6.1 AMBULATORY PHYSICIAN PRACTICE UPDATE

BROWARD HEALTH®

AVMED MEDICARE VALUE BASED QA METRICS CLAIMS

THROUGH 7/27/2020. MADE 4 STAR GOAL

Scorecard

Network: NBHD - NORTH BROWARD HOSPITAL DISTRICT
Report Year: 2020
Report Date: 7/27/2020
Reporting Period: Claims received through 6/30/2020

		Scorecard STARS Rating
Total Eligible	780	
Total Compliant	532	4.0
Total Open Gaps	235	

Population	Measure	Stars Rating	Eligible	Compliant	Open Gaps	Rate %	Mbrs Needed for 4-Star	Mbrs Needed for 5-Star
Medicare	BCS - Breast Cancer Screening	3	92	67	25	73%	3	10
Medicare	COL - Colorectal Cancer Screening	3	152	97	55	64%	14	25
Medicare	CBP - Controlling High Blood Pressure	1	158	33	125	21%	94	103
Medicare	CDC - Comprehensive Diabetes Care HbA1c Poor Control (>9.0%)	3	50	33	17	66%	3	10
Medicare	MRP - Medication Reconciliation Post-Discharge	1	15	4	n/a *	27%	n/a *	n/a *
Medicare	PCR - Plan All-Cause Readmissions **	1	13	11	n/a *	15%	n/a *	n/a *
Medicare	D10 - Medication Adherence for Diabetes	5	43	43	0	100%	0	0
Medicare	D11 - Medication Adherence for Hypertension (RAS Antagonists)	5	96	91	5	95%	0	0
Medicare	D12 - Medication Adherence for Cholesterol (Statins)	5	125	120	5	96%	0	0
Medicare	D14 - Statin Therapy for Patients with Diabetes SUPD	5	36	33	3	92%	0	0

Data Source:
HEDIS Data Cotiviti as of 7/8/2020
PDE Acumen as of 7/1/2020

Definitions:
Eligible: members identified based on HEDIS specifications
Compliant: eligible members for whom we received a claim or supplemental documentation to satisfy a measure
Open Gaps: eligible members for whom we have not received a claim or supplemental documentation to satisfy measure and gap in care is still actionable

AVMED ADDITIONAL MEDICARE QA GAP CLOSURE END OF YEAR SPRINT CLAIMS RECEIVED THROUGH 12/09/2020

Quality Sprint Summary

Network: BROWARD HEALTH - API
Report Date: 12/9/2020

Population	Measure	Incentive	Total Gaps	Closed Gaps	Open Gaps	Received Pending *	Max Bonus Potential	Bonus Remaining to be Earned	Bonus Earned
Medicare	OMW - Osteoporosis Management ^^	$1,000	0	0	0	0	$0	$0	$0
Medicare	ART - Rheumatoid Arthritis Management ^	$1,000	2	1	1	0	$2,000	$1,000	$1,000
Medicare	SPCR - Statin Therapy for Patients with Cardiovascular Disease (Part C)	$1,000	3	0	3	0	$3,000	$3,000	$0
Medicare	D14 - Statin Therapy for Patients with Diabetes SUPD	$1,000	3	0	3	0	$3,000	$3,000	$0
Medicare	CDC - Comprehensive Diabetes Care HbA1c Poor Control (>9.0%)	$500	15	2	13	0	$7,500	$6,500	$1,000
Medicare	CDC - Comprehensive Diabetes Care Kidney Disease Monitoring	$500	5	2	3	0	$2,500	$1,500	$1,000
Medicare	BCS - Breast Cancer Screening	$500	22	3	19	0	$11,000	$9,500	$1,500
Medicare	AWV - Annual Wellness Visit	$200	33	0	33	0	$6,600	$6,600	$0
Medicare	CBP - Controlling High Blood Pressure	$100	112	7	105	9	$11,200	$10,500	$700
Medicare	CDC - Comprehensive Diabetes Care Eye Exam	$100	22	8	14	1	$2,200	$1,400	$800
Medicare	COL - Colorectal Cancer Screening	$100	44	4	40	0	$4,400	$4,000	$400
Medicare	MRP - Medication Reconciliation Post Discharge	$100	23	1	22	0	$2,300	$2,200	$100
Total			284	28	256	10	$55,700	$49,200	$6,500
%			100%	10%	90%				

**Received Supplemental Data or Claim, Pending HEDIS Validation*

Definitions:

Total and Open Gaps: eligible members for whom we have not received a claim or supplemental documentation to satisfy measure and gap in care is still actionable
Closed Gaps: eligible members for whom we received a claim or supplemental documentation to satisfy a measure
Max Bonus Potential: Total Gaps multiply by incentive
Bonus Remaining to be Earned: Open Gaps multiply by incentive

^ Includes suspect members, determined using claims data, one visit without DMARD treatment
^^ Suspect members, determined using claims data and authorization report for fracture codes who have not received treatment

HUMANA MEDICARE HMO #101415 BHPG IMPERIAL POINT GROUP CLAIMS END 12/31/2020 (PG 1)

HEDIS PERFORMANCE YEAR 2020
FLORIDA MEDICARE HMO PROVIDER PERFORMANCE REPORT

Humana.

Release Date: January/2021 **Membership Run Period:** 202101

Market South FL Size Medium Grouper 80904267 NORTH BROWARD HOSPITAL

Center 000101415 BHPG IMPERIAL POINT MEDICAL GR Center Panelized N

Membership 320 F 191 M 129 Mbr W/Gaps 144 Percentile *** 9 Rate 80.79%

HEDIS Star Level

Prev. Year	Prev. Mth.	Curr. Mth.	Status
3.90	3.20	3.50	⇧

	Current Month						Max Star		Measure Avg%**	Previous Month		Previous Year Final	
Measure	Eligible	Passes	Gaps	Rate	Star	Weight	Gaps	% Score		Rate	Star	Rate	Star
Adult Access to Primary Care *	271	253	18	93.36%	1	0	16	99%	0%	92.31%	1	94.09%	1
Adult BMI Assessment	111	111	0	100%	5	1	0	99%	98%	100%	5	97.98%	4
Anti-rheumatic drug for RA	2	2	0	100%	5	1	0	86%	80%	100%	5	100%	5
Breast Cancer Screening	63	44	19	69.84%	2	1	11	86%	82%	69.84%	2	78.95%	4
COA - Functional Status Assessment	20	12	8	60%	2	1	8	98%	94%	60%	2	90%	4
COA - Medication Review	20	17	3	85%	3	1	3	98%	94%	80%	2	90%	4
COA - Pain Screening	20	12	8	60%	1	1	8	98%	95%	60%	1	90%	4
Colorectal Cancer Screening	119	96	23	80.67%	4	1	6	85%	80%	77.12%	4	70.48%	3
Controlling High Blood Pressure	133	83	50	62.41%	2	1	29	84%	73%	60.45%	2	79.46%	4
Diabetes Care - Blood Sugar Controlled	34	26	8	76.47%	2	3	5	89%	84%	72.73%	1	91.67%	5
Diabetes Care - Eye Exam	34	26	8	76.47%	3	1	4	86%	77%	69.7%	2	83.33%	4
Diabetes Care - HbA1c Testing	34	31	3	91.18%	3	1	3	98%	96%	90.91%	3	100%	5
Diabetes Care - Monitoring Diabetic Nephropathy	34	33	1	97.06%	4	1	1	99%	98%	96.97%	3	100%	5
Medication Adherence - ACE/ARB	126	109	17	86.51%	4	3	2	88%	89%	86.99%	4	88.18%	5
Medication Adherence - Diabetes	42	38	4	90.48%	5	3	0	87%	89%	87.8%	5	91.18%	5
Medication Adherence - STATINS	136	120	16	88.24%	5	3	0	88%	87%	87.22%	4	87.61%	4

BROWARD HEALTH

HUMANA MEDICARE HMO #101415 BHPG IMPERIAL POINT GROUP CLAIMS END 12/31/2020 (PG 2)

	Current Month						Max Star		Measure Avg%**	Previous Month		Previous Year Final	
Measure	Eligible	Passes	Gaps	Rate	Star	Weight	Gaps	% Score		Rate	Star	Rate	Star
Medication Reconciliation Post Discharge	34	13	21	38.24%	1	1	18	89%	68%	28%	1	54.55%	3
Member Experience	0	0	0	81%	N/A		N/A	81%	0%	81%	N/A	81%	N/A
Osteoporosis Management 2021	1	0	1	0%	1	1	1	75%	63%	0%	1	33.33%	2
Plan All-Cause No Readmissions	26	21	5	80.77%	1	1	4	93%	87%	76.19%	1	85.71%	1
Statin Therapy for Patients with Cardiovascular Disease	16	15	1	93.75%	5	1	0	88%	86%	93.33%	5	71.43%	2
Statin Use in Persons with Diabetes	36	32	4	88.89%	5	3	0	88%	90%	88.24%	5	92.86%	5
TOTALS	1,312	1,094	218										

Centers with similar HMO Humana mbrs in	South FL	is ranked	417	out of	458
Centers with similar HMO Humana mbrs in	Florida	is ranked	863	out of	999

Data includes claims/encounters processed through: Part C: **12/30/2020,** Part D : **12/30/2020,** AAP, ABA, MRP, and PCR: **11/30/2020** and membership through **December/2020** who met specific measure denominator criteria, and thresholds for BY2023.

* Measure is included in the performance report, but is not included in the weighted average.
** The Average Percent is based upon Centers with Comparable Humana Medicare membership in ALL Florida HMO markets.
(Small = 0-99 Members, Medium = 100-999 Members, Large = 1000-4999 Members, X-Large = 5000+ Members)
*** Percentage among similar centers

HUMANA MEDICARE HMO #107047 BHPG DR. NARVEZ GROUP CLAIMS END 12/30/2020 (PG 1)

HEDIS PERFORMANCE YEAR 2020
FLORIDA MEDICARE HMO PROVIDER PERFORMANCE REPORT

Humana.

Release Date: January/2021 Membership Run Period: 202101

Market South FL Size Medium Grouper 80904267 NORTH BROWARD HOSPITAL

Center 000107047 BHPG NARVEZ L FERNANDO Center Panelized N

Membership 243 F 137 M 106 Mbr W/Gaps 81 Percentile *** 48 Rate 86.83%

HEDIS Star Level

Prev. Year	Prev. Mth.	Curr. Mth.	Status
3.36	3.93	3.87	↓

	Current Month						Max Star		Measure Avg%**	Previous Month		Previous Year Final	
Measure	Eligible	Passes	Gaps	Rate	Star	Weight	Gaps	% Score		Rate	Star	Rate	Star
Adult Access to Primary Care *	202	196	6	97.03%	3	0	4	99%	0%	95.59%	1	97.47%	3
Adult BMI Assessment	78	78	0	100%	5	1	0	99%	98%	100%	5	98.55%	4
Anti-rheumatic drug for RA	3	2	1	66.67%	1	1	1	86%	80%	66.67%	1	80%	3
Breast Cancer Screening	33	31	2	93.94%	5	1	0	86%	82%	93.94%	5	87.5%	5
COA - Functional Status Assessment	24	21	3	87.5%	3	1	3	98%	94%	87.5%	3	80%	4
COA - Medication Review	24	22	2	91.67%	3	1	2	98%	94%	91.67%	3	100%	5
COA - Pain Screening	24	22	2	91.67%	4	1	2	98%	95%	91.67%	4	100%	5
Colorectal Cancer Screening	82	73	9	89.02%	5	1	0	85%	80%	88.89%	5	85.29%	5
Controlling High Blood Pressure	63	39	24	61.9%	2	1	14	84%	73%	60.32%	2	72.73%	3
Diabetes Care - Blood Sugar Controlled	33	30	3	90.91%	5	3	0	89%	84%	90.63%	5	78.26%	4
Diabetes Care - Eye Exam	33	25	8	75.76%	3	1	4	86%	77%	75%	3	78.26%	4
Diabetes Care - HbA1c Testing	33	33	0	100%	5	1	0	98%	96%	100%	5	91.3%	1
Diabetes Care - Monitoring Diabetic Nephropathy	33	33	0	100%	5	1	0	99%	98%	100%	5	91.3%	3
Medication Adherence - ACE/ARB	110	98	12	89.09%	5	3	0	88%	89%	88.99%	5	84.31%	3
Medication Adherence - Diabetes	40	34	6	85%	4	3	1	87%	89%	87.18%	5	85.71%	4
Medication Adherence - STATINS	138	117	21	84.78%	3	3	5	88%	87%	83.94%	3	76.32%	2

BROWARD HEALTH

HUMANA MEDICARE HMO #107047 BHPG DR. NARVEZ GROUP CLAIMS END 12/30/2020 (PG 2)

HEDIS PERFORMANCE YEAR 2020
FLORIDA MEDICARE HMO PROVIDER PERFORMANCE REPORT

Humana.

Release Date: January/2021 Membership Run Period: 202101

Market South FL Size Medium Grouper 80904267 NORTH BROWARD HOSPITAL

Center 000107047 BHPG NARVEZ L FERNANDO Center Panelized N

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	Current Month						Max Star		Measure Avg%**	Previous Month		Previous Year Final	
Measure	Eligible	Passes	Gaps	Rate	Star	Weight	Gaps	% Score		Rate	Star	Rate	Star
Medication Reconciliation Post Discharge	23	13	10	56.52%	2	1	8	89%	68%	40.91%	1	37.5%	2
Member Experience	0	0	0	74.3%	N/A		N/A	81%	0%	74%	N/A	76%	N/A
Osteoporosis Management 2021	1	0	1	0%	1	1	1	75%	63%	0%	1	N/A	N/A
Plan All-Cause No Readmissions	19	16	3	84.21%	1	1	2	93%	87%	83.33%	1	72.73%	1
Statin Therapy for Patients with Cardiovascular Disease	7	7	0	100%	5	1	0	88%	86%	100%	5	100%	5
Statin Use in Persons with Diabetes	34	31	3	91.18%	5	3	0	88%	90%	91.18%	5	84%	4
TOTALS	1,037	921	116										

Centers with similar HMO Humana mbrs in	South FL	is ranked	238	out of	458
Centers with similar HMO Humana mbrs in	Florida	is ranked	458	out of	999

Data includes claims/encounters processed through: Part C: **12/30/2020,** Part D : **12/30/2020,** AAP, ABA, MRP, and PCR: **11/30/2020** and membership through **December/2020** who met specific measure denominator criteria, and thresholds for BY2023.

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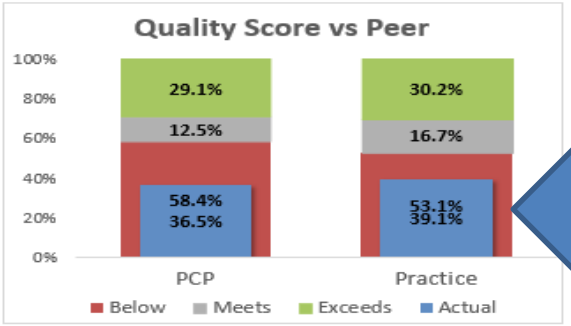
(Small = 0-99 Members, Medium = 100-999 Members, Large = 1000-4999 Members, X-Large = 5000+ Members)
*** Percentage among similar centers

MY BLUE 2020 QUALITY OUTCOMES PCP AND PRACTICE

Quality Summary

Uses claims and supplementary data submitted as of 10/27/2020

Region SOUTH
Group Name North Broward Hospital District
Group Number 00020



Our actual scores vs peers scoring below in community

	PCP Measures	Opportunities	HEDIS Rate	Seen by PCP	Met	Not Met	Quality Rate	50th Percentile	80th Percentile	Quality Conclusion	Points	Possible	Score
Open	Adult BMI Assessment	5,068	74.7%	3,602	2,997	605	83.2%	96.6%	99.5%	Below Expectations	1.7	5.0	34%
Open	Comprehensive Diabetes Care: HbA1c	877	81.8%	778	682	96	87.7%	90.5%	95.3%	Below Expectations	1.9	5.0	39%
Open	Comprehensive Diabetes Care: Nephropathy Monitoring	877	88.0%	778	712	66	91.5%	91.0%	94.9%	Meets Expectations	2.4	5.0	48%
Open	Controlling High Blood Pressure	2,076	25.0%	1,888	502	1,386	26.6%	51.6%	69.0%	Below Expectations	1.0	5.0	21%
Open	Weight Counseling	30	6.7%	21	-	21	-	46.4%	83.3%	Below Expectations	-	5.0	-
TD	Avoidance of Antibiotic Treatment for Acute Bronchitis*	136	29.4%	103	27	76	26.2%	33.3%	47.1%	Below Expectations	1.6	5.0	31%
TD	Appropriate Testing for Pharyngitis	113	27.4%	85	22	63	25.9%	39.1%	63.0%	Below Expectations	1.3	5.0	26%
TD	Appropriate Treatment for Upper Respiratory Infection*	424	51.9%	317	158	159	49.8%	60.0%	75.0%	Below Expectations	1.7	5.0	33%
TD	Use of Imaging Studies for Low Back Pain*	65	87.7%	53	46	7	86.8%	78.5%	87.5%	Meets Expectations	4.8	5.0	95%
TD	Well-Child Visits in the 3rd - 6th Years of Life	13	30.8%	4	4	-	100.0%	87.2%	91.1%	Small Sample	-	-	-
										PCP Score	**16.4**	**45.0**	**36%**

- PCP category denotes opportunities that can be closed in the PCP office within a single encounter.

	Practice Measures	Opportunities	HEDIS Rate	Seen by PCP	Met	Not Met	Quality Rate	50th Percentile	80th Percentile	Quality Conclusion	Points	Possible	Score
Open	Adherence to Renin Angiotensin Antagonists	1,268	80.2%	1,135	912	223	80.4%	80.8%	85.7%	Below Expectations	2.0	5.0	40%
Open	Adherence to Statins	1,518	77.7%	1,375	1,078	297	78.4%	78.8%	84.0%	Below Expectations	2.0	5.0	40%
Open	Medication Management for People with Asthma, 75% PDC, Tota	68	60.3%	59	37	22	62.7%	65.0%	80.0%	Below Expectations	1.9	5.0	39%
Open	Adherence to Diabetic Medications	546	78.0%	492	387	105	78.7%	80.8%	86.7%	Below Expectations	1.9	5.0	39%
Open	Plan All-Cause Readmission*	377	87.3%	341	296	45	86.8%	90.3%	97.0%	Below Expectations	1.9	5.0	38%
TD	Childhood Immunization Status	-	-	-	-	-	-	-	-	Small Sample	-	-	-
TD	Immunizations for Adolescents	4	-	2	-	2	-	24.6%	35.1%	Small Sample	-	-	-
TD	Well Care Visits, 1st 15 months, 6+ visits	1	100.0%	1	1	-	100.0%	87.4%	100.0%	Small Sample	-	-	-
										Practice Score	**9.8**	**25.0**	**39%**

- Practice category denotes opportunities that require multiple encounters or follow-up care to close.

Notes:
- **Open opportunities can be closed at any point in the year.**
- **Time Dependent (TD) opportunities must be closed within specified periods of time. They are reported after the window has closed and can be used to guide future practice improvements.**
- **Quality performance metrics for scoring purposes are compared to the entire myBlue population.**

BROWARD HEALTH

FL BLUE MEDICARE PPO 2020

Florida Blue
Your local Blue Cross Blue Shield | MEDICARE

NORTH BROWARD HOSPITAL DISTRICT 1

Based on claims received through: 12/31/2020

Gaps to Next Star

PPO

Measure	Source	Type	Weight	Current Year Den	Num	Rate	Star	Gaps to Next Star 2	3	4	5	Last year Den	Rate	Star
C - Diabetes Care – Blood Sugar Controlled	HEDIS	Star	3	11	9	82%	3	-	-	1	1	16	25%	1
D - Statin Use in Persons with Diabetes (SUPD)	Pharm Part D	Star	3	13	9	69%	1	1	2	2	3	16	81%	3
D - Medication Adherence for Diabetes Medications	Pharm Part D	Star	3	14	9	64%	1	3	3	3	4	15	80%	2
D - Medication Adherence for Hypertension (RAS antagonist	Pharm Part D	Star	3	55	50	91%	4	-	-	-	1	43	95%	5
D - Medication Adherence for Cholesterol (Statins)	Pharm Part D	Star	3	62	52	84%	3	-	-	1	2	46	87%	4
C - Rheumatoid Arthritis Management	HEDIS	Star	1	4	3	75%	3	-	-	1	1	2	100%	5
C - Breast Cancer Screening	HEDIS	Star	1	23	21	91%	5	-	-	-	-	22	77%	4
C - Controlling Blood Pressure	HEDIS	Star	1	64	34	53%	1	2	7	14	19	42	50%	1
C - Diabetes Care – Eye Exam	HEDIS	Star	1	11	10	91%	5	-	-	-	-	16	69%	1
C - Diabetes Care – Kidney Disease Monitoring	HEDIS	Star	1	11	11	100%	5	-	-	-	-	16	100%	5
C - Care for Older Adults – Medication Review	HEDIS	Star	1	-	-	-	N/A	-	-	-	-	-	-	N/A
C - Care for Older Adults – Functional Status Assessment	HEDIS	Star	1	-	-	-	N/A	-	-	-	-	-	-	N/A
C - Care for Older Adults – Pain Assessment	HEDIS	Star	1	-	-	-	N/A	-	-	-	-	-	-	N/A
C - Colorectal Cancer Screening	HEDIS	Star	1	56	45	80%	4	-	-	-	2	40	70%	3
C - Medication Reconciliation Post Discharge	HEDIS	Star	1	11	2	18%	1	5	6	7	8	8	38%	1
C - Osteoporosis Management in Women who had a Fracture	HEDIS	Star	1	1	-	0%	1	1	1	1	1	1	100%	5
C - Statin Therapy for Patients with Cardiovascular Disease	HEDIS	Star	1	11	7	64%	1	2	2	3	3	8	63%	1
Access to Primary Care, Total	HEDIS	Informational	N/A	104	104	100%	N/A	-	-	-	-	75	100%	N/A
Controlling Blood Pressure - Poor Control	HEDIS	Informational	N/A	30	6	20%	N/A	-	-	-	-	-	-	N/A
Diabetes Care, HbA1c Screening	HEDIS	Informational	N/A	11	10	91%	N/A	-	-	-	-	16	94%	N/A
C - Adult BMI Assessment	HEDIS	Display	N/A	55	45	82%	N/A	-	-	-	-	39	87%	N/A
C - Plan All-Cause Readmissions	HEDIS	Display	N/A	9	2	22%	N/A	-	-	-	-	7	0%	N/A
C - Non-Recommended PSA-Based Screening in Older Men	HEDIS	Display	N/A	19	12	63%	N/A	-	-	-	-	13	69%	N/A

Weighted Average Star Score: 2.58

Weighted Average Star Score: 2.96

* Last year's reporting only for measures with a current membership population. Measures with zero current members will show zero for last year.

BROWARD HEALTH

UNITED MEDICARE QUALITY OUTCOMES

UnitedHealthcare Medicare Solutions

2020 NORTH BROWARD HSPTL DIST (596012065) MA-PCPi Baseline & Interim Report

The following data shows metrics for HEDIS measures that indicate a potential care opportunity.
Metrics include assigned and/or attributed Medicare Advantage members specific to the MA-PCPi Program, which are not included in the M&R ACO Program.

	Annual Care Visit (ACV)		
	Total Patients	Completed	Opportunities
Total MA-PCPi Patients	527	123	404

	Current Reporting Period										
Quality Measure	Eligible Members	Compliant Members	Non-Compliant Members	Current Rate	4 STAR Threshold % Target	# of Members to Achieve 4 STAR Threshold	5 STAR Threshold % Target	# of Members to Achieve 5 STAR Threshold	Quality Rating	MA-PCPI Weight	MA-PCPI Weighted Quality Rating
C01-Breast Cancer Screening	102	82	20	80%	≥76.0%	0	≥83.0%	4	4	1	4
C02-Colorectal Cancer Screening	224	163	61	73%	≥73.0%	0	≥80.0%	16	4	1	4
C07-Adult BMI Assessment	233	210	23	90%	≥96.0%	14	≥99.0%	21	2	-	0
C13-Diabetes Care - Eye Exam	68	50	18	74%	≥73.0%	0	≥78.0%	3	4	1	4
C14-Diabetes Care - Kidney Disease Monitoring	68	65	3	96%	≥95.0%	0	≥97.0%	1	4	1	4
C15-Diabetes Care - Blood Sugar Controlled	68	46	22	68%	≥72.0%	3	≥85.0%	12	3	3	9
D10-Medication Adherence for Diabetes Medications	68	63	5	93%	≥84.0%	0	≥88.0%	0	5	3	15
D11-Medication Adherence for Hypertension (RAS antagonists)	203	184	19	91%	≥87.0%	0	≥89.0%	0	5	3	15
D12-Medication Adherence for Cholesterol (Statins)	224	197	27	88%	≥86.0%	0	≥88.0%	0	5	3	15
D14-Statin Use in Persons with Diabetes	74	66	8	89%	≥83.0%	0	≥87.0%	0	5	3	15
C21-Statin Therapy for Patients With Cardiovascular Disease**	21	19	2	90%	≥83.0%	0	≥87.0%	0	5	1	5
									Total	20	90

Current Year Average Star Rating	4.5

Prior Year Final Average StarRating	3.89
Average Star Rating Year-over-Year Change	0.61

BROWARD HEALTH

UNITED MEDICARE QUALITY OUTCOMES

Quality Care Incentive Measures

Quality Measure	Eligible Members*	Compliant Members*	Non-Compliant Members*	Current Rate	4 STAR Threshold % Target	# of Members to Achieve 4 STAR Threshold	5 STAR Threshold % Target	# of Members to Achieve 5 STAR Threshold	Quality Rating	MA-PCPI Weight	MA-PCPI Weighted Quality Rating
C12-Osteoporosis Management in Women who had a Fracture	-	-	-	-	≥50.0%	-	≥67.0%	-	-	-	-
C16-Rheumatoid Arthritis Management**	3	2	1	67%	≥79.0%	1	≥84.0%	1	2	0	0
C19-Medication Reconciliation Post Discharge	54	13	41	24%	≥71.0%	26	≥84.0%	33	1	0	0

	Month-Over-Month			Year-Over-Year		
	Oct 2020 PCOR	Nov 2020 PCOR	Trend	Nov 2019 PCOR	Nov 2020 PCOR	Trend
Total MA-PCPi Patients	508	527	+4%	429	527	+23%

Quality Measure	Quality Rating	Quality Rating	Trend	Quality Rating	Quality Rating	Trend
C01-Breast Cancer Screening	4	4	→	3	4	↑
C02-Colorectal Cancer Screening	3	4	↑	4	4	→
C07-Adult BMI Assessment	2	2	→	2	2	→
C13-Diabetes Care - Eye Exam	3	4	↑	4	4	→
C14-Diabetes Care - Kidney Disease Monitoring	4	4	→	3	4	↑
C15-Diabetes Care - Blood Sugar Controlled	4	3	↓	3	3	→
D10-Medication Adherence for Diabetes Medications	5	5	→	5	5	→
D11-Medication Adherence for Hypertension (RAS antagonists)	3	5	↑	3	5	↑
D12-Medication Adherence for Cholesterol (Statins)	4	5	↑	3	5	↑
D14-Statin Use in Persons with Diabetes	5	5	→	5	5	→
C21-Statin Therapy for Patients With Cardiovascular Disease**	5	5	→	4	5	↑
Average Star Rating	4.1	4.5	↑	3.53	4.5	↑

MA-PCPi Measures and Thresholds
The information in this table is subject to change from time to time at CMS' discretion. The table shows the information for 2020 Star Ratings, effective Jan. 1, 2020. For final evaluation of the Average Star Rating Bonus, UnitedHealthcare will use the most recently published CMS information at the time we calculate your Average Star Rating.

MEDICA MEDICARE 2020 CLAIMS END 12/14/2020 PART D

MEDICA HEALTHCARE

Stars Scorecard
Measurement Year 2020

Informational Use Only
12/14/2020

Medica Healthcare
NORTH BROWARD HSPTL DIST

Measure Description	Eligible Population	Compliant Population	% Compliant	Stars	Population Needed	Goal	Weight
Part D (PQA)							
Statin Use in Persons with Diabetes (SUPD)	5	5	100%	* * * * *	-1	86%	3
Medication Adherence							
Cholesterol (Statins)	16	14	87.50%	* * * *	1	89%	3
Diabetes Medication	7	5	71.43%	*	2	88%	3
Hypertension (ACEI & ARB)	19	16	84.21%	* * *	1	89%	3
	47	40		**Average Star Rating Part D**			**3.25**

BROWARD HEALTH

MEDICA MEDICARE 2020 PART C & D

Part C (HEDIS, NCQA)							
Breast Cancer Screening (BCS)	5	4	80.00%	* * * *	1	82%	1
Colorectal Cancer Screening (COL)	12	10	83.33%	* * * * *	-1	83%	1
Medication Reconciliation Post Discharge (MRP)	6	1	16.67%	*	5	86%	1
Osteoporosis Management In Women - 2020 (OMW)	---	---	---	---	---	---	---
Rheumatoid Arthritis Management (ART)	1	1	100%	* * * * *	-1	86%	1
Statin Therapy for Patients With Cardiovascular Disease (SPC)	---	---	---	---	---	---	---
Care For Older Adults (COA)							
Medication Review	13	9	69.23%	* *	4	98%	1
Pain Screening	13	8	61.54%	*	5	97%	1
Comprehensive Diabetes Care (CDC)							
Blood Sugar Controlled	5	5	100%	* * * * *	-1	87%	3
Eye Exam	5	3	60.00%	*	2	85%	1
Kidney Disease Monitoring	5	5	100%	* * * * *	-1	98%	1
Informational							
Adult BMI Assessment (ABA)	11	9	81.82%	* *	2	98%	0
Care For Older Adults - Functional Status Assessment (COA)	13	9	69.23%	* *	4	94%	0
Controlling High Blood Pressure (CBP)	16	8	50.00%	*	6	85%	0
Osteoporosis Management In Women - 2021 (OMW2)	---	---	---	---	---	---	---
Plan All-Cause Readmissions (PCR)	5	4	80.00%	*	1	95%	0
	110	76			**Average Star Rating Part C**		**3.55**

TOTAL PART C & D	157	116
Average Star Rating	**3.39**	
# of Eligible Measures:	13	
Current Membership:	43	

BROWARD HEALTH

PREFERRED CARE PARTNERS MEDICARE 2020 PART D

Preferred Care Partners

Stars Scorecard
Measurement Year 2020

Informational Use Only
12/14/2020

Preferred Care Partners
NORTH BROWARD HSPTL DIST

Measure Description	Eligible Population	Compliant Population	% Compliant	Stars	Population Needed	Goal	Weight
Part D (PQA)							
Statin Use in Persons with Diabetes (SUPD)	146	122	83.56%	* * * *	4	86%	3
Medication Adherence							
Cholesterol (Statins)	349	305	87.39%	* * * *	6	89%	3
Diabetes Medication	139	118	84.89%	* * * *	5	88%	3
Hypertension (ACEI & ARB)	338	293	86.69%	* * * *	8	89%	3
	972	838		**Average Star Rating Part D**			**4.00**

BROWARD HEALTH

PREFERRED CARE PARTNERS MEDICARE 2020 PART C & D

Part C (HEDIS, NCQA)							
Breast Cancer Screening (BCS)	175	149	85.14%	* * * * *	-6	82%	1
Colorectal Cancer Screening (COL)	368	267	72.55%	* * *	39	83%	1
Medication Reconciliation Post Discharge (MRP)	87	37	42.53%	*	38	86%	1
Osteoporosis Management In Women - 2020 (OMW)	1	1	100%	* * * * *	-1	73%	1
Rheumatoid Arthritis Management (ART)	12	8	66.67%	* *	3	86%	1
Statin Therapy for Patients With Cardiovascular Disease (SPC)	30	28	93.33%	* * * * *	-2	88%	1
Care For Older Adults (COA)							
Medication Review	119	78	65.55%	*	39	98%	1
Pain Screening	119	70	58.82%	*	46	97%	1
Comprehensive Diabetes Care (CDC)							
Blood Sugar Controlled	158	125	79.11%	* * *	13	87%	3
Eye Exam	158	114	72.15%	* *	21	85%	1
Kidney Disease Monitoring	158	152	96.20%	* * * *	3	98%	1
Informational							
Adult BMI Assessment (ABA)	382	354	92.67%	* * *	21	98%	0
Care For Older Adults - Functional Status Assessment (COA)	119	77	64.71%	* *	35	94%	0
Controlling High Blood Pressure (CBP)	335	142	42.39%	*	143	85%	0
Osteoporosis Management In Women - 2021 (OMW2)	---	---	---	---	---	---	---
Plan All-Cause Readmissions (PCR)	96	86	89.58%	*	6	95%	0
	2,317	1,688			**Average Star Rating Part C**		**2.92**

TOTAL PART C & D	3,289	2,526
Average Star Rating	**3.44**	
# of Eligible Measures:	15	
Current Membership:	724	

Collection Period Through 12/11/2020

COMMUNITY CARE PLAN (CCP) - CHS

Go Back To Table Of Contents

Family Practice

BROWARD HEALTH PHYSICIAN GROUP

YTD HEDIS Report Card

Report For January, 2021

Individual members may differ from the eligibility tab.

Sub-Total	13.50	GOLD	>58.50 to =87.75
Multiplier		SILVER	>28.25 to =58.50
		BRONZE	>13 to =28.25

Type	Performance Measure	Performance Measure Description	Num	Den	Score	66.67TH%	66.67th needed	75TH%	75th needed	90TH%	90th needed	66.67th Weight	75th Weight	90th Weight	Weighted Total
Family Practice	MMA, 5-11 years	Medication Management for People with Asthma, 5 to 11 Years	0	1	0.00%	33.14%	0.33	35.14%	0.35	42.97%	0.43	0.25	0.50	0.75	
Family Practice	MMA, 12-18 years	Medication Management for People with Asthma, 12 to 18 Years	0	0	0.00%	32.01%	0.00	34.83%	0.00	43.38%	0.00	0.25	0.50	0.75	
Family Practice	AAP, Total	Adults' Access to Preventive/Ambulatory Health Services	289	482	59.96%	83.97%	115.74	85.09%	121.13	87.70%	133.71	3.00	6.00	9.00	
Family Practice	AWC	Adolescent Well Care Visits	34	67	50.75%	59.49%	5.86	61.99%	7.53	66.80%	10.76	2.00	4.00	6.00	
Family Practice	BCS	Breast Cancer Screening	8	17	47.06%	62.24%	2.58	64.12%	2.90	68.94%	3.72	0.25	0.50	0.75	
Family Practice	CAP, 12-19 years	Children's Access to Primary Care – 12 to 19 Years	14	14	100.00%	91.11%	(1.24)	92.05%	(1.11)	94.75%	(0.74)	1.50	3.00	4.50	4.50
Family Practice	CAP, 7-11 years	Children's Access to Primary Care – 7 to 11 Years	10	12	83.33%	92.24%	1.07	93.04%	1.16	96.18%	1.54	1.00	2.00	3.00	
Family Practice	CBP	Controlling High Blood Pressure	24	82	29.27%	63.50%	28.07	65.78%	29.94	71.04%	34.25	2.50	5.00	7.50	
Family Practice	CCS	Cervical Cancer Screening	122	240	50.83%	63.26%	29.82	66.01%	36.42	70.68%	47.63	2.00	4.00	6.00	
Family Practice	CDC, A1c <8% Good Control	Comprehensive Diabetes Care – HbA1c <8.0% Control	11	43	25.58%	54.39%	12.39	55.47%	12.85	59.49%	14.58	2.50	5.00	7.50	
Family Practice	CDC, BP Control<140/90	Comprehensive Diabetes Care – Blood Pressure Control (<140/90)	13	43	30.23%	68.37%	16.40	70.76%	17.43	77.50%	20.33	2.50	5.00	7.50	
Family Practice	CDC, Eye Exam	Comprehensive Diabetes Care – Eye Exam	18	43	41.86%	62.29%	8.78	64.23%	9.62	68.61%	11.50	1.00	2.00	3.00	
Family Practice	CDF, 12-17 years	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF) *	5	21	23.81%	30.00%	1.30	40.00%	3.40	50.00%	5.50	0.50	1.00	1.50	
Family Practice	CDF, 18+	Screening for Depression and Follow-Up Plan: Age 18 and older (CDF)*	122	403	30.27%	30.00%	(1.10)	40.00%	39.20	50.00%	79.50	0.50	1.00	1.50	0.50
Family Practice	CHL, Total , Adult	Chlamydia Screening – 21 to 24 Years	13	19	68.42%	67.62%	(0.15)	69.52%	0.21	73.70%	1.00	1.00	2.00	3.00	1.00
Family Practice	CHL, Total , Peds	Chlamydia Screening – 16 to 20 Years	2	4	50.00%	59.45%	0.38	62.92%	0.52	69.75%	0.79	1.00	4.00	6.00	
Family Practice	CIS, Combo 10	Childhood Immunizations Status – Combo #10	4	8	50.00%	38.44%	(0.92)	40.88%	(0.73)	48.42%	(0.13)	2.50	5.00	7.50	7.50
Family Practice	IMA, Combo 2	Immunizations for Adolescents – Combo 2	1	6	16.67%	35.52%	1.13	37.71%	1.26	46.72%	1.80	2.50	5.00	7.50	
Family Practice	W15, 6+ Visits	Well Child Visits – Birth to 15 months (6+ Visits)	7	13	53.85%	69.59%	2.05	71.29%	2.27	75.43%	2.81	1.00	2.00	3.00	
Family Practice	W34	Well Child Visits – 3 to 6 Years	20	30	66.67%	77.06%	3.12	79.33%	3.80	83.70%	5.11	0.50	1.00	1.50	

Please refer to disclaimer on cover page

BROWARD HEALTH

6.2 COMMUNITY HEALTH SERVICES: HEALTHCARE FOR HOMELESS

Performance Measure for HCH Patients with Diabetes, FY 2020		Target	Sum/Avg Report #1	October	November	December	Sum/Avg Report #2	YTD 2020
Goal 1: Decrease No-Show rate for AADE certified diabetes self-management session by at least ten percent (10%) by June 2021. Goal 40%	Measurement of monthly attendance in diabetes sessions		100%	96%	86%	88%	91%	91%
	# of patients who attended sessions		4	26	12	22	60	64
	# of patients who were scheduled for a session		4	27	14	25	66	70
	NO SHOW RATE	less than 40%	0%	4%	14%	12%	9%	9%
Goal 2: Reduce participating HCH patients with HbA1c of 10% or higher by 2%	Complete outreach to all patients with HbA1c 8% or greater and schedule at least 80% of identified patients for DSM session.	80%	74%	83%	100%	43%	76%	75%
	# of patients with HbA1c 8% or greater and scheduled for session		17	10	6	3	19	36
	# of patients identified as having HbA1c 8% or greater		23	12	6	7	25	48
	Proportion of patients with HbA1c higher than 8% past 3 months.	less than 16.2%	27%	30%	38%	35%	35%	31%
	# of patients with HbA1c greater than 8% past 3 months		37	37	48	46	44	80
Goal 3: Promote Diabetes prevention by maintianing patient's with a HbA1c between 5.7-6.4	# of established patients with diagnosis of pre-DM and DM		135	122	125	130	126	130
	# established patients who maintained a HBA1c between 5.7-6.4 over the past 3 months		131	46	50	38	134	265
	Proportion of patients with HbA1c less than 6.4 past 3 months.	38%	33%	38%	40%	29%	36%	35%

6.3 POPULATION HEALTH

BROWARD HEALTH®

Cigna - Quality

Cigna	Benchmark	Dec-15	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20
CAD - Taking a Statin	72.0%	69.1%	71.4%	70.7%	72.1%	69.0%	78.7%	71.2%	72.9%	65.6%	82.4%	84.9%	85.7%
Diabetes - Retinopathy	37.9%	29.9%	31.0%	33.5%	34.0%	38.6%	44.7%	45.8%	49.3%	52.4%	53.2%	55.4%	58.2%
Diabetes - Nephropathy	82.5%	71.9%	87.1%	88.7%	88.9%	88.0%	91.2%	91.6%	91.9%	93.1%	91.1%	88.1%	88.7%
Diabetes - Poor HbA1c control	85.0%	84.3%	85.4%	85.9%	90.2%	90.7%	94.2%	92.6%	91.1%	89.7%	88.8%	89.9%	89.3%
Diabetes - Good HbA1c control	73.6%	70.4%	74.7%	76.1%	77.5%	76.6%	80.7%	78.7%	80.4%	81.8%	82.4%	83.6%	84.0%
Diabetes - Taking a Statin	87.1%	71.1%	86.6%	81.9%	78.9%	86.6%	79.2%	82.9%	81.6%	79.3%	83.1%	89.9%	92.6%
Depression Med Mgmt**	43.1%	38.2%	27.4%	34.8%	16.0%	23.5%	16.7%	23.1%	23.3%	21.2%	33.3%	34.5%	45.5%
Adolescent Well Care	56.4%	69.4%	71.9%	70.8%	73.4%	73.6%	63.7%	66.7%	71.0%	71.7%	71.7%	66.5%	61.8%
Pediatric - Pharyngitis	91.0%	88.9%	82.6%	79.2%	75.5%	76.2%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pediatric - URI	92.3%	95.4%	92.5%	95.9%	96.3%	98.4%	95.3%	97.2%	96.9%	96.3%	96.7%	100.0%	96.2%
Pediatric - Well Child (15 mos)	81.7%	76.7%	78.9%	82.0%	80.6%	83.8%	95.0%	88.0%	83.3%	86.9%	84.9%	82.1%	88.9%
Bronchitis Management	47.1%	37.2%	40.0%	40.0%	38.2%	31.6%	25.7%	34.3%	36.1%	45.9%	69.4%	70.0%	79.3%
Imaging for Low Back Pain	68.7%	64.2%	77.2%	72.9%	67.7%	68.8%	73.5%	61.6%	60.0%	58.8%	63.4%	61.0%	62.7%
Breast Cancer Screening	78.8%	81.6%	80.6%	82.5%	81.7%	83.6%	83.8%	84.0%	84.1%	84.9%	85.3%	85.2%	86.7%
Chlamydia Screening	45.3%	62.5%	58.7%	60.1%	60.6%	55.7%	56.0%	56.2%	55.4%	57.5%	55.9%	72.1%	78.1%
Generic Dispensing Rate	87.6%	79.3%	85.7%	85.9%	85.7%	86.3%	87.1%	87.7%	87.8%	88.2%	88.3%	88.5%	88.5%
ED Utilization - visits per 1000	217	231	202	203	208	210	225	226	229	220	227	200	193

Florida Blue - Quality

FL BLUE	Benchmark	Aug-17	Nov-17	Feb-18	May-18	Aug-18	Dec-18	Feb-20	May-20	Jun-20	Jul-20	Aug-20
Breast Cancer Screening	75.6%	76.0%	76.0%	75.8%	75.9%	64.2%	65.4%	72.5%	74.5%	73.6%	73.8%	74.3%
Cervical Cancer Screening	70.4%	76.8%	76.6%	73.3%	74.5%	65.4%	63.2%	75.7%	76.4%	76.1%	78.2%	78.3%
Diabetes - HgA1c Completed	87.7%	91.7%	90.5%	91.9%	90.8%	85.0%	86.9%	88.9%	87.9%	86.8%	87.2%	86.9%
Diabetes - Nephropathy	88.0%	95.1%	95.7%	95.9%	87.9%	89.3%	85.3%	92.8%	89.7%	90.1%	91.7%	91.2%
Generic Dispensing Rate	87.3%	82.0%	83.0%	83.0%	82.5%	83.0%	81.6%	82.0%	83.5%	84.2%	84.5%	86.1%

Same as peer | Better than peer | worse than peers

6.4 BROWARD HEALTH HOME HEALTH

Quality Management
Process Measures
Outcome Measures
HHCAHPS

Broward Health Home Health						Positive Variance	Trend Variance	Negative Variance						
		Q1 CY 20			Q2 CY 20			Q3 CY20			Q4 CY 20			
Processes & Outcomes		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Managing Daily Activities	CMS													
Improvement in Ambulation - Locomotion	CMS Target Rolling 79.9% *Star Rating	94.1			86.8			86.4			86.4	87	86.7	86.7
Improvement in Bed Transferring	CMS Target Rolling 81.4% *Star Rating/VBP	94.1			86.3			84			90.2	87.5	87.3	88.3
Improvement in Bathing	CMS Target Rolling 82.6% *Star Rating/VBP	94.1			87.4			84.1			88.1	86.2	85.6	86.6
Improvement in Dyspnea	CMS Target Rolling 83.2% *Star Rating/VBP	90.3			88.5			92			90.3	87.4	87.3	88
Managing Pain and Treating Symptoms		1st Qtr CY 2020			2nd Qtr CY 2020			3rd Qtr CY 2020			4th Qtr CY 2020			YTD
Improvement in Management of Oral Medications	CMS Target Rolling 76.2 % VBP	93.8			85			85.3			88	84.1	82.6	85

Preventing Harm														
Timely Initiation of Care	CMS Target Rolling 95.4% *Star Rating	100			100			100			100	100	100	100
Drug Education on all medications provided to patients/caregiver during all episode of care (EOC)	CMS Target Rolling 99% *Star Rating	94			98			99			98.5	98	100	98
Discharged to Community	CMS Target Rolling 72.5% VBP	89.2			80.8			82.5			84.2	85	84.3	85
Processes & Outcomes														
Preventing Unplanned Hospital Care		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CMS/ Risk Adjusted Hospitalizations	CMS Rolling Target 15.4% *Star Rating			21.1		21.1				19.86			21.1	20.7
Emergency Department Use without Hospitalizations	CMS Target 13%			10		10				11.3			5.3	8.7
* Patient falls with major injury	1%					0.3				0.00			0.3	0.2

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Home Health **HHCAHPS**	National Average	Press Ganey	Press Ganey	Press Ganey	Press Ganey 11	Press Ganey 7	Press Ganey 9	Press Ganey 11	Press Ganey 12	Press Ganey 7	Press Ganey 2	Press Ganey 6	Press Ganey 9	**AVG YTD**
HHCAHPS % of patients who reported that their HH team gave care in a professional way	**CMS Target Rolling 88%**	88.2			68	93	84.4	98	86.3	86	92	87	86.1	87
HHCAHPS % of patients who reported that their HH team communicated well with them	**CMS Target Rolling 85%**	81			48	97.6	89	92.4	88	86	100	82	85.2	85.4
HHCAHPS % of patients who reported that their HH team discussed meds, pain and home safety with them	**CMS Target Rolling 83%**	88.2			55	84	72	81.1	76.3	61	70	46.2	79	69.3
HHCAHPS % of patients who gave their HH agency a rating of 9 or 10	**CMS Target Rolling 84%**	71			46	100	78	100	100	71	100	67	89	83.5
HHCAHPS % of patients who reported YES, they would definitely recommend HH agency	**CMS Target Rolling 78%**	65			50	83.3	62.5	100	50	71	100	60	67	72

BROWARD HEALTH HOSPICE

Quality Management
Processes & Outcomes
HIS Quality Measures
HSCAHPS

Broward Health Hospice						Positive Variance	Trend Variance 5%	Negative Variance 5%						
		Q1 CY 20			Q2 CY 20			Q3 CY 20			Q4 CY			
Processes & Outcomes		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
	IPU (Adm)	21	24	30	16	18	18	20	15	12	12	24	16	214
Infection Control - IPU The percentage of patients who acquire infections during all episode of Hospice care.	Target 0.00%	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
Pain Management - IPU The percentage of patients who report severe pain on initial assessment, who report reduction in pain level to 5 or less by end of fourth (4th) day of care in Hospice.	Target 95%													
	Home (Adm)	4	6	4	4	4	6	5	5	10	7	4	10	69
Infection Control - Home The percentage of patients who acquire infections during all episodes of Hospice care.	Target 0.00%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.8	0.00	0.00	0.0	0.5
Pain Management - Home The percentage of patients who report severe pain on initial assessment, who report reduction in pain level to 5 or less by end of fourth (4th) day of care in Hospice.	Target 95%	75				75							100	83

HOSPICE Quality Reported Measures		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	YTD	NOV	DEC	YTD
Hospice Home Visits When Death is Imminent														
A - 3 days		Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits		Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits
A - 3 days		5	7	4.5	5.75	4.5	5.4		5.3	3.8	5.25	4.2	4	5
B - 7 days (McKesson Custom Report)		Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits		Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits	Avg # visits
B - 7 days (McKesson Custom		10	11.67	8	9.5	11.5	9.6		10	7.6	10	7	5.25	9.1
RN / LPN		5	5	5.5	4.75	5.5	5.8		5.33	3.8	5	3.4	3.25	4.8
Medical Social Worker		2	1.7	0.5	1	0.5	0.8		0.33	0.6	0.8	0.4	0.25	0.81
Aide		2	2.33	0	2	4	1.2		2	1	2.2	1.2	0.25	1.7
Chaplain / Spiritual Counselor		0	2.67	2	1.5	1.5	1.6		2.33	2.2	1.6	1.6	1.5	1.7
Provider (Physician, ARNP)		1	0	0	0.25	0	0.2		0	0	0.4	0.4	0	0.21

Hospice-Level Quality Measures	Casper Report	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Hospice Information Set	Rolling targets CMS Group National Average 2019													
Treament Preferences	99.3%	100	100	100	100	100	100	100	100	100	100	100		100
Beliefs / Values	97.6%	100	100	100	100	100	100	100	100	100	100	99.6		100
Pain Screening	97.1%	98.8	98.2	98.6	98.3	98.4	100	97.6	97.4	96.4	96.7	96.5		98
Pain Assessment	92.7%	100	100	100	100	100	100	100	100	100	100	100		100
Dyspnea Screening	98.6%	100	100	100	100	100	100	100	100	100	100	100		100
Dyspnea Treatment	96.8%	100	100	100	100	100	100	100	100	100	100	100		100

Hospice-Level Quality Measures	Casper Report	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Hospice Information Set	Rolling targets CMS Group National Average 2019													
Bowel Regime	94.4%	100	100	100	100	100	100	100	100	100	100	100		100
Hospice Comprehensive Assessment	88.8%	98.8	98.2	98.6	98.3	98.4	98.1	97.6	97.4	96.4	96.7	96.1		98
Home patients only: Hospice Visits when Death is Imminent - Measure 1	81.6%	78.1	76.5	68.8	73.5	67.6	65.6	61.8	64.5	61.8	62.5	62.8		69.3
Home patients only: Hospice Visits when Death is Imminent - Measure 2	79.1%	87.5	88	87	83.3	86.2	87.5	88	91.3	92.3	93.8	94.3		88

*HSCAHPS	CMS/ National CAHPS Hospice Survey data (10.1.2018-9.30.2019)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Total responses		0		2	5	2	4	1	0	4	2	2	3	26
Hospice Team Communicates	81%		100	90	90	100	100	83		75	40	83.3	100	91
Getting Timely Care	78%		100	100	100	100	100	100		29	50	100	100	88
Treating Family Member with Respect	91%		100	100	100	100	100	100		100	100	75	100	100
Getting Support Religious/Emotional	90%		100	100	93.3	100	100	100		100	83.3	100	100	99
Getting Help for Symptoms	75%		87.5	100	100	100	100	NA		88	0	100	100	96
Getting Hospice Care Training	75%		85	66.7	50	100	91.7	50		40	0	37.5	100	70
Recommend Hospice	84%		100	100	80	50	100	100		75	100	0	100	86
Overall Hospice Rating	81%		100	100	100	100	100	100		100	100	0	100	100

6.5 MEDICARE READMISSIONS

BROWARD HEALTH®

Readmissions - Medicare

BHMC	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	18.0%	22.2%	21.4%	8.3%	0.0%	0.0%	0.0%	25.0%	20.0%	0.0%	14.3%	0.0%	40.0%	16.1%	13
COPD	19.5%	18.0%	14.3%	0.0%	8.3%	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	9.1%	4
Pneumonia	16.6%	11.6%	15.4%	21.4%	25.0%	20.0%	0.0%	20.0%	66.7%	66.7%	0.0%	11.1%	28.6%	0.0%	19.0%	15
AMI	16.1%	5.5%	12.5%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	6.8%	3
Hip/Knee	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	1
CABG	12.7%	8.0%	25.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	25.0%	6.9%	2

BHN	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	26.8%	5.6%	12.5%	22.2%	33.3%	0.0%	0.0%	0.0%	33.3%	20.0%	50.0%	0.0%	0.0%	17.1%	13
COPD	19.5%	19.0%	11.1%	40.0%	12.5%	12.5%	0.0%	0.0%	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	22.2%	6
Pneumonia	16.6%	14.6%	14.3%	33.3%	0.0%	16.7%	25.0%	10.0%	37.5%	0.0%	12.5%	13.3%	25.0%	33.3%	14.5%	19
AMI	16.1%	16.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	33.3%	0.0%	9.7%	3
Hip/Knee	4.0%	2.6%	3.7%	0.0%	0.0%	0.0%	14.3%	12.5%	0.0%	0.0%	11.1%	25.0%	0.0%	0.0%	4.8%	7

BHIP	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	30.6%	0.0%	50.0%	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	13.6%	3
COPD	19.5%	7.4%	28.6%	14.3%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	13.3%	6
Pneumonia	16.6%	3.5%	5.3%	0.0%	6.3%	0.0%	0.0%	20.0%	25.0%	50.0%	0.0%	50.0%	0.0%	0.0%	10.3%	8
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
Hip/Knee	4.0%	5.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	5.9%	1

BHCS	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	18.8%	11.1%	12.5%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	9.4%	5
COPD	19.5%	26.7%	14.3%	28.6%	0.0%	0.0%	50.0%	0.0%	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	18.5%	12
Pneumonia	16.6%	11.8%	20.0%	0.0%	15.4%	20.0%	14.3%	20.0%	0.0%	18.2%	14.3%	50.0%	14.3%	33.3%	13.2%	10
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
Hip/Knee	4.0%	9.1%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	1

Readmissions – All Payer

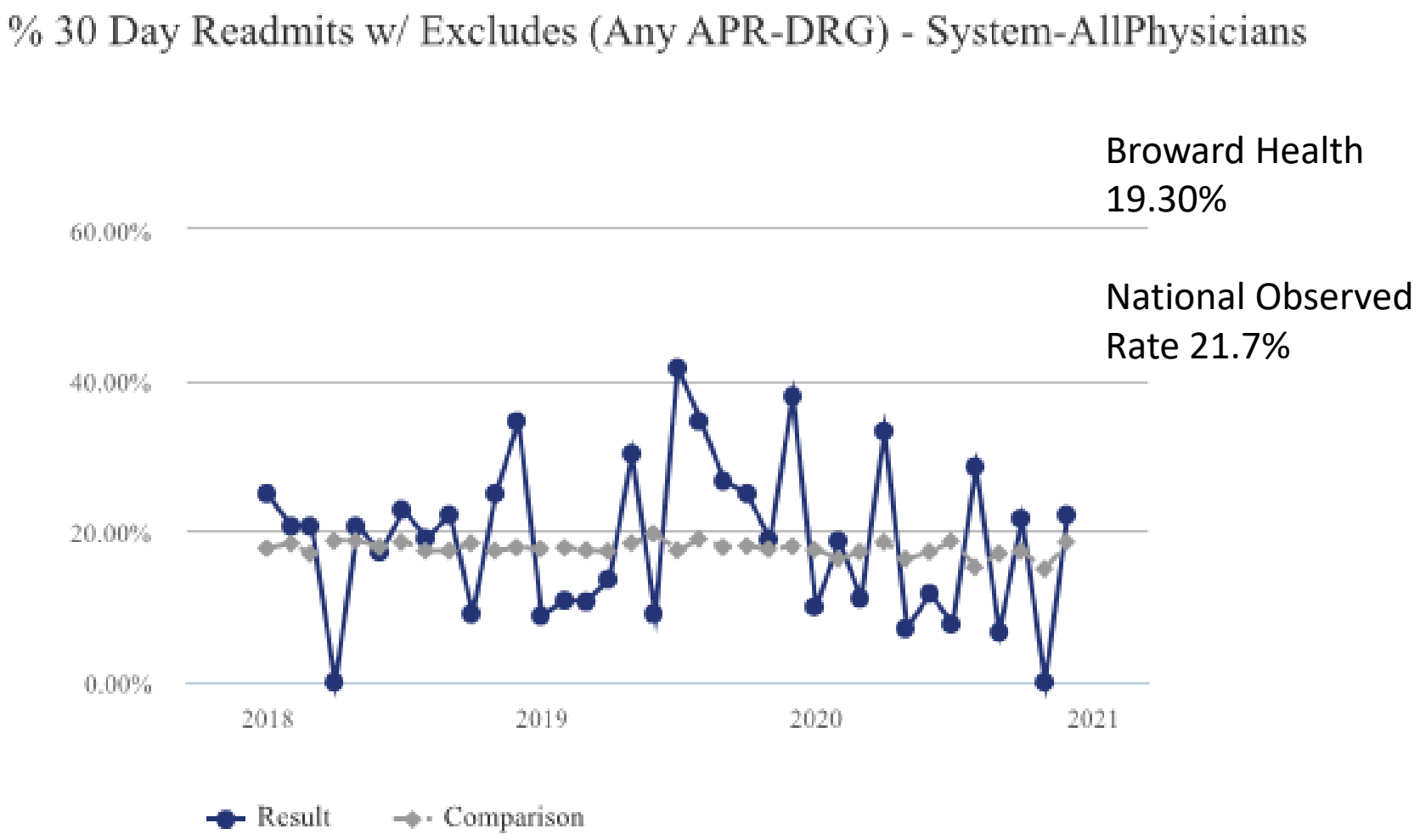
BHMC	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	21.7%	18.5%	18.8%	18.2%	19.1%	19.4%	11.1%	35.1%	22.2%	28.2%	11.4%	12.0%	15.8%	19.4%	83
COPD	19.5%	21.2%	16.7%	11.5%	6.7%	11.1%	10.5%	30.8%	16.7%	0.0%	16.7%	16.7%	22.2%	11.1%	12.4%	25
Pneumonia	16.6%	10.9%	17.2%	11.0%	14.3%	18.2%	22.2%	14.3%	17.9%	27.3%	17.2%	13.8%	18.8%	10.0%	13.3%	56
AMI	16.1%	8.2%	12.5%	28.0%	7.1%	0.0%	6.7%	13.3%	16.7%	12.5%	12.5%	11.8%	3.9%	7.1%	10.8%	31
Hip/Knee	4.0%	2.5%	0.0%	10.5%	0.0%	0.0%	50.0%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	4.8%	5
CABG	12.7%	9.4%	5.6%	25.0%	8.3%	0.0%	23.1%	21.1%	11.1%	15.4%	0.0%	5.6%	0.0%	7.7%	8.1%	15

BHN	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	23.1%	7.5%	7.4%	14.3%	24.0%	21.7%	3.6%	25.0%	20.0%	15.8%	24.2%	13.6%	20.7%	16.8%	52
COPD	19.5%	20.5%	14.7%	31.0%	23.1%	15.8%	10.0%	20.0%	23.5%	23.1%	30.0%	6.7%	17.4%	18.2%	25.5%	37
Pneumonia	16.6%	13.9%	11.6%	10.2%	6.9%	25.0%	16.7%	14.3%	25.6%	20.4%	20.5%	12.5%	19.5%	20.0%	13.7%	69
AMI	16.1%	11.8%	10.0%	0.0%	18.2%	0.0%	25.0%	0.0%	10.5%	5.9%	8.3%	0.0%	20.0%	17.7%	10.3%	16
Hip/Knee	4.0%	2.2%	4.9%	6.9%	1.9%	0.0%	10.0%	6.9%	16.7%	16.7%	16.1%	16.7%	16.7%	4.8%	4.8%	19

BHIP	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	27.7%	0.0%	42.9%	16.7%	30.0%	16.7%	7.1%	0.0%	21.4%	25.0%	20.0%	0.0%	8.3%	17.4%	23
COPD	19.5%	16.2%	23.3%	22.2%	25.0%	57.1%	15.4%	33.3%	14.3%	100.0%	35.7%	28.6%	27.3%	0.0%	12.9%	22
Pneumonia	16.6%	14.0%	14.3%	9.1%	7.0%	10.0%	8.0%	10.5%	15.0%	22.2%	40.0%	15.0%	8.3%	9.1%	10.7%	29
AMI	16.1%	2.7%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	6.8%	3
Hip/Knee	4.0%	2.2%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	3.2%	3

BHCS	National	LCY-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020	2020n
HF	21.9%	17.1%	7.1%	20.0%	6.7%	36.4%	7.1%	7.1%	0.0%	10.0%	26.3%	0.0%	10.5%	23.1%	12.7%	24
COPD	19.5%	21.8%	29.4%	20.7%	5.0%	0.0%	38.5%	8.3%	15.4%	40.0%	0.0%	7.1%	11.1%	7.7%	16.6%	35
Pneumonia	16.6%	9.9%	12.2%	0.0%	10.1%	12.5%	16.7%	25.0%	4.2%	19.4%	3.5%	17.7%	9.4%	18.2%	8.2%	33
AMI	16.1%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	33.3%	0.0%	0.0%	9.1%	1
Hip/Knee	4.0%	4.3%	12.5%	8.3%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	4.6%	3

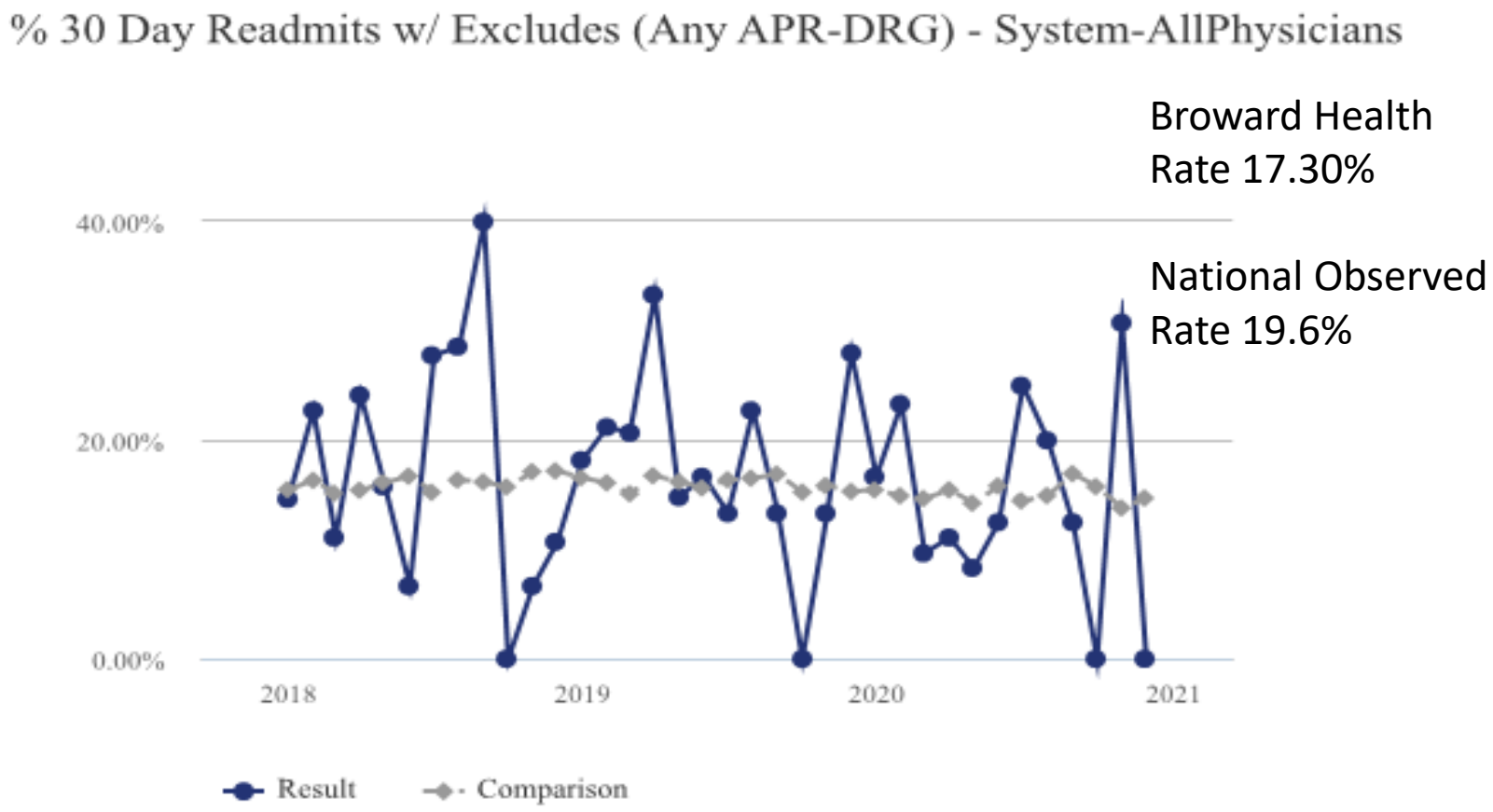
BH SYSTEMWIDE HEART FAILURE



Broward Health
19.30%

National Observed
Rate 21.7%

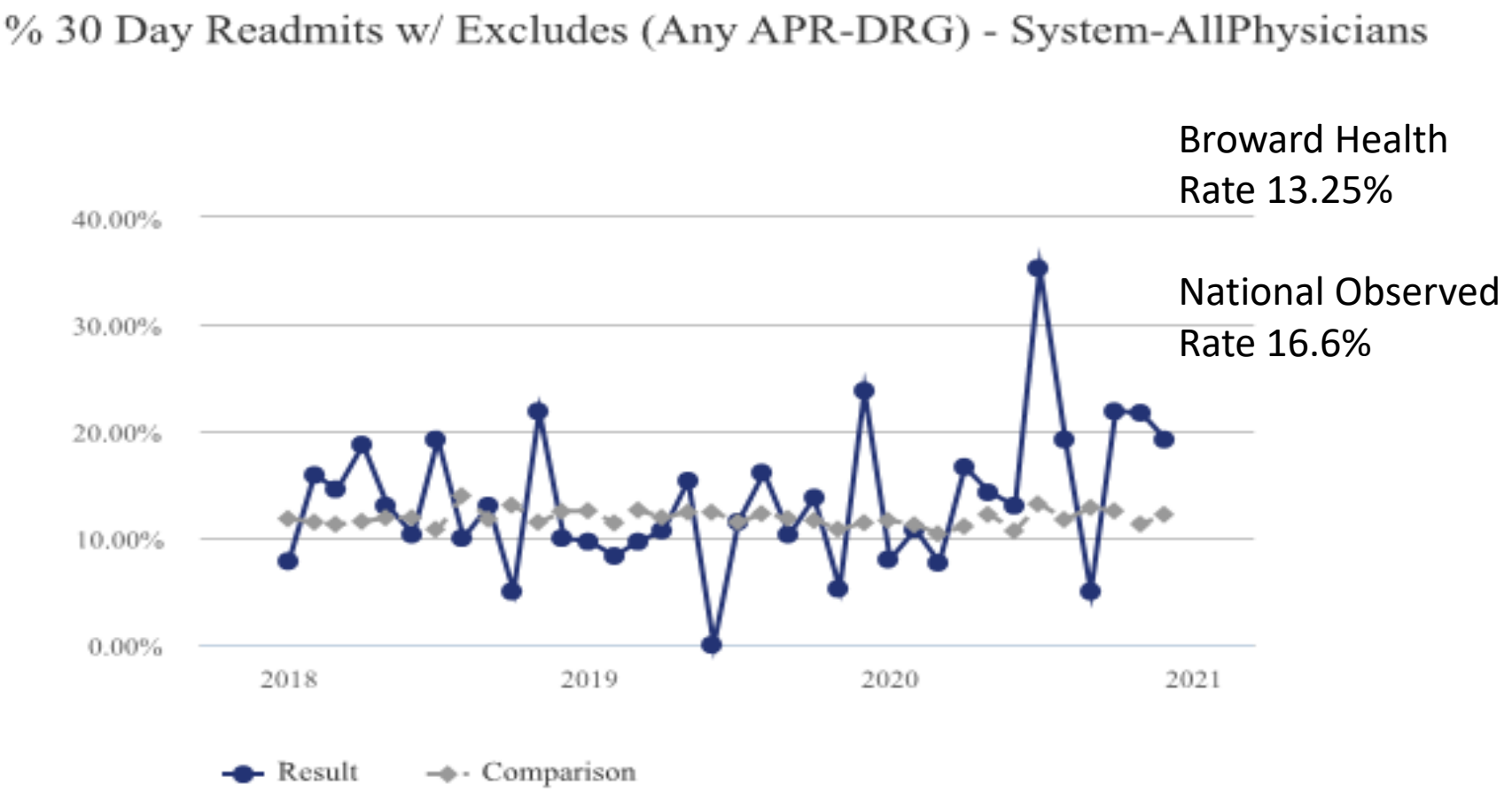
BH SYSTEMWIDE CHRONIC OBSTRUCTIVE PULMONARY DISEASE



Broward Health
Rate 17.30%

National Observed
Rate 19.6%

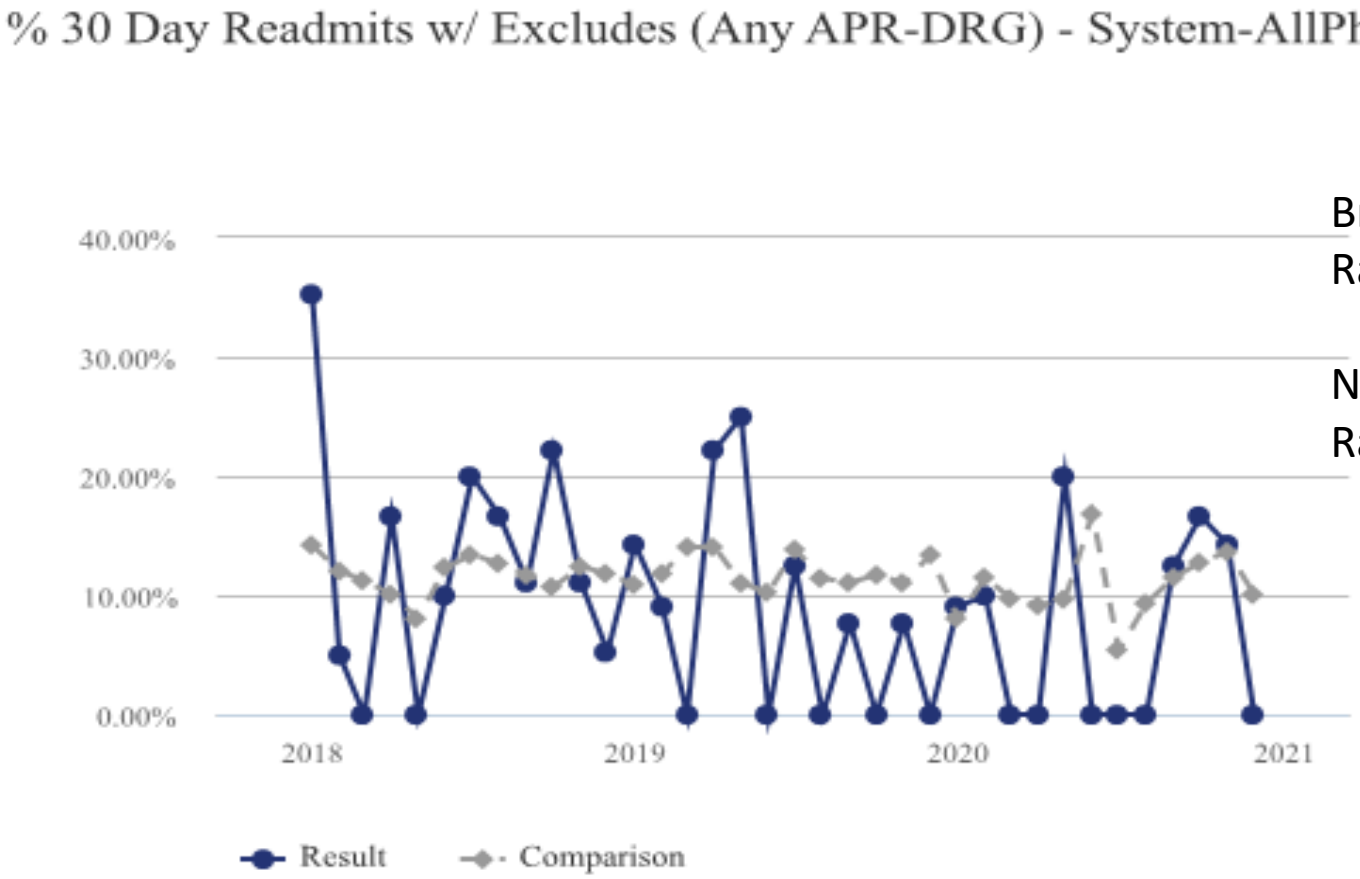
BH SYSTEMWIDE PNEUMONIA



Broward Health
Rate 13.25%

National Observed
Rate 16.6%

BH SYSTEMWIDE
ACUTE MYOCARDIAL INFRACTION



Broward Health
Rate 9.57%

National Observed
Rate 15.7%

6.6 MEDICARE MORTALITIES

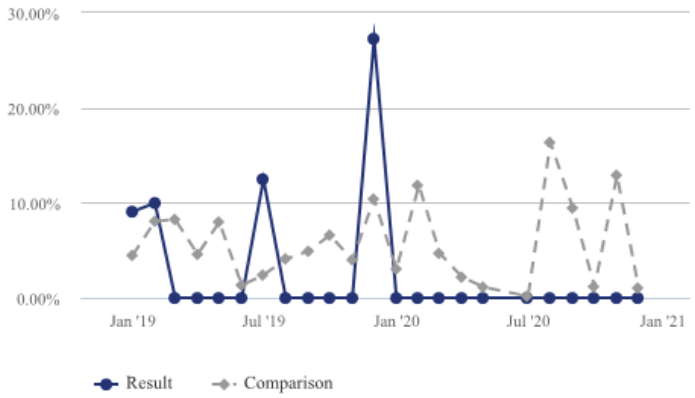
BROWARD HEALTH®

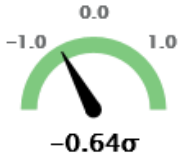
AMI Medicare Mortalities 4th Q 2020

Hospital Compare CMS benchmark 13.6%

Mortality Rate (Excluding Hospice) - System-All Physicians

BHMC



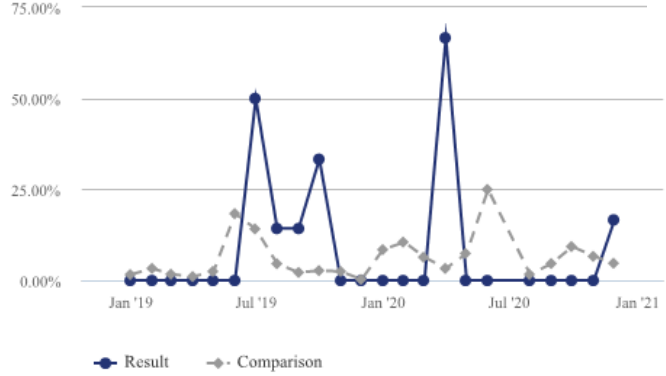


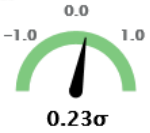
−0.64σ

0/8

Mortality Rate (Excluding Hospice) - System-All Physicians

BHN



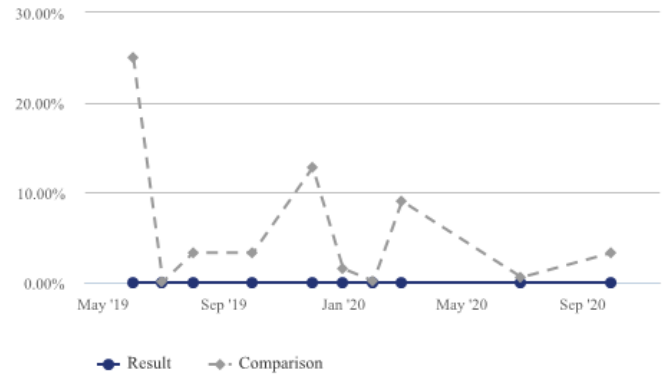


0.23σ

1/12

Mortality Rate (Excluding Hospice) - System-All Physicians

BHIP

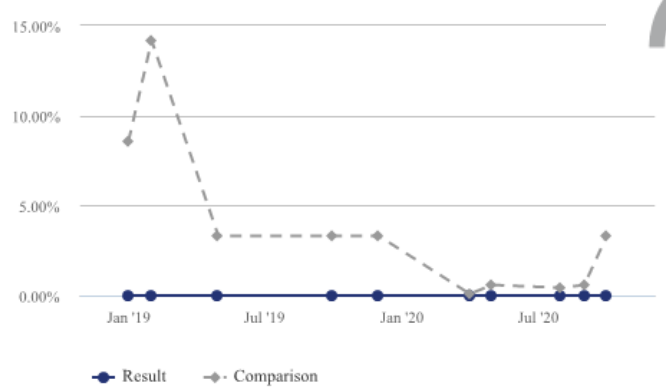


−0.08σ

0/1

Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS



−0.10σ

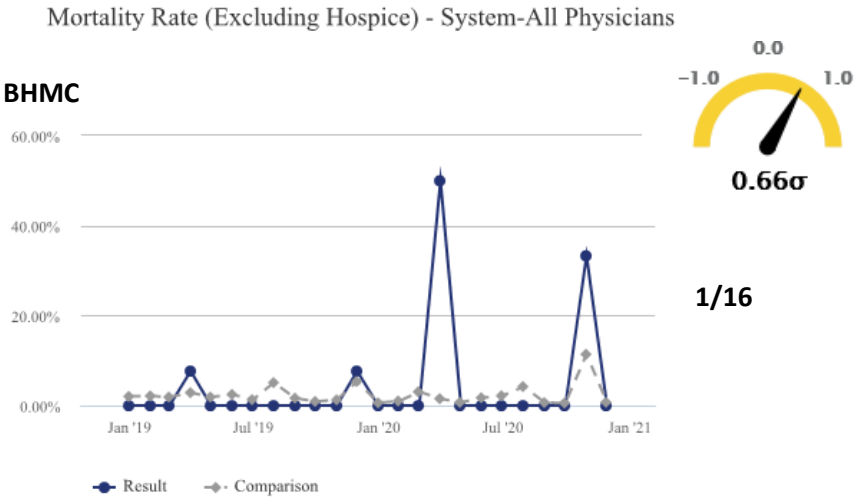
0/1

BROWARD HEALTH

HF Medicare Mortalities 4th Q 2020

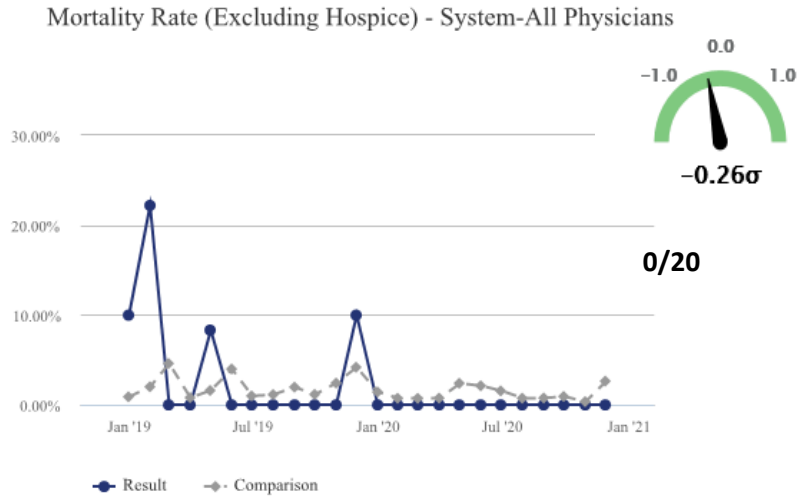
Hospital Compare CMS benchmark 12.0%

BHMC



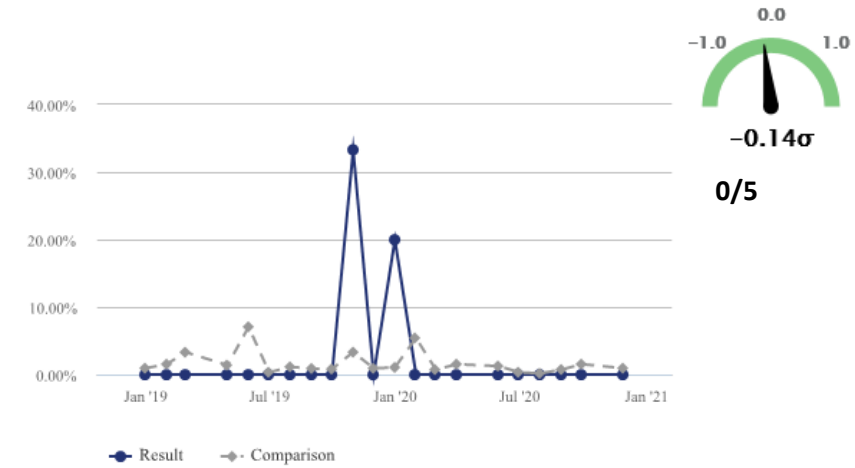
1/16

BHN



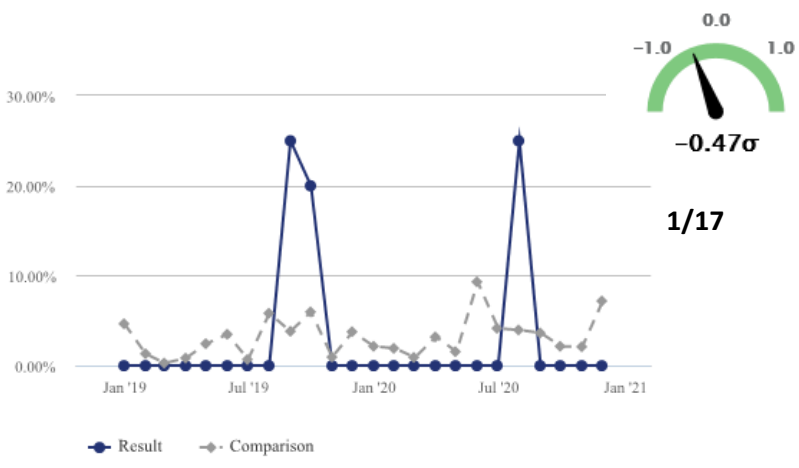
0/20

BHIP



0/5

BHCS



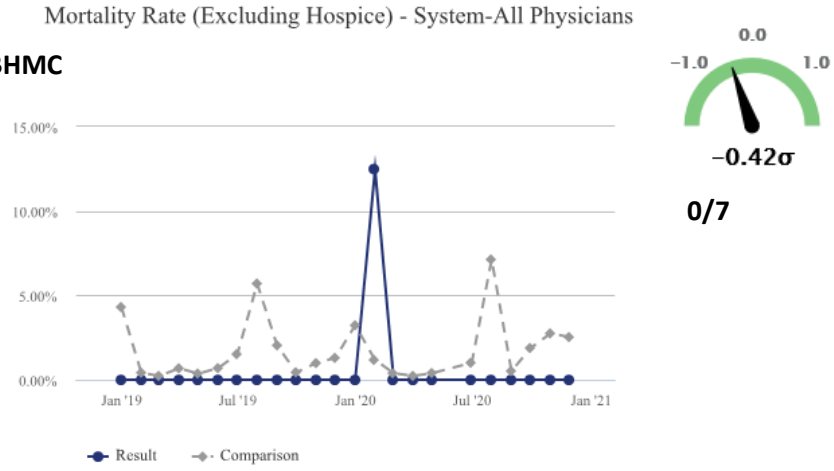
1/17

BROWARD HEALTH

COPD Medicare Mortalities 4th Q 2020

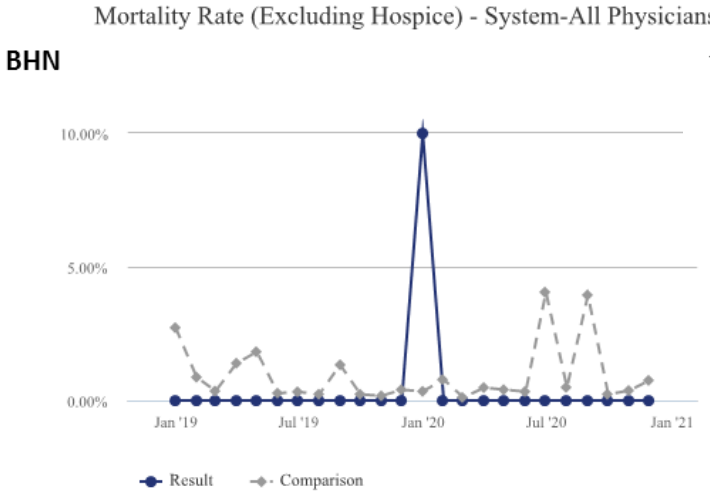
Hospital Compare CMS benchmark 8.1%

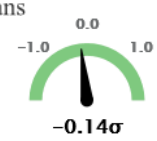
BHMC



0/7

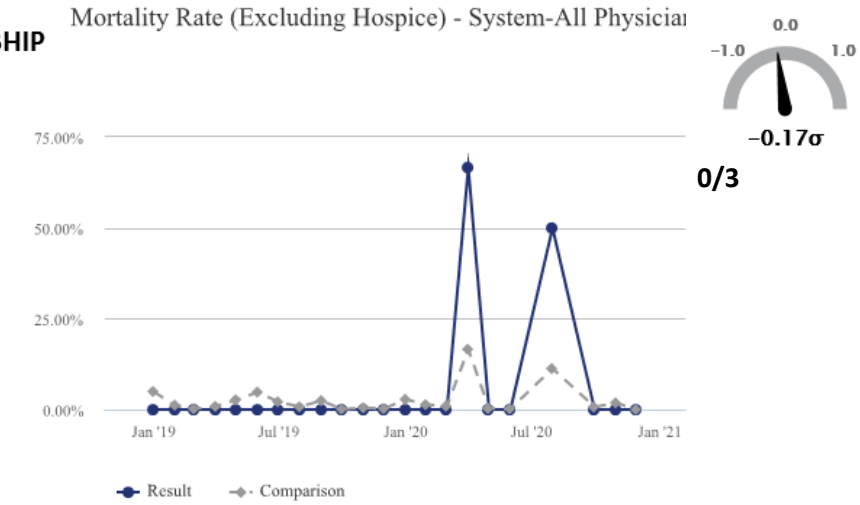
BHN





0/16

BHIP



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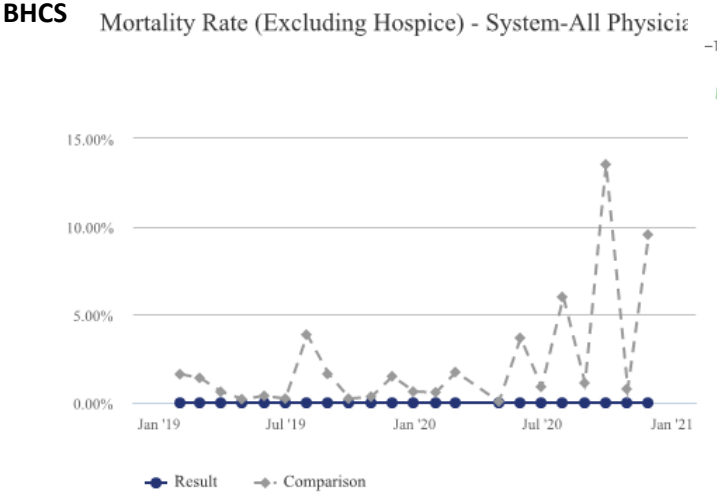
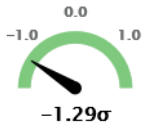
BHCS





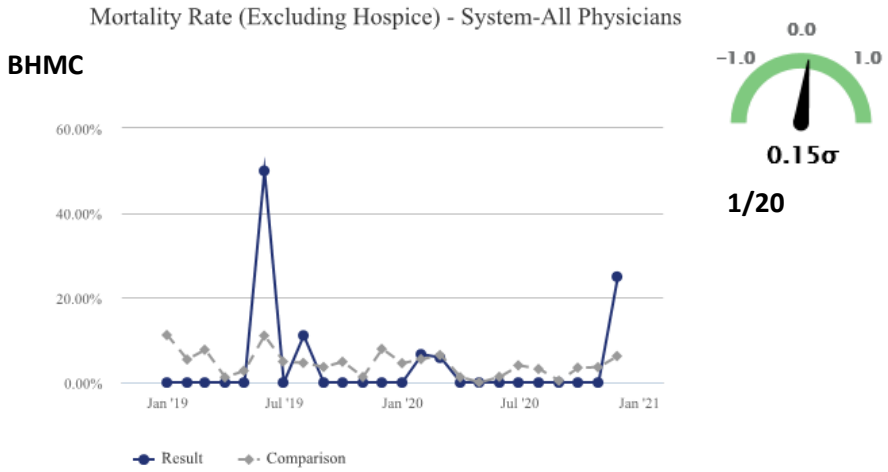
0/10

BROWARD HEALTH

PN Medicare Mortalities 4th Q 2020

Hospital Compare CMS benchmark 16.0%

BHMC



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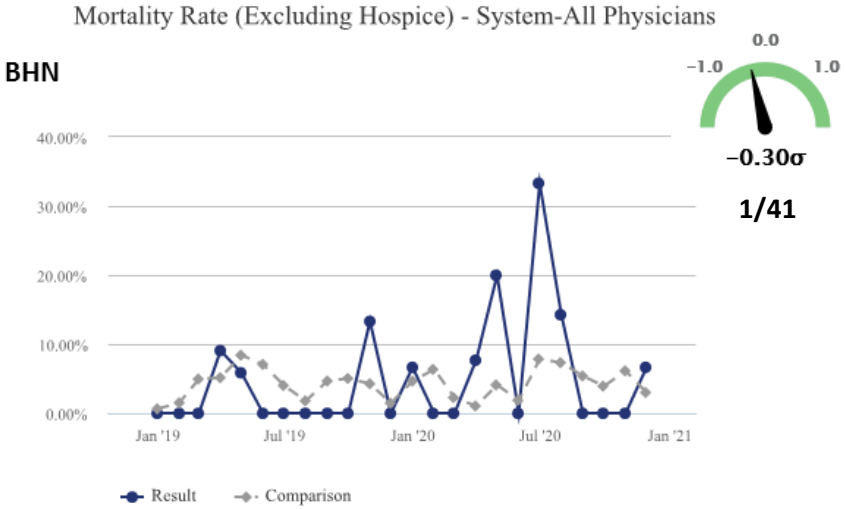
BHN



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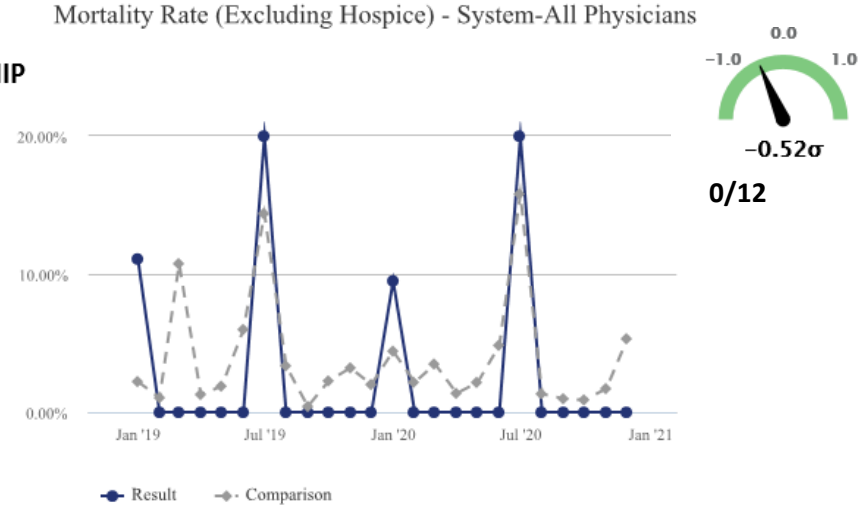

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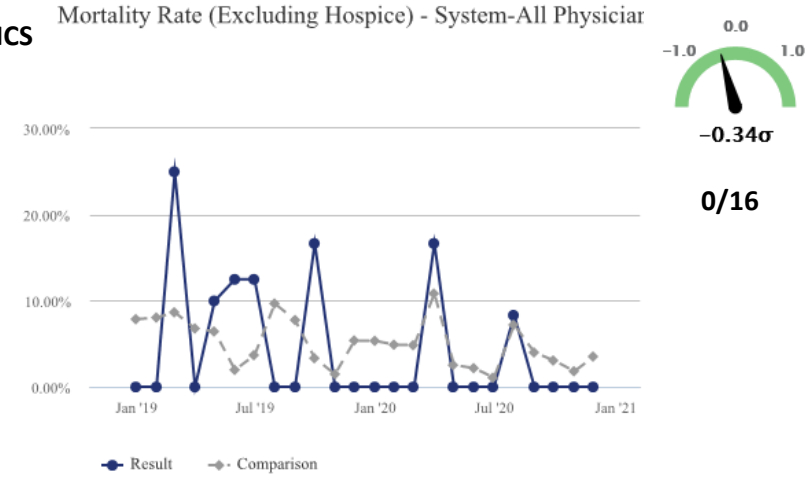
BHCS



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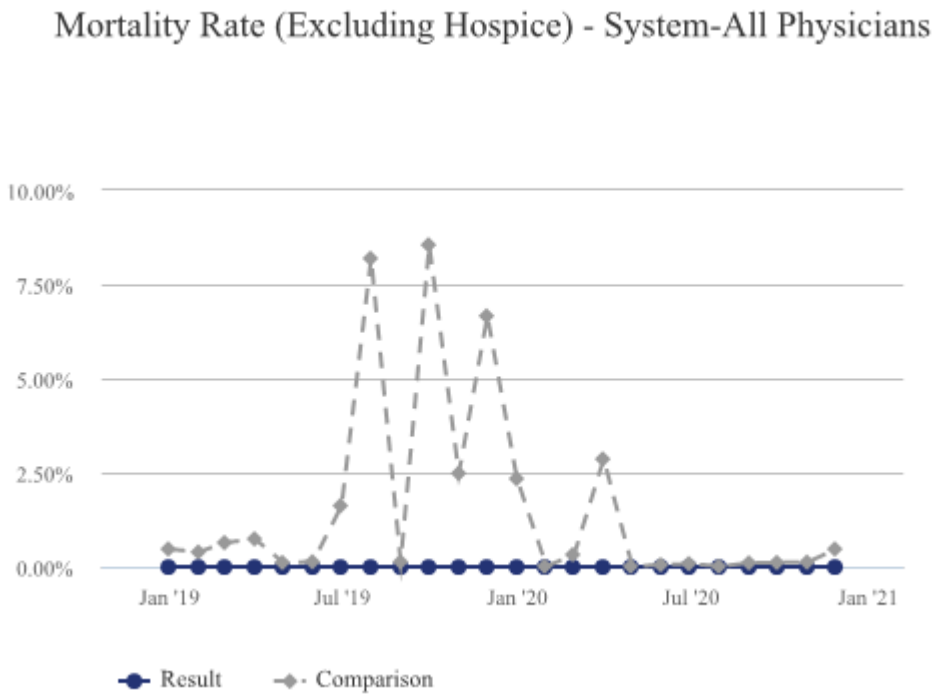
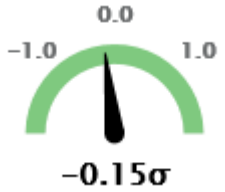
BROWARD HEALTH

CABG Medicare Mortalities 4th Q 2020

Hospital Compare CMS benchmark 3.3%

BHMC





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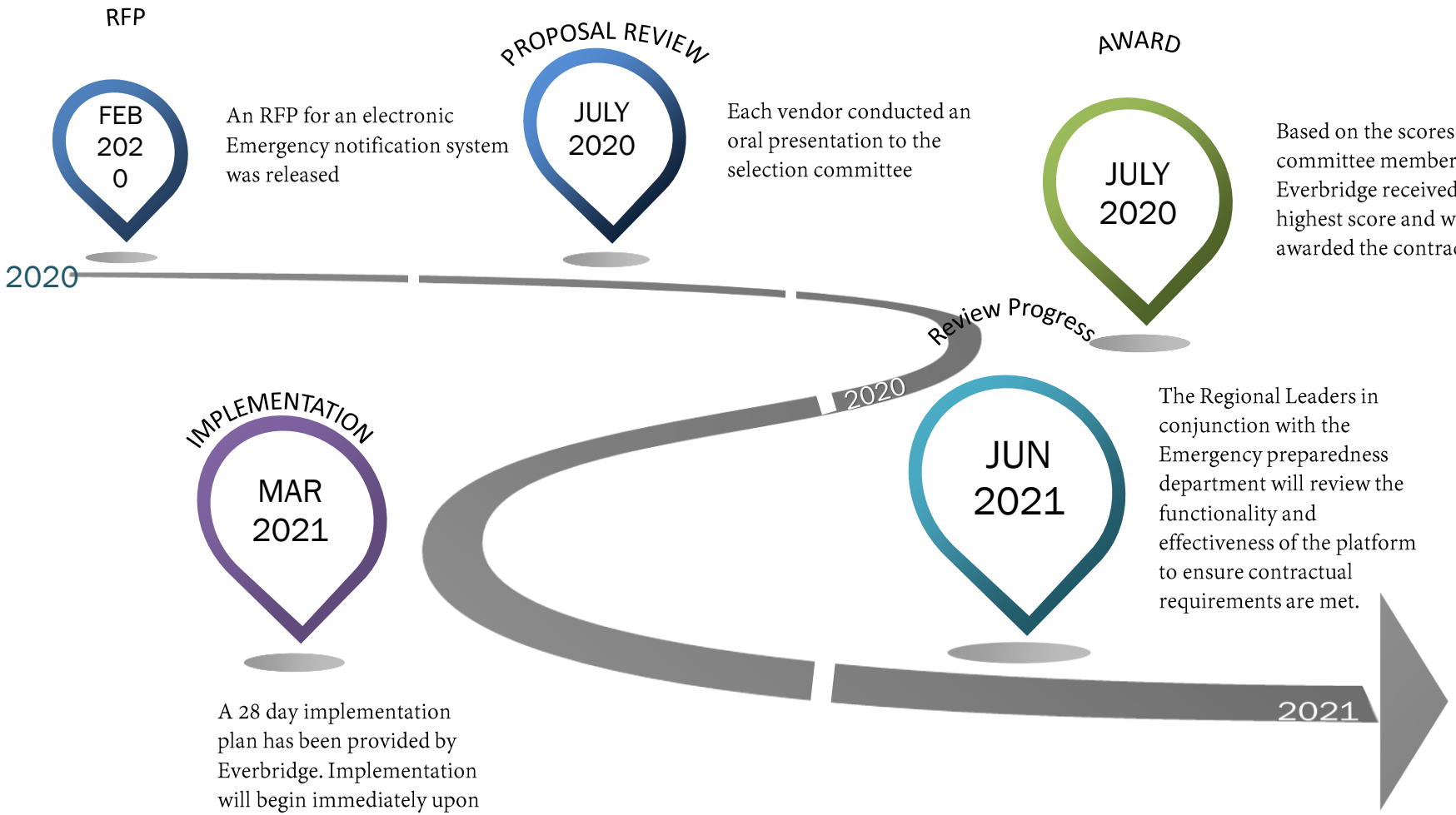
6.7 ENVIRONMENT OF CARE

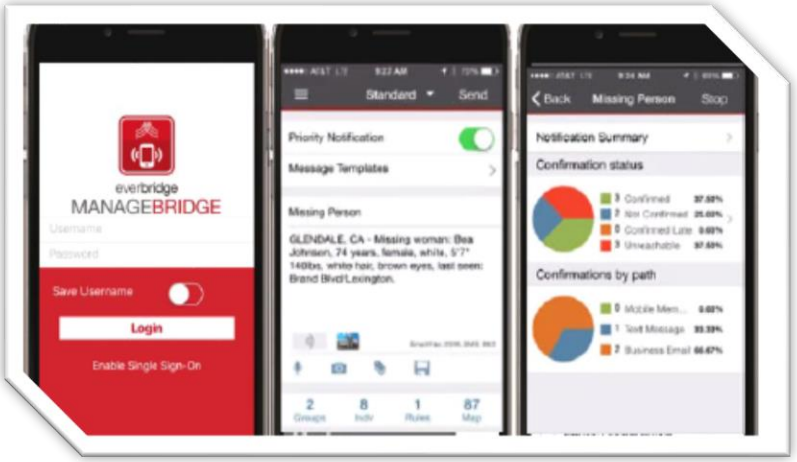
BROWARD HEALTH®

NEW EMERGENCY NOTIFICATION SYSTEM IMPLEMENTATION (TRANSITION FROM READY-OP TO EVERBRIDGE)



NEW EMERGENCY NOTIFICATION SYSTEM IMPLEMENTATION (TRANSITION FROM READY-OP TO EVERBRIDGE)

WHAT ARE WE GETTING

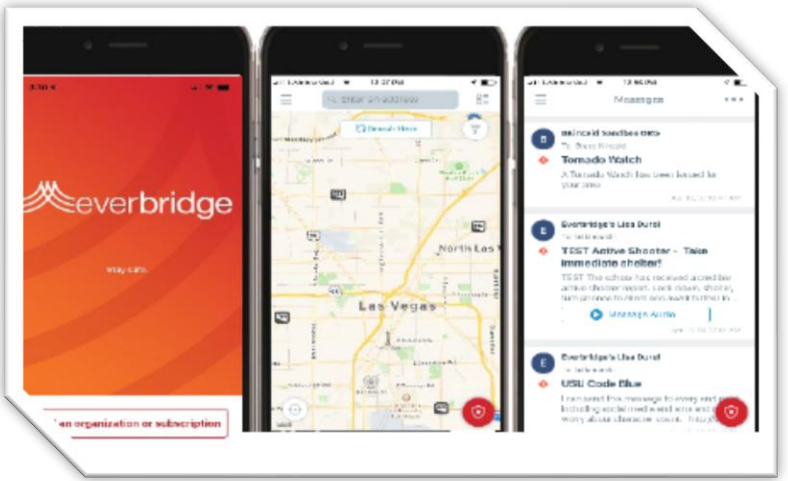


Mass Notification and Incident Communications

- Rapidly communicate with ALL staff with a single click of a button.
- Activate emergency response teams, notify executive leadership and impacted staff with a single click of a button.
- Automated communication workflows
- 100+ Multi-modal notification end-points
- Everbridge Network to access situational intelligence & notifications shared by other public and private groups

Geo-Intelligent

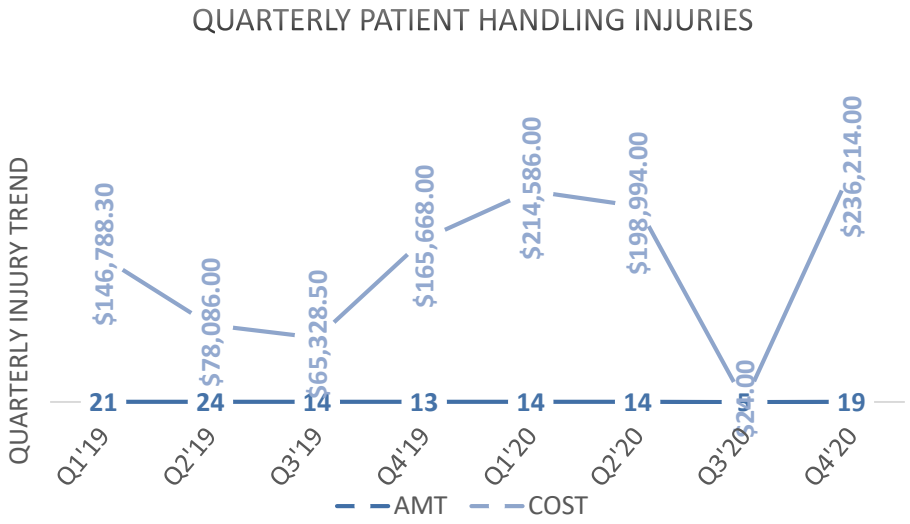
- GIS-based Message Targeting
- Send messages to recipients in a specific geographic region
- Specify target locations with user friendly drawing tools, or even upload shape files
- Search for, view the locations of, and send alerts to specific contact types
- Highlight functional needs populations, fire districts, alert type subscribers, and more
- Load, geo-code, and manage contact data within a single interface and in real-time



A mobile SOS feature, which provides a mobile alert button that employees can activate to send messages and video to the security center if they feel threatened via mobile device.

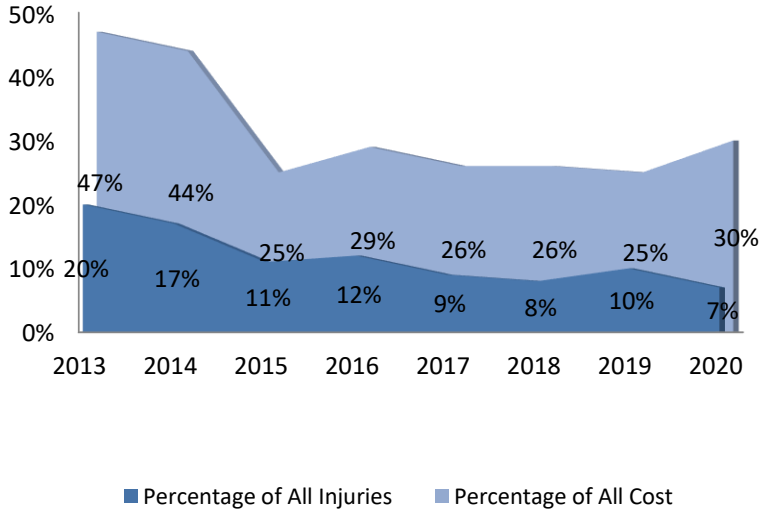
KEY GROUP – PI INITIATIVE

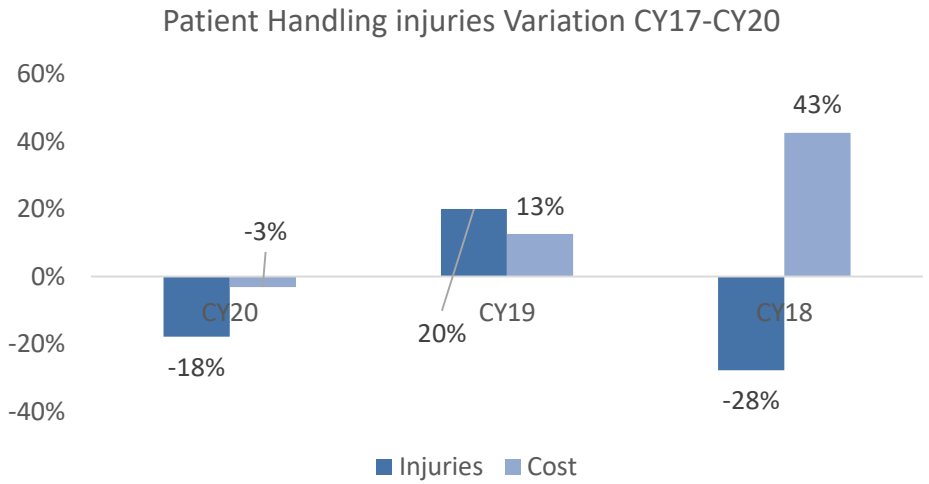
(ACHIEVE 10% YEAR OVER YEAR REDUCTION IN THE NUMBER OF PATIENT HANDLING INJURIES)



ANNUAL PATIENT HANDLING INJURIES

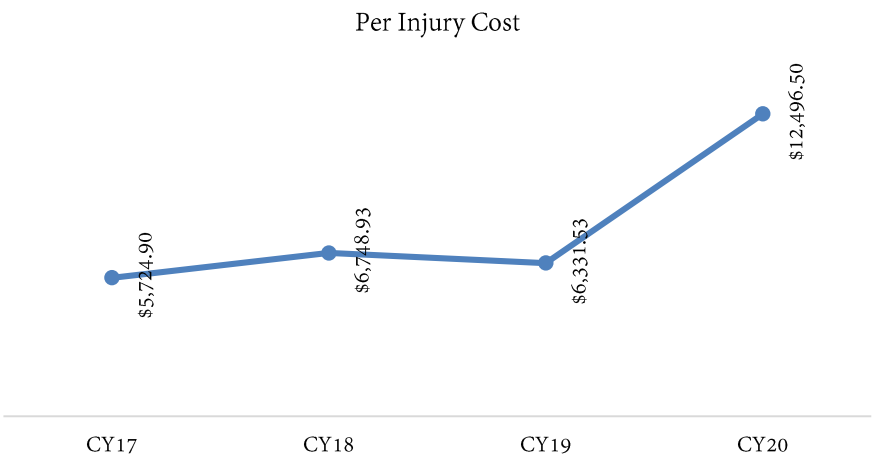
	CY17 DIR	CY18 DIR	CY'19 Dir	CY'20 Dir	CY'21 Dir YTD
AMT	73	60	72	52	0
COST	$417,918.00	$404,936.00	$455,870.80	$649,818.00	$-

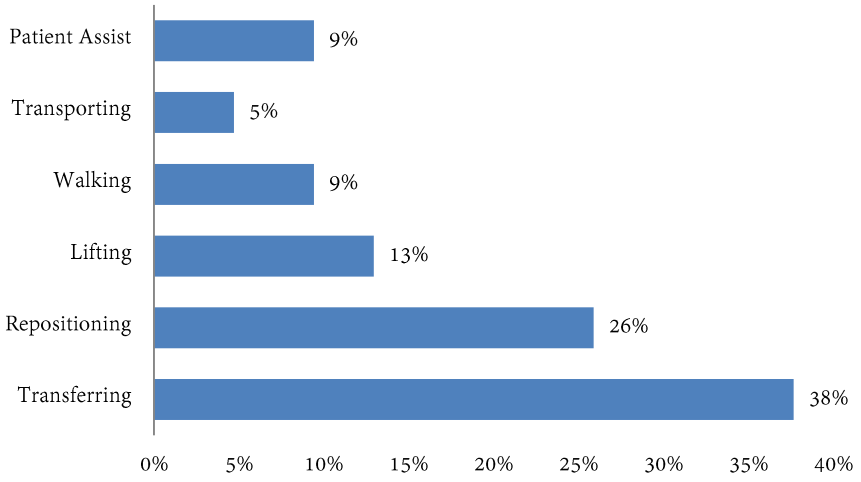


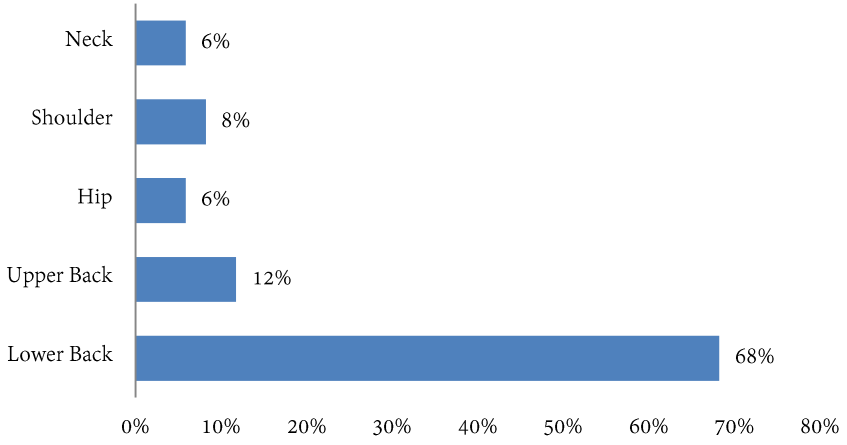


KEY GROUP – PI INITIATIVE

(ACHIEVE 10% YEAR OVER YEAR REDUCTION IN THE NUMBER OF PATIENT HANDLING INJURIES)







Analysis

When compared to calendar year 2019, the organization surpassed its reduction target to reduce the number of compensable patient handling injuries by 10%. During 2019, there were 72 compensable patient handling injuries reported by worker's comp; for CY 2020; 2019, 52 compensable injuries were reported, reflecting a 43% reduction. Conversely, the organization exceeded the compensable costs when compared to 2019. During calendar year 2020, the direct cost incurred by the organization for patient handling injuries was $649,818.00 which, when the OSHA Total Cost calculations are applied, results in a total financial impact of $1, 364,6176.80 (direct cost + indirect cost), a difference of $193.948.00 direct and $407,290.80 indirect.

The costs incurred per patient handling injury have increased by 97%, between calendar year 2019 and calendar year 2020, going from $6331.53 up to $12,496.50. A number of factor contribute to the cost increase, including but no limited to, severity of the injury, medical intervention required and cost of medical care.

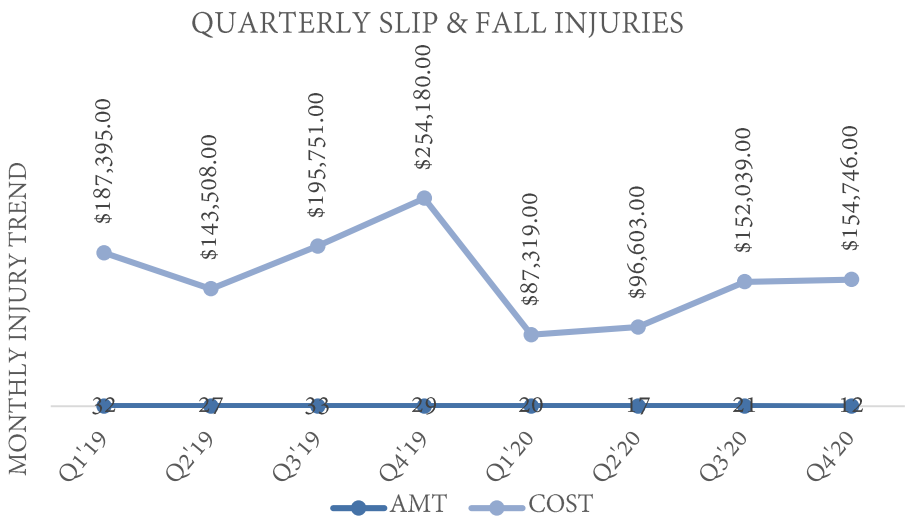
The analyses also revealed that patient handling injuries represented 8% of all injuries during calendar year 2020, compared to 10% in 2019; a 3% decline. From a cost perspective, patient handling injuries represents 33% of the directly incurred injury costs in 2020, compared to 25% in 2019.

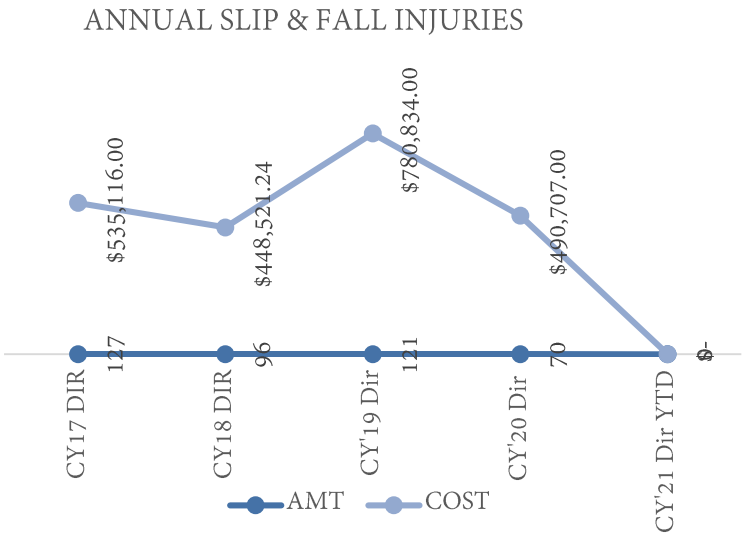
Action Plan:

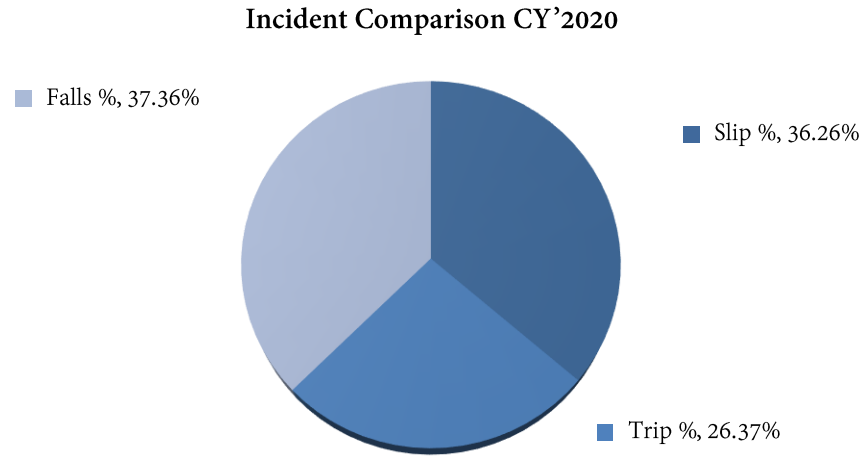
The subgroup, which is comprised of the Michael Leopold, David Obrien, Michael Huempfner, Garnett Coke and a Nursing Leader(s) will further analyze cost to determine actionable plans.

KEY GROUP – PI INITIATIVE

(ACHIEVE 10% YEAR OVER YEAR REDUCTION IN THE NUMBER OF OCCUPATIONAL SLIP, TRIP & FALL INCIDENTS)







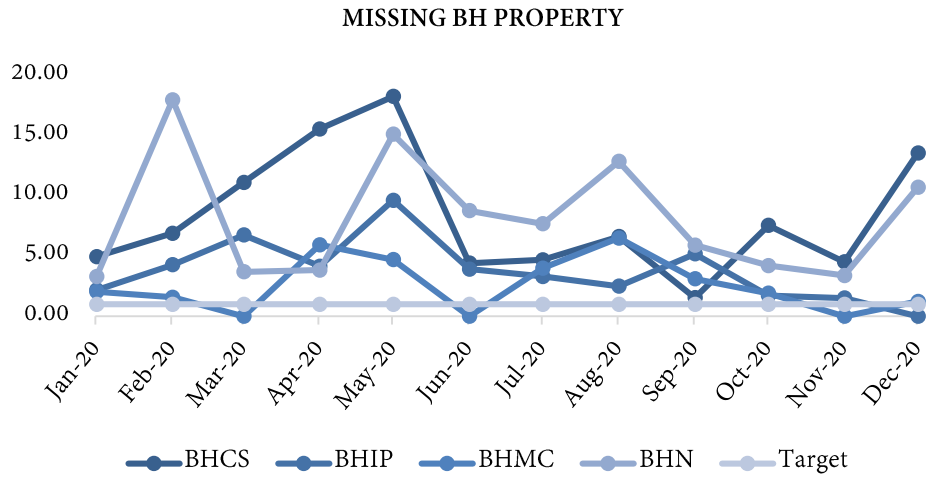
Analysis

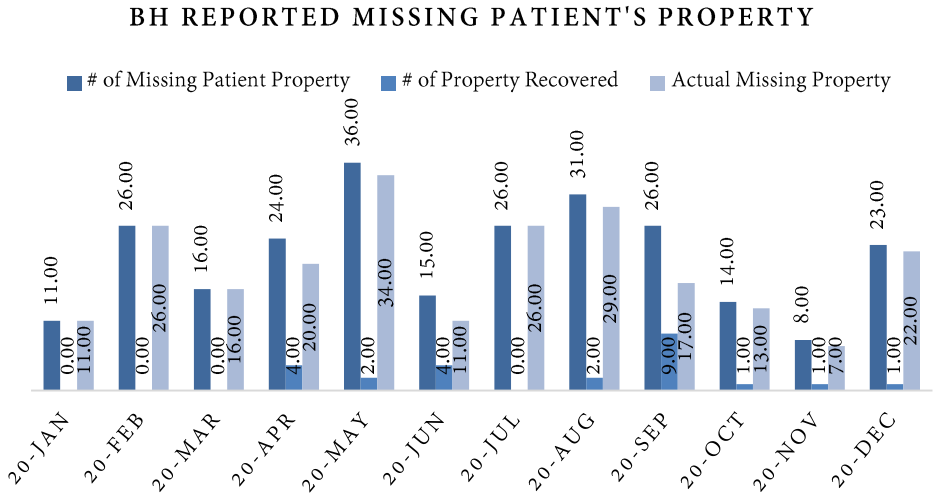
When compared to calendar year 2019, the organization surpassed its reduction target to reduce the number of compensable occupational slip, trip and fall injuries by 10%. During 2019, there were 121 compensable injuries resulting from employee involved slip, trip or fall reported by worker's comp; for CY 2020; 2019, 70 compensable injuries were reported, reflecting a 42% reduction. Additionally, the organization experienced a 37% decrease ($780,834.00 down to $490,707.00, a difference of $290,127.00) in compensated care to employees for slip, trip and fall injuries, when compared to CY2019.

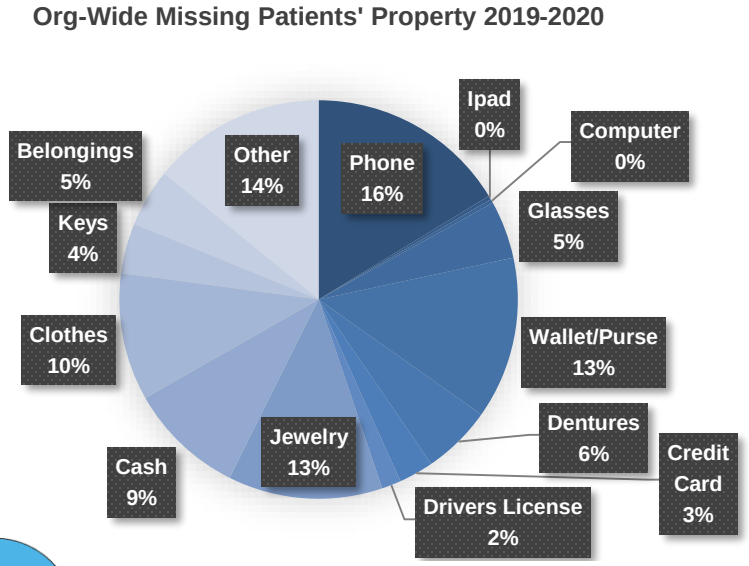
Action Plan:

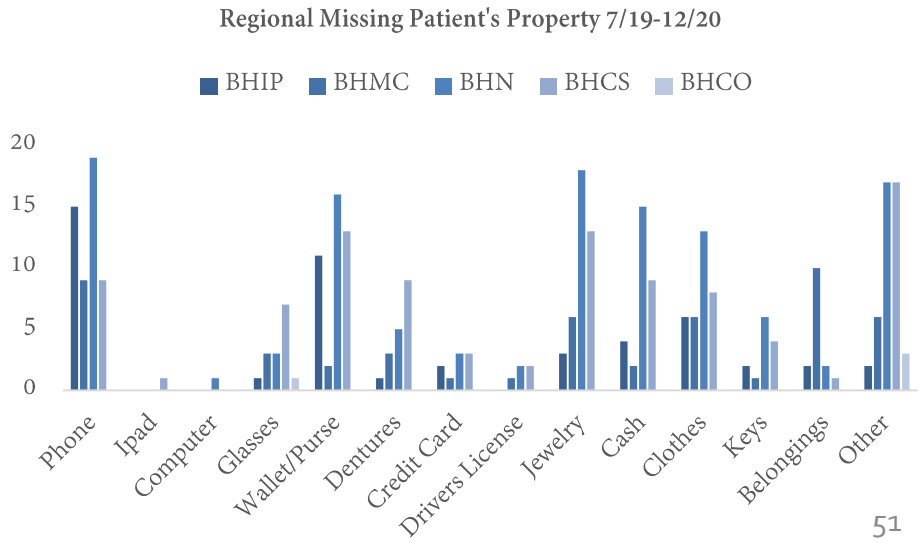
The Committee recommended a re-invigorated implementation of strategies that have been effective previously, in coordination with the marketing department.

ENVIRONMENT OF CARE PERFORMANCE REPORT –
(ACHIEVE 10% YEAR OVER YEAR REDUCTION IN THE NUMBER OF MISSING PATIENT'S PROPERTY)

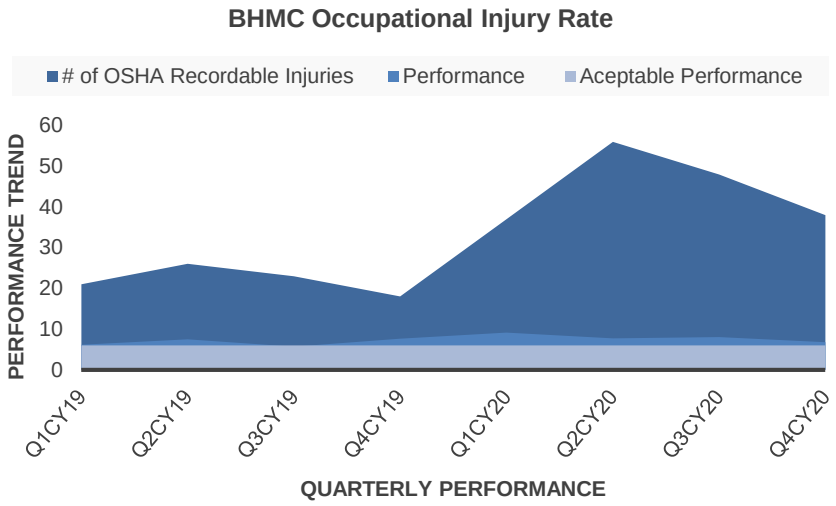


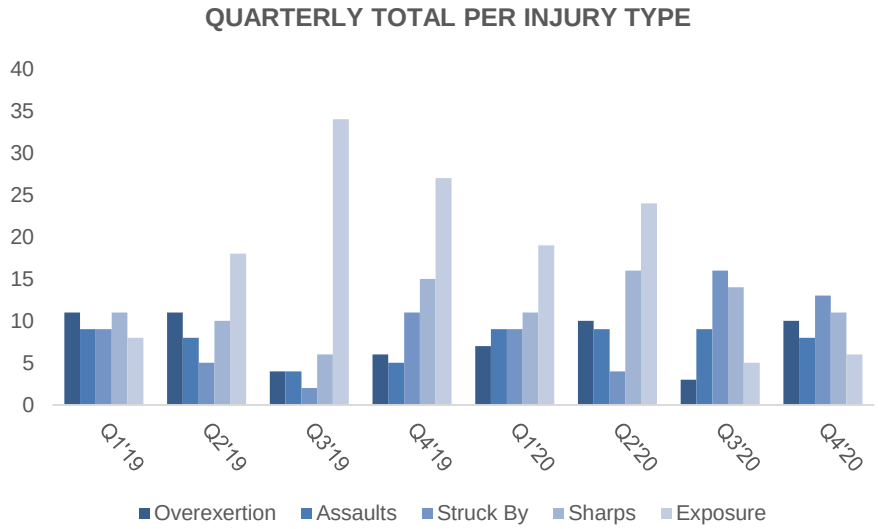


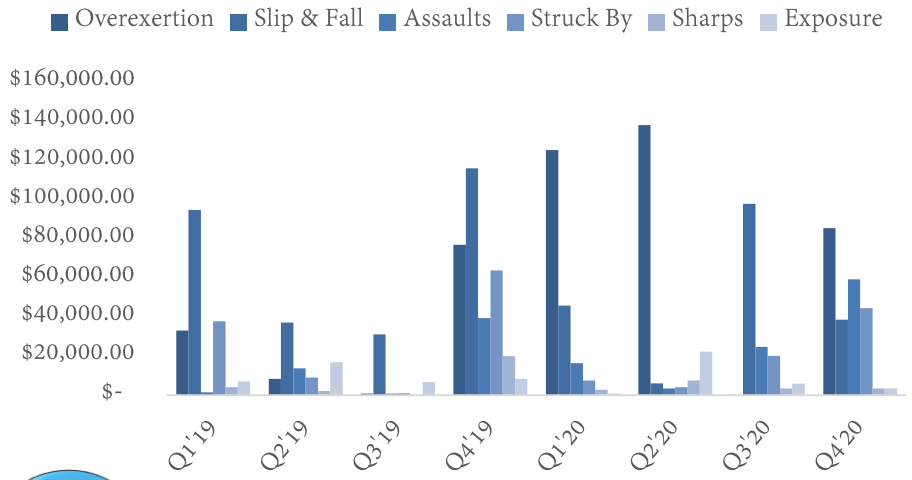




BHMC REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – OSHA RECORDABLE INJURY RATE







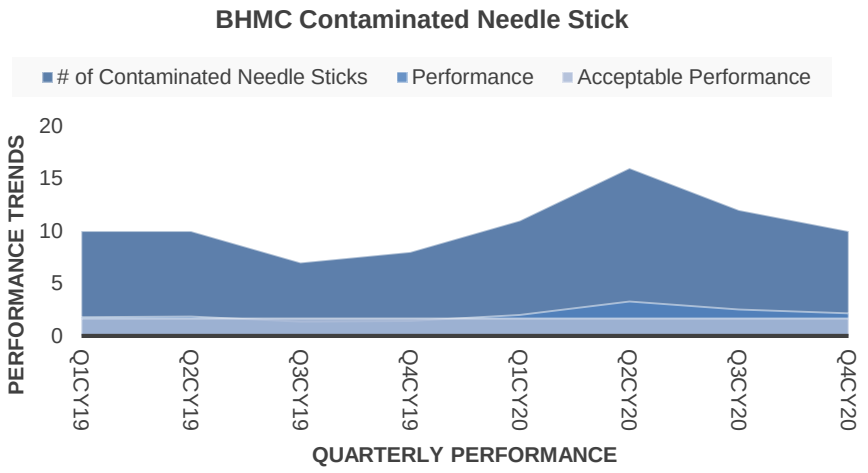
ANALYSES & ACTION PLAN:

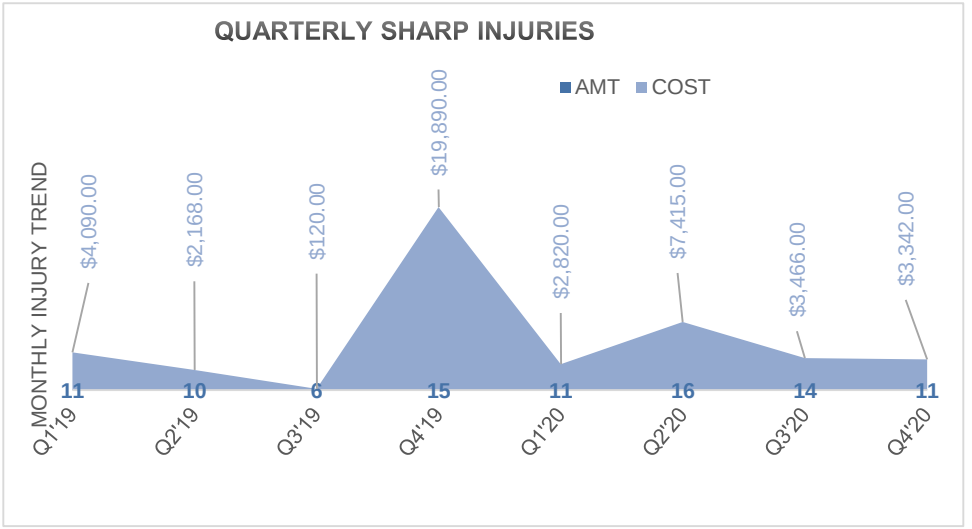
During the reporting period (Q4CY20), the performance monitor related to OSHA Recordable Injury Rate negatively performed when compared to Threshold; however, the performance rate during the monitored period, showed a positive outcome when compared to the rate during the previous period.

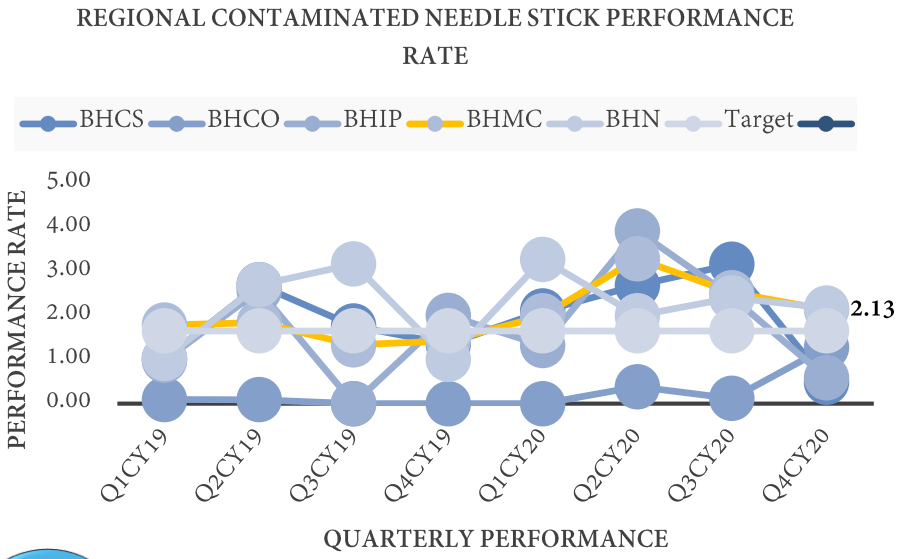
BHMC experience a decrease in the number of OSHA Recordable Injuries, reflecting a positive performance trend of two consecutive quarters of declining injury totals. The overall number of compensable injuries decreased by 10 (48 ↓ 38) resulting in a rate decreased by 1.25 (8.01 ↓ 6.76).

When compared to Q3CY,2019, BHMC experienced decreases in the number of struck-by and slip, fall incidents and needlestick injuries, while experience increases in other incident categories, of special note, is the increase (3 ↑ 10) in the number of Overexertion injuries and the related cost ($24 ↑ $85,341.00) incurred between Q3CY20 and Q4CY20.

BHMC REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – CONTAMINATED NEEDLE STICK RATE





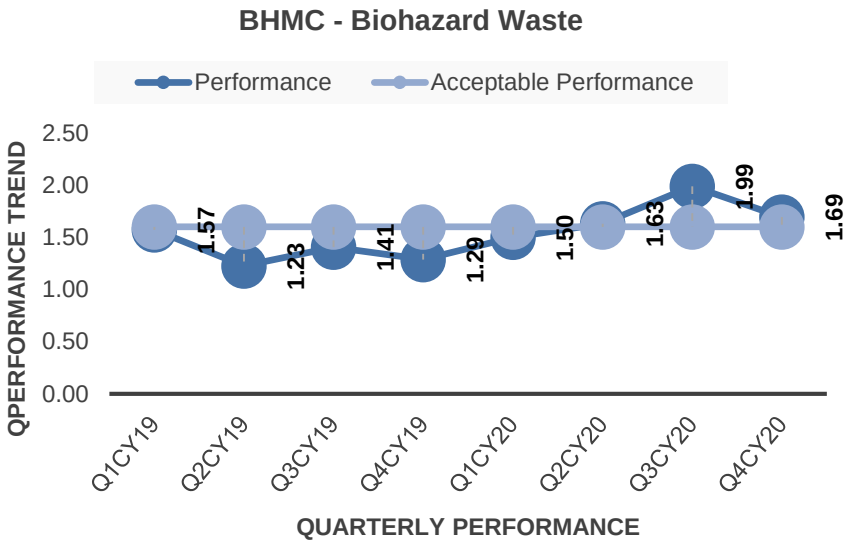


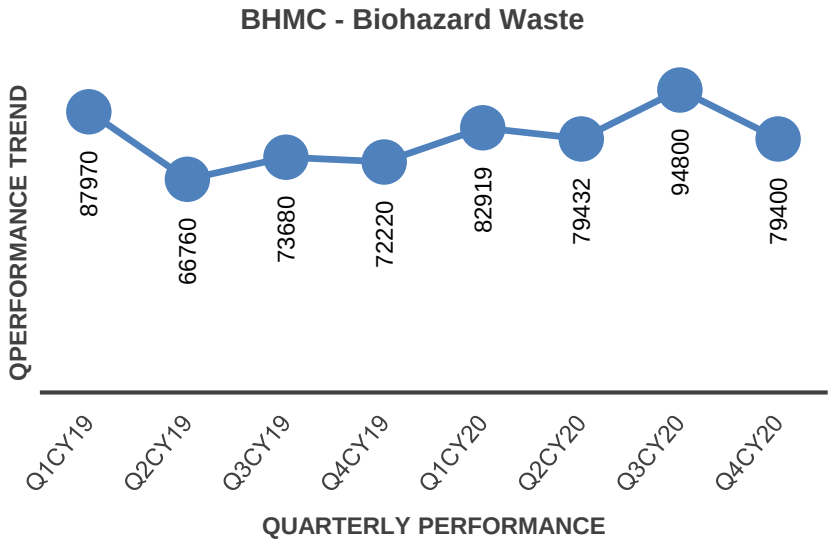
ANALYSES & ACTION PLAN:

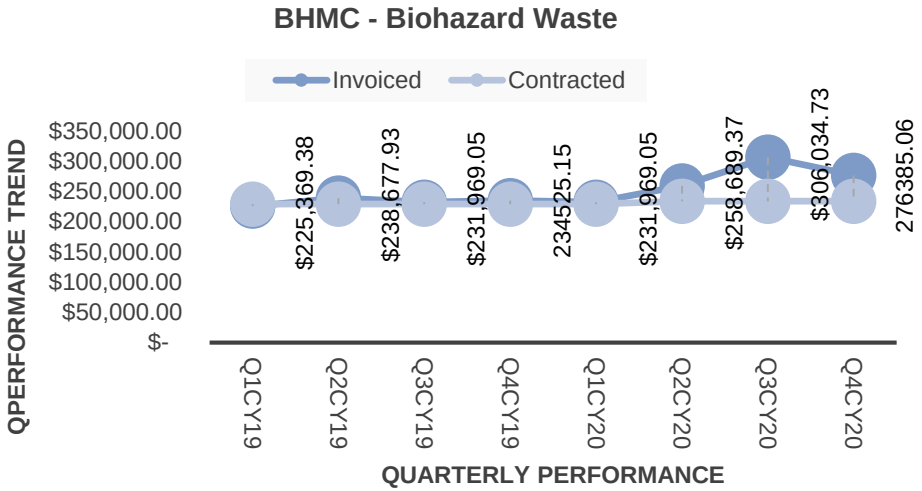
During the reporting period (Q4CY20), the performance monitor related to Contaminated Needle Stick Rate negatively performed when compared to Threshold. The overall number of needlestick injuries decreased by 3 (14 ↓11) resulting in a rate decreased by 0.39 (2.52 ↓ 2.13). When compared to other Broward Health Regions, BHMC's rate of contaminated needle stick is on par with two of the three sister hospitals.

BHMC Managers provides re-education and reviewed correct procedures to prevent injuries and Safety Officer had Smiths-Medical team return June and July for re-education on their blood collection devices. Additional rounding in August when in-servicing the new safety lancet device

BHMC REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – HAZARDOUS WASTE MANAGEMENT RATE







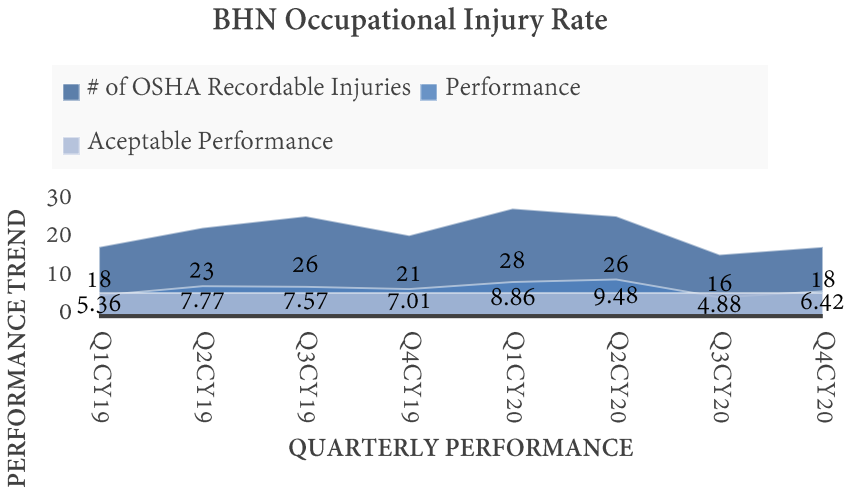
ANALYSES & ACTION PLAN:

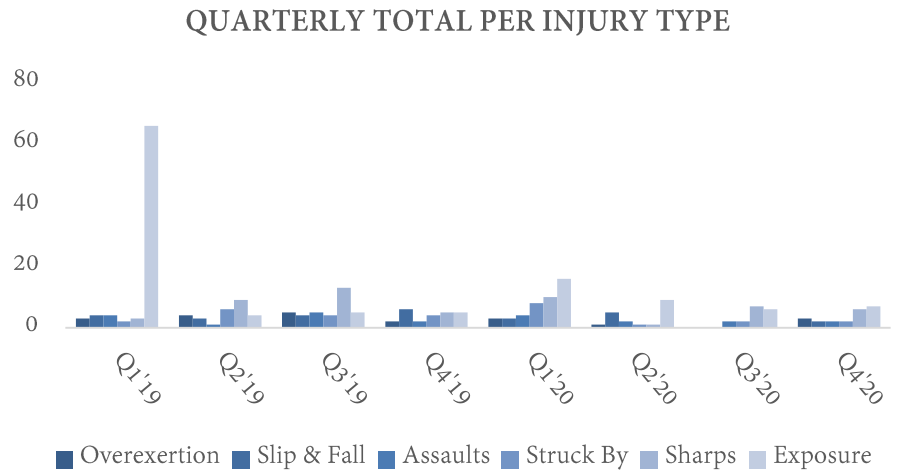
During the reporting period (Q4CY20), the performance monitor related to the amount of biomedical waste generated setting negatively performed when compared to threshold; however, the performance showed a positive decline.

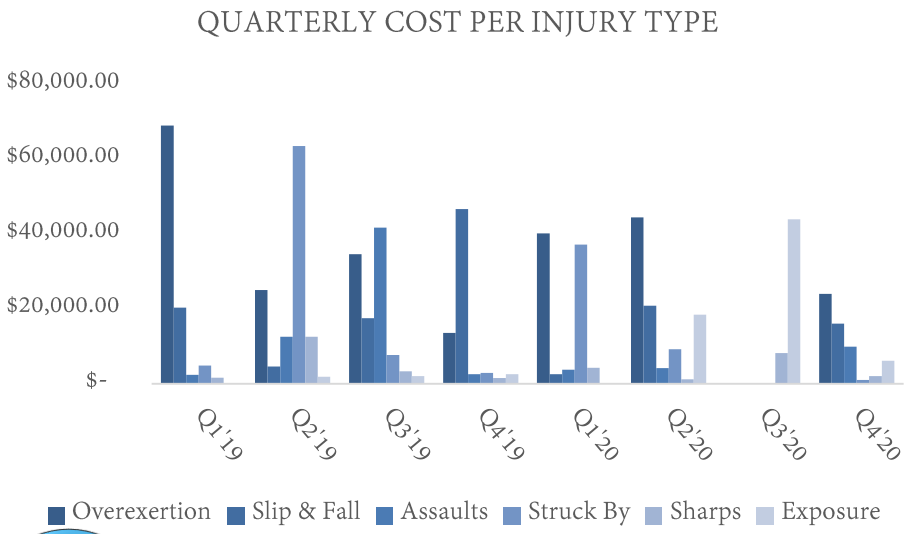
During the period, BHMC generated 15,400 (94,800 ↓ 79,400) pounds less than the previous calendar quarter; as a result, the performance showed a rate decrease of .30(1.99 ↓ 1.69)

The rate increase is directly attributable to the increased generation of pharmaceutical waste consistent with EPA regulations as well as the specific protocol established by the CDC for managing COVID-19 related waste.

BHN REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – OSHA RECORDABLE INJURY RATE







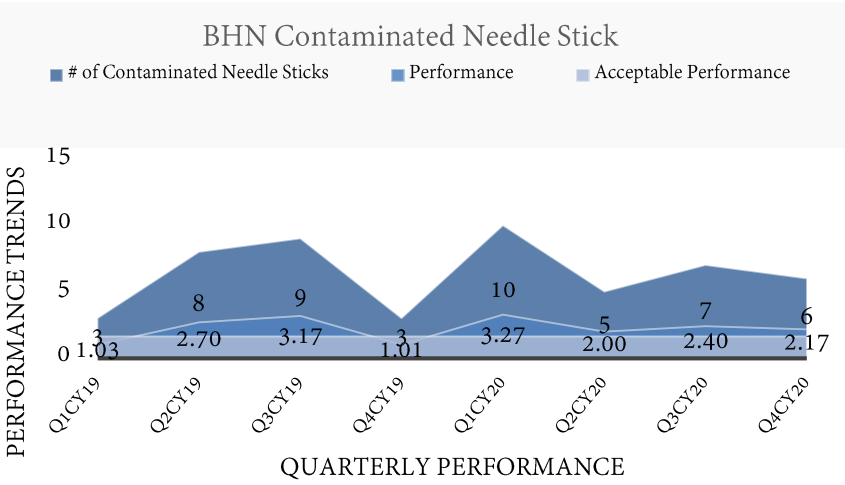
ANALYSES & ACTION PLAN:

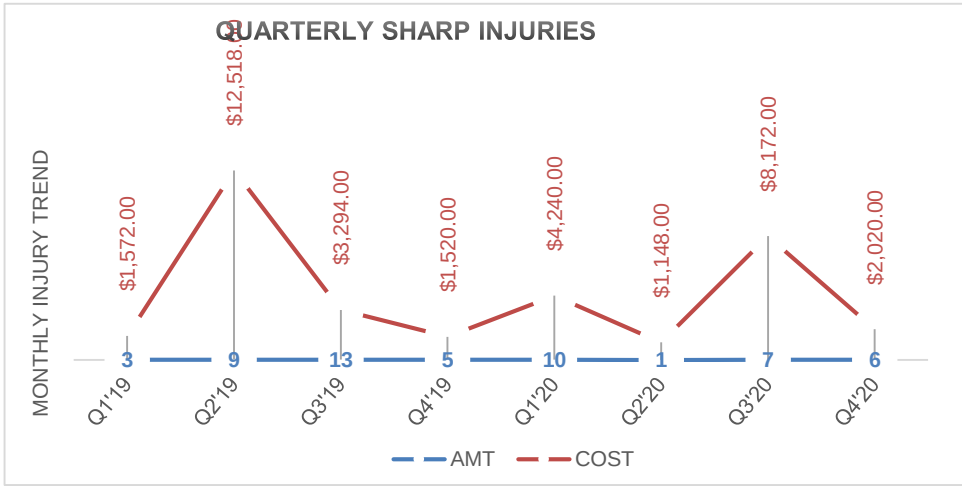
During the reporting period (Q4CY20), the performance monitor related to OSHA Recordable Injury Rate negatively performed when compared to Threshold; accordingly, the number of OSHA Recordable injuries increase from 16 up to 18 between Q3CY20 and Q4CY20 respectively.

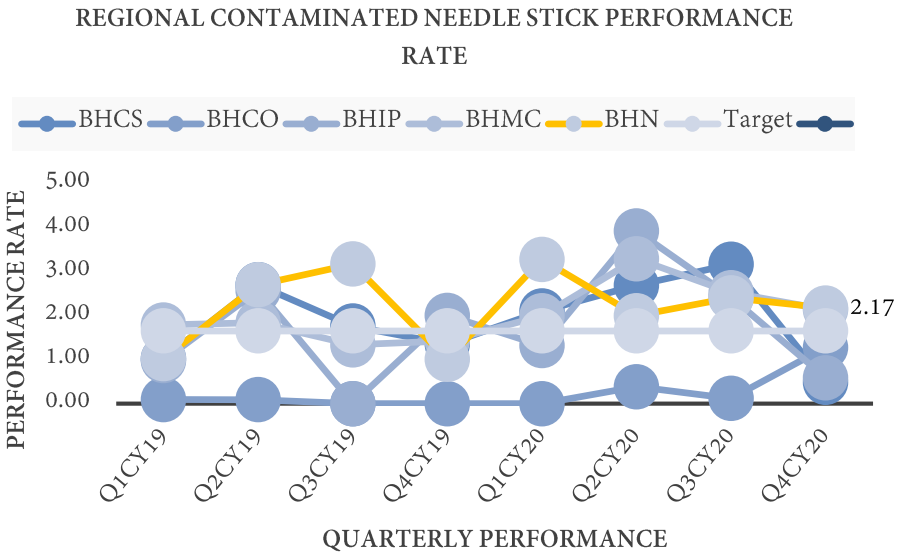
During the reporting period, 22 employee reported suffering an on the job injury; of that, 16 were OSHA Recordable. As a result, 22 days were lost at an average of 0.9 days per injury, with 36% of the reported injuries resulting in lost time..

When compared to Q3CY,2020, BHN experienced increases in the number of overexertion, slip, fall incidents and exposure incident while experience a decrease in the number of contaminated needle stick injuries.

BHN REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – CONTAMINATED NEEDLE STICK RATE





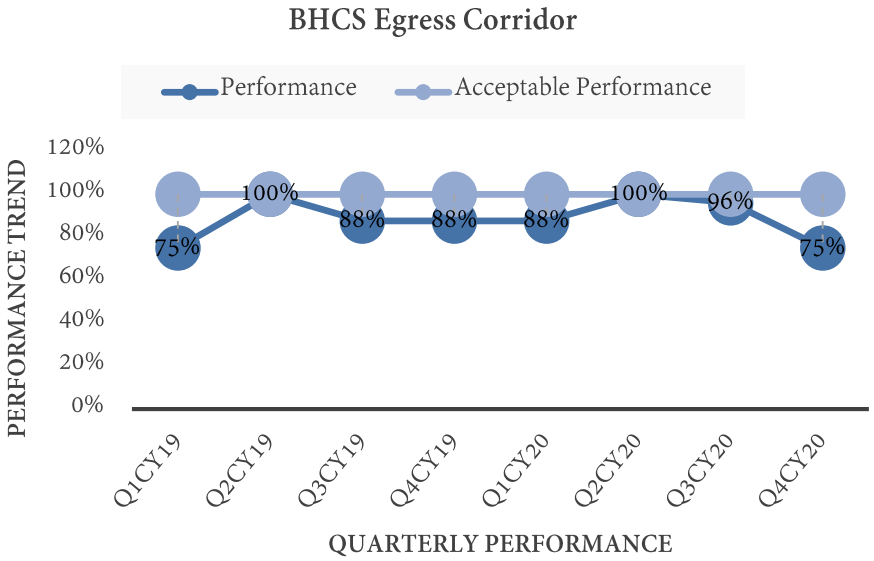


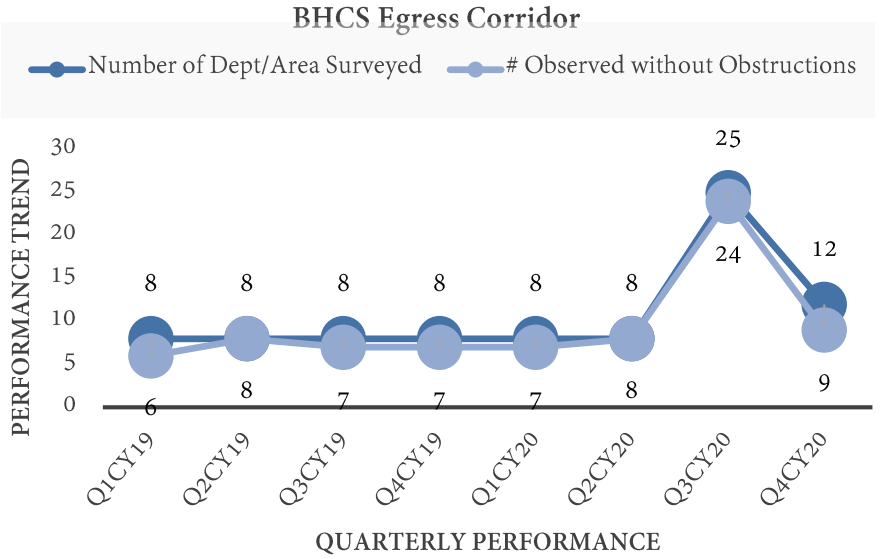
ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Contaminated Needle Stick Rate negatively performed when compared to Threshold. Overall the performance monitor positively performed as there was a decrease in the total number of contaminated needle stick injuries (7 ↓ 6) increase. When compared to other Broward Health Regions, BHN's rate of contaminated needle stick remains on par with other sister hospitals.

Regional and organization-wide' Managers provides re-education and reviews correct procedures to prevent needle stick injuries and Safety Officer continues to work with companies who provide needles to conduct additional educational in-services. The Safety Officer is also conducting accident prevention education during new employee orientation.

BHCS REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – IMPEDED EGRESS CORRIDOR RATE

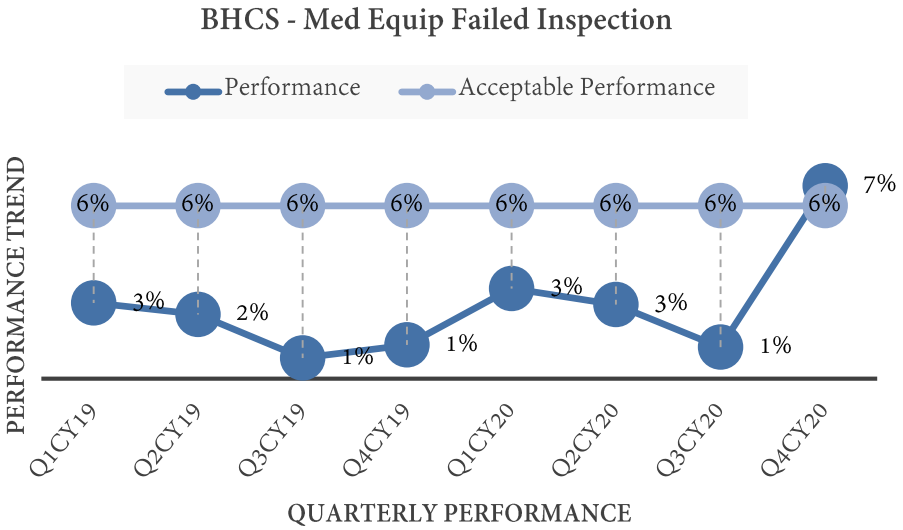


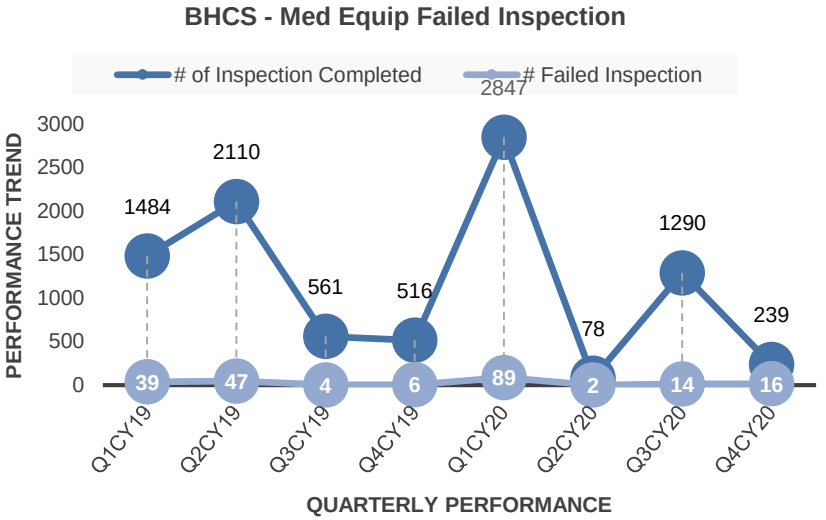


ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Impeded Egress Corridor Rate negatively performed when compared to Threshold. Environmental tours are periodically conducted at the hospital, during which time, 100% of the areas surveyed should not have any emergency egress corridor impeded. During the reporting period;12 areas were surveyed, of the twelve, impeded corridors were observed in three.

The deficiencies were immediately corrected, with the Surveyors providing just in time education to the area manager and charge staff.



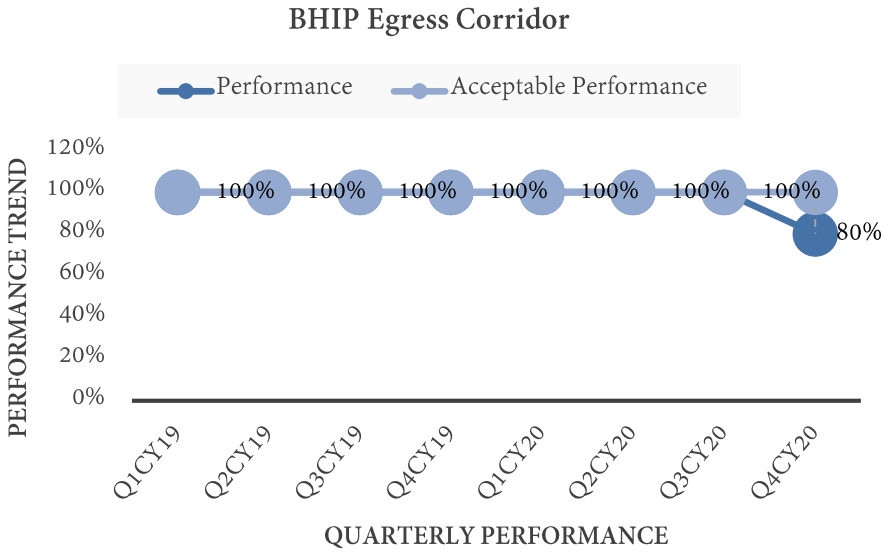


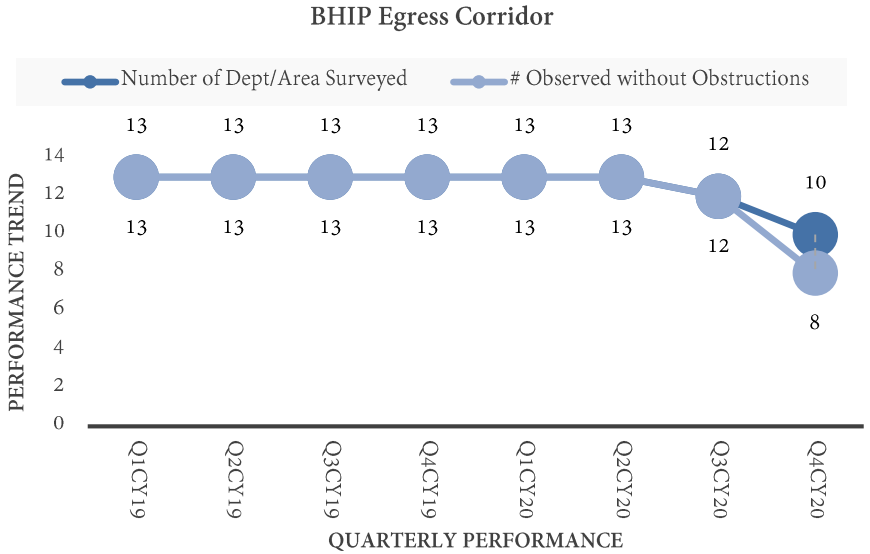
ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Failed Medical Equipment Inspection Rate negatively performed when compared to Threshold. The organization has established an threshold that no more than 6% of all medical equipment inspected during the reporting period will fail their inspection. During the reporting period, the Biomedical Engineering Department inspected 239 piece of medical equipment, of that amount, 16 failed their inspection. Medical equipment that failed inspection was immediately removed from services and replaced.

The deficiencies were immediately corrected, with the Surveyors providing just in time education to the area manager and charge staff.

BHIP REGIONAL OPPORTUNITIES REPORT TO THE KEY GROUP – IMPEDED EGRESS CORRIDOR RATE

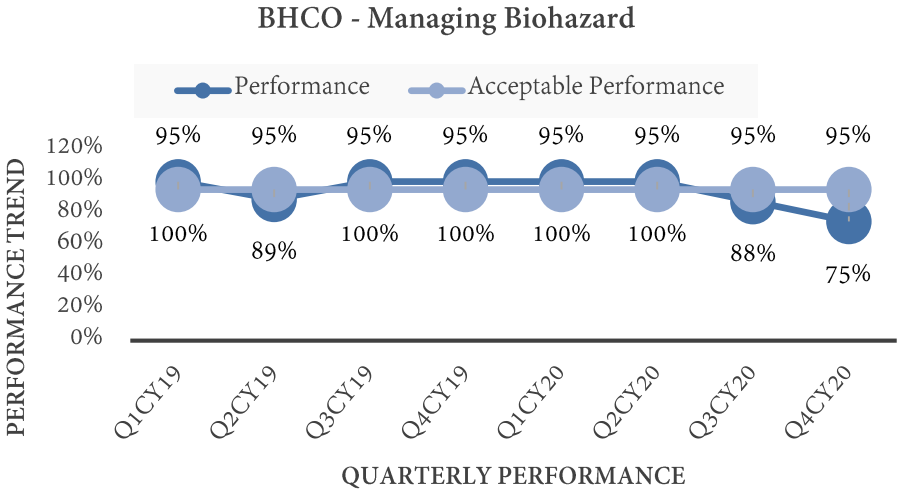


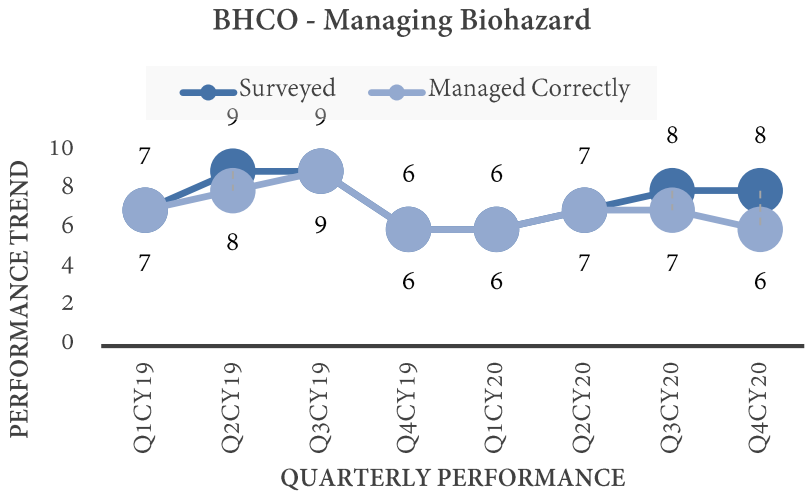


ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Impeded Egress Corridor Rate negatively performed when compared to Threshold. Environmental tours are periodically conducted at the hospital, during which time, 100% of the areas surveyed should not have any emergency egress corridor impeded. During the reporting period; 10 areas were surveyed, of the ten, impeded corridors were observed in two.

The deficiencies were immediately corrected, with the Surveyors providing just in time education to the area manager and charge staff.

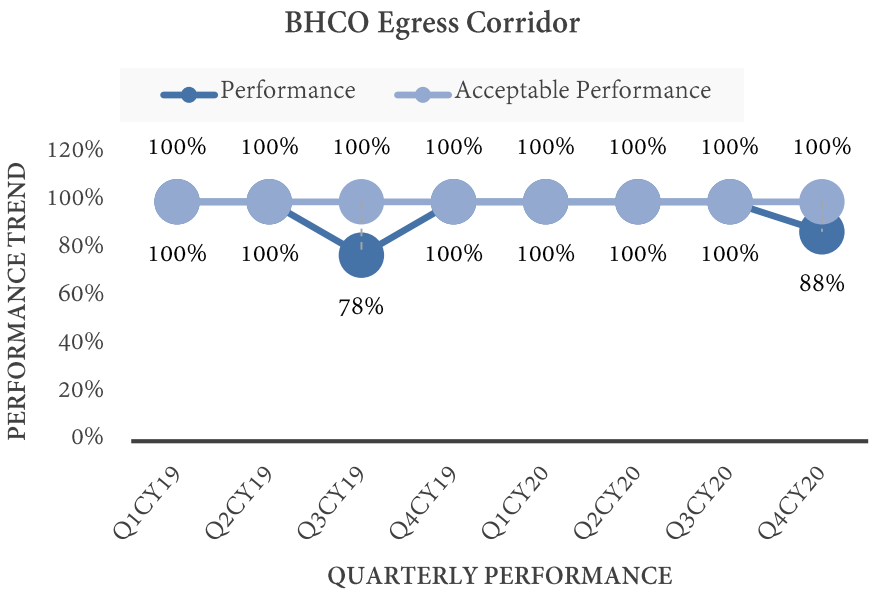


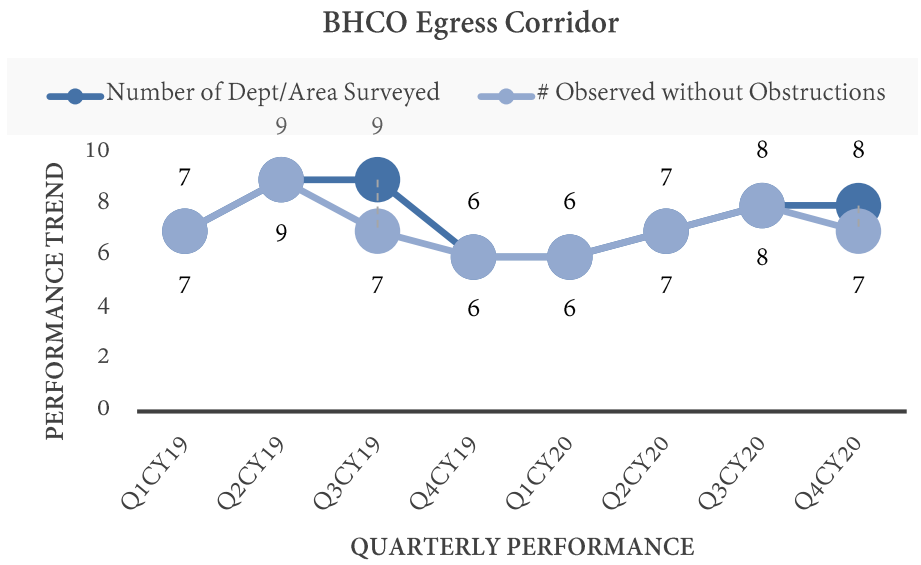


ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Managing Biohazard Waste Rate negatively performed when compared to Threshold. Environmental tours are periodically conducted at each of the Joint Commission Accredited Ambulatory Sites, during which time, 95% of the areas surveyed should not have observation of biomedical waste being managed inconsistent with policy and procedures. During the reporting period; 8 areas were surveyed, of the eight, biomedical waste was observed incorrectly managed at two.

The deficiencies were immediately corrected, with the Surveyors providing just in time education to the area manager and charge staff.





ANALYSES & ACTION PLAN:

During the reporting period (Q4CY20), the performance monitor related to Impeded Egress Corridor Rate negatively performed when compared to Threshold. Environmental tours are periodically conducted at each of the Joint Commission Accredited Ambulatory Sites, during which time, 100% of the areas surveyed should not have any emergency egress corridor impeded. During the reporting period; 8 areas were surveyed, of the eight, impeded corridors were observed in two.

The deficiencies were immediately corrected, with the Surveyors providing just in time education to the area manager and charge staff.

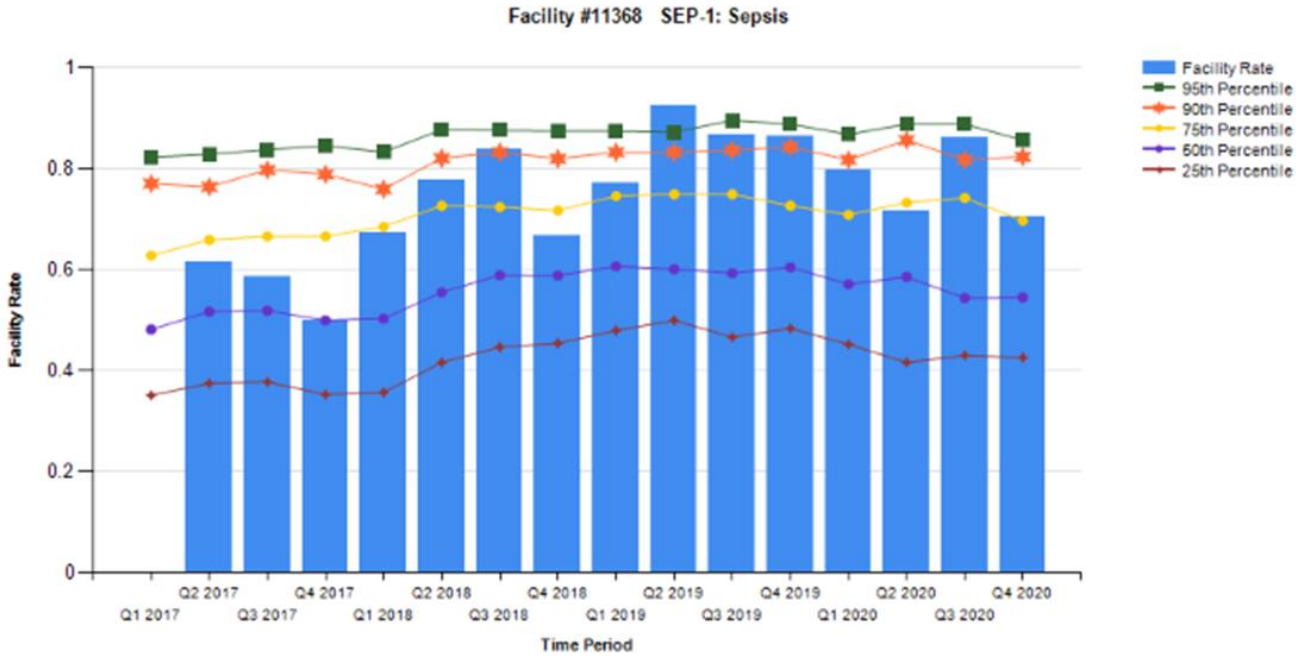
6.8 SEPSIS PREVENTION

BROWARD HEALTH®

BHIP

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

Quality Performer™

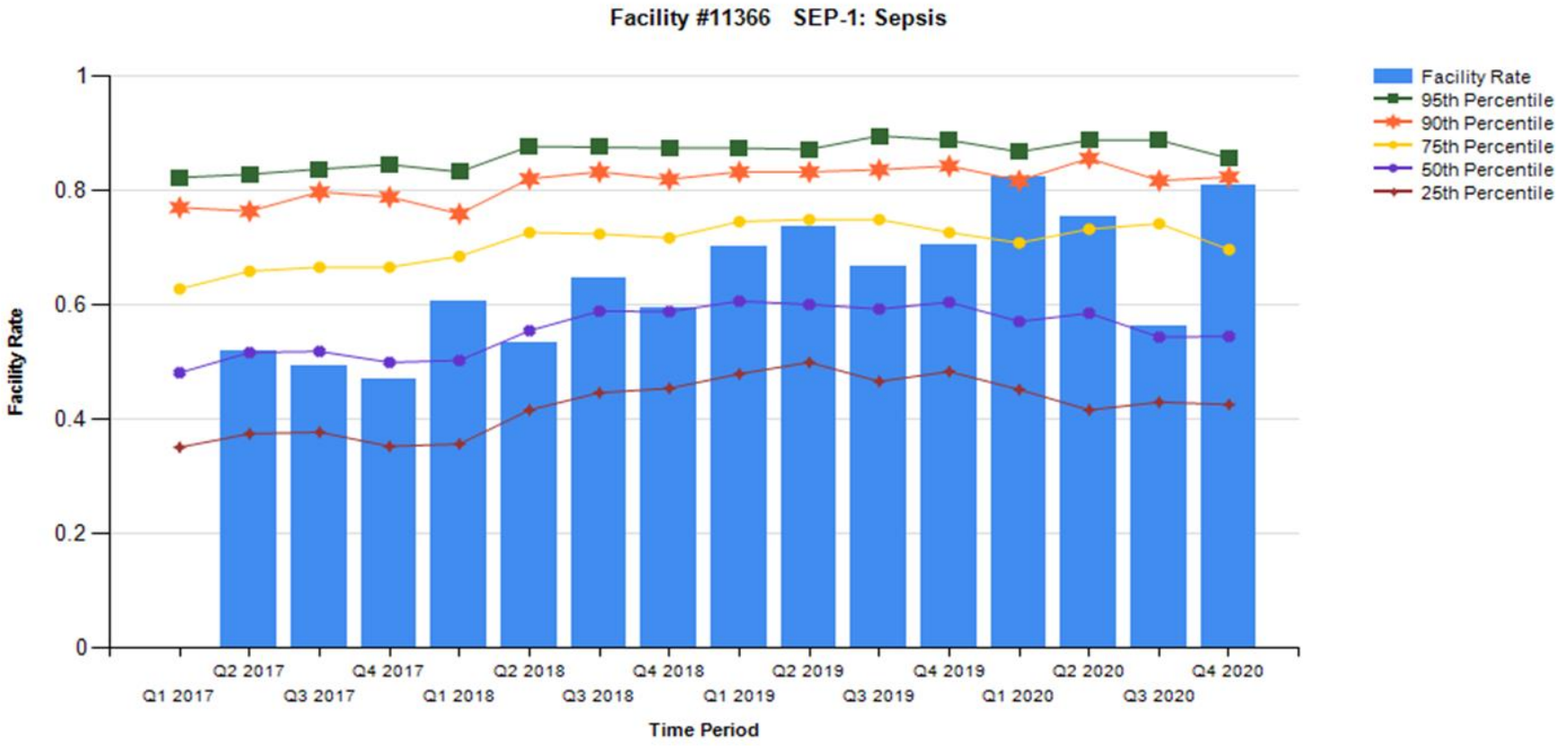


BROWARD HEALTH

BHMC

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11366
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 12/31/2020
Measure: SEP-1
Measure Description: Sepsis

Quality Performer℠

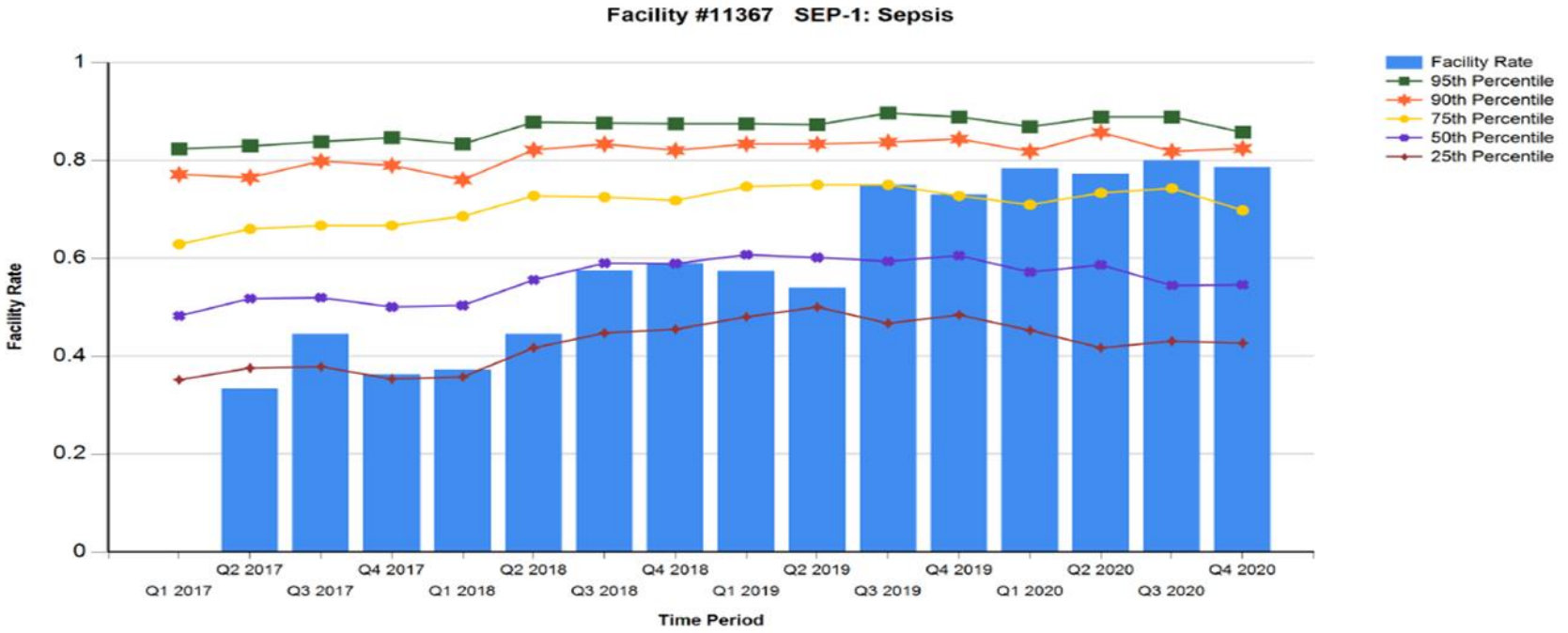


BROWARD HEALTH®

BHN

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11367
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 12/31/2020
Measure: SEP-1
Measure Description: Sepsis

Quality Performer℠

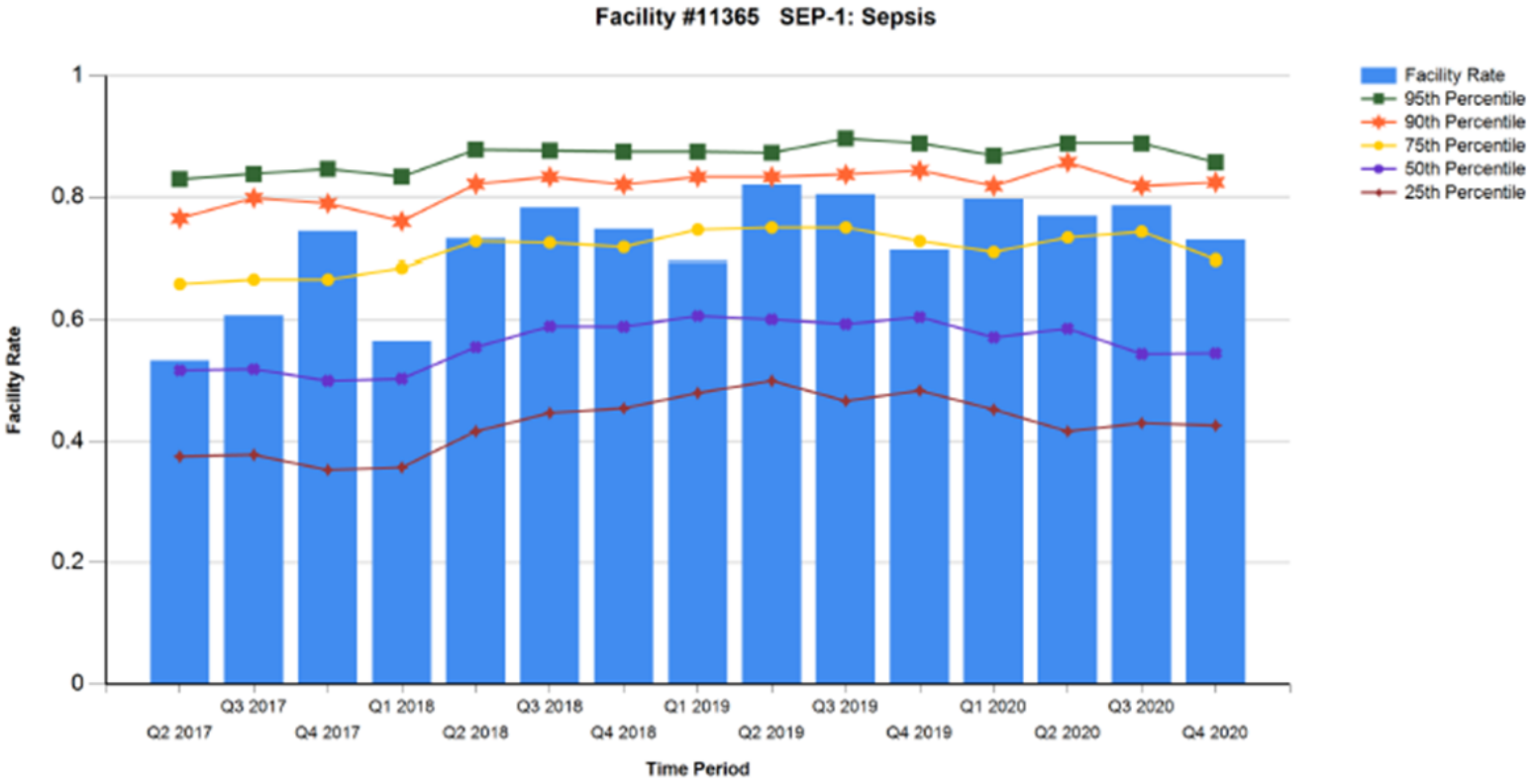


BROWARD HEALTH®

BHCS

Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11365
Interval of Analysis: Quarter
Discharge Dates: 04/01/2017 to 12/31/2020
Measure: SEP-1
Measure Description: Sepsis

Quality Performer℠

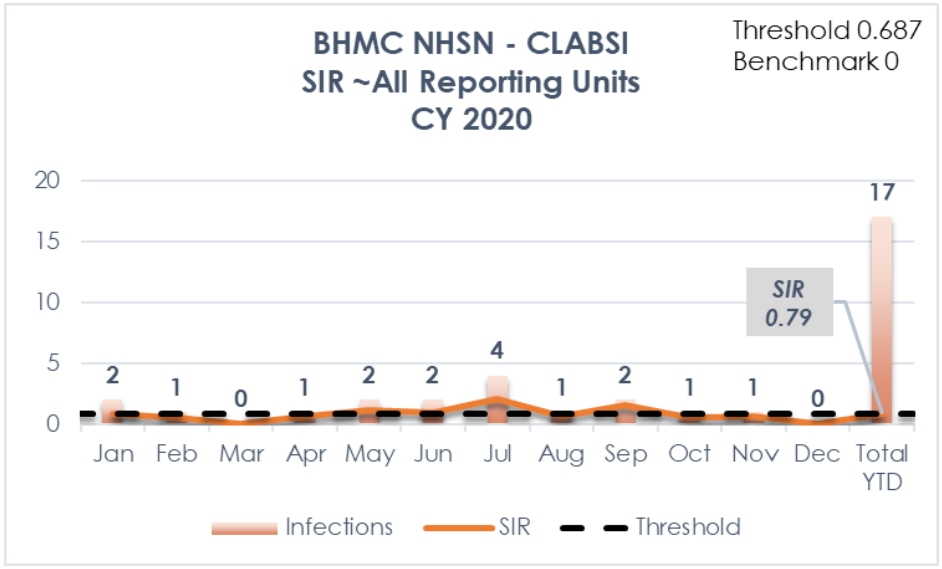


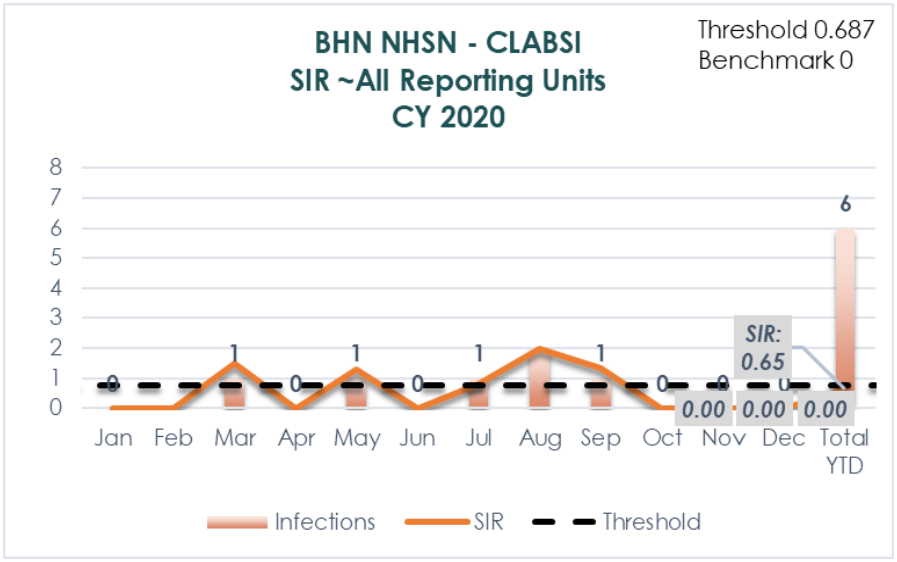
BROWARD HEALTH

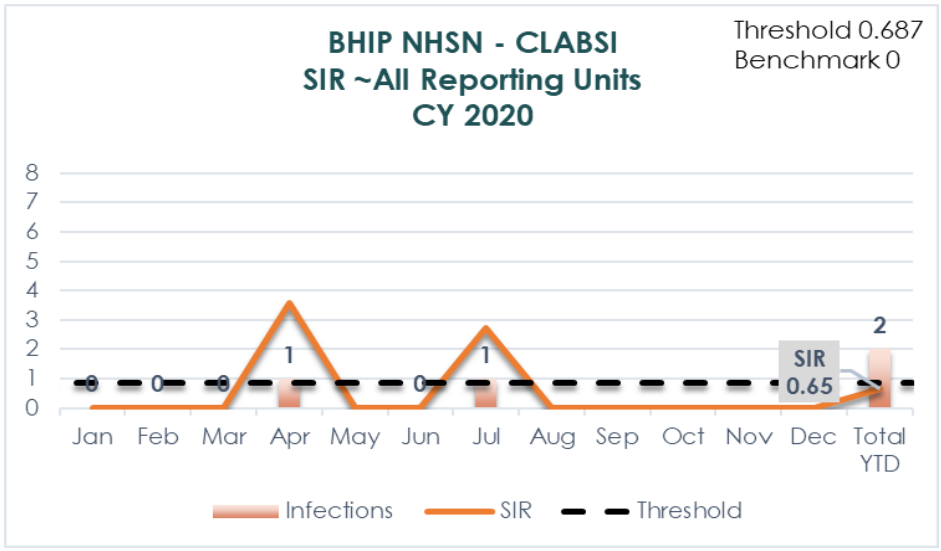
6.9 INFECTION PREVENTION

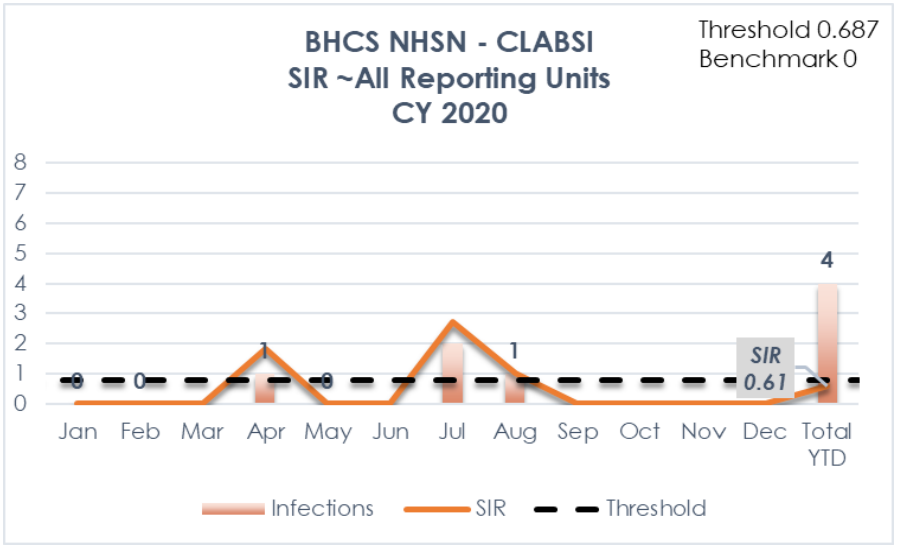
BROWARD HEALTH®

CLABSI ~ ALL REPORTING UNITS

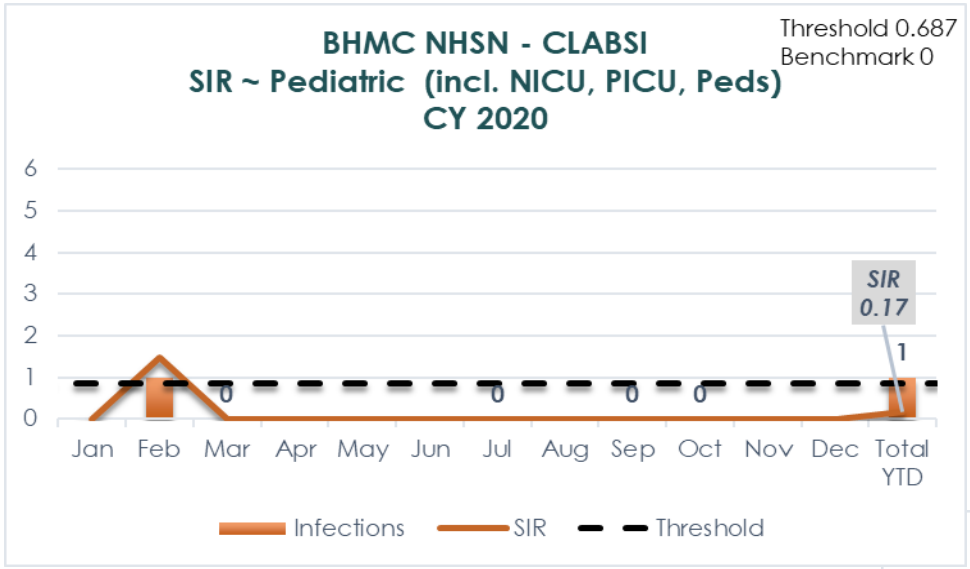


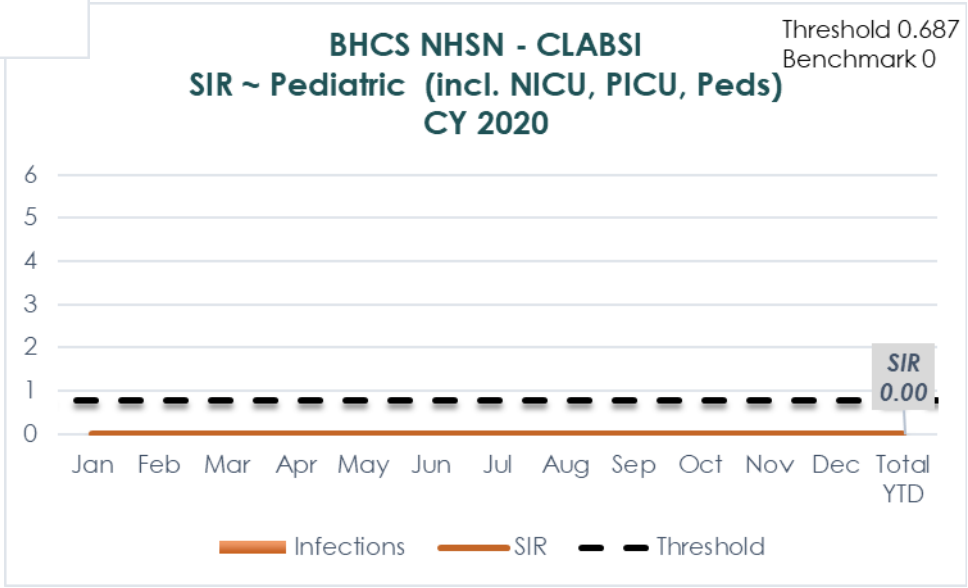




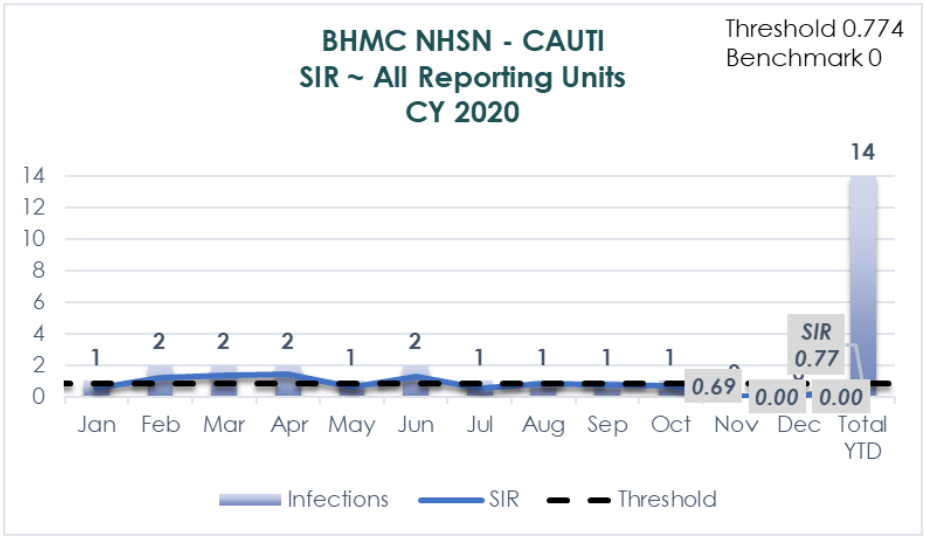


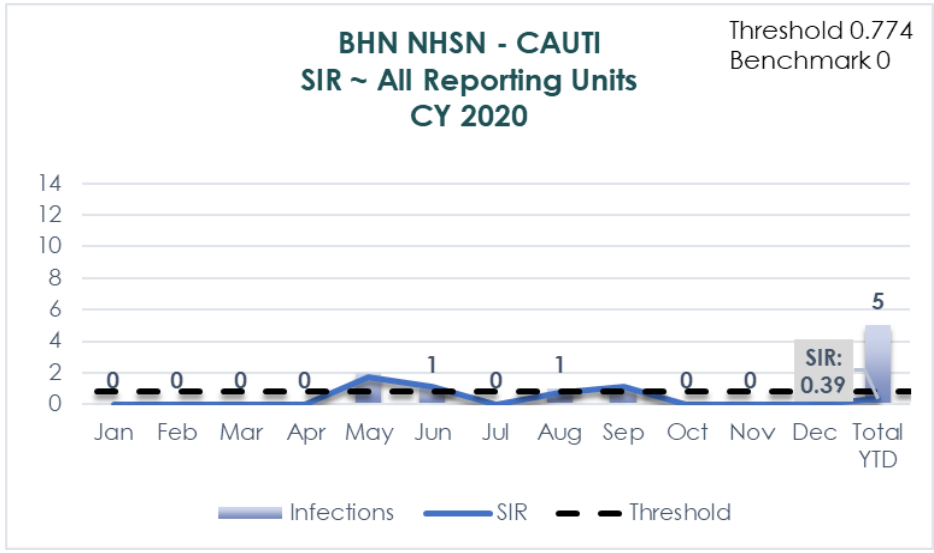
CLABSI ~ PEDIATRIC

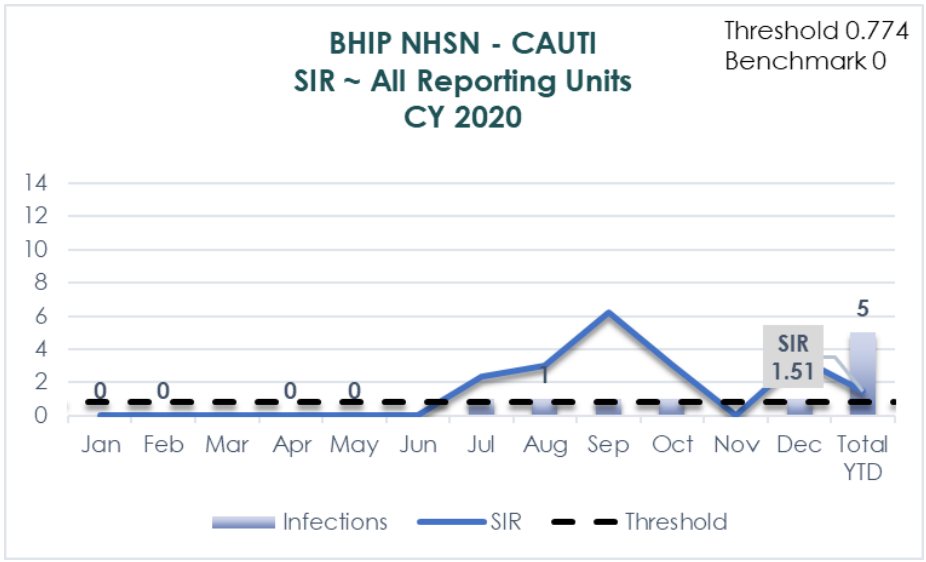


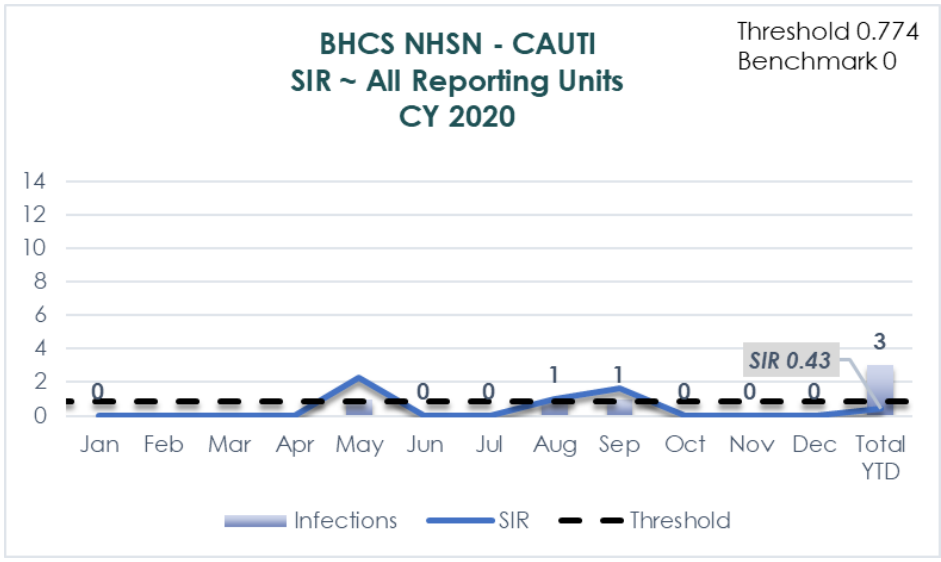


CAUTI ~ ALL REPORTING UNITS

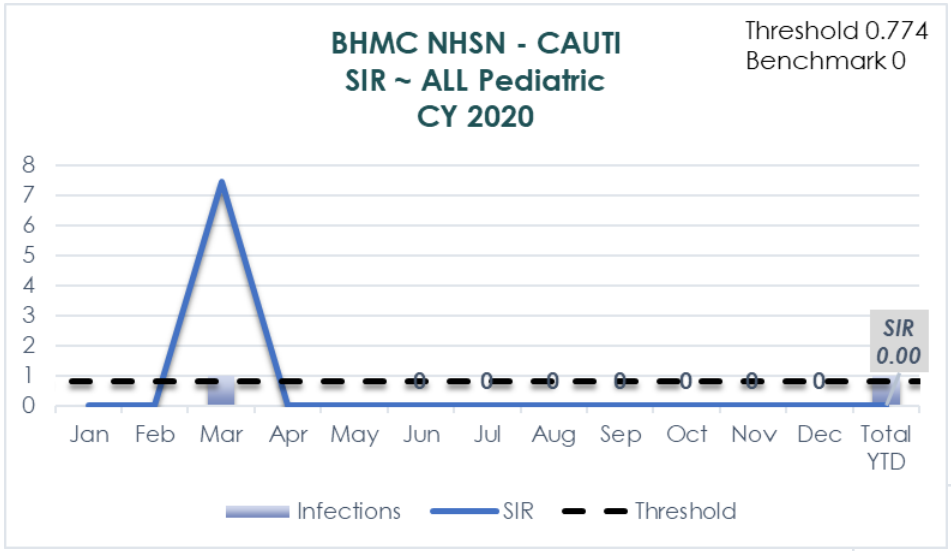


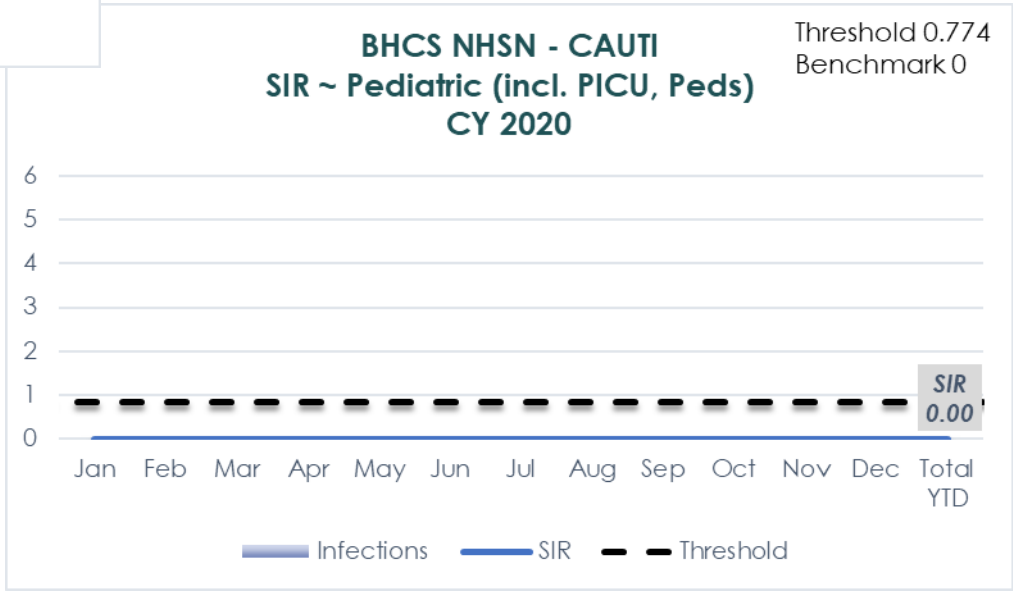




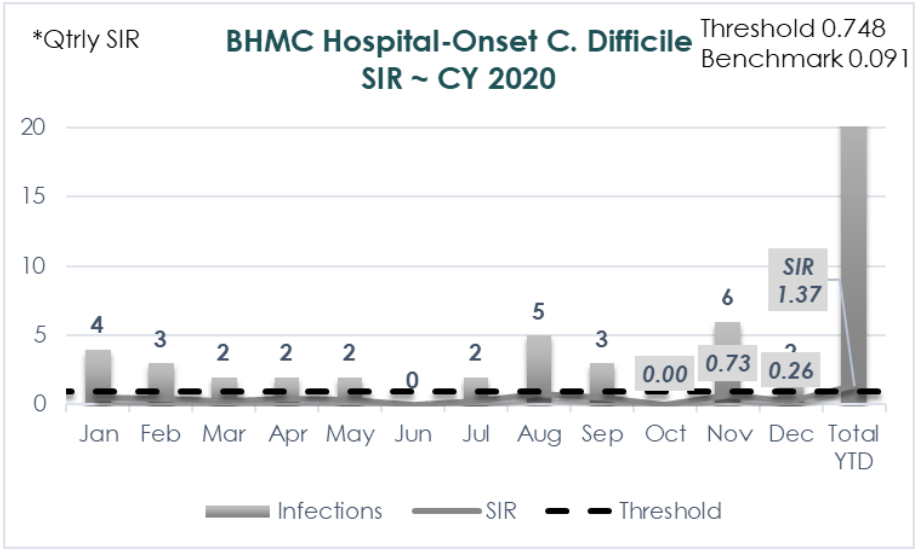


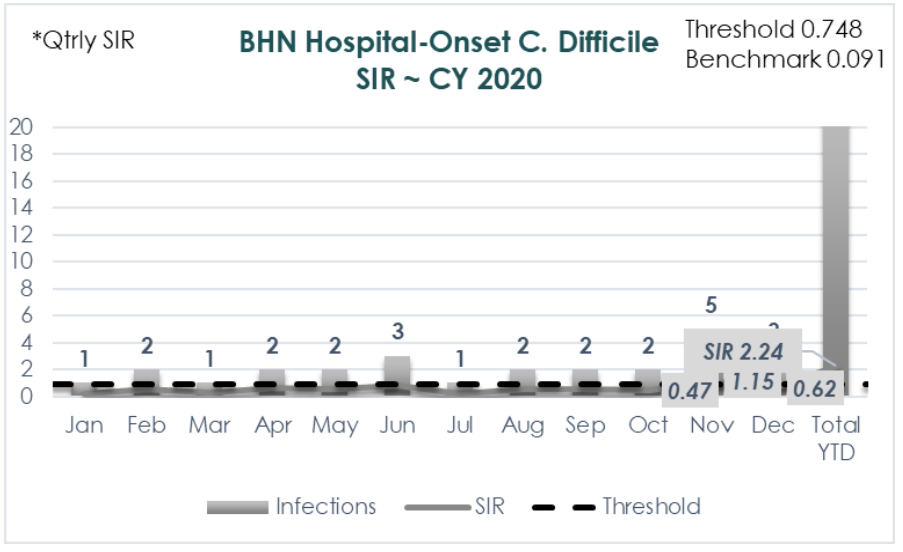
CAUTI ~ PEDIATRIC

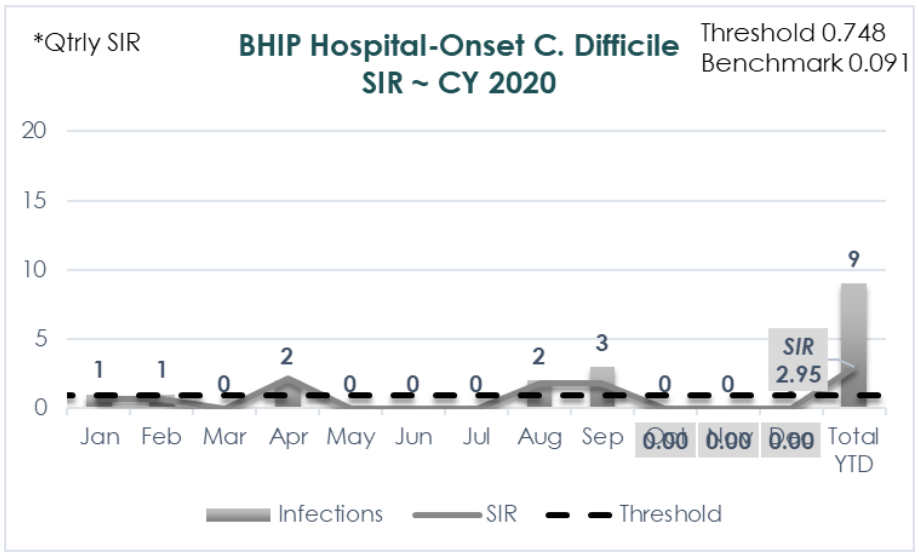


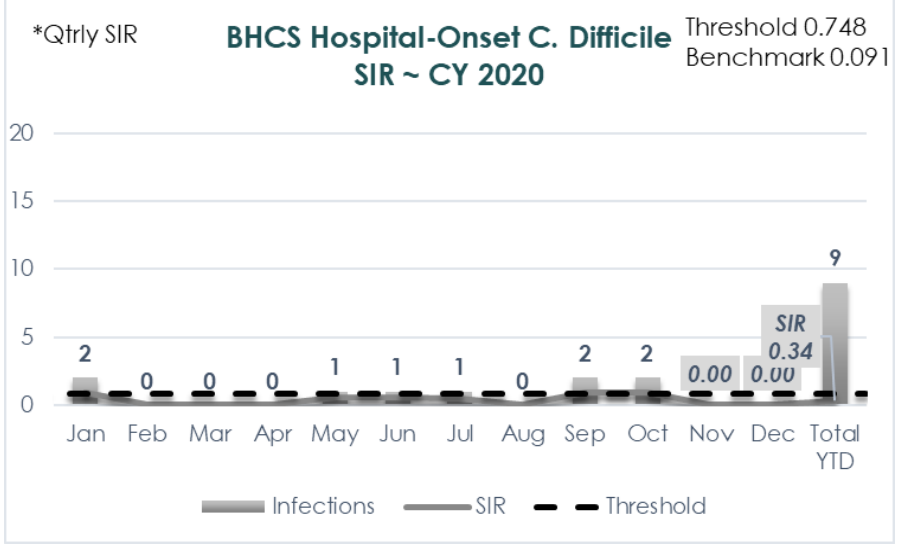


HOSPITAL-ONSET C. DIFFICILE

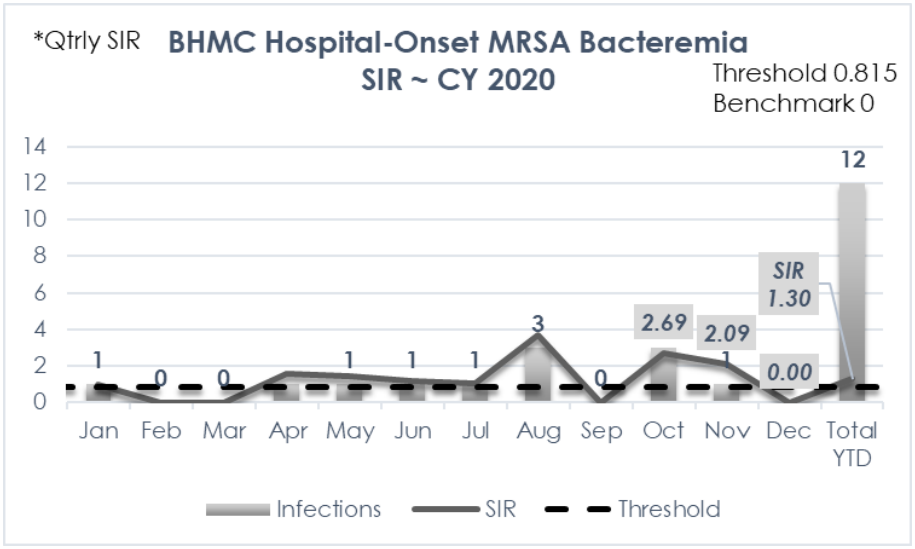


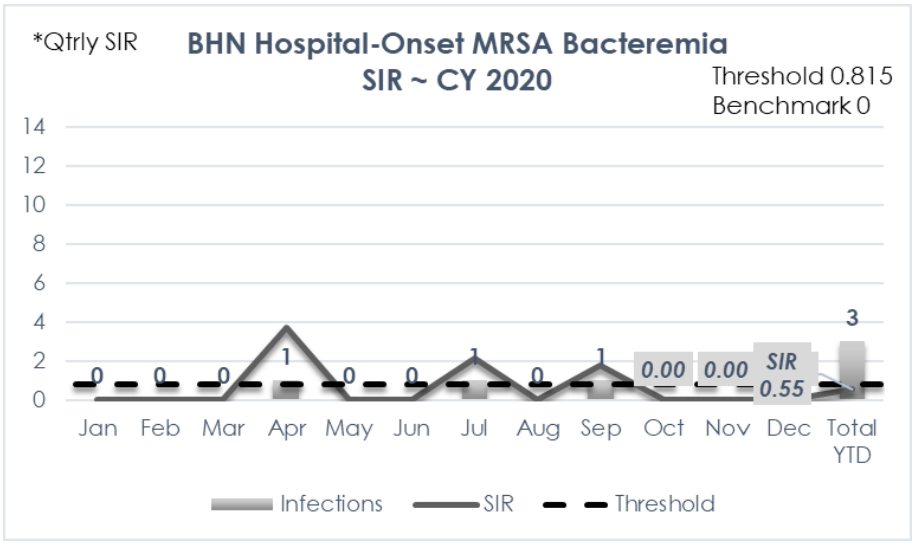


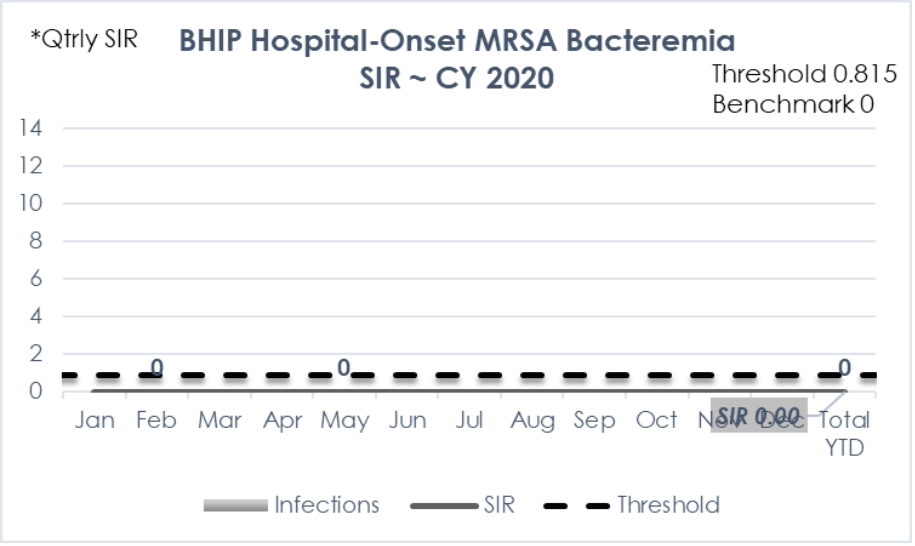


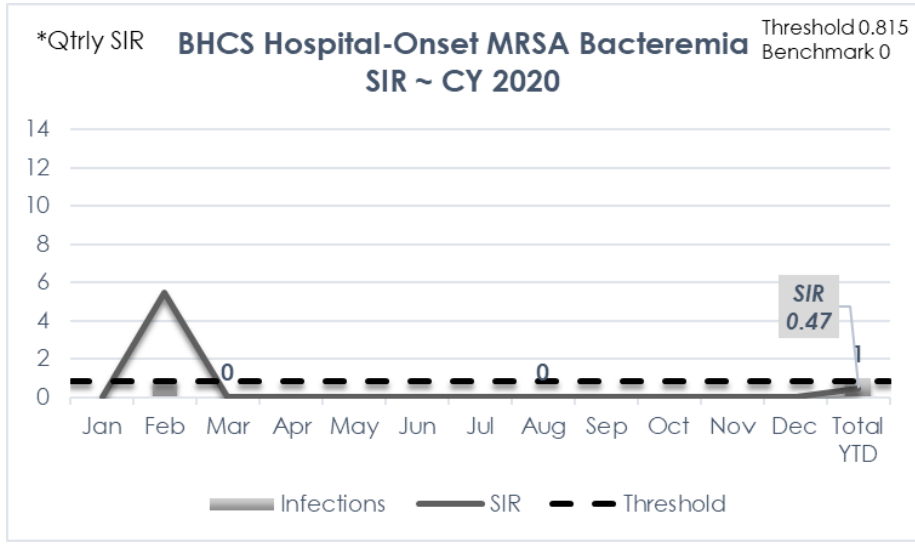


HOSPITAL-ONSET MRSA BACTEREMIA

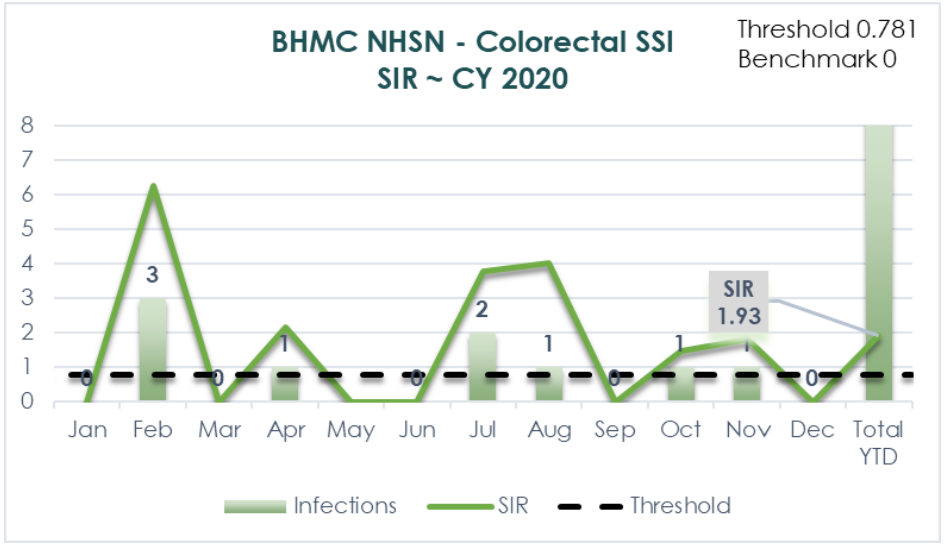


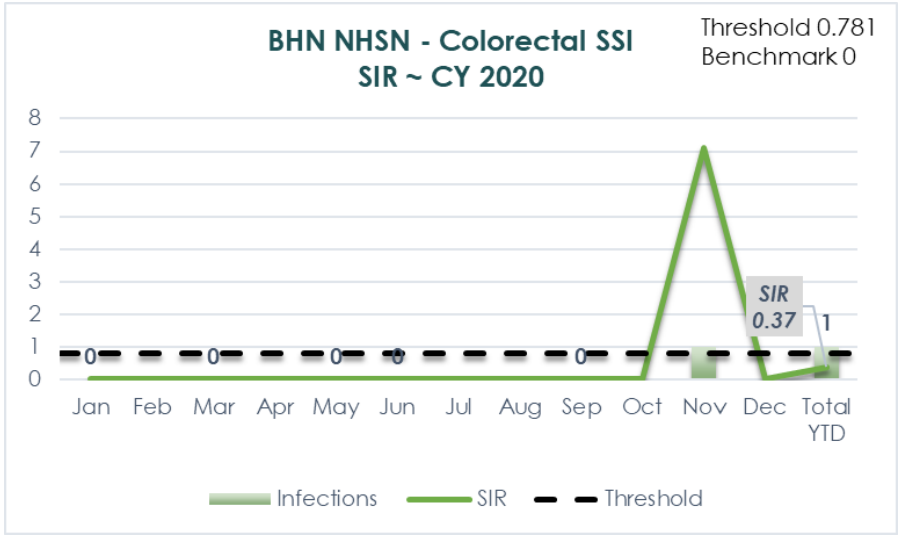


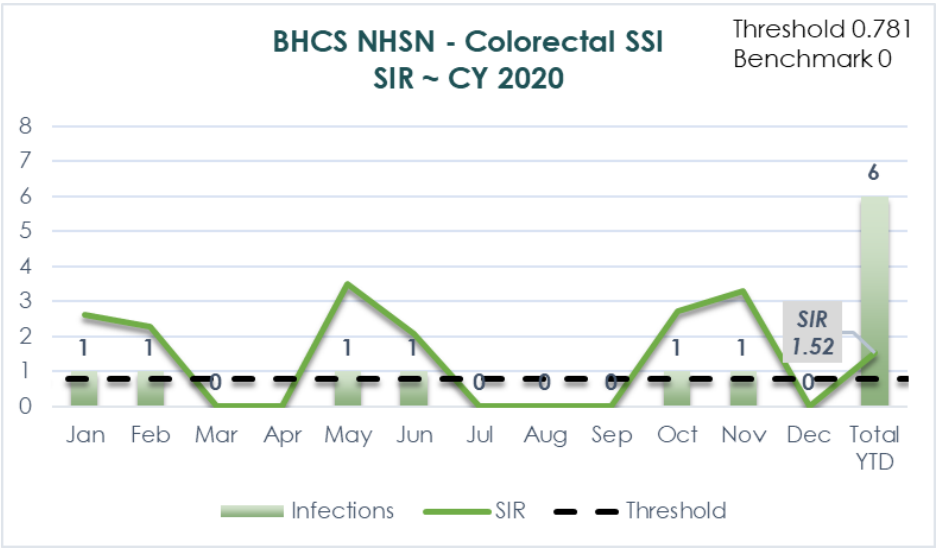


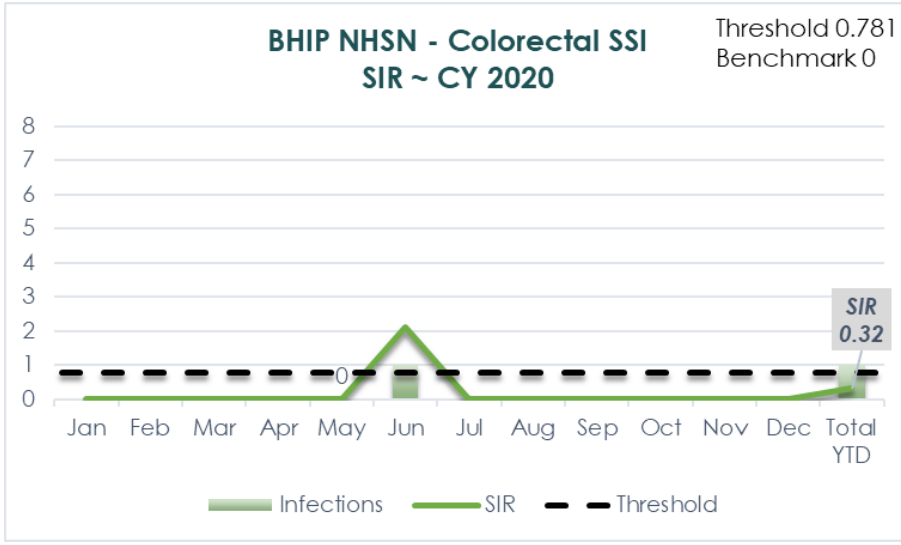


COLORECTAL SSI









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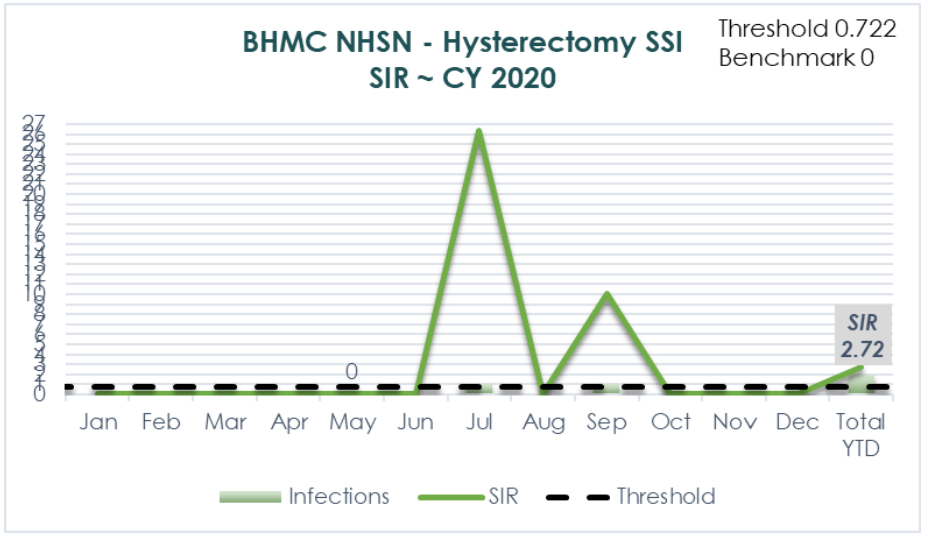
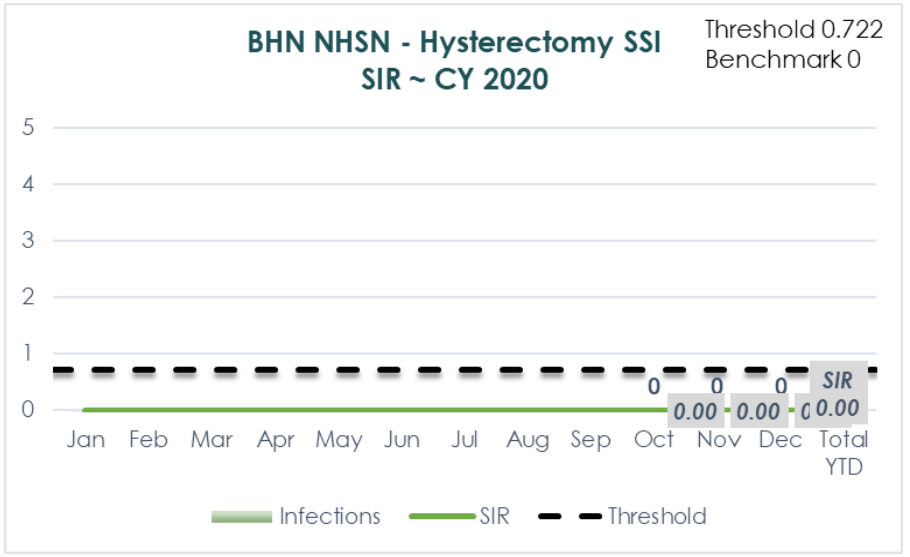
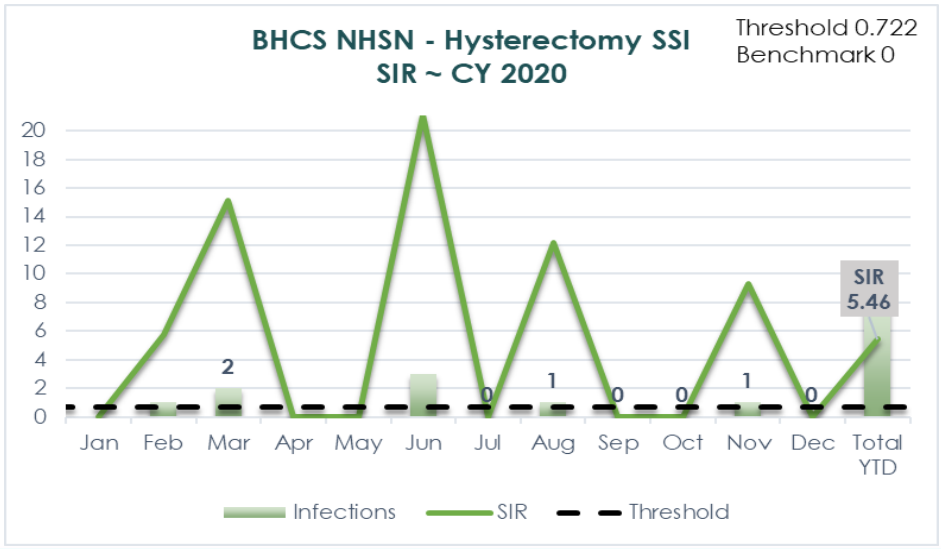
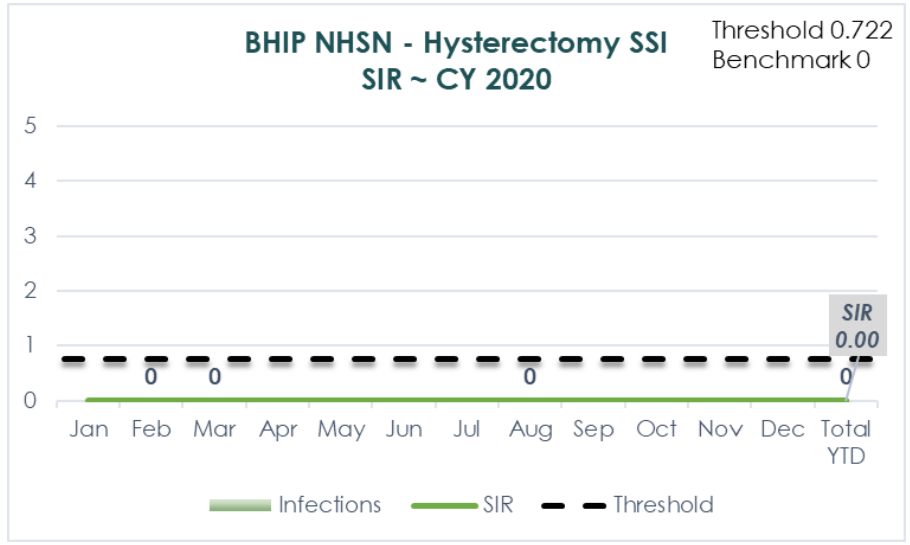




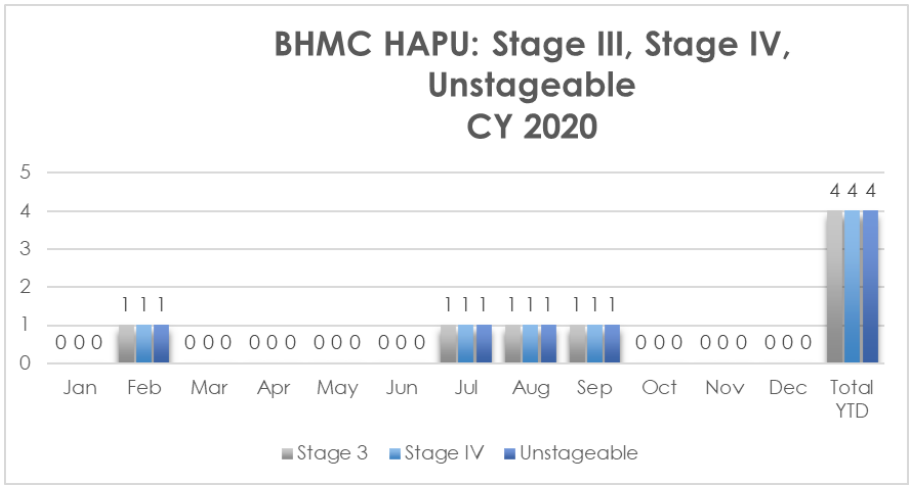


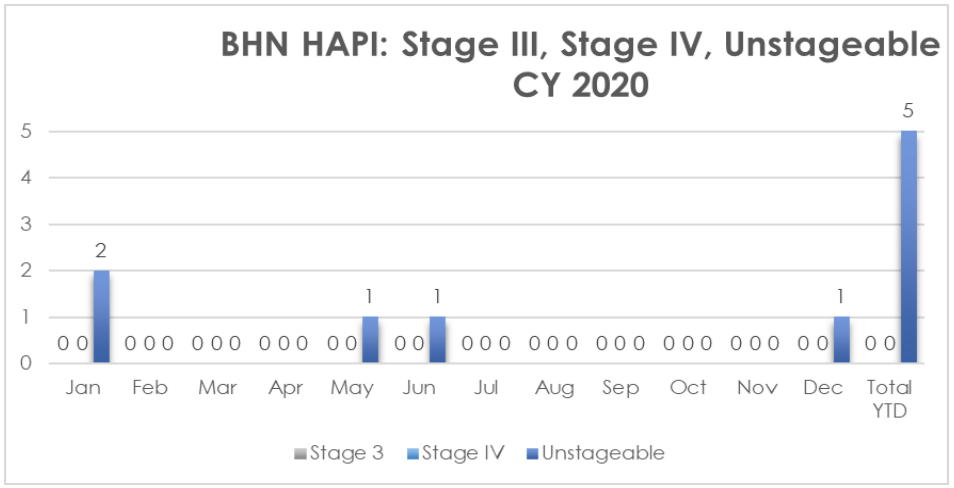


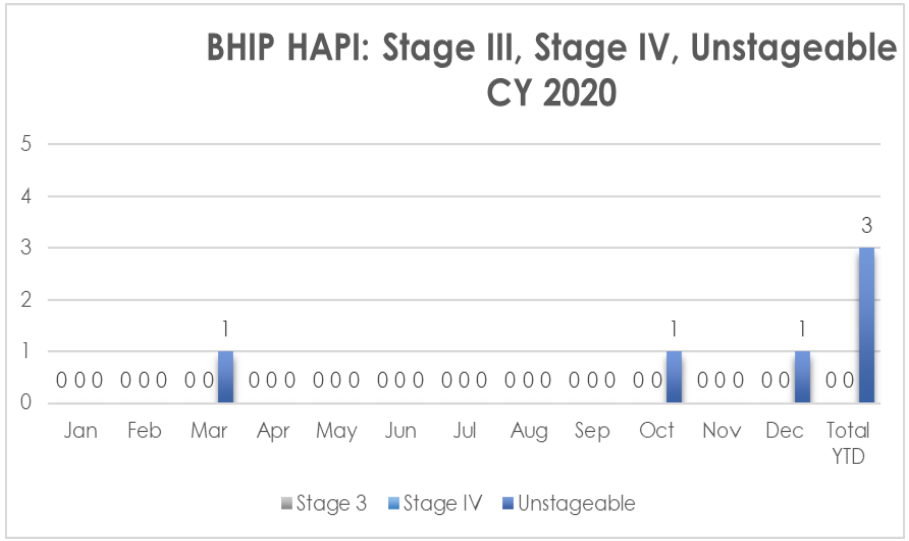
6.10 HOSPITAL ACQUIRED PRESSURE INJURY

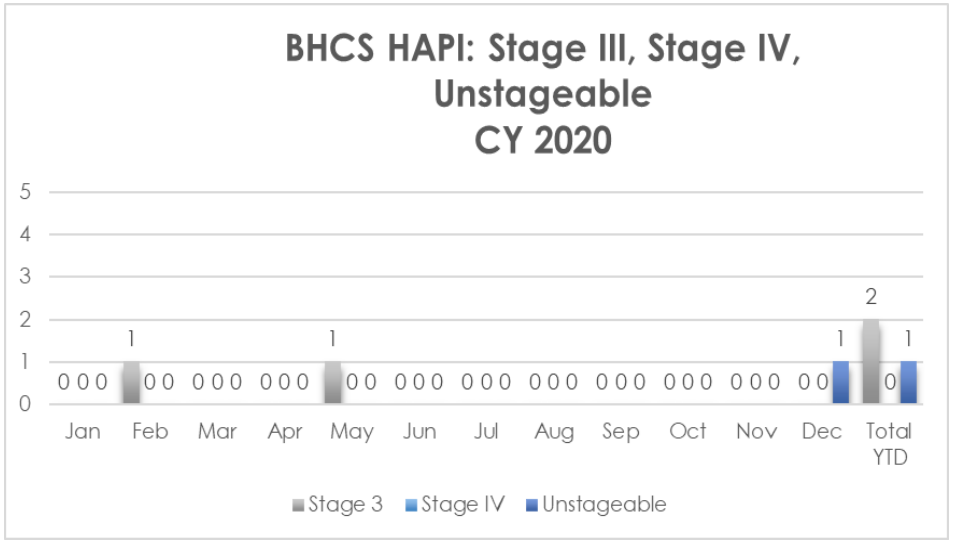
BROWARD HEALTH®

HOSPITAL ACQUIRED PRESSURE INJURY





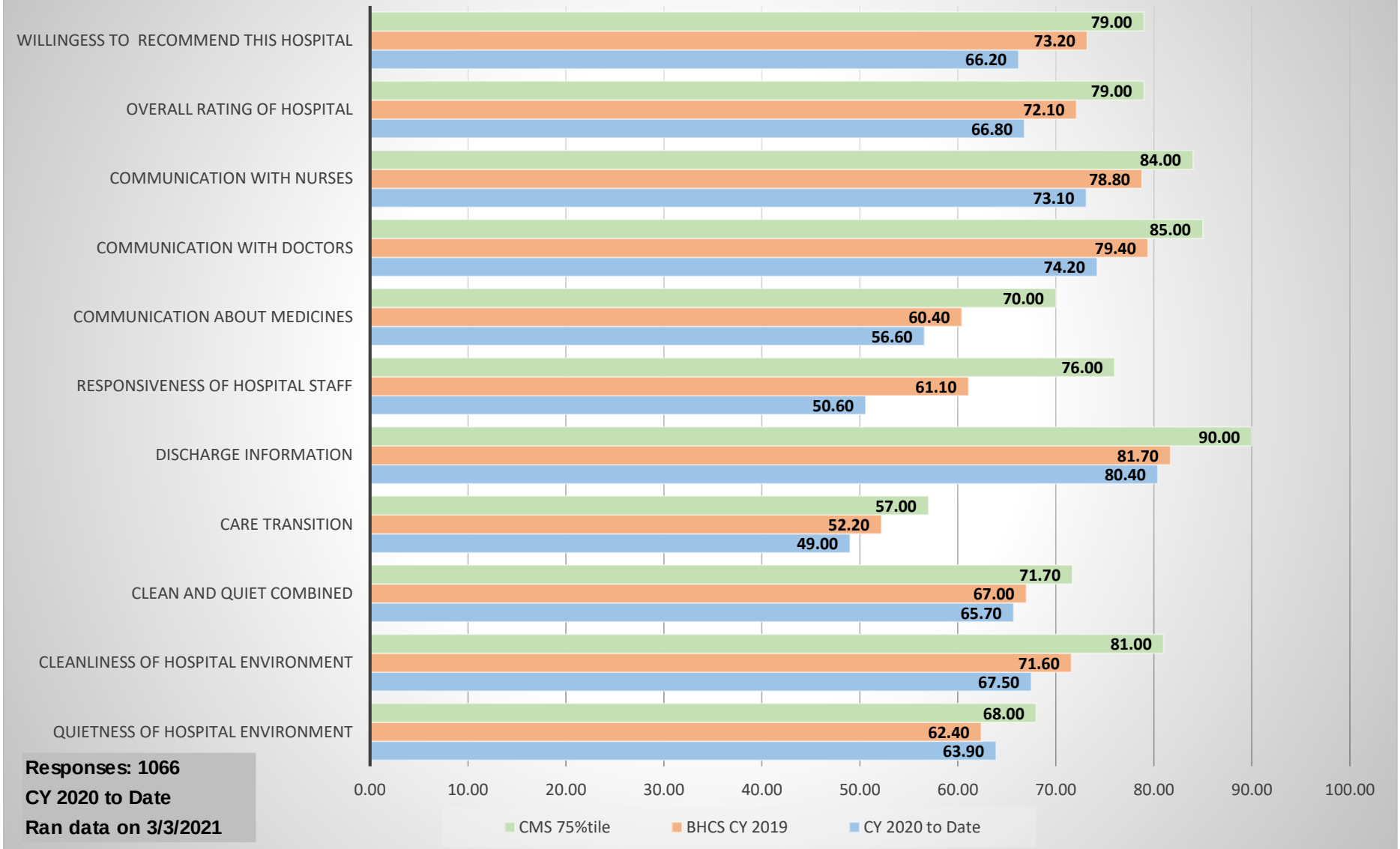




6.11 PATIENT ENGAGEMENT

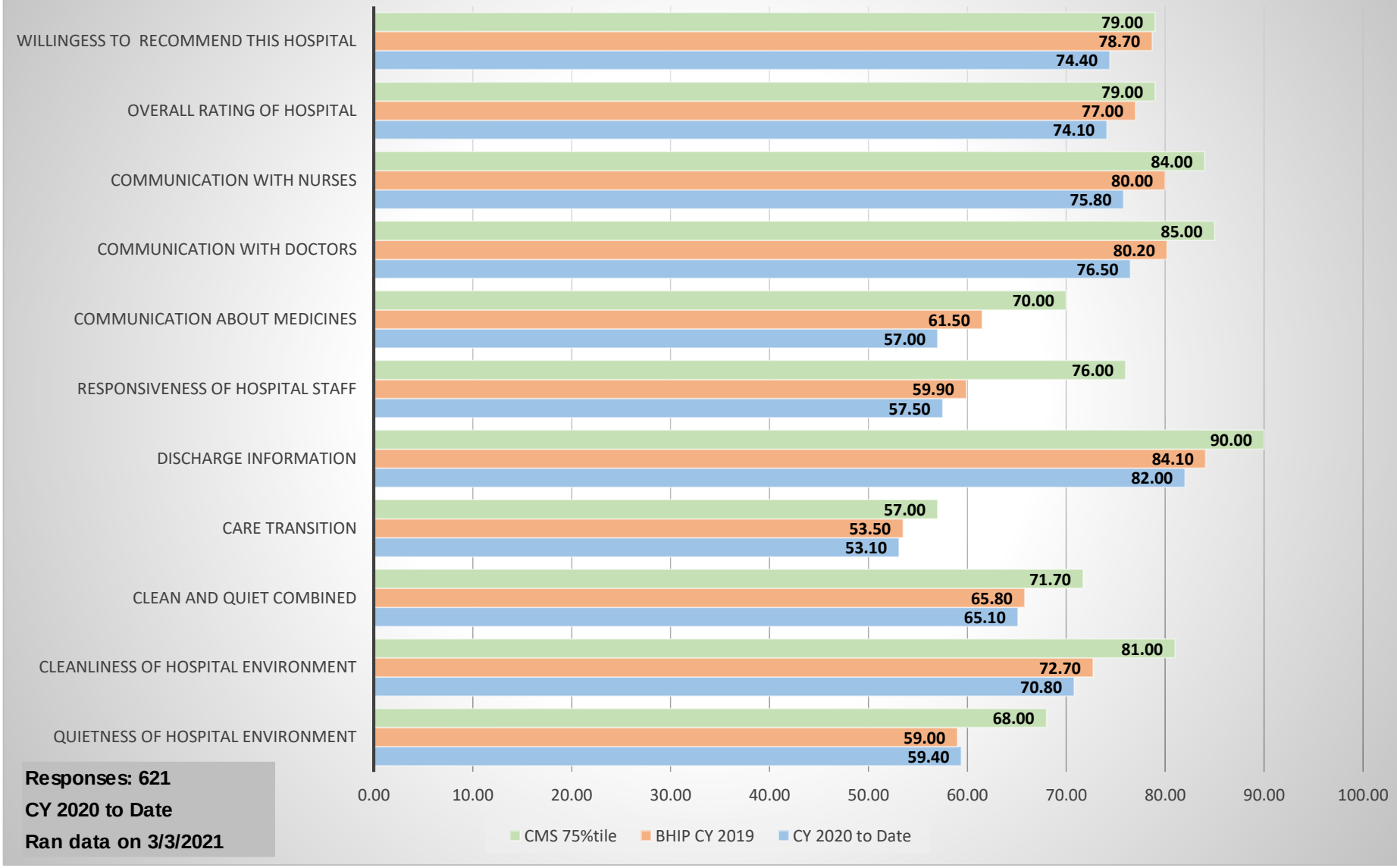
BROWARD HEALTH®

BHCS CMS HCAHPS CY 2020



Responses: 1066
CY 2020 to Date
Ran data on 3/3/2021

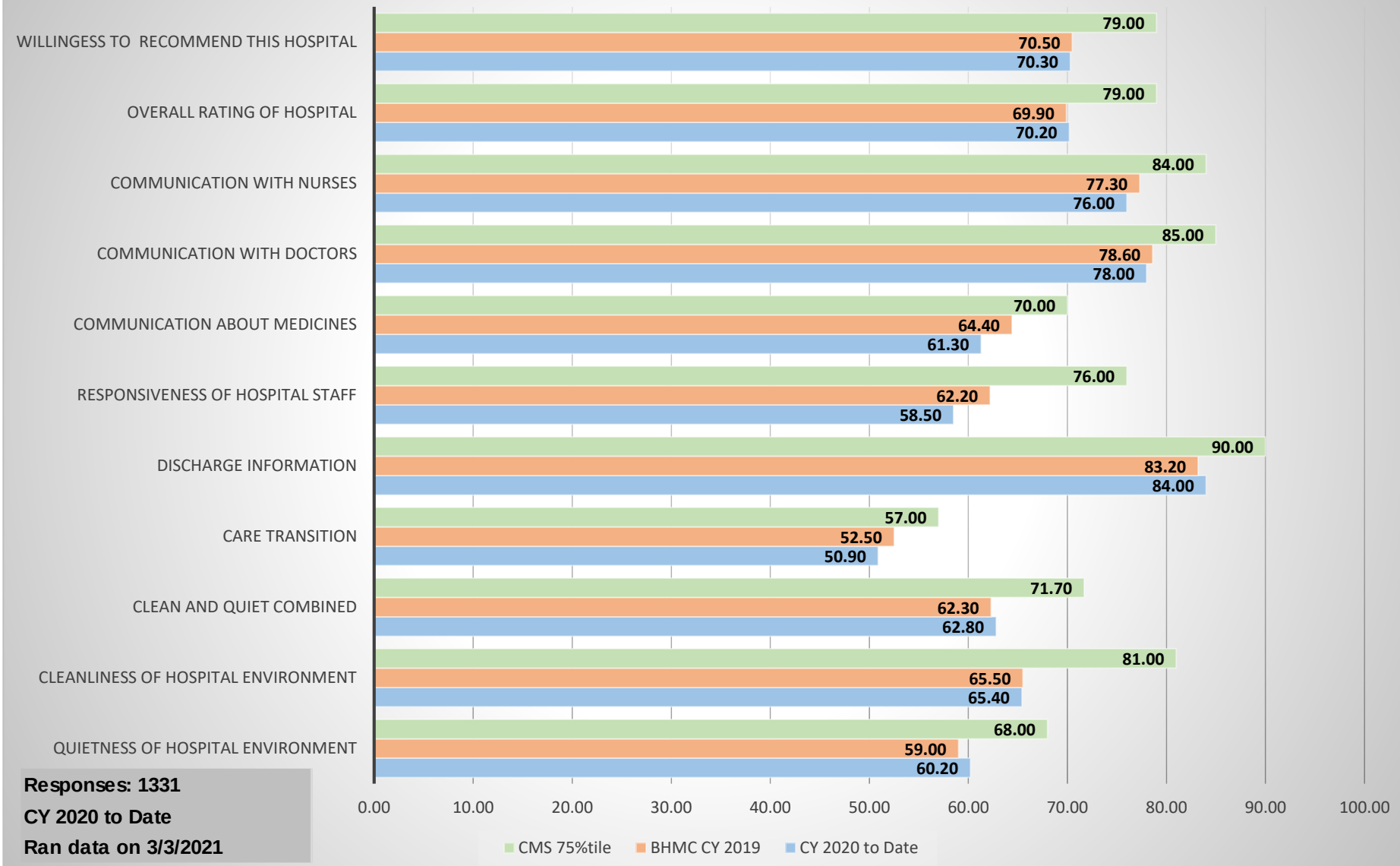
BHIP CMS HCAHPS CY 2020



Responses: 621
CY 2020 to Date
Ran data on 3/3/2021

BROWARD HEALTH

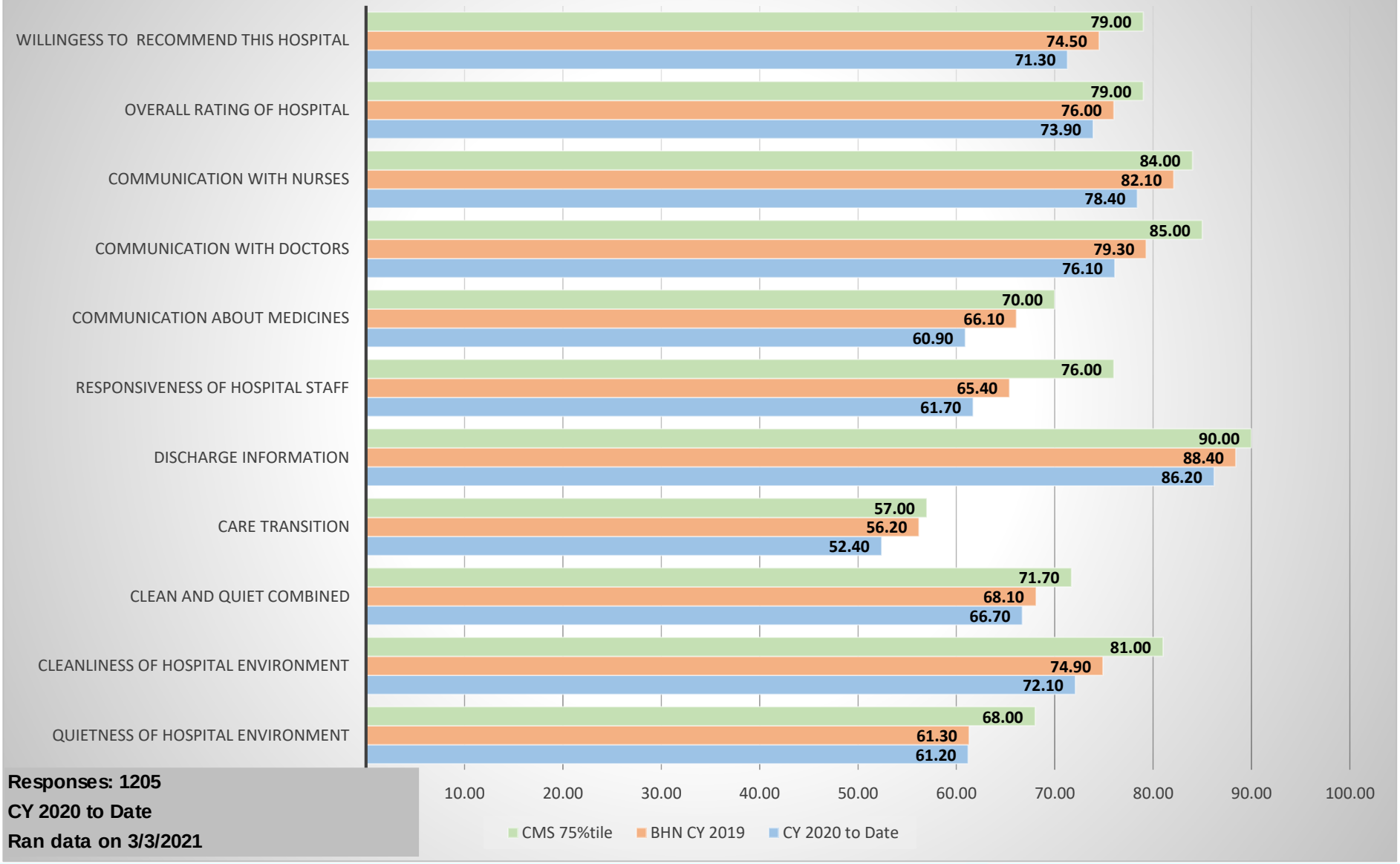
BHMC CMS HCAHPS CY 2020



Responses: 1331
CY 2020 to Date
Ran data on 3/3/2021

BROWARD HEALTH

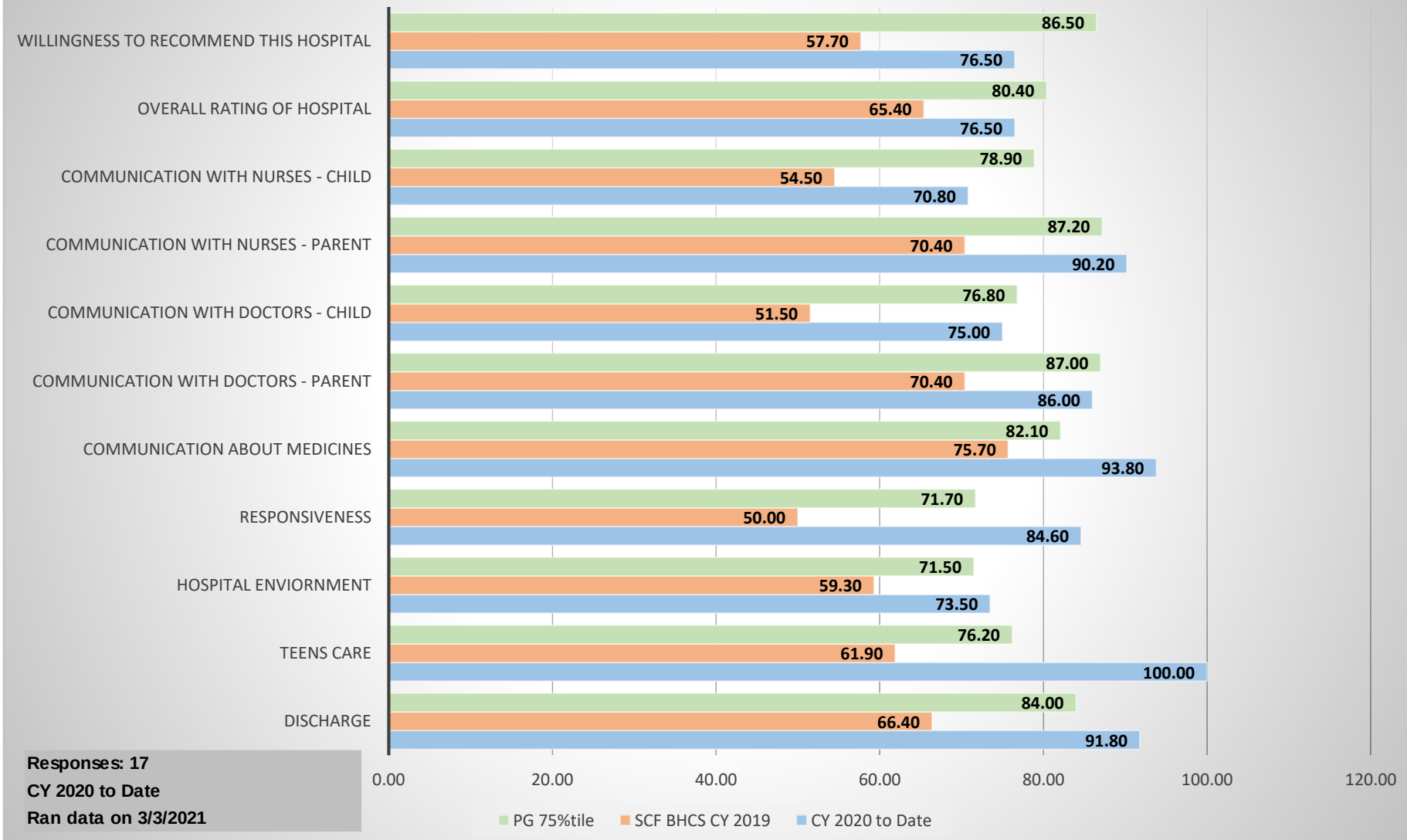
BHN CMS HCAHPS CY 2020



Responses: 1205
CY 2020 to Date
Ran data on 3/3/2021

BROWARD HEALTH

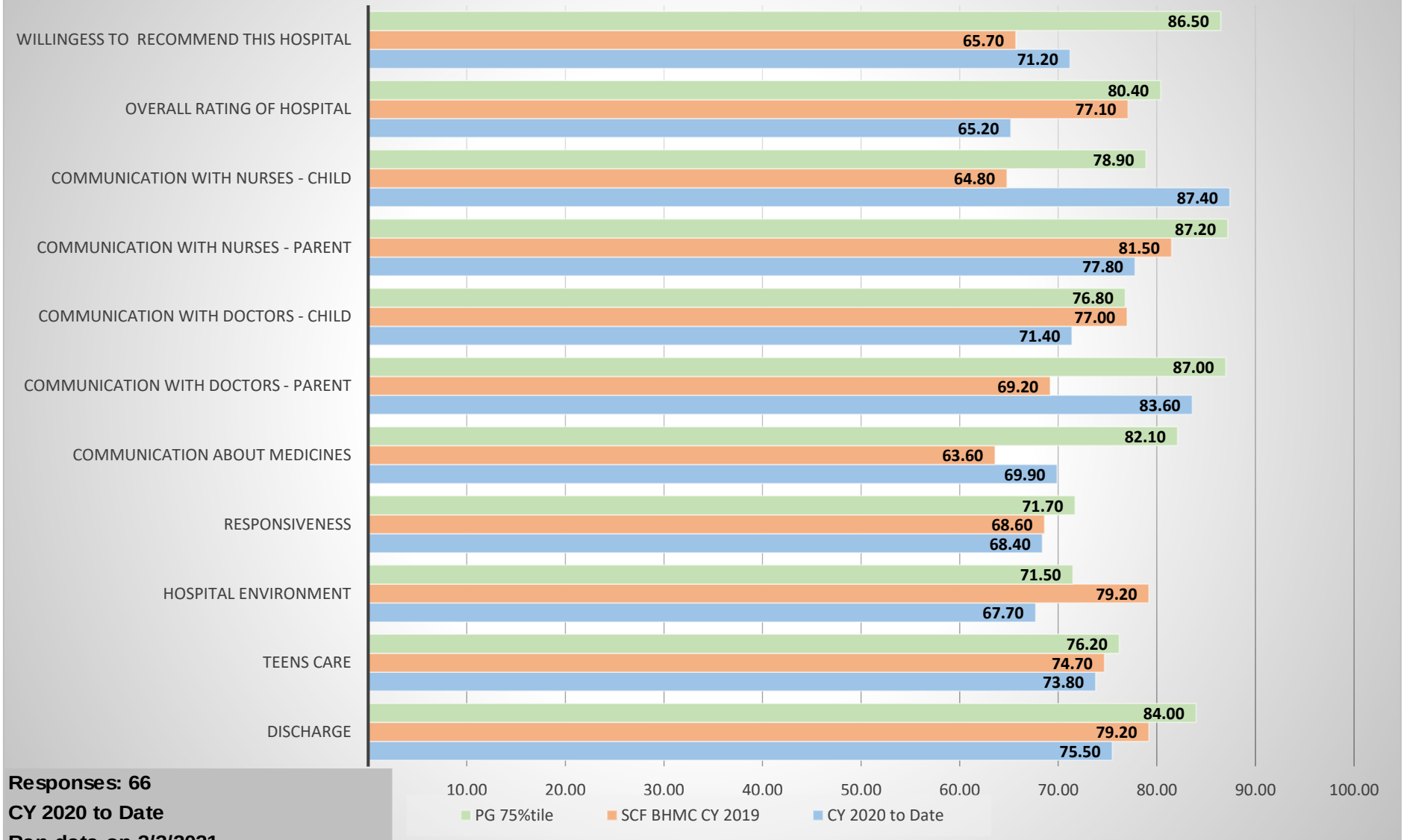
Salah Children's BHCS HCAHPS CY 2020



Responses: 17
CY 2020 to Date
Ran data on 3/3/2021

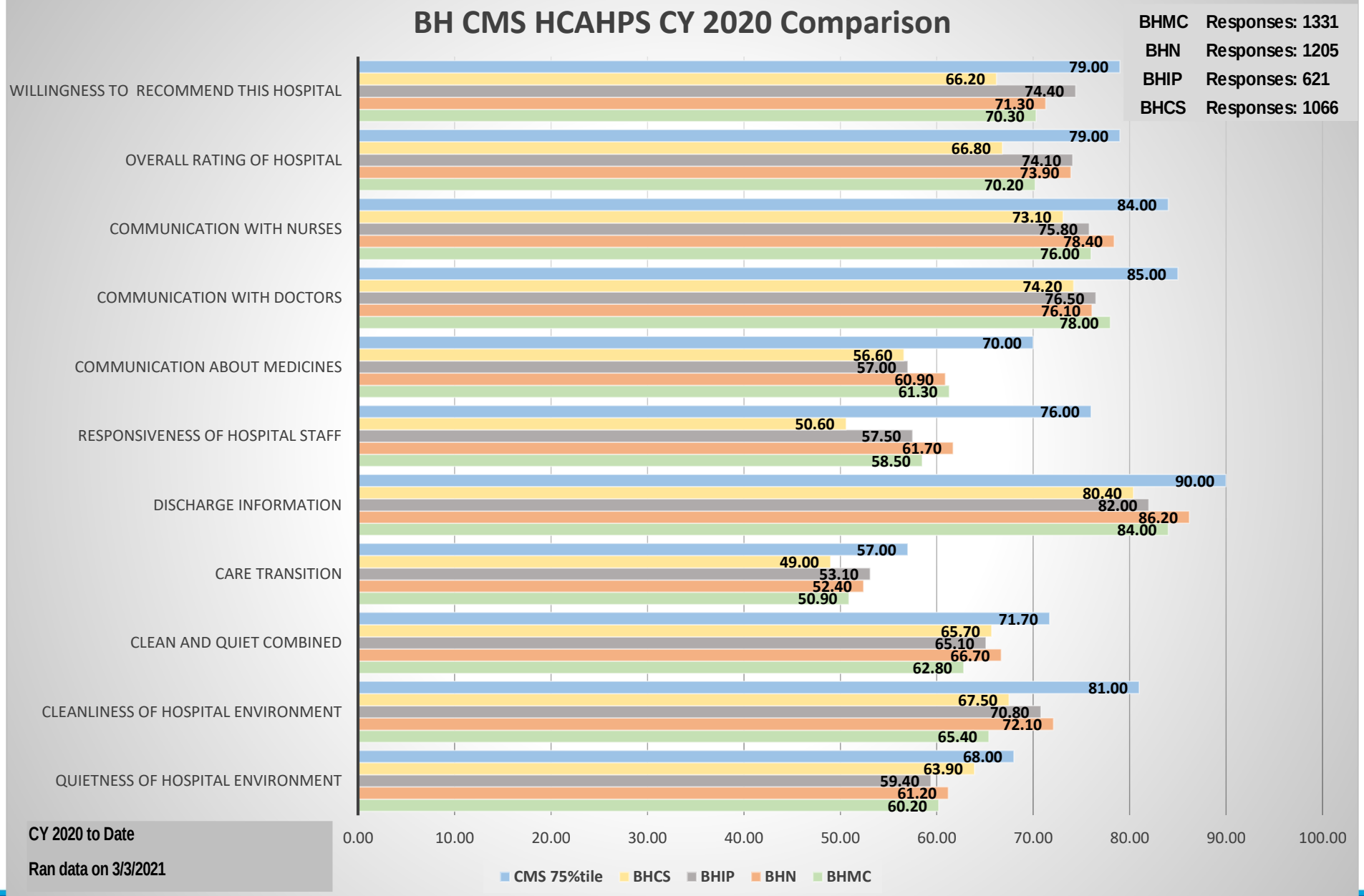
BROWARD HEALTH

Salah Children's Hospital BHMC CY 2020



Responses: 66
CY 2020 to Date
Ran data on 3/3/2021

BH CMS HCAHPS CY 2020 Comparison



CY 2020 to Date

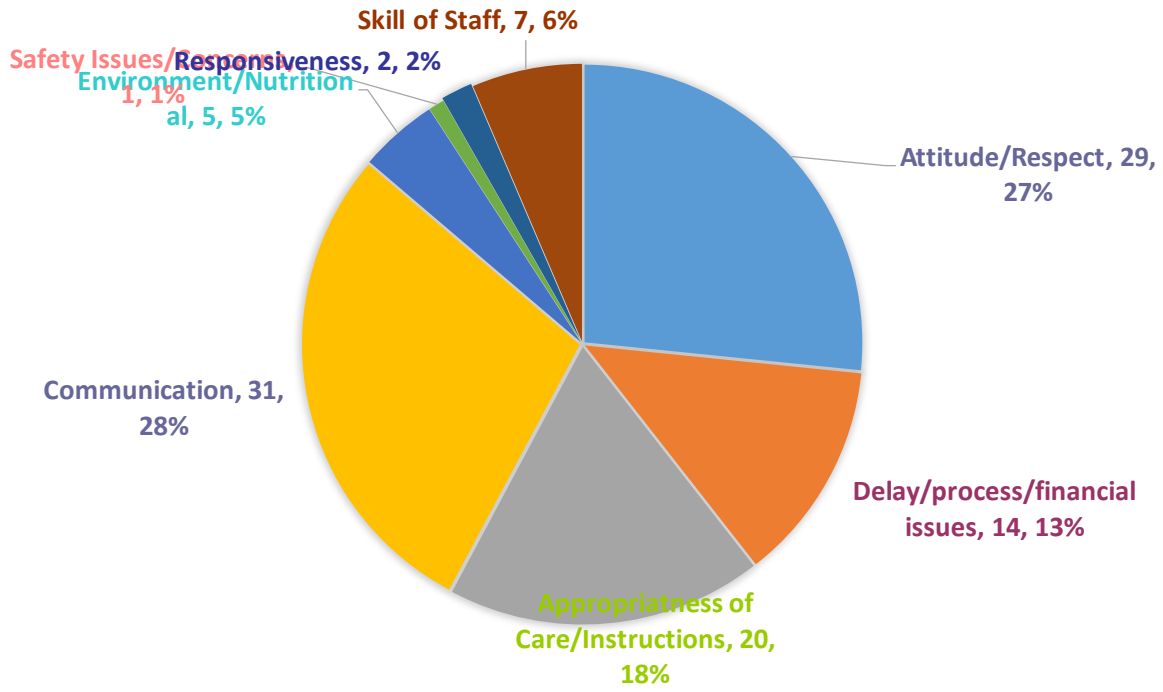
Ran data on 3/3/2021

BROWARD HEALTH

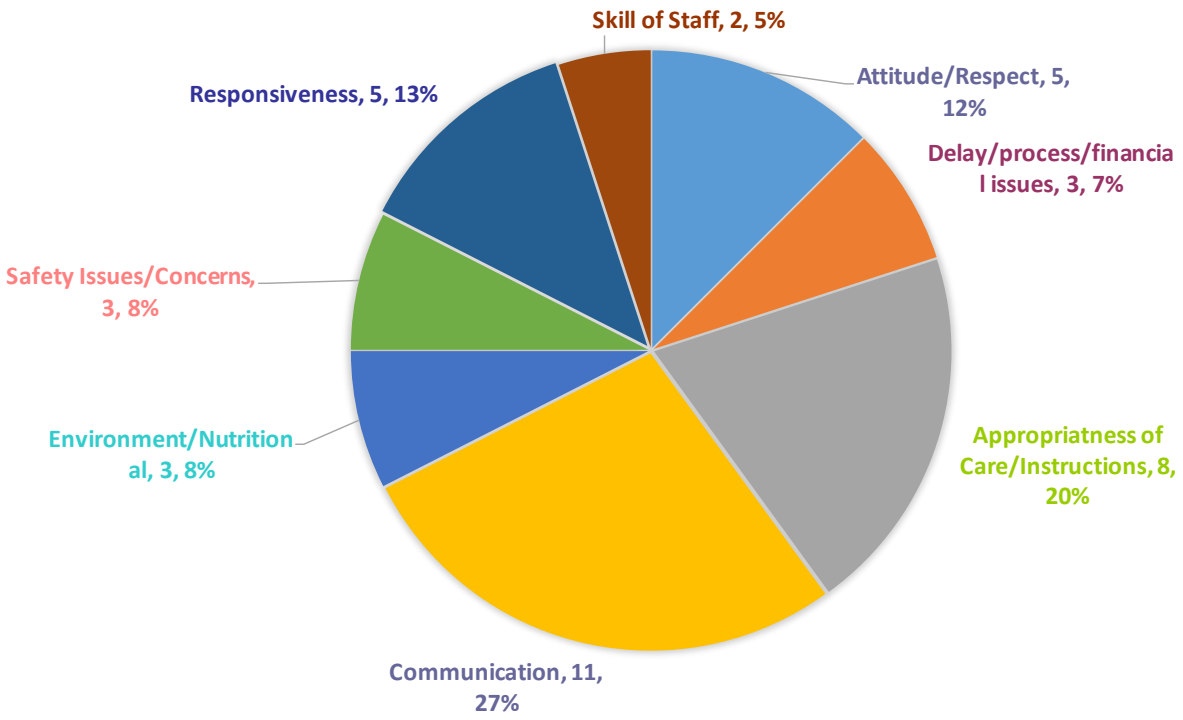
6.12 GRIEVANCES

BROWARD HEALTH®

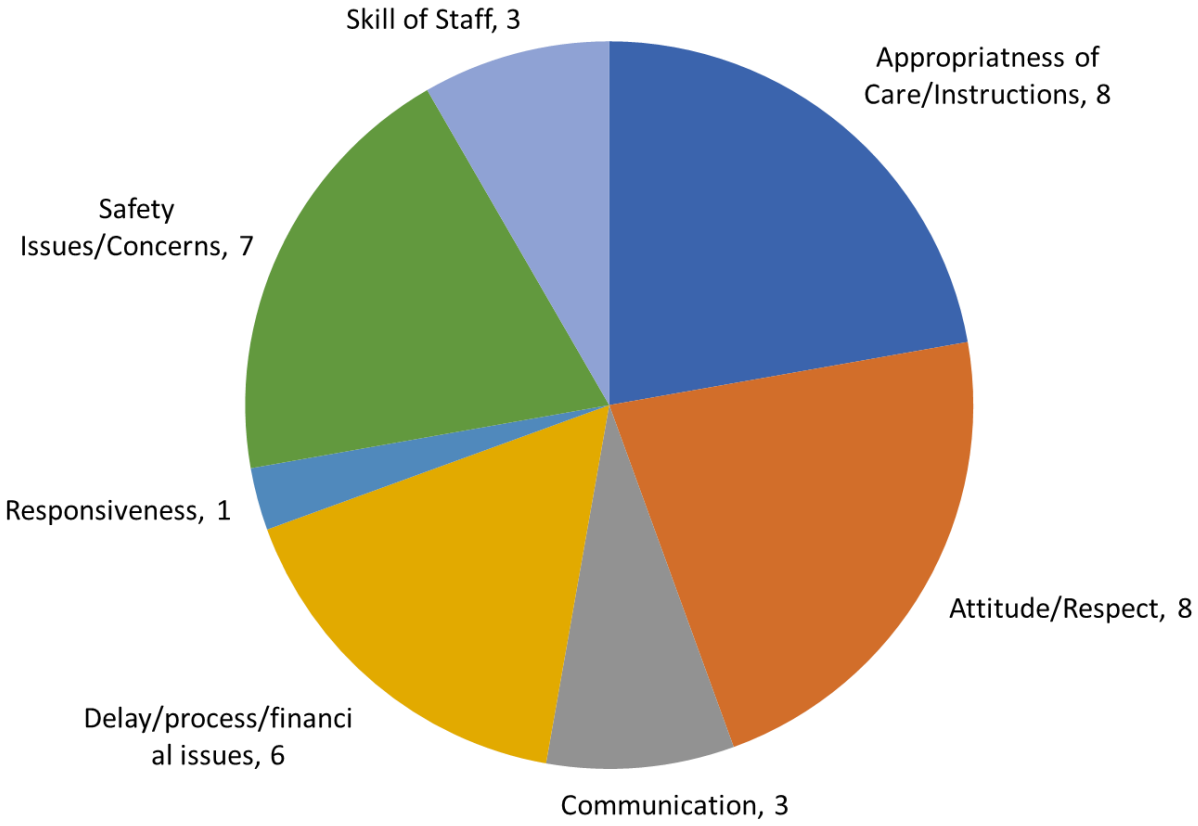
Q4 2020 BHCS CAPTURED COMPLAINTS & GRIEVANCES



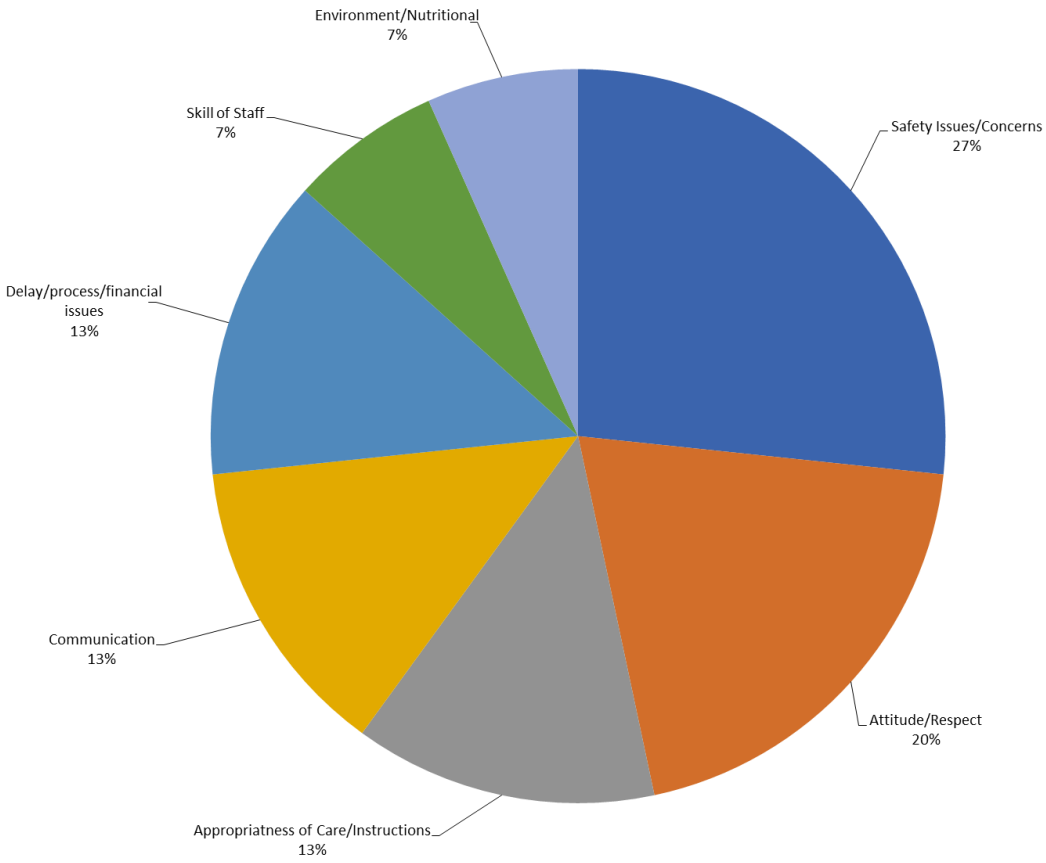
Q4 2020 BHN CAPTURED COMPLAINTS & GRIEVANCES



Q4 2020 BHMC CAPTURED COMPLAINTS & GRIEVANCES



Q4 2020 BHIP CAPTURED COMPLAINTS & GRIEVANCES



6.13 RISK MANAGEMENT REGIONAL REPORTS

A1. BHMC	Q2 2020
B1. BHN	Q2 2020
C1. BHIP	Q2 2020
D1. BHCS	Q2 2020
E1. BH AMB	Q2 2020