



**QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
September 25, 2018, 10:00 a.m.
1515 N. Flagler Drive
West Palm Beach, FL 33401**

1. Call to Order

Phil Ward called the meeting to order at 10:00 a.m.

A. Roll Call

Committee Members present included: Phil Ward, Mary Weeks, Sharon Larson, James Elder, Sean O'Bannon, Dianne King, Dr. David Bohorquez. Dr. Alina Alonso and Steven Seeley were absent.

Staff present included: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Ellen Pentland, Chief Compliance and Privacy Officer; Dr. Belma Andric, Chief Medical Officer; Alyssa Tarter, Risk Manager; Lisa Hogans, Corporate Quality Manager; Ginny Keller, Administrator of School Health; Terretha Smith, Risk Manager; Stephanie Dardanella, Lakeside Medical Center Administrator; Karen Harris, Vice President of Field Operations; Sandra Smith, Admin-Trauma Services; Luis Rodriguez, Quality and Compliance Pharmacist; Gerry Pagano, Director of Medical Transport and Aeromedical Facilities; Victoria Pruitt, Corporate Director of Risk Management; Janine Lambe, Nurse Chart Auditor; Dr. Noelle Stewart, FQHC Medical Director; Leticia Stinson, Senior Compliance and Privacy Analyst; Kristine Macaya, Assistant Director of Pharmacy; Sylvia Hall, Quality Improvement Coordinator; Shelly Ann Lau, Healey Center Administrator; Dr. Ken Schepcke, Aeromedical Agency Medical Director; Dawn Richards, Chief Financial Officer; Junelle Cox, HIPAA/Privacy Analyst; David Speciale, Quality Manager; Lisa Sulger, HIM Manager. Thomas Cleare, VP of Strategy; Dr. Hyla Fritsch, Director of Pharmacy Services; Janet Moreland, Director of Quality and Patient Safety; Roseann Webb, Director of HIM; Marcia Young, Director of Clinic Operations were absent.

Recording/Transcribing Secretary: Heidi Bromley / David Speciale

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

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

3. Awards, Introductions and Presentations

- A. C. L. Brumback Primary Care Clinics – Dr. Andric
 - a. Fiscal Year 2018 Health Center Quality Improvement Award – Silver
 - b. Enhancing Access to Care Award – a PCMH Recognition
 - c. Dental Award – John Rosetti Center of Excellence Award for patient access and outcomes.
 - d. Substance Abuse Award. Received \$330,000 (\$25,000 more than we applied for). Funding will be used to add two Social Workers and minor renovations to the new clinic.

- B. Lakeside Medical Center Emergency Department Update - Dr. Schepke
 - a. Total census is 1,933 per month average which represents a 7.5% decrease annually. This decrease has been slowing down the past two months at a rate of 2.5%.
 - b. Admissions have increased by 18% per month on average.
 - c. Transfers have increased by 75% and are transferring 88 patients from the emergency room on average.
 - d. "Overall Treatment" (now known as left without triage and treatment) and "left without being seen" measures are meeting the goals of less than 0.5% and in compliance with national standards.
 - e. AMA's (Against Medical Advice) have increased slightly to 8.8% but when compared to the fractions of admissions have decreased. As a total percentage of admissions have decreased to 1.2% of the total. The national average is 0.5 – 1%.
 - f. Transfers – Breakdown by Department presented.
 - g. Patient Satisfaction (Press Ganey Scores)
 - i. At 80-90% (national benchmark is 60 - 70%)
 - ii. Patient testimony presented
 - iii. Transfers – average 6 hours turnaround because we are not serviced well enough by emergency transports (except the Trauma Hawk). Plan for corrective action is to partner with American Medical Response (AMR) to stay at the ER Department. Medics will support ER Department for 12 hours of their 24 hour shifts. AMR unit on site will decrease the transfer turnaround time. This agreement is in process.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:
Committee Meeting Minutes from May 22, 2018.

CONCLUSION/ACTION: Mr. Elder made a motion to approve the committee meeting minutes from May 22, 2018 as presented. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

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

- 7A-2 RECEIVE AND FILE:
Committee Attendance

- 7A-3 RECEIVE AND FILE:
Compliance and Privacy Dashboard

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 Staff recommends a MOTION TO APPROVE:
Ms. Ellen Pentland presented the Amendment to the Quality, Patient Safety and Compliance Committee Charter.

CONCLUSION/ACTION: Ms. Larson recommended adding to the Composition of Committee section the following: One (1) Committee member shall be a community member at large, Mr. O'Bannon made a motion to approve the Amended Quality, Patient Safety and Compliance Committee Charter with the recommended revisions. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

- 8A-2 Staff recommends a MOTION TO APPROVE:
Ms. Darcy Davis presented the Annual Evaluation for the Chief Compliance and Privacy Officer.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Annual Evaluation for the Chief Compliance and Privacy Officer as presented. The motion was duly seconded by Ms. Weeks. There being no opposition, the motion passed unanimously.

B. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8B-1 RECEIVE AND FILE:

- Patient Relations Dashboard, School Health

Dr. Andric presented the patient relations dashboard for the third trimester of the 2017 – 2018 school year. During the third trimester (April – June of 2017-2018 school year) there were two complaints, no grievances and two compliments.

- Patient Relations Dashboard, Primary Care Clinics

Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were seven complaints, five grievances and twenty-nine compliments. Compliments decreased over last quarter primarily due to transition to the new EMR and interface with the risk reporting system.

- Patient Relations Dashboard, Healey Center

Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were a total of sixty grievances all of which were resolved within seventy-two hours. Trends reported with no outliers. There were a total of fourteen compliments related to excellent customer service and overall care provided by staff.

- Patient Relations Dashboard, Lakeside Medical Center

Dr. Andric presented the Patient Relations Dashboard for Quarter 2 (April – June 2018). During Quarter 2 there were a total of three grievances and seventeen complaints. Trends reported with no outliers. There were a total of nineteen compliments related to ER services. All issues addressed timely with no outliers.

CONCLUSION/ACTION: Received and filed.

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

- Quality & Patient Safety Report, School Health

Dr. Andric presented the Quality and Patient Safety report for the third trimester of the 2017-2018 school year. This included student demographics, return rates, continuum of care measures, and mandated screenings. Data is fairly consistent throughout the year with no outliers.

- Quality & Patient Safety Report, Aeromedical

Dr. Andric and Gerry Pagano presented the Quality and Safety Report for the second quarter (April, May, and June 2018). The report provided details on the number of flights and number of transports. For Quarter 2 there were a total of 145 patient transports of which 62 originated in the western community (43%). This is equal compared to last year's numbers. For quarter 2 there were a total of sixty-five occurrence's categorized as "missed, cancelled, aborted calls". This was attributed to county coverage reasons, weather-related, and cancellations by referral agency. There were a total of 145 patients transported. Most flights were from scenes compared to facility related transports.

Dr. Schepcke updated the committee on the status of staging a helicopter at Lakeside Medical Center. Dr. Schepcke reported that he had met with all the decision makers including Union workers, fire chiefs, and HCD Leadership. The Palm Beach County Fire Rescue team has visited the Lakeside Medical Center facility along with the HCD Information Technology Team to assess additional needs. Next steps to meet with all stakeholders to discuss details of this plan and establish timelines.

- Quality & Patient Safety Report, Primary Care Clinics

Dr. Andric presented the quality indicators / UDS measures in a revised table for June 2018. Select underperforming measures reviewed including Asthma, Colorectal Cancer Screening, A1C / Diabetes. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Healey Center

Dr. Andric presented the Quality & Patient Safety Report for the second quarter (April, May, and June 2018). The underperforming measures were discussed in more detail which included: Pressure ulcers, patients who received antipsychotic medication, and patients who report moderate to severe pain. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Lakeside Medical Center

Dr. Andric presented the Quality Core Measure Report for the second quarter (April, May, and June 2018). There were five underperforming measures which were discussed in more detail and included: median time from decision to admit time to ED departure for admitted patients, caesarian births, breast feeding, median time to transfer to another facility for acute coronary interventions, and median time from ED arrival to discharge home or transferred. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Pharmacy

Dr. Andric presented the Pharmacy Services Quality Report for the second quarter (April, May, and June 2018). Underperforming issues discussed in detail which included prescriptions returned to stock and prescriptions designated as waiters. Findings and Interventions of these measures presented.

- Quality & Patient Safety Report, Trauma

Dr. Andric presented the Trauma Quality Report for the second quarter (April, May, and June 2018). One underperforming measure reported, Total Number of Records Entered Beyond three Business Days. The decrease has been attributed to change of staff at the Trauma Center which has caused delays on entering recordings within the established timeframes. Additional training provided to staff and the issue has since been corrected.

CONCLUSION/ACTION: Received and filed.

C. COMPLIANCE

8C-1 RECEIVE AND FILE:

Summary of Compliance and Privacy Activities

Ms. Pentland presented the Summary of Compliance Activities from April 1 through August 31. Highlights discussed included the following.

Training and Education - The Compliance and Privacy Department continues to provide all employees trainings. Revisions to training modalities have been and consist of small modules and workgroups. Training completed include: New hire orientation, quarterly non-discrimination in healthcare meetings, Billing and HIPAA workgroups, and HIPAA Primacy training for G4s Security staff. The Security Trainings are now completed by the Information Technology Department staff. The E.J. Healey Center received their annual compliance education training and the Compliance team has been integrated into the clinics staff orientation. The Code of Conduct training has been revised to include workplace violence. The Compliance team is currently working on the Medication-Assisted Treatment program compliance training.

Communications – 28% of time spent is inclusive of communication including review of Policies and Procedures and communication with staff. A Clinical Compliance Officer is being added to the team to improve communication.

Hotline Activity - Hotline activities for this reporting period included thirty-three calls. The majority of these call were related to Human Resources. The Department is working with compliance to resolve any issues including issues related to discrimination. Call received from Lakeside Medical Center, Primary Care Clinics, and the Home Office.

HIPAA Privacy Incidents – During this reporting period there were thirty-five privacy concerns, of which five resulted in a breach that required patient notification. These five included two from pharmacy, one from the West Boca clinic, one from Aeromedical, and one form the Home Office. There were sixteen privacy concerns that were investigated and resolved with no findings. There were fourteen privacy concerns that were unsubstantiated. Corrective actions included staff retraining.

Privacy Walkthroughs - Quarterly privacy walkthroughs were completed. The main findings included employees not wearing name badges, unlocked computers with PHI, and PHI exposures (on paper). Corrective actions included staff retraining and detailed letter to Managers. Ms. Davis added that during the period the Jerome Golden Center clinic was closed due to low volume and high costs. Patients are being seen at the Lewis Center, the West Palm Beach Clinic, and the Mobile clinic.

Auditing and Monitoring – Activities included an audit of Athena consents, controls / policies and procedures over opioid treatment programs, discharge disposition, limited data sets and data use agreements, joint commission mock survey (Lakeside Medical Center), Asset inventory, uses and disclosures of facility patient directory review, and skilled nursing national background screening.

Quarter 4 plans

CONCLUSION/ACTION: Received and filed.

8C-2 Staff Recommends a MOTION TO APPROVE:
Revised Compliance Work Plan 2018.

Ms. Pentland presented changes to the 2018 Compliance Work plan. Changes included moving the Aeromedical Billing Audit has been moved to the first quarter of 2019 as billing is now outsourced and Policies and Procedures are still in progress. The Lakeside Medical Center's Financial Assistance Policy was moved to the first quarter of 2019 at the request of the CFO. The Volunteer, Student, and Resident Onboarding Process Review was moved to the fourth quarter at the request of the VP of Field Operations. The Referral Clerk Record Audit was added to the work plan and is currently in process.

CONCLUSION/ACTION: Mr. O'Bannon made a motion to approve the Revised Compliance Work Plan as presented. The motion was duly seconded by Ms. Larson. There being no opposition, the motion passed unanimously.

D. CORPORATE RISK MANAGEMENT CLOSED MEETING

The meeting was closed pursuant to Sections 395.0197, 400.119, 400.147, 766.101, and 768.28, Florida Statutes and other relevant statutes and regulations. The closed portion of the meeting is to address risk management matters. All persons currently present must exit the meeting except the following: Quality, Patient Safety and Compliance Committee members, Risk Management Department personnel and key clinical and leadership personnel who are directly involved in risk and quality management issues, legal counsel to the committee, and District Board members.

9. CEO Comments

None.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

- November 27, 2018

12. Motion to Adjourn

There being no further business, the meeting was adjourned at 11:35 a.m.



Dr. Alina Alonso



Date