

North Broward Hospital District Board of Commissioners
1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316

**QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING
2:30 p.m., Wednesday, September 27, 2023**

The Quality Assessment and Oversight Committee of the North Broward Hospital District was held at the Broward Health Sports Medicine Building, 1601 South Andrews Avenue, Suite 100, Fort Lauderdale, FL 33316.

1. **NOTICE**

Official notice is attached to these minutes, titled EXHIBIT I. Agenda of this meeting is attached to the minutes, titled EXHIBIT II. Supporting documents, if applicable, are attached to these minutes, titled EXHIBIT III. These exhibits are presented for consideration of the Committee.

2. **CALL TO ORDER**

There being a quorum present, the meeting was called to order by Chair Ray T. Berry at 2:39 p.m.

3. **COMMITTEE MEMBERS**

Present:

Commissioner Stacy L. Angier
Commissioner, Ray T. Berry, Chair

Not Present:

Commissioner Nancy W. Stamper, Vice Chair

Additionally Present:

Commissioner Paul C. Tanner
Commissioner Jonathan K. Hage (via TEAMS)
Commissioner Levi G. Williams, Jr.
Shane Strum, President, Chief Executive Officer
Alan Whaley, EVP, Chief Operating Officer
Alisa Bert, VP, Interim Chief Financial Officer
Linda Epstein, Corporate General Counsel

4. **PUBLIC COMMENTS**

Chair Berry opened the floor for public comments, in which there were none.

5. **APPROVAL OF MEETING MINUTES**

- 5.1. Approval of Quality Assessment and Oversight Committee Meeting Minutes dated June 28, 2023

Without objection, Chair Berry approved the minutes, dated June 28, 2023.

Motion *carried* without dissent.

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6. CONSENT AGENDA

Quarterly Reports, Data Q2 CY2023, PowerPoint Presentation (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

- 6.1.1. Environment of Care
- 6.1.2. Antimicrobial Stewardship
- 6.1.3. Infection Prevention
- 6.1.4. NPSG - Hand Hygiene
- 6.1.5. Grievances
- 6.1.6. Medicare Readmissions
- 6.1.7. Medicare Mortalities
- 6.1.8. Risk Management Quarterly Reports

MOTION It was *moved* by Commissioner Angier, *seconded* by Commissioner Berry, that:

The Quality Assessment and Oversight Committee of the North Broward Hospital District approve items 6.1.1 through 6.1.8 on the Consent Agenda, as presented.

Motion *carried* unanimously.

7. DISCUSSION AGENDA

7.1. Quality and Safety Agenda Presentation

7.1.1. CMS Star Ratings Update

Mr. Gallison reported and reviewed the following July 2023 CMS Star Ratings:

- BHIP 3 Stars (2022-4)
- BHCS 3 Stars (2022-2)
- BHMC 2 Stars (2022-2)
- BHN 1 Star (2022-2)

Noted that in light of COVID, CMS did not include Q1 & Q2 2020 data.

7.1.2. US News & World Report Update

Mr. Gallison reported the following US News & World Report 2023 methodology changes:

- Outcomes & Experience 45% from 37.5%
 - Mortality, discharge patients to home, length of stay, volume, Influenza rates for staff and physicians, vaccine rates for patients
- Structure 35% from 30%
 - Nurse staffing, Intensivist, technologies, services offered

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- Expert Opinion 12% from 24.5%
 - Physician vote in the Doximity platform where they would send patients, get care, send family, etc.
- Patient Experience 5%
- Transparency 3%
 - Recognized programs for Cancer (NCI) and (FACT), Neuro (NAEC), Magnet Hospital, geriatrics (NIA), trauma centers

Mr. Gallison reported the following 2023 US News “High Performing” for the District:

- Broward Health Medical Center
 - Heart Attack
 - Heart Failure
 - Stroke
- Broward Health Coral Springs
 - COPD
 - Pneumonia
 - Diabetes
- Broward Health North
 - Stroke
 - Hip Replacement
 - COPD
 - Diabetes

7.1.3. Patient Experience – HCAHPS – (BHN Spotlight with Eileen Manniste, CNO)

Mr. Gallison shared Press Ganey’s high reliable organization pathway that is aligned to The Joint Commission (TJC) which measures quality outcomes aligning with the experience of care and employee engagement.

The following “Best Practices” are considered building blocks to achieving high reliability within the organization:

- Transformational Change
 - Intersection of Quality Outcomes
 - Experience of Care
 - Employee Engagement
- Align Culture
 - Patient Centric
 - Robust Data Strategy

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- Patient Loyalty
- Staff Engagement
- System of Accountability

Additionally, reported the District's current best practices:

- Implemented Basics
 - Bedside Handoff
 - Purposeful Rounding
 - Partner in Care Calls
 - Nurse Leader Rounding
- Focus on Personal Connections
- Discharge Phone Calls
- No Pass Zones
- Regional and Corporate Patient Experience Committees
- Press Ganey Leader Training
- BH Patient Connect

It was confirmed that Press Ganey engaged to send 182K annual surveys for 12 service lines of which 3 are digital surveys. Reported that over the past 6-months:

- 16,133 Inpatient surveys sent
- Response Rate
 - National Average 25.2%
 - State Average 22.9%
- District' Regional Response Rate
 - BHMC 10.2%
 - BHN 17.3%
 - BHIP 14.2%
 - BHCS 14.1%

Mr. Gallison shared several of the organization's plans in the incoming year to increase patient response rates.

The following BHN representatives presented their efforts to improve the patient experience.

- Matthew Garner, Regional CEO
- Eileen Manniste, Chief Nursing Officer
- Andrew Sinclair, Manager Patient Experience and Communications

For further detail, related slides are available within the September 2023 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' web page.

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8. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 3:34 p.m.

Respectfully submitted,
Commissioner Jonathan K. Hage, Secretary/Treasurer

DRAFT