

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,**
DeSantis Room at **3:00 pm** on **Thursday, January 16th, 2020**

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 December 19, 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. Potential for Local Food Procurement
8. Update on the Governance Structure for NCCSP Board
9. Discussion of Future Agenda Items
10. 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: 01/10/20 TIME: 3:00 p.m. BY: D. Osowski

**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 26th 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 6th.
- OnShift has been chosen for the scheduling system.
- Laundry on track to transition January 6th 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 1st 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 17th, 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 16th 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



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: January 10, 2020
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 did transition on January 6, 2020. Aegis Therapy had staff here to help with transition. Still awaiting a few pieces of equipment that were on back order. Overall transition has been smooth. Next step is to create access to their system for our MDS nurses to review the minutes for reimbursement documentation.
- 2) **Scheduling Software:** No changes on this to date. Part of the implementation is establishing time in the new payroll system that we transitioned on January 1, 2020. Date is yet to be determined.
- 3) **Laundry:** The transition went into effect January 6, 2020. Minor issues were identified and the team is working through the logistics and delivery. No interruption in service was seen.
- 4) **Marketing:** Team has been working on creating a consistent marketing product for both facilities with inserts highlighting the specialties of each nursing home. More work will be forthcoming as we identify website and other marketing materials.
- 5) **Finance:** Finance group has been working on transition with reports. Purchasing did initial training on ordering in our system and posting invoices for payment. We will continue to roll out further reports and education on these reports as we progress in first quarter.
- 6) **Clinical:** At our all staff meeting in January, education will be focused on the 2020 dashboard, end statement and operational priorities for Pine Crest.
- 7) **Human Resources:** The transition into our system occurred January 1, 2020. The team has worked this week to ensure information is accurate and ready for the first payroll processing on Monday, January 13, 2020. Human Resources has been available to answer questions for staff the past week and continue to be available for guidance.

- 8) **Information Technology**: IT has been working with the two entities to transition from Lincoln County IT to NCHC. The server is planned for transfer by mid-February and training on outlook, email and other key systems will be done at that time.
- 9) **Dietary**: We transitioned to our new food vendor on January 6, 2020 with no issues. Dietary team continues to review products, menus and training is being coordinated with the Food Service Director at NCHC to enhance the dining experience.

The next two months will focus on addressing questions, clarifying issues and ongoing training on systems and to be a resource for staff and residents.

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. We held a potluck and a pancake breakfast for our staff to celebrate the holidays.

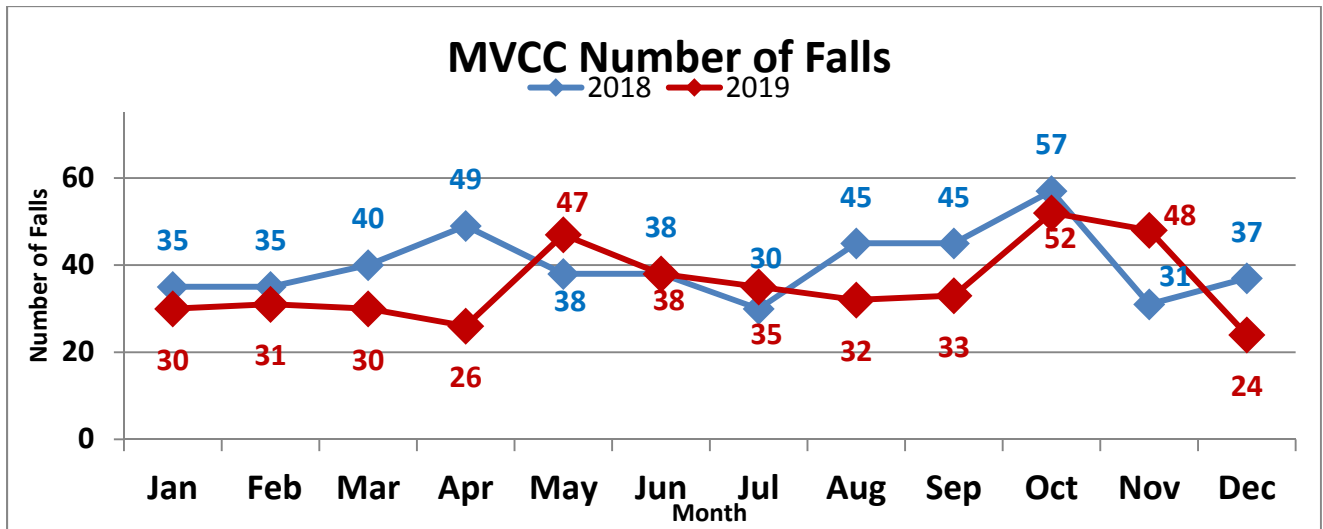
Department Openings					
Department	# of Openings	Specific Position	Hired in December	Discharges	Employees out on FMLA/LOA
Nursing	23 FTE (1 RN and 22 CNA)	@ 42 positions	1 CNA 1 RN	3 CNA termed	10 intermittent 4 continuous 2 leave of absence
Life Enrichment	0		0	0	0
Social Services	0		0	0	0
Respiratory Therapy	2	Part time	0	0	1 intermittent
Environmental Services	1		0	0	1 intermittent
Dietary	9.75 FTE	20 positions = (7) .8 FTE and (13) .3 FTE	2	2 and dietary aid transferred to CNA	2 intermittent 1 continuous
Laundry	1	Full time	0		1 intermittent
Administrative	0		0	0	2 intermittent

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	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	89.6	89.0

Patient Experience:

This reflects the mean score of the likelihood of those to recommend us. Ended the year within our target goal.

Quality:



13 falls in Legacies (down from 28 in Nov.), 8 falls in PAC, 6 falls in LTC. 11% reduction in falls from 2018. There were 480 falls in 2018 and 426 falls in 2019.

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	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%	21.7%	17.9%	12.3%

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

- 7 = Emergency department only
- 5 = Inpatient stay
- 4 = Went from other apt. (Urology, Cardiology, Aspirus Clinic x2)
- 3 = Resident repeat visits
- 1 = Avoidable *

- Difficulty breathing
- Fall with head trauma (intraventricular hemorrhage)
- Blood transfusion
- Chest Pain *
- Fall – rule out injury
- Blood in Foley bag
- Abdominal pain
- Kidney fracture
- Unstable BP
- Infection of external fixator

CURRENT OVERALL STAR RATING: 2	QUALITY: 5
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Regulatory: The team continues to work on Phase 3 Mega Rule changes related to Training and Competency requirements.

No visits from State in month of December.

Self-Reports:

Unit	Reason	Follow Up
LTC	Resident to Resident Altercation (resident hit another resident)	No injury. Resident that hit went out to hospital for UTI and gall stones. Has since passed.
Vent	Employee disrespectful to resident.	Customer service education provided to employee. Will not be working with that resident.
LTC	Injury of unknown origin—compression fracture	No caregiver misconduct suspected. Resident has long history of spinal stenosis and back issues. Cause was likely due to sitting down hard and jarring.

Referral trends:

In December we had 78 referrals and admitted 21. We specifically had 3 vent referrals and admitted 1 with vent.

Reason we did not admit 57 referrals:

- Went to competition (14)
 - Picked another facility as 1st choice
- Out of county (14)
- Out of network (4)
- Expired before admit (2)
- Went home (2)
- No bed available (10)
- No payer source (2)
- Patient noncompliance (2)
- No skilled need (1)
- Staffing (3)
- Acuity too high (2)
- Went to inpatient rehab (1)

22 residents were discharged; 8 went home, 3 went to assisted living, 1 went to hospice house and 10 expired. December we had an average census of 178.

Nursing Home Report - Month of January

Pine Crest (PC)

Employee Engagement: For the month of December our all-staff meeting covered the topics of Corporate Compliance and Privacy. This was in preparation for the new programs that are being rolled out at the start of the year with the North Central Health Care transition. We too had continued our work throughout the month in completing open enrollment, in addition to a number of outstanding HR related tasks needing to be addressed for employees. We did make it through the transition albeit some bumps in the road that were expected. We continue to address any outstanding items that are sitting out there related to HR questions and processes. Currently we're working on communicating upcoming rollouts of new applications such as Safety Zone and will be implementing Outlook in mid-February.

Employee development work continued in December on developing our plan to orientate our new team members for the January orientations. The inaugural joint orientation occurred this past week with four individuals participating: two Nursing Assistants, a RN, and a HR Generalist.

Department Openings		
Department	FTE	Specific Position
Nursing	11.32	0.45- RN/LPN 9.37 – C.N.A. 1.5 – Med Tech
Dietary	1.0	0.4 –Students 0.6 - Occasional
Life Enrichment	0	
Environmental Services	0.3	Occasional Housekeeping
TOTAL FTE NEEDS	12.62	

Patient Experience: During the month of December no formal self-reports were conducted. The Life Enrichment department was active throughout the month in managing all the festivities that revolve around Christmas. We were fortunate to have a number of volunteers from Church Mutual that came by to beautify the building. We had many events throughout the month to bring cheer to residents and staff, including what seemed to be an endless stream of carolers. As previously discussed we will be beginning to coordinate having residents and families complete satisfaction surveys starting this month.

Quality (Unchanged from December'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: On Saturday, December 7th we did have a state surveyor that arrived to investigate an anonymous complaint on weekend staffing. Based on the nature of the investigation and material requested we feel it was a weekend that spanned back to October. The surveyor exited issuing no citations, commenting that she found no concerns.

Referral trends: During the month of December we experienced 19 admissions and 22 discharges during the month; 20 referrals made during the month did not admit due to: one with no MD coverage; three not being in network for insurance, three for unmanaged aggressive behaviors, three related to lack of guardianship; and the remaining for various reasons.

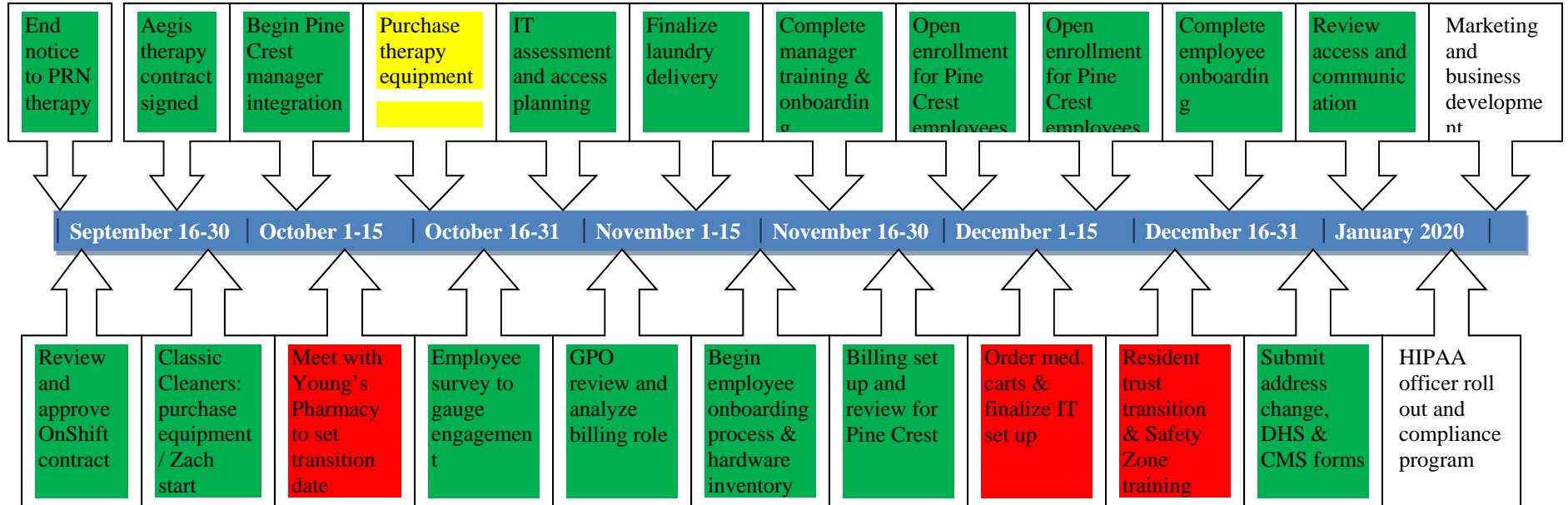
Financial: December financials unavailable at this time due to end of the year wrap up.

Pine Crest Transition Timeline

Green: Completed on Time

Yellow: Completed Past Goal Date

Red: Incomplete & Overdue



North Central Health Care

Person centered. Outcome focused.