Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance
Committee Meeting
March 23, 2022
10:00 A.M.

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

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
March 23, 2022 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 – Sean O'Bannon**

   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 15, 2021. [Pages 1-4]

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

   A. **ADMINISTRATION**

   7A-1 **RECEIVE AND FILE:**
   December 2021 Internet Posting of District Public Meeting.
   https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

   7A-2 **RECEIVE AND FILE:**
   Committee Attendance. [Page 5]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 6-8]

- Patient Relations Dashboard, School Health.
  (Steven Sadiku) [Pages 9]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (David Speciale) [Page 10]

- Patient Relations Dashboard, E. J. Healey Center.
  (Tracy-Ann Reid) [Page 11]

- Patient Relations Dashboard, Lakeside Medical Center.
  (Alyssa Tarter) [Page 12]

- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 13]

8. **Regular Agenda**

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Summary of HCD Compliance, Privacy and Ethics Program Updates and
Activities
(Heather Bokor) [Pages 14-21]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 22-28]

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku) [Pages 29-31]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Page 32]

- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Pages 33-35]

- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 36-37]

- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Pages 38-44]

- Quality & Patient Safety Report, Lakeside Medical Center. (Andrea Steele/ Sylvia Hall) [Pages 45-47]

- Quality & Patient Safety Report, Corporate Quality Metrics. (Andrea Steele) [Pages 48-52]

9.   CEO Comments

10.   Committee Member Comments

11.   Establishment of Upcoming Meetings

June 15, 2022

- 12:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

September 2022 (TBD)

- 2:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

December 14, 2022

- 10:00 A.M. - Quality, Patient Safety and Compliance Committee Meeting

12.   Motion to Adjourn Public 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.

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING MINUTES
December 15, 2021 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 – Dr. Alina Alonso, Chair

A.   Roll Call

Committee Members Present: Dr. Alina Alonso, Sean O'Bannon, Mary Weeks, James Elder, Kimberly Schulz, Dr. Ishan Gunawardene

Committee Members Absent: Sharon Larson

Staff Present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric - Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris - Vice President of Field Operations, Patricia Lavely -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alexa Goodwin, Alyssa Tarter, Amaury Hernandez, Amelia Stewart, Andrea Steele, Charmaine Chibar, Cindy Dupont, Danielle Fuller, David Morsell, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Leslie Alvarez, Lou Bassi, Luis Rodriguez, Martha Benghie Hyacinthe, Patrick O'Connor, Regina Stolpman, Sandra Bell, Shauniel Brown, Shelly Ann Lau, Steven Sadiku, Sylvia Hall, Tracy-Ann Reid, Tracey Archambo

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

None.

4. **Disclosure of Voting Conflict**

None.

5. **Public Comment**

None.

6. **Meeting Minutes**

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 10, 2021. [Pages 1-4]

Conclusion: Minutes were motioned to approve by Sean O'Bannon and seconded by Mary Weeks.

B. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from September 28, 2021. [Pages 5-8]

Conclusion: Minutes were motioned to approve by James Elder and seconded by Sean O'Bannon.

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

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
December 2021 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
Committee Attendance. [Page 9]

7A-3 **RECEIVE AND FILE:**
Quality, Patient Safety and Compliance Committee Meeting Schedule for 2022 (Dr. Belma Andric) [Pages 10-11]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 12-14]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(David Speciale) [Page 15]

- Patient Relations Dashboard, E. J. Healey Center.
(Tracy-Ann Reid) [Page 16]

- Patient Relations Dashboard, Lakeside Medical Center.
(Regina Stolpman) [Page 17]

- Patient Relations Dashboard, Pharmacy.
  (Luis Rodriguez) [Page 18]

Conclusion: Consent Agenda was motioned to approve by James Elder and seconded by Sean O'Bannon.

8.   **Regular Agenda**

A.   **COMPLIANCE**

8A-1   **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Work Plan FY22
(Heather Bokor) [Pages 19-27]

Conclusion: The Compliance Work Plan was noted as a Receive and File but was approved by Shane O'Bannon and seconded by James Elder.

8A-2   **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Statistics
(Heather Bokor) [Pages 28-34]

Conclusion: Received and filed.

8A-3   **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Recent Regulatory Updates and Industry
Enforcement Activity FY22 Q1
(Heather Bokor) [Pages 35-49]

Conclusion: Received and filed.

B.   **CORPORATE QUALITY DASHBOARDS**

8B-1   **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 50-55]

- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Page 56]

- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Page 57]

- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 58-60]

- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Pages 61-67]

- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Pages 68-70]

- Quality & Patient Safety Report, Corporate Quality Metrics.
(Andrea Steele) [Pages 71-73]

Conclusion: Received and filed.

9.   CEO Comments

Darcy Davis congratulated the Edward J. Healey Rehabilitation and Nursing Center for joining the top 13% for quality and patient care of a long-term care facility.

10.   Committee Member Comments

None.

11.   Establishment of Upcoming Meetings

March 23, 2022

- 10:00 A.M. - Quality, Patient Safety and Compliance Committee Meeting

June 15, 2022

- 12:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

September 2022 (TBD)

- 2:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

December 14, 2022

- 10:00 A.M. - Quality, Patient Safety and Compliance Committee Meeting

Conclusion: Upcoming Meeting dates read.

12.   Motion to Adjourn

There being no further business, the public meeting was adjourned at 11:25 A.M.

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

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

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

12-Month Attendance Tracking

	3/10/21	6/29/21	9/28/21	12/15/21
Dr. Alina Alonso	X	X	X	X
James Elder	X	X		X
Dr. Ishan Gunawardene	X		X	X
Sharon Larson	X	X	X	
Sean O'Bannon	X		X	X
Kimberly Schulz	X		X	X
Mary Weeks	X	X	X	X

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 23, 2022

1.   **Description: Patient Relations Dashboards**

2.   **Summary:**

This agenda item provides the patient relations dashboards for the 1st Trimester of the 2021/2022 school year for School Health and the 4th Quarter of 2021 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 2021/2022, School Health had a total of 129 Patient Relations events reported for 166 school locations and 322,060 health room events. Of the 129 patient relation events, 45 were complaints, 83 were compliments, and 1 was a grievance. Out of the 46 complaints/grievances, 63% were from family members, 28% were from school district staff, and 9% were from employees. The complaints were related to physician's orders/medications, communication, COVID protocols, staffing and care, and treatment of students, and the grievance was related to the COVID protocols. The 83 compliments recognized the School Health Nurses, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, students, outside agencies, and employees.

C. L. Brumback Primary Care Clinics
For Quarter 4, 62 Patient Relations Occurrences occurred between 8 clinics, 1 mobile clinic and clinic administration. Of the 62 occurrences, there were 10 grievances and 52 complaints. The top 5 categories were Care and Treatment, Physician Related, Communication, Respect Related and Finance. The top 2 subcategories with 8 complaints and grievances in each were Wait Time and Poor Communication issues.

There were also 24 compliments received across 7 clinics and clinic administration.

Edward J. Healey Rehabilitation and Nursing Center
There was a total of 35 grievances submitted during the 4th quarter. 25 residents were responsible for the 35 grievances. The average census for the quarter was 112. The top 5 categories were Personal Belongings (14), Communication (7), Nursing (5), Environment (4), and Nutrition (4). Some of the concerns included: missing clothing which were found in the resident room, not being able to visit during COVID-19 pandemic, interruption of sleep due to medication administration, not being able to connect to TV from Netflix account, and request for different meal choices. Grievances were resolved within the recommended guidelines.

A total of 31 compliments were submitted this quarter by residents and resident representatives. The compliments were being happy with the new equipment in the

rehab department, the compassion showed by the by to the residents throughout the pandemic, and pleased with the staff and the excellent care that they provide.

Lakeside Medical Center

For Quarter 4, Lakeside served 5,426 patients. There were 13 complaints. The top 5 categories were Care & Treatment, Communication, Discharge, Physician Related, and Respect Related. The top subcategories within Care & Treatment were: Inappropriate Care with 3 complaints, Confidence in caregivers with 2 complaints, Wait time with 2 complaints, and Order issues with 1 compliant. Communication: poor communication with 1 complaint, Discharge: discharge instructions incomplete with 1 complaint, Physician related: all aspects of care with 2 complaints, and Respect related: discrimination or perceptions with 1 complaint.

There were 0 compliments reported for fourth quarter 2021.

Pharmacy

During Quarter 4, the pharmacy received two complaints and two pharmacy compliments. Both patient complaints were attributed to the pharmacy not receiving patient prescriptions. The pharmacy contacted the provider regarding missing prescriptions, and once received, the pharmacy processed without further delay. Both Pharmacy compliments were initiated from our Delray Pharmacy location. One patient was happy that the pharmacy offered a 90-day medication supply, and another patient was grateful for the pharmacy speaking to her provider regarding a possible drug-drug interaction.

4.   Fiscal Analysis & Economic Impact Statement:

	Amount	**Budget**
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

_____
Candice Abbott
VP & Chief Financial Officer

5.   Reviewed/Approved by Committee:

N/A   N/A

_____   _____
Quality, Patient Safety, and Compliance   Date Approved
Committee

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 23, 2022

6.　　**Recommendation:**

Staff recommends the Committee receive and file the Patient Relations Dashboards.

Approved for Legal sufficiency:

Bernabe Icaza
VP & General Counsel

Belma Andric, MD
VP & Chief Medical Officer

Darcy J. Davis
Chief Executive Officer

School Health
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments) School Health

Top Categories
5

Provider	All		T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL	8/10/21 to 12/31/21

Total number of events 322,060

Total Complaints and Grievances   46   Late Entries: 5

Total Top 5 Subcategories

Category		Subcategory	Count
Care & Treatment		Anger, Threats, Physical A...	4
		Inappropriate Care	3
		Competency Of Staff	2
		Confidence in Care Givers	1
		Refusal of Treatment	1
Communicati...		Poor Communication	3
		Education	1
		Staff did not listen carefully	1
Environment...		Appearance of facility	1
Nursing Related		Other	16
		All aspects of care	6
		Communication	2
		Response time	1
Respect Related		Bad attitude/rude	1
		Complaints against anoth...	1

Schools by Area

West 15 33%
Central 4 9%
East 13 28%
North 7 15%
South 7 15%

Complainant

EMPLOYEE 5 11%
SCHSTAFF 13 28%
FAMILY 28 61%

Top 5 Categories

Nursing Related
EVERGLADE 3
WELLHIGH 2
WILDWYER 2
ADDIMIZNER 1
BINKSFOR 1
BOCAELEM 1
BOYNTHIGH 1
CORALREEF 1
COTAYLOR 1
FORHILELEM 1
LIBERPARK 1
MANATEE 1
PBCHLAKEHG 1
PIERCHAMM 1
PINEJOG 1
ROYPALHIGH 1
STHOLIVE 1

Comp/Griev Prev 4 Terms   Late Entries: 5

Total Compliments   84   Late Entries: 5

Schools by Area

Administrative Offices 4 5%
Central 15 18%
East 12 14%
North 20 24%
South 18 21%
West 15 18%

Complimenter

SCHSTAFF 9 11%
AGENCY 1 1%
FAMILY 10 12%
EMPLOYEE 64 76%

Top 5 Categories Trended

8/1/20 to 8/10/21

	Communicat... Other

Nursing Related
2020-2021 T1 5
2020-2021 T2 3
2020-2021 T3 2

Care & Treatment
2020-2021 T3 4
2020-2021 T2 1
Null 1

Communicat.. Other
2020-2021 T3 3
2020-2021 T2 1
2020-2021 T1 1

Care & Treatment Categories

ACREAGPINE
ADDIMIZNER
AWDREYFO
BEACOVE
BINKSFOR
BOCAHIGH
CALUSA
CYPRTRAILS
DELPRADO
DWIGHTEISE
ELBRIGALE
EMERCOVE
EVERGLADE

NURSING 72
CSS 11
OTHER 1
9

* Color represents Department

Primary Care Clinics
Health Care District Palm Beach County

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

2021 Q4

Detail — 10/1/21 to 12/31/21

Top Categories — 5

Dept Desc	All	Provider	All	All

Total Complaints and Grievances — 62   Late Entries: 7   Clinic   All

Clinics

Legend (Color represents Department):
- Admin
- Delray
- LakeWorth
- WPB
- Boca
- Jupiter
- Lewis
- Mangonia
- Lantana
- Mobile 1 Warrior
- Mobile 3 Hero

Pie chart:
- Admin 11 — 18%
- Delray 8 — 13%
- LakeWorth 8 — 13%
- WPB 8 — 13%
- Jupiter 6 — 10%
- Lewis 6 — 10%
- Mobile 1 Warrior 1 — 2%

Top 5 Categories

Category	Clinic	Count
Care & Treatment	Delray	5
	Jupiter	3
	LakeWorth	3
	Admin	2
	Boca	2
	WPB	2
	Mangonia	1
	Mobile 1 Warrior	1
Physician Related	Lewis	4
	LakeWorth	3
	Mangonia	3
	Delray	1
	Jupiter	1
	Lantana	1
Communication	Boca	3
	Admin	2
	Delray	1

Total Top 5 Subcategories

Category	Subcategory	Count
Care & Treatment	Inappropriate Care	6
	Confidence in Care Givers	4
	Competency Of Staff	3
	Lack of Continuity of Care	2
	Wait Time	2
	Equipment issues –staff handling	1
	Refusal of Treatment	1
Communication	Poor Communication	8
Finance	Billing issues (refusal to pay request fo…	4
	Insurance issues	1
Physician Related	Response time	8
	All aspects of care	3
	Communication	1
	Other	1
Respect Related	Bad attitude/rude	5
	Privacy issues	1

Total Compliments — 248   Late Entries: 3   Clinic   24

Clinics

Legend (Color represents Department):
- Delray
- WPB
- Belle Glade
- LakeWorth
- Jupiter
- Lewis
- Lantana
- Admin

Pie chart:
- Admin 6 — 25%
- Lantana 5 — 21%
- Lewis 4 — 17%
- Jupiter 3 — 13%
- Belle Glade 2 — 8%
- Delray 1 — 4%

Care and Treatment Categories

	CSS	NURSING	OTHER	PHYSICIAN
	1	2	1	1
	2	2	2	2
	1		3	1
	2			5
	2			
	2			
	4			
	14			

Complaints/Grievances Prev 4 Quarters — 248

1/1/21 to 12/31/21

Top 5 Categories Trended

Category	2021 Q1	2021 Q2	2021 Q3	2021 Q4
Care & Treatment	23	27	28	19
Communication	20	17	17	8
Respect Related	7	6	4	6
Physician Related	3	2	13	
Nursing…				4

10

*Color represents Department

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Health Care District Palm Beach County

Provider	All		Detail	Top Categories	5

10/1/21 to 12/31/21

2021 Q4

Total Complaints and Grievances 34 **Late Entries:** 16 **Total Top 5 Subcategories**

Departments

Top 5 Categories

- Personal Belongings — LAUNDRY — 9
- DOLPHIN — 2
- SOCIAL SERVICES — 2
- MANATEE — 1
- Communication — DOLPHIN — 2
- PELICAN — 2
- REHAB — 1
- SAND DOLLAR — 1
- SOCIAL SERVICES — 1
- Nutrition — DIETARY — 4
- Care & Treatment — FACILITIES — 1
- PELICAN — 1
- STARFISH — 1
- Environmental — DOLPHIN — 1
- INFORMATION TECHNOLOGY — 1
- SAND DOLLAR — 1

Departments pie chart legend:
LAUNDRY, DOLPHIN, DIETARY, PELICAN, SAND DOLLAR, SOCIAL SERVICES, FACILITIES, INFORMATION TECHNOLO..., MANATEE, NURSING ADMINISTRATI..., REHAB, STARFISH

Pie values: 9 26%, 5 15%, 4 12%, 4 12%, 3 9%, 3 9%, 1 3%, 1 3%, 1 3%, 1 3%

Total Top 5 Subcategories:
- Care & Treatment — Equipment issues –staff handling — 2
- Specialist /Consult not available — 1
- Communication — Education — 6
- Staff did not explain Things Understan... — 1
- Environmental — Lack of amenities — 2
- Appearance of facility — 1
- Nutrition — Menu choice — 3
- Temperature — 1
- Personal Belongings — Clothes — 10
- Loss — 2
- Damage — 1
- Jewelry — 1

Total Compliments 31 **Late Entries:** 0 **Complaints/Grievances Prev 4 Quarters** 43
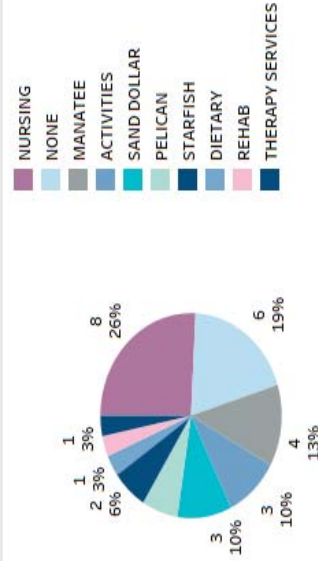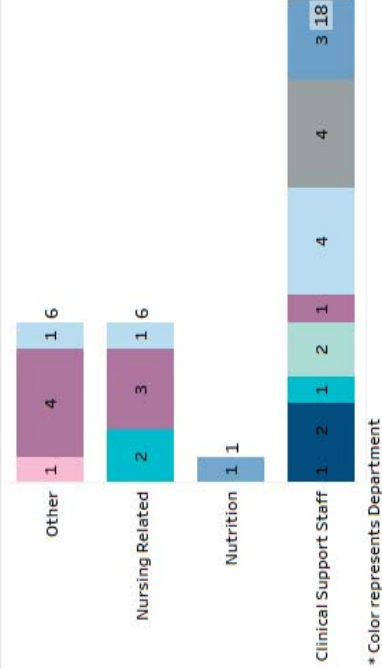
4/1/21 to 6/30/21

Departments

Care and Treatment Categories

- Other — 1, 4, 6
- Nursing Related — 2, 3, 1, 6
- Nutrition — 1, 1
- Clinical Support Staff — 1, 2, 1, 2, 1, 4, 4, 3, 18

*Color represents Department

Departments pie chart legend:
NURSING, NONE, MANATEE, ACTIVITIES, SAND DOLLAR, PELICAN, STARFISH, DIETARY, REHAB, THERAPY SERVICES

Pie values: 8 26%, 6 19%, 4 13%, 3 10%, 3 10%, 2 6%, 1 3%, 1 3%, 1 3%

Top 5 Categories Trended

- Personal Belongings — 2021 Q2 — 13
- Nursing Related — 2021 Q2 — 10
- Nutrition — 2021 Q2 — 6
- Care & Treatment — 2021 Q2 — 4

Lakeside Medical Center
Health Care District Palm Beach County

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

Detail

2021 Q4

Total Complaints and Grievances	Late Entries: 1
13	

Departments

- EMERGENCY SERVICES
- PROGRESSIVE CARE UNIT
- INTENSIVE CARE UNIT
- NONE
- TELEMETRY

Pie chart values: 6 46%, 4 31%, 1 8%, 1 8%, 1 8%

Top 5 Categories

Care & Treatment	EMERGENCY SERVICES	3
	PROGRESSIVE CARE UNIT	2
	INTENSIVE CARE UNIT	1
	NONE	1
	TELEMETRY	1
Physician Related	EMERGENCY SERVICES	2
Communication	PROGRESSIVE CARE UNIT	1
Discharge	PROGRESSIVE CARE UNIT	1
Respect Related	EMERGENCY SERVICES	1

Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	3
	Confidence in Care Givers	2
	Wait Time	2
	Order Issues	1
Communication	Poor Communication	1
Discharge	Discharge instructions incomplete	1
Physician Related	All aspects of care	2
Respect Related	Discrimination or perception	1

Total Compliments
20

Departments

Care and Treatment Categories

Complaints/Grievances Prev 4 Quarters
4/1/21 to 6/30/21

Top 5 Categories Trended

Care & Treatment	Communication	Nursing Related	Physician Related
7	5	3	3
2021 Q2	2021 Q2	2021 Q2	2021 Q2

12

* Color represents Department

PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Top Categories: 5

Detail

Provider: /All   10/1/21 to 12/31/21

2021 Q4

| Total Complaints and Grievances | 2 | Late Entries: 0 |

Top 5 Categories

Departments

Physician Related — WEST PALM BEACH PHARMACY: 2

WEST PALM BEACH PHAR...

2
100%

Total Top 5 Subcategories

Physician Related — All aspects of care: 2

| Total Compliments | 6 | Late Entries: 1 | 2 | Complaints/Grievances Prev 4 Quarters |

1/1/21 to 9/30/21

Care and Treatment Categories

Departments

Rx: 2

2
100%

Top 5 Categories Trended

Rx
- 2021 Q1: 1
- 2021 Q2: 1

Physician Related
- 2021 Q2: 2

Respect Related
- 2021 Q1: 1
- 2021 Q3: 1
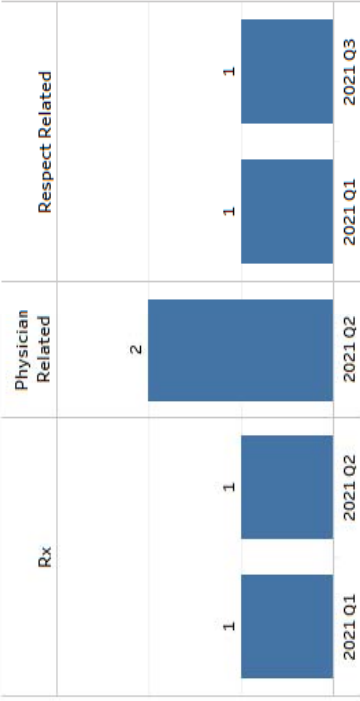
13

* Color represents Department

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 23, 2022

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

2. **Summary:**

This item presents a summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Program" or "CPE") activities since the last meeting. Data reported at this meeting covers FY22 Q1: October – December 2021 ("Reporting Period"). Additional updates on Program activities and initiatives updates from FY22 Q2: January – March 2022 ("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. The purpose of this report is to provide CPE Program activities, initiatives, monitoring, and statistics, including but not limited to Work Plan updates, Conflicts of Interest, and a summary of Recent Regulatory Updates and Industry Enforcement Activity. Heather Bokor, VP & Chief Compliance and Privacy Officer, presents the following:

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

A. **Program Development and Initiatives – Overview**

The CCO and Compliance, Privacy, and Ethics Department continue 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, HCD meets or exceeds the Elements of an Effective Compliance Program, per the OIG. Key focus areas since the last report have been on the FY22 Work Plan, Conflicts of Interest revisions, Exclusion Screening services, systems, processes, policies and procedures, addressing past identified issues and recommendations, active participation and responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate risk in the organization in all areas.

B. **Department Activity and Statistics (including Work Plan Updates):**

Work Plan Status (FY22 YTD)

Legend:
- Completed — 9%
- In Process — 24%
- Work Plan Item Not Yet Started — 26%
- Ongoing / Continuous — 41%
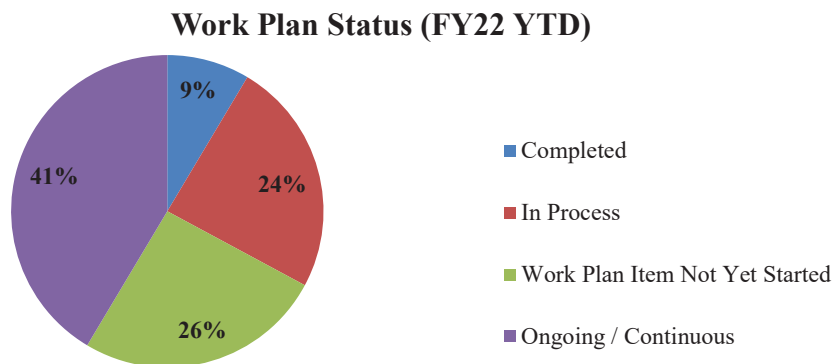
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Element/Type	Work Plan Item/Area – All are complete/ongoing/in process
Committees	Committees/Meetings
Policies and Standards of Conduct	Vaccination Requirements P&P (new)
	Conflicts of Interest P&P and Disclosures (revised)
	Exclusion Screening/Sanctions P&P (revised)
	Standards of Conduct P&P/Guide (revised)
	Clinic/Administrative/Operational P&P (via Committee)
	Internal Business Unit P&P's (new)
Open/Effective Communication	Dissemination of CPE related information to HCD staff
	Regulatory/Industry Updates
	Regulatory Dashboard/Website enhancements
	Internal staff development
Training and Education	Committee/Board Education
	New Hire CPE Training
	Topic Specific Training (e.g., Ambulance)
Auditing and Monitoring	Exclusion Screening Reviews (monthly)
	Privacy Audits (FairWarning weekly monitoring of Epic for HIPAA Compliance)
	Referral Source/Physician Payment Audits (monthly)
	PYA/Compliance Review (Past findings) for Revenue Cycle Report/Compliance
	Medicaid Inpatient Hospital Claims with Severe Malnutrition
	High Dollar/Volume/Reimbursement Services Data Review/Analysis (annual)
	Continuous Monitoring (e.g., OIG Work Plan, Government Contractors)****
	External Agency Activity/Response
	Applicable Rule/Law Analysis – HCD
Issuing Guidance / Enforcing Standards	Annual OCR Required External Breach Reporting for HIPAA Events <500
	Conflicts of Interest Disclosure – Board/Staff *
	Contract Reviews and Guidance
	CMS Open Payments Review Process
	No Surprises Act/Surprise Billing Act
	Price Transparency Requirements
	CMS ONC HIT Requirements for Information Blocking
Responding to Issues	Hotline Call Response/Investigations**
	Response to Issues/Inquiries/Investigations***
Effectiveness	Compliance Program Development/Effectiveness

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Work Plan Highlights (Copied below):

Conflicts of Interest (COI)*:
- HCD's COI Policy requires annual review and disclosure for conflicts of interest (COI).
- During the past quarter, 100% of Board/Committee recipients completed the Disclosures for FY21/CY21. The submitted COI Questionnaires were reviewed by HCD Compliance. A closure letter will be provided to the Committee/Board at the next regular meeting.
- Resulting from increased focus from government and industry, and pursuant to internal Compliance review and Internal Audit's recommendations, Compliance and made necessary revisions to HCD's COI Policy and Procedure and accompanying Disclosures as well as its internal processes and workflows, for HCD Staff.
- Revised Survey/Documents to be pushed to HCD Staff for completion March/April 2022.

Hotline Calls:**
- A total of 114 calls were placed to the Hotline during FY22 Q1 (October – December 2021). 86% of the calls were made anonymously.
- The most common calls made to the Hotline related to requests for information (86%), which were addressed by our vendor, ComplianceLine. The remaining 14% were addressed by CPE.

Hotline Calls (FY22 Q1)
Sorted by Call Volume

- Compliance Report
- Request for Information
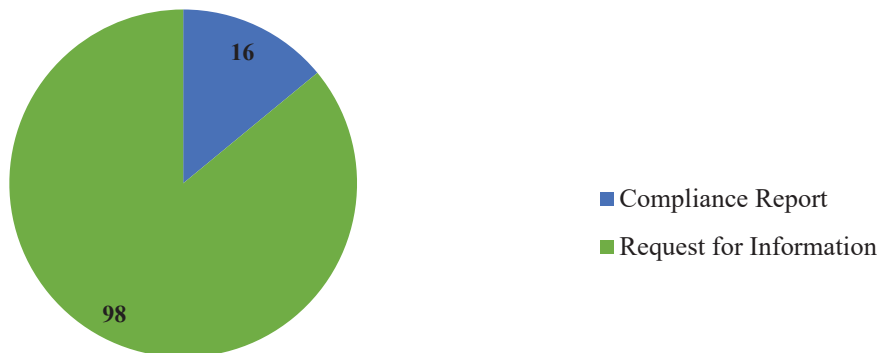
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CPE Inquiries***:

- CPE reviewed and responded to over 47 inquiries (*) during the Reporting Period (FY22 Q1). 89% of these were resolved at the time of reporting. The most common type of inquiries during this period related to Confidentiality (Privacy), 53%, followed by Legal and Regulatory, 28%. The below graphs provide a breakdown of the inquiries by Standards of Conduct category.

- *Note (*): Significant increase from prior quarter. CPE continues to refine methodologies for documenting and reporting on data. Recent data (Current Period) is increased in actual volume, complexity, variation by category.*

Inquiries (FY22 Q1)
Sorted by Standards of Conduct

Pie chart values: 25, 13, 3, 3, 2, 1

Legend:
- Confidentiality
- Legal & Regulatory
- Referred to Legal
- Active Participation
- Business Ethics
- Conflicts of Interest
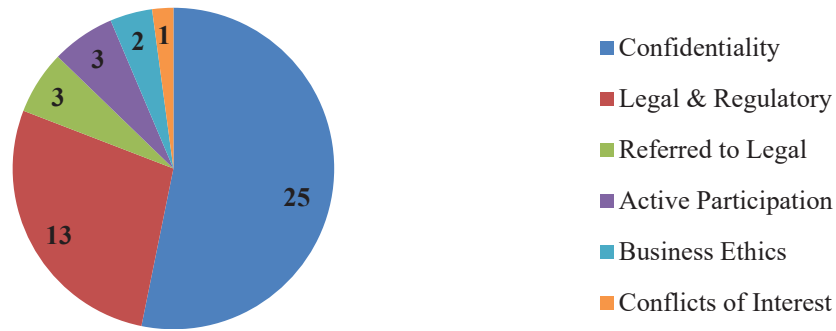
Resolved Inquiries (FY22 Q1)
Sorted by Inquiry Resolution Status

Pie chart values: Closed 42, Open 5
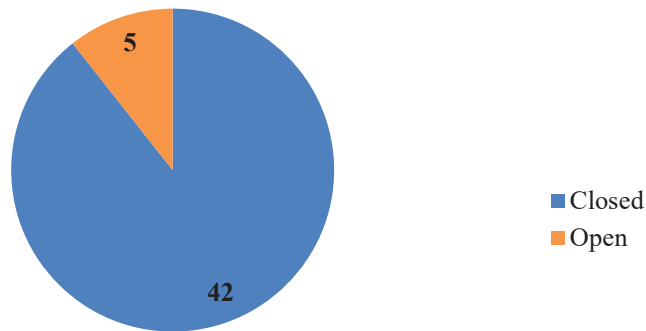
Inquiries (FY22 Q1)
Sorted by Location

Bar chart:
- C.L. Brumback Primary Care Clinics: 19
- Home Office: 22
- Lakeside Medical Center: 6
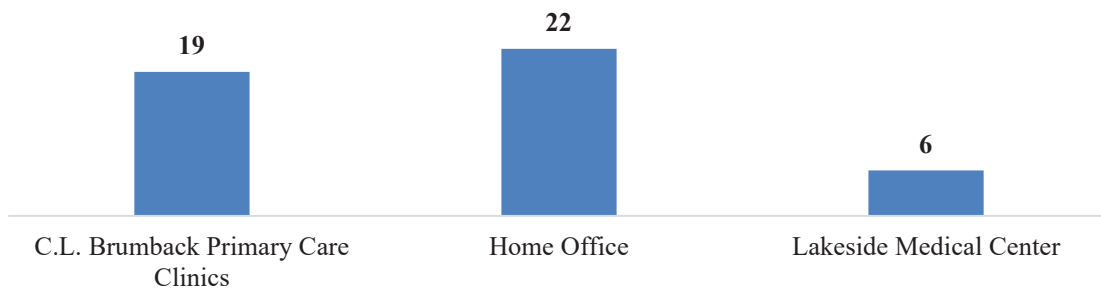
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Privacy Case Activity***:
The most common types of reported privacy incidents during FY22 Q1 included: Misfile of PHI, Proper safeguards, and Disclosures to an unauthorized person. All addressed by staff education, where appropriate. Additionally, CPE completed its required annual submission to the OCR for individual events**. During the reporting period the Privacy Office reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q1 FY22
Office for Civil Rights (OCR) / FIPA Reportable Breaches < 500 * (individual)	4
Reports of Alleged Violations (Investigated Cases)	17
Electronic Audits of Patient or User Activity	4

* Breaches of unsecured PHI affecting <500 individuals reported annually to OCR.
**Annual reporting was complete for CY2021 February 8, 2022 by HCD's Privacy Office for (13) individuals.

Ongoing Monitoring (Brief Summary)****
CPE continuously performs/monitors the following: CMS Publications Notifications and Monitoring, OIG Compliance Audit Notifications and Monitoring, and Regulatory Updates and Industry Enforcement Activity Monitoring.

*The OIG updates their Work Plan initiatives and priorities for health care entities monthly. CPE continuously monitors and analyzes the OIG's Work Plan. From December 2021 – February 2022, the OIG added 27 new items to their Work Plan, at least 15 of which appear to pertain to HCD. Upon full evaluation, information will be disseminated to applicable staff, and added to the Work Plan, if applicable.

C. <u>Regulatory Updates and Industry Enforcement Activity</u>** *(INFORMATION ONLY)*

CPE continuously reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD. Information is searched, tracked, reviewed, analyzed, monitored (at a minimum), and is published on HCD's Regulatory Dashboard. Updates and trends are provided to the Board/Committees as needed and/or as informational. A brief summary of updates since the last meeting (December 2021 – March 2022), is provided below (beginning with the most recent). To learn more about any or all of the below updates, please contact Heather Bokor at hbokor@hcdpbc.org.

Regulatory Updates
1. Federal Judge Rules Portion of the No Surprises Act Violates Administrative Procedure Act (APA), Department of Health and Human Services (HHS) is Reviewing.
2. The Centers for Medicare and Medicaid Services (CMS) Issues Hundreds of Price Transparency Noncompliance Notices to Hospitals, Penalties Could Reach Over $2 Million Per Hospital.
3. The White House Releases COVID-19 Preparedness Plan.
4. The Centers for Disease Control (CDC) Amends Universal Contact Tracing Guidance for COVID-19, Shifting Tracing Focus to High-Risk Settings.

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5. CMS Announced Payment Reductions Issued in 764 Hospitals Due to Hospital-Acquired Conditions (HAC) Reduction Program.
6. CMS Issues New Billing Codes for Omicron Antibody Treatment for Medicare Beneficiaries.
7. Federal Appeals Court Declines to Reinstate Federal Staff COVID-19 Vaccine Mandate.
8. 16 States Seek to Overturn Healthcare Worker Vaccine Mandate.
9. Justice Department (DOJ) Recovers Over $5.6 Billion in False Claims Act (FCA) Civil Settlements and Judgments in FY2021. Over $5 Billion of which Related to the Health Care Industry. Case Trends Include: COVID-19 Fraud, Opioids, Medicare Advantage Plans, Violations of Stark Law/Anti-Kickback Statute (AKS), Unnecessary Medical Services, and Procurement Fraud.
10. In light of the Supreme Court of the United States' (SCOTUS) ruling on the validity of the healthcare worker COVID-19 mandate, Florida has dropped its lawsuit (halting the appeal) that challenges the validity of the requirement. Florida's Governor has indicated that there is no intent to enforce the rule in Florida, however, healthcare facilities are still be subject to a review of compliance with the mandate, such as by the Joint Commission.
11. Office of Inspector General (OIG) Adds Review of Compliance with Provider Relief Fund (PRF) Requirements to Work Plan.
12. Federal Judge Blocks Federal Employee Vaccination Requirement. *(Not applicable to HCDPBC)*.
13. Florida Governor Indicates State Will Not Enforce Healthcare Worker Vaccine Mandate (01/2022).
14. SCOTUS Upholds CMS' Healthcare Worker Vaccine Mandate. The new deadline for Florida for Phase 1 is January 27, 2022, Phase 2 to be fully vaccinated is February 28, 2022.
15. SCOTUS Blocks Occupational Health and Safety Administration's (OSHA) Vaccine or Test Rule for large businesses. *(Not applicable to HCDPBC)*.

Industry Updates

1. Delaware Physician Faces Lengthy Prison Sentence for Illegally Prescribing/Distributing Opioids.
2. Colorado Physician Sentenced to Prison for Violating the AKS, Accepting Bribes from a Pharmaceutical Company, Insys, in Exchange for Prescribing Opioids, per DOJ. This is the latest in a long string of cases related to kickbacks provided by Insys.
3. Ten Florida Residents Indicted in $70 Million Fraud/Kickback Scheme for Referring Medicare Patients for Unnecessary Genetic Tests and Durable Medical Equipment (DME).
4. Medicare Reimbursement Consultant, Grapevine Settles False Claims Act (FCA) Allegations Related to Waived Copays and Free Glucometers for Ineligible Patients. Arriva and Alere agreed to pay $160 million to resolve their claims against them related to this conduct.
5. NCH Healthcare System (Florida), Agrees to pay $5.5 Million to Resolve Allegations that it Improperly Made Bona-Fide Donations for Free Services and Paid the Costs of Collier County's Financial Obligations to Local Governments to Fund the State's Share of Medicaid Payments to NCH, Increasing Medicaid Payments to NCH.
6. Ten Texas Licensed Professionals Indicted in Connection with $300 Million Health Care Fraud, where Several Labs (Unified Laboratory Services, Spectrum Diagnostic Laboratory, and Reliable Labs) Allegedly Paid Kickbacks Disguised as Legitimate Business Transactions to Induce Medically Unnecessary Lab Tests/Referrals (Such as Medical Directors, Leases).

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7. Catholic Medical Center to Pay Nearly $4 Million to Resolve FCA Allegations When it Paid Free Call Coverage to Induce Cardiology Referrals, Violating the AKS. This case was investigated by OIG, Department of Defense, and the FBI, a trend of law enforcement collaboration on cases.

8. Michigan Vascular Surgeon Pleads Guilty to $19.5 Million Fraud, when Dr. Godiali Submitted Claims for Services that were Not Rendered, were Overstated for Medical Necessity, or for Patients that were not Present.

9. Georgia Nurse Practitioner Faces Lengthy Prison Sentence after being Convicted of Health Care Fraud, Aggravated Identity Theft, and other Charges Related to Telemedicine/ Telemarketing Scheme Involving Falsified Records/Billing for Orthopedic DME and Care.

10. Cardinal Health Agrees to $13 Million Settlement to Resolve Kickback (AKS) Allegations for Payment of "Up-Front Discounts" to Physicians.

11. Ohio Physician, Dr. Escobar, Pleads Guilty to Illegally Prescribing and Distributing Opioids/Controlled Substances that Contributed to the Death of Two Patients. These Lacked Medical Purpose, were Outside of the Scope of Practice, and Included Fraudulent/Falsified Records. This case continues the trend of law enforcement collaboration in healthcare (DEA, FBI, OIG, State Attorney General's Healthcare Fraud Section, and the Board of Pharmacy).

12. Seven Physicians and CEO Agree to Program Exclusion and will Pay Over $1 Million to Resolve Kickback Allegations in Violation of Stark, AKS, and FCA. The Kickbacks and other Illicit Schemes included Cash Payments Disguised as Investment Returns from Management Services Organizations in Exchange for Ordering Lab Tests from Certain Health Care Organizations. In prior litigation, the U.S. recovered $28 million from parties involved in this scheme.

13. University of California San Diego Health Agrees to Pay $3 Million to Resolve FCA Allegations for Ordering and Submitted Referrals for Medically Unnecessary Genetic Tests Performed by CQuentia.

14. Tristar Centennial and Skyline Medical Center(s) Agree to Pay Nearly $1.5 Million to Resolve Alleged EMTALA Violations when they Failed to Provide Appropriate Medical Screening Examinations, Stabilizing Treatment, and Admit/Transfer 54 Patients who Presented to the Emergency Department with Psychiatric Emergency Medical Conditions, when they had Capacity/Capability to treat. Decisions were based on Insurance status.

15. Boston Nurse Sentenced to Prison for Drug Diversion for Tampering with an Elderly Patient's Oxycodone Medication and Replacing with Another Drug, Resulting in the Patient Consuming 77 Unnecessary Prescription Pills.

16. Former New York Physician, Dr. Belfiore, was Sentenced to 23 Years in Prison and will Pay Restitution for Causing Overdose Deaths of Two Patients and Illegally Distributing a Controlled Substance. Dr. Belfiore was Previously Convicted for Illegal Distribution of the Drug Outside the Course of Professional Practice and that Lacked a Medical Purpose.

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

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Note: N/A – Changes for FY22 were approved by the Board as part of the overall District budget.

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

_____
Candice Abbott
VP & Chief Financial Officer

6. **Reviewed/Approved by Committee:**
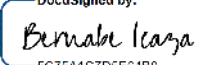
Quality, Patient Safety and Compliance Committee	N/A
Committee Name	Date Approved
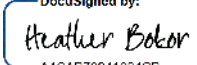
7. **Recommendation:**

Staff recommends the Board receive and file the Summary of HCD Compliance, Privacy and Ethics Program Updates and Activities.

Approved for Legal sufficiency:

Bernabe Icaza
VP & General Counsel

Heather N. Bokor
VP & Chief Compliance and Privacy Officer

Darcy J. Davis
Chief Executive Officer

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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 for School Health and the 4th Quarter of 2021 for Aeromedical, Trauma C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, and Lakeside Medical Center.

3. **Substantive Analysis:**

School Health
In the first trimester of the 2021/2022 school year (Aug 10th – Dec 31st), we completed with a total of 322,060 events across 166 schools. These events were broken down by 50,226 office visits, 49,998 medication visits, 29,578 procedure visits, 14,107 consultation events, 140,667 screenings (COVID-19, mandated, pediculosis), 6,835 COVID-19 in house testing and 30,649 record reviews.

We are exceeding the goal (Target > 80%) for student's returning to class from an office visit, with 86% of students remained in school versus 14% of students that were sent home (non-COVID -19 related).

COVID-19
In the first trimester, we performed a total of 61,409 COVID-19 screenings with 39,460 unique students. The elementary schools performed the most screenings at 63%, followed by middle schools at 21% and high schools at 16%. As a result of the COVID-19 screenings, 29% of students were screened positive and referred for testing, and 71% resulted in a negative screen who remained in school. The leading primary symptom for positive COVID-19 screening is constant cough, and the leading secondary symptom is headache. We performed a total of 6,835 in-house point of care COVID-19 tests for students. 94% resulted in a negative test, and 6% resulted in a positive test. The elementary schools performed the most COVID-19 testing at 61%, followed by middle schools at 25% and high schools at 14%. The leading primary symptom for positive COVID-19 testing is fever and the leading secondary symptom is a headache.

Florida Mandated Student Screenings
- We are over the Florida State mandated interim goal of completing 50% of the screenings required at the end of the 1st trimester in all four areas (vision, hearing, scoliosis and BMI). 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 first trimester, we screened 20,199 (54.2%) of eligible students in 1st, 3rd, and 6th grades. Out of 20,199 students, 5,882 (29%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 91 schools (63%). For

the BMI categories, 52.66% of students were normal, 17.1% were overweight, 3.54% were underweight, and 26.71% were obese.
- Hearing screening: In the first trimester, we screened 19,611 (54%) of eligible students in kindergarten, 1st, and 6th grades. Out of 19,611 students, 376 (2%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 92 schools (64%).
- Scoliosis screening: In the first trimester, we screened 6,332 (51.5%) of eligible students in 6th grade. Out of 6,332 students, 68 (1%) students required referral. Out of 43 eligible schools, we have completed over 50% of screenings at 26 schools (60%).
- Vision screening: In the first trimester, we screened 27,321 (55%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 27,321 students, 4,715 (17%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 92 schools (64%).

Aeromedical
For Q4, there were 135 flights transporting 135 patients. 88 were scene calls and 47 were Interfacility transports. The Aeromedical Quality Report shows 50 flights were missed, cancelled, or aborted in Q4. The majority of missed flights were due to referring agency cancelations (22) and weather (15).

In November, there were 2 flights greater than 20 minutes for "call to scene, for scene flights east of 20-mile bend." One flight, the crew reported extended time orbiting the LZ while waiting for ground crews to access the gate. The other flight was captured at 20 minutes 4 seconds to an LZ over 20 miles north of KPBI. This flight was east of 20-mile bend, but the distance north is comparable to the data west of 20-mile bend. Nothing notable to flag as a delay to scene.

In December, there was one flight greater than 20 minutes for "call to scene, for scene flights east of 20-mile bend (39 minutes). The scene location was initially dispatched as LMC, west of 20-mile bend. The crew reported "unexpected fog in-route to LMC, flight was diverted to Palm Beach Aggregates LZ," which is east of 20-mile bend.

50% of the total flights were to pick up locations west of 20-mile bend.
The Detailed Run Time Report filtered for Interfacility transports shows that the dispatch to enroute average times were all average of less than 19 minutes. The dispatch to destination hospital average was greatest in the month of November at 111 minutes and 51 seconds. 6 of the 12 flights exceeded 80 minutes and drove the average up. 2 of the 6 were to Gainesville, FL. The other delays were associated with weather, gathering patient information, confirming acceptance from receiving hospital, or waiting on a specialty team.

The Detailed Run Time Report filtered for On Scene shows that all Dispatch to Enroute trip times were less than 6 minutes, and Dispatch to Hospital trip average times were all less than 40 minutes, and mostly due to trauma.

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The two Services- All dashboards provide patient types and shows the variance between county wide transports and those transported from the western community. Trauma transport percentage was higher for the entire county than for the area west of 20-mile bend. The majority of all patient flights were transported to St Mary's.

GAMUT
GAMUT stands for Ground and Air Medical Quality Transports. Trauma Hawk has been benchmarking data to this national file repository site since 2018 for quality purposes. Over the past rolling year *(March 2020 – February 2022)*, Trauma Hawk Crew Members treated and transported 550 patients resulting in an increase of 92 patients when compared to the previous year. 62% of transports were trauma related and the remaining 28% accounted for medical emergencies. Injuries to the head account for 28% of Trauma Hawk flights compared to the previous year of 32%.

Average Mobilization Time for All Patients *(Dispatch to Enroute)* is 7 minutes and 49 seconds.

Average Scene Time for STEMI patients *(Arrive Scene to Depart Scene)* is 14 minutes and 14 seconds.

25 patients required intubation by Trauma Hawk crew members. 18 (69%) patients were intubated on the first attempt, 5 (19%) patients were intubated on a subsequent attempt and 3 attempts were unsuccessful. GAMUT benchmark (national average) is 88% intubated on first attempt. Of these 18 patients intubated on the first attempt, 13 patients were transferred without suffering a hypoxic or hypotensive event.

All intubations were carried out through rapid sequence intubation protocols and with an ETT confirmation rate of 100%.

Trauma Hawk sits just below national average (hospital-based program comparison) for the following metrics:
- 1st attempt intubation 69% *(GAMUT=88%)*
- 1st attempt without hypoxia or hypotension 62% *(GAMUT=82%)*

   Trauma Hawk sits above national average for the following metric:
- Airway device confirmation 98% *(GAMUT=97%)*
- RSI protocol documentation 100% *(GAMUT=93%)*

<u>Trauma</u>
Over the past rolling year 5,381 patients were seen at a trauma center - an increase of 731 patients compared to the previous rolling year. Rolling year comparison (March 2021 – February 2022) showed St. Mary's treating 2,843 traumatically injured patients and Delray treating 2,538 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age ≤15) accounted for 8% of total volume, Adults (Ages 16 – 64) accounted for 52% of total volume and Geriatrics (Age >65) accounted for 40% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest

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supplier of trauma patients come from those in their 8th decade of life. 20% 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 2nd decade of life. 14% of St. Mary's total volume are between the ages of 20 and 30. 93% of trauma volume originates in Palm Beach County.

Trauma Alerts accounted for 64% of total volume with Transfers from Acute Care Hospitals representing 21% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 15%. The leading and dominating mechanism of injury for all patients is Falls [(45% of total volume) seen primarily in Geriatrics and Pediatrics]. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account for 34% of total volume. Combined, these two categories account for over 75% of total trauma volume. 88% of Trauma volume is related to blunt impact injuries compared to penetrating injuries at 9% of volume and burns at 3% of volume. The leading pre-hospital provider is PBCFR with 37% of transports followed by AMR transporting interfacility transfers with 19% of volume followed by West Palm Beach Fire Rescue (8%), Boca Raton Fire Rescue (7%), Delray Beach Fire Rescue (6%) and Trauma Hawk (5%) as the major transporters of trauma patients. 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. The majority of patients arriving to a trauma center in Palm Beach County are discharged from the Trauma Bay to the Telemetry or Step-Down Unit (35%) followed by ICU (23%), Floor (17%), Home (11%) and the OR 9%).

C. L. Brumback Primary Care Clinics
In the fourth quarter of 2021, the clinics served 20,349 unique patients and provided 37,774 clinic visits.

The following measures were not meeting goal at the end of December: Childhood Immunization (46%), Cervical Cancer Screening (52%), Adult Weight Screening and Follow-Up (77%), Tobacco use Screening and Cessation Intervention (92%), Colorectal Cancer Screening (53%), Ischemic Vascular Disease/Antiplatelet Therapy (82%), Hypertension (75%), and HIV Linkage to Care (75%).

All other goals achieved for the quarter.

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

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<u>**Lakeside Medical Center**</u>
For Q4 2021, ***Inpatient Quality Measures*** there were 5 of 8 measures (ED-1a, IMM-2, PC-02, PC-05, Sepsis) that did not meet goal.

ED Measure:
For **ED-1a,** there were (106) cases sampled with a median time of (314) minutes, which is higher than the set goal of (280) minutes. The top (5) cases were reviewed monthly, care and treatment rendered was appropriate and an increase in patient census and bed availability related to Covid-19, was noted to be a contributing factor.

Perinatal Measures:
For **PC-02,** there were (11) cases that fell into the sample population, of those cases (5) were Primary C-Sections, (3) were related to non-reassuring fetal heart rates (1) Cephalopelvic Disproportion and (1) for Placental Abruption resulting in a rate of 45% for the quarter which is higher that the set goal of <20%.

For **PC-05,** there were (27) cases that fell into the sample population, of those cases (3) mom strictly breast fed and the remaining both breast and bottle fed (14) or gave a bottle only (10) resulting in a compliance rate of 11% for the quarter, which fell below the goal of >15%.

For **Sepsis,** there were (10) cases that fell into the sample population, of those cases (3) fell into the numerator for a pass rate of 30% for the quarter which is lower than the set goal of $\geq 70\%$. The (7) that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. The Sepsis order sets have been revised and a system navigator within EPIC was implemented for quick access to the order sets and re-perfusion notes for physicians. Education on these updates was provided for residents and physicians.

For Q4 2021, ***Outpatient Quality Measures*** there were 2 of 3 measures (OP-18 and OP-23) that did not meet goal.

For **OP-18,** there were (99) cases that fell into the sample population with a median time of (161) minutes, which is higher than the set goal of (137) minutes. The top (5) cases were reviewed for each monthly and an increase in turn-around time was noted due to high volume and prolonged wait times.

For **OP-23,** there were (2) cases that fell into the sample population, of those cases (1) did not meet criteria resulting in a rate of 50%, which is lower than the set goal of >71%. Both cases were reviewed and care and treatment were rendered appropriately.

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Corporate Quality Metrics

- **Call Center**
  - For Quarter 4, 2021, there were 119,285 calls received which is a 12% decrease from the previous quarter. Of these calls there were 33,450 unique numbers which is a 17% decrease from the previous quarter. The majority of calls were received between 9am and 12pm and the heaviest call volumes were typically on Mondays. The highest call volumes were on Monday, 11/8 (6,012 calls) and 12/6/2021 (8,934 calls). Lowest call volumes are after 4pm or during holidays when calls are forwarded to the answering service.

- **Human Resources**
  - Quarter 4 headcount ended at 1,212 team-members after 121 new hires.
  - Turnover rate for Q4 was 6.63%, while New Hire turnover rate was 2.22%.
  - The current diversity headcount is 68%, average age of employees is about 46.8 years old and 79% of the workforce is female.

- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.9% of mission critical application availability. With the implementation of Epic, we are now monitoring 6 mission critical applications. We Met our SLA's for all applications in October and November but fell short of our SLA's for all applications in December. This was mostly due to an unplanned network outage as well as an unplanned EPIC outage. Epic is hosted by Memorial Healthcare as a part of our agreement. We had several technology issues at our July launch that caused unplanned downtimes but since then we have steadily been improving the EPIC uptime percentage.

  - **Customer Service:** For Q4, we received 6,551 total new tickets and closed 6,313 for a close rate of 96%. We had 2,333 support tickets in October (a decrease of 800 from pervious October), 2,086 in November and down to 1894 in December. The drop in the amount of tickets entered in December is due to the holidays which match what was entered in the previous year. The IT Service Desk saw an abandoned call rate of 3.20% in September and November increased to 3.39% but this trended downward in December with the percentage being 2.73% which again was in part due to the holiday season. Our target is 4.5% average abandon call rate. We are finding that approx. 40% of our tickets are emailed vs called in.

  - **Cybersecurity:** For Q4 we investigated 305 security incidents. Of the total incidents, all are closed and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts, and requested security investigations. Comparing 2020 (390 cases) to 2021

(947 cases), we have more than doubled the number of investigations in 2021. The increase is due to our Security Program maturing and adding additional tools for monitoring as well as an overall increase in email phishing and malware activity.

4.   Fiscal Analysis & Economic Impact Statement:

	Amount	**Budget**
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5.   Reviewed/Approved by Committee:

N/A   N/A

---   ---
Quality, Patient Safety, and Compliance   Date Approved
Committee

6.   Recommendation:

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

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Dr. Belma Andric

Belma Andric, MD
VP & Chief Medical Officer

Darcy Davis

Darcy J. Davis
Chief Executive Officer

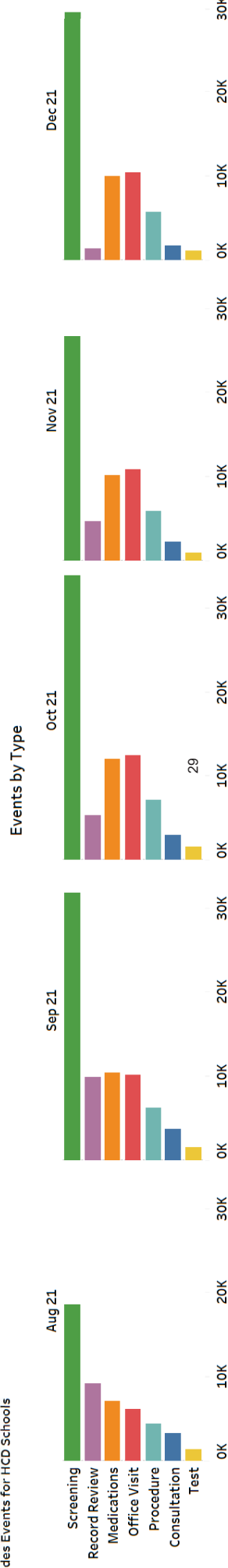School Health
Health Care District Palm Beach County

School Health Room Events - Completed Activity Summary
Total Events: 322,060

Start Date 8/10/2021 End Date 12/31/2021

Event Type	# Unique Nurses	# Health Room Events	Average Duration (Min)	# Unique Students	# Unique Schools	Provider Type	Volume Trend
Illness/Injury	201	50,226	18.2	32,779	165	Designee 2,265 4.5% / Nurse 47,961 95.5%	5,621 … 1,159
Medications	198	49,998	5.5	1,129	163	Designee 2,147 4.3% / Nurse 47,851 95.7%	3,278 … 1
Procedures	177	29,578	14.2	258	111	Designee 383 1.3% / Nurse 29,195 98.7%	1,920 … 850
Consultations	194	14,107	14.7	8,778	165	Nurse 14,107 100.0%	1,49 … 1
Screenings	Covid19 204 97% / Mandated 128 61%	Covid19 65K 46% / Mandated 76K 54%	Covid19 28.7 / Mandated 35.9	Covid19 42K 68% / Mandated 30K 48%	Covid19 165 100% / Mandated 138 84%	Designee 2,247 1.6% / HST 47,841 34.0% / Nurse 90,580 64.4%	10,707 … 139
Testing	N/A	Test to Kn.. 0K 0% / In-House 7K 33% / F/U 14K 67%	30	Test to Kn.. 0K 0% / In-House 6K 40% / F/U 10K 64%	Test to Know 2 / In-House 165 / F/U 168	N/A	685.0 … 3.0
Reviews	134	30,649	N/A	N/A	132	Nurse 30,649 100.0%	6,391 … 79

Includes Events for HCD Schools

Events by Type

Aug 21   Sep 21   Oct 21   Nov 21   Dec 21

(Bar charts by month — categories: Screening, Record Review, Medications, Office Visit, Procedure, Consultation, Test; axis 0K 10K 20K 30K)

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School Health — Health Care District Palm Beach County

Palm Beach County Schools
Covid-19 Volume

Start Date	8/10/2021
End Date	12/31/2021
Area	Multiple values
School	All

6,835 # Tested **6,157** Unique Students **39,460** Unique Students **61,409** # Screenings

In-House Testing
6,405 94% | 430 (6%) | 6,835

In-House Testing Volume — Weekday of Visit

Hour	MON	TUE	WED	THU	FRI
7	48	69	46	61	46
8	139	114	114	111	88
9	212	185	185	134	148
10	249	242	216	181	146
11	254	219	208	191	160
12	243	215	220	213	130
13	217	168	198	161	106
14	178	116	132	96	86
15	83	63	53	40	40
16	31	25	18	4	11
17	5	3	5	2	2

Screening Volume — Weekday of Visit

Ho...	MON	TUE	WED	THU	FRI
7	327	327	337	267	203
8	1,791	1,519	1,601	1,269	1,181
9	2,571	2,291	2,222	1,862	1,816
10	2,543	2,272	2,133	1,888	1,748
11	2,383	2,032	1,949	1,743	1,609
12	2,343	1,949	1,897	1,630	1,464
13	1,863	1,349	1,434	1,242	1,043
14	714	479	556	452	404
15	253	187	168	161	126
16	27	17	11	11	6
17	2	2	1		2

Positive In-House Test Results

School	Positive
Woodlands Middle	17 (4.0%)
Jupiter Elementary	13 (3.0%)
Royal Palm Beach Comm Hig...	13 (3.0%)
Boynton Bch Community Hig...	11 (2.6%)
Coral Reef Elementary	10 (2.3%)
Palm Beach Gardens High	10 (2.3%)
Seminole Ridge Community ...	10 (2.3%)
Liberty Park Elementary	8 (1.9%)
Northboro Elementary	8 (1.9%)
Osceola Creek Middle	8 (1.9%)
Royal Palm Beach Elem	8 (1.9%)
BAK Middle School Of The Ar...	7 (1.6%)
Boca Raton High	7 (1.6%)

Students Tested In-House

Negative — Positive

Students Tested In-House

Students Screened

Positive Screen Referred for Testing — Negative Screen

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School Health
Health Care District Palm Beach County
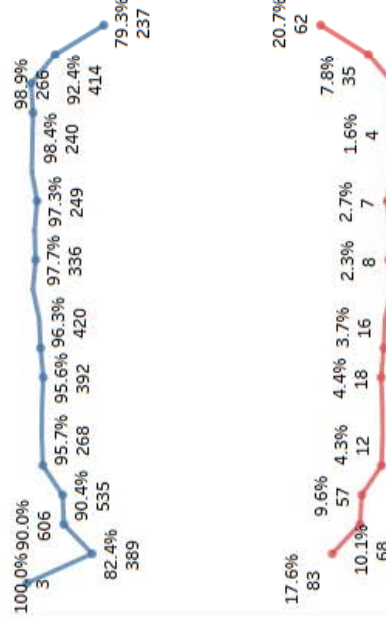
Florida Mandated Student Screening Summary

For Current Term Starting August 10, 2021 Thru December 31, 2021

Goal 50% of Students by June 2022

BMI Screenings

144 Total Schools 91 Have 50% Screened	40,676 Total Students 58% Scheduled	20,199 Students Screened 50% of Total 54.2% of Eligible	5,882 Abnormal Screens 29.12% Need Follow Up

54.2% | 50.0% | 100.0%

Hearing Screenings

144 Total Schools 92 Have 50% Screened	39,202 Total Students 57% Scheduled	19,611 Students Screened 50% of Total 54.0% of Eligible	376 Abnormal Screens 1.92% Need Follow Up

54.0% | 50.0% | 100.0%

Scoliosis Screenings

43 Total Schools 26 Have 50% Screened	13,427 Total Students 56% Scheduled	6,332 Students Screened 47% of Total 51.5% of Eligible	68 Abnormal Screens 1.07% Need Follow Up

51.5% | 50.0% | 100.0%

Vision Screenings

144 Total Schools 92 Have 50% Screened	53,338 Total Students 58% Scheduled	27,321 Students Screened 51% of Total 54.9% of Eligible	4,715 Abnormal Screens 17.26% Need Follow Up

54.9% | 50.0% | 100.0%

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Aeromedical Program
Health Care District Palm Beach County

Aeromedical Quality Report

| Go to Detail |

	Start Date	End Date
	10/1/2021	12/31/2021

Flights 135   Patients 135

Number of Flights

Legend: ■ Interhospital   ■ On Scene

2021 — Oct: 38 Flgts (23 / 15); Nov: 34 Flgts (22 / 12); Dec: 63 Flgts (43 / 20)
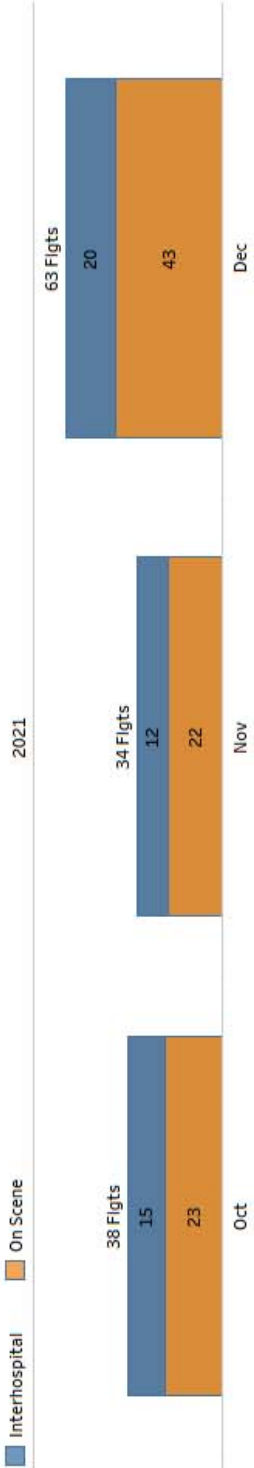
Average Times for Scene Flights

Year of Flight D..	Month of Flight Date	On Scene	Disp To Enroute	Disp To OnScene
2021	Oct	8m 45s	4m 27s	16m 27s
	Nov	9m 52s	5m 14s	16m 44s
	Dec	9m 23s	5m 1s	17m 53s

Utilization

Year of Flight Da..	Month of Flight Da..	Hours Utilized	% Hours Utilized	Available Hours	% Available..
2021	Oct	60	5.7%	1,054	94%
	Nov	64	5.9%	1,080	100%
	Dec	96	8.7%	1,109	99%

Call to Scene (Minutes) for Scene Flights with 3 Legs or More

*EMB - East of 20 Mile Bend

Oct: <20 = 16; >20 = 6; EMB >20 = 0
Nov 2021: <20 = 14; >20 = 8; EMB >20 = 2
Dec: <20 = 26; >20 = 14; EMB >20 = 1

Missed, Cancelled or Aborted Flights by Quarter

50

Miss Start	Miss End
10/1/2021	12/31/2021

Missed Reason legend: Admin, County Coverage, Expired, Maintenance, Medical No Go, No Backup, Referring Agency, Simultaneous Flight, Weather

Pie chart values: 22, 15, 1, 1, 3, 1, 2, 3, 2

Line values — Oct: 5, 3, 2, 1; Nov: 11, 3, 1, 1; Dec: 9, 6, 1, 1 (32)

Health Care District
PALM BEACH COUNTY

GAMUT
Ground & Air Medical Quality in Transport

PALM BEACH COUNTY · FIRE RESCUE
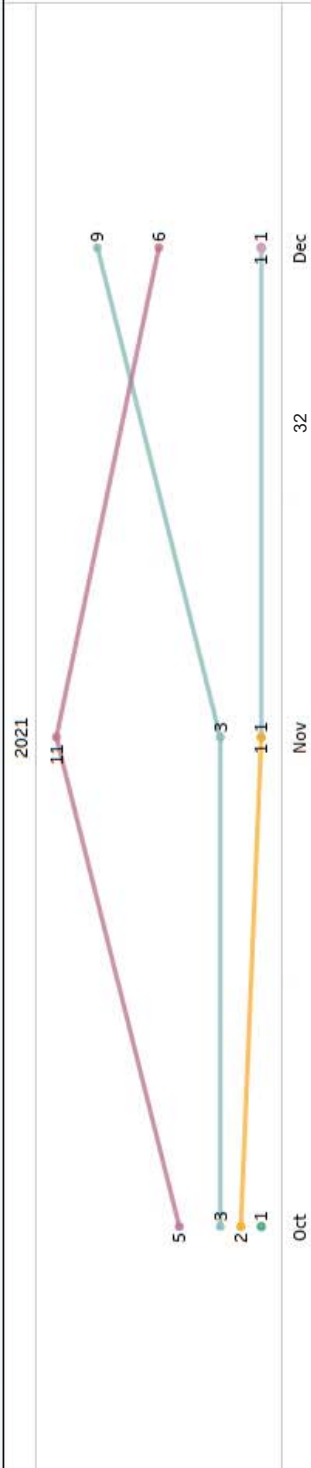
TRAUMA HAWK PATIENT CARE UTILIZATION & GAMUT BENCHMARK

Care provided by Trauma Hawk Crew Members (PBCFR)

March 2021 - February 2022
Rolling Year Comparison

FEBRUARY 2022: 57
Rolling Year Variance: +92

*Total patient transports does not reflect total/billed patient transports
*Aeromedical Assist Flights (Non-PBCFR personnel providing patient care) are omitted from total patient transports

*Data from PBCFR Safety Pad, March, 2022.

MEAN MOBILIZATION TIME (All Patient Transport)   00:07:49
MEAN ON-SCENE TIME (STEMI Cases Only):   00:14:14
*Time format = hh:mm:ss

ADVANCED AIRWAYS PLACED BY TH CREW: 25
ADVANCED AIRWAYS MANAGED BY TH CREW: 48

AGE RANGE BY FLIGHT TYPE

Medical — 210
- Age 80 - 89 5%
- Age 70 - 79 7%
- Age 60 - 69 9%
- Age 50 - 59 5%

Trauma — 343
- Age 80 - 89 5%
- Age 70 - 79 5%
- Age 60 - 69 6%
- Age 50 - 59 8%
- Age 40 - 49 7%
- Age 30 - 39 11%
- Age 20 - 29 13%
- Age 10 - 19 6%

Location markers
- Jupiter (Trauma) 19 3%
- Jupiter (Medical) 9 2%
- West Palm Beach (Trauma) 60 11%
- West Palm Beach (Medical) 11 2%
- Delray Beach (Trauma) 5 1%
- Delray Beach (Medical) 1 0%
- Loxahatchee (Trauma) 51 9%
- Loxahatchee (Medical) 8 1%
- Pahokee (Medical) 15 3%
- Belle Glade (Medical) 91 16%
- South Bay (Trauma) 23 4%
- Clewiston (Medical) 42 8%

GAMUT BENCHMARK ANALYSIS

RSI Protocol Documentation
RSI Documented 25 100%
93% RSI Documented

Airway Device Confirmed (Placed & Managed)
AA Confirmed 60 100%
97% Airway Device Confirmed

W/OUT HYPOXIA OR HYPOTENSION (1ST ATTEMPT)
82% Not Hypoxic or Hypotensive
- Not Hypoxic or Hypotensive 13 62%
- Hypoxic & Hypotensive 4 19%
- Hypotension 3 14%
- Hypoxic 1 5%

ADVANCED AIRWAY FIRST ATTEMPT
88% 1st Attempt
- 1st Attempt 18 69%
- Subsequent Attempt 5 19%
- Unsuccessful 3 12%

PRIMARY IMPRESSION
■ Current Year   ■ Previous Year

- Injury to Head: 155 28%, 139 32%
- Injury to Extremities: 77 14%, 79 18%
- Stroke & TIA: 40 9%, 41 7%
- Other and Unspecified: 49 9%, 29 7%
- Injury Thorax: 30 5%, 26 6%
- Injury to Face & Neck: 30 5%, 23 5%
- Cardiac: 38 7%, 15 3%
- Abdominal: 15 3%, 26 5%
- STEMI: 22 4%, 13 3%
- Pulmonary: 21 4%, 8 2%
- Injury to Hip/Pelvis: 16 3%, 11 3%
- Burn: 14 3%, 10 2%
- Injury (other and unspecified): 14 3%, 9 2%
- Non-ST Elevation (NSTEMI) myoc...: 13 2%, 6 1%
- Injury to Back: 7 2%, 5 1%
- OB Complications: 4 1%, 5 1%
- Other Trauma: 2 0%
- Diabetes: 2 0%
- Foreign body on external eye: —
- Obstetric trauma, unspecified: —

Health Care District Palm Beach County

TRAUMA SYSTEM UTILIZATION
Rolling Year Comparison
SMMC DMC

PBC TRAUMA SYSTEM VOLUME

Current Year 5,381
Previous Year 4,650
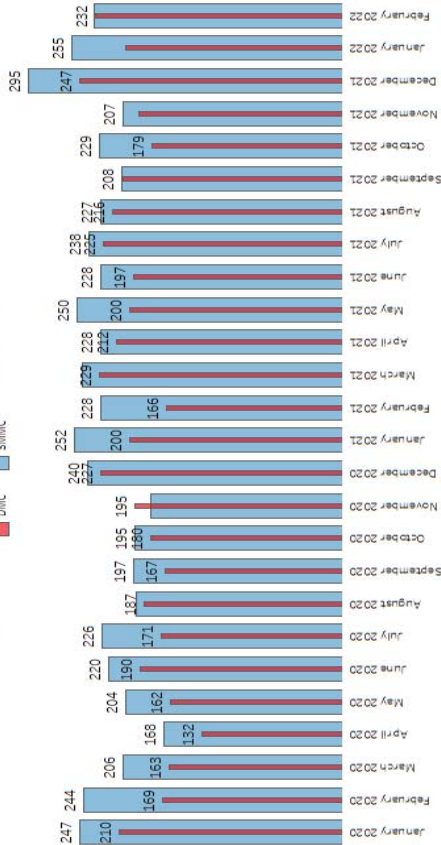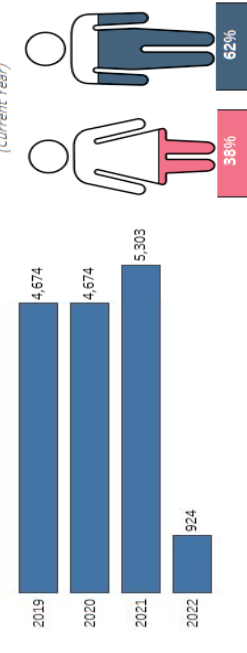
Variance: +731

Current Rolling Year = March 2021 - February 2022
Previous Rolling Year = March 2020 - February 2021
Variance = Current Year - Previous Year

RACE
(Current Year)

W	B	O
3,805	1,008	479
71%	19%	9%

GENDER
(Current Year)
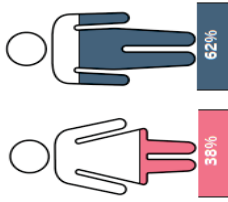
38%   62%

STATE RESIDENCE
(Current Year)

© 2022 Mapbox © OpenStreetMap

TRAUMA VOLUME BY YEAR AND TRAUMA CENTER

Year	SMMC	DMC
2019	4,674	
2020	4,674	
2021	5,303	
2022	924	

AGE GROUP & INJURY TYPE BY TRAUMA CENTER
(Current Year)

St. Mary's Medical Center

Adults 1,736 61%
Pediatrics 319 11%
Geriatrics 787 28%

Penetrating 369 13%
Burn 92 3%
Blunt 2,347 84%

Delray Medical Center

Adults 1,085 43%
Pediatrics 113 4%
Geriatrics 1,340 53%

Penetrating 125 5%
Burn 46 2%
Blunt 2,365 93%
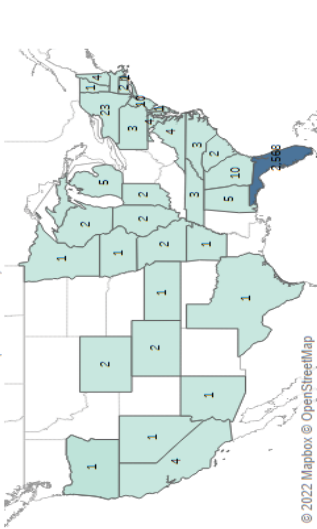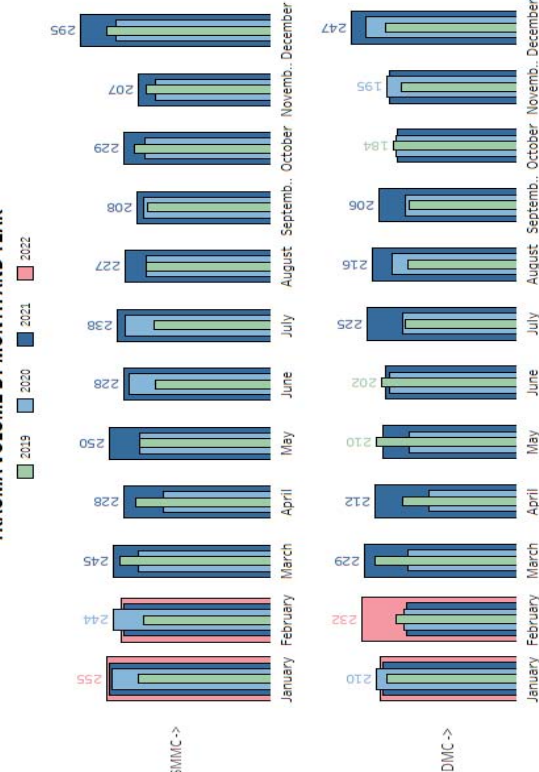
DECADE OF AGE BY TRAUMA CENTER
(Current Year)

SMMC

10-19 Years	255	9%
20-29 Years	407	14%
30-39 Years	390	14%
40-49 Years	268	9%
50-59 Years	336	12%
60-69 Years	340	12%
70-79 Years	280	10%
80-89 Years	248	9%

160 6%

2,843 53%

DMC

20-29 Years	224	9%
30-39 Years	224	9%
50-59 Years	157	6%
50-59 Years	234	9%
60-69 Years	314	12%
70-79 Years	397	16%
80-89 Years	512	20%
90-99 Years	274	11%

2,538 47%

TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

DMC SMMC

Month	SMMC	DMC
January 2020	169	210
February 2020	163	247 244
March 2020	206	
April 2020	132	168
May 2020	162	204
June 2020	190	220
July 2020	171	226
August 2020	187	
September 2020	167	197
October 2020	180 195	
November 2020	195	
December 2020	227	240
January 2021	200	252
February 2021	166	228
March 2021	229 229	
April 2021	212 228	
May 2021	200	250
June 2021	197	228
July 2021	225 238	
August 2021	216 227	
September 2021	208	
October 2021	179	229
November 2021	207	
December 2021	247	295
January 2022	255	
February 2022	232	

TRAUMA VOLUME BY MONTH AND YEAR

2019 2020 2021 2022

SMMC ->

January	February	March	April	May	June	July	August	Septemb.	October	Novemb.	December
255	244	245	228	250	228	238	227	208	229	207	295

DMC ->

January	February	March	April	May	June	July	August	Septemb.	October	Novemb.	December
210	232	229	212	210	202	225	216	206	184	195	247

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Trauma Agency
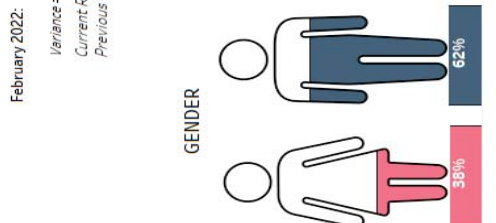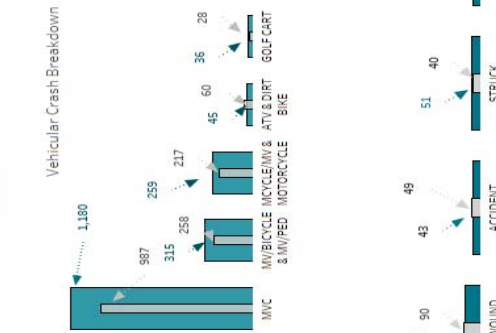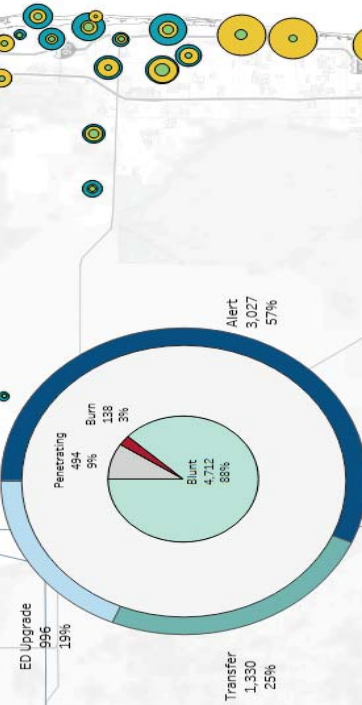HealthCare District Palm Beach County

MECHANISM OF INJURY, VOLUME AND LOCATION
Palm Beach County Trauma System
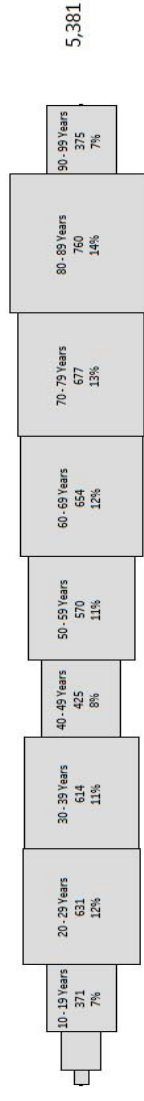Current Rolling Year = March 2021 - February 2022

SMMC DMC

Vehicular Crash Breakdown

MOI
Previous Year Current Year

MWC — 1,180 / 987
MV/BICYCLE & MV/PED — 315 / 258
MCYCLE/MV & MOTORCYCLE — 259 / 217
ATV & DIRT BIKE — 45 / 60
GOLF CART — 36 / 28
BOAT — 16 / 4
JET SKI — 12 / 6
MV/TRAIN — 7 / 3
HORSE/THROWN — 28 / 41

STAB WOUND — 86 / 90
ACCIDENT — 43 / 49
STRUCK — 51 / 40
SELF INFLICTED — 42 / 40
BICYCLE — 91 / 102
BURN — 137 / 132
ASSAULT — 153 / 148
GSW — 281 / 286
Vehicular Crash — 1,831 / 1,542
FALL — 2,431 / 2,014

PALM BEACH COUNTY TRAUMA VOLUME
Current Year — 5,381
Previous Year — 4,650

February 2022: 465
Variance: +731

Variance = Current Rolling Year - Previous Rolling Year
Current Rolling Year = March 2021 - February 2022
Previous Rolling Year = March 2020 - February 2022

AGE GROUP
Adults 2,821 52%
Pediatrics 432
Geriatrics 2,127 40%

GENDER
62% 38%

YEARS OF AGE BY DECADE
5,381
10-19 Years 371 7%
20-29 Years 631 12%
30-39 Years 614 11%
40-49 Years 425 8%
50-59 Years 570 11%
60-69 Years 654 12%
70-79 Years 677 13%
80-89 Years 760 14%
90-99 Years 375 7%

PEDIATRIC AGE DISTRIBUTION
432
<1 Year 18%
1 Y 10%
2 Y 7%
3 Y 7%
4 Y 6%
5 Y 4%
6 Y 4%
7 Y 4%
8 Y 5%
9 Y 3%
10 Y 4%
11 Y 4%
12 Y 5%
13 Y 5%
14 Y 6%
15 Y 8%
35

ACTIVATION & INJURY TYPE
Alert 3,027 57%
ED Upgrade 996 19%
Transfer 1,330 25%
Blunt 4,712 88%
Penetrating 494 9%
Burn 138 3%

@2022 Mapbox © OpenStreetMap

Primary Care Clinics
Health Care District Palm Beach County

STATISTICS   10/1/2021 to 12/31/2021

All

	Patient Visits	Unique Patients
	37,772	20,343

| | Adult >18 | Pediatric 0-18 |

	Office Visit	Immunization	Nurse Only	Telemedicine	Proc. visit	Allied Health	Social Work
Patient Visits	29,536	5,148	1,596	1,474	14	5	2
Unique Patients	16,138	4,217	1,166	554	14	5	2

MONTHLY VOLUME

2021

- October: 12,510 — 9,606 (77%) Adult / Pediatric
- November: 12,491 — 8,477 (68%) / 4,014 (32%)
- December: 12,771 — 8,923 (70%) / 3,848 (30%)

VOLUME BY CLINIC

Clinic	Patient Visits	Unique Patients
LANTANA PRIMARY	4,820	3,728
WEST PALM PRIMARY	3,699	2,624
MOB 1 WARRIOR	2,954	2,402
LANTANA DENTAL	2,629	1,757
LEWIS BH	2,488	356
WEST PALM DENTAL	2,327	1,499
LAKE WORTH PRIMARY	2,249	1,726
BELLEGLADE PRIMARY	1,905	1,340
DELRAY PRIMARY	1,579	1,212
MOB 2 SCOUT	1,512	1,330
LEWIS PRIMARY	1,426	382
LAKE WORTH WOMENS	1,384	870
JUPITER PRIMARY	1,293	988
DELRAY DENTAL	1,202	730
MANGONIA BH	1,153	422
BOCA PRIMARY	1,076	865
BELLEGLADE DENTAL	1,031	495
MOB 3 HERO	691	688
MANGONIA PRIMARY	596	275
LAKE WORTH BH	461	402
DELRAY BH	316	260
LANTANA BH	316	268
WEST PALM BH	307	266
BELLEGLADE BH	229	176
BELLEGLADE WOMENS	86	72
CLB ST ANN PRIMARY	43	22

VOLUME BY PROVIDER CATEGORY

Category	Patient Visits / Unique Patients
Adult	11,619
Dental	7,189
Resource	5,206
Pediatric	4,159
Substance Abuse	3,556
Behavioral Health	1,635
OB/GYN	1,470
Adult/Peds	1,431
Registered Nurse	1,383
Medical Assistant	70
Licensed Nurse	51
Peer Specialist	2
Pharmacist	1

PAYER MIX

- 63%
- 25%
- 11%
- 0%

Uninsured	Managed Care
Medicaid	Medicare
Commercial	Tricare
Other	Worker's Comp

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Primary Care Clinics
Health Care District Palm Beach County

UDS PROVIDER LEVEL QUALITY MEASURES 2021

QUALITY MEASURES PERFORMANCE

Measure	Pt. Universe	Performance
Adult Weight Screening and Follow Up	21.6K	77% (90%)
Breast Cancer Screening	5.2K	60% (60%)
Cervical Cancer Screening	11.5K	53% (65%)
Childhood Immunization	0.5K	46% (60%)
Colorectal Cancer Screening	9.5K	49% (82%)
Coronary Artery Disease (CAD): Lipid Therapy (Statin)	4.9K	84% (81%)
Dental Sealants	1.0K	84% (75%)
Depression Remission	0.4K	14% (14%)
Diabetes: (HbA1c > 9%)	4.4K	69% (67%)
HIV Screening	21.6K	36% (32%)
Hypertension	8.7K	68% (80%)
Ischemic Vascular Disease (IVD)	0.9K	82% (86%)
Patients Screened for Depression and Follow-Up	21.3K	97% (83%)
Tobacco use Screening and Cessation Intervention	16.0K	92% (93%)
Weight Screening and Counseling for children and adolescents	3.4K	95% (90%)

Healey Center
Health Care District Palm Beach County

Healey Center
Productivity Data

Oct 1st, 2021
to
Dec 31st, 2021
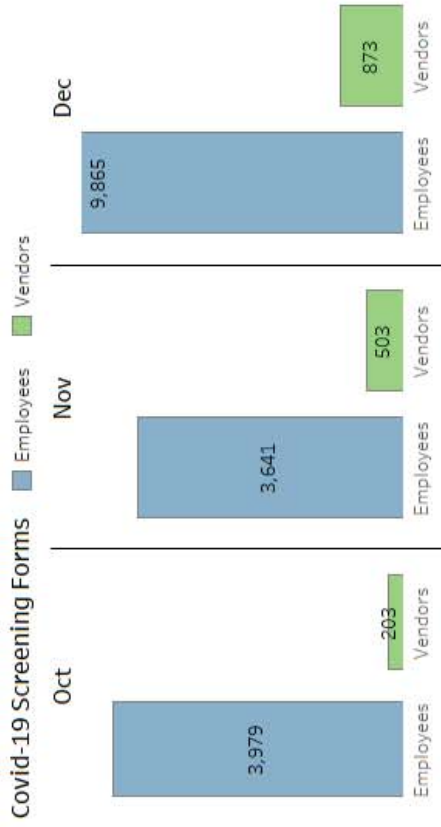
Medication Administrations

Oct	Nov	Dec
93,815	91,237	95,928

Meal Count

Oct	Nov	Dec
8,499	7,675	9,030

Treatments Performed

Oct	Nov	Dec
17,821	17,698	16,835

Avg Monthly Census

Oct	Nov	Dec
111	112	114

Covid-19 Screening Forms

Legend: ■ Employees ■ Vendors

Oct
- Employees: 3,979
- Vendors: 203

Nov
- Employees: 3,641
- Vendors: 503

Dec
- Employees: 9,865
- Vendors: 873

Therapy Productivity

Total Units: 4,383

Discipline:
- OT: 2,142
- PT: 2,093
- ST: 148

CNA Point of Care (POC) Compliance
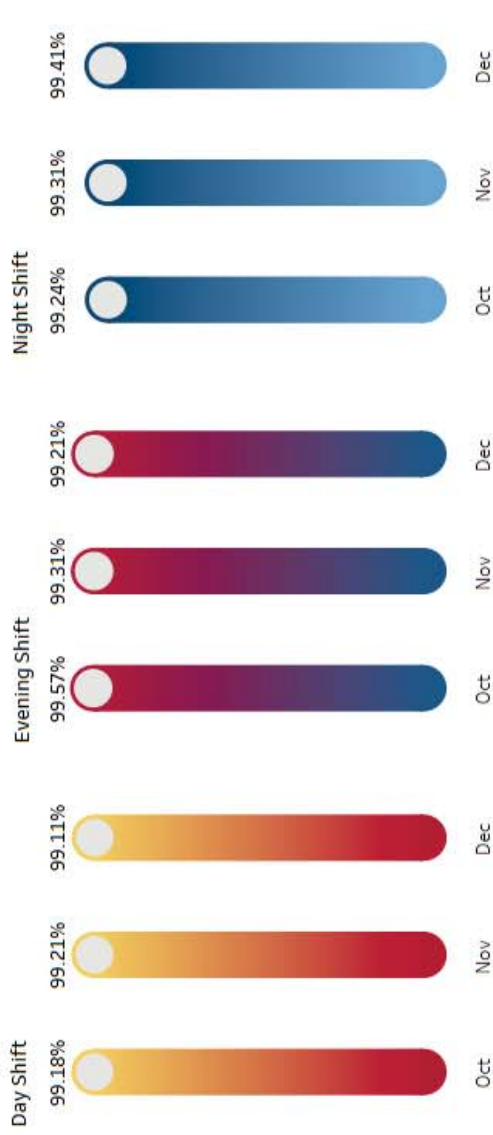
Day Shift

Oct	Nov	Dec
99.18%	99.21%	99.11%

Evening Shift

Oct	Nov	Dec
99.57%	99.31%	99.21%

Night Shift

Oct	Nov	Dec
99.24%	99.31%	99.41%

Healey Center

Health Care District Palm Beach County
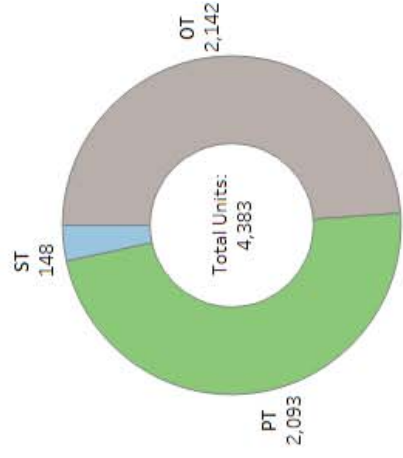
Edward J. Healey Rehabilitation and Nursing Center

Quality Report

4th Quarter 2021

Percentages

MDS 3.0 Facility Level Quality Measure Report

Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters

High Risk Long Stay Residents with Pressure Ulcer

Current Quarter — Goal: <0.75

Q4 2021: 0.72

Previous Quarters — Goal: <0.75

Q3 2021: 0.62
Q2 2021: 0.46
Q1 2021: 0.67

New/Worse Pressure Ulcer(s)

Current Quarter — Goal: <0.75

Q4 2021: 0.029

Previous Quarters — Goal: <0.75

Q3 2021: 0.029
Q2 2021: 0.03
Q1 2021: 0.031

39
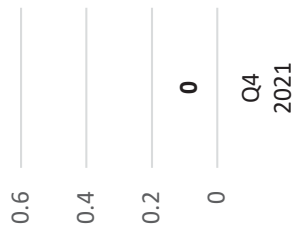
Experiencing One or More Falls with Major Injury

Goal: <0.75

	Q4 2021	Q3 2021	Q2 2021	Q1 2021
	0	0	0	0.2

Falls (L)

Goal: <0.75
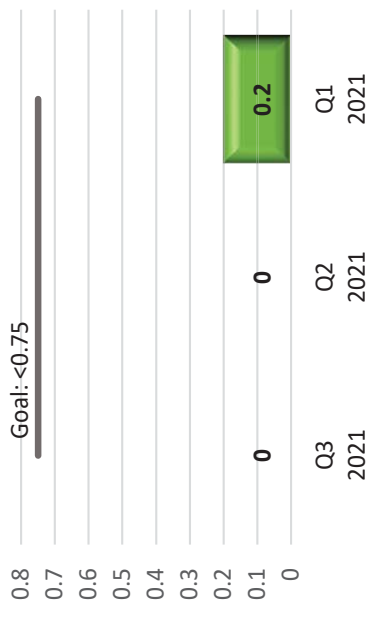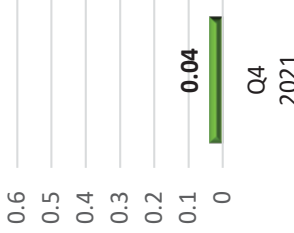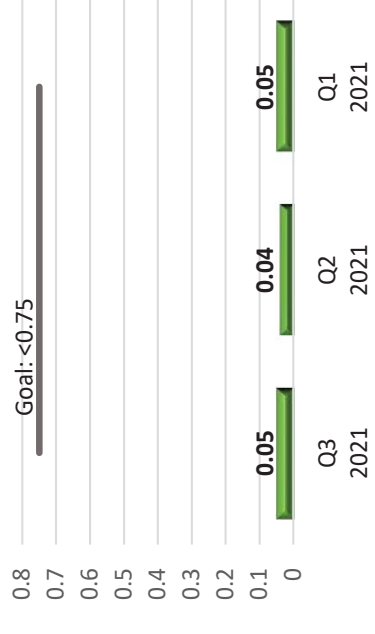
	Q4 2021	Q3 2021	Q2 2021	Q1 2021
	0.04	0.05	0.04	0.05
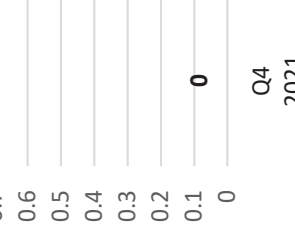
Who Have Depressive Symptoms

Goal: <0.75

	Q4 2021	Q3 2021	Q2 2021	Q1 2021
	0	0	0	0
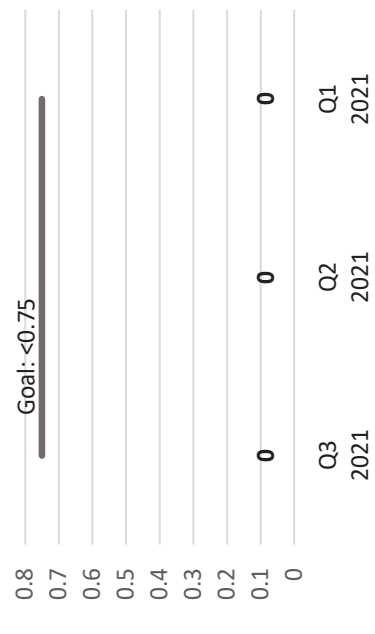
40

Who Lose Too Much Weight

Goal: <0.75

Quarter	Value
Q4 2021	0.2
Q3 2021	0.19
Q2 2021	0.34
Q1 2021	0.17

Who Received an Antipsychotic Medication (L)

Goal: <0.75

Quarter	Value
Q4 2021	0.39
Q3 2021	0.34
Q2 2021	0.32
Q1 2021	0.2
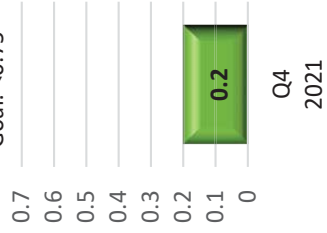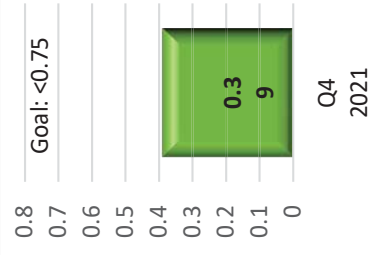
Who Received an Antipsychotic Medication (S)

Goal: <0.75

Quarter	Value
Q4 2021	0
Q3 2021	0
Q2 2021	0
Q1 2021	0

41
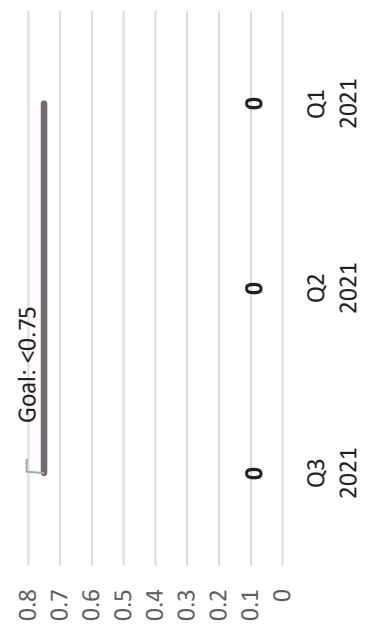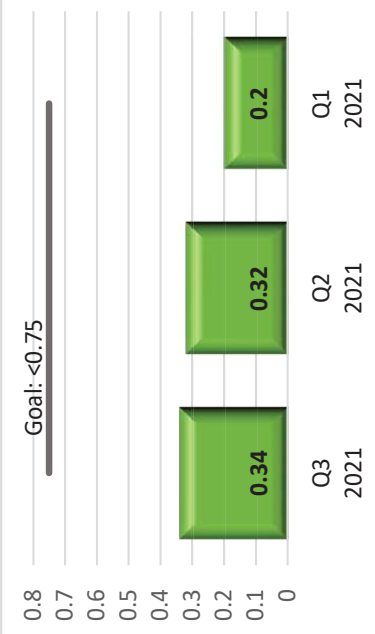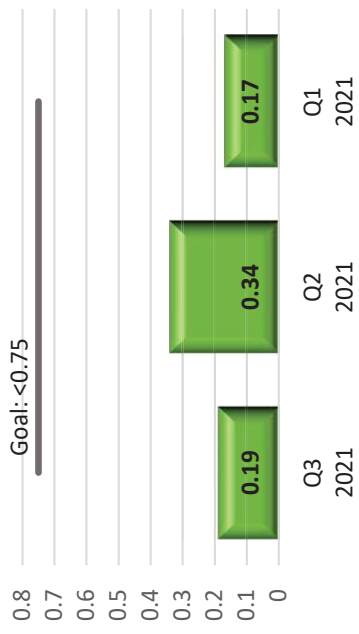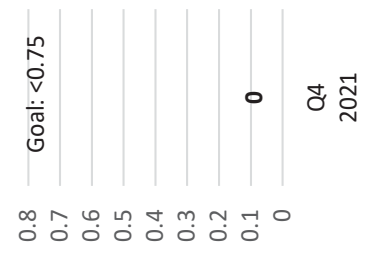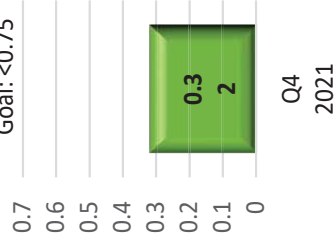
Who Received Anti-Anxiety or Hypnotic Medication

Goal: <0.75

Q4 2021	Q3 2021	Q2 2021	Q1 2021
0.32	0.5	0.4	0.39
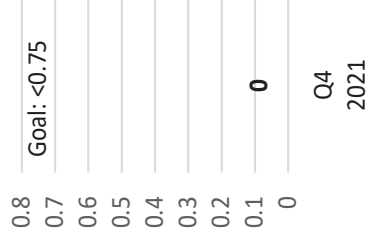
Who Were Physically Restrained

Goal: <0.75

Q4 2021	Q3 2021	Q2 2021	Q1 2021
0	0	0	0
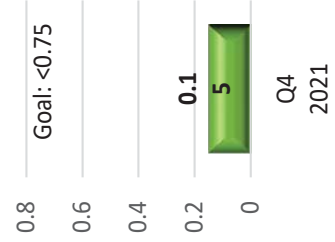
Whose Behavioural Symptoms Affect Others

Goal: <0.75
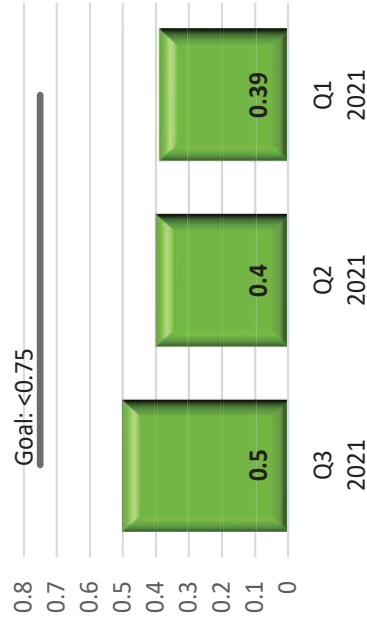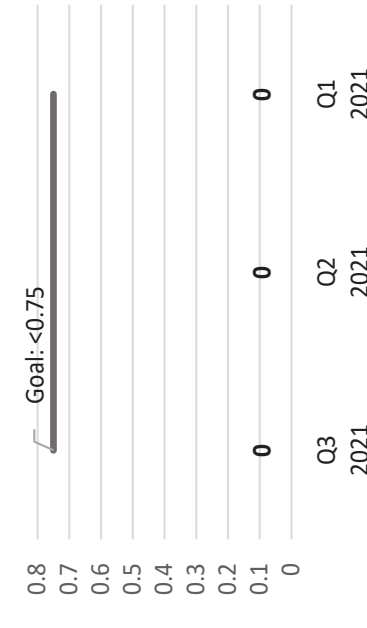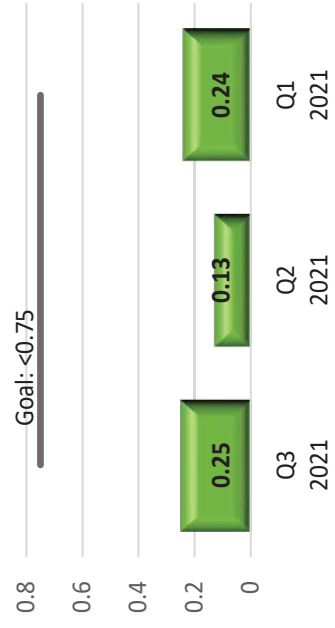
Q4 2021	Q3 2021	Q2 2021	Q1 2021
0.15	0.25	0.13	0.24

42

Increase ADL Help (L)

Goal: <0.75

Q4 2021	Q3 2021	Q2 2021	Q1 2021
0.18	0.07	0.22	0.21
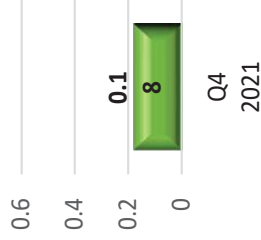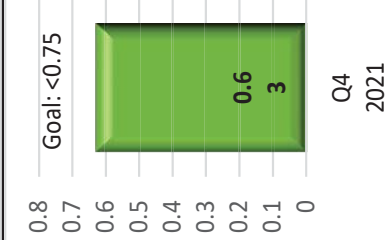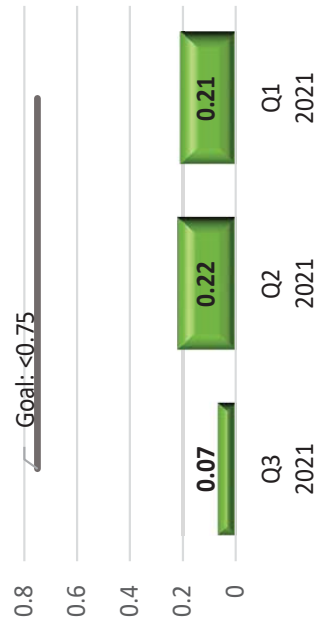
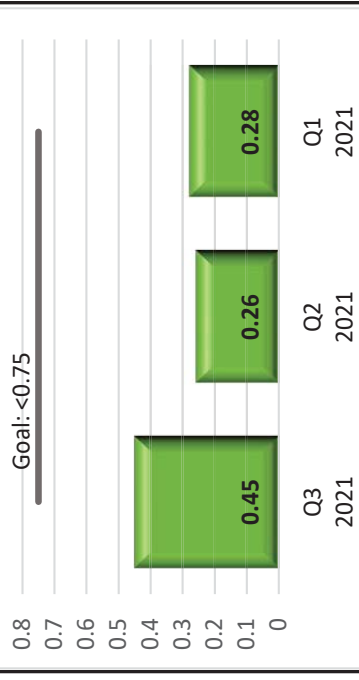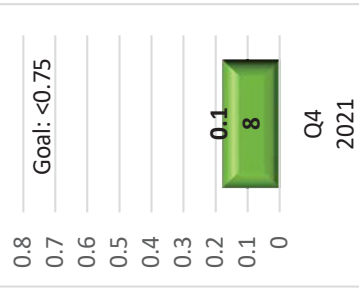## With a Catheter Inserted and Left in the Their Bladder

Goal: <0.75

Q4 2021	Q3 2021	Q2 2021	Q1 2021
0.63	0.47	0.46	0
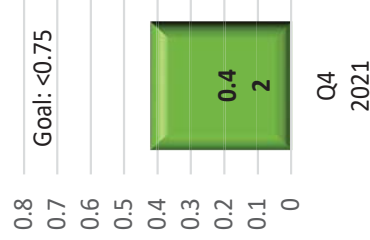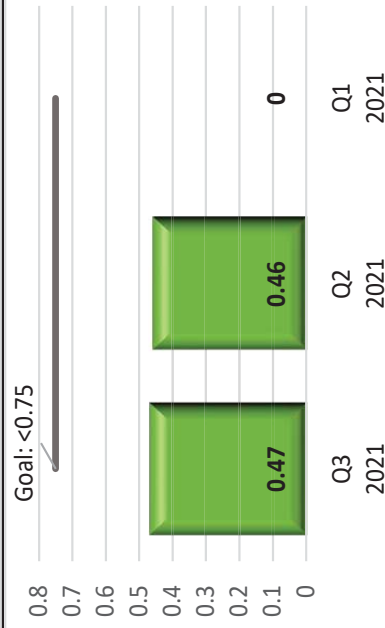
With a Urinary Tract Infection

Goal: <0.75

Q4 2021	Q3 2021	Q2 2021	Q1 2021
0.42	0.42	0.64	0.63

43
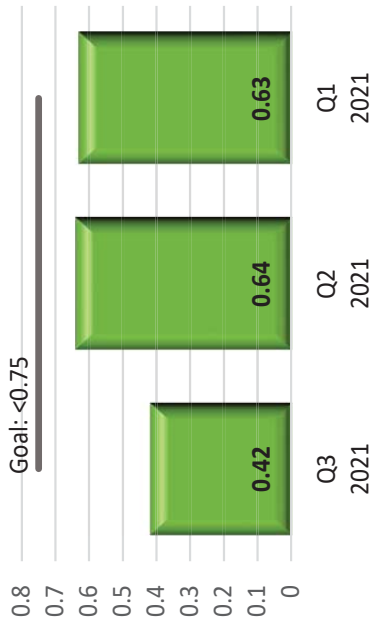
Low Risk LSRs Who Lose Control of their Bowel or Bladder

Goal: <0.75

	Q3 2021	Q2 2021	Q1 2021
	0.45	0.26	0.28

Goal: <0.75

	Q4 2021
	0.32
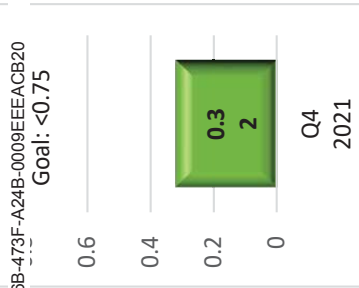
Move Independent Worsens (L)

Goal: <0.75

	Q3 2021	Q2 2021	Q1 2021
	0.14	0.03	0.19

Goal: <0.75

	Q4 2021
	0.18
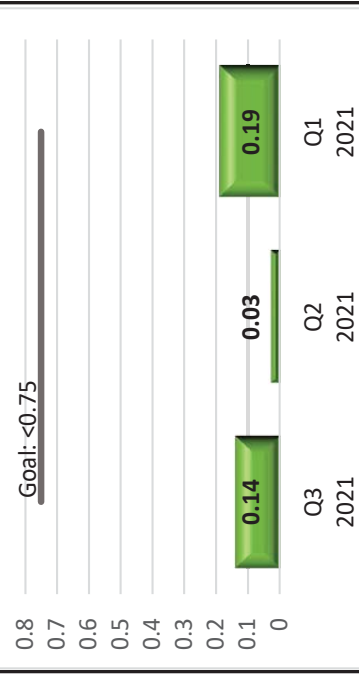
Improvement in Function (S) Higher % Better

Goal: >0.01

	Q3 2021	Q2 2021	Q1 2021
	0.99	1	1

Goal: >0.01

	Q4 2021
	-

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Medical Center
Health Care District Palm Beach County
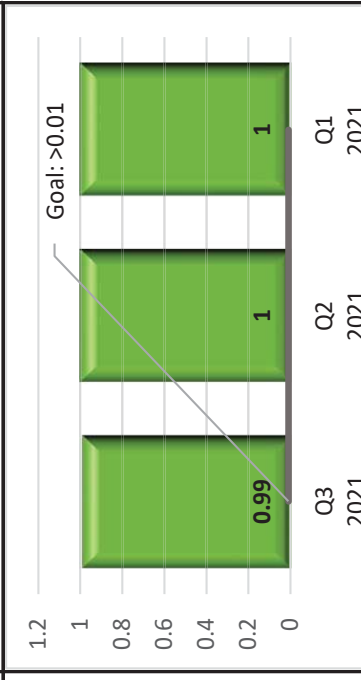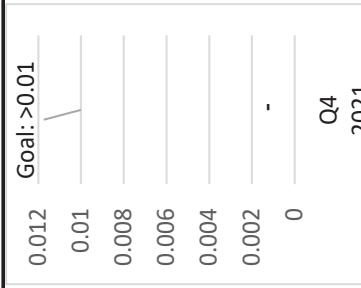
Lakeside Medical Center
Productivity Data

Date Range
Previous Quarter

October 01, 2021
to
December 31, 2021

Deliveries

Month	Value
Oct	13
Nov	12
Dec	13

PT Visits (Evals and Treatments)
2021

Month	Value
Oct	99
Nov	81
Dec	89

Medication Orders
2021

Month	Value
Oct	12,854
Nov	11,871
Dec	13,890

ED Visits

Month	Value
Oct	1,403
Nov	1,434
Dec	1,786

Baker Acts

Total: 4

- Oct 2021: 2
- Nov 2021: 1
- Dec 2021: 1

of Lab Specimens Collected

Month	Value
Oct	6,963
Nov	6,485
Dec	7,472

45

Total Census Days by Level of Care

Oct — 755
- Critical Care: 109 (32)
- Med/Surg: 58 (23)
- OB/Gyn: 38 (18)
- Pediatrics: 100 (34)
- Telemetry: 436 (147)
- Undefined: 14 (10)

Nov — 674
- Critical Care: 54 (17)
- Med/Surg: 57 (25)
- OB/Gyn: 40 (19)
- Pediatrics: 53 (23)
- Telemetry: 464 (142)
- Undefined: 6 (6)

Dec — 695
- Critical Care: 37 (20)
- Med/Surg: 65 (27)
- OB/Gyn: 31 (13)
- Pediatrics: 84 (35)
- Telemetry: 463 (168)
- Undefined: 15 (9)

Legend: Critical Care | Med/Surg | OB/Gyn | Pediatrics | Telemetry | Undefined

Radiology Exams Completed
2021

Month	Value
Oct	1,998
Nov	1,887
Dec	2,198

Covid-19 Testing

Test Results: Negative | Positive
Positive Patients

Month	Total	Negative	Positive
Oct	598	570	26
Nov	558	544	12
Dec	940	716	221	224

LMC OB Services

Medical Center
Health Care District Palm Beach County

Average APGAR Scores

5 min	
8.82	8.66
C-Section	Vaginal

1 min	
8.36	8.28
C-Section	Vaginal

Prenatal Care

Legend: Unk | No | Yes — 2021

Oct
- Unk: 2 — 15%
- No: 2 — 15%
- Yes: 9 — 69%

Nov
- Unk: 5 — 42%
- No: 1 — 8%
- Yes: 7 — 58%

Dec
- Unk: 4 — 31%
- No: 2 — 15%
- Yes: 7 — 54%

All Deliveries

Legend: Vaginal | C-Section — 2021 Q4

Oct — Total 38
- Vaginal: 29 — 76%
- C-Section: 9 — 24%

Nov — Total 13
- Vaginal: 10 — 77%
- C-Section: 3 — 23%

(Oct row repeated)
- Vaginal: 9 — 75%
- C-Section: 3 — 25% — Total 12

- Vaginal: 10 — 77%
- C-Section: 3 — 23% — Total 13

Deliveries by Year/Qtr

Legend: 2021 | 2020 | Vaginal | C-Section

Q1
- 2020 (Total 40): C-Section 19 — 48%; Vaginal 21 — 53%
- 2021 (Total 18): C-Section 5 — 28%; Vaginal 13 — 72%

Q2
- 2020 (Total 42): C-Section 17 — 40%; Vaginal 25 — 60%
- 2021 (Total 27): C-Section 12 — 44%; Vaginal 15 — 56%

Q3
- 2020 (Total 27): C-Section 10 — 37%; Vaginal 17 — 63%
- 2021 (Total 28): C-Section 12 — 43%; Vaginal 16 — 57%

Q4
- 2020 (Total 28): C-Section 11 — 39%; Vaginal 17 — 61%
- 2021 (Total 38): C-Section 9 — 24%; Vaginal 29 — 76%

Deliveries by Year and Type

Legend: C-Section | Vaginal

2019 — Total 185
- C-Section: 73 — 39%
- Vaginal: 112 — 61%

2020 — Total 137
- C-Section: 57 — 42%
- Vaginal: 80 — 58%

2021 — Total 111
- C-Section: 38 — 34%
- Vaginal: 73 — 66%

Deliveries by Provider

Legend: Vaginal | C-Section — 2021 Q4

CASTANEDA, JOSE — Total 7
- Vaginal: 3 — 43%
- C-Section: 4 — 57%

COLLINS, GLENN — Total 1
- Vaginal: 1 — 100%

CRANDALL, BLANE M — Total 1
- Vaginal: 1 — 100%

LEVINE HECHTMAN, JILL — Total 2
- Vaginal: 1 — 50%
- C-Section: 1 — 50%

MAGLOIRE, CHRIST-ANN — Total 11
- Vaginal: 9 — 82%
- C-Section: 2 — 18%

MONDESIR, WILKENS — Total 6
- Vaginal: 6 — 100%

PASS, JULIE — Total 5
- Vaginal: 3 — 60%
- C-Section: 2 — 40%

PRIGG, JENNIFER — Total 1
- Vaginal: 1 — 100%

TEAGARDEN, DANA — Total 4
- Vaginal: 4 — 100%

Longside
Medical Center
Health Care District Palm Beach County

LMC Quality Core Measures
4th Quarter 2021

Inpatient Measures

Meeting Goal? 🟥 No ⬛ NP 🟩 Yes

Measure Name	Sample Size	
ED-1a: Median time from ED arrival to ED departure for admitted patients	106	36% ▲ 50%
IMM-2: Inpatients 6mo or older screened for seasonal Influenza immunization status	124	87% ▲ 96%
deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation complete	8	0% ▶ 2%
PC-02: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth	11	45% ▼ 20%
PC-05: Exclusive breast milk feeding during the newborn's entire hospitalization	25	12% ▲ 15%
PC-06: Unexpected Complications in Term Newborns	29	0% ▶ 7%
SEP-1: Early management bundle, severe sepsis/septic shock	10	30% ▲ 70%
VTE-6: Hospital Acquired Preventable VTE	0	NP 0%

Outpatient Measures

Meeting Goal? 🟥 No ⬛ NP 🟩 Yes

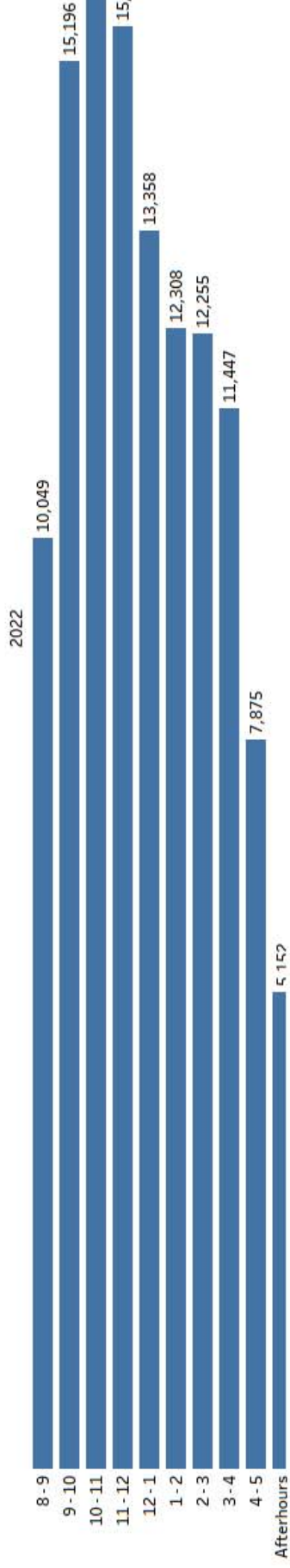| Measure Name	Sample Size	
OP-3A: Median time to transfer to another facility for Acute Coronary Intervention	0	NP ▲ 50%
OP-18: Median time from ED arrival to discharge home or transferred	99	41% ◀ 40%
OP-23: Stroke patients arriving in ED w/in 2hrs of onset of symptoms who had CT or MRI results w/in 45 mins of arrival	2	50% ▲ 71%

47
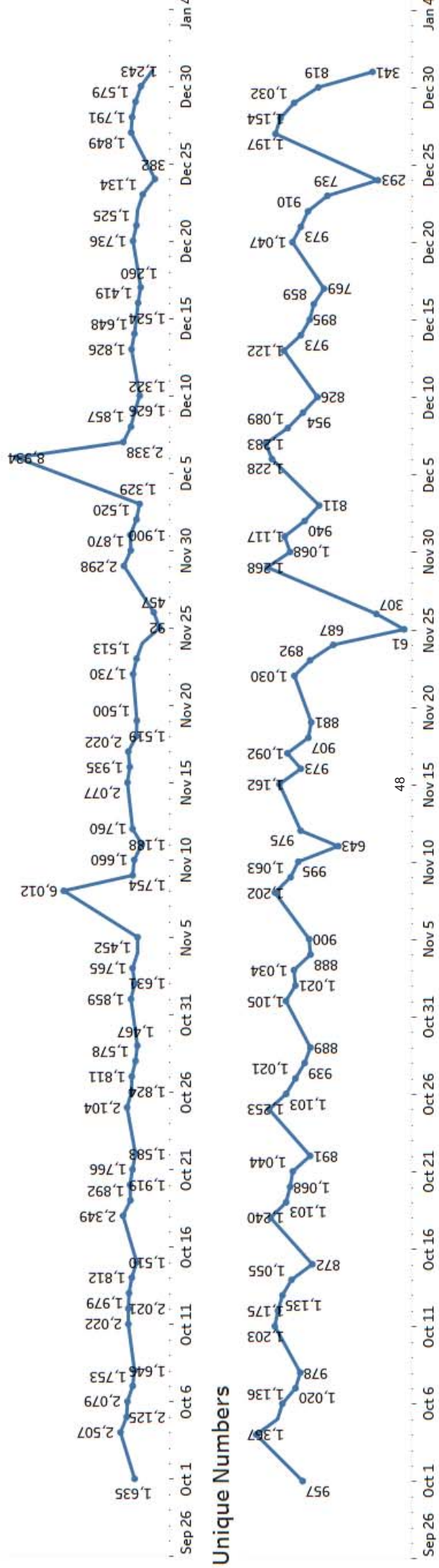
Clinic Service Center Stats

Start Date	End Date
10/1/2021	12/31/2021

Number of Calls	119,825
Unique Phone Numbers	33,450

Calls per time of day

Anonymous numbers counted individually

2022

Time	Calls
8 - 9	10,049
9 - 10	15,196
10 - 11	16,612
11 - 12	15,573
12 - 1	13,358
1 - 2	12,308
2 - 3	12,255
3 - 4	11,447
4 - 5	7,875
Afterhours	5,152

Calls Received

Unique Numbers
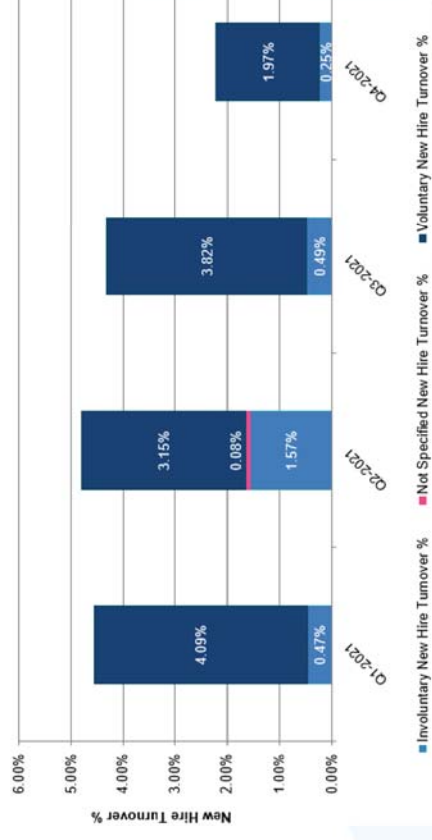
48

HCD HR Dashboard- *Attrition* *Q4 2021 – Q2 2022*

New Hires

Headcount
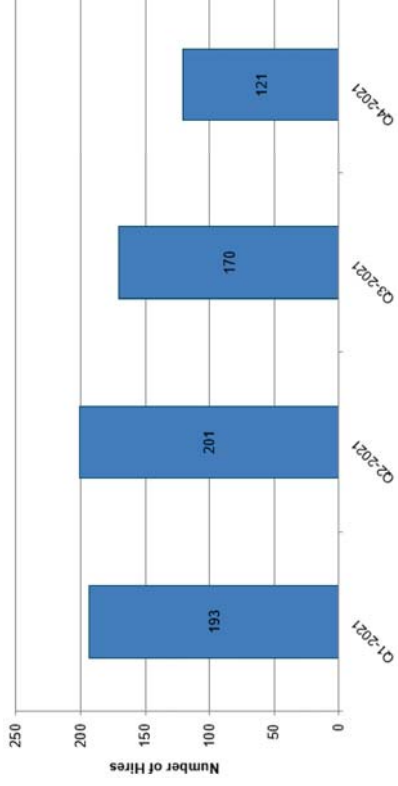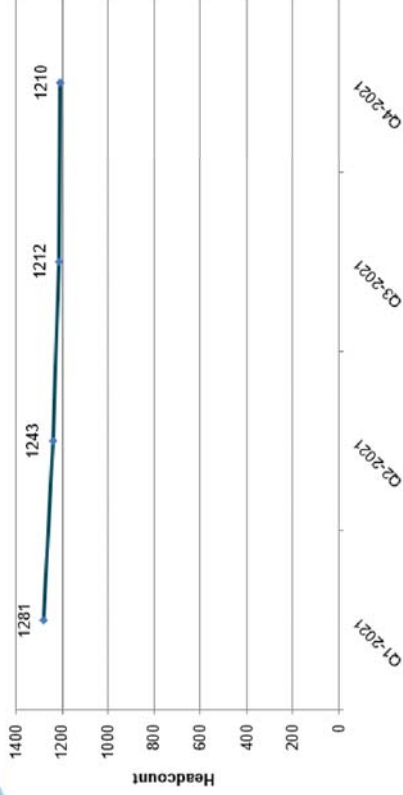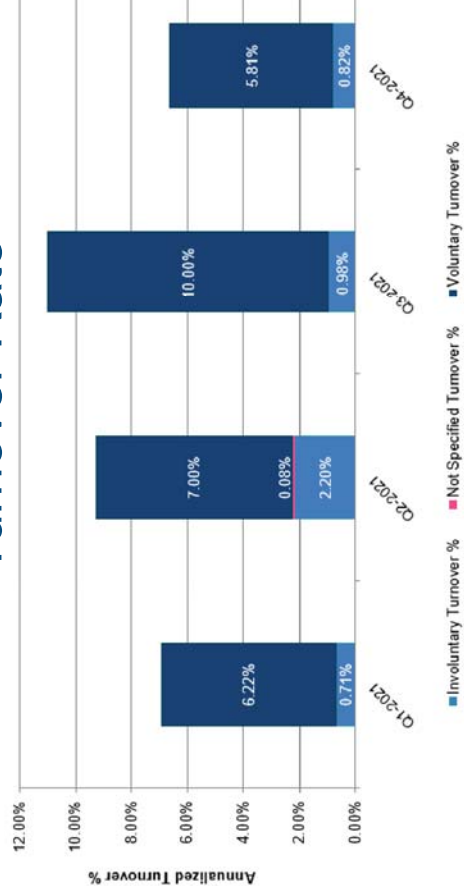
New Hire Turnover Rate

Turnover Rate

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HCD HR Dashboard- *Attrition*
Q4 2021 – Q2 2022
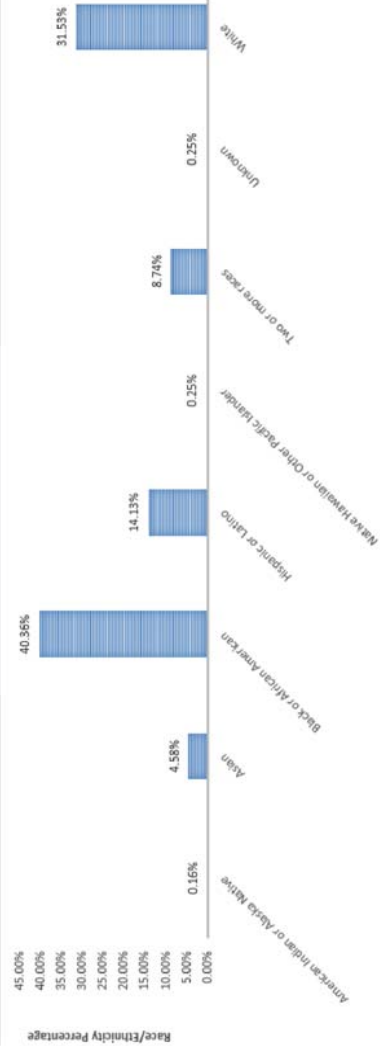
Average Age

46.83

Female Percentage

79%

Minority Headcount

68%

IT Dashboard

Mission Critical Application Availability

Application	Function	Oct'21	Nov'21	Dec'21	SLA
ADP	Human Resources	100%	100%	99.1%	99.9%
Epic	Clinics / LMC EMR	100%	100%	97.6%	99.9%
GE PACS	Radiology	100%	100%	99.1%	99.9%
Doxicimity	Telemedicine	100%	100%	99.1%	99.9%
eFinance Plus	Finance	100%	100%	99.1%	99.9%
MatrixCare	The Healey medical record	100%	100%	98.3%	99.9%

Application / Network Outages	Incident Details
Epic	**December** - 1 Epic only outage totaling 6.5 hours due to an issue with the MHS servers that support Hyperspace.
Matrix Care	**December** – 1 Matrix only outage totaling 4 hours due to vendor side connectivity issue.
HCD Network	**December** - 1 HCD 6 hour network outage that affected all connectivity & all applications. The issue was with corrupt software on a datacenter cisco router. Vendor assisted with fix and software upgrade that resolved the issue.

Health Care District
PALM BEACH COUNTY

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IT Dashboard

Service Desk Tickets Opened/Closed

Legend: Tickets Opened (overall), Tickets Closed (Overall)

Service Desk Abandoned Calls

Legend: Phone Request for Service, Abandonded Calls as a % of all calls (Target 4.5%)
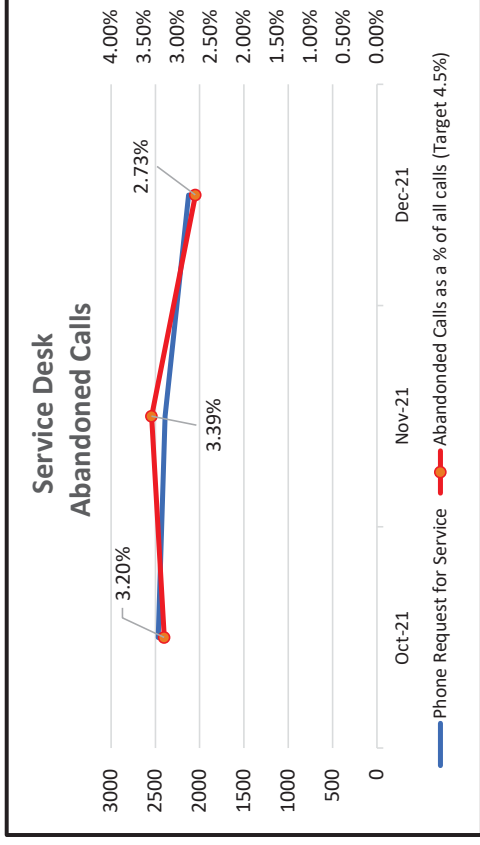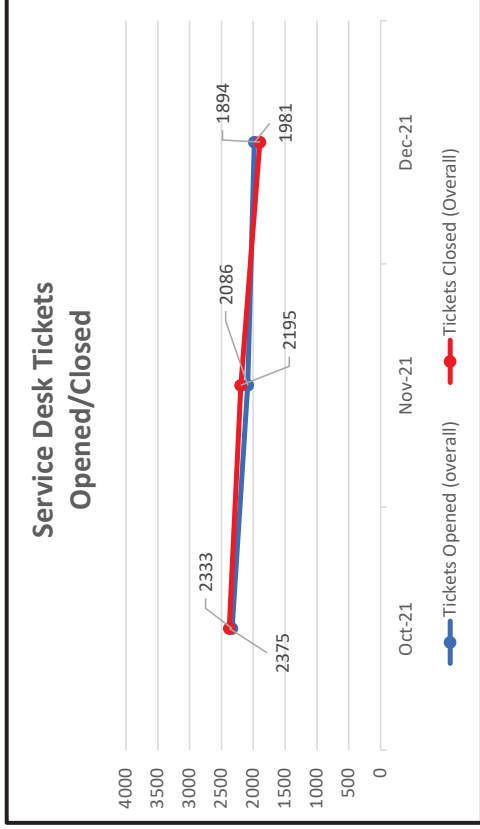
Cybersecurity Investigations
Period 10/01/2021 – 12/31/2021

Comparisons	Cases
Q4-2021	305
2021	947
2020	390

Outcome	Cases	% of Total
Investigated	305	100%
Reportable	0	0%
Total	305	100%

Status	Cases	% of Total
Closed	305	100%
In Progress	0	0
Total	305	100%

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Health Care District PALM BEACH COUNTY