

6.1 COMMUNITY HEALTH SERVICES: HEALTHCARE FOR HOMELESS



Performance Measure for HCH Patients with Diabetes, CY 2021		Target	Q1	Q2	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%	72%
	# of patients who attended sessions		20	13	33
	# of patients who were scheduled for a session		33	13	46
	NO SHOW RATE	less than 40%	39%	0%	28%
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%
	# of patients with HbA1c 5.7% or greater and scheduled for session		33	13	46
	# of patients identified as having HbA1c 5.7% or greater		115	89	204
	Monitor Percentage of patients with uncontrolled diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent	≤ 16.20 %	9%	6%	7%
	# of patients with HbA1c greater than or equal to 9% over the past 3 months.		21	18	19
	# of established Diabetic patients the last 3 months		234	306	270



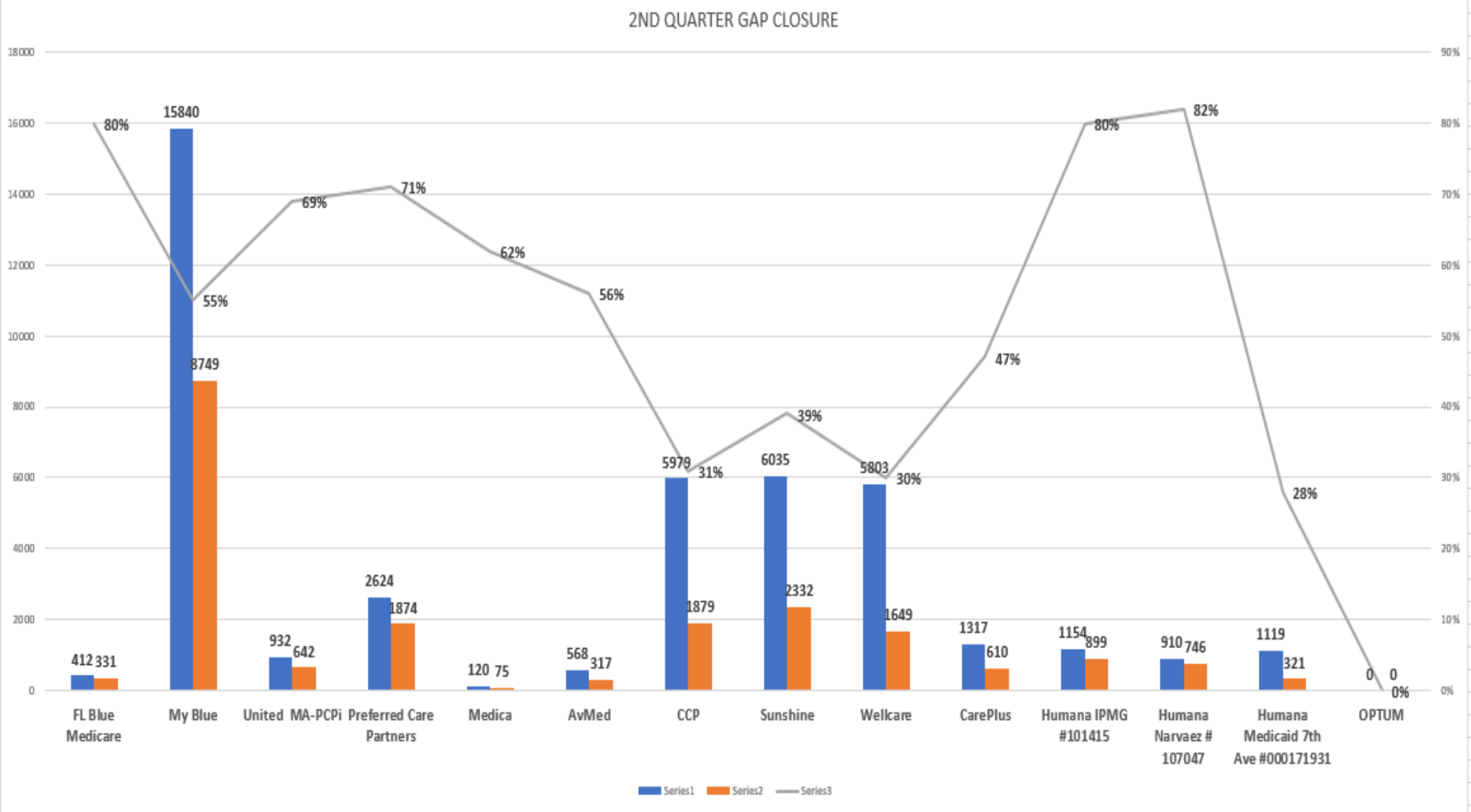
6.2 AMBULATORY PHYSICIAN PRACTICE UPDATE



2021 PRIMARY CARE PHYSICIAN PREVENTATIVE HEALTH - QUALITY PLAN

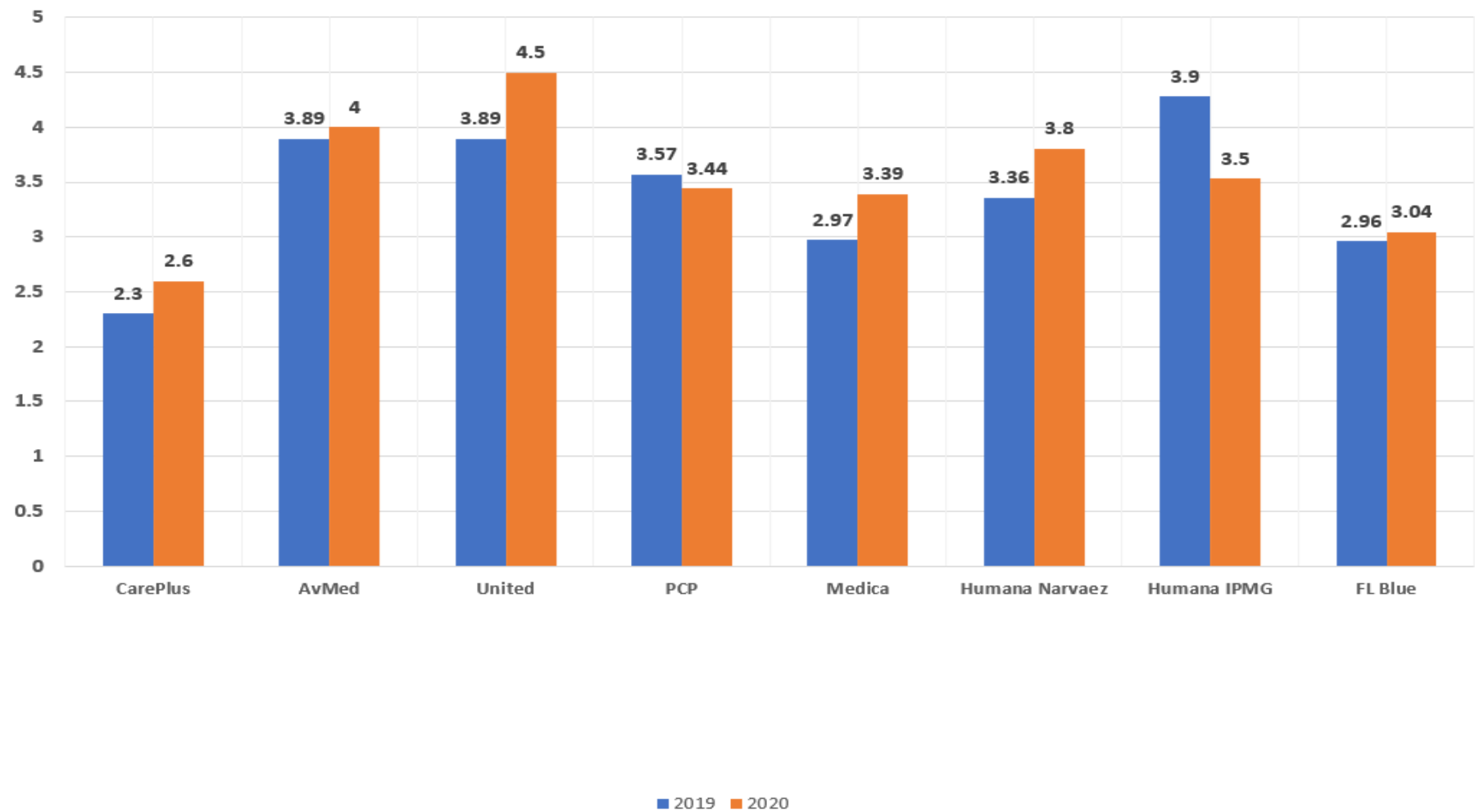
- Primary Care Physician/point of care staff education & engagement w/ 2021 clinical preventative care gap closure plan.
- Address preventative and chronic care for noncompliant patients from 2020.
- 2021 1st & 2nd Qtr. Address Annual Preventative care gap closure.
- 3rd & 4th Qtr. maintain compliance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

2021 2ND QTR PRIMARY CARE HEALTH PLAN CLINICAL GAP CLOSURE RATE



MANAGED MEDICARE PRIMARY CARE PLAN STARS SCORES YEAR OVER YEAR 2019-2020

Final Year over year - Medicare Managed Care STARs Scores 2019 -2020



6.3 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	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	APR 21	MAY 21	JUN 21	YTD 21
Improvement in Ambulation	79.9	86.4	86.7	84.7	84.6	84.7	84.2	86.1	No data	85.3
Improvement in Bed Transferring	81.4	84.0	88.3	84.6	84.2	83.4	86.8	97.1	No data	86.9
Improvement in Bathing	82.6	84.1	86.6	84.9	84.8	84.0	100	100	No data	89.2
Improvement in Dyspnea	83.2	92.0	88.3	88.9	88.7	88.6	83.1	91.9	No data	88.8
MANAGING PAIN AND TREATING SYMPTOMS	CMS Target Percentage	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	APR 21	MAY 21	JUN 21	YTD 21
Improvement in Management of Oral Medications	93.8	85.3	84.9	80.0	80.0	80.3	100	81.2	No data	84.5

CMS IQIES			BLUE at or above target GREEN target within 5 pts. ORANGE opportunity for improvement							
PREVENTING HARM	CMS Target Percentage	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	APR 21	MAY 21	JUN 21	YTD 21
Timely Initiation of Care	95.4	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	99	100	99	99	99	97	95	No data	98.3
Discharge to Community	72.5	84.1	85.6	82.7	82.7	81.9	87.2	81.4	No data	83.7
PREVENTING UNPLANNED HOSPITAL CARE	CMS Target Percentage	Q3 20	Q4 20	JAN 21	FEB 21	MAR 21	APR 21	MAY 21	JUN 21	YTD 21
CMS/Risk Adjusted Hospitalizations	15.4	19.86	21.1	11.8	14.8	18.4	20.7	20.7	No data	18.2
ER use without Hospitalization	13	11.3	5.3	9.2	9.8	12.2	10.3	10.3	No data	9.7



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	Q1 21	Q2 21	Q3 21	Q4 21	AVG FY 21
Patients who reported their HH team gave care in a compassionate way	88	90.53	93.75	89.02	84.38	89.42
Patients who reported that their home health team communicated well with them	85	87.84	89.5	88.5	81.74	86.89
Patients who reported that their HH team discussed meds, pain and home safety with them	83	76.17	71.63	68.41	63.73	69.85
Patients who gave their HH agency a 9 or 10	84	92.59	92.31	86.96	75	86.71
Patients who reported YES, they would definitely recommend HH Agency	78	74.07	66.67	75	81.25	74.25

HOME HEALTH CHAP SURVEY 2021

Strengths

- Excellent management of high acuity patients.
- Compassionate care by invested staff as evidenced by multiple Star Awards.
- Detailed patient education both written and verbal provided to each patient.

Opportunities

- The individualized clinical plan of care must include indications for PRN medications.
- The timely submission of discharge and transfer summaries to the pertinent physicians.
- Hand hygiene is performed by clinical staff when indicated.

Action Plan

- Monthly Chart Audits
- Field supervisory visits
- Mandatory staff education

BROWARD HEALTH HOSPICE

Quality Management
Processes & Outcomes
HIS Quality Measures
HSCAHPS



MCKESSON CUSTOM REPORT - HOSPICE QUALITY REPORTED MEASURES													
HOSPICE HOME VISITS WHEN DEATH IS IMMINENT -AVG	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	YTD 21
A-3 DAYS	No data	5.3	3.8	5.2	4.2	4	5.25	0	4.5	4.5	5	5.71	4.31
B-7 DAYS	No data	10	7.6	10	7	5.25	6.75	0	8.5	8.5	10	9	7.51
RN/LPN	No data	5.3	3.8	5	3.4	3.25	3	0	4	5	4.33	4.29	3.76
MSW	No data	0.33	0.6	0.8	0.4	0.25	0.75	0	0.5	1	1	0.57	0.56
AIDE	No data	2	1	2.2	1.2	0.25	.5	0	1	0.5	2.33	1.71	1.06
CHAPLAIN	No data	2.33	2.2	1.6	1.6	1.5	2	0	1.75	1.5	2	1.86	1.67
PROVIDER (MD/ARNP)	No data	0	0	0.1	0.1	0	0.5	0	1	0.5	0.33	0.57	0.28

CASPER REPORT							BLUE at or above target GREEN target within 5 pts. ORANGE opportunity for improvement							
HOSPICE INFORMATION SET	CMS ROLLING TARGETS	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	YTD 21
Treatment Preferences	99.5	100	100	100	100	100	No data	100	100	100	100	100	100	100
Beliefs/Values	97.9	100	100	100	100	100	No data	99.6	99.6	99.6	97.9	99.6	99.6	99.6
Pain Screening	97.7	97.6	97.4	96.4	96.7	96.5	No data	95.5	95.6	95.3	95.3	95.3	95.9	96.1
Pain Assessment	96.6	100	100	100	100	100	No data	100	100	100	98.8	98.8	100	99.8
Dyspnea Screening	98.8	100	100	100	100	100	No data	100	100	100	94	97	100	99.45
Dyspnea Treatment	97.0	100	100	100	100	100	No data	100	100	100	97	90.3	95.5	98.4
Bowel Regime	94.2	100	100	100	100	100	No data	100	100	100	100	100	100	100
Hospice Comprehensive Assessment	90.3	97.6	97.4	96.4	96.7	96.1	No data	95.1	95.2	94.9	94.9	94.9	95.5	95.88

PRESS GANEY REPORT		BLUE at or above target GREEN target within 5 pts. ORANGE opportunity for improvement				
HSCAHPS	National Average	Q1 21	Q2 21	Q3 21	Q4 21	AVG FY 21
Hospice Team Communicates	81	77.78	80.95	91.67	70	80.1
Getting Timely Care	78	36.67	82.86	66.67	46.67	58.21
Treating Family Members With Respect	81	100	92.86	100	80	93.21
Getting Support Religious/Emotional	90	100	95.21	94.44	80	92.42
Getting Help For Symptoms	75	87.5	70.83	70	50	69.58
Getting Hospice Care Training	75	40	60	58.75	65	55.93
Recommend Hospice	84	80	83.33	99	80	85.58

HOSPICE CHAP SURVEY 2021

Strengths

- The IPU was awarded a deficiency-free survey for their exemplary performance.
- Outstanding individualized psychosocial/spiritual care.
- Excellent management of high acuity patients despite rapid turnover.

Opportunities

- The hospice aide will follow the care plan established by the RN.
- The plan of care will address all needs identified in the clinical assessment.
- Wound assessment and documentation must reflect agency policy.

Action Plan

- Monthly chart audits
- Mandatory staff education
- Collaborate with wound care nurses at BHMC for re-education lab

6.4 POPULATION HEALTH



Cigna - Quality

Cigna	Benchmark	Dec-15	Mar-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	Mar-21
CAD - Taking a Statin	73.6%	69.1%	71.4%	69.0%	78.7%	71.2%	72.9%	65.6%	82.4%	84.9%	85.7%	83.3%	66.7%
Diabetes - Retinopathy	36.9%	29.9%	31.0%	38.6%	44.7%	45.8%	49.3%	52.4%	53.2%	55.4%	58.2%	47.8%	53.6%
Diabetes - Good HbA1c control	73.1%	70.4%	74.7%	76.6%	80.7%	78.7%	80.4%	81.8%	82.4%	83.6%	84.0%	80.9%	88.1%
Diabetes - Taking a Statin	86.7%	71.1%	86.6%	86.6%	79.2%	82.9%	81.6%	79.3%	83.1%	89.9%	92.6%	90.5%	94.0%
Hypertension^^	70.9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	76.6%	81.1%
Depression Screening^^	2.1%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Well Care	59.2%	69.4%	71.9%	73.6%	63.7%	66.7%	71.0%	71.7%	71.7%	66.5%	61.8%	58.7%	61.2%
Pediatric - Well Child (15 mos)	82.0%	76.7%	78.9%	83.8%	95.0%	88.0%	83.3%	86.9%	84.9%	82.1%	88.9%	88.9%	80.0%
Breast Cancer Screening	77.2%	81.6%	80.6%	83.6%	83.8%	84.0%	84.1%	84.9%	85.3%	85.2%	86.7%	83.5%	82.1%
Chlamydia Screening	49.8%	62.5%	58.7%	55.7%	56.0%	56.2%	55.4%	57.5%	55.9%	72.1%	78.1%	60.5%	60.2%
Generic Dispensing Rate	87.9%	79.3%	85.7%	86.3%	87.1%	87.7%	87.8%	88.2%	88.3%	88.5%	88.5%	87.7%	87.8%
ED Utilization - visits per 1000	217	231	202	210	225	226	229	220	227	200	193	143	133

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

Florida Blue - Quality

FL BLUE	Benchmark	Aug-18	Dec-18	Feb-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Dec-20
Breast Cancer Screening	75.6%	64.2%	65.4%	72.5%	74.5%	73.6%	73.8%	74.3%	75.4%	76.2%	77.2%
Cervical Cancer Screening	70.4%	65.4%	63.2%	75.7%	76.4%	76.1%	78.2%	78.3%	79.2%	80.9%	79.4%
Diabetes - HgA1c Completed	87.7%	85.0%	86.9%	88.9%	87.9%	86.8%	87.2%	86.9%	88.1%	88.0%	87.8%
Diabetes - Nephropathy	88.0%	89.3%	85.3%	92.8%	89.7%	90.1%	91.7%	91.2%	90.7%	90.9%	93.8%
Generic Dispensing Rate	83.9%	83.0%	81.6%	82.0%	83.5%	84.2%	84.5%	86.1%	85.3%	86.9%	83.1%
		Better than peer		worse than peers			Same				



Florida Blue - Quality

Incentive Calculation Example Using Prior 24 Months of Data		
	Broward Health	Market Attributed
Prior Period Capped PMPM	\$580.05	\$529.73
Prior Period Risk Score	2.2333	2.0453
Current Period Capped PMPM	\$559.63	\$507.12
Current Period Risk Score	2.1880	1.8929
Risk Mix Adjustment (Current Risk Score / Prior Risk Score)	0.9797	0.9255
Product Mix Adjustment	1.0003	0.9965
Current Adjusted PMPM (Current Capped PMPM / Risk Mix Adjustment / Product Mix Adjustment)	\$571.06	\$549.88
Total Annual Trend (Current Adjusted PMPM / Prior Capped PMPM -1)	-1.55%	3.80%
Cost Relativity (Current ACO Capped PMPM / Current ACO Risk Score) / (Current Market Capped PMPM / Current Market Risk Score)		0.9547
Trend Adjustment (Based on Cost Relativity)		0%
Target Trend		3.80%
Trend Spread (0% upside; 3.23% downside) (Target Trend - Total Annual ACO Trend)	5.35%	
PMPM Savings (ACO Prior Capped PMPM * Trend Spread)	\$31.06	
Member Months	91,018	
Shared Savings (PMPM Savings * Member Months)	\$2,826,802	
Prior Year Deficit Carry Forward	N/A	
Total Incentive	\$1,413,401	

6.5 MEDICARE READMISSIONS



Readmissions – Medicare

BHMC	National	LCY-20	2020n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	16.1%	13	25.0%	20.0%	0.0%	14.3%	0.0%	40.0%	37.5%	12.5%	28.6%	16.7%	22.2%	15.4%	22.4%	13
COPD	19.5%	9.1%	4	0.0%	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	10.0%	1
Pneumonia	16.6%	19.0%	15	66.7%	66.7%	0.0%	11.1%	28.6%	0.0%	14.3%	0.0%	16.7%	0.0%	0.0%	16.7%	9.7%	3
AMI	16.1%	6.8%	3	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	16.7%	8.3%	2
Hip/Knee	4.0%	6.3%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	25.0%	1
CABG	12.7%	6.9%	2	0.0%	0.0%	0.0%	50.0%	0.0%	25.0%	60.0%	0.0%	0.0%	0.0%	33.3%	0.0%	16.7%	4

BHN	National	LCY-20	2020n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	17.1%	13	0.0%	33.3%	20.0%	50.0%	0.0%	0.0%	16.7%	37.5%	0.0%	42.9%	60.0%	40.0%	32.7%	17
COPD	19.5%	22.2%	6	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	66.7%	100.0%	50.0%	42.9%	6
Pneumonia	16.6%	14.5%	19	37.5%	0.0%	12.5%	13.3%	25.0%	33.3%	30.8%	20.0%	12.5%	45.5%	14.3%	27.3%	27.3%	15
AMI	16.1%	9.7%	3	0.0%	0.0%	20.0%	0.0%	33.3%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	4.6%	1
Hip/Knee	4.0%	4.8%	7	0.0%	0.0%	11.1%	0.0%	0.0%	4.8%	25.0%	50.0%	16.7%	20.0%	16.7%	60.0%	25.0%	10

BHIP	National	LCY-20	2020n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	13.6%	3	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	16.7%	50.0%	0.0%	15.0%	3
COPD	19.5%	13.3%	6	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	50.0%	0.0%	15.4%	2
Pneumonia	16.6%	10.3%	8	25.0%	50.0%	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	33.3%	0.0%	21.1%	4
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%	50.0%	0.0%	16.7%	1
Hip/Knee	4.0%	5.9%	1	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1

BHCS	National	LCY-20	2020n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	9.4%	5	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	20.0%	16.7%	20.0%	20.0%	40.0%	0.0%	17.1%	6
COPD	19.5%	18.5%	12	33.3%	25.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	12.5%	2
Pneumonia	16.6%	13.2%	10	0.0%	18.2%	14.3%	50.0%	14.3%	33.3%	0.0%	0.0%	0.0%	0.0%	8.3%	28.6%	8.3%	3
AMI	16.1%	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	14.3%	0.0%	0.0%	25.0%	15.8%	3
Hip/Knee	4.0%	20.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0

Readmissions – All Payer

BHMC	National	LCY-20	2020 n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	19.4%	83	35.1%	22.2%	28.2%	11.4%	12.0%	15.8%	18.4%	17.1%	14.6%	15.0%	7.3%	16.0%	14.7%	37
COPD	19.5%	12.4%	25	16.7%	0.0%	16.7%	22.2%	11.1%	12.4%	7.1%	21.4%	20.0%	15.0%	25.0%	9.1%	16.7%	15
Pneumonia	16.6%	13.3%	56	17.9%	27.3%	17.2%	18.8%	10.0%	13.3%	15.4%	22.2%	13.8%	4.8%	14.3%	13.3%	14.4%	26
AMI	16.1%	10.8%	31	16.7%	12.5%	12.5%	3.9%	7.1%	10.8%	16.7%	22.2%	12.0%	13.8%	29.2%	27.3%	19.9%	27
Hip/Knee	4.0%	4.8%	5	0.0%	0.0%	0.0%	0.0%	9.1%	4.8%	20.0%	0.0%	16.7%	0.0%	14.3%	0.0%	10.0%	3
CABG	12.7%	8.1%	15	11.1%	15.4%	0.0%	0.0%	7.7%	8.1%	30.0%	8.3%	19.2%	10.5%	10.0%	21.1%	17.9%	19

BHN	National	LCY-20	2020 n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	16.8%	52	25.0%	20.0%	15.8%	24.2%	13.6%	20.7%	18.2%	30.0%	15.4%	33.3%	34.4%	22.2%	24.7%	47
COPD	19.5%	25.5%	37	23.5%	23.1%	30.0%	6.7%	17.4%	18.2%	0.0%	6.7%	9.1%	27.3%	26.3%	21.4%	18.0%	16
Pneumonia	16.6%	13.7%	69	25.6%	20.4%	20.5%	12.5%	19.5%	20.0%	19.4%	16.1%	11.1%	31.3%	15.2%	25.6%	20.4%	43
AMI	16.1%	10.3%	16	10.5%	5.9%	8.3%	0.0%	20.0%	17.7%	7.1%	5.9%	5.9%	0.0%	16.7%	0.0%	6.7%	6
Hip/Knee	4.0%	4.8%	19	16.7%	16.7%	16.1%	16.7%	16.7%	4.8%	20.0%	25.0%	5.6%	13.3%	12.5%	35.7%	18.1%	17

BHIP	National	LCY-20	2020 n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	17.4%	23	0.0%	21.4%	25.0%	20.0%	0.0%	8.3%	10.0%	28.6%	8.3%	30.0%	44.4%	25.0%	21.6%	16
COPD	19.5%	12.9%	22	14.3%	100.0%	35.7%	28.6%	27.3%	0.0%	22.2%	14.3%	16.7%	28.6%	30.0%	11.1%	20.4%	11
Pneumonia	16.6%	10.7%	29	15.0%	22.2%	40.0%	15.0%	8.3%	9.1%	35.3%	10.0%	0.0%	14.3%	29.4%	16.7%	20.0%	16
AMI	16.1%	6.8%	3	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	14.3%	0.0%	6.9%	2
Hip/Knee	4.0%	3.2%	3	25.0%	0.0%	0.0%	0.0%	25.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	1

BHCS	National	LCY-20	2020 n	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	2021	2021n
HF	21.9%	12.7%	24	0.0%	10.0%	26.3%	0.0%	10.5%	23.1%	19.1%	4.8%	16.0%	11.1%	33.3%	12.0%	15.2%	19
COPD	19.5%	16.6%	35	15.4%	40.0%	0.0%	7.1%	11.1%	7.7%	18.8%	15.4%	0.0%	15.4%	18.2%	11.1%	14.5%	11
Pneumonia	16.6%	8.2%	33	4.2%	19.4%	3.5%	17.7%	9.4%	18.2%	11.1%	12.5%	4.4%	4.4%	13.6%	8.8%	9.7%	17
AMI	16.1%	9.1%	1	0.0%	0.0%	50.0%	33.3%	0.0%	0.0%	11.1%	7.1%	6.3%	0.0%	0.0%	12.5%	6.6%	5
Hip/Knee	4.0%	4.6%	3	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	1

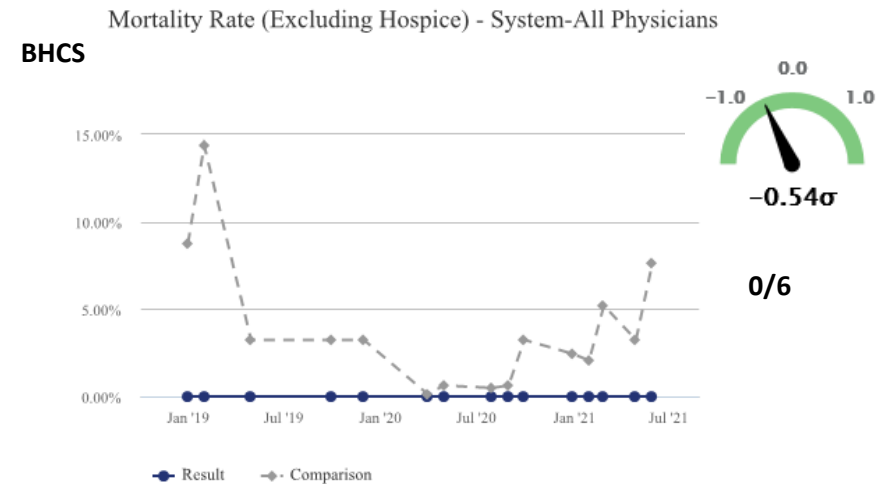
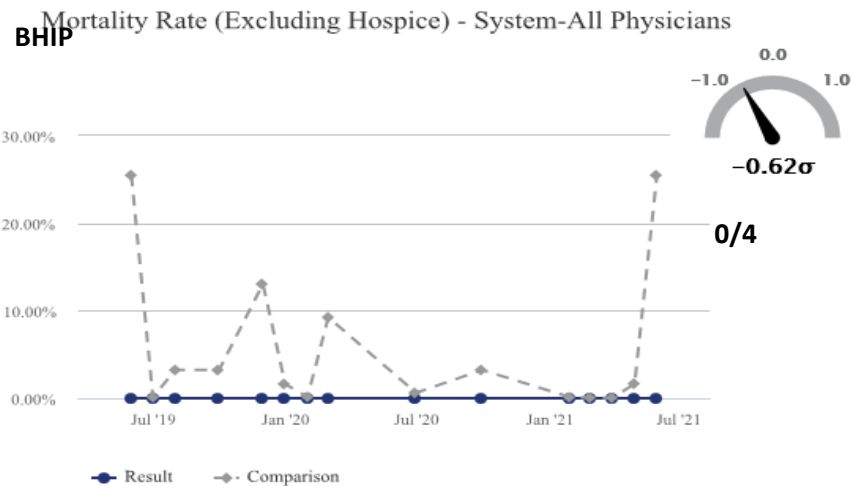
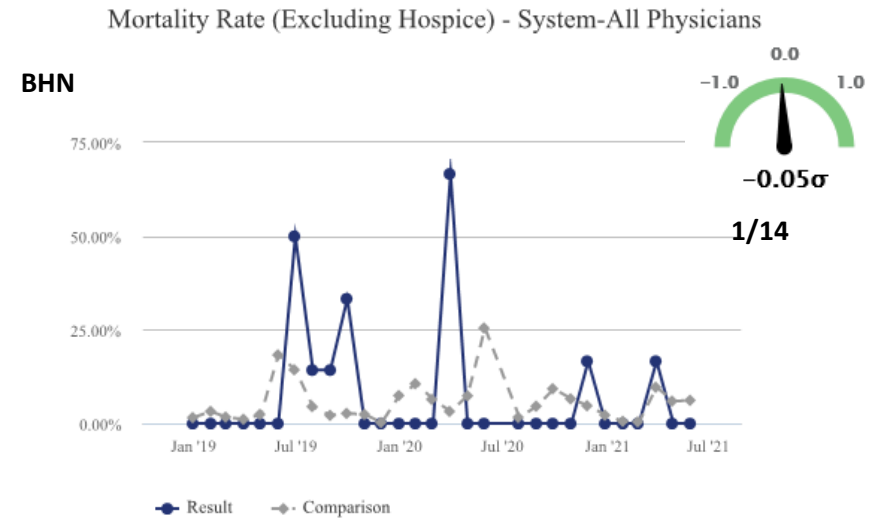
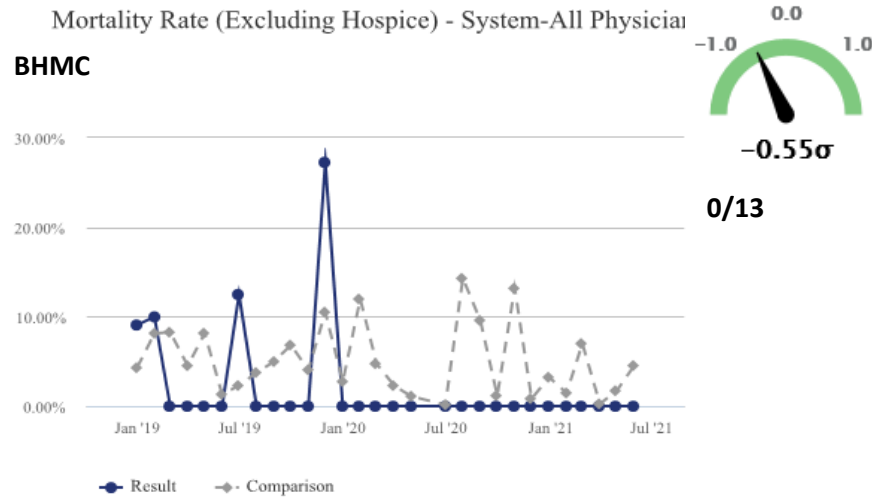


6.6 MEDICARE MORTALITIES



AMI Medicare Mortalities 2nd Q 2021

Hospital Compare CMS benchmark 13.6%

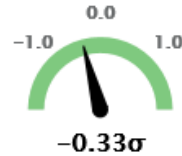
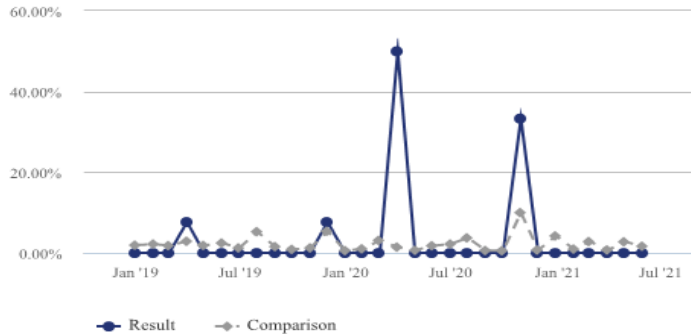


HF Medicare Mortalities 2nd Q 2021

Hospital Compare CMS benchmark 12.0%

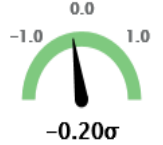
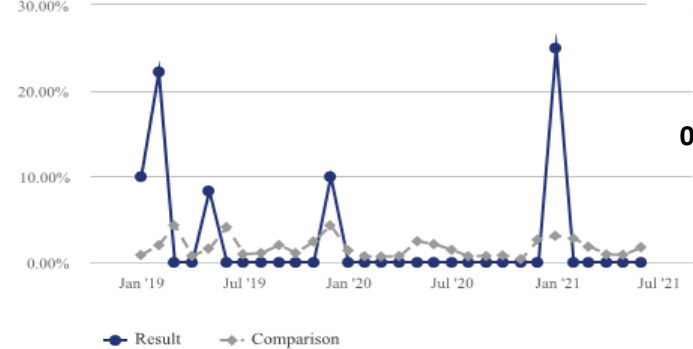
Mortality Rate (Excluding Hospice) - System-All Physicians

BHMC



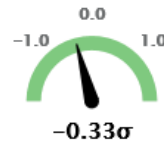
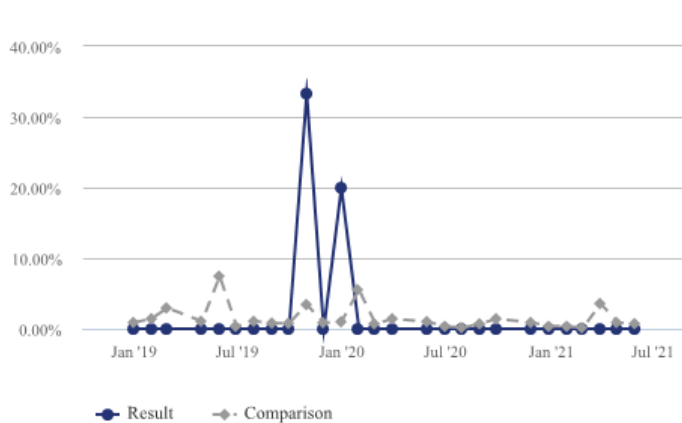
Mortality Rate (Excluding Hospice) - System-All Physicians

BHN



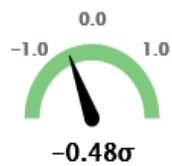
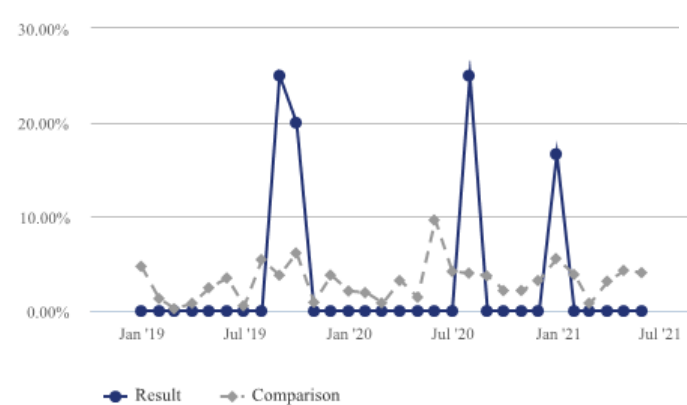
Mortality Rate (Excluding Hospice) - System-All Physicians

BHIP



Mortality Rate (Excluding Hospice) - System-All Physicians

BHCS

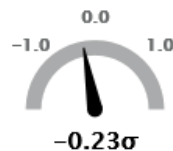
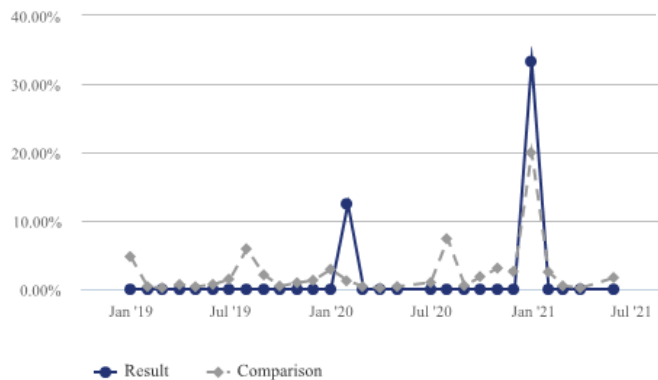


COPD Medicare Mortalities 2nd Q 2021

Hospital Compare CMS benchmark 8.1%

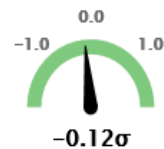
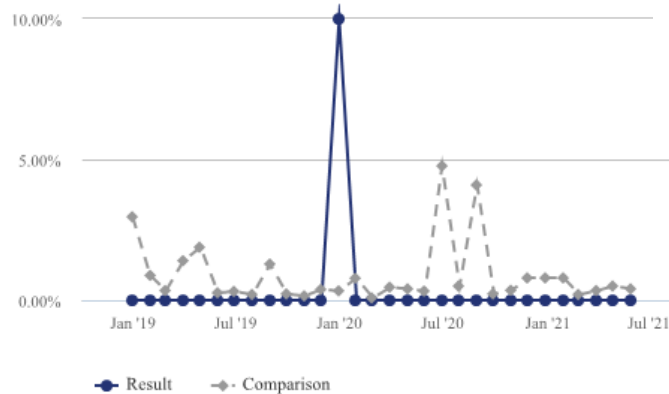
Mortality Rate (Excluding Hospice) - System-All Physicians

BHMC



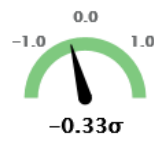
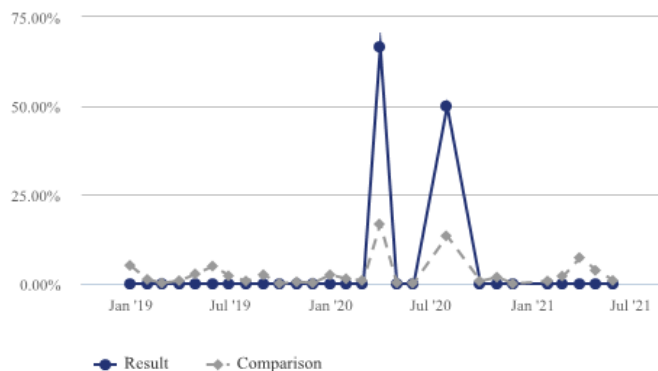
Mortality Rate (Excluding Hospice) - System-All Physic

BHN



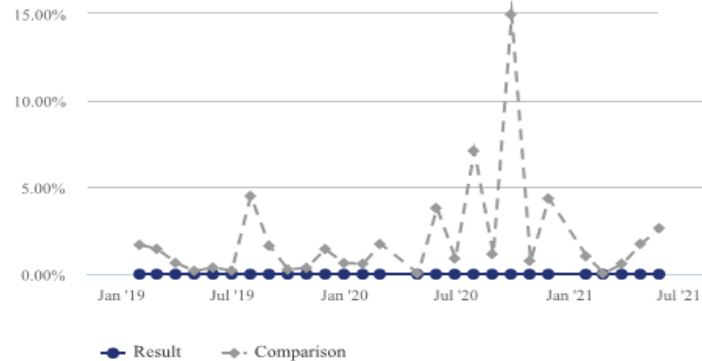
Mortality Rate (Excluding Hospice) - System-All Physicians

BHIP



Mortality Rate (Excluding Hospice) - System-All Phy

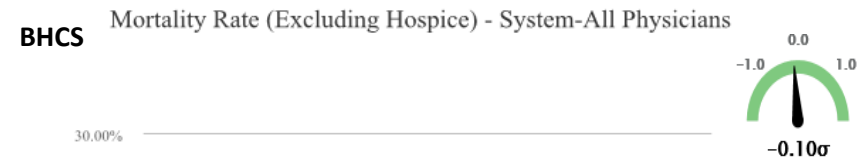
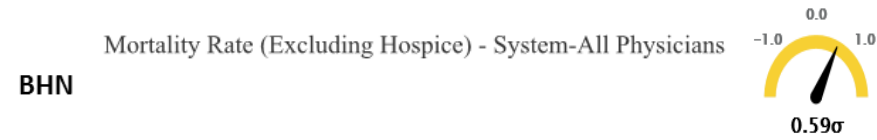
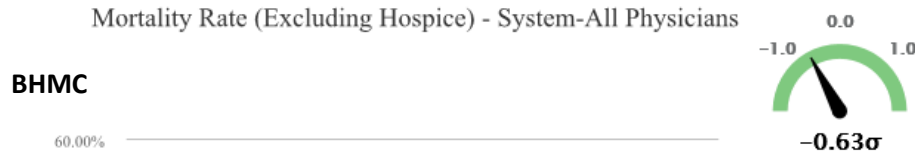
BHCS



BROWARD HEALTH

PN Medicare Mortalities 2nd Q 2021

Hospital Compare CMS benchmark 16.0%

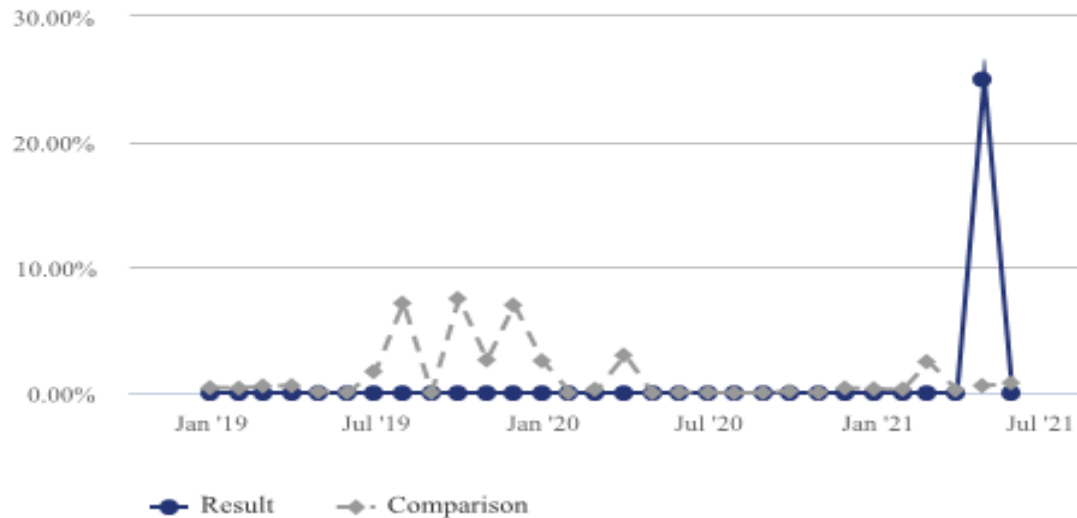


CABG Medicare Mortalities 2nd Q 2021

Hospital Compare CMS benchmark 3.3%

BHMC

Mortality Rate (Excluding Hospice) - System-All Physicians



1/13

6.7 ENVIRONMENT OF CARE





Quality

KEY QUALITY DRIVER: Improve negatively performing trends



People

KEY PEOPLE DRIVER: Keep our employees and patients safe



Finance

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

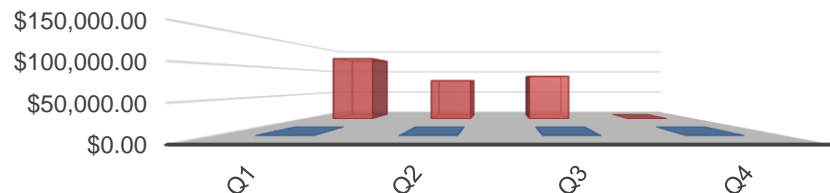
QUARTERLY ENVIRONMENT OF CARE REPORT TO THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE

Q2CY21

ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

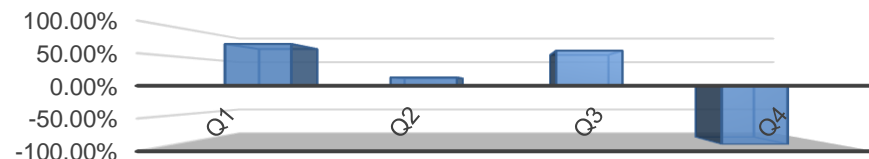
(REDUCE PATIENT HANDLING INJURY BY 10% WHEN COMPARED TO THE PREVIOUS YEAR)

**QUARTERLY BH PATIENT HANDLING INJURY REPORT
CY2021**



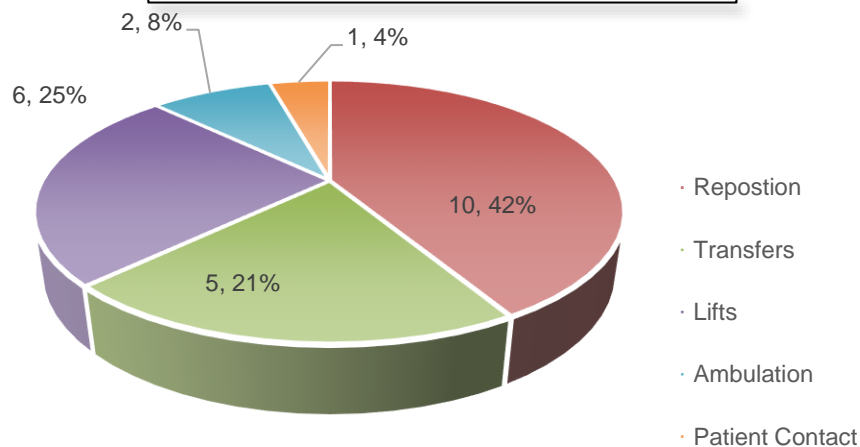
	Q1	Q2	Q3	Q4
■ INJURIES	24	16	8	0
■ COST	\$122,406.00	\$77,792.00	\$86,634.00	\$-

BH INJURY QUARTERLY %AGE DIFFERENCE

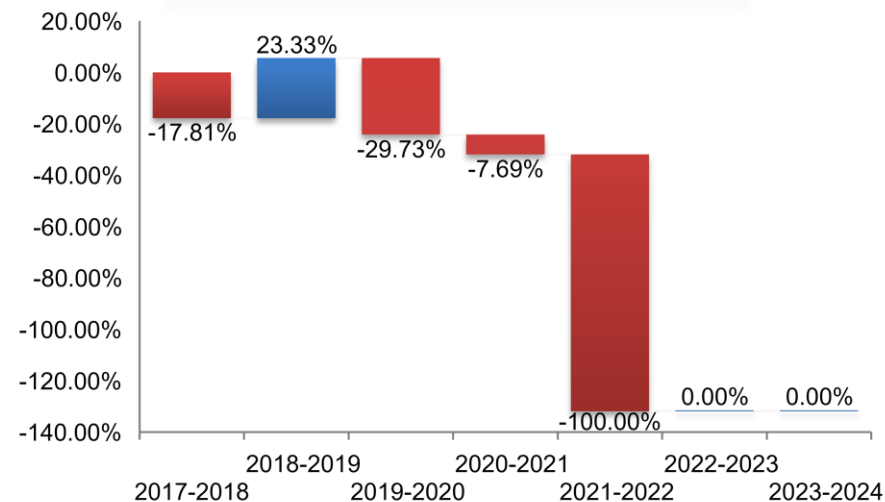


	Q1	Q2	Q3	Q4
■ %age Injury Diff 2020-2021	71.43%	14.29%	60.00%	-100.00%

PATIENT HANDLING INJURIES BY TASK- Q2CY21



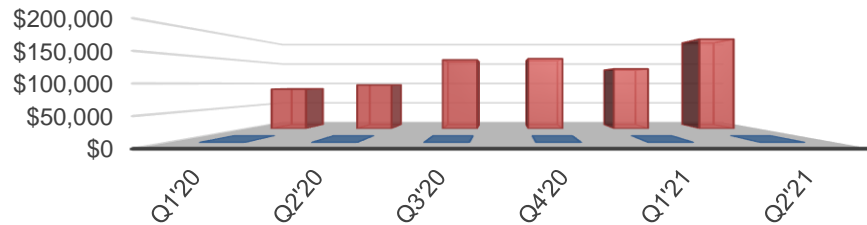
BH YR - YR INJURY %AGE DIFFERENCE



ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

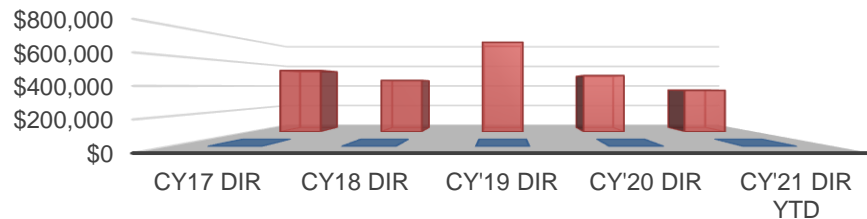
(REDUCE SLIP, TRIP AND FALL INJURIES BY 10% COMPARED TO PREVIOUS YEAR)

QUARTERLY SLIP & FALL INJURIES



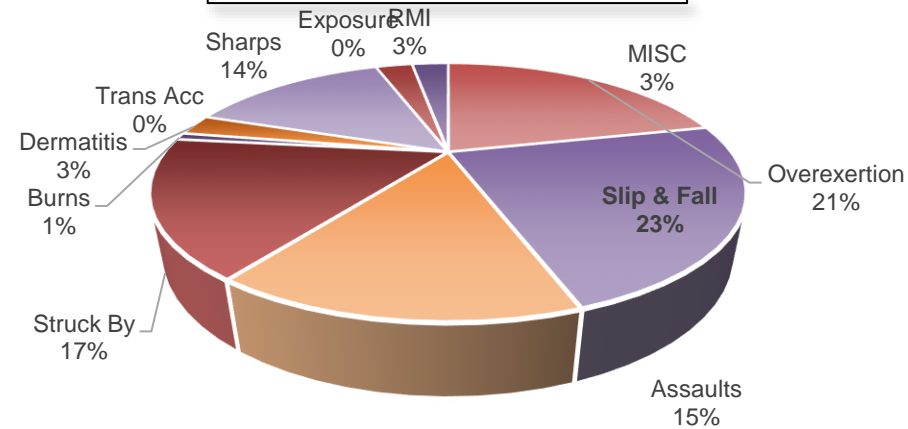
	Q1'20	Q2'20	Q3'20	Q4'20	Q1'21	Q2'21
AMT	20	17	21	12	29	26
COST	\$87,319.0	\$96,603.0	\$152,039.	\$154,746.	\$132,154.	\$197,877.

ANNUAL SLIP & FALL INJURIES

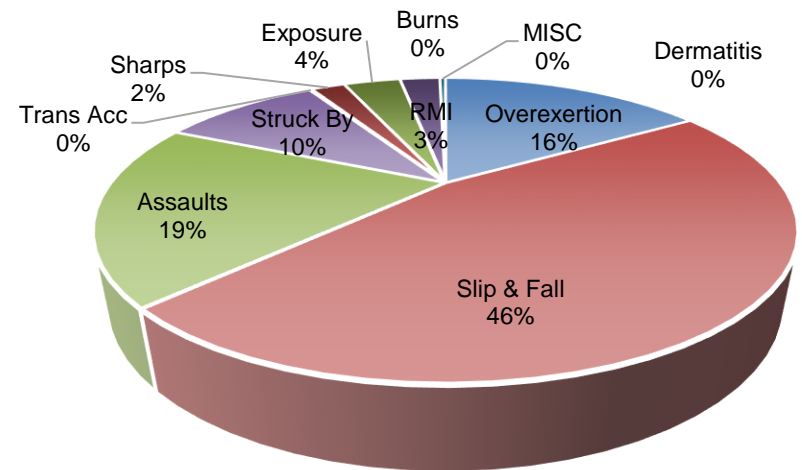


	CY17 DIR	CY18 DIR	CY'19 Dir	CY'20 Dir	CY'21 Dir YTD
AMT	127	96	121	70	60
COST	\$535,116.00	\$448,521.24	\$780,834.00	\$490,707.00	\$361,176.46

PERCENTAGE OF ALL INJURIES - Q2'21



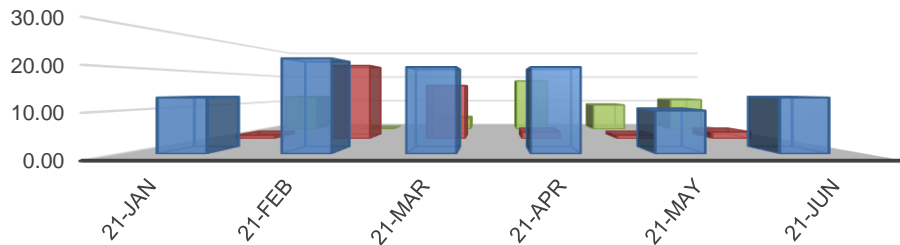
COST PERCENTAGE OF ALL INJURY COSTS - Q2'21



ENVIRONMENT OF CARE PERFORMANCE REPORT – PI INITIATIVE

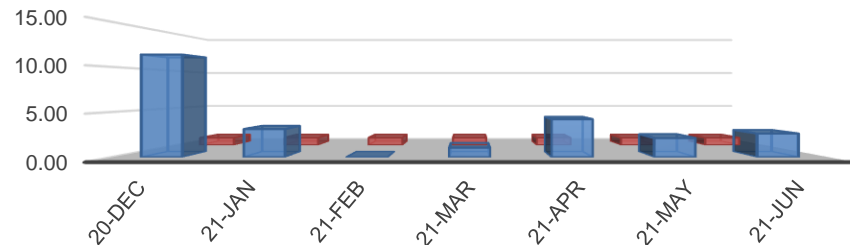
REDUCE MISSING PATIENT PROPERTY BY 10% COMPARED TO PREVIOUS CALENDAR YEAR

BH Reported Missing Patient's Property



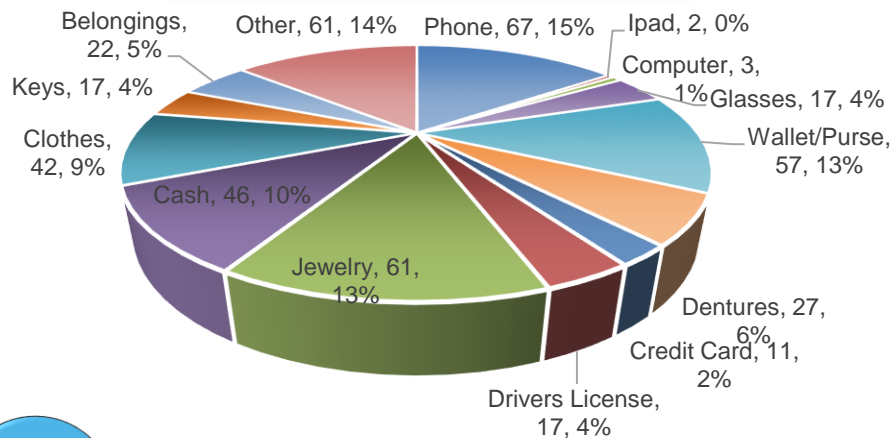
	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun
# of Missing Patient Property	13.00	22.00	20.00	20.00	10.00	13.00
# of Property Recovered	1.00	22.00	16.00	2.00	1.00	2.00
Actual Missing Property	12.00	0.00	4.00	18.00	9.00	11.00

BH Missing Patient's Property Rate – Rate = OCC/10000 ADP

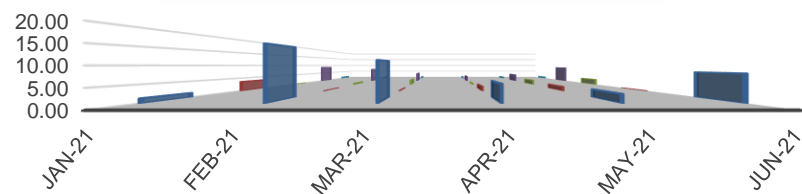


	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun
Performance	11.35	3.12	0.00	1.07	4.21	2.13	2.63
Threshold	1.00	1.00	1.00	1.00	1.00	1.00	1.00

BH Missing Patients' Property JUL 19-JUN 21



Missing Patient's Property Rate by Region



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
BHCS	1.37	15.79	11.45	5.17	2.54	7.91
BHIP	3.63	0.00	0.00	1.67	1.67	0.00
BHMC	0.00	0.64	2.23	0.56	2.25	2.65
BHN	8.77	7.45	4.65	2.78	3.91	8.47
Target	1.00	1.00	1.00	1.00	1.00	1.00



Quality



BROWARD HEALTH

6.8 ANTIMICROBIAL STEWARDSHIP



BROWARD HEALTH PHARMACY ANTIMICROBIAL STEWARDSHIP

Intervention Type	12 Month Total	3 rd Quarter 2020	4 th Quarter 2020	1 st Quarter 2021	2 nd Quarter 2021
De-escalation	916	197	221	254	244
Dose adjustment	11,611	3106	2877	2811	2817
Bug-Drug mismatch	230	58	56	57	59
IV to PO conversion	596	169	125	136	166
Therapeutic duplication	310	98	71	77	64
Totals	13,663	3628	3350	3335	3350

ANTIMICROBIAL STEWARDSHIP INITIATIVES

2020-2021

Removal of probiotics from inpatient formulary

New polymyxin B subphase created

Splenectomy and EMR Sepsis Antibiotics and Fluid Resuscitation subphase updated

Creation of Clostridioides Difficile Policy and Powerplan

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

Development of 2020 Antibigram and Pocket cards

Implementation of PCR testing for MRSA nasal colonization

Bezlotoxumab approved for outpatient infusion for CDI patients

Implementation of Extended Infusion Protocols to include Cefepime in addition to meropenem and piperacillin/tazobactam

Completion of Procalcitonin Pilot Study and outcome reporting at ASP Steering

Implementation Antiviral and Antifungal indication and duration requirement

6.9 SEPSIS PREVENTION

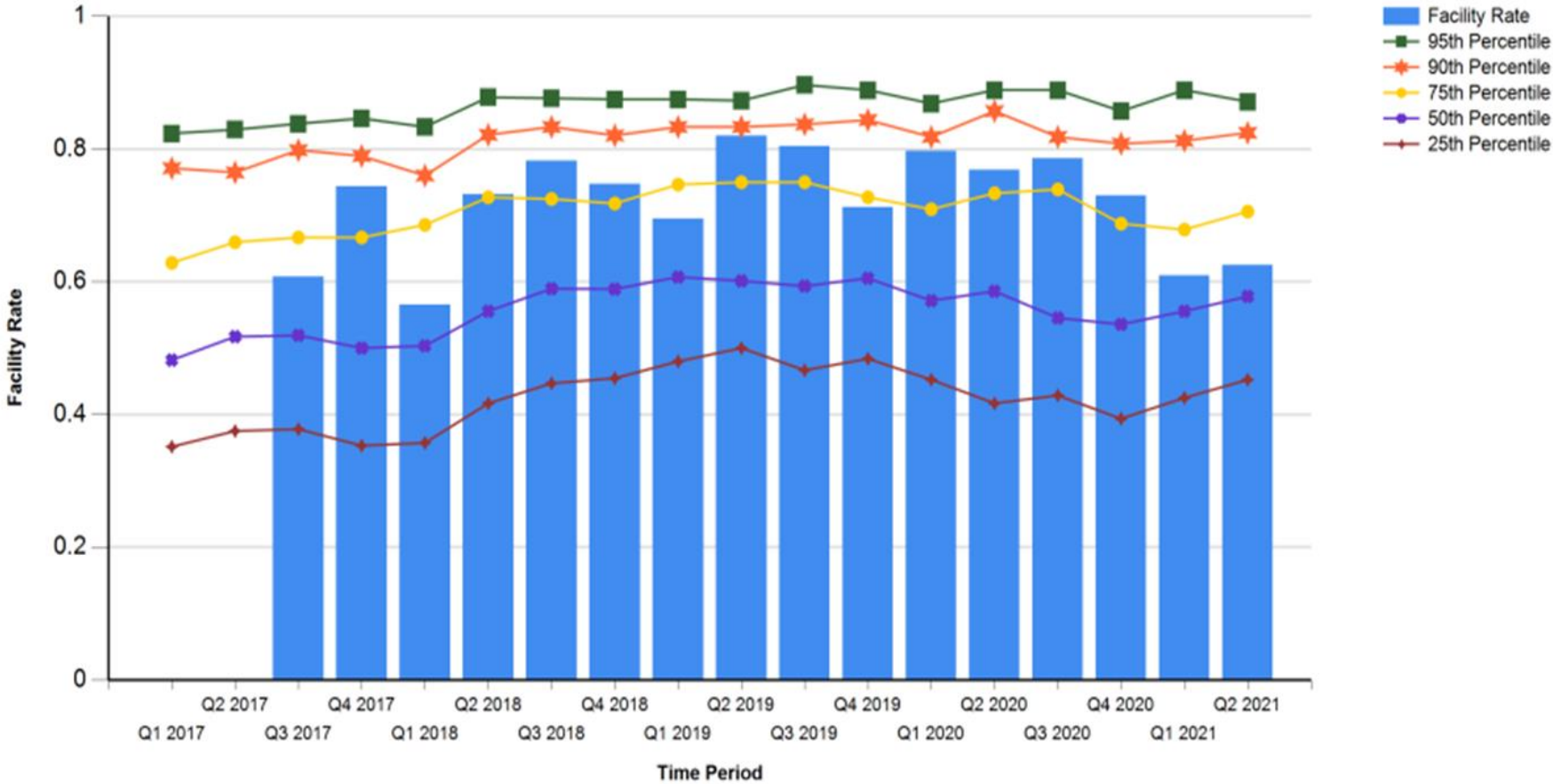


Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11365
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 06/30/2021
Measure: SEP-1
Measure Description: Sepsis

BHCS

Quality PerformerSM

Facility #11365 SEP-1: Sepsis

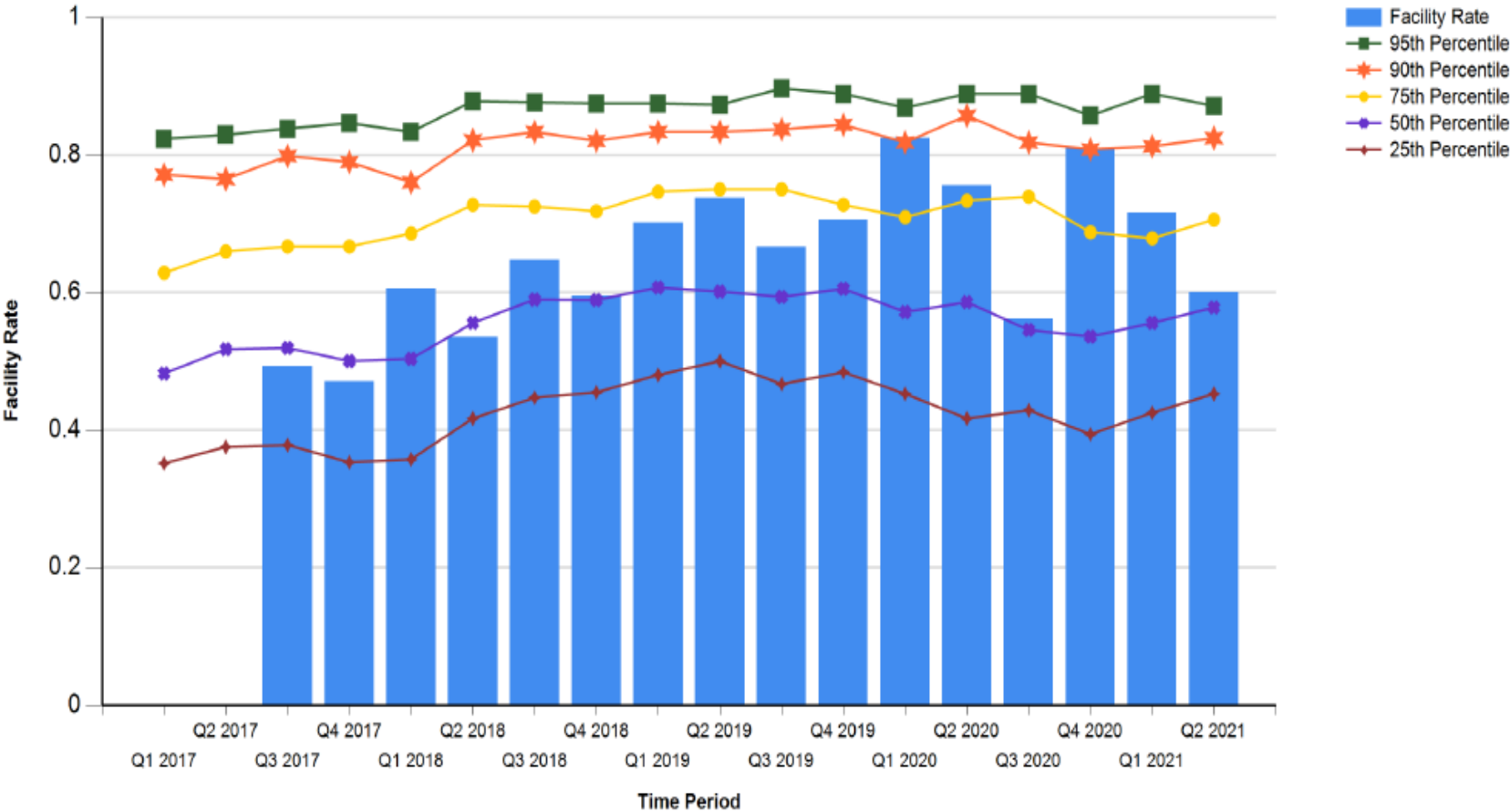


Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11366
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 06/30/2021
Measure: SEP-1
Measure Description: Sepsis

BHMC

Quality PerformerSM

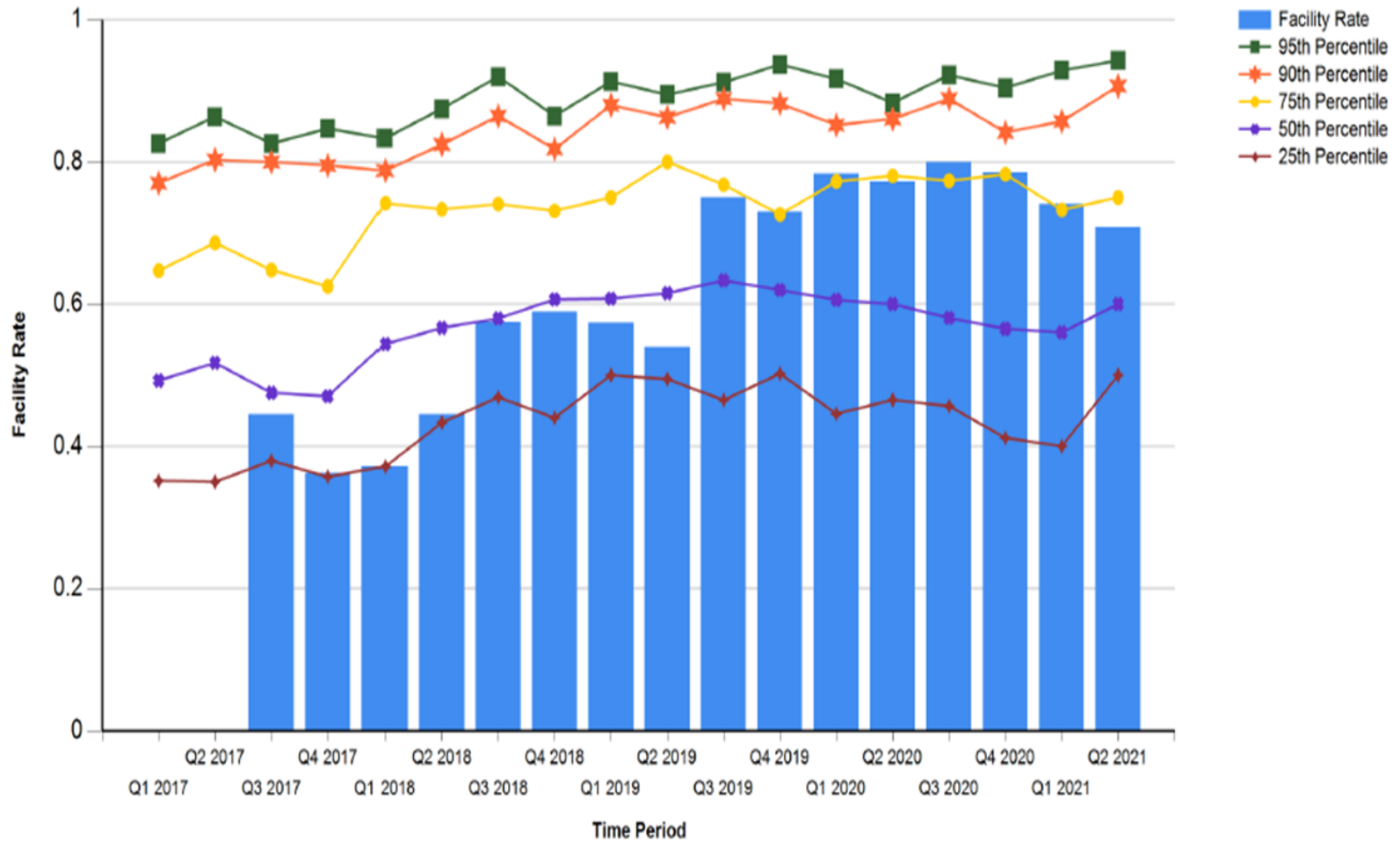
Facility #11366 SEP-1: Sepsis



BROWARD HEALTH

BHN

Facility #11367 SEP-1: Sepsis

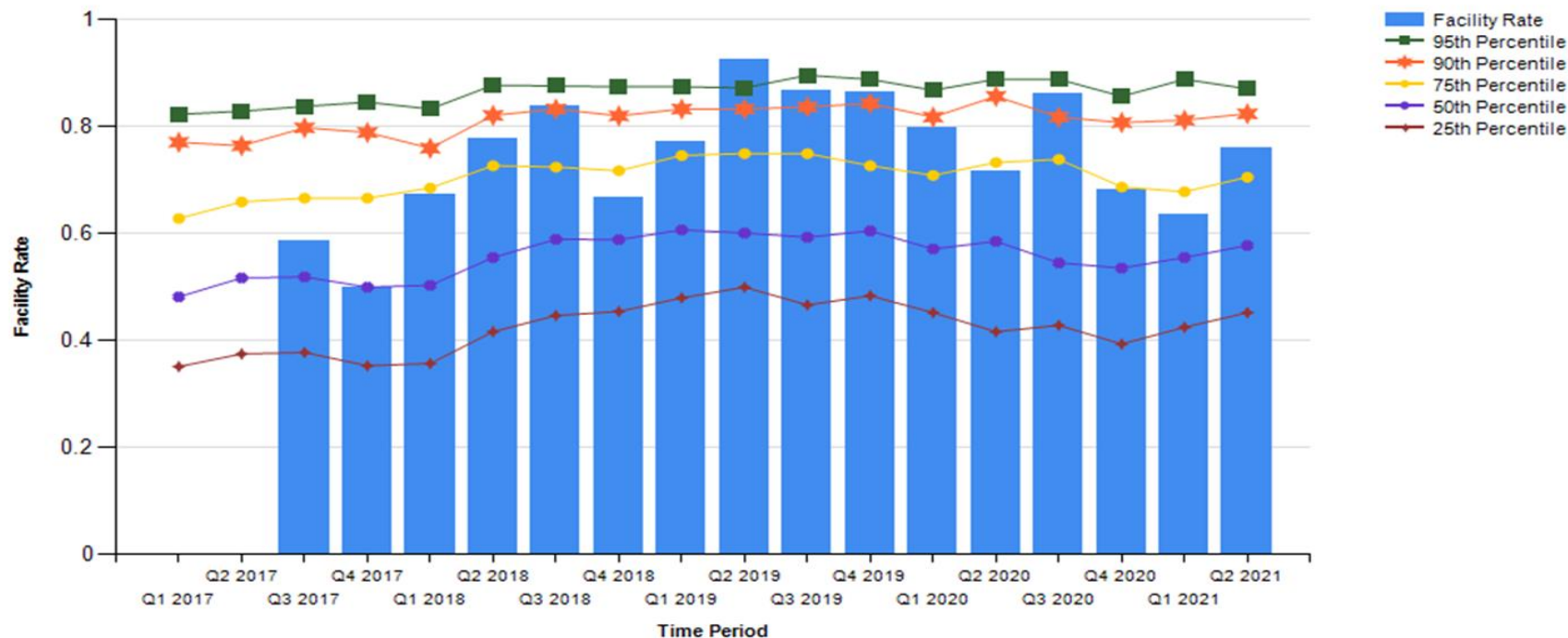


Comparative Report: Quality Performer-Wide for Proportion Measures
Facility: 11368
Interval of Analysis: Quarter
Discharge Dates: 01/01/2017 to 06/30/2021
Measure: SEP-1
Measure Description: Sepsis

BHIP

Quality PerformerSM

Facility #11368 SEP-1: Sepsis



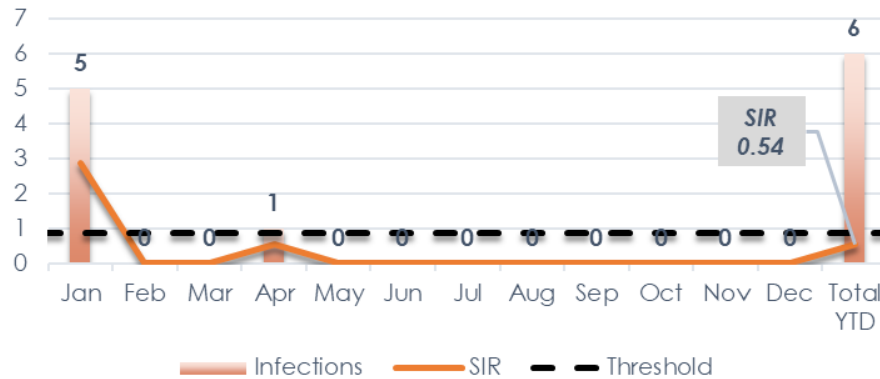
6.10 INFECTION PREVENTION



CLABSI ~ ALL REPORTING UNITS

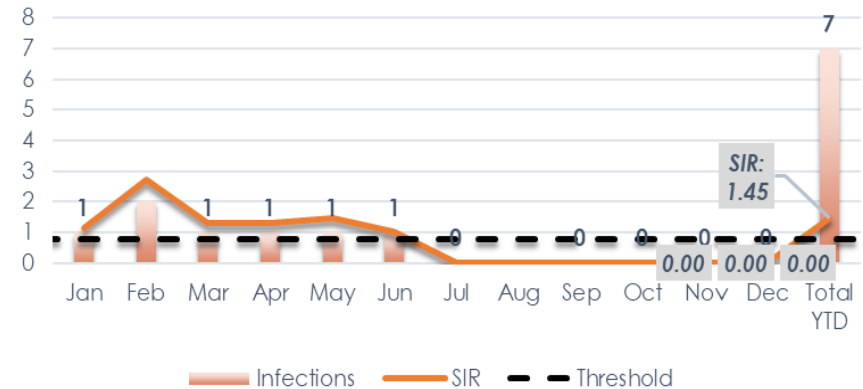
BHMC NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Theshold 0.687
Benchmark 0



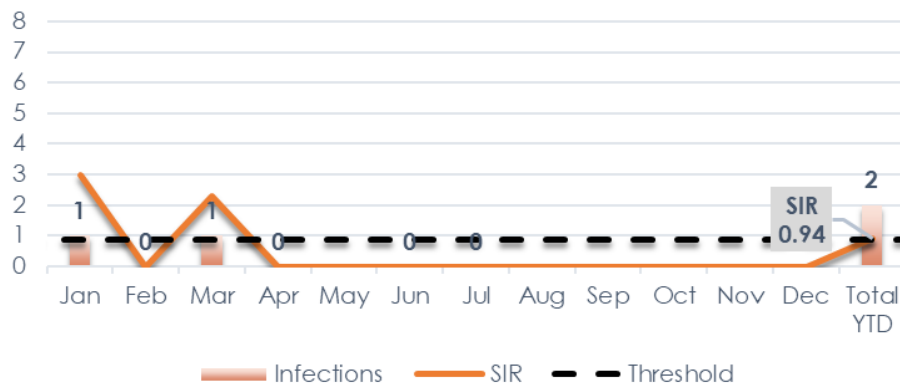
BHN NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Theshold 0.687
Benchmark 0



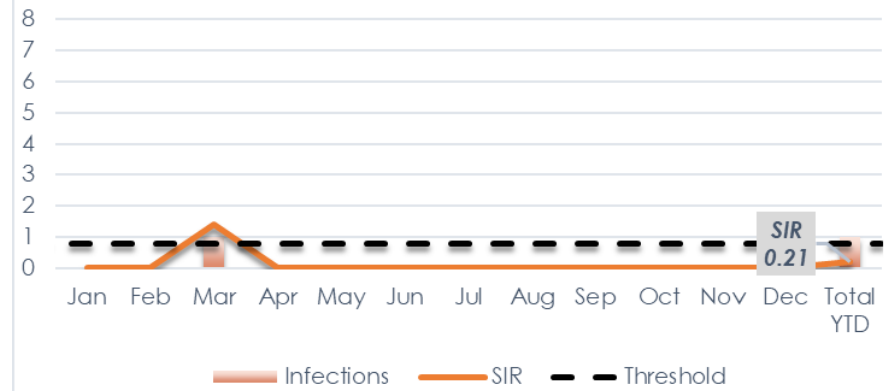
BHIP NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Theshold 0.687
Benchmark 0



BHCS NHSN - CLABSI
SIR ~All Reporting Units
CY 2021

Theshold 0.687
Benchmark 0

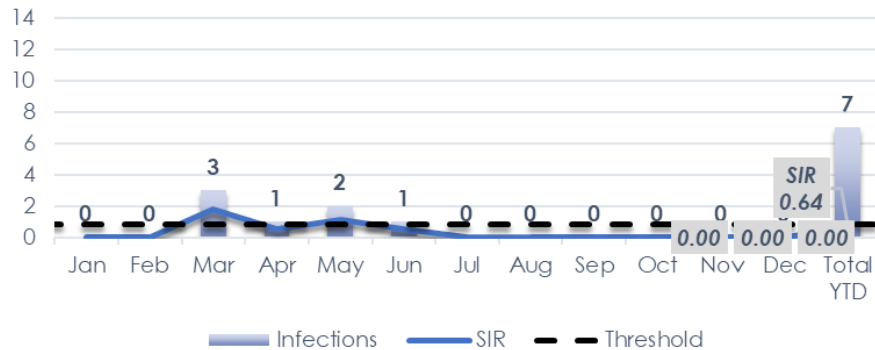


BROWARD HEALTH

CAUTI ~ ALL REPORTING UNITS

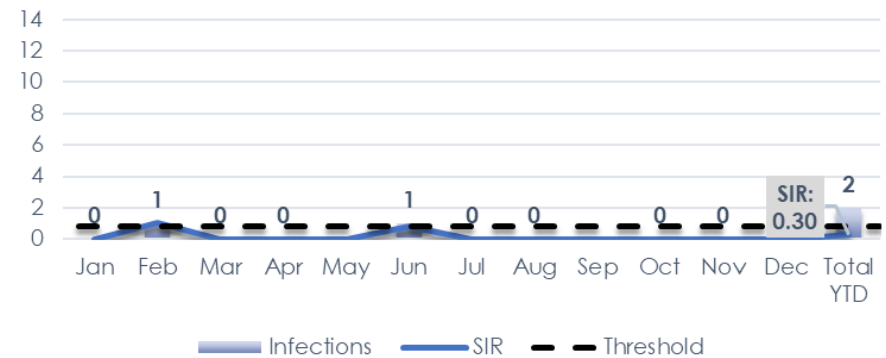
BHMC NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



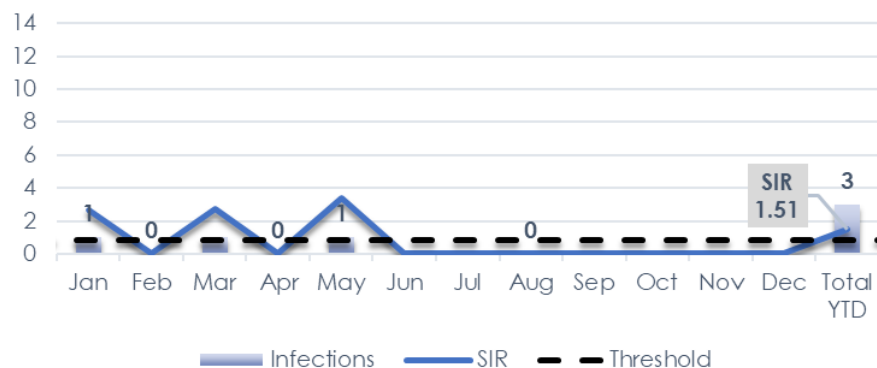
BHN NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



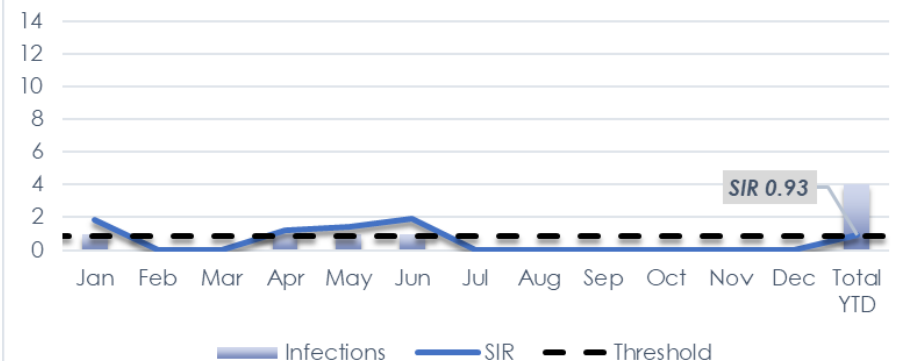
BHIP NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



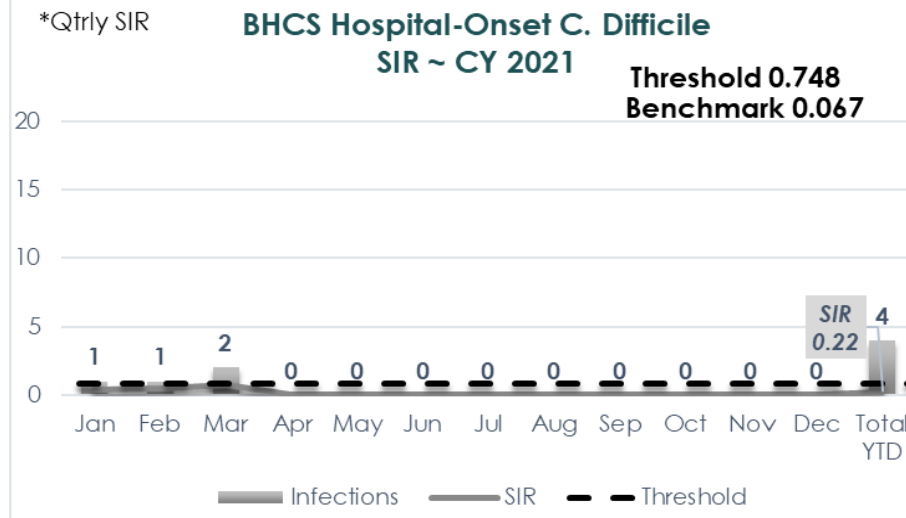
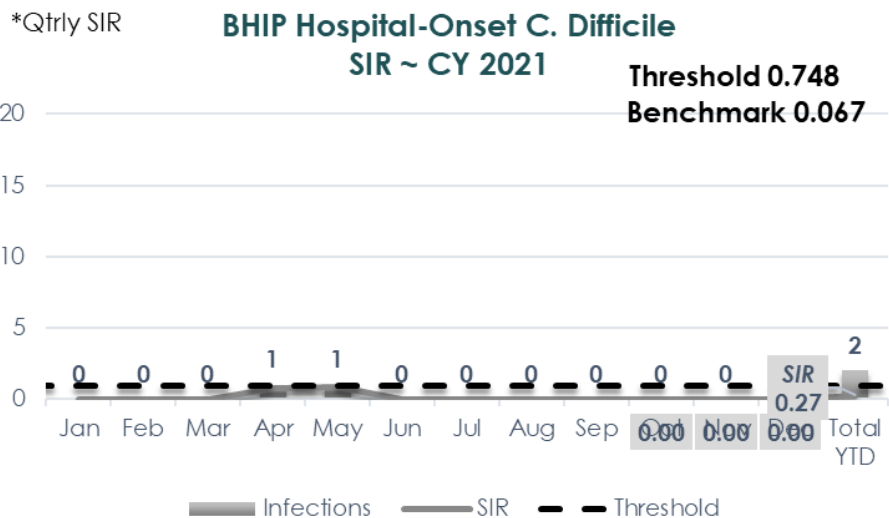
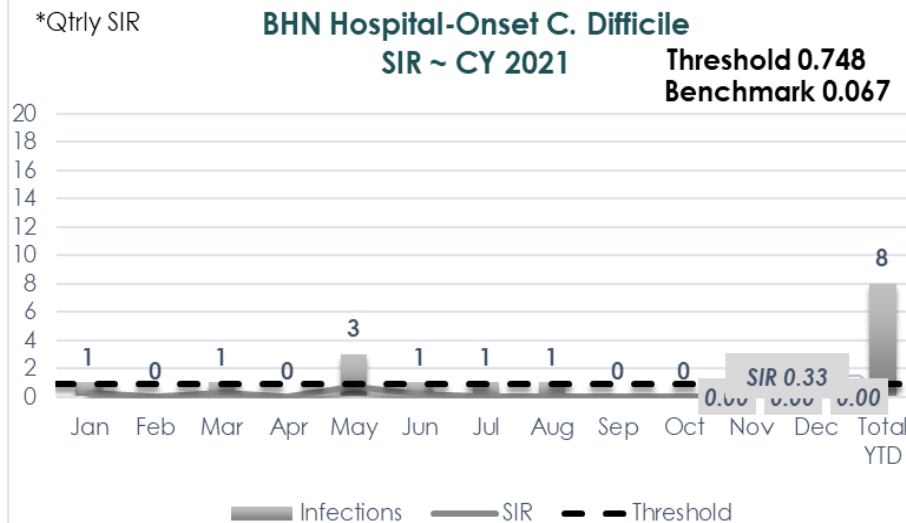
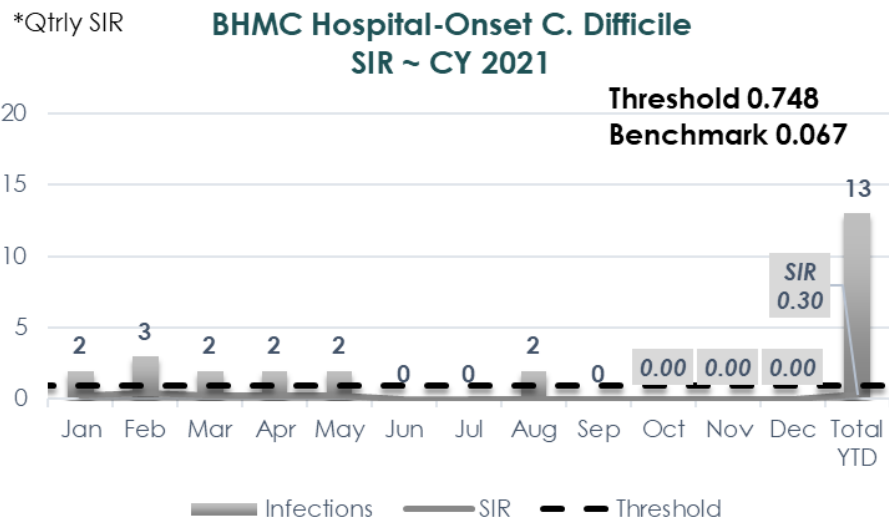
BHCS NHSN - CAUTI
SIR ~ All Reporting Units
CY 2021

Threshold 0.774
Benchmark 0



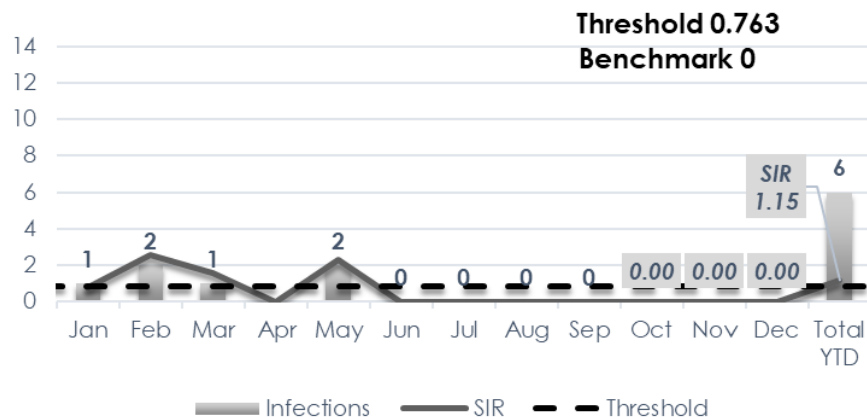
BROWARD HEALTH

HOSPITAL-ONSET C. DIFFICILE

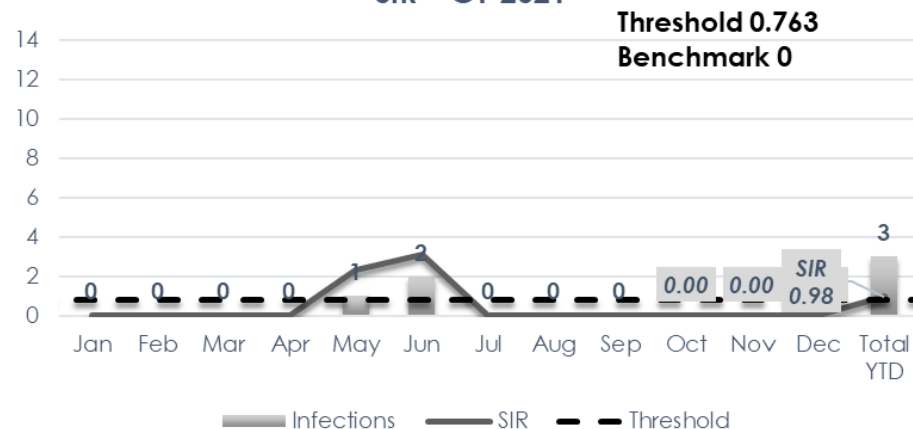


HOSPITAL-ONSET MRSA BACTEREMIA

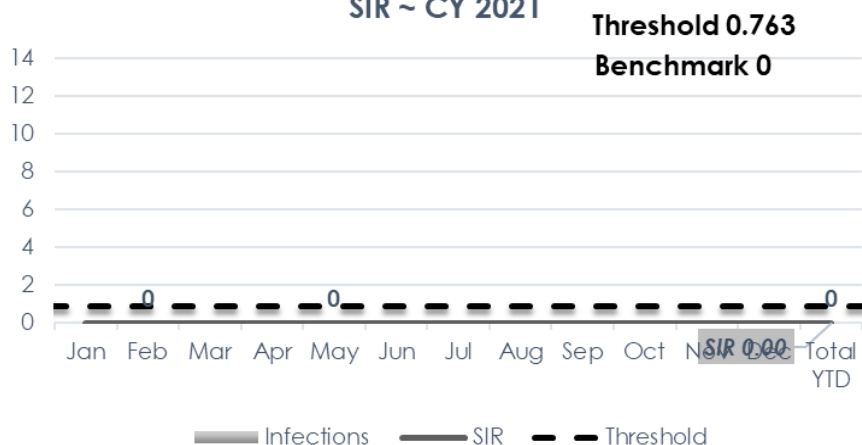
*Qtrly SIR **BHMC Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2020



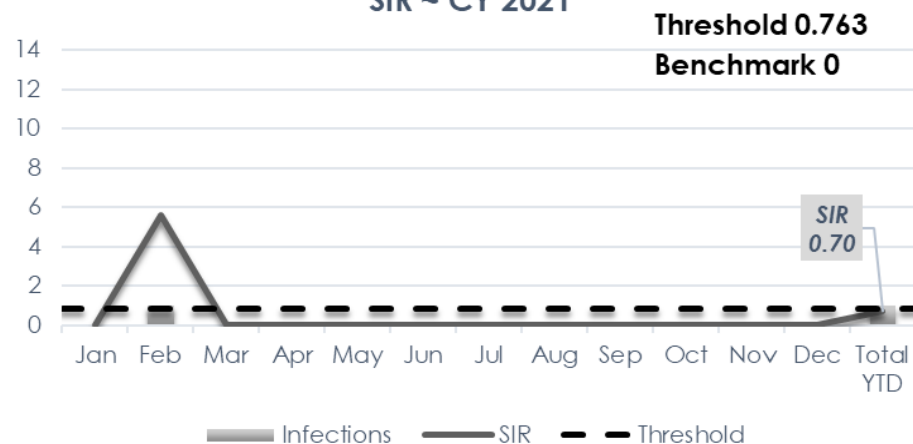
*Qtrly SIR **BHN Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2021



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

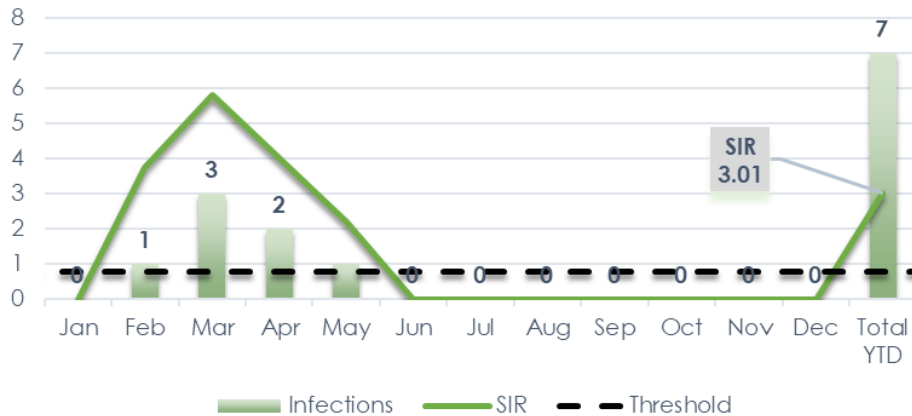


*Qtrly SIR **BHCS Hospital-Onset MRSA Bacteremia**
SIR ~ CY 2021

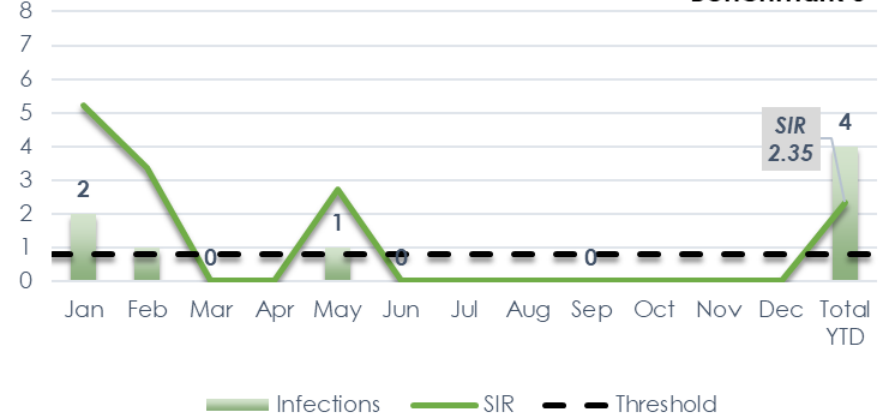


COLORECTAL SSI

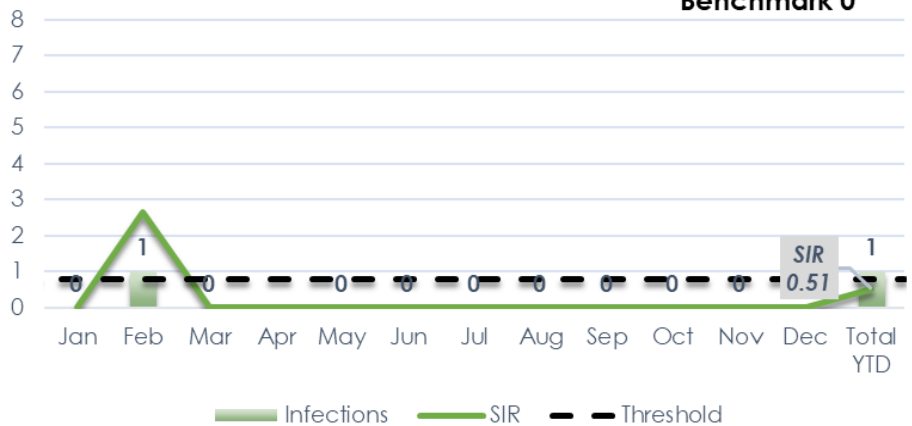
BHMC NHSN - Colorectal SSI
SIR ~ CY 2021



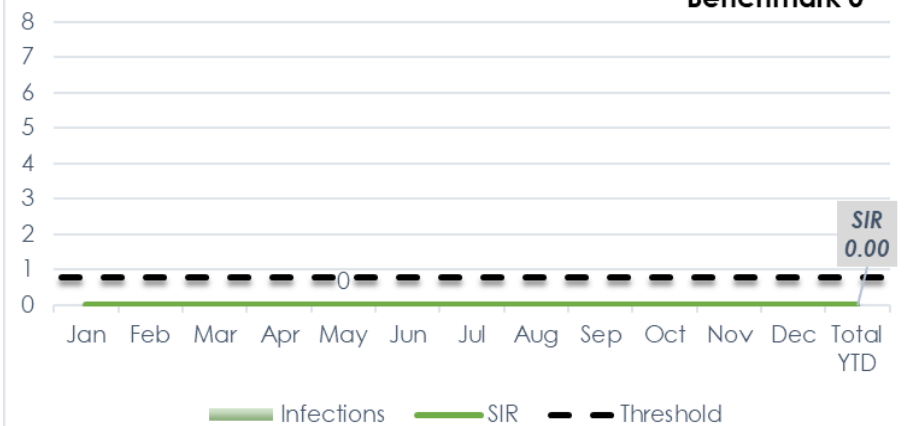
BHN NHSN - Colorectal SSI
SIR ~ CY 2021



BHCS NHSN - Colorectal SSI
SIR ~ CY 2021

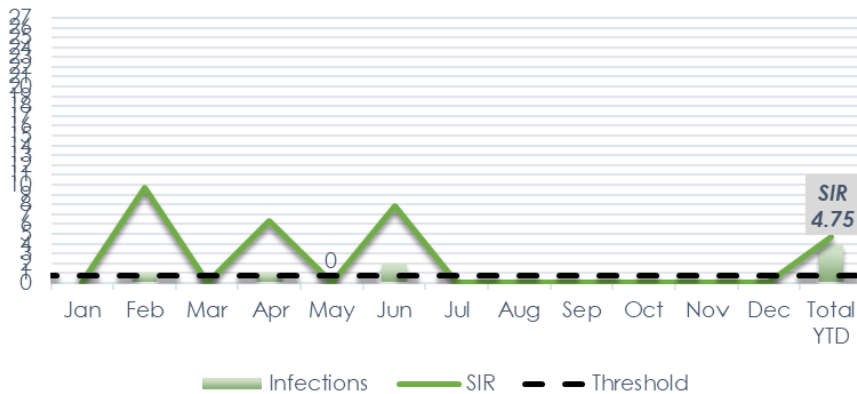


BHIP NHSN - Colorectal SSI
SIR ~ CY 2021

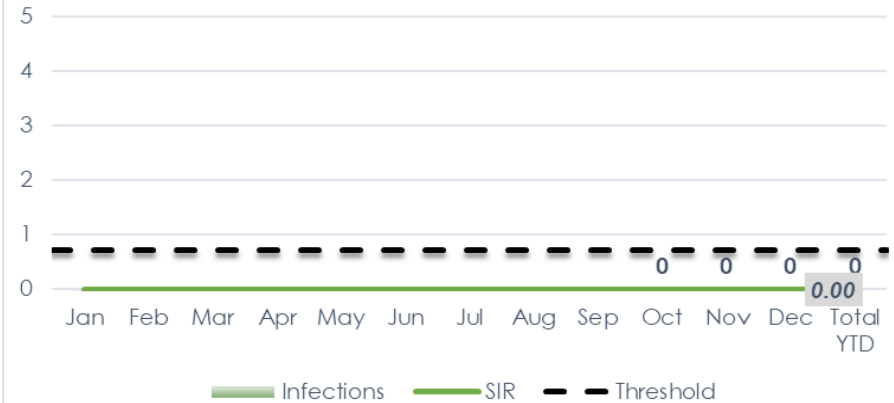


HYSTERECTOMY SSI

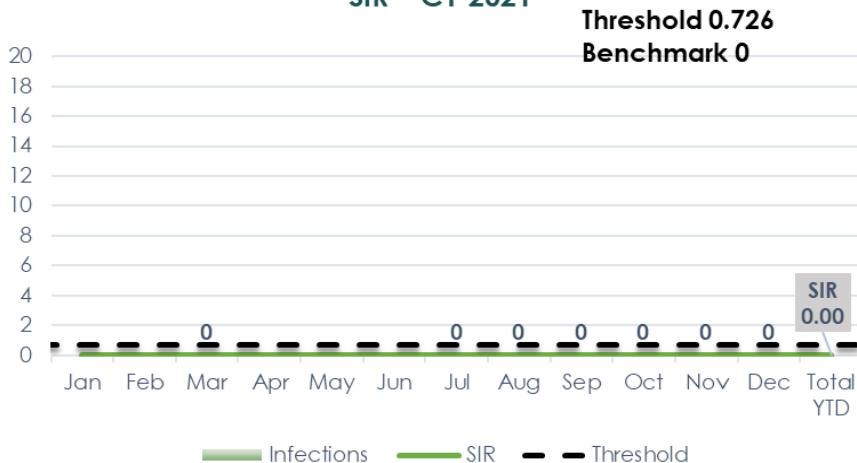
BHMC NHSN - Hysterectomy SSI
SIR ~ CY 2020



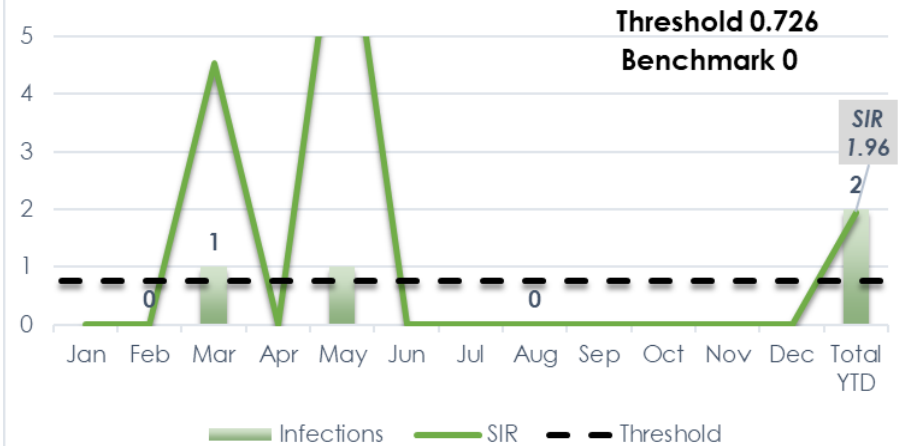
BHN NHSN - Hysterectomy SSI
SIR ~ CY 2021



BHCS NHSN - Hysterectomy SSI
SIR ~ CY 2021



BHIP NHSN - Hysterectomy SSI
SIR ~ CY 2021



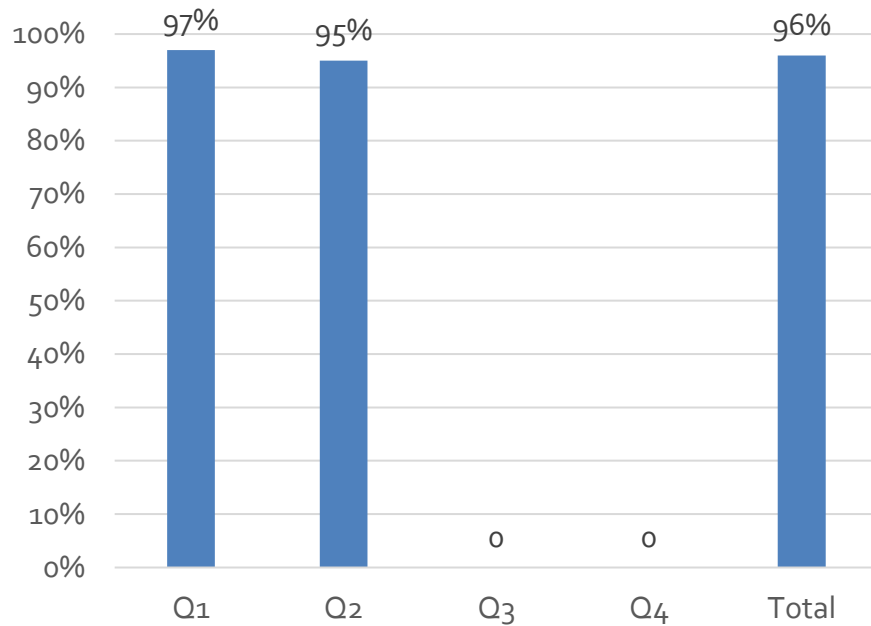
6.11 NPSG HAND HYGIENE



NPSG OBSERVED HAND HYGIENE

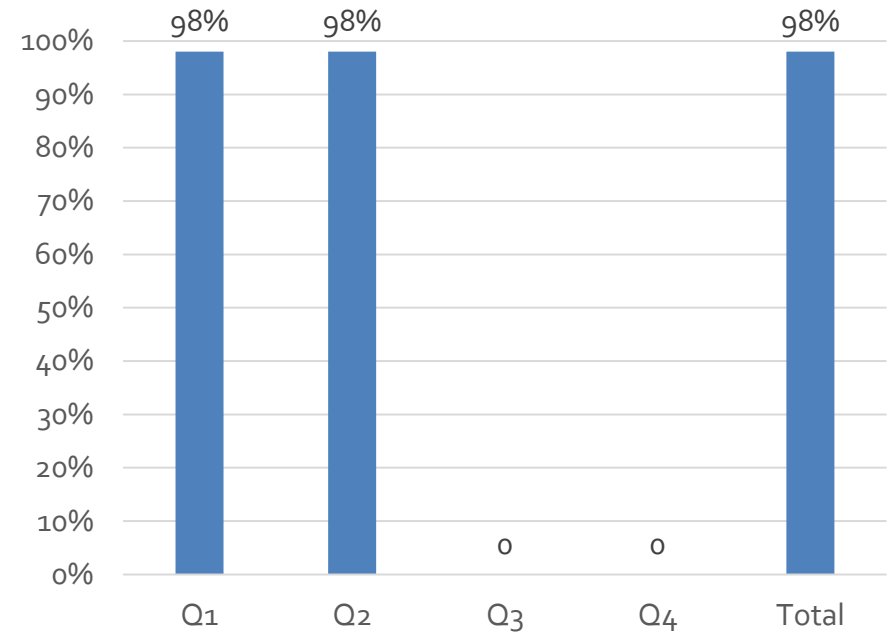
BHN

2021



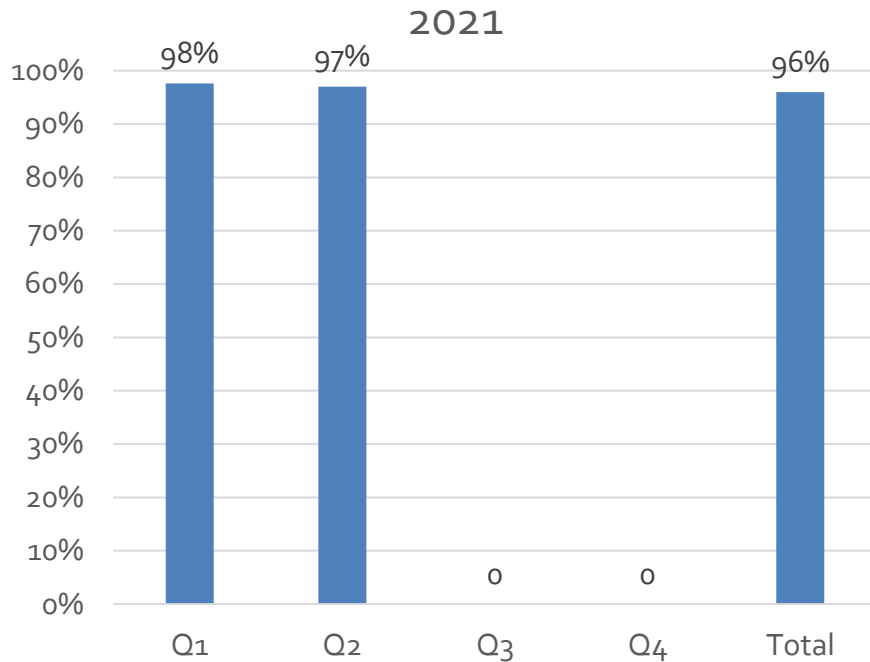
BHMC

2021

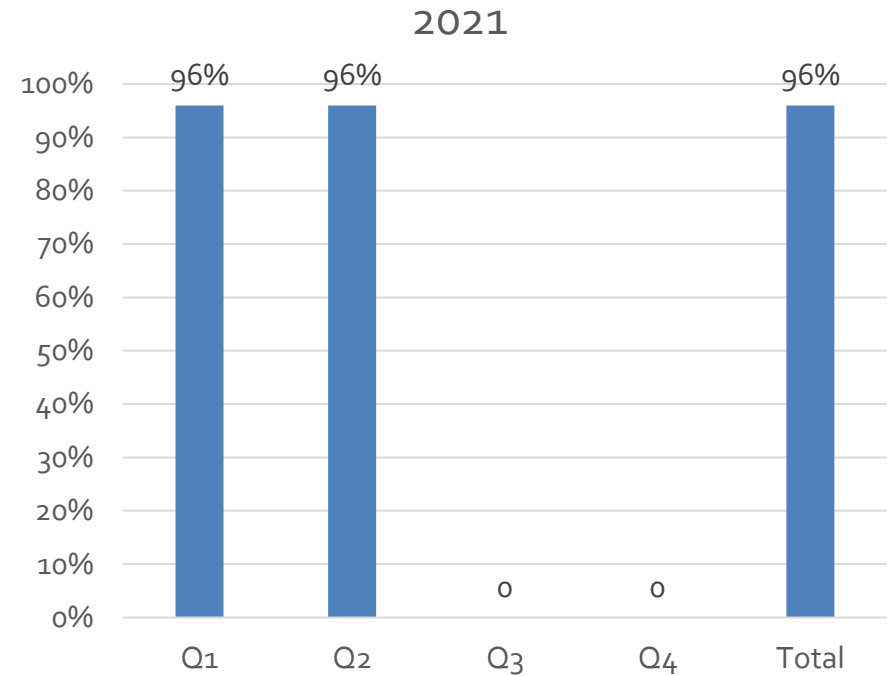


NPSG OBSERVED HAND HYGIENE

BHCS



BHIP

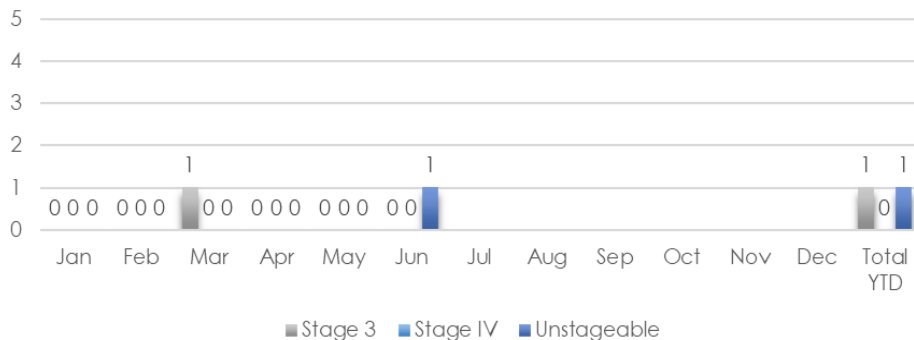


6.12 HOSPITAL ACQUIRED PRESSURE INJURY

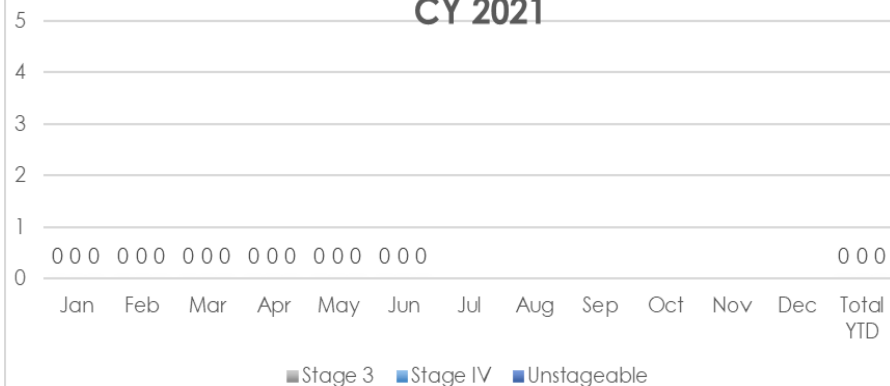


HOSPITAL ACQUIRED PRESSURE INJURY

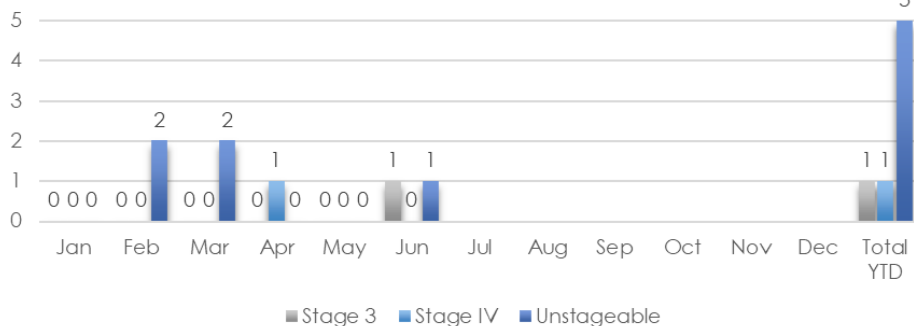
**BHMC HAPI: Stage III, Stage IV, Unstageable
CY 2021**



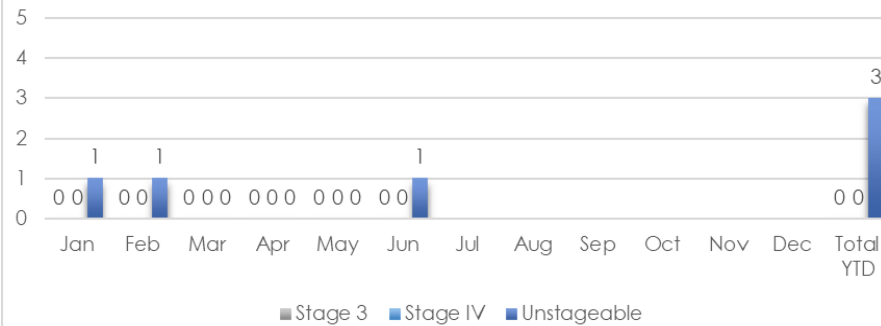
**BHN HAPI: Stage III, Stage IV, Unstageable
CY 2021**



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



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



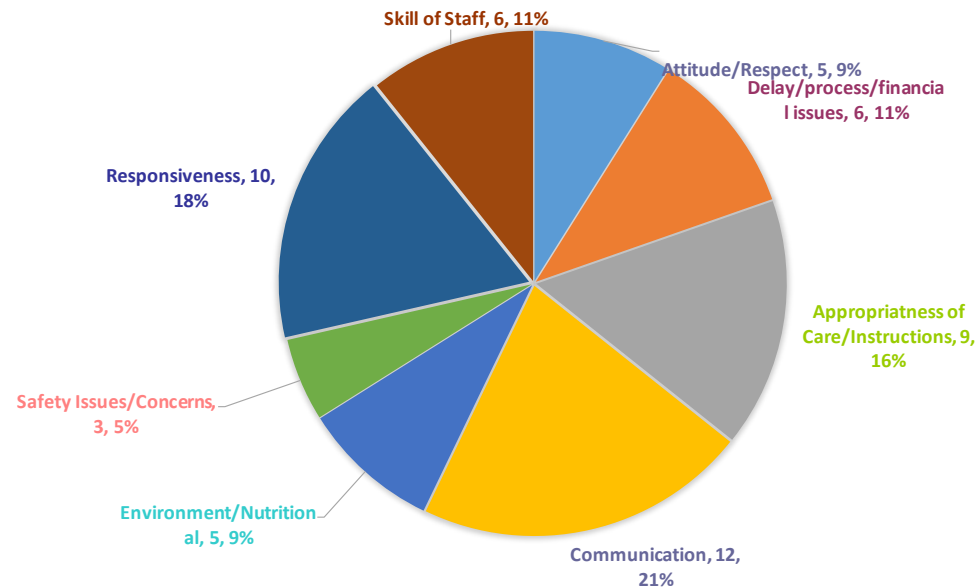
6.13 GRIEVANCES



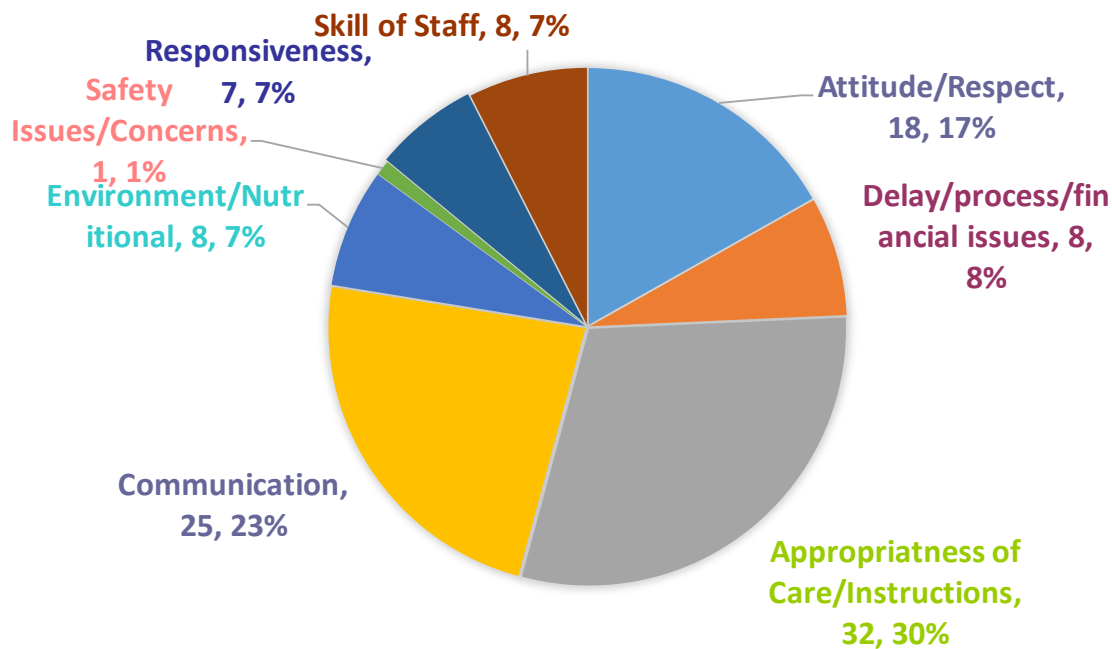
COMPLAINTS & GRIEVANCES

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

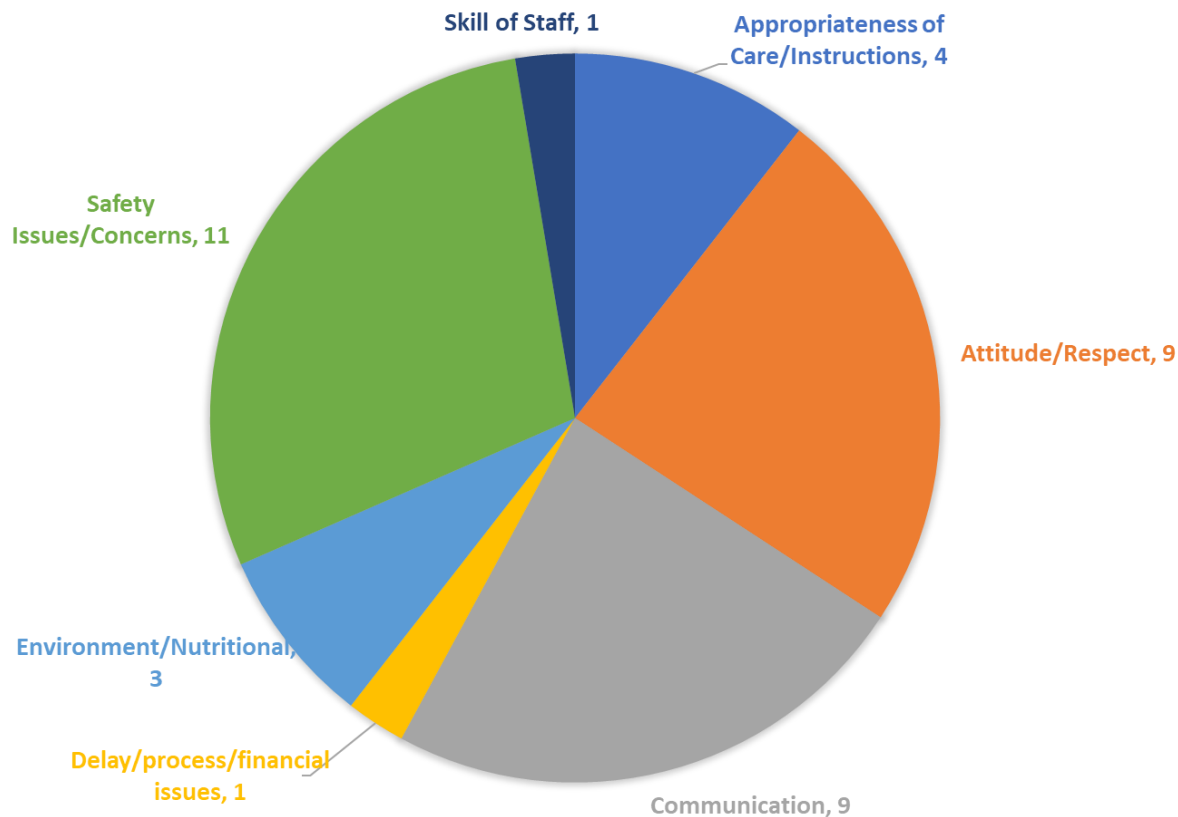
Q2 2021 BHN CAPTURED COMPLAINTS & GRIEVANCES



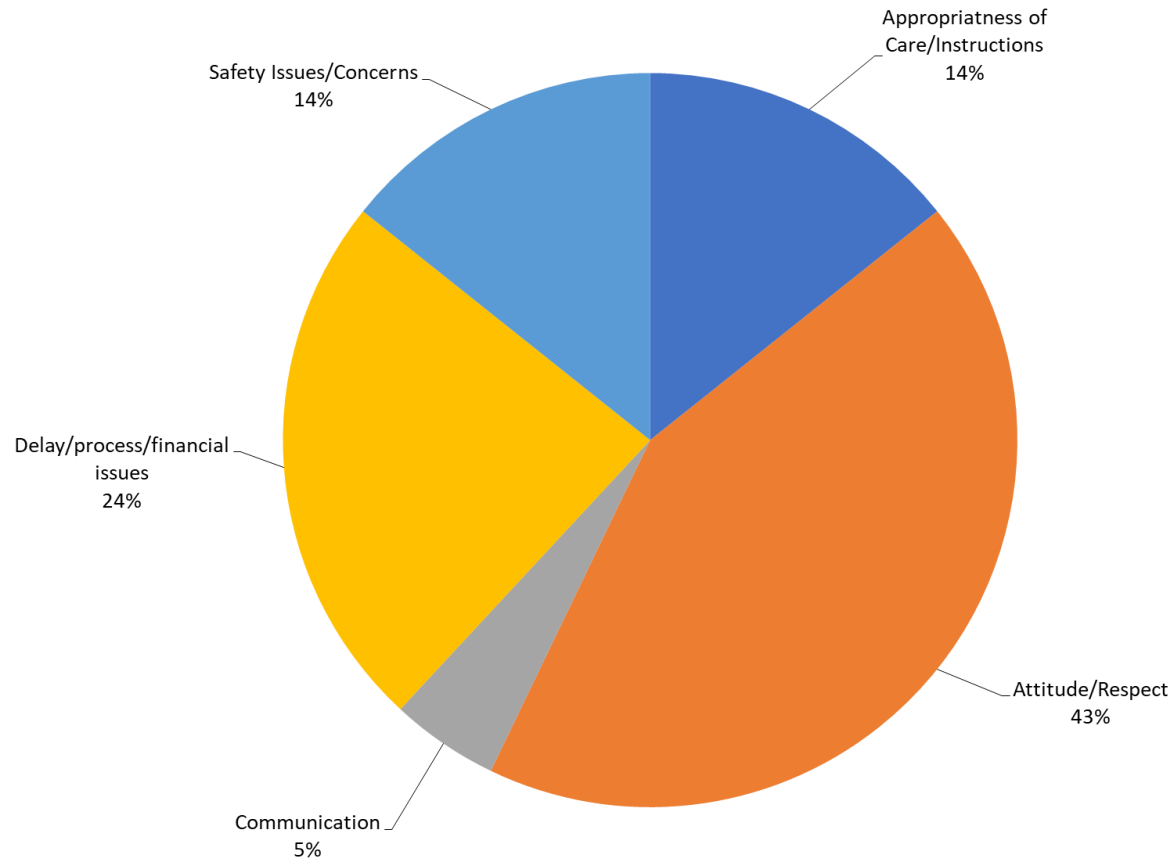
Q2 2021 BHCS CAPTURED COMPLAINTS & GRIEVANCES



Q2 2021 BHMC CAPTURED COMPLAINTS & GRIEVANCES



Q2 2021 BHIP CAPTURED COMPLAINTS & GRIEVANCES



6.14 RISK MANAGEMENT REGIONAL REPORTS

A1. BHMC	Q2 2021
B1. BHN	Q2 2021
C1. BHIP	Q2 2021
D1. BHCS	Q2 2021
E1. BH AMB	Q2 2021

