QUALITY ASSESSMENT & OVERSIGHT COMMITTEE MEETING
12:00 p.m., Wednesday, March 29, 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 12:05 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 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 MINUTES
5.1. Approval of Quality Assessment and Oversight Committee Meeting Minutes dated November 30, 2022

Without objection, Chair Berry approved the minutes, dated November 30, 2022.

Motion carried without dissent.
6. **CONSENT AGENDA**

Quarterly Reports, Data Q4 CY2022, PowerPoint Presentation (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

6.1. Environment of Care  
6.2. Antimicrobial Stewardship  
6.3. Infection Prevention  
6.4. NPSG - Hand Hygiene  
6.5. Grievances  
6.6. Risk Management Quarterly Reports  
6.7. Medicare Readmission  
6.8. Medicare Mortalities  
6.9. Patient Engagement HCAHPS

**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 through 6.9 on the Consent Agenda, as presented.

Motion carried unanimously.

**TOPIC OF DISCUSSION**

7. **Quality and Safety Agenda, PowerPoint Presentation** (Presenter – Barry Gallison, Director, VP Risk and Quality Management)

7.1. Infection Control Update

Mr. Gallison reviewed the following building blocks to achieving high reliability within the organization:

- Regional Chief Medical Offices, Infection Control Physicians, Quality Leaders & Staff Epidemiologists
- Transformational Change  
  - Leadership  
  - Safety Culture  
  - Robust Process Improvement
- Commitment to Zero Harm (zero negative events)
- Standardization  
  - Districtwide Infection Control Plan  
    - Standardized approach to emerging threats  
  - Standardized Products and Protocols  
  - Intense Analysis for Every Event  
    - At local level, evaluate processes, track and trend

QAOC 2
Additionally, Mr. Gallison reported the Unified Goals – Balanced Score Card progress:

- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Clostridioides Difficile Infection (CDIFF)
- Multi-Drug Resistant Organisms (MDRO)
  - CDIFF
  - Methicillin-Resistant Staphylococcus Aureus (MRSA)
  - Early Identification – Present On Admission (POA) vs. Hospital-Acquired Condition (HAC)

7.2. Value Based Purchasing

Per Centers for Medicare & Medicaid Services (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.

Mr. Gallison reported for FY’21 the District had a net neutral payment and “earned back” $323K based on the 2% that was withheld.

In addition, the following CMS program changes for the period of FY’22 Oct 1, 2021 - Sept 30, 2022 were highlighted:

Value Based Purchasing

- 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)
Hospital-Acquired Condition (HAC) changes:

- Suppress 3rd & 4th 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

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

7.3. Joint Commission Readiness Annual Appointment Memo

It was moved by Commissioner Angier, seconded by Commissioner Berry, 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 Wayne Murphy for Broward Health North, Camilla De Abreu for Broward Health Medical Center, Irene Vargas for Broward Health Imperial Point, and Claudine Robinson for Broward Health Coral Springs.

Motion carried unanimously.

MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, 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, Netonua Reyes for Broward Health Imperial Point, and Summer Marrero for Broward Health Coral Springs.

Motion carried unanimously.

MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, 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, Patricia Dale for Broward Health Medical Center, Donna Diel for Broward Health Imperial Point, and Carrie Zbierski for Broward Health Coral Springs.

Motion carried unanimously.
MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, 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, Dr. James Roach for Broward Health Medical Center, Glen Howard PharmD for Broward Health Imperial Point, and Dr. Melvin Kohan for Broward Health Coral Springs.

Motion carried unanimously.

MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, 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, Martin Hynes for Broward Health Medical Center, Donna Williamson for Broward Health Imperial Point, and Maria Belyea for Broward Health Coral Springs.

Motion carried unanimously.

8. ADJOURNMENT

There being no further business on the agenda, the Chair adjourned the meeting at 12:24 p.m.

Respectfully submitted,
Commissioner Paul C. Tanner, Secretary/Treasurer