

North Broward Hospital District Board of Commissioners
1700 Northwest 49th Street, Suite #150, Ft. Lauderdale, FL 33309

QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING **Immediately Following the Finance Committee Meeting** **Wednesday, June 23, 2021**

The Quality Assessment & Oversight Committee of the North Broward Hospital District was held on June 23, 2021, immediately following the Finance Committee Meeting at the Broward Health Corporate Spectrum Location, 1700 NW 49th Street, Suite 150, Fort Lauderdale, Florida 33309.

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 Nancy W. Gregoire at 1:15 p.m.

3. ROLL CALL

Present:

Commissioner Ray. T. Berry (via Microsoft Teams)
Commissioner Stacy L. Angier, Vice Chair
Commissioner Nancy W. Gregoire, Chair

Senior Leadership

Additionally Present:

Marie C. Waugh, Commissioner
Levi G. Williams, Jr., Commissioner
Shane Strum, President/Chief Executive Officer
Alan Goldsmith, EVP/Chief Operating Officer
Alex Fernandez, SVP/Chief Financial Officer
Linda Epstein, Corporate General Counsel

4. PUBLIC COMMENTS

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

5. APPROVAL OF MINUTES

Without objection, Chair Gregoire approved the minutes, dated March 24, 2020.

Motion *carried* without dissent.

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6. CONSENT AGENDA

QUARTERLY REPORTS, DATA Q1 CY2021, POWERPOINT PRESENTATION

(Presenter – Barry Gallison, VP Risk and Quality Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

- 6.1. Community Health Services: Healthcare for Homeless
- 6.2. Ambulatory - Physician Practice Update
- 6.3. Home Health & Hospice
- 6.4. Population Health
- 6.5. Medicare Readmission
- 6.6. Medicare Mortalities
- 6.7. Environment of Care
- 6.8. Antimicrobial Stewardship
- 6.9. Sepsis Prevention
- 6.10. Infection Prevention
- 6.11. Hospital Acquired Pressure Injury
- 6.12. Grievances
- 6.13. Patient Satisfaction HCAHPS
- 6.14. Risk Management Quarterly Reports
- 6.15. 2020 Patient Safety Appraisal Reports by Region
- 6.16. 2020 Performance Improvement Appraisal by Region
- 6.17. 2020 Infection Prevention Appraisal by Region
- 6.18. 2020 Environment of Care Reports by Region

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

The Quality Assessment & Oversight Committee of the North Broward Hospital District approve Items 6.1 through 6.18 on the Consent Agenda, as presented.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry

YES Commissioner Stacy L. Angier, Vice Chair

YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

Barry Gallison, VP, Risk and Quality Management gave a brief overview of his tenure at Broward Health and welcomed the incoming Commissioners. Mr. Gallison also summarized the Quality

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and Assessment and Oversight Committee Consent Agenda process and noted that several internal sub-committees meet annually per regulatory requirements.

7. DISCUSSION AGENDA

7.1. Quality and Safety Agenda Presentation (Presenter – Barry Gallison, VP, Risk and Quality Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

Journey to Excellence FYTD 21 Quality Update

- Mr. Gallison gave a year-to-year status of CLABSI, CAUTI, and CDIFF infections from Fiscal Year 2019 through Fiscal Year 2021.

7.1.1. Approval of the 2022 Quality and Service Balanced Scorecard Targets

- Proposed Balance Score Card, Quality and Service Domain FY 2022.
 - KPI
 - Quality
 - Value-Based Purchasing (VBP)
 - Clostridioides Difficile Infection (CDIFF)
 - Central Line Associated Blood Stream Infection (CLABSI)
 - Catheter Associated Urinary Tract Infection (CAUTI)
 - 2022 Targets and Goals
 - Repeat the same targets and goals as FY 2021 with the exception of the COVID-19 patients being removed from current year. Although another surge is not anticipated, if one does occur, there needs to appropriate protocols in place to care for those patients. Said patients caused a lot of risk CLABSIs and CAUTIs.
 - Service
 - Hospital Consumer Assessment of Healthcare Provide & Systems (HCAHPS)
 - Global Rating Hospital
 - Communication with nurses
 - Willingness to recommend
 - Patient Flow (Request to Occupy)

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- Patient flow (Percent of Discharges with Transports).

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

The Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to approve the Quality and Service Balanced Scorecard Targets, as presented, for Fiscal Year 2022.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry

YES Commissioner Stacy L. Angier, Vice Chair

YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

- 7.1.2. 2021 Infection Control Plan (Presenter – Barry Gallison, VP, Risk and Quality Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

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

The Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District approve the 2021 system-wide Infection Prevention and Control Program Surveillance Plan for all Broward Health facilities, as presented.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry

YES Commissioner Stacy L. Angier, Vice Chair

YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

- 7.1.3. 2021 Performance Improvement Plan (Presenter – Barry Gallison, VP, Risk and Quality Management)

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

The Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District approve the 2021 system-wide Performance Improvement Plan for all Broward Health facilities, as presented.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry
YES Commissioner Stacy L. Angier, Vice Chair
YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

7.1.4. 2021 Safety Plan (Presenter – Barry Gallison, VP, Risk and Quality Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

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

The Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District approve the 2021 system-wide Patient Safety Plan for all Broward Health facilities, as presented.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry
YES Commissioner Stacy L. Angier, Vice Chair
YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

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7.1.5. 2021 Complaint and Grievance Management (Presenter – Barry Gallison, VP, Risk and Quality Management)

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

The Quality Assessment & Oversight Committee recommend that the Board of Commissioners of the North Broward Hospital District approve the 2021 system-wide Complaint and Grievance Management Policy for all Broward Health facilities, as presented.

Motion confirmed by roll call.

YES Commissioner Ray. T. Berry
YES Commissioner Stacy L. Angier, Vice Chair
YES Commissioner Nancy W. Gregoire. Chair

Motion *carried* 3/0.

2021 Influenza Program (Presenter – Barry Gallison, VP, Risk and Quality Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

Mr. Gallison reviewed the 2021 HC personnel influenza vaccination summary.

- Employees
 - Received – 79% participation
 - Not Received – 9%
 - Unknown Status – 12%

A low flu vaccination response was credited to the mask requirement during the COVID-19 pandemic. Low attestation response also occurred due to employees terminating employment during the pandemic.

- Summary Medical Staff – 46% participation
- Summary Volunteers/Students – 98% participation

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7.1.6. Culture of Safety (Presenter – Barry Gallison, VP, Risk and Quality Management)

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- Survey required to ensure a culture of safety.
- Culture of Safety survey is taken every two years via Press Ganey.
- 50% participation rate in 2021 versus a 60% participation rate in 2019.
- Survey includes 32 questions across four categories:
 - Safety Culture Index
 - Resilience Index
 - Organization
 - Employee

The survey identified five strengths and three opportunities. Implementation of action plans were in process.

7.1.7. 2021 Readmissions Program (Presenters – Barry Gallison, VP, Risk and Quality Management and Theresa Bajor, Director, Case Management)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

Mr. Gallison reviewed the 2021 Readmissions Program, highlighting an action plan.

- Discharge process
- High-Risk Readmissions
- Transition of Care

Broward Health system-wide readmission rates are below the national observed average for the following:

- Acute myocardial infarction
- Heart failure
- Chronic obstructive pulmonary disease (COPD)
- Pneumonia

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Cost of readmissions

- Penalty of 3% of Medicare funding.
- Funding must be earned back.
- Broward Health hospitals earned back significant funding in FY 2021.

7.1.8. CMS Star Action Report BHN (Presenters – Barry Gallison, VP, Risk and Quality Management and Alice Taylor, Chief Executive Officer, Broward Health North (BHN)

For further detail, related slides are available within the June 2021 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' webpage.

Mr. Gallison introduced Alice Taylor, CEO, Broward Health North, Christopher Larue, Quality and Patient Safety Manager, Broward Health North, and Dr. Keith Foster, Chief Medical Officer, Broward Health North.

Mr. Gallison and Ms. Taylor presented the CMS Star Action Report for Broward Health North.

Upon Commissioner Berry's departure at 2:09 p.m., it was confirmed that a quorum remained intact.

Mr. Gallison gave a gap analysis overview.

- Largest Gaps
 - Mortality
 - Readmission
 - Safety of care

Closed gaps in COPD, Heart Failure, and Pneumonia rates due to decreased hospitalizations as a result of COVID.

Ms. Taylor, CEO to BHN, reviewed mortality and the processed and action plans at BHN.

- Mortality
 - Focus was on patient outcome initiatives, patient care improvements, and documentation.
 - Death occurrences were reported daily to a new mortality multidisciplinary team consisting of the Chief Medical Officer, Dr. Keith Foster, nursing, social work, case management, quality, and medical records. The team met weekly to discuss the findings in a safe huddle.
 - Improved the peer review process.
 - Reeducated physicians.

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- Appointed a cochair for surgery because peer review is combined and only had a measure for the chairman.
- Initiated intensivist program and hospitalist programs. These programs improve mortality and morbidity in critical care patients in hospitals.
- Documentation improvement – documentation lacked specificity required to risk adjust a patient’s death.
- Diagnosis of the Month Club – Dr. Foster reviewed diagnoses and comorbidities, as well as the importance of documenting in the medical record, with the medical staff.

Mr. Gallison reviewed Readmissions briefly.

- Readmissions
 - CMS only focused on COPD and joint replacements. Broward Health has corrected for the forthcoming Hospital Compare that will be published in July 2021.

Ms. Taylor reviewed Readmission Action Plans.

- Readmission Action Plans
 - All three-day readmissions are reviewed to identify opportunities to discuss in the safety huddle. If patient came back within three days, we probably had some opportunities to prevent that.
 - Created a 30-day readmission team consisting of the Chief Medical Officer, nursing, case management, population health and pharmacy. They focus on the CMS readmission indicators.
 - Revamped team rounding with a focus on discharge. Multidisciplinary rounds were led by Dr. Foster.
 - Pilot initiative where the social worker will make or attempt to make an appointment for the patient before they leave the hospital.
 - Reinvigorated med-to-bed program.
 - Opened retail pharmacy on Saturdays.
 - Educated physicians and staff on appropriate referrals to palliative care for chronic diseases.
 - A significant opportunity was heart failure.
 - Opened a heart failure clinic on campus.
 - There is a physician champion who conducts weekly educational sessions with nursing, pharmacy, and case management at the heart failure clinic.

Mr. Gallison reviewed Safety of Care gap. Ms. Taylor reviewed the Safety of Care Action Plans for BHN.

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- Safety of Care Gaps
 - Surgical Infection Rates (SIR) for Surgical Site Infection (SSI) Colon and Methicillin-Resistant Staphylococcus Aureus (MRSA) were significantly lower in 2020 versus 2019.

Ms. Taylor reviewed the action items that led to closing the gaps.

- Safety of Care Action Plans
 - Perioperative bundle to prevent infections
 - Temperature regulation
 - Appropriate timing of antibiotics
- MRSA is an infection that we see in the community. It is in the water, as we are a beach community. A small cut can become a MRSA infection. MRSA is considered community acquired rather than hospital acquired.
- CAUTI – Broward Health has a very aggressive “Get the line out” campaign headed by Cheryl Wilde, Chief Nursing Officer, and Dr. Keith Foster, Chief Medical Officer. All line managers report how many Foleys and how many central lines are in place.
- CDIFF – Working with primary care physicians and Emergency Department physicians to identify high-risk patients. Patients with CDIFF sometimes have longer stays. Early identification is important. Discussions are held frequently with our infection disease leaders and pharmacy, who make suggestions when a physician over orders.

STAR Ratings – we do not know if Leapfrog or Star will be pulled from 2019, 2021, or what combinations they will use to give us the data that determines where we stand nationally.

8. **ADJOURNMENT**

There being no further business on the agenda, the Chair adjourned the meeting at 2:27 p.m.

Respectfully submitted,

Commissioner Christopher J. Pernicano, Secretary/Treasurer