



**Quality, Patient Safety & Compliance  
Committee Meeting  
June 15, 2022  
10:00 A.M.**

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE  
MEETING AGENDA**

**June 15, 2022 at 10:00 A.M.  
1515 North Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

Telephone Dial-In Access:

646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

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

A. Roll Call

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

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

**3. Awards, Introductions and Presentations**

**4. Disclosure of Voting Conflict**

**5. Public Comment**

**6. Meeting Minutes**

A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from December 15, 2021. [Pages 1-4]

B. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from March 23, 2022. [Pages 5-8]

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

A. **ADMINISTRATION**

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

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

March 2022 Internet Posting of District Public Meeting.

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

7A-3 **RECEIVE AND FILE:**

Committee Attendance. [Page 9]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 10-12]

- Patient Relations Dashboard, School Health.  
(Steven Sadiku) [Pages 13]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.  
(David Speciale) [Page 14]
- Patient Relations Dashboard, E. J. Healey Center.  
(Tracy-Ann Reid) [Page 15]
- Patient Relations Dashboard, Lakeside Medical Center.  
(Alyssa Tarter) [Page 16]
- Patient Relations Dashboard, Pharmacy.  
(Luis Rodriguez) [Page 17]

8. **Regular Agenda**

A. **COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates

(Heather Bokor) [Pages 18-28]

B. **CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Reports

(Dr. Belma Andric) [Pages 29-36]

- Quality & Patient Safety Report, School Health.  
(Andrea Steele/ Steven Sadiku) [Pages 37-39]
- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/ Gerry Pagano) [Page 40]
- Quality & Patient Safety Report, Trauma.  
(Andrea Steele) [Pages 41-42]

- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics. (Andrea Steele/ Dr. Charmaine Chibar) [Pages 43-44]
- Quality & Patient Safety Report, E. J. Healey Center. (Andrea Steele/ Tracy-Ann Reid) [Pages 45-46]
- Quality & Patient Safety Report, Lakeside Medical Center. (Andrea Steele/ Sylvia Hall) [Pages 47-48]
- Quality & Patient Safety Report, Corporate Quality Metrics. (Andrea Steele) [Pages 49-54]

**9. CEO Comments**

**10. Committee Member Comments**

**11. Establishment of Upcoming Meetings**

**September 2022 (TBD)**

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

**December 14, 2022**

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

**12. Motion to Adjourn Public Meeting**

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

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE  
MEETING MINUTES**

**December 15, 2021 at 10:00 A.M.  
1515 North Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRrsZ1dDQT09>

Telephone Dial-In Access:

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

A. Roll Call

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

*Committee Members Absent: Sharon Larson*

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

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

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

**3. Awards, Introductions and Presentations**

*None.*

**4. Disclosure of Voting Conflict**

*None.*

**5. Public Comment**

*None.*

**6. Meeting Minutes**

**A. Staff recommends a MOTION TO APPROVE:**

Committee Meeting Minutes from March 10, 2021. [Pages 1-4]

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

**B. Staff recommends a MOTION TO APPROVE:**

Committee Meeting Minutes from September 28, 2021. [Pages 5-8]

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

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

**A. ADMINISTRATION**

**7A-1 RECEIVE AND FILE:**

December 2021 Internet Posting of District Public Meeting.

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

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

Committee Attendance. [Page 9]

**7A-3 RECEIVE AND FILE:**

Quality, Patient Safety and Compliance Committee Meeting Schedule for 2022 (Dr. Belma Andric) [Pages 10-11]

**B. PATIENT RELATIONS DASHBOARDS**

**7B-1 RECEIVE AND FILE:**

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 12-14]

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics. (David Speciale) [Page 15]
- Patient Relations Dashboard, E. J. Healey Center. (Tracy-Ann Reid) [Page 16]
- Patient Relations Dashboard, Lakeside Medical Center. (Regina Stolpman) [Page 17]

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

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

## **8. Regular Agenda**

### **A. COMPLIANCE**

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

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

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

*Conclusion: Received and filed.*

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

*Conclusion: Received and filed.*

### **B. CORPORATE QUALITY DASHBOARDS**

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

- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/ Gerry Pagano) [Page 56]
- Quality & Patient Safety Report, Trauma.  
(Andrea Steele/ Amelia Stewart) [Page 57]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.  
(Andrea Steele/ Dr. Charmaine Chibar) [Pages 58-60]
- Quality & Patient Safety Report, E. J. Healey Center.  
(Andrea Steele/ Tracy-Ann Reid) [Pages 61-67]
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/ Sylvia Hall) [Pages 68-70]

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

*Conclusion: Received and filed.*

**9. CEO Comments**

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

**10. Committee Member Comments**

*None.*

**11. Establishment of Upcoming Meetings**

**March 23, 2022**

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

**June 15, 2022**

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

**September 2022 (TBD)**

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

**December 14, 2022**

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

*Conclusion: Upcoming Meeting dates read.*

**12. Motion to Adjourn**

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

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

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





**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE  
MEETING AGENDA**

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Telephone Dial-In Access:

646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

**1. Call to Order – Sean O’Bannon**

A. Roll Call

*Committee Members Present: James Elder, Kimberly Schulz, Sharon Larson, Dr. Ishan Gunawardene (virtual)*

*Committee Members Absent: Dr. Alina Alonso, Sean O’Bannon, Mary Weeks*

*Staff Present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric - Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris - Vice President of Field Operations, Patricia Lavelly -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alyssa Tarter, Andrea Steele, Charmaine Chibar, Christina Schiller, Cindy Dupont, Danielle Fuller, David Speciale, Gerry Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Martha Benghie Hyacinthe, Sandra Bell, Shauniel Brown, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo*

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

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

*None.*

B. Motion to Approve Agenda

*Due to no quorum present, the current meeting agenda could not be approved. It will be approved at the following meeting.*

**3. Awards, Introductions and Presentations**

*None.*

**4. Disclosure of Voting Conflict**

*None.*

**5. Public Comment**

*None.*

**6. Meeting Minutes**

**A. Staff recommends a MOTION TO APPROVE:**

Committee Meeting Minutes from December 15, 2021. [Pages 1-4]

*Due to no quorum present, the December meeting minutes could not be approved. They will be approved at the following meeting.*

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

**A. ADMINISTRATION**

**7A-1 RECEIVE AND FILE:**

December 2021 Internet Posting of District Public Meeting.

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

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

Committee Attendance. [Page 5]

**B. PATIENT RELATIONS DASHBOARDS**

**7B-1 RECEIVE AND FILE:**

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 6-8]

- Patient Relations Dashboard, School Health.  
(Steven Sadiku) [Pages 9]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.  
(David Speciale) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.  
(Tracy-Ann Reid) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.  
(Alyssa Tarter) [Page 12]
- Patient Relations Dashboard, Pharmacy.

(Luis Rodriguez) [Page 13]

*Conclusion: Due to no quorum present, the Consent Agenda could not be approved. It will be approved at the following meeting.*

**8. Regular Agenda**

A. **COMPLIANCE**

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

Summary of HCD Compliance, Privacy and Ethics Program Updates and Activities  
(Heather Bokor) [Pages 14-21]

*Conclusion: Received and filed.*

B. **CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Reports  
(Dr. Belma Andric) [Pages 22-28]

- Quality & Patient Safety Report, School Health.  
(Andrea Steele/ Steven Sadiku) [Pages 29-31]
- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/ Gerry Pagano) [Page 32]
- Quality & Patient Safety Report, Trauma.  
(Andrea Steele/ Amelia Stewart) [Pages 33-35]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.  
(Andrea Steele/ Dr. Charmaine Chibar) [Pages 36-37]
- Quality & Patient Safety Report, E. J. Healey Center.  
(Andrea Steele/ Tracy-Ann Reid) [Pages 38-44]
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/ Sylvia Hall) [Pages 45-47]
- Quality & Patient Safety Report, Corporate Quality Metrics.  
(Andrea Steele) [Pages 48-52]

*Conclusion: Received and filed.*

**9. CEO Comments**

*CEO Darcy Davis commented the following: The June 15, 2022 meeting time is being adjusted from 12:00 pm to 10:00 am. There is a new Board of Commissioners and QPSCC Member, Erica Whitfield, School District. Lakeside Medical Center was named number 1 out of 2,800 hospitals for racial inclusivity and diversity. The Ground*

*Transportation operational date has been delayed from April 1; there has been no revised ambulance delivery date. In the meantime, EMTs will continue to train at Lakeside and Healey. Congratulations to the Healey's Administrator Shelly Ann Lau on having her baby. Kudos to Karen Harris for filling in at Healey in Shelly's absence as active licensed administrator, while conducting her other roles at Lakeside and the Home Office.*

**10. Committee Member Comments**

*None.*

**11. Establishment of Upcoming Meetings**

**June 15, 2022**

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

**September 2022 (TBD)**

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

**December 14, 2022**

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

*Conclusion: Upcoming Meeting dates read.*

**12. Motion to Adjourn Public Meeting**

*There being no further business, the public meeting was adjourned at 10:55 A.M.*

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

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

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

**Attendance Tracking for 12/2021 to 12/2022**

	12/15/21	3/23/22	6/15/22	September TBD	12/14/22
Dr. Alina Alonso	X				
James Elder	X	X			
Dr. Ishan Gunawardene	X	X			
Sharon Larson		X			
Sean O'Bannon	X				
Kimberly Schulz	X	X			
Mary Weeks	X				
Erica Whitfield					

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 15, 2022**

**1. Description: Patient Relations Dashboards**

**2. Summary:**

This agenda item provides the patient relations dashboards for the 2<sup>nd</sup> trimester of the 2021/2022 school year for School Health and the 1<sup>st</sup> Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

**3. Substantive Analysis:**

**School Health**

For Trimester 1 of School Year 2021/2022, School Health had a total of 129 Patient Relations events reported for 166 school locations and 194,180 health room events. Of the 129 patient relation events, 11 were complaints, 118 were compliments, and there were no grievances. Out of the 11 complaints, 91% were from family members, and 1% were from school district staff. The complaints were related to physician's orders/medications, communication, COVID-19 protocols, and treatment of students. The 118 compliments recognized the School Health Nurses, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, students, outside agencies, and employees.

**C. L. Brumback Primary Care Clinics**

For Quarter 1 2022, there were a total of 41 Patient Relations Occurrences that occurred between 7 Clinics and Clinic Administration. Of the 41 occurrences, there were a total of 11 Grievances and 30 Complaints. The top 5 categories were Care & Treatment, Communication, Finance, Physician Related and Respect Related Issues. The top subcategories with 6 occurrences in each was Poor Communication and Billing Issues. This was followed by Lack of Continuity of Care with 5 occurrences. There was also a total of 168 compliments received across 9 Clinics and Clinic Administration.

Of the 168 Compliments, 4 were employee Thumbs-up compliments and 164 were Patient Compliments.

**Edward J. Healey Rehabilitation and Nursing Center**

There were a total of 51 grievances submitted during the 1st quarter with an average census of 113 residents. The 51 grievances were submitted by 36 residents during the quarter. The top 5 categories were Personal Belongings (22), Communication (10), Nursing related (8), Nutrition ((5), and Environment (4). Some of the concerns included: missing clothing some of which were found in the resident room others had to be replaced due to laundromat issues, not being able to go on the patio while raining, when snack is delivered there is no notification when asleep, not getting rice with meal as was requested, and not liking a roommate. Grievances were resolved within the recommended guidelines.

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 15, 2022**

A total of 18 compliments were submitted this quarter by residents and resident representatives. The compliments surrounded being happy with care from the staff- always going above and beyond with providing outstanding healthcare.

**Lakeside Medical Center**

For the first quarter, Lakeside served 5,434 patients. There were 7 complaints. The top 5 categories were Care & Treatment, Finance, Nursing Related, Physician Related, and Rx. The top subcategory within Care & Treatment was: Confidence in Care Givers with 3 complaints. Finance: Billing issues with 1 complaint, Nursing Related with 1 complaint, Physician related: all aspects of care with 1 complaint, and Rx with 1 complaint.

There were 2 compliments reported for first quarter 2022 regarding Care and Treatment.

**Pharmacy**

During Quarter 1, the pharmacy did not receive any complaints or grievances, but did receive four compliments. There were three reported to and entered by pharmacy staff, and one written by the Customer Service Manager. Three compliments were regarding the Delray Pharmacy team and one for our West Palm Beach Pharmacy.

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

	<b>Current FY Amounts</b>	<b>Total Amounts (Current + Future)</b>	<b>Budget</b>
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:

N/A

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Candice Abbott  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 15, 2022**

**5. Reviewed/Approved by Committee:**

N/A

N/A

\_\_\_\_\_  
Quality, Patient Safety and Compliance  
Committee

\_\_\_\_\_  
Date

**6. Recommendation:**

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

Approved for Legal sufficiency:

DocuSigned by:

*Bernabe Icaza*

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\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

DocuSigned by:

*Dr. Belma Andric*

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Belma Andric, MD  
VP & Chief Medical Officer

DocuSigned by:

*Darcy Davis*

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Darcy J. Davis  
Chief Executive Officer



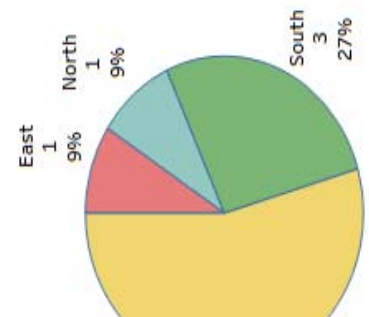
# Patient Relations (Grievances, Complaints & Compliments) School Health



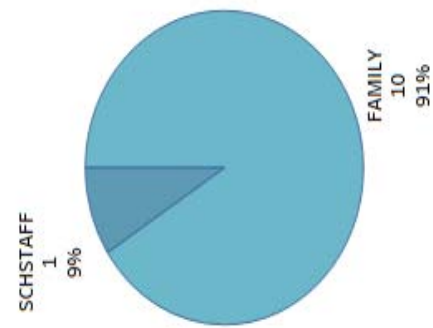
T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL

**Total Compliments and Grievances 11**      **Late Entries: 1**

### Schools by Area



### Complainant



### Top 5 Categories

Category	Count
Nursing Related	1
ACREAGPINE	1
CRESTWOOD	1
DONESTRIG	1
PIERCHAMM	1
POINCIANA	1
SEMINRDG	1
WELLHIGH	1
WRIVIERA	1
WYNNBROOK	1
NEWHORIZ	1
HAMMPOINT	1

### Total Top 5 Subcate

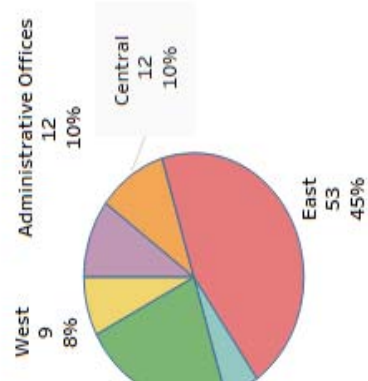
Category	Count
Care & Treatment	Confidence in Care Givers
Communicati..	Poor Communication
Nursing Related	Communication
Respect Related	All aspects of care

## Total Compliments 118

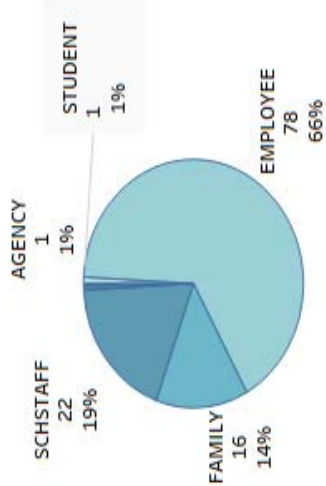
## Late Entries: 5

## Comp/Griev Prev 4 Terms

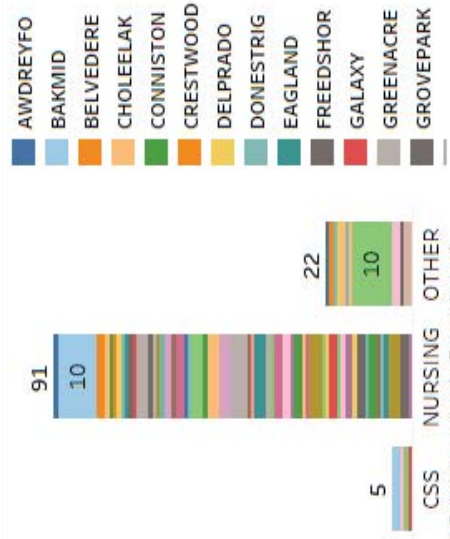
### Schools by Area



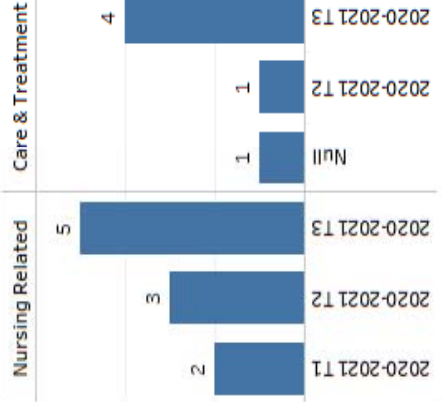
### Compliment



### Care & Treatment Categories



### Top 5 Categories Trended



13

\* Color represents Department

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



Detail

2022 Q1

1/1/22 to 3/31/22

Provider All

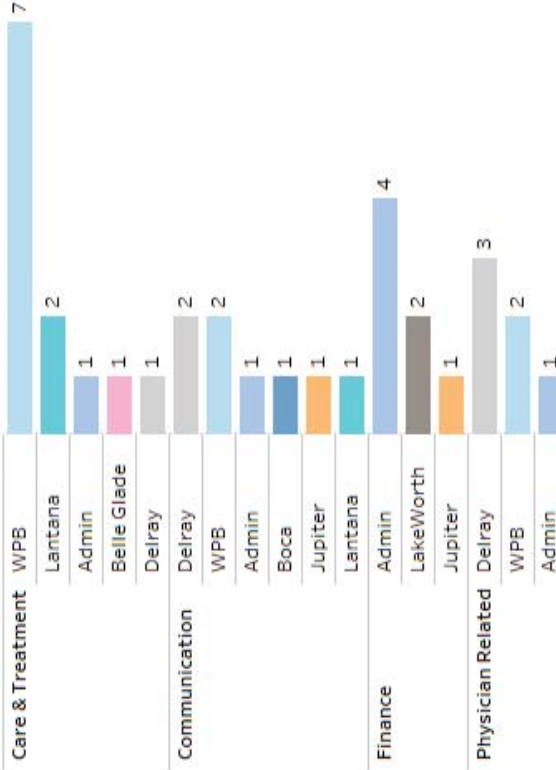
Total Complaints and Grievances 41

Late Entries: 8 Clinic All

### Clinics



### Top 5 Categories



### Total Top 5 Subcategories

Subcategory	Count
Care & Treatment	7
Communication	2
Finance	4
Physician Related	3
Respect Related	2

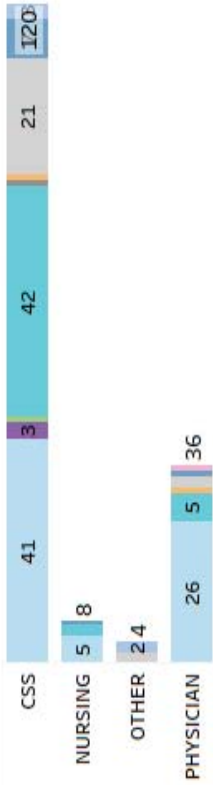
### Total Compliments 168

### Late Entries: 23

### Clinics

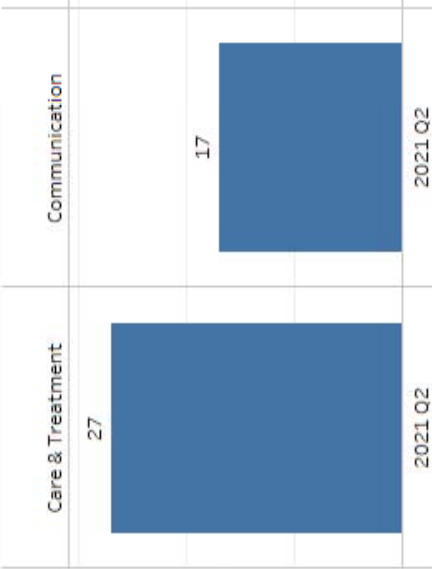


### Care and Treatment Categories



### Complaints/Grievances Prev 4 Quarters

### Top 5 Categories Trended



\* Color represents Department

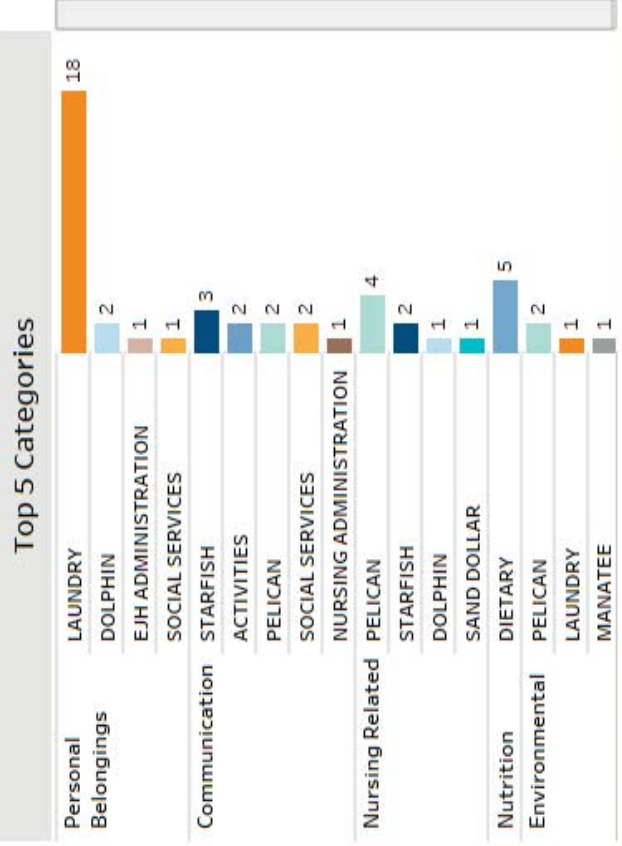
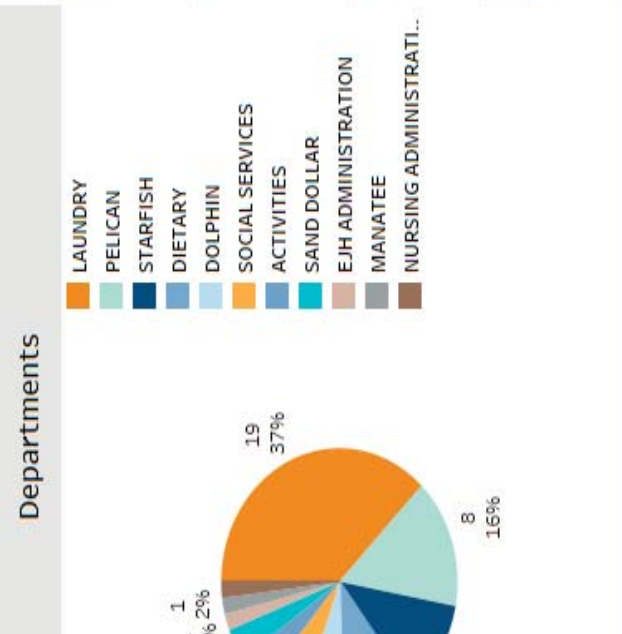
# Patient Relations (Grievances, Complaints & Compliments) Healey Center



1/1/22 to 3/31/22

2022 Q1

Total Compliments and Grievances: 51      Late Entries: 39

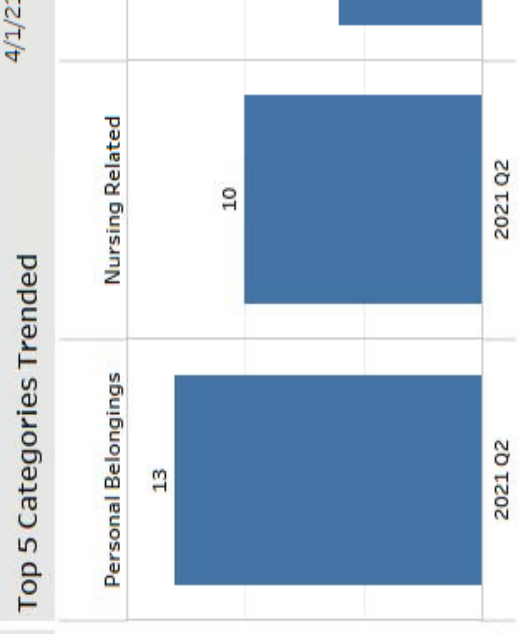
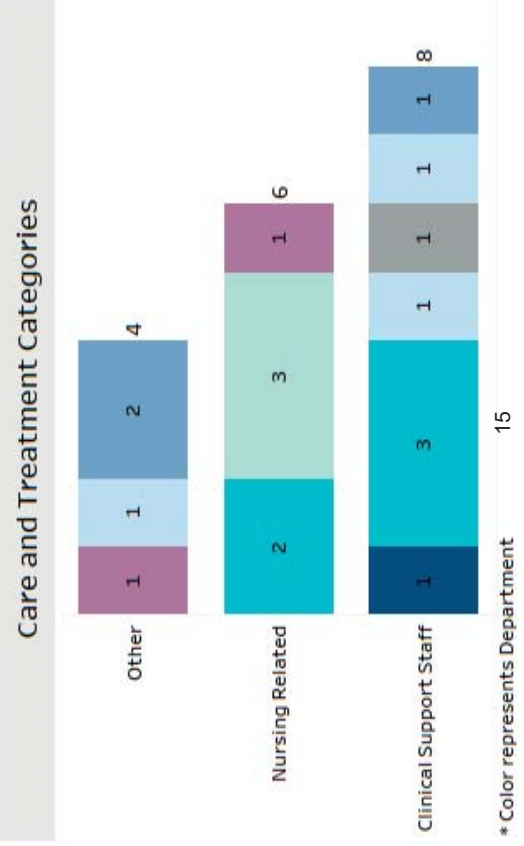
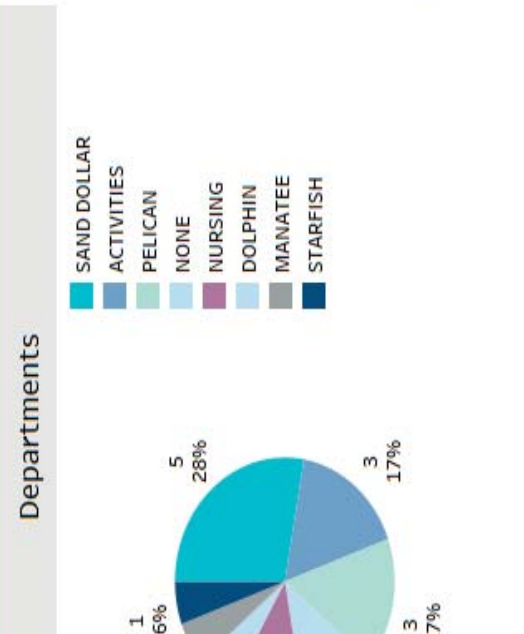


### Total Top 5 Subcategories

Subcategory	Count
Communication	1
Education	1
Staff did not explain Things Understan...	1
Environmental	1
Lack of amenities	1
Noise issues: staff roommate construct...	1
Nursing Related	1
All aspects of care	1
Communication	1
Nutrition	1
Menu choice	1
Personal Belongings	1
Clothes	1
Dentures missing	1
Loss	1
Money	1

Total Compliments: 18      Late Entries: 0

Complaints/Grievances Prev 4 Quarters: 4/1/22





# Patient Relations (Grievances, Complaints & Compliments)



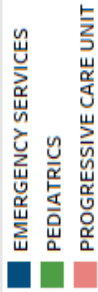
Detail

2022 Q1

1/1/22 to 3/31/22

Total Complaints and Grievances 7 Late Entries: 1

### Departments



### Top 5 Categories



### Total Top 5 Subcategories

Care & Treatment	Confidence in Care Givers
Finance	Billing issues (refusal to pay request for write off)
Nursing Related	Other
Physician Related	All aspects of care
Rx	Other

### Total Compliments

2 Late Entries: 0

### Departments

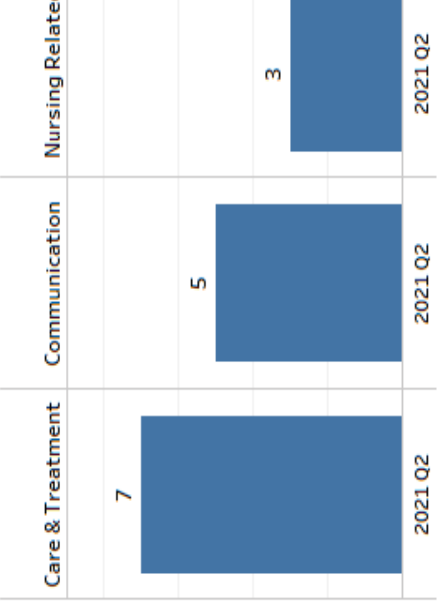


### Care and Treatment Categories



### Complaints/Grievances Prev 4 Quarters

Top 5 Categories Trended 4/1/21 to



16

\* Color represents Department

# Patient Relations (Grievances, Complaints & Compliments) Pharmacy



## 2022 Q1

### Total Complaints and Grievances

Departments

Top 5 Categories

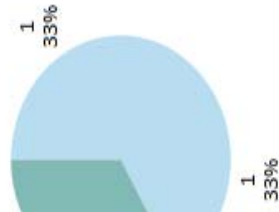
Total Top 5 Subcategories

### Total Compliments

Late Entries: 0

Departments

Care and Treatment Categories



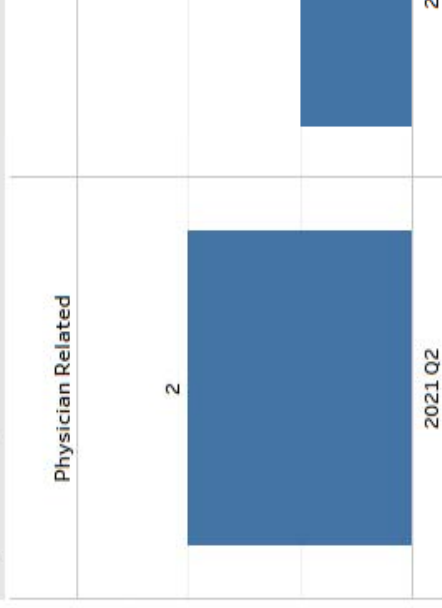
\* Color represents Department

17

### Complaints/Grievances Prev 4 Quarters

4/1/22

Top 5 Categories Trended



**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 15, 2022**

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

**2. Summary:**

This item presents a summary of the Health Care District’s (“HCD”) Compliance, Privacy, and Ethics Program (“Program” or “CPE”) activities since the last meeting. Data reported at this meeting covers FY22 Q2: January – March 2022 (“Reporting Period”). Additional recent updates on Program activities, recently completed audits, and initiatives updates from FY22 Q3: April – June 2022 (“Current Period”) are also provided.

**3. Substantive Analysis:**

The Office of Inspector General (“OIG”) recommends reporting on a regular basis to the governing body, CEO, and compliance committee(s) regarding the planning, implementing, and monitoring of the compliance and privacy program. The purpose of this report is to provide an update to the Committee on CPE Program activities, initiatives, monitoring, and statistics, including but not limited to, Work Plan updates and a summary of Recent Regulatory Updates and Industry Enforcement Activity. Heather Bokor, VP & Chief Compliance, Privacy & Risk Officer, presents the following:

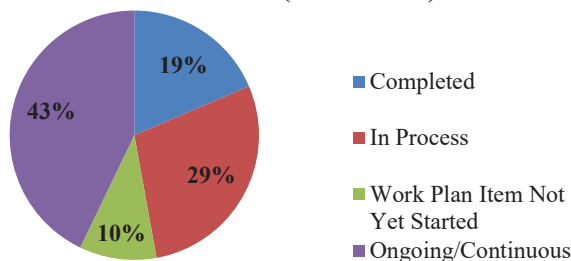
**4. Compliance, Privacy and Ethics Report:**

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

The CCO and CPE Department continue to assess HCD and develop the Program to address areas requiring attention and/or enhancement, in order to ensure that through our work plan and other activities, HCD meets or exceeds the Elements of an Effective Compliance Program, per the OIG. Key focus areas since the last report have been on the FY22 Work Plan, Auditing and Monitoring efforts, Conflicts of Interest revisions and roll-out, Exclusion Screening services, systems, processes, policies and procedures, addressing past identified issues and recommendations, active participation and responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate risk in the organization.

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

**Work Plan Status (FY22 YTD)**



## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

June 15, 2022

### i. Auditing and Monitoring Activity (FY22 YTD):

In FY22 YTD, CPE initiated Forty-nine (49) audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the Annual Compliance, Privacy, and Ethics Work Plan. *Note: This volume includes nineteen (19) unique and thirty (30) routine monitoring activities.* Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

- Of these, twenty-four (6 unique, 18 routine) reviews are complete; With thirteen (4 unique, 9 routine) completed since the last meeting. Results were all favorable. CPE made recommendations where appropriate (e.g., education, policies, or monitoring).
- Completed items are reported in the tables below, with additional details on the background, scope and methodology, findings, and recommendations.
- Eleven (8 unique, 3 routine) reviews are currently in preparation, in process, or pending preliminary reports.
- *In addition, eleven (2 unique, 9 routine) reviews were previously conducted, including: “High Dollar/Volume/Reimbursement Services Data Review/Analysis” which were reported on at a prior meeting for the FY22 Work Plan. These are not reported below.*
- *Note: Fourteen (14) reviews are not yet started, including five (5) unique reviews and nine (9) routine reviews.*

<b>Auditing and Monitoring – Completed Items</b>	
<b>Work Plan Item/Area and Background/ Review Rational</b>	<b>Summary</b>
<p><b>Medicare Part B Opioid-Use Disorder Treatment Services Provided by Opioid Treatment Programs</b></p> <p><i>Beginning January 1, 2020, Medicare began paying Opioid Treatment Programs (“OTPs”) through bundled payments for Opioid Use Disorder (“OUD”) treatment services in an episode of care provided by outpatient practitioners through the A/B MAC (B). Medicare extended OTP enrollment through the A/B MAC (A) for outpatient services provided by hospitals and Free-Standing OTP facilities, beginning January 1, 2021. In August 2021, the OIG announced they will audit claims for OUD treatment services provided by nonresidential (i.e., freestanding) OTPs, which are identified with the place-of-service code 58, to determine whether the services were allowable in accordance with Medicare requirements.</i></p>	<p><b>Data Analytics &amp; Research Complete.</b></p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> <li>• There were no (0) hospital or professional claims / transactions identified with OTP services.</li> <li>• The FQHC clinics and hospital (LMC) are not currently enrolled as OTP providers. <i>Note: Consider reviewing to evaluate whether obtaining dual enrollment status as an OTP would be beneficial.</i></li> <li>• Due to the volume and data results, no audit or action is recommended at this time.</li> </ul>

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<p>The objective of this assessment was to review data to determine if these specific services were performed at HCD and if the volume supports a review.</p>	
<p><b>Medicaid Inpatient Hospital Claims with Severe Malnutrition</b></p> <p><i>Proper billing of malnutrition diagnosis codes has been identified as a risk area on the Office of Inspector General’s (“OIG”) current and past Work Plan(s), with numerous findings of improper coding resulting in considerable overpayment of funds. As part of its current Work Plan, the OIG is reviewing “Medicaid Inpatient Hospital Claims with Severe Malnutrition”.</i></p> <p>The objective of this assessment was to review data to determine if the volume of services supports a review. Note: This review was expanded to include a coding audit which was completed by HCD’s Director of Coding, Revenue Integrity &amp; Clinical Documentation.</p>	<p><b>Data Analytics &amp; Research Complete; HCD Audit Complete. Results Favorable, No Recommended Actions.</b></p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> <li>• A low volume of inpatient hospital claims (11 in total)</li> <li>• 100% coding accuracy rate (upon expanded review conducted by Revenue Integrity)</li> <li>• Health Information Management (HIM) proactive measurements implemented (physician query for malnutrition)</li> </ul>
<p><b>Ground Interfacility Ambulance Transports Review and Guidance: Regulatory and Billing Requirements</b></p> <p><i>In June 2021, the Palm Beach County Commission Board approved an amendment to the Emergency Medical Services (“EMS”) Ordinance, to allow governmental agencies to provide interfacility transfer services. The HCD identified a need and was approved to provide interfacility transports for Lakeside Medical Center (“LMC”) patients to other HCD facilities (e.g., Healey). Accordingly, the HCD began taking the necessary steps to own and operate a new ground ambulance transport service (LifeTrans), including program development, which involves incorporating elements outlined in the Commission on Accreditation of Medical Transport System Standards and the Office of Inspector General (“OIG”) compliance program guidance (“CPG”) to assist ambulance providers in developing strategies for complying with federal health care program requirements. These new ground ambulance transport services are scheduled</i></p>	<p><b>Review of Billing Processes, Training Development, and Regulatory Guidance Complete. Results Favorable, See Recommendations.</b></p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> <li>• HCD key staff appear to have a good understanding of the requirements for billing ground ambulance transports.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Continue to provide training to new hires.</li> <li>• CPE to audit in FY2023 (anticipated to be during Q1) ground ambulance transports billed to Medicare from July 2022 – September 2022 (1 quarter or 3 months, selected at random).</li> </ul>



**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
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<p><i>to begin in July 2022, once the new ambulance vehicles are received.</i></p> <p>As a result, this item was added to the HCD CPE FY2022 Work Plan to provide regulatory guidance and review of billing processes/safeguards to ensure compliance with Medicare requirements. Note, prior OIG reviews found that inappropriate payments and questionable billing for Medicare Part B ambulance transports pose vulnerabilities to Medicare program integrity.</p> <p>The following was included for our scope, in part:</p> <ul style="list-style-type: none"> <li>• CPE provided regulatory guidance and resources, including ongoing monitoring;</li> <li>• CPE developed a Ground Ambulance training module and provided education to new hires; and</li> <li>• Reviewed billing processes and safeguards to ensure compliance with Medicare requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Financial Services Manager to develop written processes/policies and procedures for billing ground ambulance service, anticipated completion per Department to be July 1, 2022.</li> </ul>
<p><b>CMS Open Payments Annual Review and Dispute Reconciliation (Annual, Program Year 2021)</b></p> <p><i>The Open Payments program was enacted as part of the Affordable Care Act of 2010. It is designed to create transparency into financial relationships between pharmaceutical companies, medical device manufacturers, supply companies, and group purchasing organizations/ vendors, and physicians and teaching hospitals. Under Open Payments, vendors are required to report to CMS payments and other transfers of value to several groups, most notably for teaching hospitals, which includes Lakeside Medical Center (“LMC”). The payment information is then published in the online Open Payments Database. For CY 2021, applicable manufacturers collected and reported payment data throughout the calendar year, HCD had from March – May 2022 to complete their review to confirm or dispute the data.</i></p>	<p><b>Review/Actions Complete. Actions Recommended.</b></p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> <li>• Two (2) payments / transfers of value from vendors to LMC were reported from a health care industry vendor related to debt forgiveness.</li> <li>• HCD formally disputed the payment entries after interviews with staff and correspondence with the vendor reporting the payments. Documentation was provided by the vendors to support the payments.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Facility education and processes on potential entries for vendor payments or other items that may constitute an item of value.</li> </ul>

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

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<p>The objective of this review was to determine if LMC had any open payments in the database, evaluate if the payments were valid, determine future internal follow-up action or contract and training needs, and to respond where needed by CMS' deadline.</p>	<ul style="list-style-type: none"> <li>• CPE to continue to monitor open payments and perform the annual review and dispute process.</li> </ul>
<b>Routine Auditing and Monitoring – Completed Items</b>	
<p><b>Work Plan Item/Area and Background/Review Rational</b></p>	<p><b>Summary</b></p>
<p><b>Exclusion Screening Compliance Reviews (Monthly)</b></p> <p><i>The OIG urges health care providers and entities to check the OIG List of Excluded Individuals/Entities (“LEIE”) and the General Services Administration’s (“GSA”) System for Award Management (“SAM”) prior to hiring or contracting with individuals or entities, and recommends to re-check these lists monthly. Additionally, exclusion screenings against the Agency for Health Care Administration (“AHCA”) Public Record Search are required in order to identify providers excluded from participating in Florida’s Medicaid Program.</i></p> <p>The objective of this continued monitoring is to ensure HCD is not employing, contracting, compensating or doing business with an individual or entity who is excluded from participating in any federal or state funded health care programs. Monthly, Compliance receives, compiles, and sends the vendor lists for all applicable areas for vendor initial review. Compliance then works to resolve any confirmed or possible matches.</p>	<p><b>Monthly Reviews Complete. Results Favorable, No Recommended Actions.</b></p> <p>All reviews completed monthly. 100% compliance with HCD policies and applicable rules with no resulting exclusions for HCD.</p> <p>Notes: Compliance contracted with a new vendor that provides a more automated and continuous exclusion monitoring service to screen HCD employees, providers, vendors, including individuals who refer patients for health care services, against all state and federal exclusion sources across the OIG, LEIE, SAM/GSA, Office of Foreign Assets Control (OFAC), and all 42 state Medicaid exclusions lists every day. CPE continuously monitors the monthly exclusion screenings and weekly reviews of screening reports provided by the Vendor to resolve possible and/or confirmed matches.</p>
<p><b>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Monthly/Weekly)</b></p> <p><i>EPIC user activity is monitored by six (6) distinct HCD enforced policies through enhanced patient privacy intelligence technology in FairWarning to detect potential inappropriate access to patient information. These active enforced policies / audited areas include: Anomalous Workflow (AI), High Access of Deceased Patients, High Access of Break-</i></p>	<p><b>Monthly Reviews Complete. Results Favorable, No Recommended Actions.</b></p> <p>All reviews completed monthly (includes all weekly reviews). 100% compliance with HCD policies and applicable rules with no resulting privacy violations for HCD.</p>

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<p><i>the-Glass, Person of Interest Snooping, High Access of Discharged Patients, and Co-Worker Snooping.</i></p> <p>The objective for this consistent monitoring is to fulfill our obligations under the Privacy and Security Rules to ensure PHI and employee confidential information is used appropriately and records are accessed with the minimum amount necessary and only when an individual has a professional need to know.</p>	
<p><b>Referral Source/Physician Payment Audits (Monthly)</b></p> <p><i>HCD's CCO conducts reviews of contracts and invoices/payments to referral sources prior to approving (pre-payment). This includes review of the contract documentation, review of physician/referral source duties and timesheets or performance requirements, process and controls for payment, and supplemental/supporting documentation for accuracy and appropriateness.</i></p> <p>The objective for this monitoring is to ensure proper payment and compliance with the written agreement and applicable areas under the Stark Law and applicable rules areas to mitigate physician compensation risks.</p>	<p><b>Multiple Monthly Payment and Contract Reviews Complete, including several contract payments for each month as routed.</b></p>
<b>Element/Type</b>	<b>Work Plan Item/Area – Ongoing (*) or In Process Items</b>
Committees	Committees/Meetings *
Policies and Standards of Conduct	Standards of Conduct Policies & Procedures / Guide (revised) Clinic/Administrative/Operational Business Unit P&P (via Committee) * Internal Business Unit Procedures (new and revised) *
Open/Effective Communication	Dissemination of information to HCD staff * Regulatory Updates/Industry Enforcement Activity * Regulatory Dashboard/Website enhancements * Internal staff development * Release of Information (ROI) for Privacy Compliance Authorization for Marketing/Patient Stories for Privacy Compliance CPE First Annual Awareness Survey and Leader Feedback Survey development
Training and Education	Committee and Board Education * New Hire Training on Compliance, Privacy & Ethics Topics * Topic Specific Training as part of the Work Plan (e.g., Ambulance) *

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Auditing and Monitoring	Exclusion Screening Reviews (monthly monitoring) * Privacy FairWarning auditing and monitoring of Epic user access and activity for compliance with Privacy rules and risk mitigation) (weekly monitoring) * Referral Source/Physician Payment Audits (monthly monitoring) * PYA/Compliance Review (past findings) for Revenue Cycle Report/Compliance EMTALA and Access to Emergency Services and Care Risk Assessment Medicare Payments for Inpatient Claims for Mechanical Ventilation >96 hours PEPPER Report Monitoring for Short Term Acute Care Hospitals (LMC) PEPPER Report Monitoring for Skilled Nursing Facilities (Healey) Observation Notices (MOON/HOON Required by State/Federal Rules) Observation Process Review for Billing Credentialing Risk Assessment Continuous Monitoring (e.g., OIG Work Plan, Government Contractors) ***** External Agency Audit Activity/Response Applicable Rule/Law Analysis to the HCD
Issuing Guidance / Enforcing Standards	Conflicts of Interest Disclosure and Review Process – Board/Staff Contract Reviews and Guidance * No Surprises Act/Surprise Billing Act Price Transparency Requirements CMS ONC HIT Requirements for Information Blocking Air Transportation Regulatory and Billing Requirements Privacy Violations / Sanctions Grid development Social Media Guidance
Responding to Issues	Hotline Call Response/Investigations ** Response to Issues/Inquiries/Investigations ***
Effectiveness	Compliance Program Development/Effectiveness *

***Work Plan Highlights (copied below):***

**Conflicts of Interest (COI) \***

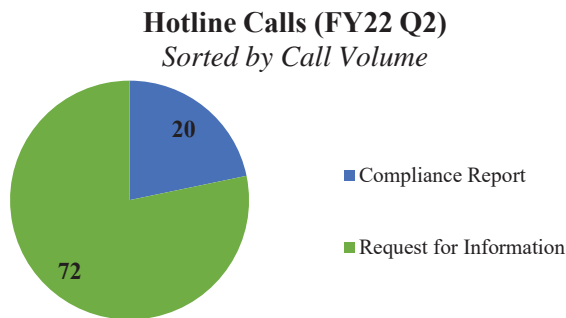
- HCD’s COI Policy was revised in FY22.
- The Policy requires annual review and disclosure for Conflicts of Interest (COI).
- During FY22 Q1, 100% of Board/Committee recipients completed the Disclosures for FY21/CY21. The submitted COI Questionnaires were reviewed by HCD Compliance and a closure letter will be provided to the Committee/Board at the next regular meeting following completion.
- Revised Survey/Documents were pushed to HCD Staff for completion on May 1, 2022. HCD is at 75% completion for staff submittals. CPE is in process of reviewing these and will then refer to Human Resources or Legal, where appropriate.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

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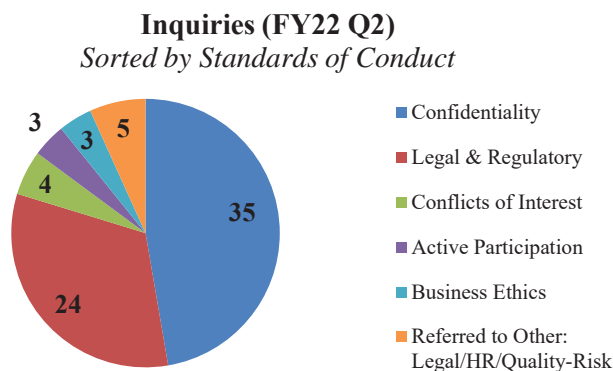
### Hotline Calls \*\*

- A total of 92 calls were placed to the Hotline during FY22 Q2 (January – March 2022). 80% of these were anonymous. *Note: Decrease (positive trend) in calls made to the Hotline from Prior reporting.*
- The majority of Hotline calls were requests for information (78%), which were addressed by our vendor, ComplianceLine. The remaining 22% were addressed by CPE. *Note: Increase (positive trend) in calls made to CPE from Prior reporting.*



### CPE Inquiries \*\*\*

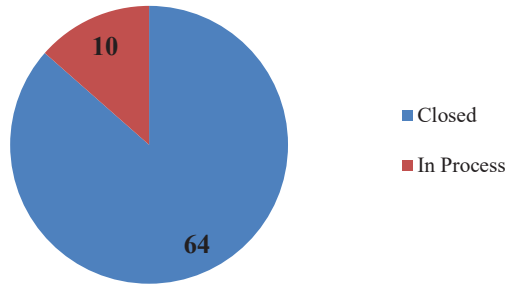
- CPE reviewed and responded to over 74 inquiries (\*) during the Reporting Period (FY22 Q2). 86% of these were resolved at the time of reporting.
- The most common type of inquiries during related to Confidentiality/Privacy, 47%, followed by Legal and Regulatory, 32%. The below graphs provide a breakdown of the inquiries by Standards of Conduct category. *Notes: Increase from prior quarter(s) (positive trend). CPE is refining methodologies for documenting and reporting on data. Recent data is increased in actual volume, complexity, facilities, variation by category. Temporary increase in COI related inquiries, due to the roll-out.*



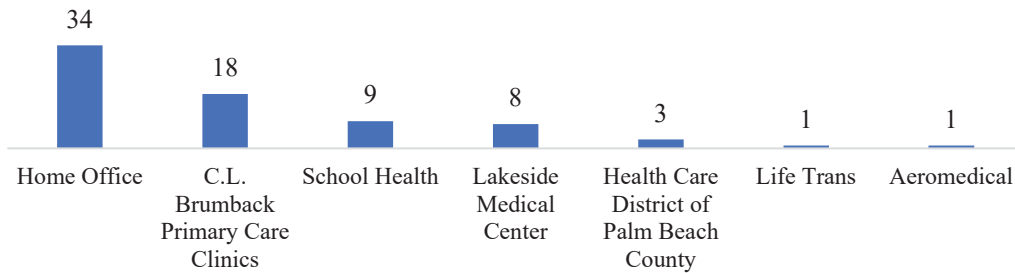
## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

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**Resolved Inquiries (FY22 Q2)**  
*Sorted by Inquiry Resolution Status*



**Inquiries (FY22 Q2)**  
*Sorted by Location*



**Privacy Case Activity \*\*\***

- The most common types of reported privacy incidents during FY22 Q2 included: Misfile of PHI, Proper Safeguards, and Disclosures to an Unauthorized Individual. All addressed by staff education, where appropriate.
- During the Report Period the Privacy Office reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q2 FY22
Office for Civil Rights (OCR) / FIPA Reportable Breaches < 500 * (individual)	2
Office for Civil Rights (OCR) Complaint Letters or Investigation Notices **	1
Internal Reports of Alleged Violations (Investigated Cases)	16

\* Breaches of unsecured PHI affecting <500 individuals are reported annually to OCR.

\*\*HCD received a letter from the OCR (4/8/2022) resulting from a complaint alleging HCD disclosed verbal PHI when speaking in hallways or in the earshot of other patients. OCR resolved this matter with technical assistance in the form of written education materials on Reasonable Safeguards under 45 C.F.R. §164.530(c).

\*\*\* HCD has one (1) open case, pending closure by OCR, which was previously reported.



## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

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**Ongoing Monitoring (Summary) \*\*\*\***

*CPE continuously performs/monitors: CMS Publications and Notifications, OIG Compliance Audit Reports, Investigations and Work Plans, and Regulatory Updates and Industry Enforcement Activity Monitoring. These are reported annually, except as noted below:*

OIG Work Plan:

The OIG updates their Work Plan initiatives and priorities for health care entities monthly. CPE continuously monitors and analyzes the OIG’s Work Plan. From January – March 2022, the OIG added 24 new items to their Work Plan, at least 7 of which appear to pertain to HCD. Information is disseminated to applicable staff and is added to the Work Plan, upon full evaluation by HCD CPE, if/where applicable.

Regulatory Updates and Industry Enforcement Activity:

CPE continuously reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD. Information is searched, tracked, reviewed, analyzed, monitored (at a minimum), and is published on HCD’s Regulatory Dashboard. Updates and trends are provided to the Board/Committees as needed and/or as informational. For this quarter, a report is being provided with a summary of updates since the last meeting to the HCD Board. To learn more about any or all of these updates, please contact Heather Bokor, HCD CCO, at [hbokor@hcdpbc.org](mailto:hbokor@hcdpbc.org).

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

	<b>Current FY Amounts</b>	<b>Total Amounts (Current + Future)</b>	<b>Budget</b>
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:

N/A

\_\_\_\_\_  
Candice Abbott  
VP & Chief Financial Officer

**6. Reviewed/Approved by Committee:**

N/A

\_\_\_\_\_  
Quality, Patient Safety and Compliance  
Committee

N/A

\_\_\_\_\_  
Date

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE**  
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**7. Recommendation:**

Staff recommends the Board Receive and File the Compliance, Privacy and Ethics Program Activities and Updates.

Approved for Legal sufficiency:

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*Bernabe Icaza*  
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Bernabe Icaza  
VP & General Counsel

DocuSigned by:  
*Heather Bokor*  
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Heather N. Bokor  
VP & Chief Compliance, Privacy & Risk Officer

DocuSigned by:  
*Darcy Davis*  
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Darcy J. Davis  
Chief Executive Officer



**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 15, 2022**

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

**2. Summary:**

This agenda item provides quality and patient safety reports for the 2<sup>nd</sup> trimester of the school year for School Health and the 1<sup>st</sup> Quarter of 2022 for Aeromedical, Trauma C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

**3. Substantive Analysis:**

**School Health**

In the second trimester of the 2021/2022 school year (Jan 1<sup>st</sup> – Mar 31<sup>st</sup>), we completed with a total of 194,180 events across 166 schools. These events were broken down by 34,642 office visits, 36,372 medication visits, 21,507 procedure visits, 6,015 consultation events, 83,561 screenings (COVID-19, mandated, and pediculosis), 4,509 COVID-19 in house testing and 7,574 record reviews.

We are exceeding the goal (Target > 80%) for student's returning to class from an office visit, with 87% of students remained in school versus 13% of students that were sent home (non-COVID -19 related).

**COVID-19**

In the second trimester, we performed a total of 37,547 COVID-19 screenings with 27,228 unique students. The elementary schools performed the most screenings at 67%, followed by middle schools at 19% and high schools at 14%. As a result of the COVID-19 screenings, 25% of students were screened positive and referred for testing, and 75% resulted in a negative screen who remained in school. The leading primary symptom for positive COVID-19 screening is constant cough, and the leading secondary symptom is headache. We performed a total of 4,509 in-house point of care COVID-19 tests for students. 87% resulted in a negative test, and 13% resulted in a positive test. The elementary schools performed the most COVID-19 testing at 63%, followed by middle schools at 23% and high schools at 14%. The leading primary symptom for positive COVID-19 testing is fever and the leading secondary symptom is a headache.

**Florida Mandated Student Screenings**

- We are over the Florida State mandated interim goal of completing 50% of the screenings required at the end of the 2nd trimester in all four areas (vision, hearing, scoliosis and BMI). Parents are notified of any abnormal (outside the target area), so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: In the second trimester, we screened 32,873 (88.3%) of eligible students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 32,873 students, 9,107 (28%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 138 schools (96%). For the BMI

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categories, 54.45% of students were normal, 16.98% were overweight, 3.33% were underweight, and 25.24% were obese.

- Hearing screening: In the second trimester, we screened 26,721 (88%) of eligible students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades. Out of 26,721 students, 542 (2%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 143 schools (99%).
- Scoliosis screening: In the second trimester, we screened 10,453 (86.2%) of eligible students in 6<sup>th</sup> grade. Out of 10,453 students, 118 (1%) students required referral. Out of 43 eligible schools, we have completed over 50% of screenings at 39 schools (91%).
- Vision screening: In the second trimester, we screened 36,754 (88.4%) of eligible students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 36,754 students, 6,131 (17%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 144 schools (100%).

**Aeromedical**

For Q1, there were 164 flights transporting 168 patients. The Aeromedical Quality Report shows 72 flights were missed, cancelled, or aborted in Q1. The majority of missed flights were due to weather (29) and referring agency cancelations (23).

In February, there were 2 flights greater than 20 minutes for “call to scene, for scene flights East of 20 mile bend.” One flight, the crew reported an Air Traffic Control delay departing Palm Beach International Airport. The other flight was captured at 21 minutes to a Landing Zone where upon arrival the crew changed that location of landing to a different location for safety reasons. This resulted in an approximate 1-2 minute delay in landing.

49% of the total flights were to pick up locations west of 20 mile bend.

The Detailed Run Time Report filtered for Interfacility transports shows that the dispatch to enroute times averaged just over 19 minutes.

The dispatch to destination hospital average on that report was greatest in the month of February at 96 minutes and 44 seconds based primarily on 4 of the 17 transports. 1 transport which resulted in an extended time was from a hospital without a Heliport (Boca Raton Regional Medical Center) and required coordination with the hospital to arrange ground transportation of the patient to the Boca Raton Airport where the patient could be safely loaded into the helicopter and then a 270 mile flight to Shands Hospital in Gainesville, FL. Three other delays were associated with gathering patient information, confirming acceptance at receiving hospital, or time to transfer patient care at referring or receiving facility.

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

## **HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE June 15, 2022**

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

### **GAMUT**

GAMUT stands for Ground and Air Medical Quality Transports. Trauma Hawk has been benchmarking data to this national file repository site since 2018 for quality purposes. Over the past rolling year (April 2020 – March 2022), Trauma Hawk Crew Members treated and transported 673 patients resulting in an increase of 57 patients when compared to the previous year.

Average Mobilization Time for All Patients (Dispatch to Enroute) is 7 minutes.

Average Scene Time for STEMI patients (Arrive Scene to Depart Scene) is 18 minutes.

33 patients required advanced airway support by Trauma Hawk crew members. 23 (72%) patients had an airway placed on the first attempt, 5 (16%) patients had an airway placed on a subsequent attempt and 4 airway placement attempts were unsuccessful. GAMUT benchmark (national average) is 89% of patients have airway placed on first attempt. Of these 23 airway placements on the first attempt, 19 patients were transferred without suffering a hypoxic or hypotensive event. 15 ETT were placed, 8 I-Gels and 1 OPA was placed by crewmembers for patients requiring advanced airway support.

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

5 new data points have are being collected for use of supraglottic airway device, pain scale assessment, blood glucose check on patients with a GCS <14 and temperature recorded at first set of vitals. Benchmarks for these data points will be available this fall.

Trauma Hawk sits just below national average (hospital-based program comparison) for the following metrics:

- 1st attempt intubation 72% (GAMUT=89%)
- 1st attempt without hypoxia or hypotension 70% (GAMUT=80%)
- Hypoxic event 6% (GAMUT=5%)

Trauma Hawk sits above national average for the following metric:

- Airway device confirmation 98% (GAMUT=97%)
- RSI protocol documentation 100% (GAMUT=93%)
- Capnography confirmed for ventilated patients 100% (GAMUT=97%)

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**Trauma**

**System Utilization Slide:**

Over the past rolling year 5,404 patients were seen at a trauma center - an increase of 514 patients compared to the previous rolling year. Rolling year comparison (May 2021 – April 2022) showed St. Mary's treating 2,877 traumatically injured patients and Delray treating 2,527 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age  $\leq 15$ ) accounted for 9% of total volume, Adults (Ages 16 – 64) accounted for 52% of total volume and Geriatrics (Age  $> 65$ ) accounted for 40% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 30% of trauma patients seen at Delray Medical Center are  $\geq 80$  years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 2nd decade of life. 14% of St. Mary's total volume are between the ages of 20 and 30. 93% of trauma volume originates in Palm Beach County.

**Palm Beach County Trauma Injury Analysis Slide:**

The leading and dominating mechanism of injury for all patients is Falls [(45% of total volume) seen primarily in Geriatrics and Pediatrics]. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account for 34% of total volume. Combined, these two categories account for over 75% of total trauma volume. 88% of Trauma volume is related to blunt impact injuries compared to penetrating injuries at 9% of volume and burns at 3% of volume. Trauma Alerts accounted for 56% of total volume with Transfers from Acute Care Hospitals representing 25% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 18%. There were 4,725 ground transports and 450 air transports to palm beach county trauma centers. Age distribution by city of injury show the largest concentration of geriatric injuries occurring in the southern half of the county, but also shows significant pockets in Lake Worth, Atlantis, Green Acres, North Palm Beach, Palm Beach Gardens and Jupiter. Pediatric volume historically has been seen in Lake Worth and West Palm Beach, but growing concentrations are continuing to be noted in Boca Raton, Boynton Beach and Green Acres.

**Pre-Hospital Analysis Slide:**

The leading pre-hospital provider is PBCFR with 36% of transports followed by AMR transporting interfacility transfers with 19% of volume followed by West Palm Beach Fire Rescue (9%), Boca Raton Fire Rescue (7%), Delray Beach Fire Rescue (6%) and Trauma Hawk (5%) as the major transporters of trauma patients. Protocols used by EMS to accurately identify and transport the trauma patient from scene of injury as an alert shows 55% of patients met blue criteria, 31% met red criteria, 8% under the discretion of the medics and 6% shows not documented (most of which are from out of county providers that do not adhere to PBC protocols).

**C. L. Brumback Primary Care Clinics**

In the first quarter of 2022, the clinics served 18,013 unique patients and provided 36,120 clinic visits.

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The following measures were not meeting goal at the end of March: Childhood Immunization (45%), Cervical Cancer Screening (34%), Breast Cancer Screening (47%), Adult Weight Screening and Follow-Up (49%), Tobacco use Screening and Cessation Intervention (84%), Colorectal Cancer Screening (25%), Coronary Artery Disease / Lipid Therapy (79%), Ischemic Vascular Disease/Antiplatelet Therapy (75%), Diabetes (63%), Hypertension (65%), and HIV Screening (24%). Weight Screening and Counseling for Children and Adolescents (70%)

All other goals achieved for the quarter.

**Edward J. Healey Rehabilitation and Nursing Center**

For Q1, 15 of 17 quality measures were met.

**Lakeside Medical Center**

For Q1 2022, **Inpatient Quality Measures** there were 3 of 8 measures (ED-1a, PC-02, Sepsis) that did not meet goal.

**ED Measure:**

For **ED-1a**, there were (106) cases sampled with a median time of (388) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered was appropriate and an increase in patient census and bed availability related to Covid-19, was noted to be a contributing factor.

**Perinatal Measure:**

For **PC-02**, there were (10) cases that fell into the sample population, of those cases (2) were Primary C-Sections. Both were performed due to Cephalopelvic Disproportion resulting in a rate of 20% for the quarter which is 1% above the set goal of <20%.

**Sepsis Measure:**

For **Sepsis**, there were (17) cases that fell into the sample population, of those cases (11) fell into the numerator for a pass rate of 65% for the quarter which is 5% lower than the set goal of  $\geq 70\%$ . The (6) that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. The Sepsis Workgroup continues to work on improvement of the workflow process within the EPIC to ensure the all data elements and documentation are met.

For Q1 2022, **Outpatient Quality Measures** there were 2 of 3 measures (OP-3, OP-18) that did not meet goal.

For **OP-18**, there were (97) cases that fell into the sample population with a median time of (161) minutes, which is higher than the set goal of (137) minutes. The top (5)

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE June 15, 2022

cases were reviewed for each monthly and an increase in turn-around time was noted due to high volume and prolonged wait times.

For **OP-3**, there was (1) case that fell into the sample population, that did not meet goal, resulting in a rate of 0%, which is lower than the set goal of >58 minutes. The case was reviewed and care and treatment were rendered appropriately.

### Corporate Quality Metrics

- **Call Center**
  - For Quarter 1, 2022 there were 113,855 calls received which is a 16% decrease from the previous quarter. Of these calls there were 33,275 unique numbers which is a 17% decrease from the previous quarter. The majority of calls were received between 9am and 12pm and the highest call volumes are typically on Monday's and the day after a holiday. March was the busiest month for call activity and February was the slowest call activity.
- **Health Information Management**
  - Health Information Management is a service department and one of our responsibilities is to provide Medical Records to many different requestors. A compliant consent for release/request of the records must be received prior to processing. The goal for this function is an average of less than 5 days. The current average turnaround time is 3.13 days.
- **Human Resources**
  - Quarter 1 headcount ended at 1,215 team-members after 98 new hires.
  - Turnover rate for Q1 was 9.54%, while New Hire turnover rate was 10.20%.
  - The current diversity headcount is 69%, average age of employees is about 46.02 years old and 79% of the workforce is female.
- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. We are now monitoring 7 mission critical applications as we have added the school health EMR Welligent to the critical application list. We had an uptime percentage of 98.99 across all critical applications in the month of January due to a 7.5 hour network outage and did not meet our service level that month. For the remainder of the Quarter we had a critical application uptime percentage of 100%. Epic is hosted by Memorial Healthcare as a part of our agreement and we have been stable since early October 2021.
  - **Customer Service:** For Q1, we received 6,626 total new tickets and closed 6,122 for a close rate of 92%. We had 2,214 support tickets in January, 1,860 in February, and 1,961 in March. The larger January ticket



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volume was expected as we came out of the holiday season. The IT Service Desk saw an abandoned call rate of 2.63% in January and February dropped to 1.94% but this trended upward slightly in March with the percentage being 2.00%. Our current target is 4.5% average abandon call rate and we were well below that for the quarter. We are finding that approx. 52% of our tickets are emailed vs called in.

- **Cybersecurity:** For Q1 we investigated 274 security incidents. Of the total incidents, all are closed and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts, and requested security investigations. Comparing 2020 (390 cases) to 2021 (947 cases). We are in high alert due to recent events with Russia and other cyberattacks to healthcare and government entities.

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

	<b>Current FY Amounts</b>	<b>Total Amounts (Current + Future)</b>	<b>Budget</b>
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:

N/A

\_\_\_\_\_  
Candice Abbott  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

N/A

\_\_\_\_\_  
Quality, Patient Safety and Compliance  
Committee

N/A


\_\_\_\_\_  
Date


**HEALTH CARE DISTRICT  
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June 15, 2022**


**6. Recommendation:**

Staff recommends the Committee Receive and File the Quality and Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:  
  
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\_\_\_\_\_  
Bernabe Icaza  
VP & General Counsel

DocuSigned by:  
  
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Belma Andric, MD  
VP & Chief Medical Officer

DocuSigned by:  
  
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Darcy J. Davis  
Chief Executive Officer



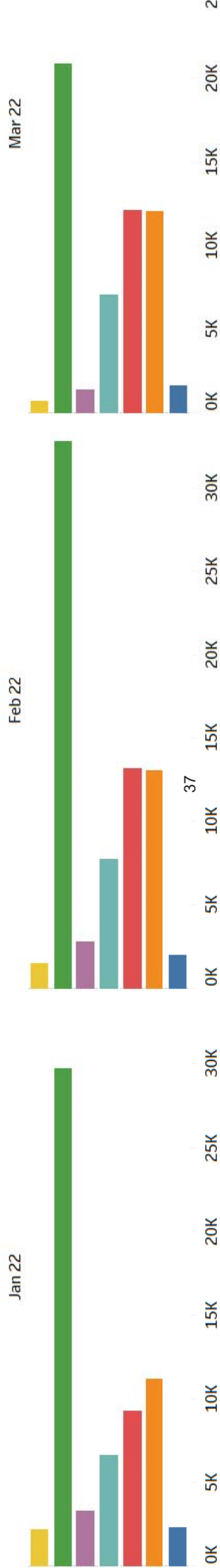
## School Health Room Events - Completed Activity Summary

**Total Events: 194,180**

Event Type	# Unique Nurses	# Health Room Events	Average Duration (Min)	# Unique Students	# Unique Schools	Provider Type	Value
Sickness/Injury	191	34,642	18.1	24,543	166	Designee Nurse	1,229 33,413 1,179
Medications	194	36,372	5.5	1,132	160	Designee Nurse	1,556 34,816 1,702
Procedures	156	21,507	14.1	248	114	Designee Nurse	172 21,335 1,008
Consultations	190	6,015	14.6	4,048	164	Designee Nurse	1 6,014 695.0
Screenings	Covid19 191 95% Mandated 121 60%	Covid19 38K 45% Mandated 46K 55%	Covid19 29.7 Mandated 20.0	Covid19 27K 65% Mandated 19K 44%	166 100% 137 83%	Designee 860 1.0% Nurse 82,701 99.0%	9
Testing	N/A	In-House 5K 71% F/U 1K 16%	30	In-House 4K 77% F/U 1K 17%	171 125	N/A	657.0
Reviews	108	7,574	N/A	N/A	109	REGISTERED NURSE 7,574 100.0%	

ED Schools

Events by Type



# School Health Room Visits - Illness/Injury

Start Date: 1/1/2022  
 End Date: 3/31/2022

# Unique Nurses: **191**

# Health Room Visits: **34,642**

Avg Dur (Min): **18.1**

# Unique Students: **24,543**

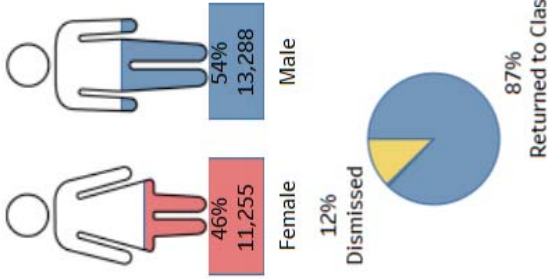
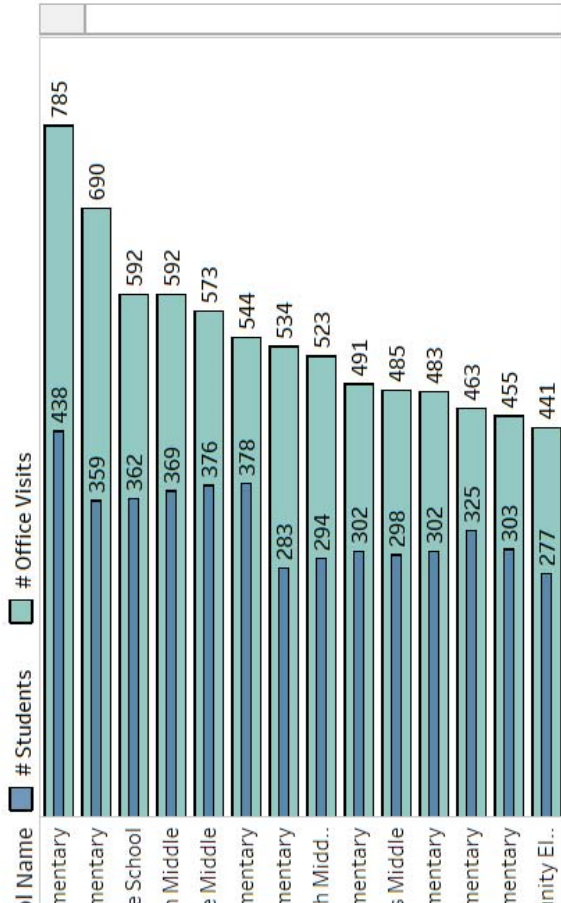
# Unique Schools: **166**

Returned: **30,183**

Dismissed: **4,261**

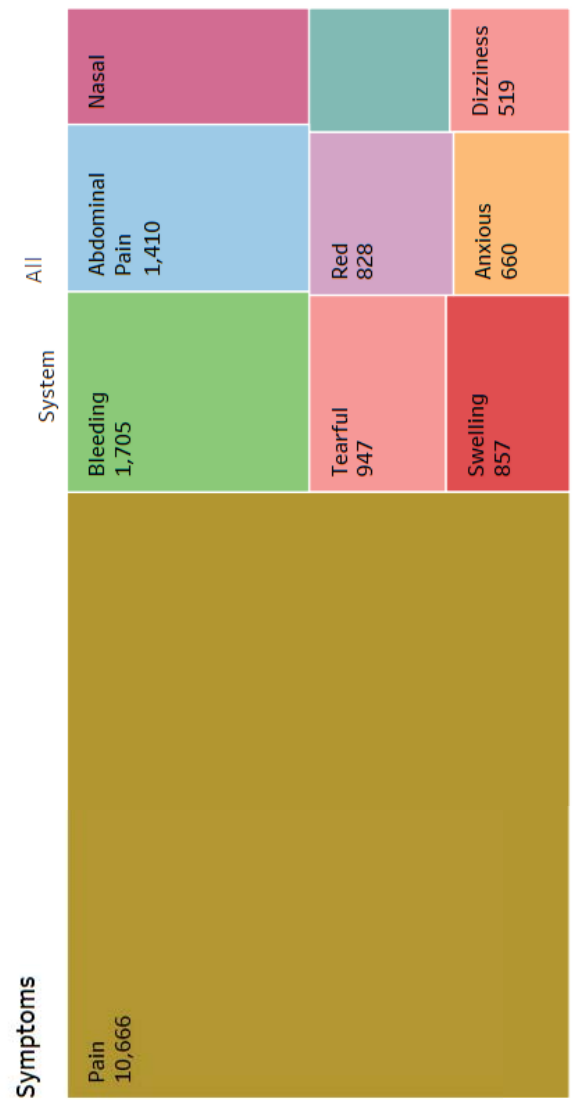
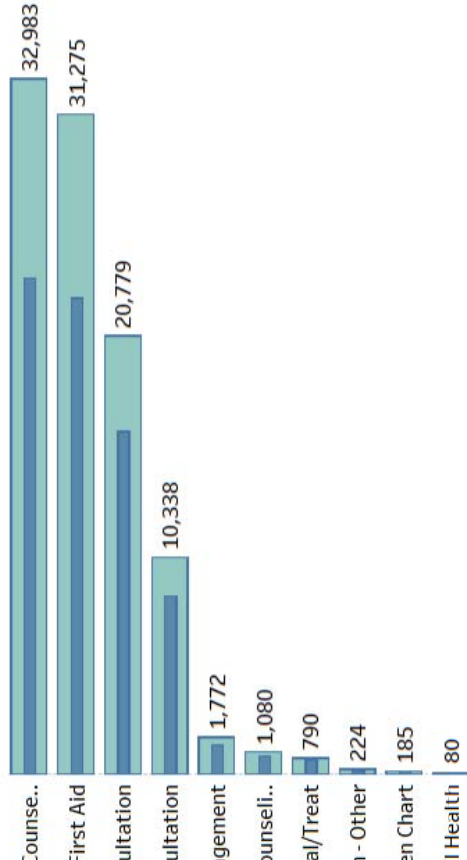
EMS Called: **198**

Area: Multiple



Hour	MON	TUE	WED	THU	FRI
7	98	155	167	175	151
8	342	563	599	639	484
9	582	831	893	912	868
10	832	1,171	1,122	1,244	1,164
11	979	1,348	1,422	1,457	1,366
12	920	1,332	1,387	1,511	1,265
13	845	1,261	1,265	1,262	1,063
14	339	415	454	441	364
15	130	177	182	195	154
16	7	14	12	20	6

## Symptoms



Symptom Legend:  
 Abdo (Blue), Anxio (Orange), Bleed (Green), Dizzi (Red), Limit (Teal), Nasa (Purple), Pain (Yellow), Red (Pink), Swell (Dark Red), Tearf (Light Red)





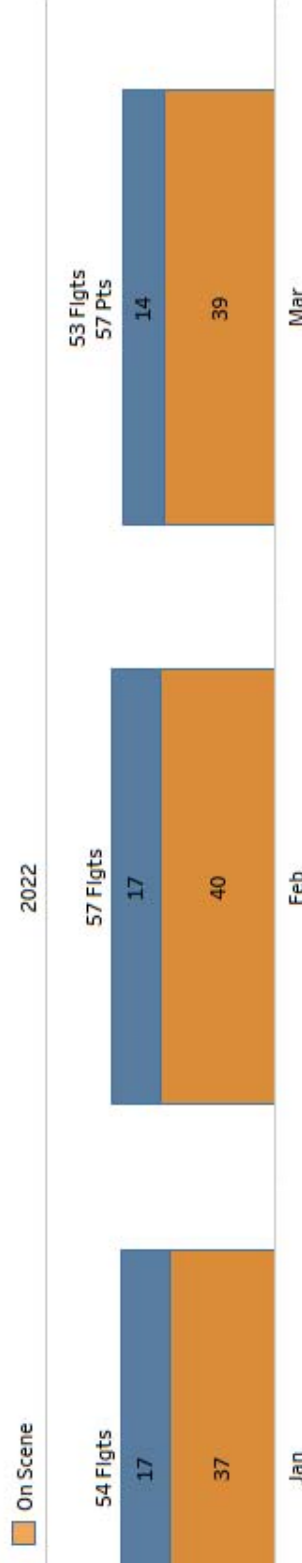
# Aeromedical Quality Report

Start Date  
1/1/2022

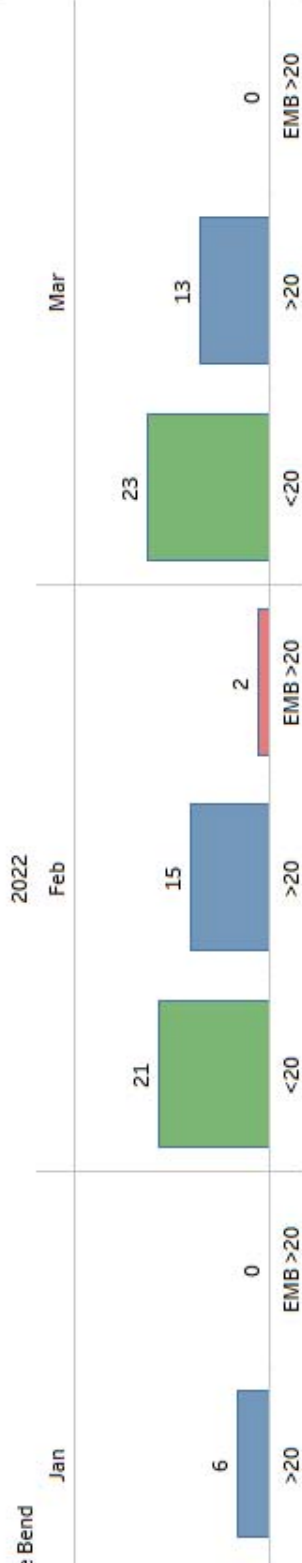
[Go to Detail](#)

## Patients 168

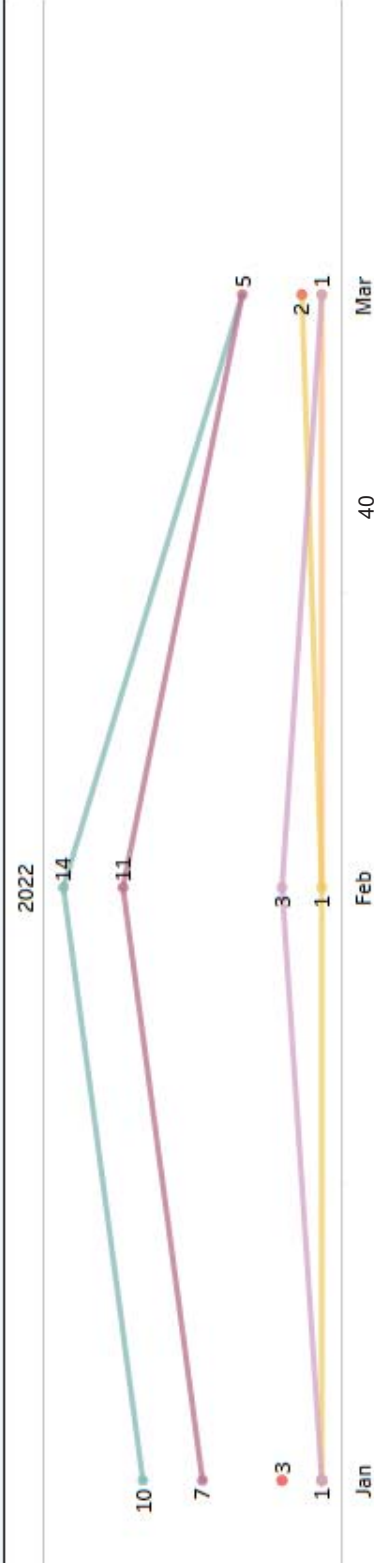
### Number of Flights



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



### Missed, Cancelled or Aborted Flights by Quarter

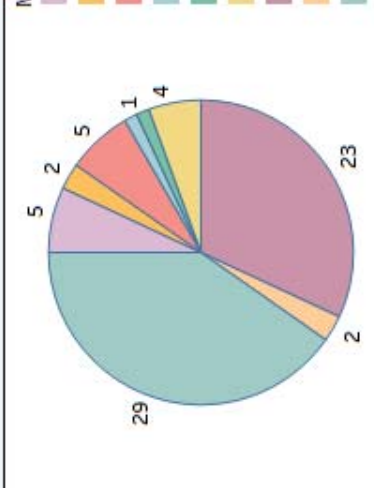


### Average Times for Scene Flights

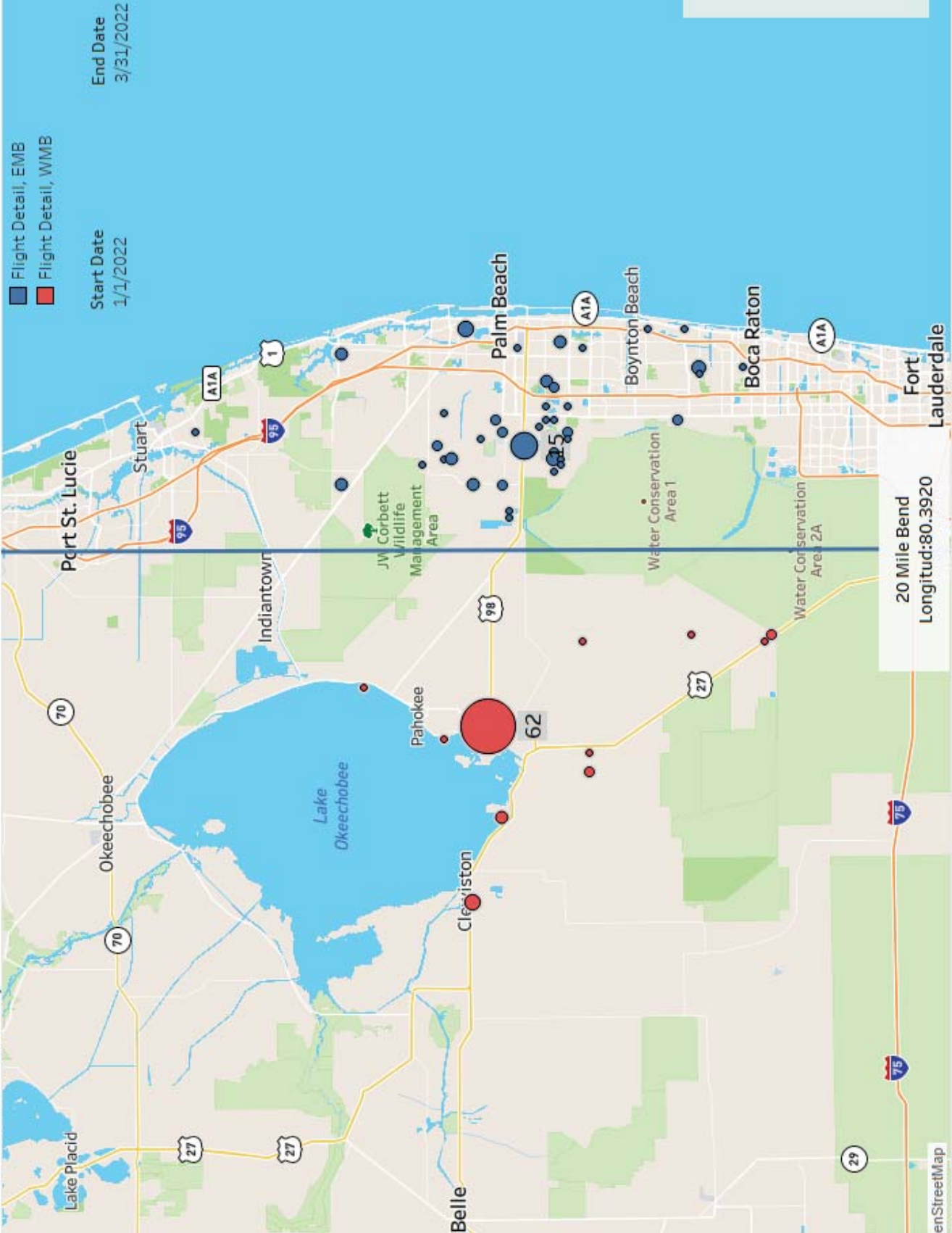
Year of Flight D..	Month of Flight Date	On Scene	Disp To Em
2022	Jan	8m 19s	4m 20s
	Feb	8m 51s	5m 9s
	Mar	8m 10s	5m 9s

### Utilization

Year of Flight D..	Month of Flight Date	Hours Utilized	% Hours Utilized
2022	Jan	84	7.8%
	Feb	87	8.7%
	Mar	72	6.4%



## TH135 Pickup Locations



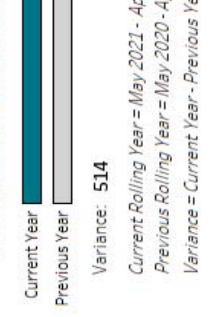
Total Flights  
 Flights Wes  
 % Flights W

WM  
 EMB  
 WMB

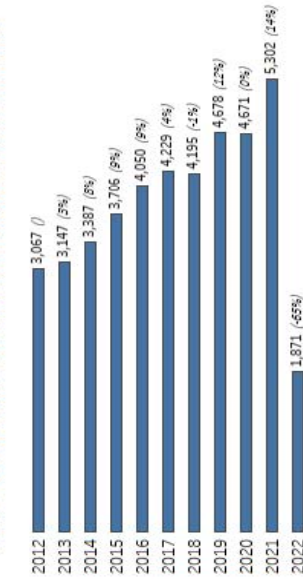


# TRAUMA SYSTEM UTILIZATION

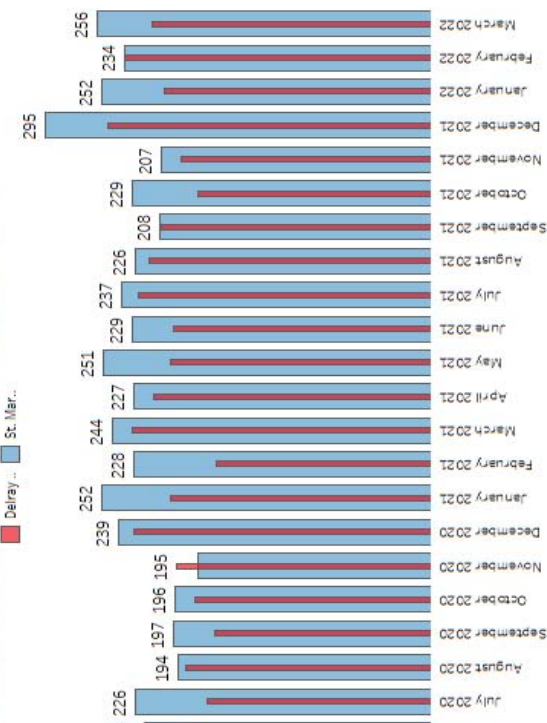
## PBC TRAUMA SYSTEM VOLUME



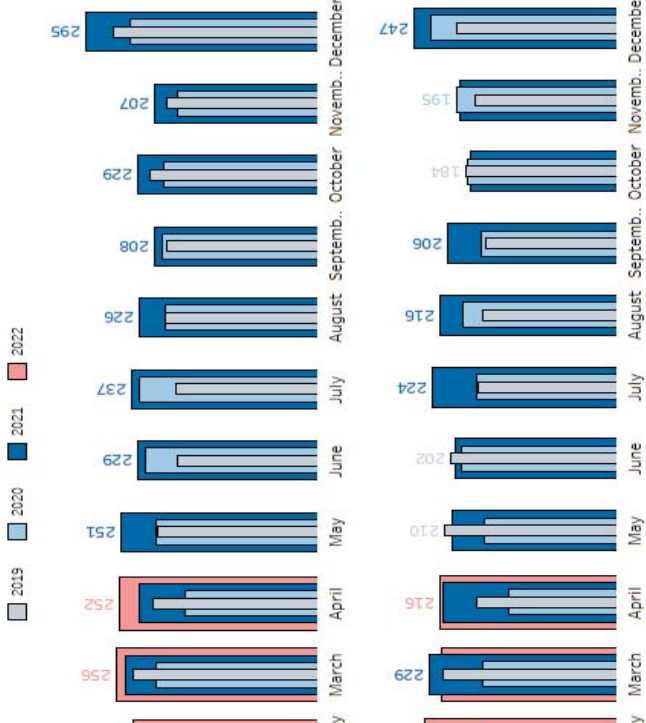
## TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



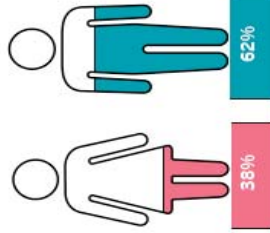
## TRAUMA VOLUME BY MONTH AND TRAUMA CENTER



## TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER



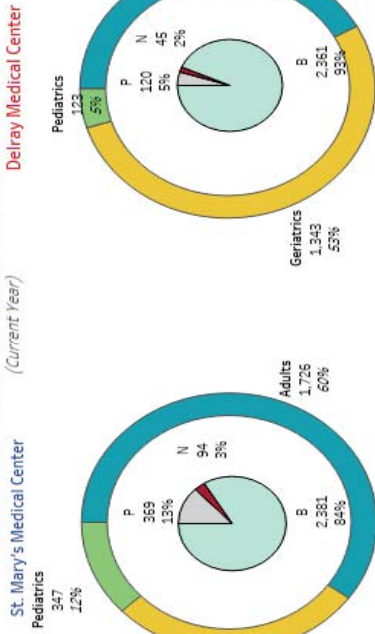
## GENDER



## RACE



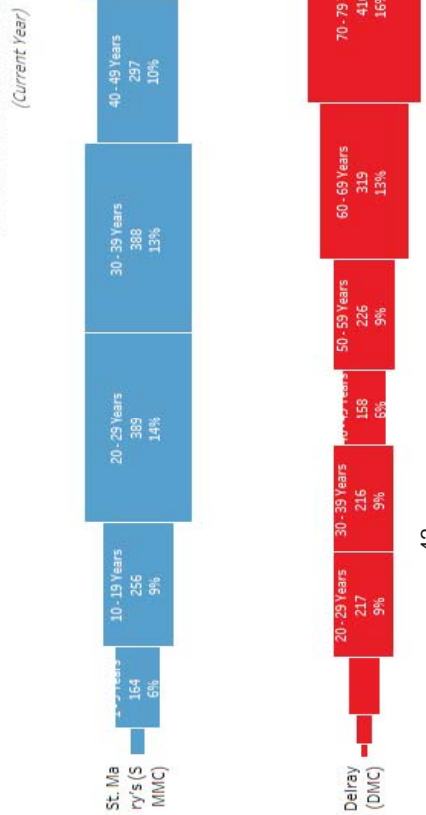
## AGE GROUP & INJURY TYPE BY TRAUMA CENTER



## STATE RESIDENCE



## DECADE OF AGE BY TRAUMA CENTER





## S

**Patient Visits**



## VISIT TYPE

Office Visit	Nurse Only	Immunization	Telemedicine	Proc. visit	Allied Health
31,875	1,629	1,393	1,192	24	9
16,798	1,107	1,149	676	24	9

Adult >18  
Pediatric 0-18

## VOLUME

11,247

8,518  
76%

2022

11,872

13,001

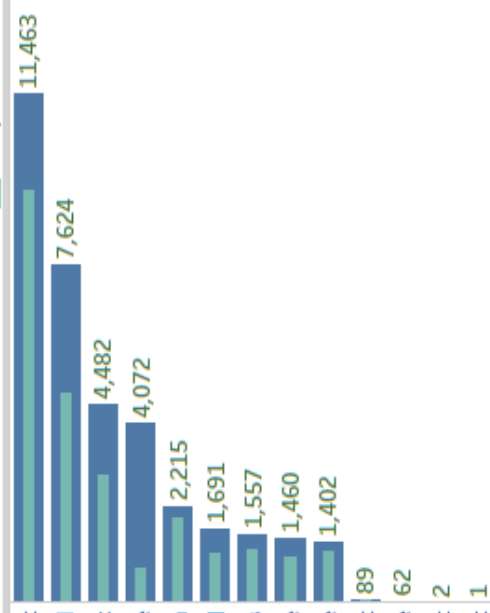
9,625  
74%

January

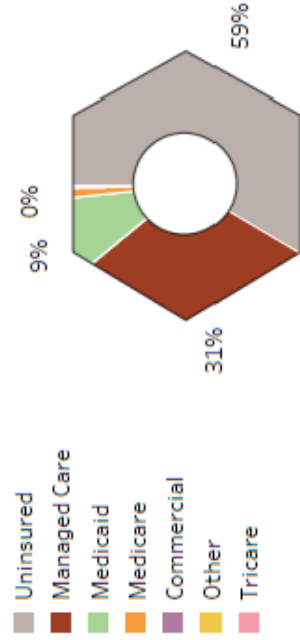
February

March

## PROVIDER CATEGORY

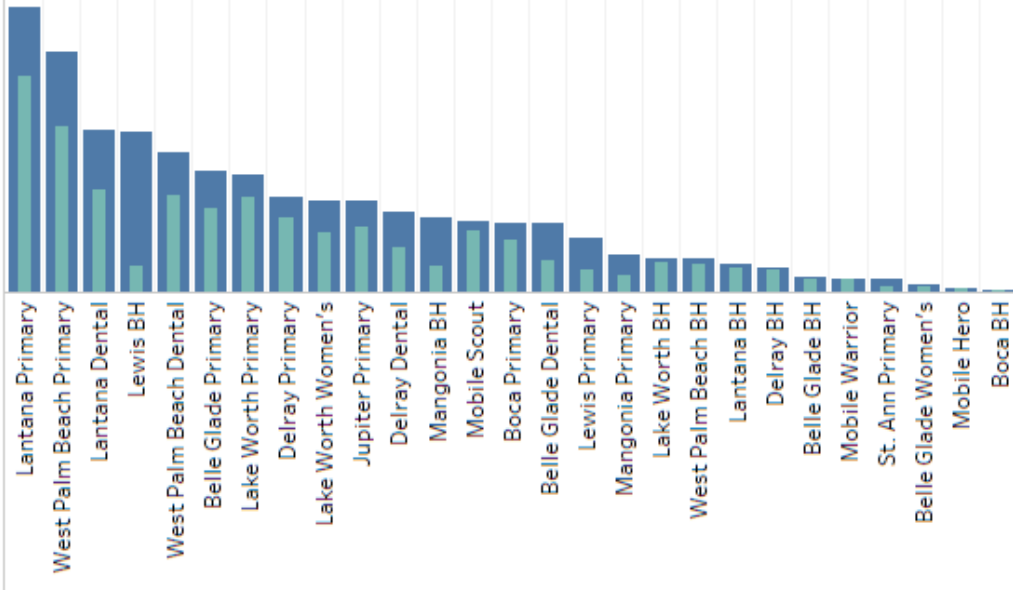


## PAYER MIX



## VOLUME BY CLINIC

Patient Visits Unique Patients





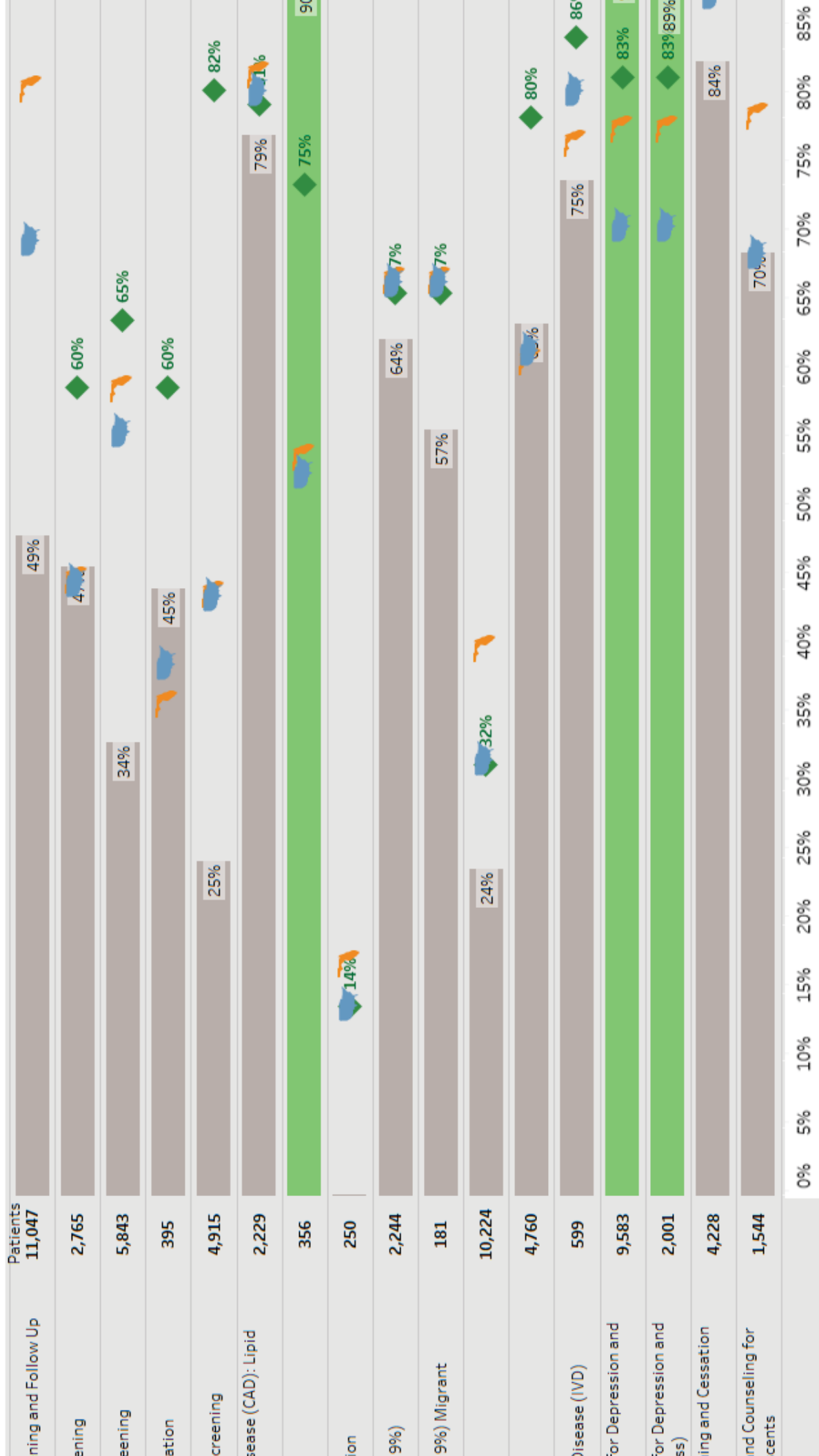
# UDS PROVIDER LEVEL QUALITY MEASURES 2022

Load Date  
4/4/2022

Primary Care Clinics  
Care District Palm Beach County

## PERFORMANCE

■ MET  
 ■ Not Met  
 ◆ HRSA Goal  
 ■ National Average  
 ■ State Average



# EJH Quality Measures 1st Quarter 2022

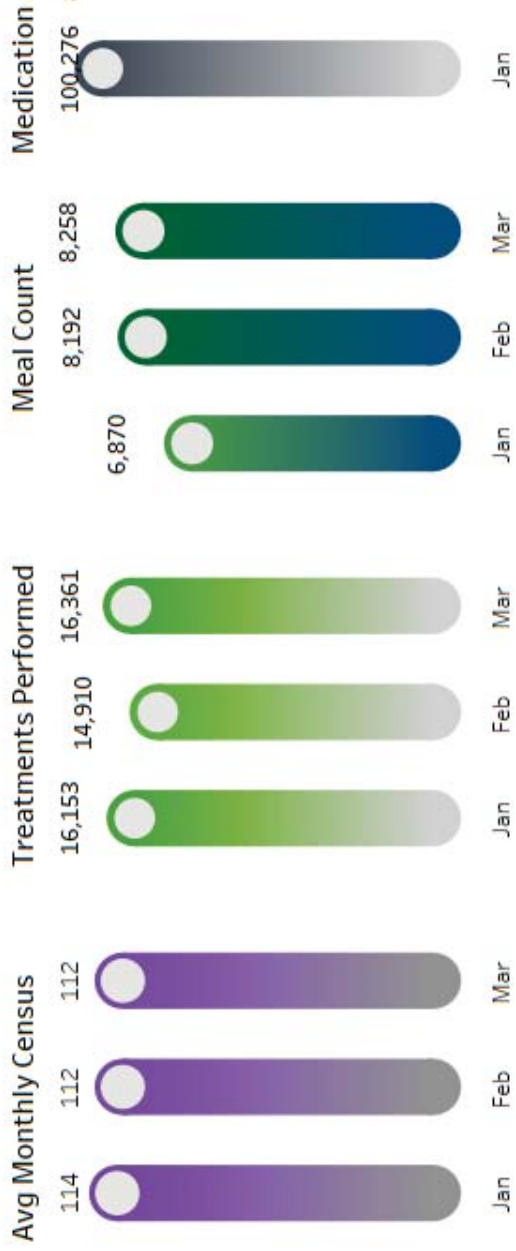
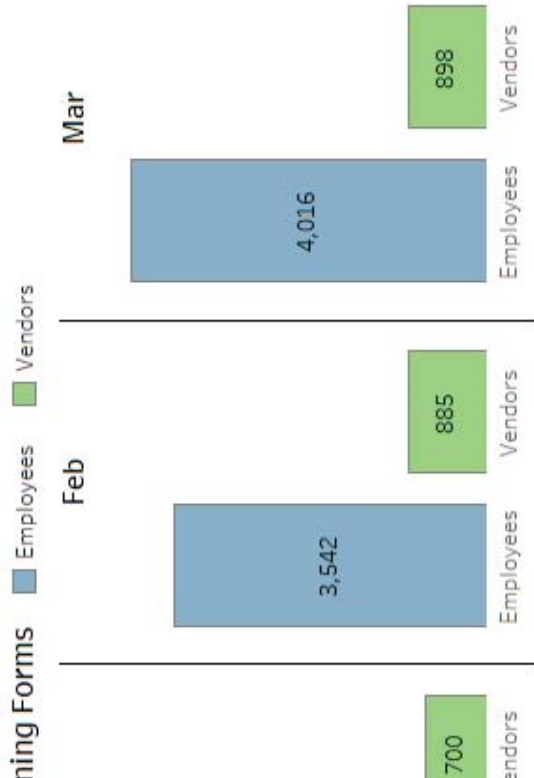
Meeting Goal? ■ No ■ Yes

Measure Name	Improvement in Function (S) Higher % Better	Meeting Goal?
Improvement in Function (S) Higher % Better	1%	No
Increase ADL Help (L)	48%	Yes
Low Risk LSRs Who Lose Control of Their Bowel or Bladder	16%	Yes
Move Independent Worsens (L)	79%	No
Who Received an Antipsychotic Medication (L)	38%	Yes
Who Were Physically Restrained	0%	No
With a Catheter Inserted and Left in Their Bladder	90%	No
With a Urinary Tract Infection	43%	Yes

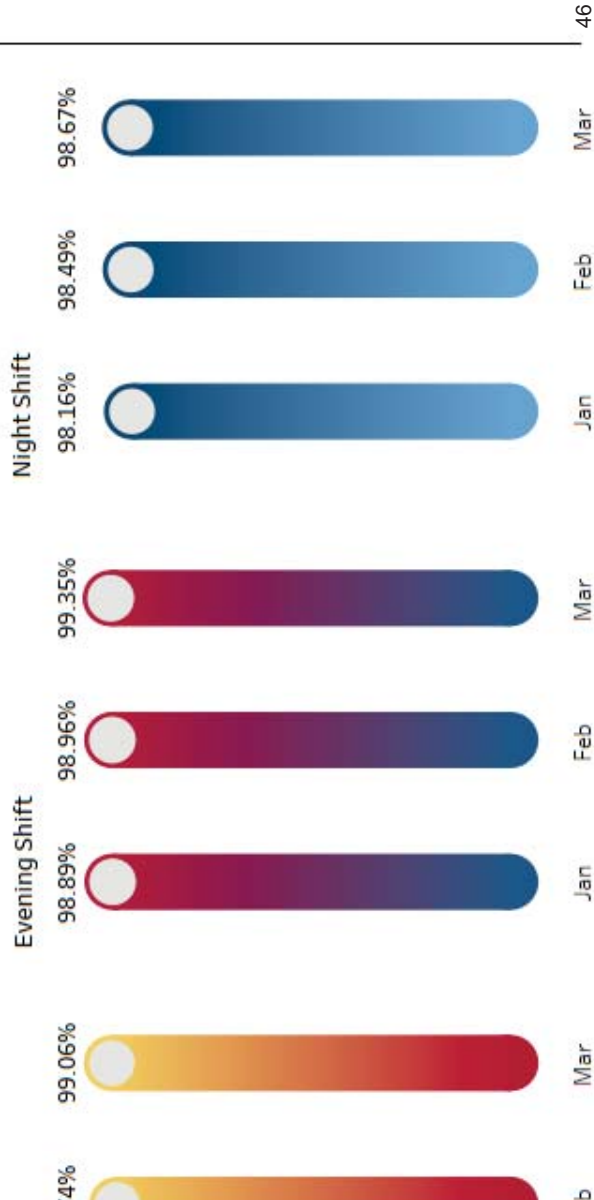
  

75%	75%	75%	75%	75%	75%	75%	75%	75%
0%	2%	64%	3%	0%	18%	0%	4%	22%

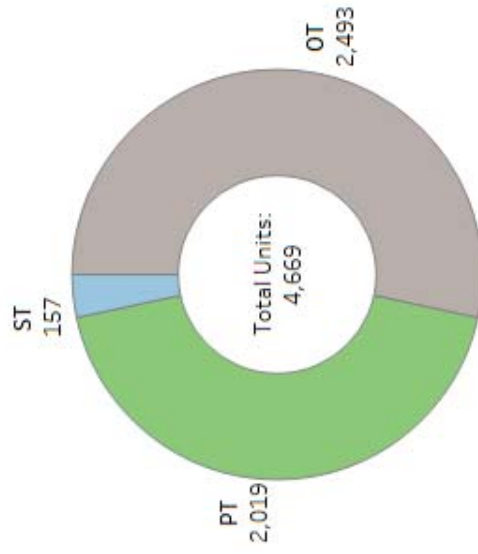
## Healey Center Productivity Data



### Compliance (POC)



### Therapy Productivity



# LMC Quality Core Measures 1st Quarter 2022

Meeting Goal? ■ No ■ NP ■ Yes

Meeting Goal? ■ No ■ Yes

Meeting Goal? ■ No ■ Yes

Measure Name	Sample Size	Current Performance	Meeting Goal?
From ED to home for	106	25%	35%
No or minimal hospitalization	128	96%	96%
17 and < 24	5	0%	2%
Women who delivered	10	20%	20%
First milk	26	23%	15%
in	28	0%	7%
gent /septic	17	65%	70%
red	0	NP	0%

Measure Name	Sample Size	Current Performance	Meeting Goal?
OP-3A: Median time to transfer to another facility for Acute Coronary Intervention	1	0%	45%
OP-18: Median time from ED arrival to discharge home or transferred	97	45%	40%
OP-23: Stroke patients arriving in ED w/in 2hrs of onset of symptoms who had CT or MRI results w/in 45 mins of arrival	3	100%	100%

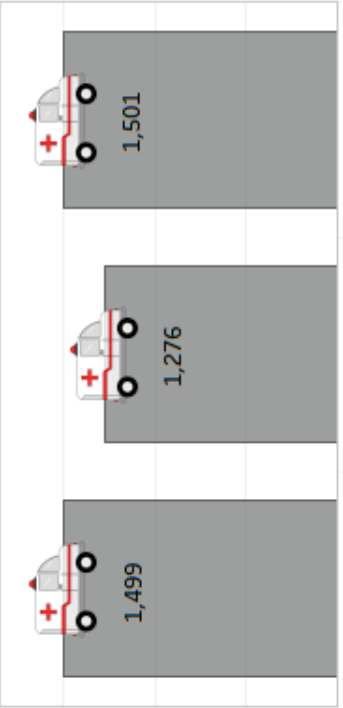


# Lakeside Medical Center Productivity Data

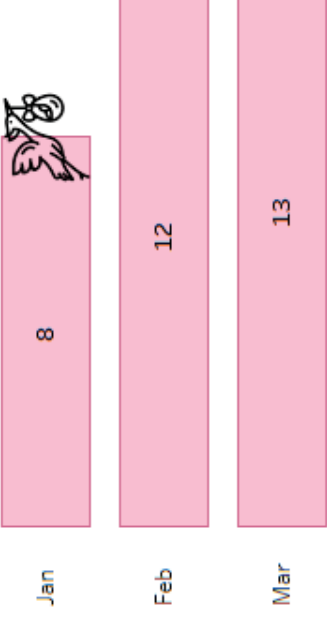
## Days by Level of Care



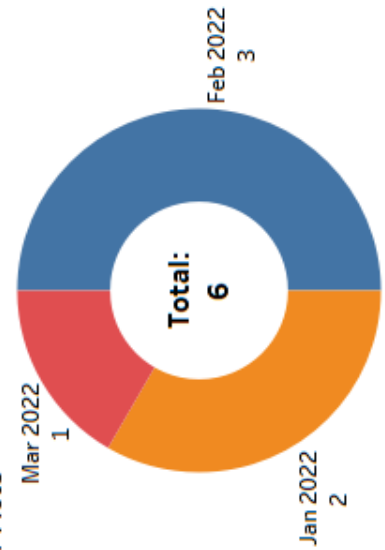
## ED Visits



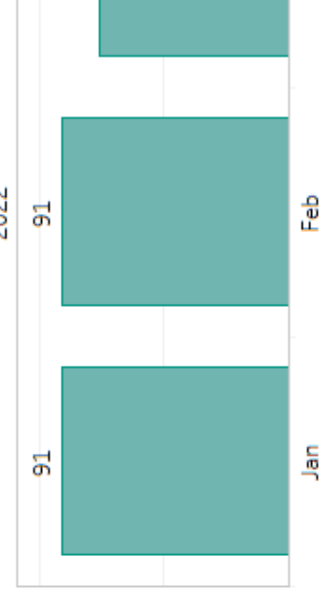
## Deliveries



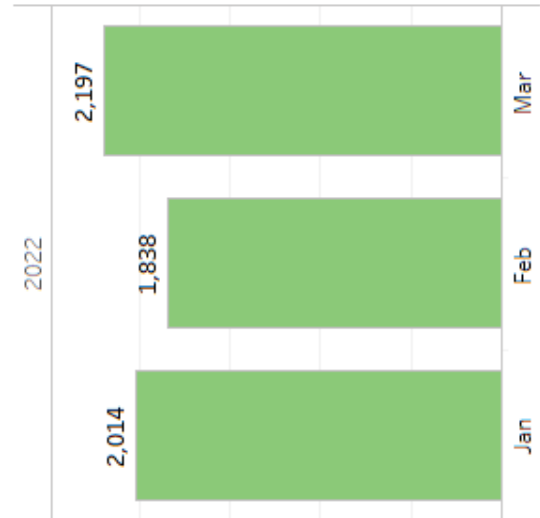
## Baker Acts



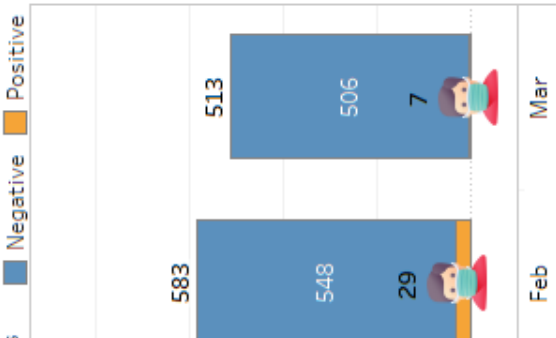
## PT Visits (Evals and Treatments)



## Radiology Exams Completed



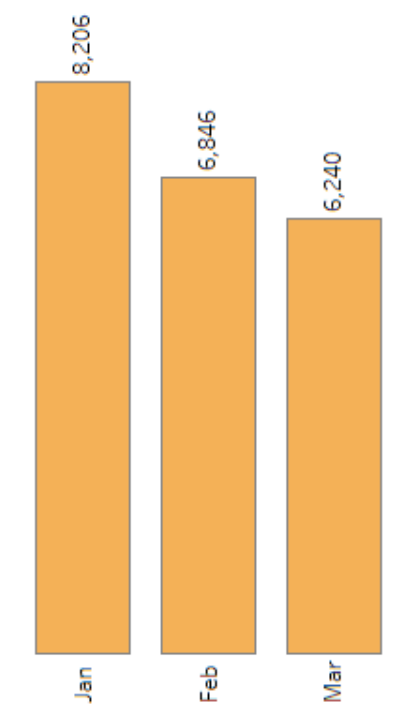
## Test Results



## Medication Orders



## # of Lab Specimens Collected





# Clinic Service Center Stats

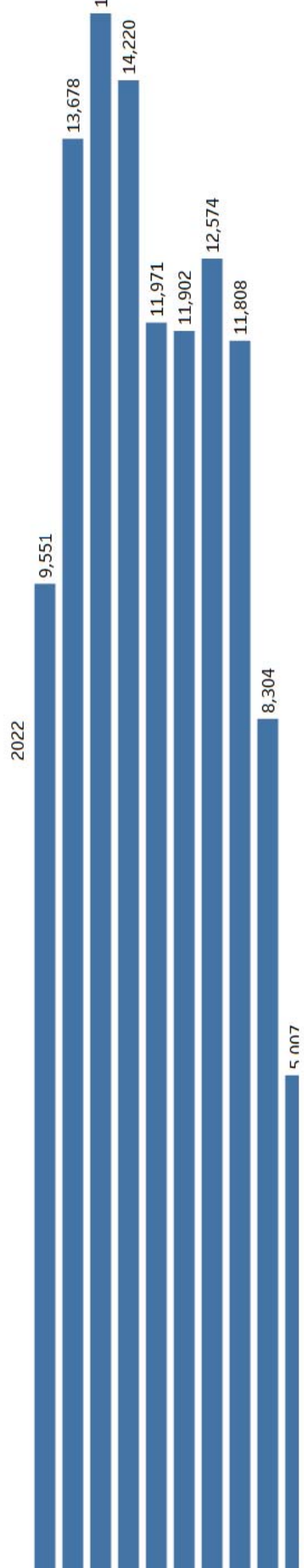
Start Date  
1/1/2022

End  
3/3

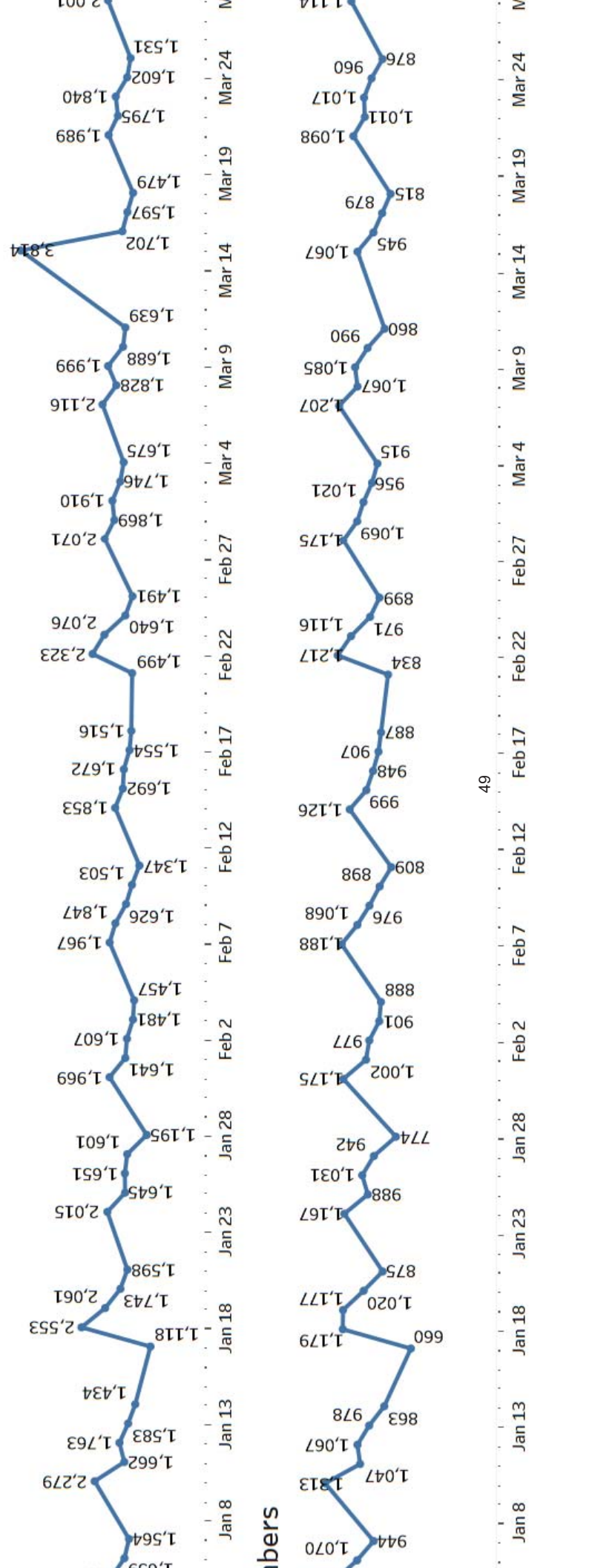
<b>Number of Calls</b>	113,855
<b>Unique Phone Numbers</b>	33,275

Anonymous numbers counted individually

per day



ed



bers





# Health Information Management

## Release of Information for Q1 2022



642

2

1,316

2

674

3

LMC Completed Releases

LMC Average Days Turnaround Time

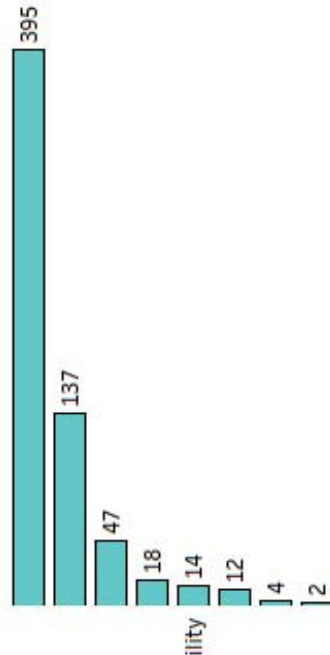
Total Completed Releases

Overall Average Days Turnaround Time

PCC Completed Releases

PCC Average Days Turnaround Time

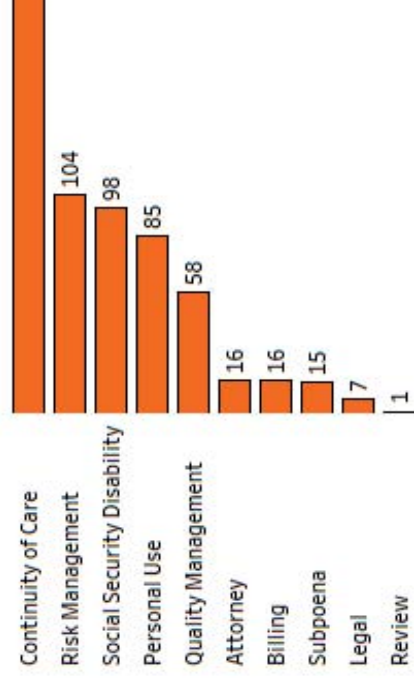
### Top 10 LMC Completed by Purpose



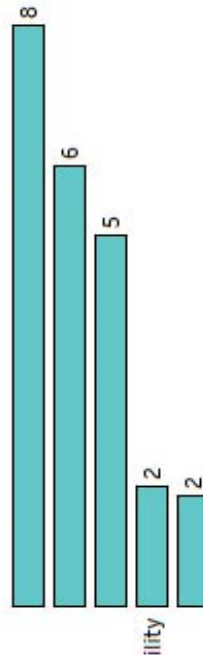
### Top 10 Completed by Recipient

VENTRA HEALTH	106	106	0
CIOX AMBETTER SUNSHINE HEALTH	94	0	94
SOCIAL SECURITY ADMINISTRATION (DISABILITY)	86	0	86
VENTRAHEALTH	29	29	0
CLB LANTANA	25	25	0
BLUE RADIOLOGY SERVICE	24	7	17
THE PEDIATRIC CENTER	22	20	2
CIOX HEALTH/AMERIHEALTH CARITAS FLORIDA	21	0	21
CARDIOLOGY PARTNERS,PL	18	13	5
FLORIDA COMMUNITY HEALTH CENTERS/PAHOK..	17	16	1

### Top 10 PCC Completed by Purpose



### 10 LMC Turnaround Time by Purpose



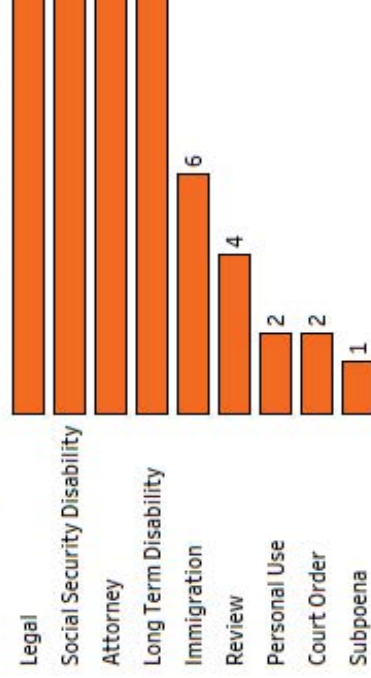
### LMC

VENTRA HEALTH	106
VENTRAHEALTH	29
CLB LANTANA	25
THE PEDIATRIC CENTER	20
FLORIDA COMMUNITY ..	16
CARDIOLOGY PARTNER..	13
BLUE RADIOLOGY SERV..	7

### PCC

CIOX AMBETTER SUNSH..	94
SOCIAL SECURITY ADMI..	86
CIOX HEALTH/AMERIHE..	21
BLUE RADIOLOGY SERV..	17
CARDIOLOGY PARTNER..	5
THE PEDIATRIC CENTER	2
FLORIDA COMMUNITY ..	1

### Top 10 PCC Turnaround Time by Purp



# Human Resources Dashboard

Q1 2022



**1,215**  
Current Head Count

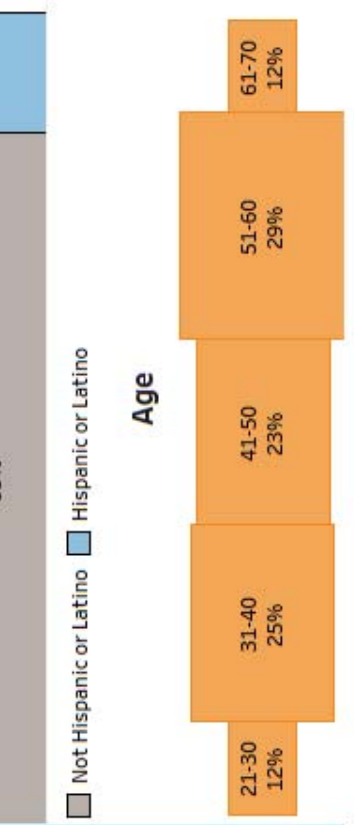
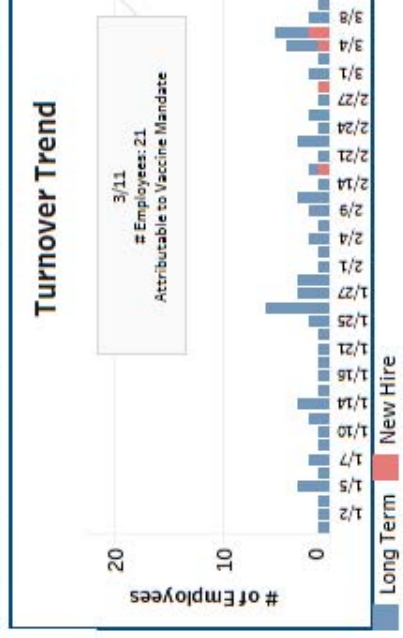
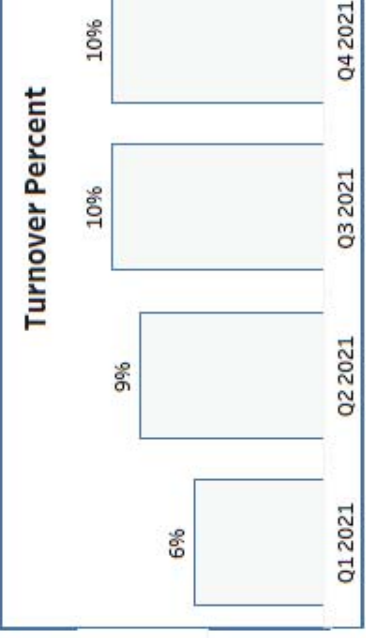
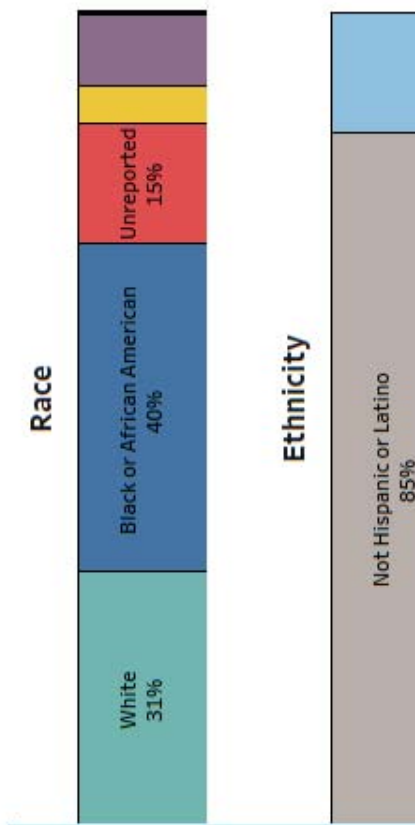
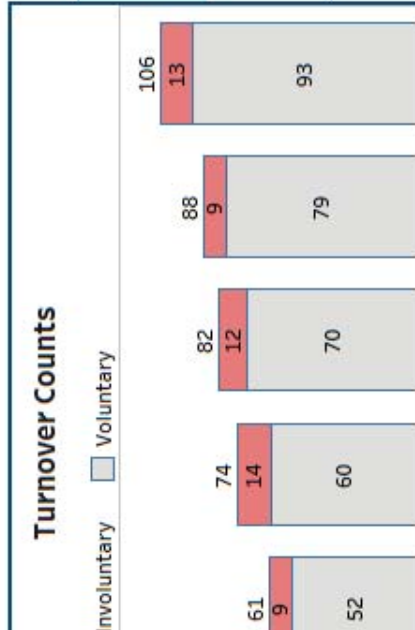
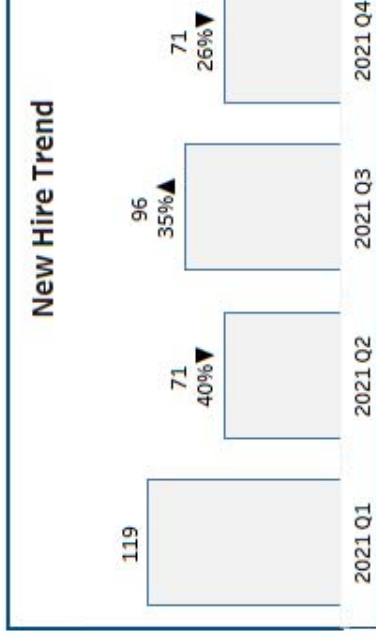
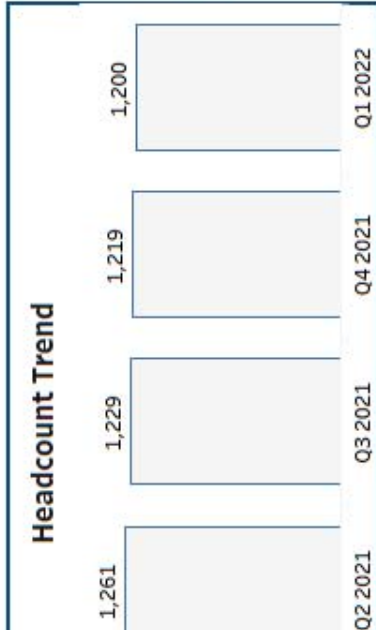
**116**  
Total Terminations

**98**  
New Hires

**10**  
New Hires Termed

**46**  
Average Age

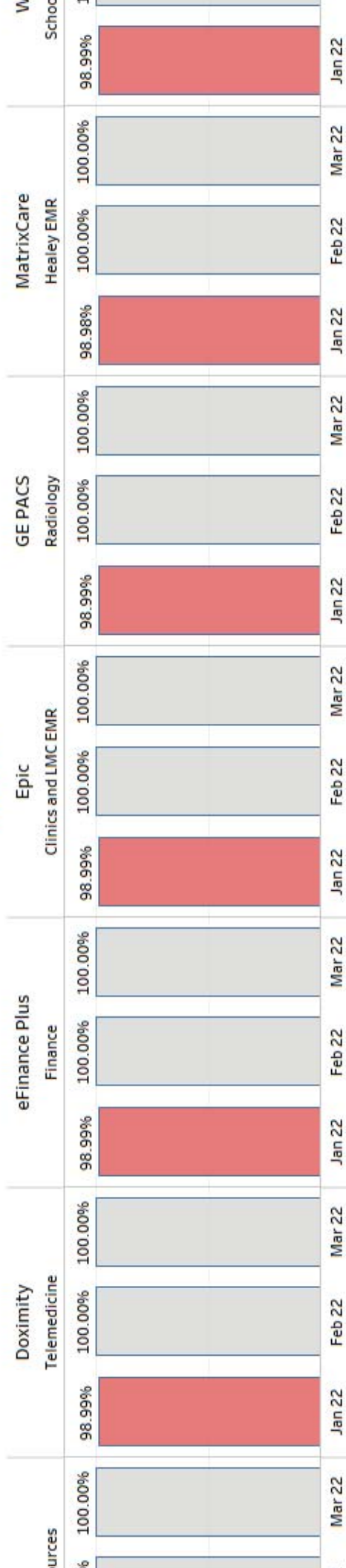
**7**  
Avg Years Tenure







**Uptime Percent by Application**  
 SLA 99.99%



NET

Network experienced two outages last quarter. One on Tuesday, Jan 18th and another on Friday Jan 21st. Total network downtime was 7.5 hours and all systems were unavailable during this outage. Cause - Our network hardware vendor experienced a software bug that caused the network traffic to stop going through the firewall which stopped all network capabilities. The firewall is the gateway to our network. Our firewall vendor, Cisco, acknowledged that it was a software update to the firewalls. This was completed for our management console and for our two production firewalls. The update did not result in additional downtime. We don't expect to experience this software

**21**  
**Hours**  
 (Non-Concurrent)



**Planned downtime**  
 system is unavailable while it undergoes routine maintenance



**Downtime**

Application	Date	Planned	Planned %	Unplanned	Unplanned %
ADP	Jan 22	0	0.00%	7.5	1.01%
Doximity	Jan 22	0	0.00%	7.5	1.01%
eFinance Plus	Jan 22	0	0.00%	7.5	1.01%
Epic	Jan 22	4	0.54%	7.5	1.01%
	Feb 22	4	0.60%	0	0.00%
	Mar 22	4	0.54%	0	0.00%
GE PACS	Jan 22	0	0.00%	7.5	1.01%
	Feb 22	1	0.15%	0	0.00%
MatrixCare	Jan 22	6	0.81%	7.5	1.01%
	Feb 22	2	0.30%	0	0.00%
Welligent	Jan 22	0	0.00%	7.5	1.01%

**7.5**  
**Hours**  
 (Network Outage)



**Unplanned downtime**  
 system is unavailable due to unforeseen circumstances (equipment breakdown, power outage, cyberattack...)

# SERVICE DESK

For Q1 2022



**0**  
Abandoned Calls

**134**  
Abandoned Calls

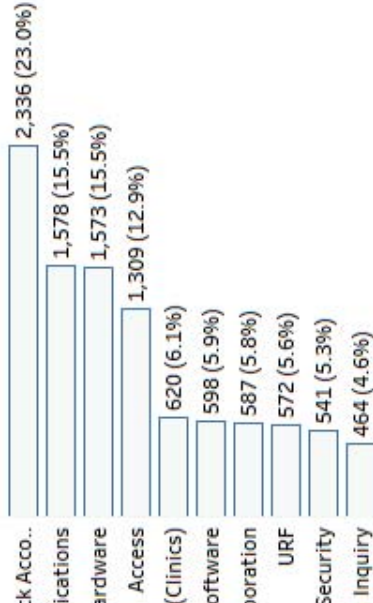
**2.20%**  
Abandoned % (Target 4.5%)

**6,035**  
Tickets Created

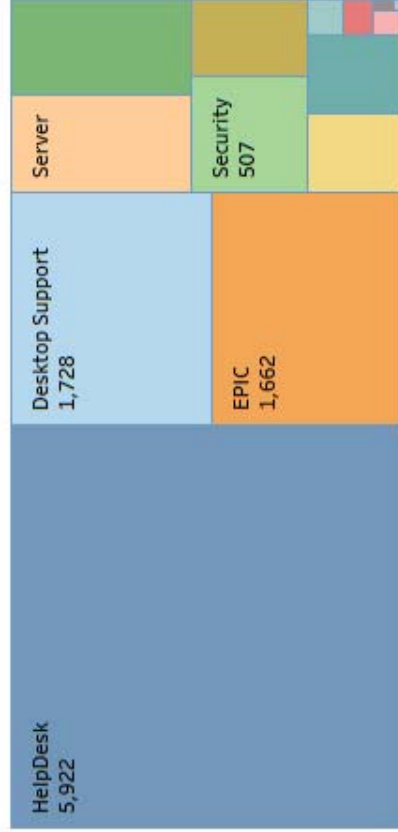
**6,122**  
Tickets Closed

**9**  
Closure %

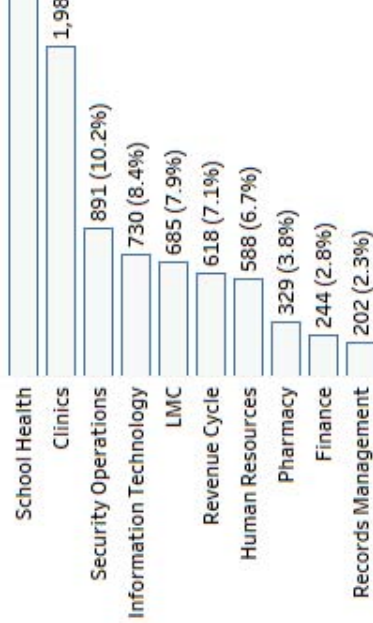
## Top 10 Tickets by Category



## # of Tickets by Group



## Top 10 Total Tickets by Business Unit



## Tickets Created/Tickets Closed

Period	Tickets Created	Tickets Closed
Q1 2022	6,035	6,122
Q2 2022	1,871	2,214
Q3 2022	1,860	1,961
Q4 2022	1,760	90
Q1 2023	1,898	92

Legend: ■ Created and Closed This Quarter ■ Opened This Quarter