



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

**June 15, 2023 at 12:00 P.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

- 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 March 15, 2023. [Pages 1-4]

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

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

June 2023 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 5]

B. PATIENT RELATIONS DASHBOARDS

7B-1 RECEIVE AND FILE:

Patient Relations Dashboards
(Dr. Belma Andric) [Pages 6-13]

- 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.
(Janet Moreland/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Pharmacy.
(Luis Rodriguez) [Page 13]

C. PRODUCTIVITY DASHBOARDS

7C-1 RECEIVE AND FILE:

Productivity Dashboards
(Dr. Belma Andric) [Page 14-23]

- Productivity Dashboard, School Health.
(Steven Sadiku) [Pages 17-18]
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
(Dr. Charmaine Chibar) [Page 19]
- Productivity Dashboard, E. J. Healey Center.
(Shelly Ann Lau/ Terretha Smith) [Page 20]
- Productivity Dashboard, Lakeside Medical Center.
(Janet Moreland/ Sylvia Hall) [Page 21]
- Productivity Dashboard, LifeTrans Ground Transportation.
(Amaury Hernandez) [Page 22]
- Productivity Dashboard, Pharmacy.
(Luis Rodriguez) [Page 23]

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Compliance, Privacy and Ethics Program Activities and Updates
(Heather Bokor) [Pages 24-31]

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 32-58]

- Quality & Patient Safety Report, School Health.
(Andrea Steele/ Steven Sadiku) [Page 39-40]
- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele) [Page 41-42]
- Quality & Patient Safety Report, Trauma.
(Andrea Steele) [Pages 43-44]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
(Andrea Steele/ Dr. Charmaine Chibar) [Page 45]
- Quality & Patient Safety Report, E. J. Healey Center.
(Andrea Steele/ Tracy-Ann Reid) [Pages 46-47]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Andrea Steele/ Sylvia Hall) [Page 48]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.
(Andrea Steele/ Amaury Hernandez) [Pages 49-50]
- Quality & Patient Safety Report, Corporate Quality Metrics.
(Andrea Steele) [Pages 51-57]
- Quality & Patient Safety Report, Pharmacy.
(Andrea Steele/ Luis Rodriguez) [Page 58]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

September 27, 2023

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

December 14, 2023

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

12. Motion to Adjourn Immediately Following 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
SUMMARY MEETING MINUTES
March 15, 2023 at 10:00 A.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, Dr. Alina Alonso, Dr. Luis Perezalonso, Kimberly Schulz, Dr. LaTanya McNeal, Robert Glass, William Johnson

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, Daniel Scott -Chief Information Officer, Regina All -Chief Nursing Officer, Geoff Washburn – Chief Human Resources Officer, Robin Kish, Tracey Archambo, Tracy-Ann Reid, Alyssa Tarter, Janet Moreland, Dr. Charmaine Chibar, Andrea Steele, Luis Rodriguez, Shelly Ann Lau, Terretha Smith, Shauniel Brown, David Speciale, Gerry Pagano, Dr. Jennifer Dorce-Medard, Kelley Anderson, Sandra Bell, Macson Florvil, Heidi Bromley

Recording/ Transcribing Secretary: Nicole Glasford

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: William Johnson made a motion to approve the Agenda. The motion was duly seconded by Luis Perezalonso. There being no opposition, the motion passed unanimously.

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 of December 14, 2022.

CONCLUSION/ACTION: Kimberly Shultz made a motion to approve the Committee Meeting Minutes of December 14, 2022. The motion was duly seconded by LaTanya McNeal. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Luis Perezalonso made a motion to approve the Consent Agenda. The motion was duly seconded by LaTanya McNeal. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**
March 2023 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=453&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.
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
- Productivity Dashboard, E. J. Healey Center.
- Productivity Dashboard, Lakeside Medical Center.
- Productivity Dashboard, Pharmacy.

8. **Regular Agenda**

A. **COMPLIANCE**

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

Summary of HCD Compliance, Privacy, and Ethics Program Updates and Activities

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.

- Quality & Patient Safety Report, Pharmacy.

CONCLUSION/ACTION: Received and Filed.

- 9. **CEO Comments**
- 10. **Committee Member Comments**
- 11. **Establishment of Upcoming Meetings**

June 15, 2023

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

September Meeting (Date TBD)

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

December 14, 2023

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

- 12. **Motion to Adjourn Public Meeting Immediately following the Conclusion of the Closed Meeting**

There being no further business, the Public Meeting was adjourned at 11:20 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.

- 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 2023

	3/15/23	6/15/23	9/27/23	12/14/23
Dr. Jyothi Gunta	N/A			
Tracy Caruso	X			
Dr. Alina Alonso	X			
Tammy Jackson-Moore	N/A			
Dr. Luis Perezalonso	X			
Kimberly Schulz	X			
Dr. LaTanya McNeal	X			
Robert Glass	X			
William Johnson	X			

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboards for the 2nd trimester of the 2022/2023 school year for School Health and the 1st Quarter of 2023 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 2 of School Year 2022/2023, School Health had a total of 41 Patient Relations events reported for 167 school locations and 146,734 health room events. Of the 41 patient relation events, 7 were complaints, 34 were compliments, and there were no grievances. Out of the 7 complaints, 71% were from family members, and 29% were from school district staff. The complaints were related to poor communication, respect related, and care and treatment of students. The 34 compliments recognized the School Health Nurses and School Health Nurse Assistants, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, employees, and Abbott representatives.

C. L. Brumback Primary Care Clinics

For Quarter 1 2023, there were a total of 49 Patient Relations Occurrences that occurred between 8 Clinics and Clinic Administration. Of the 49 occurrences, there were a total of 14 Grievances and 35 Complaints. The top 5 categories were Finance, Care & Treatment, Physician Related, Referral Related and Respect Related Issues. The top subcategory was Billing Issues with 6 occurrences. This was followed by Physician Related All Aspects of Care with 5 occurrences. There was also a total of 52 Compliments received across 7 Clinics and Clinic Administration. Of the 52 Compliments, 44 were patient generated compliments and 8 were employee to employee compliments, known as “Thumbs-Up”.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 42 grievances submitted during the 1st quarter. 30 residents were responsible for the 42 grievances. The average census for the quarter was 116. The top 5 categories were Personal Belongings (18), Communication (6), Nursing related (6), Care and Treatment (4), and Activities (2). Some of the concerns included: missing clothing which were out at laundry and others were found in the residents’ room, no smoking in the room- husband agreed it could have been his clothes, denture not fitting right; an appointment was immediately made for the dentist, overhead lift not working which was replaced by facilities team, and requesting more activities games, table top pool table and air hockey and other games were purchased. Grievances were resolved within the recommended guidelines.

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

A total of 109 compliments were submitted this quarter by residents and resident representatives. The compliments were happy with food being served, happy to call Healey home, and pleased with excellent health care provided.

Lakeside Medical Center

Lakeside Medical Center reported a total of 9 complaints and grievances for Q1, January – March 2023. The event categories include 6 Care and Treatment, 1 Communication, 1 Nursing Related, and 1 Nutrition. All complaints and grievances are addressed by the Community Liaison Manager who ensures appropriate follow-up with provider and/or manager as necessary.

Pharmacy


The pharmacy had one patient complaint and two compliments for Q1. The complaint, respect related, was against our Belle Glade Pharmacy and the two compliments given to our Mangonia and Lantana team. The complaint stated on og the pharmacy team members weren't compassionate and treated her poorly. During the monthly pharmacy team meeting, the Pharmacy Director reminded the team about customer service and always having a smile for our patients. For the compliments, patients stated that we were excellent and the pharmacy staff were just wonderful and awesome people.

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 type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input 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:

 F637D206D85227.Abbott
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

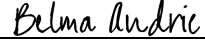
5. Recommendation:

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

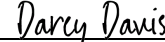
Approved for Legal sufficiency:

DocuSigned by:


0CF6F7DB8704Icaza
VP & General Counsel

DocuSigned by:


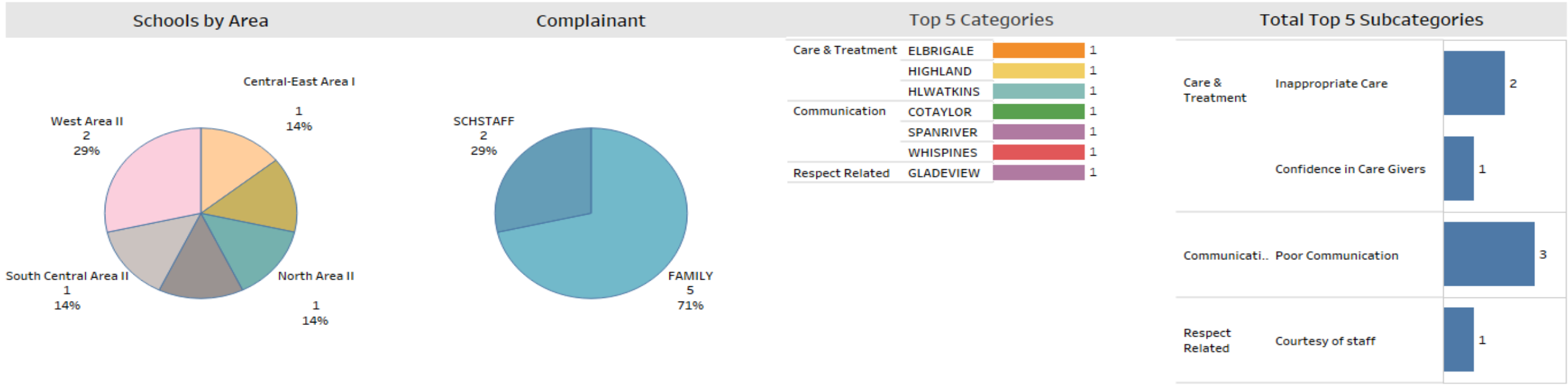
1F272B1080Andric, MD
VP & Chief Medical Officer

DocuSigned by:


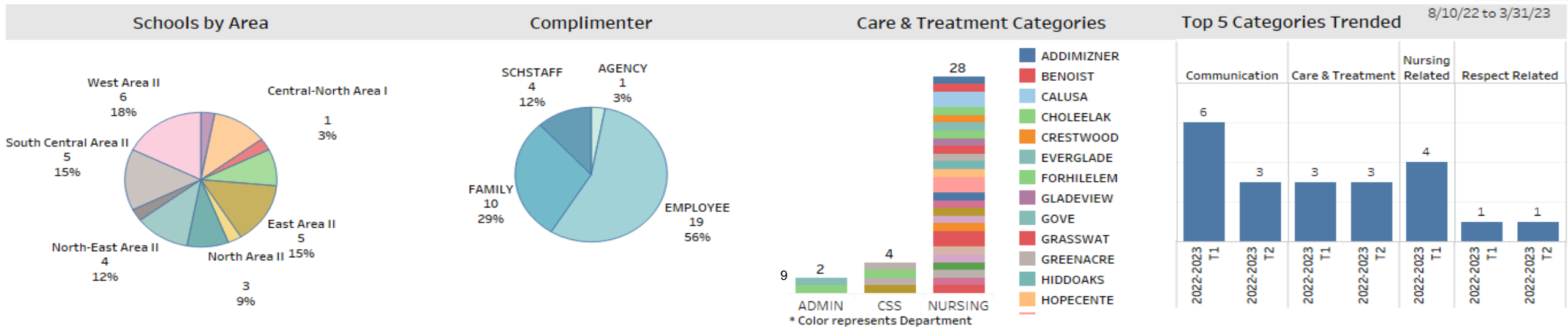
77A28358ADavis
Chief Executive Officer

Provider All 2022-2023 T2 T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL

Total Complaints and Grievances 7 Late Entries: 0



Total Compliments 34 Late Entries: 4 Comp/Griev Prev 4 Terms



- ADDIMIZNER
- BENOIST
- CALUSA
- CHOLEELAK
- CRESTWOOD
- EVERGLADE
- FORHILELEM
- GLADEVIEW
- GOVE
- GRASSWAT
- GREENACRE
- HIDDOAKS
- HOPECENTE

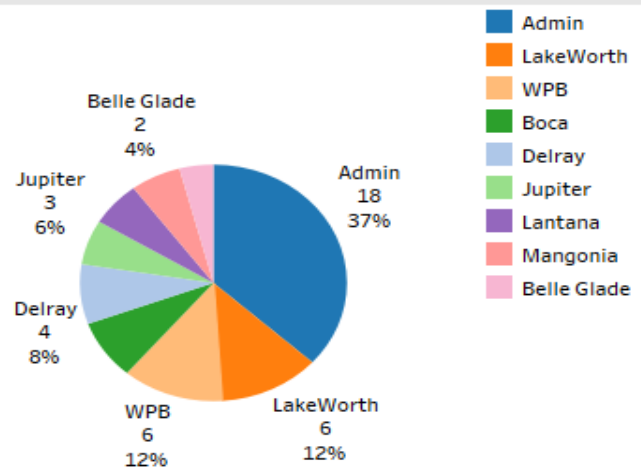
	Communication	Care & Treatment	Nursing Related	Respect Related
2022-2023 T1	6			
2022-2023 T2	3			
2022-2023 T1		3		
2022-2023 T2		3		
2022-2023 T1			4	
2022-2023 T1				1
2022-2023 T2				1

* Color represents Department

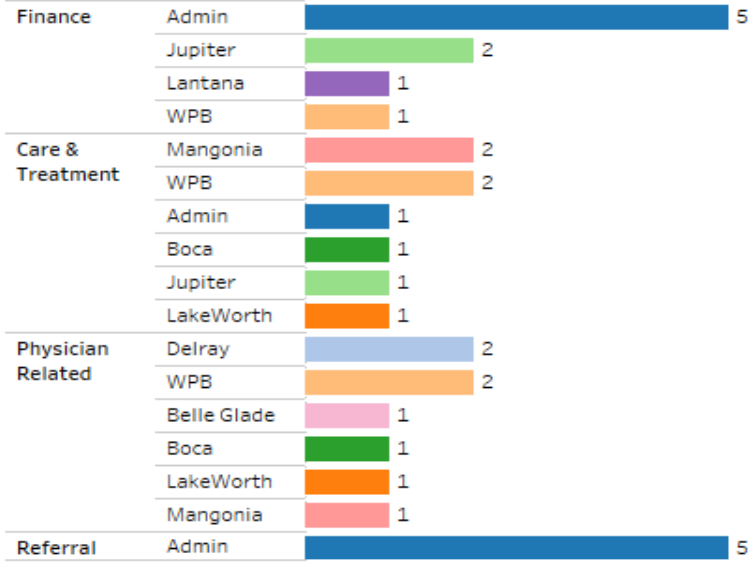
2023 Q1 1/1/23 to 3/31/23

Dept Desc All Provider All **Total Complaints and Grievances 49** Late Entries: 2 Clinic All

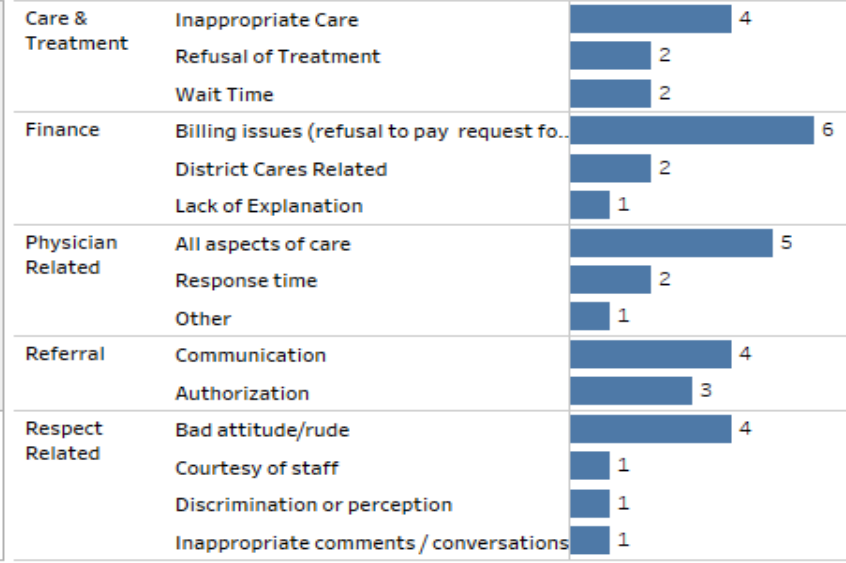
Clinics



Top 5 Categories

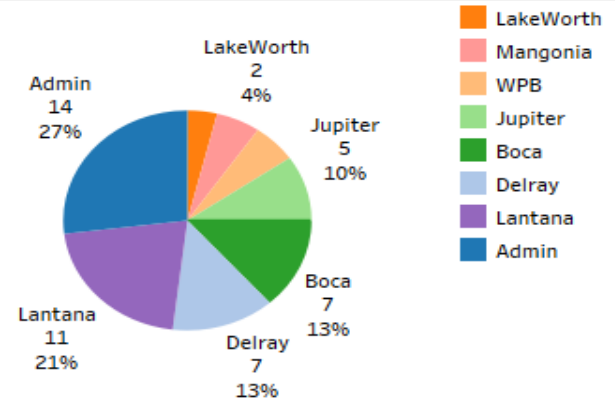


Total Top 5 Subcategories

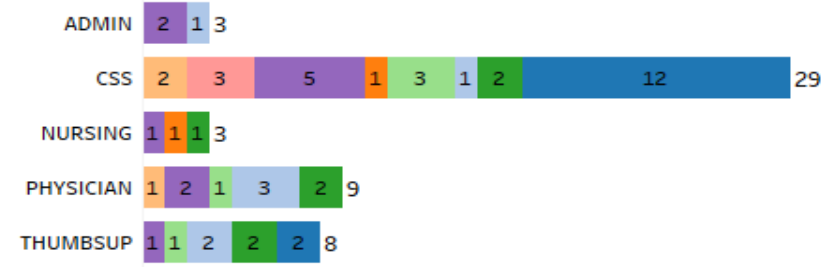


Total Compliments 52 Late Entries: 6 **Complaints/Grievances Prev 4 Quarters 174**

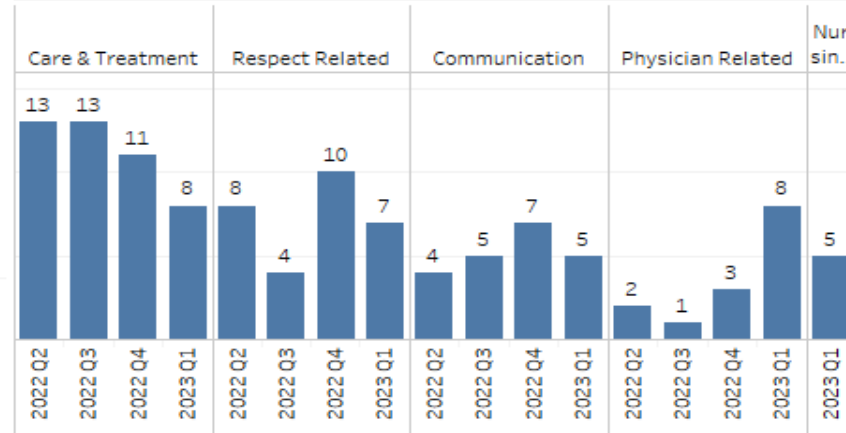
Clinics



Care and Treatment Categories



Top 5 Categories Trended 4/1/22 to 3/31/23

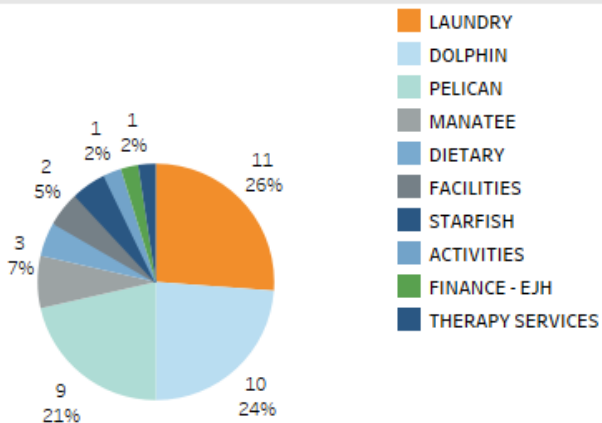


* Color represents Department, ** CSS = Clinical Support Staff

Provider: All 2023 Q1 1/1/23 to 3/31/23

Total Complaints and Grievances 42

Departments



Top 5 Categories

Category	Subcategory	Count
Personal Belongings	LAUNDRY	11
	DOLPHIN	4
	PELICAN	2
Nursing Related	STARFISH	1
	PELICAN	4
	DOLPHIN	2
Communication	STARFISH	1
	DOLPHIN	3
	MANATEE	2
Care & Treatment	PELICAN	1
	DOLPHIN	1
	FACILITIES	1
	PELICAN	1
	THERAPY SERVICES	1
Activities	ACTIVITIES	1
	MANATEE	1

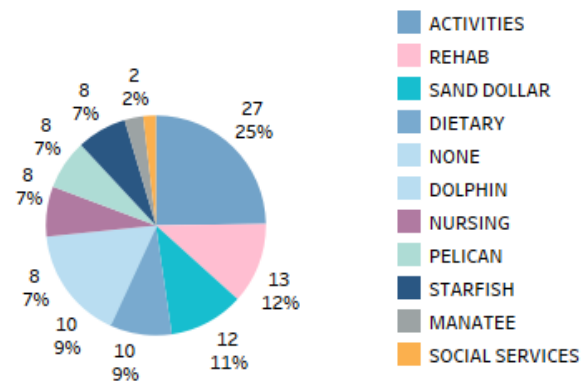
Total Top 5 Subcategories

Category	Subcategory	Count
Activities	Not taken outside	1
	Quantity of activity	1
Care & Treatment	Equipment issues -staff handling	2
	Confidence in Care Givers	1
	Rehab/Physical Therapy	1
Communication	Education	4
	Poor Communication	1
	Staff did not explain Things Understan..	1
Nursing Related	All aspects of care	3
	Communication	2
	Other	2
Personal Belongings	Clothes	15
	Glasses missing	1
	Jewelry	1
	Loss	1

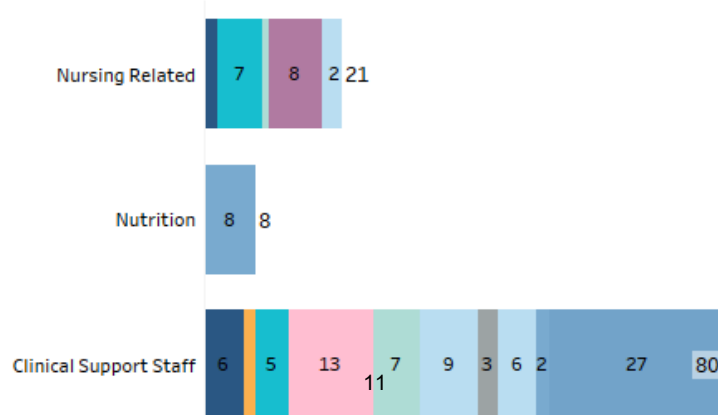
Total Compliments 109

Complaints/Grievances Prev 4 Quarters 179

Departments



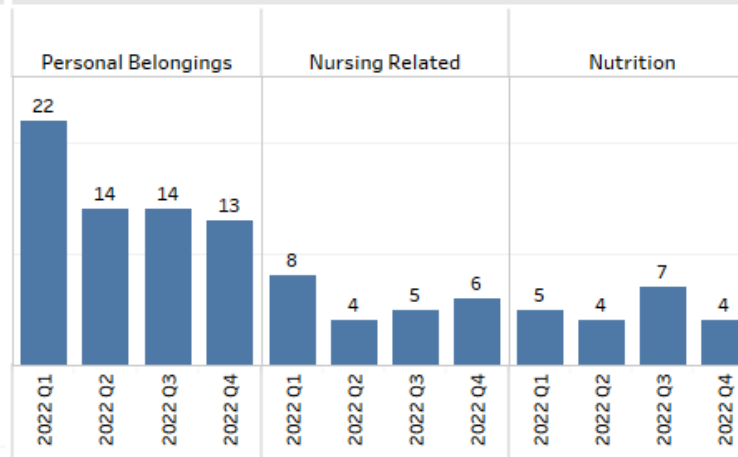
Care and Treatment Categories



* Color represents Department

Top 5 Categories Trended

1/1/22 to 12/31/22

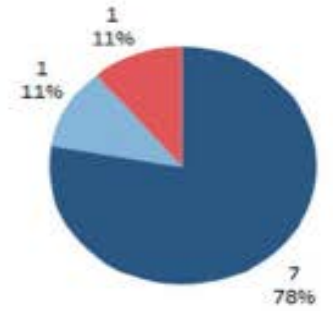


Provider **2023 Q1** 1/1/23 to 3/31/23

Total Complaints and Grievances 9 **Late Entries: 0**

Departments

- EMERGENCY SERVICES
- FOOD SERVICE
- RADIOLOGY



Top 5 Categories

Care & Treatment	EMERGENCY SERVICES	4
	RADIOLOGY	1
Communication	EMERGENCY SERVICES	1
Nursing Related	EMERGENCY SERVICES	1
Nutrition	FOOD SERVICE	1

Total Top 5 Subcategories

Care & Treatment	Anger, Threats, Physical Abuse	1
	Diagnosis Issues	1
	Disagreement with medical opinion	1
	Doctor delay /No response to calls/pages	1
	Inappropriate Care	1
	Lack of Continuity of Care	1
Communication	Poor Communication	1
Nursing Related	Other	1
Nutrition	Other	1

Total Compliments

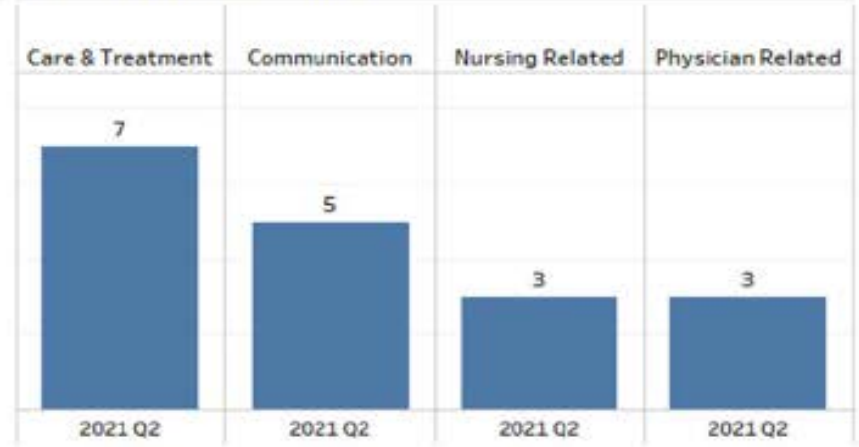
Departments

Care and Treatment Categories

Complaints/Grievances Prev 4 Quarters 20

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

Patient Relations (Grievances, Complaints & Compliments) Pharmacy

Provider All **2023 Q1** 1/1/23 to 3/31/23

Total Complaints and Grievances 1 **Late Entries: 0**

Departments

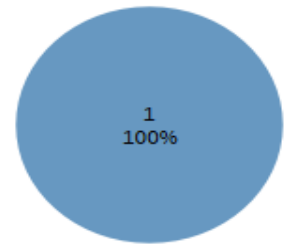
Top 5 Categories

Total Top 5 Subcategories

BELLE GLADE MEDICAL PH..

Respect Related	BELLE GLADE MEDICAL PHARMACY	1
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Respect Related	Courtesy of staff	1
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Total Compliments 2 **Late Entries: 1**

Complaints/Grievances Prev 4 Quarters 4

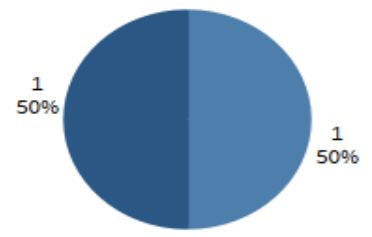
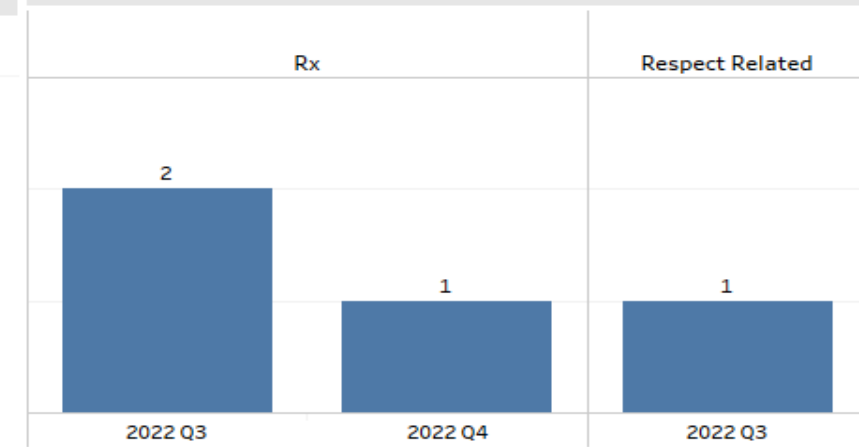
Departments

Care and Treatment Categories

Top 5 Categories Trended

1/1/22 to 12/31/22

Rx	1	1
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13

* Color represents Department

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity dashboards for the 2nd trimester of the 2022/2023 school year for School Health and the 1st Quarter of 2023 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation and Pharmacy.

3. Substantive Analysis:

School Health

In the second trimester of the 2022/2023 school year (January 1st – March 31st), we completed a total of 146,734 events across 167 schools. These events were broken down into 77,110 office visits, 38,556 medication visits, 22,315 procedure visits, 5,494 consultation events, and 3,259 record reviews. The top 3 schools with the most events are Calusa Elementary, Sunrise Park Elementary, and Eagles Landing Middle School.

C. L. Brumback Primary Care Clinics

In Q1 of 2023, the clinics served 18,931 unique patients and provided 38,907 clinic visits.

Edward J. Healey Rehabilitation and Nursing Center

During the first quarter, census for the Healey Center averaged 112-an increases from previous 110. Covid-19 Screening totaled 12,137 for employees and 3,029 for vendors. Treatments performed by nursing averaged 16,365 and 93,204 for medication administration. Food and nutrition services provided an average of 8,674 resident meals. CNA POC documentation compliance rate for day shift averaged 99.2, evening shift averaged 99% and night shift averaged 99.3%. The therapy department completed a total of 4,266 units for the quarter.

Lakeside Medical Center

The productivity data report for 1st Quarter 2023 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,460 patient days for Q1- 2023 compared to 1,839 for Q4-2022 resulting in a 21% decrease.
- **Emergency Services Visits** – There was a total of 5232 visits for Q1-2023 compared to 5,691 for Q4-2022 resulting in an 8.1% decrease.

**HEALTH CARE DISTRICT
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June 15, 2023**

- **Baker Acts** – There was a total of 7 Inpatient Baker Act cases for Q1-2023 compared to 3 for Q4-2022 resulting in an increase.
- **Physical Therapy Visits (Evaluations and Treatments)** – There was a total of 190 evaluation and treatments for Q1-2023 compared to 159 for Q4-2022 resulting in a 19.5% increase.
- **Medication Orders** - There was a total of 39,261 medications administered for Q1-2023 compared to 42,426 for Q4-2022 resulting in a 7.4% decrease.
- **Laboratory Specimens Collected** – There was a total of 20,528 lab specimens collected for Q1-2023 compared to 21,854 for Q4-2022 resulting in a 6% decrease.
- **Radiology Exams Completed** – There was a total of 6,682 radiological exams performed for Q1-2023 compared to 6,663 for Q4-2022 resulting in a 0.1% increase.
- **Co-Vid 19 Testing** – There was a total of 1,949 Covid-19 test performed for Q1-2023 compared to 2,262 for Q4-2022 resulting in a 13.8% decrease.

LifeTrans Ground Transportation

For Q1, the LifeTrans Ground Transportation department performed 483 transports. Most of those originated at Lakeside Medical Center (447). There was a reduction in activation to pick up average times for both units (Apollo and Atlas), when compared to previous quarters, and despite the increase in the total number of transports. Palms West Hospital, St. Mary's Medical Center and JFK Main are the main receiving facilities for transports coming out of Lakeside Medical Center. LifeTrans performed 41 transports that originated in other locations, like the Edward J Healey Center and the CLB Primary Care Clinics.

Pharmacy

For Q1, the pharmacy attempted 11,711 contacts to notify patients that they have a prescription(s) ready for pickup. 7,284 initial notifications were sent for prescriptions not picked up within the same day of fill. There was approximately a 50% reduction in notifications sent for 2nd and final pickup reminders. Overall, we had 92% successfully completed contacts. This is an excellent indication that notifications are assisting with patient adherence.

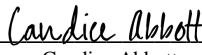
**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

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 type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

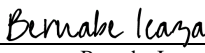
Reviewed for financial accuracy and compliance with purchasing procedure:

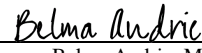
DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

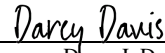
5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:

 Bernabe Icaza
 VP & General Counsel

DocuSigned by:

 Belma Andric, MD
 VP & Chief Medical Officer

DocuSigned by:

 Darcy Davis
 Chief Executive Officer

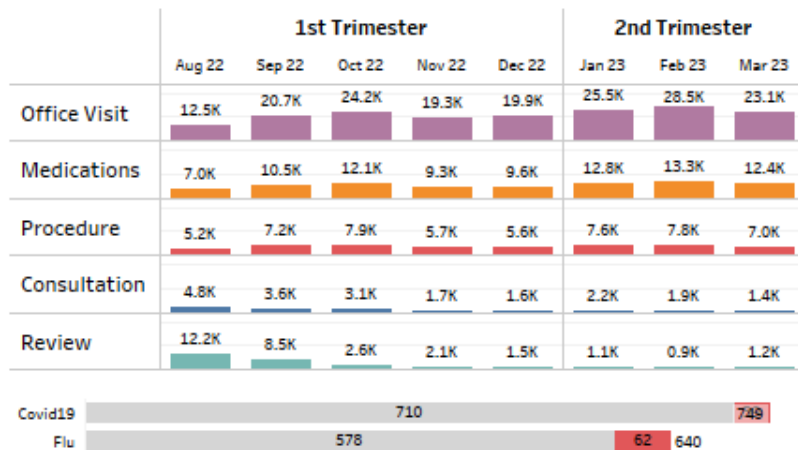
Executive Summary

Event Type	# Events 146,734	# Schools 167	# Students 46,374	# Providers 206	Avg Dur Min 15.25
Office Visit	77,110	167	44,275	201	20.54
Medications	38,556	165	1,286	203	5.89
Procedure	22,315	116	244	159	13.80
Consultation	5,494	165	3,614	162	13.06
Review	3,259	74	3,259	73	0.00

School Health Room Overview



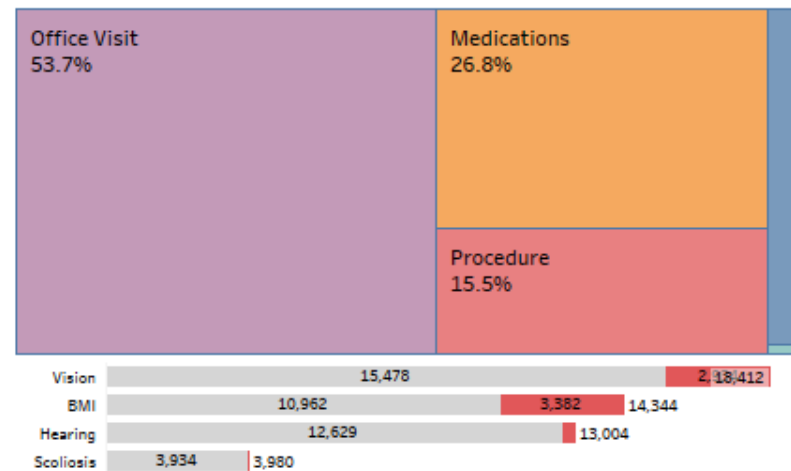
Volume Trend



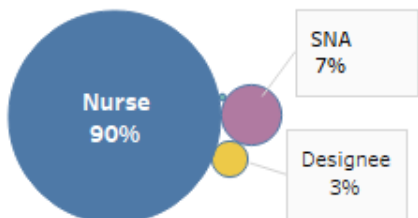
Activity Summary

Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Office Visit	77,110	167	44,275	201	20.54
Medications	38,556	165	1,286	203	5.89
Procedure	22,315	116	244	159	13.80
Consultation	5,494	165	3,614	162	13.06
Review	3,259	74	3,259	73	0.00

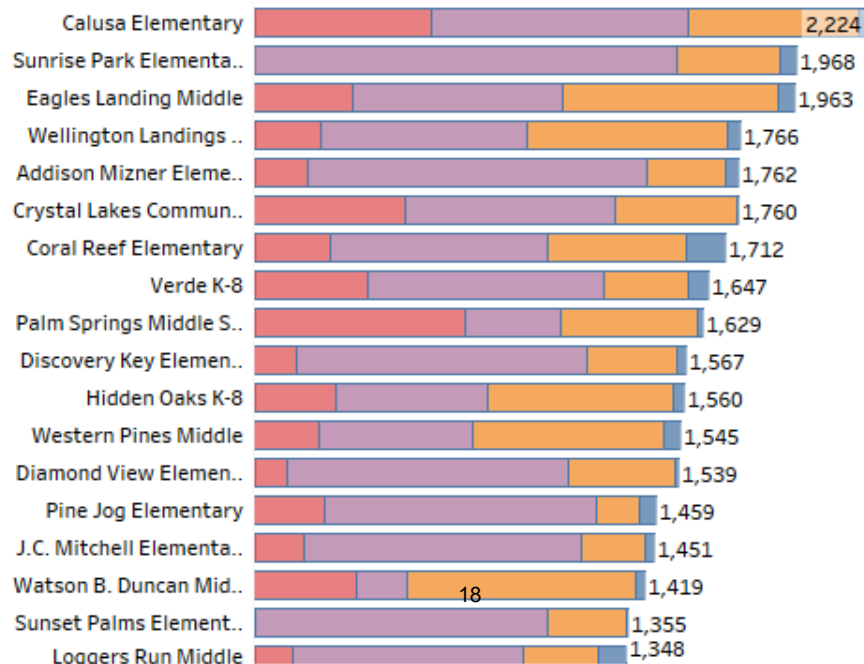
Percent by Event Type



Provider Type

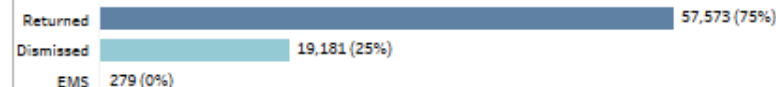
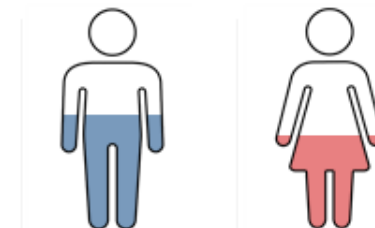


Events by School

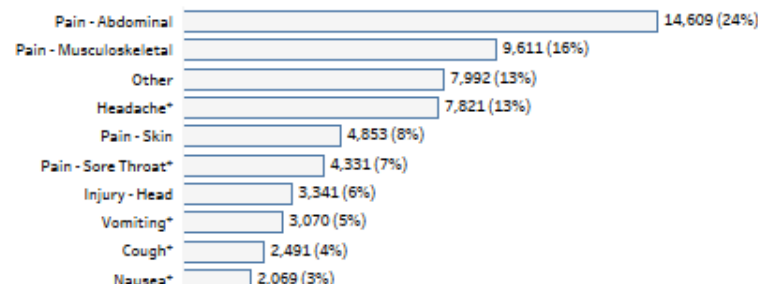


Gender Assigned at Birth

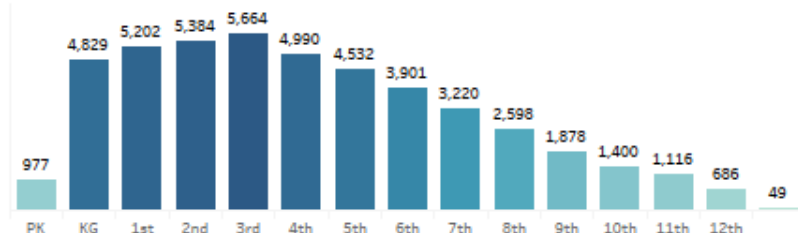
Male 55% Female 45%



Top 10 Reasons for Visit



	West I	South I	North I	East I	Central N I	Central E I	
Flexible	1,303 0.91%	1,739 1.21%	3,306 2.30%	2,122 1.48%	1,781 1.24%	3,092 2.15%	
	West II	South II	South C II	North II	North E II	East II	Central II
Standard	18,545 12.91%	23,942 16.67%	19,318 13.45%	16,524 11.51%	15,018 10.46%	17,178 11.96%	19,753 13.75%



Unique Patients
18,931

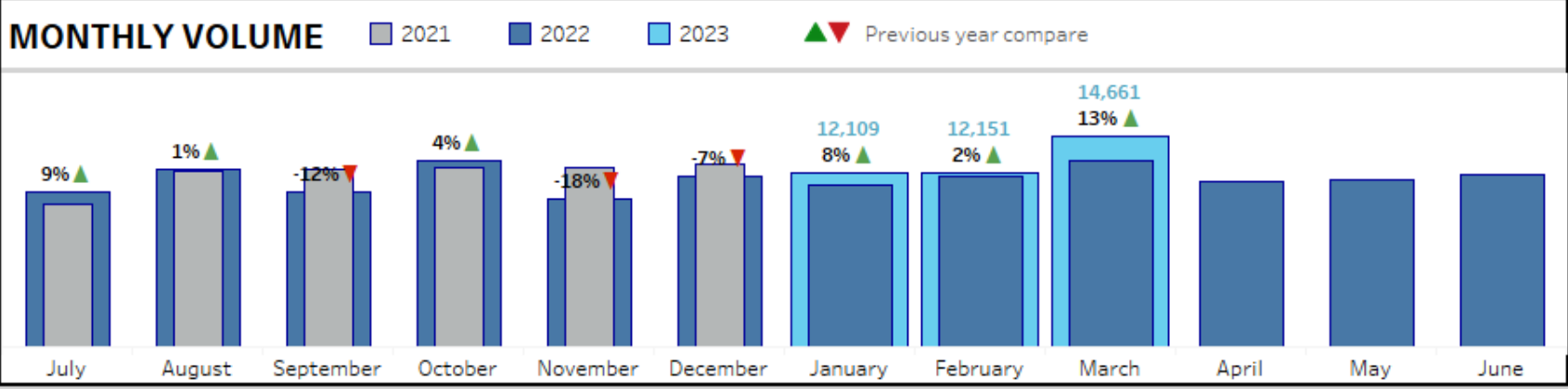
Patient Visits
38,907

VISIT TYPE

	Office Visit	Nurse Only	Telemedicine	Immunization
Patients	18,645	1,689	701	8
Visits	35,871	2,163	866	8

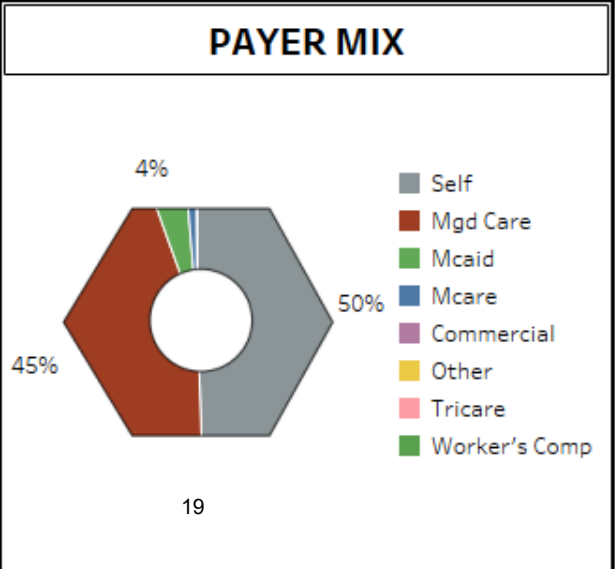
VOLUME BY CLINIC

	Patient Visits	Unique Patients
Lantana Primary	5,707	4,236
West Palm Beach Primary	5,111	3,234
West Palm Beach Dental	3,559	2,340
Mangonia BH	2,690	850
Mangonia Primary	2,547	818
Belle Glade Primary	2,519	1,595
Delray Primary	2,475	1,723
Lantana Dental	2,467	1,629
Lake Worth Primary	2,083	1,602
Delray Dental	2,056	1,122
Lake Worth Women's	1,471	910
Jupiter Primary	1,365	1,025
Belle Glade Dental	1,100	636
Boca Primary	1,009	750
Lake Worth BH	643	507
Lantana BH	456	375
Delray BH	404	346
Belle Glade Women's	199	130
Mobile Hero	187	164
West Palm Beach BH	166	159
Lewis Primary	132	125
Jupiter Women's	126	99
Jupiter BH	102	98
St. Ann BH	98	89
St. Ann Primary	89	62
Boca BH	68	59
Lewis BH	38	34
Portable Clinic Dental	15	15
Belle Glade BH	14	14
Portable Clinic Medical	11	11

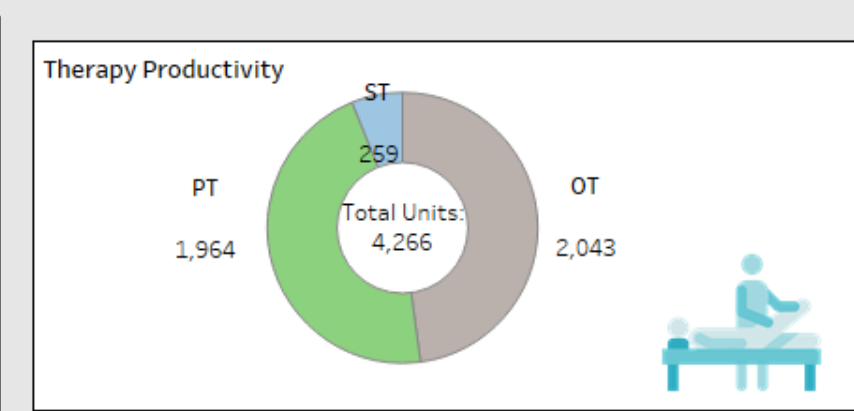
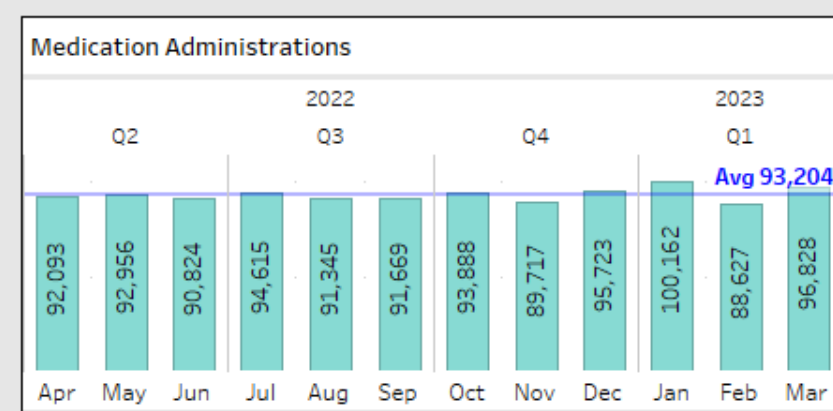
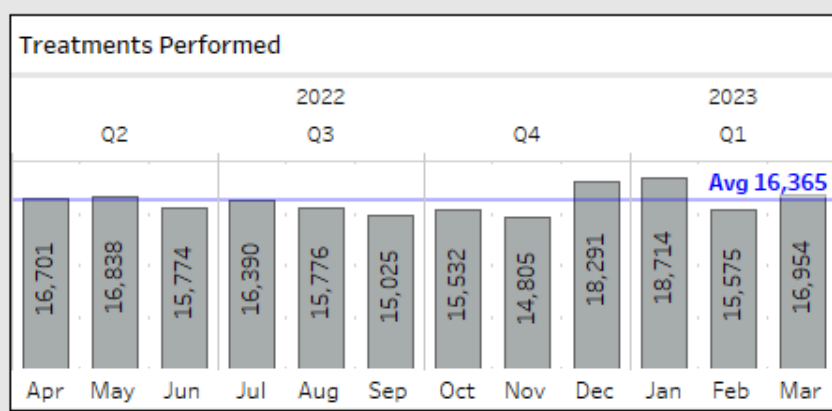
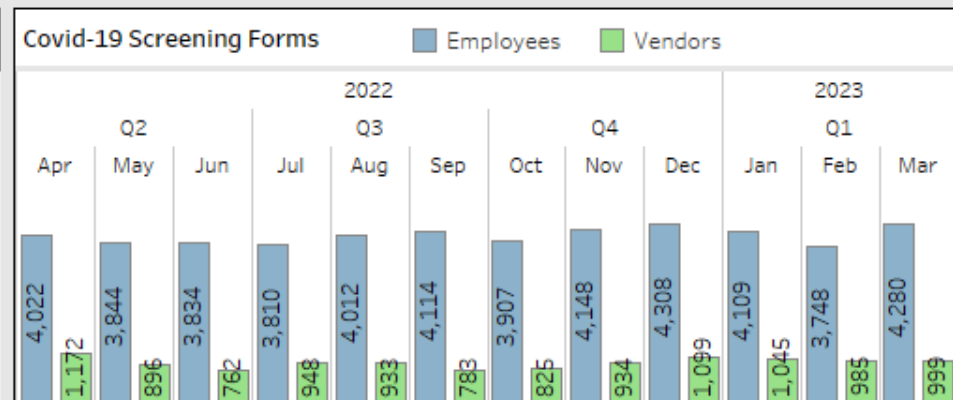
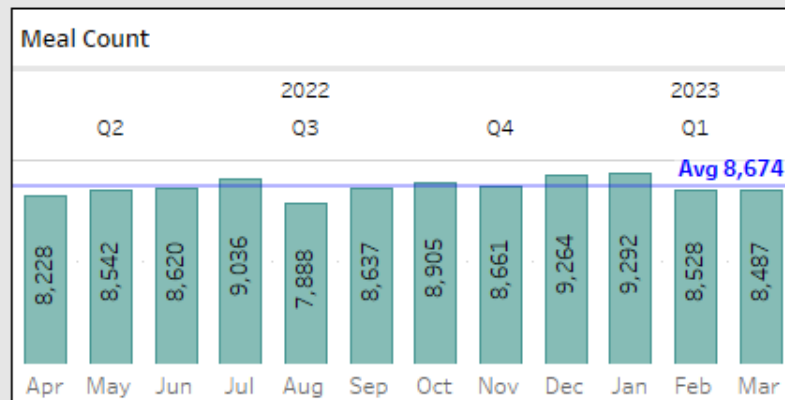
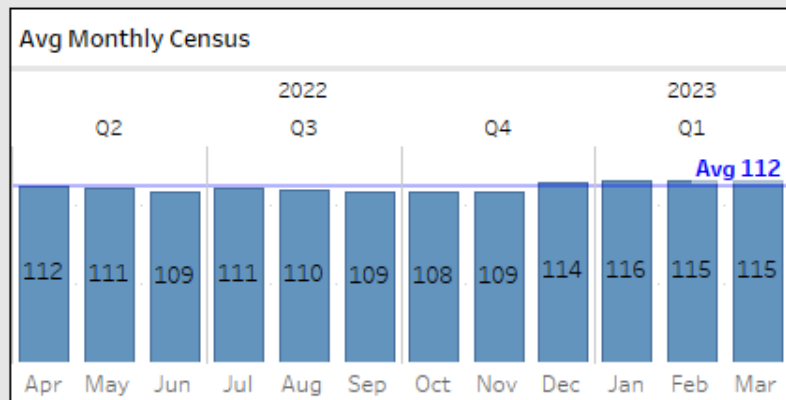


VOLUME BY PROVIDER CATEGORY

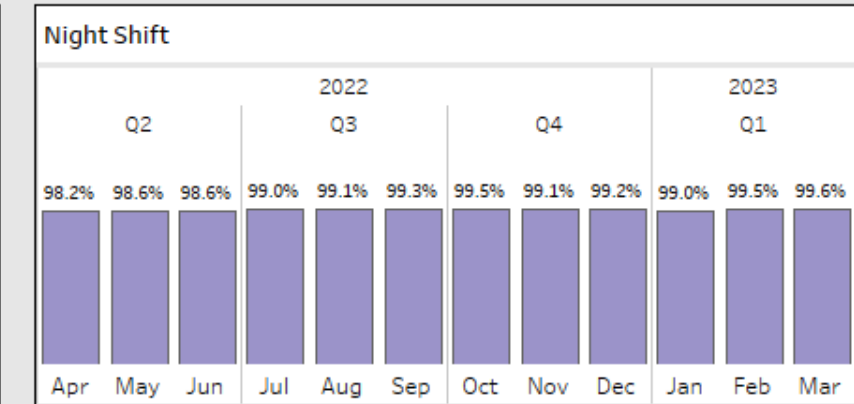
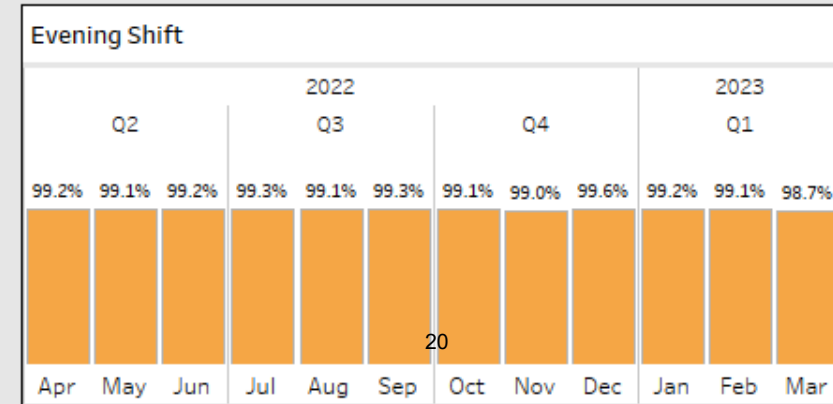
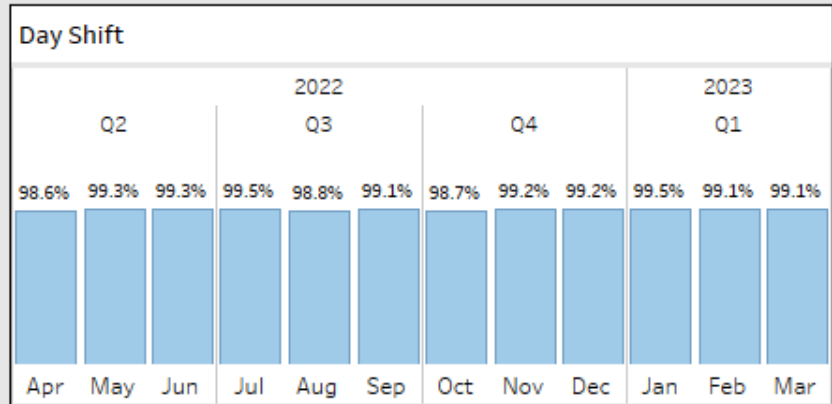
Category	Patient Visits	Unique Patients
Adult	14,264	
Dental	9,197	
Pediatric	4,881	
BH Addiction	2,947	
Residency Program	2,013	
OB/GYN	1,796	
Registered Nurse	1,762	
BH Integration	1,726	
Licensed Nurse	310	
Resource	6	
Psychiatry	3	
Pharmacist	1	
Peer Specialist	1	



Healey Center Productivity Data Q1 2023

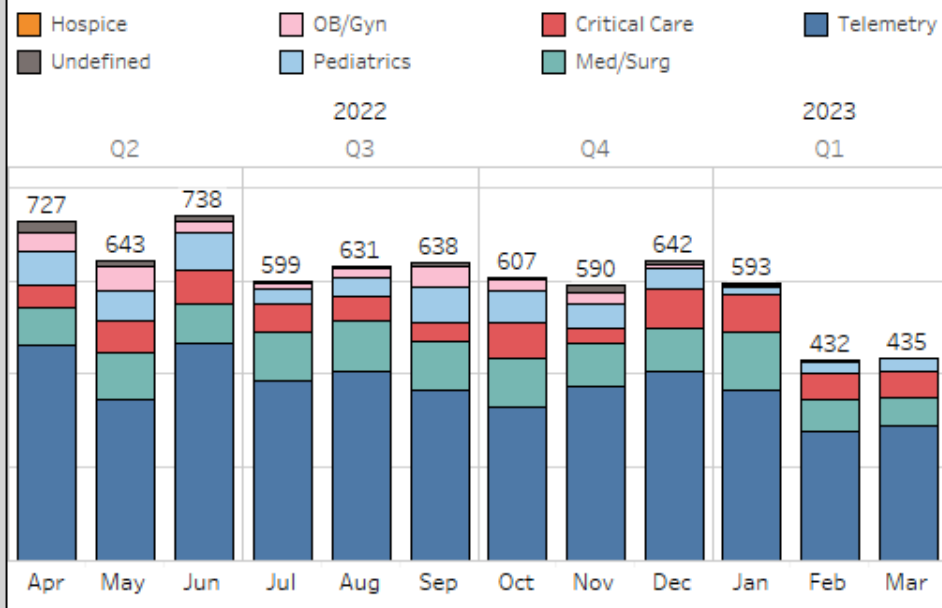


CNA Point of Care (POC) Compliance

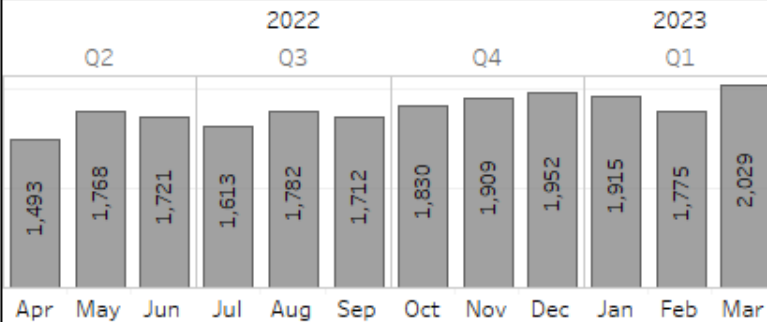


Lakeside Medical Center Productivity Data Q1 2023

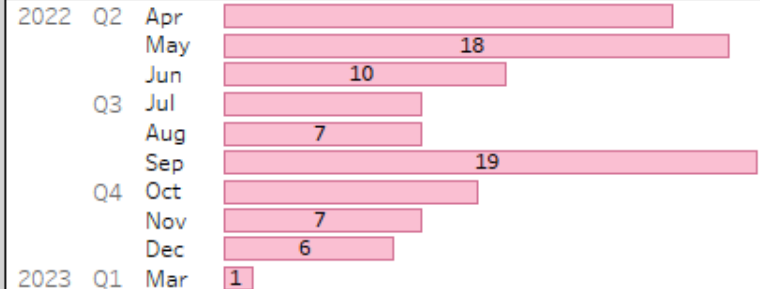
Total Census Days by Level of Care



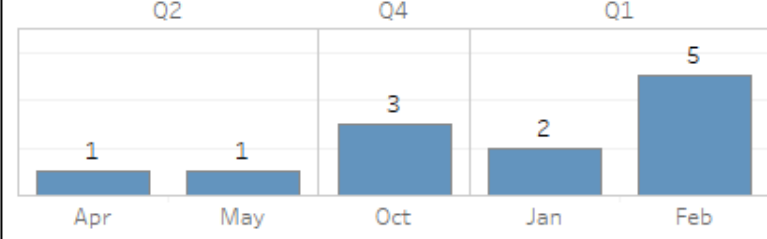
ED Visits



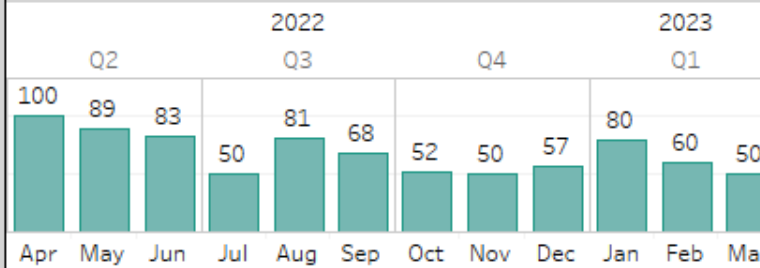
Delivery Data



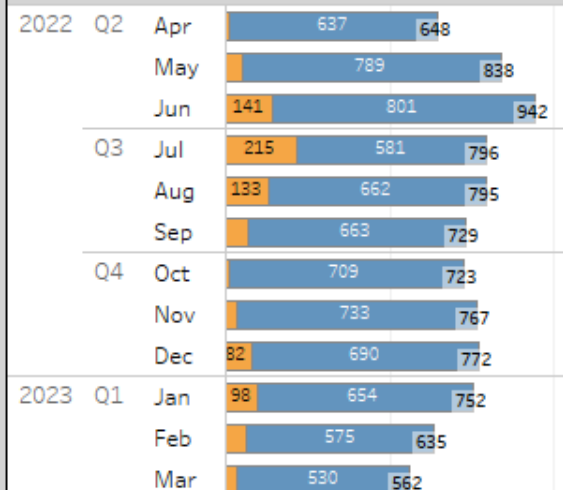
Baker Acts



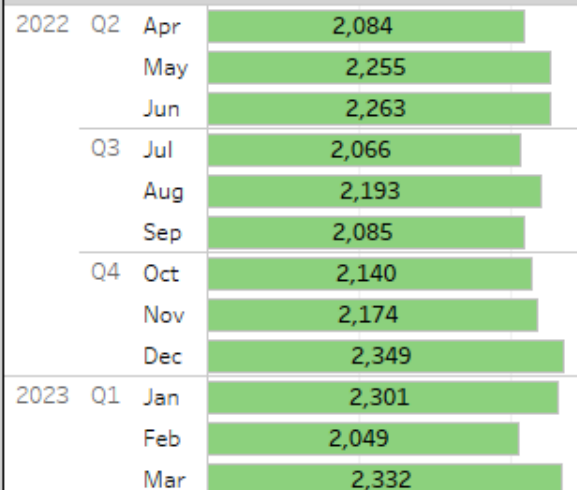
PT Visits (Evals and Treatments)



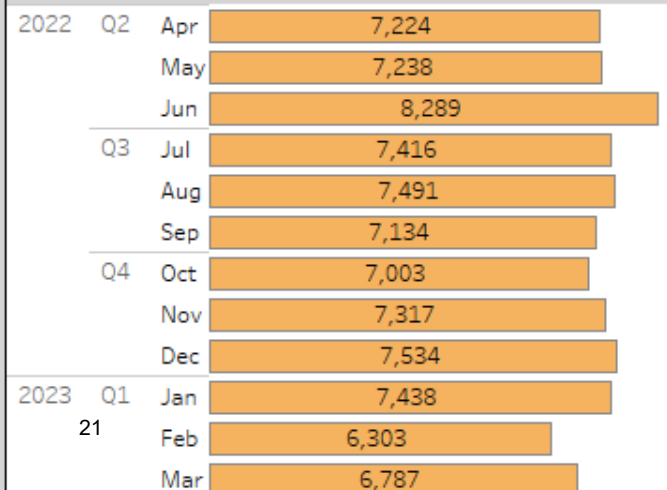
Covid-19 Testing



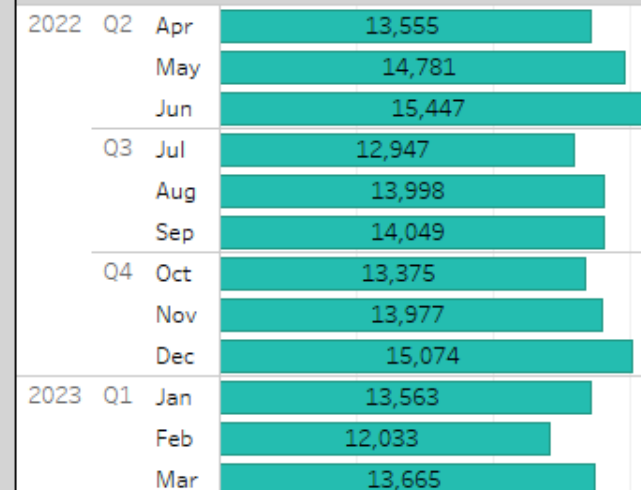
Radiology Exams Completed



of Lab Specimens Collected



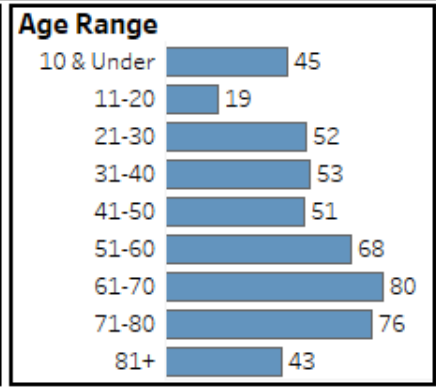
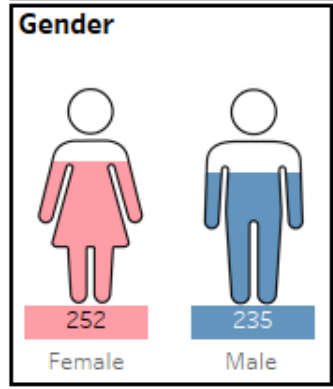
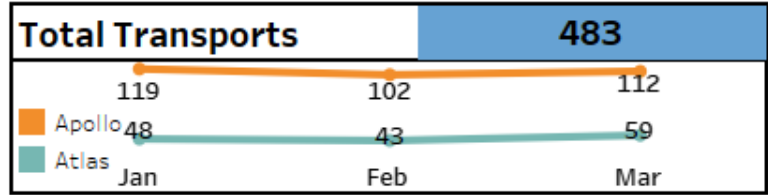
Medication Orders





LifeTrans Ground Transport

Q1 2023



Overall Turnaround Times

Activation to Pick Up		Pick Up to Drop Off		Activation to Drop Off	
Apollo	Atlas	Apollo	Atlas	Apollo	Atlas
42 min	56 min	64 min	61 min	106 min	117 min

Transports Originating from LMC

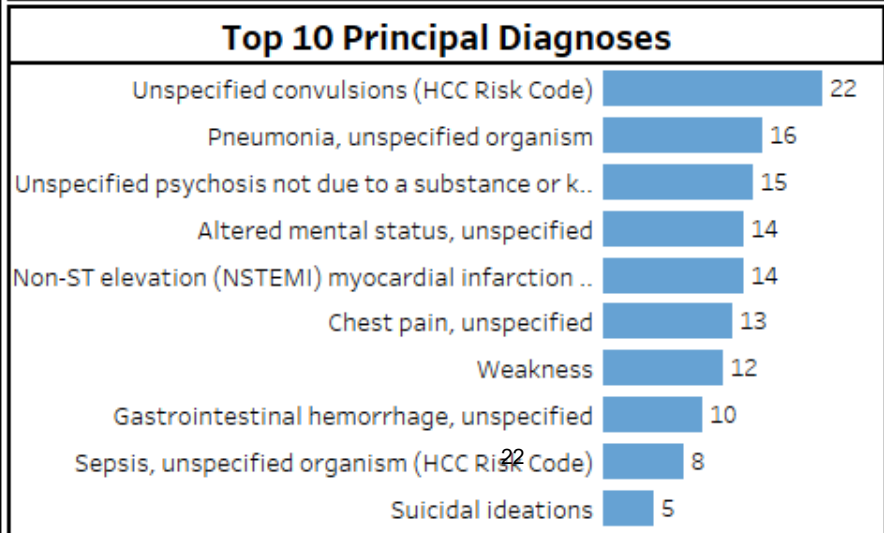
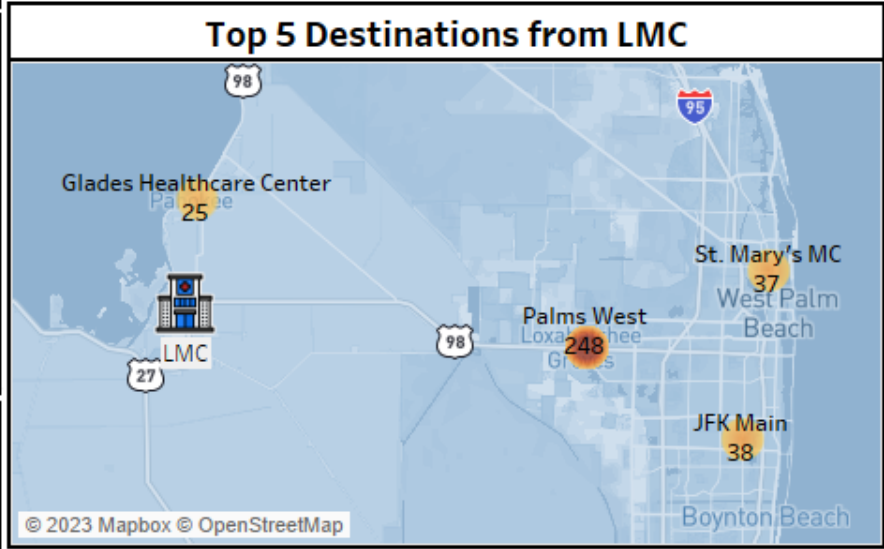
443

Destination	Unit	Count/AVG Activation to Pick Up
Palms West	Apollo	193 / 35min
	Atlas	55 / 48min
JFK Main	Apollo	29 / 39min
	Atlas	9 / 69min
St. Mary's MC	Apollo	25 / 23min
	Atlas	12 / 26min
Glades Healthcare Center	Apollo	22 / 114min
	Atlas	3 / 76min
Private Residence	Apollo	17 / 68min
	Atlas	6 / 72min
South County Mental Health	Apollo	7 / 29min
	Atlas	2 / 62min
NeuroBehavioral Hospital	Apollo	5 / 43min
	Atlas	3 / 93min
South County Mental Health West	Apollo	6 / 50min
	Atlas	2 / 61min
Coral Shores Behavioral Health	Apollo	4 / 24min
	Atlas	3 / 220min
Wellington Regional	Apollo	6 / 29min
	Atlas	3 / 61min
Palm Beach Gardens MC	Apollo	3 / 61min
	Atlas	2 / 36min
Lawnwood Hospital	Apollo	3 / 161min
	Atlas	3 / 161min
Fort Lauderdale Behavioral Health C..	Apollo	2 / 71min
	Atlas	2 / 61min
JFK North	Apollo	2 / 61min
	Atlas	2 / 61min
ManorCare WPB	Apollo	2 / 64min
	Atlas	2 / 64min
Royal Palm Beach Health and Rehab ..	Apollo	2 / 83min
	Atlas	2 / 83min

Transports Originating from Other Facilities

40

Origin	Destination	Count/AVG Activation to Pick Up
EJH	St. Mary's MC	6 (43min)
	JFK North	5 (33min)
	Delray Medical Center	1 (10min)
	Palm Beach Gardens ..	2 (65min)
SMMC	EJH	5 (33min)
JFK North	EJH	4 (33min)
Delray Me..	EJH	3 (33min)
JFK Main	EJH	3 (33min)
PBGMC	EJH	3 (33min)
PWH	LMC	1 (15min)
	Palms West	1 (8min)
CLB Delray	Delray Medical Center	1 (15min)
CLB Jupiter	Jupiter Medical Center	1 (38min)
CLB Lake ..	JFK Main	1 (15min)
CLB Mango..	St. Mary's MC	1 (15min)
CLB St. Ann	Good Samaritan Hosp..	1 (15min)
Encompas..	EJH	1 (15min)
WPB VA	EJH	1 (15min)





Pharmacy Outbound Notifications

Prescription Reminders - 2023 Q1 Data for All Pharmacy

Filters ×

Qtr 2023 Q1

Store Name Δ

Total Attempted Contacts

11,711

Initial Pickup Reminder

7,284

2nd Pickup Reminder

3,074

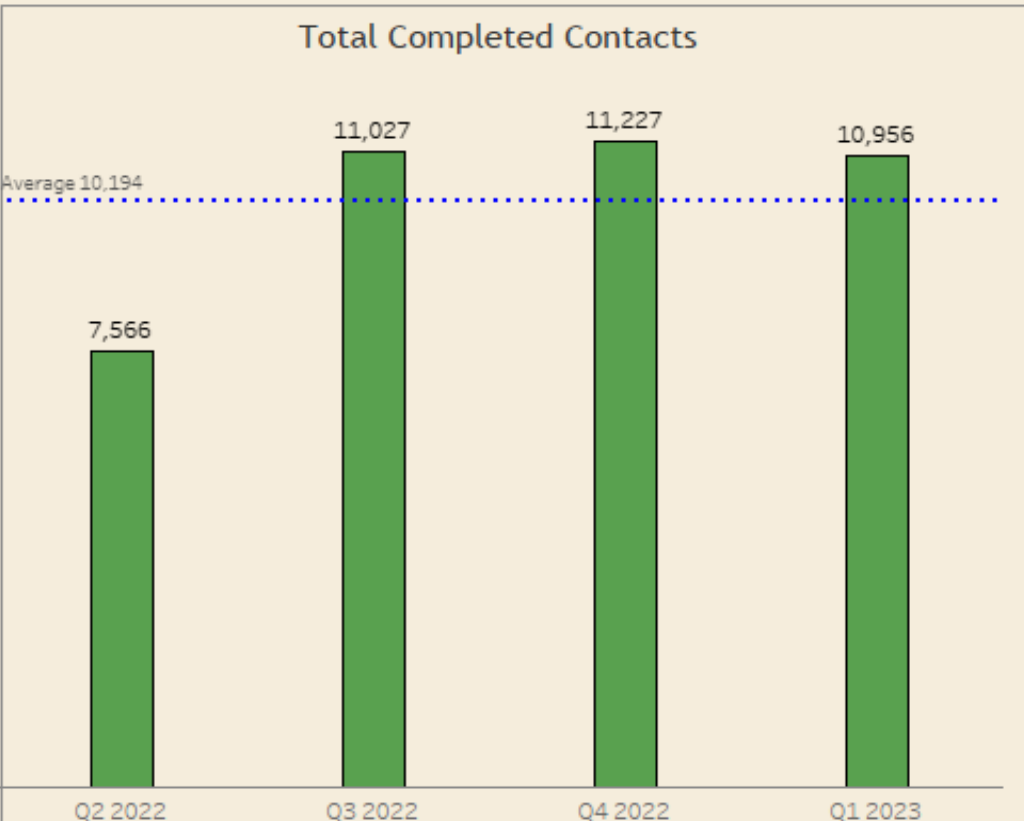
Final Pickup Reminder

1,353

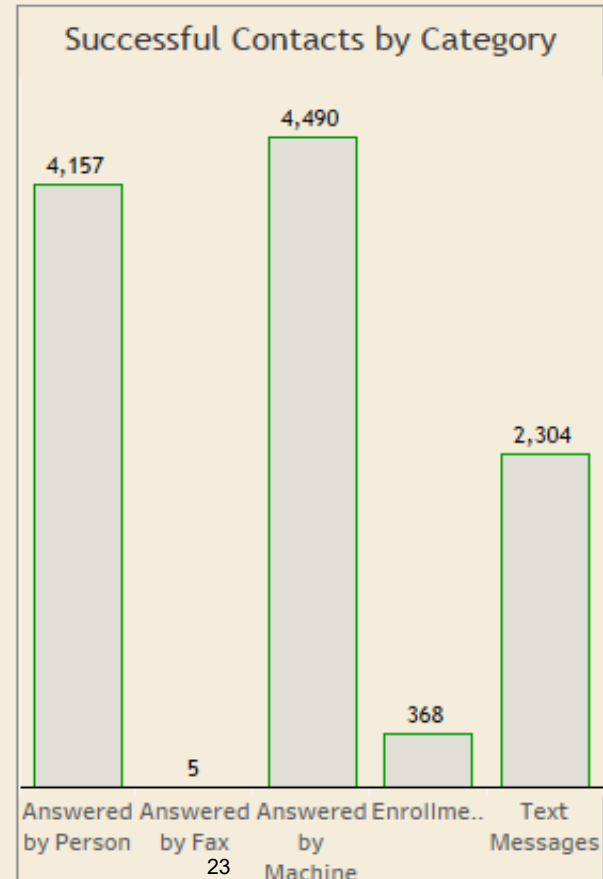
Total Completed Contacts
(%Completed)

10,956
92%

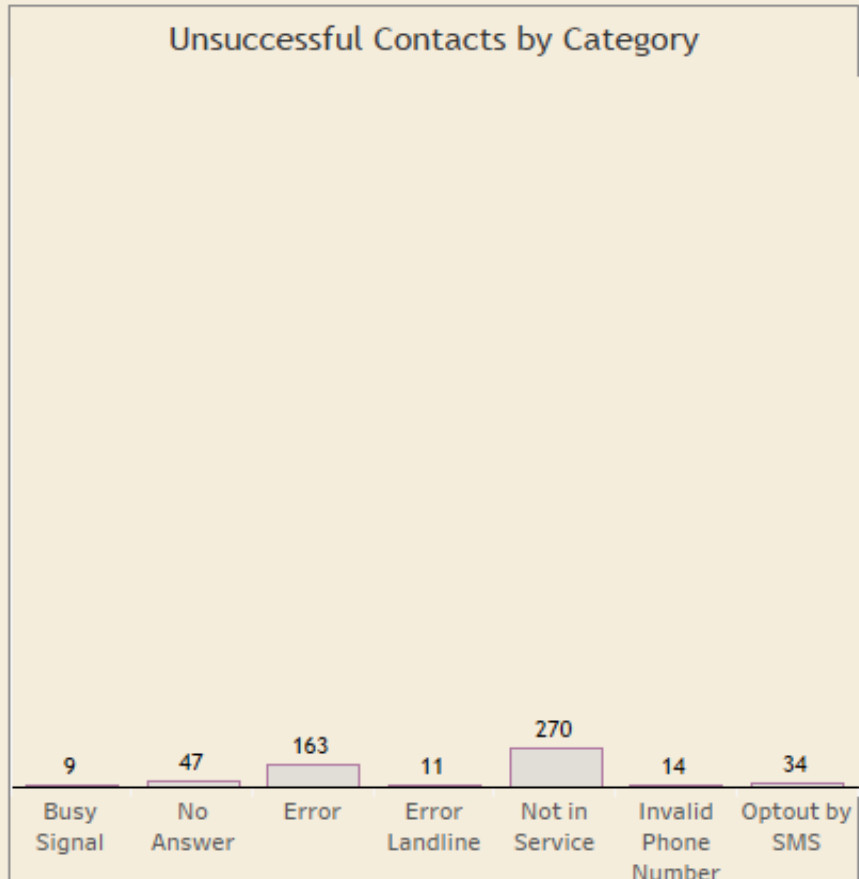
Total Completed Contacts



Successful Contacts by Category



Unsuccessful Contacts by Category



**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
JUNE 15, 2023**

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

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. Data covers FY23 Q2 (January 1 – March 31, 2023, “Reporting Period”). Additional updates on Program activities, recent audits, issued guidance, and initiatives from FY23 Q1-Q3 (October 1, 2022 – May 15, 2023, “Current Period”) is provided.

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.

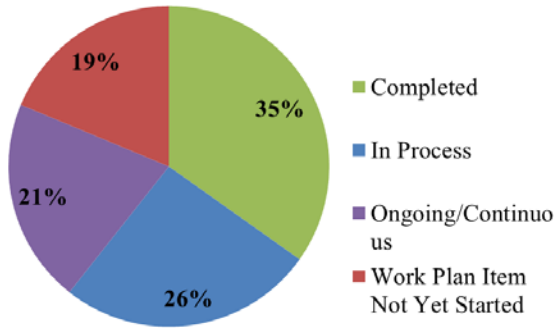
Key areas since the last report which have had significant or notable work included as part of or separate from the FY23-24 Work Plan include: auditing and monitoring; compliance reviews, systems, policies and procedures/Standards of Conduct; physician employment; cybersecurity and data privacy; conflicts of interest issuance and review; 2023 survey issuance and onsite facility awareness activities; active participation and responsiveness to HCD staff on inquiries/incidents/needs; physician and resident research and data security; website and resources; training and education; contract reviews; consent and form drafting/revision; credentialing and exclusions; research and issuance of regulatory and other guidance and education/information to HCD staff (e.g., unwinding of the Federal Public Health Emergency “PHE”, 2023 State of Florida Legislative Session, Cybersecurity); and other initiatives to improve compliance and mitigate or reduce risk in the organization.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE JUNE 15, 2023

A. Work Plan Status / Updates

HCD Compliance, Privacy, and Ethics FY23-24 Work Plan Status / Updates

Work Plan Completion Status

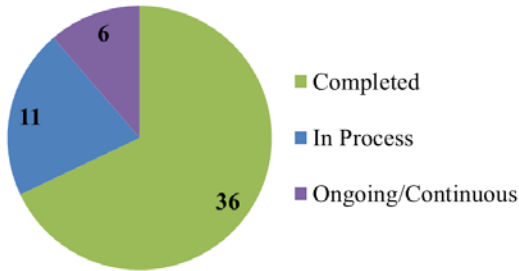


Work Plan Element

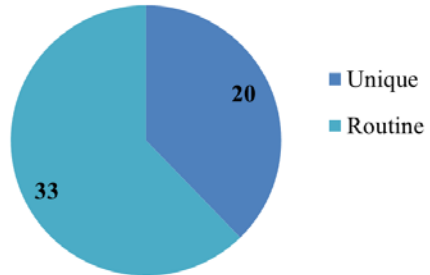
Work Plan Element: 1 - GOVERNANCE AND HIGH-LEVEL OVERSIGHT (COMMITTEES)
Work Plan Element: 2 - POLICIES AND STANDARDS OF CONDUCT
Work Plan Element: 3 - OPEN / EFFECTIVE COMMUNICATION AND REPORTING
Work Plan Element: 4 - TRAINING AND EDUCATION; COMPLIANCE AWARENESS
Work Plan Element: 5 - AUDITING AND MONITORING
Work Plan Element: 6 - ISSUING GUIDANCE / ENFORCING STANDARDS
Work Plan Element: 7 - RESPONDING TO / ADDRESSING KNOWN OR POTENTIAL ISSUES
Work Plan Element: 8 - PROGRAM EFFECTIVENESS

FY23 YTD Audit Activity Summary

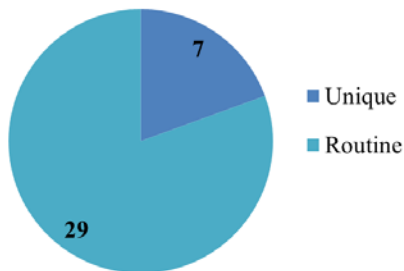
Initiated Audit Completion Status



Initiated Audits (Unique Vs. Routine)



Completed Audits



(New this Reporting Period)



Completed Routine Audits

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE JUNE 15, 2023

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

In FY23 YTD, CPE initiated fifty-three (53) total audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual CPE Work Plan. Note: This includes twenty (20) unique and thirty-three (33) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

- Of the 53 initiated, 36 reviews have been completed (7 unique, 29 routine).
- Of the 36 completed, 9 routine reviews have been completed since the last report. These are reported in the tables below.
- Of the 9 completed routine reviews, all results were all favorable.
- Of the 53 initiated, 17 reviews (13 unique and 4 routine) are currently in preparation, in process, or pending preliminary / final reports. These items are reported as “Open” in the tables below.

Auditing and Monitoring – Completed	
Work Plan Item/Area	Summary
Exclusion Screening Compliance Reviews (Monthly) <i>[Background/rationale details omitted].</i>	Reviews Complete (Monthly) for March – April 2023. Results Favorable. No Actions Recommended. All potential matches were reviewed and resolved. 100% compliance with HCD policies and applicable rules with no resulting exclusions.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) <i>[Background/rationale details omitted].</i>	Reviews Complete (Weekly) for March – April 2023. Results Favorable. No Actions Recommended. 100% compliance with HCD policies and applicable rules, with no red flags or resulting violations for HCD staff/Epic users.
Referral Source/Physician Payment Audits (Ongoing) <i>[Background/rationale details omitted].</i>	Reviews Complete (at least Monthly), March and April 2023. Results Favorable. Recommended Actions. All physician and referral source payments routed for approval are reviewed and audited by CPE. These are reported only as monthly items for purposes of CPE’s volume. Recommendation made for CPE 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 above review.
OIG Work Plan (Monthly): <i>[Background/rationale details omitted].</i>	In HCD’s FY23, CPE monitored and analyzed all OIG monthly work plan additions for March – May 2023. The OIG added 10 new review items since the last report, at least 5 of which appear to apply to HCD. Information is analyzed and disseminated as appropriate. Items are added to HCD’s CPE Work Plan if/where applicable.

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
JUNE 15, 2023**

Element/Type	Work Plan Item/Area – Completed Items (FY23) (<i>Non-Auditing Items, Includes Unique and Standing Items</i>)
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> • Regulatory Updates and Industry Enforcement Activity (<i>e.g., CMS Payment updates, Cost Reports; COVID-19 Telehealth Flexibilities; Hospital workplace violence legislation; Price Transparency; FDA Approvals; and CMS Efforts in Nursing Homes</i>) • Social Media Guidance
Responding to Issues	<ul style="list-style-type: none"> • Data Breach Response for Non-Panel Provider Reviews (Privacy Preparation and Readiness: Part I)
Policies & Procedures (and Forms) <i>Revised **; Complete P&P revision, pending HCD adoption***</i> <i>Refer to “In Process” section for CPE completed P&P, not yet final in system.</i>	<ul style="list-style-type: none"> • COVID-19 Policies and Procedures ** • Physician Employment, Contracting, and Payment Policies (Physician Employment, Professional Services Agreement, Compensation Administration, Education Assistance, and HCD Pay Practices; Additional feedback provided on various BU P&P) *** • Authorization for Use and Disclosure of PHI Policy and Procedure • Social Media Policy and Procedure • Fax Transmission of PHI ** • [New Form] Hotline Resolution Report • Confidentiality and Privacy Attestation Acknowledgement requirement for system/access requests **
Training & Education <i>New*; Revised**</i>	<ul style="list-style-type: none"> • Sunshine Law and Public Records Act Education to HCD Board of Directors/Commissioners and HCD Leadership (developed and provided by Compliance and Legal) • EMTALA (Emergency Medical Treatment and Labor Act) Training Module (developed for LMC Emergency Department/HCD) • Baker Act Training Module (developed for LMC Emergency Department/HCD staff) • Social Media Training (developed and provided to HCD staff) • PEPPER (Program for Evaluation Payment Patterns for Electronic Report) Training and Education (developed and provided for LMC/HCD Utilization Review Committee) • 2023 Compliance, Privacy, & Ethics Survey issued and completed • 2023 Joint Compliance, Privacy, & Ethics and Enterprise Risk Management Newsletter issued and Awareness Week held

Element/Type	Work Plan Item/Area – In Process and/or Routine/Ongoing * (FY23)
Auditing and Monitoring	<ul style="list-style-type: none"> • High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: (1) Professional Services; and (2) Hospital Services • EMTALA and Access to Emergency Services and Care Risk Assessment • Employee Licensure and Certification Risk Assessment

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	<ul style="list-style-type: none"> • Privacy and Security Compliance Surveys for HCD Departments • Records Management/Records Retention Policy Risk Assessment • Air Ambulance (Aeromedical/TraumaHawk) Billing Audit • External Agency Activity • Program for Evaluation Payment Patterns Electronic Report (“PEPPER”) Report Monitoring for Short Term Acute Care Hospitals (LMC) – Quarterly Review (Q3) • PEPPER Report Monitoring for Skilled Nursing Facilities (Healey), Annual Review • CMS Open Payments; Review and Dispute Reconciliation • SlicerDicer Use and Access Monitoring for Privacy Use (New/Ongoing Weekly Reviews) * • FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users * • Referral Source Audits and Payments to Physicians * • Exclusion Screening Monthly and Ad Hoc * • OIG Work Plan Monitoring * • Credentialing Risk Assessment (<i>In process; on hold during quarter</i>)
<p>Standards of Conduct / Policies & Procedures</p> <p><i>New P&P, In Process *;</i> <i>Revised P&P, In Process**;</i> <i>Complete P&P revision, pending HCD adoption***</i></p>	<ul style="list-style-type: none"> • Standards of Conduct P&P/Guide ** • Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria *** • Law Enforcement Requests and Disclosures ** • Permitted/Required Disclosures to Law Enforcement ** • Hotline Investigating P&P (Revised) Resolution Report ** • Internal Reporting of Compliance Issues ** • 340B Compliance and Program Integrity Policies and Procedures ** • Sanctions for Non-Compliance, Information Privacy and Security ** • Information Blocking Rule Compliance P&P *
<p>Open/Effective Communication</p>	<ul style="list-style-type: none"> • Ongoing monitoring and dissemination of information to HCD (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 *
<p>Training & Education</p>	<ul style="list-style-type: none"> • Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership (<i>June 2023 Meeting</i>) • Baker Act Training Module (LMC Emergency Department/HCD) • New Hire Orientation on CPE / ERM • Topic-specific training
<p>Issuing Guidance / Enforcing Standards</p>	<ul style="list-style-type: none"> • Conflicts of Interest (“COI”) Review of Board/Committee Member Responses for FY23

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	<ul style="list-style-type: none"> • COI Revision, Issuance of HCD Staff/Employees (next Quarter) • Framework for Emergency Response and Disaster Preparedness • Playbooks for Emergency Response and Disaster Preparedness • Release of Information (ROI) Guidance & FAQs • Data Breach Response for Panel Provider Reviews (Privacy Preparation and Readiness: Part II) • Human Resources Exit Processes • CMS ONC HIT Information Blocking Rule (on hold) * • HCD Applicable Rule/Law Analysis * • Regulatory Updates and Industry Enforcement Activity * • Contract Reviews and Guidance *
<p>Responding to Issues</p>	<ul style="list-style-type: none"> • Hotline Call Response/Investigations * • Response to Issues/Inquiries/Investigations * • External Agency Audit Activity / Review and Response * • Data Breach Response for Insurance – Non-Panel Provider Review (for Privacy Preparation and Readiness): Part II
<p>Effectiveness</p>	<ul style="list-style-type: none"> • Compliance Program Development/Effectiveness *

2. Department Activity and Statistics – Refer to next page for Data/Graphs.

Conflicts of Interest

In FY23, HCD CPE sent out and received back completed COI Disclosures from all Board and Committee Members. HCD CPE is in process of making necessary revisions to the HCD Staff / Employee COI Disclosure and will push it out next quarter.

HCD Training, Education, Compliance Awareness Activities, and Survey

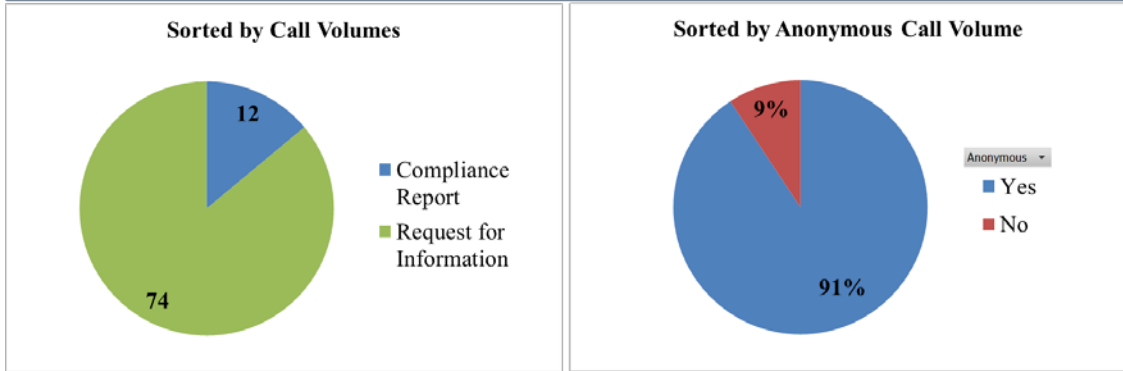
HCD CPE provided training to HCD employees through online and live events, formal training, and dissemination of publications and informational/educational materials, and during Compliance, Privacy, and Ethics and Enterprise Risk Management (“ERM”) Awareness Week. In Q3, CPE and ERM celebrated its first annual joint Awareness Week. We visited with staff at all HCD locations and held activities to promote to promote awareness about Compliance, Privacy, Ethics, Risk Management, and Safety. In addition, CPE also launched its 2nd Annual Compliance, Privacy, and Ethics Awareness Survey. The survey will help us measure the effectiveness of our program, identify strengths and opportunities for improvement, and provide all employees with an additional mechanism to learn about compliance and report issues of concern.

3. Regulatory Updates and Industry Enforcement Activity, including 2023 Florida Legislative Session to be reported at the HCD Board of Directors/Commissioners meeting as informational. Omitted from this report.

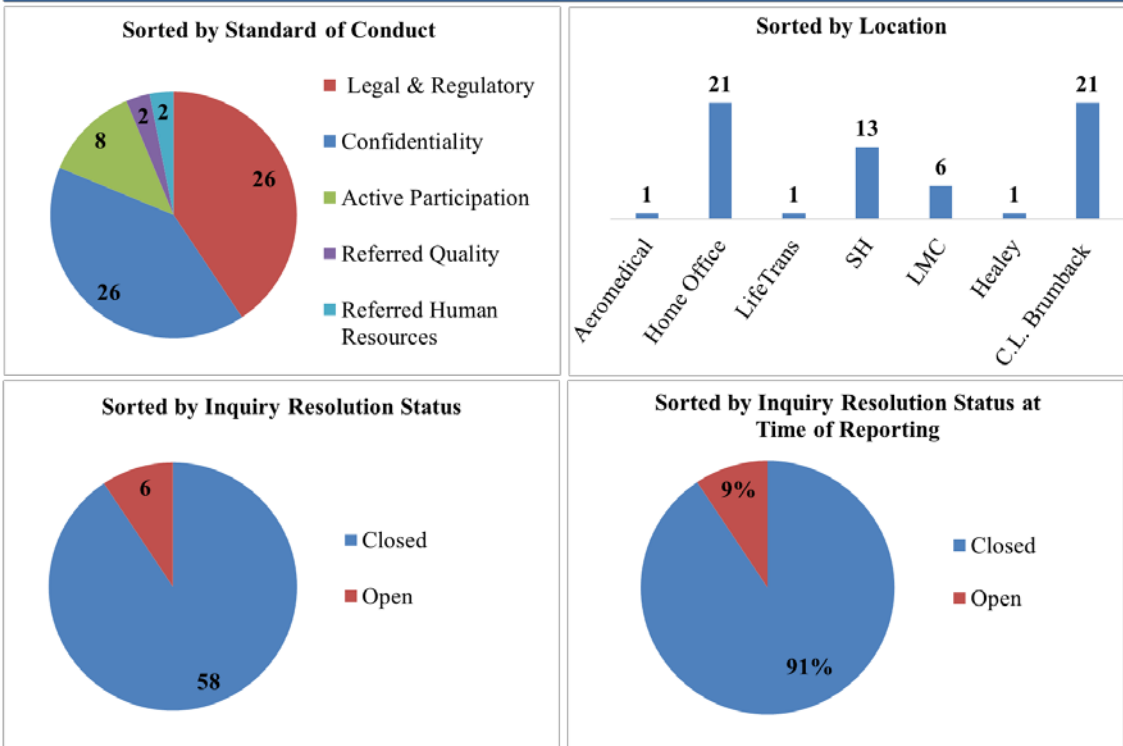
HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE JUNE 15, 2023

Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY23 Q2)

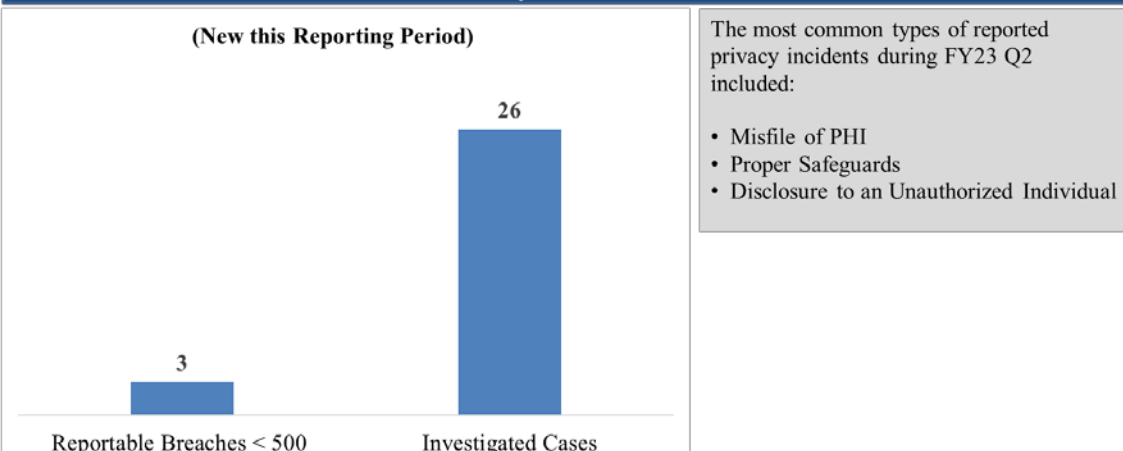
Hotline Activity



Inquiries



Privacy Case Activities



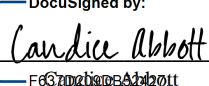
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4. Fiscal Analysis & Economic Impact Statement:

	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.

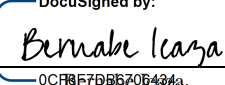
Reviewed for financial accuracy and compliance with purchasing procedure:

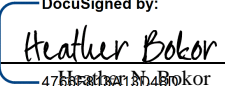
DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

5. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

 Bernabe Icaza
 VP & General Counsel

DocuSigned by:

 Heather Bokor
 VP & Chief Compliance, Privacy, & Risk Officer

DocuSigned by:

 Darcy Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
June 15, 2023**

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 2nd trimester of the school year 2022/2023 for School Health and 1st Quarter of 2023 for Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, Corporate Quality Metrics and Pharmacy.

3. Substantive Analysis:

School Health

School Health Class Return Rates

In the second trimester of the 2022/2023 school year (January 1st – March 31st), we met the goal (Target > 70%) for students returning to class from an office visit, with 75% of students that remained in school (2% increase from trimester 1) versus 25% of students that were sent home and 0.3% of EMS calls. The top 3 reasons/complaints students went home are abdominal pain, headache, and vomiting.

COVID-19 and Influenza

In the second trimester, we performed a total of 15,246 COVID-19/Influenza screenings with 12,501 unique students. The elementary schools performed the most screenings at 73%, followed by middle schools at 19% and high schools at 8%. As a result of the screenings, 97% of students were screened positive and referred for testing.

We performed a total of 1,400 in-house point-of-care tests for students. Out of 1,400 tests, 754 were COVID-19 tests, and 646 were influenza tests. For COVID-19 testing, 95% resulted in a negative test, and 5% resulted in a positive test. For influenza testing, 90% resulted in a negative test, and 10% resulted in a positive test.

The leading symptom for positive COVID-19 and influenza testing is a headache. We performed the most testing during the month of January with 685 tests.

Florida-Mandated Student Screenings

- We met the Florida State mandated goal of completing 95% of the vision and hearing screenings and 45% of BMI and scoliosis screenings required at the end of the 2nd trimester. 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 2nd trimester, we screened 30,347 (100%) of eligible students in the 1st, 3rd, and 6th grades. Out of 30,347 students, 7,707 (25.40%) students required referral. Out of 146 eligible schools, we have completed over 50% of screenings at 145 schools (99%).

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE June 15, 2023

- Hearing screening: Through the 2nd trimester, we screened 29,719 (100%) of eligible students in kindergarten, 1st, and 6th grades. Out of 29,719 students, 904 (3.04%) students required referral. Out of 145 eligible schools, we have completed over 50% of screenings at 143 schools (99%).
- Scoliosis screening: Through the 2nd trimester, we screened 9,172 (100%) of eligible students in 6th grade. Out of 9,172 students, 88 (0.96%) students required referral. Out of 43 eligible schools, we have completed over 50% of screenings at 43 schools (100%).
- Vision screening: Through the 2nd trimester, we screened 41,338 (100%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 41,338 students, 7,198 (17.41%) students required referral. Out of 146 eligible schools, we have completed over 50% of screenings at 144 schools (99%).

Aeromedical

Run Time

For 2023 Q1, the top 3 IFT Dispatch Types consisted of Cardiac with 14 (31%), Trauma with 9 (20%), and Neurology with 7 (16%). The top 3 IFT Destinations consisted of JFK with 11 (45%), Jupiter Medical Center with 10 (22%), and St. Mary's with 8 (18%). The IFT Dispatch to Enroute Average for Q1 was 35 minutes, 10 seconds, while the IFT Dispatch to Hospital Average was 109 minutes, 54 seconds. Both IFT Average Times showed progressive increase. The top 3 Scene Dispatch types consisted of Trauma with 89 (83%), Neurology with 13 (12%), and Cardiac with 3 (3%). The Scene Dispatch to Enroute Average for Q1 was 5 minutes, 20 seconds, while the Scene Dispatch to Hospital Average was 38 minutes, 15 seconds.

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 2023 Q1, *Trauma Hawk Flights* saw 153 patients transported. *Advanced Airway Utilization* saw 29 patients that required an advanced airway, with 5 patients having an airway placed on the first attempt by Trauma Hawk (*1st Attempt Intubation*) and 24 airways placed PTA and managed for transport by Trauma Hawk. Of these 5 airway placements, all procedures were documented and all patients were transported without suffering a hypoxic or hypotensive event (*RSI/DSI/Rescue* and *Post 1st Attempt Intubation Hypoxia/Hypotension*). All Advanced Airways were documented (*Advanced Airway Confirmation*). *Advanced Airway Types* that were either placed and/or managed include the following: 22 ETT (76%), 6 I-Gel (21%), and 1 trach (3%). The top 3 *Oxygen Types* used during transport consisted of the following: NC with 50 (35%), NRBM 34 (22%), and Vent 15 (10%). Of note, 32 (21%) were on RA and 6 (4%) were not documented. Patients with an advanced airway that were placed on a *Ventilator* for transport were 15 (52%), with 100% *Vent Settings* documented, and 100% *Capnography Confirmed*. Overall, 5 (3%) patients had a *Hypoxic Event During Transport*. No patients were transported with *NPPV*.

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GAMUT Centerline (Yellow): measures and compares all ground, rotor-wing and fixed-wing participants.

Comparison Line (Red): measures and compares only participants at a similar level, i.e. only rotor-wing participants that complete transports in the southern U.S. region with similar transport types and numbers.
--

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

- Ventilator Status 52% (Comparison Line 70%)

Trauma Hawk sits *above* national average for the following metrics:

- Advanced Airway Protocol Compliance 100% (Comparison Line 42%)
- Advanced Airway Confirmation 100% (Comparison Line 100%)
- First Attempt Intubation 100% (Comparison Line 61%)
- Post 1st Attempt Intubation Hypoxia / Hypotension 100% (Comparison Line 83%)
- Capnography Confirmed 100% (Comparison Line 96%)
- Hypoxic event during transport 3% (Comparison Line 6%)

Trauma

System Utilization:

Over Q1 of 2023, 1,652 patients were seen at a trauma center. Q1 trauma center comparison showed SMMC treated 853 patients and DMC treated 799 patients. Q1 countywide trauma patient demographics showed Gender was 37% Female compared to 63% Male, while Race and Ethnicity showed White making the majority with 75%, followed by Black at 15%, and Non-Hispanic leading with 84% followed by Hispanic at 16% respectively. Age distribution of the trauma centers highlight the difference in populations between the two centers. In Q1, SMMC Age Group showed 12% Pediatrics, 55% Adults, and 33% Geriatrics, while DMC showed 3% Pediatrics, 39% Adults, and 58% Geriatrics. The top 4 Decade of Age for SMMC was 13% for 60-69yr, followed by a 3-way tie at 12% for 20-29yr, 50-59yr, and 70-79yr. DMC top 3 Decade of Age groups were 22% for 80-89yr, 19% for 70-79yr, and 11% for 60-69yr.

PBC Mechanism of Injury:

Over Q1 of 2023, countywide Age Group consisted of Pediatrics with 8%, Adults with 48%, and Geriatrics with 45%. Countywide Years of Age by Decade showed the top 3 groups as 80-89Y with 16%, 70-79Y with 15%, and 60-69Y with 12%. Further pediatric breakdown showed the top 3 Pediatric Age Distribution of 1Y leading with 13%, followed by a tie between <1Y and 15Y at 11%, and another tie between 7Y and 14Y at 9%. Over Q1, the leading and dominating Mechanism of Injury continued to be Falls, followed by Vehicular Crash and GSW respectively. Vehicular Crash Breakdown showed MVC leading, followed by Pedestrian vs Vehicle and Motorcycle collisions respectively. Trauma Activation Level showed that Trauma Alerts accounted for 55%, Transfers accounted for 27%, and ED Upgrades accounted for

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18%. Transports by Ground supplied the majority of patient transports with 95% volume, while Transports by Air accounted for 5%. Trauma Injury Type showed Blunt at 89%, Penetrating at 8%, and Burn at 3%.

C. L. Brumback Primary Care Clinics

In Q1 of 2023, the clinics served 18,931 unique patients and provided 38,907 clinic visits.

The following measures were not meeting goal at the end of March: Hypertension (68%), Ischemic Vascular Disease/Antiplatelet Therapy (76%), Tobacco use Screening and Cessation Intervention (91%), Adult Weight Screening and Follow-Up (85%), Diabetes in Migrant population (66%), Childhood Immunization (5%), Breast Cancer Screening (52%), Cervical Cancer Screening (60%), Colorectal Cancer Screening (29%).

All other goals achieved for the quarter.

Edward J. Healey Rehabilitation and Nursing Center

For Q1, 17 of 17 quality measures were met.

Lakeside Medical Center

For Q1 2023, **Inpatient Quality Measures** there were 2 of 4 measures (ED-1a, IMM-2) that did not meet goal.

ED Measure:

For **ED-1a**, there were (93) cases sampled with a median time of (344) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered was appropriate.

IMM-2 Measure:

For **IMM-2**, there were (89) cases that fell into the sample population, of those cases (5) failed to meet the measure. The cases were reviewed and education and training, were rendered to the staff.

For Q1 2023, **Outpatient Quality Measures** there were 2 of 3 measures (OP-3a, OP-18) that did not meet goal.

OP-3a Measure:

For **OP-3a**, there were (2) cases that fell in the sampled population. Both were reviewed and care treatment was rendered appropriately.

OP-18 Measure:

For **OP-18**, there were (100) cases that fell into the sample population with a median time of (184) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, care and treatment were rendered appropriately.

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LifeTrans Ground Transportation

This agenda item presents NEMESIS/EMSTARS data that we submit to the State of Florida's Department of Health EMS Office. It divides data by Provider Primary Impression, Incident Disposition, Cause of Injury, and Treatment/Procedures, among others. These are fixed data categories created by the State of Florida's Department of Health EMS Office, based on the National Emergency Medical Services Information System (NEMESIS) requirements.

For Q1, the LifeTrans Ground Transportation department performed 483 transports, with 328 of those patients being transported to other Emergency Department for a higher level of care. Most of the patients transported were between 15 and 54 years old. The most common diagnostic impressions for the patients transported during this period were neurological diseases with 49, mental health disorders 40, cardiovascular with 38, traumatic injuries with 36, Respiratory 35 and OB/Gyn with 19. The most common cause of traumatic injuries were falls, with 18. The majority of those injuries affected upper and lower extremities.

Corporate Quality Metrics

Call Center

For Quarter 1 2023, the Clinic Service Center processed 50,808 calls which is 7% increase compared to last quarter. Of the 50,808 calls, 75% were inbound calls and 25% were outbound calls. The agents handled 98% of incoming calls in real time and the remaining calls were received via voicemail and returned within 24 hours. The average call rate per hour is 7.5 calls which is slightly lower than usual due to staffing shortages. Outbound calls consisted of appointment rescheduling, after hours follow up calls, hospital follow up calls, and quality outreach initiatives. The Patient Access Team scheduled a total of 9,839 appointments for Q1 for 8,032 unique patients. The peak times for incoming calls were on Monday and Tuesday's between 10:00am and 12:00pm.

Health Information Management

- We had previously reviewed the data reported and found we needed to update the information we are reporting. We are now able to report what is being tracked and compare that with the turnaround time.
- The turnaround time includes weekends which causes the turnaround time to be higher than it actually is.

Human Resources

- Q1 2023 headcount ended at 1,224.
 - FT = 1142
 - PT = 30
 - PD = 50
 - Temp = 2
- Clinical job functions/positions took lead in 2022 trending at 48%.
- Q1 2023 diversity headcount is 71%; 79% of the workforce is female.

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- Q1 2023 average age of employee is 47 years old, with 198 employees projected to be within retirement age in the next 5 years.

Turnover and Recruitment:

- In 2022, average turnover was 31%. Q1 2023 average turnover rate was at 8%.
- RN turnover took lead in 2022 trending at 55%.
- Q1 2023 Transportation was at 21% turnover.
- Q1 2023 15% turnover of those under 1 year and 14% turnover of those between 1 – 2 years.
 - In 2022, 55% turnover of employees with less than 1 year of service.
- Q1 2023 average 133 open requisitions
 - 97 New Hires in Q1 2023.
 - 87 days = Avg Time to Fill
 - 23 days = Avg Time to Hire

Information Technology

- **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. We are currently monitoring 7 mission critical applications with the most recent addition being the school health EMR Welligent. We had a uptime percentage of 100% across all critical applications with the exception of ADP. ADP had a brief unplanned outage that lasted one hour and had an uptime percentage of 99.95 in Q1. There were 12.5 hours of planned application downtime and we did meet our service level for the quarter. 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 5,036 total new tickets and maintained a closure rate of 95% on those Q1 tickets. The IT department currently tracks metrics on submitted “incident” category tickets with a target SLA of 99.9%. The IT department had an SLA rate of 95% on submitted “incident” tickets in Q1. The IT Service Desk saw an abandoned call rate of 3.05% and were below our current target of 4.5%. IT has initiated an enterprise survey to solicit feedback from the HCD community regarding IT support. This will be covered in future meetings.
- **Cybersecurity:** For the 1st Qtr. of 2023, we investigated 504 security incidents. Of the total incidents, all are closed, and 0 were reportable. The incidents included phishing, impostor, malware, and spam emails, responding to the security operations center alerts, and users reported security investigations.

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Pharmacy

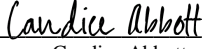
For Q1, Pharmacy continued to meet all goals. The average prescription wait time was roughly 22 minutes, slightly improving from the previous quarter. HCD Pharmacies filled 38,070 prescriptions for Q1, a 4% increase compared to Q4, with a 99.6% promise by ready time for non-waiters. HCD Pharmacy mailed 1,662 packages (3,815 prescriptions; 10% of prescriptions sold).

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 type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input 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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 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

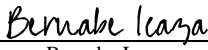
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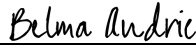
Committee Name _____
Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

 0C870D0647A...
 Bernabe Icaza
 VP & General Counsel





DocuSigned by:

 B1723A0014AMD
 Belma Andrie
 VP & Chief Medical Officer

DocuSigned by:

 77A3B6880A147D
 Darcy Davis
 Chief Executive Officer

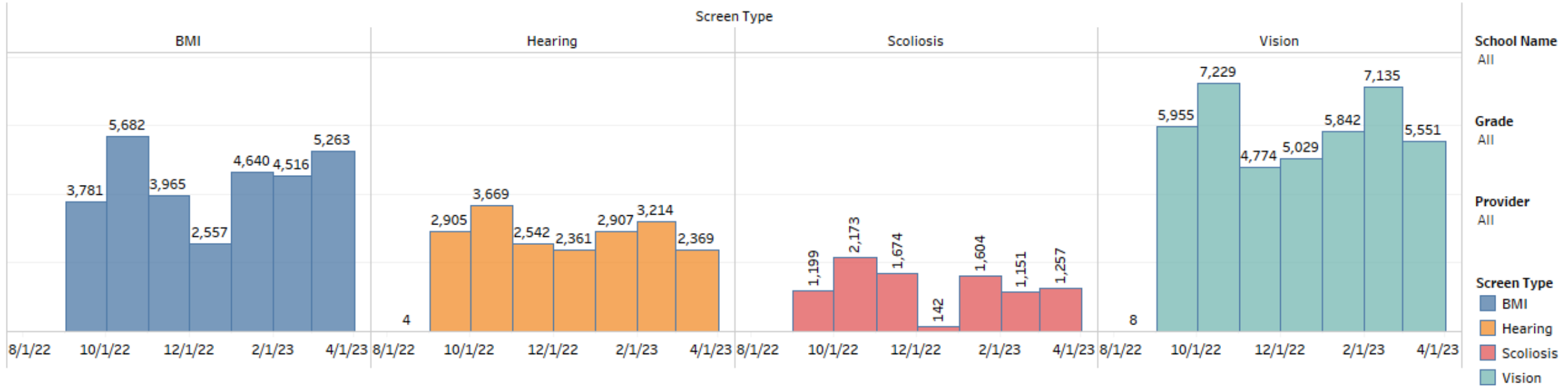
Mandated Student Screening Summary for School Year 2022/2023

Goal 45% of Students to Have Completed Vision and Hearing Screenings by Dec 2022
 Goal of 95% of Students to Have Completed Vision and Hearing Screenings by March 2023
 Goal 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2023
 Goal 95% of Students to Have Completed BMI and Scoliosis Screenings by June 2023

 BMI	BMI Screenings	145 Total Schools 145 Have 50% Screened	40,647 Total Students 97% Scheduled	30,347 Students Screened 75% of Total 100.0% of Eligible	7,707 Abnormal Screens 25.40% Need Follow Up
100.0% 95.0% 100.0%					
	Hearing Screenings	145 Total Schools 143 Have 50% Screened	37,517 Total Students 97% Scheduled	29,719 Students Screened 79% of Total 100.0% of Eligible	904 Abnormal Screens 3.04% Need Follow Up
100.0% 95.0% 100.0%					
	Scoliosis Screenings	43 Total Schools 43 Have 50% Screened	13,511 Total Students 96% Scheduled	9,172 Students Screened 68% of Total 100.0% of Eligible	88 Abnormal Screens 0.96% Need Follow Up
100.0% 95.0% 100.0%					
	Vision Screenings	146 Total Schools 144 Have 50% Screened	51,287 Total Students 97% Scheduled	41,338 Students Screened 81% of Total 100.0% of Eligible	7,198 Abnormal Screens 17.41% Need Follow Up
100.0% 95.0% 100.0%					

30,347 29,719 9,172 41,338

Unique Students Screened by Type



Detailed RunTime Report TH135

Start Date 1/1/2023
 End Date 3/31/2023

Total Transports: **153**
 Total Patients: **156**

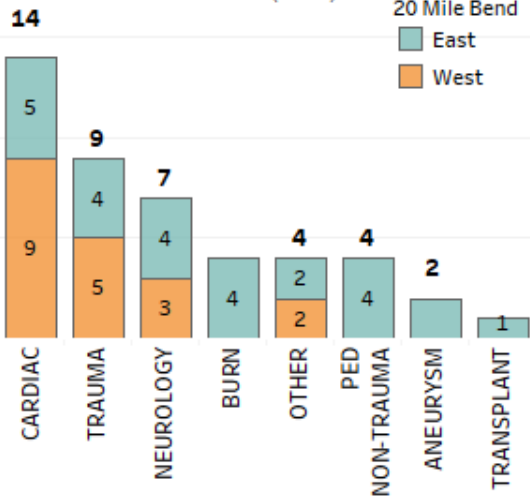
Rolling Year Analysis

Interfacility On Scene

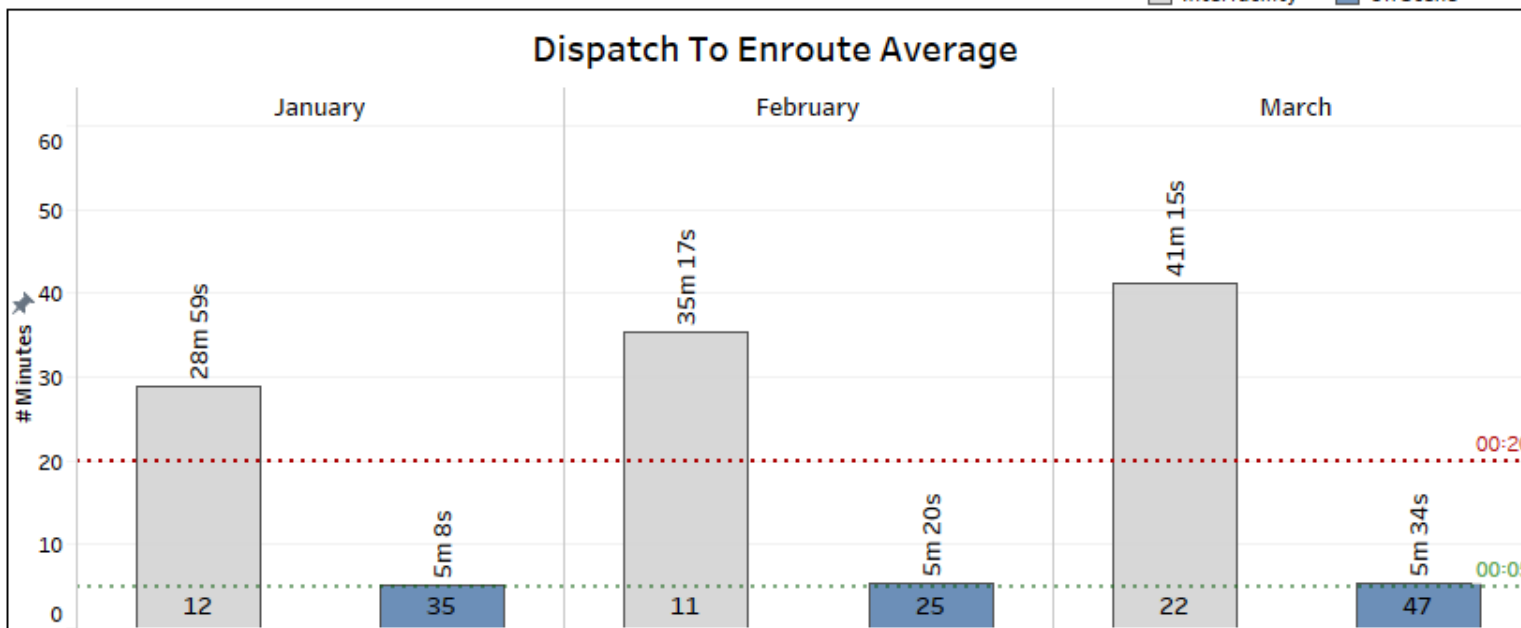
INTERFACILITY DISPATCH TYPE

45 (35%)

20 Mile Bend
 East West



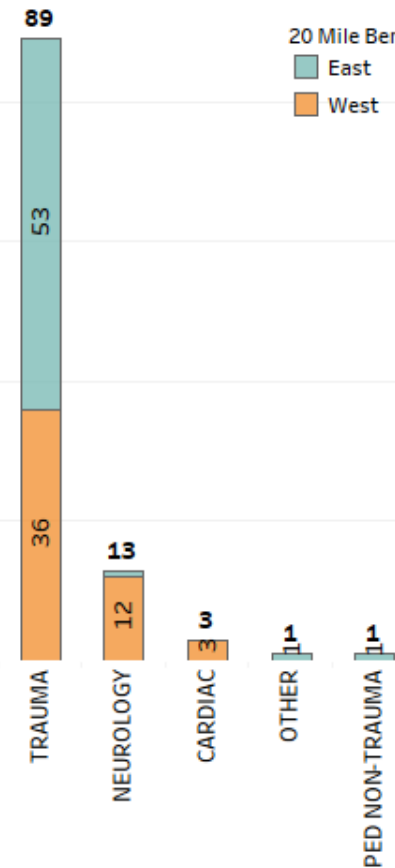
Dispatch To Enroute Average



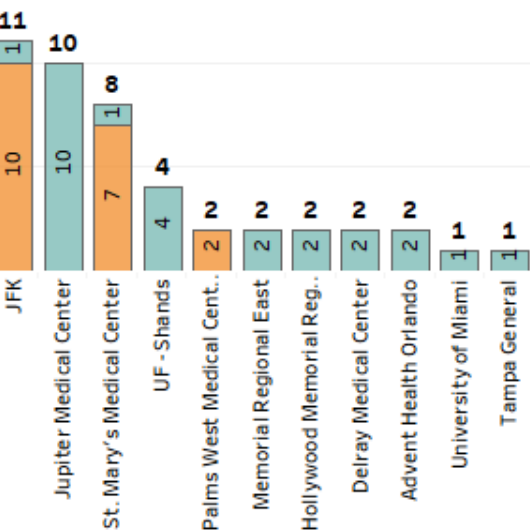
SCENE DISPATCH

107 (65%)

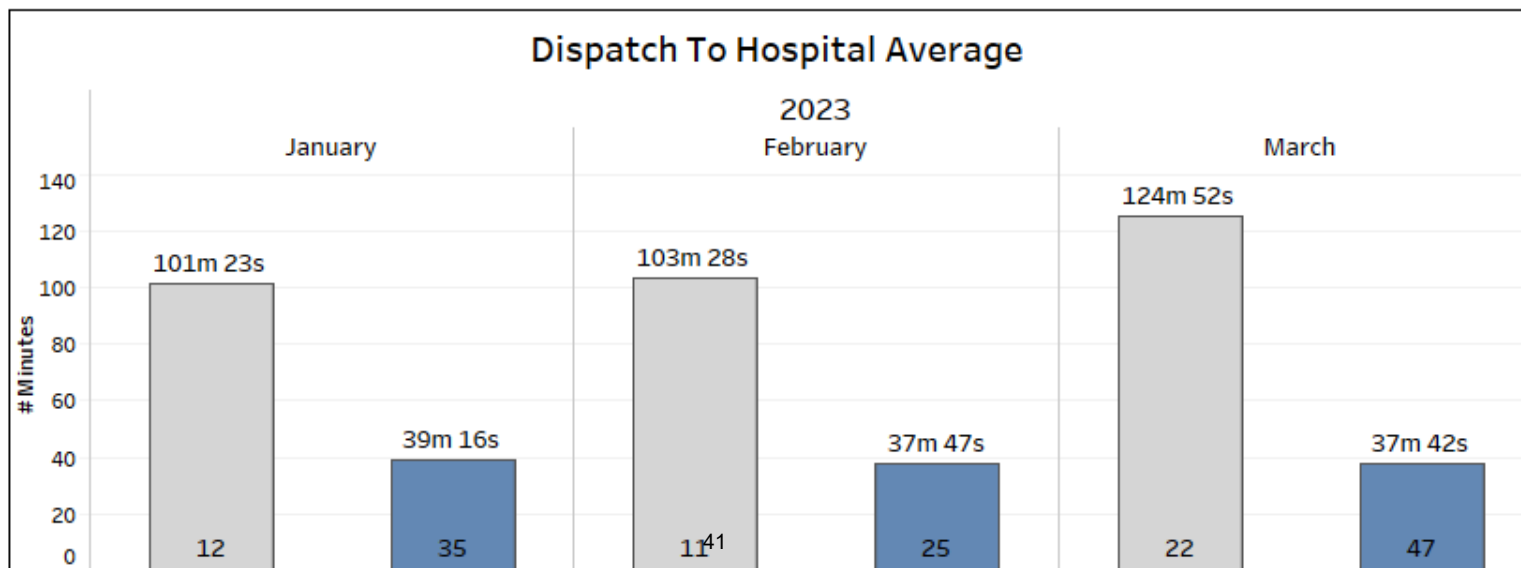
20 Mile Bend
 East West



INTERFACILITY DESTINATION



Dispatch To Hospital Average





GAMUT BENCHMARK ANALYSIS (AIRWAY METRICS)

Ground Air Medical qUality Transport

Rolling Year Analysis



1/1/2023 12:00:00 AM to 3/31/2023 11:59:59 PM

TRAUMA HAWK TRANSPORTS (PBCFR PROVIDERS)



153

ADVANCED AIRWAY UTILIZATION (TRAUMA HAWK ONLY)

Placed 5 (17%)

Managed 24 (83%)

ADVANCED AIRWAY PROTOCOL COMPLIANCE

GAMUT CENTERLINE: 93% COMPARISON LINE: 42%

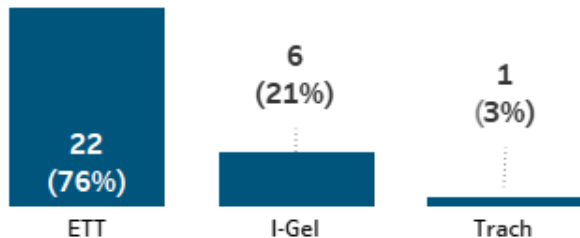
Yes 5 (100%)

ADVANCED AIRWAY CONFIRMATION

GAMUT CENTERLINE: 93% COMPARISON LINE: 100%

Confirmed 29 (100%)

ADVANCED AIRWAY TYPE



ADVANCED AIRWAY PLACED BY

Hospital 24
Air 5

INTUBATIONS BY ALL PROVIDERS

GAMUT CENTERLINE: 90% COMPARISON LINE: 61%



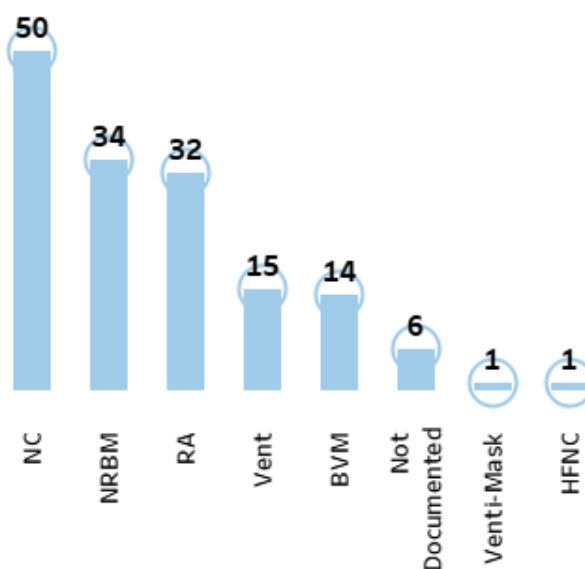
Air Attempts

One 5

Ground Attempts

One 2
42

OXYGEN TYPE



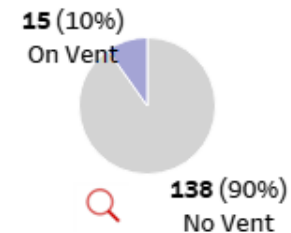
POST 1ST ATTEMPT INTUBATION HYPOXIA / HYPOTENSION

GAMUT CENTERLINE: 82% COMPARISON LINE: 83%

Not Hypoxic or Hypotensive 5 (100%)

VENTILATOR USE

GAMUT CENTERLINE: 97% COMPARISON LINE: 70%



VENT SETTINGS

Documented 15 (10%)
Null 138 (90%)

CAPNOGRAPHY CONFIRMED

GAMUT CENTERLINE: 93% COMPARISON LINE: 96%

Confirmed 29 (100%)

HYPOXIA DURING TRANSPORT

GAMUT CENTERLINE: 5% COMPARISON LINE: 6%

No 148 (97%)
Yes 5 (3%)

NIPPV PLACED / CONTINUED

Null 153 (100%)

NIPPV UPGRADED

GAMUT CENTERLINE: 92% COMPARISON LINE: 50%

TRAUMA SYSTEM UTILIZATION

Rolling Year Comparison

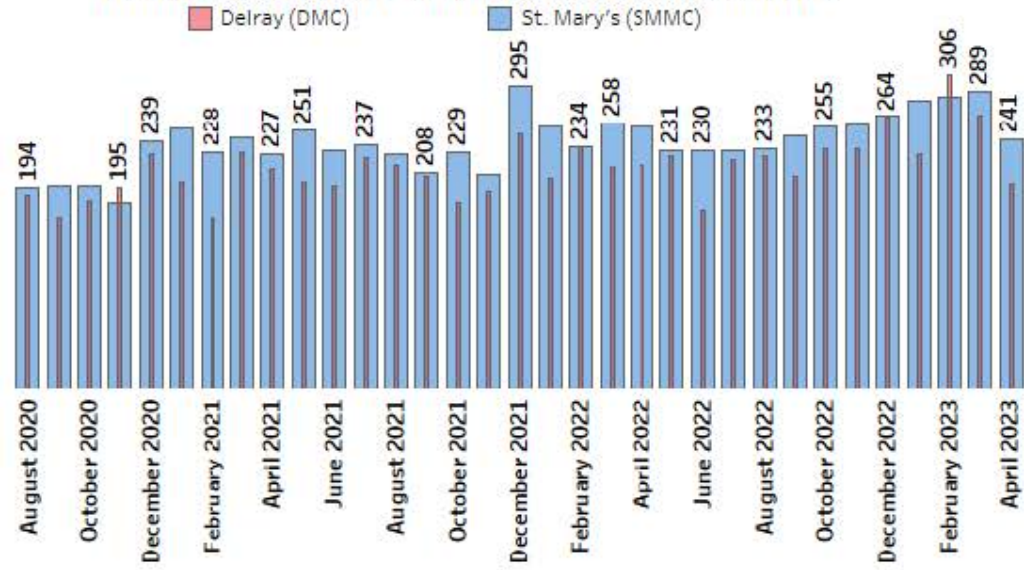
St. Mary's (SMMC) Delray (DMC)

PBC TRAUMA SYSTEM VOLUME

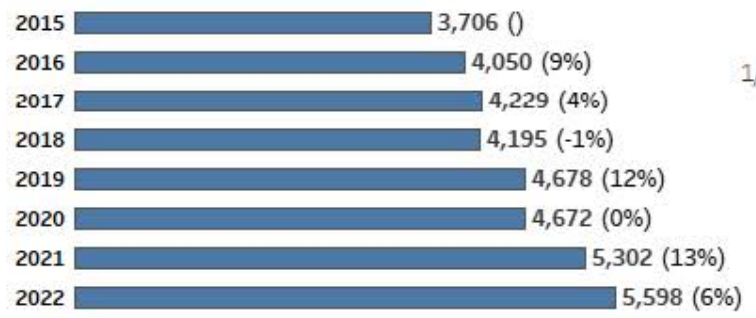


1,652
1/1/2023 12:00:00 AM to ..

TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

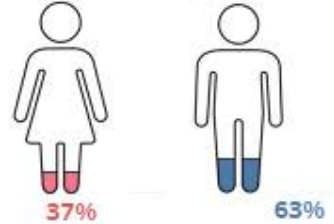


TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



GENDER

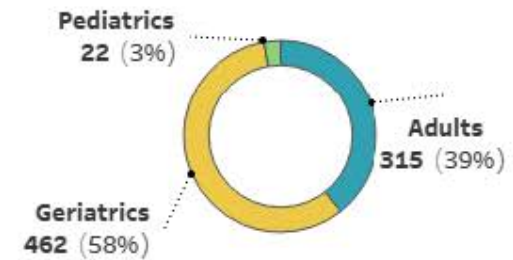
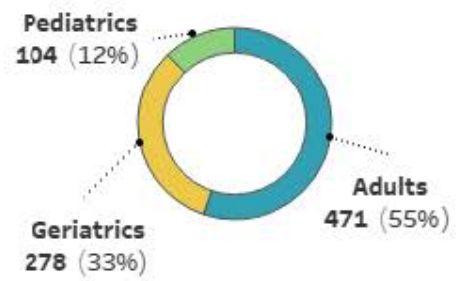
(Current Year)



AGE GROUP BY TRAUMA CENTER

St. Mary's Medical Center (Current Year)

Delray Medical Center



RACE

(Current Year)

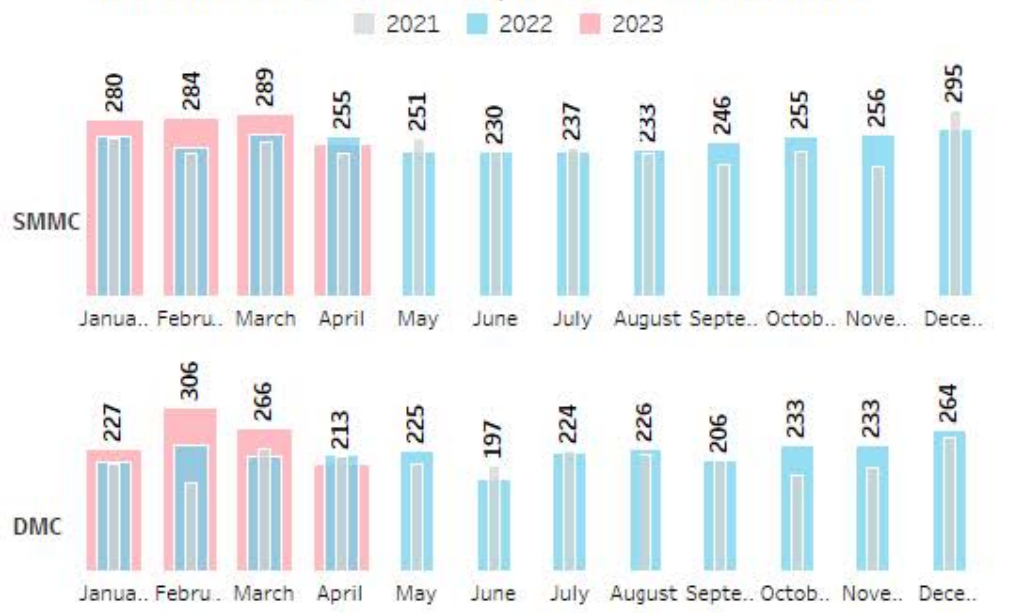
W	B
1,257	251
76%	15%

ETHNICITY

(Current Year)

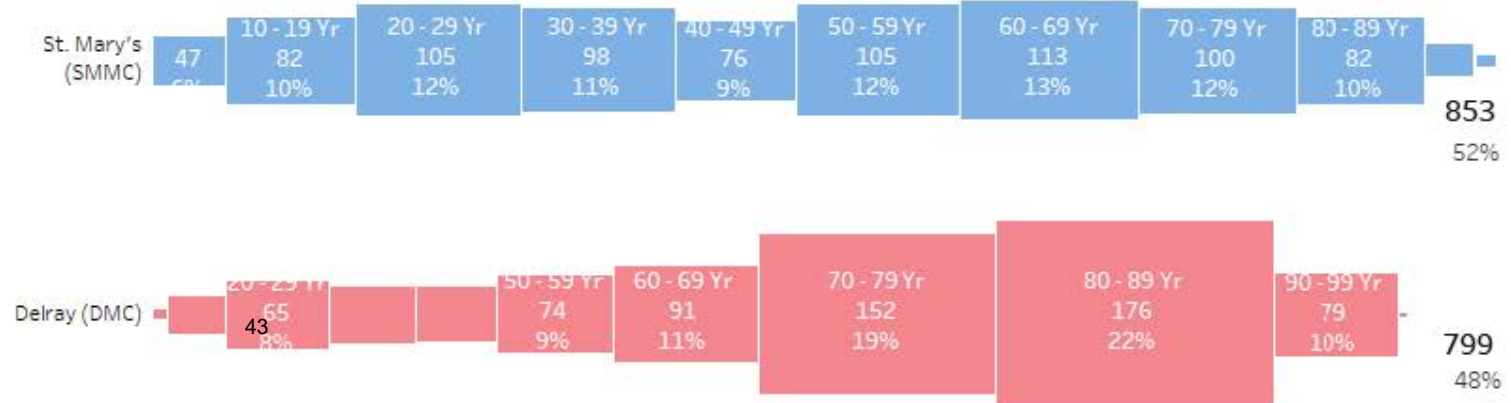
N	H
1,382	257
84%	16%

TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

Current Year = May 2022 - April 2023
 Data Source: Health Care District of Palm Beach County, Trauma Registry, 2023.
 St. Mary's (SMMC) Delray (DMC)

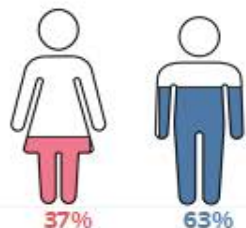
PBC TRAUMA VOLUME

1/1/2023 12:00:00 AM to 3/31/2023

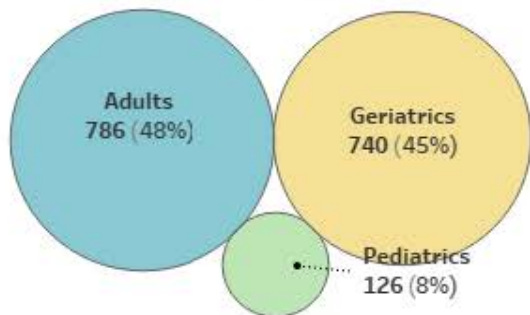


Variance: 405

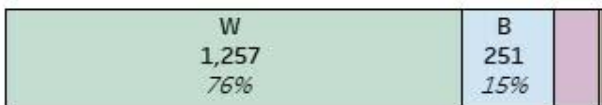
GENDER



AGE GROUP



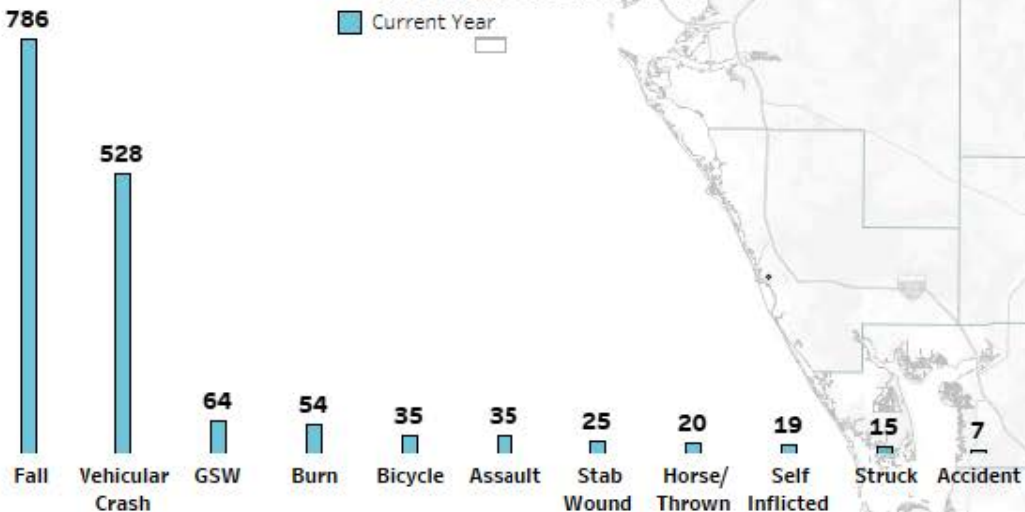
RACE



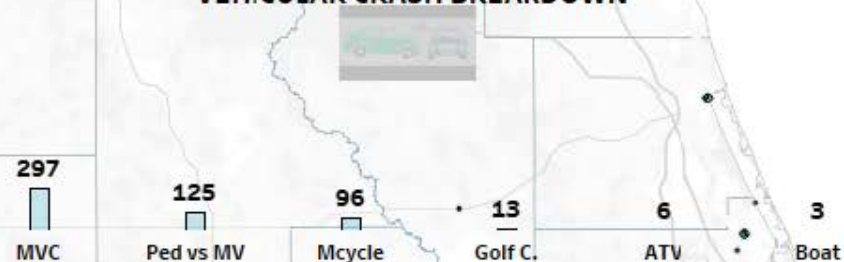
ETHNICITY



MECHANISM OF INJURY



VEHICULAR CRASH BREAKDOWN



TRANSPORTS BY GROUND



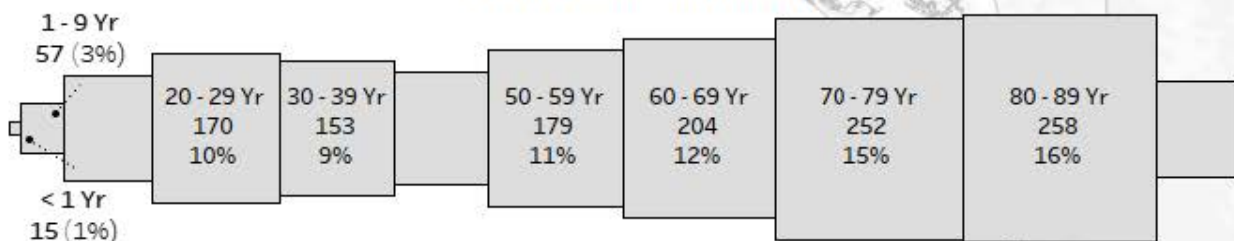
1,451 (95%)

TRANSPORTS BY AIR

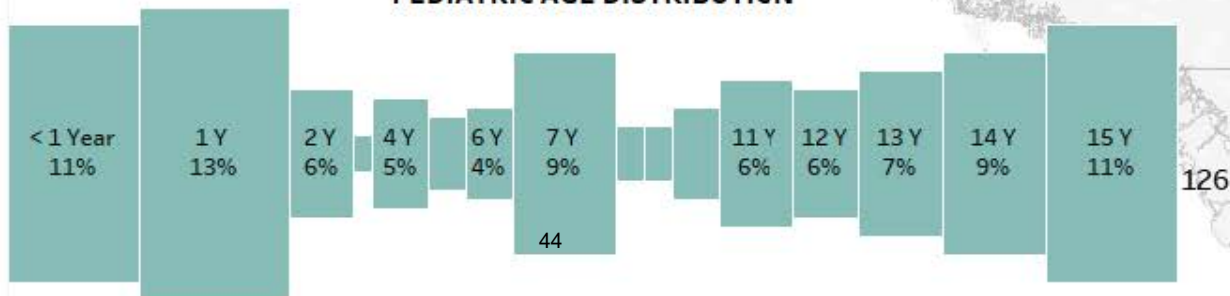


116 (5%)

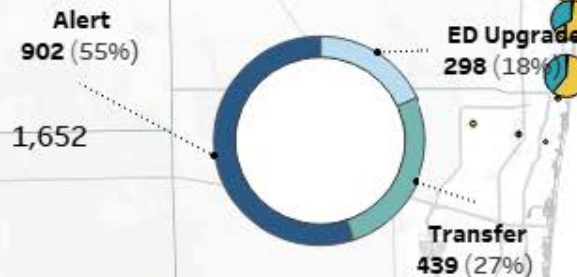
YEARS OF AGE BY DECADE



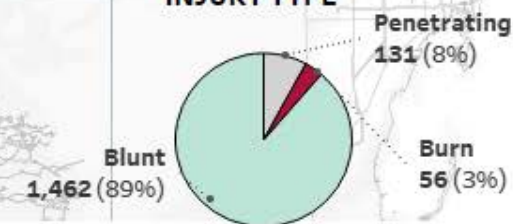
PEDIATRIC AGE DISTRIBUTION



ACTIVATION LEVEL



INJURY TYPE

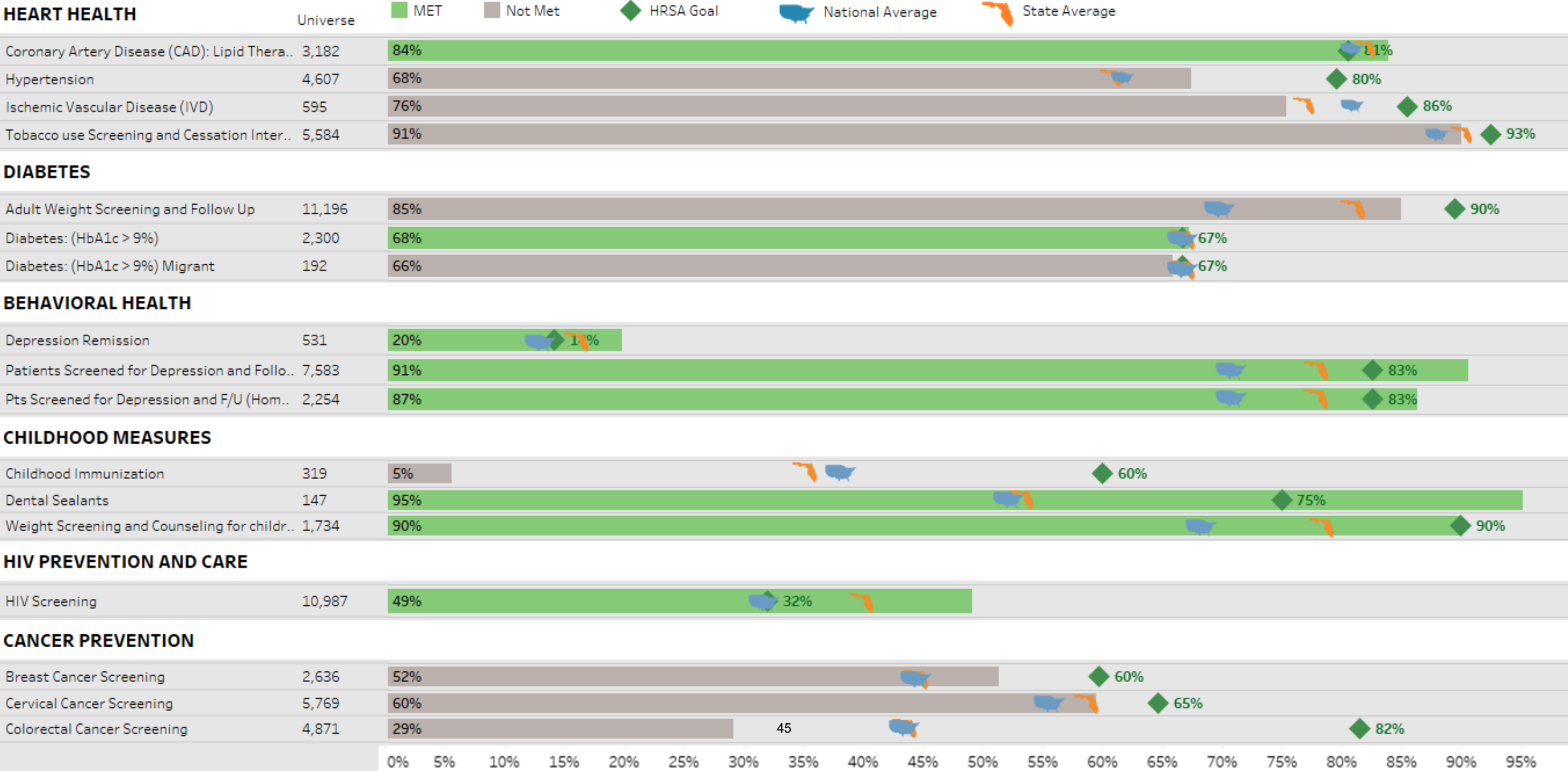


UDS PROVIDER LEVEL QUALITY MEASURES 2023

NATIONAL QUALITY LEADER METRICS

Load Date
4/3/2023

Filters

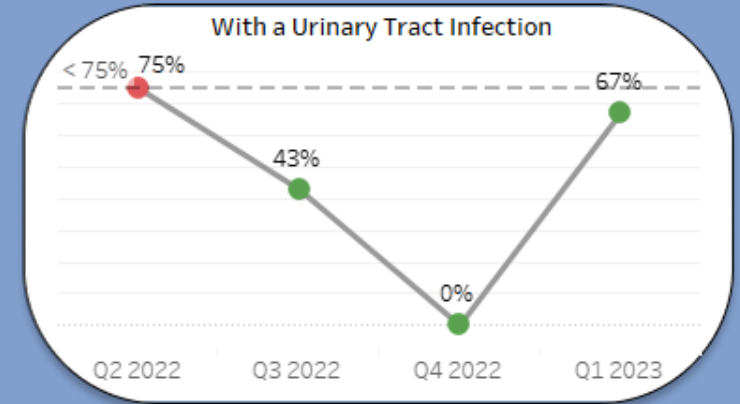
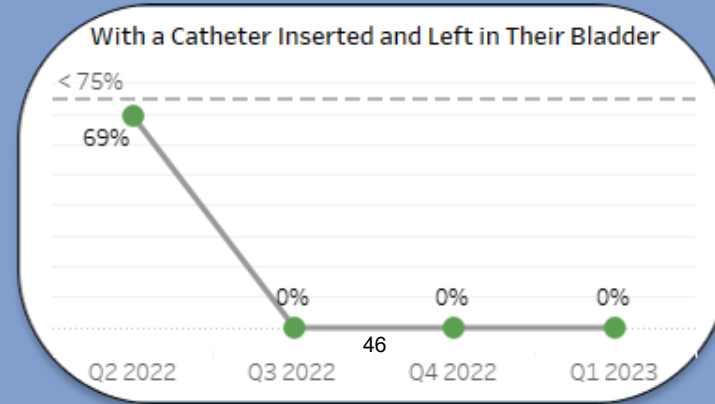
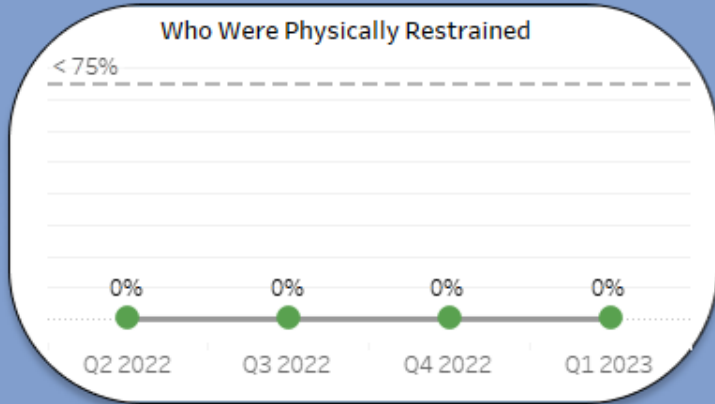
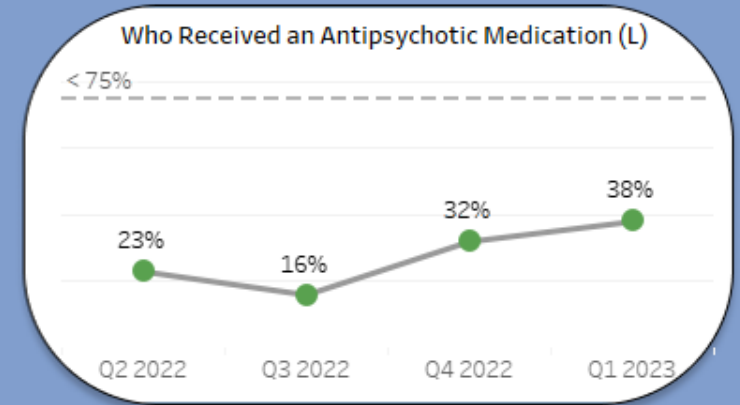
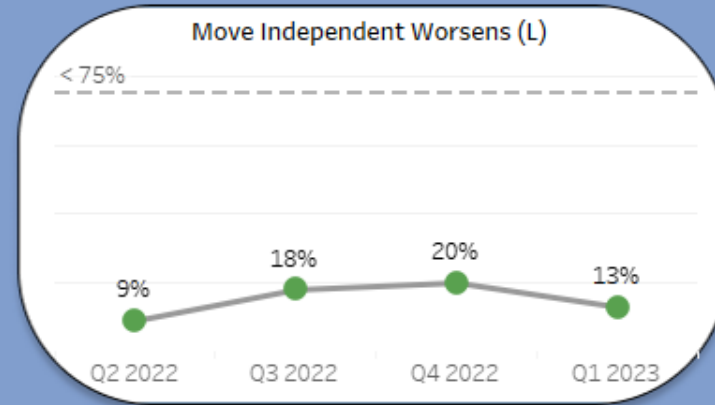
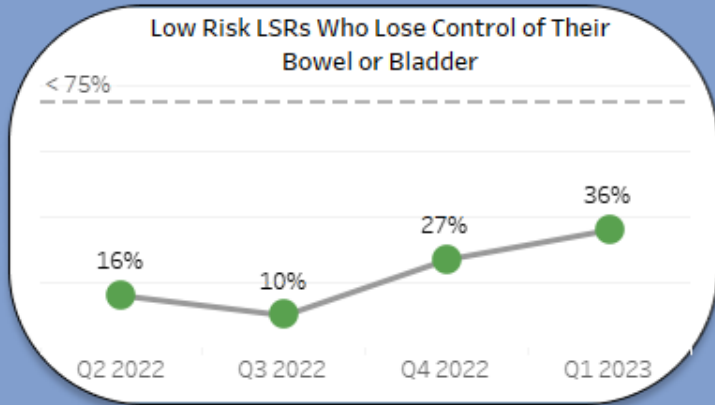
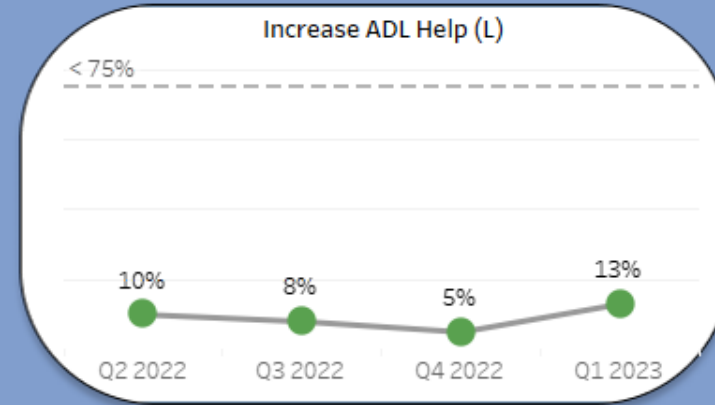
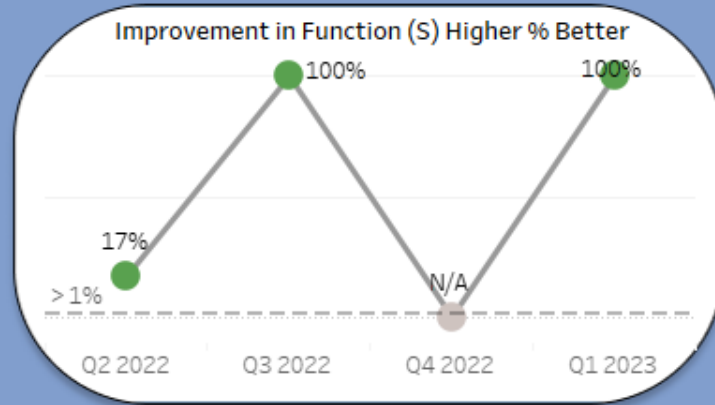


0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95%

EJH Quality Measures

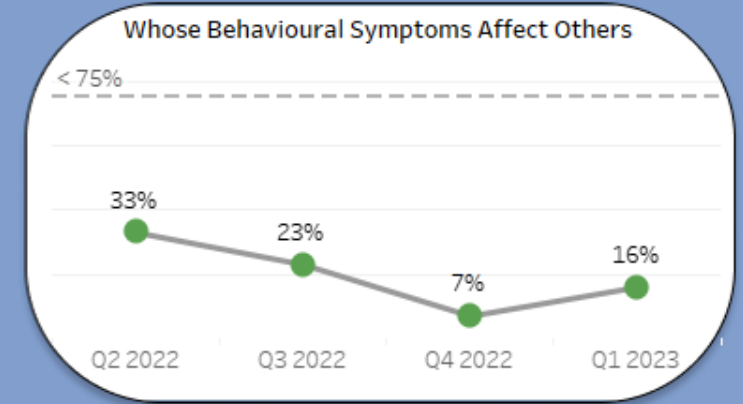
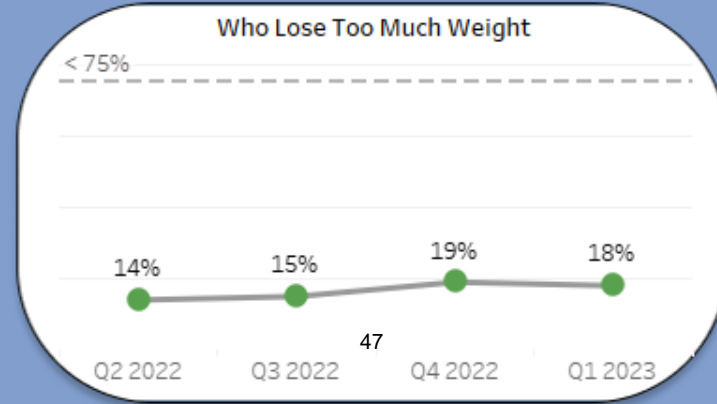
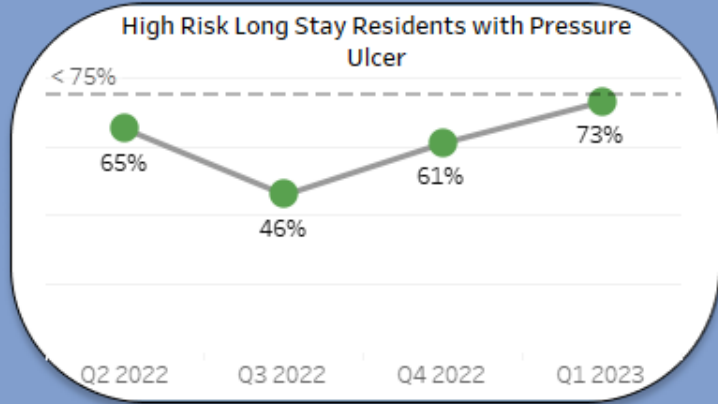
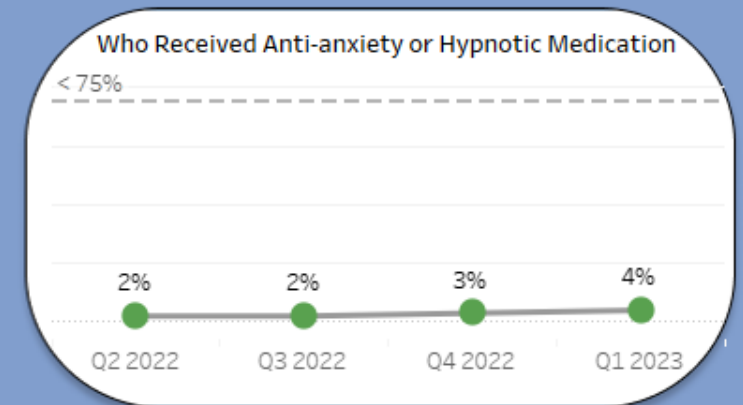
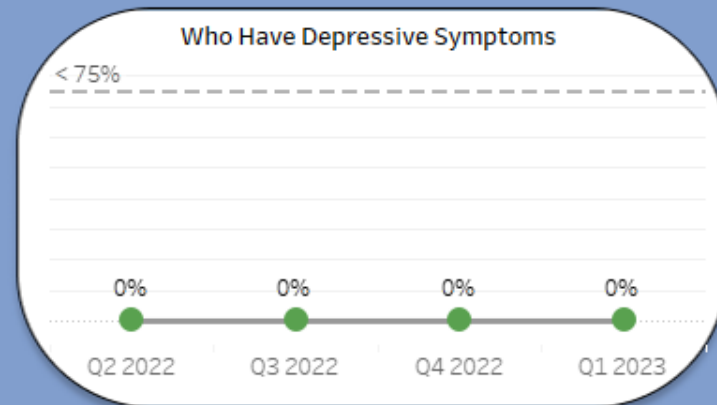
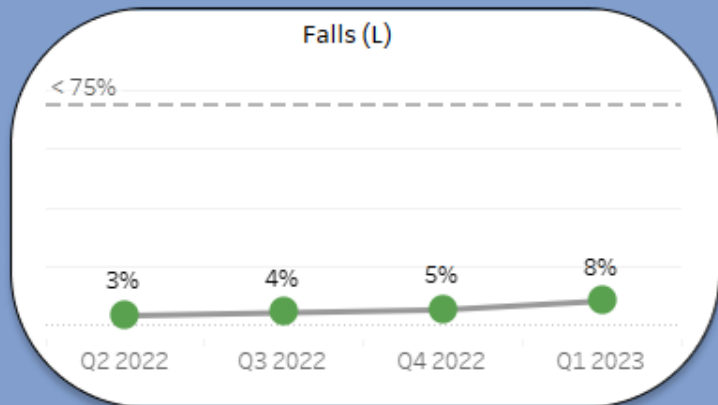
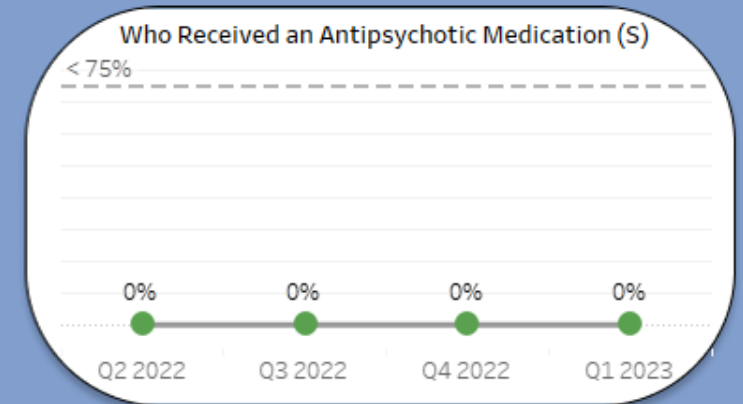
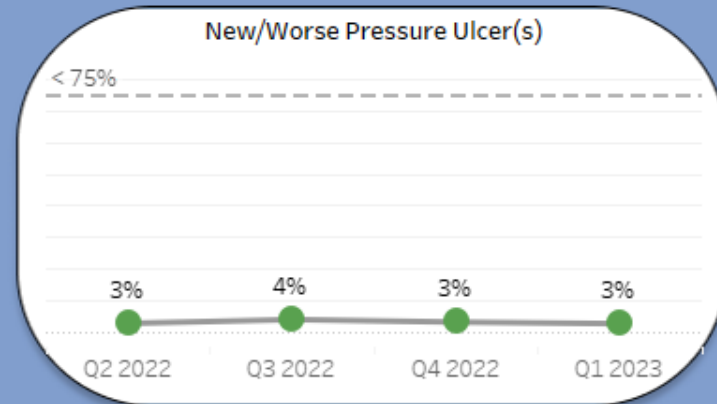
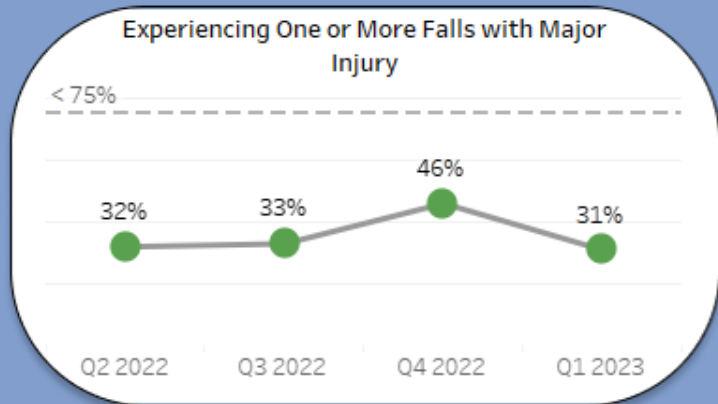
Q1 2023

Meeting Goal?	
■	N
■	Y



EJH Quality Measures

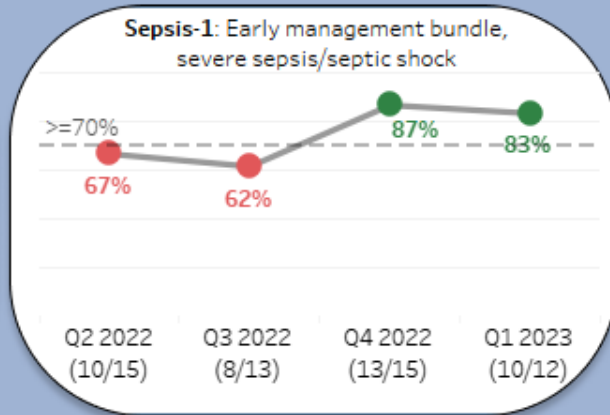
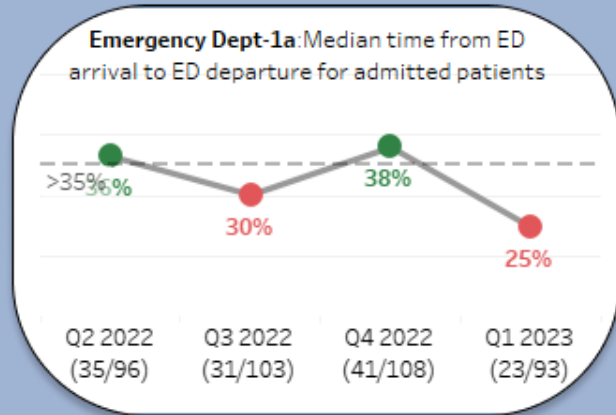
Q1 2023



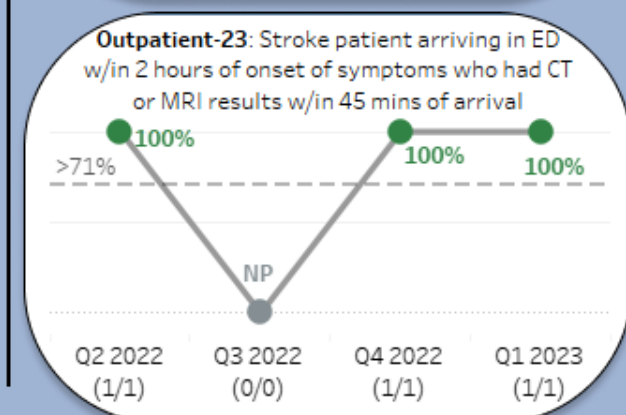
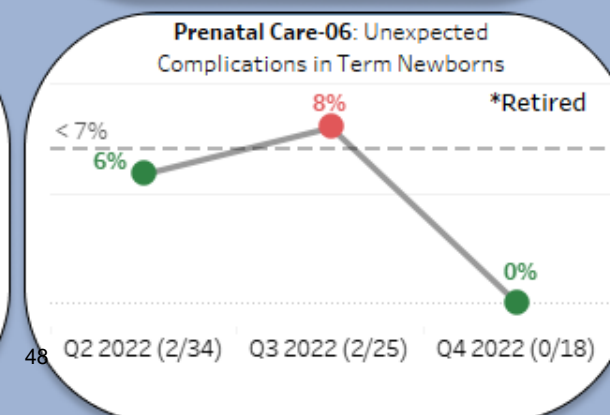
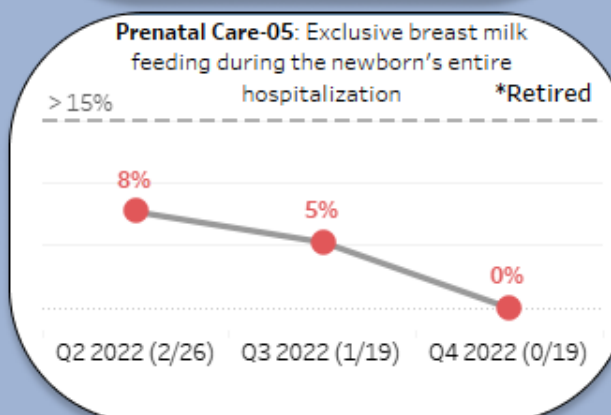
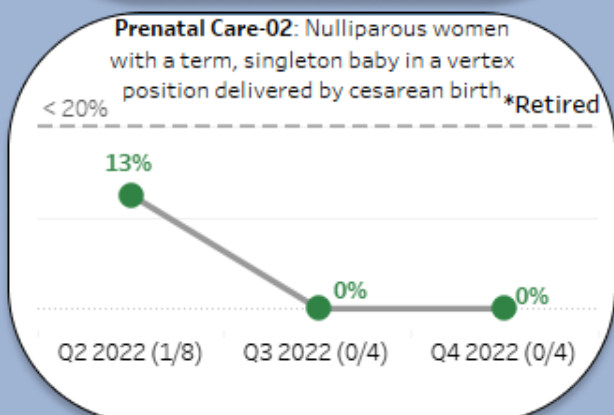
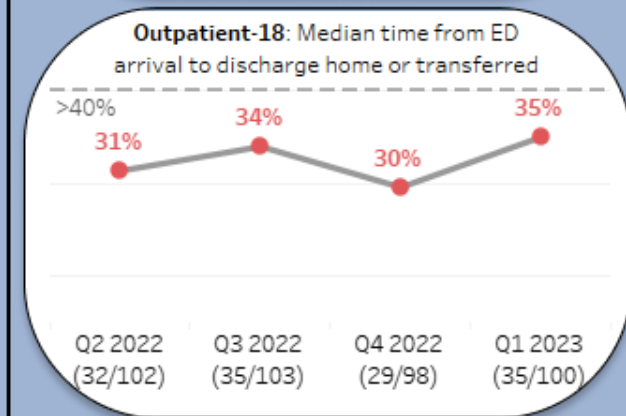
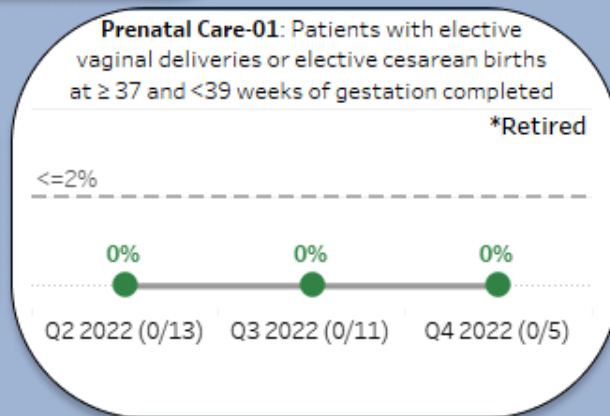
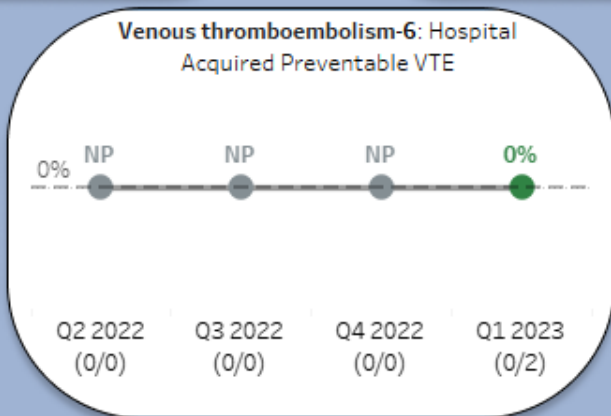
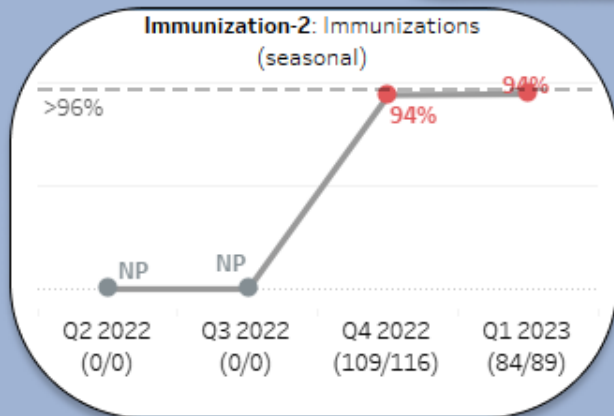
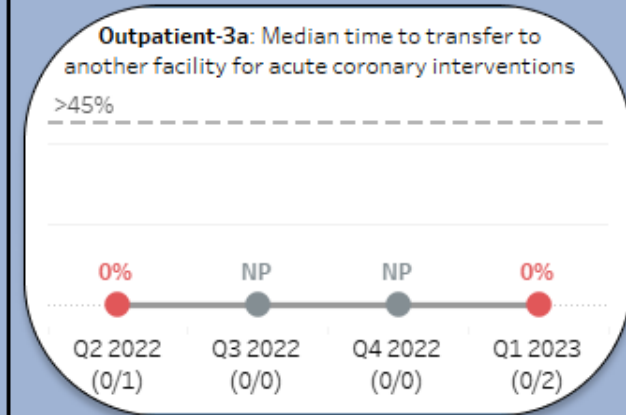
LMC Quality Core Measures Q1 2023

Inpatient Measures

Meeting Goal?
 Yes ●
 No ●
 No Population ●



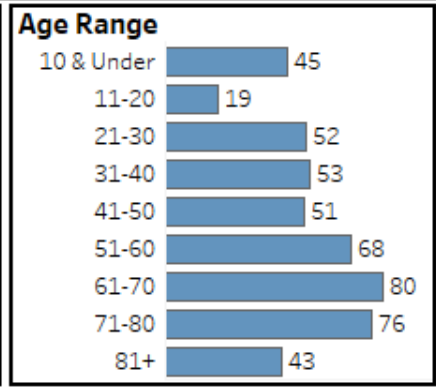
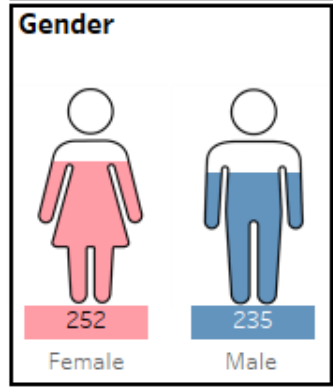
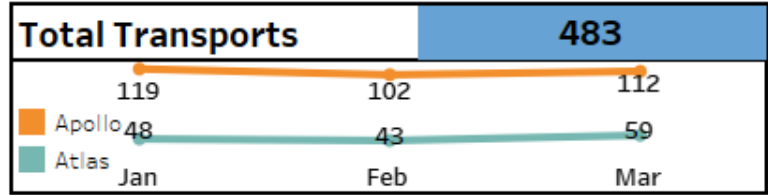
Outpatient Measures





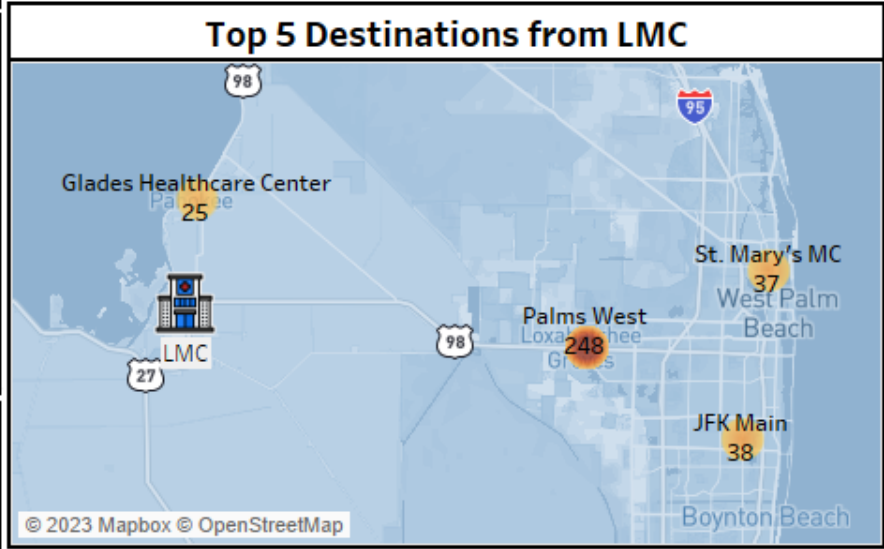
LifeTrans Ground Transport

Q1 2023



Overall Turnaround Times

Activation to Pick Up		Pick Up to Drop Off		Activation to Drop Off	
Apollo	Atlas	Apollo	Atlas	Apollo	Atlas
42 min	56 min	64 min	61 min	106 min	117 min



Transports Originating from LMC

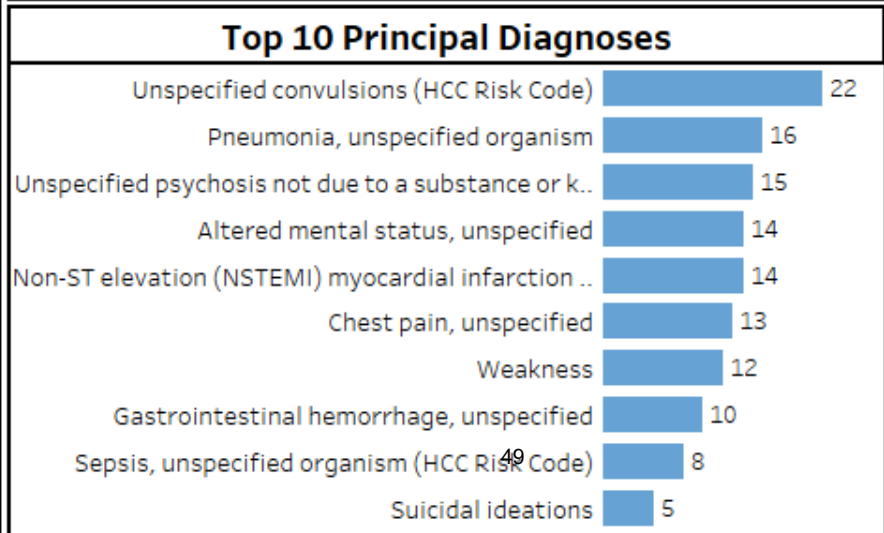
443

Destination	Unit	Count/AVG Activation to Pick Up
Palms West	Apollo	193 / 35min
	Atlas	55 / 48min
JFK Main	Apollo	29 / 39min
	Atlas	9 / 69min
St. Mary's MC	Apollo	25 / 23min
	Atlas	12 / 26min
Glades Healthcare Center	Apollo	22 / 114min
	Atlas	3 / 76min
Private Residence	Apollo	17 / 68min
	Atlas	6 / 72min
South County Mental Health	Apollo	7 / 29min
	Atlas	2 / 62min
NeuroBehavioral Hospital	Apollo	5 / 43min
	Atlas	3 / 93min
South County Mental Health West	Apollo	6 / 50min
	Atlas	2 / 61min
Coral Shores Behavioral Health	Apollo	4 / 24min
	Atlas	3 / 220min
Wellington Regional	Apollo	6 / 29min
	Atlas	-
Palm Beach Gardens MC	Apollo	3 / 61min
	Atlas	2 / 36min
Lawnwood Hospital	Apollo	-
	Atlas	3 / 161min
Fort Lauderdale Behavioral Health C..	Apollo	-
	Atlas	2 / 71min
JFK North	Atlas	2 / 61min
ManorCare WPB	Apollo	2 / 64min
Royal Palm Beach Health and Rehab ..	Atlas	2 / 83min

Transports Originating from Other Facilities

40

Origin	Destination	Count/AVG Activation to Pick Up
EJH	St. Mary's MC	6 (43min)
	JFK North	5 (33min)
	Delray Medical Center	1 (10min)
	Palm Beach Gardens ..	2 (65min)
SMMC	EJH	-
JFK North	EJH	-
Delray Me..	EJH	-
JFK Main	EJH	-
PBGMC	EJH	-
PWH	LMC	1 (15min)
	Palms West	1 (8min)
CLB Delray	Delray Medical Center	-
CLB Jupiter	Jupiter Medical Center	1 (38min)
CLB Lake ..	JFK Main	-
CLB Mango..	St. Mary's MC	-
CLB St. Ann	Good Samaritan Hosp..	-
Encompas..	EJH	-
WPB VA	EJH	-



HCD Ground Transport NEMSIS Reporting

1/1/2023 to 3/31/2023



Provider Primary Impression

Abdominal Pain/Problems	27	Flu like Symptoms	2	Seizure	18
Airway Obstruction	4	General Illness	50	Stroke/CVA/TIA	22
Altered Level of Consciousness	9	Hemorrhage/Bleeding	7	Syncope/Fainting	2
Behavioral/Psychiatric Disorder	40	Hypertension	2	Traumatic Injury	36
Burns	1	Hypothermia	1	Vaginal Hemorrhage	2
Cardiac Rhythm Disturbance	7	Other	154		
Cardiovascular	22	Pain	7		
Chest Pain / Discomfort	2	Poisoning/Drug Ingestion	1		
Congestive Heart Failure/Pulmonary..	7	Pregnancy/OB Delivery	19		
Digestive Symptoms	4	Respiratory	28		
Digestive Symptoms (Nausea/Vomit..	3	Respiratory Arrest	2		
		Respiratory Distress	5		

Total Transport Encounters: 483



Incident/Patient Disposition

Freestanding Emergency Department	1
Home	21
Hospital-Emergency Department	328
Hospital-Non-Emergency Department Bed	49
Medical Office/Clinic	1
Nursing Home/Assisted Living Facility	50
Other (Not Listed)	30
Police/Jail	1
Trauma Center (Trauma Alert Only)	2

Age Category

Under 1yr	6
1-4 yrs	21
5-14 yrs	26
15-54 yrs	180
55-64 yrs	85
65-74 yrs	78
75-84 yrs	54
85+ yrs	33

Level of Transport

ALS	337
ALS2	1
BLS	128
BLS, DOWNGRADED	1
SPECIALTY CARE TRANSPORT	17

Cause of Injury

Animal Bite	2	Motor Vehicle Non-traffic (Off public Road)	1
Bicycle (Rider/Passenger Injured)	1	Motor Vehicle to Motor Vehicle (Occupant Injured)	2
Burn/Scald (Non-fire and Flame Related)	1	Not Applicable	8
Fall (Unintentional)	18	Other Injury Not Otherwise Specified	6
Fight or Brawl Unarmed	6	Smoke Inhalation	1
Firearm (Assault/Accidental Injury/Self Infl..	1	Stabbing Assault	4
Inhalation/Ingestion (Food, Beads, etc.)	1	Struck by Object (Unintentional)	1
Machinery	2	Unknown	1

Treatments/Procedures

Blood Glucose Testing	149	Nasogastric (NG)/Orogastric (..	1
ECG - 3 Lead	335	None	121
ECG - 12 Lead	38	Obstetrical Care/Delivery	4
Intubation	1	Spinal/Cervical Immobilization	1
		Volume Resuscitation (Fluid)	10

Medication Administered

Aspirin for Chest Pain	2	Medication for Pain	20
Cardiac Drugs	10	Paralytic Drugs for Intubation	2

Alerts Called

Cardiac Alert (AMI)	1
Stroke Alert	3
Trauma Alert	1

Injury Site

Face (Including Ears)	6
Head Only (Excluding Neck, Cervica..	7
Lower Extremities or Bony Pelvis	11
Neck	1
Spine	1
Thorax (Excluding Lumbar Spine)	3
Upper Extremities	10

Injury Type

Amputation	2
Blunt Injury	10
Dislocation/Fracture	16
Gunshot	1
Laceration	3
Puncture/Stab	3
Soft Tissue Swelling/Bruising	5

○○○...

All
10,682 HRS. WORKED

Total Call Activity

215,924

20.2 Calls/Hr

Total Inbound Calls

156,890 (73%)

Total Handled Inbound Calls

151,698 (97%)

14.2 Calls/Hr

Total Outbound Calls

58,934 (27%)

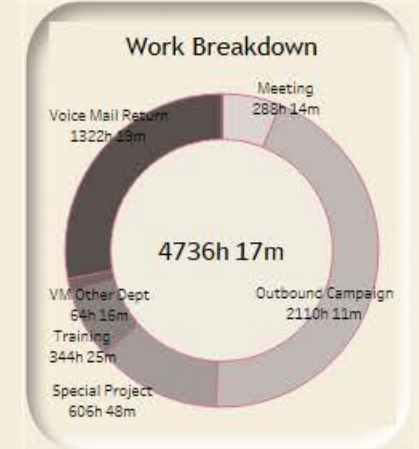
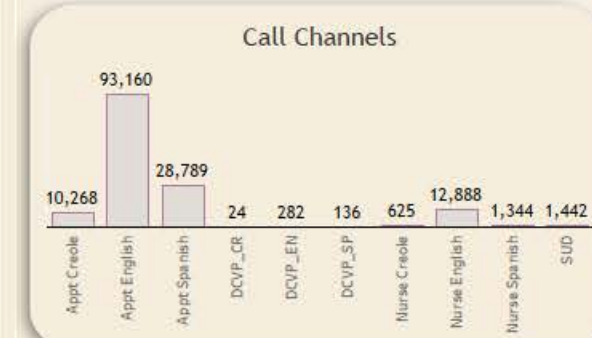
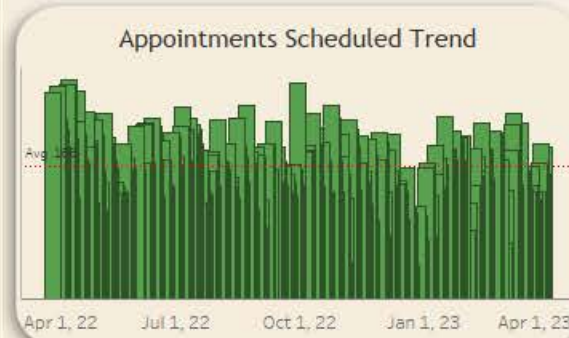
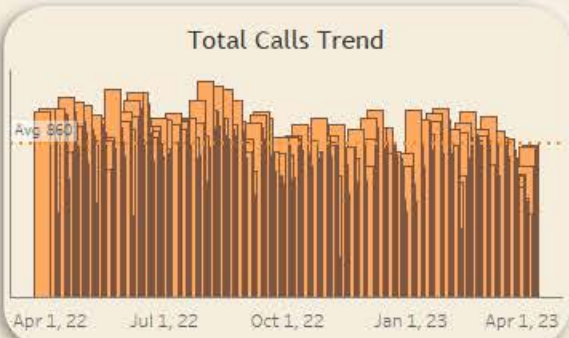
5.5 Calls/Hr

Apts. Scheduled

41,420

Unique Patients Served

25,583



Key Performance Indicators

Time taken to answer calls
SLA 80% calls answered < 90s

2m 9s (39%)
Queue Time + Ring Time

Average speed of answer
SLA < 28s

5s
Ring Time

Avg Time to Handle Calls
SLA Calls handled time < 6m

7m 2s
Queue Time + Ring Time + Hold Time +
Talk Time + Work Time

Call Duration
SLA < 4m

3m 57s
Talk Time

Average Wrap-up Time
SLA < 6m

14s
Work Time

Call Abandonment Rate
SLA < 5%

17.76%
Abandoned Call as % of Call Presented
Does not apply to Agent Filter

HEALTH INFORMATION MANAGEMENT (HIM)

Release of Information

Q2 2022 - Q1 2023



10,224
 LMC
 Completed Releases

1.72 Days
 LMC
 Turnaround Time

18,172
 Total
 Completed Releases

4.31
 Average Days
 Turnaround Time

7,948
 PCC
 Completed Releases

7.62
 PCC
 Turnaround Time

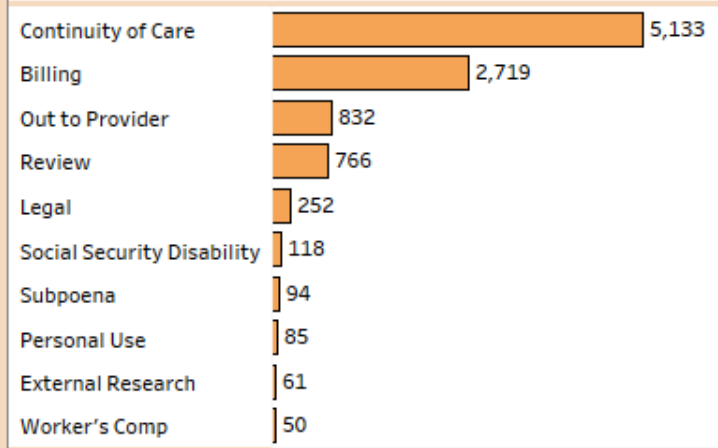


LMC COMPLETED RELEASES

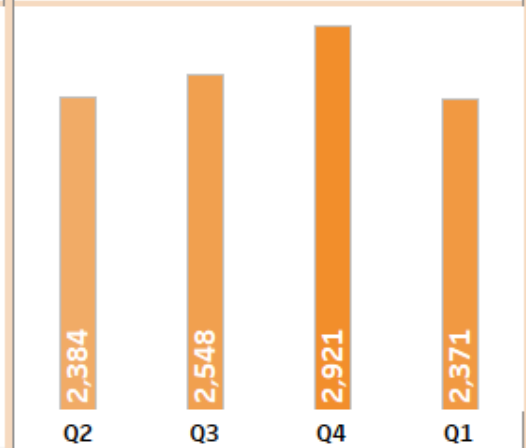
PCC COMPLETED RELEASES

*PCC - Out to Provider is completed by LMC-HIM staff

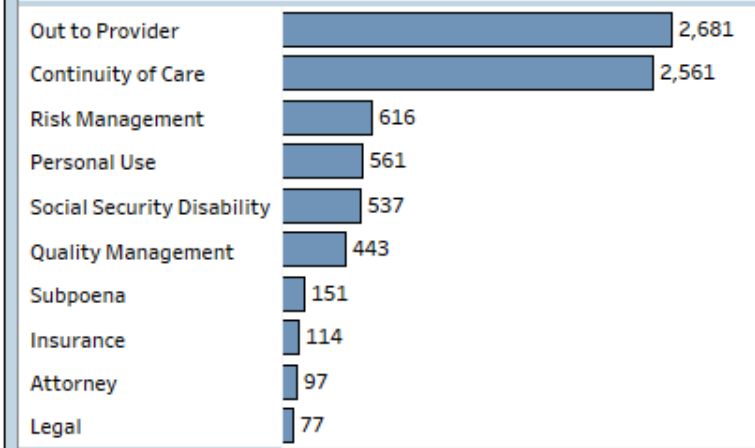
TOP 10 BY PURPOSE



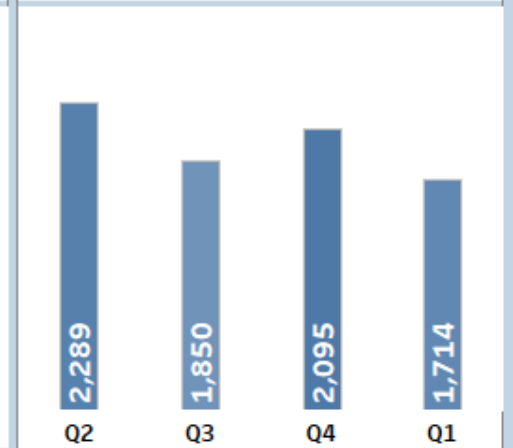
TOTALS BY QUARTER



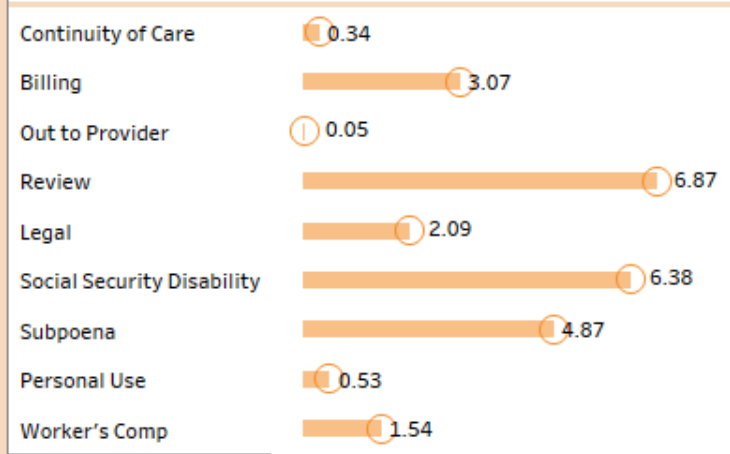
TOP 10 BY PURPOSE



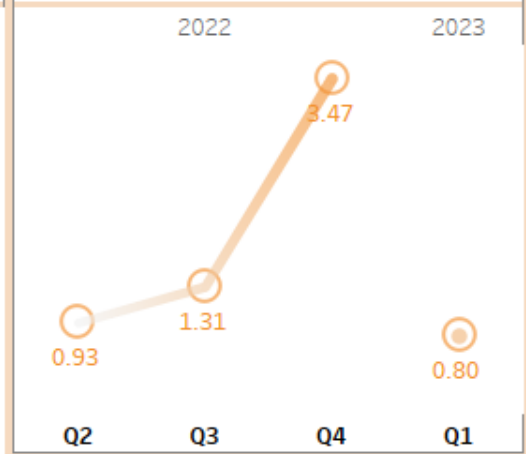
TOTALS BY QUARTER



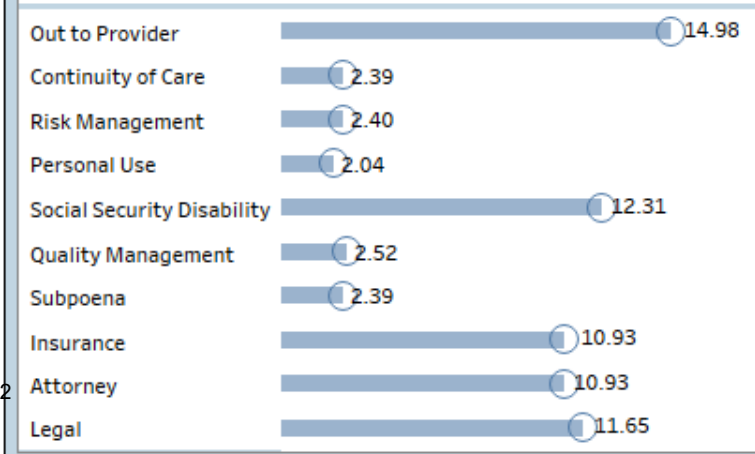
TURNAROUND TIME (TOP 10 BY PURPOSE)



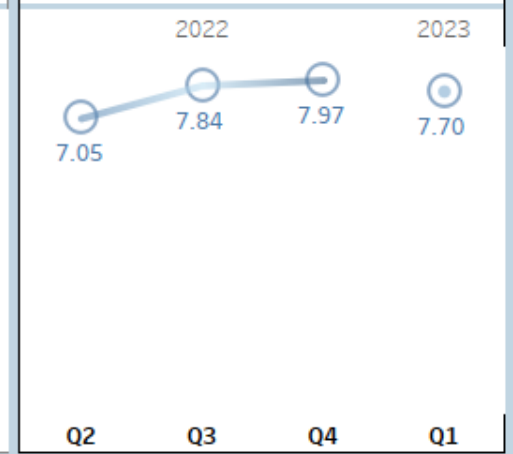
TURNAROUND TIME (DAYS)



TURNAROUND TIME (TOP 10 BY PURPOSE)

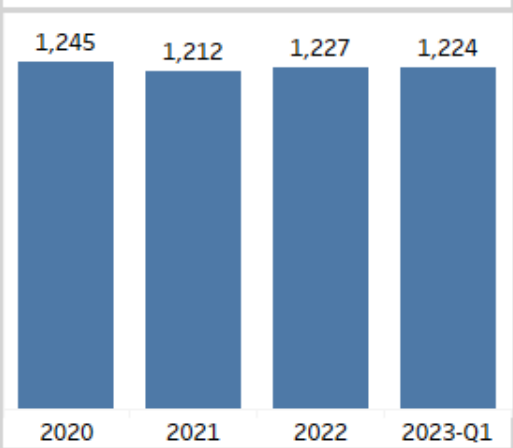


TURNAROUND TIME (DAYS)

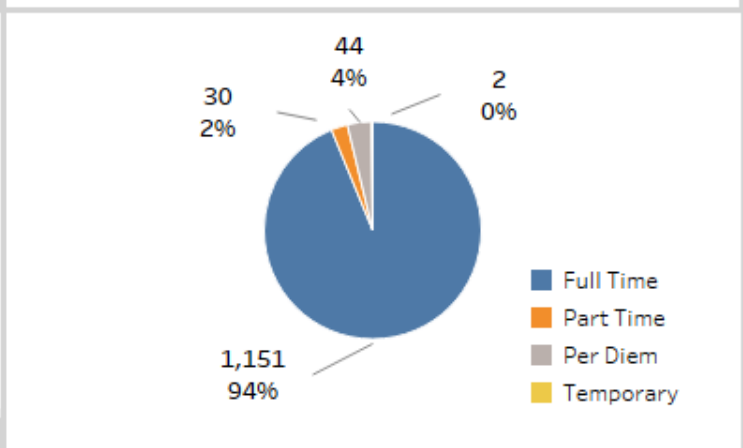


EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS

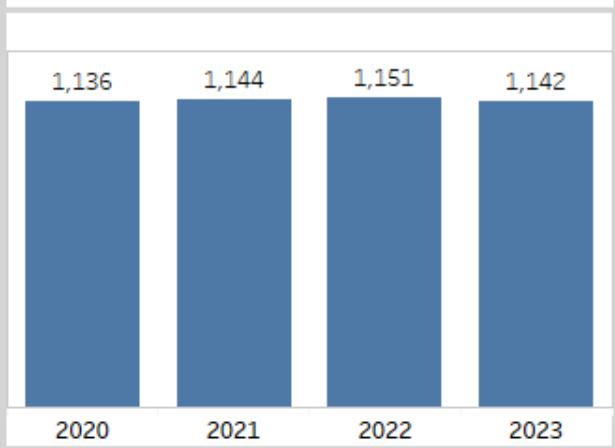
HEADCOUNT TREND



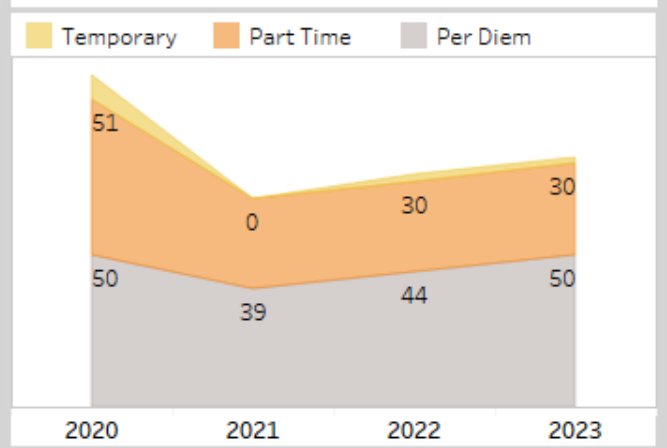
EMPLOYMENT STATUS 2022



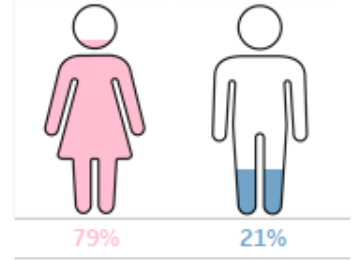
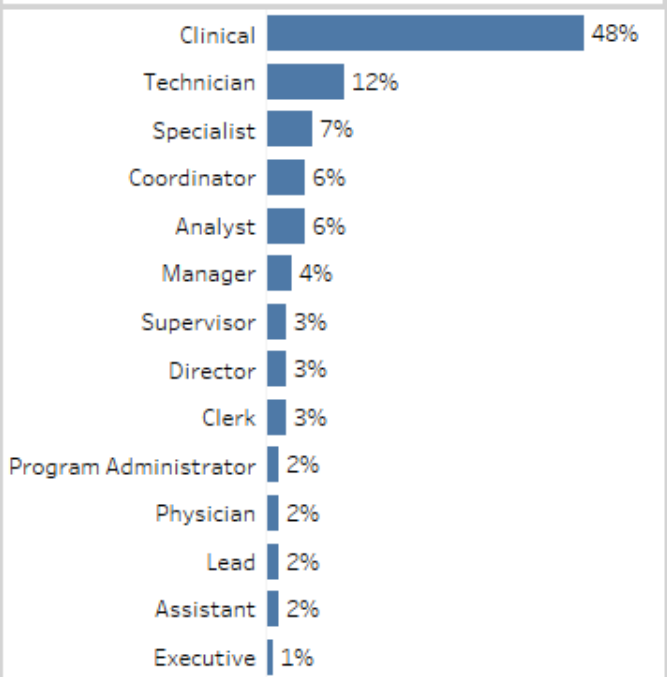
FULL TIME EMPLOYEE TREND



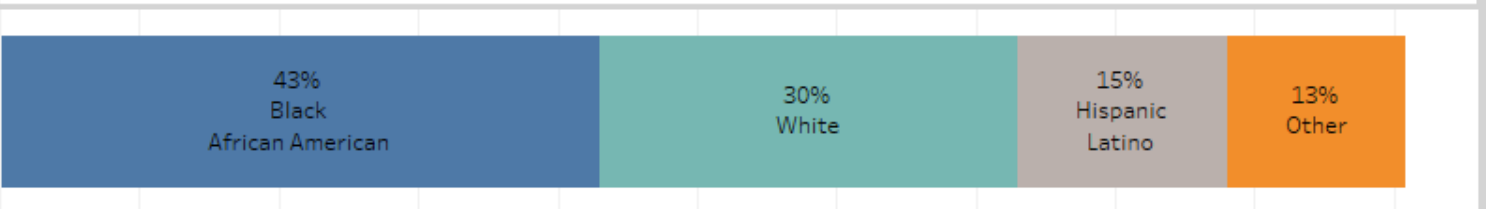
OTHER EMPLOYEE STATUS TREND



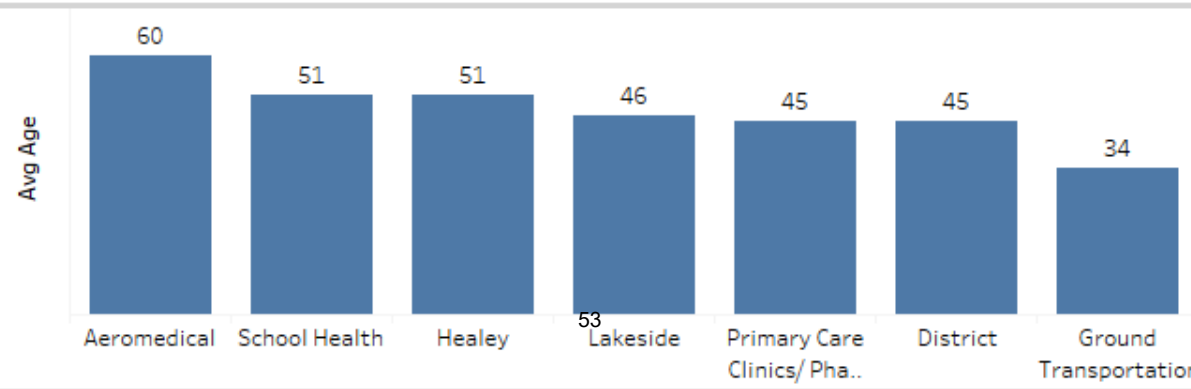
JOB FUNCTION



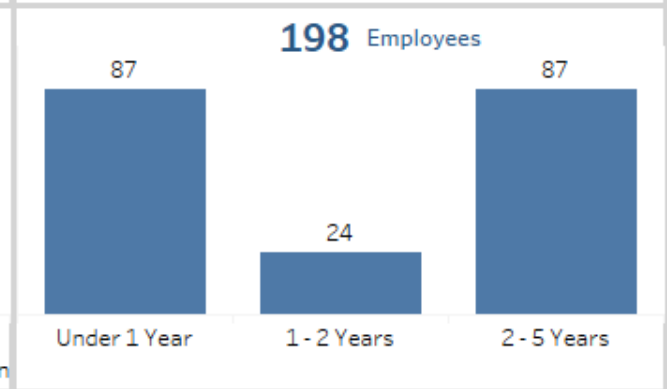
RACE/ETHNICITY



AVG. EMPLOYEE AGE BY BUSINESS UNIT 47



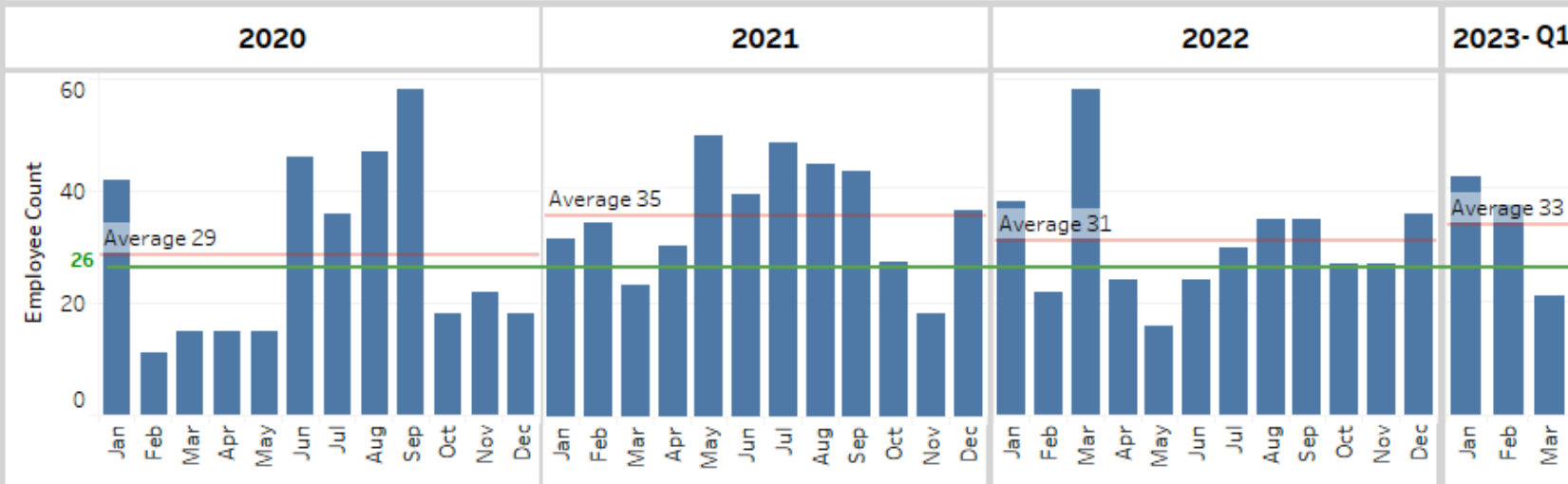
PROJECTED RETIREMENT 5 YEAR SPAN



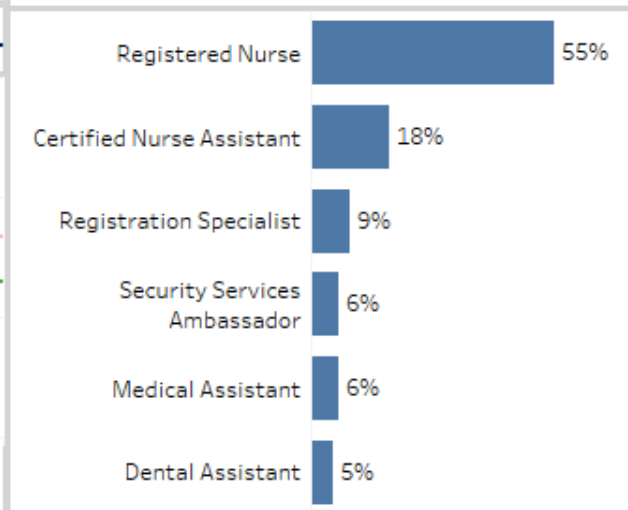
TURNOVER AND RECRUITMENT

ANNUAL TURNOVER

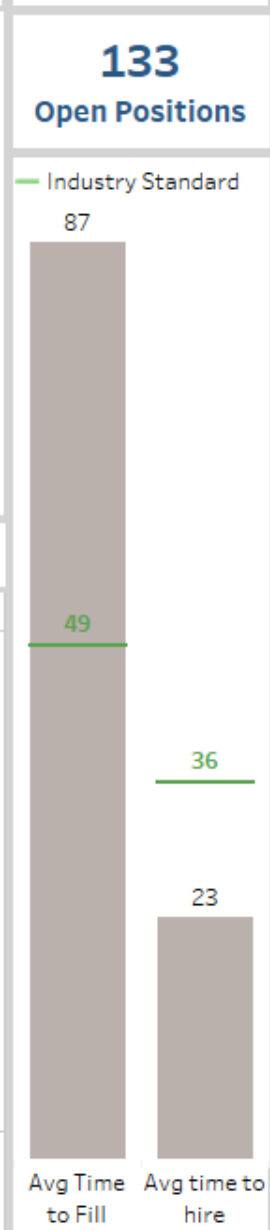
— Industry Standard 26



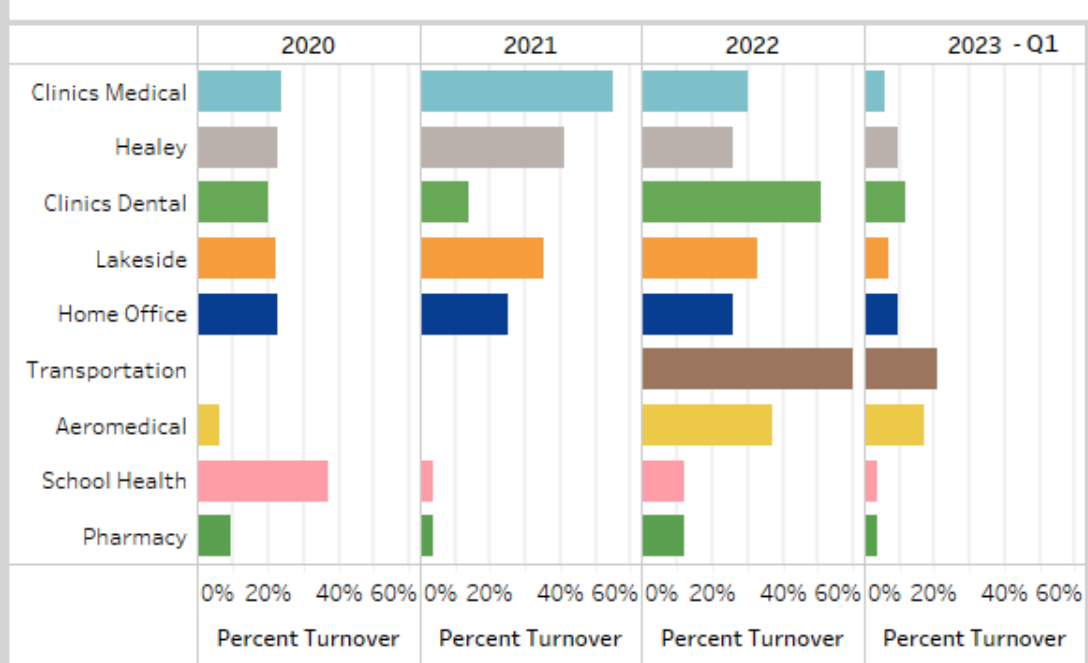
TURNOVER BY JOB TITLE



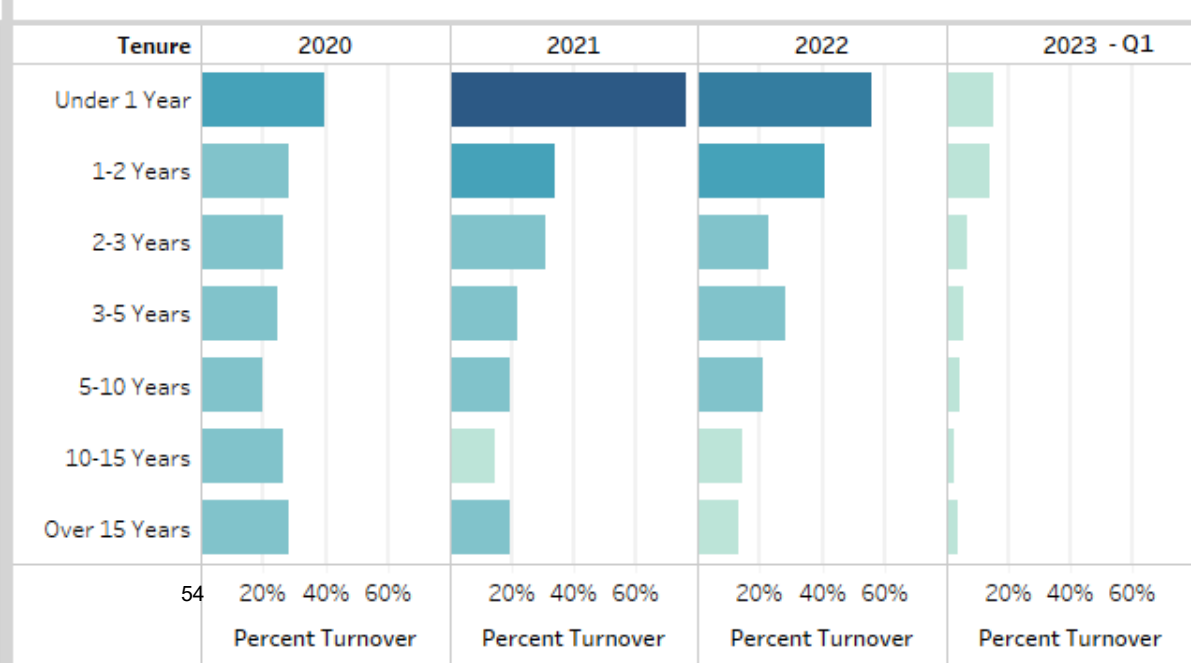
RECRUITMENT



TURNOVER RATES BY BUSINESS UNIT



TURNOVER BY TENURE



HCD CYBER SECURITY REPORT

Q1 2023



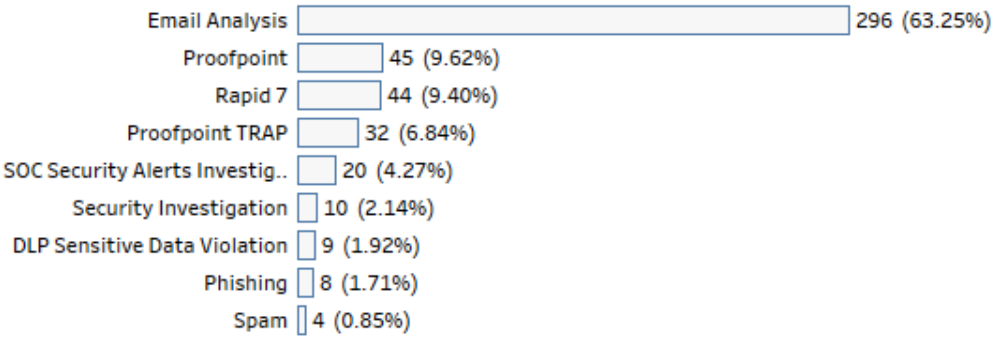
0
**Total Reportable
 Cyber Security Investigations**

504
Total Investigations

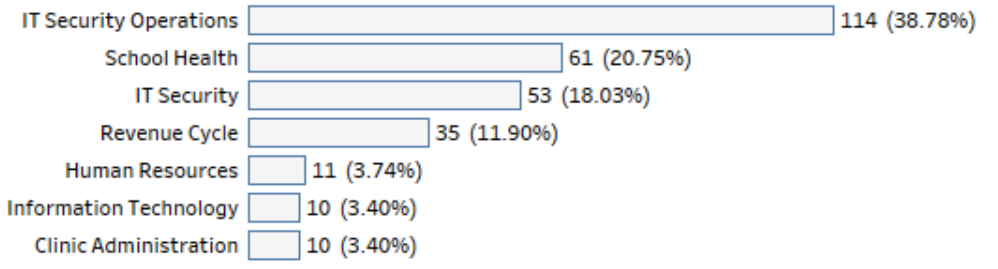
0.78
Avg Days to Resolve

100.00%
**Percent of
 Investigations Closed**

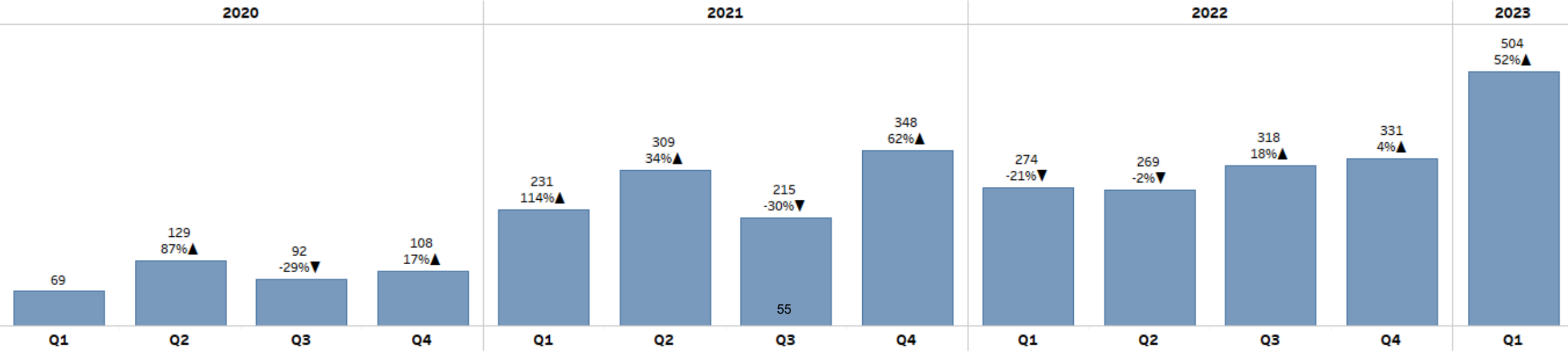
Top 10 Total Investigations by Category



Top 10 Total Investigations by Business Unit

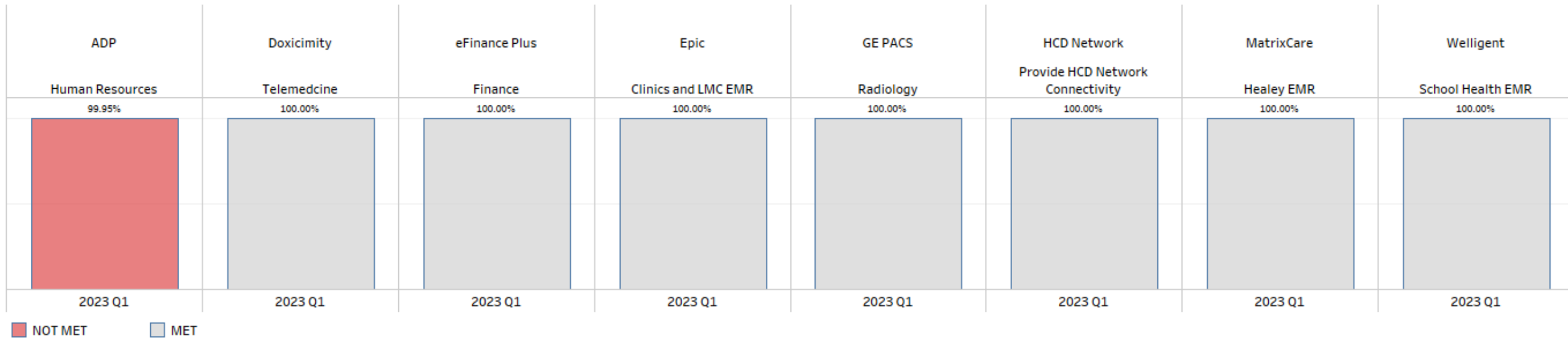


Request Trend by Quarter



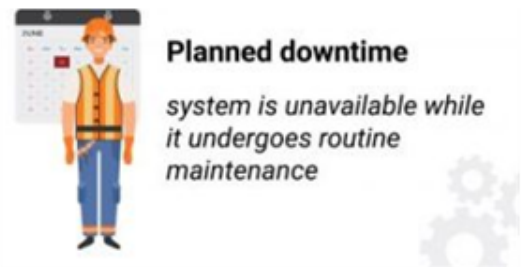


Uptime Percent by Application
SLA 99.99%



The HCD network did not experience any enterprise wide outages last quarter but on 3/17/23 there was an issue that affected the ability of remote users to use the HCD VPN. This effectively cut off remote users to the HCD network thus making HCD application unavialbe to them. Users at home office were still able to use the HCD network. The event lasted 2hours and was determined to be realted to the HCD ASA firewall applicance. The ASA appliance issue has been remidiated. On 2/18/23, 2/19/23, and 3/18/23 we recieved calls from multiple clinic sites stating they had intermittend access the EPIC platform. All 3 of these issues resolved within 2 hours. The root cause was found to be with Memorial HealthCare servers that needed to be rebooted.

12.50
Hours
 (Non-Concurrent)

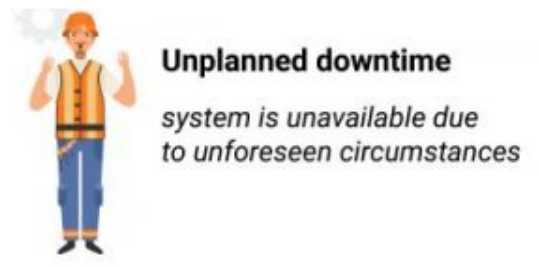


Downtime

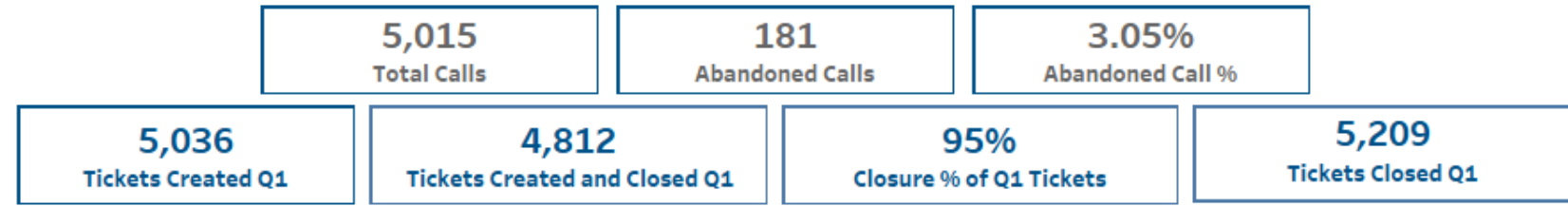
Application Na..	Quarter ..	Planned	Planned %	Unplanned	Unplanned %
ADP	Q1	0	0.00%	1	0.02%
Epic	Q1	4.5	0.63%	0	0.00%
MatrixCare	Q1	8	1.10%	0	0.00%

56

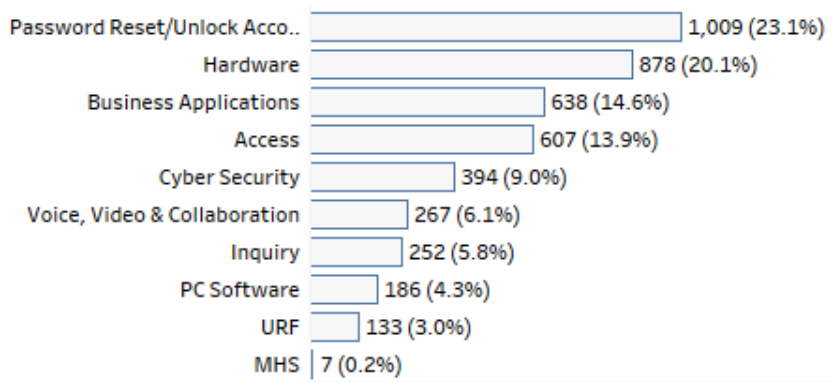
1.0
Hours
 (Network Outage)



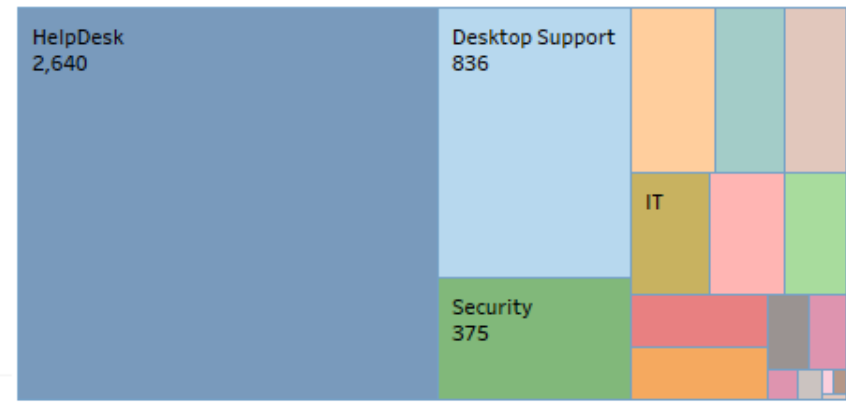
SERVICE DESK
Q1 2023



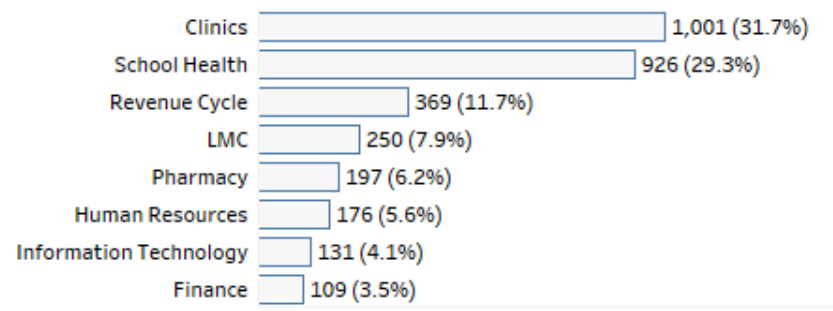
Top 10 Tickets by Category



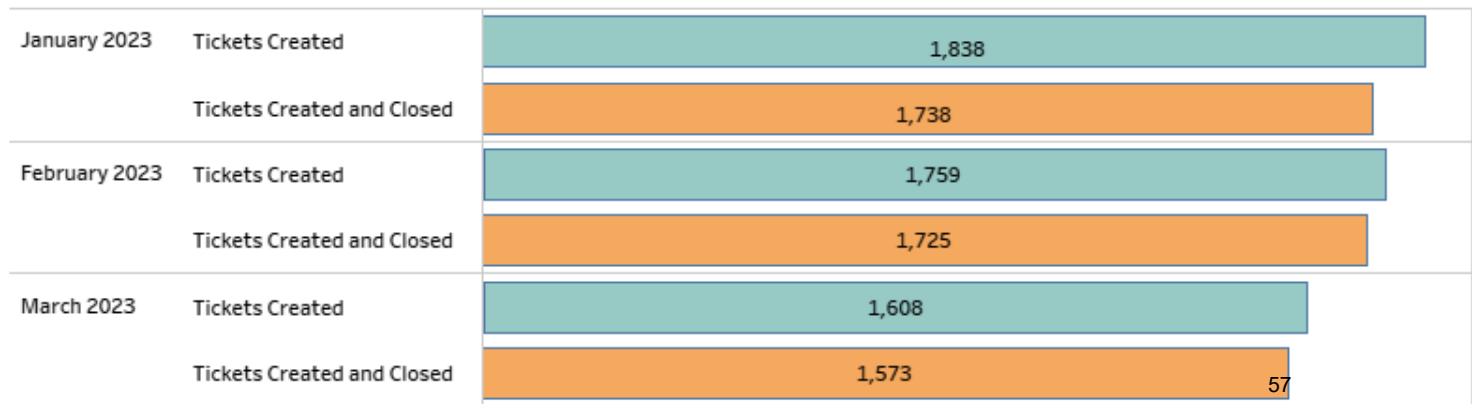
of Tickets by Group



Top 10 Total Tickets by Business Unit

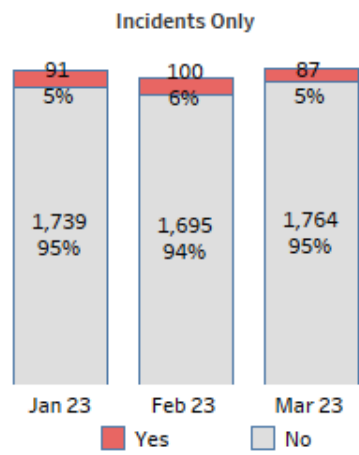


Tickets Created/Tickets Closed

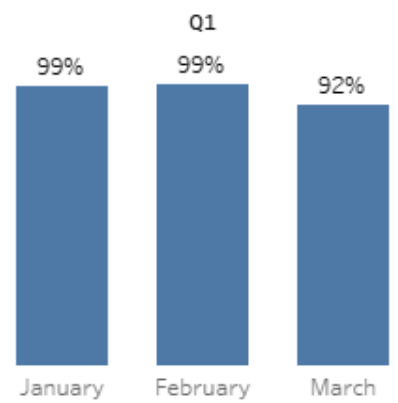


Created and Closed This Quarter1 | Closed From Prior Period | Created This Quarter

Missed SLA



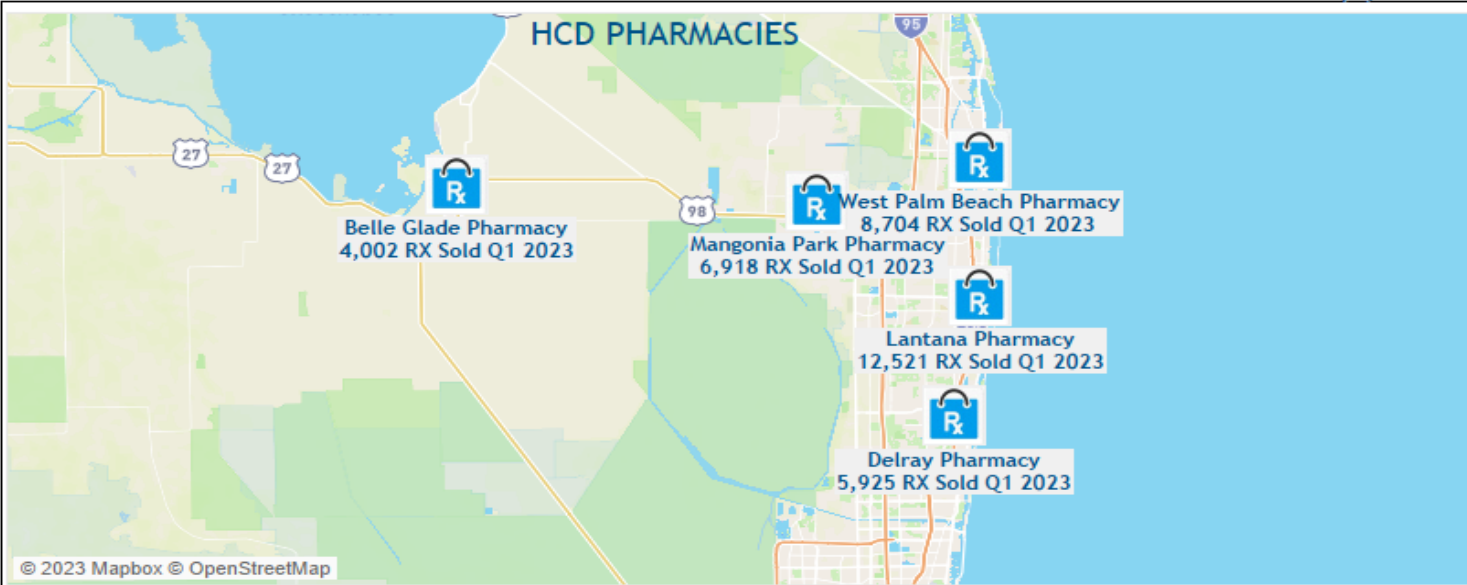
Closure Rate



Pharmacy Services Quality Report

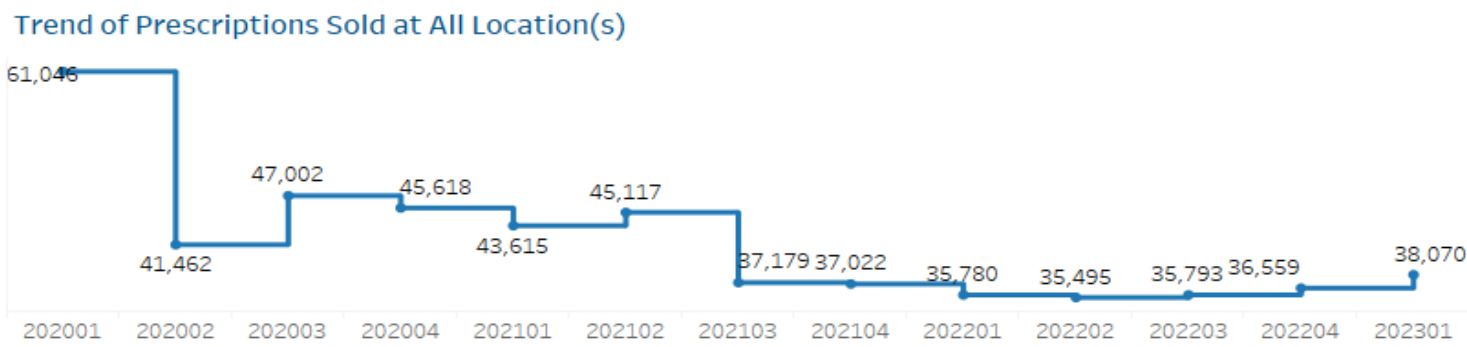
Report as of Q1 2023

All Location(s)



All Location(s)	
Period	Ready when promised (non-waiters). Goal > 90%
Q1 2023	34.57K
Q4 2022	34.14K
Q3 2022	30.31K
Q2 2022	32.88K
Q1 2022	34.02K
Q4 2021	34.40K
Q3 2021	33.57K
Q2 2021	40.11K

All Location(s)	
Period	Prescriptions designated as waiters. Goal < 25%
Q1 2023	3,510
Q4 2022	2,054
Q3 2022	2,107
Q2 2022	2,455
Q1 2022	1,803
Q4 2021	2,253
Q3 2021	3,283
Q2 2021	4,513



All Location(s)	
Period	Average wait time in minutes (waiters)
Q1 2023	21.98
Q4 2022	25.29
Q3 2022	23.93
Q2 2022	20.66
Q1 2022	22.53
Q4 2021	25.76
Q3 2021	19.74
Q2 2021	23.88

All Location(s)	
Period	Prescriptions returned to stock. Goal < 5%
Q1 2023	1,658
Q4 2022	1,527
Q3 2022	1,384
Q2 2022	1,627
Q1 2022	1,707
Q4 2021	1,679
Q3 2021	1,544
Q2 2021	2,016

All Location(s)	
Period	Total out of stock fills. Goal < 5%
Q1 2023	1,418
Q4 2022	1,354
Q3 2022	1,088
Q2 2022	1,140
Q1 2022	925
Q4 2021	768
Q3 2021	759
Q2 2021	1,139

Mail Order Prescriptions (All Locations)

3,815
10.0% of RX sold

Number of Packages (All Locations)

1,662