

OFFICIAL NOTICE AND AGENDA

of a Meeting of the
Nursing Home Operations Committee
to be held at **Pine Crest Nursing Home, 2100 East Sixth Street, Merrill, WI 54452,**
at **3:00 pm** on **Thursday, December 19th, 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 November 21, 2019 Minutes of the Nursing Home Operations Committee Meeting
4. Financial Report – B. Glodowski
5. Nursing Home Operations Reports:
 - 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. Barriers to Placement of Hospital Discharges – C. Rider
8. Discussion of Future Agenda Items
9. 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: 12/13/19 TIME: 11:00 a.m. BY: D. Osowski

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

November 21, 2019

3:00 PM

Wausau Board Room

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

Staff: Michael Loy, Brenda Glodowski, Kim Gochanour, Jarret Nickel, Kristin Woller, Connie Gliniecki

Guests: Laura Zaucha, Grace Crass, and Kevin Stevenson, Pine Crest Employee Advisory Committee Representatives

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 October 29, 2019 Minutes of the Nursing Home Operations Committee

- **Motion**/second, Weaver/Wagner, to approve the October 29, 2019 minutes of the Nursing Home Operations Committee Meeting. Motion carried.

Financial Report – B. Glodowski

- Financial reports for Mount View Care Center (MVCC) and Pine Crest Nursing Home were reviewed.
 - Mount View Care Center experienced a loss of \$23,866 for the month of October; however, YTD actual is showing a gain of \$118,598 keeping in mind \$100,000,000 of this was from the Certified Public Expenditure Funds (CPE) that was not included in the budget.
 - Mount View Care Center resident days through October are down by 1410 days, which resulted in a negative variance of (\$322,000). The anticipated Medicaid rate adjustments are more favorable than budgeted which is resulting in a positive rate variance of \$215,000. The overall resident day variance is negative at (\$107,000).
 - We are waiting for the final Medicaid adjusted rates for MVCC for July and October; these have been accrued for and we will adjust when final rates are received.
 - Pine Crest had a gain just over \$170,000. Final Medicaid rates for July and October have been received for Pine Crest which was an increase of about 7.7%. Year to Date there is about \$264,000 loss. Already included are the CPE funds of about \$670,000.

- Pine Crest resident days through October are down 1855 days, which results in a negative variance for volume of (\$355,000). However, the Medicaid rate adjustments for July and October are very favorable, which results in a \$908,000 positive variance for rates of \$573,000. The overall resident day variance is positive.
- At year end we will need to build into Pine Crest for sick balances for staff which had not been included in the audit and anticipate \$400,000 will need to be accounted for.
- More detail has been added for a breakdown of expenses.
- In a review of the Pine Crest budget, prepared prior to NCHC's involvement, we have found a number of items not included in the budget which have been added back in. It was noted that the budget is based on full staff and does not include contracted staff.
- Occupancy target was budgeted at 160 and is currently 149.
- Moving forward, Loy noted that challenges will be with rehab, and anticipates the specialty unit remaining stable.
- In the future a reduction in long term care beds may be considered for both MVCC and Pine Crest.

Nursing Home Operations Report

- K. Woller reviewed the MVCC nursing home report for the month of October.
 - Recruitment has been affected with the ability to provide CNA classes at MVCC currently suspended. Several Respiratory Therapists are trained CNA's and are picking up CNA shifts.
 - Patient Experience scores increased from 89.6% to 94.2 for November.
 - With the number of falls that occurred in October, staff did an indepth review to understand the falls data and identified inconsistent staffing, terminal restlessness, and additional care/assistance needed for specific residents as contributing factors.
 - October was a poor month for readmissions with 2-3 of the 6 readmissions identified as not having been appropriate for discharge to the nursing home in the first place. Conversations occur regularly with the hospital so that situations like this can be avoided in the future.
 - The current Overall Star Rating is at 2 which is due to the Payroll Based Journal (PBJ) discrepancies found during an audit. The discrepancies relate to how lunch breaks were being counted. Changes have been implemented but the star rating is in effect for 90 days (Oct-Dec.)
 - C. Rider noted that when the hospital discharges an individual they provide information for multiple facilities in the area which includes the star rating data. She is working to improve the information provided so the individuals and their families are better informed on the Star ratings and what impacts each area, and that looking at the Quality Stars is more important than the other star rating categories.
 - The window for State Survey begins in December. MVCC is already preparing for surveyors to arrive. It was also noted there was a complaint survey that was found to be unsubstantiated.
- Pine Crest Nursing Home Report was provided by K. Gochanour in the absence of Z. Ziesemer and R. Hanson who are attending a Focus conference.
 - Pine Crest staff vacancies are dropping.
 - Pine Crest staff are completing an application on the NCHC website simply to create an employee file necessary in transitioning to becoming NCHC employees as of 1/1/20. Open positions are being posted on the NCHC website for both facilities. NCHC Human Resources is helping with recruitment.
 - A recruitment and retention committee is being reintroduced which will be called Employee Appreciation Committee in an effort to improve employee engagement.

- It was noted that pay increases for Pine Crest would not have happened if it were not that Pine Crest is being combined with NCHC.
- Activities have included Halloween window decorating contest and now will be Deck the Halls for Christmas.
- No new information on Quality data from last month.
- Annual state survey window opening. Pine Crest could be receiving a Red Hand logo on the Nursing Home Compare website in December as a result of a resident to resident self-report in August. Following the incident a new crisis process was created and staff have been educated. The Red Hand logo is in place for one year and will not allow the facility to have more than a 3 Star rating for that year. We've talked with the State and are reaching out legislatively also.
- There is a decrease in referrals to Pine Crest. K. Gochanour will provide additional information on referrals not being accepted at next meeting.
- Financial review has already been provided.

Pine Crest Transition Updates – K. Gochanour

- Purchase of therapy equipment was approved this week.
- Pharmacy transition cannot be implemented until July.
- Health Fair takes place tomorrow where Pine Crest employees can complete an online application in order to create a record as an NCHC employee – they are not applying for a job but rather are creating a record as employee records cannot be transferred between entities. HR needs all Pine Crest employees in its system, with emails, by 1/1/20.
- Pine Crest is working on improving data tracking.
- No changes will occur in the billing set-up for Pine Crest.
- On Shift for Pine Crest is anticipated for a January start-up date.
- Vehicle is being purchased for laundry services. New Laundry Supervisor will be meeting with Pine Crest.
- IT is working on getting copiers, phones, computers, etc.
- Sysco will become the primary vendor for Pine Crest. The Assistant Dietary Supervisor will be providing an analysis of the kitchen process, etc.
- Loy noted that the Pine Crest Board of Trustees will continue to meet through 2019 and possibly until April when they anticipate closure on the audit which would lend to dissolving the Board.

Discussion of Future Agenda Items

- New service offerings; how the services are paid for
- Share audit reports from Pine Crest
- C. Rider provide report/update on barriers that exist when discharging patients from hospital
- Discussion from Post-Acute Care group and current/potential future needs from Aspirus
- Hospice Care at Pine Crest i.e. family requests vs educating/promoting hospice unit
- Next meeting December 19, 2019 at Pine Crest, Merrill

Adjourn Meeting

- **Motion**/second, Metter/Weaver to adjourn the meeting at 4:04 p.m. Motion carried.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 30, 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	\$1,685,363	\$1,639,219	\$46,144	\$18,896,713	\$18,200,510	\$696,203
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	1,375,000	1,375,000	0
Departmental and Other Revenue	<u>122,490</u>	<u>110,942</u>	<u>11,548</u>	<u>1,355,046</u>	<u>1,220,357</u>	<u>134,689</u>
Total Other Revenue	<u>247,490</u>	<u>235,942</u>	<u>11,548</u>	<u>2,730,046</u>	<u>2,595,357</u>	<u>134,689</u>
Total Revenue	1,932,853	1,875,161	57,692	21,626,759	20,795,867	830,892
Expenses:						
Direct Expenses	1,285,967	1,219,211	66,756	14,734,388	13,494,727	1,239,661
Indirect Expenses	<u>594,426</u>	<u>658,422</u>	<u>(63,996)</u>	<u>6,734,836</u>	<u>7,291,836</u>	<u>(557,000)</u>
Total Expenses	<u>1,880,393</u>	<u>1,877,633</u>	<u>2,760</u>	<u>21,469,224</u>	<u>20,786,563</u>	<u>682,661</u>
Operating Income (Loss)	<u>52,460</u>	<u>(2,472)</u>	<u>54,932</u>	<u>157,535</u>	<u>9,304</u>	<u>148,231</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	286	0	286	13,809	0	13,809
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>286</u>	<u>0</u>	<u>286</u>	<u>13,809</u>	<u>0</u>	<u>13,809</u>
Income / (Loss)	<u>\$52,746</u>	<u>(\$2,472)</u>	<u>\$55,218</u>	<u>\$171,344</u>	<u>\$9,304</u>	<u>\$162,040</u>

North Central Health Care
Nursing Home Revenue Analysis
November, 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	861			36	1,080						
	MA Bedhold	0	3				0						
	Medicare	4	110			1	30						
	Self Pay	2	68			1	30						
	Insurance/VA	1	30			2	60						
		0	0										
	SUBTOTAL-LTC	36	1072	\$209,914	\$196	40	1200	\$219,204	\$183	(128)	(\$9,290)	(\$23,382)	\$14,092
Post Acute Care	Medicaid	9	257			8	240						
	MA Bedhold	0	6				0						
	Medicare	11	344			11	330						
	Self Pay	1	44			2	60						
	Insurance/VA	2	60			2	60						
	SUBTOTAL-PAC	24	711	\$159,157	\$224	23	690	\$159,863	\$232	21	(\$706)	\$4,865	(\$5,571)
Vent Services	Medicaid	6	185			3	90						
	MA-Bedhold	0	0				0						
	Medicaid-Vent	11	330			14	420						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	98			6	180						
	Self Pay	1	43			0	0						
	Insurance/VA	4	114			2	60						
	SUBTOTAL-Vent	26	770	\$312,310	\$406	25	750	\$319,644	\$426	20	(\$7,334)	\$8,524	(\$15,858)
Legacies	Medicaid	80	2395			80	2,400						
	MA Bedhold	0	0				0						
	Private	12	366			15	450						
	Medicare	2	58			2	60						
	Insurance/VA	1	39				0						
	SUBTOTAL-Legacie	95	2858	\$566,577	\$198	97	2910	\$569,425	\$196	(52)	(\$2,848)	(\$10,175)	\$7,327
	Total	180	5,411	\$1,247,958	\$231	185	5,550	\$1,268,136	\$228	(139)	(\$20,178)	(\$31,761)	\$11,583
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	124	68.51%			126	68.11%						
	Medicaid Vent	11	6.10%			14	7.57%						
	Medicare	20	11.27%			20	10.81%						
	Self	17	9.63%			18	9.73%						
	Insurance	8	4.49%			7	3.78%						
	Total	180	100.00%			185	100.00%						

**North Central Health Care
Nursing Home Revenue Analysis
January-November, 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	10622			36	12,024						
	MA Bedhold	0	41				0						
	Medicare	2	506			1	334						
	Self Pay	3	946			1	334						
	Insurance/VA	2	561			2	668						
	SUBTOTAL-LTC	38	12676	\$2,402,775	\$190	40	13360	\$2,440,493	\$183	(684)	(\$37,718)	(\$124,947)	\$87,229
Post Acute Care													
	Medicaid	7	2291			8	2,672						
	MA Bedhold	0	73				0						
	Medicare	11	3532			11	3,674						
	Self Pay	2	775			2	668						
	Insurance/VA	2	809			2	668						
	SUBTOTAL-PAC	22	7480	\$1,693,111	\$226	23	7682	\$1,779,816	\$232	(202)	(\$86,705)	(\$46,801)	(\$39,904)
Vent Services													
	Medicaid	4	1478			3	1,002						
	MA-Bedhold	0	31				0						
	Medicaid-Vent	12	3979			14	4,676						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	1130			6	2,004						
	Self Pay	1	443			0	0						
	Insurance/VA	4	1390			2	668						
	SUBTOTAL-Vent	25	8451	\$3,647,608	\$432	25	8350	\$3,558,691	\$426	101	\$88,917	\$43,045	\$45,872
Legacies													
	Medicaid	76	25482			80	26,720						
	MA Bedhold	0	103				0						
	Private	13	4387			15	5,010						
	Medicare	3	967			2	668						
	Insurance/VA	2	695				0						
	SUBTOTAL-Legacie	95	31634	\$6,247,656	\$197	97	32398	\$6,339,593	\$196	(764)	(\$91,937)	(\$149,498)	\$57,561
	Total	180	60,241	\$13,991,150	\$232	185	61,790	\$14,118,593	\$228	(1,549)	(\$127,443)	(\$353,936)	\$226,493
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	120	66.60%			126	68.11%						
	Medicaid Vent	12	6.61%			14	7.57%						
	Medicare	18	10.18%			20	10.81%						
	Self	20	10.87%			18	9.73%						
	Insurance	10	5.74%			7	3.78%						
	Total	180	100.00%			185	100.00%						

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

	November			Year To Date		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Net Patient Revenue	\$949,354	\$885,700	\$63,654	\$10,628,297	\$9,860,792	\$767,505
Write Offs	\$0	\$0	\$0	(\$58,153)	\$0	(\$58,153)
Supplemental Payment	\$186,610	\$152,083	\$34,527	\$1,945,191	\$1,672,913	\$272,278
Certified Public Expenditure (CPE)	\$67,499	\$0	\$67,499	\$737,495	\$0	\$737,495
Transportation Revenue	\$953	\$667	\$286	\$15,888	\$7,337	\$8,551
Other Operating Revenue	\$2,143	\$75	\$2,068	\$10,980	\$825	\$10,155
County Levy	\$36,735	\$36,735	\$0	\$404,085	\$404,085	\$0
Total Revenue	\$1,243,294	\$1,075,260	\$168,034	\$13,683,782	\$11,945,952	\$1,737,830
EXPENSES						
Salaries	\$522,858	\$567,986	\$45,128	\$6,031,492	\$6,323,579	\$292,087
Benefits	\$246,532	\$250,799	\$4,267	\$2,731,609	\$2,792,223	\$60,614
Contract Nursing	\$100,567	\$0	(\$100,567)	\$1,094,715	\$0	(\$1,094,715)
Bed Assessment	\$27,200	\$30,600	\$3,400	\$333,200	\$336,600	\$3,400
Utilities	\$11,077	\$18,567	\$7,490	\$174,478	\$204,237	\$29,759
Depreciation	\$57,576	\$29,167	(\$28,409)	\$633,337	\$320,837	(\$312,500)
Interest	\$21,069	\$23,613	\$2,544	\$231,737	\$259,743	\$28,006
Insurance-General	\$5,747	\$4,500	(\$1,247)	\$63,214	\$49,500	(\$13,714)
Food	\$37,513	\$43,750	\$6,237	\$453,559	\$481,250	\$27,691
Purchased Laundry	\$15,105	\$12,500	(\$2,605)	\$132,787	\$137,500	\$4,713
Purchased Therapy	\$14,661	\$10,583	(\$4,078)	\$200,956	\$116,413	(\$84,543)
Purchased Services-Other	\$27,784	\$0	(\$27,784)	\$281,577	\$0	(\$281,577)
Other	\$113,115	\$84,142	(\$28,973)	\$1,554,148	\$925,562	(\$628,586)
Total Expenses	\$1,200,803	\$1,076,208	(\$47,772)	\$13,916,810	\$11,947,444	(\$1,969,366)
Operating Income (Loss)	\$42,491	(\$947)	\$43,438	(\$233,028)	(\$1,492)	(\$231,536)
Nonoperating Gains /(Losses)						
Interest Income	\$40	\$17	\$23	\$878	\$187	\$691
Gain/(loss) Disposal of Assets	\$0	\$0	\$0	\$300	\$0	\$300
Total Nonoperating Gains (Loss)	\$40	\$17	\$23	\$1,178	\$187	\$991
Income (Loss)	\$42,531	(\$930)	\$43,461	(\$231,850)	(\$1,305)	(\$230,545)

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

November

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	15	460			16	480						
Medicare	10	306			10	300						
Managed Medicare	4	122			4	120						
Medicaid	105	3156			130	3900						
Managed Medicaid	6	178			0	0						
Insurance	1	39			0	0						
Total	142	4261	\$933,616	\$219	160	4800	\$868,800	\$181	(539)	\$64,816	(\$97,559)	\$162,375
Occupancy		78.91%				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	6356			16	5344						
Medicare	8	2825			10	3340						
Managed Medicare	5	1636			4	1336						
Medicaid	115	38308			130	43420						
Managed Medicaid	5	1667			0	0						
Insurance	1	254			0	0						
Total	153	51046	\$10,310,612	\$202	160	53440	\$9,672,640	\$181	(2394)	\$637,972	(\$433,314)	\$1,071,286
Occupancy		84.91%				88.89%						

Nursing Home Report - Month of December

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.

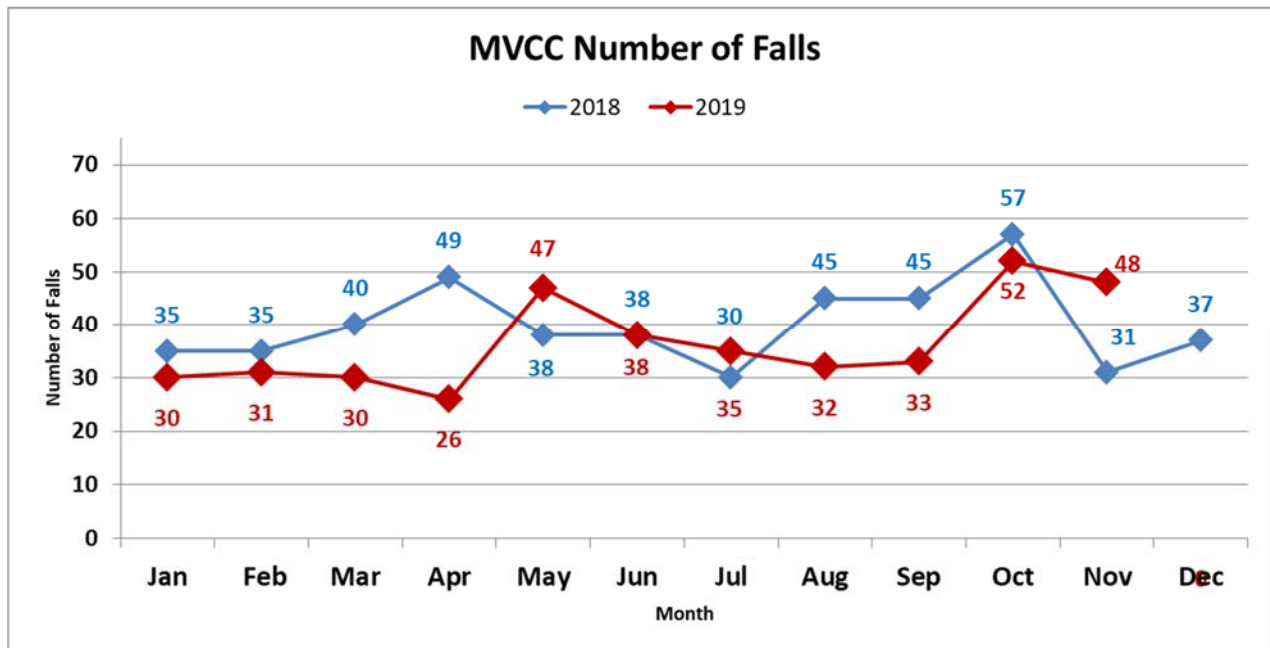
Department Openings				
Department	# of Openings	Specific Position	Hired in November	Discharges
Nursing	21	1 – RN/LPN 20 - CNA	3 CNAs	1 RN termed 2 CNA termed
Life Enrichment	0		0	0
Social Services	0		0	0
Respiratory Therapy	2	Part time	0	0
Environmental Services	1		0	0
Dietary	27	- Students – Full time days		
Laundry	1	Full time	1	0
Administrative	0		0	0

Patient Experience:

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	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	91.7	88.9

This reflects the mean score of the likelihood of those to recommend us.

Quality:



28 falls in Legacies, 10 falls in PAC, 10 falls in LTC. No trends identified.

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	2019 YTD
MVCC Readmission Rate	↓	8 - 10%	12.5%	15.6%	3.4%	24.1%	13.2%	8.7%	3.7%	3.4%	7.3%	16.2%	21.7%	11.9%

Nine residents were sent out to the hospital within 30 days of admission.

- Increased confusion
- Pressure in chest
- Evaluated post fall (no fracture)
- Abdominal pain (residents request for over exercising, avoidable)
- Transferred to hospital from Endocrinology for renal failure
- Unresponsive, CPR initiated
- Vomitting, not feeling well (went hospice)
- Unable to insert foley catheter
- Back pain, compression fracture from hospital, has since passed

CURRENT OVERALL STAR RATING: 2	QUALITY: 5
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Regulatory: The team held All Staff Townhall meetings in November to discuss Survey preparedness and caregiver misconduct. 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.

State was here on a complaint visit for quality of care on the vent unit. It was unsubstantiated. No citations.

State was here again the end of November to investigate two self-reports and one family complaint related to a fall. All were unsubstantiated. No citations.

Self-Reports:

Unit	Reason	Follow Up
Legacies	Resident to Resident Altercation (resident hit another resident)	No injury and no negative interaction since event.
PAC	Misappropriation	Missing \$20.00
Legacies	Resident to resident altercation (resident pulled another resident out of their chair)	No injury
PAC	Resident’s wife recording personal care	Unsubstantiated
Vent Unit	Vent disconnection by an employee	Wausau Police Detective involved. Ongoing

Referral trends:

In November we had 74 referrals and admitted 16. We specifically had 2 vent referrals and admitted 0 with vent.

Reason we did not admit 54 referrals:

- Went to competition (12)
 - Picked another facility as 1st choice
- Out of county (12)
- Out of network (6)
- Expired before admit (1)
- Went home (4)
- No bed available (13)
- No payer source (4)
- Patient noncompliance (2)
- No skilled need (3)
- Staffing (1)

14 residents were discharged; 8 went home and 6 expired. November we had an average census of 173. This was down from the previous month of 178.

Financial:

November showed a small loss but we are still showing an overall positive gain of \$54,943 and a YTD overall positive gain of \$162,040 due to our CPE capital public expenditure payment. Please see the attached financials.

Continued focus areas:

- Decrease overtime hours
- Manage expenses better and especially salary expenses relative to census
- Increase vent admissions

Nursing Home Report - Month of December

Pine Crest (PC)

Employee Engagement:

Current vacancies are presented in the table below. We have been working with North Central Health Care (NCHC) to clarify onboarding expectations when it comes to recruiting and hiring on new staff. Based on orientation this past week we have three nursing assistants in addition to three dietary staff who will be joining our team. We have had recent luck in recruiting back an RN who had previously left based on wage given that we have done the increase.

For the month of November our all-staff meeting was related to NCHC benefits. NCHC staff has been at Pine Crest on several dates during the beginning of December to assist staff with their open enrollment. We had the first employee health fair that was held near the end of November. This was scheduled to collect necessary health related information with the upcoming transition to NCHC. A follow-up health fair was held this past week so any outliers could complete the process. The Employee Appreciation Committee met during the month of November, which planned staff events for the upcoming holidays.

Department Openings		
Department	FTE	Specific Position
Nursing	20.2	4.9- RN/LPN 11 – C.N.A. 4.3 – Med Tech
Dietary	0.4	0.4 -Students
Life Enrichment	0	
Environmental Services	0.3	Occasional Housekeeping
TOTAL FTE NEEDS	23.6	

Patient Experience: During the month of November no formal state self-report level complaints were filed. The life enrichment department was busy coordinating fall activities and preparing Thanksgiving themed décor. We had a great attendance of families visiting with their loved ones on Thanksgiving, where they enjoyed having a meal at various locations throughout the building.

Quality (Unchanged from November'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: 3			
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	0.4% (Good)	1%	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 open with audits being initiated to assess compliance. As reviewed at the previous meeting Pine Crest now has a red hand next to its name on the Nursing Home Compare website. This is in relation to the survey that had occurred back in August. This will remain in place for one year. A complaint survey did occur on Saturday, December 7th. This was in regard to an anonymous complaint of short staffing for a weekend in October. Following a day of staff interviews, resident interviews, and general observations the surveyor left finding Pine Crest to be in compliance and issuing no citations. Notification was received in regards to the survey that occurred in August that consisted of a Civil Money Penalty being assigned to Pine Crest. The amount of the CMP has been contested and we are awaiting a response back from CMS on their decision.

Referral trends: During the month of November we experienced 16 admissions and 24 discharges; 21 referrals made during the month did not admit due to: four not having Aspirus MD coverage; two based on not having available dialysis beds in Merrill; two based on not having a bariatric bed; three unable to meet psych needs; two insurance denied; and remainder not having an appropriate bed. There were multiple long-term deaths that occurred during the month (8), which contributed to our census decline.

Financial: Pine Crest general daily census trended down during the month of November. Despite not having typical occupancy the organization still achieved operating revenue of \$42,491 for the month. Year-to-date revenue is a negative variance of (\$233,028). Again, we need to keep in mind that these amounts take into consideration CPE funds, which aren't consistently paid out year-over-year.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: December 13, 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) **Therapy Contract:** Therapy supplies and equipment have been ordered and are arriving at Pine Crest for the January 2020 transition. Contract has been signed with Aegis and meeting held to talk about productivity and expectations moving forward.
- 2) **Scheduling Software:** On-Shift has been chosen and we are coordinating an implementation plan for first quarter of 2020. Our new time clock system must be in place prior to building the staffing program. Still awaiting a start date for building the schedules.
- 3) **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. Delivery and pickup of laundry is being worked on with transportation. Delivery truck was purchased and ready for transition.
- 4) **Marketing:** There is still a good deal of work to do in this area as we create a recruitment plan incorporating both Mount View and Pine Crest. Incorporation of Pine Crest and Lincoln Industries in all of our media and website. This will continue throughout 2020.
- 5) **Finance:** The finance group continues to develop a reporting structure and job descriptions. Purchasing has been working to establish our contracts and standardized ordering of supplies between the two facilities. Meeting was held with those key staff that will be placing orders in our system and training to be set up.
- 6) **Clinical:** We are working on setting up Pine Crest 2020 Dashboard and expectations and will spend 1st quarter educating on our systems, action plan and review of facility wide assessment and policy and procedures will be an ongoing focus.

- 7) **Human Resources:** This team has been working diligently to transition all Pine Crest staff into our systems for the January 1 go live date for payroll and systems. Ongoing training will be in January on email access, training modules and continued education on policy and procedures. Payroll training for our payroll clerk will be done for transitioning into the new system.
- 8) **Information Technology:** Our Information Technology Executive continues working with Lincoln County and CCIT. Team is working for the switch to CCIT for access to NCHC programs. This will continue throughout first quarter as we introduce new software, etc...
- 9) **Dietary:** We have switched our primary vendor to Sysco. Training and evaluation of systems at Pine Crest are being done by our Director of Nutrition Services and her assistant. Review of menus, training of menus, etc... will be a focus throughout January to have better outcomes in dietary.
- 10) **Corporate Compliance and HIPAA:** Training was held on December 18 for all staff and Pine Crest will be incorporated into the overall training plan for NCHC on our Code of Conduct in 2020.

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.