



**Quality, Patient Safety & Compliance  
Committee Meeting  
September 27, 2023  
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, 2023 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**

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

**2. Agenda Approval**

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

**3. Awards, Introductions and Presentations**

**4. Disclosure of Voting Conflict**

**5. Public Comment**

**6. Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Committee Meeting Minutes from June 15, 2023. [Pages 1-4]

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

A. **ADMINISTRATION**

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

June 2023 Internet Posting of District Public Meeting.

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

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

Committee Attendance. [Page 5]

- 7A-3 **Staff recommends a MOTION TO APPROVE:**  
Amendment to the Quality Patient Safety Charter [Pages 6-13]  
(Bernabe Icaza)

**B. PATIENT RELATIONS DASHBOARDS**

- 7B-1 **RECEIVE AND FILE:**  
Patient Relations Dashboards  
(Dr. Belma Andric) [Pages 14-21]
- Patient Relations Dashboard, School Health.  
(Steven Sadiku) [Page 17]
  - Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.  
(Alexa Goodwin) [Page 18]
  - Patient Relations Dashboard, E. J. Healey Center.  
(Tracy-Ann Reid) [Page 19]
  - Patient Relations Dashboard, Lakeside Medical Center.  
(Janet Moreland/ Joe-Ann Reynolds) [Page 20]
  - Patient Relations Dashboard, Pharmacy.  
(Alexa Goodwin) [Page 21]

**C. PRODUCTIVITY DASHBOARDS**

- 7C-1 **RECEIVE AND FILE:**  
Productivity Dashboards  
(Dr. Belma Andric) [Pages 22-31]
- Productivity Dashboard, School Health.  
(Steven Sadiku) [Page 25]
  - Productivity Dashboard, C. L. Brumback Primary Care Clinics.  
(Dr. Charmaine Chibar) [Page 26]
  - Productivity Dashboard, E. J. Healey Center.  
(Shelly Ann Lau/ Terretha Smith) [Page 27]
  - Productivity Dashboard, Lakeside Medical Center.  
(Janet Moreland/ Sylvia Hall) [Page 28-29]
  - Productivity Dashboard, LifeTrans Ground Transportation.  
(Amaury Hernandez) [Page 30]

- Productivity Dashboard, Pharmacy.  
(Lou Bassi) [Page 31]

## **8. Regular Agenda**

### **A. COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates  
(Heather Bokor) [Pages 32-41]

### **B. CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Reports  
(Dr. Belma Andric) [Pages 42-58]

- Quality & Patient Safety Report, School Health.  
(Steven Sadiku) [Page 47]
- Quality & Patient Safety Report, Aeromedical.  
(Steven Sadiku/Cindy Dupont) [Page 48]
- Quality & Patient Safety Report, Trauma.  
(Steven Sadiku) [Pages 49-50]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.  
(Steven Sadiku/Dr. Charmaine Chibar) [Page 51]
- Quality & Patient Safety Report, E. J. Healey Center.  
(Steven Sadiku/Tracy-Ann Reid) [Pages 52-53]
- Quality & Patient Safety Report, Lakeside Medical Center.  
(Steven Sadiku/ Sylvia Hall) [Page 54]
- Quality & Patient Safety Report, LifeTrans Ground Transportation.  
(Steven Sadiku/ Amaury Hernandez) [Page 55]
- Quality & Patient Safety Report, Corporate Quality Metrics.  
(Steven Sadiku) [Pages 56-58]

## **9. CEO Comments**

## **10. Committee Member Comments**

**11. Establishment of Upcoming Meetings**

**December 14, 2023**

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

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

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

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



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

**June 15, 2023 at 12:00P.M.**

**1515 North Flagler Drive, Suite 101**

**West Palm Beach, FL 33401**

**1. Call to Order**

Dr. Gunta called the meeting to order.

**A. Roll Call**

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

Staff present: Darcy Davis, Chief Executive Officer; Bernabe Icaza, General Counsel; Heather Bokor, Chief Compliance, Privacy and Risk Officer; Belma Andric, Chief Medical Officer; Candice Abbott, Chief Financial Officer; Karen Harris, VP of Field Operations, Daniel Scott, Chief Information Officer; Regina All, Chief Nursing Officer; Geoff Washburn, Chief Human Resources Officer; Robin Kish, Tracey Archambo, Tracy-Ann Reid, Alyssa Tarter, Janet Moreland, Dr. Charmaine Chibar, Andrea Steele, Luis Rodriguez, Shelly Ann Lau, Terretha Smith, Shauniel Brown, David Speciale, Dr. Jennifer Dorce-Medard, Kelley Anderson and Sandra Bell.

Recording/ Transcribing Secretary: Heidi Bromley

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

**2. Agenda Approval**

**A. Additions/Deletions/Substitutions**

**B. Motion to Approve Agenda**

*Mr. Johnson requested that agenda items 7B-1 & 7C-1 be moved to the Regular Agenda under 8B-2 & 8B-3.*

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

**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 March 15, 2023.

**CONCLUSION/ACTION:** Tammy Jackson-Moore made a motion to approve the Committee Meeting Minutes of March 15, 2023. The motion was duly seconded by William Johnson. There being no opposition, the motion passed unanimously.

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

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

A. **ADMINISTRATION**

- 7A-1 **RECEIVE AND FILE:**  
June 2023 Internet Posting of District Public Meeting.  
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=436&m=0|0&DisplayType=C>

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

B. **PATIENT RELATIONS DASHBOARDS**

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

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

C. **PRODUCTIVITY DASHBOARDS**

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

Productivity Dashboards

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

8. **Regular Agenda**

A. **COMPLIANCE**

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

Compliance, Privacy and Ethics Program Activities and Updates

\*\*Ms. Bokor reviewed the Compliance, Privacy and Ethics Program Activities and Updates to the Committee.

**CONCLUSION/ACTION: Received and Filed.**

B. **CORPORATE QUALITY DASHBOARDS**

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

Quality & Patient Safety Reports

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

\*\*Ms. Steele reviewed all of the Corporate Quality Dashboards to the Committee.

**CONCLUSION/ACTION: Received and Filed.**

9. **CEO Comments**



**10. Committee Member Comments**

**11. Establishment of Upcoming Meetings**

**September 27, 2023**

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

**December 14, 2023**

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

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

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

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

**14. Motion to Adjourn**

There being no further business, the meeting was adjourned.

\_\_\_\_\_  
**Tracy Caruso, Chair**

\_\_\_\_\_  
**Date**

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

**Attendance Tracking for 2023**

	<b>3/15/23</b>	<b>6/15/23</b>	<b>9/27/23</b>	<b>12/14/23</b>
Dr. Jyothi Gunta	N/A	X		
Tracy Caruso	X	X		
Dr. Alina Alonso	X	X		
Tammy Jackson-Moore	N/A	X		
Dr. Luis Perezalonso	X	X		
Kimberly Schulz	X	X		
Dr. LaTanya McNeal	X	Absent		
Robert Glass	X	Absent		
William Johnson	X	X		

# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

## 1. **Description: Quality, Patient Safety and Compliance Committee Charter Amendment**

## 2. **Summary:**

This agenda item presents amendment to the Quality, Patient Safety, and Compliance Committee Charter.

## 3. **Substantive Analysis:**

Staff recommends amending the Sections titled, Meetings and Voting by Telephonic or Electronic Communication. The proposed changes are as follows:

- Meetings: Revising to allow Committee members to attend meetings using teleconferencing or other technological means, which shall constitute attendance and count towards the committee's quorum requirement.
- Voting by Telephonic or Electronic Communication: (i) Revising to remove the requirement for a quorum to be physically present at a committee meeting and at the time of a vote, and (ii) removing the restrictions on Committee members' remote participation.

Attached for your review is the updated Charter showing the proposed changes.

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

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

DocuSigned by:

*Jessica Cafarelli*

CA6A21FF2E09481...

Jessica Cafarelli


Interim VP & Chief Financial Officer


**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
SEPTEMBER 27, 2023**

**5. Recommendation:**

Staff recommends the Committee approve the amendment to the Charter and forward to the Health Care District Board for information.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706434...  
Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
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Darcy J. Davis  
Chief Executive Officer

## **QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER**

### **PURPOSE**

The purpose of the Quality, Patient Safety, and Compliance Committee Charter of the Health Care District and its affiliated 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 Quality”. 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, one (1) Committee member shall serve on the District Clinic Board, one (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 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 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. Committee members should make every reasonable effort to attend committee meetings in person and the needs of the District are best served when all committee members are physically present at committee meetings. However, if a Board member is unable to be physically present at a committee meeting, a committee member may attend a meeting by teleconferencing or other technological means. Attendance by committee members pursuant to the foregoing shall constitute in person presence at the meetings and shall be counted towards the quorum.

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 23<sup>rd</sup> 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 LMC Chief of Staff.
<u>7</u>	<u>September 27, 2023</u>	<u>Amended to allow meetings of the committee by teleconferencing or other technological means, for such attendance to constitute in person attendance and counted towards the quorum. Deleted requirement for quorum to be met via physical presence of committee members.</u>

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
September 27, 2023**

**1. Description: Patient Relations Dashboard & Summary**

**2. Summary:**

This agenda item provides the patient relations dashboard for the 2<sup>nd</sup> Quarter of 2023 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, and Pharmacy.

**3. Substantive Analysis:**

**School Health**

School Health had a total of 37 Patient Relations events reported for 167 school locations. Of the 37 patient relation events, 3 were complaints, 34 were compliments, and there were no grievances. Out of the 3 complaints, 67% were from family members, and 33% were from school district staff. The complaints categories were poor communication and nurse-related. The 34 compliments recognized the School Health Nurses and School Health Nurse Assistants, Healthcare Support Techs, and the School Health Leadership team received from principals, school district staff, family members, employees, and students.

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

For Quarter 2 2023, there were a total of 36 Patient Relations Occurrences that occurred between 7 Clinics, Dental Administration and Clinic Administration. Of the 36 occurrences, there were 9 Grievances and 27 Complaints. The top 5 categories were Finance, Care & Treatment, Respect Related, Physician Related, and Referral Related issues. The top subcategories were Billing Issues, Physician Related All Aspects of Care and Bad Attitude/Rude with 5 occurrences in each.

There was also a total of 92 Compliments received across 8 Clinics and Clinic Administration. Of the 92 Compliments, 87 were patient compliments and 5 were employee-to-employee Thumbs-Up compliments.

**Edward J. Healey Rehabilitation and Nursing Center**

There was a total of 37 grievances submitted during the 2nd quarter. 26 residents were responsible for the 37 grievances. The average census for the quarter was 116. The top 5 categories were Personal Belongings (13), Communication (7), Nutrition (7), Nursing related (6), Care and Treatment (3), and Activities (1).

Some of the concerns included: missing clothing which were found in the residents' room, requesting coffee to be steaming hot, -education was provided on policy on beverages and an insulated coffee cup was given to keep the temperature of coffee longer, discomfort with tooth- dental appointment

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2023

immediately made and change in texture of food was offered but this was refused, and refusal to use urinal basket- education provided about the risks and benefits. Grievances were resolved within the recommended guidelines.

A total of 38 compliments were submitted this quarter by residents and resident representatives. The compliments were contentment with the care received, happiness with the unit and the overall facility, and being very pleased and grateful of the rehabilitation team with the extreme progress made.

### **Lakeside Medical Center**

Lakeside Medical Center reported a total of 9 complaints and grievances for Q2, April – June 2023. The event categories include 1 Admitting/Registration, 3 Care & Treatment, 2 Medical Records, 1 Nursing Related and 2 Personal Belongings. Lakeside Medical Center also reported a total of 5 compliments for Q2, April – June 2023. All complaints and grievances are addressed by the Community Liaison Manager, who ensures appropriate follow-up with the provider and/or manager as necessary.

### **Pharmacy**

The pharmacy had one patient complaint and one compliment for Q2. The complaint was at the West Palm Beach Pharmacy and was due to poor communication. The compliment at the Delray Pharmacy was related to the staff's mannerisms and professionalism.

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

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

DocuSigned by:

*Jessica Cafarelli*

CA6A21FF2E09481...

Jessica Cafarelli  
Interim VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
September 27, 2023**

**5. Recommendation:**

Staff recommends the Committee Receive and File the Patient Relations Dashboard & Summary

Approved for Legal sufficiency:

DocuSigned by:

*Bernabe Icaza*

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Bernabe Icaza  
SVP & General Counsel

DocuSigned by:

*Belma Andric*

1F272D34C8B04A5...

Belma Andric, MD  
SVP & Chief Medical Officer

DocuSigned by:

*Darcy Davis*

77A3B53589A1477...

Darcy J. Davis  
Chief Executive Officer



Patient Relations School Health  
(Grievances, Complaints & Compliments)

2023 Q2



Start Date 4/1/2023 End Date 6/30/2023 Top Category 5

Total Complaints and Grievances				
Complainant		Late Entries: 0		
Top 5 Categories		Total Top 5 Subcategories		
Schools by Area				
Total Compliments		34	Late Entries: 2	24

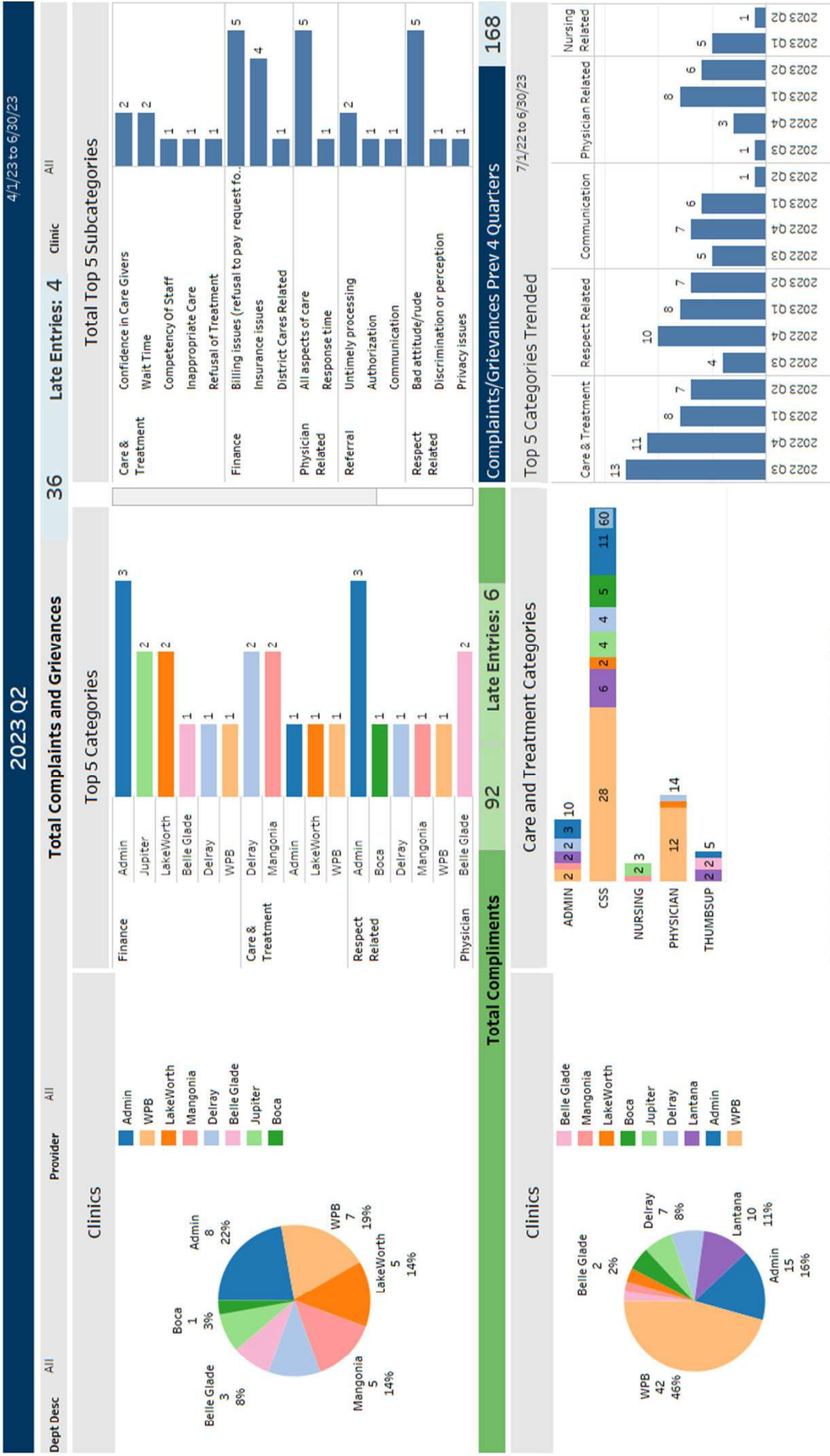
Top 5 Cat. Trended				
Care & Treatment Categories		Top 5 Cat. Trended		
Schools by Area				
Total Compliments		34	Late Entries: 2	24



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

Detail

Top Categories  
5



\* Color represents Department, \*\* CSS = Clinical Support Staff



Patient Relations (Grievances, Complaints & Compliments)  
Healey Center

Detail Start Date 4/1/2023 End Date 6/30/2023 Top Categories 5



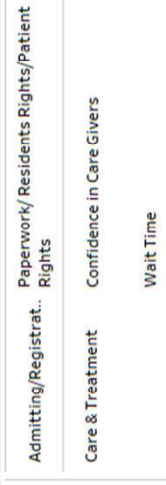


Detail	Top Categories
5	5

4/1/23 to 6/30/23



### Total Top 5 Subcategories



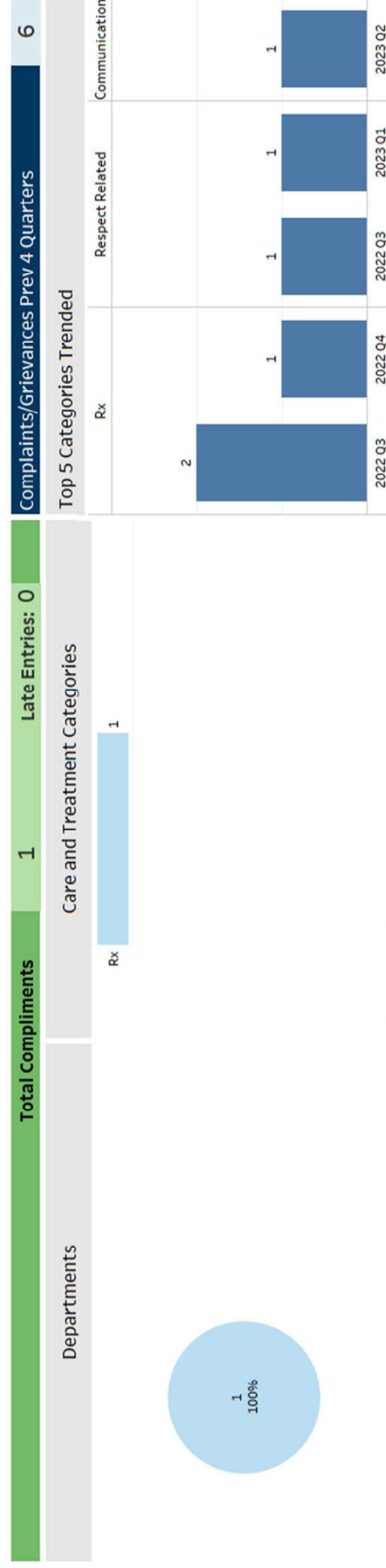
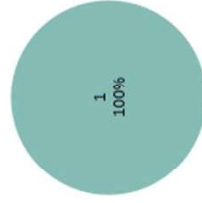
Complaints/Grievances Prev 4 Quarters

44



Category	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2022 Q3	2023 Q1
Care & Treatment	9	7	6	3	2	1
Communication						

## 2023 Q2



\*Color represents Department

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
SEPTEMBER 27, 2023**

**1. Description: Productivity Reports**

**2. Summary:**

This agenda item provides the productivity reports for the 2nd Quarter of 2023 for School Health, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, and Pharmacy.

**3. Substantive Analysis:**

**School Health**

In the 2<sup>nd</sup> Quarter of 2023, we completed a total of 94,124 events across 167 schools, providing care for a total of 33,450 students. These events were broken down into 46,353 office visits, 27,267 medication visits, 15,513 procedure visits, 3,512 consultation events, and 1,479 record reviews. The top 3 schools with the most events are Eagles Landing Middle School, Calusa Elementary School, and Wellington Landings Middle School.

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

In Q2 of 2023, the clinics served 19,635 unique patients and provided 40,955 clinic visits.

**Edward J. Healey Rehabilitation and Nursing Center**

During the second quarter, census for the Healey Center averaged 113-an increase from the previous 112 in the first quarter. COVID-19 screening totaled 11,874 for employees and 2,970 for vendors. Treatments performed by the nursing average increased to 16,402 compared to last quarter of 16,365 and 93,202 for medication administration compared to 93,204 last quarter. Food and nutrition services provided an average of 8,823 resident meals compared to 8,674 last quarter. CNA POC documentation compliance rate for day shift averaged 98.9%, evening shift averaged 98.8% and night shift averaged 99.5%. The therapy department completed a total of 4,266 units for the quarter.

**Lakeside Medical Center**

The productivity data report for 2<sup>nd</sup> Quarter 2023 represents the following detailed information:

- **Total Census Days by Level of Care** – There was a total of 1,359 patient days for Q2-2023 compared to 1,460 for Q1-2023, resulting in a 6.92% decrease.
- **Emergency Services Visits** – There was a total of 5,742 visits for Q2-2023 compared to 5,719 for Q1-2023, resulting in a 0.4% increase.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

- **Physical Therapy Visits (Evaluations and Treatments)** – There was a total of 161 evaluations and treatments for Q2-2023 compared to 190 for Q1-2023, resulting in a 15.26 % decrease.
- **Inpatient Admissions** – There was a total of 106 admissions for Q2-2023 compared to 99 for Q1-2023, resulting in a 7.07% increase.
- **Surgical Cases** – There was a total of 31 surgical cases performed for Q2-2023 compared to 24 surgical cases for Q1-2023 resulting in a 29.17 % increase.
- **Medication Administrations** - There was a total of 36,662 medications administered for Q2-2023 compared to 35,225 for Q1-2023, resulting in a 4.08% increase.
- **Radiology Exams Completed** – There was a total of 6,854 radiological exams performed for Q2-2023 compared to 6,683 for Q1-2023, resulting in a 2.56% increase.
- **Laboratory Specimens Collected** – There was a total of 20,761 lab specimens collected for Q2-2023 compared to 20,613 for Q1-2023, resulting in a 0.5% increase.

### **LifeTrans Ground Transportation**

For Q2 2023, the LifeTrans Ground Transportation department performed 565 transports, with 510 (90%) originating at Lakeside Medical Center, and 443 of those patients were transported to other hospitals for a higher level or specialized care. Most of the patients transported were between 21 and 70 years old. The most common diagnostic impressions for the patients transported during this period were neurological diseases, mental health disorders, and cardiovascular and respiratory conditions. Despite performing almost 100 more transports during Q2 2023, LifeTrans was able to reduce their activation to pick-up times for both units.

### **Pharmacy**

For Q2 2023, the pharmacy attempted 11,803 contacts to notify patients that they have a prescription(s) ready for pick up. 7,747 initial notifications were sent for prescriptions not picked up within the same day of fill. There was greater than a 55% reduction in notifications sent for 2nd and final pick-up reminders. Overall, there was a 93% successful completed contacts rate. This was an increase over the previous quarter from 92% and an excellent indication that notifications are assisting with patient adherence.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

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

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

DocuSigned by:

*Jessica Cafarelli*

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Jessica Cafarelli

Interim VP & Chief Financial Officer

### 5. Recommendation:

Staff recommends the Committee Receive and File the Productivity Reports.

Approved for Legal sufficiency:

DocuSigned by:

*Bernabe Icaza*

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Bernabe Icaza

SVP & General Counsel

DocuSigned by:

*Belma Andric*

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Belma Andric, MD

SVP & Chief Medical Officer

DocuSigned by:

*Darcy Davis*

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Darcy J. Davis

Chief Executive Officer

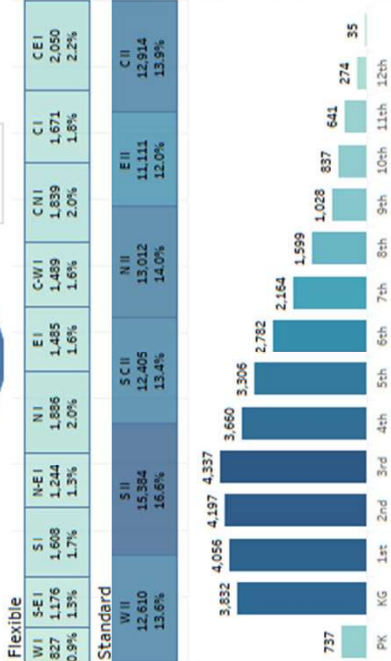
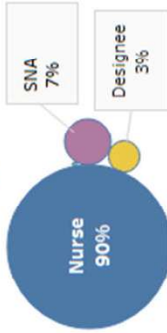
## School Health Room Overview



### Volume Trend



### Provider Type

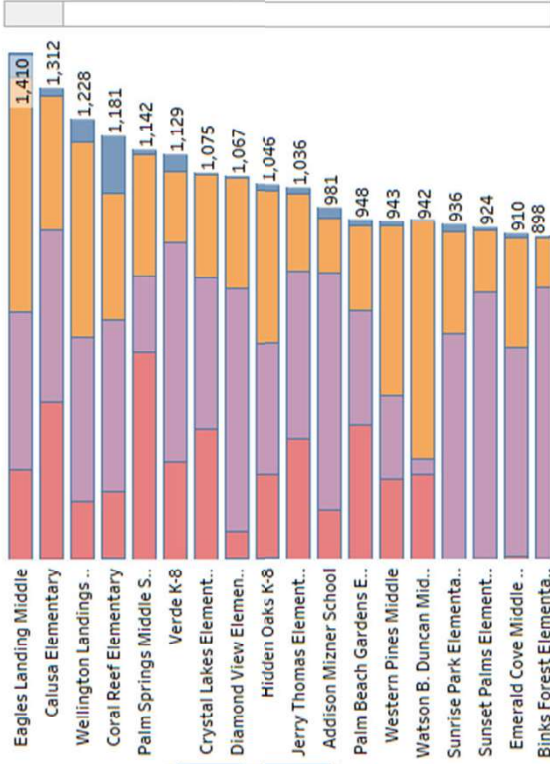


### Activity Summary

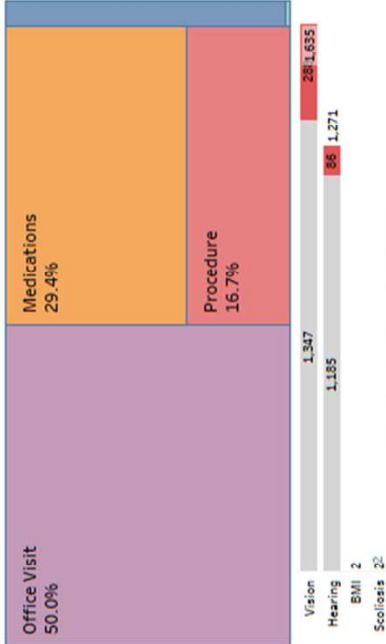
Event Type	# Events	# Schools	# Students	# Providers	Avg Dur Min
Office Visit	46,353	167	31,640	188	20.82
Medications	27,267	162	1,092	185	5.71
Procedure	15,513	111	222	144	13.69
Consultation	3,512	161	2,456	147	13.01
Review	1,479	39	1,479	39	0.00



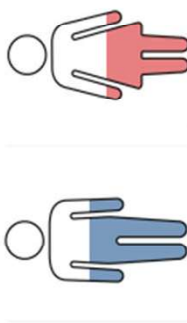
### Events by School



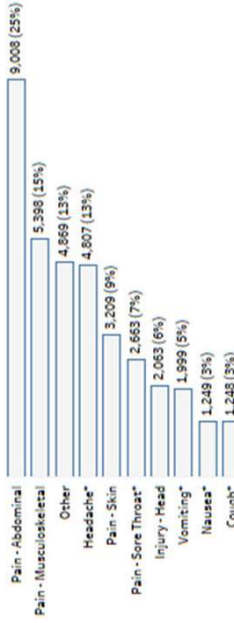
### Percent by Event Type



### Gender Assigned at Birth



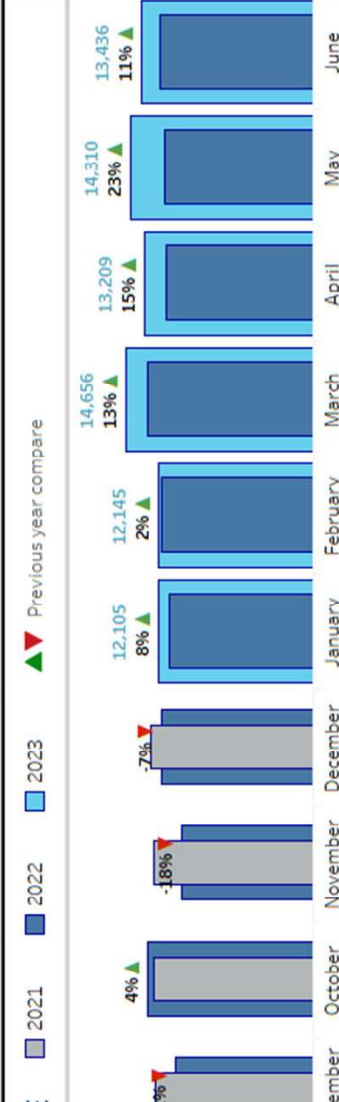
### Top 10 Reasons for Visit



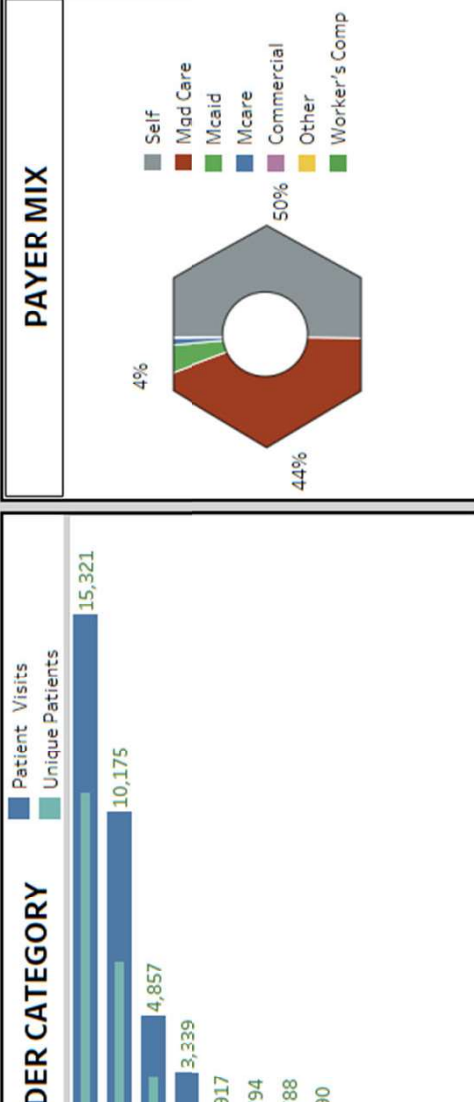




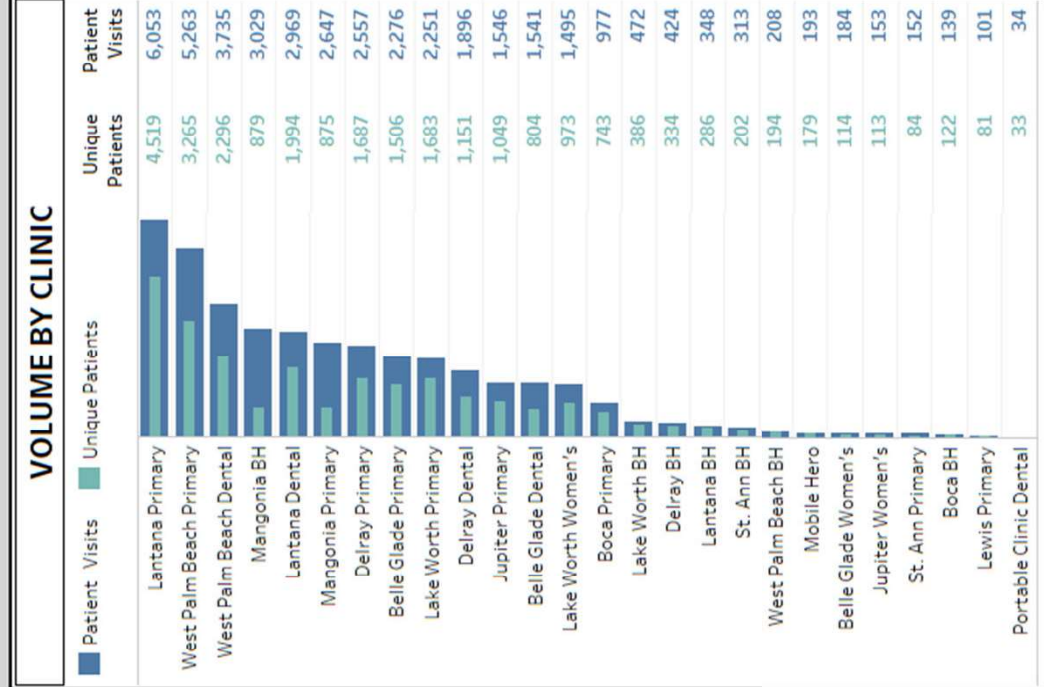
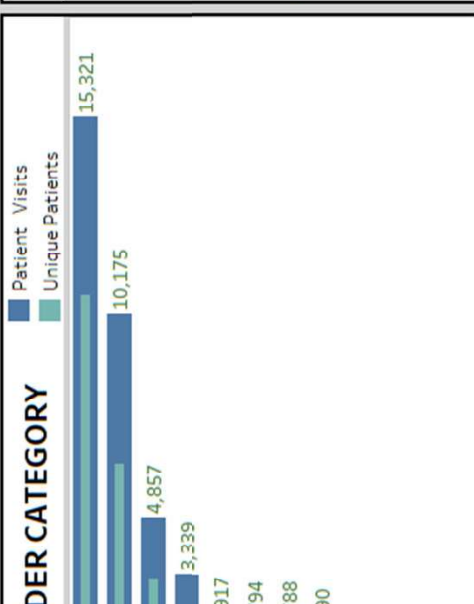
**MONTHLY VOLUME**



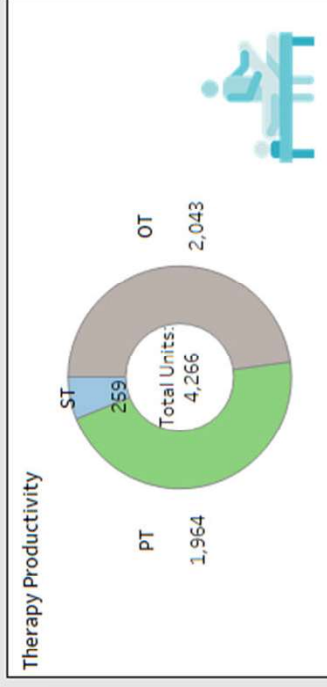
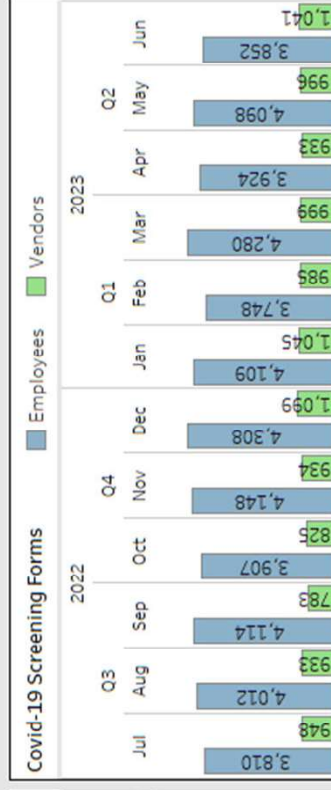
**VOLUME BY PROVIDER CATEGORY**



**PAYER MIX**



Healey Center  
Productivity Data Q2 2023



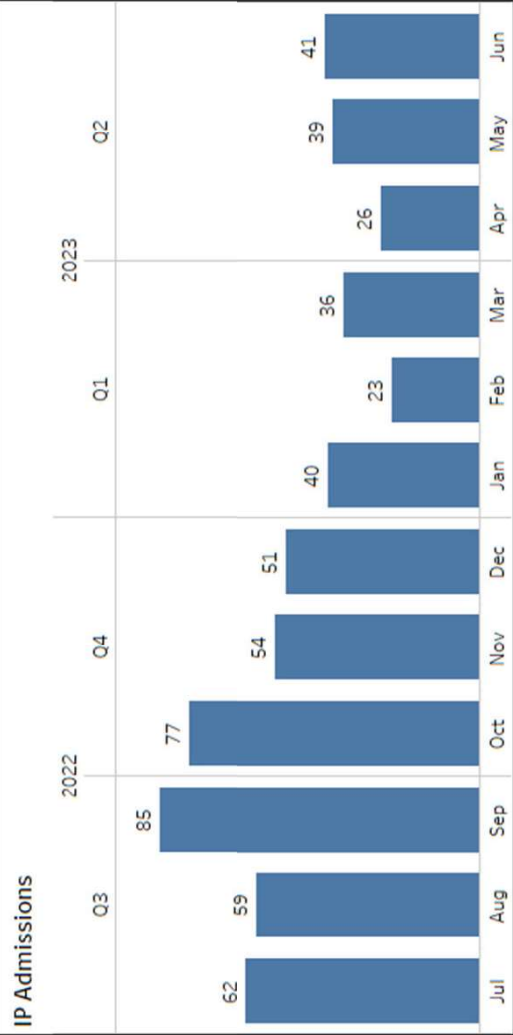
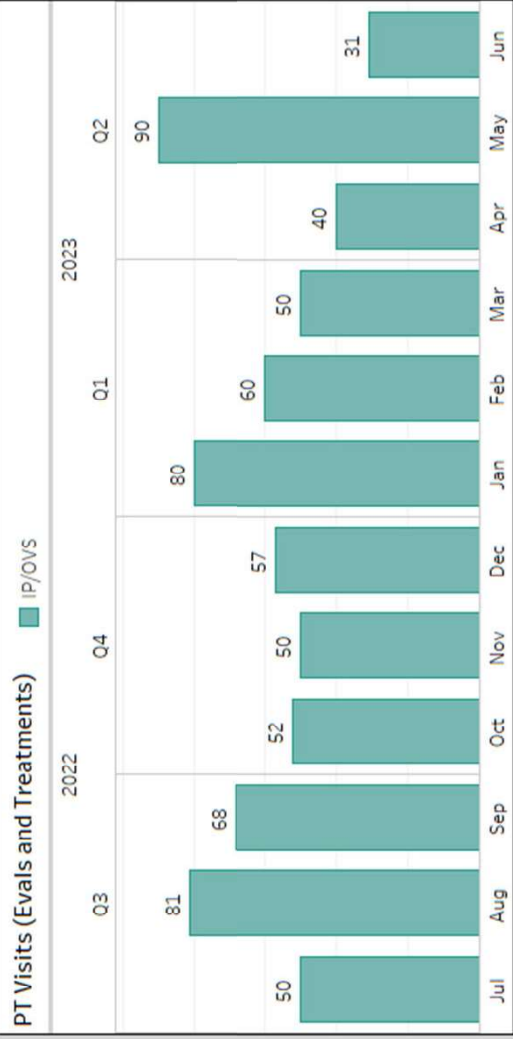
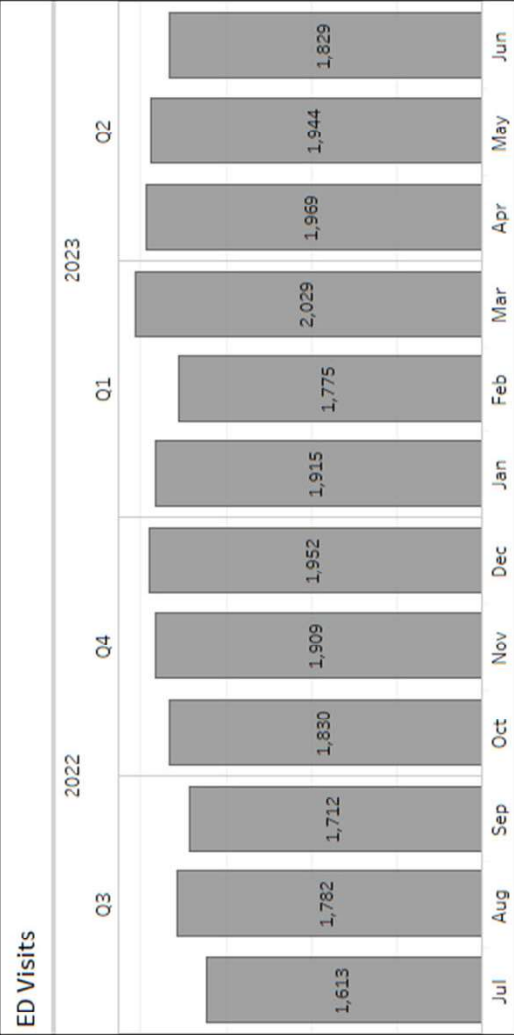
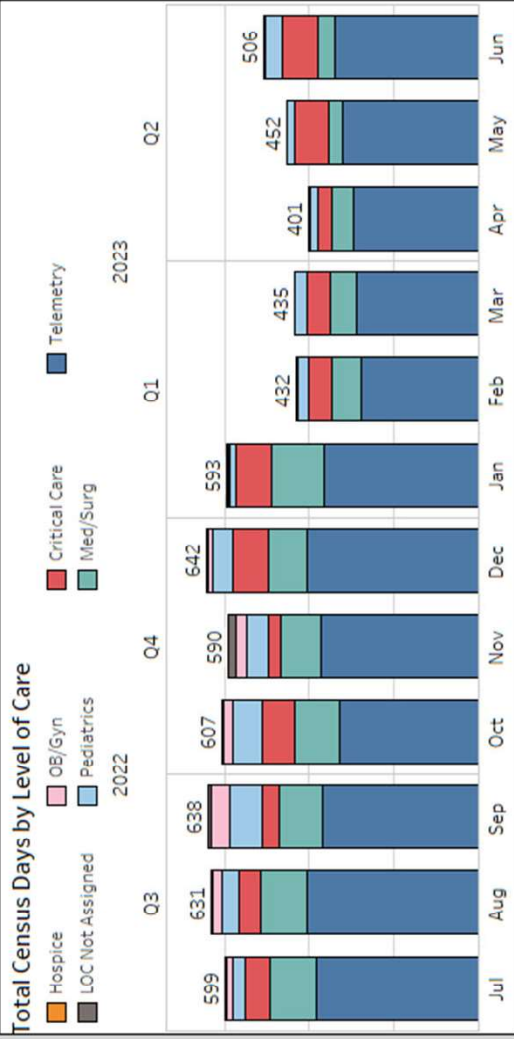
## CNA Point of Care (POC) Compliance

Night Shift											
	2022				2023						
	Q3		Q4		Q1		Q2				
99.0%	99.1%	99.3%	99.5%	99.1%	99.2%	99.0%	99.5%	99.6%	99.5%	99.5%	99.5%
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun



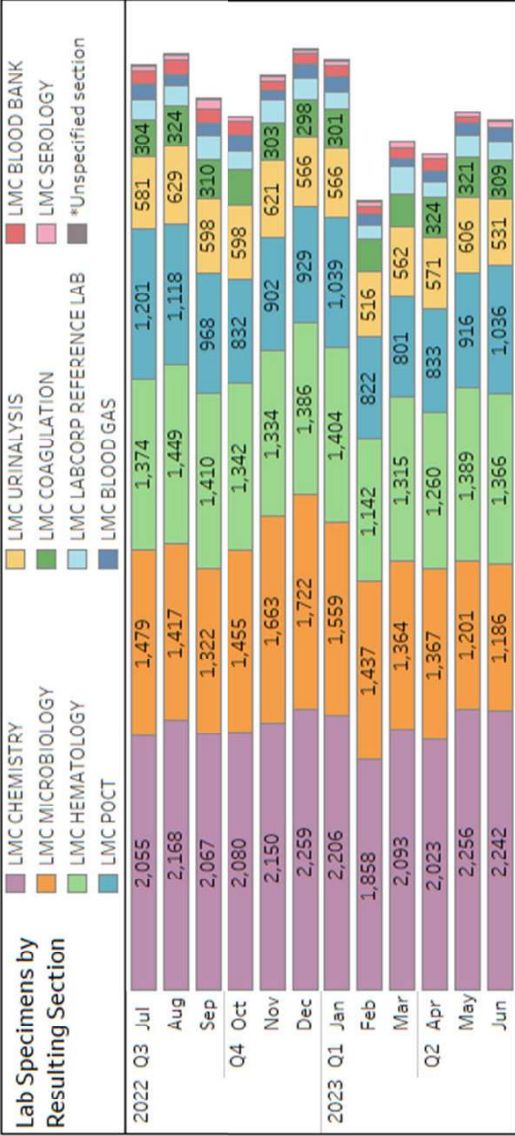
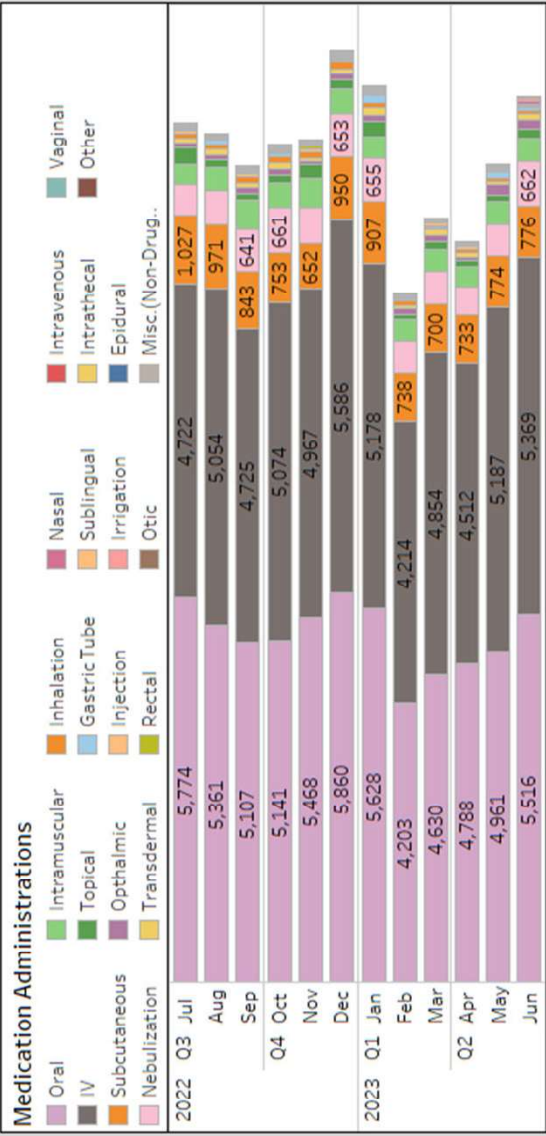
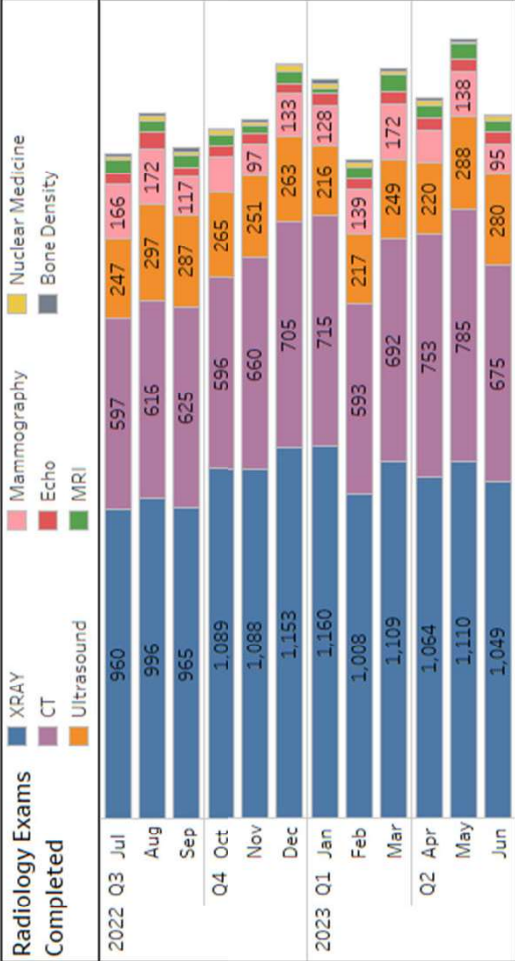
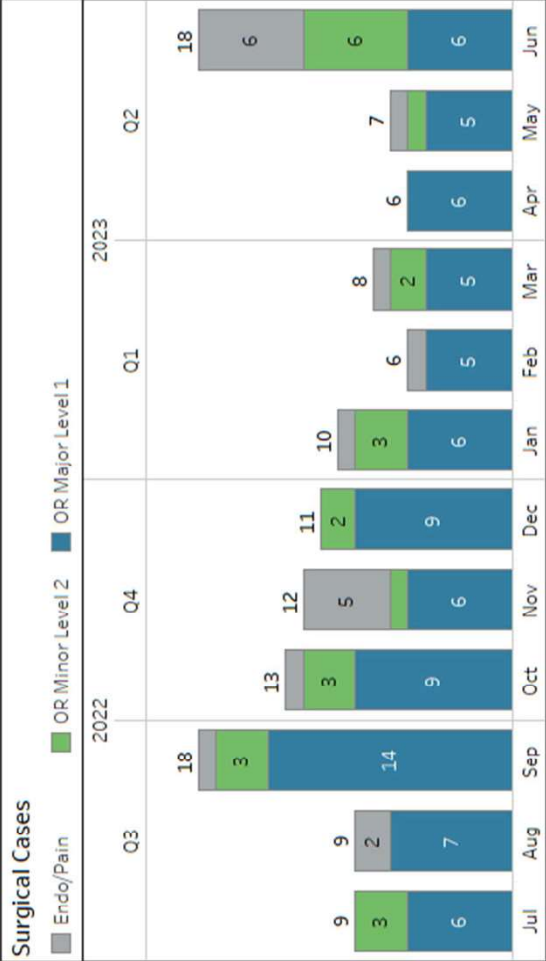


# Lakeside Medical Center Patient Flow Productivity Data Q2 2023





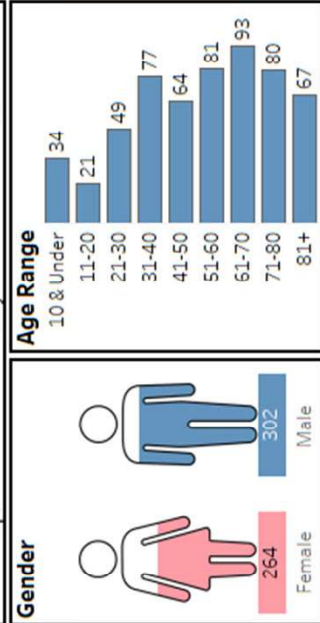
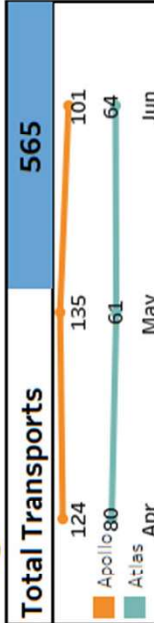
Lakeside Medical Center  
Clinical Productivity Data Q2 2023





# LifeTrans Ground Transport

Q2 2023



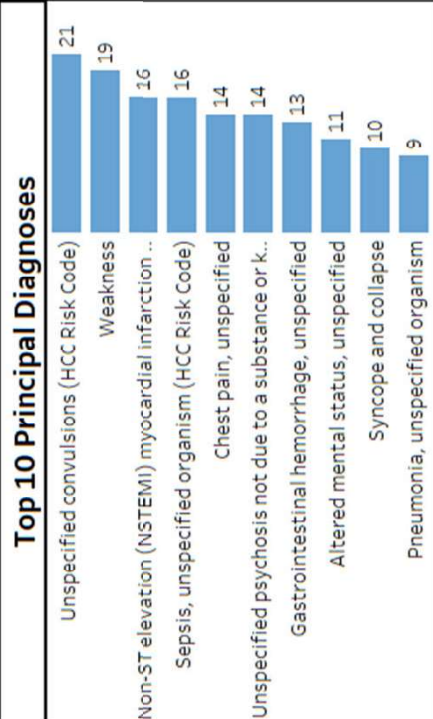
### Transports Originating from Other Facilities

55

Origin	Destination	Count	AVG Activation to Pick Up
EJH	EJH	1	31min
	St. Mary's MC	7	24min
	JFK North	6	25min
	Palm Beach Gardens ..	4	41min
	Good Samaritan Hosp...	1	30min
	JFK Main	1	22min
	WPB BA	1	10min
	WPB VA	1	35min
	Wellington Regional	1	85min
SMMC	EJH	7	67min
	St. Mary's MC	2	16min
JFK North	EJH		
PBGMC	EJH		
Good Sama...	EJH		
JFK Main	EJH		
WPB VA	EJH		
CLB Boca	Delray Medical Center		
CLB Delray	Delray Medical Center		
Kindred	EJH		
PWH	EJH		
WRMC	EJH		

### Overall Turnaround Times

Activation to Pick Up	Pick Up to Drop Off	Activation to Drop Off
Apollo 41 min	Atlas 70 min	Apollo 101 min
Atlas 57 min		Atlas 127 min



### Transports Originating from LMC

Destination	Unit	Count	AVG Activation to Pick Up
Palms West	Apollo	76	54min
	Atlas	29	40min
JFK Main	Apollo	21	57min
	Atlas	23	34min
St. Mary's MC	Apollo	20	71min
	Atlas	29	46min
Glades Healthcare Center	Apollo	5	52min
	Atlas	18	43min
Private Residence	Apollo	6	70min
	Atlas	14	62min
Wellington Regional	Apollo	9	38min
South County Mental Health West	Atlas	2	36min
NeuroBehavioral Hospital	Apollo	6	40min
	Atlas	3	68min
JFK North	Apollo	2	83min
	Atlas	6	62min
Coral Shores Behavioral Health	Apollo	5	49min
	Atlas	2	489min
Palm Beach Gardens MC	Apollo	4	31min
Clewiston Nursing and Rehab	Atlas	3	158min
Lawnwood Hospital	Apollo	1	185min
	Atlas	2	207min
Coral Bay Healthcare and Rehab	Atlas	1	125min
Darcy Hall Nursing Home	Apollo	1	50min
Fort Lauderdale Behavioral Health C...	Apollo	3	308min
Jackson Memorial	Atlas	1	119min
Joe Dimaggio Children's Hospital	Apollo	1	60min
Jupiter Rehabilitation and Healthcar..	Atlas	1	302min
Nicklaus Childrens Hospital	Atlas	1	38min
Northwest Medical Center	Atlas	1	300min
Park Royal Behavioral Health	Atlas	1	111min
Raulerson Hospital	Apollo	1	21min
Royal Palm Beach Health and Rehab ...	Apollo	1	323min
Select Specialty Hospital	Atlas	1	659min



# Pharmacy Outbound Notifications

## Prescription Reminders - 2023 Q2 Data for All Pharmacy

Filters

Qtr

2023 Q2

Store Name

All

Total Attempted Contacts

12,508

Initial Pickup Reminder

7,747

2nd Pickup Reminder

3,314

Final Pickup Reminder

1,447

Total Completed Contacts (96% Completed)

11,803 93%

### Total Completed Contacts

Quarter	Total Completed Contacts
Q3 2022	7,575
Q4 2022	11,227
Q1 2023	10,956
Q2 2023	11,803
<b>Average</b>	<b>10,390</b>

### Successful Contacts by Category

Category	Count
Answered by Person	3,925
Answered by Machine	4,164
Text Messages	580

### Unsuccessful Contacts by Category

Category	Count
Busy Signal	7
No Answer	82
Error	169
Not in Service	231
Invalid Phone Number	29
Optout by SMS	41

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

### 1. **Description: HCD Compliance, Privacy, and Ethics Program Updates and Activities Quarterly Report**

### 2. **Summary:**

A summary of the Health Care District's ("HCD") Compliance, Privacy, and Ethics Program ("Compliance", "CPE", or "Program") activities since the last meeting is provided. This Report covers FY23 Q3 (April 1 – June 30, 2023). Regulatory Updates and Industry Enforcement Activity are reported to the HCD Board of Directors/Commissioners at the September meeting. As such, these have been omitted from this report.

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

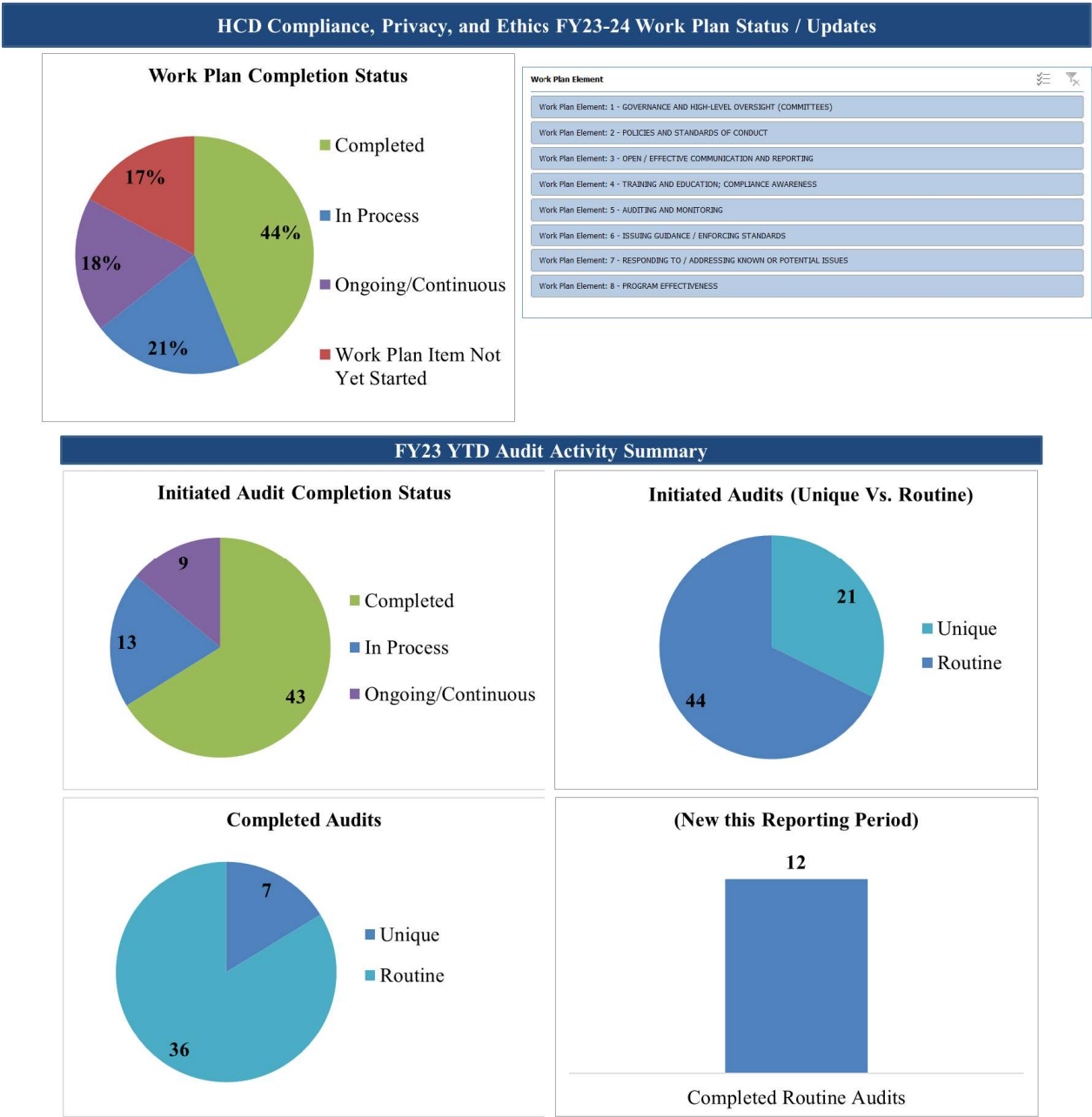
### 3. **Substantive Analysis: Compliance, Privacy, and Ethics Report**

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

Key areas since the last report which have had significant or notable work included as part of or separate from the FY23-24 Work Plan include: auditing and monitoring; compliance reviews, policies and procedures/Standards of Conduct; physician contracting, compensation, and employment; Contract reviews and payments with external parties (e.g., ambulance, external audit); Cybersecurity and data privacy; Conflicts of Interest revisions; Active participation and responsiveness to HCD staff on inquiries/incidents/needs; Education and dissemination of information and communication to HCD staff; Consent and form drafting/revision; program guidance; Emergency preparedness and response; Research and issuance of regulatory and other guidance and education/information to HCD staff; Review of Florida Laws (Session updates), COVID-19 changes, and ongoing review of regulatory updates and industry enforcement activity; External agency activity; and Other initiatives to improve compliance and mitigate or reduce risk in the organization.

HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
SEPTEMBER 27, 2023

A. Work Plan Status / Updates



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

In FY23 YTD, CPE initiated sixty-five (65) total audits, data risk assessments/research, compliance risk assessments, and/or reviews (“reviews”), in accordance with the annual CPE Work Plan. This includes twenty-one (21) unique and forty-four (44) routine reviews. Additionally, CPE addressed other items as per OIG’s Compliance Program Guidance. A breakdown is provided below:

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

- Of the 65 initiated, 43 reviews have been completed (7 unique, 36 routine).
- Of the 43 completed, 12 were completed since the last report/meeting (June 2023). All of these were routine reviews. These are reported in the tables below.
- Of the 12 completed routine reviews, all results were favorable.
- Of the 65 initiated, 22 reviews (13 unique and 9 routine) are currently in preparation, in process, or pending preliminary / final reports. These items are reported as “Open” in the tables below. *Note: Items reported on at the prior meeting are included in reported data, however, are excluded from this report.*

Auditing and Monitoring – Completed	
Work Plan Item/Area	Summary
<b>Exclusion Screening Compliance Reviews (Monthly)</b> <i>[Background/rationale details omitted].</i>	<b>Reviews Complete for April – June 2023. Results Favorable. No Actions Recommended.</b> All potential matches were reviewed and resolved. 100% compliance with HCD policies and applicable rules with no exclusions.
<b>Epic User Access/Activity Monitoring through FairWarning system for potential Privacy violations (Weekly)</b> <i>[Background/rationale details omitted].</i>	<b>Reviews Complete for April – June 2023. Results Favorable. No Actions Recommended.</b> 100% compliance with HCD policies and applicable rules, with no red flags or resulting violations for HCD staff/Epic users.
<b>Referral Source/Physician Payment Audits (Ongoing)</b> <i>[Background/rationale details omitted].</i>	<b>Reviews Complete (at least Monthly), April – June 2023. Results Favorable. Recommended Actions.</b> All physician and referral source payments routed for approval are reviewed and audited by CPE. These are reported only as monthly items for purposes of CPE’s volume. <i>Recommendation made for CPE to expand the routing / audits of agreements and associated payments review, where appropriate, also to address other physician employment and/or contracting needs as referenced in the above review.</i>
<b>OIG Work Plan (Monthly)</b> <i>[Background/rationale details omitted].</i>	In HCD’s FY23, CPE monitored and analyzed all OIG monthly work plan additions. For <b>April – June 2023 the OIG added 6 new review items since the last report, at least 6 of which appear to apply to HCD.</b> Information is analyzed and disseminated as appropriate. Items are added to HCD’s CPE Work Plan if/where applicable.

Element/Type	Work Plan Item/Area – Completed Items (FY23) <i>(Non-Auditing Items, Includes Unique and Standing Items)</i>
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> <li>• Regulatory Updates and Industry Enforcement Activity (e.g., CMS Telehealth Waivers Post-PHE, CISA and FBI Issue Updated Guidance on Stopping Ransomware, CMS Issues First Price Transparency Fines, HHS-OCR Releases Report to Increase</li> </ul>

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

	<p><i>Language Access for Persons with Limited English Proficiency, CMS Issues Proposed Payment Rules for FY24)</i></p> <ul style="list-style-type: none"> <li>Florida Bill/Statutes (e.g., Senate Bill 1718 – Immigration/Patient Immigration Status, SB 252 – Medical Freedom; House Bill 1387 – Banning Gain of Function Research and Other Requirements; SB 1580 – Physicians Freedom of Speech; SB 264- Interest of Foreign Countries; SB 230- Health Care Practitioner Titles and Designation, SB 238 – Public Records/Protection from Discrimination Based on Health Care; SB 558- Certified Nursing Assistant; SB 254 – Treatments for Sex Reassignment; HB 1069 – Education; HB1521 1521- Facility Requirements Based on Sex; SB300 – Pregnancy and Parenting Support / The Heartbeat Protection Act; HB 837 – Civil Remedies; CS/SB 292- Newborn Screenings; CS/HB/HB 7001/7003 – Lobbying; HB 829 – Operation and Administration of the Baker Act; SB 568 – Assault or Battery on Hospital Personnel; HB 1471- Health Care Provider Accountability; CS/HB 389 – Menstrual Hygiene Products in Public Schools)</li> <li>Conflicts of Interest (“COI”) Disclosure Revision (HCD Staff)</li> <li>Release of Information (“ROI”) HIPAA/Privacy rule guidance, education, FAQs, and posted notices to HCD Departments (ROI; Verbal and written disclosures; OCR HIPAA Privacy Rule and Sharing Information Related to Mental Health)</li> <li>Responded to various inquiries and issued guidance accordingly (e.g., Stark Law, Vaccine requirements, Credentialing background and exclusion reviews, Mobile Units for new locations).</li> </ul>
Responding to Issues	<ul style="list-style-type: none"> <li>See OCR closed cases in “External Agency Activity”.</li> </ul>
Policies & Procedures (and Forms) <i>Revised**; Complete P&amp;P revision, pending final HCD adoption***</i>	<ul style="list-style-type: none"> <li>Marketing and Fundraising P&amp;P</li> <li>Sanctions for Non-Compliance, Information Privacy and Security P&amp;P *** (New form to be rolled out formally)</li> <li>Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria ***</li> </ul>
Training & Education; Awareness Activities <i>New*; Revised**</i>	<ul style="list-style-type: none"> <li>Training to Communications Department (e.g., Social Media training to Communications Staff; Authorization for Marketing and Fundraising and updated Media Release Consent forms) *</li> <li>New Hire Orientation **</li> </ul>
Element/Type	Work Plan Item/Area – In Process and/or Routine/Ongoing *
Auditing and Monitoring	<ul style="list-style-type: none"> <li>High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Hospital Services (annual</li> </ul>



# HEALTH CARE DISTRICT

## QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE

### SEPTEMBER 27, 2023

	<p><i>assessment)</i></p> <ul style="list-style-type: none"> <li>• High Dollar/Volume/Reimbursement Services Data Risk Assessment and Analysis for: Professional Services (PCC) (<i>annual assessment)</i></li> <li>• PEPPER Report Monitoring for Skilled Nursing Facility (Healey) – (<i>annual review)</i></li> <li>• PEPPER Report Monitoring for Short Term Acute Care Hospitals (STACH) (LMC) – (<i>Q3 review)</i></li> <li>• Employee Licensure and Certification Risk Assessment</li> <li>• Records Management / Retention Policy and Procedure Risk Assessment</li> <li>• CMS Open Payments: Review and Dispute Reconciliation (<i>annual review)</i></li> <li>• EMTALA and Access to Emergency Services and Care Risk Assessment (<i>on hold)</i></li> <li>• Hospital Emergency Department Signage Review (LMC)</li> <li>• Privacy and Security Compliance Surveys for HCD Departments (<i>ongoing)</i></li> <li>• External Ambulance Provider Services Review</li> <li>• Air Ambulance (Aeromedical/TraumaHawk) Claims Review</li> <li>• Credentialing Risk Assessment (<i>on hold)</i></li> <li>• Process for volunteers, shadows, and affiliations (<i>new)</i></li> <li>• SlicerDicer Use and Access Monitoring for Privacy Use *</li> <li>• FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users *</li> <li>• Referral Source Audits and Payments to Physicians *</li> <li>• Exclusion Screening Monthly and Ad Hoc (e.g., Credentialing) *</li> <li>• OIG Work Plan Monitoring *</li> </ul>
Standards of Conduct / Policies & Procedures / Forms	<ul style="list-style-type: none"> <li>• Forms (e.g., <i>Community Partnership consent form for Mobile Clinics in Palm Beach County schools, General Treatment and Financial Consent edits, Other)</i></li> <li>• Policies and Procedures (e.g., <i>HRSA Legislative Mandates Policy and Procedure Revisions; 340B Compliance and Program Integrity Policies and Procedures; Service Animal Policy (PCC); Credentialing and Privileging P&amp;P (PCC); Standards of Conduct P&amp;P/Guide; Law Enforcement Requests and Disclosures; Permitted/Required Disclosures to Law Enforcement; Hotline Investigating P&amp;P (Revised) Resolution Report; Internal Reporting of Compliance Issues *; Information Blocking Rule Compliance P&amp;P/MTF with MHS)</i></li> </ul>
Open/Effective Communication	<ul style="list-style-type: none"> <li>• Ongoing monitoring and dissemination of information to HCD (e.g., <i>OIG Work Plan, Government Contractor Audits, CMS Publications, Notifications and RAC Reports; Regulatory Updates and Dashboard)</i> *</li> </ul>

**HEALTH CARE DISTRICT  
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE  
SEPTEMBER 27, 2023**

	<ul style="list-style-type: none"> <li>• Ongoing Website Enhancement/Communication/Posting *</li> <li>• Ongoing Internal staff development *</li> <li>• Conflicts of Interest (“COI”) preparation/on-site visits</li> </ul>
Training & Education	<ul style="list-style-type: none"> <li>• Cybersecurity and Data Privacy Education to HCD Board of Directors/Commissioners/HCD Leadership</li> <li>• Baker Act Training Module (LMC Emergency Department/HCD)</li> </ul>
Issuing Guidance / Enforcing Standards	<ul style="list-style-type: none"> <li>• COI Review of Board/Committee Member Responses for FY23 (<i>annual requirement</i>)</li> <li>• COI Employee Disclosures for FY23 (<i>annual requirement</i>)</li> <li>• Framework for Emergency Response and Disaster Preparedness</li> <li>• Playbooks for Emergency Response and Disaster Preparedness</li> <li>• Data Breach Response for Panel Provider Reviews (Privacy Preparation and Readiness: Part II)</li> <li>• Human Resources Exit Processes (<i>on hold</i>)</li> <li>• HCD Applicable Rule/Law Analysis *</li> <li>• Regulatory Updates and Industry Enforcement Activity *</li> <li>• Contract Reviews and Guidance *</li> </ul>
Responding to Issues	<ul style="list-style-type: none"> <li>• Hotline Call Response/Investigations *</li> <li>• Response to Issues/Inquiries/Investigations *</li> <li>• External Agency Audit Activity / Review and Response *</li> <li>• Data Breach Response for Insurance – Non-Panel Provider Review (for Privacy Preparation and Readiness): Part II</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>• Compliance Program Development/Effectiveness *</li> </ul>

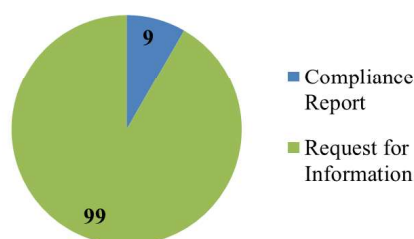
# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

## 2. Department Activity and Statistics

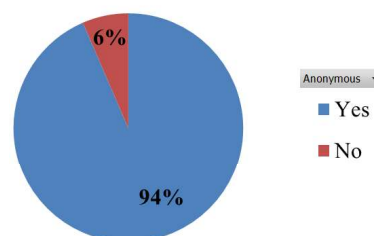
### Summary of HCD Compliance, Privacy, and Ethics Program Department Activity and Statistics (FY23 Q3)

#### Hotline Activity

Sorted by Call Volumes

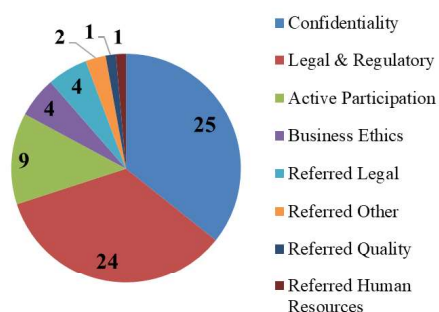


Sorted by Anonymous Call Volume

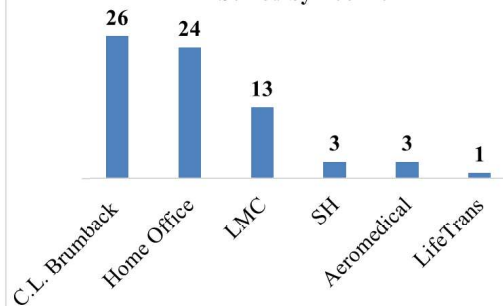


#### Inquiries

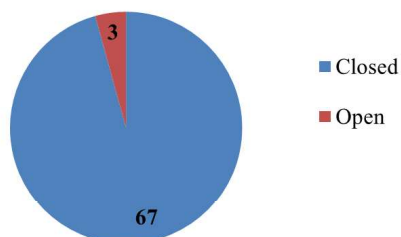
Sorted by Standards of Conduct



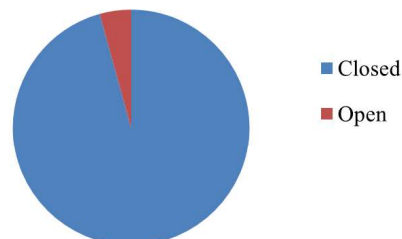
Sorted by Location



Sorted by Inquiry Resolution Status

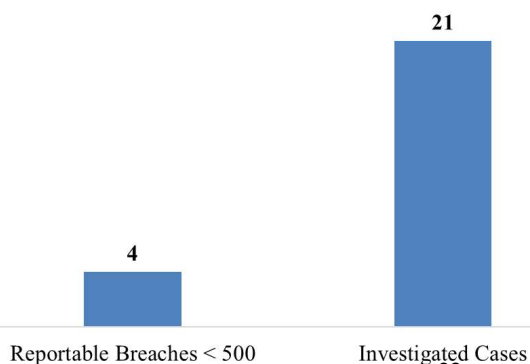


Sorted by Inquiry Resolution Status at Time of Reporting



#### Privacy Case Activities

New this Reporting Period



The most common types of reported privacy incidents during FY23 Q3 included:

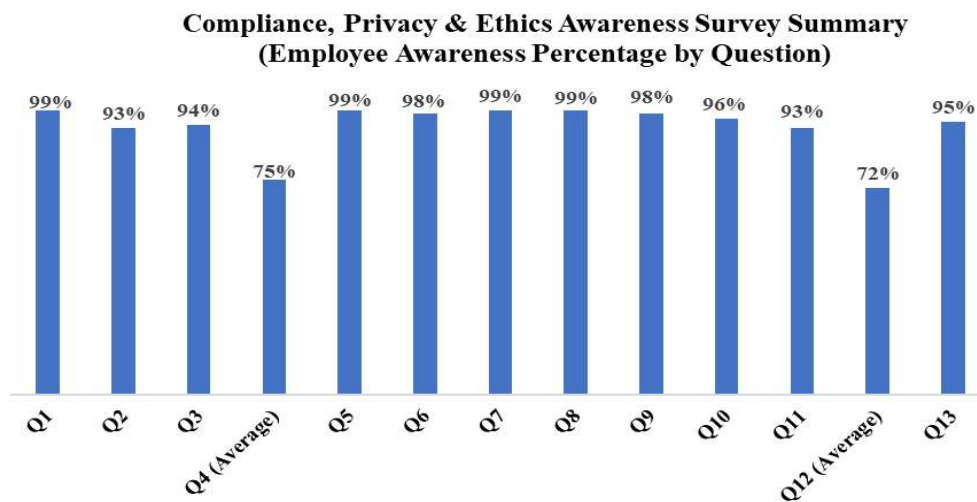
- Improper Use or Disclosure of PHI (Written, Electronic, Verbal) Proper Safeguards
- Improper Use or Disclosure- Facility Directory
- Access Violation (Viewed Family/Friend Record)
- FERPA Violation

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

### HCD Training, Education, Compliance Awareness Activities, and Survey

HCD CPE provided training to HCD employees through online and live events, formal training, and dissemination of publications and informational/educational materials, and during on-site events.

During Q3, CPE completed its second 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 575 HCD employees took the voluntary survey. *Survey details are provided below.*



#### 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 (*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 (*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.

### **3. Conflicts of Interest (“COI”)**

During Q3, HCD CPE revised the HCD Staff / Employee COI annual mandatory Disclosure to be pushed out in August 2023.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

### **B. External Agency Activity – Office for Civil Rights (HIPAA/Privacy)**

#### **1. Closed: OCR Transaction Number: 01-21-406839**

On April 8, 2022, HCD's CPE Department received a complaint letter from the Office for Civil Rights ("OCR") dated March 29, 2022. The complaint details alleged that on December 15, 2020, the U.S. Department of Health and Human Services – OCR, received a complaint alleging that HCD, the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules).

Pursuant to its authority under 45 C.F.R. §§ 160.304(a) and (b), OCR resolved this matter informally through the provision of technical assistance to HCD on written materials covering the Privacy Rule provisions related to Reasonable Safeguards. Based on the foregoing, OCR closed this case without further action, effective March 29<sup>th</sup>.

Due to the allegation included within the OCR's complaint letter, CPE reviewed and revised existing privacy policies and procedures and completed an on-site privacy audit review of the designated clinic location. The survey visit resulted in identified areas and opportunities for improvement, in addition to compliance recommendations for those findings identified. The recommended corrective actions were communicated to applicable staff and all identified findings and recommendations have been addressed. *Note: Details on this review were shared at a prior Committee meeting. Details are being shared here as the matter has been formally closed during this reporting period.*

#### **2. Closed: OCR Transaction Number: 21-429891**

On July 9, 2021, the OCR, initiated a review of HCD. The review resulted from a complaint the OCR received indicating HCD may not be in compliance with the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules), and the Breach Notification Rule Subpart D - Notification in Case of Breach of Unsecured Protected Health Information (PHI) (45 C.F.R. §§ 164.400-164.414). Specifically, the report alleged that HCD disclosed COVID-19 test results for teachers and staff members of schools located in the Palm Beach School District to third parties, without authorization.

In response, CPE cooperated with the OCR and provided a detailed narrative response with supporting documentation for each of the items identified by the OCR. On July 17, 2023, CPE received a final determination letter providing HCD

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE SEPTEMBER 27, 2023

with technical assistance regarding the requirements of HIPAA Privacy and Breach Notification Rules. OCR formally closed its review of HCD effective July 17, 2023 with no further action.

*Note: Details on this review were shared at a prior Committee meeting. Details are being shared here as the matter has been formally closed during this reporting period.*

- C. Regulatory Updates and Industry Enforcement Activity**, including any State Laws, as applicable to be reported at the HCD Board of Directors/Commissioners September meeting as informational. Omitted from this report.

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

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

DocuSigned by:

*Jessica Cafarelli*

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Jessica Cafarelli

Interim VP & Chief Financial Officer

### 5. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

*Bernabe Icaza*

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Bernabe Icaza

SVP & General Counsel

DocuSigned by:

*Heather Bokor*

4766F813A13D48D...

Heather N. Bokor

VP & Chief Compliance, Privacy, & Risk Officer

DocuSigned by:

*Darcy Davis*

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Darcy J. Davis

Chief Executive Officer

# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2023

## 1. Description: Quality & Patient Safety Reports

## 2. Summary:

This agenda item provides the quality and patient safety reports for the 2nd Quarter of 2023 for School Health, Aeromedical, Trauma, C. L. Brumback Primary Care Clinics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, LifeTrans Ground Transportation, and Corporate Quality Metrics.

## 3. Substantive Analysis:

### School Health

#### **Florida-Mandated Student Screenings**

- We exceeded the Florida-mandated goal of completing 95% of the vision and hearing, BMI, and scoliosis screenings required at the end of the School Year (Quarter 2). Parents are notified of any abnormal results so they can follow up with their healthcare provider and/or appropriate community resources.
- BMI screening: Through the 2<sup>nd</sup> quarter of 2023, we screened 30,360 (100%) of eligible students in the 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 30,360 students, 7,711 (25.40%) students required referral.
- Hearing screening: Through the 2<sup>nd</sup> quarter of 2023, we screened 30,980 (100%) of eligible students in kindergarten, 1<sup>st</sup>, and 6<sup>th</sup> grades. Out of 30,980 students, 989 (3.19%) students required referral.
- Scoliosis screening: Through the 2<sup>nd</sup> quarter of 2023, we screened 9,175 (100%) of eligible students in 6<sup>th</sup> grade. Out of 9,175 students, 88 (0.96%) students required referral.
- Vision screening: Through the 2<sup>nd</sup> quarter of 2023, we screened 42,963 (100%) of eligible students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. Out of 42,963 students, 7,486 (17.42%) students required referral.

### Aeromedical

#### **Run Time**

For 2023 Q2, Aeromedical-Trauma Hawk flew 130 flights (93 Scene and 37 Interfacility Calls) transporting 133 Patients. The top 3 Scene call types were Trauma (85%), Neurology (10%), and Cardiac (5%), with an average dispatch to enroute of 0:04:59 and an average dispatch to hospital time of 0:39:16. The Interfacility dispatch to enroute average time was 0:15:06 with an average dispatch to the hospital flight time of 1:31:08, seven of these interfacility flights

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2023

originated in PBC to a non-PBC destination hospital with an average flight time of 1:51:05, the Mayo Clinic in Jacksonville being the farthest. The top 3 Interfacility call types were Cardiac (35%), Trauma (19%), and Neurology (19%). There were also 1 Neonatal and 4 Pediatric non-trauma interfacility flights this quarter. Pickups west of 20-mile bend accounted for 55% of the total flights.

### **Trauma**

#### **○ System Utilization:**

Over Q2 of 2023, 1,452 patients were seen at a trauma center. Q2 trauma center comparison showed SMMC treated 772 patients and DMC treated 680 patients. Q2 countywide trauma patient demographics showed Gender was 37% Female compared to 63% Male, while Race and Ethnicity showed White making the majority with 72%, followed by Black at 20%, and non-Hispanic leading with 82% followed by Hispanic at 16% respectively. The age distribution of the trauma centers highlights the difference in populations between the two centers. In Q2, SMMC Age Group showed 12% Pediatrics, 63% Adults, and 25% Geriatrics, while DMC showed 5% Pediatrics, 42% Adults, and 54% Geriatrics. The top 3 Decade of Age for SMMC was 16% for 60-69Yr, followed by 15% for 20-29Yr, a 2-way tie between 10-19Yr and 59-59Yr at 11%. DMC top 3 Decade of Age groups were 20% for 80-89Yr, 17% for 70-79Yr, and 12% for 60-69Yr.

#### **○ PBC Mechanism of Injury:**

Over Q2 of 2023, the countywide Age Group consisted of Pediatrics with 9%, Adults with 53%, and Geriatrics with 38%. Countywide Years of Age by Decade showed the top 3 groups as 80-89Yr with 14%, 70-79Yr with 13%, and 30-39Yr with 12%. The further pediatric breakdown showed the top 3 Pediatric Age Distribution of < 1 Year, leading with 20%, followed by 14Y with 11% and 15Y with 10%. Over Q2, the leading and dominating Mechanism of Injury continued to be Falls, followed by Vehicular Crash and GSW, respectively. Vehicular Crash Breakdown showed MVC leading, followed by Motorcycle Crash and MV vs. Pedestrian, respectively. Trauma Activation Level showed that Trauma Alerts accounted for 56%, Transfers accounted for 24%, and ED Upgrades accounted for 18%. Transports by Ground supplied the majority of patient transports with 92% volume, while Transports by Air accounted for 8%. Trauma Injury Type showed Blunt at 86%, Penetrating at 11%, and Burn at 3%.

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

The following measures were not meeting goal at the end of Q2 2023: Ischemic Vascular Disease/Antiplatelet Therapy (76%), Childhood Immunization (47%),



**HEALTH CARE DISTRICT  
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September 27, 2023**

Weight Screening and Counseling for Children and Adolescents (84%), Breast Cancer Screening (55%), Cervical Cancer Screening (61%), Colorectal Cancer Screening (35%).

All other goals were achieved for the quarter.

**Edward J. Healey Rehabilitation and Nursing Center**

For Q2, 17 of 17 quality measures were met.

**Lakeside Medical Center**

For Q2 2023, **Inpatient Quality Measures** there were 1 of 4 measures (ED-1a,) that did not meet goal.

**ED Measure:**

For **ED-1a**, there were (99) cases sampled with a median time of (325) minutes, which is higher than the set goal of (280) minutes. The top cases were reviewed monthly, and care and treatment rendered were appropriate.

For Q2 2023, **Outpatient Quality Measures** there were 1 of 2 measures (OP-18) that did not meet goal.

**OP-18 Measure:**

For **OP-18**, there were (101) cases that fell into the sample population with a median time of (185) minutes, which is higher than the set goal of (137) minutes. The top cases were reviewed monthly, and care and treatment were rendered appropriately.

**LifeTrans Ground Transportation**

LifeTrans is trending and monitoring 4 GAMUT quality metrics for 2023. These are: Mechanical Ventilator Use/Waveform Capnography Monitoring, Blood Glucose Testing for Altered Mental Status Patients, Use of Appropriate Pain Scale, Appropriate Management of Aortic Emergencies, and Medical Equipment Failures. During Q2 2023, trended at 89% for the use of the Appropriate Pain Scale, exceeding the GAMUT national threshold of 87.37%. We trended 85% for Blood Glucose Testing for Altered Mental Status Patients, which did not meet GAMUT's national threshold metric of 88.27%. We trended at 100% for Waveform Capnography Monitoring for mechanically vented patients during transport, surpassing the GAMUT national threshold 94.08%. We did not transport any Aortic Emergencies patients or had Medical Equipment Failure events.

## HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2023

### Corporate Quality Metrics

#### **Call Center**

For Quarter 2 2023, the Clinic Service Center processed 57,531 calls, which is a 13% increase compared to last quarter. Of the 57,531 calls, 83% were inbound calls, and 17% were outbound calls. The agents handled 98.2% of incoming calls in real-time and the remaining calls were received via voicemail and returned within 24 hours. The average call rate per hour is 8.3 which is a 10% increase from last quarter. Outbound calls consisted of appointment rescheduling, after-hours follow-up calls, hospital follow-up calls, and quality outreach initiatives. The Patient Access Team scheduled a total of 9,375 appointments for Q2 for 7,688 unique patients. The peak times for incoming calls were on Monday and Wednesday between 10:00 a.m. and 12:00 p.m.

#### **Human Resources**

Turnover and Recruitment:

- For Q2 2023, the average turnover was 31 employees/month
- For Q2 2023, the highest turnover rate (18%) was among employees under one year of service
- Q2 2023 average 106 open requisitions
  - 69 days = Average time to Fill, which is above the 49 days industry standard.
  - 22 days = Average time to Hire, which is within the industry standard of 36 days.

#### **Information Technology**

- **Cybersecurity:** For the 2<sup>nd</sup> Quarter of 2023, we investigated 983 security incidents. Of the total incidents, 99% were closed, and 0 were reportable. The incidents included spam, imposter, and phishing emails, responding to the security operations center alerts, and users reported security investigators.

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

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

# HEALTH CARE DISTRICT QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE September 27, 2023

\*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:


DocuSigned by:  
  
CA6A21EF2E09481...  
Jessica Cafarelli  
Interim VP & Chief Financial Officer


## 5. Recommendation:

Staff recommends the Committee Receive and File the Quality & Patient Safety Reports.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6E7DB6706434...  
Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
1E272D34C8B04A5...  
Belma Andric, MD  
SVP & Chief Financial Officer

DocuSigned by:  
  
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Darcy J. Davis  
Chief Executive Officer



## Florida Mandated Student Screening Summary

For Current Term Starting August 10, 2022

Goal 95% of Students by June 2023

	<b>BMI Screenings</b>	<b>146</b> Total Schools 146 Have 50% Screened	<b>39,233</b> Total Students 100% Scheduled	<b>30,360</b> Students Screened 77% of Total 100.0% of Eligible	<b>7,711</b> Abnormal Screens 25.40% Need Follow Up
		<div> <div></div> <div>100.0%</div> <div>95.0%</div> <div>100.0%</div> </div>			
	<b>Hearing Screenings</b>	<b>145</b> Total Schools 145 Have 50% Screened	<b>37,716</b> Total Students 100% Scheduled	<b>30,980</b> Students Screened 82% of Total 100.0% of Eligible	<b>989</b> Abnormal Screens 3.19% Need Follow Up
		<div> <div></div> <div>100.0%</div> <div>95.0%</div> <div>100.0%</div> </div>			
	<b>Scoliosis Screenings</b>	<b>44</b> Total Schools 44 Have 50% Screened	<b>12,946</b> Total Students 100% Scheduled	<b>9,175</b> Students Screened 71% of Total 100.0% of Eligible	<b>88</b> Abnormal Screens 0.96% Need Follow Up
		<div> <div></div> <div>100.0%</div> <div>95.0%</div> <div>100.0%</div> </div>			
	<b>Vision Screenings</b>	<b>146</b> Total Schools 146 Have 50% Screened	<b>51,451</b> Total Students 100% Scheduled	<b>42,963</b> Students Screened 84% of Total 100.0% of Eligible	<b>7,486</b> Abnormal Screens 17.42% Need Follow Up
		<div> <div></div> <div>100.0%</div> <div>95.0%</div> <div>100.0%</div> </div>			

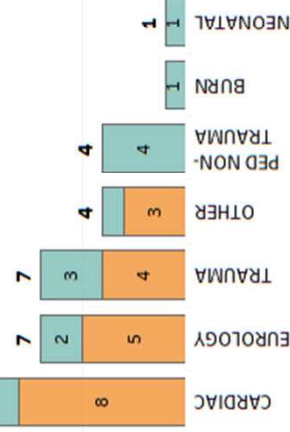
## Detailed RunTime Report TH135

Start Date: 4/1/2023

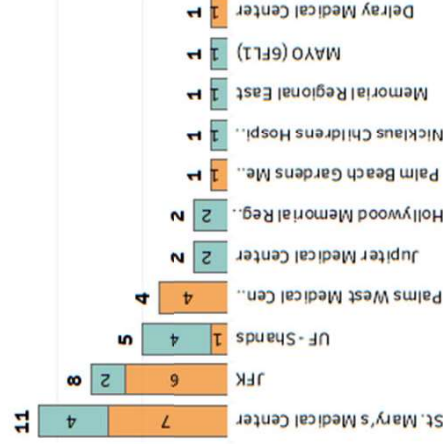
6/30/2023

Total Transports: 130

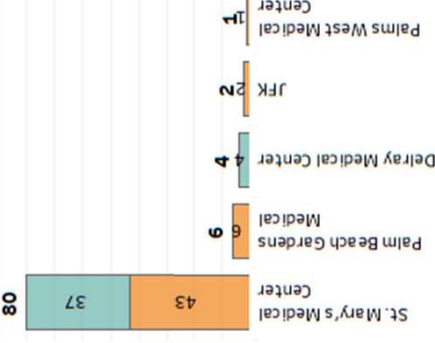
Total Patients: 133



## INTERFACILITY DESTINATION



## SCENE DESTINATION

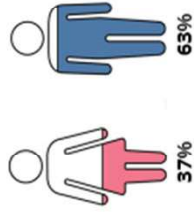


PBC TRAUMA SYSTEM VOLUME

Start Date 4/1/2023  
End Date 6/30/2023

1,452

GENDER



RACE



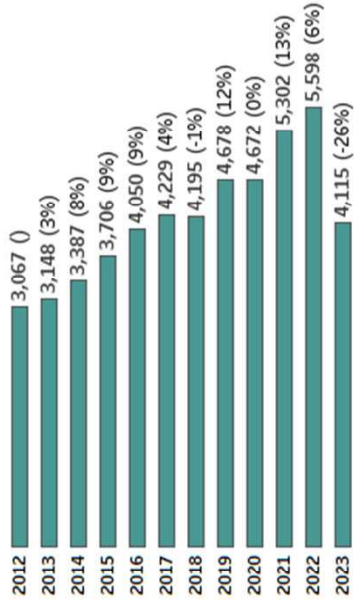
ETHNICITY



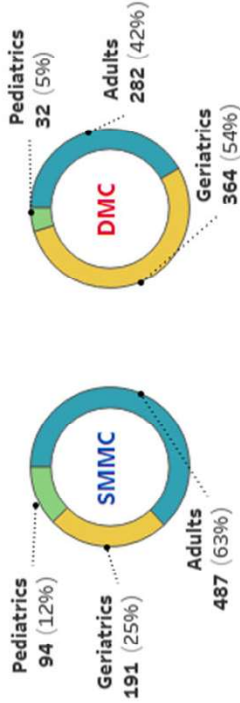
TRAUMA SYSTEM UTILIZATION

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

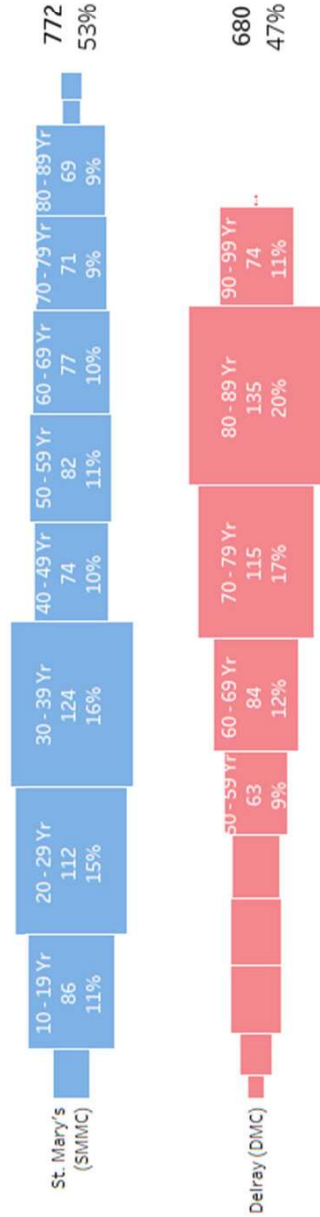
TRAUMA VOLUME & ANNUAL CHANGE RATE BY YEAR



AGE GROUP BY TRAUMA CENTER

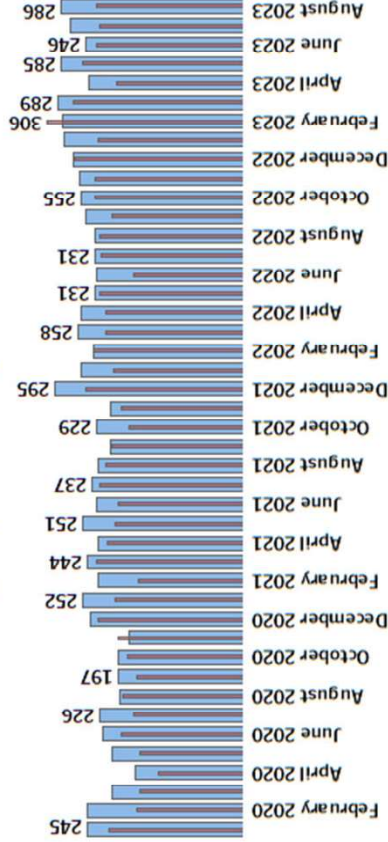


DECADE OF AGE BY TRAUMA CENTER



TRAUMA VOLUME BY MONTH AND TRAUMA CENTER

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



TRAUMA VOLUME BY MONTH, YEAR & TRAUMA CENTER

2022 2023



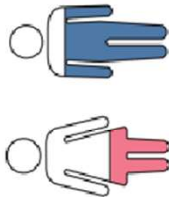


PBC TRAUMA SYSTEM VOLUME

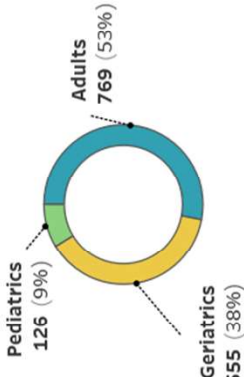
4/1/2023 12:00:00 AM to 6/30/2...

1,452

GENDER



AGE GROUP



RACE



ETHNICITY

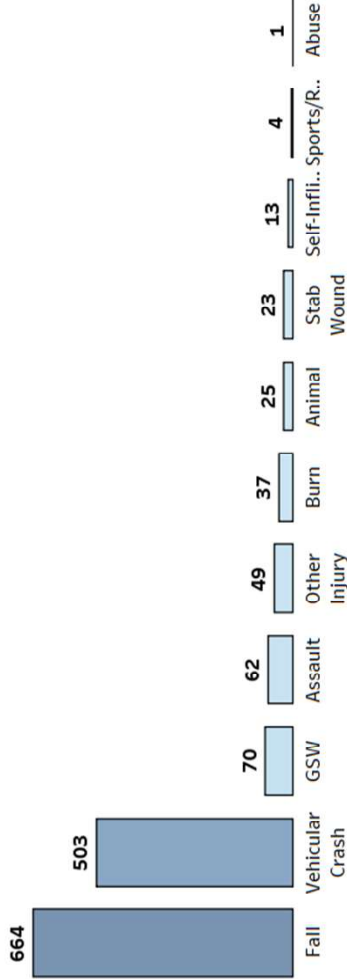


PALM BEACH COUNTY TRAUMA INJURY ANALYSIS

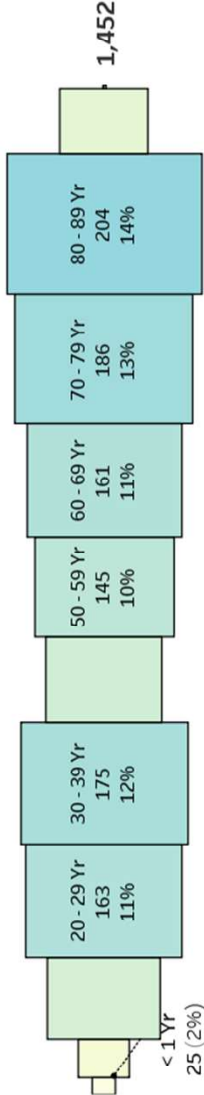
Data Source: Health Care District of Palm Beach County, Trauma Registry, 2023.

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

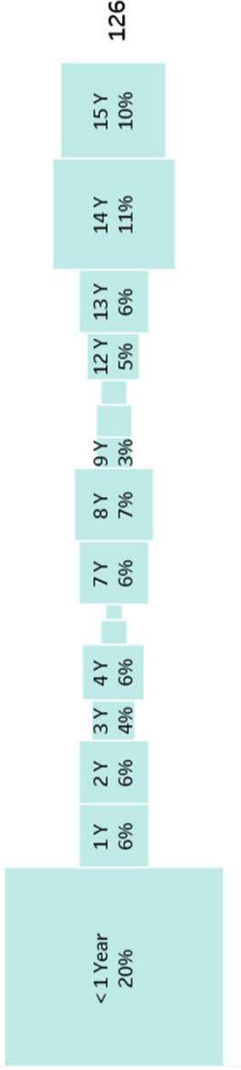
MECHANISM OF INJURY



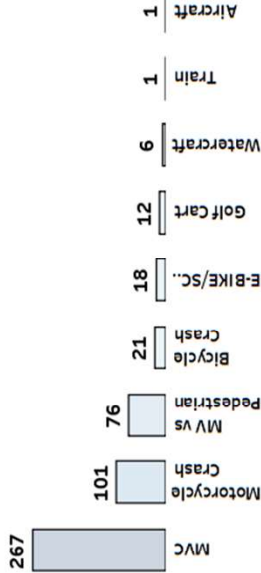
YEARS OF AGE BY DECADE



PEDIATRIC AGE DISTRIBUTION



VEHICULAR CRASH BREAKDOWN



TRANSPORTS BY GROUND



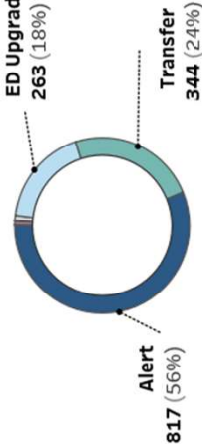
1,230 (92%)

TRANSPORTS BY AIR

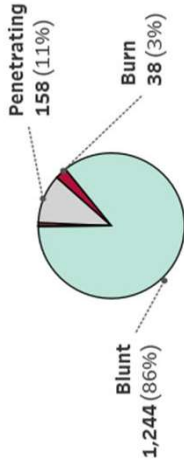


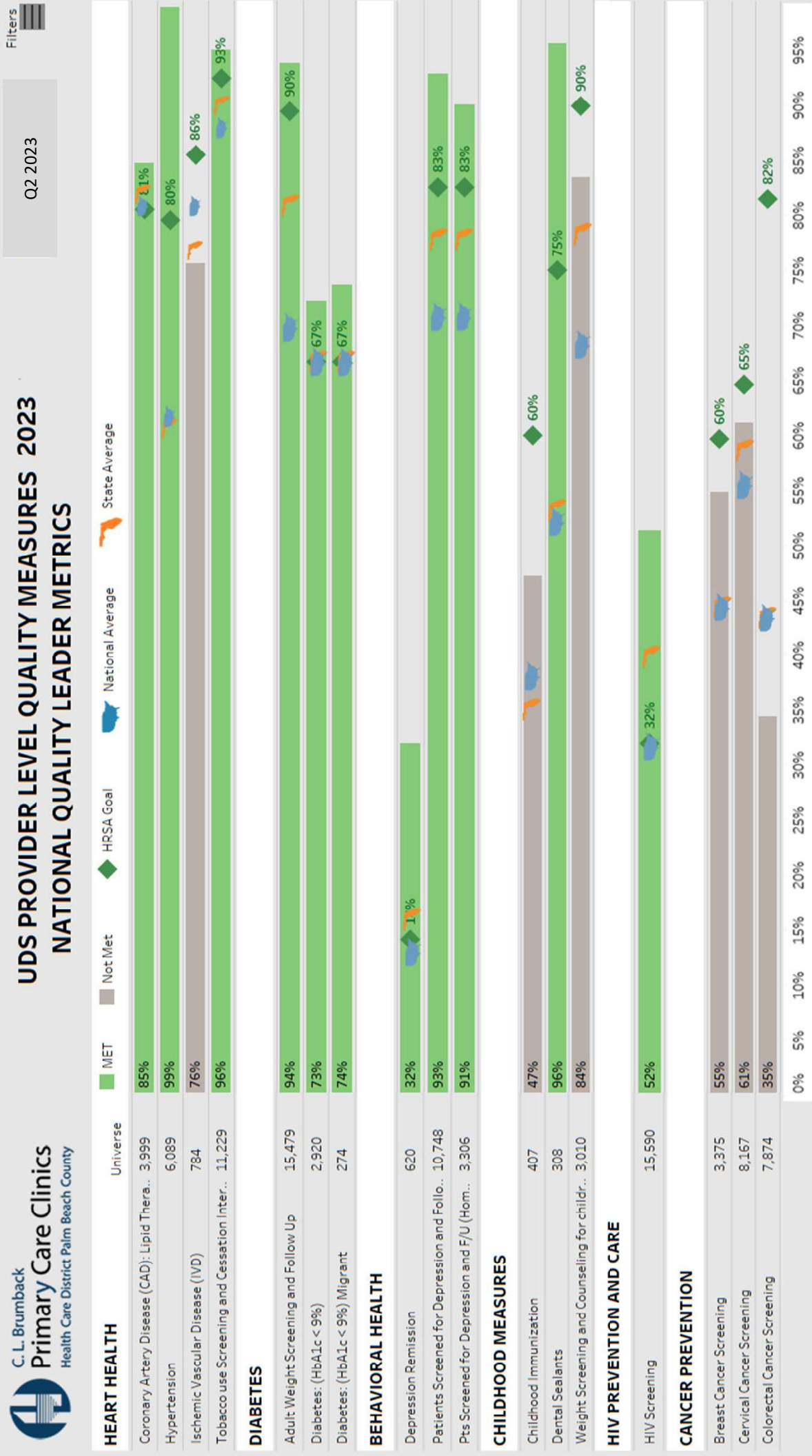
106 (8%)

ACTIVATION LEVEL



INJURY TYPE





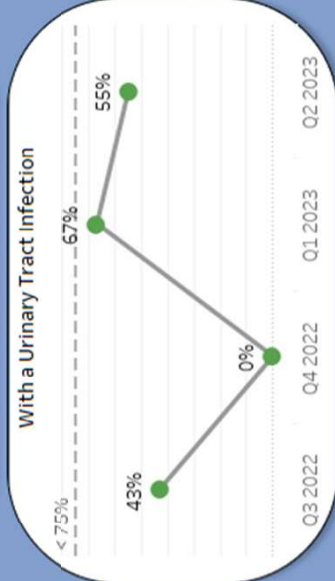
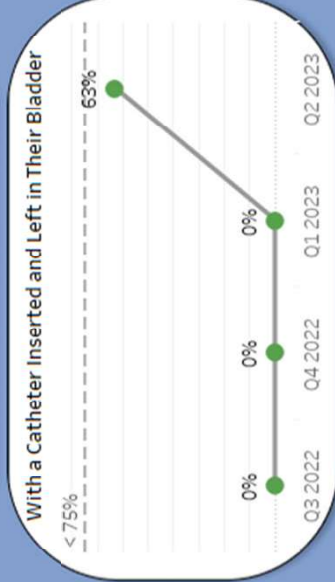
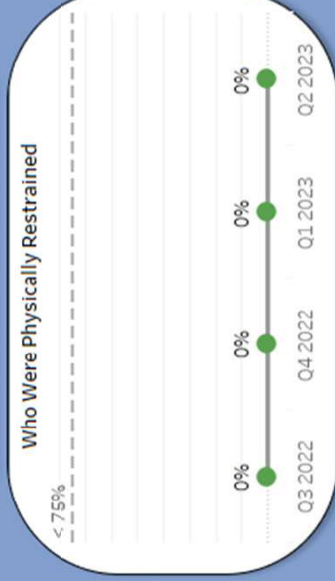
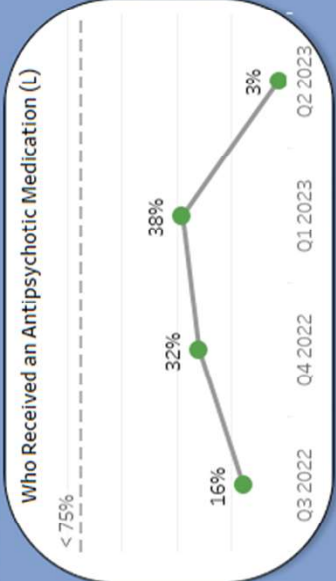
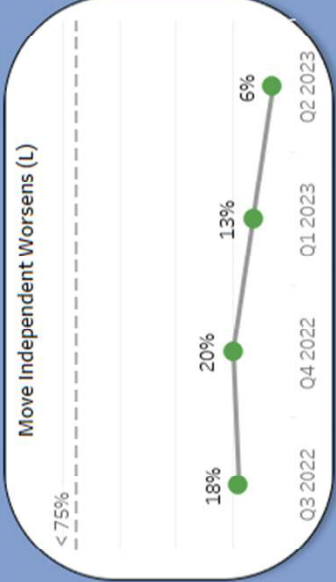
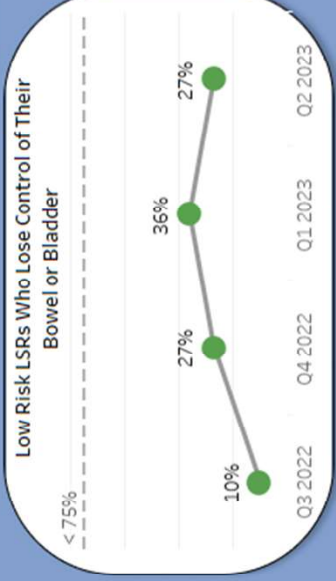
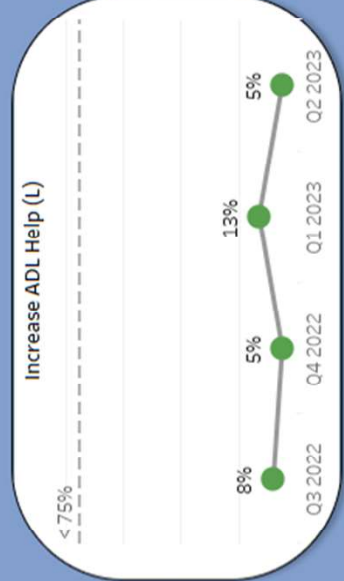
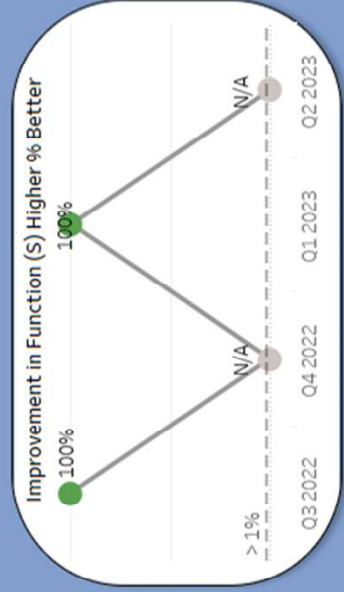




# EJH Quality Measures

## Q2 2023

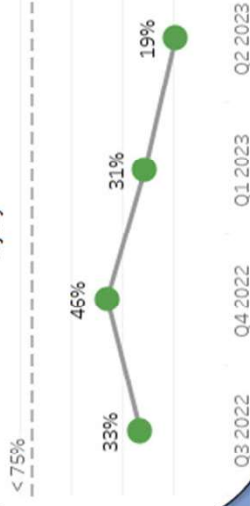
Meeting Goal?
<div></div> Y



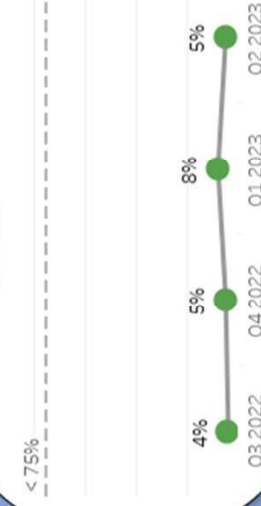
## EJH Quality Measures

### Q2 2023

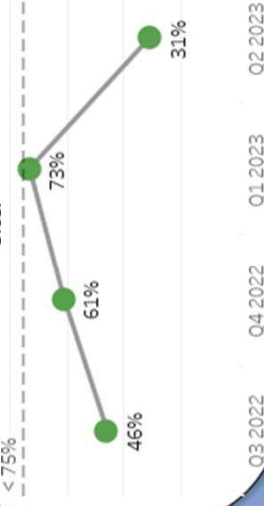
Experiencing One or More Falls with Major Injury



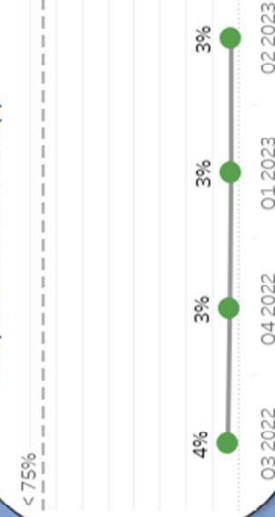
Falls (L)



High Risk Long Stay Residents with Pressure Ulcer



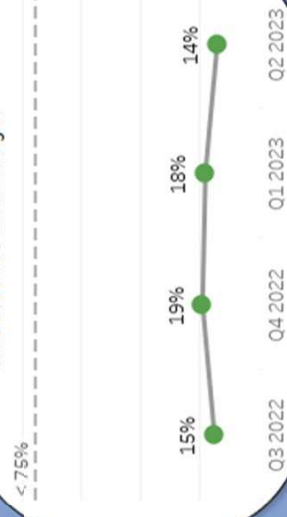
New/Worse Pressure Ulcer(s)



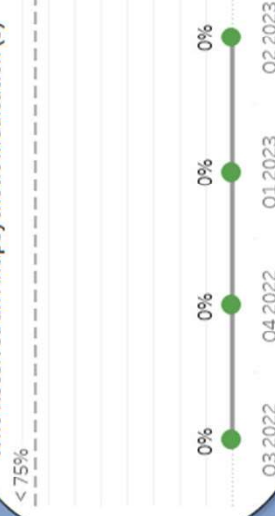
Who Have Depressive Symptoms



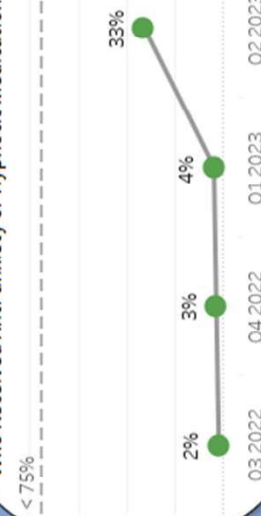
Who Lose Too Much Weight



Who Received an Antipsychotic Medication (s)



Who Received Anti-anxiety or Hypnotic Medication



Whose Behavioural Symptoms Affect Others

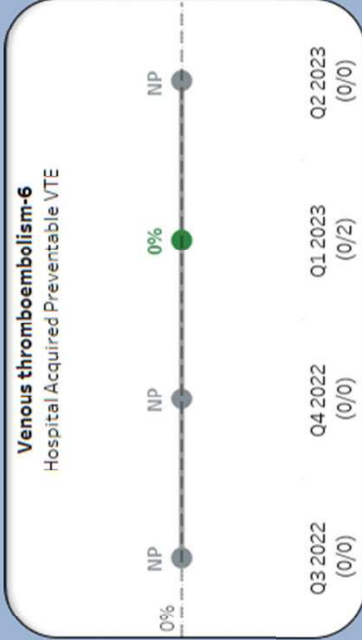
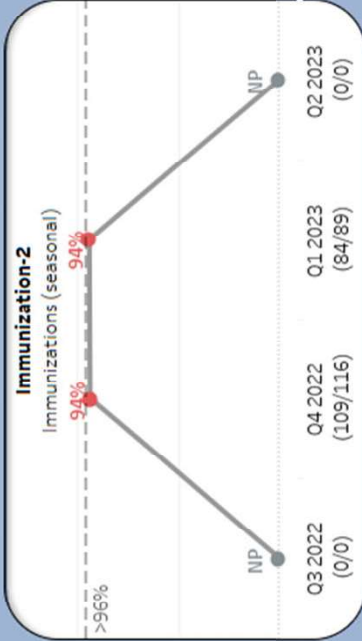
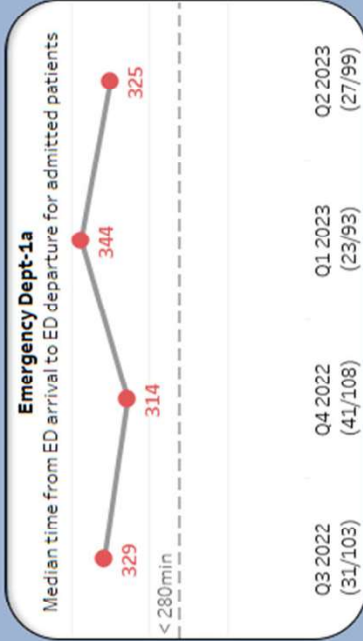




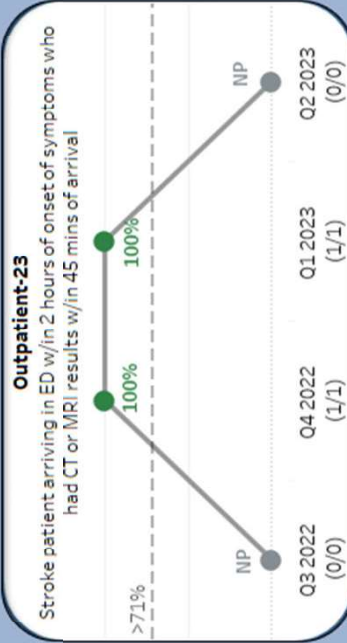
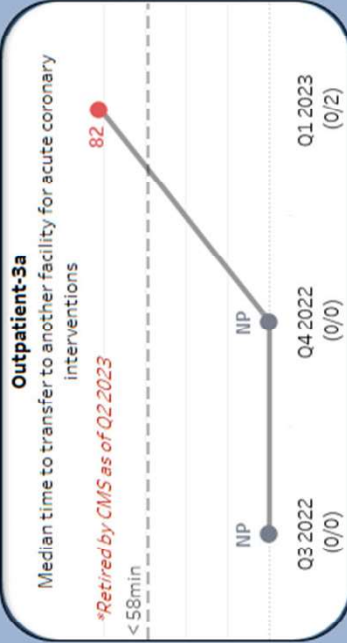
# LMC Quality Core Measures Q2 2023

Meeting Goal? Yes No No Population

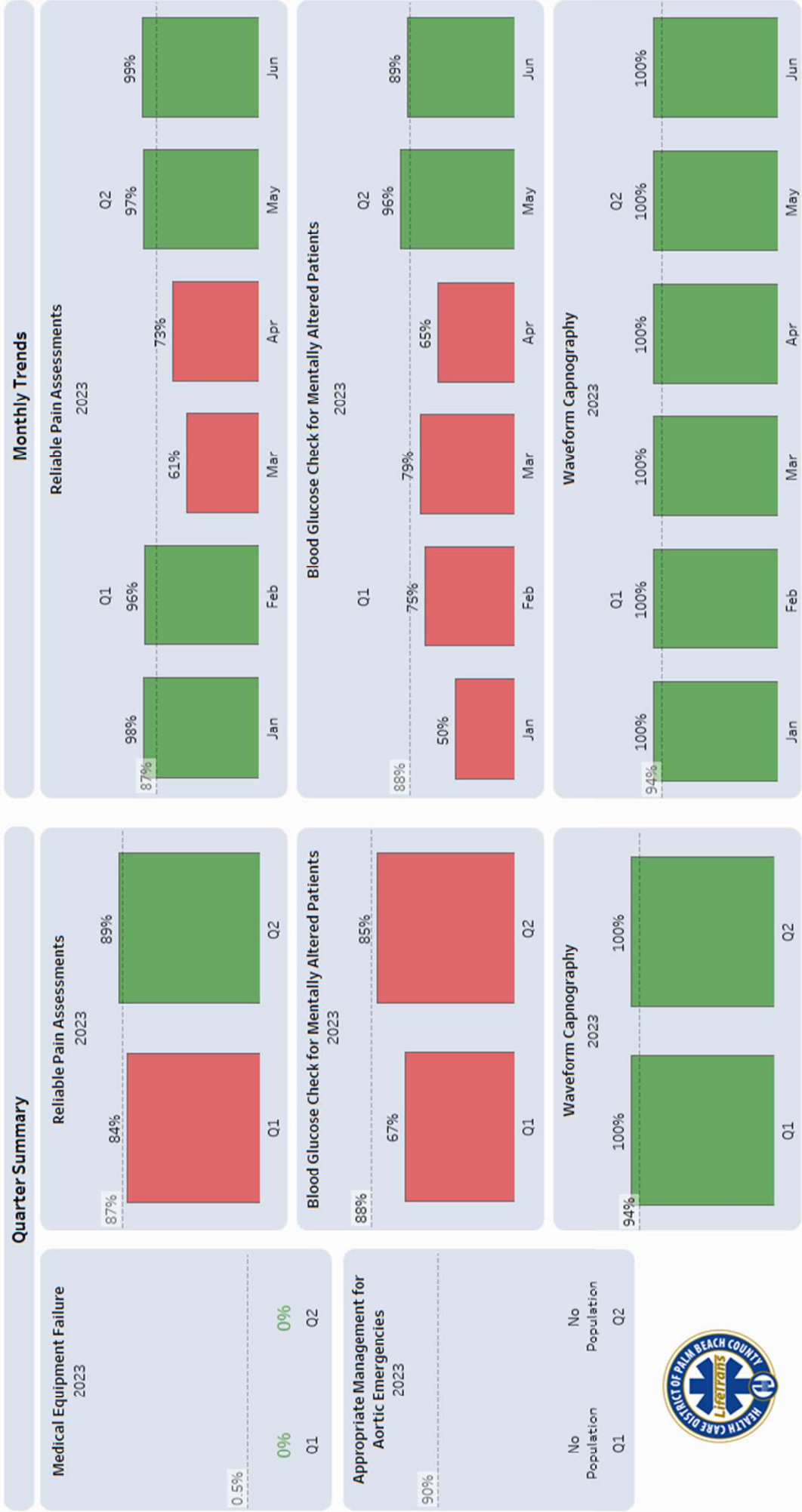
## Inpatient Measures



## Outpatient Measures



# LifeTrans Quality Metrics



Monthly Trends

Reliable Pain Assessments  
2023

98%

96%

61%

73%

97%

99%

Jan

Feb

Mar

Apr

May

Jun

Blood Glucose Check for Mentally Altered Patients  
2023

88%

75%

79%

65%

96%

89%

Jan

Feb

Mar

Apr

May

Jun

Waveform Capnography  
2023

94%

100%

100%

100%

100%

100%

Jan

Feb

Mar

Apr

May

Jun





X

Filters

Call Date 4/1/2023 to 6/30/2023



**Total Inbound Calls**  
(% of Total Call Activity)

**47,801 (83%)**

**Total Calls Presented**  
(% of Inbound calls)

**35,379 (74%)**

**Total Handled Inbound Calls**  
(% of Calls Presented)

**34,758 (98.2%)**  
8.3 Calls/Hr

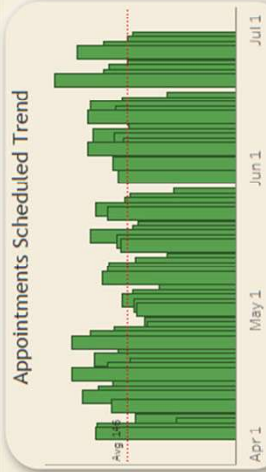
**Total Outbound Calls**  
(% of Total Call Activity)

**9,730 (17%)**  
2.3 Calls/Hr

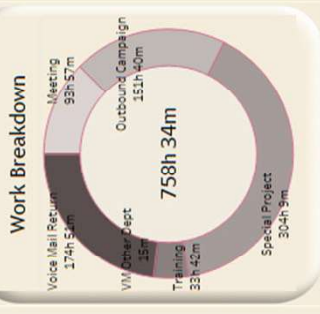
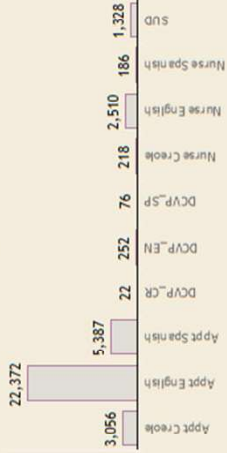
Appts. Scheduled  
9,375

Unique Patients Served

7,688



## Call Channels



Time taken to answer calls  
SLA 80% calls answered < 180s

3m 17s (15%)  
Queue Time + Ring Time

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

8m 29s

Queue Time + Ring Time + Hold Time +  
Talk Time + Work Time

Call Duration  
SLA < 4m

3m 27s  
Talk Time

Average Wrap-up Time  
SLA < 6m

11s  
Work Time

### Average Queue Time for Abandoned Calls

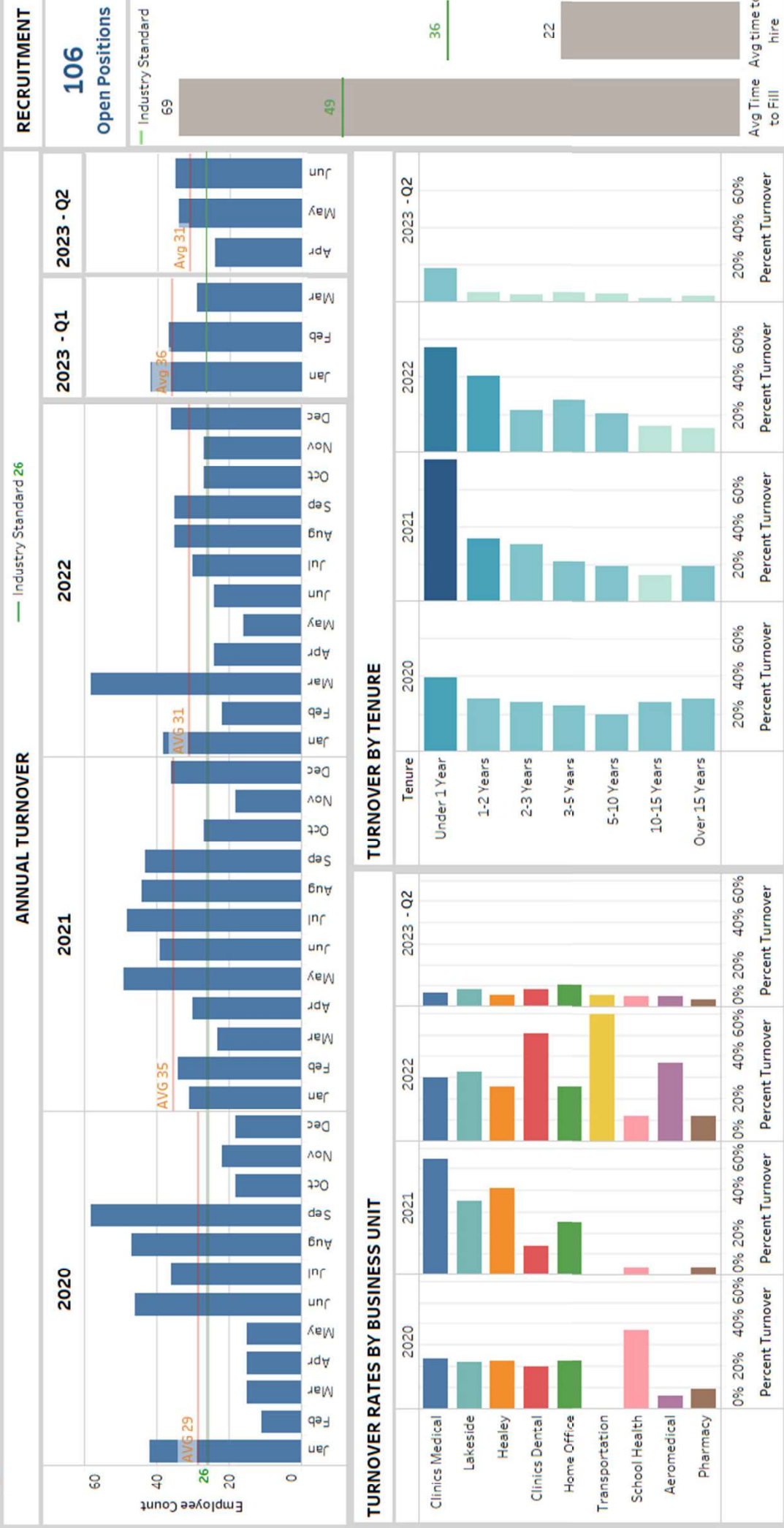
3m 9s  
Does not apply to Agent Name filter

Call Abandonment Rate  
SLA < 5%

**25.99%**  
Abandoned Call as % of Total Inbound  
Does not apply to Agent Name filter



# TURNOVER AND RECRUITMENT





# HCD CYBER SECURITY REPORT

Start Date  
1/1/2023

End Date  
8/21/2023

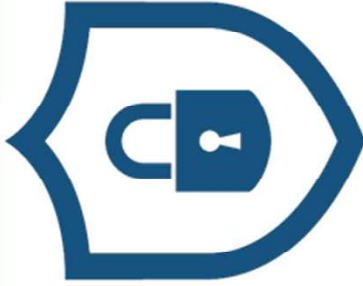
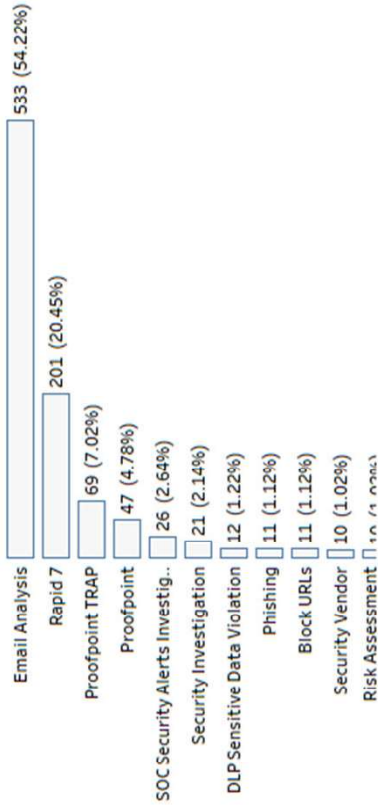
0  
Total Reportable  
Cyber Security Investigations

983  
Total Investigations

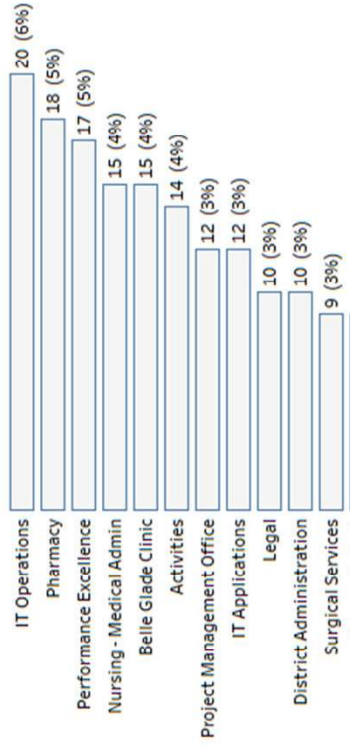
1 Days 6 hours  
AVG Days to Close

99%  
Percent of  
Investigations Closed

## INVESTIGATIONS BY CATEGORY



## INVESTIGATIONS BY BUSINESS UNIT



## DAILY REQUEST TREND

