

**Board of Directors  
Champaign County Nursing Home  
Urbana, Illinois  
July 29, 2013**

Directors Present: Czajkowski, Emanuel, Hambrick, Hartke, Hodson, Maxwell, Palinkas

Directors Absent/Excused: none

Also Present: Busey, Gima, Noffke

**1. Call to Order**

The meeting was called to order at 6:05 pm by Vice Chair Palinkas

**2. Roll Call**

Busey called the roll of Directors. A quorum was established.

**3. Agenda & Addendum**

Agenda was approved (motion by Hodson, second by Maxwell, unanimous).

**4. Public Participation**

County Board Chairman, Al Kurtz wished the Board luck in the strategic planning session.

**5. New Business**

A brief discussion concerning the public perception of the Home's operation ensued. The Board discussed concerns regarding the public perception of CCNH and the importance of improving the Home's public image.

Gima provided a summary of the current and pending market changes, risks and opportunities that will impact CCNH including payment and health care delivery reforms. The major pending change is the implementation of the dual-eligible managed care program that is projected to start in 2014. The focus of referrals will shift from the hospitals to the health plans – Health Alliance and Molina Health Care, who will control the health care provider referrals. The Christie Clinic will be participating in a Medicare demonstration program (separate from the dual-eligible program) and will be responsible for coordinating the care of a select group of Medicare recipients.

In both programs the health plans and Christie Clinic will require relationships with SNFs. The referral process will be based on quality criteria. CCNH has been and will continue to collaborate with these entities on the referral criteria. Future trends by these providers will be a focus on care

provided at the appropriate level in the care continuum. Nursing home must be able to care for medically complex hospital transfers. Nursing home Medicare residents will see higher percentages of discharges to home, and placement of long term residents to home and community based services when appropriate.

A SWOT analysis of CCNH was conducted. The Board of Directors directed Gima to develop a set of metrics for the strategic objectives which will be presented at the August meeting.

## **6. Adjournment**

Chair Emanuel declared meeting adjourned at 8:00 p.m.

Respectfully submitted

Scott T. Gima  
Recording Secretary

**Champaign County Nursing Home Board of Directors**  
**Strategic Planning Session – July 29, 2013**  
**SWOT ANALYSIS**

**Strengths:**

- We have one of the newest facilities
- The Nursing Home has operated without a loan from the County for 6 years
- We have a long history of providing long term and skilled nursing care to the elderly in our community
- Our Mission includes providing care to Medicaid (indigent) residents
- Our employees are provided with good wage/benefits packages
- Adult Day Care Program
- Respiratory Care Services
- We currently have a positive relationship with local hospitals and physicians which has increased the medical presence in our facility
- Our physical plant with capacity for 240 residents gives us excess capacity to be strategically utilized and expanded
- Dental Clinic with full-time dental hygienist and pro-bono dentist
- Alzheimer's Unit
- County subsidy
- Increased medical presence
- Large patient rooms
- Not-for-profit

**Weaknesses:**

- Current cash flow – lack of reserves
- No marketing department
- Deferred maintenance on routine maintenance needs of the facility
- Current negative legacy in the community promulgated by public media coverage
- Current census
- Lack of DON
- Don't have an identified strength which we have marketed to the community
- High percentage of LPNs vs. RNs

**Opportunities:**

- Provide luxury, private rooms – specific to Medicare recruitment
- Name change – to change public perception
- Fundraising and development opportunities
- Baby Boomers – aging demographic
- Expand to provide home care – build relationship to provide continuum of care from facility to home and back
- Provide supportive living
- Respite care
- Expand Alzheimer's in acknowledgment of growing need

Create a Demonstration Unit for training of new staff – where our best staff and best practices are implemented on a regular basis  
Focused Medicare Unit

**Threats:**

Expanding market – more competition  
Volatile market in Medicare  
State reimbursements and rates  
Lack of excess revenues  
Excess bed capacity in this region  
Narrow networks – always need to be positioning  
Increasing use of home care vs. facility care

**OBJECTIVES – 1-3 YEARS**

**Medical Management:**

Expand Specialized Services:

- Alzheimer's
- Respiratory Therapy/Pulmonary Therapy
- Rehab Services
- Wound Care Services

Increase medical presence

**Nursing Management:**

Improve clinical nursing skills (RNs vs. LPNs)  
Collaborative training with Carle  
Create Demonstration/Training Unit within the facility  
DON on board

**Outcome Measures:**

Management inspections of operations  
IDPH Scores  
5-Star Rating  
Increased transparency on our mission and outcomes  
Readmission rates tracked and improved  
Select 3-5 key objectives to improve:

- FIM scores
- Patient satisfaction score – “would you refer?”

**Financial Measures:**

Improved census  
Reduce operating loss  
Achieve Payor mix goals

Increase in Medicare

Develop defined marketing strategy

Fund development through fundraising projects/efforts