



## **6.1 COMMUNITY HEALTH SERVICES: HEALTHCARE FOR HOMELESS**



Performance Measure for HCH Patients with Diabetes, CY 2021		Target	Sum/Avg Report #1	Sum/Avg Report #2	Sum/Avg Report #3	Sum/Avg Report #4	YTD 2021
<b>Goal 1: Decrease No-Show rate</b> AADE certified diabetes self-management session by at least ten percent (10%) by June 2021. Goal 40%	Measurement of monthly attendance in diabetes sessions		61%	100%	100%	100%	84%
	# of patients who attended sessions		20	13	11	24	68
	# of patients who were scheduled for a session		33	13	11	24	81
	NO SHOW RATE 	less than 40%	39%	0%	0%	0%	16%
<b>Goal 2: Reduce</b> 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%	29%	15%	23%	28%	24%
	# of patients with HbA1c 5.7% or greater and scheduled for session		33	13	11	24	81
	# of patients identified as having HbA1c 5.7% or greater		115	89	48	86	338
	Monitor Percentage of patients with uncontrolled diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent	≤ 16.20 %	9%	6%	13%	12%	10%
	# of patients with HbA1c greater than or equal to 9% over the past 3 months.		63	53	45	43	204
	# of established Diabetic patients the last 3 months		702	918	346	365	2331



Performance Measure for HCH Patients with Hypertension, CY 2021		Target	Sum/Avg Report #1	Sum/Avg Report #2	Sum/Avg Report #3	Sum/Avg Report #4	YTD 2021
<b>Goal 1: Provide Educational Sessions on Controlling High Blood Pressure</b> Patients diagnosed with hypertension are provided with an educational session and have a no show rate of less than 45%	Measurement of monthly attendance in Hypertension sessions		100%	100%	100%	100%	100%
	# of patients who attended sessions		7	0	14	15	36
	# of patients who were scheduled for a session		7	0	14	15	36
	NO SHOW RATE 	less than 45%	0%	0%	0%	0%	0%
<b>Goal 2: Controlling High Blood Pressure</b> Patients diagnosed with Hypertension and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg)	Complete outreach to all patients diagnosed with Hypertension with a BP above 140/90, schedule at least 50% of identified patients for an educational session.	50%	3%	0%	12%	21%	6%
	# of patients who were scheduled for an educational session		7	0	14	15	36
	# of patients diagnosed with hypertension and whose BP was over 140/90 mm/Hg during their last visit.		232	232	117	72	653
	Proportion of patients with a BP of less than 140/90	65% County goal	55%	54%	52%	55%	54%
	# of patients with controlled BP of less than 140/90		249	274	184	245	952
	# of established patients with diagnosis of hypertension		455	505	351	448	1759

## 6.2 BROWARD HEALTH HOME HEALTH

Quality Management  
Process Measures  
Outcome Measures  
HHCAHPS



CMS IQIES			BLUE at or above target GREEN within 5 pts. ORANGE opportunity for improvement								
MANAGING DAILY ACTIVITIES	CMS Target Percentage	APR 21	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	Oct 21	NOV 21	DEC 21	YTD
Improvement in Ambulation	79.9	84.2	86.1	87.9	92.6	89.3	89.7	86.4	85.2	NO DATA	87.7
Improvement in Bed Transferring	81.4	86.8	97.1	90.9	88.9	96.4	93.1	90.9	85.2	NO DATA	92.2
Improvement in Bathing	82.6	100	100	90.9	92.6	89.3	89.7	95.5	85.2	NO DATA	92.9
Improvement in Dyspnea	83.2	83.1	91.9	96.3	85.7	80.8	85	77.8	77.3	NO DATA	86
MANAGING PAIN AND TREATING SYMPTOMS	CMS Target Percentage	APR 21	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	Oct 21	NOV 21	DEC 21	YTD
Improvement in Management of Oral Medications	93.8	100	81.2	87.9	88.0	77.8	85.2	90.9	73.1	NO DATA	85.5

CMS IQIES			<b>BLUE</b> at or above target <b>GREEN</b> target within 5 pts. <b>ORANGE</b> opportunity for improvement								
PREVENTING HARM	CMS Target Percentage	APR 21	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	Oct 21	NOV 21	DEC 21	YTD 21
Timely Initiation of Care	95.4	100	100	100	100	100	100	100	100	NO DATA	<b>100</b>
Drug Education on all medication provided to patient/caregivers during an Episode of Care	99	97	95	100	86	75	97	100	100	NO DATA	<b>93.75</b>
Discharge to Community	72.5	87.2	81.4	82.1	77.1	75	82.9	68.8	90.3	NO DATA	<b>80.6</b>
PREVENTING UNPLANNED HOSPITAL CARE	CMS Target Percentage	APR 21	MAY 21	JUN 21	JUL 21	AUG 21	SEP 21	Oct 21	NOV 21	DEC 21	YTD 21
CMS/Risk Adjusted Hospitalizations	15.4	20.7	20.7	25.5	25.5	25.5	NO DATA	NO DATA	NO DATA	NO DATA	<b>23.58</b>
ER use without Hospitalization	13	10.3	10.3	9.8	9.8	9.8	NO DATA	NO DATA	NO DATA	NO DATA	<b>10</b>

PRESS GANEY REPORT	CMS Target Percentage	<b>BLUE</b> at or above target <b>GREEN</b> target within 5 pts. <b>ORANGE</b> opportunity for improvement				
Home Health HHCAHPS	Fiscal Year	Q3 21	Q4 21	Q1 22	Q1 22	AVG
Patients who reported their HH team gave care in a compassionate way	88	89.02	84.38	86.28	85.64	<b>86.33</b>
Patients who reported that their home health team communicated well with them	85	88.5	81.74	87.32	86.59	<b>85.79</b>
Patients who reported that their HH team discussed meds, pain and home safety with them	83	68.41	63.73	84.91	79.10	<b>74.04</b>
Patients who gave their HH agency a 9 or 10	84	86.96	75	90.48	93.33	<b>86.44</b>
Patients who reported YES, they would definitely recommend HH Agency	78	75	81.25	71.43	86.67	<b>78.58</b>

# HOME HEALTH OVERVIEW

## Strengths

- HHCAHPS Star Summary Rating: 4 Stars for FY22 Q1 and Q2
- Significant improvement in measure indicating patients would recommend the agency.
- Daily census has doubled in the last quarter despite significant staffing shortages.

## Opportunities

- To coordinate with HR and review job titles, post verbiage and strategies in order to attract and hire qualified candidates.
- To coordinate a team meeting with EAP to help employees process feelings of loss regarding the sale of BH's hospice service line. This has significantly impacted team morale and heightened concerns regarding job security.
- To reinforce/re-educate the importance of PMS teaching (Pain, Medication and Safety) at weekly clinical team meetings and increase the frequency of supervisory visits to ensure compliance.



## **6.3 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

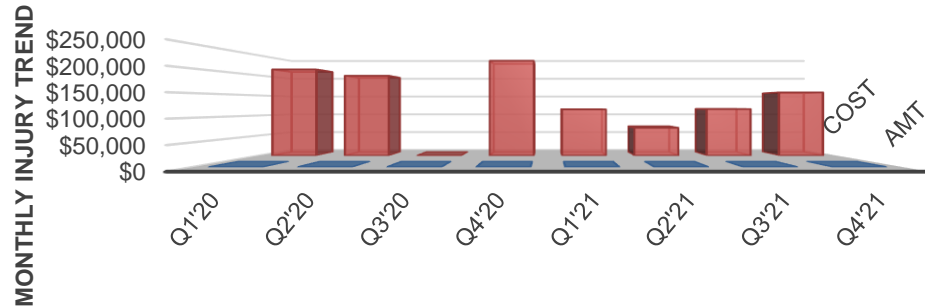
# QUARTERLY ENVIRONMENT OF CARE REPORT TO THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE

**Q4CY21**

# ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

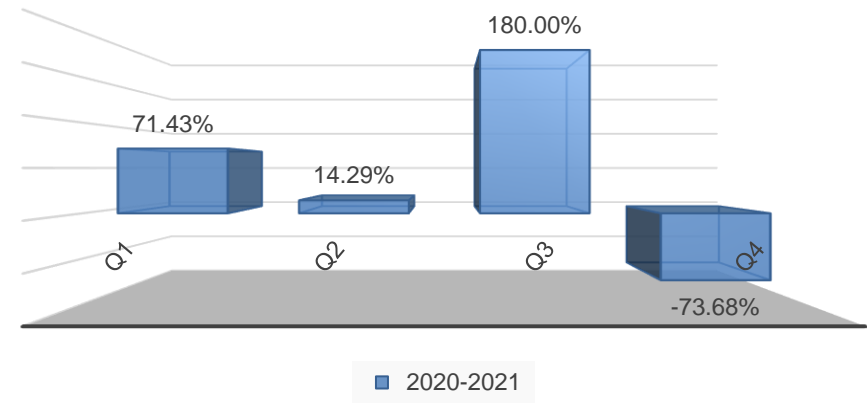
## (REDUCE PATIENT HANDLING INJURY BY 10% WHEN COMPARED TO THE PREVIOUS YEAR)

QUARTERLY OVEREXERTION INJURIES

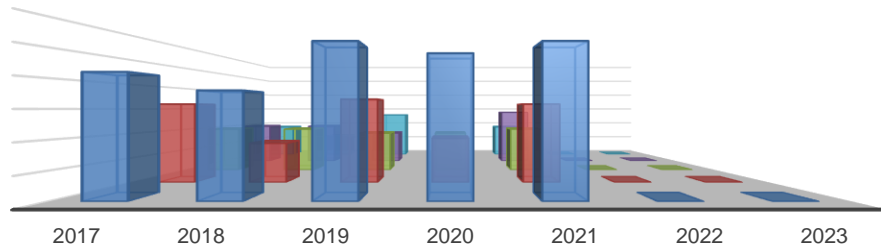


	Q1'20	Q2'20	Q3'20	Q4'20	Q1'21	Q2'21	Q3'21	Q4'21
AMT	14	14	5	19	25	24	13	13
COST	\$214,586	\$198,994	\$24.00	\$236,214	\$115,002	\$69,355	\$115,875	\$157,439

BH INJURY QUARTERLY %AGE DIFFERENCE

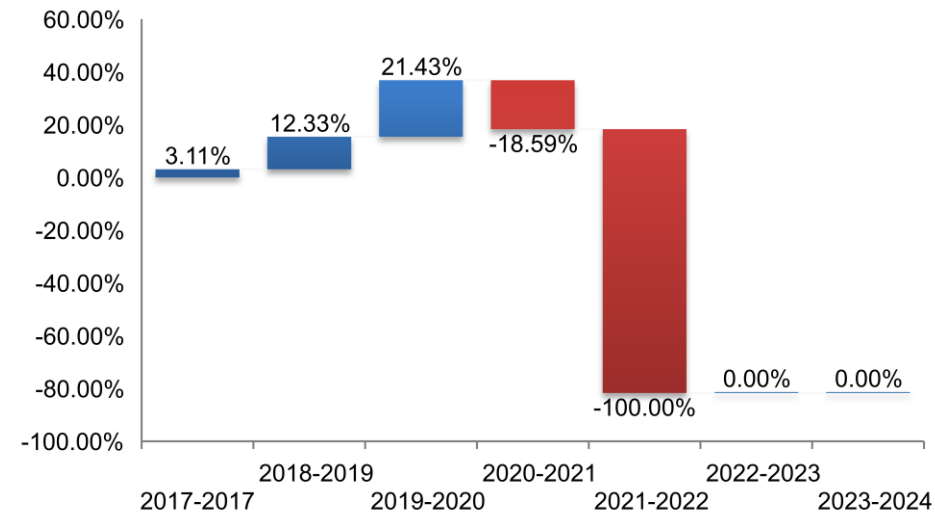


BH PATIENT HANDLING INJURY BY TASK



	2017	2018	2019	2020	2021	2022	2023
Reposition	21	18	26	24	26	0	0
Transfers	16	8	17	9	16	0	0
Lifts	10	10	9	9	10	0	0
Ambulation	10	10	8	6	14	0	0
Patient Contact	9	6	13	2	9	0	0

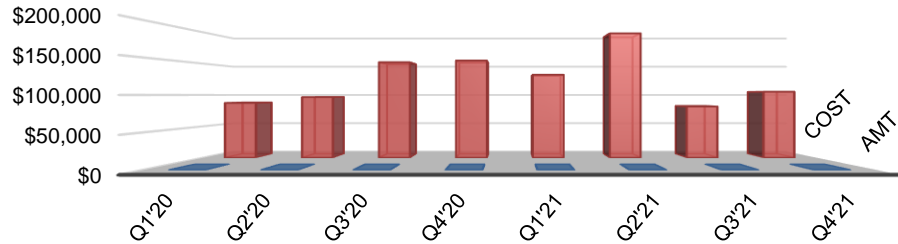
BH YR - YR COST %AGE DIFFERENCE



# ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

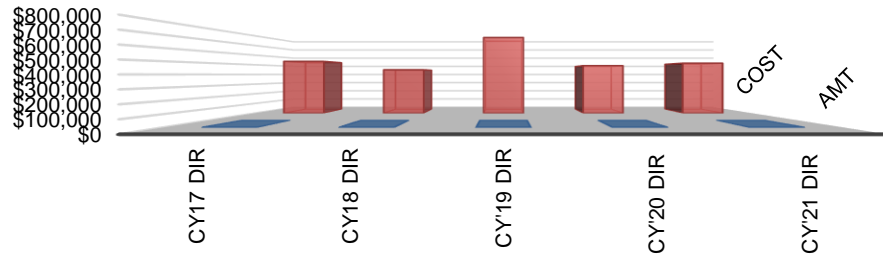
## (REDUCE SLIP, TRIP AND FALL INJURIES BY 10% COMPARED TO PREVIOUS YEAR)

**QUARTERLY SLIP & FALL INJURIES**



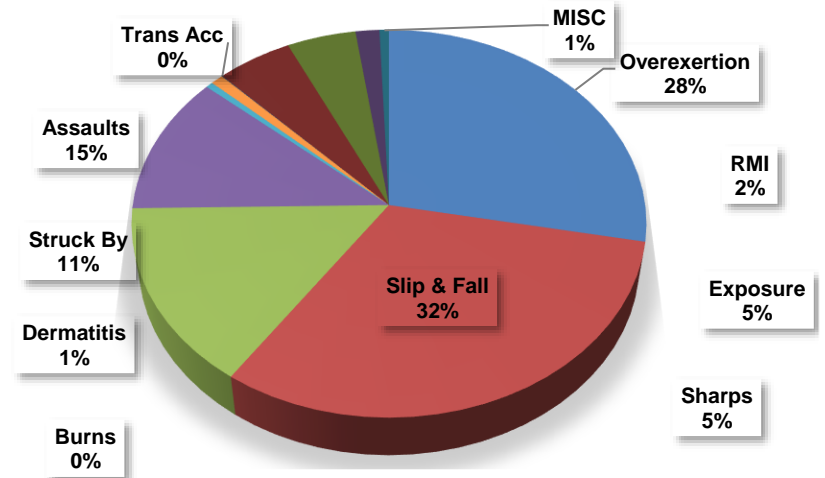
	Q1'20	Q2'20	Q3'20	Q4'20	Q1'21	Q2'21	Q3'21	Q4'21
AMT	20	17	21	12	29	21	17	16
COST	\$87,319.	\$96,603.	\$152,039	\$154,746	\$132,154	\$197,877	\$81,569.	\$105,092

**ANNUAL SLIP & FALL INJURIES**

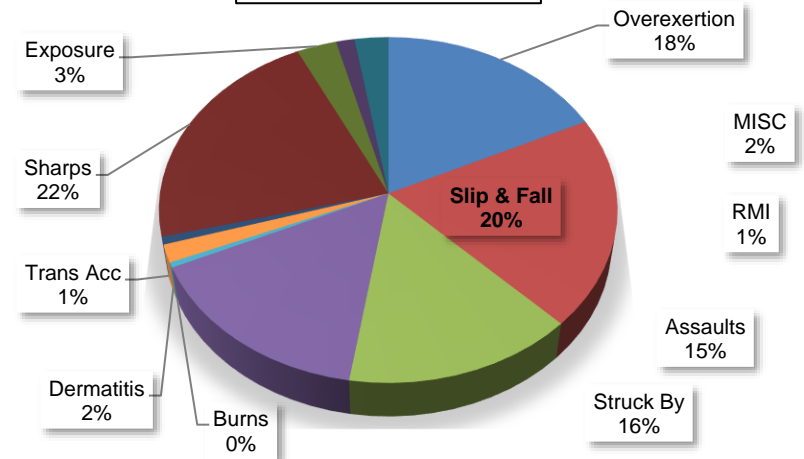


	CY17 DIR	CY18 DIR	CY19 Dir	CY20 Dir	CY21 Dir
AMT	127	96	121	70	83
COST	\$535,116.00	\$448,521.24	\$780,834.00	\$490,707.00	\$516,692.97

**CY'21 DIRECT COST BY INJURY TYPE**



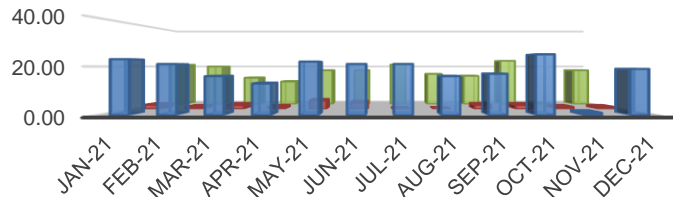
**CY'21 INJURY BY TYPE**



# ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

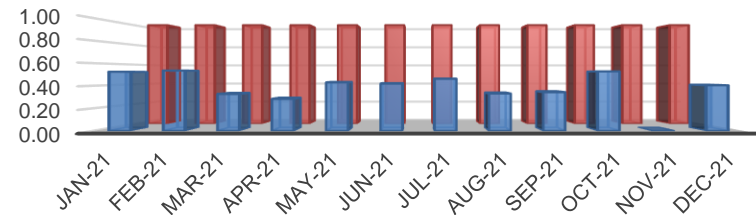
REDUCE MISSING PATIENT PROPERTY BY 10% COMPARED TO PREVIOUS CALENDAR YEAR

MISSING PATIENT'S PROPERTY CY2021



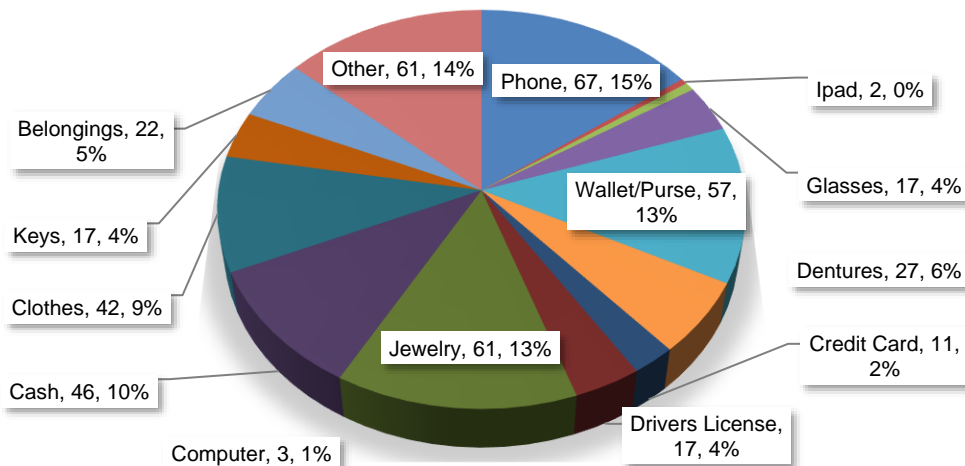
	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
# of Missing Patient Property	23.00	21.00	16.00	13.00	22.00	21.00	21.00	16.00	17.00	25.00	1.00	19.00
# of Property Recovered	2.00	1.00	2.00	1.00	4.00	3.00	0.00	0.00	2.00	2.00	1.00	1.00
Actual Missing Property	21.00	20.00	14.00	12.00	18.00	18.00	21.00	16.00	15.00	23.00	0.00	18.00

MISSING PATIENT'S PROPERTY CY2021

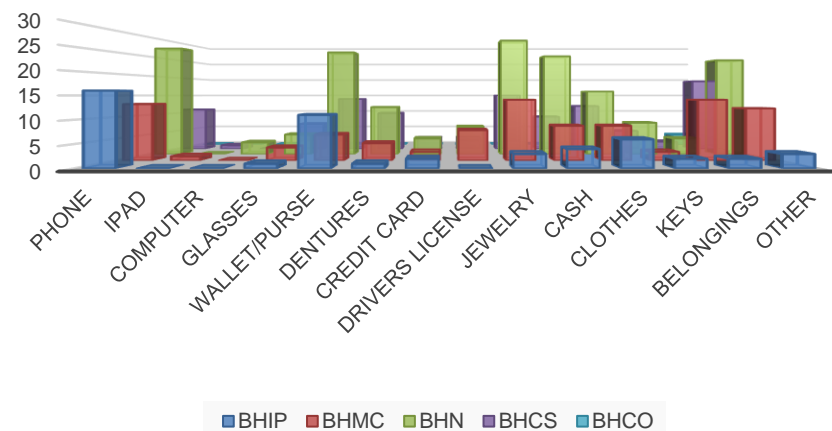


	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Performance	0.52	0.53	0.33	0.28	0.43	0.42	0.46	0.33	0.34	0.53	0.00	0.40
Threshold	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

MISSING PATIENT'S PROPERTY CY2021



REGIONAL MISSING PATIENT'S PROPERTY



## **6.4 ANTIMICROBIAL STEWARDSHIP**



# BROWARD HEALTH PHARMACY ANTIMICROBIAL STEWARDSHIP

Intervention Type	1 <sup>st</sup> Quarter 2021	2 <sup>nd</sup> Quarter 2021	3 <sup>rd</sup> Quarter 2021	4 <sup>th</sup> Quarter 2021	12 Month Total
De-escalation	254	244	341	275	1,114
Dose adjustment	2,811	2,817	2,902	2,101	10,631
Bug-Drug mismatch	57	59	74	78	268
IV to PO conversion	136	166	456	281	1,039
Therapeutic duplication	77	64	88	90	319
Totals	3,335	3,350	3,861	2,825	13,371

# ANTIMICROBIAL STEWARDSHIP INITIATIVES

2021-2022
Addition of Recarbrio® and Fetroja® to formulary to combat resistant infections
Implementation of PCR testing for MRSA nasal colonization
Implementation of Extended Infusion Protocols to include Cefepime in addition to Meropenem and Piperacillin/tazobactam
Implementation of Pharmacist Driven Procalcitonin Protocol
Implementation Antiviral and Antifungal indication and duration requirement
Creation of C. Diff Task Force with Clinical Epidemiology
Creation of Cascade reporting pathways for new antimicrobials added to formulary with microbiology
Implementation of Oral Vancomycin Prophylaxis for CDI



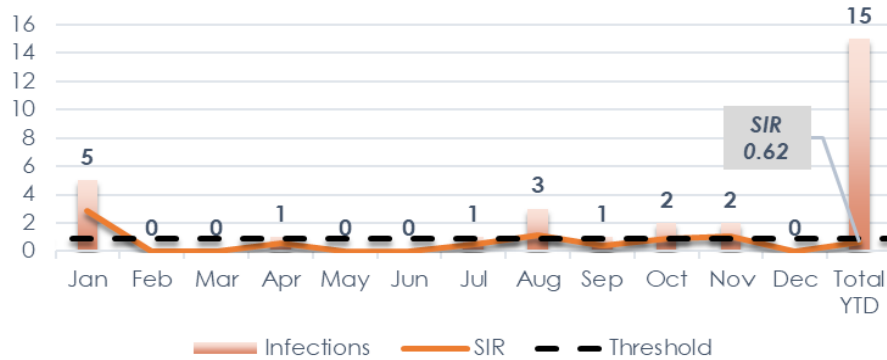
## **6.5 INFECTION PREVENTION**



# CLABSI ~ ALL REPORTING UNITS

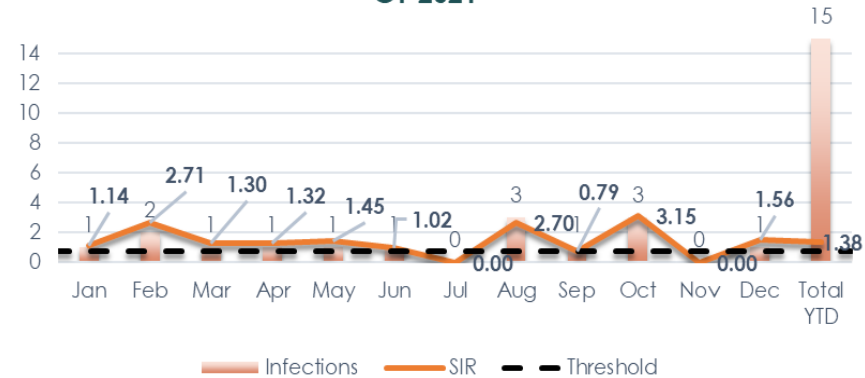
**BHMC NHSN - CLABSI**  
SIR ~All Reporting Units  
CY 2021

Threshold 0.687  
Benchmark 0



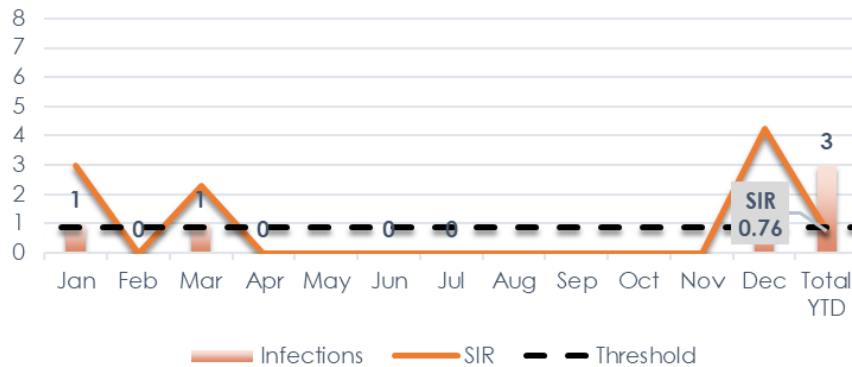
**BHN NHSN - CLABSI**  
SIR ~All Reporting Units  
CY 2021

Threshold 0.687  
Benchmark 0



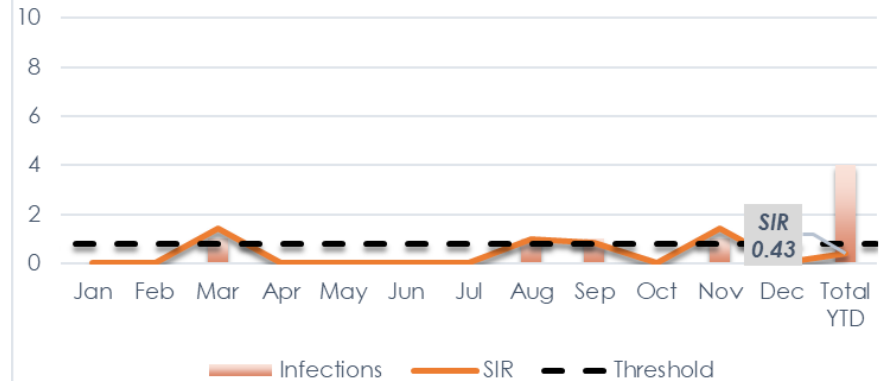
**BHIP NHSN - CLABSI**  
SIR ~All Reporting Units  
CY 2021

Threshold  
Benchmark 0



**BHCS NHSN - CLABSI**  
SIR ~All Reporting Units  
CY 2021

Threshold 0.687  
Benchmark 0

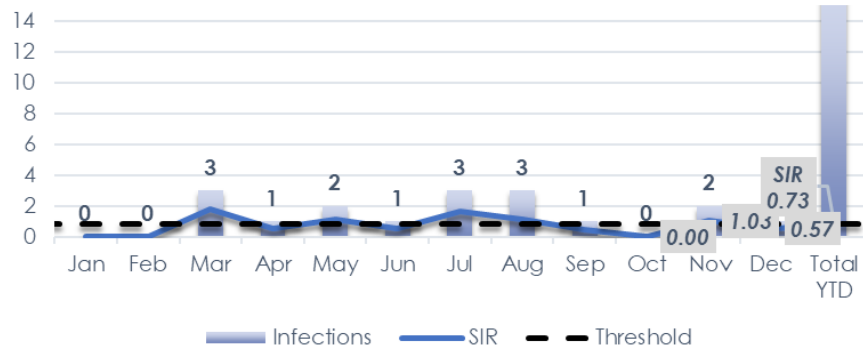


**BROWARD HEALTH**

# CAUTI ~ ALL REPORTING UNITS

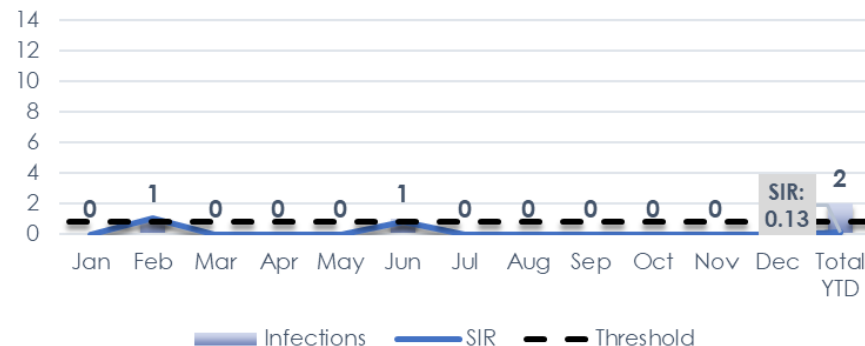
**BHMC NHSN - CAUTI**  
SIR ~ All Reporting Units  
CY 2021

Threshold 0.774  
Benchmark 0



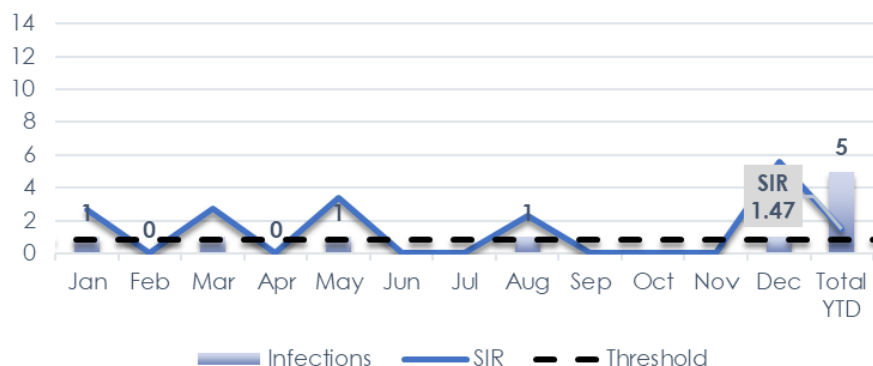
**BHN NHSN - CAUTI**  
SIR ~ All Reporting Units  
CY 2021

Threshold 0.774  
Benchmark 0



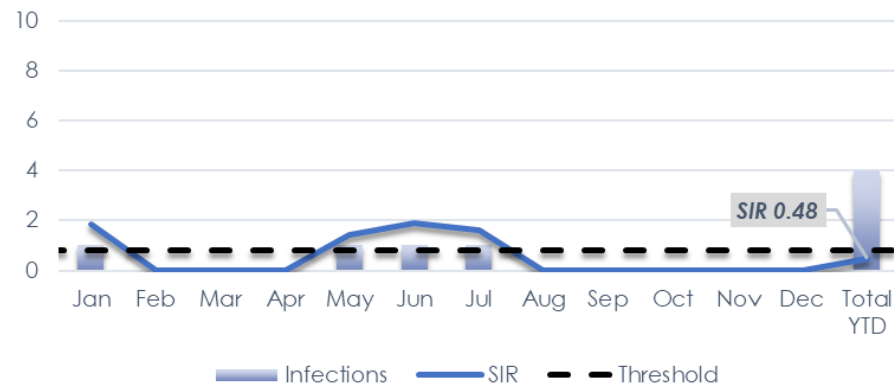
**BHIP NHSN - CAUTI**  
SIR ~ All Reporting Units  
CY 2021

Threshold 0.774  
Benchmark 0



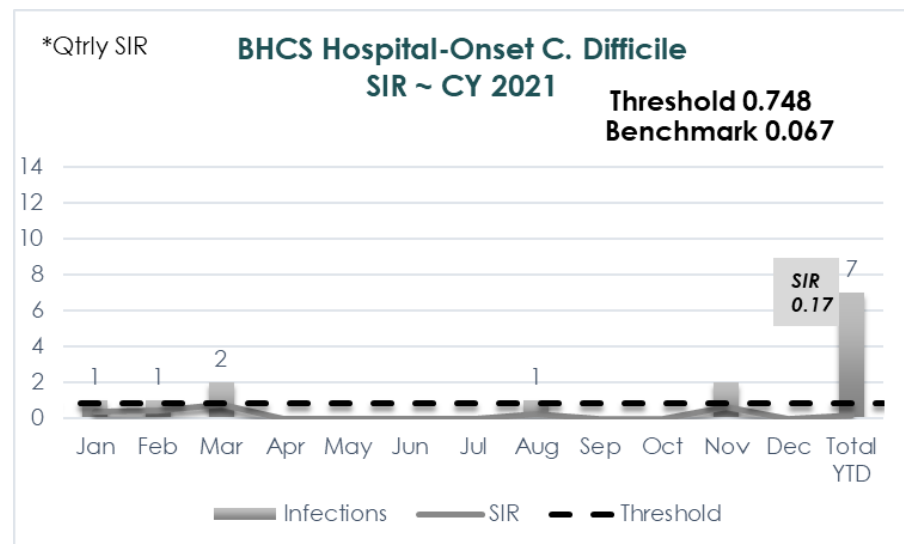
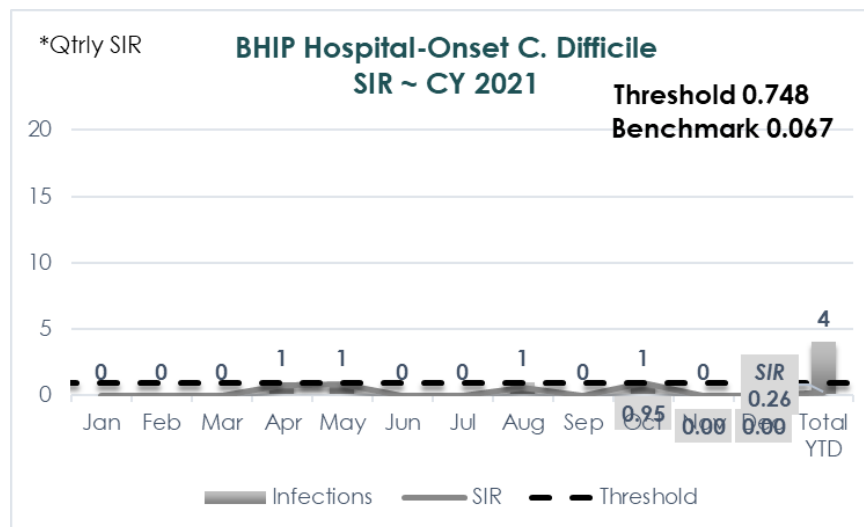
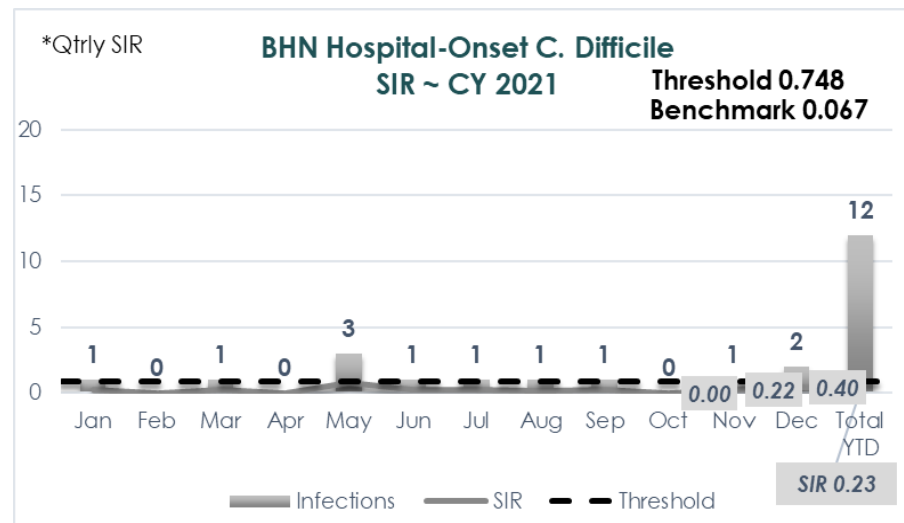
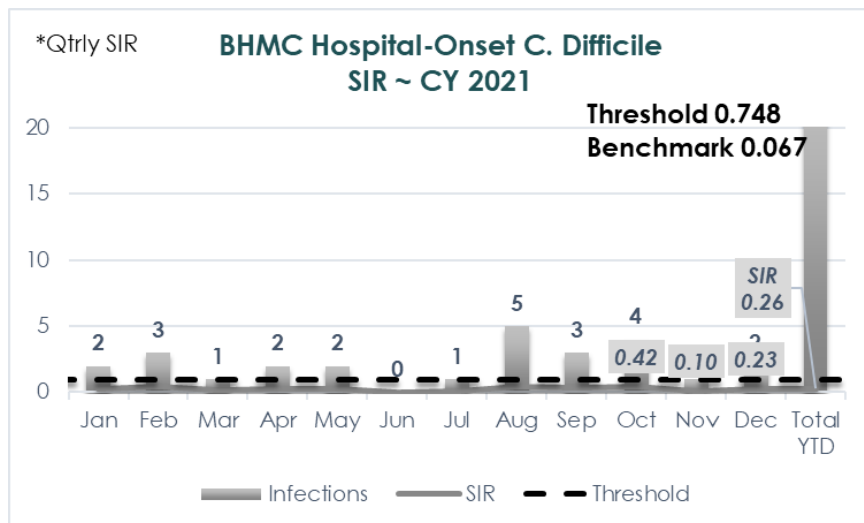
**BHCS NHSN - CAUTI**  
SIR ~ All Reporting Units  
CY 2021

Threshold 0.774  
Benchmark 0



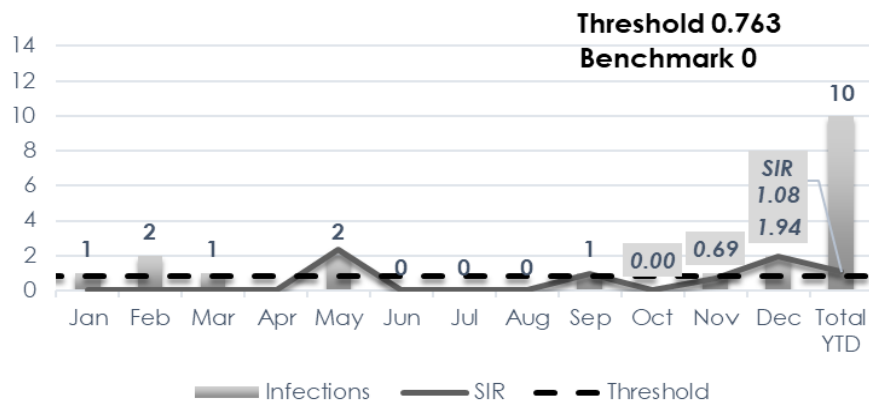
**BROWARD HEALTH**

# HOSPITAL-ONSET C. DIFFICILE

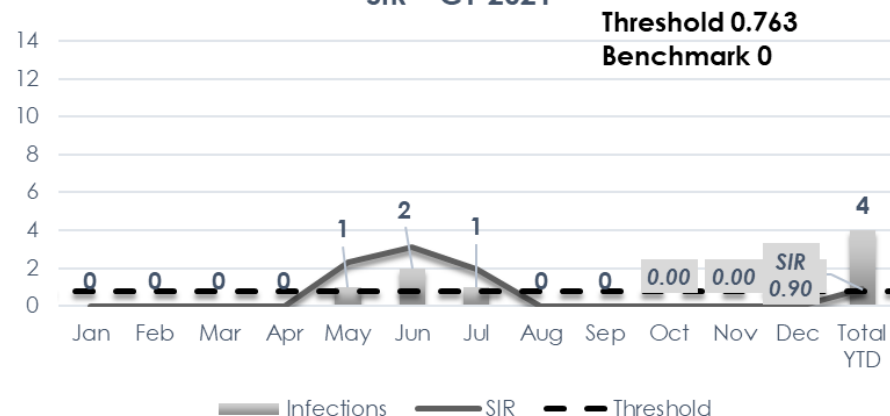


# HOSPITAL-ONSET MRSA BACTEREMIA

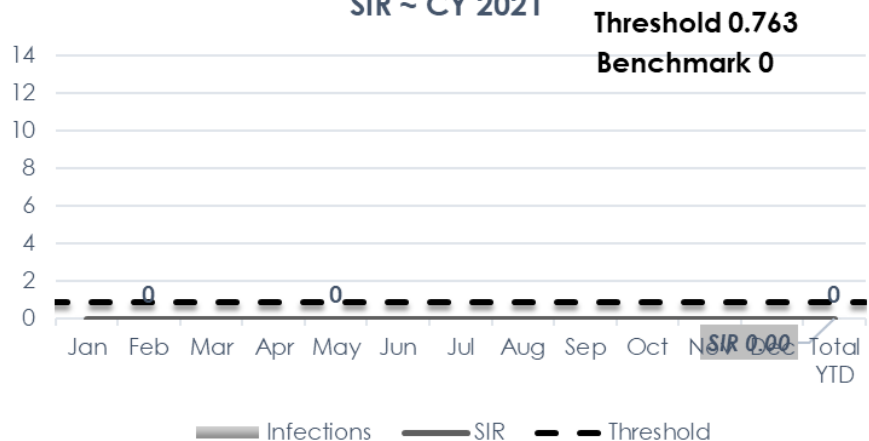
\*Qtrly SIR **BHMC Hospital-Onset MRSA Bacteremia**  
SIR ~ CY 2021



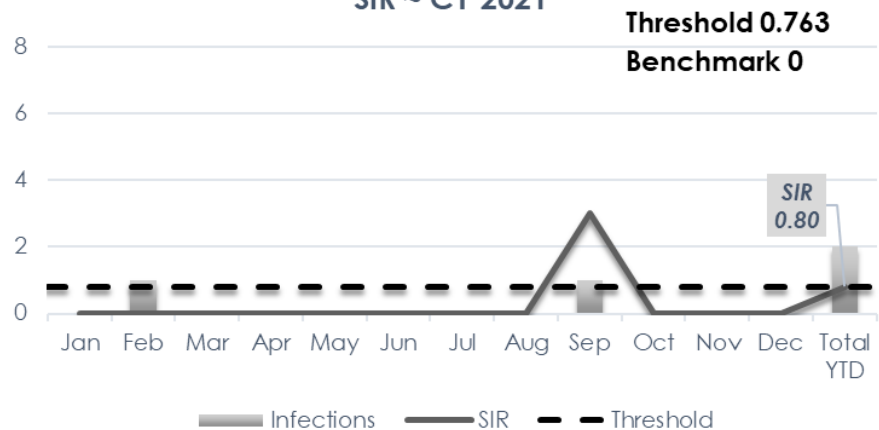
\*Qtrly SIR **BHN Hospital-Onset MRSA Bacteremia**  
SIR ~ CY 2021



\*Qtrly SIR **BHIP Hospital-Onset MRSA Bacteremia**  
SIR ~ CY 2021

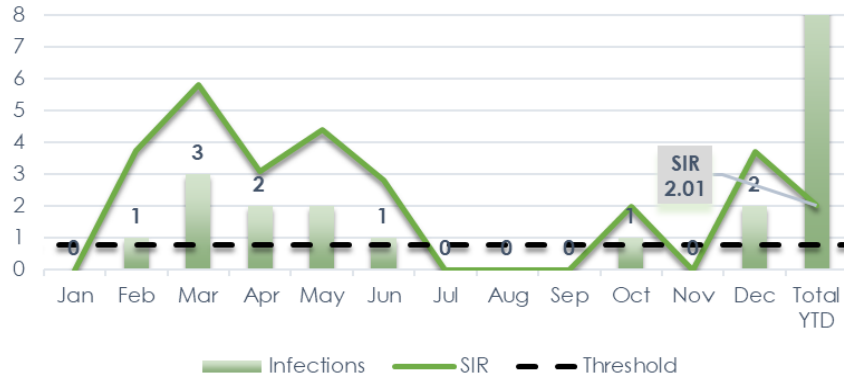


\*Qtrly SIR **BHCS Hospital-Onset MRSA Bacteremia**  
SIR ~ CY 2021

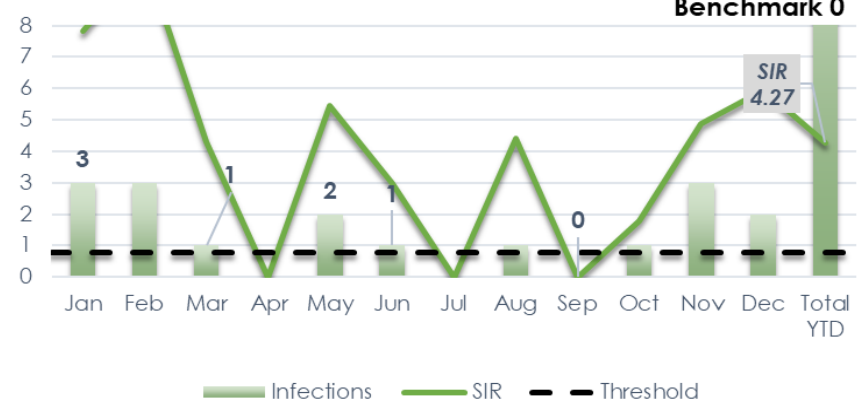


# COLORECTAL SSI

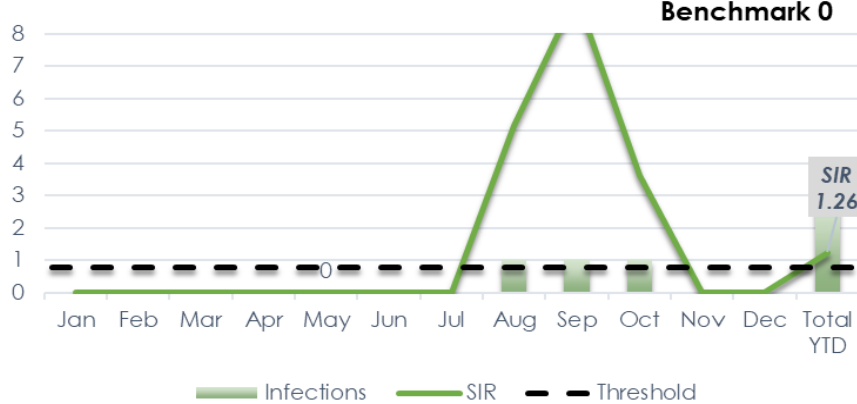
BHMC NHSN - Colorectal SSI  
SIR ~ CY 2021



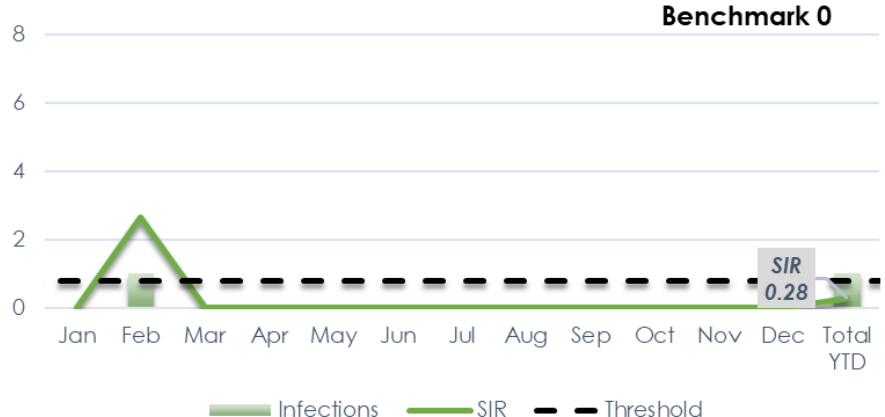
BHN NHSN - Colorectal SSI  
SIR ~ CY 2021



BHIP NHSN - Colorectal SSI  
SIR ~ CY 2021

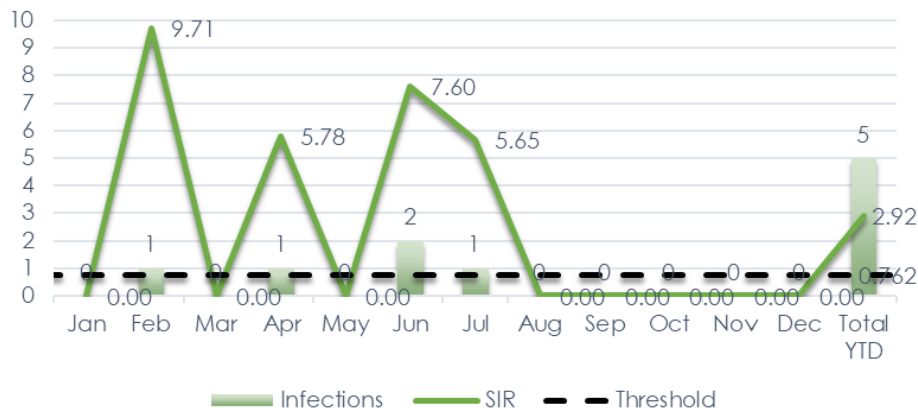


BHCS NHSN - Colorectal SSI  
SIR ~ CY 2021

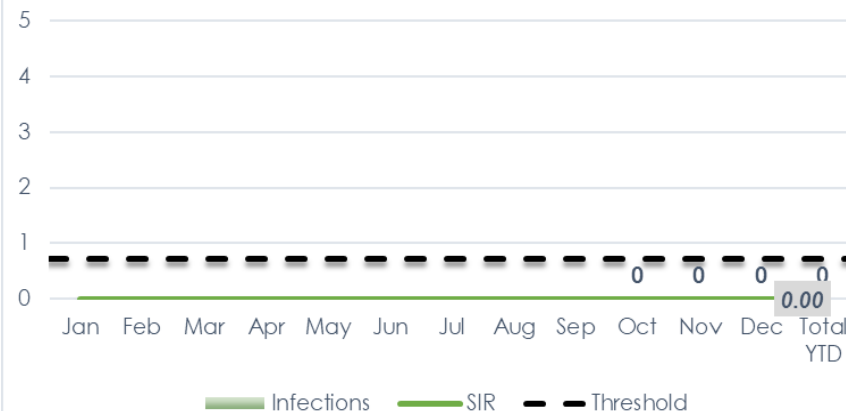


# HYSTERECTOMY SSI

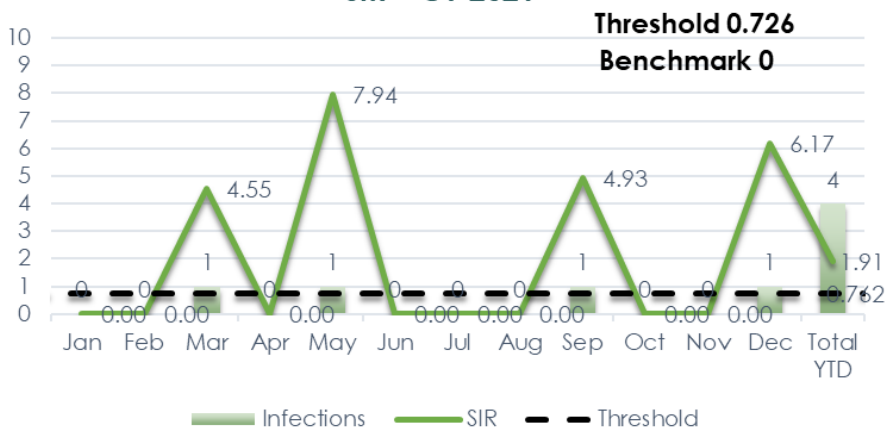
**BHMC NHSN - Hysterectomy SSI**  
SIR ~ CY 2020



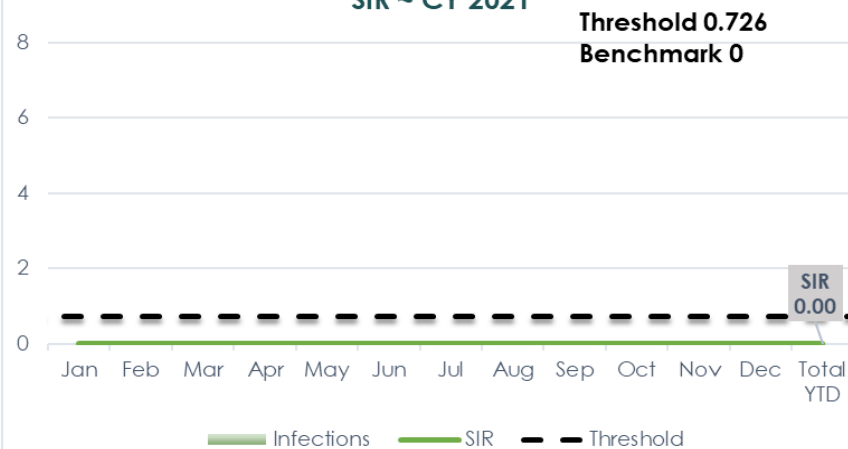
**BHN NHSN - Hysterectomy SSI**  
SIR ~ CY 2021



**BHIP NHSN - Hysterectomy SSI**  
SIR ~ CY 2021



**BHCS NHSN - Hysterectomy SSI**  
SIR ~ CY 2021



## **6.6 NPSG HAND HYGIENE**

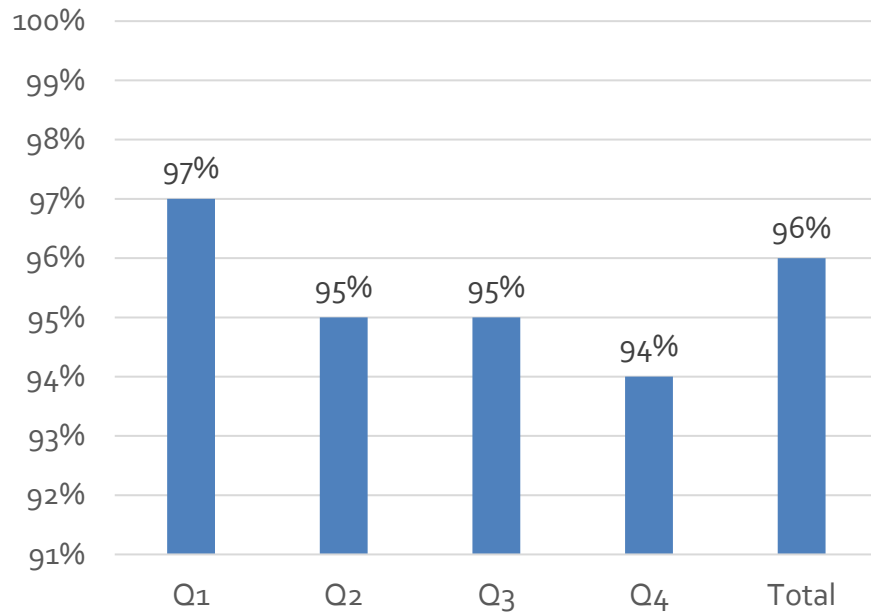




# NPSG OBSERVED HAND HYGIENE

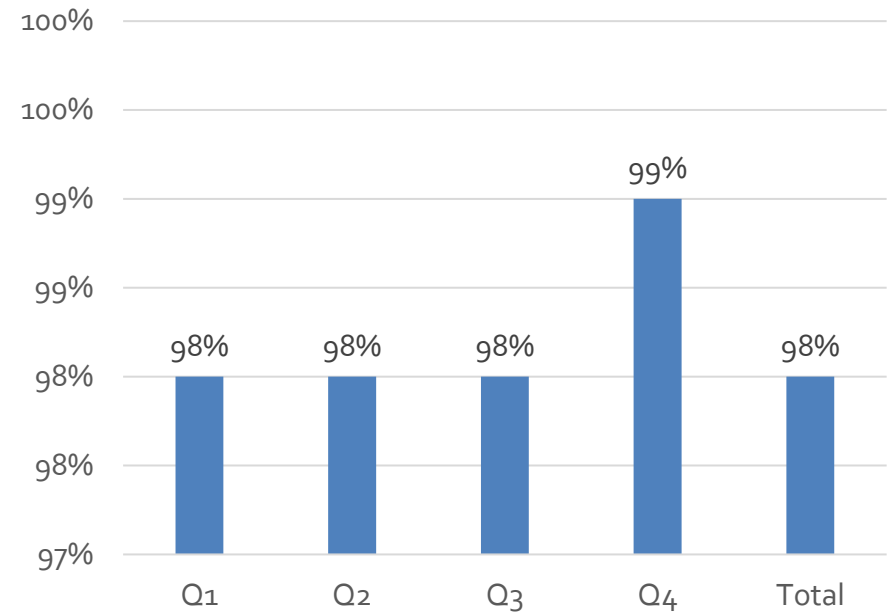
## BHN

2021



## BHMC

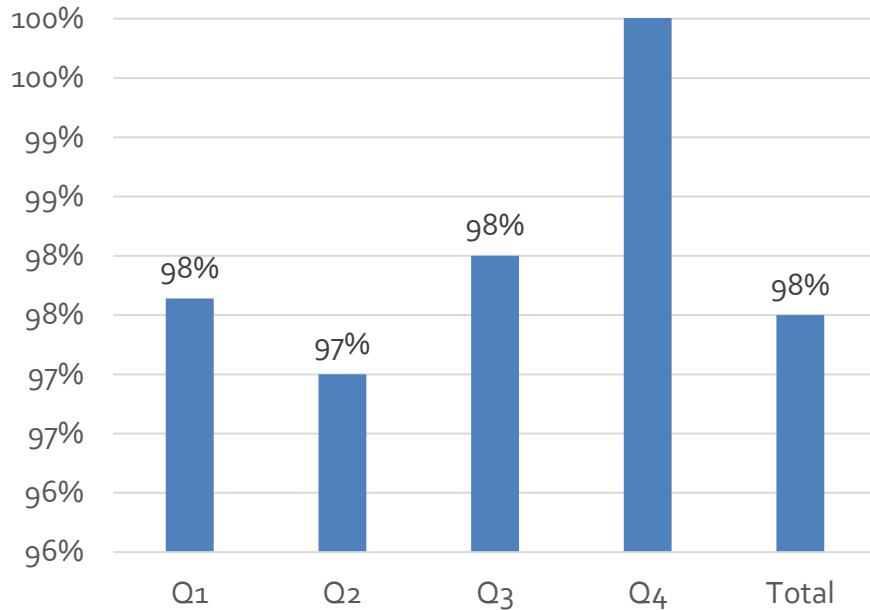
2021



# NPSG OBSERVED HAND HYGIENE

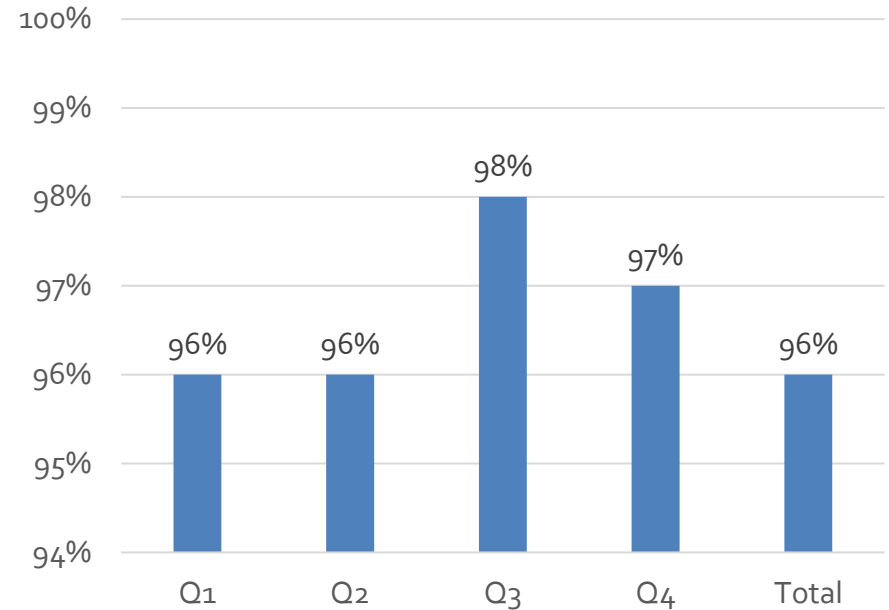
## BHCS

2021



## BHIP

2021



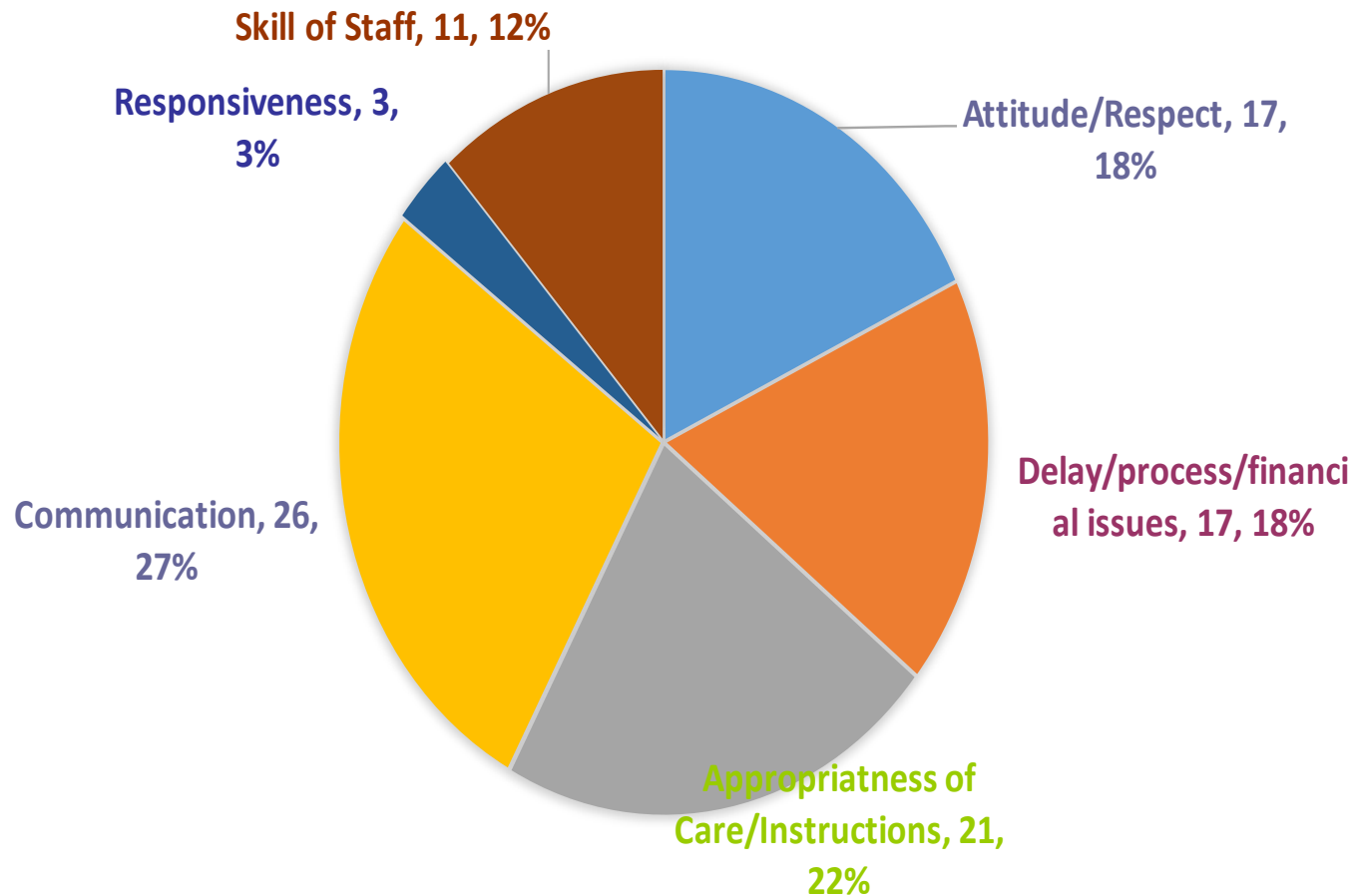
## **6.7 GRIEVANCES**



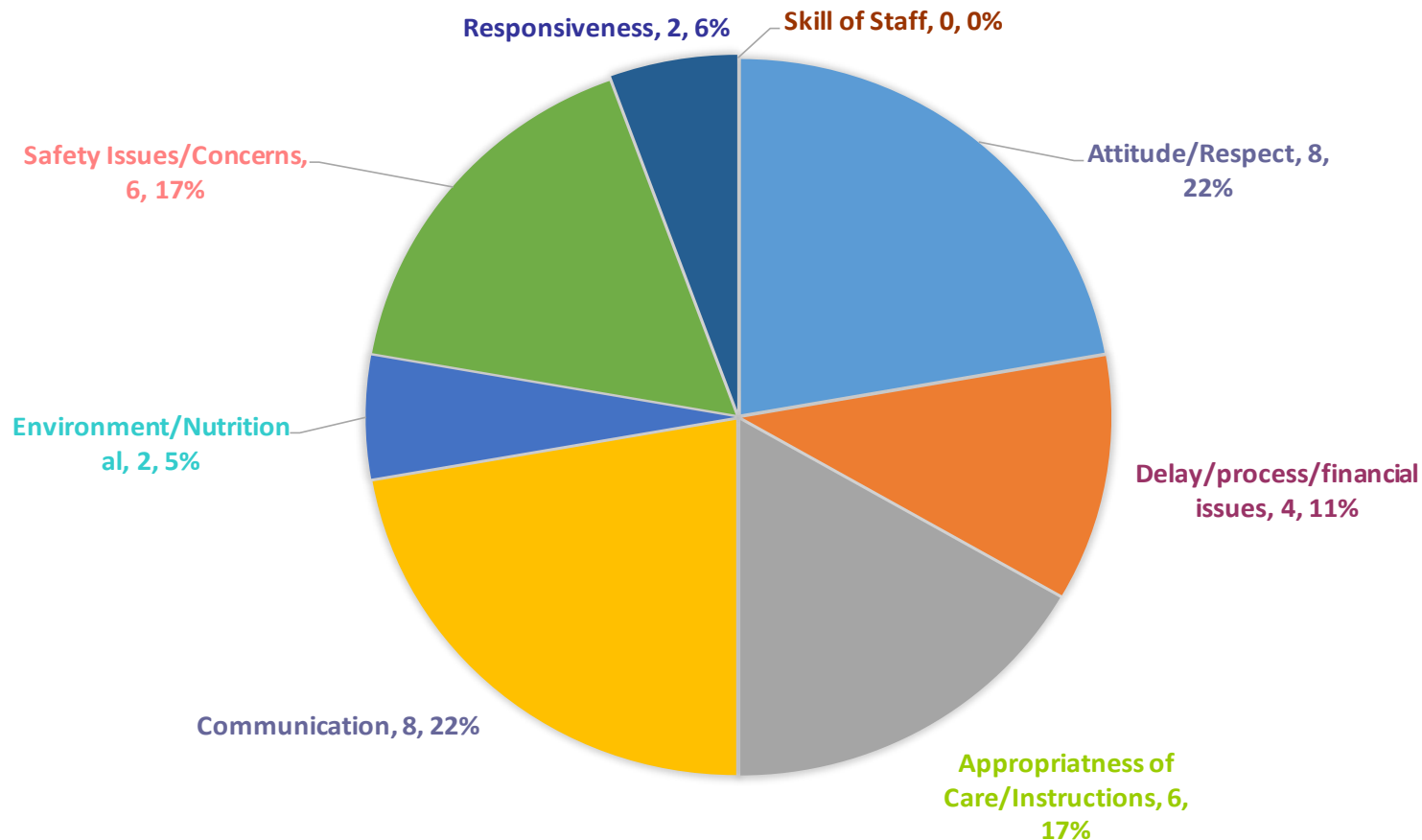
# COMPLAINTS & GRIEVANCES

- All Grievances follow policy GA 001-010  
Complaint/Grievance Management
- Monthly Grievance Committee meetings represented  
by Customer Service Manager, Administration and  
Quality

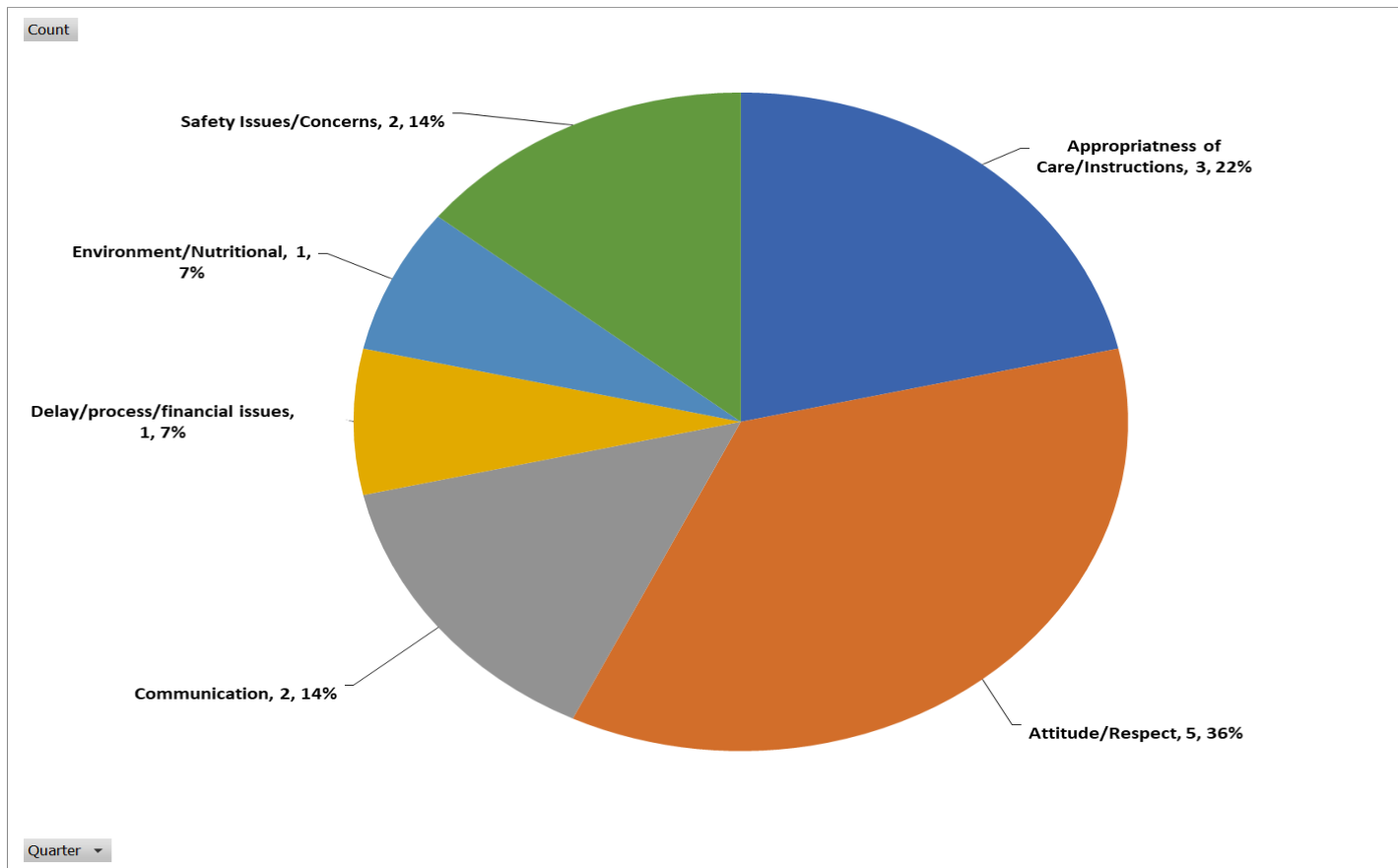
# Q4 2021 BHCS CAPTURED COMPLAINTS & GRIEVANCES



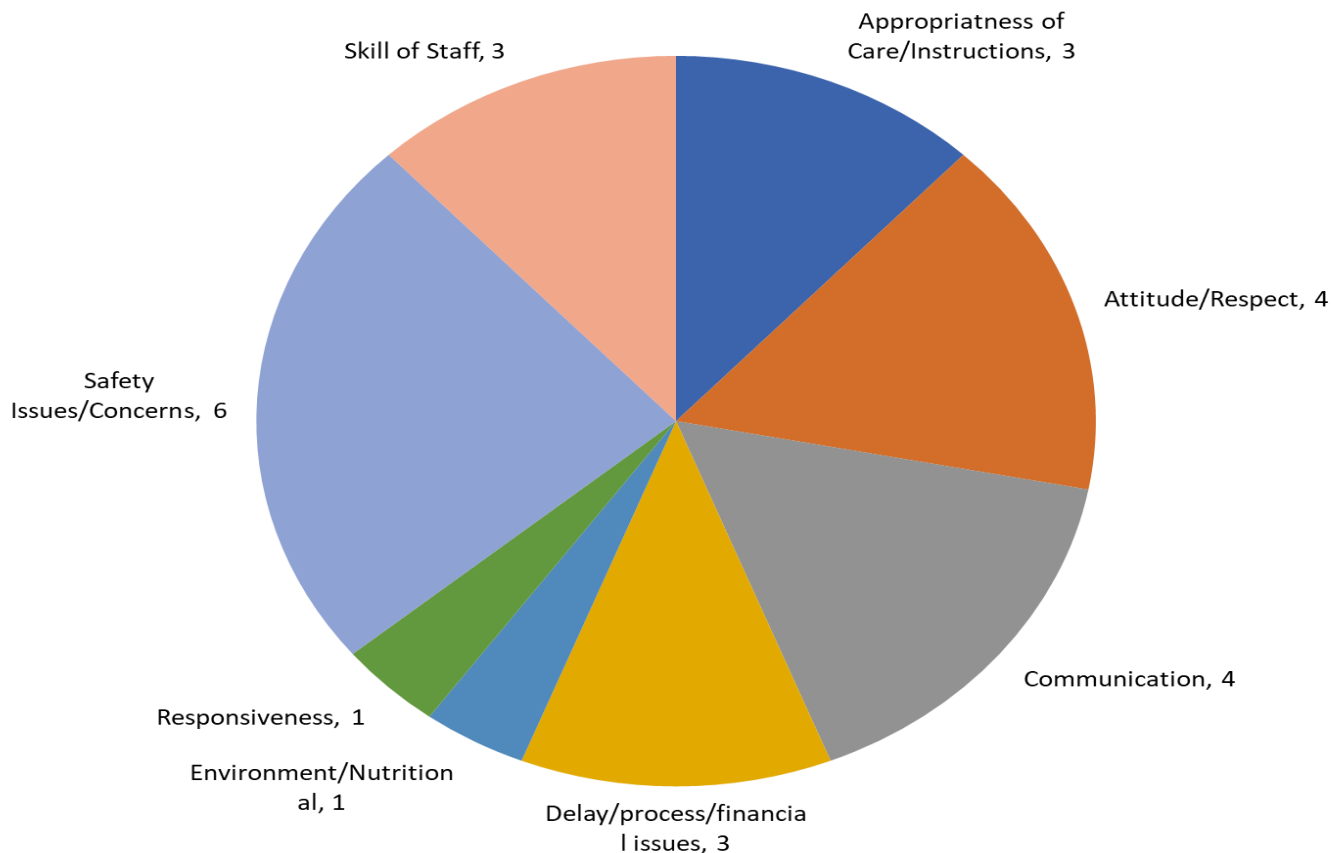
# Q4 2021 BHN CAPTURED COMPLAINTS & GRIEVANCES



# Q4 2021 BHIP CAPTURED COMPLAINTS & GRIEVANCES



# Q4 2021 BHMC CAPTURED COMPLAINTS & GRIEVANCES





## 6.8 RISK MANAGEMENT REGIONAL REPORTS

A1. BHMC	Q4 2021
B1. BHN	Q4 2021
C1. BHIP	Q4 2021
D1. BHCS	Q4 2021
E1. BH AMB	Q4 2021



## **6.9 MEDICARE READMISSIONS**



# Readmissions – Medicare

BHMC	National	LCY-20	2020n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	19.5%	17	37.5%	12.5%	28.6%	16.7%	22.2%	15.4%	25.0%	0.0%	0.0%	0.0%	0.0%	16.7%	17.0%	18
COPD	19.5%	13.3%	6	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	1
Pneumonia	16.6%	24.7%	20	14.3%	0.0%	16.7%	0.0%	0.0%	16.7%	0.0%	0.0%	16.7%	14.3%	14.3%	9.1%	9.9%	7
AMI	16.1%	10.6%	5	0.0%	20.0%	0.0%	0.0%	0.0%	20.0%	11.1%	25.0%	50.0%	42.9%	40.0%	40.0%	22.2%	12
Hip/Knee	4.0%	6.3%	1	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	1
CABG	12.7%	16.1%	5	60.0%	0.0%	0.0%	0.0%	33.3%	0.0%	20.0%	0.0%	0.0%	0.0%	37.5%	0.0%	17.4%	8

BHN	National	LCY-20	2020n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	20.5%	17	16.7%	37.5%	0.0%	42.9%	60.0%	40.0%	28.6%	50.0%	16.7%	100.0%	21.4%	28.6%	32.4%	33
COPD	19.5%	20.8%	15	0.0%	0.0%	0.0%	66.7%	100.0%	50.0%	0.0%	0.0%	50.0%	25.0%	33.3%	0.0%	28.6%	10
Pneumonia	16.6%	17.7%	25	30.8%	20.0%	12.5%	45.5%	14.3%	27.3%	9.1%	50.0%	0.0%	25.0%	21.4%	25.0%	23.9%	27
AMI	16.1%	12.1%	4	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	33.3%	0.0%	9.1%	3
Hip/Knee	4.0%	9.7%	14	25.0%	50.0%	16.7%	20.0%	11.1%	60.0%	12.5%	0.0%	11.1%	50.0%	0.0%	50.0%	23.6%	17

BHIP	National	LCY-20	2020n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	16.7%	4	33.3%	0.0%	0.0%	16.7%	50.0%	0.0%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%	13.2%	5
COPD	19.5%	22.2%	6	0.0%	0.0%	20.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.8%	2
Pneumonia	16.6%	11.1%	9	50.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	14.3%	0.0%	14.3%	28.6%	25.0%	17.9%	10
AMI	16.1%	0.0%	0	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	18.2%	2
Hip/Knee	4.0%	11.1%	2	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	1

BHCS	National	LCY-20	2020n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	10.9%	6	20.0%	16.7%	20.0%	20.0%	40.0%	0.0%	33.3%	0.0%	40.0%	50.0%	25.0%	20.0%	21.7%	15
COPD	19.5%	18.4%	9	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	50.0%	50.0%	0.0%	16.7%	0.0%	19.4%	6
Pneumonia	16.6%	19.2%	15	0.0%	0.0%	0.0%	0.0%	8.3%	28.6%	16.7%	40.0%	42.9%	0.0%	20.0%	14.3%	15.6%	12
AMI	16.1%	0.0%	0	0.0%	25.0%	16.7%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	12.2%	5
Hip/Knee	4.0%	20.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	33.3%	2



# Readmissions – All Payer

BHMC	National	LCY-20	2020 n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	22.3%	104	18.4%	17.1%	14.6%	15.0%	7.3%	16.0%	24.6%	12.0%	22.5%	19.1%	24.5%	22.2%	18.4%	96
COPD	19.5%	13.9%	29	7.1%	21.4%	20.0%	15.0%	25.0%	9.1%	16.7%	46.2%	17.7%	0.0%	16.7%	7.1%	17.3%	31
Pneumonia	16.6%	16.9%	76	15.4%	22.2%	13.8%	4.8%	14.3%	13.3%	14.6%	5.9%	12.5%	16.3%	18.0%	12.5%	14.0%	61
AMI	16.1%	12.6%	38	16.7%	22.2%	12.0%	13.8%	30.4%	28.6%	6.7%	4.4%	16.7%	15.6%	18.5%	30.0%	17.6%	53
Hip/Knee	4.0%	5.8%	6	20.0%	0.0%	16.7%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	6.6%	4
CABG	12.7%	11.9%	23	30.0%	8.3%	19.2%	10.5%	10.0%	21.1%	16.7%	0.0%	16.7%	4.6%	36.8%	20.0%	16.7%	37

BHN	National	LCY-20	2020 n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	18.6%	63	18.2%	30.0%	15.4%	33.3%	34.4%	22.2%	10.5%	22.2%	25.0%	32.4%	15.6%	14.6%	22.1%	93
COPD	19.5%	19.6%	45	0.0%	6.7%	9.1%	27.3%	26.3%	20.0%	8.0%	14.3%	42.9%	23.1%	23.1%	11.1%	19.5%	39
Pneumonia	16.6%	16.5%	91	19.4%	16.1%	13.9%	31.3%	15.2%	26.2%	19.5%	22.0%	21.9%	11.4%	22.7%	23.5%	20.4%	89
AMI	16.1%	10.5%	19	7.1%	5.9%	5.9%	0.0%	16.7%	0.0%	8.3%	7.7%	7.1%	30.8%	28.6%	15.8%	11.4%	20
Hip/Knee	4.0%	9.9%	39	20.0%	25.0%	11.1%	13.3%	12.5%	35.7%	13.3%	50.0%	9.1%	35.7%	8.3%	28.6%	18.7%	29

BHIP	National	LCY-20	2020 n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	21.4%	33	10.0%	28.6%	8.3%	30.0%	44.4%	23.5%	26.7%	11.8%	44.4%	7.1%	28.6%	23.1%	21.7%	34
COPD	19.5%	25.7%	39	22.2%	14.3%	16.7%	28.6%	30.0%	11.1%	0.0%	12.5%	37.5%	14.3%	30.0%	14.3%	18.7%	20
Pneumonia	16.6%	12.9%	39	35.3%	10.0%	0.0%	14.3%	29.4%	16.7%	15.4%	19.2%	27.3%	11.1%	20.0%	16.7%	18.8%	36
AMI	16.1%	5.4%	3	0.0%	25.0%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	6.0%	3
Hip/Knee	4.0%	5.3%	5	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	1

BHCS	National	LCY-20	2020 n	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021	2021n
HF	21.9%	15.2%	32	19.1%	4.8%	16.0%	11.1%	33.3%	12.0%	19.4%	15.4%	11.8%	28.6%	23.5%	9.4%	16.7%	46
COPD	19.5%	16.8%	31	18.8%	15.4%	0.0%	15.4%	18.2%	16.7%	0.0%	28.6%	40.0%	14.3%	27.3%	0.0%	16.7%	20
Pneumonia	16.6%	12.9%	54	11.1%	12.5%	4.4%	4.4%	13.6%	8.8%	16.0%	20.6%	17.1%	4.4%	12.5%	10.2%	11.4%	46
AMI	16.1%	11.1%	5	11.1%	7.1%	6.3%	0.0%	0.0%	12.5%	18.2%	6.7%	0.0%	0.0%	22.7%	0.0%	8.2%	13
Hip/Knee	4.0%	10.6%	7	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	20.0%	0.0%	0.0%	16.7%	0.0%	9.3%	5

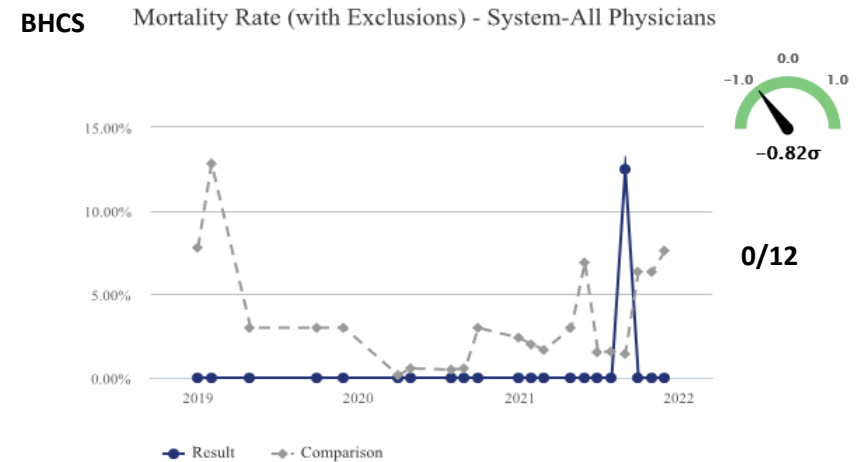
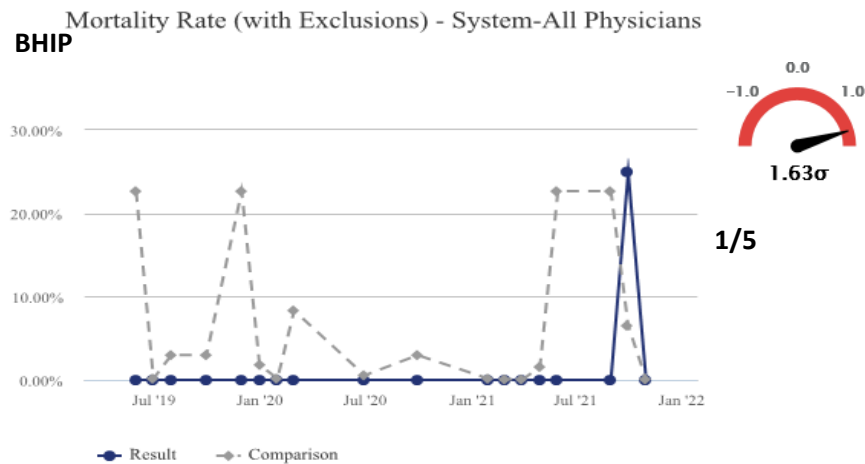
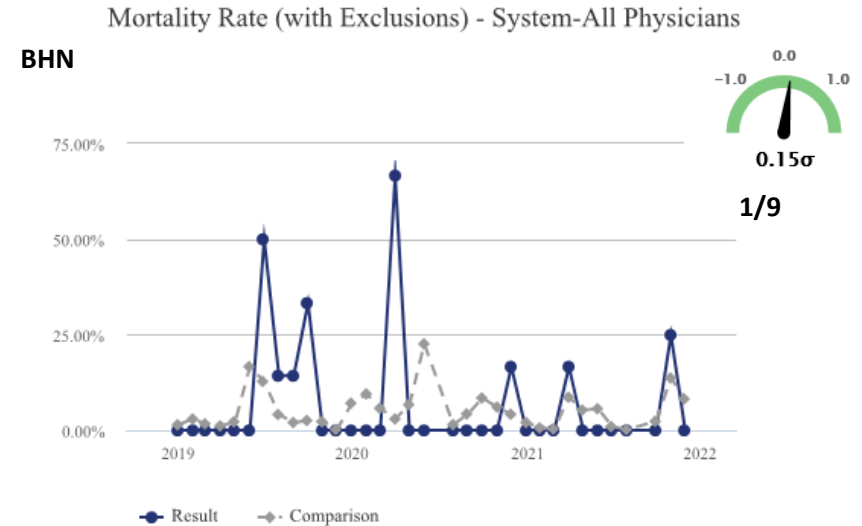
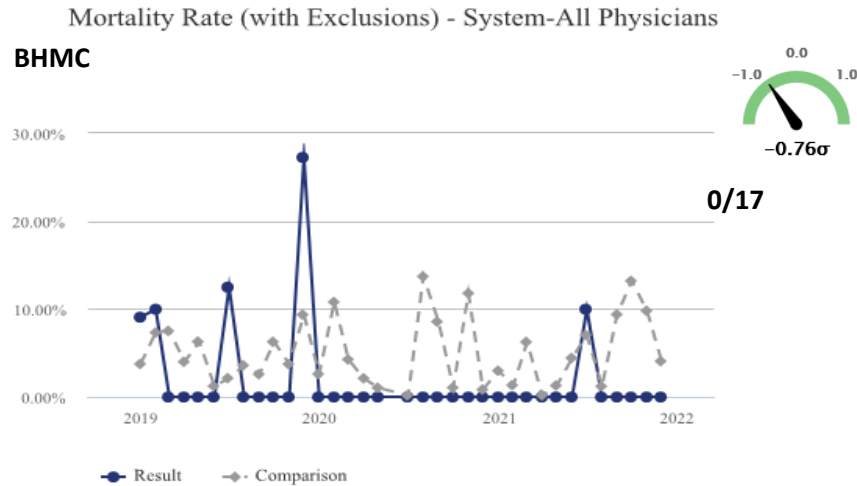


## **6.10 MEDICARE MORTALITIES**



# AMI Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 13.6%

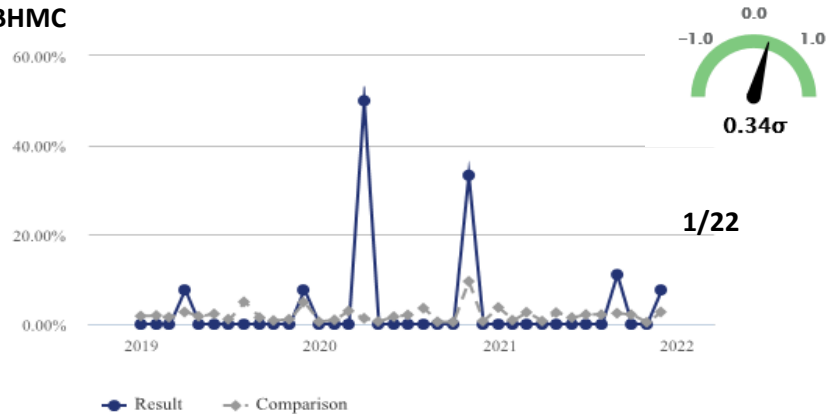


# HF Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 12.0%

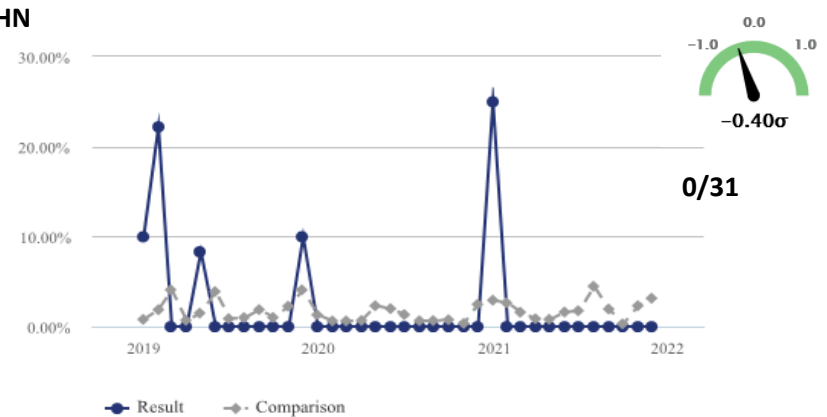
Mortality Rate (with Exclusions) - System-All Physicians

BHMC



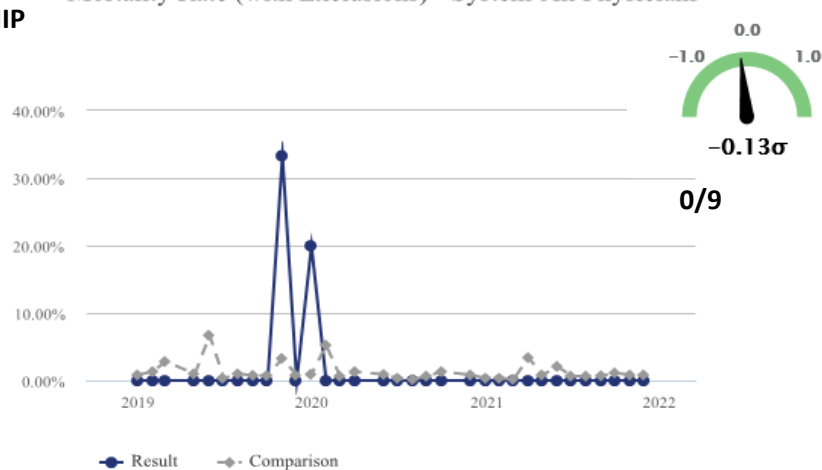
Mortality Rate (with Exclusions) - System-All Physicians

BHN



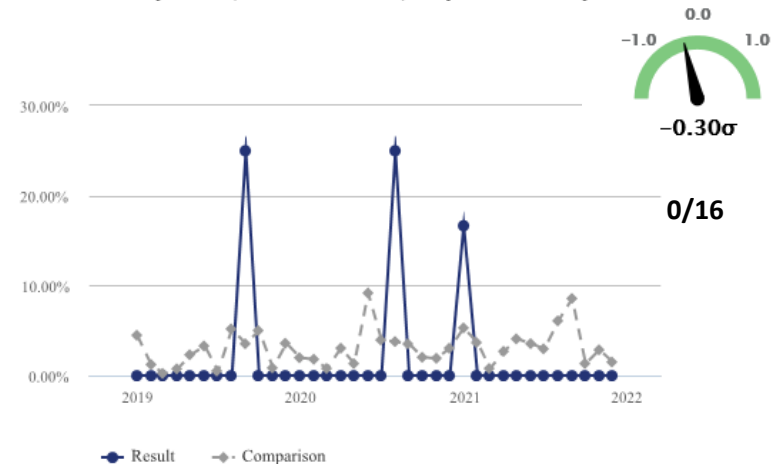
Mortality Rate (with Exclusions) - System-All Physicians

BHIP



BHCS

Mortality Rate (with Exclusions) - System-All Physicians



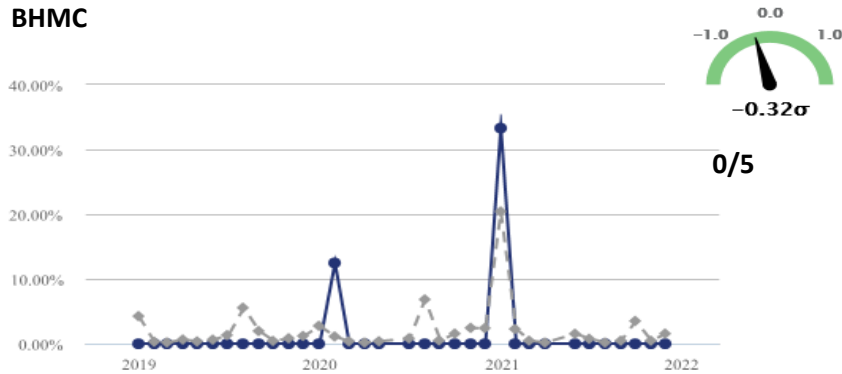
**BROWARD HEALTH**

# COPD Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 8.1%

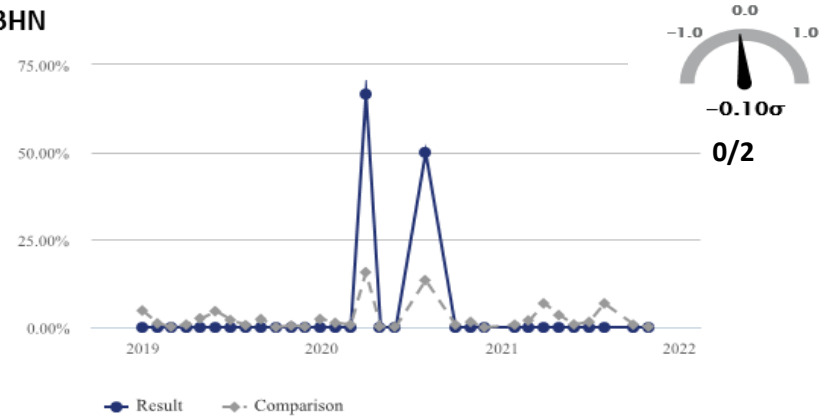
Mortality Rate (with Exclusions) - System-All Physicians

BHMC



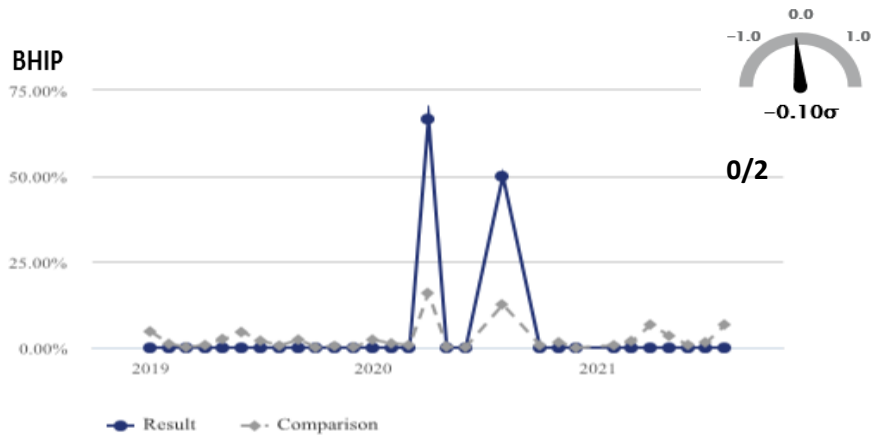
Mortality Rate (with Exclusions) - System-All Physicians

BHN

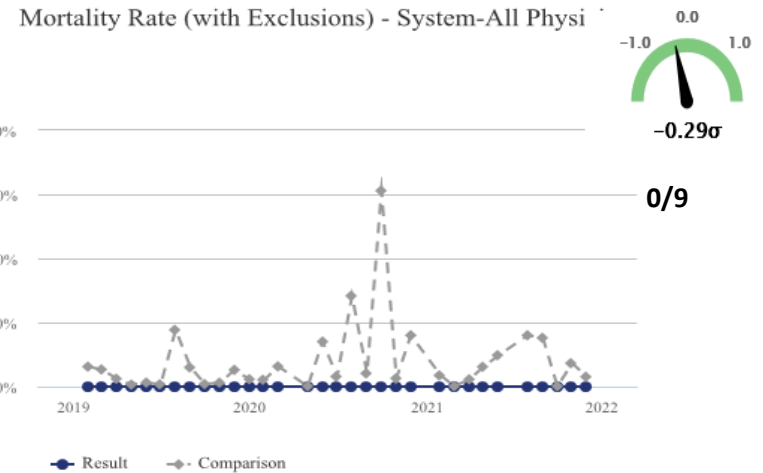


Mortality Rate (with Exclusions) - System-All Physicians

BHIP



BHCS

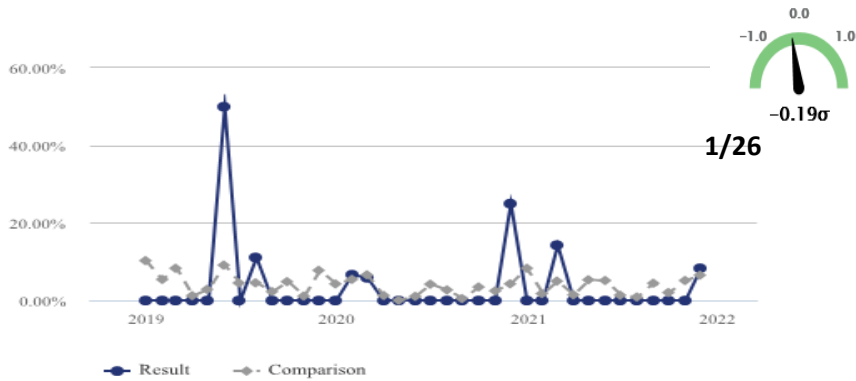




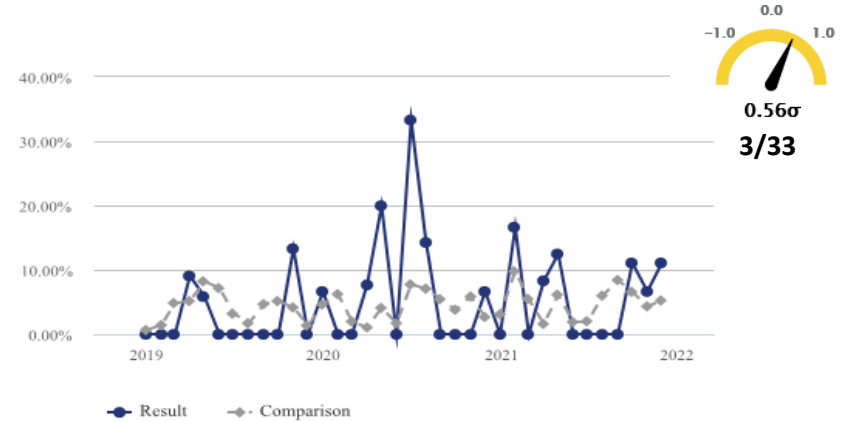
# PN Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 16.0%

**BHMC** Mortality Rate (with Exclusions) - System-All Physicians

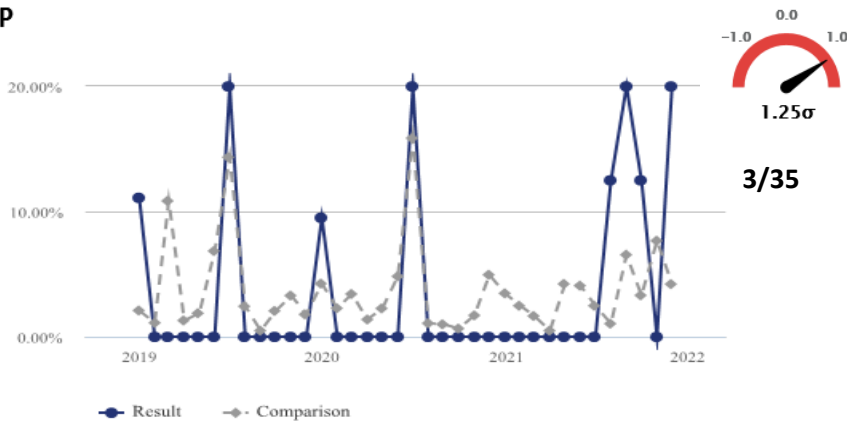


**BHN** Mortality Rate (with Exclusions) - System-All Physicians

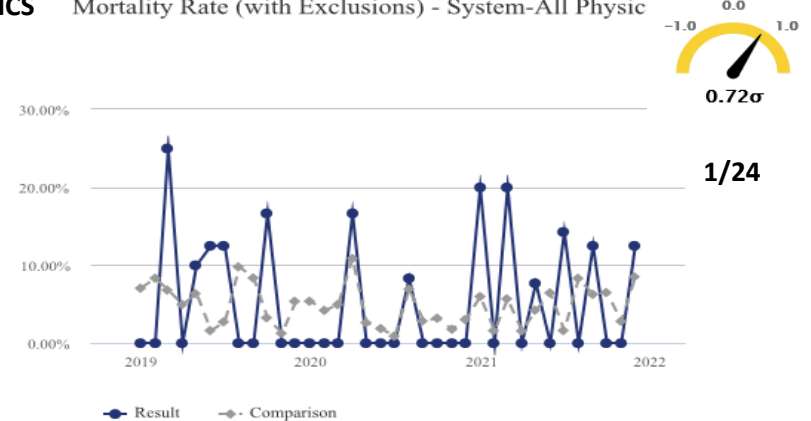


Mortality Rate (with Exclusions) - System-All Physicians

**BHIP**



**BHCS** Mortality Rate (with Exclusions) - System-All Physic

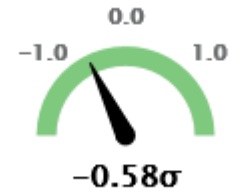
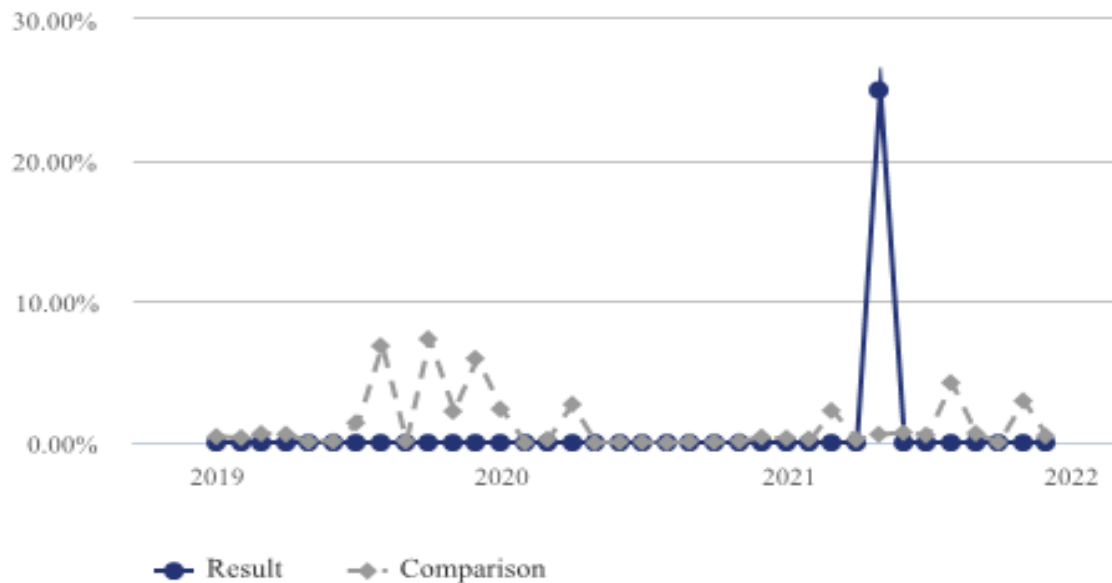


# CABG Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 3.3%

**BHMC**

Mortality Rate (with Exclusions) - System-All Physicians



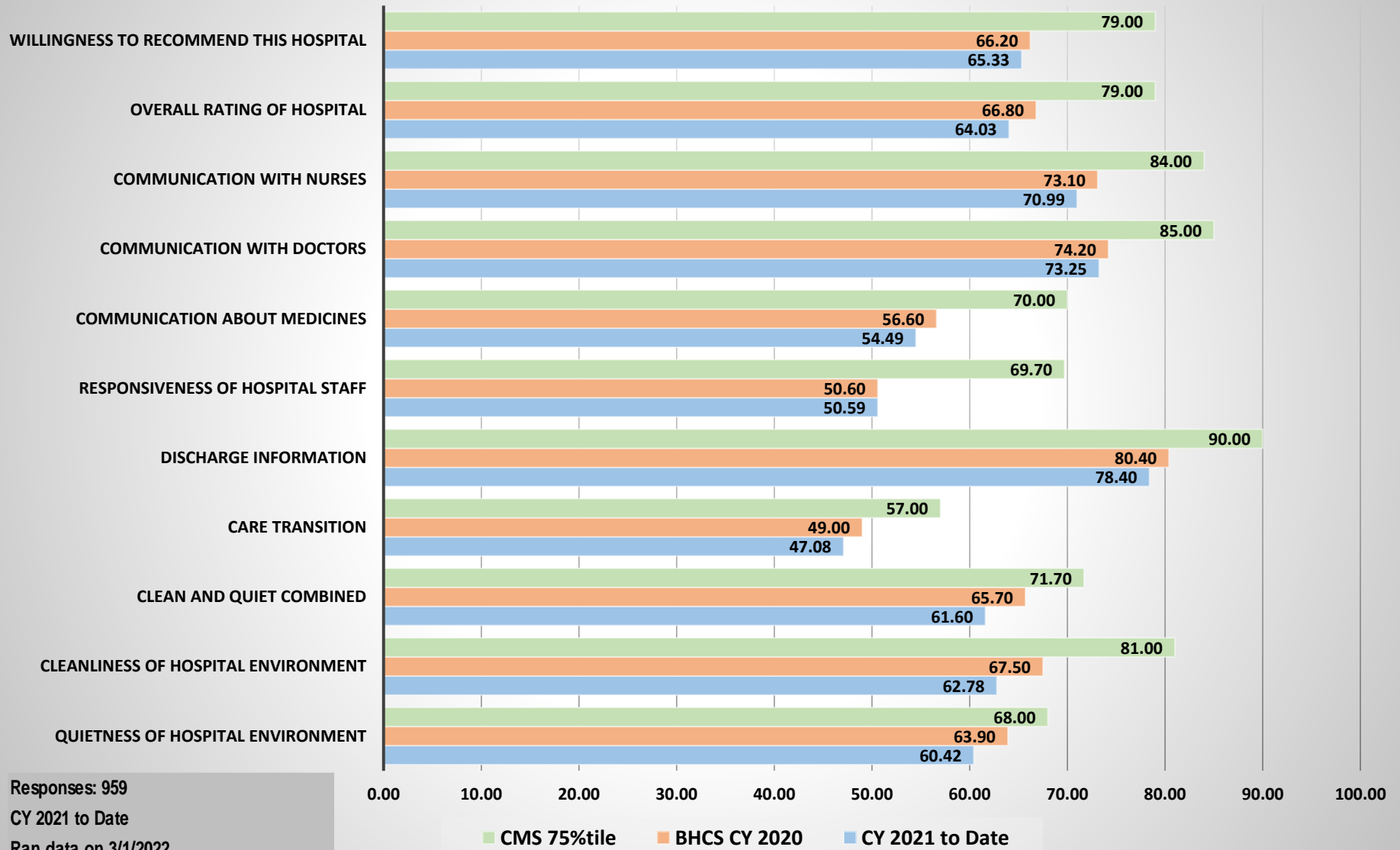
**0/14**

# 6.11 2021 HCAHPS

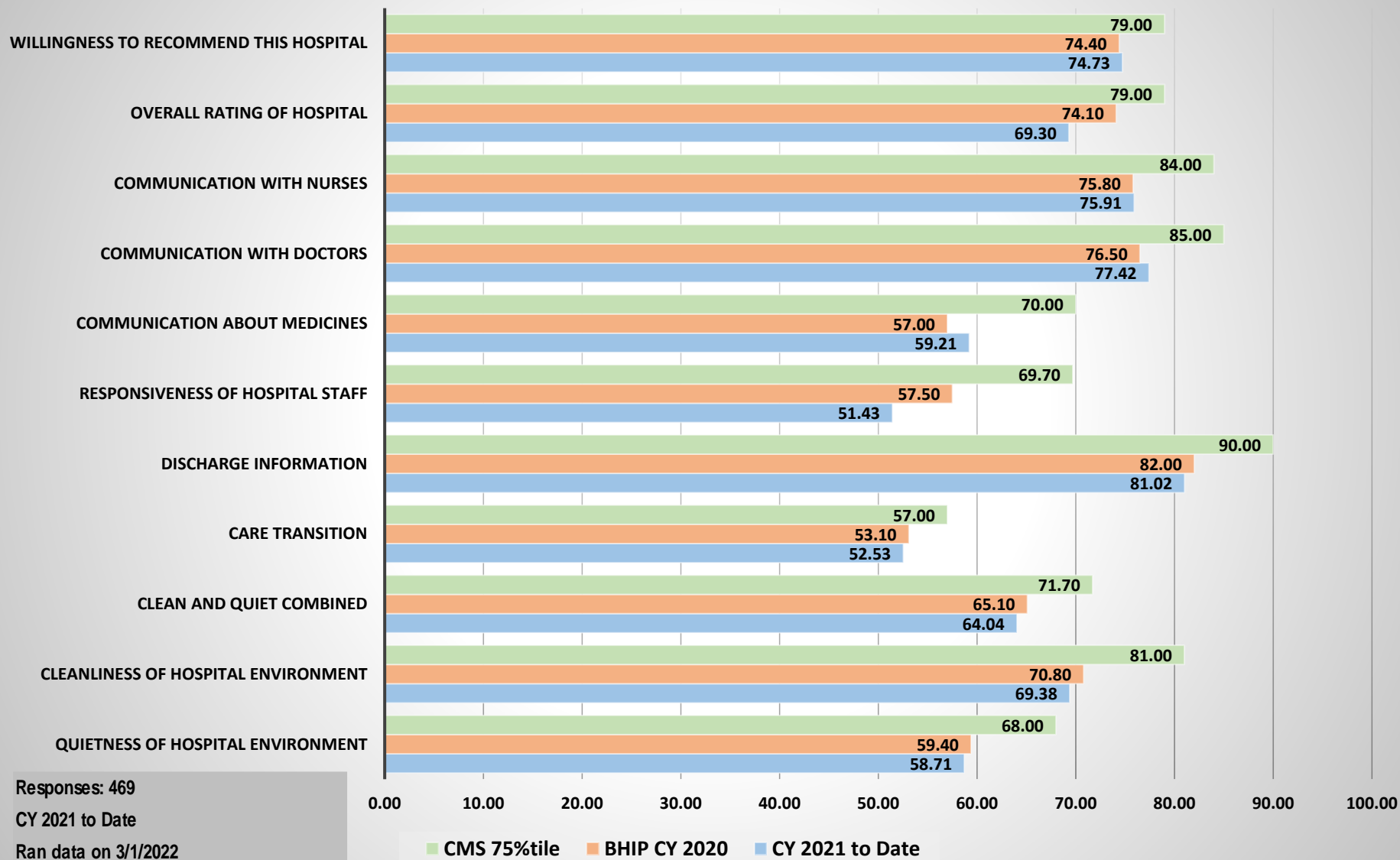
November 29, 2021



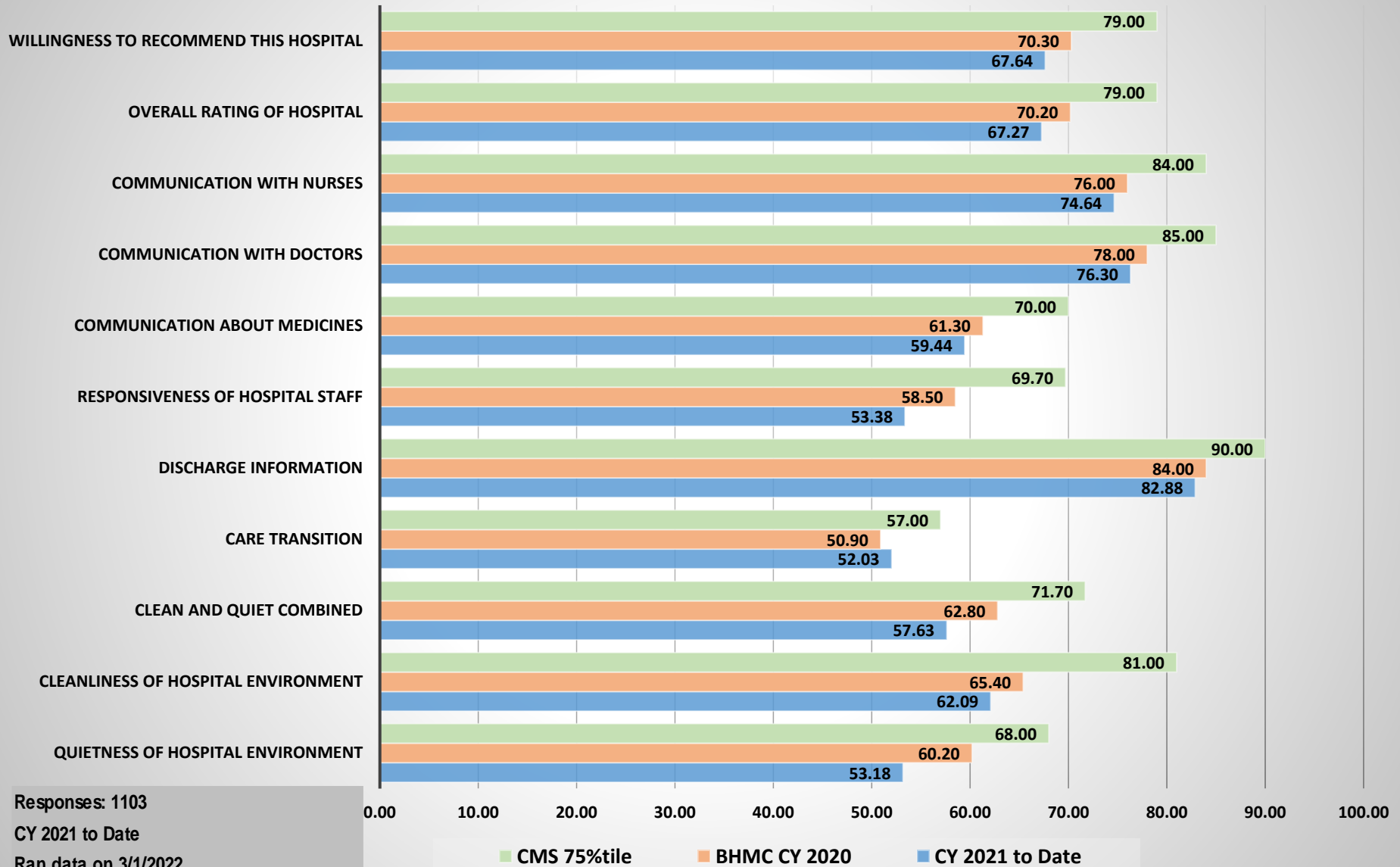
## BHCS CMS HCAHPS CY 2021



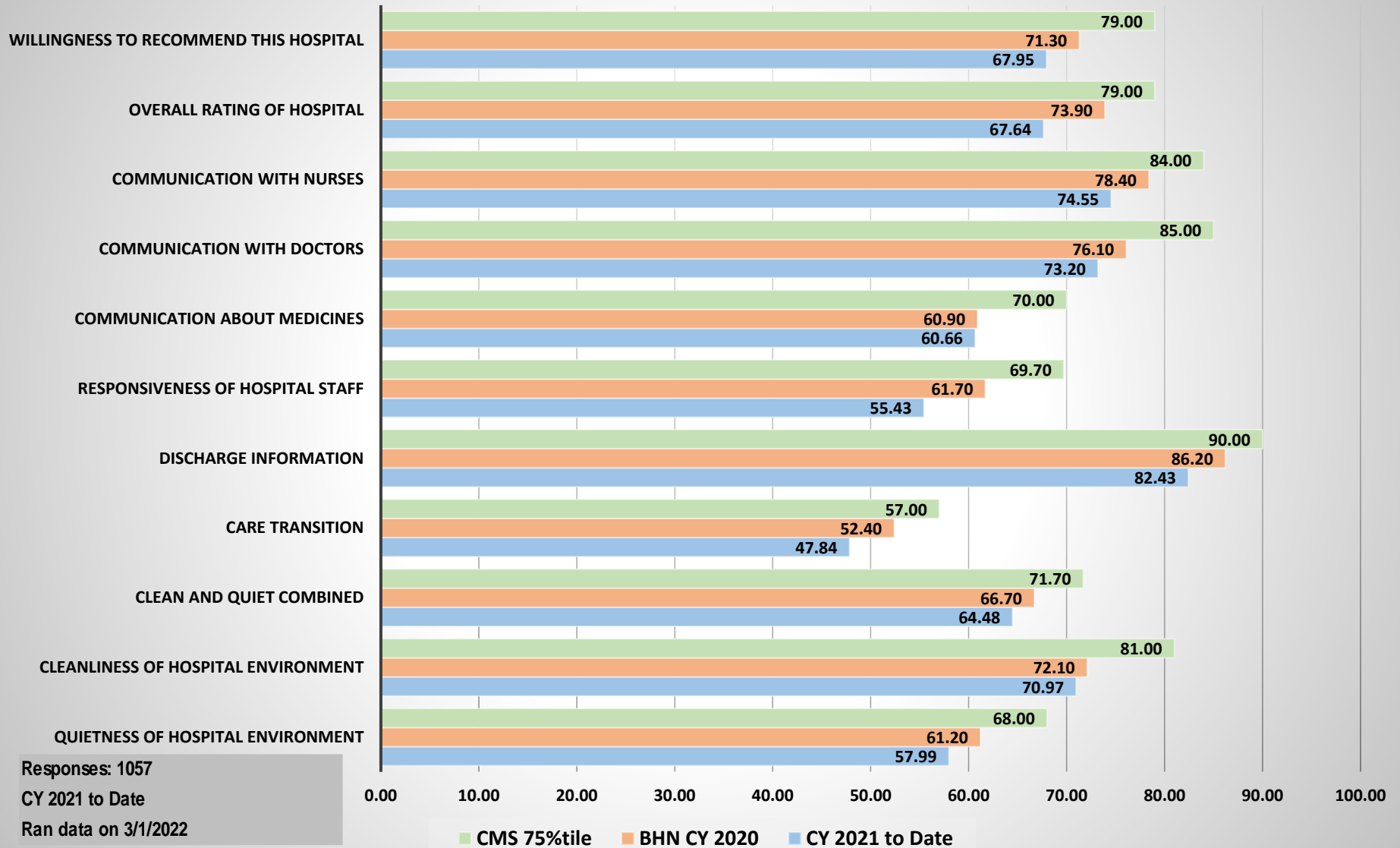
## BHIP CMS HCAHPS CY 2021



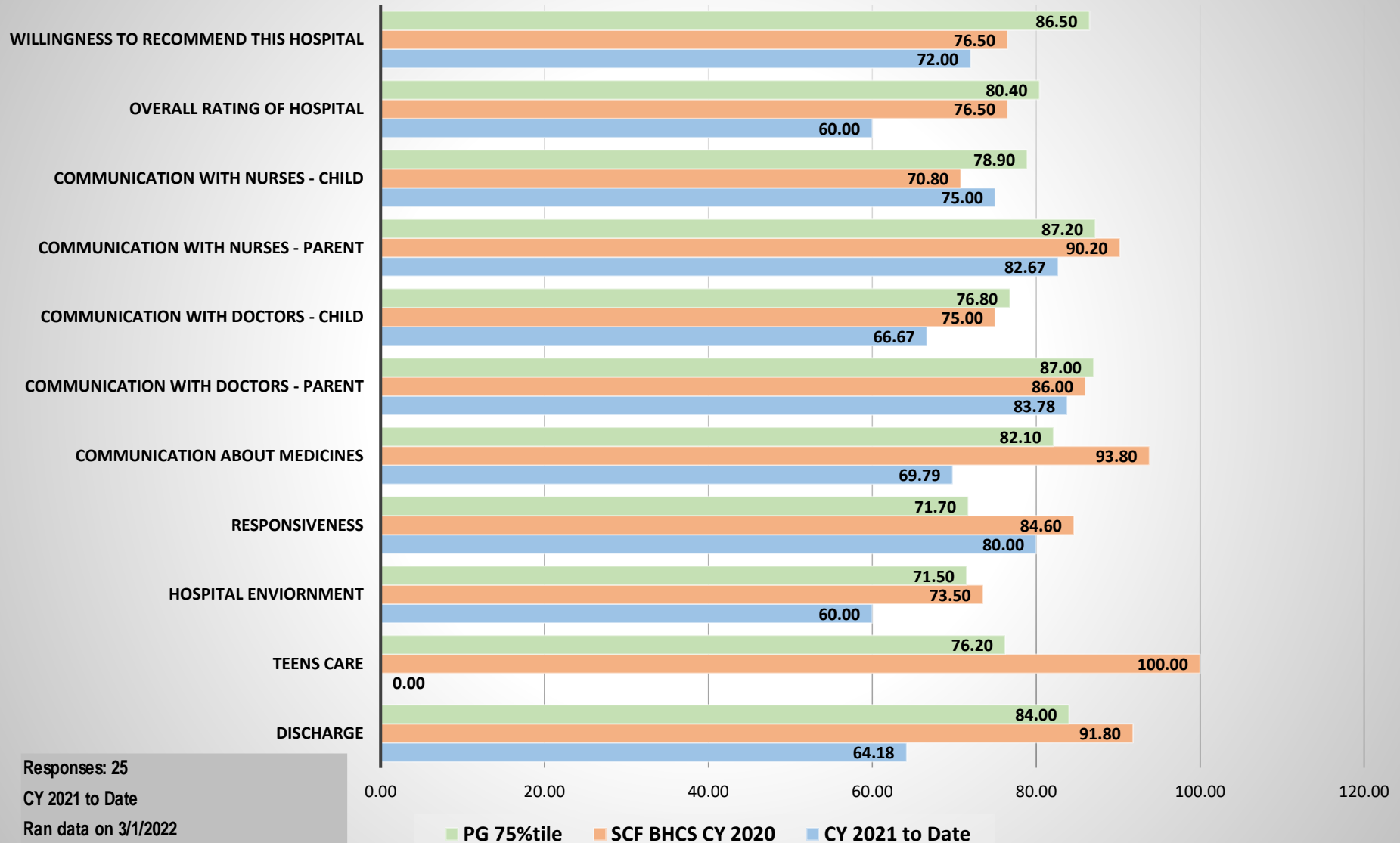
# BHMC CMS HCAHPS CY 2021



# BHN CMS HCAHPS CY 2021

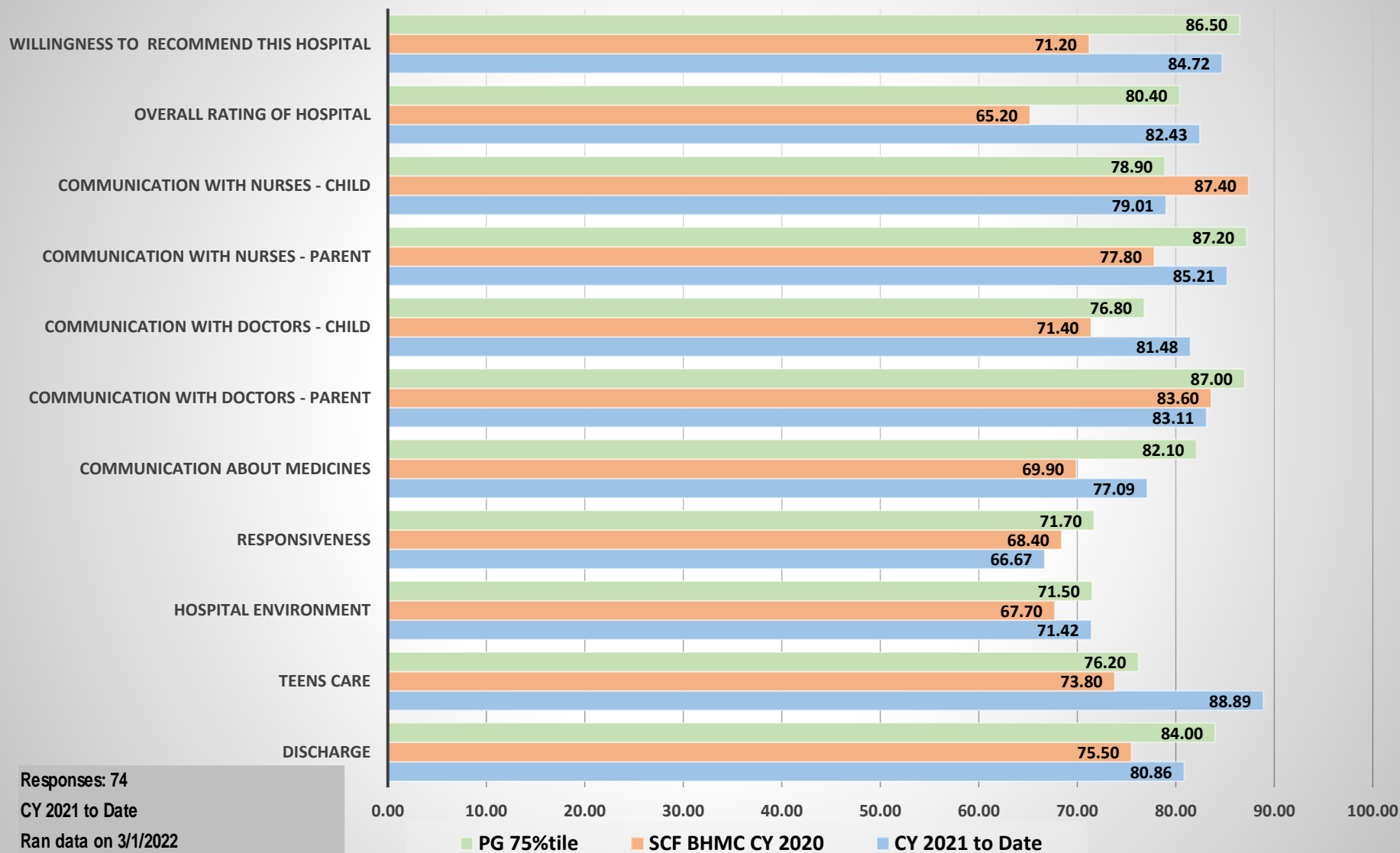


## Salah Children's BHCS HCAHPS CY 2021





# Salah Children's Hospital BHMC CY 2021



# BH CMS HCAHPS Comparison CY 2021

BHMC Responses: 1103  
 BHN Responses: 1057  
 BHIP Responses: 469  
 BHCS Responses: 959

WILLINGNESS TO RECOMMEND THIS HOSPITAL

OVERALL RATING OF HOSPITAL

COMMUNICATION WITH NURSES

COMMUNICATION WITH DOCTORS

COMMUNICATION ABOUT MEDICINES

RESPONSIVENESS OF HOSPITAL STAFF

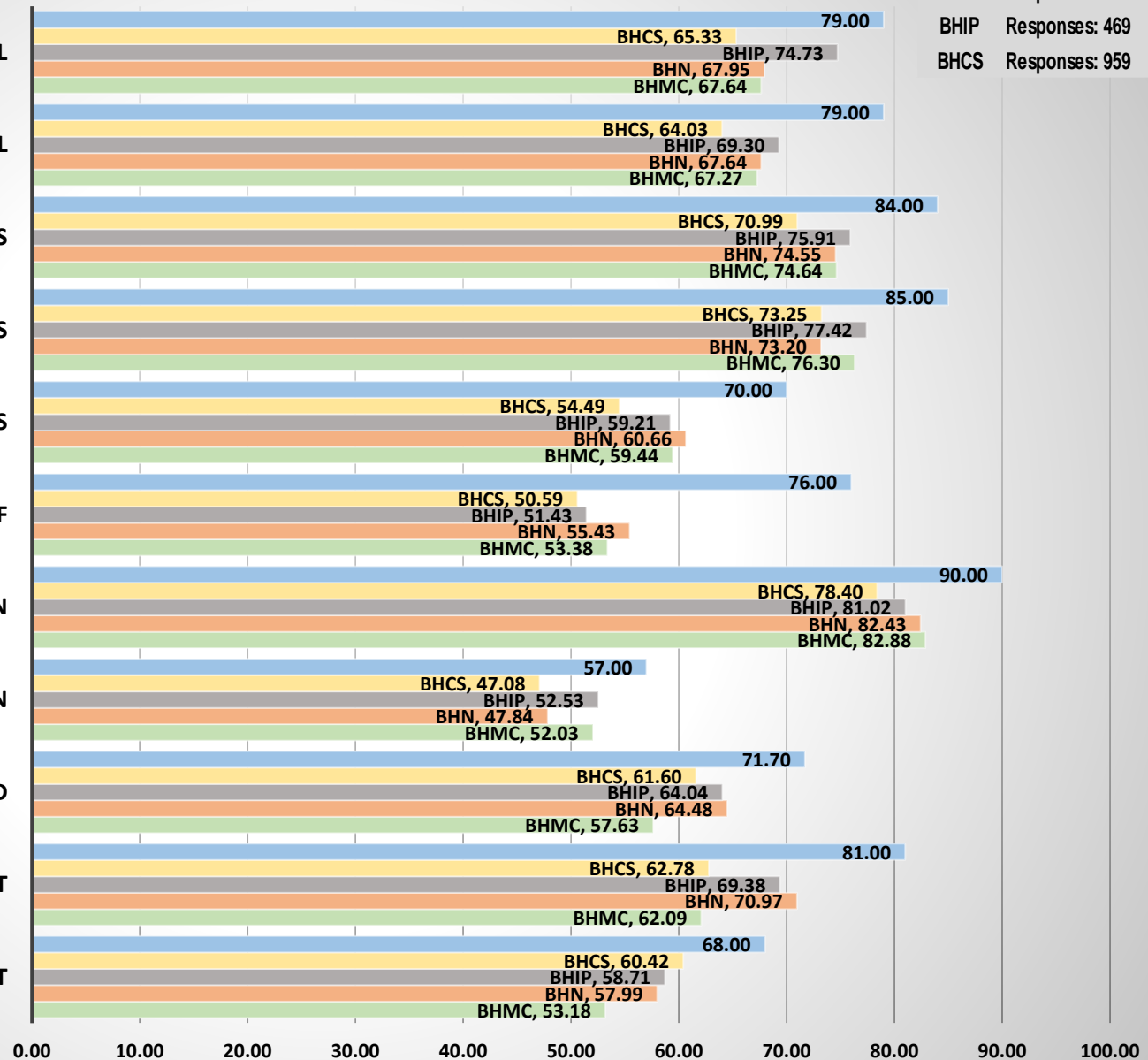
DISCHARGE INFORMATION

CARE TRANSITION

CLEAN AND QUIET COMBINED

CLEANLINESS OF HOSPITAL ENVIRONMENT

QUIETNESS OF HOSPITAL ENVIRONMENT



CY 2021 to Date

Ran data on 3/1/2022

CMS 75%tile BHCS BHIP BHN BHMC