

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, October 20, 2022
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Thomas Todd, Chair, Consumer Advocate
Luis Delgado, Consumer Advocate
Sherri Gonzales, Children's Home Society
Natalie Mullett, Park Place Behavioral Health Care
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Compliance Director
Miralys Martinez, Risk Management Specialist
Jerrymar Foster, Quality Improvement Specialist
Trinity Schwab, Chief Operating Officer
Karla Pease, Executive Assistant and Recording Secretary
Leo Colomer, Contract Manager (via Zoom)

Guests

Amy Hammett, Department of Children and Families

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, October 20, 2022, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:35 p.m.

Minutes

Lisa Portelli made a motion to approve the minutes as written, Natalie Mullett seconded; motion passed.

Risk Management

- Incident Reports data for Quarter 1 was reviewed and explained. There was a lower number of incidents reported compared to Quarter 1 FY21-22.
- Year-to-date compliance with reporting in one business day showed a decline in August due to an increase of incidents that took place in the community and the provider was not notified by family members until a few days later. Attestations reporting Compliance shows a compliance decline due to the IRMS system being transferred to FivePoints' servers, and providers having to reset passwords, in addition to the attestation falling on Labor Day.
- Employee misconduct related incidents are lower this quarter as opposed to last quarter due to staff changes within the provider that trended higher on this type of incidents.

That new staff has not reported any incidents. A meeting was scheduled to make sure of their incident reporting obligations.

Quality Improvement

- Person Served Satisfaction Surveys – The Quality Improvement Specialist shared Qt 1 survey results with members.
- Board Satisfaction Surveys – 12 board of directors completed the survey, and those results were shared with the committee members. The Compliance Director asked feedback from members about the question at the end of the survey stating, “would you like to be contacted to provide additional feedback?” Members agreed it should be left in the survey but reworded to “if you would like to provide more information, please leave your name and number if you would like to be contacted.” Members reviewed all comments left in the survey from the 12 respondents.

Performance Measures

- The Chief Information Officer prepared the Performance Measures chart with data received so far.

Compliance

- a) CFCHS Compliance Line Reports – four complaints received; however, three out of the four complaints were non-CFCHS funded and submitted through Ethics Point and one via telephone to the Risk Management Specialist. All were referred and resolved at the provider level.
- b) FWA – none
- c) HIPAA Privacy/Security – a provider had one potential data breach - ransomed data
- d) Training – no trainings for Qt 1
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Seventeen providers will be monitored in FY 22-23. Board members, who are not providers, were invited to attend the entrance and exit interviews with providers.
- f) Public Records Requests - none
- g) Whistleblower Reports - none
- h) CARF – Reaccreditation is due 2 years from December.

Other/Public Input – None

Next Meeting

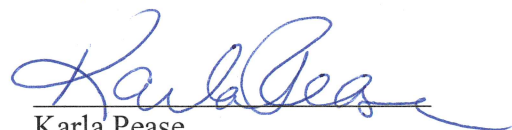
The next meeting will be February 16, 2023, at 1:30 pm.

Luis Delgado made a motion to adjourn, Sherri Gonzales seconded, motion passed.

The meeting adjourned at 2:19 pm.


co chair

Thomas Todd
Compliance/QI Committee, Chair



Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, October 20, 2022
Central Florida Cares Health System, Inc.
Board Room**



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| I. Welcome/Introductions | Thomas Todd | 5 minutes |
| II. Approve Minutes | Thomas Todd | 5 minutes |
| III. Risk Management <ul style="list-style-type: none">• Incident Report Data & Trends | Miralys Martinez | 15 minutes |
| IV. Quality Improvement <ul style="list-style-type: none">• Person Served Satisfaction Surveys• Board Satisfaction Surveys | Jerrymer Foster | 15 minutes |
| V. Compliance <ul style="list-style-type: none">a) CFCHS Compliance Line Reportsb) FWA/Complaints & Grievances/Investigationsc) HIPAA Privacy/Securityd) Traininge) Network Monitoring-Schedule, Findings, Issuesf) Public Records Requestsg) Whistleblower Reportsh) CARF | Geovanna Gonzalez | 15 minutes |
| VI. Other/Public Input | Group | 3 minutes/person |
| VII. Next Meeting <ul style="list-style-type: none">• February 16, 2023 at 1:30 pm | | |
| VIII. Adjourn | Group | 1 minute |

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, August 18, 2022
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Jules Brace, Orange County Sheriff Office
Sherri Gonzalez, Children's Home Society (acting Chair)
Natalie Mullett, Park Place Behavioral Health Care
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Geovanna Gonzalez, Compliance Director
Miralys Martinez, Risk Management Specialist
Trinity Schwab, Chief Operating Officer
Karla Pease, Executive Assistant and Recording Secretary

Guests

Amy Hammett, Department of Children and Families

Meeting Called to Order

The Central Florida Cares Health System, Inc. (CFCHS) Compliance/Quality Improvement Committee meeting was held on Thursday, August 18, 2022, at 1:00 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:04 p.m.

Minutes

Natalie Mullett made a motion to approve the minutes as written, Lisa Portelli seconded; motion passed.

Risk Management

- Incident Reports data was reviewed and explained. Trends were discussed in FY20-21 versus FY21-22. For Q4, the month of June in FY21-22 had a higher number of reported incident than in prior months.

June reporting in one business day decreased to 70% due to several community incidents not reported to providers until a later time. Attestations reporting Compliance increased due to automated monthly reminders in FY21-22.

Employee misconduct is higher this fiscal year as opposed to last fiscal year. A comparison of substantiated and unsubstantiated employee misconduct incidents shows that the increase was not significant. Death incidents were down this fiscal year compared to last.

The Compliance Director mentioned that Five Points is working on being able to automatically analyze this type of data soon rather than the Compliance department analyzing manually.

Quality Improvement

- Person Served Satisfaction Surveys – The Compliance Director shared survey results with members. A flyer was shared with the network to help promote submission of more surveys.
- Secret Shopper Program – This program runs along the monitoring schedule if included in the monitoring scope. Secret Shopper calls also take place if there is a reason to do so as a follow up to a call of action. The type of questions asked by CFCHS on the secret shopper calls were discussed with members.

Compliance

- a) CFCHS Compliance Line Reports – one complaint received; however, this complaint was not related to CFCHS or any of the providers. Risk Management Specialist spoke to this person to advise her of other avenues for help. Several messages were left, but this person did not return the calls. This case has been closed on the compliance line.
- b) FWA – none
- c) HIPAA Privacy/Security – none
- d) Training – Q4 information was shared on the numerous trainings provided this quarter to CFCHS staff and Network providers.
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Seventeen providers will be monitored in FY 22-23. Board members, who are not providers, were invited to attend the entrance and exit interviews with providers. A new position, Financial Analyst, has been posted to help with monitoring.
- f) Public Records Requests - none
- g) Whistleblower Reports - none
- h) CARF – Reaccreditation is good for 3 more years.

Other/Public Input – a member suggested to move the meeting times from 1 pm to 1:30 pm.

Sherri Gonzales made the motion to change the meeting time from 1 pm to 1:30 pm, Natalie Mullet seconded, motion passed.

Next Meeting

The next meeting will be October 20, 2022, at 1:30 pm.

Jules Brace made a motion to adjourn, Lisa Portelli seconded, motion passed.

The meeting adjourned at 1:53 pm.

Sherri Gonzales
Compliance/QI Committee as Acting Chair

Karla Pease
Recording Secretary