Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance Committee
Meeting Agenda
March 26, 2019
10:00 A.M.

Meeting Location
1515 N. Flagler Dr., Ste. 101
West Palm Beach, FL 33401

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
AGENDA
March 26, 2019 at 10:00 a.m.
1515 N. Flagler Dr., Suite 100
West Palm Beach, FL 33401

1. Call to Order – Dr. Alina Alonso, Chair

A. Roll Call

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

A. Introduction – Debbie Hall (Darcy Davis)

B. Healey Survey Results (Karen Harris)

C. School Health Survey Results (Karen Harris)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from November 27, 2018. [Pages 1-6]

B. **Staff recommends a MOTION TO APPROVE:**
Revised Committee Meeting Minutes from September 25, 2018. [Pages 7-14]

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
Internet Posting of District Public Meeting.
http://www.hcdpbc.org-Resources-Public Meetings

7A-2 **RECEIVE AND FILE:**
Committee Attendance. [Page 15]

7. Consent Agenda (Continued)

7A-3 **RECEIVE AND FILE:**
Compliance and Privacy Dashboard.
(Deborah Hall) [Pages 16-21]

8. Regular Agenda

A. **ADMINISTRATION**

8A-1 **Staff recommends a MOTION TO APPROVE:**
Amendment to the Quality, Patient Safety and Compliance Committee Charter.
(Valerie Shahriari) [Pages 22-31]

B. **CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Belma Andric) [Pages 32-33]

- Patient Relations Dashboard, School Health.
(Andrea Steele/Ginny Keller) [Pages 34-35]

- Patient Relations Dashboard, Primary Care Clinics.
(Andrea Steele/Noelle Stewart, M.D.) [Pages 36-37]

- Patient Relations Dashboard, Healey Center.
(Andrea Steele/Terretha Smith) [Pages 38-39]

- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/Janet Moreland) [Pages 40-41]

8B-2 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Belma Andric) [Pages 42-43]

- Quality and Patient Safety Report, School Health.
(Andrea Steele/Ginny Keller) [Page 44]

- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/Gerry Pagano) [Page 45]

- Quality & Patient Safety Report, Primary Care Clinics.
(Andrea Steele/Noelle Stewart, M.D.) [Pages 46-50]

- Quality & Patient Safety Report, Healey Center.
(Andrea Steele/Terretha Smith) [Page 51]

8. Regular Agenda (continued)

- Quality & Patient Safety Report, Lakeside Medical Center. (Andrea Steele/Janet Moreland) [Pages 52-54]

- Quality and Patient Safety Report, Pharmacy. (Andrea Steele/Hyla Fritsch) [Page 55]

- Quality & Patient Safety Report, Trauma Program. (Andrea Steele/Sandra Smith) [Page 56]

C. **COMPLIANCE**

8C-1 **RECEIVE AND FILE:**
Summary of Compliance and Privacy Activities.
(Deborah Hall) [Pages 57-60]

8C-2 **RECEIVE AND FILE:**
Compliance Work Plan 2019.
(Deborah Hall) [Pages 61-66]

D. **CORPORATE RISK MANAGEMENT CLOSED MEETING**
[Under Separate Cover]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

- May 28, 2019 (Q1 2019) – Lakeside Medical Center, Belle Glade

- September 24, 2019 (Q2 2019)

- November 26, 2019 (Q3 2019)

12. Motion to Adjourn

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
November 27th, 2018, 10:00 a.m.
1515 N. Flagler Drive
West Palm Beach, FL 33401

1. Call to Order

Dr. Alina Alonso called the meeting to order at 10:00 a.m.

A. Roll Call

Committee Members present included:
Dr. Alina Alonso, Chairperson; Mary Weeks; Sean O'Bannon; Dianne King; Dr. David Bohorquez arrived at 10:10 am;

Committee Members absent included:
Sharon Larson; James Elder; Steven Seeley

Staff present included:
Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Ellen Pentland, Chief Compliance and Privacy Officer; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Ginny Keller, Administrator of School Health; Terretha Smith, Risk Manager; Stephanie Dardanello, Lakeside Medical Center Administrator; Karen Harris, Vice President of Field Operations; Sandra Smith, Admin-Trauma Services; Gerry Pagano, Director of Medical Transport and Aeromedical Facilities; Victoria Pruitt, Corporate Director of Risk Management; Dr. Noelle Stewart, FQHC Medical Director; Leticia Stinson, Senior Compliance and Privacy Analyst; Kristine Macaya, Assistant Director of Pharmacy; Shelly Ann Lau, Healey Center Administrator; Dr. Ken Scheppke, Aeromedical Agency Medical Director; David Speciale, Quality Manager; Dr. Hyla Fritsch, Director of Pharmacy Services; Andrea Steele, Corporate Quality Director; Alena Ranucci, Administrative Assistant; Heidi Bromley, Executive Assistant to CEO.

Recording/Transcribing Secretary: Heidi Bromley / Alena Ranucci

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Mary Weeks made a motion to approve the agenda as presented/amended. The motion was duly seconded by Sean O'Bannon. There being no opposition, the motion passed unanimously.

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 September 25, 2018.

CONCLUSION/ACTION: Sean O'Bannon made a motion to approve the committee meeting minutes from September 25, 2018. as presented. The motion was duly seconded by Mary Weeks. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Dianne King made a motion to approve the Consent Agenda items. The motion was duly seconded by Sean O'Bannon. There being no opposition, the motion passed unanimously.

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:
Internet Posting of District Public Meeting
http://www.hcdpbc.org-Resources-Public Meetings

7A-2 RECEIVE AND FILE:
Committee Attendance

7A-3 RECEIVE AND FILE:
Compliance and Privacy Dashboard

7A-4 RECEIVE AND FILE:
Proposed Schedule for 2019 Committee Meetings.

8. Regular Agenda

A. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

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

- Patient Relations Dashboard, School Health

  Mrs. Steele presented the patient relations dashboard for the first trimester of the 2018-2019 school year. During the first trimester there were zero complaints, grievances and compliments to date, but they have no yet finished their trimester

- Patient Relations Dashboard, Primary Care Clinics

  Mrs. Steele presented the Patient Relations Dashboard for the 3rd Quarter of 2018 (July-September). During Quarter 3 there were nine complaints, ten grievances and sixty-two compliments. The two highest categories were other and care and treatment.

- Patient Relations Dashboard, Healey Center

  Mrs. Steele presented the Patient Relations Dashboard for Quarter 3 (July-September). During Quarter 3 there were a total of sixty-one grievances all of which were resolved within seventy-two hours. Trends reported with no outliers. There were a total of thirteen compliments related to excellent customer service and overall care provided by staff. Highest category were other and personal belongings

- Patient Relations Dashboard, Lakeside Medical Center

  Mrs. Steele presented the Patient Relations Dashboard for Quarter 3 (July-September). During Quarter 3 there were a total of nineteen grievances and eighteen complaints. Trends reported with no outliers. There were a total of four compliments related to ER services. All issues addressed timely with no outliers. Top reported categories were other, care in treatment and pain management.

CONCLUSION/ACTION: Received and filed.

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

- Quality & Patient Safety Report, Aeromedical

  Mrs. Steele and Gerry Pagano presented the Quality and Safety Report for the third quarter featuring our new data program, Tableau that pulls all of TH135

data and is moved into Tableau. For Quarter 3 (July 1, 2018 – September 30, 2018) the report provided details on the number of flights and number of transports.

- Quality & Patient Safety Report, Primary Care Clinics

  Mrs. Steele presented the quality indicators / UDS measures in a revised table for June 2018. Select underperforming measures reviewed including Childhood Immunization, Colorectal Cancer Screening, A1C / Diabetes. HIV Linkage to Care we had 2 patients lost due to follow up. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Healey Center

  Mrs. Steele presented the Quality & Patient Safety Report for the third quarter. The underperforming measures were discussed in more detail which included: Pressure ulcers, patients who received antipsychotic medication, and patients who report moderate to severe pain. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Lakeside Medical Center

  Mrs. Steele presented the Quality Core Measure Report for the third quarter. There were three underperforming measures which were discussed in more detail and included: median time from decision to admit time to ED departure for admitted patients, Median time from decision to admit time to ED departure, Exclusive breast mile feeding during the newborns entire hospitalization. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Pharmacy

  Mrs. Steele presented the Pharmacy Services Quality Report for the third quarter. Underperforming issues discussed in detail which included prescriptions returned to stock, total wait time in minutes (waiters). Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Trauma Program

  Mrs. Steele presented the Trauma Quality Report for the third quarter. One underperforming measure reported, Total Number of Records Entered Beyond three Business Days. Findings and Interventions of these measures presented.

CONCLUSION/ACTION: Received and filed.

B. COMPLIANCE

8B-1 RECEIVE AND FILE:
Annual Report on Compliance and Privacy

Mrs. Pentland presented Annual Compliance Summary as we have reached the end of the fiscal year. Mrs. Pentland touched on our audit and compliance timeline data YTD history of the compliance department from the time the compliance committee started to the restructuring of the QPSCC; Our current organizational chart and the skills that are within the compliance department; The seven elements of our compliance program; Policies and procedures that have been reviewed and revised this year which include both compliance and privacy; Hotline calls that have been trended since 2009 with the annual report. There is no specific area of increase, however just seeing if the compliance line is effective. Education and training that has occurred throughout the year. We are putting more emphasis on being practice with education with our staff as well as the resource

Work plan with be coming in January 2019 that will touch on education, auditing from a billing perspective and privacy continued education to prevent breaches.

CONCLUSION/ACTION: Received and filed.

C. CORPORATE RISK MANAGEMENT CLOSED MEETING

The meeting was closed pursuant to Sections 395.0197, 400.119, 400.147, 766.101, and 768.28, Florida Statutes and other relevant statutes and regulations. The closed portion of the meeting is to address risk management matters. All persons currently present must exit the meeting except the following: Quality, Patient Safety and Compliance Committee members, Risk Management Department personnel and key clinical and leadership personnel who are directly involved in risk and quality management issues, legal counsel to the committee, and District Board members.

9. CEO Comments

None.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

- March 26, 2019 (Q4 2018)
- May 28, 2019 (Q1 2019)
- September 24, 2019 (Q2 2019)
- November 26, 2019 (Q3 2019)

12. Motion to Adjourn

There being no further business, the meeting was adjourned at 11:30 a.m.

_____ _____

Dr. Alina Alonso **Date**

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 25, 2018, 10:00 a.m.
1515 N. Flagler Drive
West Palm Beach, FL 33401

1. Call to Order

Phil Ward called the meeting to order at 10:00 a.m.

A. Roll Call

Committee Members present included: Phil Ward, Mary Weeks, Sharon Larson, James Elder, Sean O'Bannon, Dianne King, Dr. David Bohorquez. Dr. Alina Alonso and Steven Seeley were absent.

Staff present included: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Ellen Pentland, Chief Compliance and Privacy Officer; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Lisa Hogans, Corporate Quality Manager; Ginny Keller, Administrator of School Health; Terretha Smith, Risk Manager; Stephanie Dardanello, Lakeside Medical Center Administrator; Karen Harris, Vice President of Field Operations; Sandra Smith, Admin-Trauma Services; Luis Rodriguez, Quality and Compliance Pharmacist; Gerry Pagano, Director of Medical Transport and Aeromedical Facilities; Victoria Pruitt, Corporate Director of Risk Management; Janine Lambe, Nurse Chart Auditor; Dr. Noelle Stewart, FQHC Medical Director; Leticia Stinson, Senior Compliance and Privacy Analyst; Kristine Macaya, Assistant Director of Pharmacy; Sylvia Hall, Quality Improvement Coordinator; Shelly Ann Lau, Healey Center Administrator; Dr. Ken Scheppke, Aeromedical Agency Medical Director; Dawn Richards, Chief Financial Officer; Junelle Cox, HIPAA/Privacy Analyst; David Speciale, Quality Manager; Lisa Sulger, HIM Manager. Thomas Cleare, VP of Strategy; Dr. Hyla Fritsch, Director of Pharmacy Services; Janet Moreland, Director of Quality and Patient Safety; Roseann Webb, Director of HIM; Marcia Young, Director of Clinic Operations were absent.

Recording/Transcribing Secretary: Heidi Bromley / David Speciale

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Ms. Weeks made a motion to approve the agenda as presented/amended. The motion was duly seconded by Ms. Larson. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

A. C. L. Brumback Primary Care Clinics – Dr. Andric

a. Fiscal Year 2018 Health Center Quality Improvement Award – Silver
b. Enhancing Access to Care Award – a PCMH Recognition
c. Dental Award – John Rosetti Center of Excellence Award for patient access and outcomes.
d. Substance Abuse Award. Received $330,000 ($25,000 more than we applied for). Funding will be used to add two Social Workers and minor renovations to the new clinic.

B. Lakeside Medical Center Emergency Department Update - Dr. Scheppke

a. Total census is 1,933 per month average which represents a 7.5% decrease annually. This decrease has been slowing down the past two months at a rate of 2.5%.
b. Admissions have increased by 18% per month on average.
c. Transfers have increased by 75% and are transferring 88 patients from the emergency room on average.
d. “Overall Treatment” (now known as left without triage and treatment) and “left without being seen” measures are meeting the goals of less than 0.5% and in compliance with national standards.
e. AMA’s (Against Medical Advice) have increased slightly to 8.8% but when compared to the fractions of admissions have decreased. As a total percentage of admissions have decreased to 1.2% of the total. The national average is 0.5 – 1%.
f. Transfers – Breakdown by Department presented.
g. Patient Satisfaction (Press Gainey Scores)
    i. At 80-90% (national benchmark is 60 - 70%)
    ii. Patient testimony presented
    iii. Transfers – average 6 hours turnaround because we are not serviced well enough by emergency transports (except the Trauma Hawk). Plan for corrective action is to partner with American Medical Response (AMR) to stay at the ER Department. Medics will support ER Department for 12 hours of their 24 hour shifts. AMR unit on site will decrease the transfer turnaround time. This agreement is in process.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

A. Staff Recommends a MOTION TO APPROVE:
Committee Meeting Minutes from May 22, 2018.

CONCLUSION/ACTION: Mr. Elder made a motion to approve the committee meeting minutes from May 22, 2018 as presented. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Mr. Elder made a motion to approve the Consent Agenda items. The motion was duly seconded by Ms. Larson. There being no opposition, the motion passed unanimously.

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:
Internet Posting of District Public Meeting
http://www.hcdpbc.org-Resources-Public Meetings

7A-2 RECEIVE AND FILE:
Committee Attendance

7A-3 RECEIVE AND FILE:
Compliance and Privacy Dashboard

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff recommends a MOTION TO APPROVE:**
Ms. Ellen Pentland presented the Amendment to the Quality, Patient Safety and Compliance Committee Charter.

CONCLUSION/ACTION: Ms. Larson recommended adding to the Composition of Committee section the following: One (1) Committee member shall be a community member at large, Mr. O'Bannon made a motion to approve the Amended Quality, Patient Safety and Compliance Committee Charter with the recommended revisions. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

8A-2 **Staff recommends a MOTION TO APPROVE:**
Ms. Darcy Davis presented the Annual Evaluation for the Chief Compliance and Privacy Officer.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Annual Evaluation for the Chief Compliance and Privacy Officer as presented. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

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

- Patient Relations Dashboard, School Health

  Dr. Andric presented the patient relations dashboard for the third trimester of the 2017 – 2018 school year. During the third trimester (April – June of 2017-2018 school year) there were two complaints, no grievances and two compliments.

- Patient Relations Dashboard, Primary Care Clinics

  Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were seven complaints, five grievances and twenty-nine compliments. Compliments decreased over last quarter primarily due to transition to the new EMR and interface with the risk reporting system.

- Patient Relations Dashboard, Healey Center

  Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were a total of sixty grievances all of which were resolved within seventy-two hours. Trends reported with no outliers. There were a total of fourteen compliments related to excellent customer service and overall care provided by staff.

- Patient Relations Dashboard, Lakeside Medical Center

  Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were a total of three grievances and seventeen complaints. Trends reported with no outliers. There were a total of nineteen compliments related to ER services. All issues addressed timely with no outliers.

CONCLUSION/ACTION: Received and filed.

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

- Quality & Patient Safety Report, School Health

  Dr. Andric presented the Quality and Patient Safety report for the third trimester of the 2017-2018 school year. This included student demographics, return rates, continuum of care measures, and mandated screenings. Data is fairly consistent throughout the year with no outliers.

- Quality & Patient Safety Report, Aeromedical

  Dr. Andric and Gerry Pagano presented the Quality and Safety Report for the second quarter (April, May, and June 2018). The report provided details on the number of flights and number of transports. For Quarter 2 there were a total of 145 patient transports of which 62 originated in the western community (43%). This is equal compared to last year's numbers. For quarter 2 there were a total of sixty-five occurrence's categorized as "missed, cancelled, aborted calls". This was attributed to county coverage reasons, weather-related, and cancellations by referral agency. There were a total of 145 patients transported. Most flights were from scenes compared to facility related transports.

  Dr. Scheppke updated the committee on the status of staging a helicopter at Lakeside Medical Center. Dr. Scheppke reported that he had met with all the decision makers including Union workers, fire chiefs, and HCD Leadership. The Palm Beach County Fire Rescue team has visited the Lakeside Medical Center facility along with the HCD Information Technology Team to assess additional needs. Next steps to meet with all stakeholders to discuss details of this plan and establish timelines.

- Quality & Patient Safety Report, Primary Care Clinics

  Dr. Andric presented the quality indicators / UDS measures in a revised table for June 2018. Select underperforming measures reviewed including Asthma, Colorectal Cancer Screening, A1C / Diabetes. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Healey Center

  Dr. Andric presented the Quality & Patient Safety Report for the second quarter (April, May, and June 2018). The underperforming measures were discussed in more detail which included: Pressure ulcers, patients who received antipsychotic medication, and patients who report moderate to severe pain. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Lakeside Medical Center

Dr. Andric presented the Quality Core Measure Report for the second quarter (April, May, and June 2018). There were five underperforming measures which were discussed in more detail and included: median time from decision to admit time to ED departure for admitted patients, caesarian births, breast feeding, median time to transfer to another facility for acute coronary interventions, and median time from ED arrival to discharge home or transferred. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Pharmacy

  Dr. Andric presented the Pharmacy Services Quality Report for the second quarter (April, May, and June 2018). Underperforming issues discussed in detail which included prescriptions returned to stock and prescriptions designated as waiters. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Trauma

  Dr. Andric presented the Trauma Quality Report for the second quarter (April, May, and June 2018). One underperforming measure reported, Total Number of Records Entered Beyond three Business Days. The decrease has been attributed to change of staff at the Trauma Center which has caused delays on entering recordings within the established timeframes. Additional training provided to staff and the issue has since been corrected.

CONCLUSION/ACTION: Received and filed.

C. COMPLIANCE

8C-1 RECEIVE AND FILE:
Summary of Compliance and Privacy Activities

Ms. Pentland presented the Summary of Compliance Activities from April 1 through August 31. Highlights discussed included the following.

Training and Education - The Compliance and Privacy Department continues to provide all employees trainings. Revisions to training modalities have been and consist of small modules and workgroups. Training completed include: New hire orientation, quarterly non-discrimination in healthcare meetings, Billing and HIPAA workgroups, and HIPAA Primacy training for G4s Security staff. The Security Trainings are now completed by the Information Technology Department staff. The E.J. Healey Center received their annual compliance education training and the Compliance team has been integrated into the clinics staff orientation. The Code of Conduct training has been revised to include workplace violence. The Compliance team is currently working on the Medication-Assisted Treatment program compliance training.

Communications – 28% of time spent is inclusive of communication including review of Policies and Procedures and communication with staff. A Clinical Compliance Officer is being added to the team to improve communication.

Hotline Activity - Hotline activities for this reporting period included thirty-three calls. The majority of these call were related to Human Resources. The Department is working with compliance to resolve any issues including issues related to discrimination. Call received from Lakeside Medical Center, Primary Care Clinics, and the Home Office.

HIPAA Privacy Incidents – During this reporting period there were thirty-five privacy concerns, of which five resulted in a breach that required patient notification. These five included two from pharmacy, one from the West Boca clinic, one from Aeromedical, and one form the Home Office. There were sixteen privacy concerns that were investigated and resolved with no findings. There were fourteen privacy concerns that were unsubstantiated. Corrective actions included staff retraining.

Privacy Walkthroughs - Quarterly privacy walkthroughs were completed. The main findings included employees not wearing name badges, unlocked computers with PHI, and PHI exposures (on paper). Corrective actions included staff retraining and detailed letter to Managers. Ms. Davis added that during the period the Jerome Golden Center clinic was closed due to low volume and high costs. Patients are being seen at the Lewis Center, the West Palm Beach Clinic, and the Mobile clinic.

Auditing and Monitoring – Activities included an audit of Athena consents, controls / policies and procedures over opioid treatment programs, discharge disposition, limited data sets and data use agreements, joint commission mock survey (Lakeside Medical Center), Asset inventory, uses and disclosures of facility patient directory review, and skilled nursing national background screening.

Quarter 4 plans

CONCLUSION/ACTION: Received and filed.

8C-2 Staff Recommends a MOTION TO APPROVE:
Revised Compliance Work Plan 2018.

Ms. Pentland presented changes to the 2018 Compliance Work plan. Changes included moving the Aeromedical Billing Audit has been moved to the first quarter of 2019 as billing is now outsourced and Policies and Procedures are still in progress. The Lakeside Medical Center's Financial Assistance Policy was moved to the first quarter of 2019 at the request of the CFO. The Volunteer, Student, and Resident Onboarding Process Review was moved to the fourth quarter at the request of the VP of Field Operations. The Referral Clerk Record Audit was added to the work plan and is currently in process.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Revised Compliance Work Plan as presented. The motion was duly seconded by Ms. Larson. There being no opposition, the motion passed unanimously.

D. CORPORATE RISK MANAGEMENT CLOSED MEETING

The meeting was closed pursuant to Sections 395.0197, 400.119, 400.147, 766.101, and 768.28, Florida Statutes and other relevant statutes and regulations. The closed portion of the meeting is to address risk management matters. All persons currently present must exit the meeting except the following: Quality, Patient Safety and Compliance Committee members, Risk Management Department personnel and key clinical and leadership personnel who are directly involved in risk and quality management issues, legal counsel to the committee, and District Board members.

9. CEO Comments

None.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

- November 27, 2018

12. Motion to Adjourn

There being no further business, the meeting was adjourned at 11:35 a.m.

_____ _____

Dr. Alina Alonso **Date**

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

12 Month Attendance Tracking

	1/23/18	3/27/18	5/22/18	9/25/18	11/27/18	3/26/19	5/28/19	9/24/19	11/26/19				
Philip Ward	N/A	✓	x	✓									
Mary Weeks	N/A	✓	✓	✓	✓								
Sharon Larson	N/A	✓	x	✓	x								
Alina Alonso	N/A	✓	✓	x	✓								
James Elder	N/A	✓	✓	✓	x								
Sean O'Bannon	N/A	✓	✓	✓	✓								
Dianne King	N/A	x	✓	✓	✓								
Steven Seeley	N/A	x	x	x	x								
Dr. Daniel Kairys	N/A	Excused	x										
Dr. David Bohorquez				✓	✓								

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 26, 2019

1. Description: Compliance and Privacy Dashboard

2. Summary:

This item presents the Compliance and Privacy Dashboard for fourth quarter FY 2018.

3. Substantive Analysis:

The OIG believes that every effective compliance program must begin with a formal commitment by the governing body to include all the elements based on the seven steps of the Federal Sentencing Guidelines. In order to effectively manage the oversight of the Compliance Program, the Compliance Department has created a Compliance and Privacy Dashboard to report activities on a quarterly basis.

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
Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety, and Compliance Committee receive and file the Compliance and Privacy Dashboard for fourth quarter FY 2018.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

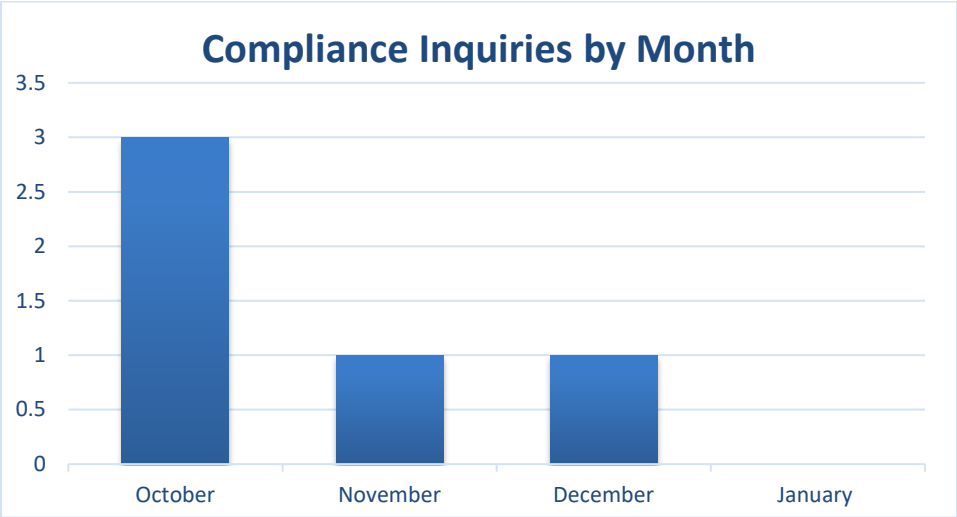
Deborah Hall
Compliance and Privacy Consultant

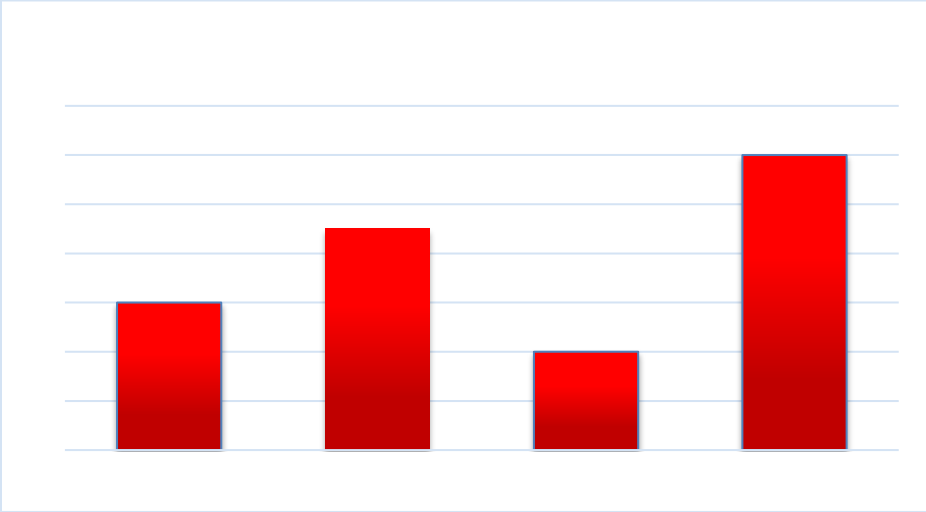
Darcy J. Davis
Chief Executive Officer

Health Care District
PALM BEACH COUNTY

Compliance & Privacy Dashboard

Year to Date: October 1, 2018 – January 31, 2019





Compliance Inquiries by Month and Entity	C.L. Brumback Clinics	Health Care District	Healthy Palm Beaches	Home Office	Healey	Lakeside Medical Center	Total
October	2	-	-	-	1	-	3
November	1	-	-	-	-	-	1
December	1	-	-	-	-	-	1
January	-	-	-	-	-	-	0
February							
March							
April							
May							
June							
July							
August							
September							
Total	**4**	**0**	**0**	**0**	**1**	**0**	**5**

Privacy Concerns by Month and Entity	Lakeside Medical Center	C.L. Brumback Clinics	E.J. Healey	School Health	Home Office	Total
October	-	4	-	-	2	6
November	2	5	-	-	2	9
December	-	3	-	-	1	4
January	3	7	-	-	2	12
February						
March						
April						
May						
June						
July						
August						
September						
Total	**5**	**19**	**0**	**0**	**7**	**31**

Health Care District
PALM BEACH COUNTY

Compliance & Privacy Dashboard

Year to Date: October 1, 2018 – January 31, 2019

COMPLIANCE AND PRIVACY REVIEWS AND PROJECTS	October	November	December	January	February	March	April	May	June	July	August	September	Total
Internal Risk Assessment	1	1	2	1									5
OCR Investigation	-	-	-	-									0
Risk Assessment	-	-	-	-									0
OIG Work Plan FY 2018	-	-	-	-									0
External Audits	1	-	-	-									1
Total	**2**	**1**	**2**	**1**									**6**

Privacy Walkthroughs	Home Office	C.L. Brumback Clinics	Lakeside Medical Center	Eligibility Office	Healey Center	Total
October	-	-	-	-	-	0
November	-	-	-	-	-	0
December	-	1	1	-	-	2
January	-	9	1		2	12
February						
March						
April						
May						
June						
July						
August						
September						
Total	**0**	**10**	**2**	**0**	**2**	**14**

Health Care District
PALM BEACH COUNTY

Compliance & Privacy Dashboard

Year to Date: October 1, 2018 – January 31, 2019

Compliance Call Activity	
Entity	**# of Calls**
LMC	0
Healey	0
District	5
Clinics	0
School Health	0
Managed Care	0
Pharmacy	0

Compliance Exit Interviews
0

IT Security	
Security Incidents	0 Incident Reported

Breach Notifications	
Entity	**# of Letters**
LMC	1
Healey	0
District	1
Clinics	34
Pharmacy	0
School Health	0
Aeromedical	0

Regulatory Inquiries	OIG/SAM CHECK
0 Regulatory Inquiries Processed	Monthly Check 0 Matches

Medical Record Amendments Processed	2 Medical Record Amendments Requested

Compliance and Privacy Education	Health Care District	Lakeside Medical Center	Healey Center	C.L. Brumback Clinics	School Health	Total
October	1	-	-	2	-	3
November	2	1	1	3	1	8
December	1	-	-	2	-	3
January	1	-	-	2	-	3
February						
March						
April						
May						
June						
July						
August						
September						
Total	**5**	**1**	**1**	**9**	**1**	**17**

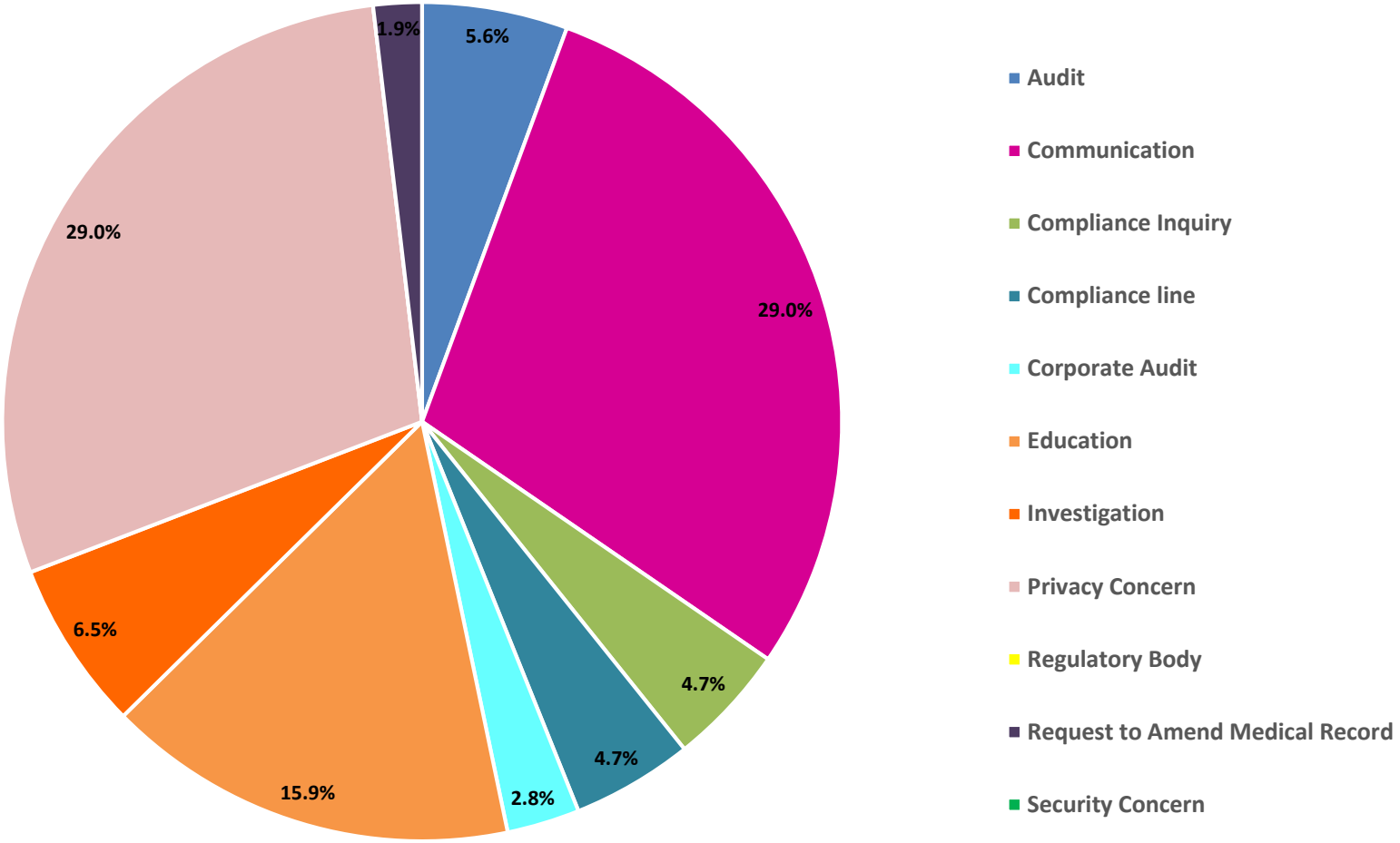
Health Care District
PALM BEACH COUNTY

Compliance & Privacy Dashboard

Year to Date: October 1, 2018 – January 31, 2019

Compliance and Privacy Activity

October 1, 2018- January 31, 2019



HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 26, 2019

1. Amendment to the Quality, Patient Safety and Compliance Committee Charter.

2. Summary:

This item presents proposed amendments to the Quality, Patient Safety and Compliance Committee Charter.

3. Substantive Analysis:

The charter was last updated on September 25, 2018. The District proposes amending the Section titled, Meetings. The new language specifies the presence of a majority of the appointed committee members shall be necessary at any meeting to constitute a quorum or to transact business, rather than a set number of members. Attached for your review is the following document:

- Updated version of the charter showing the proposed amendments; and,
- A clean version of the charter to be adopted.

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:

Dawn L Richards

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee approve the amendments to the Quality, Patient Safety and Compliance Charter and forward to the Board for approval.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 26, 2019

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Valerie Shahriari
VP & General Counsel

Darcy J. Davis
Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

The purpose of the Quality, Patient Safety, Compliance & Patient Privacy Committee of the Health Care District and its Affiliated Entities ("District') is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety and risk management activities of the District and promote an organizational "Culture of Safety". The Committee will monitor and oversee the District's process for ensuring compliance with laws and regulations and the District's compliance and privacy program.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board. The Board shall appoint Committee members to a four (4) year term with Committee membership limited to two (2) full terms. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

MEETINGS

Regular meetings of the Committee shall be conducted every other month. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a Regular meeting, upon proper notice to Committee members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

There shall be an agenda for every meeting of the Committee. However, the Committee is not prohibited from discussing and/or taking action on an item or matter not specified in the agenda. Minutes of each meeting shall be accurately taken, preserved and provided to members.

Regular attendance shall be expected for all Committee members. If a member misses more than twenty-five percent (25%) of the Regular Committee meetings during the twelve (12) month calendar period, the Chair shall advise the Board.

The presence of a majority of the appointed ~~five (5)~~ Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

POWERS AND DUTIES

The following functions shall be the common recurring functions of the Committee in carrying out its oversight role.

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.

2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.

3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.

4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.

5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).

6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation,

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.

8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.

9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.

10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.

11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.

12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.

13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.

14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
    a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
    b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
    c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
    d. Federal Sentencing Guidelines; and,
    e. Laws which apply to the District as a result of its tax exempt status.

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.

16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.

17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.

18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.

19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

The purpose of the Quality, Patient Safety, Compliance & Patient Privacy Committee of the Health Care District and its Affiliated Entities ("District') is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety and risk management activities of the District and promote an organizational "Culture of Safety". The Committee will monitor and oversee the District's process for ensuring compliance with laws and regulations and the District's compliance and privacy program.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board. The Board shall appoint Committee members to a four (4) year term with Committee membership limited to two (2) full terms. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

MEETINGS

Regular meetings of the Committee shall be conducted every other month. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a Regular meeting, upon proper notice to Committee members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

There shall be an agenda for every meeting of the Committee. However, the Committee is not prohibited from discussing and/or taking action on an item or matter not specified in the agenda. Minutes of each meeting shall be accurately taken, preserved and provided to members.

Regular attendance shall be expected for all Committee members. If a member misses more than twenty-five percent (25%) of the Regular Committee meetings during the twelve (12) month calendar period, the Chair shall advise the Board.

The presence of a majority of the appointed Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

POWERS AND DUTIES

The following functions shall be the common recurring functions of the Committee in carrying out its oversight role.

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.

2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.

3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.

4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.

5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).

6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation,

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.

8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.

9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.

10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.

11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.

12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.

13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.

14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
    a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
    b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
    c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
    d. Federal Sentencing Guidelines; and,
    e. Laws which apply to the District as a result of its tax exempt status.

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.

16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.

17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.

18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.

19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 26th, 2019

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 1st Trimester of the 2018-2019 school year for School Health and 4th Quarter of 2018 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, and Lakeside Medical Center.

3. Substantive Analysis:

See attached reports.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Belma Andric, MD
CMO, VP & Executive Director of Clinical Services

Darryl J. Davis
Chief Executive Officer

PATIENT RELATIONS DASHBOARD

School Health 1st Trimester

Jul-Dec 2018

COMPLAINTS/GRIEVANCES																
CATEGORY	JUL	AUG	SEP	OCT	NOV	DEC	T1 2018	JAN	FEB	MAR	T2 2019	APR	May	Jun	T3 2019	2018/2019
	#	#	#	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL
Care & Treatment																
Communication																
TOTAL:	0	0	0	0	0	0	0									0
Complaints/No Letter Required																
Grievances/Letter Sent ≤ 7 days																
Grievances/Letter Sent > 7 days																
Total Completed Events:	355,806															355,806

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES	
July:	NONE
Aug:	NONE
Sept:	NONE
Oct:	NONE
Nov:	NONE
Dec:	NONE

COMPLIMENTS																
	JUL	AUG	SEP	OCT	NOV	DEC	T1 2018	JAN	FEB	MAR	T2 2019	APR	MAY	JUN	T3 2019	2018/2019
	#	#	#	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL
# COMPLIMENTS RECEIVED	0	0	0	0	0	0	0									0

SUMMARY OF COMPLIMENTS	
JUL:	NONE
AUG:	NONE
SEPT:	NONE
OCT:	NONE
NOV:	NONE
DEC:	NONE

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

PATIENT RELATIONS DASHBOARD

4th Quarter 2018

October through December

COMPLAINTS/GRIEVANCES

CATEGORY	OCT #	NOV #	DEC #	Q4 2018 TOTAL	Jul #	AUG #	Sept #	Q3 2018 TOTAL	APR #	MAY #	JUN #	Q2 2018 TOTAL	JAN #	FEB #	MAR #	Q1 2018 TOTAL	2018 TOTAL
Care & Treatment	3	3	1	7	1	1	2	4	2			2	1	6	6	10	23
Communication	3	4	1	8		1		1			1	1	2	1	1	1	11
Discharge				0				0				0					0
Environmental	1			1				0				0				0	1
Finance	1			1			1	1				0					2
Medical Records				0				0	1	1		2					2
Nursing Related				0				0				0	1		1	1	1
Clinical Support Staff				0				0				0				0	0
Other	5	2	4	11	2	1	3	6	1	1	2	4	1	1	1	0	21
Pharmacy Related	2			2	2	1	1	4				0				0	6
Physician Related	1	1		2				0		1		1			2	2	5
Respect Related	1			1			3	3		1	1	2	1		2	2	8
TOTAL:	17	10	6	33	5	4	10	19	4	4	4	12	6	8	13	16	80
Complaints/No Letter Required	11	3	2	16	3	2	4	9	2	3	2	7	3	5	3	11	43
Grievances/Letter Sent ≤ 7 days	6	7	4	17	2	2	6	10	2	1	2	5	2	1	9	12	44
Grievances/Letter Sent > 7 days				0				0				0				0	0
LETTERS NOT SENT FOR GRIEVANCES				0				0				0	1	2	1	4	4

Q4 encounters: 34,030 | Q3 encounters: 35,664 | Q2 encounters: 35,264 | Q1 encounters: 35,946

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

OCT	Of the 17 occurrences, there were 11 complaints and 6 grievances which occurred across 7 clinic locations (13-Medical, 3-Dental, 1-Behaviroal Health). The top trend was related to Poor Communication between clinic staff and patients
NOV:	Of the 10 occurrences, there were 3 complaints and 7 grievances which occurred across 5 clinic locations (5-Medical, 5-Dental). The top trend was related to Poor Communication between clinic staff and patients
DEC:	Of the 6 occurrences, there were 2 complaints and 4 grievances which occurred across 5 clinic locations (5-Medical, 5-Dental). The top trend was related to Operational issues including scheduling and clinic wait times.

COMPLIMENTS

	OCT #	NOV #	DEC #	Q4 2017 Total	Jul	AUG	Sept	Q3 2018 TOTAL	APR #	MAY #	JUN #	Q2 2018 TOTAL	JAN #	FEB #	MAR #	Q1 2018 TOTAL	2018 TOTAL
# COMPLIMENTS RECEIVED	27	18	12	57	15	24	23	62	22	3	4	29	18	29	29	76	167

SUMMARY OF COMPLIMENTS	
OCT	12 compliments were received across 5 clinics of which: 1 was specific to a Dental clinic team, 2 were related to clinic registration, 7 were specific compliments to Clinic Providers and Staff, and 2 were other compliments for Primary Care Services.
NOV:	18 compliments were received across 5 clinics of which: 5 were specific to Dental Providers and Staff, 1 was related to Women's Health Services, 3 were for a Mental Health Provide4r, 2 were for Nursing services, 3 were specific to Primary Care registration, and 5 were other compliments for Primary Care Services.
DEC:	12 compliments were received across 5 clinics of which: 1 was specific to a Dental clinic, 2 were related to Nursing Services, and 5 were related specific staff members, 2 were for Registration staff, and 2 were other compliments for Primary Care Services.

PATIENT RELATIONS DASHBOARD

Location: Healey Center
Period: 4th Quarter (October - December 2018)

Healey Center
Health Care District Palm Beach County

REGULATORY

Survey Type & Date	Survey Findings Summary & Actions: Complaint Survey on August 23, 2108 all complaints were unsubstatiated.

Average number of residents: 119

GRIEVANCES

CATEGORY	JAN	FEB	MAR	Q1	APRIL	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2018
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL
Activities				0				0				0				0	0
Admitting/Registration				0				0				0				0	0
Care & Treatment	9	2	7	18	3	4	5	12	2	2	3	7	7	3		0	37
Communication	4	3	1	8	1	1		2			1	1				11	22
Discharge	1			1				0				0				1	2
Environmental	1	7	3	11		2		2	3	1		4	1			12	29
Finance				0				0				0				0	0
Medical Records				0				0				0				0	0
Noise Issue	1	1		2		2		2				0				4	8
Nursing Related	5	1	4	10	4	2		6	1	2	2	5	1	1	1	4	25
Nutrition	6	3	4	13	1	3	2	6	5	2	1	8	1	2	3	6	33
Other	4		3	7	6	4	6	16	4	7	7	18	6	9	6	21	62
Pain Management				0				0			1	1				1	2
Personal Belongings	5	3	3	11	6	5	3	14	2	7	6	15	6	7	5	18	58
Physician Related	1			1				0				0			1	1	2
Respect Related				0				0		1	1	2				2	4
TOTAL GRIEVANCES:	37	20	25	82	21	23	16	60	17	22	22	61	22	22	16	60	263

SOURCE OF CONCERNS

Verbal: Patient/Family	37	20	25	82	21	22	13	56	16	21	21	58	22	22	16	60	256
Written: Patient/Family				0		1	3	4	1	1	1	3				0	7
Survey				0				0				0				0	0
Employee				0				0				0				0	0
Physician				0				0				0				0	0
Compliance Hotline				0				0				0				0	0
Regulatory				0				0				0				0	0
Federal				0				0				0				0	0

RESOLUTION TURN AROUND TIME

# Resolved w/i 72 Hrs. Per Policy	37	17	23	77	21	21	16	58	17	19	21	57	21	15	16	52	244
# Not Resolved w/i 72 Hrs. Per Policy	0	3	2	5	0	2	0	2	0	3	1	4	1	7	0	8	19

SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES

October: Care and Treatment	A review of the grievances revealed 16 of 119 residents with a total of 22 documented grievances in October. 1 resident accounted for 5 alone and 4 residents accounted for 2 each. Analysis indicated Care and Treatment with the highest number of concerns which included; residents perception of staff not arriving at the exact time/moment to provide assistance, although the resident received care. Further investigation indicated that the concerns were on different units and shifts. None of the grievances indicated abuse, neglect, exploitation or misappropriation and all were resolved with satisfactory resolution.
November: Other	A summary of the “Other” grievances included residents’ concerns such as; dislike of shower chair, request of dental appointments for extraction, ill-fitting dentures, and not enough time in Walmart to shop. 7 were not resolved within 72 hours due to weekends, no response from family, and further investigating of missing item. None of the grievances indicated abuse, neglect, exploitation or misappropriation and were resolved with satisfactory resolution.
December: Other	A summary of the grievances "Other" included questions for the HCD CEO during the resident council meeting; resources for free haircut, options for repairing motorize w/c, and Medicaid funding power w/c. Also requests for new clothes and to ride city bus 4 residents account for 10 of 22 grievances submitted. None of the grievances indicated abuse, neglect, exploitation or misappropriation and were resolved with satisfactory resolution.

COMPLIMENTS

	JAN	FEB	MAR	Q1	APRIL	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	2018
	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	#	#	#	TOTAL	TOTAL
# COMPLIMENTS	2	3	1	6	5	4	5	14	4	4	5	13	13	7	5	25	58

SUMMARY OF COMPLIMENTS

October:	A summary of a the compliments during the quarter details gratitude for excellent customer service and overall care provided by staff.
November:	
December:	

PATIENT RELATIONS DASHBOARD

Lakeside Medical Center
Health Care District Palm Beach County

Location: Lakeside Medical Center
Reporting Period: October - December 2018

REGULATORY

Survey Type & Date	Survey Findings Summary & Actions
Report:	

GRIEVANCES

	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2018 TOTAL
Admitting/Registration	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Care & Treatment	0	1	1	2	3	2	0	5	2	0	1	3	2	0	0	2	12
Communication	0	0	0	0	1	0	1	2	2	0	0	2	2	0	0	2	6
Discharge	0	0	0	0	1	1	0	2	0	1	0	1	0	0	0	0	3
Environmental	1	0	0	1	1	1	0	2	0	0	0	0	0	0	0	0	3
Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
Nursing Related	3	1	0	4	0	0	0	0	1	0	0	1	0	0	0	0	5
Nutrition	0	1	0	1	0	0	0	0	1	0	1	2	0	0	0	0	3
Other	1	0	1	2	0	0	1	1	1	1	1	3	0	0	1	1	7
Pain Management	0	0	0	0	0	0	1	1	2	1	0	3	1	0	0	1	5
Personal Belongings	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physician Related	5	1	0	6	2	1	2	5	1	0	1	2	0	4	1	5	18
Respect Related	0	0	1	1	0	0	1	1	0	1	0	1	0	0	1	1	4
TOTAL CATEGORIES:	11	4	3	18	8	5	7	20	10	4	5	19	5	5	3	13	70

SOURCE OF CONCERNS

Verbal: Patient/Family	10	3	3	16	8	5	7	20	9	4	5	18	5	5	3	13	67
Written: Patient/Family	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Survey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2
Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Compliance Hotline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
Federal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**
TOTAL # OF CONCERNS:	**11**	**4**	**3**	**18**	**8**	**5**	**7**	**20**	**10**	**4**	**5**	**19**	**5**	**5**	**3**	**13**	**70**
TOTAL NUMBER OF CONCERNS																	
Complaints/No Letter Required	10	4	3	**17**	8	4	5	**17**	6	4	5	**18**	5	4	3	**12**	**64**
Grievances/Letter Sent ≤ 30 days	1	0	0	**1**	0	1	2	**3**	4	0	0	**1**	0	0	0	**0**	**5**
Grievances/Letter Sent > 30 days	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	**1**
TOTAL # OF CONCERNS:	**11**	**4**	**3**	**18**	**8**	**5**	**7**	**20**	**10**	**4**	**5**	**19**	**5**	**5**	**3**	**13**	**70**
SUMMARY OF TOP COMPLAINT/GRIEVANCE CATEGORIES																	
OCT:	Unsubstantiated report of warts; Post surgery complaint with family wanting co-pay removed, they have not cooperated with																
NOV:	Physician related complaints being addressed by Administration and Chief Medical Officer; Patient requesting a change in her																
DEC:	Physician related complaints being addressed by Administration and Chief Medical Officer; Mother of ER patient with																

COMPLIMENTS																	
	JAN #	**FEB #**	**MAR #**	**Q1 TOTAL**	**APR #**	**MAY #**	**JUN #**	**Q2 TOTAL**	**JUL #**	**AUG #**	**SEP #**	**Q3 TOTAL**	**OCT #**	**NOV #**	**DEC #**	**Q4 TOTAL**	**2016 TOTAL**
# COMPLIMENTS RECEIVED	8	3	4	**15**	**3**	**12**	**4**	**19**	**3**	**1**	**0**	**4**	**3**	**2**	**2**	**7**	**45**
Comments on Compliments	**OCT:** Staff to staff compliment on phenomenal teamwork between ER and PCU; Two nurses complimented by Nursing																
	NOV: Multiple staff complimented on their teamwork during an influx of ER patients from a bus accident; Front desk clerk																
	DEC: Patient wrote note about ER nurse's "first rate care"; Nursing assistant complimented on her diligence in hourly																

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
March 26, 2019

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 1st Trimester of school year 2018-2019 for School Health and 4th Quarter of 2018 for Aeromedical, C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

3. Substantive Analysis:

See attached reports.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

Valerie Shahrrari
VP & General Counsel

Belma Andric, MD
CMO, VP & Executive Director of Clinical Services

Darry J. Davis
Chief Executive Officer

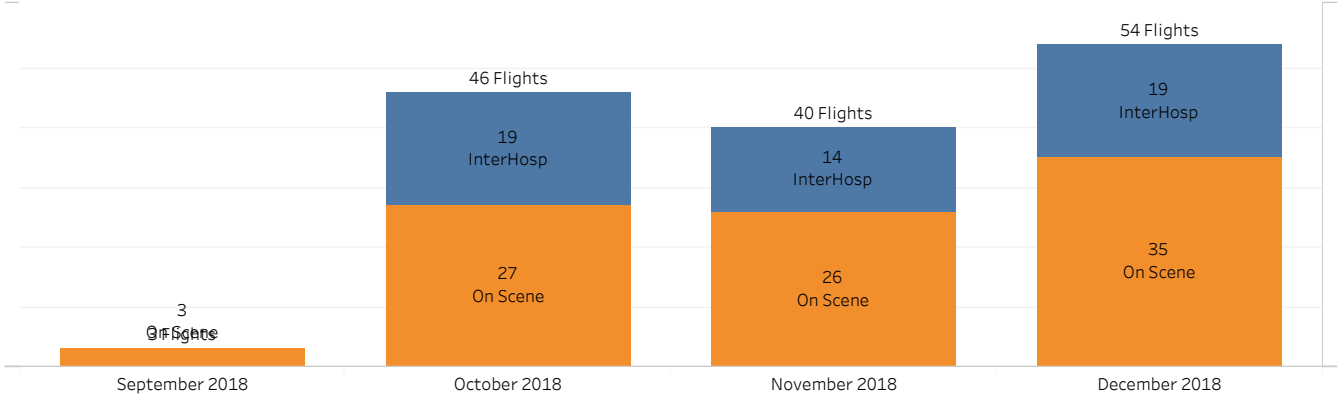
Health Care District PALM BEACH COUNTY

School Health
Quality Report (School Year 2018-2019)
1st Trimester

MEASURE SET:										ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL
Demographics	**T1 2018/2018 (Aug - Dec)**			**T2 2018/2019 (Aug - March)**			**T3 2018/2019 (Aug - June)**			**T1 2018/2019**
Total Completed Events	355,806									
Office Visits	161,790									
Medications	80,294									
Procedures	49,912									
Record Review - *Immunizations/Physical Exams/School Registrations*	47,891									
Consultations	15,919									
Return Rate	**T1 2018/2018 (Aug - Dec)**			**T2 2018/2019 (Aug - March)**			**T3 2018/2019 (Aug - June)**			**T1 2018/2019**
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Total Number of Students Remained in School	130,628	80.739%	>80%			>80%			>80%	
Total Number of Students Excused from School	31,019	19.172%	<20%			<20%			<20%	
Continuum of Care	**T1 2018/2018 (Aug - Dec)**			**T2 2018/2019 (Aug - March)**			**T3 2018/2019 (Aug - June)**			**T1 2018/2019**
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Total Number of Student Pregnancies Identified	54									6 were repeat pregnancies which were already with HM/HB. Nurses to continue to make referral to HM/HB as needed.
Number of Student Pregnancies who have been referred to Healthy Mothers / Healthy Babies	45	83.333%	>95%			>95%			>95%	
Mandated Screenings	**T1 2018/2018 (Aug - Dec)**			**T2 2018/2019 (Aug - March)**			**T3 2018/2019 (Aug - June)**			**T1 2018/2019**
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Vision - Number of Schools (county-wide) with Mandated Grades	145			145			145			
Vision - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	94	64.828%	>45%			>95%			>95%	
Vision - Total # of **Students Screened**	31953									
Vision - Total # of Students Requiring Referral for Further Evaluation	2875									
Vision - Completed **Outcomes**		0.000%	See 3rd Tri for Goal			See 3rd Tri for Goal			>65%	
Hearing - Number of Schools (county-wide) with Mandated Grades	145			145			145			
Hearing - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	94	64.828%	>45%			>95%			>95%	
Hearing - Total # of **Students Screened**	21353									
Hearing - Total # Students Requiring Referral for Further Evaluation	523									
Hearing - Completed **Outcomes**		0.000%	See 3rd Tri for Goal			See 3rd Tri for Goal			>75%	
Scoliosis - Number of Schools (county-wide) with Mandated Grades	41			41			41			
Scoliosis - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	23	56.098%	>45%			>95%			>95%	
Scoliosis - Total # of **Students Screened**	5910									
Scoliosis - Total # of Students Requiring Referral for Further Evaluation	50									
Scoliosis - Completed **Outcomes**		0.000%	See 3rd Tri for Goal			See 3rd Tri for Goal			>60%	
BMI - Number of Schools (county-wide) with Mandated Grades	145			145			145			
BMI - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	113	77.931%	>45%			>95%			>95%	
BMI - Total # of **Students Screened**	26930									
BMI - Total # of Students Requiring Referral for Further Evaluation	6566									
BMI - Completed **Outcomes**		0.000%	See 3rd Tri for Goal			See 3rd Tri for Goal			>2%	

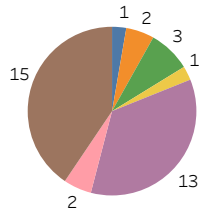
Aeromedical Quality Report

Flight Date
9/30/2018 to 12/29/2018



Missed, Cancelled or Aborted Flights

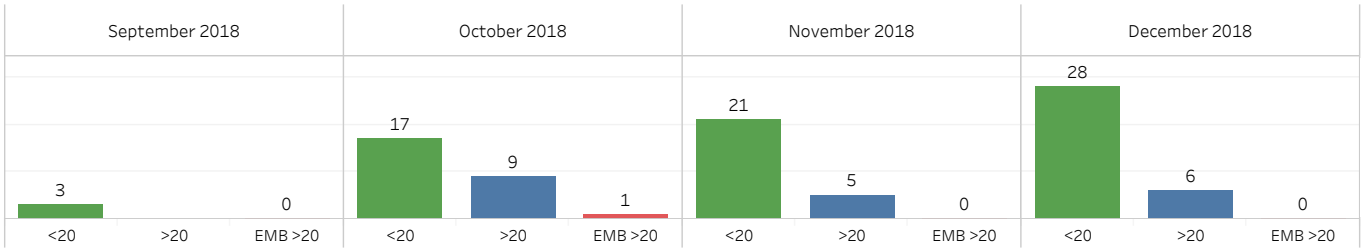
Missed Date
9/30/2018 to 12/29/20.. and Null values



Missed Reason
- Admin
- County Coverage
- Medical Team Declined
- No Backup
- Referring Agency
- Simultaneous Flight
- Weather

37 Go to Detail

Call To Scene (minutes) for Scene Flights with 3 legs or more



Average Times for Scene Flights

Month, Year of ..	On Scene	Disp To Enro..	Disp To OnSce..	
September 2018	6m 38s	4m 0s	12m 9s	A
October 2018	9m 14s	4m 51s	15m 9s	A
November 2018	7m 31s	4m 36s	13m 43s	A
December 2018	8m 49s	4m 20s	13m 58s	A

Utilization

	September 2018	October 2018	November 2018	December 2018
Hours Utilized	3	74	53	77
% Hours Utilized	0.4%	6.9%	4.9%	7.0%
Available Hours	909	1,070	1,080	1,113
% Available Hours	84%	96%	100%	100%

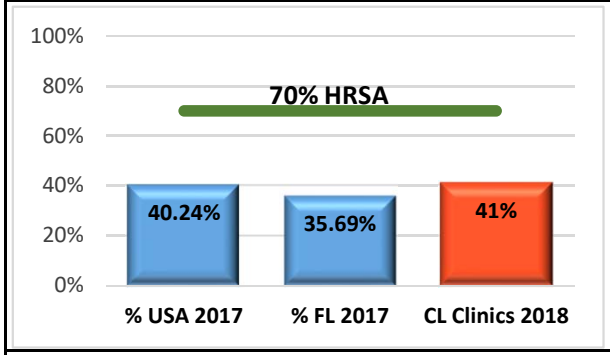
*EMB - East of 20 Mile Bend

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

C. L. BRUMBACK PRIMARY CARE CLINICS

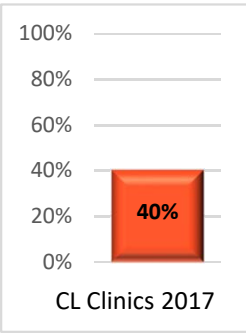
YTD December 2018

CHILDHOOD IMMUNIZATION

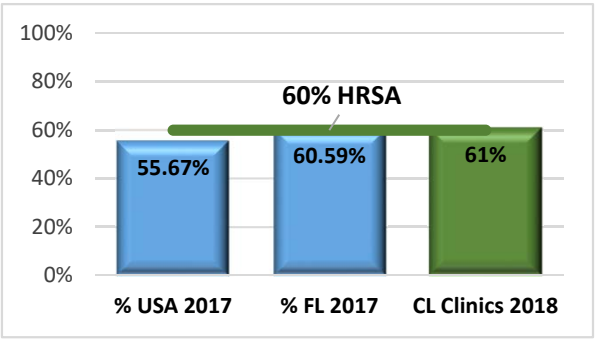


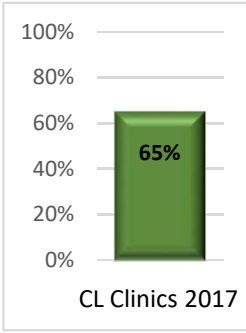
Findings: 1. Many children did not receive their second dose of flu which is part of the measure requirements

Interventions: 1. Robust reminders through phone calls to have patients that are almost due or overdue for vaccines schedule the appointment for vaccine administration.

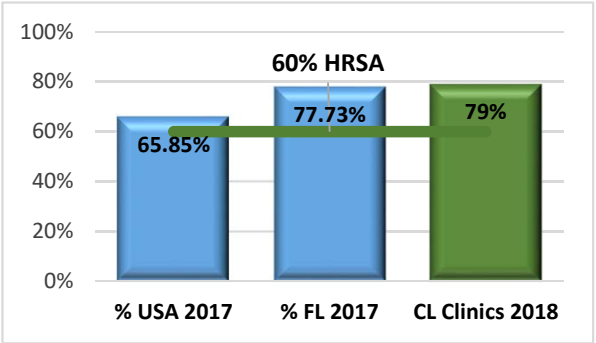


CERVICAL CANCER SCREENING





WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



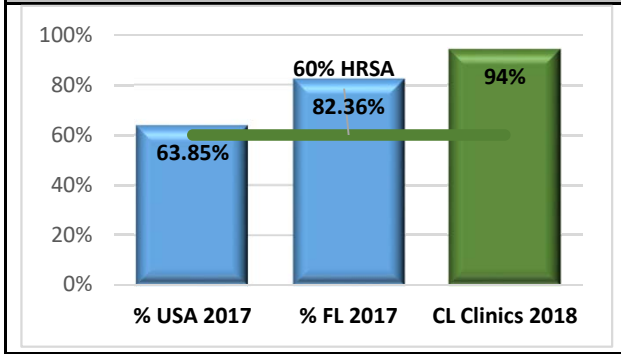
Not Available

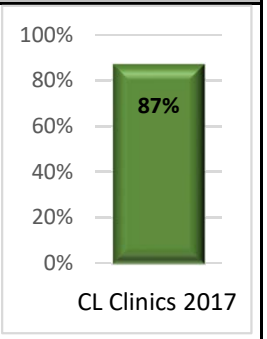
C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

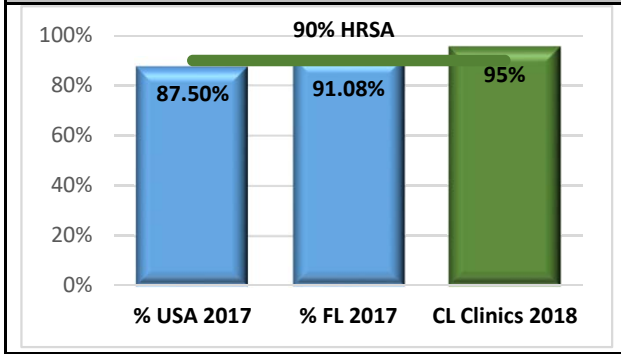
YTD December 2018

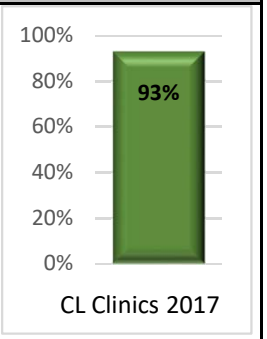
ADULT WEIGHT SCREENING AND FOLLOW UP



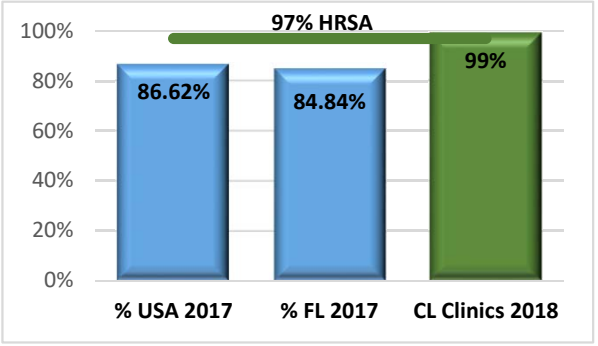


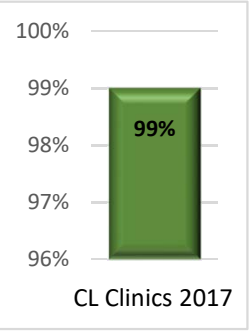
TOBACCO USE SCREENING AND CESATION INTERVENTION





ASTHMA PHARMACOLOGIC THERAPY



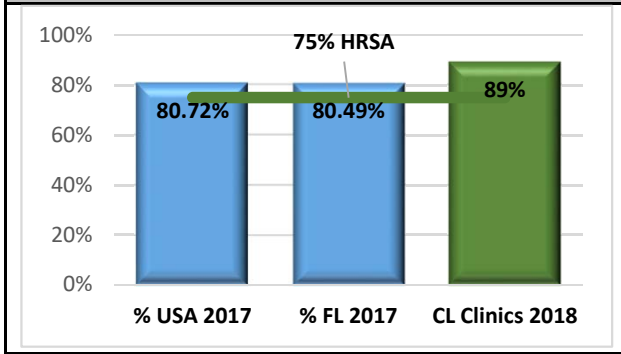


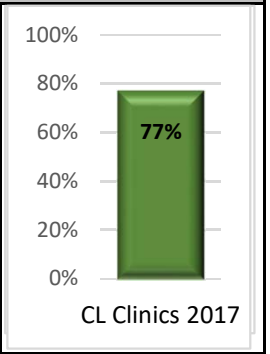
C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

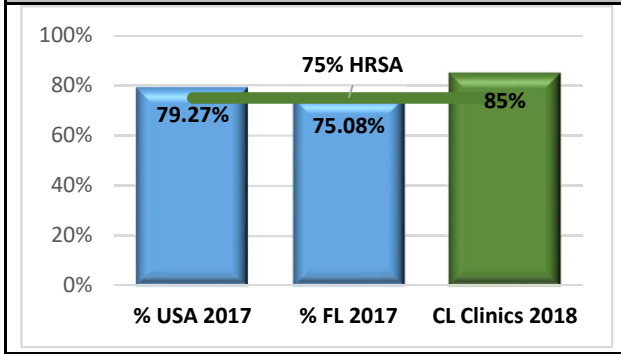
YTD December 2018

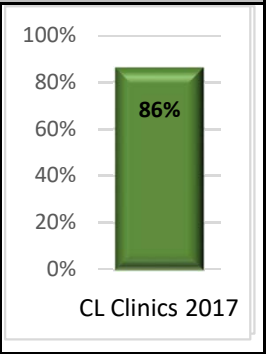
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



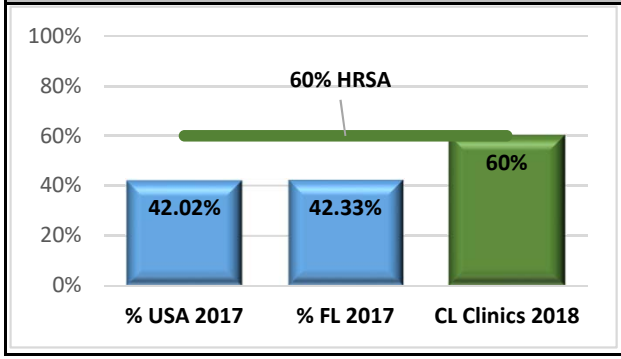


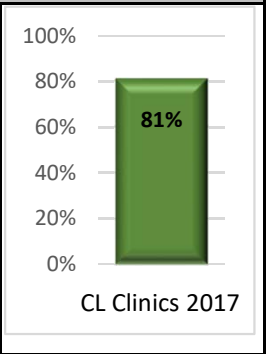
ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy





COLORECTAL CANCER SCREENING



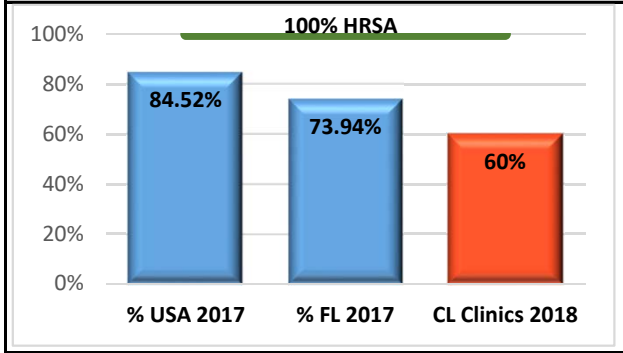


C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

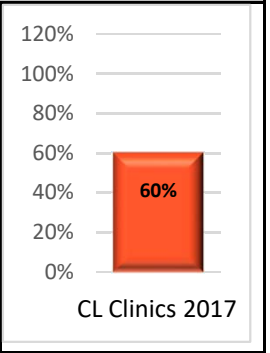
YTD December 2018

HIV LINKAGE TO CARE

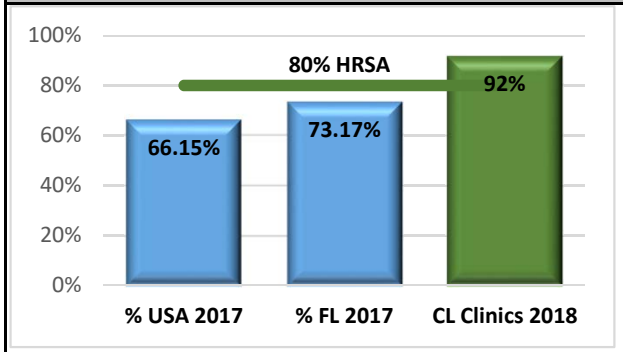


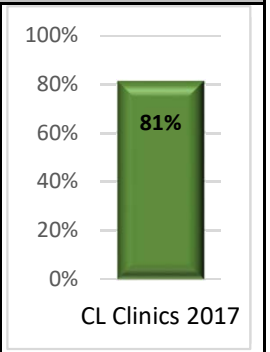
Findings: 1. Low denominator of just 5 newly diagnosed HIV patients for the 2018 reporting year yields low percent with just two non-compliant patients. 2. DOH has made several failed attempts to connect to patients

Interventions: 1. DOH and CLBPCC will continue to follow-up.

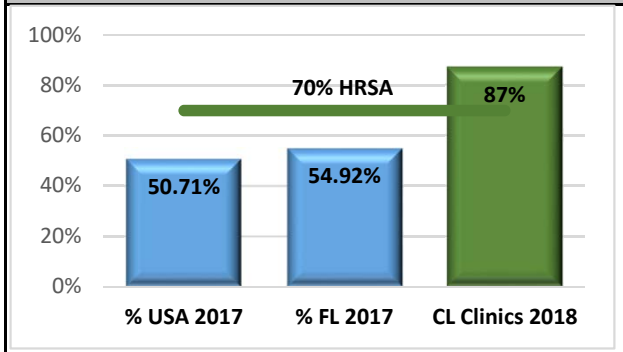


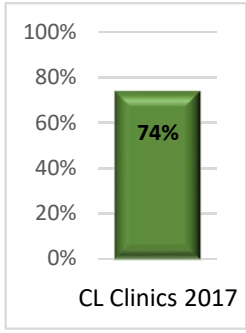
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP





DENTAL SEALANTS



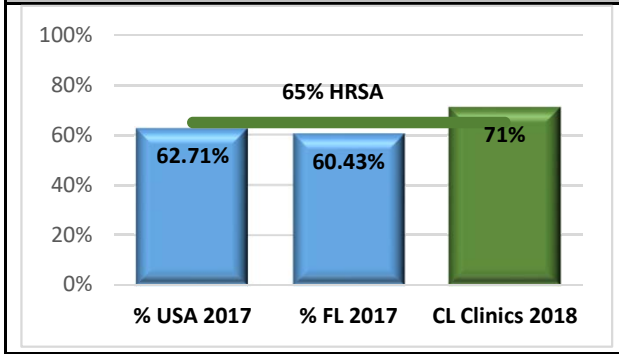


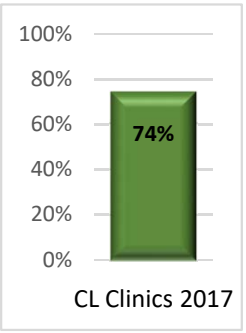
C. L. Brumback Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

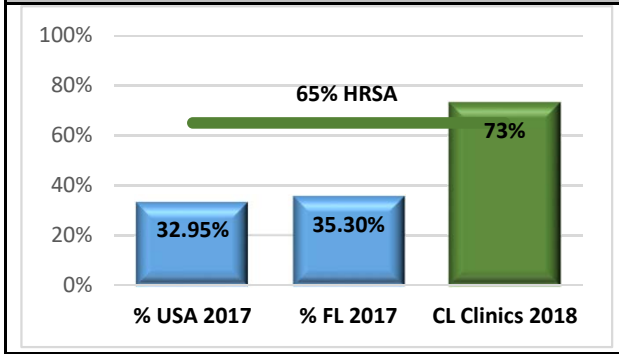
YTD December 2018

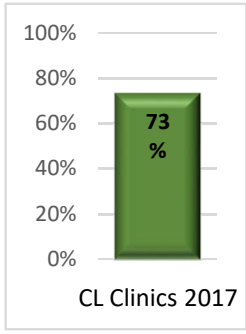
HYPERTENSION





DIABETES





Healey Center
Health Care District Palm Beach County

Edward J. Healey Rehabilitation and Nursing Center
Quality Report
4th Quarter 2018
Percentages

Total average residents per month: 119

Measure Set: Casper Report	Comparison Group		ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL	Previous Quarters							
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	2018 Q4		2018 Q4	2018 Q3		2018 Q2		2018 Q1			
	Goal	EJH Percentile		Goal	EJH Percentile	Goal	EJH Percentile	% USA	% FL	GOAL	% EJH
High Risk Long Stay Residents With **Pressure Ulcer**	< 75	79	**Findings:** Of the 87 residents included in the sample set, only 8 were identified with a pressure ulcer. 4 admitted (1 since resolved) and 4 acquired (1 since resolved). 3 residents have been non-compliant with care and treatment. Ongoing education provided to residents on risks of wound (s) worsening and other negative outcomes as a result of refusing care. **Interventions: 1.** Risk assessment is completed on admission, weekly X 4weeks and as needed. **2.** Skin checks weekly & as needed. **3.** Use of Interact Stop & Watch upon identification of any change in condition. **4.** Review of preventative measures and revision of care plans as needed. **5.** Nutritional assessment and Therapy evaluation if indicated. **6.** Consult Wound Care MD **7.** Weekly review at the IDT Focus meeting.	< 75	78	< 75	83	6.2	6.6	0>st2	8.4
New/worse Pres Ulcer (S)	< 75	0		< 75	0	< 75	0	1.0	0.5	0.0	0.0
Experiencing One or More **Falls with Major Injury**	< 75	0		< 75	0	< 75	0	3.5	2.8	0.0	0.0
Falls (L)	< 75	5		< 75	6	< 75	5	45.6	41.1	12.0	22.2
Who Have **Depressive Symptoms**	< 75	0		< 75	0	< 75	0	4.8	1.2	1.0	0.0
Who **Lose Too Much Weight**	<75	33		<75	33	<75	7	7.9	7.9	6.0	6.0
Who Received an **Antipsychotic Medication (L)**	< 75	58		< 75	75	< 75	75	15.1	14.4	15.0	17.8
Who Received an **Antipsychotic Medication (S)**	<75	0		<75	0	<75	0	2.1	2.2	2.0	0.0
Who Received **Anti-anxiety or Hypnotic Medication**	<75	47		<75	44	<75	45	7.7	7.5	9.0	8.8
Who Self Report Moderate to Severe **Pain (L)**	<75	66		<75	45	<75	51	6.3	4.0	5.0	9.6
Who Self Report Moderate to Severe **Pain (S)**	< 75	0		< 75	94	< 75	81	13.1	9.0	2.0	33.3
Who Were **Physically Restrained**	<75	0		<75	0	<75	0	0.4	0.3	0.0	0.0
Whose **Behavioural Symptoms** Affect Others	<75	58		<75	46	<75	57	21.1	15.3	12.0	8.3
Increase **ADL Help (L)**	<75	17		<75	17	<75	33	16.0	14.1	10.0	8.8
with a **Catheter** Inserted and Left in Their Bladder	<75	81	**Findings:** Of the 98 residents implicated in the sample set, only 5 were identified. Further review of the data indicated all 5 residents had appropriate diagnosis but 2 residents were incorrectly coded on the MDS. **Interventions:** 1. Review medical record to ensure appropriate diagnosis are in place for the catheter use. 2. Urology consults and follow-ups as needed.	<75	47	<75	56	2.5	1.9	1.9	3.8
With a **Urinary Tract Infection**	<75	33		<75	57	<75	59	3.1	3.0	3.0	5.1
Low Risk LSRs Who Lose Control of Their **Bowel or Bladder**	<75	42		<75	42	<75	48	48.2	54.4	47.0	42.3
Move Independent **Worsens** (L)	<75	3		<75	29	<75	19				
Improvement in **Function** (S) Higher % Better	<75	0		<75	0	<75	99				

Lakeside Medical Center
Health Care District Palm Beach County

QUALITY CORE MEASURES REPORT
4th Quarter October - December 2018
FINAL REPORT

Inpatient Quality Measures	AVG FL*	AVG LMC 2017	LMC GOAL	Sampled Population (defined by Press Ganey**)	Patient Encounters: 7,758 4Q'18	Actions Taken When Indicator not Meeting Goal	Patient Encounters: 7,460 3Q'18	Patient Encounters: 8,014 2Q'18	Patient Encounters: 8,443 1Q '18	Patient Encounters: 8,356 4Q '17
Perinatal Care: PC-04 **Health Care-Associated Bloodstream Infections in newborns (Lower percentage is better).** **Numerator:** Newborns with septicemia or bacteremia. **Denominator:** Live born newborns TJC		0	0	0	NP ****	**Findings:** No population **Interventions:** No actions required.	NP ****	NP ****	NP ****	N/A
Perinatal Care: PC-05 **Exclusive breast milk feeding during the newborn's entire hospitalization.** **(Higher percentage is better)** **Numerator:** Number of moms Exclusively Breast Feeding. **Denominator**: Single term newborns discharged alive from the hospital. TJC		14%	>13%	0/23	0%	**Findings:** Based on review of all cases (87%) of the sampled population both breast and bottled fed. (13%) bottle fed only and (0%) strictly breast fed. **Interventions:** The Obstetrical Service Line team is currently revising the process to implement prenatal classes and breast feeding education to promote exclusive breast feeding.	4%	7%	4%	16%
***Sepsis: SEP-1** **Early management bundle, severe sepsis/septic shock** **Special Note: Measure is not publicly reported by Hospital Compare.** **Numerator:** Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment). **Denominator**: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock. CMS/TJC	57%	76%	>60%	13/20	65%	**Findings:** Based on the review 7 cases failed. The reasons for the failed cases were (1) antibiotic administration (2) blood cultures (1) crystalloid fluids (1) vasopressor administration (2) assessment. **Interventions**: With on-going focus on moving the hospital towards zero harm and transforming processes Sepsis has been selected for a closer review as an Performance Improvement Project for the Continuous Quality and Patient Safety Committee.	57%	79%	72%	74%
VTE-6 Hospital Acquired Preventable VTE **Numerator:** Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date. **Denominator:** Patients who developed confirmed VTE during hospitalization. CMS/TJC	1%	0%	0%	0/0	NP ****	**Findings:** No population **Interventions:** No actions required	NP ****	NP ****	NP ****	0%

***The October 2018 Hospital Compare Preview Report for reporting period July 27th through August 25,2018 has been used to update the current Florida Averages for the following Core Measures noted in column 2: ED-1a, ED-2a, IMM-2 and Sep-1.**

****Press Ganey**
*****Sepsis benchmark goal was amended on August 31st at the Sepsis Committee Meeting. After reviewing the Quality Net CMS Hospital Inpatient Sepsis Quality report, were able to determine that the benchmark established for Lakeside Medical Center was significantly higher than that of the National and State average. A review of the previous 3 quarters were used as a reference to determined the newly established goal of 60% versus the previous goal of 90%.**

****** NP= No Patients**

******* Correction made to 2nd Quarter 2017 ED 1a previous documentation 227 mins.**

******** CMS is retiring ED-1, IMM-2, and VTE-6 for CY2019; TJC is NOT retiring ED-1, IMM-2, and VTE-6 for CY2019.**

********* Report amended 01/16/2018 for Sepsis 3Q18 based on 6 cases being added to the sampled population by the Press Ganey Quality Performer software to help avoid any quarterly under-sampling issues. Previously reported were 12 (Numerator) 19 (Denominator) = 63%.**

********* ED 1a - Previously reported were the following: 43 (Numerator) 96 (Denominator) changed to 44 (Numerator) 95 (Denominator). Measure ED 2a - Previously reported 36 (Numerator) 96 (Denominator) changed to 36 (Numerator) 95 (Denominator).**

Lakeside Medical Center
Health Care District Palm Beach County

QUALITY CORE MEASURES REPORT
4th Quarter October - December 2018
FINAL REPORT

Outpatient Quality Measures	AVG FL*	AVG LMC 2017	LMC GOAL	Sampled Population (defined by Press Ganey**)	Patient Encounters: 7,758 4Q '18	Actions Taken When Indicator not Meeting Goal	Patient Encounters: 7,460 3Q '18	Patient Encounters: 8,014 2Q '18	Patient Encounters: 8,443 1Q '18	Patient Encounters: 8,356 4Q '17
Emergency Department: ED-1a **Median time from ED arrival to ED departure for admitted patients.** **Numerator:** Departed ED in less than 267 minutes. **Denominator:** Measure sampled population for any ED Patient from the facility's emergency department. **TJC**	269 mins	264 mins	<267 mins	48/104	273 mins 46%	**Findings:** Based on review of 5 cases found that the median time from ED arrival to ED departure ranged from 8-9 hours. Consideration given to the complexity of cases and change in the patients condition post arrival, stabilization and treatment, also bed availability due to increased census. **Interventions:** AMR contract collaborations continue between Lakeside Medical Center and Healthcare District Team.	280 mins 46 %	264 mins 50%	286 mins 36%	283 mins 49%
Emergency Department: ED-2a **Median time from decision to admit time to ED departure for admitted patients.** **Numerator:** Admitted and departed ED in less than 79 mins. **Denominator:** Measure sampled population or any ED Patient from the facility's emergency department. **CMS/TJC**	89 mins	94 mins	<79 mins	43/104	90 mins 41%	**Finding:** Based on review of 5 cases found that the median time from decision to admit to ED departure range was 3-9 hours. Consideration given to findings of the patients condition, stabilization and treatment and bed availability. **Interventions:** Collaborative effort continues with Internal Medicine team for the improvement of the transition process for ED admissions and inpatient discharges.	97 mins 38 %	94 mins 37%	103 mins 33%	89 mins 39%
Immunizations (seasonal): IMM-2 **Influenza Immunization** **Numerator:** Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated. **Denominator:** Acute care hospitalized inpatients age 6 months and older discharged during **October, November, December, January, February or March**. **TJC**	97%	90%	>98%	112/119	94%	**Findings:** 7 cases failed due incomplete documentation and follow-up. **Interventions:** Cases were forwarded to the managers for review, education and follow-up with the involved staff.	NA	NA	94%	82%
Perinatal Care: PC-01 **Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed.** **(Lower percentage is better, for cases that fall into measure).** **Numerator:** Patients with elective deliveries. **Denominator:** Patients delivering newborns with >= 37 and < 39 weeks of gestation completed. **TJC**	2%	0%	0%	0/5	0%	**Findings:** Goals were met for patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation. **Interventions:** No actions required.	0%	0%	0%	0%
Perinatal Care: PC-02 **Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth** **(Lower percentage is better).** **Numerator:** Patients with cesarean births. **Denominator:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation. **TJC**		31%	<20%	4/14	29%	**Findings:** The 4 records were reviewed. Gestational ages ranged from 39 to 42 weeks. C-Sections were performed due to findings but not limited to Breech presentation with Non-reassuring FHR pattern, Severe Preeclampsia, Fetal Macrosomia and Arrest of Dilatation. The C-Sections were required based on ACOG standards. **Interventions:** No further actions required.	10%	21%	18%	31%

Perinatal Care: PC-03 **Patients at risk of preterm delivery at >=24 and <34 weeks gestation receiving antenatal steroids prior to delivering preterm newborns** **(Higher percentage is better).** **Numerator:** Patients with antenatal steroids initiated prior to delivering preterm newborns, **Denominator:** Patients delivering live preterm newborns with >=24 and <34 weeks gestation completed. **TJC**		**100%**	**100%**	**2/2**	**100%**	**Findings:** Both records were reviewed . The patients were both delivered preterm and received steroids prior to delivery. **Interventions:** No actions required.	**100%**	**NP** ********	**NP** ********	**N/A**

Health Care District
PALM BEACH COUNTY

Pharmacy Services
Quality Report
4th Quarter 2018

Measure Set:				ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL									
Pharmacy Quality Measures	**2018 Q4**				**2018 Q3**			**2018 Q2**			**2018 Q1**		
	Goal	**Total**			**Goal**	**Total**		**Goal**	**Total**		**Goal**	**Total**	
340B utilization		**#**	**%**			**#**	**%**		**#**	**%**		**#**	**%**
Total HCD prescriptions sold (excludes RW)		**70,485**				**63,875**			**72,679**			**70,737**	
340B prescription fills sold		**69,947**	**99.2**			**62,907**	**98.5**		**72,250**	**99.4**		**70,238**	**99.3**
Central Fill		**21,930**	**31.4**	Only at WPB, Lantana, Delray locations		**22,003**	**34.5**		**17,990**	**24.9**		**4,648**	
Ready when promised (non-waiters)													
Belle Glade		5,732	99.6			5,992	99.9		5,904	99.8		5,482	99.9
Boca Raton												1,659	99.0
Delray	**>90%**	11,924	99.4		**>90%**	10,854	99.0	**>90%**	13,107	99.0	**>90%**	9,182	98.2
Jupiter		3,326	100.0			3,033	99.8		2,693	99.9		2,261	100.0
Lake Worth						8,503	96.5		11,006	96.3		10,474	92.4
Lantana		19,684	98.7			12,338	97.3		11,073	97.9		10,463	99.3
West Palm		12,738	98.9			12,137	96.8		12,888	93.3		13,999	97.8
Prescriptions designated as waiters													
Belle Glade		1,501	20.8			833	12.2		1,446	19.7		2,233	28.9
Boca Raton												463	21.8
Delray	**<25% per site**	1,541	11.4		**<25% per site**	2,101	16.2	**<25% per site**	1,723	11.6	**<25% per site**	2,880	23.9
Jupiter		77	2.3			173	5.4		339	11.2		806	26.3
Lake Worth						644	7.0		653	5.6		1,588	13.2
Lantana		3,098	13.6			3,119	20.2		2,731	19.8		4,450	29.8
West Palm		3,643	22.2			4,113	25.3		3,756	22.6		3,967	22.1
Prescriptions returned to stock				Outbound notification system being assessed; budgeted for fiscal year 2019									
Belle Glade		499	6.9	Returns high most likely due to holidays		523	7.7		533	7.3		453	5.9
Boca Raton	**<5% per site**				**<5% per site**			**<5% per site**			**<5% per site**	77	3.6
Delray		1,396	10.4			1,408	10.9		947	6.4		906	7.5
Jupiter		138	4.1			176	5.5		94	3.1		120	3.9
Lake Worth						787	8.6		754	6.5		751	6.2
Lantana		2,158	9.5			1,199	7.8		948	6.9		775	5.2
West Palm		2,255	13.8			2,154	13.3		1,989	12.0		1,720	9.6
Total wait time in minutes (waiters)		**21.3 Minutes**				**23.1 Minutes**			**21.72 Minutes**			**19.62 minutes**	
Belle Glade		20.5 mins				19.8 mins			17.8 mins			16.57 mins	
Boca Raton												11.19 mins	
Delray	**<30 mins**	19.3 mins			**<30 mins**	21.2 mins		**<30 mins**	19.3 mins		**<30 mins**	25.93 mins	
Jupiter		7.1 mins				7.2 mins			6.8 mins			7.86 mins	
Lake Worth						23.6 mins			25.6 mins			31.11 mins	
Lantana		30.6 mins				28.8 mins			23.2 mins			18.39 mins	
West Palm		28.8 mins				38.1 mins			37.6 mins			26.32 mins	
Total out of stock fills													
Belle Glade		211	2.9			140	2.1		151	2.1		113	1.5
Boca Raton												68	3.2
Delray	**<5% per site**	152	1.1		**<5% per site**	152	1.2	**<5% per site**	132	1.1	**<5% per site**	256	2.1
Jupiter		155	4.6			155	4.8		157	5.2		85	2.8
Lake Worth						73	0.8		308	2.6		882	6.8
Lantana		775	3.4			416	2.6		292	2.1		357	2.4
West Palm		225	1.4			262	1.6		310	1.8		408	2.2

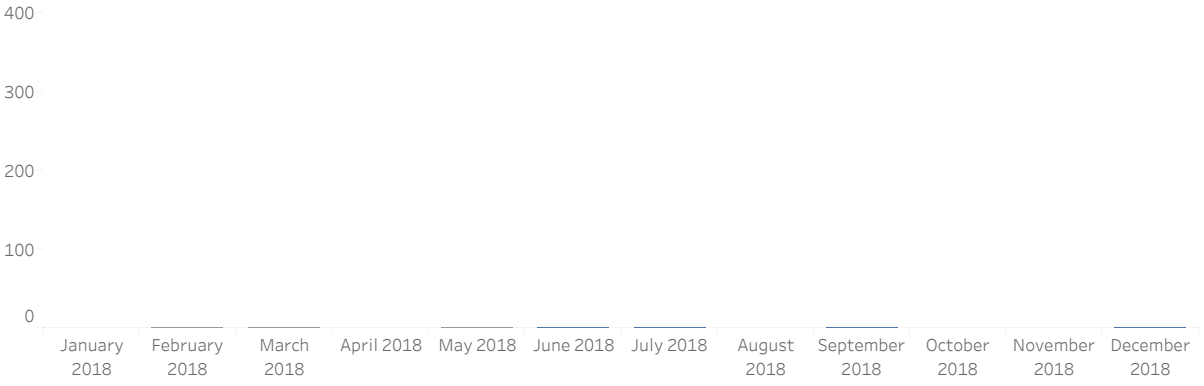
TRAUMA QUALITY IMPROVEMENT COMMITTEE

Trauma Agency
Health Care District Palm Beach County

Delray St. Mary's

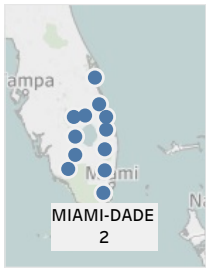
Delray
St. Mary's

IN County
Out Of County



100%
4,196

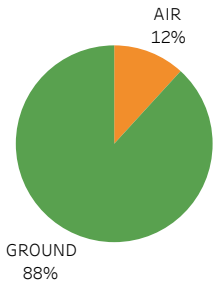
County Of Injury



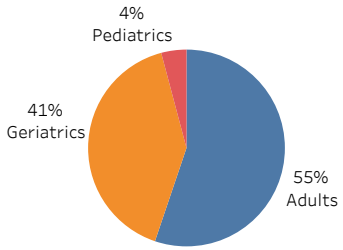
Transferring Facility

JFK MEDICAL CENTER	257
BOCA RATON REGIONAL HOSPIT..	125
JUPITER MEDICAL CENTER	104
PALMS WEST HOSPITAL	101
BETHESDA HOSPITAL EAST	98
WEST BOCA MEDICAL CENTER	
PALM BEACH GARDENS MEDICA..	67
GOOD SAMARITAN MEDICAL CE..	
JFK NORTH	59
WELLINGTON REGIONAL MEDIC..	
HENDRY REGIONAL MEDICAL CE..	50
BETHESDA HOSPITAL WEST	45
LAKESIDE MEDICAL CENTER	41
MARTIN MEDICAL CENTER	
JFK BOYNTON BEACH FREE STA..	22
VETERANS ADMINISTRATION, P..	
MARTIN HOSPITAL SOUTH	16
.	
ST LUCIE MEDICAL CENTER	8
RAULERSON HOSPITAL	7
LAWNWOOD REGIONAL MEDICA..	5
OTHER FACILITY (Unspecified)	4
DELRAY MEDICAL CENTER	2
INDIAN RIVER MEDICAL CENTER	2
JFK PALM BEACH GARDENS FRE..	2
JACKSON NORTH MEDICAL CENT..	
LEE MEMORIAL HOSPITAL	1
PORT ST LUCIE HOSPITAL	1

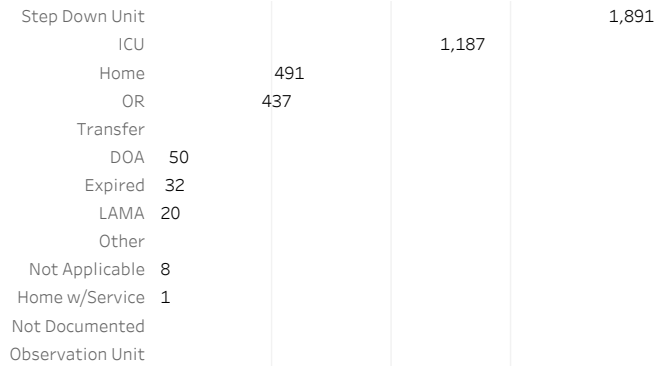
Transport Mode



Age Group



Disposition



HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 26, 2019

1. Description: Summary of Compliance and Privacy Activities

2. Summary:

This item presents the summary of the District's compliance and privacy activities for the fourth quarter of FY 2018.

3. Substantive Analysis:

The purpose of this summary is to provide an overview of compliance activities and actions. The OIG recommends reporting on a regular basis to the governing body, CEO, and compliance committee with regard to planning, implementing, and monitoring the compliance program. Reporting the compliance activities helps to establish methods to improve the District's efficiency and quality of services, and to reduce the District's vulnerability to fraud, waste, and abuse.

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

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the District's Summary of Compliance and Privacy Activities for the fourth quarter of FY 2018.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Deborah Hall
Compliance and Privacy Consultant

Darcy J. Davis
Chief Executive Officer

Health Care District
PALM BEACH COUNTY

Summary of Compliance Activities

October 1, 2018 – January 31, 2019

Highlights

- **Office for Civil Rights ("OCR") Annual Breach Report**

  Annually, a covered entity must notify the Office of Civil Rights ("OCR") if it discovers a breach of unsecured protected health information. If a breach of unsecured protected health information affects fewer than 500 individuals, a covered entity must notify the Secretary of the breach within 60 days of the end of the calendar year in which the breach was discovered. The reports are submitted electronically via web portal. As required, the District completed its annual breach reporting to OCR.

- **Engagedly Learning Management System**

  The Compliance Department has revamped the delivery method of education and training to staff. Engagedly is the Health Care District's new learning management system. Employees are able to easily complete mandatory training assignments such as, The Anti-Kickback Statute, The Stark Law, and The False Claims Act.

Training and Education

Trainings provided by Compliance and Privacy Department staff:

- New Hire Orientation – monthly training on Compliance, Privacy and Security
- Compliance Connection- Compliance and Ethics week
- C.L. Brumback Clinic Staff Orientation
- Medically-Assisted Treatment (MAT) program training
- Compliance, Privacy, and Code of Conduct Mini Module Training- All Staff
- Compliance Sites Visits: Lakeside Medical Center, E.J. Healey, and C.L. Brumback Clinics

Communication

- 29% of all compliance activity is inclusive of communication

Hotline Activity

- 5 hotline calls between October 1, 2018 – January 31, 2019

Health Care District
PALM BEACH COUNTY

Summary of Compliance Activities

October 1, 2018 – January 31, 2019

HIPAA Privacy Incidents

For the period of October 1, 2018 through January 31, 2019 the Compliance Department received thirty-one (31) privacy concerns, of those concerns five (5) resulted in a breach that required patient notification. Twenty-six (26) privacy concerns were investigated and resolved with no findings that eluded to a breach of protected health information. Education was provided to staff when applicable for privacy concerns this period as corrective action.

Privacy Walkthroughs

Entity	Findings	Corrective Action Plan
Lantana Clinic	2 opportunities for enhancement	Completed
Lakeside Medical Center	5 opportunities for enhancement	Completed

Auditing and Monitoring

- Medical Device Security Assessment
- Minimum Necessary Release of PHI Review: Lakeside Medical Center- Health Information Management
- Review of Consents and Medical Record Content: C.L. Brumback Clinic
- Medical Chart Review: E.J. Healey Center
- Volunteer, Student and Resident Onboarding Process Review

Regulatory Matters

- **South Florida Pharmacist Sentenced to Over Six Years in Prison for Role in $5 Million Compounding Pharmacy Scheme**
  - A South Florida pharmacist was sentenced to 78 months in prison for his role in a $5 million compounding pharmacy scheme. Stephen Chalker, of Wellington, Florida engaged in a scheme to defraud Medicare, Tricare, and Medicaid by submitting false and fraudulent claims for compounded drugs and other prescription medications that were not medically necessary and/or never provided. After a four-day trial before Judge Middlebrooks, Chalker was convicted by a jury of one count of conspiracy to commit health care fraud and two counts of health care fraud.
- **Florida Contractor Physicians Group Shares Protected Health Information with Unknown Vendor Without a Business Associate Agreement**
  - Advanced Care Hospital (ACH) has agreed to pay $500,000 to the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services (HHS) and to adopt a substantial corrective action plan to settle potential violations of the HIPAA Privacy and Security Rules. OCR investigation revealed that ACH never entered into a business associate agreement with the individual providing medical billing services to ACH, as required by HIPAA, and failed to adopt any policy requiring business associate agreements until April 2014.

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
March 26, 2019

1. Description: Compliance Work Plan 2019

2. Summary:

Ongoing evaluation is critical to an effective compliance program. The Compliance Department will perform the reviews from the Compliance Work Plan 2019 in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Identify and report criminal and unethical conduct
- Focus on areas of high risk and focus on any area of concern that has been identified

3. Substantive Analysis:

The Compliance Work Plan 2019 demonstrates areas of concern based on government enforcement trends, the OIG 2019 Work Plan, and interviews with senior management.

As part of the review process, the Compliance Department will be utilizing:

- On-site visits
- Interviews with personnel involved in management, operations, coding, claim development, patient care, and other related activities
- Reviews of medical and financial records that support claims for reimbursement
- Reviews of written materials and documentation prepared by each business line
- Monitor and trend analysis that seek deviations in specific areas

The Compliance Department will:

- Remain independent of physicians and management
- Have access to existing audit resources and relevant personnel
- Present written evaluative reports on compliance activities
- Specifically identify areas where corrective actions are needed

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
Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee approve the Compliance Work Plan 2019.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Deborah J Hall
Deborah Hall
Compliance and Privacy Consultant

Darcy J. Davis
Darcy J. Davis
Chief Executive Officer

Health Care District
PALM BEACH COUNTY

Compliance Work Plan 2019

Compliance Auditing Plan				
Quarter	**Entity**	**Source of Risk**	**Review Title**	**Description**
1	LMC and Clinic	Risk Assessment	Instrument Sterilization	Review procedures and assess the level of infection prevention surveillance.
1	LMC	Internal Risk Assessment	Financial Assistance Policy	Review LMC's Financial Assistance Policy to determine if it meets the requirements of 501(r).
1	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy.
1	Clinics/LMC/ Healey	Internal Risk Assessment	Confidential Communication	Review policies, procedures, and documentation regarding requests for confidential communication.
1	Clinics (MAT Program)	Internal Risk Assessment	Program Consents	Review a random sample of completed consents to determine its use is consistent with the performance criterion
2	Healey Center	OIG Workplan	Nursing Facility Staffing Levels	Examine nursing staffing levels and related policies and procedures to ensure compliance with CMS requirements.
2	District Wide	Internal Risk Assessment	Advanced Beneficiary Notice (ABN)	Verify practices for notifying patients of their financial liability.
2	Clinics/LMC	Internal Risk Assessment	Authorization for Uses and Disclosures	Obtain and review a sample of authorizations obtained to permit disclosure for consistency with the established performance criterion the policies and procedures require.

12/31/2018 Draft

Compliance Work Plan 2019

2	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy.
3	LMC	Internal Risk Assessment	Hospital Discharge Notice (Medicare)	Review all policies, procedures, and processes associated with delivery of the notice of discharge.
3	Healey Center	Internal Risk Assessment	Infection Prevention and Control Program	Review facility's infection prevention and control program including all related policies and procedures.
3	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy.
3	District Wide	OCR Investigation	Business Associate Agreement Audit	Review policies, procedures, and internal controls for identifying and engaging business associates. Gather exhaustive list of Business Associate Agreements and Memorandum of Understanding in preparation for potential Office for Civil Rights audit. Review a sample of business associate agreements per business unit for compliance with District policies and federal requirements.
3	District Wide	Risk Assessment	Physician Compensation and Medical Directorships	Review a sample of Physicians with Professional Services Agreements to assure the Physician and/or group are paid per the terms of the contract with required documentation and following the Professional Services Policy.
4	Healey Center	Internal Risk Assessments	Transfer, Discharge, and Bed hold Process	Review policies and procedures, notice of bed hold, notice for transfer/discharge, and related preparation and documentation.
4	LMC	Internal Risk Assessment	Adverse Events	Verify that Lakeside is properly reporting any incidences of identified serious preventable errors.

4	Clinics (Behavioral Health)	Internal Risk Assessment	Telehealth	Review billing and documentation for accuracy per policy.
4	District Wide	Internal Risk Assessment	Privacy Walkthrough	Review of all facilities compliance with privacy laws, regulations, policies, and procedures by visual observation of day-to-day operations and services and review of forms and policy for Notice of Privacy Practices and patient requests for records in compliance with policy.
4	District Wide	OCR Investigation	Encryption	Obtain and review the policies and procedures regarding the encryption and decryption of ePHI. Including documentation of processes regarding the use and management of the confidential process.
4	District Wide	OCR Investigation	Notice of Privacy Practices	Review whether the uses and disclosures of PHI are consistent with the District's notice of privacy practices and business units have made good faith attempts to provide written notice to individuals.

Compliance Monitoring Plan

The purpose of the Compliance Monitoring Plan is to:

1. **Review claims on a retrospective and concurrent basis to ensure the accuracy, integrity and consistency of billings for a sample of Medicare, Medicaid and other third party payor claims;**
2. **Ensure sampled claims meet state and federal requirements, national coding standards and other regulatory rules, payor contract terms, regulations and requirements.**
3. **Ensure that all charges reported for claim and billing purposes are supported by appropriate documentation in the medical record.**
4. **Review claims and related records to identify potential under and over payments.**

Entity	Key Measurements	Description
LMC	Inpatient and Outpatient Audit	External auditors to complete a DRG/Billing and Documentation audit for Inpatient and Outpatient coding, documentation and billing audit.

Health Care District
PALM BEACH COUNTY

Compliance Work Plan 2019

CLINICS/ DENTAL	Provider Evaluation and Management Audit (E&M)	Acevedo Consulting to complete an E&M and billing audit for all providers in the 1st Qtr Calendar Year 2019 and repeat 3rd Qtr 2019. Dental provider to be complete audit in process for Dentrix.
HCD ALL BUSINESS UNITS	Office of Civil Rights (OCR) HIPAA Risk Assessment	Audit completed by SecureState. OCR Desk Audit TBD for 2019
CLINIC	Review of Consents and Medical Record Content	MK Medical Solutions to complete an audit of Athena Charts to assure complete consents and content belonging to correct patient, 1st Qtr 2019
HCD	Compliance Program Effectiveness Assessment	Crowe will complete a Compliance Program Effectiveness Assessment Qtr 3

All audits in the 2019 Audit Work Plan are subject to change due to Compliance issues raised and requiring audit/investigation during quarter. The Office of Inspector General (OIG) 2019 Work Plan is a dynamic changing document that is updated by the OIG monthly. All new items identified by the OIG as identified as a risk for HCD, these will be incorporated into the Work Plan.