

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

**May 21, 2020**

**3:00 PM**

**Conference Call**

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

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Jill Meschke, 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 comment.

ACTION: Approval of April 14, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Voermans/Rider, to approve the April 14, 2020 Nursing Home Operations Committee minutes. Motion carried.

Financial Report – J. Meschke

- Mount View Care Center (MVCC) showed a \$400,000 gain in April compared to target and YTD at \$245,000 compared to budgeted gain of \$27,000. MVCC received a CaresAct payment of \$486,000 otherwise there would be a loss of \$86,000 for the month and \$242,000 YTD. Overall census is 160 compared to target of 183; a decrease from first quarter average of 169. The Vent unit had an average census for April of 9 compared to target of 13. Overall expenses are slightly below budget.
- Pine Crest Nursing Home (PCNH) showed a loss of \$43,000 with target of about break even. YTD there is an approximate loss of \$37,000 compared to a budgeted loss of \$2,000. PCNH received a CaresAct payment of \$88,000 which would have increased the loss to \$131,000, however, we received notice that another \$125,000 in CaresAct will be recorded in May. PCNH census continues to be a challenge averaging 130. YTD direct expenses are favorable to budget of about \$209,000.
- Forecasting the budget month to month during the COVID pandemic will continue. Census continues to be the challenge.
- While CaresAct payments are being received automatically, we continue to look for other programs for assistance and are working to reclaim Personal Protective Equipment (PPE) expenses and COVID leave dollars. It is recognized that CaresAct funding is temporary and operations cannot continue on ‘one-time’ funding, rather, the challenge is bringing revenues in line and by developing additional financial plans to maintain costs.

## Nursing Home Operations Reports

- Mount View Care Center – Connie Gliniecki
  - New certified nursing assistant program opportunity arose during the Covid pandemic provides a means to train and work in a much shorter timeframe. The first class has been completed with several more classes scheduled over the next few months. An extension of this program is expected to be approved soon.
  - The low Patient Experience score for post-acute care was due to one survey response and extenuating circumstances for the individual receiving care.
  - Number of falls continues to be a focus area with 15 of the 21 falls occurring in the dementia program. A QAPI process (Quality Assurance Performance Improvement) is in place examining all falls in an effort to reduce the number of falls.
  - We continue to have good collaborative practice with Aspirus to address and reduce the number of readmissions.
  - Most referrals were from out of county; of 60 referrals 16 were admitted
    - From a county perspective, out of county residents cared for within our facility would be subsidized by our county for those on Medicaid where there would be a loss of \$70-\$80/day.
    - There is the ability to establish consortiums, usually for specific types of care, in order to recoup costs from other counties but it's a break-even proposition at best.
    - Referrals are considered for placement at both Pine Crest and Mount View.
  
- Pine Crest Nursing Home – Z. Ziesemer
  - Several positions have been filled which will be reflected in May; taking part in CNA clinical rotations in coordination with MVCC and 3 hospitality aides will transition to CNA's at Pine Crest. Not seeing too many new CNA's apply.
  - Working to diversify the activity program due to inability for group activities; promote staff walking with residents, tracking steps, etc. in effort to reduce falls
  - Hospital readmissions increased in April and are working to educate staff.
  - Referrals were down along with a significant decrease in admissions over the last few months.
  - Several expense outliers included a buyout of a nurse taking a full-time night position (should pay off by November), and a resident with a newly prescribed high cost medication (will be receiving a credit in May).
  - Residents must have face to face contact with physician within 30 days of admission, and every 30 days through the first 90 days, then every 60 days. Physicians do not want to provide this type of care. Working with the Post-Acute Team from Aspirus on a solution.

## Regional Nursing Home Operations Executive Report – K. Gochanour

- An extension of Nurse Aide Waiver for the accelerated training program has been received. First graduating class of 6 completed; next class of 6 begins June 2 and will continue through summer in both buildings.

- Continue to monitor and participate in ICAR practices. It was noted that we have one of the best supplies of PPE on hand – all thanks to Tom Boutain and Kelly Henke-Kaiser for searching for and obtaining supplies.
- Have seen an increase in fall risks and are diligently working to prevent falls.
- Continue to see a decline in occupancy.
- Monitoring state and federal funding during the pandemic. Anticipate more to report next month.
- Both Z. Ziesemer and K. Gochanour have been appointed to the LeadingAge Board. Ziesemer is in his second year; Gochanour is beginning year one.
- Pine Crest will be transitioned into the CCIT network in June and the pharmacy transition is on schedule for July.
- Admission Criteria Policy Consideration:
  - Create a policy that allows for transition of admissions between Pine Crest and Mount View. Policy would state that if a bed was not available or appropriate at the preferred facility, transitions/transfers could be made between facilities as necessary.
  - Committee agreed this is a good concept and asked that a policy statement be developed and brought back for further review and consideration.
- 2021 Budgeted Census Proposal
  - Census declined significantly over the past 5 years for a number of reasons i.e. most recently due to the COVID19 pandemic, increase in other available care facilities/options in market, increased caring for loved ones at home, etc.
  - Previous consulting reports from 2006, 2012, and 2017 predicted a decline in occupancy and the forecasts were accurate.
  - Staffing continues to be a challenge which leads to additional financial implications in overtime costs and agency labor costs.
  - 2020 will be continual monitoring and realigning month by month.
  - Planning for 2021 will consist of an in-depth review of occupancy and the potential consideration of placing beds in reserve and/or an actual reduction in licensed beds.
  - MVCC renovation plans may change based on the anticipated occupancy level and mix as it relates to market demand, etc.
  - Committee supports continued analysis and review.
- Vision for Skilled Nursing at North Central Health Care – M. Loy
  - Why are counties in the nursing home business and why is it important to have access to services in communities? The counties have an obligation to care for the protectively placed within their communities. There have been progressively fewer protectively placed individuals over the years as families have thought through and planned differently for this stage of life. If there is also sufficient access to long-term beds, then it decreases the need for protective placements. If counties do not have access to services for those protectively placed within their own counties, the individuals would be diverted to other counties but the responsibility remains that of their county. Cost of care to contract for this level of service would equal or exceed the current tax levy.
  - Medicare and Medicaid under fund programs forcing the market to orient towards lower cost community placed options, consolidating beds available in the

marketplace. Eventually supply will meet demand and then demand will exceed supply which counties will need to respond to as it may become a long-term care crisis. Government response would then likely be to improve reimbursement to incentivize the development of additional supply if demand is far outpacing the supply.

- The changing scope of nursing homes is long term care is largely getting carved out to a lower level of care (home health, assisted living) and entering a nursing home is more apt to be at end of life or for high level of care.
- We benefit in providing higher medical services to long term care and post-acute care along with being a specialty provider of care i.e. dementia care.
- Also, we need to pivot to be financially viable to new a normal and market reality.
- Don't feel county should move away from nursing home care; those who don't have it will be struggling.
- With new members on county boards, it was felt this presentation would be beneficial at an upcoming Lincoln County Board meeting this summer to see the importance of NCHC and the services provided as well as a better understanding of budget as issues and challenges face our nursing homes.

#### Future Agenda Items

- Food Procurement (when more information is available)

Note: Will be looking at a different meeting date/time due to conflict with LeadingAge Board meetings now that both Z. Ziesemer and K. Gochanour are members.

#### Adjourn

- **Motion**/second, Gilk/Weaver, to adjourn the Nursing Home Operations Committee meeting at 4:28 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*