



**Health Care District**  
PALM BEACH COUNTY

**Quality, Patient Safety &  
Compliance Committee Meeting**  
**June 9, 2020**  
**12:00 P.M.**

**Meeting Location**  
**Zoom Webinar Meeting**



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

**June 9, 2020, 2020 at 12:00 p.m.  
Zoom Webinar Meeting**

**Remote Participation Link:**

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

**Via Telephone dial-in access: (646) 558-8656 / Meeting ID: 550 789 5592 /  
Password: 946503**

- 1. Call to Order – Dr. Alina Alonso, Chair**
  - A. Roll Call
- 2. Agenda Approval**
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
- 4. Disclosure of Voting Conflict**
- 5. \*Public Comment**
- 6. Meeting Minutes**
  - A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from March 10, 2020. [Pages 1-5]
- 7. Consent Agenda- Motion to Approve Consent Agenda Items**
  - A. **ADMINISTRATION**
    - 7A-1 **RECEIVE AND FILE:**  
Internet Posting of District Public Meeting.  
<http://www.hcdpbc.org-Resources-Public Meetings>
    - 7A-2 **RECEIVE AND FILE:**  
Committee Attendance. [Page 6]
    - 7A-3 **RECEIVE AND FILE:**  
Compliance and Privacy Work Plans 2020  
(Deborah Hall) [Pages 7-12]

7A-4 **MOTION TO APPROVE:**  
Compliance and Privacy Policy Updates  
(Deborah Hall) [Pages 13-20]

**8. Regular Agenda**

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**  
Summary of Compliance and Privacy Activities  
(Deborah Hall) [Pages 21-30]

B. **CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**  
Patient Relations Dashboards  
(Belma Andric) [Pages 31-38]

- Patient Relations Dashboard, School Health.  
(Andrea Steele/Tracey Archambo) [Page 34]
- Patient Relations Dashboard, C.L. Brumback Care Clinics.  
(Andrea Steele/David Speciale) [Page 35]
- Patient Relations Dashboard, E.J. Healey Center.  
(Andrea Steele/Marceline Colin) [Page 36]
- Patient Relations Dashboard, Lakeside Medical Center.  
(Andrea Steele/Monique Jackson) [Page 37]
- Patient Relations Dashboard.  
(Andrea Steele/Luis Rodriquez) [Pages 36]

8B-2 **RECEIVE AND FILE:**  
Quality & Patient Safety Reports  
(Belma Andric) [Pages 39-73]

- Quality & Patient Safety Report, School Health.  
(Andrea Steele/Tracey Archambo) [Pages 43-44]
- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/Gerry Pagano) [Pages 45-52]
- Quality & Patient Safety Report, C.L. Brumback Care  
Clinics.(Andrea Steele/Ana Ferwerda, M.D.) [Pages 53-56]

- Quality & Patient Safety Report, E.J. Healey Center. (Andrea Steele/Marceline Colin) [Page 57-62]
- Quality & Patient Safety Report, Lakeside Medical Center.(Andrea Steele/Sylvia Hall) [Pages 63-69]
- Quality and Patient Safety Report, Pharmacy. (Andrea Steele/Luis Rodriguez) [Pages 70-71]
- Quality & Patient Safety Report, Trauma Program. (Andrea Steele/Sandra Smith) [Page 72-73]

**9. CEO Comments**

**10. Committee Member Comments**

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

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

**12. Establishment of Upcoming Meetings**

- September 24, 2020 (Q2 2020)
- December 8, 2020 (Q3 2020)

**13. Motion to Adjourn**

\* Public comments should be emailed to [nwhite@hcdpbc.org](mailto:nwhite@hcdpbc.org) or submitted via telephone to 561-804-5870 by 11:30 AM on Tuesday, June 9, 2020. All comments received during this timeframe will be read aloud and included in the official meeting record.

**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE**  
**SUMMARY MEETING MINUTES**  
**March 10, 2020, 2020 at 10:00 a.m.**  
**1515 N. Flagler Dr., Suite 101**  
**West Palm Beach, FL 33401**

**1. Call to Order**

A. Roll Call

Committee Members present include: Mary Weeks; Sharon Larson; James Elder; Sean O' Bannon, Kimberly Shultz; Cory Neering

Committee Members absent include:  
Dr. Alina Alonso

Staff present Include: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Belma Andric, Chief Medical Officer; Deborah Hall, VP & Chief Compliance and Privacy Officer; Karen Harris; Vice President of Field Operations; Nancy Stockslager, VP & Chief Information Officer; Lisa Hogans; Andrea Steele; Tracey Flechaus; Gerry Pagano; Ana Ferwerda; Melesia Aymer; Sylvia Hall; Janet Moreland; Luis Rodriguez; Sandra Smith; Shauniel Brown; Alyssa Tarter; Kristine Morales; David; Speciale; Leticia Stinson; Regina Stolpman; Shelly Ann Lau; Martha B. Hyacinthe; Lisa Sulger; Charlene Silvestri

**2. Agenda Approval**

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

**CONCLUSION/ACTION:** Mr. Neering made a motion to approve the agenda as presented/amended. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

**3. Awards, Introductions and Presentations**

Ms. Davis introduced and welcomed Dr. Ishan Gunawardene, the new Chief of Staff Elect at Lakeside Medical Center, to the Committee.

**4. Disclosure of Voting Conflict**

None.

**5. Public Comment**

None.

**6. Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from December 10, 2019

**CONCLUSION/ACTION:** Mr. Elder made a motion to approve the committee meeting minutes from December 10, 2019 as presented. The motion was duly seconded Ms. Weeks. There being no opposition, the motion passed unanimously.

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

**CONCLUSION/ACTION:** Mr. Elder made a motion to approve the Consent Agenda items. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**  
Internet Posting of District Public Meeting.  
<http://www.hcdpbc.org-Resources-Public Meetings>

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

- 7A-3 **RECEIVE AND FILE:**  
Compliance Work Plan Update 2019  
(Deborah Hall)

- 7A-4 **MOTION TO APPROVE:**  
Compliance Policy Updates  
(Deborah Hall)

## 8. Regular Agenda

### A. COMPLIANCE

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

Summary of Compliance, Privacy and HIPAA Security Activities.  
(Deborah Hall)

**CONCLUSION/ACTION: Received and Filed**

### B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

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

Patient Relations Dashboards  
(Belma Andric)

**CONCLUSION/ACTION: Received and Filed**

- Patient Relations Dashboard, School Health.  
(Andrea Steele/Tracey Flechaus)
- Patient Relations Dashboard, C.L. Brumback Care Clinics.  
(Andrea Steele/David Speciale)
- Patient Relations Dashboard, E.J. Healey Center.  
(Andrea Steele/Melesia Aymer)
- Patient Relations Dashboard, Lakeside Medical Center.  
(Andrea Steele/Monique Jackson)

#### 8B-2 RECEIVE AND FILE:

Quality & Patient Safety Reports  
(Belma Andric)

**CONCLUSION/ACTION: Received and Filed**

- Quality & Patient Safety Report, School Health.  
(Andrea Steele/Tracey Flechaus)
- Quality & Patient Safety Report, Aeromedical.  
(Andrea Steele/Gerry Pagano)
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.  
(Andrea Steele/Ana Ferwerda, M.D.)

- Quality & Patient Safety Report, E.J. Healey Center.  
(Andrea Steele/Melesia Aymer)
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Andrea Steele/Sylvia Hall)
- Quality and Patient Safety Report, Pharmacy.  
(Andrea Steele/Luis Rodriguez)
- Quality & Patient Safety Report, Trauma Program.  
(Andrea Steele/Sandra Smith)

## **9. CEO Comments**

Ms. Davis reminded the Board Members to turn in their Conflict of Interest forms if they have not done so already.

There have been conversations in regards to the District's response and preparedness with Coronavirus. The District is following CDC guidance and has put policies and procedures in place to help prepare.

## **10. Committee Member Comments**

None.

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

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

## **12. Establishment of Upcoming Meetings**

- June 9, 2020 (Q1 2020)
- September TBD, 2020 (Q2 2020)
- December 8, 2020 (Q3 2020)



**13. Motion to Adjourn**

There being no further business, the meeting was adjourned at 11:41 a.m.

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

**12 Month Attendance Tracking**

	<b>5/28/19</b>	<b>9/24/19</b>	<b>12/10/19</b>	<b>3/10/20</b>
Mary Weeks	X	X	X	X
Sharon Larson	X	E	X	X
Alina Alonso	X	X	X	E
James Elder	X	X	X	X
Sean O'Bannon	X	X	X	X
Kimberly Shultz			X	X
Cory Neering				X
Dr. Ishan Gunawardene				X
Dr. Daniel Padron	X	X	E	X

**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**June 9, 2020**

**1. Description: Compliance and Privacy Work Plans 2020**

**2. Summary:**

Ongoing evaluation is critical to an effective compliance program. The Compliance and Privacy Departments will perform the reviews from the Compliance and Privacy Work Plans 2020 in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Identify and report criminal and unethical conduct
- Focus on areas of high risk and focus on any area of concern that has been identified
- Align resources to critical review areas that focus on the District's mission and values

The Compliance and Privacy Work Plans 2020 were updated as a result of the annual risk assessment process and other inputs. The plans were approved during the December 10, 2019 meeting. See attached Compliance and Privacy Work Plans for 2020

**3. Substantive Analysis:**

The Compliance and Privacy Work Plans 2020 demonstrate areas of risk as identified through the annual risk assessment process, government enforcement trends, the OIG 2020 Work Plan, current audit results and initiatives across the District enterprise and interviews with senior management.

As part of the review process, the Compliance and Privacy Department will be utilizing:

- On-site visits
- Interviews with personnel involved in management, operations, coding, claim development, patient care, and other related activities
- Reviews of medical and financial records that support claims for reimbursement
- End to end business process reviews to determine root cause analysis with regards to audit and monitoring activities
- Reviews of written materials and documentation prepared by each business line
- Monitor and trend analysis that seek deviations in specific areas

The Compliance and Privacy Department will:

- Remain independent of physicians and management
- Have access to existing audit resources and relevant personnel
- Present written evaluative reports on compliance activities

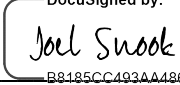
**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2020**

- Specifically identify areas where corrective actions are needed

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 B8185CC493A4488...  
 Joel Snook  
 VP & Chief Financial Officer

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

N/A

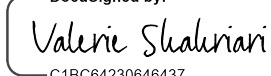
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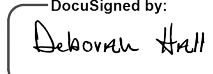
Committee Name
Date Approved

**6. Recommendation:**

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the Compliance and Privacy Work Plans 2020.

Approved for Legal sufficiency:

DocuSigned by:  
  
 C1BC64230646437...  
 Valerie Shahriari  
 VP & General Counsel

DocuSigned by:  
  
 71AA7DF4C131490...  
 Deborah Hall  
 VP, Chief Compliance and Privacy Officer &  
 Internal Audit

DocuSigned by:  
  
 B078371650CD4AE...  
 Darcy J. Davis  
 Chief Executive Officer

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan)

**HCD Compliance Audit & Monitoring Plan 2020**  
**Preliminary Scope for reviews aligned with current staffing complement**

Audit Activity	Risk Rating	Process	Preliminary Audit & Monitoring Objective/Scope
<b>Audit Response - Compliance Inquiries</b>			
Traditional reaction audit response	H, M	District / Location Operations	Perform an audit investigation into allegations made with regard to compliance with laws, regulatory or HCD policy for specific area(s) of process control weakness. To include applicable allegations into specific response to workforce incidents, management reporting, hotline inquiries, and other pertinent or relevant to allegation(s) or research inquiries. (coordination with human resources, legal or clinical resources where necessary). Support necessary corrective action with assisted management action plans.
<b>Compliance Program Implementation or Compliance Audits</b>			
Program Compliance	M	Program Compliance	On-going implementation of the foundation for the seven elements compliance program. Specifically, efforts to maintain policy and procedures for compliance, privacy and HIPAA security, maintain code of conduct, annual attestations, completion of annual compliance program road map for effectiveness of program, further implementation of anonymous hotline, compliance recognition program, standard disciplinary response.
Compliance Training	H	Program Compliance	Develop specific annual compliance required training and focused training as a response to specific corrective action (i.e. False Claims Act (FCA) or CMS Fraud Waste & Abuse (FWA) Annual Training, Clinical Training (Blood borne Pathogens, Infection Control, etc..).
On-going Monitoring	H	Annual Compliance & Privacy	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for Sanction checking across the government and state databases for work force resources that may have been disbarred or sanctioned from federal health care programs. We provide this monitoring for all workforce associate, Physicians and in 2020 all vendors.
Physician Contracts	H	Physician Arrangements	A review to validate accuracy of payment and documentation made to both employed and contracted Physicians within the District Holdings entities/Locations. Review will specifically validate payment reconciliation to Physicians while comparison to actual contract and identify deficiencies with regard to FMV/Leases, Volume - Value of referrals situations, Commercial Reasonableness, and overall regulatory compliance with Stark regulation.
Telehealth Services	H	Clinics Audit	This audit will review and cover the specifics with regards to telehealth procedural compliance in both the clinics locations and LMC. This audit will also consider the appropriate equipment/devices with which to perform these services and a review of adequate clinical documentation to support billing compliance.
Pharma - High Alert Medications	M	LMC/Clinics	This audit will review the high alert medications policy and include all applicable locations.
Opioid Prescription	M	LMC/Clinics	This audit will review DEA specific information against regulatory measures to ensure that Physician compliance is in order with regard to prescribed outcomes and will include a review of open pages Physician measures/results.
School Health - Scope of Practice	M	School Health	This audit will include a specific review of the individual nursing scope of practice for school health and the inherent practices performed across the locations school nurses are assigned to. It includes the evaluation of specific resources to complement the District.
District Cares Eligibility	H	District Cares Program	The audit will review specific attributes and criteria around the District Cares eligibility program. The audit will compare authorizations and services performed by CCP our outsourced vendor.
Behavioral Mat Program	H	Clinics Audit	The audit will cover the specific Mat program services provided by the clinics in relation to patient care and the execution of these billable services.
Call Center	M	Revenue Cycle	The audit of the call center will include specifics on call volume, supporting following up for revenue cycle activities and access to District programs.
e-prescribe	H	All Locations	The audit review will consist of adherence to current regulatory guidelines and the Districts utilization of e-prescribe use. It will review current practices with regard to any manual prescription pads currently in use at any locations.
Risk Qual System	M	Risk Management	The audit of the Risk Qual incident tracking system will evaluate trends and corrective actions with regard to incidents tracked through closure in the Risk Qual system. The review will also evaluate time to closure and the escalation procedures for incidents noted here.
Transportation	H	Clinics Audit	This audit will support a new process put in place to utilize a vendor, Lyft for transportation for NEMT - non emergent medical transport. The process will review the eligibility/consent waiver and tracking for this new process, since implementation in November 2019.
<b>Management Requests</b>			
TBD	TBD	Any	Compliance will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.
<b>Follow-Up Reviews</b>			

Follow-Up Reviews	F	Any	Compliance will perform follow up reviews for all reportable comments contained within suggested corrective action, Final Audit Reports issued for 2019 and Plans of Correction (POC's) documented within compliance investigations.
<b>Management Reporting</b>			
Management Reporting	MR	Audit Plan Status	Compliance function time to develop management reports representing the results of compliance audit & monitoring, reviews, or diagnostics of specific compliance and control activities across the District. Additional time here for participation in management task forces, Compliance Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
<b>Risk Assessment Update</b>			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal compliance risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan.

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan)

**HCD Privacy Audit & Monitoring Plan 2020**  
*Preliminary Scope for reviews aligned with current staffing complement*

Audit Activity	Risk Rating	Process	Preliminary Audit & Monitoring Objective/Scope
<b>Privacy Program Implementation or Privacy Audits</b>			
Program Compliance	M	Privacy Program	On-going implementation of the foundation for the elements of privacy program. Specifically, efforts to maintain policy and procedures for privacy and HIPAA security, annual attestations, completion of annual privacy program road map for effectiveness of program, further implementation of privacy road show - training and standard disciplinary response.
Privacy Training	H	Privacy Program	Develop specific annual privacy required training and focused training as a response to specific corrective action (i.e. HIPAA - OCR Breach, Privacy and Security Rule - Annual Training, Clinical Training (HRSA, Privacy specific items faxing/sending/access to PHI). This will also include specific time and presentation to the Privacy Road Show - training and how to report incidents to be conducted in 2020.
On-going Monitoring	H	Annual Privacy Program Requirements	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for HIPAA Privacy Rule assessment. There are certain addressable and reportable that are required for review each year.
Privacy threshold analysis	H	Privacy Program	A review to validate accuracy of ePHI, PHI, and IHII data points across the District and to analyze the safety and security of protected health information in transit, at rest and to support overall patient care.
Privacy Systems Interface to State Portals	M	Privacy Audit	This review will focus on the specific interfaces with regard to Athena and the Florida portals supporting tracking for disease management, various vaccine requirements and annual screening requirements.
Medical Record Documentation	H	Privacy Audit	This review will focus on the specific results of the Athena implementation and is to be considered a follow up to the deficiencies noted post implementation in the faxing and scanning of patient records that will require auditing and monitoring to address any breach concerns with 144K medical records documentation.
Behavioral Medical Records	M	Privacy Audit	This review will focus on a review of specific behavioral records within the Athena system. These records have not been parsed from the actual medical records and will focus on the corrective actions in order to secure these records from typical medical records request process.
Medication Reconciliation	M	Privacy Audit	This review will focus on the privacy components of medication reconciliation within the school nurse programs where our District employees support the school health programs. Select locations will be sampled for review of privacy and medication reconciliation.
Downstream Access to PHI	H	Privacy Audit	This review will focus on specific contracts and third parties that have access to PHI and utilize PHI in a downstream relationship with the District. The review will consist of contract service level agreements (SLA's) and specifically with regards to privacy and security of PHI in our covered entity and BAA relationships.
NOPP	M	Privacy Audit	The review will focus on a standard depiction of our Notice of Privacy Practices - NOPP and include a review of the various disclosures made at all the District entities where this applies. Consistency is documentation and practices will be the outcome of the review.
<b>Management Requests</b>			
TBD	TBD	Any	Privacy will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.

<b><i>Follow-Up Reviews</i></b>			
Follow-Up Reviews	F	Any	Privacy will perform follow up reviews for all reportable comments contained within suggested corrective action, Final Audit Reports issued for 2019 and Plans of Correction (POC's) documented within privacy investigations and walk through.
<b><i>Management Reporting</i></b>			
Management Reporting	MR	Audit Plan Status	Privacy function time to develop management reports representing the results of privacy audit & monitoring, reviews, or diagnostics of specific privacy and control activities across the District. Additional time here for participation in management task forces, Privacy Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
<b><i>Risk Assessment Update</i></b>			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal privacy risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan and adherence to the annual Privacy and HIPAA Security rule requirements.



**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

**1. Description: Compliance and Privacy Policy Updates**

**2. Summary:**

A Sanction Screening Policy has been developed for adoption by the Board.

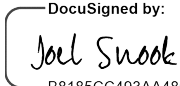
**3. Substantive Analysis:**

The Compliance Department developed a new policy after identifying that the District did not have a Sanction Screening Policy.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
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Joel Snook, CPA  
Chief Financial Officer

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

N/A  
\_\_\_\_\_  
Quality, Patient Safety, and Compliance  
Committee

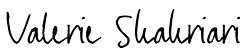
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Date Approved

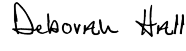
**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

**6. Recommendation:**

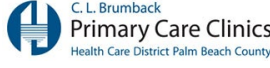
Staff recommends the Quality, Patient Safety and Compliance Committee forward their recommendation for Board Approval.

Approved for Legal sufficiency:

DocuSigned by:  
  
C1BC64230646437...  
Valerie Shahriari  
VP & General Counsel

DocuSigned by:  
  
71AA7DF4C131490...  
Deborah Hall  
VP, Chief Compliance & Privacy Officer, Internal  
Audit

DocuSigned by:  
  
B078371850CD4AE...  
Darcy J. Davis  
Chief Executive Officer



## Sanction Screening Policy and Procedure

Policy #:	HCDCOM190	Effective Date:	6/9/2020
Business Unit:	HCD Shared	Last Review Date:	
Approval Group:	Compliance	Document Owner(s):	Compliance
Board Approval Date:			

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### PURPOSE

To ensure that all employees, volunteers, students, medical staff, contractors, Board and Committee members, vendors and others with whom the District does business are properly screened for sanctions/exclusions and are authorized to participate in federal and state healthcare programs. Under federal law, no payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.

### SCOPE

This policy applies to all workforce members of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, the Edward J. Healey Rehabilitation and Nursing Center, C.L. Brumback Primary Care Clinics, School Health, Aeromedical, and Trauma.

### DEFINITIONS

**Workforce members:** All employees, medical staff, physicians, students, volunteers, contractors, vendors and others such as Board and Committee members that may influence business decisions made by the organization.

**List of Excluded Individuals/Entities (LEIE):** The OIG established a program to exclude individuals and entities found to have violated federal law and/or regulations. The OIG has been granted a number of legal authorities under the Social Security Act to affect sanctions and maintains a List of Excluded Individuals and Entities (LEIE). The effect of an OIG exclusion from Federal health care programs is that no Federal health care program payment may be made for any items or services (1) furnished by an excluded individual or entity, or (2) directed or prescribed by an excluded physician (42 CFR 1001.1901). This payment ban applies to all methods of Federal program reimbursement, whether payment results from itemized claims, cost reports, fee schedules or a prospective payment system (PPS). Any items and services furnished by an excluded individual or entity are not reimbursable under Federal health care programs. In addition, any items and services furnished at the medical direction or prescription of an excluded physician are not reimbursable when the individual or entity furnishing the services either knows or should know of the

exclusion. This prohibition applies even when the Federal payment itself is made to another provider, practitioner or supplier that is not excluded.

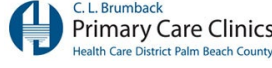
**General Services Administration (GSA) Sanction List:** The GSA maintains the sanction list to provide a single comprehensive list of individuals and firms excluded by Federal government agencies from receiving federal contracts or federally approved subcontracts and from certain types of federal financial and nonfinancial assistance and benefits. The sanction list was created for information of and use by Federal agencies.

**Medicaid State Sanction Data:** Many states maintain their own database of individuals and entities they sanction. Several call for or require health care entities to screen against this list. This is in addition to not in lieu of screening against the Federal sanction information.

**National Practitioner Data Bank (NPDB):** The National Practitioner Data Bank (NPDB) is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. The information contained in the NPDB should be considered together with other relevant data in evaluating a practitioner's credentials; it is intended to augment, not replace, traditional forms of credentials review. Authorized parties to make NPDB inquiries and for reporting include state licensing boards, medical malpractice payers (authorized only to report to the NPDB), hospitals and other healthcare HOSPITALs, professional societies, and licensed healthcare practitioners (self-query only).

## **POLICY**

1. The District will not employ or engage in a business relationship with anyone who is currently under sanction or exclusion by the Department of Health and Human Services Office of Inspector General (OIG) and any other duly authorized enforcement agency or licensing and disciplining authority.
2. The District shall not employ any individuals who have been recently convicted of a criminal offense related to healthcare or who are listed as excluded or otherwise ineligible for participation in federal healthcare programs.
3. The District shall remove individuals with direct responsibility for or involvement in any federal healthcare program, as well as those pending the resolution of any criminal charges or proposed exclusion sanction. Contractors under pending criminal charges shall be suspended from continued work until the matter is resolved in a Court of Law.



## EXCEPTIONS

N/A

<b>RELATED DOCUMENTS</b>	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

## Sanction Screening Policy and Procedure

Procedure #:	HCDCOM190	Effective Date:	6/9/2020
Business Unit:	HCD Shared	Last Review Date:	
Approval Group:	Compliance	Document Owner(s):	

---

### PROCEDURE

1. Prior to establishing employment or a business relationship with any individuals, medical professionals or entities, the District will screen them against the current List of Excluded Individuals and Entities (LEIE) of the OIG.
2. The District shall also screen on a monthly basis those individuals and entities with whom it has engaged or otherwise has a business relationship.
3. If it is determined upon reasonable due diligence that an individual or entity is listed as excluded by the OIG, the relationship shall be immediately terminated.
4. Prospective employees and vendors who have been officially reinstated into the Medicare and Medicaid programs by the OIG may be considered for employment, medical privileges or a contractual relationship upon proof of such reinstatement and a determination that there are no other impediments to such action.
5. The District shall screen all contractors, consultants, vendors, joint venture parties, and affiliates providing ancillary medically related services or products against the General Services Administration (GSA) System for Award Management (SAM) exclusion list. If it is determined that an individual or entity is under debarment, we shall follow the guidance offered by the GSA on their website and by CMS.
6. The following, or substantially similar language, shall appear on all applications for employment and medical staff privileges:
  - a. "Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If yes, explain."
  - b. "Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain."
7. A professional who is required to be licensed must agree/attest to notifying the District in writing within five (5) business days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a State Licensing Board taken or pending; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral

turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage."

8. All applications and contracts shall include a statement that the accuracy of all information provided is a condition of employment or contract, and that the provision of incorrect information is grounds for immediate termination of employment or contract. Applications and contracts will also include a statement that grants the right to verify all information provided in any employment application or contract agreement.
9. The District will exercise reasonable due diligence to verify that any party found on an exclusion list is the same individual or entity noted.
10. The Human Resource Department is responsible for carrying out this Policy as it relates to hiring of employees.
11. Credentialing committees are responsible for carrying out this Policy in granting staff privileges to medical personnel who are not employees.
12. The Purchasing/Procurement Office is responsible for carrying out this Policy as it relates to vendors and contractors.
13. The Chief Compliance and Privacy Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Quality, Patient Safety and Compliance Committee of the Board, along with any recommendations for remedial actions or improvement to the program.

## REFERENCES

42 U.S.C. §§1320a-7b (2006).

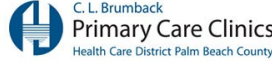
<http://frwebgate2.access.gpo.gov/cgi-bin/TEXTgate.cgi?WAISdocID=cEcmOi/0/1/0&WAIAction=retrieve>

Department of Health and Human Services Office of Inspector General. "Updated Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs." Special Advisory Bulletin. (9 May 2013). <<http://oig.hhs.gov/exclusions/files/sab-05092013.pdf>>

Centers for Medicaid and CHIP Services. "Migration of the Excluded Parties List System (EPLS) to the System for Award Management (SAM)." CMCS Informational Bulletin. (Aug. 1, 2012).

Centers for Medicare & Medicaid Services. State Medicaid Director Letter (SMDL #09-001). (Jan. 16, 2009).  
<http://www.cms.gov/SMDL/downloads/SMD011609.pdf>

Department of Health and Human Services Office of Inspector General. "The Effect of Exclusion From Participation in Federal Health Care Programs." Special Advisory Bulletin. (Sept. 1999).  
<[http://oig.hhs.gov/fraud/alerts/effect\\_of\\_exclusion.asp](http://oig.hhs.gov/fraud/alerts/effect_of_exclusion.asp)>



Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entities. <<http://www.oig.hhs.gov/fraud/exclusions.asp>>

U.S. General Services Administration’s System for Award Management. <[www.sam.gov/portal/public/SAM/](http://www.sam.gov/portal/public/SAM/)>

<b>RELATED DOCUMENTS</b>	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

This policy/procedure is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2020**

**1. Description: Summary of Compliance and Privacy Activities**

**2. Summary:**

This item presents the summary of the District’s summary of compliance and privacy activities for the 1st Quarter of 2020.

**3. Substantive Analysis:**

The purpose of this summary is to provide an overview of compliance, and privacy activities and actions. The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and compliance committee with regard to planning, implementing, and monitoring the compliance program. Reporting the compliance activities helps to establish methods to improve the District’s efficiency and quality of services, and to reduce the District’s vulnerability to fraud, waste, and abuse.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
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 Joel Snook  
 VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name

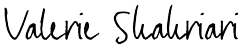
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 Date Approved


**HEALTH CARE DISTRICT**  
**Quality, Patient Safety and Compliance Committee**  
**March 10, 2020**

**6. Recommendation:**

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the District's Summary of Compliance and Privacy Activities for the 1<sup>st</sup> Quarter of 2020.

Approved for Legal sufficiency:

DocuSigned by:  
  
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Valerie Shahriari  
VP & General Counsel

DocuSigned by:  
  
71AA7DF4C131490...  
Deborah Hall  
VP, Chief Compliance and Privacy Officer &  
Internal Audit

DocuSigned by:  
  
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Darcy J. Davis  
Chief Executive Officer

The logo features a stylized white cross with horizontal bars, set within a dark blue circle. The background of the slide consists of several diagonal blue stripes of varying shades, creating a dynamic, sunburst-like effect.

# Health Care District of Palm Beach County

*Dedicated to the health of our community*

**QUALITY, PATIENT SAFETY AND  
COMPLIANCE COMMITTEE**

**JUNE 09, 2020**



# SUMMARY OF COMPLIANCE & PRIVACY ACTIVITIES

For the period January 1 to March 31, 2020



## Compliance Highlights

- Transition IT Security back into IT – 2 resources; 1 left organization & 1 promoted to Manager in IT. Established job description for junior auditor. Conducted IT study for Governance and IT Security Alignment across District entities; transitioned IT Security work plan to IT. Developed IT policies/procedures to support Epic initiative.
- Transitioned ADA compliance of external facing website to Communications/HR
- Collaborated with Human Resources - new FMV process for employed Clinic Physicians – process initiated 1/2020
- Participated in task force for the following management initiatives;
  - Athena post implementation optimization (revenue cycle/portal) Including add on; Phreesia and consideration of Interoperability (meaningful use)
  - Epic roundtables and contracting with privacy and compliance
  - Glades stabilization unit - LMC – prep for behavioral services
  - Preparation for HRSA audit by outside surveyor
  - IT Security Alignment / Compliance Activities
  - IT Monthly Security Meeting
  - Kindness Rock Project initiative from Compliance



# Compliance Major Projects

- Conducted Conflict of Interest (COI) process and follow up for all Board members
- Further build out of Drug Diversion monitoring and process for corrective action
- Analysis of Behavioral Health charge capture and billing compliance
- Compliance support for Operations for Covid -19
  - Regulatory updates
  - Consent form revisions during public health emergency
  - Telehealth analysis and build out
  - Risk Qual process for patients tested separate locations
- Perform monthly time log analysis - Contracted Physicians
  - Reconciliation to time submitted/call schedule/contract terms
  - Reconciliation of past logs for residency physician – 6 months
- Participate in Pharmacy action plan task force
- Conducted ad hoc training with specific groups
  - False Claims Act
  - New Hire Orientation and updates to materials
  - Drug Diversion training
- Recruiting and hired
  - Compliance / Privacy Manager
  - Privacy Analyst
  - Retired independent contracts for above positions January 2020



## Privacy Program Highlights

- Completed Annual Risk Assessment process
  - Finalized Multi-year Audit plans across all governance functions; plans span Compliance, Privacy, HIPAA Security & Internal Audit
- Revised all Privacy Policies review and revised to bring policies & procedures current
- Participated in task force for the following management initiatives;
  - Began initial assessment for Privacy Website
  - Began initial build for Ethics program
  - Initiated inventory and revision for all Privacy Policies & Procedures
  - Collaborated with Clinics to transition 340 B policy/procedures to Compliance & Privacy in preparation for HRSA audit – March 20



# Privacy Major Projects

- Authorizations for Uses and Disclosures Audit
- Conducted Lantana Privacy Walkthrough – Clinic Board Request
- Revised Privacy and Compliance education sources and content for roll out 2020
- Conducted ad hoc training with specific groups
  - New Hire Orientation
  - Privacy “Road Show” created to be implemented Q2 and beyond
- Recruited and filled open Privacy positions
  - Compliance / Privacy Manager
  - Privacy Analyst
- Initiate Privacy Program Components
  - Completed annual OCR – office of civil rights reporting requirements / Breach
  - Risk Qual coordination of reported incidents
  - Developing Privacy Trend analysis
  - Work plan initiation and re-evaluation due to Covid-19 environment
  - Re-develop HIPAA training and assessment across Clinics
  - Initiated assessment of Privacy Program components and built road map for action
  - Investigated CCP Privacy Incidents (3 YTD)
  - Initiated BAA review of existing compliant/past due BAA's in C360 (contracting) Annual requirement





# Compliance and Privacy Concerns Report

January 1, 2020 – March 31, 2020

## Compliance Concerns by Entity by Date Reported

		2020								Total
		Jan	Feb	Mar	May	Jul	Aug	Sep	Oct	
Health Care District of Palm Beach County	C.L. Brumback	2		2						4
	E.J. Healey									
	Lakeside Medical Center	1	1							2
	<b>Total</b>	3	1	2						6

## Privacy Concerns by Entity by Date Reported

Entity		2020										Total
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Health Care District of Palm Beach County	Aeromedical											
	C.L. Brumback	4	6	1								11
	E.J. Healey											
	Healthy Palm Beaches											
	Home Office		1									1
	Lakeside Medical Center		1	6								7
	School Health											
	<b>Total</b>	4	8	7								19



# Privacy Concern Crosstab Report

January 1, 2020 – March 31, 2020

## Privacy Concerns by Entity by Date Reported

Privacy ID	Health Care District of Palm Beach County							Total
	Aeromedical	C.L. Brumback	E.J. Healey	Healthy Palm Beaches	Home Office	Lakeside Medical Center	School Health	
Consent for Treatment								
Disclosure to an Unauthorized Person		7				4		11
Employee Complaint								
Improper Disposal								
Medication Error								
Misdirected Email								
Misdirected Fax								
Misdirected Mail (USPS)								
Misfile of Protected Health Information		1						1
Patient Complaint								
Proper Safeguards		3				4		7
Reports of Violation								
Vendors								
<b>Total</b>		11				8		19

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

**1. Description: Patient Relations Dashboards**

**2. Summary:**

Periodic departmental relations dashboards for review.

**3. Substantive Analysis:**

This agenda item provides the patient relations dashboard for the 2<sup>nd</sup> Trimester of the 2019-2020 school year for School Health and 1<sup>st</sup> Quarter of 2020 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center and Pharmacy.

**School Health**

In the second trimester, School Health had 189,470 completed events (Office Visits, Medication administered, Procedures performed, records reviewed and consultations done). 3 total complaints, 2 in the category of care and treatment. One mother was upset when the nurse did not call her when her daughter was initially in the health room. The student was fine in the health room, and returned to class and felt ill again and the teacher notified the mother instead of sending the child back to the health room.

5 compliments were received by 5 different nurses. 3 nurses were complimented on all aspects of their care.

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

In the first quart of 2020, the clinics served 30,164 patients and had only 13 complaints and 22 grievances. All grievances were followed up on by mailing a letter within 7 days. 18 complaints and grievances were in the category of Care and Treatment. Many can be attributed to communication challenges in which a patient cannot reach a nurse by phone.

111 compliments were received, many of which were due to the implementation of a “Thumbs Up” team-member recognition program launched by the Director of Patient Experience.

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

**Edward J. Healey Center**

For Q1 there was an average of 117 patients. There were 44 grievances by at least 14 unique patients, 30 of which were resolved within 72 hours. Many grievances are related to the category of “Personal Belongings”.

83 compliments were entered for excellent customer service and overall care provided by staff.

**Lakeside Medical Center**

For Q1 2020, Lakeside served 7,234 patients and had 19 verbal grievances. 13 of these grievances were addressed within 30 days, while the remaining 6 were resolved in greater than 30 days. The category of Care and Treatment had the most grievances for the quarter with a total of 6. One of the concerns raised were lab results not being available prior to discharge, concerns about nurse friendliness and communication.

15 compliments were received. One particular nurse was recognized for her CPI training skills and there were two compliments on the operator’s customer service skills.

**Pharmacy**


For Q1, there were a total of 4 complaints entered. Most are related to communication.

1 compliment was entered.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
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 Joel Snook, CPA  
 Chief Financial Officer

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

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

\_\_\_\_\_  
N/A  
Quality, Patient Safety, and Compliance  
Committee

\_\_\_\_\_  
N/A  
Date Approved

**6. Recommendation:**

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:  
*Valerie Shahriari*  
\_\_\_\_\_  
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Valerie Shahriari  
VP & General Counsel

DocuSigned by:  
*Belma Andric*  
\_\_\_\_\_  
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Belma Andric, MD  
CMO, VP & Executive Director of Clinical  
Services

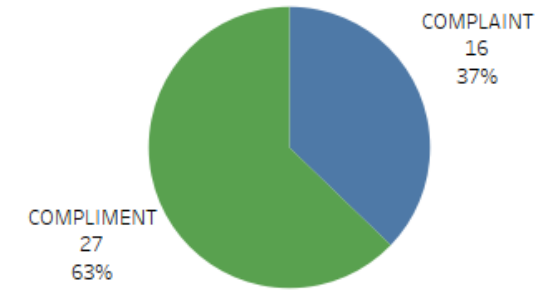
DocuSigned by:  
*Darcy Davis*  
\_\_\_\_\_  
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Darcy J. Davis  
Chief Executive Officer

TOTAL	2018-2019			2019-2020								
	T3			T1					T2			
	April	May	Total	August	October	November	December	Total	January	February	Total	
<b>16</b>												
COMPLAINT	3	1	4	1	5	1	2	9	1	2	3	

	2018-2019		2019-2020					
	T3		T1				T2	
	April	May	August	October	November	December	January	February
Care & Treatment	1	1		1	1		1	
Communication	1			1		1		1
Nursing Related	1		1	2		1		
Other				1				1

TOTAL	2018-2019			2019-2020								
	T3			T1					T2			
	April	May	Total	August	Septemb..	October	November	Total	January	March	Total	
<b>27</b>												
COMPLIMENT	4	6	10	2	5	3	2	12	1	4	5	

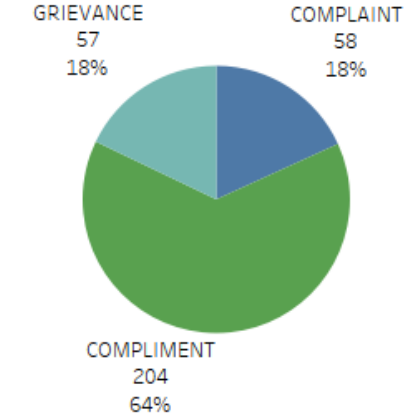
	2018-2019		2019-2020					
	T3		T1				T2	
	April	May	August	Septemb..	October	November	January	March
Nursing Related	4	6	2	5	3	2	1	4



Patient Detail

TOTAL	2019														2020					
	Q2				Q3				Q4				Total	Q1				Total		
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total			
<b>116</b>																				
COMPLAINT	5	4	4	13	2	5	7	14	2	5	12	19	46	4	4	5	13	13		
GRIEVANCE	7	4	5	16	3	2	5	10	2	3	4	9	35	9	11	2	22	22		

	2019										2020		
	Q2			Q3			Q4			Q1			
	April	May	June	July	August	Septemb..	October	November	December	January	February	March	
Care & Treatment	6	5	4	5	3	5	1	3	9	6	11	1	
Communication	3		1		2	2	1	2	4	1	1	3	
Finance		1			2	2							
Other			4			1	2	2	2				
Pharmacy	2									1	1		
Physician Related		1				1				1		2	
Respect Related	1	1				1		1	1	4	2	1	



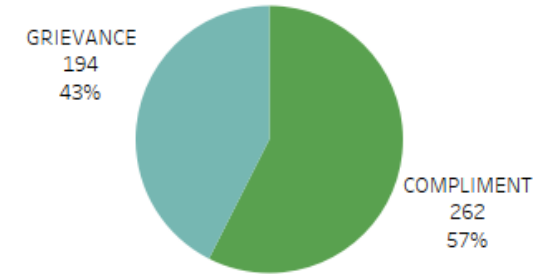
TOTAL	2019														2020					
	Q2				Q3				Q4				Total	Q1				Total		
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total			
<b>204</b>																				
COMPLIMENT	9	4	15	28	11	6	25	42	8	1	14	23	93	46	53	12	111	111		

	2019										2020		
	Q2			Q3			Q4			Q1			
	April	May	June	July	August	Septemb..	October	November	December	January	February	March	
Care & Treatment		2		1									
Clinical Support Staff	1	1	4	2	2	1	1		2	28	33	3	
Communication				3									
Nursing Related			1				1			3	5		
Other	5		10	3	1	14		1	11	8	13	8	
Pharmacy											1		
Physician Related	2	1		1	3	1	6		1	7	1	1	
Respect Related	1			1		9							

**Patient Detail**

TOTAL	2019													2020				
	Q2				Q3				Q4				Total	Q1				Total
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total	
<b>198</b>	6	14	20	40	32	15	17	64	12	23	15	50	154	11	19	14	44	44

	2019												2020		
	April	May	June	July	August	Septemb..	October	November	December	January	February	March			
Care & Treatment			1						1		1	1			
Environmental	1		1	1	1	2	2								
Nursing Related					1		2	1				1			
Nutrition		1	2	7	3	5	3	7	2	1	3	1			
Other	1	8	9	15	7	8	2	8	6	7	12	6			
Personal Belongings	4	5	7	8	3	2	5	6	4	3	3	5			
Physician Related				1					1						



TOTAL	2019													2020				
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total	Total	January	February	March	Total	Total
<b>265</b>	2	18	19	39	17	28	24	69	42	15	17	74	182	28	27	28	83	83

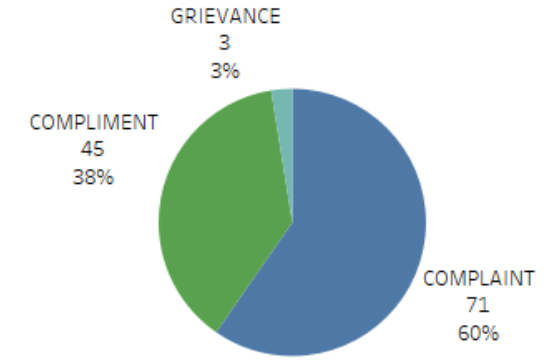
	2019												2020		
	April	May	June	July	August	Septemb..	October	November	December	January	February	March			
Environmental						1									
Nursing Related		4	2	5	2	1	13	7	5	4	1	2			
Nutrition					2	1				1		1			
Other	2	14	17	12	24	21	29	8	12	23	26	25			



**Patient Detail**

TOTAL	2019													2020					
	Q2				Q3				Q4					Total	Q1				Total
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total	January		February	March	Total		
<b>74</b>	11	1	4	16	6	9	5	20	5	10	1	16	52	9	5	5	19	19	
COMPLAINT																			
GRIEVANCE						1	2	3					3						

	2019										2020		
	Q2			Q3			Q4				Q1		
	April	May	June	July	August	Septemb..	October	November	December	January	February	March	
Care & Treatment	2		1	2	6	2		4	1	2	1	3	
Communication		1					1			2		1	
Discharge				1									
Nursing Related					1	1	1	2			1		
Other	4		1	2	1	1	1	1		1	1		
Pain Management	3										1		
Personal Belongings	1					1				1			
Pharmacy								1					
Physician Related			1	1	1	1	1	2		1	1		
Respect Related	1		1		1	1	1			2		1	

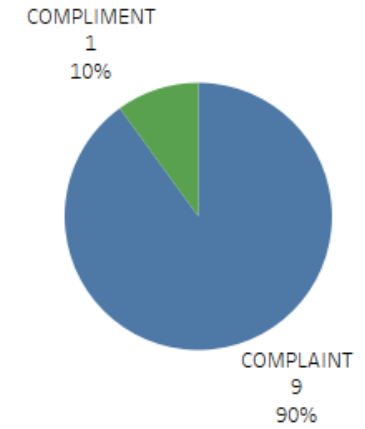


TOTAL	2019											2020					
	Q2			Q3				Q4				Total	Q1				Total
April	June	Total	July	August	Septemb..	Total	October	November	December	Total	January		February	March	Total		
<b>45</b>	1	6	7	2	5	2	9	5	4	5	14	30	2	4	9	15	15
COMPLIMENT																	

	2019										2020		
	Q2		Q3			Q4			Q1				
	April	June	July	August	Septemb..	October	November	December	January	February	March		
Clinical Support Staff				1		1	1			1			
Environmental			1			2	1	1					
Nursing Related	1	5	1	2	2		1	4	1		1		
Other		1		1		2	1		1	1	7		
Physician Related				1					2		1		

TOTAL	2019								2020					
	Q2			Q3		Q4			Total	Q1				Total
	April	May	Total	July	Total	October	Total	January		February	March	Total		
<b>9</b>	1	1	2	1	1	2	2	5	2	1	1	4	4	
COMPLAINT	1	1	2	1	1	2	2	5	2	1	1	4	4	

	2019				2020		
	Q2		Q3	Q4	Q1		
	April	May	July	October	January	February	March
Respect Related		1	1	2	1		
Rx	1				1	1	1



TOTAL	2020		
<b>1</b>	Q1		Total
	February	Total	
COMPLIMENT	1	1	1

	2020
	Q1
	February
Rx	1

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

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

**2. Summary:**

Periodic departmental quality and patient safety reports for review.

**3. Substantive Analysis:**

This agenda item provides quality and patient safety reports for the 2<sup>nd</sup> Trimester of School Health and the 1<sup>st</sup> Quarter of 2020 for Aeromedical, C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

**School Health**

In the second trimester, School Health had 189,470 completed events (Office Visits, Medication administered, Procedures performed, records reviewed and consultations done). Schools closed due to COVID-19 on 3/13/2020. Prior to schools closing, the classroom return rate was just barely under goal at 79.5% and the total number of students excused from school was just barely over goal at 20.5%. All other goals achieved for trimester.

**Aeromedical**

For Q1, there were 163 flights with 170 unique patients. The Aeromedical Quality Report shows a total of 35 flights were missed, cancelled or aborted between January and March. 17 flights were cancelled due to the referring agency cancelling them. There were two flights in February that took greater than 20 minutes even though they were East of Twenty-Mile Bend.

The Detailed Run Time Report for flights between 70-80 minutes or greater than 80 minutes shows that the Dispatch to Hospital Average was 89 minutes in January. The Dispatch to Enroute Average was 18 minutes. Out of 48 flights that took greater than 70 minutes, the majority were for neurology (13) and cardiac (10) patients.

The Detailed Run Time Report for flights less than 70 minutes on average had mostly trauma patients (98 out of 115).

The Services All dashboard shows that 29% of flights were interfacility transfers while 71% were on scene. Comparatively, the Services West of 20 Mile Bend show that interfacility flights are greater at 37% and on scene are lower at 63%.

**HEALTH CARE DISTRICT**  
**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE**  
**June 9, 2020**

The Pick Up Locations dashboard shows that 78 Flights occurred West of 20 Mile Bend. 57 of these were picked up in Belle Glade.

The Receiving Locations dashboard shows that 109 out of 163 flights went to St. Mary's.

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

In the first quart of 2020, the clinics served 30,164 patients. Some clinics closed on 3/16/2020 due to COVID-19, while others positioned themselves to begin COVID-19 screening and testing including the launch of the FITTEAM Ballpark drive-thru testing site. The clinics have since worked hard to offer telemedicine and re-open their doors. Although, the following measures were not meeting goal at the end of March, we expect slow improvement over the remainder of the year: Cervical Cancer Screening (56%), Weight Screening and Counseling for Children and Adolescents (79%), Asthma Pharmacologic Therapy (94%), Ischemic Vascular Disease (84%), Colorectal Cancer Screening (38%), HIV Linkage to Care (83%), Hypertension (73%) and Diabetes (46%). All other goals achieved for quarter.

**Edward J. Healey Center**

For Q1 there was an average of 117 patients. Only one measure did not meet goal due to one patient who received antipsychotic medications during their short stay, therefore ending the quarter at 98%. All other goals achieved for quarter.

**Lakeside Medical Center**

For Q1 2020, Lakeside served 7,234 patients. Lakeside also pivoted to serve COVID-19 patients mid-March.

The Inpatient Quality Measures not meeting goal for the quarter are Perinatal Care: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth (78%) and Perinatal Care: Exclusive breast milk feeding during the newborn's entire hospitalization (11%).

The only Outpatient Quality Measures not meeting goal for the quarter are Stroke: Patient arriving at ED within 2 hours of onset of symptoms who had CR or MRI results within 45 minutes of arrival (50%). All other goals achieved for quarter.

**Pharmacy**

For Q1 2020, the total HCD prescriptions filled were 61,053. 8,818 were from Central Fill. Prescriptions returned to stock were greater than our 5% goal at three out of four clinics. Also, total out of stock fills did not meet goal in Belle Glade (28.9%). All other goals achieved for quarter.

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

**Trauma**

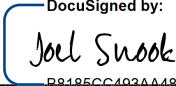
For Q1 2020, 1,176 patients were served by EMS. 89% were by ground transport. The most common disposition was to a Step Down Unit. You can also see the downturn in Admission Date mid-March through April due to COVID-19.

The most common mechanism of injury was geriatric falls, followed by motor vehicle accidents.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 BB185CC493AA486...  
 \_\_\_\_\_  
 Joel Snook, CPA  
 Chief Financial Officer

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

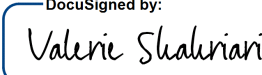
N/A  
 \_\_\_\_\_  
 Quality, Patient Safety, and Compliance  
 Committee

N/A  
 \_\_\_\_\_  
 Date Approved

**6. Recommendation:**

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:  
  
 C1B064230646437...  
 \_\_\_\_\_  
 Valerie Shahriari  
 VP & General Counsel

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
June 9, 2020**

DocuSigned by:

*Belma Andric*

1F272D94C6B04A5...

Belma Andric, MD

CMO, VP & Executive Director of Clinical  
Services

DocuSigned by:

*Darcy Davis*

B078371850CD4AE...

Darcy J. Davis

Chief Executive Officer



**School Health**  
**Quality Report (School Year 2019-2020)**  
**2nd Trimester**

MEASURE SET:										ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL
Demographics	T1 2019/2019 (Aug - Dec)			T2 2019/2020 (Jan - March)			T3 2019/2020 (Apr - June)			
<b>Total Completed Events</b>	358,470			189,470			0			
Office Visits	165,105			97,471						
Medications	78,198			50,160						
Procedures	48,384			28,780						
Record Review - Immunizations/Physical Exams/School Registrations	50,020			6,759						
Consultations	16,763			6,300						
Return Rate	T1 2019/2019 (Aug - Dec)			T2 2019/2020 (Jan- March)			T3 2019/2020 (Apr - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
<b>Total Number of Students Remained in School</b>	132,641	80.3%	>80%	77,463	79.5%	>80%		#DIV/0!	>80%	Schools closed on 3/13/20, resulting in less than anticipated reportable events
<b>Total Number of Students Excused from School</b>	32,457	19.7%	<20%	20,008	20.5%	<20%		#DIV/0!	<20%	
Continuum of Care	T1 2019/2019 (YTD Aug - Dec)			T2 2019/2020 (YTD Aug - March)			T3 2019/2020 (YTD Aug - June)			
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal	
Total Number of Student Pregnancies Identified	58			77						
Number of Student Pregnancies who have been referred to Healthy Mothers / Healthy Babies	56	96.6%	>95%	74	96.1%	>95%		#DIV/0!	>95%	

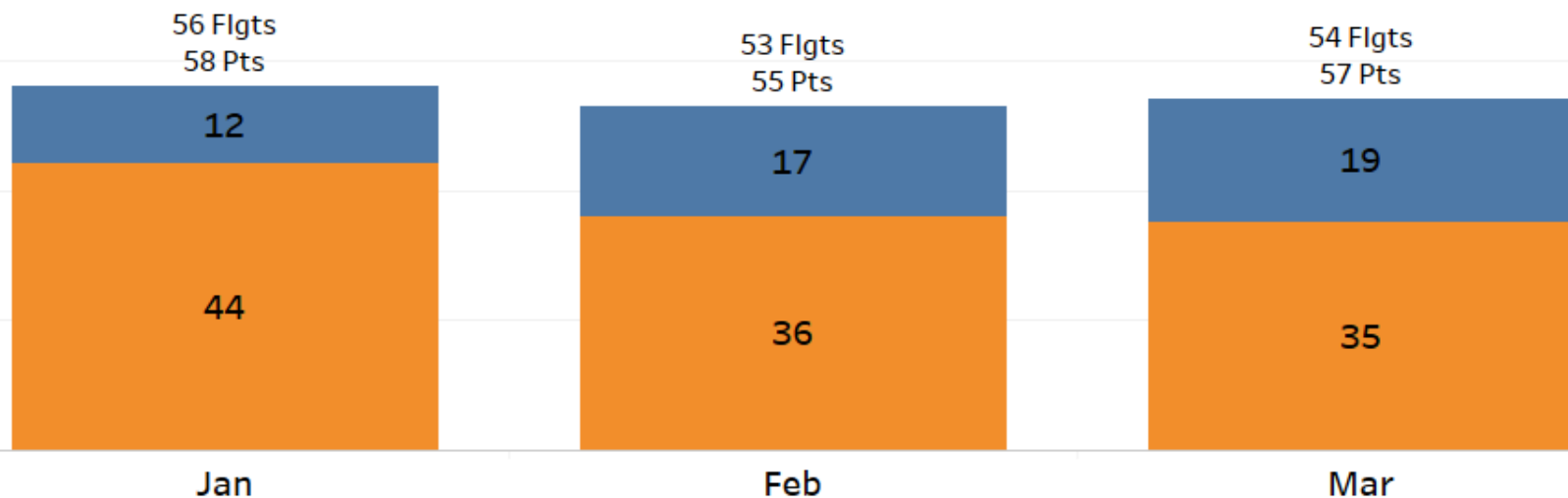
Mandated Screenings	T1 2019/2019 (YTD Aug - Dec)			T2 2019/2020 (YTD Aug - March)			T3 2019/2020 (YTD Aug - June)		
	Num/Den	%	Goal	Num/Den	%	Goal	Num/Den	%	Goal
<b>Vision</b> - Number of Schools (county-wide) with Mandated Grades	145			145					
<b>Vision</b> - Total # of Schools (w/ Mandated Grades) with <b>Completed Screenings</b>	92	63.4%	>45%	144	99.3%	>95%		#DIV/0!	>95%
<b>Vision</b> - Total # of <b>Students Screened</b>	32234			47352					
<b>Vision</b> - Total # of Students Requiring Referral for Further Evaluation	3231			4400					
<b>Vision</b> - Completed <b>Outcomes</b>		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal		#DIV/0!	>65%
<b>Hearing</b> - Number of Schools (county-wide) with Mandated Grades	145			145					
<b>Hearing</b> - Total # of Schools (w/ Mandated Grades) with <b>Completed Screenings</b>	92	63.4%	>45%	144	99.3%	>95%		#DIV/0!	>95%
<b>Hearing</b> - Total # of <b>Students Screened</b>	21382			34386					
<b>Hearing</b> - Total # Students Requiring Referral for Further Evaluation	488			700					
<b>Hearing</b> - Completed <b>Outcomes</b>		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal		#DIV/0!	>75%
<b>Scoliosis</b> - Number of Schools (county-wide) with Mandated Grades	41			41					
<b>Scoliosis</b> - Total # of Schools (w/ Mandated Grades) with <b>Completed Screenings</b>	29	70.7%	>45%	41	100.0%	>95%		#DIV/0!	>95%
<b>Scoliosis</b> - Total # of <b>Students Screened</b>	8089			11226					
<b>Scoliosis</b> - Total # of Students Requiring Referral for Further Evaluation	67			102					
<b>Scoliosis</b> - Completed <b>Outcomes</b>		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal		#DIV/0!	>60%
<b>BMI</b> - Number of Schools (county-wide) with Mandated Grades	145			145					
<b>BMI</b> - Total # of Schools (w/ Mandated Grades) with <b>Completed Screenings</b>	113	77.9%	>45%	145	100.0%	>95%		#DIV/0!	>95%
<b>BMI</b> - Total # of <b>Students Screened</b>	31003			36110					
<b>BMI</b> - Total # of Students Requiring Referral for Further Evaluation	7583			8788					
<b>BMI</b> - Completed <b>Outcomes</b>		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal		#DIV/0!	>2%



Flights **163**  
Patients **170**

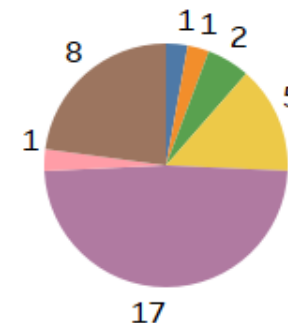
Flight Date  
01/01/2020 to 03/31/2020

■ Interhospital ■ On Scene  
**2020**



## Missed, Cancelled or Aborted Flights

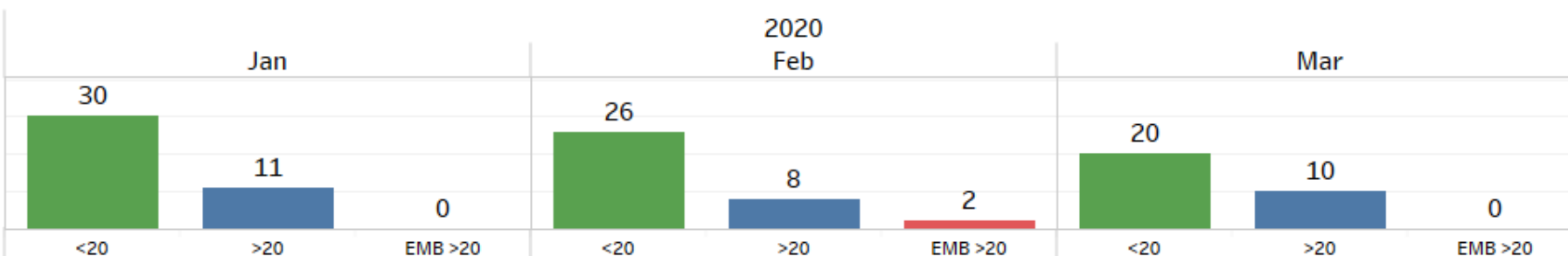
Missed Date  
1/1/2020 12:00:00 AM ..



- Missed Reason**
- Admin
  - County Coverage
  - Medical No Go
  - No Backup
  - Referring Agency
  - Simultaneous Fl..
  - Weather

**35** [Go to Detail](#)

## Call To Scene (minutes) for Scene Flights with 3 legs or more



## Average Times for Scene Flights

Month, Year of..	On Sce..	Disp To En..	Disp To On..
January 2020	8m 39s	4m 8s	16m 14s
February 2020	8m 33s	4m 21s	16m 3s
March 2020	8m 11s	4m 9s	16m 39s

Utilization	2020		
	Jan	Feb	Mar
Hours Utilized	79.40	74.65	85.86
% Hours Utilized	7.1%	7.3%	7.8%
Available Hours	1,116	1,027	1,104
% Available Hours	100%	95%	99%

\*EMB - East of 20 Mile Bend

Between 15 and 20 Minutes

Between 70 and 80 Minutes  
> 80 minutes

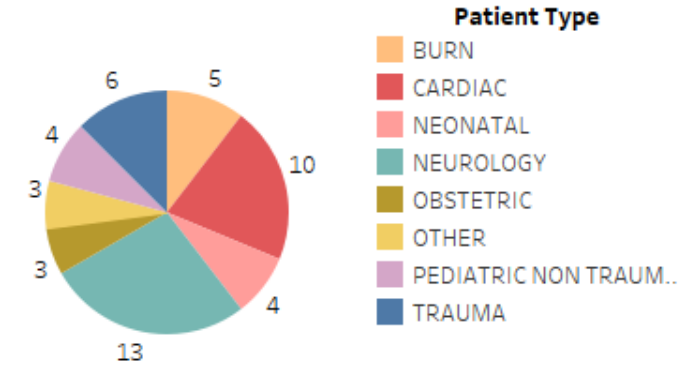
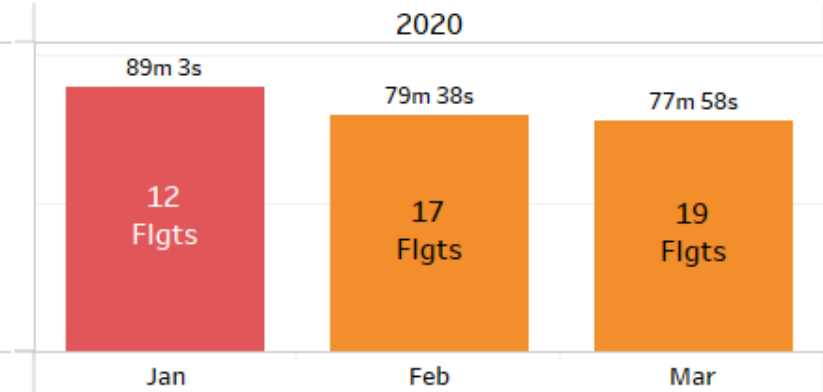
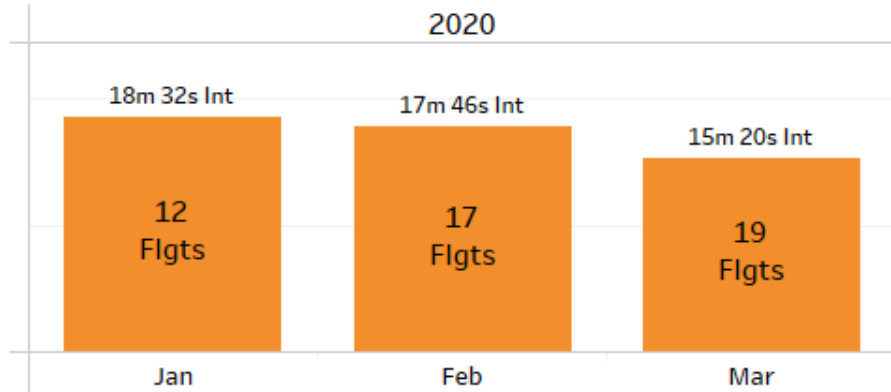
**Patient Type**  
All

**20 Mile Bend**  
All

## Dispatch To Enroute Average

## Dispatch To Hospital Average

48



## Flight Detail

Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnScen..	Pickup Location	Destination	To Enrou	To Hosp
2020-32219	01/07/2020	NEONATAL	01/07/2020 13:04:01	15m 3s	01/07/2020 13:58:33	54m 31s	12m 41s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	15.1	54.5
2020-32225	01/08/2020	NEUROLOGY	01/08/2020 23:13:06	33m 17s	01/09/2020 01:22:08	129m 1s	69m 45s	LAKESIDE MEDICAL CENTER 33430 1	PLMW (FA19)	33.3	129.0
2020-32228	01/09/2020	BURN	01/09/2020 14:08:25	15m 34s	01/09/2020 15:21:24	72m 58s	28m 26s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	15.6	73.0
2020-32242	01/12/2020	NEUROLOGY	01/12/2020 07:59:01	21m 4s	01/12/2020 10:10:56	131m 55s	83m 1s	LAKESIDE MEDICAL CENTER 33430 1	PLMW (FA19)	21.1	131.9
2020-32249	01/14/2020	TRAUMA	01/14/2020 14:50:14	23m 19s	01/14/2020 16:20:34	90m 19s	19m 11s	JUPITER HOSPITAL 33458	KENDL (70FL)	23.3	90.3
2020-32267	01/17/2020	OTHER	01/17/2020 22:06:56	17m 51s	01/17/2020 23:10:04	63m 7s	23m 0s	ST. MARY'S HOSPITAL 33407	CCW (FD13)	17.9	63.1
2020-32276	01/20/2020	NEUROLOGY	01/20/2020 01:24:09	17m 7s	01/20/2020 02:51:22	87m 13s	26m 29s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	17.1	87.2
2020-32281	01/20/2020	OBSTETRIC	01/20/2020 14:58:47	16m 58s	01/20/2020 16:14:15	75m 28s	30m 51s	LAKESIDE MEDICAL CENTER 33430 1	PLMW (FA19)	17.0	75.5
2020-32284	01/21/2020	NEONATAL	01/21/2020 08:07:14	11m 35s	01/21/2020 08:51:25	44m 10s	10m 18s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	11.6	44.2
2020-32290	01/21/2020	CARDIAC	01/21/2020 23:15:34	9m 19s	01/22/2020 00:15:36	60m 1s	20m 22s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	9.3	60.0
2020-32294	01/22/2020	OTHER	01/22/2020 17:44:58	21m 28s	01/22/2020 21:11:19	206m 20s	122m 52s	HENDRY REGIONAL MEDICAL CENTER 33..	PLMW (FA19)	21.5	206.4
2020-32318	01/29/2020	NEUROLOGY	01/29/2020 23:59:33	19m 52s	01/30/2020 00:53:00	53m 27s	20m 5s	PALMS WEST HOSPITAL 33470	JFK (1FD3)	19.9	53.5
2020-32328	02/02/2020	NEUROLOGY	02/02/2020 04:43:06	20m 7s	02/02/2020 05:49:51	66m 45s	34m 30s	PALMS WEST HOSPITAL 33470	JFK (1FD3)	20.1	66.8
2020-32329	02/02/2020	NEUROLOGY	02/02/2020 12:28:28	13m 4s	02/02/2020 13:50:22	81m 54s	36m 45s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	13.1	81.9
2020-32355	02/10/2020	BURN	02/10/2020 14:20:51	12m 20s	02/10/2020 15:03:00	62m 0s	20m 20s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	12.5	62.0

# Detailed RunTime report TH135

**Flight Type**  
On Scene

**Flight Date**  
01/01/2020 to 03/31/2020

■ < 15 Minutes

■ < 70 Minutes

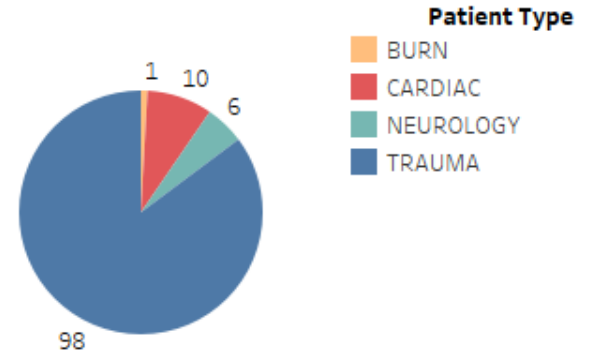
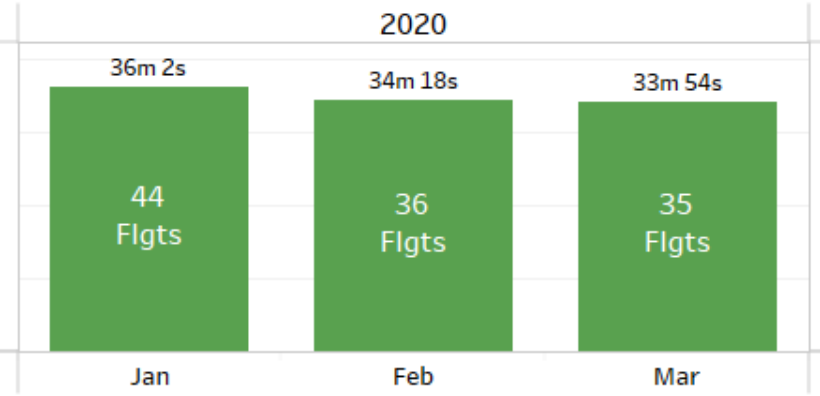
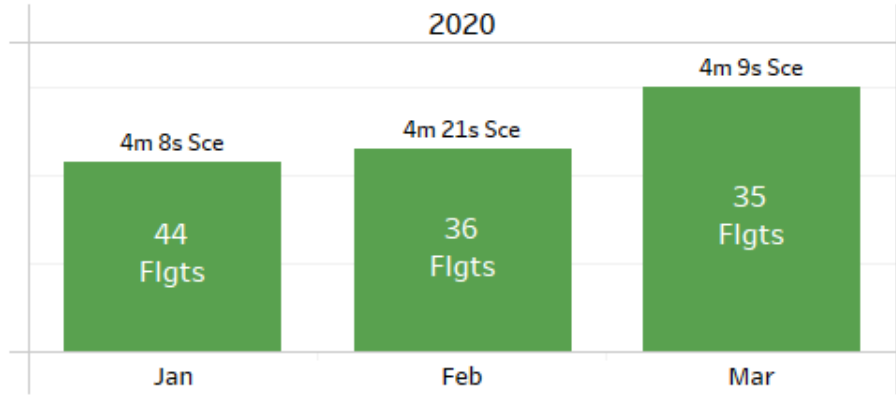
**Patient Type**  
All

**20 Mile Bend**  
All

115

**Dispatch To Enroute Average**

**Dispatch To Hospital Average**



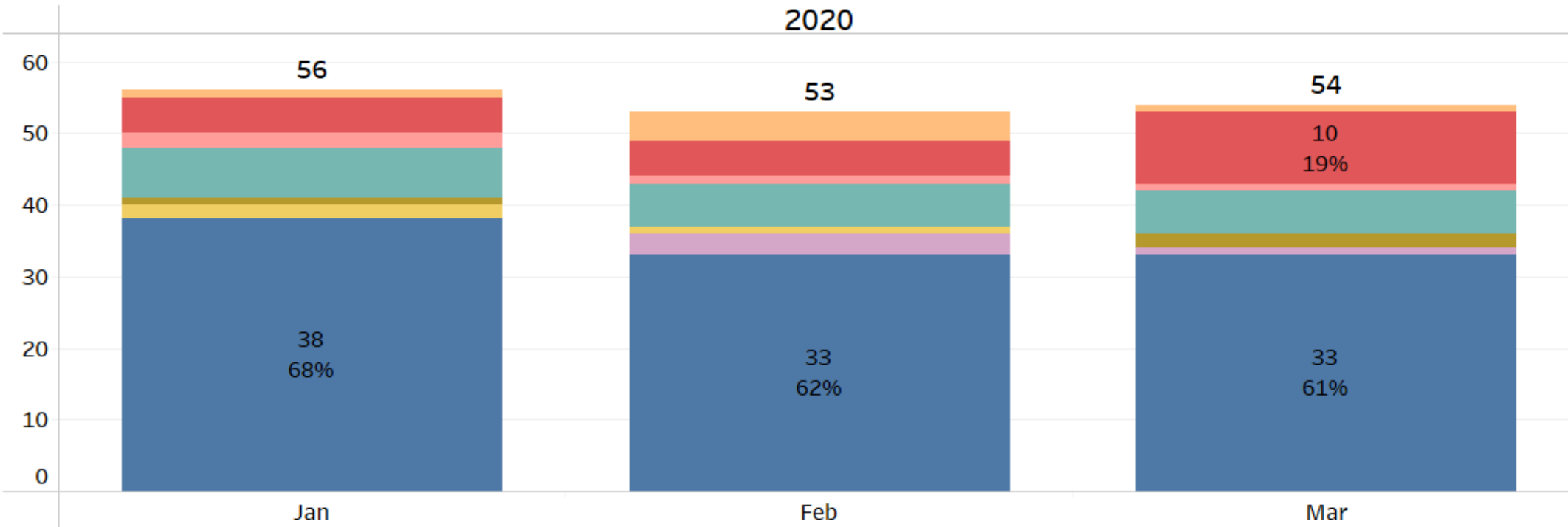
## Flight Detail

Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnScen..	Pickup Location	Destination	To Enrou	To Hosp
2020-32191	01/01/2020	TRAUMA	01/01/2020 02:26:36	0m 1s	01/01/2020 02:47:53	21m 16s	11m 24s	PALM BEACH STATE (COMMUNITY) COLL..	STMY (64FD)	0.02	21.28
2020-32196	01/02/2020	TRAUMA	01/02/2020 16:02:57	5m 24s	01/02/2020 16:23:55	20m 58s	5m 43s	PALM BEACH STATE (COMMUNITY) COLL..	DCH (48FD)	5.40	20.97
2020-32198	01/02/2020	TRAUMA	01/02/2020 19:27:32	6m 0s	01/02/2020 20:17:27	49m 55s	25m 12s	JUPITER FARMS ELEMENTRY 33478	STMY (64FD)	6.00	49.92
2020-32199	01/02/2020	TRAUMA	01/02/2020 21:50:20	4m 40s	01/02/2020 22:21:17	30m 56s	10m 41s	ACREAGE COMM PARK 33412	STMY (64FD)	4.67	30.95
2020-32200	01/03/2020	CARDIAC	01/03/2020 11:56:16	8m 11s	01/03/2020 12:47:10	50m 53s	10m 35s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	8.20	50.90
2020-32201	01/03/2020	TRAUMA	01/03/2020 12:52:35	0m 0s	01/03/2020 13:18:44	26m 8s	9m 47s	GREENVIEW AND SOUTH SHORE 33414	DCH (48FD)	0.00	26.15
2020-32202	01/03/2020	TRAUMA	01/03/2020 10:41:04	7m 19s	01/03/2020 11:13:12	32m 7s	9m 26s	GREENVIEW SHORE & SOUTH SHORE	STMY (64FD)	7.32	32.13
2020-32203	01/03/2020	TRAUMA	01/03/2020 11:26:51	0m 0s	01/03/2020 12:14:08	47m 16s	15m 9s	PHK 33476	STMY (64FD)	0.00	47.28
2020-32208	01/05/2020	CARDIAC	01/05/2020 00:42:36	4m 12s	01/05/2020 01:26:22	43m 46s	9m 11s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	4.20	43.77
2020-32209	01/05/2020	TRAUMA	01/05/2020 09:28:34	4m 27s	01/05/2020 10:09:11	40m 37s	6m 18s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	4.45	40.62
2020-32210	01/05/2020	TRAUMA	01/05/2020 15:22:26	4m 49s	01/05/2020 15:53:15	30m 49s	11m 3s	TIGER SHARK COVE PARK 33414	STMY (64FD)	4.83	30.82
2020-32215	01/06/2020	TRAUMA	01/06/2020 09:03:45	3m 40s	01/06/2020 09:44:54	41m 8s	1m 10s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.67	41.15
2020-32221	01/08/2020	TRAUMA	01/08/2020 00:24:41	3m 46s	01/08/2020 00:50:53	26m 11s	6m 20s	I-95 / ATLANTIC	DCH (48FD)	3.78	26.20
2020-32222	01/08/2020	TRAUMA	01/08/2020 06:35:15	7m 4s	01/08/2020 07:18:10	42m 55s	6m 34s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	7.08	42.92

# Services All

TOTAL FLIGHTS **163**

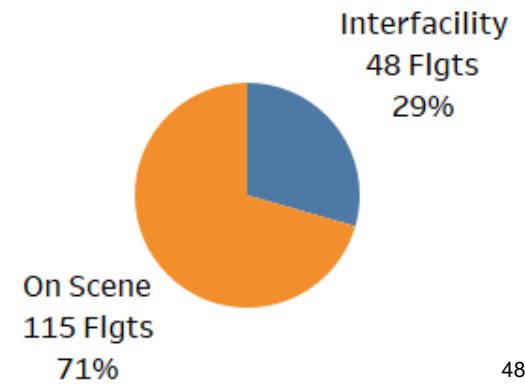
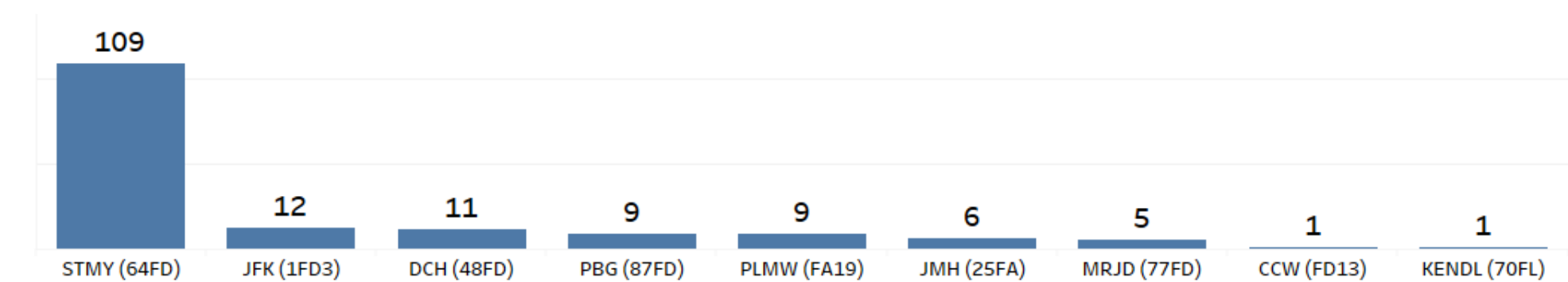
**Flight Date**  
01/01/2020 to 03/31/2020



- Pt Type**  
All
- BURN
  - CARDIAC
  - NEONATAL
  - NEUROLOGY
  - OBSTETRIC
  - OTHER
  - PEDIATRIC NON TRAUMA
  - TRAUMA

- 20 Mile Bend**
- East of 20 Mile Bend
  - West of 20 Mile Bend

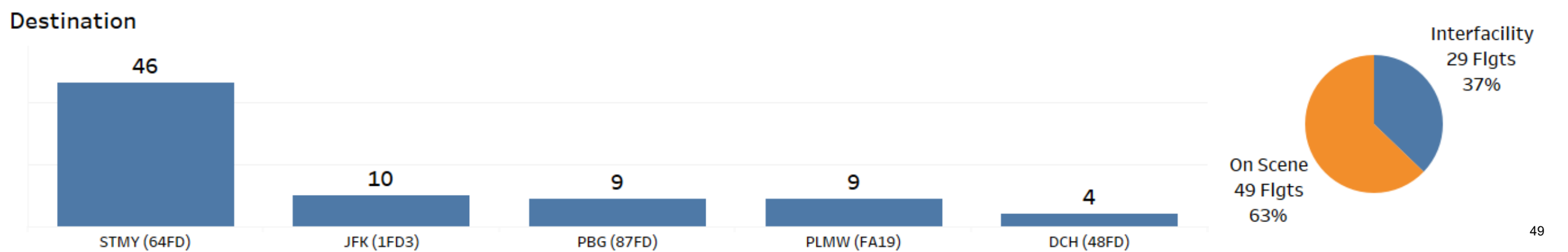
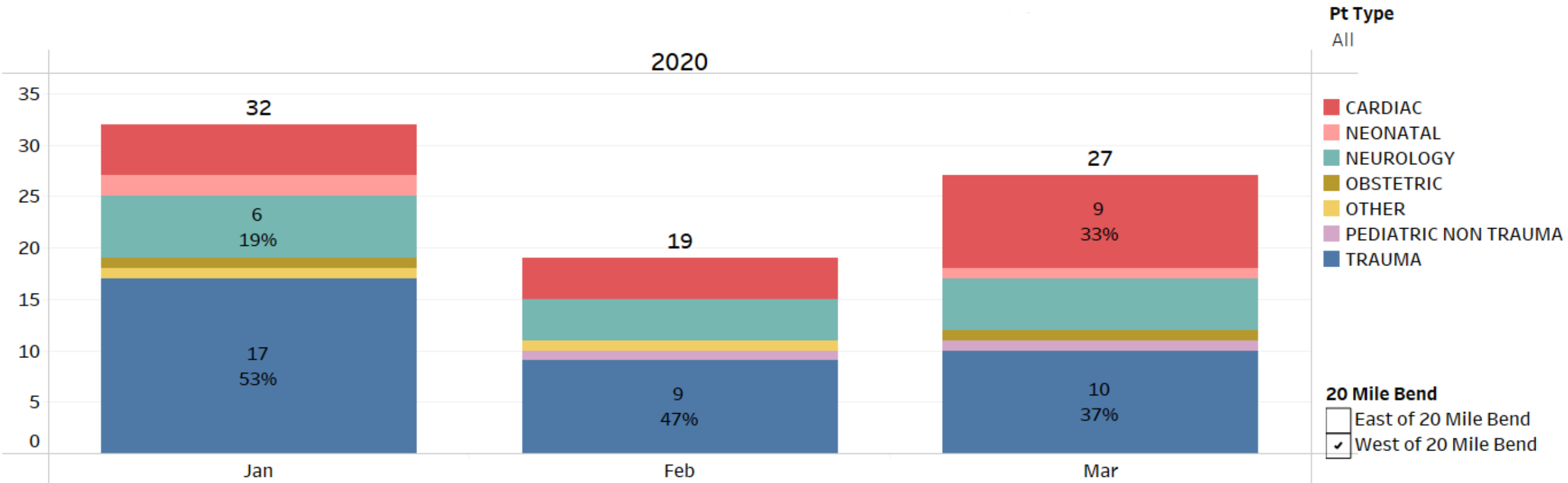
## Destination



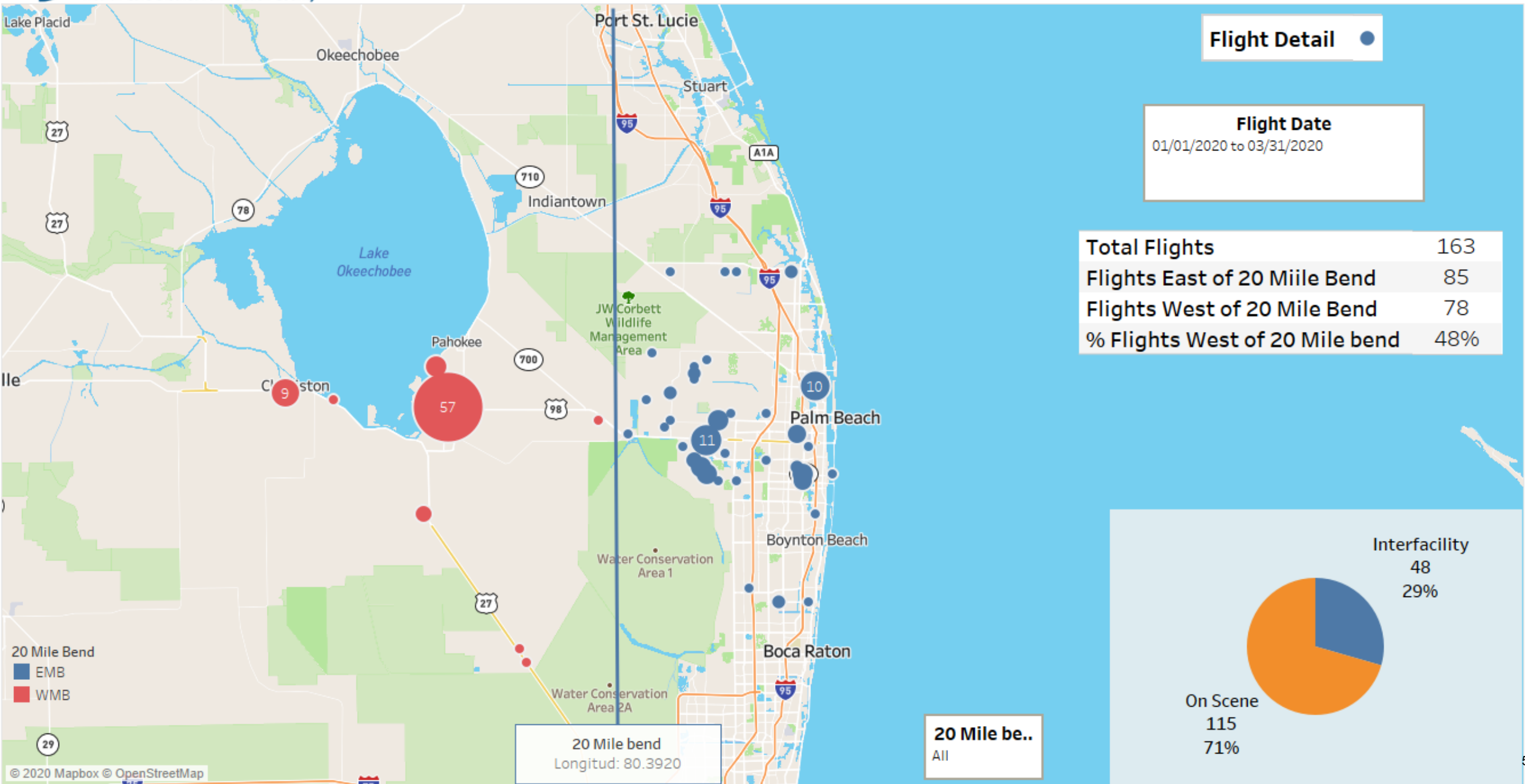
# Services West of 20 Mile Bend

TOTAL FLIGHTS 78

Flight Date  
 01/01/2020 to 03/31/2020



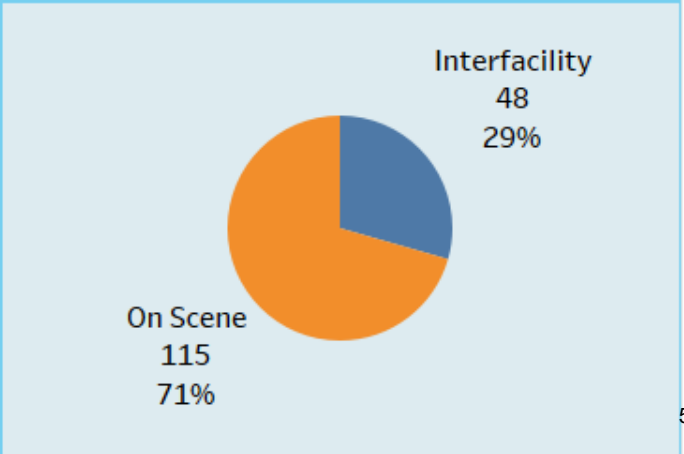
### Pick Up Locations



**Flight Detail** ●

**Flight Date**  
 01/01/2020 to 03/31/2020

<b>Total Flights</b>	163
<b>Flights East of 20 Mile Bend</b>	85
<b>Flights West of 20 Mile Bend</b>	78
<b>% Flights West of 20 Mile bend</b>	48%

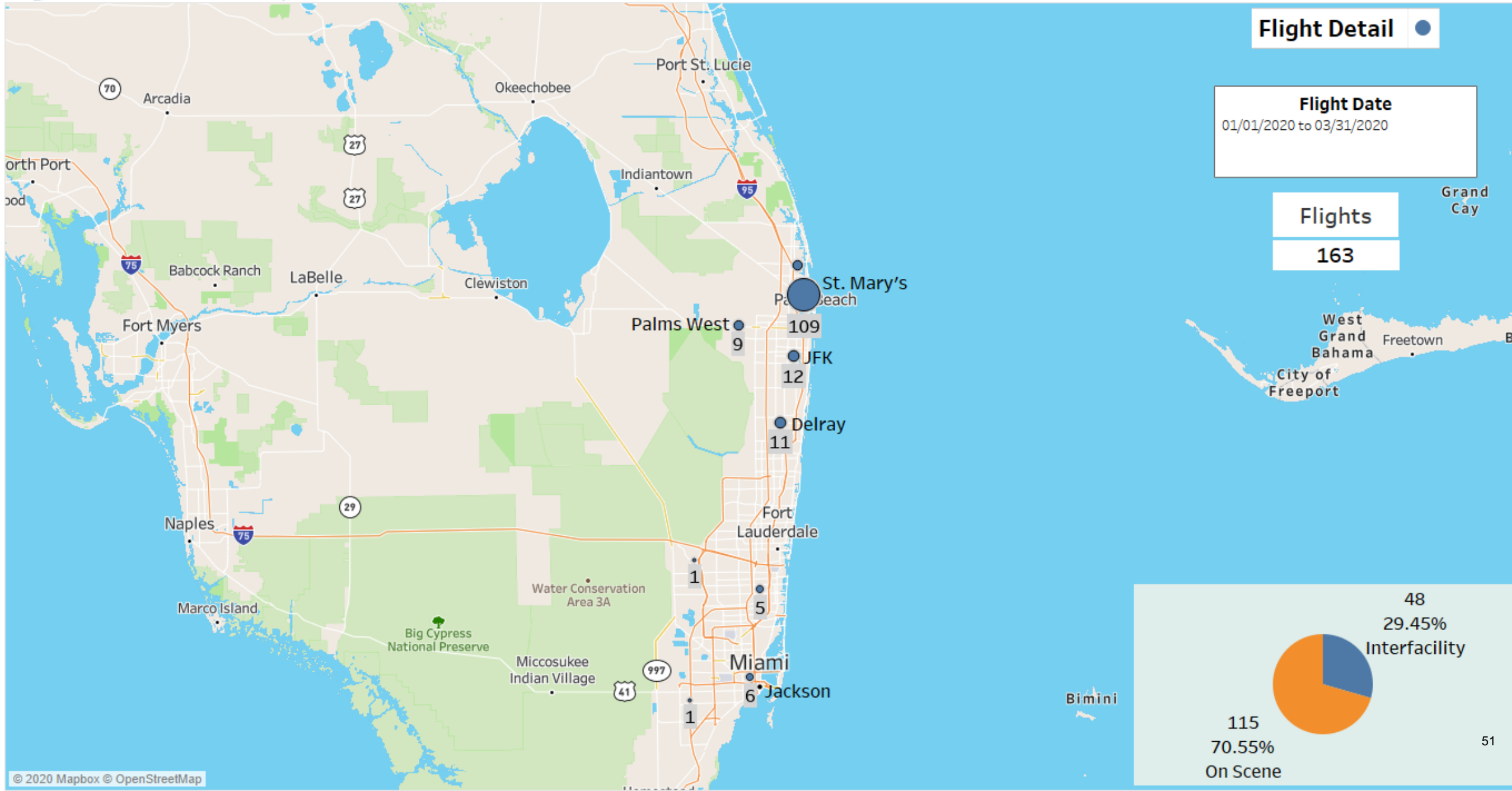


**20 Mile bend**  
 Longitud: 80.3920

**20 Mile be..**  
 All

20 Mile Bend  
 ● EMB  
 ● WMB

# Receiving Locations



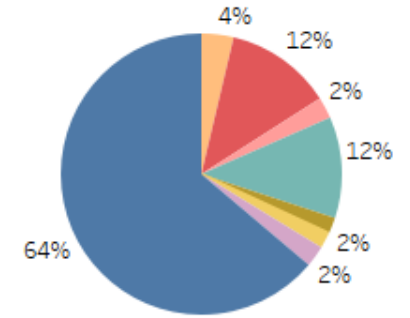
**FLIGHTS**  
**163**

20 Mile Bend coordinate  
All

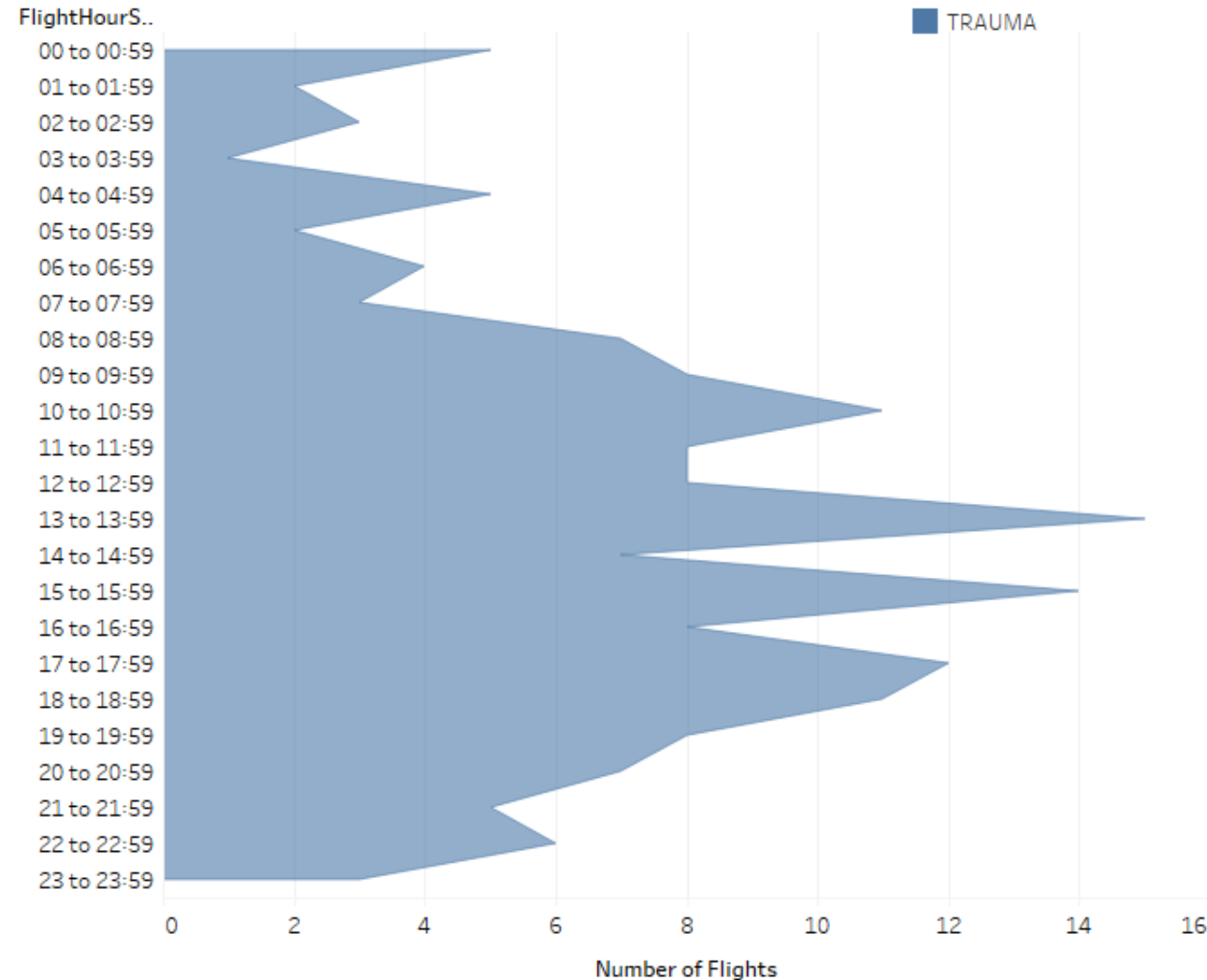
Pt Type  
All



- BURN
- CARDIAC
- NEONATAL
- NEUROLOGY
- OBSTETRIC
- OTHER
- PEDIATRIC NON TRAUMA
- TRAUMA



FlightHour	2020	Grand Total
0	5	5
1	2	2
2	3	3
3	1	1
4	5	5
5	2	2
6	4	4
7	3	3
8	7	7
9	8	8
10	11	11
11	8	8
12	8	8
13	15	15
14	7	7
15	14	14
16	8	8
17	12	12
18	11	11
19	8	8
20	7	7
21	5	5
22	6	6
23	3	3
<b>Grand Total</b>	<b>163</b>	<b>163</b>



**Dispatch to Pick Up Pt.**

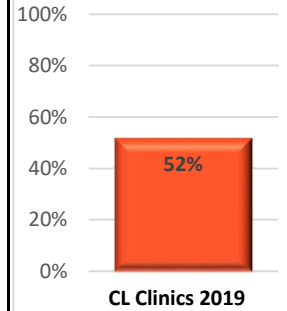
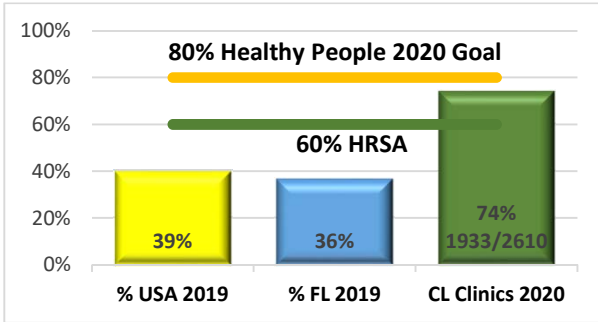
**20.28** Avg minutes

2020-32191	4m 43s
2020-32196	9m 3s
2020-32198	17m 6s
2020-32199	13m 24s
2020-32200	25m 40s
2020-32201	7m 36s
2020-32202	14m 59s
2020-32203	17m 11s
2020-32208	22m 21s
2020-32209	18m 39s
2020-32210	12m 50s
2020-32215	23m 26s
2020-32219	25m 50s
2020-32221	13m 3s
2020-32222	21m 20s
2020-32223	16m 9s
2020-32224	19m 11s

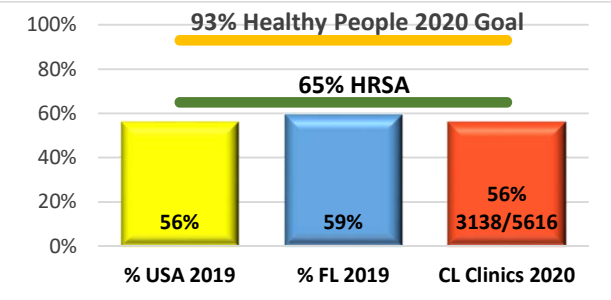


**C. L. BRUMBACK PRIMARY CARE CLINICS**  
**YTD March 2020**

**CHILDHOOD IMMUNIZATION**

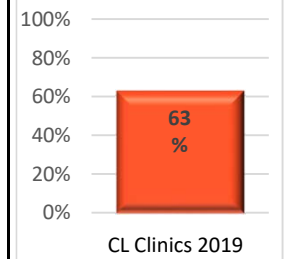


**CERVICAL CANCER SCREENING**

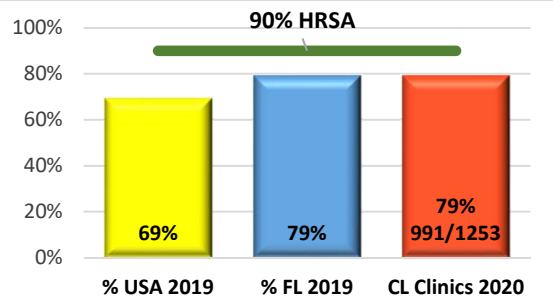


**Findings:** 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

**Interventions:** 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Ongoing cervical cancer screening education provided to providers.

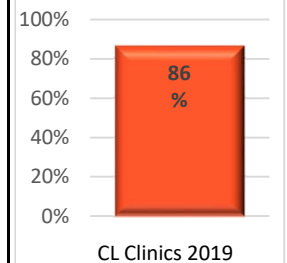


**WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS**

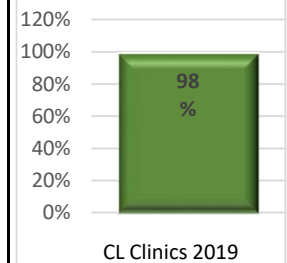
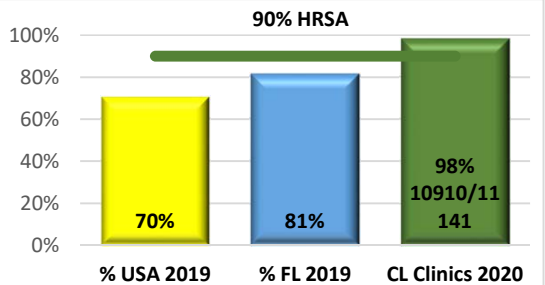


**Findings:** 1. Providers not dropping the order group at every visit.

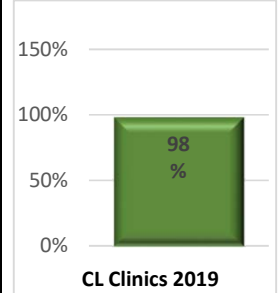
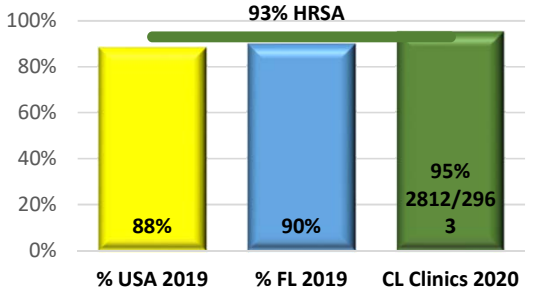
**Interventions:** 1. Continue to train providers that health education should be given at every visit regardless of reason for visit.



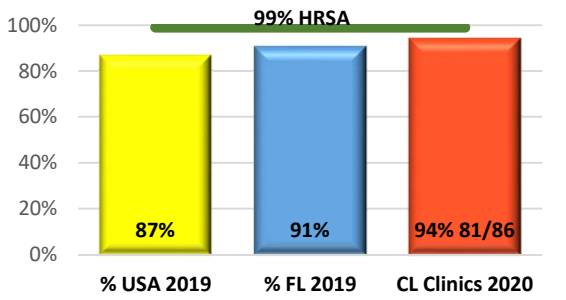
**ADULT WEIGHT SCREENING AND FOLLOW UP**



**TOBACCO USE SCREENING AND CESSATION INTERVENTION**

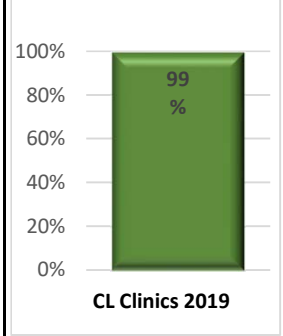


**ASTHMA PHARMACOLOGIC THERAPY**

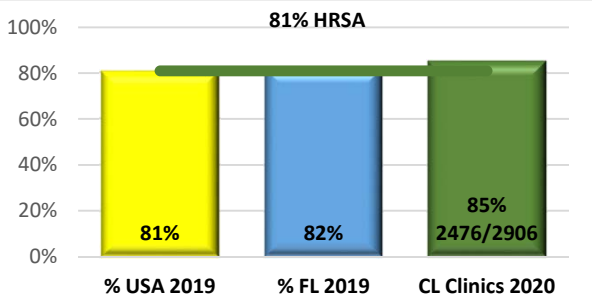


**Findings:** 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification.

**Interventions:** 1. Providers have been trained on asthma classifications. 2. Charts are being continuously audited to revise dating and classification errors.



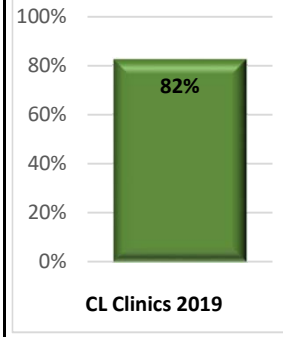
**CORONARY ARTERY DISEASE (CAD): LIPID THERAPY**



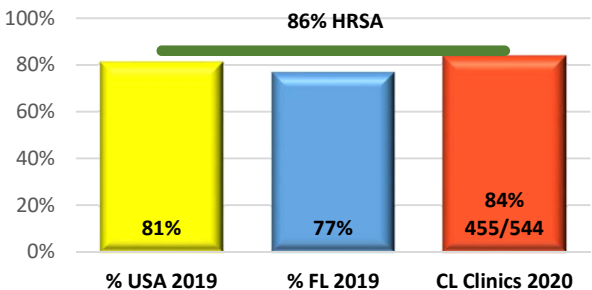
**Findings:** There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.

**Interventions:** (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.

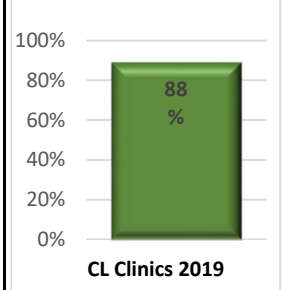


**ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy**

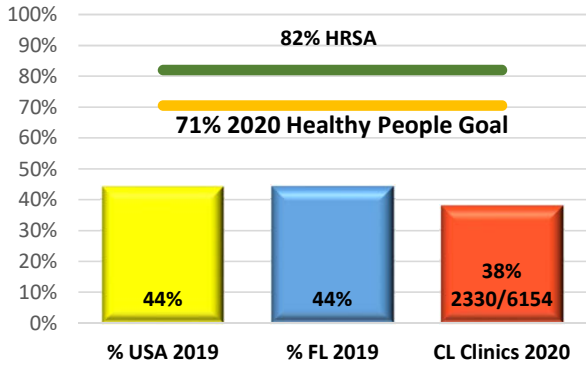


**Findings:** 1. Aspirin not documented under medication list.

**Interventions:** 1. Providers encouraged to review medication list and include Aspirin.

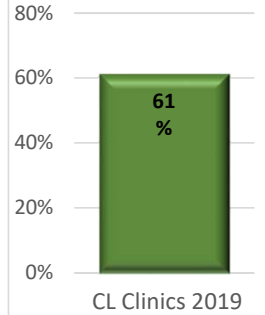


**COLORECTAL CANCER SCREENING**

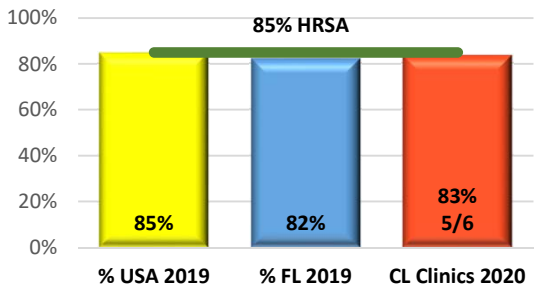


**Findings:** 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

**Interventions:** 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.

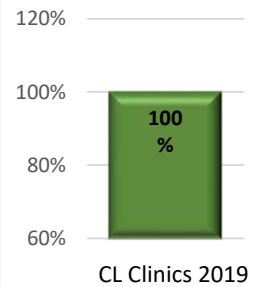


**HIV LINKAGE TO CARE**

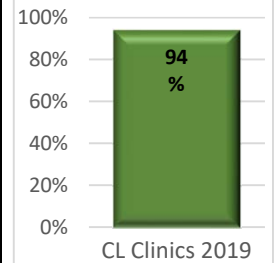
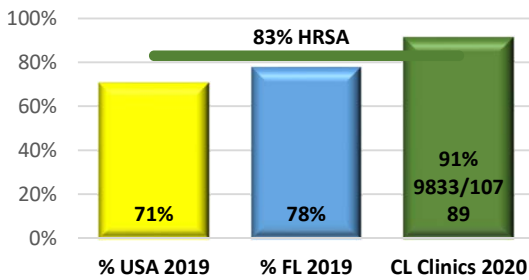


**Findings:** 1. Linkage to care time decreased from 90 to 30 days.

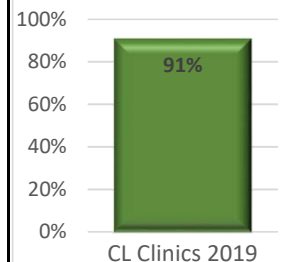
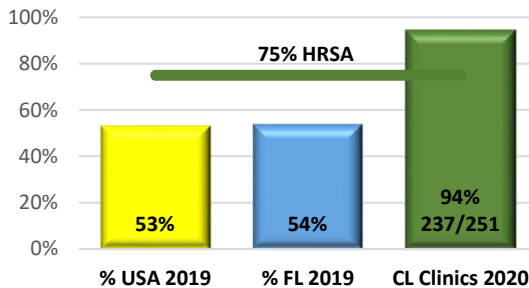
**Interventions:** 1. Providers educated on changes to the measure and opportunities for linkage to care.



**PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP**

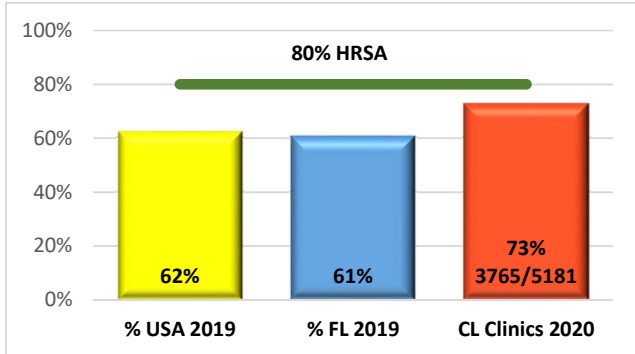


**DENTAL SEALANTS**



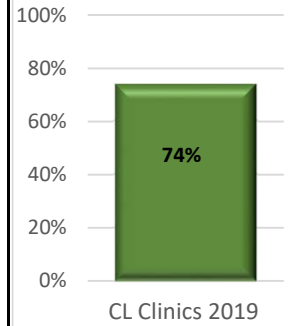
**C. L. BRUMBACK PRIMARY CARE CLINICS**  
**YTD March 2020**

**HYPERTENSION**

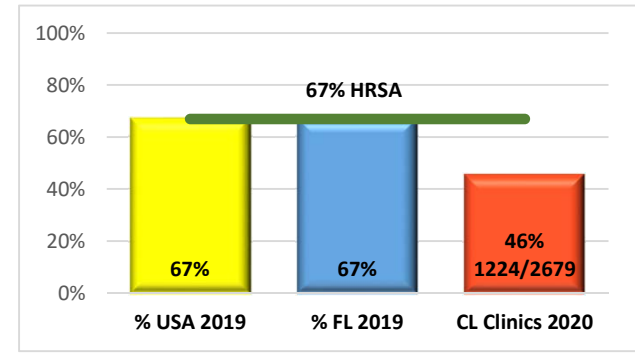


**Findings:** 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

**Interventions:** 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate.

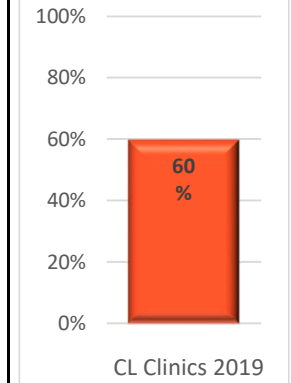


**DIABETES**



**Findings:** 1. Many patients did not meet the measure because they did not have HgbA1c during measurement period.

**Interventions:** 1. POC HgbA1c testing implemented to increase patient compliance.





# Edward J. Healey Rehabilitation and Nursing Center

## Quality Report

### 1st Quarter 2020

#### Percentages

#### MDS 3.0 Facility Level Quality Measure Report

Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
<b>High Risk Long Stay Residents with Pressure Ulcer</b>	<p>80% — 75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>30%</p> <p>Q1 2020</p>		<p>80% — Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>39% 63% 53%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<b>New/Worse Pressure Ulcer(s)</b>	<p>80% — 75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>2%</p> <p>Q1 2020</p>		<p>80% — Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>0% 0% 0%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>

<p><b>Experiencing One or More Falls with Major Injury</b></p>	<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>0%</p> <p>Q1 2020</p>		<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>0% 0% 0%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Falls (L)</b></p>	<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>10%</p> <p>Q1 2020</p>		<p>80% 75% 75% 75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>6% 6% 5%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Who Have Depressive Symptoms</b></p>	<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>0%</p> <p>Q1 2020</p>		<p>80% 75% 75% 75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p>0% 0% 0%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>

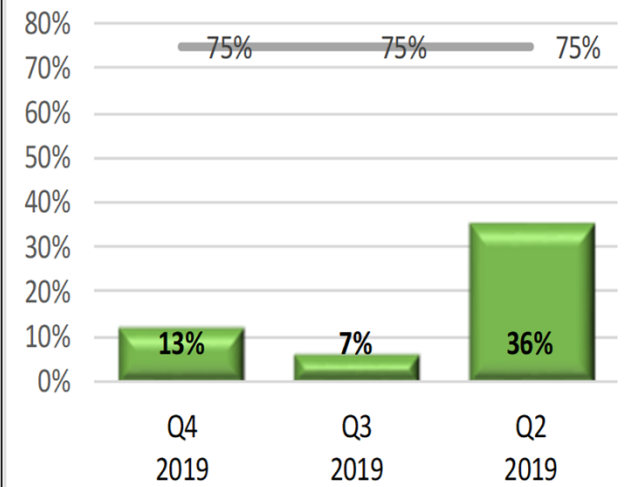
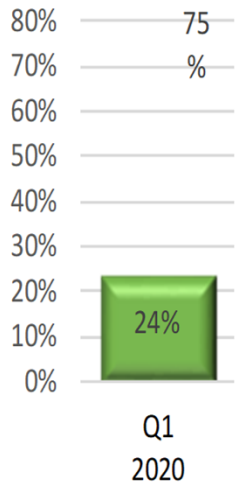
<p><b>Who Lose Too Much Weight</b></p>	<p>80% Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>43%</p> <p>Q1 2020</p>		<p>80% Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>19% 18% 68%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Who Received an Antipsychotic Medication (S)</b></p>	<p>120% 100% 80% 60% 40% 20% 0%</p> <p>98%</p> <p>Q1 2020</p>	<p>Data indicated that 1 of 7 Short stay residents received Antipsychotic medication for the quarter. The resident included in the sample size had an appropriate diagnosis and have since been discharged. Ongoing initiatives include: 1. Review of new admissions medical records. 2. Consult psychiatrist 3. Review during behaviors at psychotropic meeting 4. Non-Pharmacological interventions</p>	<p>80% Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>0% 0% 0%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Who Received Anti-Anxiety or Hypnotic Medication</b></p>	<p>80% 75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>8%</p> <p>Q1 2020</p>		<p>80% Goal: &lt;75% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>3% 3% 3%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>

<p><b>Who Were Physically Restrained</b></p>	<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>0%</b></p> <p>Q1 2020</p>		<p>80%</p> <p>70% 75%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>0%</b> <b>0%</b> <b>0%</b></p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Whose Behavioural Symptoms Affect Others</b></p>	<p>80% 75%</p> <p>70% %</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>30%</b></p> <p>Q1 2020</p>		<p>80%</p> <p>70% 75%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>31%</b> <b>17%</b> <b>17%</b></p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Increase ADL Help (L)</b></p>	<p>80% Goal: &lt;75%</p> <p>70%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>23%</b></p> <p>Q1 2020</p>		<p>80%</p> <p>70% Goal: &lt;75%</p> <p>60%</p> <p>50%</p> <p>40%</p> <p>30%</p> <p>20%</p> <p>10%</p> <p>0%</p> <p><b>23%</b> <b>15%</b> <b>30%</b></p> <p>Q4 2019 Q3 2019 Q2 2019</p>

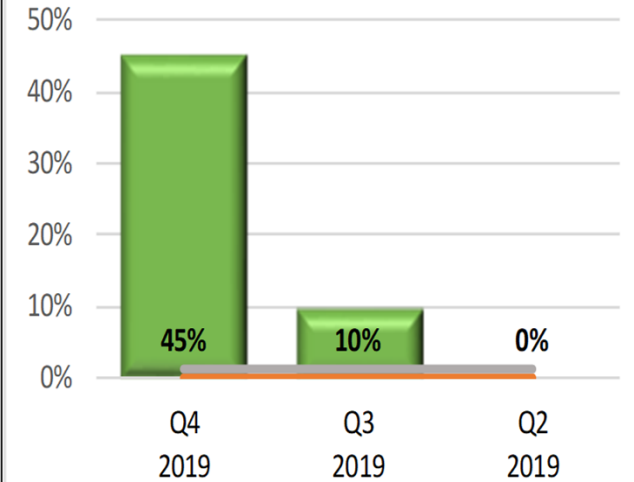
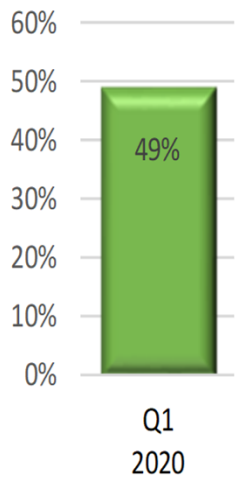


<p><b>With a Catheter Inserted and Left in the Their Bladder</b></p>	<p>80% 75% 70% 65% 60% 55%</p> <p>75 %</p> <p>63%</p> <p>Q1 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: &lt;75%</p> <p>60% 58% 51%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>With a Urinary Tract Infection</b></p>	<p>76% 75% 75% 74% 74% 73% 73% 72%</p> <p>75 %</p> <p>73%</p> <p>Q1 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>75% 75% 75%</p> <p>49% 0% 34%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>
<p><b>Low Risk LSRs Who Lose Control of their Bowel or Bladder</b></p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>75 %</p> <p>50%</p> <p>Q1 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>75% 75% 75%</p> <p>59% 60% 41%</p> <p>Q4 2019 Q3 2019 Q2 2019</p>

**Move Independent Worsens (L)**



**Improvement in Function (S) Higher % Better**



## QUALITY CORE MEASURES REPORT

### 1st Quarter (January - March 2020) - Preliminary

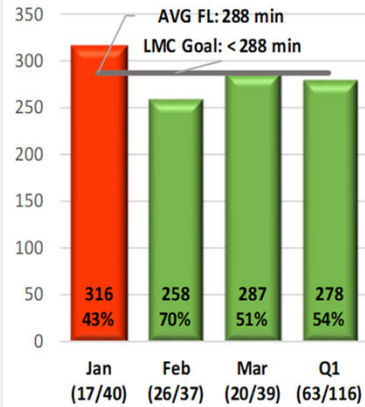
#### Sampled Population



**Median time from ED arrival to ED departure for admitted patients.**

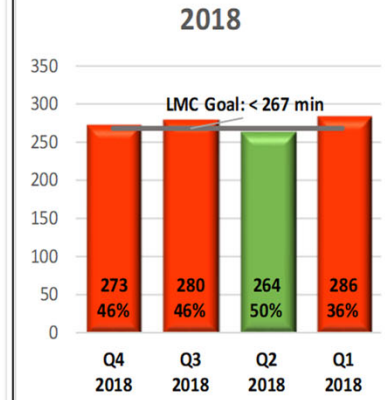
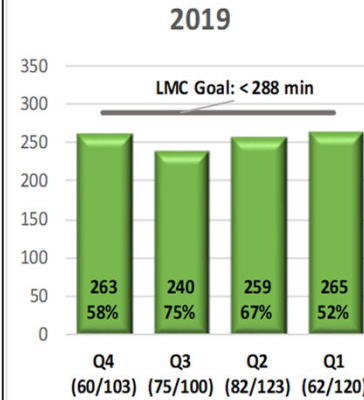
**Numerator:** Departed ED in less than 267 minutes.

**Denominator:** Measure sampled population for any ED Patient from the facility's emergency department.



**Findings:** The goal of <288 minutes was met for the quarter. Each month the top 3 cases were reviewed by the CMO.

**Interventions:** The nursing and medical staff provided appropriate care and no further action required.



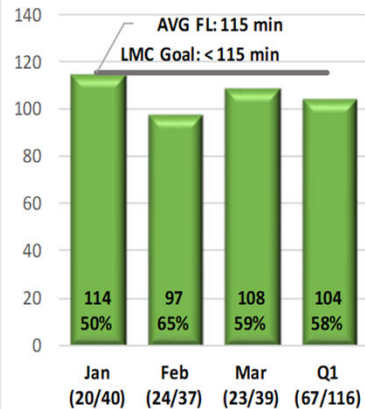
\*\*\*TJC

#### Emergency Department: ED-2a

**Median time from decision to admit time to ED departure for admitted patients.**

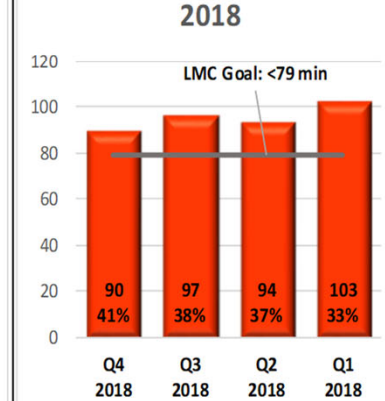
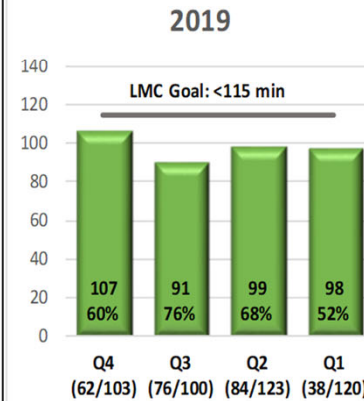
**Numerator:** Admitted and departed ED in less than 79 mins.

**Denominator:** Measure sampled population or any ED Patient from the facility's emergency department.



**Findings:** The goal of <115 minutes was met for the the quarter. Each month the top 3 cases were reviewed by the CMO.

**Interventions:** The nursing and medical staff provided appropriate care and no further action was required.

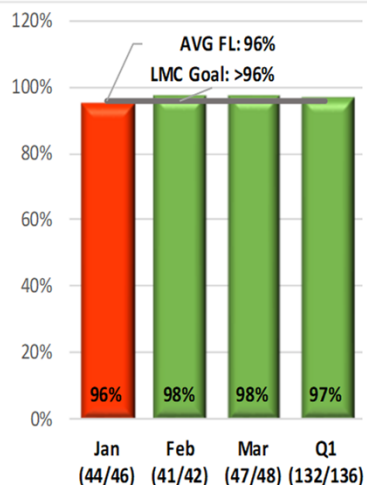


\*\*\*Retired as of 01/01/2020 for CMS reporting \*\*\*TJC

**IMM-2 Influenza Immunization**

**Immunizations (seasonal):**

**Numerator:** Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.  
**Denominator:** Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**

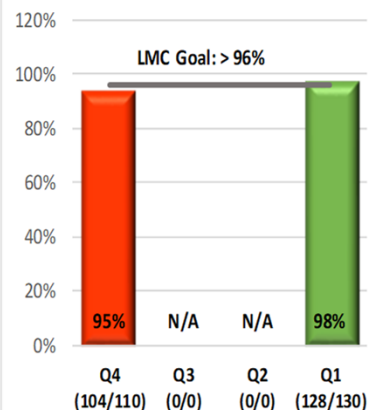


TJC

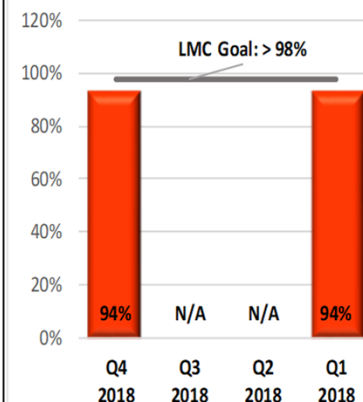
**Findings:** The goal of >96% was met for the quarter. There were (4) cases that failed, due to the vaccine not being offered upon admission or prior to discharge.

**Interventions:** The failed case details were provided to the manager for follow-up with the involved staff and review of the immunization protocol.

**2019**



**2018**

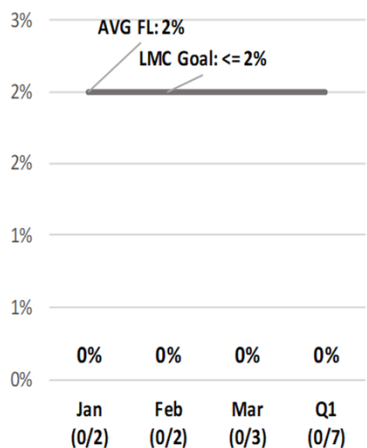


**Perinatal Care: PC-01**

**Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed.**

(Lower percentage is better, for cases that fall into measure).

**Numerator:** Patients with elective deliveries.  
**Denominator:** Patients delivering newborns with >= 37 and < 39 weeks of gestation completed.

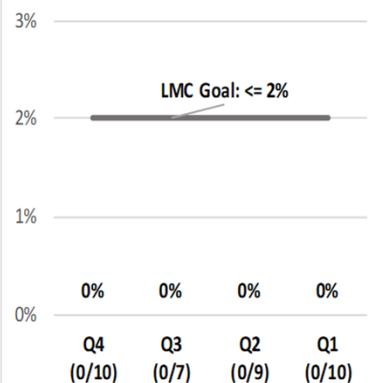


TJC

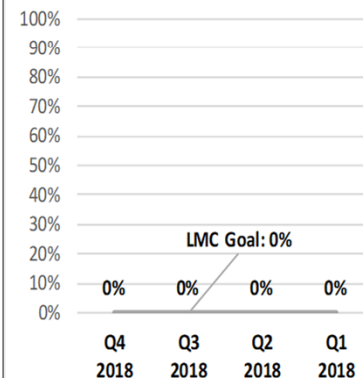
**Findings:** The goal of <=2% was met for the quarter.

**Interventions:** No action was required.

**2019**



**2018**

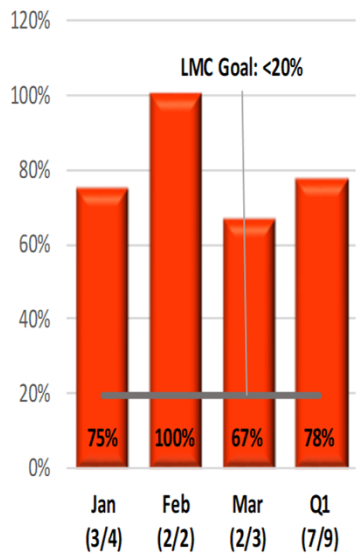


Perinatal Care: PC-02

**Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth**  
(Lower percentage is better).

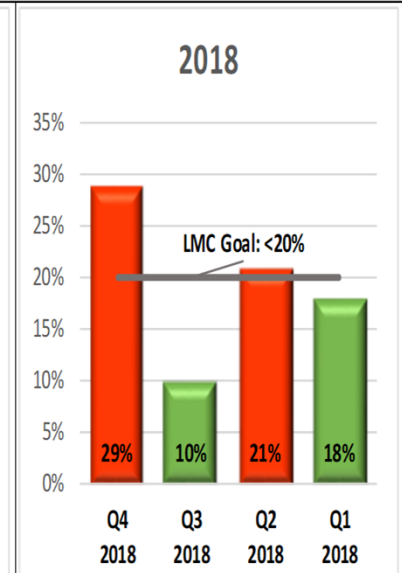
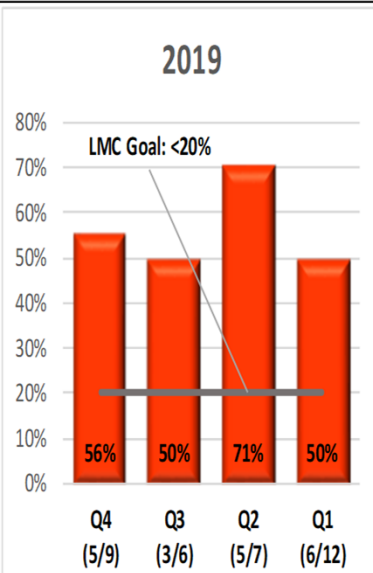
**Numerator:** Patients with cesarean births.  
**Denominator:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

TJC



**Findings:** The goal of <20% was not met for the quarter. The (7) cases were reviewed. Gestational ages ranged from 39 to 41 weeks. The c-sections were performed due to prolonged 2nd stage of labor, fetal macrosomia, arrest of labor, failed induction and maternal complications.

**Interventions:** No further action was required.



**QUALITY CORE MEASURES REPORT**  
**1st Quarter (January - March 2020) - Preliminary**  
**Sampled Population**

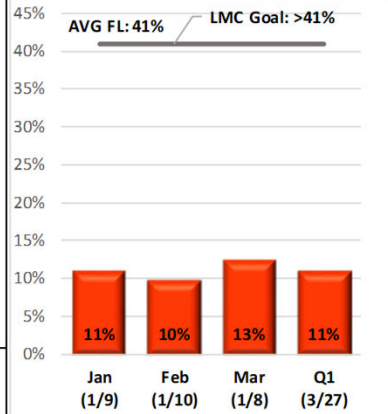


**INPATIENT QUALITY MEASURES**

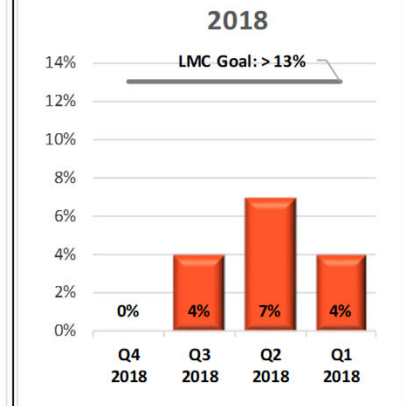
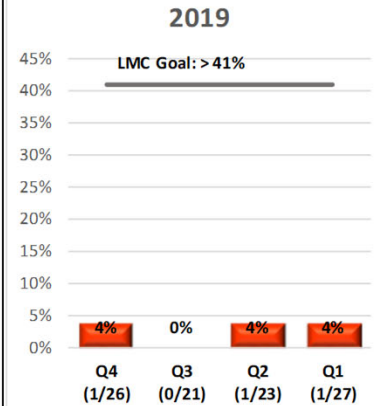
**Perinatal Care: PC-05**

**Exclusive breast milk feeding during the newborn's entire hospitalization.**  
 (Higher percentage is better)

**Numerator:** Number of moms Exclusively Breast Feeding.  
**Denominator:** Single term newborns discharged alive from the hospital.



**Findings:** The goal of >41% was not met for the quarter. Based on review of all of the sampled population (19) both breast and bottle fed. (5) Bottle fed only and (3) strictly breast fed.  
**1Q 2020: Total Deliveries:** (41)  
**Stats:** (3) strictly breast fed (22) breast and bottle fed and (16) bottle fed only.  
**Interventions:** There are now (2) nursing staff that are Certified Lactation Consultants. The unit manager has implemented educational research projects on breast feeding for staff. Each are required to do a presentation and also implement patient education.

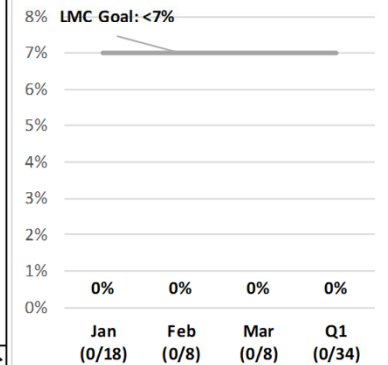


TJC

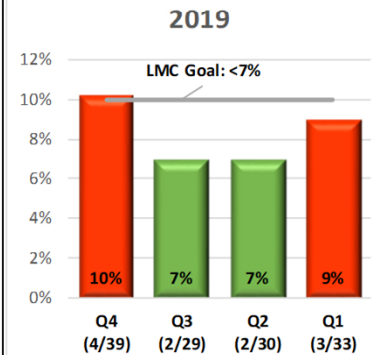
**Perinatal Care: PC-06**

**Unexpected Complications in Term Newborns.**  
 (Lower percentage is better)

**Numerator:** Newborns with severe complications and moderate complications.  
**Denominator:** Liveborn single term newborns 2500 gm or over in birth weight.



**Findings:** The goal of <7% was met for the quarter.  
**Interventions:** No action was required.



Measure is new for 2019

TJC

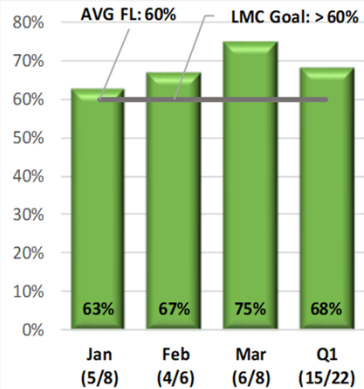
**Sepsis: SEP-1**

**Early management bundle, severe sepsis/septic shock. Special Note: Measure is not publicly reported by Hospital Compare.**

**Numerator:** Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment).

**Denominator:** Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

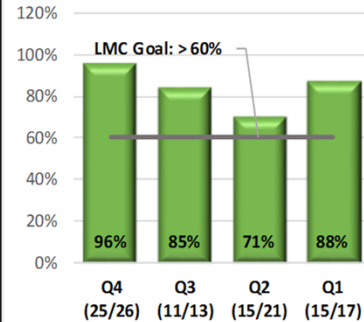
CMS/TJC



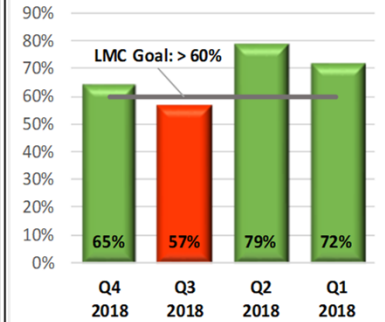
**Findings:** The goal of >60% was met for the quarter. The cases (7) that failed were reviewed at the Sepsis Committee and by the CMO.

**Interventions:** Each case was discussed in detail at the Sepsis Committee meeting and education has been provided for individual staff and physicians involved.

**2019**



**2018**



**Venous Thrombosis: VTE-6**

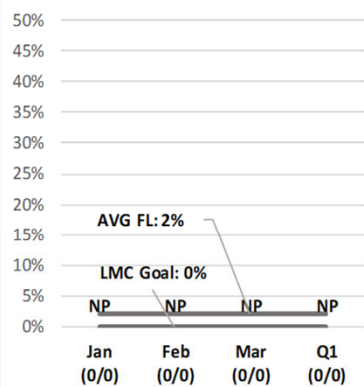
**Hospital Acquired Preventable VTE.**

(Lower percentage is better)

**Numerator:** Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.

**Denominator:** Patients who developed confirmed VTE during hospitalization.

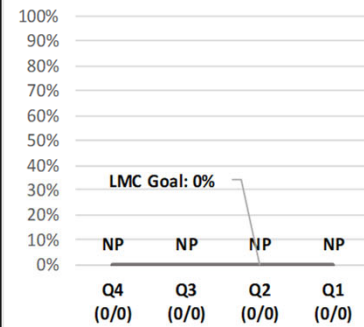
CMS/TJC



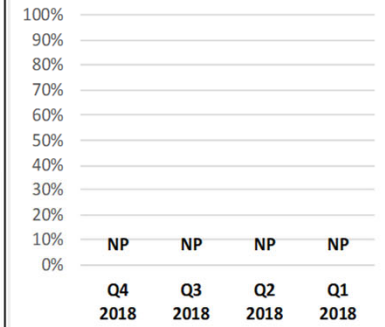
**Findings:** No population.

**Interventions:** No action was required.

**2019**



**2018**



\*Perinatal Care: PC-06 - New Measure :Started 1st Quarter 2019

The Florida Averages Data from Hospital Compare was obtained from the Florida Hospital Association.

\*\*Additional case added to ED-1 and ED-2 by Press Ganey for the month of July to prevent under population sampling.

\*\*\*Starting 01/01/2020, ED2 is a retired measure for CMS reporting. The ED measure set (ED 1&2) will remain available in QP-IM for voluntary Joint Commission reporting or for facility internal use. The ED measure will remain on the QP-IM tab as an available measure for abstraction until such time the facility wishes to drop the ED measure set and the facility notifies the Clinical Advisor, by email, of the request to drop the measure.

\*\*\*\* PC03 and PC04 Measures are retired as of 01/01/2020 for accreditation and certification programs.

**QUALITY CORE MEASURES REPORT**  
**1st Quarter (January - March 2020) - Preliminary**  
**Sampled Population**

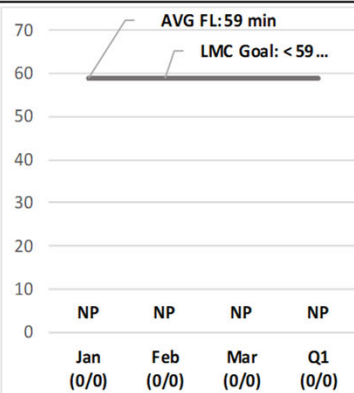


**OUTPATIENT QUALITY MEASURES**

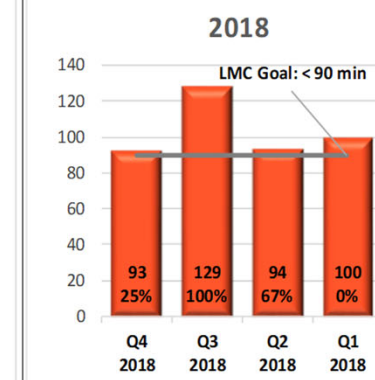
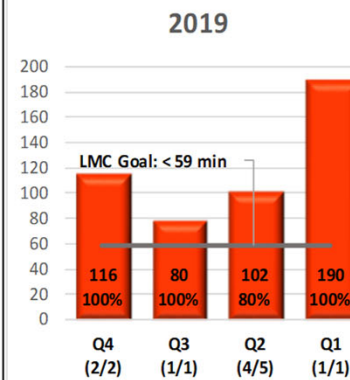
**Acute Myocardial Infarction: OP-3a**

**Acute Myocardial Infarction: OP-3a**  
**Median time to transfer to another facility for acute coronary interventions**

**Numerator:** Number of patients transferred to another facility within less than 90 minutes  
**Denominator:** Patients with Transfer for Acute Coronary Intervention.



**Findings:** No population  
**Interventions:** There was no action required.

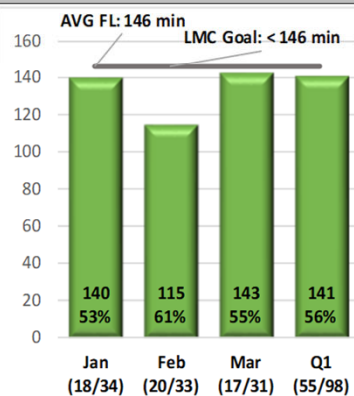


CMS/TJC

**Emergency Department Throughput: OP-18**

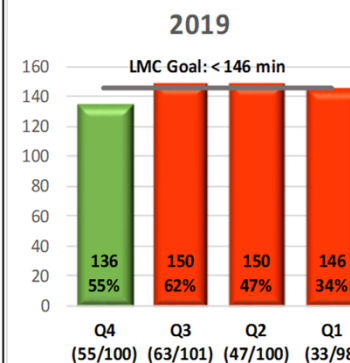
**Median time from ED arrival to discharge home or transferred.**

**Numerator:** Number of patients discharged in less than 120 minutes.  
**Denominator:** Any ED patient from the facility's emergency department.



**Findings:** The goal of <146 was met for the quarter. Each month the top 3 cases were reviewed by the CMO.

**Interventions:** The nursing and medical staff provided appropriate care and no further action was required.



CMS/TJC



**Stroke: OP-23**

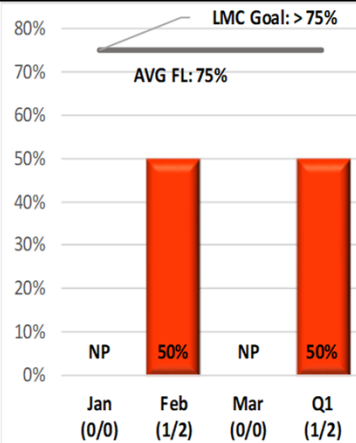
**Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival.**

(Higher percentage is better).

**Numerator:** Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients.

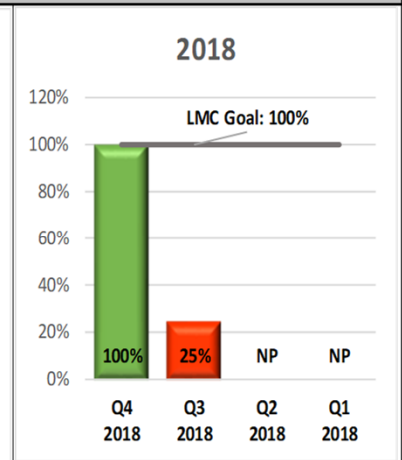
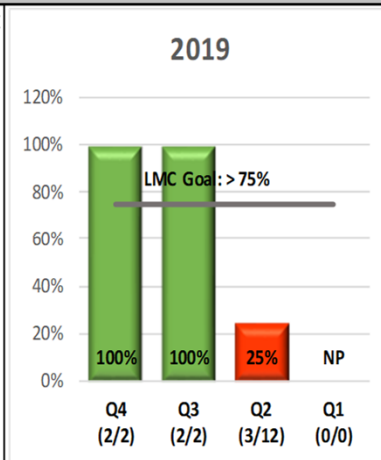
**Denominator:** Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients arriving at the ED within 2 hours of the Time Last Known Well with an order for a head CT or MRI scan.

CMS/TJC



**Findings:** The goal of >75% was not met for the quarter. The case was reviewed by the CMO.

**Interventions:** The case was discussed with the involved staff. No further action was required.



\*\*Additional case added to OP-3 by Press Ganey for the month of September to prevent under population sampling.

**Pharmacy Quality Measures**

Measure Set:	ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL						Previous Quarters											
	2020 Q1			2019 Q4			2019 Q3			2019 Q2			2019 Q1					
	Goal	Total		Goal	Total		Goal	Total		Goal	Total		Goal	Total				
	#	%	#	%	#	%	#	%	#	%	#	%	#	%				

**340B utilization**

<b>Total HCD prescriptions sold (excludes RW)</b>	61,053		Central Fill pharmacy co-located with West Palm pharmacy so number indicative for Delray and Lantana pharmacies only; Temporarily closed Central Fill 3/20 due to COVID-19	61,903		59,610		58,672		62,036		
<b>340B prescription fills sold</b>		100.0		61,061	98.7		100.0		100.0		62,050	100.0
<b>Central Fill (refills)</b>	8,818	76.7		10,377	75.0	10,058	87.7	10,913	65.2	21,419	34.5	



**Ready when promised (non-waiters)**

Belle Glade		1,031	99.8		4,952	99.7		5,352	99.7		5,539	99.9		5,259	99.9
Delray	<b>&gt;90%</b>	9,576	95.8	<b>&gt;90%</b>	11,589	99.9	<b>&gt;90%</b>	11,573	99.2	<b>&gt;90%</b>	11,379	98.3	<b>&gt;90%</b>	11,843	99.6
Lantana		18,917	96.7		19,467	99.4		21,380	99.4		18,322	97.1		18,695	98.9
West Palm		24,659	97.4		19,983	99.5		17,401	99.5		16,000	99.1		13,007	99.2



**Prescriptions designated as waiters**

Belle Glade		66	6.0		1,205	19.6		1,462	21.5		1,291	18.9		1,585	23.2
Delray	<b>&lt;25% per site</b>	1,069	10.0	<b>&lt;25% per site</b>	1,001	8.0	<b>&lt;25% per site</b>	1,017	8.1	<b>&lt;25% per site</b>	1,682	12.9	<b>&lt;25% per site</b>	1,682	12.4
Lantana		2,478	11.6		2,159	10.0		2,666	11.1		2,971	14.0		3,928	17.4
West Palm		1,038	4.0		1,113	5.3		2,037	10.5		3,600	18.4		3,958	23.3

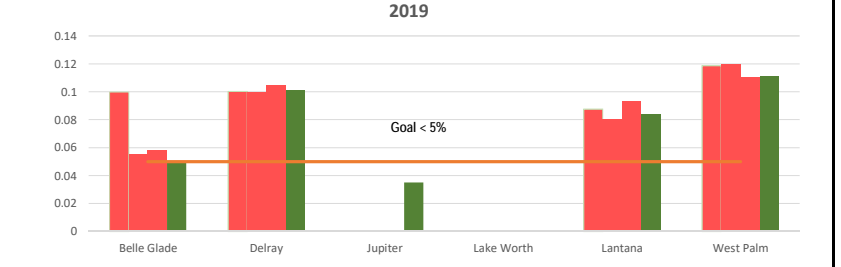
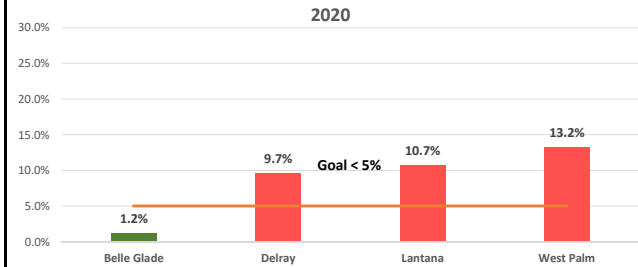


### Pharmacy Quality Measures

Measure Set:	2020 Q1			ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL	2019 Q4			2019 Q3			2019 Q2			2019 Q1		
	Goal	Total			Goal	Total		Goal	Total		Goal	Total		Goal	Total	
		#	%			#	%		#	%		#	%		#	%

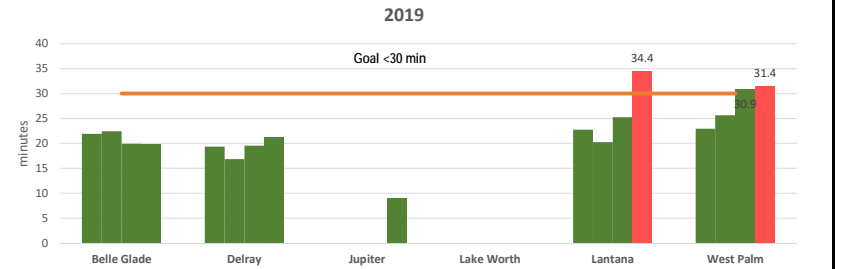
#### Prescriptions returned to stock

Belle Glade	<b>&lt;5% per site</b>	13	1.2	Slight increase of returns at the start of COVID Pandemic	<b>&lt;5% per site</b>	614	10.0	<b>&lt;5% per site</b>	380	5.6	<b>&lt;5% per site</b>	399	5.8	<b>&lt;5% per site</b>	341	5.0
Delray		1,028	9.7			1,262	10.0		1,260	10.0		1,364	10.4		1,368	10.1
Lantana		2,289	10.7			1,893	8.8		1,940	8.1		1,992	9.4		1,903	8.4
West Palm		3,403	13.2			2,504	11.9		2,330	12.0		2,159	11.0		1,891	11.1



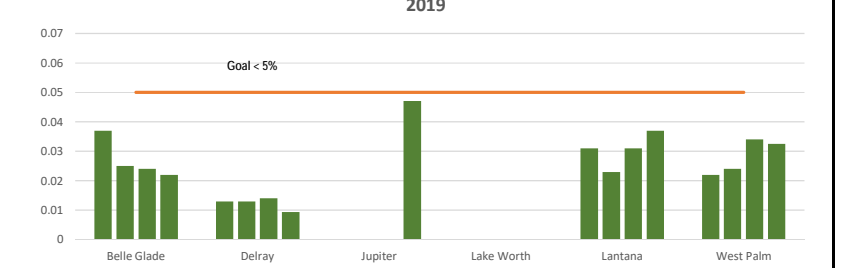
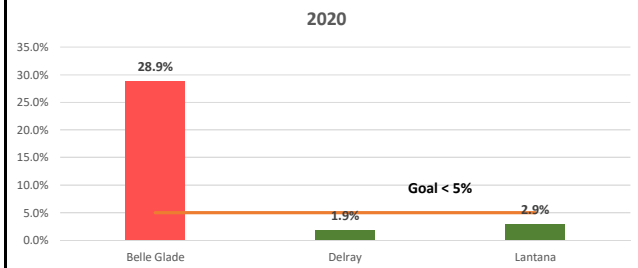
#### Total wait time in minutes (waiters)

	20.14 Minutes		21.7 Minutes	21.25 Minutes	23.8 Minutes	23.14 Minutes
Belle Glade	12.42 mins	<b>&lt;30 mins</b>	21.9 mins	22.4 mins	19.9 mins	19.8 mins
Delray	19.67 mins		19.3 mins	16.8 mins	19.5 mins	21.2 mins
Lantana	21.96 mins		22.7 mins	20.2 mins	25.2 mins	34.4 mins
West Palm	26.49 mins		22.9 mins	25.6 mins	30.9 mins	31.4 mins



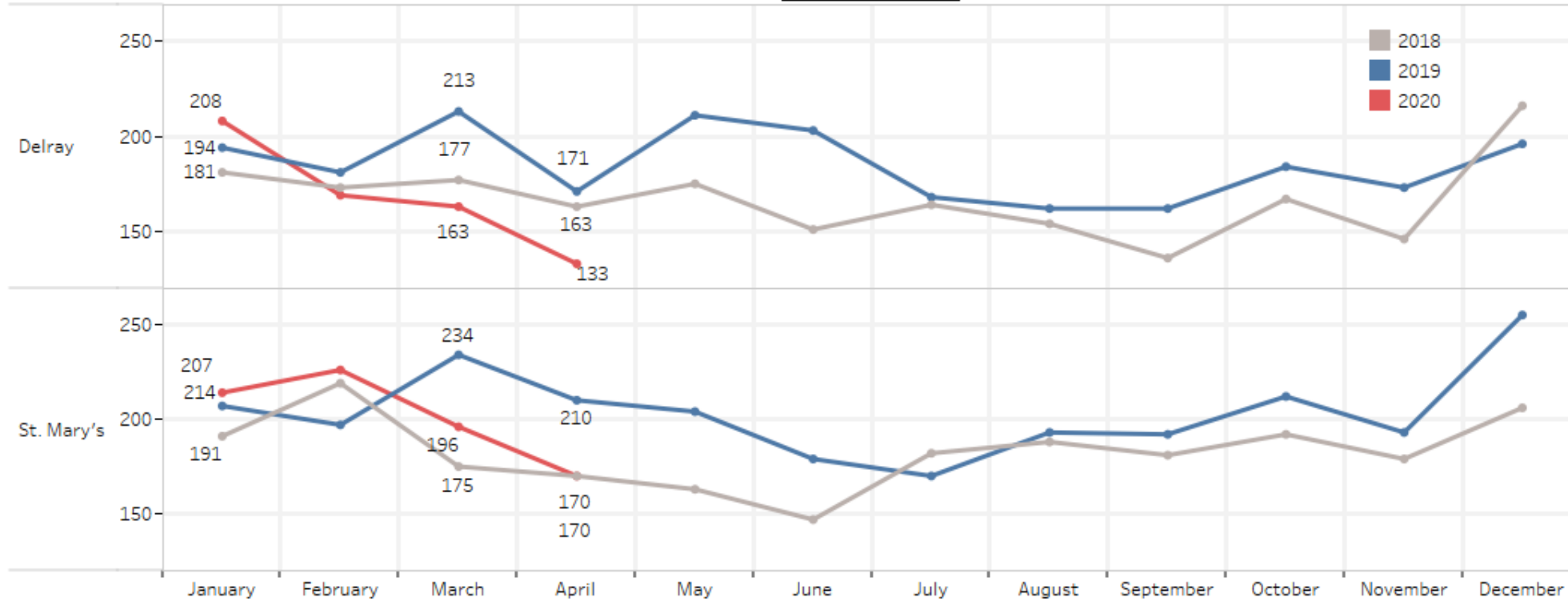
#### Total out of stock fills

Belle Glade	<b>&lt;5% per site</b>	318	28.9	<b>&lt;5% per site</b>	226	3.7	<b>&lt;5% per site</b>	169	2.5	<b>&lt;5% per site</b>	165	2.4	<b>&lt;5% per site</b>	151	2.2
Delray		208	1.9		161	1.3		160	1.3		176	1.4		127	0.9
Lantana		637	2.9		675	3.1		488	2.3		672	3.1		846	3.7
West Palm		246	0.9		478	2.2		475	2.4		677	3.4		554	3.3

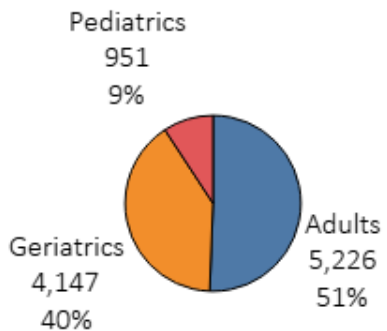
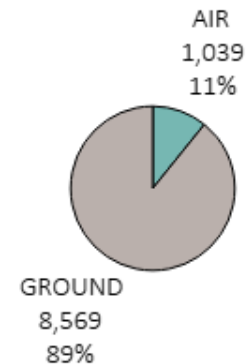
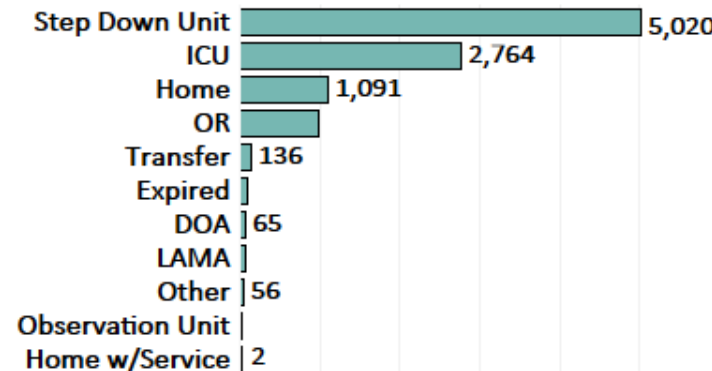
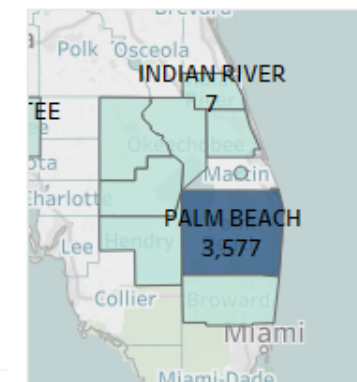


#### Quality Audit Results

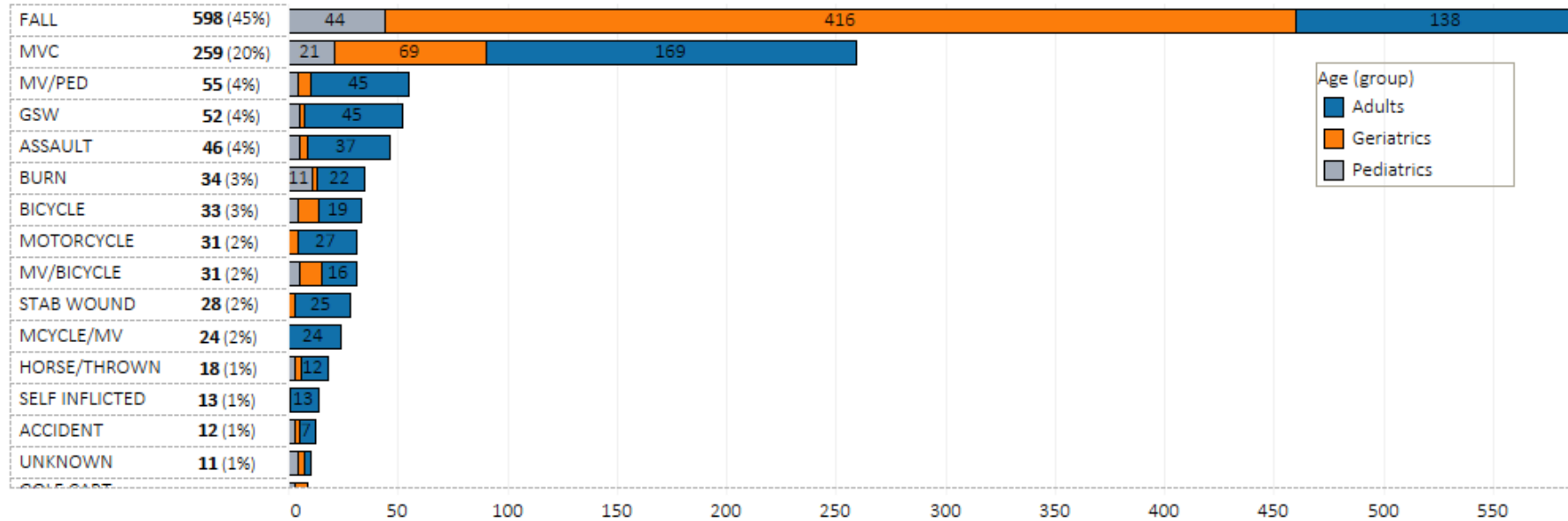
CQI Compliance Audit	Quarterly CQIs completed in compliance with Board requirements
Control Substance Reconciliation Audit	No discrepancies during the quarter
Mailed Prescriptions	861 mailed packages (2,448 prescriptions)

**Admission Date**
**10,339**

**Transferring Facility**
 IN County  
 Out Of County

JFK MEDICAL CENTER	650
BOCA RATON REGIONAL HOSPITAL	301
JUPITER MEDICAL CENTER	263
WEST BOCA MEDICAL CENTER	244
PALMS WEST HOSPITAL	238
BETHESDA HOSPITAL EAST	234
PALM BEACH GARDENS MEDICAL C..	193
GOOD SAMARITAN MEDICAL CENT..	147
HENDRY REGIONAL MEDICAL CENT..	133
BETHESDA HOSPITAL WEST	115
WELLINGTON REGIONAL MEDICAL ..	111
JFK NORTH	105
LAKESIDE MEDICAL CENTER	93
VETERANS ADMINISTRATION, PAL..	52
MARTIN HOSPITAL SOUTH	46
MARTIN MEDICAL CENTER	45
JFK BOYNTON BEACH FREE STANDI..	43
DELRAY MEDICAL CENTER FREE ST..	29
RAULERSON HOSPITAL	21
LAWNWOOD REGIONAL MEDICAL ..	16
ST LUCIE MEDICAL CENTER	12
JFK PALM BEACH GARDENS FREE S..	10
INDIAN RIVER MEDICAL CENTER	9
DELRAY MEDICAL CENTER	5
OTHER FACILITY (Unspecified)	5
CLEVELAND CLINIC HOSPITAL	4
ST MARY'S MEDICAL CENTER	2
GOOD SAMARITAN FREE STANDING	1
<b>Total</b>	<b>72</b>

**Age Group**

**Transport Mode**

**Disposition**

**County Of Injury**


MOI



Falls

