



**Quality, Patient Safety & Compliance
Committee Meeting
September 27, 2022
2:00 P.M.**

**Meeting Location
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**



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

**September 27, 2022 at 2:00 P.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

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

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

- 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

- A. Recognition of Sharon Larson, Mary Weeks and James Elder

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 23, 2022. [Pages 1-4]
- B. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from June 15, 2022. [Pages 5-8]

7. Consent Agenda- Motion to Approve Consent Agenda Items

- A. **ADMINISTRATION**

7A-1 RECEIVE AND FILE:

March 2022 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:**

June 2022 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

7A-3 **RECEIVE AND FILE:**

Committee Attendance. [Page 9]

B. **PATIENT RELATIONS DASHBOARDS**

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

Patient Relations Dashboards

(Dr. Belma Andric) [Pages 10-12]

- Patient Relations Dashboard, School Health.
(Steven Sadiku) [Pages 13]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(David Speciale) [Page 14]
- Patient Relations Dashboard, E. J. Healey Center.
(Tracy-Ann Reid) [Page 15]
- Patient Relations Dashboard, Lakeside Medical Center.
(Kimberly Randall) [Page 16]
- Patient Relations Dashboard, Pharmacy.
(Luis Rodriguez) [Page 17]

C. **PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards

(Dr. Belma Andric) [Pages 18-20]

- Productivity Dashboard, School Health.
(Steven Sadiku) [Page 21]
- Productivity Dashboard, C. L. Brumback Primary Care Clinics.
(Marisol Miranda) [Page 22]
- Productivity Dashboard, E. J. Healey Center.
(Shelly Ann Lau/ Terretha Smith) [Page 23]
- Productivity Dashboard, Lakeside Medical Center.
(Alyssa Tarter/ Sylvia Hall) [Page 24]

8. Regular Agenda

A. LEGAL

8A-1 MOTION TO APPROVE:

Amendment to the Quality, Patient Safety and Compliance Committee Charter
(Bernabe Icaza) [Pages 25-32]

B. COMPLIANCE

8B-1 RECEIVE AND FILE:

Compliance, Privacy and Ethics Program Updates and Activities
(Heather Bokor) [Pages 33-43]

C. CORPORATE QUALITY DASHBOARDS

8C-1 RECEIVE AND FILE:

Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 44-50]

- Quality & Patient Safety Report, School Health.
(Andrea Steele/ Steven Sadiku) [Pages 51-54]
- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/ Gerry Pagano) [Pages 55-56]
- Quality & Patient Safety Report, Trauma.
(Andrea Steele) [Pages 57-59]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
(Andrea Steele/ Dr. Charmaine Chibar) [Page 60]
- Quality & Patient Safety Report, E. J. Healey Center.
(Andrea Steele/ Tracy-Ann Reid) [Page 61]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Andrea Steele/ Sylvia Hall) [Page 62]
- Quality & Patient Safety Report, Corporate Quality Metrics.
(Andrea Steele) [Pages 63-69]
- Quality & Patient Safety Report, Pharmacy.
(Andrea Steele/ Luis Rodriguez) [Page 70]

9. CEO Comments

10. Committee Member Comments

11. Establishment of Upcoming Meetings

December 14, 2022

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

12. Motion to Adjourn

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

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES**

**March 23, 2022 at 10:00 A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link:

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

Telephone Dial-In Access:

646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

1. Call to Order

James Elder called the meeting to order.

A. Roll Call

Committee Members Present: James Elder, Kimberly Schulz, Sharon Larson, Dr. Ishan Gunawardene (virtual)

Committee Members Absent: Dr. Alina Alonso, Sean O'Bannon, Mary Weeks

Staff Present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric - Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris - Vice President of Field Operations, Patricia Lavelly -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alyssa Tarter, Andrea Steele, Charmaine Chibar, Christina Schiller, Cindy Dupont, Danielle Fuller, David Speciale, Gerry Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Martha Benghie Hyacinthe, Sandra Bell, Shauniel Brown, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo

- 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

None.

B. Motion to Approve Agenda

Due to no quorum present, the current meeting agenda could not be approved. It will be approved at the following meeting.

3. Awards, Introductions and Presentations

None.

4. Disclosure of Voting Conflict

None.

5. Public Comment

None.

6. Meeting Minutes

A. Staff recommends a MOTION TO APPROVE:

Committee Meeting Minutes from December 15, 2021. [Pages 1-4]

*Due to no quorum present, the December meeting minutes could not be approved.
They will be approved at the following meeting.*

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

December 2021 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.
(Steven Sadiku) [Pages 9]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
(David Speciale) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.
(Tracy-Ann Reid) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.
(Alyssa Tarter) [Page 12]

- Patient Relations Dashboard, Pharmacy.
(Luis Rodriguez) [Page 13]

Conclusion: Due to no quorum present, the Consent Agenda could not be approved. It will be approved at the following meeting.

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Summary of HCD Compliance, Privacy and Ethics Program Updates and Activities
(Heather Bokor) [Pages 14-21]

Conclusion: Received and filed.

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 22-28]

- Quality & Patient Safety Report, School Health.
(Andrea Steele/ Steven Sadiku) [Pages 29-31]
- Quality & Patient Safety Report, Aeromedical.
(Andrea Steele/ Gerry Pagano) [Page 32]
- Quality & Patient Safety Report, Trauma.
(Andrea Steele/ Amelia Stewart) [Pages 33-35]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
(Andrea Steele/ Dr. Charmaine Chibar) [Pages 36-37]
- Quality & Patient Safety Report, E. J. Healey Center.
(Andrea Steele/ Tracy-Ann Reid) [Pages 38-44]
- Quality & Patient Safety Report, Lakeside Medical Center.
(Andrea Steele/ Sylvia Hall) [Pages 45-47]
- Quality & Patient Safety Report, Corporate Quality Metrics.
(Andrea Steele) [Pages 48-52]

Conclusion: Received and filed.

9. CEO Comments

CEO Darcy Davis commented the following: The June 15, 2022 meeting time is being adjusted from 12:00 pm to 10:00 am. There is a new Board of Commissioners and

QPSCC Member, Erica Whitfield, School District. Lakeside Medical Center was named number 1 out of 2,800 hospitals for racial inclusivity and diversity. The Ground Transportation operational date has been delayed from April 1; there has been no revised ambulance delivery date. In the meantime, EMTs will continue to train at Lakeside and Healey. Congratulations to the Healey's Administrator Shelly Ann Lau on having her baby. Kudos to Karen Harris for filling in at Healey in Shelly's absence as active licensed administrator, while conducting her other roles at Lakeside and the Home Office.

10. Committee Member Comments

None.

11. Establishment of Upcoming Meetings

June 15, 2022

- 12:00 P.M. - Quality, Patient Safety and Compliance Committee Meeting

September 2022 (TBD)

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

December 14, 2022

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

Conclusion: Upcoming Meeting dates read.

12. Motion to Adjourn Public Meeting

There being no further business, the public meeting was adjourned at 10:55 A.M.

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

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



**QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
SUMMARY MEETING MINUTES**

**June 15, 2022 at 10:00 A.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Dr. Alina Alonso called the meeting to order.

A. Roll Call

Committee members present: Dr. Alina Alonso, James Elder, Dr. Ishan Gunawardene, Sharon Larson, Sean O'Bannon, Kimberly Schulz, Erica Whitfield.

Committee members absent: Mary Weeks

Staff present: Darcy Davis -Chief Executive Officer, Bernabe Icaza -General Counsel, Heather Bokor -Chief Compliance and Privacy Officer, Belma Andric - Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris - Vice President of Field Operations, Patricia Lavelly -Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Alyssa Tarter, Andrea Steele, Charmaine Chibar, Christina Schiller, Cindy Dupont, David Speciale, Gerry Pagano, Hyla Fritsch, Janet Moreland, Jennifer Dorcé-Medard, Kelley Anderson, Martha Benghie Hyacinthe, Sandra Bell, Shauniel Brown, Steven Sadiku, Sylvia Hall, Terretha Smith, Tracy-Ann Reid, Tracey Archambo

Recording/ Transcribing Secretary: Nicole Glasford

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes of December 15, 2021.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Committee Meeting Minutes of December 15, 2021. The motion was dually seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

7. Consent Agenda- Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Consent Agenda. The motion was dually seconded by James Elder. There being no opposition, the motion passed unanimously.

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**
December 2021 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:**
March 2022 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

- 7A-3 **RECEIVE AND FILE:**
Committee Attendance.

B. **PATIENT RELATIONS DASHBOARDS**

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

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

8. Regular Agenda

A. COMPLIANCE

8A-1 RECEIVE AND FILE:

Compliance, Privacy and Ethics Program Activities and Updates

CONCLUSION/ACTION: Received and Filed.

B. CORPORATE QUALITY DASHBOARDS

8B-1 RECEIVE AND FILE:

Quality & Patient Safety Reports

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

CONCLUSION/ACTION: Received and Filed.

9. CEO Comments

Ms. Davis congratulated the Healey Center for passing a general AHCA survey, followed by passing a separate survey from AHCA Life Safety. The Health Care District was notified of an award for a 1.65-million-dollar federal appropriation towards Falls Prevention. Palm Beach Chamber awarded Health Care District with a Health and Human Services award for the year. The Wellness Promotion Task Force acknowledged HCD and the Department of Health for the School Nurse program. The Homeless Coalition recognized Darcy Davis and Dr. Alina Alonso for their organizations' great efforts in Public Health.

10. Committee Member Comments

James Elder congratulated the HCD staff for their hard work and accomplishments.

11. Establishment of Upcoming Meetings

September 2022 (TBD)

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

December 14, 2022

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

12. Motion to Adjourn Public Meeting

There being no further business, the meeting was adjourned.

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.

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

Attendance Tracking for 12/2021 to 12/2022

	12/15/21	3/23/22	6/15/22	9/27/22	12/14/22
Dr. Alina Alonso	X		X		
James Elder	X	X	X		
Dr. Ishan Gunawardene	X	X	X		
Sharon Larson		X	X		
Sean O'Bannon	X		X		
Kimberly Schulz	X	X	X		
Mary Weeks	X				
Erica Whitfield			X		

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

1. **Description: Patient Relations Dashboards**

2. **Summary:**

This agenda item provides the patient relations dashboards for the 3rd Trimester of the 2021/2022 school year for School Health and the 2nd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. **Substantive Analysis:**

School Health

For Trimester 3 of School Year 2021/2022, School Health had a total of 111 Patient Relations events reported for 166 school locations and 105,727 health room events. Of the 111 patient relation events, 8 were complaints, 103 were compliments, and there were no grievances. Out of the 8 complaints, 75% were from family members, 12.5% was from an outside agency and 12.5% was from a school district staff. The complaints were related to poor communication and care and treatment of students. The 103 compliments recognized the School Health Nurses, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, students, outside agencies, and employees.

C. L. Brumback Primary Care Clinics

For Quarter 2 2022, there were a total of 43 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. Of the 43 occurrences, there were a total of 6 Grievances and 37 Complaints. The top 5 categories were Care & Treatment, Finance, Respect Related, Referral and Communication related issues. The top subcategories with 7 occurrences in each was Lack of Continuity of Care and Billing Issues. This was followed by Bad Attitude/Rude with 5 occurrences. There were also 109 Compliments received across 8 Clinics and Clinic Administration. Of the 109 Compliments, 99 were patient compliments and 10 were employee to employee Thumbs-Up compliments.

Edward J. Healey Rehabilitation and Nursing Center

There was a total of 39 grievances submitted during the 2nd quarter with an average census of 111 residents. The 39 grievances were submitted by 23 residents during the quarter. The top 5 categories were Personal Belongings (14), Environment (5), Care/treatment (5), Communication (4), and Nursing related (4). Some of the concerns included: missing garlic cloves and salt, explanation was given to resident about molded items, not enough shade on the patio, the facility provided umbrellas for more shade, relative wanting room change, and complaints of cracked tooth. Grievances were resolved within the recommended guidelines.

A total of 15 compliments were submitted this quarter by residents and resident representatives. The compliments surrounded being happy that their family member

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

is in good hands, and excellent care from the staff- always going above and beyond when providing care.

Lakeside Medical Center

For the second quarter, Lakeside served 6,215 patients. There were 10 complaints. The top 5 categories were Care & Treatment, Communication, Nursing Related, Personal Belongings, and Physician Related. The top subcategories within Care & Treatment were: Inappropriate Care and Unavailability of Staff Delay to Call Bell Response with 2 complaints. Communication: Poor Communication and Education with 4 complaints, Nursing Related with 1 complaint, Personal Belongings: Loss with 1 complaint, and Physician related: Communication with 1 complaint.

There were 4 compliments reported for second quarter 2022 regarding Care and Treatment.

Pharmacy

A compliment to the Delray Pharmacy Team from an non-clinic patient utilizing HCD pharmacy because of Paxlovid. The patient was very appreciative that the Pharmacist spent approximately 30 mins counseling the patient on the medication and possible side effects. Another thumbs up to Delray from a patient writing a thank you card for always going above and beyond. And in WPB, a patient left a comment card commending technician LaKesha for her performance and personality.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee

N/A


Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022**


6. Recommendation:

Staff recommends the Committee receive and file the Patient Relations Dashboards.


Approved for Legal sufficiency:

DocuSigned by:

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Bernabe Icaza
VP & General Counsel

DocuSigned by:

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Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:

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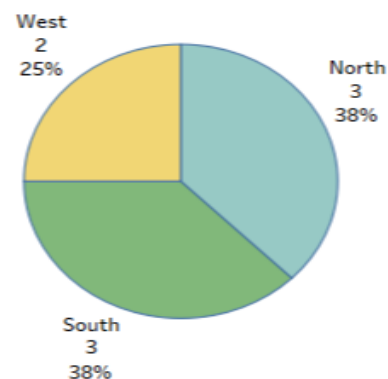
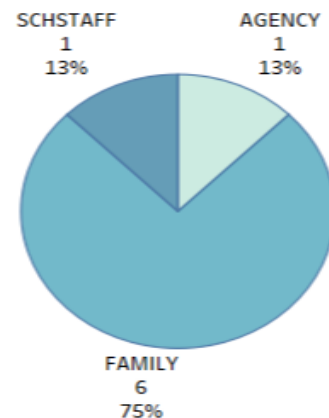
Candice Abbott
VP & Chief Financial Officer

Patient Relations (Grievances, Complaints & Compliments)

School Health


 Top Categories
5

Provider All 2021-2022 T3 T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL 4/1/22 to 6/30/22

Total Complaints and Grievances
8
Late Entries: 0
Schools by Area

Complainant

Top 5 Categories

Nursing Related	EAGLAND	1
	INDEPEND	1
	SUNRISE	1
	WELLELEM	1
	WELLLANDS	1
Communication	CONSERVNP	1
	HAMMPOINT	1
	LIMESTCRK	1

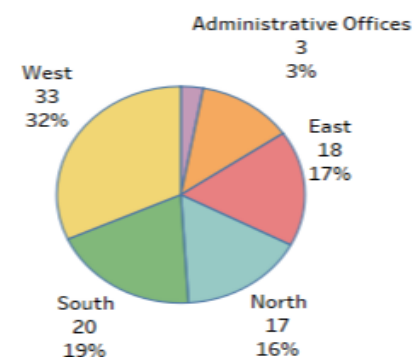
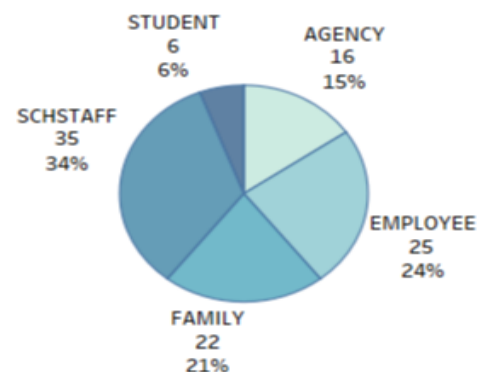
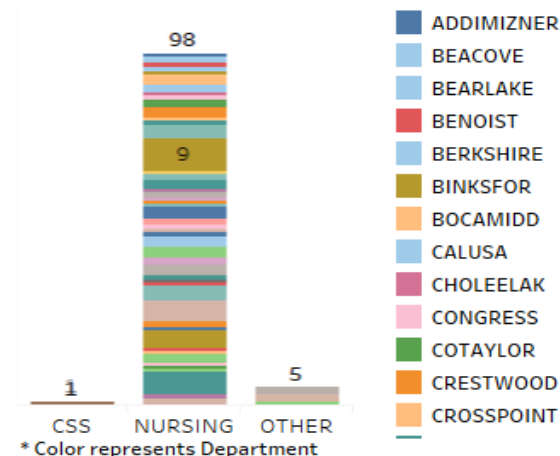
Total Top 5 Subcategories

Communicati.. Poor Communication

3

Nursing Related All aspects of care

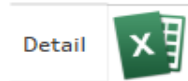
5

Total Compliments
104
Late Entries: 1
Comp/Griev Prev 4 Terms
Schools by Area

Complimenter

Care & Treatment Categories

Top 5 Categories Trended

1/1/21 to 6/30/21

Nursing Related	Care & Treatment	Communication
2020-2021 T2: 3	2020-2021 T2: 1	2020-2021 T2: 1
2020-2021 T3: 5	2020-2021 T3: 4	2020-2021 T3: 3

Patient Relations (Grievances, Complaints & Compliments) C.L. Brumback Primary Care Clinics

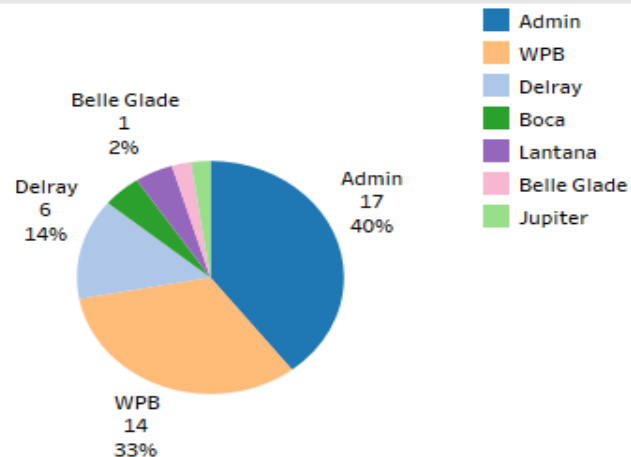

 Top Categories
5

2022 Q2

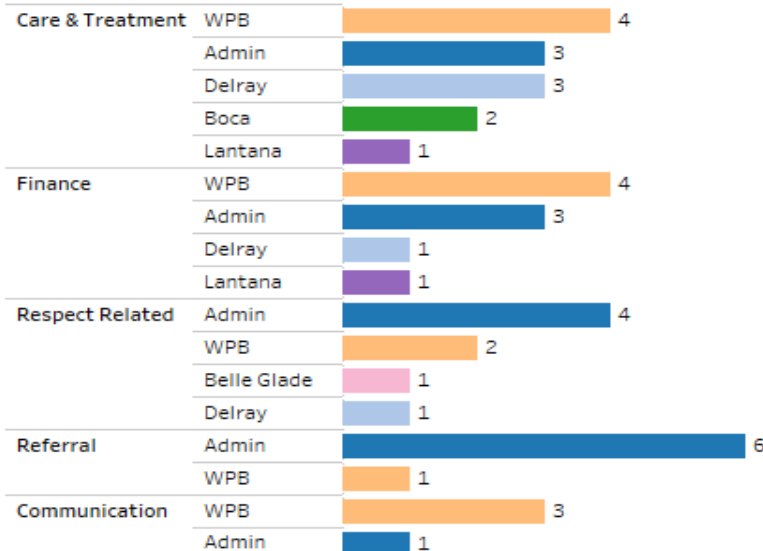
4/1/22 to 6/30/22

 Dept Desc All Provider All **Total Complaints and Grievances 43** **Late Entries: 10** Clinic All

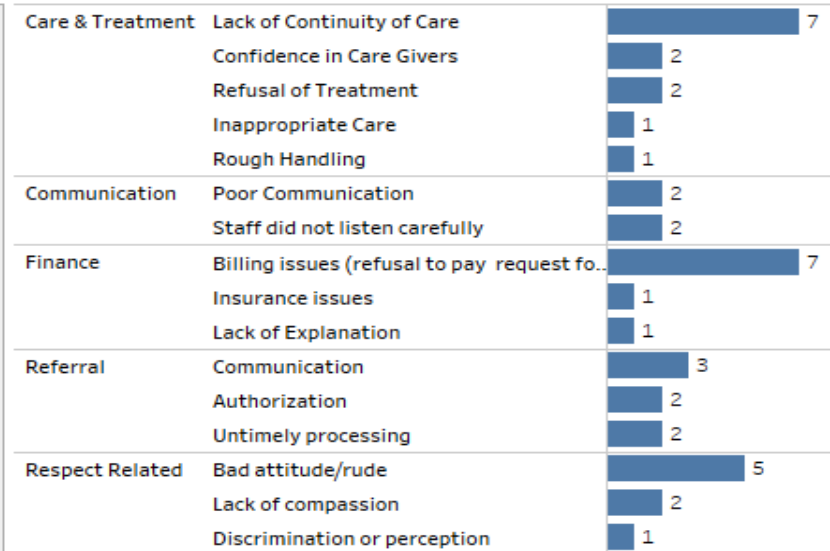
Clinics



Top 5 Categories



Total Top 5 Subcategories

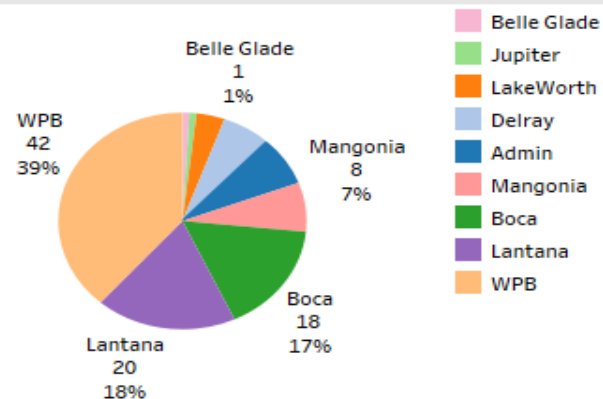


Total Compliments

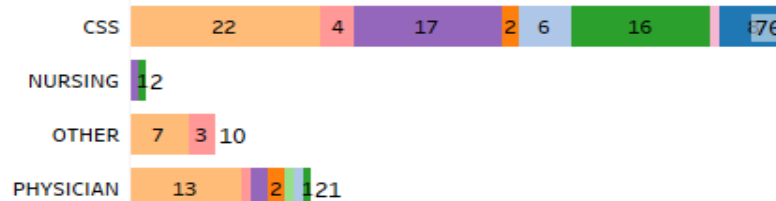
109

Late Entries: 10

Clinics



Care and Treatment Categories

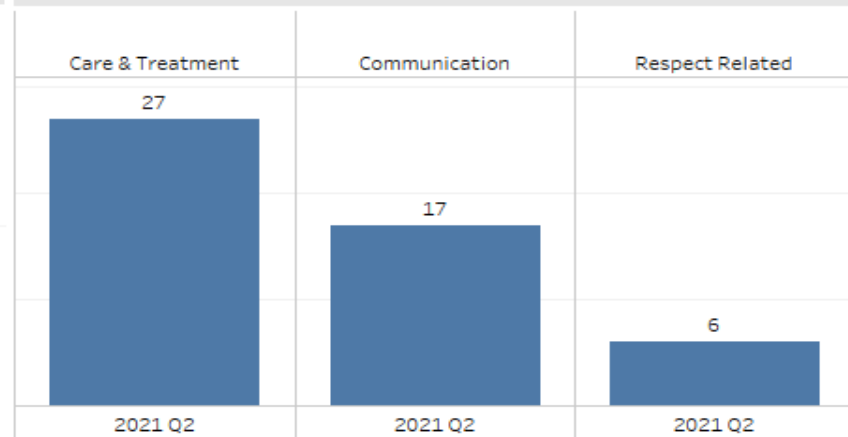


Complaints/Grievances Prev 4 Quarters

58

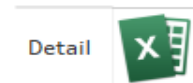
Top 5 Categories Trended

4/1/21 to 6/30/21



Patient Relations (Grievances, Complaints & Compliments)

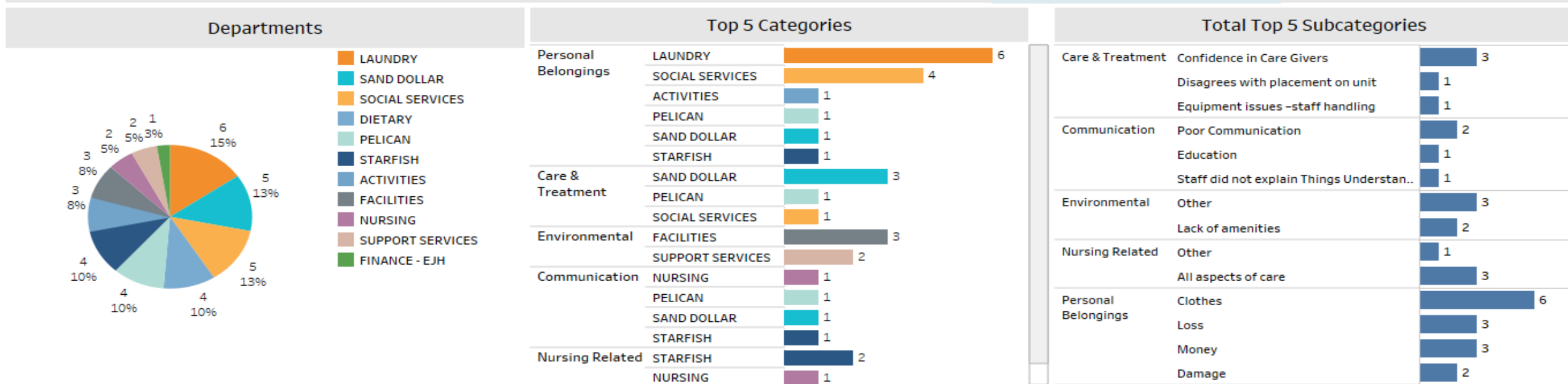
Healey Center



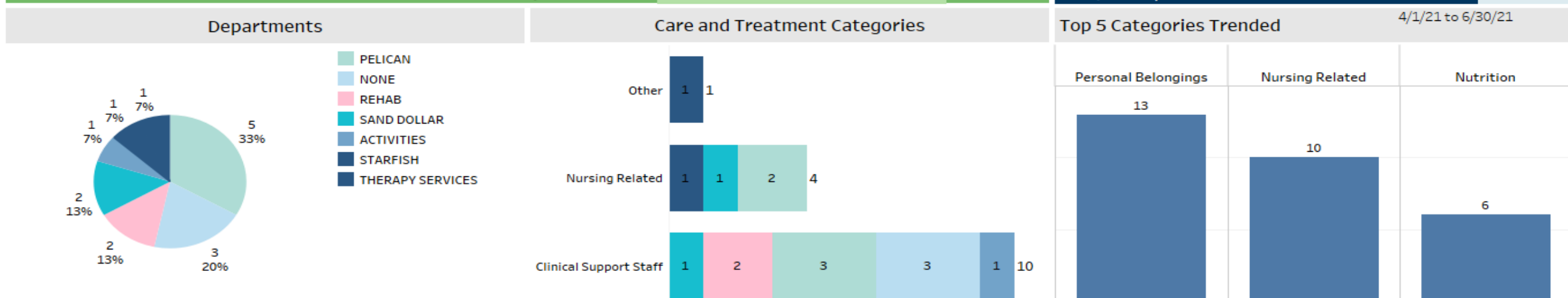
Top Categories
5

Provider: All 2022 Q2 4/1/22 to 6/30/22

Total Complaints and Grievances 39 Late Entries: 18



Total Compliments 15 Late Entries: 0 Complaints/Grievances Prev 4 Quarters 43



* Color represents Department

Patient Relations (Grievances, Complaints & Compliments)

Lakeside Medical Center

Provider

All

2022 Q2

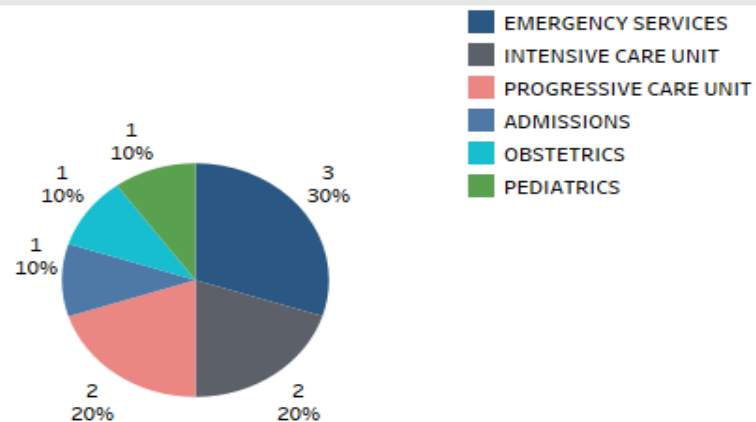
4/1/22 to 6/30/22

Total Complaints and Grievances

10

Late Entries: 1

Departments



Top 5 Categories

Communication	ADMISSIONS	1
	EMERGENCY SERVICES	1
	INTENSIVE CARE UNIT	1
	PEDIATRICS	1
Care & Treatment	EMERGENCY SERVICES	1
	PROGRESSIVE CARE UNIT	1
Nursing Related	OBSTETRICS	1
Personal Belongings	PROGRESSIVE CARE UNIT	1
Physician Related	EMERGENCY SERVICES	1

Total Top 5 Subcategories

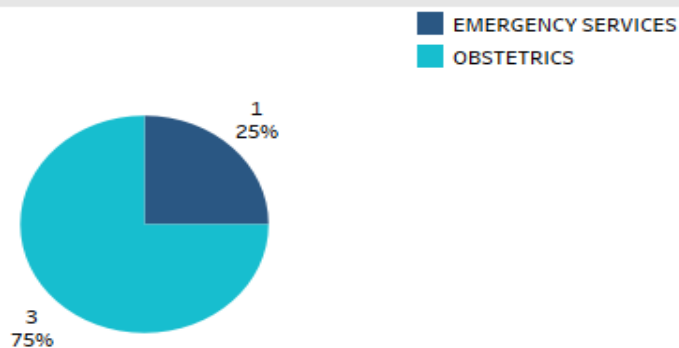
Care & Treatment	Inappropriate Care	1
	Unavailability of Staff Delay to Call Bell Response	1
Communication	Poor Communication	3
	Education	1
Nursing Related	Other	1
Personal Belongings	Loss	1
Physician Related	Communication	1

Total Compliments

4

Late Entries: 0

Departments



Care and Treatment Categories

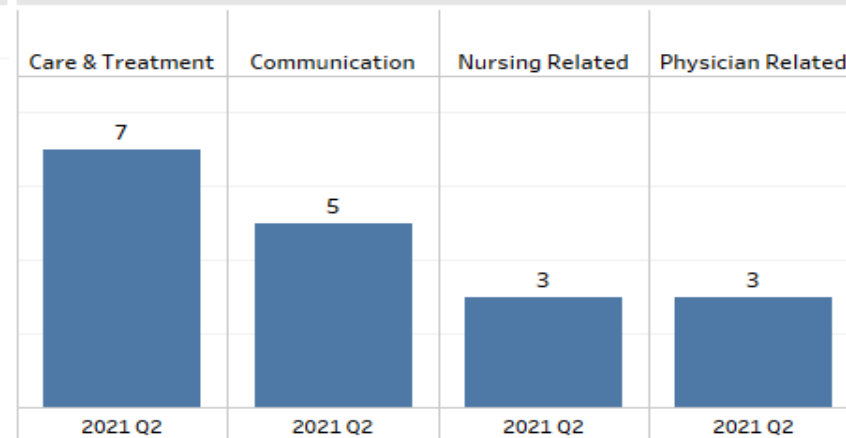
NURSING	3	1	4
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Complaints/Grievances Prev 4 Quarters

20

Top 5 Categories Trended

4/1/21 to 6/30/21



Patient Relations (Grievances, Complaints & Compliments)

Pharmacy

Provider	All	2022 Q2		4/1/22 to 6/30/22
		Total Complaints and Grievances		
Departments		Top 5 Categories		Total Top 5 Subcategories

Total Compliments		3		Late Entries: 0		Complaints/Grievances Prev 4 Quarters		3	
Departments		Care and Treatment Categories				Top 5 Categories Trended			
		Rx				4/1/21 to 6/30/21			
		1		2		Physician Related		Rx	
						2			
								1	
						2021 Q2		2021 Q2	

1

33%

2

67%

17



**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022**

1. Description: Productivity Dashboards

2. Summary:

This agenda item provides the productivity dashboards for the 3rd Trimester of the 2021/2022 school year for School Health and the 2nd Quarter of 2022 for C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center and Lakeside Medical Center.

3. Substantive Analysis:

School Health

In the third trimester of the 2021/2022 school year (April 1st – May 31st, no school in the month of June), we completed a total of 105,727 events across 166 schools. These events were broken down by 23,337 office visits, 26,497 medication visits, 15,635 procedure visits, 4,771 consultation events, 30,821 screenings (COVID-19, mandated, and pediculosis), 1,851 COVID-19 in-house testing, and 2,815 record reviews.

C. L. Brumback Primary Care Clinics

In the second quarter of 2022, the clinics served 16,903 unique patients from 33,235 visits. Of those patient visits, 60% were female and 40% male. The average age group ranged from 30 years old to 59 years old.

The Lantana Clinic had the highest volume with 5,264 visits, followed by the West Palm Beach Clinic with 4,293.

Our payer mix for the quarter reflects 62% uninsured and 32% of patients were Managed Care.

Edward J. Healey Rehabilitation and Nursing Center

During the second quarter, census for the Healey Center averaged 111. Covid-19 Screening averaged 11,700 for employees and 2830 for vendors. Treatments performed by nursing averaged 16,437 and 91,958 for medication administration. Food and nutrition services provided an average of 8,463. CNA POC documentation compliance rate for day and evening shift averaged 99.1% and night shift 98.4%. The therapy department completed a total of 4,321 units for the quarter.

Lakeside Medical Center

- Total Census Days by Level of Care – There was a total of 2108 patient days for Q2- 2022 compared to 2079 for Q1-2022 resulting in a 1.38% increase.
- Emergency Services Visits – There was a total of 4982 visits for Q2-2022 compared to 4276 for Q1-2022 resulting in a 15% increase.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

- Obstetrical Deliveries - There was a total of 44 deliveries for Q2-2022 compared to 33 for Q1-2022 resulting in a 28.5% increase.
- Baker Acts – There was a total of 2 Baker Act cases for Q2-2022 compared to 6 for Q1-2022 resulting in a 33% decrease.
- Physical Therapy Visits (Evaluations and Treatments) – There was a total of 272 evaluation and treatments for Q2-2022 compared to 258 for Q1-2022 resulting in a 5.3% increase.
- Medication Orders - There was a total of 43,783 medications administered for Q2-2022 compared to 38,461 for Q1-2022 resulting in a 13% increase.
- Laboratory Specimens Collected – There was a total of 22,751 lab specimens collected for Q2-2022 compared to 21,292 for Q1-2022 resulting in a 6.6% increase.
- Radiology Exams Completed – There was a total of 6602 radiological exams performed for Q2-2022 compared to 6049 for Q1-2022 resulting in an 8.7% increase.
- Co-Vid 19 Testing – There was a total of 2429 Covid-19 test performed for Q2-2022 compared to 1927 for Q1-2022 resulting in a 23% increase.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022**

5. Reviewed/Approved by Committee:

N/A

Committee

Date

6. Recommendation:

Staff recommends the Committee Receive and File the Productivity Dashboards.

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza

5C75A1C7D5E64B0...

Bernabe Icaza

VP & General Counsel

DocuSigned by:

Dr. Belma Andric

1F272D34C8B04A5...

Belma Andric, MD

VP & Chief Medical Officer

DocuSigned by:

Candice Abbott

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Candice Abbott

VP & Chief Financial Officer

School Health Room Events - Completed Activity Summary


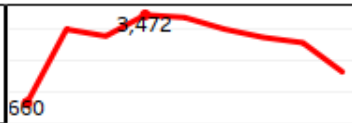

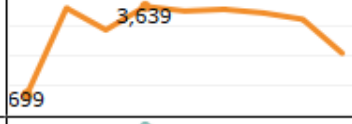

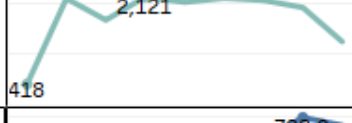

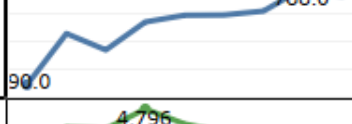



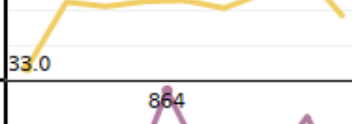
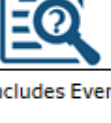

Total Events: 105,727

Start Date

4/1/2022

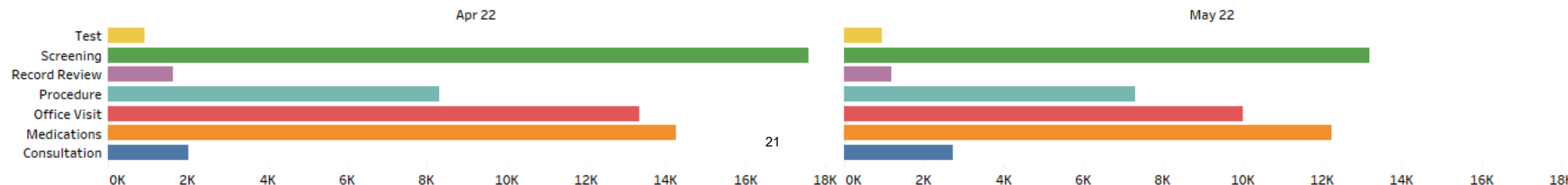
End Date

5/31/2022

Event Type	# Unique Nurses	# Health Room Events	Average Duration (Min)	# Unique Students	# Unique Schools	Provider Type	Volume Trend
 Illness/ Injury	180	23,337	17.9	18,166	166	Designee 778 3.3% Nurse 22,559 96.7%	
 Medications	181	26,497	5.5	1,056	160	Designee 758 2.9% Nurse 25,739 97.1%	
 Procedures	135	15,635	14.1	240	110	Designee 76 0.5% Nurse 15,559 99.5%	
 Consultations	172	4,771	13.6	3,159	162	Nurse 4,771 100.0%	
 Screenings	Covid19 181 96% Mandated 84 45%	Covid19 28K 90% Mandated 3K 10%	Covid19 28.9 Mandated 15.1	Covid19 22K 94% Mandated 2K 8%	Covid19 166 100% Mandated 118 71%	Designee 335 1.1% Nurse 30,450 98.9%	
 Testing	N/A	Test to Kn.. OK 3% In-House 2K 86% F/U OK 11%	30	Test to Kn.. OK 2% In-House 2K 87% F/U OK 11%	Test to Know 19 In-House 149 F/U 62	N/A	
 Reviews	74	2,815	N/A	N/A	74	REGISTERED NURSE 2,815 100.0%	

Includes Events for HCD Schools

Events by Type





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

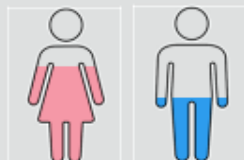
**Unique
Patients**
16,903

**Patient
Visits**
33,235

Monthly Productivity All 2022



DEMOGRAPHICS



60%

40%

Homeless
19.3%



Agricultural
4.6%



RACE

White

Black or AfricanA..

Other

50%

40%

11%

ETHNICITY

Hispanic

Non Hispanic

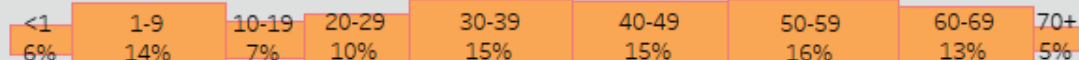
Other

56%

41%

3%

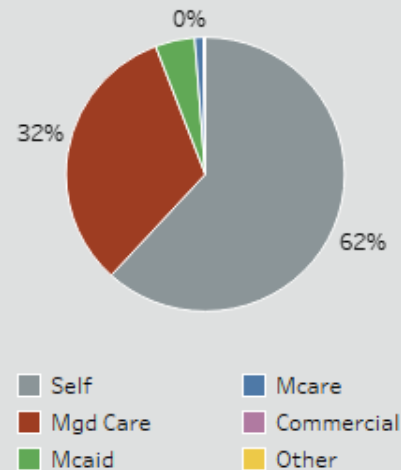
AGE GROUP



VISIT TYPE

	In Person	Tele Health	Total
Adult	99.3%	0.7%	12,100
Residency Program	99.3%	0.7%	1,145
OB/GYN	100.0%		1,423
Pediatric	100.0%		4,774
BH Integration	80.3%	19.7%	2,460
BH Addiction	80.4%	19.6%	3,531
Psychiatry	79.7%	20.3%	133
Dental	100.0%		7,669
Total	96.1%	3.9%	33,235

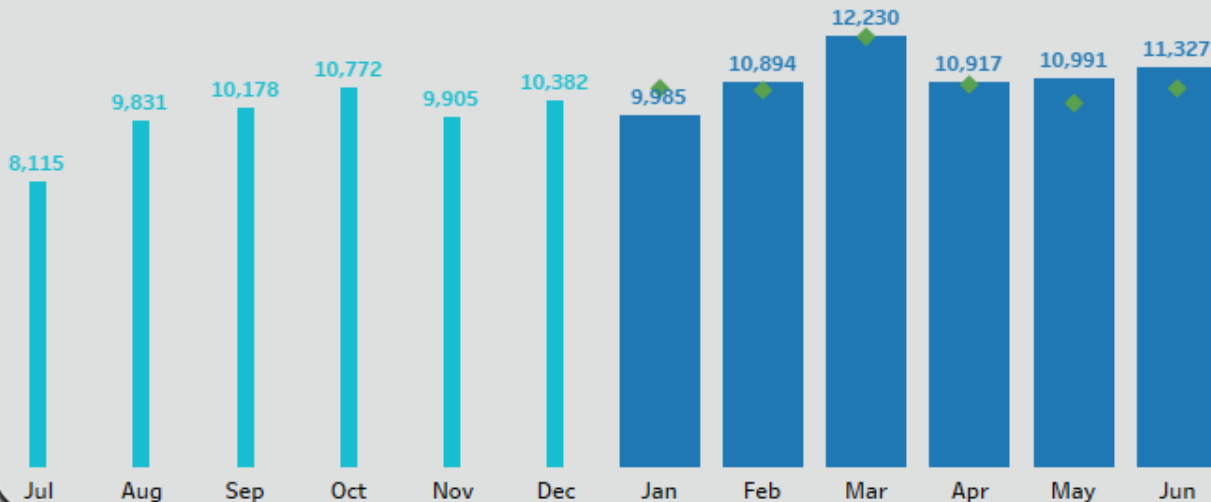
PAYOR MIX



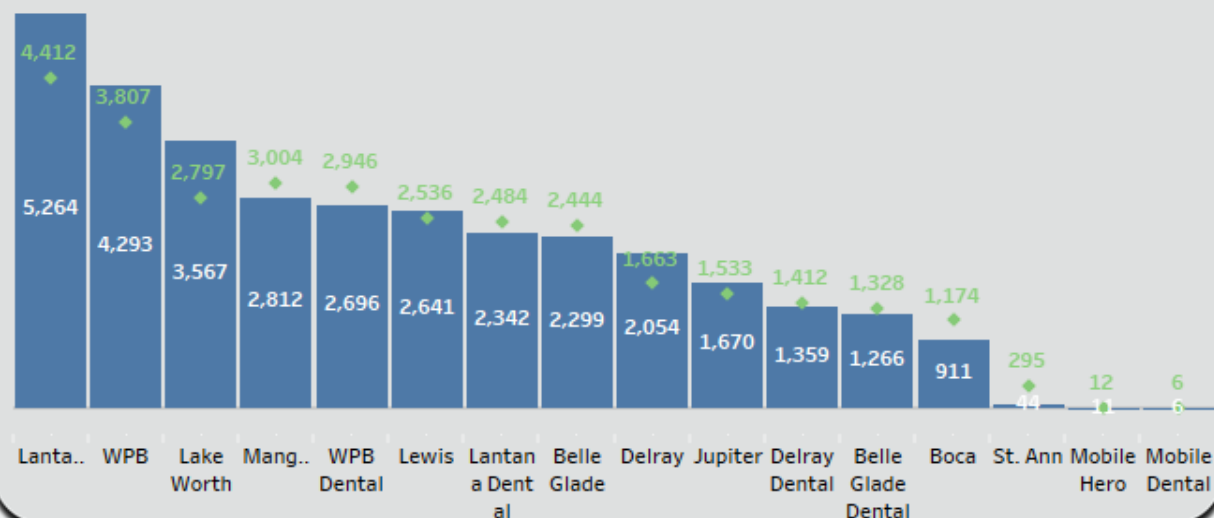
2021 2022

MONTHLY TREND

Target



VOLUME BY CLINIC



Healey Center Productivity Data

 April 1, 2022
to
June 30, 2022

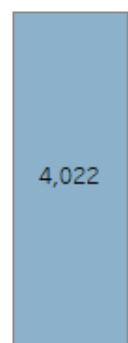
Covid-19 Screening Forms

Employees Vendors

Apr

May

Jun



1,172



896



762

Employees

Vendors

Employees

Vendors

Employees

Vendors

Avg Monthly Census

112

111

109



Apr

May

Jun

Treatments Performed

16,701

16,838

15,774



Apr

May

Jun

Meal Count

8,228

8,542

8,620



Apr

May

Jun

Medication Administrations

92,093

92,956

90,824



Apr

May

Jun

CNA Point of Care (POC) Compliance

Day Shift

98.60%

99.35%

99.33%



Apr

May

Jun

Evening Shift

99.25%

99.06%

99.22%



Apr

May

Jun

Night Shift

98.20%

98.65%

98.58%

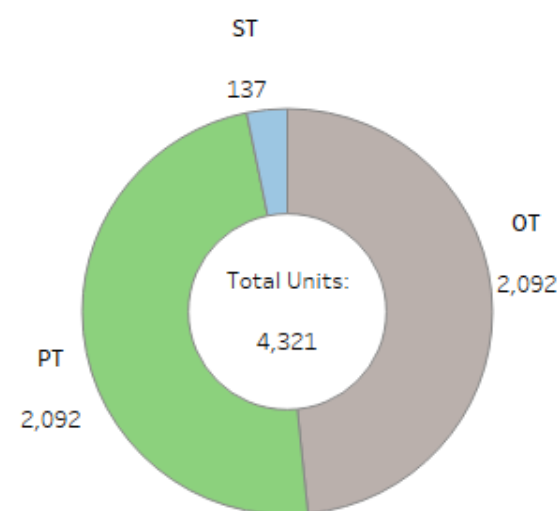


Apr

May

Jun

Therapy Productivity



Discipline

OT

PT

ST

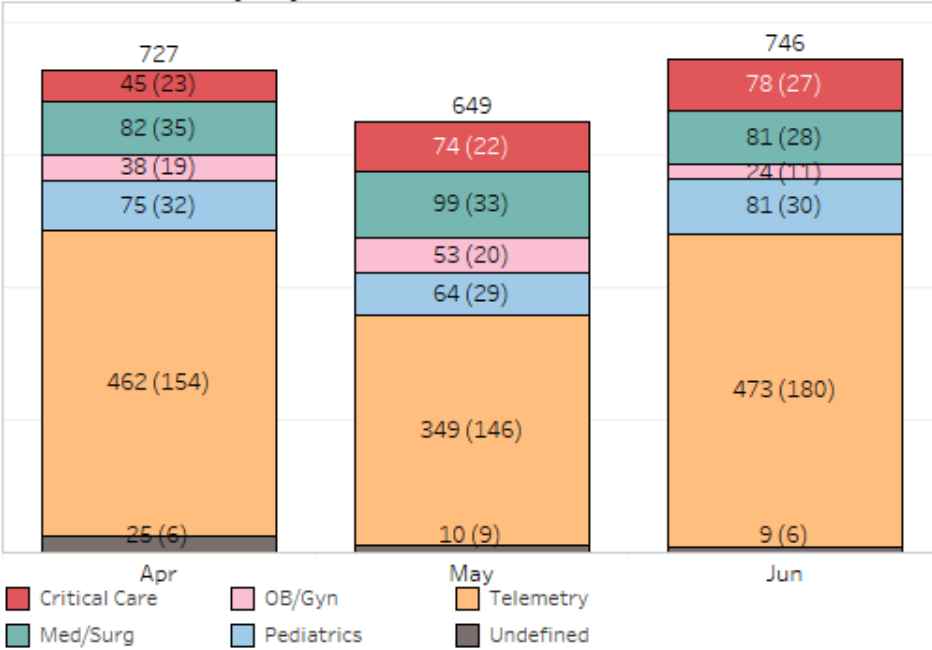


Lakeside Medical Center Productivity Data

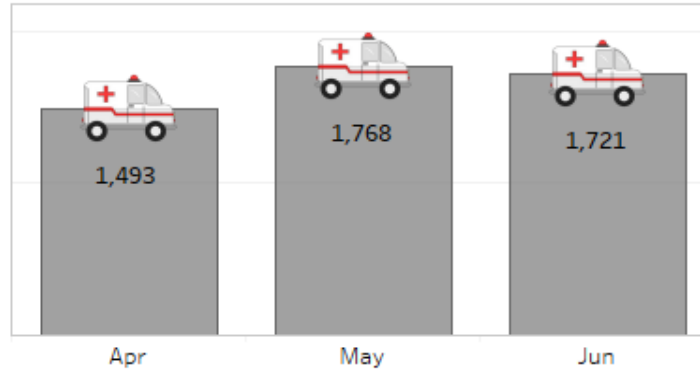
Date Range
Previous Quarter

April 01, 2022
to
June 30, 2022

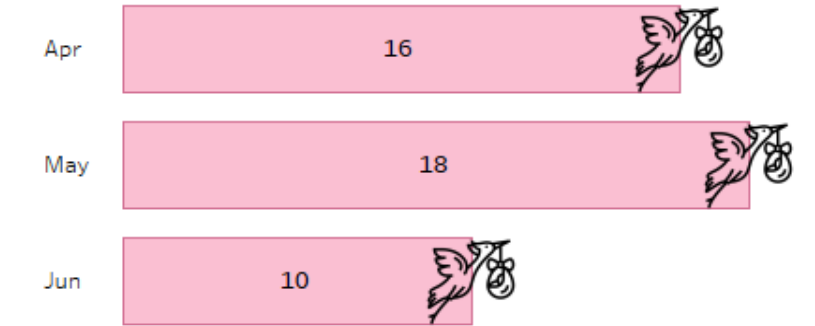
Total Census Days by Level of Care



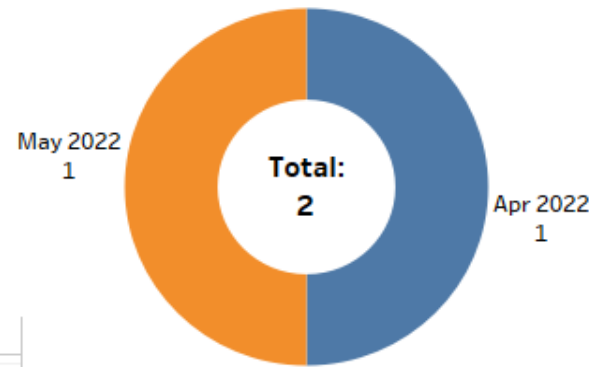
ED Visits



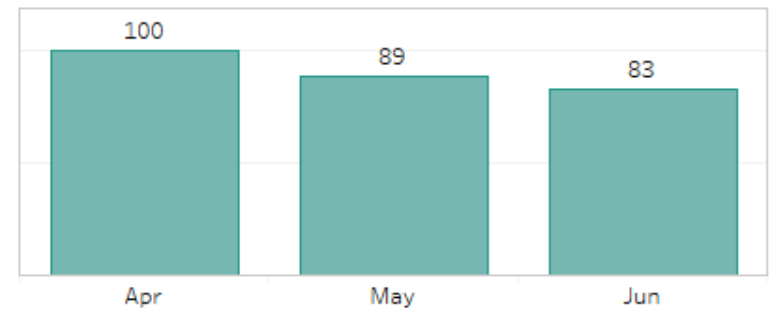
Deliveries



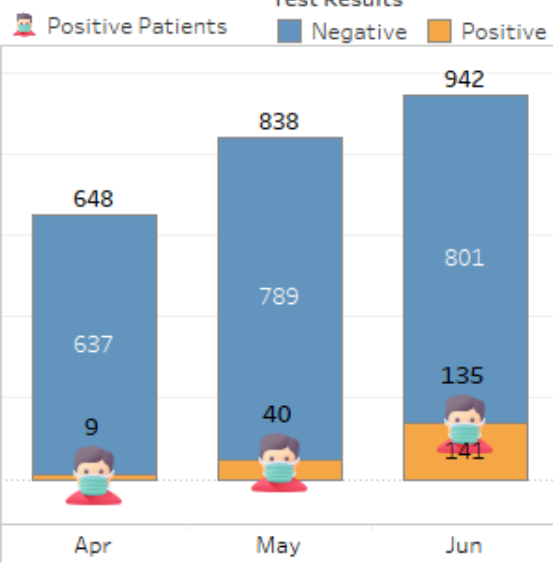
Baker Acts



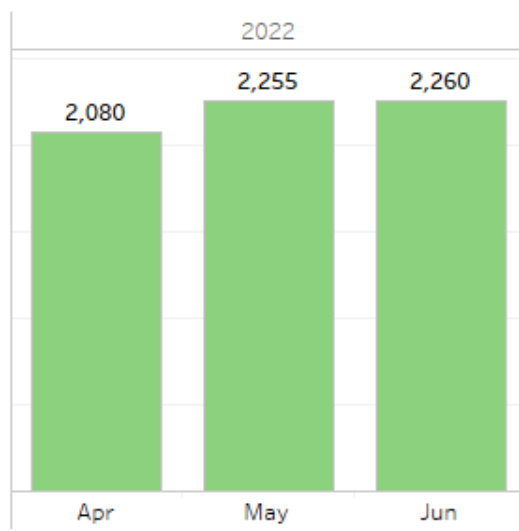
PT Visits (Evals and Treatments)



Covid-19 Testing



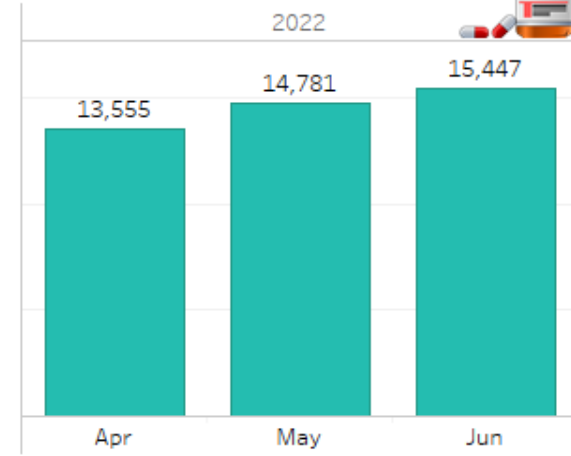
Radiology Exams Completed



of Lab Specimens Collected



Medication Orders



HEALTH CARE DISTRICT

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

September 27, 2022

1. Description: Amendment to the Quality, Patient Safety and Compliance Committee Charter

2. Summary:

This item presents proposed amendments to the Quality, Patient Safety and Compliance Committee Charter (“Charter”).

3. Substantive Analysis:

The Charter was last updated on March 10, 2021. The District proposes amending the Charter to add Section titled, ‘Composition of Committee’. The proposed new language designates the Lakeside Medical Center Chief of Staff as a new Committee member. Attached for your review is the following document:

- Updated version of the charter showing the proposed amendments with other minor edits.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee

N/A


Date Approved

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022**


6. Recommendation:

Staff recommends the Quality, Patient Safety and Compliance Committee approve the amendment to the Quality, Patient Safety and Compliance Charter and forward to the Board for approval.

Approved for Legal sufficiency:

DocuSigned by:

5C75A1C7D5E64B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:

F637D209DB52427...

Candice Abbott
VP & Chief Financial Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

The purpose of the Quality, Patient Safety, and Compliance ~~& Patient Privacy~~ Committee Charter of the Health Care District and its ~~A~~affiliated ~~E~~entities (“District”) is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety, compliance and privacy program, corporate ethics, and risk management activities of the District and promote an organizational “Culture of SafetyQuality”. The Committee will monitor and oversee the District’s process for ensuring compliance with laws and regulations and the District’s compliance and privacy program.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community, ~~and one (1) Committee member shall serve on the District Clinic Board, one~~~~and~~(1) Committee member shall be a community member at large, and one (1) Committee member shall be the Lakeside Medical Center Chief of Staff (“Chief of Staff”). The Board shall appoint Committee members, except who are not a Board for Board members, or the Chief of Staff to a four (4) year term, commencing on the date of appointment, with Committee membership limited to two (2) full four (4) year terms unless otherwise recommended by the Committee and approved by the Board. The term for Board members and the Chief of Staff appointed to serve on the Committee shall run concurrently with their term on the Board or while serving in the position of Chief of Staff. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

MEETINGS

Regular meetings of the Committee shall be conducted quarterly. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a ~~R~~regular meeting, upon proper notice to Committee members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

There shall be an agenda for every meeting of the Committee. However, the Committee is not prohibited from discussing and/or taking action on an item or matter not specified in the agenda. Minutes of each meeting shall be accurately taken, preserved and provided to members.

Regular attendance shall be expected for all Committee members. If a member misses more than twenty-five percent (25%) of the Regular Committee meetings during the twelve (12) month calendar period, the Chair shall advise the Board.

The presence of the majority of appointed Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee will adjust their meetings accordingly.

VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION

If a quorum of the Committee is physically present at a Committee meeting and at the time of a Committee vote, other members of the Committee may participate and vote by telephonic or electronic communication provided that such members are:

- a. Physically outside the borders of Palm Beach County; or
- b. Unable to attend the meeting due to illness of the Board member; or

c. Unable to attend the meeting due to some unforeseen circumstance beyond the Board member's control.

The Committee shall ensure that any telephonic or electronic communication utilized to permit committee members to participate and/or vote in a committee meeting is properly amplified or displayed so that all attending the meeting can hear and/or see the committee member's comments and/or vote and so that the committee members can hear and/or see all other committee members' comments and/or votes and the comments of other participants in the meeting.

Notwithstanding the above, if an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the above requirements shall not be applicable.

POWERS AND DUTIES

The following functions shall be the common recurring functions of the Committee in carrying out its oversight role.

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.
2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.
3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.
4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.
5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).
6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation,

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.
8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.
9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.
10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.
11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.
12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.
13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.
14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
 - a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
 - b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
 - c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
 - d. Federal Sentencing Guidelines; and,
 - e. Laws which apply to the District as a result of its tax-exempt status.

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

THE HISTORY OF THE QUALITY PATIENT SAFETY AND COMPLIANCE CHARTER

The initial Charter of the Quality Patient Safety and Compliance Committee was first adopted on the 23rd day of May 2017.

Change Number	Date of Adoption	Section(s) Amended
1	September 25, 2018	Amended Composition of Committee Board Reporting Sections.
2	March 26, 2019	Amended Meetings Section, to specify the need for a majority presence to constitute a quorum.
3	May 28, 2019	Composition of Committee, Board shall appoint members who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (3) full terms.
4	September 24, 2019	Amended Meetings Section to reflect that the regular meetings of the Committee shall be conducted quarterly.
5	March 10, 2021	Amended to add Section titled, Voting by Electronic or Telephonic Communication.
6	September 27, 2022	Amended to add to the Committee the <u>LMC Chief of Staff.</u>

**HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 27, 2022**

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

2. Summary:

This item presents a summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Program" or "CPE") activities since the last meeting. Data reported at this meeting covers FY22 Q3: April – June 2022 ("Reporting Period"). Additional updates on Program activities, recently completed audits, and initiatives updates from FY22 Q4: July – September 2022 ("Current Period") are also provided.

3. Substantive Analysis:

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 compliance and privacy program. The purpose of this report is to provide an update on CPE Program activities, initiatives, monitoring, and statistics, including but not limited to Work Plan updates, Conflicts of Interest, and a summary of Recent Regulatory Updates and Industry Enforcement Activity. Heather Bokor, VP & Chief Compliance, Privacy, & Risk Officer, presents the following:

4. Compliance, Privacy, and Ethics Report:

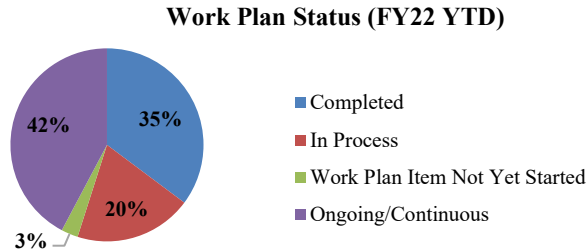
The CPE Department continues to assess HCD and develop the Program to address areas requiring attention and/or enhancement, in order to ensure that through our work plan and other activities, HCD meets or exceeds Effective Compliance Program Elements, per the OIG.

Key focus areas since the last report have been on the FY22 Work Plan, increased auditing and monitoring efforts, Conflicts of Interest reviews, systems, processes, policies and procedures, cybersecurity and data privacy, compliance awareness activities, active participation and responsiveness to HCD staff inquiries and organization needs, issuance of regulatory and other guidance and education/information to HCD staff, and other initiatives to improve compliance and mitigate risk in the organization in all areas.

HCD CPE is in process of developing its annual Work Plan for FY23. A copy of the proposed Work Plan and a formal request for approval will be made at the next Committee meeting.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

A. Work Plan Status Update:



1. Audit Activity Summary (CPE Work Plan – FY22 YTD):

In FY22 YTD, CPE initiated Fifty-five (55) audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual Compliance, Privacy, and Ethics Work Plan. *Note: This volume includes twenty-five (25) unique and thirty (30) routine monitoring activities.* Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

- Of these, thirty-nine (18 unique, 21 routine) reviews are complete; With fourteen (5 unique, 9 routine) completed since the last meeting. Results were favorable. CPE made recommendations where appropriate (e.g., training, policies, or monitoring).
- Completed items are reported in the tables below, with additional details on the background, scope and methodology, findings, and recommendations.
- Sixteen (7 unique, 9 routine) reviews are currently in preparation, in process, or pending preliminary reports. These items are reported as “Open” in the tables below,
- *Note: Twenty-five (25) were previously completed and reported on at prior meeting(s). These are not reported below.*
- *Note: One (1) unique review for the FY22 Work Plan has not yet started. One (1) new item has been added to the Work Plan: Cybersecurity Tabletop Exercise.*

Auditing and Monitoring – Completed	
Work Plan Item/Area	Summary
PYA Consulting Report Billing and Coding Review and Report Follow-Up <i>In 2020, PYA Consulting reviewed the C.L. Brumback Primacy Care Clinics (“PCC”) billing and coding processes and related accuracy to determine areas of opportunity and issued their report. Subsequently, allegations of improper billing and coding were made. As a result, HCD Compliance Department staff, in place at the time, conducted an investigation.</i> <ul style="list-style-type: none"> • <i>PYA’s report identified opportunities to enhance coder and provider training,</i> 	Review Complete. Results Favorable. After review of the prior reports, findings, and communication with HCD key staff, all items identified have been addressed and are resolved or in process for completion; therefore, no audit is recommended. Recommended Actions: <ul style="list-style-type: none"> • Revenue Integrity to continue to implement random coder audits for clinics in FY23, to identify any potential issues and/or opportunities.

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<p><i>improve coding accuracy through routine auditing and monitoring, and develop policies and procedures and workflow documents to provide more concrete guidance for the coding team.</i></p> <ul style="list-style-type: none"> • <i>HCD's Compliance report provided in inconclusive findings, however, noted areas of concern, generally.</i> <p>As a result, the current Compliance Department staff included a follow-up review "PYA / Compliance Prior Review(s) on Revenue Cycle Report and Recommendations" as part of HCD's CPE FY22 Work Plan.</p>	<ul style="list-style-type: none"> • Compliance will further evaluate and consider adding a PCC coding review to the FY23 CPE Work Plan.
<p>Program for Evaluation Payment Patterns Electronic Report ("PEPPER") Report Monitoring for Skilled Nursing Facilities (SNF: Healey)</p> <p><i>The OIG encourages healthcare facilities to conduct regular audits to ensure charges for Medicare are correctly documented and billed. The PEPPER report contains claims data statistics within the prospective payment system that could be at risk for improper payment due to potential billing, coding, admission necessity, and/or episodes of care issues (known as target areas). HCD's Medicare Administrative Contractor, ("MAC" or "FCSO") also conducts post-payment audits of these areas to ensure compliance.</i></p> <p>As a result, this item was added to HCD's CPE FY22 Work Plan to evaluate and assess current processes utilizing PEPPER as a monitoring mechanism.</p>	<p>Review Complete. Results Favorable.</p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> • While the SNF Annual PEPPER Report was not incorporated into an annual monitoring process, due to low Medicare population, Healey does routinely monitor CMS Certification and Survey Provider Enhanced Reports ("CASPER"), which overlaps with PEPPER. The data from these reports are monitored, implemented into action plans (where applicable), and communicated with key staff, leadership, and committees. • A low outlier was identified for FY2021, target area "High PT and OT Case Mix", on the PEPPER report, which may indicate a potential issue with medical record documentation needed to accurately reflect the functional score of the patient. <i>Note: In March 2021, FCSO conducted an audit of twenty (20) claims containing therapeutic procedures. Audit findings revealed a 0% payment error rate, where all services were billed with documentation supporting the medical necessity of the services provided.</i> <p>Conclusion and Recommendations:</p> <ul style="list-style-type: none"> • After review of the reports, and communication with key staff, no audit is recommended.

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	<ul style="list-style-type: none"> Compliance recommends Healey review the SNF PEPPER report annually, in addition to their ongoing reviews of the CASPER reports, to identify any potential issues and/or opportunities identified through the target area outliers.
<p>Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: Lakeside Medical Center)</p> <p><i>[Refer to background/rationale above.]</i></p>	<p>Review Complete. Results Favorable.</p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> PEPPER reports are reviewed and monitored quarterly through various LMC Committees. Target area data is monitored, implemented into action plans (when applicable), and communicated with key staff and leadership. For FY21, four target areas were identified, “Single CC or MCC” and “30-Day Readmission to Same or Elsewhere” indicated high outliers and “Medical DRGs with CC or MCC” and “Emergency Department Evaluation and Management Visits”, indicated low/non-outliers. The Committee reviewed the outlier suggested interventions for determining coding or medical necessity errors, and based on various factors, including but not limited to ongoing Revenue Integrity and Health Information Management (coding) reviews and/or low volume for other quarters, recommended no audit actions of the above target areas at this time, however will continue to monitor PEPPER reports. <p>Conclusion and Recommendations:</p> <ul style="list-style-type: none"> After review of the PEPPER report, hospital/committee monitoring process, and communications with key leadership, no auditing is recommended at this time. Compliance recommends LMC continue monitoring and evaluating the PEPPER reports quarterly, upon the release of the report, to identify potential issues and/or opportunities identified through the target area outliers.

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<p>Medicare Payments for Inpatient Claims with Mechanical Ventilation >96 hours</p> <p><i>Proper billing of Medicare inpatient hospital claims with mechanical ventilation greater than ninety-six (96) hours has been an identified risk area on the Office of Inspector General's ("OIG") current and past Work Plan(s), with numerous findings of improper coding resulting in considerable overpayment of funds.</i></p> <p>As a result of this, and the OIG's renewed focus in this area due to COVID-19, this item was added to HCD's CPE FY22 Work Plan to be reviewed and evaluated through data analytics.</p>	<p>Review Complete. Results Favorable.</p> <p>In summary, the review revealed:</p> <ul style="list-style-type: none"> • A low volume of Medicare inpatient hospital claims (16 total); • Prebill measures implemented. Inpatient Coders review the charges, documentation, and time stamps in Epic for the most accurate ventilation times; use various tools to assist in counting hours based on the documentation; and have the capability to adjust the charges and accurately assign the applicable code for the claim if errors are identified. <p>Conclusion and Recommendations: Compliance recommends that the HIM Department include a few inpatient accounts, that have Respiratory Ventilation, greater than 96-Consecutive Hours (5A1955Z) coded, as part of the random coder audits throughout each year to identify potential issues or opportunities.</p>
<p>Observation Notices Process Review (MOON/HOON Federal/State Requirements)</p> <p><i>Compliance with the Medicare Outpatient Observation Notice ("MOON") requirements has been a target for audit by Medicare Administrative Contractors ("MACs") and a focus with increased legislation in Florida.</i></p> <p>As a result, and as a preventive measure, a mini-risk assessment to review observation notice processes was added to the HCD's CPE FY22 Work Plan.</p>	<p>Review Complete. Results Favorable.</p> <p>In summary, the review revealed that while there were no formal written processes in place, HCD staff were aware of requirements and processes. After discussing this, along with the new written procedures and communications with key staff, no further audit is needed at this time.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Patient Access/Admissions Department to develop a hospital admission notice policy in FY23 to address all hospital notices. • Compliance to consider adding MOON/HOON audits to the FY23 CPE Work Plan, either to be performed by CPE or as a department self-audit, to evaluate compliance with regulatory requirements.
<p>Monthly Exclusion Screening Compliance Reviews (April – June 2022)</p>	<p>Monthly Reviews Complete. Results Favorable, No Actions Recommended.</p>

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<i>[Background/rationale details provided prior – Omitted from here as a routine review].</i>	All reviews completed monthly. 100% compliance with HCD policies and applicable rules with no resulting exclusions for HCD.
Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly) <i>[Background/rationale details provided prior – Omitted from here as a routine review].</i>	Weekly Reviews Complete. Results Favorable, No Actions Recommended. All reviews completed weekly. 100% compliance with HCD policies and applicable rules with no red flags or resulting privacy violations for HCD.
Monthly Referral Source/Physician Payment Audits (April – June 2022) <i>[Background/rationale details provided prior – Omitted from here as a routine review].</i>	Monthly Reviews Complete. Results Favorable. Recommended Actions. Multiple monthly payment and contract reviews complete as routed to CPE. No issues, all in compliance. For FY23, CPE to analyze reports/lists for full review scope area to ensure encompasses all.
OIG Work Plan (Monthly): <i>[Background/rationale details provided prior – Omitted from here as a routine review].</i>	From April– June 2022, OIG added 15 items to their Work Plan, at least 10 of which appear to pertain to HCD. Information is disseminated to applicable staff and is added to the Work Plan, upon full evaluation by HCD CPE, if/where applicable.

Element/Type	Work Plan Item/Area – Completed Items <i>(Non-Auditing & Monitoring (See above); Non-Ongoing Items (See below))</i>
Audit & Monitoring	<ul style="list-style-type: none"> • Price Transparency Requirements and Review
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> • No Surprises Act/Surprise Billing Act • Conflicts of Interest Disclosures and Review Process – HCD Board • Conflicts of Interest Disclosures and Review Process – HCD Staff
Training & Education	<ul style="list-style-type: none"> • Committee/Board Education through the following education presentations: Conflicts of Interest; Cybersecurity Stark/Anti-Kickback Statute; COVID/Vaccine Mandates; and Recent Regulatory Updates and Industry Enforcement Activity Trends. • Topic Specific Training (e.g., Ambulance, EMTALA, HIPAA/Privacy) • New Hire Orientation CPE Training Revision – Clinics
Open/Effective Communication	<ul style="list-style-type: none"> • Compliance, Privacy, & Ethics Annual Awareness Survey (HCD staff)

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	<ul style="list-style-type: none"> Leadership Engagement and Program Satisfaction Survey (VP/AVP)
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Element/Type	Work Plan Item/Area – Ongoing (*) or In Process Items
Committees	Committees/Meetings *
Policies and Standards of Conduct	Standards of Conduct Policies & Procedures / Guide (revised) Clinic/Administrative/Operational Business Unit P&P (via Committee) * Internal Business Unit P&P's (new) *
Open/Effective Communication	Dissemination of information to HCD staff * Regulatory Updates/Industry Enforcement Activity * Regulatory Dashboard/Website enhancements * Internal staff development * Release of Information Authorization for Marketing/Patient Stories
Training & Education	New Hire CPE Training (All HCD Staff)
Auditing and Monitoring [Unique] [Routine]	Privacy and Security Compliance Surveys for HCD Departments EMTALA and Access to Emergency Services and Care Risk Assessment Observation Billing Process Review Credentialing Risk Assessment (to be pushed out in FY23) Pharmacy Controls and Drug Diversion (Review of Consultant's report) Florida Medicaid – Deficit Reduction Act (DRA of 2005) Telehealth CMS Publications and Notifications and RAC Reports * OIG Work Plan Monthly Updates * Exclusion Screening Reviews (monthly) * Privacy FairWarning auditing and monitoring of Epic user access and activity for HIPAA Compliance) (weekly) * Referral Source/Physician Payment Audits (monthly) * Continuous Monitoring (e.g., OIG Work Plan, Government Contractors) * External Agency Audit Activity/Response
Issuing Guidance / Enforcing Standards	HCD Applicable Rule/Law Analysis Contract Reviews and Guidance * CMS ONC HIT Requirements for Information Blocking Air Transportation Regulatory and Billing Requirements Privacy Violations / Sanctions Grid development Social Media Guidance Regulatory Updates and Industry Enforcement Activity ****
Responding to Issues	Hotline Call Response/Investigations ** Response to Issues/Inquiries/Investigations ***
Effectiveness	Cybersecurity Tabletop Exercise (NEW) Compliance Program Development/Effectiveness *

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2. Conflicts of Interest *

During FY22, 100% of Board/Committee members and HCD Staff completed required Disclosures for FY21-22. The submitted COI Questionnaires were reviewed by HCD CPE, and referred to Human Resources and/or Legal, where needed. Opportunities were identified and recommendations will be made. Select recommendations are noted below:

HCD Board/Committees:

- Continue review and comparison of Bylaws for potential amendments to address inconsistent language surrounding conflicts. Note different Bylaws may require amendments.
- Consider potential amendment to address current remedies to cure conflicts, where necessary, and to allow for appropriate alternatives.

HCD Staff:

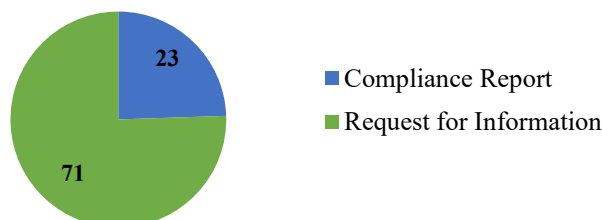
- The vast majority of these disclosures related to outside employment, mainly with staff who also work at other healthcare companies/facilities.
- Most disclosures are allowable, as long as guardrails are in place and followed to ensure no actual conflicts occur. Recommend development of a Human Resources policy on “Outside Employment”, and ensuring policies address identified areas.

3. Department Activity and Statistics (CPE Work Plan – FY22 YTD)

Hotline Calls **

- A total of 94 calls were placed to the Hotline during FY22 Q3 (April – June 2022). 77% of these were anonymous. *Note: Decrease (positive trend) in calls made to the Hotline from Prior reporting.*
- The majority of Hotline calls were requests for information (76%), which were addressed by our vendor, ComplianceLine. The remaining 24% were addressed by CPE. *Note: Increase (positive trend) in calls made to CPE from Prior reporting.*

Hotline Calls (FY22 Q3)
Sorted by Call Volume



CPE Inquiries ***

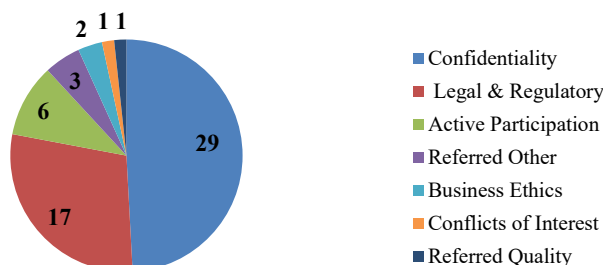
- CPE reviewed and responded to over 59 inquiries (*) during the Reporting Period (FY22 Q3). 97% of these were resolved at the time of reporting. The most common type of inquiries during related to Confidentiality/Privacy, 49%, followed by Legal

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and Regulatory, 29%. The below graphs provide a breakdown of the inquiries by Standards of Conduct category. *CPE continues to refine methodologies for documenting and reporting on data. Recent data is increased in actual volume, complexity, facilities, variation by category.*

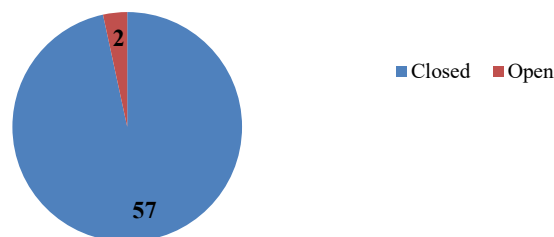
Inquiries (FY22 Q3)

Sorted by Standards of Conduct



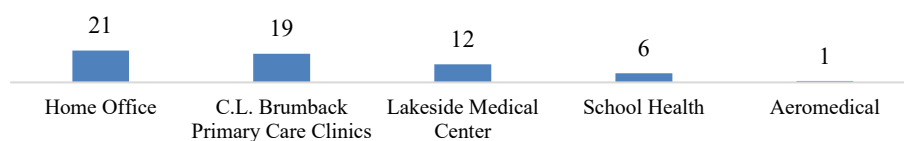
Resolved Inquiries (FY22 Q3)

Sorted by Inquiry Resolution Status



Inquiries (FY22 Q3)

Sorted by Location



Privacy Case Activity ***

- The most common types of reported privacy incidents during FY22 Q3 included: Misfile of PHI, Proper Safeguards, and Disclosures to an Unauthorized Individual. All addressed by staff education, where appropriate.
- During the reporting period the Privacy Office reports the following metrics:

Privacy Case Activities (New this Reporting Period)	Q3 FY22
Office for Civil Rights (OCR) / FIPA Reportable Breaches < 500 * (Individual)	6
Office for Civil Rights (OCR) Complaint Letters or Investigation Notices **	0
Internal Reports of Alleged Violations (Investigated Cases)	29

* Breaches of unsecured PHI affecting <500 individuals are reported annually to OCR.

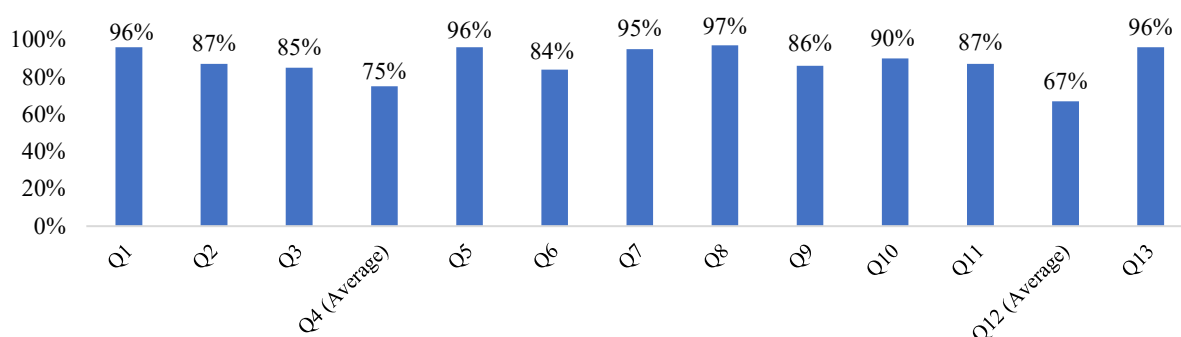
** HCD has one (1) open case, pending closure by OCR, which was previously reported. (0) new complaints/investigations.

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Compliance, Privacy, and Ethics Awareness and Feedback Surveys *:

During August 2022, CPE completed its first annual Compliance Awareness Survey. The responses will help us to measure awareness and effectiveness of our Program, identify strengths and opportunities for improvement, and provide HCD staff with education about compliance and an additional mechanism to report issues and concerns. Over 975 HCD employees took the voluntary survey. Additionally, the Department sent a separate survey for feedback and engagement to HCD's Leadership Team.

Compliance, Privacy, & Ethics Awareness Survey - Overall Summary
(Employee Awareness % by Question)



Survey Questions [paraphrased]:

1. Are you aware that HCD has a Compliance, Privacy, and Ethics Program?
2. Who oversees the Compliance, Privacy, and Ethics Program for HCD?
3. Do you know how to contact us if you have a question or to report a concern?
4. Are you familiar with Compliance and Privacy resources (*note: multiple selections*)?
- 5 – 9. True or False Test Questions (5 covering Compliance and Privacy topics).
10. Do you know where to locate HCD/Compliance & Privacy policies and procedures?
11. Are you aware that HCD has a non-retaliation policy?
12. I feel comfortable reporting issues and concerns to (*note: multiple selections*): my supervisor/business unit leader/HCD leader, Human Resources, CPE, Legal Services, Risk Management/RiskQual, or the Hotline.
13. This survey has increased my level of compliance, privacy, and ethics awareness.

4. Regulatory Updates and Industry Enforcement Activity (June – September) ****:

HCD CPE continuously reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD. Information is searched, tracked, reviewed, analyzed, monitored (at a minimum), and is published on HCD's Regulatory Dashboard. Updates and trends are provided to the Board/Committees as needed and/or as informational. For this quarter, a summary of the items since the last report was sent as part of the Consent Agenda for HCD's 9/27/2022 Board meeting. To learn more about any or all of these updates, please contact Heather Bokor at hbokor@hcdpbc.org.

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5. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

6. Reviewed/Approved by Committee:


Committee

N/A
Date Approved

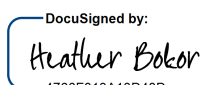
7. Recommendation:

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

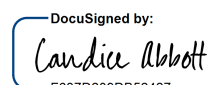
Approved for Legal sufficiency:

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Bernabe Icaza
VP & General Counsel

DocuSigned by:


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

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Candice Abbott
VP & Chief Financial Officer

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1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3rd trimester of the school year for School Health and the 2nd Quarter of 2022 for Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center and Pharmacy.

3. Substantive Analysis:

School Health

Florida Mandated Student Screenings

- In the third trimester of the 2021/2022 school year (April 1st – May 31st, no school in the month of June), we met the Florida State mandated interim goal of completing 50% of the screenings required at the end of the 2nd trimester in all four areas (vision, hearing, scoliosis, and BMI). Parents are notified of any abnormal (outside the target area), so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: In the third trimester, we screened 33,841 (98.7%) of eligible students in the 1st, 3rd, and 6th grades. Out of 33,841 students, 9,391 (27%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 143 schools (99%). For the BMI categories, 54.23% of students were normal, 16.84% were overweight, 3.36% were underweight, and 25.57% were obese.
- Hearing screening: In the third trimester, we screened 28,003 (98.9%) of eligible students in kindergarten, 1st, and 6th grades. Out of 28,003 students, 570 (2%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 143 schools (99%).
- Scoliosis screening: In the third trimester, we screened 10,846 (99.2%) of eligible students in 6th grade. Out of 10,846 students, 119 (1%) students required referral. Out of 43 eligible schools, we have completed over 50% of screenings at 43 schools (100%).
- Vision screening: In the third trimester, we screened 38,828 (99%) of eligible students in kindergarten, 1st, 3rd, and 6th grades. Out of 38,828 students, 6,481 (17%) students required referral. Out of 144 eligible schools, we have completed over 50% of screenings at 144 schools (100%).

School Health Office Visit Metric

We exceeded the goal (Target > 80%) for students returning to class from an office visit, with 87% of students remained in school versus 13% of students that were sent home (non-COVID -19 related).

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COVID-19

In the third trimester, we performed a total of 27,148 COVID-19 screenings with 21,326 unique students. The elementary schools performed the most screenings at 61%, followed by middle schools at 24% and high schools at 15%. As a result of the COVID-19 screenings, 24% of students were screened positive and referred for testing, and 76% resulted in a negative screen who remained in school. The leading primary symptom for positive COVID-19 screening is fever, and the leading secondary symptom is a headache. We performed a total of 1,851 in-house point-of-care COVID-19 tests for students. 95% resulted in a negative test, and 5% resulted in a positive test. The elementary schools performed the most COVID-19 testing at 58%, followed by middle schools at 30% and high schools at 12%. The leading primary symptom for positive COVID-19 testing is fever, and the leading secondary symptom is a headache.

Aeromedical

For Q2 2022 there were 151 patient transports. 46 of those were interfacility transports representing 34% of total patient transports for the quarter. Interfacility transport requests originating west of 20 mile bend make up the majority of interfacility flights and are predominately cardiac and neurology requests. There were 105 patient transports from scene representing 65% of total patient transports for the quarter. Transports from scene are primarily trauma related, but neurology and cardiac cases are also requested. Dispatches to west of 20 mile are the leading call for patient transports. Dispatch to enroute average shows a declining trend for both interfacility and scene transports. May average was under 5 minutes for scene and June was under 20 min for interfacility. Dispatch to Hospital Average shows a declining trend for interfacility transports and a slight increasing trend for scene transports.

GAMUT

There were 677 flights with Palm Beach County Fire Rescue providing care in the last rolling year (September 2021 through August 2022). Of those flights, crewmembers placed 23 advanced airways out of 27 attempts. 20 of the advanced airways placed were made on the first attempt. 16 of those (placed on first attempt) were transported with no instance of hypoxia or hypotension. An additional 81 advanced airways were managed by crew members. Average mobilization time is approximately 5 minutes. Average scene time specific to STEMI cases are 16 minutes. Endotracheal tubes account for largest type of advanced airway followed by Igel. 98% of advanced airways are confirmed, succeeding the GAMUT average. 91% of advanced airways placed follow Rapid Sequence Protocol as defined by PBCFR SOPs. 86% of patients had a pain assessment scale completed just below the average of 90%. 3% of all patient transports suffered from a hypoxic event at some point during transport which is below the national average of 5%.

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Trauma

System Utilization Slide:

Over the past rolling year 5,392 patients were seen at a trauma center - an increase of 276 patients compared to the previous rolling year. Rolling year comparison (September 2021 – August 2022) showed St. Mary's treating 2,857 traumatically injured patients and Delray treating 2,535 traumatically injured patients. 62% of patients are male compared to 38% female. Pediatrics (Age ≤ 15) accounted for 8% of total volume, Adults (Ages 16 – 64) accounted for 51% of total volume and Geriatrics (Age > 65) accounted for 41% of total volume. Age distribution of the trauma centers highlight the difference in populations between the two centers. Delray's largest supplier of trauma patients come from those in their 8th decade of life. 33% of trauma patients seen at Delray Medical Center are ≥ 80 years of age. St. Mary's however receives their largest supplier of trauma patients from those in their 3rd decade of life. 14% of St. Mary's total volume are between the ages of 30 and 39. 93% of trauma volume originates in Palm Beach County.

Palm Beach County Trauma Injury Analysis Slide:

The leading and dominating mechanism of injury for all patients is Falls [(46% of total volume) seen primarily in Geriatrics and Pediatrics]. Vehicular crashes including MVC, motor vehicle vs pedestrian and motorcycle crashes account for 33% of total volume. Combined, these two categories account for over 75% of total trauma volume. 88% of Trauma volume is related to blunt impact injuries compared to penetrating injuries at 9% of volume and burns at 3% of volume. Trauma Alerts accounted for 56% of total volume with Transfers from Acute Care Hospitals representing 27% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 17%. There were 4,726 ground transports and 436 air transports to palm beach county trauma centers. Age distribution by city of injury show the largest concentration of geriatric injuries occurring in the southern half of the county, but also shows significant pockets in Lake Worth, Atlantis, Green Acres, North Palm Beach, Palm Beach Gardens and Jupiter. Pediatric volume historically has been seen in Lake Worth and West Palm Beach, but growing concentrations are continuing to be noted in Boca Raton, Boynton Beach and Green Acres.

Pre-Hospital Analysis Slide:

The leading pre-hospital provider is PBCFR with 37% of transports followed by AMR transporting interfacility transfers with 20% of volume followed by West Palm Beach Fire Rescue (8%), Boca Raton Fire Rescue (7%), Delray Beach Fire Rescue (5%) and Trauma Hawk (6%) as the major transporters of trauma patients. Protocols used by EMS to accurately identify and transport the trauma patient from scene of injury as an alert shows 57% of patients met blue criteria, 31% met red criteria, 5% under the discretion of the medics, 2% shows not documented and 6% show a blank (most of which are from out of county providers that do not adhere to PBC protocols). Over 30% of patients arriving to a Trauma Center present with a Glasgow Coma Score < 15 .

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C. L. Brumback Primary Care Clinics

Of the 15 UDS Measures: 4 Exceeded the HRSA Goal and 11 were short of the HRSA Goal.

The breast cancer screening measure data for January – June 2022 shows that among the whole population, the satisfaction of the metric improved from 44%-51% over the past month, getting us closer to our goal of 60%. The number of patients with no order decreased from 13%-12%, while the number of patients not met with order remained the same at 37%. Our highest performing locations are Belle Glade, Boca, and Lantana. We are exceeding goals in Belle Glade (61%) and Boca (62%) and very close to the goal in Lantana (56%).

The cervical cancer screening measure satisfaction rate has improved from 38% to 46% over the past 2 months. The number of patients with missing data decreased from 62% to 54%. This was partly due to the auditing of charts to ensure that pap smears completed in previous years or by outside providers were being counted in the measure.

Edward J. Healey Rehabilitation and Nursing Center

For Q2, 16 of 17 quality measures were met. Urinary Tract Infections (UTI) data revealed that there were 4 residents that had a UTI during the quarter.

Lakeside Medical Center

Inpatient Measures:

For Q2 2022, Inpatient Quality Measures there were 3 of 8 measures (ED-1a, PC-05, Sepsis) that did not meet goal.

ED Measure:

For ED-1a, there were (96) cases sampled with a median time of (311) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, care and treatment rendered was appropriate and an increase in patient census and bed availability were noted to be contributing factors.

Perinatal Measure:

For PC-05, there were (26) cases that fell into the sample population, of those cases (2) parents strictly Breastfed, (15) both breast and bottle fed and (3) bottle fed only.

Sepsis Measure:

For Sepsis, there were (15) cases that fell into the sample population, of those cases (10) fell into the numerator for a pass rate of 67% for the quarter which is 3% lower than the set goal of $\geq 70\%$. The (5) cases that failed, were reviewed with all involved and also discussed at the monthly Sepsis Committee Meeting. New system processes have been implemented within EPIC system to assist providers.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

Outpatient Measures:

For Q2 2022, Outpatient Quality Measures there were 2 of 3 measures (OP-3, OP-18) that did not meet goal.

For OP-18, there were (102) cases that fell into the sample population with a median time of (153) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, care and treatment were rendered appropriately.

For OP-3, there was (1) case that fell into the sample population, that did not meet goal, which exceeded, the set goal of <58 minutes. The case was reviewed, care and treatment were rendered appropriately.

Corporate Quality Metrics

- **Call Center**

- For Quarter 2 2022, the Clinic Service Center processed 59,014 Calls of which 72% per inbound calls and 28% were outbound calls. The agents handled 92.7% of incoming calls in real time and voicemails were returned within 24 hours. Outbound calls consisted of appointment rescheduling and quality initiatives including after-hours follow-up, scheduling for gaps in clinic measures (HPV & depression remission, and hospital follow up appointment. The team scheduled a total of 11,623 appointments fin Q2. The peak times for incoming calls were Tuesday between 9:00am and 12:00pm. Call metrics for the period include:
 - Average call queue time was 2 minutes and 17 seconds – short of goal
 - Average speed of answer was 6 seconds – exceeded goal
 - Average time to handle calls was 7 minutes and 30 seconds – short of goal
 - Call Duration 4 minutes, 22 seconds – short of goal
 - Average wrap up time was 15 seconds – exceeded goal
 - Call Abandoned Rate was less than 1% - meets goal exceeded goal
- Corrective action to improve metrics is to ensure all agents are attending to inbound calls during peak times and reserving outbound calls for the afternoon, later in the week.

- **Health Information Technology**

- Release of Information data for Q2 shows better than average turnaround time for the total releases. We are averaging 1 day for LMC and 4 days for HCD. The goal for Q3 is to reduce the Turnaround by purpose for PCC.
- Closing the loop between referrals and orders is the purpose of this indicator. It is in its early development and with the auditing will improve over the next few months.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

- **Human Resources**
 - Quarter 2 headcount ended at 1,220 team-members after 77 new hires.
 - Turnover rate for Q2 was 5%.
 - The average age of employees is between the ages of 41 and 50 years old and 79% of the workforce is female.
- **Information Technology**
 - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. We are now monitoring 7 mission critical applications we have most recently added the school health EMR Welligent to the critical application list. We had a uptime percentage of 100% across all critical applications. There were 21 hours of planned application downtime and we did meet our service level for the quarter. Epic is hosted by Memorial Healthcare as a part of our agreement and we have been stable since early October 2021.
 - **Customer Service:** For Q2, we received 5,835 total new tickets and maintained a closure rate of 91% on those Q2 tickets. The IT department started tracking SLA metrics on submitted “incident” category tickets in April with a target SLA of 99.9%. We had an SLA rate of 94% in April and over the next two months improved to 98% and 99% respectively on submitted “incident” tickets. We plan on implementing and tracking the same SLA’s on submitted “request” tickets starting in October. The IT Service Desk saw an abandoned call rate of 3.46% and were below our current target of 4.5%.
 - **Cybersecurity:** For Q2, we investigated 269 security incidents. Of the total incidents, all are closed, and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts, and security investigations. Most cyber security investigations were related to alerts from our cyber security operations center.

Pharmacy

Q2 medication management adherence tool data for our pharmacies showed a 92% success rate in completing 11,728 contacts with patients about their medications.

HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2022

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee

Date Approved

6. Recommendation:

Staff recommends the Committee receive and file the Quality and Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza

5C75A1C7D5E64B0...

Bernabe Icaza
VP & General Counsel

DocuSigned by:

Dr. Belma Andric

1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:

Candice Abbott

F637D209DB52427...

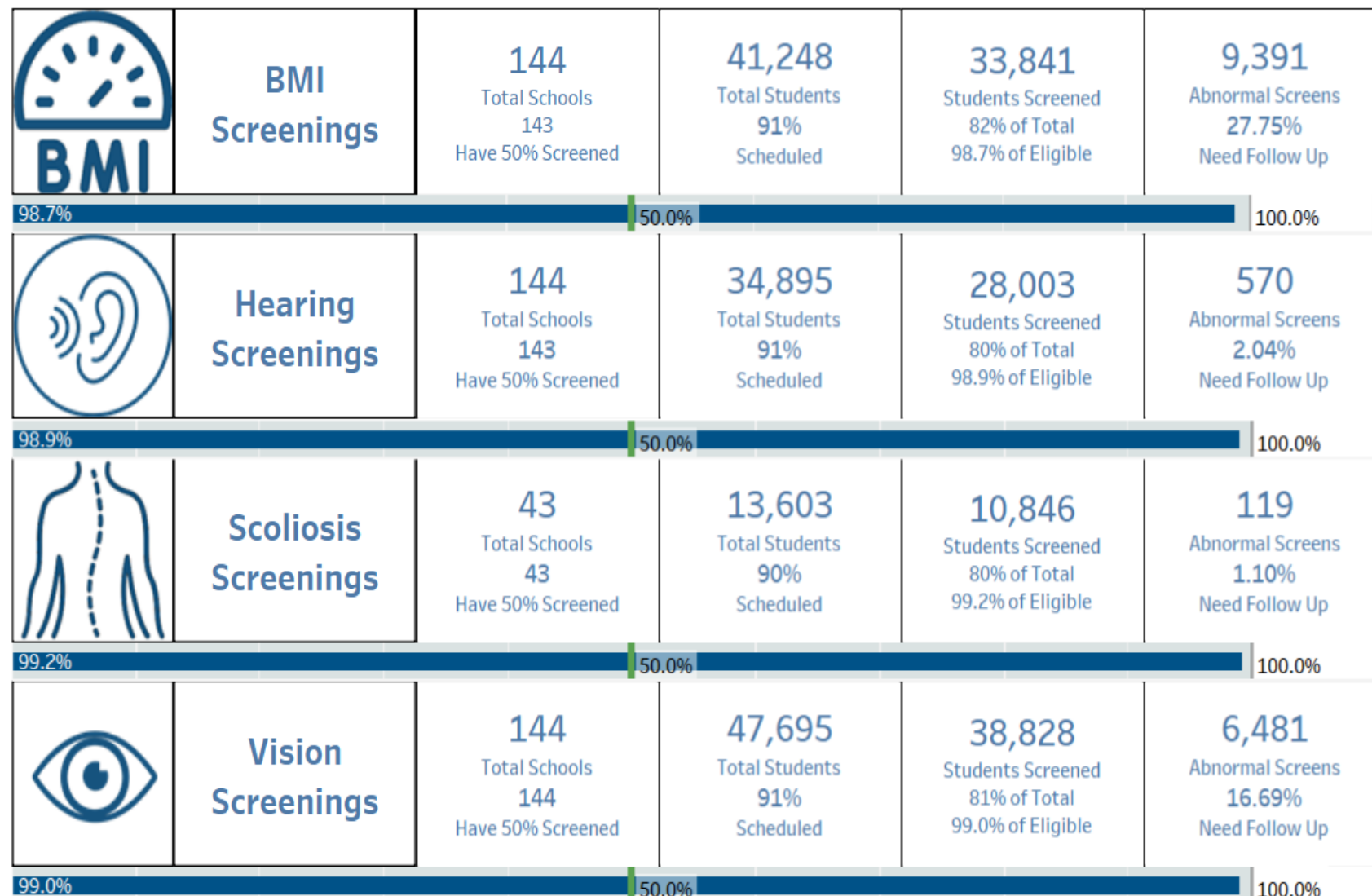
Candice Abbott
VP & Chief Financial Officer



Florida Mandated Student Screening Summary

For Current Term Starting August 10, 2021

Goal 50% of Students by June 2022





School Health Room Visits - Illness/Injury



Returned
20,229



Dismissed
2,977



EMS Called
131

Start Date
4/1/2022

End Date
5/31/2022



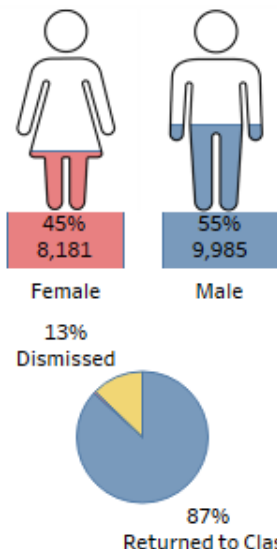
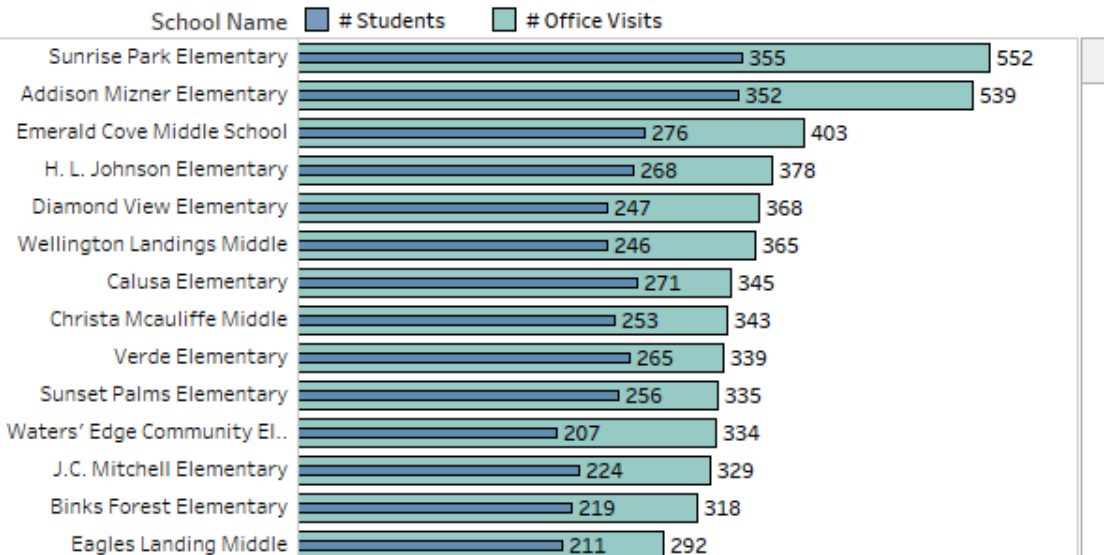
Unique
Nurses
180

Health Room
Visits
23,337

Avg Dur
(Min)
17.9

Unique
Students
18,166

Unique
Schools
166



Hour	Weekday of Visit				
	MON	TUE	WED	THU	FRI
7	110	128	102	101	96
8	371	377	377	312	322
9	616	576	570	557	526
10	767	732	765	734	756
11	863	843	872	792	810
12	994	936	918	830	761
13	890	820	853	712	621
14	306	304	295	217	233
15	118	93	129	91	86
16	4	3	9	5	10

Area
Multiple values

Location Type

All

Grade

All

School

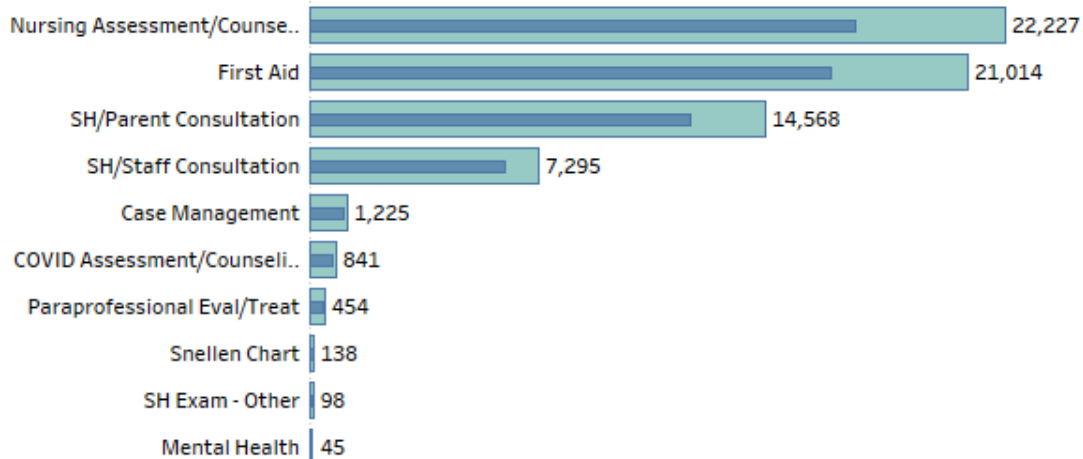
All

Top N

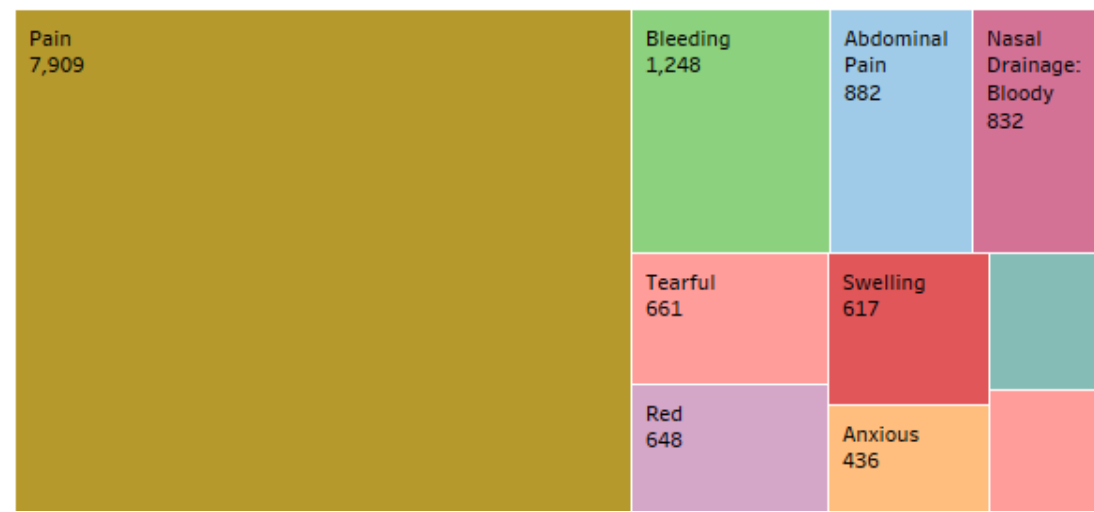
10



Activities



Symptoms



Symptom

- Abdominal Pain
- Anxious
- Bleeding
- Dizziness
- Limitation of Movement
- Nasal Drainage: Bloody
- Pain
- Red
- Swelling
- Tearful

Palm Beach County Schools

Covid-19 Student Screening & Testing

Start Date
4/1/2022End Date
5/31/2022
 Area
Multiple values
 School
All

27,148
 Screenings
Performed

1,851
 In-House
Testing Performed

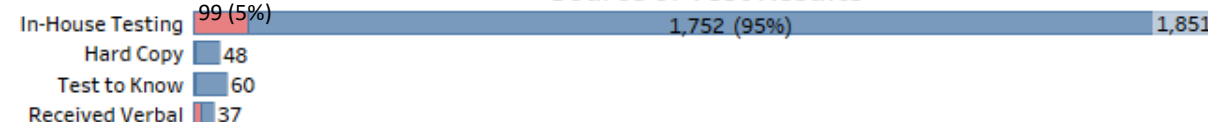
85
 Tests
Collected

 Area
Multiple values
 School
All

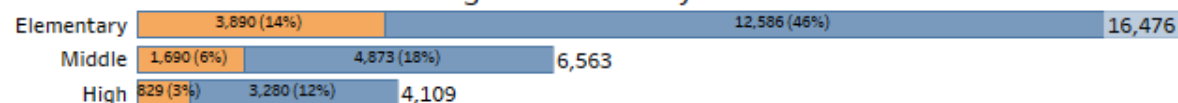
Number of Screenings*



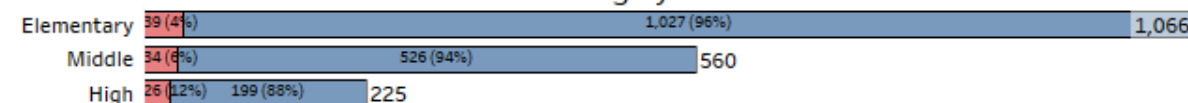
Source of Test Results



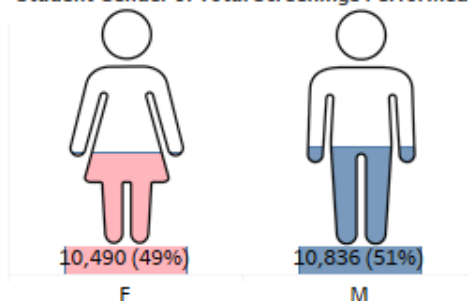
Screenings Performed by School Level



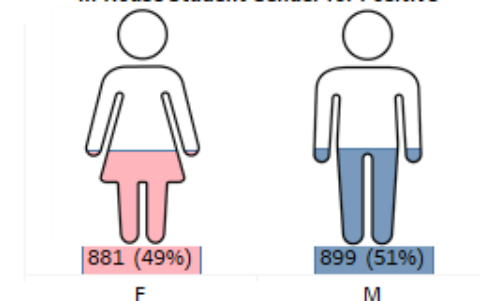
In-House Testing by School Level



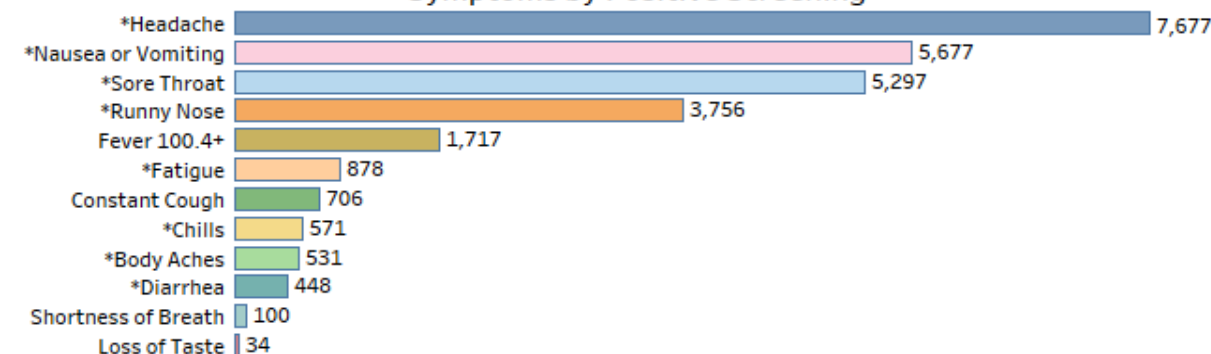
Student Gender of Total Screenings Performed



In-House Student Gender for Positive

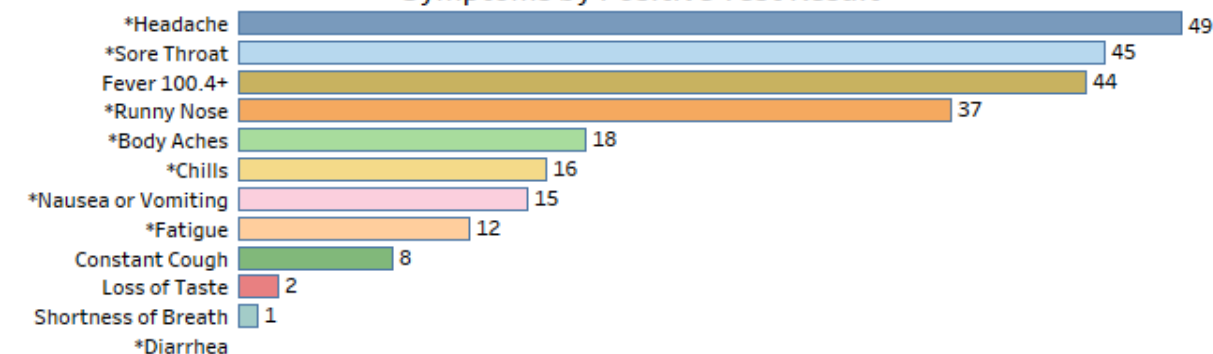


Symptoms by Positive Screening



* Margin of Error is <= 1% Due to Delay in Registry Entry

Symptoms by Positive Test Result



* Secondary Symptom



Multiple values All

21,326

Unique Students

Screening Volume

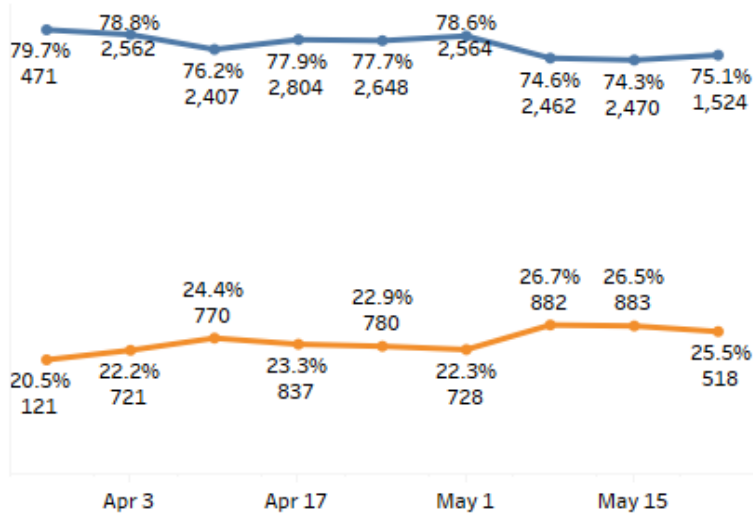
27,148

Screenings

Weekday of Visit

Ho..	MON	TUE	WED	THU	FRI
7	131	107	85	97	66
8	842	640	653	581	490
9	1,183	998	902	866	775
10	1,301	1,038	936	858	808
11	1,236	980	965	891	724
12	1,190	922	840	823	654
13	813	614	563	492	416
14	275	199	169	175	155
15	82	62	60	51	44
16	3	1	1	1	1
17			2		

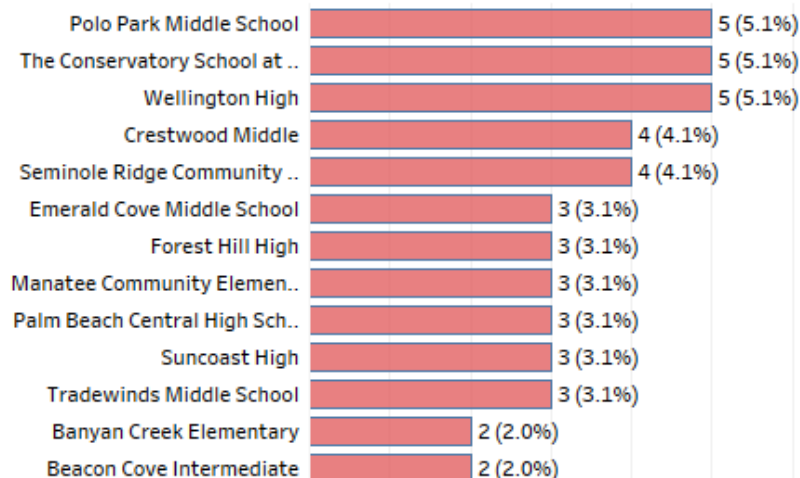
Students Screened



Palm Beach County Schools Covid-19 Volume



Positive In-House Test Results

Area
Multiple valuesSchool
AllStart Date
4/1/2022End Date
5/31/2022**1,780**

Unique Students

In-House Testing Volume

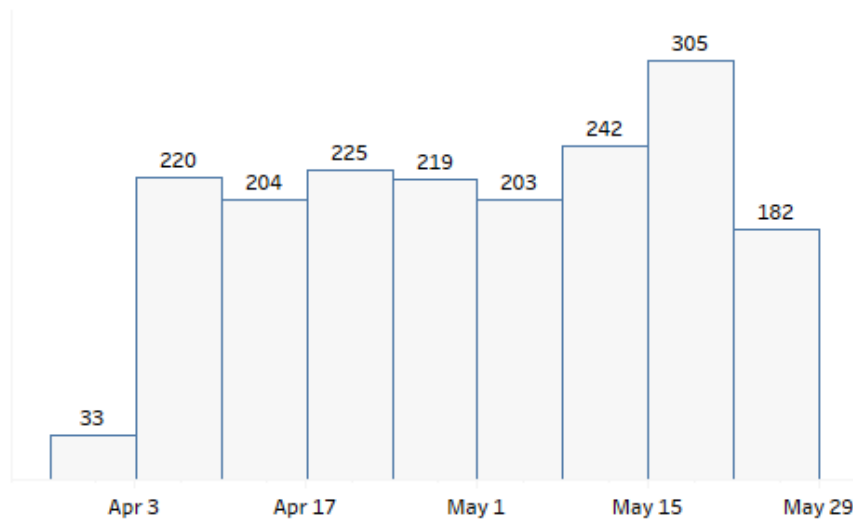
1,851

Tested

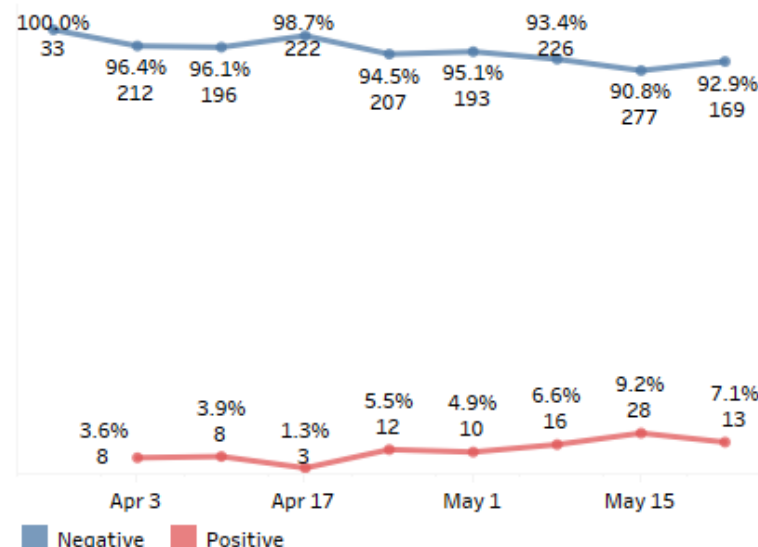
Weekday of Visit

Hour	MON	TUE	WED	THU	FRI
7	1	3		7	
8	19	20	15	13	10
9	47	56	28	31	35
10	72	72	50	47	45
11	85	59	49	52	61
12	84	64	59	50	41
13	73	57	64	53	42
14	51	46	42	32	33
15	39	27	28	21	17
16	11	4	6	5	
17			2	4	

Students Tested In-House



Students Tested In-House





Detailed RunTime Report TH135

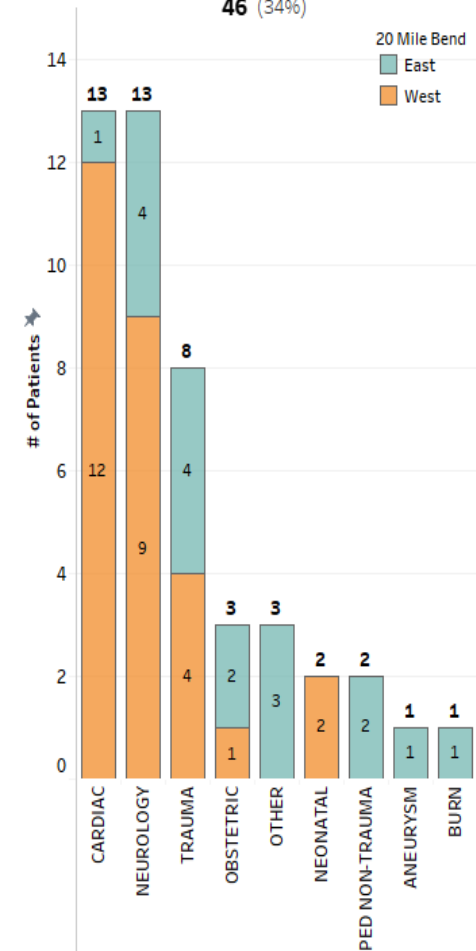
Q2 2022

Total Patient Transports: 151

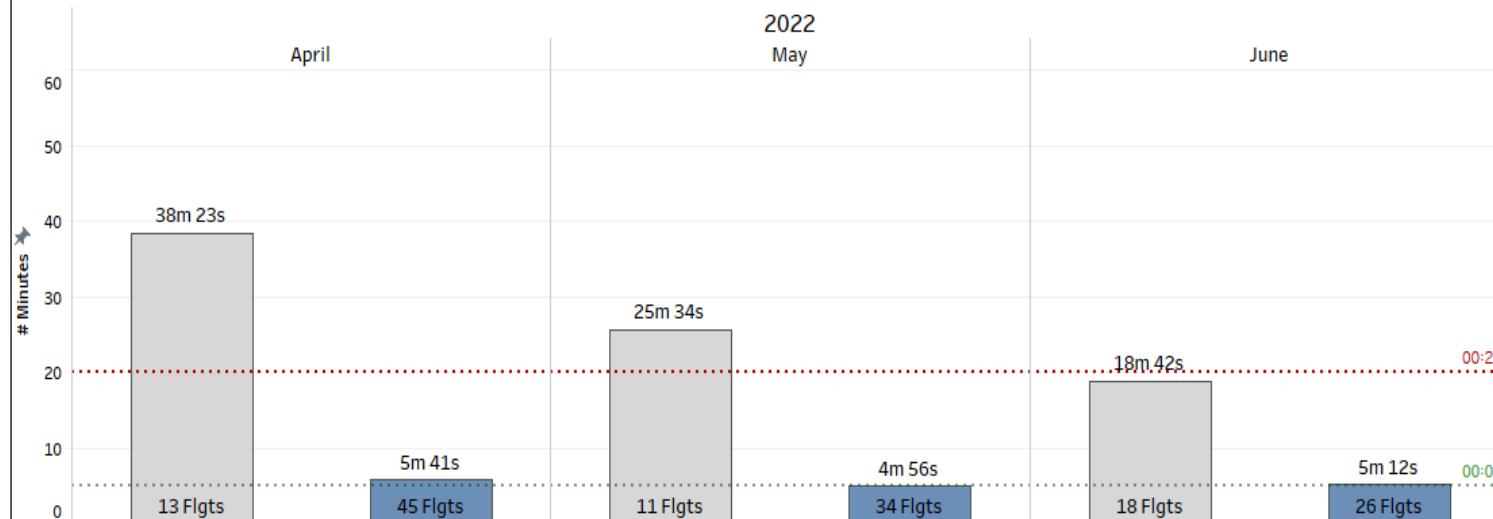
Interfacility On Scene

INTERFACILITY TRANSPORTS

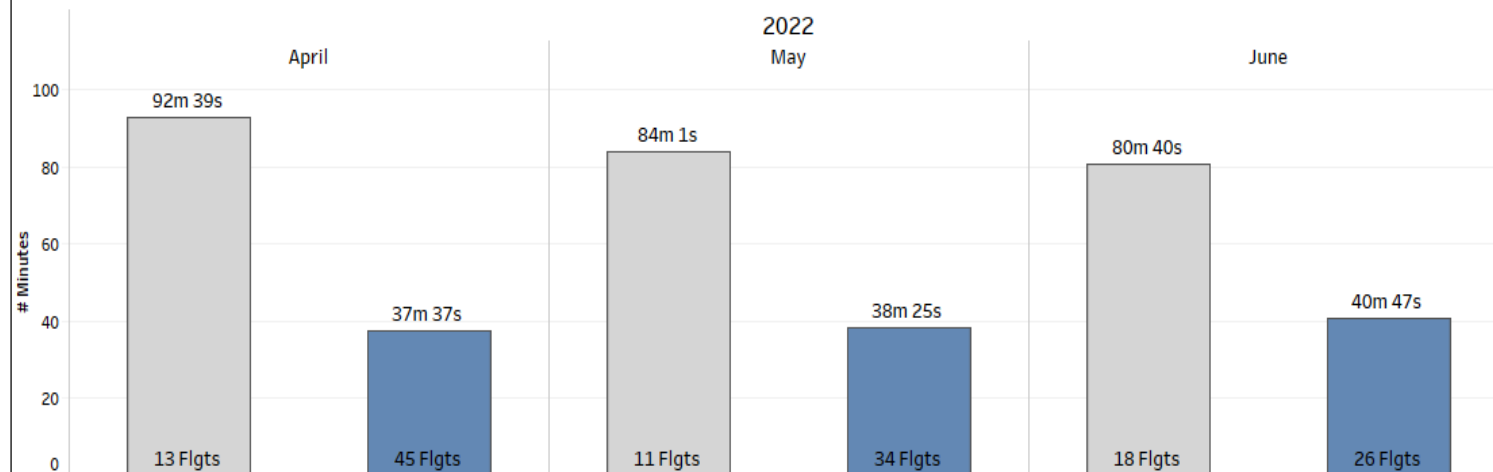
46 (34%)



Dispatch To Enroute Average

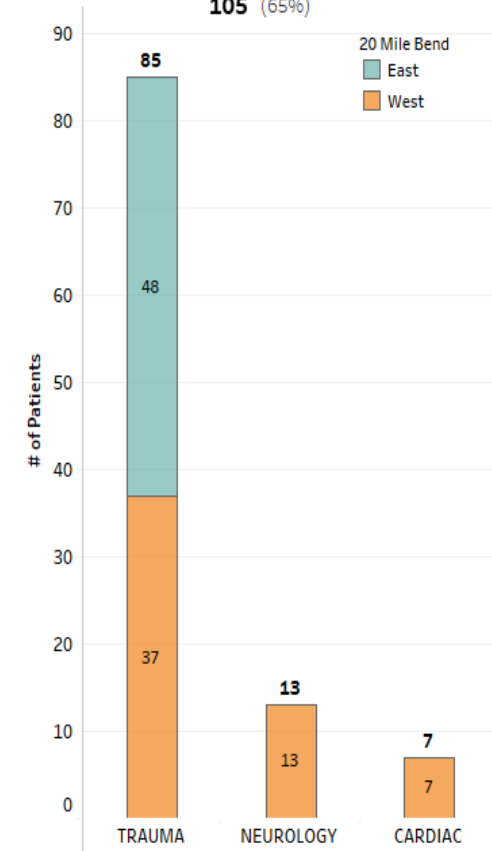


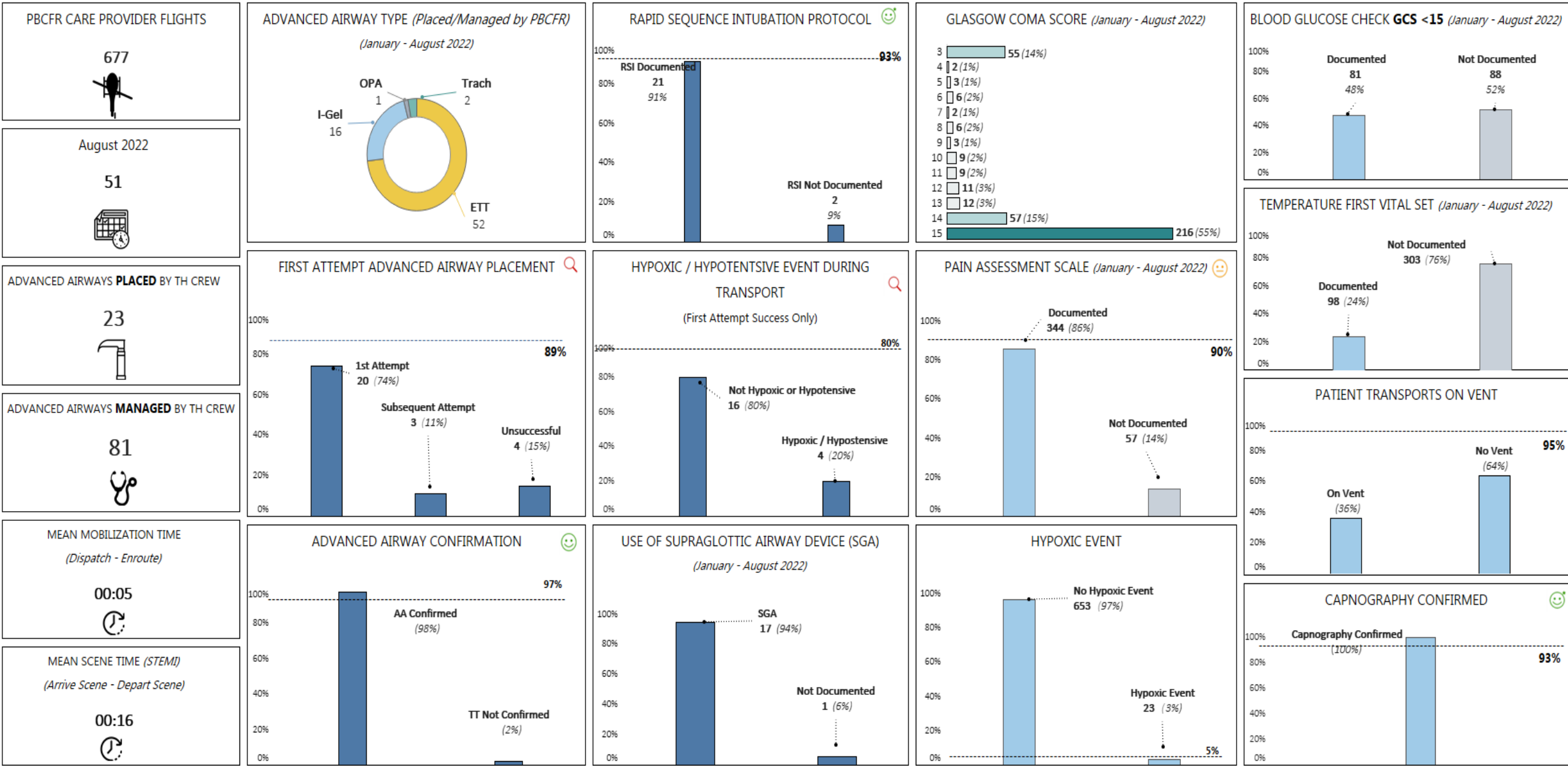
Dispatch To Hospital Average



TRANSPORTS FROM SCENE

105 (65%)





PBC TRAUMA SYSTEM VOLUME

Current Year **5,392**
Previous Year **5,116**

Variance: **276**

Current Rolling Year = September 2021 - August 2022

Previous Rolling Year = September 2020 - August 2021

Variance = Current Year - Previous Year

RACE
(Current Year)

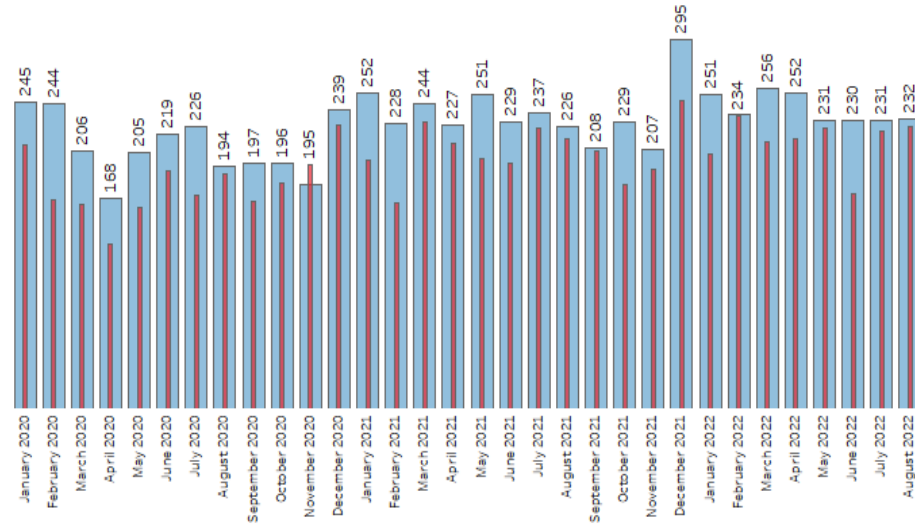
W	B	O
3,825 72%	995 19%	488 9%

ETHNICITY
(Current Year)

N	H
4,498 83%	856 16%

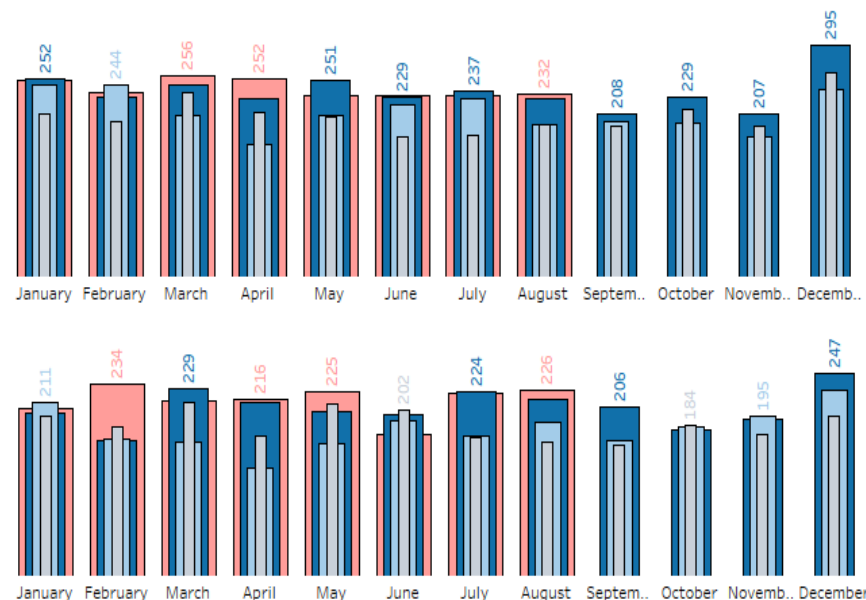
TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

Delray ... St. Mar...



TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER

2019 2020 2021 2022

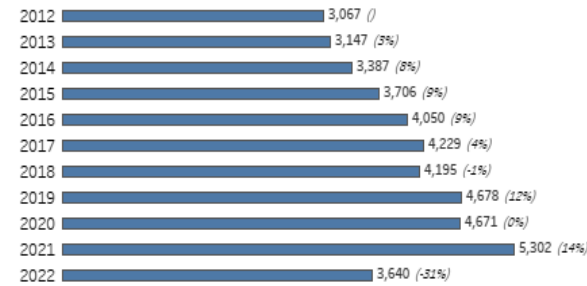


TRAUMA SYSTEM UTILIZATION

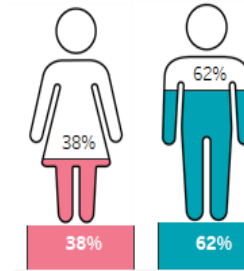
Rolling Year Comparison

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

TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR

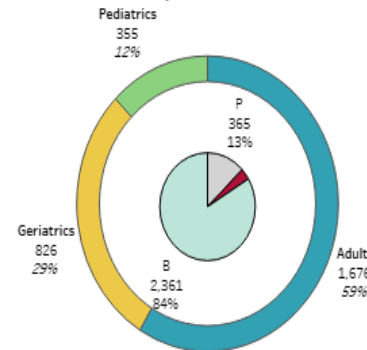


GENDER
(Current Year)

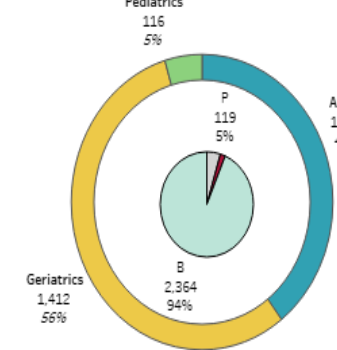


AGE GROUP & INJURY TYPE BY TRAUMA CENTER

St. Mary's Medical Center (Current Year)

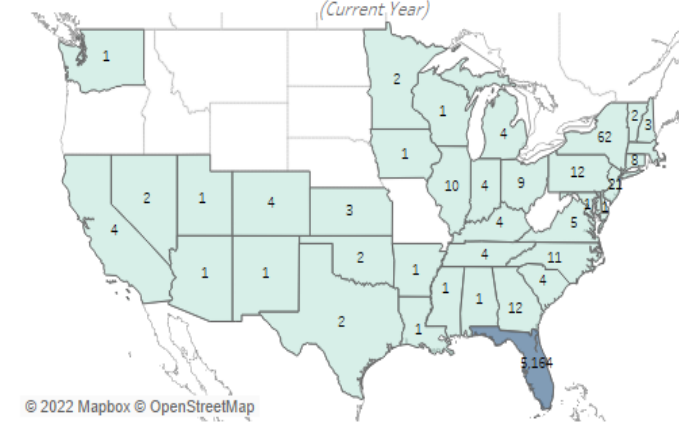


Delray Medical Center (Current Year)



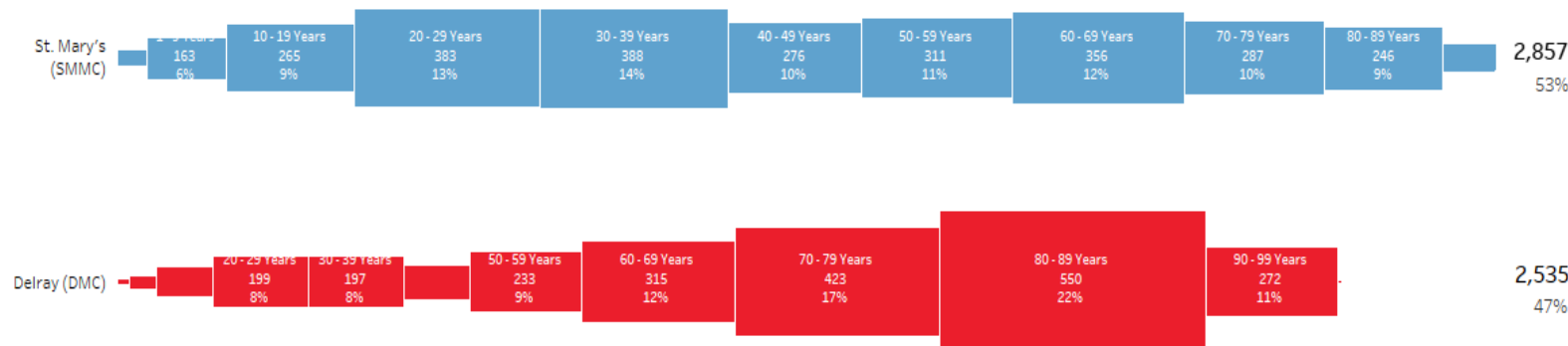
STATE RESIDENCE

(Current Year)



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

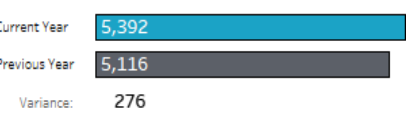
(Mechanism of Injury, Activation Level, Injury Type, Patient Demographics and Transport Mode)

Current Rolling Year = September 2021 - August 2022

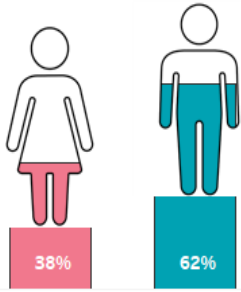
Data Source: Health Care District of Palm Beach County, Trauma Registry, 2020 - 2022.

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

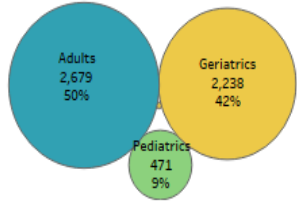
PBC TRAUMA VOLUME



GENDER



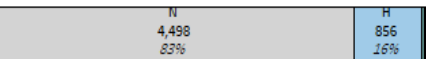
AGE GROUP



RACE

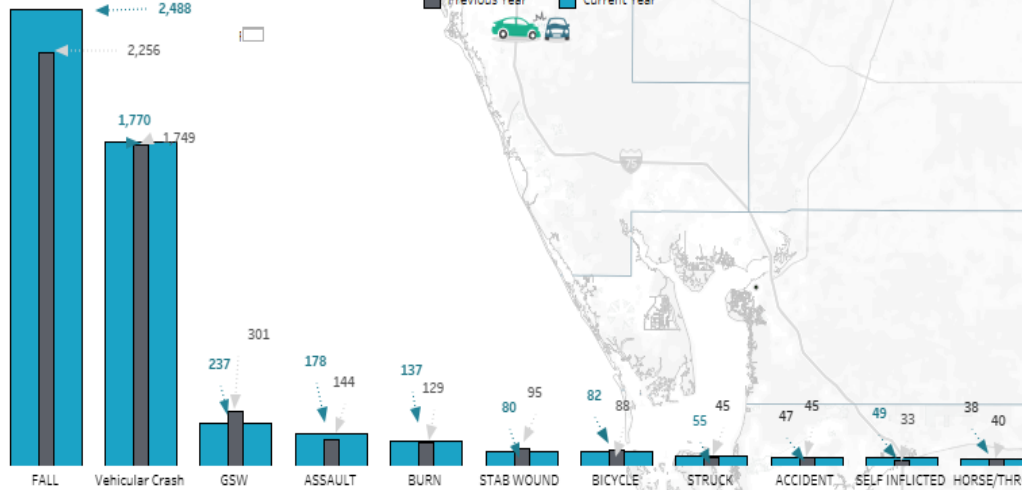


ETHNICITY

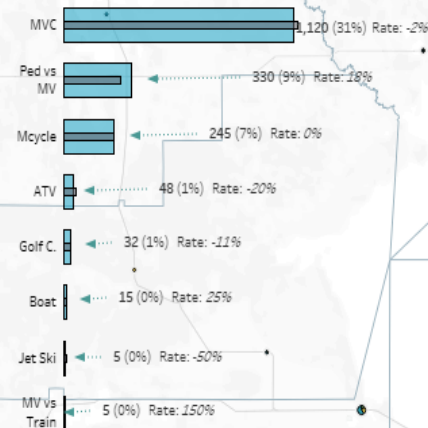


MECHANISM OF INJURY

Previous Year Current Year



VEHICULAR CRASH BREAKDOWN



TRANSPORTS BY GROUND



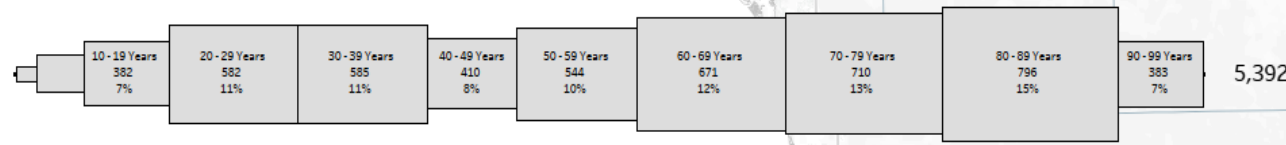
4,726 (95%)

TRANSPORTS BY AIR

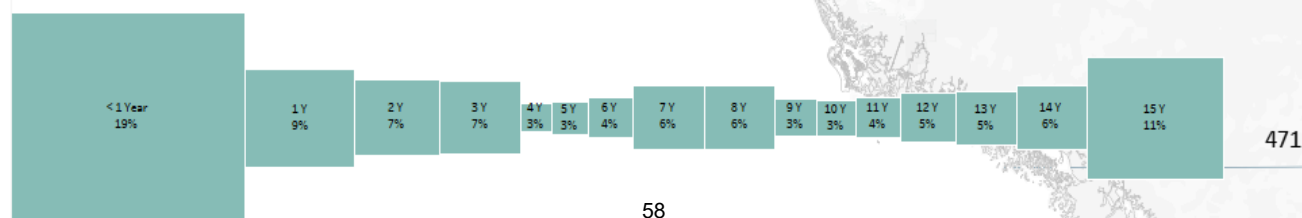


436 (1%)

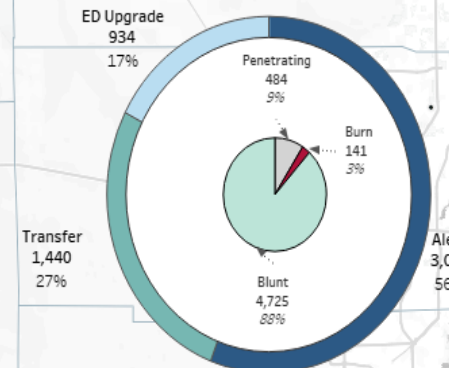
YEARS OF AGE BY DECADE



PEDIATRIC AGE DISTRIBUTION



ACTIVATION & INJURY TYPE



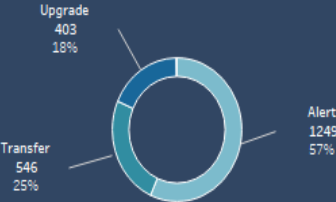
Transports to Trauma Centers

5,392



PBC Ground Transport	4,451 (83%)
Trauma Hawk	296 (5%)
OOC Ground Transport	240 (4%)
POV	192 (4%)
Unknown EMS	138 (3%)
OOC Air Transport	73 (1%)
LifeTrans (HCD)	1 (0%)

Activation Level



Trauma Transport Protocol Documentation

Color Coded Triage System
Identifies Trauma Patients In-field
(PBC Trauma Alert Transport Guidelines for the EMT)
Red Criteria (x1)
Blue Criteria (x2)
Paramedic Discretion

Blue Criteria Met (57%)

B: HEAD INJ LOC	774 (55%)
B: AGE >= 55	404 (29%)
B: MVC W/LONGBONE ..	99 (7%)
B: HR >= 120	60 (4%)
B: INTRUSION > 12 IN..	59 (4%)

Red Criteria Met (31%)

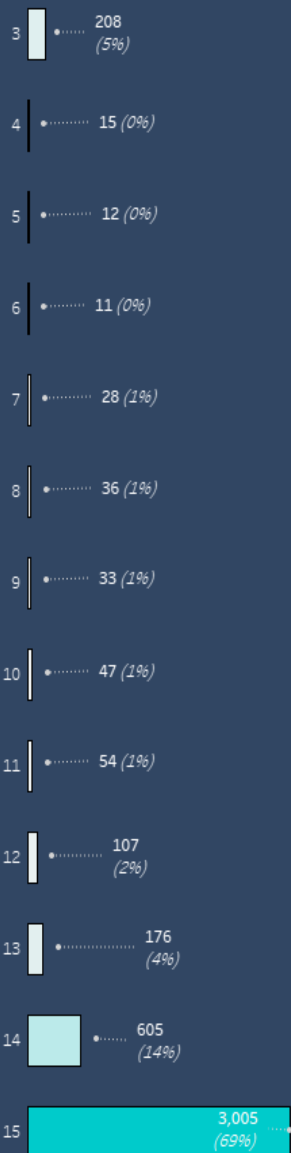
R: GCS <= 13	189 (31%)
R: PENETRATING INJ	187 (30%)
R: GSW ABOVE ELBO..	98 (16%)
R: ACTIVE AIRWAY AS..	96 (16%)
R: RESP RATE < 10 BPM	44 (7%)

**BLANK (6%)

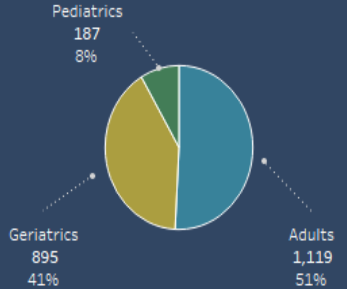
Paramedic Discretion (5%)

TTPs Not Documented (2%)

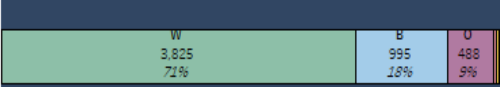
Glasgow Coma Score (GCS)



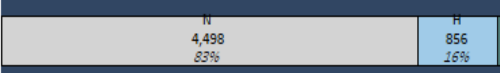
Age Group



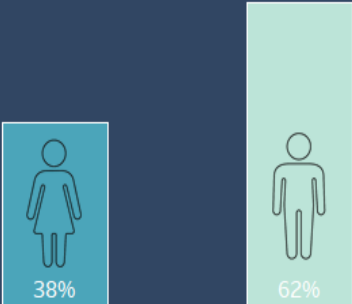
Race



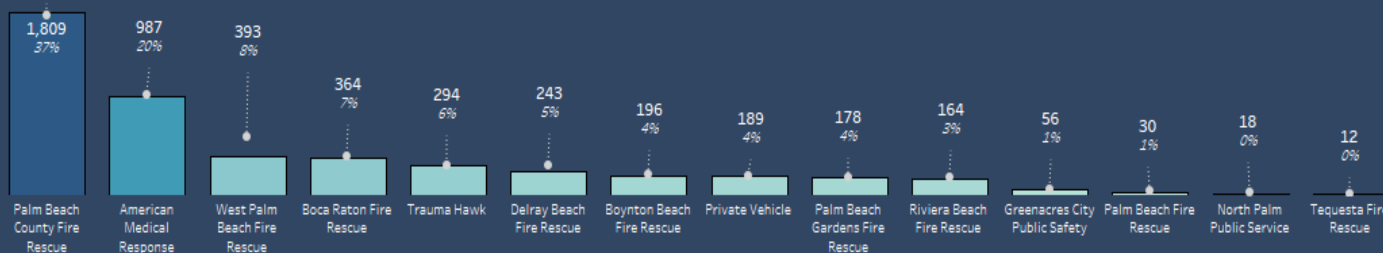
Ethnicity



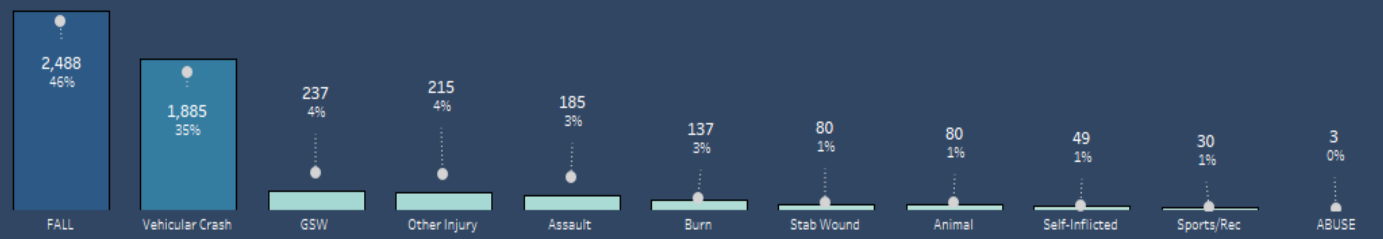
Sex



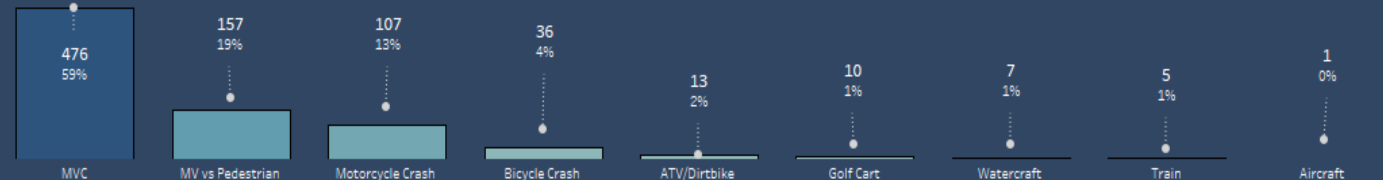
EMS Agency



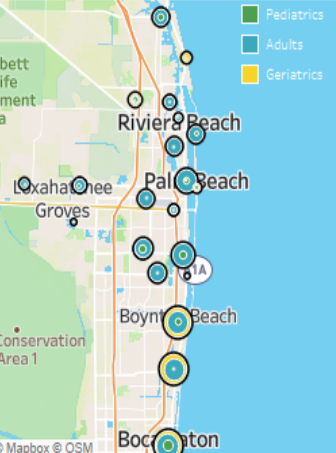
Mechanism of Injury



Vehicular Crash



Injury City



UDS PROVIDER LEVEL QUALITY MEASURES 2022

Load Date

7/4/2022

Filters



OVERALL PERFORMANCE

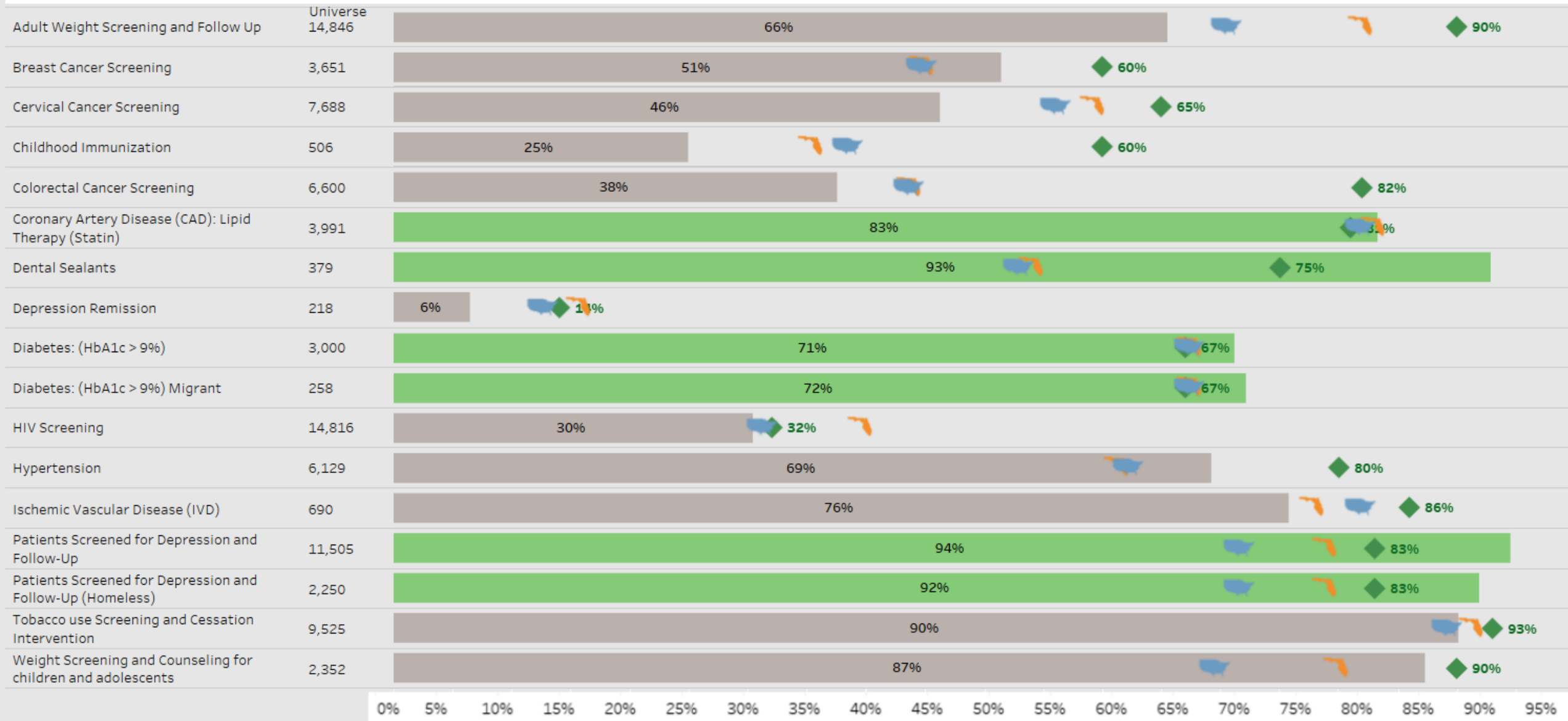
MET

Not Met

HRSA Goal

National Average

State Average



**EJH Quality Measures
2nd Quarter 2022**Meeting Goal? ■ No ■ Yes

Measure Name		
Experiencing One or More Falls with Major Injury	<div><div>32%</div></div>	75% ▼
Falls (L)	<div><div>3%</div></div>	75% ▼
High Risk Long Stay Residents with Pressure Ulcer	<div><div>65%</div></div>	75% ▼
New/Worse Pressure Ulcer(s)	<div><div>3%</div></div>	75% ▼
Who Have Depressive Symptoms	<div><div>0%</div></div>	75% ▼
Who Lose Too Much Weight	<div><div>14%</div></div>	75% ▼
Who Received an Antipsychotic Medication (S)	<div><div>0%</div></div>	75% ▼
Who Received Anti-anxiety or Hypnotic Medication	<div><div>2%</div></div>	75% ▼
Whose Behavioural Symptoms Affect Others	<div><div>33%</div></div>	75% ▼

61

Measure Name		
Improvement in Function (S) Higher % Better	<div><div>1% 17%</div></div>	
Increase ADL Help (L)	<div><div>10%</div></div>	75% ▼
Low Risk LSRs Who Lose Control of Their Bowel or Bladder	<div><div>16%</div></div>	75% ▼
Move Independent Worsens (L)	<div><div>9%</div></div>	75% ▼
Who Received an Antipsychotic Medication (L)	<div><div>23%</div></div>	75% ▼
Who Were Physically Restrained	<div><div>0%</div></div>	75% ▼
With a Catheter Inserted and Left in Their Bladder	<div><div>69%</div></div>	75% ▼
With a Urinary Tract Infection	<div><div>75%</div></div>	75% ▼

LMC Quality Core Measures 2nd Quarter 2022

Inpatient Measures			Meeting Goal? ■ No ■ NP ■ Yes	
Measure Name	Sample Size			
ED-1a	96	<div><div>36%</div></div>	▲ 35%	
IMM-2	0	NP		▲ 96%
PC-01	13	<div><div>0%</div></div>	▼ 2%	
PC-02	8	<div><div>13%</div></div>	▼ 20%	
PC-05	26	<div><div>8%</div></div>	▲ 15%	
PC-06	34	<div><div>6%</div></div>	▼ 7%	
SEPSIS-1	15	<div><div>67%</div></div>	▲ 70%	
VTE6	0	NP	0%	

Outpatient Measures			Meeting Goal? ■ No ■ Yes	
Measure Name	Sample Size			
OP-3a	1	0%	▲ 45%	
OP-18	102	<div><div>31%</div></div>	▲ 40%	
OP-23	1	<div><div>100%</div></div>	▲ 71%	



Call Center Performance

4/1/2022 to 6/30/2022

Filters X

Call Date 4/1/2022 to 6/30/2022

Agent Name All

○○...

All

Total Calls Received

59,014

Total Inbound Calls

42,629 (72%)

Total Outbound Calls

16,381 (28%)

Patients Served

9,419

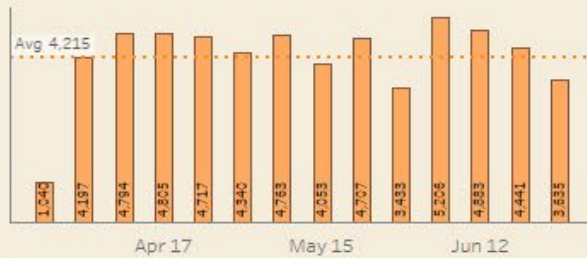
Appts. Scheduled

11,623

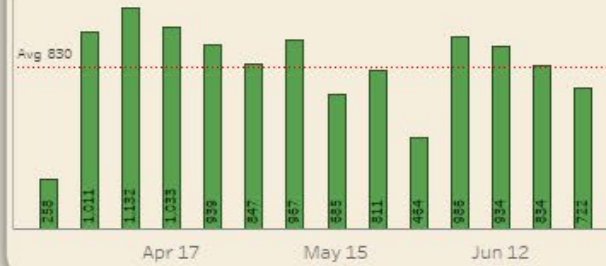
Handled Calls

41,171
(92.7%)

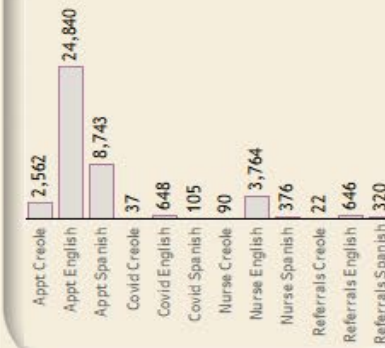
Total Calls Trend



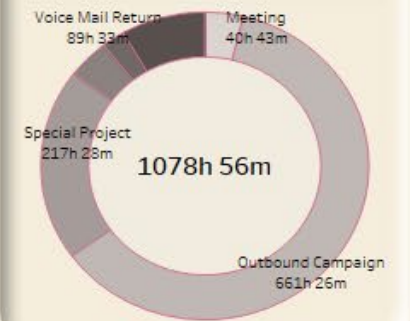
Appointments Scheduled



Call Channels



Work Breakdown



Key Performance Indicators

Time taken to answer calls
SLA 80% calls answered < 20s

2m 17s

Queue Time + Ring Time

Average speed of answer
SLA < 28s

6s

Ring Time

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

7m 30s

Queue Time + Ring Time + Hold Time +
Talk Time + Work TimeCall Duration
SLA < 4m

4m 22s

Talk Time

Average Wrap-up Time
SLA < 6m

15s

Work Time

Call Abandonment Rate
SLA < 5%

0.93%

Abandoned Call as % of Call Presented



Health Information Management

Release of Information for Q2 2022



2,091
LMC
Completed Releases

1
LMC Average Days
Turnaround Time

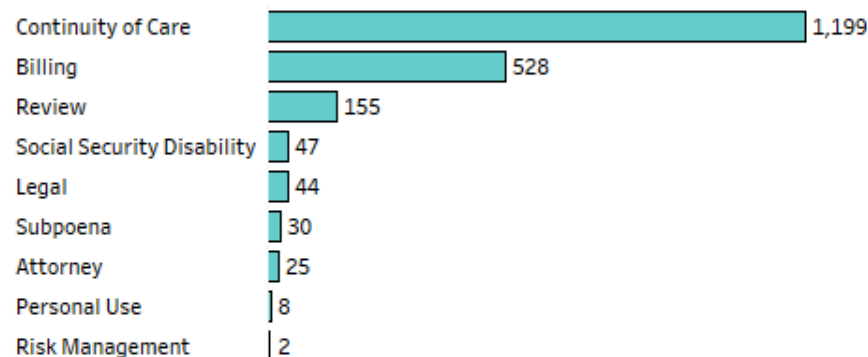
3,726
Total
Completed Releases

2
Overall Average Days
Turnaround Time

1,635
PCC
Completed Releases

4
PCC Average Days
Turnaround Time

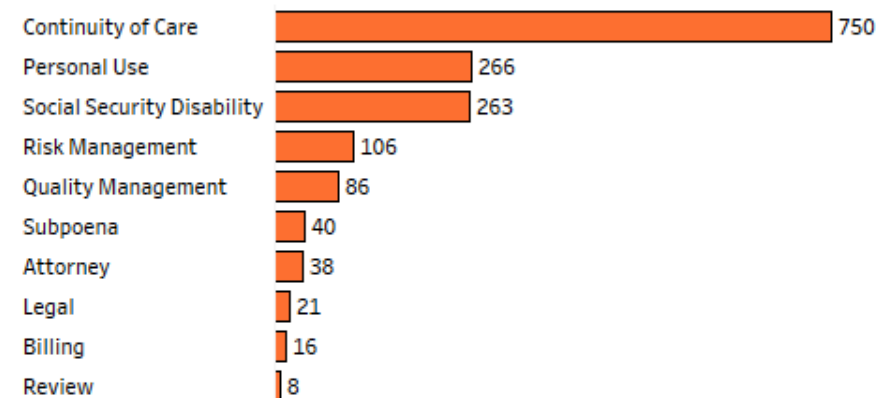
Top 10 LMC Completed by Purpose



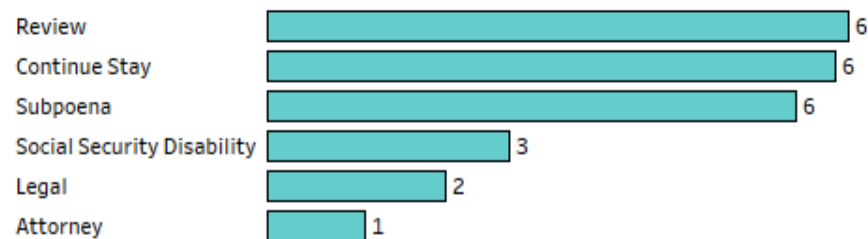
Top 10 Completed by Recipient

VENTRAHEALTH	307	307	0
SOCIAL SECURITY ADMINISTRATION (DISABILITY)	212	2	210
BLUE RADIOLOGY SERVICE	116	99	17
VENTRA HEALTH	113	113	0
CIOX AMBETTER SUNSHINE HEALTH	95	0	95
THE PEDIATRIC CENTER	82	79	3
SOCIAL SECURITY ADMINISTRATION	71	43	28
REBECCA ABU, MD	67	59	8
MARTIN HARLAND, DO	58	52	6
ANTONIO MENDEZ, MD	49	45	4

Top 10 PCC Completed by Purpose



Top 10 LMC Turnaround Time by Purpose



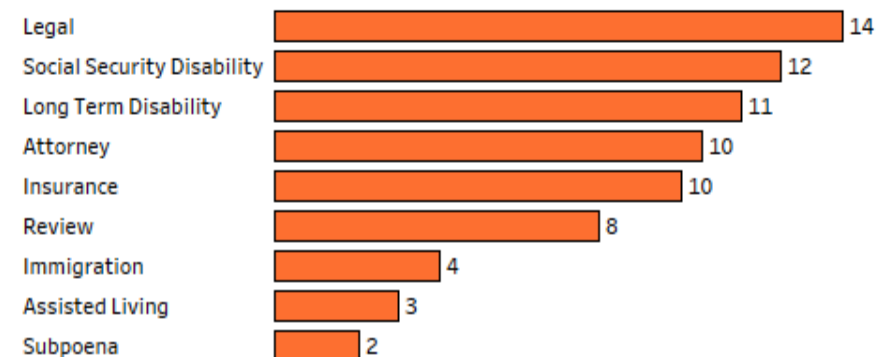
LMC

VENTRAHEALTH	307
VENTRA HEALTH	113
BLUE RADIOLOGY SERV..	99
THE PEDIATRIC CENTER	79
REBECCA ABU, MD	59
MARTIN HARLAND, DO	52
ANTONIO MENDEZ, MD	45
SOCIAL SECURITY ADML..	43
SOCIAL SECURITY ADML..	2


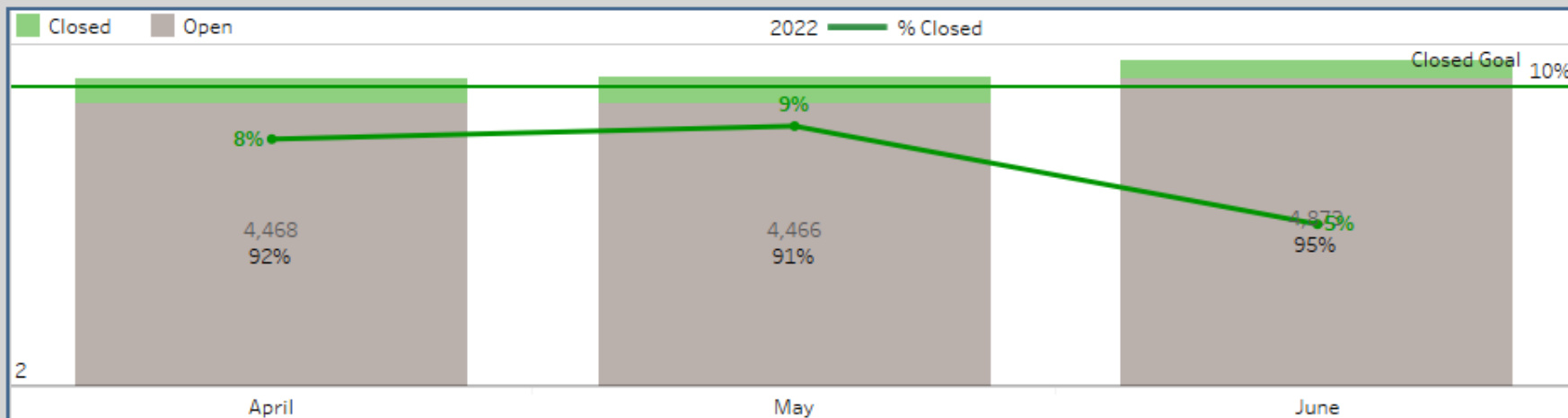
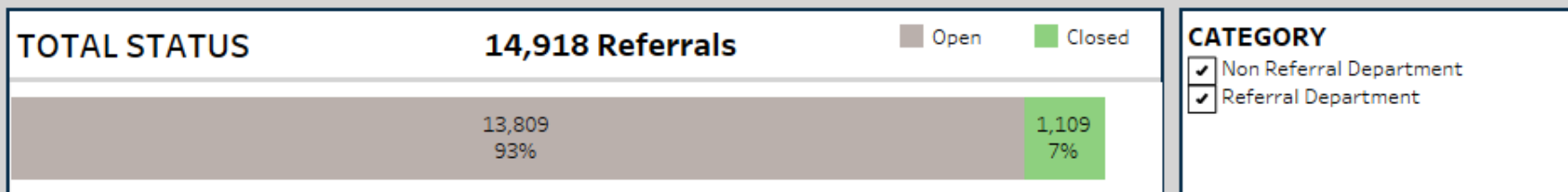
PCC

SOCIAL SECURITY ADML..	210
CIOX AMBETTER SUNSH..	95
SOCIAL SECURITY ADML..	28
BLUE RADIOLOGY SERV..	17
REBECCA ABU, MD	8
MARTIN HARLAND, DO	6
ANTONIO MENDEZ, MD	4
THE PEDIATRIC CENTER	3

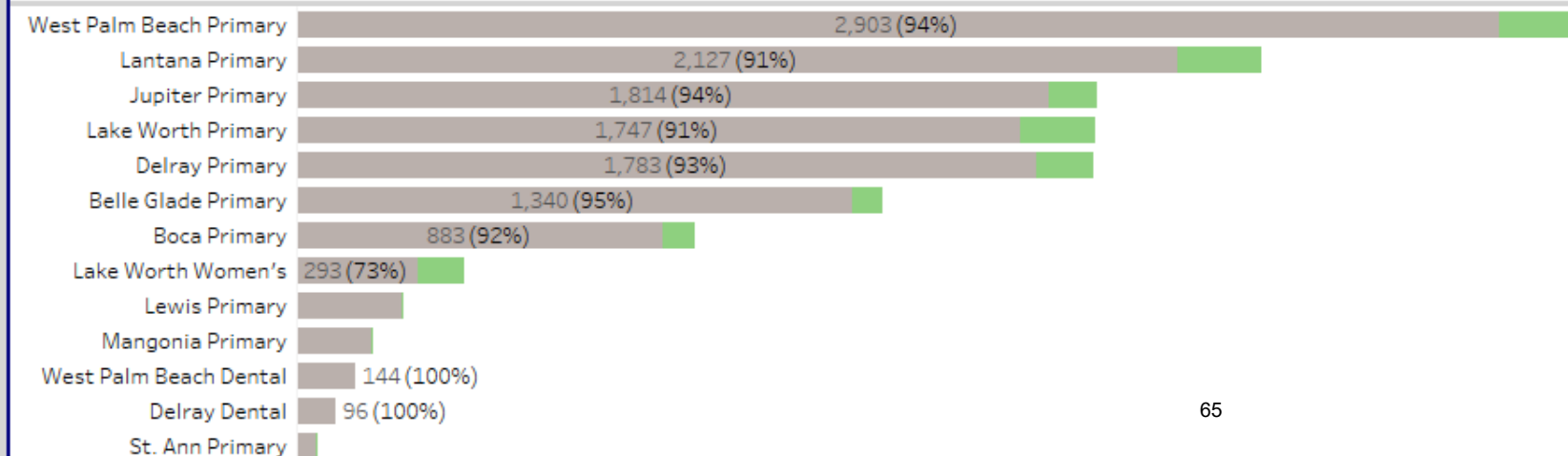
Top 10 PCC Turnaround Time by Purpose



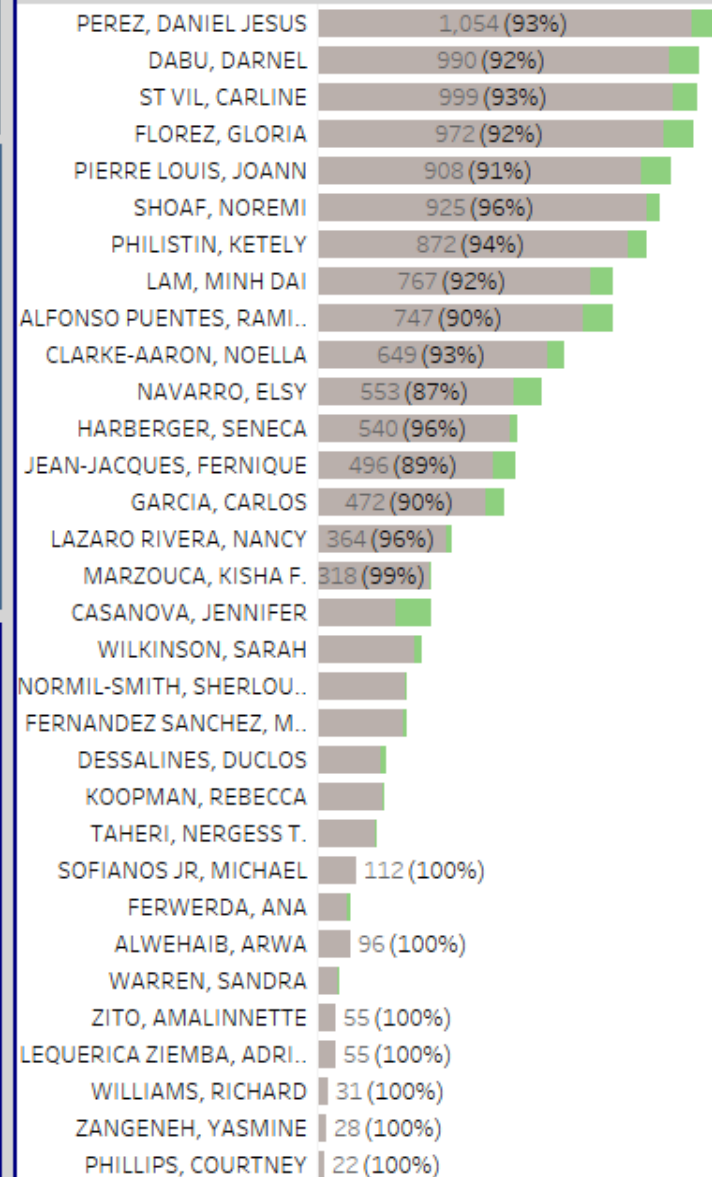
CLOSING THE LOOP ON REFERRALS

 Referrals 


DEPARTMENTS



PROVIDERS



Human Resources Dashboard

Q2 2022



1,220
Current Head Count

62
Total Terminations

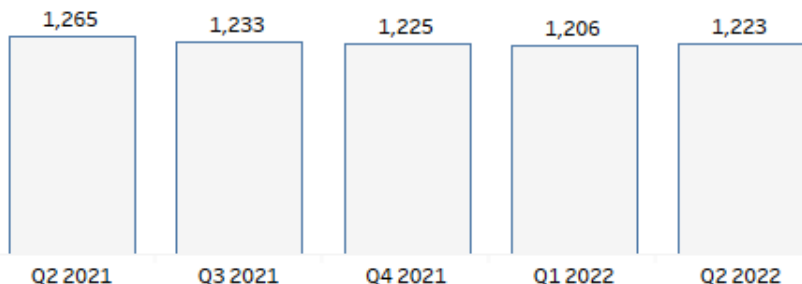
77
New Hires

16
New Hires Termed

46
Average Age

7
Avg Years Tenure

Headcount Trend



Employee Demographics



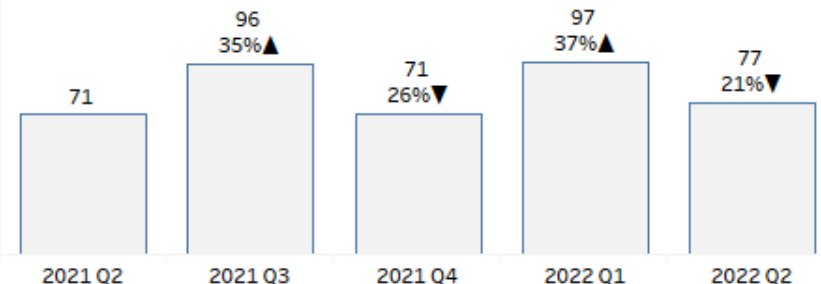
79%

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific I..
- Two or more races (Not Hispanic o..
- Asian
- Null
- Black or African American
- White

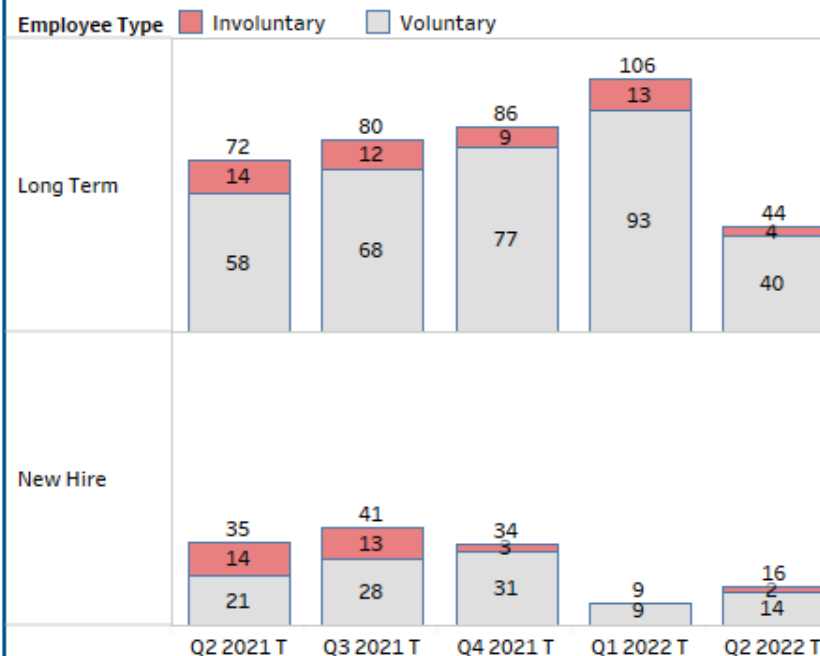


21%

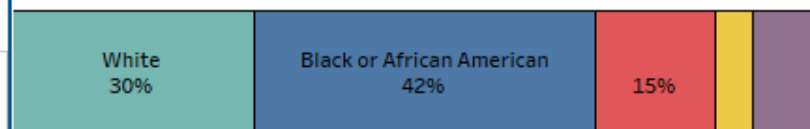
New Hire Trend



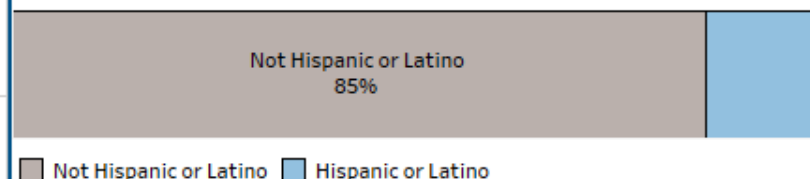
Turnover Counts



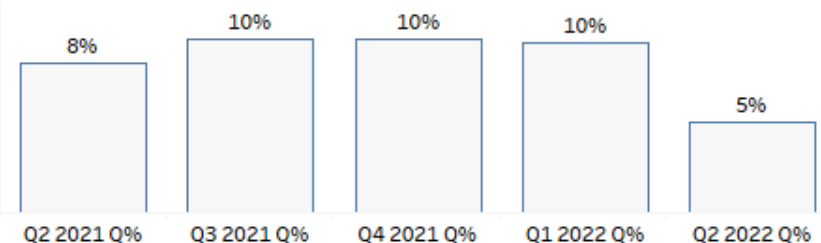
Race



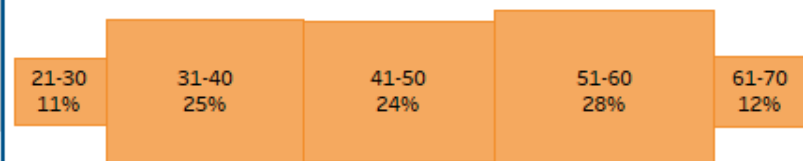
Ethnicity



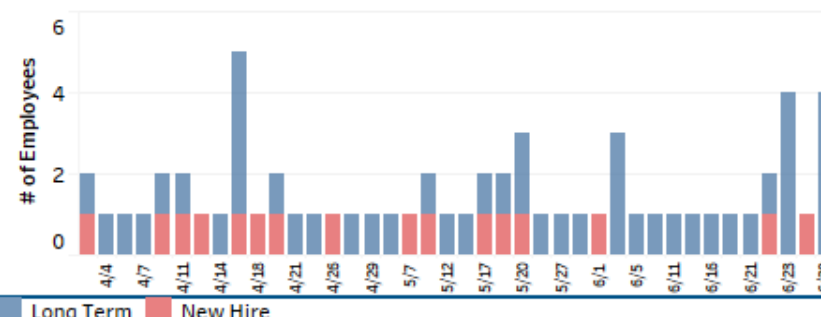
Turnover Percent



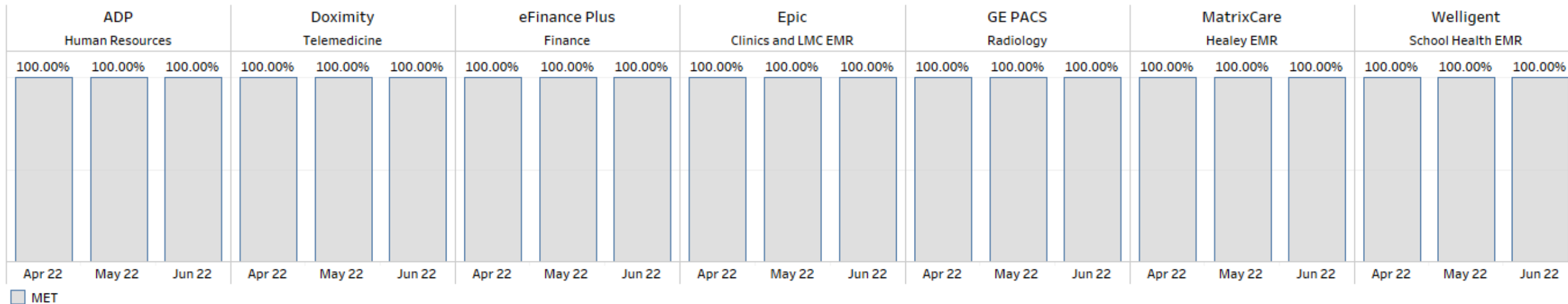
Age



Turnover Trend



Uptime Percent by Application
SLA 99.99%



NOTES: For Q2 we did not have an unplanned downtime for any of the mission critical applications we track thus meeting our SLA of 99.99 percent. The HCD userbase did experience small isolated pockets of Epic issues that made logging in difficult in March and June but the system was available to the majority of the users. This issue was traced back to a single MHS Citrix server each time. Once the MHS server was rebooted the issue was resolved. On 6/24/22 Lakeside Medical Center briefly lost network connectivity but the network quickly failed over to the backup circuit and restored functionality. The issue was tracked back to a fiber line being cut by accident per Palm Beach County.

22
Hours
(Non-Concurrent)



Planned downtime

system is unavailable while it undergoes routine maintenance

Downtime

Application Na..	Date	Planned	Planned %	Unplanned	Unplanned %
eFinance Plus	Apr 22	2	0.28%	0	0.00%
Epic	Apr 22	4	0.56%	0	0.00%
	May 22	4	0.54%	0	0.00%
	Jun 22	4	0.56%	0	0.00%
MatrixCare	Apr 22	4	0.56%	0	0.00%
	May 22	2	0.27%	0	0.00%
	Jun 22	2	0.28%	0	0.00%

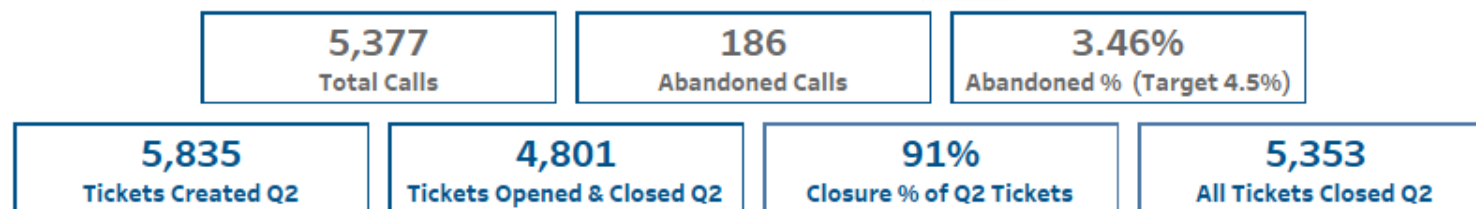
0
Hours
(Network Outage)



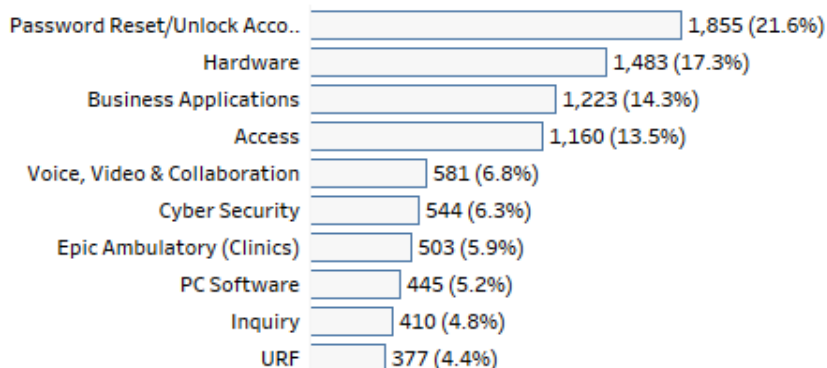
Unplanned downtime

system is unavailable due to unforeseen circumstances

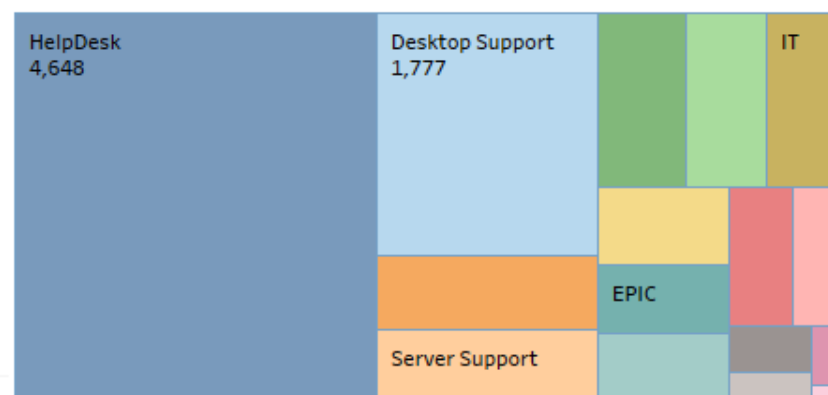
SERVICE DESK For Q2 2022



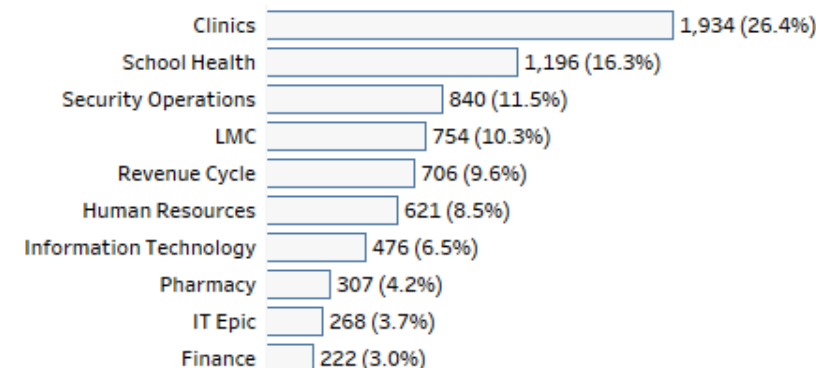
Top 10 Tickets by Category



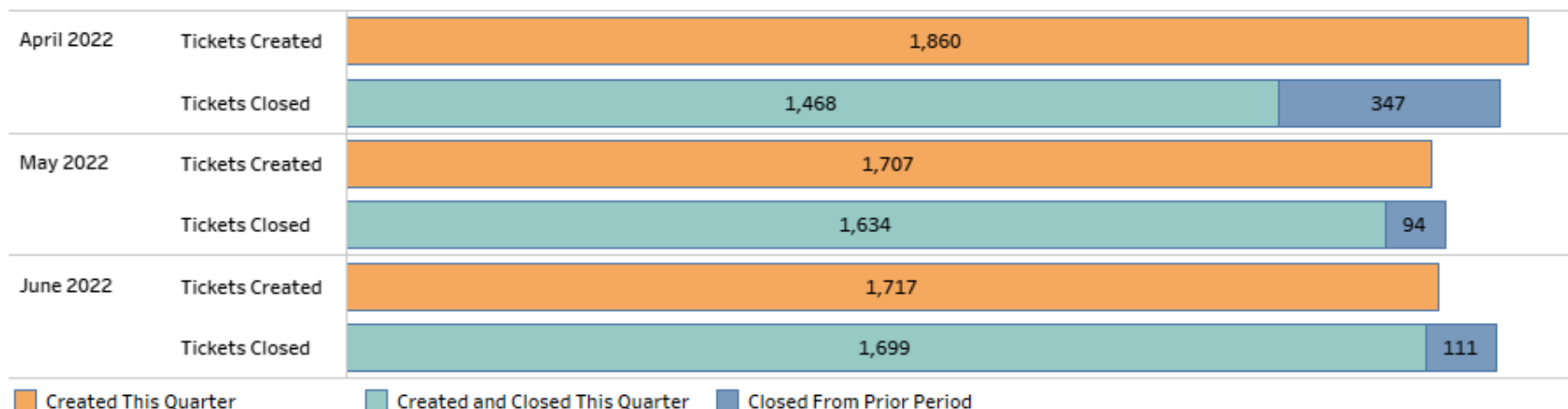
of Tickets by Group



Top 10 Total Tickets by Business Unit

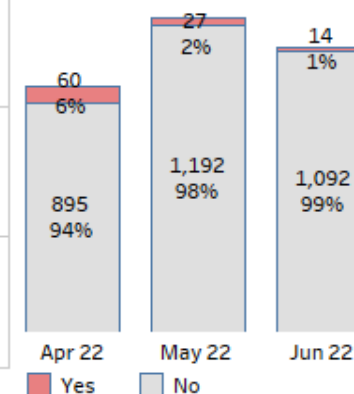


Tickets Created/Tickets Closed



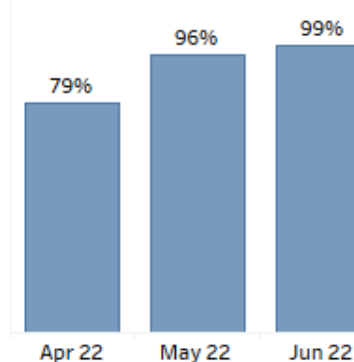
Missed SLA

Incidents Only



Closure Rate

Opened and Closed Same Month



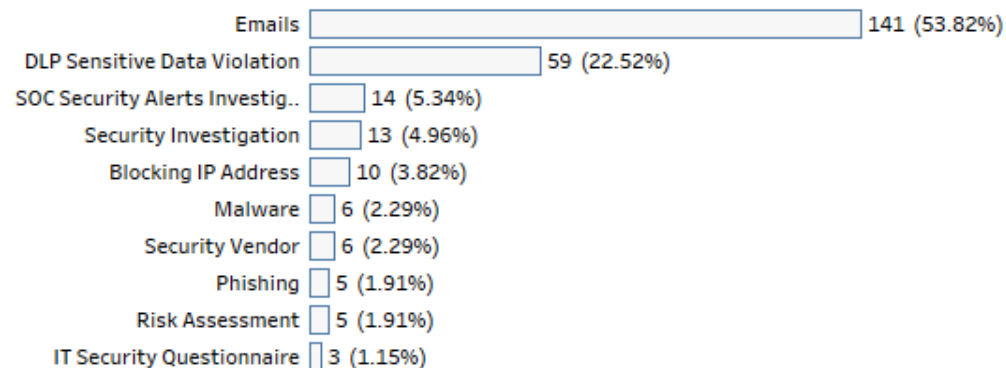
CYBER SECURITY

For Q2 2022

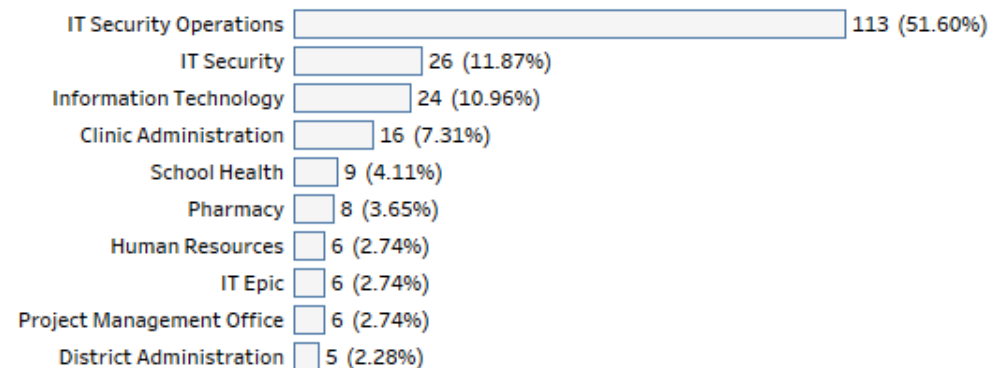


0 Total Reportable Cyber Security Investigations	269 Total Investigations	2.46 Avg Days to Resolve	99.63% Percent of Investigations Closed
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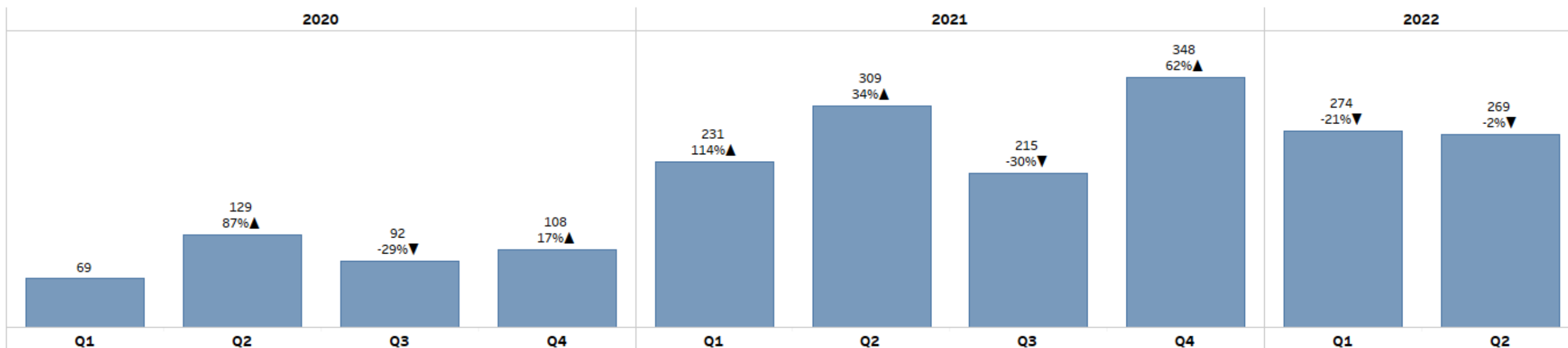
Top 10 Total Investigations by Category



Top 10 Total Investigations by Business Unit



Request Trend by Quarter



EnlivenHealth™ and HCDPBC Pharmacy

Non-Interactive Chain Summary - Q2 2022 Data for All Pharmacy

Filters X

Otr 07/20/22

Store Name All

Total Contacts

11,728

Prescription-Orders Ready

7,312

Pickup late

3,094

Pickup Warning

1,322

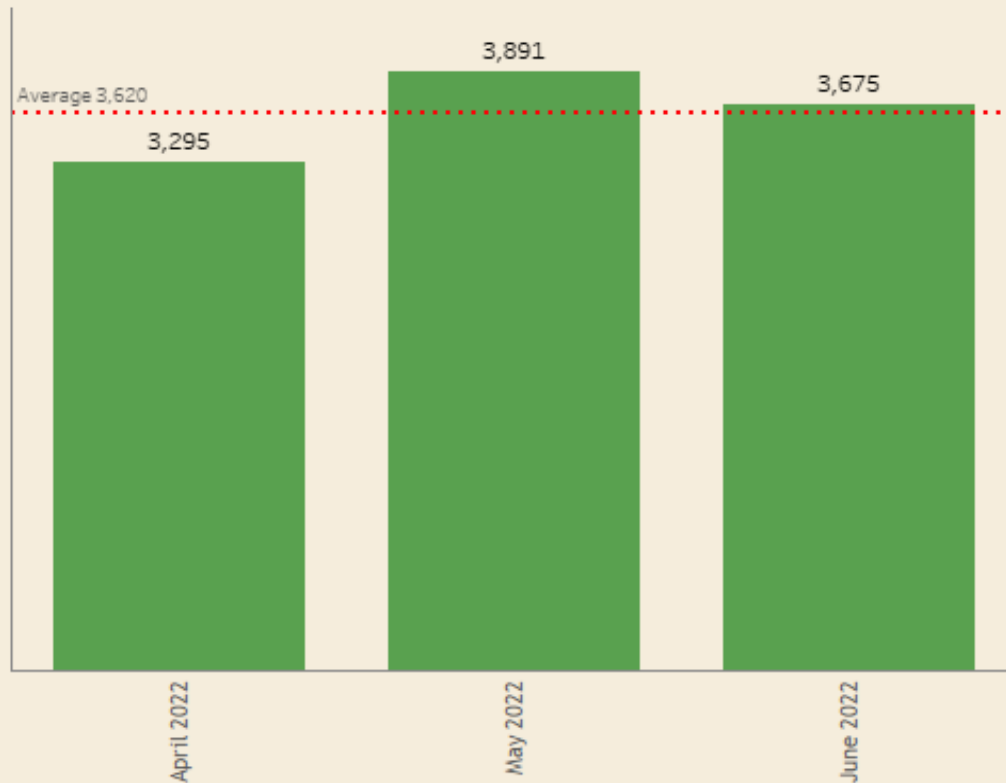
 Total Completed
 Contacts
 (%Completed)

 10,861
 92%

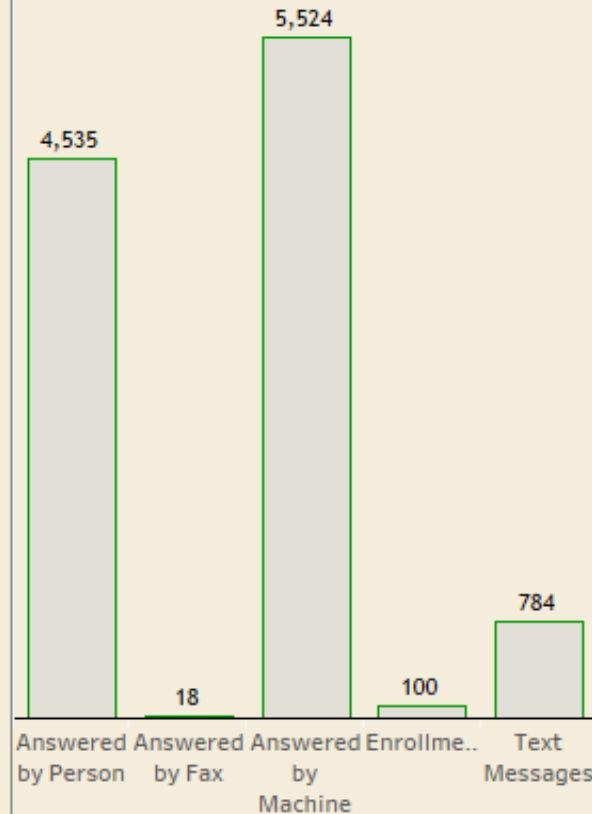
 Average
 Completed
 Call Duration

29.08s

Total Completed Contacts



Completed by Category



Not Completed by Category

