

MINUTES

NORTH BROWARD HOSPITAL DISTRICT

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

QUALITY ASSESSMENT & OVERSIGHT COMMITTEE

November 26, 2018

CALL TO ORDER 10:10 a.m.

COMMITTEE MEMBERS

✓ Commissioner Nancy Gregoire, Chairperson

X Commissioner Steven Wellins*

✓ Commissioner Ray Berry

MEMBERS District's Director of Corporate Quality & Process Improvement; the Regional CEOs of each District's four (4) primary facilities; a Physician Advisor (corporate quality and process improvement); a CNO representative; the Chiefs of Staff of each of the District's four (4) primary facilities; Regional Managers (QI); the District's Vice-President of Community Health Services; the District's Medical Director (Community Health Services); the Director of Quality/Clinical Operations the Regional CEO of Broward Health Weston; the District's Key Group representatives; the District's Director of Risk Services; the Senior Vice-President/Chief Medical Office, the District's Vice-President of Physician Services and the President/CEO

EX-OFFICIO:

General Counsel (non-voting), Chief Internal Auditor (non-voting)

PUBLIC COMMENTS None

APPROVAL OF MINUTES

1. Approval of the Quality Assessment and Oversight Committee meeting minutes, dated May 30, 2018

MOTION It was *moved* by Commissioner Berry, *seconded* by Commissioner Gregoire, to:

**APPROVE THE QUALITY ASSESSMENT AND OVERSIGHT MEETING MINUTES DATED
MAY 30, 2018.**

Motion *carried* unanimously.

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*It was later announced that day at the Legal Affairs and Governmental Relations Committee of Commissioner Wellins' resignation as of November 1, 2018.

TOPIC OF DISCUSSION:

Quarterly Reports

Data Q2 CY2018

2. Gold Coast Home Health & Hospice (Presents Q1)
3. Population Health (Presents Q2)
4. Medicare Readmission & Readmission Performance Improvement Project
5. Medicare Mortality
6. Environment of Care
7. Sepsis Prevention by Region & Sepsis Performance Improvement Project
8. Infection Prevention
9. HAPI Reports
10. Grievances
11. Risk Management Quarterly Report

Commissioner Gregoire stated on record that items (#2) through (#11) were for informational purposes only, therefore the QAOC Committee moved on to item (#12).

Quality and Safety Agenda

12. Ratification of Risk Managers Lee Ghezzi

Mr. Ghezzi introduced regional risk managers Marlury Altamirano from Broward Health Imperial Point and Claudine Robinson from Broward Health Coral Springs. Both Regional Managers would be ratified at the upcoming Board Meeting.

MOTION It was moved by Commissioner Berry, seconded by Commissioner Gregoire, that:

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THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE RECOMMEND THAT THE BOARD OF COMMISSIONERS OF THE NORTH BROWARD HOSPITAL DISTRICT RATIFY THE APPOINTMENTS OF MARLLURY ALTAMIRANO AND CLAUDINE ROBINSON.

13. Leapfrog Update Barry Gallison

Mr. Gallison reported that on the updated leapfrog report Broward Health North scored a grade A, Broward Health Coral Springs scored a grade C, Broward Health Imperial Point scored a grade C and Broward Health Medical Center scored a grade D.

Mr. Gallison reported on areas of improvement to increase Broward Health's overall leapfrog score.

Leap Frog is a marketing company that measures the safety and quality for patients.

14. Patient Satisfaction: HCAHPS & Action Plan Lee Ghezzi

Mr. Ghezzi gave an explanation of the graphs presented, which illustrated overall patient score satisfaction collected through surveys. Mr. Ghezzi reported the action plan for the entire year.

15. Regulatory Readiness Update Barry Gallison

Mr. Gallison presented the accreditation reviews.

- Joint Commission Accreditation reviews for all 4 regions and ambulatory services completed comprehensive surveys, all hospitals passed successfully.
- Measure of success for six months
- AHCA- Annual Risk Survey $\frac{3}{4}$ sites completed with no deficiencies
- Gold Coast Hospice- CHAP Action Plan accepted

16. Antimicrobial Stewardship Dave Lacknauth

Mr. Lacknauth presented on Antimicrobial Stewardship and focusing on using the appropriate antibiotic for the patients in all the hospitals to ensure that the drug leads to the desired effect and to ensure patients do not become resistant to the antibiotic in the community.

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- Antimicrobial stewardship multidisciplinary committees
- Duration for Board Spectrum Antibiotics
- Prevent unnecessary costs

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17. Ambulatory Services

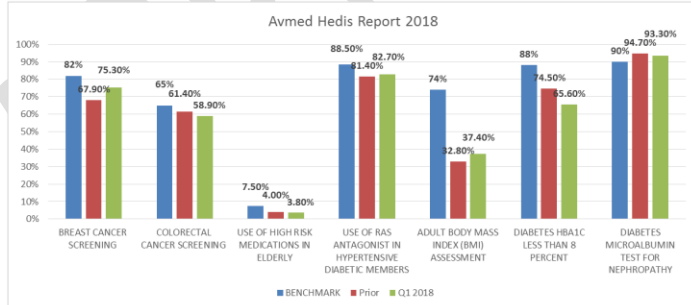
Lavaughn Thomas

Ms. Thomas showed an overview presentation of Ambulatory Services and action plan.

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MEASURES TITLE	BENCHMARK	Prior	Q1 2018
Annual Exam	90%	13.80%	15.30%
HRA	90%	97%	68.20%
HOSPITAL ADMITS PER 1,000 - less than 276	276	263.6	263.4
ER VISITS PER 1,000 - less than 225	225	344.8	358.2
GENERIC DISPENSING RATE	0.85%	85.13%	84.94%

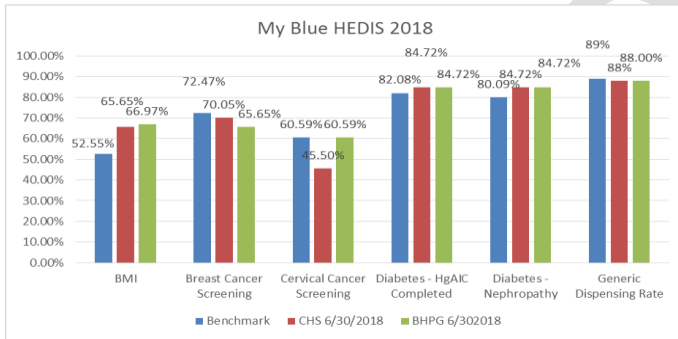
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BHPG	Benchmark	
ED Utilization- visits per 1000	356.00%	335%
IP Utilization - visits per 1000	60.40%	68%
New patients seen w/90 dys	50%	41%
Existing patients seen	75%	63%
CHS		
ED Utilization- visits per 1000	356.00%	429%
IP Utilization - visits per 1000	63.00%	76%
New patients seen w/90 dys	50%	39%
Existing patients seen	75%	62%

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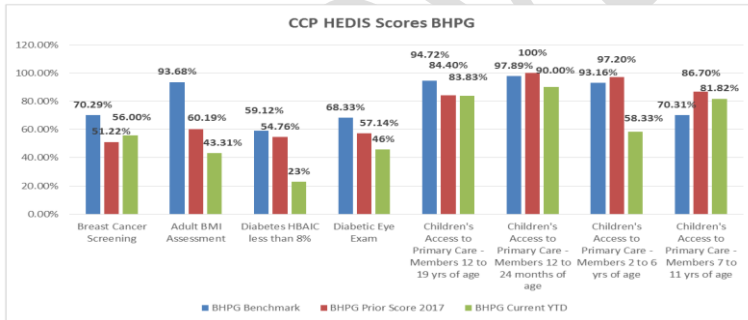
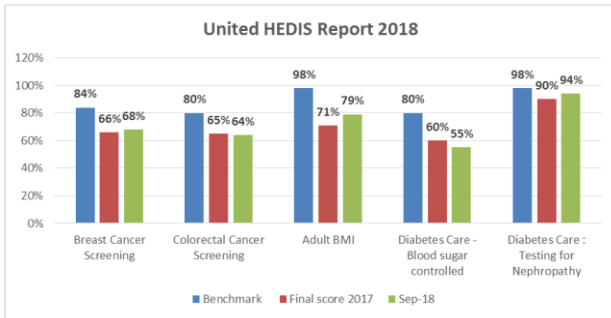
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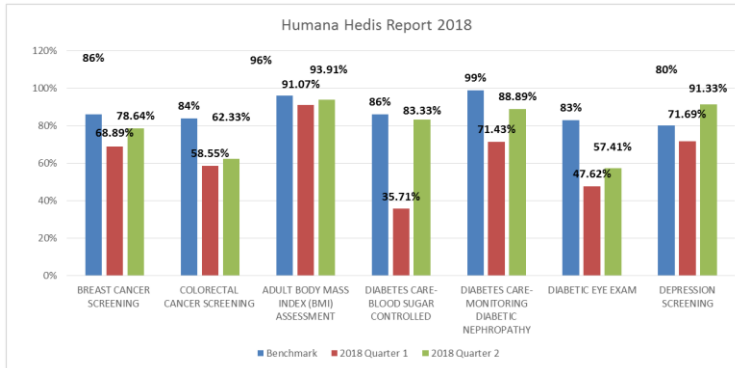
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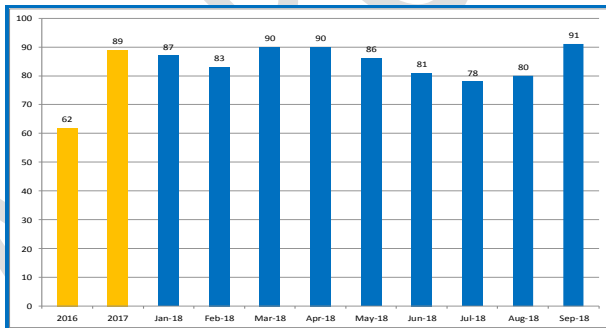
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18. Community Health Services

Scott Dimarzo

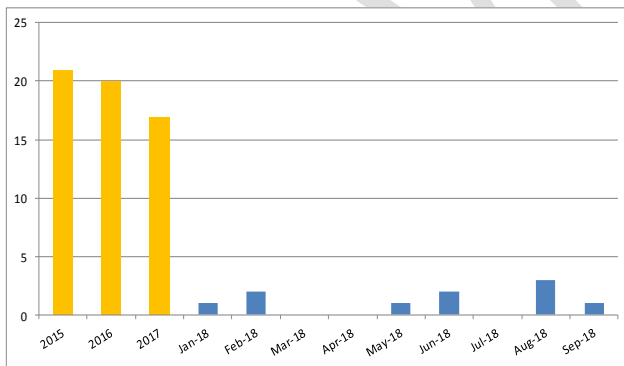
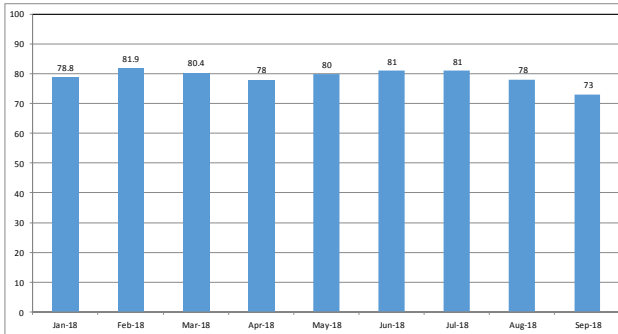
Mr. Dimarzo gave a quality outcome related presentation on Community Health Services and showed an action plan.



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MEETING ADJOURNED 11:57 p.m.

MOTION It was *moved* by Commissioner Berry, *seconded* by Commissioner Gregoire, to:

ADJOURN THE QUALITY ASSESSMENT AND OVERSIGHT COMMITTEE MEETING.

Motion *carried* unanimously.

Respectfully submitted,
Commissioner Ray T. Berry

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Secretary / Treasurer

APPROVED