



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
June 12, 2024 at 12:00PM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09>

Telephone Dial-In Access: 646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

1. Call to Order

- A. Roll Call
- B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. Trauma Agency Update (Belma Andric, MD)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of March 13, 2024. [Pages 1-4]

7. Consent Agenda- Motion to Approve Consent Agenda Items

- A. **ADMINISTRATION**

7A-1 RECEIVE AND FILE:

June 2024 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

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

B. PATIENT RELATIONS DASHBOARDS

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

- Patient Relations Dashboard, School Health.
(Alexa Goodwin/ Fe Pagtakhan) [Page 9]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.
(Alexa Goodwin/ Tracy-Ann Reid) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Pharmacy.
(Alexa Goodwin/ Joe-Ann Reynolds) [Page 13]

C. PRODUCTIVITY DASHBOARDS

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 14-16]

- Productivity Dashboard, School Health.
(Fe Pagtakhan) [Page 17]
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
(Dr. Charmaine Chibar) [Page 18]
- Productivity Dashboard, E. J. Healey Center.
(Shelly Ann Lau/ Terretha Smith) [Page 19]
- Productivity Dashboard, Lakeside Medical Center.
(Janet Moreland/ Sylvia Hall) [Pages 20-21]
- Productivity Dashboard, LifeTrans Ground Transportation.
(Amaury Hernandez) [Page 22]

D. **PRODUCTIVITY DASHBOARDS (Continued)**

- Productivity Dashboard Human Resources
(Geoff Washburn/Christina Schiller) [Page 23]

8. **Regular Agenda**

A. **COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates
(Heather Bokor) [Pages 24-35]

B. **CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Dashboards
(Dr. Belma Andric) [Pages 36-42]

- Quality & Patient Safety Report, School Health.
(Steven Sadiku/Fe Pagtakhan) [Page 43]
- Quality & Patient Safety Report, Aeromedical.
(Steven Sadiku/Jostein Lavoll) [Page 44-45]
- Quality & Patient Safety Report, Trauma.
(Steven Sadiku/Joel Rosales) [Pages 46-47]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
(Steven Sadiku/Dr. Charmaine Chibar) [Page 48]
- Quality & Patient Safety Report, E. J. Healey Center.
(Steven Sadiku/Tracy-Ann Reid) [Pages 49-50]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Steven Sadiku/ Sylvia Hall) [Page 51]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.
(Steven Sadiku/ Amaury Hernandez) [Page 52-53]
- Quality & Patient Safety Report, Corporate Quality Metrics.
(Steven Sadiku) [Pages 54-55]

9. **CEO Comments**

10. **Committee Member Comments**

11. Upcoming Meetings

September 26, 2024

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

December 11, 2024

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

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

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

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
March 13, 2024 at 10:00A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Tracy Caruso called the meeting to order.

A. Roll Call

Committee Members present: Tracy Caruso, Chair; Dr. Alina Alonso, Kimberly Schulz; Tammy Jackson-Moore, (REMOTE); Dr. Jyothi Gunta and William Johnson. Dr. Luis Perezalonso and Dr. LaTanya McNeal were absent.

Staff present: Darcy Davis, Chief Executive Officer; Bernabe Icaza, SVP & General Counsel; Heather Bokor, VP & Chief Compliance, Privacy and Risk Officer; Belma Andric, SVP & Chief Medical Officer; Candice Abbott, SVP & Chief Operating Officer; Karen Harris, VP of Field Operations; Geoff Washburn, VP & Chief Human Resources Officer; Jessica Cafarelli, VP & Chief Financial Officer; and Regina All, SVP & Chief Nursing Officer.

Recording/ Transcribing Secretary: Heidi Bromley

B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

CONCLUSION/ACTION: Dr. Alonso made a motion to approve the agenda. The motion was duly seconded by William Johnson. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

Quality, Patient Safety and Compliance Committee
Summary Meeting Minutes
March 13, 2024

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of December 14, 2023.

CONCLUSION/ACTION: Dr. Alonso made a motion to approve the Committee Meeting Minutes of December 14, 2023. The motion was duly seconded by Kimberly Schulz. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

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

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**
March 2024 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

- 7A-2 **RECEIVE AND FILE:**
Committee Attendance

B. **PATIENT RELATIONS DASHBOARDS**

- 7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards

- Patient Relations Dashboard, School Health
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics
- Patient Relations Dashboard, E. J. Healey Center
- Patient Relations Dashboard, Lakeside Medical Center
- Patient Relations Dashboard, Pharmacy

C. **PRODUCTIVITY DASHBOARDS**

- 7C-1 **RECEIVE AND FILE:**
Productivity Dashboards

- Productivity Dashboard, School Health

Quality, Patient Safety and Compliance Committee
Summary Meeting Minutes
March 13, 2024

- Productivity Dashboard, C. L. Brumback Primary Care Clinics
- Productivity Dashboard, E. J. Healey Center
- Productivity Dashboard, Lakeside Medical Center
- Productivity Dashboard, LifeTrans Ground Transportation
- Productivity Dashboard Human Resources

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Compliance, Privacy and Ethics Program Activities and Updates

Ms. Bokor reviewed the Compliance, Privacy and Ethics Activities and provided updates to the Committee.

CONCLUSION/ACTION: Received and filed.

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Reports

- Quality & Patient Safety Report, School Health
- Quality & Patient Safety Report, Aeromedical
- Quality & Patient Safety Report, Trauma
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics
- Quality & Patient Safety Report, E. J. Healey Center
- Quality & Patient Safety Report, Lakeside Medical Center
- Quality & Patient Safety Report, LifeTrans Ground Transportation
- Quality & Patient Safety Report, Corporate Quality Metrics

Mr. Sadiku reviewed and discussed all of the Corporate Quality Dashboards.

CONCLUSION/ACTION: Received and filed.

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

June 12, 2024

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

Quality, Patient Safety and Compliance Committee
Summary Meeting Minutes
March 13, 2024

September Meeting (Date TBD)

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

December 11, 2024

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

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

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

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

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tracy Caruso, Chair

Date

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

Attendance Tracking for 2024

	3/13/24	6/12/24	September (TBD)	12/11/24
Dr. Jyothi Gunta	X			
Tracy Caruso	X			
Dr. Alina Alonso	X			
Tammy Jackson-Moore	REMOTE			
Dr. Luis Perezalonso	ABSENT			
Kimberly Schulz	X			
Dr. LaTanya McNeal	ABSENT			
William Johnson	X			

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
JUNE 12, 2024**

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 1st Quarter of 2024 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and Pharmacy.

3. Substantive Analysis:

School Health

For Quarter 1 2024, School Health had a total of 15 Patient Relations events reported for 169 school locations. Of the 15 patient relation events, 6 were complaints, 9 were compliments, and there were no grievances. Out of the 6 complaints, 83% were from family members, and 17% were from school district staff. The complaints categories were nurse-related in all aspects of care and medication-related. The 9 compliments recognized the School Health Nurses and School Health Nurse Assistants received from principals, school district staff, family members, and employees.

C. L. Brumback Primary Care Clinics

For Quarter 1 2024, there were a total of 24 Patient Relations occurrences that occurred between 7 Clinics and Clinic Administration. This was an increase from the previous quarter where we had a total of 20 Complaints and Grievances. Of the 24 occurrences, there were 6 Grievances and 18 Complaints. The top 5 categories were Physician, Communication, Referral, Finance, and Nursing Related issues. The top subcategories were Physician Related All Aspects of Care, Poor Communication, and Referral Authorization, with 3 occurrences in each.

There were also 112 Compliments received across 6 Clinics and Clinic Administration. Of the 112 Compliments, 104 were patient compliments, and 8 were employee-to-employee “Thumbs-Up” compliments.

Edward J. Healey Rehabilitation and Nursing Center

For Quarter 1 2024, there were a total of 42 Patient Relations occurrences received across 5 resident units (Dolphin, Pelican, Sand Dollar, Manatee, Starfish), Laundry, Dietary, Activities, Rehab and Social Services. Of the 42 occurrences, there were 36 Grievances and 7 Complaints. The top 5 categories were Personal Belongings, Care & Treatment, Communication, Nutrition, and Nursing-related issues. The top subcategory was Personal Belongings – Clothes, with 12 occurrences reported.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE JUNE 12, 2024

There were also 27 Compliments received across 8 units. Of the 27 Compliments, 9 were Nursing-Related, 1 was Nutrition-Related, 1 was Administration-Related, and 16 were Clinical Support Staff-Related.

Lakeside Medical Center

For Quarter 1 2024, there were a total of 9 Patient Relations occurrences that occurred between the Emergency Department, Intensive Care Unit, Med-Surg/Telemetry and Housekeeping. Of the 9 occurrences, there was 1 Grievance and 8 Complaints. The top 5 categories were Care & Treatment, Nursing Related, Vendor Services, Respect Related and Personal Belongings. The top subcategory was Nursing Related - Communication with 2 occurrences.

There was also a total of 3 Compliments received across the Emergency Department, Med Surg/Telemetry, and Purchasing.

Pharmacy

For Quarter 1 2024, there were a total of 4 Patient Relations occurrences between the Delray Pharmacy and West Palm Beach Pharmacy. Of the 4 occurrences, there were no grievances and 4 Complaints. The top 3 categories were Respect-Related, Prescription (RX)- related, and Communication-Related issues.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

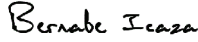
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 VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
JUNE 12, 2024**

5. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:


0CF6F7DB6706434...
SVP & General Counsel

DocuSigned by:


1F272D34C8B04A5... ID
SVP & Chief Medical Officer

DocuSigned by:


77A3B53589A1477... 'is
Chief Executive Officer

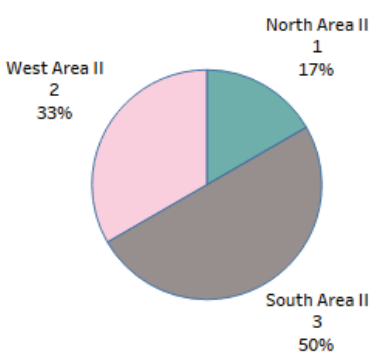
Patient Relations School Health
(Grievances, Complaints & Compliments)

Start Date 1/1/2024 End Date 3/31/2024 Top Catego.. 5

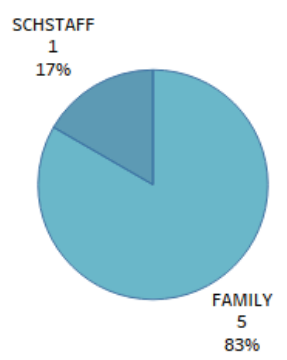
2024 Q1

Total Complaints and Grievances 6 Late Entries: 2

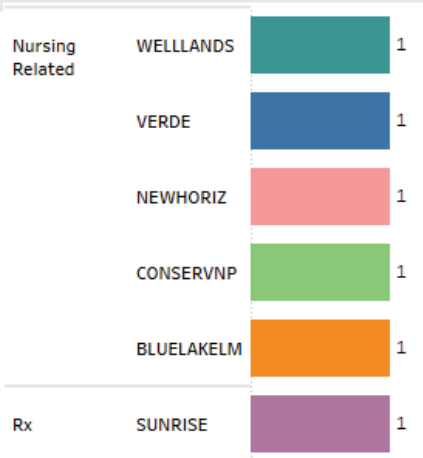
Schools by Area



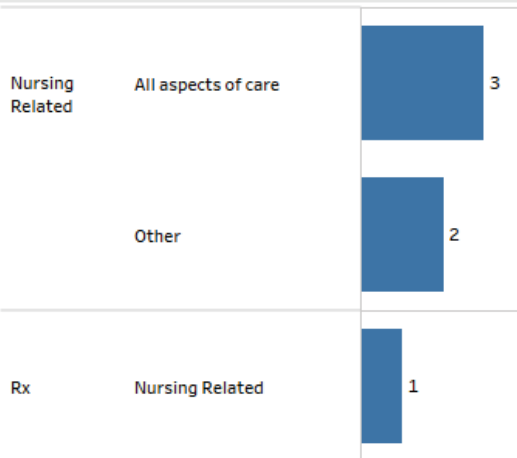
Complainant



Top 5 Categories

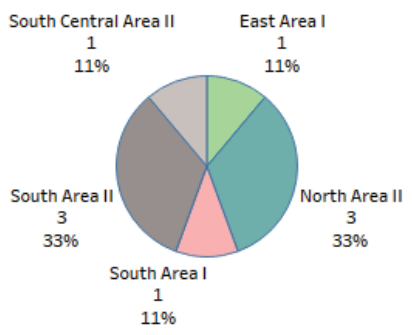


Total Top 5 Subcategories

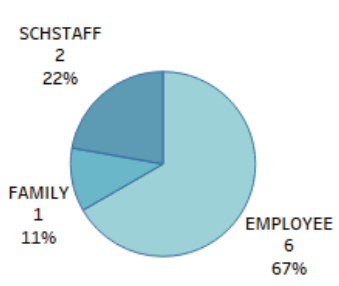


Total Compliments 9 Late Entries: 0 Comp/Griev Prev 4 Quarters 20

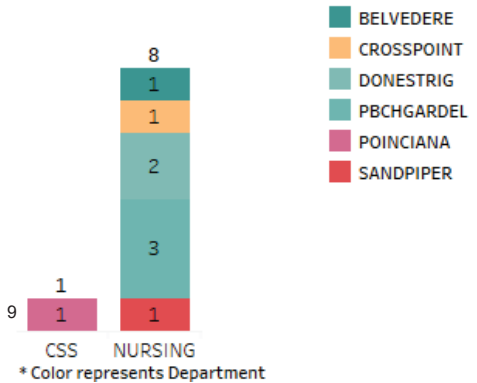
Schools by Area



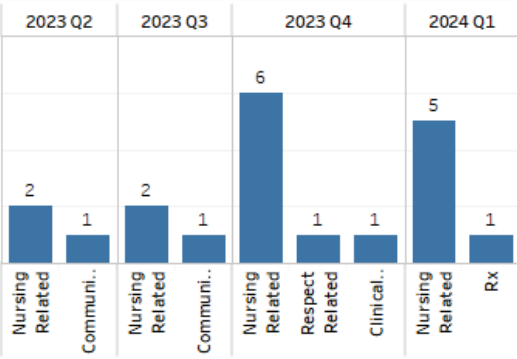
Complimenter



Care & Treatment Categories



Top 5 Categories Trended



* Color represents Department

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

Detail

XLSX

Start Date
1/1/2024

End Date
3/31/2024

Top Categories
5

2024 Q1												
Dept Desc	All	Provider	All	Total Complaints and Grievances			24	Late Entries: 2	Clinic	All		
Clinics				Top 5 Categories			Total Top 5 Subcategories					
<div><div>WPB</div><div>LakeWorth</div><div>Admin</div><div>Boca</div><div>Delray</div><div>Jupiter</div><div>Lantana</div><div>Mangonia</div></div>				Physician Related	Jupiter	2	Physician Related	All aspects of care	3			
					LakeWorth	1		Communication	Communication	1		
					Delray	1			Response time	1		
					Boca	1						
				Communication	Lantana	2		Communication	Poor Communication	3		
					WPB	1			Language Barrier	1		
					LakeWorth	1			Staff did not explain Things Understan..	1		
					Delray	1		Referral	Authorization	3		
				Referral	Admin	2			Untimely processing	1		
					Mangonia	1		Finance	District Cares Related	2		
					LakeWorth	1			Billing issues (refusal to pay request fo..	1		
				Finance	WPB	2			Registration Issues	1		
					Admin	2						
				Nursing Related	LakeWorth	2		Nursing Related	All aspects of care	2		
					WPB	1			Communication	1		
				Care & Treatment	WPB	1		Care & Treatment	Competency Of Staff	1		
					Boca	1			Inappropriate Care	1		
				Respect Related	WPB	1		Respect Related	Bad attitude/rude	1		
Total Compliments				112	Late Entries: 12		Complaints/Grievances Prev 4 Quarters				75	
Clinics				Care and Treatment Categories			Top 5 Categories Trended					
<div><div>Boca</div><div>Mangonia</div><div>WPB</div><div>Admin</div><div>Jupiter</div><div>Delray</div><div>Lantana</div></div>				ADMIN	4	2	8	2023 Q2				
				CSS	34	22	16	80	2023 Q3			
				NURSING	3	4			2023 Q4			
				PHYSICIAN	3	7	12		2024 Q1			
				THUMBSUP	6	8						
							* Color represents Department, ** CSS = Clinical Support Staff					



Patient Relations (Grievances, Complaints & Compliments) Healey Center

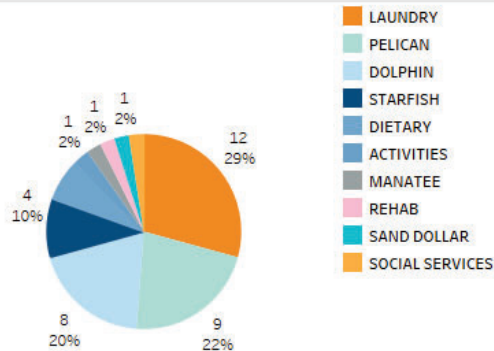
Start Date
1/1/2024End Date
3/31/2024Top Categories
5

2024 Q1

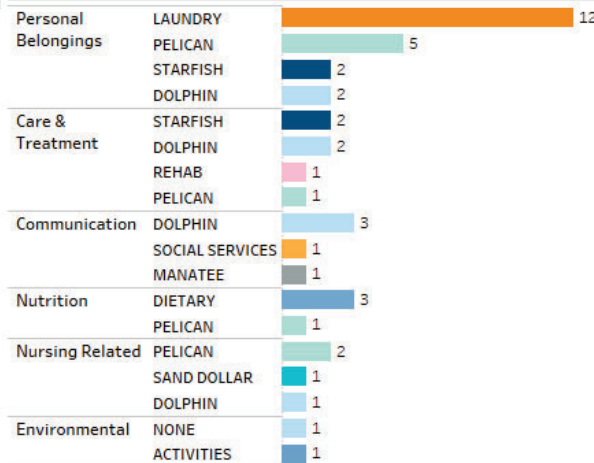
Total Complaints and Grievances

42

Departments



Top 5 Categories



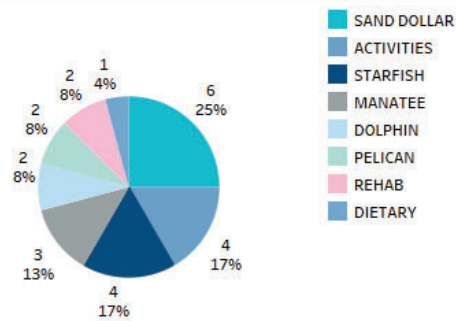
Total Top 5 Subcategories



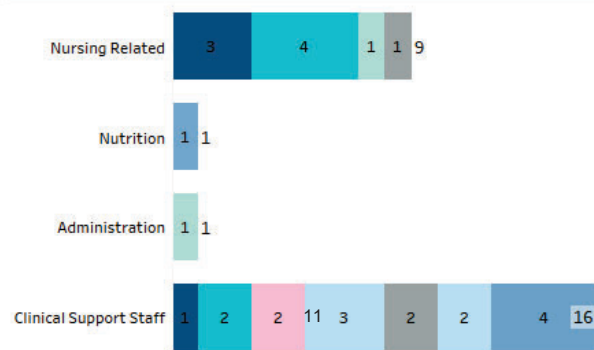
Total Compliments

27

Departments



Care and Treatment Categories

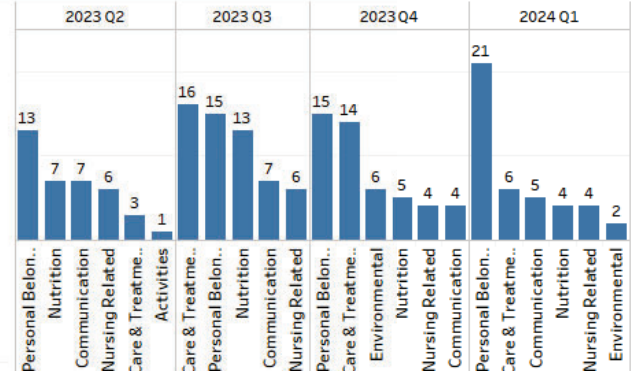


* Color represents Department

Complaints/Grievances Prev 4 Quarters

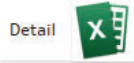
156

Top 5 Categories Trended





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



Start Date 1/1/2024
End Date 3/31/2024
Top Categories 5

2024 Q1

Total Complaints and Grievances9Late Entries: 0

Departments

EMERGENCY SERVICES

INTENSIVE CARE UNIT

MED-SURG 2nd FLOOR/TELEMETRY

HOUSEKEEPING

11%

22%

33%

33%

12

Care & Treatment

MED-SURG 2nd FLOOR/TELEMETRY

2

EMERGENCY SERVICES

2

Nursing Related

INTENSIVE CARE UNIT

1

EMERGENCY SERVICES

1

Vendor Services

HOUSEKEEPING

1

Respect Related

INTENSIVE CARE UNIT

1

Personal Belongings

INTENSIVE CARE UNIT

1

Total Top 5 Subcategories

Care & Treatment

Inappropriate Care

1

Doctor delay /No response to calls/pages

1

Disagreement with medical opinion

1

Confidence in Care Givers

1

Nursing Related

Communication

2

Vendor Services

Care and treatment

1

Respect Related

Bad attitude/rude

1

Personal Belongings

Loss

1

Total Compliments3Late Entries: 0

Complaints/Grievances Prev 4 Quarters40

Departments

EMERGENCY SERVICES

MED-SURG 2nd FLOOR/TELEMETRY

PURCHASING

33%

33%

33%

Care and Treatment Categories

CSS

1

1

NURSING

1

1

2

Total Top 5 Subcategories

2023 Q2

2023 Q3

2023 Q4

2024 Q1

Care & Treatment

3

Personal Belongings

2

Medical Records

2

Nursing Related

2

Admitting/Registration

1

Respect Related

1

Medical Records

2

Communication

2

Personal Belongings

1

Nutrition

1

Nursing Related

1

Care & Treatment

4

Respect Related

3

Physician Related

2

Nursing Related

2

Personal Belongings

1

Communication

1

Care & Treatment

4

Nursing Related

2

Vendor Services

1

Respect Related

1

Personal Belongings

1

* Color represents Department

* Color represents Department



Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Detail

Start Date
1/1/2024

End Date
3/31/2024

Top Categories
5

2024 Q1									
Total Complaints and Grievances					4	Late Entries: 1			
Departments		Top 5 Categories			Total Top 5 Subcategories				
<div><div></div> DELRAY PHARMACY</div> <div><div></div> WEST PALM BEACH PHAR...</div> <div><div>2</div><div>50%</div><div>2</div></div>	Respect Related	WEST PALM BEACH PHARMACY	<div></div> 1	Respect Related	Inappropriate comments / conversations	<div></div> 1			
		DELRAY PHARMACY	<div></div> 1			Courtesy of staff	<div></div> 1		
	Rx	DELRAY PHARMACY	<div></div> 1	Rx	Communication	<div></div> 1			
	Communication	WEST PALM BEACH PHARMACY	<div></div> 1	Communication	Language Barrier	<div></div> 1			

Total Compliments			Complaints/Grievances Prev 4 Quarters		5
Departments		Care and Treatment Categories	Top 5 Categories Trended		
			2023 Q2	2024 Q1	
				2	
			1		1
				1	
					1
			Communication	Respect Related	Rx
					Communication

* Color represents Department

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 12, 2024**

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity reports for the 1st Quarter of 2024 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and Ground Transportation and Human Resources.

3. Substantive Analysis:

School Health

In the 1st Quarter of 2024, we completed a total of 184,801 events across 169 schools, providing care for a total of 77,974 students. These events were broken down into 76,924 office visits, 37,485 medication visits, 18,223 procedure visits, 50,102 consultation events, and 2,067 record reviews. The top 3 schools with the most events are Binks Forest Elementary School, Sunrise Park Elementary School, and Eagles Landing Middle School.

C. L. Brumback Primary Care Clinics

In Q1 of 2024, the clinics served 21,220 unique patients (7.3% increase from the previous quarter) and provided 43,501 clinic visits (11.1% increase from the previous quarter).

Edward J. Healey Rehabilitation and Nursing Center

In Q1 of 2024, the average census for the Healey Center was 116. There were 51,915 treatments performed and 266,439 medications administered by nursing. Food and nutrition services provided a total of 26,208 resident meals. CNA POC documentation compliance rate for day shift averaged 98.6%, evening shift averaged 98.5% and night shift averaged 99%. The therapy department completed a total of 5,075 units for the quarter.

Lakeside Medical Center

The productivity data report for 1st Quarter of 2024 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,437 patient days for Q1-2024 compared to 1,344 for Q4-2023 resulting in an 6.92 % increase.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE June 12, 2024

- **Emergency Services Visits** – There was a total of 5,250 visits for Q1-2024 compared to 5,370 for Q4-2023 resulting in an 2.2 % decrease. (*Last quarter 5,924 ED visits were reported erroneously due to an implementation of a new Epic Transfer Center build).
- **Physical Therapy Visits (Evaluations and Treatments)**—There were 213 evaluations and treatments in Q1-2024 compared to 208 in Q4-2023, a 2.4% increase.
- **Inpatient Admissions** – There was a total of 110 Inpatient Admissions for Q1-2024 compared to 109 for Q4-2023 resulting in an 1% increase.
- **Surgical Cases** – There was a total of 46 surgical cases performed for Q1-2024 compared to 52 for Q4-2023 resulting in an 11.5% decrease.
- **Medication Administration** - There was a total of 39,919 medications administered for Q1-2024 compared to 38,146 for Q4-2023 resulting in an 4.6% increase.
- **Radiology Exams Completed** – There was a total of 6,987 radiological exams performed for Q1-2024 compared to 6,672 for Q4-2023 resulting in a 4.7% increase.
- **Laboratory Specimens Collected** – There was a total of 21,921 lab specimens collected for Q1-2024 compared to 21,156 for Q4-2023 resulting in a 3.6% increase.

Ground Transportation

For Q1 2024, the Ground Transportation department performed 524 transports, with 488 (93.1%) originating at Lakeside Medical Center. Most of the patients transported were between 21 and 70 years old, with the 61-70 group being the highest. The most common diagnostic impressions for the patients transported during this period were cardiovascular disease, pneumonia, sepsis, and neurological disorders. Palms West Hospital remains our main receiving facility, followed by JFK Main and St. Mary's Medical Center. There was a total of 34 cancelled transports, 50% of which were from the referring location.

Human Resources

- For Q1 2024 our employee headcount reached 1,277, an increase of 0.2% increase from the previous quarter (1274).
 FT=1,193
 PT=31
 PD=53

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 12, 2024

- Clinical job functions/positions are the leading with 47%, followed by technical at 13% and specialist at 9%.
- Q1 2024, the diversity headcount is 46% African American, 28% White, 15% Hispanic, and 12% Other; 79% of the workforce is female.
- Q1 2024, the average age of employees is 47 years old, with 175 employees projected to be within retirement age in the next 5 years.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

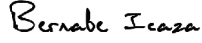
DocuSigned by:


CA6A21FF2E09481...
VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:

0CF6F7DB6706434...
SVP & General Counsel

DocuSigned by:

1F272D34C8B04A5... D
SVP & Chief Medical Officer

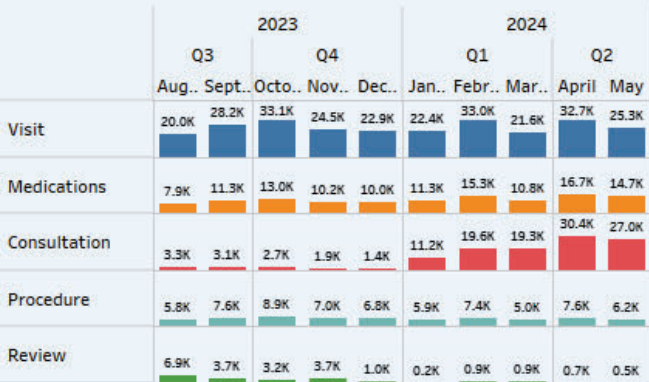
DocuSigned by:

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Chief Executive Officer

School Health Room Overview

Visit Consultation Medications Procedure Review

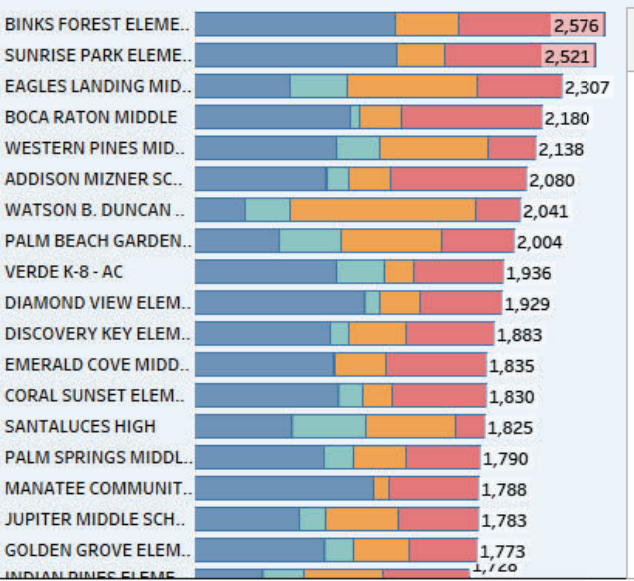
Volume Trend



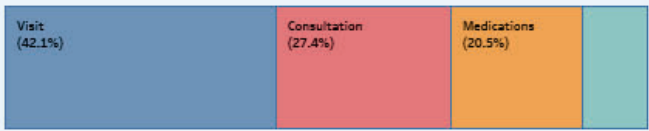
Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Visit	76,924	169	44,834	228	757.85
Consultation	50,102	169	29,685	233	865.54
Medications	37,485	167	1,159	233	6.11
Procedure	18,223	111	229	167	11.20
Review	2,067	44	2,067	42	56.06

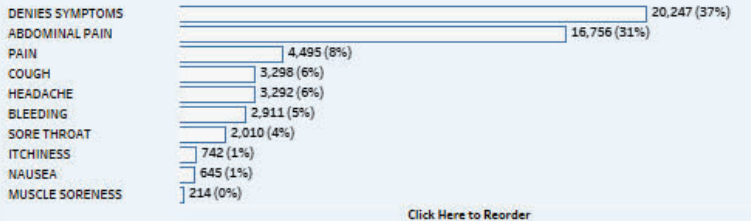
Events by School



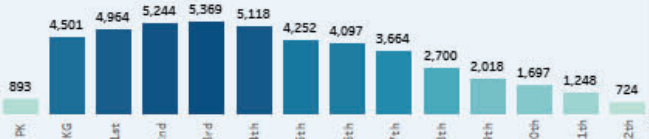
Percent by Event Type



Top 10 Reasons for Visit



Students by Grade



Male 55%



Gender Assigned at Birth

Female 45%



Flexible

W I	SE I	S I	NE I	N I	E I	CW I	CN I	CE I	C I
1.197	4.073	3.488	2.313	4.687	3.122	3.327	3.199	5.038	3.214
0.7%	2.2%	1.9%	1.3%	2.6%	1.7%	1.8%	1.7%	2.8%	1.8%

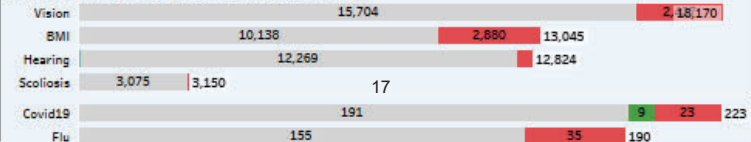
Standard

W II	SC II	S II	N II	E II	C II
23,788	23,731	29,280	24,191	22,649	25,507
13.0%	13.0%	16.0%	13.2%	12.4%	14.0%

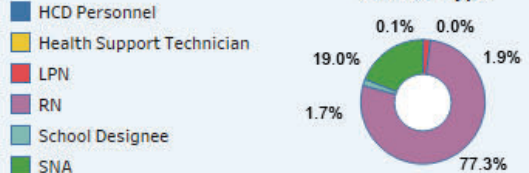
Visit Outcomes



Mandatory Screenings and Covid/Flu Testing



Provider Type



Clinic visit types, Trends & Different Service Utilization 1/1/2024 to 3/31/2024

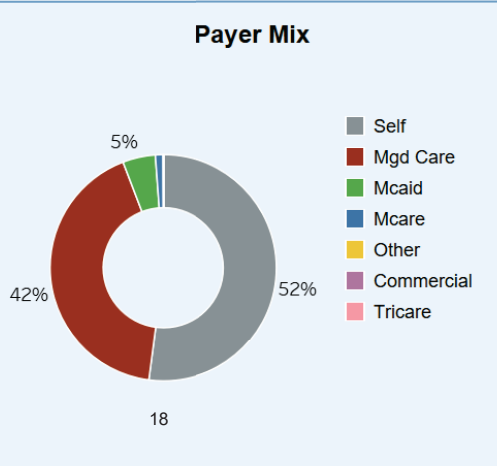
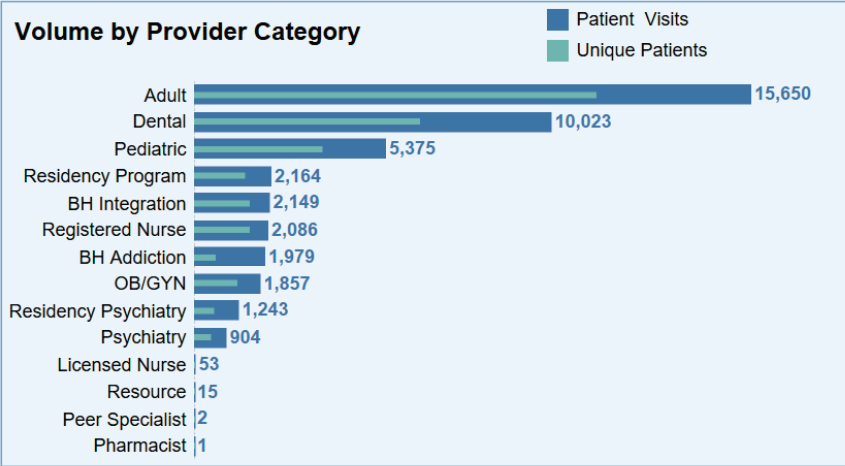
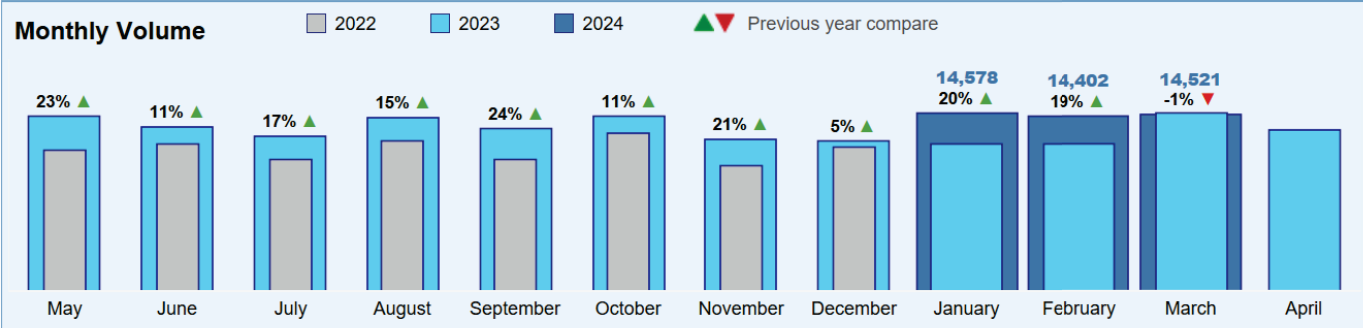
Unique Patients

21,220

Patient Visits

43,501

Visit Type		Office Visit	Nurse Only	Telemedicine	Surgical Consult	Immunization
		Patients 20,972 Visits 39,877	1,679 2,254	947 1,368	1 1	1 1

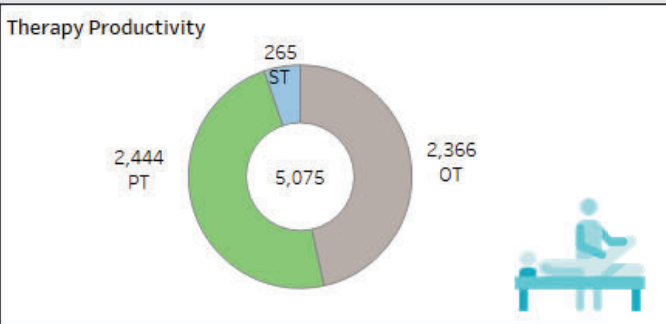
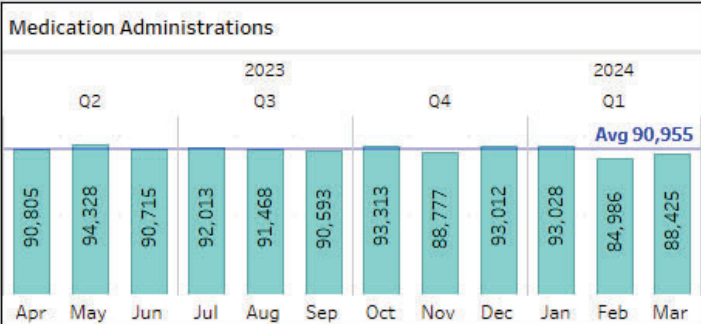
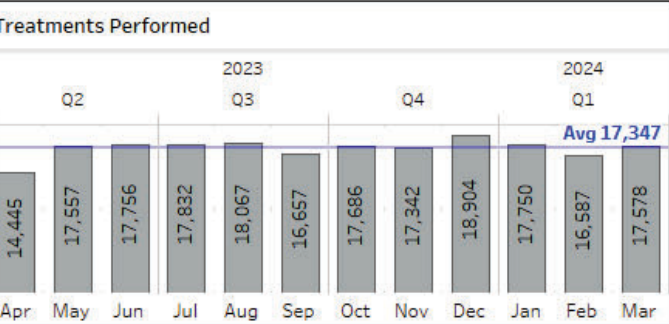
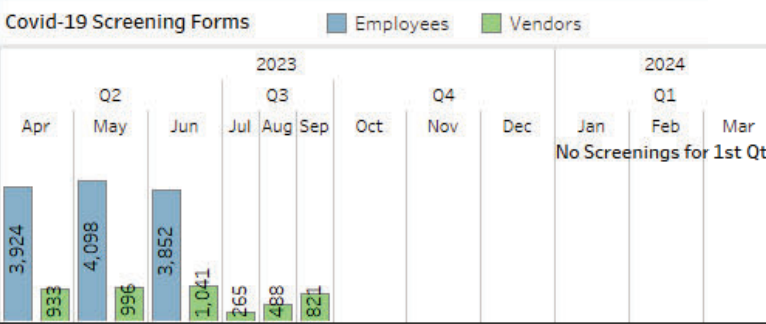
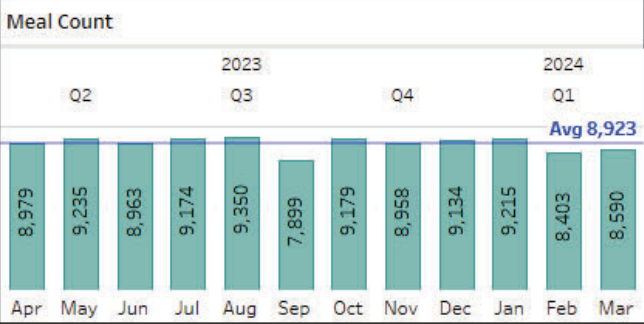
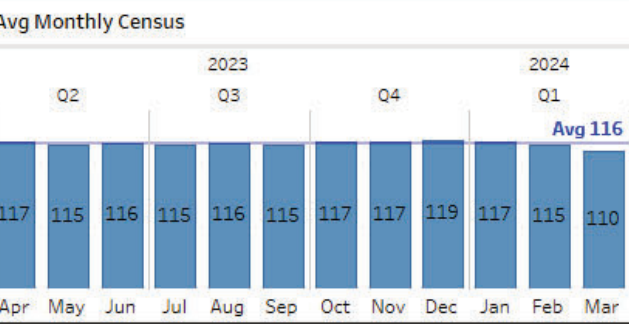


Volume by Clinic

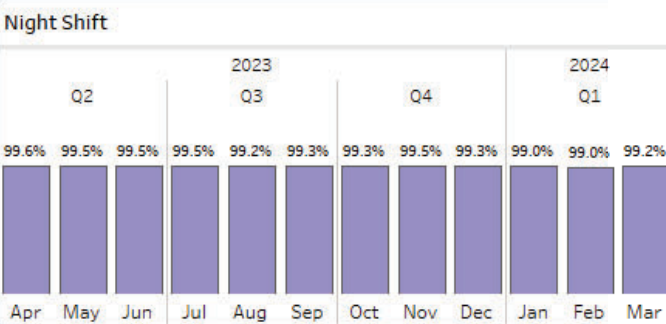
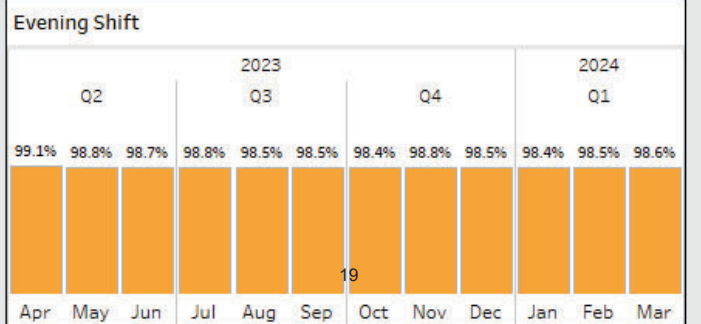
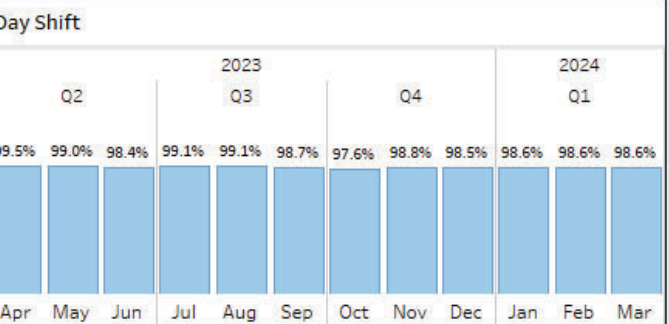
Legend: Patient Visits (dark blue), Unique Patients (light blue)

Clinic	Patient Visits	Unique Patients
Lantana Primary	6,420	4,813
West Palm Beach Primary	5,503	3,644
West Palm Beach Dental	3,401	2,159
Lantana Dental	2,827	1,988
Delray Primary	2,773	1,810
Mangonia Primary	2,631	874
Belle Glade Primary	2,579	1,600
Mangonia BH	2,367	795
Delray Dental	2,356	1,340
Lake Worth Primary	2,136	1,559
Delray BH	1,509	617
Lake Worth Women's	1,492	990
Jupiter Primary	1,472	1,085
Belle Glade Dental	1,406	847
Boca Primary	1,159	864
West Palm Beach BH	880	497
Lantana BH	702	459
Lake Worth BH	413	334
Belle Glade Women's	271	132
St. Ann BH	254	185
Jupiter Women's	196	138
CLB LAKE WORTH HIGH	179	177
Lewis Primary	113	92
St. Ann Primary	89	64
Boca BH	87	76
Mobile Hero	78	67
CLB JFK MIDDLE SCHOOL	69	69
Belle Glade BH	65	48
CLB BELLEGLADE GEN S..	41	33
Portable Clinic Dental	33	33

Healey Center
Productivity Data Q1 2024

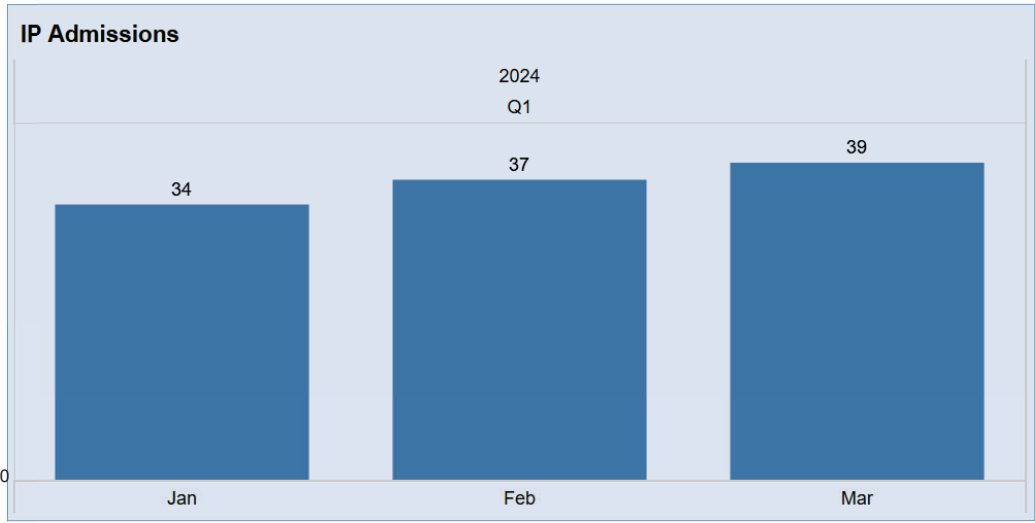
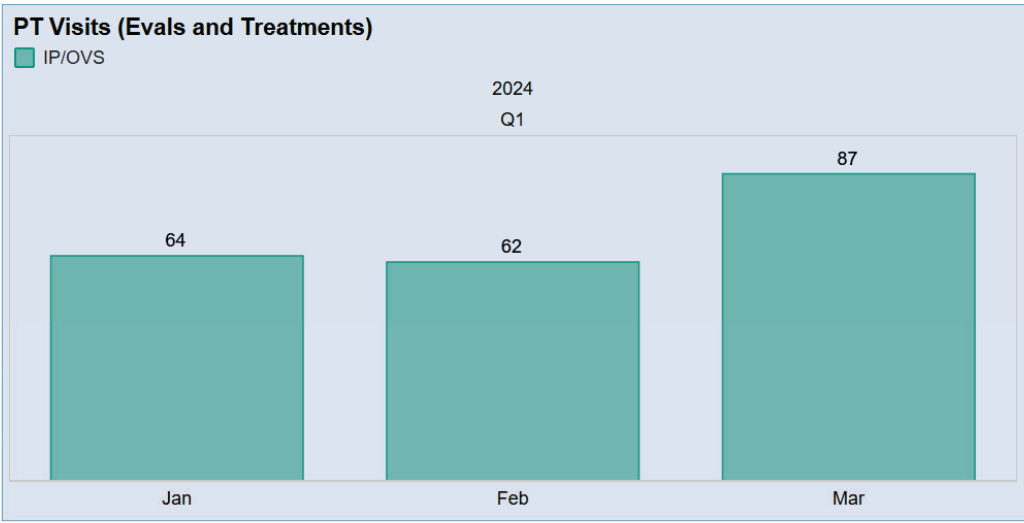
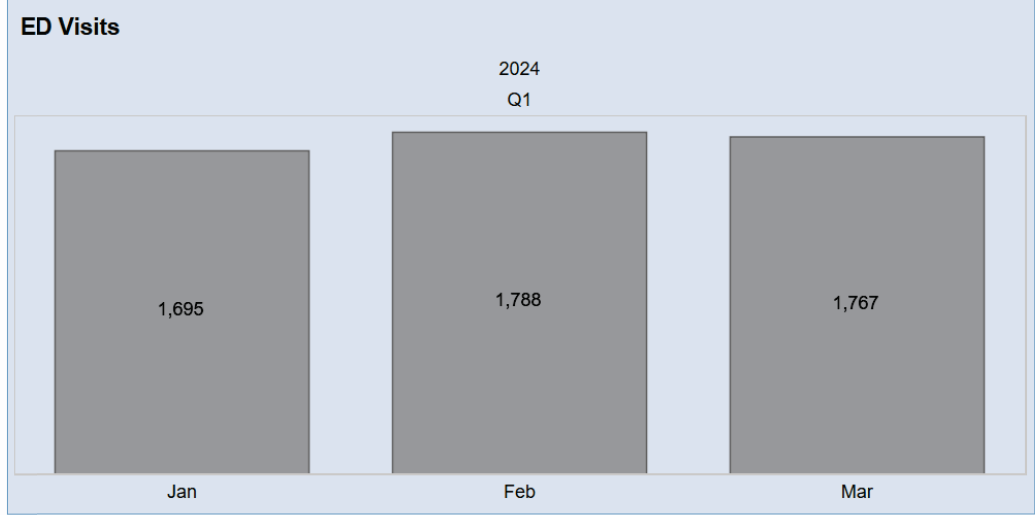
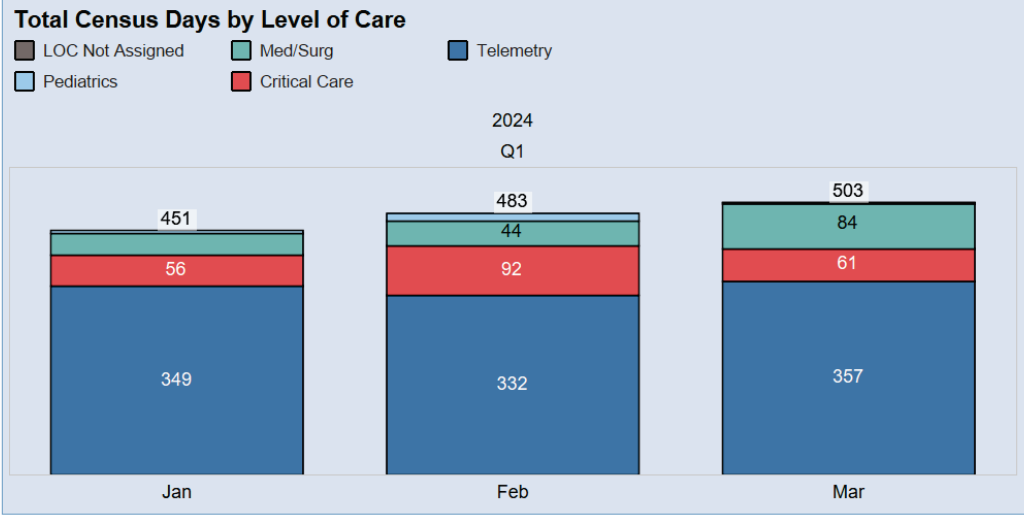


CNA Point of Care (POC) Compliance



Lakeside Medical Center Patient Flow Productivity Data

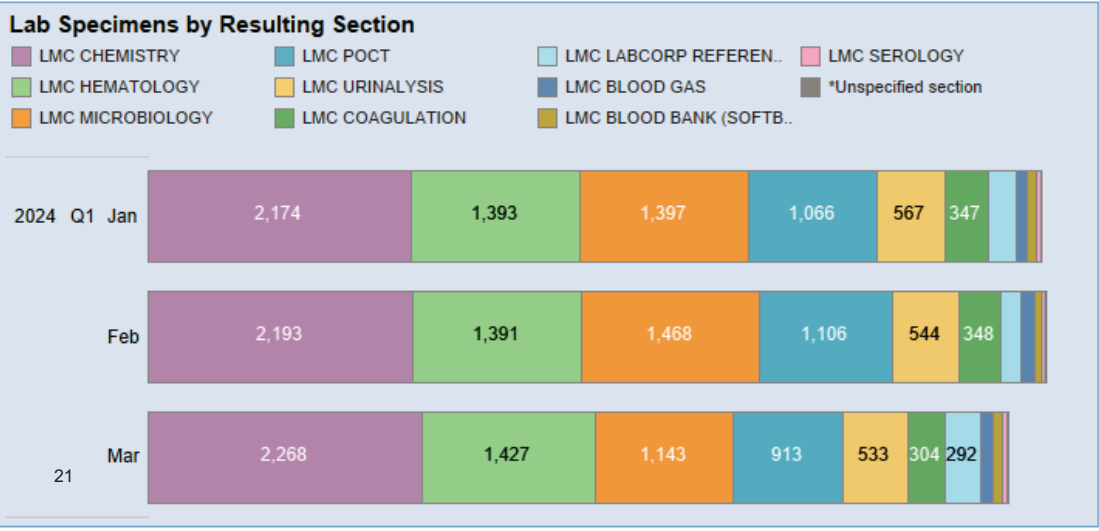
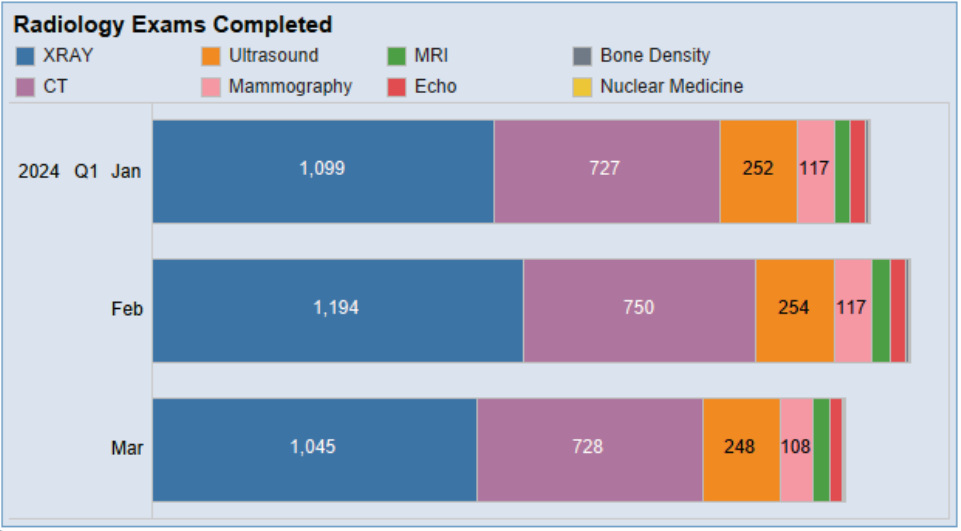
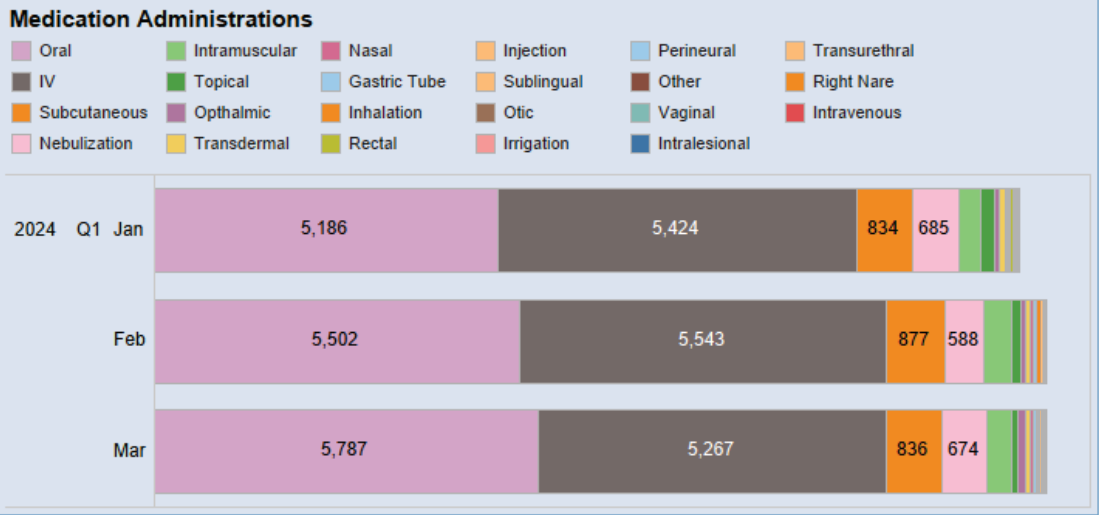
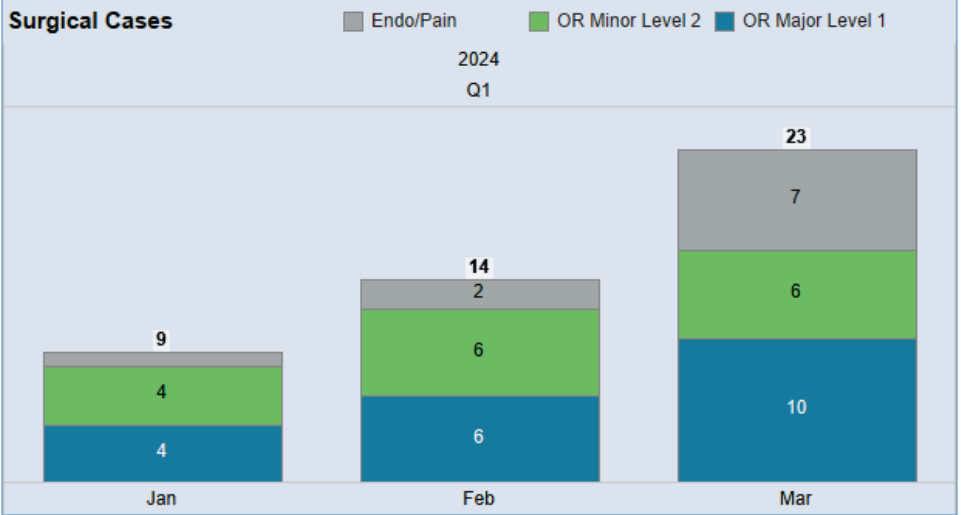
1/1/2024 to 3/31/2024





Lakeside Medical Center Clinical Productivity Data

1/1/2024 to 3/31/2024



Ground Transportation Services

1/1/2024 - 3/31/2024

filters

Completed Transports



524

Average Mileage



32 mi

Avg Pickup to Drop Off



130 min

Delays



78

Canceled Transports



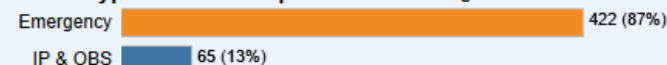
34

Avg Response Time



27 min

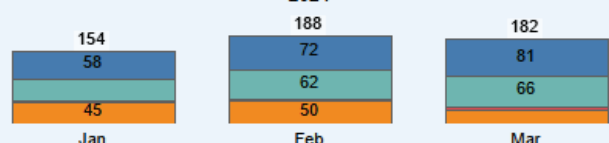
Patient Type - LMC Transports *Data Starting 12/2023



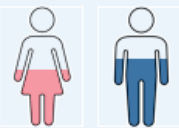
Monthly Transports

■ APOLLO ■ ATLAS ■ Not Spec... ■ Nt

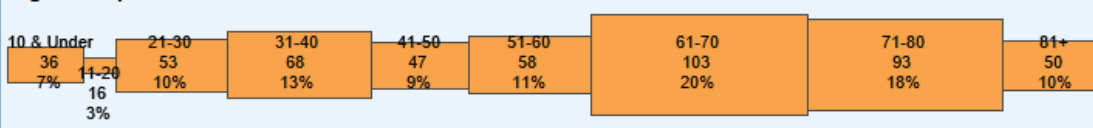
2024



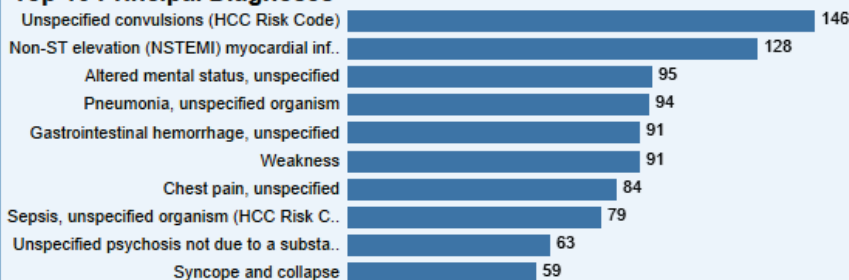
Gender



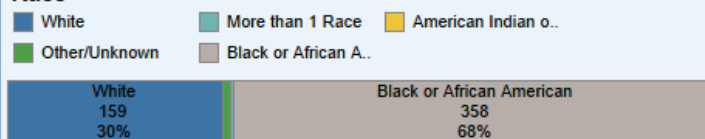
Age Groups



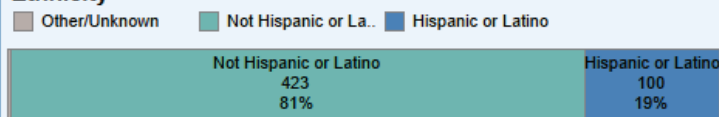
Top 10 Principal Diagnoses



Race



Ethnicity



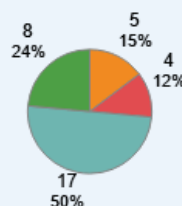
Canceled Runs

Reason Categories

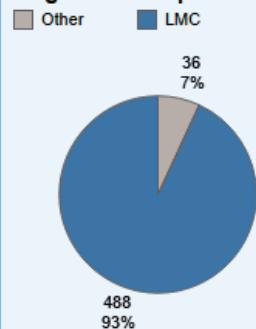
■ Destination location ■ User error (Void)

■ Patient related

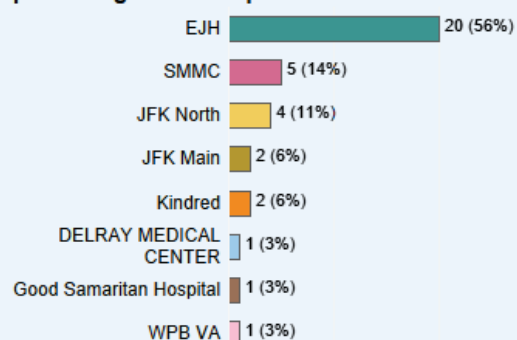
■ Referring location



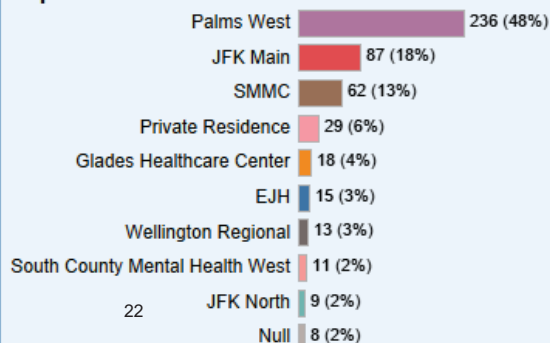
Origin of Transport



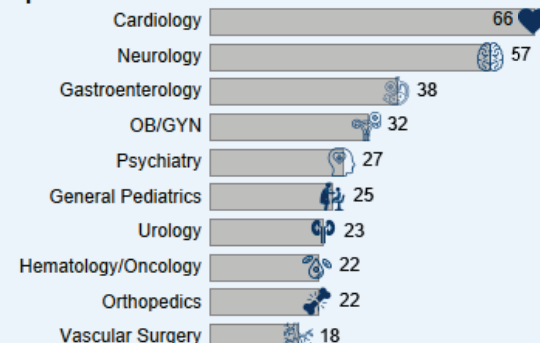
Top 10 - Origin of Transport - Other Locations



Top 10 Destinations



Top 10 Services Not Available

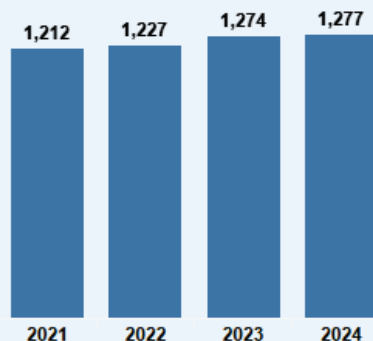




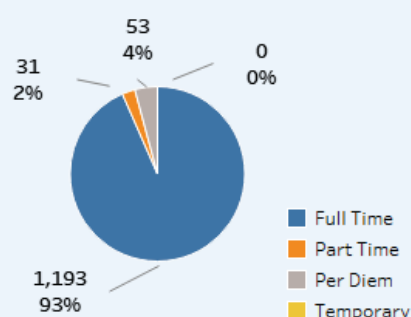
Health Care District
PALM BEACH COUNTY

EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS

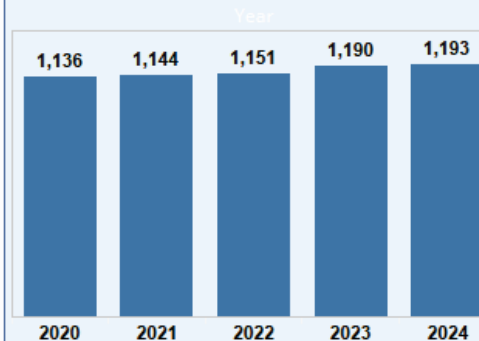
HEADCOUNT TREND



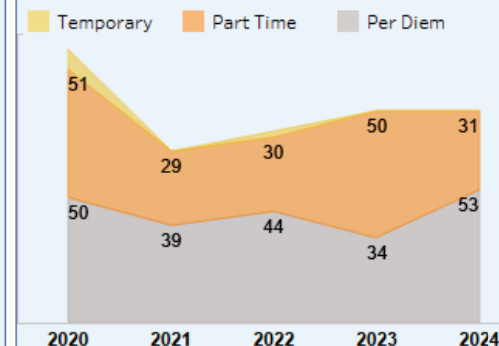
EMPLOYMENT STATUS 2024



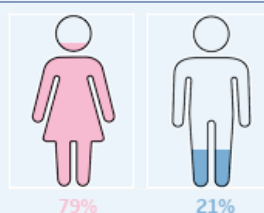
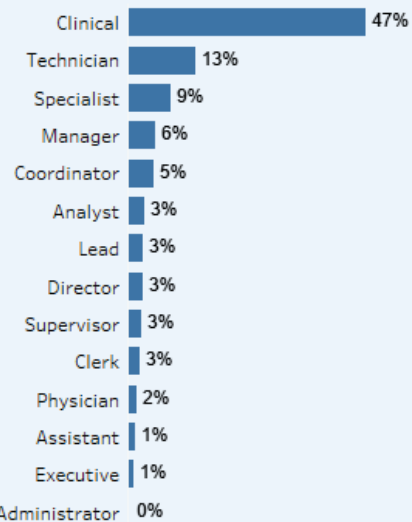
FULL TIME EMPLOYEE TREND



OTHER EMPLOYEE STATUS TREND



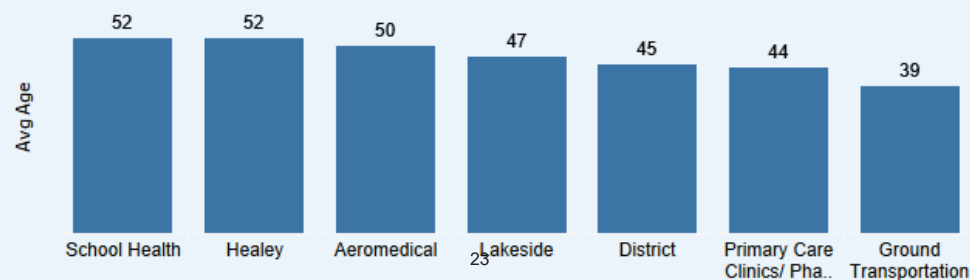
JOB FUNCTION



RACE/ETHNICITY



AVG. EMPLOYEE AGE BY BUSINESS UNIT



PROJECTED RETIREMENT 5 YEAR SPAN



175 Employees

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 12, 2024**

1. Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report (FY24 Q2)

2. Summary:

A summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Compliance", "CPE", or "Program") activities since the last meeting is provided. This Report covers FY24 Q2 (January 1 – March 31, 2024).

The Office of Inspector General ("OIG") recommends reporting on a regular basis to the governing body, CEO, and compliance committee(s) regarding the planning, implementing, and monitoring of the Program. This report is intended to provide an update on CPE activities, initiatives, monitoring, statistics, and Work Plan. Heather Bokor, VP / Chief Compliance, Privacy, & Risk Officer, presents the following:

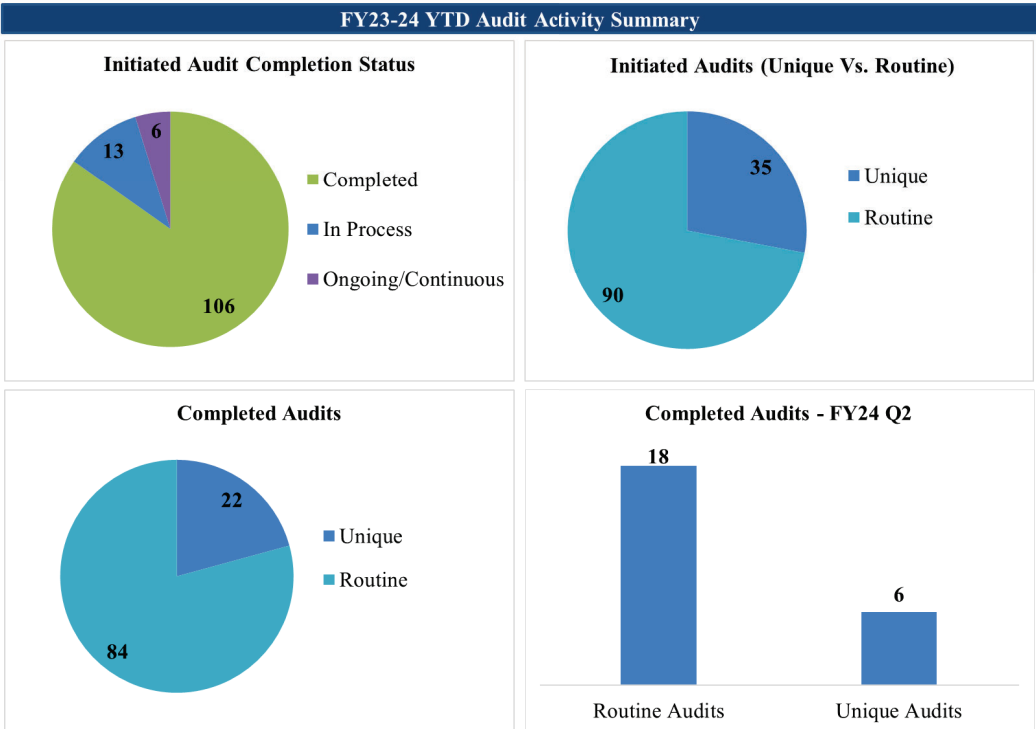
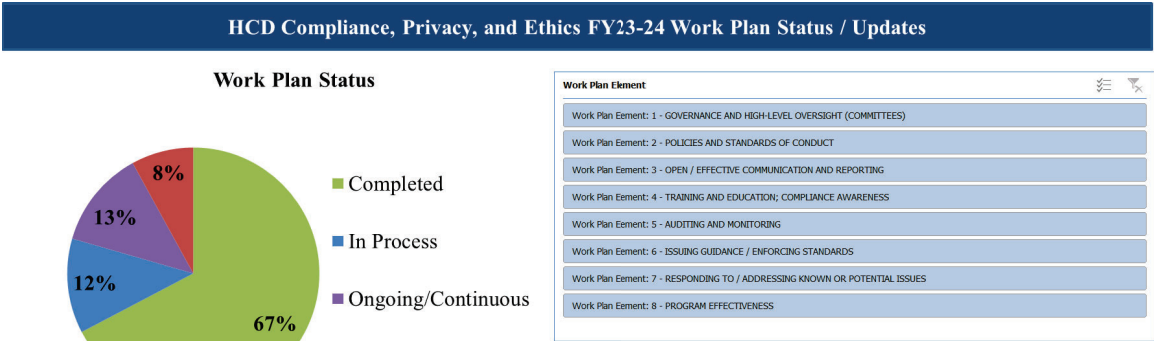
3. Substantive Analysis: Compliance, Privacy, and Ethics Report

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

Key areas since the last report which have had significant or notable work included as part of or separate from the FY24 Work Plan include: Auditing, monitoring and compliance reviews/risk assessments; Policies and Procedures/Standards of Conduct; Cybersecurity and Privacy breach readiness, assessment, and response with third-parties; IT Security Policies and Procedures; Contract reviews and payments with external parties; External auditing and monitoring assistance and participation (e.g., CMS, Recovery Audit Contractor (RAC)); Artificial and/or Augmented Intelligence (AI), Data Governance, and new Technologies; Conflicts of Interest; Consents and form revisions; Issuing guidance to staff; Licensure and accreditation; Research and issuance of regulatory and other guidance and education/information to staff; Vaccination and related guidance; Aeromedical audit tools and guidance; County EMS and Aeromedical Ordinance proposed revisions; Behavioral Health Research and Guidance for new programs; Regulatory updates and industry enforcement activity, including new/proposed state laws; Active participation and responsiveness to HCD staff on inquiries/incidents/needs; Education and dissemination of information and communication to HCD staff (e.g., Compliance and Risk/Safety Awareness and Surveys); and other initiatives to improve compliance and mitigate risk in the organization.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 12, 2024

A. Work Plan Status / Updates



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

In FY23-24 YTD, CPE initiated one hundred and twenty-five (125) total audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual CPE Work Plan. This includes thirty-five (35) unique and ninety (90) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE June 12, 2024

- Of the 125 initiated, 106 have been completed (22 unique, 84 routine).
- Of the 106 completed, 24 were completed since the last report/meeting (6 unique, 18 routine). These are reported in the tables below.
- Of the 125 initiated, 19 reviews (13 unique, 6 routine) are currently in preparation, in process, or pending preliminary / final reports. These items are reported as “Open” in the tables below. *Note: Items reported on at the prior meeting are included in reported data, however, are excluded from this report.*

Auditing and Monitoring – Completed	
Work Plan Item/Area (Item, Background and Rationale)	Summary (Findings and Recommendations/Action Items)
Release of Information (ROI) Privacy Audit <i>This audit was conducted to ensure HCD complies with the privacy and security rules for protected health information (PHI), an internal privacy audit of the Health Information Management (HIM) Release of Information (ROI) processes and procedures was completed. This audit assesses internal compliance with the requirements outlined in the Privacy Rules, specifically 45 CFR 164.506. This audit looked at 3-months of data.</i>	Audit Completed for FY24 Work Plan for the months reviewed. Results Favorable (100% compliant). No Recommended Actions.
Annual FERPA Notification Audit (School Health Program) <i>The Family Educational Rights and Privacy Act (FERPA) mandates that all parents and students who are 18 years of age or older (“eligible students”) receive annual notification of their rights under law with respect to the student's education records. The annual notification must include: Right to Inspect and Review; Right to Seek Amendment; Consent for Disclosure; Directory Information; Complaint Procedures; and Annual Notification Timing.</i>	Review Completed for CY23 in FY24. Results Favorable (100% compliant with applicable rules and policies). No Recommended Actions. Privacy performed the Annual FERPA Notification Audit for FY2024 to confirm required annual notification distribution and reviewed content details and formats to ensure compliance with applicable federal and state regulatory requirements. Overall, the review has revealed that the annual notification requirements outlined under current Federal and State law are currently in compliance with applicable rules and standards for FY24.

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
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<p>Privacy and Security Compliance Surveys for HCD Departments</p> <p><i>Onsite audit reviews were conducted to ensure compliance with Privacy and Security Rules (e.g., HIPAA/FIPA) that protect the privacy of Personal Identification Information (“PII”) and Protected Health Information (“PHI”). All clinic locations must implement reasonable and appropriate safeguards to maintain the confidentiality, integrity, and availability of patient information.</i></p>	<p>Three (3) Reviews Complete (Lewis Center, Jupiter, and West Palm Beach CHC’s). Results: Partially Compliant.</p> <p>These reviews identified several opportunities for improvement, which were identified and detailed through the following recommendations: (1) Documentation containing confidential information should not be left unattended; Staff shall utilize provided Iron Mountain shred bins for secure destruction; (2) Ensure Notice of Privacy Practices are updated, and reflect the most recent revision; and (3) Privacy screens to be installed for all patient facing clinic workstation locations.</p>
<p>High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Professional Services (in HCD’s Community Health Centers or “CHCs” or “Clinics”) (Annual)</p> <p><i>Compliance takes proactive measures to anticipate, predict, and prevent recovery efforts from payors and government agencies through internal data mining and external moderating of government investigations and audits. These are assessed for risk and placed on the Work Plan as necessary.</i></p>	<p>Annual Risk Assessment and Analysis Complete.</p> <p>The review and analysis identified various professional outpatient services (CHC/Clinic Services) that may be targeted as areas of potential concerns various by outside payors/external agencies.</p> <p>The following services have a potential to be included in four (4) target areas of the RAC and/or OIG:</p> <p>RAC: (1) Evaluation and Management Same Day as Admission to a Nursing Facility: Unbundling; (2) Annual Wellness Visits: Incorrect Coding; (3) Use of Modifier 59; and (4) Use of Modifier 25. OIG: (1) Medicare Part B Payments for Psychotherapy Services; (2) Telehealth Services; (3) Use of Modifier GC; and (4) Use of Modifier 59.</p> <p>Proactive measures were implemented in CPE’s FY24 Work Plan to monitor the RAC, OIG Monthly Work Plan, National and Local Coverage Determinations (NCD/LCD), and/or placed several of the identified professional services on future work plans for review (e.g., Modifier review, and OIG Medicare Part B Payments for Psychotherapy Services).</p>
<p>Exclusion Screening Compliance Reviews (Monthly)</p> <p><i>[Background/rationale details omitted].</i></p>	<p>Reviews Complete for January – March 2024. Results Favorable. No Recommended Actions. All potential matches were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions.</p>

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 12, 2024**

<p>21st Century Cures Act Information Blocking Rule Monitoring (Weekly)</p> <p><i>As a part of the 21st Century Cures Act, the Office of the National Coordinator for Health Information Technology (ONC HIT) established rules to regulate information blocking. HHS is authorized to identify "reasonable and necessary activities that do not constitute information blocking." These activities, also identified as information blocking exceptions, were finalized as a part of the ONC's Cures Act Final Rule for transparency through technology. Compliance with the Information Blocking Rule is required as of April 5, 2021.</i></p> <p><i>Privacy and IT worked with MHS to ensure proper set up and monitoring for compliance with this rule. In response to the District's implementation requirements outlined in the ONC's Cures Act Final Rule, a new dashboard has been developed for continuous monitoring of any provider note blocking activities. Further, weekly monitoring process and plan to help ensure applicable workforce members remain compliant with the Information Blocking Rule, as required per 45 CFR Part 171. Note: This is aa high focus area for the Office for Civil Rights ("OCR").</i></p>	<p>Reviews Complete for January – March 2024. Results Favorable. No Recommended Actions.</p> <p>No issues were found in regard to information blocking or access to records, per Privacy's reviews completed to date. Privacy will continue to review these weekly.</p>
<p>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly)</p> <p><i>New: In addition to the routine monitoring of FairWarning, HCD Privacy enacted a New FairWarning Privacy Enforced Policy to monitoring Coworker snooping to include Board and Committee members as well as HCD's Executive and Senior Leadership Team. This report is run weekly and counted monthly in terms of reported activities under this Report.</i></p>	<p>Reviews Complete for January – March 2024. Recommended Actions.</p> <p>Nine (9) privacy access incidents were investigated, which resulted in four (4) recommended actions and education for related staff members.</p> <p>Privacy will continue to include the new enforced policies in its weekly reviews.</p>

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SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily) <i>[Background/rationale details omitted].</i>	Reviews Complete for January – March 2024. Results Favorable. No Recommended Actions. 100% compliance with applicable rules and policy, with no red flags or resulting violations for HCD staff/Epic users. These are counted as monthly for purposes of data/reporting.
Referral Source/Physician Payment Audits (Ongoing) <i>[Background/rationale details omitted]. Note: These are reported only as monthly items for purposes of volume.</i>	Reviews Complete for January – March 2024. Results Favorable. Recommended Actions. All physician and referral source payments routed for approval are reviewed and audited by Compliance, and any issues are corrected prior to payment. <i>Recommendation made to expand the routing/audits of agreements and associated payments review, where appropriate, also to address other physician employment and/or contracting needs as referenced in the review and for compliance involvement in any changes to ensure compliance.</i>
OIG Work Plan (Monthly) <i>[Background/rationale details omitted].</i> <i>*CMS audit received/in process for Healey.</i>	For January - March 2024 the OIG added (19) new review items since the last report, five (5) of which may apply to HCD: <i>(1) Assessing the Accuracy of Nursing Home Falls Reporting in MDS Assessments; (2) Medicare Inpatient Hospital Billing for Sepsis; (3) Patient Safety Organizations: Key Insights, Challenges, and Opportunities; (4) Audit of Nursing Facility Drug Overdoses; (5) Comparisons of Average Sales Prices to Widely Available Market Prices for Q4 2023.</i>

Completed Work Plan Items (non-Audit) are included below.

Element/Type	Work Plan Item/Area – Completed Items (FY24) <i>(Non-Auditing Items, Includes Unique and Standing Items)</i>
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> Monitoring/Review of Regulatory Updates and Industry Enforcement Activity that may impact HCD (<i>CMS to Expedite EMTALA Investigations, Florida legislative session and new laws, OMB Issues First Governmentwide AI Risk Mitigation Rules, FTC Introduces Noncompete Ban, Change Healthcare Data Breach and Fallout, HHS investigations related to CHC cyberattack, HHS OCR Release Updated Guidance on “Use of Online Tracking Technologies by HIPAA Covered Entities and Business Associates, Health Sector Coordinating Council release Health Industry Cybersecurity – Coordinated Privacy Security Partnerships (HIC-CPSP) Guide, HHS’ OCR & NIST release finalized Special Publication</i>

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	<p><i>(SP) 800-66 Revision 2, Implementing the HIPAA Security Rule: A Cybersecurity Resource Guide, HHS Finalizes New Provisions to Enhance Integrated Care and Confidentiality for Patients with Substance Use Conditions, HHS releases sector specific Cybersecurity Performance Goals (CPGs) to help healthcare organizations prioritize implementation of high-impact cybersecurity practices, AHA Warns Hospitals of IT Help Desk Social Engineering Scheme, etc.)</i></p>
Responding to Issues and Inquiries	<ul style="list-style-type: none"> Responded to various compliance issues, inquiries, and issued guidance internally accordingly (e.g., <i>Aeromedical Interfacility Transports, Aeromedical Balance Billing, Behavior Health, DNP Projects and Student Shadow experiences, Behavioral Health facility classification, Behavioral Health Regulatory References and Research, Florida Laws and bill proposals, School Health documentation requirements, School Health Abuse Reporting Requirements, Liberty Agreement proposal for Dental, Marchman Act and Baker Act reviews, Telehealth requirements, EMTALA and associated state requirements</i>) Responded to various privacy issues, inquiries, and issued guidance internally accordingly (e.g., <i>General data privacy and information security; External data sharing requirements, Authorization/Consent requirements and regulations, General ROI requirements and exceptions</i>).
Policies & Procedures (and Forms)	<ul style="list-style-type: none"> Comprehensive Review of Compliance, Privacy, and Ethics Policies and Procedures for organization's conversion project in preparation for HCD's new policy management system). New/Revised Policies and Procedures (e.g., <i>Information Blocking Rule Compliance (New), FERPA Protections for Student Health Records (New), Patient Care Observer or Administrative Shadow Policy, Procedure and Process (New), LMC ED Law Enforcement Blood Alcohol Count Testing Requests (New), Disclosures of PHI for Law Enforcement Purposes (New), HCD IT Security Policies and Procedures (Acceptable Use, Backup, IT Asset Physical Protection and Security, IT Infrastructure Access and Authentication, Technology Communication, and User Password), Guidance on P&P for: Blood Borne Pathogens, and Blood and Bodily Fluid Exposure; and Behavioral Health guidance on development of policies and procedure requirements for future P&P revision/guidance.</i> New/Revised Forms (e.g., <i>Governance Conflict of Interest Disclosure Questionnaire, Acceptable Use Acknowledgement, Consent Forms (multiple business units/forms – e.g., Clinics/SH/GTS General Consent for Treatment); Patient Care Observer or Administrative Shadow Participation Form/Process</i>)

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Training & Education; Awareness Activities	<ul style="list-style-type: none"> • Privacy Incident Re-Education/Re-Training Activities • New Hire Orientation (ongoing) • Annual Compliance, Privacy, and Ethics Awareness Event / Survey development
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> • COI Issuance: Board/Committee Members for FY24 (annual requirement) • COI Review: HCD Staff for FY23 (annual requirement) • OCR (HHS-Office for Civil Rights) Breach Event Reporting (Annual, Completed in February 2024 for CY24)

Open Work Plan Items are included below.

Element/Type	Work Plan Item/Area – Recently Completed ***; In Process **; and/or Routine/Ongoing *
Auditing and Monitoring	<ul style="list-style-type: none"> • Online Tracking Technologies Risk Assessment (<i>New</i>) *** • Monitoring of External Audit (CMS) Activity (Healey Skilled Nursing Facility, 5-Claim Probe and Educate Review) ** • Monitoring of External Audit (RAC) Activity (Aeromedical RAC denied: Redetermination Review Requested 3-claims) ** • PEPPER Report Monitoring for Short Term Acute Care Hospitals (STACH) (LMC) (Q4) (<i>Note: CMS has temporarily paused until Fall 2024 for improvements to the program and reporting system</i>) * • EMTALA and Access to Emergency Services and Care Risk Assessment (<i>resumed Q3</i>) ** • Hospital Emergency Department Signage Review (LMC) ** • Privacy and Security Compliance Surveys for HCD Departments ** • External Ambulance Services Claims Review and Contract Discussions (<i>Pending AMR - anticipate closure in Q3</i>) ** • Business Associate Agreements (“BAA”) and Decision Tree (<i>was on hold, pending Part 2 legislation</i>) ** • Authorization for Marketing/Patient Stories (<i>on hold</i>) • Credentialing Risk Assessment (<i>on hold</i>) • HCD Non-employed Individuals in the workplace: Risk Assessment ** • SlicerDicer Use and Access Monitoring for Privacy Use * • FairWarning system monitoring/auditing of detected potential privacy violations / red flags by Epic Users * • Referral Source Audits and Payments to Physicians * • Exclusion Screening Monthly and Ad Hoc (e.g., Credentialing) * • OIG Work Plan Monitoring * • CMS Open Payments; Review and Dispute Reconciliation** • Information Blocking Audit *

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Standards of Conduct / Policies & Procedures / Forms	<ul style="list-style-type: none"> In process (e.g., 340B Compliance and Program Integrity **; Standards of Conduct P&P/Guidebook **; Internal Reporting of Compliance Issues **; Anti-Discrimination Policy and Procedure **; Ethical and Appropriate Use of AI Technology **; Baker Act (Clinics) **; Complimentary Transport Policy **)
Open/Effective Communication	<ul style="list-style-type: none"> Ongoing monitoring and dissemination of information to HCD staff (e.g., OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates and Dashboard) * Ongoing Website Enhancement/ Communication/Posting * Ongoing Internal staff development *
Training & Education	<ul style="list-style-type: none"> Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership ** Compliance, Privacy, & Ethics Training – Exclusion Checks, Tips, and Reminders for Vendors ** Baker Act Training Module (LMC Emergency Department/HCD) ** New Hire Orientation * Medicare Audit Types Training Module ** Compliance, Privacy, Ethics and Risk Management Newsletter: Spring Edition ***
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> Data Breach Response for Panel Provider Reviews – Part II (Privacy Preparation and Readiness) (on hold) ** Human Resources Exit Processes (on hold) Evaluation and Mandatory Rule Implementation / Development and Monitoring * HCD Applicable Rule/Law Analysis * Regulatory Updates/Industry Enforcement Activity * Contract Reviews and Guidance *
Responding to Issues	<ul style="list-style-type: none"> Hotline Call Response/Investigations * Response to Issues/Inquiries/Investigations * External Agency Audit Activity / Review and Response *
Effectiveness	<ul style="list-style-type: none"> Compliance Program Development/Effectiveness *

B. Department Activity and Statistics:

1. Conflicts of Interest (“COI”)

In FY24, HCD CPE revised the COI Disclosure Form/Questionnaire and disseminated to HCD Board and Committee Members in March 2024.

HCD CPE is in process of making necessary revisions to the HCD Staff / Employee COI Disclosure and will push it out next quarter.

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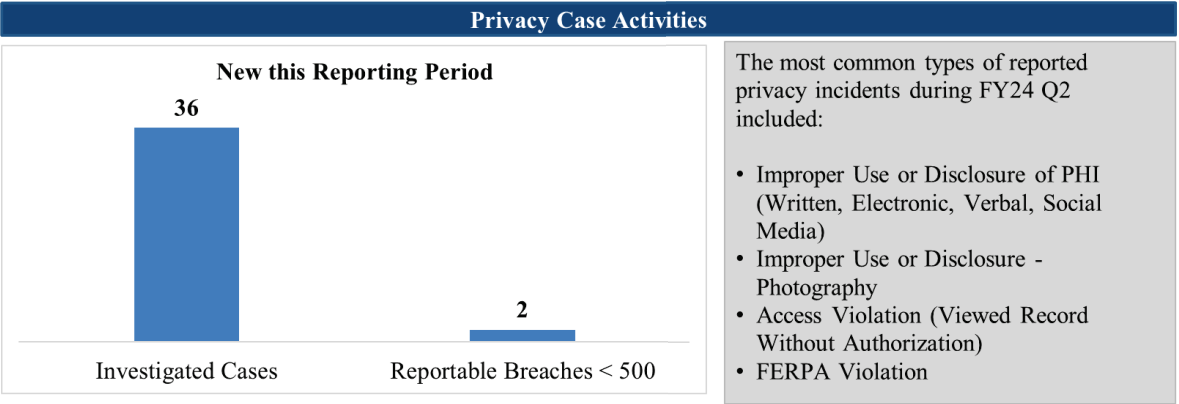
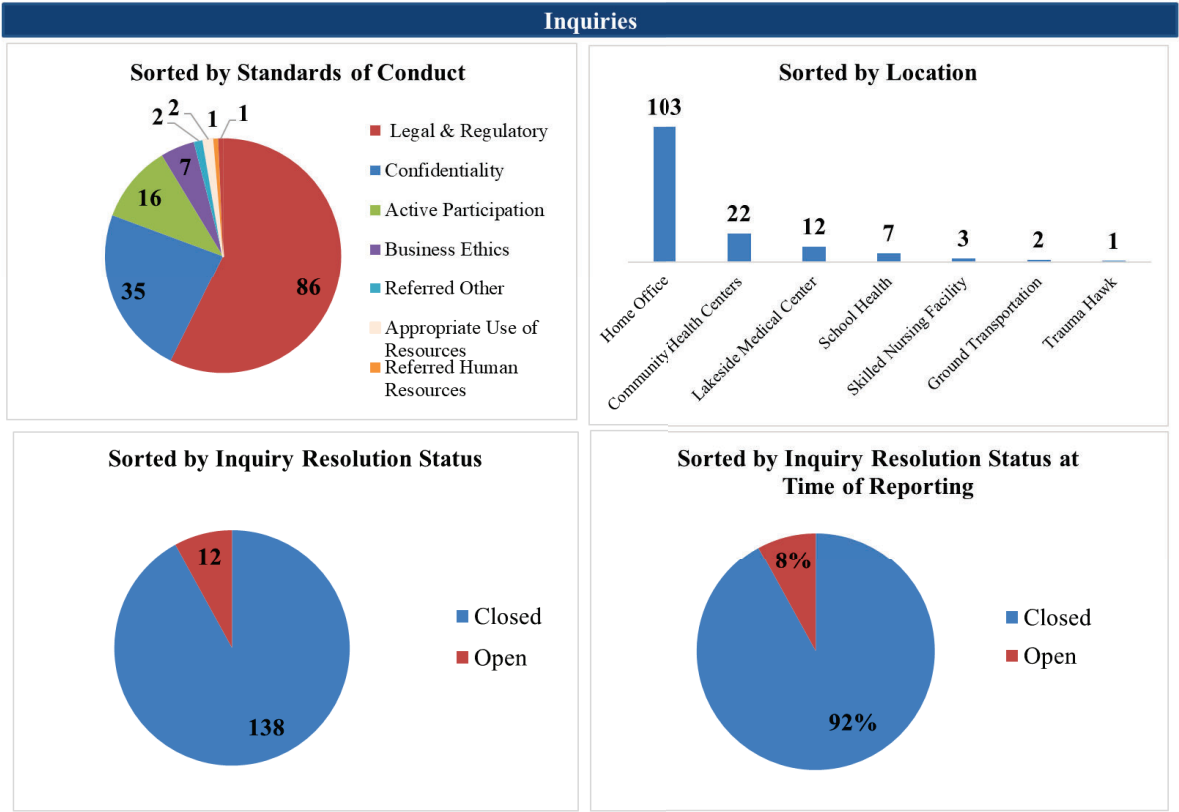
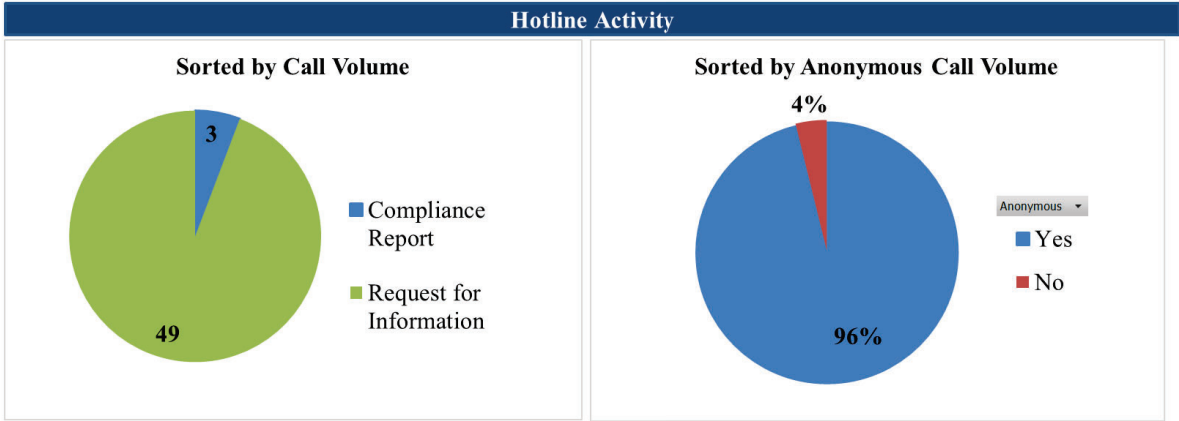
2. Regulatory Updates and Industry Enforcement Activity

These updates, including any State Laws as applicable, are reported at the June Board of Director/Commissioners meeting as informational and are omitted here. Items which included specific distribution to staff during this reporting period are noted above.

3. Hotline, Inquiries & Investigations – *Continued on next page.*

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Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY24 Q2)



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4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

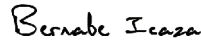
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VP & Chief Financial Officer

5. Recommendation:

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

Approved for Legal sufficiency:

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SVP & General Counsel

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VP & Chief Compliance, Privacy, & Risk Officer

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Chief Executive Officer

HEALTH CARE DISTRICT

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

JUNE 12, 2024

1. **Description: Quality & Patient Safety Dashboards**

2. **Summary:**

This agenda item provides the quality and patient safety reports for the 1st Quarter of 2024 for School Health, Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, Ground Transportation, and Corporate Quality Metrics.

3. **Substantive Analysis:**

School Health

Florida-Mandated Student Screenings

- We have exceeded the Florida-mandated goal of completing 95% of the vision and hearing and 45% of BMI and scoliosis screenings required at the end of Quarter 1 of 2024. Parents are notified of any abnormal results so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: Through the 1st quarter of 2024, we screened 31,339 (96.3%) of eligible students in the 1st, 3rd, and 6th grades. Out of 31,339 students, 7,700 (25%) students required referral.
- Hearing screening: Through the 1st quarter of 2024, we screened 31,211 (95.8%) of eligible students in kindergarten, 1st, and 6th grades. Out of 31,211 students, 1,043 (3.34%) students required referral.
- Vision screening: Through the 1st quarter of 2024, we screened 43,028 (96%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 43,028 students, 6,841 (15.9%) students required referral.
- Scoliosis screening: Through the 1st quarter of 2024, we screened 9,626 (96.7%) of eligible students in 6th grade. Out of 9,626 students, 109 (1.13%) students required referral.

Aeromedical

Run Time

For 2023 Q4, Aeromedical-Trauma Hawk flew 131 flights (100 Scene and 31 Interfacility Calls) transporting 134 Patients. The top 3 scene call types were Trauma (82%%), Cardiac (9%), and Neurology (7%). with an average dispatch to enroute of 0:04:51 (meeting goal of <5 minutes) and an average dispatch to the landing zone of 0:17:36 (meeting goal of <20 minutes). There was a total of 64 missed flights (61%) due to weather, 91 cancelled flights and 47 aborted flights

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for scene dispatches. The top 3 scene destinations were St. Mary's, JFK and Palm Beach Gardens Medical.

Out of the 31 interfacility flights, the top 3 call types were Cardiac (29%), Trauma (19%), and Neurology (16%). The interfacility dispatch to enroute average time was 0:14:30 with an average dispatch to the hospital landing zone of 0:29:30.

There was a total of 112 missed flights (68%) due to weather, 40 cancelled flights and 4 aborted flights for interfacility dispatches. The top 3 interfacility destinations were St. Mary's, JFK, and Palms West Medical Center.

Aeromedical-Trauma Hawk flew 155 transports for Q1 2024, out of which were 116 scene transports with 117 patients (one dual patient) and 39 interfacility patient transports. Out of the 116 scene transports, there were 108 trauma patients (93%) and 8 medical patients (6 neurology and 2 cardiac-related). The average dispatch time to enroute was 0:04:21 meeting the goal of < 5 min, with an average of 0:17:45 from dispatch to arrival on scene meeting the goal < 20 min. The top three destination hospitals for scene transports in Q1 were: 1. – St. Mary's Medical Center (103), 2 – JFK Medical Center (3), and 3. – Delray Medical Center (3) tied with Broward General (3).

Out of the 39 interfacility flights completed the top three categories were: 1) Cardiac (9), Trauma (9) and Neurology (8). The average time from dispatch to enroute was 0:17:46 with an average of 0:32:47 from dispatch to arrival at the sending hospital. The top three destination hospitals were: St. Mary's Medical Center (14), JFK Medical Center (10) and Nicklaus Children's Hospital (5).

Noteworthy: Trauma Hawk flew its first patient with the new helicopters on March 15. The crew transported an interfacility patient from St. Mary's Medical Center to Delray Medical Center. Both new helicopters are now fully operational.

Trauma

○ **System Utilization:**

Over Q4 of 2023, 1,429 patients were seen at the trauma centers. 2023 calendar year there were 5,862 patients seen at the trauma centers.

Trauma Center comparison shows SMMC treated 57% of patients and DMC treated 43% of patients. **Gender** breakdown shows 40% female compared to 60% male. **Race** and **Ethnicity** shows White being the majority with 77%, followed by Black at 18%, and non-Hispanic leading with 83% followed by Hispanic at 17% respectively. **Age Group by Trauma Center** shows SMMC Age Group: 54% Adults, and 33% Geriatrics, and 13% Pediatrics, while DMC Age Group: 60% Geriatrics, 36% Adults, and 3% Pediatrics. The top **Decade of Age by Trauma**

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Center shows SMMC was 30-39Yr, while DMC was 80-89Yr. *Trauma Volume by Month and Trauma Center* for Q4 shows December as the highest month in volume for both trauma centers followed by November and October respectively. *Trauma Volume by Month, Year & Trauma Center* shows SMMC had a decrease of 11% in October compared to last year, while November showed an 11% increase and December showed an 12% increase compared to last year. DMC showed a 19% decrease in October, a 10% decrease in November and a 15% decrease in December compared to last year.

- **PBC Mechanism of Injury:**

Over Q4, the leading *Mechanism of Injury* remained Falls, followed by Motor Vehicular Crash and Motor Vehicle vs Pedestrian respectively. *Vehicular Crash Breakdown* showed MVC leading, followed by MV vs Pedestrian, then Motorcycle Crash. Overall county *Years of Age by Decade* demographic shows top group of 80-89Yr. Pediatric breakdown showed the top *Pediatric Age Distribution* of 14 Y as most prominent. *Transports by Ground* supplied the majority of patient transports with 92% volume, while *Transports by Air* accounted for 8%. *Trauma Activation Level* shows that Trauma Alerts accounted for 51%, Trauma Transfers accounted for 30%, and ED Upgrades accounted for 17%. *Trauma Injury Type* showed Blunt at 87%, Penetrating at 9%, and Burn at 3%.

System Utilization:

Over Q1 of 2024, 1,573 patients were seen at the trauma centers compared to 1429 seen in quarter 4 of 2023 (10% increase).

- *Gender* breakdown shows 37% female compared to 63% male.
- *Race* and *Ethnicity* shows White making the majority with 74%, followed by Black at 19%, and the majority at 85% being non-Hispanic.
- *Age Range* shows 76-85 at the highest with 18%, while ages 66-75 and >85 tied at 14%.
- *Monthly Volume* for Q1 March had the highest volume for both trauma centers, with a 3% increase from last year, followed by February with a 20% compared to last year, and January with 6% decrease compared to last year.
- *Activation Level Trends* shows Level I (Alert from scene) as the majority at 56%, followed by Level II (Inter-Facility Transfers) at 28%.

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Trauma Center Comparison:

Trauma Center comparison shows SMMC treated 58% of patients and DMC treated 42% of patients. SMMC Q1 shows January with 2% decrease compared to last year, February shows a 33% increase, and March shows a 15% increase. DMC Q1 shows January with a 14% decrease, February shows a 12% decrease, and March shows a 9% decrease.

- **Gender** breakdown shows SMMC 66% male and 34% female, while DMC shows 59% male and 41% female.
- **Race** and **Ethnicity** in SMMC shows White making the majority with 69%, followed by Black at 25%, and the majority at 80% being non-Hispanic, while DMC shows White making the majority with 80%, followed by Black at 11%, and the majority at 91% being non-Hispanic.
- **Age Group** shows SMMC Age Group: 12% Pediatrics, 53% Adults, and 35% Geriatrics, while DMC Age Group: 5% Pediatrics, 35% Adults, and 60% Geriatrics.
- The top **Decade of Age by Trauma Center** shows SMMC was 76-85 at 14%, followed by 26-35 at 13%, while DMC was 76-85 at 24%, followed by >85 at 20%. 2024

Mechanism of Injury:

Over Q1, the top three **Mechanism of Injuries** were Falls – which continues to lead – at 49%, followed by Vehicular crashes at 34%, and Assault at 7%. **Mechanism of Injury – Subcategory** for Falls shows Same-Level Falls as the leading type of fall with over 350 cases, followed by Vehicular which shows MVCs as the leading type of Vehicular-related MOI with over 250 cases, while Assault shows assaults with a Knife/Sharp Object lead with 40 cases. **Transportation Mode** shows that the majority of patient transports were by ground at 91%, while air accounted for 9%. **Injury Type** shows Blunt at 88%, Penetrating at 9%, and Burn at 3%.

C. L. Brumback Primary Care Clinics

The following measures were not meeting goal at the end of Quarter 1 2024: Hypertension (70%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (74%), goal is 86%, Tobacco Use Screening and Cessation Intervention (91%), goal is 93%, Adult Weight Screening and Follow Up (72%), goal is 90%, Diabetes: Migrant (62%), goal is 67%, Weight Screening and Counseling for Children and Adolescents (88%), goal is 90%, Breast Cancer Screening (57%), goal is 60%, Cervical Cancer Screening (62%), goal is 65%, Colorectal Cancer Screening (31%) with goal of 82%. All other goals achieved for the quarter.

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Edward J. Healey Rehabilitation and Nursing Center

For Q4, all quality measures met goal.

Lakeside Medical Center

For Q1 2024, **Inpatient Quality Measures** there were 1 of 4 measures (ED-1a) that did not meet goal.

ED Measure:

For **ED-1a**, there were (64) cases that fell into the sample for Q1 with a median time of (320) minutes, which is higher than the set goal of (313) minutes.

For Q1 2024, **Outpatient Quality Measures** there was 2 of 2 measures (OP-18, OP-23) that did not meet goal.

OP-18 Measure:

For **OP-18**, there were (66) cases that fell into the sample population with a median time of (179) minutes, which is higher than the set goal of (134) minutes.

OP-23 Measure:

For **OP-23**, there were (2) cases that fell into the sample population, the goal of >71% was not met.

Ground Transportation

Ground Transportation is trending and monitoring 6 GAMUT quality metrics for 2024. These are Use of Appropriate Pain Scale, Blood Glucose Testing for Altered Mental Status Patients, Waveform Capnography Monitoring for Patients with Mechanical Ventilation and/or Advanced Airways, Medical Equipment Failures, Appropriate Management of Aortic Emergencies and Temperature Assessment. During Q1 2024, our program trended at 99% for the Use of an Appropriate Pain Scale which is above the GAMUT national threshold of 90%. For Blood Glucose Testing for Altered Mental Status Patients we were at 94%, which is above the GAMUT national threshold of 91%. We were at 100% for Waveform Capnography Monitoring for mechanically ventilated patients with an advanced airway exceeding the GAMUT national threshold of 95%. We had no Medical Equipment Failure events this quarter and we transported two Aortic Emergency Patients, providing appropriate management, exceeding the GAMUT national threshold of 92%. We also trended at 99% for measuring and documenting temperature with the first set of vital signs, surpassing the GAMUT national threshold of 85.7%.

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Corporate Quality Metrics

Information Technology

- **Customer Service:** In Q1 2024, our IT department opened a total of 4,801 new support tickets and successfully closed 4,708 tickets, including those carried over from the previous month. On average, we received 53 new tickets each day. The average time taken to resolve a ticket, excluding any hold time, was 3 hours. The average days to close a ticket was 2 days and 4 hours. Additionally, the IT Service Desk handled 3,672 calls. The average wait time for these calls was 29 seconds, and the rate of calls abandoned was 3.0%, which is below our target rate of 4.5%.
- **Cybersecurity:** In the first quarter of 2024, our cybersecurity team conducted an in-depth investigation into 544 security incidents. These incidents encompassed a wide range of threats, including phishing attacks, adware, spam emails, responses to security operations center alerts, and user-reported issues. Thanks to the diligent efforts of our team, all incidents were successfully resolved, with none classified as reportable. Additionally, we completed a migration to a new service provider for our security operations center. We implemented a new security awareness platform for security awareness training. This strategic decision reinforces our commitment to proactive cyber defense and enhances our security through better threat monitoring and awareness.

Human Resources

Turnover and Recruitment:

- For Q1 2024, the average turnover was 23 employees/month, decrease by 4.2% from previous quarter.
- For Q1 2024, the highest turnover rate (4%) was among employees under one year of service
- For Q1 2024 the top 3 highest turnover rates by business unit were Ground transportation department, followed by Clinics Medical, and School Health/Home Office tied for third.
- At the end Q1 2024 there were 35 open requisitions, 48.5% decrease from previous quarter (68)
 - 57 days = Average time to Fill, which is above the 49 days industry standard (9.5% decrease from previous quarter 63 days)
 - 18 days = Average time to Hire, which is within the industry standard of 36 days (9% decrease from previous quarter 20 days).

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JUNE 12, 2024

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

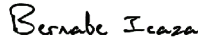
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VP & Chief Financial Officer

5. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Dashboards.

Approved for Legal sufficiency:

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SVP & General Counsel

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SVP & Chief Medical Officer

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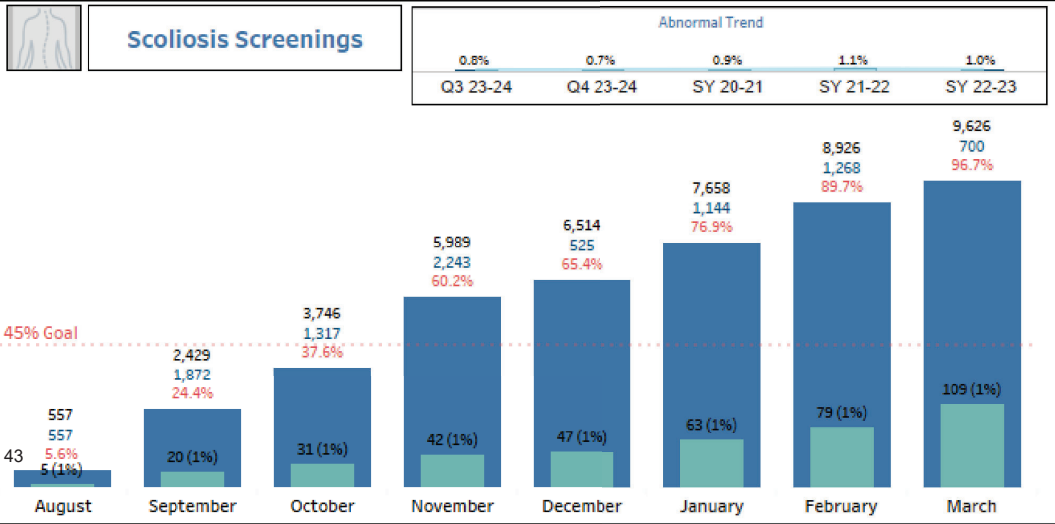
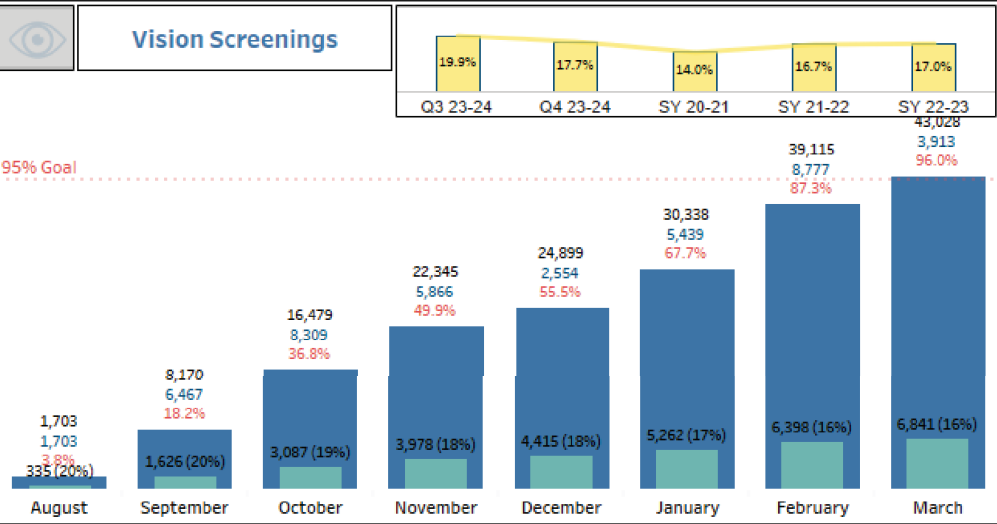
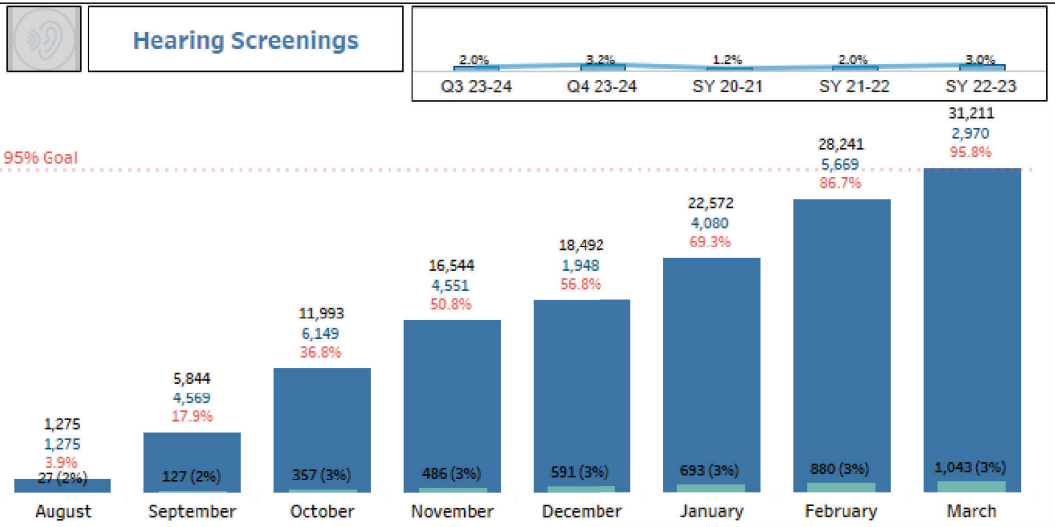
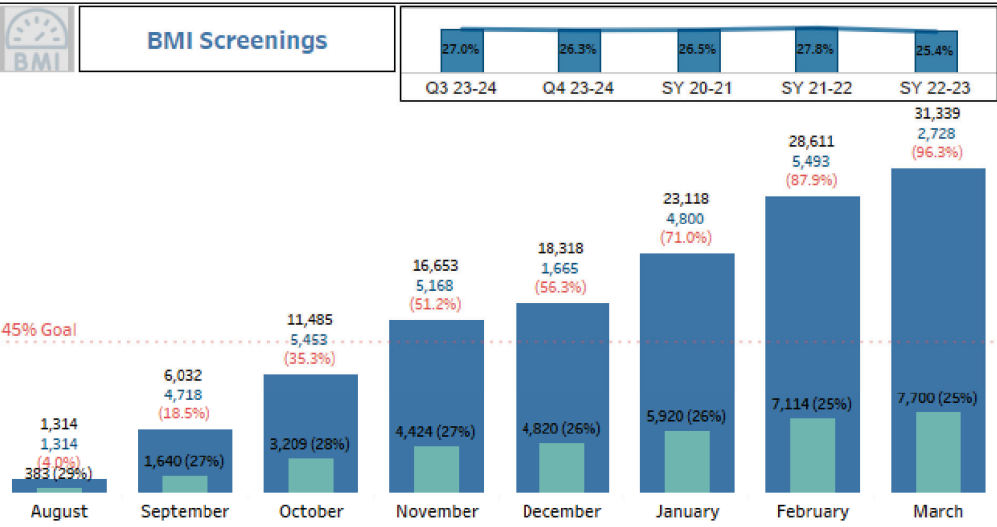
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Chief Executive Officer

Florida Mandated Student Screening Summary

Goal 95% of Students to Have Completed Vision and Hearing Screenings by March 2024
Goal of 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2024

Abnormal (Cumulative)
Screened (Cumulative)

Color Legend:
Total Distinct Students
Distinct Students screened this month
Percent of Goal reached

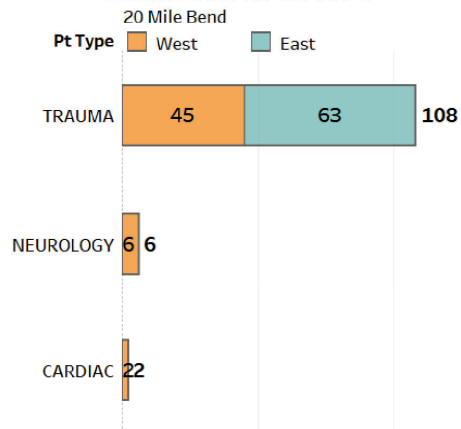


Detailed RunTime Report TH135 (Scene Dispatches)

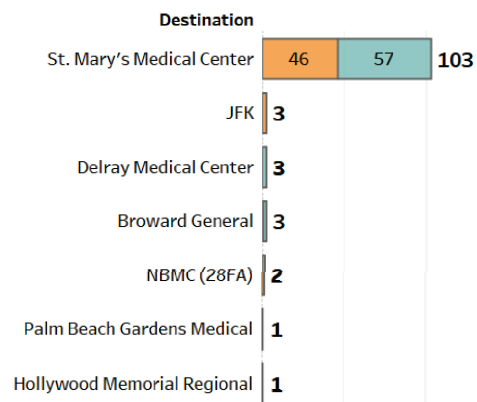
Total Transports: **116**

Total Patients: **117**

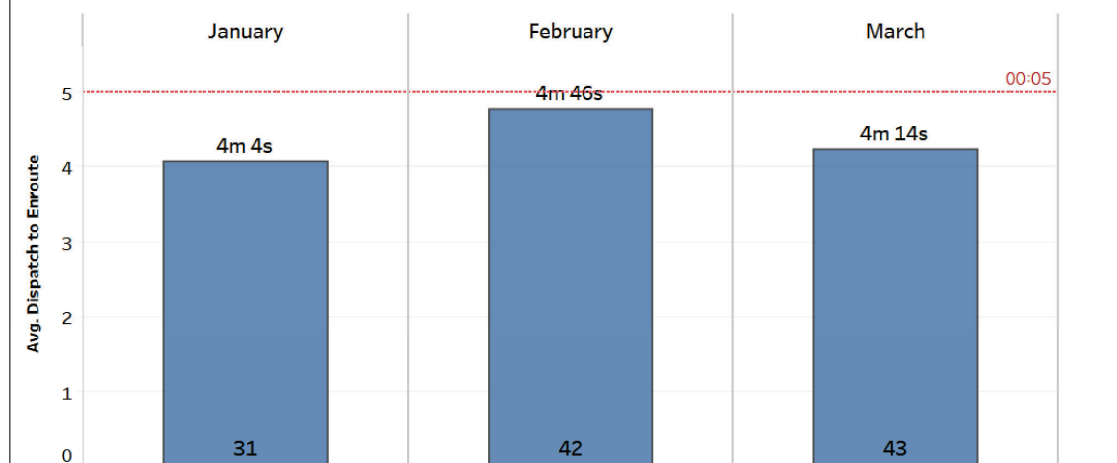
SCENE DISPATCH TYPE



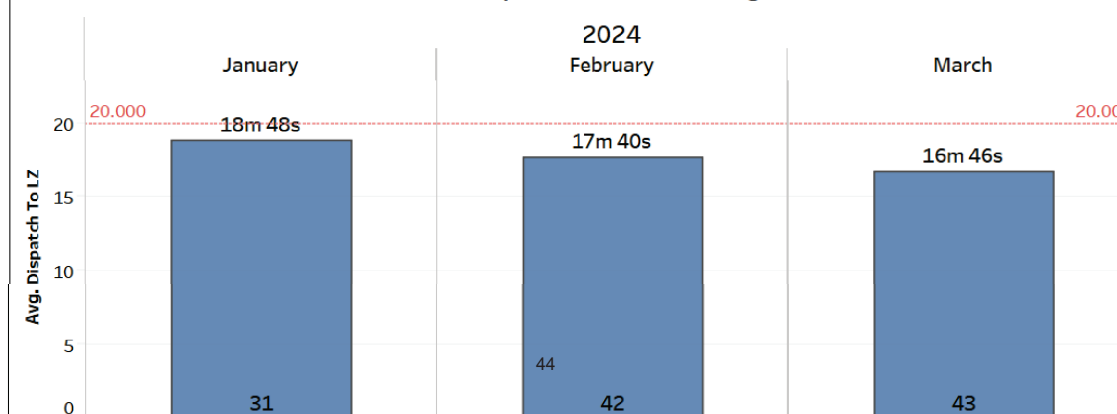
SCENE DESTINATION



Scene Dispatch To Enroute Average



Scene Dispatch To LZ Average



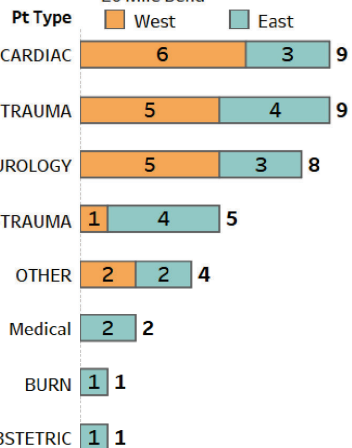
Detailed RunTime Report TH135 (Interfacility Dispatches)

Total Transports: 39

Total Patients: 39

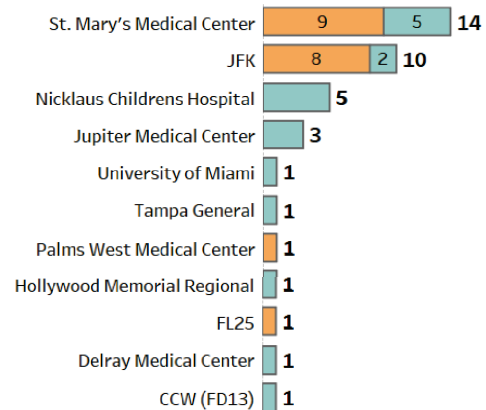
IFT DISPATCH TYPE

20 Mile Bend

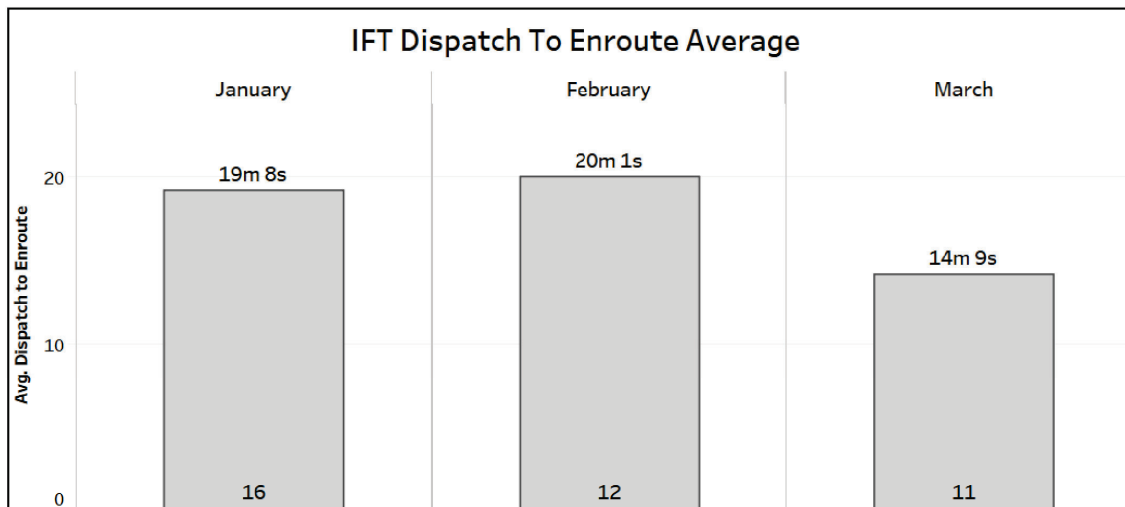


IFT DESTINATION

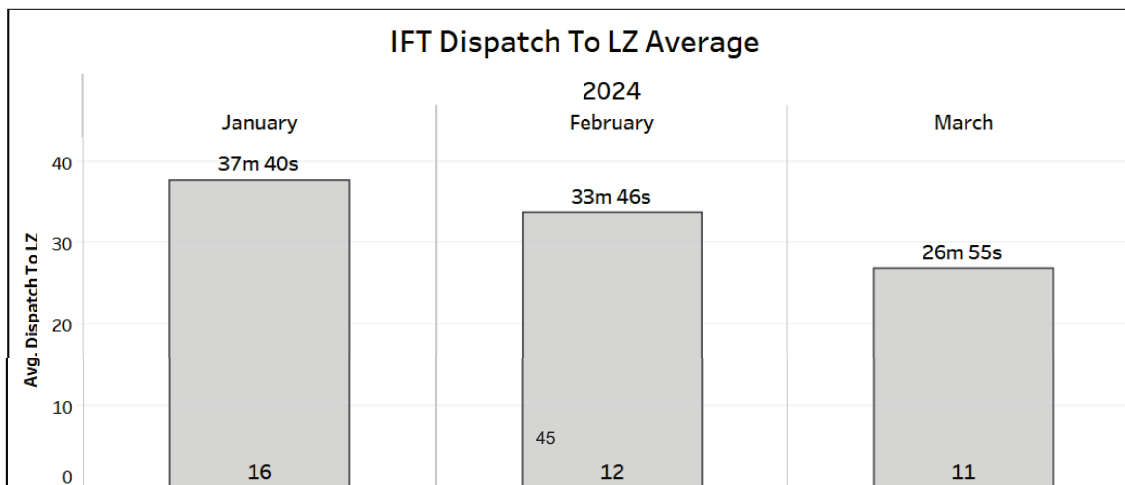
Destination



IFT Dispatch To Enroute Average

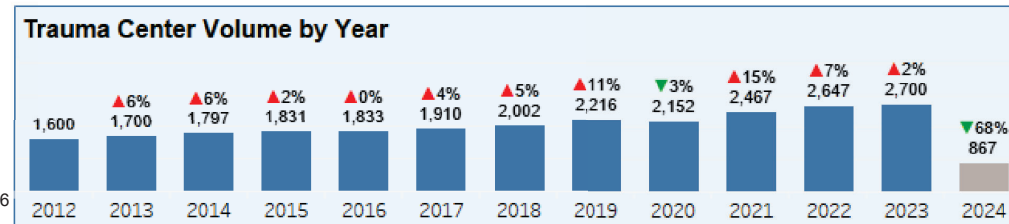
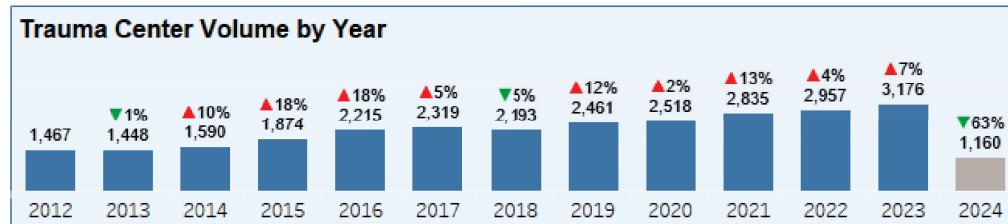
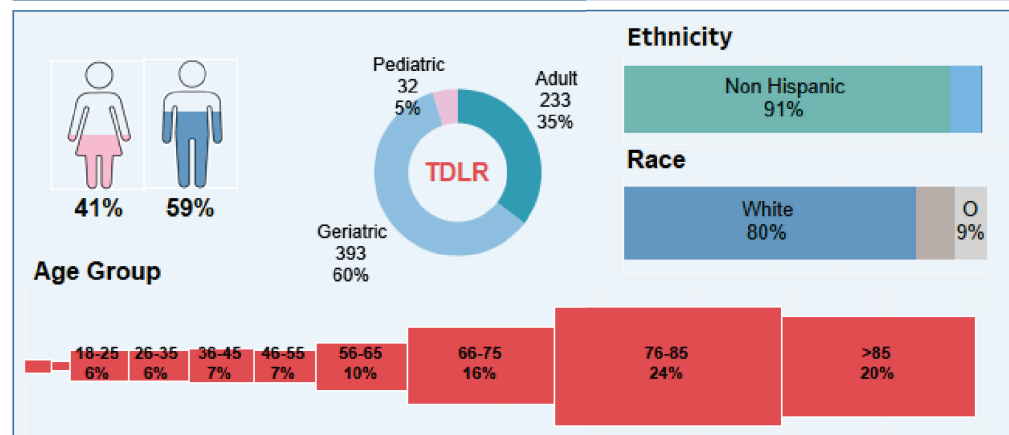
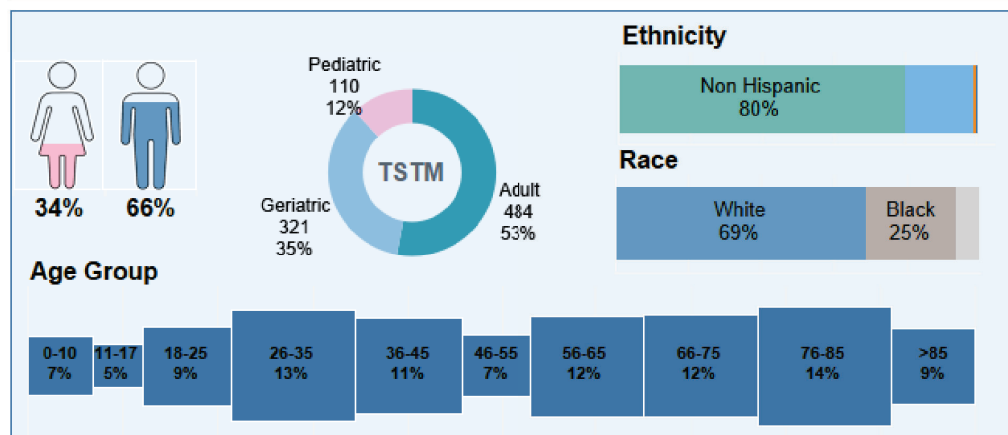
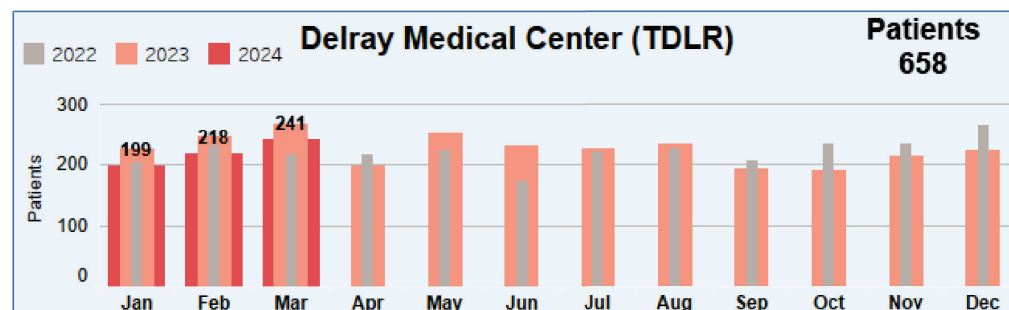
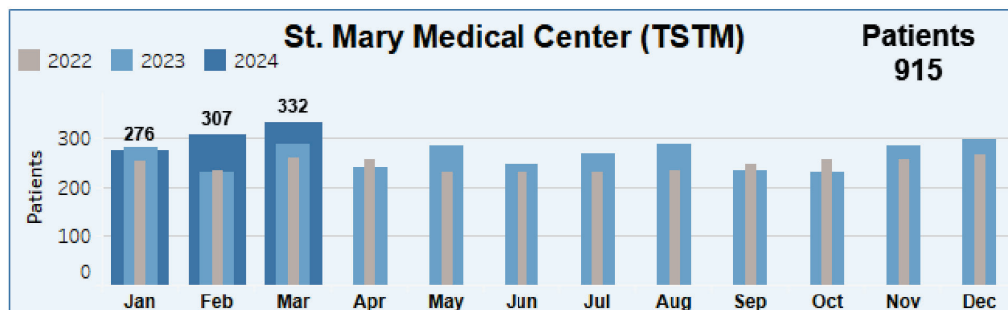


IFT Dispatch To LZ Average



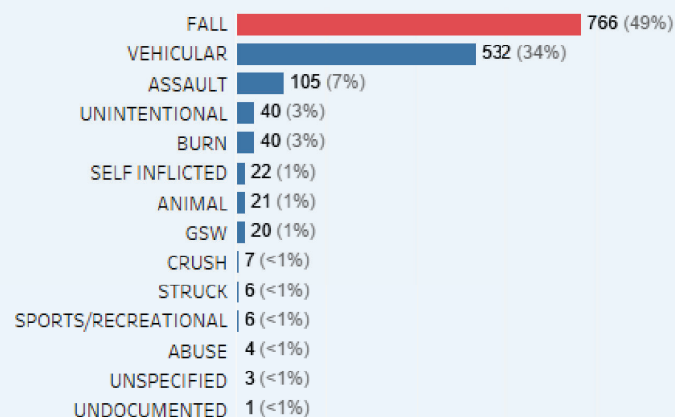
Trauma System Utilization per Trauma Center

1/1/2024 - 3/31/2024



Palm Beach County Trauma Injury Analysis

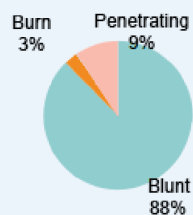
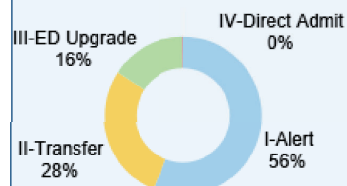
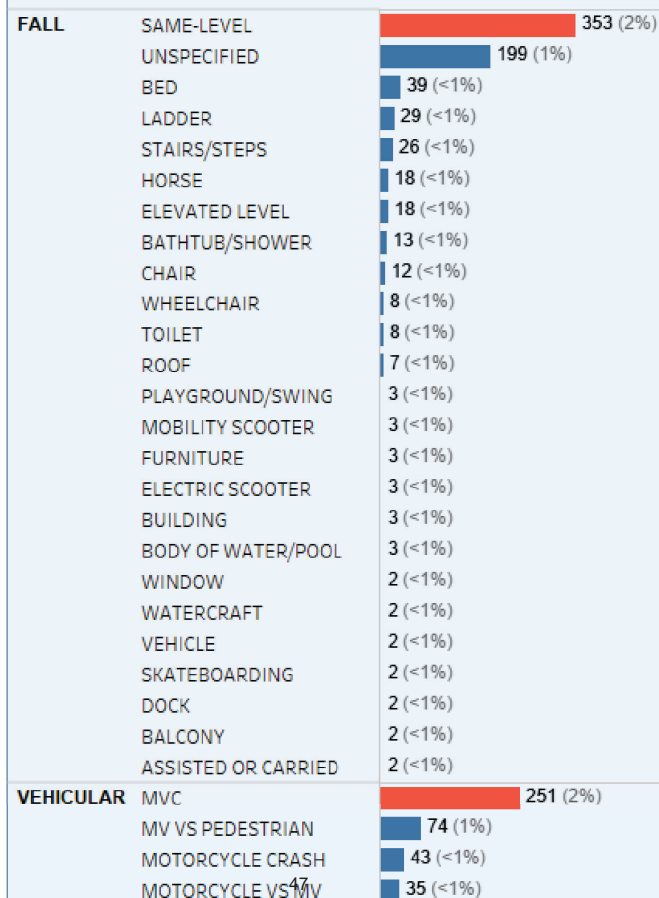
1/1/2024 - 3/31/2024

ADULT, PEDIATRIC & GERIATRIC**Patients**
1,573**Mechanism of Injury****Transportation Mode****Air**

9%

**Ground**

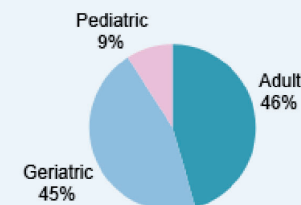
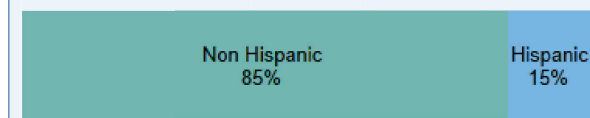
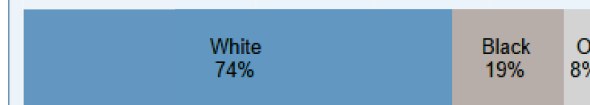
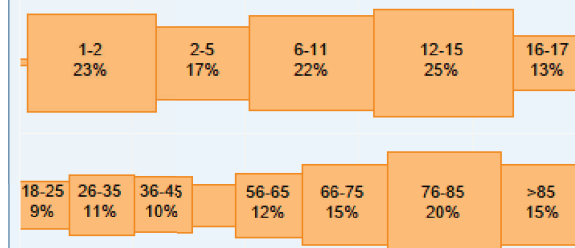
91%

**Injury Type****Activation Level****Mechanism of Injury - Subcategories**

37%



63%

**Ethnicity****Race****Age Distribution**

UDS PROVIDER LEVEL QUALITY MEASURES 2024

NATIONAL QUALITY LEADER METRICS

Load Date
4/1/2024

Filters

HEART HEALTH	Universe	<div><div></div> MET</div>	<div><div></div> Not Met</div>	HRSA Goal	National Average	State Average
Coronary Artery Disease (CAD): Lipid Thera..	3,298	84%				<div><div></div> 81%</div>
Hypertension	4,623	70%				<div><div></div> 80%</div>
Ischemic Vascular Disease (IVD)	633	74%				<div><div></div> 86%</div>
Tobacco use Screening and Cessation Inter..	5,411	91%				<div><div></div> 93%</div>
DIABETES						
Adult Weight Screening and Follow Up	12,275	72%				<div><div></div> 90%</div>
Diabetes: (HbA1c < 9%)	2,342	68%				<div><div></div> 67%</div>
Diabetes: (HbA1c < 9%) Migrant	209	62%				<div><div></div> 67%</div>
BEHAVIORAL HEALTH						
Depression Remission	460	34%				<div><div></div> 14%</div>
Patients Screened for Depression and Follo..	8,417	93%				<div><div></div> 83%</div>
Pts Screened for Depression and F/U (Hom..	2,008	92%				<div><div></div> 83%</div>
CHILDHOOD MEASURES						
Dental Sealants	176	96%				<div><div></div> 75%</div>
Weight Screening and Counseling for children and adolescents	2,418	88%				<div><div></div> 90%</div>
HIV PREVENTION AND CARE						
HIV Screening	11,375	61%				<div><div></div> 32%</div>
CANCER PREVENTION						
Breast Cancer Screening	2,478	57%				<div><div></div> 60%</div>
Cervical Cancer Screening	5,915	62%				<div><div></div> 65%</div>
Colorectal Cancer Screening	5,822	31%		48		<div><div></div> 82%</div>

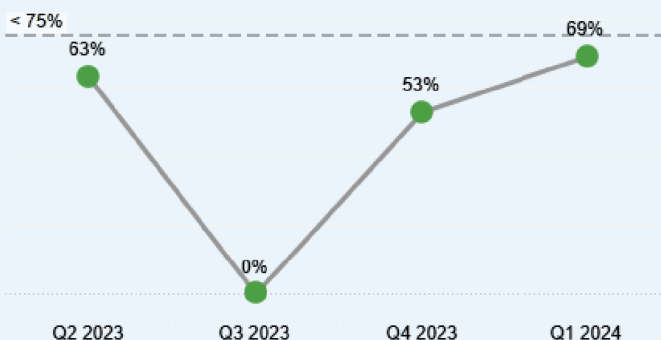
EJH Quality Measures

Q1 2024

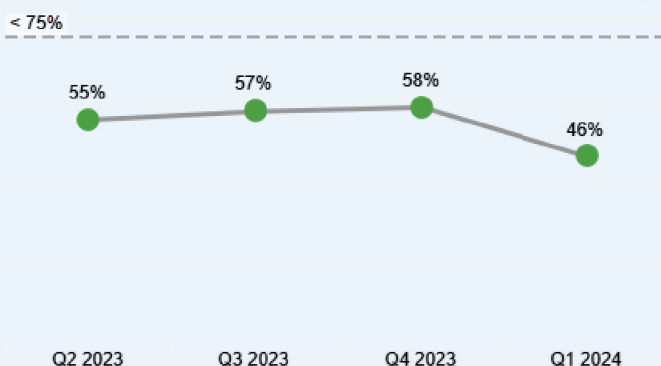
Meeting Goal? Yes ☒ No ☐

Infection Control

% of Residents Who have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

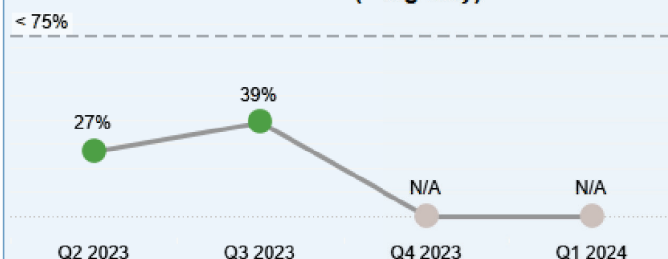


% of Residents with a Urinary Tract Infection (Long Stay)

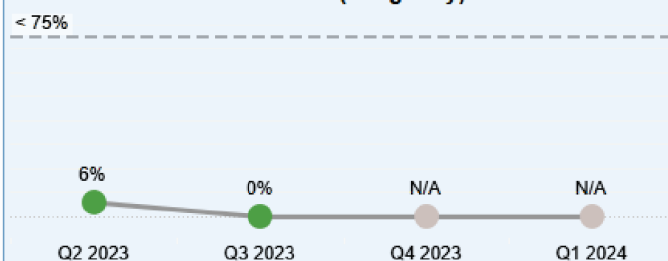


Functional Status

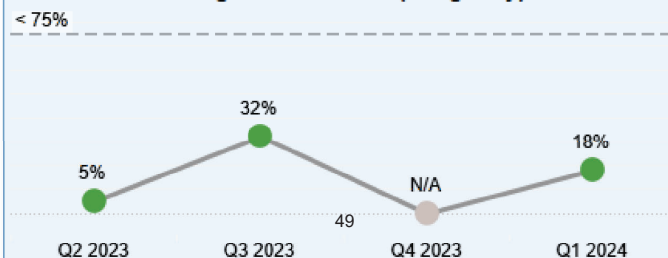
% of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay)



% of Residents Whose Ability to Walk Independently Worsened (Long Stay)



% of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



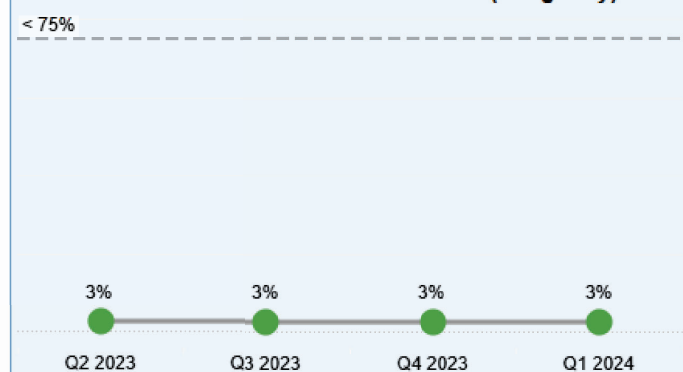
Functional Status

% of Residents Who Lose Too Much Weight (Long Stay)



Skin Integrity

% of Residents with Pressure Ulcers (Long Stay)



EJH Quality Measures

Q1 2024

Meeting Goal? Yes ☒ No ☐

Behavioral Health

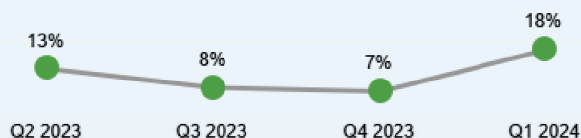
% of Residents Who Have Depressive Symptoms

< 75%



Prevalence of Behavior Symptoms Affecting Others (Long Stay)

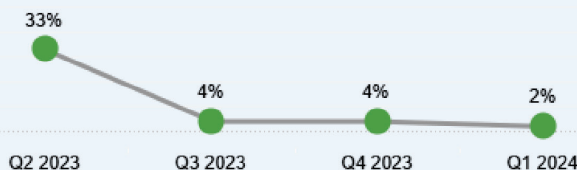
< 75%



Medications

% Who Received Anti-anxiety or Hypnotic Medication (Long Stay)

< 75%



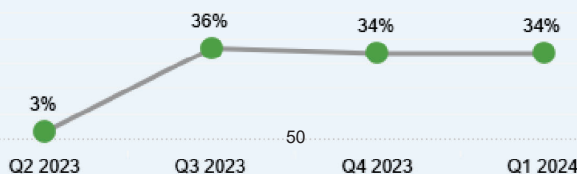
% of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

< 75%



% of Residents Who Received an Antipsychotic Medication (Long Stay)

< 75%



Falls

Prevalence of Falls (Long Stay)

< 75%



% of Residents Experiencing One or More Falls with Major Injury (Long Stay)

< 75%



Restraints

% of Residents Who Were Physically Restrained (Long Stay)

< 75%



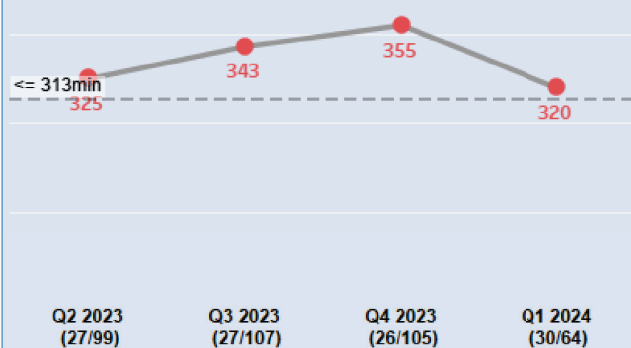
LMC Quality Core Measures Q1 2024

Inpatient Measures

Meeting Goal? Yes ■ No ■ No Population ■

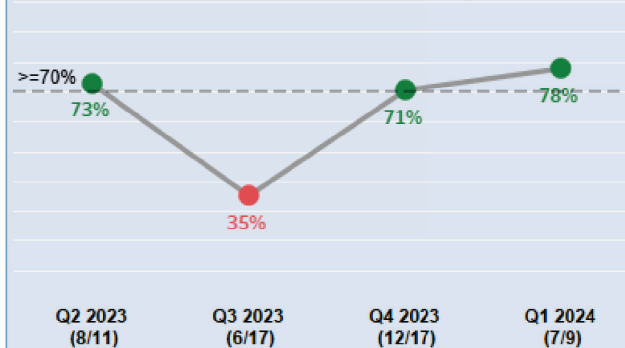
Emergency Dept-1a

Median time from ED arrival to ED departure for admitted patients



Sepsis-1

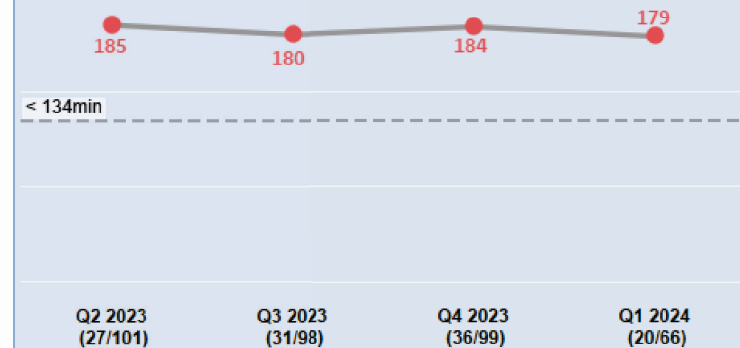
Early management bundle, severe sepsis/septic shock



Outpatient Measures

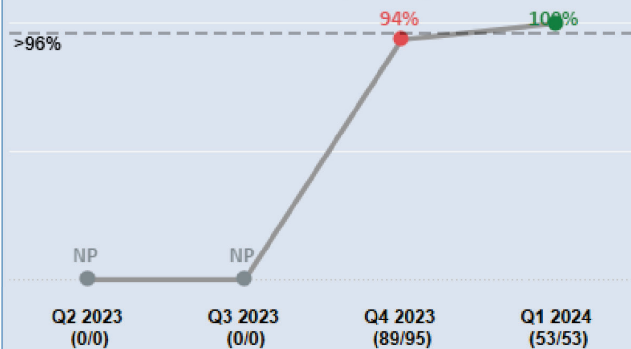
Outpatient-18

Median time from ED arrival to discharge home or transferred



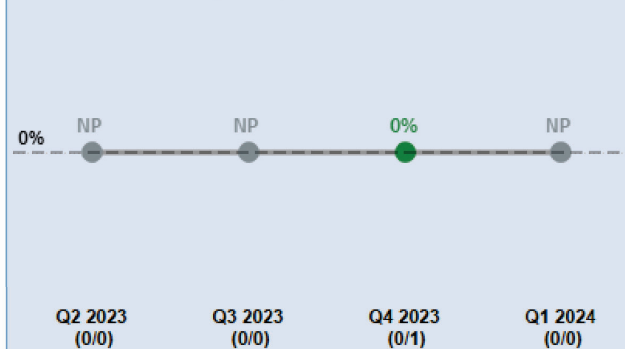
Immunization-2

Immunizations (seasonal)



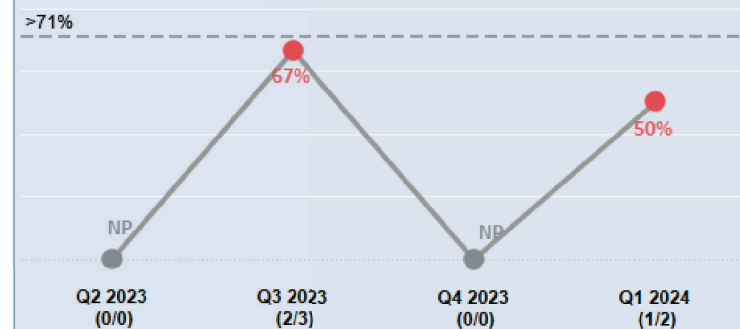
Venous thromboembolism-6

Hospital Acquired Preventable VTE



Outpatient-23

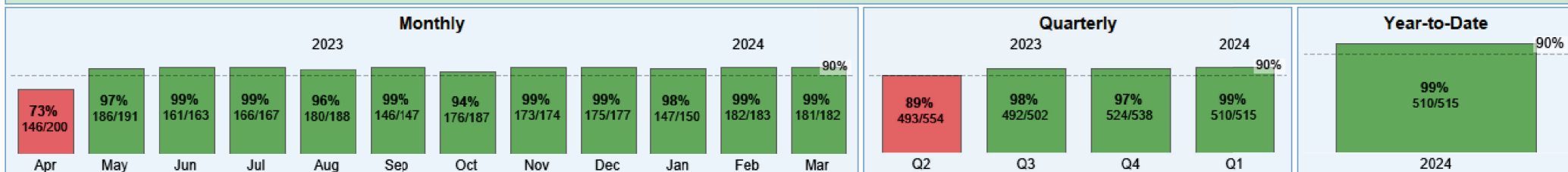
Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival



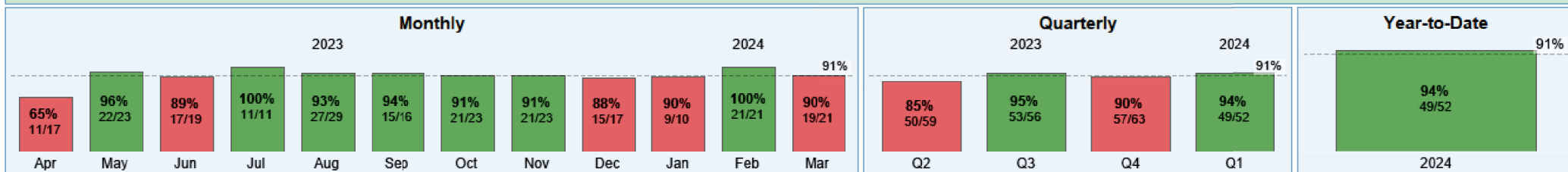
Ground Transportation Quality Metrics

Filters 

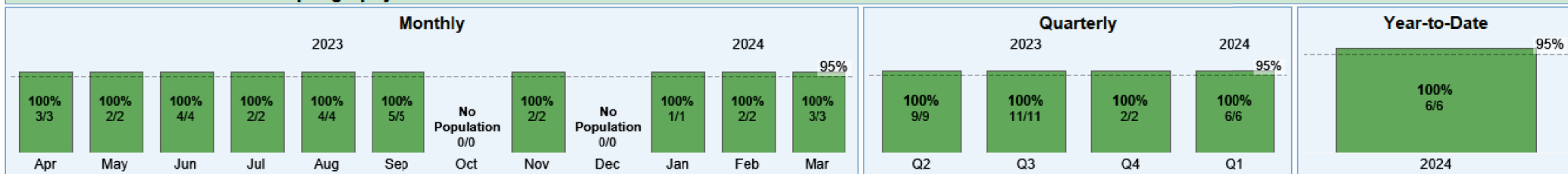
Reliable Pain Assessment



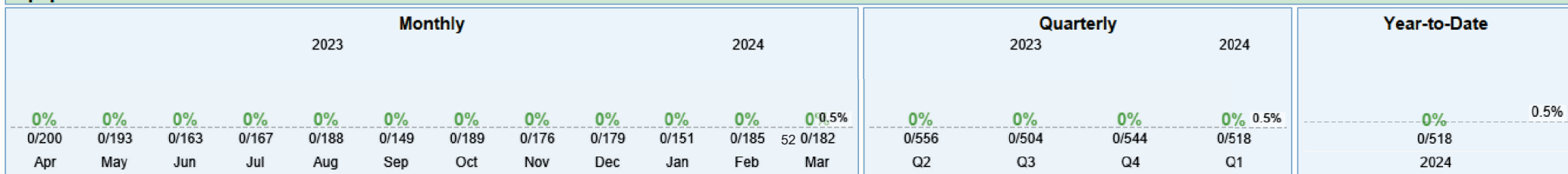
Altered Mental Status - Blood Glucose Check




ET Tube in Place - Waveform Capnography



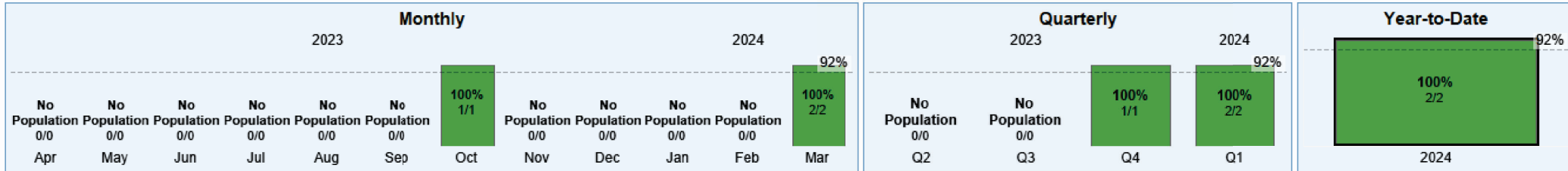
Equipment Failures



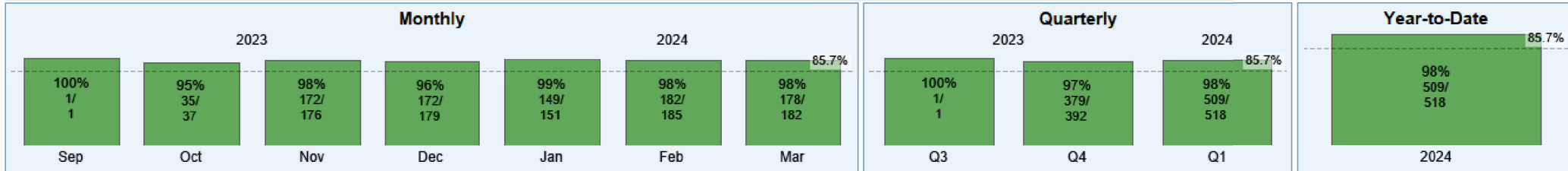
Ground Transportation Quality Metrics

Filters 

Appropriate management for aortic emergencies



Temperature Documented with First Set of Vitals *Added at end of Sept 2023



IT SERVICE DESK HELP TICKETS

Start Date 1/1/2024
End Date 3/31/2024

Calls Received
3,672

Average Queue Time
29 seconds

Abandoned Calls
125

Percent Abandoned
3%

% Abandoned Over Time
≡ ≡

Priority
(All)

Ticket Status
☒ Closed
☒ Open

Tickets Created
4,801

Tickets Closed
4,708

Avg Elapsed time to close*
0 Days 3 hours

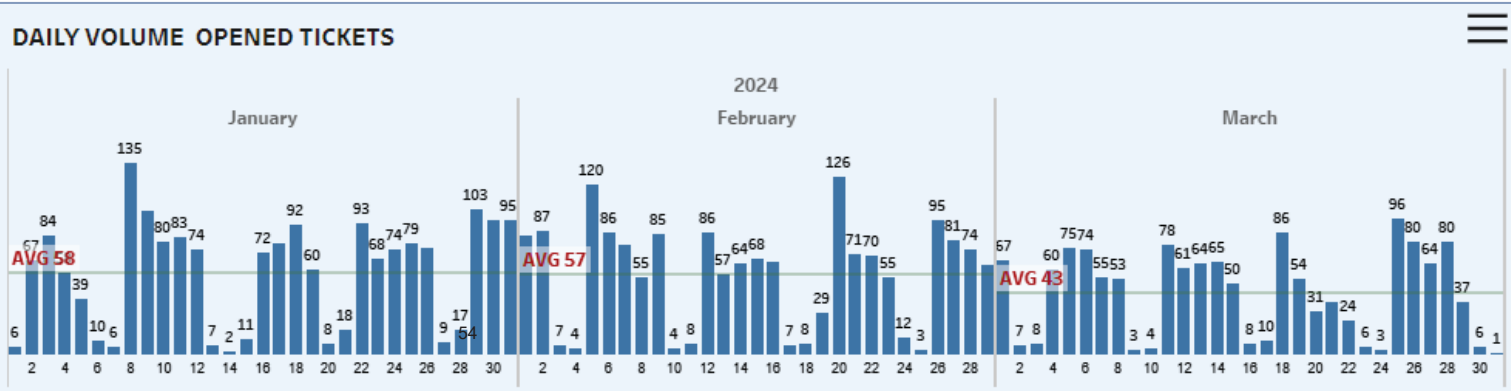
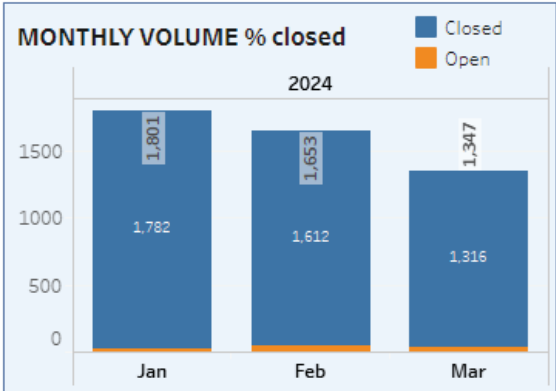
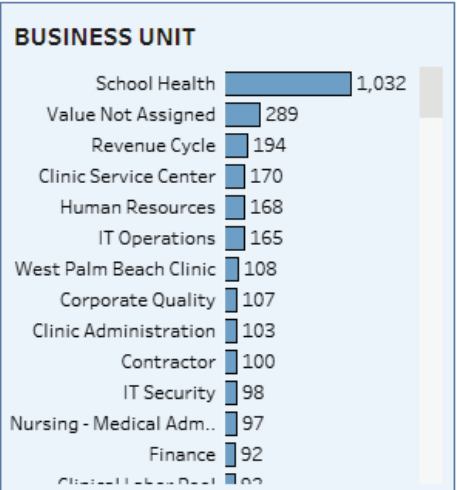
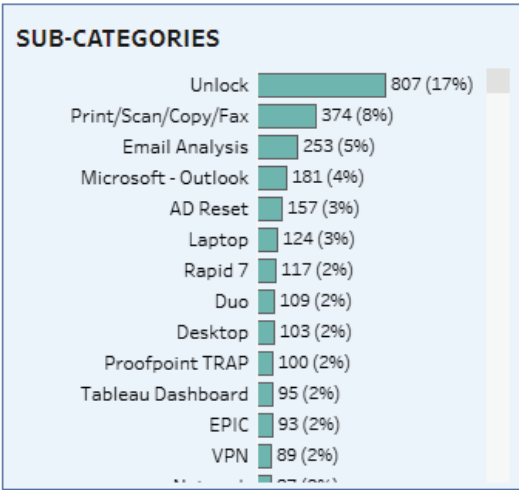
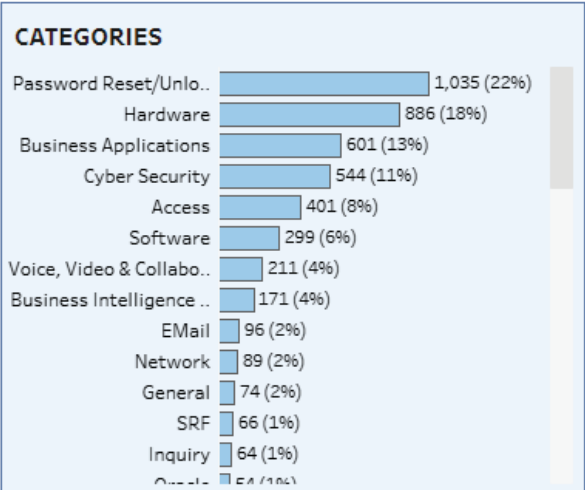
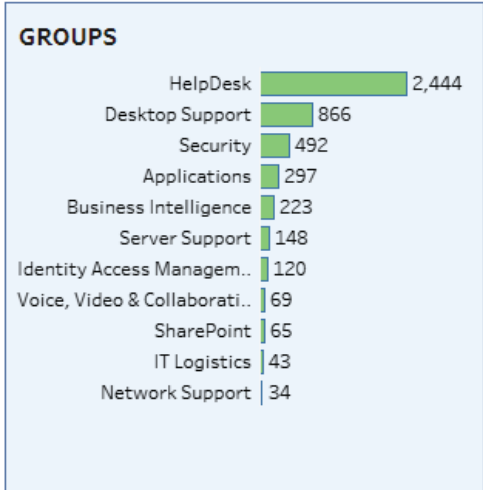
Avg Days to close
2 Days 4 hours

*minus time on Hold

View Technicians

CLOSED

OPEN

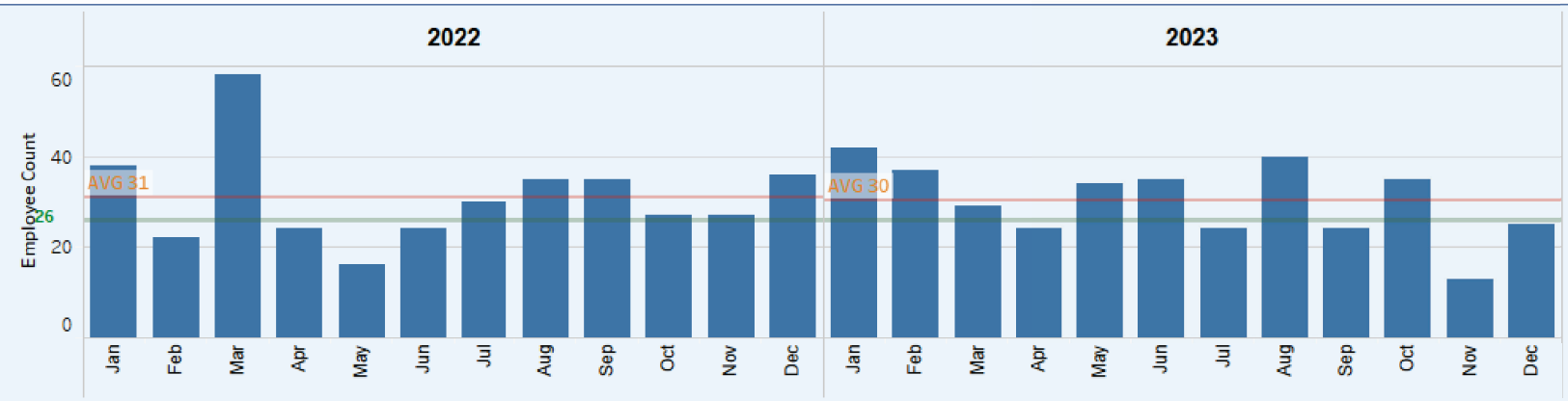




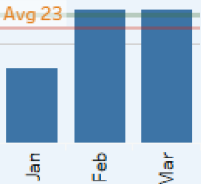
TURNOVER AND RECRUITMENT

ANNUAL TURNOVER

— Industry Standard 26



2024 - Q1

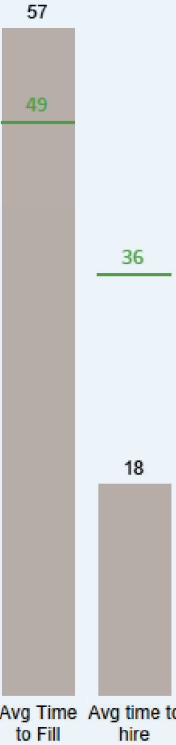


RECRUITMENT

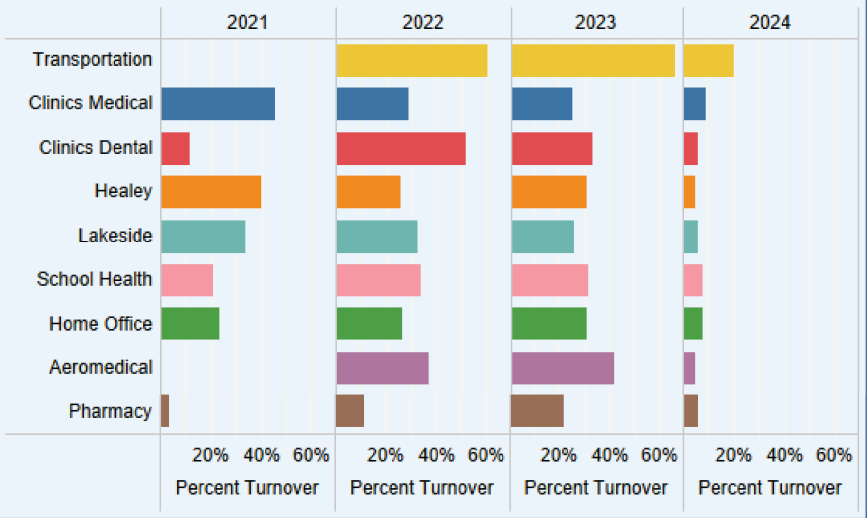
35

Open Positions

— Industry Standard



TURNOVER RATES BY BUSINESS UNIT



TURNOVER BY TENURE 2024 - Q1

