

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, February 16, 2023
Central Florida Cares Health System, Inc.
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Luis Delgado, Consumer Advocate
Sherri Gonzales, Children’s Home Society
Natalie Mullett, Acting as Co-Chair, Park Place Behavioral Health Care
Lisa Portelli, City of Orlando

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
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

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, February 16, 2023, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. The acting Chair called the meeting to order at 1:30 p.m.

Minutes

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

Risk Management

- Incident Reports data for FY22-23 was reviewed and explained. FY22-23 reported less events than FY21-22 - months September and November were months with higher reported events.
- Year-to-date compliance with reporting in one business day showed a decline in August due to the IRMS system being transferred to FivePoints’ servers, but after August attestations have been steady.
- One business day report had a dip in December due to a number of non-reported incidents that were discovered during monitoring and incidents reported after it occurred not being informed timely.
- Incident types were compared. Far less incidents reported this quarter than last quarter. “Other” incidents had the highest numbers where incidents don’t meet the classification categories. These incidents were reviewed with members.

Quality Improvement

- Person Served Satisfaction Surveys – The Quality Improvement Specialist shared Qt 2 survey results compared with Qt 1 results with members.
- Provider Network Satisfaction Surveys – The results of the 2021-22 survey were shared with members. The Chief Executive Officer commented that next year to add “peer support” to the list of “completed by” on Q1. Members suggested language change from “Subcontractor” to “your organization” throughout. The Chief Operating Officer will clarify and follow up with provider comments during the monthly provider meetings. Anything data related the Chief Information Officer can address in his monthly meetings with providers.

Compliance

- a) CFCHS Compliance Line Reports – three complaints received for Qt 2 not related to individuals that we serve and referred them to the provider and resolved at the provider level. A complaint about one of our providers went to DCF. Although not reporting on Qt 3 yet, three reports were received through Navex and were reviewed with members.
- b) FWA – none
- c) HIPAA Privacy/Security – one, shown in incident reports shown earlier.
- d) Training – lots of training and technical assistance have occurred in Qt 2.
- e) Network Monitoring-Schedule, Findings, Issues – A table showing the CAPs follow-up in progress was shown. Eighteen 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.

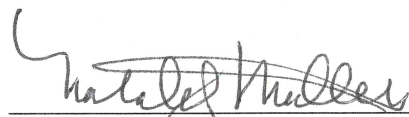
Other/Public Input – None

Next Meeting

The next meeting will be April 20, 2023, at 1:30 pm.

Luis Delgado made a motion to adjourn, Lisa Portelli seconded, motion passed.

The meeting adjourned at 2:35 pm.



Natalie Mullett
Acting as Chair



Karla Pease
Recording Secretary

**Compliance/Quality Improvement
Committee Agenda
Thursday, February 16, 2023
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 | 10 minutes |
| IV. Quality Improvement <ul style="list-style-type: none">• Person Served Satisfaction Surveys• Provider Network Satisfaction Surveys | Jerry Foster | 20 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. Adjourn <ul style="list-style-type: none">• Next meeting April 20, 2023 | Group | 1 minute |

**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.

Thomas Todd
Compliance/QI Committee, Chair

Karla Pease
Recording Secretary