



**Quality, Patient Safety & Compliance Committee
Meeting Agenda
May 28, 2019
10:30 A.M.**

**Meeting Location
39200 Hooker Hwy
Belle Glade, FL 33430**



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
AGENDA**

**May 28, 2019 at 10:30 a.m.
39200 Hooker Hwy,
Belle Glade, FL 33430**

- 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**
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 26, 2019. [Pages 1-6]
- 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 7]
 - 7A-3 **RECEIVE AND FILE:**
Compliance Program Work Plan Status for 2019.
(Deborah Hall) [Pages 8-13]
- 8. Regular Agenda**
 - A. **ADMINISTRATION**

8A-1 **Staff recommends a MOTION TO APPROVE:**

Chief Compliance and Privacy Officer Position.
(Steven Hurwitz) [Under Separate Cover]

8A-2 **Staff recommends a MOTION TO APPROVE:**

Amendment to the Quality, Patient Safety and Compliance Committee Charter.
(Valerie Shahriari) [Pages 14-23]

B. **COMPLIANCE**

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

Summary of Compliance and Privacy Activities.
(Deborah Hall) [Pages 24-27]

9. **CEO Comments**

10. **Committee Member Comments**

12. **Establishment of Upcoming Meetings**

- September 24, 2019 (Q1 & Q2 2019)
- November 26, 2019 (Q3 2019)

13. **Motion to Adjourn**



**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 Schepcke, 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)
- 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 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

Date

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

12 Month Attendance Tracking

	3/26/19	5/28/19	9/24/19	11/26/19
Mary Weeks	X			
Sharon Larson	X			
Alina Alonso	X			
James Elder	X			
Sean O'Bannon	E			
Dianne King	E			
Dr. David Bohorquez	E			
Dr. Daniel Padron	X			

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
May 28, 2019

1. Description: Compliance Program Work Plan Status for 2019

2. Summary:

This item presents the Compliance Program Work Plan Status for 2019.

3. Substantive Analysis:

The Compliance Work Plan 2019 demonstrates areas of concern based on government enforced trends, the OIG 2019 Work Plan, and interviews with senior management. Attached you will find our current progress and suggested revisions.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
May 28, 2019

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file Compliance Program Work Plan Status for 2019.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

DocuSigned by:



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Deborah Hall

Compliance and Privacy Consultant

DocuSigned by:



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Darcy J. Davis

Chief Executive Officer

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. In progress
1	LMC	Internal Risk Assessment	Financial Assistance Policy	Review LMC's Financial Assistance Policy to determine if it meets the requirements of 501(r). Completed
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. Completed
1	Clinics/LMC/Healey	Internal Risk Assessment	Confidential Communication	Review policies, procedures, and documentation regarding requests for confidential communication. Completed
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. In progress
2	Healey Center	OIG Workplan	Nursing Facility Staffing Levels	Examine nursing staffing levels and related policies and procedures to ensure compliance with CMS requirements. In progress
2	District Wide	Internal Risk Assessment	Advanced Beneficiary Notice (ABN)	Verify practices for notifying patients of their financial liability. In progress
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. In progress

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. Completed – Awaiting Response
3	LMC	Internal Risk Assessment	Hospital Discharge Notice (Medicare)	Review all policies, procedures, and processes associated with delivery of the notice of discharge. Propose Delay
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. Propose Delay
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. Propose Delay
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. Propose Delay
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.

Compliance Work Plan 2019

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.

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 1 st Qtr Calendar Year 2019 and repeat 3 rd Qtr 2019. Dental provider to be complete audit in process for Dentrix. 🚧 In Progress
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, 1 st Qtr 2019 🚧 In Progress
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.

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
May 28, 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 March 26, 2019. The District proposes amending the Section titled, Composition of Committee. The new language specifies that The Board shall appoint Committee members, who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (2) full terms. Attached for your review is the following documents:

- 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 <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

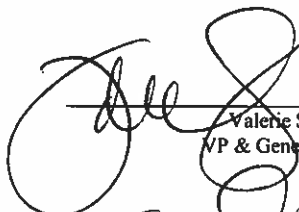
 Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
May 28, 2019**

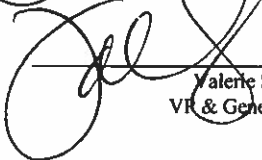
6. Recommendation:

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.

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, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board, and (1) Committee member shall be a community member at large. The Board shall appoint Committee members, who are not a Board member, to a four (4) year term, commencing on the date of appointment, 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 the majority of 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.

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, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board, and (1) Committee member shall be a community member at large. The Board shall appoint Committee members, who are not a Board member, to a four (4) year term, commencing on the date of appointment, 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.

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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
May 28, 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 February through April of 2019.

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 <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
May 28, 2019

6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the District's Summary of Compliance and Privacy Activities for February through April 2019.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

DocuSigned by:

Deborah Hall

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Deborah Hall

Compliance and Privacy Consultant

DocuSigned by:

Darcy J. Davis

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Darcy J. Davis

Chief Executive Officer

Summary of Compliance Activities

February 1, 2019 – April 30, 2019

Highlights

- **HHS Announces Final Conscience Rule Protecting Health Care Entities and Individuals**

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced the issuance of the final conscience rule that protects individuals and health care entities from discrimination on the basis of their exercise of conscience in HHS-funded programs. Just as OCR enforces other civil rights, the rule implements full and robust enforcement of approximately 25 provisions passed by Congress protecting longstanding conscience rights in Healthcare.

- **Hotline Activity**

The Compliance Department has noticed in an increase in amount of calls and reports across the system; The Compliance Department is responding to these items in an expeditious manner in order to enhance the credibility of the reporting infrastructure and establishing coordination with Human Resources and responses to constituents timely.

- **Conflict of Interest**

The annual Conflict of Interest process is in progress and forms have been distributed through Engagedly. The forms requiring review are being processed by Compliance among all the District Locations.

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
- MediRegs Regulatory Compliance training: Lakeside and Healey Center staff
- Compliance Sites Visits: Lakeside Medical Center, E.J. Healey, and C.L. Brumback Clinics
- Fraud and Abuse education/refresher: Brumback Clinics
- Physician Stacking information provided to Contracted Physicians

Communication

- 31% of all compliance activity is inclusive of communication



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Summary of Compliance Activities

February 1, 2019 – April 30, 2019

Hotline Activity

- 6 hotline calls between February 1, 2019 – April 30, 2019

HIPAA Privacy Incidents

For the period of February 1, 2019 through April 30, 2019 the Compliance Department received thirty-eight (38) privacy concerns, of those concerns three (3) resulted in a breach that required patient notification. Thirty-three (33) 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

<u>Entity</u>	<u>Findings</u>	<u>Corrective Action Plan</u>
West Palm Beach Eligibility	1 opportunity for enhancement	Completed
Lake Worth Clinic	3 opportunities for enhancement	Completed
West Palm Beach Clinic and Lewis Center	4 opportunities for enhancement	Completed

Auditing and Monitoring

- Financial Assistance Policy
- COI annual process
- Confidential Communications
- Workplan Status Update:** Coordination and understanding of outside party audits on –going (Athena – MK Solutions, Chart Audit, – Acevedo, ADA Compliance – Internal Team with Third Parties) this area requires attention to bring these valuable audits to completion and impact the road map completion status in these 3 areas; we propose the movement of certain third quarter reviews in order to dedicate time and attention to completion of projects within the next quarter. These areas are impactful to the District and require time from Compliance team in order to complete.

Regulatory Matters

- Tennessee diagnostic medical imaging services company pays \$3,000,000 to settle breach exposing over 300,000 patients’ protected health information**
 - Touchstone Medical Imaging (“Touchstone”) has agreed to pay \$3,000,000 to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS), and to adopt a corrective action plan to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Security and Breach Notification Rules. In May 2014, Touchstone was notified by the Federal Bureau of Investigation (FBI) and OCR that one of its FTP servers allowed uncontrolled access to protected health information (PHI). This uncontrolled access permitted search engines to index the PHI of Touchstone’s patients, which remained visible on the internet even after the server was taken offline.



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