

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

## QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING 10:00 a.m., Wednesday, March 23, 2022

The Quality Assessment and Oversight Committee of the North Broward Hospital District was held on Wednesday, March 23, 2022 at the Broward Health Corporate Spectrum Location, 1700 NW 49<sup>th</sup> 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 Ray T. Berry at 10:21 a.m.

### 3. COMMITTEE MEMBERS

*Present:*

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

*Senior Leadership*

*Additionally Present:*

Commissioner Marie C. Waugh  
Commissioner Christopher J. Pernicano  
Shane Strum, President, Chief Executive Officer  
Ken Hetlage, Interim, Chief Operating Officer  
Alex Fernandez, SVP, 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 MINUTES

5.1. Approve Meeting Minutes dated December 15, 2021

Without objection, Chair Berry approved the minutes, dated December 15, 2021.

Motion *carried* without dissent.

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## 6. CONSENT AGENDA

Quarterly Reports, Data Q4 CY2021, Presentation (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

Mr. Barry Gallison requested approval for Consent Agenda items below, which included quarterly updates for each region.

For further detail, related slides are available within the March 2022 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' web page.

6.1. Community Health Services: Healthcare for Homeless\*

6.2. Home Health

6.3. Environment of Care

6.4. Antimicrobial Stewardship

6.5. Infection Prevention

6.6. NPSG - Hand Hygiene

6.7. Grievances

6.8. Risk Management Quarterly Reports

6.9. Medicare Readmission

6.10. Medicare Mortalities

6.11. Patient Engagement HCAHPS

\*Mr. Gallison noted that going forward *Community Health Services: Healthcare for Homeless* will report to the Federally Qualified Health Center (FQHC) Board. Chair Berry requested that the North Broward Hospital Board be informed of any concerns should they arise.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District approve items 6.1 through 6.11 on the Consent Agenda, as presented.

Motion confirmed by roll call.

**YES** Commissioner Stacy L. Angier

**YES** Commissioner Nancy W. Stamper, Vice Chair

**YES** Commissioner Ray T. Berry, Chair

Motion *carried* 3/0.

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## 7. DISCUSSION AGENDA

- 7.1. Quality and Safety Agenda Presentation (Presenter – Dr. Joshua Lenchus, Interim Chief Medical Officer)

7.1.1., Infection Control Update

Dr. Lenchus shared that approximately 10 years prior, The Joint Commission (TJC) embarked on a mission to achieve “*High Reliability Healthcare*” a process of progressive maturation through which a hospital’s ultimate goal is zero-patient-harm.

Highlighted below are the District’s processes:

- District-wide Infection Control Plan
  - Standardize approach to emerging threats
- Standardize Products and Protocols
- Intense Analysis for every event
  - At local level, evaluate processes, track & trend
- Unified Goals- Balance Score Card

Dr. Lenchus reviewed the FY22 Quality Balance Score Card Progress

- Central Line Associated Blood Stream Infection (CLABSI)
  - Out of 28,583-line days
  - 23 CLABSI
  - Action Plan: Utilization, line location, LOS, care & maintenance
- Catheter Associated Urinary Tract Infection (CAUTI)
  - Out of 20,411 Foley days
  - 15 CAUTI
  - Action Plan: Utilization, HOUDINI Protocol, LOS, care & maintenance
- Multi-Drug Resistant Organisms
  - Out of 214,093 patient days
  - 36 C Diff cases
  - 6 MRSA cases
  - Early Identification- POA vs. HAC

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- Surgical Site Infections (SSI)
  - Out of 588 TAH & Colon cases
  - 16 SSI (13 colon, 3 TAH)
  - Standardize
    - Pre-op: Weights, CHG, Glucose
    - Inter-op: Weight based ABX, temp control, re-dosing ABX
    - Post-op: Glucose, wound care

## 7.1.2., Value Based Purchasing (VBP)

Per CMS the hospital Value Based Purchasing (VBP) objective is to reward acute care hospitals with incentive payments for the quality care provided in the inpatient hospital setting. This program adjusts payments for hospitals under the inpatient prospective payment system annually based on the quality care the hospital delivers.

Dr. Lenchus reported that unfortunately CMS uses your performance two years in arrears. The data may appear worse than it actually is currently.

Dr. Lenchus reported on the Districts FY'21 Centers for Medicare & Medicaid Services (CMS) VBP Medicare actual penalties. In addition, highlighted changes to CMS Quality Programs.

### Value Based Purchasing changes:

- FY 2022 neutral payment adjustment
- Suppress Pneumonia Mortality measure (FY2023)
- Exclude patients with secondary Diagnosis of COVID-19 in mortality and complication measures (FY2023)
- Removal of Patient Safety for Selected Indicators Composite (PSI) 90 (FY2023)
- Revised baselines for FY2024; using CY 2019 baselines for:
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS);
  - Healthcare Associated Infection (HAI); and
  - Merit Systems Protection Board (MSPB)

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## Hospital-Acquired Condition (HAC) changes:

- Suppress 3<sup>rd</sup> & 4<sup>th</sup> Q20 HAC penalties for FY 2022 and 2023
- HAIs
  - FY 2022: Jan 1-Dec 31, 2019
  - FY 2023: Jan 1-Dec 31, 2021
  - FY 2024: Unchanged
- PSI 90
  - FY 2022: Jul 1, 2018 - Dec 31, 2019
  - FY 2023: Jul 1 – Dec 31, 2019 and Jan 1 – June 30, 2021
  - FY 2024: Jan 1, 2021- Jun 30, 2022

### 7.1.3., Joint Commission Readiness Annual Appointment Memo

Dr. Lenchus presented the recommendations for The Joint Commission (TJC) Readiness Annual Appointment Memo from the respective facilities.

For further detail, related slides are available within the March 2022 Quality Assessment and Oversight Committee Meeting book on the Board of Commissioners' web page.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District formally ratify and appoint the following **Regional Risk Managers**, under Florida Statute, Section 395.0197 and Florida Administrative Code, Chapter 59A-3, to include Marllury Altamirano for Broward Health North, Martin Hynes for Broward Health Medical Center, Collette Small for Broward Health Imperial Point, and Claudine Robinson for Broward Health Coral Springs, as presented.

Motion confirmed by roll call.

**YES** Commissioner Stacy L. Angier

**YES** Commissioner Nancy W. Stamper, Vice Chair

**YES** Commissioner Ray T. Berry, Chair

Motion *carried* 3/0.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District formally ratify and appoint the following Regional Grievance Leads, under Joint Commission Standard RI 01.07.01 to include Andrew Sinclair for Broward Health North, Elizabeth Hernandez for Broward Health Medical Center, Collette Small for Broward Health Imperial Point, and Summer Marrero for Broward Health Coral Springs, as presented.

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Discussion ensued regarding concern of a potential conflict of interest having the same lead named for both Risk Management and Grievance, specifically for Broward Health Imperial Point recommendation.

Motion confirmed by roll call.

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

Motion *carried* 3/0.

\*Post vote, it was decided that the Regional Grievance Leads request be added to the March 30, 2022 Board Discussion Agenda to allow Mr. Gallison, time to review and address the potential conflict with Broward Health Imperial Point's Senior Management.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District formally ratify and appoint the following Regional Infection Prevention Leads, under Joint Commission Standard IC 01.01.01 to include Christina Hinkle for Broward Health North, Heidi Rubin for Broward Health Medical Center, Patricia Dale for Broward Health Imperial Point, and Cecile Kaplan for Broward Health Coral Springs, as presented.

Motion confirmed by roll call.

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

Motion *carried* 3/0.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District formally ratify and appoint the following Regional Antibiotic Stewardship Leads, under Joint Commission Standard MM 09.01.01 to include Dr. Indulehka Gopal for Broward Health North,

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Dr. David Droller for Broward Health Medical Center, Dr. Stephen Renae for Broward Health Imperial Point, and Dr. Melvin Kohan for Broward Health Coral Springs, as presented.

Motion confirmed by roll call.

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

Motion *carried* 3/0.

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District formally ratify and appoint the following Patient Safety Officers, under Leapfrog National Quality Forum Safe Practices 6A 1.2 to include Christopher LaRue for Broward Health North, Janet Dougherty for Broward Health Medical Center, Donna Williamson for Broward Health Imperial Point, and Maria Belyea for Broward Health Coral Springs, as presented.

Motion confirmed by roll call.

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

Motion *carried* 3/0.

7.2. Baker Act Redesignation (Presenter: Dr. Joshua Lenchus, Interim Chief Medical Officer)

7.2.1. Broward Health Medical Center

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District authorize Broward Health Medical Center to apply for re-designation as a public Baker Act receiving facility in accordance with Section 394.461(1), Florida Statutes and Florida Administrative Code Rule 65E-5.350(5)(c), as presented.

Motion confirmed by roll call.

**YES** Commissioner Stacy L. Angier  
**YES** Commissioner Nancy W. Stamper, Vice Chair

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**YES** Commissioner Ray T. Berry, Chair

Motion *carried* 3/0.

## 7.2.2. Broward Health Imperial Point

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

The Quality Assessment and Oversight Committee of the North Broward Hospital District authorize Broward Health Imperial Point to apply for re-designation as a private Baker Act receiving facility in accordance with Section 394.461(1), Florida Statutes and Florida Administrative Code Rule 65E-5.350(5)(c), as presented.

Motion confirmed by roll call.

**YES** Commissioner Stacy L. Angier

**YES** Commissioner Nancy W. Stamper, Vice Chair

**YES** Commissioner Ray T. Berry, Chair

Motion *carried* 3/0.

## 8. **ADJOURNMENT**

There being no further business on the agenda, the Chair adjourned the meeting at 11:15 a.m.

Respectfully submitted,  
Commissioner Christopher J. Pernicano, Secretary/Treasurer