



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

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*ADMINISTRATIVE, BUDGETING, PURCHASING & HUMAN RESOURCE
MANAGEMENT SERVICES*

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Champaign County Nursing Home Administrative Review of the Management Services Contract

Performance Expectations and Remedial Action Plan February 9, 2015

In October 2014, the County Administrator initiated an administrative review of the Champaign County Nursing Home (CCNH) management services contract by and between the Champaign County Board and Management Performance Associates (MPA). The review was initiated to assess the performance of MPA relative to the requirements of the contract. The review team included the Deputy County Administrator of Finance and the Chair and member of the Nursing Home Board of Directors. The goal was to identify critical issues and ensure the development of an action plan to address those issues.

The review team developed a list of six (6) critical issues to address, a set of performance expectations for each issue, and some possible solutions to be discussed with MPA. The review team met with the MPA management team (the MPA President and Vice President and the CCNH Administrator) multiple times to share their concerns regarding the critical issues; to share the performance expectations and possible solutions they had developed; to review MPA's response to the identified issues, expectations, and possible solutions; and to jointly develop an action plan for each issue to improve the services provided to the residents of CCNH and the operation of CCNH. The issues, performance expectations, and action plans are summarized below. The dates shown in parentheses are the dates by which the action will be initiated or implemented.

The initial review team issues and expectations document containing MPA's response to each issue is attached (the review team's work is highlighted). MPA's responses contain information on past and current activities that have been undertaken by MPA to address each issue. That document also contains key language from the contract that identifies MPA's duties and primary goals related to the identified issues that have been assigned to the Nursing Home Board and MPA as they work together to ensure a "strong administration and management controls" and quality nursing, rehabilitative services, staffing, programs, and services to CCNH residents.

Issue #1: The number of open positions at CCNH, and the length of time those positions are open, degrades the services provided to our residents.

Expectations

- Reduce the time to fill open positions, especially supervisory and key management staff
- Reduce turnover rates of staff

- Identify industry turnover rates for each job classification and set goals to keep CCNH turnover rates below those industry standards
- In the future, if needed, MPA's hiring of a CCNH administrator will be done by a search committee that includes the CCNH Board Chair and the County Administrator or their designees
- Establish clear job performance expectations
- Conduct annual performance evaluations for all levels of employees
- Develop employee training programs that improve job performance and satisfaction and offer opportunities for advancement
- Develop an employee satisfaction program that surveys employees and acts on survey findings in order to continually improve employee satisfaction as measured by the survey instrument

Action Plan

- After reviewing and revising, as needed, the job description for a Human Resources (HR) Manager, hire an HR Manager (Begin search in February 2015) who will:
 - Develop recruitment protocols for:
 - High-level management (Include Administrative Services representative(s) on the search committees)
 - Other positions
 - Develop and implement an employee satisfaction survey
 - Review and revise, as necessary, all job descriptions
 - Assist in the development and implementation of an employee training program that will develop the knowledge and skills necessary to address performance deficiencies and to enhance job performance
- Job performance expectations were established or reinforced (i.e., reviewed with personnel) for all positions (January 20, 2015)
- Actions were taken to improve the hiring process
 - Certified Nursing Assistants (CNAs): Implemented increased interviewing resulting in reducing the CNA vacancies from 28 to 19.5 full-time equivalents (FTEs) (January 28, 2015)
 - Established an HR dashboard to be presented monthly to the Nursing Home Board to enable the process to be data driven
 - HR Manager can revise/improve the process
 - Positions filled recently: Director of Nursing (DON, January 26, 2015), Unit Two Manager, RN Shift Supervisor, Volunteer Coordinator, Cook/Assistant Cook, and Laundry Worker
 - All part-time (PT) positions have been filled: Two PT Activities Assistants, Two PT Cooks, and three PT Food Service Workers
- Develop a human resources dashboard (To be distributed at the March 2015 Board Meeting)
- Increase communications regarding the nursing scholarship program at Parkland
- Reduce turnover to 45% by the end of 2015

Issue #2: Supervision is deficient and sometimes lacking which creates staff performance deficiencies that degrade the services provided to the residents.

Expectations

- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)
- Coordinate workflows to best suit the needs of the residents (e.g., CNAs should coordinate with food service personnel to ensure that meals are provided in a timely manner and that residents are not left in the dining halls for long periods of time)
- Ensure that the facility is always operating with the appropriate staffing levels
 - Ensure that supervisors are not overloaded so that they can manage the full range of supervisory duties
 - Establish fair and equitable scheduling and hold employees accountable for their schedule
 - Reduce reliance on agency personnel to cover positions
- Establish job performance expectations and reviews for all levels of employees
- Provide orientation for new personnel
- Develop employee training programs that improve job performance and satisfaction and offer opportunities for advancement

Action Plan

- As indicated above, several key supervisory positions have been filled (DON, Unit Two Manager, and an RN Shift Manager)
- A supervisor training program will be developed that incorporates team building and communication techniques skills
- MPA will evaluate advancement opportunities that could be developed
- All orientation programs are undergoing review and protocols will be established for the managers to meet with their new hires on a weekly basis as their training progresses
- Over the past four months, MPA has conducted six meetings that included nursing, union, food service employees, CCNH management, and dietary management to identify problem areas and coordinate efforts to improve food service including:
 - Procedures to fill out menus
 - Accuracy and consistency of adaptive equipment
 - Meal times
 - Changes in dietary staff scheduling
 - Assignment of CNAs to dining rooms
- A policy of no break times during meal service (both nursing and dietary) has been implemented to improve the timeliness of meals and resident movements into and out of the dining halls

- MPA, with the Medical Director, has developed care plans for common high risk situations for seniors that provide coordinated care and enhance communication with providers
- A summary report on daily staffing will be developed to include the following:
 - Nursing Department (February 2015)
 - Minimum nursing and CNA staffing versus actual staffing based on hours per resident day
 - Nursing hours per resident day
 - Agency nursing hours per resident day
 - CNA hours per resident day
 - Agency CNA hours per resident day
 - Dietary: Budgeted versus Actual positions by FTEs (February 2015)
- Three out of four nursing supervisory positions filled (November 2014 – January 2015)

Issue #3: The quality of the nursing care and clinical services provided by CCNH needs to improve.

Expectations

- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)
- Coordinate workflows to best suit the needs of the residents
- Establish key quality indicators that are regularly reported to the Nursing Home Board
- Strive for continual improvement on survey results to ensure a Three-Star, or higher, Quality Rating
- Remain competitive with the other local nursing homes in the Medicare Nursing Home Compare ratings
- Identify other meaningful comparative ratings that can be used as indicators of the quality of care provided by CCNH (e.g., state and national nursing home associations comparative data)

Action Plan

- Improved system of supervision throughout the facility has been instituted
- A goal has been set to improve the CCNH performance on the annual health inspection survey (December 2015)
- A key quality indicators report will be established and provided to the Nursing Home Board of Directors on a regular basis
 - Use the following Centers for Medicare and Medicaid Services (CMS) Quality Measures:
 - Percentage of long-stay residents experiencing one or more falls with major injury

- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents who self-report moderate to severe pain
- Percentage of long-stay high-risk residents with pressure ulcers
- Percentage of long-stay low-risk residents who lose control of their bowels or bladder
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay residents who were physically restrained
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents who lose too much weight
- Percentage of long-stay residents who have depressive symptoms
- Percentage of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine
- Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine
- Percent of long-stay residents who received an antipsychotic medication
 - Comparison to competitors - Quarterly
 - CCNH Data – Monthly
- Continue working with Telligen as a demonstration site for the implementation of the TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) program that addresses four key skills: communication, leadership, situation monitoring, and mutual support
- Continue to stress quality care criteria - Within last three months, there were three complaint surveys which resulted in **NO** findings against CCNH
- Quality initiatives action plans for improvement have been developed for every quality indicator
- A goal has been set to achieve a Medicare Five-Star Quality Rating by December 2018 (Timing due to a lag of these measures such that a recent revisit survey which identified food service deficiencies resulting in a low score will remain as part of the rating for as many as three years)
 - In July 2014, CCNH achieved an overall Four-Star Rating: Health Inspections = 2 Stars (most heavily-weighted criterion), Staffing = Four Stars, and Quality Measures = Five Stars
 - Currently, CCNH has an overall Two-Star Rating: Health Inspections = One Star, Staffing = Two Stars, and Quality Measures = Five Stars
 - The Staffing Rating is expected to improve at the next rating due to the staffing actions that have been taken to date as well as actions slated for implementation as noted above
 - The Health Inspection Rating, as mentioned above, will improve once the past negative inspection results drop from the ratings – past results affect the rating for a period of three years

Issue #4: The quality, timeliness, delivery, and cleanliness of the food service program at CCNH need to improve.

Expectations

- Ensure that the kitchen and dining facilities are run in accordance with all public health requirements
- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs – food service ratings have been consistently low, these need to be improved)
- Coordinate workflows to best suit the needs of the residents (e.g., CNAs should coordinate with food service personnel to ensure that meals are provided in a timely manner and that residents are not left in the dining halls for long periods of time)
- Assist those residents who need total help with eating/drinking and ensure they have the proper adaptive utensils
- Prepare food that is nutritional, appetizing, tasty, attractive, well-cooked, and at the right temperature
- Make sure menus meet the resident's nutritional needs and that there is a menu by which nutritious meals have been planned for the resident and followed
- Hire sufficient dietary support personnel
- Ensure that the meal service is served on time
- Ensure that the dining areas are clean

Action Plan

- Hiring of needed support personnel was completed (January 2015)
- The new dietician has been, and will continue, focusing on:
 - Food sanitation issues to ensure that the kitchen and dining facilities are run in accordance with all public health requirements
 - Maintaining/improving resident's dietary needs based on their individual medical/physical limitations
- As indicated above, MPA and CCNH management and staff instituted:
 - revised procedures to fill out menus;
 - protocols to ensure accuracy and consistency of adaptive equipment availability and use;
 - improved scheduling of meal times;
 - changes in dietary staff scheduling to better serve residents;
 - assignment of CNAs to dining rooms; and
 - a policy of no break times during meal service (both nursing and dietary) to improve the timeliness of meals and resident movements into and out of the dining halls

- Serving: Purchased additional carts and the meals are now trayed per table assignments to ensure the entire table is served at the same time
- Purchased an additional pellet warmer to ensure proper holding temperatures are maintained and that meals are delivered in a timely manner
- Facility cleanliness: The cleaning chemicals vendor representative will provide cleaning protocols for each flooring type which will be implemented at CCNH
- MPA will provide the Nursing Home Board with:
 - Monthly Pinnacle Quality scores including Dining Service and Quality of Food (October's results indicate meaningful progress)
 - Monthly Dietitian Customer Satisfaction Scores - These are based on a random selection of 30 residents per month who are asked the following questions:
 - Does your food taste good?
 - Are you served foods you like to eat?
 - Are your hot and cold food served the way you like?
 - Do you get enough to eat?
 - Do you get snacks and beverages when requested? Do you receive substitutes?
 - Is a snack offered in the evening?
 - Monthly plating times (defined as the time that the first and last plate of food are made for each meal service) with a goal to have the range value decrease and the average value to be consistent (i.e., increased consistency of service over time)

Issue #5: Programs and services offered at CCNH need to continually adapt to meet the residents' needs and to expand opportunities for increased resident counts.

Expectations

- Recommendations and/or planning for new programs and services need to be an ongoing activity
- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)
- Plans should be developed to address the following programs:
 - Dementia Care
 - Rehabilitation services
 - Dialysis care
 - Respiratory therapy
 - Pulmonary clinic
 - Readmissions

Action Plan

- Outpatient therapy – Health Alliance, Molina Healthcare and the VA have voiced interest in providing outpatient therapy services to the adult day care (ADC) clients.
- Rehabilitation services – A significant improvement has been the recent change in the Program Manager with key areas being addressed to maximize the quality of the rehab program and to implement necessary changes to increase Medicare market share including:
 - The development of rehab outcomes measures
 - The improved collaboration/communication between rehab and nursing in resident's rehab treatment planning
- Continue to work to improve the services provided by, and the quality of, dementia care
- Work with Carle Foundation Hospital and Presence Covenant Medical Center to reduce hospital readmission rates, especially those related to:
 - Congestive heart failure
 - Urinary tract infection
 - Fever
 - Lower respiratory infections
 - Change in mental status
 - Dehydration
- Although a market opportunity exists for dialysis, the capital investment is not feasible at this time so this will remain a program for future consideration
- In addition to reviewing the programs and services provided by CCNH to retain or enhance the resident counts, MPA has identified the following essential elements for enhancing revenues and preserving cash flow at CCNH:
 - Take all reasonable steps to secure regular, consistent payment of Medicaid revenues to Illinois County homes. This initiative is broader than CCNH, but critical to its survival. MPA is beginning the initial steps to craft a legislative/regulatory solution by creating a safety net type of system to County homes. The goal is to provide regular payments just like the State provides to its safety net hospitals.
 - Resolve the eligibility determination process. Currently, CCNH has over \$1 million of Medicaid reimbursement being held up by the Healthcare and Family Services (HFS) agency and the Office of Inspector General (OIG) in the eligibility determination process. Essentially, providers are the new source of working capital for the State. MPA is working with other Illinois groups to resolve this solution.
 - Adapt CCNH processes, including the clinical management provided by Carle, to managed delivery. The immediate concern is the Medicare-Medicaid Alignment Initiative (MMAI) roll-out. The broader concern is the

reimbursement attack on traditional Medicare and the misinterpretation of Medicare benefits.

- Continue to survey the market for new sources of revenue; continue to develop CCNH's existing programs to maximize revenues, eliminating those that have outlived their usefulness.

Issue #6: The service and vendor contracts managed by CCNH need to be actively managed.

Expectations

- MPA shall advise and assist the Nursing Home Board in securing and retaining contracts in the name and for the account of CCNH with such individuals or entities necessary for the proper and efficient functioning of CCNH
- MPA shall administer all contracts in force at the time of hire in the best interest of CCNH
- Outdated contracts need to be brought up-to-date
- Once each year, in the month of August, MPA shall review with the Nursing Home Board all current contracts in place, and specifically contracts expiring in the next twelve months with a schedule for renewal, including the timing of any competitive procurement processes required for renewal of those contracts pursuant to the terms of the Champaign County Purchasing Policy

Action Plan

- In August 2014, all vendor contracts, except Pharmacy and Rehabilitation, were reviewed and found to be up-to-date
- Requests for proposals for the Pharmacy and Rehabilitation contracts:
 - Were released on December 16, 2014
 - Closed on January 15, 2015
 - Bid evaluations were scheduled to be completed on February 6, 2015
 - Review and approval by the Nursing Home Board is scheduled for February 9, 2015
 - If approved, the contracts are scheduled to begin March 1, 2015

Attachment

Attachment

Champaign County Nursing Home – Expectations Development

Administrative Review Team Identified Issues and Expectations November 10, 2014 (Yellow Highlight)

MPA Response - December 17, 2014

Issue #1: The number of open positions at the Champaign County Nursing Home (CCNH), and the length of time those positions are open, degrades the services provided to our residents. [Contract: 2.1(b)(8); 2.1(c)3,4(a,b,d,e)]

Expectations

- Reduce the time to fill open positions, especially supervisory and key management staff

The high priority positions to fill are the CNAs. Data analysis for the past year indicates that the number of CNA applications was high, but delays in processing applications and interviewing applicants has resulted in a low number of hires each month. We improved the process in November when a total of 6 new CNAs were hired with 2 separations. Month-to-date in December, 5 new CNAs have been hired, indicating that the process revisions are working.

The existing application process is:

- Application completed
- Predictive Index online personality test administered to all applicants
- Interview – management and peer
- Physical, drug screen, physical therapy testing (functional capacity)
 - Carle Clinic provides these services. Carle previously provided 5 appointments weekly for three weeks out of the month. In early 2014, Carle agreed to change the schedule to 4 appointments weekly for four weeks out of the month.
- Background check, OIG exclusion list check
 - As of April 2014, an online program is now used for OIG checks.
 - The only Champaign County vendor to process fingerprint background checks is Accurate Biometrics. Availability is limited to 1-2 days a week and the available days vary each week which requires weekly checks of the Accurate Biometrics website for availability. There are no other vendors in Champaign County. Approximately 50% of total applicants and 75% of nurse/CNA applicants are already in the system; the continued use of Accurate Biometrics has not been slowing the processing of applicants.
- Two-day orientation
 - In the past, orientation was done once a month. As of July 2014 additional orientation programs have been added as needed.

Champaign County Nursing Home – Expectations Development

There is no current tracking of attrition during the application process. Moving forward, reduction in applicants during each stage of the hiring process will be tracked.

Reducing time to hire supervisory positions is more difficult due to the limited availability of RNs in the Champaign County market. The last Director of Nursing was recruited from Farmer City. The second ADON position that was recently filled was an individual that came from Pontiac, IL. As a corroborating point, CUNR and Heartland have seen significant turnover in nursing management positions over the past two years.

Due to the low supply of qualified RN management/supervisory candidates, (the CCNH Administrator) developed an innovative social services-based supervisor position. CCNH successfully hired an individual with a social services background to fill the Units 1 and 3 Supervisor position.

- **Reduce turnover rates of staff**

Data package provides evidence that turnover rates have shown a steady decline from 78.1% in 2008 to 51.8% in 2012. The sharp rise to 69.3% in 2013 is attributed to dietary turnover. The 2014 turnover rate of 52.5% is an indication that 2013 was reflective of short term issues rather than a long term negative trend.

- **Identify industry turnover rates for each job classification and set goals to keep CCNH turnover rates below those industry standards**

The industry standards for turnover and retention rates will come from The American Healthcare Association (AHCA) Quality Report. The annual report includes turnover and retention data in an annual Quality Report. The most recent report is the 2013 Quality Report provides turnover and retention data for 2008-2012. (The 2012 figure is AHCA 2012 Staffing Report.)

- **In the future, use a search committee that includes the CCNH Board Chair and a county administrative services representative in the hiring of the CCNH administrator to help set expectations**

MPA has always supported an approach such as this.

- **Establish clear job performance expectations**

All jobs have clear listings of duties and responsibilities. The duties reflect what the applicant should expect to do during a standard time period – a normal work week, for example. There are specific interview questions for each job that are designed to match the applicant's responses (capabilities) to the relevant job's

requirements. As part of this Expectations process, we have begun a review of job expectations.

Every employee receives a job description prior to orientation, which lists specific duties. Performance expectations are reviewed with employees as part of orientation process; employees sign their job description before starting work. When an employee does not meet expectations, we implement a performance improvement plan that focuses on deficit areas; plans and goals are developed in cooperation of the employee and manager.

- **Conduct annual performance evaluations for all levels of employees**

Probationary evaluations are completed at 3 months, but there are opportunities to review monthly until 6 month is reached. Department leaders are notified a month prior to the end of the 6-month probationary or annual evaluation period. Department leaders are responsible for returning the evaluation within the month in which it is due. We use standardized format. Managers are evaluated in a 360 format and self-evaluate as well. The 360 evaluation includes 1) self-evaluation, 2) peer evaluations, and 3) Administrator/Supervisor evaluation.

- **Develop employee training programs that improve job performance and satisfaction and offer opportunities for advancement**

The current 2-day orientation program is summarized in Attachment 1.

The orientation covers a wide range of topics. It has an emphasis on customer service including important regulatory issues such as abuse. The Code of Conduct – included in attachment 1 – is covered.

- **Develop an employee satisfaction program that surveys employees and acts on survey findings in order to continually improve employee satisfaction as measured by the survey instrument**

MPA has an employee satisfaction tool that will be implemented.

Possible Solutions

- **Hire a human resources manager (Priority: Local – corporate – both) (Note: CCNH has an approved job description for a Director of Human Resources, attached)**
- **Develop a recruitment protocol for high level management positions**

Response and Solutions

- Hire a human resources manager (Priority: Local – corporate – both) (Note: CCNH has an approved job description for a Director of Human Resources, attached)

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- Hire a Nursing Staff Development Coordinator; (the CCNH Administrator) is working on updating the existing job description
- Develop a recruitment protocol for high-level management positions
- Improve CNA hiring process – already completed, continually reviewed.
- Utilize hiring bonus program to recruit nursing supervisors (unit 2, evening shift supervisor, night shift supervisor) - \$5,000 bonus
 - \$500 @ 3 months
 - \$750 at 6 months
 - \$1,250 at 9 months
 - \$2,500 at 12 months
- Improve culture to reduce turnover. Evaluate current CNA orientation program

As of this writing, we are reviewing all orientation materials from each department - some are good, some minimal. We are also assigning a preceptor for each new orientee to follow that orientee's progress until orientation is completed. We need to address language barriers, such as English-as-a-second-language, to improve communication in some way, potentially adding 6 hours of behavior management training into a 3rd day of orientation. Managers, including the anticipated HR manager, will meet at least weekly with new hires to increase comfort for employees .

Incidents of bullying, or workplace intimidation, are far less common today than when the turnaround started in 2008. Nonetheless, bullying continues to be an issue whenever we discuss workforce improvement. The current brand of bullying takes several forms, a common one being the perceived need for some employees to protect their turf from newly hired employees. To provide two examples, the "turf" may involve money (new hires cost established employees overtime pay) or new employees get the most "undesirable" assignments (e.g., higher acuity resident assignments).

We will continue to educate about bullying. It is a form of abuse against one's colleagues. We will investigate other opportunities of uncovering workplace bullies, perhaps via a hotline as we do in compliance and via exit interviews. This will be a topic that is covered in the weekly meetings between the orientees and manager.

- Reduce turnover by providing advancement opportunities. CNA Team Leaders position. Current pay increase for Team Leaders is \$0.50 per hour. Increase wage by \$2.00 per hour may provide incentive for CNAs to advance to Team Leader position.
- Nursing scholarship program. CCNH currently has a scholarship program funded through Parkland for CNAs and LPNs wanting to advance. It is a scholarship established through Parkland Foundation for Champaign County specifically and its focus is for the C.N.A. or LPN to become a RN. GPA must be 2.8 or better,

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must maintain employment at CCNH and must submit a “Why I want to be an RN “essay. We discuss with employees at orientation and information is posted within the facility on employee notice boards. Does this program need to be communicated better?

Our response for Issue #1 builds on the Data Package that we submitted at the December 4 meeting.

As of November 25, 2014 the current number of open position at CCNH is reflected in the table that follows. Not surprisingly, the largest category of open positions is in the C.N.A. group. The exact number of position will vary depending upon the mix of part- and full-time positions. Accordingly, the open C.N.A. positions are expressed in full-time equivalents.

CCNH Open Positions

	Applitrak			Actual	
	10/21	11/7	11/25	FT	PT
Director of Nursing	-	-	1	1	
Assistant Director of Nursing (RN)	1	1	-	-	
Unit Manager for Rehabilitation (RN)	1	1	1	1	
RN Shift Supervisor	2	2	2	2	
Nurse (1 FT, RN or LPN; 1 PT, RN or LPN)	2	2	3	-	-
Care Plan Coordinator (RN preferred)	1	1	1	1	
Assistant Care Plan Coordinator (RN preferred, LPN minimum)	1	1	1	1	
CNA Team Leader - Long Term Care	3	3	3	3	
CNA Team Leader - Rehabilitative	2	2	2	2	
CNA Team Leader - Dementia	1	1	1	1	
CNA (See Notes, below)	2	2	2	28	
Social Services Director (LCSW or MSW)	1	1	1	-	
Activities Assistant	1	1	1		2
Cook/Assist Cook	1	1	2	1	2
Food Service Worker	2	2	1		3
Transporation Assistant	1	1	-		
Volunteer Coordinator	1	1	1	1	
Laundry Worker	-	1	1	1	
Central Supply Clerk	1	1	-		
Total	24	25	24	43	7

Notes:

- 1) No current RN/LPN vacancies
- 2) CNAs. 83 FTEs are needed. Current CNAs total 55 FTEs, 40 of which are full-time. The full staffing complement requires an additional 28 FTE, which includes a combination of full- and part-time hires.
- 3) Activity Assistants. Two part time vacancies. One hire starts on 12/2.
- 4) Transportation assistant started on 11/4.

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- 5) Volunteer Coordinator expected to start on 12/2.
- 6) Central Supply Clerk started on 11/4.

Any assessment of the number of open position should include an examination of both the retention and turnover rates. CCNH’s retention rate is very close to – in fact, better than - the industry average. In 2012, the AHCA average retention rate for all staff was 72.3 percent; CCNH’s was 68.9. The break-down of the stats follows:

Retention Rate

The retention rate is: $\frac{\text{Number of current employees who have worked for 12 or more months}}{\text{Total Number of Employees}}$

	AHCA Data					CCNH
	2008	2009	2010	2011	2012	
All Staff	69.0%	72.9%	72.6%	72.1%	72.30%	68.9%
All Nursing Staff (RN, LPN, CNAs)	66.9%	70.4%	70.3%	69.9%	66.7%	72.6%
RNs	67.1%	67.8%	68.5%	65.7%	66.7%	77.8%
LPNs	69.5%	73.5%	74.6%	73.8%	75%	65.4%
CNAs	64.6%	68.4%	68.5%	68.6%	68.30%	72.6%

CCNH performed better than the AHCA average in All Nursing Staff, in RNs, and in CNAs.

The turnover rate needs improvement with the main area of emphasis being in the 0-6 month category. The table below indicates that, once CCNH keeps an employee, for 2 years, the turnover rate falls dramatically. The biggest challenge is in the 0-6 month cohort; however, it is no accident that the turnover rate is highest in this group as it coincides with the employee’s probationary period.

Turnover by Length of Service (percentage)

	2008	2009	2010	2011	2012	2013	2014*
Less than 6 Months	42.5%	45.8%	43.6%	47.6%	39.8%	41.1%	42.3%
6 Months to 11 Months	14.4%	19.5%	18.8%	19.0%	20.4%	16.3%	15.4%
1 Year	18.5%	14.4%	18.8%	7.9%	14.6%	24.0%	20.2%
2 Years	8.2%	4.2%	6.9%	9.5%	10.7%	6.2%	8.7%
3 Years	5.5%	5.1%	2.0%	5.6%	4.9%	3.9%	3.8%
4 Years or More	11.0%	11.0%	9.9%	10.3%	9.7%	8.5%	9.6%
Less than One Year	56.8%	65.3%	62.4%	66.7%	60.2%	57.4%	57.7%

CCNH has made meaningful progress since 2008: C.N.A. separations are at an annual low (50 in 2014 versus 75 in 2008); call-ins are down 41 percent from their peak level in 2009. Better hiring practices have been adopted including the use of the Predictive Index.

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In the current circumstance, 28 C.N.A FTE needed to be hired at November 25; in December, that number was over 30. We identified and resolved a process problem where insufficient numbers of applicants were being interviewed, almost assuring that the number of vacancies would increase. Currently, at least three qualified CCNH staff are interviewing C.N.A. applicants. The number of vacancies should fall in the weeks ahead. Since the Expectations task force began meeting, 11 C.N.A.s have been hired, a large number of them as part-timers (7.7 FTEs), and vacancies are down to 25.2 FTEs.

To provide benchmark data on the human resource aspect of the hiring process, we developed the following human resource dashboard with the objective of improving and adapting the measures over time.

HR Dashboard

12-month rolling average				Benchmark	Goal									
	Retention Rate		Jan-Jan											
	All		xxx											
	Nursing Sup													
	All Nursing		xxx											
	C.N.A.		xxx											
	Turnover Rate		Jan-Jan											
	All		xxx											
	Nursing Sup		xxx											
	All Nursing		xxx											
	C.N.A.													
Open Positions by Month		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	C.N.A.													
	All Nsng													
	FSW													
	Total													
Hiring Process										Time: App				
		Total Recd	Job History	PI	Offer	Drug Test	Physical	B-Ground	Hire	to Hire				
YTD	C.N.A.	100	80	80	80	60	50	30	25					
		100%	80%	80%	80%	60%	50%	30%	25%					
Month	C..N.A.	xxx	xx	xx	xx	xx	xx	xx	xx					
		yy	yy	yy	yy	yy	yy	yy	yy					
Termination Stats														
		Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years					
YTD	All													
	C.N.A.													
Current Quarter														
	All													
	C.N.A.													
Termination Stats less voluntary resignations, separations, retirements														
		Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years					
YTD	All													
	C.N.A.													
Current Quarter														
	All													
	C.N.A.													

The HR Dashboard will allow the Nursing Board and management to quantify specific data elements, to concentrate on process improvement, and to lower turnover.

We will recruit a Human Resources manager to bolster our efforts to improve the hiring, performance evaluation, performance improvement plans, documentation, and supervisory training. The net cost for the HR manager, after elimination of one existing position, should be in the \$35-\$40k range.

Because the HR trends at CCNH are positive, we will continue to emphasize and review our approach to orientation and on-the-job training, especially for the C.N.A. and food service positions. The mission aspect of employee orientation will be reviewed from the perspective of imparting to all personnel the culture and values at CCNH as well as the value each employee brings to the residents we care for. Attachment 1 contains the specifics on CCNH's orientation program.

The objective for these steps is to:

Reduce the number of open positions; in nursing, an additional benefit will be less dependency on agency staff

Reduce annual turnover to 45 percent by the end of 2015

Results Recap

- The hiring process has been revised
- Vacancies are being reduced; 30+ C.N.A. FTE now down to 24
- Job expectations will be clarified house-wide by Jan 20 2015
- Employee satisfaction to be measured
- HR manager to be hired – or possibly RN Staff Development Director, or both
- HR dashboard developed for trial implementation
- Reduce turnover to 45 percent by end of 2015

Issue #2: Supervision is deficient and sometimes lacking which creates staff performance deficiencies that degrade the services provided to the residents. [Contract: 2.1(b)(8); 2.1(c)3,4(a,b,c,d,e,k)]

Expectations

- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)

CMS regulations require the development of an individualized care plan for each resident; the care plan uses a multidisciplinary approach to evaluate medical, nursing, psychosocial, physical needs of each resident. Every resident has the

Champaign County Nursing Home – Expectations Development

following assessments: entry, admission, quarterly, any significant change, and discharge. Medicare residents require additional assessments at day 5, day 14, day 30 and every 30 days thereafter. The Minimum Data Set (MDS) identifies any deficits that are developed into care plans. The assessment covers the following:

- Nursing issues including: Pain, Skin, Activities of Daily Living
- Social Services: Mood and Behavior
- Activities: customary routines
- Dietary: Height, Weight and Diet and Dental oral exam
- Therapy
- Devices used

Care plan meetings occur on a quarterly basis and special care plan meetings may occur when significant situations/care issues arise. These meeting typically include the resident, family, nursing, and social services and facilitate resident/family involvement.

CCNH also uses an independent survey process to gauge resident/family satisfaction. The Pinnacle Quality Insight Senior Care Customer Satisfaction Measurement Survey is a monthly phone survey of 15 randomly selected family members. The surveys are not anonymous unless desired by the family member and information from the surveys is utilized as a quality improvement tool. All comments are forwarded to the respective department manager for immediate follow up with the resident/families. The survey covers the 16 variables:

- | | |
|------------------------|---------------------------------|
| - overall satisfaction | -response to problems |
| - nursing care | - treatment dignity and respect |
| - dining service | -recommend to others |
| - quality of food | - recreational activities |
| - cleanliness | - professional therapy services |
| - individual needs | -admission process |
| - laundry service | -safety and security |
| - communication | -combined average |

Attachment 2 includes annual average scores between 2009 and 2014. The 2009 to 2013 data represent a 12-month calendar year average. The 2014 data is a rolling 12-month average as of October.

- Coordinate workflows to best suit the needs of the residents (e.g., CNAs should coordinate with food service personnel to ensure that meals are provided in a timely manner and that residents are not left in the dining halls for long periods of time)

CCNH has focused on building nursing skills to ensure competencies in assessment skills, in recognizing risk situations and in reacting appropriately, i.e.,

implementing programs appropriate to the resident's condition. Documentation has been a continuing effort to ensure what is documented is accurate and that situations are followed until resolved. Identifying opportunities for improvement in MDS coding is a continual process and requires that staff involved maintain their competencies, especially in regard to the accuracy of information coded. Charge nurses are accountable for all functions on their respective nursing units; instilling this value and responsibility has been a continual priority to ensure that the care that is planned actually happens.

We have developed care paths along with Medical Director for common high risk situations for seniors that provide coordinated care and enhance communication with providers.

A significant amount of work has occurred since 2008 to improve the quality of care that has resulted in improved survey results and quality measures. A summary of these are as follows:

- Reviewed nursing policies. Updated key policies such as abuse, neglect and mistreatment policies and procedures, as well as investigation protocols
- Established quarterly training events
- Restructured new employee orientation
- Established a survey preparedness book for all department managers to improve survey preparedness and to provide a better survey experience. For example, CCNH has required survey documents readily available for survey (many items required within 1 hour of entrance) including, Identified Offenders list, Resident vaccines, Surety bond, Isolation lists, Hospice contracts and list of hospice residents, CMS form 802 and 672 are always up to date at any given time, current resident council minutes, current pressure ulcers log, current incident and accident log, and current grievance log.
- Developed a relationship with Carle Clinic that resulted in the hiring of a Medical Director. The Medical Director became very active in policy development, quality assurance activities and was a key contributor to the development of care paths. Carle Clinic's confidence in the care at CCNH led to the addition of a second full-time nurse practitioner and physician;
- Hired a Rehabilitation Program Medical Director from the Christie provider group plus a nurse practitioner;
- Added optometry services;
- Contracting with Carle laboratory services 2x/week to improve lab testing turnaround time;
- Implemented a physician driven wound care program;
- Improved pharmacy services by replacing the 30 day medication dispensing system to a 7 day system. The change has cut costs and improved quality by decreasing medication errors;
- Requested and received a new therapy program manager;
- Added a respiratory therapist;

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- Developed a relationship with Parkland College to reestablish CCNH as a CNA training site, hosted students from Parkland's nursing program and University of Illinois SLP program, DACC and Lakeview School of Nursing;
- Partnered with the University of Illinois to create a post –acute care residency program at CCNH;
- Fostered a collaborative relationship with Health Alliance and Carle Clinic quality assurance projects and initiatives that have enhanced CCNH's relationship with both entities;
- Improved communication and collaboration with AFSCME and facility stewards resulting in a trusting, transparent working relationship. The last grievance filed occurred in 2010;
- Established Safety committee and focused on environmental issues and safety concerns to reduce work related injuries and we have been able to decrease hours significantly with loss October being 1.75 hours.
- Reinstated the Quality Assurance Committee and active QA processes;
- Proactively restructured the QA process to reflect the current standard of QAPI;
- Developed a collaborative relationship with Telligen, the CMS contracted Illinois Quality Improvement Organization (QIO) to develop QAPI policy and procedures. CCNH has also provided research feedback to Telligen on facility specific quality improvement processes. CCNH was a presenter in a December 2013 Telligen webinar;
- Currently working with Telligen as a demonstration site for the implementation of the TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) program. TeamSTEPPS is a team structured program that addresses four key skills: communication, leadership, situation monitoring and mutual support. The demonstration project will determine the impact of Team STEPPS to reduce complaints and improve survey results by facilitating communication at all levels of the organization.
- CCNH management has made specific efforts to coordinate workflows between CNA/nursing and food service. Over the past 4 months, management has conducted 6 meetings that included nursing, union, food service employees, CCNH management and dietary management. These meetings have been conducted to identify problem areas and to coordinate efforts to improve food service. Improvements in tray delivery and plating accuracy have occurred as a result of discussing the following issues:
 - Procedures to fill out menus
 - Accuracy and consistency of adaptive equipment
 - Meal times
 - Changes in dietary staff scheduling
 - Assignment of CNAs to dining rooms
 - Implement policy of no break times during meal service (both nursing and dietary)

- Ensure that the facility is always operating with the appropriate staffing levels

- Ensure that supervisors are not overloaded so that they can manage the full range of supervisory duties.

Filling the supervisory positions is a primary goal. Recent additions include the hiring of the second ADON and the Unit 1-3 Supervisor. These additions have already reduced the workload of the DON and current ADON. Three remaining supervisory positions remain open, including the Unit 2 Supervisor, Evening Shift Supervisor and Night Shift Supervisor.

- Establish fair and equitable scheduling and hold employees accountable for their schedule

The Scheduler has been in-serviced on the CBA requirements, the need for equitable treatment and for upholding employee schedule requirements.

The recently negotiated Collective Bargaining Agreement includes the following changes that will continue our efforts to reduce call-ins, improve continuity of care and reduce the usage of agency CNAs. Agency staffing is used infrequently for RNs or LPNs.

- Attendance at all mandatory in-services as an added condition to receive the quarterly attendance bonus.
 - All nurses must choose their shift preference for self-scheduling. Working shifts outside of their shift preference can be done only after all nurses have self-scheduled.
 - No-benefit nurses and CNAs are no longer allowed unlimited benefit time
 - Changing status from full- to part-time can only be done once per year.
 - 4 attendance points are assessed for weekend and holiday call-ins. Previous assessment was one point. Twelve (12) points accumulated in a 6-month rolling look back period is subject to termination.
 - Limited the number of MD notes to a maximum of three in a six month period.
 - Changed holiday work commitment to working two major holidays and two minor holiday. The old policy required working one major holiday and two minor holidays. The major holidays include Thanksgiving, Christmas Eve, Christmas, and New Year's Day.
- Reduce reliance on agency personnel to cover positions

The changes to the CBA mentioned in the previous bullet will aid in the reduction of CNA agency usage.

The reduction in turnover of CNAs since 2008 has resulted in lower agency usage. Currently, the emphasis on reducing agency expense is focused on improving the CNA hiring and retention processes. Data indicates that the number of CNA applicants is adequate, but in-house procedures to process and interview applicants in a timely fashion needed revision to prevent applicants from being hired elsewhere. Recent gains in CNA hires in November and December indicate that process changes have improved the number of CNA hires.

- Establish job performance expectations and reviews for all levels of employees

See same bullet in issue #1.

- Provide orientation for new personnel. See bullet in issue #1

- Develop employee training programs that improve job performance and satisfaction and offer opportunities for advancement. See bullet in issue #1

Possible Solutions

- Review the training and mentoring provided to the CCNH supervisors
 - If needed, develop a supervisor training program

A Supervisor training program will be developed.

- Ensure effective team building

The Supervisor training program will incorporate team building and communication techniques.

- Establish the appropriate staffing levels and develop a report that provides a monthly summary to the CCNH Board

Management maintains a daily record of nursing staffing levels.

A summary report will be developed for reporting to the CCNH Board on a monthly basis. The report will calculate the average number of CNAs per day, agency CNAs per day, nurses per day, and agency nurses per day.

- Develop or enhance the new employee orientation program that includes a module for each job

See attached new employee orientation program.

Responses and Solutions

Since we started the turnaround in 2008, supervision has needed improvement. Our initial target was to improve the Director of Nursing (DON). We were successful in that endeavor but now suffer from turnover in that position. The most critical need for supervision is on the nursing units. (Food service remains an active issue. Recent indications, however, are that the food service management company is making consistent, deliberate progress improving the operations and customer satisfaction.)

We recently added a second ADON position, currently in orientation. We propose to add additional supervisory positions in nursing, either at the ADON level, at the clinical supervisor level, or at the unit coordinator level. Historically, RN positions have been difficult to fill, not only for CCNH but also for the community of long-term care providers. We have had good success with utilizing a unit coordinator with a social services background to direct a nursing unit. That may prove to be a realistic option. However, the clear preference has to be towards clinical and supervisory skills.

CCNH could benefit from a formal supervisory training program. We have provided supervisory training on an as-needed, informal ad hoc basis. Examples of this informal approach include the necessity to document incidents, to evaluate fairly, to enforce policies and procedures equally, and to communicate frequently. We will explore the various possibilities for providing a supervisory training course at CCNH.

The care planning at CCNH is solid. Discrepancies occur in the implementation – i.e., the failure of nursing staff to follow care plans. Hence the emphasis on supervision could not be more apt.

Three such supervisory positions would cost approximately \$235k.

Results Recap

- Three (3) supervisory positions to be recruited for nursing
- Develop a summary report for the Nursing Board of daily staffing in the nursing department
- Research the development of a formal supervisory training program specific to the needs of CCNH

Issue #3: The quality of the nursing care and clinical services provided by CCNH needs to improve. [Contract: 2.1(b)(8); 2.1(c)3,4(a,b,c,d,e,k)]

Expectations

- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)

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- Coordinate workflows to best suit the needs of the residents.

See similar bullet in issue #2 expectations

- Establish key quality indicators that are regularly reported to the CCNH Board

- Strive for continual improvement on survey results to ensure a three star, or higher, rating

CCNH's overall 5-star rating improved from two stars in 2010 to four stars in early 2014. This was a result of improvements in survey findings and improvements in quality measures. The Quality Measure (QM) rating is based on 9 quality measures out of the 19 total measures. The nine quality measures used are:

- % of long stay residents whose need for help with daily activities has increased
- % of long stay residents with high risk for pressure ulcers
- % of long stay residents who have/had a bladder catheter
- % of long stay residents who are physically restrained
- % of long stay residents with a urinary tract infection
- % of long stay residents who self-report moderate to severe pain
- % of long stay residents experiencing one or more falls with major injury
- % of short stay residents with pressure ulcers that are new or worsened
- % of short stay residents who self-report moderate to severe pain

CCNH currently has a rating of five stars for quality measures. Each quality measure is given a score out of 100 points. Lower percentages result in higher points. The Quality Measures Data as of 10/31/2014 are as follows:

- 21.2 % of long stay residents whose need for help with daily activities has increased compared to National average of 15.7%

-2.3 % of long stay residents with high risk for pressure ulcers compared to National average of 6.0%

-3.2 % of long stay residents who have/had a bladder catheter compared to National average of 3.1%- 0% of long stay residents who are physically restrained compared to National average of 1.2%

- 2.6% of long stay residents with a urinary tract infection compared to National average of 5.8%

- 3.8% of long stay residents who self-report moderate to severe pain compared to National average of 7.7%

- 4.7% of long stay residents experiencing one or more falls with major injury

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compared to National average of 3.2%

- .8% of short stay residents with pressure ulcers that are new or worsened compared to National average of 1.0%

- 10% of short stay residents who self-report moderate to severe pain compared to National average of 18.8% 87 points.

The staffing rating is based on a payroll period selected by CMS that is typically in the weeks prior to the survey. In past years, the annual survey has taken place over the Thanksgiving/Christmas holidays. During this time period, overall nursing hours (supervisors, managers) are lower due to benefit time taken and not because direct line staffing levels are lower. However, the 5-Star rating metric is based on hours worked; when CCNH's payroll sample includes an unusually high level of benefit time, the staffing rating suffers.

All survey deficiencies are taken into the QAPI process, which provides the mechanism to assure that deficiencies are corrected.

- Remain competitive with the other local nursing homes in the Medicare Nursing Home Compare ratings

See attachment 3. CCNH compares very favorably against the other facilities in the market. Our two main competitors are Heartland and CUNR. Both facilities are currently one-star homes.

- Identify other meaningful comparative ratings that can be used as indicators of the quality of care provided by CCNH (e.g., state and national nursing home associations comparative data)

Possible Solutions

- Establish a list of at least six key quality indicators that can be reported to the CCNH Board on a regular basis

Possible quality indicators:

1. Pinnacle survey – Recommend facility to others
2. Pinnacle survey - Communication
3. Pinnacle survey – Nursing Care
4. CMS Quality Measure - % of long stay high risk resident with pressure ulcers
5. CMS Quality Measure - % of long stay residents with a urinary tract infection
6. CMS Quality Measure - % of long stay residents experiencing one or more falls with major injury

- Provide an annual report to the CCNH Board on the comparative ratings of the CCNH to the other local nursing homes

The comparative report can be provided on a quarterly basis. CMs updates facility ratings quarterly.

- For inspection- or complaint-related findings, develop plans of correction, document the actions taken (e.g., policy or training changes), and provide timely reports to the CCNH Board

MPA will continue to provide a quick summary of tags based on the surveyor's final exit meeting. (This is a tentative listing of tags and is subject to change in the final report.) A more detailed summary of the tags and the plan of correction will be provided as soon as the POC has been accepted.

Responses and Solutions

The easiest way to get a sense of progress on quality improvement is to utilize the Medicare 5-Star rating methodology. The rating system has three components:

- a. Staffing: IDPH elects a pay period prior to the annual survey and uses it to calculate the staffing level. Facilities do not have a chance to influence which pay period is used.
- b. Quality Measures: all facilities submit regular data reports on their standing on specific quality measures, which are the same for all facilities
- c. Performance on Surveys: The State survey results are factored into the 5-Star rating. Performance on Surveys is weighted higher than the other two measures. .

CCNH has enjoyed strong scores for staffing and for quality measures. The chart appended to this response compares CCNH to other area providers.

CCNH's significant failing has been on survey performance and this is consistent with the need for improved supervision. There is no reason why CCNH cannot achieve 5-Stars. It has already done so with Quality Measures and has been as high as 4 stars on Staffing.

Improving survey performance will take several years. There are two reasons for this:

- a. Past discrepancies, particularly severe ones such a G level deficiencies sited on annual or on complain surveys, take at least to "fall off" or expire; and
- b. Reducing turnover and training staff to function in a more quality-conditioned environment takes time.

It is likely that it will be as many as 3 years before CCNH's 5-star survey rating improves. Sixteen (16) points will be falling off between January and February; this is a good development as it places past poor performances behind us. However, CCNH will have negative scores added

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as a result of the revisit and recent complaint survey tags. CCNH failed a revisit survey because of food service deficiencies; as a result, CCNH was penalized an additional 50 percent.

The star ratings are updated quarterly so that there will always be 10% of all homes with a 5-Star rating and 20 percent of all homes will have a 1-Star rating. The middle 70% of homes are evenly distributed between two-, three- and four-Star ratings.

We will continue to develop the necessary resources for CCNH to achieve our quality objectives. CCNH compares favorably to area providers. Comparative nursing resources appear in the following table:

Comparative Nursing Hours per Day

Facility	RN	LPN	C.N.A.	Total	Pct Chg
<u>2012</u>					
Heartland	0.56	0.8	2.4	3.76	
CUNR	0.29	0.76	2.46	3.5	
CCNH	0.36	0.67	2.71	3.74	
<u>2013</u>					
Heartland	0.47	0.82	2.22	3.52	(6.4)%
CUNR	.46	0.8	2.1	3.36	(4.0)%
CCNH	.51	0.57	2.59	3.67	(1.9)%

Source: Medicaid Cost Reports
CCNH figures include agency staffing; Heartland and CUNR do not use agency personnel. DON and ADON excluded for all facilities.

For every quality measure, CCNH has an action plan that has been developed to improve the measure. These plans, which were developed and implemented by (the CCNH Administrator), are quality initiatives that were used to improve the quality measures and overall quality of care. The Major Injury - Falls quality measure is based on a 12 month look-back period that includes any falls that occurred in another setting, meaning that, if a resident has fallen at another facility, CCNH's score might be affected.

The following is a summary of the action plan.

- Every resident receives a fall assessment on admission to determine the risk of falls
- Weekly interdisciplinary fall meeting/discussion of interventions. This action plan item has been recently changed to daily huddle rounds that occur daily on every unit. The rounds are conducted by the Director of Nursing, Assistant Director of Nursing, Rehab Director, a unit specific nurse, and a unit specific CNA. During the rounds, safety devices are checked for proper use and placement and care plans are reviewed and updated as required.

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- Staff training on investigation for root cause of falls, implantation of individualized interventions
- Safety rounds by staff every two hours
- IPMG nurse consultant assists on reviewing safety issues

Results Recap

- Improve performance on annual surveys
- Achieving a 5-Star rating remains a realistic future goal

Issue #4: The quality, timeliness, delivery, and cleanliness of the food service program at CCNH need to improve. [Contract: 2.1(b)(8); 2.1(c)3,4(b,d,e,k)]

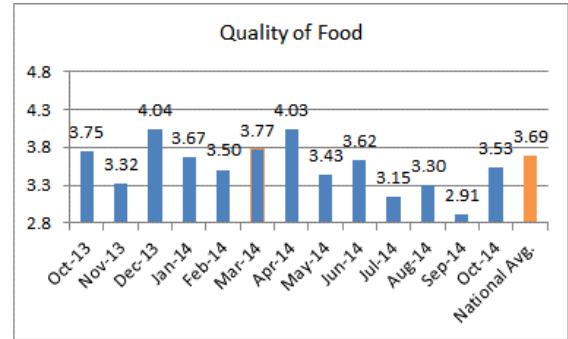
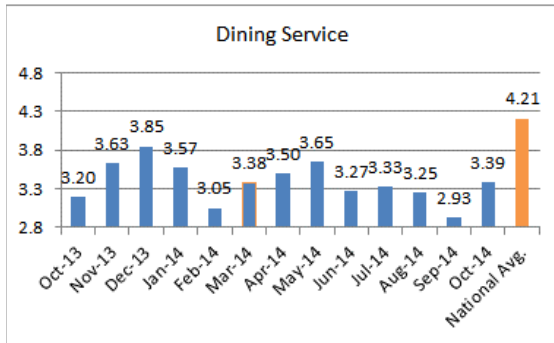
Expectations

- Ensure that the kitchen and dining facilities are run in accordance with all public health requirements
- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs – food service ratings have been consistently low, these need to be improved)
- Coordinate workflows to best suit the needs of the residents (e.g., CNAs should coordinate with food service personnel to ensure that meals are provided in a timely manner and that residents are not left in the dining halls for long periods of time)
- Assist those residents who need total help with eating/drinking and ensure they have the proper adaptive utensils
- Prepare food that is nutritional, appetizing, tasty, attractive, well-cooked, and at the right temperature
- Make sure menus meet the resident's nutritional needs and that there is a menu by which nutritious meals have been planned for the resident and followed
- Hire sufficient dietary support personnel
- Ensure that the meal service is served on time
- Ensure that the dining areas are clean (e.g., sticky floors over a period of time)

Possible Solutions

- Continue to work with Healthcare Services Group. They have shown the ability to hire qualified, capable management staff. The eventual addition of a full-time Dietician will be a significant factor to address, maintain/improve resident's dietary needs based on their individual medical/physical limitations.
- Provide CCNH Board with Monthly Pinnacle Quality scores including Dining Service and Quality of Food. October's results indicate meaningful progress.

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- Provide CCNH Board Monthly Dietitian Customer Satisfaction Scores. These are based on a random selection of 30 residents per month who are asked the following questions:
 - Does your food taste good?
 - Are you served foods you like to eat?
 - Are your hot and cold food served the way you like?
 - Do you get enough to eat?
 - Do you get snacks and beverages when requested? Do you receive substitutes?
 - Is a snack offered in the evening?

Current HCSG resident survey data:

- September 58% of residents are happy with dining service
 - October 62%
 - November 76%
 - December (partial) 78% (as of 12/10/14)
- Provide CCNH Board monthly plating times. “Plating times” is defined as the time that the first and last plate of food are made for each meal service. Plating times are recorded for each daily meal service, seven days a week. MPA has been calculating average plating times and the minimum/maximum starting/ending plating times for each meal service. We want the Range value to be decreasing and the Average value to be consistent.

Plating Times

	Breakfast Start				Breakfast End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	7:33	7:10	8:03	0:53	8:59	8:25	9:27	1:02
Oct	7:31	7:15	7:50	0:35	8:40	8:20	8:58	0:38
Nov	7:36	7:15	7:55	0:40	8:40	8:10	9:28	1:18

	Lunch Start				Lunch End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	11:16	11:00	12:40	01:40	12:55	12:09	01:20	01:11
Oct	11:38	11:30	12:02	00:32	12:38	12:16	12:54	00:38
Nov	11:40	11:30	11:50	00:20	12:57	12:12	12:50	00:38

	Dinner Start				Dinner End			
	Avg	Min	Max	Range	Avg	Min	Max	Range
Sept	04:32	04:30	04:50	00:20	05:33	05:07	05:50	00:43
Oct	04:32	04:28	04:40	00:12	05:43	05:25	06:55	01:30
Nov	4:46	4:26	5:10	0:44	5:38	5:11	6:00	0:49

Responses and Solutions

The current contract manager has the food service program headed in the right direction. Initially, we experienced the usual array of troubling circumstances and results as the new manager shook down the operation and brought stronger supervision to CCNH.

Recently, results have been more encouraging and satisfaction scores have been rising.

The acceptability of food service can be tracked via the monthly customer satisfaction surveys.

Issue #5: Programs and services offered at CCNH need to continually adapt to meet the residents’ needs and to expand opportunities for increased resident counts. [Contract: 2.1(b)(8); 2.1(c)3,4(b,c,d,e,k)]

Expectations

- Recommendations and/or planning for new programs and services need to be an ongoing activity
- Assess the needs of the residents and ensure the services provided are consistent with those needs (e.g., monitor resident and family satisfaction surveys and adjust the services provided to address deficiencies in programs)
- Plans should be developed to address the following programs:
 - **Dementia Care** – With the closing of CUNR’s dementia unit, CCNH is the only SNF with a certified dementia unit. Growth potential is limited as both units (locked and unlocked units) are typically full. Continued programming is geared to improving services and quality of dementia care.

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- **Rehabilitation services** – A significant improvement has been the recent change in Program Manager. Key areas that are being addressed include development of rehab outcomes measures, improved collaboration/communication between rehab and nursing in resident's rehab treatment planning. The goal is to maximize the quality of the rehab program and to implement necessary changes to increase Medicare market share that now includes Health Alliance and Molina Healthcare, the new MMAI health plans.
- **Dialysis care**
- **Respiratory therapy** – In place since 2013
Pulmonary clinic – CCNH has been unable to find a pulmonologist interested in seeing residents at CCNH.
- **Readmissions** – See Possible Solutions
- **Outpatient therapy** – Health Alliance, Molina Healthcare and the VA have voiced interest in providing outpatient therapy services to the adult day care (ADC) clients.

Possible Solutions

- Strategic Positioning for Dual Eligible Managed Care. A Dual Eligible is any resident that is eligible for both Medicare Part A and Medicaid long term care services. Almost 100% of our Medicaid residents would fall into this category. This MMAI (Medicare Medicaid Alignment Initiative) is a federal demonstration program that was included in the Affordable Care Act, where managed care health plans like Health Alliance will be responsible for both the Medicare and Medicaid care of seniors. Illinois wants 100% enrollment. The motivation is cost savings as well as improved care coordination within the health care continuum. The care continuum includes physicians, hospitals, long term care providers and home and community based services. The goal is to provide the appropriate level of care. We would paraphrase that to mean: move patients out of the hospital into nursing homes, but preferably to home or community based services.

The MMAI effort requires SNFs to be active participants with the health plans. Because the dual eligible account for more than half of CCNH's resident population, maintaining and expanding our market share of these residents is necessary to maintain occupancy and financial viability. Existing work done by CCNH including readmissions, protocol development, improving quality and quality ratings have positioned CCNH to be a key SNF provider to both Health Alliance and Molina Healthcare. Management has been aggressive in communicating with both health plans regarding CCNH services.

- Readmissions. CCNH has developed algorithms in cooperation with the CCNH Medical Director to provide a medical/nursing integrated approach to reduce admissions in the following areas that have been shown to be the major reasons for hospital readmissions:
 - Congestive health failure
 - Urinary tract infection

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- Fever
- Lower respiratory infections
- Change in mental status
- Dehydration

The work that has been done at CCNH involves significant collaboration with the Medical Director who oversees the Carle Clinic medical staff and with the two full-time nurse practitioners that provide the medical care for CCNH residents. Improving the medical management provided by the physicians and nurse practitioners is a vital component. Continued collaboration/communication with Carle Clinic in this area continues.

CCNH has also been working in collaboration with Carle Clinic and Health Alliance to reduce re-hospitalizations. For the past 2 years, CCNH has been using the INTERACT (Interventions to Reduce Acute Care Transfers) that was developed by Florida Atlantic University but endorsed by CMS as a QA tool to reduce readmissions. The program includes quality assurance and training modules for nurses and CNAs. CCNH has been using the QA program, which requires a root cause analysis and data tracking of all re-hospitalizations. The program has also been used to educate the nursing and CNA staff on improving the early detection, assessment, documentation and communication about changes in residents to the medical staff.

**Interact Data
Readmission Rates by Month**

April		11%
May		25%
June (5/16)		31%
July (4/11)		36%
Aug (3/15)		20%
Sept (1/12)		8%
Oct (4/12)	*	33%

Responses and Solutions

CCNH's bed count is 243. With several double rooms now converted to single rooms, the practical capacity is 224. In 2014, CCNH census averaged 203.0 (thru November). From a practical standpoint, we can re-position, but we cannot add capacity to boost revenues.

The CCNH mission also plays a determining role in evaluating revenue opportunities. From the 2013 Medicaid Cost Reports, Medicaid represented 52 percent of all days in the local market. Thirty-six (36) percent of all Medicaid days were provided at CCNH; the next closest were Helia (22 percent) and CUNR (20 percent). The more telling statistic is the raw number of Medicaid days:

Facility	Medicaid Days
CCNH	37,426
Helia	22,394
CUNR	20,680
Illini	15,869
Heartland	6,556

CCNH's commitment to the Medicaid population is far greater than any other local provider's. Without CCNH, the profit picture for the other skilled nursing facilities would change dramatically – or the number of certified Medicaid beds would be reduced, compromising access to service to the largest payer source in the market.

Dialysis remains an excellent service option for CCNH. However, the capital cost of renovating the Adult Day Care space is in excess of \$300k and makes that approach to renal dialysis unrealistic.

CCNH operates the market's only dementia program that is certified by IDPH. It maintains a high level of occupancy, but the payer mix is highly skewed towards Medicaid. There are opportunities through community outreach and education to increase awareness of the significant contributions CCNH is making to dementia care.

Rehab and respiratory therapy services are currently being provided. To-date, Carle has expressed no interest in providing a pulmonologist. Presence does not have a pulmonologist interested in this type of service.

Readmissions are covered above.

With Alliance Rehab (or its successor), we will be pursuing opportunities for increased Medicare Part B revenues. Historically, CCNH's Part B revenues have been paltry, in no small measure because Illinois HFS does not pay the resident co-pay. As a result, CCNH has an aberrant disincentive against the development Part B revenues.

Results Recap

- Dementia: Opportunity to bolster community image; limited opportunity for improved mix
- Dialysis: market opportunity exists; capital investment not feasible at this time
- Rehab/respiratory therapy: Implemented
- Readmissions: constant dialogue and process improvement with Carle and Health Alliance.
- Managed Care (MMAI): Opportunity to increase Medicare and Medicaid census with Health Alliance and Molina Healthcare
- Part B revenues: good chance to develop more B revenues with therapy vendor

Issue #6: The service and vendor contracts managed by CCNH need to be actively managed.
[Contract: 2.1(b)(8); 2.1(c)3,4(b,d,g,k)]

Expectations

- MPA shall advise and assist the Nursing Home Board in securing and retaining contracts in the name and for the account of CCNH with such individuals or entities necessary for the proper and efficient functioning of CCNH
- MPA shall administer all contracts in force at the time of hire in the best interest of CCNH
- Outdated contracts need to be brought up-to-date
- Once each year in the month of August, MPA shall review with the Nursing Home Board all current contracts in place, and specifically contracts expiring in the next twelve months with a schedule for renewal, including the timing of any competitive procurement processes required for renewal of those contracts pursuant to the terms of the Champaign County Purchasing Policy

Possible Solutions

Responses and Solutions

In August, all vendor contracts – except Pharmacy and Rehab – were reviewed. Both Pharmacy and Rehab services are functioning well but are more than three years old. RFPs for each service have been developed and reviewed by County management; the RFPs were issued on 12/16/2014.

CCNH maintains a list of active and inactive contracts/vendors as well as a suspense file indicating when specific actions might be required as a condition of the contract. CCNH maintains a proactive position on contracts. One recent example is with a staffing vendor that provided a nursing employee who had a negative background check. CCNH took the proactive step of requiring all agency staff to clear their credentials with CCNH management before starting work; we intend to bolster our contract language with all appropriate vendors and to hold vendors accountable when feasible.

Contract Requirements

2.1(b). MPA'S DUTIES

2.1(b)(8). Personnel Management. MPA shall develop, provide, and manage personnel management policies and procedures designed to maximize the effectiveness of CCNH's employees. Such policies and procedures will: a) be consistent with applicable Champaign County personnel policies and procedures when necessary and/or b) specifically reflective of CCNH needs. Such policies and procedures will address discipline, hiring, and developing CCNH employees, including conducting job analyses, recruitment, orientation, training, and appraising performance of CCNH employees, and managing CCNH wages and salaries. MPA's management of CCNH personnel policies is designed to maximize CCNH personnel performance. As part of the annual budget process, MPA shall document the approved staffing budget for the facility including position titles, job descriptions, salary ranges, and projected number of staff in each position classification. MPA shall operate CCNH consistent with the approved staffing budget but reflective of census fluctuations, labor market conditions, and the cost/benefit of alternate staffing arrangements.

2.1(c). PRIMARY GOALS

The primary joint goals of the Nursing Home Board and MPA are to work together and use best efforts to:

3. Promote strong administration and management controls;
4. Maintain and strive to continually improve the operations of CCNH in accordance with the following goals and the strategic objectives on Exhibit A:
 - a. Provide quality nursing and rehabilitation services;
 - b. Maintain programs to promote the effective utilization of CCNH's services;
 - c. Provide recommendations and planning for new or expanded services to be provided by CCNH which may include but are not limited to: dementia care, rehabilitation services, and dialysis care;
 - d. Maintain a deserved public image of excellence for CCNH including the development of an appropriate external marketing program;
 - e. Maintain quality staffing of CCNH with particular emphasis on employee development and satisfaction;
 - g. Institute and maintain sound financial accounting systems at CCNH;
 - k. Adhere to, and fully cooperate with, all applicable State and Federal statutes, laws, rules, and regulations, including but not limited to the Nursing Home Care Act.

Attachment 1 CCNH Orientation Program

Each department leader presents department-specific topics and educational requirements. We cover all the required educational components before an employee can assume a position working with residents. All vaccines and TB skin testing are completed during orientation.

Orientation includes:

- Mission and resident centered care approach,
- Philosophies,
- Chain of command
- Abuse and Neglect
- HIPAA, Privacy and Consent
- Door signs, safety rounds, protection devices ie wander guard, delayed egress doors, safety alerts
- CNA Team leader structure
- Nurse responsibilities for unit
- Medication administration including documentation and 5 rights of med pass
- Call light system and call light answering goals
- Mechanical lifts and sit to stands/no lift facility
- Infection control policies/isolation/TB/Blood borne pathogens
- PPE, Job descriptions and Performance expectations for nursing staff,
- Orientation/preceptor introduction
- Review of attendance policy, Benefits
- Review of performance evaluation and forms
- Public health, hand washing
- Resident rights
- Restorative nursing programs
- ADL documentation, meal intake, B&B Behaviors, Dental program, restraints, Storage, safety interventions, Plan of care
- Therapy and nursing work relationships
- Dining, meal times, cost of employee meal
- Hydration and snacks, , special diets, supplements, monthly weights, MSDS books
- Housekeeping schedule, cleaning up blood spills procedures, cleaning tubs and shower chairs
- Maintenance work orders
- Phone system, ID cards
- Fire lane
- Laundry processes, Missing clothing,
- Nursing Home Auxiliary role, general store
- Central supply
- Admission process
- Social Services responsibilities, Advance directives, designation of health care power of attorney, financial power of attorney, behavior tracking

Champaign County Nursing Home – Expectations Development

- Adult Day Care services
- Activity department role, activity calendars and newsletters
- Resident rights
- Nursing scheduling and forms, hours, call in line
- Therapy dept review of therapy modalities, Gait belt usage, safe transfers
- HR training includes payroll approvals, workers' compensation, recruitment and retention, FMLA, complaints and conflict mediation
- Staff development, Job fairs and community event
- AFSCME training
- Tour of facility
- Adult Day care and Dementia unit hires receive an additional 4 hour orientation class. Must have 12 hours of in-service education prior to 45 days of employment

Mandatory trainings are scheduled through Safety Committee

- Quarterly - Abuse and neglect
- Semi-Annual - Resident rights
- Annual - Infection control topics
- Semi-Annual - fire safety and egress and fire extinguisher training
- Annual - customer service semi
- Annual - sexual Harassment and Violence in the workplace
- Semi-annual - ergonomics and body mechanics
- Annual - Right to know and lock out, tag out and confined space training
- Annual - HIPAA privacy
- Annual - Compliance
- Monthly - dementia education
- Annual - end of Life care
- Monthly - disaster planning
- Monthly – fire drills
- Monthly -elopement drills
- Dental Training annually for nursing
- NP monthly training activities for nursing
- Skin care and wound types and treatment for nursing
- Nursing topics: CPR, Trach care, Assessment, Medication administration, IV, enterals, Supervision
- Compliance topic training
- Each Department holds monthly staff meetings

During orientation, all dietary employees receive the ServSafe® Food Handler Training Program, which is an online course and assessment (National Restaurant Association). The course covers all aspects of sanitation in food service from serving to prep. All dietary employees must pass to continue on with employment. This training is required by Law; specifically, all food handlers in the state of Illinois must have ANSI Accredited Food Handler Training starting July 1, 2014. New hires have 30 days from the date of hire to obtain the training. HCSG has a structured orientation program that they have implemented with new hires and which is overseen by HCSG management staffers

CCNH Code of Conduct

Champaign County Nursing Home residents are enveloped in a community of friendship and respect. Employees support this promise by following an uncompromising Code of Conduct that defines how we care for those we serve and communicate with those who serve beside us.

Code of Conduct

I approach each day with a commitment to uphold Champaign County’s promise to those we serve. I know that promise is fulfilled when my attitude and behavior are as follows:

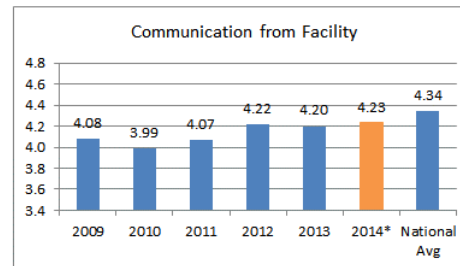
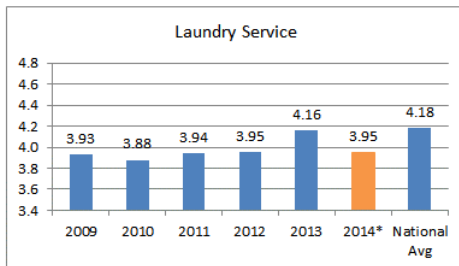
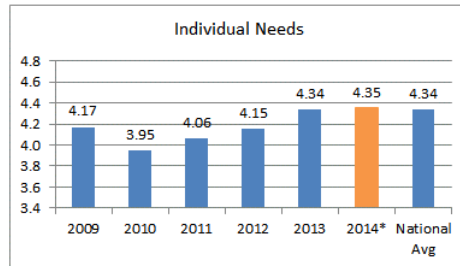
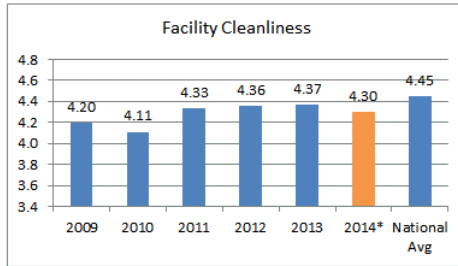
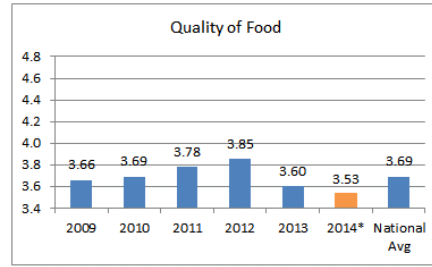
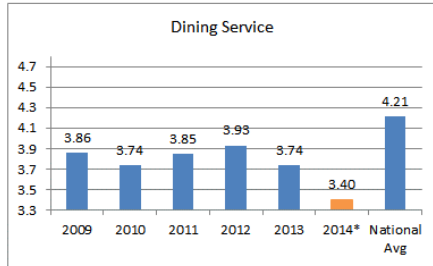
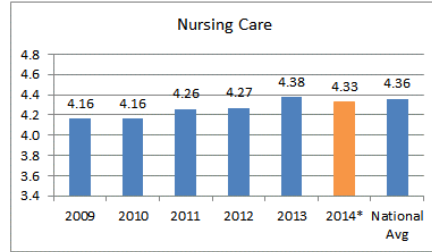
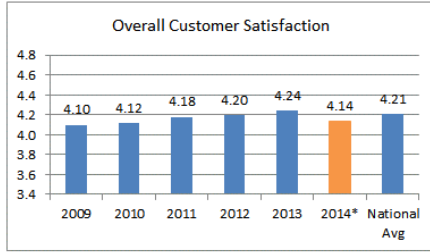
- ✚ To acknowledge others and greet people in the hallways with a sincere *warm* and *friendly* smile.
- ✚ To make eye-contact within 10 feet and speak or acknowledge people within 5 feet (*The 5/10 Rule*)
- ✚ To anticipate resident needs.
- ✚ To take immediate action to resolve any concern or complaint voiced by a resident or visitor. I will be part of the solution in a manner that is pleasant, friendly, helpful, and do so with a smile. If I cannot resolve the concern immediately, I will ensure that the right person addresses the concern and that it is resolved to the satisfaction of the resident or visitor.
- ✚ To consider how and what I say will be received *before* I speak. I will communicate with residents, visitors, and co-workers with respect and a positive attitude.
- ✚ To provide care in a way that recognizes each person I serve has individual needs and preferences.
- ✚ To take care of all requests promptly. If I cannot take care of the request myself, I will find the right person for the job.
- ✚ To actively listen to those I serve and respond appropriately.
- ✚ To enjoy my work and encourage others to do the same.

Employee Signature_____ Date_____

Champaign County Nursing Home – Expectations Development

Attachment 2
Pinnacle Survey Scores 2009 to 2014

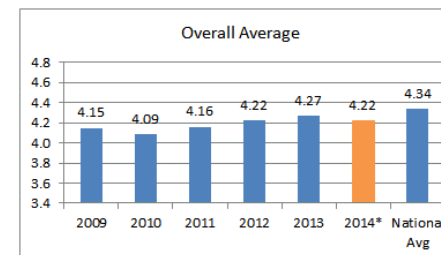
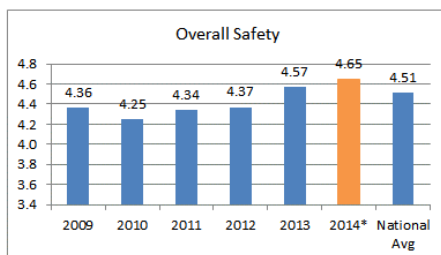
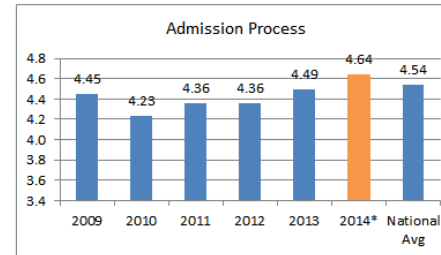
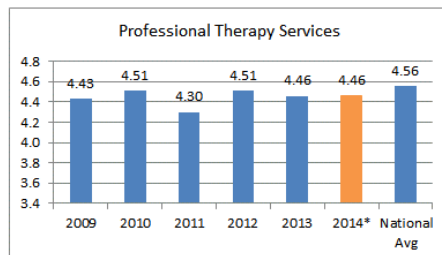
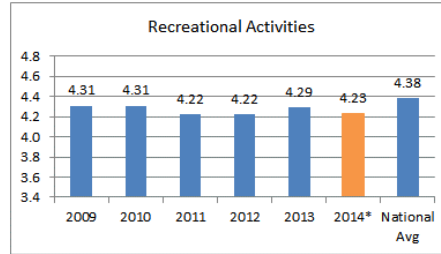
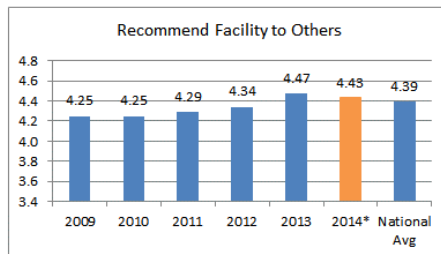
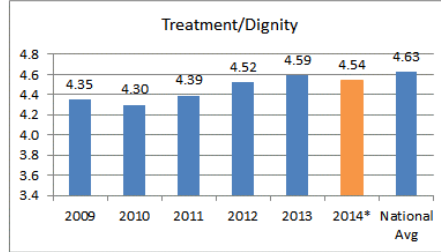
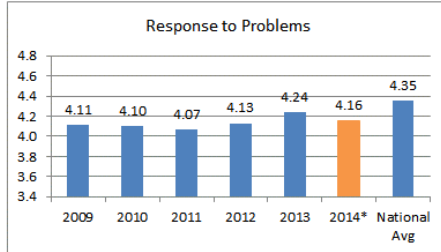
Note: 2014 data is rolling 12 month average as of Oct 2014. All previous year's data are 12 month calendar year averages



Champaign County Nursing Home – Expectations Development

Attachment 2 (Continued)
Pinnacle Survey Scores 2009 to 2014

Note: 2014 data is rolling 12 month average as of Oct 2014. All previous year’s data are 12 month calendar year averages



**Attachment 3
Improvements in CCNH Five-Star Rating**

	Overall Rating	Surveys	Staffing	Quality Measures
Current	★★	★	★★★	★★★★★
July 2014	★★★★	★★	★★★★	★★★★★
Jan 2013	★★	★	★★★★	★★★
Jan 2012	★★	★	★★★★	★★
Jan 2010	★★	★★	★★★	★★

**Comparative Five-Star Rating
Champaign County Facilities**

	Overall Rating	Surveys	Staffing	Quality Measures
CCNH	★★	★	★★★	★★★★★
Heartland	★	★	★★★★	★★★★★
Helia	★	★	★★	★★★
CUNR	★	★	★★	★★★★★
Clark Lindsey	★★★★★	★★★★★	★★★★★	★★★★★
Illini	★★★	★★★	★★★	★★★
Country Health	★★★★	★★★★	★★	★★★★
Heartland Paxton	★	★	★★★	★★