

6.1 COMMUNITY HEALTH SERVICES: HEALTHCARE FOR HOMELESS



Performance Measure for HCH Patients with Diabetes, CY 2021		Target	January	February	March	Sum/Avg Report #1	YTD 2021
Goal 1: Decrease No-Show rate AADE certified diabetes self-management session by at least ten percent (10%) by June 2021. Goal 40%	Measurement of monthly attendance in diabetes sessions		62%	43%	69%	61%	61%
	# of patients who attended sessions		8	3	9	20	20
	# of patients who were scheduled for a session		13	7	13	33	33
	NO SHOW RATE 	less than 40%	38%	57%	31%	39%	39%
Goal 2: Reduce participating HCH patients with uncontrolled HbA1c of 9% or higher	Complete outreach to all patients with HbA1c 5.7% or greater and schedule at least 75% of identified patients for DSM session.	75%	36%	23%	27%	29%	29%
	# of patients with HbA1c 5.7% or greater and scheduled for session		13	7	13	33	33
	# of patients identified as having HbA1c 5.7% or greater		36	30	49	115	115
	Monitor Percentage of patients with uncontrolled diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent	≤ 16.20 %	10%	10%	7%	9%	9%
	# of patients with HbA1c greater than or equal to 9% over the past 3 months.		22	22	19	21	21
	# of established Diabetic patients the last 3 months		219	219	264	234	234

6.2 AMBULATORY PHYSICIAN PRACTICE UPDATE

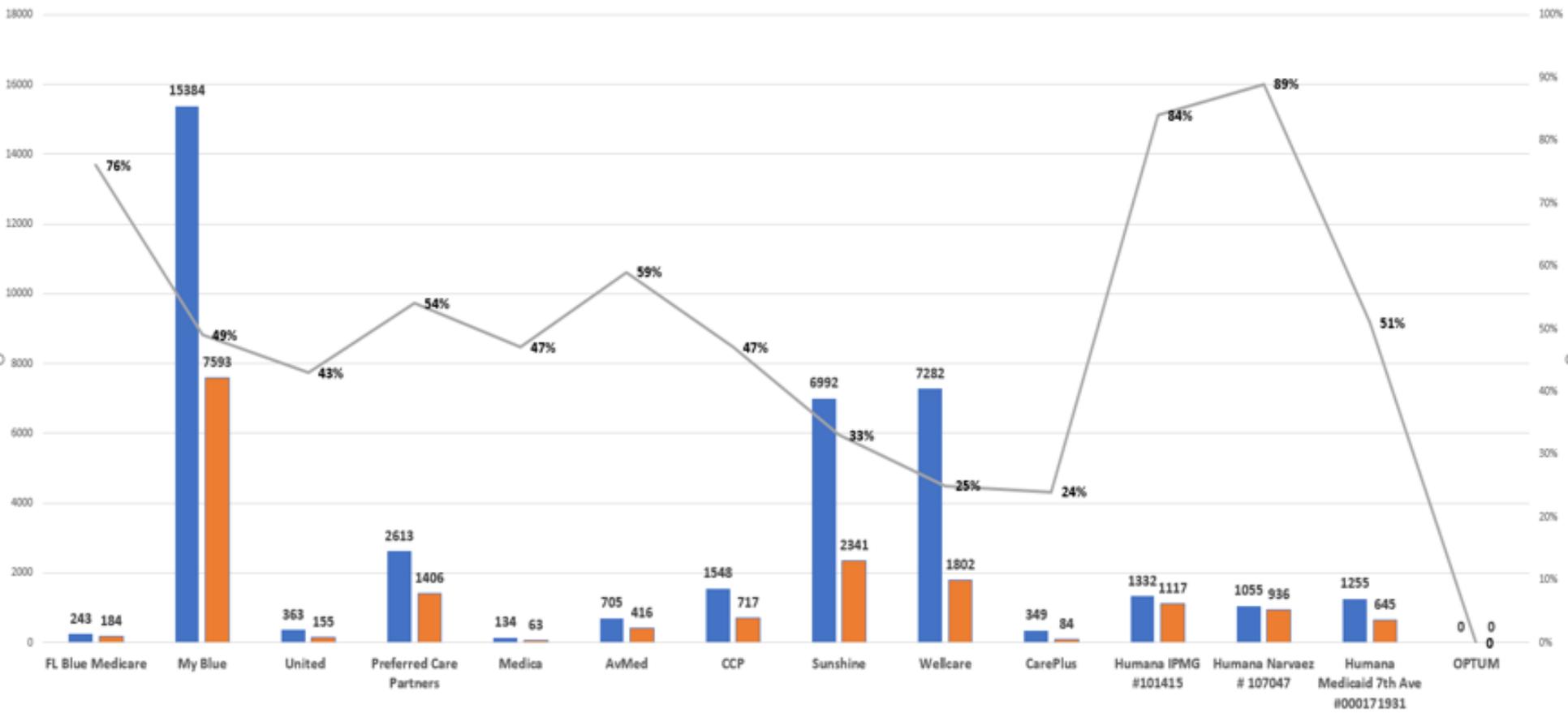


2021 PRIMARY CARE PHYSICIAN PREVENTATIVE HEALTH - QUALITY PLAN

- Primary Care Physician/point of care staff education & engagement w/ 2021 clinical preventative care gap closure plan.
- Address preventative and chronic care for noncompliant patients from 2020.
- 2021 1st & 2nd Qtr. Address Annual Preventative care gap closure.
- 3rd & 4th Qtr. maintain compliance for recurrent chronic condition care gaps through out 2021 year end.

2021 QUARTERLY PRIMARY CARE HEALTHPLAN CLINICAL GAP CLOSURE RATE

2021 Primary Care Healthplans clinical care gap closure rate



■	Total # open preventative care gaps
■	# 1st qtr closed preventative care gaps
—	1st qtr Gap closure rate per plan

6.3 BROWARD HEALTH HOME HEALTH

Quality Management
Process Measures
Outcome Measures
HHCAHPS



CMS IQIES										
MANAGING DAILY ACTIVITIES	CMS Target Percentage	Q2 20	Q3 20	Q4 20			Q1 21			YTD 21
Improvement in Ambulation	79.9	86.8	86.4	86.4	87	86.7	84.7	84.6	84.7	84.7
Improvement in Bed Transferring	81.4	86.3	84	90.2	87.5	87.3	84.6	84.2	83.4	84
Improvement in Bathing	82.6	87.4	84.1	88.1	86.2	85.6	84.9	84.8	84.0	84.6
Improvement in Dyspnea	83.2	88.5	92	90.3	87.4	87.3	88.9	88.7	88.6	88.7
MANAGING PAIN AND TREATING SYMPTOMS	CMS Target Percentage									YTD 21
Improvement in Management of Oral Medications	93.8	85	85.3	88	84.1	82.6	80	80	80.3	80.1

CMS IQIES								
PREVENTING HARM	CMS Target Percentage	Q2 20	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	YTD 21
Timely Initiation of Care	95.4	100	100	100	100	100	100	100
Drug Education on all medication provided to patient/caregivers during an Episode of Care	99	98	99	100	99	99	99	99
Discharge to Community	72.5	87.4	84.1	85.6	82.7	82.7	81.9	82.4
PROCESSES AND OUTCOMES								
PREVENTING UNPLANNED HOSPITAL CARE	CMS Target Percentage	Q2 20	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	YTD 21
CMS/Risk Adjusted Hospitalizations	15.4	21.1	19.86	21.1	11.8	14.8	18.4	15.0
ER use without Hospitalization	13	10	11.3	5.3	9.2	9.8	12.2	10.4
*Patient falls with major injury	1	0.3	0	0.3	0.5	0.5	0.5	0.5

PRESS GANEY REPORT

Home Health HHCAHPS	CMS Target Percentage	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Q1 21
Patients who reported their HH team gave care in a compassionate way	88	68	93	84.4	98	86.3	86	92	87	86.1	86.9
Patients who reported that their HH team communicated well with them	85	48	97.6	89	92.4	88	86	100	82	85.2	85.6
Patients who reported that their HH team discussed meds, pain and home safety with them	83	55	84	72	81.1	76.3	61	70	46.2	79	69
Patient who gave their HH agency a rating of 9 or 10	84	46	100	78	100	100	71	100	67	89	85
Patients who reported YES, they would definitely recommend HH agency	78	50	83.3	62.5	100	50	71	100	60	67	71.3



BROWARD HEALTH HOSPICE

Quality Management
Processes & Outcomes
HIS Quality Measures
HSCAHPS



MCKESSON CUSTOM REPORT								
PROCESSES AND OUTCOMES	IPU	Q2 20	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	YTD 21
INFECTION CONTROL <i>Acquired infection</i>	0%	0	0	0	0	0	0	0
PAIN MGMT (Edmonton Pain Assess) <i>Patients who reported pain >7 after 4 days on service</i>	95%	No data	No data	No data	100	91	91.7	94.2
	HOME	Q2 20	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	YTD 21
INFECTION CONTROL <i>Acquired Infections</i>	0%	0	5.8	0	0	0	0	0
PAIN MGMT (Edmonton Pain Assess) <i>Patients who reported pain >7 after 4 days on service</i>	95%	75	No data	100	100	100	100	100

CASPER REPORT

HOSPICE INFORMATION SET	CMS ROLLING TARGETS	April	May	June	July	Aug	Sept	Oct	Nov	Dec	JAN 21	FEB	MAR	YTD
Treatment Preferences	99.5	100	100	100	100	100	100	100	100	n/a	100	100	100	100
Beliefs/Values	97.9	100	100	100	100	100	100	100	100	n/a	99.6	99.6	99.6	99.6
Pain Screening	97.7	98.3	98.4	100	97.6	97.4	96.4	96.7	96.5	n/a	95.5	95.6	95.3	95.5
Pain Assessment	96.6	100	100	100	100	100	100	100	100	n/a	100	100	100	100
Dyspnea Screening	98.8	100	100	100	100	100	100	100	100	n/a	100	100	100	100
Dyspnea Treatment	97.0	100	100	100	100	100	100	100	100	n/a	100	100	100	100

CASPER REPORT

HOSPICE INFORMATION SET	ROLLING TARGETS CMS	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21	YTD 21
Bowel Regime	94.2	100	100	100	100	100	100	100	100	No data	100	100	100	100
Hospice Comprehensive Assessment	90.3	98.3	98.4	98.1	97.6	97.4	96.4	96.7	96.1	No data	95.1	95.2	94.9	95.1
HOME PATIENTS ONLY	ROLLING TARGETS CMS	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21	YTD 21
When death is imminent Measure 1	81.6	73.5	67.6	65.6	61.8	64.5	61.8	62.5	62.8	No data				
When death is imminent Measure 2	79.1	83.3	86.2	87.5	88	91.3	92.3	93.8	94.3	No data				

PRESS GANEY REPORT

HSCAHPs	National Average	April 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Q1 21
Hospice Team Communicates	81	90	100	100	83	No data	75	40	83.3	100	76.7
Getting Timely Care	78	100	100	100	100	No data	29	50	100	100	58.8
Treating Family Members With Respect	81	100	100	100	100	No data	100	100	75	100	94.4
Getting Support Religious/Emotional	90	93.3	100	100	100	No data	100	83.3	100	100	90.5
Getting Help For Symptoms	75	100	100	100	No data	No data	88	0	100	100	77.3
Getting Hospice Care Training	75	50	100	91.7	50	No data	40	0	37.5	100	53.8
Recommend Hospice	84	80	50	100	100	No data	75	100	0	100	88.2
Overall Hospice Training	81	100	100	100	100	No data	100	100	0	100	55.2



6.4 POPULATION HEALTH



Cigna - Quality

Cigna	Benchmark	Dec-15	Mar-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
CAD - Taking a Statin	73.6%	69.1%	71.4%	69.0%	78.7%	71.2%	72.9%	65.6%	82.4%	84.9%	85.7%	83.3%
Diabetes - Retinopathy	36.9%	29.9%	31.0%	38.6%	44.7%	45.8%	49.3%	52.4%	53.2%	55.4%	58.2%	47.8%
Diabetes - Good HbA1c control	73.1%	70.4%	74.7%	76.6%	80.7%	78.7%	80.4%	81.8%	82.4%	83.6%	84.0%	80.9%
Diabetes - Taking a Statin	86.7%	71.1%	86.6%	86.6%	79.2%	82.9%	81.6%	79.3%	83.1%	89.9%	92.6%	90.5%
Hypertension^^	70.9%	N/A	76.6%									
Depression Screening^^	2.1%	N/A										
Adolescent Well Care	59.2%	69.4%	71.9%	73.6%	63.7%	66.7%	71.0%	71.7%	71.7%	66.5%	61.8%	58.7%
Pediatric - Well Child (15 mos)	83.3%	76.7%	78.9%	83.8%	95.0%	88.0%	83.3%	86.9%	84.9%	82.1%	88.9%	88.9%
Breast Cancer Screening	77.2%	81.6%	80.6%	83.6%	83.8%	84.0%	84.1%	84.9%	85.3%	85.2%	86.7%	83.5%
Chlamydia Screening	51.0%	62.5%	58.7%	55.7%	56.0%	56.2%	55.4%	57.5%	55.9%	72.1%	78.1%	60.5%
Generic Dispensing Rate	87.3%	79.3%	85.7%	86.3%	87.1%	87.7%	87.8%	88.2%	88.3%	88.5%	88.5%	87.7%
ED Utilization - visits per 1000	217	231	202	210	225	226	229	220	227	200	193	143

^^ Represents a new metric from Cigna that was not previously measured.

Florida Blue - Quality

FL BLUE	Benchmark	Feb-18	May-18	Aug-18	Dec-18	Feb-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Breast Cancer Screening	75.6%	75.8%	75.9%	64.2%	65.4%	72.5%	74.5%	73.6%	73.8%	74.3%	75.4%	76.2%
Cervical Cancer Screening	70.4%	73.3%	74.5%	65.4%	63.2%	75.7%	76.4%	76.1%	78.2%	78.3%	79.2%	80.9%
Diabetes - HgA1c Completed	87.7%	91.9%	90.8%	85.0%	86.9%	88.9%	87.9%	86.8%	87.2%	86.9%	88.1%	88.0%
Diabetes - Nephropathy	88.0%	95.9%	87.9%	89.3%	85.3%	92.8%	89.7%	90.1%	91.7%	91.2%	90.7%	90.9%
Generic Dispensing Rate	87.3%	83.0%	82.5%	83.0%	81.6%	82.0%	83.5%	84.2%	84.5%	86.1%	85.3%	86.9%
		Better than peer			worse than peers			Same				

6.5 MEDICARE READMISSIONS



Readmissions – Medicare

BHMC	National	LCY-20	2020n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	16.1%	13	0.0%	0.0%	0.0%	25.0%	20.0%	0.0%	14.3%	0.0%	40.0%	37.5%	12.5%	28.6%	26.7%	8
COPD	19.5%	9.1%	4	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%	50.0%	0.0%	16.7%	1
Pneumonia	16.6%	19.0%	15	20.0%	0.0%	20.0%	66.7%	66.7%	0.0%	11.1%	28.6%	0.0%	14.3%	0.0%	16.7%	11.8%	2
AMI	16.1%	6.8%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	20.0%	0.0%	9.1%	1
Hip/Knee	4.0%	6.3%	1	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	1
CABG	12.7%	6.9%	2	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	25.0%	60.0%	0.0%	0.0%	25.0%	3

BHN	National	LCY-20	2020n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	17.1%	13	33.3%	0.0%	0.0%	0.0%	33.3%	20.0%	50.0%	0.0%	0.0%	16.7%	37.5%	0.0%	16.0%	4
COPD	19.5%	22.2%	6	12.5%	0.0%	0.0%	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Pneumonia	16.6%	14.5%	19	16.7%	25.0%	10.0%	37.5%	0.0%	12.5%	13.3%	25.0%	33.3%	30.8%	20.0%	11.1%	22.2%	6
AMI	16.1%	9.7%	3	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%	11.1%	1
Hip/Knee	4.0%	4.8%	7	0.0%	14.3%	12.5%	0.0%	0.0%	11.1%	0.0%	0.0%	4.8%	25.0%	50.0%	16.7%	25.0%	3

BHIP	National	LCY-20	2020n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	13.6%	3	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	14.3%	1
COPD	19.5%	13.3%	6	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	14.3%	1
Pneumonia	16.6%	10.3%	8	0.0%	0.0%	20.0%	25.0%	50.0%	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	25.0%	2
AMI	16.1%	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Hip/Knee	4.0%	5.9%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	1

BHCS	National	LCY-20	2020n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	9.4%	5	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	20.0%	16.7%	20.0%	18.8%	3
COPD	19.5%	18.5%	12	0.0%	50.0%	0.0%	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Pneumonia	16.6%	13.2%	10	20.0%	14.3%	20.0%	0.0%	18.2%	14.3%	50.0%	14.3%	33.3%	0.0%	0.0%	0.0%	0.0%	0
AMI	16.1%	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	14.3%	15.4%	2
Hip/Knee	4.0%	20.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0

Readmissions – All Payer

BHMC	National	LCY-20	2020 n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	19.4%	83	19.1%	19.4%	11.1%	35.1%	22.2%	28.2%	11.4%	12.0%	15.8%	18.4%	17.1%	14.6%	16.5%	20
COPD	19.5%	12.4%	25	11.1%	10.5%	30.8%	16.7%	0.0%	16.7%	22.2%	11.1%	12.4%	7.1%	21.4%	20.0%	16.3%	7
Pneumonia	16.6%	13.3%	56	18.2%	22.2%	14.3%	17.9%	27.3%	17.2%	18.8%	10.0%	13.3%	15.4%	22.2%	13.8%	16.8%	16
AMI	16.1%	10.8%	31	0.0%	6.7%	13.3%	16.7%	12.5%	12.5%	3.9%	7.1%	10.8%	16.7%	22.2%	12.0%	16.4%	10
Hip/Knee	4.0%	4.8%	5	0.0%	50.0%	10.0%	0.0%	0.0%	0.0%	0.0%	9.1%	4.8%	20.0%	0.0%	16.7%	13.3%	2
CABG	12.7%	8.1%	15	0.0%	23.1%	21.1%	11.1%	15.4%	0.0%	0.0%	7.7%	8.1%	30.0%	8.3%	19.2%	20.7%	12

BHN	National	LCY-20	2020 n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	16.8%	52	24.0%	21.7%	3.6%	25.0%	20.0%	15.8%	24.2%	13.6%	20.7%	18.2%	30.0%	15.4%	19.6%	18
COPD	19.5%	25.5%	37	15.8%	10.0%	20.0%	23.5%	23.1%	30.0%	6.7%	17.4%	18.2%	0.0%	6.7%	9.1%	5.9%	2
Pneumonia	16.6%	13.7%	69	25.0%	16.7%	14.3%	25.6%	20.4%	20.5%	12.5%	19.5%	20.0%	19.4%	16.1%	11.1%	15.5%	16
AMI	16.1%	10.3%	16	0.0%	25.0%	0.0%	10.5%	5.9%	8.3%	0.0%	20.0%	17.7%	7.1%	5.9%	5.9%	6.3%	3
Hip/Knee	4.0%	4.8%	19	0.0%	10.0%	6.9%	16.7%	16.7%	16.1%	16.7%	16.7%	4.8%	20.0%	25.0%	5.6%	17.1%	7

BHIP	National	LCY-20	2020 n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	17.4%	23	30.0%	16.7%	7.1%	0.0%	21.4%	25.0%	20.0%	0.0%	8.3%	10.0%	28.6%	8.3%	12.8%	5
COPD	19.5%	12.9%	22	57.1%	15.4%	33.3%	14.3%	100.0%	35.7%	28.6%	27.3%	0.0%	22.2%	14.3%	16.7%	17.9%	5
Pneumonia	16.6%	10.7%	29	10.0%	8.0%	10.5%	15.0%	22.2%	40.0%	15.0%	8.3%	9.1%	35.3%	10.0%	0.0%	18.9%	7
AMI	16.1%	6.8%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	9.1%	1
Hip/Knee	4.0%	3.2%	3	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	33.3%	0.0%	0.0%	14.3%	1

BHCS	National	LCY-20	2020 n	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2021	2021n
HF	21.9%	12.7%	24	36.4%	7.1%	7.1%	0.0%	10.0%	26.3%	0.0%	10.5%	23.1%	19.1%	4.8%	16.0%	13.4%	9
COPD	19.5%	16.6%	35	0.0%	38.5%	8.3%	15.4%	40.0%	0.0%	7.1%	11.1%	7.7%	18.8%	15.4%	0.0%	14.7%	5
Pneumonia	16.6%	8.2%	33	12.5%	16.7%	25.0%	4.2%	19.4%	3.5%	17.7%	9.4%	18.2%	11.1%	12.5%	4.4%	9.5%	7
AMI	16.1%	9.1%	1	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	33.3%	0.0%	0.0%	11.1%	7.1%	6.3%	7.7%	3
Hip/Knee	4.0%	4.6%	3	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	25.0%	0.0%	0.0%	12.5%	1

6.6 MEDICARE MORTALITIES

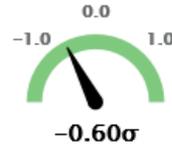
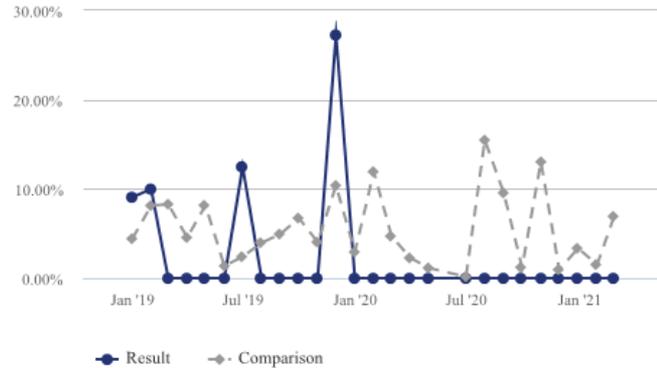


AMI Medicare Mortalities 1st Q 2021

Hospital Compare CMS benchmark 13.6%

Mortality Rate (Excluding Hospice) - System-All Physicians

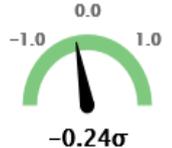
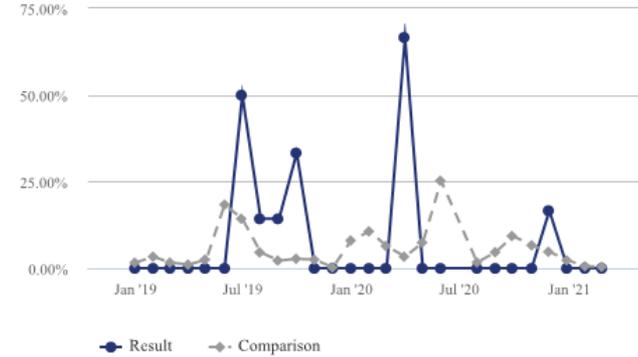
BHMC



0/11

Mortality Rate (Excluding Hospice) - System-All Physicians

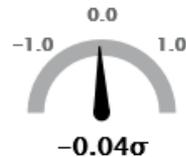
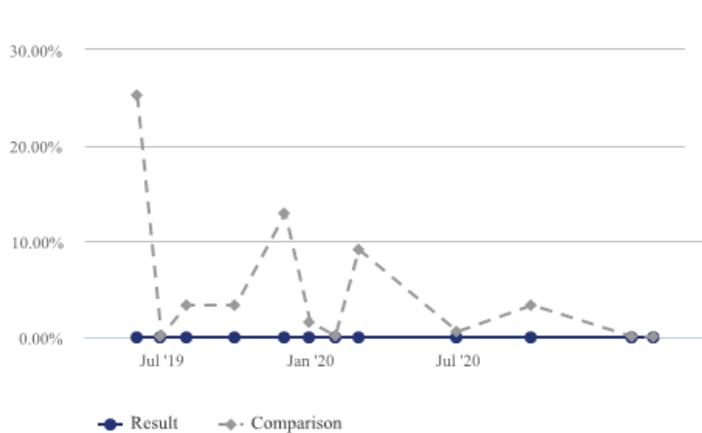
BHN



0/9

Mortality Rate (Excluding Hospice) - System-All Physicians

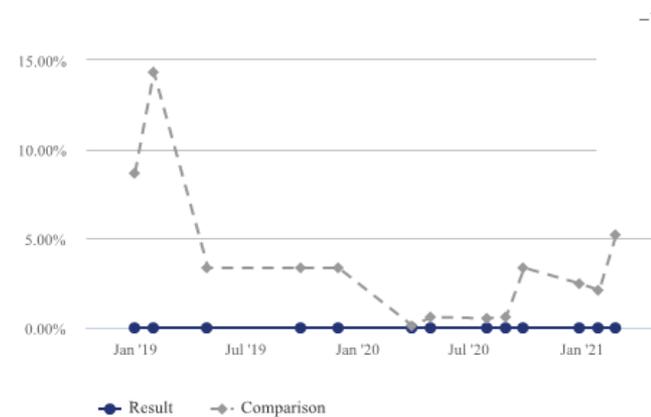
BHIP



0/2

Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS



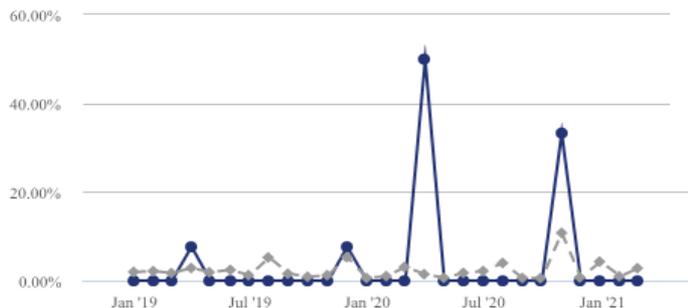
0/13

HF Medicare Mortalities 1st Q 2021

Hospital Compare CMS benchmark 12.0%

Mortality Rate (Excluding Hospice) - System-All Physicians

BHMC

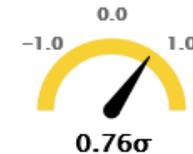
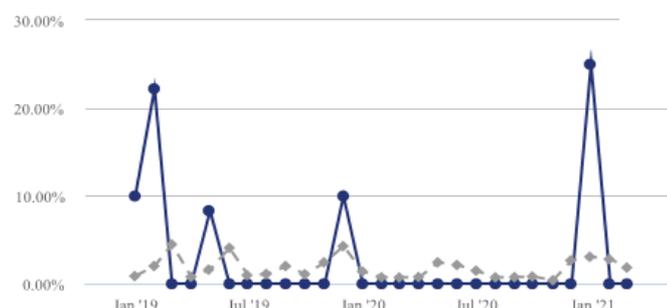


0/30

● Result ◊ Comparison

Mortality Rate (Excluding Hospice) - System-All Physicians

BHN

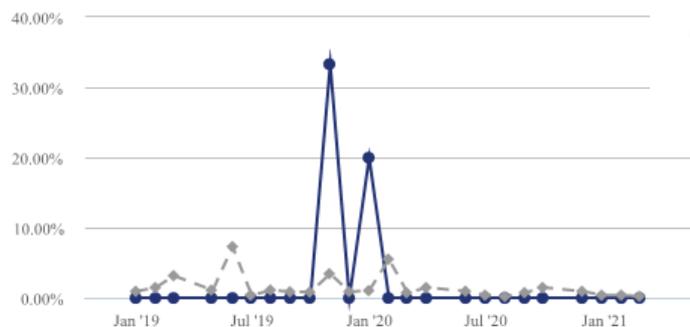


2/27

● Result ◊ Comparison

Mortality Rate (Excluding Hospice) - System-All Physicians

BHIP

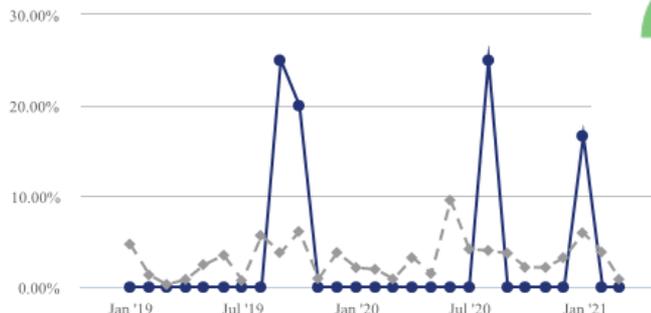


0/7

● Result ◊ Comparison

Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS



1/17

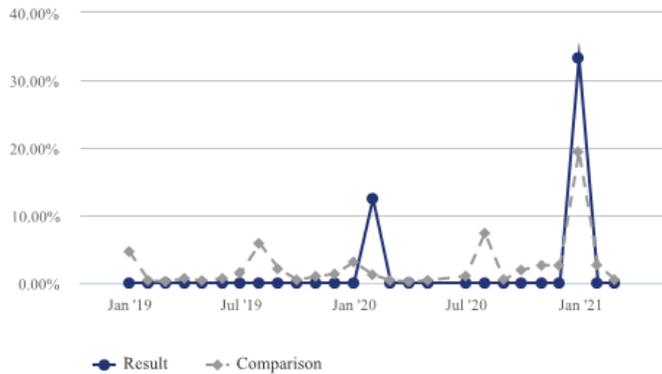
● Result ◊ Comparison

COPD Medicare Mortalities 1st Q 2021

Hospital Compare CMS benchmark 8.1%

Mortality Rate (Excluding Hospice) - System-All Physicians

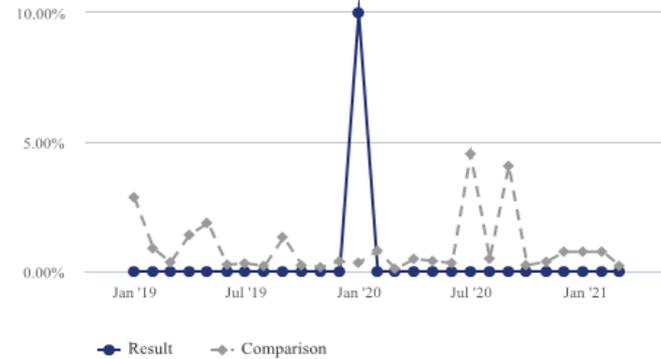
BHMC



1/7

Mortality Rate (Excluding Hospice) - System-All Physicians

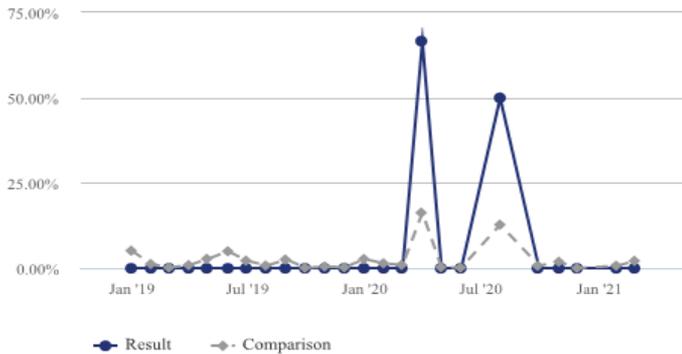
BHN



0/5

Mortality Rate (Excluding Hospice) - System-All Physicians

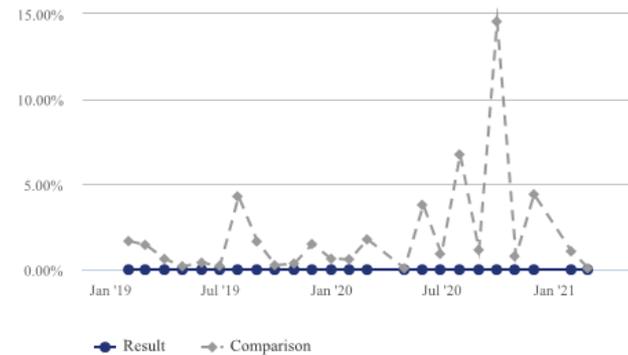
BHIP



0/7

Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS



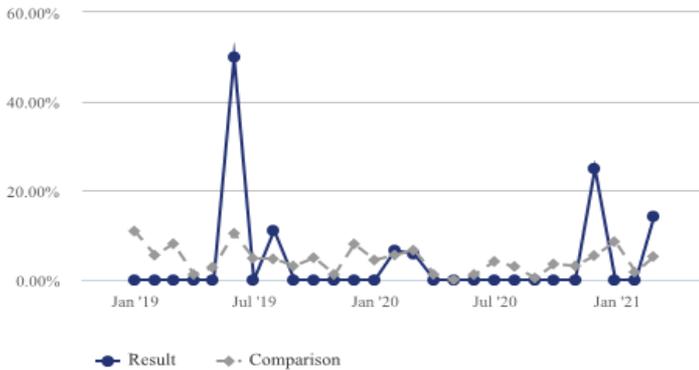
0/3

PN Medicare Mortalities 1st Q 2021

Hospital Compare CMS benchmark 16.0%

Mortality Rate (Excluding Hospice) - System-All Physicians

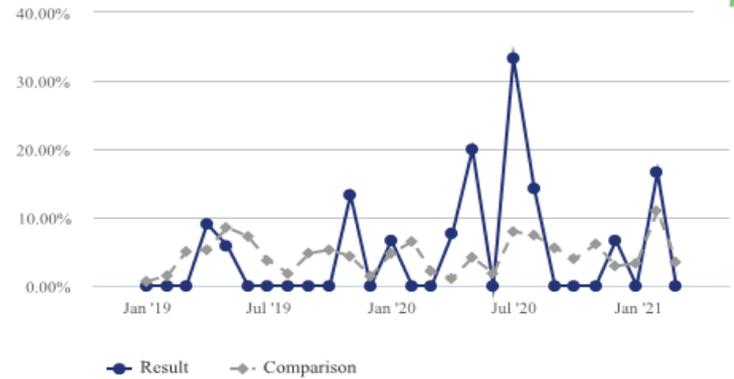
BHMC



1/18

Mortality Rate (Excluding Hospice) - System-All Physicians

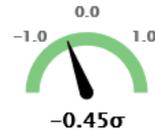
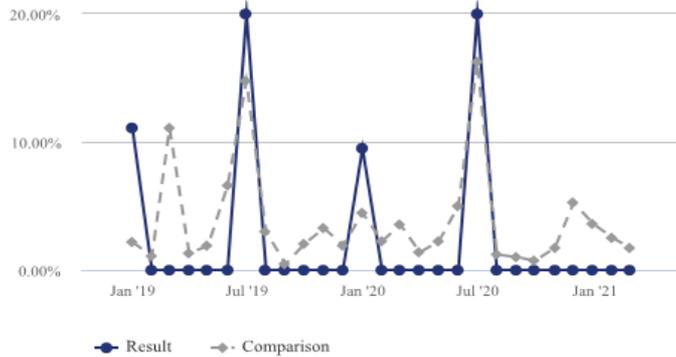
BHN



1/28

Mortality Rate (Excluding Hospice) - System-All Physicians

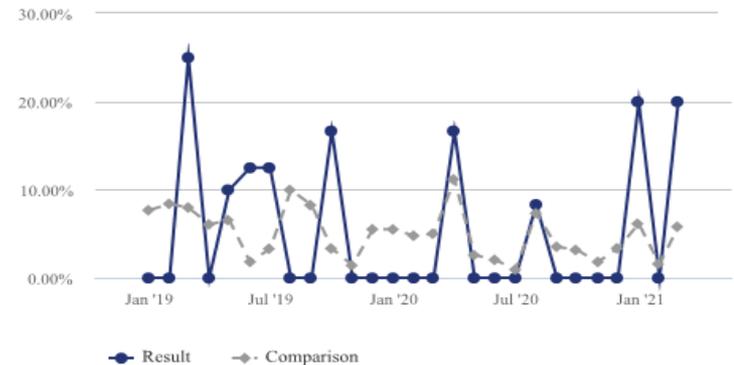
BHIP



0/8

Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS



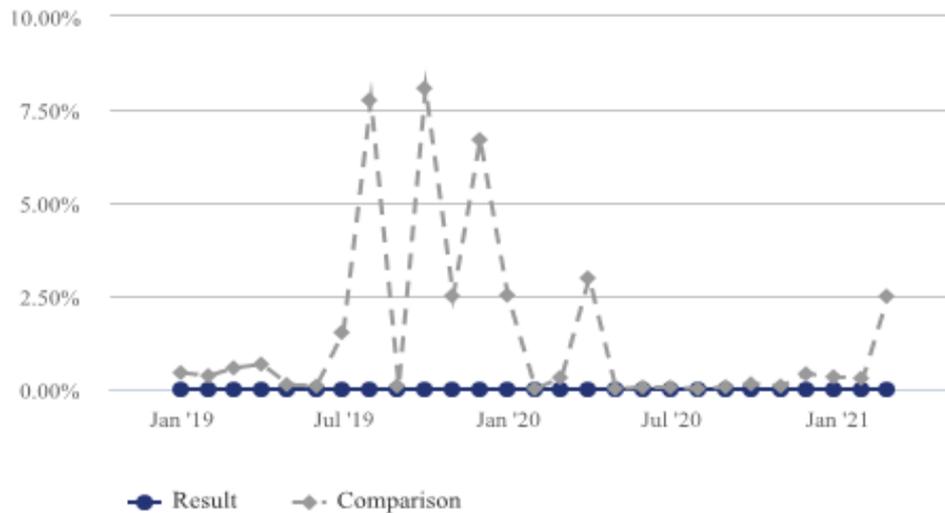
2/15

CABG Medicare Mortalities 1st Q 2021

Hospital Compare CMS benchmark 3.3%

BHMC

Mortality Rate (Excluding Hospice) - System-All Physicians



0/12

6.7 ENVIRONMENT OF CARE





Quality

KEY QUALITY DRIVER: Improve negatively performing trends



People

KEY PEOPLE DRIVER: Keep our employees and patients safe



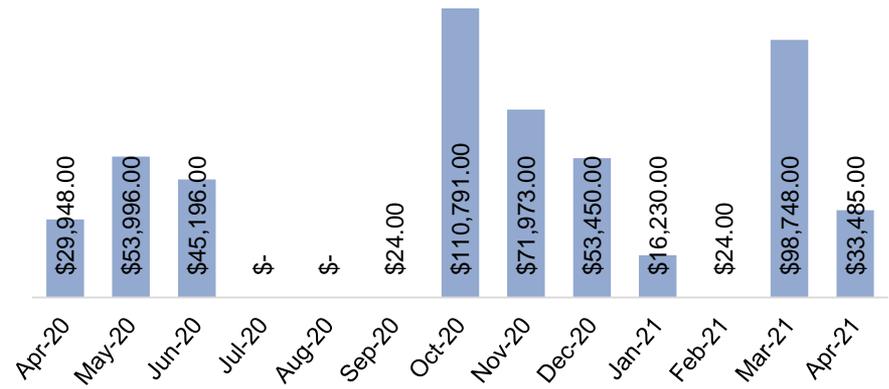
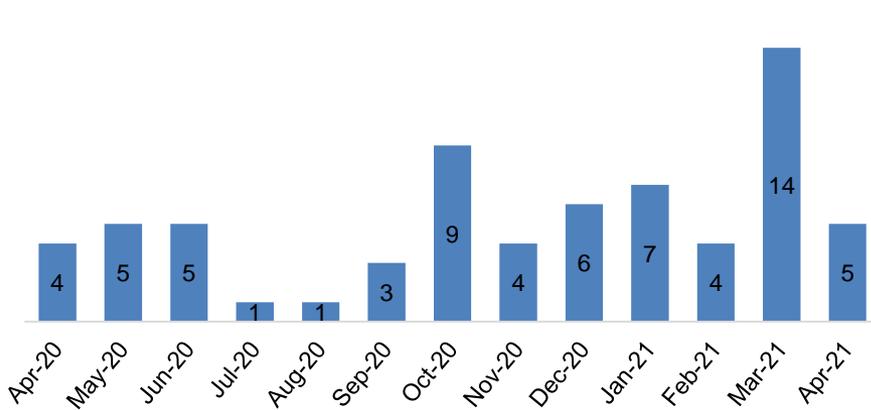
Finance

KEY FINANCE DRIVER: Reduce the direct, indirect and total occupational injury cost

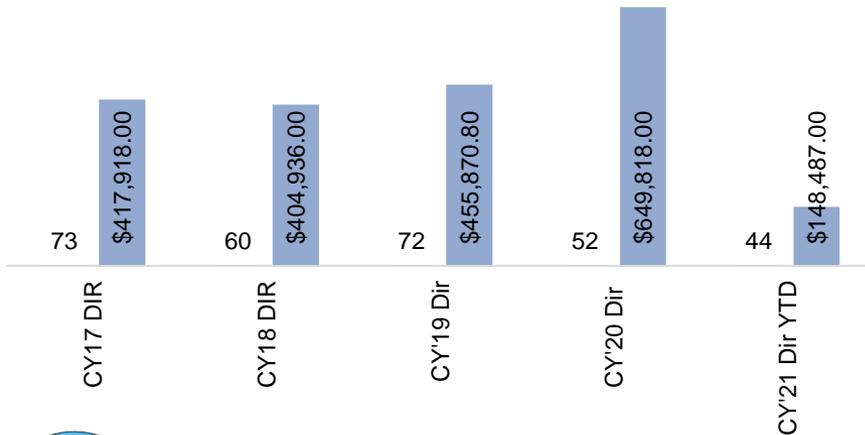
**QUARTERLY ENVIRONMENT OF CARE REPORT TO THE
QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE**

KEY GROUP – PI INITIATIVE

(REDUCE PATIENT HANDLING INJURY BY 10% WHEN COMPARED TO THE PREVIOUS YEAR)



■ AMT ■ COST



Analysis

An analysis of the patient handling injury data Year to Date CY2021, when compared to the same period during CY2020, shows a positive promise of reducing cost but a pessimistic view in the number of patient handling injuries. When compared to CY2019, the organization experience a significant reduction in the number of injuries in CY2020; however, the cost did not resemble the positive impact to the employees. Year to date, the number of incident show a trend that will exceed that of CY2020.

Completed Actions

- Quantative Analysis of patient handling injuries - Completed
- Patient Handling Equipment audit - Completed
- safety patient handling program for implementation - completed

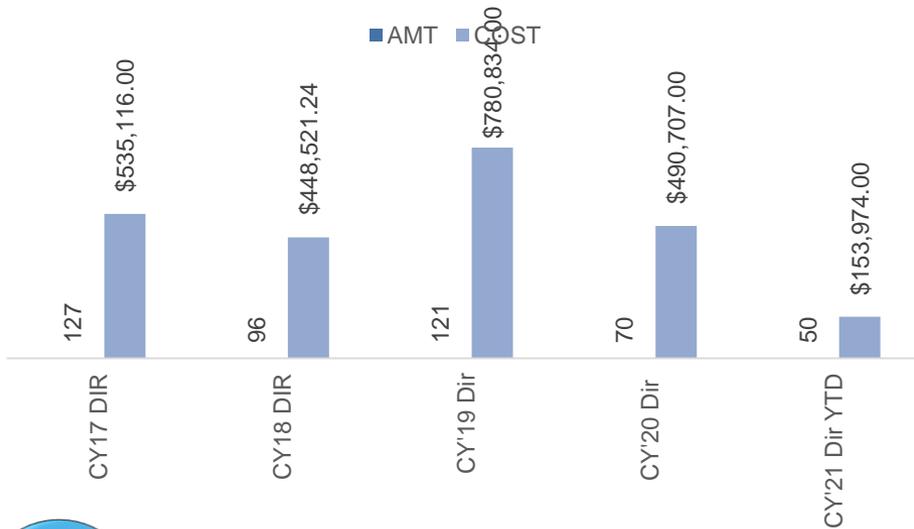
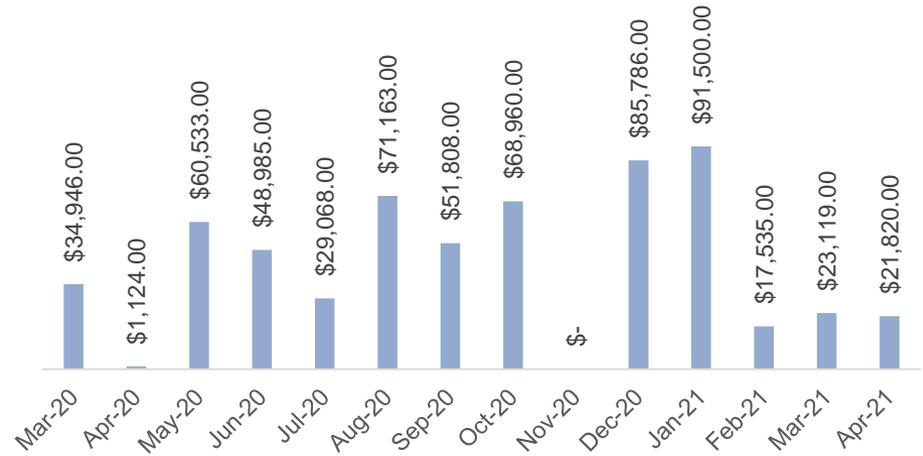
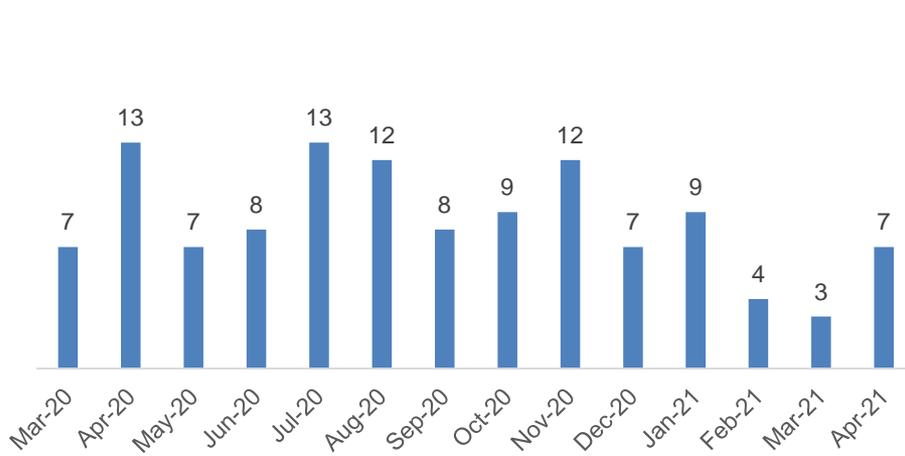
Action Plan:

Review the process for engaging a company to provide around the clock safety coaching to patient care staff.



KEY GROUP – PI INITIATIVE

(REDUCE SLIP, TRIP AND FALL INJURIES BY 10% COMPARED TO PREVIOUS YEAR)



Analysis

An analysis of the year to date slip, trip and fall data shows that when compared to the same period during CY2020, the extrapolated cost outlook will remain level; however, the extrapolated outlook for the number of injuries remains pessimistic.

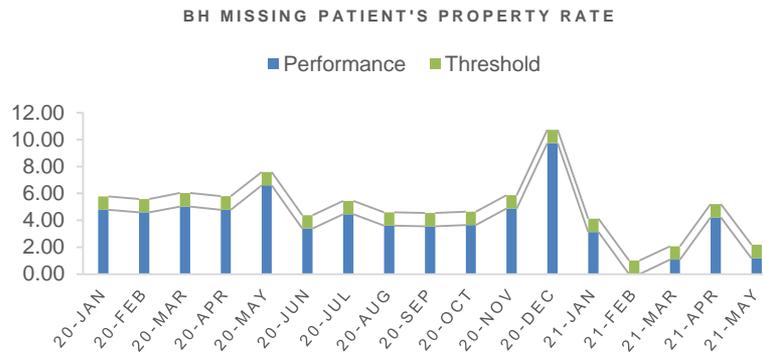
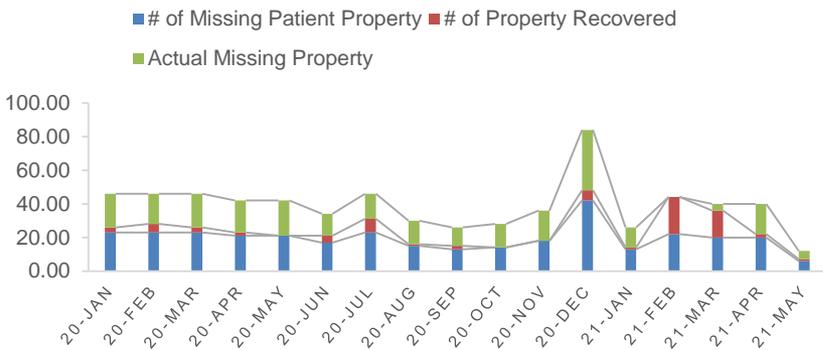
In CY2017, the Key Group recommended and implemented initiatives, which resulted in positive outcomes. The “Spill Prevention” initiative that includes “cup lids” “over the spill mats” “posters” and policy revisions resulted in a reduction of reported injuries between CY17 (172 injuries) and CY 2018 (75 injuries).

Action Plan:

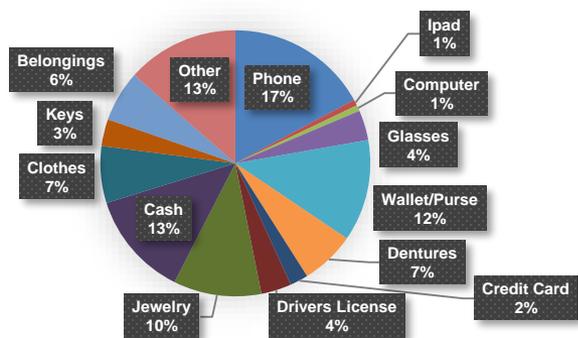
The Committee will attempt to reinvigorate the functionally effective components of the Spill prevent Campaign.



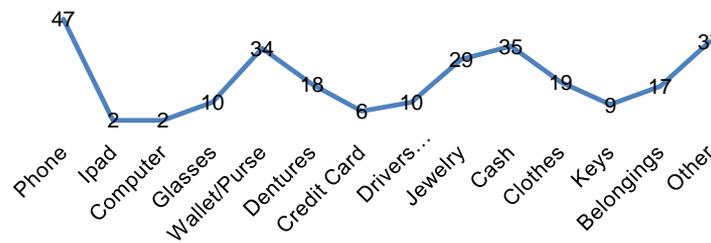
ENVIRONMENT OF CARE PERFORMANCE REPORT – MISSING PATIENT PROPERTY



Org-Wide Missing Patients' Property 2020-2021 YTD



BH Missing Patients' Property 2020-2021 YTD



Analysis

The rate calculates the number of missing patient property per 10,000 adjusted patient days per month. During the extended measured period, the analysis of the missing patient property data for CY2020 and 2021, shows a reduction in the number when compared to CY2019; however, when compared to the established threshold, the rate (one per month) continues to negatively performed.

Action Plan:

As a result, the Key Group identified an Executive champion to oversee the development and implementations of strategic initiatives designed to reduce the total and rate with threshold.

6.8 ANTIMICROBIAL STEWARDSHIP



BROWARD HEALTH PHARMACY ANTIMICROBIAL STEWARDSHIP

Intervention Type	12 month Total	1 st Quarter	4 th Quarter	3 rd Quarter	2 nd Quarter
De-escalation	1057	289	248	381	157
Renal dosing adjustment*	10341	2340	2327	3409	2265
Bug-Drug mismatch	335	69	68	139	59
IV to PO conversion*	584	261	146	177	Unable to determine
Therapeutic duplication	633	154	154	223	102
Totals	12968	3113	2943	4329	2583

*Intervention report optimized in April 2020 to separate interventions (ASP vs General). Old report retired. Unable to run for Q2 and Q1

ANTIMICROBIAL STEWARDSHIP INITIATIVES

2020-2021

Removal of probiotics from inpatient formulary

New polymyxin B subphase created

Splenectomy and EMR Sepsis Antibiotics and Fluid Resuscitation subphase updated

Creation of Clostridioides Difficile Policy and Powerplan

Addition of Recarbrio® and Fetroja® to formulary to combat resistant infections

Development of 2020 Antibigram and Pocket cards

Implementation of PCR testing for MRSA nasal colonization

Bezlotoxumab approved for outpatient infusion for CDI patients

Vancomycin Dosing/MUE and Protocol Update - Ongoing

Completion of Procalcitonin Pilot Study and outcome reporting at ASP Steering

6.9 SEPSIS PREVENTION

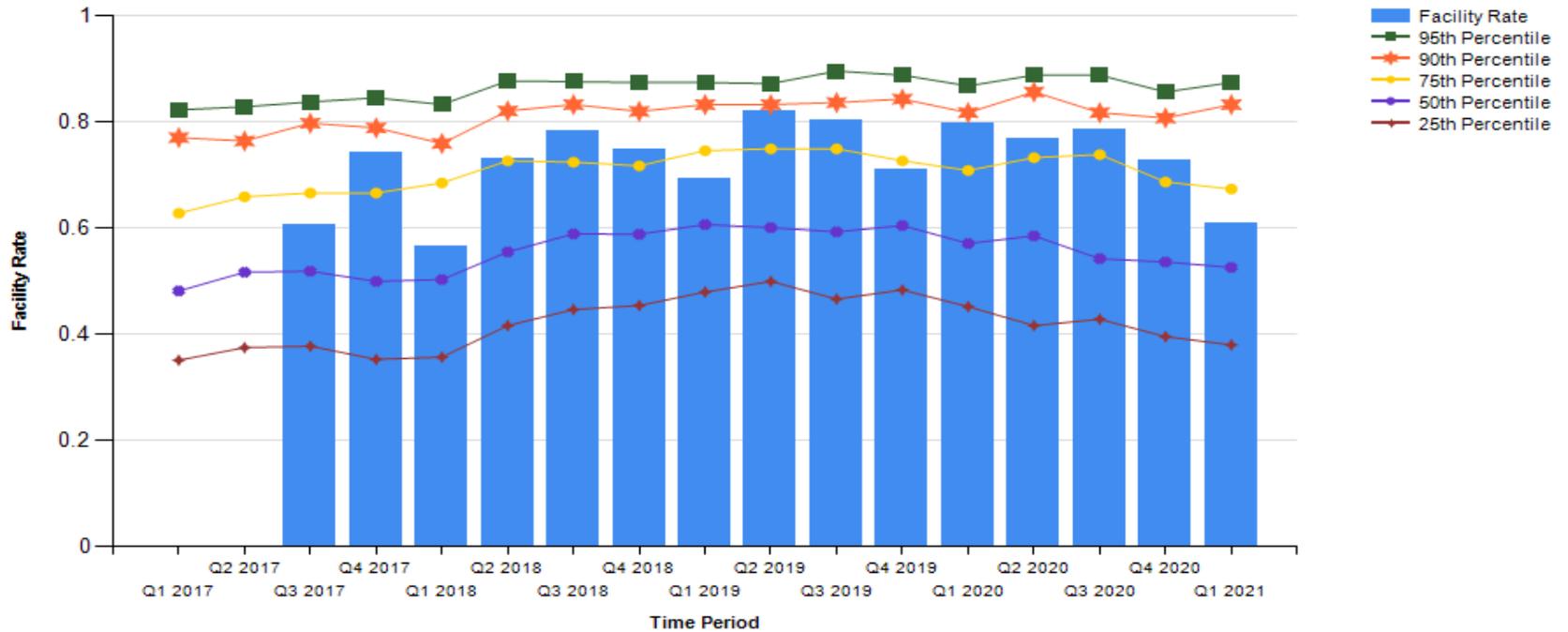


BHCS

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11365
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 03/31/2021
Measure: SEP-1
Measure Description: Sepsis

Quality PerformerSM

Facility #11365 SEP-1: Sepsis

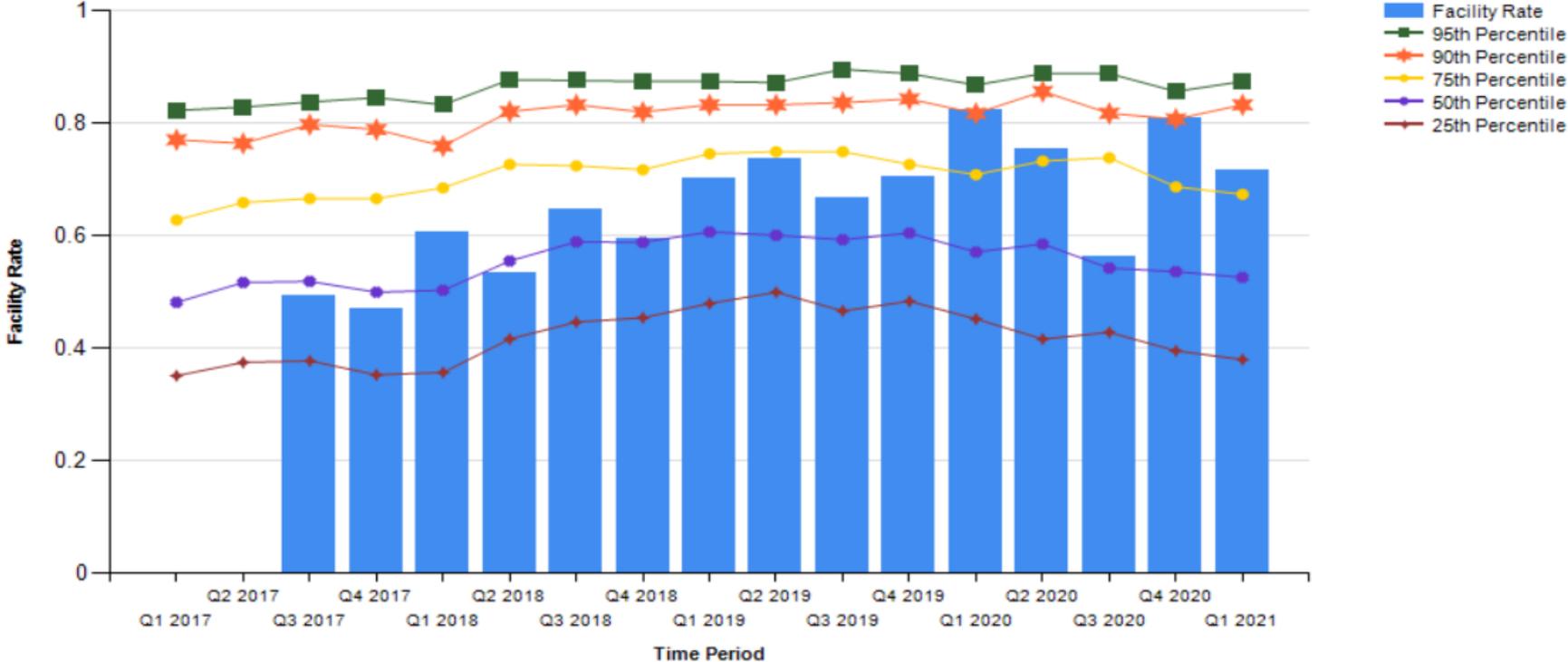


BHMC

Quality PerformerSM

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11366
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 03/31/2021
Measure: SEP-1
Measure Description: Sepsis

Facility #11366 SEP-1: Sepsis

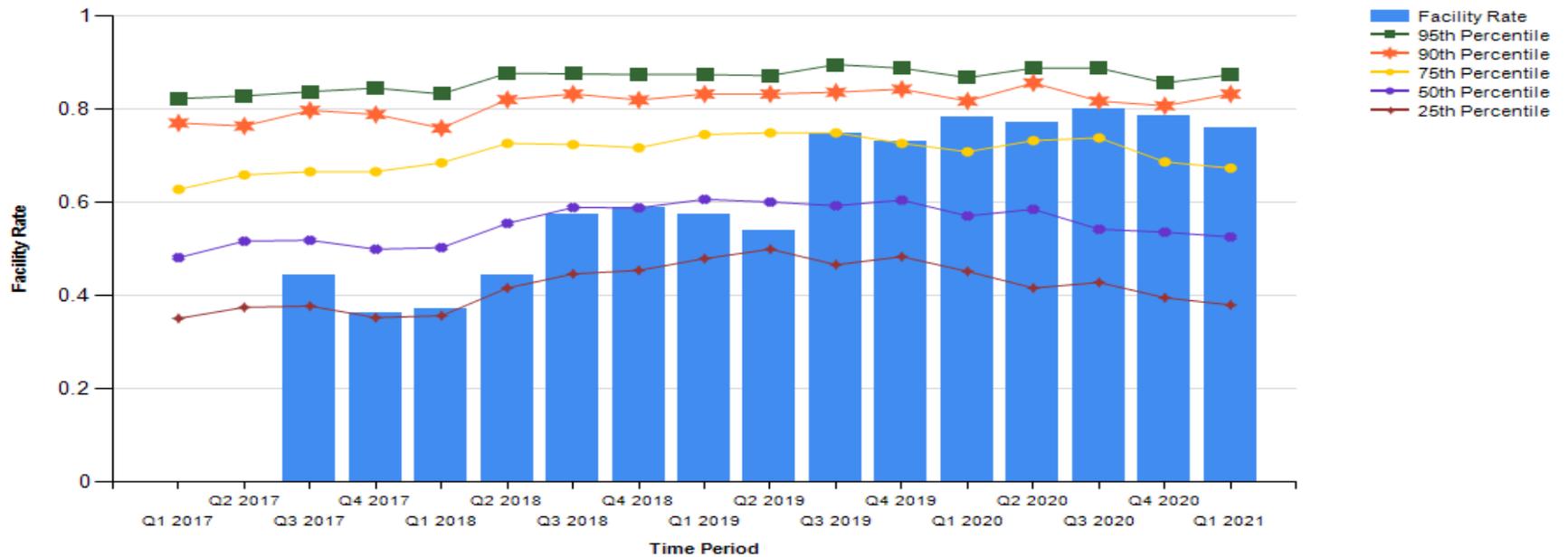


BHN

Quality PerformerSM

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11367
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 03/31/2021
Measure: SEP-1
Measure Description: Sepsis

Facility #11367 SEP-1: Sepsis

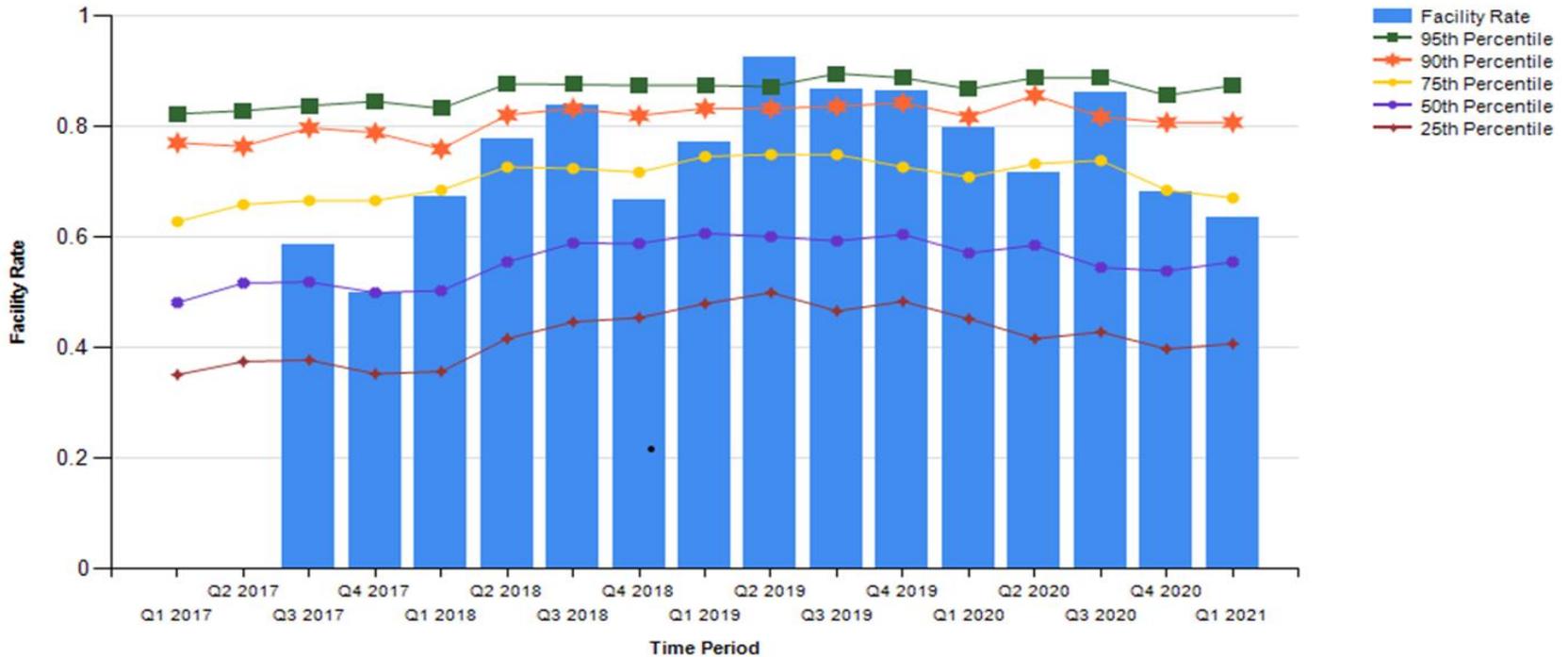


BHIP

Quality PerformerSM

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11368
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 03/31/2021
Measure: SEP-1
Measure Description: Sepsis

Facility #11368 SEP-1: Sepsis

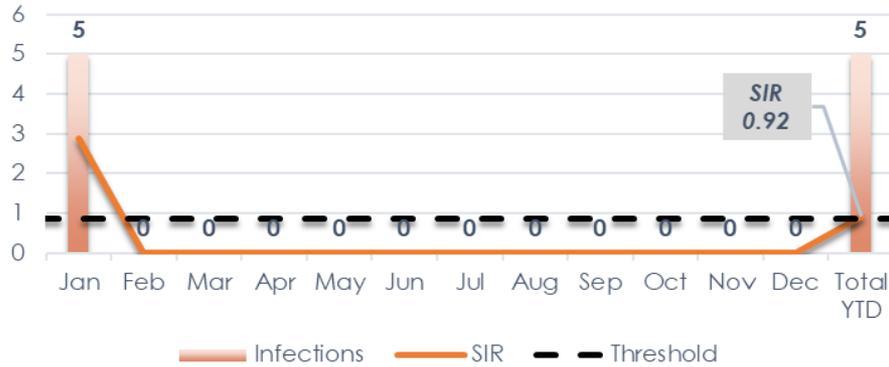


6.10 INFECTION PREVENTION

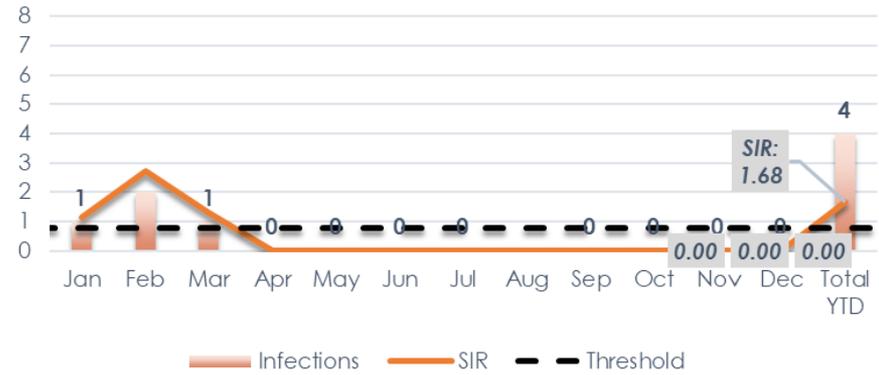


CLABSI ~ ALL REPORTING UNITS

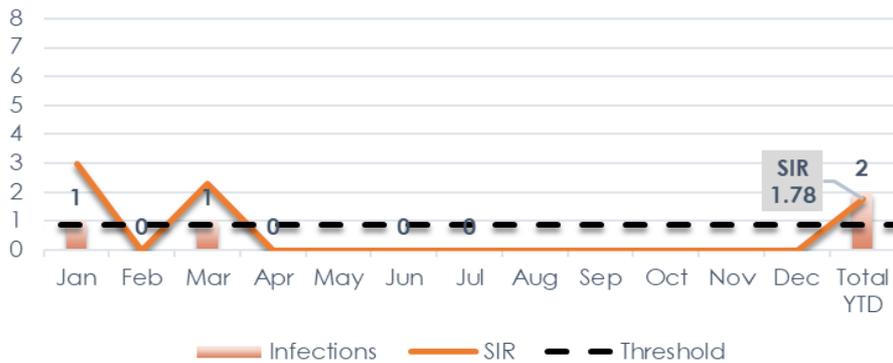
BHMC NHSN - CLABSI
SIR ~All Reporting Units
CY 2021
Theshold 0.687
Benchmark 0



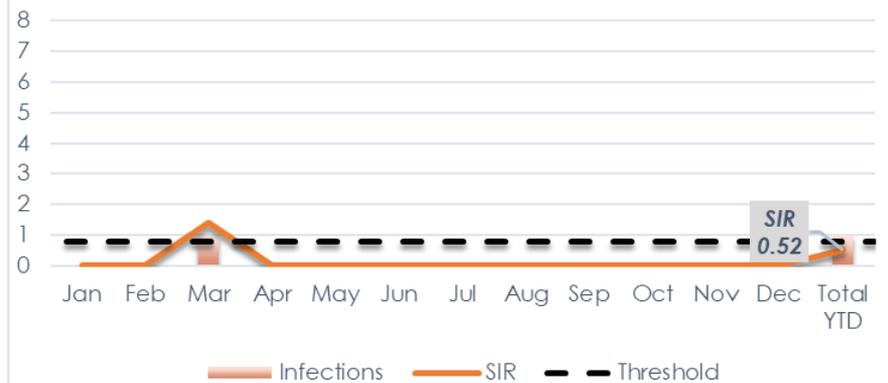
BHN NHSN - CLABSI
SIR ~All Reporting Units
CY 2021
Theshold 0.687
Benchmark 0



BHIP NHSN - CLABSI
SIR ~All Reporting Units
CY 2021
Theshold 0.687
Benchmark 0



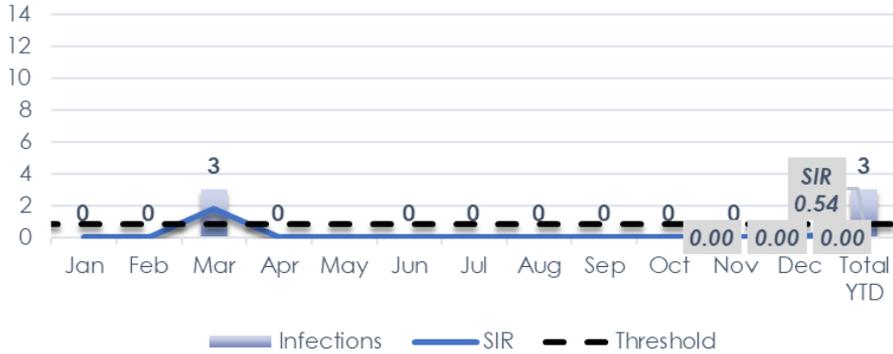
BHCS NHSN - CLABSI
SIR ~All Reporting Units
CY 2021
Theshold 0.687
Benchmark 0



CAUTI ~ ALL REPORTING UNITS

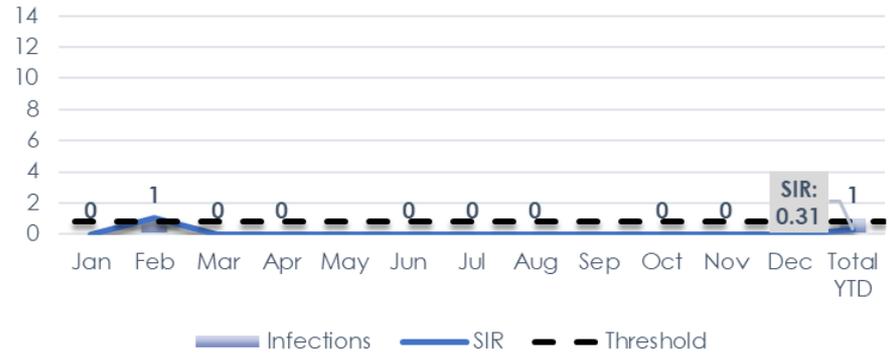
BHMC NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



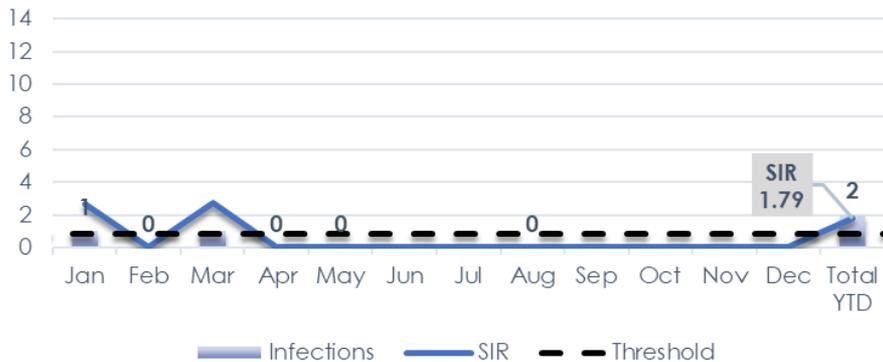
BHN NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



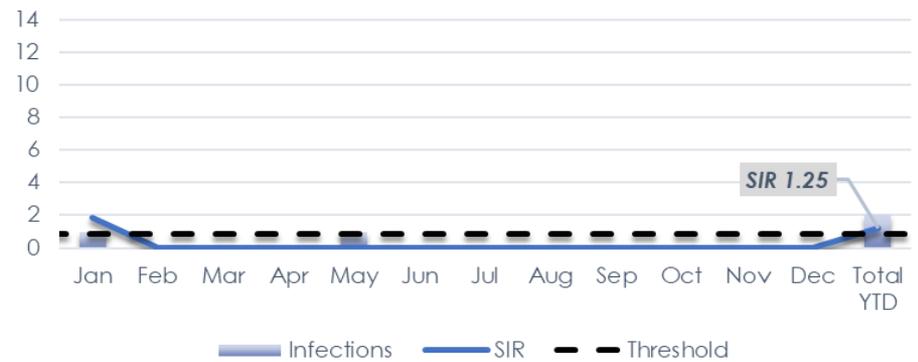
BHIP NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0

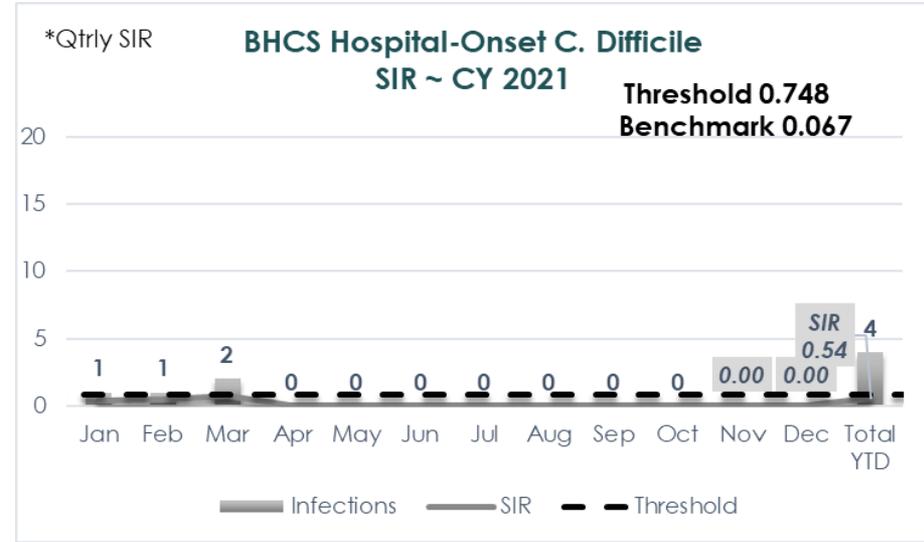
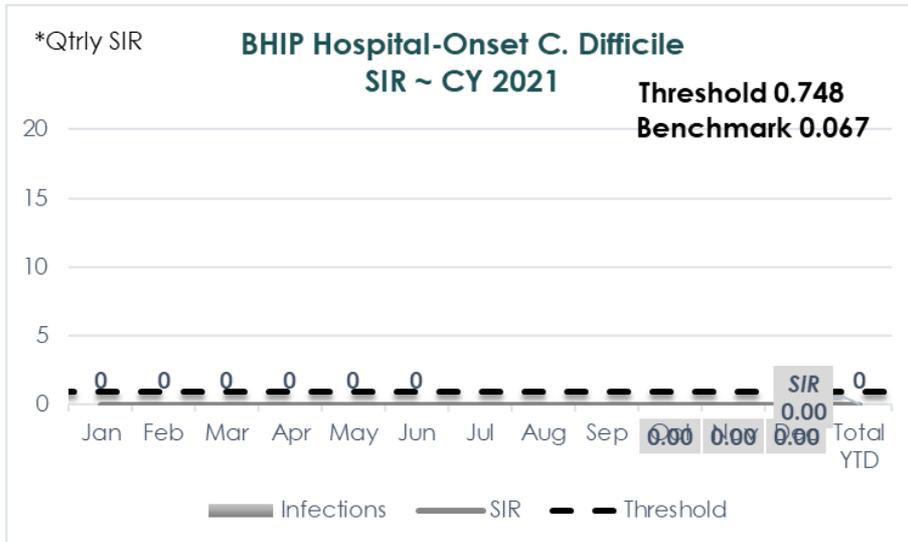
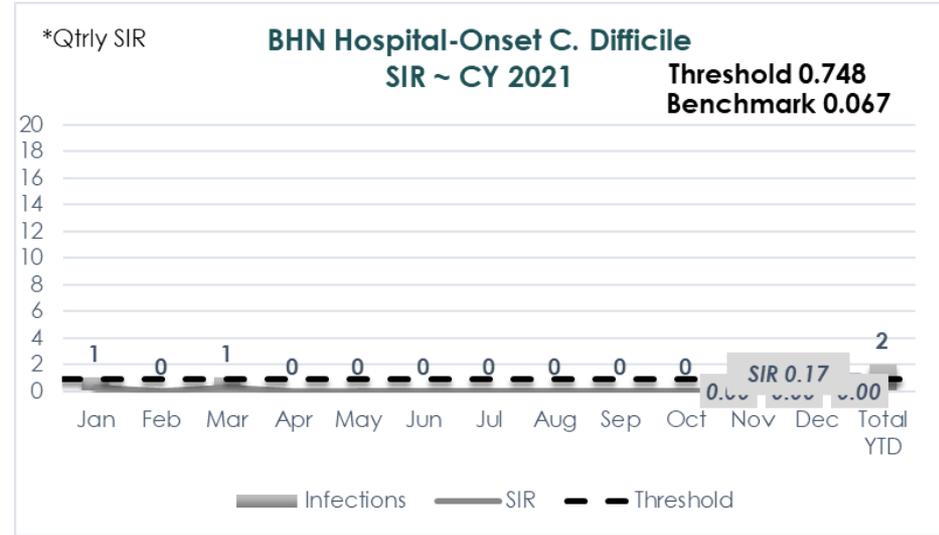
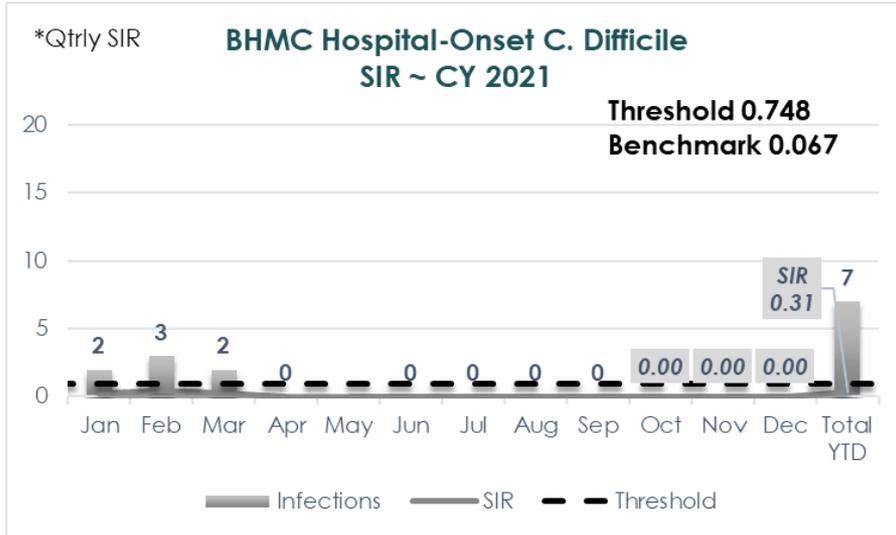


BHCS NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

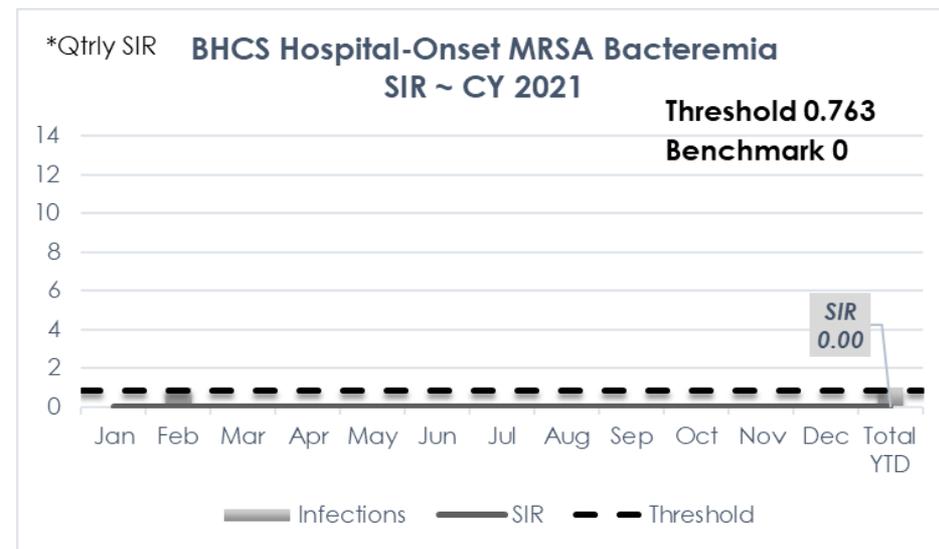
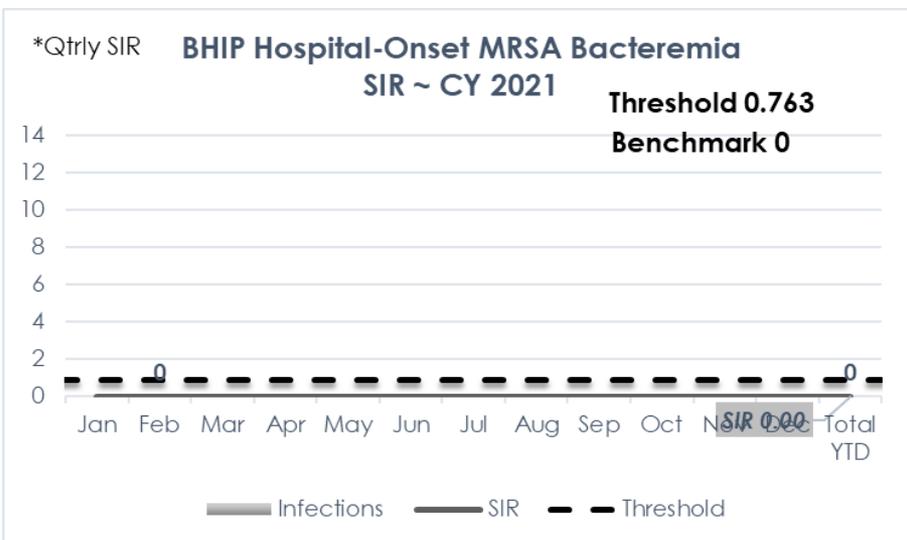
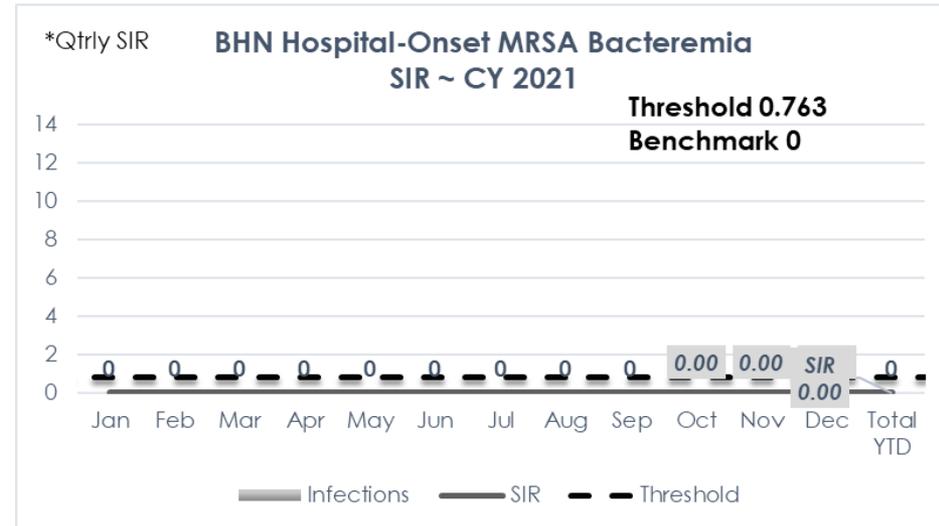
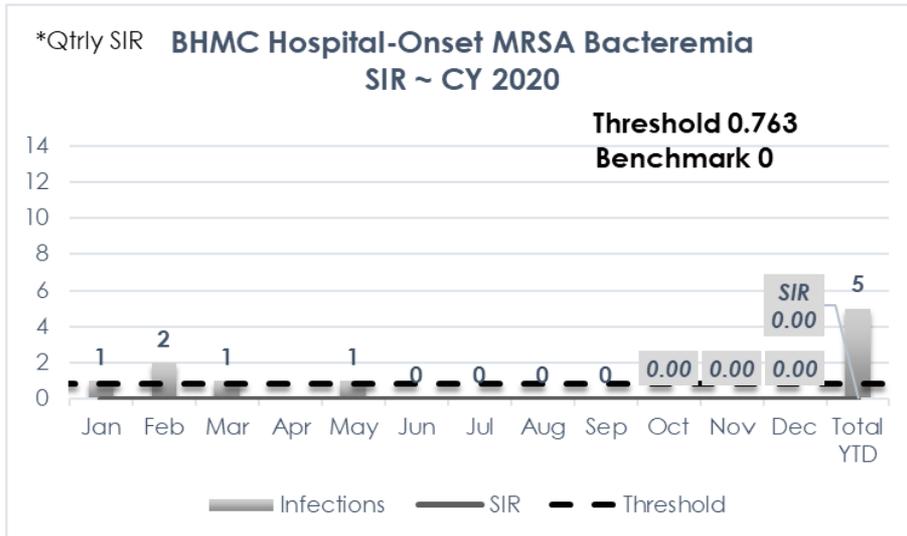
Threshold 0.774
Benchmark 0



HOSPITAL-ONSET C. DIFFICILE

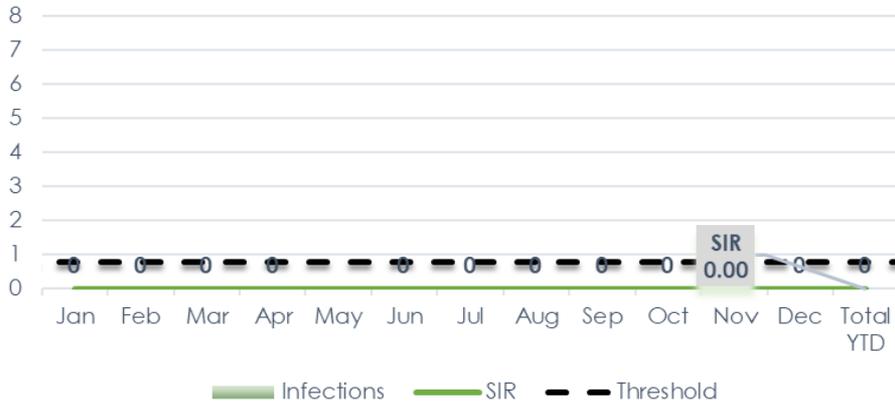


HOSPITAL-ONSET MRSA BACTEREMIA

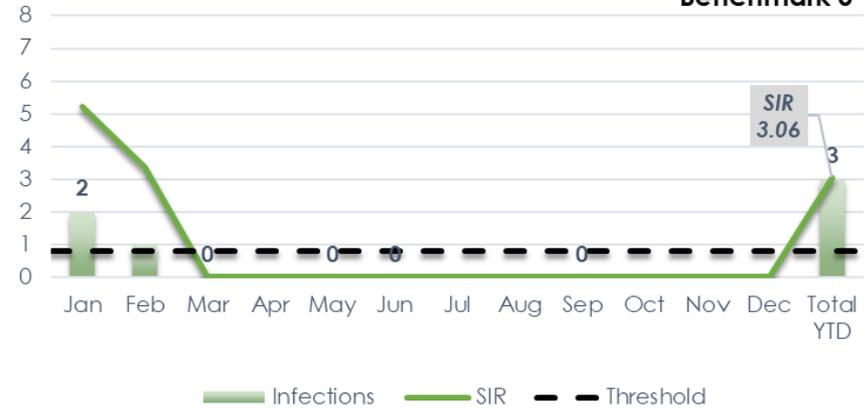


COLORECTAL SSI

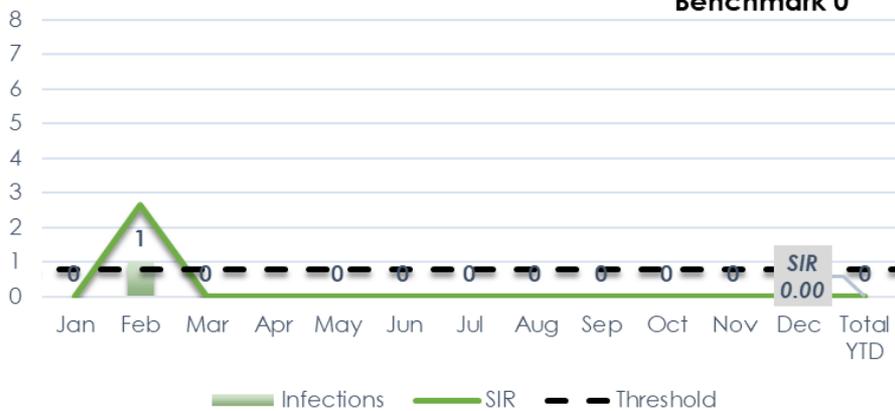
BHMC NHSN - Colorectal SSI
SIR ~ CY 2021



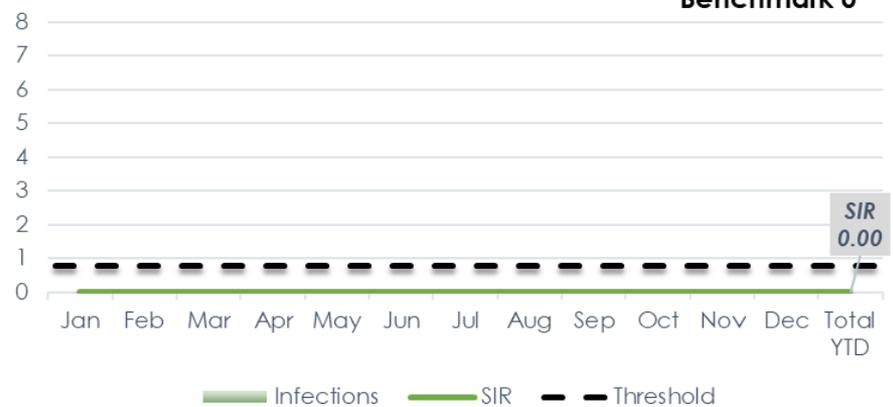
BHN NHSN - Colorectal SSI
SIR ~ CY 2021



BHCS NHSN - Colorectal SSI
SIR ~ CY 2021

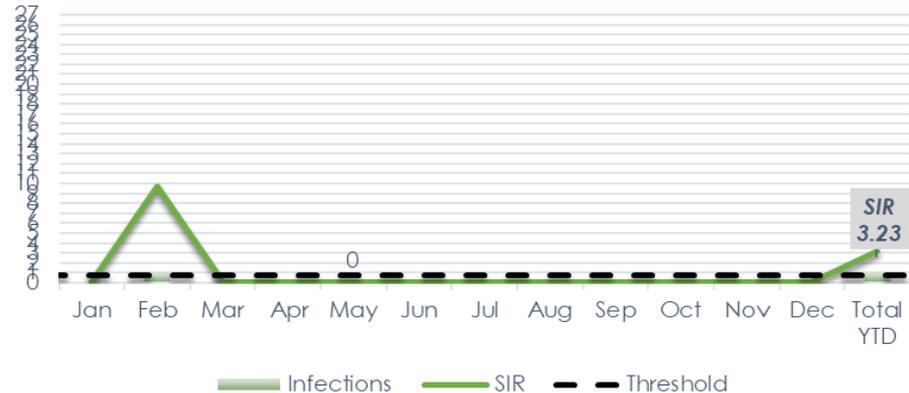


BHIP NHSN - Colorectal SSI
SIR ~ CY 2021

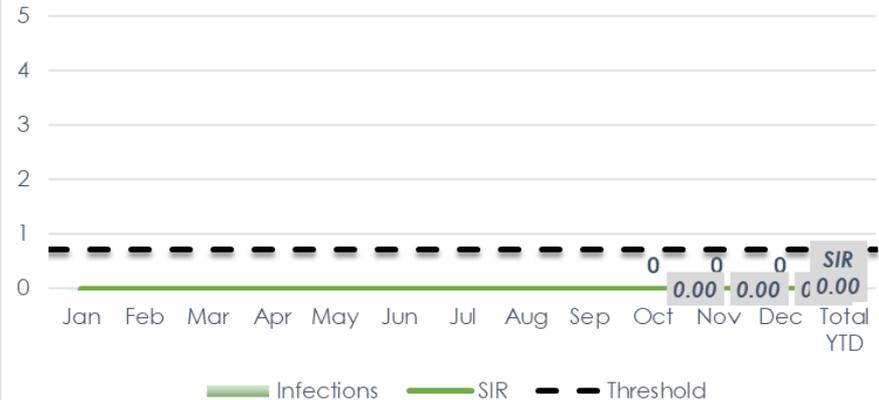


HYSTERECTOMY SSI

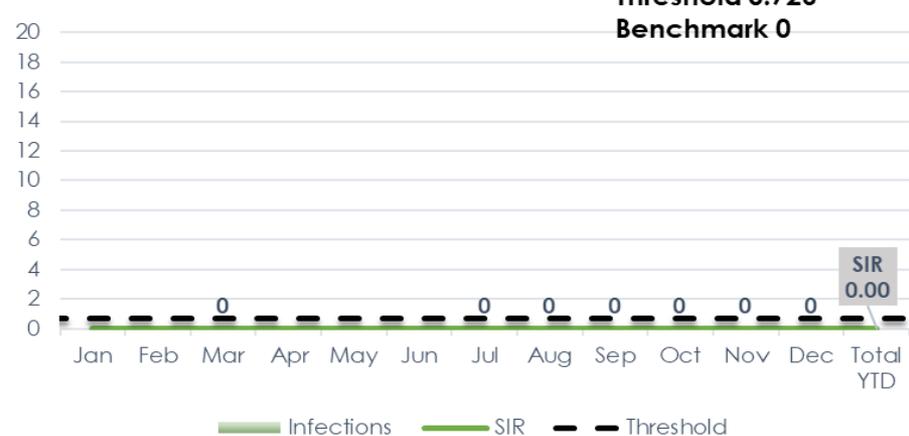
BHMC NHSN - Hysterectomy SSI
SIR ~ CY 2020



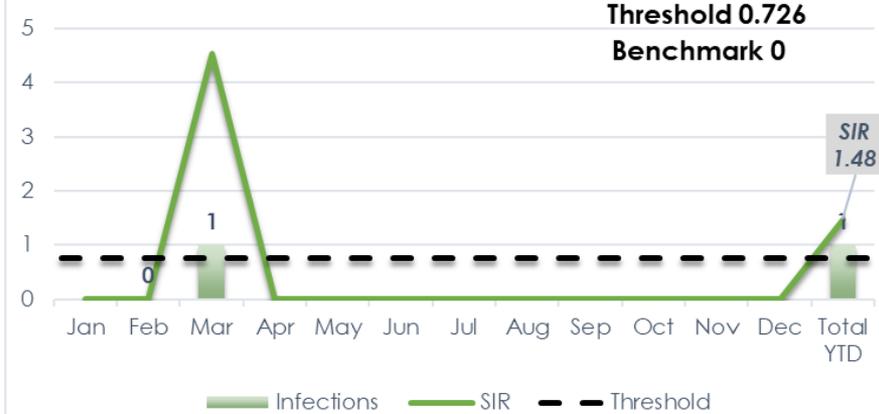
BHN NHSN - Hysterectomy SSI
SIR ~ CY 2021



BHCS NHSN - Hysterectomy SSI
SIR ~ CY 2021



BHIP NHSN - Hysterectomy SSI
SIR ~ CY 2021

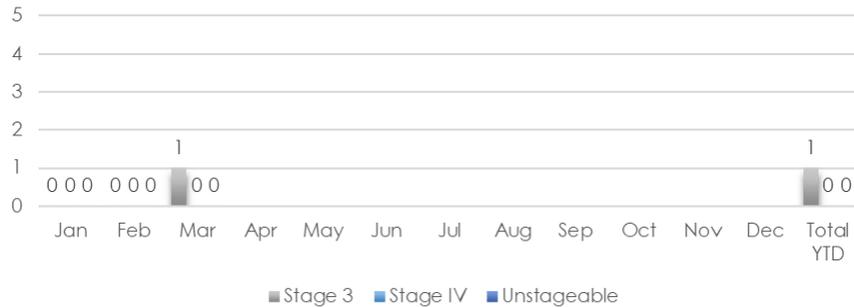


6.11 HOSPITAL ACQUIRED PRESSURE INJURY



HOSPITAL ACQUIRED PRESSURE INJURY

**BHMC HAPU: Stage III, Stage IV, Unstageable
CY 2021**



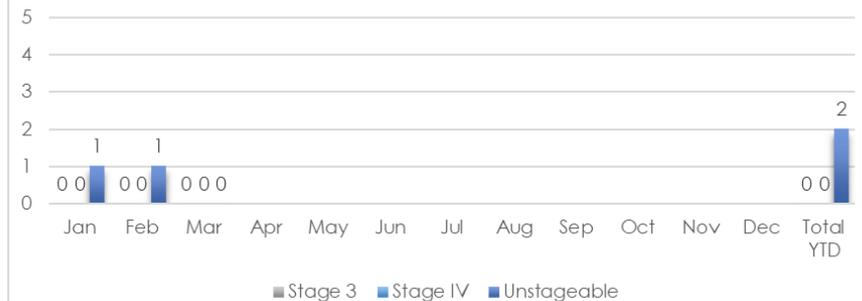
**BHN HAPI: Stage III, Stage IV, Unstageable
CY 2021**



**BHIP HAPI: Stage III, Stage IV, Unstageable
CY 2021**



**BHCS HAPI: Stage III, Stage IV, Unstageable
CY 2021**

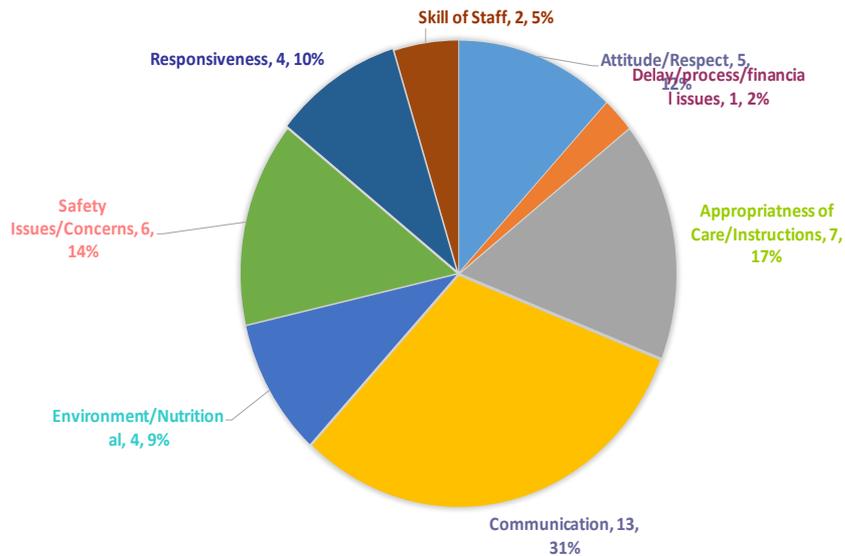


6.12 GRIEVANCES

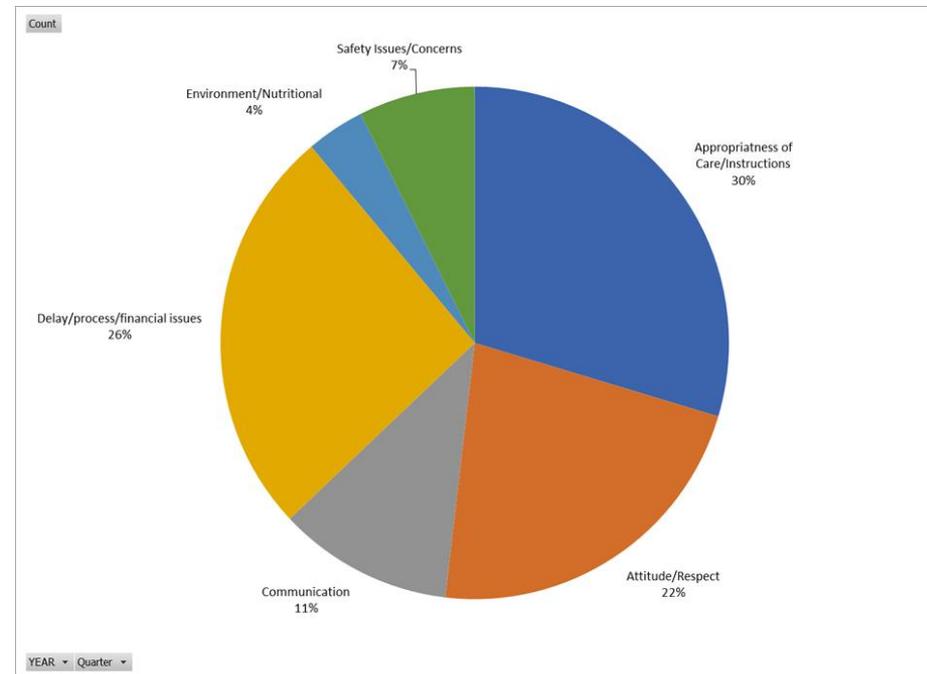


Q1 2021 BHN & BHIP CAPTURED COMPLAINTS & GRIEVANCES

BHN

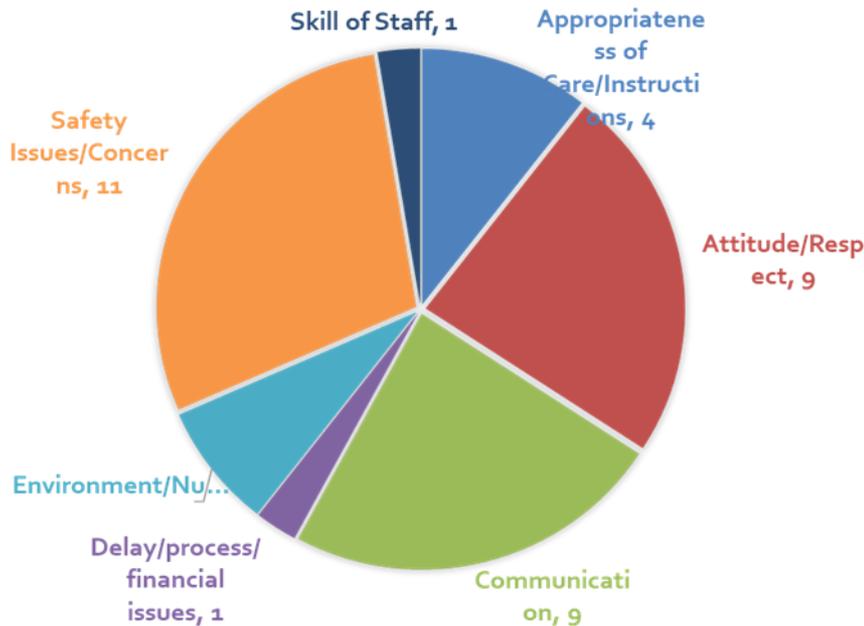


BHIP

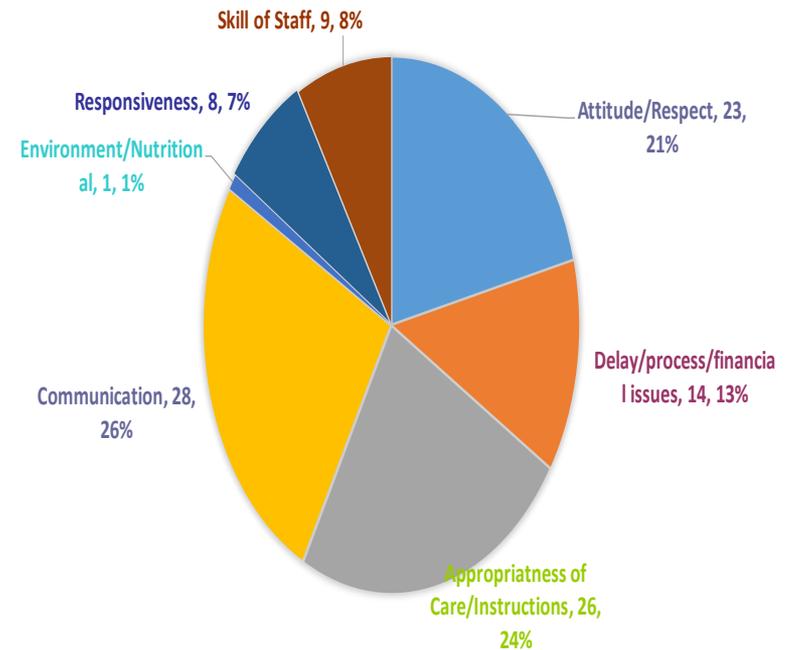


Q1 2021 BHMC & BHCS CAPTURED COMPLAINTS & GRIEVANCES

BHMC



BHCS



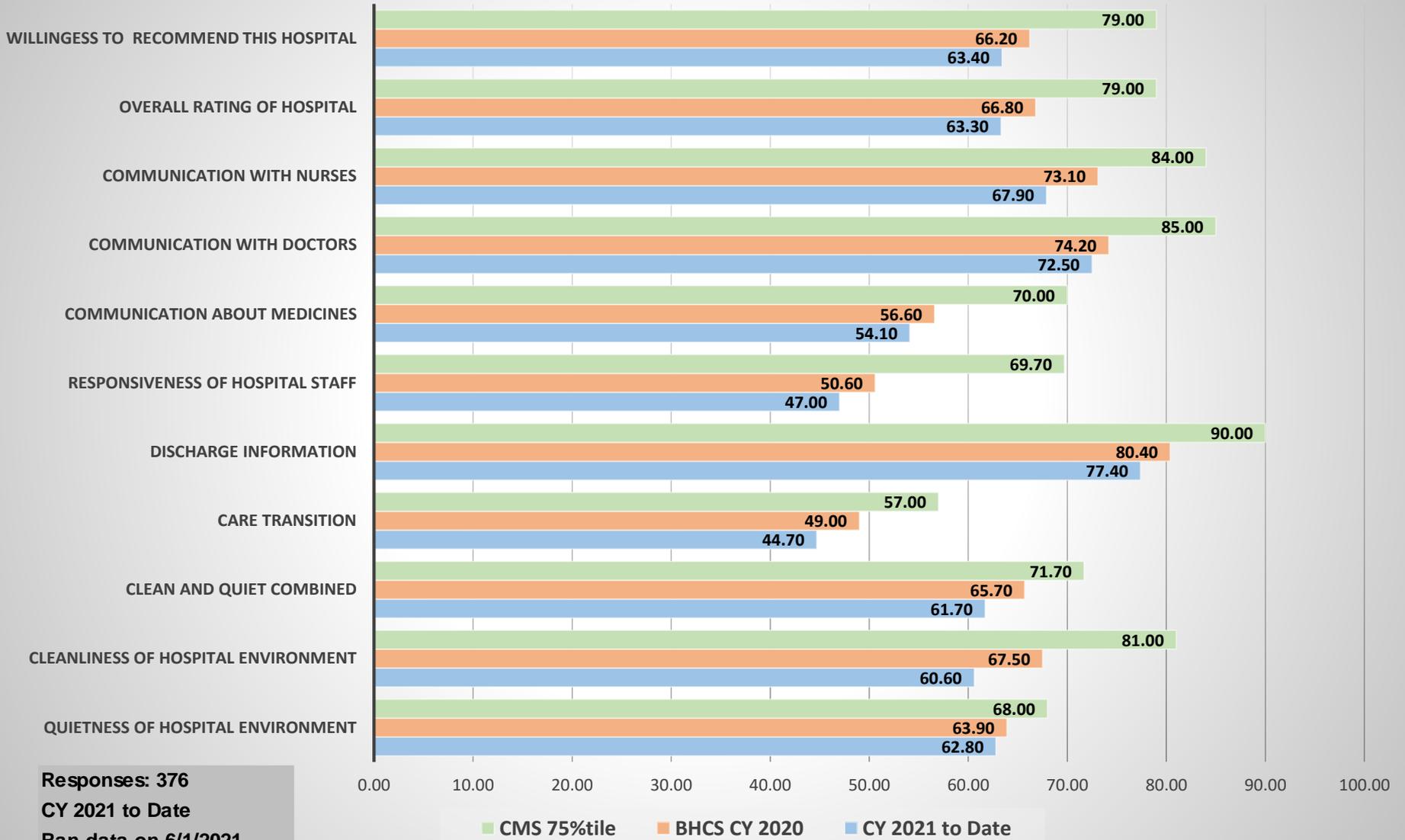
6.13 PATIENT ENGAGEMENT

BHC 2021 HCAHPS PMR/MOR REPORT

June 1, 2021

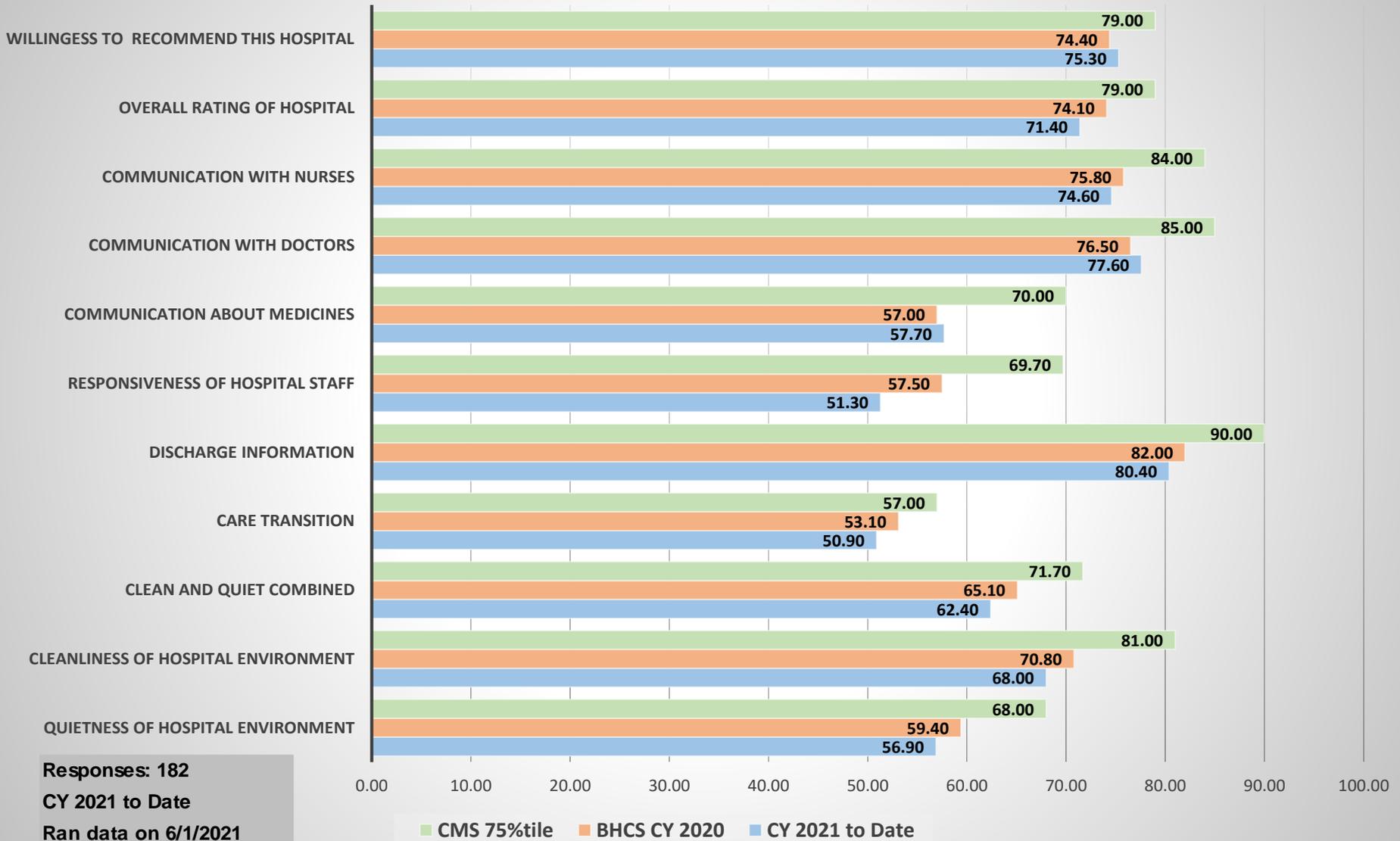


BHCS CMS HCAHPS CY 2021



Responses: 376
 CY 2021 to Date
 Ran data on 6/1/2021

BHIP CMS HCAHPS CY 2021

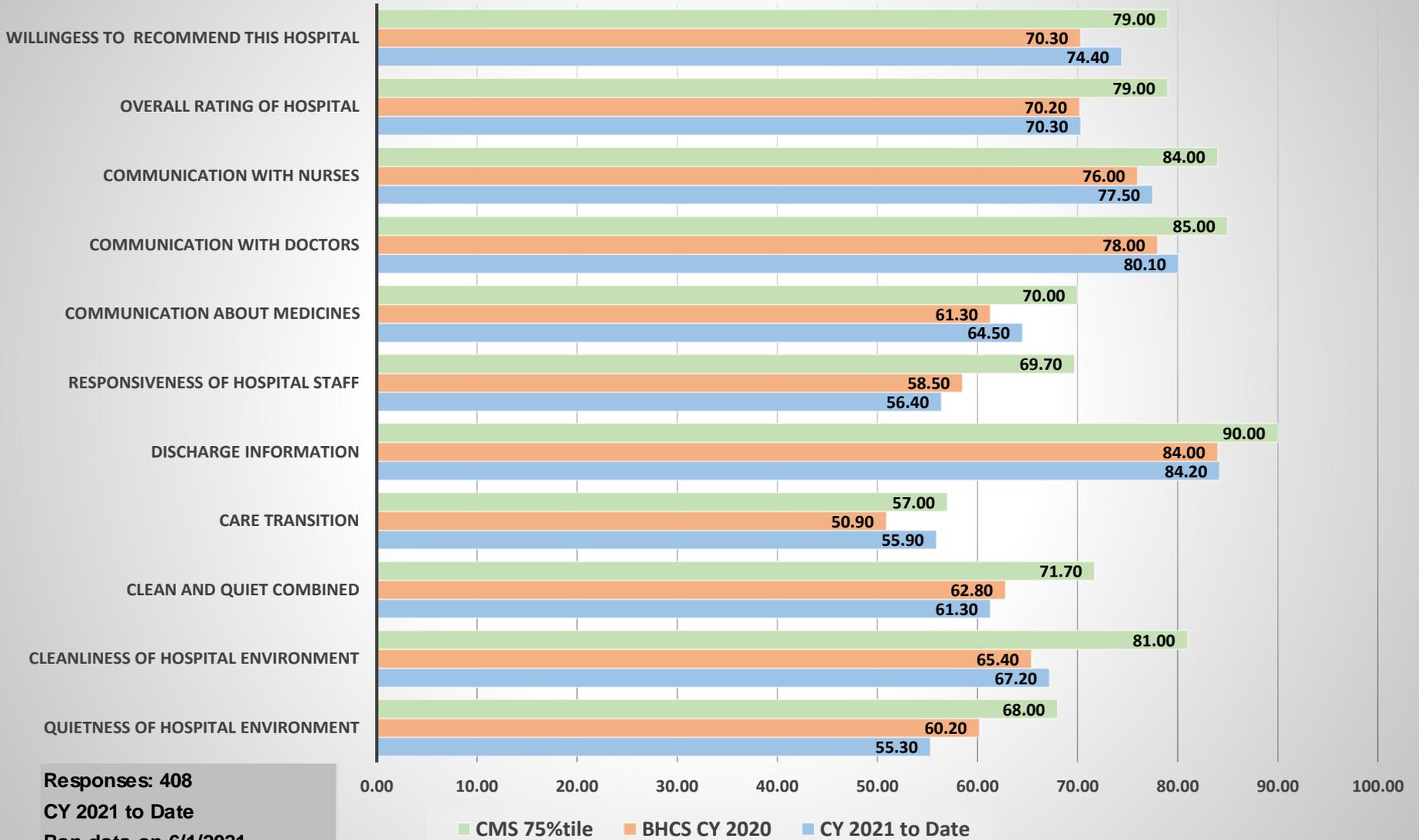


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CY 2021 to Date

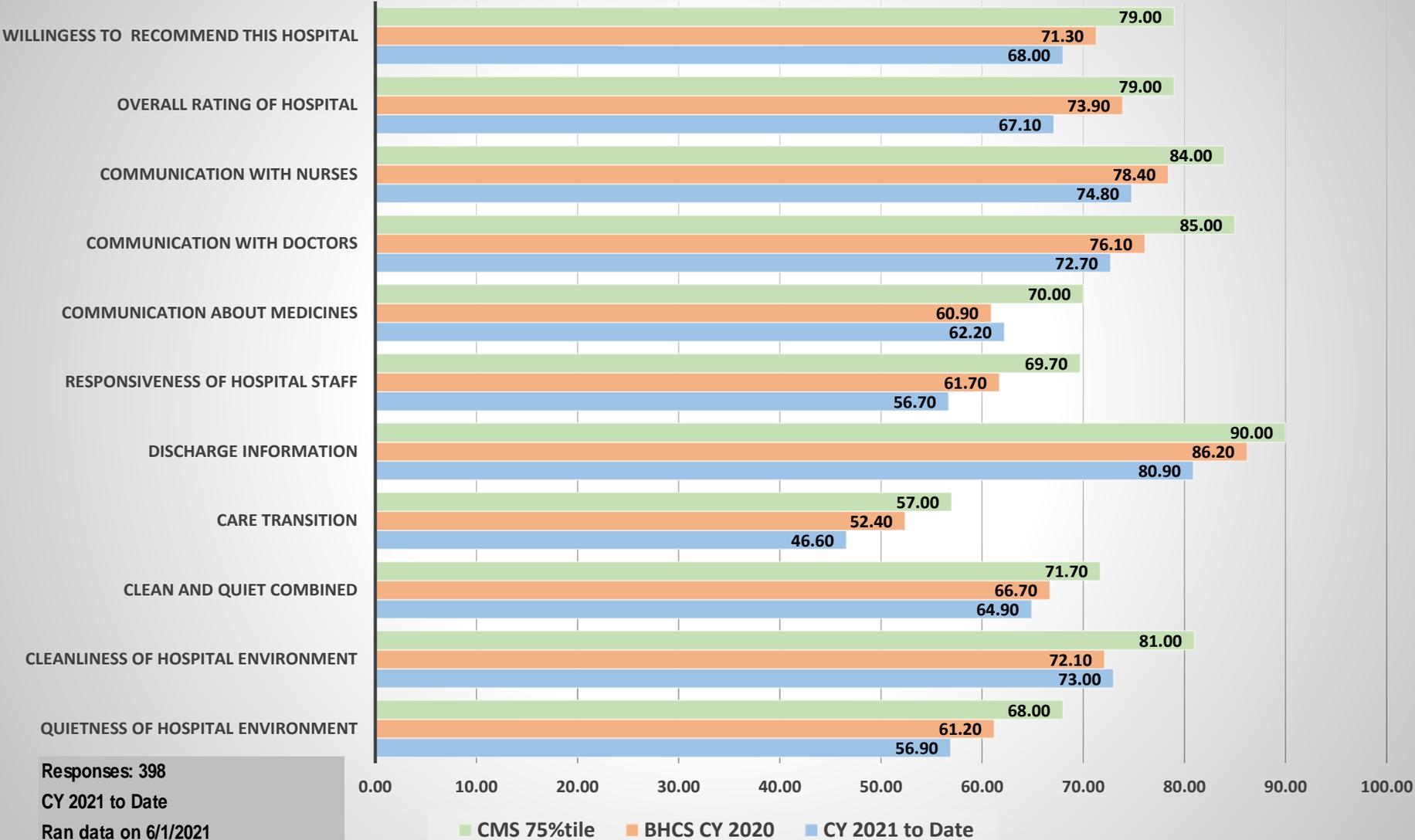
Ran data on 6/1/2021

BHMC CMS HCAHPS CY 2021



Responses: 408
 CY 2021 to Date
 Ran data on 6/1/2021

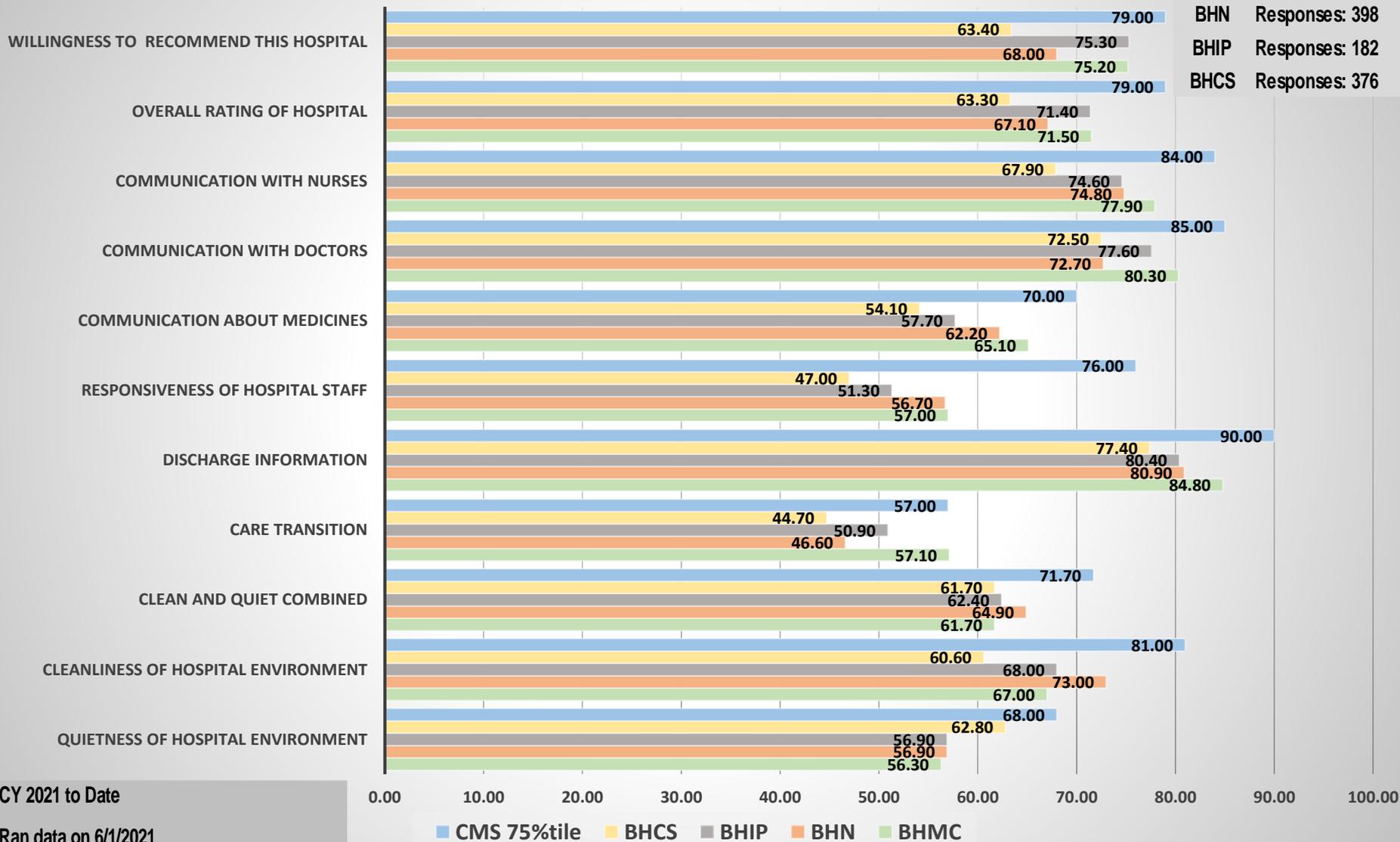
BHN CMS HCAHPS CY 2021



Responses: 398
 CY 2021 to Date
 Ran data on 6/1/2021

BH CMS HCAHPS Comparison CY 2021

BHMC Responses: 408
 BHN Responses: 398
 BHIP Responses: 182
 BHCS Responses: 376



CY 2021 to Date

Ran data on 6/1/2021