



OFFICIAL NOTICE AND AGENDA

of a Meeting of the
Nursing Home Operations Committee
to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403,**
at **3:00 pm** on **Thursday, November 21st, 2019**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405.

For TDD telephone service call 715-845-4928.

A QUORUM OF THE PINE CREST BOARD OF TRUSTEES MAY BE PRESENT AT THE NURSING HOME OPERATIONS COMMITTEE MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE PINE CREST BOARD OF TRUSTEES.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (15 minute limit)
3. ACTION: Approval of October 29, 2019 Minutes of the Nursing Home Operations Committee Meeting
4. Financial Report – B. Glodowski
5. Nursing Home Operations Report – K. Woller and Z. Zeisemer
 - a. Mount View Care Center – K. Woller and C. Gliniecki
 - b. Pine Crest Nursing Home – Z. Zeisemer and R. Hanson
6. Pine Crest Transition Updates
7. Discussion of Future Agenda Items
8. Adjourn Meeting

Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 11/14/19 TIME: 3:00 p.m. BY: D. Osowski

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

October 29, 2019

3:00 PM

Pine Crest Nursing Home

Present:	X	Jeff Zriny	X	Paul Gilk	X	Bob Weaver
	X	Bill Metter	X	Cindy Rider	X	Pat Voermans
	X	Romey Wagner				

Staff: Michael Loy, Kim Gochanour, Jarret Nickel, Kristin Woller, Zach Ziesemer, Ryan Hanson, Connie Gliniecki (via phone)

Guests: Jason Hake, Lincoln County Administrative Coordinator, Bob Lee, Lincoln County Board Chair, Kevin Stevenson, Pine Crest Employee Advisory Committee Representative

Call to Order

Meeting was called to order at 3:01 p.m.

Public Comment for Matters Appearing on the Agenda

No public comments

Approval of September 19, 2019 Minutes of the Joint Meeting of the Nursing Home Operations Committee and Pine Crest Board of Trustees

- **Motion**/second, Metter/Voermans, to approve the September 19, 2019 Minutes of the Joint Meeting of the Nursing Home Operations Committee and Pine Crest Board of Trustees. Motion carried.

Financial Report – B. Glodowski

- Financial reports for Mount View Care Center (MVCC) and Pine Crest Nursing Home were reviewed.
- MVCC showed a gain through September of \$142,464. Rates as of 7/1/19 are having a positive effect on financials for both nursing homes. CPE funds are not regularly received. We received two payments so far in 2010/2011 and again in 2018/2019 since the inception in 2008. We cannot anticipate when payments will be received as it depends the State budget for Medicaid Trust Funds.
- Pine Crest experienced a deficit just over \$444,000. A significant contributor to the deficit is the expense for contracted staff which had not been previously budgeted for. We discovered several items that had been missed in the current budget but have accounted for them in 2020.
- Both facilities are receiving rate adjustments in Medicaid program and anticipate another \$10/day (or \$63,000) for Pine Crest. Case Mix Index (CMI) increased slightly for Pine Crest and dropped slightly for MVCC (CMI drives acuity in the rate structure).

- Work is currently being calculated on liability of sick leave banks which had been missed in recent audits. Financials will be impacted on the Profit & Loss Statement before the end of the year. Estimated impact is about \$400,000.
- Committee asked about the detail on the 'other' category; B. Glodowski is working through the information and will provide additional detail next month. She will also look at revenue analysis with patient days and payer mix.
- With the recent reduction in bed count (now 160), the impact will be seen in a reduction in expenses by not paying for the additional licensed beds.
- We are in regular conversations with Aspirus regarding patients and placement; Aspirus is willing to help provide training to staff for more difficult to care for/complex cases.

Nursing Home Operations Report

- K. Woller distributed and reviewed the nursing home report for the month of September for Mount View Care Center.
 - From the most recent survey Mount View cannot be a site that provides CNA training for the next two years, however, Pine Crest is a site that can provide training.
 - The patient satisfaction survey is sent out each month. Respondents return the survey directly to the company, Press Ganey, who distributes and calculates the responses. Pine Crest will be included in this survey process in 2020.
 - Falls prevention has been ongoing; staff are training, rounding weekly to implement interventions, etc. A fall does not necessarily mean an injury occurred or that it was witnessed. A fall also includes finding a resident on the floor or assisting the resident to the floor.
 - NCHC works closely with Aspirus on admissions and considers complex cases and those who are in the process of qualifying for Medical Assistance.
 - Continue to focus on decreasing overtime, managing expenses, increasing admissions to the vent unit, and improving case mix index.
 - Physician must see resident within first 30 days, and then Nurse Practitioner every 60 days. Will have challenges due to retirements of physicians currently at the nursing home. Aspirus looking at program of physicians just covering nursing home; also looking at possible TeleDoc option for 30/60/90 day revisits.
- Z. Ziesemer distributed and reviewed the nursing home report for the month of September for Pine Crest Nursing Home.
 - Financials reflect that agency staff have been heavily utilized; we are working on wages for retention, etc. to reduce the use of agency staff. We are also working with Human Resources on wage adjustment implementation over two years. We will be completing an outside salary review of all positions for competitive market scales.
 - Pine Crest employees will be completing an application simply to establish their credentials in the NCHC system.

Update on Recent Pine Crest Board of Trustee Actions

- At its October 11, 2019 meeting, the Pine Crest Board of Trustees determined to reduce the bed size from 180 to 160. This did not affect staff positions.
- It was decided to implement a shift differential system to better equity for Nurses and CNA's. The new shift differentials go into effect on January 1, 2020.
- An increase in wage scales for Nurses and CNAs was approved to match NCHC's wage scales which align better to market wages. Wage adjustments will be effective with the first pay

period in December 2020. Meetings with staff will be scheduled to review how this affect their positions.

Pine Crest Transition Updates – K. Gochanour

- We are working with Information Technology (IT) to complete the transition by end of 2020.
- We continue to work with vendors and updating contracts.
- Managers are completing NCHC training sessions. Both Z. Ziesemer and R. Hanson have completed these session and expressed they were good and very thorough.
- Glossary of Terms was distributed. The document will continue to be update and sent out monthly.

Discussion of Future Agenda Items

- Continue providing reports and include in meeting packet.
- Side by side rate review with both facilities
- Align with Pillars on Dashboard
- Updated timeline

Adjourn Meeting

- **Motion**/second, Weaver/Metter to adjourn the meeting at 4:28 p.m. Motion carried.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING OCTOBER 31, 2019**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,754,968</u>	<u>\$1,681,492</u>	<u>\$73,475</u>	<u>\$17,211,349</u>	<u>\$16,561,290</u>	<u>\$650,059</u>
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	1,250,000	1,250,000	0
Departmental and Other Revenue	<u>123,529</u>	<u>110,942</u>	<u>12,587</u>	<u>1,232,556</u>	<u>1,109,416</u>	<u>123,140</u>
Total Other Revenue	<u>248,529</u>	<u>235,942</u>	<u>12,587</u>	<u>2,482,556</u>	<u>2,359,416</u>	<u>123,140</u>
Total Revenue	2,003,497	1,917,434	86,063	19,693,906	18,920,706	773,200
Expenses:						
Direct Expenses	1,397,775	1,252,681	145,094	13,448,421	12,275,516	1,172,905
Indirect Expenses	<u>630,048</u>	<u>669,134</u>	<u>(39,086)</u>	<u>6,140,410</u>	<u>6,633,414</u>	<u>(493,005)</u>
Total Expenses	<u>2,027,822</u>	<u>1,921,815</u>	<u>106,007</u>	<u>19,588,831</u>	<u>18,908,930</u>	<u>679,900</u>
Operating Income (Loss)	<u>(24,326)</u>	<u>(4,381)</u>	<u>(19,945)</u>	<u>105,075</u>	<u>11,776</u>	<u>93,299</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	460	0	460	13,523	0	13,523
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>460</u>	<u>0</u>	<u>460</u>	<u>13,523</u>	<u>0</u>	<u>13,523</u>
Income / (Loss)	<u>(\$23,866)</u>	<u>(\$4,381)</u>	<u>(\$19,485)</u>	<u>\$118,598</u>	<u>\$11,776</u>	<u>\$106,822</u>

North Central Health Care
Nursing Home Revenue Analysis
October, 2019

Location	Payer Source	Actual				Budget:				Variances:		Reason for Variance:	
		Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care	Medicaid	29	894			36	1,116						
	MA Bedhold	0	0				0						
	Medicare	3	98			1	31						
	Self Pay	3	82			1	31						
	Insurance/VA	1	31			2	62						
	SUBTOTAL-LTC	36	1105	\$215,334	\$195	40	1240	\$226,514	\$183	(135)	(\$11,180)	(\$24,661)	\$13,481
Post Acute Care	Medicaid	6	201			8	248						
	MA Bedhold	1	16				0						
	Medicare	11	336			11	341						
	Self Pay	2	55			2	62						
	Insurance/VA	2	69			2	62						
	SUBTOTAL-PAC	22	677	\$149,083	\$220	23	713	\$165,194	\$232	(36)	(\$16,111)	(\$8,341)	(\$7,770)
Vent Services	Medicaid	7	202			3	93						
	MA-Bedhold	0	2				0						
	Medicaid-Vent	11	341			14	434						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	85			6	186						
	Self Pay	1	31			0	0						
	Insurance/VA	5	153			2	62						
	SUBTOTAL-Vent	26	814	\$326,070	\$401	25	775	\$330,297	\$426	39	(\$4,227)	\$16,621	(\$20,848)
Legacies	Medicaid	79	2455			80	2,480						
	MA Bedhold	1	17				0						
	Private	12	367			15	465						
	Medicare	2	50			2	62						
	Insurance/VA	2	62				0						
	SUBTOTAL-Legacie	95	2951	\$579,776	\$196	97	3007	\$588,405	\$196	(56)	(\$8,629)	(\$10,958)	\$2,329
	Total	179	5,547	\$1,270,263	\$229	185	5,735	\$1,310,410	\$228	(188)	(\$40,147)	(\$42,957)	\$2,810
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	122	68.27%			126	68.11%						
	Medicaid Vent	11	6.15%			14	7.57%						
	Medicare	18	10.26%			20	10.81%						
	Self	17	9.64%			18	9.73%						
	Insurance	10	5.68%			7	3.78%						
	Total	179	100.00%			185	100.00%						

**North Central Health Care
Nursing Home Revenue Analysis
January-October, 2019**

Location	Payer Source	Actual:				Budget:				Variances:		Reason for Variance:	
		Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
	Medicaid	32	9761			36	10,944						
	MA Bedhold	0	38				0						
	Medicare	1	396			1	304						
	Self Pay	3	878			1	304						
	Insurance/VA	2	531			2	608						
	SUBTOTAL-LTC	38	11604	\$2,192,861	\$189	40	12160	\$2,221,289	\$183	(556)	(\$28,428)	(\$101,566)	\$73,138
Post Acute Care													
	Medicaid	7	2034			8	2,432						
	MA Bedhold	0	67				0						
	Medicare	10	3188			11	3,344						
	Self Pay	2	731			2	608						
	Insurance/VA	2	749			2	608						
	SUBTOTAL-PAC	22	6769	\$1,533,954	\$227	23	6992	\$1,619,953	\$232	(223)	(\$85,999)	(\$51,666)	(\$34,333)
Vent Services													
	Medicaid	4	1293			3	912						
	MA-Bedhold	0	31				0						
	Medicaid-Vent	12	3649			14	4,256						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	1032			6	1,824						
	Self Pay	1	400			0	0						
	Insurance/VA	4	1276			2	608						
	SUBTOTAL-Vent	25	7681	\$3,335,298	\$434	25	7600	\$3,239,047	\$426	81	\$96,251	\$34,521	\$61,730
Legacies													
	Medicaid	76	23087			80	24,320						
	MA Bedhold	0	103				0						
	Private	13	4021			15	4,560						
	Medicare	3	909			2	608						
	Insurance/VA	2	656				0						
	SUBTOTAL-Legacie	95	28776	\$5,681,078	\$197	97	29488	\$5,770,168	\$196	(712)	(\$89,090)	(\$139,323)	\$50,233
	Total	180	54,830	\$12,743,191	\$232	185	56,240	\$12,850,457	\$228	(1,410)	(\$107,266)	(\$322,175)	\$214,909
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	120	66.41%			126	68.11%						
	Medicaid Vent	12	6.66%			14	7.57%						
	Medicare	18	10.08%			20	10.81%						
	Self	20	11.00%			18	9.73%						
	Insurance	11	5.86%			7	3.78%						
	Total	180	100.00%			185	100.00%						

Pine Crest Nursing Home
Statement of Revenue and Expenses
October, 2019

	September			Year To Date		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Net Patient Revenue	\$1,164,977	\$915,223	\$249,754	\$9,678,942	\$8,975,092	\$703,850
Write Offs	(\$14,093)	\$0	(\$14,093)	(\$58,153)	\$0	(\$58,153)
Supplemental Payment	\$175,858	\$152,083	\$23,775	\$1,758,581	\$1,520,830	\$237,751
Certified Public Expenditure (CPE)	\$67,499	\$0	\$67,499	\$669,996	\$0	\$669,996
Transportation Revenue	\$1,555	\$667	\$888	\$14,935	\$6,670	\$8,265
Other Operating Revenue	\$994	\$75	\$919	\$8,837	\$750	\$8,087
County Levy	\$36,735	\$36,735	\$0	\$367,350	\$367,350	\$0
Total Revenue	\$1,433,525	\$1,104,783	\$328,742	\$12,440,488	\$10,870,692	\$1,569,796
EXPENSES						
Salaries	\$506,400	\$586,919	\$80,519	\$5,508,634	\$5,755,593	\$246,959
Benefits	\$216,752	\$259,158	\$42,406	\$2,485,077	\$2,541,424	\$56,347
Contract Nursing	\$143,449	\$0	(\$143,449)	\$994,148	\$0	(\$994,148)
Bed Assessment	\$30,600	\$30,600	\$0	\$306,000	\$306,000	\$0
Utilities	\$17,042	\$18,567	\$1,525	\$163,400	\$185,670	\$22,270
Depreciation	\$57,576	\$29,167	(\$28,409)	\$575,761	\$291,670	(\$284,091)
Interest	\$21,069	\$23,613	\$2,544	\$210,669	\$236,130	\$25,461
Insurance-General	\$34,583	\$4,500	(\$30,083)	\$57,468	\$45,000	(\$12,468)
Food	\$39,011	\$43,750	\$4,739	\$416,047	\$437,500	\$21,453
Purchased Laundry	\$14,473	\$12,500	(\$1,973)	\$117,682	\$125,000	\$7,318
Purchased Therapy	\$17,026	\$10,583	(\$6,443)	\$186,295	\$105,830	(\$80,465)
Purchased Services-Other	\$28,731	\$28,731	(\$28,731)	\$253,794	\$253,794	(\$253,794)
Other	\$136,715	\$84,142	(\$52,573)	\$1,440,911	\$841,420	(\$599,491)
Total Expenses	\$1,263,428	\$1,103,500	(\$20,524)	\$12,715,885	\$10,871,237	(\$1,844,648)
Operating Income (Loss)	\$170,097	\$1,284	\$168,813	(\$275,397)	(\$545)	(\$274,852)
Nonoperating Gains /(Losses)						
Interest Income	\$70	\$17	\$53	\$839	\$170	\$669
Gain/(loss) Disposal of Assets	\$0	\$0	\$0	\$300	\$0	\$300
Total Nonoperating Gains (Loss)	\$70	\$17	\$53	\$1,139	\$170	\$969
Income (Loss)	\$170,167	\$1,301	\$168,866	(\$274,259)	(\$375)	(\$273,884)

Pine Crest Nursing Home
Patient Day Revenue Analysis
January-October, 2019

October

Payer Source	Actual:				Budget:				Variance:		Reason for Variance	
	Residents Per Day	Patient Days	Net Revenue	Average Rate	Residents Per Day	Patient Days	Net Revenue	Average Rate	Days	Revenue	Volume Variance	Rate Variance
Self	20	633			16	496						
Medicare	11	345			10	310						
Managed Medicare	4	117			4	124						
Medicaid	109	3390			130	4030						
Managed Medicaid	4	118			0	0						
Insurance	0	3			0	0						
Total	149	4606	\$1,016,225	\$221	160	4960	\$897,760	\$181	(354)	\$118,465	(\$64,074)	\$182,539
Occupancy		82.54%				88.89%						

Year to Date:

Payer Source	Actual:				Budget:				Variance:		Reason for Variance	
	Residents Per Day	Patient Days	Net Revenue	Average Rate	Residents Per Day	Patient Days	Net Revenue	Average Rate	Days	Revenue	Volume Variance	Rate Variance
Self	19	5896			16	4864						
Medicare	8	2519			10	3040						
Managed Medicare	5	1514			4	1216						
Medicaid	116	35152			130	39520						
Managed Medicaid	5	1489			0	0						
Insurance	1	215			0	0						
Total	154	46785	\$9,376,996	\$200	160	48640	\$8,803,840	\$181	(1855)	\$573,156	(\$335,755)	\$908,911
Occupancy		85.50%				88.89%						



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: November 12, 2019
TO: Nursing Home Operations Committee
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Pine Crest Transitions Update

The following items are general updates and communication to inform the committee on key activities and/or updates of the Pine Crest transition since our last meeting.

- 1) **Pharmacy**: Pharmacy, due to the contract issues, will start in full force in February 2020. In the interim we will be working on connections of Pine Crest Electronic Medical Record to our pharmacy and delivery options for employees utilizing NCHC pharmacy in January 2020.
- 2) **Therapy Contract**: Work continues on the therapy transition. We are currently in the process of ordering the therapy equipment and supplies. Aegis, our new therapy company, has met with the staff. Another meeting will be scheduled in December to discuss transitions and talk about our overall expectations for 2020.
- 3) **Scheduling Software**: On-Shift has been chosen and we are coordinating an implementation plan; staff are eager to start. First area to go live will be the nursing department. We will transition the rest of the staff throughout the first quarter.
- 4) **Laundry**: The team continues to meet on the transition and work through the logistics of delivery. Recruitment has begun for the additional staff member needed in the laundry.
- 5) **Marketing**: The team continues to work to incorporate the Pine Crest logo with NCHC's. Shout Out boards have been ordered and will be placed in the next few weeks. We are working to incorporate North Central's recognition programs, website additions, and the Connections Guide. A recruitment campaign combining needs for both Pine Crest and Mount View on social media is also being developed.
- 6) **Finance**: The finance group continues to develop a reporting structure and job descriptions. Meetings have been held on billing and ordering processes, and who will need access to systems starting January 1, 2020.
- 7) **Clinical**: We continue to review meeting structures and are formulating charters for all. A review of meetings to combine with Mount View for efficiency is also under way.

- 8) **Human Resources:** This continues to be a major focus. All Managers have now been through NCHC's 3-day orientation program. We are reviewing if there are additional key employees who should go through the December orientation as well. Manager specific training continues to be a focus and will continue throughout 2020 as areas are identified that would be beneficial. Pine Crest managers will attend the first Manager Meeting in November as they are brought into NCHC processes. November has focused on employee applications including a health fair to get them switched over to NCHC employees. All-staff meetings are scheduled for November 26 and 27th which will focus on benefits and benefit enrollment.
- 9) **Information Technology:** Our Information Technology Executive continues working with Lincoln County and CCIT. The biggest item is getting all Pine Crest employees on our system with sign on credentials for payroll and learning modules.
- 10) **Dietary:** Meetings are scheduled with respective food vendors to discuss transition and ordering cycles for January. We will be reviewing current meal times, dining set up and looking at expansion of all hands on deck for dining.

I continue to work with the Pine Crest team answering questions, reviewing systems and setting up transition meetings as we move closer to the 2020 transition date.

Nursing Home Report - Month of October

Mount View Care Center

Employee Engagement

Current vacancies are presented in the table below. The clinical team of Mount View meets with the HR department weekly to discuss applicants, number of vacancies, changes in work status, etc. The team also brainstorms recruiting ideas and focus on staff retention by addressing key issues employees report. The team gathers this data from surveys sent to CNAs and Nurses and staff input meetings. This information is reported up through QAPI (Quality Assurance Performance Improvement).

The team works to preplan recognition and appreciation events each month as well. In October we recognized our **Respiratory Therapists** with a small gift, a banner on the unit, and an article in the NYCUCU (News You Can Use).

Department Openings				
Department	# of Openings	Specific Position	Hired in October	Discharges
Nursing	25	2 – RN/LPN 23 - CNA	1	1 RN retired 2 CNA terms
Life Enrichment	0		0	0
Social Services	0		0	0
Respiratory Therapy	2	Part time	0	0
Environmental Services	1		0	0
Dietary	27	17 - Students 10 – Full time days	3	8
Laundry	2	Full time	0	1
Administrative	0		0	0

Staffing Challenges:

- Minimal applications and interviews.
- Adjusted schedules for students going back to school.
- WI Caregiver program ended due to funds running out.
- CNA training on hold due to survey citation in April.
- Increased call ins.

Action plan: (Gathered staff feedback from surveys and forums)

- Flexing is a concern. Looking at having employees trained and comfortable on at least two neighborhoods.
- Working on an incentive program for quarterly appreciation and recognition of those employees who don't call in.
- Posting the schedule for 2 months at a time instead of 1 so they can plan better. Approving pickups sooner.
- Exploring RTs taking CNA class, several are interested (this will help cover open shifts on the vent unit).
- Hiring additional hospitality assistants who will be cross trained.
- Create a scheduling guide that will outline our current practices to add consistency for our employees.
- Managers assisting dietary department by serving on neighborhoods.

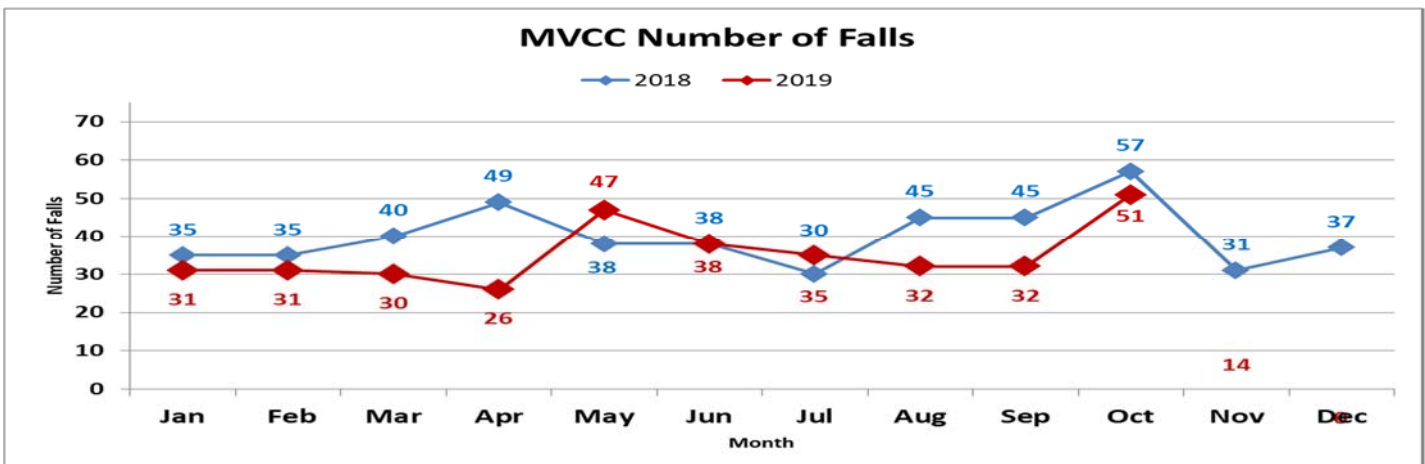
Patient Experience

DEPARTMENT: MOUNT VIEW CARE CENTER								FISCAL YEAR: 2019					
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	2019 YTD
MVCC Patient Experience	↑	88.3 - 90.5	100.0	90.8	93.8	84.8	90.3	89.5	90.4	94.4	75.0	89.6	88.6

This reflects the mean score of the likelihood of those to recommend us. November to date is at 94.2

Community Events: Included fall rides, pumpkin patch, Halloween trick or treating and haunted room, an outing to the casino along with a monthly shopping trip.

Quality:



Majority of the October falls occurred on LVH in the resident's bedroom. This was due to inconsistent staffing, terminal restlessness and residents that are high acuity with high fall risk.

DEPARTMENT: MOUNT VIEW CARE CENTER								FISCAL YEAR: 2019					
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	2019 YTD
MVCC Readmission Rate	↓	8 - 10%	12.5%	15.6%	3.4%	24.1%	13.2%	8.7%	3.7%	3.1%	7.3%	16.2%	11.1%

Six residents were sent out to the hospital within 30 days of admission. Two should have never come to us because they were medically unstable. One had a hip fracture from a fall, one had chest pain, one had abnormal labs, and one had a temperature and was family request. All six were unavoidable.

Metric	MVCC	WI Average	US Average
-% re-hospitalized after admission	16.7% (Good)	20.8%	22.1%

CURRENT OVERALL STAR RATING: 2	QUALITY: 5
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- This just went down from a 3 star due to our PBJ (payroll based journal) audit. Discrepancies were found in regards to how we deduct for lunch breaks per our policy and has caused a 90 day 1 star ranking for staffing which reflects in our overall star rating dropping during this time.
- This has been fixed. We manually went through all the staffing reports and adjusted all the staff hours to ensure there was no call time included in the staff hours and that lunch hours were subtracted. A calculation was created to assist us with the lunch subtractions moving forward.

Regulatory

The team is currently planning All Staff Townhall meetings in November to discuss survey preparedness. Ongoing audits continue as a result of our plan of correction. The team also continues to work on Phase 3 Mega Rule changes related to Training and Competency requirements.

Self-Reports:

Unit	Reason	Follow Up
Legacies	Resident to Resident Altercation	No injury and no negative interaction since event.

Referral Trends

In October we had 92 referrals and admitted 26. We specifically had 4 vent referrals and admitted 2.

Reasons we did not admit:

- Went to competition (23)
 - Picked another facility as 1st choice
- Out of county (15)
- Out of network (4)
- Expired before admit (6)
- Went home (3)
- No bed available (13)
- No payer source (1)
- Patient noncompliance (1)

15 residents were discharged; 8 went home and 7 expired. October had an average census of 178. This was up from the previous month of 173.

Financial

October showed a small loss but we are still showing an overall positive gain of \$118,598 due to our CPE (capital public expenditure) payment.

Continued focus areas include:

- Decrease overtime hours
- Manage expenses better
- Increase vent admissions
- Review case mix index of Medicaid population – exploring the idea of Wipfli coming to do an intensive ½ day training for our MDS coordinators to implement a restorative program.

Nursing Home Report - Month of November

Pine Crest (PC)

Employee Engagement

Current vacancies are presented in the table below. External recruitment efforts have included a meeting that was held with Merrill High School Youth Apprenticeship Coordinator in early November. This meeting provided a nice opportunity to discuss avenues that we can improve our working relationship with their student body. At the end of October our job posting process transitioned to North Central Health Care (NCHC). We've experienced receiving a couple applications for the nursing department since this time.

As for PC staff, an all-staff was held during the month of October that focused on the mission, vision, and values of NCHC. This included reviewing the concept and philosophy around person centered care, which incorporates the organization's values. Employees are currently in the onboarding process with NCHC, with NCHC representatives being at Pine Crest throughout November to support this effort. A health fair will be held on the 22nd, which will assist with the onboarding process. In addition to this we will be having an all-staff at the end of the month that will review the 2020 benefits for NCHC. Lastly, a recruitment and retention committee (named "employee appreciation committee") has been reintroduced. We are intending to use the committee to provide additional structure around staff appreciation and engagement. This includes assessing employee related metrics such as overtime, turnover, and retention, among others on a regular basis. Our goal is that this will assist in improved employee loyalty and support conversations around opportunities for improvement that exist around our employee experience.

Department Openings		
Department	FTE	Specific Position
Nursing	20.2	4.9- RN/LPN 11 – C.N.A. 4.3 – Med Tech
Dietary	2.1	1.2 -Students 0.3- Occasional 0.6- Part Time
Life Enrichment	0	
Environmental Services	0.3	Occasional Housekeeping
Administrative	1.0	1- Quality Manager
TOTAL FTE NEEDS	23.6	

Patient Experience

During the month of October no formal state self-report level complaints were filed. In the month of October we had a Halloween window decorating contest, and we celebrated a community Trick-or-Treat with over 420 participants! As we transition to November the Life Enrichment Department is working with the residents on creating ornaments in preparation for the holiday season.

Quality (Unchanged from October's meeting)

PC's quality indicators are presented in the table below. Current action plans that are being worked on for quality assurance purposes include *Return-to-Hospitals, Falls, and Admissions Process*.

Quality Indicators			
Source: Nursing Home Compare			
Current Overall Star Rating: 4			
Metric	Pine Crest	WI Average	US Average
Short-stay Residents			
-% re-hospitalized after admission	17.7% (Good)	20.8%	22.2%
-% having outpatient ED visit	10.6% (Good)	12.3%	10.6%
-% having antipsychotic medication for first time	0.9% (Good)	NA	1.8%
-% who improved in ability to move around on their own	72.4% (Good)	73.5%	67.4%
-% who experience one or more falls with major injury	0% (Good)	NA	0.9%
-% whose functional abilities were assessed and functional goals were included in treatment plan	97.9% (Good)	NA	97.3%
-Rate of successful return to home and community	Same as US average	NA	49.2%
-Rate of potentially preventable readmissions 30 days after discharge	Same as US average	NA	7.3%
-Medicare Spending Per Beneficiary	0.73 (Good)	NA	1.01
Long-stay Residents			
-Number of hospitalizations per 1,000 resident days	1.17 (Good)	1.43	1.71
-Number of outpatient ED visits per 1,000 resident days	1.14 (Opportunity)	1.08	0.95
-% residents who got an antipsychotic medications	13.7% (Opportunity)	12.0%	14.5%
-% residents with fall with major injury	4.5% (Opportunity)	3.5%	3.4%
-% high risk residents with pressure ulcers	3.9% (Good)	5.8%	7.3%
-% residents with UTI	1.1% (Good)	3.2%	2.8%
-% residents who have or had a catheter inserted and left in their bladder	2.2% (Neutral)	3.1%	2.0%
-% residents whose ability to move independently worsened	16.4% (Good)	18.3%	17.7%
-% residents whose need for help with daily activities has increased.	16.6% (Opportunity)	14.0%	14.6%
-% residents who were physically restrained	0.0% (Good)	0.1%	0.3%
-% low-risk residents who lose control of their bowels or bladder	39.9% (Good)	48.7%	48.5%
-% residents who lose too much weight	4.6% (Good)	5.2%	5.5%
-% residents who have symptoms of depression	3.4% (Good)	4.9%	4.6%
-% residents who got an antianxiety or hypnotic medication	9.8% (Good)	15.5%	20.2%

Regulatory:

Pine Crest's annual state survey window is opening. Team is preparing to coordinate audits in preparation for this visit. In terms of the five star rating system, Pine Crest could be receiving a red hand logo on the Nursing Home Compare website come December. This is attributed to the scope and severity of the state's issued citation during their self-report investigation this past August. If the red hand logo does appear on the website it would be in place for one year.

Referral trends:

During the month of September PC experienced 20 admissions and 25 discharges during the month; 18 referrals made that did not admit during the month due to: 3 admitting to different facility; 1 not having appropriate bed; 9 whose clinical needs couldn't be met; 1 financial; 3 level of care change while in hospital; and 1 unspecified. The primary referring hospitals for the month included Aspirus Wausau, Ascension Saint Clares, and Ascension Good Samaritan.

Financial:

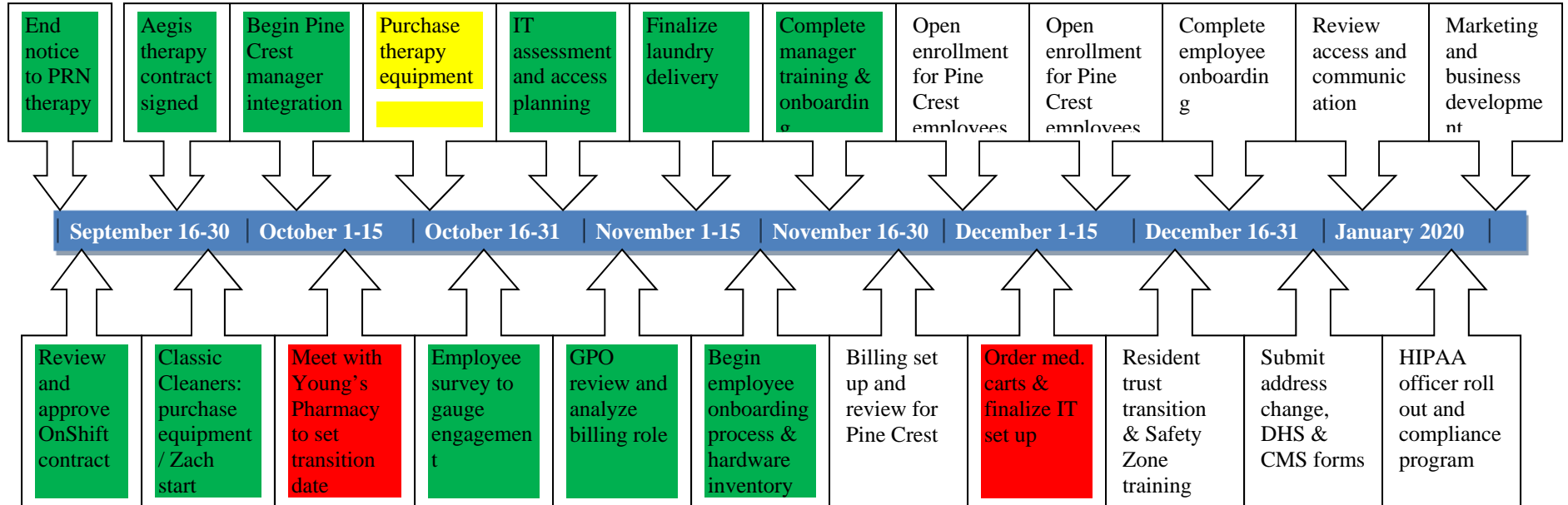
Pine Crest received their rate letters from the State of Wisconsin at the start of November, which confirmed expected increases that would be seen for our July 1st and October 1st Medicaid rates. This assisted the organization in having achieved operating revenue of \$170,167.00 for the month of October. Year-to-date revenue sits at a negative variance of (\$274,259.00). Please keep in mind that the year-to-date figure does account for the \$700,000.00 CPE payment from the state, which is not guaranteed every year. Although it has worked in our favor this year we need to keep this in mind as we move into 2020.

Pine Crest Transition Timeline

Green: Completed on Time

Yellow: Completed Past Goal Date

Red: Incomplete & Overdue



North Central Health Care

Person centered. Outcome focused.