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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
September 26, 2024 at 2:00PM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

Remote Participation Link: https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09

Telephone Dial-In Access: 646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

1. Call to Order

A. Roll Call

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of June 12, 2024. [Pages 1-4]

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7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
September 2024 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

7A-2 **RECEIVE AND FILE:**
Committee Attendance. [Page 5]

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric) [Pages 6-8]

- Patient Relations Dashboard, School Health.
  (Alexa Goodwin/ Fe Pagtakhan) [Page 9]
- Patient Relations Dashboard, Community Health Centers.
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.
  (Alexa Goodwin) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 12]
- Patient Relations Dashboard, Pharmacy.
  (Alexa Goodwin/ Joe-Ann Reynolds) [Page 13]

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards
(Dr. Belma Andric) [Pages 14-17]

- Productivity Dashboard, School Health.
  (Fe Pagtakhan) [Page 18]

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- Productivity Dashboard, Community Health Centers.
  (Dr. Ana Ferwerda) [Page 19]

- Productivity Dashboard, E. J. Healey Center.
  (Shelly Ann Lau/ Terretha Smith) [Page 20]

- Productivity Dashboard, Lakeside Medical Center.
  (Janet Moreland/ Sylvia Hall) [Pages 21-22]

- Productivity Dashboard, Ground Transportation.
  (Lisa Azzaro) [Page 23]

- Productivity Dashboard, Pharmacy
  (Louis Bassi) [Page 24]

- Productivity Dashboard Human Resources
  (Geoff Washburn/Christina Schiller) [Page 25]

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Updates
(Heather Bokor) [Pages 26-42]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Dashboards
(Dr. Belma Andric) [Pages 43-50]

- Quality & Patient Safety Report, School Health.
  (Steven Sadiku/Fe Pagtakhan) [Page 51]

- Quality & Patient Safety Report, Aeromedical.
  (Steven Sadiku/Jostein Lavoll) [Page 52-53]

- Quality & Patient Safety Report, Trauma.
  (Steven Sadiku/Joel Rosales) [Pages 54-55]

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- Quality & Patient Safety Report, Community Health Centers (Steven Sadiku/Dr. Ana Ferwerda) [Page 56]

- Quality & Patient Safety Report, E. J. Healey Center. (Steven Sadiku/Sonja Susnjevic) [Pages 57-58]

- Quality & Patient Safety Report, Lakeside Medical Center. (Steven Sadiku/ Sylvia Hall) [Page 59]

- Quality & Patient Safety Report, Ground Transportation. (Steven Sadiku/ Amaury Hernandez) [Page 60-61]

- Quality & Patient Safety Report, Pharmacy (Louis Bassi) [Page 62]

- Quality & Patient Safety Report, Corporate Quality Metrics. (Steven Sadiku) [Pages 63-65]

C. **RISK MANAGEMENT DASHBOARDS**

8C-1 **RECEIVE AND FILE:**
Risk Management Updates and Dashboards
(Heather Bokor) [Pages 66-75]

9. CEO Comments

10. Committee Member Comments

11. Upcoming Meetings

December 11, 2024

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

12. Motion to Adjourn

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Health Care District
OF PALM BEACH COUNTY
WE CARE FOR ALL

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES
June 12, 2024 at 12:00PM
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401

1. Call to Order

Tracy Caruso called the meeting to order.

A. Roll Call

Committee Members present: Tracy Caruso, Chair; Dr. Alina Alonso, Kimberly Schulz; Tammy Jackson-Moore, (REMOTE); Dr. Jyothi Gunta; William Johnson (REMOTE) and Dr. Luis Perezalonso (REMOTE). Dr. LaTanya McNeal was absent.

Staff present: Darcy Davis, Chief Executive Officer; Bernabe Icaza, SVP & General Counsel; Heather Bokor, VP & Chief Compliance, Privacy and Risk Officer; Belma Andric, SVP & Chief Medical Officer; Candice Abbott, SVP & Chief Operating Officer; Geoff Washburn, VP & Chief Human Resources Officer; Jessica Cafarelli, VP & Chief Financial Officer; and Regina All, SVP & Chief Nursing Officer.

Recording/ Transcribing Secretary: Heidi Bromley

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

CONCLUSION/ACTION: Tammy Jackson-Moore made a motion to approve the agenda. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.

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3. Awards, Introductions and Presentations

A. Trauma Agency Update.

Dr. Andric provided the committee with a Trauma Agency Update.

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of March 13, 2024.

CONCLUSION/ACTION: Kimberly Schultz made a motion to approve the Committee Meeting Minutes of March 13, 2024. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Dr. Alonso made a motion to approve the Consent Agenda. The motion was duly seconded by Dr. Gunta. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**
June 2024 Internet Posting of District Public Meeting.
https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C

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

B. **PATIENT RELATIONS DASHBOARDS**

7B-1 **RECEIVE AND FILE:**
Patient Relations Dashboards

- Patient Relations Dashboard, School Health

Docusign Envelope ID: ECD33A09-8C6E-4031-9650-2B7E728BC304

7. Consent Agenda (Continued)

- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics
- Patient Relations Dashboard, E. J. Healey Center
- Patient Relations Dashboard, Lakeside Medical Center
- Patient Relations Dashboard, Pharmacy

C. **PRODUCTIVITY DASHBOARDS**

7C-1 **RECEIVE AND FILE:**
Productivity Dashboards

- Productivity Dashboard, School Health
- Productivity Dashboard, C. L. Brumback Primary Care Clinics
- Productivity Dashboard, E. J. Healey Center
- Productivity Dashboard, Lakeside Medical Center
- Productivity Dashboard, LifeTrans Ground Transportation
- Productivity Dashboard Human Resources

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy and Ethics Program Activities and Updates

Ms. Bokor reviewed the Compliance, Privacy and Ethics Activities and provided updates to the Committee.

CONCLUSION/ACTION: Received and filed.

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports

- Quality & Patient Safety Report, School Health
- Quality & Patient Safety Report, Aeromedical
- Quality & Patient Safety Report, Trauma
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics
- Quality & Patient Safety Report, E. J. Healey Center
- Quality & Patient Safety Report, Lakeside Medical Center

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- Quality & Patient Safety Report, LifeTrans Ground Transportation
- Quality & Patient Safety Report, Corporate Quality Metrics

Mr. Sadiku reviewed and discussed all of the Corporate Quality Dashboards.

CONCLUSION/ACTION: Received and filed.

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

September 26, 2024

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

December 11, 2024

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

12. Motion to Adjourn Public Meeting Immediately Following the Conclusion of the Closed Meeting

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

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

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tracy Caruso, Chair **Date**

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Health Care District
OF PALM BEACH COUNTY

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

Attendance Tracking for 2024

	3/13/24	6/12/24	9/26/24	12/11/24
Dr. Jyothi Gunta	X	X		
Tracy Caruso	X	X		
Dr. Alina Alonso	X	X		
Tammy Jackson-Moore	REMOTE	REMOTE		
Dr. Luis Perezalonso	ABSENT	REMOTE	N/A	N/A
Kimberly Schulz	X	X		
Dr. LaTanya McNeal	ABSENT	ABSENT		
William Johnson	X	REMOTE		
Dr. Ishan Gunawardene	N/A	N/A		

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 2nd Quarter of 2024 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, and Pharmacy.

3. Substantive Analysis:

School Health

For Quarter 2, 2024, School Health had a total of 16 Patient Relations events reported for 169 school locations. Of the 16 patient relations events, 6 were complaints, 10 were compliments, and there were no grievances. All 6 complaints were made by family members. The complaint categories were nurse-related in all aspects of care, communication, and care and treatment. The 10 compliments recognized the School Health Nurses and School Health Nurse Assistants received from principals, school district staff, family members, and employees.

Community Health Centers

For Quarter 2 2024, there were a total of 26 Patient Relations Occurrences that occurred between 7 Centers and Community Health Center Administration. This was an increase from the previous quarter where we had a total of 24 Complaints and Grievances. Of the 26 occurrences, there were 5 Grievances and 21 Complaints. The top 5 categories were Respect, Communication,
Physician, Referral, Care & Treatment and Finance Related issues. The top subcategories were Poor Communication and Physician Related All Aspects of Care with 4 occurrences in each.

There were also 56 Compliments received across 7 Centers, Mobile Warrior, and Center Administration. Of the 56 Compliments, 50 were patient compliments, and 6 were employee-to-employee “Thumbs-Up” compliments.

Skilled Nursing Center

For Quarter 2 2024, there were a total of 34 Patient Relations Occurrences received across 4 resident units (Starfish, Dolphin, Pelican, Sand Dollar), Laundry, Dietary, Administration, Facilities, Social Services, Finance, and Therapy. This was a decrease

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from the previous quarter where we had 42 Patient Relations occurrences. Of the 34 occurrences, there were 2 Grievances and 32 Complaints. The top 5 categories were Personal Belongings, Care & Treatment, Nutrition, Communication, Environmental, Finance, and Nursing-related issues. The top subcategory was Personal Belongings – Clothes with 9 occurrences reported.

There were also a total of 67 Compliments received across 5 resident units (Pelican, Manatee, Starfish, Sand Dollar, Dolphin), Activities, Rehab, Dietary, Finance, and Therapy. Of the 67 Compliments, 32 were Nursing Related, 2 Nutrition Related, 2 Administration Related and 31 Clinical Support Staff Related.

Lakeside Medical Center

For Quarter 2 2024, there were a total of 9 Patient Relations Occurrences that occurred between Emergency Services, Admissions and Radiology. Of the 9 occurrences, there were 2 Grievances and 7 Complaints. The top 5 categories were Care & Treatment, Nursing, Respect, Physician Related, Personal Belongings and Admitting/Registration. The top subcategory was Confidence in Care Givers with 2 occurrences.

There was also 1 Compliment received in the Emergency Services department for a physician.

Pharmacy

For Quarter 2 2024, there was a total of 1 Patient Relations Occurrences that occurred at the Delray Pharmacy. This was a decrease from the previous quarter where we had a total of 4 Complaints and Grievances. The 1 occurrence was a grievance related to communication.

There were no compliments received for Pharmacy in Q2 2024.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D34C8B04A5...
Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
77A3B53589A1477...
Darcy J. Davis
Chief Executive Officer

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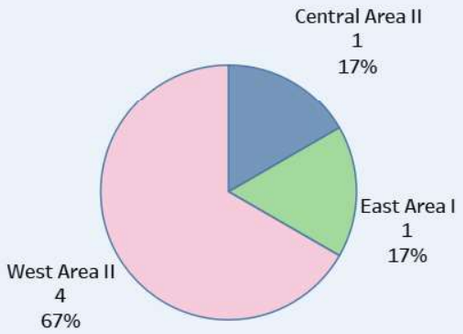
Health Care District
SCHOOL HEALTH

Patient Relations School Health
(Grievances, Complaints & Compliments) - 4/1/2024 to 6/30/2024

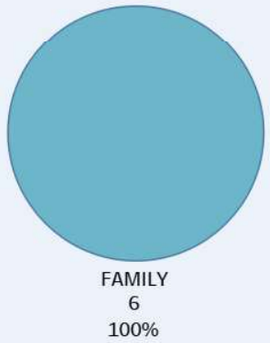
2024 Q2

Total Complaints and Grievances 6 **Late Entries: 1**

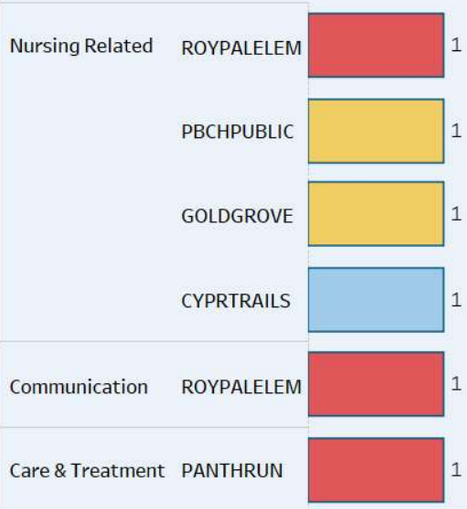
Schools by Area



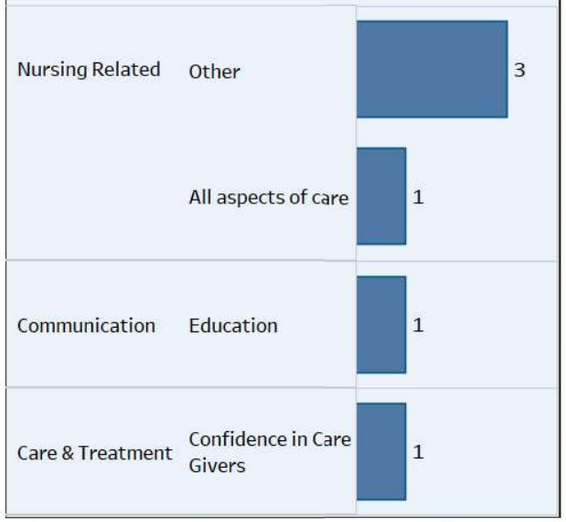
Complainant



Top 5 Categories

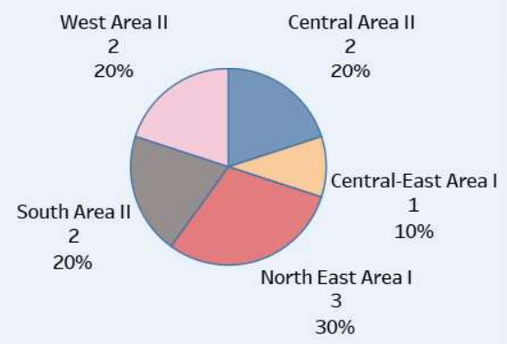


Total Top 5 Subcategories

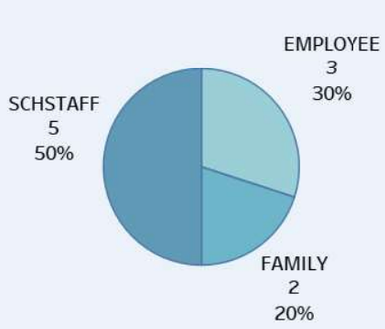


Total Compliments 10 **Late Entries: 0** **Comp/Griev Prev 4 Quarters** 23

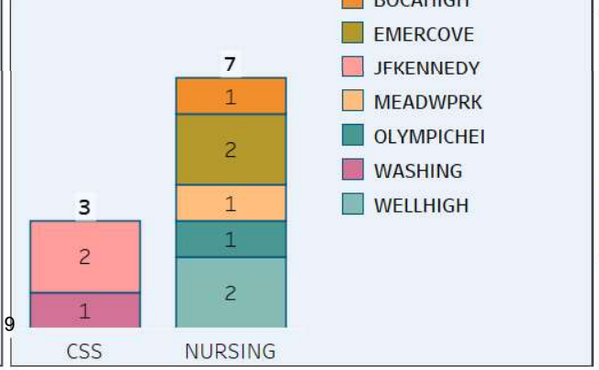
Schools by Area



Complimenter



Care & Treatment Categories



Top 5 Categories Trended

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Health Care District
COMMUNITY HEALTH CENTERS

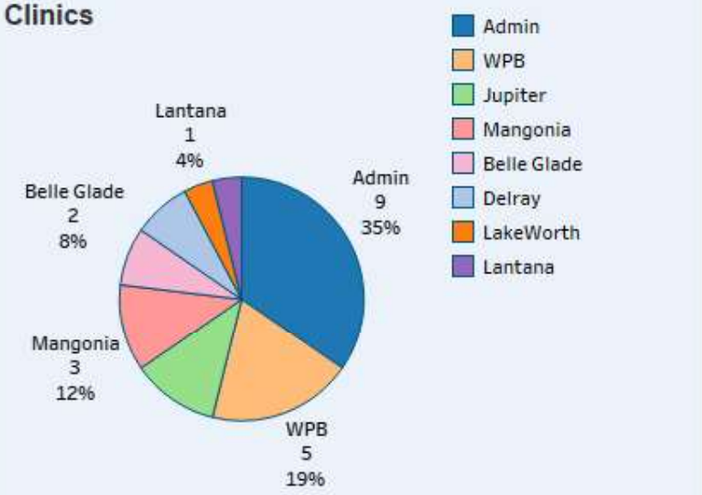
Patient Relations (Grievances, Complaints & Compliments)
Community Health Centers - 4/1/2024 to 6/30/2024

Detail

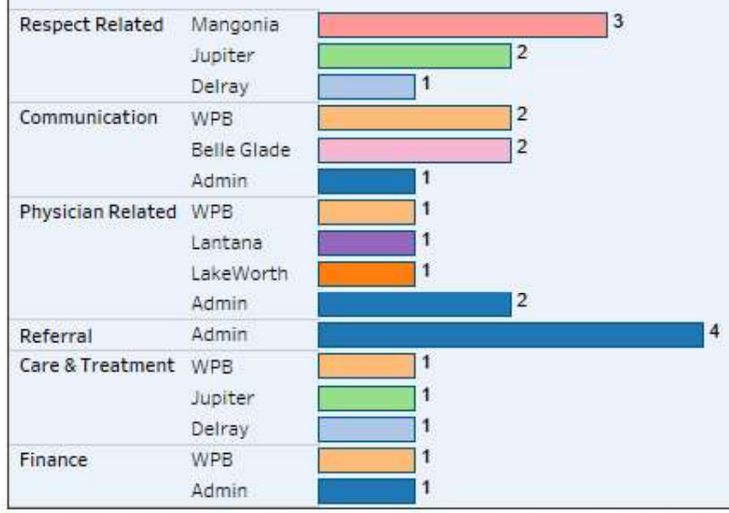
2024 Q2

Dept Desc All | Provider All | **Total Complaints and Grievances 26** | Late Entries: 2 | Clinic All

Clinics



Top 5 Categories

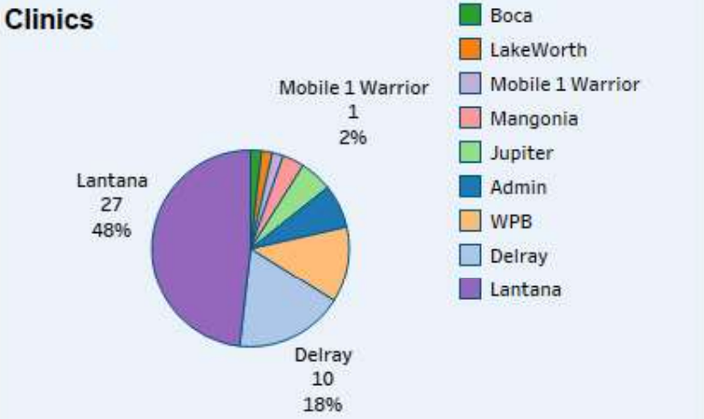


Total Top 5 Subcategories

Respect Related	Bad attitude/rude	3
	Discrimination or perception	2
	Lack of compassion	1
Communication	Poor Communication	4
	Staff did not explain Things Under..	1
Physician Related	All aspects of care	4
	Respectful	1
Referral	Untimely processing	2
	Communication	2
Care & Treatment	Refusal of Treatment	1
	Inappropriate Care	1
	Confidence in Care Givers	1
Finance	District Cares Related	1
	Billing issues (refusal to pay requ..	1

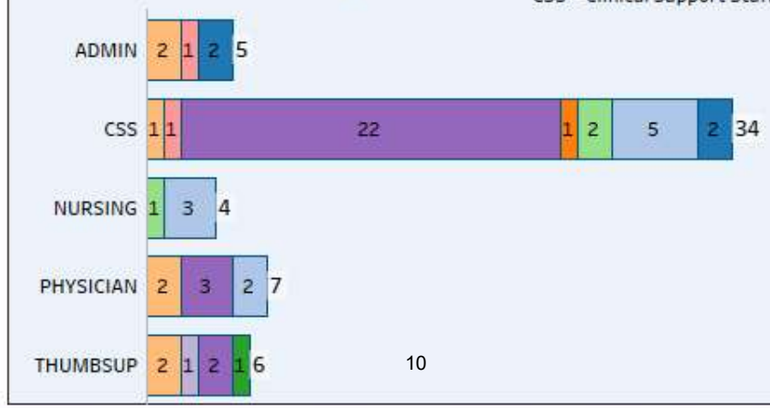
Total Compliments 56 | Late Entries: 8 | Complaints/Grievances Prev 4 Quarters 69

Clinics



Care and Treatment Categories

* Color represents Department
** CSS = Clinical Support Staff



Top 5 Categories Trended

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Health Care District
SKILLED NURSING FACILITY

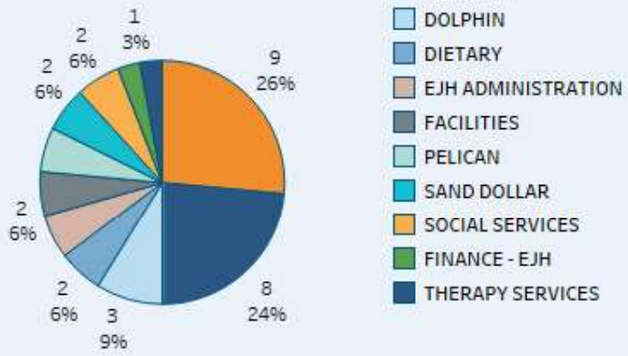
Patient Relations (Grievances, Complaints & Compliments)
Healey Center - 4/1/2024 to 6/30/2024

Detail

2024 Q2

Total Complaints and Grievances 34

Departments



Top 5 Categories

Personal Belongings	LAUNDRY	9
	STARFISH	3
	SOCIAL SERVICES	1
	SAND DOLLAR	1
	PELICAN	1
	FACILITIES	1
	EJH ADMINISTRATION	1
Care & Treatment	STARFISH	3
	DOLPHIN	2
	THERAPY SERVICES	1
	SAND DOLLAR	1
Nutrition	DIETARY	2
	PELICAN	1
	EJH ADMINISTRATION	1
Communication	FACILITIES	1
	DOLPHIN	1
Environmental	STARFISH	1
	SOCIAL SERVICES	1
Finance	FINANCE - EJH	1
Nursing Related	STARFISH	1

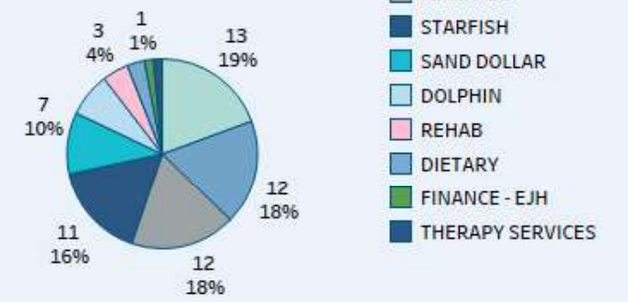
Total Top 5 Subcategories

Personal Belongings	Clothes	9
	Loss	5
	Money	2
	Glasses missing	1
Care & Treatment	Wait Time	2
	Rehab/Physical Therapy	1
	Order Issues	1
	Equipment issues –staff handling	1
	Diagnosis Issues	1
	Confidence in Care Givers	1
Nutrition	Other	2
	Menu choice	2
Communication	Staff did not listen carefully	1
	Staff did not explain Things Understan..	1
Environmental	Other	1
	Noise issues: staff roommate construct..	1
Finance	Lack of Explanation	1
Nursing Related	All aspects of care	1

Total Compliments 67

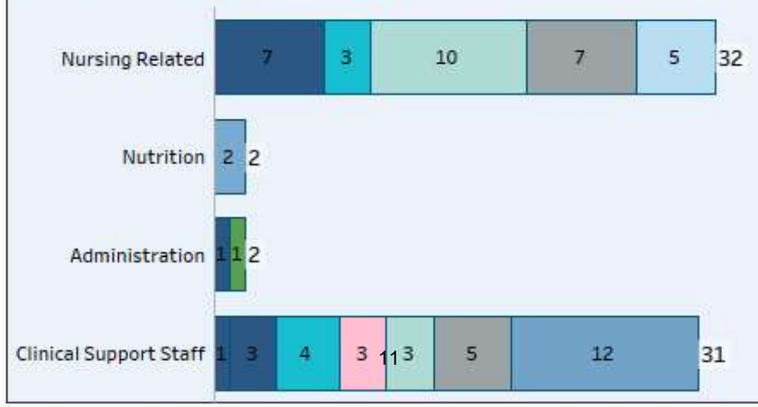
Complaints/Grievances Prev 4 Quarters 124

Departments



Care and Treatment Categories

* Color represents Department



Top 5 Categories Trended

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Health Care District
LAKESIDE MEDICAL CENTER

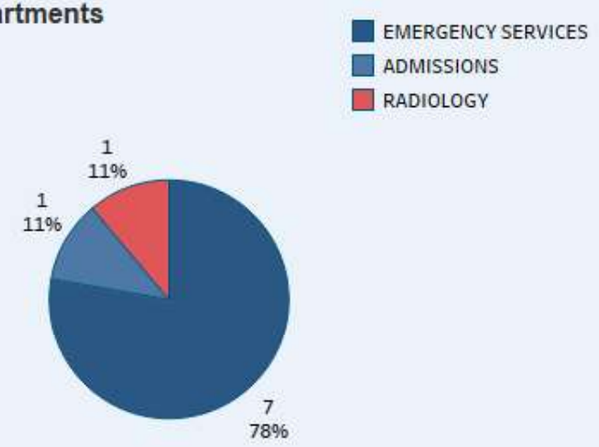
Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center - 4/1/2024 to 6/30/2024

Detail

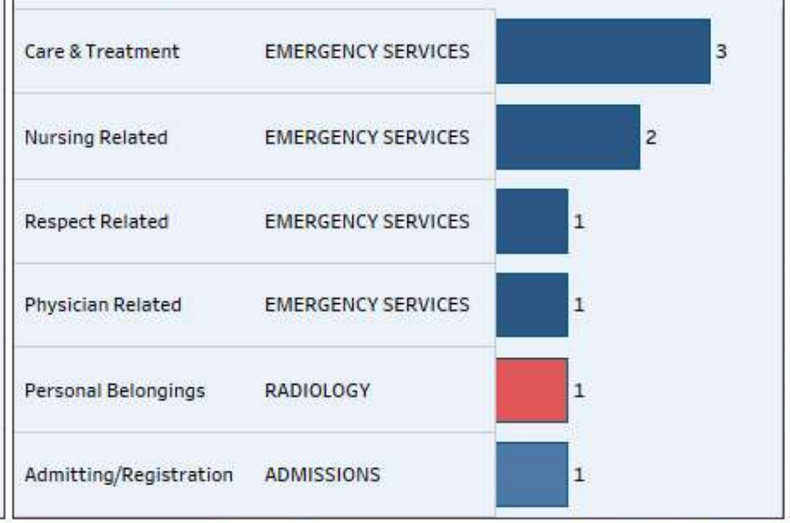
2024 Q2

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

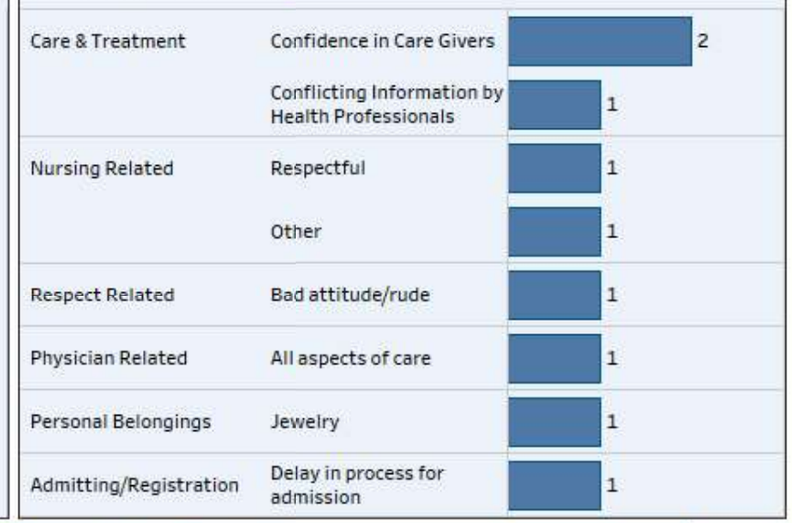
Departments



Top 5 Categories



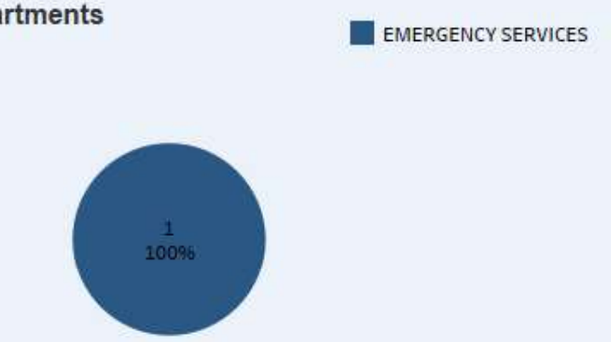
Total Top 5 Subcategories



Total Compliments 1 **Late Entries: 0**

Complaints/Grievances Prev 4 Quarters 39

Departments



Care and Treatment Categories

* Color represents Department

Total Top 5 Subcategories

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Health Care District OF PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy - 4/1/2024 to 6/30/2024

Detail

2024 Q2

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

Departments

Top 5 Categories

Total Top 5 Subcategories

Total Compliments

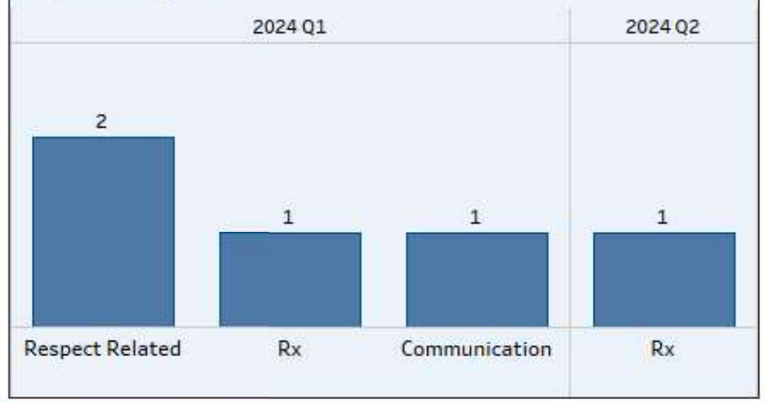
Complaints/Grievances Prev 4 Quarters 5

Departments

Care and Treatment Categories

* Color represents Department

Top 5 Categories Trended



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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity reports for the 2nd Quarter of 2024 for School Health, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy, and Human Resources.

3. Substantive Analysis:

School Health

In the 2nd Quarter of 2024, we completed a total of 199,271 events across 169 schools, providing care for a total of 73,765 students. These events were broken down into 60,695 consultation events, 59,036 office visits, 45,378 procedure visits, 32,914 medication visits, and 1,248 record reviews. The top 3 schools with the most events are Elbridge Gale Elementary School, Verde K-8, and Everglades Elementary School.

Community Health Centers

In Q2 of 2024, the clinics served 21,431 unique patients (a 1% increase from the previous quarter) and provided 42,619 clinic visits (a 2% decrease from the previous quarter). The top 3 departments with the highest patient visits were Lantana Primary, West Palm Beach Primary, and West Palm Beach Dental.

Skilled Nursing Center

In Q2 of 2024, the average census for the Healey Center was 105. There were 45,469 treatments performed and 240,744 medications administered by nursing. Food and nutrition services provided a total of 24,547 resident meals. CNA POC documentation compliance rate for day shift averaged 99%, evening shift averaged 98.9% and night shift averaged 99.1%. The therapy department completed a total of 3,129 units for the quarter.

Lakeside Medical Center

The productivity data report for 2nd Quarter 2024 represents the following detailed information:

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

- **Total Census Days by Level of Care** – There was a total of 1,273 patient days for Q2-2024 compared to 1,437 for Q1-2024 resulting in an 11.4 % decrease.

- **Emergency Services Visits** – There were a total of 5,180 visits for Q2-2024 compared to 5,250 for Q1-2024, resulting in a 1.3 % decrease.

- **Physical Therapy Visits (Evaluations and Treatments**) – There were a total of 187 evaluations and treatments in Q2-2024 compared to 213 for Q1-2024, resulting in a 12% decrease.

- **Inpatient Admissions** – There were a total of 99 Inpatient Admissions for Q2 - 2024 compared to 110 for Q1-2024 resulting in a 10% decrease.

- **Surgical Cases** – There were a total of 63 surgical cases performed in Q2-2024 compared to 46 for Q1-2024 resulting in a 36.9% increase.

- **Medication Administration** –There was a total of 37,119 medications were administered in Q2-2024 compared to 39,919 for Q1-2024 resulting in a 7% decrease.

- **Radiology Exams Completed** – There were a total of 6,592 radiological exams performed for Q2-2024 compared to 6,987 for Q1-2024 resulting in a 5.6% decrease.

- **Laboratory Specimens Collected** – There were a total of 20,108 lab specimens collected for Q2-2024 compared to 21,921 for Q1-2024 resulting in an 8.2% decrease.

Ground Transportation

For Q2 2024, the Ground Transportation department performed 522 transports (524 previous quarter), with 495 (95%) originating at Lakeside Medical Center. Most of the patients transported were between 21 and 80 years old, with the 71-80 group being the highest. The top 3 diagnoses for the patients transported during this period were unspecified convulsions, non-ST elevation myocardial infarction, and pneumonia. The top 3 destinations were Palms West Hospital, followed by JFK Main and St. Mary's

HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

Medical Center. The top 3 services not available were neurology, cardiology, and gastroenterology. There was a total of 28 canceled transports, 54% of which were from the referring location and there were 15 transports in which lights/sirens were used.

Pharmacy

For Quarter 2 2024, HCD Pharmacies filled 44,095 prescriptions for 7,387 unique patients, a 9% increase compared to Q1. 14% of the patients serviced were new to pharmacy in Q2, 1,850 packages were mailed during the quarter containing 4,490 prescriptions, which was 10% of total prescriptions dispensed. In addition, 1,102 Narcan units were distributed to the community in this time frame.

Human Resources

- For Q2 2024, our employee headcount reached 1,259, a 1.4% decrease from the previous quarter (1277).
  FT=1,181
  PT=27
  PD=51
- Clinical job functions/positions are the leading with 46%, followed by technical at 14% and specialist at 9%.
- Q2 2024, the diversity headcount is 45% African American, 27% White, 16% Hispanic, and 12% Other; 78% of the workforce is female.
- Q2 2024, the average age of employees is 47 years old, with 200 employees projected to be within retirement age in the next 5 years.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB8706434...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F272D84CBB04A5...
Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
77ABB53589A1477...
Darcy J. Davis
Chief Executive Officer

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SCHOOL HEALTH

School Health Room Overview

Consultation | Visit | Procedure | Medications | Review

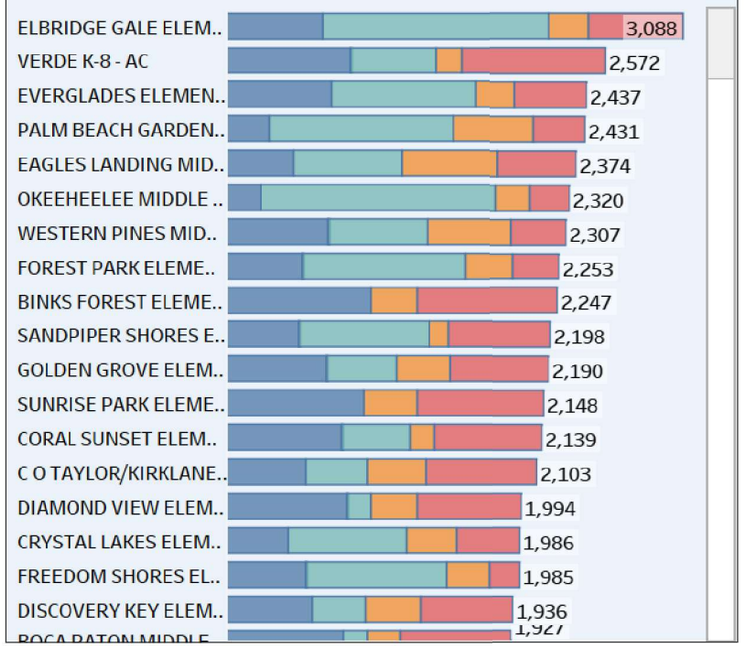
Volume Trend

	2023 Q3 Aug..	Sept..	2023 Q4 Octo..	Nov..	Dec..	2024 Q1 Jan..	Febr..	Mar..	Q2 April	May
Visit	20.0K	28.2K	33.1K	24.5K	22.9K	22.1K	32.6K	21.4K	32.4K	26.6K
Procedure	5.8K	7.6K	8.9K	7.0K	6.8K	18.3K	23.0K	15.7K	24.1K	21.3K
Medications	7.9K	11.3K	13.0K	10.2K	10.0K	11.3K	15.4K	10.8K	16.7K	16.3K
Consultation	3.3K	3.1K	2.7K	1.9K	1.4K	11.1K	19.4K	19.1K	30.1K	30.6K
Review	6.9K	3.7K	3.2K	3.7K	1.0K	0.2K	0.9K	0.9K	0.7K	0.6K

Activity Summary

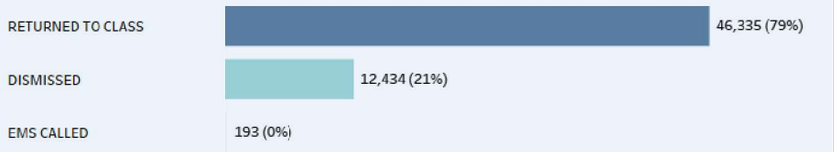
Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Consultation	60,695	169	33,738	219	328.80
Visit	59,036	169	37,441	216	196.02
Procedure	45,378	111	223	154	9.66
Medications	32,914	163	1,115	211	5.72
Review	1,248	35	1,248	36	45.38

Events by School

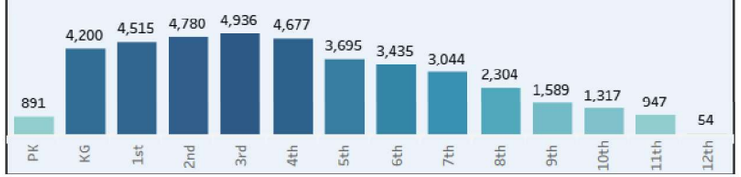


Percent by Event Type

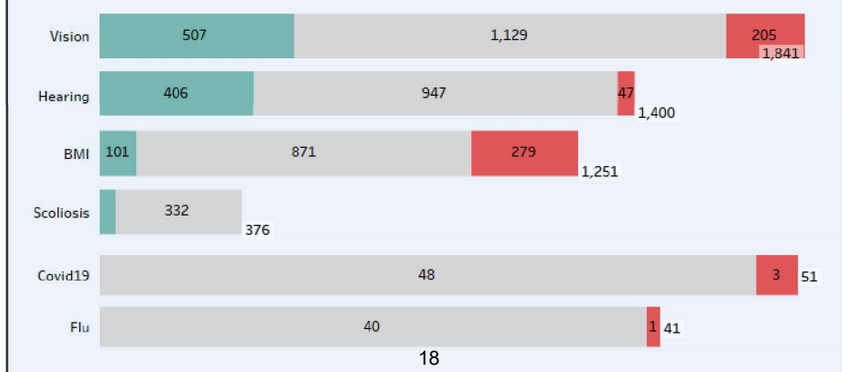
Visit Outcomes



Students by Grade



Mandatory Screenings and Covid/Flu Testing



Male 54% / Female 45%

Gender Assigned at Birth

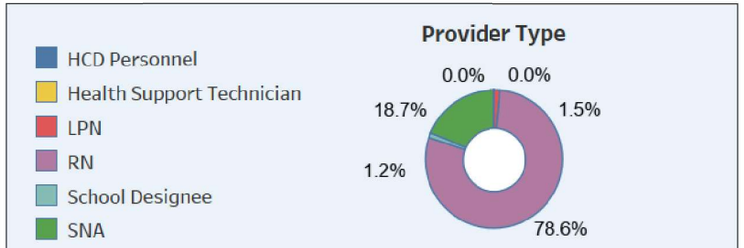
Flexible

WI	SEI	SI	NEI	NI	EI	CWI	CNI	CEI	CI
1,765 0.9%	4,008 2.0%	3,589 1.8%	2,446 1.2%	4,601 2.3%	3,452 1.7%	3,064 1.5%	3,886 2.0%	5,146 2.6%	3,245 1.6%

Standard

WII	SCII	SII	NII	EII	CII
25,088 12.7%	26,949 13.6%	30,248 15.3%	25,270 12.8%	27,485 13.9%	27,836 14.1%

Provider Type



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Health Care District
COMMUNITY HEALTH CENTERS

Clinic Visit types, Trends & Different Service Utilization 4/1/2024 to 6/30/2024

All

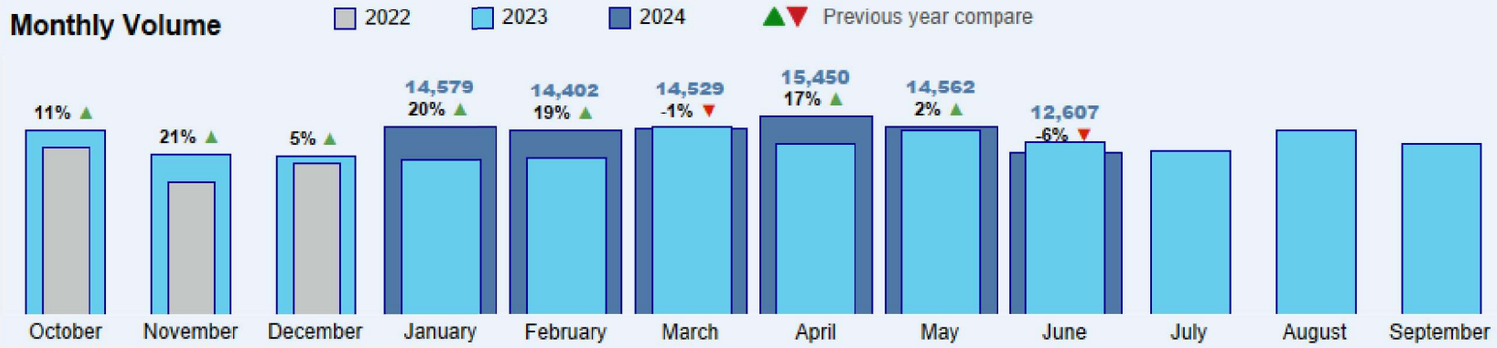
Filters

Unique Patients	Patient Visits
21,431	42,619

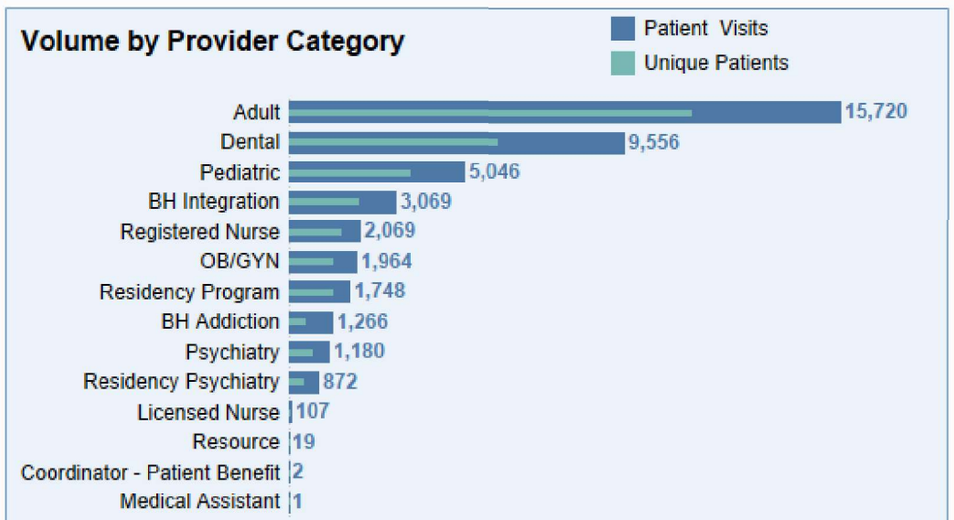
Visit Type

	Office Visit	Nurse Only	Telemedicine	Immunization
Patients	21,085	1,680	931	1
Visits	39,016	2,322	1,280	1

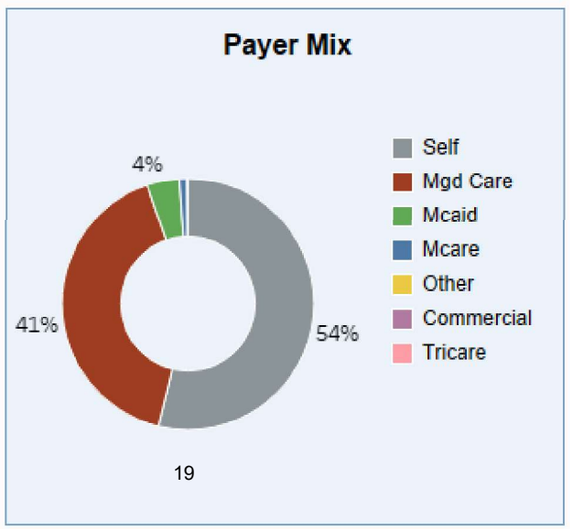
Monthly Volume



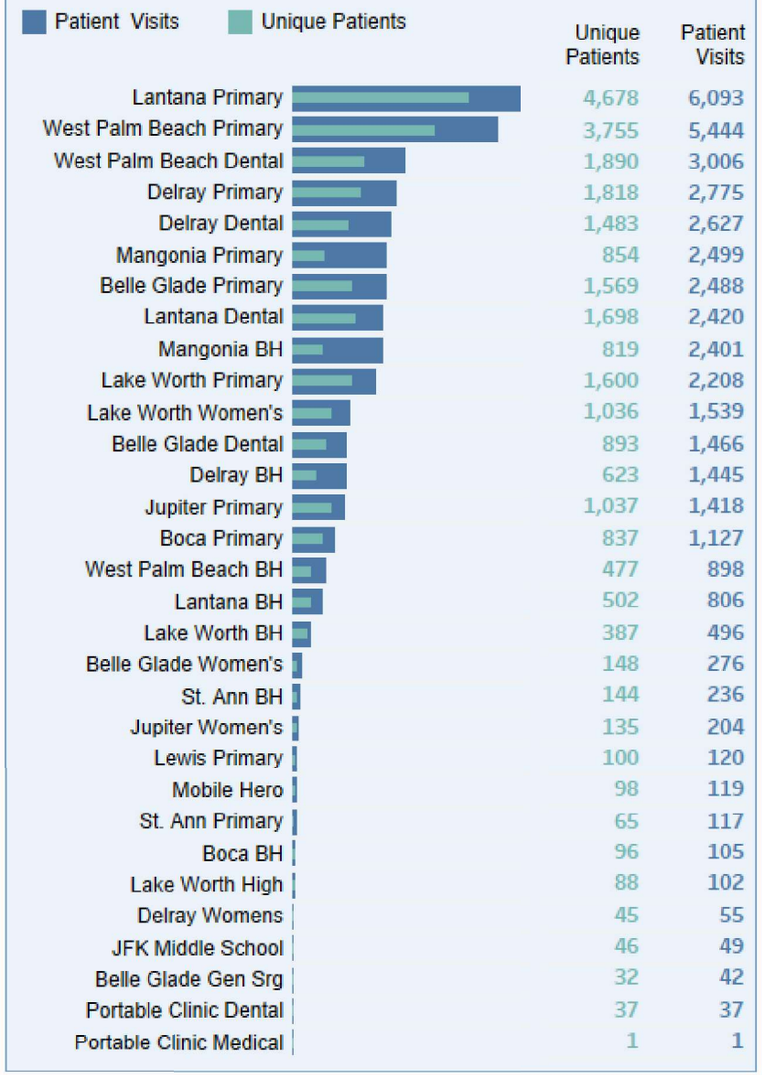
Volume by Provider Category



Payer Mix



Volume by Clinic



	Unique Patients	Patient Visits
Lantana Primary	4,678	6,093
West Palm Beach Primary	3,755	5,444
West Palm Beach Dental	1,890	3,006
Delray Primary	1,818	2,775
Delray Dental	1,483	2,627
Mangonia Primary	854	2,499
Belle Glade Primary	1,569	2,488
Lantana Dental	1,698	2,420
Mangonia BH	819	2,401
Lake Worth Primary	1,600	2,208
Lake Worth Women's	1,036	1,539
Belle Glade Dental	893	1,466
Delray BH	623	1,445
Jupiter Primary	1,037	1,418
Boca Primary	837	1,127
West Palm Beach BH	477	898
Lantana BH	502	806
Lake Worth BH	387	496
Belle Glade Women's	148	276
St. Ann BH	144	236
Jupiter Women's	135	204
Lewis Primary	100	120
Mobile Hero	98	119
St. Ann Primary	65	117
Boca BH	96	105
Lake Worth High	88	102
Delray Womens	45	55
JFK Middle School	46	49
Belle Glade Gen Srg	32	42
Portable Clinic Dental	37	37
Portable Clinic Medical	1	1

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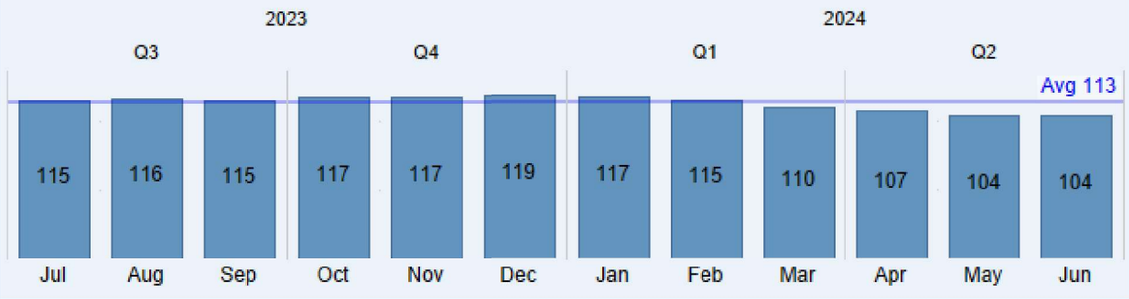
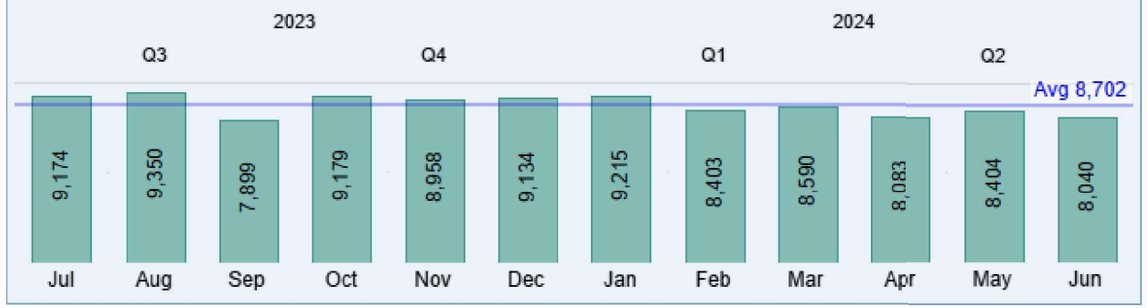
Health Care District
SKILLED NURSING FACILITY

Healey Center
Productivity Data Q2 2024

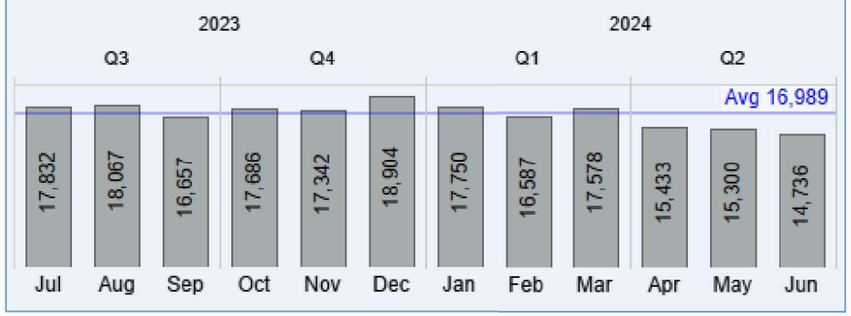
Avg Monthly Census



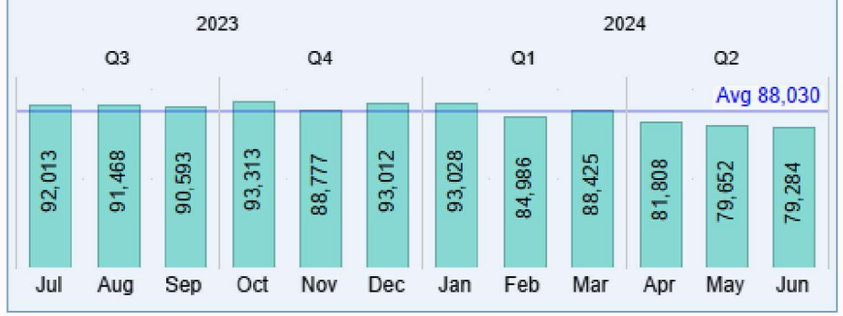
Meal Count



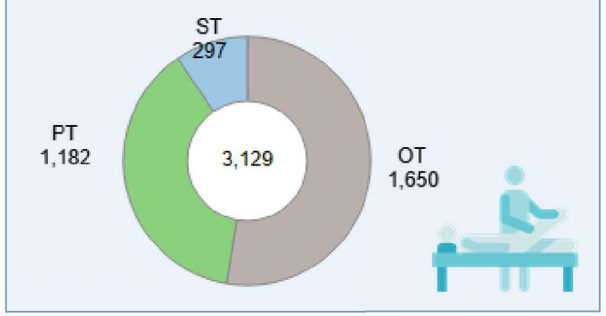
Treatments Performed



Medication Administrations

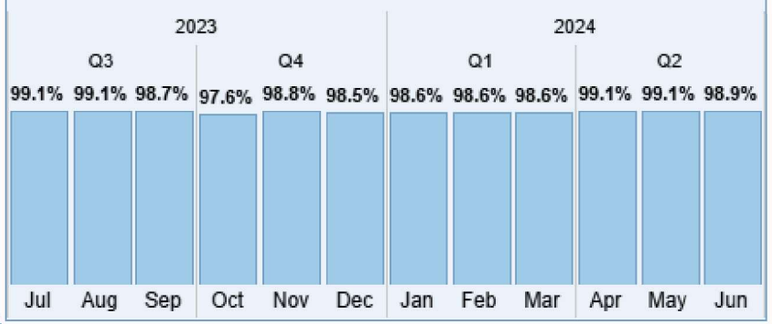


Therapy Productivity

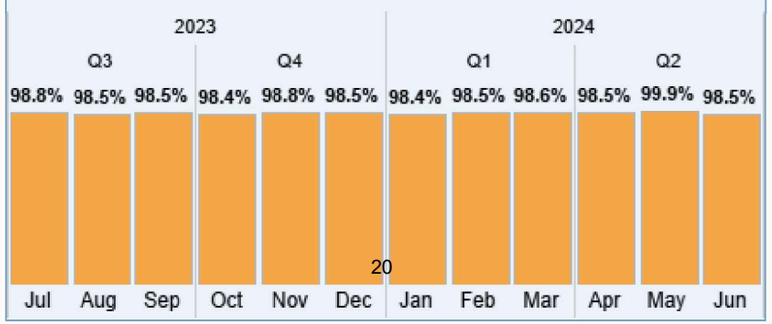


CNA Point of Care (POC) Compliance

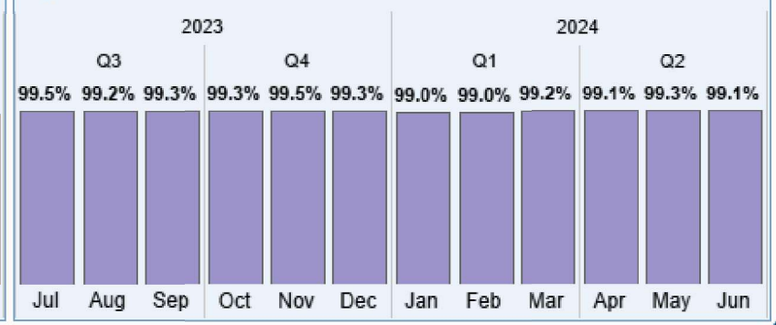
Day Shift



Evening Shift



Night Shift



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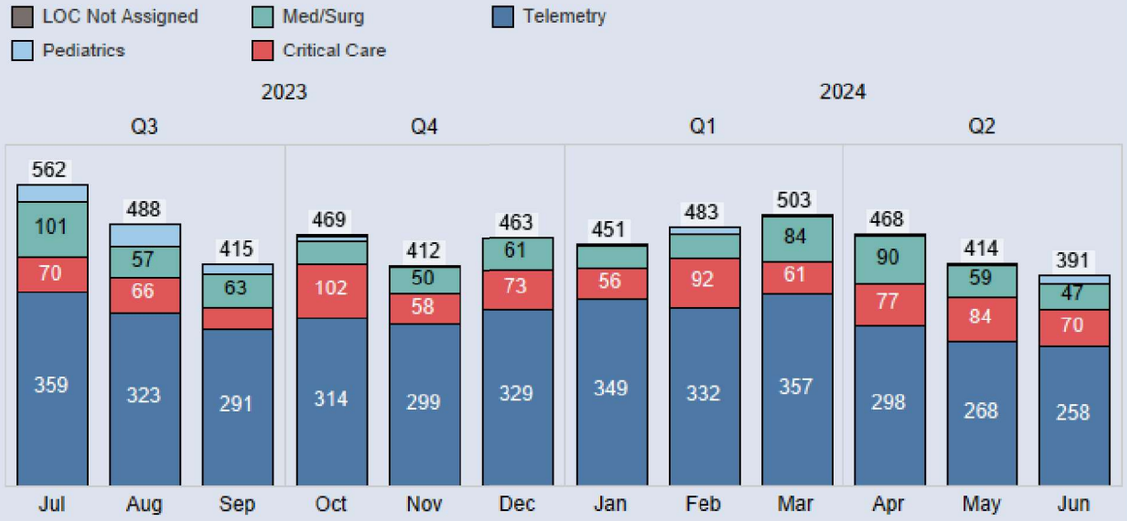
Health Care District
LAKESIDE MEDICAL CENTER

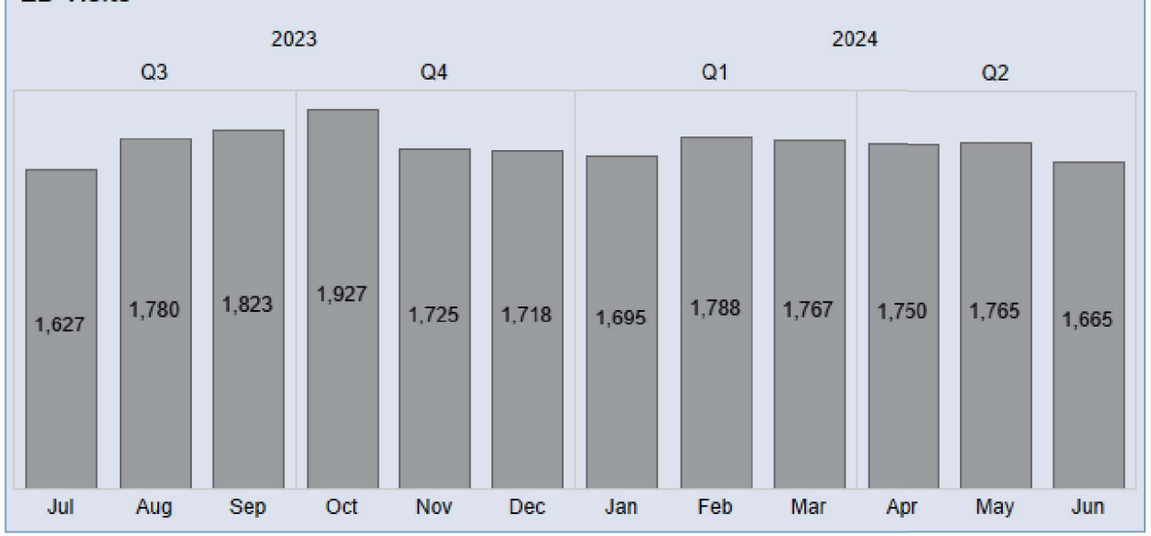
Lakeside Medical Center Patient Flow Productivity Data

7/1/2023 to 6/30/2024

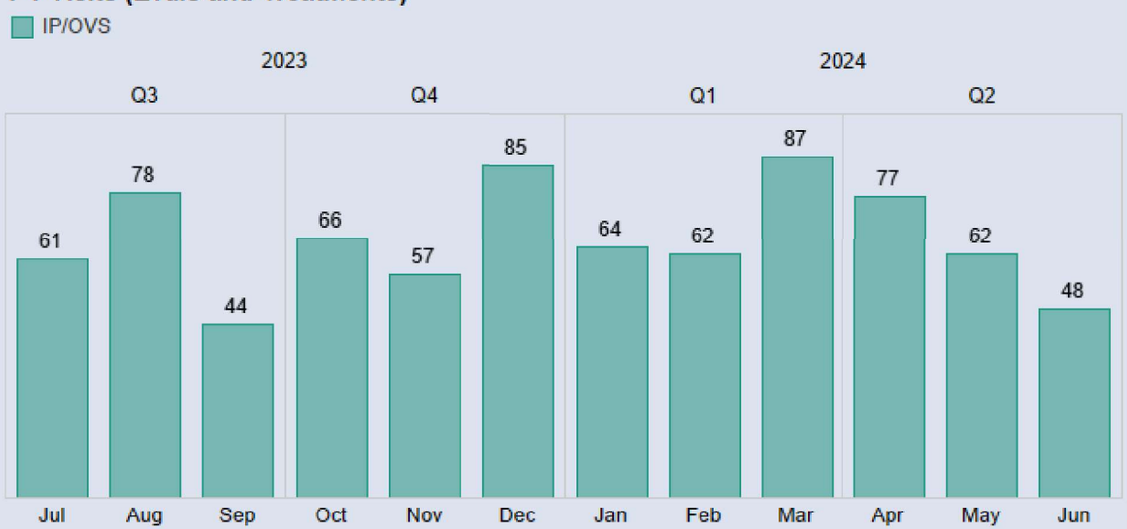
Total Census Days by Level of Care



ED Visits



PT Visits (Evals and Treatments)



IP Admissions

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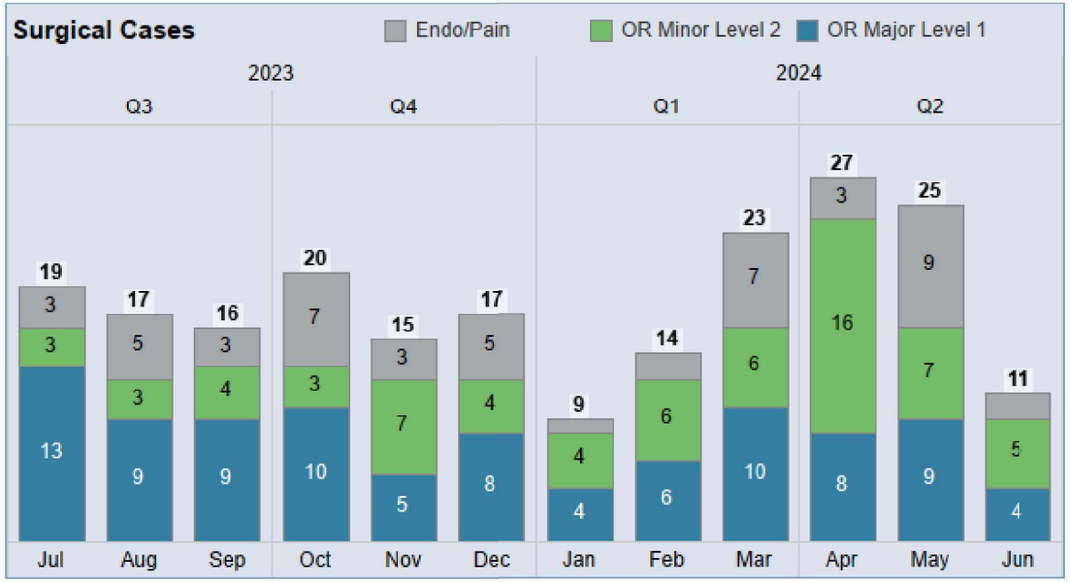
Health Care District
LAKESIDE MEDICAL CENTER

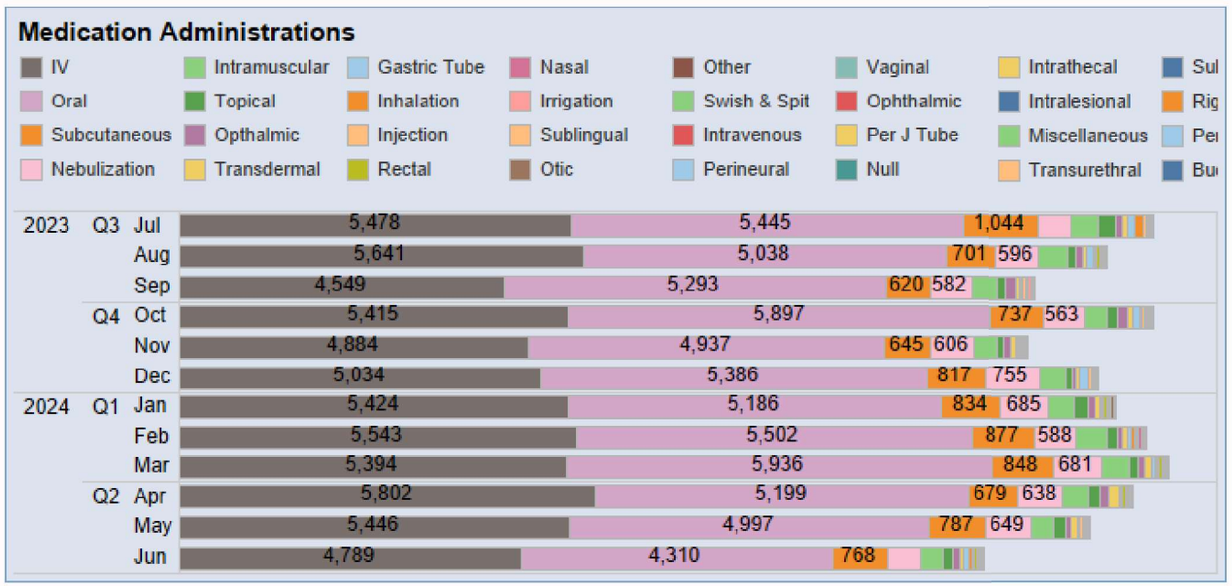
Lakeside Medical Center Clinical Productivity Data

7/1/2023 to 6/30/2024

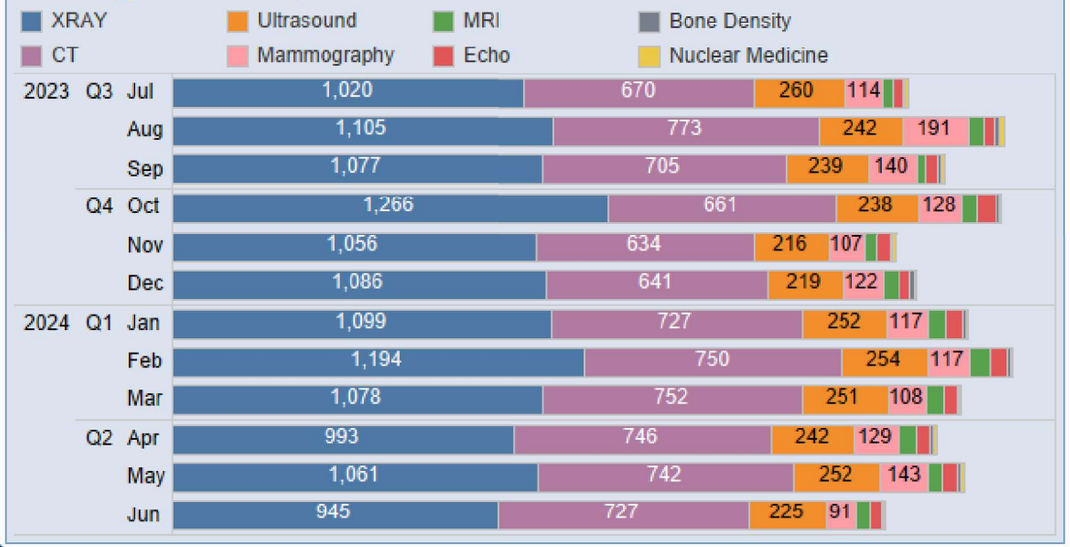
Surgical Cases



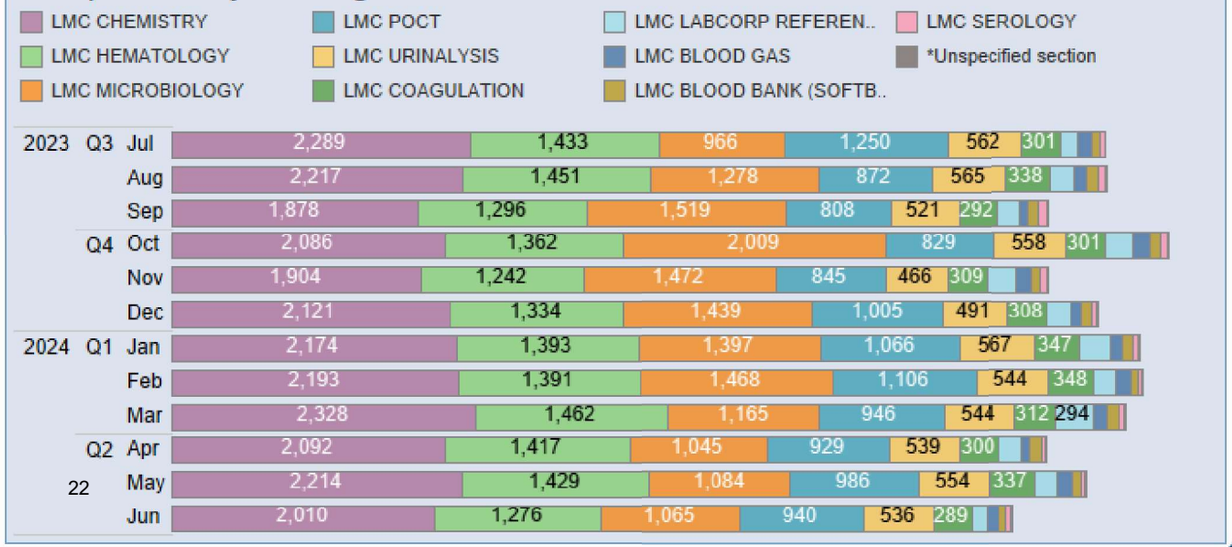
Medication Administrations



Radiology Exams Completed



Lab Specimens by Resulting Section



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Health Care District
GROUND TRANSPORTATION

Ground Transportation Services

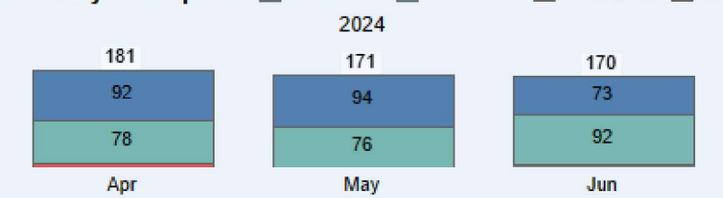
4/1/2024 - 6/30/2024

filters

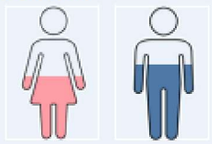
Completed Transports	Average Mileage	Avg Pickup to Drop Off	Delays	Canceled Transports	Avg Response Time	Lights/Sirens Used
522	32 mi	246 min	132	28	32 min	15

Patient Type - LMC Transports *Data Starting 12/2023

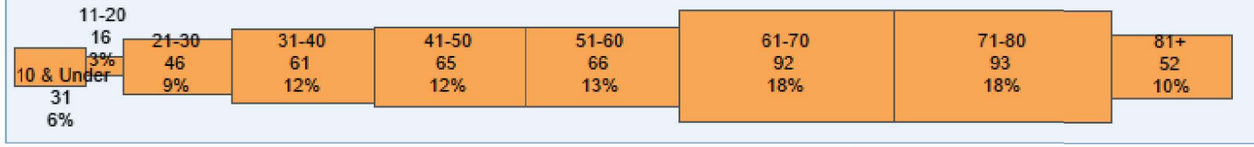
Monthly Transports



Gender

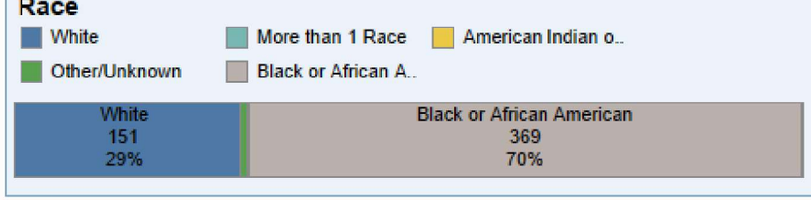


Age Groups



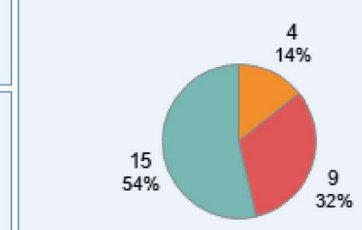
Top 10 Principal Diagnoses

Race

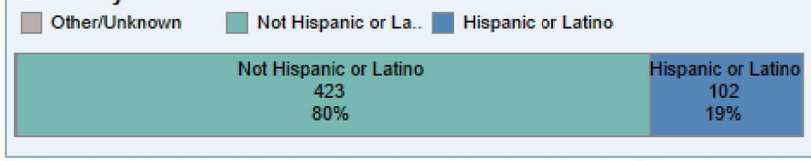


Canceled Runs

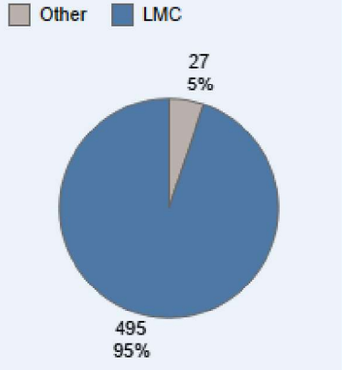
Reason Categories



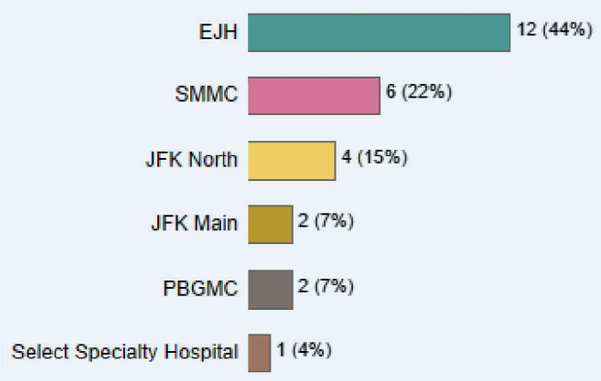
Ethnicity



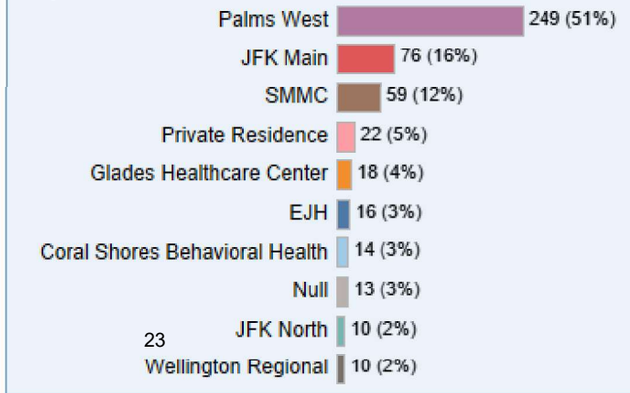
Origin of Transport



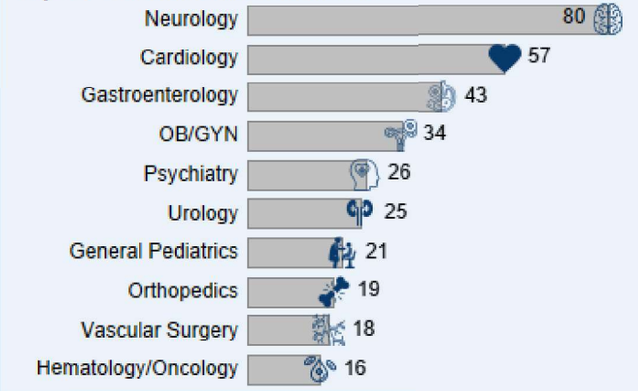
Top 10 - Origin of Transport - Other Locations



Top 10 Destinations



Top 10 Services Not Available



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Health Care District
OF PALM BEACH COUNTY

PHARMACY DATA 4/1/2024 - 6/30/2024

Filters

Unique Pts	New Patients	Rx Filled	Rx Return to Stock	Out Of Stock <5%✓	Pharmacy Visits	Avg Rx per patient	Rx Mailed to patient
7,387	3,973 (14%)	44,095	2,015 (4.6%)	939 2.1%	21,011	6	1,850 Pkgs 4,490 (11%)

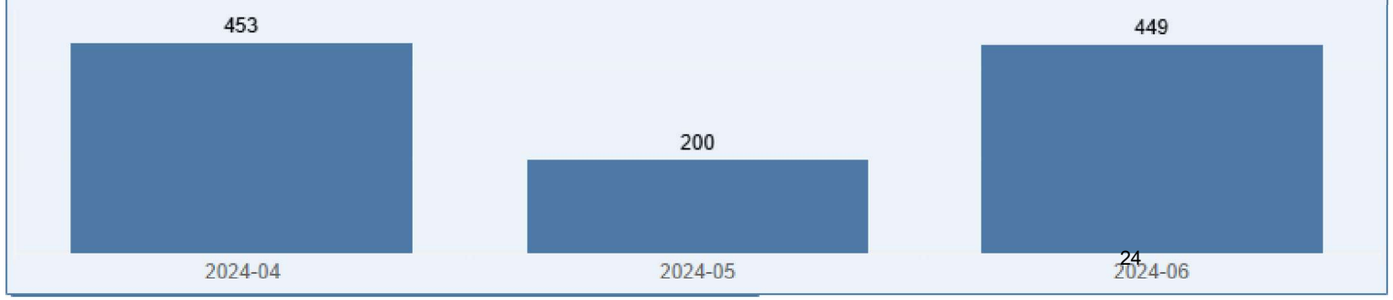
Prescriptions Filled

Prescriptions Released to Patient

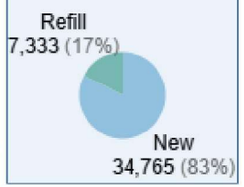
Program Total

1,102

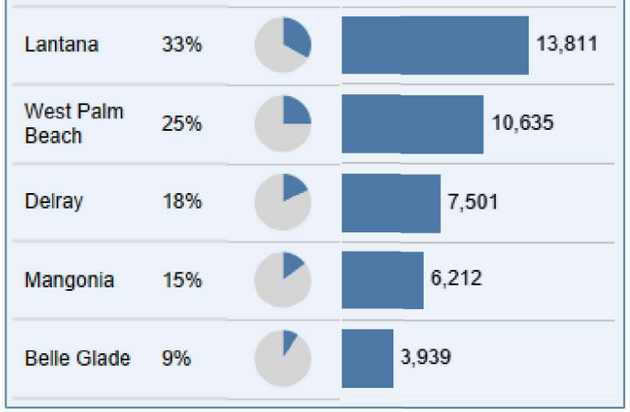
Narcan Distribution Volume

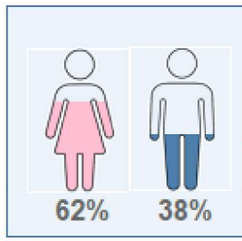


Rx Type

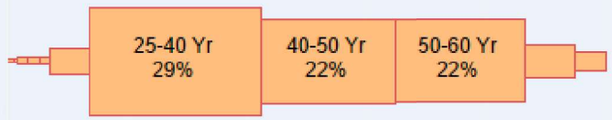


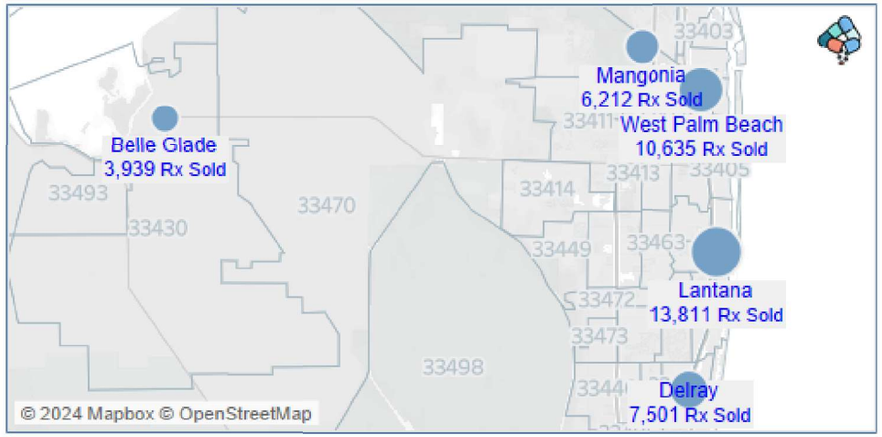
Prescriptions Filled by Pharmacy





Age Range





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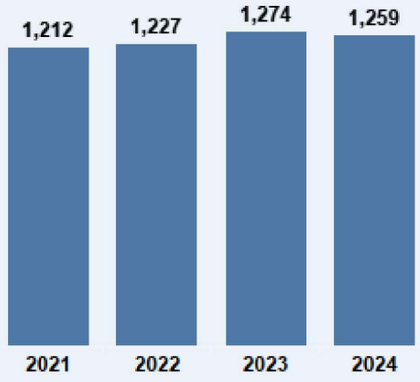
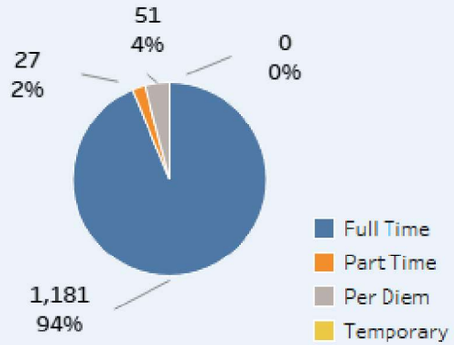
Health Care District
OF PALM BEACH COUNTY

EMPLOYMENT STATUS AND EMPLOYEE DEMOGRAPHICS

HEADCOUNT TREND

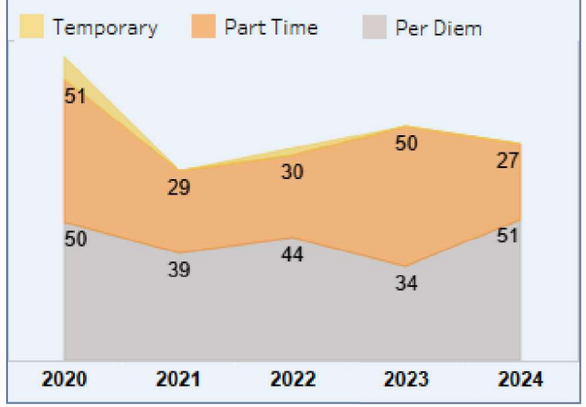


EMPLOYMENT STATUS 2024

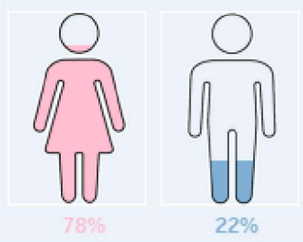


FULL TIME EMPLOYEE TREND

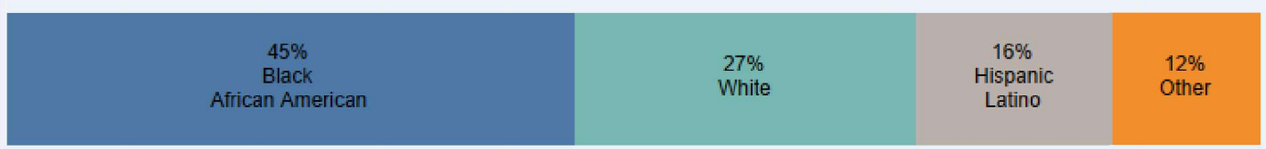
OTHER EMPLOYEE STATUS TREND



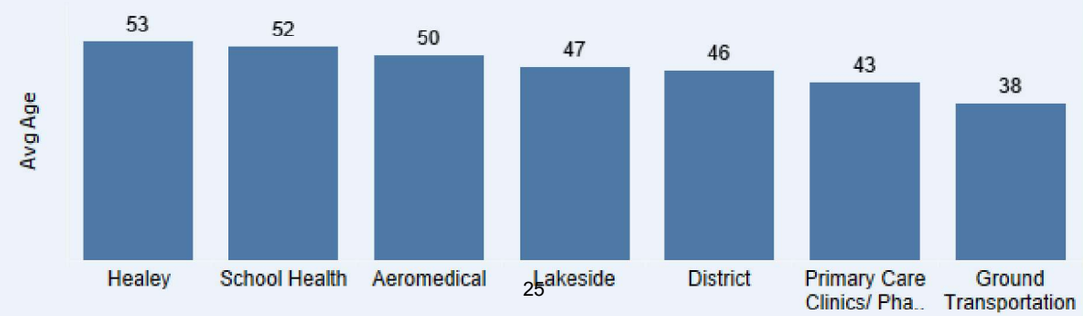
JOB FUNCTION



RACE/ETHNICITY

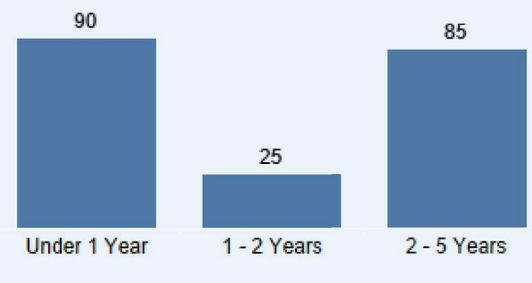


AVG. EMPLOYEE AGE BY BUSINESS UNIT 47



PROJECTED RETIREMENT 5 YEAR SPAN

200 Employees



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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

1. **Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report (FY24 Q3)**

2. **Summary:**

A summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Compliance", "CPE", or "Program") activities since the last meeting is provided. This Report covers FY24 Q3 (April 1 – June 30, 2024).

The Office of Inspector General ("OIG") recommends reporting on a regular basis to the governing body, CEO, and compliance committee(s) regarding the planning, implementing, and monitoring of the Program. This report is intended to provide an update on CPE activities, initiatives, monitoring, statistics, and Work Plan. Heather Bokor, VP / Chief Compliance, Privacy, & Risk Officer, presents the following:

3. **Substantive Analysis: Compliance, Privacy, and Ethics Report**

CPE continually assesses HCD and develops the Program to address areas for attention and/or enhancement, in order to ensure that through the Work Plan and other activities, we meet or exceed Effective Compliance Program Elements, per OIG.

Key areas since the last report which have had significant or notable work under or separate from the FY23-24 Work Plan include: Issuing guidance to staff; Internal auditing and monitoring/reviews/risk assessments; External audit and monitoring assistance/participation; Policies and Procedures; Cybersecurity/Data Privacy and Privacy incident readiness and response, including assessments, and third-party management; Interdepartmental IT Security and Privacy P&P reviews and revisions; Training, Education & Awareness/Survey Activities; Contract reviews and payments with physicians/external parties; Physician Provider Enrollment/Billing research and guidance, Technology/Data Governance/Artificial Intelligence (AI); Conflicts of Interest (COI); Consents and forms; Licensure and accreditation; Research and issuance of guidance, education/information to staff; Behavioral Health; Regulatory updates/industry enforcement activity, new/proposed state laws; Active participation and responsiveness to HCD staff on inquiries/incidents/needs; and other initiatives to improve compliance and mitigate risk in the organization.

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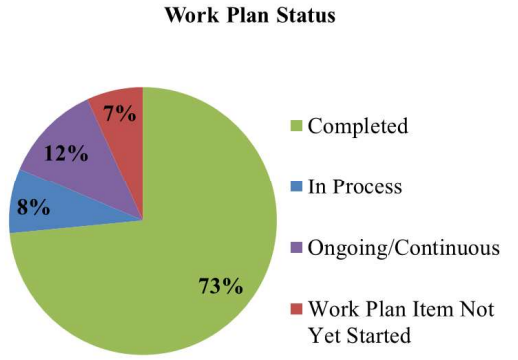
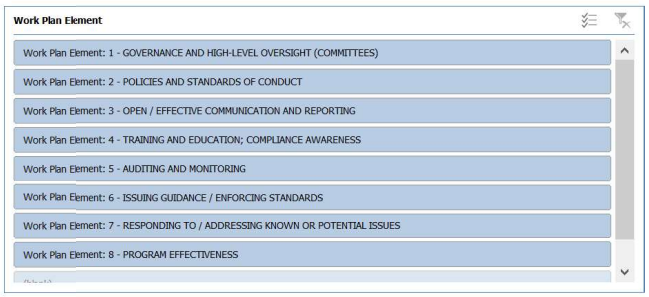
HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

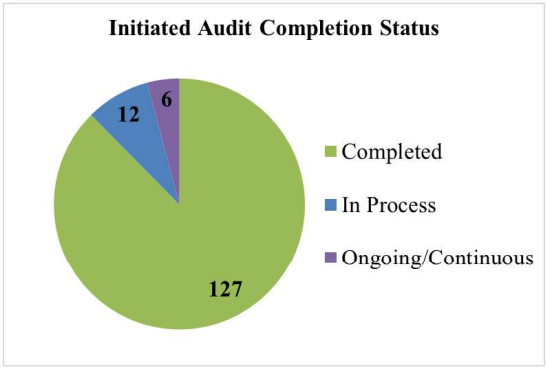
A. Work Plan Status / Updates

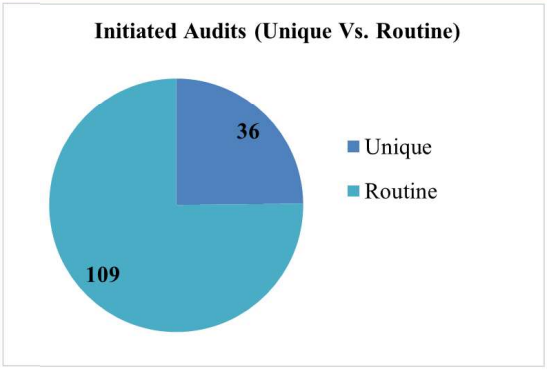
HCD Compliance, Privacy, and Ethics FY23-24 Work Plan Status / Updates

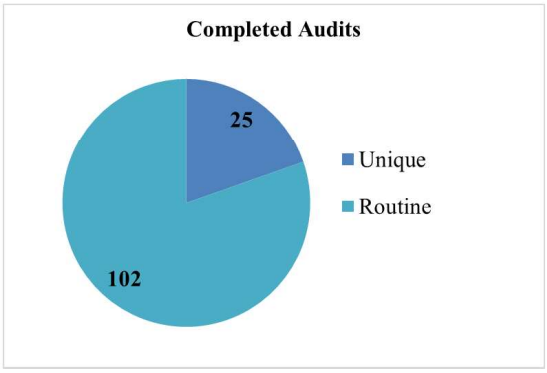


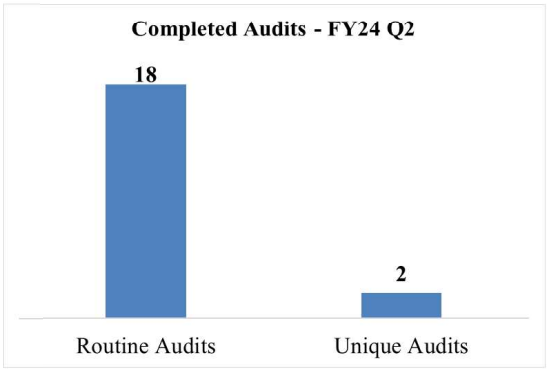


FY23-24 YTD Audit Activity Summary









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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

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

In FY23-24 YTD, CPE initiated one hundred and forty-five (145) total audits, data risk assessments/research, compliance risk assessments, and/or reviews ("reviews"), in accordance with the annual CPE Work Plan. This includes thirty-six (36) unique and one-hundred and nine (109) routine reviews. Additionally, CPE addressed other items as per OIG's Compliance Program Guidance. A breakdown is provided below:

- Of the 145 initiated, 127 have been completed (25 unique, 102 routine).
- Of the 127 completed, 20 were completed since the last report/meeting (2 unique, 18 routine). These are reported in the tables below. Of the 18 routine reviews completed, results were mostly favorable (see Privacy).
- Of the 145 initiated, 18 reviews (12 unique, 6 routine) are currently in preparation, in process, or pending preliminary/final reports. These items are reported as "Open" in the tables below. *Note: Items reported on at the prior meeting are included in data, however, are excluded from this report.*

Auditing and Monitoring – Completed	
Work Plan Item/Area (Item, Background and Rationale)	**Summary** (Findings/Recommendations/Action Items)
CMS Open Payments: Review and Dispute Reconciliation (Annual) *Open Payments was enacted as part of the Affordable Care Act to create transparency into financial relationships between pharmaceutical companies, medical device manufacturers, supply companies, and group purchasing organizations/vendors, and physicians and teaching hospitals. Vendors are required to report payments and other "transfers of value" to CMS for entities including LMC. Information is published in the Database and entities are required to review and either confirm or dispute entries by May each year.*	*The objective is to determine whether LMC had any published entires, evaluate teh validity of the payments, determine future internal follow-up action or contract and training needs, and to respond by CMS' deadline.* **Review complete. Results favorable.** CPE will annually monitor Open Payment entries during the Open Payments Review period.

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
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SEPTEMBER 26, 2024

Exclusion Screening Compliance Reviews (Monthly) *[Background/rationale details omitted].*	**Reviews Complete for April – June 2024. Results Favorable.** All potential matches were reviewed and resolved. 100% compliance with applicable rules and policy with no exclusions.
21st Century Cures Act Information Blocking Rule Monitoring (Weekly) *[Background/rationale details omitted].*	**Reviews Complete for April - June 2024. Results Favorable.** No issues were found in regard to information blocking or access to records, per Privacy's reviews completed to date. Privacy will continue to review these weekly.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Daily) *Reccuring user access daily monitoring includes the following enforced policies: Anomalous Workflow (AI), High Access of Deceased Patients, High Access of Break-the-Glass, Person of Interest (POI) Snooping, High Access of Discharged Patients, and Coworker Snooping Monitoring.*	**Reviews Complete for April - June 2024. Recommended Actions.** A total of (17) user-access privacy incidents were investigated, which resulted in six (6) recommended actions, including but not limited to education, for involved members of HCD's workforce.
(New) HCD Leadership/Board VIP EHR Monitoring through FairWarning system for potential Privacy violations (Weekly) *New (VIP/HCD Leader) Weekly Monitoring Enforced Policy added (Executive Team and Senior Leadership, AVP/VP/SVP) and all Board/Committee members. Note also that all HCD employees have had flags added to their accounts (EMP) for monitoring.*	**Reviews Complete for April - June 2024. Recommended Actions.** A total of (12) weekly access audit logs were investigated. No issues were found in regard to inappropriate user access per Privacy's reviews completed to date. Privacy will continue to review these weekly run reports.

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

SlicerDicer Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) *[Background/rationale details omitted].*	**Reviews Complete for April - June 2024. Results Favorable.** 100% compliance with applicable rules and policy, with no red flags or resulting violations for HCD staff/Epic users. These are counted as monthly for purposes of data/reporting.
Referral Source/Physician Payment Audits (Ongoing) *[Background/rationale details omitted. Note: These are reported only as monthly items for purposes of volume.]*	**Reviews Complete for April - June 2024. Results Favorable. Recommended Actions.** All physician and referral source payments routed for approval are reviewed and audited by Compliance, and any issues are corrected prior to payment. *Note: Prior recommendations made.*
OIG Work Plan (Monthly) *[Background/rationale details omitted].*	**Reviews Complete for April - June 2024. No recommendations.** The OIG added (24) new review items since the last report, there were no (0) items applicable to HCD or that are recommended to be added to the Work Plan.

Other Completed Items:

Element/Type	**Work Plan Item/Area – OTHER COMPLETED ITEMS** ***(Non-Auditing Items, Includes Unique and Standing Items)***
Issuing Guidance / Enforcing Standards	• See "Regulatory Updates and Industry Enforcement Activity" below for a summary of these items. • COI Review: HCD Board/Committees (annual requirement) • COI Issuance: HCD Staff for FY24 (annual requirement)
Training & Education; Awareness Activities	• Privacy Incident Re-Education/Re-Training Activities • New Hire Orientation (ongoing) • Annual Compliance, Privacy, and Ethics Awareness Event/Survey development

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

Responding to Issues and Inquiries *Responded to various issues, inquiries, and issued guidance internally accordingly on topics including but not limited to*:	• Compliance: District Cares Application and consent authorizations, Behavioral Health, EMTALA, Billing and reimbursement, Consents, Baker Act/Marchman Act, Conflicts of Interest, ADA, Ambulance, Infection control, Policy and vendor/travel, Telehealth, Documentation requirements, Physician attestations, DNP projects, clinical rotations, and student shadow experiences, Regulatory and State Laws/bills analysis and research, Credentialing and exclusion screening. • Privacy: General data privacy and information security; External data sharing, Retention & Destruction, Authorization/Consents, Release of Information, HIPAA/Part 2 Combined Consent Inquiry, Permitted vs. Required Disclosures.
Policies & Procedures (and Forms) *New and Revised Policies and Procedure and Forms Reviews and guidance, including but not limited to*:	• Comprehensive Review of Department P&P for HCD system conversion. • P&P New/Revised/Guidance provided to HCD: Patient Care Observers andAdministrative Shadow Participation, HCD IT Security (Acceptable Use, Data Classification and Handling Policy and Procedure; Data Quality Management Policy & Procedure, IT Infrastructure Access and Authentication), School Health Bloodborne Pathogens, Behavioral Health, Medical Records Management, Retention, and Destruction Policy, Weapons Policy and Procedure, Handcuffs Procedure, and Appropriate Use of Facial Coverings for Infection Control. • Forms (e.g., Consents and forms for various business units, COI, Data Classification Reference Guide, EMTALA Pre-Registration).
Training & Education; Awareness Activities	• Privacy Incident Re-Education/Re-Training Activities • New Hire Orientation (ongoing) • Annual Compliance, Privacy, and Ethics Awareness Event/Survey development

Open Work Plan Items are included below.

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

Element/Type	Work Plan Item/Area – OPEN ITEMS Recently Completed***; In Process**; Routine/Ongoing*
Auditing and Monitoring	• Online Tracking Technologies Risk Assessment (New/Updated)*** • 340B Compliance and Program Integrity Policies & Procedures Self-Audit/Risk Assessment*** • HCD Non-employed Individuals in the workplace: Risk Assessment*** • Monitoring of External Audits: (1) CMS Healey Skilled Nursing Facility, 5-Claim Probe and Educate Review***; and (2) RAC (Aeromedical RAC denied: Redetermination Review Requested 3-claims; 1 claim denied, 1 claim paid, 1 claim is still pending)** • (Resumed Q3) EMTALA/Access to Emergency Services and Care Risk Assessment (to be completed pre-TJC (LMC))** • (New) Hospital Emergency Department Signage Review (LMC) (to be completed pre-TJC)** • Privacy and Security Compliance Surveys for HCD Departments (including New ED and LMC Full Hospital Review in to be completed pre-TJC)** • External Ambulance Services Claims Review and Contract Discussions (Pending AMR - anticipated closure in Q3)** • On hold: PEPPER Report Monitoring for Short Term Acute Care Hospitals (STACH – LMC Q4) (CMS temporarily paused for improvements to the program and reporting system, no new updates since prior report); BAA Part 2* • Routine auditing and monitoring/review items (ongoing*): *SlicerDicer Use and Access Monitoring for Privacy Use; FairWarning system of detected potential privacy violations/red flags by Epic Users; Referral Source Audits and Payments to Physicians; Exclusion Screening Monthly/Ad Hoc (Credentialing Committee); OIG Work Plan Monitoring; and Information Blocking.*

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
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SEPTEMBER 26, 2024

Issuing Guidance / Enforcing Standards	• HCD Privacy/IT Security Team coordination of reasonable and appropriate privacy and security controls for M365 implementation into HCD environment in alignment with HCD's Zero Trust Matrix. • Data Breach Response for Panel Provider Reviews – Part II (Privacy Preparation and Readiness) *(on hold)*** • Ongoing: Evaluation and Mandatory Rule Implementation / Development and Monitoring*, HCD Applicable Rule/Law Analysis*, Regulatory Updates/Industry Enforcement Activity*, Contract Reviews and Guidance*
Standards of Conduct / Policies & Procedures / Forms	• Complete pending publishing: Ethical and Appropriate Use of AI Technology***, Informed Consent, and Patient Stabilization and Transfer***, Patient Dismissal (Clinics)**, Baker Act (Clinics)**, Complimentary Transport** • In process: Visitors(LMC)**, Visitors (Clinics)**, Handling of Stillborn in the ED SOP**, Pediatric Baker Act**, Marchman Act**, Standards of Conduct**, Internal Reporting of Compliance Issues**, and Anti-Discrimination**.
Open/Effective Communication (Ongoing*)	• Monitoring and dissemination of information to HCD staff (OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory)* • Website Enhancement/Communication/Posting* • Internal staff development*
Responding to Issues (Ongoing*)	• Ongoing: Hotline Call Response/Investigations*, Response to Issues/Inquiries/Investigations*, External Agency Audit Activity/Review and Response*
Training & Education	• CPE and Risk Management Newsletter: Fall Edition*** • HCD Rebranding Project (e.g., Signage, Forms, Training)*** • Medicare Audit Types Training Module** • Training: Exclusion Checks, Tips, and Vendor Reminders** • Baker Act Training Module (LMC ED/HCD)** • Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership *(on hold)*** • New Hire Orientation*
Effectiveness	• Compliance Program Development/Effectiveness**

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

B. Department Activity and Statistics:

1. Conflicts of Interest ("COI")

In FY24, HCD CPE revised the COI Disclosure Form/Questionnaire and disseminated to HCD Board and Committee Members in March 2024 and to all members of HCD's workforce in August 2024. *Pending responses from remaining individuals to close.*

2. External Agency Activity

1. **Office for Civil Rights (HIPAA/Privacy): Closed OCR Transaction Number: 24-582859**

On August 9, 2024, HCD received a letter from the Department of Health and Human Services Office for Civil Rights ("OCR") from a complaint they received on July 26th alleging that a C.L. Brumback Primary Clinic violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules) when it disclosed his PHI to an unauthorized individual. The OCR resolved this matter without further action through the provision of technical assistance and provided material on Reasonable Safeguards. However, should the OCR receive a similar allegation in the future, they may open an investigation of that matter. In addition, please note that, after a period of six months has passed, the OCR may initiate and conduct a compliance review of HCD's compliance with the Privacy Rule and Reasonable Safeguards.

Due to the allegation included within the OCR's complaint letter, HCD Privacy performed internal review to identify the Clinic and patient and determined no prior complaints or reports had been received by HCD. Privacy reviewed existing policies and procedures and determined no revisions were required. Further, Privacy scheduled an on-site review of the Clinic to be completed within sixty days from receipt of the letter and within the survey window period.

2. **State of Florida Office of the Attorney General: Open Privacy Inquiry – Florida Information Protection Act ("FIPA")** – August 6, 2024.

3. Hotline, Inquiries & Investigations – *Continued on next page.*

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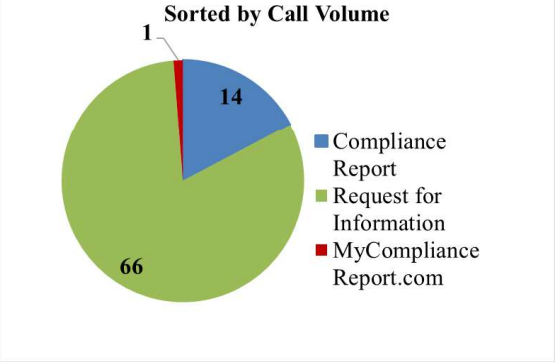
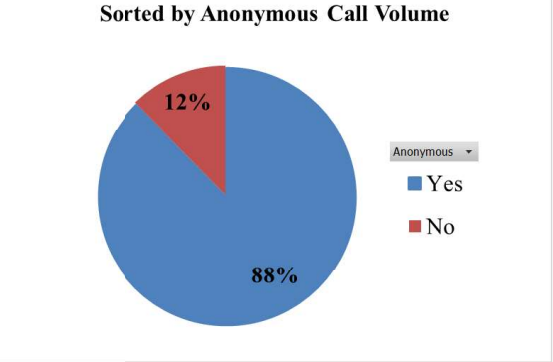
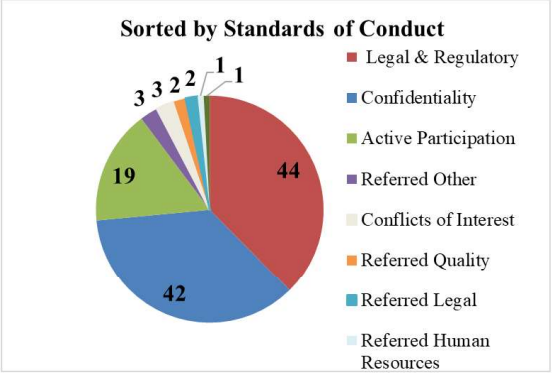
Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY24 Q3)

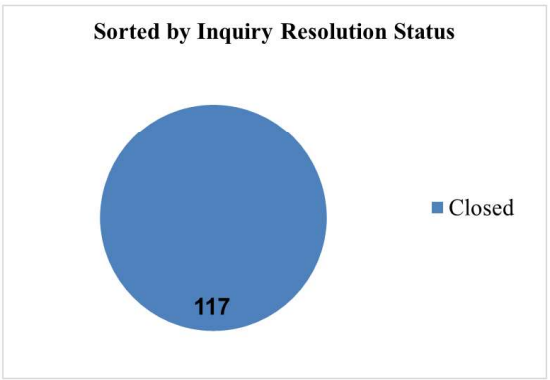
Hotline Activity

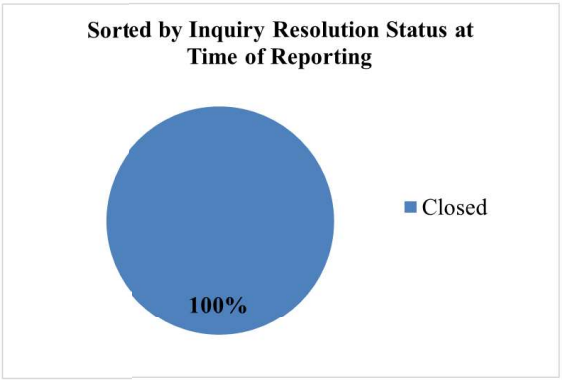




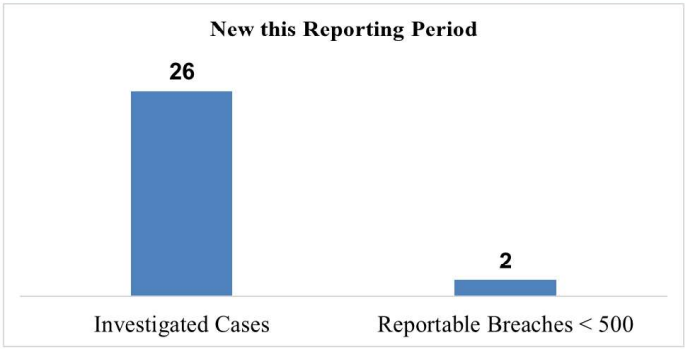
Inquiries







Privacy Case Activities



The most common types of reported privacy incidents during FY24 Q3 included:

- Improper Use or Disclosure of PHI (Written, Electronic, Verbal)
- Improper Use or Disclosure Of Media
- Access Violation (Viewed Record Without Authorization)
- FERPA Violation
- Misfiled PHI

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C. Regulatory Updates and Industry Enforcement Activity

Regulatory Updates and Industry Enforcement Activity, including any Florida State Laws as applicable, are reported at the Board of Director/Commissioners meeting as informational and listed below by title only.

Recent Trends: Recent trends include, but are not limited to: Compliace, Privacy, and Legal updates, to include updates on the Change Healthcare data breach, increased cybersecurity focus in healthcare and ransomware attacks across many sectors, HIPAA violations, EMTALA enforcement and new reporting mechanism, proposed and final rules related to hospital reimbursement under the IPPS and OPPS, continued False Claims Act and Civil Money Penalties Law violations, continued enforcement of the Stark Law and Anti-Kickback Statute, 2024 National Health Care Fraud Enforcement Actions, as well as new Florida bills being signed into law.

Regulatory Updates (#'s 1-14)

1. Federal Bureau of Investigation (FBI), Cybersecurity and Infrastructure Security Agency (CISA), and the Department of Defense Cyber Crime Center (DOD) Warns Healthcare Sector that Iran-Based Group is Targeting Them
2. The Department of Health and Human Services (HHS) Withdraws Appeal Related to Hospital Third-Party Web Tracking Technologies
3. The Centers for Medicare and Medicaid Services (CMS) Issues Inpatient Prospective Payment Services (IPPS) Final Rule
4. Federal Judge Strikes Down the Federal Trade Commission's (FTC) Non-Compete Ban
5. The Joint Commission (TJC) Announces New Nursing Care Center Accreditation Standard
6. HHS to Streamline Cyber, Data, Artificial Intelligence Policy Functions Through Reorganization
7. The Department of Justice (DOJ) Issued Final Rule for Americans with Disabilities Act (ADA) Web and Mobile Applications
8. CMS Issued Medicare Outpatient Prospective Payment System (OPPS) Proposed Rule

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9. The National Institute of Standards and Technology (NIST) and U.S. Department of Commerce Releases Final Versions of its Guidance on the "Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence (AI)"
10. CMS Issues Proposed Rule for Ambulance Providers and Suppliers
11. HHS Issues Final Rule Establishing Disincentives for Information Blocking
12. HHS, FBI warn healthcare sector of social engineering scheme
13. Third-party Data Breaches Continue to Disproportionately Affect Healthcare
14. Biden Administration to Announce Rule to Remove Medical Debt from Credit Reports

Industry Enforcement Activity (#'s 15-42)

15. HIPAA Journal Report: Over $460 Million Paid to Ransomware Groups in 2024 Related to Cyberattacks
16. HHS-OCR Imposes $115,200 Civil Monetary Penalty (CMP) on Ambulance Company, American Medical Response (AMR), for Failure to Provide Timely Access to Patient Records
17. Center for Reproductive Rights Files Complaints Against Two Texas Hospitals for Failure to Treat Life-Threatening Pregnancies, Allegedly Violating The Emergency Medical Treatment and Labor Act (EMTALA)
18. St. Peter's Health to Pay Nearly $11 Million to Resolve False Claims Act (FCA) Allegations
19. Palo Alto Medical Foundation and Palo Alto Foundation Medical Group Pay $291,000 for Allegedly Violating the Civil Monetary Penalties Law (CMP) by Submitting Claims for Services Not Provided
20. Change Healthcare Reports Ransomware Data Breach to HHS
21. Federal Judge Allows Lawsuit Against Electronic Health Record (EHR) Vendor in Hack to Proceed
22. 23andMe Reaches Agreement to Settle Class Action Data Breach Lawsuit
23. HHS-OCR Announced $950,000 Settlement with Heritage Valley Health System for Health Insurance Portability and Accountability Act (HIPAA) Security Rule Violations following Ransomware Attack
24. Precision Lens to Pay $12 Million to Resolve Anti-kickback Statute (AKS) and FCA Allegations

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25. Texas Mental Health Services Providers to Pay Over $1 Million to Resolve FCA Allegations, *qui tam* Relator to Receive 17% of Settlement Proceeds
26. DaVita Inc. to Pay Nearly $35 Million to Resolve AKS and FCA Allegations
27. Rite Aid Corporation and Elixir Insurance Company Agree to Pay Over $100 Million to Resolve FCA Allegations of Falsely Reporting Rebates
28. HHS' Office for Civil Rights (OCR) Updates Change Healthcare Cybersecurity Incident FAQs Following Breach Event
29. Change Healthcare Begins Data Breach Notification Process
30. Florida Registered Nurse (Tampa-Lakeland) Charged with Tampering with Consumer Products and Obtaining Controlled Substance (Fentanyl) by Fraud
31. Iowa Emergency Department Physician Convicted of HIPAA Violation
32. Multi-Agency Fraud Enforcement Report: DOJ Announces 2024 National Health Care Fraud Enforcement Actions which Resulted in Charges Against 193 Defendants Involving Nearly $2.75 Billion
33. Texas Medical Institutes Agree to Pay $15 Million to Resolve FCA Allegations in the Largest Settlement Involving Concurrent Surgeries, *qui tam* Relator to Receive Over $3 Million of the Settlement Proceeds
34. Maine Physician Convicted for Unlawfully Prescribing Controlled Substances
35. Maryland Health Enterprises Agreed to Pay Over $55,000 for Knowingly Retaining Overpayments, Violating the CMP Law
36. Founder and CEO of Digital Health Company Arrested for Health Care Fraud
37. South Coast Retina Center to Pay Nearly $610,000 to Resolve AKS Allegations and CMPL Violations for Above Fair Market Value Payments to Physicians
38. Citizen Advocates Self-Discloses CMPL Violations, to Pay Nearly $60,000
39. CityMd Agrees to Pay Over $12 Million to Resolve FCA Allegations for Submitting or Causing Claims to be Submitted for COVID-19 Testing to HRSA's Uninsured Program for Insured Patients
40. Bridgeport Hospital and Northeast Medical Group Pay Nearly $11 Million to Resolve CMP Allegations
41. MedPro EMS Agreed to Pay Nearly $267,000 to Resolve CMP Allegations for Transports Involving an Unlicensed Emergency Medical Technician
42. Chronic Disease Management Company Agrees to Pay Nearly $15 Million and Enter into a Corporate Integrity Agreement (CIA) to Resolve FCA Allegations for E&M Claims Submitted not in Accordance with Federal Regulations

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Florida Legislative Session 2024 – Bills (#'s 43-84)

Florida Bills – Passed/Signed into Law

43. CS/HB 7016 - Health Care
44. SB 7018 - Health Care Innovation
45. CS/CS/HB 1758 - Individuals with Disabilities
46. CS/CS/HB 7013 - Special Districts
47. CS/SB 330 - Behavioral Health Teaching Hospitals
48. CS/CS/HB 159 - HIV Infection Prevention Drugs
49. SB 184 - Impeding, Threatening, or Harassing First Responders
50. CS/CS/CS/SB 718 - Exposures of First Responders to Fentanyl and Fentanyl Analog
51. CS/CS/HB 66 - Revive Awareness Day
52. CS/HB 241 - Coverage for Skin Cancer Screenings
53. CS/CS/HB 883 - Short-acting Bronchodilator Use in Public and Private Schools
54. SB 1512 - Controlled Substances
55. CS/HB 201 - Emergency Refills of Insulin and Insulin-related Supplies or Equipment
56. CS/CS/HB 1365 - Unauthorized Public Camping and Public Sleeping
57. CS/HB 644 - Rural Emergency Hospitals
58. HB 533 - DNA Samples from Inmates
59. HB 7005 - OGSR/Financial Disclosure
60. CS/HB 7011 - Inactive Special Districts
61. HB 7085 - Sickle Cell Disease
62. CS/CS/CS/HB 1065 - Substance Abuse Treatment
63. HB 7009 - OGSR/Mental Health Treatment and Services
64. CS/CS/HB 1441 - Department of Health
65. CS/CS/CS/SB 1582 - Department of Health
66. CS/HB 1784 - Mental Health and Substance Abuse
67. CS/CS/HB 7021 - Mental Health and Substance Abuse
68. CS/CS/HB 7021 - Mental Health and Substance Abuse
69. SB 2518 - Health and Human Services

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Florida Bills – Not Signed or Not Yet Signed

70. SB 792 - Community-based Mobile Crisis Intervention Services
71. HB 205 - Community-based Mobile Crisis Intervention Services
72. HB 951 - Behavioral Health
73. CS/SB 1636 - Substance Use Disorder Treatment Services
74. HB 1309 - Community Mobile Support Teams
75. SB 1626 - Mental Health of Minors
76. SB 1306 - Behavioral Health
77. HB 1521 - Medicaid Eligibility for Related Services
78. HB 1529 - Medicaid Eligibility for Medical Assistance and Related Services
79. HB 5301 - Medicaid Supplemental Payment Programs
80. CS/HB 915 - Outpatient Health Services
81. SB 1583 - Substance Use Disorder Treatment Services
82. SB 1358 - Medicaid Billing for Behavioral Health Services
83. CS/SB 1394 - Community Mobile Support Teams
84. SB 960 - Outpatient Mental Health Services

D. Annual Work Plan Preparation (FY25)

- HCD Compliance, Privacy & Ethics is drafting HCD's FY25 Departmental Work Plan. Upon completion of the current (FY23-24) Work Plan and FY25 Work Plan draft to commence on October 1, 2024, a detailed copy will be provided for approval at the next regularly scheduled meeting.
- A summary of CPE's composition/development and considerations of our annual/biannual Work Plan is included below.
- The continued goal for the annual Work Plan is for our efforts to ensure a proactive, risk-based, and effective program – in addition to meeting or exceeding the recommendations described in the OIG's Compliance Program Guidance(s) on Effectiveness.
- The FY25 Work Plan will include all items identified that are standing or are not yet complete from FY24 (these items have been transferred from FY24 to FY25), in addition to other items to be added based on internal assessment and to address the below.

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- The Department considered and includes the following in developing the annual Work Plan: Leadership/Management requests/input; Standing items; OIG CPG's and Supplemental Guidance; OIG Work Plan; New or changed rules; Recent industry enforcement and government report findings; Published guidance from regulators and authorities; High volume/high dollar/high reimbursement; Data analytics and reporting trends; Known or potential areas of risk/concern; Past items requiring monitoring; New or changed business units/service lines; Compliance Program Effectiveness and Compliance Program Evaluation Guidelines from Government and Other Entities/Authorities (e.g., DOJ, OIG, CMS).
- Information on the OIG's new CPG's (first published November 6, 2023) was provided to the Committee in March 2024. This overview document can be accessed at: HHS-OIG General Compliance Program Guidance | November 2023. HCD CPE analyzed the documents and assessed the guidance for recommended changes to the current and future Work Plans. Relevant details are summarized below for purposes of Work Plan consideration:
    - HHS-OIG published updated and improved existing CPGs and added new CPGs specific to new segments of the healthcare industry. In addition to the GCPGs, the OIG stated it will publish industry-specific CPGs ("ICPGs") for different types of providers, suppliers, and other participants.
    - The GCPGs largely maintain the historic compliance program elements, but provides more depth and incorporates lessons learned. It summarizes laws related to healthcare enforcement and other compliance standards, includes examples of problematic conduct, and places Cybersecurity as a top priority for compliance due to the increase in attacks, etc.
    - The new elements are titled: (1) Written Policies & Procedures; (2) Compliance Leadership & Oversight; (3) Training & Education; (4) Effective Lines of Communication with the Compliance Officer & Disclosure Program; (5) Enforcing Standards: Consequences & Incentives; (6) Risk Assessment, Auditing & Monitoring; and (7) Responding to Detected Offenses & Developing Corrective Action Initiatives.
    - The OIG identified certain themes, including but not limited to: Role of the Chief Compliance Officer as a Senior Leader, Tone from the Top, Well functioning Committees and Engaged Board Members, Targeted and Board Training, Multiple Reporting Pathways for Compliance Concerns, and Considerations for Incentives for Compliant Behavior.

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- The DOJ provided additional compliance considerations to the OIG's publication (e.g., Quality as part of Compliance, Regulatory landscape to address compliance and business risks, financial monitoring with physicians and others for kickbacks, etc.).

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the HCD Compliance, Privacy & Ethics Program Updates and Activities Quarterly Report.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB67[illegible]
Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
4766F813A[illegible]
Heather Bokor
VP / Chief Compliance, Privacy & Ethics Officer

Signed by:
Darcy Davis
77A3B[illegible]
Darcy Davis
Chief Executive Officer

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
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1. Description: Quality & Patient Safety Dashboards

2. Summary:

This agenda item provides the quality and patient safety reports for the 2nd Quarter of 2024 for School Health, Aeromedical, Trauma, Community Health Centers, Skilled Nursing Center, Lakeside Medical Center, Ground Transportation, Pharmacy, and Corporate Quality Metrics.

3. Substantive Analysis:

School Health

Florida-Mandated Student Screenings

- We exceeded the Florida-mandated goal of completing 95% of the vision and hearing, BMI, and scoliosis screenings required at the end of the School Year (Quarter 2). Parents are notified of any abnormal results so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: Through the 2nd quarter of 2024, we screened 32,480 (99.8%) of eligible students in the 1st, 3rd, and 6th grades. Out of 32,480 students, 7,976 (25%) students required referral.
- Hearing screening: Through the 2nd quarter of 2024, we screened 32,205 (98.8%) of eligible students in kindergarten, 1st, and 6th grades. Out of 32,205 students, 1,090 (3%) students required referral.
- Scoliosis screening: Through the 2nd quarter of 2024, we screened 9,955 (100%) of eligible students in 6th grade. Out of 9,955 students, 84 (0.84%) students required referral.
- Vision screening: Through the 2nd quarter of 2024, we screened 44,351 (98.9%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 44,351 students, 7,046 (15.89%) students required referral.

Aeromedical

Run Time

Aeromedical-Trauma Hawk flew 110 transports for Q2 2024, out of which were 85 scene flights and 25 interfacility flights. Out of the 84 scene transports, there were 80 trauma patients (73%) and 30 medical patients (27%). The average dispatch time to enroute was 0:06:59, which is above the county ordinance goal of < 5 min. The average of dispatch to arrival on scene was 0:19:38 meeting the goal < 20 min. The top three destination hospitals for scene transports in Q2 were: 1. – St. Mary's Medical Center

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(74), 2 – Delray Medical Center (4), and 3. – Palm Beach Gardens Medical Center (3).

Out of the 25 interfacility flights completed the top three categories were: 1) Cardiac Non STEMI (6), Trauma-Penetrating (4) and Cardiac STEMI (4). The average time from dispatch to enroute was 0:23:39 with an average of 0:36:47 from dispatch to arrival at the sending hospital. The top three destination hospitals were: JFK Medical Center (9), St. Mary's Medical Center (8), and Nicklaus Children's Hospital/Joe DiMaggio and Jackson Memorial (2).

There were 128 cancelled/turned down flights for Q2 2024. The top three reasons were by referrering agency, no transport required and weather.

Trauma Hawk Patient Transports

Over Q2 of 2024, Trauma Hawk transported 110 patients. 73% were Trauma patient types and 27% were Medical patient types, while 77% were transported from a 911 Scene Response and 23% were Interfacility Transports.

- Transport Data: out of the 110 patients transported, there were 0 separate Medical Escort cases (no direct patient care provided, medical crew was outsourced – not included in number of total transports). Multiple Casualty Incidents showed 5% of the patients transported were from the same scene/incident.
- Demographics: gender breakdown revealed 30% were Female and 70% were Male. Race showed that patients transported were 23% Latino, 34% Black and 43% White. Age Distribution for Medical transports showed the 66-75 age group as the highest at 20%, while Age Distribution for Trauma transports showed the age group of 26-35 as the highest with 18%.
- Receiving Rescue Ground Unit: top 3 PBCFR Rescue Response ground units who Trauma Hawk received patients from were R73, R74 and R273 – who are stationed in Belle Glade and South Bay respectively.
- Dispatch City: showed 53% of transports were dispatched to West of the 20 Mile Bend, while 47% were dispatched East of the 20 Mile Bend.
- Primary Impression: the top 3 Primary Impressions showed Head Injury, Lower Extremity Injury, and Multiple Injuries as the leading chief complaints for transport.
- Monthly Volume: stacked monthly volume trends for Q2 showed an 11% increase in April, a 29% decrease in May, and a 19% decrease in June compared to 2023.

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Trauma

During Q2 of 2024, 1,402 patients were seen at the two trauma centers in Palm Beach County, compared to 1,573 seen in Q1 2024.

Palm Beach County Trauma System Utilization

- Demographics: Gender breakdown showed 37% of the trauma patients were Female compared to 63% Male. Race showed White making the majority of the trauma patients with 71%, followed by Black at 19%, and 10% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 79%. Age Groups showed that 10% of trauma patients were Pediatric, 49% were Adult, and 41% were Geriatric. Age Range showed that the 76-85 age group were the highest at 15%, while the age group of 26-35 and >85 were tied at 13%.
- Monthly Volume: stacked monthly volume trends for Q2 showed a 3% increase in April, a 6% decrease in May, and a 7% decrease in June compared to 2023.

Trauma System Utilization per Trauma Center

- Monthly Volume:
  - St. Mary's Medical Center: stacked monthly volume trends for Q2 showed a 1% increase in April, a 1% decrease in May, and a 2% decrease in June compared to 2023; with a total volume of 778 for Q2.
  - Delray Medical Center: stacked monthly volume trends for Q2 showed a 5% increase in April, a 12% decrease in May, and a 16% decrease in June compared to 2023; with a total volume of 624 for Q2.
- Demographics:
  - St. Mary's Medical Center: gender breakdown showed 34% of the trauma patients were Female compared to 66% Male. Race showed White making the majority of the trauma patients at 66%, followed by Black at 24%, and 10% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 71%. Age Groups showed that 15% of trauma patients were Pediatric, 57% were Adult, and 28% were Geriatric. Age Range showed that the 26-35 age group were the highest at 17%.
  - Delray Medical Center: gender breakdown showed 40% of the trauma patients were Female compared to 60% Male. Race showed White making the majority of the trauma patients at 77%, followed by Black at 14%, and 9% classified as Other. Ethnicity showed that the majority of the trauma patients were Non-Hispanic at 89%. Age Groups showed that 4% of trauma patients were Pediatrics, 42% were Adults, and 54% were Geriatric. Age Range showed that the 76-85 age group were the highest at 21%.

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- Trauma Center Volume by Year:
    - St. Mary's Medical Center: shows 1,693 trauma patients were seen YTD for 2024.
    - Delray Medical Center: shows 1,282 trauma patients were seen YTD for 2024.

Palm Beach County Trauma Injury Analysis

- Mechanism of Injury & Subcategories: The Top 5 Mechanisms of Injury and Top 5 Subcategories showed the following:
    - Falls: led at 46% for cause of injury. Looking further, 37% were same-level falls, 31% were unspecified, 8% were falls from a bed, 4% were falls from a ladder, and falls from an elevated level respectively.
    - Vehicular: followed at 33% for cause of injury. Looking further, 49% were motor vehicle vs motor vehicle collisions, 11% were motorcycle crashes, 10% were motor vehicle vs pedestrian collisions, 9% were motorcycle vs motor vehicle collisions, and 5% were bicycle crashes.
    - Assault: followed at 8% for cause of injury. Looking further, 36% were assaults with guns, 31% were assaults with a knife or sharp object, 19% were assaults during a fight/brawl, 8% were assaults with a blunt object, and 4% were assaults with an unspecified route.
    - Burn: followed at 4% for cause of injury. Looking further, 25% were burns from food, drink, or related to cooking, 23% were electrical burns, 14% were burns from fire or smoke, 12% were burns from a flammable object, and 9% were burns from an unspecified route.
    - Unintentional: rounding out the top 5, at 2% for cause of injury are accidental injuries. Looking further, 27% were accidental injury from a knife or sharp object, 23% were accidental injury by walking into or striking an object, 17% were injuries from accidental use of bodily force, and 10% were accidental injury from a hand tool, as well as accidental-non-burn-injuries from an explosion of a pressurized object respectively.
- Transportation Mode: showed that the majority of trauma patient transports were by Ground at 92%, while Air accounted for 8%.
- Injury Type: the injury classification showed Penetrating at 11%, Blunt at 85%, and Burn at 4%.

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Community Health Centers

The following measures were not meeting goal at the end of Quarter 2 2024: Hypertension (72%), goal is 80%, Ischemic Vascular Disease/Antiplatelet Therapy (73%), goal is 86%, Adult Weight Screening and Follow Up (65%), goal is 90%, Childhood immunication (55%), goal is 60%, Breast Cancer Screening (56%), goal is 60%, Cervical Cancer Screening (60%), goal is 65%, Colorectal Cancer Screening (38%) with goal of 82%.

All other goals achieved for the quarter.

Skilled Nursing Center

For Q2 2024, the following quality measures did not meet goal:

- % of Residents with pressure ulcers (long stay) was 8.3% which was above the national benchmark of 7.4%
- All other quality measures met goal for the quarter.

Lakeside Medical Center

For Q2 2024, **Inpatient Quality Measures** there was 1 of 4 measures (ED-1a) that did not meet goal.

ED Measure:

For ED-1a, there were (101) cases that fell into the sample population for Q2 with a median time of (334) minutes, which is higher than the set goal of (313) minutes.

For Q2 2024, **Outpatient Quality Measures**, there were 2 of 2 measures (OP-18, OP-23) that did not meet goal.

OP-18 Measure:

For OP-18, there were (95) cases that fell into the sample population with a median time of (153) minutes, which is higher than the set goal of (134) minutes.

OP-23 Measure:

For OP-23, there were (2) cases that fell into the sample population, the goal of >71% was not met.

Ground Transportation

Ground Transportation is trending and monitoring 6 GAMUT quality metrics for 2024. These are Use of Appropriate Pain Scale, Blood Glucose Testing for Altered Mental

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Status Patients, Waveform Capnography Monitoring for Patients with Mechanical Ventilation and/or Advanced Airways, Medical Equipment Failures, Appropriate Management of Aortic Emergencies and Temperature Assessment. During Q2 2024, our program trended at 98% for the Use of an Appropriate Pain Scale which is above the GAMUT national threshold of 90%. For Blood Glucose Testing for Altered Mental Status Patients we were at 88%, which is below the GAMUT national threshold of 91%. We were at 100% for Waveform Capnography Monitoring for mechanically ventilated patients with an advanced airway exceeding the GAMUT national threshold of 95%. We had no Medical Equipment Failure events this quarter and we did not transport any patients with aortic emergencies. We also reached 99% for performing and documenting temperature with the first set of vital signs, surpassing the GAMUT national threshold of 85.7%.

Pharmacy

For Q2 2024, the Pharmacy has met all goals. The average prescription wait time was around 10 minutes, and roughly 15% of prescriptions were waited for by patients, which was also within the goal. The promised time was met for over 99% of orders. The out-of-stock percentage goal was also met, with only 2.1% of the total prescriptions needing to be ordered for the next business day.

Corporate Quality Metrics

Call Center

For Quarter 2 2024, the Clinic Service Center received 60,070 incoming calls, which is a 5% increase compared to last quarter. Of the 60,070 calls, the Patient Access Coordinators handled/resolved 53,285 in real-time. The abandonment rate was at 9%, with a goal of 10% or less. The abandonment rate has decreased by 4% from the previous quarter. The service level (% of calls answered within 3 mins) was at 66% was a goal of 80%. The average hold time for callers was 2m 22sec with a goal of 3 mins or less.
Overall the call center is performing well. We have managed to decrease our abandonment rate and hold times. We have also increased our service levels and quality scores as well.

Information Technology

- **Customer Service:** In Q2, our IT department opened a total of 4,266 new support tickets and successfully closed 4,221 tickets, including those carried over from the previous month. On average, we received 47 new tickets each day. The average

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time taken to resolve a ticket, excluding any hold time, was 3 hours. Additionally, the IT Service Desk handled 3,247 calls. The average wait time for these calls was 25 seconds, and the rate of calls abandoned was 4.0%, which is below our target rate of 4.5%.

- **Cybersecurity**: In Q2, The security team investigated 440 security incidents. Those were all closed, and none was reportable. The incidents included phishing, impostor, malware, and spam emails, responding to the security operations center alerts, and users reported security investigations.

Human Resources

Turnover and Recruitment:

- For Q2 2024, the average turnover was 15 employees/month, a decrease of 34.7% from the previous quarter, and it's below the industry standard of 26 employees.
- For Q2 2024, the highest turnover rate (2%) was among employees with 3-5 years of service.
- For Q2 2024, the top 3 highest turnover rates by business units were the Ground transportation department, followed by Healey and Clinics Medical.
- At the end of Q2 2024, there were 90 open requisitions, a 157% increase from the previous quarter (35)
    - 50 days = Average time to Fill, which is above the 49 days industry standard (12.3% decrease from the previous quarter of 57 days)
    - 17 days = Average time to Hire, which is within the industry standard of 36 days (a 5.5% decrease from the previous quarter of 18 days).

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☒
Net Operating Impact	N/A		Yes ☐ No ☒

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Dashboards

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6E7BB670434...
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Belma Andric
1F27B2A4C8B04A8...
Belma Andric, MD
SVP & Chief Medical Officer

Signed by:
Darcy Davis
7D12B52589A1475...
Darcy J. Davis
Chief Executive Officer

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Health Care District
SCHOOL HEALTH

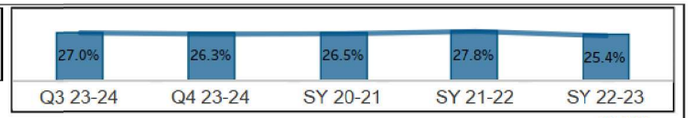
Florida Mandated Student Screening Summary

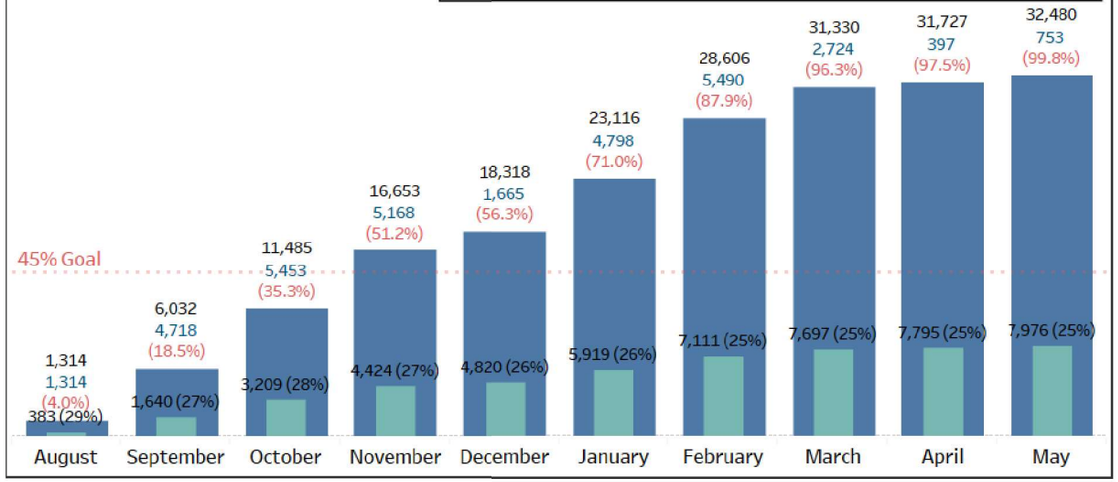
Goal 95% of Students to Have Completed Vision and Hearing Screenings by March 2024
Goal of 45% of Students to Have Completed BMI and Scoliosis Screenings by March 2024

Abnormal (Cumulative)
Screened (Cumulative)

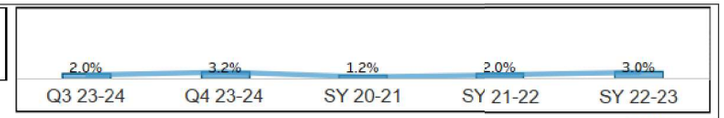
Color Legend:
Total Distinct Students
Distinct Students screened this month
Percent of Goal reached

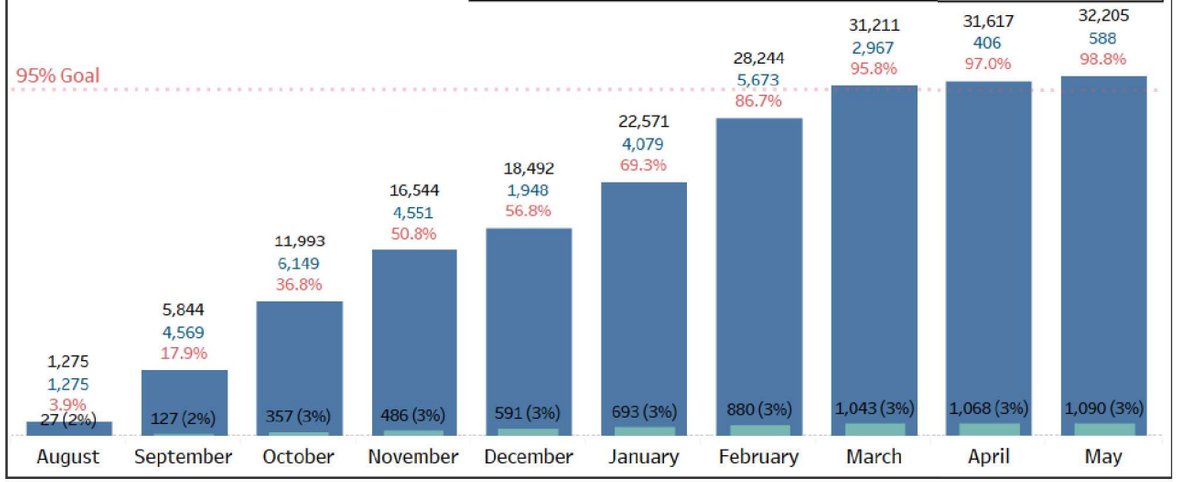
BMI Screenings



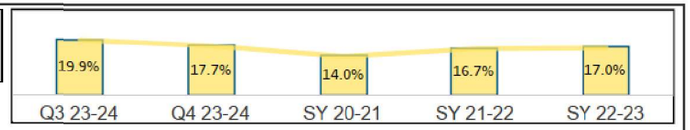


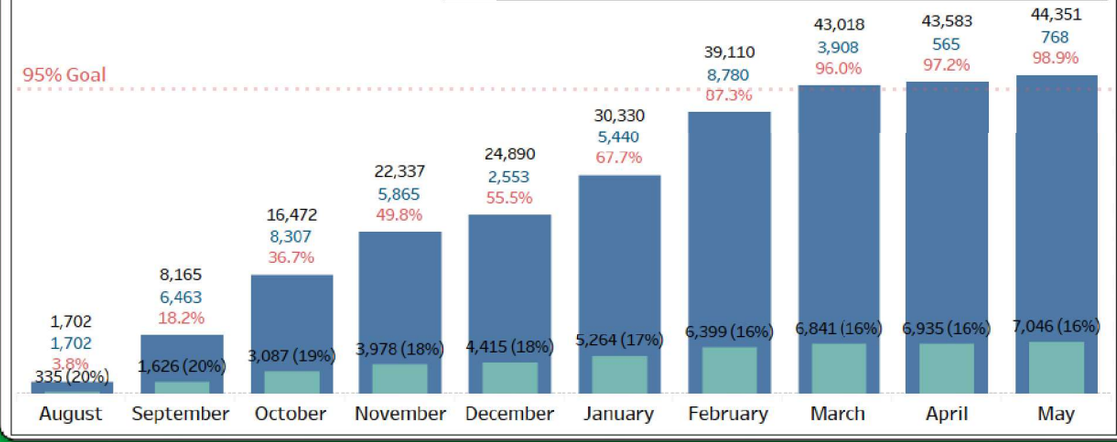
Hearing Screenings



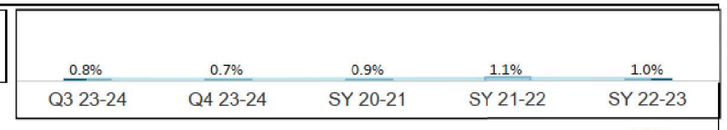


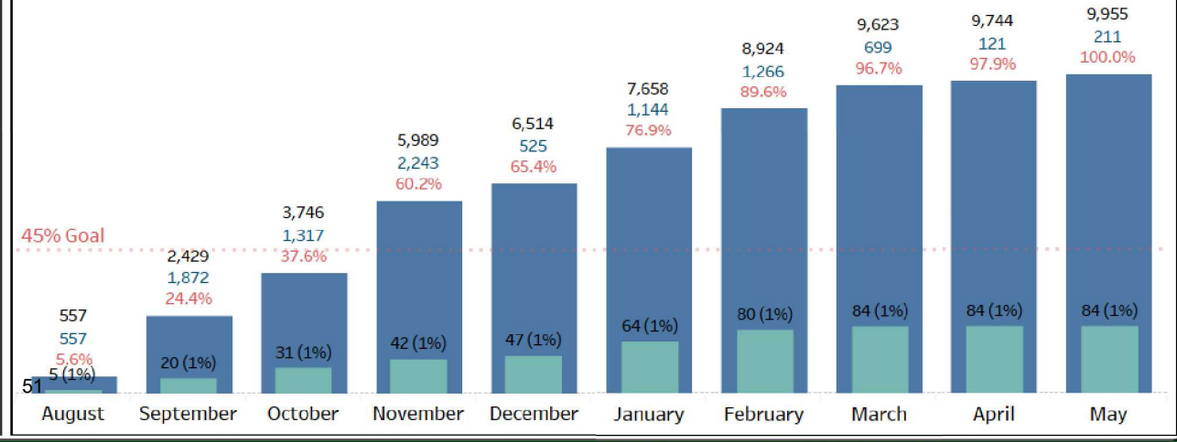
Vision Screenings





Scoliosis Screenings





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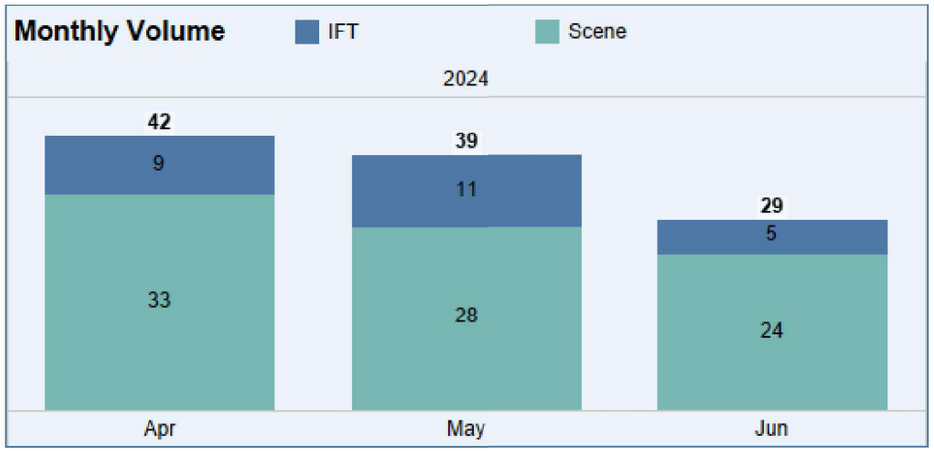
Health Care District
TRAUMA HAWK

AEROMEDICAL DATA
4/1/2024 - 6/30/2024

Monthly Volume

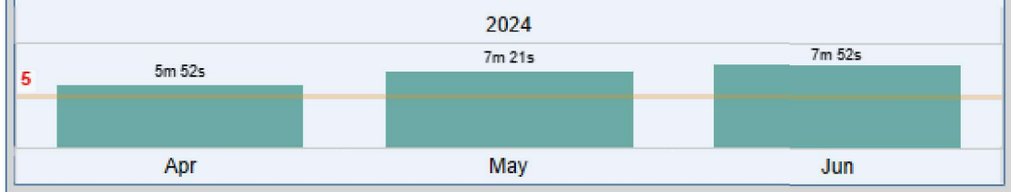


110 Flights

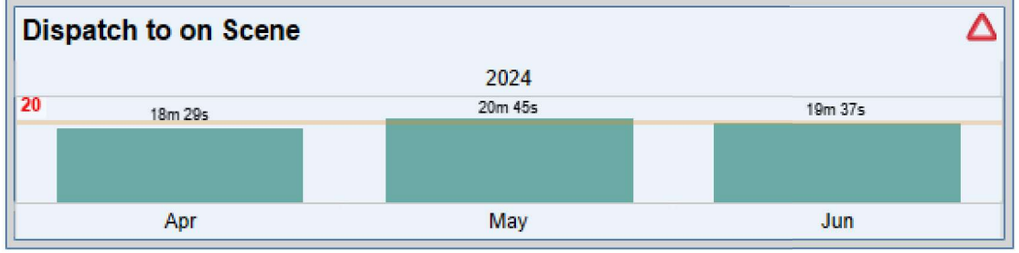
IFT	Scene
25	85

RunTime Scene Dispatches

Dispatch to Enroute

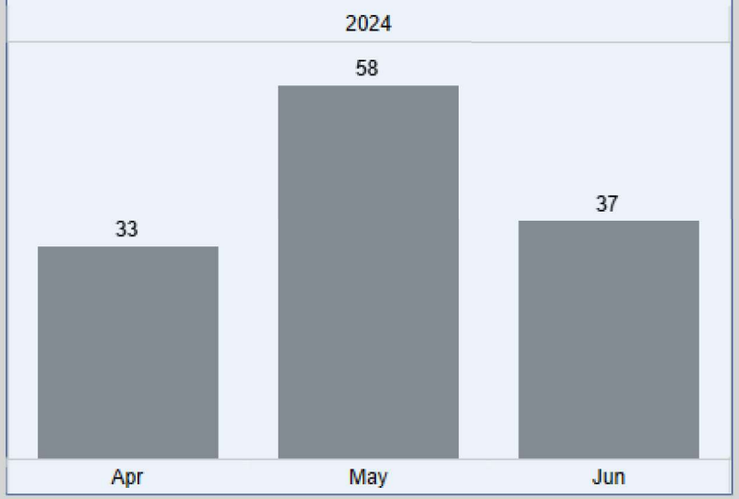


Dispatch to on Scene

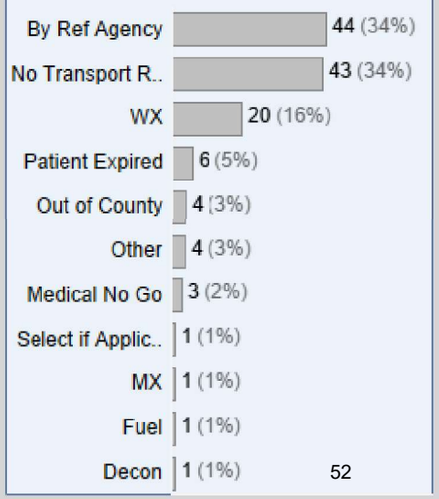


Cancelled/Turned Down Flights 128

Monthly Volume



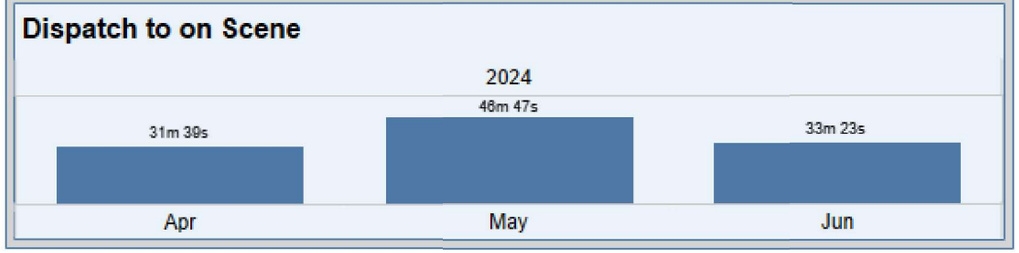
Reason to Cancel



RunTime Interfacility Dispatches

Dispatch to Enroute

Dispatch to on Scene



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Health Care District
TRAUMA HAWK

TRAUMA HAWK PATIENT TRANSPORTS
4/1/2024 - 6/30/2024

Patient Transports
110

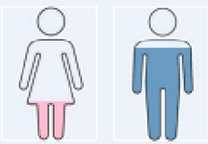
Trauma	Medical
80 (73%)	30 (27%)

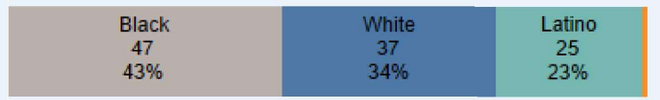
Dispatch response Type

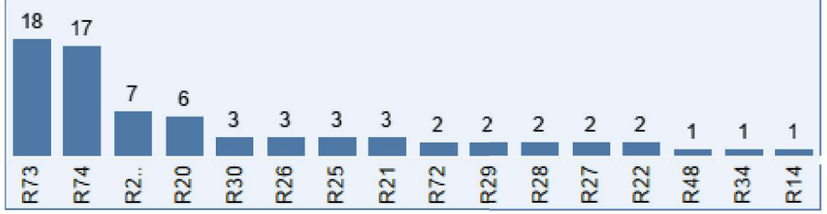
911 Response (Scene)	Interfacility Transport
85 (77%)	25 (23%)

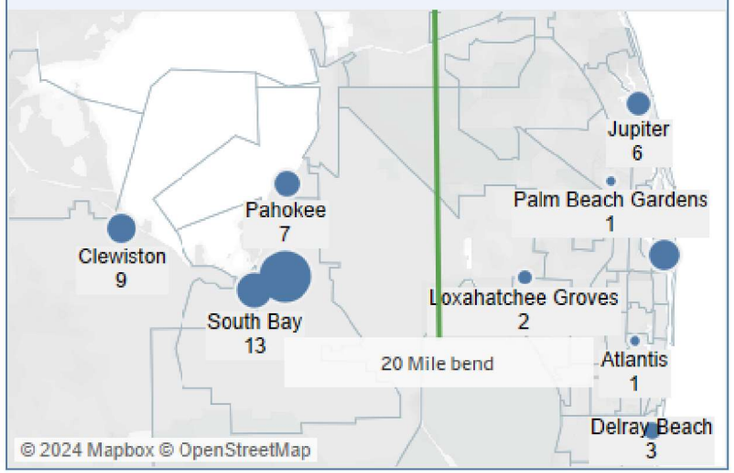
Medical Escorts
0

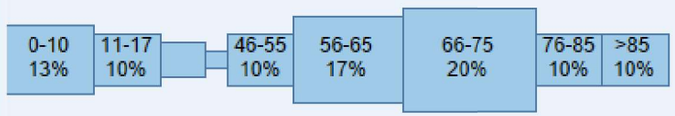
Multiple Casualty Incidents

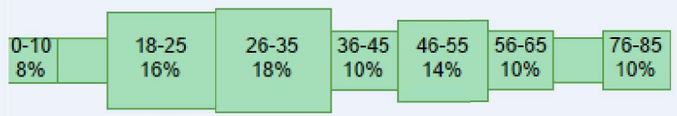


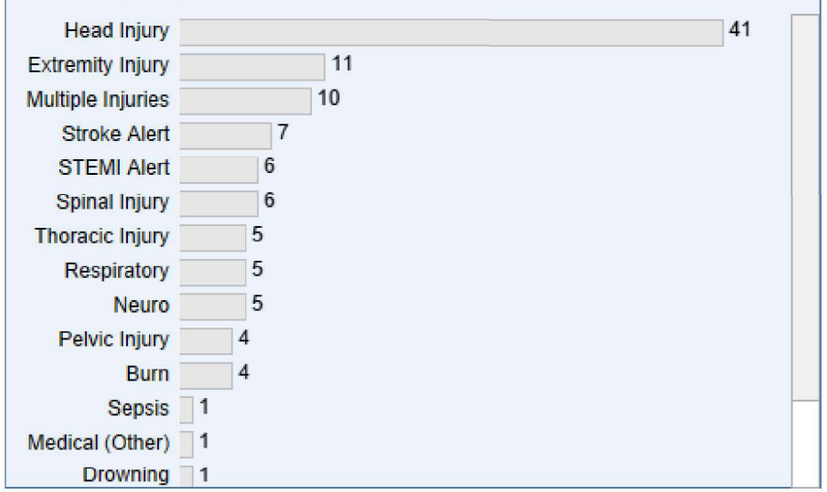
Race


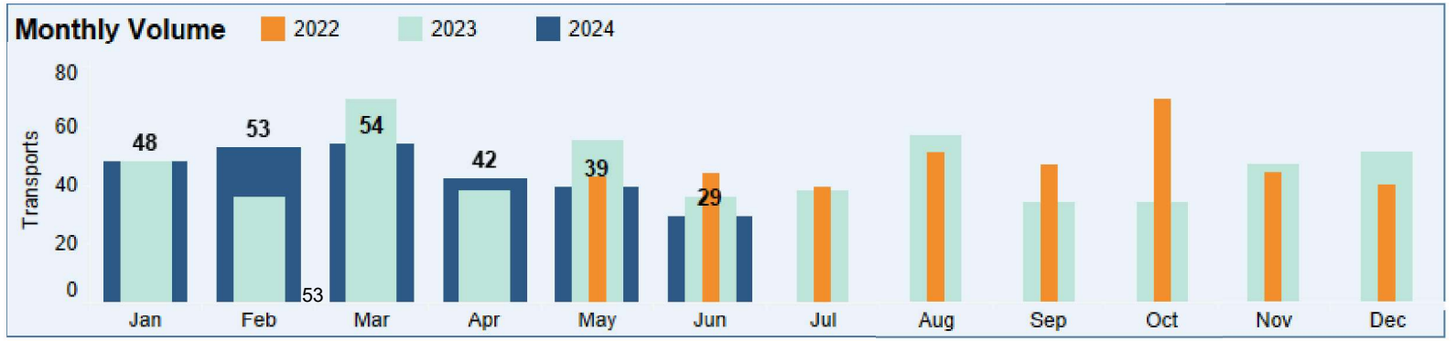
Receiving Rescue Ground Unit


Dispatch City


Age Distribution Medical Transports


Age Distribution Trauma Transports


Primary Impression


Monthly Volume


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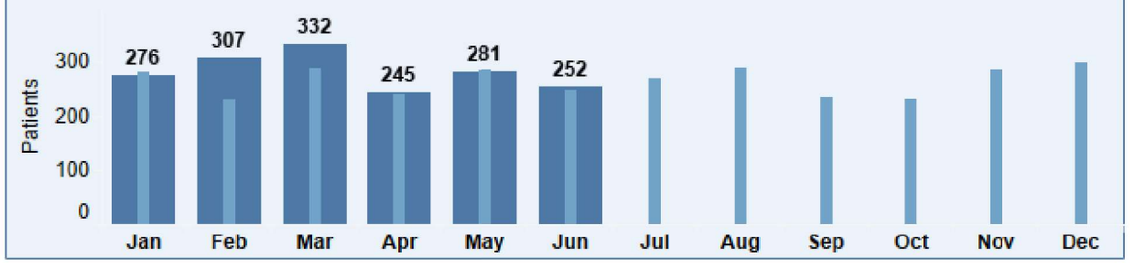
Health Care District
OF PALM BEACH COUNTY

Trauma System Utilization per Trauma Center

4/1/2024 - 6/30/2024

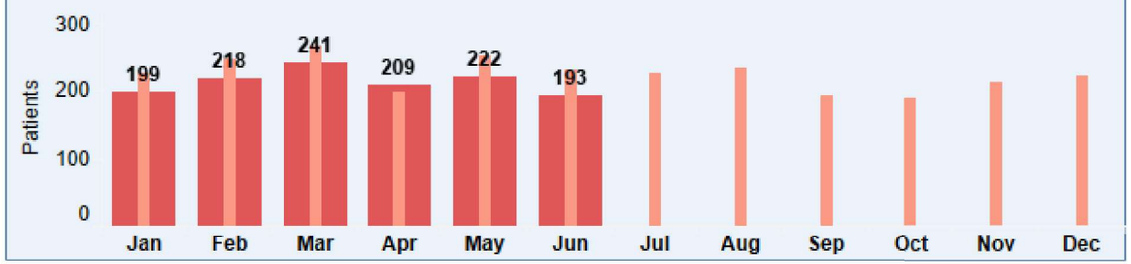
St. Mary Medical Center (TSTM)

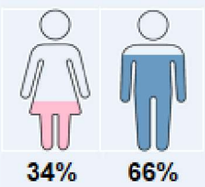
Patients 778

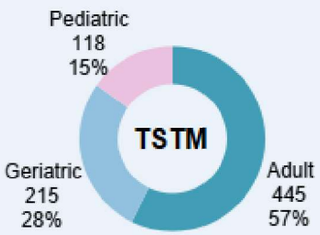


Delray Medical Center (TDLR)

Patients 624



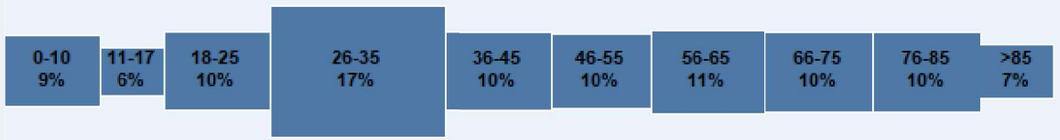


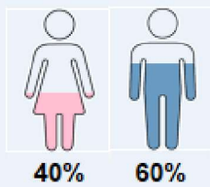


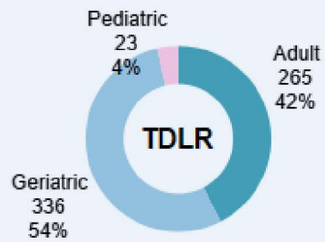
Ethnicity

Race

Age Group



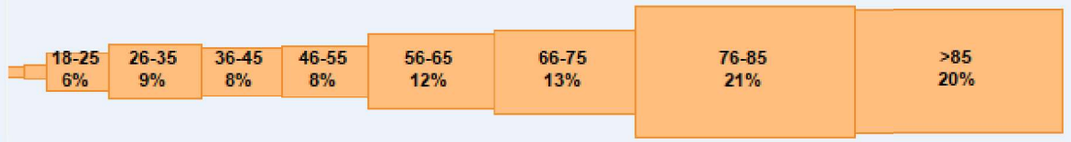




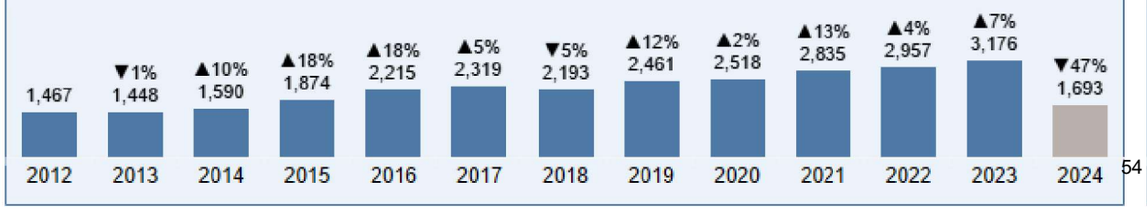
Ethnicity

Race

Age Group



Trauma Center Volume by Year



Trauma Center Volume by Year

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Health Care District OF PALM BEACH COUNTY

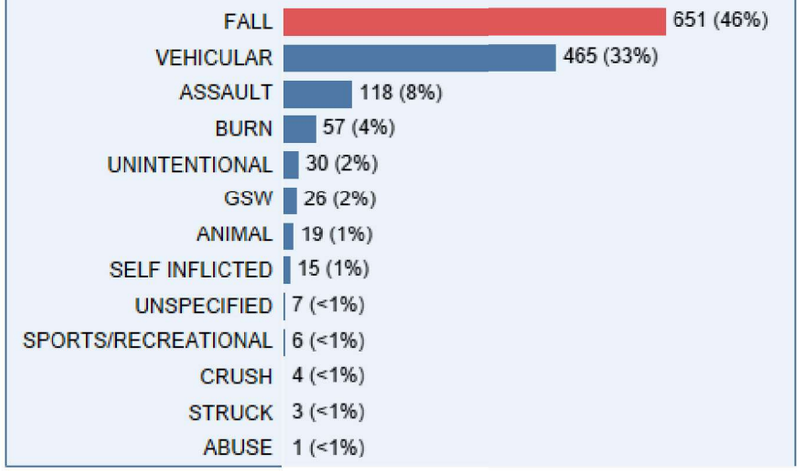
Palm Beach County Trauma Injury Analysis

4/1/2024 - 6/30/2024

ADULT, PEDIATRIC & GERIATRIC

Patients
1,402

Mechanism of Injury

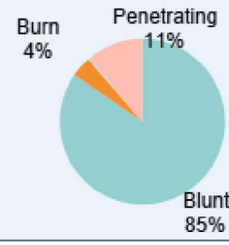


Transportation Mode

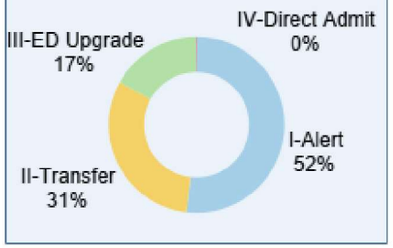
Air
8%

Ground
92%

Injury Type

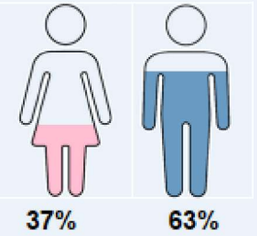


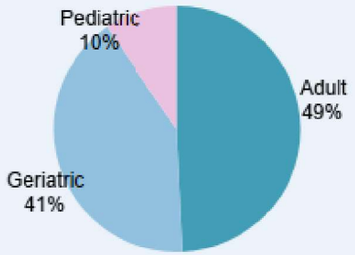
Activation Level



Mechanism of Injury - Subcategories

FALL	SAME-LEVEL	243 (37%)
	UNSPECIFIED	201 (31%)
	BED	52 (8%)
	LADDER	28 (4%)
	ELEVATED LEVEL	25 (4%)
VEHICULAR	MVC	227 (49%)
	MOTORCYCLE CRASH	53 (11%)
	MV VS PEDESTRIAN	47 (10%)
	MOTORCYCLE VS MV	40 (9%)
	BICYCLE	25 (5%)
ASSAULT	GSW	43 (36%)
	KNIFE/SHARP OBJECT	37 (31%)
	FIGHT/BRAWL	22 (19%)
	BLUNT OBJECT	10 (8%)
	UNSPECIFIED	5 (4%)
BURN	FOOD/DRINK/COOKING	14 (25%)
	ELECTRICAL	13 (23%)
	FIRE/SMOKE	8 (14%)
	FLAMMABLE OBJECT	7 (12%)
	UNSPECIFIED	5 (9%)
	LIQUIDS	5 (9%)
UNINTENTIONAL	KNIFE/SHARP OBJECT	8 (27%)
	WALKED INTO/STRUCK O..	7 (23%)
	BODILY FORCE	5 (17%)
	HAND TOOL	3 (10%)
	EXPLOSION PRESSURIZ..	3 (10%)
GSW	UNINTENTIONAL	16 (62%)
	UNKNOWN INTENT	10 (38%)
ANIMAL	DOG	10 (53%)

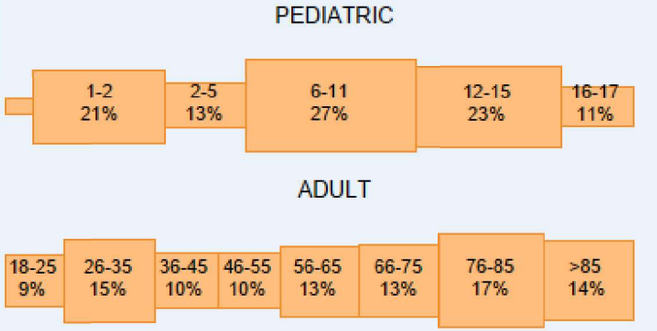




Ethnicity

Race

Age Distribution



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Health Care District
COMMUNITY HEALTH CENTERS

UDS PROVIDER LEVEL QUALITY MEASURES 2024
NATIONAL QUALITY LEADER METRICS

Filters

		Universe	MET	Not Met	HRSA Goal	National Average	State Average
Heart Health	Coronary Artery Disease (CAD): Lipid Ther..	4,297	86%		81%		
	Hypertension	6,345	72%		80%		
	Ischemic Vascular Disease (IVD)	833	73%		86%		
	Tobacco use Screening and Cessation Inte..	13,337	93%		93%		
Diabetes	Adult Weight Screening and Follow Up	19,240	65%		90%		
	Diabetes: (HbA1c < 9%)	3,263	73%		67%		
	Diabetes: (HbA1c < 9%) Migrant	308	70%		67%		
Behavioral Health	Depression Remission	565	39%		14%		
	Patients Screened for Depression and Follow-Up	15,421	94%		83%		
	Pts Screened for Depression and F/U (Homeless)	4,679	91%		83%		
Childhood Measures	Childhood Immunization	645	55%		60%		
	Dental Sealants	422	98%		75%		
	Weight Screening and Counseling for children and adolescents	4,017	90%		90%		
HIV Prevention..	HIV Screening	18,251	59%		32%		
Cancer Prevention	Breast Cancer Screening	3,501	56%		60%		
	Cervical Cancer Screening	9,539	60%		65%		
	Colorectal Cancer Screening	8,446	38%		82%		

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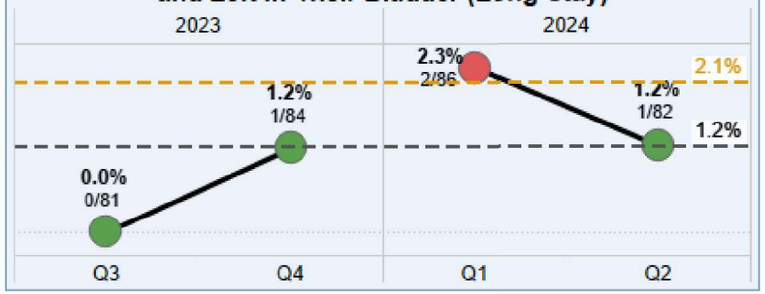
Health Care District
SKILLED NURSING FACILITY

Quality Measures
Q2 2024

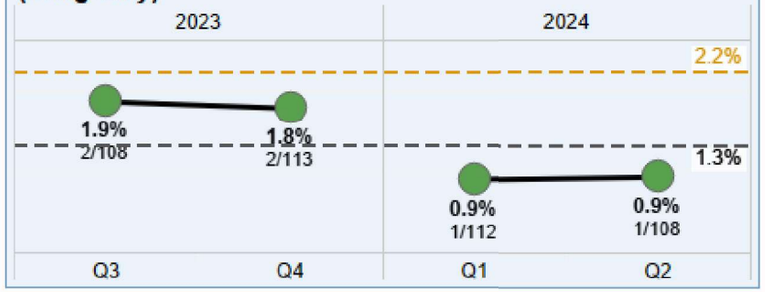
Comparions Groups: State National Meeting Goal? Yes No

Infection Control

N026.03: % of Residents Who have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

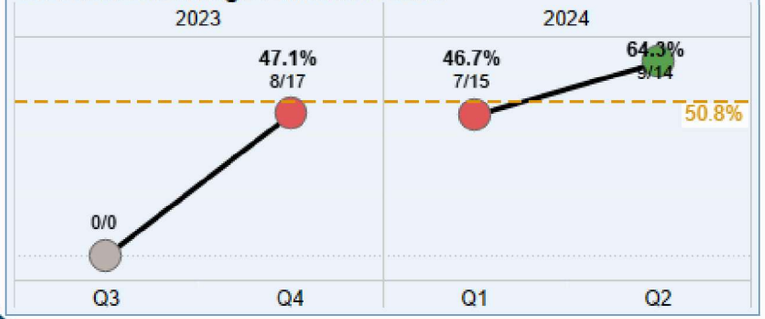


N024.02: % of Residents with a Urinary Tract Infection (Long Stay)



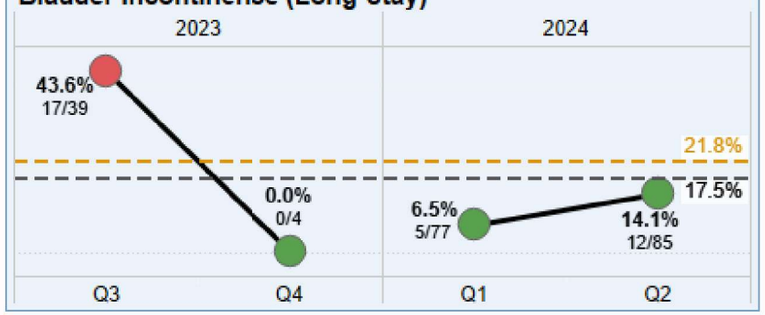
Functional Status

S042.01: Discharge Function Score

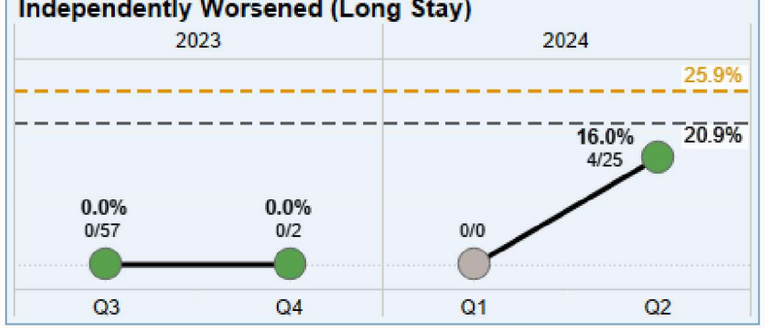


Functional Status

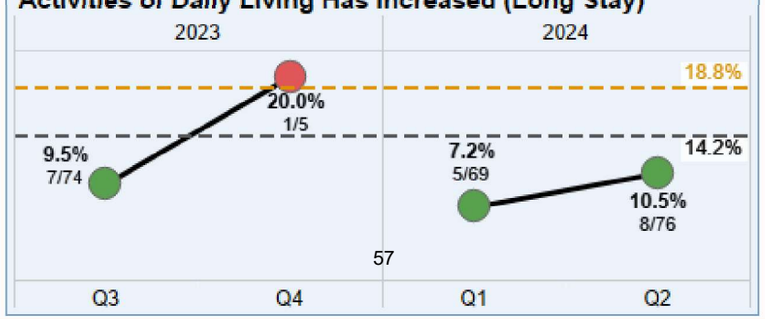
N046.01: % of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay)



N035.04: % of Residents Whose Ability to Walk Independently Worsened (Long Stay)

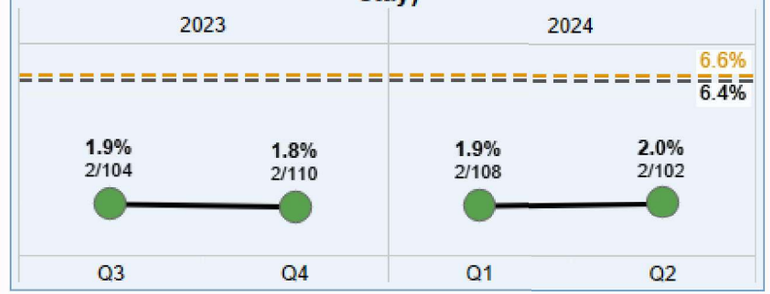


N028.03: % of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



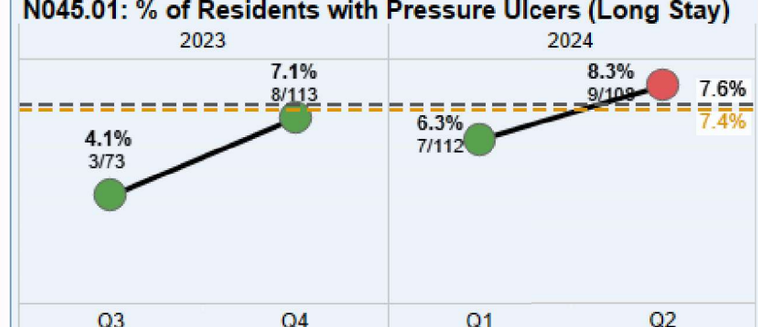
Functional Status

N029.03: % of Residents Who Lose Too Much Weight (Long Stay)

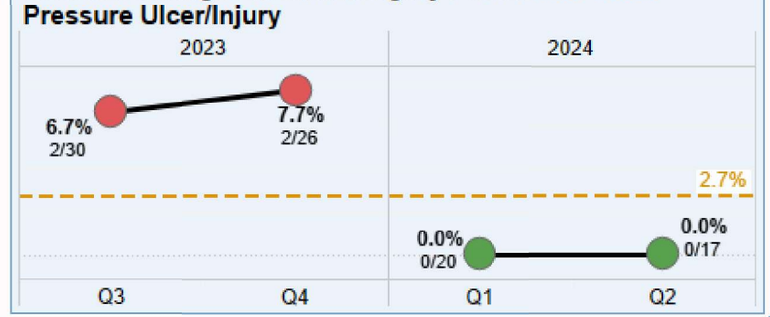


Skin Integrity

N045.01: % of Residents with Pressure Ulcers (Long Stay)



S038.02: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury



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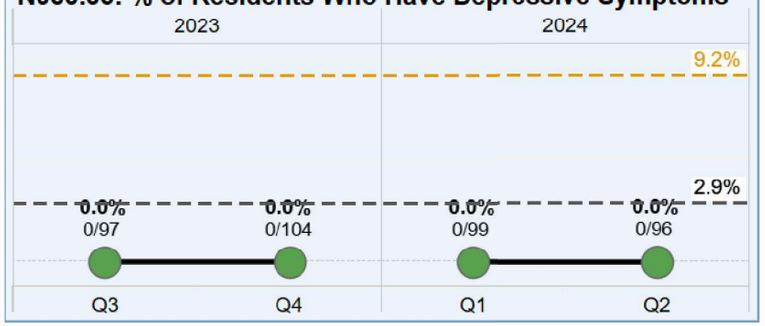
Health Care District
SKILLED NURSING FACILITY

Quality Measures
Q2 2024

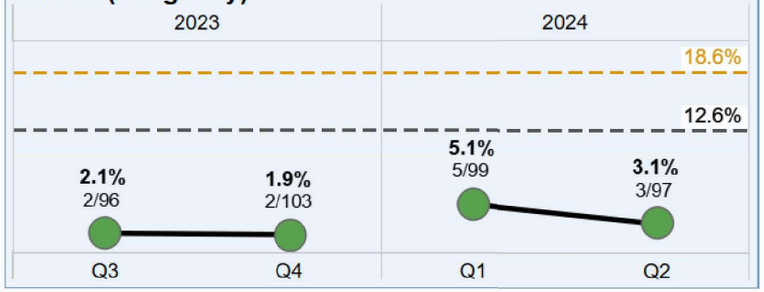
Comparions Groups: State National Meeting Goal? Yes No

Behavioral Health

N030.03: % of Residents Who Have Depressive Symptoms

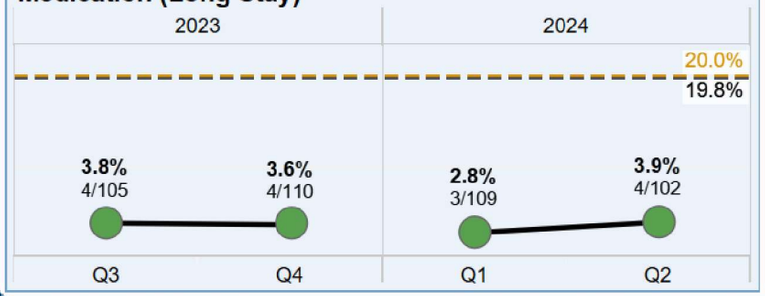


N034.02: Prevalance of Behavior Symptoms Affecting Others (Long Stay)



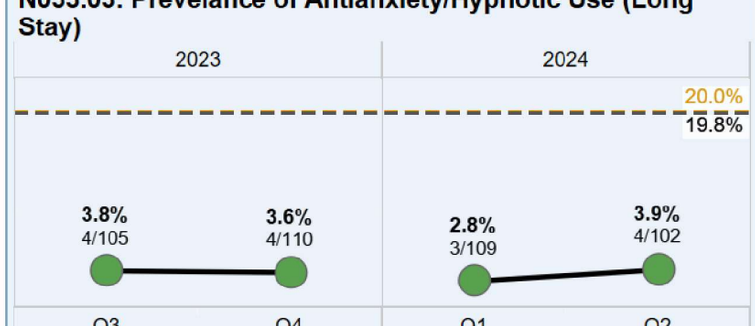
Medications

N036.03: % of Residents Who Used Antianxiety or Hypnotic Medication (Long Stay)

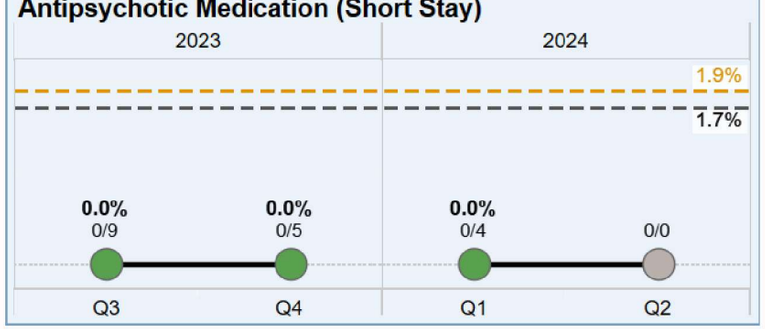


Medications

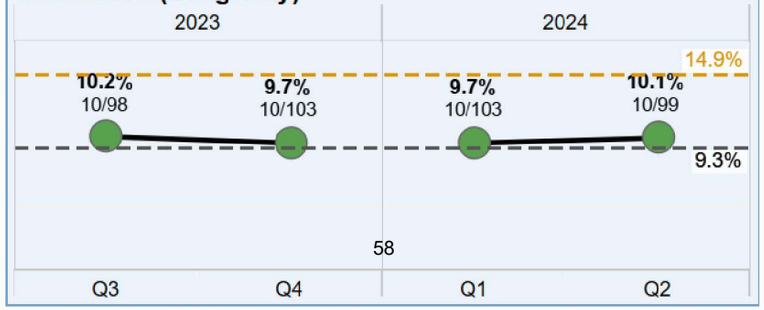
N033.03: Prevelance of Antianxiety/Hypnotic Use (Long Stay)



N011.03: % of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

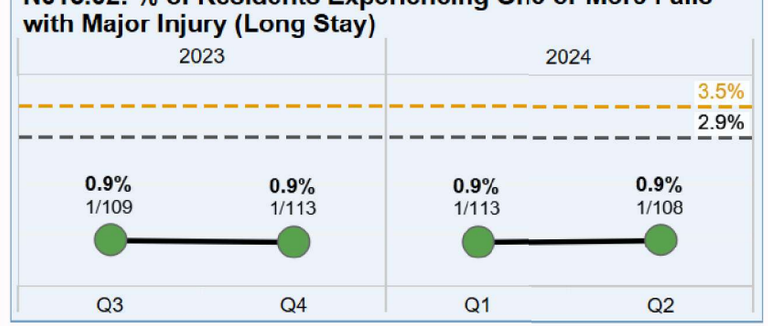


N031.04: % of Residents Who Received an Antipsychotic Medication (Long Stay)

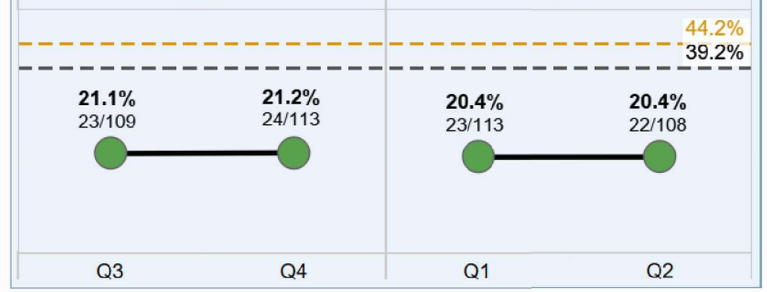


Falls

N013.02: % of Residents Experiencing One or More Falls with Major Injury (Long Stay)

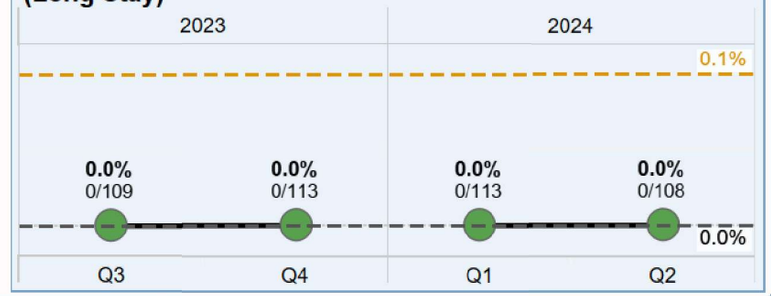


N032.02: Prevelance of Falls (Long Stay)



Restraints

N027.02: % of Residents Who Were Physically Restrained (Long Stay)



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Health Care District
LAKESIDE MEDICAL CENTER

LMC Quality Core Measures Q2 2024

Inpatient Measures

Outpatient Measures

Meeting Goal? Yes No No Population

LMC Internal Goal Line 2022 National Avg Line

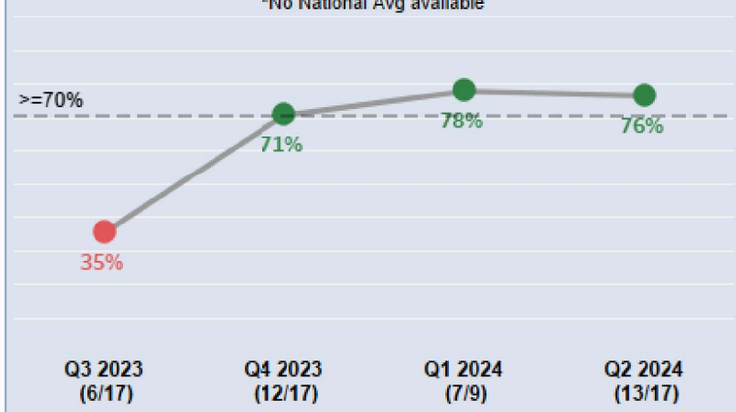
Emergency Dept-1a

Median time from ED arrival to ED departure for admitted patients

Sepsis-1

Early management bundle, severe sepsis/septic shock

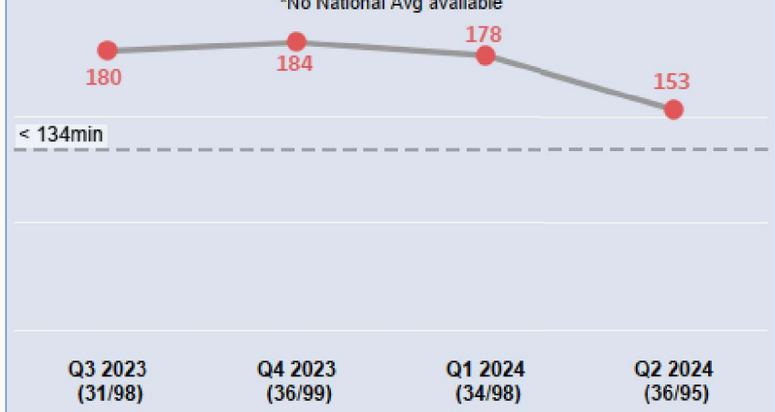
*No National Avg available



Outpatient-18a

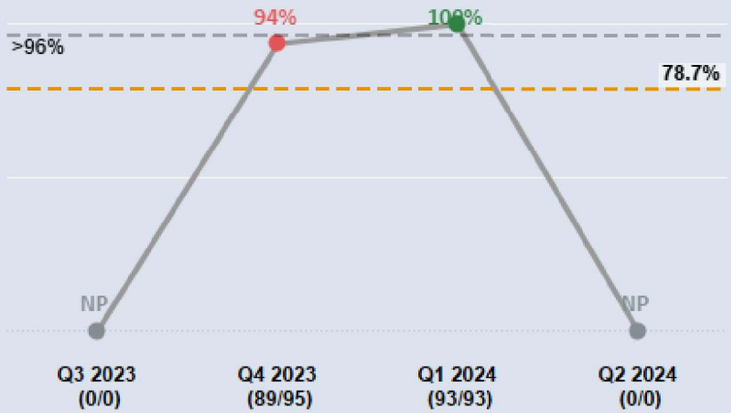
Median time from ED arrival to discharge home or transferred

*No National Avg available



Immunization-2

Immunizations (seasonal)

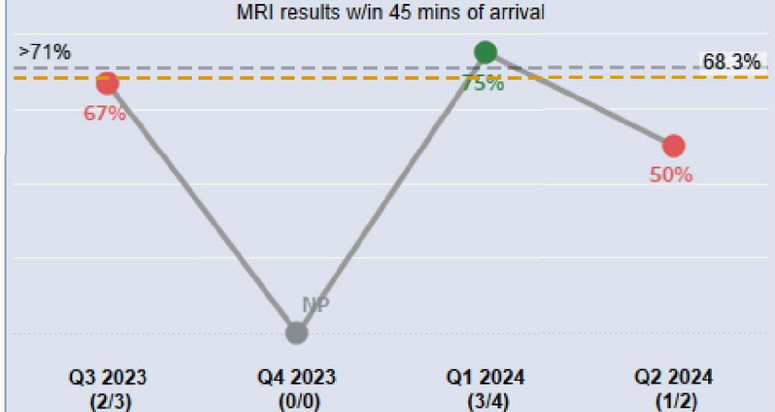


Venous thromboembolism-6

Hospital Acquired Preventable VTE

Outpatient-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



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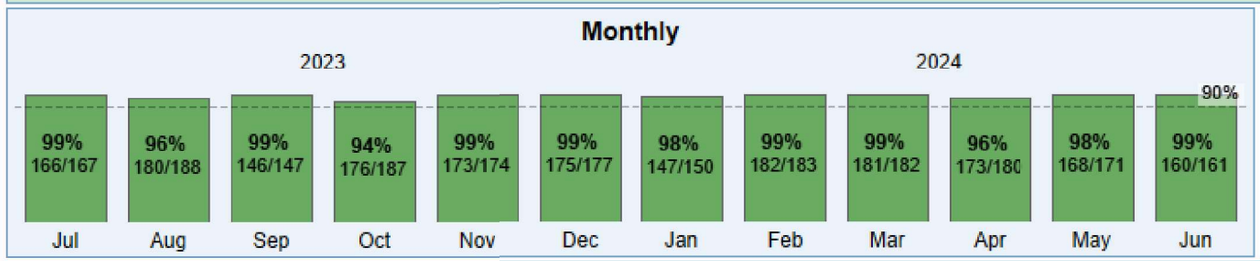
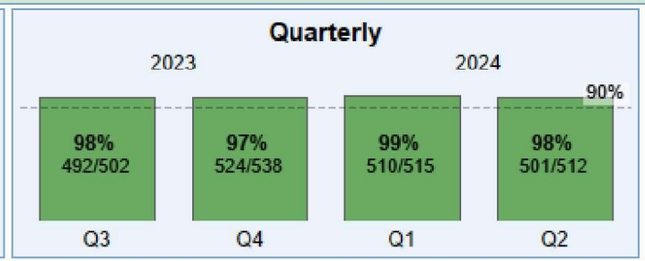
Health Care District
GROUND TRANSPORTATION

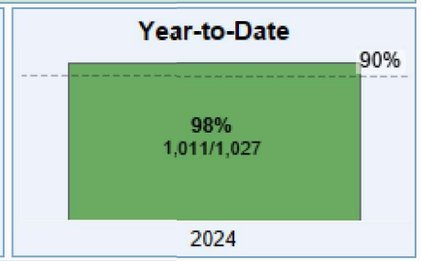
Ground Transportation Quality Metrics

Filters

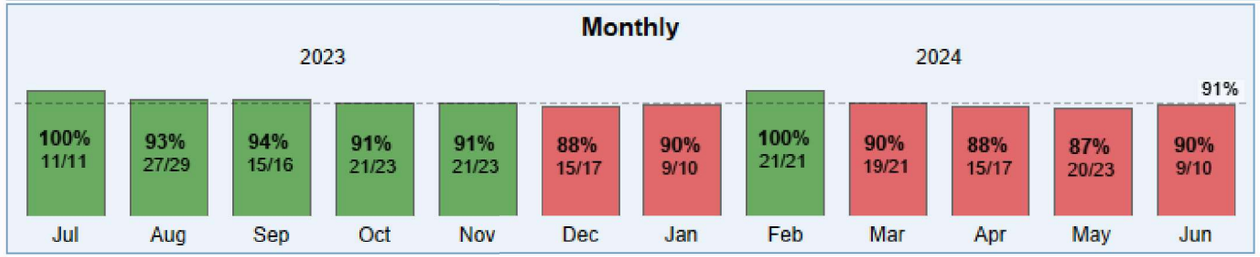
Reliable Pain Assessment

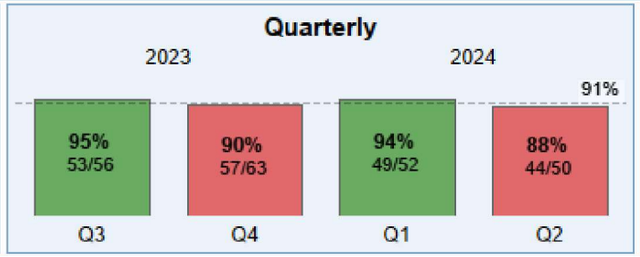


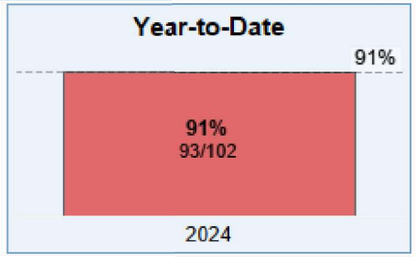




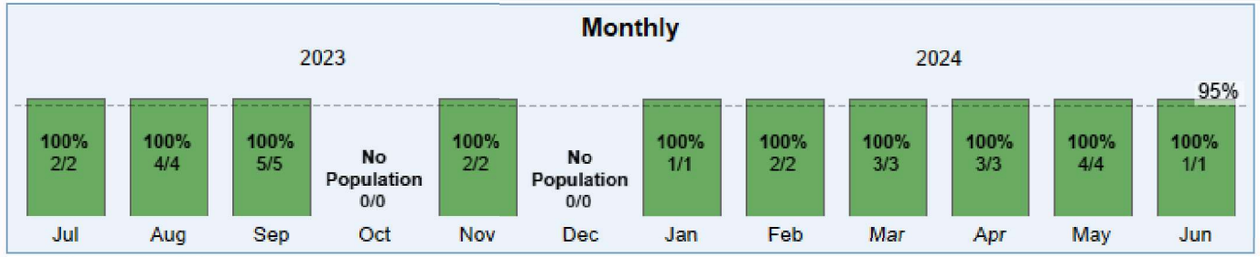
Altered Mental Status - Blood Glucose Check

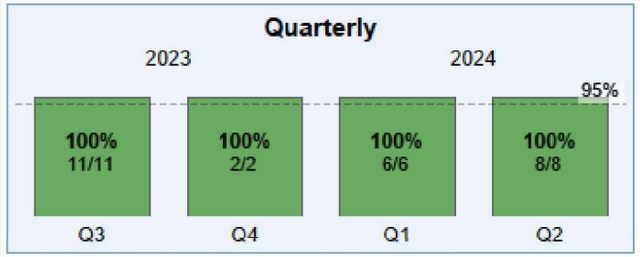


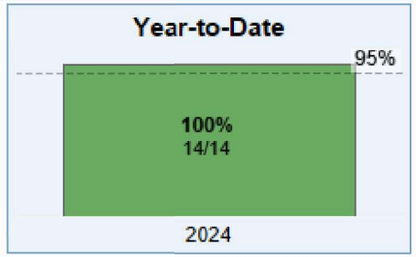




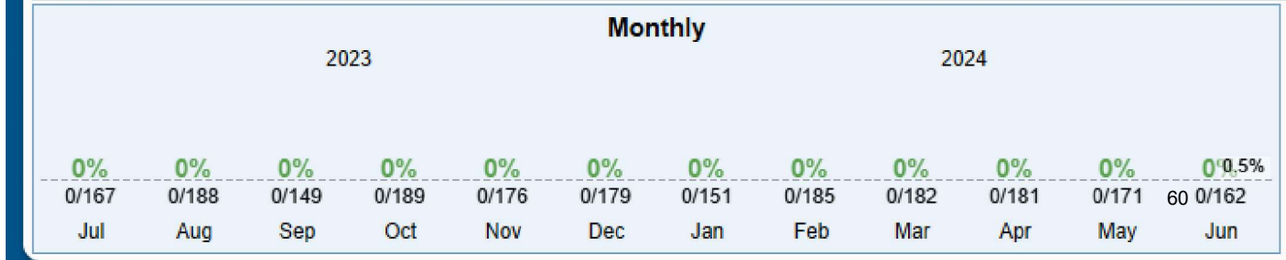
ET Tube in Place - Waveform Capnography

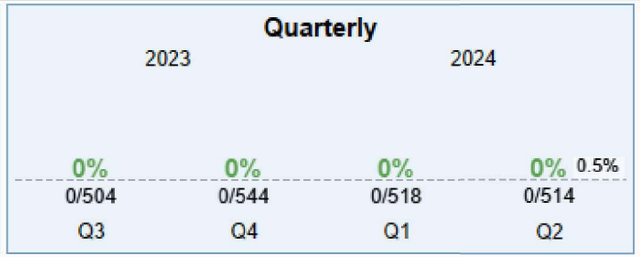






Equipment Failures





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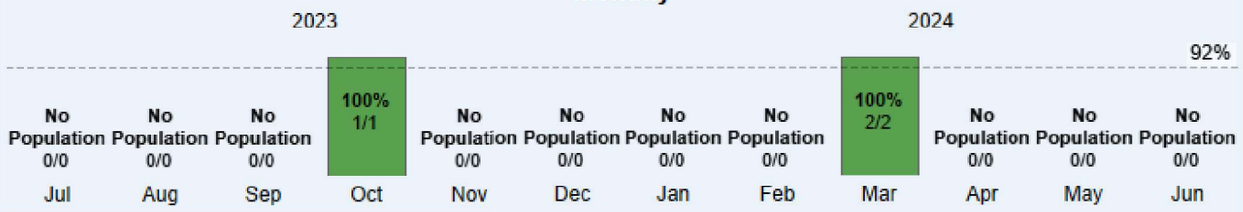
Health Care District
GROUND TRANSPORTATION

Ground Transportation Quality Metrics

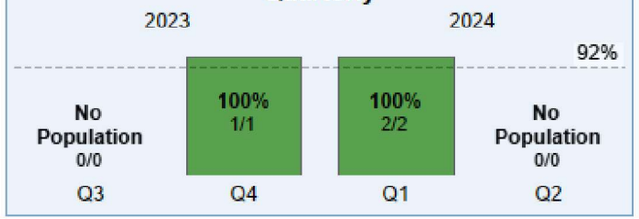
Filters

Appropriate management for aortic emergencies

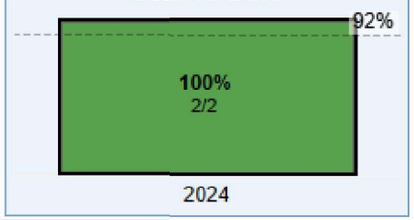
Monthly



Quarterly

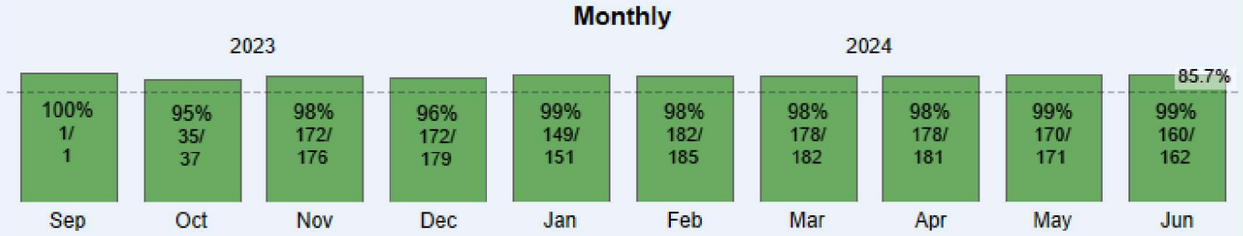


Year-to-Date

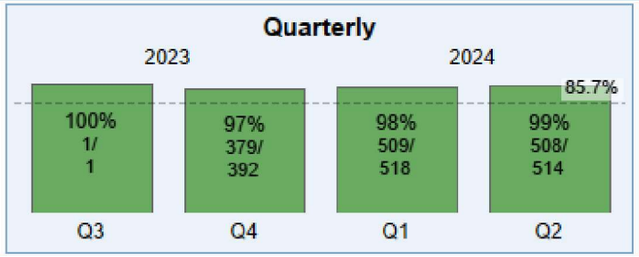


Temperature Documented with First Set of Vitals *Added at end of Sept 2023

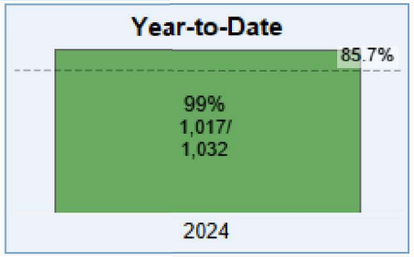
Monthly



Quarterly



Year-to-Date



Measure Name

Monthly

Quarterly

Year-to-Date

Measure Name

Monthly

Quarterly

Year-to-Date

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Health Care District OF PALM BEACH COUNTY

PHARMACY QUALITY DATA 4/1/2024 - 6/30/2024

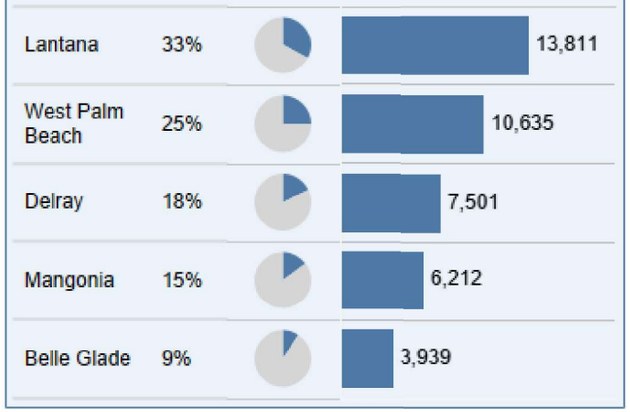
Filters

Unique Pts	New Patients	Rx Filled	Rx Return to Stock	Out Of Stock <5%✓	Pharmacy Visits	Avg Rx per patient	Rx Mailed to patient
7,387	3,730 (13%)	44,095	2,015 (4.6%)	939 2.1%	21,011	6	1,850 Pkgs 4,490 (11%)

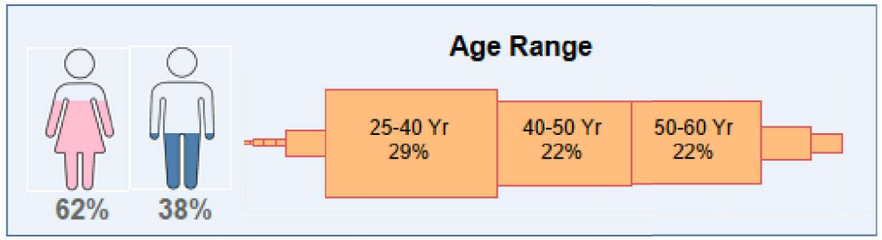
Prescriptions Filled

Rx Type

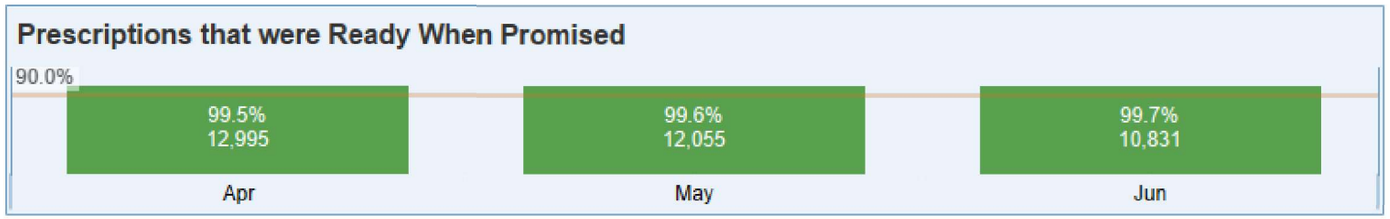
Prescriptions Filled by Pharmacy

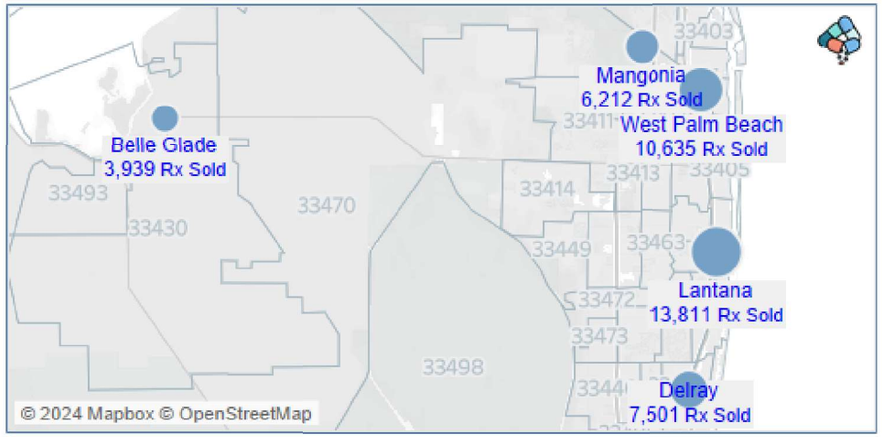


Prescriptions Released to Patient

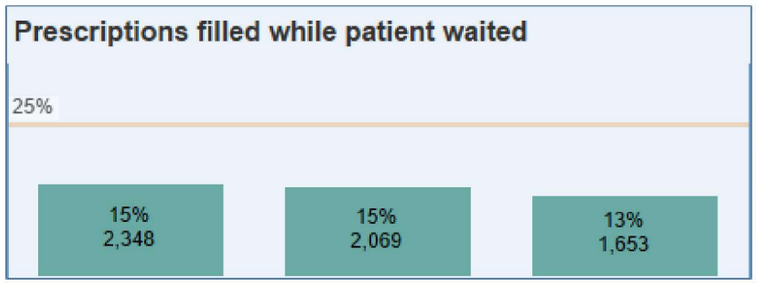


Prescriptions that were Ready When Promised

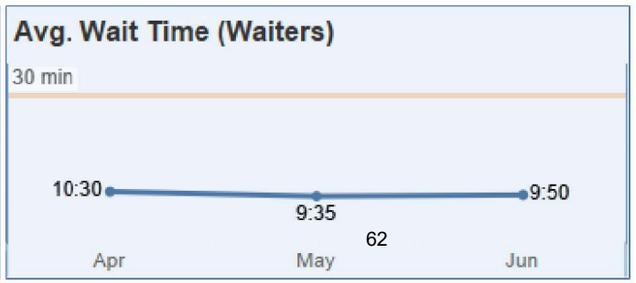




Prescriptions filled while patient waited



Avg. Wait Time (Waiters)



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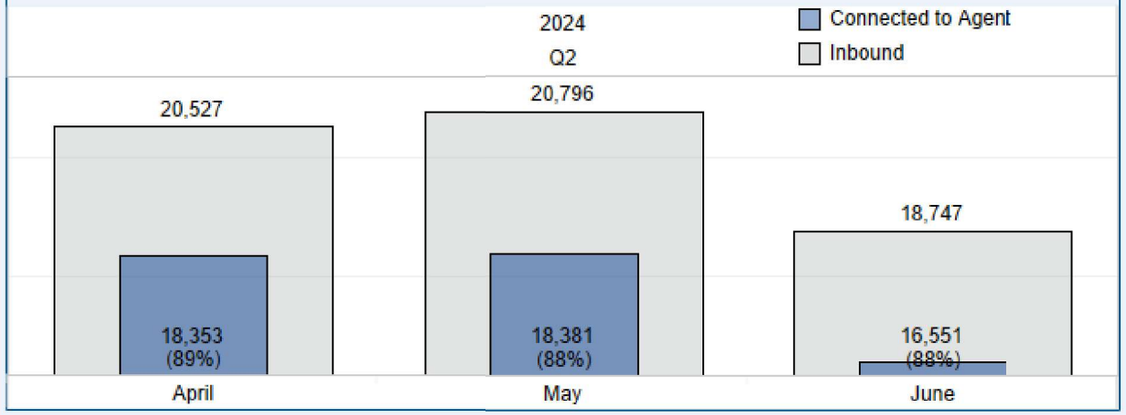
Health Care District
OF PALM BEACH COUNTY

CLINIC SERVICE CENTER PERFORMANCE

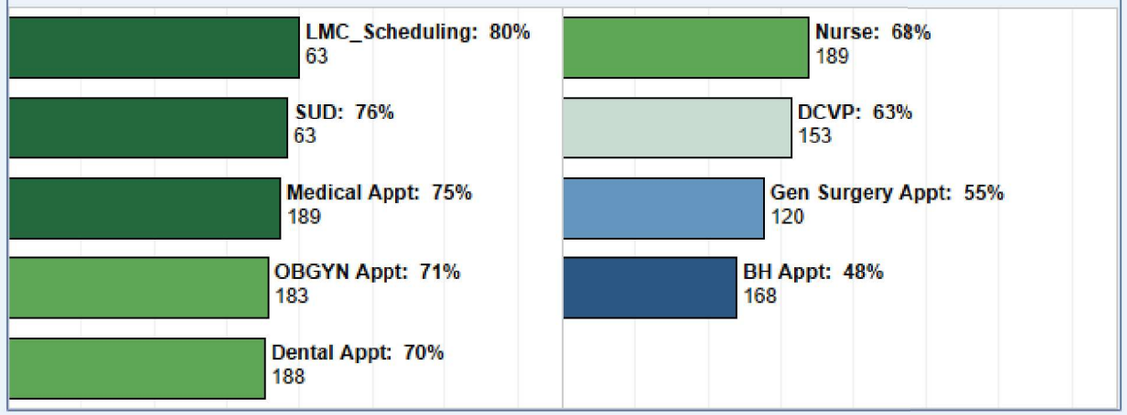
dates: 4/1/2024 to 6/30/2024

INBOUND CALL VOLUME	ABANDONMENT RATE	HANDLED BY AGENT	AVG SL % ACROSS CSQ'S	AVERAGE HOLD TIME	AVERAGE CALL DURATION
60,070	Goal: 10% or less 5,265 (9%)	53,285 (89%)	Service Level Goal: 80% 66%	Ave Hold Time Goal: 3 min or less 2m 22s	4m 34s

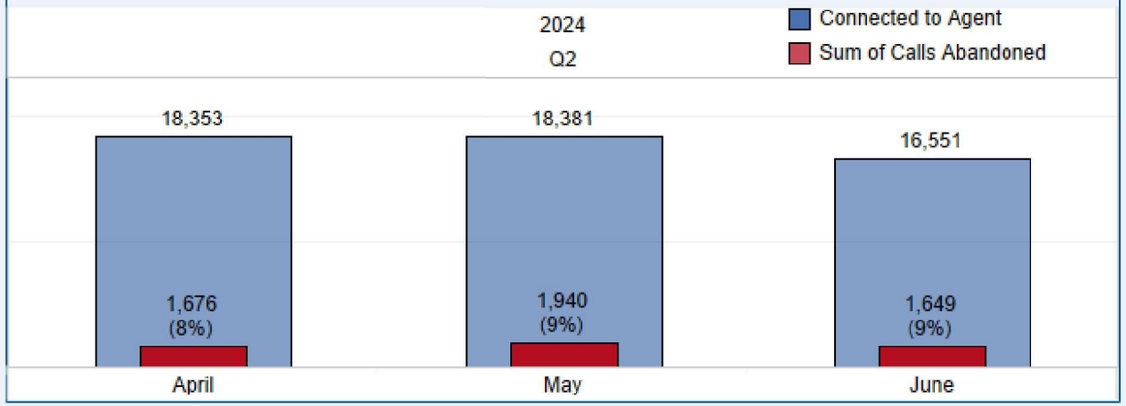
INBOUND CALL TREND



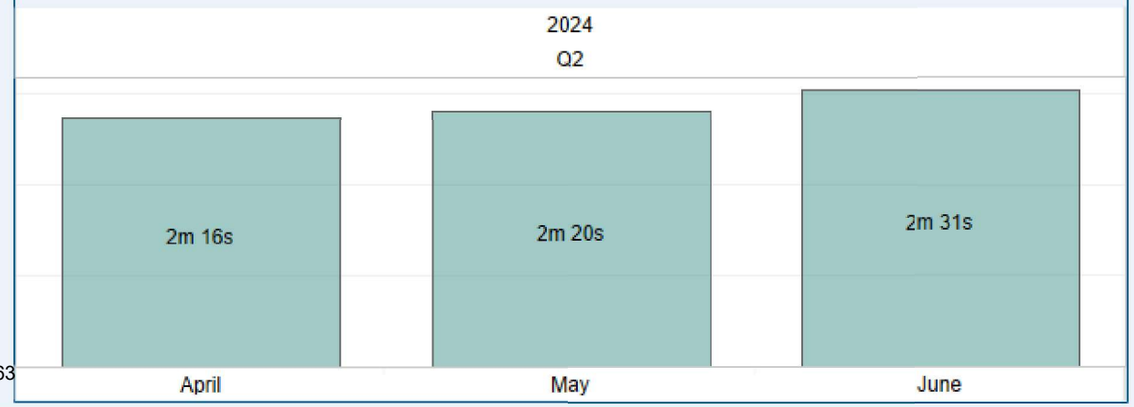
AVERAGE SERVICE LEVEL PERCENTAGE MET



ABANDONED RATE



AVERAGE QUEUE TIME



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Health Care District
OF PALM BEACH COUNTY

Start Date 4/1/2024 | End Date 6/30/2024

Priority: All

Ticket Status: ✔ Closed ✔ Open

Calls Received	Average Queue Time	Abandoned Calls	Percent Abandoned
3,247	25 seconds	119	4%

Tickets Created	Tickets Closed	Avg Elapsed time to close*	Avg Days to close
4,266	4,221	0 Days 3 hours	3 Days 4 hours

*minus time on Hold

←View Technicians | CLOSED | OPEN

GROUPS

HelpDesk	2,191
Desktop Support	667
Security	418
Applications	239
Business Intelligence	222
Identity Access Managem..	170
Server Support	123
SharePoint	95
Voice, Video & Collaborati..	81
Network Support	35
IT Logistics	25

CATEGORIES

Password Reset/Unlo..	950 (22%)
Hardware	690 (16%)
Business Applications	587 (14%)
Cyber Security	440 (10%)
Access	395 (9%)
Business Intelligence ..	193 (5%)
Voice, Video & Collabo..	178 (4%)
Software	170 (4%)
SRF	103 (2%)
EMail	99 (2%)
Inquiry	82 (2%)
Network	68 (2%)
General	65 (2%)

SUB-CATEGORIES

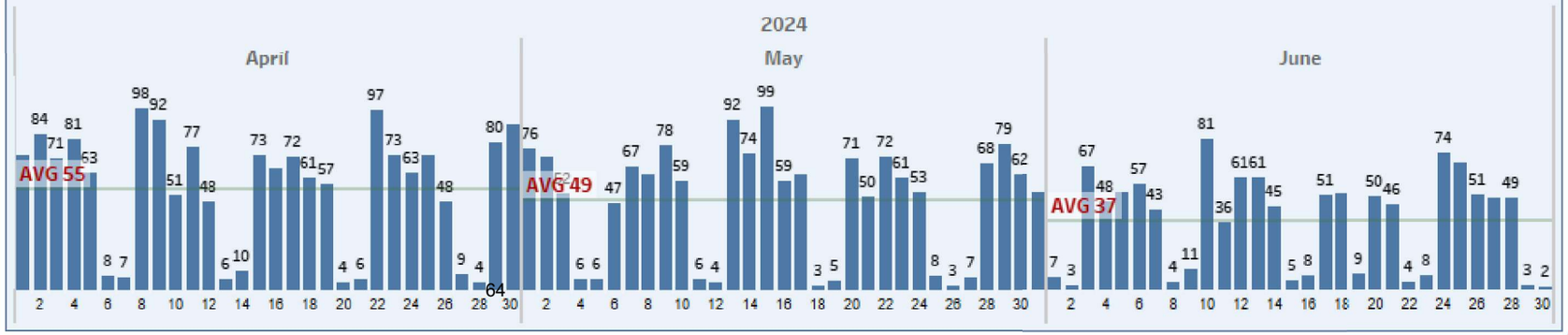
Unlock	764 (18%)
Email Analysis	314 (7%)
Print/Scan/Copy/Fax	218 (5%)
Desktop	130 (3%)
Duo	128 (3%)
EPIC	125 (3%)
Tableau Dashboard	117 (3%)
AD Reset	116 (3%)
Laptop	114 (3%)
Access change	103 (2%)
Process Inquiry	82 (2%)
VPN	78 (2%)
Web Portals	67 (2%)

BUSINESS UNIT

School Health	709
Value Not Assigned	213
Revenue Cycle	188
Human Resources	179
Finance	152
Clinic Service Center	112
Clinic Administration	111
IT Operations	105
Corporate Quality	105
Pharmacy	101
West Palm Beach Clinic	90
Clinical Labor Pool	86
Radiology	85

MONTHLY VOLUME % closed

DAILY VOLUME OPENED TICKETS



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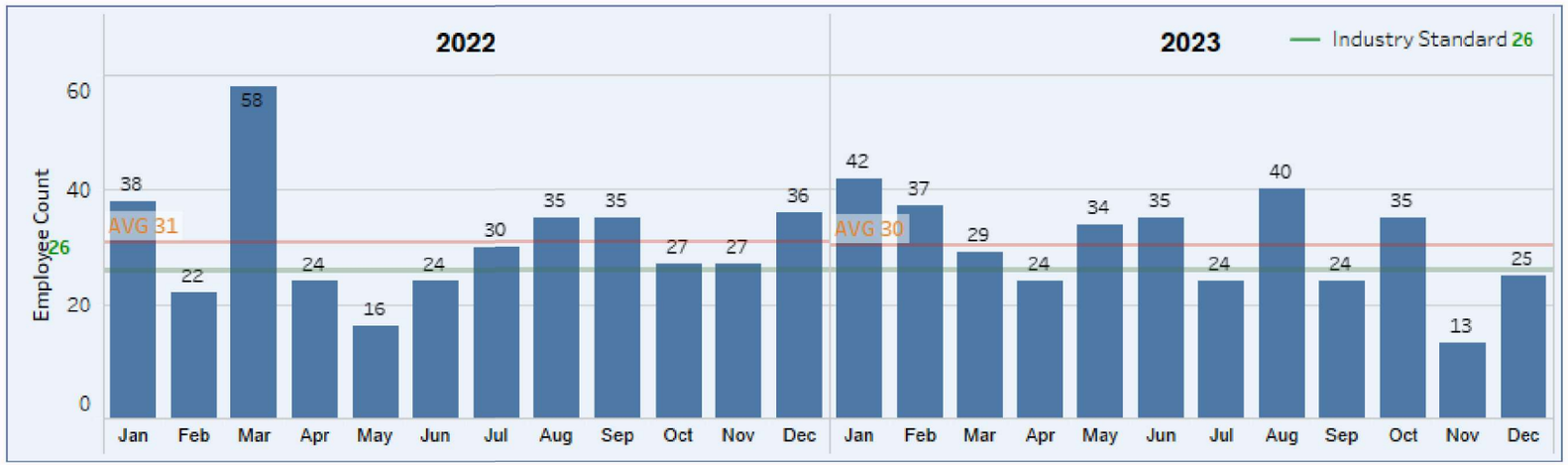
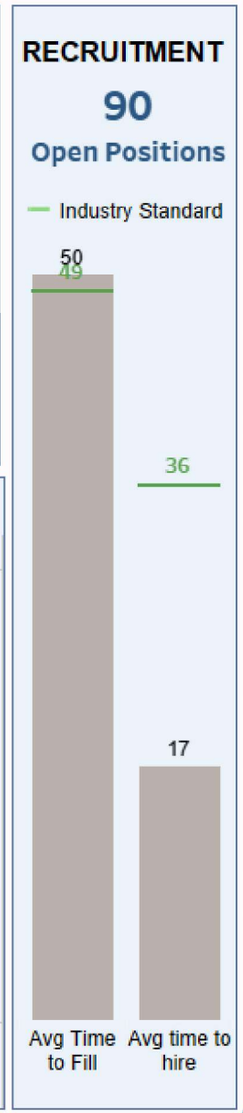
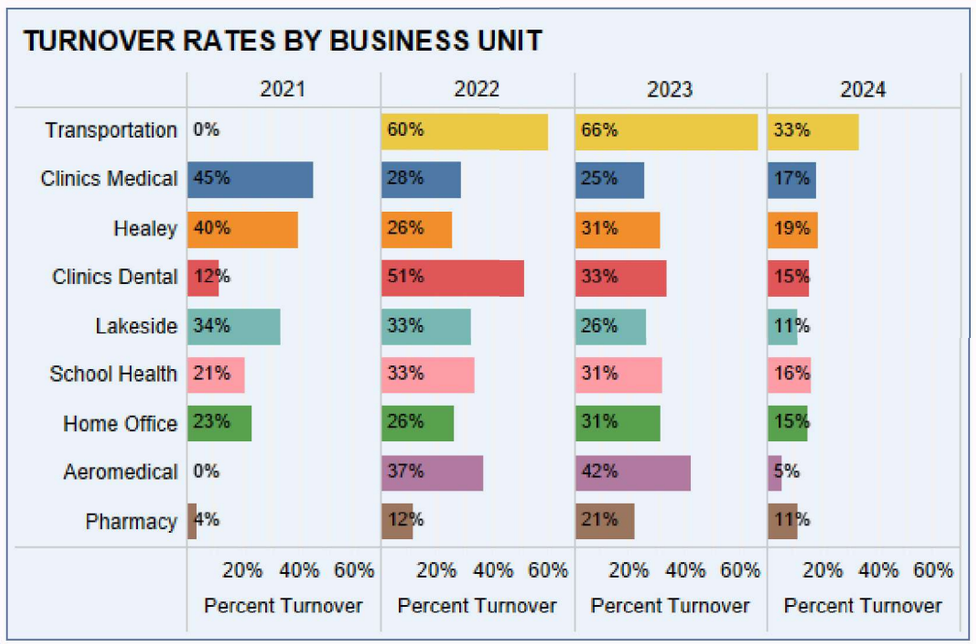
Health Care District
PALM BEACH COUNTY

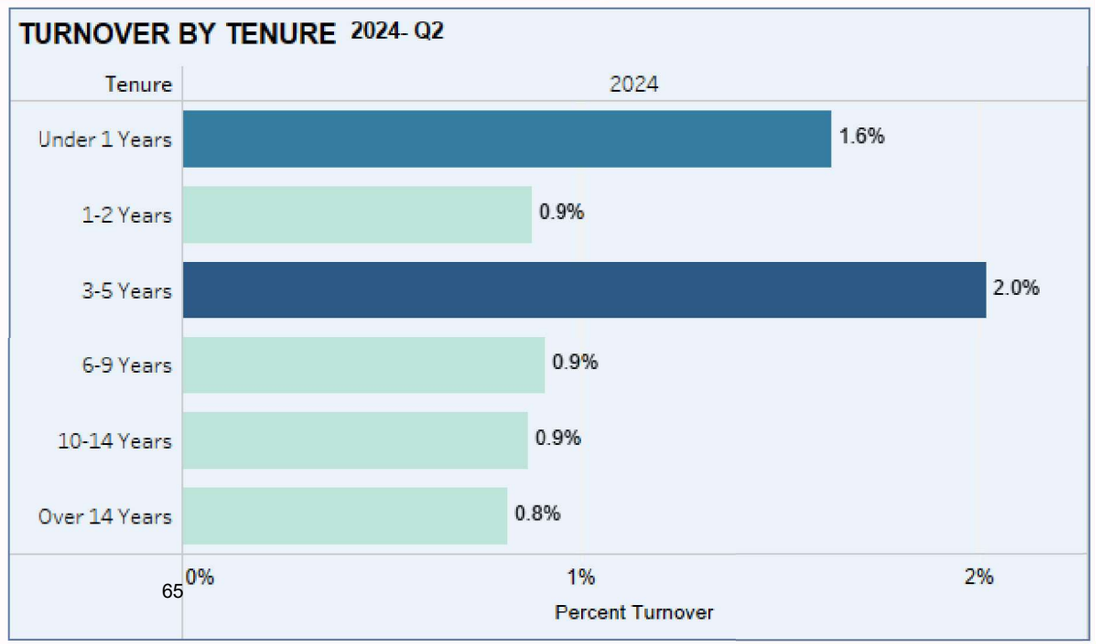
TURNOVER AND RECRUITMENT

ANNUAL TURNOVER









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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

1. **Description: HCD Enterprise Risk Management Program Updates and Activities Quarterly Report and Dashboard (FY Q3 2024)**

2. **Summary:**

A summary report of the Enterprise Risk Management ("ERM", "Risk", or "Risk Management") Program activities and updates, along with a dashboard covering the top five trending events and regulatory reported and/or potentially compensatory events, since the last meeting is provided. This report covers the Third Quarter of 2024 ("Q3 2024") for the following Health Care District of Palm Beach County ("HCD", "HCDPBC", or "District") business units: Lakeside Medical Center ("LMC"), Edward J. Healey Nursing and Rehabilitation Center ("Healey", "Skilled Nursing Facility", or "SNF"), Community Health Centers ("CHC" or "Clinics", formerly known as C.L. Brumback Primary Care Clinics), Pharmacy, School Health, Aeromedical/TraumaHawk ("Aeromedical"), Ground Transportation Services ("Ambulance" or "GTS"), District Administration/Home Office, and Managed Care.

Confidentiality note: This report is made in the open and may include confidential or sensitive information. For purposes of reporting, event information shared thorugh data is in the aggregate and summary details on reported entries are shared without reference to a particular individual or patient. Specific event details are not provided in this forum. Please contact Heather Bokor, VP / Chief Compliance, Privacy, & Risk Officer, for comments or inquiries on any of the information reported here which may require further detail or discussion.

3. **Substantive Analysis: ERM Quarterly Dashboard and Report**

In Q3 2024, HCD had a total of 629 reports entered in its Safety Event Reporting System ("SERS" or "RiskQual/HAS"). The dashboard represents the Top five (5) trending event categories reported along with the risk severity levels and near misses for each HCD Business Unit. A detailed summary is provided below. Included in this report (new) are events that were either reported externally to

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the proper regulatory bodies/agencies as required, or that were flagged as a Potential Compensatory Event (PCE). Additional detail is provided.

Risk Severity Volumes/Types:

Of the 629 entries reported in RiskQual/HAS, 614 were Events/Occurrences and 15 were Near Misses.

- Approximately 2.4% (15) of the events reported were "Near-Misses" or "Near Miss Events". *A Near Miss is an event that was prevented from actually occurring and did not result in any harm to an individual.*
- 88.4% (556) of the events reported were "No Harm Events". *A No Harm Event is an event that occurred but resulted in no harm to an individual.*
- 8.7% (55) were "Minor Events". *A Minor Event is an event that occurred, but had no harm to the patient, however, required monitoring.*
- 0% (0) was a "Moderate Event". *A Moderate Event is an event that occurred, had temporary harm, but did not require significant interventions.*
- 0% (0) were Aeromedical "Minor Events". *A Minor Event is an event that caused slight injuries to personnel; little environmental impact; damage less than $50,000; limited impact to image.*
- Less than 1% (0.5%, 3) were Aeromedical "Negligible Events". *A Negligible Event is superficial/no injuries to personnel; negligible or no environmental effects; damage less than $10,000; light or no impact to image.*

Events/Near Misses by Business Unit, Category, and Volume.

Includes all reported events and any required regulatory reported events and PCE's:

Hospital (LMC):

- **LMC reported a total of 104 entries in HAS**
- This included 89 patient events, 15 non-patient events, and no (0) Near Misses.
- The 104 Events were reported under the following categories, sorted by volume: AMA* (32), Behavior (21), Falls/slips (10: 8 no harm, 2 minor harm), IV/Blood Issues (9), Facility/Administrative Services (5), Equipment-Related (5), Patient Care (3), Admission/Discharge/Transfer Issues (3), Security (2), Safety (2), Medication Variance (2), Lab (2), Clinical Event for Review (2), Treatment/Therapies (1), Surgery (1), Skin Issues (1), Property (1), Medical Documentation/Patient Records (1) and HIPAA/Privacy (1).

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

- *(*) These events are included for facility-requested reporting purposes only due to a patient's status, however, were non-incident related events (all were for social or personal reasons).*

Skilled Nursing Facility (Healey):

- **Healey reported a total of 123 entries in HAS.**
- This included 118 resident events, 3 non-resident events, and 2 Near Misses.
- The 121 Events were reported under the following categories, sorted by volume: Skin Issues* (77), Safety (17), Fall/Slips (13: no harm), Patient Care (5), Behavior (3), Property (2), Security (1), Nutrition/Dietary (1), Medication Variance (1), and Equipment-Related (1). The Near Misses were each Medication Variances (2).
- *(*) These are included for facility-requested reporting purposes only due to a resident condition, however, were non-incident related events.*
- Reported regulatory events: Six (6) cases were reported to the Agency for Healthcare Administration ("AHCA") as Immediate (1-day) and 5-Day Reports. *42 CFR s. 483.13(c) - Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.*

Community Health Centers(Clinics):

- **CHC's reprorted a total of 95 entries in HAS.**
- This included 74 patient events, 17 non-patient events, and no (0) Near Misses.
- The 95 Events were reported under the following categories, sorted by volume: Behavior (31), EMS/911 Referral (16), Safety (10), Patient Care (10), Equipment Related (6), Lab (4), Falls/Slips (4: 3 no harm, 1 minor harm), EHR/HIT (3), Medication Variance (2), Medical Documentation and Patient Records (2), HIPAA/Privacy (2), Supplies (1), Property (1), Infection Control (1), and Facility/Administrative Services (1).
- Potentially Compensatory Event ("PCE"): One (1) case was identified as a PCE and flagged by ERM to Insurance and Legal Services (Delray CHC).

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

Pharmacy:

- **Pharmacy reported a total of 84 entries in HAS.**
- This included 75 patient events and 9 Near Misses.
- The 75 events were reported under the following categories, sorted by volume: Prescription Errors (30), Medication Variance (26), Behavior (15), Prescription Mail Return (3), and Security (1). The Near Misses included: Prescription Errors (6), Medication Variance (2), and EMS/911 Referral (1).

School Health:

- **School Health reported a total of 183 entries in HAS.**
- This included 173 student events, 7 non-student events, and 3 Near Misses.
- The 180 events were reported under the following categories, sorted by volume: Safety (57, including 35 DCF referrals*), Medication Variance (48), Patient Care (29), Behavior (20), Medical Documentation/Patient Records (13), Treatment/Therapies (5), Clinical Event for Review (3), Supplies (2), HIPAA/Privacy (2), and EHR/HIT (1). The Near Misses included: Medication Variances (2) and Supplies (1). Note: All events and near misses were no harm or minor harm events.
- Reported regulatory events: (*) 35 DCF referrals were mandatory reporting purposes only, however, were non-incident related events.

Ground Ambulance (GTS):

- **GTS reported a total of 36 entries in HAS.**
- This included 17 patient events, 18 non-patient events, and 1 Near Miss.
- The 35 Events were reported as no harm events under the following categories: Safety (27), Equipment Related (2), Property (1), Infection Control (1), Facility/Administrative Services (1), Clinical Event for Review (1), Behavior (1), and Admission process/discharge/transfer issues (1). The Near Miss was reported as a Medication Variance (1).

Air Ambulance (Aeromedical / TraumaHawk):

Aeromedical reported a total of 3 entries in RiskQual/HAS and No (0) Near Misses.

The 3 non-patient events were reported as negligible events under the following categories: Safety (2) and Equipment-Related (1).

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SEPTEMBER 26, 2024

District Administration / Home Office:
Home Office/District Administration reported one (1) Event in RiskQual/HAS and No (0) Near Misses. The event was reported under Safety (no harm event).

4. **Substantive Analysis: ERM Program Activities and Event Response Actions (New/Ongoing)**

HCD's ERM Program is committed to creating, maintaining, and continuously improving a culture that reflects a commitment to providing safe, quality healthcare and protecting people, property, and the organization's environment. ERM administers a proactive and preventive (as well as responsive) management system of best practices, policies, and procedures. ERM continues to assess HCD's risks and develop the Program to address areas for attention and/or enhancement (risk mitigation and risk reduction).

ERM provided a detailed summary report of its primary responsibilities, as well as information on FY24 key activities, awareness, and risk innovation and mitigation strategies which have had significant or notable work by ERM across HCD, within each business unit, and within the ERM team. As these are continuous/ongoing, they have been removed from or reduced within this report to avoid duplication. A summary of new/updated efforts related to these initiatives are included below:

- **(Ongoing) FY24 Failure Mode Effects Analysis proactive risk assessments:**

Business Unit	Annual FMEA Item	Status
Healey (SNF)	Comprehensive Risk Management and reporting process	**Complete**
School Health	Consent process in new Electronic Health Record system, Frontline	**Complete**
Aeromedical (Air Ambulance)	Comprehensive Risk Management and reporting process	In process
LMC (Hospital)	Informed consent process	In process
CHC (Clinics)	Specimen labeling process/procedure	In process

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

Pharmacy	Release to bag process.	In process
GTS (Ground Ambulance)	Relocating risk assessment from Epic into Baldwin (new system)	In process

- **(Ongoing) Continuous ERM Staff and Program efforts (system-wide).**

- **(Complete) Healey Comprehensive review of risk management activities and risk reporting process:** Significant improvement efforts have been made in regard to the Action Plan, including but not limited to completion of: staff training, system changes, new/change management processes, and new entries to RiskQual are now entered within 24 hours per HCD's Policy.

- **(Ongoing) Aeromedical/Aviation Safety:**
  Ongoing efforts with Aeromedical/aviation safety management. Updates: New Baldwin Aviation Safety Management System Contract is fully executed; Risk team are collaborating with Aeromedical to implement and build the system to meet the organization's regulatory and risk reporting needs.

- **(Complete) Risk/safety assessments and awareness through various survey efforts:**
  - *FY24 Q1: Leadership Engagement and Program Satisfaction Survey completed with an overall rating of ERM: 4.6 out of 5.0 stars.*

  - FY24 Q4: ERM conducted a system-wide Culture of Safety/AHRQ (Agency for Healthcare Research and Quality) Survey tailored to each business unit. *Survey details and achievement of 90% participation rate was reported on at the last meeting.* Analysis feedback will be provided at the next meeting. Briefly, some of the strengths identified included: A strong sense of teamwork throughout the organization; and Leadership places a strong emphasis on safety. Some of the opportunities for improvement included the need for reinforcement of reporting events; and Need for reinforcement of a just culture.

  - FY24 Q4: ERM distributed a voluntary Risk Management Awareness Survey to all HCD staff in August 2024. Details are copied below:

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- The purpose was to help measure awareness of Risk Management. The survey provided education and information on the risk management program, and an additional mechanism to report any concerns in a confidential manner.
- Survey highlights:
  - 97% of employees are aware that HCD has a Risk Management Program.
  - 96% of employees believe HCD practices a "Just Culture" promoting a culture of safety and reporting throughout the organization.
  - 95% of employees know how to contact Risk Management.
  - 95% of employees feel comfortable reporting issues and concerns to any of the following: their Supervisor, Business Unit Leader/HCD Leadership, Human Resources, Compliance, Privacy, & Ethics Department, Legal Services, Risk Manager/RiskQual, and/or the Hotline.
  - 94% of employees are aware of the "Good Catch Program".

Confidential Patient Safety Work Product (PSWP) *of the Health Care District of Palm Beach gathered within the HCD Patient Safety Evaluation System (HCD PSES) pursuant to the Patient Safety and Quality Improvement Act of 2005. The HCD PSES is the mechanism through which all information is received, collected, maintained, investigated, analyzed, and communicated for reporting to a Patient Safety Organization (PSO). This information is confidential and privileged from disclosure; it is not subject to discovery pursuant to F.S 395.0197, F.S. 400.147, F.S. 768.28 and the Patient Safety and Quality Improvement Act of 2005.*

5. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes ☐ No ☐
Net Operating Impact	N/A		Yes ☐ No ☐

*Non-budgeted expenditures in excess of $250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
VP & Chief Financial Officer

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
SEPTEMBER 26, 2024

6. Reviewed/Approved by Committee:

N/A	N/A
Committee Name	Date Approved

7. Recommendation:

Staff recommends the Committee Receive and File the Enterprise Risk Management Program Updates and Activities Report and Dashboard Reports for Q3 2024.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6726424...
Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
4766F813A13D48D...
Heather Bokor
VP/Chief Compliance, Privacy & Risk Officer

Signed by:
Darcy Davis
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Darcy J. Davis
Chief Executive Officer

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Health Care District
OF PALM BEACH COUNTY

HCD Enterprise Risk Management Dashboard

Q3 2024 (April – June)

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Risk Management Dashboard

2024 Q3

Regulatory Reporting

Location: GTS, HCD, HEA, LMC, PCC, PHA, SCH

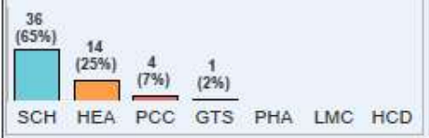
FDA Report: None

5 DAY Report: 6

AHCA Annual: None

CODE 15 Report: None

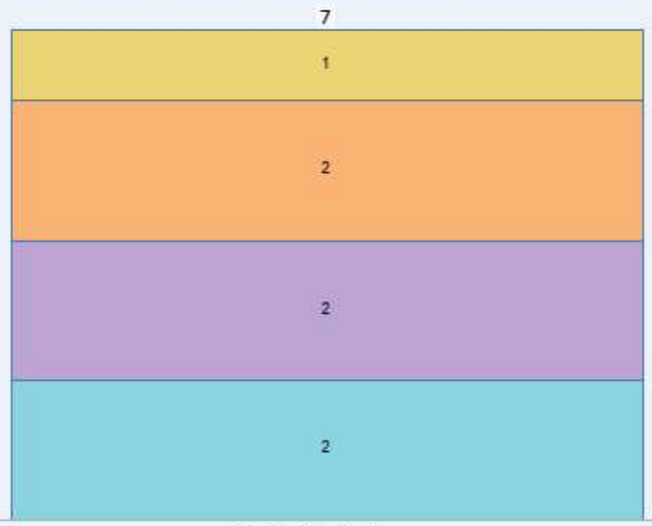
DCF: 55



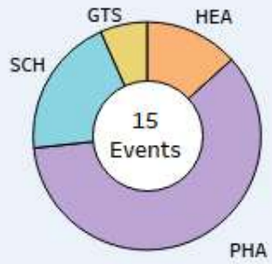
PCE: 1

TJC: None

Top 5 Good Catch Event Categories

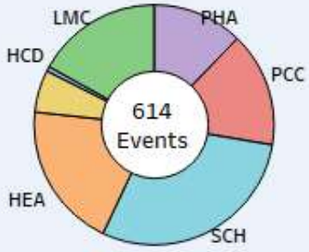


Good Catch Events by Location



Department	% of Total	# Events
HEA	13%	2
PHA	60%	9
SCH	20%	3
GTS	7%	1

Events by Location (Except Good Catch)

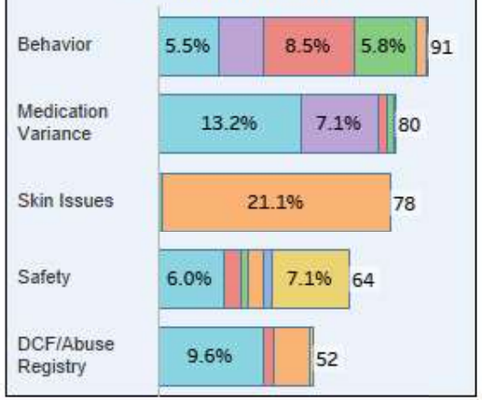
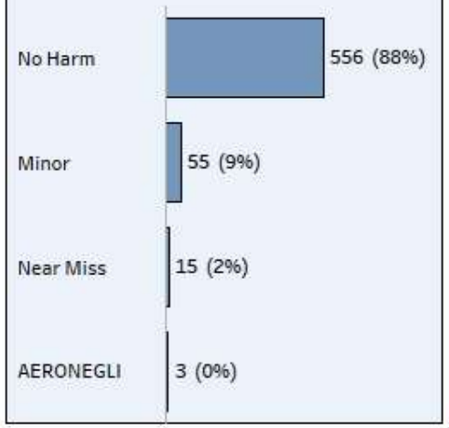


Department	% of Total	# Events
PHA	12%	75
PCC	15%	95
SCH	29%	180
HEA	20%	121
GTS	6%	35
HCD	1%	4
LMC	17%	104

Total Top 5 Event Subcategories (All events)

Behavior	Agressive	24 (6%)
	Conflict with Staff	16 (4%)
	Baker Act and/or Suicide Threat/Atte..	14 (4%)
	Illicit Use of Substance	9 (2%)
	Other Behavior Issue	7 (2%)
Skin Issues	Other Skin Issue	27 (7%)
	Skin Tear	13 (3%)
	Rash	10 (3%)
	Discoloration	6 (2%)
	Abrasions	6 (2%)
Safety	Ambulance Speeding	24 (6%)
	Poison Control Related	16 (4%)
	Other Safety Issue	14 (4%)
	Code Red/Lock Down / Fire	6 (2%)
	Code Blue	1 (0%)
Medication Variance	Medication Not Available	19 (5%)
	Omission Error	15 (4%)
	Other Medication Issue	10 (3%)
	Wrong Dose	8 (2%)
	Wrong Drug or IV Fluid	7 (2%)
DCF/Abuse Registry	DCF/Abuse Registry	52 (14%)

Top 5 Event Categories (Except Good Catch)



Risk Severity Totals (All Events)