

**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
March 26, 2019 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.

A. Roll Call

Committee Members present included:

Dr. Alina Alonso, Chairperson; Mary Weeks; Sharon Larson; Dr. Daniel Padron;
Brian Lohmann

Committee Members absent included:

Sean O'Bannon; Dianne King; Dr. David Bohorquez

Staff present included:

Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Ginny Keller, Administrator of School Health; Terretha Smith, Risk Manager; Stephanie Dardanella, 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; 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: Dr. Daniel Padron made a motion to approve the agenda as presented/amended. The motion was duly seconded by Sharon Larson. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

- A. Introduction – Debbie Hall (Darcy Davis)^k
- B. Healey Survey Results (Karen Harris)
- C. School Health Survey Results (Karen Harris)

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:
Committee Meeting Minutes from November 27, 2018.

CONCLUSION/ACTION: Mary Weeks made a motion to approve the committee meeting minutes from November 27, 2018 as presented. The motion was duly seconded by Sharon Larson. There being no opposition, the motion passed unanimously.

- B. Staff Recommends a MOTION TO APPROVE:
Revised Committee Meeting Minutes from September 25, 2018.

CONCLUSION/ACTION: James Elder 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: Brian Lohmann made a motion to approve the Consent Agenda items. The motion was duly seconded by Dr. Daniel Padron. 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
- Amendment to the Quality, Patient Safety and Compliance Committee Charter.

CONCLUSION/ACTION: Brian Lohmann made a motion to approve the Amendment to the Quality, Patient Safety and Compliance Committee Charter. The motion was duly seconded by Dr. Daniel Padron. There being no opposition, the motion passed unanimously.

B. CORPORATE QUALITY & PATIENT SAEFTY DASHBOARDS

- 8B-1 RECEIVE AND FILE:
Patient Relations Dashboards

- Patient Relations Dashboard, School Health.

Mrs. Steele presented the patient relations dashboard for the third trimester of the 2018-2019 school year. During the third trimester there were zero complaints, grievances and compliments to date.

- Patient Relations Dashboard, Primary Care Clinics.

Mrs. Steele presented the Patient Relations Dashboard for the 4th Quarter of 2018 (October - December). During Quarter 4 there were sixteen complaints, seventeen grievances and fifty-seven compliments. The two highest categories were other and care and communication.

- Patient Relations Dashboard, Healey Center.

Mrs. Steele presented the Patient Relations Dashboard for Quarter 4 (October - December). During Quarter 4 there were a total of sixty grievances all of which fifty-two were resolved within seventy-two hours. Trends reported with no outliers. There were a total of twenty-five 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 4 (October - December). During Quarter 4 there were a total of thirteen grievances and twelve complaints. Trends reported with no outliers. There were a total of seven 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.

8B-2 **RECEIVE AND FILE:**
Quality & Patient Safety Reports

- Quality and Patient Safety Report, School Health.

Mrs. Steele presented the Quality and Patient Safety report for the first trimester of the 2018-2019 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.

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 4 (October - December) 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 December 2018. Select underperforming measures reviewed including Childhood Immunization, Colorectal Cancer Screening, A1C / Diabetes. Findings and Interventions of these measures presented.

8. Regular Agenda (continued)

- 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 and patients with a catheter inserted and left in their bladder. 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: Exclusive breast milk feeding during the newborns entire hospitalization, median time from ED arrival to ED departure for admitted patients, median time from decision to admit time to ED departure for admitted patients, and IMM-2 Influenza Immunization. Findings and Interventions of these measures were presented.

- Quality and Patient Safety Report, Pharmacy.

Mrs. Steele presented the Pharmacy Services Quality Report for the fourth quarter. Underperforming issues discussed in detail which include prescriptions returned to stock. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Trauma Program.

Mrs. Steele presented the Trauma Quality Report for the fourth quarter. She highlighted all 12 months, but focused more specifically on Quarter 4 data. The TTP protocols changes were implanted in August, as a result, an there was an increase in trauma this quarter is due to snowbird season. JFK had the highest number of transfers to facility at 257 patients. The largest number of transports were by ground at 88%. The highest age group were adults at 55%.

CONCLUSION/ACTION: Received and filed.

C. COMPLIANCE

8C-1 RECEIVE AND FILE:

Summary of Compliance and Privacy Activities.

8C-2 RECEIVE AND FILE:

Compliance Work Plan 2019.

CONCLUSION/ACTION: Received and filed.

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

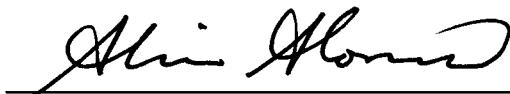
None.

11. Establishment of Upcoming Meetings

- May 28, 2019 (Q1 2019) – Lakeside Medical Center, Belle Glade
- September 24, 2019 (Q2 2019)
- November 26, 2019 (Q3 2019)

12. Motion to Adjourn

There being no further business, the meeting was adjourned.



Dr. Alina Alonso

5/28/19
Date