

North Broward Hospital District Board of Commissioners
1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316

QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING 4:00 p.m., Wednesday, September 15, 2022

The Quality Assessment and Oversight Committee of the North Broward Hospital District was held at the Broward Health Sports Medicine Building, 1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316.

1. NOTICE

Official notice is attached to these minutes, titled EXHIBIT I. Agenda of this meeting is attached to the minutes, titled EXHIBIT II. Supporting documents, if applicable, are attached to these minutes, titled EXHIBIT III. These exhibits are presented for consideration of the Committee.

2. CALL TO ORDER

There being a quorum present, the meeting was called to order by Chair Ray T. Berry at 4:03 p.m.

3. COMMITTEE MEMBERS

Present:

Commissioner Stacy L. Angier
Commissioner Nancy W. Stamper, Vice Chair
Commissioner Ray T. Berry, Chair

Additionally Present:

Commissioner Paul C. Tanner
Commissioner Jonathan K. Hage
Commissioner Christopher J. Pernicano (via Teams)
Commissioner Levi G. Williams, Jr. (arrived at 4:27 p.m.)
Shane Strum, President, Chief Executive Officer
Alan Whaley, EVP, Chief Operating Officer
Alex Fernandez, SVP, Chief Financial Officer
Linda Epstein, Corporate General Counsel

4. PUBLIC COMMENTS

Chair Berry opened the floor for public comments, in which there were none.

5. APPROVAL OF MINUTES

5.1. Approve Meeting Minutes dated June 22, 2022

Without objection, Chair Berry approved the minutes, dated June 22, 2022.

Motion *carried* without dissent.

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6. CONSENT AGENDA

Quarterly Reports, Data Q2 CY2022, PowerPoint Presentation (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

- 6.1. Environment of Care
- 6.2. Infection Prevention
- 6.3. NPSG - Hand Hygiene
- 6.4. Grievances
- 6.5. Medicare Mortalities
- 6.6. Medicare Readmissions
- 6.7. Patient Satisfaction HCAHPS
- 6.8. Risk Management Quarterly Reports

In regard to patient satisfaction, Mr. Gallison reported that the District has implemented the CMS approved use of electronic patient satisfaction surveys (e-surveys) in the Emergency Department (ED), which resulted in an increase in participation and improved satisfaction rates.

For further detail, related slides are available within the September 2022 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' web page.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District approve items 6.1 through 6.8 on the Consent Agenda, as presented.

Motion confirmed by roll call.

YES Commissioner Stacy L. Angier

YES Commissioner Nancy W. Stamper, Vice Chair

YES Commissioner Ray T. Berry, Chair

Motion *carried* 3/0.

7. DISCUSSION AGENDA

- 7.1. Antimicrobial Stewardship (Presenter – David Lacknauth, Executive Director, Pharmacy Services)

Mr. Lacknauth reviewed the following items:

- Intervention Type
 - o De-escalation

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- Dose Adjustment
- Bug-Drug Mismatch
- Intravenous (“IV”) to By Mouth (“PO”) conversion
- Therapeutic Duplication

- Antimicrobial Stewardship Initiatives
 - Updated Penicillin Desensitization Protocol
 - Methicillin-Resistant Staphylococcus Aureus (MRSA) Intensive Care Unit (ICU) Decolonization Protocol
 - Implementation of Disease State Specific Powerplans to align with The Joint Commission Standards: Pulmonary Nodular Amyloidosis (PNA), Helicobacter Pylori (H. Pylori), and Sepsis
 - Implementation of Pharmacist driven Procalcitonin Protocol – All 4 sites
 - Leveraging Cerner to default duration of antibiotics within select powerplans
 - Clostridioides Difficile (C. Diff) and Surgical Site Infection Interdisciplinary Process Improvement Teams
 - Evaluation of New Formulary Gram Negative Agents and Place in Therapy;
 - Standardization of Restriction Process for Antimicrobials
 - Continual evaluation of utilization of restricted antimicrobials
 - Joint Commission updated Standards Gap Analysis

- 7.2. Infection Control & Action Plan (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

Mr. Gallison reviewed the following building blocks to achieving high reliability within the organization:

- Regional Chief Medical Offices, Infection Control Physicians, Quality Leaders & Staff Epidemiologists
- Transformational Change
 - Leadership
 - Safety Culture
 - Robust Process Improvement
- Commitment to Zero Harm (zero negative events)
- Standardization
 - Districtwide Infection Control Plan
 - Standardized approach to emerging threats
 - Standardized Products and Protocols
 - Intense Analysis for Every Event
 - At local level, evaluate processes, track and trend

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- Unified Goals – Balanced Score Card
 - Central Line Associated Blood Stream Infection (CLABSI)
 - Catheter Associated Urinary Tract Infection (CAUTI)
 - Clostridioides Difficile Infection (CDIFF)
 - Multi-Drug Resistant Organisms (MDRO)
 - CDIFF
 - Methicillin-Resistant Staphylococcus Aureus (MRSA)
 - Early Identification – Present On Admission (POA) vs. Hospital-Acquired Condition (HAC)

- 7.3. Centers for Medicare & Medicaid Services (CMS) Star Ratings Update (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

Mr. Gallison advised that CMS suppressed all data from calendar year 2020 and 2021 for Value Based Purchasing (VBP) Programs. However, he further noted that the data for the aforementioned years was included for the CMS Star Ratings, which includes six (6) additional months of data as highlighted below:

- Mortality Q3 18 to Q2 21
- Readmission Q3 18 to Q2 21
 - All cause Q320 to Q221
- Safety of Care Calendar Year 2021
- Patient Experience Calendar Year 2021
- Timely & Effective Calendar Year 2021

Mr. Gallison reported the following July 2022 CMS Star Ratings:

- BHIP 4 Stars (2021-4)
- BHCS 2 Stars (2021-3)
- BHMC 2 Stars (2021-2)
- BHN 2 Stars (2021-2)

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7.4. US News & World Report (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

Mr. Gallison reported the following US News & World Report methodology changes:

- Outcomes & Experience 37.5%
 - o Mortality, Discharge patients to home, Length of stay, Volume, Influenza rates for staff and physicians, vaccine rates for patients
- Structure 30%
 - o Nurse Staffing, Intensivist, technologies, services offered
- Expert Opinion 24.5%
 - o Physician vote in the Doximity platform where they would send patients, get care, send family, etc.
- Patient Experience 5%
- Transparency 3%
 - o Recognized programs for Cancer (NCI) and (FACT), Neuro (NAEC), Magnet Hospital, geriatrics (NIA), trauma centers

Mr. Gallison reported the following 2022 US News “High Performing” for the District:

- Broward Health Medical Center (BHMC)
 - o COPD
 - o Heart Attack
 - o Heart Failure
 - o Kidney Failure
 - o Stroke
- Broward Health Coral Springs
 - o COPD &
 - o Kidney Failure
- Broward Health Imperial Point
 - o COPD (*New)
- Broward Health North
 - o Stroke
 - o Hip Replacement
 - o COPD (*New)
 - o Diabetes (*New)
 - o Kidney Failure (*New)

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8. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 4:28 p.m.

Respectfully submitted,
Commissioner Paul C. Tanner, Secretary/Treasurer

APPROVED