



## **OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **Nursing Home Operations Committee of the North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

**Tuesday, January 26, 2021 at 3:00 PM**  
North Central Health Care - Wausau Board Room  
1100 Lake View Drive, Wausau, WI 54403

*The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.*

*Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:*

**Phone Number: 1-408-418-9388 Access Code 146 495 5212 Meeting Password: 1234**

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.

## **AGENDA**

1. CALL TO ORDER
2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA  
(Limited to 15 Minutes)
3. ACTION: APPROVAL OF NOVEMBER 24, 2020 NURSING HOME OPERATIONS COMMITTEE MINUTES
4. FINANCIAL REPORT – J. Meschke
5. COMMITTEE EDUCATION
  - A. Skilled Nursing Facility (SNF) Glossary of terms updated for 2021
6. NURSING HOME OPERATIONS REPORTS
  - A. Mount View Care Center – K. Woller and C. Gliniecki
  - B. Pine Crest Nursing Home – Z. Ziesemer and R. Hanson
7. COVID RESPONSE – M. Loy

8. UPDATE ON ASSESSMENT OF A POTENTIAL REGIONAL PARTNERSHIP WITH THE PORTAGE COUNTY HEALTH CARE CENTER – M. Loy
9. DISCUSSION ON SCOPE OF UPDATING MARKET ASSESSMENTS AND OPERATIONAL ASSESSMENTS FOR MOUNT VIEW CARE CENTER AND PINE CREST – M. Loy
10. 2020 DASHBOARD REVIEW & 2021 CENSUS TARGETS – J. Nickel
11. NURSING TOWER CONSTRUCTION UPDATE – J. Nickel
12. BOARD POLICY DISCUSSION
  - A. Overview of Skilled Nursing Related Objectives and Key Results – J. Nickel
13. FUTURE AGENDA ITEMS AND MEETING SCHEDULE
14. ADJOURN

**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

  
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Presiding Officer or Designee

DATE: 01/21/2021 TIME: 4:00 PM BY: D. Osowski

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

**November 24, 2020**

**3:00 PM**

**Conference Call**

Present: X Jeff Zriny X Kurt Gibbs X Paul Gilk  
X Cindy Rider X Pat Voermans X Bob Weaver

Staff: Michael Loy, Jarret Nickel, Jill Meschke, Zach Ziesemer, Ryan Hanson, Kristin Woller, Dejan Adzic

Call to Order

- Meeting was called to order at 3:02

Public Comment for Matters Appearing on the Agenda

- None

ACTION: Approval of September 22, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Gilk/Weaver, to approve the September 22, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – J. Meschke

- Financial highlights for October for Mount View Care Center and Pine Crest were reviewed. We are waiting to hear about our application for additional federal funding. Gov. Evers has announced targeted nursing home specific funding that we're waiting to hear about also.

Nursing Home Operations Reports

- Mount View Care Center Operations Report – K. Woller
  - Even with the number of staff who left the nursing department, we have not had as much of a challenge staffing due to a lower census and when shifts need to be covered we ask staff to pick up additional shifts rather than having mandatory overtime.
  - When units are on enhanced precautions, patient experience scores are being negatively affected with residents having limited activities and socialization, no family visits, and needing to stay in their room; however, year to date scores remain above target.
  - Readmission rate for October is related to one resident who returned to the hospital 3 times during the first week who was very ill with heart issues; only 1 resident went to hospital with issues related to COVID-19 in October.
  - The State is in building today on an infection prevention focused visit; they should be exiting today.

- When residents are taken off enhanced precautions, we will be moving some of them from Lake View Heights to Southern Reflections to reduce the number of beds on that unit from 40 to 20. This is in relation to the nursing home renovation plans.
- We are admitting residents to the dementia program and needing to manage placement of residents carefully due to uncertainties with COVID-19 and during the phases of renovation.
  - C. Rider noted that from the hospital perspective, there is a shortage of dementia beds and they are struggling to get them into the community from the hospital.
- Pine Crest Nursing Home Operations Report – Z. Ziesemer
  - State is also at Pine Crest today for an infection control focused survey. No concerns or citations issued.
  - Uptick in falls was mainly attributed to staff call-ins due to COVID-19 and unfamiliar staff of residents.
  - Averaging 20-25 contracted staff at a time due to open positions and COVID-19-related absences but we are working to reduce use of contracted staff.
  - Established 400 Unit as COVID-19 unit which we move residents who test positive to the unit for the 14-day infectious period.

#### COVID Response – M. Loy

- Emphasized an appreciation for our teams in the nursing home. Demands of leadership in skilled nursing is incredible. Our teams have been working long hours every day and troubleshooting continually for months taking care of our residents, keeping them safe and well. They have done this without supports they normally have with volunteers and activity staff and we appreciate everything they are doing.
- Without Cares Act funding, Mount View would have lost about a half million dollars and Pine Crest a quarter million operationally. Our census has taken a huge hit and it's difficult for nursing homes in general to be able to adjust expenses quickly, but our teams have done a great job to mitigate expenses relative to these changes.
- There is positive news on a vaccine and anticipate it arriving mid-December. Nursing homes will be top priority along with inpatient acute care hospitals. We will be able to administer the vaccine first to our residents and staff in direct care who have not had COVID-19. Vaccinations will be required of our staff or required to wear full PPE.
- In short term, once the vaccine is available, we can more readily open for admissions and possibly accommodate a potential surge at the hospitals.
- Long term, we will see the impact of people's orientation of nursing homes in our census and we'll be relooking at the size and scope of our nursing homes as we move forward. We have seen impacts predominantly in our Medicare and self-pay numbers with people electing to care for family members at home. Feel there will be demand eventually for care in the nursing home. Given Cares Act money and vaccine we should be able to weather this operationally and financially.

- In the State budget there is a huge request for funding for nursing homes. A number of closures have been delayed due to Cares Act funding but without additional funding they will eventually be at risk again. Long term implications to the long-term care industry will be one of access and regulatory whiplash will be substantial due to infection prevention practices i.e., multi-resident rooms will be impossible in the future.
- Current push from both federal and state is to keep individuals out of the nursing homes, however, there isn't a local community-based provider adequate to capture those individuals. Since August, those going into home care rather than a skilled nursing home has risen tremendously which also means a higher acuity level for those in the home.
- Wisconsin had been one of the worst in the nation for reimbursement, but work is being done in addressing this to get reimbursement more in line with actual cost of care.

#### Future Agenda Items and Meeting Schedule

- Meetings will occur every other month in 2021 starting in January
- COVID-19 will remain on agenda including an update on the vaccine
- Strategy moving forward and decisions to be made based on industry
- Portage County discussions

#### Adjourn

- **Motion**/second, Gilk/Rider, to adjourn the meeting at 3:45 p.m. Motion carried.

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



## Glossary of Current Skilled Nursing Facility (SNF) Terms

New Definitions will be **highlighted**; while any new sections within an existing glossary term will be written in **blue**.

1. **Accountable Care Organizations (ACO):** Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors (CMS.gov).
2. **Activities of Daily Living (ADL):** Daily functions such as getting dressed, eating, taking a shower or bath, going to the bathroom, getting into a bed or chair, or walking from place to place. The amount of help a person needs with ADLs is often used as a measure to determine whether he or she meets the requirements for long-term care services in a nursing home as well as government subsidized home and community-based services. (Pioneer Network)
3. **Advance Directive:** Legal documents that allow you to plan and make your own end-of-life wishes about health care and treatment known in the event that you are unable to communicate. Advance directives consist of (1) a living will and (2) a medical (health care) power of attorney, sometimes called “health care surrogate,” depending on the state. (See Living Will and Medical Power of Attorney). (Pioneer Network)
4. **Average Length of Stay (ALOS):** An average that is calculated by dividing the sum of inpatient days by the number of patient admissions with the same diagnosed related group classification.
5. **Care Compare:** An online website that allows individuals to assess and compare federally certified healthcare providers and entities, which includes nursing homes. ([www.medicare.gov](http://www.medicare.gov))
6. **Care Plan:** A detailed written plan that describes what is needed for an individual’s care and provided by a range of health professionals, including nurses, therapists, social workers, nursing or personal assistants. (Pioneer Network)
7. **Centers for Medicare & Medicaid Services (CMS):** CMS plays a key role in the overall direction of the healthcare system. With regard to long-term care, CMS is responsible for regulating and paying nursing homes, home health agencies, and hospices for the care of Medicare and Medicaid (in conjunction with the states) beneficiaries. (Pioneer Network)
8. **Certified Nursing Assistant (CNA):** A person trained and certified to assist individuals with non-clinical tasks such as eating, walking, and personal care.

9. **Department of Health Services (DHS)**: State agency that encompasses the DQA who enforces regulatory oversight on the state's nursing homes.
10. **Dementia**: A general term for loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by structural and physiological changes in the brain. Alzheimer's disease is the most common type of dementia. It is estimated that 47 to 67 percent of nursing home or assisted living residents have Alzheimer's disease or a related form of dementia. (Pioneer Network)
11. **Director of Nursing (DON)**: The DON provides clinical oversight of their respective nursing home.
12. **Division of Quality Assurance (DQA)**: Division within DHS that enforces the regulatory requirements of the state's nursing homes.
13. **Dual Eligible**: The following describes the various categories of individuals who, collectively, are known as dual eligibles.<sup>1</sup> Medicare has three sets of basic coverages: Part A, which pays for hospitalization costs; Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services; and Part D which provides coverage of prescription drug costs. Dual eligible are individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.
14. **Geriatrics**: The branch of medicine that focuses on providing comprehensive health care for older adults and the treatment of diseases associated with the aging process. (Pioneer Network)
15. **Hospice**: A program of medical and social services for people diagnosed with terminal (end-stage) illnesses that focuses on comfort, not curing an illness. Hospice services can be given at home, in a hospital, hospice residence, assisted living community, or nursing home. They are designed to help both the patient and his or her family. Hospice care stresses pain control and symptom management. It also offers emotional and spiritual support. Medicare will pay for hospice if a doctor states that a person probably has six months or less to live. Hospice care can last longer than six months in some cases. (Pioneer Network)
16. **LeadingAge WI (LAW)**: Senior living member advocacy organization that represents non-profit providers. The organization provides and facilitates the provision of tools, resources, and pertinent information to its members.
17. **Licensed Practical Nurse (LPN)**: A LPN, is a nursing position that is relied upon within the healthcare setting. As compared to an RN, a LPN's scope of service is more limited which affects their ability to complete or delegate certain nursing tasks.
18. **Life Safety Code (LSC)**: The Life Safety Code is the most widely used source for strategies to protect people based on building construction, protection, and occupancy features that minimize the effects of fire and related hazards. Annual state LSC surveys occur and typically coincide with the annual health survey. The survey serves to identify violations as it relates guidelines outlined by the National Fire Protection Association (NFPA).

19. **Living Will**: An advance directive that guides your family and health care team through the medical treatment you wish to receive if you are unable to communicate your wishes. According to your state's living will law, this document is considered legal as soon as you sign it and a witness signs it, if that is required. A living will goes into effect only when you are no longer able to make your own decisions. (Pioneer Network)
20. **Long-Term Care Services**: A variety of services and supports to meet health or personal care needs over an extended period of time. This includes medical and non-medical care to people with a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care assists people with Activities of Daily Living (ADLs), such as dressing, bathing, and using the bathroom. Long-term care can be provided at home, in an adult day care center, an assisted living community, or a nursing home. In order for state Medicaid programs to pay for home care or assisted living for an individual that meets the income eligibility requirements, the individual must require a level of care equivalent to that received in a nursing home. (Pioneer Network)
21. **Medicaid**: The federally- and state-supported, state-operated public assistance program that pays for healthcare services to low-income people, including older adults or disabled persons who qualify. Medicaid pays for long-term nursing home care and some limited home health services, and it may pay for some assisted living services, depending on the state. It is the largest public payer of long-term care services, especially nursing home care. Each state can determine the breadth and extent of what services it will cover above a certain federally required minimum. (Pioneer Network)
22. **Medical Director**: A physician who oversees the medical care and other designated care in a healthcare organization or care setting. The medical director is responsible for coordinating medical care and helping to develop, implement, and evaluate resident care policies and procedures that reflect current standards of practice. (Pioneer Network)
23. **Medicare**: The federal program that provides medical insurance for people aged 65 and older, some disabled persons and those with end-stage renal disease. It provides physician, hospital, and medical benefits for individuals over age 65, or those meeting specific disability standards. Benefits for nursing home and home health services are limited to short-term rehabilitative care. There are different parts of Medicare which cover specific services if you meet certain conditions. For detailed information, visit the website ([www.medicare.gov](http://www.medicare.gov)) or call for assistance: 1-800-Medicare. (Pioneer Network)
24. **Managed Care Organization (MCO)**: A MCO is an organization that combines the functions of health insurance, delivery of care, and administration. Examples include the independent practice association, third-party administrator, management service organization, and physician-hospital organization.



25. **Minimum Data Set (MDS)**: The Minimum Data Set (MDS) is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes and non-critical access hospitals with Medicare swing bed agreements. (The term "swing bed" refers to the Social Security Act's authorizing small, rural hospitals to use their beds in both an acute care and Skilled Nursing Facility (SNF) capacity, as needed.) This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home and SNF staff identify health problems.
26. **Medicare Share Savings Program (MSSP)**: The MSSP is a key component of the Medicare delivery system reform initiative included in the Affordable Care Act and is a new delivery of health care. MSSP facilitates coordination and cooperation among providers to improve quality of care for Medicare Fee for Service beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating and participating in an Accountable Care Organization. This is a voluntary program (CMS.gov).
27. **Nursing Home Administrator (NHA)**: The NHA provides operational oversight for their respective nursing home.
28. **Nursing Home or Skilled Nursing Facility (SNF)**: A residential care setting that provides 24-hour care to individuals who are chronically ill or disabled. Individuals must be unable to care for themselves in other settings or need extensive medical and/or skilled nursing care. (Pioneer Network)
29. **Ombudsman/Long-term Care Ombudsman**: An Ombudsman is an advocate for residents of nursing homes, board and care homes, and assisted living. Ombudsmen provide information about how to find a nursing home or other type of LTC facility and what to do to get quality care. They are trained to resolve problems. An ombudsman can assist you with expressing complaints, but this requires your permission because these matters are held confidential. Under the federal Older Americans Act (OAA), every state is required to have an Ombudsman program that addresses complaints and advocates for improvements in the long-term care system. To find the ombudsman nearest you, visit the National Long-Term Care Ombudsman Resource Center at [www.ltcombudsman.org](http://www.ltcombudsman.org). (Pioneer Network)
30. **Palliative Care**: Care that focuses on the relief of the pain, symptoms, and stress of serious illness. The goal is to improve quality of life for patients and families. Palliative care is appropriate at any point in an illness, not just for end-of-life care, and it can include treatments that are intended to cure as well as comfort. It is both a philosophy of care (as is hospice) as well as an approach to caring activities. Palliative care is provided by trained staff in a hospital, home, nursing home, assisted living community or hospice. For more information, visit [GetPalliativeCare.org](http://GetPalliativeCare.org) or the National Hospice and Palliative Care Organization (NHPCO) ([www.nhpco.org](http://www.nhpco.org)). (Pioneer Network)

31. **Patient Driven Payment Model (PDPM)**: PDPM is a payment methodology used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF patients in a covered Part A Medicare stay.
32. **Post-Acute Care**: Range of short-term rehabilitative services provided to a patient being discharged from acute care/clinic setting (Leading Age toolkit). Included under Post-Acute Care which means care delivered after a patient leaves the hospital and is provided under Medicare Part A benefits. Providers included are Long Term Acute Care Hospitals, Inpatient Rehab Facilities, Skilled Nursing Facilities, Home Health and Hospice (CMS).
33. **Power of Attorney (Healthcare)**: The advance directive that allows you to select a person you trust to make decisions about your medical care if you are temporarily or permanently unable to communicate and make decisions for yourself. This includes not only decisions at the end of your life, but also in other medical situations. This document is also known as a “health care proxy,” “appointment of health care agent or health care surrogate,” or “durable power of attorney for health care.” This document goes into effect when your physician declares that you are unable to make your own medical decisions. The person you select can also be known as a health care agent, surrogate, attorney-in-fact, or health care proxy. With a medical power of attorney you can appoint a person to make health care decisions for you in case you are unable to speak for yourself. (Pioneer Network)
34. **Provider**: A provider is typically a professional healthcare worker, agency, or organization that delivers health care or social services. Providers can be individuals (doctors, nurses, social workers, and others), organizations (hospitals, nursing homes, assisted living communities, or continuing care retirement communities), agencies (e.g., home care and hospice), or businesses that sell healthcare services or assistive equipment (e.g., colostomy care supplies, wheelchairs, walkers, etc). (Pioneer Network)
35. **Registered Nurse (RN)**: A registered nurse is a nurse who has graduated from a nursing program and met the requirements outlined by a country, state, province or similar licensing body to obtain a nursing license. An RN's scope of practice is determined by legislation and is regulated by a professional body or council.
36. **Rehabilitation (“Rehab”)**: Services to help restore mental and physical (bodily) functions lost due to injury or illness. Rehabilitation may be given at the hospital or in a nursing home, some assisted living residences, a special facility or the patient’s home. The types of services offered generally include physical therapy, occupational therapy, speech therapy, social services, and nursing. (Pioneer Network)
37. **Respite Care**: Temporary (a few hours or up to a few days) care to offer relief for the family caregiver. Respite care may be given in the elder’s home, a community-based setting such as adult day care, an assisted living facility, or a nursing home. It can be scheduled regularly (for example, two hours a week) or provided only when needed. This service can be particularly valuable for family members taking care of persons with dementia. (Pioneer Network)

38. **Quality Improvement Organization (QIO)**: The Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program helps the Centers for Medicare & Medicaid Services (CMS) implement key elements of the Department of Health and Human Services' National Quality Strategy and federal health reform efforts.

Superior Health Quality Alliance (Superior Health) currently serves as the QIN-QIO for Michigan, Minnesota and Wisconsin. As part of this effort, we are working with beneficiaries, communities, nursing homes, hospitals and clinicians to advance the five goals set forth by CMS

39. **Safety Data Sheets (SDS)**: An SDS is a document that outlines the ingredients for any and all liquid material that could be considered hazardous within a nursing home. This includes safety protocols that need to be followed if the material was to be used inappropriately.

40. **Skilled Care/Nursing Care**: This level of care includes help with more complex nursing tasks, such as monitoring medications, giving injections, caring for wounds, and providing nourishment by tube feedings (enteral feeding). It also includes therapies, such as occupational, speech, respiratory and physical therapy. This care can be given in a patient's home or in a care setting. Most insurance plans require at least some level of skilled care need requiring the services of a licensed professional (such as a nurse, doctor, or therapist) before they will cover other home-care services. (Pioneer Network)

41. **SNF Survey Types**:

- **Annual** –certification survey to remain Medicare and Medicaid certified and occurs every 9-15 months. This survey is conducted by DHS.
- **Complaint** –A survey that is initiated if a resident complains or family calls and complains on services. This also includes any self-report events that are sent in for abuse, neglect, misappropriation, injury of unknown origin.
- **Revisit** – if from your annual survey compliance was not achieved, the state surveyors will come in and verify that you are in compliance with your plan of correction
- **Infection Control**- A survey type that previously was rarely practiced, now due to Covid-19 is a common survey in which infection control practices are reviewed to ensure compliance.

42. **Value Based Purchasing**: Value Based Purchasing rewards providers who deliver better outcomes in health and health care for the beneficiaries and communities they serve at lower cost.

43. **Wisconsin Association of County Homes (WACH)**: An entity within LAW that supports and advocates on behalf of the state's county nursing homes.

44. **Wisconsin Health Care Association (WHCA)**: WHCA serves as the counterpart to LAW in representing and advocating on behalf of for-profit senior living entities.

45. **Wisconsin Hospital Association (WHA)**: Member organization that represents and advocates on behalf of the state's medical systems.

# Nursing Home Report - Month of December 2020

## Mount View Care Center (MVCC)

### Employee Engagement:

Department	# of Openings	Hired in December	Discharges in December
LPN/RN	5 FTE	0	1 full time
CNA	21 FTE	0	1 full time
Hospitality Assistants	1 FTE	0	0
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	3 FTE	0	.9 FTE
Administrative	0	0	0

- Minimal interviews since October and only 1 hire since 10/2/20. Working with Titus Talent to help recruit nurses, CNA's, and respiratory therapists.

### Patient Experience:

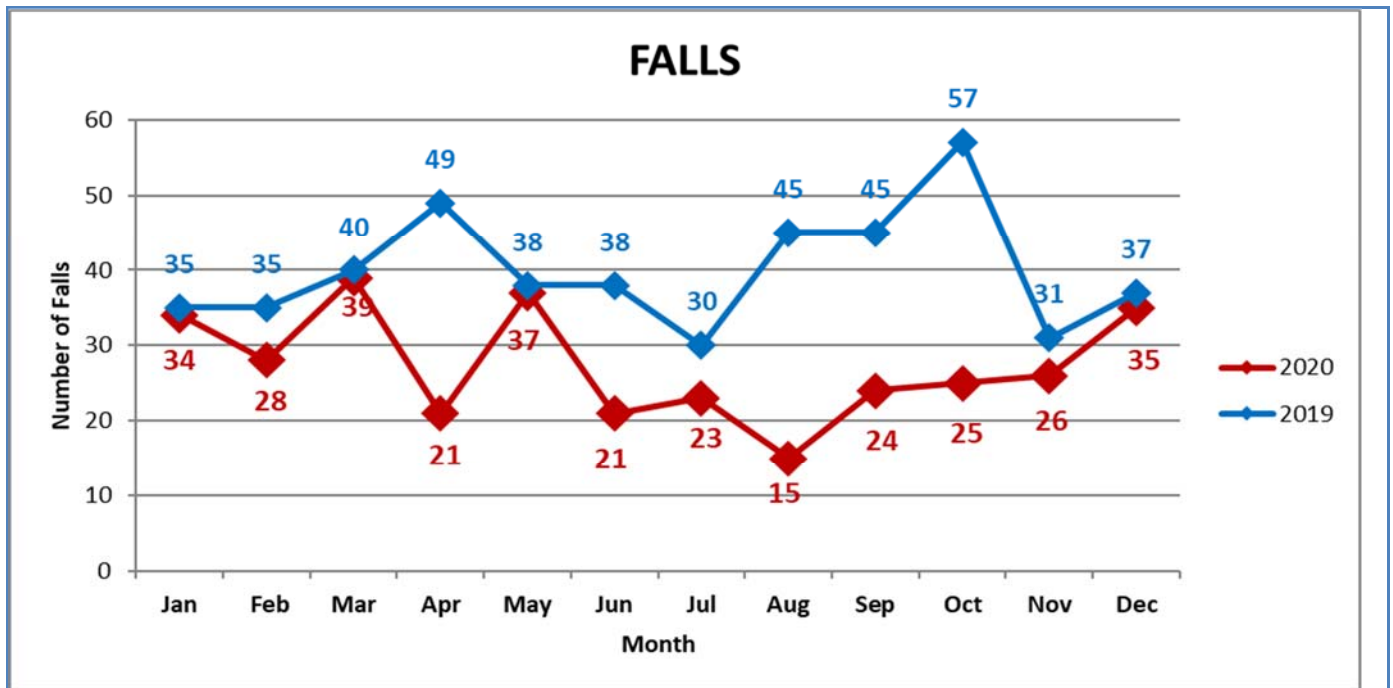
DEPARTMENT: Mount View Care Center

FISCAL YEAR: 2020

	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
<b>PATIENT EXPERIENCE - PRESS GANEY SURVEY</b>														
Survey Distribution Response Rate		28.9%	28.6%	51.4%	30.0%	27.5%	18.2%	33.3%	17.8%	19.1%	33.3%	6.3%	34.5%	27.9%
MVCC Patient Experience:	81-83	84.6	95.8	86.8	85.4	95.5	90.63	80.0	87.5	75.0	88.6	100.0	87.5	89.2
PAC Patient Experience:	81-83	62.5	100.0	71.9	25.0	100.0	~	66.7	75.0	56.3	75.0	100.0	82.1	73.2
LTC Patient Experience:	81-83	100.0	100.0	100.0	80.0	100.0	87.5	100.0	~	87.5	93.8	~	~	91.7
Legacies Patient Experience:	81-83	92.9	94.4	96.9	100.0	93.8	91.67	100.0	100	91.7	100.0	~	100.0	95.4

This score reflects responses to the question "likelihood of those to recommend". Post-Acute Care (PAC) continues to show low targets due to COVID. PAC has been on and off enhanced precautions in the last several months. Residents are unable to have family visits which has contributed to lower scores. Limited activities have also been a contributing factor. Sent out 29 surveys and received 10 back.

**Quality:**



**Total Falls = 35      Vent= 4      South Shore= 17      LTC= 9      LBL= 5**

7 of the 17 falls on South Shore were related to a resident that was going through terminal restlessness and has since passed.

<b>CURRENT OVERALL STAR RATING (OUT OF 5): 3</b>	<b>CURRENT QUALITY STAR RATING (OUT OF 5): 4</b>
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PRIMARY OUTCOME GOAL	↑	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD
MVCC Readmission Rate	↓	10-12%	12.0%	4.8%	10.0%	6.3%	11.8%	0.0%	15.4%	50.0%	10.5%	23.8%	23.1%	15.0%	14.5%

**Readmission Summary:**

We trended in the right direction in December with 15%. Two of the three residents that were sent out were very sick and have since passed. All hospitalizations were unavoidable.

Total Acute Care Transfers = 10

- 4 Inpatient, Unplanned
  - Low O2, COVID +
  - Bronchitis, acute resp. failure d/t COVID-19
  - Low O2, rapid respirations, recent increase in Bumex
  - Fracture with pain related to a fall

- 3 within 30 days of admission
  - Sent from cardiology
  - Left arm infiltrate, DVT r/t COVID
  - Sent from ortho appt, d/t femur fracture from a fall
- 3 emergency department visits only
  - Nosebleed
  - Pic line plugged
  - Syncopal episode

**Regulatory:**

**State Survey visits** – One state visit in December

- Visit on 12/15 was an infection prevention focus survey in relation to COVID. No deficiencies found.

**Self-Reports:** One self-report in December which will be overviewed at the Nursing Home Operations Committee meeting.

**Referral Trends:**

In December we had 112 referrals with 20 admitted.

We did not admit 92 referrals due to:

- Acuity too high (3)
- No LTC Beds Available (9)
  - Related to being full
- No PAC Beds Available (7)
  - Related to unit on enhanced precautions until 12/9
- No Legacies Beds Available (7)
  - Related to downsizing for future moves and enhanced precautions
- No skilled need (3)
- Out of County (10)
- Out of Network (1)
- Went to Competition (22)
- Went Home (12)
- Expired (10)
- Patient non-compliance (3)
- Went to inpatient rehab (5)

## **COVID UPDATE**

Lakeview Heights was a COVID positive unit from 11/5/20-12/28/20. The COVID unit had a total of 34 COVID positive residents throughout this time with 7 that expired. The symptoms varied from being asymptomatic to 5 residents needing hospitalization.

The other 5 units in MV were on and off enhanced precautions throughout the month of December. Admissions were on hold to the unit that was on enhanced precautions apart from being COVID recovered. PAC was able to accept admission again on 12/9/20.

We have been testing employees two times a week as directed by CMS. MV had 5 positive employees in December. Two employees were through routine testing and the other three were due to symptoms and tested at Aspirus.

Patio and window visits have been on hold since September due to the Marathon County positivity rate and continued enhanced precautions at MV. Compassionate care visits are allowed on imminently dying residents. We will be starting up window visits again on Feb. 1<sup>st</sup>. Life enrichment continues to provide in room activities and virtual visits with family.

Family are kept informed through a weekly Dial My Call phone call. Employees are kept informed with daily huddles.

# Nursing Home Report - Month of December 2020

## *Pine Crest (PC)*

### **EMPLOYEE ENGAGEMENT**

For the month of December Pine Crest had experienced a 14.4% vacancy rate, which is a moderate negative variance from the target of 7-9%. YTD average is minimally above this range at 9.7%. Turnover for the month was 4.5%, with annualized rate of 31%. Retention continues to trend down with a YTD outcome of 72%. Nine employees termed during the month for the following reasons:

- Consecutive no-call-no-shows
- Consecutive call-offs
- Focus on school
- Healthcare not a right fit
- Unable to meet occasional status requirements (X2)
- Retiring (X2)
- Hospital post-surgical opportunity

Department	Current # of Openings	Hired in November	Discharges in November
LPN/RN	0.8 FTE; 5 Positions		2
CNA	6 FTE; 8 Positions		5
Hospitality Assistants	0		1
Life Enrichment	0		0
Social Services	0		0
Respiratory Therapy	0		0
Administrative	0		0
Dietary	0		0
Environmental Services	0		1
<b>TOTAL</b>	<b>13 Positions</b>	<b>0 Positions</b>	<b>9 Positions</b>

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### **PATIENT EXPERIENCE**

\* Overall experience score exceeded target at 85% on a target of 81-83%.

Feedback provided based on the survey results indicated an opportunity to improve:

- Laundry Services: Damaged laundry was a concern which is being addressed.
- Family Notification: Concern regarding timely notification of their loved one passing. Education has been completed with the staff that were involved.
- Dining Services: Concern regarding the assistance being provided to a resident. Education has been completed with the staff that were involved.



	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
<b>PATIENT EXPERIENCE - PRESS GANEY SURVEY</b>														
Survey Distribution Response Rate		\	28.6%	18.4%	40.5%	22.2%		12.9%	16.1%	30.0%	25.0%	13.5%	13.9%	23.6%
Pine Crest Patient Experience:	81-83%	\	81.9	86.1	85.0	90.0	83.3	33.3	79.2	72.2	100.0	70.0	85.0	78.7
Long Term Care (107)	81-83%	\	76.9	~	79.2	89.3	87.5	50.0	75.0	83.3	100.0	58.3	87.5	78.7
Special Care Patient Experience: (105)	81-83%	\	100.0	100.0	~	~	~	~	~	75.0	~	100.0	~	93.8
Rehab Patient Experience: (106)	81-83%	\	93.8	84.4	90.6	91.7	75.0	0.0	83.3	37.5	~	75.0	75.0	70.6
Hospice Patient Experience: (108)	81-83%	\	~	~	75.0	~	~	75.0	~	~	~	~	~	75.0
Housekeeping Patient Experience:		\	79.6	95.3	85.6	97.5	81.3	77.1	~	78.4	91.7	81.3	83.8	85.1
Activities Patient Experience:		\	85.1	95.6	79.2	85.2	80.0	80.0	~	82.1	100.0	75.0	81.0	84.3
Dietary Patient Experience:		\	78.3	90.5	83.1	87.8	68.1	67.4	~	75.0	91.7	73.3	76.5	79.2

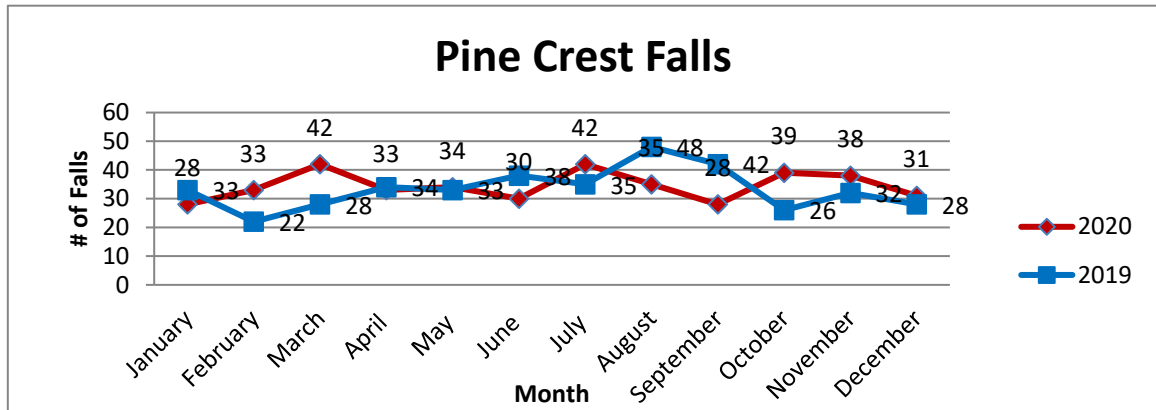
## QUALITY

- Star Rating**

<b>CURRENT OVERALL STAR RATING (OUT OF 5): 3</b>	<b>CURRENT QUALITY STAR RATING (OUT OF 5): 4</b>
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- Observed Data**

- o Falls: Please reference graph below.



○ **Hospital Readmission:**

DEPARTMENT: PINE CREST										FISCAL YEAR: 2020					
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD
QUALITY															
Pine Crest Readmission Rate	↓	10-12%	16.7%	3.7%	14.8%	28.6%	0.0%	9.1%	16.7%	7.7%	0.0%	9.5%	25.0%	0.0%	12.2%
↗ Higher rates are positive															
↘ Lower rates are positive															

Total Acute Care Transfers: 8

- 5 ED Only
  - Confusion
  - Fall and vomiting
  - Fall r/t onset of COVID 19
  - SOB, Pancytopenia
  - Ng tube pulled out
- 3 Unplanned Hospitalizations
  - Reaction to medication
  - Severe pain, dilated bile duct
  - Hip fx r/t fall, toileting program not followed

- RTH Summary: One RTH was deemed to be avoidable with re-education being completed with the nurse who had facilitated that transfer.

**REGULATORY:**

- **State Survey Visits:** One focused infection control survey occurred during the month with no concerns noted.
- **Self-Reports:** No self-reports during the month.

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**REFERRAL TREND**

- **Commentary:** During the month of November program experienced 41 referrals. Of these referrals 29 did not admit for the below reasons:
  - Unable to Meet Needs (X7)
  - Expired (X4)
  - No LTC Bed (X3)
  - No SCU Bed (X1)
  - Competitor (X4)
  - Discharged to ALF (X3)
  - Insurance (X7)

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## FINANCIALS

December financial data unavailable currently. Table presented below is accurate through November 2020.

GL #	GL Description	Monthly Variance	YTD Variance	Comments
8710	Property Insurance	\$ (2,201.00)	\$ (24,206.00)	Unbudgeted item.
6360	Consultations	\$ 0	\$ (25,200.00)	Unbudgeted item. Pharmacy consultation expense. Program will incur cost for November's expense in December.
6880	Equipment Rental	\$ (2,043.00)	\$ (37,700.00)	Unbudgeted item.
6890	Staffing Contracted Services	\$ (89,943.00)	\$ (912,3346.00)	Actively working on decreasing agency use as we head into 2021.
8800	COVID-19 Expense	\$ (20,611.00)	\$ (90,928.00)	
6005	Non-working COVID	\$ (19,541.00)	\$ (40,818.00)	
8160	Assessments	\$ (27,200.00)	\$ (27,200.00)	Program had incurred the expense for its bed tax twice during the month. Correction had been made in December and will be reflected in the month's financials.

DEPARTMENT: MVCC							FISCAL YEAR: 2020								
PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD
<b>PEOPLE</b>															
MVCC Vacancy Rate	↘	7-9%	16.1%	13.3%	14.8%	16.5%	7.1%	9.6%	8.5%	7.4%	10.2%	10.4%	11.6%	11.6%	11.4%
MVCC Retention Rate	↗	82-84%	97.2%	96.8%	94.0%	92.6%	91.5%	87.9%	87.4%	83.6%	80.2%	75.0%	71.8%	70.7%	70.7%
<b>SERVICE</b>															
MVCC Patient Experience	↗	81-83%	84.6%	95.8%	86.8%	85.4%	95.5%	90.7%	80.0%	87.5%	75.0%	88.7%	100.0%	87.5%	87.1%
<b>QUALITY</b>															
MVCC Readmission Rate	↘	10-12%	12.0%	4.8%	10.0%	6.3%	11.8%	0.0%	15.4%	50.0%	10.5%	23.8%	23.1%	15.0%	14.5%
MVCC - Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
MVCC - Zero Harm - Patients	↘	Monitoring	0.37	0.41	0.00	0.21	0.41	0.00	0.21	0.00	2.04	1.51	3.44	3.02	0.97
MVCC - Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25	3.07	4.70	4.72	4.07	3.26
<b>COMMUNITY</b>															
<b>FINANCE</b>															
MVCC Average Net Income	↗	\$38,717 - \$58,705 per month	(\$102,571)	\$9,995	(\$62,605)	\$399,835	\$528,007	(\$136,798)	\$418,977	\$223,300	(\$168,912)	(\$276,774)	(\$264,016)		\$51,676

↗ Higher rates are positive

↘ Lower rates are positive

DEPARTMENT: PINE CREST								FISCAL YEAR: 2020							
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD
<b>PEOPLE</b>															
Pine Crest Vacancy Rate	↓	7-9%	8.7%	5.3%	5.9%	12.4%	6.8%	9.5%	7.3%	9.1%	10.2%	12.4%	14.4%	14.4%	9.7%
Pine Crest Retention Rate	↑	82-84%	98.7%	96.8%	94.8%	94.8%	93.4%	92.7%	91.4%	86.8%	84.1%	80.1%	76.8%	72.0%	72.0%
<b>SERVICE</b>															
Pine Crest Patient Experience	↑	81-83%	/	81.9%	86.1%	85.0%	90.0%	83.3%	33.3%	79.2%	72.2%	100.0%	70.0%	85.0%	81.7%
<b>QUALITY</b>															
Pine Crest Readmission Rate	↓	10-12%	16.7%	3.7%	14.8%	28.6%	0.0%	9.1%	16.7%	7.7%	0.0%	9.5%	25.0%	0.0%	12.2%
Pine Crest - Nursing Home Star Rating	↑	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Pine Crest - Zero Harm - Patients	↓	Monitoring	0.00	0.00	0.00	2.82	2.06	2.97	3.93	2.19	1.17	2.81	2.72	1.41	1.84
Pine Crest - Zero Harm - Employees	↓	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25	3.07	4.70	4.72	4.07	3.26
<b>COMMUNITY</b>															
<b>FINANCE</b>															
Pine Crest Net Income	↑	\$24,836 - \$37,253 per month	\$28,300	(\$59,693)	\$37,457	(\$42,700)	\$297,166	\$19,169	(\$223,682)	\$762,223	(\$201,816)	\$29,164	(\$68,176)		\$52,492

- ↑ Higher rates are positive
- ↓ Lower rates are positive



North Central Health Care  
Person centered. Outcome focused.

**2021 Mount View Care Center & Pine Crest Nursing Home**  
**Census Targets**

**Mount View Care Center (MVCC)**

Overall Census Target: 145  
Medicare Census Target: 19  
Medicaid Ventilator Target: 12  
2020 Average Overall Census: 156  
2020 Average Medicare Census: 15  
2020 Average Ventilator Census: 9

**Pine Crest Nursing Home (PC)**

Overall Census Target: 100  
Medicare Census Target: 8  
2020 Average Overall Census: 121  
2020 Average Medicare Census: 13

## 2021 NHOC BOARD CALENDAR

**Tuesday January 26, 2021 – 3:00 PM – 4:00 PM**

Educational Presentation: Skilled Nursing Facility (SNF)- Glossary of terms updated for 2021

Agenda Items

- Covid-19 Status Update
- 2020 Dashboard Review & 2021 Census Targets
- MVCC Operational Report Out
- Pine Crest Operational Report Out
- Nursing Tower Construction Update

Board Policy Discussion Generative Topic: SNF OKR

**Tuesday March 23, 2021 – 3:00 PM – 4:00 PM**

Educational Presentation: Leading Age Overview & Spring Conference

Agenda Items

- 2021 Financial Status Update
- MVCC Operational Report Out
- Pine Crest Operational Report Out
- Nursing Tower Construction Update

Board Policy Discussion Generative Topic: CLA Market Study Presentation; Board member community outreach through SNF leadership connection.

## 2021 NHOC BOARD CALENDAR

### **Tuesday May 25, 2021 – 3:00 PM – 4:00 PM**

Educational Presentation: Audit Presentation – Talk with Jill. Bi-annual education on what they can do with congressman and senators

#### Agenda Items

- Review Annual Financial Audit and Fund Balance Statement
- 2021 Financial Status Update
- MVCC Operational Report Out
- Pine Crest Operational Report Out
- Nursing Tower Construction Update

Board Policy Discussion Generative Topic: Q1 OKR & Q2 Plan

### **Tuesday July 27, 2021 – 3:00 PM – 4:00 PM**

Educational Presentation: State budget update; Leading Age Fall Conference

#### Agenda Items

- 2021 Financial Status Update
- MVCC Operational Report Out
- Pine Crest Operational Report Out
- Nursing Tower Construction Update

Board Policy Discussion Generative Topic: 2022 budget planning and process OKR Q2 review and Q3 plan

### **Tuesday September 28, 2021 – 3:00 PM – 4:00 PM**



## 2021 NHOC BOARD CALENDAR

Educational Presentation: Covid-19 Industry impact review and projections

### Agenda Items

- 2021 Financial Status Update
- MVCC Operational Report Out
- Pine Crest Operational Report Out
- Nursing Tower Construction Update
- Strategic Development & Physician Coverage Outlook
  - Behavioral Health Collaboration NCHC- Dr. Gouthro

Board Policy Discussion Generative Topic: Q3 OKR review & Q4 plan

### **Tuesday November 23, 2021 – 3:00 PM – 4:00 PM**

Educational Presentation: Determined throughout 2021 outcomes

### Agenda Items

- 2021 Financial Status Update & Year End Projections
- MVCC Operational Report Out & Year End Projections
- Pine Crest Operational Report Out & Year End Projections

Board Policy Discussion Generative Topic: TBD