


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
Goal 1: Decrease No-Show rate AADE certified diabetes self-management session by at least ten percent (10%) by June 2021. Goal 40%	Measurement of monthly attendance in diabetes sessions		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%
Goal 2: Reduce participating HCH patients with uncontrolled HbA1c of 9% or higher	Complete outreach to all patients with HbA1c 5.7% or greater and schedule at least 75% of identified patients for DSM session.	75%	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
Goal 1: Provide Educational Sessions on Controlling High Blood Pressure 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%
Goal 2: Controlling High Blood Pressure 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			BLUE at or above target GREEN target within 5 pts. ORANGE 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	100
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	93.75
Discharge to Community	72.5	87.2	81.4	82.1	77.1	75	82.9	68.8	90.3	NO DATA	80.6
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	23.58
ER use without Hospitalization	13	10.3	10.3	9.8	9.8	9.8	NO DATA	NO DATA	NO DATA	NO DATA	10

PRESS GANEY REPORT	CMS Target Percentage	BLUE at or above target GREEN target within 5 pts. ORANGE 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	86.33
Patients who reported that their home health team communicated well with them	85	88.5	81.74	87.32	86.59	85.79
Patients who reported that their HH team discussed meds, pain and home safety with them	83	68.41	63.73	84.91	79.10	74.04
Patients who gave their HH agency a 9 or 10	84	86.96	75	90.48	93.33	86.44
Patients who reported YES, they would definitely recommend HH Agency	78	75	81.25	71.43	86.67	78.58

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

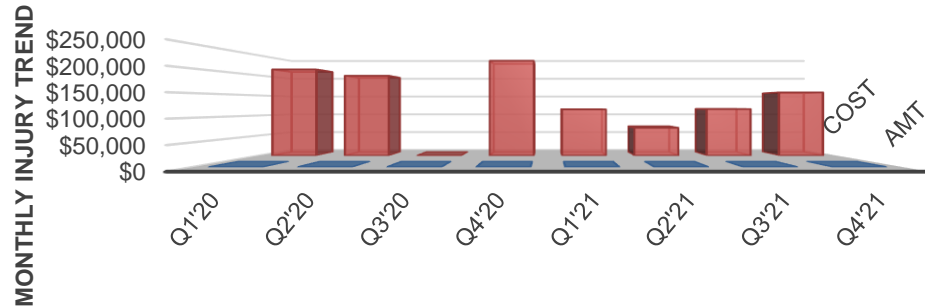
QUARTERLY ENVIRONMENT OF CARE REPORT TO THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE

Q4CY21

ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

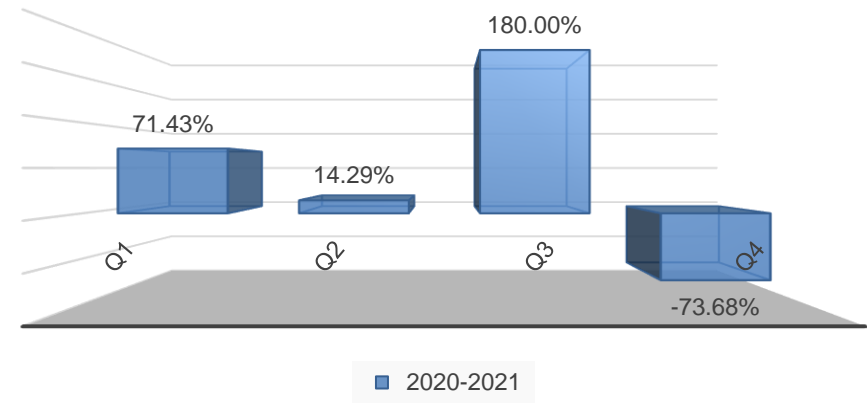
(REDUCE PATIENT HANDLING INJURY BY 10% WHEN COMPARED TO THE PREVIOUS YEAR)

QUARTERLY OVEREXERTION INJURIES

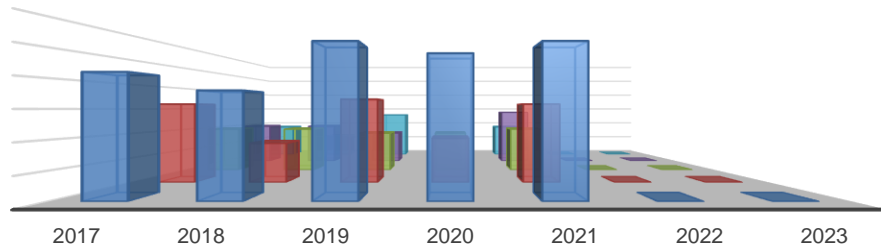


	Q1'20	Q2'20	Q3'20	Q4'20	Q1'21	Q2'21	Q3'21	Q4'21
AMT	14	14	5	19	25	24	13	13
COST	\$214,586	\$198,994	\$24.00	\$236,214	\$115,002	\$69,355	\$115,875	\$157,439

BH INJURY QUARTERLY %AGE DIFFERENCE

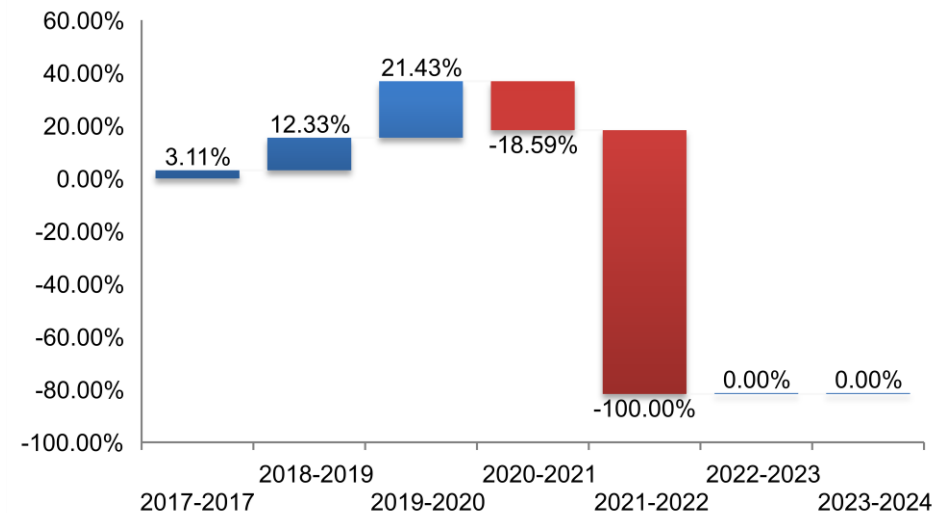


BH PATIENT HANDLING INJURY BY TASK



	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

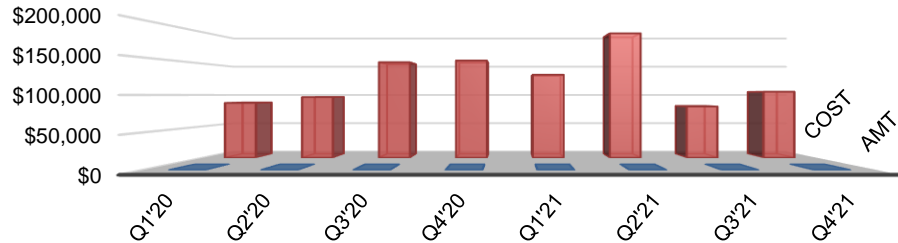
BH YR - YR COST %AGE DIFFERENCE



ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

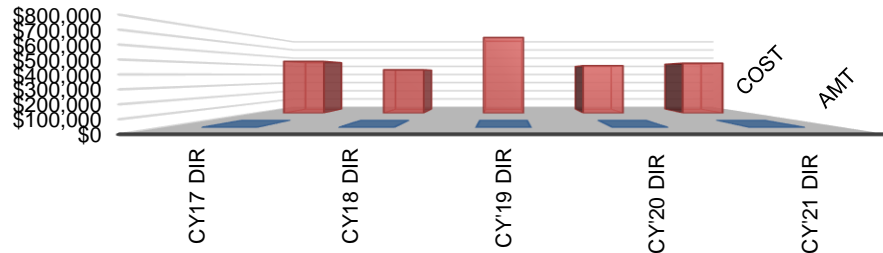
(REDUCE SLIP, TRIP AND FALL INJURIES BY 10% COMPARED TO PREVIOUS YEAR)

QUARTERLY SLIP & FALL INJURIES



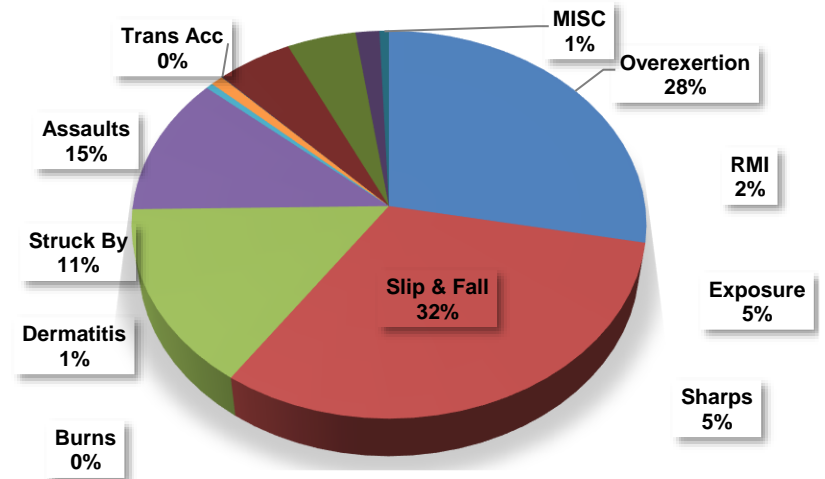
	Q1'20	Q2'20	Q3'20	Q4'20	Q1'21	Q2'21	Q3'21	Q4'21
AMT	20	17	21	12	29	21	17	16
COST	\$87,319.	\$96,603.	\$152,039	\$154,746	\$132,154	\$197,877	\$81,569.	\$105,092

ANNUAL SLIP & FALL INJURIES

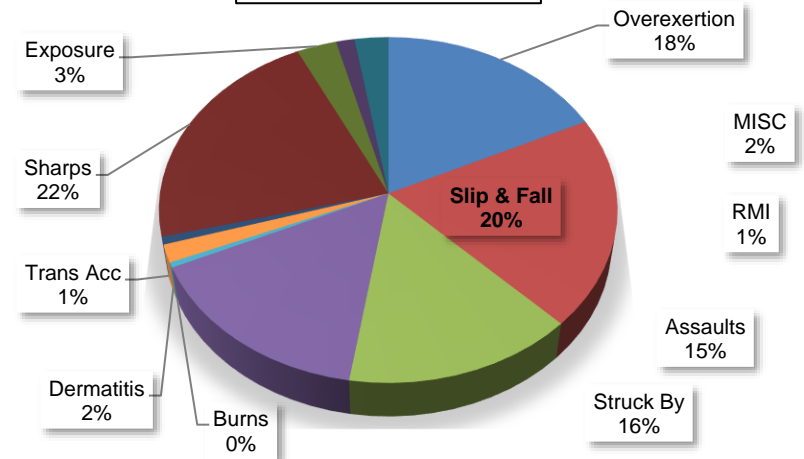


	CY17 DIR	CY18 DIR	CY19 Dir	CY20 Dir	CY21 Dir
AMT	127	96	121	70	83
COST	\$535,116.00	\$448,521.24	\$780,834.00	\$490,707.00	\$516,692.97

CY'21 DIRECT COST BY INJURY TYPE



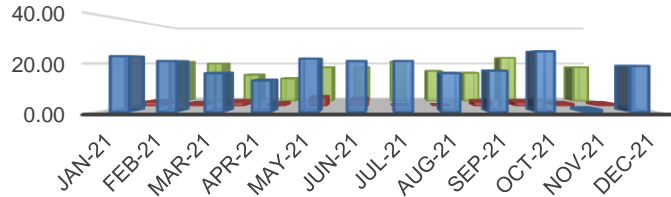
CY'21 INJURY BY TYPE



ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

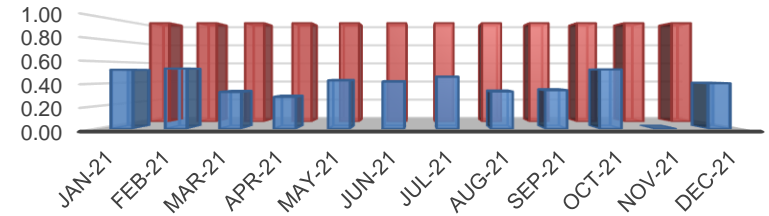
REDUCE MISSING PATIENT PROPERTY BY 10% COMPARED TO PREVIOUS CALENDAR YEAR

MISSING PATIENT'S PROPERTY CY2021



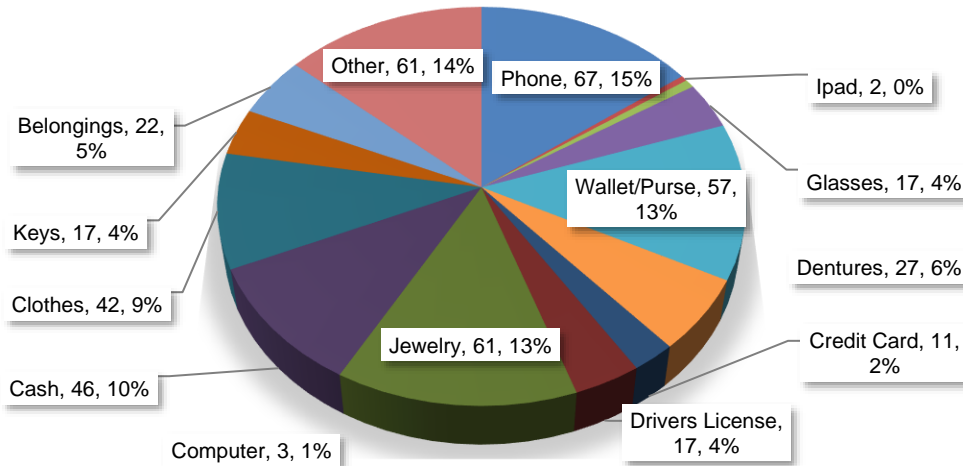
	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
# of Missing Patient Property	23.00	21.00	16.00	13.00	22.00	21.00	21.00	16.00	17.00	25.00	1.00	19.00
# of Property Recovered	2.00	1.00	2.00	1.00	4.00	3.00	0.00	0.00	2.00	2.00	1.00	1.00
Actual Missing Property	21.00	20.00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

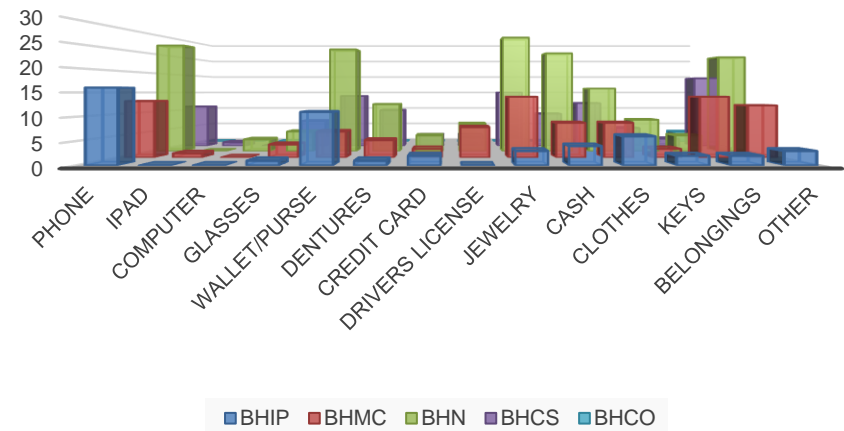


	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec
Performance	0.52	0.53	0.33	0.28	0.43	0.42	0.46	0.33	0.34	0.53	0.00	0.40
Threshold	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

MISSING PATIENT'S PROPERTY CY2021



REGIONAL MISSING PATIENT'S PROPERTY



6.4 ANTIMICROBIAL STEWARDSHIP



BROWARD HEALTH PHARMACY ANTIMICROBIAL STEWARDSHIP

Intervention Type	1 st Quarter 2021	2 nd Quarter 2021	3 rd Quarter 2021	4 th 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

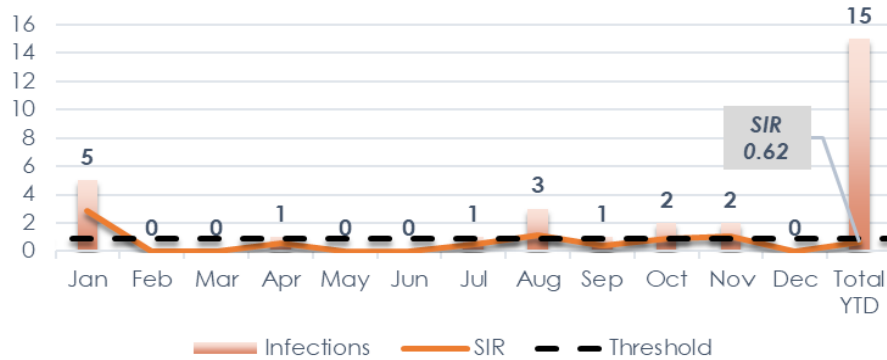
6.5 INFECTION PREVENTION



CLABSI ~ ALL REPORTING UNITS

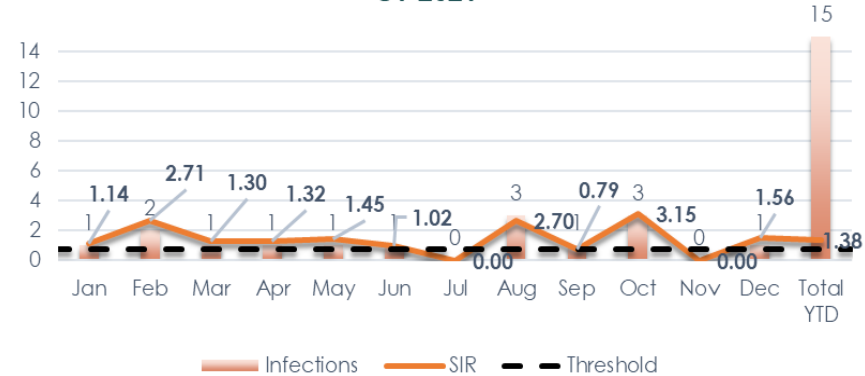
BHMC NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Threshold 0.687
Benchmark 0



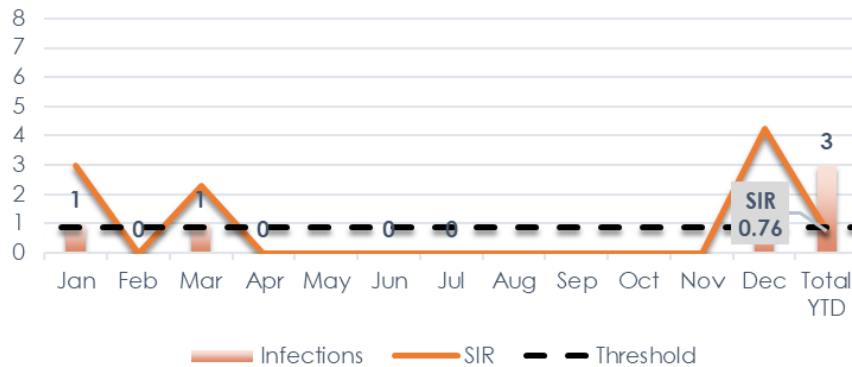
BHN NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Threshold 0.687
Benchmark 0



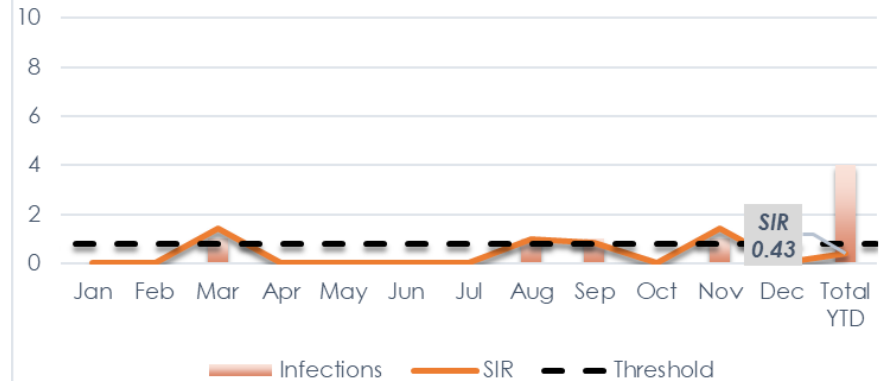
BHIP NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Threshold
Benchmark 0



BHCS NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Threshold 0.687
Benchmark 0

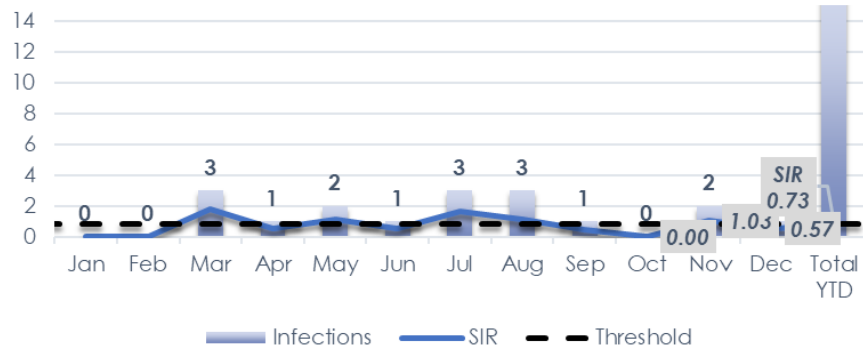


BROWARD HEALTH

CAUTI ~ ALL REPORTING UNITS

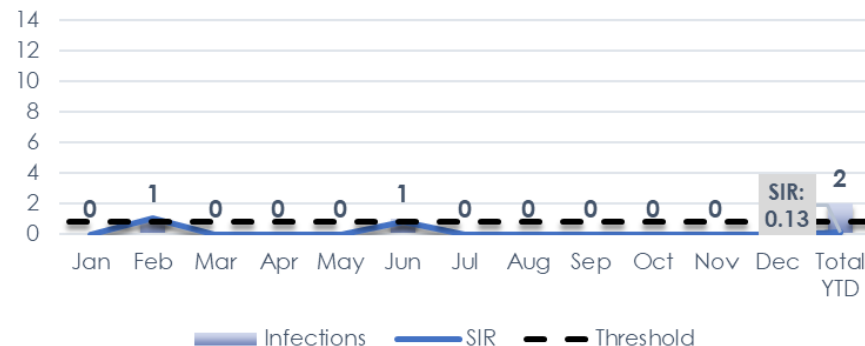
BHMC NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



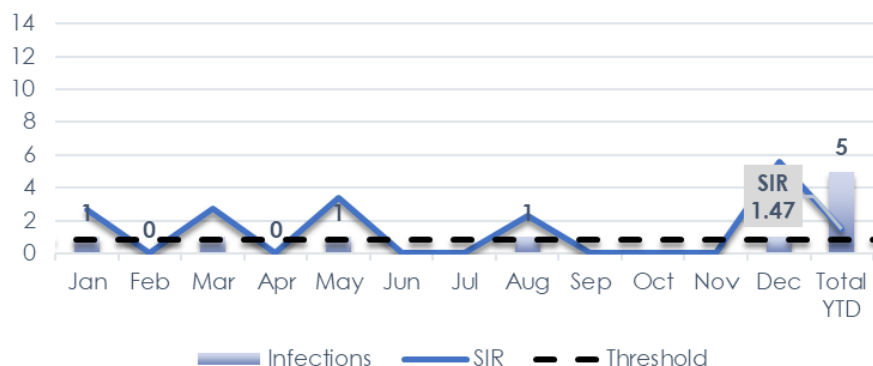
BHN NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



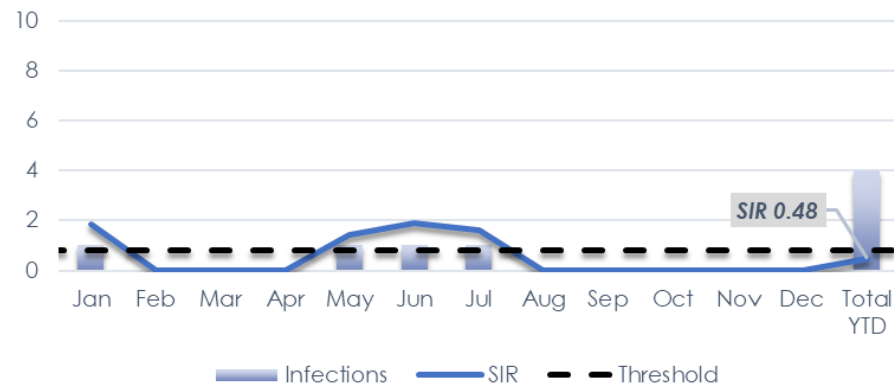
BHIP NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



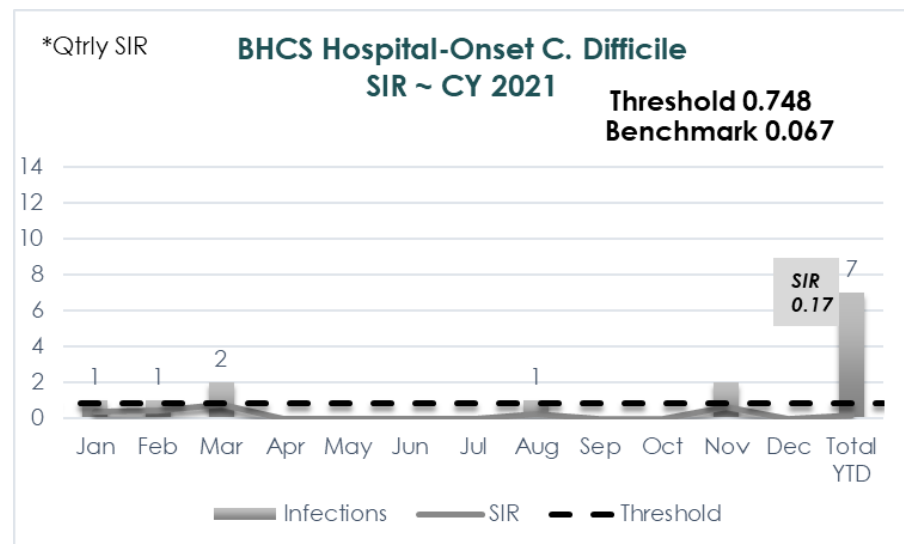
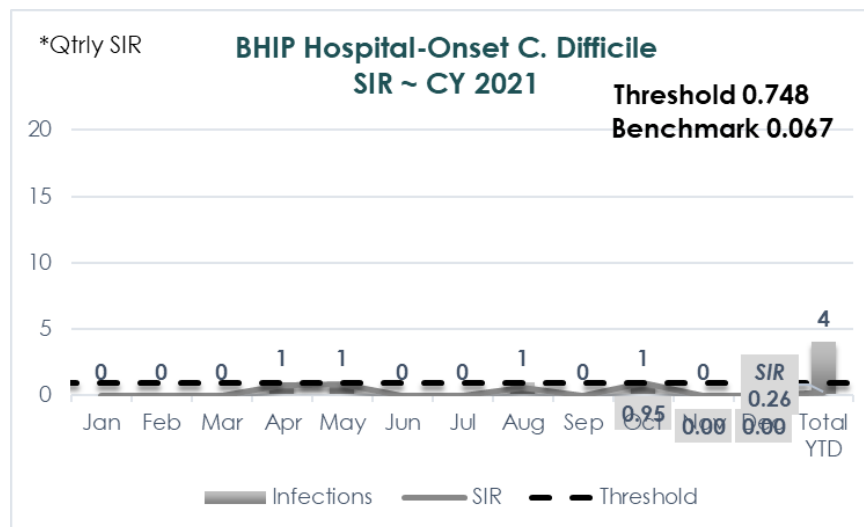
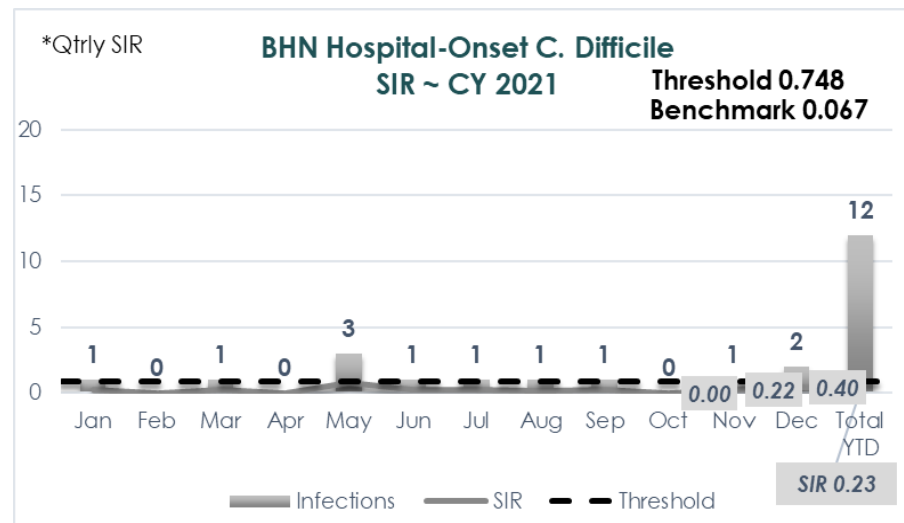
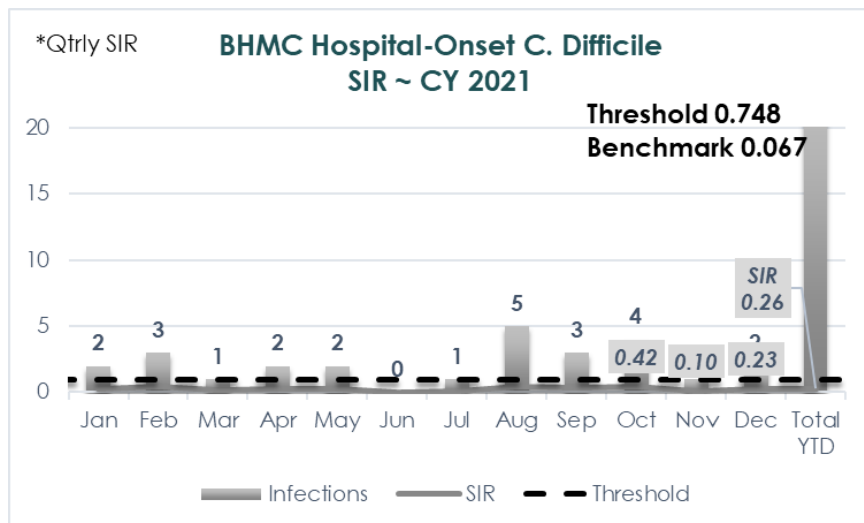
BHCS NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



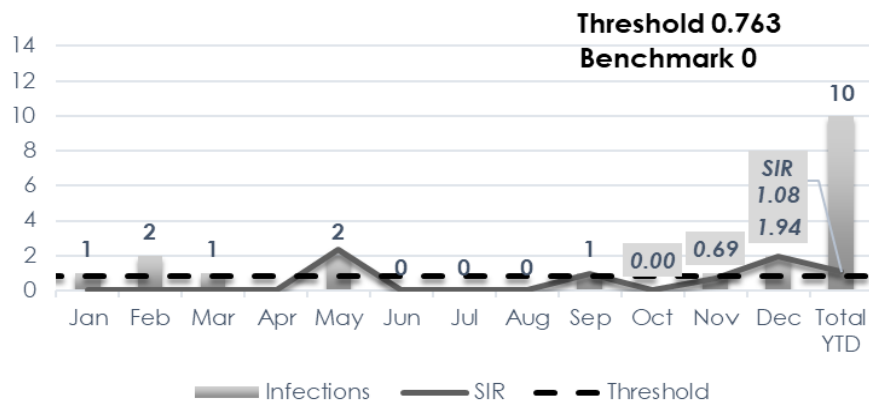
BROWARD HEALTH

HOSPITAL-ONSET C. DIFFICILE

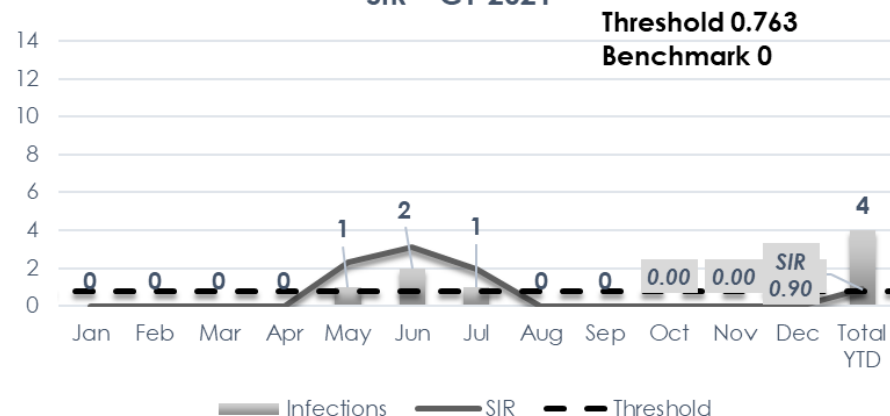


HOSPITAL-ONSET MRSA BACTEREMIA

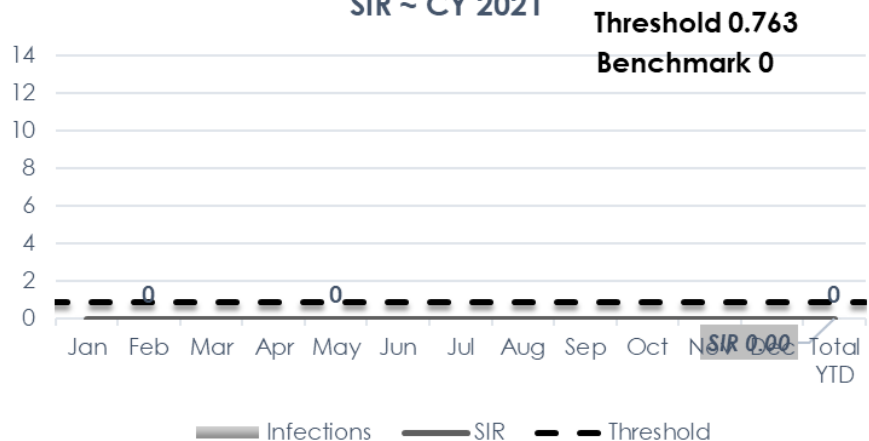
*Qtrly SIR **BHMC Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2021



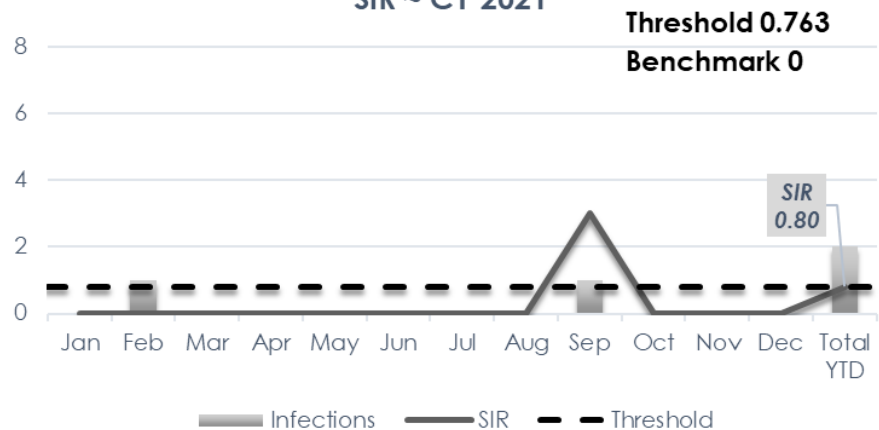
*Qtrly SIR **BHN Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2021



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

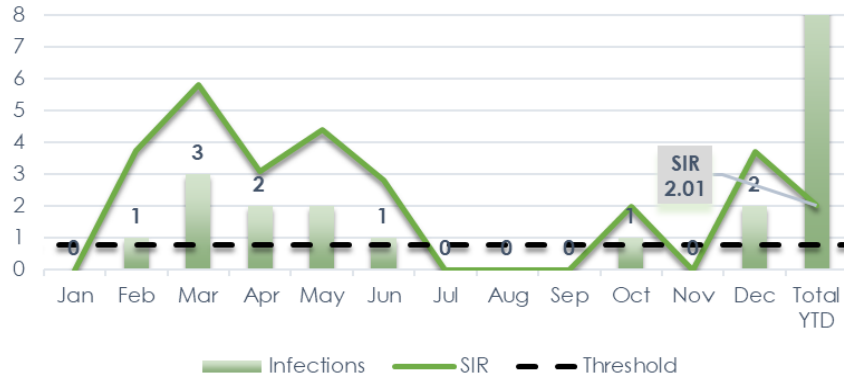


*Qtrly SIR **BHCS Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2021

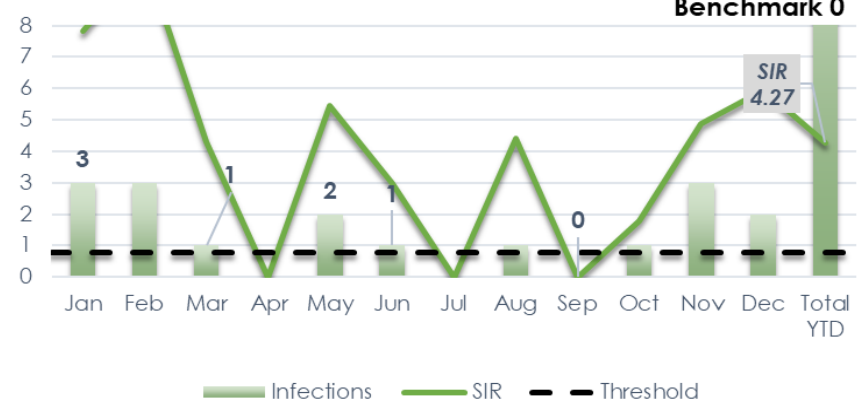


COLORECTAL SSI

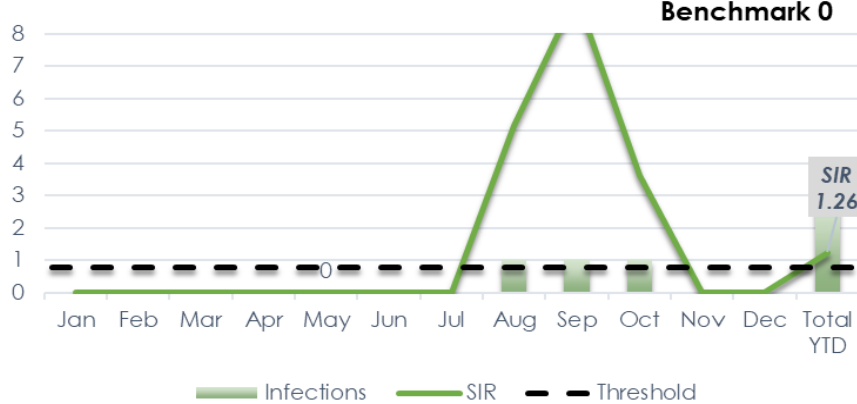
BHMC NHSN - Colorectal SSI
SIR ~ CY 2021



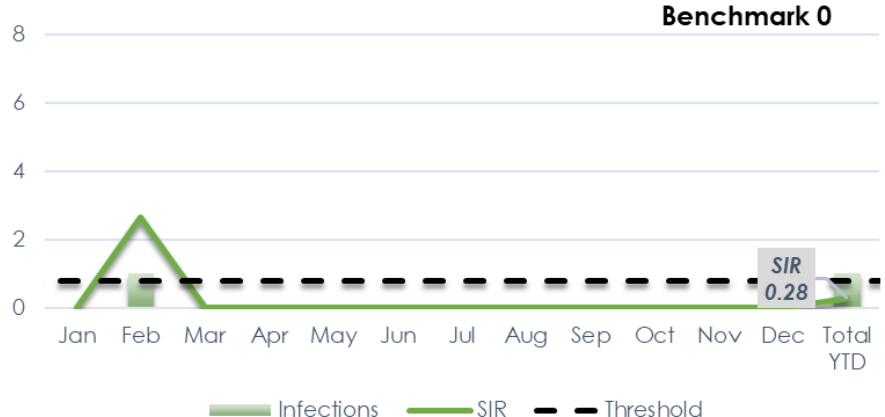
BHN NHSN - Colorectal SSI
SIR ~ CY 2021



BHIP NHSN - Colorectal SSI
SIR ~ CY 2021

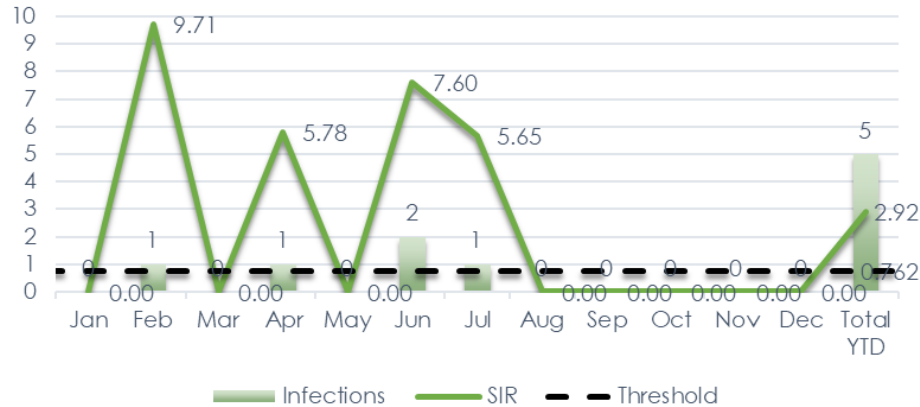


BHCS NHSN - Colorectal SSI
SIR ~ CY 2021

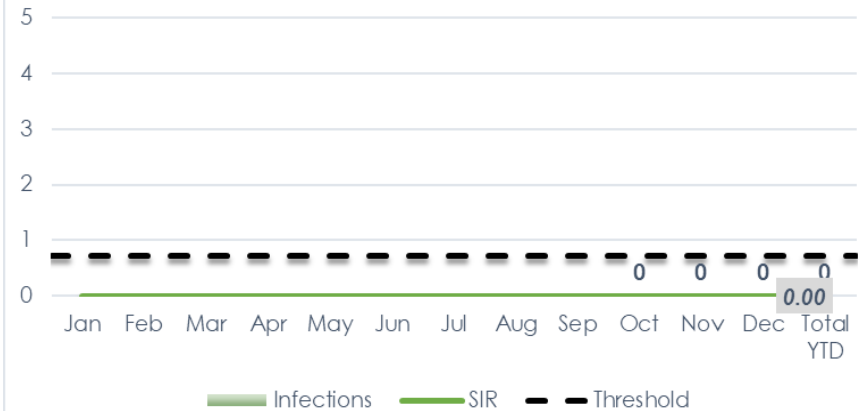


HYSTERECTOMY SSI

BHMC NHSN - Hysterectomy SSI
SIR ~ CY 2020

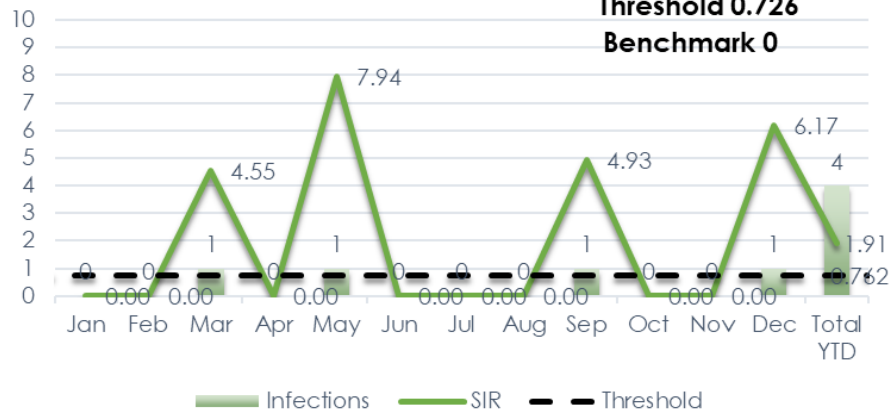


BHN NHSN - Hysterectomy SSI
SIR ~ CY 2021



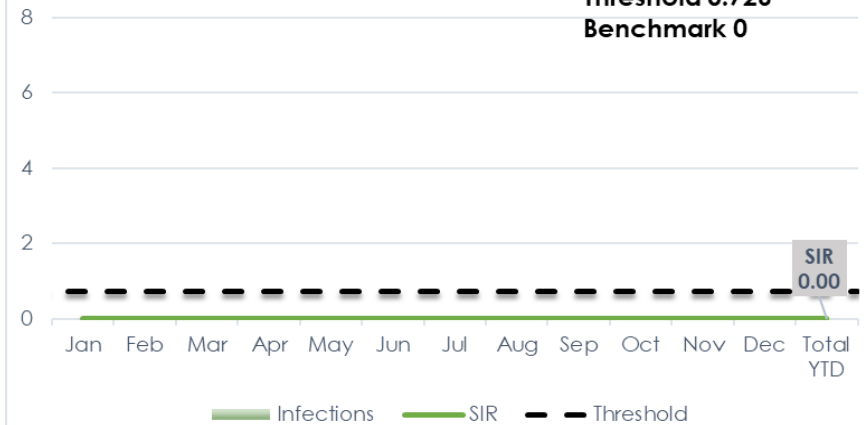
BHIP NHSN - Hysterectomy SSI
SIR ~ CY 2021

Threshold 0.726
Benchmark 0



BHCS NHSN - Hysterectomy SSI
SIR ~ CY 2021

Threshold 0.726
Benchmark 0



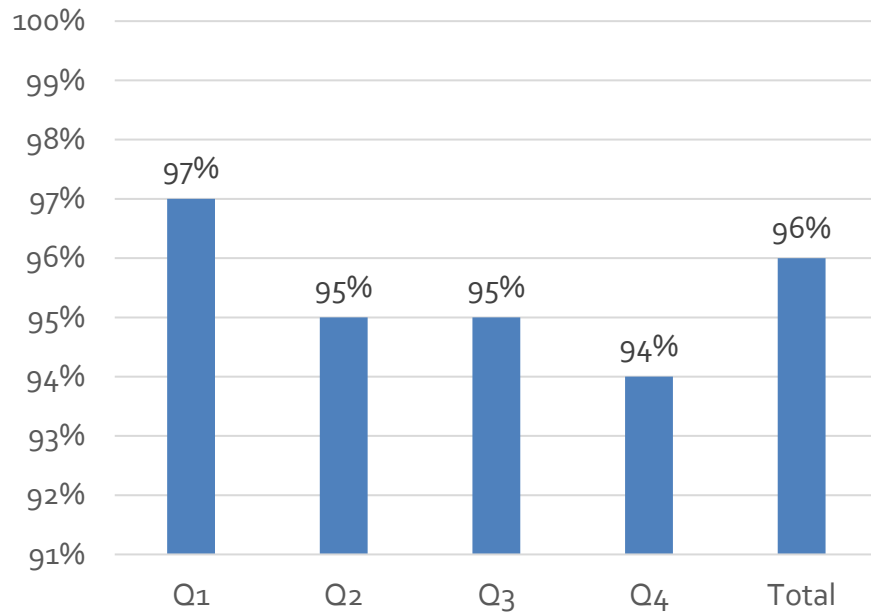
6.6 NPSG HAND HYGIENE



NPSG OBSERVED HAND HYGIENE

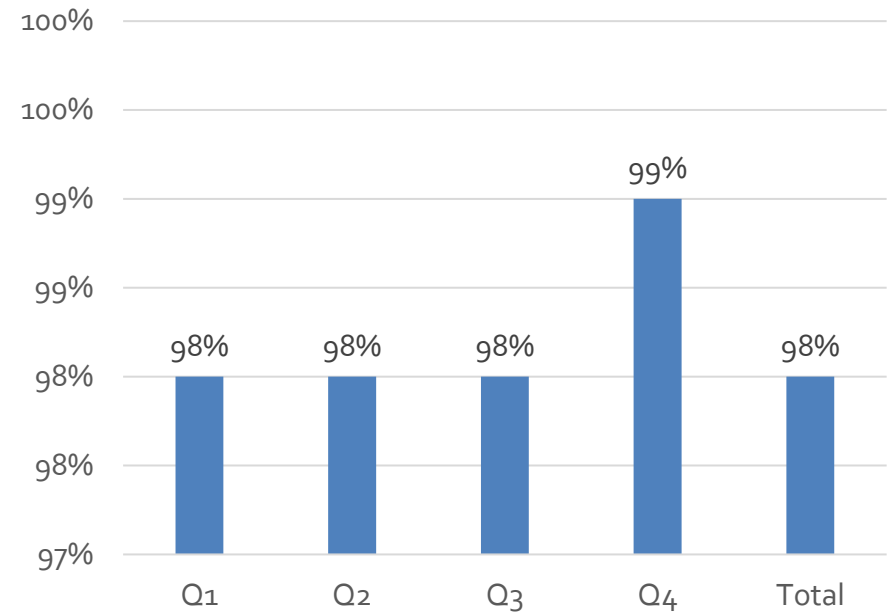
BHN

2021



BHMC

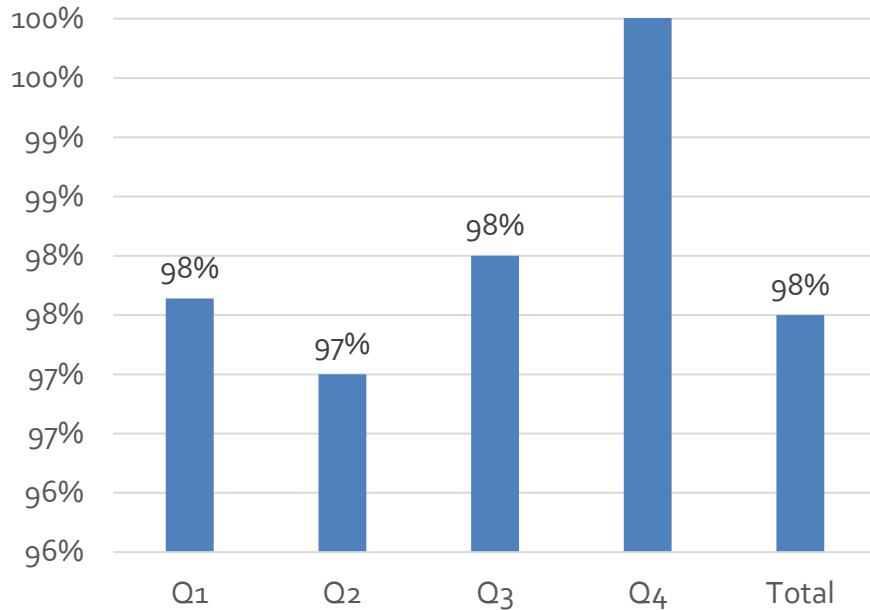
2021



NPSG OBSERVED HAND HYGIENE

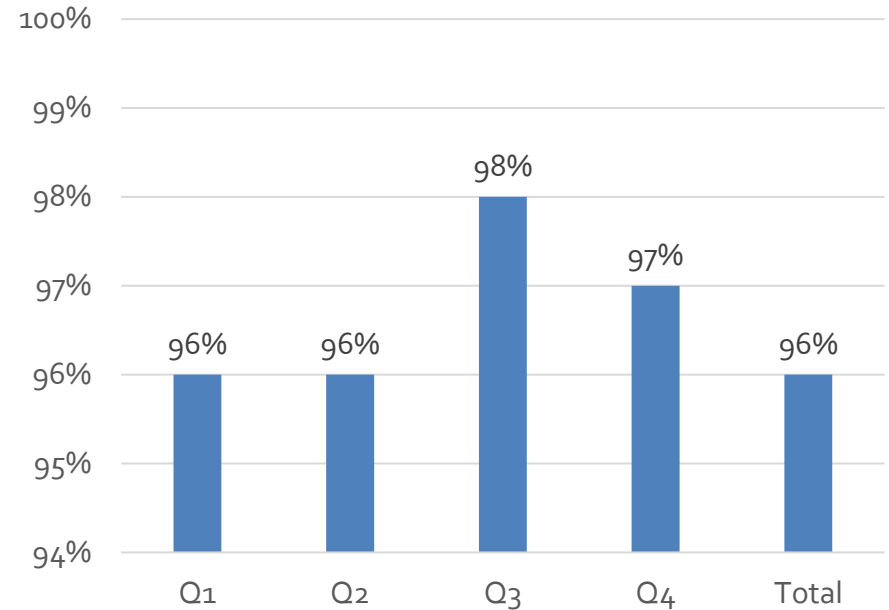
BHCS

2021



BHIP

2021



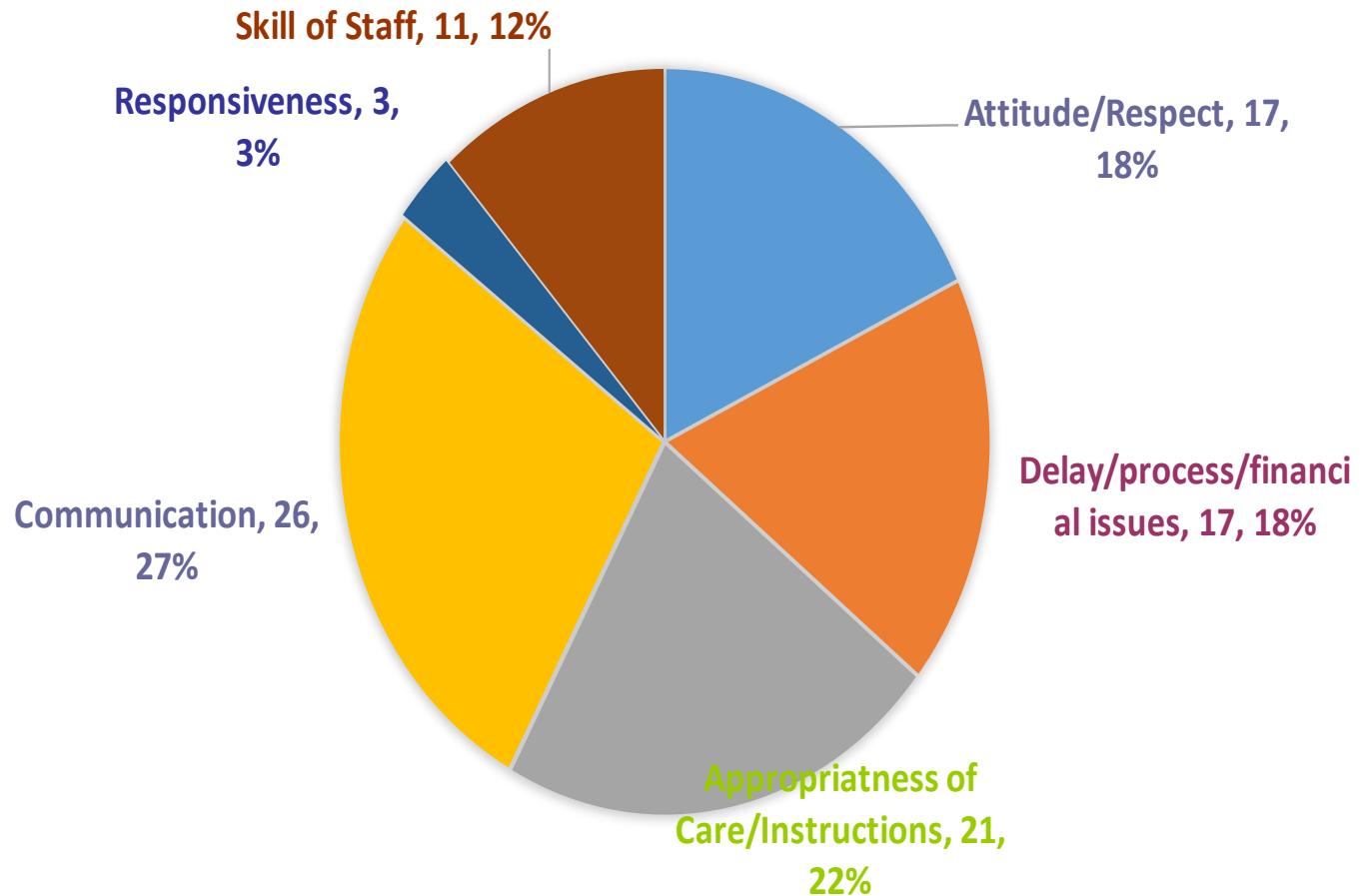
6.7 GRIEVANCES



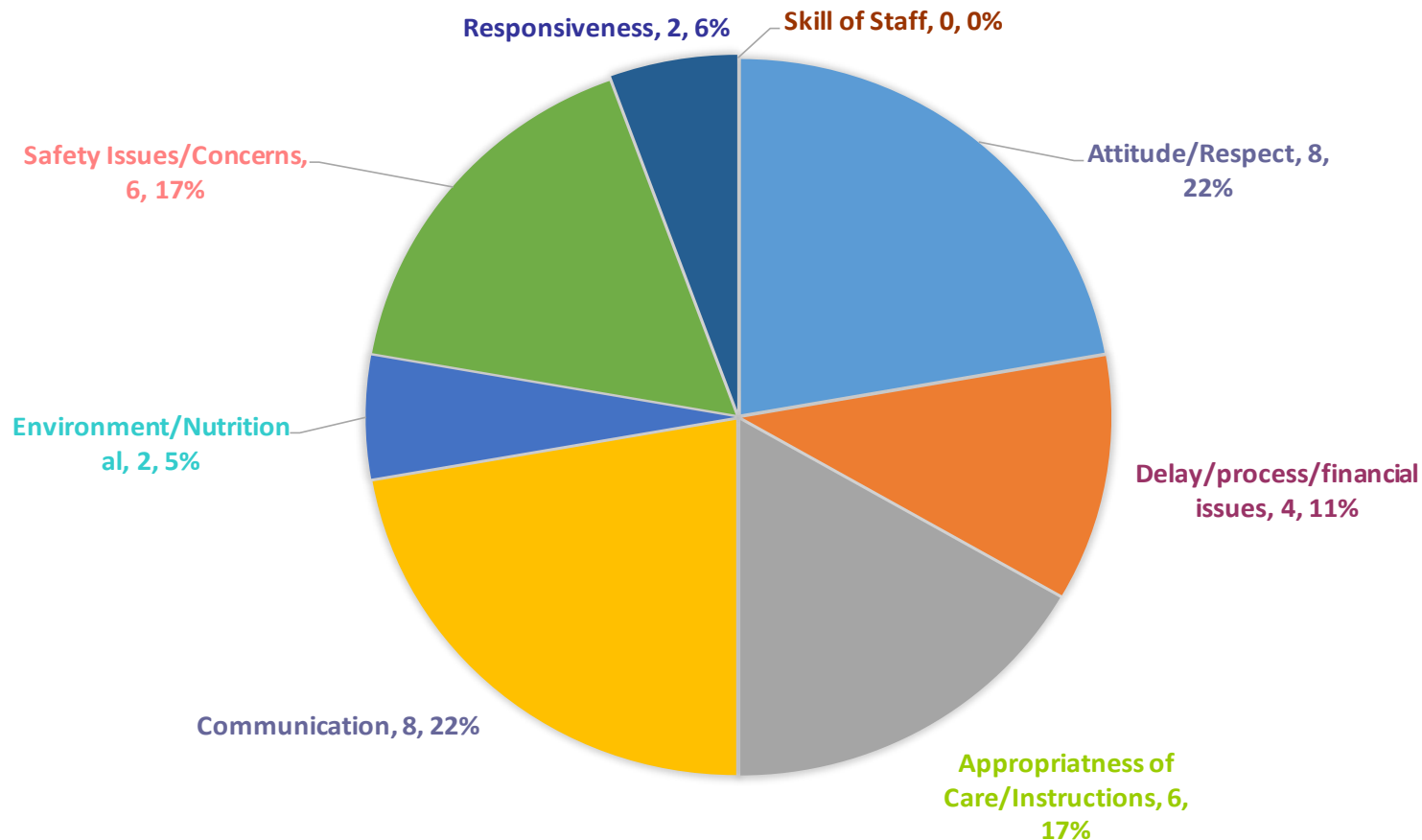
COMPLAINTS & GRIEVANCES

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

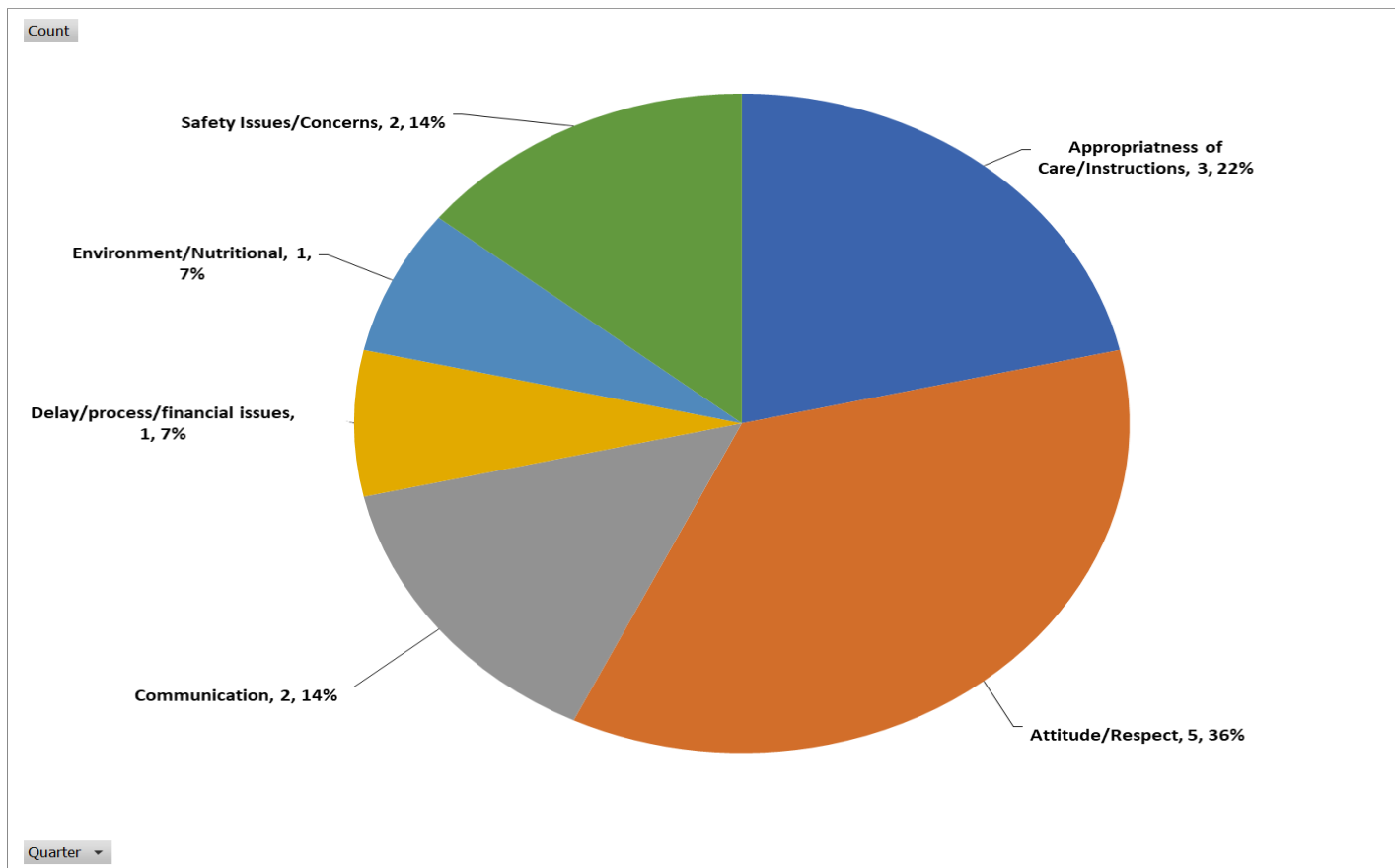
Q4 2021 BHCS CAPTURED COMPLAINTS & GRIEVANCES



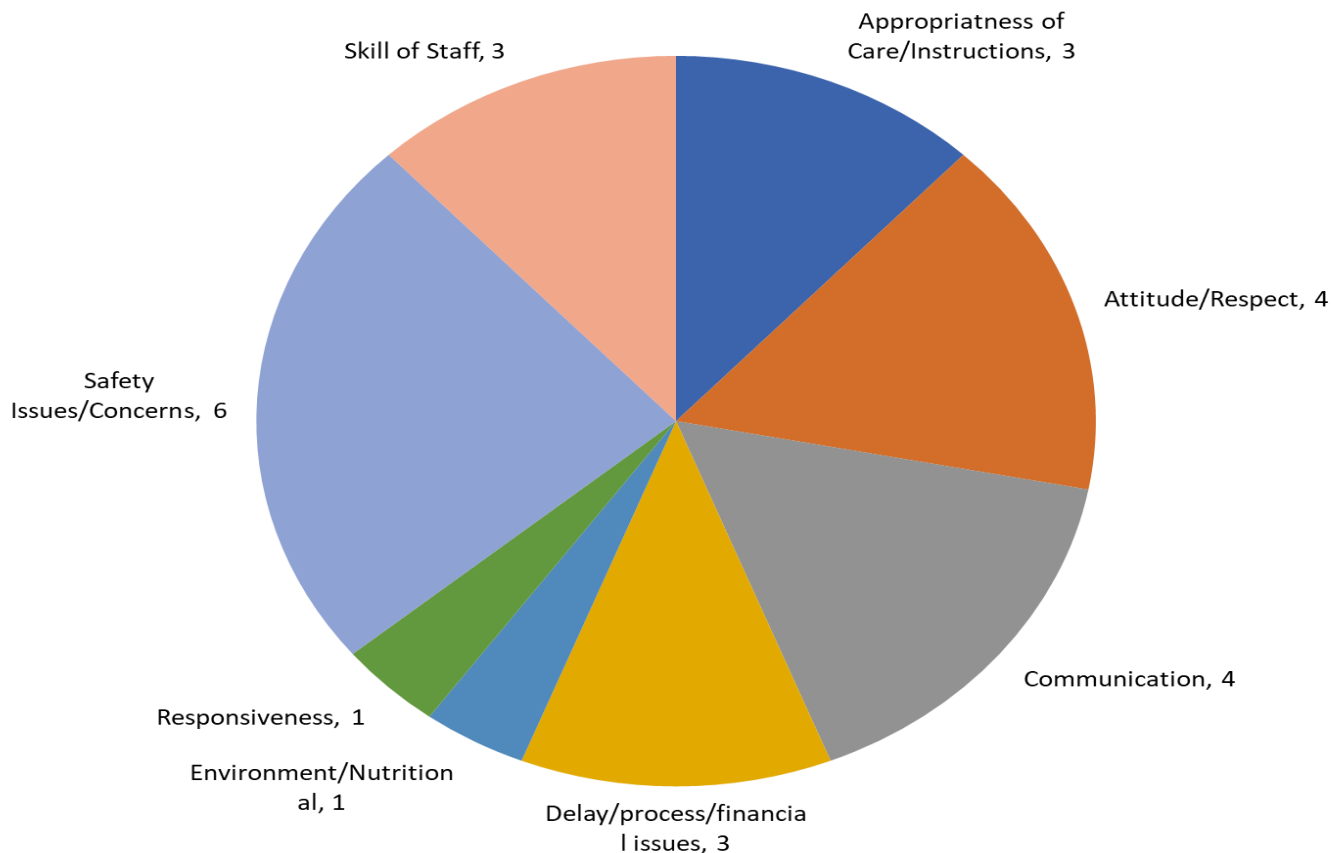
Q4 2021 BHN CAPTURED COMPLAINTS & GRIEVANCES



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

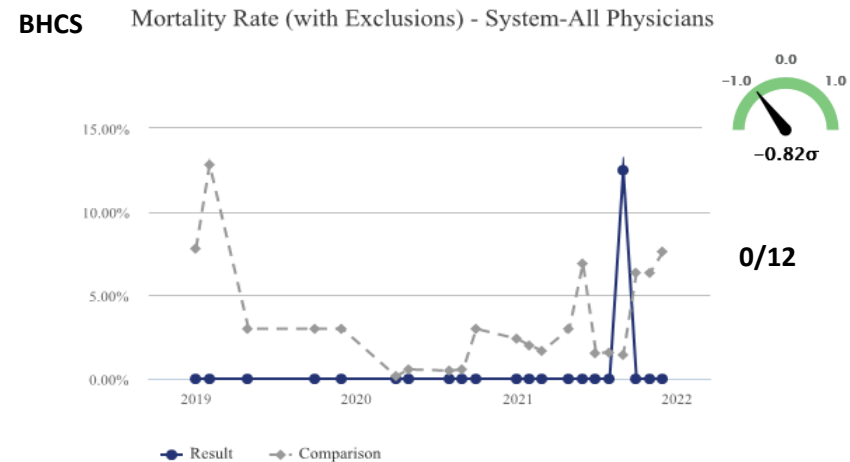
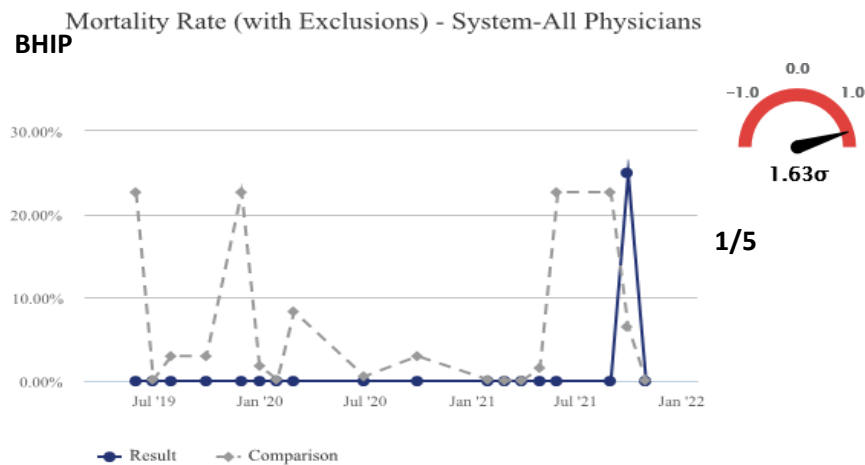
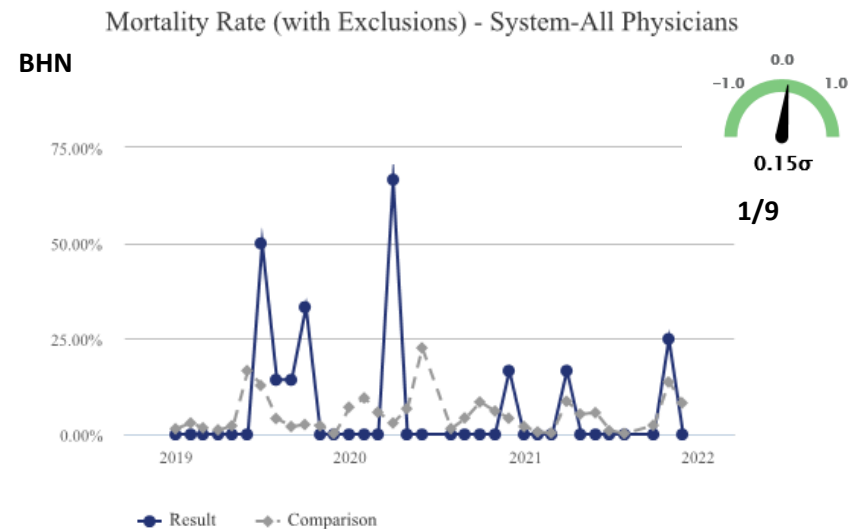
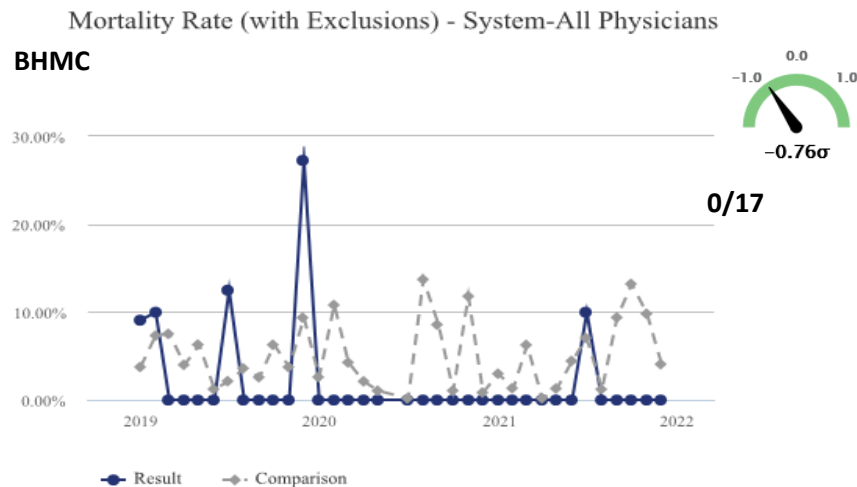


6.10 MEDICARE MORTALITIES



AMI Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 13.6%

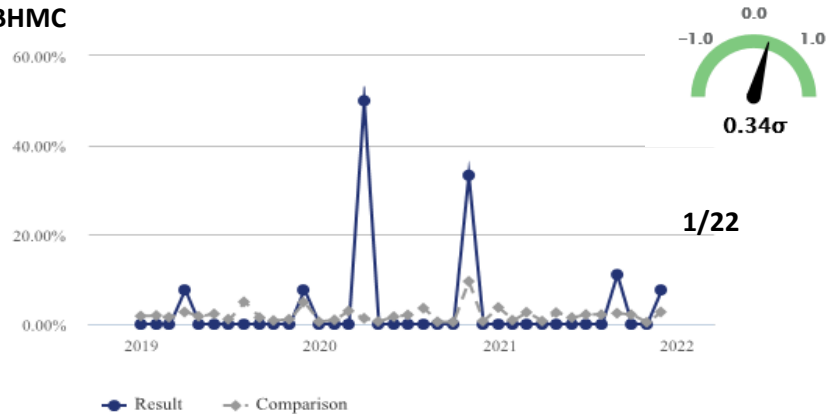


HF Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 12.0%

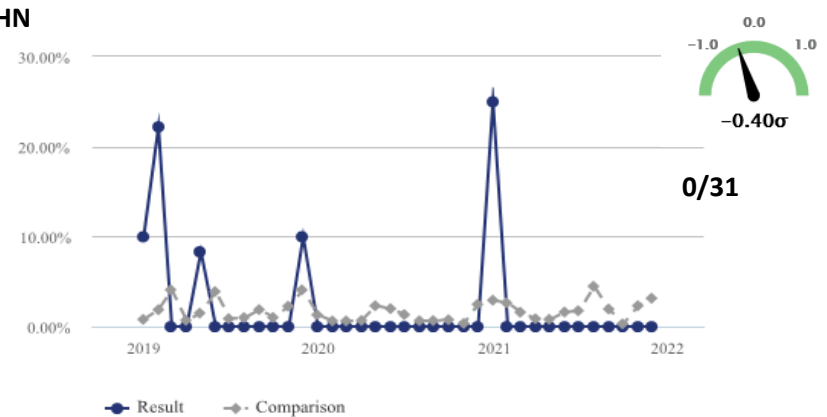
Mortality Rate (with Exclusions) - System-All Physicians

BHMC



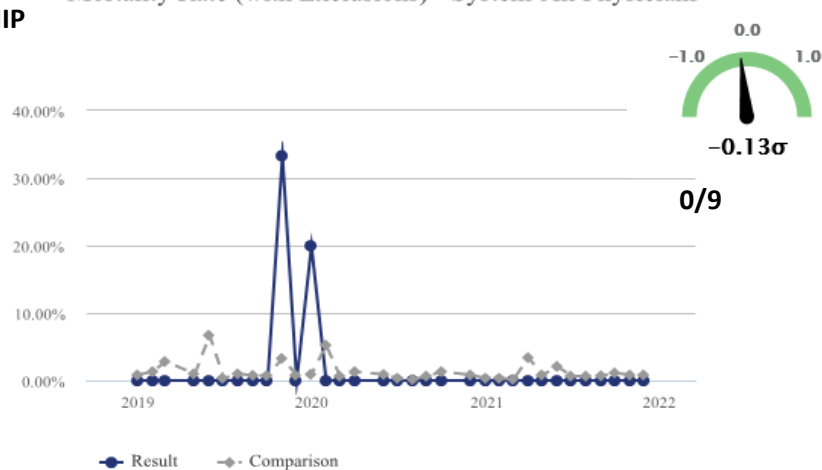
Mortality Rate (with Exclusions) - System-All Physicians

BHN



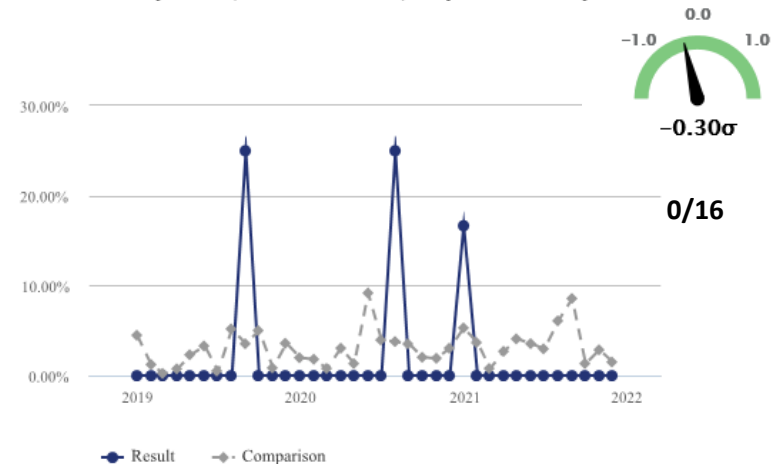
Mortality Rate (with Exclusions) - System-All Physicians

BHIP



BHCS

Mortality Rate (with Exclusions) - System-All Physicians



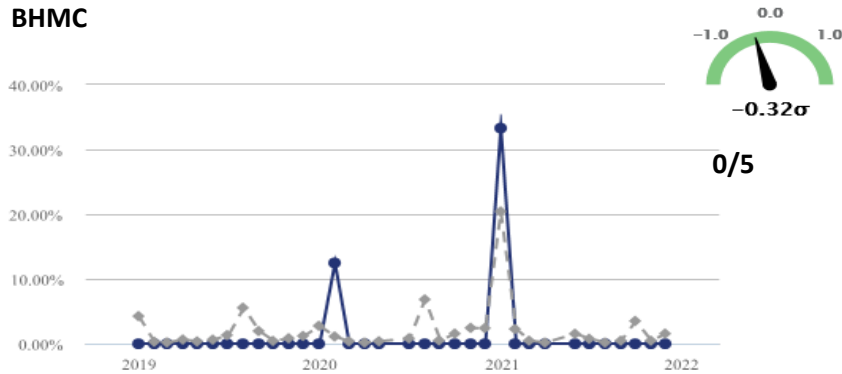
BROWARD HEALTH

COPD Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 8.1%

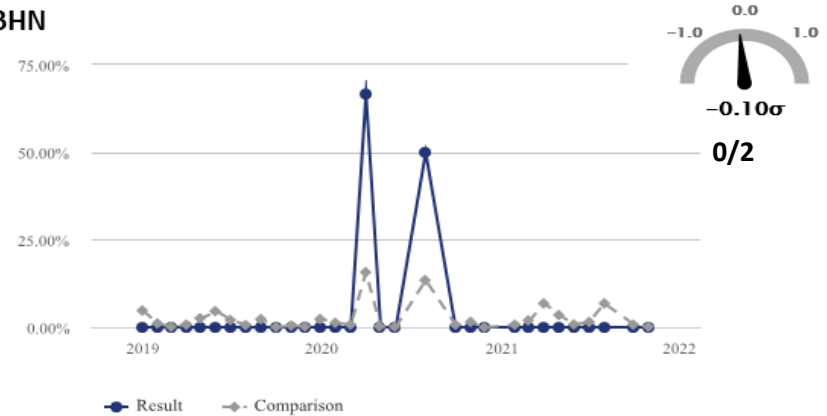
Mortality Rate (with Exclusions) - System-All Physicians

BHMC



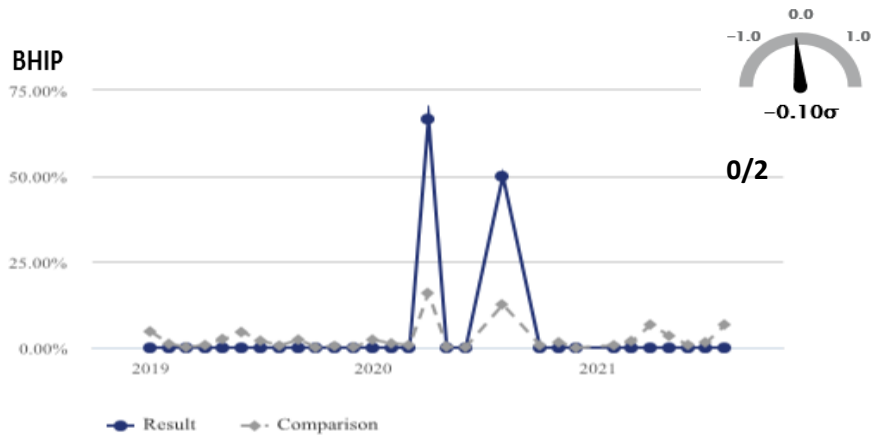
Mortality Rate (with Exclusions) - System-All Physicians

BHN

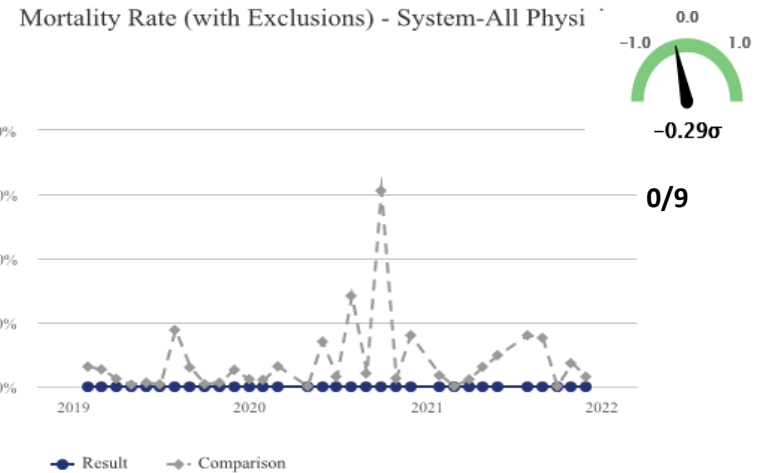


Mortality Rate (with Exclusions) - System-All Physicians

BHIP



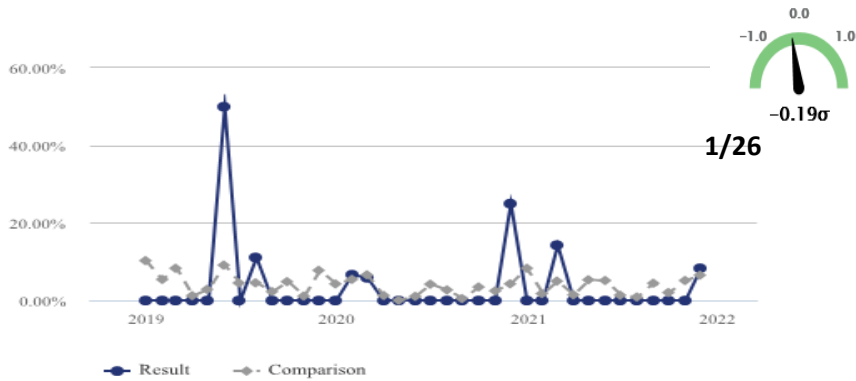
BHCS



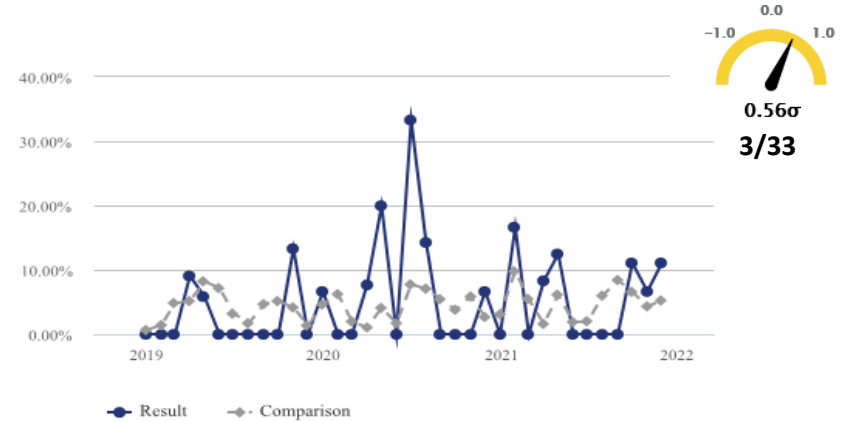
PN Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 16.0%

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

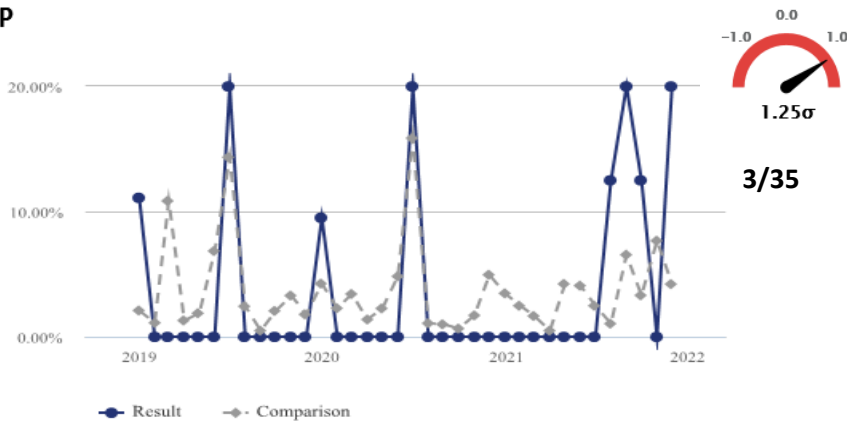


BHN Mortality Rate (with Exclusions) - System-All Physicians

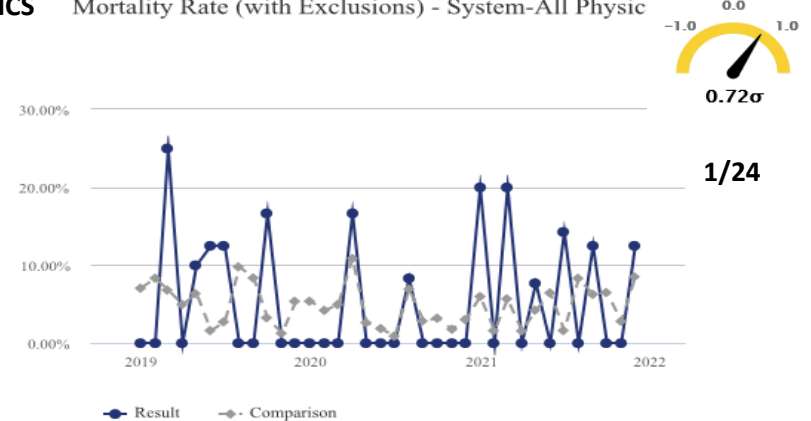


Mortality Rate (with Exclusions) - System-All Physicians

BHIP



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

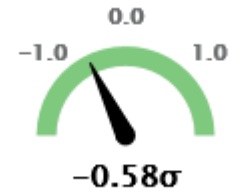
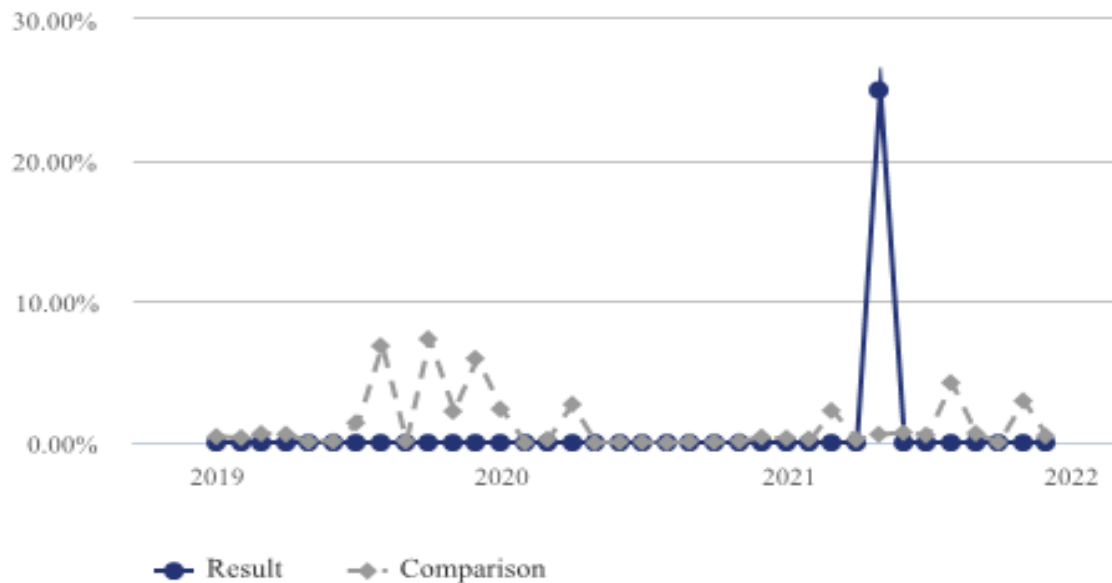


CABG Medicare Mortalities 4th Q 2021

Hospital Compare CMS benchmark 3.3%

BHMC

Mortality Rate (with Exclusions) - System-All Physicians



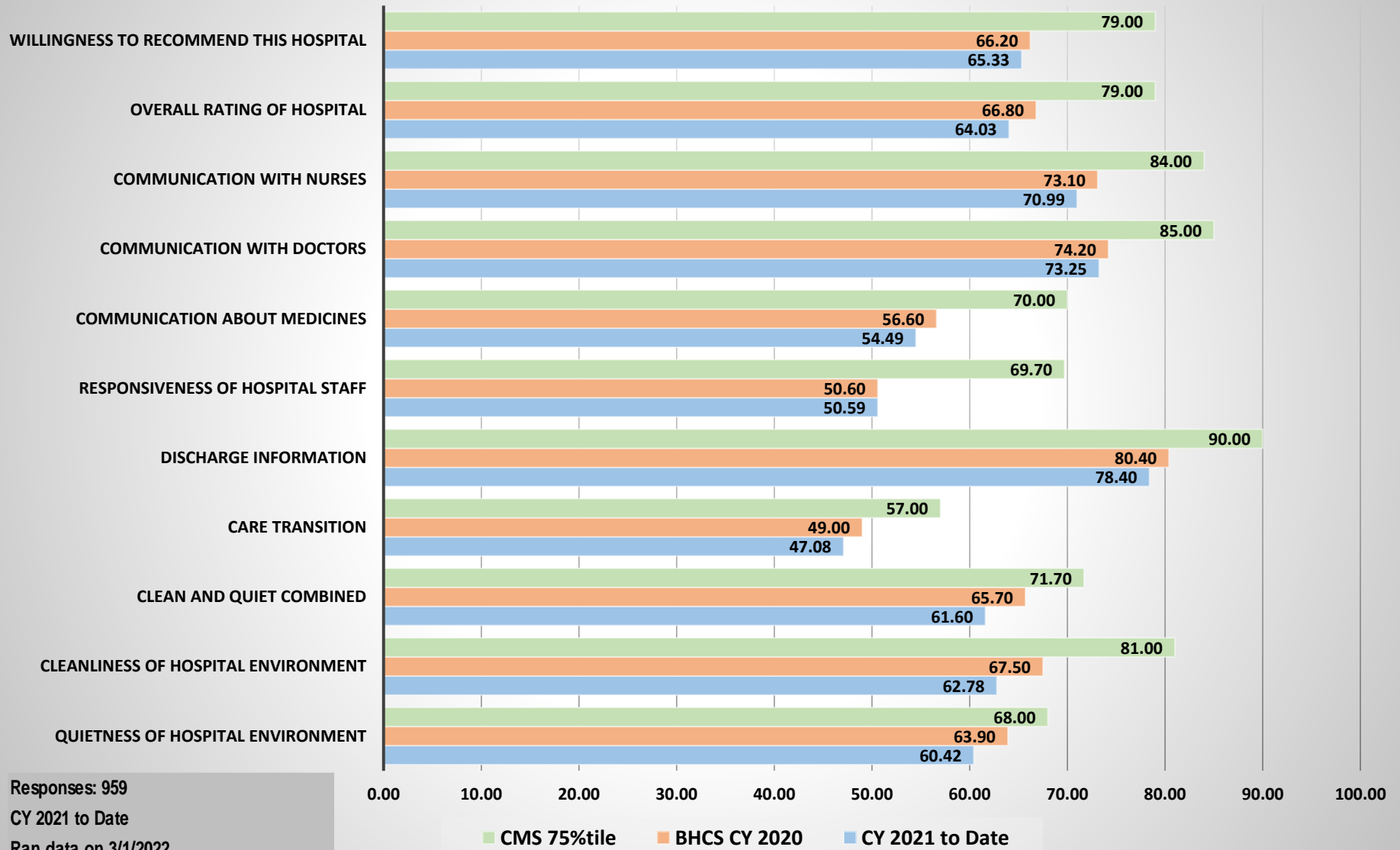
0/14

6.11 2021 HCAHPS

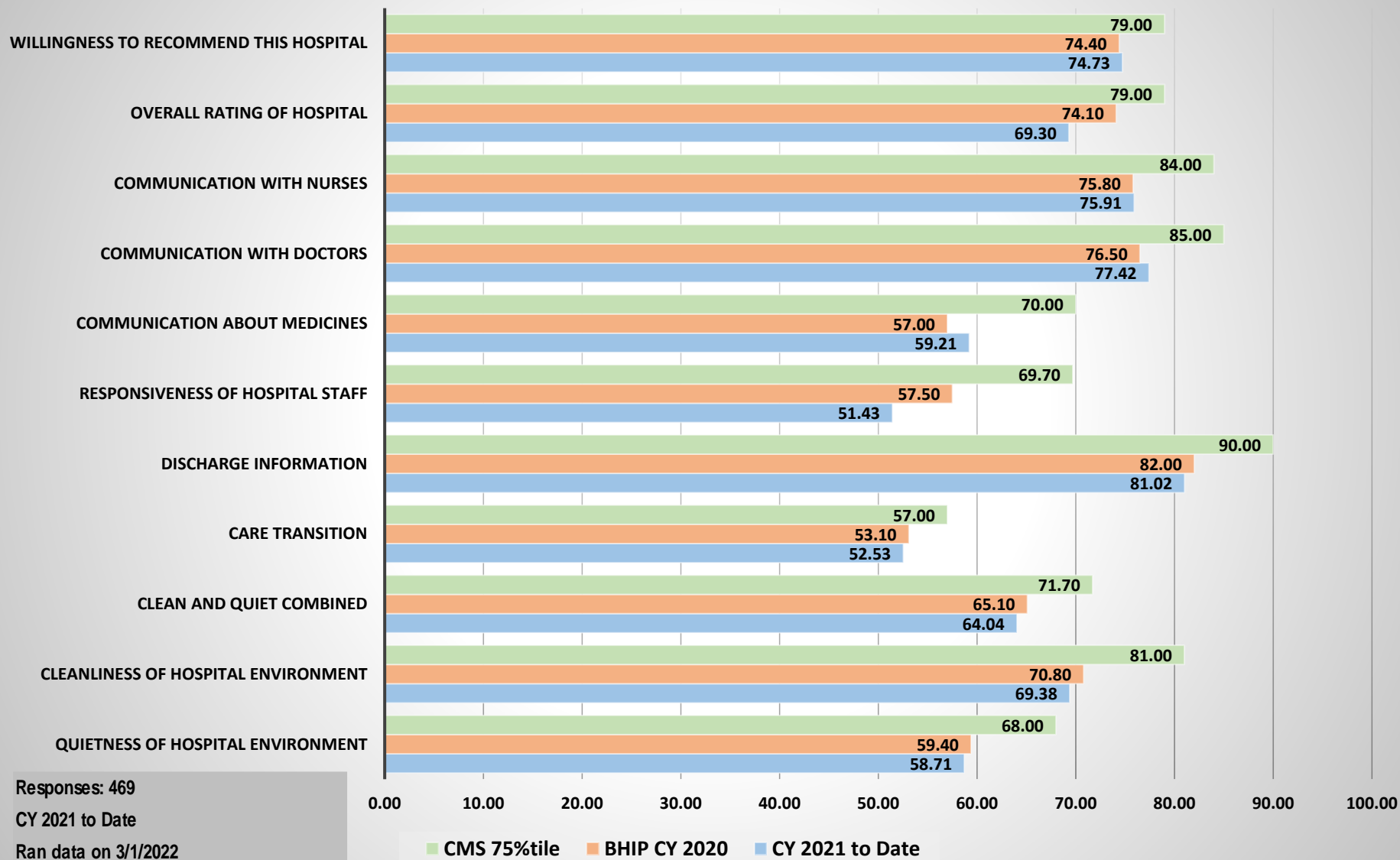
November 29, 2021



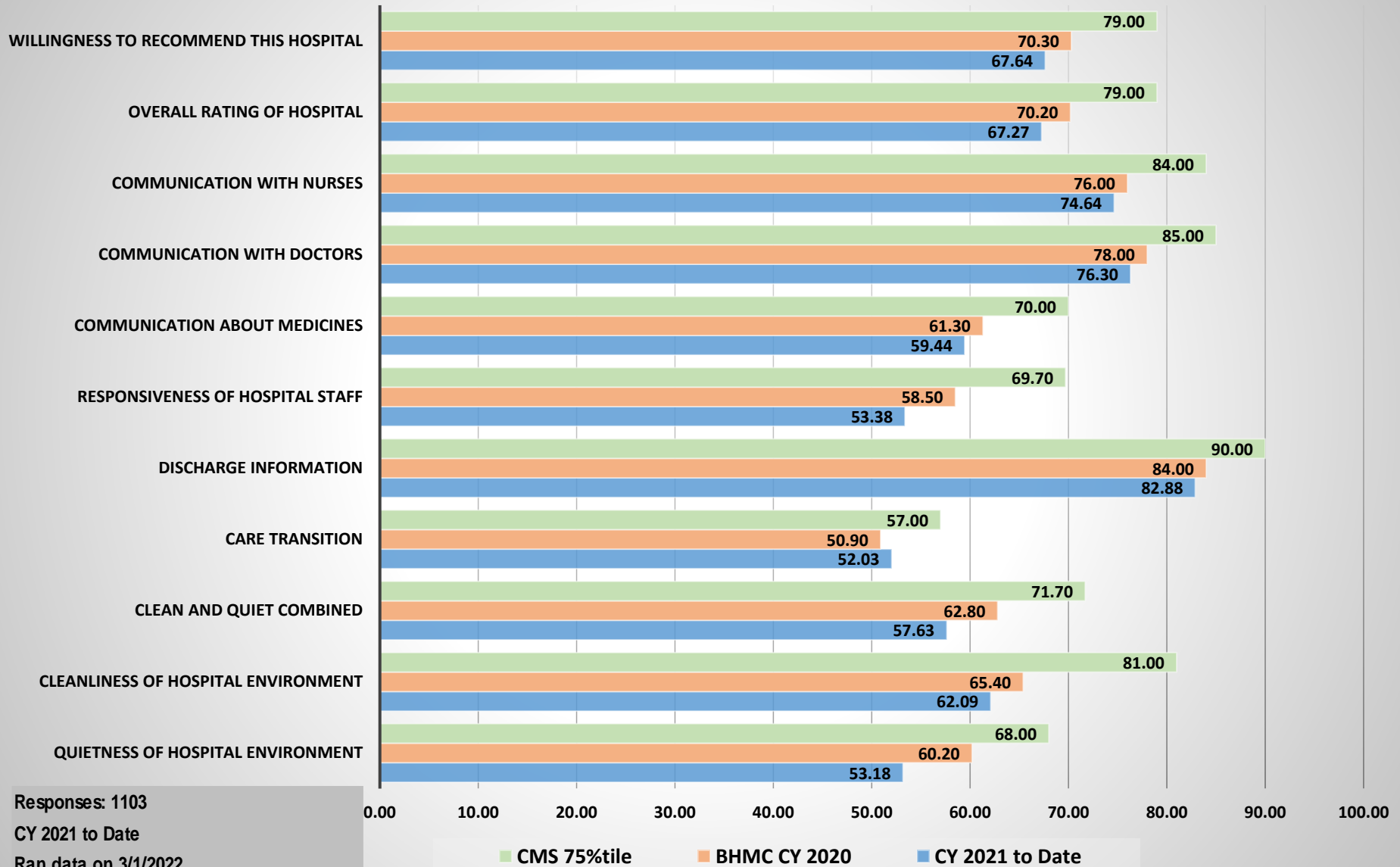
BHCS CMS HCAHPS CY 2021



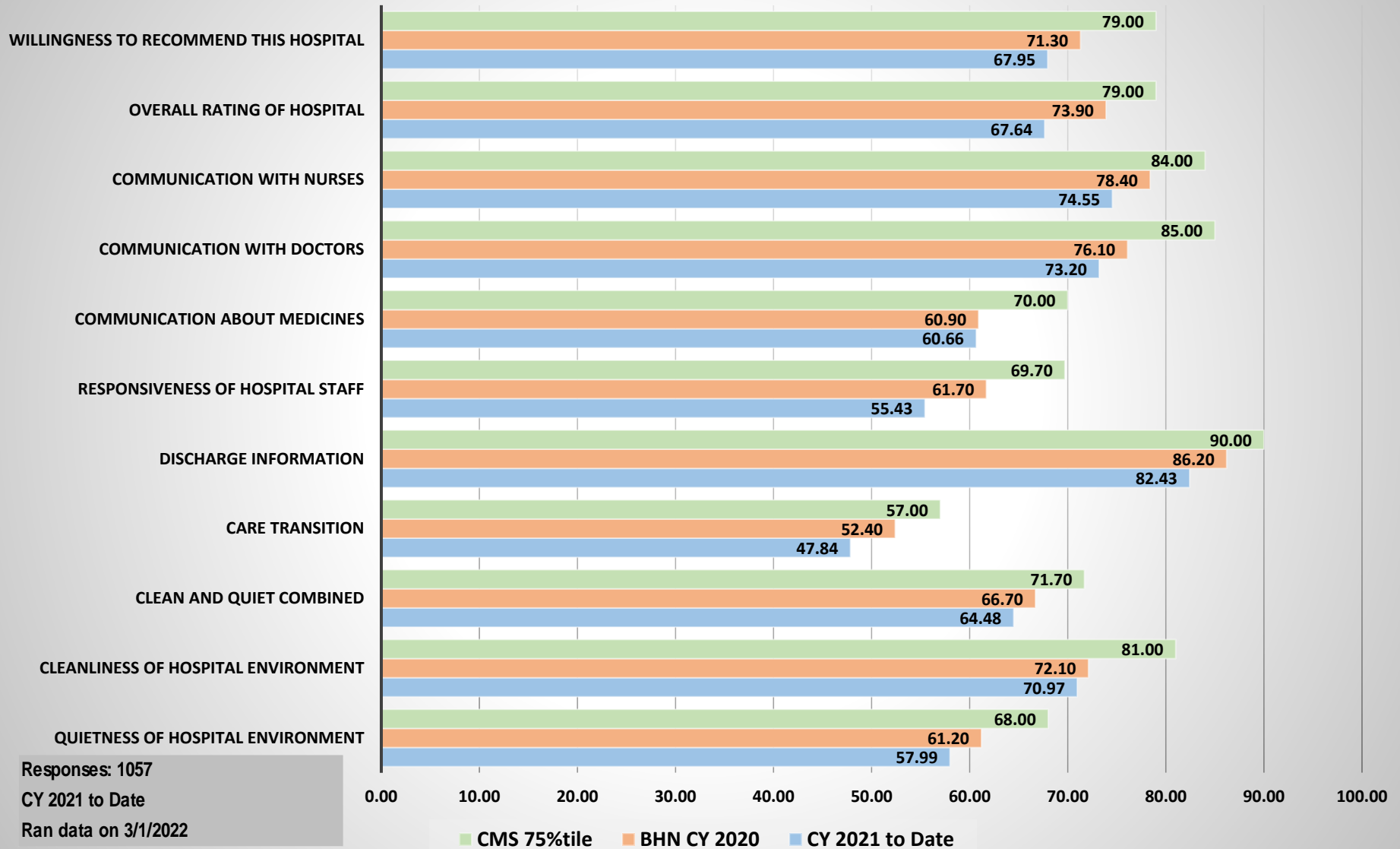
BHIP CMS HCAHPS CY 2021



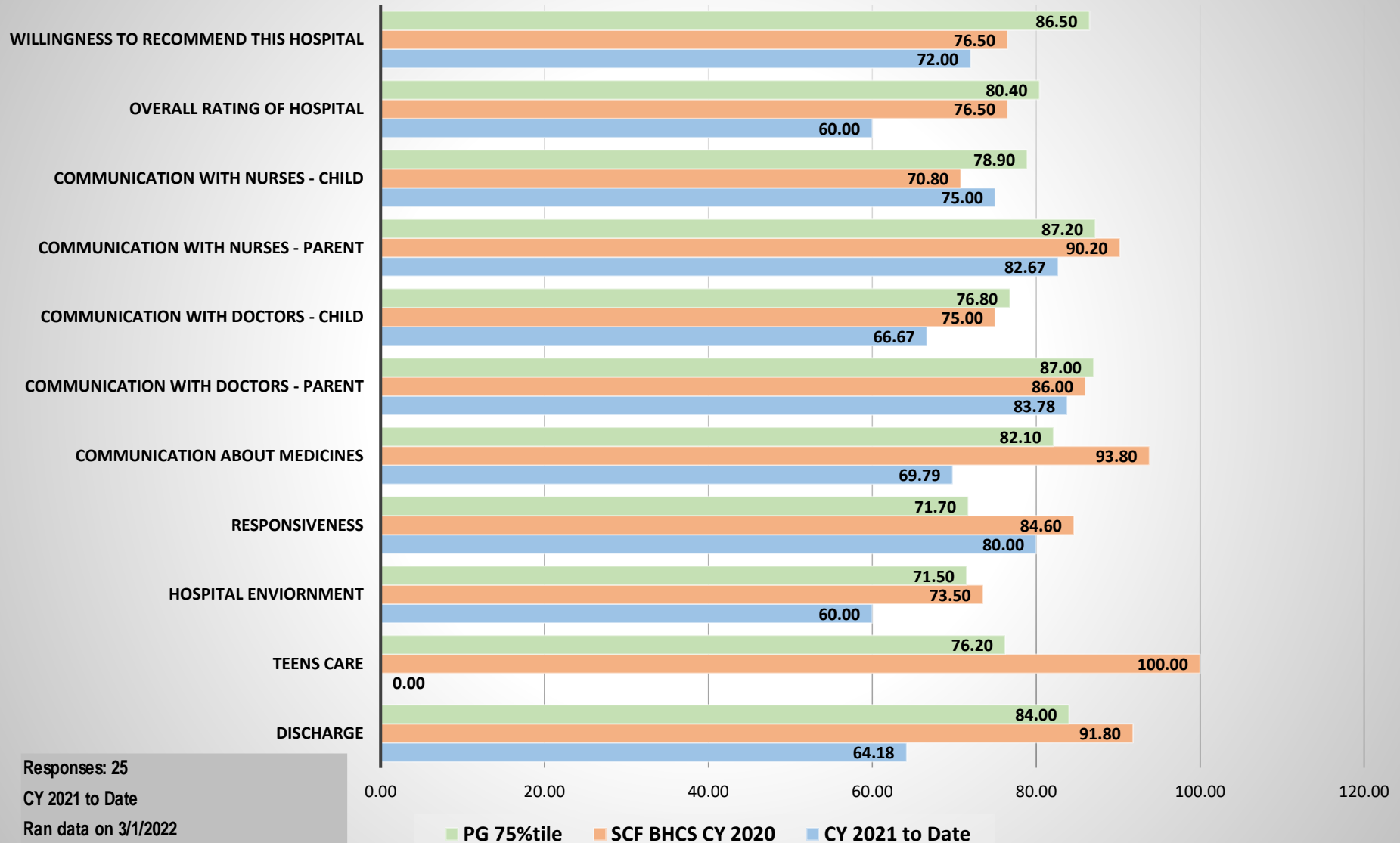
BHMC CMS HCAHPS CY 2021



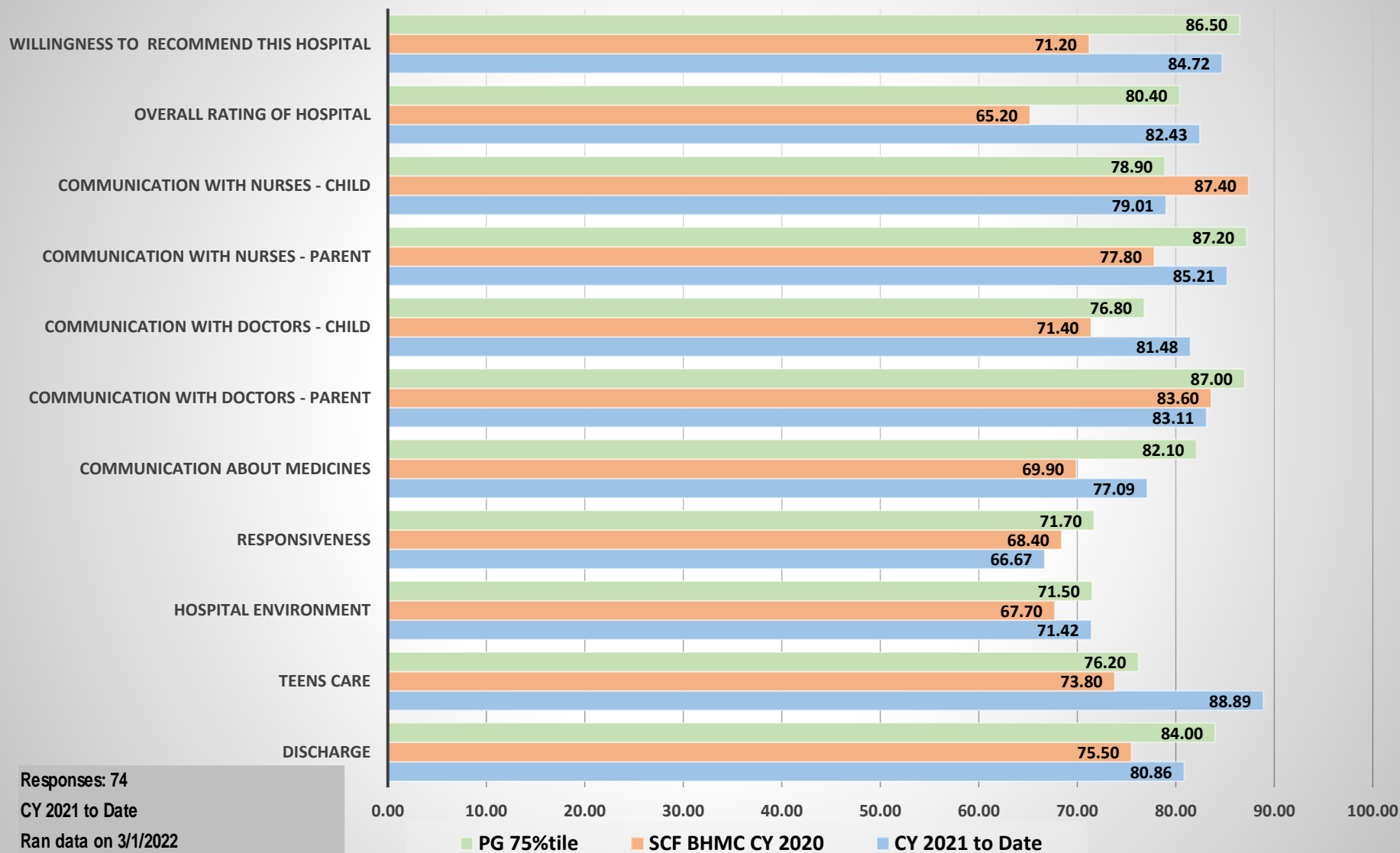
BHN CMS HCAHPS CY 2021



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

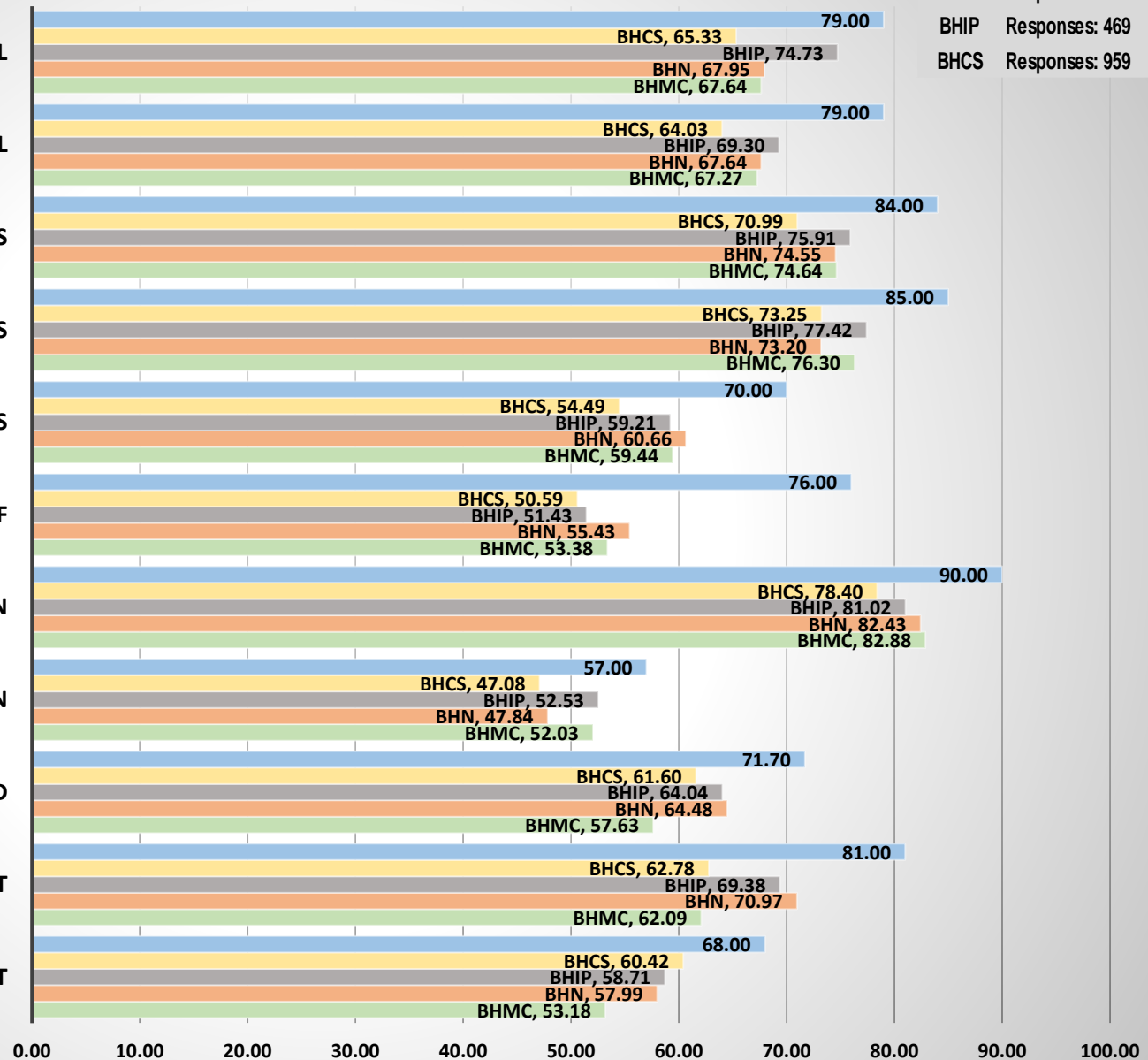
DISCHARGE INFORMATION

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