

**QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING
10:00 a.m., June 17, 2020**

The Quality Assessment & Oversight Committee of the North Broward Hospital District was held at 10:00 a.m. on June 17, 2020 via WebEx video conference.

1. **NOTICE**

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. **CALL TO ORDER**

There being a quorum present, the meeting was called to order by Chair Nancy W. Gregoire at 10:01 a.m.

3. **COMMITTEE MEMBERS**

Present: Commissioner Nancy W. Gregoire, Chair
Commissioner Stacy L. Angier, Vice Chair
Commissioner Ray T. Berry

Senior Leadership
Additionally Present: Marie C. Waugh/Commissioner, Gino Santorio/President/Chief Executive Officer, Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Jerry Del Amo/Deputy General Counsel

4. **GOVERNOR'S EXECUTIVE ORDER ANNOUNCEMENT**

General Counsel delivered the Governor's Executive Order for the record, as seen below.

“This public board meeting is being conducted through communications media technology in accordance with the Governor's Executive Order No. 2020-69 as extended by the Governor's Executive Order No. 2020-139 and § 120.54(5)(b)2., Florida Statutes. This meeting is open to the public who are able to attend this meeting via telephone conference call. The conference call information is currently posted on Broward Health's website. All the requirements of Florida's Sunshine Law are still in effect including the memorialization of minutes. While not a requirement under Florida law, we will attempt to record this meeting and post it on Broward Health's website for the public and for those who may not be able to attend this live telephone conference.”

MINUTES

NORTH BROWARD HOSPITAL DISTRICT

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5. PUBLIC COMMENTS

None.

6. APPROVAL OF MINUTES

Staff Recommendation: That the Quality Assessment & Oversight Committee of the North Broward Hospital District approve the minutes from December 11, 2019.

Staff recommendation *carried without dissent.*

7. CONSENT AGENDA

Mr. Barry Gallison, Director of Risk and Quality Management, requested approval of the quarterly reports listed on the Consent Agenda, as seen below:

- 7.1. Community Health Services: Healthcare for Homeless
- 7.2. Ambulatory - Physician Practice Update
- 7.3. Gold Coast Home Health & Hospice
- 7.4. Population Health
- 7.5. Medicare Readmission
- 7.6. Medicare Mortalities
- 7.7. Antimicrobial Stewardship
- 7.8. Environment of Care
- 7.9. Sepsis Prevention
- 7.10. Infection Prevention
- 7.11. Hospital Acquired Pressure Injury
- 7.12. Grievances
- 7.13. Patient Satisfaction HCAHPS
- 7.14. Risk Management Quarterly Reports

Staff Recommendation: That the Quality Assessment & Oversight Committee of the North Broward Hospital District approve items 7.1-7.14 on the Consent Agenda.

Staff recommendation *carried unanimously.*

8. QUALITY AND SAFETY AGENDA – presented by – Barry Gallison, Director, Risk and Quality Management

8.1. Value Based Purchasing Update

Required by Affordable Care Act and Social Security Act:

- 2019 & 2020 – 8% Medicare dollars withheld. Earned back through performance.

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- 25% Person and Community Engagement – HCAHPS
- 25% Clinical Care-30-day mortality for AMI, HF, PN, COPD
- 25 % Safety-NHSN measures (Clabsi, Cauti, SSI, MDRO)
- 25% Efficiency and Cost Reduction – MSPB
- 2020 Reimbursement for Prior Performance
 - Baseline for Engagement and Safety – CY 2017
 - Performance July 2018-June 2019
 - Baseline Clinical-July 2011-Jun 2014
 - Performance July 2015-June 2018
- Estimated Payment for 2020 – \$186,520.
- Quality Indicators Engagement, Clinical, and Safety
 - New systems implemented to close gaps.

8.2. Joint Commission Disease Specific Certifications (DSC) – certified every three years

- Disease Specific Certifications for Broward Health Hospitals
 - Broward Health Imperial Point (BHIP)
 - Advanced Primary Stroke Center – 10/2019
 - Heart Failure – 3/2020
 - Broward Health Medical Center (BHMC)
 - Advanced Primary Stroke Center – 5/2019
 - Joint Replacement Hip/Knee – 6/2019
 - Pediatric Asthma – in progress
 - Broward Health North (BHN)
 - Advanced Primary Stroke – 10/2019
 - Advanced Thrombectomy Capable Stroke Center – application submitted 2/2020 (NEW)
 - Advanced Total Hip/Knee Replacement – 3/2020
 - Alzheimer’s Disease 10/2019
 - Spine Surgery 7/2019
 - Stroke Rehabilitation 10/2019
 - Broward Health Coral Springs (BHCS)
 - Advanced Primary Stroke Center 4/2019
 - Minimally Invasive Colorectal Surgery 11/2019
 - GERD Center (Gastro Esophageal Reflux Disease) – Finalizing certification

8.3. Infection Control System Update

- High Reliable Organization
 - Introduce team
 - Regional Quality Leaders & Epidemiologist

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- Transformational Change
 - Leadership
 - Safety Culture
 - Robust Process Improvement
 - ORO Assessments
- Commitment to Zero Harm
- Standardization
 - District wide Infection Control Plan
 - Standardize approach to emerging threats – one program for all four hospitals.
 - Standardize Products and Protocols to reduce changes in practice.
 - Intense Analysis for every event
 - At local level, evaluate processes, track and trend
 - Unified Goals – Balanced score card helps drive this change.
- Future Steps
 - Chasing Thresholds & Benchmarks (Zero!)
 - Improve Public Reporting
 - Accountability in Practice
 - Goal Alignment: Balance Score Card
- Outcomes: Calendar Year 2018 to Calendar Year 2019
 - CLABSI
 - CAUTI
 - MRSA
 - C Diff
- Current Balance Score Card, Quality Domain Fiscal Year 2020
- Proposed Balance Score Card, Quality Domain Fiscal Year 2021

MOTION: It was *moved* by Commissioner Berry, *seconded* by Commissioner Angier, that:

That the Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to approve the Proposed Balance Score Card, Quality Domain Fiscal Year 2021.

Staff recommendation *carried unanimously.*

8.4. Influenza Program

- 2020 Healthcare Personnel Influenza Vaccination, October 1 and March 31
 - Summary Employees
 - Received – 87%
 - Medical Contraindications – 7%
 - Did not received due to turnover in staff – 6%
 - Summary Medical Staff
 - Received – 70%

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- Medical Contraindications – 14%
 - Did not participate – 16%
 - Summary Volunteers/Students – 100% participation
- 8.5. Patient Engagement System Update
- Journey to High Reliable Organization
 - Transformational Change
 - Align Culture
 - Press Ganey Partnership
 - Standardized survey tools
 - Ambulatory Service – modified the tool to match the telemedicine process.
 - New kiosk in the Health Care for Homeless Clinic to allow for participation in the satisfaction program.
 - Survey Priority Indicators
 - Process & Frequency of Rounding – provided education to staff to ensure patient needs are met.
 - Orientation & Staff Education
 - Reward & Recognize
 - Balance Score Card
 - Physician Engagement
 - Identify MD champions
 - Balance Score Card Goal Comparison: BHMC & BHN
 - Overall rating of hospital
 - 75th percentile
 - BHMC – 78.0
 - BHN – 78.0
 - Fiscal Year 2020 Goal
 - BHMC – 75.7
 - BHN – 80.1
 - Calendar Year 2019
 - BHMC – 69.9
 - BHN – 76.0
 - Calendar Year 2018
 - BHMC - 69.2
 - BHN – 77.4
 - Willing to recommend
 - 75th percentile
 - BHMC – 78.0
 - BHN 78.0
 - Fiscal Year 2020 Goal
 - BHMC – 77.2
 - BHN – 79.1
 - Calendar Year 2019

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- BHMC – 70.5
 - BHN – 74.5
 - Calendar Year 2018
 - BHMC – 70.2
 - BHN – 75.3
 - Balance Score Card Goal Comparison: BHIP and BHCS
 - Overall rating of hospital
 - 75th percentile
 - BHIP – 78.0
 - BHCS – 78.0
 - Fiscal Year 2020 Goal
 - BHIP – 79.4
 - BHCS – 68.6
 - Calendar Year 2019
 - BHIP – 77.0
 - BHCS – 72.1
 - Calendar Year 2018
 - BHIP – 78.4
 - BHCS – 64.3
 - Willing to recommend
 - 75th percentile
 - BHIP – 78.0
 - BHCS – 78.0
 - Fiscal Year 2020 Goal
 - BHIP – 80.9
 - BHCS – 70.6
 - Calendar Year 2019
 - BHIP – 78.7
 - BHCS – 73.2
 - Calendar Year 2018
 - BHIP – 81.7
 - BHCS – 66.9
 - Current Balance Score Card
 - Service Satisfaction Fiscal Year 2020 – All Sites
 - Four Metrics
 - Overall
 - 2019 Achieved – 73.16
 - 2020 Year to Date – 71.21
 - Recommend
 - 2019 Achieved – 73.87
 - 2020 Year to Date – 70.85
 - RN Communication
 - 2019 Achieved – 80.04

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- 2020 Year to Date – 77.04
- Responsiveness
 - 2019 Achieved – 63.99
 - 2020 Year to Date – 59.79
- COVID-19
 - Impact to patient satisfaction
 - Limiting patient visitation
 - Decreased rounds due to PPE requirements
 - Stress in the community
- Proposed Balance Score Card
 - Service Satisfaction Fiscal Year 2021
 - Proposal to use Fiscal Year 2020 goals for Fiscal Year 2021 goals.
 - Proposal to move from four metrics to three metrics.

MOTION: It was *moved* by Commissioner Angier, *seconded* by Commissioner Berry, that:

That the Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to approve the Proposed Balance Score Card, Service Satisfaction Fiscal Year 2021.

Staff recommendation *carried unanimously.*

9. **ADJOURNMENT**

There being no further business on the agenda, the Chair adjourned the meeting at 10:39 a.m.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer