The meeting was called to order, roll call was noted and a quorum declared.

**Minutes**

**Motion** by Metter, 2nd by Meehan, to approve minutes of the 3/8/13 meeting. Motion carried.

**Financial report**
- Brenda reported a better month in February showing a gain which exceeded the target.
- Medicare RUG report, accounts receivable and write-offs were reviewed.

**Administrator Report**
- Census is low for overall nursing home operations. We have not experienced this level in six years; other areas nursing home operations are also experiencing the same low census.
- Medicare is at budget but see a decline within the long term care population. We are about 10 patients under budget of 93.
- Working with long term care team leaders to modify the staffing to align expenses with revenues. Have already modified case load for nurses to reduce one FTE from the long term care program. Staff hours may also be reassigned to post-acute area. Additional measures will be implemented over time as we do not see the census growing beyond 90. Jean shared that hospitals are experiencing a low census which affects referrals to nursing homes.
- 30/32 Medicare census will be difficult to maintain which means we need to focus on specialty areas and utilizing our vent unit for respiratory needs.
- Will continue to discuss the future of our facility including direction, size of Mount View, tax levy, etc. in the Master Facility Planning meetings.
- Lori distributed and reviewed the Medicaid Nursing Facility Rate Analysis: July 2011-June 30, 2012 from LeadingAge Wisconsin
  - Latest report from LeadingAge for Government Medicaid of July 11 – June 12 indicates losses are creeping up year by year.
o In 2011 NCHC experienced a $66 per day loss but dropped to $53.31 per
day which is more in line with the non-profit Medicaid loss per day.

o Over $3 million Medicaid deficit for all nursing homes in the state. We
are thinking broadly about how to operate within the tax payer levy and
feel we have done a really great job.

o Cost per day in long term care is lower than any other program. Using
the vent and post-acute care programs to offset the Legacies (dementia)
program. Dementia and post acute care are core programs of what we
do.

o Brenda noted that increasing the number of beds in the vent unit, from
the first to second year, has positively impacted the organization by over
$1 million. Lori added that the uniqueness of this program pulls market
share from community as other facilities do not have these options.
Other facilities look to have individuals who are mobile and who will
leave in 10-14 days. Jean noted with our unique services we need to be
getting the word to physicians.

o Dana is working with physicians i.e. GI Associates is looking at doing some
procedures here; we continue to work with ENT and anything that eases
the patient’s condition. We had an advantage with our volume in that
physicians are willing to come to us.

o We will be looking at supplemental charges for patient private rooms as
we plan and make transitions.

o Changes to reimbursement on April 1 in that we will experience a 2%
reduction. Difficult to actualize what the amount will be. RehabCare will
have an addendum and are reducing their fee of 2% to share in these
losses. Dana and Lori are researching McKesson (vendor used to recoup
expense on vent unit with those acuity/tube feedings). It was noted that
the 2% reduction is due to the sequestration. Lori added that we need to
be aware that going into 2014/15 Congress is exploring deeper cuts to
reimbursement.

Quality Dashboard
- Quality Dashboard charts/data were reviewed.
- Working with Oncologists in choosing the treatment that is best for patients.
- Have seen 3-4 re-hospitalizations in 30 days due to active cancer treatment.
  There has also been a spike in readmissions to St. Clare’s. Dana will be working
  with hospitalists on how to avoid these readmissions.
- Gary noted that the current hospitalization rate is the same as last year. We
  reached the target last year and tightened it for this year.
- Lee asked that the Dashboard graphs have an indicator that shows the reader
  whether a higher or lower score is better. Also, it was suggested to add the
  national benchmark as another column for an additional comparison.
Master Facility Plan update

- Lori distributed a Milestones Schedule from EUA (Eppstein Uhen Architects)
- You may have received an invitation to upcoming meetings and would appreciate representatives from this committee, along with all other stakeholders, to attend through the next several months.
- May 28 we finalize and choose which option to present to the county committees.
- Lee recommended an agenda that would include more details and times to make it more feasible for members to attend at least part of the discussion.
- Tim noted he would be out of state on May 28th but would appreciate preliminary information so he may provide feedback.
- Lori indicated the Master Facility Planning Team and Brenda have worked hard to provide information to Wipfli in order to begin the financial feasibility piece.
- We will receive a series of options such as: 1) status quo and what will happen financially over the next 5-7 years considering the drop in census; 2) downsizing the nursing/long term care facility by approx. 45 patients and Legacies program by 28 patients; 3) downsizing skilled nursing facility and adding assisted living; 4) converting long term care beds to assisted living; 5) do we want to be in the assisted living business; 6) making changes without turning people away in the community, 7) consider the general frail elderly/assisted living concept, etc.
- Lee and Tim expressed concern with the difference in income if shifting skilled nursing to assisted living services and the need to keep the level of reimbursement to operate.
- It was also felt there is a need to educate the community regarding choosing the appropriate level of care for family members including looking at long term costs.
- Lori added that we may also want to consider expanding the dementia program with innovative programs in assisted living.
- Committee discussed the importance of the Master Facility Planning process to create and design spaces that can migrate to future services and demands.
- Also noted that any reduction in long term care beds would occur over time so that residents would have the ability to move to another area nursing home or assisted living in the community.
- The number of rehab conversions to nursing home residents has declined. Brenda is talking with Kim Heller who will provide information and a financial picture.
- The committee discussed the need for more in-depth discussion before taking this to other committees particularly with dependency on tax payer levy, what the county wants to support, etc.
- Committee discussed receiving taxpayer support for operations vs. capital expenditures and supporting services provided vs. a ‘building’.
It is felt the county is in the nursing home business to provide services to those in need rather than ‘just’ to make money. However, we also show the community that we are making wise decisions and are a responsible business.

The Master Facility Planning committee will also look at any possibilities to minimize the tax payer levy dependence understanding that we may not be successful but that it is a goal.

It would not be easy to ask for an increase but to decrease tax dependency would be a bonus.

Maximizing revenue while minimizing expenses is always our goal. Tim felt the message coming from this committee as to our goal should be clear regarding the tax levy and the services we provide (not from another committee).

Lori added it is important for us to also communicate that if there is no support for changes to providing services at Mount View Care Center the pendulum will swing. If we do not invest in the future of the nursing home operation, eventually our dependence on tax payer levy will once again increase and we will lose market share.

On April 12 Miron will evaluate and discuss information gathered thus far. Agenda to include: Current facility analysis, programming and design trends, review draft scenarios, recommending revised care options for repositioning, Preliminary design concepts discussion. We will be receiving more material, previews of agendas, preparations, etc.

Would like more people at the 5/10 meeting which is scheduled from 8-2. Will look to provide potential agendas with more detail.

Committee would agree to another meeting of this committee as appropriate.

- Lori to invite Kim Heller to present trends as well as Brian Schoeneck (when appropriate) to provide insights into the project.
- Lori will work with EUA on providing more detailed agendas.
- May 17th, 8-10 a.m., will be a special Nursing Home Operations Committee meeting. Will need to work on agenda as the 10th is the last big session to provide feedback to Wipfli and EUA prior to the presentation on the 28th of May. The expectation is when this committee approves the plan it needs to be well defined and fully vetted by this committee. It will go to the board for an up or down vote as the final recommendation not looking for options/discussion, etc. at that point.

Future agenda items
None identified at this time.

Motion by Meehan, 2nd by Metter to adjourn at 9:25 a.m. Motion carried.

dko