

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE**

June 23, 2017 7:30 AM North Central Health Care – Board Room

Present: X Jean Burgener EXC Margaret Donnelly
 X Bill Metter X Bill Miller

Also Present: Kim Gochanour, Brenda Glodowski, Sue Matis, Connie Gliniecki

Meeting was called to order at 7:35 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

Approval of 05/24/17 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Miller, to approve the 05/24/17 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- May ended with a gain of just over \$38,000. Census was up to 184 from 182. Medicare average census was also up at 18 from 14.
- Overall expenses are down. The \$23,000 expense in May was for half of the Clifton Larson Allen study. Benefits are down overall during May for the organization.
- We had budgeted a deficit of \$624,000 and continue to strive to bring the deficit down so it is zero by year end.
- Connie Gliniecki was introduced as the new Director of Nursing. She is excited to be back and is busy reviewing systems, policies and procedures, and will be implementing changes.

Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- Nursing Home 5 Star Quality Report has been updated. We are currently listed at a 3 Star. Overall, quality measures is a 4 Star. We anticipate a positive change when the next update is completed in September. We continue to review all quality measures with specific focus on pain, psychotropic medication use (which is high due to the type of patients we care for but will review and verify need, documentation, and opportunities for improvement), and catheter use. Regardless of where our scores and Stars are, we must have an explanation for each catheter, psychotropic med, etc. Met with Aspirus and others in a post-acute care group. Aspirus has some tools that may help us with our review.
- Five CNA's have been hired this month, 2 housekeepers, and next month we will add 3 RN's and 3 additional CNA's. The night shift and Legacies have the greatest number of openings. We are struggling to hire nurses, which is not unusual for other area nursing homes as well. We are looking to utilize Certified Medication Techs (CMT). There may be an opportunity to offer a career ladder for CNA's for education to become a Med Tech. This would allow us to utilize both CNA's and nurses in a different capacity.

- As part of the medical community we need to be aware of what the medical community is paying. NCHC is different in that we serve a lot of the underserved individuals in the community. The committee asked Mr. Miller to remind the County Board about those we serve.
- The changes in onboarding and extended training has made a positive difference in that 'mandated' shifts are not used very often at this time.
- Survey window opens in July. We continue to complete chart audits, dining audits, etc. There is a new survey process that is more question-based and has greater emphasis on interviews and responses from residents than on tasks completed. Anticipate surveys to be more objective than subjective and will inform residents of the new process. With a new survey process under way, the Committee asked about having an education session at a future meeting, possibly with the entire Board.

Update on Mount View Care Center Committee Discussion – K. Gochanour

- A 'high level' call was done with CliftonLarsonAllen. Some recommendations they noted are things we have already begun working on i.e. MDS improvements. As a reminder, they received most data and information from us for 2016 and we have implemented changes over the last 6-9 months.
- It appears they believe renovation is needed but are determining optimum size from revenue and operations standpoint.
- Alluded to nursing home administration structure but no recommendations yet.
- No new revenue ideas at this point.
- Bed management was a suggestion. With the DON, C. Gliniecke, here now we can keep a close eye on bed management so that we can take every admission of those we can care for which may mean having to share rooms on a temporary basis at times.
- Final report is due July 1.
- There will be Joint meetings July 11 and 26 at 7 p.m. of the Nursing Home Operations Committee and the Mount View Care Committee. MVCC. Health and Human Services Committee will make any recommendations to the County Board in the fall. Consultants will be at the joint meeting July 11.
- There will not be a 'regular' meeting of the Nursing Home Operations Committee in July.
- If possible, the NHOC members would like to receive a copy of the consultant's report in advance of the joint meeting.
- B. Metter commented that staff have done an admirable job of laying out issues and bringing the consultants and county board members up to speed on the operations of the nursing home. Staff presented financials, regulatory requirements, staffing concerns in a meaningful manner and felt the information was received well.

Discussion and Future Agenda Items

- Additional clarification on the vent unit. We must maintain 1 respiratory therapist to 10 patients so we are able to have 20 patients at a time. We currently have 19. Medicaid is a good payer along with Medicare, VA, and private insurance. We do our best to admit those from our tri-county area first but also take admissions from other areas.
- Legacies has a capacity of 107; currently have 97-98 residents but like to be at a minimum of 100. Tendencies were to have residents long term but are now seeing short term stays with those diagnosed with dementia or behavioral systems of the disease and then individuals return to the community. Also seeing more Medicare and Medicaid than previously. We continue to work on efficiencies with the changes we are seeing but are receiving referrals usually when the disease is more advanced.

- How can our skilled nursing home better assist the community particularly through the many services of NCHC? For example: Adult Protective Services (domestic abuse of elderly), law enforcement, crisis center, the new Psychiatry Residency Program (rounds in the nursing home), community treatment, etc.
- Update provided on changes in area nursing homes. It is important to know what's going on in the community which also affects staffing:
 - Colonial Manor - Administrator is leaving, census about 50 with many empty beds, they seem to take high acuity if we can't take them.
 - Wausau Manor, Currently have Interim Administrator, a new DON, and State is currently there.
 - Rennes – Opened a 20 bed long term care unit which is consistently full
 - Pride (formerly Stoney River) – only taking Medicare patients, no replacement plans, when Medicare ends will ask individual to leave; will ask us to take individuals when they can't manage (usually due to symptoms of the disease). Dementia unit at Pride may have been purchased by another company.
 - Atrium (formerly Kennedy Park) – no information
 - Benedictine (formerly Marywood) - stays consistently full; perfect survey recently
 - Met with American Data who currently supports our electronic medical record for the nursing home. Concerned that they may not continue to update and keep the current system moving forward; they indicated they lost 75 clients last year. Point Click Care is what is widely used in the industry. Consultants have identified this in their report also.
- Will be looking at doing an MDS audit soon.
- Psychiatry Residency Program Open House – June 26th from 4-6 p.m.

Adjourn

Motion/second, Metter/Miller, to adjourn the Nursing Home Operations Committee meeting at 8:38 a.m. Motion carried.

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