the 1st trimester, we screened 4,818 (38.4%) of eligible students in 6th grade. Out of 4,818 students, 83 (1.72%) students required referral. Out of 44 eligible schools, we did not complete over 50% of screenings at 21 schools (48%).
- Vision screening: In the 1st trimester, we screened 22,955 (53.8%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 22,955 students, 6,267 (27.30%) students required referral. Out of 146 eligible schools, we have completed over 50% of screenings at 83 schools (57%).

Aeromedical

For CY 2022, Trauma Hawk delivered 621 patients over the course of 605 transports. 194 of those transports were interfacility dispatches representing 35% of total transports for the quarter. Interfacility transport requests originating west of 20 mile bend make up the majority of interfacility flights and predominately cardiac and neurology requests. There were 411 transports from scene representing 65% of total transports for the year. Transports from scene are primarily trauma related, but neurology and cardiac cases are also requested. Dispatches to west of 20 mile bend

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are the leading call for patient transports. Dispatch to enroute average shows a slight increase in average times for both interfacility and scene transports for the year.

For CY 2022 Trauma Hawk made 605 transports. Number of flights per hour shows majority distribution from 10am through 11pm representing the majority of flights for the year. Flights originating west of 20mile Bend are predominantly Trauma related, representing 60% of flights, followed by Neurology and Cardiac transports. Average Scene time is about 24 minutes.

Trauma

TRAUMA (Data from PBC Trauma Registry, HCD, 2023)

System Utilization:
Over the past calendar year 5,598 patients were seen at a trauma center - an increase of 296 patients compared to the previous calendar year. Calendar year comparison showed St. Mary's treating 2,936 traumatically injured patients and Delray treating 2,645 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age ≤15) accounted for 9% of total volume, Adults (Ages 16 – 64) accounted for 49% of total volume and Geriatrics (Age >65) accounted for 42% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 21% of trauma patients seen at Delray Medical Center are ≥80 years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 3rd decade of life. 14% of St. Mary's total volume are between the ages of 30 and 39. 96% of trauma volume originates in the state of Florida.

Palm Beach County Trauma Injury Analysis:
The leading and dominating mechanism of injury for all patients is Falls. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account as Vehicular Crash which accounts for nearly 1/3 of Trauma volume. Trauma Alerts accounted for 56% of total volume with Transfers from Acute Care Hospitals representing 27% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 17%. Ground transports supply the majority of patient transports at 95% of volume and air transports accounting for the remaining 5. Age distribution by city of injury show the largest concentration of geriatric injuries occurring in the southern half of the county, but also shows significant pockets in Lake Worth, Atlantis, Green Acres, North Palm Beach, Palm Beach Gardens and Jupiter. Pediatric volume historically has been seen in Lake Worth and West Palm Beach, but growing concentrations are continuing to be noted in Boca Raton, Boynton Beach and Green Acres. 91% of trauma volume originates in Palm Beach County.

C. L. Brumback Primary Care Clinics

The following measures were not meeting goal at the end of December: Hypertension (68%), Ischemic Vascular Disease/Antiplatelet Therapy (79%), Adult Weight Screening and Follow-Up (76%), Childhood Immunization (39%), Breast

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Cancer Screening (56%), Cervical Cancer Screening (59%), Colorectal Cancer Screening (50%).

All other goals achieved for the quarter.

Edward J. Healey Rehabilitation and Nursing Center
For Q4, 17 of 17 quality measures were met.

Lakeside Medical Center
For Q4 2022, ***Inpatient Quality Measures*** there were 3 of 8 measures (ED-1a, IMM-2, PC-05) that did not meet goal. The top cases were reviewed monthly, care and treatment were rendered appropriately.

ED Measure:
For **ED-1a,** there were (108) cases sampled with a median time of (314) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered was appropriate.

IMM-2 Measure:
For **IMM-2**, there were (116) cases that fell into the sample population, of those cases (7) failed to meet the measure. The cases were reviewed and system processes were implemented.

Perinatal Measure:
For **PC-05,** there were (19) cases that fell into the sample population, of those cases (0) parents strictly Breastfed, (11) both breast and bottle fed and (8) bottle fed only.

For Q4 2022, ***Outpatient Quality Measures*** there were 1 of 3 measures (OP-18) that did not meet goal.

For **OP-18,** there were (98) cases that fell into the sample population with a median time of (182) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, care and treatment were rendered appropriately.

LifeTrans Ground Transportation
Q4 Ground Transport Data dashboard: It includes response times, by unit, for transport requests on Q 4; points of origin, destinations, patient age groups and gender, and the most common diagnosis. LMC continues to be our main point of origin, with 380 transports. Palms West Hospital was our main destination, receiving 221 transports, followed by JFK Main with 39 and St. Mary's with 27. We continued to improve activation to pick up times. Q3 data had us at 66 minutes for Apollo and 66.6 minutes for Atlas, but with only 251 total transports. We are now averaging 48 minutes for Apollo and 79 minutes for Atlas, but with 418 total transports, with most of them (380) originating at LMC, thus making Atlas' response times 13 minutes higher, on average.

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Our overall transport handling times went down from 128.2 to 105 minutes for Apollo and went up from 117.4 to 140 minutes for Atlas. This increase can be explained by the number of LMC transports performed by Atlas in Q4. We also must factor in that we started performing out of county transports during Q4, which may increase overall call times significantly.

Q4 Ground Transport Quality Data dashboard: It presents NEMSIS/EMSTARS data that we submit to the State of Florida's Department of Health EMS Office. It divides data by Provider Primary Impression, Incident Disposition, Cause of Injury, and Treatment/Procedures, among others. These are fixed data categories created by the State of Florida's Department of Health EMS Office, based on the National Emergency Medical Services Information System (NEMSIS) requirements. Our most common specific primary impressions are: abdominal/GI problems, behavioral/psychiatric disorders, cardiovascular diseases, neurological conditions and traumatic injuries. Most of our transports have a higher level of care Emergency Department as a destination (300), with Skilled Nursing Facilities/Assisted Living Facilities being the second most common destination, with 51 transports. Most of our transports are categorized at either the Advanced Life Support or Specialty Care Transport levels, with 301, out of 418 total transports, falling into these two categories.

Corporate Quality Metrics

- **Call Center**
  For Quarter 4 2022 the Clinic Service Center processed 47,471 calls which is 17% decrease compared to last quarter. Of the 47,47 calls, 71% were inbound calls and 29% were outbound calls. The agents handled 97% of incoming calls in real time and the remaining calls were received via voicemail and returned within 24 hours. Outbound calls consisted of appointment rescheduling, after hours follow up calls, Hospital follow up calls and quality outreach initiatives. The Patient Access Team scheduled a total of 9,304 appointments for Q4 and served 7,579 patients. The peak times for incoming calls were Monday, Tuesday, and Wednesday between 10:00am and 12:00pm. Call metrics for the period include:

  - Average time to answer calls was 2 minutes and 51 seconds – short of goal (90 seconds)
  - Average speed of answer was 4 seconds – exceeded goal (28 seconds)
  - Average time to handle calls was 6 minutes and 28 seconds – short of goal (6 minutes)
  - Call Duration 3 minutes, 36 seconds – exceeded goal (<4 min)
  - Average wrap up time was 14 seconds – exceeded goal (<6 min)
  - Call Abandoned Rate was less than 1% - meets goal exceeded goal (< 5%)

- **Health Information Management**
  - Our turnaround time for both facilities is good. The information in Q4 needs to be updated to combine similar requests for records. The purpose for the

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release needs to be broken down by requestor to show volume for provider requests.
  - We will revisit the report for FY22 to update FY23 as needed.

- **Human Resources**
  - Q4 headcount ended at 1,222 team-members after 100 new hires.
  - Turnover rate for Q4 was 7%, while New Hire turnover rate was 43%.
  - The current diversity headcount is 70%, average age of employees is about 46 years old and 79% of the workforce is female.

- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. We are currently monitoring 7 mission critical applications with the most recent addition being the school health EMR Welligent. We had a uptime percentage of 100% across all critical applications. There were 8 hours of planned application downtime and we did meet our service level for the quarter. Epic is hosted by Memorial Healthcare as a part of our agreement and we have been stable since early October 2021.

  - **Customer Service:** For Q4, we received 5,551 total new tickets and maintained a closure rate of 93% on those Q4 tickets. The IT department currently tracks metrics on submitted "incident" category tickets with a target SLA of 99.9%. The IT department had an SLA rate of 93% on submitted "incident" tickets with a large Q4 uptick in closed tickets due to the IT Epic support staff closing out current work before transitioning to MHS. The IT Service Desk saw an abandoned call rate of 3.12% and were below our current target of 4.5%.

  - **Cybersecurity**: For the 4th Qtr of 2022, we investigated 331 security incidents. Of the total incidents, all are closed, and 0 were reportable. The incidents included phishing, impostor, malware, and spam emails, responding to the security operations center alerts, and users reported security investigations. We are on high lookout due to the hacking group, Killnet has spent months launching DDoS attacks on governments across Europe and companies in the U.S. and other targeted cyberattacks on healthcare and government entities from different hacker groups.

Pharmacy

For Q4, Pharmacy continued to meet all goals. The average wait time for prescriptions was around 25 minutes. HCD Pharmacies filled 36,559 prescriptions for Q4, a slight increase from Q3, with a 99.5% promise by ready time for non-waiters. HCD Pharmacy mailed 1,754 packages for a total of 4,017 prescriptions (11% of prescriptions sold).

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HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 15, 2023

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes ☐ No ☐
Net Operating Impact	N/A	N/A	Yes ☐ No ☐

*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:
Candice Abbott
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Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee receive and file the Quality and Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CE6E7DB6706434...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1E272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

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

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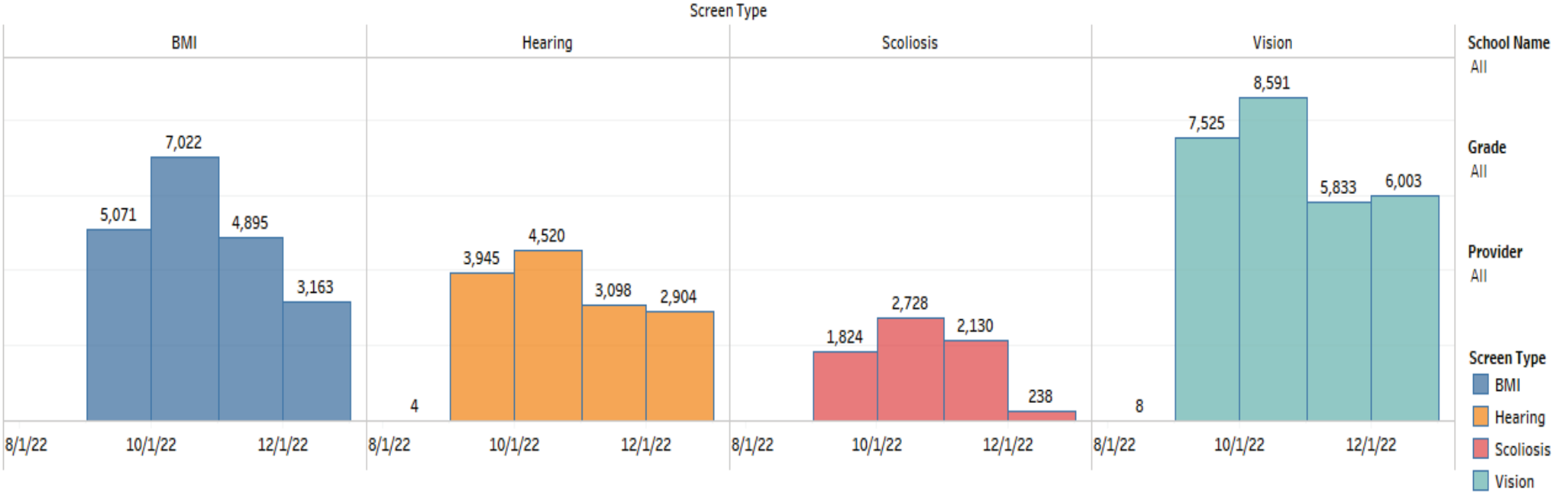
School Health
Health Care District Palm Beach County

BMI	Hearing	Scoliosis	Vision
31,976	22,440	10,637	44,386

Sched Time
To 12/31/2022 and Null values

Area
All

Unique Students Screened by Type



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Aeromedical Program
Health Care District Palm Beach County

Detailed RunTime Report TH135

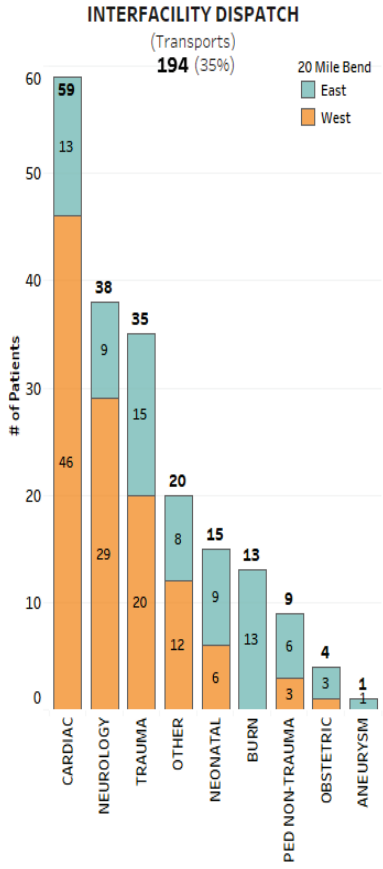
Rolling Year Analysis

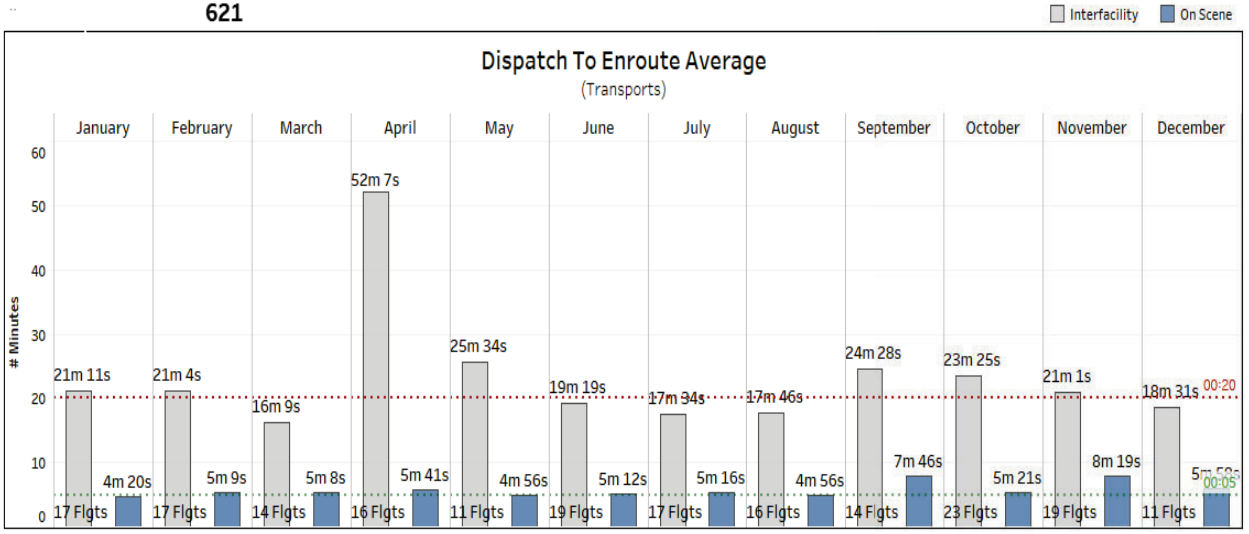
Start Date
1/1/2022

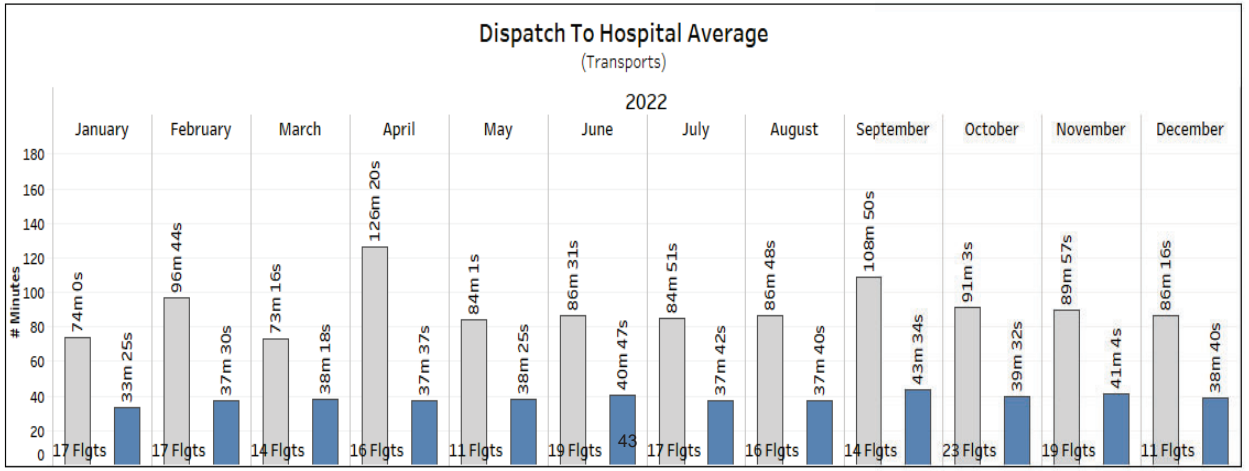
End Date
12/31/2022

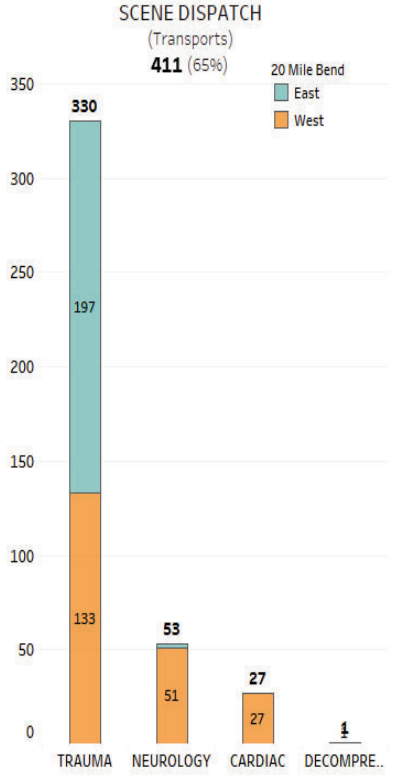
Total Transports: **605**

621









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Aeromedical Program
Health Care District Palm Beach County

Start Date
1/1/2022

End Date
12/31/2022

FLIGHTS
605

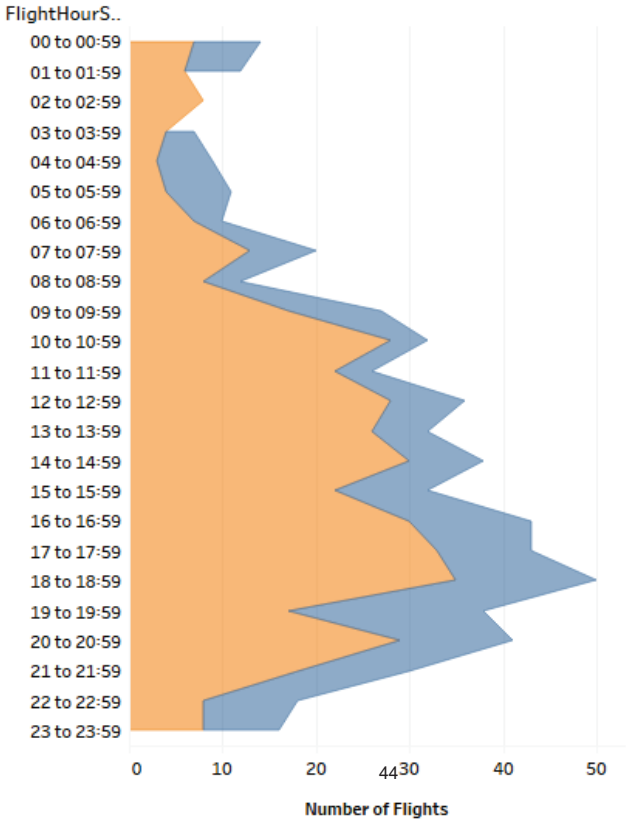
Flight Hour
All

20 Mile Bend Coordinate
All

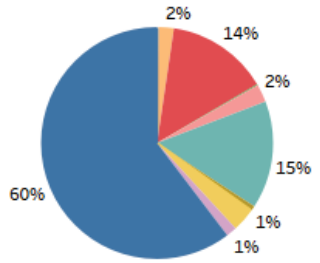
Patient Type
All

On Scene	Interfacility
411 Flights	194 Flights
68%	32%

FlightHo..	2022	Grand Total
0	2.31% [14]	2.31% [14]
1	1.98% [12]	1.98% [12]
2	1.32% [8]	1.32% [8]
3	1.16% [7]	1.16% [7]
4	1.49% [9]	1.49% [9]
5	1.82% [11]	1.82% [11]
6	1.65% [10]	1.65% [10]
7	3.31% [20]	3.31% [20]
8	1.98% [12]	1.98% [12]
9	4.46% [27]	4.46% [27]
10	5.29% [32]	5.29% [32]
11	4.30% [26]	4.30% [26]
12	5.95% [36]	5.95% [36]
13	5.29% [32]	5.29% [32]
14	6.28% [38]	6.28% [38]
15	5.29% [32]	5.29% [32]
16	7.11% [43]	7.11% [43]
17	7.11% [43]	7.11% [43]
18	8.26% [50]	8.26% [50]
19	6.28% [38]	6.28% [38]
20	6.78% [41]	6.78% [41]
21	4.96% [30]	4.96% [30]
22	2.98% [18]	2.98% [18]
23	2.64% [16]	2.64% [16]
Grand To..	100.00% [605]	100.00% [605]

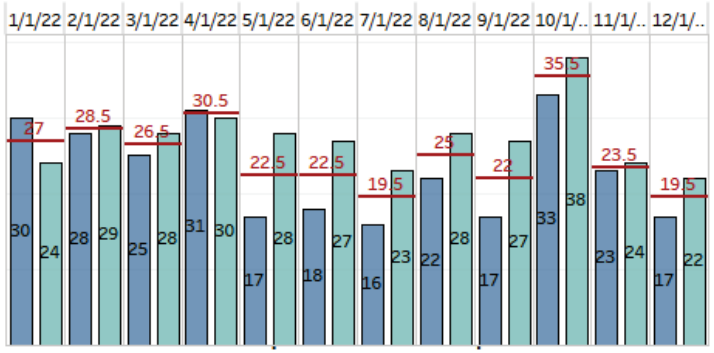


- ANEURYSM - THOR OR ABDOMINAL
- BURN
- CARDIAC
- DECOMPRESSION
- NEONATAL
- NEUROLOGY
- OBSTETRIC
- OTHER
- PEDIATRIC NON TRAUMA
- TRAUMA



East West

Number Flights by Date



24.12 Avg Minutes

2022-34620	21m 13s
2022-34621	24m 15s
2022-34625	14m 35s
2022-34630	12m 59s
2022-34634	8m 23s
2022-34635	8m 38s
2022-34637	22m 30s
2022-34639	16m 41s
2022-34643	14m 28s
2022-34646	12m 22s

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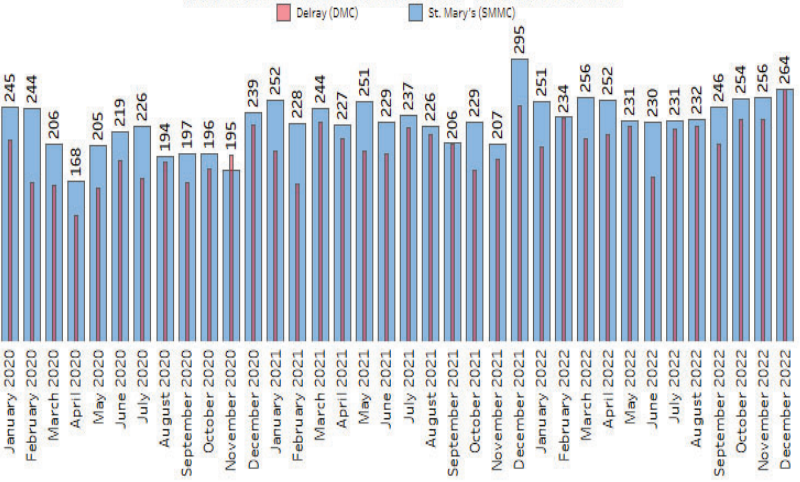
Health Care District Palm Beach County

TRAUMA SYSTEM UTILIZATION

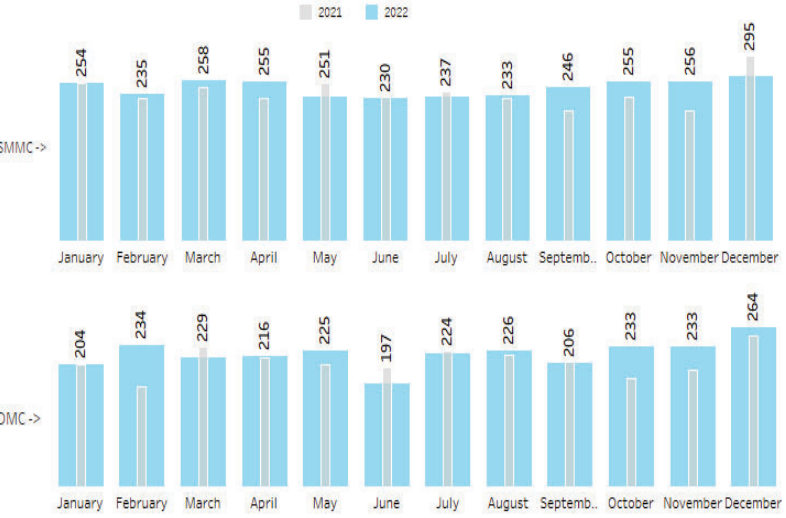
Rolling Year Comparison

St. Mary's (SMMC) Delray (DMC)

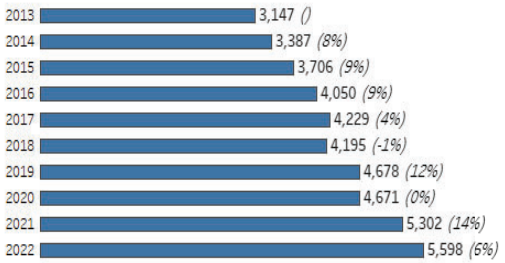
TRAUMA VOLUME BY MONTH AND TRAUMA CENTER



TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER

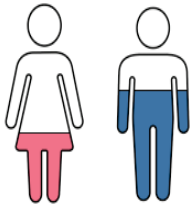


TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



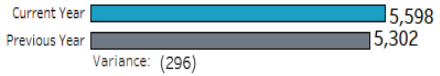
GENDER

(Current Year)



PBC TRAUMA SYSTEM VOLUME

1/1/2022 12:00:00 AM to 12/31/2022 10:15:00 PM



Variance: (296)

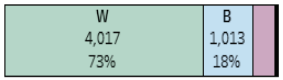
Current Year = January 2022 - December 2022

Previous Year = January 2021 - December 2021

Variance = Current Year - Previous Year

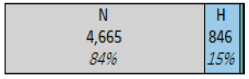
RACE

(Current Year)



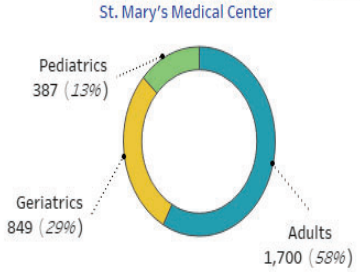
ETHNICITY

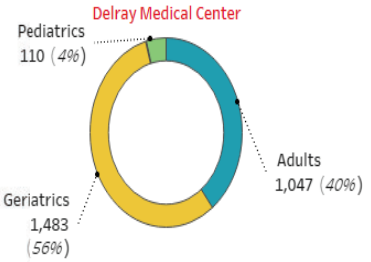
(Current Year)



AGE GROUP & INJURY TYPE BY TRAUMA CENTER

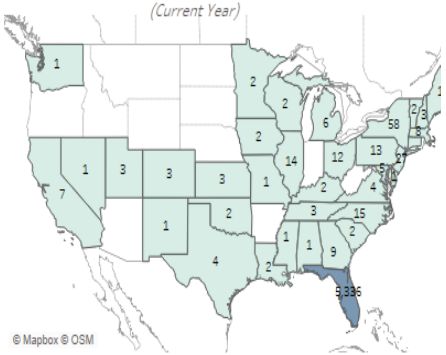
(Current Year)





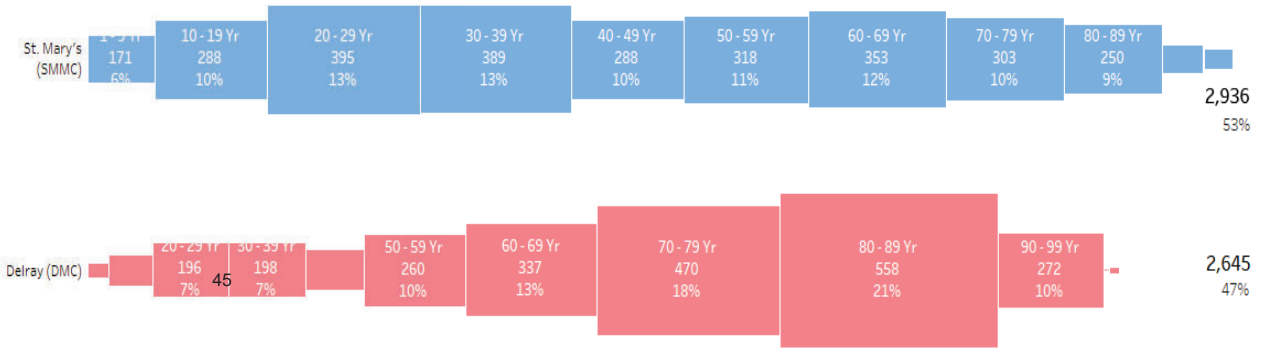
STATE RESIDENCE

(Current Year)



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



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PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

(Mechanism of Injury, Activation Level, Injury Type, Patient Demographics and Transport Mode)

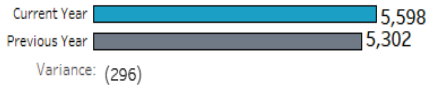
Current Year = January 2022 - December 2022

Data Source: Health Care District of Palm Beach County, Trauma Registry, 2020 - 2022.

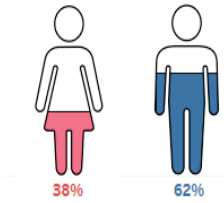
St. Mary's (SMMC) Delray (DMC)

PBC TRAUMA VOLUME

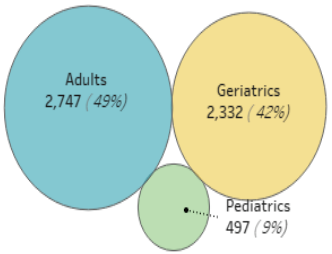
1/1/2022 12:00:00 AM to 12/31/2022 10:15:00 PM



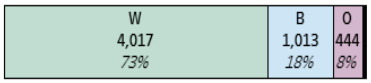
GENDER



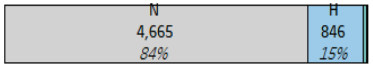
AGE GROUP



RACE



ETHNICITY



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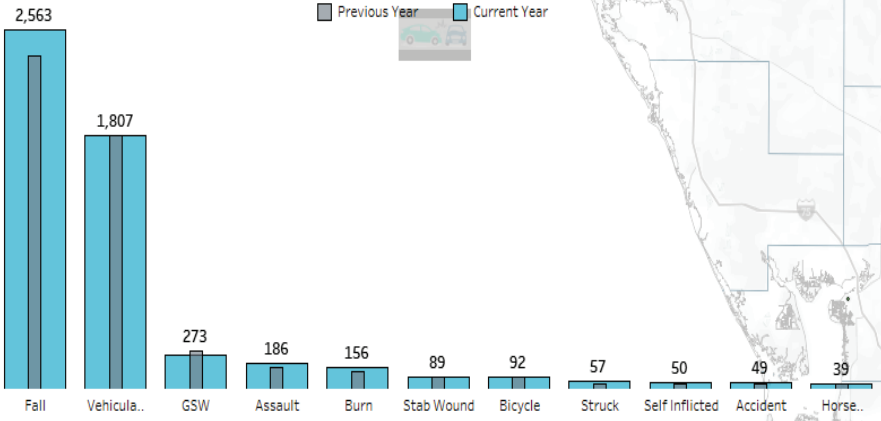
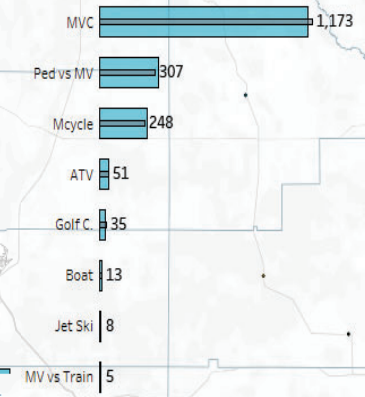
MECHANISM OF INJURY

Previous Year Current Year



VEHICULAR CRASH BREAKDOWN



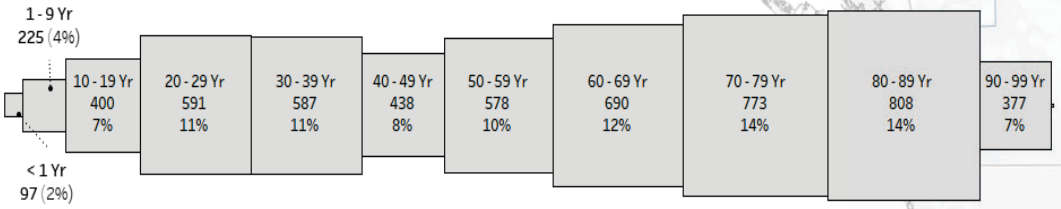
TRANSPORTS BY GROUND

4,810 *(95%)*

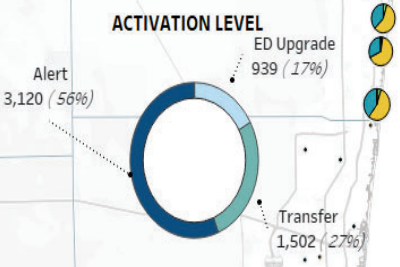
TRANSPORTS BY AIR

459 *(5%)*

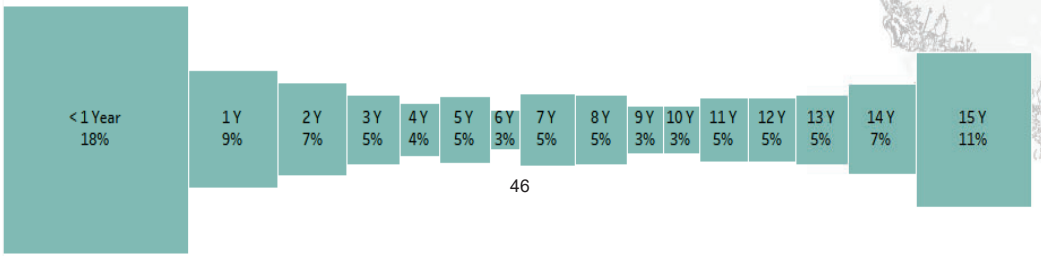
YEARS OF AGE BY DECADE



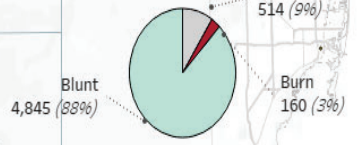
ACTIVATION LEVEL



PEDIATRIC AGE DISTRIBUTION



INJURY TYPE



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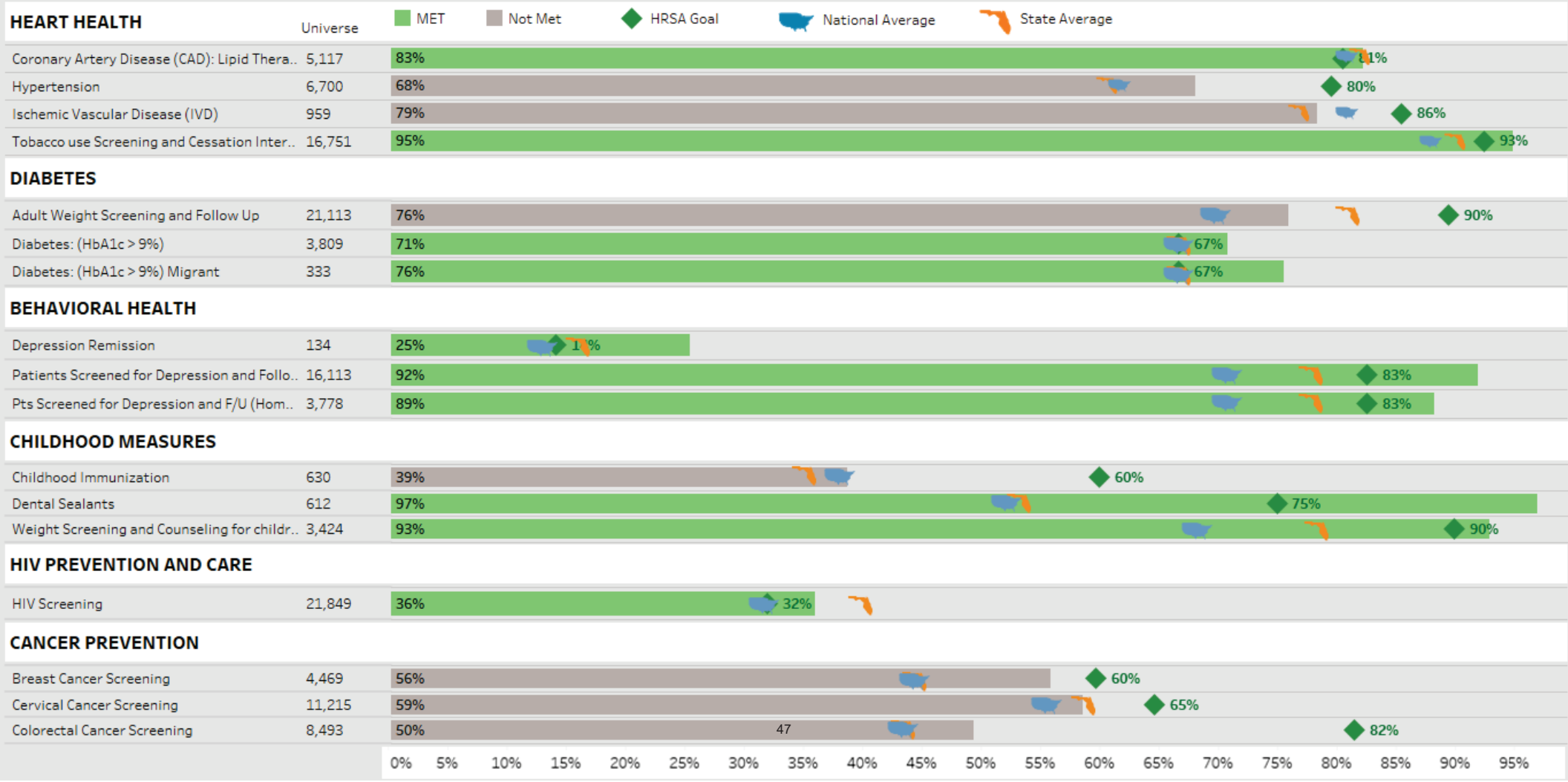
Primary Care Clinics
Health Care District Palm Beach County

UDS PROVIDER LEVEL QUALITY MEASURES 2022
NATIONAL QUALITY LEADER METRICS

Load Date
2/6/2023

Filters



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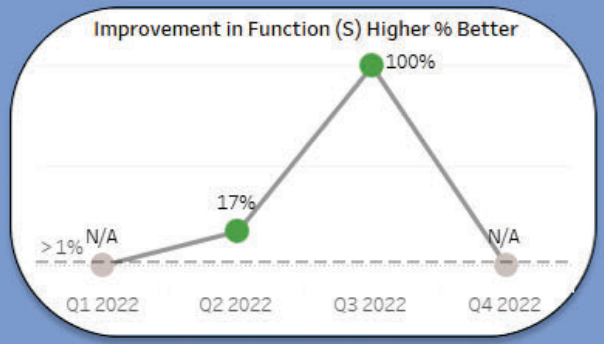
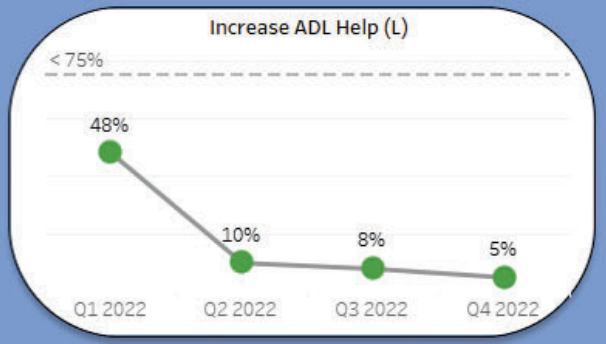
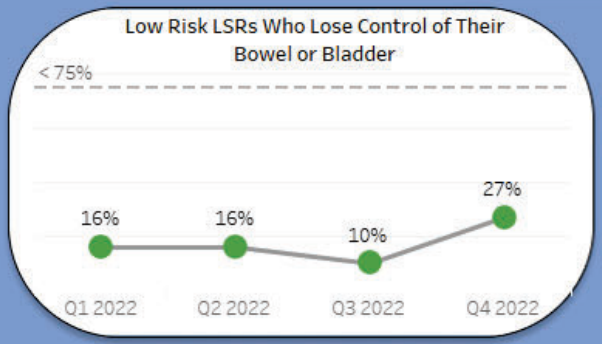
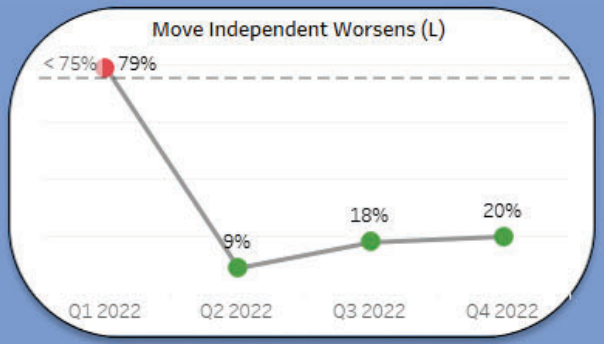
Healey Center
Health Care District Palm Beach County

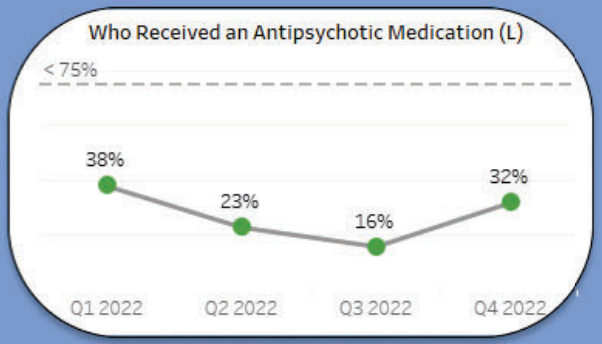
EJH Quality Measures
2022

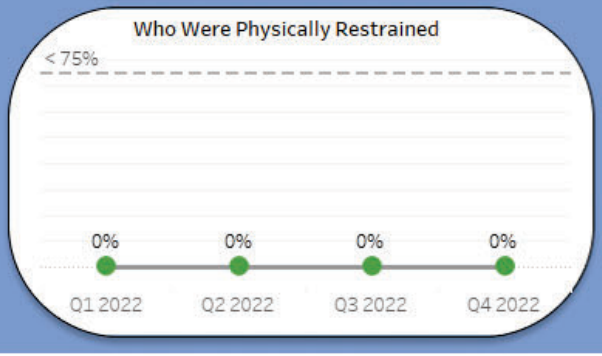


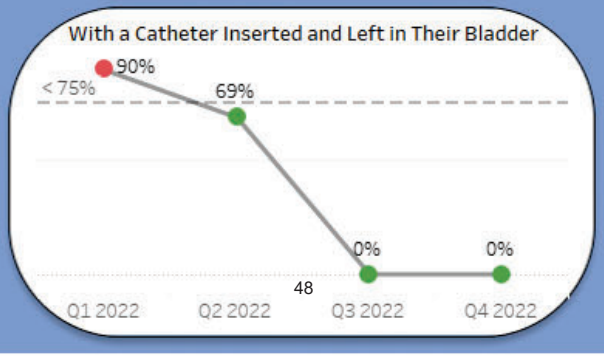


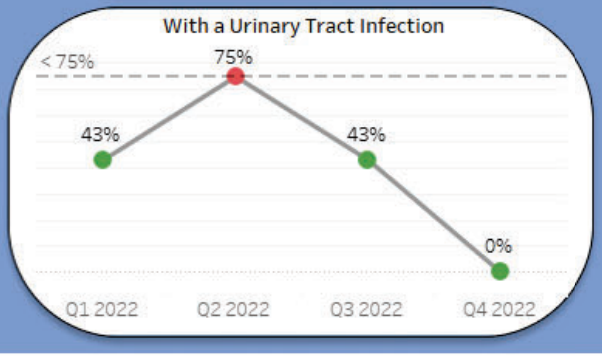












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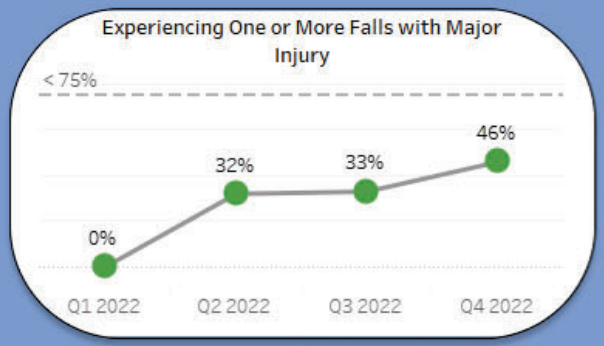
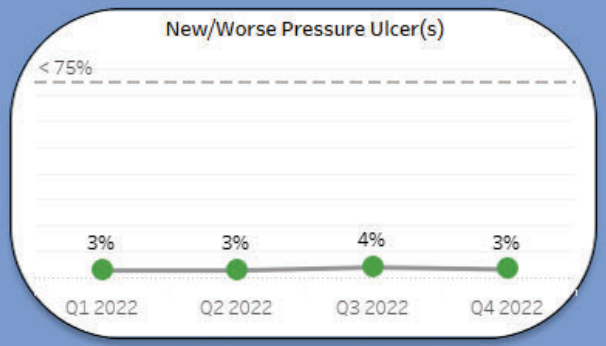
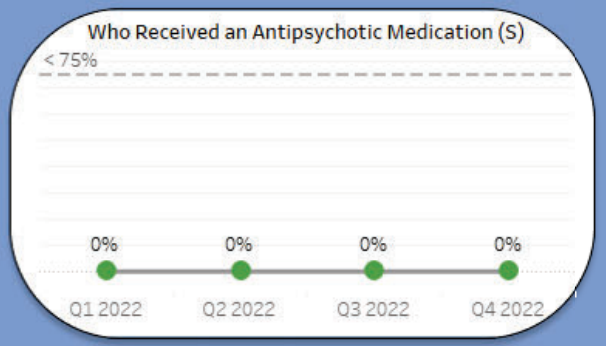
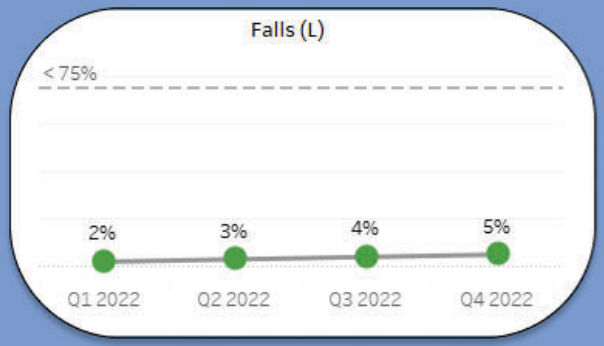
Healey Center
Health Care District Palm Beach County

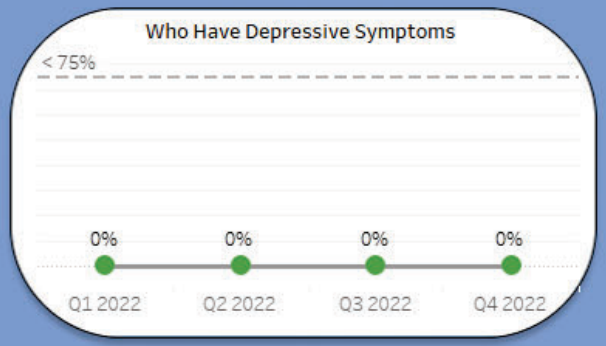
EJH Quality Measures 2022

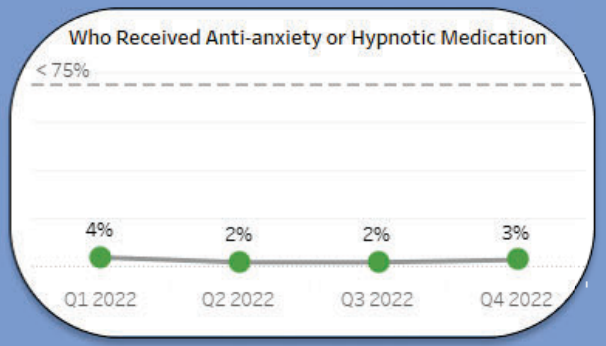


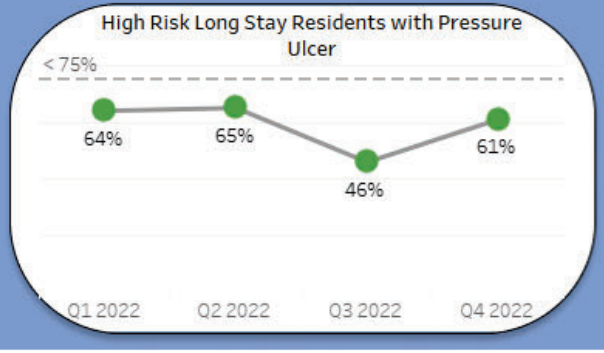


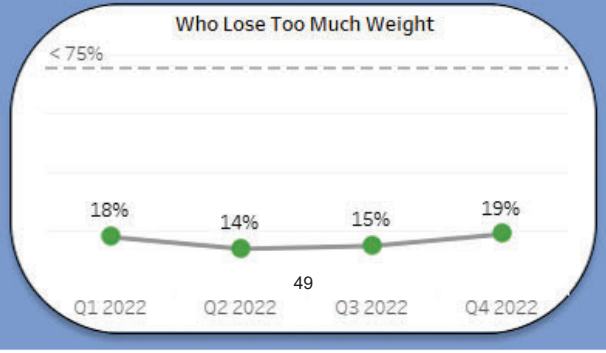


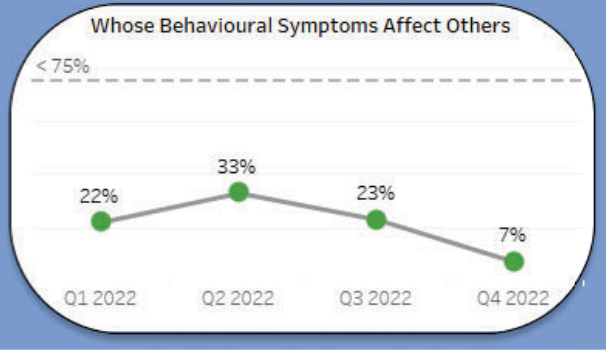












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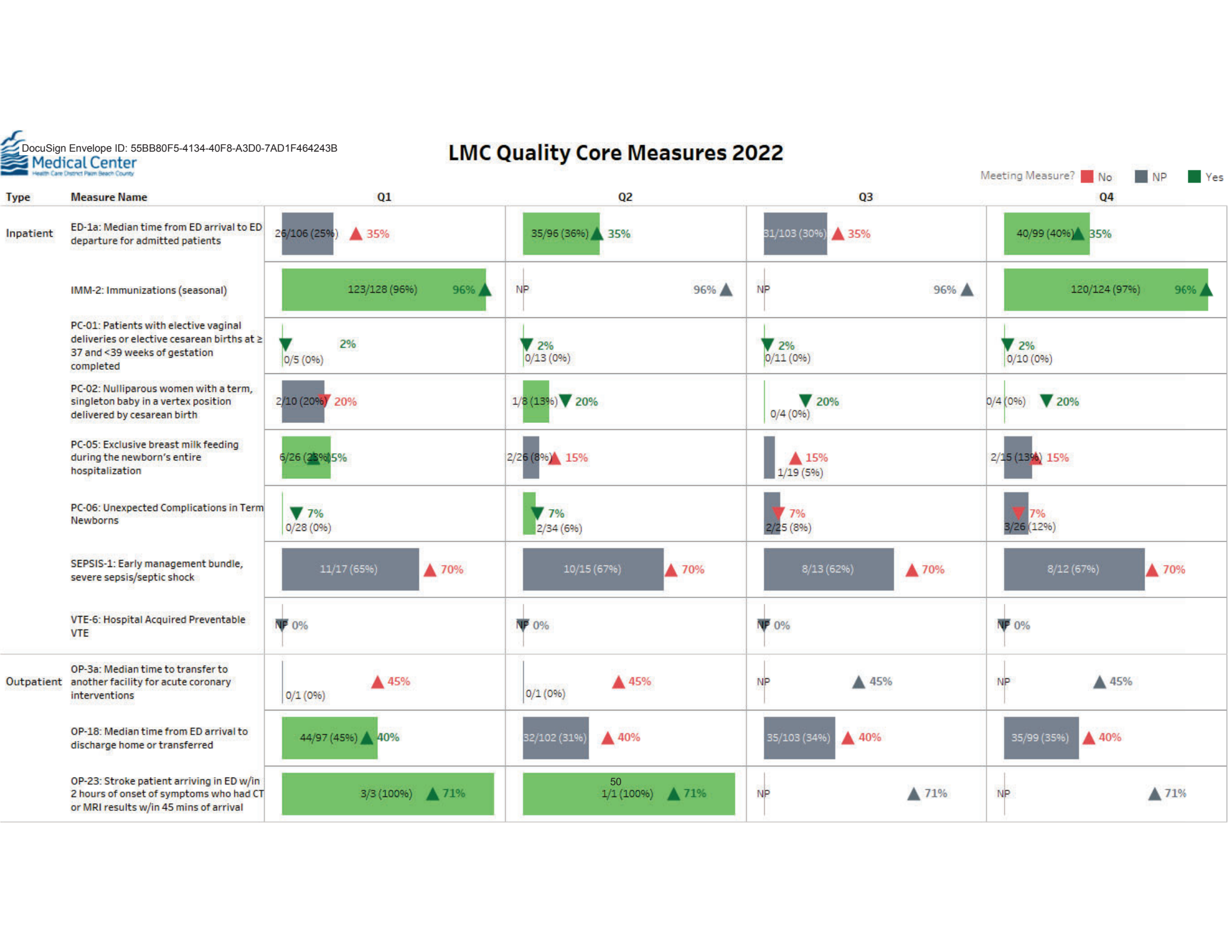
Medical Center
Health Care District Palm Beach County

LMC Quality Core Measures 2022



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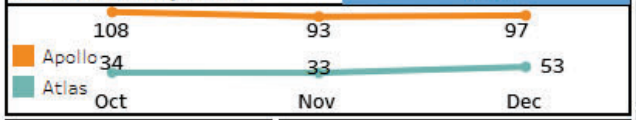
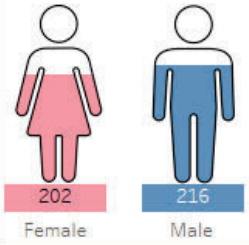
LifeTrans Ground Transport

Q4 2022

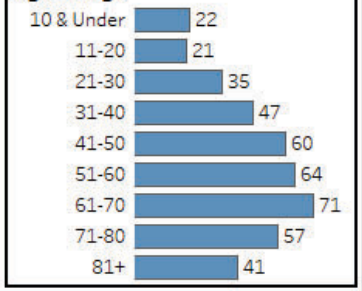
Total Transports 418



Gender



Age Range



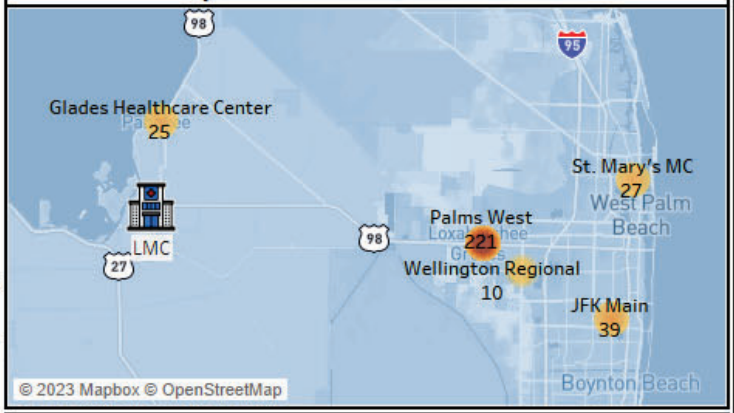
Transports Originating from Other Facilities 38

Origin	Destination	Count/AVG Activation to Pick Up
EJH	EJH	1 (145min)
	St. Mary's MC	8 (22min)
	JFK North	1 (30min)
	LMC	2 (16min)
	Palm Beach Gardens ..	1 (5min)
JFK North	EJH	5 (94min)
PBGMC	EJH	5 (177min)
SMMC	EJH	5 (149min)
Kindred	EJH	2 (149min)
PWH	EJH	1 (34min)
	LMC	1 (17min)
CLB Jupiter	Jupiter Medical Center	1 (25min)
CLB Lake ..	JFK North	1 (62min)
CLB- Not S..	JFK North	1 (55min)
Delray Me..	EJH	1 (240min)
JFK Main	EJH	1 (120min)
North Lake..	EJH	1 (168min)

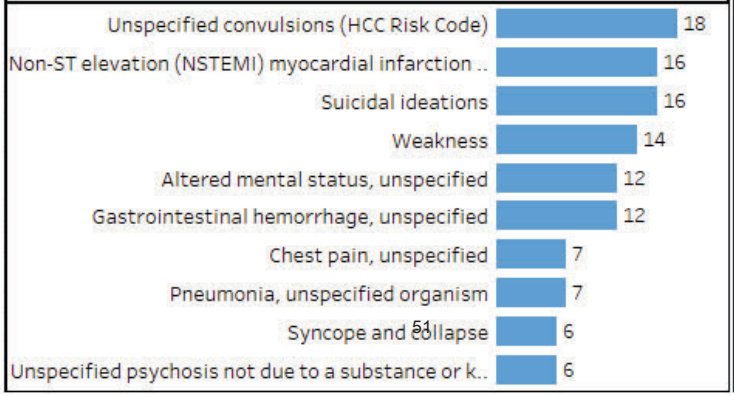
Overall Turnaround Times

Activation to Pick Up		Pick Up to Drop Off		Activation to Drop Off	
Apollo	Atlas	Apollo	Atlas	Apollo	Atlas
48 min	79 min	57 min	61 min	105 min	140 min

Top 5 Destinations from LMC



Top 10 Principal Diagnoses



Transports Originating from LMC 380

Destination	Unit	Count/AVG Activation to Pick Up
Palms West	Apollo	180 (45min)
	Atlas	41 (68min)
JFK Main	Apollo	30 (34min)
	Atlas	9 (45min)
St. Mary's MC	Apollo	18 (37min)
	Atlas	9 (87min)
Glades Healthcare Center	Apollo	21 (90min)
	Atlas	4 (79min)
Wellington Regional	Apollo	10 (29min)
South County Mental Health West	Apollo	9 (34min)
JFK North	Apollo	5 (85min)
	Atlas	2 (83min)
NeuroBehavioral Hospital	Apollo	3 (18min)
	Atlas	4 (52min)
South County Mental Health	Apollo	6 (50min)
	Atlas	1 (10min)
Patient Home	Apollo	4 (116min)
	Atlas	1 (206min)
Palm Beach Gardens MC	Atlas	3 (20min)
Good Samaritan Hospital	Apollo	2 (132min)
Royal Palm Beach Health and Rehab Center	Apollo	1 (12min)
	Atlas	1 (372min)
West County Jail	Apollo	2 (29min)
Coral Shores Behavioral Health	Apollo	1 (10min)
Delray Medical Center	Atlas	1 (52min)
EJH	Atlas	1 (166min)
Hendry Regional	Apollo	1 (56min)
Jackson Memorial	Atlas	1 (0min)
Jupiter Rehabilitation and Healthcar..	Apollo	1 (153min)
Lawnwood Hospital	Apollo	1 (89min)
Manor Care	Atlas	1 (152min)
Mercy Hospital	Atlas	1 (73min)
New Horizons	Atlas	1 (7min)
Nicklaus Childrens Hospital	Atlas	1 (71min)
Noreen McKeen	Apollo	1 (52min)
Select Specialty Hospital	Atlas	1 (104min)
Ventura Health and Rehab Center	Apollo	1 (63min)

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HCD Ground Transport NEMSIS Reporting
Q4 2022

Provider Primary Impression

Abdominal Pain/Problems	37	Flu like Symptoms	1	Seizure	15
Altered Level of Consciousness	11	General Illness	41	Sexual Assult/Rape	1
Behavioral/Psychiatric Disorder	34	Hemorrhage/Bleeding	5	Stroke/CVA/TIA	22
Cardiac Rhythm Disturbance	1	Hypertension	2	Syncope/Fainting	4
Cardiovascular	25	Other	148	Traumatic Injury	31
Chest Pain / Discomfort	2	Pain	11	Unknown	1
Congestive Heart Failure/Pulmonary..	2	Pregnancy/OB Delivery	7		
Diabetic Symptoms (Hypoglycemia)	1	Respiratory	9		
Digestive Symptoms	1	Respiratory Distress	3		
Digestive Symptoms (Nausea/Vomit..	4				

Total Transport Encounters: 418

Incident/Patient Disposition

Home	5
Hospital-Emergency Department	295
Hospital-Non-Emergency Department Bed	36
Medical Office/Clinic	1
Nursing Home/Assisted Living Facility	51
Other (Not Listed)	24
Police/Jail	1
Trauma Center (Trauma Alert Only)	5

Age Category

Under 1yr	5
1-4 yrs	7
5-14 yrs	16
15-54 yrs	169
55-64 yrs	79
65-74 yrs	65
75-84 yrs	48
85+ yrs	29

Level of Transport

ALS	293
BLS	117
SPECIALTY CARE TRANSPORT	8

Cause of Injury

Animal Bite	1	Motor Vehicle to Fixed Object (Occupant Injured)	1
Fall (Unintentional)	26	Motor Vehicle to Motor Vehicle (Occupant Injured)	3
Fight or Brawl Unarmed	3	Not Applicable	33
Machinery	1	Other Injury Not Otherwise Specified	7
Motor Vehicle Non-traffic (Off public Road)	1	Stabbing Assault	2
		Unknown	1

Treatments/Procedures

None Documented	1	ECG - 12 Lead	19
Blood Glucose Testing	66	None	46
Chest Tube	1	Volume Resuscitation (Fluid)	17
ECG - 3 Lead	336		

Medication Administered

Cardiac Drugs	13	Paralytic Drugs for Intubation	1
Medication for Pain	9	Thrombolytics	2

Alerts Called

Trauma Alert	4

Injury Site

Body Region Unspecified	1
Face (Including Ears)	5
Head Only (Excluding Neck, Cervica..	5
Lower Extremities or Bony Pelvis	10
Spine	1
Thorax (Excluding Lumbar Spine)	5
Upper Extremities	8

Injury Type

Blunt Injury	7
Dislocation/Fracture	14
Gunshot	1
Laceration	5
Puncture/Stab	2
Soft Tissue Swelling/Bruising	5

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Health Care District PALM BEACH COUNTY

Call Center Performance

10/3/2022 to 12/30/2022

Filters

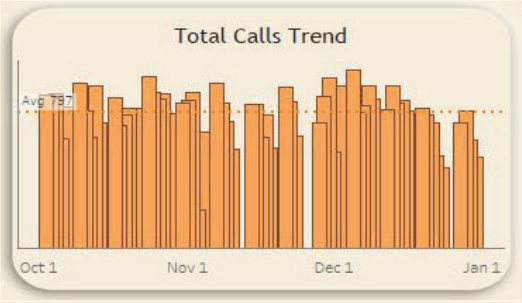
Call Date 10/1/2022 to 12/31/2022

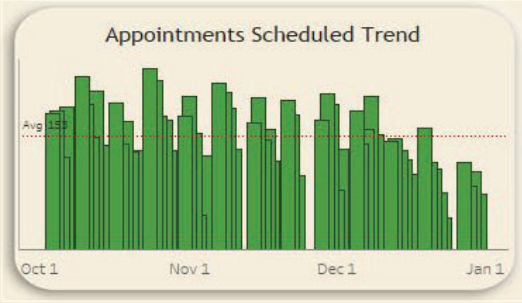
Agent Name All

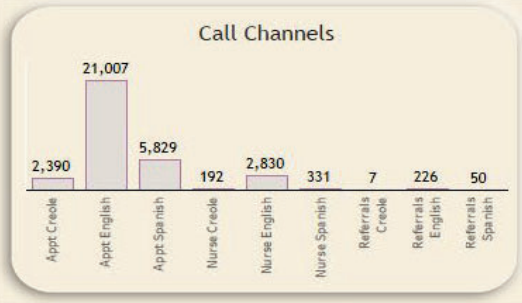
All
5,716 HRS. WORKED

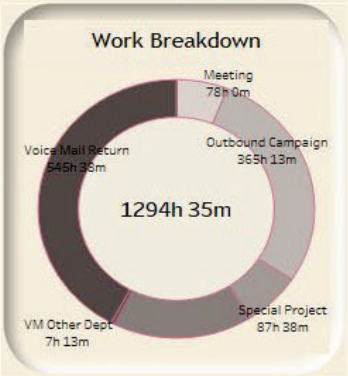
Total Call Activity	Total Inbound Calls	Total Handled Inbound Calls	Total Outbound Calls
48,643 8.5 Calls/Hr	34,801 (72%) 6.1 Calls/Hr	33,644 (86.7%) 5.9 Calls/Hr	13,827 (28%) 2.4 Calls/Hr

Appts. Scheduled	Patients Served
9,304	7,579









Key Performance Indicators

Time taken to answer calls	Average speed of answer	Avg Time to Handle Calls	Call Duration	Average Wrap-up Time	Call Abandonment Rate
SLA 80% calls answered < 90s	SLA < 28s	SLA Calls handled time < 6m	SLA < 4m	SLA < 6m	SLA < 5%
1m 51s Queue Time + Ring Time	4s Ring Time	6m 28s Queue Time + Ring Time + Hold Time + Talk Time + Work Time	3m 36s Talk Time	14s Work Time	0.75% Abandoned Call as % of Call Presented

Note: ADP Hours are updated beginning of the week.

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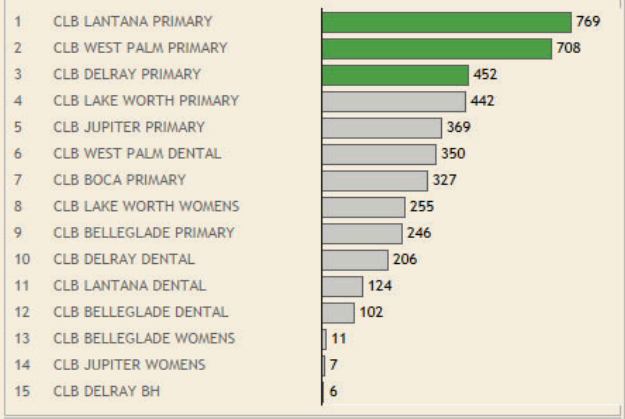
Health Care District PALM BEACH COUNTY

Call Center Performance

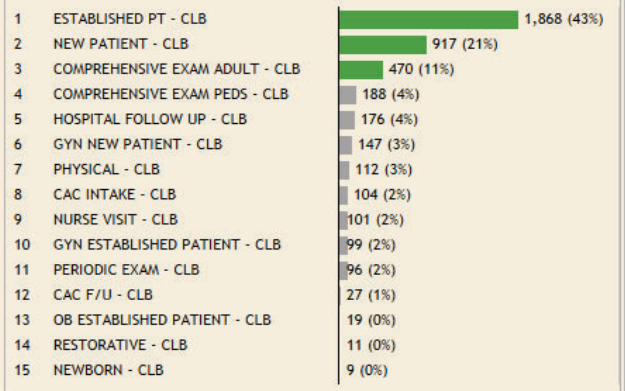
10/1/2022 to 12/31/2022

Filters

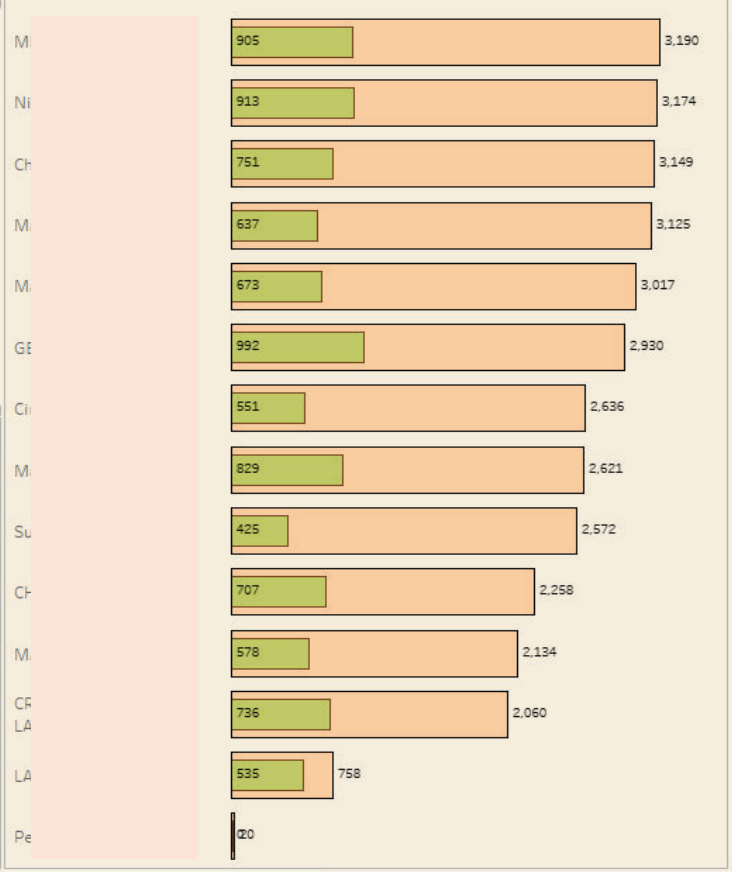
Top 15 Clinics for Appointments



Top 15 Appointment Types



Top Agents by Calls Handled



Call Distribution

	Monday	Tuesday	Wednesd..	Thursday	Friday	Total
7 AM			2			2
8 AM	1,116	1,118	1,077	1,025	793	5,129
9 AM	1,566	1,502	1,073	1,343	1,145	6,629
10 AM	1,349	1,400	1,433	1,209	1,008	6,399
11 AM	1,449	1,455	1,534	1,177	1,085	6,700
12 PM	977	987	1,085	837	848	4,734
1 PM	1,212	1,214	1,305	823	859	5,413
2 PM	1,338	1,380	1,264	923	1,016	5,921
3 PM	1,178	1,273	1,112	768	922	5,253
4 PM	886	892	869	615	674	3,936
5 PM	6	5	1	2	3	17
Total	11,077	11,226	10,755	8,722	8,353	50,133

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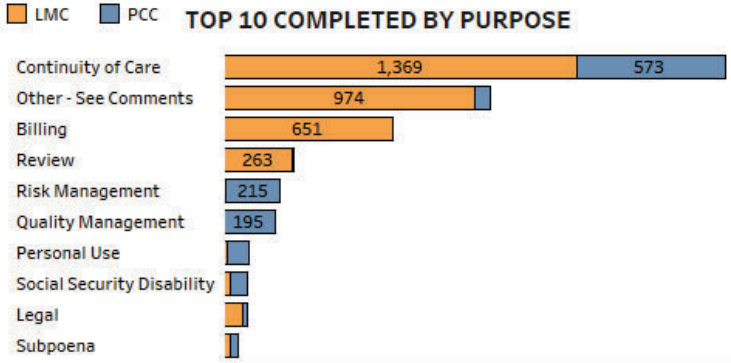
PALM BEACH COUNTY

HEALTH INFORMATION MANAGEMENT (HIM)

Release of Information for Q4 2022

3,427	5.45 Days	4,736	4.92	1,309	3.52
LMC Completed Releases	LMC Turnaround Time	Total Completed Releases	Average Days Turnaround Time	PCC Completed Releases	PCC Turnaround Time

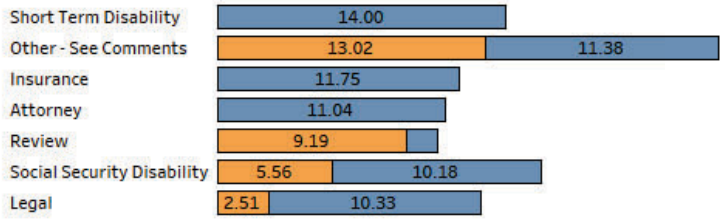
TOP 10 COMPLETED BY PURPOSE



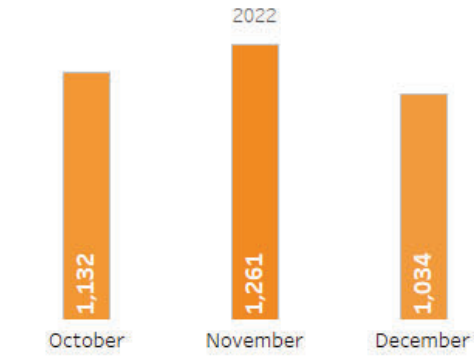
TOP 10 COMPLETED BY RECIPIENT

Ventra Health	392	392	0
Blue Radiology Service	223	223	0
Florida Blue - Blue Cross Blue Shield	190	0	190
CLB Belle Glade	188	188	0
CLB Lantana	163	153	10
CLB West Boca Raton	120	120	0
VENTRA HEALTH	114	114	0
CLB West Palm Beach	112	103	9
Rebecca Abu, MD	75	74	1
Social Security Administration (Disability)	42	0	42

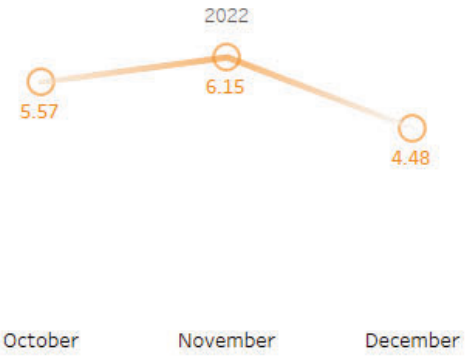
TOP 10 TURNAROUND TIME BY PURPOSE



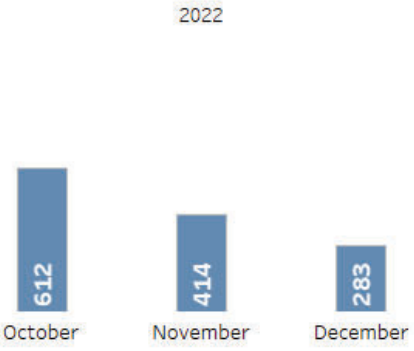
LMC COMPLETED RELEASES



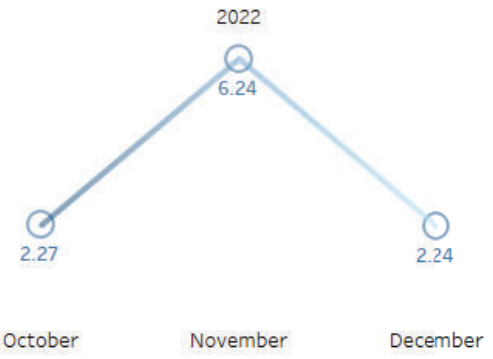
LMC TURNAROUND TIME (DAYS)



PCC COMPLETED RELEASES



PCC TURNAROUND TIME (DAYS)



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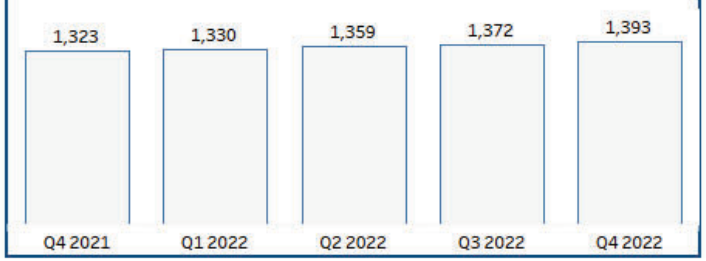
PALM BEACH COUNTY

Human Resources Dashboard
Q4 2022

Business Unit Description
All

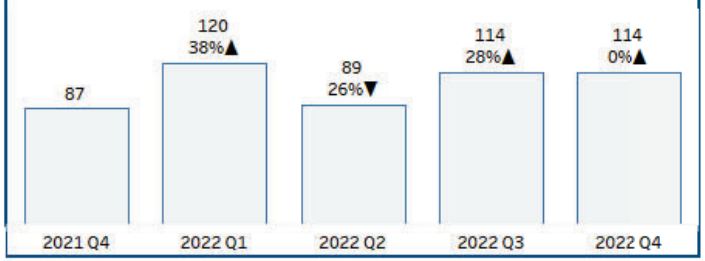
1,392	90	114	43	46	7
Current Head Count	Total Separations	New Hires	New Hires Separated	Average Age	Avg Years Tenure

Headcount Trend

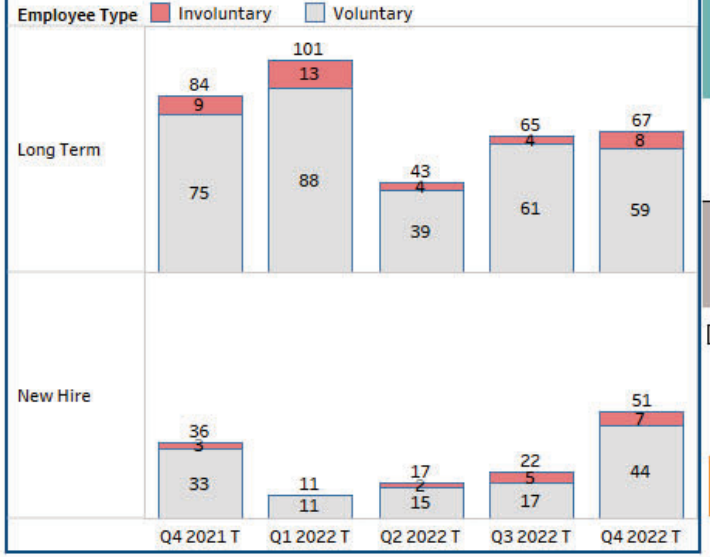


Employee Demographics

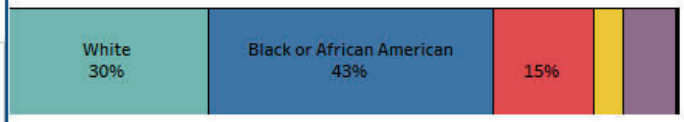
New Hire Trend



Turnover Counts

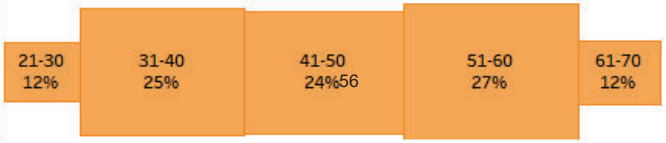


Race

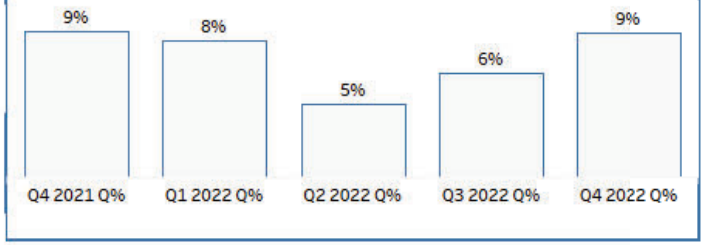


Ethnicity

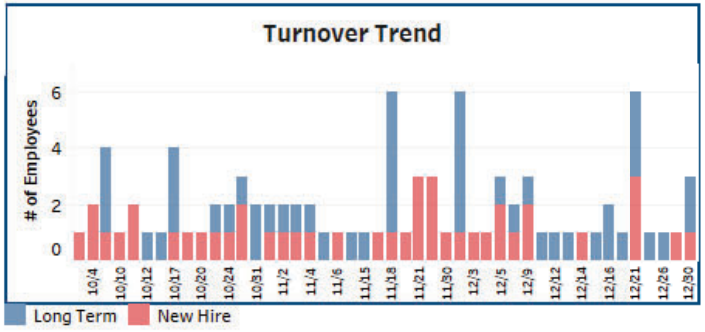
Age



Turnover Percent



Turnover Trend



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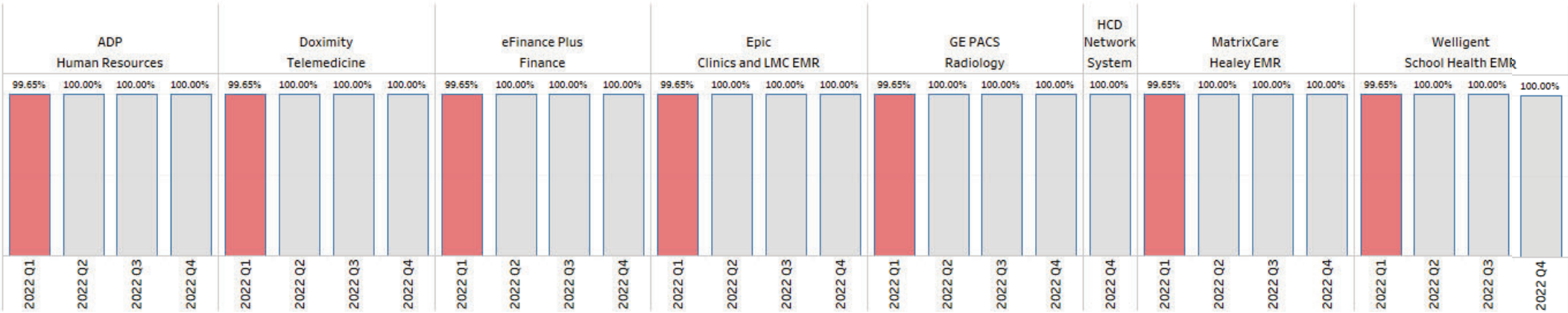
PALM BEACH COUNTY

DOWNTIME For CY 2022

Uptime Percent by Application

SLA 99.99%



The HCD network did not experience any enterprise wide outages last quarter but we did have reports of intermittent network issues affecting multiple sites on 11/3/22. This was determined to be an issue with our internet service provider that was resolved within a few hours. On 11/1/22 and 11/23/22 we recieved calls from multiple clinic sites stating they had intermittend access the EPIC platform which were both resolved within 2 hours. The root cause was found to be with MHS servers that when rebooted resolved the

54

Hours

(Non-Concurrent)

Planned downtime

system is unavailable while it undergoes routine maintenance

Downtime

Application Na..	Quarter ..	Planned	Planned %	Unplanned	Unplanned %
ADP	Q1	0	0.00%	7.5	1.01%
Doximity	Q1	0	0.00%	7.5	1.01%
eFinance Plus	Q1	0	0.00%	7.5	1.01%
	Q3	4	0.56%	0	0.00%
Epic	Q1	12	1.67%	7.5	1.01%
	Q2	4	0.55%	0	0.00%
	Q3	9	1.22%	0	0.00%
	Q4	6	0.82%	0	0.00%
GE PACS	Q1	1	0.15%	7.5	1.01%
MatrixCare	Q1	8	1.10%	7.5	1.01%
	Q3	8	1.08%	0	0.00%
	Q4	2	0.27%	0	0.00%
Welligent	Q1	0	0.00%	7.5	1.01%

7.5

Hours

(Network Outage)

Unplanned downtime

system is unavailable due to unforeseen circumstances

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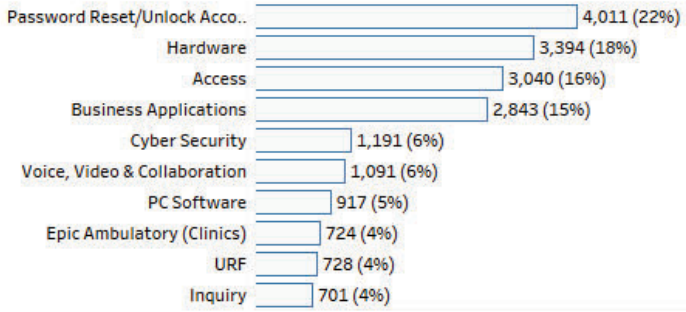
PALM BEACH COUNTY

SERVICE DESK
For CY 2022

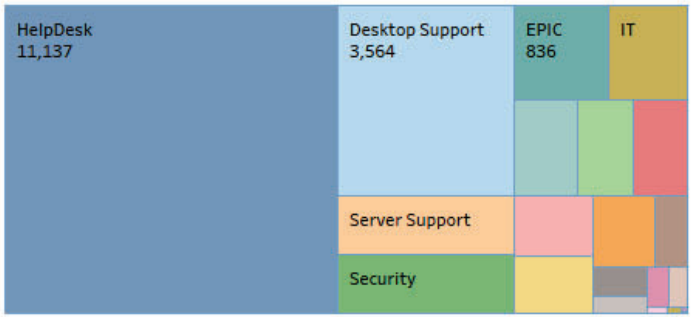
22,893	669	2.92%
Total Calls	Abandoned Calls	Abandoned % (Target 4.5%)

22,899	23,083	96%	22,062
Tickets Created CY 2022	Tickets Closed CY 2022	Closure of CY 2022 Tickets	Tickets Created and Closed CY 2022

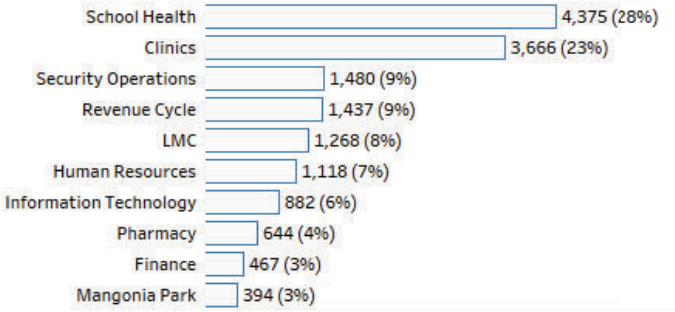
Top 10 Tickets by Category



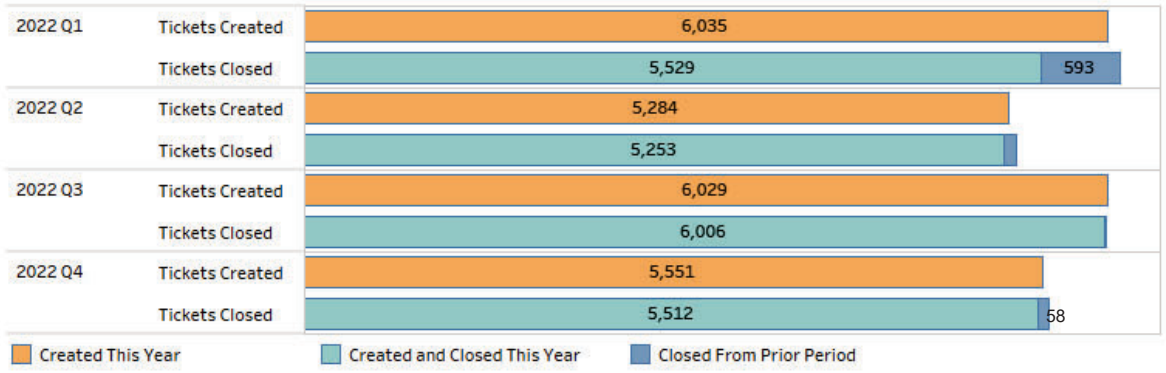
of Tickets by Group



Top 10 Total Tickets by Business Unit

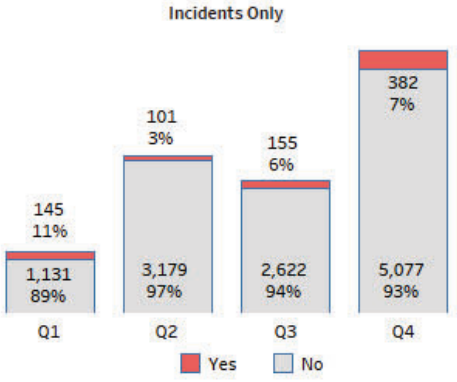


Tickets Created/Tickets Closed

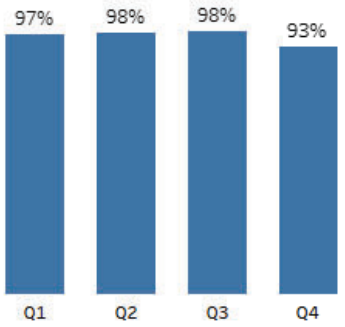


Missed SLA

Incidents Only



Closure Rate



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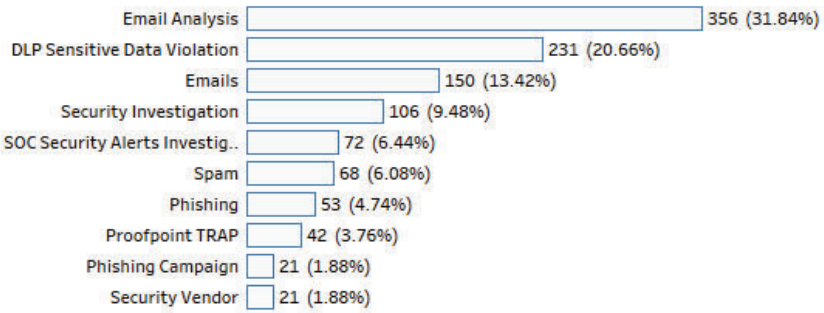
PALM BEACH COUNTY

CYBER SECURITY

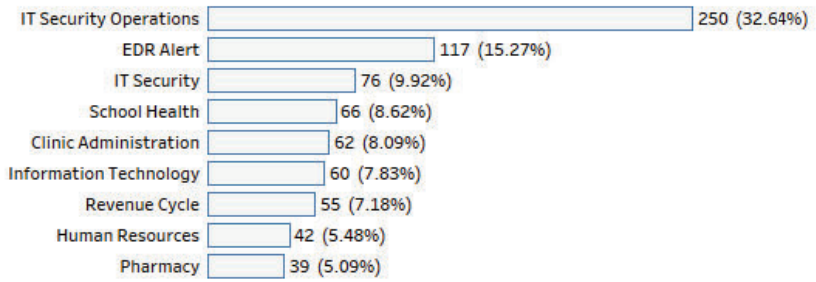
For CY 2022

0	1,192	2.48	99.92%
Total Reportable Cyber Security Investigations	Total Investigations	Avg Days to Resolve	Percent of Investigations Closed

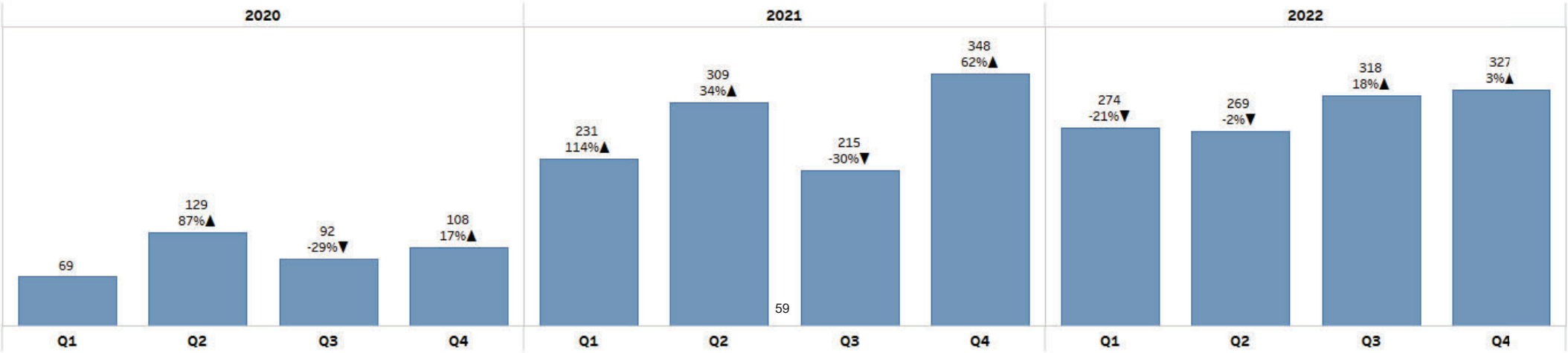
Top 10 Total Investigations by Category



Top 10 Total Investigations by Business Unit



Request Trend by Quarter



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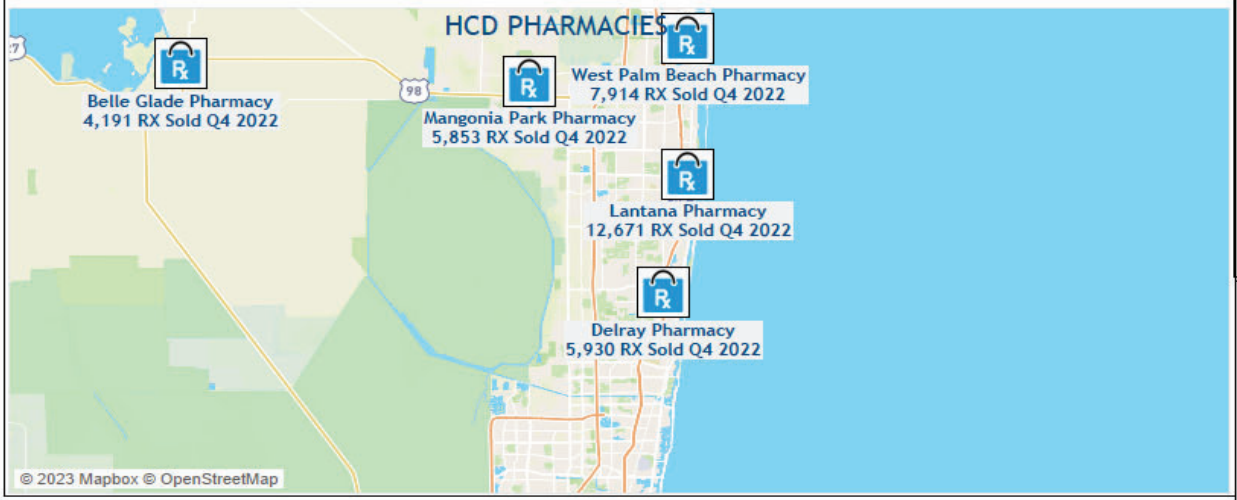
HEALTH CARE DISTRICT
PALM BEACH COUNTY

Pharmacy Services Quality Report
Report as of Q4 2022
All Location(s)

Quarter
202204

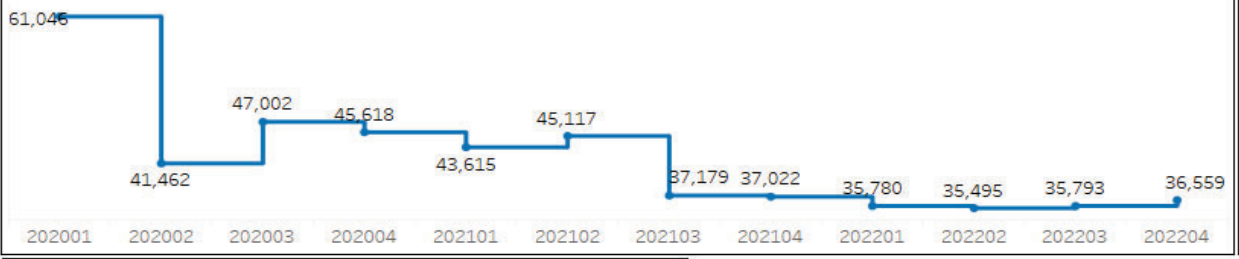


All Location(s)

Period	Ready when promised (non-waiters). Goal > 90%
Q4 2022	34.14K
Q3 2022	30.31K
Q2 2022	32.88K
Q1 2022	34.02K
Q4 2021	34.40K
Q3 2021	33.57K
Q2 2021	40.11K
Q1 2021	41.19K

Period	Prescriptions designated as waiters. Goal < 25%
Q4 2022	2,054
Q3 2022	2,107
Q2 2022	2,455
Q1 2022	1,803
Q4 2021	2,253
Q3 2021	3,283
Q2 2021	4,513
Q1 2021	2,504

Trend of Prescriptions Sold at All Location(s)



Period	Average wait time in minutes (waiters)
Q4 2022	25.29
Q3 2022	23.93
Q2 2022	20.66
Q1 2022	22.53
Q4 2021	25.76
Q3 2021	19.74
Q2 2021	23.88
Q1 2021	27.92

Period	Prescriptions returned to stock. Goal < 5%
Q4 2022	1,527
Q3 2022	1,384
Q2 2022	1,627
Q1 2022	1,707
Q4 2021	1,679
Q3 2021	1,544
Q2 2021	2,016
Q1 2021	2,037

Period	Total out of stock fills. Goal < 5%
Q4 2022	1,354
Q3 2022	1,088
Q2 2022	1,140
Q1 2022	925
Q4 2021	768
Q3 2021	759
Q2 2021	1,139
Q1 2021	1,359

60

Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
4,017	1,754
11.0% of RX sold	