

MINUTES

NORTH BROWARD HOSPITAL DISTRICT

North Broward Hospital District Board Of Commissioners
1700 Northwest 49th Street, Suite #150, Ft. Lauderdale, 33309

QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE MEETING FOR MAY 30, 2018 11:00 A.M.

MEETING CALLED TO ORDER: 11:09 a.m.

MEETING ADJOURNED: 12:09 p.m.

ROLL CALL: Commissioner Gregoire/Chair, Commissioner Berry, Commissioner Klein

PRESENT: Beverly Capasso/CEO, Gino Santorio/COO, Alan Goldsmith/CFO, Lynn Barrett/General Counsel, Nick Hartfield/CCO, Nigel Crooks/CIA

PUBLIC COMMENTS: None.

APPROVAL OF MINUTES:

1. Approve Quality Assurance and Oversight Committee meeting minutes, for January 24, 2018

MOTION: Motion was made by Commissioner Klein, second by Commissioner Gregoire, to:

APPROVE QUALITY ASSESMENT AND OVERSIGHT COMMITTEE MEETING MINUTES FOR JANUARY 24, 2018.

Motion *carried* unanimously.

Chief Medical Officer, Dr. Andrew Ta, introduced Chief of Prevention Control and Antimicrobial Stewardship, Dr. David Droller, Infectious Disease Specialist.

Mr. Lee Ghezzi, reported that Mr. Barry Gallison was recently appointed to Corporate Director for Quality.

TOPIC OF DISCUSSION:

QUALITY AND SAFETY PROJECTS UPDATES:

A. Joint Commission Readiness presented by Mr. Barry Gallison

Updated on Joint Commission Readiness by facility – BHCS, BHMC, BHIP and BHN

I. **BHCS** – Joint Commission

Expires: April 2021

Two (2) Disease Specific Certifications:

- I. Primary Stroke will be surveyed Friday. Expires: June 2018
- II. Minimally Invasive Colorectal Surgery Expires: October 2018

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All three (3) inspections received positive comments on the growth of the organization and expansion of the new tower.

Revisit in 30-45 calendar days for:

- Suicide Risk Assessment and Environment Modifications
- Life Safety Correction and Modification

2. **BHMC** – Joint Commission

Expires: May 2021

Two (2) Disease Specific Certifications:

- | | |
|---------------------------------------|-----------------------------|
| I. Primary Stroke | Expires: October 25, 2018 |
| II. Hip and Knee – scheduled for June | Expires: September 17, 2018 |

Joint Commission was impressed how Broward Health's management team responded to the recent tragedies and wish to partner together for the annual convention in January.

Revisit in 30-45 calendar days for:

- Data Management of the Surgical Processing Tissues Use
- Life Safety Corrections and Modification

3. **BHIP** – Joint Commission

Expires: August 18th

Two (2) Disease Specific Certifications:

- | | |
|-------------------|------------------------|
| I. Primary Stroke | Expires: December 2019 |
| II. Heart Failure | Expires: April 2020 |

4. **BHN** – Joint Commission

Expires: August 21, 2018

Five (5) Disease Specific Certifications:

- | | |
|------------------------|----------------------------|
| I. Spine | Expires: September 1, 2019 |
| II. Primary Stroke | Expires: December 8, 2019 |
| III. Stroke Rehab | Expires: December 7, 2019 |
| IV. Alzheimer's | Expires: December 6, 2019 |
| V. Advanced Hip & Knee | Expires: January 25, 2020 |

CMS Hospital Reporting Confidence Interval Report:

- Random Selection CMS Audit of BHN and BHCS completed in May to verify their data and accuracy.
- NHSN data reporting on MRSA and C. Diff.
- Core Measures for outpatient and inpatient quality reporting.

No deficiencies were found.

B. Leapfrog Update and Next Steps presented by Lee Ghezzi

- Currently in the process of submitting updated leapfrog information by the end of June
- BHN Leapfrog score increased to a “B” vs. previous year which was a “C”
- BHMC, BHIP, BHCS scored a “C”
- Measures based on 2013-2015 data
 - Hospital Acquired Conditions
 - Serious Safety Events
 - ICU Intensivist Staffing
- Measures based on data 2015-2016 data
 - Infection Related Data
 - HCAHPS Scores
- Measures based on 2017 data
 - CPOE should be finalized by June 30th
 - Safety Survey at all the facilities will be finalized in 1 week and submitted this year

C. Star Rating Preview Reports presented by Lee Ghezzi

Five-Star Quality Rating System created by CMS and submitted by the facilities electronically.

Star rating improvement displayed as the following:

- BHIP – Remains ★★★★★
- BHCS – ★★★★★ vs. ★★★★★ last year.
- BMC – ★★★★★ vs. ★★★★★ last year.
- BHN – ★★★★★ vs. ★★★★★ last year.

Focus is on readmission and rearranging outpatient and inpatient services under one umbrella. In addition, focus in on reorganizing case management and hiring a corporate director.

D. Antimicrobial Stewardship Updates presented by Dan Lacknauth

Tabled to next quarter

E. Ambulatory Services – Population Health Update presented by Gavin Malcom

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- Cigna CAC Agreement – Continued improving in all areas.
- The Florida Blue – Challenges related to contracts when additional testing is required for lower back pain, typically done in the ER
- Metrics indicated better results than Florida Blue Market

F. Influenza Program presented by Barry Gallison

Employee engagement in flu program

- 56 % participation for flu vaccination last year
- Supported human resources to increase the employees participation percentage Employees who took the flu shot were able to decrease their insurance premium, this improved the participation to 82%
- Employees who rejected the flu shot were required to wear a flu mask while working

Mr. Gallison noted that tabs “A” through “P” shows improvement in the Star Ratings.

There were two site visits from Joint Commission, in which they vetted plans and compared data.

Infectious Control Plan (tab “Q”) included all four regions. The department plans to create a standardized plan listing metrics, specific to each facility.

- Motion to approve Item “Q”.

MOTION: It was moved by Commissioner Klein, seconded by Commissioner Gregoire, that:

THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE RECOMMEND TO THE BOARD ADOPTION OF THE INFECTION CONTROL PLAN POLICY AND PROCEDURES MANUAL.

Motion ***carried*** unanimously,

Mr. Gallison presented the Performance Improvement Plan for 2018 (tab “R”) for the continuation and renewal to guide performance improvement through the facilities.

MOTION: It was moved by Commissioner Klein, seconded by Commissioner Gregoire, that:

THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE RECOMMEND TO THE BOARD TO APPROVE ITEM PL006500 FOR 2018 PERFORMANCE IMPROVEMENT PLAN.

Motion ***carried*** unanimously

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Mr. Gallison reported on the Patient Safety Plan (tab "S"), listing patient safety goal actions for all the facilities in 2018.

MOTION: It was moved by Commissioner Klein, seconded by Commissioner Gregoire, that:

THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE RECOMMEND TO THE BOARD ADOPTION OF THE PL006200 PATIENT SAFETY PLAN.

Motion *carried* unanimously

MEETING ADJOURNMENT: 12:09 p.m.

MOTION: It was moved by Commissioner Klein, seconded by Commissioner Gregoire, that:

THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE MEETING ADJOURN.

Motion *carried* unanimously.

AUTHENTICATION OF MINUTES: Patricia Alfaro, Special Assistant to the Board of Commissioners.

*Audiotape available upon request.

Respectfully submitted,

Commissioner Ray T. Berry
Secretary / Treasurer