



**Quality, Patient Safety &
Compliance Committee Meeting
September 24, 2020
2:00 P.M.**

**Meeting Location
Zoom Webinar Meeting**



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

**September 24, 2020 at 2:00 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

A. Introduction of Joshua Burrill, Compliance and Regulatory Director
Darcy Davis

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 1-4]

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 5]

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Summary of Compliance and Privacy Activities
(Joshua Burrill) [Pages 6-12]

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 RECEIVE AND FILE:

Patient Relations Dashboards
(Belma Andric) [Pages 13-19]

- Patient Relations Dashboard, C.L. Brumback Care Clinics.
(Andrea Steele/David Speciale) [Page 16]
- Patient Relations Dashboard, E.J. Healey Center.
(Andrea Steele/Marceline Colin) [Page 17]
- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/Monique Jackson) [Page 18]
- Patient Relations Dashboard.
(Andrea Steele/Luis Rodriquez) [Page 19]

8B-2 RECEIVE AND FILE:

Quality & Patient Safety Reports
(Belma Andric) [Pages 20-61]

- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/Gerry Pagano) [Pages 24-32]
- Quality & Patient Safety Report, C.L. Brumback Care Clinics.
(Andrea Steele/Ana Ferwerda, M.D.) [Pages 33-38]
- Quality & Patient Safety Report, Corporate Quality Metrics
(Andrea Steele) [Pages 39-41]
- Quality & Patient Safety Report, E.J. Healey Center.
(Andrea Steele/Marceline Colin) [Page 42-47]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Andrea Steele/Sylvia Hall) [Pages 48-55]

- Quality and Patient Safety Report, Pharmacy.
(Andrea Steele/Luis Rodriguez) [Pages 56-57]
- Quality & Patient Safety Report, Trauma Program.
(Andrea Steele/Sandra Smith) [Page 58-61]

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

- December 8, 2020 (Q3 2020)

13. Motion to Adjourn

* Public comments should be emailed to nwhite@hcdpbc.org or submitted via telephone to 561-804-5870 by 12:00 P.M. on Wednesday, September 23, 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
June 9, 2020, 2020 at 12:00 p.m.
Zoom Webinar Meeting

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

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

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; Joel Snook, Chief Financial Officer; Charlene Silvestri, David Speciale, Giovanna Dipasquale, Ginny Keller, Gerry Pagano, Jonathan Dominique, Janet Moreland, Leticia Stinson, Luis Rodriguez Martha Hyacinthe, Monique Jackson, Regina Stolpman, Sandra Smith, Shauniel Brown, Shelly Ann Lau, Sylvia Hall, Tom Cleare

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. The motion was duly seconded by Mr. O'Bannon. There being no opposition, the motion was passed unanimously.

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

None

5. *Public Comment

None

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 10, 2020.

CONCLUSION/ACTION: Ms. Weeks made a motion to approve the committee minutes from March 11, 2020 as presented. The motion was duly seconded by Mr. Neering. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Mr. O'Bannon made the motion to approve the Consent Agenda items. The motion was duly seconded by Mr. Elder. There being no oppositions, the motion passed unanimously.

A. **ADMINISTRATION**

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

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

- 7A-3 **RECEIVE AND FILE:**
Compliance and Privacy Work Plans 2020
(Deborah Hall)

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

8. Regular Agenda

A. **COMPLIANCE**

- 8A-1 **RECEIVE AND FILE:**
Summary of Compliance and Privacy Activities
(Deborah Hall)

CONCLUSION/ACTION: Received and Filed

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARD

8B-1 RECEIVE AND FILE:

Patient Relations Dashboards
(Belma Andric)

CONCLUSION/ACTION: Received and Filed

- Patient Relations Dashboard, School Health.
(Andrea Steele/Tracey Archambo)
- Patient Relations Dashboard, C.L. Brumback Care Clinics.
(Andrea Steele/David Speciale)
- Patient Relations Dashboard, E.J. Healey Center.
(Andrea Steele/Marceline Colin)
- Patient Relations Dashboard, Lakeside Medical Center.
(Andrea Steele/Monique Jackson)
- Patient Relations Dashboard.
(Andrea Steele/Luis Rodriguez)

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 Archambo)
- 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/Marceline Colin)
- 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

Darcy Davis gave recognition to the E.J. Healey Center for having none of their patients test positive for COVID-19 and for passing their infectious control survey with no deficiencies or findings. The C.L. Brumback Care Clinics are now testing at 6 locations including their new mobile clinic, Scout. As of June 8th, 30,000 COVID-19 tests have been administered, which is just shy of half of the total tests administered throughout the County. Lakeside Medical Center as of June 8th, has cared for 148 positive COVID-19 patients with positive outcomes.

10. Committee Member Comments

Dr. Alonso gave recognition to the Health Care District for their impact on the community when the District took on testing for COVID-19 for the Community.

Mr. Neering commented on how as a Country, we need to treat racism as a public health crisis.

Dr. Alonso expressed her frustration on how the Department of Health has not been able to provide the data the Health Care District provides in terms of the racial and ethnical data of patients that are being tested versus the patients that are testing positive for COVID-19. She would like to discuss the possibility of using the Health Care District as a proxy for some of the information that they are looking to provide since they have done such a great job in providing this data for the patients that they have tested.

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

There being no further business, the meeting was adjourned at 2:03 P.M.

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

12 Month Attendance Tracking

	9/24/19	12/10/19	3/10/20	6/09/20
Mary Weeks	X	X	X	X
Sharon Larson	E	X	X	X
Alina Alonso	X	X	E	X
James Elder	X	X	X	X
Sean O'Bannon	X	X	X	X
Kimberly Shultz		X	X	X
Cory Neering			X	X
Dr. Ishan Gunawardene			X	X
Dr. Daniel Padron	X	E	X	X

HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
September 24, 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 2nd Quarter of 2020.

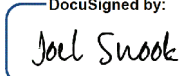
3. Substantive Analysis:

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:

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

N/A

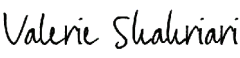
Date Approved


HEALTH CARE DISTRICT
Quality, Patient Safety and Compliance Committee
September 24, 2020


6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee receive and file the Summary of Compliance and Privacy Activities for the 2nd Quarter of 2020.

Approved for Legal sufficiency:

DocuSigned by:

C1BC64230646437...
valerie Shannari
VP & General Counsel

DocuSigned by:

745544633486479...
Joshua Burrill
Director of Compliance/Internal Audit

DocuSigned by:

B078371650CD4AE...
Darcy J. Davis
Chief Executive Officer



Health Care District of Palm Beach County

Dedicated to the health of our community

**QUALITY, PATIENT SAFETY AND
COMPLIANCE COMMITTEE**

September 24, 2020



COMPLIANCE & PRIVACY SUMMARY AND DASHBOARD



Compliance & Privacy Highlights

- Leadership change in Compliance Department
- 90-Day Compliance Assessment
- Recruiting for auditor position
- Implementation of Compliance Workplan
- Executive Leadership Compliance Training: Bi-Monthly starting in October
- Participated in task forces for the following management initiatives:
 - Athena post implementation optimization (revenue cycle/portal)
 - Coding and compliance work group design
 - Revenue cycle/Compliance committee
 - Inventory and revision for privacy policies and procedures



Compliance & Privacy Major Projects

- Drug Diversion monitoring and corrective action
- Compliance support for COVID-19 operations
 - Regulatory updates
- Perform monthly time log analysis for contract physicians
 - Reconcile time submitted/call schedule/contract terms
 - Reconcile past logs for residency physicians
- Revision of Compliance and Privacy training program and new hire orientation
- Compliance vendor contract analysis
- Business Associate Agreement document revision and reconciliation



Compliance & Privacy Dashboard

April 1, 2020 – June 30, 2020

Reported Privacy Concerns				
Entity	April	May	June	Total
Home Office	1	-	-	1
Lakeside Medical Center	1	1	1	3
C.L. Brumback Clinics	3	2	1	6
E.J. Healey Center	-	-	-	0
Aeromedical	-	-	-	0
Pharmacy	2	-	1	3
School Health	-	-	-	0
Total				13

Compliance Inquiries				
Entity	April	May	June	Total
Home Office	-	-	-	0
Lakeside Medical Center	1	-	-	1
C.L. Brumback Clinics	-	1	-	1
E.J. Healey Center	-	-	-	0
Aeromedical	-	-	-	0
Pharmacy	-	-	-	0
School Health	-	-	-	0
Total				2

Regulatory Inquiries			
April	May	June	Total
-	-	1	1

Medical Record Amendment Requests			
April	May	June	Total
-	-	1	1

Compliance Hotline Calls			
April	May	June	Total
1	1	3	5

Privacy Category Reported	
Disclosure to an Unauthorized Person	4
Employee Complaint	1
Misdirected Email	1
Misdirected Fax	3
Misdirected Mail	2
Misfile of PHI	1
Proper Safeguards	1

Breach Notifications Mailed	
Home Office	-
Lakeside Medical Center	-
C.L. Brumback Clinics	-
E.J. Healey Center	-
Aeromedical	-
Pharmacy	3
School Health	-

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 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 2nd Quarter of 2020 for C. L. Brumback Primary Care Clinics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center and Pharmacy.

C. L. Brumback Primary Care Clinics

In the second quarter of 2020, the clinics served 8,722 unique patients with 11,484 clinic visits and had only 14 complaints and 9 grievances. Several of the 7 complaints and grievances were submitted via Social Media for the Mobile Clinic department (parked at the FITTEAM Ballpark) related to testing and test results. The Top Five Categories for Complaints and Grievances for the quarter were: Care & Treatment, Communication, Other, Respect Related and Physician Related. The Top Subcategory was Poor Communication. Many were related to not being able to get through to the clinic or schedule an appointment by phone. Interventions have been taken to improve the Call Tree and improvement has already been noted. All grievances were followed up on by mailing a letter within 7 days.

3 compliments were received of which 2 were Physician Related.

E. J. Healey Nursing & Rehabilitation Center

For Q2 there was an average of 112 patients. There were 36 grievances by at least 20 unique patients, 28 of which were resolved within 72 hours. The majority of grievances were received by Social Services and Dolphin departments. The Top Five Categories were Other, Personal Belongings, Nutrition, Care & Treatment and Nursing Related. The Top Five Subcategories show that Other had the most events. A few examples include being kicked off the internet, wanting the activities patio to remain open later and wanting a breakfast tray not to be left in a resident's room.

125 compliments were entered. 76% of compliments are attributed to the category of None because they are general compliments about the care residents receive. One example was a patient that said "I am so happy, very happy with the care".

Lakeside Medical Center

For Q2 2020, Lakeside served 3,823 patients and had 17 complaints and grievances. The Top Five Categories were Care & Treatment, Communication, Nursing Related,

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 2020

Other and Pain. The Top Five Subcategories revealed the highest subcategory as Confidence in Caregiver. 3 were for the Emergency Services department. 13 of these grievances were addressed within 30 days, while the remaining 4 were resolved in greater than 30 days.

Complaint/Grievance Resolution: 88% service recovery achieved. LMC was not able to achieve recovery for two complaints: 1) Post on Facebook page 2) Refused the plan of care related to the order for pain medication.

5 compliments were received. 2 were Nursing Related.

Pharmacy

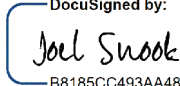
For Q2, there was one complaint entered for Delray Pharmacy in the category of Other. A patient called upset about wanting a prescription mailed to him the month prior, but the mail prescription program had just begun a couple weeks prior. Follow-up revealed there was an error in communication between the patient and the pharmacy staff. The patient was able to get the medication mailed. Incident was resolved

1 compliment was entered for Lantana Pharmacy.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
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:

B8185CC493AA486...
Joel Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance
Committee

N/A

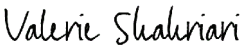
Date Approved


**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 24, 2020**


6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:

C1BC64230646437...
Valerie Shahriari
VP & General Counsel

DocuSigned by:

1F272D34C8B04A5...
Belma Andric, MD
CMO, VP & Executive Director of Clinical
Services

DocuSigned by:

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Darcy J. Davis
Chief Executive Officer

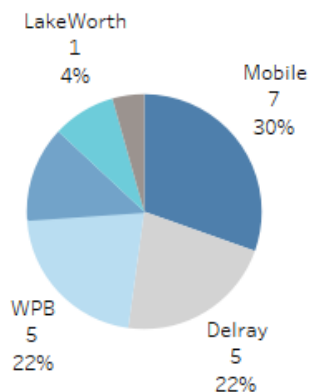
2020 Q2

04/01/2020 to 06/30/2020

Total Complaints and Grievances

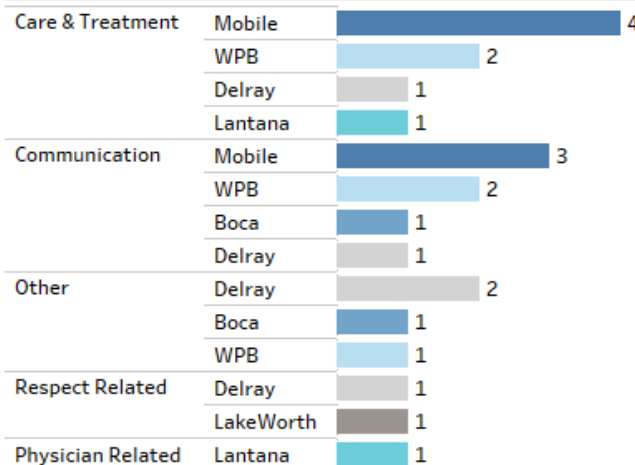
23

Clinics

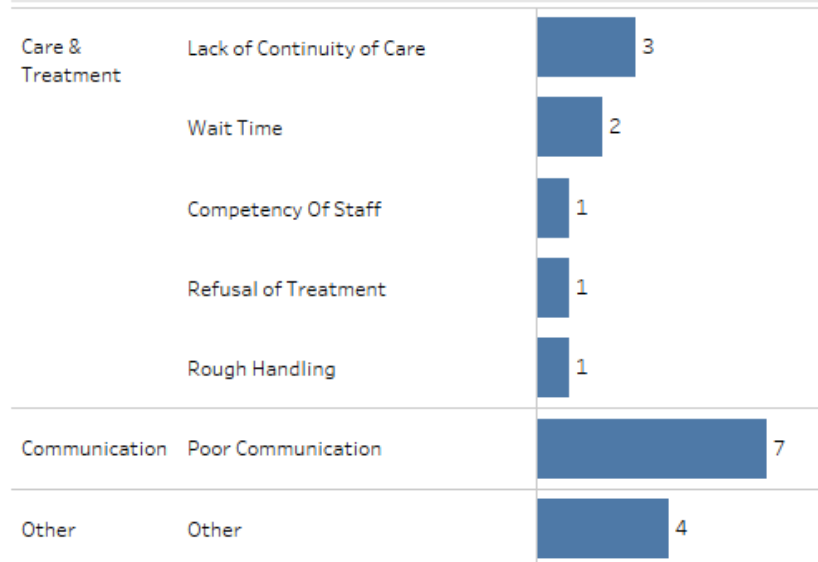


Clinic
Mobile
Delray
WPB
Boca
Lantana
LakeWorth

Top 5 Categories

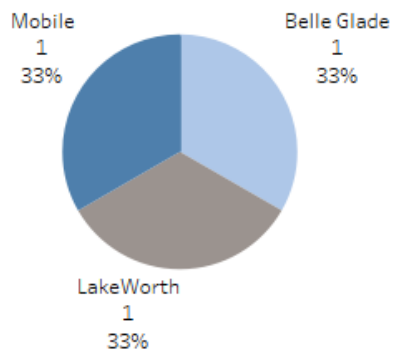


Total Top 5 Subcategories



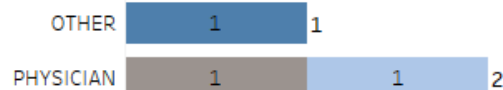
Total Compliments

3



Clinic
Belle Glade
LakeWorth
Mobile

Care and treatment Categories

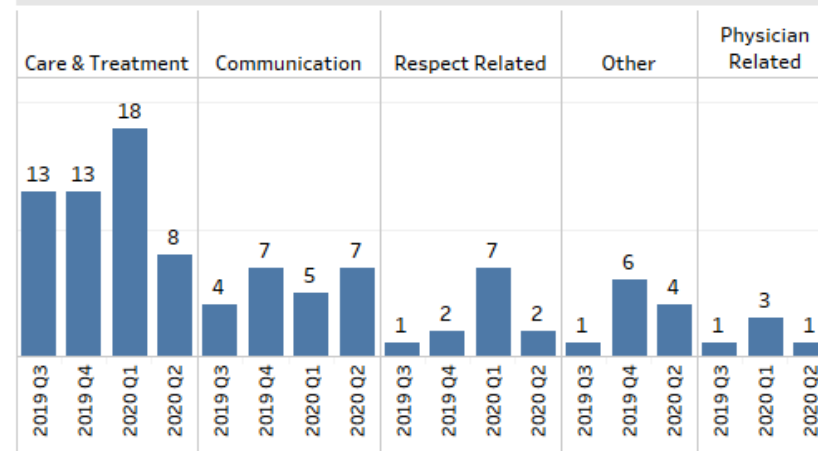


Complaints/Grievances Previous 4 Quarters

110

Top 5 Categories trended

07/01/2019 to 06/30/2020



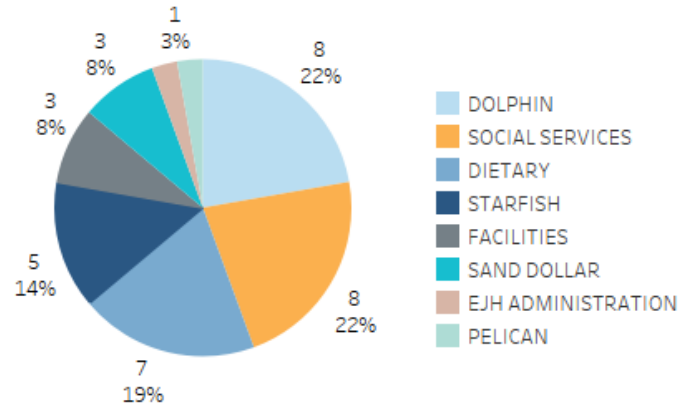


2020 Q2

04/01/2020 to 06/30/2020

Total Complaints and Grievances 36

Departments



Top 5 Categories

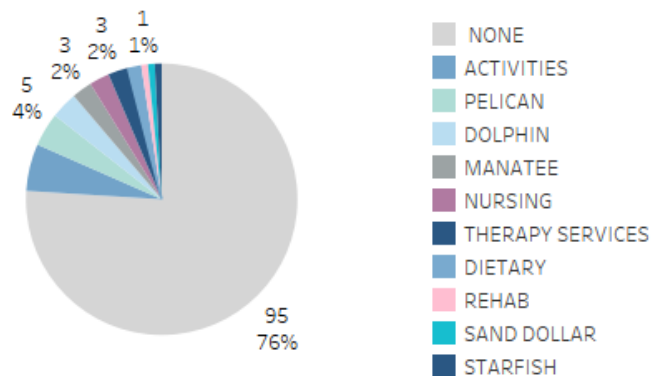
Other	DOLPHIN	5
	FACILITIES	2
	SAND DOLLAR	2
	STARFISH	2
	EJH ADMINISTRATION	1
Personal Belongings	PELICAN	1
	SOCIAL SERVICES	1
	SOCIAL SERVICES	6
	DOLPHIN	1
	STARFISH	1
Nutrition	DIETARY	7
	DOLPHIN	2
Care & Treatment	SAND DOLLAR	1
	STARFISH	1
	STARFISH	1

Total Top 5 Subcategories

Care & Treatment	Wait Time	2
	Disagreement with medical opinion	1
	Order Issues	1
Nursing Related	Other	1
Nutrition	Other	3
	Quality of Food	3
	Menu choice	1
Other	Other	14
Personal Belongings	Damage	3
	Clothes	2
	Money	2
	Loss	1

Total Compliments 125

Departments



Care and treatment Categories

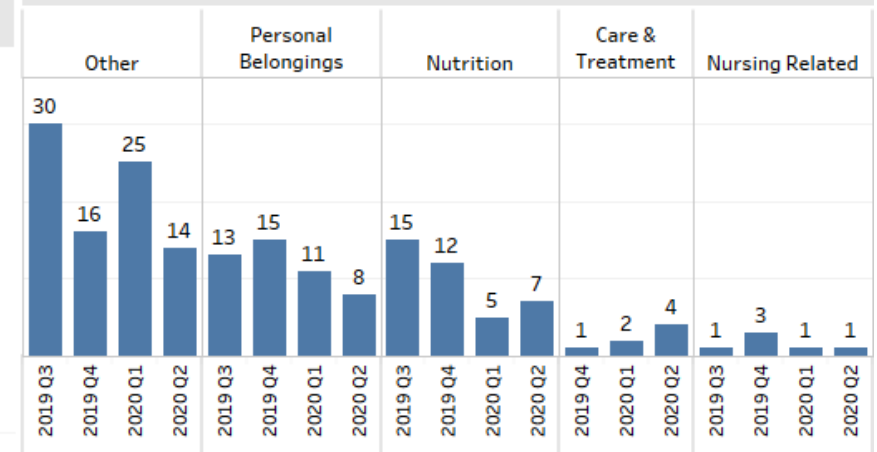
Other	4	4	7	85	112
Nursing Related	9	11			
Nutrition	1				
Environmental	1				

* Color represents Department

Complaints/Grievances Previous 4 Quarters 194

Top 5 Categories trended

07/01/2019 to 06/30/2020



Patient Relations (Grievances, Complaints & Compliments)

Lakeside Medical Center

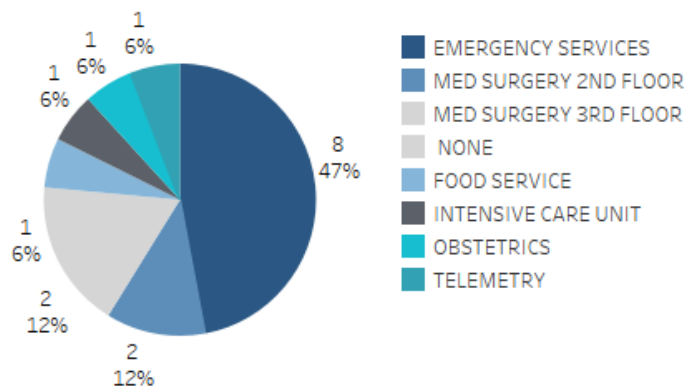
Top Categories
5

2020 Q2

04/01/2020 to 06/30/2020

Total Complaints and Grievances 17

Departments



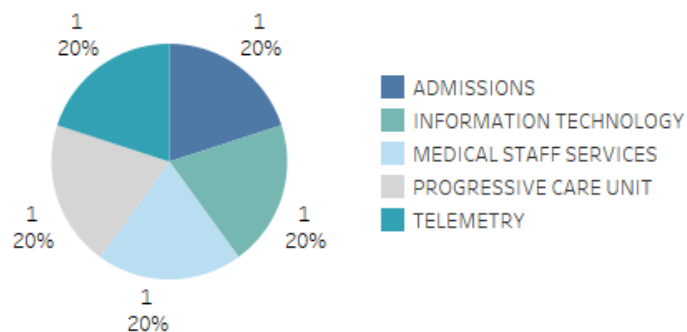
Top 5 Categories

Care & Treatment	EMERGENCY SERVICES	3
	OBSTETRICS	1
	TELEMETRY	1
Communication	EMERGENCY SERVICES	3
	INTENSIVE CARE UNIT	1
	MED SURGERY 2ND FLOOR	2
Nursing Related	EMERGENCY SERVICES	1
	FOOD SERVICE	1
	MED SURGERY 3RD FLOOR	1
Other	EMERGENCY SERVICES	1
	MED SURGERY 3RD FLOOR	1
	EMERGENCY SERVICES	1
Pain Management	EMERGENCY SERVICES	1
	MED SURGERY 3RD FLOOR	1

Total Top 5 Subcategories

Care & Treatment	Confidence in Care Givers	4
	Order Issues	1
Communication	Poor Communication	3
	Language Barrier	1
Nursing Related	Other	2
	All aspects of care	1
Other	Other	2
Pain Management	Medication / pain management	2

Total Compliments 5



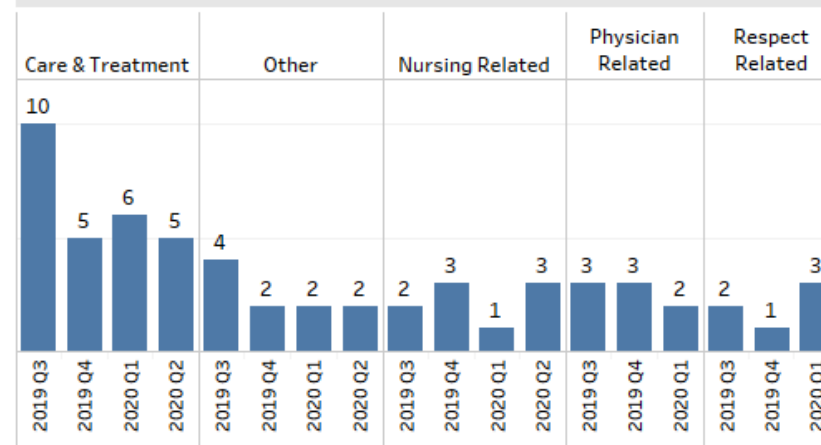
Care and treatment Categories

NURSING	1	1	2
OTHER	1	1	2
PHYSICIAN	1	1	1

* Color represents Department

Previous 4 Quarters 75

Top 5 Categories trended 07/01/2019 to 06/30/2020





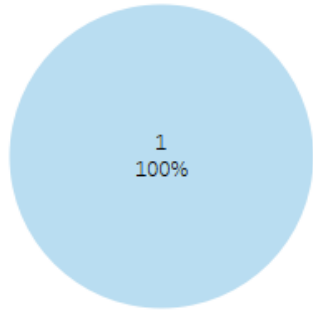
2020 Q2

04/01/2020 to 06/30/2020

Total Complaints and Grievances 1

Departments

Top 5 Categories



DELRAY PHARMACY

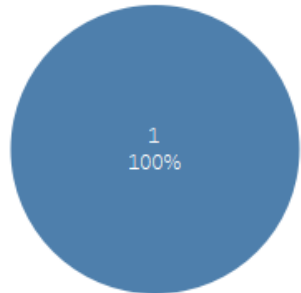
Rx DELRAY PHARMACY 1

Rx Other 1

Total Compliments 1

Departments

Care and treatment Categories



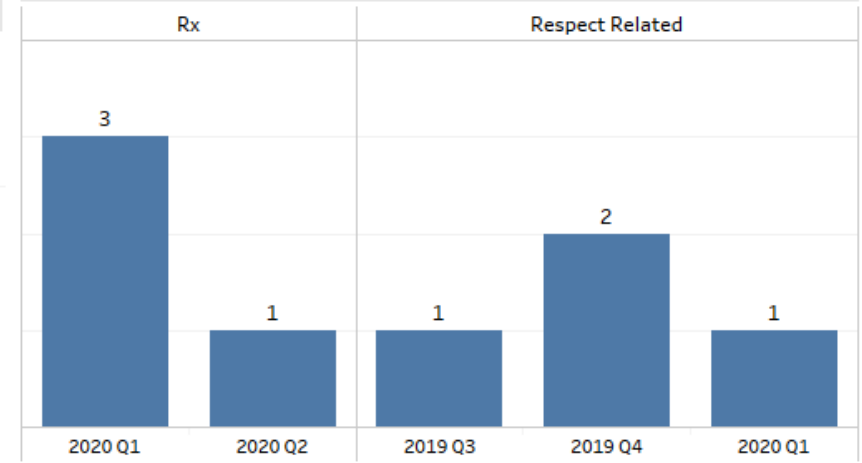
LANTANA PHARMACY

Rx 1

* Color represents Department

Complaints/Grievances Previous 4 Quarters 8

Top 5 Categories trended 07/01/2019 to 06/30/2020



HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 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 2nd Quarter of 2020 for Aeromedical, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Nursing and Rehabilitation Center, Lakeside Medical Center, Pharmacy, and Trauma.

Aeromedical

For Q2, there were 105 flights with 109 unique patients. The Aeromedical Quality Report shows a total of 44 flights were missed, cancelled or aborted between April and June. 15 flights were cancelled due weather. Medical No Go's increased from 1 to 8 since last quarter due to COVID-19 protocols in place requiring COVID-19 cases to go by ground transport. Protocol recently amended to allow COVID-19 cases to go by air.

The Detailed Run Time Report filtered for Interfacility transports shows that Dispatch to Enroute Average time was greatest in the month of June at 36 minutes and 29 seconds. Similarly, Dispatch to Hospital Average was greatest in June at 92 minutes and 7 seconds. There were four calls in June with extended response times due to simultaneous flights, patient information gathering delay, and pilot duty time limits. There was a total of 28 inter-facility transports. 9 inter-facility transports were due to trauma.

The Detailed Run Time Report filtered for On Scene shows that all flights took less than 70 minutes. There were a total of 77 On Scene flights. The majority were due to trauma.

The Services All dashboard shows that 27% of flights were inter-facility transfers while 73% were on scene. Comparatively, the Services West of 20 Mile Bend show that inter-facility flights are greater at 35% and on scene are lower at 65%.

The Pick Up Locations dashboard shows that 46 Flights occurred West of 20 Mile Bend. 31 of these were picked up in Belle Glade.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 2020

The Receiving Locations dashboard shows that the majority of flights went to St. Mary's.

GAMUT stands for Ground and Air Medical qUality Transports. Trauma Hawk has been benchmarking data to this national file repository site since 2018 for quality purposes. For Q2, 2020 76% of patient transports by Trauma Hawk were dispatched as a 911 response to the scene and 24% were dispatched as an interfacility transfer. Injuries to the head account for 32% of Trauma Hawk flights.

4 patients required intubation by Trauma Hawk crew members. 3 patients were intubated on the first attempt and 1 patient was intubated on the second attempt. 1 patient suffered a hypoxic event during transport. All intubations were carried out through rapid sequence intubation protocols.

C. L. Brumback Primary Care Clinics

In the second quarter of 2020, the clinics served 8,722 unique patients with 11,484 clinic visits. Of these visits, 1,832 were telephonic and 717 were virtual.

Although, the following measures were not meeting goal at the end of June, we expect slow improvement over the remainder of the year: Childhood Immunizations (56%), Cervical Cancer Screening (55%), Weight Screening and Counseling for Children and Adolescents (80%), Asthma Pharmacologic Therapy (97%), Ischemic Vascular Disease (83%), Colorectal Cancer Screening (41%), HIV Linkage to Care (83%), Hypertension (71%) and Diabetes (50%). All other goals achieved for the quarter.

Corporate Quality Metrics

- **Clinic Service Center Stats**
 - Quarter 2 number of calls received was 518,594 by 83,302 unique numbers.
 - Calls per time of day reveals 8am-9am has the greatest call volume.
 - Received calls are highest on Mondays.
- **Human Resources**
 - Quarter 2 headcount ended at 1,270 team-members after 54 new hires and 76 separations.
 - Turnover rate for Q2 was 5.9%, while New Hire turnover rate was only 1.5%.
- **Information Technology**
 - Operations: For Q2, there were a total of 5,111 help desk tickets opened, for an average of 1,703 tickets per month. Out of the 5,111 tickets, 4,983 were closed.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 2020

- Cybersecurity: For Q2 we investigated 72 security incidents. Of the total incidents, all are closed and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts and requested security investigations.

E. J. Healey

For Q2 there was an average of 112 patients. All goals achieved for quarter.

Lakeside Medical Center

For Q2 2020, Lakeside served 3,823 patients.

The Inpatient Quality Measures not meeting goal for the quarter are Median time from ED arrival to ED departure for admitted patients (345 minutes), Perinatal Care: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth (22%), Perinatal Care: Exclusive breast milk feeding during the newborn's entire hospitalization (13%), Unexpected Complications in Term Newborns (8%), and Early management bundle, severe sepsis/septic shock (55%) .

All Outpatient Quality Measures goals achieved for quarter.

Pharmacy

For Q2 2020, the total HCD prescriptions filled were 41,469. 0 were from Central Fill due to COVID-19 closure. Prescriptions returned to stock were greater than our 5% goal at one out of four clinics. 15,326 prescriptions mailed. All other goals achieved for quarter.

Pharmacy is also piloting the "prescription ready" text notification for the Delray location. Go live for the other sites are 8/31 and 9/14.

Trauma

For Q2 2020, 1,080 patients were seen at a trauma center. 1,001 patients were transported by EMS and 79 patients were transported by personal vehicle. 90% were by ground transport and 9% were transported by air with the remaining 1% by personal vehicle. The most common disposition was to a Step Down Unit.

Adults account for 51% of total trauma volume, Geriatrics account for 39% of total trauma volume and pediatrics account for the remaining 10%.

The most common mechanism of injury is a fall, followed by motor vehicle accidents and gunshot wounds. Geriatric falls account for 28% of total trauma volume.

602 Trauma Alerts were activated at the scene of injury, 263 patients were transferred from an acute care facility to a trauma center and 213 patients were upgraded from the emergency department into trauma services. JFK Medical center

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 24, 2020

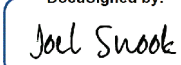
transfers the most patients to the trauma centers followed by Jupiter Medical Center and West Boca Medical Center.

94% of traumatic injuries occur in Palm Beach County. Martin, St. Lucie and Hendry counties make up the majority of the remaining 6%.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
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:

B8185CC493AA486...
JOEL SNOOK, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance
Committee

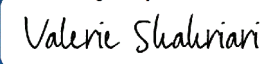
N/A

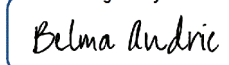
Date Approved

6. Recommendation:

Staff recommends the Committee receive and file this information.

Approved for Legal sufficiency:

DocuSigned by:

C1BC64230646437...
valerie shahnriani
VP & General Counsel

DocuSigned by:

1F272D34C8B04A5...
Belma Andric, MD
CMO, VP & Executive Director of Clinical
Services

DocuSigned by:

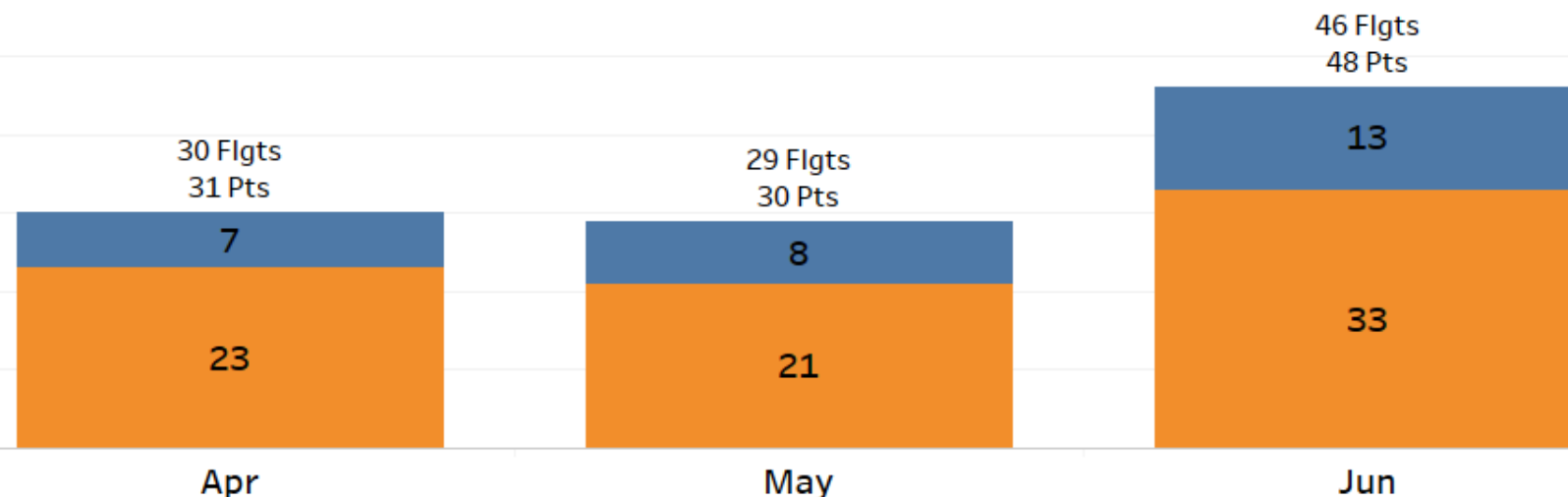
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Darcy J. Davis
Chief Executive Officer

Flights **105**

Patients **109**

■ Interhospital ■ On Scene

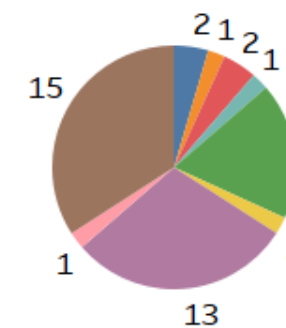
2020



Flight Date
04/01/2020 to 06/30/2020

Missed, Cancelled or Aborted Flights

Missed Date
04/01/2020 to 06/30/2020



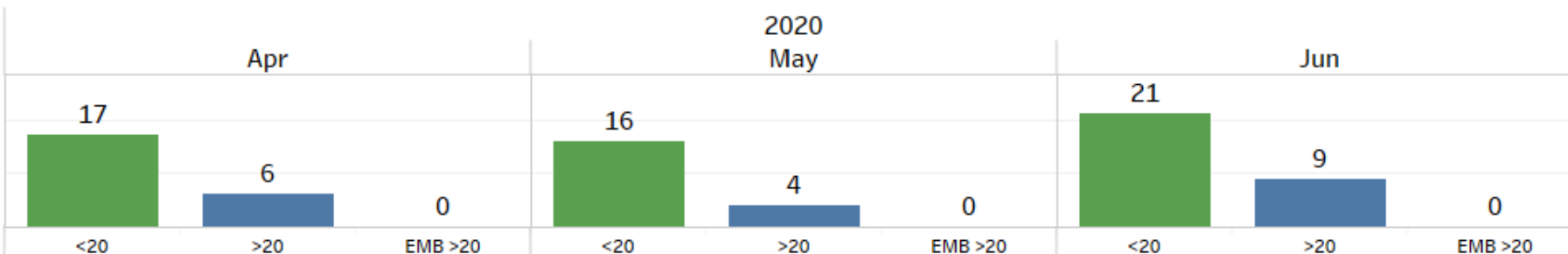
Missed Reason

- Admin
- County Coverage
- Expired
- Maintenance
- Medical No Go
- No Backup
- Referring Agency
- Simultaneous Fl..
- Weather

44

[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..
April 2020	8m 6s	4m 3s	16m 16s
May 2020	8m 24s	5m 2s	16m 6s
June 2020	9m 56s	4m 30s	16m 20s

Utilization

2020

	Apr	May	Jun
Hours Utilized	42.96	40.04	61.72
% Hours Utilized	4.0%	4.6%	6.4%
Available Hours	1,077	864	958
% Available Hours	100%	77%	89%

Detailed RunTime report TH135

Flight Type

Interfacility

Flight Date

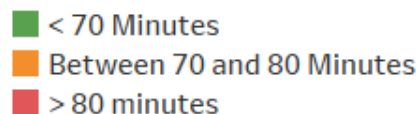
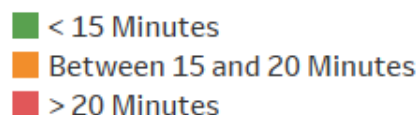
04/01/2020 to 06/30/2020

Patient Type

All

20 Mile Bend

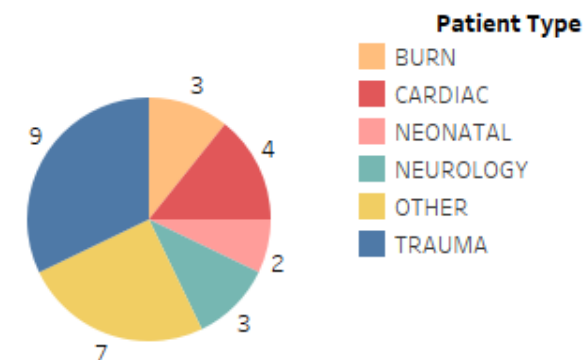
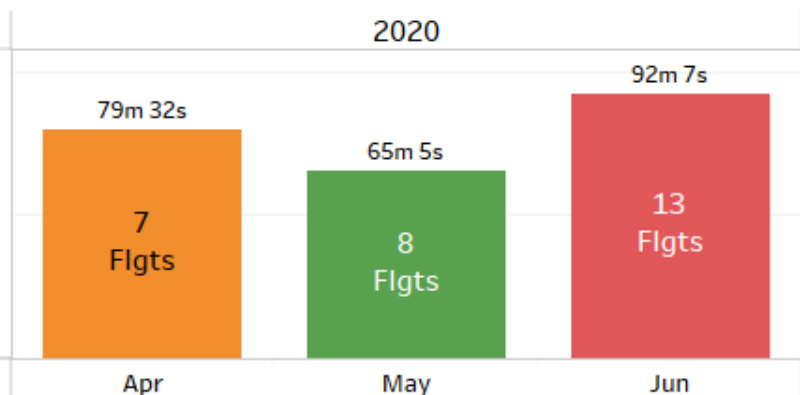
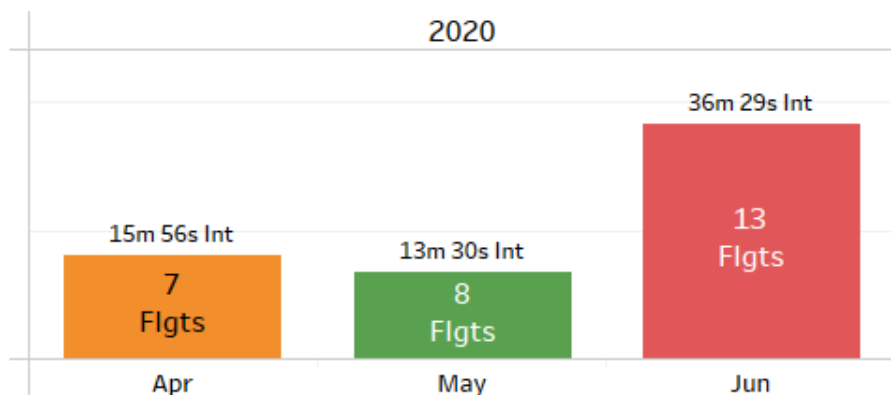
All



Dispatch To Enroute Average

Dispatch To Hospital Average

28



Flight Detail

Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnSce..	Pickup Location	Destination	To Enrou	To Hosp
2020-32558	04/08/2020	CARDIAC	04/08/2020 05:54:37	13m 50s	04/08/2020 07:15:28	80m 50s	27m 0s	HENDRY REGIONAL MEDICAL CENTER 33..	PLMW (FA19)	13.9	80.9
2020-32576	04/14/2020	NEONATAL	04/14/2020 12:04:45	8m 31s	04/14/2020 12:59:30	54m 45s	24m 56s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	8.5	54.8
2020-32581	04/16/2020	CARDIAC	04/16/2020 15:52:51	14m 11s	04/16/2020 17:19:23	86m 31s	31m 45s	HENDRY REGIONAL MEDICAL CENTER 33..	JFK (1FD3)	14.2	86.5
2020-32590	04/19/2020	TRAUMA	04/19/2020 01:38:11	17m 26s	04/19/2020 03:00:55	82m 43s	32m 15s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	17.5	82.7
2020-32596	04/23/2020	OTHER	04/23/2020 17:23:10	24m 8s	04/23/2020 18:47:50	84m 40s	23m 23s	ST. MARY'S HOSPITAL 33407	FL25	24.2	84.7
2020-32604	04/27/2020	CARDIAC	04/27/2020 02:10:27	13m 25s	04/27/2020 03:43:02	92m 34s	47m 16s	LAKESIDE MEDICAL CENTER 33430 1	JFK (1FD3)	13.4	92.6
2020-32610	04/28/2020	BURN	04/28/2020 04:10:10	20m 0s	04/28/2020 05:24:50	74m 40s	19m 9s	ST. MARY'S HOSPITAL 33407	JMH (25FA)	20.0	74.7
2020-32618	05/01/2020	CARDIAC	05/01/2020 21:22:19	13m 33s	05/01/2020 22:04:35	42m 16s	14m 11s	ST. MARY'S HOSPITAL 33407	DCH (48FD)	13.6	42.3
2020-32639	05/08/2020	TRAUMA	05/08/2020 08:18:01	14m 40s	05/08/2020 09:33:59	75m 58s	29m 44s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	14.7	76.0
2020-32667	05/19/2020	TRAUMA	05/19/2020 11:11:04	3m 13s	05/19/2020 12:07:57	56m 52s	19m 19s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.2	56.9
2020-32668	05/21/2020	NEONATAL	05/21/2020 02:17:16	17m 19s	05/21/2020 03:06:04	48m 47s	7m 55s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	17.3	48.8
2020-32674	05/22/2020	TRAUMA	05/22/2020 15:59:33	15m 26s	05/22/2020 17:13:01	73m 28s	26m 58s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	15.5	73.5
2020-32677	05/23/2020	OTHER	05/23/2020 18:39:18	14m 4s	05/23/2020 19:56:28	77m 10s	21m 26s	HENDRY REGIONAL MEDICAL CENTER 33..	PLMW (FA19)	14.1	77.2
2020-32684	05/27/2020	OTHER	05/27/2020 18:42:11	13m 19s	05/27/2020 19:57:24	75m 13s	16m 58s	HENDRY REGIONAL MEDICAL CENTER 33..	STMY (64FD)	13.3	75.2

Detailed RunTime report TH135

Flight Type

On Scene

Flight Date

04/01/2020 to 06/30/2020

 < 15 Minutes

 < 70 Minutes

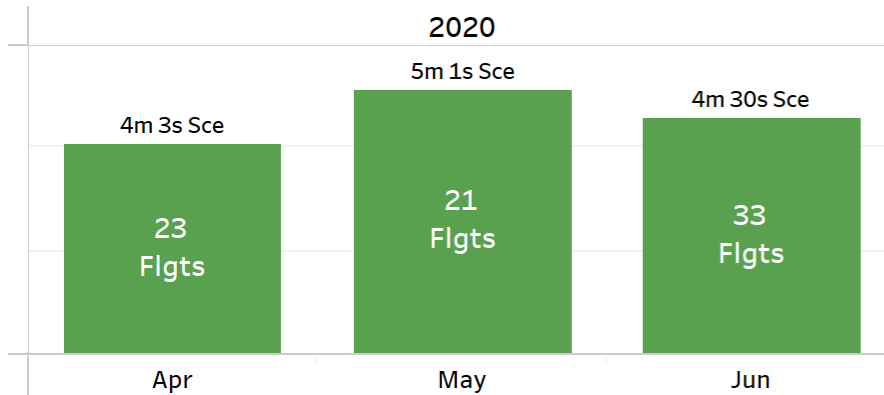
Patient Type

All

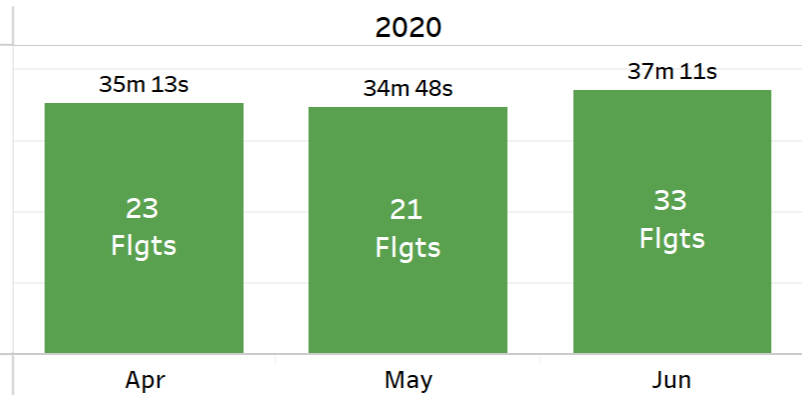
20 Mile Bend

All

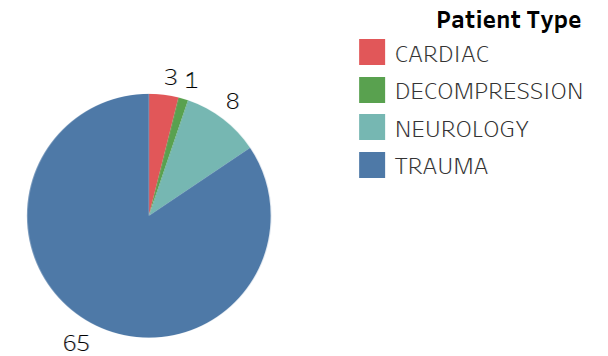
Dispatch To Enroute Average



Dispatch To Hospital Average



77



Flight Detail

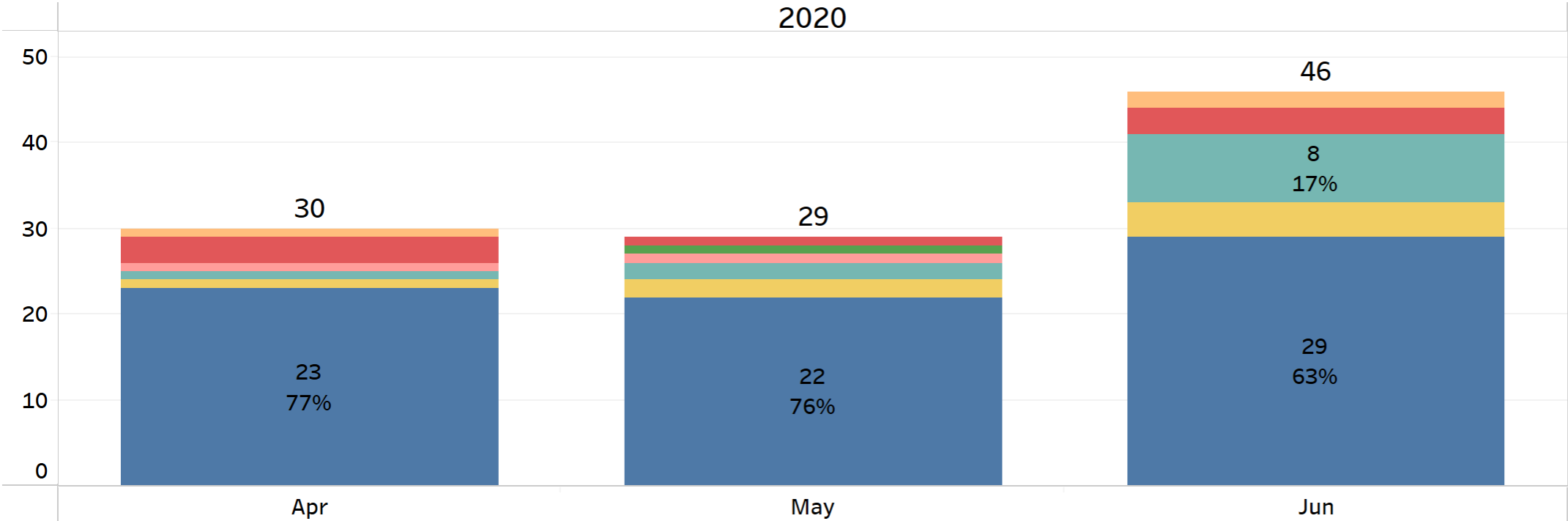
Flight Num..	Flight Date	Pt Type	Time Call Dispatched	Disp To Enr..	Time Arrival To Hospit..	Disp to Hosp	TimeOnSce..	Pickup Location	Destination	To Enrou	To Hosp
2020-32546	04/04/2020	TRAUMA	04/04/2020 08:00:05	3m 43s	04/04/2020 08:43:35	43m 30s	2m 57s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.72	43.50
2020-32548	04/04/2020	TRAUMA	04/04/2020 12:22:58	3m 57s	04/04/2020 12:56:58	34m 0s	12m 45s	LION COUNTRY & DEER RUN 33470	STMY (64FD)	3.95	34.00
2020-32549	04/04/2020	TRAUMA	04/04/2020 18:20:56	2m 40s	04/04/2020 19:02:10	41m 13s	8m 20s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	2.67	41.23
2020-32560	04/08/2020	TRAUMA	04/08/2020 13:20:41	1m 21s	04/08/2020 13:46:41	26m 0s	7m 30s	LOXAHATCHEE GROVE ELEMENTARY 334..	STMY (64FD)	1.35	26.00
2020-32562	04/09/2020	TRAUMA	04/09/2020 23:39:25	3m 43s	04/10/2020 00:04:33	25m 7s	6m 1s	TIGER SHARK COVE PARK 33414	STMY (64FD)	3.72	25.13
2020-32564	04/12/2020	TRAUMA	04/12/2020 11:29:54	1m 49s	04/12/2020 11:54:06	24m 11s	9m 46s	PALMS WEST HOSPITAL 33470	STMY (64FD)	1.83	24.20
2020-32565	04/12/2020	TRAUMA	04/12/2020 12:48:46	2m 49s	04/12/2020 13:18:59	30m 13s	12m 41s	SOUTHERN BLVD AND C RD	STMY (64FD)	2.83	30.22
2020-32566	04/12/2020	TRAUMA	04/12/2020 16:44:46	4m 1s	04/12/2020 17:12:57	28m 10s	10m 18s	PIERCE HAMMOCK ELEMENTARY 33470	STMY (64FD)	4.02	28.18
2020-32567	04/12/2020	TRAUMA	04/12/2020 19:29:29	5m 15s	04/12/2020 19:57:26	27m 56s	7m 0s	STATION 22	STMY (64FD)	5.25	27.95
2020-32569	04/13/2020	TRAUMA	04/13/2020 02:24:00	7m 4s	04/13/2020 03:12:09	48m 8s	6m 39s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	7.08	48.15
2020-32571	04/13/2020	TRAUMA	04/13/2020 13:08:29	3m 42s	04/13/2020 13:52:58	44m 28s	9m 2s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	3.70	44.48
2020-32572	04/13/2020	TRAUMA	04/13/2020 13:04:41	4m 9s	04/13/2020 13:49:45	45m 4s	11m 15s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	4.15	45.07
2020-32573	04/14/2020	NEUROLOGY	04/14/2020 08:49:04	5m 7s	04/14/2020 09:33:46	44m 42s	7m 39s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	5.13	44.70
2020-32578	04/15/2020	TRAUMA	04/15/2020 17:34:34	5m 50s	04/15/2020 18:16:12	41m 37s	7m 14s	LAKESIDE MEDICAL CENTER 33430 1	STMY (64FD)	5.85	41.63
2020-32582	04/17/2020	TRAUMA	04/17/2020 13:48:45	4m 4s	04/17/2020 14:48:38	58m 52s	18m 7s	JOHN STRETCH PARK 33450	STMY (64FD)	4.07	58.00

Services
All

TOTAL FLIGHTS **105**

Flight Date
04/01/2020 to 06/30/2020

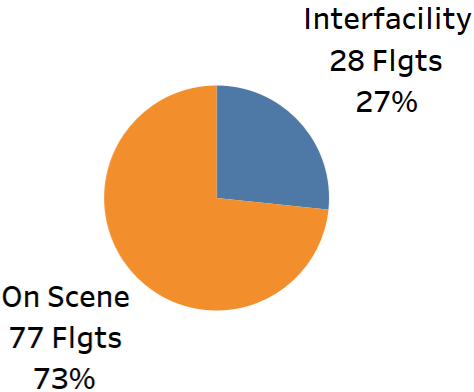
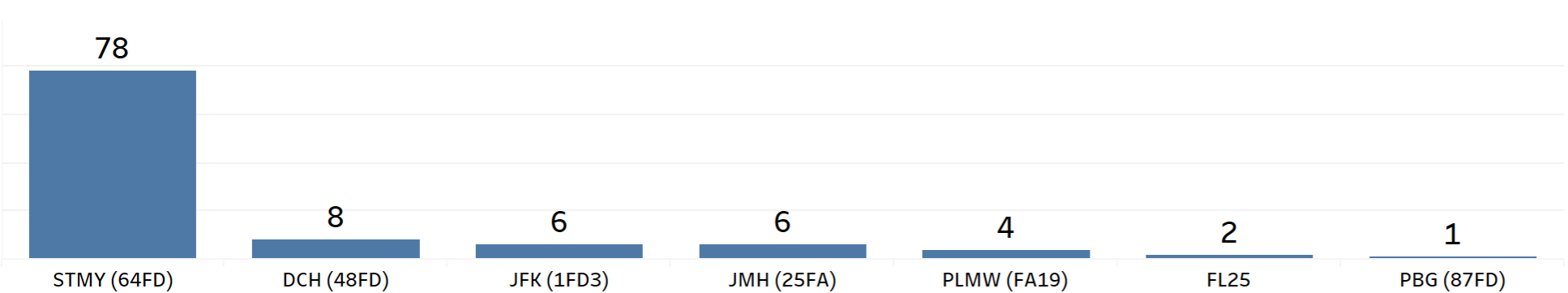
Pt Type
All



- BURN
- CARDIAC
- DECOMPRESSION
- NEONATAL
- NEUROLOGY
- OTHER
- TRAUMA

20 Mile Bend
☒ East of 20 Mile Bend
☒ West of 20 Mile Bend

Destination



Services West of 20 Mile Bend

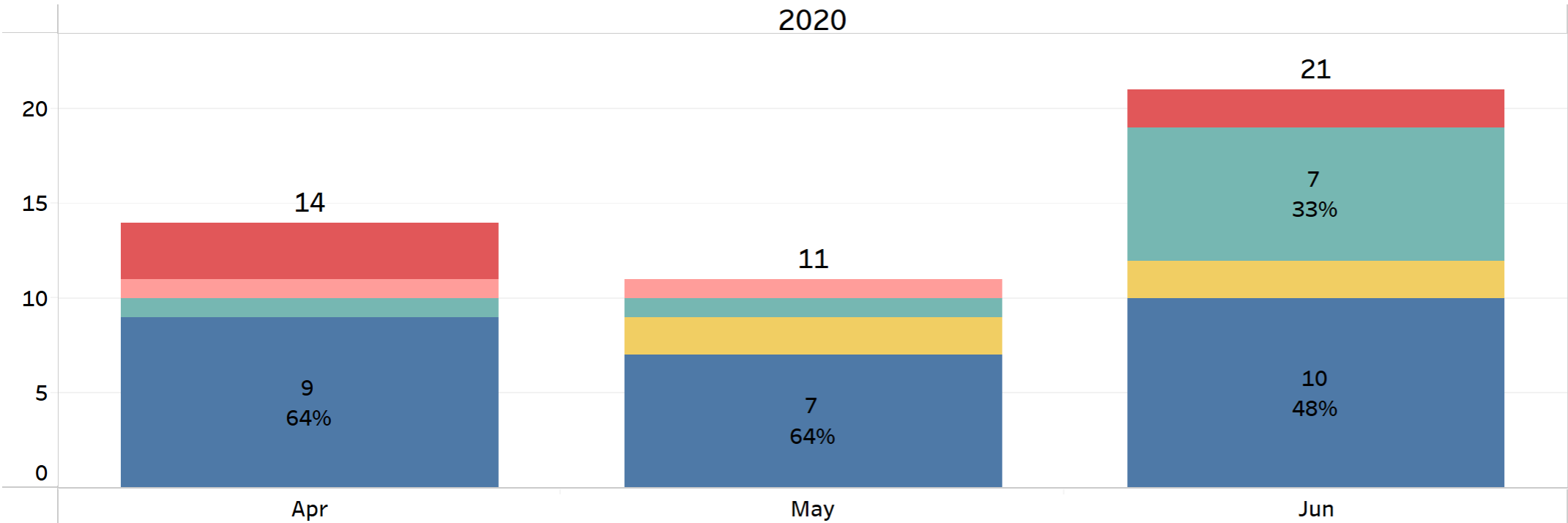
TOTAL FLIGHTS 46

Flight Date
04/01/2020 to 06/30/2020

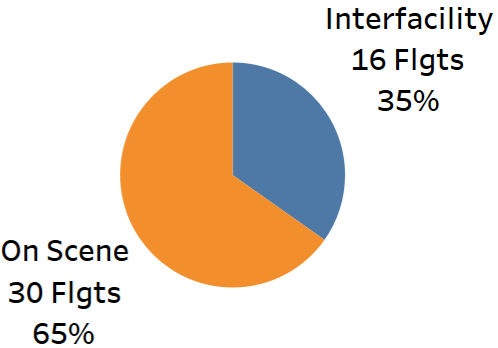
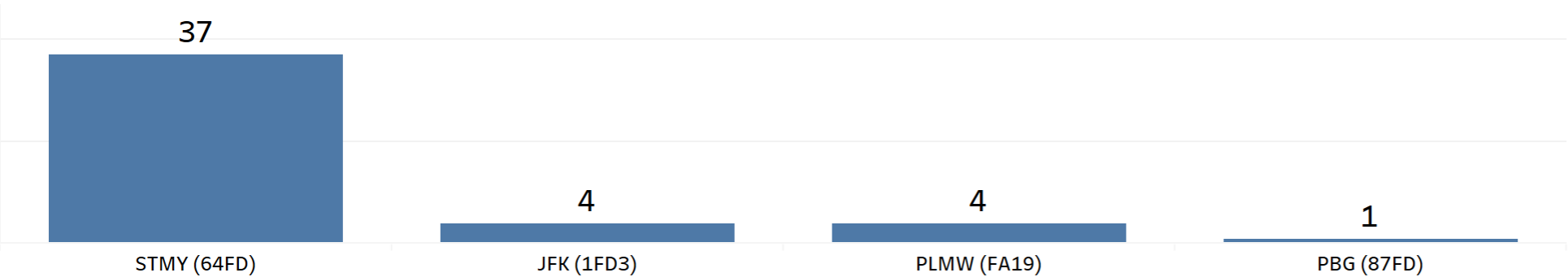
Pt Type
All

- CARDIAC
- NEONATAL
- NEUROLOGY
- OTHER
- TRAUMA

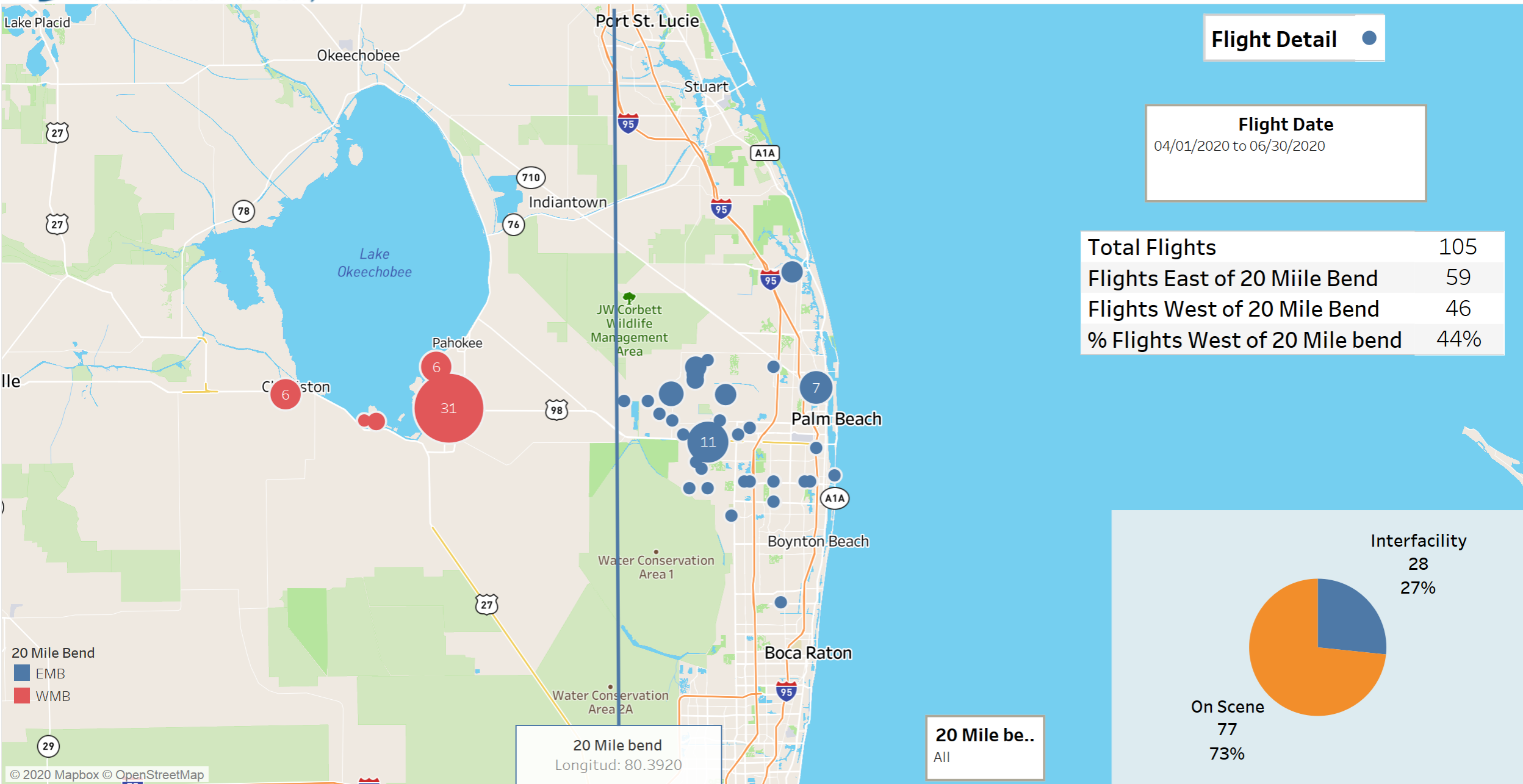
20 Mile Bend
☐ East of 20 Mile Bend
☒ West of 20 Mile Bend



Destination



Pick Up Locations



Receiving Locations

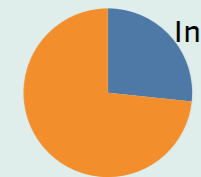
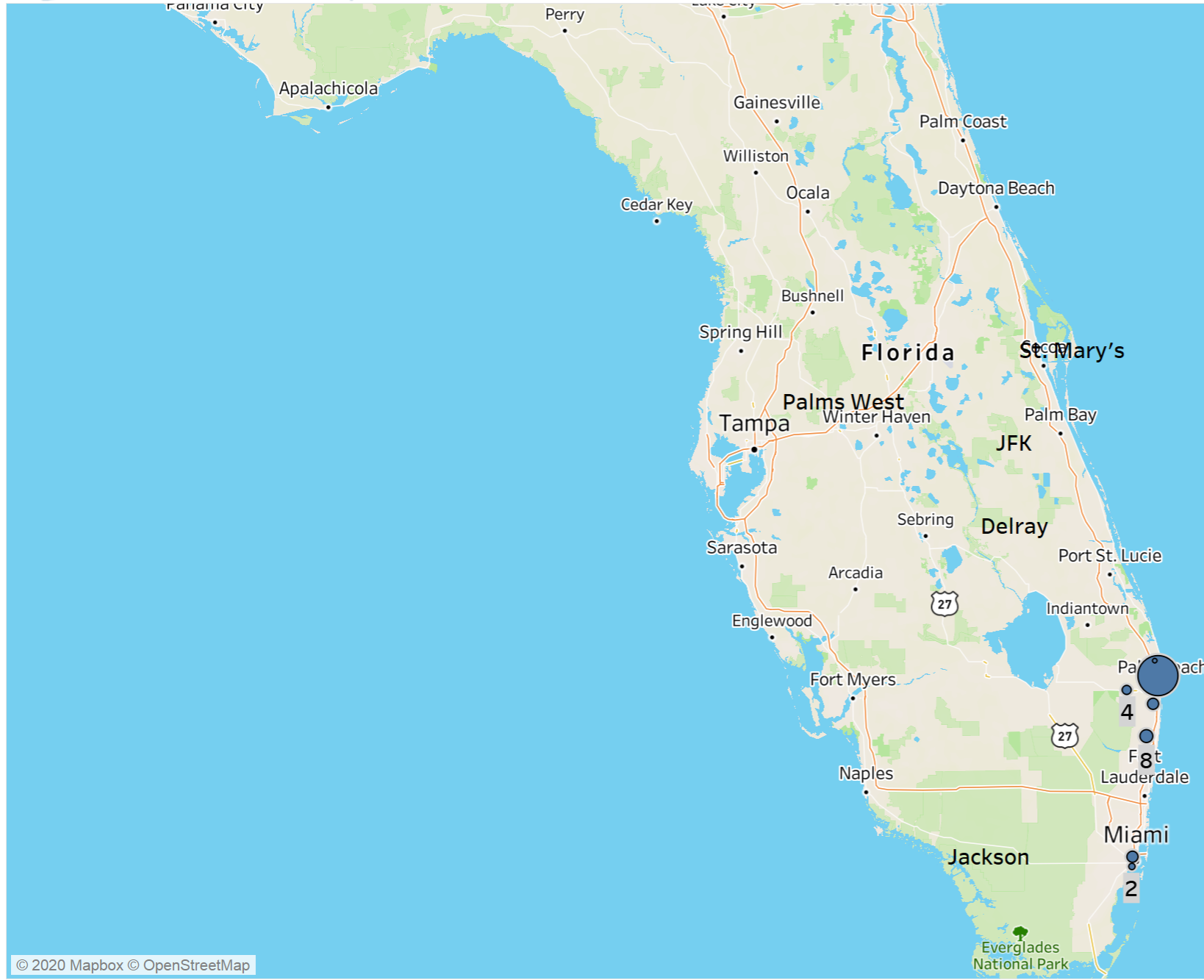
Flight Detail

Flight Date

04/01/2020 to 06/30/2020

Flights

105



28
26.67%
Interfacility

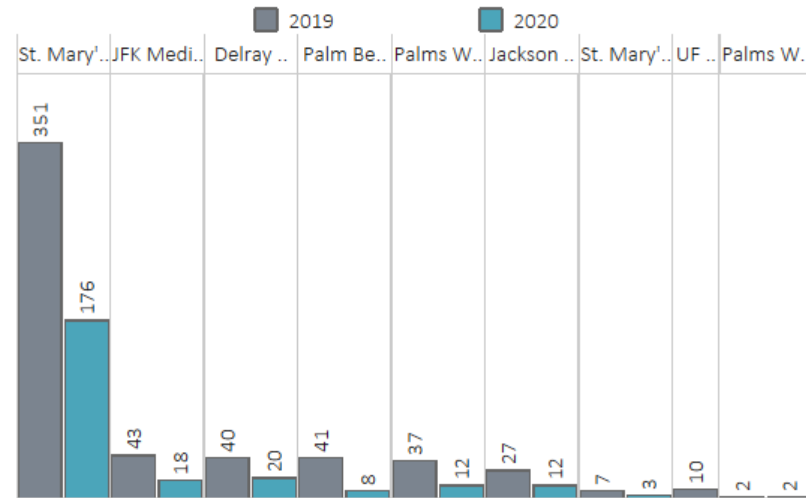
77
73.33%
On Scene

AEROMEDICAL UTILIZATION

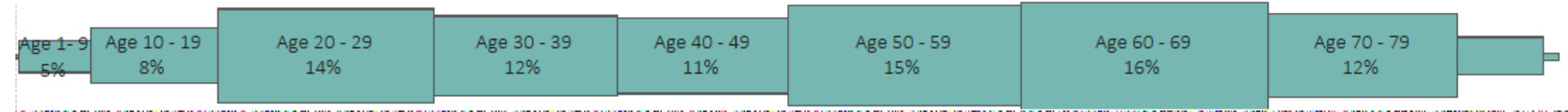
TOTAL PATIENT FLIGHTS: 809

1/1/2019 to 6/29/2020

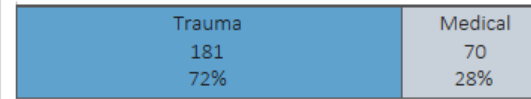
DESTINATION FACILITY



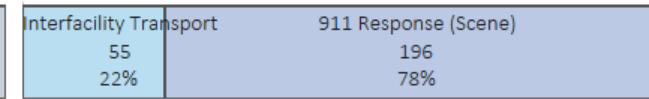
AGE RANGE (2020 YTD)



DISPATCH TYPE (2020 YTD)



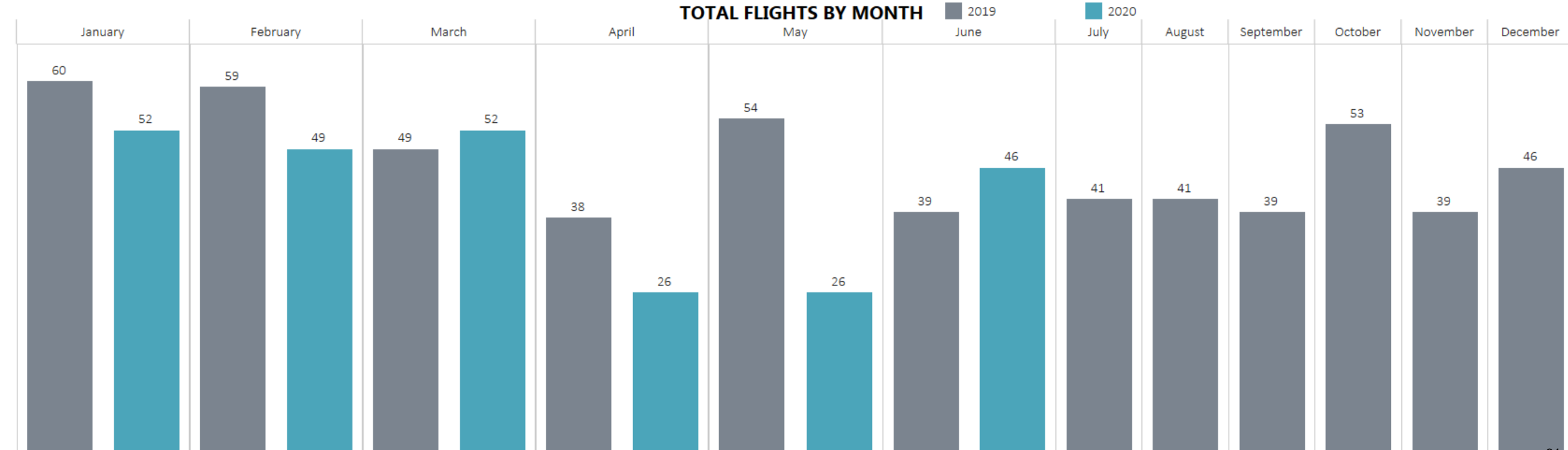
RESPONSE TYPE (2020 YTD)



AIRCRAFT RESPONSE (2020 YTD)



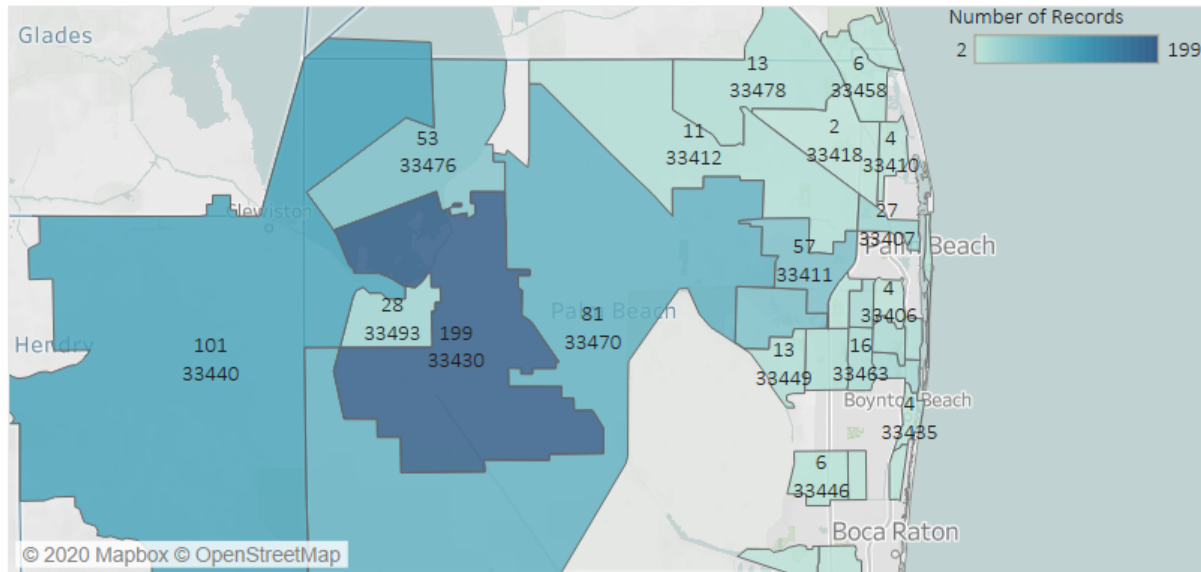
TOTAL FLIGHTS BY MONTH



GAMUT DATA ANALYSIS (2019 - 2020 YTD)

(Aeromedical Quality Transport)

DISPATCH DESTINATION



MEAN MOBILIZATION TIME

12m -7s

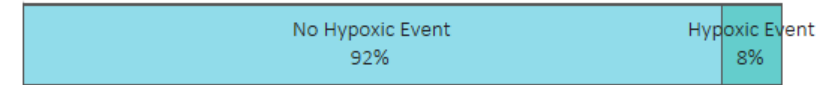
MEAN ON SCENE TIME

51m -49s

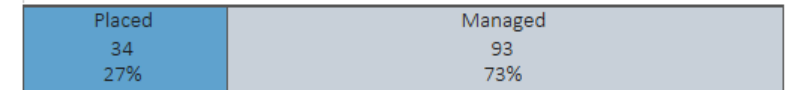
DATE RANGE

1/1/2019 to 6/29/2020

HYPOXIC EVENT DURING TRANSPORT



ENDOTRACHEAL TUBE STATUS

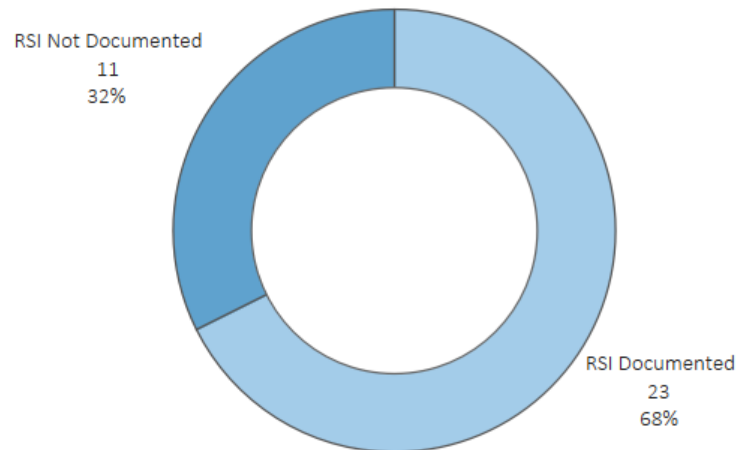


VENTILATOR STATUS

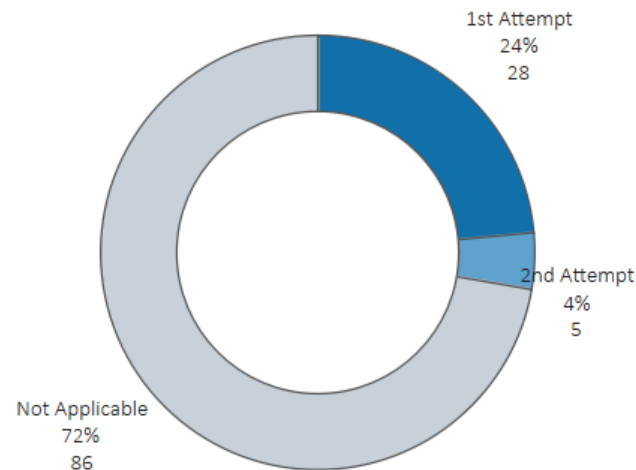


RAPID SEQUENCE INTUBATION

DOCUMENTATION (RSI)

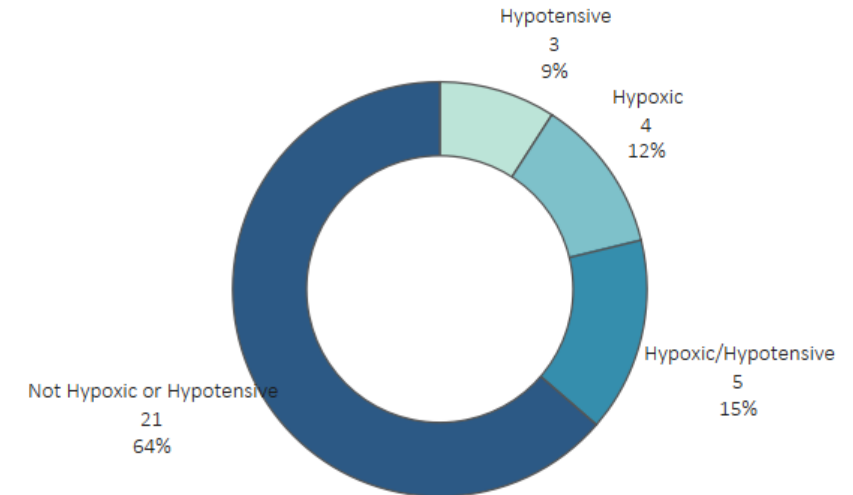


INTUBATION ATTEMPTS



HYPOTENSION AND HYPOXIA

(post successful 1st attempt intubation)

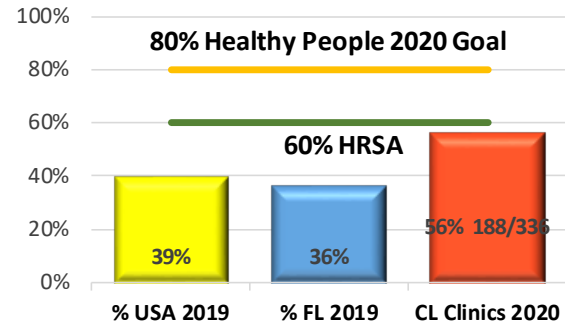




C. L. BRUMBACK PRIMARY CARE CLINICS

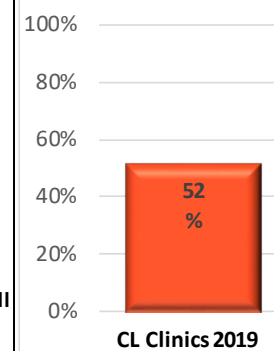
YTD June 2020

CHILDHOOD IMMUNIZATION

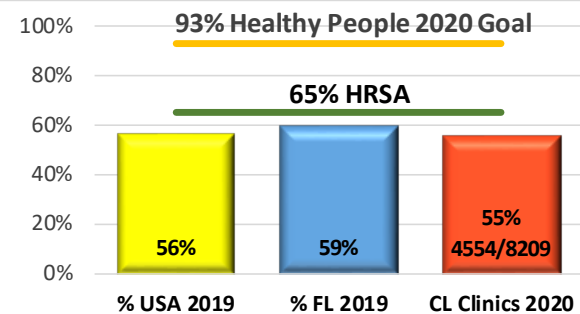


Findings: 1. There are frequent documentation errors regarding vaccines, patients may be compliant but show as non-compliant. 2. Patients are not always scheduled for follow up appointments.

Interventions: 1. Providers given a list of non-compliant patients to review and correct if possible. 2. Staff and providers instructed to schedule vaccine follow-ups for all patients.

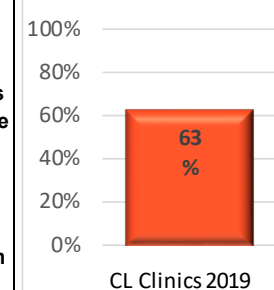


CERVICAL CANCER SCREENING

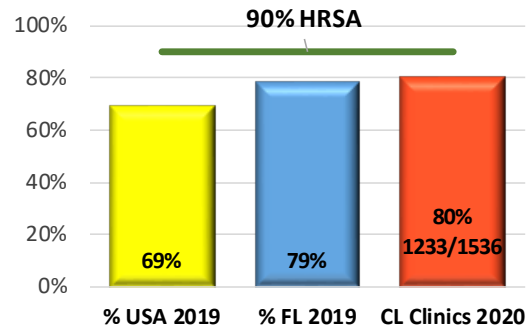


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

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

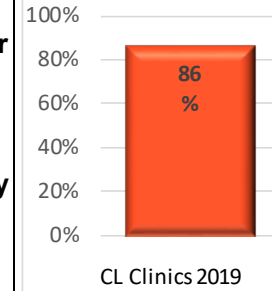


WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

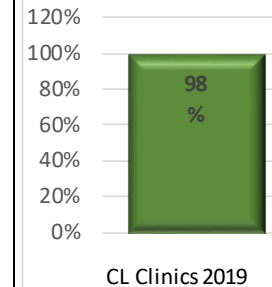
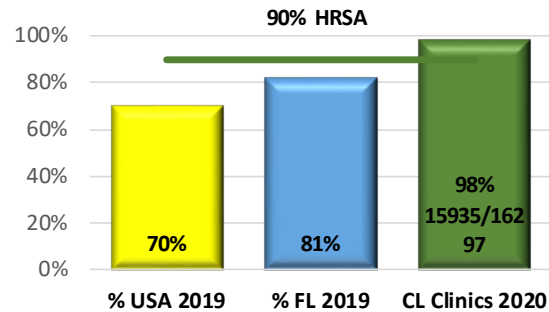


Findings: 1. Providers not dropping the order group at every visit.

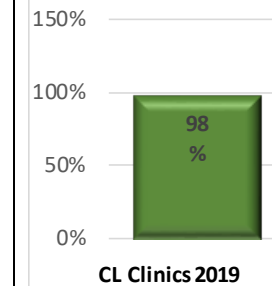
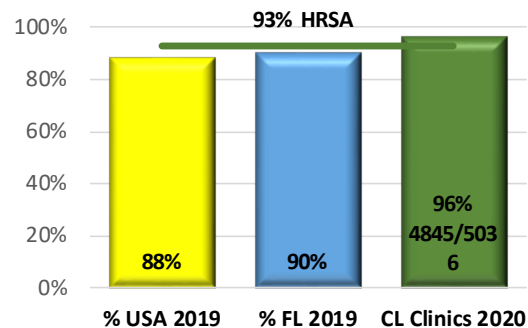
Interventions: 1. Continue to train providers that health education should be given at every visit regardless of reason for visit.



ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESSATION INTERVENTION

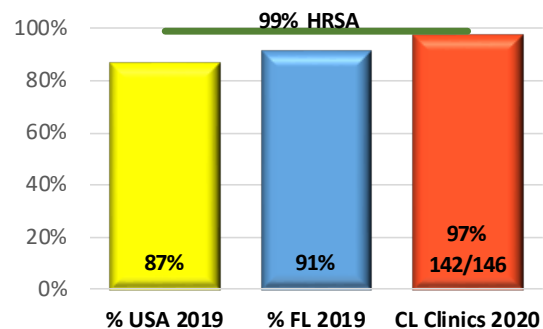




C. L. BRUMBACK PRIMARY CARE CLINICS

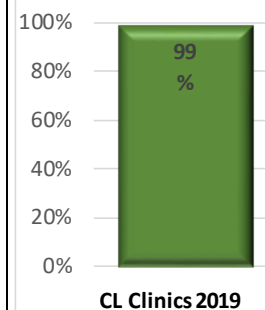
YTD June 2020

ASTHMA PHARMACOLOGIC THERAPY

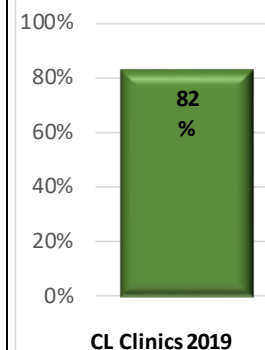
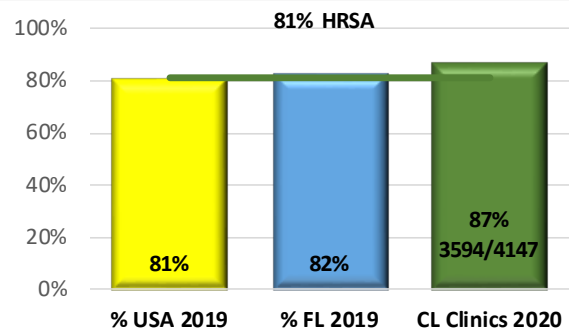


Findings: 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification.

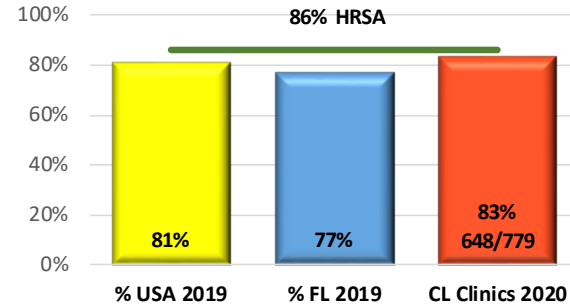
Interventions: 1. Providers have been trained on asthma classifications. 2. Charts are being continuously audited to revise dating and classification errors.



CORONARY ARTERY DISEASE (CAD): LIPID THERAPY

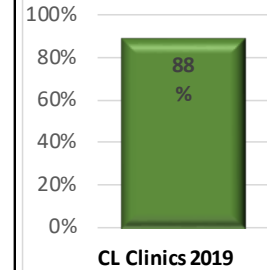


ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

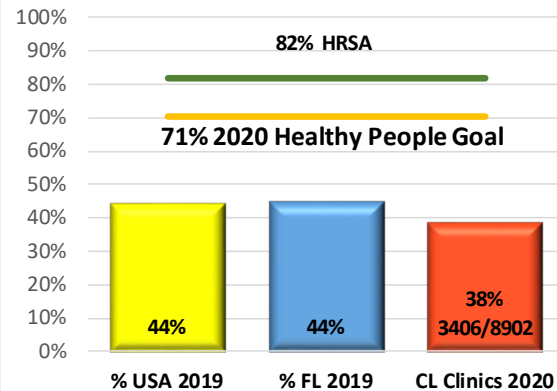


Findings: 1. Aspirin not documented under medication list.

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

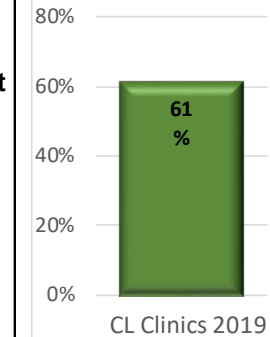


COLORECTAL CANCER SCREENING

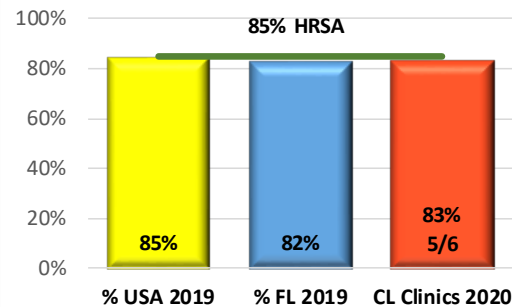


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

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.

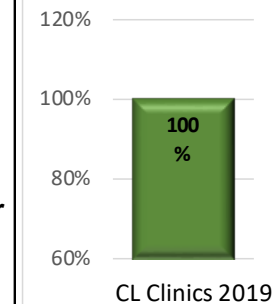


HIV LINKAGE TO CARE



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.



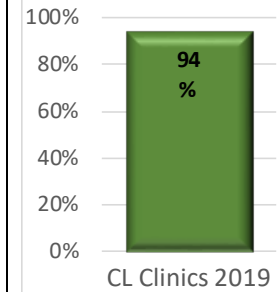
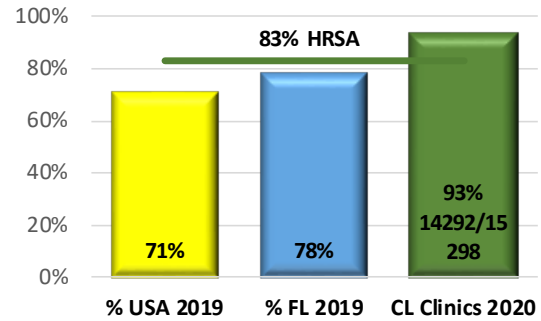


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

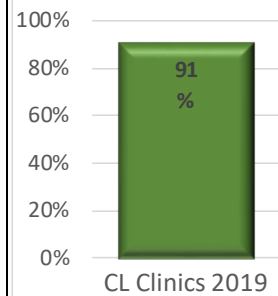
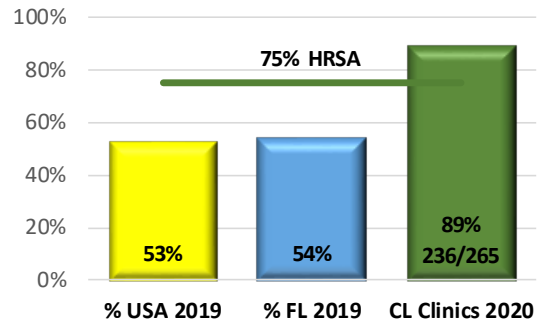
C. L. BRUMBACK PRIMARY CARE CLINICS

YTD June 2020

PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP

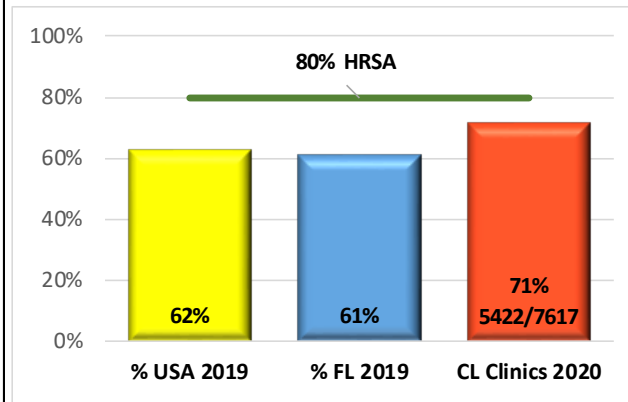


DENTAL SEALANTS



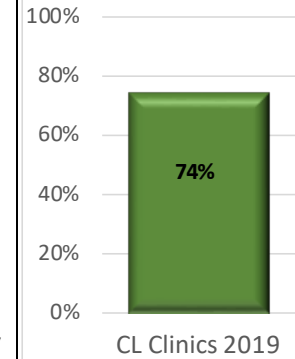
YTD June 2020

HYPERTENSION

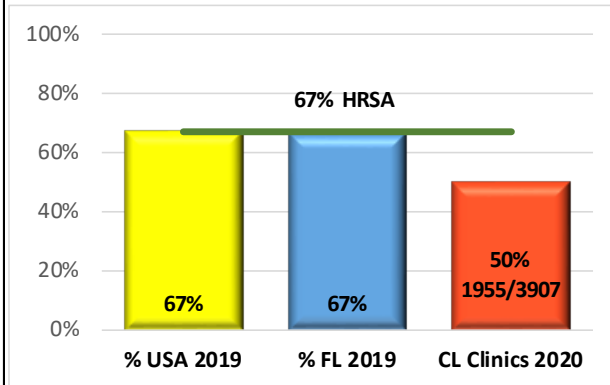


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

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.

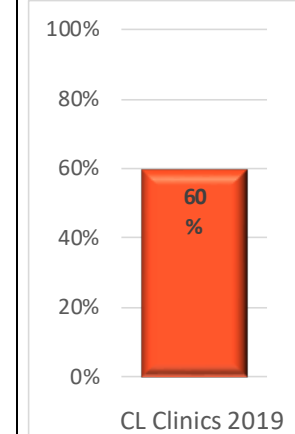


DIABETES



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

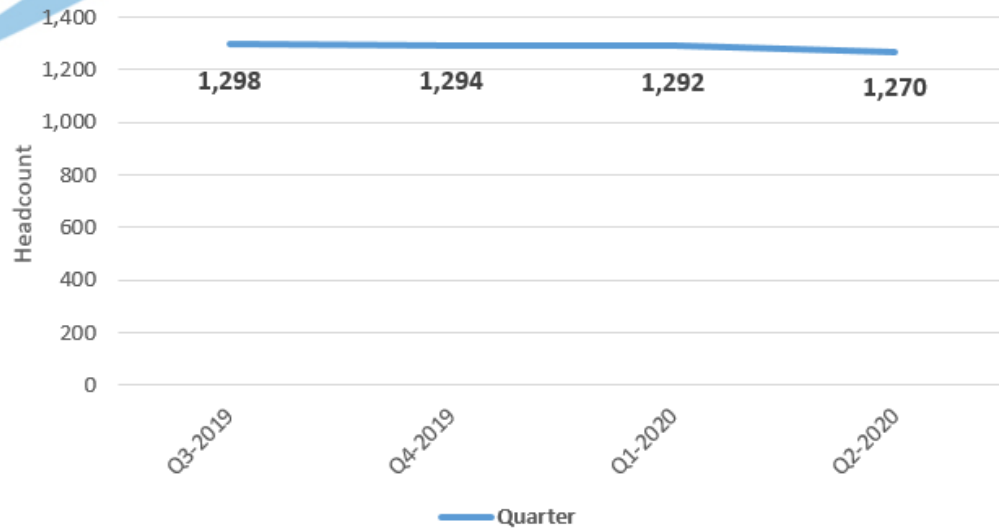
Interventions: 1. POC HgbA1c testing implemented to increase patient compliance.



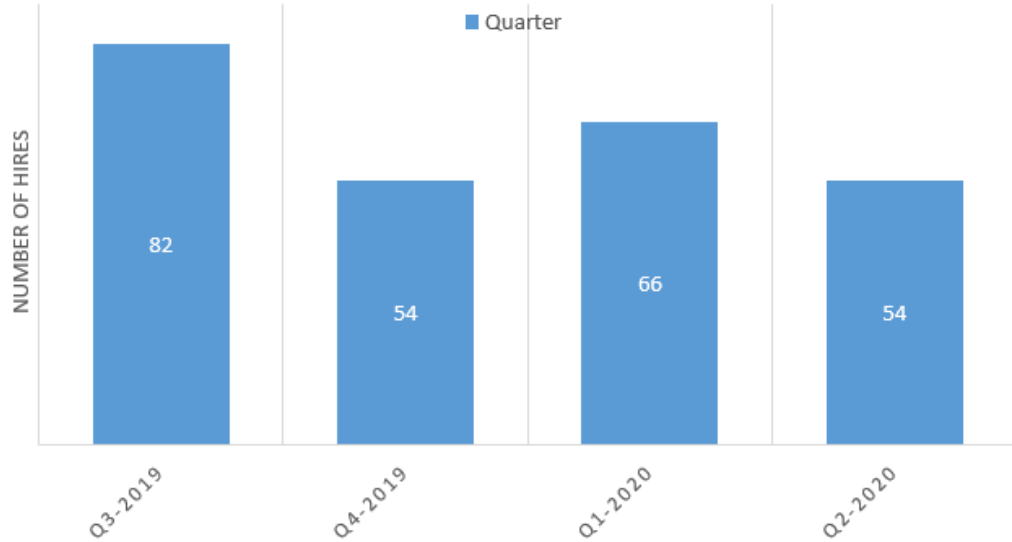


HCD HR Dashboard- *Attrition*

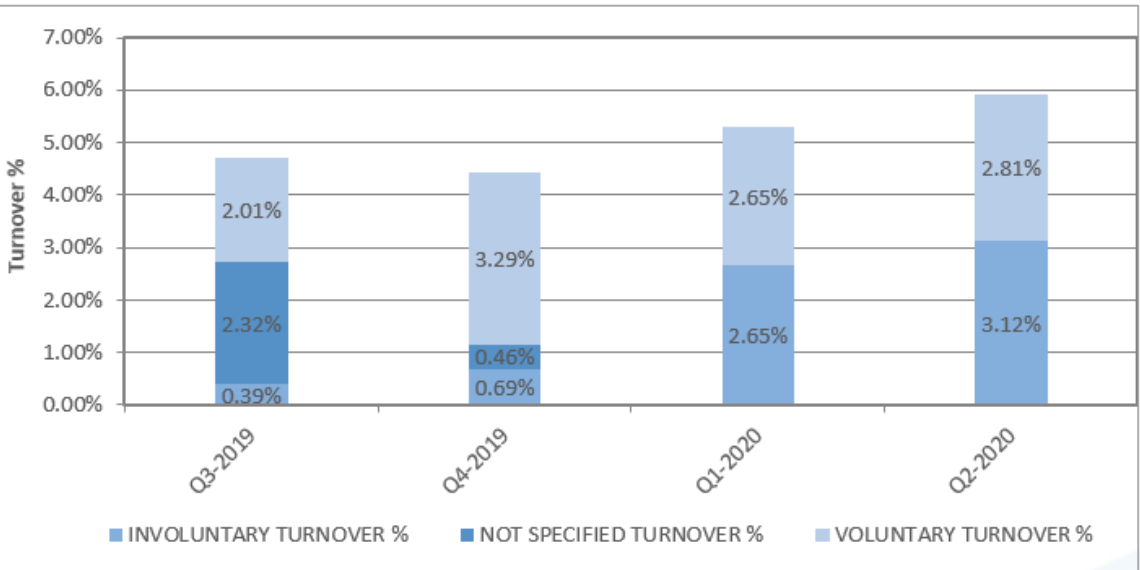
Headcount



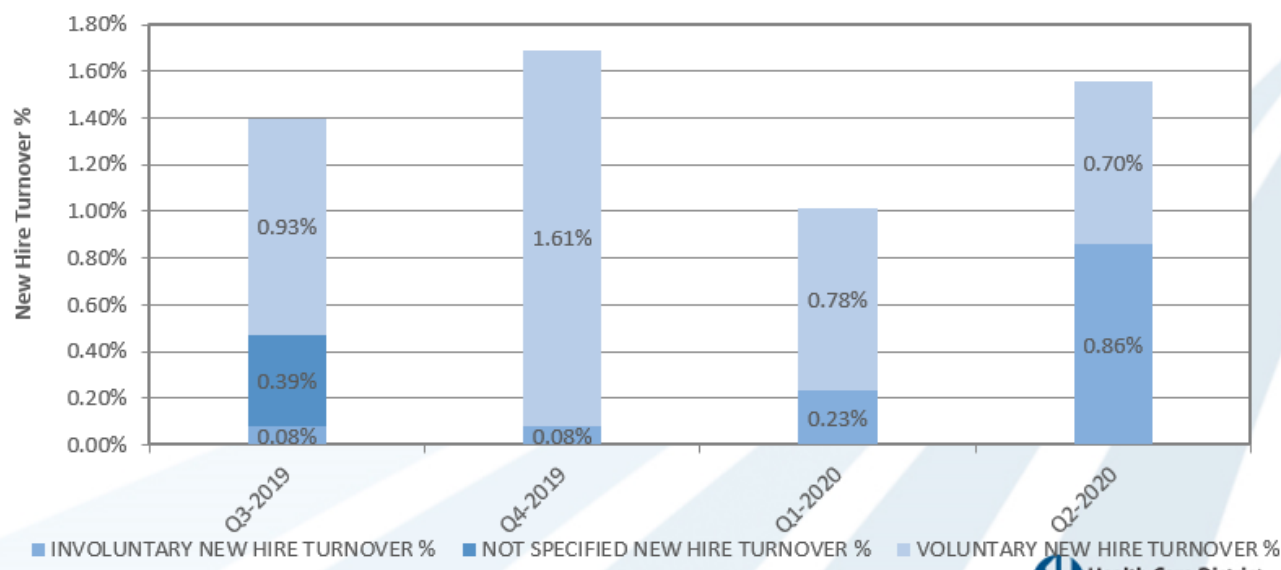
New Hires



Turnover Rate



New Hire Turnover Rate

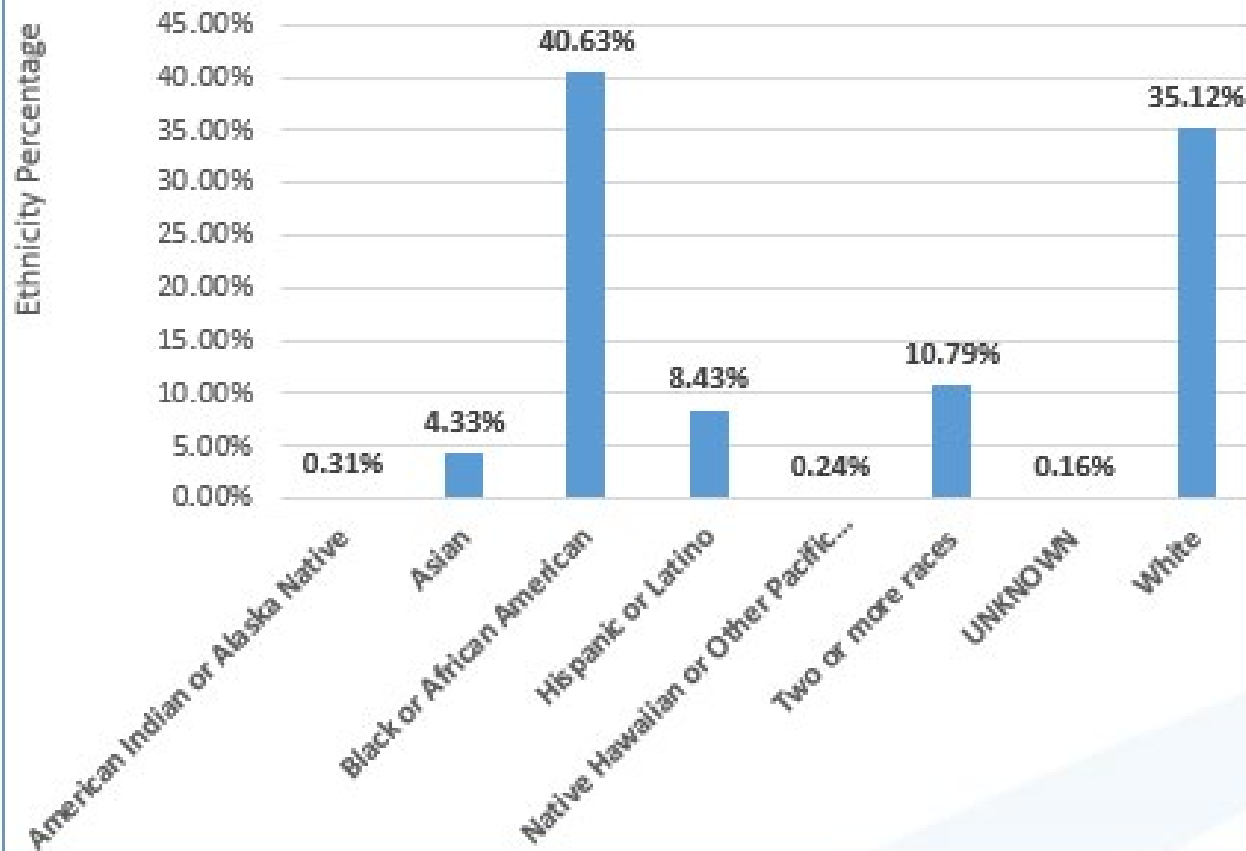




HCD HR Dashboard- *Diversity* Q3 2019 – Q2 2020

Diversity Headcount

64.73%

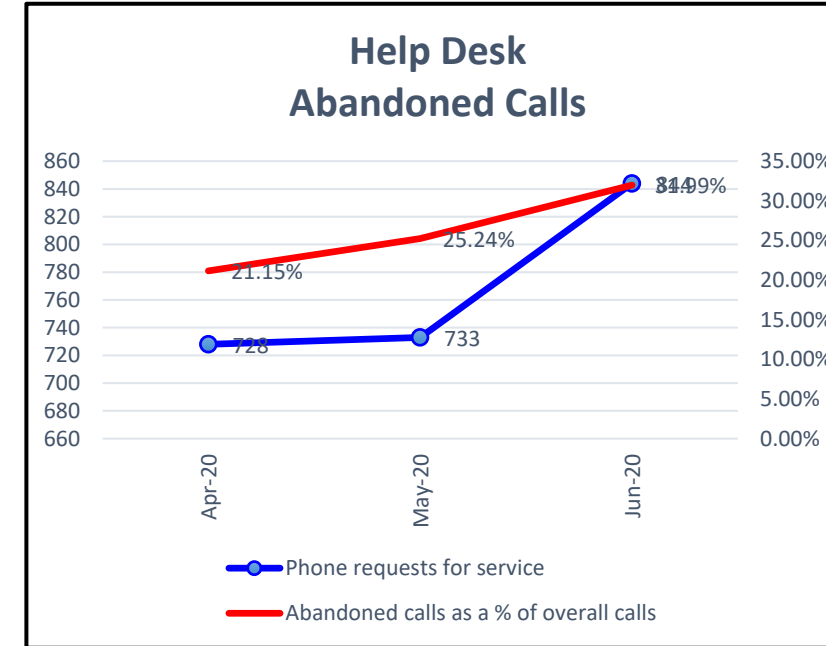
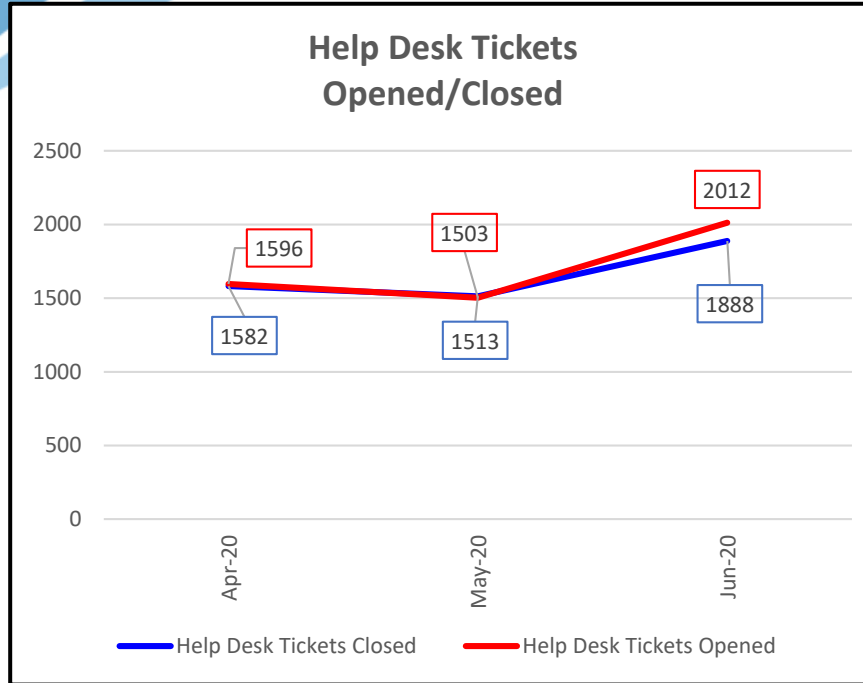


Average Age

47.36

Female Percentage

82.28%



Cybersecurity Investigations

Period 4/1/2020 – 6/30/2020

Status	Cases	% of Total
Closed	72	100%
In Progress	0	0
Total	72	100%

Comparisons	Cases
fy-YTD 2020	175
fy-YTD 2019	78

Outcome	Cases	% of Total
Investigated	72	100%
Reportable	0	0%
Total	72	100%

Quality Report

2nd Quarter 2020

Percentages

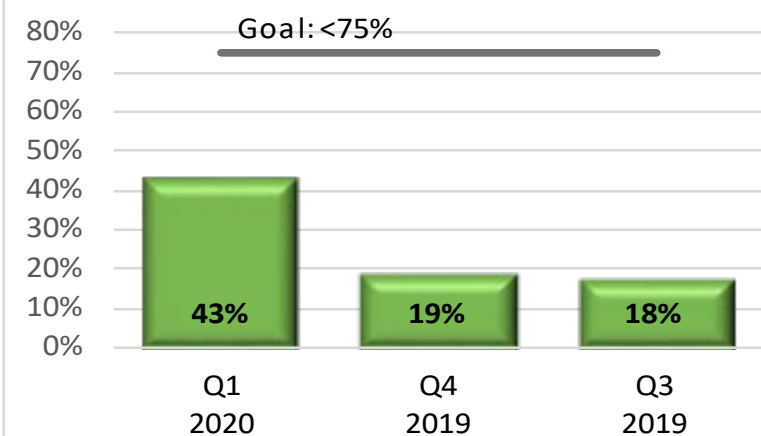
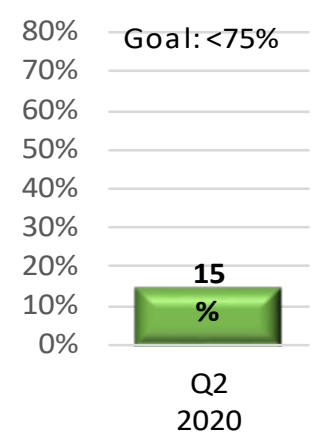
MDS 3.0 Facility Level Quality Measure Report

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

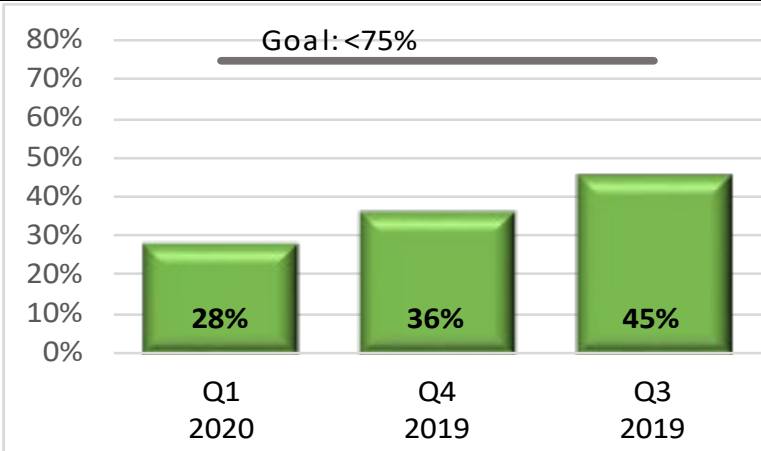
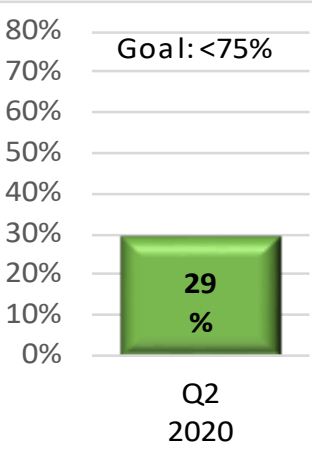
	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
High Risk Long Stay Residents with Pressure Ulcer	 <p>Goal: <75%</p> <p>62%</p> <p>Q2 2020</p>		 <p>Goal: <75%</p> <p>30% 39% 63%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>
New/Worse Pressure Ulcer(s)	 <p>Goal: <75%</p> <p>2%</p> <p>Q2 2020</p>		 <p>Goal: <75%</p> <p>2% 0% 0%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>

<div>Experiencing One or More Falls with Major Injury</div>	<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>0%</div> <div>Q2 2020</div> </div> </div>		<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>0%</div> <div>0%</div> <div>0%</div> <div>Q1 2020</div> <div>Q4 2019</div> <div>Q3 2019</div> </div> </div>
<div>Falls (L)</div>	<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>9%</div> <div>Q2 2020</div> </div> </div>		<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>10%</div> <div>6%</div> <div>6%</div> <div>Q1 2020</div> <div>Q4 2019</div> <div>Q3 2019</div> </div> </div>
<div>Who Have Depressive Symptoms</div>	<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>0%</div> <div>Q2 2020</div> </div> </div>		<div> <div> <div>80%</div> <div>70%</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>30%</div> <div>20%</div> <div>10%</div> <div>0%</div> </div> <div> <div>Goal: <75%</div> <div>0%</div> <div>0%</div> <div>0%</div> <div>Q1 2020</div> <div>Q4 2019</div> <div>Q3 2019</div> </div> </div>

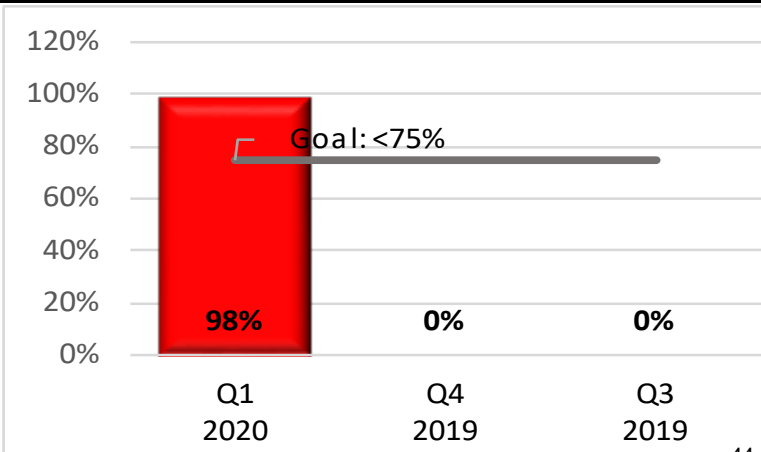
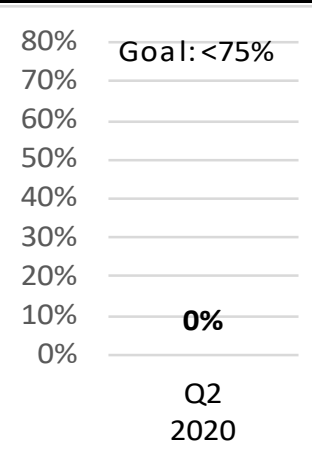
Who Lose Too Much Weight



Who Received an Antipsychotic Medication (L)

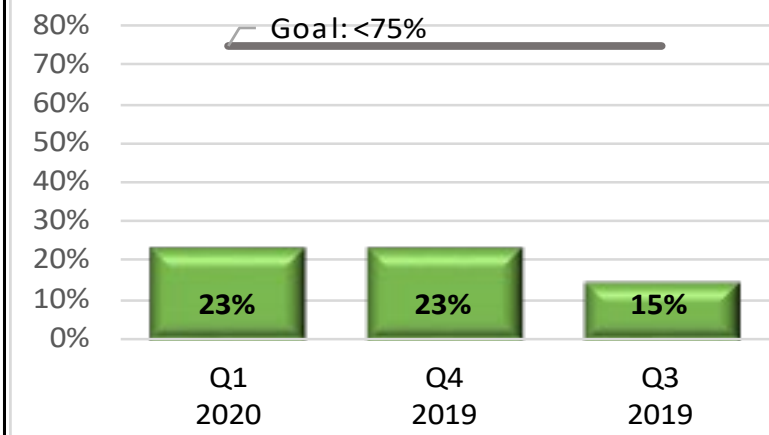
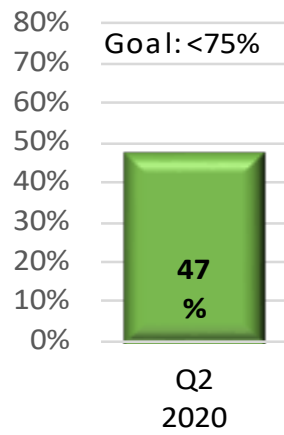


Who Received an Antipsychotic Medication (S)

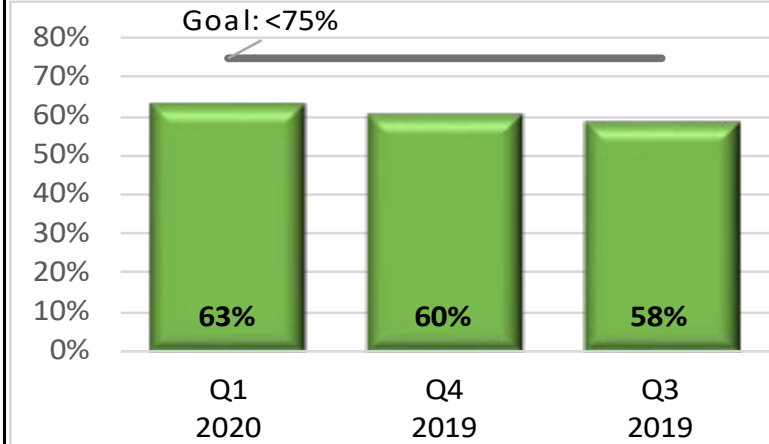
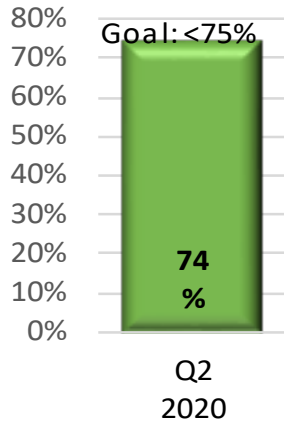


<p>Who Received Anti-Anxiety or Hypnotic Medication</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>49%</p> <p>Q2 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>8% 3% 3%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>
<p>Who Were Physically Restrained</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>0%</p> <p>Q2 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>0% 0% 0%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>
<p>Whose Behavioural Symptoms Affect Others</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>31%</p> <p>Q2 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>30% 31% 17%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>

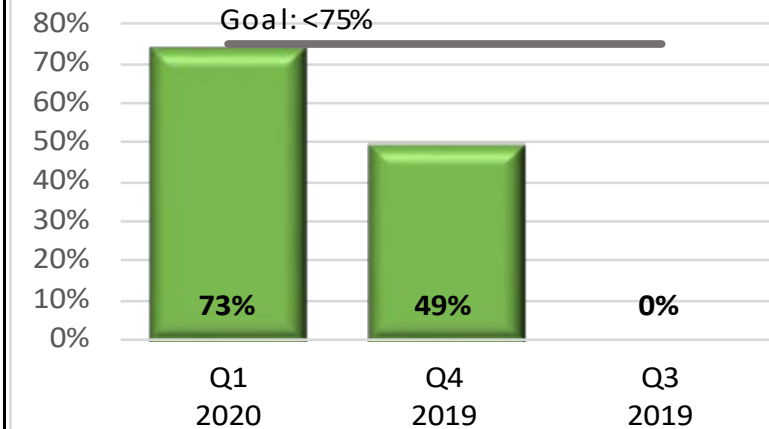
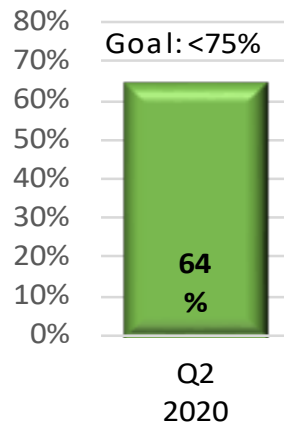
Increase ADL Help (L)



With a Catheter Inserted and Left in the Their Bladder



With a Urinary Tract Infection



<p>Low Risk LSRs Who Lose Control of their Bowel or Bladder</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>52%</p> <p>Q2 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>50% 59% 60%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>
<p>Move Independent Worsens (L)</p>	<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>7%</p> <p>Q2 2020</p>		<p>80% 70% 60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: <75%</p> <p>24% 13% 7%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>
<p>Improvement in Function (S) Higher % Better</p>	<p>120% 100% 80% 60% 40% 20% 0%</p> <p>Goal: >1%</p> <p>99%</p> <p>Q2 2020</p>		<p>60% 50% 40% 30% 20% 10% 0%</p> <p>Goal: >1%</p> <p>49% 45% 10%</p> <p>Q1 2020 Q4 2019 Q3 2019</p>

QUALITY CORE MEASURES REPORT

2nd Quarter (April - June 2020)

Preliminary Sampled Population



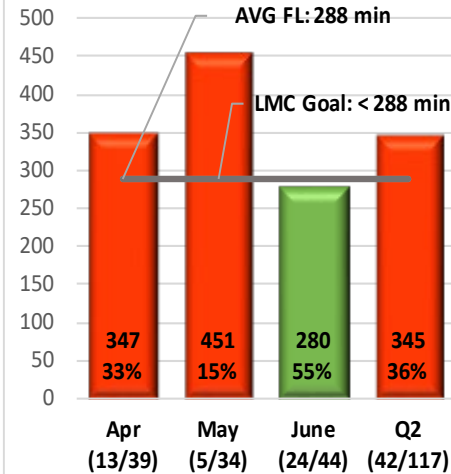
INPATIENT QUALITY MEASURES

Emergency Department: ED-1a

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

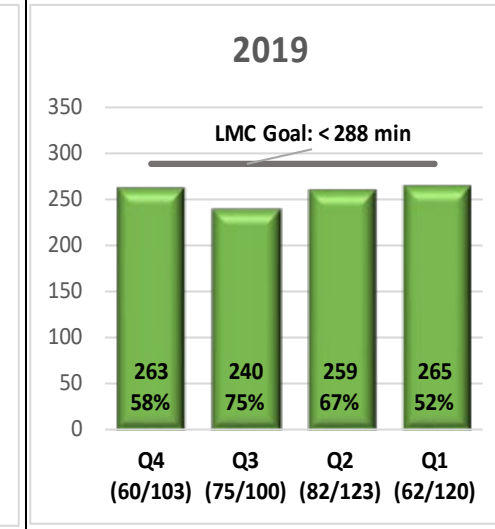
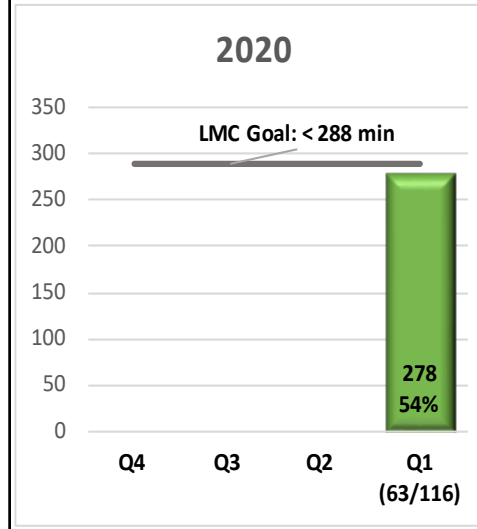
Numerator: Departed ED in less than 267 minutes.

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



Findings: The goal of <288 minutes was not met for the quarter. The top 5 cases were reviewed. Emergency room stays were prolonged due to an increase of Co-Vid 19 admissions and bed availability.

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



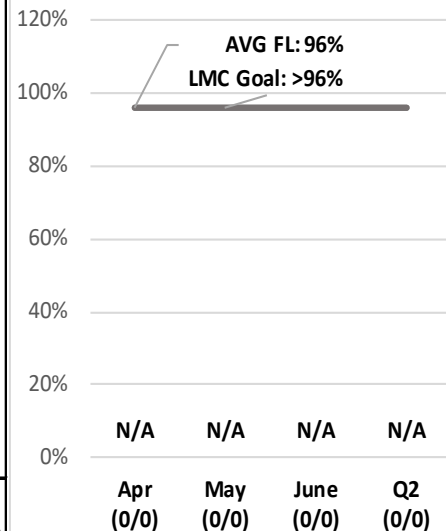
***TJC

IMM-2 Influenza Immunization

Immunizations (seasonal):

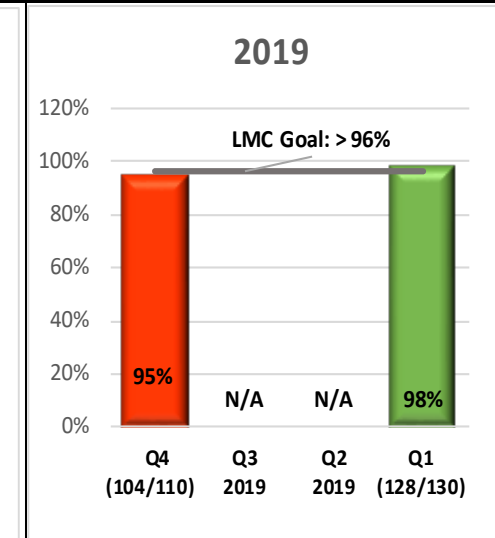
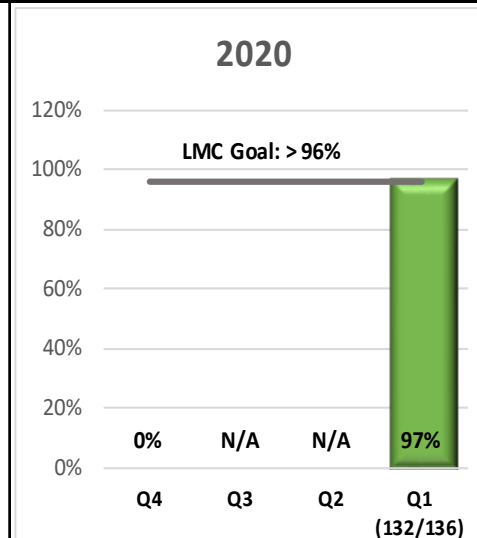
Numerator: Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.

Denominator: Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**



Findings: No data.

Interventions: No action required.



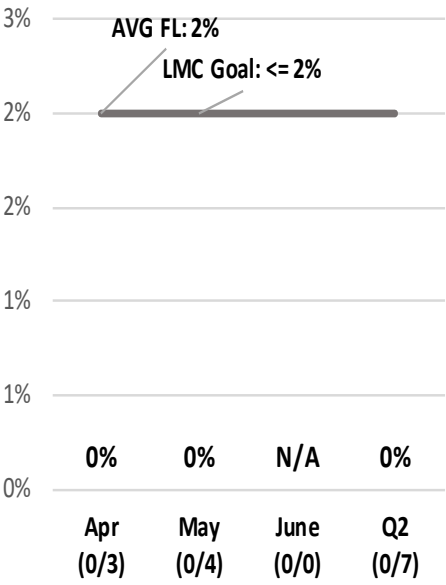
***TJC

Perinatal Care: PC-01

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

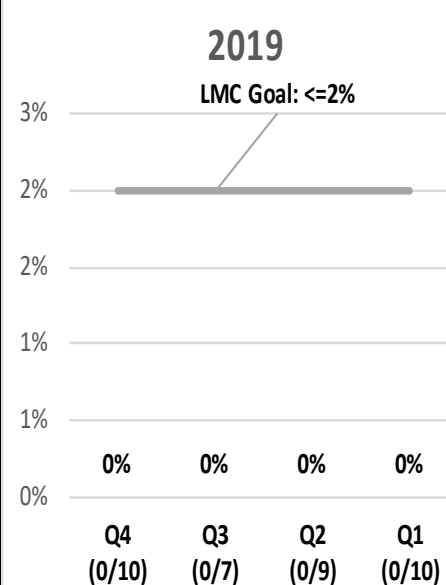
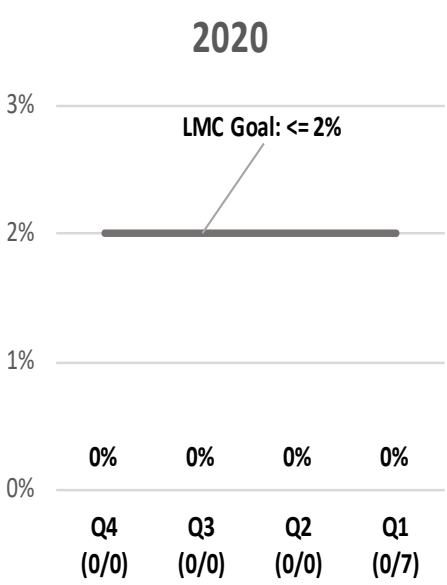
(Lower percentage is better, for cases that fall into measure).

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



Findings: The goal of $\leq 2\%$ was met for the quarter.

Interventions: No action was required.



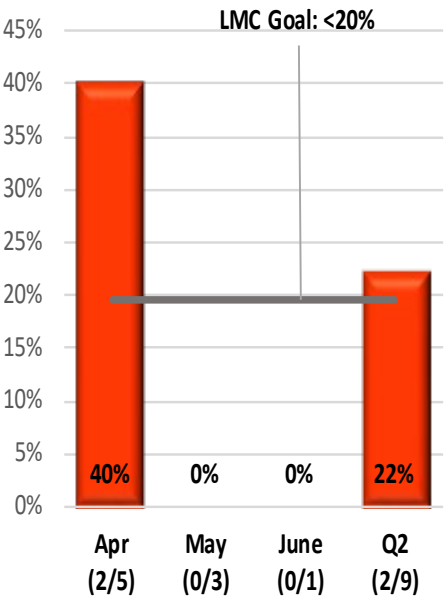
TJC

Perinatal Care: PC-02

Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth

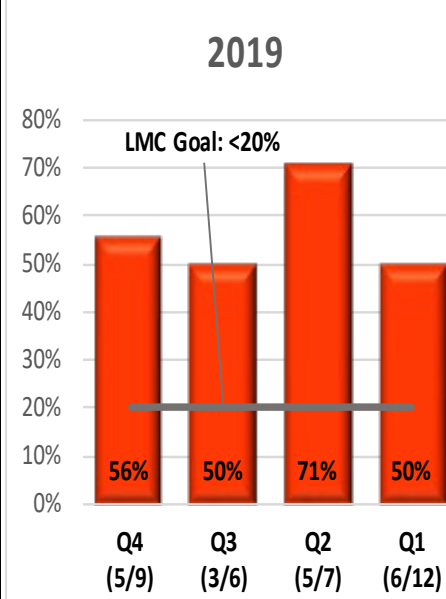
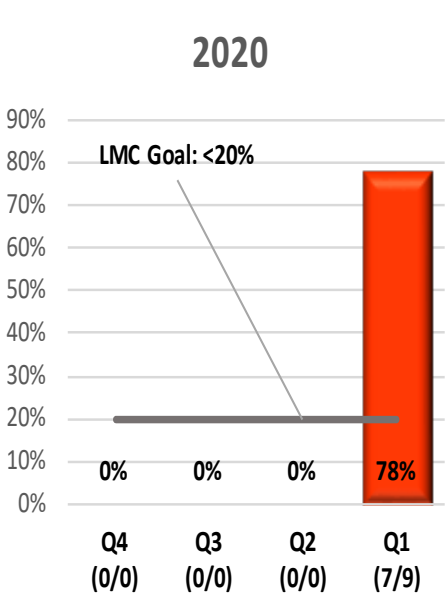
(Lower percentage is better).

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



Findings: The goal of $<20\%$ was not met for the quarter. The two cases were reviewed. The C-sections were performed, due to a non-reassuring fetal heart rate with variable decelerations and severe eclampsia.

Interventions: No further action was required.



TJC

QUALITY CORE MEASURES REPORT

2nd Quarter (April - June 2020) - Preliminary

Sampled Population



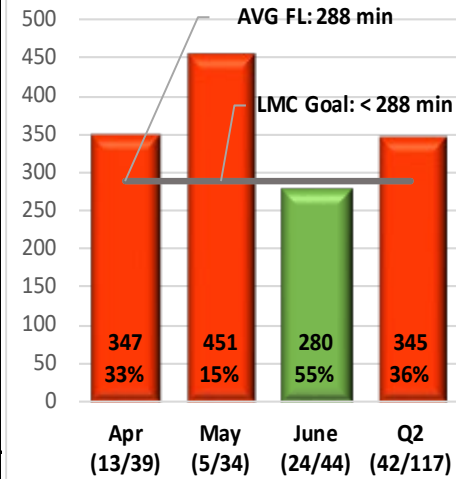
INPATIENT QUALITY MEASURES

Emergency Department: ED-1a

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

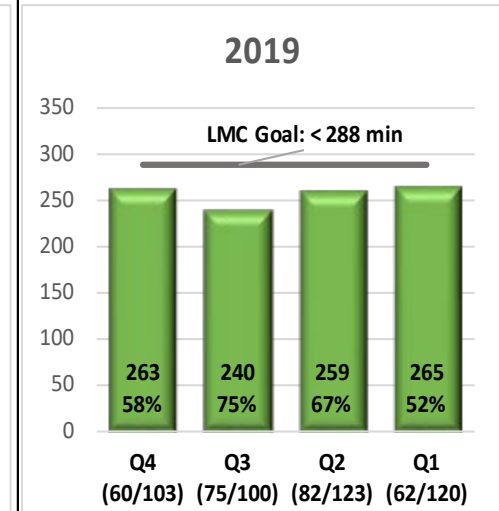
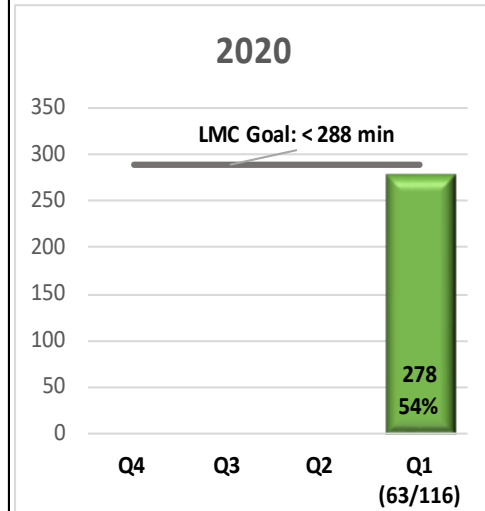
Numerator: Departed ED in less than 267 minutes.

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



Findings: The goal of <288 minutes was not met for the quarter. The top 5 cases were reviewed. Emergency room stays were prolonged, due to an increase of COVID-19 admissions and bed availability.

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



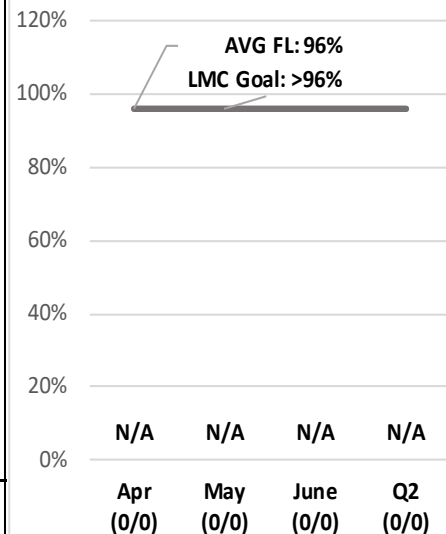
***TJC

IMM-2 Influenza Immunization

Immunizations (seasonal):

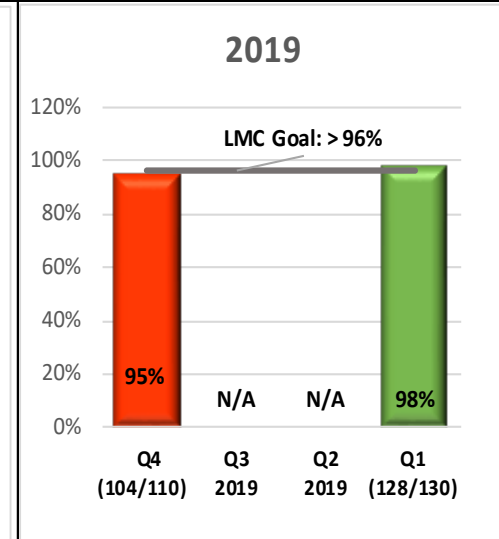
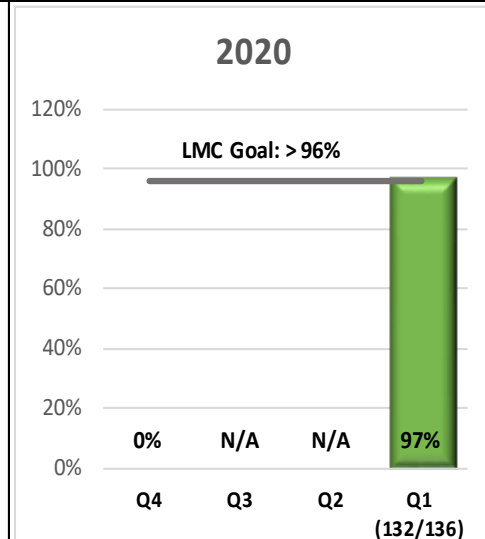
Numerator: Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.

Denominator: Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**



Findings: No data.

Interventions: No action required.



***TJC

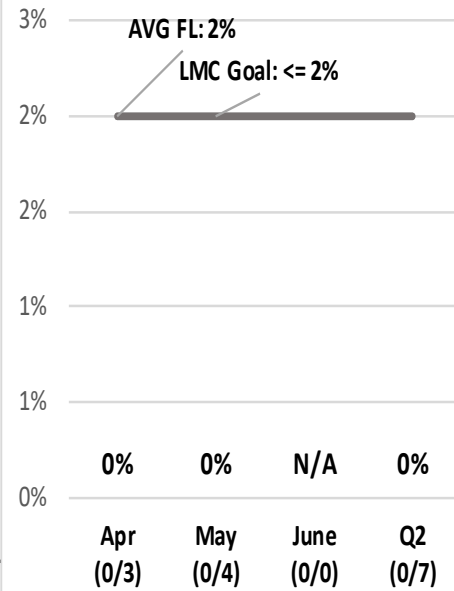
Perinatal Care: PC-01

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).

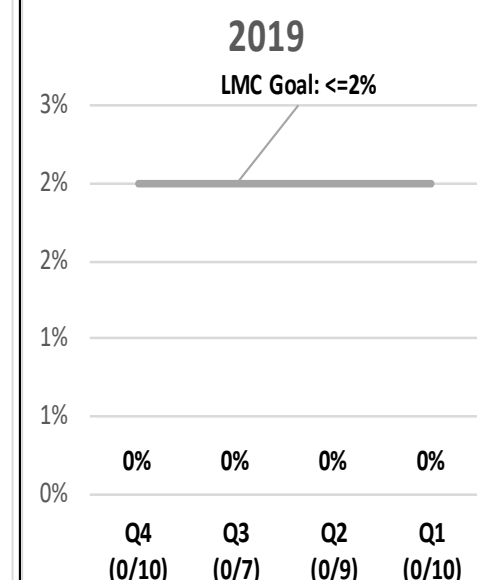
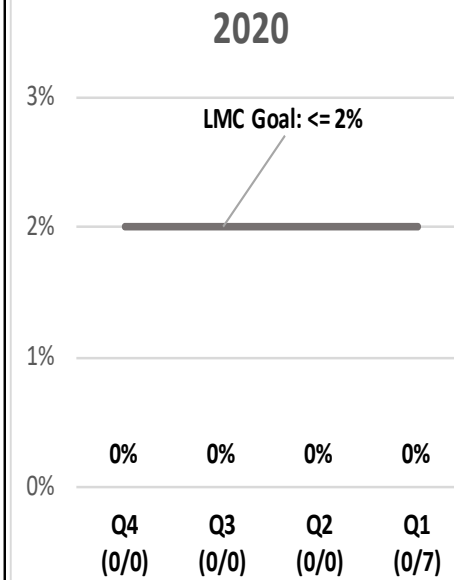
Numerator: Patients with elective deliveries.

Denominator: Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed.



Findings: The goal of $\leq 2\%$ was met for the quarter.

Interventions: No action was required.



TJC

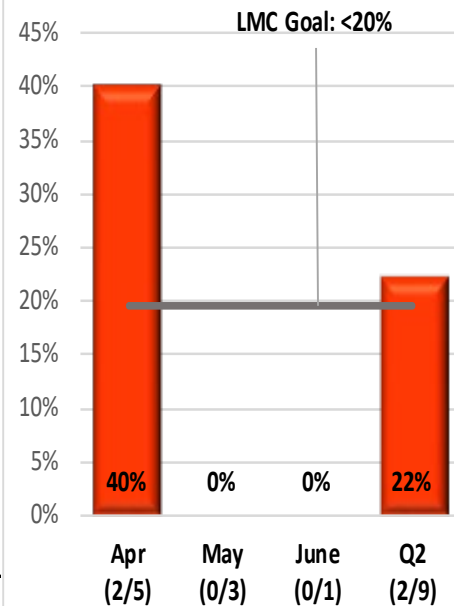
Perinatal Care: PC-02

Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth

(Lower percentage is better).

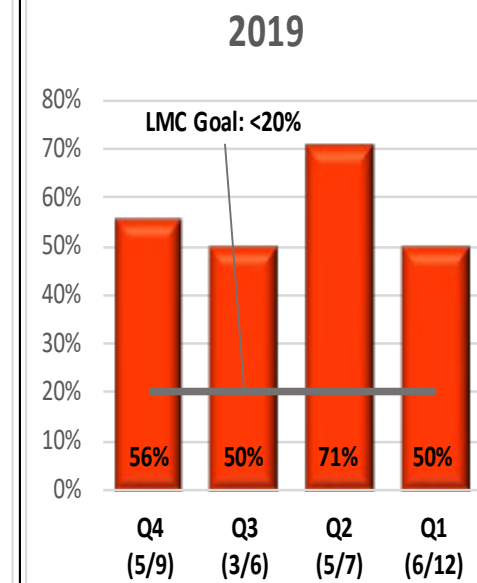
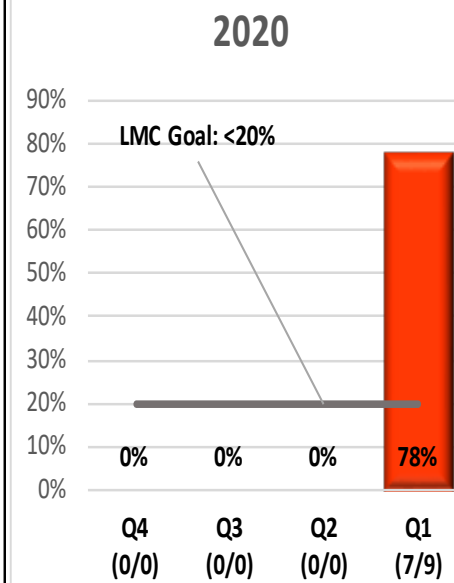
Numerator: Patients with cesarean births.

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.



Findings: The goal of $<20\%$ was not met for the quarter. The (2) cases were reviewed. The C-sections were performed, due to a non-reassuring fetal heart rate with variable decelerations and severe eclampsia.

Interventions: No further action was required.



TJC

QUALITY CORE MEASURES REPORT

2nd Quarter (April - June 2020) - Preliminary

Sampled Population



INPATIENT QUALITY MEASURES

Perinatal Care: PC-05

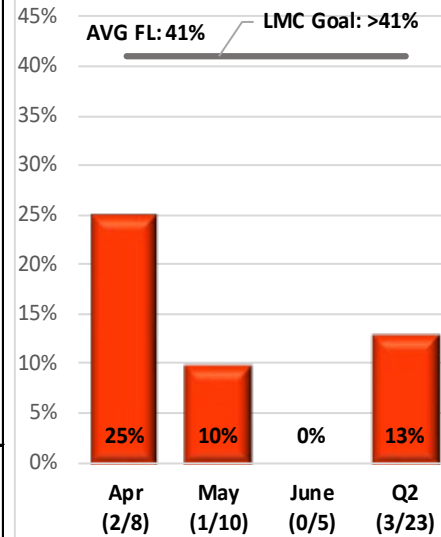
Exclusive breast milk feeding during the newborn's entire hospitalization.

(Higher percentage is better)

Numerator: Number of moms Exclusively Breast Feeding.

Denominator: Single term newborns discharged alive from the hospital.

TJC



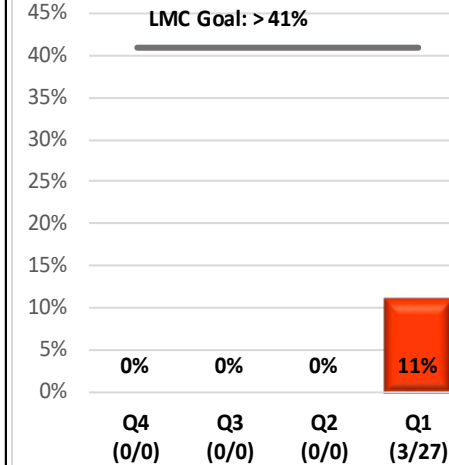
Findings: The goal of >41% was not met for the quarter. Based on review of all of the sampled population (7) both breast and bottle fed. (14) Bottle fed only and (3) strictly breast fed.

April-June 2020: Total Deliveries: (41)

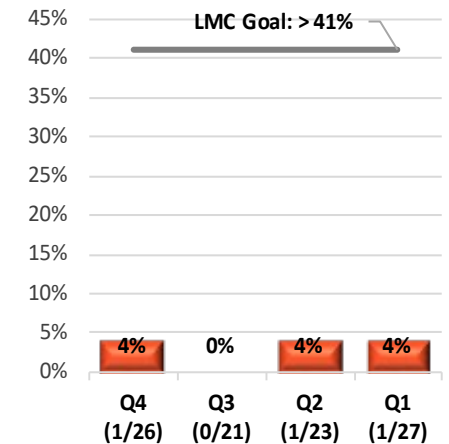
Stats: 29% (12) patients strictly breast fed; 27% (11) patients breast & bottle fed and 44% (18) bottle fed only.

Interventions: There are two nursing staff that are Certified Lactation Consultants. The Lactation Consultants will be presenting an educational research project on Breast Feeding to the staff on August 31, 2020.

2020



2019



Perinatal Care: PC-06

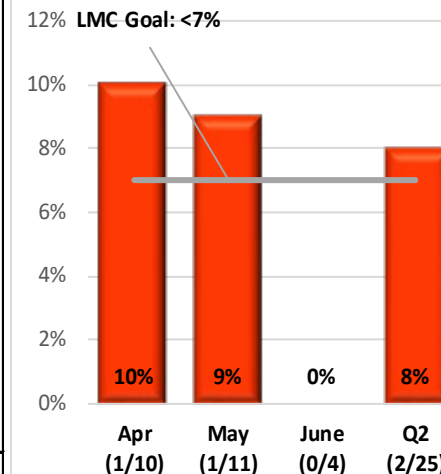
Unexpected Complications in Term Newborns.

(Lower percentage is better)

Numerator: Newborns with severe complications and moderate complications.

Denominator: Liveborn single term newborns 2500 gm or over in birth weight.

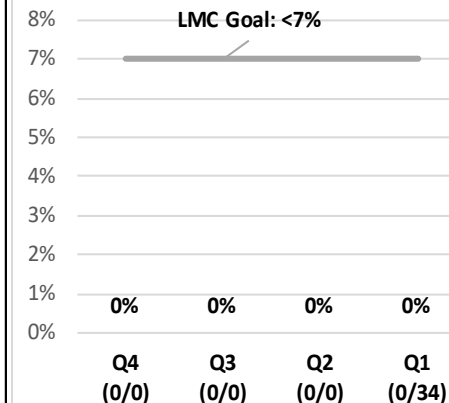
TJC



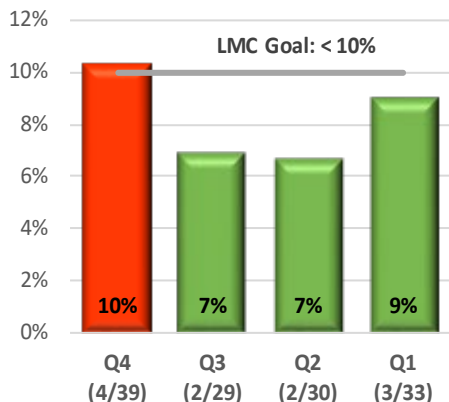
Findings: The goal of <7% was not met for the quarter. The two cases were reviewed. The first newborn's care included a ten day course of antibiotic therapy, due to prolonged membrane rupture > 30 hrs, with abnormal labs and the second newborn's care was a 6 day observation, due to maternal fever with respiratory symptoms to r/o COVID-19. Mom had no prenatal care.

Interventions: No action was required.

2020



2019

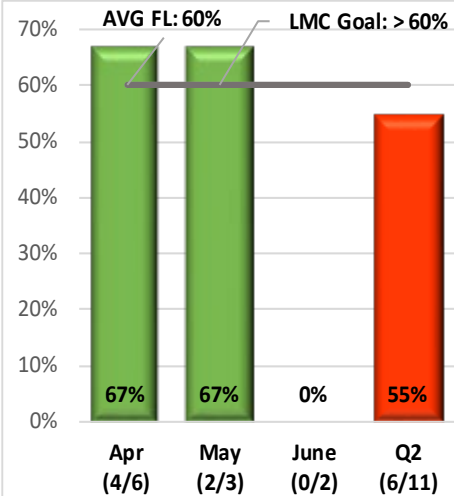


Sepsis: SEP-1

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

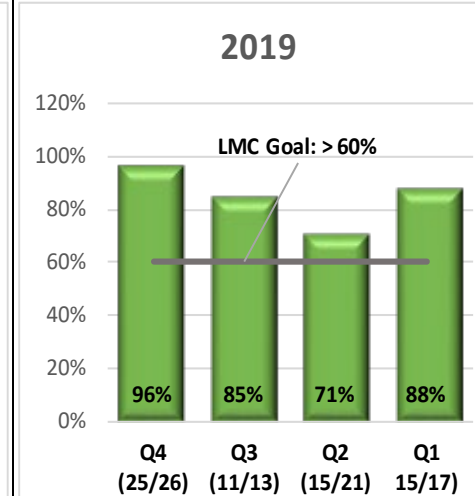
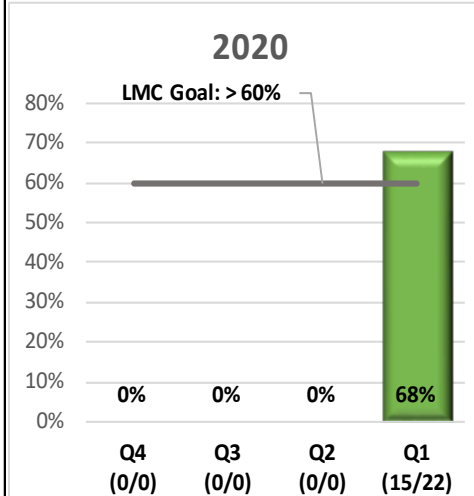
Numerator: Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment).
Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

CMS/TJC



Findings: The goal of >60% was not met for the quarter. The five cases that failed, were due to: 1-antibiotic not being administered, within the specified time frame, 2-repeat lactate timing, and 2-crystalloid fluid administration.

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



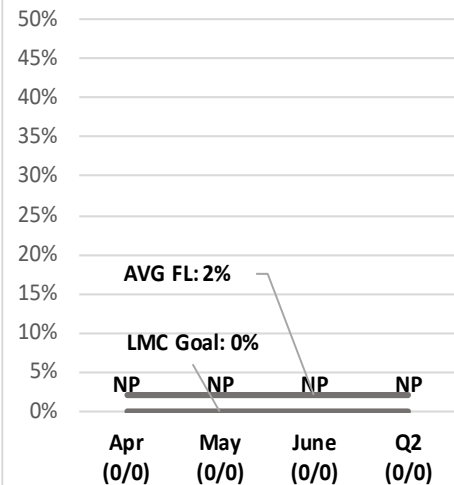
Venous Thrombosis: VTE-6

Hospital Acquired Preventable VTE.
 (Lower percentage is better)

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

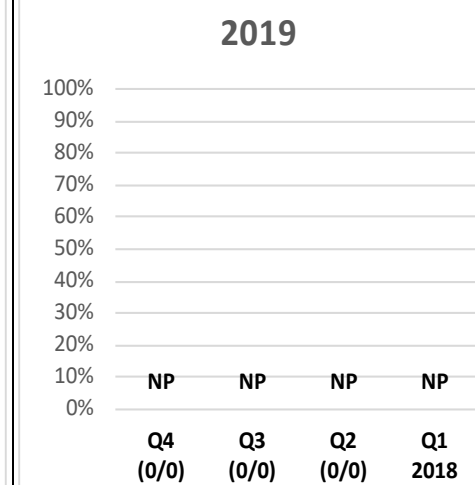
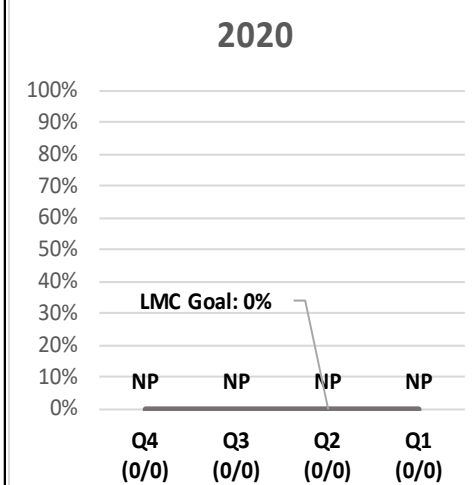
Denominator: Patients who developed confirmed VTE during hospitalization.

CMS/TJC



Findings: No population.

Interventions: No action was required.



*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

2nd Quarter (April - June 2020) - Preliminary

Sampled Population

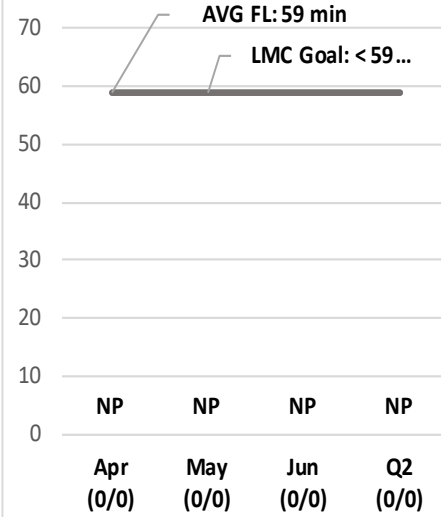


OUTPATIENT QUALITY MEASURES

Acute Myocardial Infarction: OP-3a

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

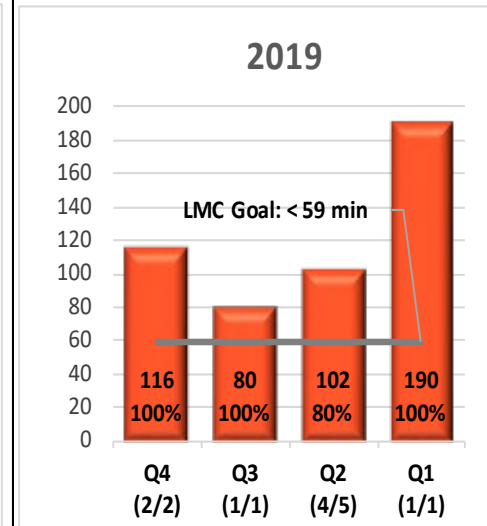
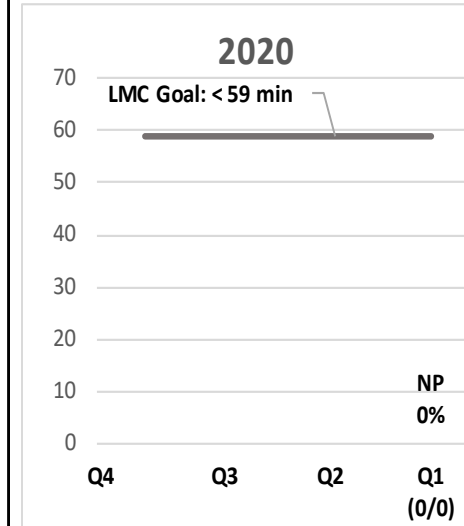
Numerator: Number of patients transferred to another facility within less than 90 minutes
Denominator: Patients with Transfer for Acute Coronary Intervention.



CMS/TJC

Findings: No population

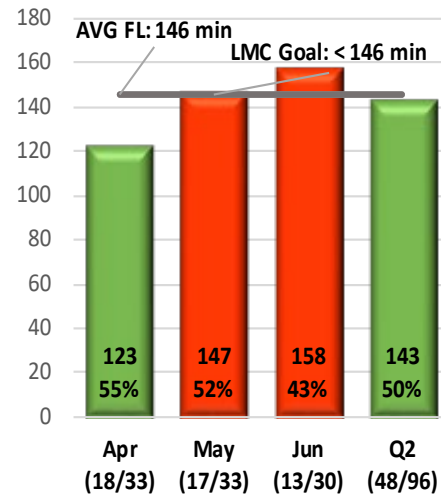
Interventions: There was no action required.



Emergency Department Throughput: OP-18

Median time from ED arrival to discharge home or transferred.

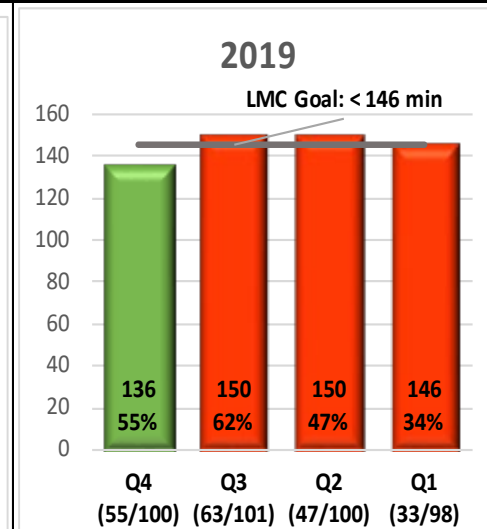
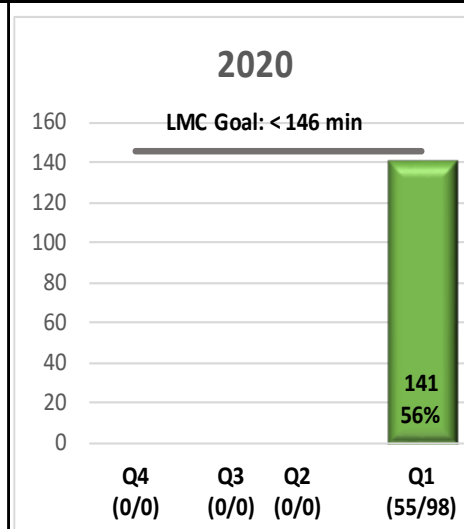
Numerator: Number of patients discharged in less than 120 minutes.
Denominator: Any ED patient from the facility's emergency department.



CMS/TJC

Findings: The goal of <146 was met for the quarter. Each month the top five cases were reviewed.

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

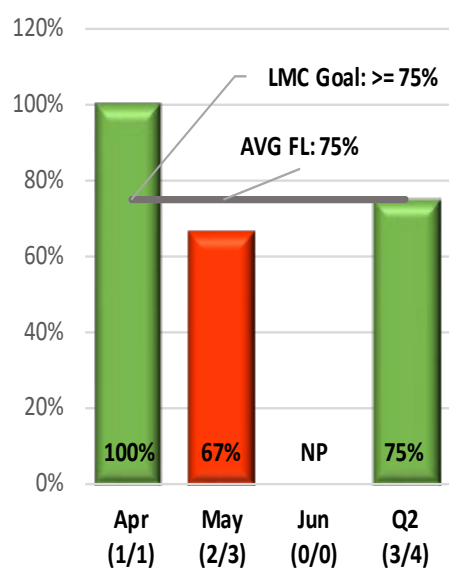


Stroke: OP-23

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.

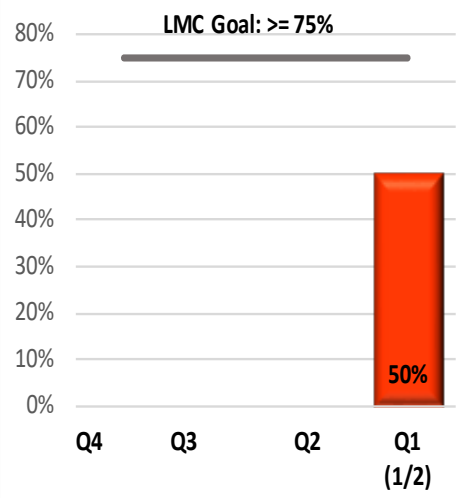
CMS/TJC



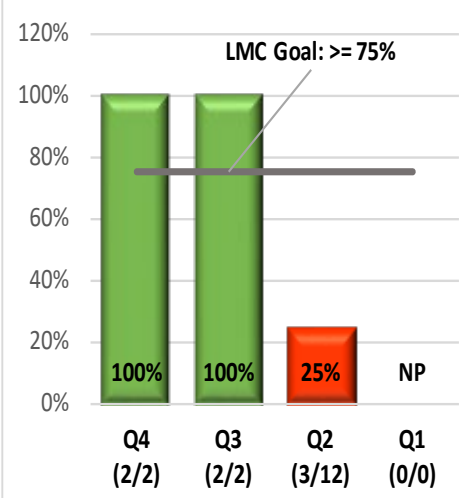
Findings: The goal of $\geq 75\%$ was met for the quarter. The case for the month of May was reviewed and did not meet criteria for last known well, per abstraction specifications, as patient/family were unable to provide details.

Interventions: No further action was required.

2020



2019



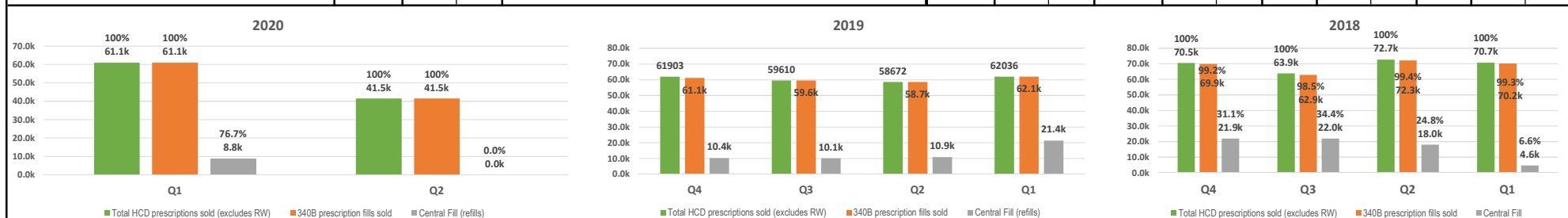
**Additional case added to OP-3 by Press Ganey for the month of September to prevent under population sampling.

Pharmacy Quality Measures

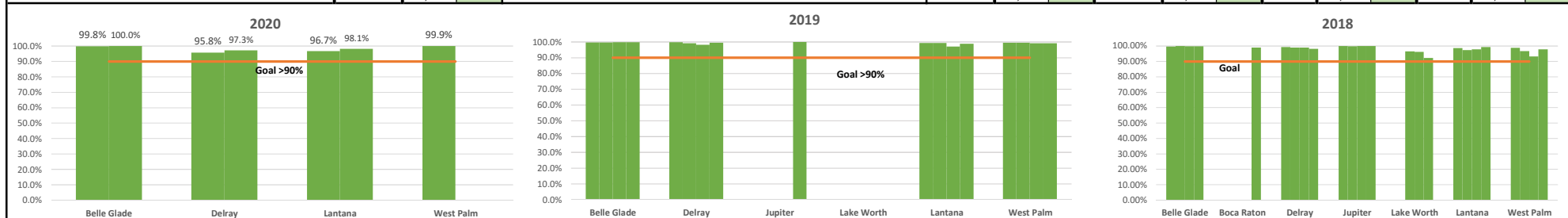
Measure Set:				ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL						Previous Quarters													
								2020 Q1				2019 Q4				2019 Q3				2019 Q2			
								Goal	Total			Goal	Total			Goal	Total			Goal	Total		
									#	%	#		%	#	%		#	%	#		%		

340B utilization

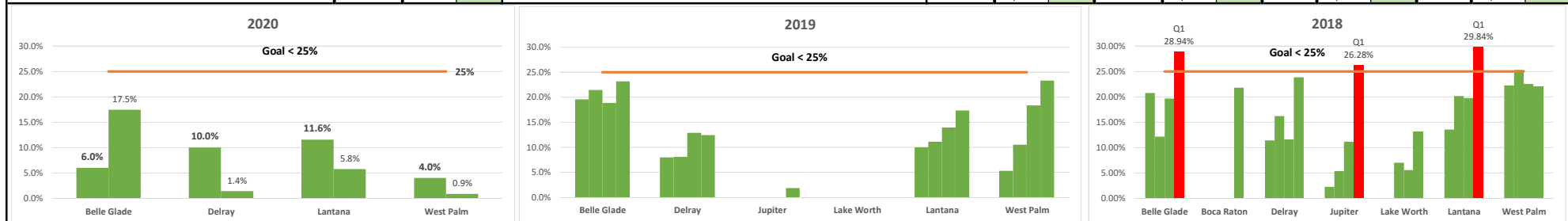
Total HCD prescriptions sold (excludes RW)		41,469		Decrease in prescription count due to increase of 90 day supply. Central Fill pharmacy co-located with West Palm pharmacy so number indicative for Delray and Lantana pharmacies only now; Temporarily closed Central Fill 3/20 due to COVID-19		61,053			61,903		59,610		58,672	
340B prescription fills sold			100.0				100.0		61,061	98.7		100.0		100.0
Central Fill (refills)		0	0.0			8,818	76.7		10,377	75.0	10,058	87.7	10,913	65.2


Ready when promised (non-waiters)

Belle Glade		2,662	100.0	>90%		1,031	99.8	>90%	4,952	99.7	>90%	5,352	99.7	>90%	5,539	99.9
Delray		6,557	97.3			9,576	95.8		11,589	99.9		11,573	99.2		11,379	98.3
Lantana		14,717	98.1			18,917	96.7		19,467	99.4		21,380	99.4		18,322	97.1
West Palm		15,873	99.9			24,659	97.4		19,983	99.5		17,401	99.5		16,000	99.1


Prescriptions designated as waiters

Belle Glade		563	17.5	<25% per site		66	6.0	<25% per site	1,205	19.6	<25% per site	1,462	21.5	<25% per site	1,291	18.9
Delray		94	1.4			1,069	10.0		1,001	8.0		1,017	8.1		1,682	12.9
Lantana		903	5.8			2,478	11.6		2,159	10.0		2,666	11.1		2,971	14.0
West Palm		143	0.9			1,038	4.0		1,113	5.3		2,037	10.5		3,600	18.4

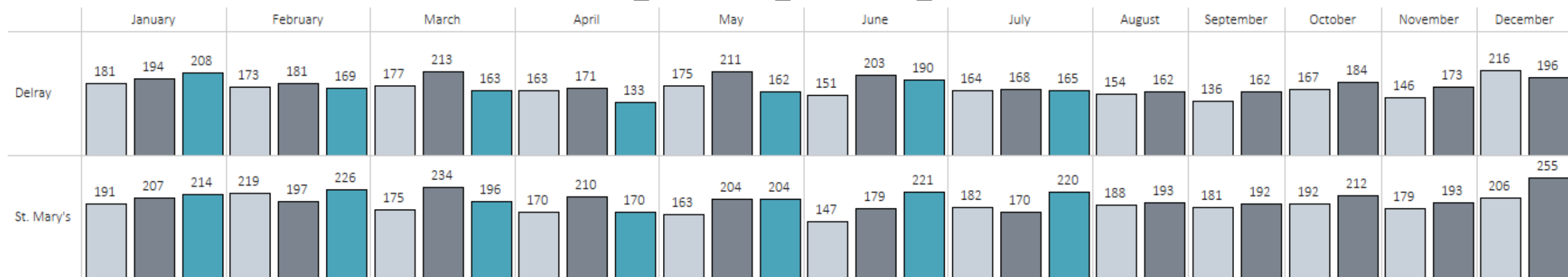


Pharmacy Quality Measures																																																								
Measure Set:				ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL								Previous Quarters																																												
		2020 Q2							2020 Q1			2019 Q4		2019 Q3		2019 Q2																																								
		Goal	Total						Goal	Total	Goal	Total	Goal	Total	Goal	Total	Goal	Total																																						
			#						%		#	%		#	%		#	%		#	%																																			
Prescriptions returned to stock																																																								
Belle Glade		<5% per site	230	7.1	Decrease in returns due to change in operations druing the COVID pandemic. More phone calls to patients prior to dispensing prescriptions					13	1.2	614	10.0	<5% per site	380	5.6	399	5.8																																						
Delray			159	2.4						1,028	9.7	1,262	10.0		1,260	10.0	1,364	10.4																																						
Lantana			568	3.6						2,289	10.7	1,893	8.8		1,940	8.1	1,992	9.4																																						
West Palm			673	4.2						3,403	13.2	2,504	11.9		2,330	12.0	2,159	11.0																																						
<div><div><div>2020</div><table><thead><tr><th>Site</th><th>2020 Rate</th></tr></thead><tbody><tr><td>Belle Glade</td><td>1.2%</td></tr><tr><td>Delray</td><td>9.7%</td></tr><tr><td>Lantana</td><td>10.7%</td></tr><tr><td>West Palm</td><td>13.2%</td></tr></tbody></table></div><div><div>2019</div><table><thead><tr><th>Site</th><th>2019 Rate</th></tr></thead><tbody><tr><td>Belle Glade</td><td>10.0%</td></tr><tr><td>Delray</td><td>10.0%</td></tr><tr><td>Jupiter</td><td>3.6%</td></tr><tr><td>Lake Worth</td><td>0.0%</td></tr><tr><td>Lantana</td><td>8.8%</td></tr><tr><td>West Palm</td><td>11.0%</td></tr></tbody></table></div><div><div>2018</div><table><thead><tr><th>Site</th><th>2018 Rate</th></tr></thead><tbody><tr><td>Belle Glade</td><td>7.1%</td></tr><tr><td>Boca Raton</td><td>0.0%</td></tr><tr><td>Delray</td><td>10.7%</td></tr><tr><td>Jupiter</td><td>5.6%</td></tr><tr><td>Lake Worth</td><td>8.1%</td></tr><tr><td>Lantana</td><td>9.4%</td></tr><tr><td>West Palm</td><td>11.0%</td></tr></tbody></table></div></div>																	Site	2020 Rate	Belle Glade	1.2%	Delray	9.7%	Lantana	10.7%	West Palm	13.2%	Site	2019 Rate	Belle Glade	10.0%	Delray	10.0%	Jupiter	3.6%	Lake Worth	0.0%	Lantana	8.8%	West Palm	11.0%	Site	2018 Rate	Belle Glade	7.1%	Boca Raton	0.0%	Delray	10.7%	Jupiter	5.6%	Lake Worth	8.1%	Lantana	9.4%	West Palm	11.0%
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Total wait time in minutes (waiters)																																																								
		18.24 Minutes							20.14 Minutes		21.7 Minutes		21.25 Minutes		23.8 Minutes																																									
Belle Glade		<30 mins	15.44 mins						<30 mins	12.42 mins	<30 mins	21.9 mins	<30 mins	22.4 mins	<30 mins	19.9 mins																																								
Delray			21.26 mins							19.67 mins		19.3 mins		16.8 mins		19.5 mins																																								
Lantana			20.14 mins							21.96 mins		22.7 mins		20.2 mins		25.2 mins																																								
West Palm			16.12 mins	26.49 mins	22.9 mins	25.6 mins	30.9 mins																																																	
<div><div><div>2020</div><table><thead><tr><th>Site</th><th>2020 Wait Time (mins)</th></tr></thead><tbody><tr><td>Belle Glade</td><td>12.42</td></tr><tr><td>Delray</td><td>21.26</td></tr><tr><td>Lantana</td><td>21.96</td></tr><tr><td>West Palm</td><td>26.49</td></tr></tbody></table></div><div><div>2019</div><table><thead><tr><th>Site</th><th>2019 Wait Time (mins)</th></tr></thead><tbody><tr><td>Belle Glade</td><td>22.4</td></tr><tr><td>Delray</td><td>19.3</td></tr><tr><td>Jupiter</td><td>9.5</td></tr><tr><td>Lake Worth</td><td>0.0</td></tr><tr><td>Lantana</td><td>34.40</td></tr><tr><td>West Palm</td><td>31.40</td></tr></tbody></table></div><div><div>2018</div><table><thead><tr><th>Site</th><th>2018 Wait Time (mins)</th></tr></thead><tbody><tr><td>Belle Glade</td><td>20.1</td></tr><tr><td>Boca Raton</td><td>11.2</td></tr><tr><td>Delray</td><td>21.3</td></tr><tr><td>Jupiter</td><td>7.0</td></tr><tr><td>Lake Worth</td><td>31.11</td></tr><tr><td>Lantana</td><td>30.60</td></tr><tr><td>West Palm</td><td>38.10</td></tr></tbody></table></div></div>																	Site	2020 Wait Time (mins)	Belle Glade	12.42	Delray	21.26	Lantana	21.96	West Palm	26.49	Site	2019 Wait Time (mins)	Belle Glade	22.4	Delray	19.3	Jupiter	9.5	Lake Worth	0.0	Lantana	34.40	West Palm	31.40	Site	2018 Wait Time (mins)	Belle Glade	20.1	Boca Raton	11.2	Delray	21.3	Jupiter	7.0	Lake Worth	31.11	Lantana	30.60	West Palm	38.10
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Total out of stock fills																																																								
Belle Glade		<5% per site	111	3.4	Increased due to upfilling prescriptions to 90 days					318	28.9	226	3.7	169	2.5	165	2.4																																							
Delray			566	8.3						208	1.9	161	1.3	160	1.3	176	1.4																																							
Lantana			905	5.7						637	2.9	675	3.1	488	2.3	672	3.1																																							
West Palm			103	0.6						246	0.9	478	2.2	475	2.4	677	3.4																																							
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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		5,627 mailed packages (15,326 prescriptions)																																																						

TRAUMA SYSTEM UTILIZATION

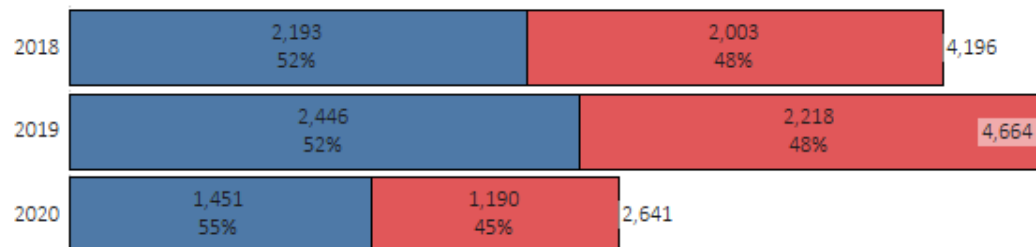
TRAUMA CENTER VOLUME (2018 - 2020 YTD)

2018 2019 2020



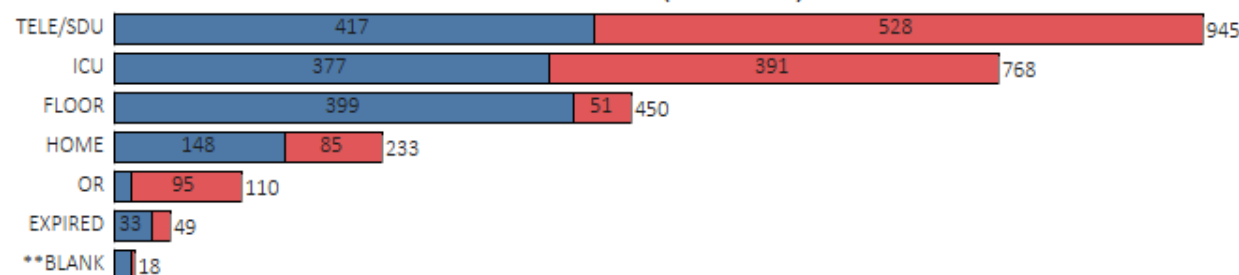
TRAUMA CENTER VOLUME (2018 - 2020 YTD)

St. Mary's



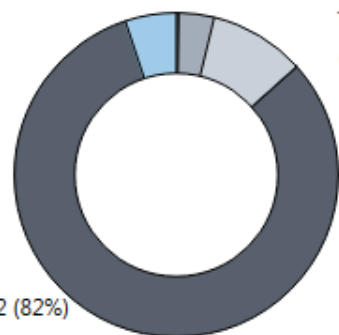
ED DISPOSITION (2020 YTD)

Delray



TRANSPORT MODE (2020 YTD)

POV = 134 (5%) BLANK = 99 (4%)

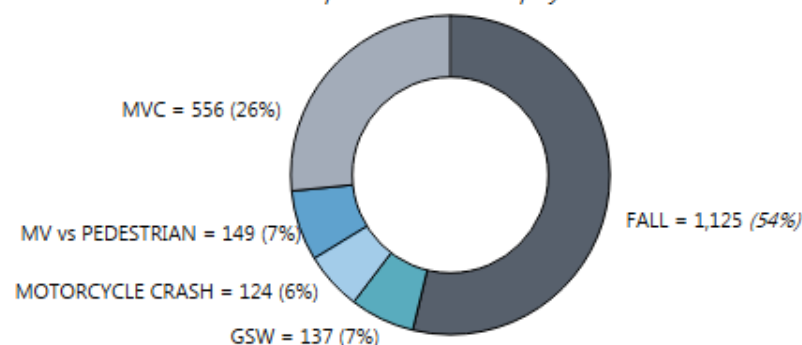


AGE RANGE (2020 YTD)



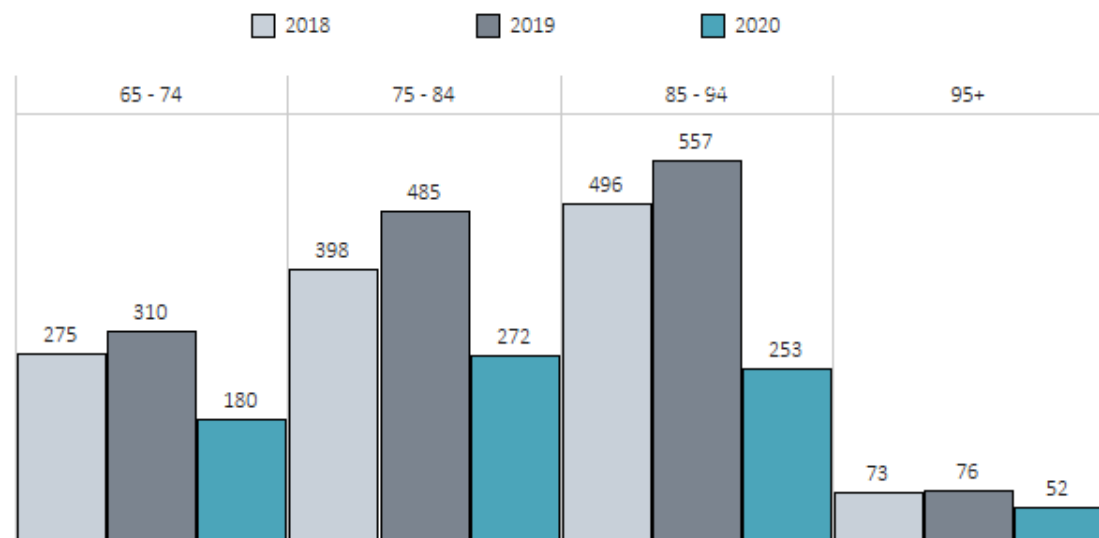
MECHANISM OF INJURY (2020 YTD)

* Top 5 Mechanisms displayed

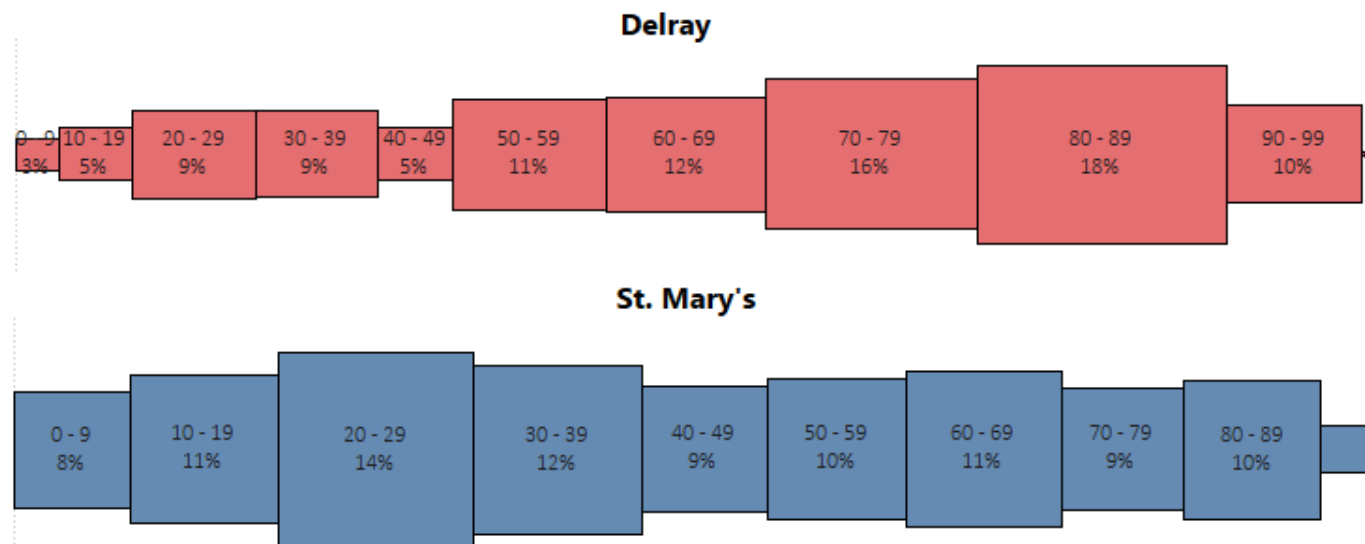


MECHANISM OF INJURY

GERIATRIC FALLS



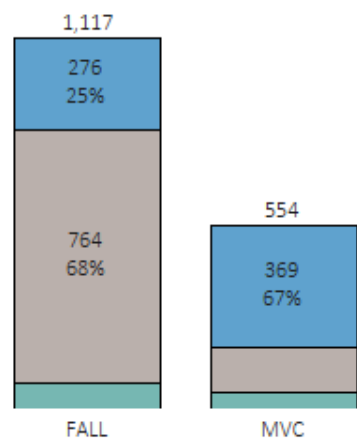
AGE RANGE BY TRAUMA CENTER (2020 YTD)



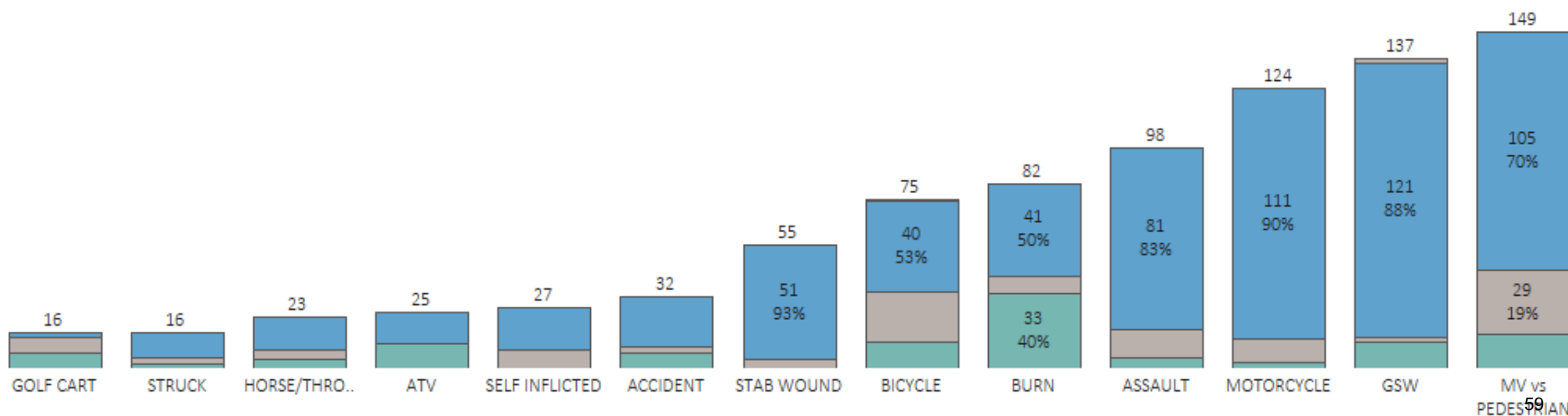
MECHANISM OF INJURY BY AGE RANGE (2020 YTD)

Legend: Adults (Blue), Geriatrics (Brown), Pediatrics (Teal)

Fall and MVC only

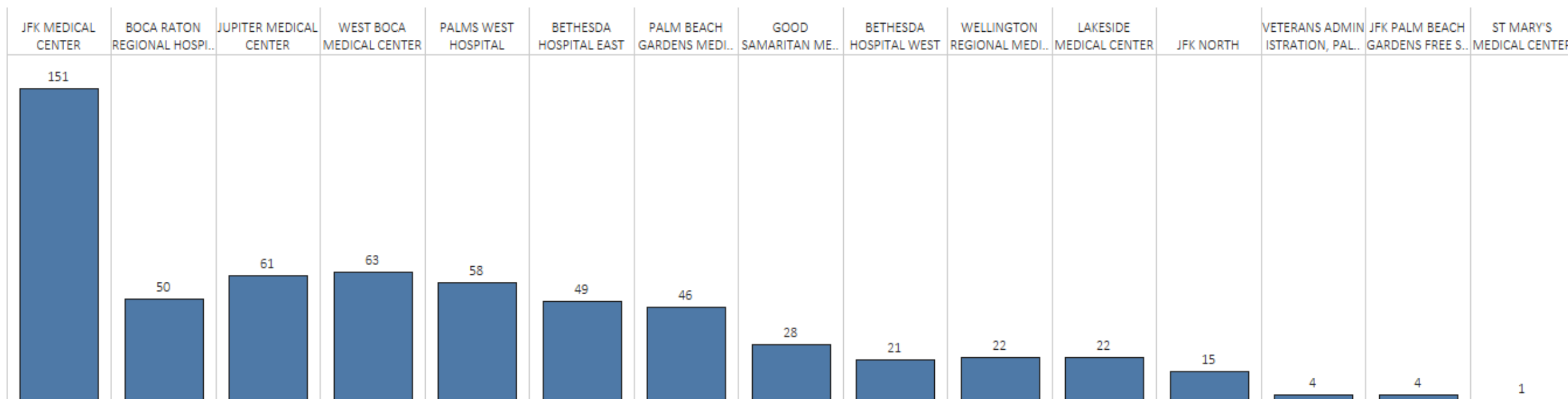


Fall and MVC not included

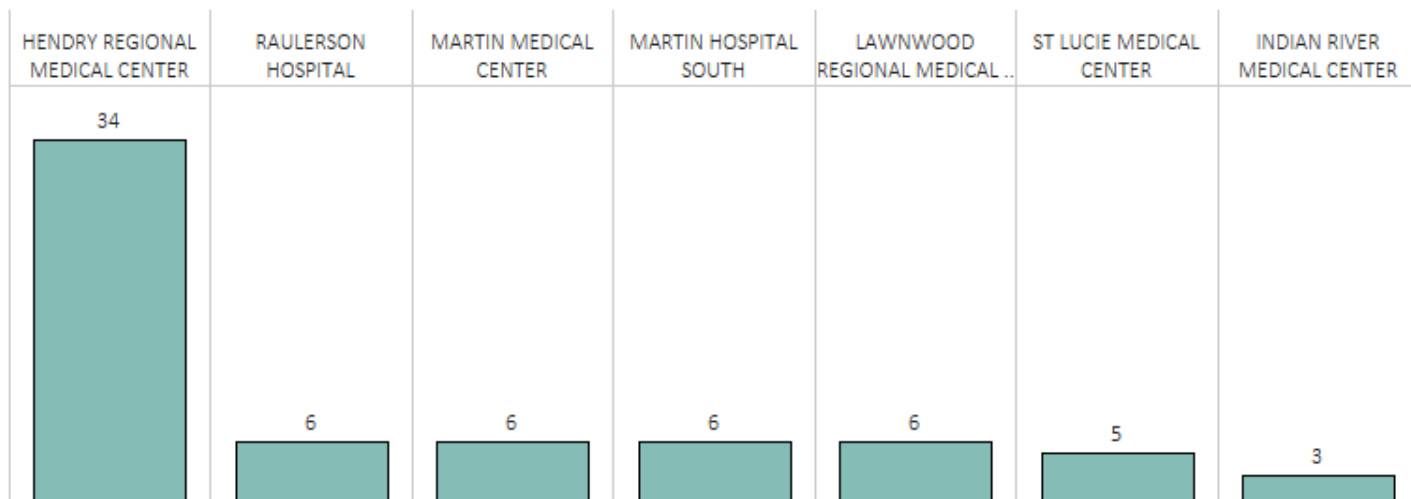


TRAUMA TRANSFER ANALYSIS (2020 YTD)

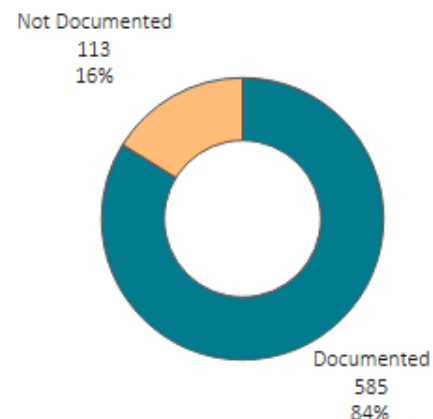
PALM BEACH COUNTY ACUTE CARE HOSPITALS



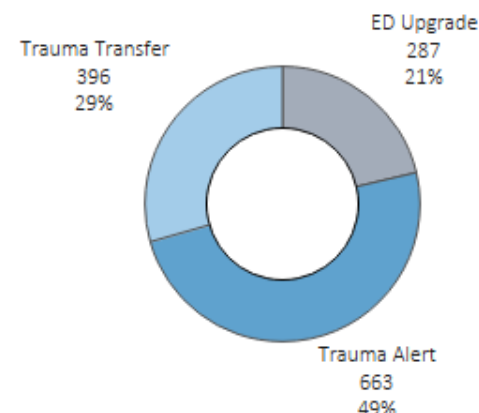
OUT OF COUNTY ACUTE CARE HOSPITALS



EMS AGENCY DOCUMENTATION



TRAUMA ACTIVATION LEVEL



OUT OF COUNTY INJURIES

