

LA CROSSE COUNTY NOTICE OF MEETING

COMMITTEE OR BOARD:	VETERANS, AGING & LONG-TERM CARE COMMITTEE	
DATE OF MEETING:	MONDAY, August 9, 2021	
MEETING PLACE:	Administrative Center, County Board Room 1700 212 6TH Street N, La Crosse, WI 54601	
TIME OF MEETING:	8:00 A.M.	
PURPOSE OF MEETING:		
1.	Roll Call/Call to Order	
2.	Public Comment **Please see below on how to sign up for making public comment**	
3.	Approve Veterans, Aging & Long-Term Care Committee Minutes of June 7, 2021	
4.	Consent Agenda (Informational): a. Census b. Pandemic Response Update c. PBJ Audit – Lakeview Health Center	
5.	Conference/Meeting Report	
6.	Hillview Campus Planning a. Operational Budgets b. State-only Crisis Stabilization Update	
7.	Therapy Vendor Approval – Hillview/Lakeview	
8.	Shelby Youth Baseball Lease	
9.	Quality Assurance Process Improvement Plan Approval	
10.	Next Committee Meeting: TBD	
11.	Future Agenda Items	
12.	Adjourn	
NEWS MEDIA	DEPARTMENTS / STAFF	COMMITTEE MEMBERS
La Crosse Tribune	County Board Chair	Roger Plesha, Chair
Other Media	County Administrator County Clerk Facilities	Dan Ferries Andrea Richmond Grant Mathu Barb Janssen
OTHERS Ryan Westpfahl Krista Heinz/Coulee Cap Bryan Jostad	<u>Email:</u> Wanda Plachecki Audra Martine Kelly Kramer Adam Flood	

MEMBERS: If unable to attend, call the County Clerk's Office at 785-9581.

****PUBLIC COMMENT:** Individuals may make a public comment in person or virtually. For individuals intending on making a virtual public comment, **please register at least 24-hours** in advance by emailing publiccomment@lacrossecounty.org or leave a message at 785-9700. Please include your name and email address you will be using to connect with the committee, along with the name of the committee you would like to provide a public comment.

The Committee may receive information from the public, but the Committee reserves the right to limit the time that the public may comment and the degree to which members of the public may participate in the meeting.

PERSONS WITH DISABILITIES: If you need accommodations to attend this meeting, please contact the County Clerk's Office at (608)785-9581 as soon as possible.

DATE POSTED: August 5, 2021

This meeting may be recorded, and any such recording is subject to disclosure under the Wisconsin Open Records Law.

All attendees of this meeting are STRONGLY ENCOURAGED to wear a face mask!!

VETERANS, AGING & LONG-TERM CARE COMMITTEE

Monday, June 7, 2021

Room 1700, County Board Room

8:00 a.m.

MEMBERS PRESENT:	Roger Plesha (Chair), Dan Ferries, Andrea Richmond, Grant Mathu, Barb Janssen
MEMBERS EXCUSED:	None
MEMBERS ABSENT:	None
OTHERS PRESENT:	Steve O'Malley, Wanda Plachecki, Kelly Kramer, Jane Klekamp, Ryan Westpfahl, Amy Simonis, Deb Strand, Adam Flood, Bryan Jostad, Eric Timmons, Jon Rynish, Julie Heiberger, Joyce McLaughlin

CALL TO ORDER: Chair Roger Plesha called the meeting to order at 8:00 a.m.

PUBLIC COMMENT: NONE

APPROVE MINUTES:

Veterans Aging & Long-Term Care Committee – April 12, 2021. **MOTION** by Richmond/Mathu to approve the minutes of April 12, 2021. **Motion carried unanimously.**

CONSENT AGENDA:

Census Update – included in the packet was a Census and COVID-19 Update for Lakeview, Hillview & Assisted Living Campuses from Wanda Plachecki. **Motion** by Richmond/Ferries to approve. **Motion carried unanimously.**

CONFERENCE/MEETING REPORT: NONE

APPROVAL OF LONG-TERM CARE LAUNDRY SERVICE PROVIDER:

Recommendation for Approval – included in the agenda packet. Bryan Jostad reviewed the recommendation. **MOTION** by Dan Ferries/Andrea Richmond to approve. **Motion carried unanimously.**

VETERANS SERVICES UPDATE:

Adam Flood, Veterans Services Officer, presented a power point of where the Veteran's office is today and the vision of the Veteran's office of the future. A proactive approach to fulfill the needs of a veteran and family before the emergent need happens is a goal. Education on available community resources is another goal. The Bonanza is slated for October 16, 2021. Work continues on the marketing plan for the bonanza that includes using Mid-West Broadcasting, Fox 25/48 and in-house Marketing & Strategic analyst, Eric Timmons.

Power point is attached.

Hillview Campus Planning

Wanda Plachecki presented a power point recapping the Hillview campus planning, propose operational analysis, and the State-only licensed nursing home.

The State-only nursing home is a 10-bed facility that will be housed in the present Hillview Nursing Home. Limited modifications to the existing structure will need to be completed.

Power point is attached.

DHS has requested that we participate in a pilot program for complex patient care. Many individuals have an extended hospital stay due to the lack of appropriate places to cover their complex medical needs. This program would be a partnership between the hospitals and the nursing home.

Jon Rynish and Julie Heiberger from Hoffman presented a power point on the Carroll Heights facility assessment.

Power point is attached.

REVIEW OF HILLVIEW SURVEY AND PLAN OF CORRECTION:

Kelly Kramer gave a brief overview of the annual survey that occurred on May 3, 2021 for Hillview Health Care Center. Hillview received six Health Safety cites with one cite of actual harm. This involved limited visitation of a dying resident during COVID outbreak. Infection Control also was a cite. CMS requires a directed plan of correction which requires a review with the governing body. **Motion** by Richmond/Mathu to approve. **Motion carries unanimously.**

See attachment: F880 Infection Prevention & Control.

NEXT COMMITTEE MEETING: August 9, 2021 at 8:00 a.m.

FUTURE AGENDA ITEMS:

ADJOURNMENT: MOTION by Andrea Richmond/Dan Ferries to adjourn the meeting at 9:25 a.m. **Motion carried unanimously.**

Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting. Joyce McLaughlin, Recorder



LA CROSSE COUNTY
Exceptional services. Extraordinary place.

Long Term Services, Wanda Plachecki/Executive Director

TO: Veterans, Aging & Long-Term Care Committee
FROM: Wanda Plachecki, NHA
DATE: August 5, 2021
RE: Census/COVID-19 Updates/PBJ audit

CENSUS UPDATES

Lakeview Health Center & Assisted Living Campus

Census on August 5, 2021 for the Lakeview campus is:

- Lakeview Health Center
 - Census: 50
 - Licensed Beds 50
- Ravenwood
 - Census: 9
 - Licensed Beds: 10
- Maplewood
 - Census: 15
 - Licensed Beds: 15
- Neshonoc Manor
 - Census: 14
 - Licensed Beds: 15
- Monarch Manor
 - Census: 8
 - Licensed Beds: 8
- Regent Manor
 - Census: 4
 - Licensed Beds: 4



Hillview Health Care Center & Assisted Living Campus

Census on August 5, 2021 for the Hillview campus is

- Hillview Health Care Center
 - Census: 81 in-house with an average daily census of 79.06 in-house for the month of July.
 - Average short stay/Medicare census was 7.4 for the month of July
 - Licensed Beds: 110
- Carroll Heights
 - Census: 55
 - Licensed Beds: 55
- Hillview Terrace
 - Census: 28
 - Licensed Beds: 30

COVID-19 UPDATE

Vaccination: The Hillview and Lakeview nursing homes are required to report their vaccination data for residents and staff to CMS. The federal government has also set a goal of a 75% staff vaccination rate as of June 30, 2021. Both facilities met this goal prior to the deadline. Our current vaccination rates are as follows:

- LAKEVIEW HEALTH CENTER
 - Residents: 88%
 - Staff: 86%
- HILLVIEW HEALTH CENTER
 - Residents: 96.3%
 - Staff: 81%

As a point of comparison, the vaccination rates for all nursing homes across the country are 81.3% for resident vaccinations and 58.6% for staff vaccinations!

We have developed an education process for staff and residents to encourage vaccinations for all. We also are monitoring the conversation across the country related to vaccine mandates for long term care.

County Transmission & Positivity Rates: In order to determine the guidance for testing and PPE use, we regularly monitor LaCrosse County's transmission rate and positivity rates. The County positivity rate remains below 5% so, unless we are in an active outbreak, we are testing our UNVACCINATED staff only at a frequency of 1 time per month. Our County transmission rate has been increasing and is currently in a substantial category. This means we require the use of eye protection in addition to a surgical mask when in resident care areas.

PBJ AUDIT

CMS requires all nursing homes to report payroll data. This system is called the **Payroll-Based Journal** (PBJ). The CMS uses the data, from the PBJ, to analyze staffing patterns and populate the staffing component of the Nursing

Home Compare website. This Compare website allows the public to compare staffing data as well as other quality indicators. Recently, Lakeview Health Center was selected for an audit of our payroll data. This audit required a substantial amount of information to be provided related to our payroll and our nursing home census as well as explanations of our payroll process. This information was provided and reviewed by the auditors. This week we were notified that the audit has been completed. The hours submitted were verified based on our supporting documentation and the policies described in the CMS PBJ policy manual. The audit concluded that the hours per resident day calculated from our verified PBJ hours did not significantly vary from the hours per resident day calculated from the reported PBJ hours. The audit was closed with no further action required as a result.

Please contact me with any questions you may have related to census, pandemic response or long-term care issues. You may contact me at 608-612-0640 or wplachecki@lacrossecounty.org.

Recommendation for ApprovalStanding Committee: Veterans, Aging, and Long-Term CareDepartment: Long Term Care & Residential Services – Hillview and LakeviewSubject: Therapy Services**Background information:**

The purpose of this procurement process is to select a vendor to provide onsite Professional Physical, Occupational, and Speech Therapy Services for Hillview Health Care Center and Lakeview Health Center.

Evaluation information:

The RFP was placed on the County RFP webpage and a legal notice was advertised in the La Crosse Tribune. The RFP was sent directly to seven (7) service providers and placed on the DemandStar website. The Health Centers received six (6) proposals. An evaluation team consisting of the following persons from Hillview and Lakeview: Center Administrators, Directors of Nursing, Financial Managers, MDS Coordinators, Medicare Specialist, Supervising Account Clerk, and the Purchasing Manager reviewed the proposals. The Evaluation Team advanced four (4) service providers to the interview stage. On June 9th the Evaluation Team conducted sixty (60) minute interviews with each vendor. The proposals were evaluated on the following criteria:

Scope of Work	100 points
Qualifications	100 points
Cost	100 points
<u>Interview</u>	<u>300 points</u>
Total	600 points

Vendor	Evaluation Score	Cost
MJ Care	581	*See Cost Comparison sheet
Achieve Physical Therapy	557	*See Cost Comparison sheet
Health Pro	502	*See Cost Comparison sheet
Select Rehab	482	*See Cost Comparison sheet
Broad River Rehab	*Did not advance to Interview	*See Cost Comparison sheet
Blue Sky	*Did not advance to interview	*See Cost Comparison sheet

Primary strengths of recommended vendor:

1. Experience with providing similar service to Wisconsin Health Centers
2. Service Proposal

3. Overall service cost proposal

Recommendation / Action Requested:

Based on the review of the proposals, the evaluation team recommends MJ Care, as the Therapy Services Provider, for a 60-month contract.

Cost Proposals Therapy Services RFP Hillview Health Center			
Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
Medicare Part A	Option 1: \$.93 per minute for OT, PT and ST services	\$0.99/minute	Option 1: 32.5% of the Therapy CMG
	Option 2: 33% of the PT, OT, ST PDPM Case Mix Index and apply the VPD on day 21 and every 7th day thereafter	38% Therapy Component PDPM	Option 2: \$.99/min for all delivered minutes
Medicare Advantge Part A	Option 1: \$.93 per minute for OT, PT and ST services	\$0.99/minute	PDPM-based Managed Plans – 32.5% of the Therapy CMG and \$.99 for all others
	Option 2: 33% of the PT, OT, ST PDPM Case Mix Index and apply the VPD on day 21 and every 7th day thereafter	38% Therapy Component PDPM for those plans following Medicare A methodology	\$.99/min for all Managed payors
	Option 3: A combination of both options and apply the per minute rate to Advantage Plans paid at a per diem rate to the facility	\$75/day for other methods (eg: Humana, United, etc..)	
		Achieve is willing to negotiate as new payment methods arise to work within each payor for facility and patient needs	
Medicare Part B	Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	Medicare Part B 73% of applicable fee screen with discounts for MPPR and Sequestration (when applicable)	75% of PFS with 50% share of MPPR

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
			69.5% of PFS with no share of MPPR
Medicare Advantage Plans for Part B	Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	For payors following Medicare Part B methodology , (eg: Quartz Senior Preferred) 73% of the Medicare Part B fee screen discounted for MPPR and sequestration (if applicable)	75% of PFS with 50% share of MPPR
		United Medicare Advantage Part B: \$55.00/visit	69.5% of PFS with no share of MPPR
		Achieve is willing to negotiate as new payment methods arise to work within each payor for facility and patient needs	\$.99/minute for all Med B Advantage
VA	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	Our experience is that the VA pays based on the Medicare B Scheule and we would price Med B above. If there is a method, we are willing to negotiate to adjust to facility/patient	\$.99/minute
	Option 2: \$.93 per minute for OT, PT and ST services		
Managed Care	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	\$0.99/minute	All Other Managed Payors: \$.99/min
	Option 2: \$.93 per minute for OT, PT and ST services	\$75/day	

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
	Option 3: A combination of both options dependent on facility reimbursement	If specific managed care payors have levels of care base on therapy needs that do not fit the model above, we are happy to look at each paln to determine levels of care and reimbursement	
Other 3rd Party Payors	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	If the facility is billing other payors not listed above, 73% of the Medicare B fee screen or \$0.99 / minute	All Other Payors: \$.99/min for all patients/residents where facility is billing
	Option 2: \$.93 per minute for OT, PT and ST services	Achieve will bill for Medicaid, and if allowed to rent space, will bill other payors by facility request that La Crosse County does not have the ability to send claims for.	HealthPRO Heritage is an approved WI Medicaid Provider and understands its billing obligations
	Option 3: A combination of both options dependent on facility reimbursement		
Other Services	\$20 hour	26.00/hour for all restorative related activities. ** Subject to annual adjustment Janauary 1 each year to account for wage and benefit changes, not to exceed \$30.00/hour.	Services provided by Therapy Tech/Restorative Aide: \$22.50/hr (This option would be contracted as a full time position)
			Services provided by Therapy Assistant: \$40.00/hr
Private Pay	MJ Care will bill patient directly	N/A Therapy department to bill patient	N/A Therapy department to bill patient directly.

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
Additional Professional Services	\$60/hour for Professional Therapy Services not covered under this proposal, with prior approval required from Administrator before performing service		
	\$35/hour for Assistant Therapy Services not covered under this proposal, with prior approval required from Administrator before performing service		
Back screens for new hires	\$35 hour	\$35/screen	\$30/Screen

Cost Proposals Therapy Services RFP Hillview Health Center			
Category	Select Rehabilitation	Broad River Rehab	Blue Sky
Medicare Part A	Select Rehabilitation will be reimbursed at 34.5% of the therapy component for Medicare Part A residents for whom the facility is reimbursed for the	Paid at a rate of 19% of the PDPM Full Per Diem Per PDPM Day adjusted for facility specific wage index and the variable rate per diem.	\$50 per covered day while on caseload
Medicare Advantage Part A	\$0.95 per minute for all direct treatment rendered to Managed Care payers	\$0.99 per minute	\$50 per covered day while on caseload
Medicare Part B	73% of the PFS will be retained for services provided. Select Rehab will incur 100% of the MPPR reduction for an effective rate of 65% of PFS	78% of the MPPR Adjusted approved RBRVS charge corresponding to the CPT-4 Code for services. MPPR Adjustment rate, for the first code of the day is the same as the Full Federal Rate.	65% of fee screen
Medicare Advantage Plans for Part B	73% of the PFS will be retained for services provided. Select Rehab will incur 100% of the MPPR reduction for an effective rate of 65% of PFS	\$0.99 per minute	60% of fee screen
VA	\$0.95 per minute for all direct treatment rendered Residents with VA benefits.		\$0.85/ minute
Managed Care	\$0.95 per minute for all direct treatment rendered to Managed Care payers	\$0.99 per minute	\$0.85/ minute
Other 3rd Party Payors	Has a billing agency in the State of Wisconsin and can bill for Medicaid and Family Care	\$0.99 per minute	Therapy Department needs to bill the following payors and have contracts when patient does not have Medicare B: WI Medicaid and Family Care

Category	Select Rehabilitation	Broad River Rehab	Blue Sky
Other Services	Select Rehab fully staff and manage the Restorative Department - Staff cost plus 30%	\$0.99 per minute for RNS staff member	\$45/hour
	Select Rehab to fully manage La Crosse Restorative employees - \$60 per hour		
	Select Rehab to provide La Crosse County the programming resources and training necessary to independently run a Restorative Department - No Cost		
Private Pay	N/A Therapy department to bill patient directly.	N/A Therapy department to bill patient directly.	N/A Therapy department to bill patient directly.
Additional Professional Services		\$0.99 per minute	
Back screens for new hires	\$15 / screen	\$0.99 per minute / screen	\$65/screen

Cost Proposals Therapy Services RFP Lakeview Health Center			
Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
Medicare Part A	Option 1: \$.93 per minute for OT, PT and ST services	\$0.99/minute	Option 1: 32.5% of the Therapy CMG
	Option 2: 33% of the PT, OT, ST PDPM Case Mix Index and apply the VPD on day 21 and every 7th day thereafter	38% Therapy Component PDPM	Option 2: \$.99/min for all delivered minutes
Medicare Advantage Part A	Option 1: \$.93 per minute for OT, PT and ST services	\$0.99/minute	PDPM-based Managed Plans – 32.5% of the Therapy CMG and \$.99 for all others
	Option 2: 33% of the PT, OT, ST PDPM Case Mix Index and apply the VPD on day 21 and every 7th day thereafter	38% Therapy Component PDPM for those plans following Medicare A methodology	\$.99/min for all Managed payors
	Option 3: A combination of both options and apply the per minute rate to Advantage Plans paid at a per diem rate to the facility	\$75/day for other methods (eg: Humana, United, etc..)	
		Achieve is willing to negotiate as new payment methods arise to work within each payor for facility and patient needs	
Medicare Part B	Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	Medicare Part B 73% of applicable fee screen with discounts for MPPR and Sequestration (when applicable)	75% of PFS with 50% share of MPPR
			69.5% of PFS with no share of MPPR

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
Medicare Advantage Plans for Part B	Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	For payors following Medicare Part B methodology , (eg: Quartz Senior Preferred) 73% of the Medicare Part B fee screen discounted for MPPR and sequestration (if applicable)	75% of PFS with 50% share of MPPR
		United Medicare Advantage Part B: \$55.00/visit	69.5% of PFS with no share of MPPR
		Achieve is willing to negotiate as new payment methods arise to work within each payor for facility and patient needs	\$.99/minute for all Med B Advantage
VA	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	Our experience is that the VA pays based on the Medicare B Scheule and we would price Med B above. If there is a method, we are willing to negotiate to adjust to facility/patient	\$.99/minute
	Option 2: \$.93 per minute for OT, PT and ST services		
Managed Care	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	\$.99/minute	All Other Managed Payors: \$.99/min
	Option 2: \$.93 per minute for OT, PT and ST services	\$75/day	

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
	Option 3: A combination of both options dependent on facility reimbursement	If specific managed care payors have levels of care base on therapy needs that do not fit the model above, we are happy to look at each paln to determine levels of care and reimbursement	
Other 3rd Party Payors	Option 1: Revenue sharing in accordance with the regional Medicare B fee schedule; 75% fee to MJ Care	If the facility is billing other payors not listed above, 73% of the Medicare B fee screen or \$0.99 / minute	All Other Payors: \$.99/min for all patients/residents where facility is billing
	Option 2: \$.93 per minute for OT, PT and ST services	Achieve will bill for Medicaid, and if allowed to rent space, will bill other payors by faciltiy request that La Crosse County does not have the ability to send claims for.	HealthPRO Heritage is an approved WI Medicaid Provider and understands its billing obligations
	Option 3: A combination of both options dependent on facility reimbursement		
Other Services	\$20 hour	26.00/hour for all restorative related activities. ** Subject to annual adjustment Janauary 1 each year to account for wage and benefit changes, not to exceed \$30.00/hour.	Services provided by Therapy Tech/Restorative Aide: \$22.50/hr (This option would be contracted as a full time position)
			Services provided by Therapy Assistant: \$40.00/hr
Private Pay	MJ Care will bill patient directly	N/A Therapy department to bill patient	N/A Therapy department to bill patient directly.

Category	MJ Care	Achieve Physical Solutions	Health Pro Heritage
Additional Professional Services	\$60/hour for Professional Therapy Services not covered under this proposal, with prior approval required from Administrator before performing service		
	\$35/hour for Assistant Therapy Services not covered under this proposal, with prior approval required from Administrator before performing service		
Functionl Capacity Evals for new hires	\$35 hour	\$35/screen	\$30/Screen

Cost Proposals Therapy Services RFP Lakeview Health Center			
Category	Select Rehabilitation	Broad River Rehab	Blue Sky
Medicare Part A	Select Rehabilitation will be reimbursed at 34.5% of the therapy component for Medicare Part A residents for whom the facility is reimbursed for the therapy case mix component (PT and /or, OT, and/or ST) of the facility's PDPM reimbursement.	\$50 per covered day while on caseload	\$50 per covered day while on caseload
Medicare Advantage Part A	\$0.95 per minute for all direct treatment rendered to Managed Care payers	\$50 per covered day while on caseload	\$50 per covered day while on caseload
Medicare Part B	73% of the PFS will be retained for services provided. Select Rehab will incur 100% of the MPPR reduction for an effective rate of 65% of PFS	65% of fee screen	65% of fee screen
Medicare Advantage Plans for Part B	73% of the PFS will be retained for services provided. Select Rehab will incur 100% of the MPPR reduction for an effective rate of 65% of PFS	60% of fee screen	60% of fee screen
VA	\$0.95 per minute for all direct treatment rendered Residents with VA benefits.	\$0.85/ minute	\$0.85/ minute
Managed Care	\$0.95 per minute for all direct treatment rendered to Managed Care payers	\$0.85/ minute	\$0.85/ minute

Category	Select Rehabilitation	Broad River Rehab	Blue Sky
Other 3rd Party Payors	Has a billing agency in the State of Wisconsin and can bill for Medicaid and Family Care	Therapy Department needs to bill the following payors and have contracts when patient does not have Medicare B: WI Medicaid and Family Care	Therapy Department needs to bill the following payors and have contracts when patient does not have Medicare B: WI Medicaid and Family Care
Other Services	Select Rehab fully staff and manage the Restorative Department - Staff cost plus 30%	\$45/hour	\$45/hour
	Select Rehab to fully manage La Crosse Restorative employees - \$60 per hour		
	Select Rehab to provide La Crosse County the programming resources and training necessary to independently run a Restorative Department - No Cost		
Private Pay	N/A Therapy department to bill patient directly.	N/A Therapy department to bill patient directly.	N/A Therapy department to bill patient directly.
Additional Professional Services			
Functional Capacity Evals for new hires	\$15 / screen	\$950/FCE	\$65/screen

Under the federal nursing home requirements, Hillview Health Care Center and Lakeview Health Center are required to have a QAPI program. As part of this program, we must develop, implement, and maintain an effective, comprehensive, data-driven program that focuses on quality of care and quality of life for our residents.

CURRENT STRUCTURE: Each campus has developed a team structure to identify priorities based on our facility assessments and to implement plans to address these priorities. Our Quality Assurance and Performance Improvement plan includes all areas of our campus, nursing homes and assisted living services. Molly Haugen, the campus Staff Development Coordinator is our Quality Coordinator and provides leadership and support to these teams on both campuses. Molly reports directly to Wanda Plachecki, the Executive Director of the Long-Term Care & Residential Services department. Molly's point of contact and leadership resource for the Lakeview campus is Wanda Plachecki and for the Hillview campus is Kelly Kramer, Hillview administrator.

Governance and leadership: The regulations require the governing body and/or executive leadership to ensure that an ongoing QAPI program is defined, implemented, and maintained and that this program addresses identified priorities. It also requires that the program is adequately resourced with staff time, equipment, and training.

Program: Please see the attached QAPI plans for both the Hillview and Lakeview campuses for detail around identification of priorities and opportunities, team responsibilities in performing reviews and investigations, areas to be monitored, descriptions of data systems reviewed, problem-solving tools used, and a description of the Process Improvement Project (PIP).

CURRENT IMPROVEMENT ACTIVITY: Much of the past year has been focused on infection prevention activities. Both campuses have monitored 1) visitation during COVID, 2) virtual visitation and small group activity process, 2) quality of life services such as beauty shop, 3) communication systems during COVID, 4) cleaning/disinfecting system changes, 5) PPE, 6) general infection prevention, and 5) monitoring of vaccination systems. In addition, other monitoring activities include 1) overall staffing, 2) monitoring of maintenance tasks, 3) monitoring of any regulatory deficiencies, 4) grievance process, and 5) medication errors as well as a variety of departmental improvement projects and general monitoring.

PROPOSED CHANGES/CLARIFICATION TO QAPI PLAN: We recommend continuing with the current structure where the QA/QAPI Plans for each campus are reviewed and approved by our Veteran's, Aging, and Long Term Care committee annually with the responsibility for implementation of the plan delegated to the Executive Director and the corresponding QAPI team structure at each campus.

Wanda Plachecki, MA, NHA
Executive Director
8/5/21

APPLIES TO: Lakeview, Ravenwood, Maplewood, Neshonoc Manor, Monarch Manor, Regent Manor

TITLE: QAPI Plan (Quality Assurance and Performance Improvement)--Lakeview Health Center and Assisted Living Quality Assessment and Assurance (QAA)

Mission of Lakeview Health Center and Assisted Living: To create and sustain services delivered in a compassionate manner that respects the unique needs and lifestyles of those in our community.

Purpose of the QAPI Plan:

- Lakeview Health Center and Assisted Living has an on-going QAPI/QAA plan for purposes of monitoring, evaluating, and improving the quality of care and services provided to our residents.
- The term 'QAPI' is intended to communicate an organization-wide philosophy and process to regularly identify and implement constructive, cost-effective strategies to improve the quality of resident care, quality of life, and other measures of organizational performance.

Procedure for Administration of the QAPI Plan

As approved by the Veteran's, Aging and Long Term Care Committee (VALTC--the "Board"), our QA/QAPI plan shall be administered by the Quality Council (the "Council"). The Council will be responsible for conducting investigations, inquiries and proceedings for the purpose of evaluating and improving the quality of care and services provided to our residents. The Board shall oversee the Council. Sufficient resources will be provided to carry out the QAPI plan.

Quality Council Organization

Composition

The Council shall be interdisciplinary and include individuals who have a variety of responsibilities (direct and non-direct care.) Representatives from Assisted Living (Community) attend this meeting and have assisted-living specific quality assurance systems.

Appointment and Approval

- Members Council members shall be appointed and approved by the Chairperson and the Administrator. (Members shall serve until their qualified successors are appointed and approved).
- Chairperson A Council member serves as chairperson.

Meetings

- Frequency The Council shall meet quarterly or more frequently if needed to address important quality or safety issues. A standing agenda item at each meeting is any systemic issue (high risk, high volume, and/or problem prone) identified in a particular area or department. A cumulative listing of these issues and the date of resolution is documented at each meeting.

- Quorum A majority of the Council members shall constitute a quorum for conduct of business.

Teams (Subcommittees)

The Council may create teams in order to investigate or review certain issues. Teams that are chartered by the Council or designated Privileged/Confidential, will generally be chaired by a Council member. The Council Chairperson and the Administrator must approve the appointment of a non-Council member as chairperson of a chartered or privileged/confidential team.

- All other teams generally have one or more Council members on the team.
- The team chairperson shall coordinate membership based on the specific issue to be reviewed.
- The chairperson of any chartered team, or any Privileged/Confidential team shall provide a written report of the team's analysis and findings to the Council on a scheduled or as-needed basis.

Council Responsibilities

Perform Reviews and Investigations In the Nursing Home, the Council will be responsible for monitoring, evaluating, and improving the quality of care, investigations, inquiries and proceedings. This includes assuring the development and implementation of appropriate plans of action to correct identified quality deficiencies.

- In the Nursing Home, results of the facility assessment will be reviewed by the Council and used to determine priority areas for project monitoring.

QAPI/QAA Activities

- Quality Council is the team under which all teams in the Nursing Home function (this includes privileged and non-privileged teams).
- Quality Council members are involved in teams either by direct participation or by organizing and selecting team members. Each team is responsible to carry out assigned or self-directed Process Improvement Plans (PIPs).
 - General meetings or teams include--not an all-inclusive list:
 - Clinical Teams (Quality Measures/Quality Indicators [QM/QI], Falls, Wounds, Infection Prevention and Control)
 - Clinical issues are first discussed at a clinical team and are then reported to the Quality Council
 - Resident Protection, Household Huddles
 - Safety
 - Time Limited Teams to work on a PIP, Staff Meetings, Town Hall meetings
 - Department Head, Open Forum
 - Behavior Team
 - Medicare Team
 - Household Gathering, Person Directed Care

Program Feedback, Data Systems, and Monitoring

Like all plans, this plan is an expression of intent that outlines a philosophy and a process for self-improvement. As such, this plan is intended to be flexible and to accommodate timely and appropriate adjustments to address seen and unforeseen circumstances, while adhering to the fundamental mission of our organization.

We have systems in place to monitor care and services through multiple data sources. These feedback systems incorporate information obtained from residents, families, resident representative, medical providers, contractors, and employees. Examples of our data, organizational and/or monitoring systems include:

- CASPER reports
- Quality Measure reports
- Resident/family satisfaction surveys
- Staff satisfaction surveys
- Household Gathering meetings (i.e. Resident Council)
- Family meetings
- Staff meetings
- Community partnerships
- Regulatory surveys
- Grievance/complaint logs
- Drug regimen reviews
- Contracted vendor reports
- Resident Protection team (membership: Director of Nursing--chairperson, Nurse Managers, Household Coordinators, Ravenwood Coordinator, Social Worker, Support Systems Manager, Administrator-ad hoc member)

We monitor and assess systems/care practices through the use of evidence-based best practices, clinical guidelines, manufacturer guidelines, data, and benchmarking.

Tools/processes/procedures used to identify underlying issues/quality deficiencies, collect data, set goals, monitor, and assess outcomes include (but aren't limited to):

- RCA (root cause analysis)
- PDCA (plan-do-check-act) or PDSA (plan-do-study-act)
- Determining high risk, high volume, and/or problem prone areas
- Adverse events and/or medical errors
- SMART goal setting (specific, measurable, achievable, relevant, and timely)
- Reports available from our Electronic Health Record

Process Improvement Projects (PIPs)

PIPs are focused on preventing problems and improving current systems and services. We seek to prioritize PIPs that are high risk, high frequency/volume, and/or problem prone to include issues that may affect the psychosocial well-being and rights of residents.

- The PIP will serve the greatest good or ensure better outcomes.

- The PIP team involves individuals closest to the issue—this can include staff, and may include resident/family participation.
 - Before making a change to the process, team members are expected to understand the whole process from start to finish.
 - The team is also accountable for monitoring any subsequent adjustments to any changes made.
- The PIP team schedules their own meeting times and educates new members on what a PIP is.
- Documentation is done on the PIP worksheet and is maintained by the PIP team leader.
 - Retention period is the current year plus the three previous years.
 - If there is a change in the PIP leader due to separation from the organization, the PIPs are given to the Quality Council Chairperson for retention.
- During the meeting the team will review assigned duties/tasks, results of assigned work, plan progress, lessons learned, the project timeline.
- A designated member of the team will be responsible for documenting the meeting minutes.

The Quality Council receives an update on PIP activities at each meeting of the Council.

Employees are updated on PIP projects in a variety of ways; examples include newsletter articles, open forum meetings, town hall meetings, huddles, and other staff meetings.

How we obtain and use feedback from employees

Employees have a variety of ways to give feedback to, or contact the Quality Council; examples include:

- Huddles (these occur regularly on the Households, and in the Dining Services department)
- On line, using an improvement opportunity form (a purple sheet—see below)
- Contacting any supervisor, who then can relay the information to a member of the Quality Council.
- Contacting a Quality Council member directly
- Any employee can give feedback anonymously; through voice mail or an unsigned note. These suggestions typically are first received by the Administrator, who then informs the Quality Council chairperson when indicated.
 - We do encourage employees to ‘own’ their suggestion so follow up can be provided.
 - It is for this reason the online form does require the employee’s name.

This information is used to identify problems that are high risk, high volume, and/or problem-prone so these situations can be promptly addressed

The purple sheet (Improvement Opportunity form) is an on-line form and includes directions for completion.

- All employees (Assisted Living and Nursing Home) have a labeled icon on their computer desktop that appears upon login.
- Clicking the icon goes directly to the purple sheet form.

Quality Council reviews each new or unresolved suggestion at the regular meetings of the Council. Time-sensitive suggestions are addressed prior to the regular Council meeting.

The Quality Council Chairperson maintains a log of the improvement suggestions. Suggestions received in other ways are documented in meeting minutes.

The form is titled "Improvement Opportunity Suggestion for the Quality Council" and features the Lakeview Health Center logo. It contains the following text and fields:

- A statement: "A quality council member will be assigned to your idea & may contact you for more info."
- Instruction: "If you have ideas about wages or benefits, please talk directly with Administration."
- Field 1: "1. Your First and Last Name (Quality Council cannot proceed without your name)" with a text input box.
- Field 2: "2. I work in:" with two radio button options: "Assisted Living (in other words, the Community)" and "the Nursing Home (includes Ravenswood)".
- Field 3: "3. What is the situation?" with a text input box.
- Field 4: "4. What would you do More of, Better, or Differently to improve the situation?" with a text input box.

How we obtain feedback from families, residents, and resident representatives

In the Nursing Home, concerns or suggestions from families, residents, and/or resident representatives usually are first received by the Administrator, Director of Nursing, or Social Worker.

- The Household Gathering is another opportunity for expressing concerns or making suggestions. The Household Gathering occurs at least monthly.

These concerns are addressed promptly and are brought to the Quality Council as needed. If a PIP is needed, it is often started prior to a Quality Council meeting. (We also use online or paper surveys to get feedback on specific areas.)

Our Grievance Official is the Nursing Home Social Worker, who is a member of Quality Council.

Documenting Findings

Minutes

- Meeting minutes shall be maintained for all Council meetings.
 - Standing agenda items include:
 - Employee suggestions
 - PIP reports
 - Systemic issues (high risk/high volume and/or problem prone areas)
- Quarterly meeting minutes shall be made available to the Council and signed by the Council chairperson.
- Generally, the team leader will maintain all documentation related to PIPs, and other documentation such as investigation, analysis, corrective actions or performance improvement activities

Labeling

- The documentation prepared by the Committee or any of its duly authorized teams Subcommittees is strictly confidential and privileged under applicable law, including Wisconsin Statute 146.38. All documentation shall be labeled as follows: ****PRIVILEGED AND CONFIDENTIAL****

Communication Plan, PIP documentation and communication with employees

- The communication plan includes the process of education and training on QAPI principles and techniques for the VALTC committee, employees, residents, families, and resident representatives. Education for employees is offered during staff meetings and new employee orientation, or just-in-time if a member of a PIP team or committee. The data and information that includes appropriate records will be available to select individuals on a need-to-know basis. Education for residents, family members and resident representatives could occur at the Household Gathering, informal conversations, or the family newsletter.
- The Quality Council receives an update on PIP activities at each meeting of the Council.
- Employees are updated on PIP projects in a variety of ways; these include employee newsletter articles, open forum meetings, town hall meetings, huddles, and other staff meetings.

LAKEVIEW HEALTH CENTER and ASSISTED LIVING	
PIP (PROCESS IMPROVEMENT PLAN)	COMPLETE FRONT PAGE ONLY
Your Name _____	
Date _____	

What is the problem to be solved?

What do we want to accomplish?

Who will be involved/affected?

What is the time frame?

Ideas/suggestions to resolve this PIP

THIS SIDE to be completed by the Team Leader

Leader associated with this PIP

Other Team Members

How will you measure the results of the PIP?

Results of the PIP

Will you continue the new process, stay with the previous process, or do another process improvement cycle?

Date PIP is completed

Suggested time span to review this PIP

1 month	3 months	6 months
Other _____		

Prepare Recommendations

Following review of a quality matter, the PIP team and/or the Council shall make conclusions and identify, develop and implement appropriate plans of action to correct the quality deficiency. If required, the Council's recommendation shall be presented to the Board or other designated person for approval. Plans of action may include:

- **Education** (e.g., develop continuing education programs, conduct in-services);
- **Systems** (e.g., develop or revise clinical protocols and policies and procedures);
- **Operations** (e.g., modify staffing, purchase or repair equipment or physical plant); and
- **Human Resources** (e.g., recommend employment action).

Report Findings

The Council member who attends meetings of the Board will provide updates regarding the Council when needed.

Confidentiality

Council members and members of Privileged/Confidential teams shall maintain the highest level of confidentiality with respect to all knowledge gained, and all documents, notes, minutes, reports, statements or any other information obtained during any Council review of internal quality and/or utilization matters. Council and team members shall refrain from disclosing any information whatsoever and immediately notify the Chairperson or Administrator if he or she is requested to provide information, formally or informally, regarding information or documents obtained as a result of membership on the Council or team.

Quality Council Members by Position Title

* = Quarterly Quality Improvement Committee Members

- Administrator (Executive Director)
- Community Living Supervisor
- Dietary Manager (attends on an as-needed basis)
- Dietician
- Director of Nursing *
- Facilities Supervisor
- Financial Manager
- Health Information Manager *
- Human Resource Generalist
- Infection Preventionist *
- Medical Director *
- Pharmacist *
- Ravenwood Coordinator
- Rehabilitation Services (Therapy) Director *
- Staff Development Coordinator (Chairperson) *
- Social Worker (also is the Nursing Home Grievance Official)
- Support Systems Manager
- Others on as-needed basis

LAKEVIEW HEALTH CENTER
WEST SALEM, WI

ADM
Page 8 of 8

APPROVED Karen Miller, Staff Dev Coord

APPROVED Wendy Kucharski, NHA

EFFECTIVE: 8-3-07

REVIEWED: 1-27-2012, 2-29-16

REVISED: 1-29-08, 1-19-2010, 2-3-2011, 7-11-2012, 7-21-14, 10-12-15, 3-14-16, 8-25-17,
2-23-18, 1-31-19

REVIEWER: Quality Council Chairperson and Administrator/Executive Director

SOURCE: 483.75 portion of 6.30.17 CMS Survey and Certification 17-36-NH Appendix PP
with final Interpretive Guidelines

Health Quality Innovators QAPI template (Maryland & Virginia Quality Innovation Network)

GO, CC

Hillview Health Care Campus

Quality Assurance Performance Improvement Team Plan

§483.75(c) Reviewed November 2020

Mission

To create and sustain services delivered in a compassionate manner that respects the unique needs and lifestyles of those in our community.

Our goal is to provide quality care. This includes the best medical, restorative and therapeutic care possible by finding opportunities for accomplishment and independence for each person. This will be provided for all persons regardless of race, color, creed national origin or sex.

Purpose

The QAPI Team plays a strategic role in being proactive, implementing best practices and achieving successful change in the way we provide care. This can be seen in our relationships we build with those who live here, their families and visitors. All employees are encouraged to contribute to ongoing QAPI efforts. All opinions and suggestions will be treated with respect and followed whenever possible. Our processes support our mission of providing quality care in a family like and resident centered environment, providing opportunities to be engaged in what is meaningful to each person.

QAPI reviews many of our policies and procedures and assists with identifying means of communicating and educating all staff necessary. QAPI is our means to identify and maintain effective systems, to collect, and use data and information from all departments, including but not limited to the facility assessment required.

Guiding Principles

- ❖ #1 QAPI is a method for approaching decision making and problem solving. The outcome of QAPI at Hillview is the quality of care we provide and how it impacts the quality of life of our resident.
- ❖ #2 Hillview uses quality assurance & performance improvement to make decisions and guide our day to day operations and customer service needs.
- ❖ #3 QAPI has a prominent role in our management functions, with monitoring reimbursement and maximizing revenue
- ❖ #4 QAPI at Hillview includes ALL employees, all departments and all services provided. Our integrity is expressed through objectivity, honesty, ethical practice & transparent communication.
- ❖ #5 QAPI's focus is on systems and process rather than individuals.
- ❖ #6 Hillview makes decisions based on data, which includes input & experience of caregivers, residents, other NH professionals & families.
- ❖ #7 Hillview sets goals for performance & measures progress toward goals. We collaborate with others, respecting diversity and talents around us.
- ❖ #8 Hillview supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.
- ❖ #9 Hillview has a culture that encourages, rather than punishes employees who identify errors or system breakdowns. We encourage a culture of learning and creativity to enhance service delivery.

Areas to be monitored include but not limited to: care assessments, person centered care planning, infection control, quality of care, quality of life, physician, pharmacy, behavioral and dental services, nursing services related to staffing, food and nutrition, ethics, and physical environment.

We developed these guiding principles related to QAPI in regards to the five elements: 1) Design and Scope, 2) Governance and Leadership, 3) Feedback, Data Systems and Monitoring, 4) Performance Improvement Projects and 5) Systematic Analysis Action

Hillview's Scope of Care and Services provided that impact care, quality of life, resident choice, policies/procedures and care transition include: How will each use QAPI to assess, monitor and improve performance on an ongoing basis.

- Admissions (transportation to entering our home)
- Social Services/Ethics
- Rehabilitation Care
- Restorative Care
- Nursing Services/Skilled Care
- Pharmacy
- Dementia Care and Services
- Recreation Therapy
- Beauty Salon services
- Environmental Assistance and Services (Maintenance/Laundry/Housekeeping services)
- Nutritional Services/Dining
- Hospice/End of Life Care
- Other services (Optometry, Podiatry, and Dental)

GOVERNANCE & LEADERSHIP;

Our QAPI team is overseen by the La Crosse County Board. The QAPI team consists of those that are most responsible and held accountable for the practices on our Hillview campus. Our team consists of:

Name	Credential	Title
Molly Haugen		Staff Development Coordinator
Tracy Sheetz	RN	Infection Preventionist
Lori Clark	CDM	Food & Nutrition Manager
Dinita Bruemmer	RHIT	Health Information
Kim Haskey	CTRS	Support Systems Manager
Kelly Kramer	NHA	Administrator
Karlie Hurlbert	RN	Director of Nursing
Jennie Maas	RN	Assistant DON-East
Terri Meyers	RN	MDS Coordinator and Restorative Nurse
Dr. Cogbill	MD	Medical Director
Ryan Westpfall		Facilities Supervisor
Brooke Smith	CTRS	Recreation Therapy Manager/Volunteer Coordinator
Julie Soller	RN	Assistant DON-West
Carlene Ulrich	RD	Registered Dietitian

This group is responsible to educate and train all employees about QAPI, its purpose and the thought process to continually want to improve our processes.

FEEDBACK, DATA SYSTEMS and MONITORING;

These will be individualized to the process identified as needing improvements. We use the Process Improvement Plan (see attachment) to monitor care and service, allowing us to use data from many sources including but not limited to caregivers, families, surveys, complaints, performance indicators, adverse events etc. A tracking form/PIP log is used to assist in our process.

PERFORMANCE IMPROVEMENT PLAN (PIP)

Our goal is to have at least 3 but no more than 6 active PIPs at a time. A team for each active PIP is formed to carry out the process and report back to the QAPI team any progress. There should be monthly progress. If monthly progress is not occurring, the Core Team will need to reassess.

Core Team: various members of our QAPI team will meet periodically to identify PIPS that have been at a standstill and identify a new team to carry forth with PIP goal and completion. The core group's primary purpose is to be available at any time to assist PIP teams with efforts to improve. Teamwork and communication is necessary to be successful.

SYSTEMATIC ANALYSIS and SYSTEMATIC ACTION;

Each PIP will be different. Focus on the outcome.

How to deal with unintended consequences? Remind team to focus on the outcome.

How will we ensure teams are getting to the underlying causes of the issue rather than a quick fix?
Ask the 5 whys.

How will we monitor the interventions or actions that are implemented and effective in making and sustaining improvements? Continually check on end results to ensure they maintain positive outcomes.

COMMUNICATIONS

QAPI team

PIP team (sub committees working on specific PIP) include front line staff.

All staff will be kept informed at every department meeting that is held. Dept. heads will explain the different improvements we are working on. Any feedback will be brought back to our QAPI team meeting.

EVALUATION and ESTABLISHMENT of PLAN Use the Self-assessment tool and audits as necessary; plan to revisit and track updates to plan.