

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

**December 19 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, Brenda Glodowski, Kim Gochanour, Jarret Nickel, Kristin Woller, Connie Gliniecki, Zach Zieseemer, Ryan Hanson

Guests: Kevin Stevenson

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 November 21, 2019 Minutes of the Nursing Home Operations Committee

- **Motion**/second, Metter/Wagner, to approve the November 21, 2019 minutes of the Nursing Home Operations Committee Meeting. Motion carried.

Financial Report – B. Glodowski

**Pine Crest Nursing Home**

- Pine Crest saw a gain of about \$42,000. Year to date Pine Crest is at a loss of over \$200,000. It was noted that sick leave will be added into the budget for the transition in January.
- Census information for Pine Crest averaged 142; December census is projecting below that. Revenue variance is related to census as occupancy amount is below budget but daily rates are above budget.
- Rate increases were related to capital improvement project and state directing more funding at nursing homes.

**Mount View Care Center**

- Mount View saw a gain for November of about \$52,000 largely due to extra state revenue.
- Still awaiting rates from the state for Medicaid.
- Mount View is continuing to struggle on expenses largely due to payroll with overtime and on call pay as well as benefits related to health insurance. Census averaged 180 for November with a projected reduction in December.
- The two reports are not consistent due to the two organizations being separate at this time. 2020 will have consistency as well as a breakdown of Pine Crest into the four distinct units versus prior practice of one entity.

## Nursing Home Operations Report

### **Mount View Care Center – K. Woller and C. Gliniecki**

- K. Woller stated the number of open positions is currently averaging 40. Trending shows equal hires to turnover.
- Patient experience was above target for November.
- Quality improved in falls.
- Readmission rate increased for November largely due to acuity of residents admitting to MVCC. Concerns were expressed by committee members as to the root cause for these readmissions, if the hospital is full would there be potential of discharging individuals too soon, if a premature release from the hospital is a concern.
  - C. Rider and C. Gliniecki stated it was not that the patient is not stable when discharged. C. Rider provided an overview of the hospital discharge process and services offered in the community. C. Gliniecki discussed nurse practitioner coverage to help address readmissions and the use of an interact tool that goes through if hospitalizations were avoidable or not (which is also part of QAPI).
  - K. Gochanour indicated that MVCC has value based purchasing related to readmissions in which high readmissions result in a reduction in Medicare payment and a low readmission rate provides an incentive on Medicare payment.
- A complaint survey occurred and found unsubstantiated and no citations issued. A second survey occurred based on two additional complaints. These were also unsubstantiated and no citations issues.
- K. Gochanour provided an overview of an incident on November 26<sup>th</sup> related to an employee abuse allegation. Investigation was completed in collaboration with law enforcement and the employee is no longer with NCHC. Division of Quality Assurance (DQA) visit related to event was completed with no citations issued. Also important to note that there was no harm caused to the resident although monitoring continues with the resident for potential mental and emotional needs.
- Referral trends were reviewed. The major reason for not admitting and going to competition is due to no bed or out of county resident.

### **Pine Crest Nursing Home – Z. Zeisemer and R. Hanson**

- Z. Ziesemer reviewed employee engagement with a large number of activities occurring with onboarding for NCHC.
- Open enrollment for benefits occurred in November. Health fair occurred at Pine Crest on two separate dates to complete necessary paperwork and testing.
- An all staff meeting was held related to Corporate Compliance with change to NCHC.
- Offer letters issued to all staff including monetary increases to nursing staff. Favorable comments received from nursing staff on wage increase; have reached out to those who left based on wages and are seeing returns. There are 20 nursing positions open currently. Request made to include FMLA and leave staff in open position reporting; numbers can be included but names must remain confidential.
- No formal self-reports for month of November.
- Will be transitioning to Press Ganey for resident satisfaction surveys going forward to match with NCHC practices.

- Overall star rating decreased related to survey that occurred in August with G-level citation. There is now a red hand that appears on the name of Pine Crest for one year on Nursing Home Compare due to the citation. Working on staffing levels to assist with increasing star rating back to 4 star. A letter was submitted related to the G-level citation to reduce the fine amount due to incorrect dates used, if successful Pine Crest will be able to continue as a nursing clinical site for training purposes. Question raised if the board writing a letter would improve the ability for the citation and penalty to be lowered. M. Loy stated these decisions are based on merit and evidence to support; however NCHC is working with NTC to advocate on our behalf related to specifics of the training program.
- Admissions for the month decreased from the month prior largely due to lack of physician coverage. Partnership is in the works with Aspirus to utilize their clinic for visits with Aspirus to cover transportation costs.

#### Pine Crest Transition Updates – K. Gochanour

- Therapy contract completed; equipment is arriving. All staff have been offered positions with new therapy company with a start date of January 6<sup>th</sup>.
- OnShift has been chosen for the scheduling system.
- Laundry on track to transition January 6<sup>th</sup> with a new laundry truck purchased by NCHC.
- Marketing plan started with cobranding, admission packets, and SWOT analysis. Monthly marketing meetings to be scheduled going forward to align Pine Crest and MVCC.
- Reports set up for financials as well as payroll for Pine Crest.
- 2020 dashboard is being created for Pine Crest to measure success of goals.
- Human Resources has been the largest piece at this point i.e. name badges, emails, time clocks, benefits and health files. January 1<sup>st</sup> will be official employee transfer date for punching to occur into NCHC system.
- IT is delayed to February go live.
- Dietary training with transition from Martin Bros. to Sysco.
- Corporate Compliance training began with a go live in January for SafetyZone.
- Most items on the timeline are on track except pharmacy due to current contract writing.
- We have the potential to lose a few staff due to drug testing and paperwork being turned in.

#### Barriers to Placement of Hospital Discharges – C. Rider

- C. Rider provided an overview of post-acute care collaboration including projections that hospitals in the future will be significantly smaller with a large majority of care occurring in the post-acute sector.
- Collaboration exists through connected Electronic Health Record (EHR); Aspirus currently uses Epic with MVCC and Pine Crest having remote access.
- Pine Crest is at 56% for conversions as of December 17<sup>th</sup>, there are blanket referrals that go out to all facilities which causes this number to decrease. With Pine Crest joining NCHC, we are working towards one referral for both facilities. The goal for conversions is 70% for Aspirus.
- Actual bed capacity versus staffing capacity census: 95% capacity based on staffing capacity. Top reasons for no bed availability includes acuity, insurance, refusal, guardianship, NAVI Health authorizations, behavioral, no rehab beds, and staffing. Aspirus is looking to collaborate with specific providers on these issues such as trach care, wound care and behavioral.
- The next Aspirus PAC meeting a SNFist program will be introduced; the structure at this time is not finalized.

#### Discussion of Future Agenda Items

- NHOC meeting schedule for 2020 will be on the third Thursday of each month from 3:00pm to 4:00pm. Next meeting to be January 16<sup>th</sup> at 3:00 p.m.
- Discuss local food procurement
- Relationship between NCHC and political representation long term for Board positions i.e. will the boards be shaped by specific expertise or will it have more county political positions?  
Request for a dynamic relationship between NCHC leadership and county leaders/members.

#### Adjourn Meeting

- **Motion**/second, Weaver/Metter to adjourn the meeting at 4:18 p.m. Motion carried.

*Minutes prepared by J. Nickel*