Health Care District
PALM BEACH COUNTY

Quality, Patient Safety & Compliance Committee Meeting
September 28, 2021
2:00 P.M.

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

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING AGENDA
September 28, 2021 at 2:00 P.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401
Zoom Webinar Meeting

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

Telephone dial-in access:
646-558-8656 | Meeting ID: 550 789 5592 | Passcode: 946503

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

A. Roll Call

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 29, 2021. [Pages 1-4]

7. Consent Agenda- Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

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

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

B. **PATIENT RELATIONS DASHBOARDS**

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

- Patient Relations Dashboard, School Health.
  (Andrea Steele/ Steven Sadiku) [Page 9]
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ David Speciale) [Page 10]
- Patient Relations Dashboard, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Page 11]
- Patient Relations Dashboard, Lakeside Medical Center.
  (Andrea Steele/ Regina Stolpman) [Page 12]
- Patient Relations Dashboard, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Page 13]

8. Regular Agenda

A. **COMPLIANCE**

8A-1 **RECEIVE AND FILE:**
Compliance, Privacy & Ethics Program Activities and Initiatives
(Heather Bokor) [Pages 14-25]

B. **CORPORATE QUALITY DASHBOARDS**

8B-1 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric) [Pages 26-31]

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku) [Pages 32-34]
- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano) [Pages 35-41]
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ Dr. Charmaine Chibar) [Pages 42-48]
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele) [Pages 49-54]

- Quality & Patient Safety Report, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid) [Page 55-60]

- Quality & Patient Safety Report, Lakeside Medical Center.
  (Andrea Steele/ Sylvia Hall) [Pages 61-66]

- Quality & Patient Safety Report, Pharmacy.
  (Andrea Steele/ Luis Rodriguez) [Pages 67-71]

- Quality & Patient Safety Report, Trauma.
  (Andrea Steele/ Amelia Stewart) [Pages 72-74]

9. CEO Comments

10. Committee Member Comments

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

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

12. Establishment of Upcoming Meetings

December 15, 2021

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

13. Motion to Adjourn

* Public comments should be emailed to nglasfor@hcdpbc.org or submitted via telephone to 561-804-5780 by 12:00 P.M. on Monday, September 27, 2021. All comments received during this timeframe will be read aloud and included in the official meeting record.

Health Care District
PALM BEACH COUNTY

QUALITY, PATIENT SAFETY & COMPLIANCE COMMITTEE
MEETING MINUTES SUMMARY
June 29, 2021 at 12:00 P.M.
1515 North Flagler Drive, Suite 101
West Palm Beach, FL 33401
Zoom Webinar Meeting

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

A. Roll Call

Committee Members Present: Dr. Alina Alonso, Cory Neering (virtual), James Elder, Mary Weeks, Sharon Larson (virtual)

Committee Members Absent: Kimberly Schulz, Sean O'Bannon, Dr. Ishan Gunawardene

Staff Present: Darcy Davis -Chief Executive Officer, Christy Goddeau -Interim General Counsel, Bernabe Icaza -General Counsel, Belma Andric -Chief Medical Officer, Candice Abbott -Chief Financial Officer, Karen Harris -Vice President of Field Operations, Patricia Lavely -Interim Chief Information and Digital Officer, Steven Hurwitz -Chief Administrative Officer, Rosella Weymer, Andrea Steele, Janet Moreland, Eduardo Bustillo, Tracy-Ann Reid, Cindy Dupont, Louis Bassi, Gerald Pagano, Shelly Ann Lau, David Summers, Kelley Anderson, Amelia Stewart, Hyla Fritsch, David Morsell, Jennifer Dorcé-Medard, Regina Stolpman, Luis Rodriguez, Sylvia Hall, Alyssa Tarter, Shauniel Brown, Martha Benghie Hyacinthe, Steven Sadiku, Kenneth Scheppke, Charmaine Chibar

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

Conclusion/Action: No action taken.

3. Awards, Introductions and Presentations

A. Trauma Update – David Summers

David Summers presented Trauma incidents in Palm Beach County. Dr. Belma Andric introduced Amelia Stewart, Director of Trauma.

4. Disclosure of Voting Conflict

Disclosure read

5. *Public Comment

None

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Committee Meeting Minutes from March 10, 2021.

Conclusion/Action: No action taken.

7. Consent Agenda- Motion to Approve Consent Agenda Items

Conclusion/Action: No action taken.

A. **ADMINISTRATION**

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

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

8. Regular Agenda

A. **COMPLIANCE**

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

Conclusion/Action: Received and filed.

B. **ADMINISTRATION**

8B-1 **RECEIVE AND FILE:**
Edward J. Healey Rehabilitation & Nursing Center
(Karen Harris)

Conclusion/Action: Received and filed.

8B-2 **RECEIVE AND FILE:**
Lakeside Medical Center Joint Commission Lab Accreditation Survey Results
(Karen Harris)

Conclusion/Action: Received and filed.

C. CORPORATE QUALITY & PATIENT SAFETY DASHBOARDS

8C-1 **RECEIVE AND FILE:**
Patient Relations Dashboards
(Dr. Belma Andric)

Conclusion/Action: Received and filed.

- Patient Relations Dashboard, School Health.
  (Andrea Steele/ Steven Sadiku)
- Patient Relations Dashboard, C. L. Brumback Primary Care Clinics.
  (Andrea Steele/ David Speciale)
- Patient Relations Dashboard, E. J. Healey Center.
  (Andrea Steele/ Tracy-Ann Reid)
- Patient Relations Dashboard, Lakeside Medical Center.
  (Andrea Steele/ Regina Stolpman)
- Patient Relations Dashboard, Pharmacy.
  (Andrea Steele/ Luis Rodriguez)

8C-2 **RECEIVE AND FILE:**
Quality & Patient Safety Reports
(Dr. Belma Andric)

Conclusion/Action: Received and filed.

- Quality & Patient Safety Report, School Health.
  (Andrea Steele/ Steven Sadiku)
- Quality & Patient Safety Report, Aeromedical.
  (Andrea Steele/ Gerry Pagano)
- Quality & Patient Safety Report, C. L. Brumback Primary Care Clinics.(Andrea Steele/ Dr. Charmaine Chibar)
- Quality & Patient Safety Report, Corporate Quality Metrics.
  (Andrea Steele)
- Quality & Patient Safety Report, E. J. Healey Center.(Andrea Steele/ Tracy-Ann Reid)

- Quality & Patient Safety Report, Lakeside Medical Center. (Andrea Steele/ Sylvia Hall)

- Quality & Patient Safety Report, Pharmacy. (Andrea Steele/ Luis Rodriguez)

- Quality & Patient Safety Report, Trauma. (Andrea Steele/ Amelia Stewart)

9. CEO Comments

None

10. Committee Member Comments

None

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

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

12. Establishment of Upcoming Meetings

September 28, 2021

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

December 15, 2021

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

13. Motion to Adjourn

There being no further business, the meeting was adjourned at 1:52 P.M.

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

12-Month Attendance Tracking

	9/24/20	12/08/20	3/10/21	6/29/21
Dr. Alina Alonso	X		X	X
Cory Neering		X		X
Dr. Daniel Padron	X	X	X	
James Elder			X	X
Kimberly Schulz	X	X	X	
Mary Weeks	X	X	X	X
Sean O'Bannon	X	X	X	
Sharon Larson	X		X	X
Dr. Ishan Gunawardene	X	X	X	

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 28, 2021

1. Description: Patient Relations Dashboards

2. Summary:

This agenda item provides the patient relations dashboard for the 3rd Trimester of the 2020/2021 school year for School Health and the 2nd Quarter of 2021 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 2020/2021, School Health had a total of 26 Patient Relations events that occurred between 166 school locations. Of the 26 events, 10 were complaints and 16 were compliments. The 10 complaints were related to medical records, communication, COVID protocols, staffing and care and treatment related to EMS. All the compliments recognized the School Health Nurses from the principals, teachers and parents. and one was compliment recognized the School Health leadership team.

C. L. Brumback Primary Care Clinics

For Quarter 2, there were a total of 52 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Pharmacy. Of the 52 occurrences, there were 12 Grievances and 40 Complaints. The top 4 categories were Care & Treatment, Communication, Finance, and Respect Related. The top subcategory with 13 Complaints and Grievances was Poor Communication issues, followed by Inappropriate Care and Refusal of Treatment with 7 Complaints and Grievances in each subcategory.

There were also 32 compliments received across 5 Clinics, Clinic Administration, and two Vaccine sites.

Edward J. Healey Rehabilitation & Nursing Center

There were a total of 43 grievances submitted by 28 out of 116 residents during the 2nd quarter. The top 5 categories were Personal Belongings, Nursing, Communication, Environmental, and Nutrition. Some of the concerns included: missing money (which was found in the resident's room), not allowing 3 visitors at a time (due to COVID-19 pandemic), not getting Styrofoam containers, difficulty with reaching anyone at the nurses' station, and wanting water pressure in the shower to be stronger. 34 were resolved timely and 9 were beyond 72 hours due to investigation process, turnaround time for laundry, and in-services being done on all shifts.

A total of 86 compliments were submitted this quarter by residents and resident representatives. The compliments surrounded being happy with staff and the provision of excellent healthcare.

Lakeside Medical Center

For the second quarter, Lakeside served 6,238 patients. There were 16 complaints. The top 5 categories were Care & Treatment, Communication, Physician Related, & Nursing Related. The top subcategories were Care & Treatment: confidence in caregiver with 3 complaints, Communication: poor communication with 4 complaints and Physician Related: all aspects of care with 2 complaints.

There were 7 compliments related to clinical support staff – overall: 3 for nursing, 2 for ancillary departments, 2 for security.

Pharmacy

For Q2, there were three complaints entered. Two of the three entries were due to patients being upset that their medications were not sent to the pharmacy in a timely manner. These medication refill requests must first be approved by the correct clinic provider before they can be filled.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

N/A

Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0290C6C02014479...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

School Health
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
School Health

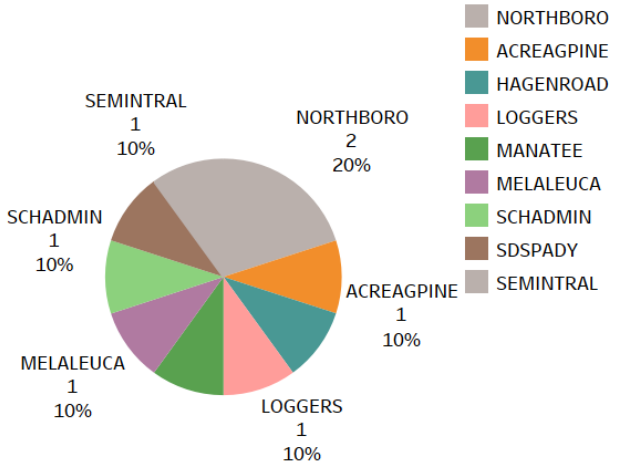
Top Categories
5

Provider All

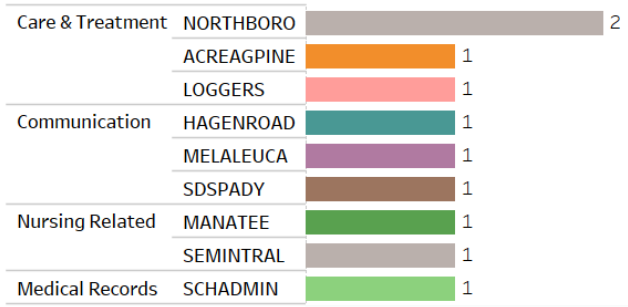
2020-2021 T3 | T1 AUG-DEC, T2 JAN-MAR, T3 APR-JUL | 4/1/21 to 6/30/21

Total Complaints and Grievances 10

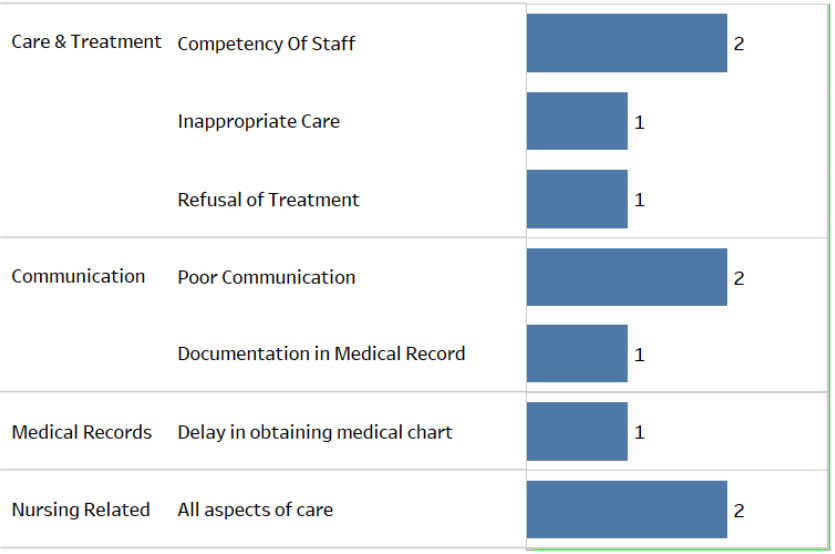
Schools



Top 5 Categories



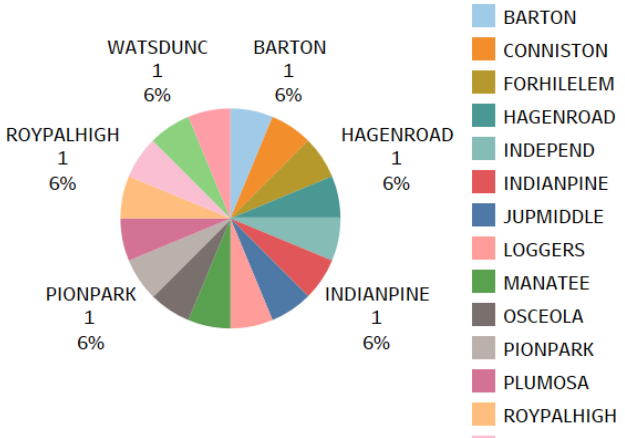
Total Top 5 Subcategories



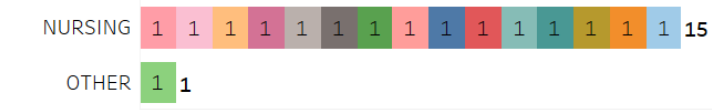
Total Compliments 16

Complaints/Grievances Prev 4 Terms 5

Schools

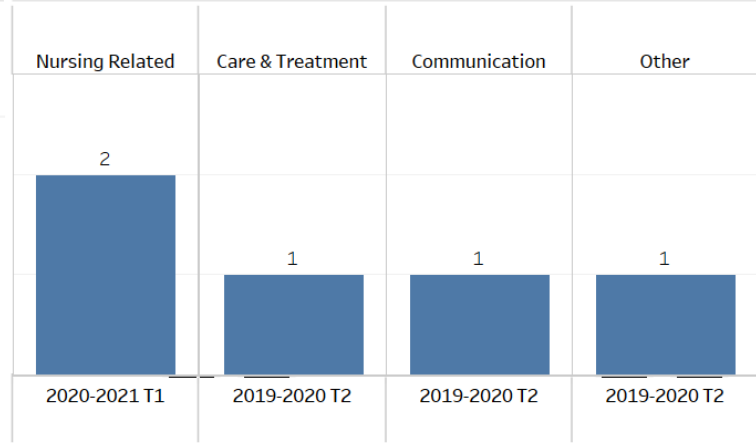


Care and Treatment Categories



Top 5 Categories Trended

1/1/20 to 12/31/20



* Color represents Department

Primary Care Clinics
Health Care District Palm Beach County

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

Detail

Top Categories 5

Provider All

2021 Q2

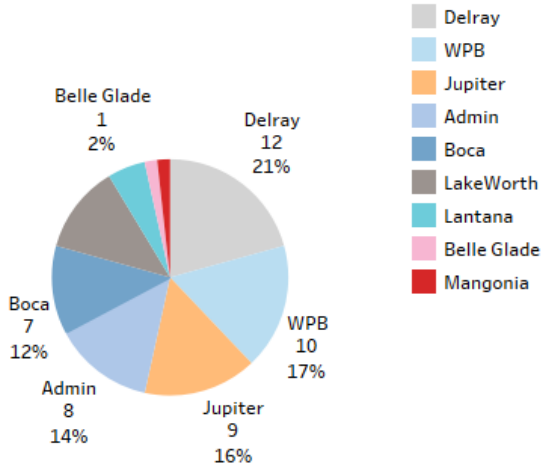
4/1/21 to 6/30/21

Dept Desc All

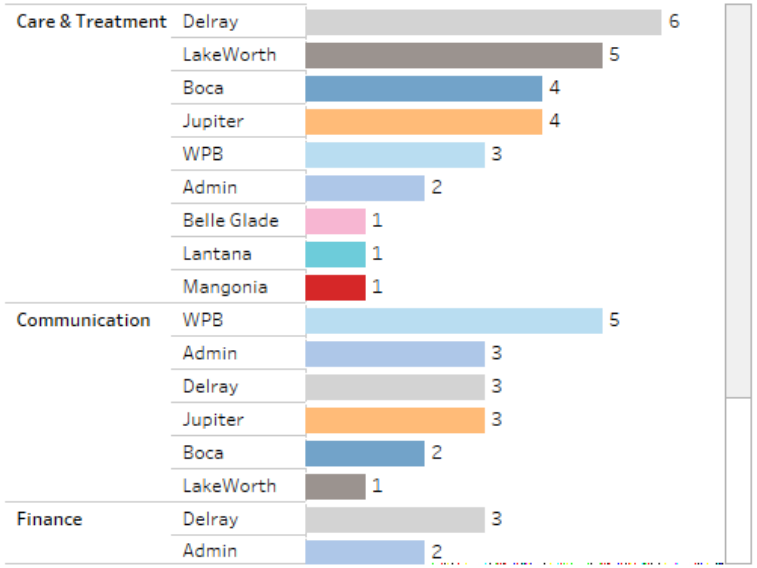
Total Complaints and Grievances 58

Clinic All

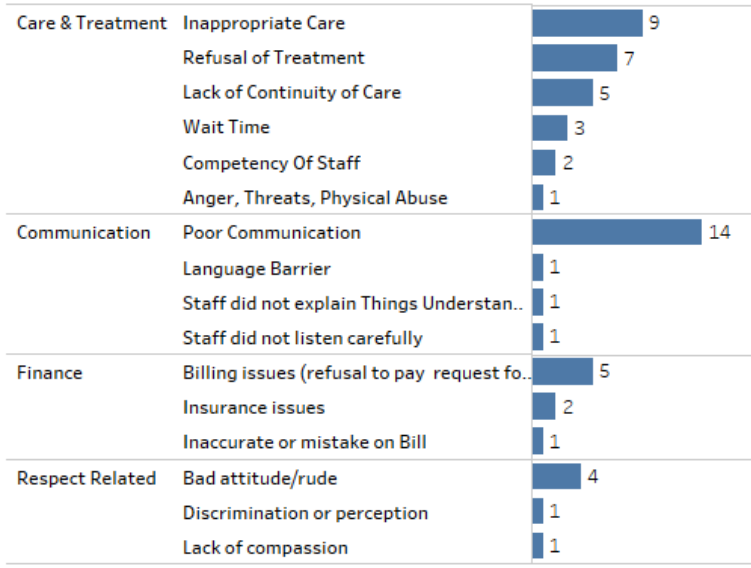
Clinics



Top 5 Categories



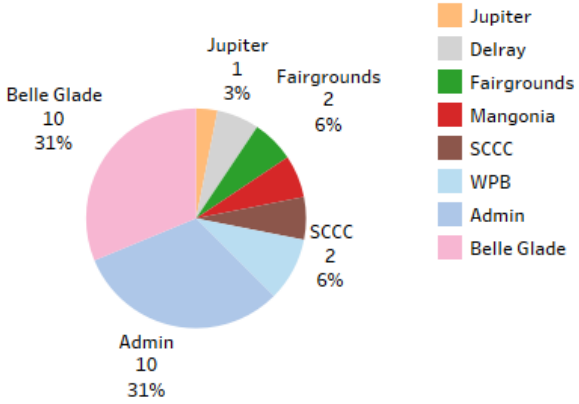
Total Top 5 Subcategories



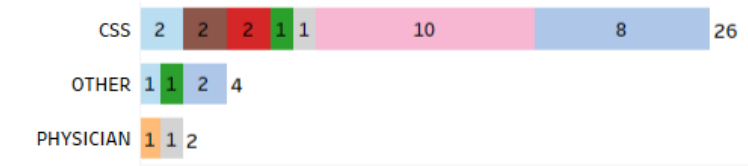
Total Compliments 32

Complaints/Grievances Prev 4 Quarters 58

Clinics

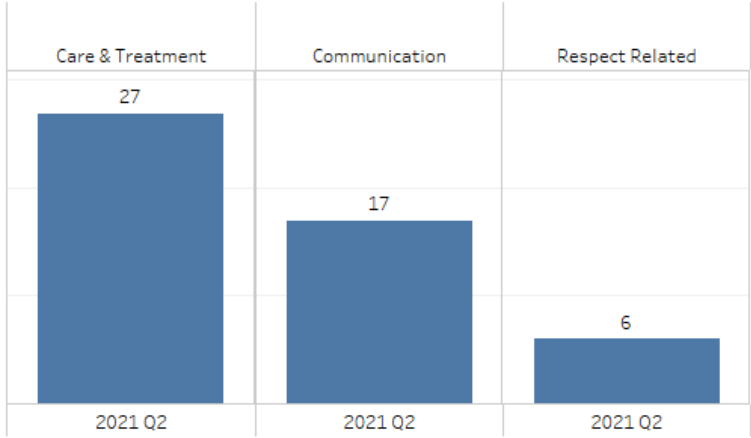


Care and Treatment Categories



Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
Healey Center

Detail

Top Categories
5

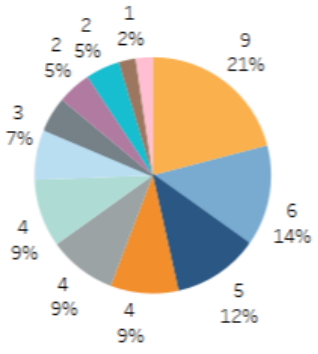
Provider All

2021 Q2

4/1/21 to 6/30/21

Total Complaints and Grievances 43

Departments



- SOCIAL SERVICES
- DIETARY
- STARFISH
- LAUNDRY
- MANATEE
- PELICAN
- DOLPHIN
- FACILITIES
- NURSING
- SAND DOLLAR
- NURSING ADMINISTRATI..
- REHAB

Top 5 Categories

Personal Belongings	SOCIAL SERVICES	6
	LAUNDRY	4
	PELICAN	2
	STARFISH	1
Nursing Related	MANATEE	4
	DOLPHIN	2
	NURSING	2
	SAND DOLLAR	2
Communication	STARFISH	3
	NURSING ADMINISTRATION	1
	PELICAN	1
	SOCIAL SERVICES	1
Nutrition	DIETARY	6
Care & Treatment	PELICAN	1
	REHAB	1
	SOCIAL SERVICES	1
	STARFISH	1

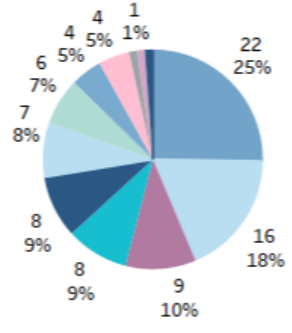
Total Top 5 Subcategories

Care & Treatment	Equipment issues –staff handling	2
	Confidence in Care Givers	1
	Specialist /Consult not available	1
Communication	Education	3
	Staff did not explain Things Understan..	2
	Poor Communication	1
Nursing Related	Communication	6
	Other	1
	All aspects of care	3
Nutrition	Other	4
	Did not meet dietary needs	1
	Menu choice	1
Personal Belongings	Clothes	7
	Loss	3
	Money	2
	Dentures missing	1

Total Compliments 87

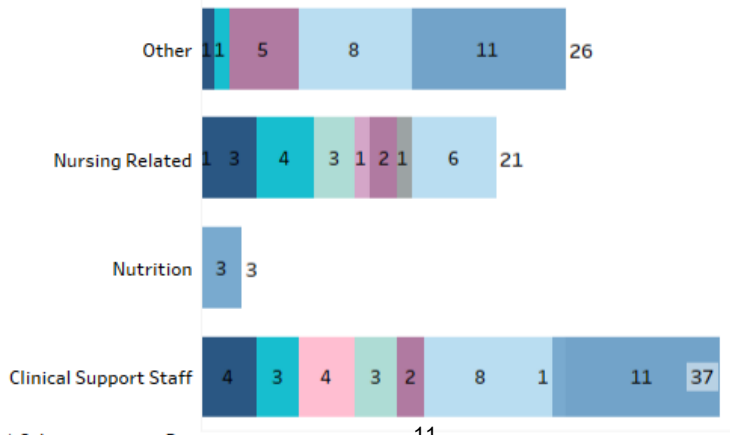
Complaints/Grievances Prev 4 Quarters 43

Departments



- ACTIVITIES
- NONE
- NURSING
- SAND DOLLAR
- STARFISH
- DOLPHIN
- PELICAN
- DIETARY
- REHAB
- MANATEE
- NURSING - MEDICAL ADMI..
- THERAPY SERVICES

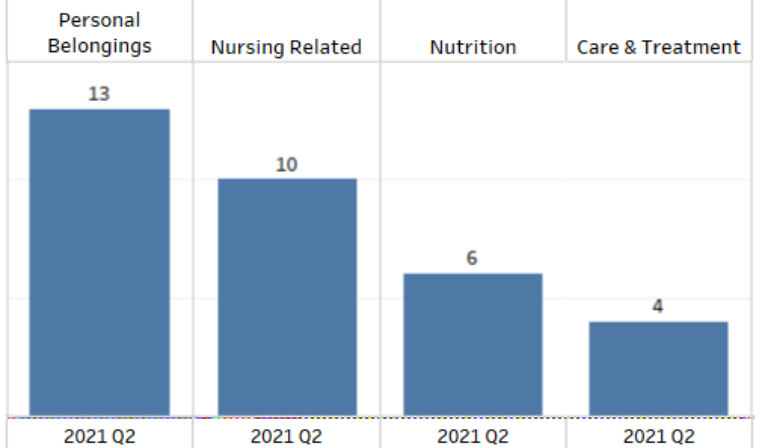
Care and Treatment Categories



* Color represents Department

Top 5 Categories Trended

4/1/21 to 6/30/21



Patient Relations (Grievances, Complaints & Compliments)
Lakeside Medical Center

Lakeside Medical Center
Health Care District Palm Beach County

Detail

Top Categories
5

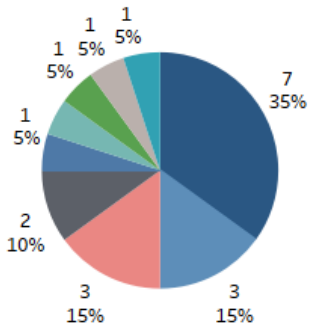
Provider All

2021 Q2

4/1/21 to 6/30/21

Total Complaints and Grievances 20

Departments



- EMERGENCY SERVICES
- MED SURGERY 2ND FLOOR
- PROGRESSIVE CARE UNIT
- INTENSIVE CARE UNIT
- ADMISSIONS
- INFORMATION TECHNOLO..
- PEDIATRICS
- RESPIRATORY THERAPY
- TELEMETRY

Top 5 Categories

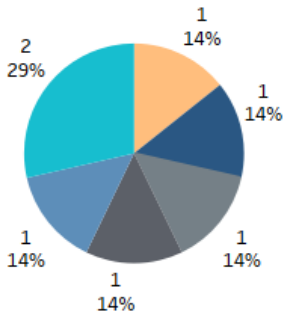
Care & Treatment	MED SURGERY 2ND FLOOR	2
	PROGRESSIVE CARE UNIT	2
	EMERGENCY SERVICES	1
	INTENSIVE CARE UNIT	1
	PEDIATRICS	1
Communication	EMERGENCY SERVICES	2
	ADMISSIONS	1
	INTENSIVE CARE UNIT	1
	RESPIRATORY THERAPY	1
Nursing Related	INFORMATION TECHNOLOGY	1
	MED SURGERY 2ND FLOOR	1
	TELEMETRY	1
Physician Related	EMERGENCY SERVICES	3

Total Top 5 Subcategories

Care & Treatment	Confidence in Care Givers	3
	Anger, Threats, Physical Abuse	1
	Competency Of Staff	1
	Conflicting Information by Health Professionals	1
	Rough Handling	1
Communication	Poor Communication	4
	Staff did not explain Things Understandably	1
Environmental	Other	1
Nursing Related	Other	3
Physician Related	All aspects of care	2
	Communication	1

Total Compliments 7

Departments



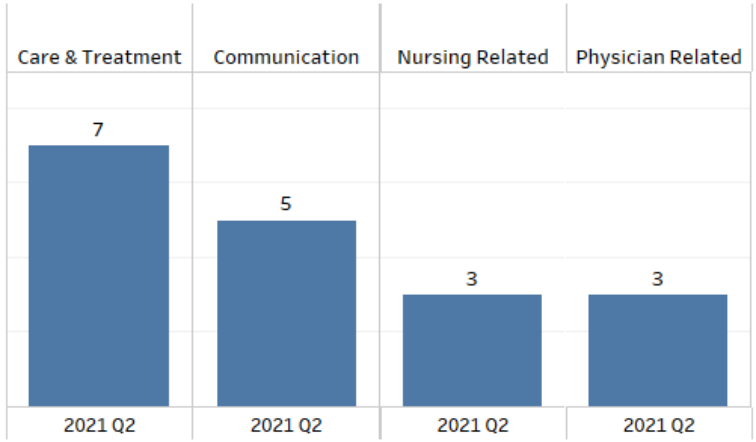
- ADMINISTRATIVE EXECUT..
- EMERGENCY SERVICES
- FACILITIES
- INTENSIVE CARE UNIT
- MED SURGERY 2ND FLOOR
- OBSTETRICS

Care and Treatment Categories

Complaints/Grievances Prev 4 Quarters 20

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

PALM BEACH COUNTY

Patient Relations (Grievances, Complaints & Compliments)
Pharmacy

Detail

Top Categories
5

Provider All

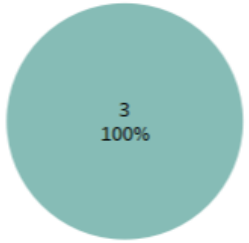
2021 Q2

4/1/21 to 6/30/21

Total Complaints and Grievances 3

Departments

WEST PALM BEACH PHAR..



Top 5 Categories

Physician Related	WEST PALM BEACH PHARMACY	2
Rx	WEST PALM BEACH PHARMACY	1

Total Top 5 Subcategories

Physician Related	Response time	2
Rx	Communication	1

Total Compliments

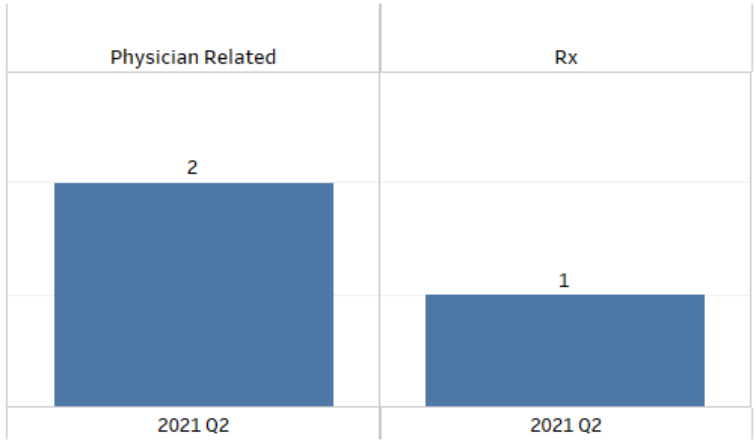
Departments

Care and Treatment Categories

Complaints/Grievances Prev 4 Quarters 3

Top 5 Categories Trended

4/1/21 to 6/30/21



* Color represents Department

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 28, 2021

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

2. Summary:

This item presents a summary of the Health Care District's ("HCD" or the "District") Compliance, Privacy, and Ethics Program ("Compliance" or "Program") activities since the last meeting. Data reported at this meeting covers April – June 2021. Additional updates from June – September 2021 on Program activities and initiatives 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 compliance program statistics for the Current Period (April – June 2021), an update on the compliance program recommendations made by the external consultant and internal audit, and overview of compliance, privacy, and ethics activities and initiatives during the CCO's first ninety (90) days (June – September 2021). Heather Bokor, VP & Chief Compliance and Privacy Officer, presented the following.

Compliance, Privacy, and Ethics highlights and initiatives:

A. Current Program Development and Initiatives Overview
B. Work Plan (FY21 Update, FY22 Preparation)
C. Compliance Program Effectiveness Assessment (ATTAC Consulting) – Status of Recommendations
D. Internal Audit Compliance Reviews – Status of Recommendations
E. Conflicts of Interest (COI)
F. Department Activity and Statistics (including, but not limited to, Privacy)
G. Summary of Recent Regulatory Updates and Industry Enforcement Activity

A. <u>Current Program Development and Initiatives – Overview</u>

On June 28, 2021, a new VP / Chief Compliance and Privacy Officer was appointed to the Health Care District. Since joining HCD, the CCO and Department have been assessing the Program to address areas requiring attention and further identify enhancement opportunities in re-developing the Program, in order to ensure that through our work plan and other activities, HCD Compliance meets or exceeds the Elements of an Effective Compliance Program, as defined by the Office of Inspector General (OIG). HCD Compliance is working to establish synergies and efficiencies for overall program effectiveness, organizational risk mitigation and management, and growth. HCD Compliance staff works to support compliance, privacy, and ethics

efforts in all facilities across the District. Key information for the CCO's first ninety (90) days is discussed.

B. Work Plan:

- The **FY21 Compliance and Privacy Work Plan** is comprised of action items and recommendations from the External Consultant (ATTAC) Compliance Program Effectiveness Review and the Internal Audit (HCD) Risk Assessment(s), each completed in April – May 2021. An action plan has been initiated and is in process by HCD Compliance to address the findings. These items have been included and updated in the FY21 (and draft FY22) Work Plan(s).
- A formal request for approval of the **FY22 Compliance, Privacy, and Ethics Work Plan** will be made at the next Committee meeting.
- Detailed information on the development of the FY22 Work Plan and its composition is provided below. The goal for the FY22 Work Plan is to move to a more proactive, risk-based, and effective program – in addition to meeting or exceeding the recommendations described in the OIG's Compliance Program Guidance on Effectiveness ("7 elements").
- The FY22 Work Plan will include all items identified that are standing or are not yet complete from FY21, in addition to other items to be added based on internal assessment and to address all 7 elements: (1) Governance and High-Level Oversight, (2) Policies and Standards of Conduct, (3) Open Communication and Reporting, (4) Training and Education, (5) Auditing and Monitoring, (6) Enforcing Standards, (7) Addressing Known or Potential Issues, *and (8) Program Effectiveness.*
- HCD Compliance considers and includes the following in developing the Work Plan:
  - Open action items and recommendations from Consultant and Internal Audit;
  - COVID-19 potential or known risk areas;
  - Leadership/Management requests and input;
  - OIG Monthly Work Plan;
  - Published guidance from CMS/MAC;
  - Recovery Audit Contractors (RAC), and other contractor approved work;
  - Recent industry enforcement and Government report findings;
  - New or changed rules;
  - High volume, high dollar, and high reimbursement areas;
  - Data analytics and reporting trends;
  - Known or potential areas of risk/concern;
  - Past items requiring re-check or monitoring;
  - New or changed business units (e.g., service lines, facilities, or procedures);
  - Transferred items from previous Work Plan requiring follow-up;
  - Standing items for Seven Elements/OIG Compliance Program Guidance;
  - Compliance Program Effectiveness and Compliance Program Evaluation Guidelines from Government and Other Entities (e.g., OIG, DOJ, CMS, MCO's).

C. Compliance Program Effectiveness – External Assessment (ATTAC Consulting)

In February 2021, HCD contracted with an external consultant, ATTAC Consulting, to assess HCD's compliance and privacy program and outline enhancement opportunities to further develop HCD's compliance and privacy program to improve effectiveness.

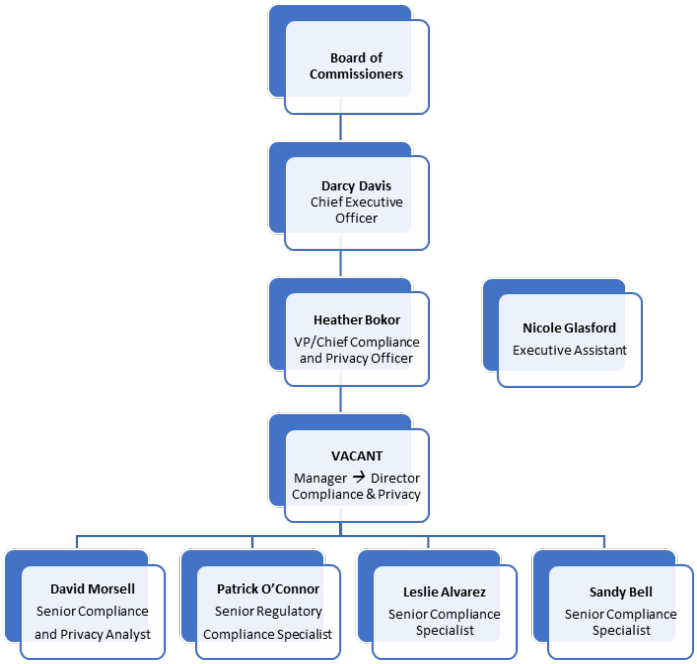
- ATTAC's assessment was based on the OIG compliance program guidance (7 elements) and CMS audit standards. This included reviews of documentation, data systems, operations, program staffing and reporting structure, and interviews of staff and leaders.
- A report of the Consultant's findings was provided to HCD in April – May 2021 and presented to the Committee at the June 29, 2021 meeting. For each of the 7 elements, ATTAC identified various material conditions (7) and immaterial observations (10), and made recommendations. Additionally, ATTAC recommended a 1-3 Year compliance staffing plan, which was presented to the Committee at the June meeting.
- An initial internal review of ATTAC's assessment was conducted by the VP/CCO in July 2021. This included review of ATTAC's assessment, findings, and recommendations, and discussions with compliance staff and key members of leadership.
- Status of recommendations (ATTAC's report on Compliance Program Enhancements and Staffing Structure Assessment) is outlined below. *Refer also to "Work Plan"*:

ATTAC Staffing Structure Assessment Recommendations and HCD Follow-Up:

Report Category	Status (FY21 Q3)	Status (FY21 Q4)	HCD Status Update
Compliance Officer	In Progress	Completed	VP/Chief Compliance and Privacy Officer position filled (June 28, 2021).
Compliance Officer Reporting	Not Started	Ongoing	VP/Chief Compliance and Privacy Officer reports directly to CEO and has access and makes reports to the Board.
Compliance Staffing Changes	Not Started	Completed (*)	(*) Complete for Year 1. Several new Compliance positions and changes were recommended over 3 years. HCD Leadership approved CCO's hiring of new FTEs, which has been completed as of 9/27/2021, including: Senior Regulatory Compliance Specialist (1.0), Senior Compliance Specialists (2.0). Note: Manager/Director vacancy (1.0). Revisions to ATTAC recommendations made by CCO. Potential future additions in Years 2-3 (TBD).

Compliance Subject Matter Experts (SME)	Not Started	Completed (*)	(*) Complete for year 1. Key focus of Compliance staffing structure to provide subject matter expertise to HCD. Certified and experienced FTEs are currently in place, effective 9/27/2021. Potential future additions in Years 2-3 (e.g., clinical risk specialist).
Internal Audit Reporting Changes	In Progress	Completed	Internal Audit budget and FTE (1.0) moved back under Finance/CFO. Compliance will work collaboratively with Finance and Audit, and resume Compliance-related activities being performed by Audit.

- Updated HCD Compliance, Privacy, and Ethics Staffing Structure (September 2021):



- Vendor Services: HCD Compliance began reviewing its contracted vendors and services for effectiveness, cost savings, and appropriate use of services. In-house program with assistance of industry-standard vendors for select areas (e.g., hotline, exclusion) planned.

ATTAC Compliance Program Enhancements Recommendations and HCD Follow-Up:

Report Category	**Status (FY21 Q3)**	**Status (FY21 Q4)**	**HCD Status Update**
Policies and Procedures	Not Started	In Progress, Ongoing	All assigned policies and procedures were updated, initially, as recommended. Additional internal policy review, development, or revision and training (FY22).

Standards of Conduct	Not Started	In Progress, Ongoing	Initial updates complete. Comprehensive revisions in progress, new version to be re-deployed (FY22). Standards of Conduct to be provided to Board. Recommendation to be revised on policies and training.
Compliance Officer	Not Started	Completed	CCO started on 6/28/2021 and is a member of the Executive Team. Job Description reviewed. *See "Staffing"*.
Compliance Committee	Not Started	In Preparation	Compliance Committee (and others as needed) to be established for routine reporting (FY22). Recommendation to be revised on timing and separate effectiveness committee.
Governing Body	Not Started	In Progress, Ongoing	Increased reporting and effectiveness to the Board. Ongoing, beginning 9/29/2021.
Board of Commissioners Training	Not Started	In Progress, Ongoing	Compliance reports to include general additional and educational information *(note: COI Board training on 9/29/2021).* Compliance Program training and other future training topics to be provided to staff/Board.
Compliance Staff Training	Not Started	In Progress, Ongoing	Necessary certifications with new and existing staff are maintained or in process. Continuing education and expertise ongoing. Compliance future training topics to be provided to HCD staff. Recommendation to be revised for Root Cause Analysis.
Lines of Communication	Not Started	In Progress, Ongoing	Policy revised as recommended. In progress of revising Hotline processes and reporting. Department contacts updated, Hotline and other awareness information planned.
Lines of Communication: Regulatory Guidance	Not Started	In Progress, Ongoing	*See "Regulatory Updates"*. Guidance is communicated to business units and others in the organization, beginning FY21 (Q4).
Disciplinary Standards	Not Started	In Progress	Standards of Conduct revisions in progress. Working with Human Resources on developing consistent disciplinary standards for Privacy-related violations.
Auditing and Monitoring: Risk Assessment	Not Started	In Preparation	*See "Work Plan"*. Recommendation for the Risk Assessment approach to be revised for the FY22 Work Plan.
Auditing and Monitoring: FWA Program	Not Started	In Preparation	FWA to be addressed during Program re-development and in the FY22 Work Plan. Recommendation to be revised.

Auditing and Monitoring: Exclusions Lists Checks	Not Started	In Progress, Ongoing	Gap analysis performed. Contracted with new vendor for enhanced services and routine monitoring. Necessary revisions to policies and processes being addressed.
Internal Auditing and Monitoring	Not Started	Ongoing	*See above sections.* Select items in progress, all items to be addressed as part of the FY22 Work Plan.
Corrective Actions	Not Started	In Progress	*See above sections.* Recommendation to be revised for Root Cause Analysis.

D. Internal Audit Compliance Reviews

- Internal Audit, at the request of Compliance, conducted a Risk Assessment, which included a review of various Compliance and Privacy controls (through April 2021) and outlined recommendations and action items to be addressed. A report was presented by Internal Audit to the HCD Finance and Audit Committee at the June 29, 2021 meeting.
- A review of the Risk Assessment conducted by Internal Audit was conducted by the VP/CCO in July 2021. This included review of findings and recommendations, meetings with Internal Audit and the Internal Controls Committee, and discussions with compliance staff and key members of leadership.
- Status of recommendations is outlined below. *Refer also to "Work Plan"*. An action plan has been initiated and is in process by Compliance and Privacy to respond to the findings. These have been included in the FY21 (and FY22) Work Plan(s).

Conflicts of Interest	
Internal Audit reviewed HCD policy and procedure and current practices in FY21 to determine compliance.	(FY21-22) Compliance has started the process of amending the Conflicts of Interest Policy, accompanying Disclosures and processes. Compliance has reviewed and recommended further revisions in response to recommendations from Consultant and Internal Audit, our internal review, and industry activity.
Exclusions/Sanction Screening	
Internal Audit reviewed HCD policy and procedure and current practices in FY21 to determine compliance.	(FY21-22) Compliance worked with key departments to determine current practice, identify actions needed, and is currently revising our processes and has contracted with a new vendor to ensure enhanced compliance with screening and monitoring requirements.
Clinical Documentation and Coding Plan	
Internal Audit reviewed with HCD management ongoing plans for monitoring clinical documentation and coding in FY21.	(FY21-22) Compliance will work with Audit, Finance, IT to address any post-go live auditing and monitoring needs and include applicable items in the FY22 and future Work Plans.

E. Conflicts of Interest (COI):

- **Annual Conflicts of Interest Disclosure – FY21 (Board and Committees):**
  - HCD's Conflict of Interest Policy requires annual review and disclosure of circumstances which may give rise to conflicts of interest. For FY21, HCD Compliance sent the annual Survey/Questionnaire to Board members to be completed by September 30, 2021.
  - FY21 Annual COI Disclosure Verbiage: There were no changes to the FY21 Disclosure or Policy for the current attestation period. Additional revisions are recommended for the FY22 Disclosure and policies and procedures *(see below).*

- **Future Revisions to Conflicts of Interest – FY22:**
  - Conflicts of Interest continues to be an area of concern for health systems, with several high-profile incidents occurring in the recent past. The most notable incidents include Memorial Sloan Kettering and the University of Maryland Medical System. The government continues to take a continue interest in COIs. Further, several regulatory bodies have included requirements that have language that mandates relevant organizations must maintain an effective COI program. COIs pose potentially significant legal and ethical problems. Potential reputational harm may also result.
  - In light of the increased focus from government and industry, and pursuant to Internal Audit's recommendations, Compliance has identified necessary revisions and is in process of amending the Conflicts of Interest policy, accompanying Disclosures, and internal processes.
  - *Refer to the September 28, 2021 Board education provided by HCD Compliance on "Conflicts of Interest".*

F. Department Activity and Statistics (including reported incidents from April – June 2021): *Includes: Committees, Policies and Procedures, Training and Education, Auditing and Monitoring, Open Lines of Communication (e.g., Hotline), and Responding to Issues, Inquiries, and Investigations (e.g., privacy incidents).*

- **Open Lines of Communication, Hotline calls, Issues/Inquiries and Investigations (April – June 2021):**

Type:	**Volume:**
Hotline Calls (*)	186
Privacy Inquiries and Reported Concerns (**)	10, including 4 reportable breach events
Compliance Inquiries (**)	4
Total	**200**

(*) Note: Compared to 337 calls reported during the prior quarter. The drop-in volume appears is attributed to a decrease in general inquiries regarding the COVID-19 vaccine, and an increase in calls made directly to the Department. (**) Note: Data reported for this timeframe appears to be under-reported. Data since June 2021 is being tracked and has increased significantly, to be reflected in future reporting.

- **Reported Privacy Incidents (July – September):**
  - At present, there are two (2) open investigations of Privacy large-scale breach events for HCD involving PHI; Of these open investigations, zero (0) were determined to be reportable breach events for HCD or HCD's Business Associates.
  - Privacy staff received certification in FairWarning, in order to begin electronic user and patient access and other privacy auditing and monitoring of Epic, HCD's Electronic Health Record as part of the FY22 Work Plan.

- **Policies and Procedures:** Refer to Board Agenda for Board Policies including: (1) Conflicts of Interest, and (2) Standards of Conduct. Additional review, development, and revision of the policies, procedures, and related documents is in process.

- **Training and Education:** The Department is in process of revising and re-deploying its annual Compliance, Privacy, and Ethics training. Proactive training and education efforts are planned and will be included as part of the FY22 Work Plan.

- **OIG Monitoring:** Principal Deputy Inspector Grimm announced 10 key compliance priorities for the Office of Inspector General (OIG) for 2021. The priorities include:
  - Overseeing COVID-19 Relief and Response;
  - Realizing the Potential of Telehealth;
  - Ensuring Quality of Care and Patient Safety in Nursing Homes;
  - Advancing Health Equities;
  - Modernizing Program Integrity and Compliance Information;
  - Combating the Substance Use Disorder Epidemic;
  - Prioritizing Cybersecurity;
  - Information Blocking Enforcement;
  - Implementing Value Based Care; and
  - Strengthening Managed Care Program Integrity.

G. Regulatory Updates & Industry Enforcement Activity, including COVID-19

Summary covering the reporting period through current, April – August 2021: These are provided as information only. A copy of the full report is available upon request.

Beginning in July 2021, HCD Compliance consistently reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD, and to help shape the FY22 Work Plan. Information is searched, tracked, reviewed,

analyzed, monitored and will be communicated (at a minimum). Compliance, Privacy and Ethics staff will determine whether information should be communicated to HCD staff, physicians, and leadership, or if additional action (e.g., audit) is required. It should be noted that certain new or revised rules and waivers during the public health emergency ("PHE") may revert to prior rules after the PHE ends, and that some may result in new external audits or investigations.

Regulatory Updates

1. President Biden Mandates COVID-19 Vaccine for Certain Employees
2. President Biden Orders Occupational Health and Safety Administration (OSHA) to Develop Emergency Temporary Standard (ETS) for Employee Vaccinations
3. Health and Human Services (HHS) to Release up to $25 Billion in COVID-19 Relief to Hospitals
4. PhRMA Issues Statement on Update to Interactions with Health Care Professionals
5. Centers for Medicare and Medicare Services (CMS) Proposes to Increase Price Transparency Penalties
6. CMS Issues 2022 Outpatient Prospective Payment System (OPPS) Proposed Rule
7. Department of Justice (DOJ) Issues Garland Memorandum, Returns to Reliance on Sub-Regulatory Guidance
8. OSHA Issues Emergency Temporary Standard (ETS)
9. Office of Inspector General (OIG) Updates Overview of Ongoing and Completed Opioid Related OIG Studies
10. HHS Revives LGBTQ Protections after Supreme Court Decision
11. HHS Releases New Buprenorphine Prescribing Requirements to Expand Access to Opioid Addiction Treatment
12. Florida Files Lawsuit Against HHS to Obtain Approximately $100 Million in Denied Payments
13. OIG Announces 10 Key Compliance Priorities for 2021

Industry Updates:

1. United States Files False Claims Suit *(qui tam)* Against University of Pittsburgh Medical Center (UPMC) and Physician Practice Group for Knowingly Submitting False Claims Resulting from Overlapping and Concurrent Surgeries
2. San Mateo County Medical Center and San Mateo County Agreed to Pay Approximately $11.5 Million to Resolve False Claims Act (FCA) Allegations
3. Louisiana Physician Indicted for Allegedly Dispensing Over One Million Opioids
4. Pharmacist Arrested for Selling Fraudulent COVID-19 Vaccination Cards Online
5. Hospital (Tarrant County's John Peter Smith Hospital) Agrees to Pay Over $3 Million to Resolve FCA Allegations
6. Former Broward Health Employee Sentenced to Over Three Years in Prison for his participation in Kickback Scheme
7. Sentara Healthcare Self-Discloses Civil Monetary Penalties Law (CMPL) Violations, Pays Over $4 Million
8. A Medical Device Companies (Alere) Pay Nearly $39 Million to Resolve FCA Allegations

9. Akron General Health System Agrees to Pay Approximately $21 Million to Resolve FCA Allegations
10. Orlando Surgical Care Providers Agree to Nearly $4 Million FCA Settlement for medically unnecessary procedures in connection with Kickback Scheme
11. Texas ENT Physician Group Settles $750,000 to Resolve FCA Upcoding Allegations
12. A Medical Group and Chiropractor False Billing Results in $2.6 Million Settlement and Exclusion from Federal Health Care programs for 10 years for Services Not Performed
13. California Skilled Nursing Facility (SNF), Plum Healthcare Group and Azalea Holdings, Agreed to Pay over $450,000 to Resolve FCA Settlement for Falsified Billing Records on Services Not Rendered
14. Former Cedar Rapids Hospital Patient Care Technician Sentenced for Inappropriately Accessing Ex-Boyfriend's Records
15. West Virginia Doctor Convicted (Facing 25 Years in Prison) of Suboxone Drugs Distributed Outside the Scope of Professional Practice and Not for a Legitimate Medical Purpose
16. Maryland Charges Pharmacist with Medicaid Fraud, Theft, and 239 Counts of Distribution of Controlled Substances for Allegedly Operating a Pill Mill
17. NY Pharmacy Owner Sentenced to 36 Months in Prison for Health Care Fraud and Narcotics Distribution (Not a Licensed Pharmacist, No Medical Oversight, and No Dispensing Permits)
18. El Paso Doctor Indicted for Distributing Controlled Substances and Health Care Fraud Resulting in Five Deaths (Dispensed Controlled Substances Outside the Course of Medical Practice and Without a Legitimate Medical Purpose)
19. Two Arkansas Physicians Sentenced to a Total of 150 Months in Federal Prison for Prescription Fraud (Dispensed Controlled Substances Outside the Course of Medical Practice and Without a Legitimate Medical Purpose)
20. Pittsburgh Physician Charged with Illegally Distributing Opioids, Defrauding Health Care Benefit Program (Dispensed Controlled Substances Outside the Course of Medical Practice and Without a Legitimate Medical Purpose)
21. Alabama Doctor Sentenced for Conspiracy to Distribute a Controlled Substance Outside the Course of Medical Practice and Without a Legitimate Medical Purpose
22. AlixaRx LLC Agrees to Pay $2.75 Million to Resolve Allegations that it Improperly Dispensed Controlled Substances at Long-Term Care Facilities, Abusing Emergency Prescription Provisions
23. University of Miami Agrees to Pay $22 Million to Resolve False Claims Act Allegations Resulted from Medically Unnecessary Testing and Submitting False Claims for Laboratory and Off-Campus Provider-Based Departments
24. St. Joseph's Hospital (Dignity Health and Neurological Associates) Agreed to Enter into a 5-Year Corporate Integrity Agreement (CIA) and Pay $10 Million to Resolve False Claims Act Allegations *(qui tam)* for Falsifying Records and Billing Concurrent and Overlapping Surgeries, Often Performed by Residents
25. Pharmaceutical Company (Incyte Corporation) Agreed to Pay Over $12 Million to Resolve False Claims Act *(qui tam)* Allegations by Paying Illicit Kickbacks by Using a Foundation to Pay Copayments for Medicare and Medicaid Beneficiaries to treat Myleofibrosis

26. EHR Company (CareCould Health) Agreed to Pay Nearly $4 Million to Resolve false Claims Act and Kickback Allegations Through a Marketing Referral Program to Induce the Sale of its EHR Products
27. Three Ascension Texas Hospitals Self-Disclose CMPL Violations related to Kickbacks and Stark Law and Agreed to Pay Approximately $21 Million, Including a Number of Above-Market Payments, Free Staff and Services to Physicians
28. New Jersey Man Admits Trafficking Prescription Pills and Engaging in SNAP Fraud
29. Florida Nurse (Alachua County) Arrested for Stealing from and Exploiting an Elderly Nursing Home Patient
30. Home Health Care and Media Group Hospice Manager Convicted in $150 Million Fraud Scheme
31. Massachusetts ENT Providers Agreed to Pay Approximately $2.7 Million to Resolve False Claims Allegations for Improperly Billing for certain Office Visits

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Note: Changes in personnel (FTE) and operating expenses for FY21 have not resulted in a budget overage. Changes for FY22 will be approved by the Board as part of the overall District budget.

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety and Compliance Committee	N/A
Committee Name	Date Approved

6. Recommendation:

Staff recommends the Committee receive and file the Summary of Compliance, Privacy, and Ethics Program Activities and Initiatives.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0290C6C02014479...
Bernabe Icaza
VP & General Counsel

DocuSigned by:
Heather Bokor
A4CAB709416B4CB...
Heather N. Bokor
VP & Chief Compliance and Privacy Officer

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

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 28, 2021

1. Description: Quality & Patient Safety Reports

2. Summary:

This agenda item provides quality and patient safety reports for the 3nd Trimester of the 2020/2021 school year of School Health and the 2nd Quarter of 2021 for Aeromedical, C. L. Brumback Primary Care Clinics, Corporate Quality Metrics, Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, Pharmacy, and Trauma.

3. Substantive Analysis:

School Health

In the third trimester of the 2020/2021 school year (April 1 – Jun 18), we completed a total of 41,809 office visits, with a total of 92,416 completed events. The office visits included 25,114 COVID-19 screenings. The 27% increase in medications, 42% increase in procedures and 24% increase in consultations performed in the school health room can be attributed to the increase in return of students on campus from virtual learning from T2 to T3. There was a slight decrease (11%) in COVID screening performed from T2 to T3 due to improved rates in the community. We are meeting goal in the school's return rate from office visits, with 84.8% of students remained in school versus 15.2% who were excused (non-COVID -19 related). We had a total ten teen pregnancies for the SY 2020/2021 and all were all identified and referred to Healthy Mothers/Healthy Babies except for the 2 students who were provided care through another agency. We met the goal for SY 2020/2021 for all our mandated screenings (vision, hearing, scoliosis, & BMI for total enrolled students.

COVID dashboard: In the third trimester we completed a total of 25,114 COVID-19 student screenings. The elementary schools completed the most screenings at 68%, followed by middle schools at 21% and high schools at 11%. As a result of the COVID-19 screenings, 27% were recommended for testing and 73% remained in school. The leading primary symptom is constant cough and the leading secondary symptom is headache. We performed a total of 1,891 in-house point of care COVID tests for both staff and students. 97% resulted in a negative test, and 3% resulted in a positive test. 88% of the tests were performed on students and 12% on staff members.

The following measures were not meeting their goal at the end of T3:

- Scoliosis screening completed outcomes is 56.4%. (Target >60%). During this SY 2020-2021, due to COVID-19, several scoliosis screenings were completed late in the school year, therefore it did not allow for enough time to complete follow ups to meet goal.

- BMI screening completed outcomes 1.8% (Target >2%). During this SY 2020-2021, the principals were not in agreement to send referral letters home to the parents in order to meet goal for the completed follow ups.

Aeromedical

For Q2, there were 145 flights transporting 147 patients. 72 or 50% of the total flights were to pick up locations west of 20-mile bend. The Aeromedical Quality Report shows 37 flights were missed, cancelled, or aborted between April and June. The majority of missed were due to weather and referring agency cancelations. The report also indicates 4 flights to locations east of 20-mile bend exceeded 20 minutes, 1 was due to delay during 2nd aircraft shift change, 2 preparing the landing zone and the 1 was a patient transport to the hangar for further transport based on change of destination hospital enroute.

The Detailed Run Time Report filtered for Interfacility transports shows that dispatch to enroute average time was greatest in the month of April at 26 minutes and 55 seconds and dispatch to destination hospital average was also greatest in April at 107 minutes and 47 seconds. These delays were associated with poor weather, aircraft on another call at time of request, patient transport preparation time and/or distance to referring or receiving hospital.

The Detailed Run Time Report filtered for On Scene shows that all Dispatch to Hospital trip times were less than 39 minutes and mostly due to trauma.

The two Services All dashboards provide patient types and shows the variance between county wide transports and those transported from the western community. Trauma transport percentage is higher for the entire county than for the area west of 20-mile bend. The majority of patients were transported to St. Mary's.

GAMUT stands for Ground and Air Medical Quality Transports. Trauma Hawk has been benchmarking data to this national file repository site since 2018 for quality purposes. For Q2, 2021 66% of patient transports by Trauma Hawk were dispatched as a 911 response to the scene and 34% were dispatched as an interfacility transfer. Injuries to the head account for 35% of Trauma Hawk flights.

5 patients required intubation by Trauma Hawk crew members. 3 patients were intubated on the first attempt and 2 patients were intubated a subsequent attempt. 2 patients suffered a hypoxic event during transport. All intubations were carried out through rapid sequence intubation protocols.

C. L. Brumback Primary Care Clinics

In the Quarter 2 of 2021, the clinics served 17,091 unique patients and provided 31,835 clinic visits.

The following measures were not meeting goal at the end of June: Childhood Immunizations (55%), Cervical Cancer Screening (62%), Colorectal Cancer Screening (62%), Hypertension (71%) and Depression Remission (9%).

All other goals achieved for the quarter.

Corporate Quality Metrics

- **Clinic Service Center Statistics**
  - For Quarter 2, 2021 there were 138,328 calls received which is a 47% decrease from the previous quarter. Of these calls there were 88,205 unique numbers which is a 49% decrease from the previous quarter.
  - The majority of calls were received between 8am and 12pm and the highest call volumes are typically on Monday's. The decrease in incoming call activity is attributed to the decreased demand for COVID vaccines and the closure of the mass vaccination sites which occurred during this quarter.

- **Human Resources**
  - Quarter 2 headcount ended at 1,281 team-members after 123 new hires and 88 separations.
  - Turnover rate for Q1 was 6.69%, while New Hire turnover rate was 4.56%.
  - The current diversity headcount is 68.82%, average age of employees is about 46.9 years old and 80.5% of the workforce is female.

- **Information Technology**
  - **Operations:** Information Technology has established a service level of 99.90% of mission critical application availability. The chart includes the top 8 mission critical applications for the organization. We met our service level for all applications in in the 2nd Qtr.

  - **Customer Service:** For Q2, we saw an overall increase in tickets opened primarily due to the Epic project soft go lives in June. Receiving 1,997 in April, 1,750 in May and 2,027 in June. Our close rate started the quarter at a high of 99% in April dropping to 98% in May and 95% in June due to the Epic soft go live. The IT Service Desk saw a slight decrease in the abandon call rate from 1st Quarter ending at 3.85% to 3.77% in April, 3.18% in May and 3.83% in June. Our target is 4.5% average abandon call rate.

  - **Cybersecurity:** For Q2 we investigated 263 security incidents. Of the total incidents, all are closed and 0 were reportable. The incidents included phishing and spam emails, responding to malware alerts and requested security investigations. Comparing 2020 (390 cases) to the YTD 2021 (454 cases), we are experiencing another significant increase that could lead to doubling the number of investigated cases in 2021.

The increase is due to our Security Program maturing and adding additional tools for monitoring as well as an overall increase in email phishing and malware activity.

- **Legal**
  - For Quarter 2 there were 139 new contract requests, 52 of which were expedited requests.
  - There were 173 contracts fully executed and closed for the quarter.
  - Of the 173 contracts closed, 35 of those fell outside of our 45 day-timeframe for completion. This was due to delays in internal business unit reviews and approvals as well as significant delays in some instances from vendors with respect to reviews and revisions of contracts.

Edward J. Healey Rehabilitation & Nursing Center
For Q2, 17 of 17 quality measures were met.

Lakeside Medical Center
For Q2 2021**, *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 (129) cases sampled with a median time of (297) minutes, which is higher than the set goal of (280) minutes. The top (5) cases were reviewed monthly, and the care and treatment rendered was appropriate. An increase in patient census and bed availability was noted to be a contributing factor.

Perinatal Measures:
For PC-05, there were (23) cases that fell into the sample population, of those cases (2) moms strictly breast fed and the remaining both breast and bottle fed (14) or gave a bottle only (6) resulting in a compliance rate of 9% for the quarter which fell below the goal of >15%.

Sepsis:
For Sepsis, there were (18) cases that fell into the sample population, of those cases (12) fell into the numerator for a pass rate of 67% for the quarter, which is lower than the set goal of ≥ 70%. The (6) that failed were reviewed and shared with those involved. Each case was discussed in detail at the monthly Sepsis Committee Meeting. Lakeside Medical Center has on-boarded with the Florida Hospital Associations HIQC-Health Innovation Quality Center Project, which will provide trend data for Sepsis and resources to enhance quality improvement.

For Q2 2021**, *Outpatient Quality Measures*** there was 1 of 3 measures (OP-3a) that did meet goal.

For OP-3a there were (2) cases that fell into sample population with a median time of 88 minutes, which is higher than the goal of less than 58 minutes. The (1) case >58

minutes was reviewed and it was determined that care and treatment was rendered appropriately based on the patient's condition.

Pharmacy

For Q2, there were three patient relations entries. The three entries should have been patient behavior entries. For two of those entries, the patient was upset that providers failed to send new prescriptions to the pharmacy in a timely manner.

Trauma

For Q2 2021, 1,315 patients were seen at a trauma center. An 8% increase in volume compared to Q2 2020. Pediatrics (Age ≤15) accounted for 8% of total volume with 101 patients seen, Adults (Ages 16 – 64) accounted for 56% of total volume with 737 patients seen and Geriatrics (Age >65) accounted for 37% of total volume with 487 patients seen. 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. 18% 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 2nd and 3rd decades of life. 30% of St. Mary's total volume are between the ages of 20 and 40. 91% of trauma volume originates in Palm Beach County with the remaining 9% originating from Martin, Hendry, St. Lucie and Indian River counties. Trauma Alerts accounted for 57% of total volume with Transfers from Acute Care Hospitals representing 24% of total volume. Emergency Department upgrades at the Trauma Centers account for the remaining 19%. The leading and dominating mechanism of injury for all patients is Falls [(44% of total volume) seen primarily in Geriatrics and Pediatrics].

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Quality, Patient Safety, and Compliance Committee

N/A

Date Approved

HEALTH CARE DISTRICT
QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE
September 28, 2021

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0290C6C02014479...

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Dr. Belma Andric
1F272D34C8B04A5...

Belma Andric, MD
VP & Chief Medical Officer

DocuSigned by:
Darcy Davis
77A3B53589A1477...

Darcy J. Davis
Chief Executive Officer

School Health
Health Care District Palm Beach County

School Health
Quality Report (School Year 2020-2021)
3rd Trimester

MEASURE SET:										ACTIONS TAKEN WHEN INDICATOR NOT MEETING GOAL
Demographics	**T1 2020/2021 (Aug - Dec)**			**T2 2020/2021 (Jan - March)**			**T3 2020/2021 (Apr - June)**			
Total Completed Events	95,885			82,764			92,416			
Office Visits	30,862			40,706			41,809			
Medications	13,762			20,830			26,437			
Procedures	4,694			8,565			12,120			
Record Review - *Immunizations/Physical Exams/School Registrations*	30,112			7,322			5,453			
Consultations	16,455			5,341			6,597			
Return Rate	**T1 2020/2021 (Aug - Dec)**			**T2 2020/2021 (Jan- March)**			**T3 2020/2021 (Apr - June)**			
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Total Number of Students Remained in School	8,326	79.8%	>80%	10,454	84.6%	>80%	14,207	84.8%	>80%	
Total Number of Students Excused from School	2,113	20.2%	<20%	1,910	15.4%	<20%	2,542	15.2%	<20%	
Continuum of Care	**T1 2020/2021 (YTD Aug - Dec)**			**T2 2020/2021 (YTD Aug - March)**			**T3 2020/2021 (YTD Aug - June)**			
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Total Number of Student Pregnancies Identified	6			4			10			2 students (from Trimester 1) didn't require referral to Healthy Mothers Healthy Babies, because they are residents of JoAnn's Cottage (Place of Hope), where they provide pregancy services.
Number of Student Pregnancies who have been referred to Healthy Mothers / Healthy Babies	4	66.7%	>95%	4	100.0%	>95%	8	80.0%	>95%	
Mandated Screenings	**T1 2020/2021 (YTD Aug - Dec)**			**T2 2020/2021 (YTD Aug - March)**			**T3 2020/2021 (YTD Aug - June)**			
	Num/Den	**%**	**Goal**	**Num/Den**	**%**	**Goal**	**Num/Den**	**%**	**Goal**	
Vision - Number of Schools (county-wide) with Mandated Grades	144			144			144			
Vision - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	58	40.3%	>45%	140	97.2%	>95%	144	100.0%	>95%	
Vision - Total # of **Students**	30716			30716			28443			
Vision - Total # of Students **Screened**	8811	28.7%	>10%	26502	86.3%	>10%	28346	99.7%	>10%	
Vision - Total # of Students Requiring Referral for Further Evaluation	1416			3724			3960			
Vision - Completed **Outcomes**		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal	3254	82.2%	>65%	
Hearing - Number of Schools (county-wide) with Mandated Grades	144			144			144			
Hearing - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	58	40.3%	>45%	137	95.1%	>95%	144	100.0%	>95%	
Hearing - Total # of **Students**	22813			22813			21275			
Hearing - Total # of Students **Screened**	6833	30.0%	>10%	18873	82.7%	>10%	21178	99.5%	>10%	
Hearing - Total # Students Requiring Referral for Further Evaluation	97			243			259			
Hearing - Completed **Outcomes**		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal	195	75.3%	>75%	
Scoliosis - Number of Schools (county-wide) with Mandated Grades	41			41			41			During this SY 2020-2021, due to COVID-19, several scoliosis screenings were completed late in the school year, therefore it did not allow for enough time to complete follow ups to meet goal.
Scoliosis - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	7	17.1%	>45%	34	82.9%	>95%	41	100.0%	>95%	
Scoliosis - Total # of **Students**	7336			7336			6600			
Scoliosis - Total # of Students **Screened**	564	7.7%	>10%	4806	65.5%	>10%	6208	94.1%	>10%	
Scoliosis - Total # of Students Requiring Referral for Further Evaluation	7			50			55			
Scoliosis - Completed **Outcomes**		0.0%	See 3rd Tri for Goal		0.0%	See 3rd Tri for Goal	31	56.4%	>60%	
BMI - Number of Schools (county-wide) with Mandated Grades	144			144			144			During this SY 2020-2021, the principals were not in agreement to send referral letters home to the parents in order to meet goal for the completed follow ups.
BMI - Total # of Schools (w/ Mandated Grades) with **Completed Screenings**	33	22.9%	>45%	138	95.8%	>95%	143	99.3%	>95%	
BMI - Total # of **Students**	23205			23205			22771			

School Health
Health Care District Palm Beach County

Palm Beach County Schools
Covid-19 Student Screenings

Elementary 17,105
Middle 5,302
High 2,707

Start Date 4/1/2021
End Date 6/18/2021
School Name All
Area All

Number of Screenings 25,114

Recommend Testing 6,861 (27%)
Remain in School 18,253 (73%)

Detail

Grade Distribution for Screenings Recommended for Testing

1st 803 12%
2nd 694 10%
3rd 807 12%
4th 759 11%
5th 854 12%
6th 713 10%
7th 469 7%
8th 354 5%
9th 295 4%
10th 347 5%
11th 241 4%
12th 242 4%

Screenings Performed by Grade

PK	286		
KG	536		
1st	803 (27%)	2,173 (73%)	2,976
2nd	694 (21%)	2,549 (79%)	3,243
3rd	807 (21%)	2,961 (79%)	3,768
4th	759 (24%)	2,353 (76%)	3,112
5th	854 (27%)	2,330 (73%)	3,184
6th	713 (29%)	1,787 (71%)	2,500
7th	469 (30%)	1,112 (70%)	1,581
8th	867 (71%)		1,221
9th	579 (66%)		874
10th	434 (56%)		781
11th	576		
12th	476		

Exposure

To Diagnosed/Infected
1,838
To Resp/GI Symptoms
1,135

Primary Symptoms

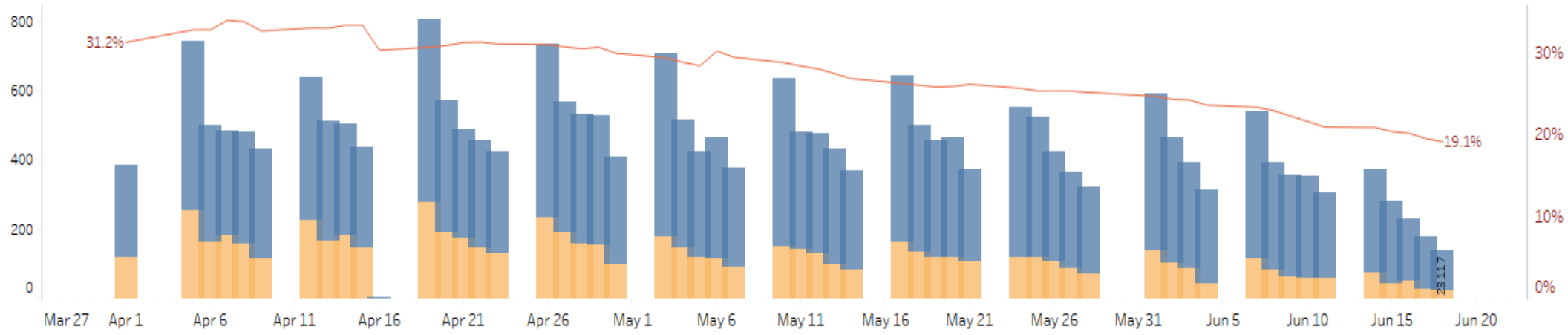
Constant Cough 1,377
Fever 100.4+ 971
Shortness of Breath 241
Loss of Taste 169

Secondary Symptoms (Chills Added 10/15/20)

Headac.. 6,510
Runny Nose 4,743
Sore Throat 4,819
Vomit or Nausea 4,252
Fatigue 1,270
Body Aches 662
Diarrhea 644
Chills 456

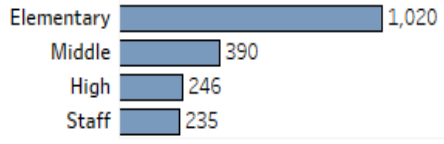
Screenings Performed by Date

Remain in School
Recommend Testing
Red line is the rolling average of % Recommended for testing (14 day)

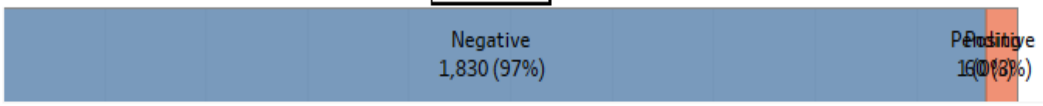


School Health
Health Care District Palm Beach County

Palm Beach County Schools
In-House Rapid AG Covid-19
Student and Staff Test Results

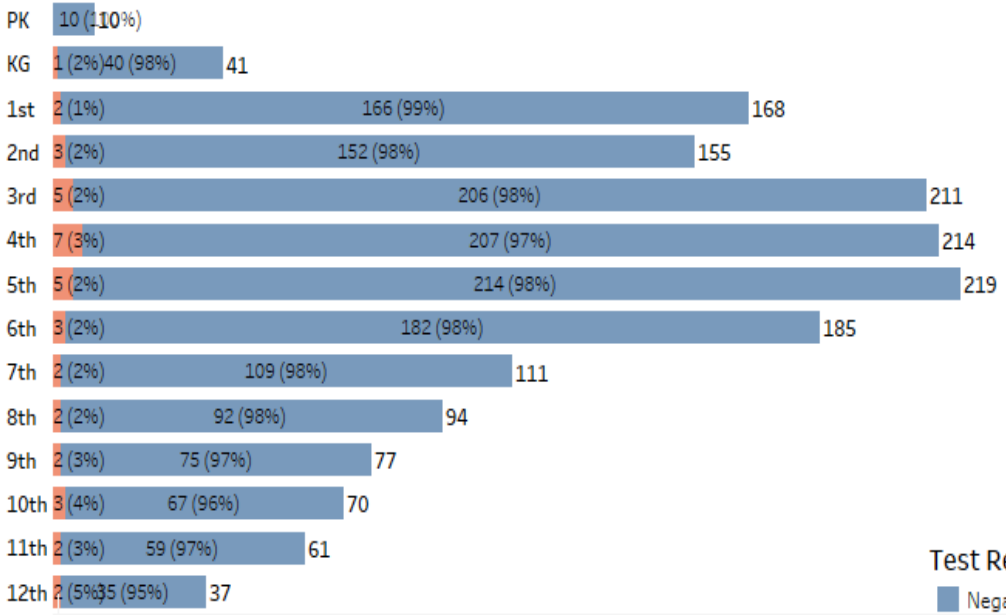


In-House Rapid AG tests performed 1,891

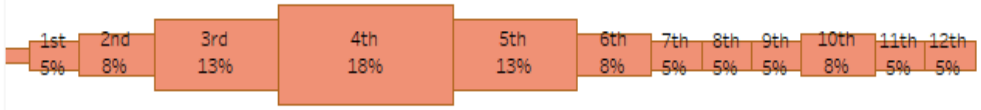


Symptom Breakdown for Positive Results

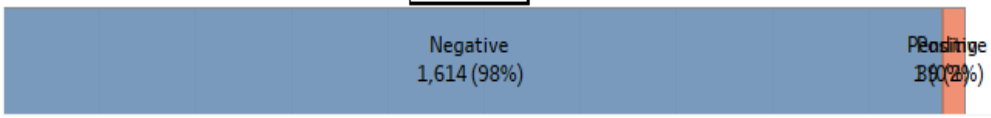
Students Test Results by Grade



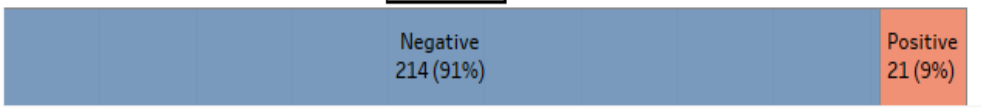
Grade Distribution for Students Tested Positive



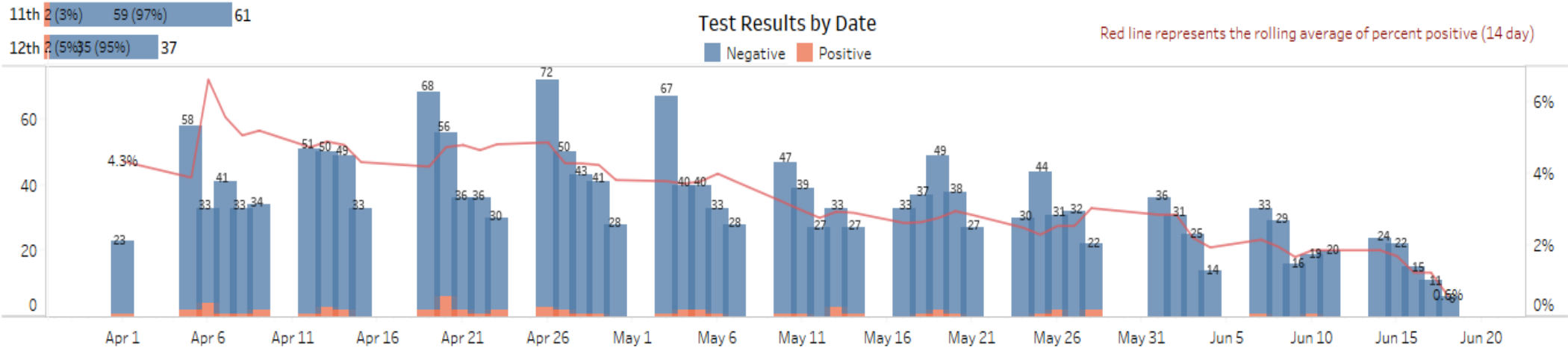
Students Test Results Breakdown 1,654



Staff Test Results Breakdown 235



Test Results by Date



Aeromedical Program
Health Care District Palm Beach County

Aeromedical Quality Report

Start Date 4/1/2021

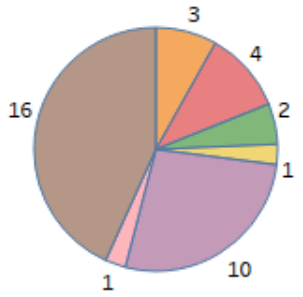
End Date 6/30/2021

Flights 145 **Patients** 147

Missed, Cancelled or Aborted Flights

Miss Start 4/1/2021

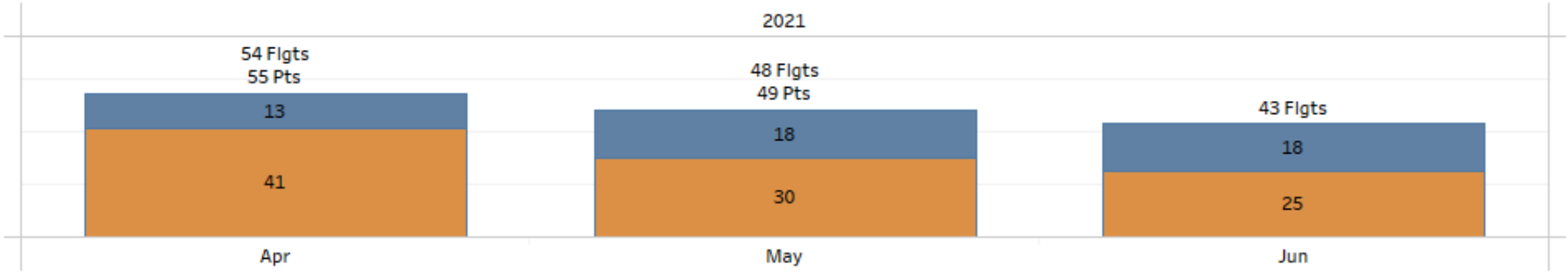
Miss End 6/30/2021



Missed Reason
- County Coverage
- Expired
- Medical No Go
- No Backup
- Referring Agency
- Simultaneous Flight
- Weather

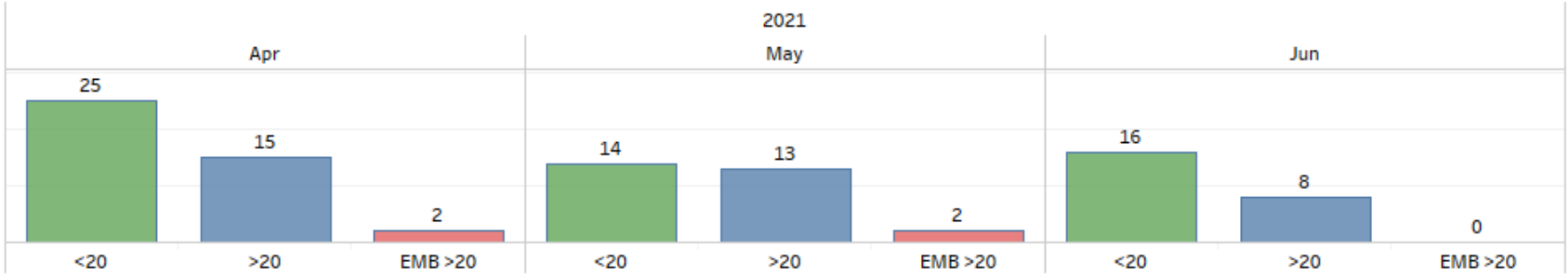
Interhospital On Scene

Number of Flights



*EMB - East of 20 Mile Bend

Call to Scene (Minutes) for Scene Flights with 3 Legs or More



37

Go to Detail

Average Times for Scene Flights

Year of Flight D..	Month of Flight Da..	On Scene	Disp To Enroute	Disp To OnScene
2021	Apr	11m 4s	5m 8s	16m 55s
	May	8m 42s	4m 54s	18m 3s
	Jun	7m 53s	4m 36s	17m 11s

Utilization

	2021		
	Apr	May	Jun
Hours Utilized	85	79	65
% Hours Utilized	9.1%	7.0%	6.3%
Available Hours	930	1,116	1,040
% Available Hours	86%	100%	96%

Aeromedical Program
Health Care District Palm Beach County

Detailed RunTime Report TH135

49

Start Date
4/1/2021

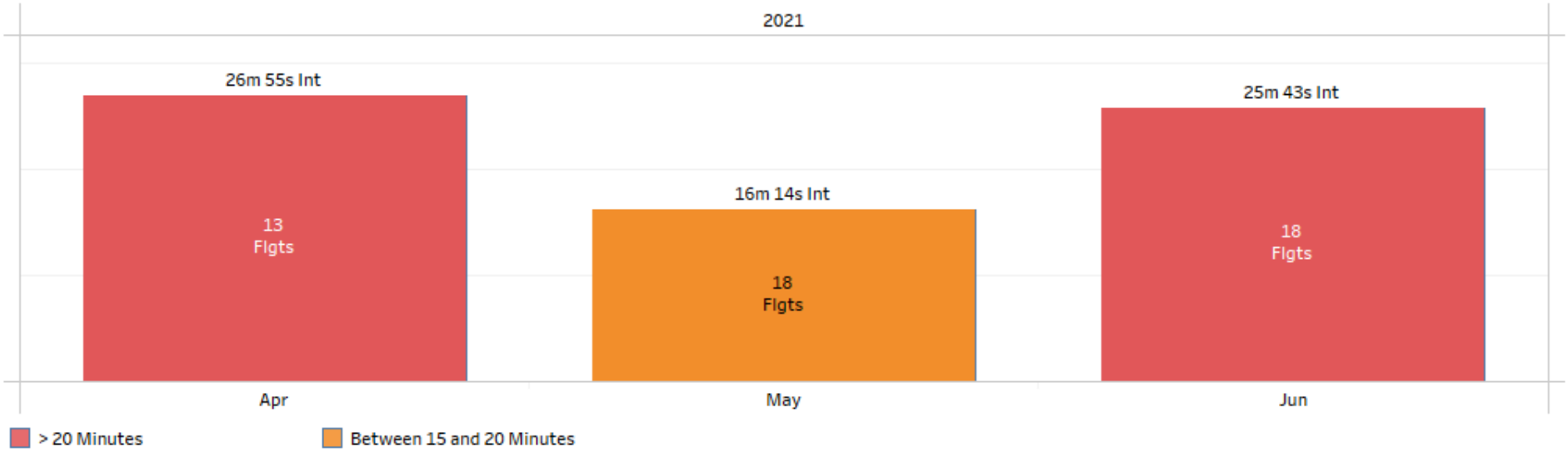
End Date
6/30/2021

Flight Type
Interfacility

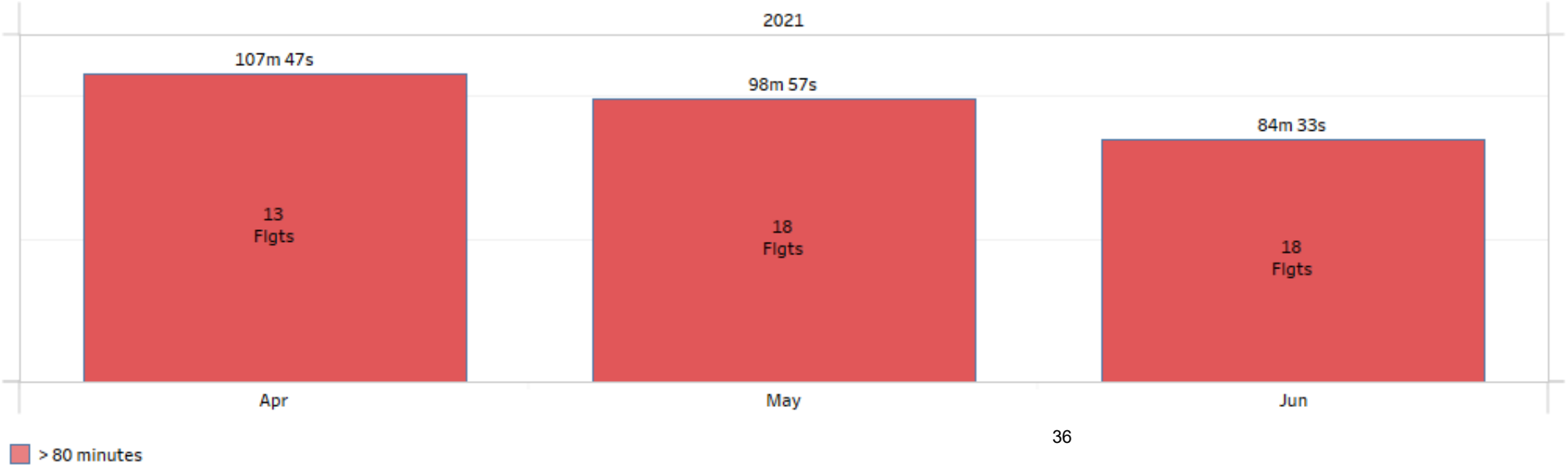
Patient Type
All

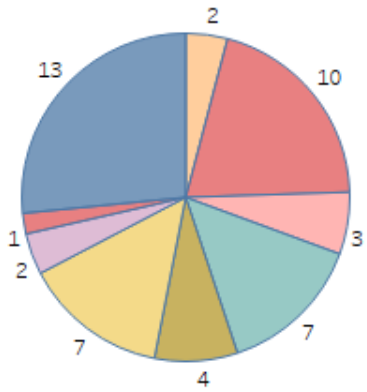
20 Mile Bend
All

Dispatch To Enroute Average



Dispatch To Hospital Average





Patient Type
BURN
CARDIAC
NEONATAL
NEUROLOGY
OBSTETRIC
OTHER
PEDIATRIC NON TRAUMA
TRANSPLANT

Aeromedical Program
Health Care District Palm Beach County

Detailed RunTime Report TH135

96

Start Date
4/1/2021

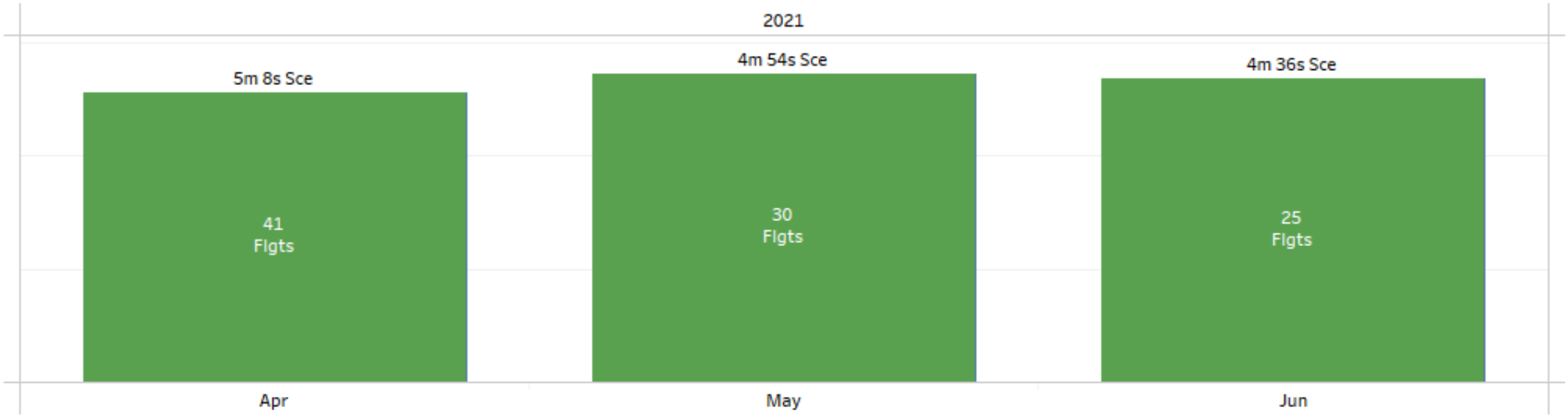
End Date
6/30/2021

Flight Type
On Scene

Patient Type
All

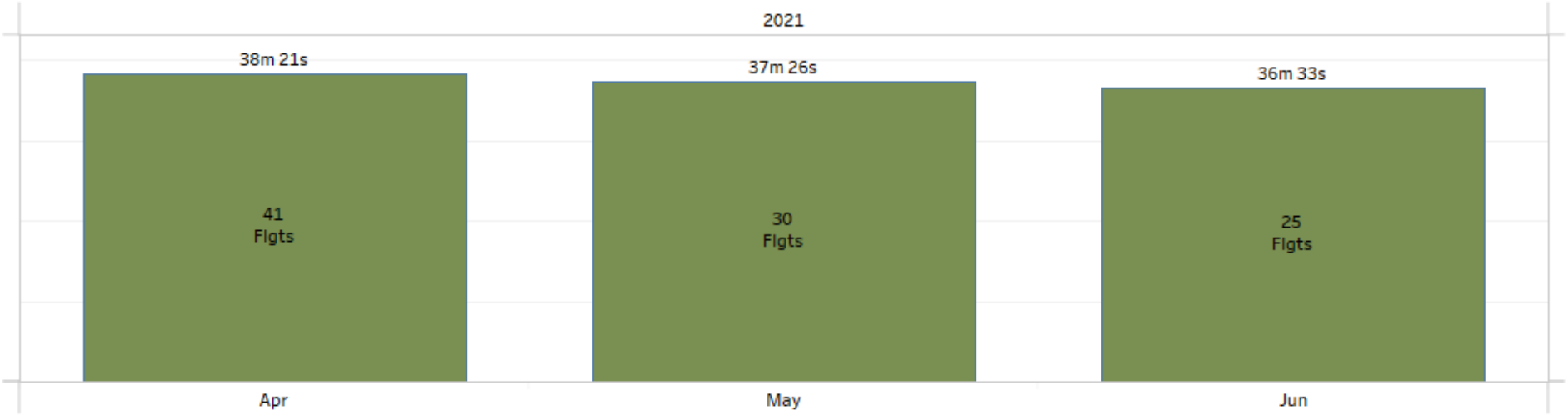
20 Mile Bend
All

Dispatch To Enroute Average

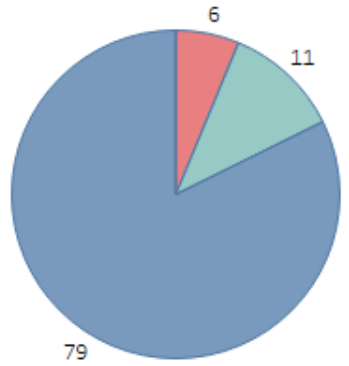


< 15 Minutes

Dispatch To Hospital Average



< 70 Minutes



Patient Type
CARDIAC
NEUROLOGY
TRAUMA

Aeromedical Program
Health Care District Palm Beach County

Services - All

Total Flights: 145

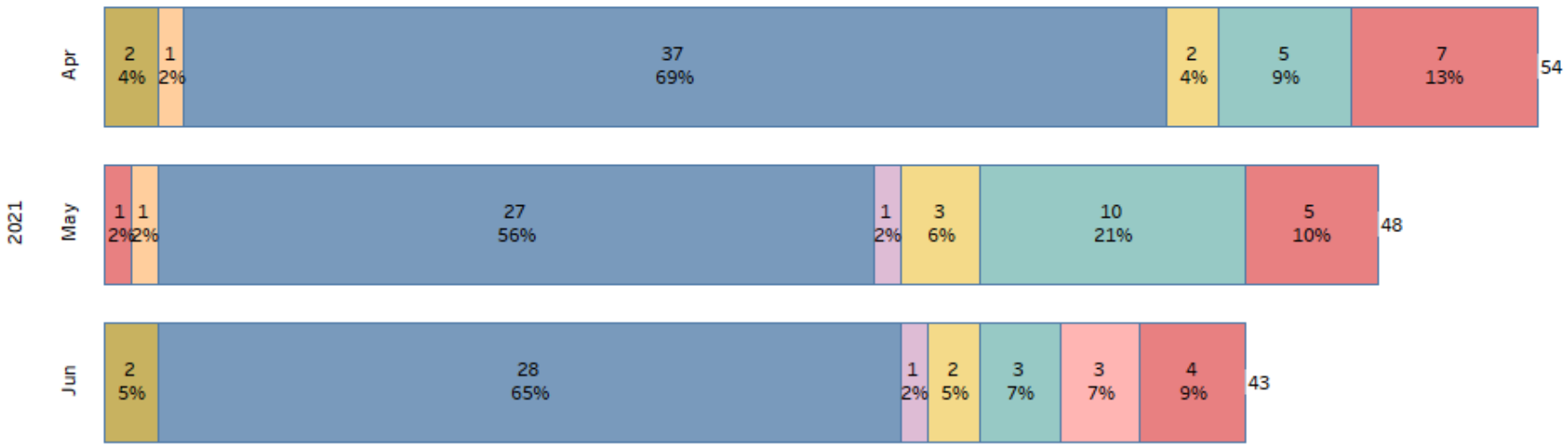
Start Date
4/1/2021

End Date
6/30/2021

Patient Type
All

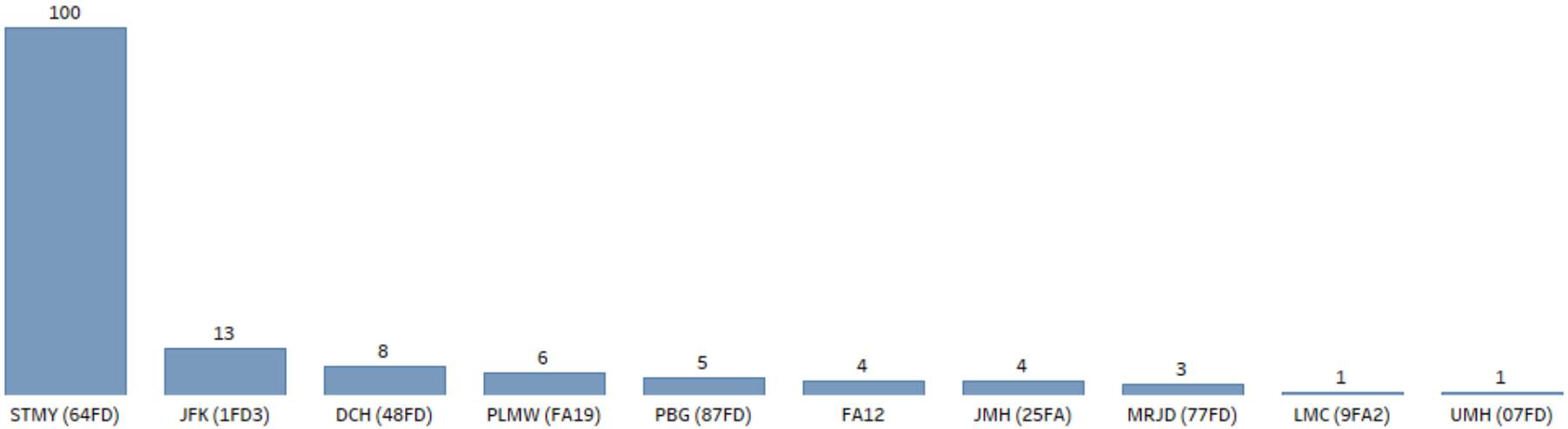
20 Mile Bend
All

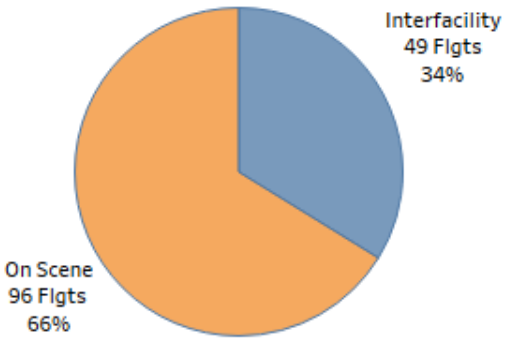
Patient Type



- CARDIAC
- NEONATAL
- NEUROLOGY
- OTHER
- PEDIATRIC NON TRAUMA
- TRAUMA
- BURN
- OBSTETRIC
- TRANSPLANT

Destination





Aeromedical Program
Health Care District Palm Beach County

Services - All

Total Flights: 72

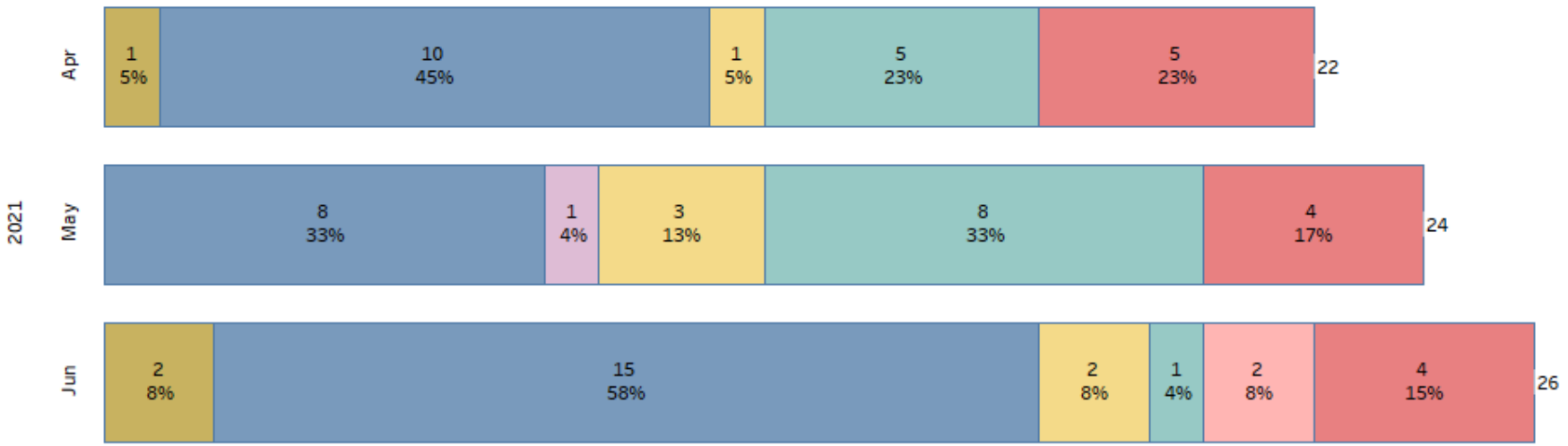
Start Date
4/1/2021

End Date
6/30/2021

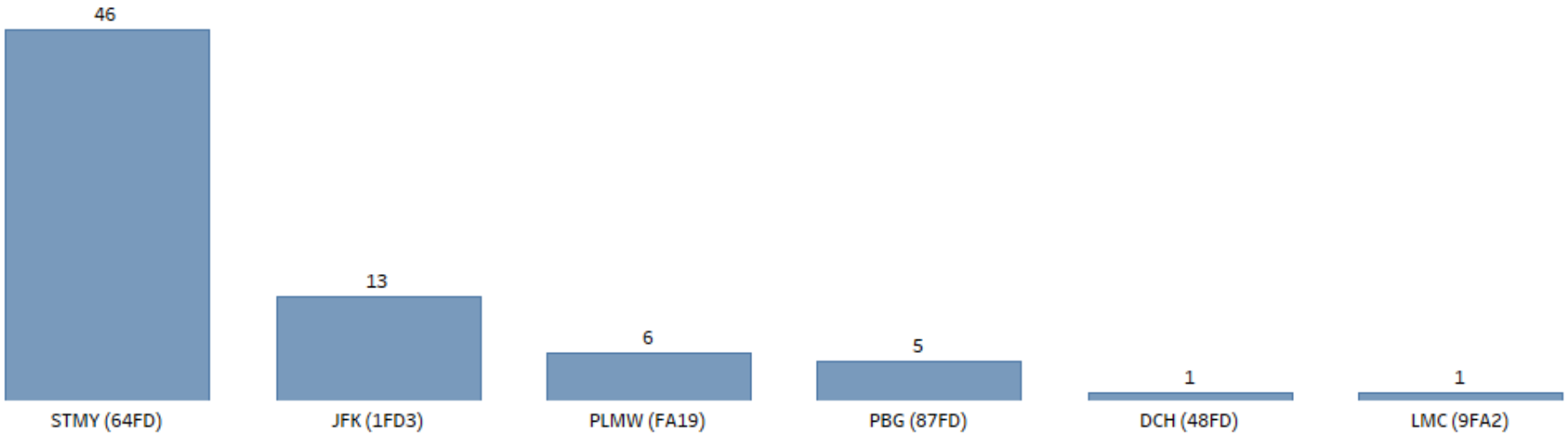
Patient Type
All

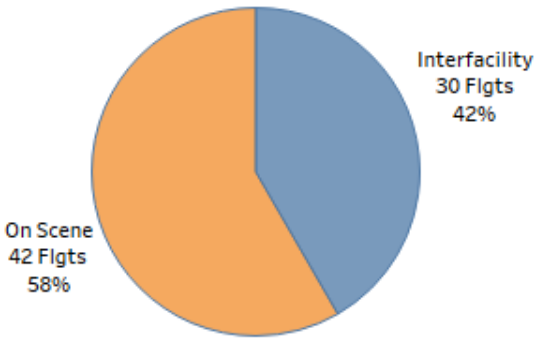
20 Mile Bend
West

Patient Type



Destination





Health Care District
PALM BEACH COUNTY

AEROMEDICAL UTILIZATION

September 2020 - August 2021
Rolling Year Comparison

PATIENT TRANSPORTS BY TRAUMA HAWK: 486

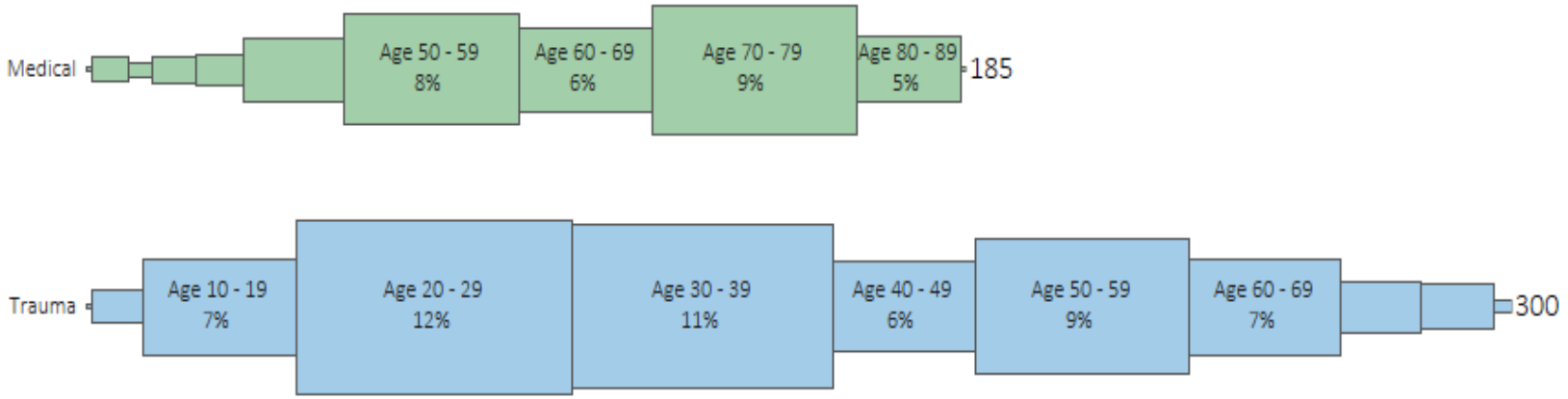
August 2021: 47

Rolling Year Variance: ***-43***

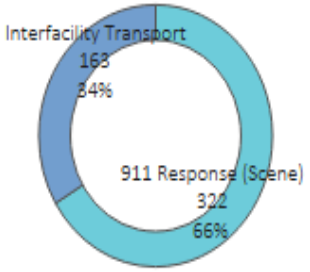
**Aeromedical Assist Flights are omitted from total flight numbers*

Head Injury	Burn	Stroke	Cardiac	STEMI
145	16	36	44	20
29%	3%	7%	8%	3%

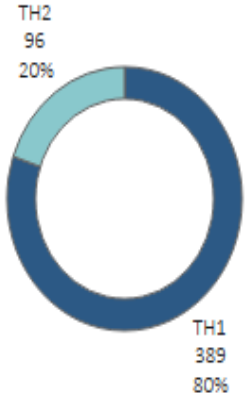
AGE RANGE



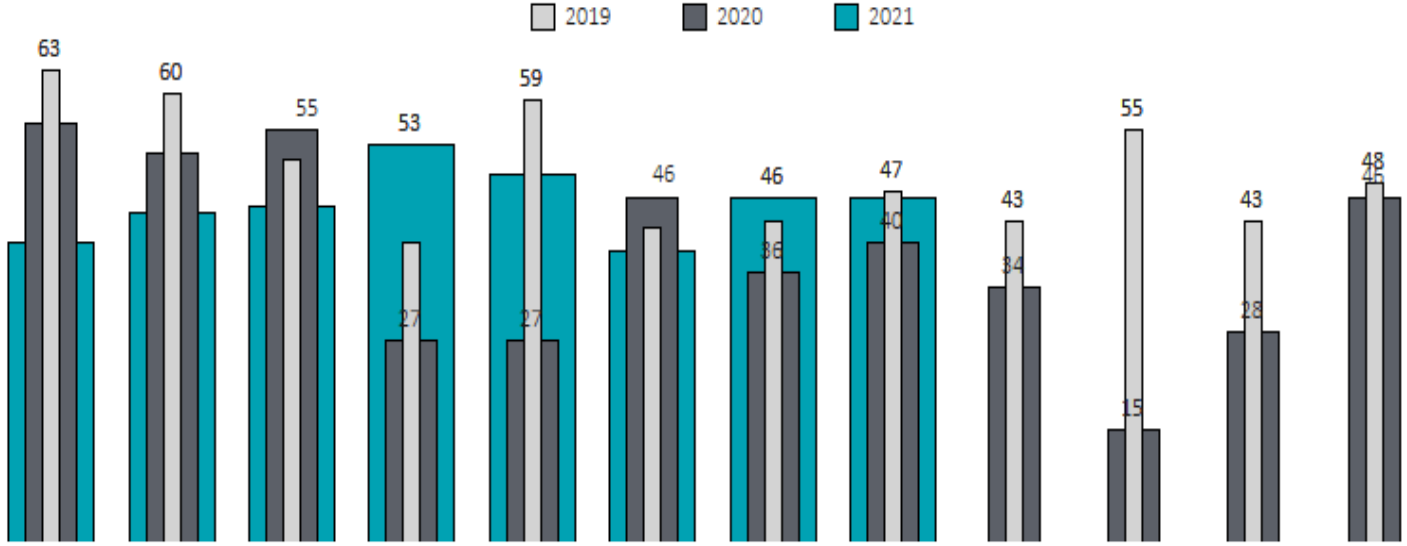
SCENE / IFT RESPONSE



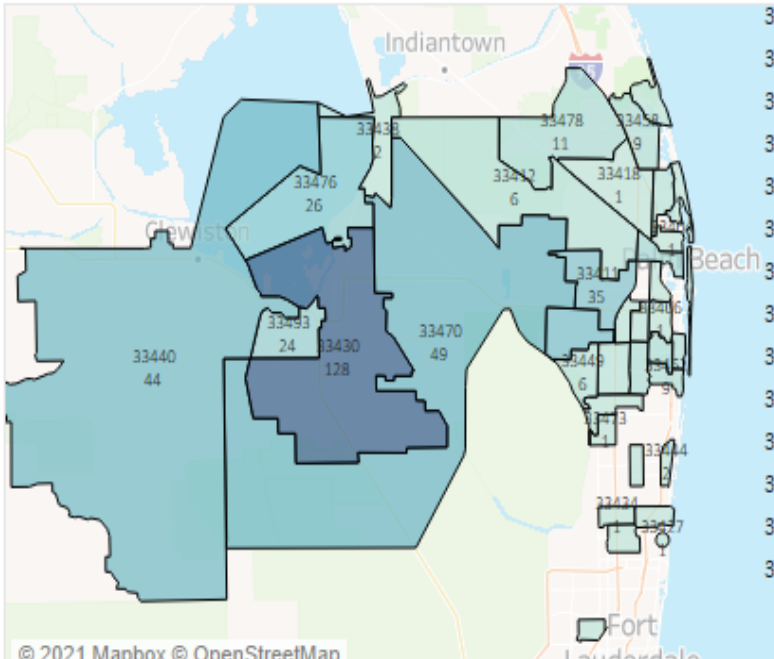
AIRCRAFT RESPONSE



TOTAL FLIGHTS BY MONTH



ZIPCODE DISPATCH



33430	127
33470	47
33440	45
33414	44
33411	33
33476	27
33493	22
33407	16
33478	12
33463	10
33462	10
33461	10
33460	6
33458	6

Health Care District
PALM BEACH COUNTY

GAMUT ADVANCED AIRWAY BENCHMARK ANALYSIS

(Ground & Air Medical Quality Transport)

September 2020 - August 2021

AMPA | American Academy of Pediatrics — DEDICATED TO THE HEALTH OF ALL CHILDREN®

Laerdal Foundation | MedEvac Foundation International

Akron Children's Hospital | Cincinnati Children's Hospital Medical Center

TOTAL PATIENTS TRANSPORTED BY TRAUMA HAWK: 486

**Aeromedical Assist Flights are omitted from total flight numbers*

GAMUT — Ground & Air Medical Quality in Transport

MEAN MOBILIZATION TIME *(All Patient Transports)*: **7:30**

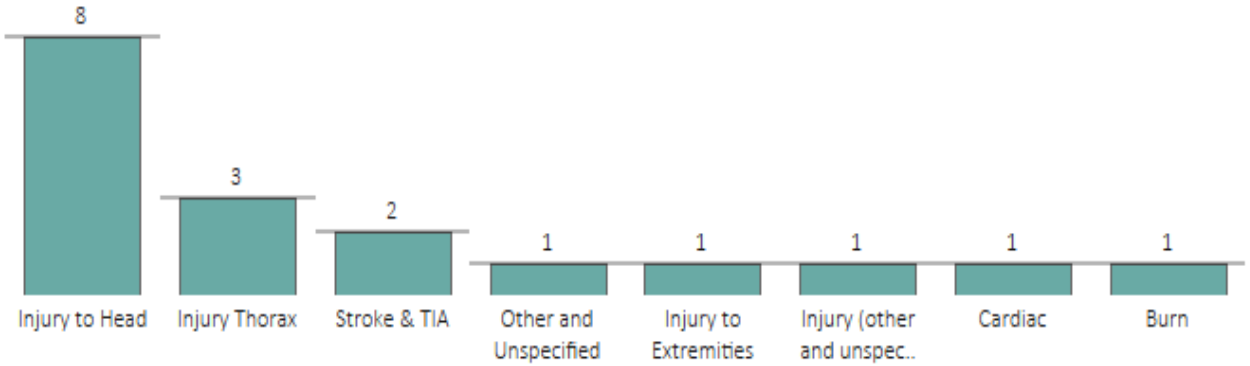
MEAN ON-SCENE TIME *(STEMI Cases Only)*: **14:24**

** Time format = mm:ss*

ADVANCED AIRWAYS **PLACED** BY TH CREW: **20**

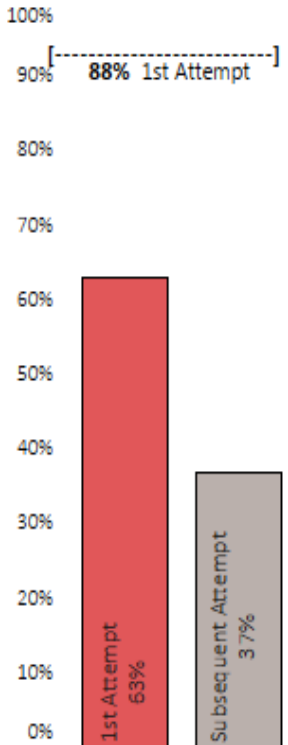
ADVANCED AIRWAYS **MANAGED** BY TH CREW: **49**

INJURIES & MEDICAL EMERGENCIES REQUIRING ADVANCED AIRWAYS

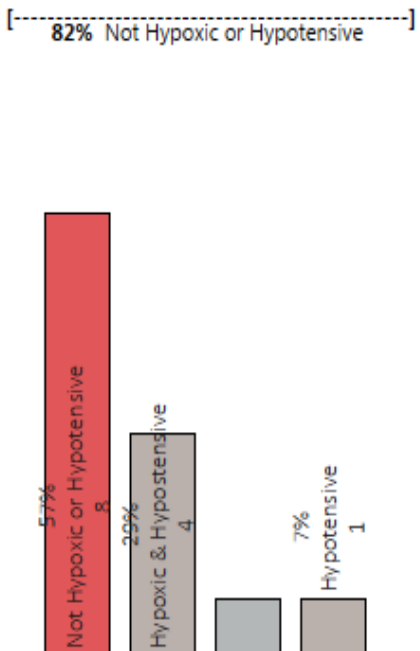


*Black dotted line represents GAMUT National Average [-------]

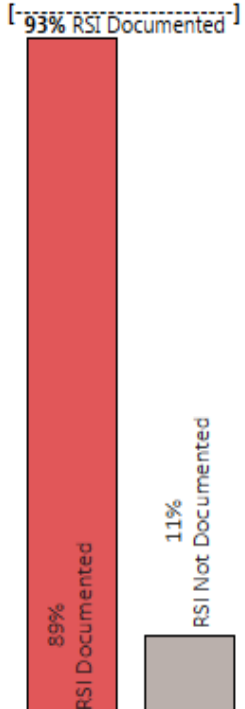
1ST ATTEMPT INTUBATION



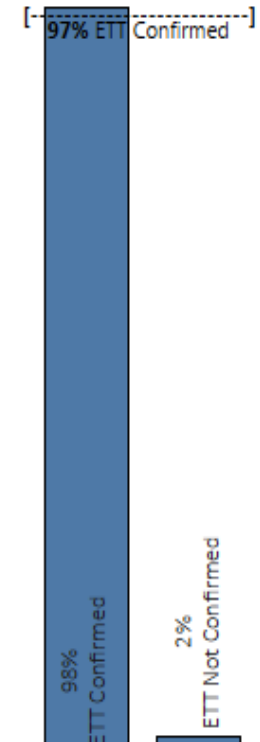
W/OUT HYPOXIA OR HYPOTENSION (1ST ATTEMPT)



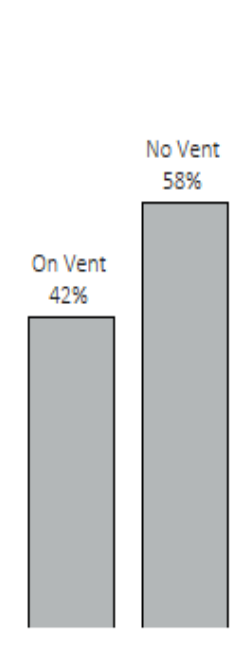
RSI Protocol Documentation (ETT Placed)



Airway Device Confirmed (Placed & Managed)



VENTILATOR STATUS



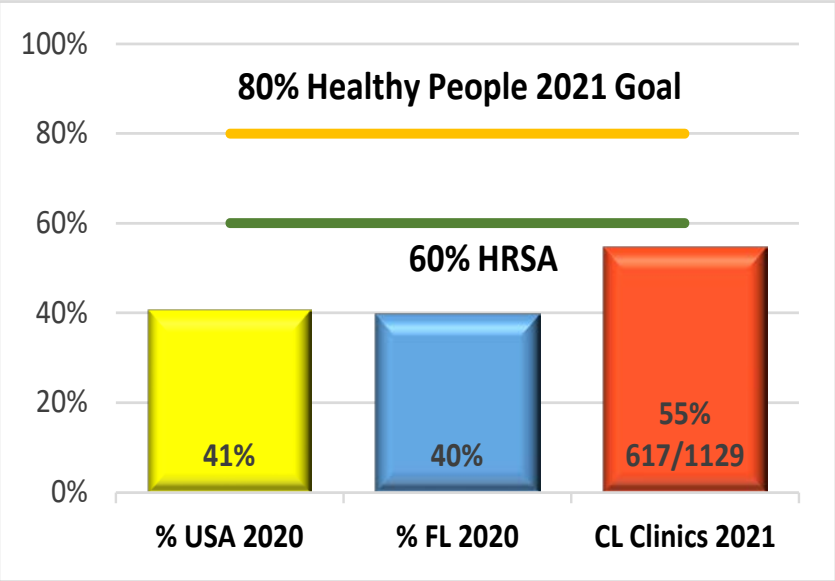
**A low ventilator status benchmark does not necessarily reflect the quality of patient care delivered.*

Primary Care Clinics
Health Care District Palm Beach County

C. L. BRUMBACK PRIMARY CARE CLINICS

YTD June 2021

CHILDHOOD IMMUNIZATION

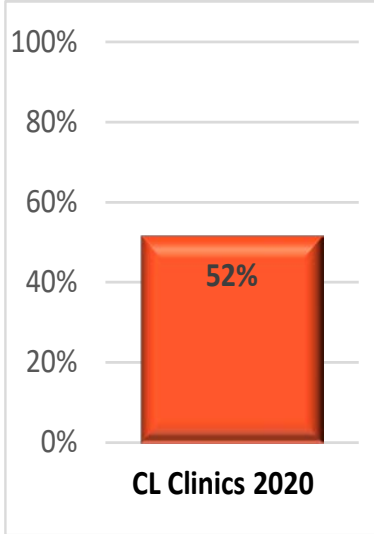


Findings:

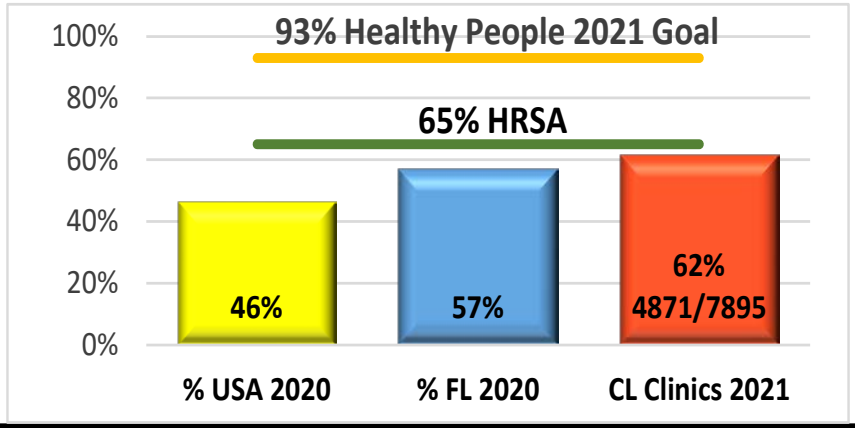
1. Numbers of unique patients served in pediatric clinics is increasing.

Interventions:

1. Bi-directional interface with Epic.



CERVICAL CANCER SCREENING



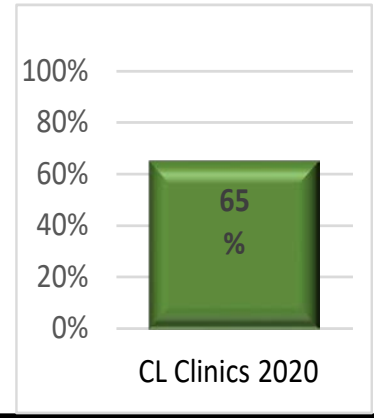
Findings:

1. Compared to April the score increased by 2%.

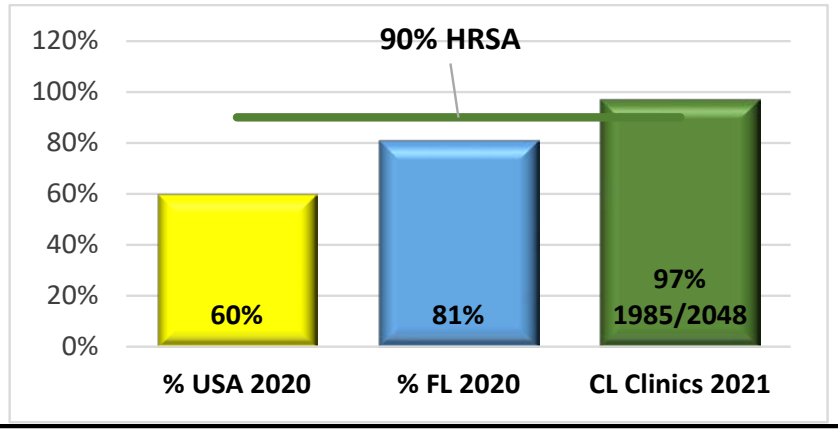
2. The QMR report is not capturing PAP smears done with HPV co-testing.

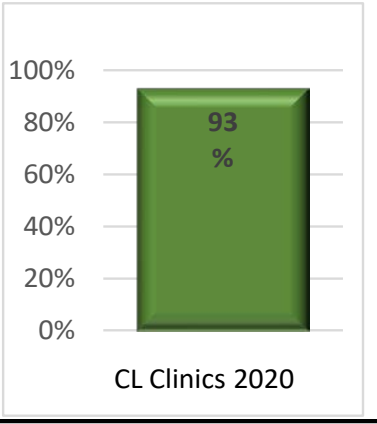
Interventions:

1. For patients with an appointment starting July 1st the PAP smear results are being uploaded to EPIC during the abstraction encounter before the appointment. When Athena archive is transferred to EPIC the screening can be satisfied manually.

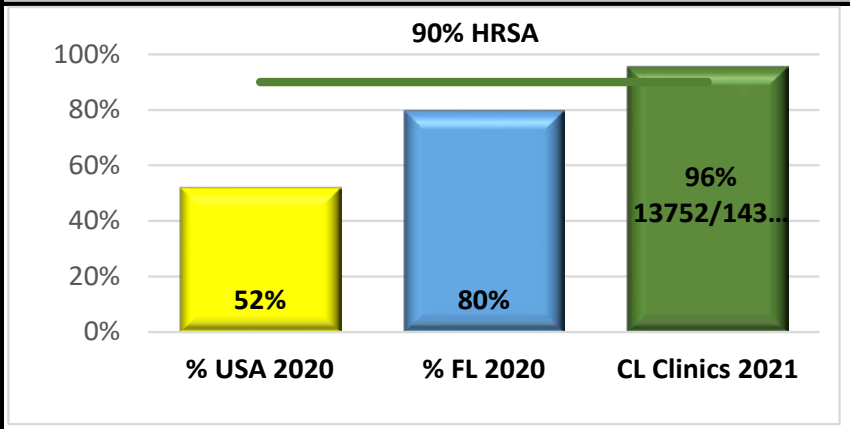


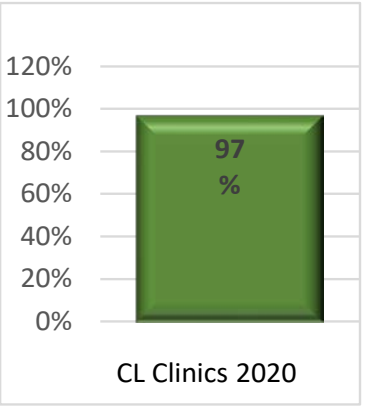
WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



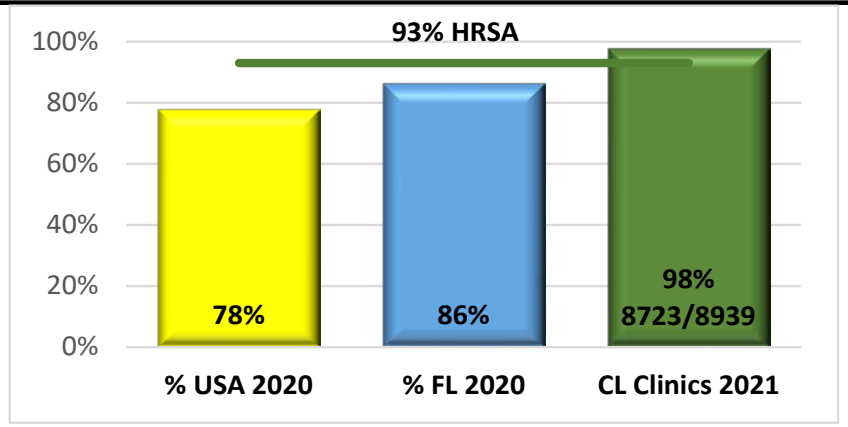


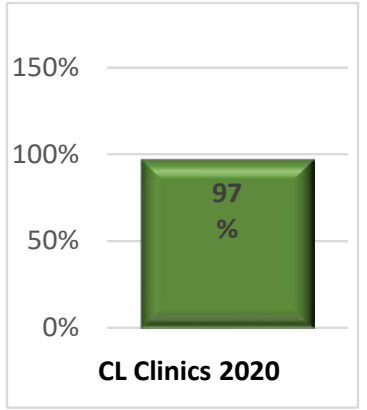
ADULT WEIGHT SCREENING AND FOLLOW UP



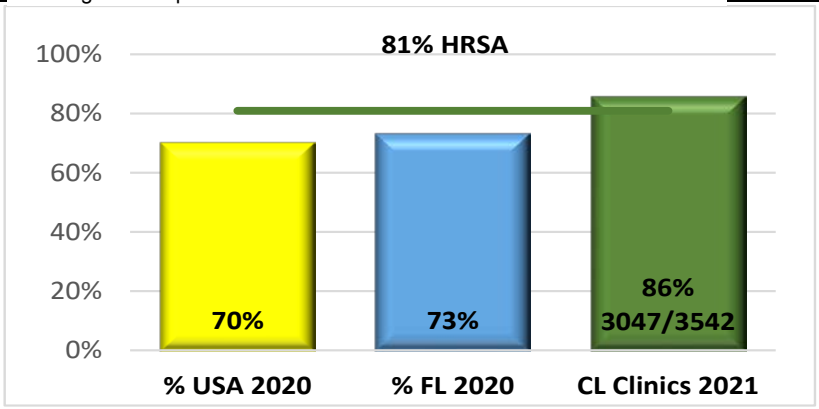


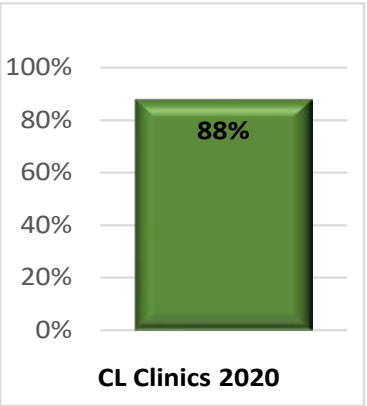
TOBACCO USE SCREENING AND CESATION INTERVENTION



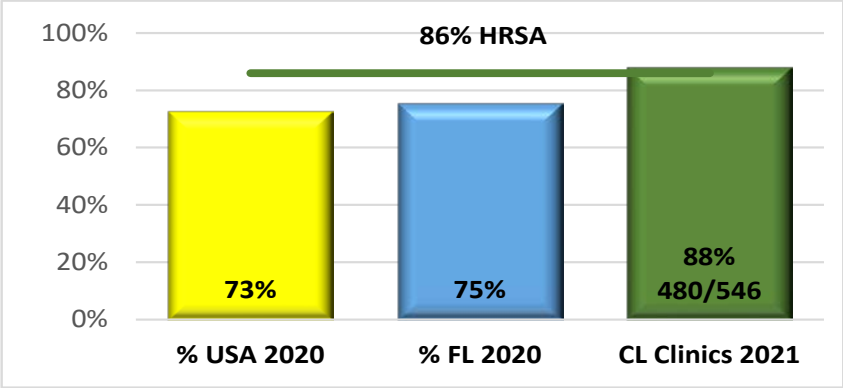


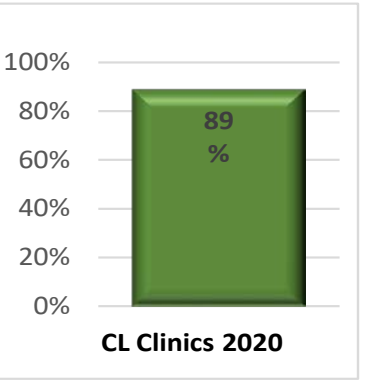
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



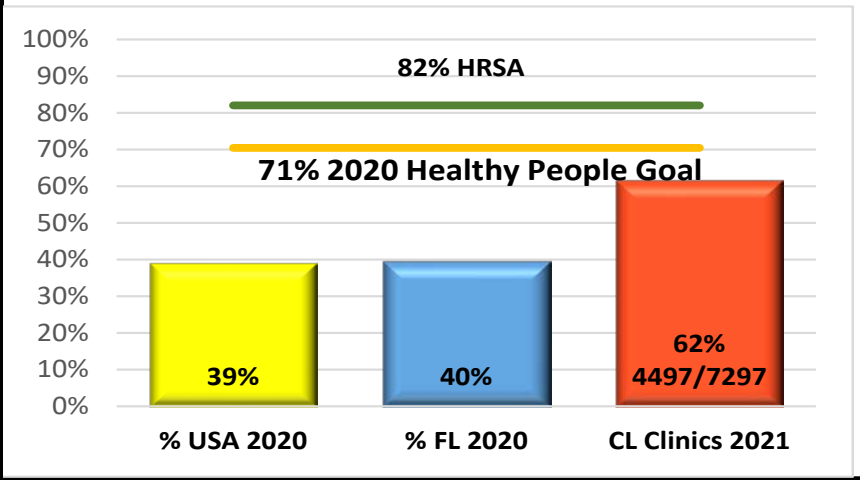


ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy





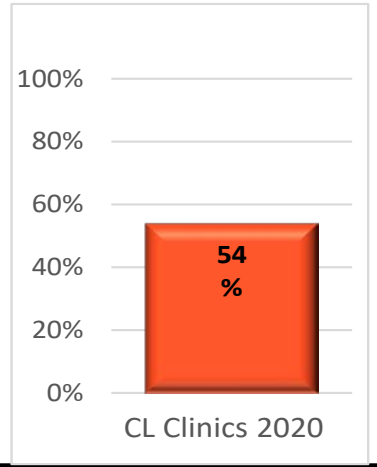
COLORECTAL CANCER SCREENING



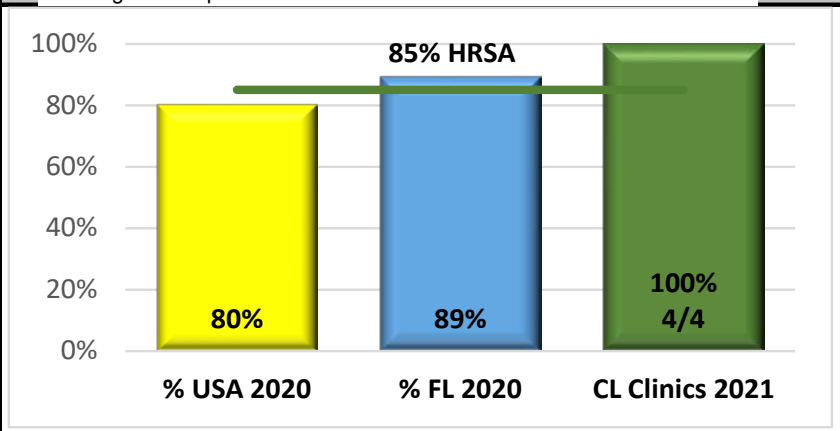
Findings:
As the fit test is ordered annually, we went back to July last year and up to June this year. The numbers in the report from June show a 1% decrease comparered to May, 2021. The percentage of patients with satisfaction of the metric increased from 43% to 62% compaere to the month of April, 2021.

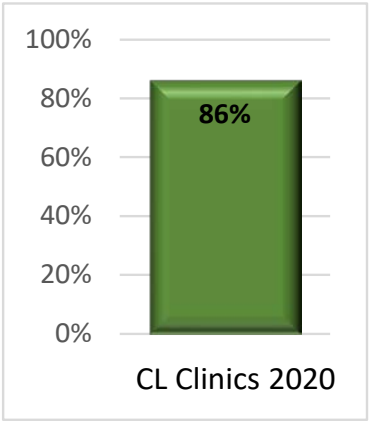
Interventions:
1. The nursing lidership will re-implement POD.

2. During chart abstraction patients with colonoscopy, sigmoidoscopy and colonography were uploaded to EPIC for appointments of uniqure patients until the end of the month of september.

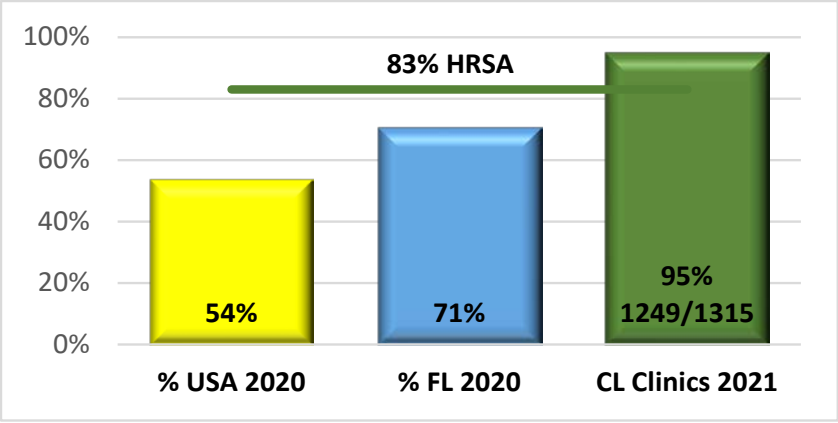


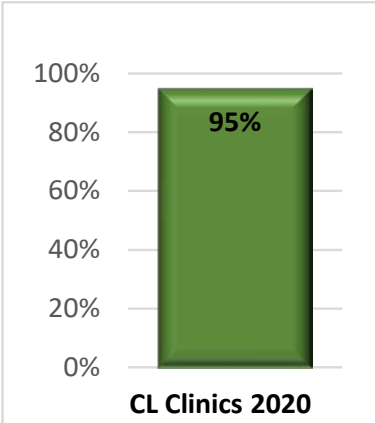
HIV LINKAGE TO CARE



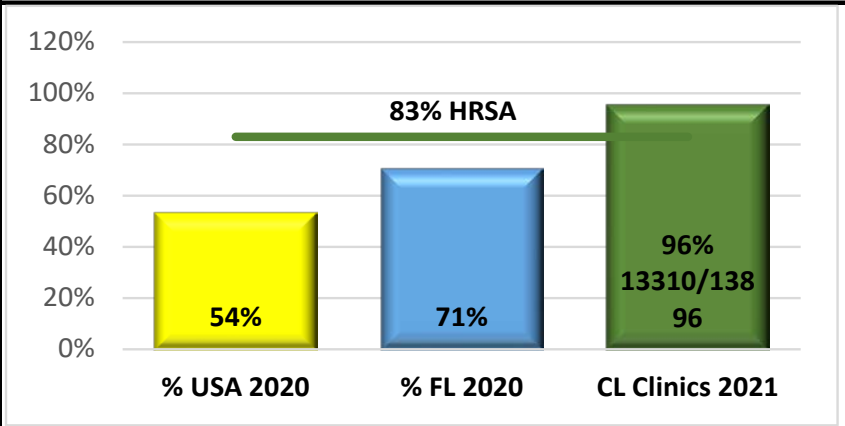


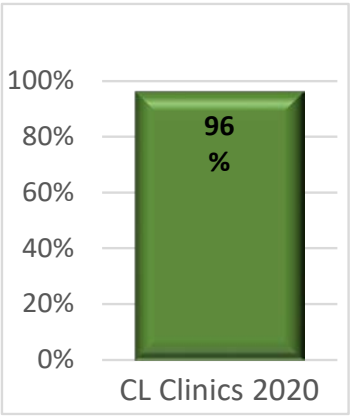
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS



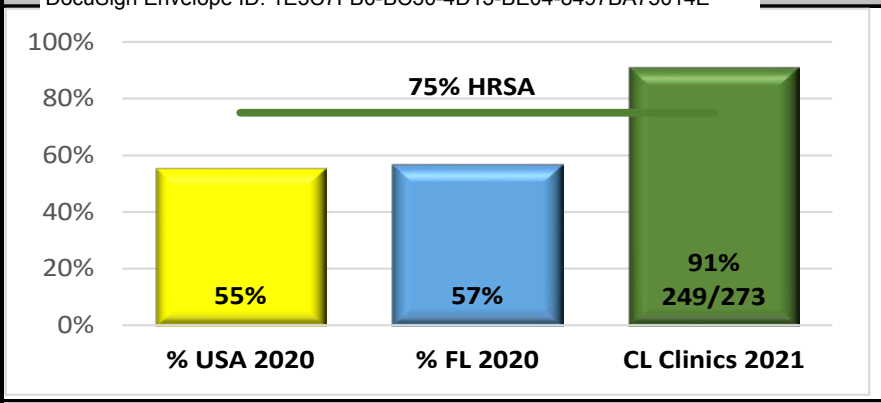


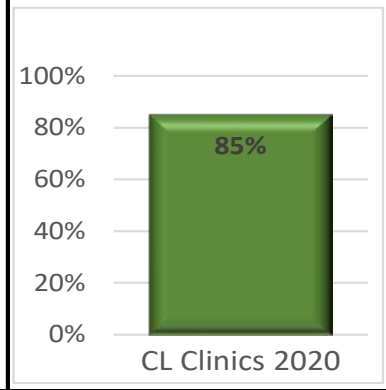
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



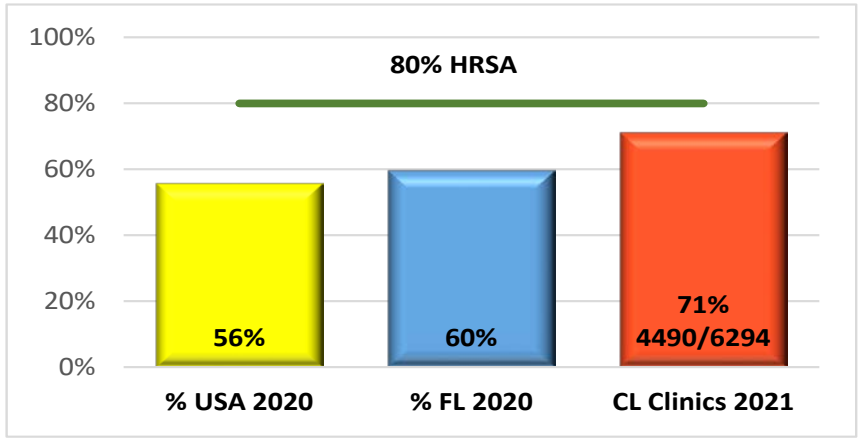


DENTAL SEALANTS





HYPERTENSION

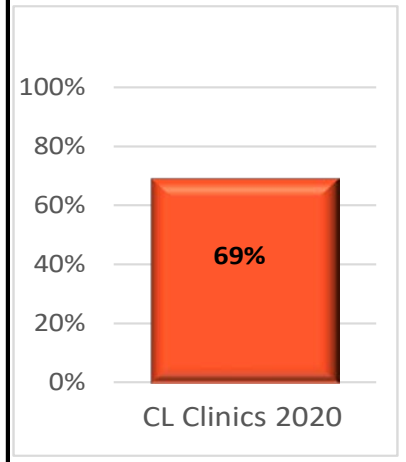


Findings:
The metric that improved by 3% during the month of May had remain stable with no change.

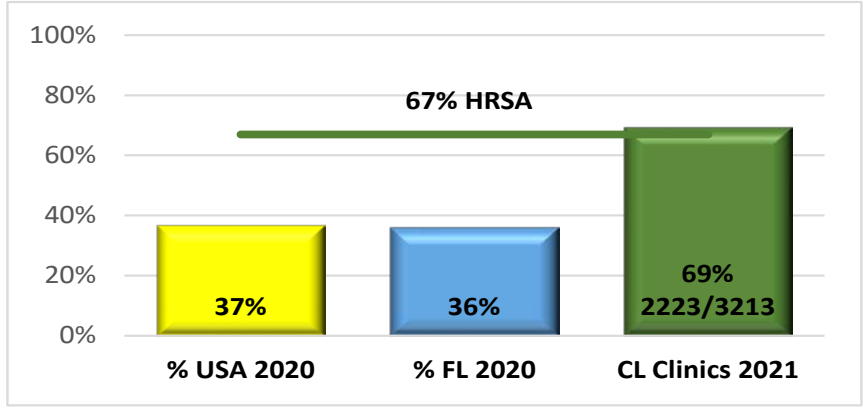
Interventions:
1. The BP cuff grant from the AHA has been implemented.

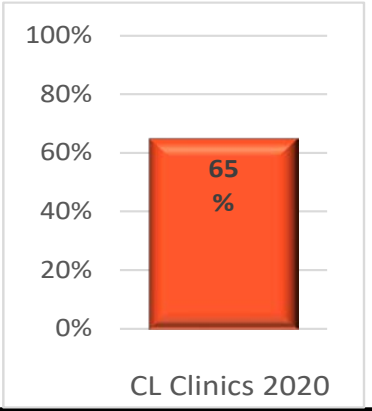
2. The hypertension guidelines for C L Brumback are still under revision and updating. Future training for medical providers will be planned.

3. The initiative to give the call center the monthly list of patients that are uncontrolled, needs data and do not have an appointment to schedule appointments was started during this month.

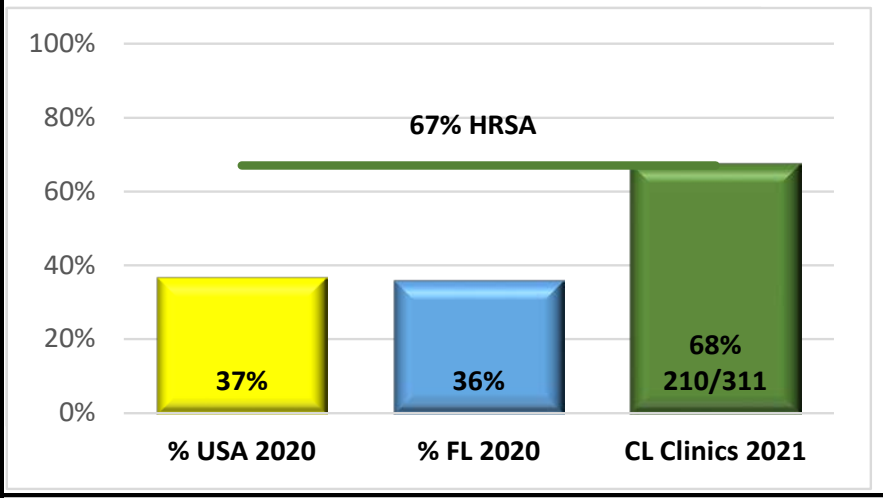


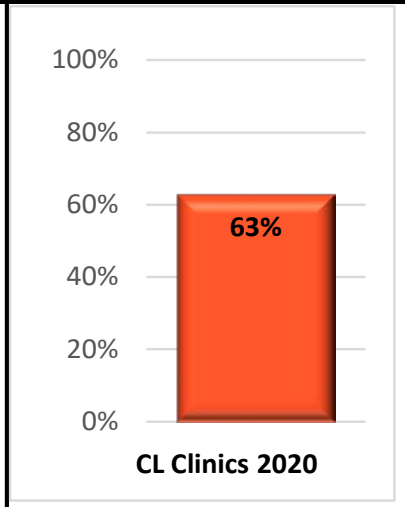
DIABETES



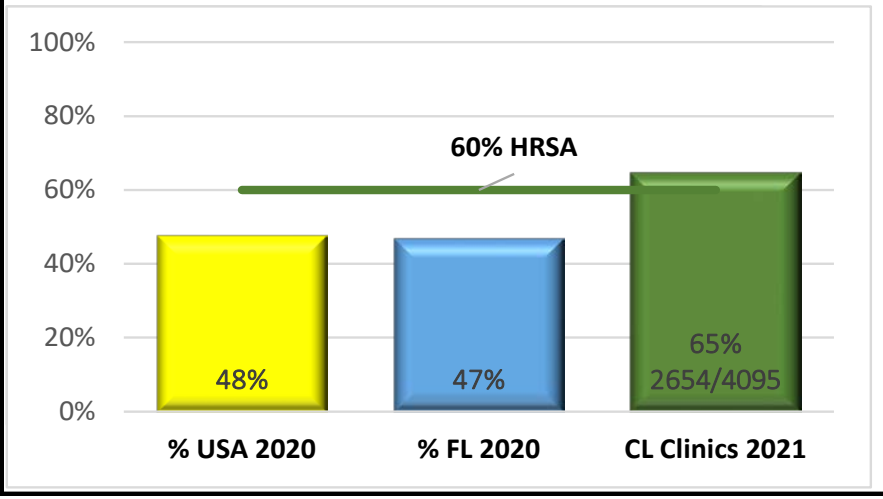


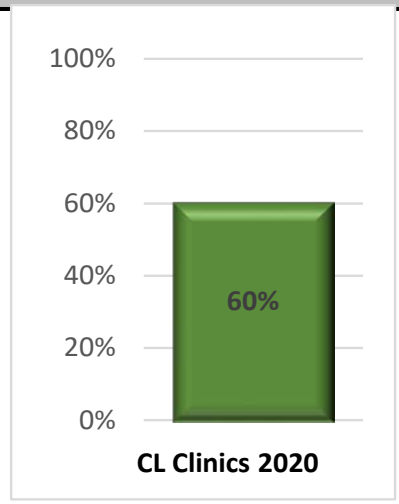
DIABETES FOR SPECIAL POPULATIONS: MIGRANT



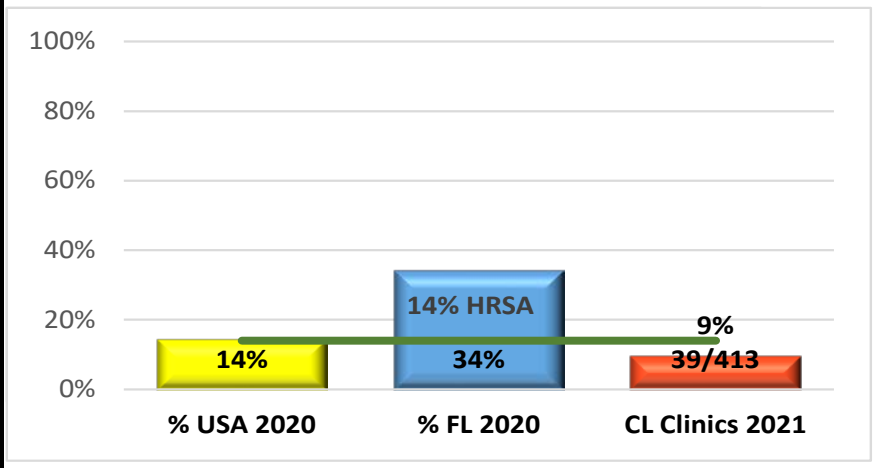


BREAST CANCER SCREENING





DEPRESSION REMISSION



Findings:

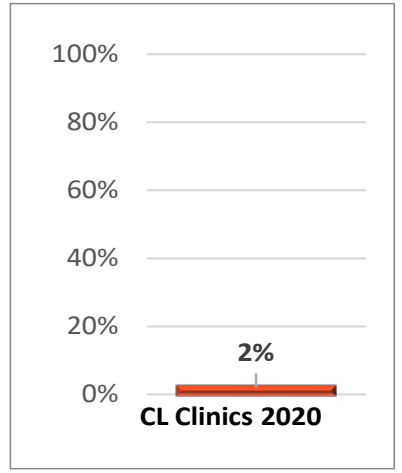
1. The Athena is a canned report is inaccurate.

2. The follow up PHQ9 has to be done 12 months later the initial index date. If it is done before 12 months the measure is not satisfied even though patients may have improved.

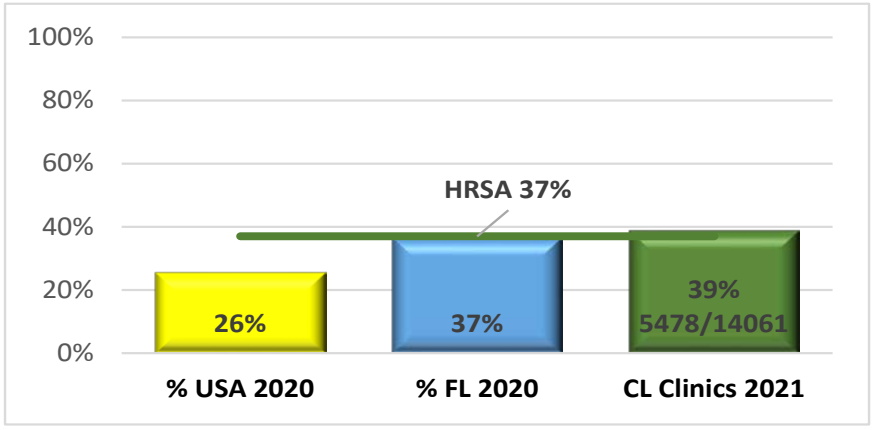
Interventions:

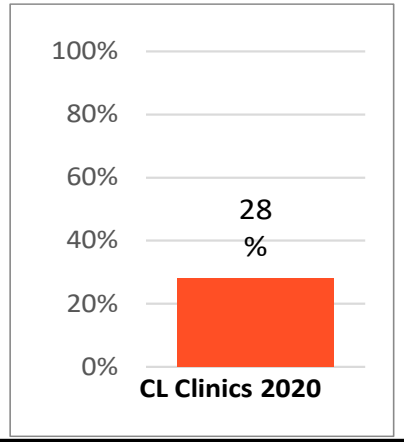
1. A new list with the PHQ9 with a score 10 or greater will be produced for the past 12 months to set appointments 12 months later the initial positive score and do a new PHQ9.

2. EPIC new EHR will provide better reporting capabilities for follow up of these patients.



HIV SCREENING





Clinic Service Center Stats

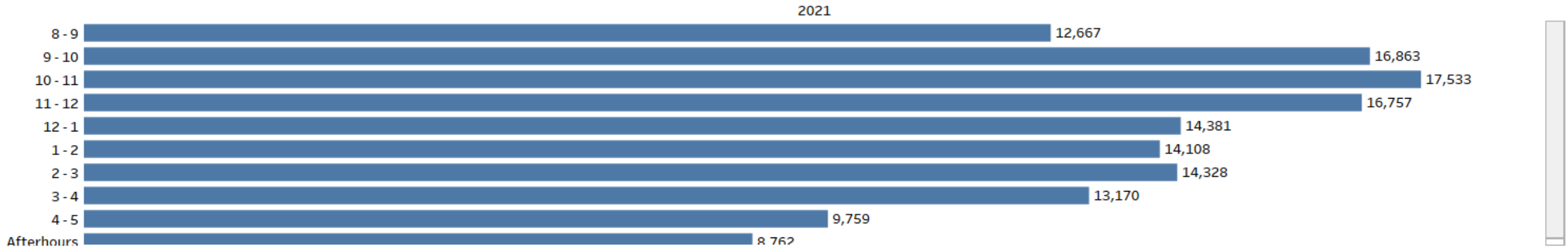
Start Date 4/1/2021

End Date 6/30/2021

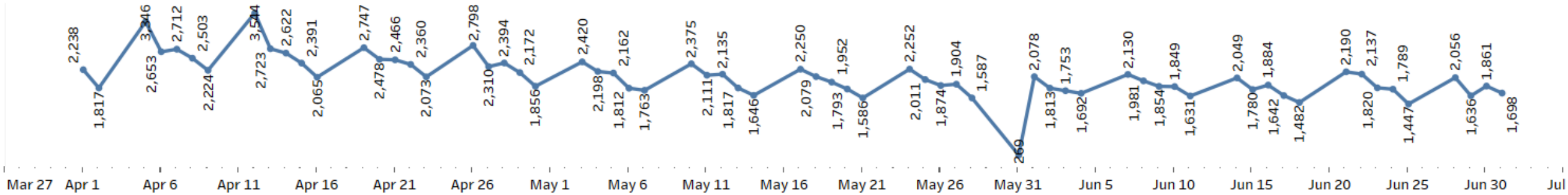
Number of Calls	138,328
Unique Phone Numbers	44,248

Anonymous numbers counted individually

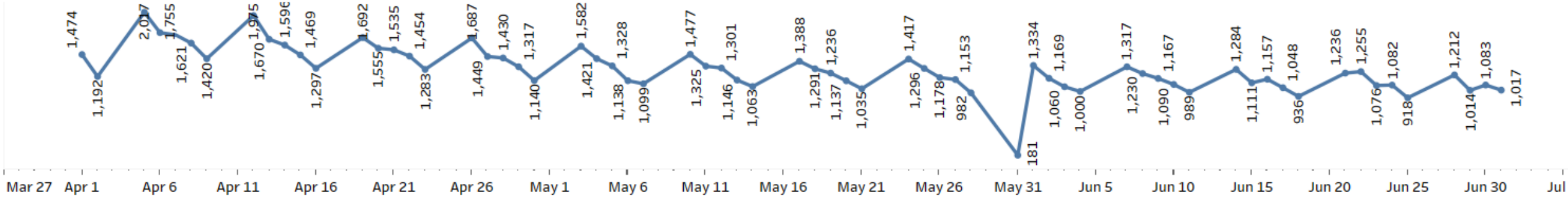
Calls per time of day



Calls Received

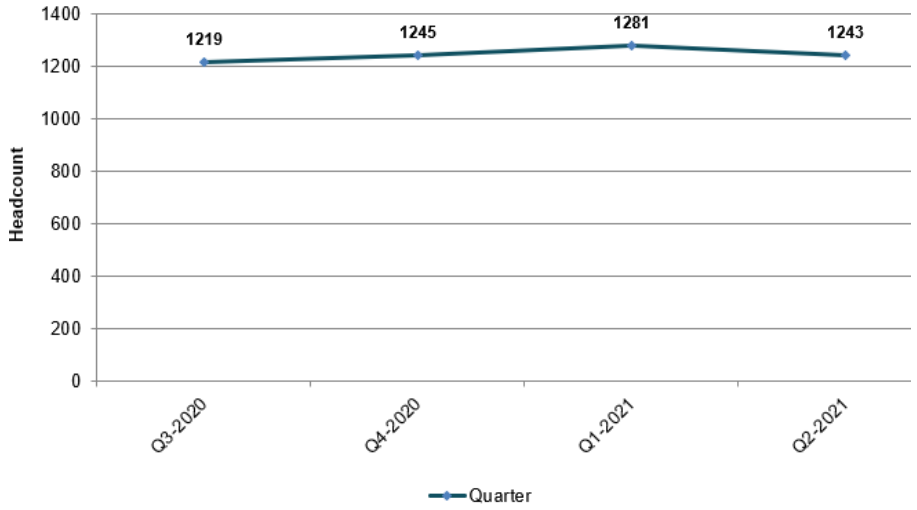


Unique Numbers

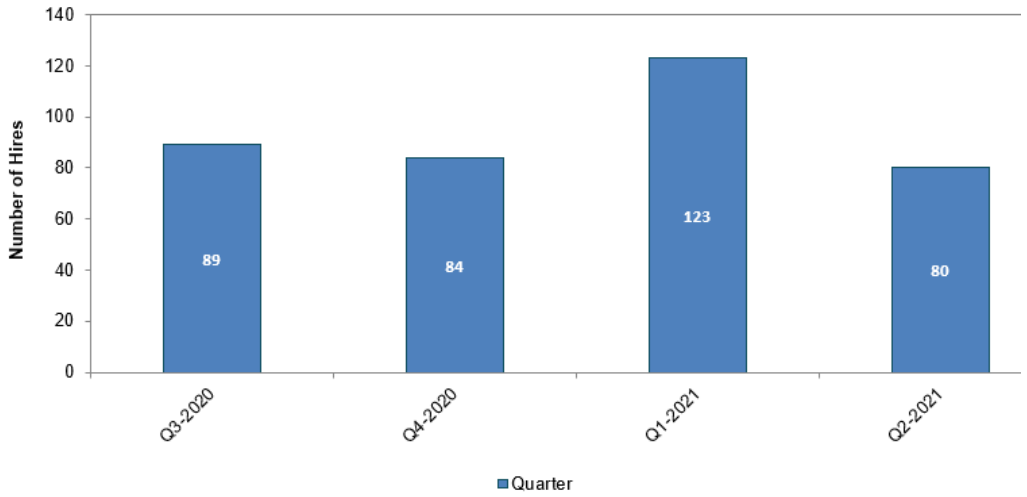


Human Resources Dashboard- *Attrition Q3 2020 – Q2 2021*

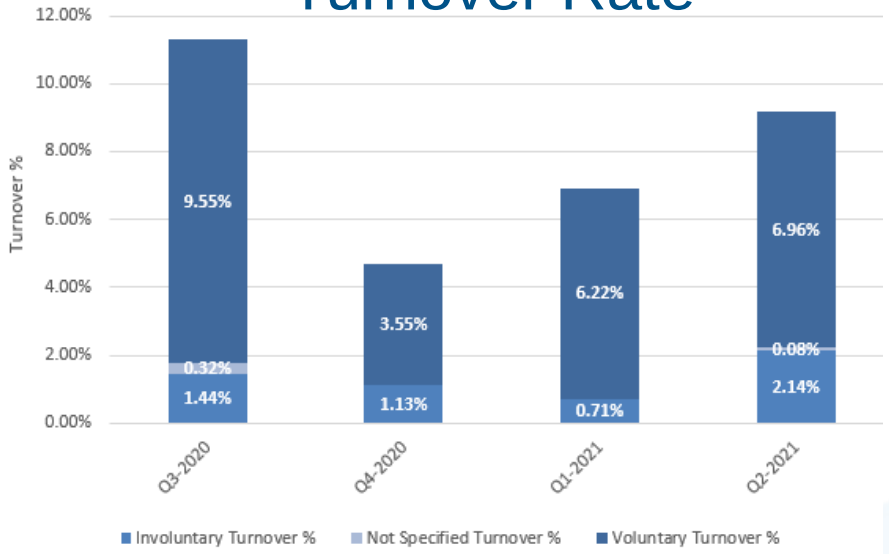
Headcount



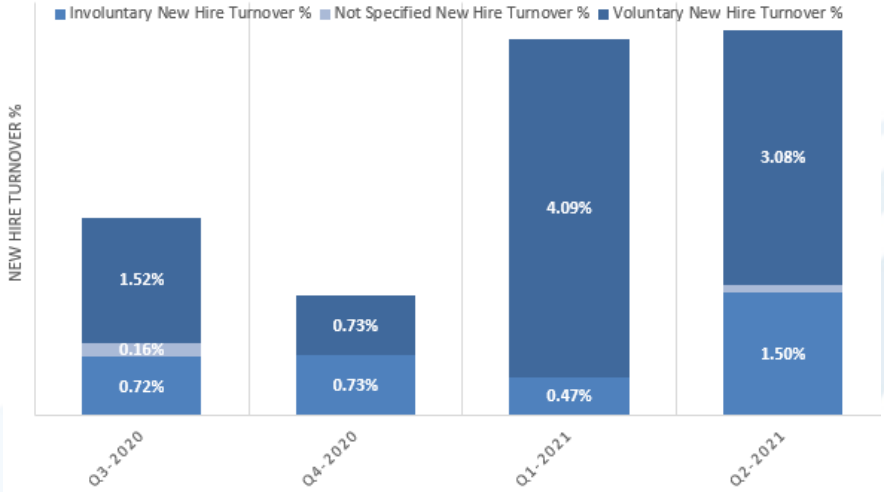
New Hires



Turnover Rate



New Hire Turnover Rate



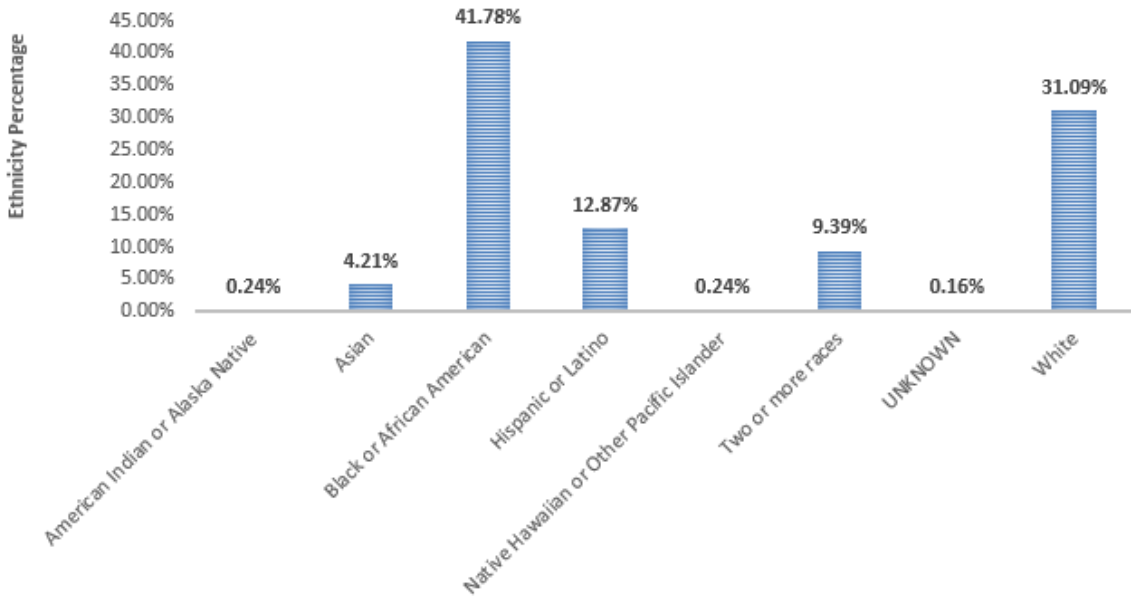
Health Care District PALM BEACH COUNTY

Human Resources Dashboard- *Diversity*

Q3 2020 – Q2 2021

Minority Headcount

69%



Average Age

46.58

Female Percentage

80%

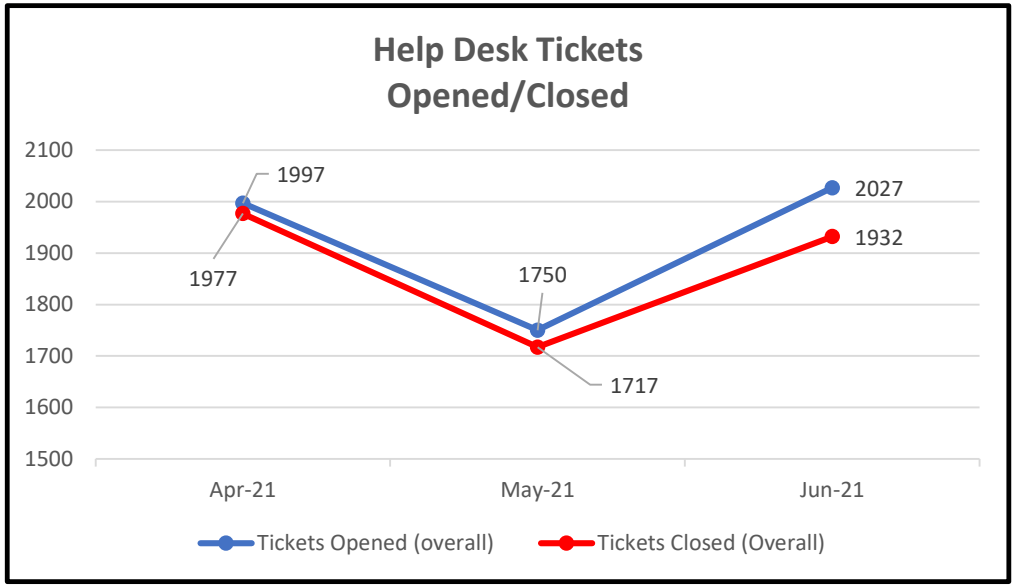
Information Technology Dashboard
Quarter 2

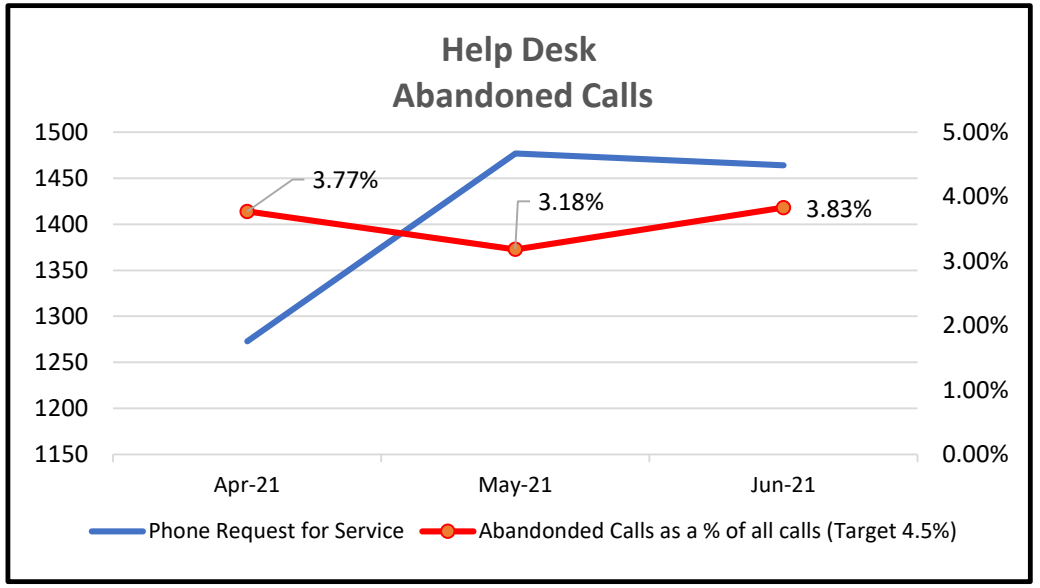
Mission Critical Application Availability

Application	Function	Apr'21	May'21	Jun'21	SLA
ADP	Human Resources	100%	100%	100%	99.9%
AthenaHealth	Clinics medical record	100%	100%	100%	99.9%
Dentrix	Dental medical record	100%	100%	100%	99.9%
Doxicimity	Telemedicine	100%	100%	100%	99.9%
eFinance Plus	Finance	100%	100%	100%	99.9%
MatrixCare	The Healey medical record	100%	100%	100%	99.9%
Medhost	LMC medical record	100%	100%	100%	99.9%
Phreesia	Vaccine Self Scheduling	100%	100%	Discontinued	99.9%

Date	Major outages
June 2021	We discontinued the use of Phreesia Self Scheduler

Information Technology Dashboard
Quarter 2





Cybersecurity Investigations

Period 04/1/2021 – 06/30/2021

Status	Cases	% of Total
Closed	263	100%
In Progress	0	0
Total	263	100%

Comparisons	Cases
Q2-2021	263
2020	390
2019	78

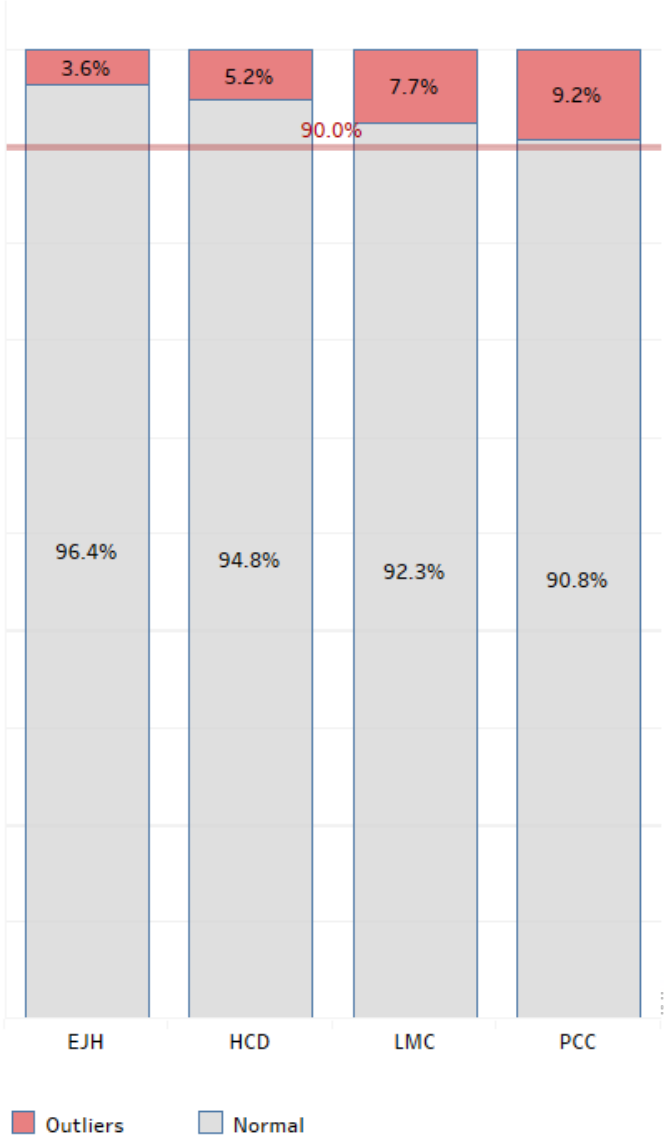
Outcome	Cases	% of Total
Investigated	263	100%
Reportable	0	0%
Total	263	100%

Health Care District
PALM BEACH COUNTY

LEGAL CONTRACTS MANAGEMENT

Period
All

Outliers

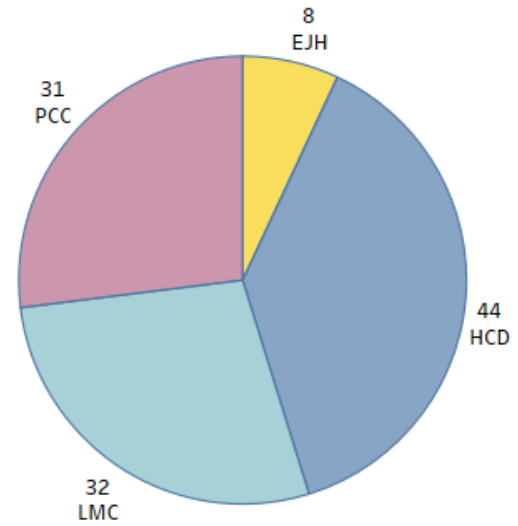


Contract Metrics by Site

Location	2021 Q1 New	Q1 Outliers	Q1 Total Clos..	Q1 Total Pen..	2021 Q2 New	Q2 Outliers	Q2 Total Clos..	Q2 Total Pen..	Grand Total
EJH	11 10%	1 1%	12 11%	58 53%	10 9%	3 3%	11 10%	4 4%	110 100%
HCD	52 18%	2 1%	47 16%	25 9%	52 18%	13 4%	75 26%	24 8%	290 100%
LMC	24 11%	6 3%	20 10%	12 6%	56 27%	10 5%	58 28%	23 11%	209 100%
PCC	28 20%	4 3%	18 13%	17 12%	21 15%	9 6%	29 21%	15 11%	141 100%

* New + Expedited = Incoming Requests for the Quarter

Average Weekly Pending by Location



Location

EJH	EJ Healey Center
HCD	Health Care District
LMC	Lakeside Medical Center
PCC	CL Brumbak Primary Care Clinics

Metric

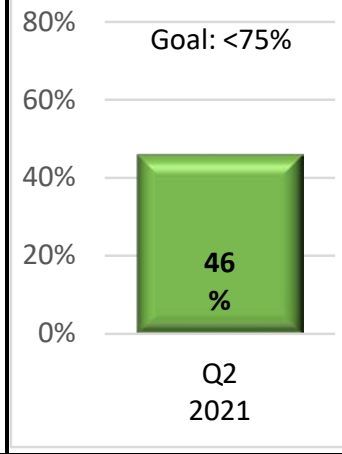
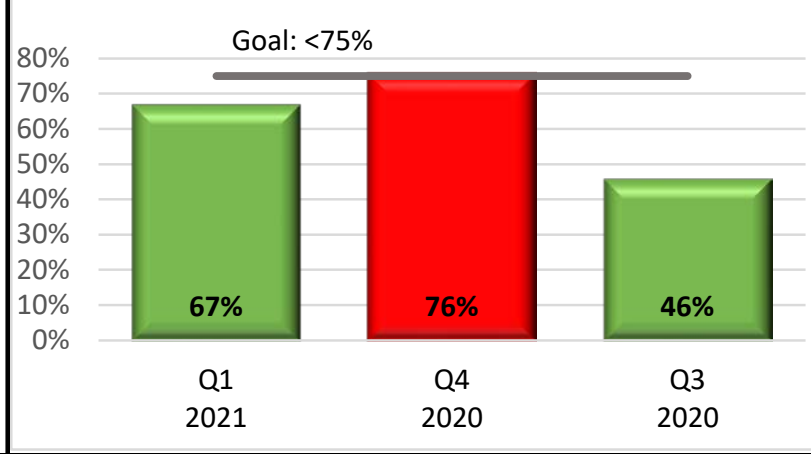
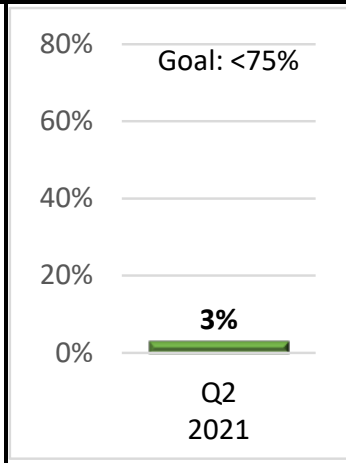
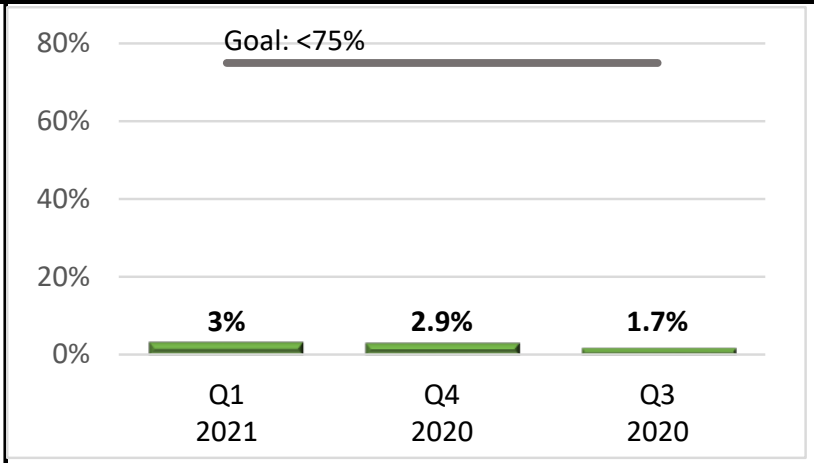
Avg Pending	Avg Pending
Expedited	Expedited
New	New
Outliers	Outliers (processed after 45 days)
Total Closed	Total Closed
Total Pending	Total Pending

Healey Center
Health Care District Palm Beach County

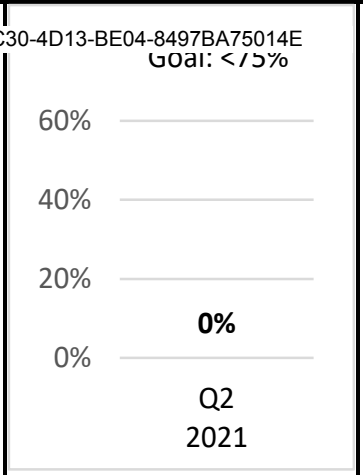
Edward J. Healey Rehabilitation and Nursing Center
Quality Report
2nd Quarter 2021
Percentages

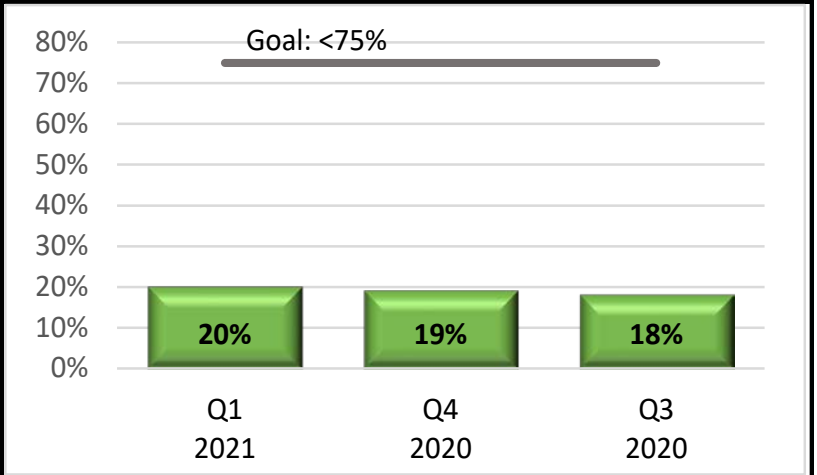
MDS 3.0 Facility Level Quality Measure Report

Note: Comparison Group National Percentile QMs that cross the threshold equal to or greater than 75 percentile is emphasized on the survey or any internal quality improvement initiative

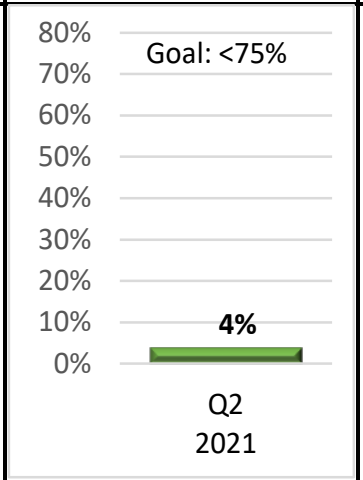
	Current Quarter	Actions Taken When Indicator Not Meeting Goal	Previous Quarters
High Risk Long Stay Residents with Pressure Ulcer			
New/Worse Pressure Ulcer(s)			

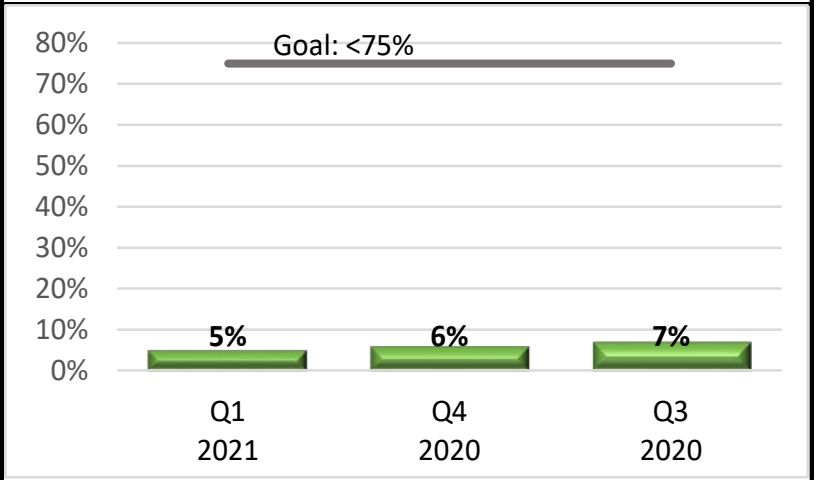
Experiencing One or More Falls with Major Injury



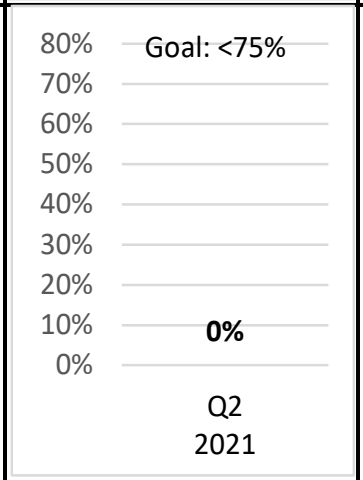


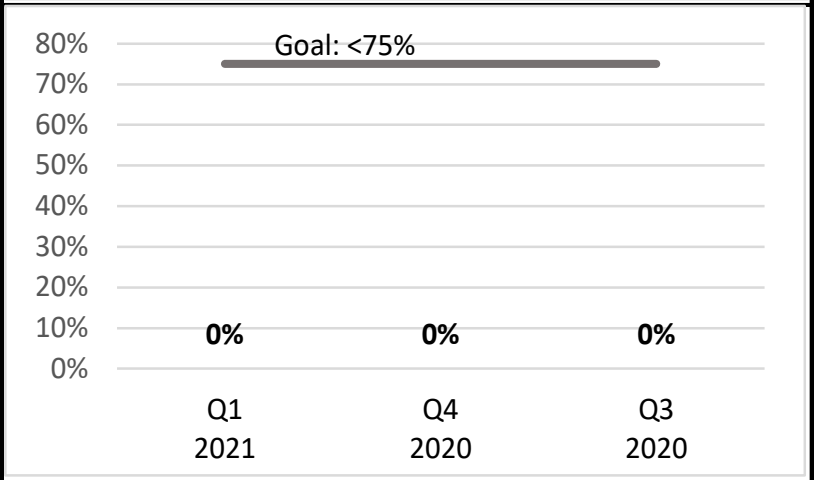
Falls (L)

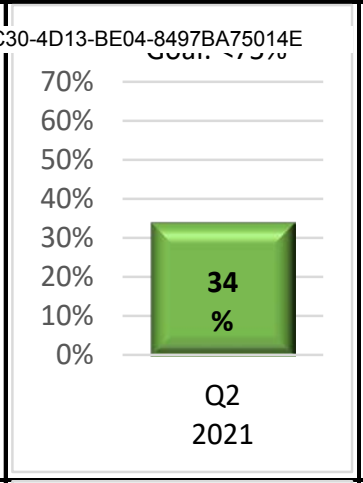
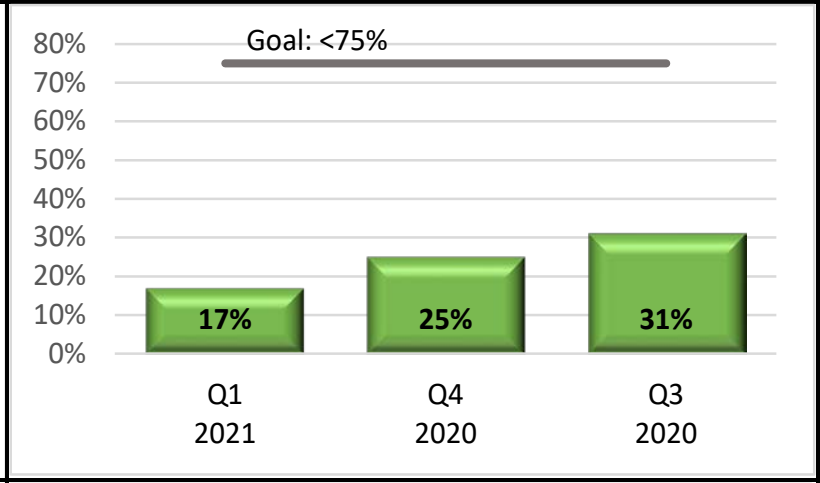
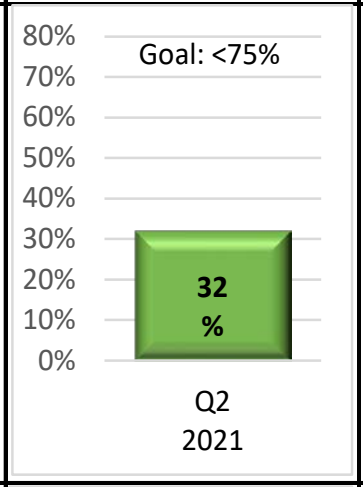
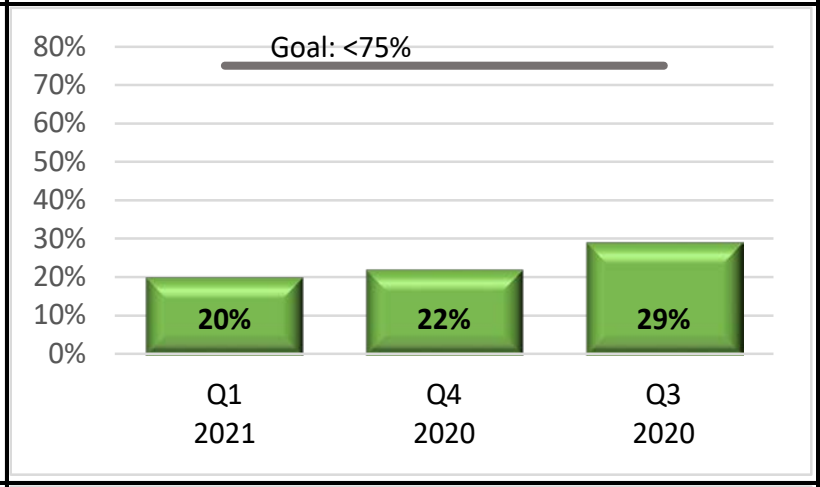
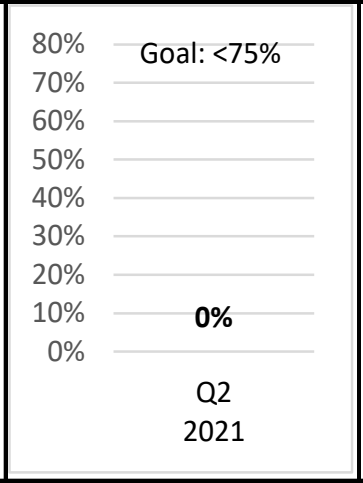
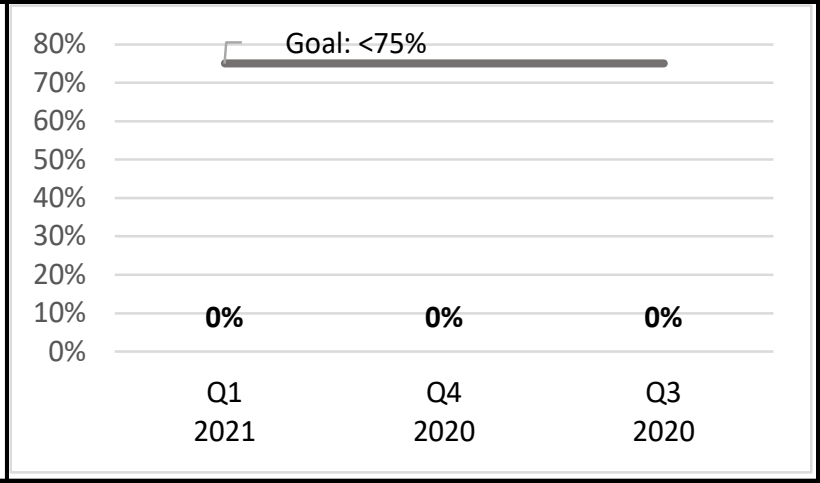




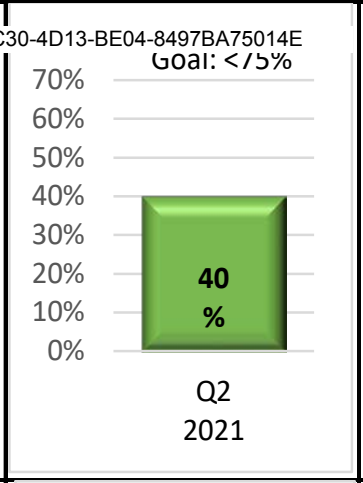
Who Have Depressive Symptoms

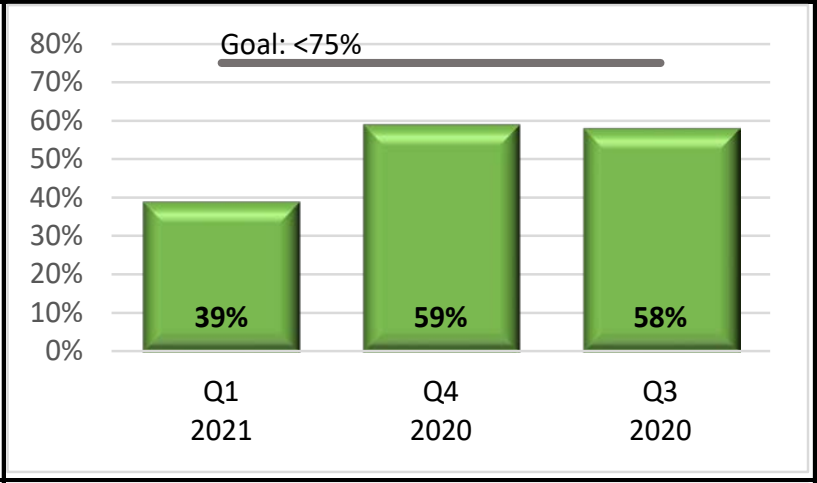




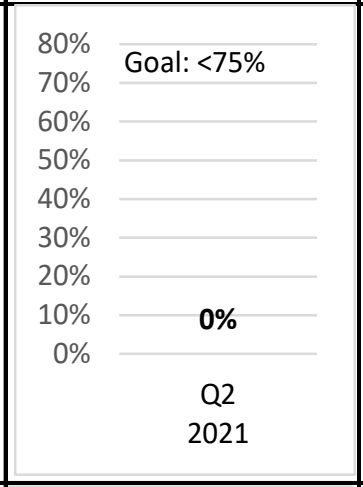
Who Lose Too Much Weight			
Who Received an Antipsychotic Medication (L)			
Who Received an Antipsychotic Medication (S)			

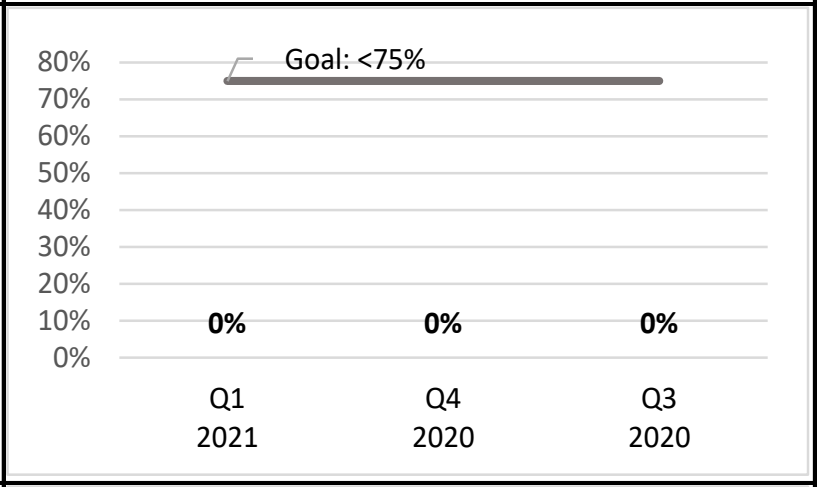
Who Received Anti-Anxiety or Hypnotic Medication



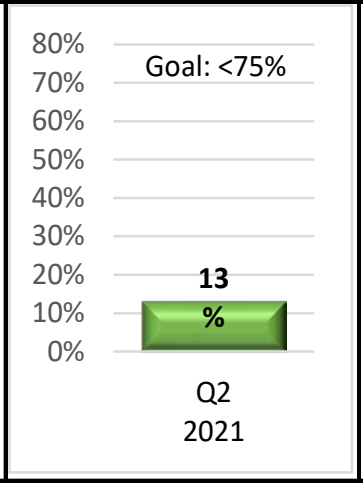


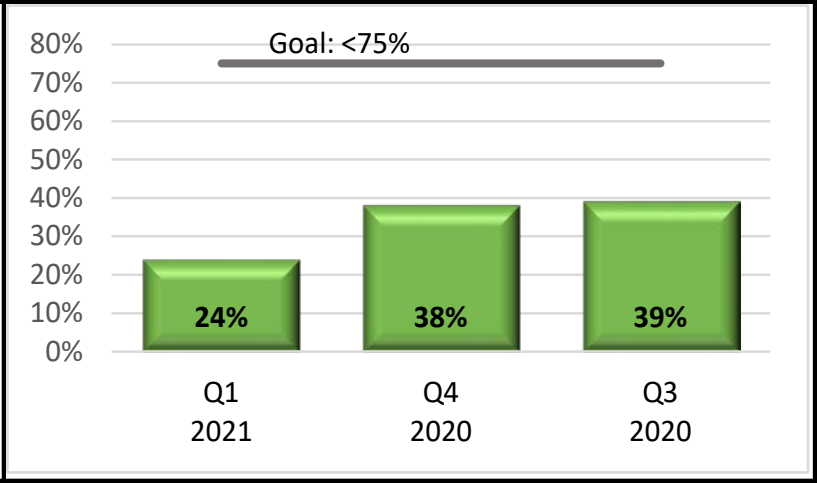
Who Were Physically Restrained

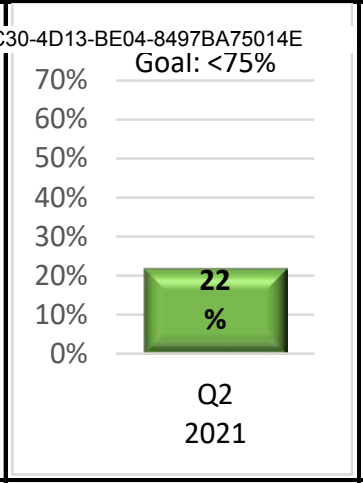
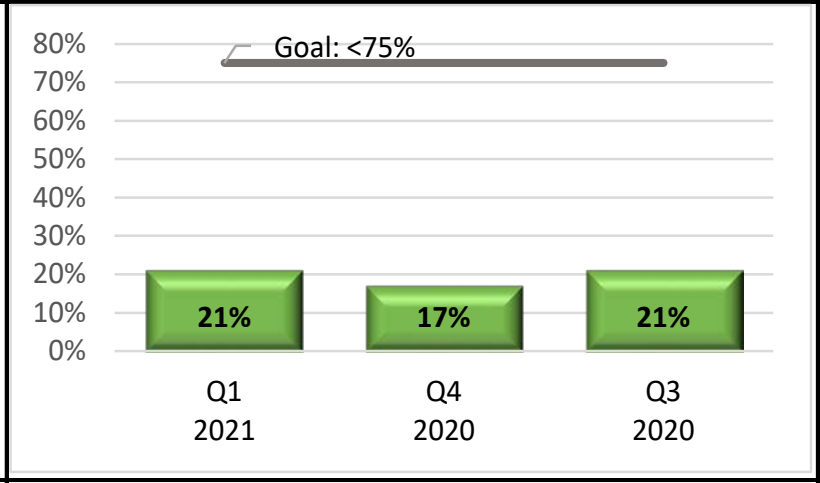
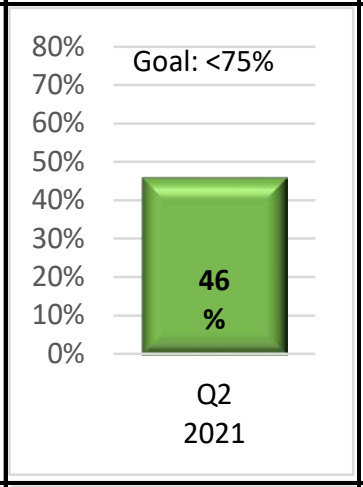
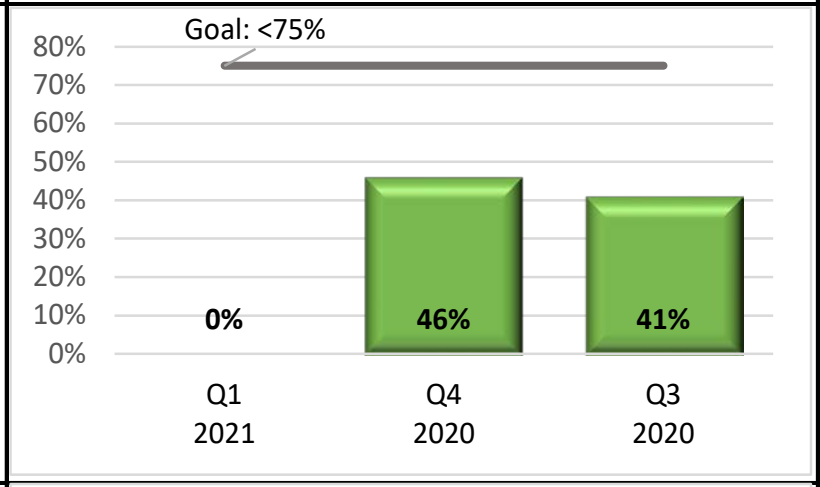
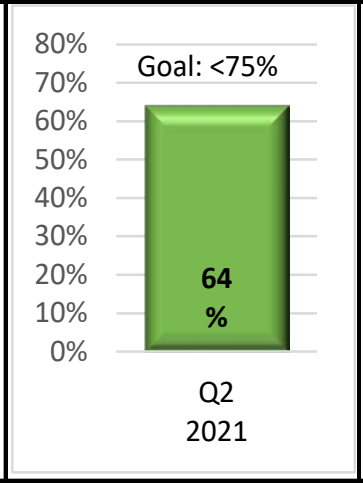
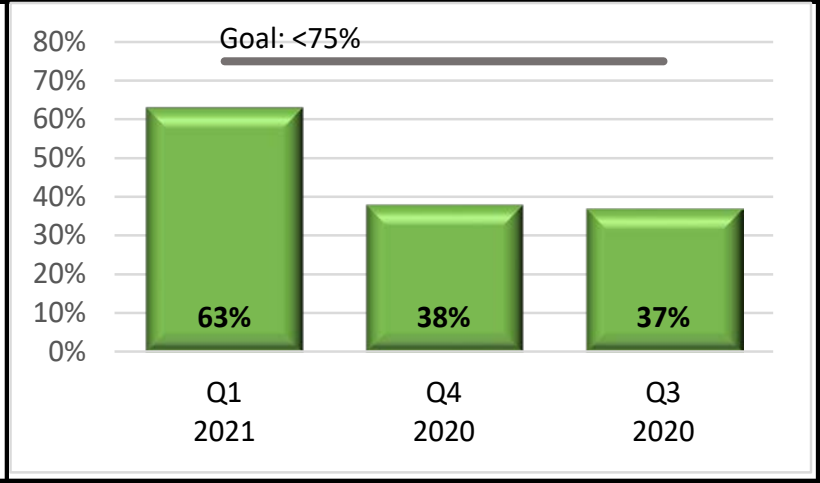


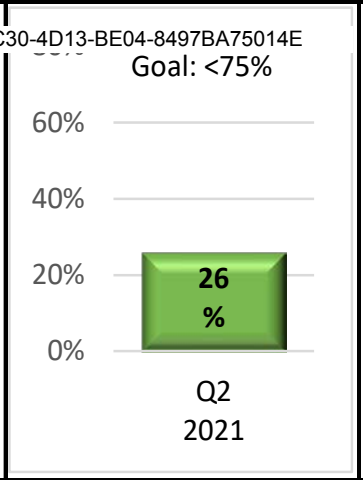
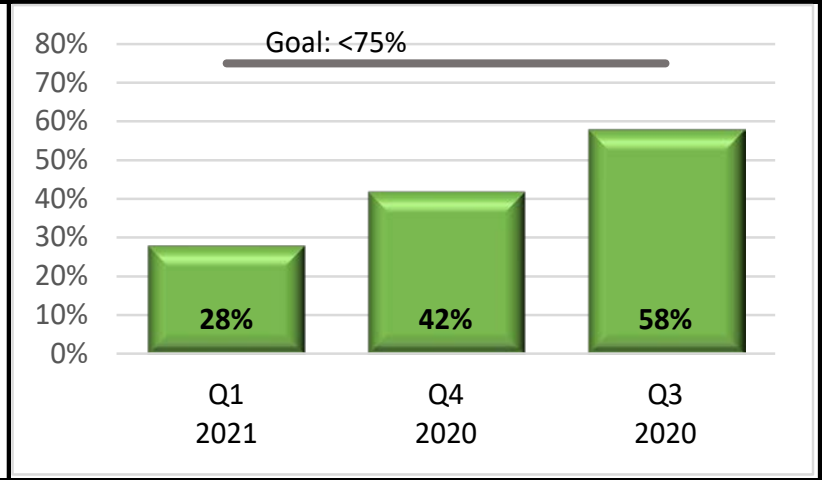
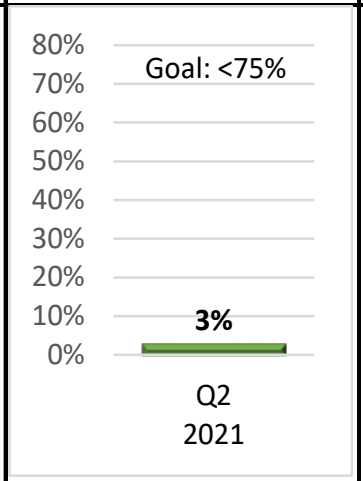
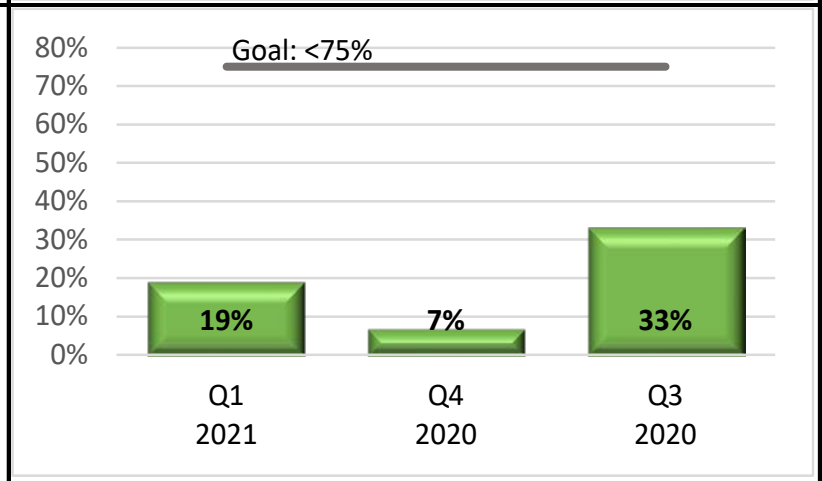
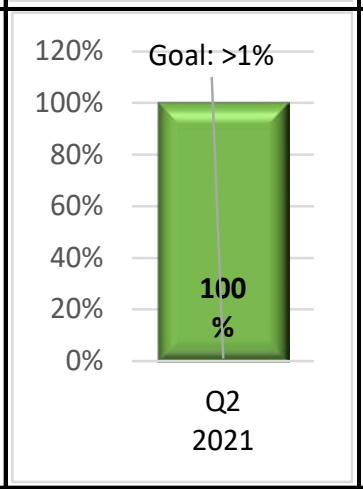
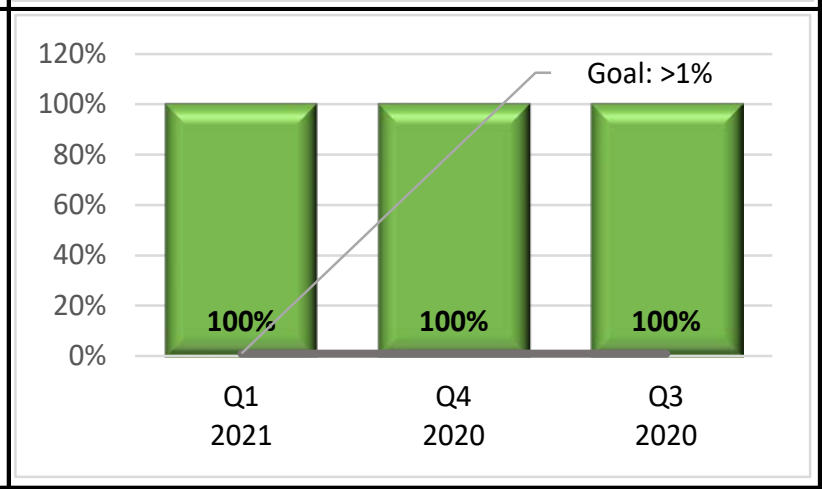


Whose Behavioural Symptoms Affect Others





Increase ADL Help (L)			
With a Catheter Inserted and Left in the Their Bladder			
With a Urinary Tract Infection			

Low Risk LSRs Who Lose Control of their Bowel or Bladder			
Move Independent Worsens (L)			
Improvement in Function (S) Higher % Better			

Lakeside Medical Center
Health Care District Palm Beach County

QUALITY CORE MEASURES REPORT
2nd Quarter (April - June 2021) - Preliminary
Sampled Population

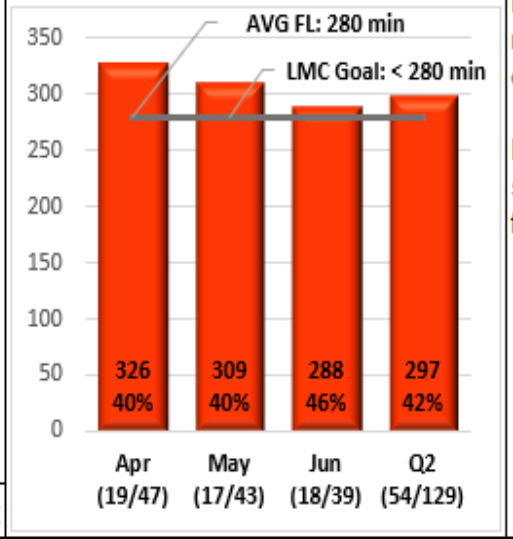
INPATIENT QUALITY MEASURES

Emergency Department: ED-1a

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

Numerator: Departed ED in less than 280 minutes.
Denominator: Measure sampled population for any ED Patient from the facility's emergency department.

TJC



Findings: The goal of <280 minutes was not met for this quarter. The top (5) cases were reviewed by the ACMO.

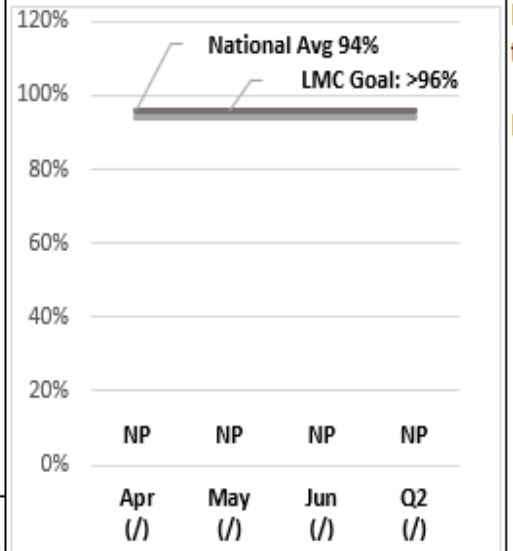
Interventions: The nursing and medical staff provided appropriate care and no further action was required.

IMM-2 Influenza Immunization

Immunizations (seasonal):

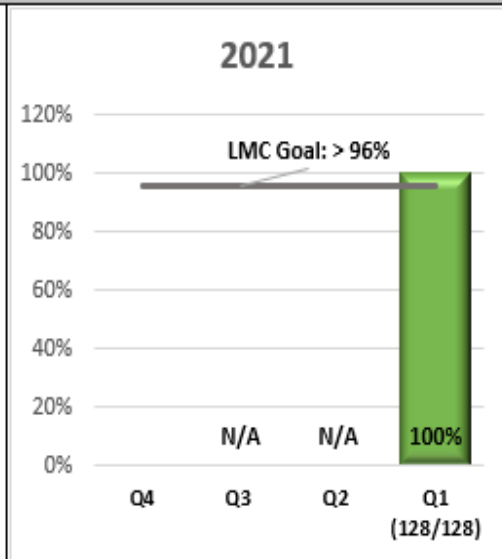
Numerator: Number hospitalized inpatients 6 months or older screened for seasonal Influenza immunization status and vaccinated if indicated.
Denominator: Acute care hospitalized inpatients age 6 months and older discharged during: **October, November, December, January, February or March.**

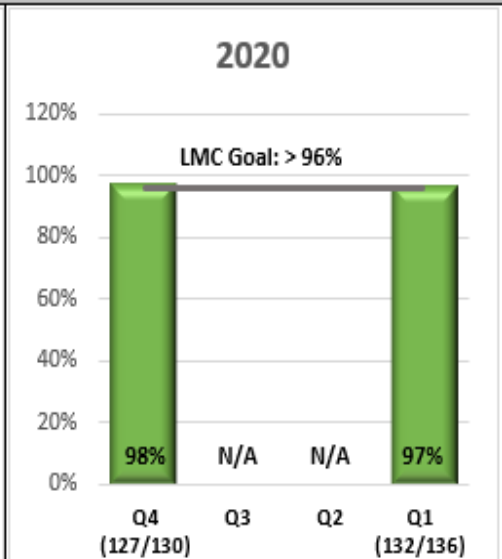
TJC



Findings: The was no measured data for this quarter.

Interventions: No action was required.





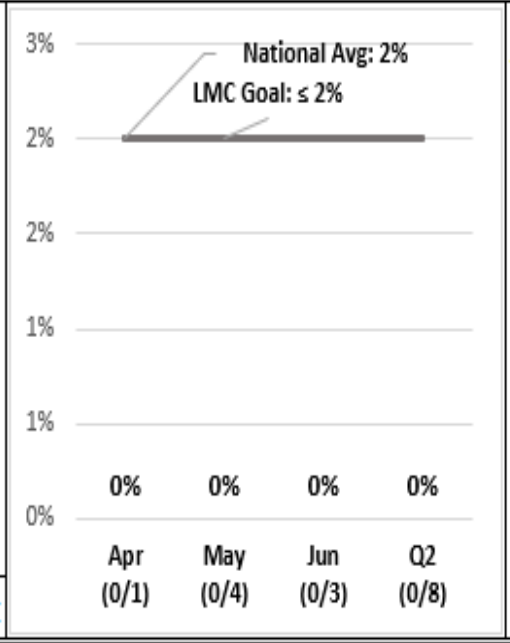
INPATIENT QUALITY MEASURES

Perinatal Care: PC-01

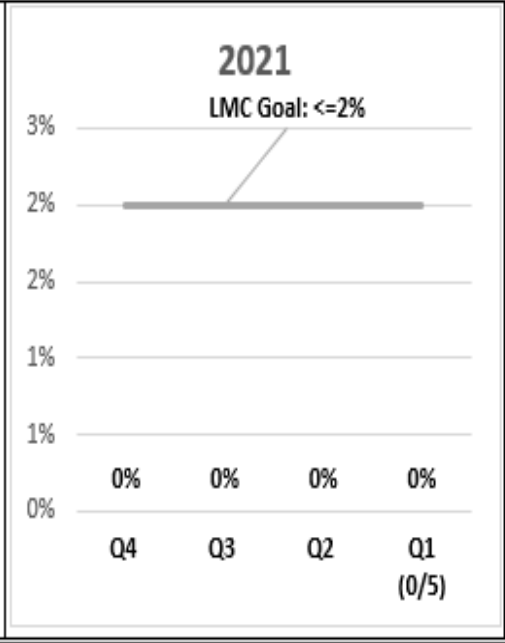
Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed.
(Lower percentage is better, for cases that fall into measure).

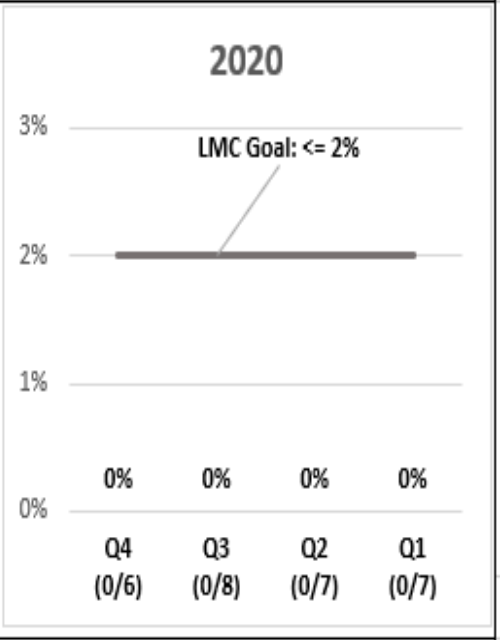
Numerator: Patients with elective deliveries.
Denominator: Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed.

CMS/TJC



Findings: The goal of ≤ 2% was met for this quarter.
Interventions: No action was required.



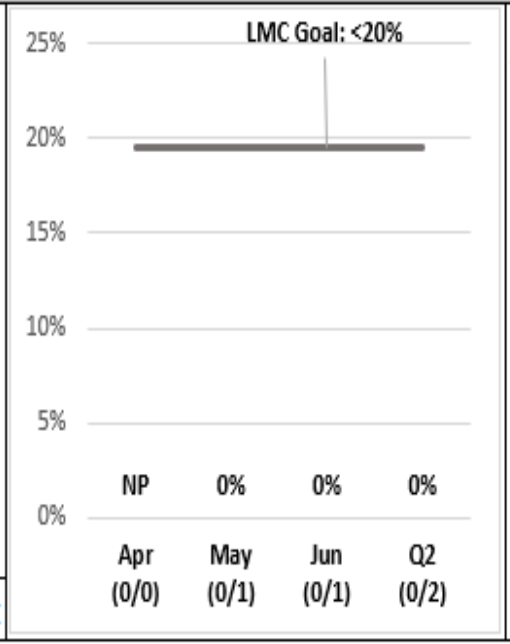


Perinatal Care: PC-02

Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth
(Lower percentage is better).

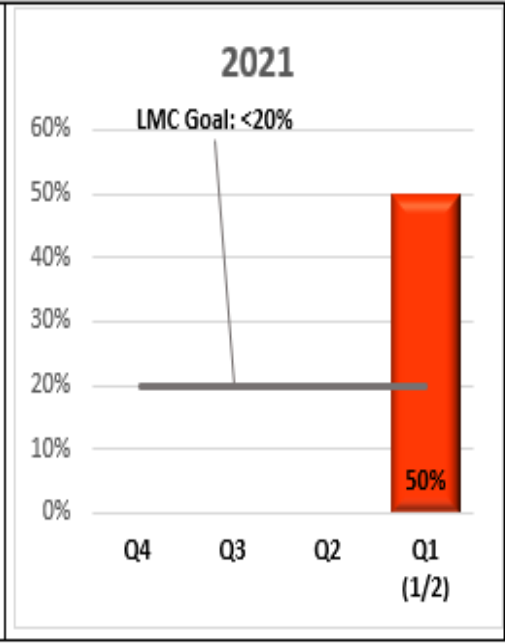
Numerator: Patients with cesarean births.
Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

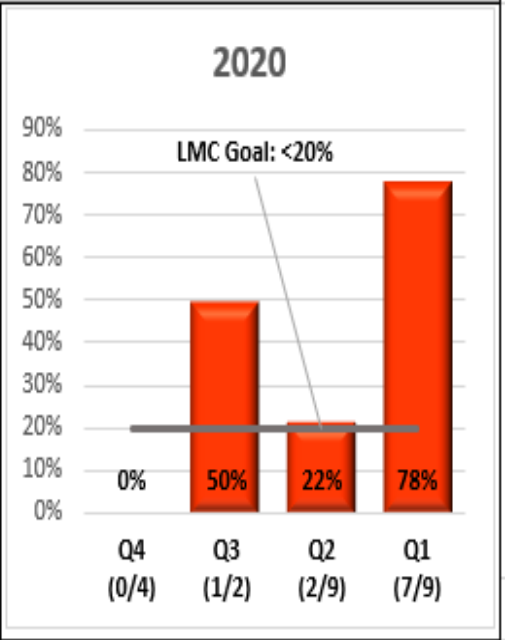
TJC



Findings: The goal of <20% was met for this quarter.

Interventions: No action was required.



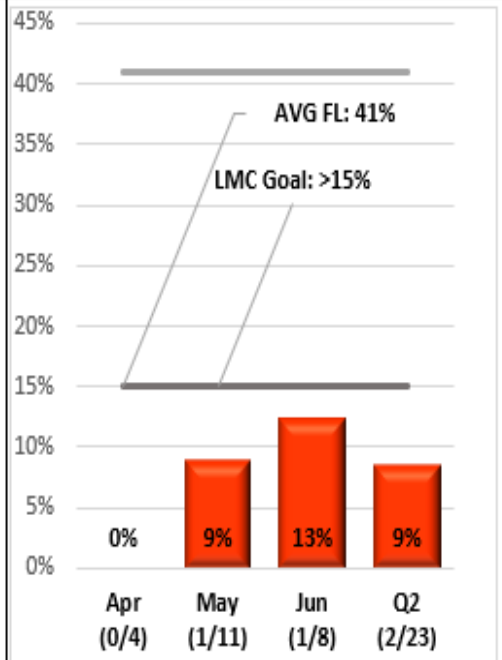


Perinatal Care: PC-05

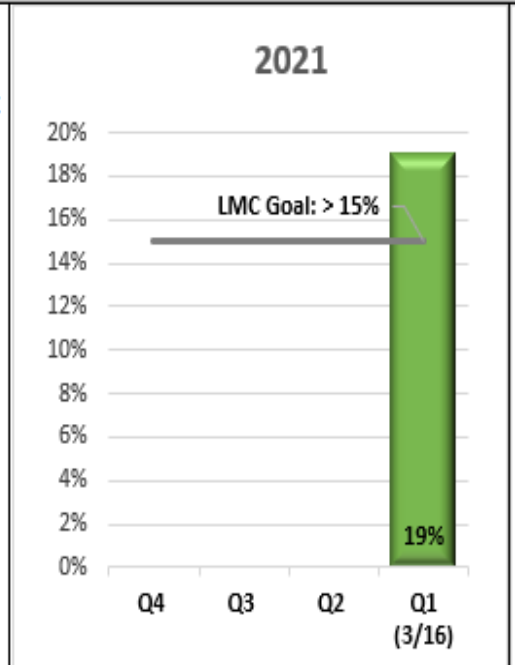
Exclusive breast milk feeding during the newborn's entire hospitalization.
(Higher percentage is better)

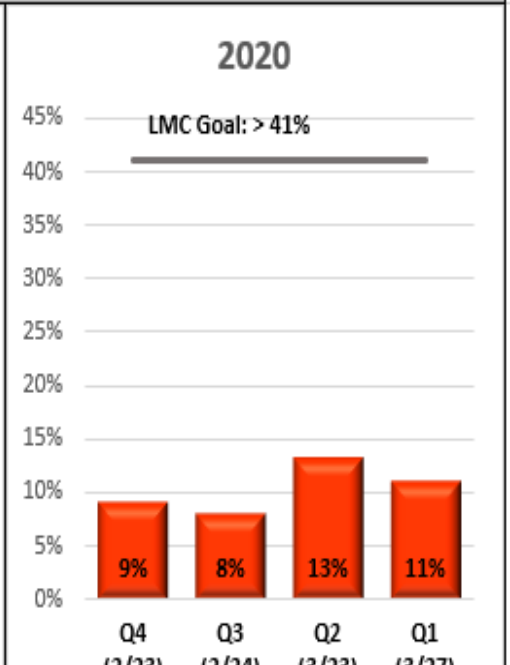
Numerator: Number of moms Exclusively Breast Feeding.
Denominator: Single term newborns discharged alive from the hospital.

TJC



Findings. The goal of 15% was not met for this quarter. Based on review of all of the sampled population (2) strictly breast fed, (14) both breast and bottle fed and (7) bottle fed only.
2Q (April - June) 2021:
Total Deliveries: (29) Live Births (27) Breast Feeding Stats: (5) strictly breast fed (16) breast and bottle fed and (6) bottle fed only.
Interventions: The OB staff continue to attend the monthly scheduled Breastfeeding Coalition Meetings.



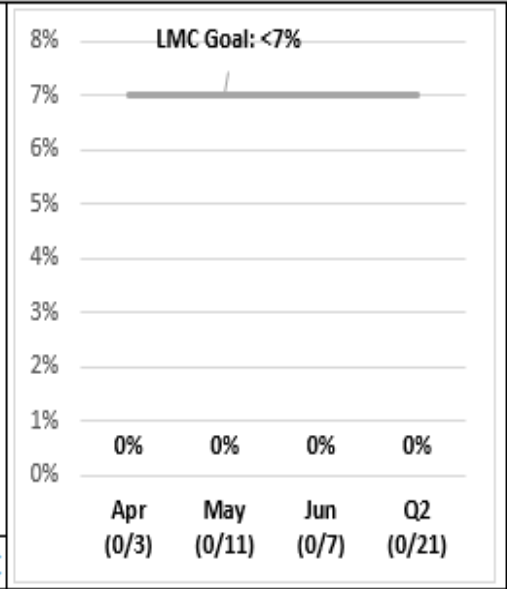


Perinatal Care: PC-06

Unexpected Complications in Term Newborns.
(Lower percentage is better)

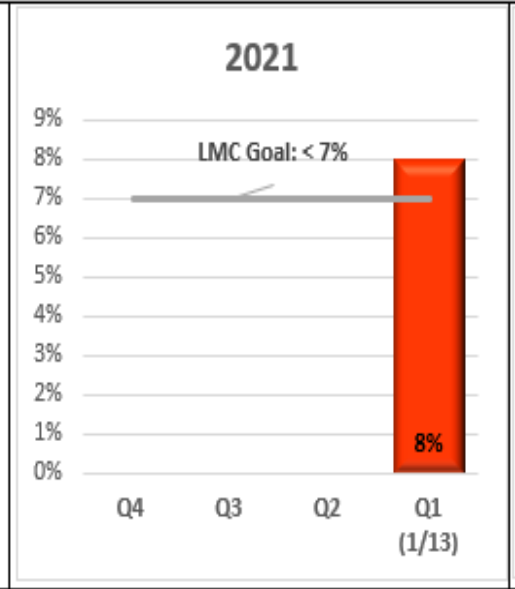
Numerator: Newborns with severe complications and moderate complications.
Denominator: Liveborn single term newborns 2500 gm or over in birth weight.

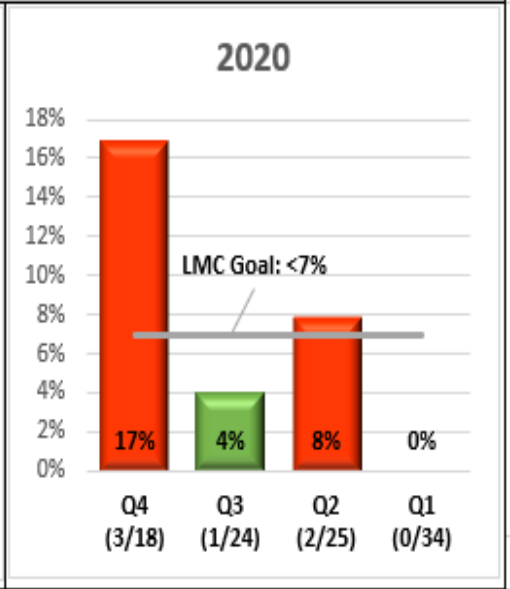
TJC



Findings: The goal of <7% was met for this quarter.

Interventions: No action was required.





INPATIENT QUALITY MEASURES

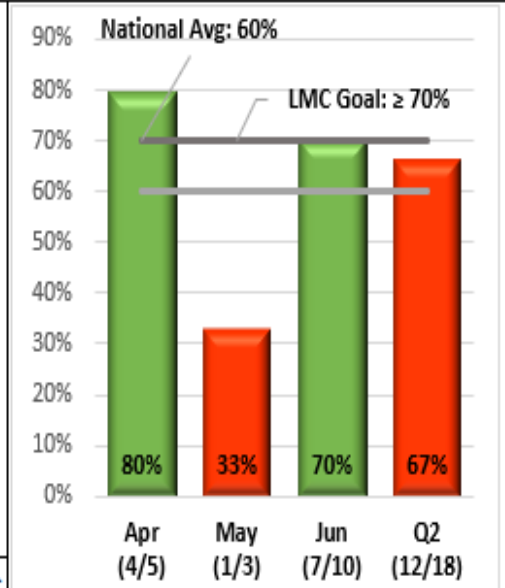
Sepsis: SEP-1

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

Numerator: Patients who received ALL of the following within three hours of presentation of severe sepsis; Specific Labs, Hydration, Examination (i.e. B/P Antibiotics, Perfusion assessment).

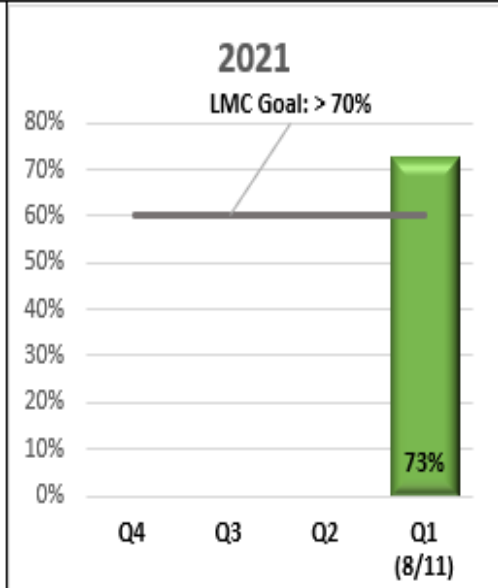
Denominator: Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis or Septic Shock.

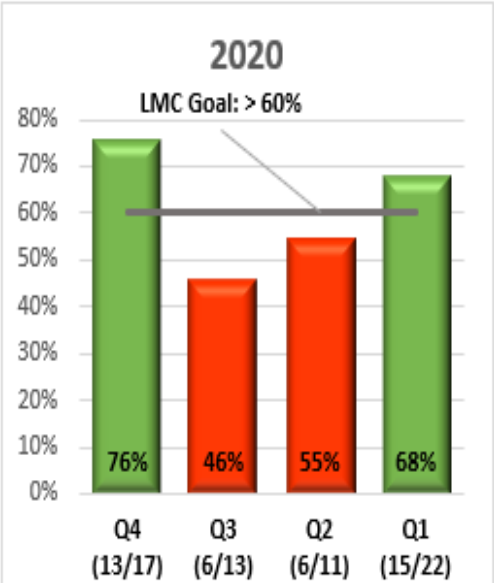
CMS/TJC



Findings: The goal of ≥ 70% was not met for the quarter.

Interventions: All failed cases are reviewed and discussed in full detail at the Sepsis Committee Meeting. All involved staff and physicians are notified and educated of findings.On boarding with the FHA HIQC Project will provide resources for performance improvement.





Venous Thrombosis: VTE-6

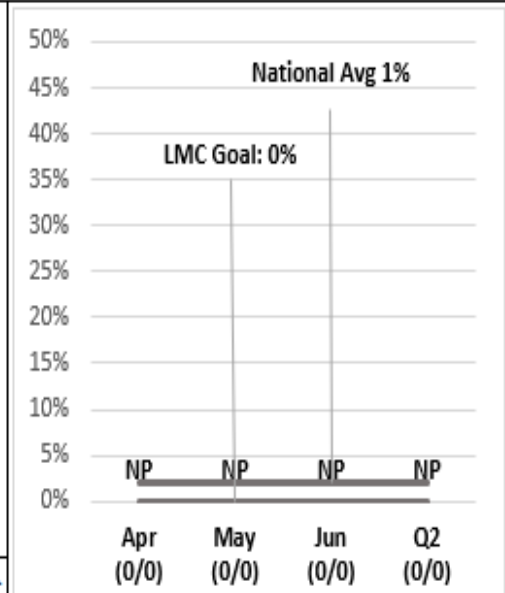
Hospital Acquired Preventable VTE.

(Lower percentage is better)

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

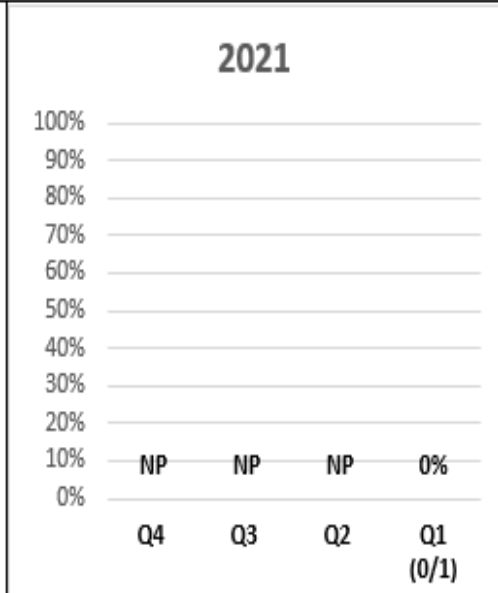
Denominator: Patients who developed confirmed VTE during hospitalization.

TJC



Findings: The was no population for this quarter.

Interventions: No action was required.



Averages are reported from the National Healthcare and Quality Research December 2020 Data

QUALITY CORE MEASURES REPORT
2nd Quarter (April - June 2021) - Preliminary
Sampled Population

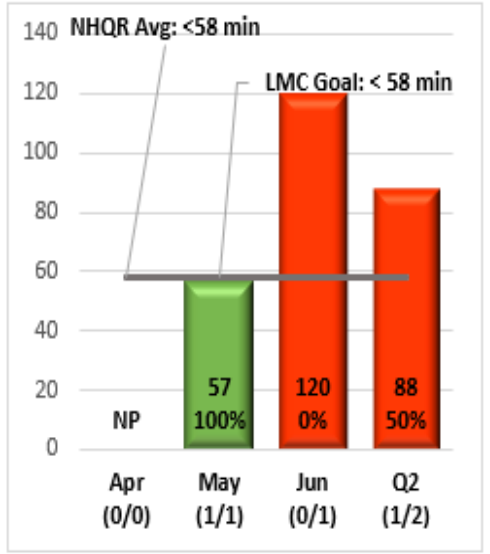
Lakeside Medical Center
Health Care District Palm Beach County

OUTPATIENT QUALITY MEASURES

Acute Myocardial Infarction: OP-3a

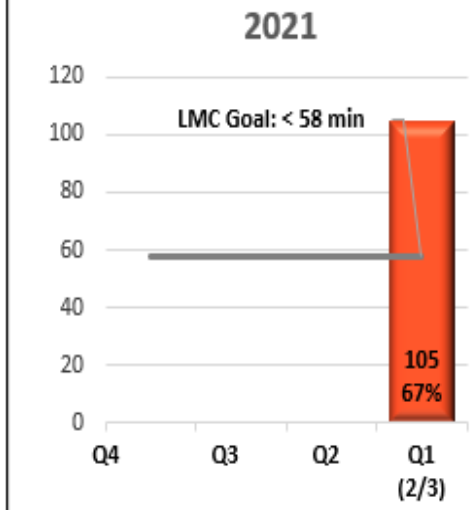
Acute Myocardial Infarction: OP-3a
Median time to transfer to another facility for acute coronary interventions.
(Higher percentage is better).
Numerator: Number of patients transferred to another facility within less than 58 minutes
Denominator: Patients with Transfer for Acute Coronary Intervention.

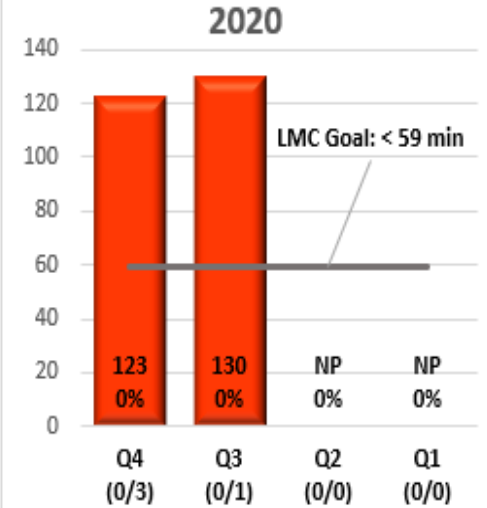
CMS



Findings: The goal of <58 minutes was not met for this quarter.

Interventions: The (1) case was reviewed by the ACMO and no action was required.



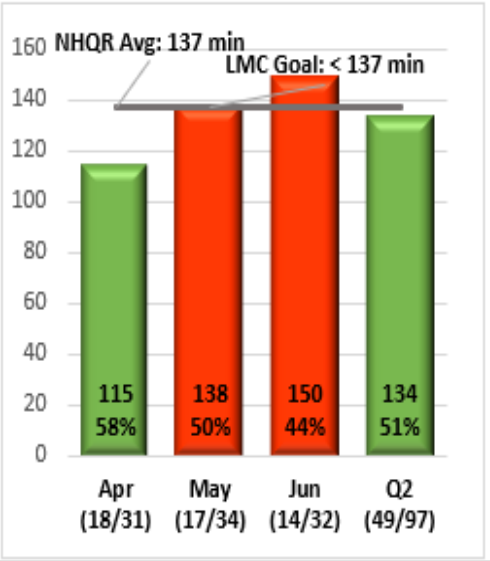


Emergency Department Throughput: OP-18

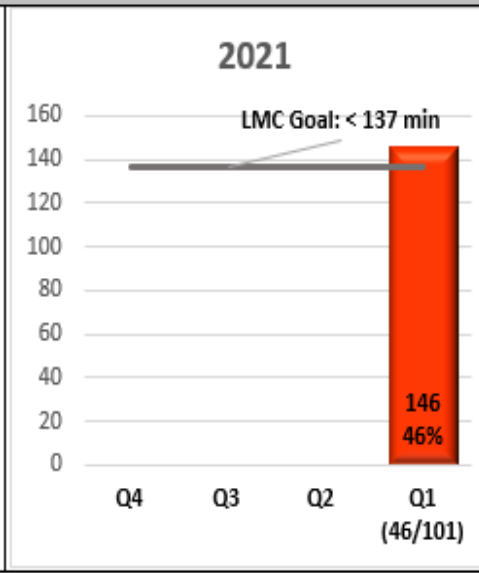
Median time from ED arrival to discharge home or transferred.

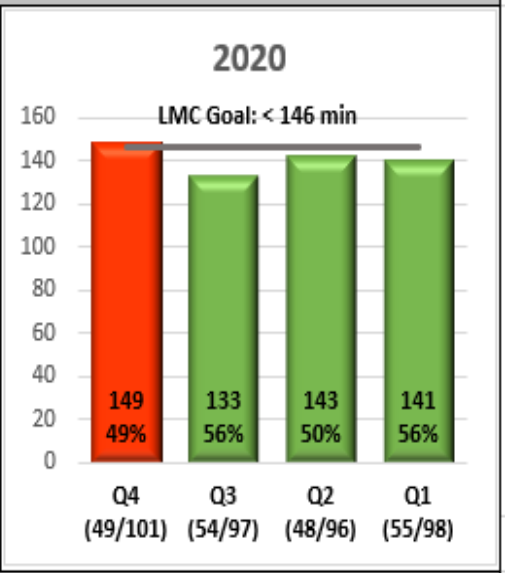
Numerator: Number of patients discharged in less than 137 minutes.
Denominator: Any ED patient from the facility's emergency department.

CMS/TJC



Findings: The goal of <137 minutes was met for this quarter.
Interventions: No action was required.





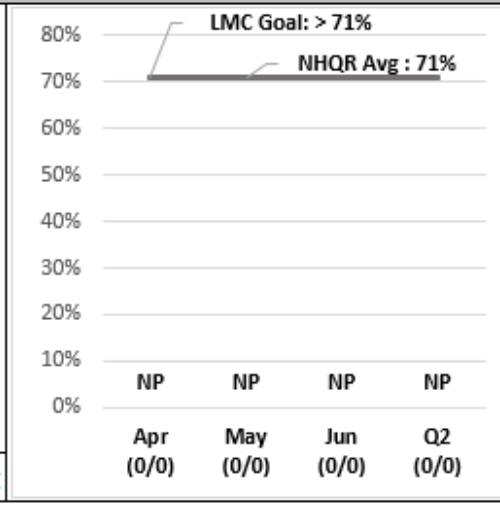
OUTPATIENT QUALITY MEASURES

Stroke: OP-23

Stroke patient arriving in ED w/in 2 hours of onset of symptoms who had CT or MRI results w/in 45 mins of arrival.
(Higher percentage is better).

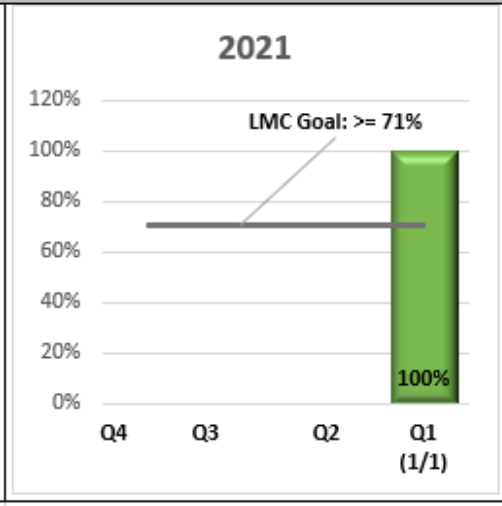
Numerator: Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients.
Denominator: Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients arriving at the ED within 2 hours of the Time Last Known Well with an order for a head CT or MRI scan.

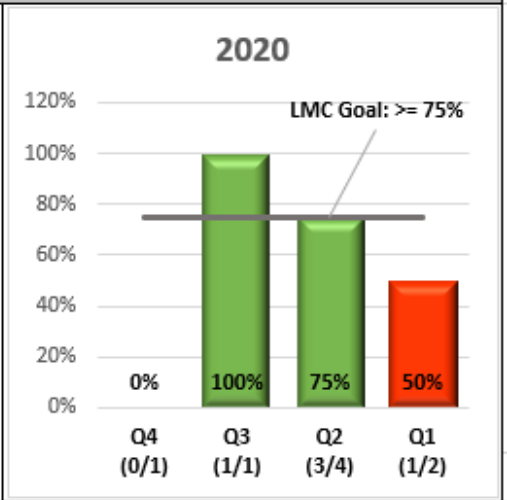
CMS/TJC



Findings: The was no population for this quarter.

Interventions: No action was required.



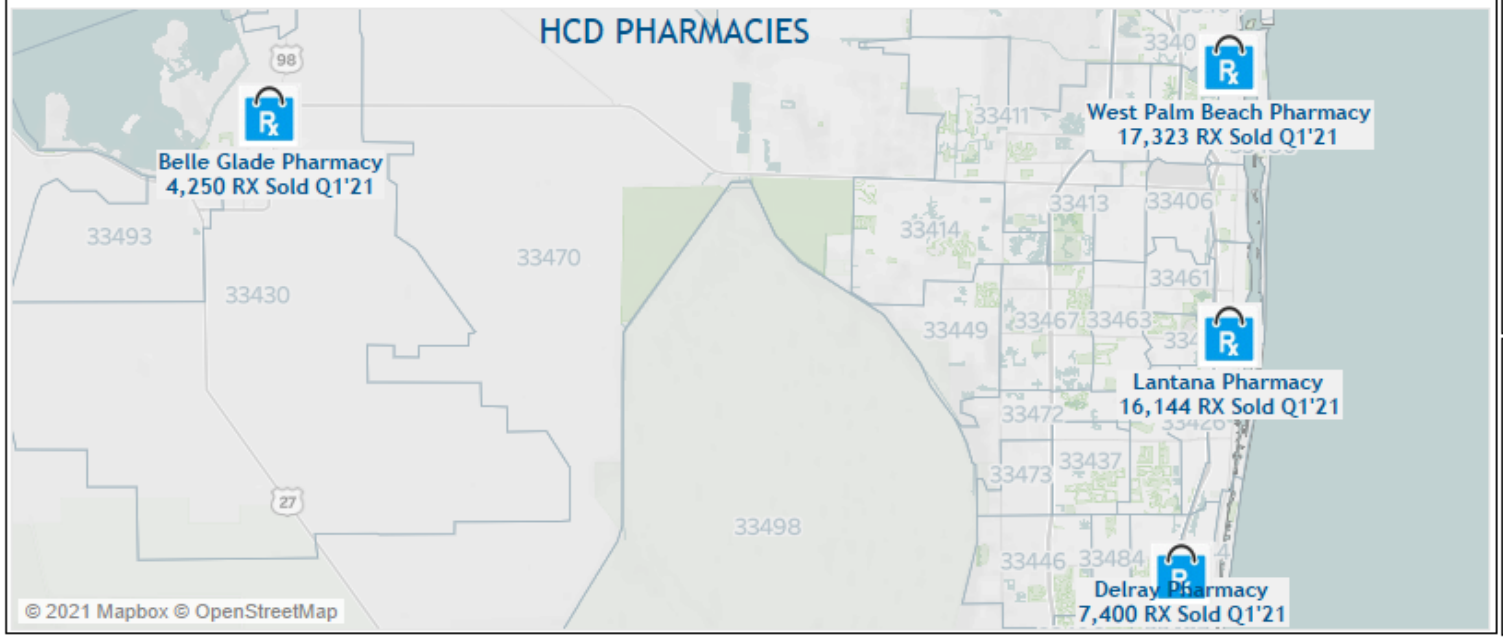


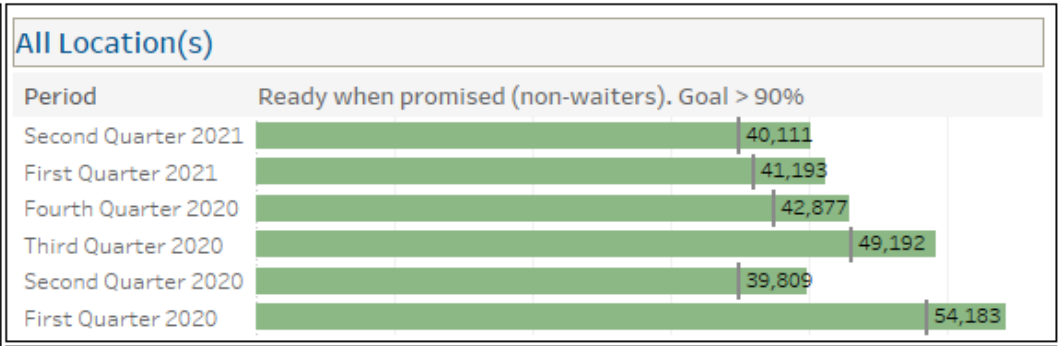
Averages are reported from the National Healthcare and Quality Research December 2020 Data

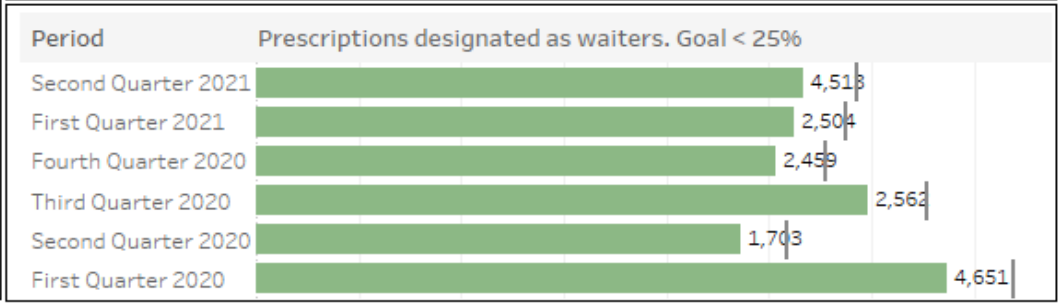
Health Care District
PALM BEACH COUNTY

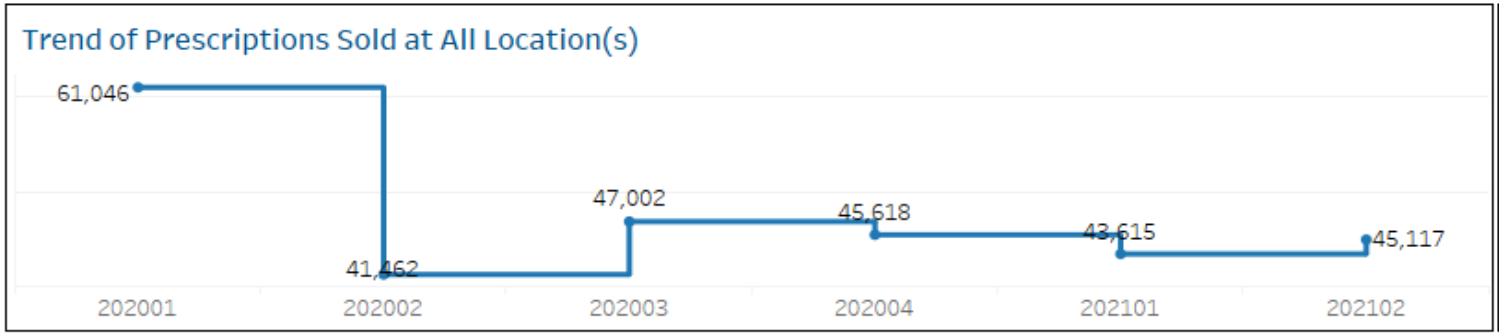
Pharmacy Services Quality Report
Report as of Second Quarter 2021
All Location(s)

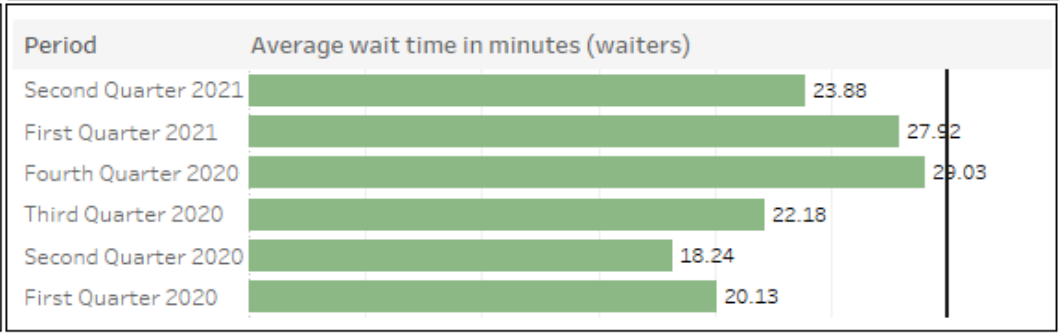
Period
202102

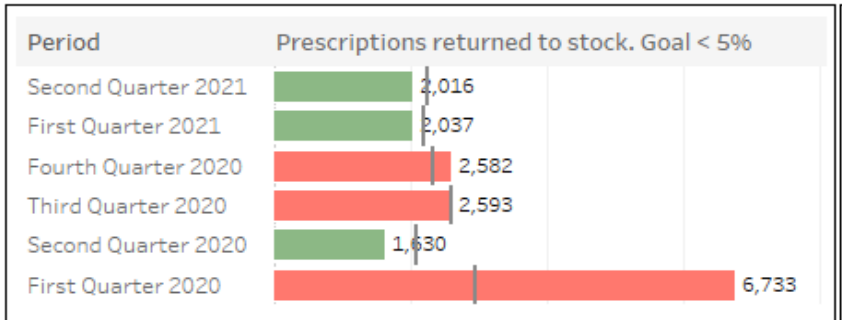


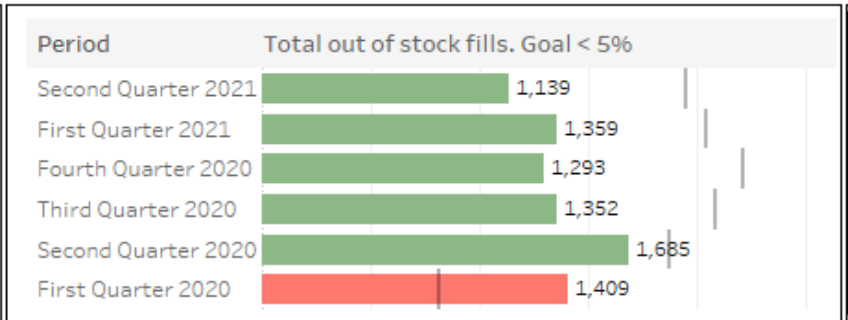










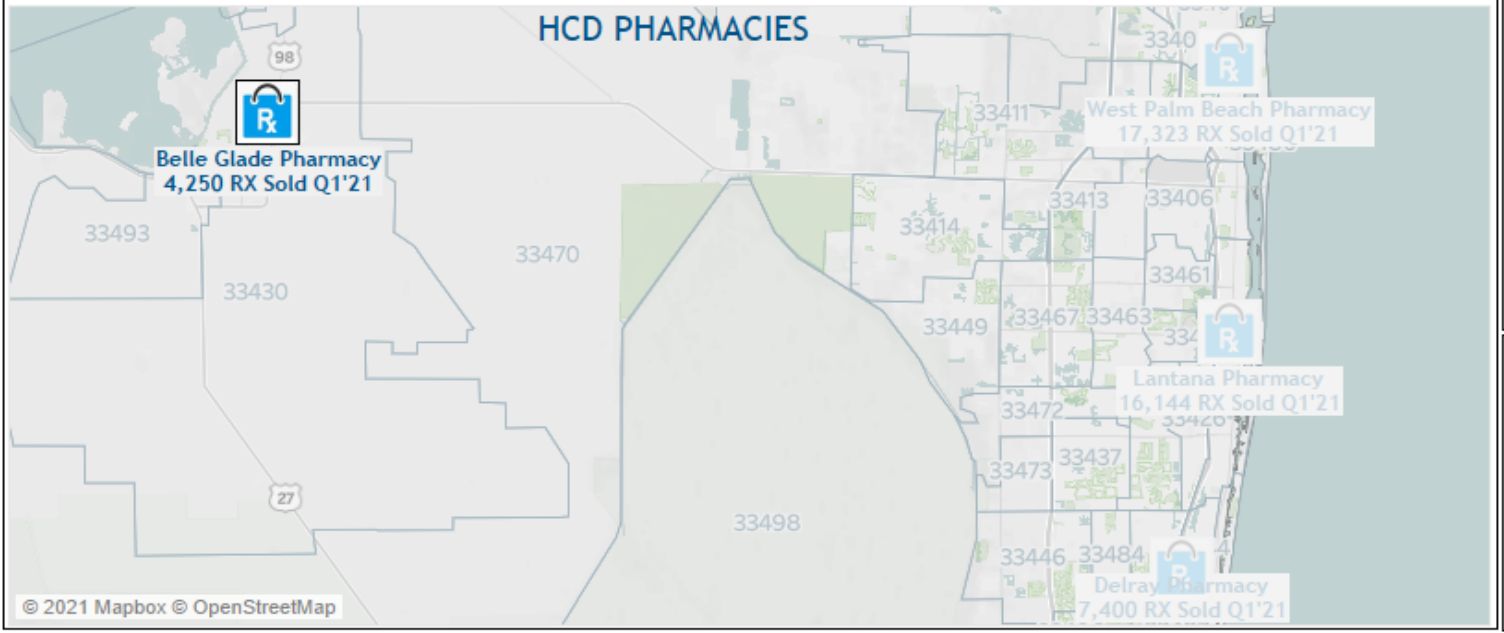


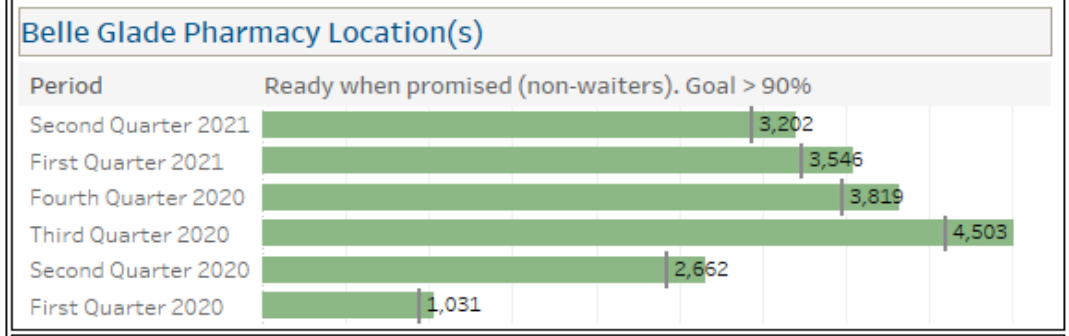
Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
7,366	2,922

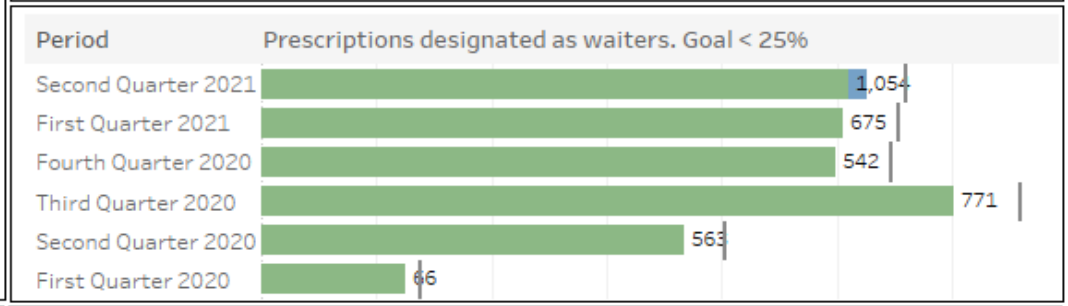
Health Care District
PALM BEACH COUNTY

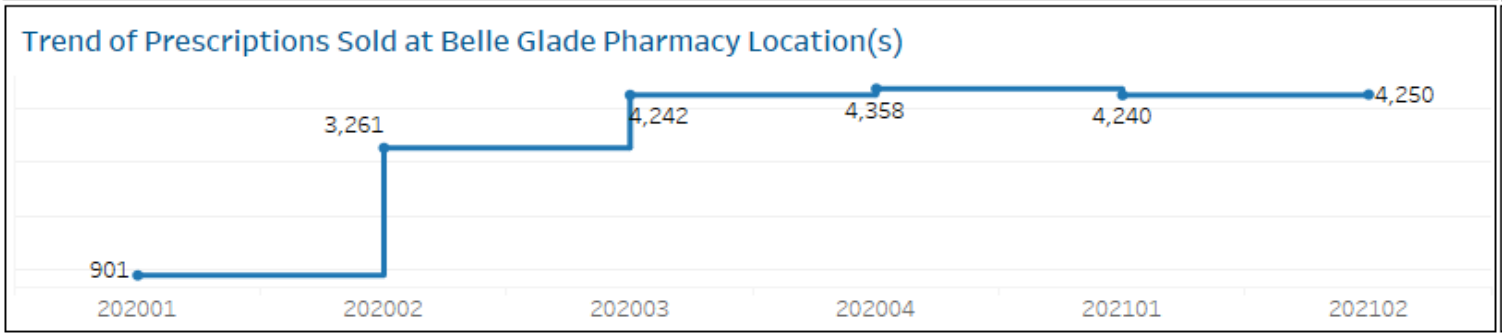
Pharmacy Services Quality Report
Report as of Second Quarter 2021
Belle Glade Pharmacy Location(s)

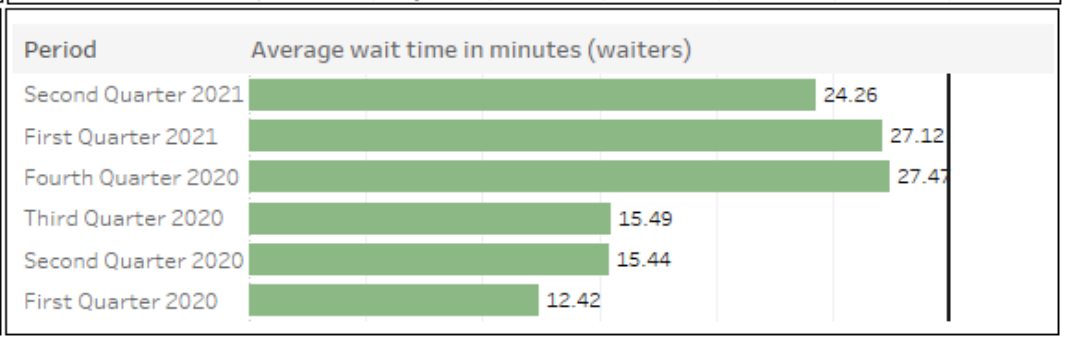
Period
202102

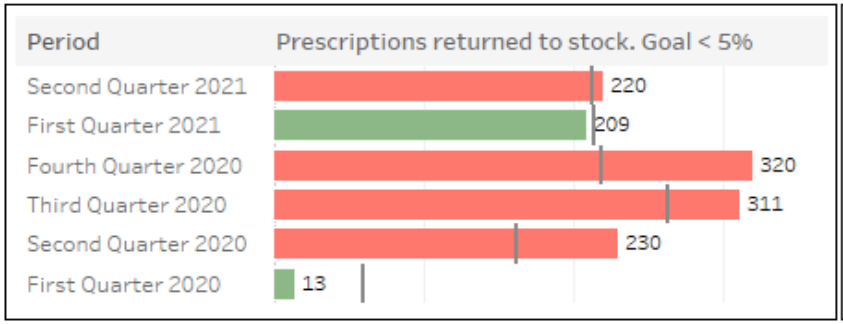


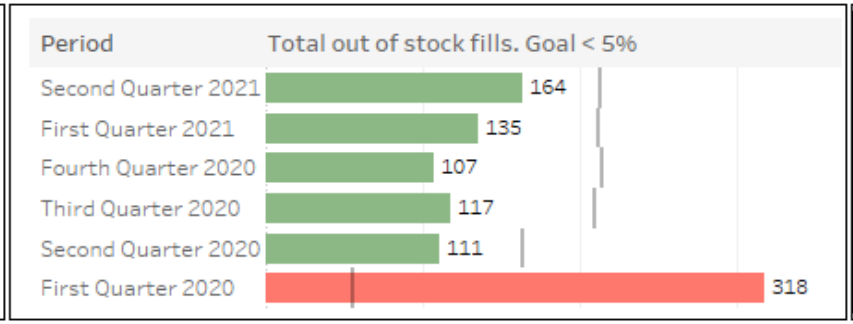










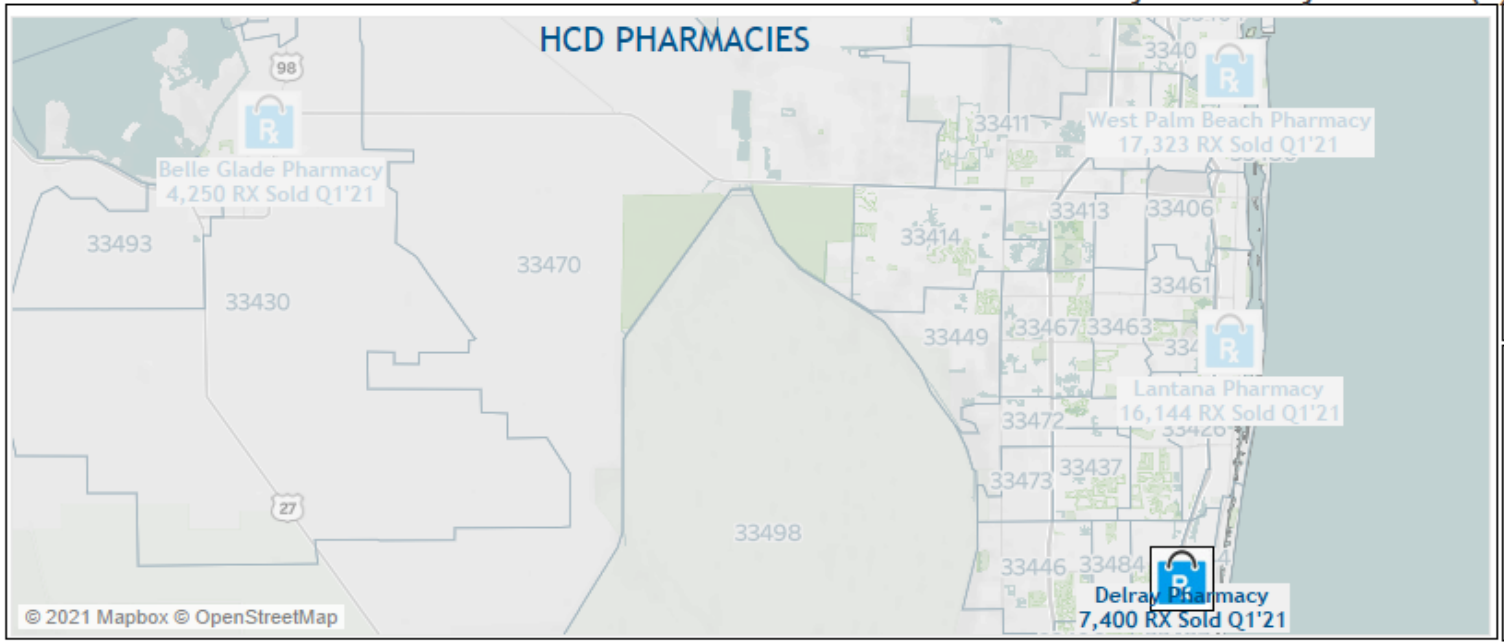


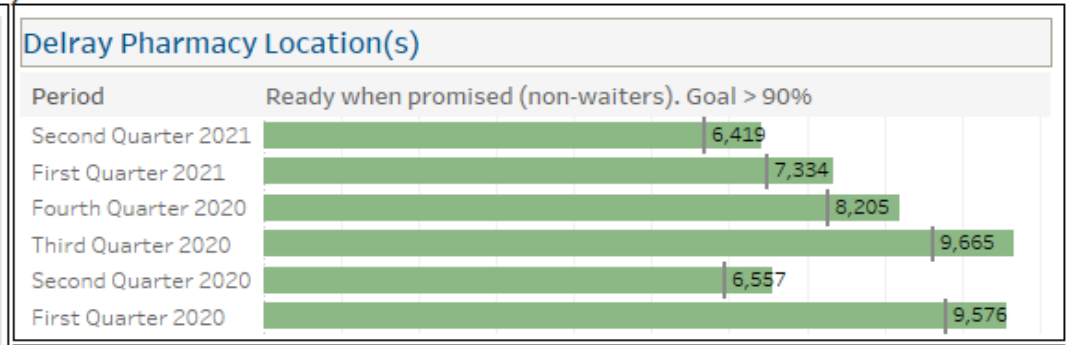
Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
7,366	2,922

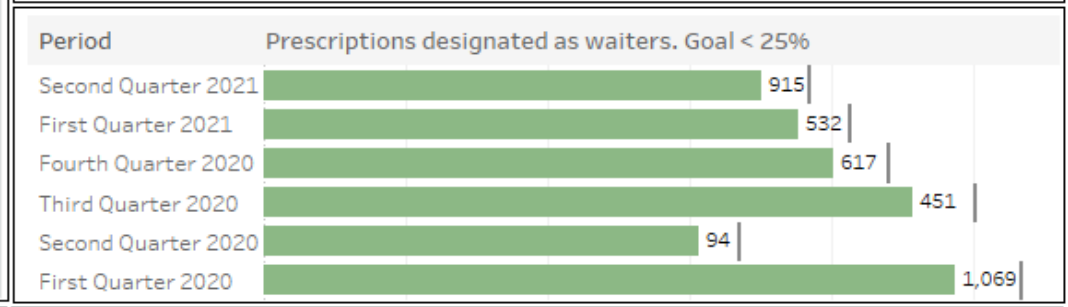
Health Care District
PALM BEACH COUNTY

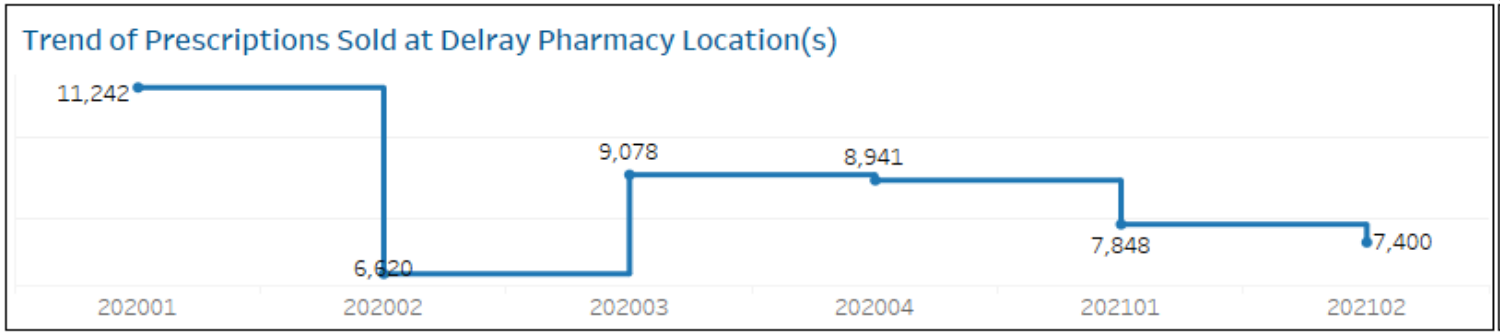
Pharmacy Services Quality Report
Report as of Second Quarter 2021
Delray Pharmacy Location(s)

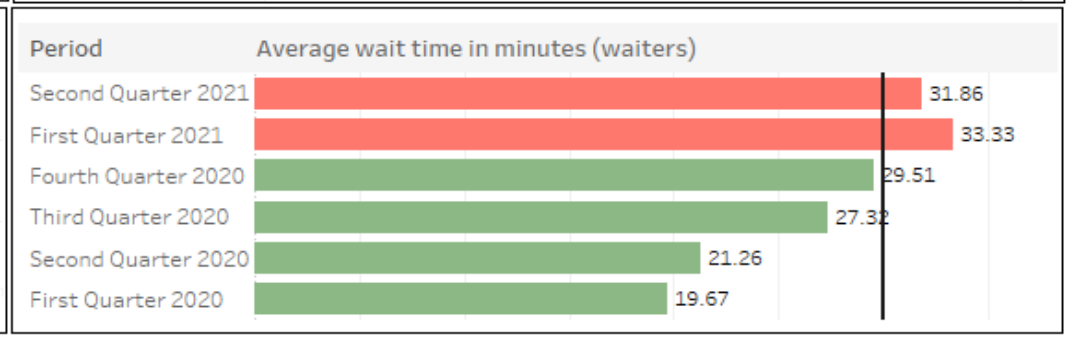
Period
202102

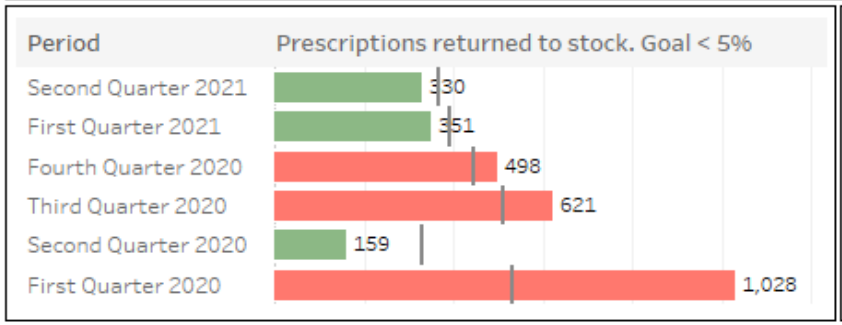


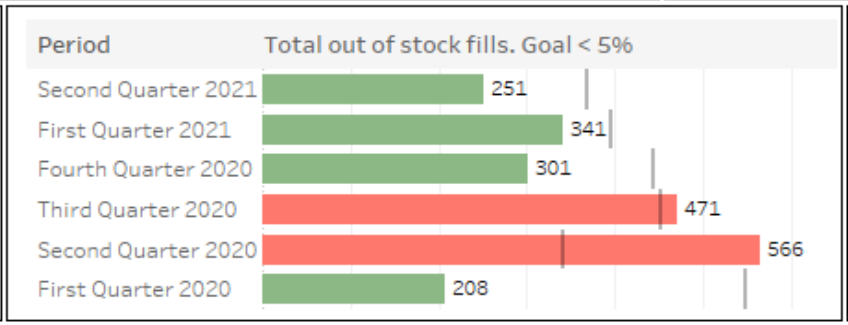










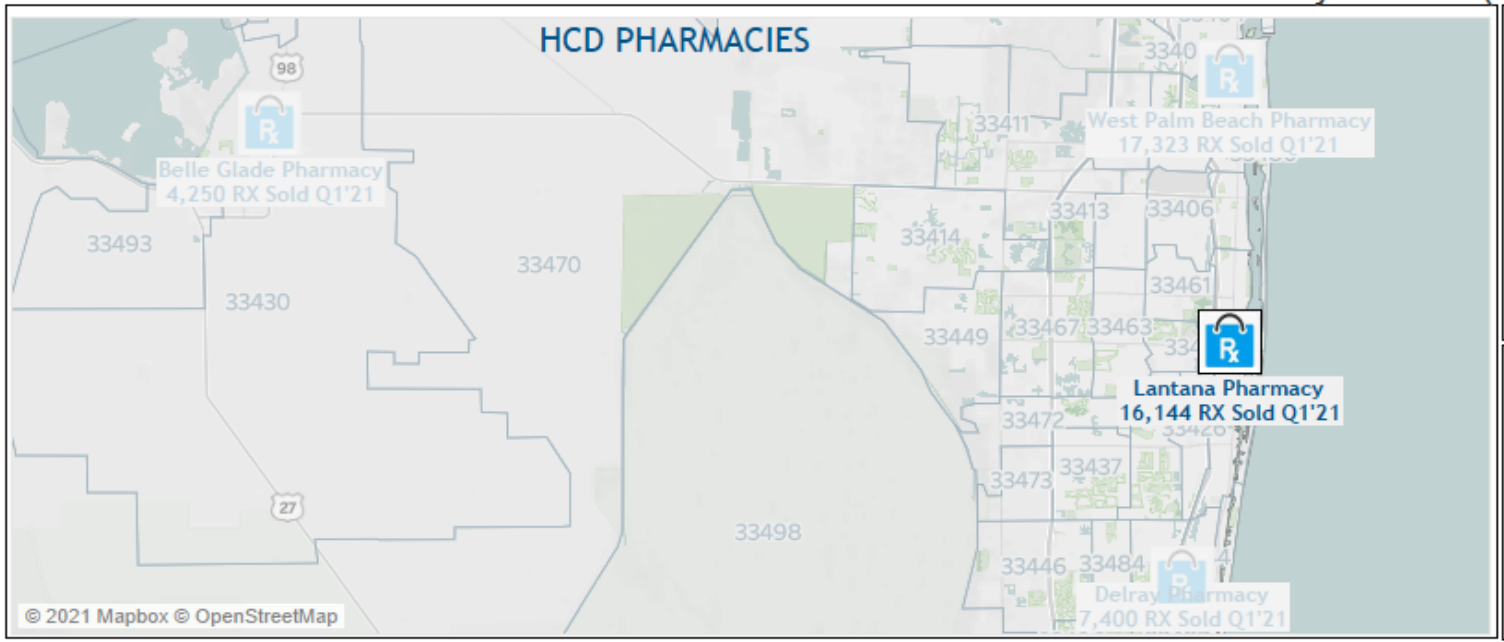


Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
7,366	2,922

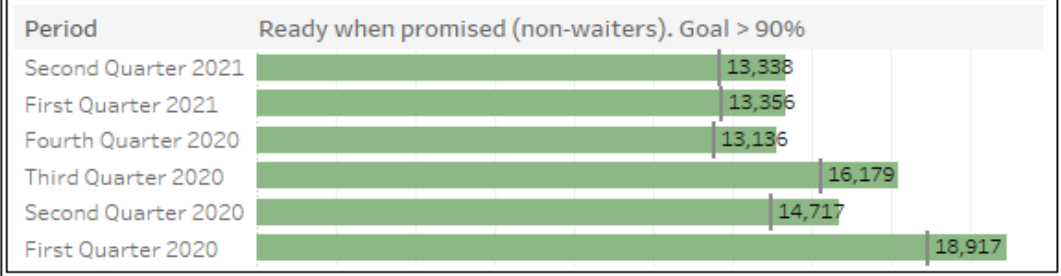
Health Care District
PALM BEACH COUNTY

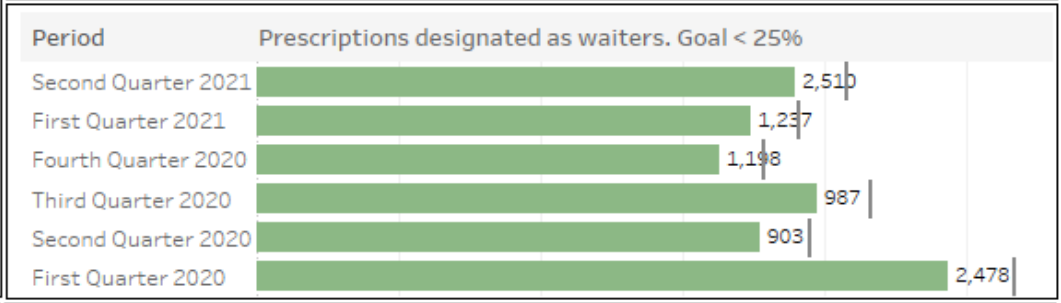
Pharmacy Services Quality Report
Report as of Second Quarter 2021
Lantana Pharmacy Location(s)

Period
202102

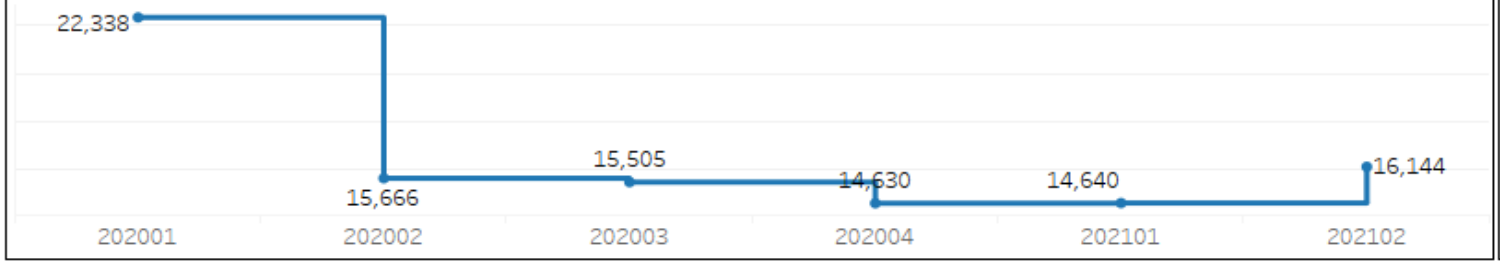


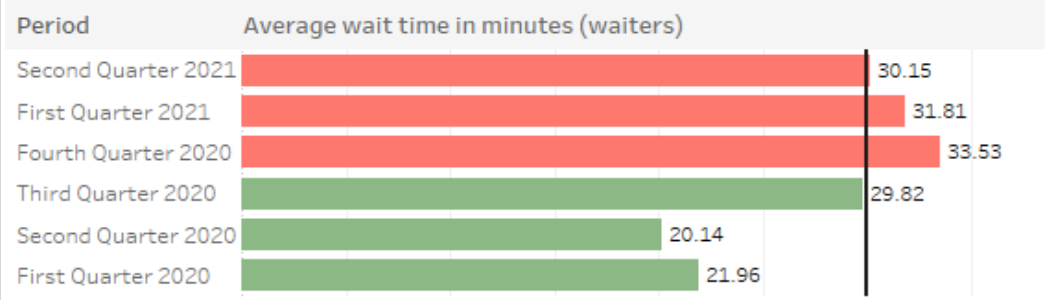
Lantana Pharmacy Location(s)

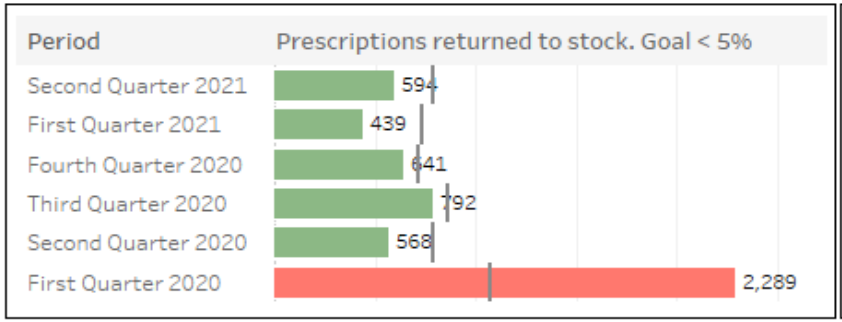


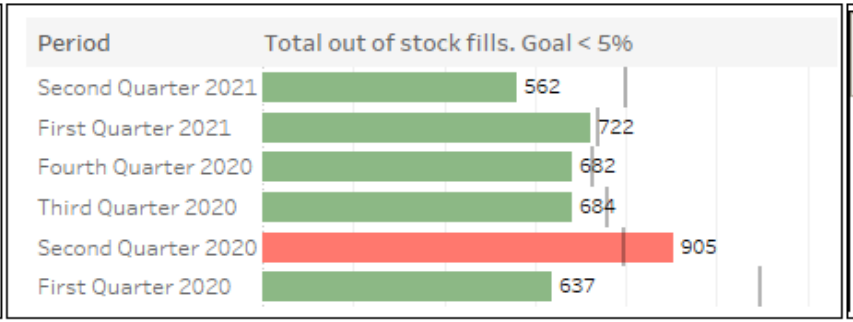


Trend of Prescriptions Sold at Lantana Pharmacy Location(s)







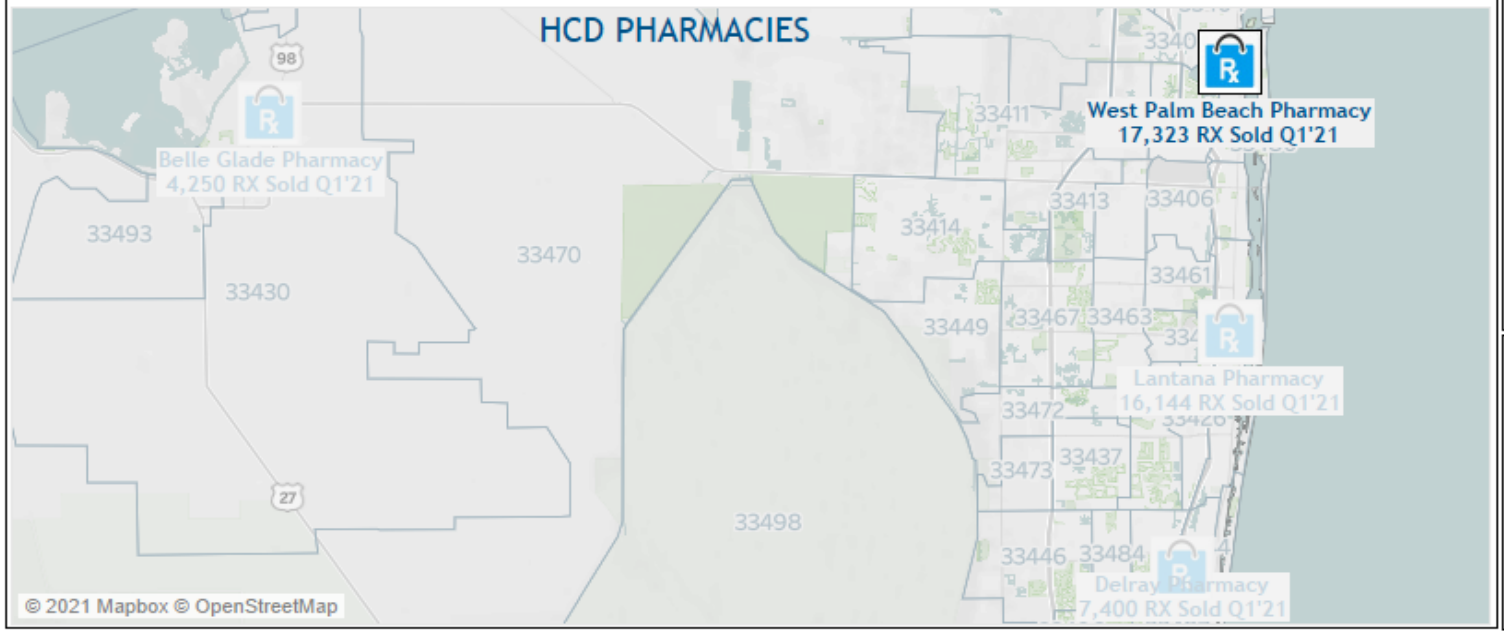


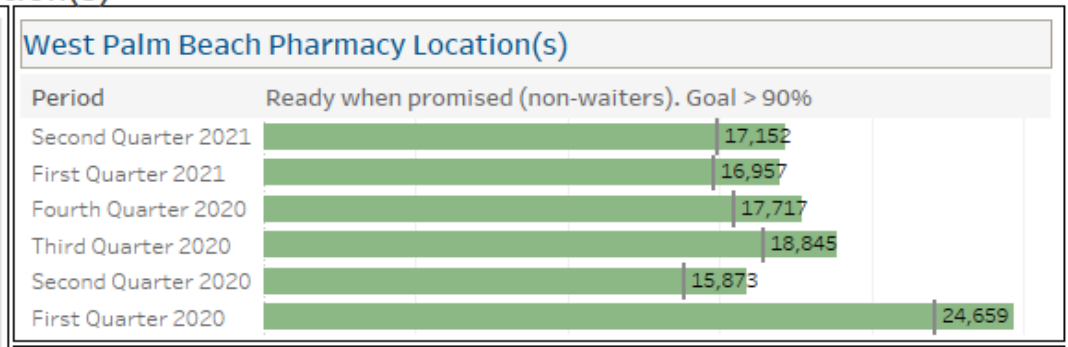
Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
7,366	2,922

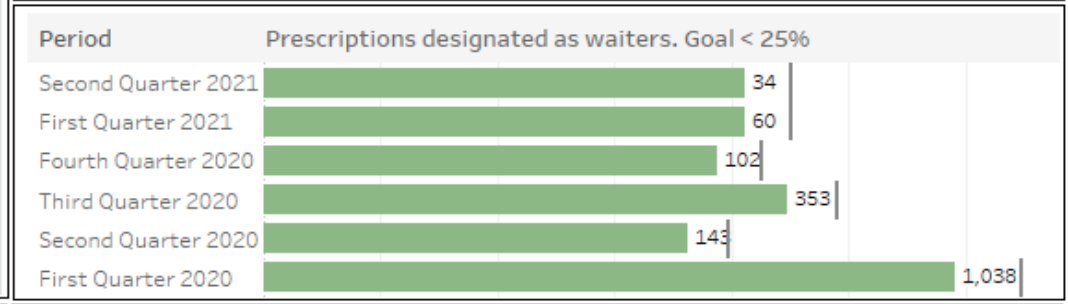
Health Care District
PALM BEACH COUNTY

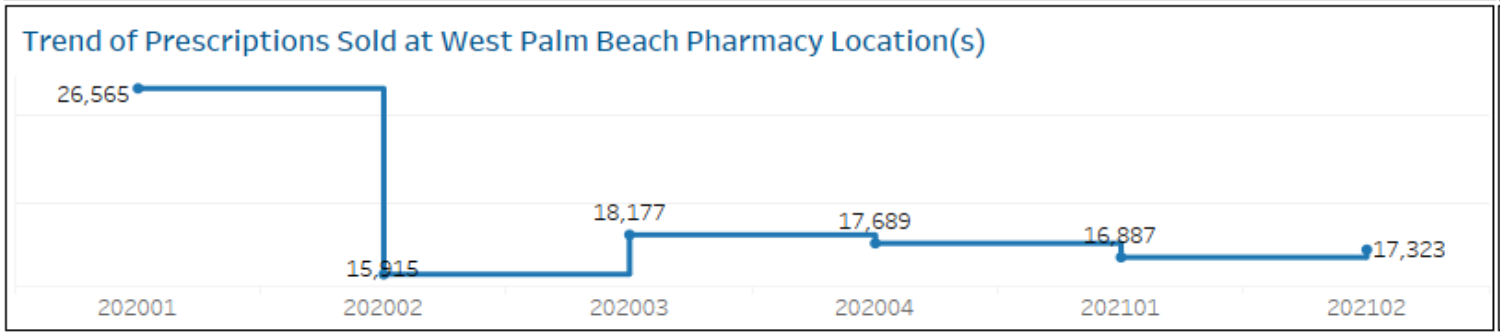
Pharmacy Services Quality Report
Report as of Second Quarter 2021
West Palm Beach Pharmacy Location(s)

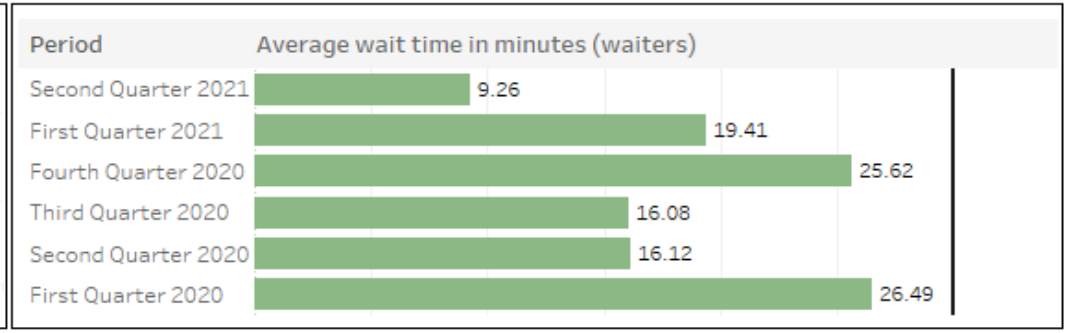
Period
202102

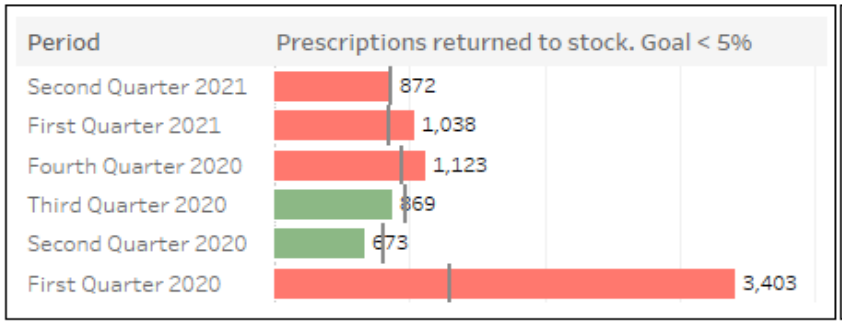


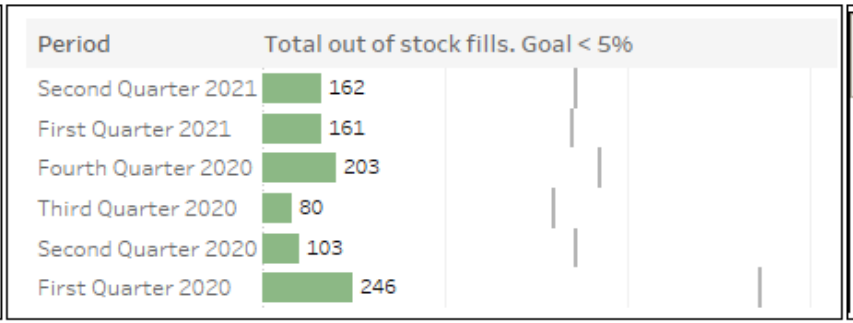












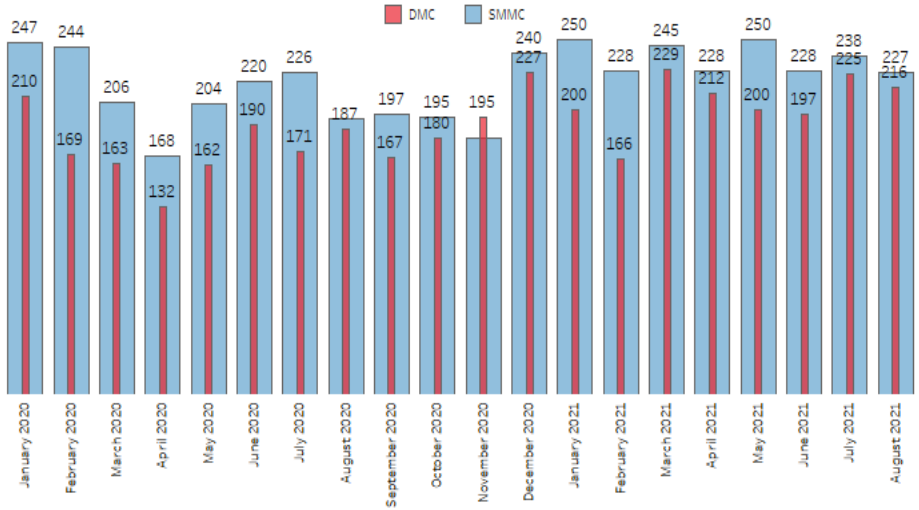
Mail Order Prescriptions (All Locations)	Number of Packages (All Locations)
7,366	2,922

Trauma Agency
Health Care District Palm Beach County

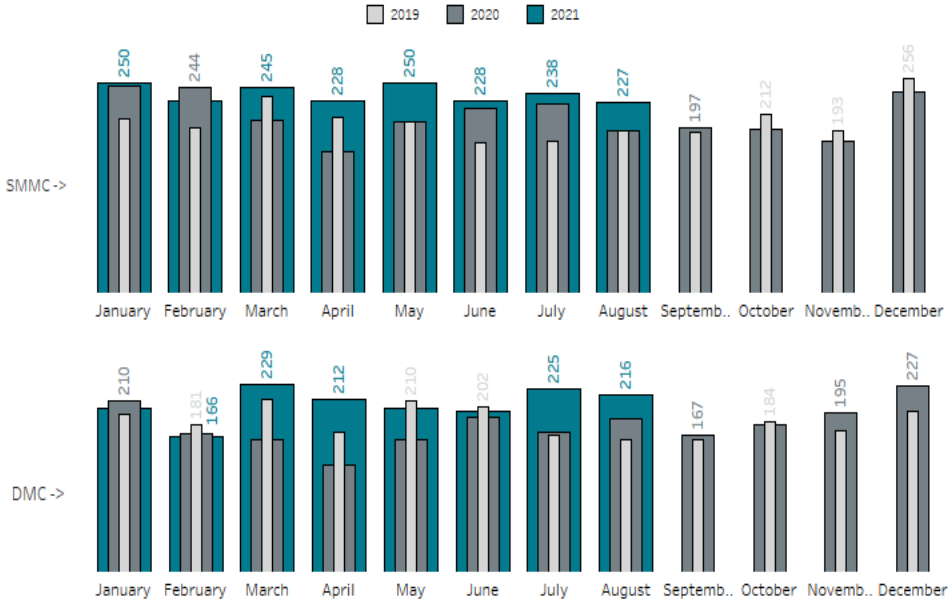
TRAUMA SYSTEM UTILIZATION

Rolling Year Comparison
SMMC DMC

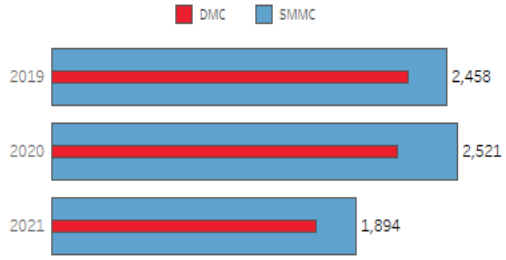
TRAUMA VOLUME BY MONTH AND TRAUMA CENTER



TRAUMA VOLUME BY MONTH AND YEAR

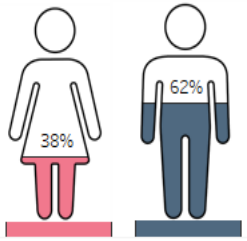


TRAUMA VOLUME BY YEAR AND TRAUMA CENTER



GENDER

(Current Year)



PBC TRAUMA SYSTEM VOLUME

Current Year 5,120
Previous Year 4,661
Variance: +459

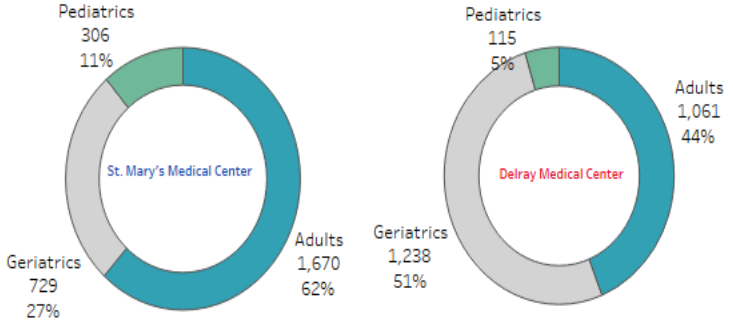
Current Rolling Year = September 2020 - August 2021
Previous Rolling Year = September 2019 - August 2020
Variance = Current Year - Previous Year

RACE

(Current Year)

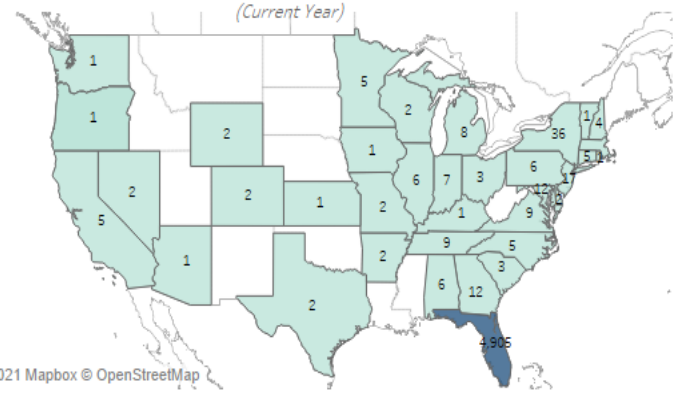
AGE GROUP BY TRAUMA CENTER

(Current Year)



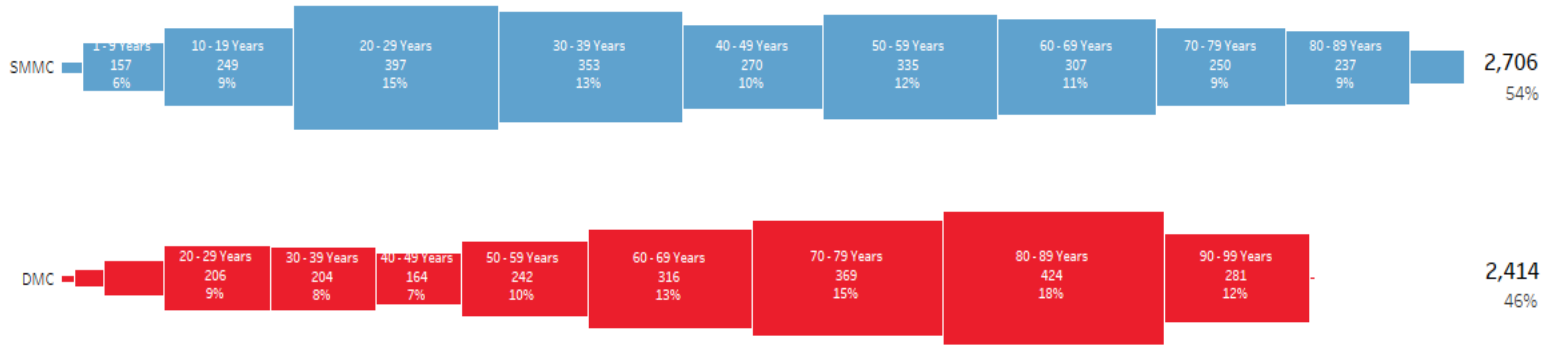
STATE RESIDENCE

(Current Year)



DECADE OF AGE BY TRAUMA CENTER

(Current Year)



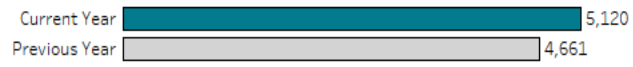
Trauma Agency
Health Care District Palm Beach County

MECHANISM OF INJURY, VOLUME AND LOCATION

Palm Beach County Trauma System

Current Rolling Year = September 2020 - August 2021

PALM BEACH COUNTY TRAUMA VOLUME



August 2021: 443 Variance: +422

Variance = Current Rolling Year - Previous Rolling Year

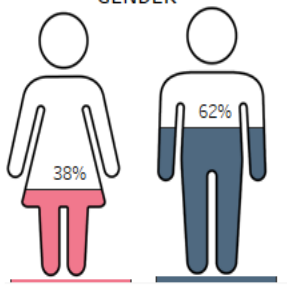
Current Rolling Year = September 2020 - August 2021

Previous Rolling Year = September 2019 - August 2020

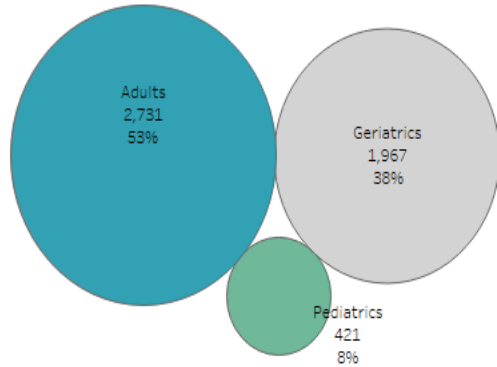
MOI

Vehicular Crash Breakdown

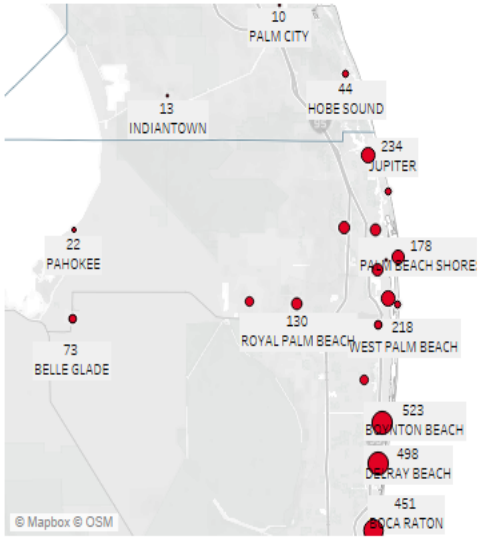
GENDER



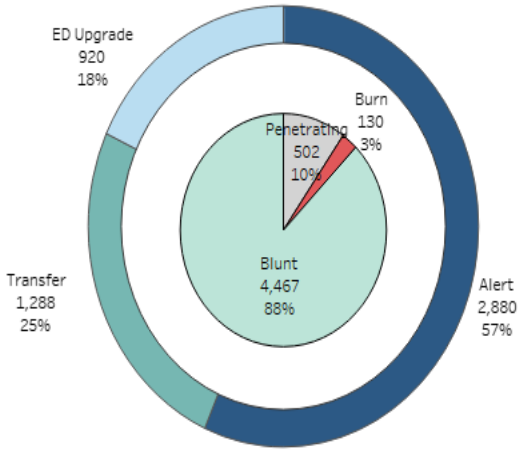
AGE GROUP



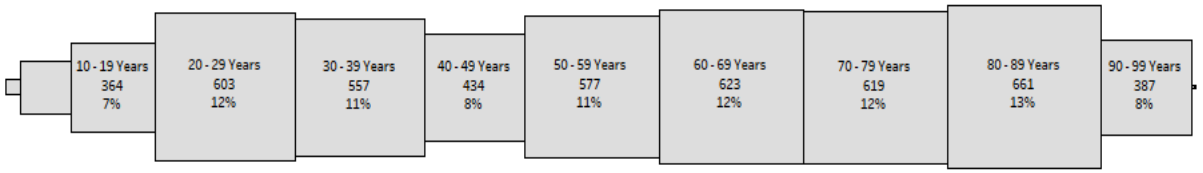
INJURY MAP



ACTIVATION & INJURY TYPE

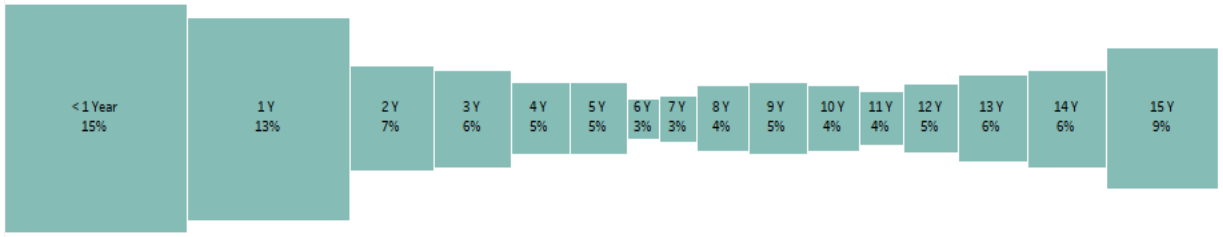


YEARS OF AGE BY DECADE



5,120

PEDIATRIC AGE DISTRIBUTION

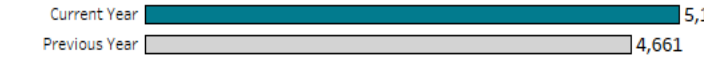


421
8%
(Var: +9)

Trauma Agency
Health Care District Palm Beach County
SMMC DMC

PBC TRAUMA SYSTEM
Pre-Hospital Analysis
(Current Year Analysis)

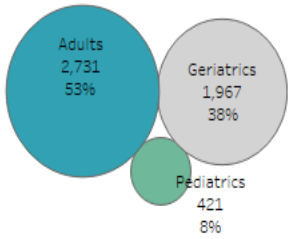
PBC TRAUMA SYSTEM WORKLOAD



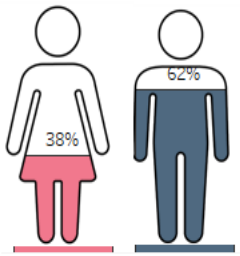
Variance: +459
GCS Score (Average): 14
Revised Trauma Score (RTS Average): 7.52

Current Year = September 2020 - August 2021
Previous Year = September 2019 - August 2020
Variance = Current Year - Previous Year

AGE GROUP

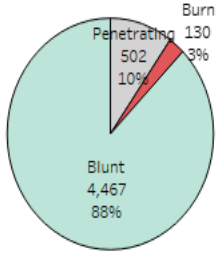


GENDER

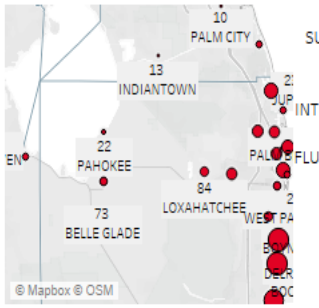


RACE

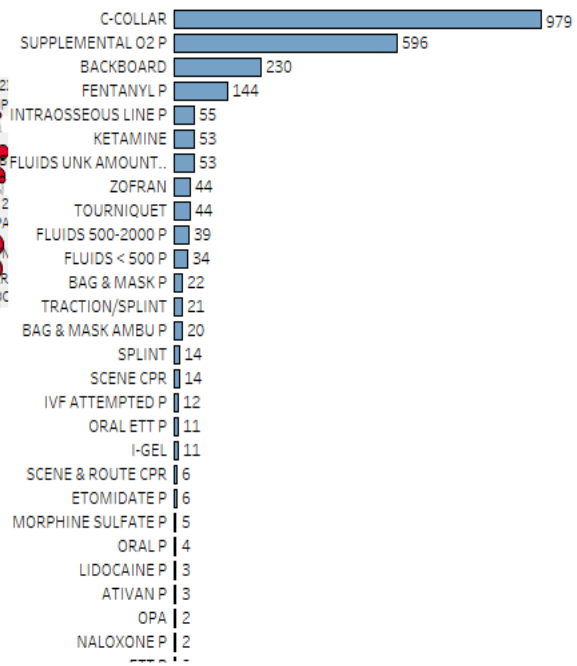
INJURY TYPE



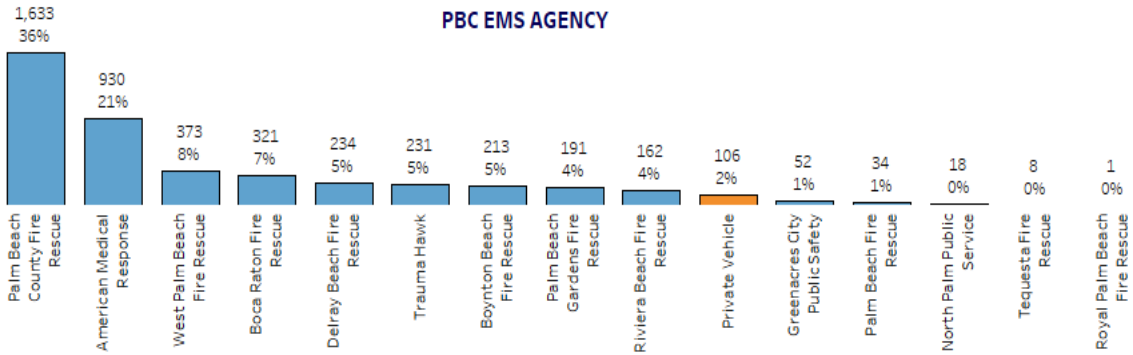
INJURY MAP



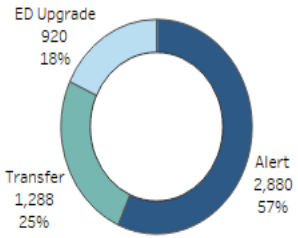
PRE-HOSPITAL PROCEDURES



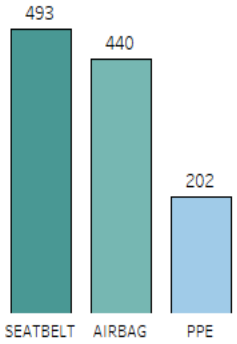
PBC EMS AGENCY



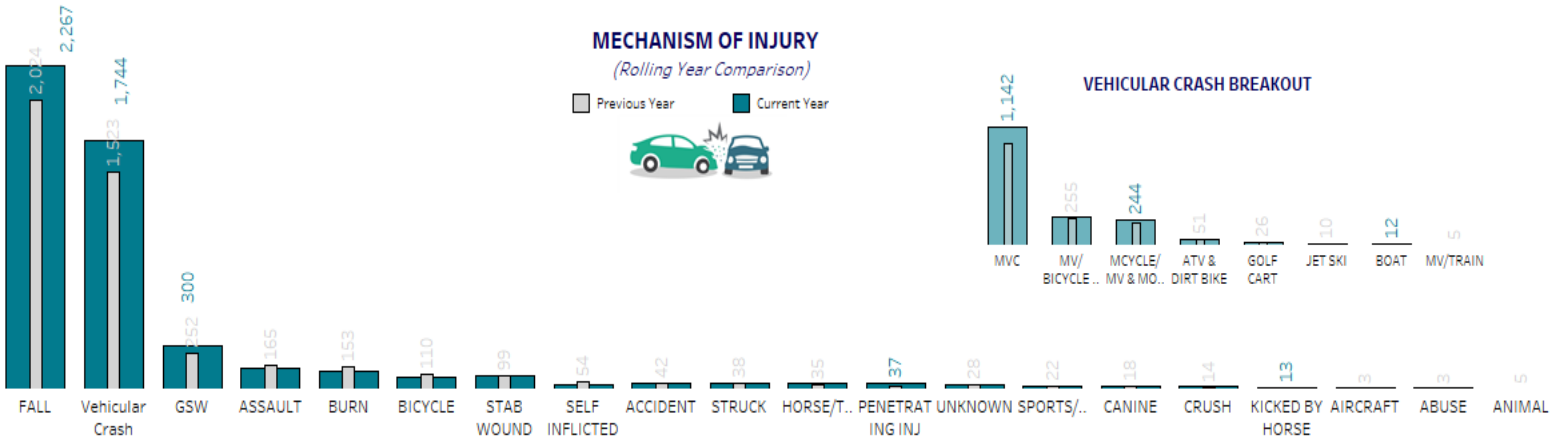
ACTIVATION LEVEL



PROTECTIVE DEVICES



MECHANISM OF INJURY
(Rolling Year Comparison)



VEHICULAR CRASH BREAKOUT

ED DISPOSITION