

NURSING HOME BOARD OF DIRECTORS AGENDA

County of Champaign, Urbana, Illinois

Monday, March 14, 2016 – 6:00pm

In Service Classroom, Champaign County Nursing Home
500 S. Art Bartell Road, Urbana

CHAIR: Catherine Emanuel
DIRECTORS: Jack Anderson, Sam Banks, Lorraine Cowart, Mary Hodson, Robert Palinkas, Ed Sutton

<u>ITEM</u>	<u>Page #</u>
I. <u>CALL TO ORDER</u>	
II. <u>ROLL CALL</u>	
III. <u>APPROVAL OF AGENDA</u>	
IV. <u>APPROVAL OF MINUTES</u> February 8, 2016 Open Session	1- 4
V. <u>PUBLIC PARTICIPATION</u>	
VI. <u>COMMUNICATIONS</u>	
VII. <u>QUARTERLY COMPLIANCE REPORT – JOSH DRAKE, CCNH Compliance Officer</u> A. Compliance Program Resolution of the Board of Directors (Action Required)	5 - 6
VIII. <u>HUMAN RESOURCES REPORT – Amanda Bloomfield, Human Resources Director</u>	7 - 13
IX. <u>MANAGEMENT REPORT</u> a. Strategic Objective Metrics Updates b. Management Report c. Cash Update d. Revenue Anticipation Notes e. Fire Damper Inspection f. Lint Filtration Project g. Changes to Five-Star Quality Rating System h. SNF Value Based Payment Program	14 - 37
X. <u>OTHER BUSINESS</u> a. Semi-Annual Review of Closed Session Minutes	
XI. <u>Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of specific employees of Champaign County</u>	
XII. <u>NEXT MEETING DATE & TIME</u> April 11, 2016	
XIII. <u>ADJOURNMENT</u>	

**Board of Directors
Champaign County Nursing Home (CCNH) –Minutes
Urbana, Illinois
February 8, 2016**

Directors Present: Emanuel, Banks, Cowart, Anderson, Hodson, Palinkas, Sutton

Directors Absent/Excused:

Also Present: Busey, Gima, Noffke, Brenner, Nolan

1. Call to Order

The meeting was called to order at 6:00 p.m. by Chair Emanuel.

2. Roll Call

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

3. Approval of Agenda

Agenda was approved as amended (motion by Hodson, second by Palinkas, unanimous).

4. Approval of Minutes

The open session minutes of January 11, 2016 were approved as submitted (motion by Anderson, second by Palinkas, unanimous).

5. Public Participation

Mary Schultz asked the board to provide an update about any progress being made to provide hot food to residents. Ms. Schultz asked if steam tables will be utilized and if food temperatures can be monitored at meals. Additionally, Ms. Schultz asked the board to provide an explanation about the turnover rate data at the nursing home.

Pattsi Petrie reported to the board that she spoke with two members of the Local Foods Policy Council in regards to evaluating the nursing home's dining services. Ms. Petrie informed the board that Rebecca Roach and Chris Hennings of the Local Food Policy Council are willing to observe meal times and make recommendations. Additionally, Ms. Petrie informed the board a family member of a resident who has lived at the nursing home for over 2 years was unaware of the nursing home family council meetings; she asked the board to discuss how to increase the awareness of the family council meetings.

Richard L reported that he appreciates that painting in the west dining room is completed. Mr. L noted that Unit 1 is short on CNA's and wait times for help are increasing as a result. Additionally, Mr. L reported that hot plates at the nursing home are used incorrectly and he does not expect that his meals will be warm when he is served.

6. Communications

Ms. Emanuel asked for a summary of the family council meeting. Ms. Noffke noted that the new dietician was introduced and new family members attended who had not previously attended. Ms. Hodson noted that positive comments about food services were made at the meeting. Ms. Noffke noted that a support group will be held the 3rd Thursday of each month at 10 a.m. for family

members of residents who have dementia. Additionally, the transition to electronic medical records at the nursing home was a topic of discussion.

Ms. Noffke reported that she received a note from a family member of a resident in regards to the quality of care the resident receives at the nursing home. In the note, the family member explained that they have experience working in long term care facilities and wanted to acknowledge nursing home staff members for their dedication to responding to residents' needs.

Ms. Emanuel noted that a report from the new Human Resources Director has been included in the meeting packet. The new Human Resources Director will make a presentation at the March meeting. Ms. Hodson asked if the Human Resources Director will implement and conduct exit interviews for employees leaving the nursing home. Ms. Noffke confirmed and noted that the new director has previous experience in implementing and conducting exit interviews.

Ms. Busey introduced a new member for the Board of Directors, Edmund Sutton. Mr. Sutton is a new is a retired astronomy professor who cared for his wife while she was sick and joins the board to give his expertise and knowledge in nursing home care.

7. Management Report

a. Strategic Objective Metrics Updates

Ms. Noffke reported that nursing management positions and care plan coordinator positions are difficult positions to recruit. An offer has been made to hire a dementia care coordinator. New positions in activities, transportation and maintenance departments have been established and are in the process of being recruited and hired.

Mr. Palinkas asked for an analysis of the open position data and how the data relates to the comment made during public participation about the turnover and retention rate at the nursing home. Mr. Gima explained that progress is being made to fill open positions and the number of open CNA positions has been reduced since December 2015. Additionally, Mr. Gima explained that the retention rate is defined by the number of employees who have been at the facility longer than 1 year. The retention rate decreases as new employees are hired because the total amount of employees increases but the number of employees who have been at the facility longer than 1 year remains the same.

Mr. Palinkas asked for further analysis of the comment made during public participation in regards to increasing wait times for help even though the number of open CNA positions is the lowest it has been in 12 months. Ms. Noffke noted that staffing on each unit is based upon patient acuity. As unit population and acuity changes, schedules for CNA's on each unit will change.

Mr. Anderson asked for data to be provided for the length of time each team leader and plan coordinator position has remained unfilled. Ms. Noffke noted that she needs to determine how to find this data within the human resources system. Additional help from the county IT Department may be required. Mr. Anderson asked if these positions are necessary if they have remained unfilled for a substantial period of time. Mr. Gima explained that these positions are not necessary requirements for staffing; however, they are positions that have been identified as helpful if the right candidates can be recruited.

Mr. Gima noted that unit managers are key positions that need to be filled while team leader and care coordinator positions will be filled when the right candidates are recruited.

Ms. Emanuel noted that Champaign County Nursing Home has the highest number of staffed hours per resident per day and is above the Illinois state average.

Agency use fell from \$106,000 in December 2015 and is expected to be around \$78,000 for February 2016. Additionally, staff training programs for skill development are ongoing.

Fifteen Pinnacle surveys were completed in December 2015 and 14 score areas improved. Dining services and activities scores continued to decline. Efforts are being made to correct issues with lost laundry items.

Ms. Noffke noted that an additional nurse practitioner has been recruited by Carle Hospital. Additionally, the contract for the Cardiopulmonary Rehab Coordinator is nearly finalized, and Ms. Noffke is hopeful that pulmonary clinic will be open by April 1st. The outpatient rehab program is up and running and additional marketing efforts are needed to increase the amount of referrals to the program.

Ms. Noffke reported that efforts are being made in conjunction with Carle Hospital to establish ways to reduce the Medicare 30-Day Readmission Rate. Mr. Gima noted that the pulmonary clinic is an effort to reduce hospital readmissions.

Mr. Gima summarized the current procedures for residents and family members to address their concerns with the nursing home and asked the board to further discuss communication issues. Mr. Anderson asked how concerns can be addressed with residents who do not or cannot communicate their concerns. Mr. Gima and Ms. Noffke explained that they are looking for solutions to day-to-day problems that may not be addressed or communicated. Ms. Noffke noted that customer service and communication training are needed for staff members to implement solutions. Mr. Gima noted that using electronic medical records will allow staff members to communicate with each other between shift changes by logging problems and preferences of residents in the computer for all staff members to view at any given time.

Mr. Palinkas asked the board to discuss ways to improve the temperature of meals. Ms. Noffke reported that she has spoken with the county Physical Plant to determine whether or not steam tables can be safely installed in each dining area. The Illinois Department of Public Health (IDPH) will need to approve any redesign plans for installing the steam tables before work begins. Ms. Noffke is working to determine equipment pricing and to find someone with expertise in designing nursing home dining areas with steam tables.

Mr. Banks asked if the nursing home has previously used steam tables. Mr. Gima noted that portable steam tables were previously used. Mr. Banks asked what safety concerns IDPH has with steam tables. Ms. Noffke noted that heating elements are exposed where residents could risk injuring themselves. Mr. Banks asked if any other of Mr. Gima's facilities use steam tables and if any models are available to use when redesigning the nursing home's dining areas. Mr. Gima confirmed.

Mr. Banks asked the board to establish a timeline for implementing steam tables at the nursing home. Mr. Gima noted that work plan will need to be established. Ms. Emanuel asked for a target date to be established in regards to Mr. Gima providing the board with a recommendation about how to implement steam tables at the nursing home. Mr. Gima noted that he will make tentative recommendation by April 1st. Mr. Anderson asked for a ballpark cost of the project. Ms. Noffke noted that she estimates the project to cost a few thousand dollars. Mr. Banks asked the management company to make meal temperatures their top priority.

Mr. Palinkas left the meeting at 7:10 p.m.

Ms. Hodson asked if the steam tables can be tested on Unit 4. Ms. Noffke noted that the steam tables are too large to fit through the kitchen doors. Mr. Gima noted that it is too big of potential risk with IDPH.

Ms. Noffke noted that Medicare admissions have increased and positive feedback has been received about the new unit. Mr. Gima noted that visits to assisted living, supportive living and other senior care facilities will be instituted on a regular basis in order to determine how to continue to increase Medicare admissions.

b. Monthly Financial/Management Report

Mr. Gima reported that Medicare admissions are increasing to levels previously seen in the nursing home's past. Non-Medicare admissions have remained stagnant. Additionally, Mr. Gima noted December 2015 showed a net profit of \$17,125. Medicaid payments continue to be received.

c. Revenue Anticipation Notes

Mr. Gima reported that the Champaign County Board approved the issuance of Revenue Anticipation Notes. Banks and lending institutions will be consulted later in the month of February to see who is willing to lend to the nursing home.

8. Other Business

None

9. Next Meeting Date & Time

The next meeting date and time for the Nursing Home Board of Directors is Monday, March 14, 2016 at 6:00 p.m.

10. Adjournment

Chair Emanuel declared the meeting adjourned at 7:23 p.m.

Respectfully submitted:

Brian Nolan

Recording Secretary

**Champaign County Nursing Home
Compliance Program Resolution of the Board of Directors
Adopted at a Meeting Held on March 14, 2016**

At the regular meeting of the Champaign County Nursing Home Board of Directors (the "Board"), the following Resolution was adopted:

Whereas, Champaign County Nursing Home remains committed to conducting its activities in accordance with all laws and regulations that apply to its business activities;

Whereas, Champaign County Nursing Home remains committed to establishing a high level of quality and service in all aspects of its operation; and

Whereas, the Board believes it is important to document and demonstrate this continuing commitment to Champaign County Nursing Home's residents, employees and our community;

Be It Resolved that the Board hereby reestablishes its commitment to the Champaign County Nursing Home Compliance Program which is designed to prevent and detect violations of applicable laws and regulations. The development of the program is based on the Office of Inspector General's seven fundamental elements of a compliance program:

1. Implementing written policies, procedures and standards of conduct;
2. Designating a compliance officer and compliance committee;
3. Conducting effective training and education;
4. Developing effective lines of communication;
5. Enforcing standards through well-publicized disciplinary guidelines;
6. Conducting internal monitoring and auditing; and
7. Responding promptly to detected offenses and developing corrective action.

Be It Further Resolved that the Board hereby reestablishes its commitment to the Code of Conduct and the Policies and Procedures contained in the Champaign County Nursing Home Compliance Program;

Be It Further Resolved that the following Compliance Program progress has occurred to date: the Compliance Program is annually distributed to employees and Directors; a Compliance Officer and Compliance Committee have been appointed and meet quarterly; annual compliance training is provided to employees and Directors, plus monthly written updates and tips; the Compliance Program is reviewed annually; and compliance risk area policies and procedures are in place and reviewed and updated on an ongoing basis; an auditing and monitoring program is underway.

Be It Further Resolved that the Board hereby acknowledges an ongoing commitment to allocate adequate resources to the implementation and enforcement of the Compliance Program, as additional funds, personnel or contractors are required, to the fullest extent possible;

This resolution is hereby adopted by action of the Board of Directors Champaign County Nursing Home.

**Chairperson, Board of Directors
Champaign County Nursing Home**

Signature

Printed Name

Date

Action Plan Update

Issue 1

Current Open Positions

The table below summarizes the current open positions. The format has changed to include the actual number of open positions by full time equivalents (FTEs).

	Number of Open Positions	
	2/1/2016	3/1/2016
Reception/BO Assistant	-	-
Director of Nursing		1
Unit Manager for Dementia	1	-
Unit Manager for Rehabilitation (RN)	1	-
Unit 2 Manager	1	1
RN Shift Supervisor	1	1
Care Plan Coordinator (RN preferred)	1	1
CNA Team Leader - Long Term Care	6	6
CNA Team Leader - Rehabilitative	2	2
CNA Team Leader - Dementia	1	1
CNA (1 FT, 1 PT)	14.5	10.2
Activities Assistant	-	-
Cook/Assist Cook	-	-
Transporation Assistant	1	-
Laundry Worker	-	-
Maintenance Assistant	1	-
Maintenance Manager	1	1
Total	31.5	24.2

Kathy Vanderslice, Director of Nursing is leaving CCNH effective March 11, 2016. Advertising for a replacement has started. An interim DON has been secured and she will be at the facility starting Monday, March 14th.

Progress has been made in filling the unit manager positions. A unit manager for unit 5, the dementia unit has been hired. An internal candidate applied for and has accepted the unit 4 manager position. An offer was made for a unit 2 manager but was turned down due benefit issues. A second candidate is currently being evaluated. Interviews with multiple candidates for the Maintenance Manger have been completed with an offer pending.

Issue 1 HR Dashboard 2016

Retention Rate	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Benchmark
All	55.5%												73.1%
All Nursing	50.00%												67.8%
CNAS	46.7%												67.5%

Turnover Rate (12 month rolling average)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Benchmark
All	68.2%												45.2%
All Nursing	74.2%												51.4%
CNAS	71.1%												52.4%

Benchmark - American Healthcare Association Quality Report 2013

Separation Statistics (12 month rolling average)	Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years
January 15 to January 16	161	74	28	102	22	11	5	21
All								
CNAS	64	34	14	48	7	5	1	3
Dietary	33	21	5	26	5	1	0	1
February 15 to February 16								
All								
CNAS								
Dietary								
March 15 to March 16								
All								
CNAS								
Dietary								
April 15 to April 16								
All								
CNAS								
Dietary								
May 15 to May 16								
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Jun 15 to Jun 16								
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Oct 15 to Oct 16								
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Nov 15 to Nov 16								
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CNAS								
Dietary								
Dec 15 to Dec 16								
All								
CNAS								
Dietary								

**Issue 1
HR Dashboard 2016 (Continued)**

Open Positions by Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Target FTEs
CNAs Hired (FTEs)	71.7	74.3											84.2
CNAs Open Positions (FTEs)	12.5	9.9											
Dietary Hired (FTEs)	20.5	21.0											19.65
Dietary Open Positions (FTEs)	0	-1.4											

Applications/Hires/Separations	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
CNAs												
Applications	29											
Hires	10											
Separations	2											
Dietary												
Applications	25											
Hires	4											
Separations	1											

Issue 1 HR Dashboard 2015

Retention Rate	Jan 15	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Benchmark
All	68.9%	70.0%	67.0%	68.1%	66.4%	65.0%	65.9%	64.9%	65.6%	63.3%	66.3%	59.6%	73.1%
All Nursing	67.80%	70.9%	66.9%	69.2%	68.1%	66.9%	66.9%	62.9%	63.4%	59.3%	58.5%	53.8%	67.8%
CNAs	69.2%	71.6%	72.2%	70.7%	68.9%	64.0%	64.9%	59.5%	62.0%	57.1%	56.8%	51.9%	67.5%

Turnover Rate (12 month rolling average)	Jan 15 to Jan 15	Feb 15 to Feb 15	Mar 15 to Mar 15	Apr 15 to Apr 15	May 15 to May 15	Jun 15 to Jun 15	Jul 15 to Jul 15	Aug 15 to Aug 15	Sep 15 to Sep 15	Oct 15 to Oct 15	Nov 15 to Nov 15	Dec 15 to Dec 15	Benchmark
All	51.3%	55.3%	58.4%	60.6%	62.2%	62.7%	59.7%	64.0%	64.2%	68.8%	78.0%	74.3%	45.2%
All Nursing	52.9%	57.3%	54.8%	60.7%	62.9%	62.7%	62.7%	69.8%	69.6%	77.0%	87.7%	83.9%	51.4%
CNAs	64.1%	70.3%	75.0%	72.0%	74.3%	74.7%	72.7%	81.1%	78.9%	79.2%	86.5%	77.8%	52.4%

Benchmark - American Healthcare Association Quality Report 2013

Separation Statistics (12 month rolling average)	Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years
January 14 to January 15								
All	115	52	13	65	24	8	4	14
CNAs	50	19	8	27	13	5	0	5
Dietary	28	21	4	25	1	1	0	1
February 14 to February 15								
All	120	56	15	71	21	9	4	15
CNAs	52	22	9	31	10	5	0	6
Dietary	27	19	4	23	2	1	0	1
March 14 to March 15								
All	129	62	14	76	23	9	5	16
CNAs	54	24	8	32	11	5	0	6
Dietary	31	23	4	27	2	1	0	1
April 14 to April 15								
All	131	64	13	77	24	9	6	15
CNAs	54	26	7	33	16	5	0	4
Dietary	31	23	4	27	2	1	0	1
May 14 to May 15								
All	130	60	19	79	22	10	6	13
CNAs	55	26	9	35	9	5	1	4
Dietary	30	22	4	26	2	1	0	1
Jun 14 to Jun 15								
All	136	64	20	84	23	10	6	13
CNAs	56	26	10	36	10	6	1	3
Dietary	31	21	5	26	3	1	0	1
Jul 14 to Jul 15								
All	135	20	24	44	24	9	5	13
CNAs	56	27	9	36	11	5	1	4
Dietary	31	23	5	28	2	0	0	0
Aug 14 to Aug 15								
All	142	65	24	89	25	10	5	13
CNAs	60	28	11	39	10	6	1	4
Dietary	29	19	5	24	3	2	0	0
Sep 14 to Sep 15								
All	138	61	24	85	22	10	5	16
CNAs	56	26	13	39	7	5	1	4
Dietary	26	18	4	22	3	1	0	0
Oct 14 to Oct 15								
All	148	68	24	92	22	9	5	20
CNAs	61	32	13	45	7	4	1	4
Dietary	25	18	4	22	3	0	0	0
Nov 14 to Nov 15								
All	160	71	26	97	25	10	5	23
CNAs	64	31	14	45	9	5	1	4
Dietary	29	21	4	25	4	0	0	0
Dec 14 to Dec 15								
All	162	73	28	101	24	10	5	22
CNAs	63	32	14	46	8	5	1	3
Dietary	29	20	5	25	4	0	0	0

Issue 1 HR Dashboard 2015 (Continued)

Open Positions by Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 16	Target FTEs
CNAs Hired (FTEs)	55.4	50.2	52.6	53.3	54.2	57.5	54.2	46.6	48.1	48.1	53.7	65.6	71.7	84.2
CNAs Open Positions (FTEs)	28.8	34.0	31.6	30.9	30	26.7	30	37.6	36.1	36.1	30.5	18.6	12.5	
Dietary Hired (FTEs)	3	15.2	16.2	15.8	17.8	18.6	14.8	16.2	19.5	19.5	20	19.5	20.5	19.65
Dietary Open Positions (FTEs)	1.72	4.45	3.5	3.85	1.85	1.05	4.85	3.45	0.15	0.15	0	0.15	0	

Applications/Hires/Separations	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
CNAs												
Applications	13	18.0	25	14	22	21	16	6	20	17	19	22
Hires	3	4	8	2	4	9	6	3	1	10	3	12
Separations	5	7	4	4	5	5	3	9	4	7	5	1
Dietary												
Applications	22	35.0	26	20	30	18	13	14	18	19	25	31
Hires	3	0	4	1	1	8	0	4	1	2	2	1
Separations	0	4	4	1	0	3	2	0	1	2	4	1

Issue 1

CNA Staffing

- CNA staffing continues to move positively. The total number of CNAs employed increased from 81 in December to 90 in January. Since September, close to 20 additional CNAs have been added to staff.
- All of the retention rates continue to show a declining trend. The CNA retention rate has fallen from a high of 62.0% in September to 46.7% in January. The table below shows the monthly number of CNAs that have been working for less than a year, one year or more, and the total number of CNAs. The retention rate is defined as the number of employees that have worked for one year or more divided by the number of employees. The numbers indicate that the CNAs who have been at CCNH for a year or more have not decreased significantly, falling by two since September. However the total number of CNAs, has increased from 71 in September to 90 in January, a significant increase.

Monthly CNA Employees

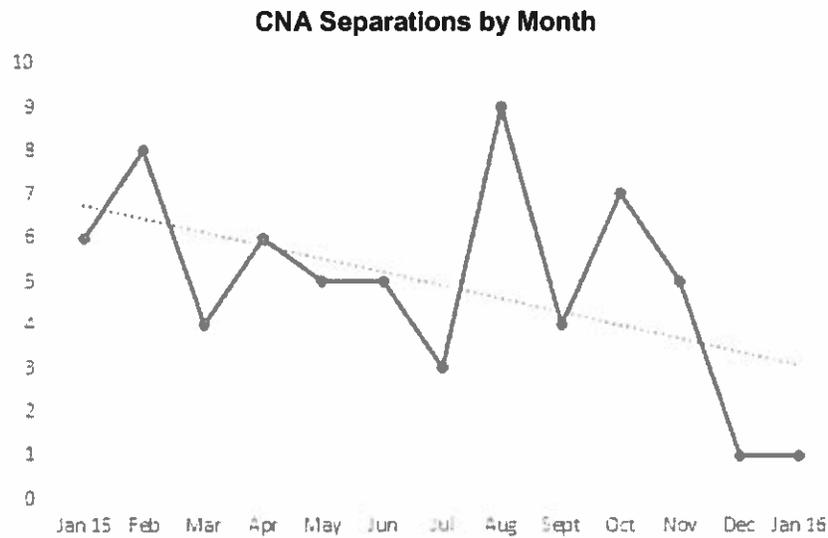
	Sept 15	Oct	Nov	Dec	Jan 16
Employed <1 Year	27	33	32	28	48
Employed for 1 Year or More	44	44	42	42	42
Total # of CNAs	71	78	74	81	90
Retention Rate	62.0%	57.1%	56.8%	51.9%	46.7%

- The increase in total CNAs is also driving the turnover rates down as shown in the table below. The total number of 12 month separations has remained relatively unchanged over the past three months despite only having one separation in both December and January.

Monthly CNA Turnover

	Sept 15	Oct	Nov	Dec	Jan 16
Rolling 12 month separations	56	61	64	63	64
Total # of CNAs	71	78	74	81	90
Turnover Rate	78.9%	79.2%	86.5%	77.8%	71.1%

The following chart indicates that CNA separations is showing a declining trend since January 2015. However, there were only 2 separations in the months of October 2014, 2 in November 2014 and one in December 2014.



Dietary Staffing

- Dietary staffing is at 21.0, which is over the target of 19.65. Staffing has remained stable.

**Champaign County Nursing Home
 Strategic Objective Metrics – Issue 1
 Updated February 29, 2016**

<i>Annual Turnover Rate</i>	
Annual turnover rate – Data from American Healthcare Association Quality Report 2013 <ul style="list-style-type: none"> • 45.0% 2011 • 37.0% 2010 • 42.0% 2009 • 45.1% 2008 	FY2015 – 68.2% (As of January 2016) FY2014 – 52.0% FY2013 – 63% FY2012 – 52% FY2011 – 68% FY2010 – 53%

**Issue 2
Supervision Improvement**

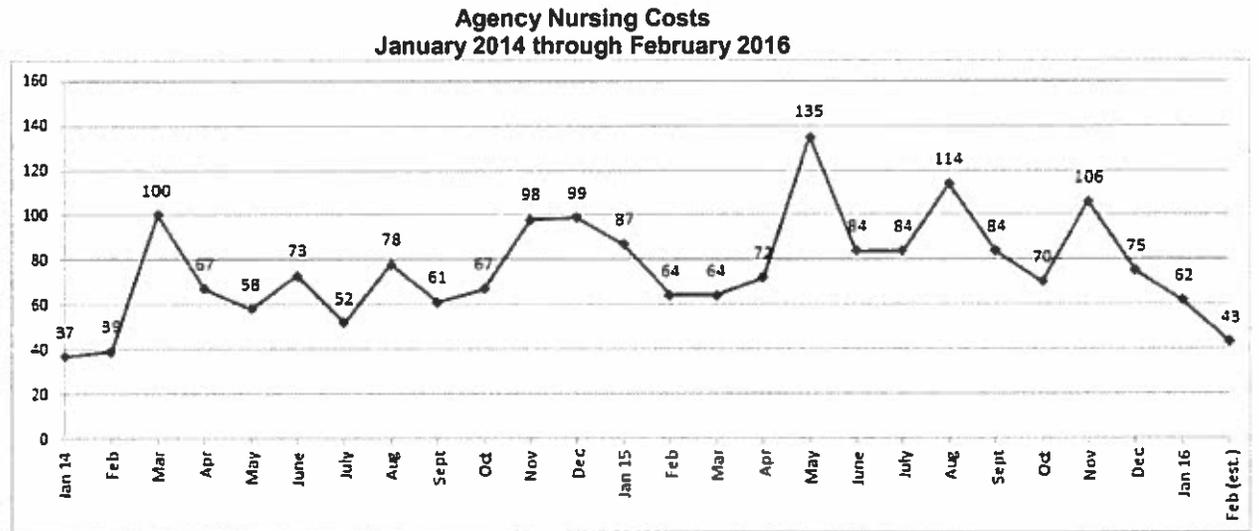
CMS Direct Care Staffing Levels (CMS data file update – February 25, 2016)

The February updates to the CMS database indicate no changes to the staffing numbers for any of the facilities in the table.

Provider Name	CITY	This first group of values include values derived from those reported by the nursing home on the CMS 671 and 672 reporting forms.					This second group of values presents CMS's calculation of expected staffing time based on the RUGS 53 staff time values for residents in the nursing home at the time of the survey.					This third group of values represents the adjusted time, which is calculated by this formula: Hours Adjusted = (Hours Reported/Hours Expected)* Hours National Average				
		Audes	LPNs	RNs	Total Licensed	Total Nursing	exp_aude	exp_LPN	exp_RN	exp_nurs	exp_all	adj_aude	adj_LPN	adj_RN	adj_nurs	adj_all
CHAMPAIGN COUNTY NURSING HOME	URBANA	2.40	0.64	0.75	1.39	3.80	2.40	0.57	0.87	1.44	3.85	2.45	0.93	0.65	1.58	3.98
CHAMPAIGN URBANA NRSG & REHAB	SAVOY	1.61	1.02	0.66	1.68	3.29	2.46	0.64	1.02	1.66	4.12	1.60	1.35	0.48	1.83	3.22
HELIA HEALTHCARE OF CHAMPAIGN	CHAMPAIGN	1.60	0.51	0.48	0.99	2.59	2.22	0.59	0.90	1.49	3.72	1.77	0.71	0.40	1.04	2.81
HEARTLAND OF PAXTON	PAXTON	1.98	0.89	0.88	1.78	3.75	2.49	0.70	1.17	1.87	4.36	1.95	1.06	0.56	1.50	3.47
HEARTLAND OF CHAMPAIGN	CHAMPAIGN	2.47	0.71	0.69	1.41	3.88	2.53	0.71	1.22	1.98	4.47	2.39	0.84	0.42	1.15	3.50
ILLINI HERITAGE REHAB & HC	CHAMPAIGN	1.87	0.70	0.46	1.15	3.02	2.31	0.59	0.84	1.43	3.73	2.00	0.98	0.41	1.28	3.27
COUNTRY HEALTH	GIFFORD	2.06	0.78	0.72	1.49	3.55	2.45	0.59	0.96	1.55	4.00	2.06	1.10	0.55	1.65	3.57
Area Average		2.00	0.75	0.66	1.41	3.41	2.41	0.63	1.00	1.63	4.04	2.03	1.00	0.50	1.43	3.40
Illinois State Average		2.24	0.60	0.93	1.53	3.77	2.40	0.64	1.04	1.68	4.07	2.27	0.80	0.64	1.43	3.69

Agency Usage Trends - Expenses

Agency expenses in January totaled \$62k. Estimated expenses for February are \$43k. The numbers are reflecting the combined impact of 12 hour shifts, weekend only 12 hour shifts and increased CNA staffing.



**Champaign County Nursing Home
Strategic Objective Metrics – Issue 2
Updated February 29, 2016**

Nursing Management	Status
<i>Fill Director of Nursing Position in 2015</i>	Filled 1/26/15 and reopening on 3/11/2016
<i>Nurse Education</i>	
Carle Clinic Emergency Department Collaborative Training for nurses and CNAs. The goal is to train 90% of nurses and CNAs.	Added to orientation going forward *Plan to use this in orientation but replace with Skills proficiency days by Summer 15
IV training through pharmacy. The goal is 90% of nurses trained by end of 2015.	Current IV training: 36% Next class to training TBD
Trach education. 90% of all nurses will be trained by the end of 2015.	April to current 64% PEL/VIP updating competencies with all licensed nurses to complete training requirements for licensed staff. The previous class was held on 2/10/2016. The next class is TBA.
Skills training opportunities – collaborative effort with Carle Clinic or teaching programs. 90% of all nurses will be trained by the end of 2014.	See above Carle Clinic ER collaborative training.
Staff education from Carle Clinic Nurse Practitioners. Quarterly training is ongoing will see about whether monthly is feasible. Education topics and schedule still to be determined.	Dr. McNeal and Christie Clinic Nurse Practitioner have taken over the Quarterly nurse training activities. Next training on Seizures – not scheduled. NP has been rescheduling due to conflicts. Carle has agreed to partner with us on training and utilization of their speakers bureau. Current efforts on assessment training for nurses.

Issue 3
Quality of Care

Champaign County Area Homes – CMS Nursing Home Compare Summary

The Nursing Home Compare data was updated on February 24, 2015. The chart on the next page summarizes the current CMS five-star ratings for the eight nursing homes in the Champaign County area. The following are the changes for Clark-Lindsey

Clark-Lindsey

Staffing rating changed from “not available, not enough data to calculate” to 5 stars.

Issue 3 - Champaign County Area Homes – CMS Nursing Home Compare Summary – CMS Data Updated February 24, 2016

NURSING HOME GENERAL INFORMATION	CHAMPAIGN COUNTY		CHAMPAIGN URBANA NRSG & REHAB		HELIA HEALTHCARE OF CHAMPAIGN		HEARTLAND OF PAXTON		HEARTLAND OF CHAMPAIGN		COUNTRY HEALTH		ILLINI HERITAGE REHAB & HC		CLARK-LINDSEY VILLAGE	
	500 SOUTH ART BARTLETT DRIVE URBANA, IL 61802 (217) 384-3784	Distance : 1.0 miles	302 WEST BURWASH SAVOY, IL 61874 (217) 402-9700	Distance : 4.9 miles	1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821 (217) 352-0516	Distance : 3.9 miles	1001 EAST PELLIS STREET PAXTON, IL 60957 (217) 379-4361	Distance : 31.9 miles	309 EAST SPRINGFIELD CHAMPAIGN, IL 61820 (217) 352-5135	Distance : 1.0 miles	RURAL ROUTE 1 BOX 14 GIFFORD, IL 61847 (217) 568-7362	Distance : 21.8 miles	1315B CURT DRIVE CHAMPAIGN, IL 61820 (217) 352-5707	Distance : 4.2 miles	101 WEST WINDSOR ROAD URBANA, IL 61801 (217) 344-2144	Distance : 2.1 miles
Overall Rating	Rating: 2 out of 5 Below Average	10/22/15 Update	Rating: 1 out of 5 Much Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 2 out of 5 Average	Rating: 2 out of 5 Below Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average
Health Inspection	Rating: 1 out of 5 Much Below Average		Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 2 out of 5 Below Average	Rating: 3 out of 5 Average	Rating: 5 out of 5 Much Above Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average
Staffing	Rating: 4 out of 5 Above Average		Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average
Quality Measures	Rating: 5 out of 5 Much Above Average		Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 5 out of 5 Much Above Average	Rating: 5 out of 5 Much Above Average	Rating: 2 out of 5 Below Average
Number of Certified Beds	243		213	118	106	102	89	60	25							
Participation: (Medicare/Medicaid)	Medicare and Medicaid		Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare
Automatic Sprinkler Systems: in All Required Areas	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Relieffment Community (CCRC)	No		No	No	No	No	No	No	No	No	No	No	No	No	No	No
Within a Hospital	No		No	No	No	No	No	No	No	No	No	No	No	No	No	No
With a Resident and Family Council	BOTH		RESIDENT	RESIDENT	NONE	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT	RESIDENT
Ownership	Government - County		For profit - Partnership	For profit - Corporation	For profit - Individual	For profit - Corporation	For profit - Other	For profit - Corporation	Non profit - Corporation	Non profit - Other	Non profit - Corporation	For profit - Corporation	For profit - Corporation	Non profit - Corporation	Non profit - Corporation	Non profit - Corporation

Issue 3**Quality of Care (Continued)**

Please see attached Pinnacle Satisfaction Survey for January 2016. Five scores increased, 10 decreased and one score did not change between December and January.

Scores Up	Dec	Jan
Dining	3.64	4.33
Laundry service	4.00	4.25
Communication	4.11	4.20
Professional therapy	4.75	4.80
Safety and security	4.43	4.67

Scores Down	Dec	Jan
Overall satisfaction	4.04	4.00
Nursing care	4.58	4.33
Quality of food	3.79	3.50
Individual needs	4.21	4.17
Response to problems	4.31	3.40
Dignity and Respect	4.71	4.50
Recommend to others	4.29	4.00
Activities	4.18	4.00
Admission process	4.82	4.67
Combined average	4.28	4.23

No Change	Dec	Jan
Cleanliness	4.43	4.43

Issue 3

Quality of Care (Continued)

The accompanying charts summarize the Pinnacle scores using a rolling four-quarter history for the period February 2015 through January 2016. New to this month's report is the addition of the national average for reach of the scores. I hope this provides a better reference for each of the scores compared to the national average.

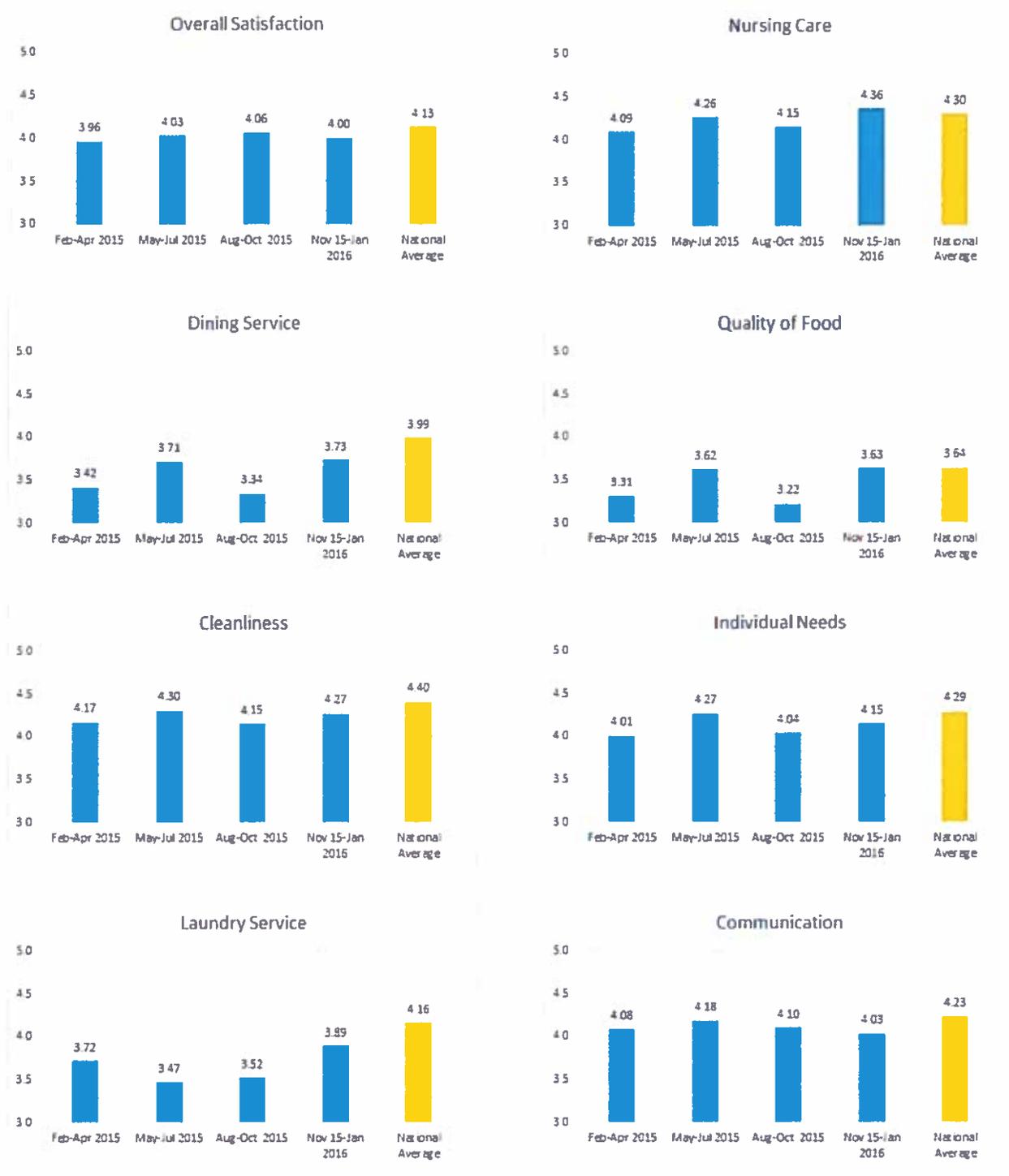
The following measures show a four quarter trend up:

1. Overall satisfaction
2. Nursing care
3. Dining service
4. Quality of food
5. Cleanliness
6. Individual needs
7. Laundry service
8. Activities
9. Professional therapy
10. Admission process
11. Combined average

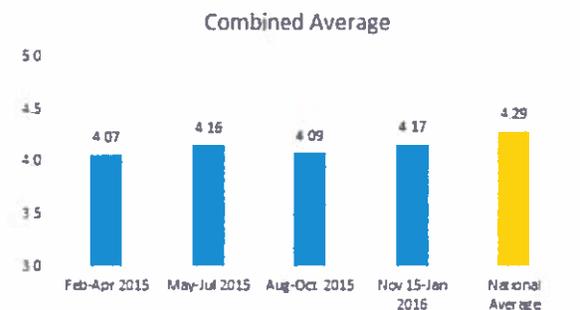
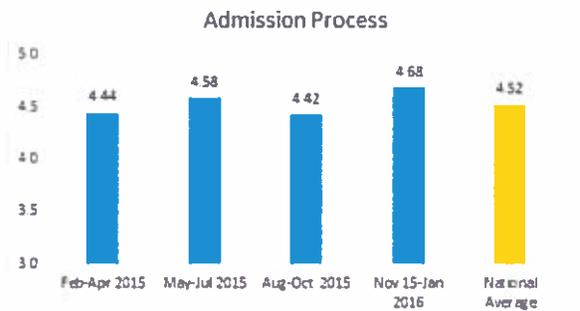
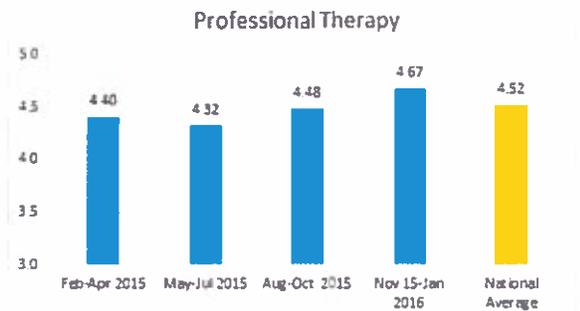
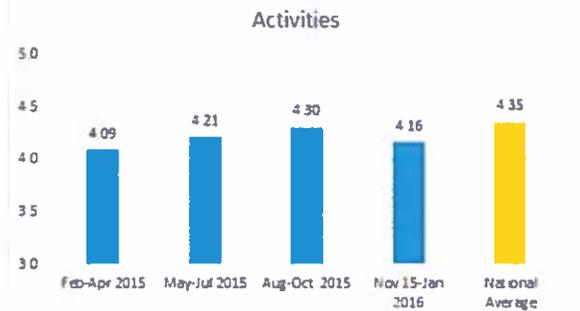
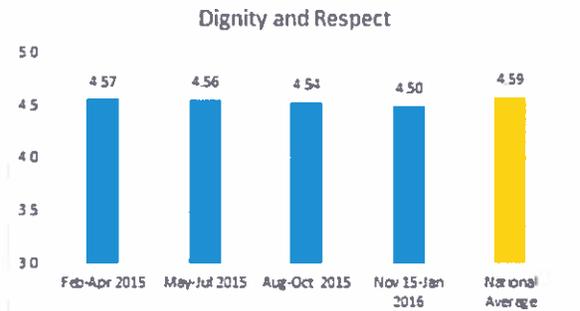
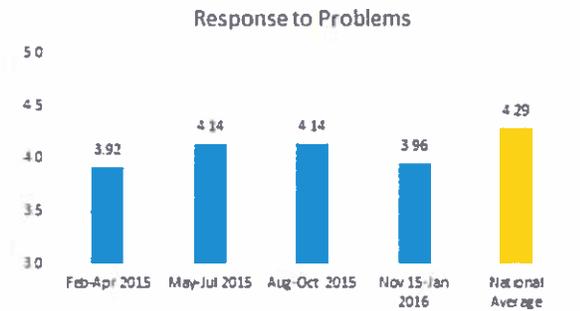
The following measures show a four-quarter trend down:

1. Communication
2. Response to problems
3. Dignity and respect
4. Recommend to others
5. Safety and security

Pinnacle Survey – Quarterly Scores February 2015 through January 2016



Pinnacle Survey – Quarterly Scores February 2015 through January 2016



Insert Pinnacle Survey Charts here

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 3
Updated February 29, 2016**

Medical Management Metric	Status
<i>Carle Clinic and Christie Clinic</i>	
Carle Clinic – maintain 3 physicians and 2 full-time nurse practitioners	Carle has recruited a FT NP, who started in mid-February. Carle is increasing NP staffing to 2 FT and 1 PT.
Christie Clinic – maintain current level of care (one physician and one nurse practitioner)	Maintained
Implement QA with NPs monthly	Meetings have been discontinued. Ongoing issues are now being addressed without the need for a monthly meeting.
<i>Expanded Specialized Services</i>	
Establish pulmonary clinic by July 1, 2015	Dr. Sheik will be starting on 3/11/2016.
Current wound/pain caseload is 13 residents.	9 currently on caseload 5 wound/4 pain 63 residents have healed and have been taken of the caseload.
Establish outpatient rehab program by July 1, 2015.	Case load of four. Potential offering of transportation to and from CCNH.

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 3
Updated February 29, 2016**

Non-Financial Metrics	Status																												
<i>Medicare 30-Day Readmission Rate</i>																													
<p>The national average rate is 19.8 percent. The 25th percentile is 14.8 percent The 75th percentile is 23.4 percent.</p> <p>Source: MedPac Report to Congress: Medicare Payment Policy, March 2013. (Data is from 2011).</p> <p>CCNH will have a current baseline readmission rate by January 1, 2014.</p>	<p>Interact Data</p> <table border="0"> <tr><td>Jan 2015 (2/15)</td><td>36%</td></tr> <tr><td>Feb (1/12)</td><td>8%</td></tr> <tr><td>March (4/9) *</td><td>44%</td></tr> <tr><td>April (3/11)</td><td>27%</td></tr> <tr><td>May (0)</td><td>0%</td></tr> <tr><td>June (1/12)</td><td>8%</td></tr> <tr><td>July (2/10)</td><td>20%</td></tr> <tr><td>Aug (5/19)</td><td>26%</td></tr> <tr><td>Sept (2/12)</td><td>17%</td></tr> <tr><td>Oct (3/11)</td><td>27%</td></tr> <tr><td>Nov (1/6)</td><td>17%</td></tr> <tr><td>Dec (0/2)</td><td>0%</td></tr> <tr><td>Jan 16 (2/6)</td><td>33%</td></tr> <tr><td>Feb (3/6)</td><td>50%</td></tr> </table>	Jan 2015 (2/15)	36%	Feb (1/12)	8%	March (4/9) *	44%	April (3/11)	27%	May (0)	0%	June (1/12)	8%	July (2/10)	20%	Aug (5/19)	26%	Sept (2/12)	17%	Oct (3/11)	27%	Nov (1/6)	17%	Dec (0/2)	0%	Jan 16 (2/6)	33%	Feb (3/6)	50%
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Jan 16 (2/6)	33%																												
Feb (3/6)	50%																												
<i>Pinnacle Survey Scores</i>																													
<p>Meet or exceed national average scores, which are shown below. There are 16 separate survey scores. The summation of all surveys conducted in 2012 resulted in two out of 16 scores exceeded the national average. The metric goal is to have four score exceeding the national average for 2013 and six scores for 2014.</p>	<p># of measures that met or exceeded the national average.</p> <table border="0"> <tr><td>Jan 2015</td><td>7 out of 16</td></tr> <tr><td>Feb</td><td>5 out of 16</td></tr> <tr><td>March</td><td>2 out of 16</td></tr> <tr><td>April</td><td>2 out of 16</td></tr> <tr><td>May</td><td>6 out of 16</td></tr> <tr><td>June</td><td>8 out of 16</td></tr> <tr><td>July</td><td>2 out of 16</td></tr> <tr><td>Aug</td><td>3 out of 16</td></tr> <tr><td>Sept</td><td>3 out of 16</td></tr> <tr><td>Oct</td><td>2 out of 16</td></tr> <tr><td>Nov</td><td>0 out of 16</td></tr> <tr><td>Dec</td><td>6 out of 16</td></tr> <tr><td>Jan</td><td>7 out of 16</td></tr> </table>	Jan 2015	7 out of 16	Feb	5 out of 16	March	2 out of 16	April	2 out of 16	May	6 out of 16	June	8 out of 16	July	2 out of 16	Aug	3 out of 16	Sept	3 out of 16	Oct	2 out of 16	Nov	0 out of 16	Dec	6 out of 16	Jan	7 out of 16		
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Nov	0 out of 16																												
Dec	6 out of 16																												
Jan	7 out of 16																												

CMS 5 Star Rating	
<p>Increase overall rating from one star to two star by the end of 2014</p> <p>New nursing home compares V3.0 started with the Jan 31 2015 report</p>	<p>Two stars as of December 2015.</p> <p>Quality measure rating increased from 4 to 5 stars with the 12/31/2015 update.</p>

Outpatient Rehab Program

The caseload for the outpatient rehab program is up to four. We are evaluating the use of CCNH's existing adult daycare transportation services to pick up and return rehab patients to increase the case load.

Electronic Medical Records Update Impact on Quality of Care

The electronic medical records system has been live for two months. The adaptation of the new system from a paper based medical record to the EHR has gone well. There are kiosks on each nursing unit that are utilized by staff to document ADLs and viewing of care plan and resident profiles which provide direct care staff highlights to provide care.

We continue to work matrix to learn as much about the various managerial reporting functions and reports that can be used to monitor resident care.

On the technical side, we have experienced slowdowns in the EHR system on evening and night shifts. County IT is investigating. A very prevalent issue initially has been random but frequently occurring user password resets but the issue has been resolved.

The quality of documentation and completion of ADL documentation will be a focus going forward and ensuring management can utilize software effectively and efficiently. With more accurate documentation of ADLs (activities of daily living), there is the potential to increase our Medicaid reimbursement rate as well as our Medicare reimbursement rate.

**Champaign County Nursing Home
CMS Quality Measures - Issue 3**

Quality measures were last updated on January 28, 2016. With this update, the quality measures rating increased from 4 to 5 stars.

MD33.0 Quality Measures for Provider 145364						
	Part of GMI Rating?	Provider 145364				National Average
		Q1 2015	Q2 2015	Q3 2015	3-quarter average	3-quarter average
Long-Stay Residents						
<i>Note: For the following measures, higher percentages are better.</i>						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	98.3%	94.0%	94.0%	95.3%	94.9%
% of residents assessed and appropriately given the pneumococcal vaccine	No	98.9%	98.3%	97.8%	98.3%	93.6%
<i>Note: for the following measures, lower percentages are better.</i>						
% of residents experiencing one or more falls with major injury	Yes	5.0%	5.6%	7.0%	5.9%	3.3%
% of residents who have moderate to severe pain ¹	Yes	2.8%	5.2%	2.5%	3.5%	8.1%
% of high-risk residents who have pressure sores	Yes	1.5%	2.3%	2.2%	2.0%	5.9%
% of residents who had a urinary tract infection	Yes	0.6%	2.8%	2.7%	2.0%	5.1%
% of low-risk residents who lose control of their bowels or bladder	No	50.0%	47.1%	53.3%	50.2%	46.0%
% of residents who have/had a catheter inserted and left in their bladder ¹	Yes	5.0%	5.3%	2.8%	4.4%	3.1%
% of residents who were physically restrained	Yes	0.0%	0.0%	0.0%	0.0%	0.9%
% of residents whose need for help with daily activities has increased	Yes	28.4%	19.5%	27.7%	25.2%	15.6%
% of residents who lose too much weight	No	12.8%	16.8%	12.4%	14.0%	7.4%
% of residents who are more depressed or anxious	No	4.2%	4.2%	3.5%	4.0%	5.6%
% of residents who received an antipsychotic medication	Yes	14.9%	14.4%	12.1%	13.8%	18.0%
Short-Stay Residents						
<i>Note: For the following measures, higher percentages are better.</i>						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	88.6%	88.6%	88.6%	88.6%	81.5%
% of residents assessed and appropriately given the pneumococcal vaccine	No	89.8%	89.0%	85.7%	88.3%	81.9%
<i>Note: for the following measures, lower percentages are better.</i>						
% of residents who had moderate to severe pain	Yes	6.1%	7.7%	7.3%	7.1%	17.2%
% of residents with pressure ulcers that are new or worsened ¹	Yes	0.0%	1.4%	0.0%	0.5%	1.2%
% of residents who newly received an antipsychotic medication	Yes	0.0%	2.0%	2.2%	1.3%	2.2%

Detailed descriptions and specifications for all the GMIs can be found here:
<https://www.cms.gov/MedicalCareQualityIncentivesProgram/AssessmentInstruments/NursingHomeQualityIncentives/NHQIQualityMeasures.html>

¹These measures are risk adjusted.

NA means no data are available for this measure. Values are not displayed for the long-stay measures if there are fewer than 30 eligible resident assessments and are not displayed for the short-stay measures if there are fewer than 20 eligible resident assessments. A 3-quarter average measure will be shown if there are at least this number of eligible resident assessments summed across of three quarters.

Issue 4 Food Service Improvement

The HCSG Dietician conducts an informal dining room satisfaction survey of 10 residents. This survey includes the following 10 questions:

- Are you served foods you like to eat?
- Is there adequate variety?
- Are hot foods served hot?
- Are cold foods served cold?
- Does your food taste good?
- Are you provided alternate choices?
- Are you provided between meal snacks?
- Are you provided between meal beverages?
- Are you offered bedtime meal snacks?
- Are your meals served timely?

The monthly scoring from this survey is summarized below.

January 2015	69.8%
February	80%
March	80%
April	74%
May	86%
June	90.6%
July	not available
Aug	98.0%
September	98.0%
October	93%
November	91%
December	72%
January	87%

The following are comments made by some of the residents that were surveyed:

- “The snakes have gotten better”
- “Loved the ham and beans and fried potatoes
- “Would like more fresh fruit”
- “Overall you do a good job and it is getting better”

Dining Room Steam Tables

Two architectural firms have been contacted to provide bids for completing preliminary design work and development of construction documents. One bid has been submitted and await a response from the second firm.

**Champaign County Nursing Home
Strategic Objective Metrics – Issue 4
Updated February 29, 2016**

Dietary	Status																										
Meals will be delivered within 15 minutes of scheduled meal times.	Plating times summary table on the following page																										
The Pinnacle food quality score will meet or exceed Pinnacle national average of 3.67.	<p>2014 annual average was 3.43. The rolling 12 month average is 3.40 (Jan)</p> <table border="0"> <tr><td>Jan 2015</td><td>2.96</td></tr> <tr><td>Feb</td><td>3.55</td></tr> <tr><td>Mar</td><td>3.04</td></tr> <tr><td>Apr</td><td>3.35</td></tr> <tr><td>May</td><td>3.30</td></tr> <tr><td>Jun</td><td>3.65</td></tr> <tr><td>July</td><td>3.90</td></tr> <tr><td>Aug</td><td>3.23</td></tr> <tr><td>Sept</td><td>3.39</td></tr> <tr><td>Oct</td><td>2.94</td></tr> <tr><td>Nov</td><td>3.44</td></tr> <tr><td>Dec</td><td>3.64</td></tr> <tr><td>Jan 16</td><td>3.50</td></tr> </table>	Jan 2015	2.96	Feb	3.55	Mar	3.04	Apr	3.35	May	3.30	Jun	3.65	July	3.90	Aug	3.23	Sept	3.39	Oct	2.94	Nov	3.44	Dec	3.64	Jan 16	3.50
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Jun	3.65																										
July	3.90																										
Aug	3.23																										
Sept	3.39																										
Oct	2.94																										
Nov	3.44																										
Dec	3.64																										
Jan 16	3.50																										
The Pinnacle dining service score will meet or exceed national average of 4.19	<p>The 2014 annual average was 3.41. The rolling 12 month average is 3.54 (Jan)</p> <table border="0"> <tr><td>Jan 2015</td><td>3.63</td></tr> <tr><td>Feb</td><td>3.69</td></tr> <tr><td>Mar</td><td>3.08</td></tr> <tr><td>Apr</td><td>3.46</td></tr> <tr><td>May</td><td>3.25</td></tr> <tr><td>June</td><td>3.33</td></tr> <tr><td>July</td><td>4.00</td></tr> <tr><td>Aug</td><td>3.32</td></tr> <tr><td>Sept</td><td>3.29</td></tr> <tr><td>Oct</td><td>3.44</td></tr> <tr><td>Nov</td><td>3.67</td></tr> <tr><td>Dec</td><td>3.64</td></tr> <tr><td>Jan 2016</td><td>4.33</td></tr> </table>	Jan 2015	3.63	Feb	3.69	Mar	3.08	Apr	3.46	May	3.25	June	3.33	July	4.00	Aug	3.32	Sept	3.29	Oct	3.44	Nov	3.67	Dec	3.64	Jan 2016	4.33
Jan 2015	3.63																										
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Sept	3.29																										
Oct	3.44																										
Nov	3.67																										
Dec	3.64																										
Jan 2016	4.33																										

Kitchen Plating Times

	Breakfast Start				Breakfast End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Jan 15	7:27	7:15	7:40	0:25	8:38	8:20	8:50	0:30
Feb	7:25	7:15	7:45	0:30	9:00	8:22	9:17	0:55
Mar	7:29	7:15	8:16	1:01	8:52	8:18	9:15	0:57
Apr	7:19	7:15	7:35	0:20	8:42	8:27	9:00	0:33
May	7:22	7:15	7:40	0:25	8:48	8:34	9:07	0:38
Jun	7:17	7:15	7:30	0:15	8:59	8:28	9:34	1:06
Jul	7:21	7:15	8:05	0:50	8:41	8:20	9:05	0:45
Aug	7:16	7:15	7:30	00:15	8:35	8:21	8:52	00:31
Sept	7:24	7:14	8:30	1:16	8:40	8:14	9:35	1:21
Oct	7:16	7:12	7:26	0:14	8:37	8:10	9:02	0:52
Nov	7:19	7:15	7:35	0:20	8:40	8:19	9:00	0:41
Dec	7:22	7:15	7:30	0:15	8:44	8:10	9:47	1:37
Jan 16	7:23	7:15	7:45	00:30	8:05	7:55	8:40	0:45

	Lunch Start				Lunch End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Jan 15	11:37	11:30	11:50	00:20	12:26	12:06	12:40	0:34
Feb	11:36	11:30	11:50	00:20	12:37	12:15	12:59	0:44
Mar	11:33	11:15	11:50	0:40	12:30	12:12	12:58	0:46
Apr	11:30	11:30	11:35	0:05	12:31	12:20	12:50	0:30
May	11:32	11:30	11:40	0:10	11:45	12:25	13:05	0:40
Jun	11:32	11:30	11:40	0:10	12:45	12:25	13:05	0:40
Jul	11:30	11:15	11:43	0:28	12:26	11:45	12:47	1:02
Aug	11:30	11:30	11:35	0:05	12:22	12:00	12:44	00:44
Sept	11:29	11:15	11:30	00:15	12:23	12:07	12:40	00:33
Oct	11:31	11:30	11:45	0:15	12:28	12:09	12:52	0:43
Nov	11:29	11:15	11:30	00:15	12:24	12:10	12:30	0:20
Dec	11:32	11:20	12:20	1:00	12:23	11:36	12:40	1:04
Jan 16	11:30	11:30	11:30	0:00	12:21	12:05	12:35	0:30

	Dinner Start				Dinner End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Jan 15	4:29	4:04	4:37	0:33	5:33	5:15	5:50	0:35
Feb	4:31	4:25	4:37	0:12	5:41	5:15	6:10	0:55
Mar	4:30	4:26	4:35	0:09	5:34	5:20	6:00	0:40
Apr	4:30	4:30	4:39	0:09	5:33	5:20	5:45	0:25
May	4:30	4:25	4:40	0:15	5:35	5:00	5:55	0:55
Jun	4:30	4:25	4:40	0:15	5:35	5:00	5:55	0:55
Jul	4:30	4:30	4:32	0:02	5:27	5:10	5:40	0:30
Aug	4:30	4:25	4:35	00:10	5:26	4:57	5:45	0:48
Sept	4:30	4:40	4:30	00:00	5:27	4:58	6:00	1:02
Oct	4:30	4:30	4:30	0:00	5:31	5:15	5:53	0:48
Nov	4:30	4:30	4:30	0:00	5:30	5:14	5:50	0:48
Dec	4:30	4:30	4:35	0:05	5:28	5:15	5:35	0:48
Jan 16	4:31	4:30	4:50	0:20	5:21	4:47	5:40	0:53

Issue 5 Resident Services Programming

Medicare Unit

Unit 4 census has been steadily increasing. In recent weeks, the census has been running in the mid-teens. House-wide Medicare census including unit 4 has been running in the high teens and has hit the low 20's on a few days over the last three weeks.

Karen and Josh recently met with Carle Clinic's Discharge Planning Manager to discuss areas of improvement that CCNH could address. It was suggested that the presence of a nurse at the hospital may be helpful in coordinating the discharge process. We will be working on redirecting existing personnel to this position on a temporary basis with the option to make the position permanent.

Medical Management

Carle has increased its' nurse practitioner staffing level from two full-time NPs to approximately 2.5 full time NPs. The part-time NP has been assigned to oversee the care of the Carle residents on the rehab unit. Discussions with the NP are favorable for beginning weekly rounds on the unit and the potential to do daily rounds on the days that the NP is at CCNH. This replicates the medical management approach that is used in the hospitals and allows the practitioner and nursing staff to communicate updates or changes in resident's condition on a timely basis with the goal is to improve outcomes, control Medicare length of stay and reduce hospital readmissions.

Pulmonary Clinic

Dr. Sheik, the Christie Clinic pulmonologists will be make his first visit to CCNH on 3/11/2016. As the Director for the Cardiopulmonary Clinic, Dr. Sheik will be responsible for working with CCNH nursing and rehab to develop clinical protocols for treating cardiopulmonary related issues such as congestive heart failure, pneumonia and COPD. The clinical protocols standardize the treatment and care of these conditions to enhance outcomes, control length of stay and also reduce hospital readmissions. Dr. Sheik will also provide cardiopulmonary medical consulting to these patients. This means that he is not the primary care physician but can provide recommendations similar to what a specialist does in the hospital.

Issue 6 Contract Management

The contract with Christie Clinic for Dr. Sheik has been executed.

To: Board of Directors
Champaign County Nursing Home

From: Scott T Gima
Manager

Date: March 9, 2016

Re: Management Update

Compliance Program Resolution of the Board of Directors

Attached is the Compliance Program Resolution that reaffirms the Board of Director's commitment to CCNH's compliance program. The OIG Compliance guidelines only state that there needs to be a Board commitment to a compliance program but does not address whether this commitment needs to be updated. An annual resolution provides a clear indication of the commitment and recommitment to a compliance program that cannot be misinterpreted by the OIG.

Revenue Anticipation Notes

Dan Welsch, County Treasurer and Gary Winschel, MPA have met with three Champaign/Urbana based banks. Two have shown strong interest and are presenting the information on the RANs to their legal counsel for review. The third bank has declined to continue discussions.

Fire Damper Inspections

Inspection of the fire dampers continues. At the end of February, approximately 900 out of a total of 1,001 dampers have been inspected. The work is expected to be completed in time to meet the IDPH deadline in April.

Lint Filtration Project

Exterior or courtyard work began in February. The new lint filtration unit has been set in place in the courtyard next to the chapel. In preparation for interior work, a corridor barrier adjacent to the chapel has been constructed this week. This is the prelude to the installation of the new dry vent piping, electrical conduit routing and creating the exterior wall opening to connect the dryer vent piping to the filtration unit. The plan is to get all of the piping, electrical and plumbing lines in place to minimize the dryer down time. The facility has five dryers. In the first phase of connecting the piping to the dryers, three dryers will be shut down for approximately three to five days and then the other two dryers will be shut down for approximately two days. Prior to this period, additional product will be stored. Additionally, the laundry staff were consulted and laundry hours will be extended and all laundry tasks will be handled in house.

Changes to the Nursing Home Compare Five-Star Quality Rating System

In April 2016, CMS will begin posting six new quality measures on the Nursing Home Compare website:

1. Percentage of short-stay residents who were successfully discharged to the community (Claims-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Claims-based)
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (Claims-based)
4. Percentage of short-stay residents who made improvements in function (MDS-based)
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
6. Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based)

In July 2016, the first five quality measures will be used in the calculation of the five-star quality QM ratings. The antianxiety medication measure is not being used due to concerns about “specificity and appropriate thresholds for star ratings” which is a direct quote from CMS. What is meant by that is not clear but my take is that the accuracy of the measure is in question.

According to CMS, the additional measures have the following benefits:

1. It increases the number of short-stay measures (Medicare outcomes)
2. Adds areas that are not covered by the existing quality measures
3. Adds measures that are claims-based which they believe are more accurate than the MDS-based measures. The claims based measures are noted as such in the previous section and it denotes measures that are calculated using the data provided by the Medicare billing or claims data.

The impact of these new measures on the existing QM rating is not known at this time. I anticipate that the data that is provided starting in April will include information to assist providers in evaluating the impact on the rating. I will provide updates as we learn more about these measures.

Skilled Nursing Facility Value Based Payment Program Overview

Please see the attached memo on this subject.

As always, give me a call (314-434-4227, x21) or contact me via e-mail at stg@healthcareperformance.com

To: Board of Directors
Champaign County Nursing Home

From: Scott Gima
Management Performance Associates

Date: March 9, 2016

Re: Skilled Nursing Facility Value Based Payment Program Overview

Introduction

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires changes to the existing Medicare payment system. Recent Medicare Final Rule updates in 2015 for SNFs include the start of value based payment initiatives. The Medicare Final rule update for home health agencies included the details of a comprehensive mandatory VBP program that started on January 1, 2016 and can be used to gauge the CMS strategy as it develops the SNF VBP program.

Skilled Nursing Facility Value Based Payment Program

The Medicare PPS and SNF VPB final rule was published on August 4, 2015. In the final rule, CMS outlines the move to value-based purchasing programs that will link quality to payment. The final rule adopted a skilled nursing facility 30-day all-cause readmission measure (SNFRM) that will be the only measure to be used in the SNF VBP program and will be in place by October 1, 2016 or Federal Fiscal Year (FFY) 2017. The SNFRM calculates a risk-standardized rate of all-cause, all-condition, unplanned, inpatient hospital readmissions that occur within 30 days of a hospital discharge. Medicare claims data will be used to calculate this measure and will require no additional data collection or submission by SNFs.

Payments will not be adjusted until FFY2019 or October 1, 2018. CMS has not provided very much details of the payment methodology. There will be incentive payments to SNFs with higher levels of readmission performance and penalties to lower-performing SNFs and the value-based incentive payment percentages have not yet been determined.

The next section discusses the home health care value based payment program. This is a pilot program that started in nine states on January 1, 2016 and incentive payments/penalties will be based on a combination of quality measures and readmission, ER utilization and satisfaction measures. I am including a summary on this program because I believe it provides some insights into the SNF Value Based Payment Program. The value-based home health program will increase or decrease reimbursement based on a combination of outcome measures, process measures and satisfaction measures.

Home Health Care Value Based Payment Program

1. The implementation of a Home Health Value Based Purchasing (HH-VBP) model is required by the Accountable Care Act. VBP is a part of CMS's plan to move away from traditional fee-for-service payments. The HH-VBP model provides a financial incentive to improve beneficiaries' experience and outcomes. Providers will be rewarded to improve quality and penalized for poor performance.
2. CMS hopes to show \$380 million in savings through reductions in unnecessary hospitalizations and reduce the use of skilled nursing facilities.
3. Starting 1/1/16, CMS implemented a mandatory pilot program in nine states – Massachusetts, Maryland, North Carolina, Florida, Washington, Arizona, Iowa, Nebraska and Tennessee.
4. The highest performing HHAs (compared to both peer HHAs within the same state and compared their own baseline performance) will receive an increase in reimbursement payments. The lowest performing agencies will see their payments reduced.
5. HHAs will be evaluated on 24 measures.
 - a. Outcome Measures (CASPER reports):
 - i. Improvement in Ambulation (M1860)
 - ii. Improvement in Bed Transferring (M1850)
 - iii. Improvement in Bathing (M1830)
 - iv. Improvement in Dyspnea (M1400)
 - v. Discharged to Community (M2420)
 - vi. Acute Care Hospitalization (Claims)
 - vii. ER Utilization without Hospitalization (Claims)
 - viii. Improvement in Pain with Activity (M1242)
 - ix. Improved Management of Oral Medications (M2020)
 - x. Prior Functioning ADL/IADL (M1900)
 - b. Process Measures (CASPER reports):
 - i. Care Management-Types/Sources of Assistance (M2102)
 - ii. Influenza Data Collection Period (M1041)
 - iii. Influenza Immunization Received for Current Flu Season (M1046)
 - iv. Pneumococcal Vaccine Ever Received (M1051)
 - v. Reason Pneumococcal Not Received (M1056)
 - vi. Drug Education on All Medications Provided to the Patient/Caregiver (M2015)
 - c. Home Health CAHPS Satisfaction Survey Measures:
 - i. Care of Patients
 - ii. Communication between Providers and Patients
 - iii. Specific Care Issues
 - iv. Overall Rating of Home Health Care

- v. Willingness to Recommend the Agency
- d. Agency-Reported Measures (NEW):
 - i. Influenza Vaccination Coverage for Home Health Personnel
 - ii. Herpes Zoster (Shingles) Vaccination Ever Received by Patient
 - iii. Advance Care Planning

6. Payment Adjustments

- a. HHAs will not see payment adjustments until 2018 based on their 2016 performance. The maximum payment adjustment that were proposed are:
 - i. 3% in 2018
 - ii. 5% in 2019
 - iii. 6% in 2020
 - iv. 7% in 2021
 - v. 8% in 2022