

# NURSING HOME BOARD OF DIRECTORS AGENDA

County of Champaign, Urbana, Illinois

Monday, February 13, 2017 – 6:00pm

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

**CHAIR:** Jack Anderson  
**DIRECTORS:** Sam Banks, Deb Busey, Catherine Emanuel, Josh Hartke, Mary Hodson,  
Edmund Sutton

<u>ITEM</u>	<u>Page #</u>
I. <u>CALL TO ORDER</u>	
II. <u>ROLL CALL</u>	
III. <u>APPROVAL OF AGENDA</u>	
IV. <u>APPROVAL OF MINUTES</u> January 9, 2017	1 – 4
V. <u>PUBLIC PARTICIPATION</u>	
VI. <u>COMMUNICATIONS</u>	
VII. <u>MANAGEMENT UPDATE</u> A. Medicaid applications B. State cash advance C. Staffing update	5 - 43
VIII. <u>FOOD SERVICE UPDATE</u> A. HCSG B. Induction tables C. Cloth napkins D. Missing food items	
IX. <u>REVIEW OF COUNTY CONSULTANT FINAL REPORT</u> <i>(to be distributed)</i>	
X. <u>NEW BUSINESS</u> A. Evaluation of exit survey methodology toward reducing employee turnover and increasing retention	
XI. <u>CLOSED SESSION</u> Closed Session Pursuant to 5 ILCS 120/2(c)(11) to Consider Litigation which is Probable or Imminent against Champaign County	

**CHAMPAIGN COUNTY NURSING HOME BOARD OF DIRECTORS**

**February 13, 2017 Agenda**

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**XII. ITEMS FOR BOARD APPROVAL**

**44**

- A. 2017 Calendar of Meetings
- B. RFP for a management company to operate the nursing home
- C. Proposal for the hiring of an individual administrator (hired as a County employee) to oversee the nursing home operations
- D. Proposal for the hiring of an individual dietary manager (hired as a County employee) to oversee the nursing home's dietary operations

**XIII. NEXT MEETING DATE & TIME**

March 13, 2017

**XIV. ADJOURNMENT**

**Board of Directors  
Champaign County Nursing Home (CCNH) –Minutes  
Urbana, Illinois  
January 9, 2017**

Directors Present: Anderson, Banks, Hodson, Sutton

Directors Absent/Excused: Busey, Emanuel, Hartke

Also Present: Asplund, Gima, Noffke, Snider, Weibel, Petrie

**1. Call to Order**

The meeting was called to order at 6:01 p.m. by Chair Anderson.

**2. Roll Call**

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

**3. Approval of Agenda**

The agenda was approved as distributed (motion by Banks, second by Hodson, unanimous).

**4. Approval of Minutes**

The open session minutes of December 12, 2016 were approved as distributed (motion by Banks, second by Hodson, unanimous).

**5. Public Participation**

Cheryl Goss (Social Service Director for CCNH) requested that people tour the facility and observe its operation before they make a decision to support hiring a new administrator.

Mary Shultz asked about the progress on serving hot food and staffing issues. She commented she is discouraged by the fact she has been asking these questions for more than a year and no resolution has been reached. Ms. Shultz stated during her last few visits, there were only three or four food staff people working. According to her, the steam tables have been on the property for weeks and not installed. Ms. Shultz listed several food shortages, including bananas and milk. She stated cloth napkins are not available either. Ms. Shultz expressed concern relating to the volunteers who provide church services. According to her, many residents do not attend because the breakfast is late.

David Laker stated since October, the availability of staff to care for residents seems short. He provided some examples related specifically to the care of his wife, Sue. Mr. Laker commented staff is inattentive to her needs, especially the night shift. He shared his concerns about staff working 12-hour shifts, particularly weekends. Mr. Laker stated he believes that when the dietary service does not work, nothing else works either. He acknowledged his gratitude for the County Board attending this meeting.

Wanda Knell shared that her husband has been a resident for 3 years and will be a life-long resident. She confirmed her agreement with all the previous comments made. Ms. Knell stated the cloth napkins had been used for some time in the East dining room only, but lately were not. She said if given the opportunity, she would not take her husband somewhere else because she and her husband like Champaign County nursing home.

Pattsi Petrie (County Board) asked the board to give serious consideration to item ten on the agenda. She confirmed her agreement with the other concerns raised during public participation. Ms. Petrie asked that positions of administrator and dietary manager be posted for 30 days prior to an RFP going out.

**6. Communications**

None

**7. Preliminary Report by County Consultant**

Ron Aldrich started his discussion with a review of all the documents he received prior to his visit. Mr. Aldrich continued with a summary of the community members, staff members, and organizations he already met with, or is scheduled to meet with prior to the full County Board meeting. He stated the belief of those he interviewed that some of the challenges the nursing home faces with regard to staffing are due to the uncertainty of the future of the nursing home. He recommends the County Board clearly and definitively communicate the plan for the nursing home's future. Mr. Aldrich reviewed the impact of political policy and potential changes to the Affordable Care Act. According to Mr. Aldrich, the nursing home has a reputation of acceptance and diversity.

Mr. Sutton asked Mr. Aldrich how to proceed with a decision regarding the future of the nursing home when so much regarding the ACA is unknown.

Ms. Hodson asked Mr. Aldrich to include recommendations for cost reductions in his final report.

Mr. Anderson discussed the financial issues with regard to the impact to the County's general operating fund. He also asked whether these financial problems have decreased the quality of care received by the nursing home residents.

**8. Management Update**

Scott Gima began the discussion with an update on the Medicaid applications. According to Mr. Gima, the number of open applications is down to 39; from the original 68. There are 22 awaiting payment. He noted a typo in the second paragraph of the memo included in the packet. Mr. Gima clarified the number should be 18, not 8.

Mr. Gima discussed the status of the request for the cash advance from the State, called a C-13 Waiver. It was submitted to HFS prior to Christmas. The request asked for multiple options for a payback mechanism and stressed the desire to pay the nursing home vendors who are owed past due payments. Mr. Gima noted that \$1 million would cover roughly 3 months of Medicaid payments.

Mr. Gima provided notice of the State's intention to move to a claims-based billing system. This new process begins in January and requires billing per resident, per month. MPA submitted a test claim but received no feedback. Mr. Gima expressed concern regarding the timing of payment with this new system. He commented the contingency plan is to hold back vendor payments in order to make payroll.

Karen Noffke reviewed staffing. She reported 10 vacancies and 1 separation in January. Ms. Noffke stated the dietary staff is above target. Mr. Sutton noted her report conflicts with issues brought up during the public participation portion of the meeting. According to Ms. Noffke, the reports show that dietary is fully staffed. She also noted the staff reports the meals are on time.

Mr. Gima discussed the compliance program and code of conduct. He asked that each board member read, complete, sign, and return the form contained in the packet.

**9. Food Service Update**

Ms. Noffke clarified that the new “steam” tables are actually induction tables. There was a test originally scheduled for this week, but it was postponed due to missing cords. She indicated that it is necessary to have the regional representative on site when the test is done. She will coordinate a date, potentially for next week.

Mr. Anderson asked Ms. Noffke to follow up on the issues brought up during the public participation, including the napkins and missing food items. He also asked Mr. Gima for an update on the current dietary service provider (HCSG).

Mr. Gima responded the situation has improved in the last couple of weeks. He stated that HCSG has indicated they are willing to work with the nursing home, even if it means a transition to a new company. Mr. Gima noted that HCSG has assigned a new regional manager, who lives in Bloomington. According to Mr. Gima, the two other companies who had previously shown interest in the taking over dietary service have now asked for a 3-month cash advance (\$180,000) prior to starting.

**10. Items for Board Approval**

RFP for a management company to operate the nursing home

Mr. Anderson stated the agreement with MPA ends June 30, 2017.

Proposal to hire administrator and dietary manager as County employees

Mr. Sutton commented he heard opposition from the previous County Board with regard to hiring an individual in this capacity.

Ms. Noffke responded that the dietary manager position has been posted for several months and there has not been a single application, due to the Certified Dietary Manger (CDM) requirement by the State of IL.

Mr. Gima reviewed the process currently in place for hiring an administrator. According to him, MPA does the legwork. MPA provides the job description and screens the applicants. It narrowed those to the top three candidates and presented those three to the nursing home board of directors. Mr. Gima indicated the process could be tailored to the board’s wishes.

Ms. Hodson commented there were previous nursing home administrators who were employed by Champaign County. She noted it has historically difficult to attract an accountant, or someone with a financial background to work as an administrator at a nursing home salary. Ms. Hodson noted the difficulty in attracting qualified people; given the uncertainty of the future of the nursing home.

Mr. Anderson suggested these items be tabled until the February meeting, after Mr. Aldrich’s full report has been received and the County Board has met.

**11. Compliance Program Resolution**

Motion to approve the resolution by Sutton; seconded by Ms. Hodson. MOTION carried unanimously.

**12. Next Meeting Date & Time**

The next meeting is scheduled for Monday, February 13, 2017 at 6:00 pm.

**13. Adjournment**

Chair Anderson declared the meeting adjourned at 8:11 p.m.

Respectfully submitted:

Tammy Asplund  
Recording Secretary



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**To:** Board of Directors  
Champaign County Nursing Home

**From:** Scott Gima

**Date:** February 9, 2017

**Re:** **Medicaid Applications/Cash Advance Proposal**

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The following are the latest developments in addressing the backlog of Medicaid applications.

There are 48 open applications, which is up from the 40 that was reported last month. The increase is due to new applications that are a result of private pay residents transitioning to Medicaid or Medicare admits converting to long term status requiring a Medicaid coverage. Twelve of the forty-eight applications have been approved but the payment switch has not yet been flipped on by DHS. Application activity from DHS has dropped off significantly over the last 3 weeks, a worrisome trend.

LeadingAge has provided the following update on the efforts of the nursing home associations to deal with the application backlog.

- The local caseworkers outside of the two hubs are reporting they have now completed 2,217 admits. This exceeds the stated goal of at least 1,000 cases being completed by this team by the end of January.
- There were 44 local caseworkers. 6 have retired which leaves a total of 38. DHS has identified 14 former employees with expertise in this area and are going to offer them contracts to come back to do this work. If they all accept, this would bring the total up to 52.
- In a mid-January update to members, LeadingAge stated that the opening of the new third hub was pushed backed to February 1, 2017. However, there has been no update, so I am assuming that the opening of the hub has been further delayed. 43 caseworker positions are planned initially. DHS still plans to ultimately hire 98 CWs to work in this office.

## Action Plan Update

### Issue 1

#### Current Open Positions

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

Number of Open Positions		
	1/1/2017	2/1/2017
Accounts Receivable Clerk	1.0	1.0
Director of Nursing	1.0	1.0
Assistant Director of Nursing	1.0	1.0
Unit Manager for Rehabilitation (RN)	1.0	1.0
RN Shift Supervisor	3.0	3.0
Care Plan Coordinator (RN preferred)	1.0	1.0
CNA Team Leader - Long Term Care	5.0	5.0
Restorative CNA	1.0	1.0
CNA	10.4	11.2
Activities Assistant	0.0	2.0
Cook/Assist Cook	0.0	0.0
Food Service Worker PRN	1.0	0.0
Transporation Assistant	0.0	0.5
<b>Total</b>	<b>25.4</b>	<b>27.7</b>

CNA vacancies increased from 10.4 to 11.2. There are no vacant dietary positions this month. Nursing management and supervisor remain the largest segment of open positions. Direct care RN positions are also a key area. Over the past few months, RNs have been lost to the hospitals.



# Issue 1 HR Dashboard 2016

Retention Rate	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 17	(2013) New Benchmark	(2012) Old Benchmark
All	55.5%	56.1%	58.3%	56.1%	57.9%	55.8%	56.9%	57.1%	52.5%	53.8%	53.1%	53.9%	57.6%	73.1%	73.1%
All Nursing	50.0%	52.4%	51.9%	51.9%	51.1%	50.8%	52.4%	52.4%	50.0%	48.9%	51.8%	53.4%	56.3%	70.0%	67.8%
CNAS	46.7%	48.9%	46.4%	45.5%	46.9%	46.4%	50.6%	50.6%	46.8%	46.4%	49.4%	57.2%	55.6%	69.6%	67.5%

Turnover Rate (12 month rolling average)	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 17	(2013) New Benchmark	(2012) Old Benchmark
All	68.2%	67.4%	64.0%	60.2%	59.9%	63.1%	74.1%	78.8%	72.1%	72.9%	71.6%	71.1%	71.5%	40.6%	45.2%
All Nursing	74.2%	75.4%	70.7%	67.4%	68.1%	73.5%	83.5%	87.3%	78.9%	75.2%	69.8%	67.7%	67.4%	44.4%	51.4%
CNAS	71.1%	76.1%	64.9%	62.1%	56.6%	75.3%	90.4%	100.0%	94.9%	89.3%	83.1%	81.4%	78.9%	45.6%	52.4%

Benchmark - American Healthcare Association Quality Report 2013

Separation Statistics (12 month rolling average)	Total	< 6 mos	6-11 mos	12 or less	1 year	2 years	3 years	4+ years
January 15 to January 16	All	161	74	28	102	22	11	5
	CNAS	64	34	14	48	7	5	1
	Dietary	33	21	5	26	5	1	0
February 15 to February 16	All	159	74	32	106	19	11	5
	CNAS	67	35	17	52	6	5	1
	Dietary	28	20	5	25	3	0	0
March 15 to March 16	All	155	75	29	104	18	10	6
	CNAS	63	32	16	48	7	5	1
	Dietary	27	20	4	24	3	0	0
April 15 to April 16	All	148	75	27	102	16	10	4
	CNAS	64	36	15	51	5	5	1
	Dietary	31	19	4	23	3	0	0
May 15 to May 16	All	148	77	27	104	16	9	4
	CNAS	63	37	14	51	4	2	2
	Dietary	26	19	4	23	3	0	0
June 15 to June 16	All	157	82	28	110	17	11	3
	CNAS	67	40	15	55	4	5	1
	Dietary	25	17	5	22	2	1	0
July 15 to July 16	All	174	89	27	116	17	16	5
	CNAS	75	46	14	60	4	7	2
	Dietary	25	17	4	21	1	2	1
August 15 to August 16	All	182	96	27	123	19	15	6
	CNAS	81	49	15	64	5	7	3
	Dietary	28	17	4	21	2	2	1
September 15 to September 16	All	173	94	24	118	18	11	6
	CNAS	75	48	13	61	4	5	3
	Dietary	29	18	5	23	2	1	1
October 15 to October 16	All	175	95	24	119	17	12	7
	CNAS	75	48	11	59	4	6	3
	Dietary	34	20	6	26	2	2	1
November 15 to November 16	All	174	93	24	117	21	12	6
	CNAS	74	45	11	56	5	7	3
	Dietary	33	20	6	26	2	2	1
December 15 to December 16	All	162	90	22	112	18	11	6
	CNAS	70	44	10	54	4	6	3
	Dietary	29	18	5	23	1	2	1
January 16 to January 17	All	163	92	20	112	19	11	6
	CNAS	71	45	10	55	4	6	3
	Dietary	29	18	5	23	1	2	1

Issue 1  
HR Dashboard 2016 (Continued)

Open Positions by Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 17	Feb 17	Target FTEs
CNAs Hired (FTEs)	71.7	74.3	84.1	88.7	88.8	73.1	74.1	65.0	74.1	65.0	69.2	71.2	73.8	73.0	84.2
CNAs Open Positions (FTEs)	12.5	9.9	0.1	-4.5	-4.6	11.1	10.1	19.2	10.1	19.2	15.0	13.0	10.4	11.2	
Dietary Hired (FTEs)	20.5	21.0	21.0	21.8	20.8	22.4	17.3	17.5	17.3	17.5	18.5	21	20.5	20	19.65
Dietary Open Positions (FTEs)	0	-1.4	-1.4	-2.2	-1.2	-2.8	2.4	2.2	2.4	2.2	1.2	-1.4	-0.9	-0.4	
Applications/Hires/Separations CNAs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 17		
Applications	29	28	21	14	20	13	22	28	21	17	18	19	17		
Hires	10	7	13	8	2	5	9	4	6	10	9	2	7		
Separations	2	7	3	6	5	8	11	7	2	3	4	0	2		
Dietary															
Applications	25	16	21	22	21	18	39	28	21	16	20	23	26		
Hires	4	0	1	4	1	3	0	2	4	4	6	0	2		
Separations	1	1	2	1	3	0	4	4	2	2	1	1	0		

**Issue 1**

***CNA Staffing***

CNA staffing increased from 69.2 FTEs in November, 71.2 FTEs in December to 73.8 FTEs in January. December data was not available but the CNA turnover data for November was added this month. As reported last month, the retention rate has increased slightly from 46.4% to 49.4%. The turnover data shows improvement between October and November.

**Monthly CNA Retention**

	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan 17</b>
Employed <1 Year	40	42	45	45	42	40
Employed for 1 Year or More	41	37	39	44	44	50
Total # of CNAs	81	79	84	89	86	90
Retention Rate	50.6%	46.8%	46.4%	49.4%	51.2%	55.6%

**Monthly CNA Turnover**

	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan 17</b>
Rolling 12 month separations	81	75	75	74	70	71
Total # of CNAs	81	79	84	89	86	90
Turnover Rate	100%	94.9%	89.3%	83.1%	81.4%	78.9%

***Dietary Staffing***

Dietary staffing fell slightly from 21.0 to 20.5 FTEs. The department continues to remain fully staffed, slightly exceeding the current staffing target of 19.65 FTEs.

**Champaign County Nursing Home  
 Strategic Objective Metrics – Issue 1  
 Updated January 31, 2017**

<i>Annual Turnover Rate</i>	
Annual turnover rate – Data from American Healthcare Association Quality Report 2014 <ul style="list-style-type: none"> <li>• 40.6%            2013</li> <li>• 45.2%            2012</li> <li>• 45.0%            2011</li> <li>• 37.0%            2010</li> <li>• 42.0%            2009</li> <li>• 45.1%            2008</li> </ul>	FY 2017 – 71.5% (January 2017) FY2016 – 71.1% FY2015 – 68.2% FY2014 – 52.0% FY2013 – 63% FY2012 – 52% FY2011 – 68% FY2010 – 53%

**Issue 2  
Supervision Improvement**

*CMS Direct Care Staffing Levels (CMS data file update – January 30, 2017)*

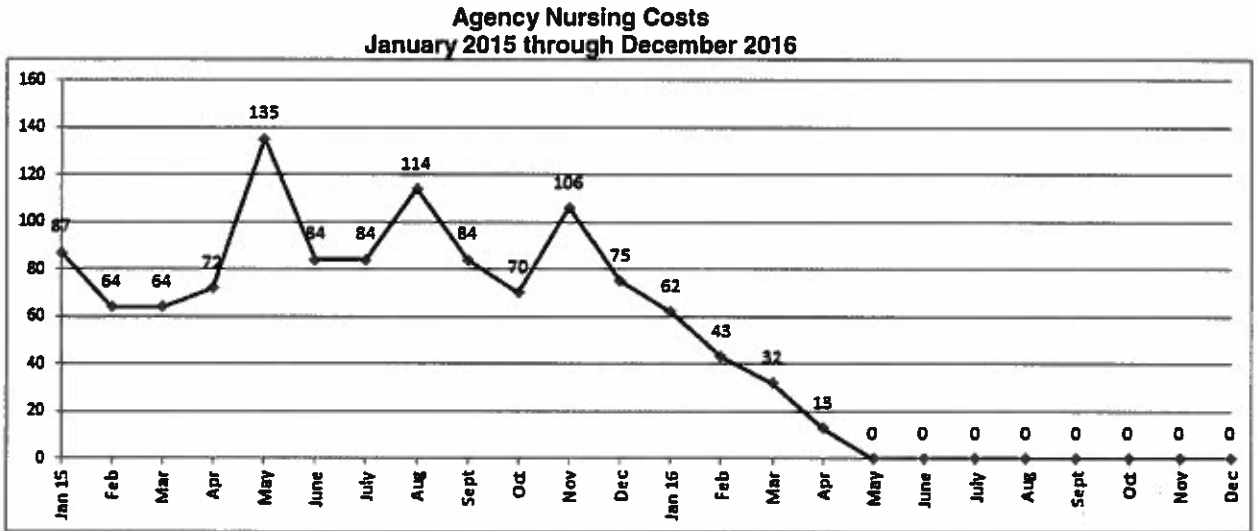
There were no changes between the November and December data files.

Provider Name	CITY	This first group of values include values derived from those reported by the nursing home on the CMS 671 and 672 reporting forms.					This second group of values presents CMS's calculation of expected staffing time based on the RUGS 53 staff time values for residents in the nursing home at the time of the survey.					This third group of values represents the adjusted time, which is calculated by this formula: Hours Adjusted = (Hours Reported/Hours Expected)* Hours National Average				
		Reported Hours Per Resident Per Day					Expected Hours Per Resident Per Day					Adjusted Hours Per Resident Per Day				
		Aides	LPNs	RNs	Licensel	Total Nursing	exp_aide	exp_LPN	exp_RN	exp_nurse	exp_all	adj_aide	adj_LPN	adj_RN	adj_nurse	adj_all
CHAMPAIGN COUNTY NURSING HOME	URBANA	1.72	0.90	0.56	1.46	3.18	2.44	0.60	0.85	1.45	3.90	1.73	1.24	0.48	1.73	3.29
CHAMPAIGN URBANA NRSG & REHAB	SAVOY	1.60	1.03	0.66	1.68	3.29	2.40	0.38	1.19	1.57	3.97	1.64	1.25	0.41	1.66	3.10
HELIA HEALTHCARE OF CHAMPAIGN	CHAMPAIGN	1.61	0.52	0.77	1.29	2.90	2.25	0.58	0.88	1.46	3.71	1.76	0.75	0.65	1.40	3.15
HEARTLAND OF PAXTON	PAXTON	1.98	0.93	1.12	2.05	4.03	2.67	0.74	1.16	1.90	4.57	1.82	1.05	0.72	1.77	3.55
HEARTLAND OF CHAMPAIGN	CHAMPAIGN	2.53	0.79	0.82	1.60	4.13	2.38	0.69	1.23	1.92	4.30	2.61	0.94	0.50	1.44	3.87
ILLINI HERITAGE REHAB & HC	CHAMPAIGN	2.21	0.61	0.62	1.23	3.44	2.41	0.64	1.05	1.70	4.11	2.25	0.79	0.44	1.23	3.37
COUNTRY HEALTH	GIFFORD	2.12	0.66	0.71	1.37	3.49	2.34	0.60	0.97	1.57	3.91	2.23	0.91	0.55	1.46	3.60
Area Average		1.97	0.78	0.75	1.53	3.49	2.41	0.60	1.05	1.65	4.07	2.01	0.99	0.54	1.53	3.42
Illinois State Average		2.27	0.82	0.95	1.56	3.83	2.44	0.65	1.06	1.71	4.15	2.28	0.80	0.64	1.44	3.71
Previous Data																
CHAMPAIGN COUNTY NURSING HOME	URBANA	2.40	0.84	0.75	1.39	3.80	2.53	0.62	0.91	1.53	4.06	2.33	0.86	0.61	1.47	3.76

CCNH staffing hours were updated with staffing hours that were submitted at the time of the annual survey in late 2016. CNA hours are noted to have decreased from 2.40 to 1.72 hours per resident day. LPN hours increased from 0.64 to 0.90 hours per resident day. RN hours fell from 0.75 to 0.56 hours per resident day. At the same time, expected hours per resident day have also decreased. The adjusted hours per resident day show that aides and RN hours fall below the expected hours per day, while LPN hours are above the expected hours. The data that was submitted to CMS is being reviewed to determine if hours were under reported.

*Agency Usage Trends - Expenses*

Agency usage continues to be zero.



**Champaign County Nursing Home  
Strategic Objective Metrics – Issue 2  
Updated January 31, 2017**

Nursing Management	Status
<i>Fill Director of Nursing Position in 2015</i>	Opened 3/11/2016. A few applications have been submitted. No qualified candidates. Caroline Podvin is returning as the interim DON on February 13.
<i>Nurse Education</i>	
Carle Clinic Emergency Department Collaborative Training for nurses and CNAs. The goal is to train 90% of nurses and CNAs.	Added to orientation going forward *Plan to use this in orientation but replace with Skills proficiency days by Summer 15
IV training through pharmacy. The goal is 90% of nurses trained by end of 2015.	Current IV training: 67.5% Last training occurred on 10/21/16 Next training scheduled for 1/19/17 is being rescheduled, date TBD.
Trach education. 90% of all nurses will be trained by the end of 2015.	54% The last class was held on 6/23/2016 and 9/26/16. Working with respiratory therapy to schedule training.
Skills training opportunities – collaborative effort with Carle Clinic or teaching programs. 90% of all nurses will be trained by the end of 2014.	See above Carle Clinic ER collaborative training.  Other related ongoing training: <ul style="list-style-type: none"> <li>• Documentation training by IPMG conducted in June and October. Administration and nursing management have been and will continue meetings with Matrix (software vendor) to improve nursing documentation workflow and forms used in EHR documentation process</li> <li>• RPH trained on MD orders and transcription in January 2017.</li> <li>• EHR training on order processing</li> <li>• IV training completed on October 6<sup>th</sup> and 21<sup>st</sup> 2016</li> <li>• CPR training – completed in June and July one scheduled for late November</li> <li>• Infection control – CUPHD interns to do training 11/18/16.</li> <li>• Dental in-services - March and May and August in-services done. Scheduled again for November.</li> <li>• Body mechanics, – completed in July</li> <li>• Customer service – completed in June</li> </ul>

Nursing Management	Status
	<ul style="list-style-type: none"> <li>• Dementia – monthly and on schedule</li> <li>• Kim Richey DON working on education schedule based on needs: survey prep, documentation, safe transfers with return demonstration.</li> <li>• Caroline added heel care in servicing and education</li> <li>• Kicking off QA project with Telligen, the State Quality Improvement Organization to begin QAPI process for improving 5 star ratings which will be led by a line staff member who was trained on 7/26/16. This group will also become certified in QAPI process in collaboration with Telligen.</li> <li>• IPMG: Training on Survey Success was conducted in June and in October.</li> <li>• Wound care 9/20/16. Wound care nurse attended wound care symposium at Carle Clinic in early October.</li> <li>• Completed nurse training on hand offs to Carle 8/23/16 (specific paperwork and processes to improve communication and transitions in care)</li> <li>• Clinical Practice Guidelines for wound dressings by WCC nurse in November.</li> </ul>
<p>Staff education from Carle Clinic Nurse Practitioners. Quarterly training is ongoing will see about whether monthly is feasible. Education topics and schedule still to be determined.</p>	<p>Carle Clinic has agreed to partner with CCNH on training and the use of the Carle Clinic speaker's bureau. Administration recently met with Carle Clinic's Director of Primary Care and Geriatrics. This will be discussed in a follow-up meeting.</p>



**Issue 3**  
**Quality of Care**

*Champaign County Area Homes – CMS Nursing Home Compare Summary*

The Nursing Home Compare data was reflects the January 30, 2017 data update. The following data was updated.

**Champaign County Nursing Home**

- Staffing rating fell from 4 to 3 stars
- Overall rating fell from 2 to 1 star

**Heartland of Paxton**

- The quality measure rating increased from 1 to 2 stars
- No change in overall rating

**Heartland of Champaign**

- The quality measure rating fell from 4 to 3 stars
- No change in overall rating

**Country Health**

- The staffing rating increased from 3 to 4 stars
- The overall rating increased from 2 to 3 star

Issue 3 - Champaign County Area Homes – CMS Nursing Home Compare Summary – CMS Data Updated January 30, 2017

NURSING HOME GENERAL INFORMATION	CHAMPAIGN COUNTY NURSING HOME	CHAMPAIGN URBANA NRSG & REHAB	HELIA HEALTHCARE OF CHAMPAIGN	HEARTLAND OF PAXTON	HEARTLAND OF CHAMPAIGN	COUNTRY HEALTH	ILLINI HERITAGE REHAB & HC	CLARK-LINDESEY VILLAGE
	500 SOUTH ART BARTELL DRIVE URBANA, IL 61802 (217) 384-3784 Distance : 1.0 miles	302 WEST BURWASH SAVOY, IL 61874 (217) 402-9700 Distance : 4.9 miles	1915 SOUTH MATTIS STREET CHAMPAIGN, IL 61821 (217) 352-0516 Distance : 3.9 miles	1001 EAST PELLIS STREET PAXTON, IL 60957 (217) 379-4381 Distance : 31.9 miles	309 EAST SPRINGFIELD CHAMPAIGN, IL 61820 (217) 352-5135 Distance : 1.0 miles	RURAL ROUTE 1 BOX 14 GIFFORD, IL 61847 (217) 568-7382 Distance : 21.8 miles	1315B CURT DRIVE CHAMPAIGN, IL 61820 (217) 352-5707 Distance : 4.2 miles	101 WEST WINDSOR ROAD URBANA, IL 61801 (217) 344-2144 Distance : 2.1 miles
Overall Rating	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 2 out of 5 Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 3 out of 5 Average	Rating: 2 out of 5 Below Average	Rating: 5 out of 5 Much Above Average
Health Inspection	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 4 out of 5 Above Average
Staffing	Rating: 3 out of 5 Average	Rating: 2 out of 5 Below Average	Rating: 2 out of 5 Below Average	Rating: 3 out of 5 Average	Rating: 3 out of 5 Above Average	Rating: 4 out of 5 Above Average	Rating: 3 out of 5 Average	Rating: 5 out of 5 Much Above Average
Quality Measures	Rating: 3 out of 5 Average	Rating: 3 out of 5 Average	Rating: 5 out of 5 Much Above Average	Rating: 2 out of 5 Below Average	Rating: 3 out of 5 Average	Rating: 1 out of 5 Much Below Average	Rating: 1 out of 5 Much Below Average	Rating: 5 out of 5 Much Above Average
Number of Certified Beds	243	213	118	106	102	89	60	25
Participation: (Medicare/Medicaid)	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare and Medicaid	Medicare
Automatic Sprinkler Systems: in All Required Areas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Retirement Community (CCRC)	No	No	No	No	No	No	No	Yes
Within a Hospital	No	No	No	No	No	No	No	No
With a Resident and Family Council	BOTH	RESIDENT	RESIDENT	NONE	RESIDENT	RESIDENT	RESIDENT	RESIDENT
Ownership	Government - County	For profit - Partnership	For profit - Corporation	For profit - Individual	For profit - Corporation	Non profit - Other	For profit - Corporation	Non profit - Corporation

### Issue 3

### Quality of Care (Continued)

Ten of the sixteen pinnacle scores improved between November and December. Double digit percentage increases were seen with overall satisfaction, individual needs and recommend to others. Five scores fell between November and December. None showed double digit declines, but activities showed the largest decline at 7.4%. Dining service improved by 6.4%, but quality of food fell slightly – 0.6%. Thirteen of the measures fell below the national average. Measures that were significantly below include quality of food, laundry service and activities.

**Monthly Pinnacle Scores  
November and December 2016**

	Nov	Dec	Change	% Change	National Avg	Diff From National Avg.	% Diff From National Avg.
Overall Satisfaction	3.83	4.33	0.50	13.1%	4.13	0.20	4.8%
Nursing Care	4.00	4.18	0.18	4.5%	4.30	(0.12)	(2.8%)
Dining Service	3.42	3.64	0.22	6.4%	3.99	(0.35)	(8.8%)
Quality of Food	3.11	3.09	(0.02)	(0.6%)	3.64	(0.55)	(15.1%)
Cleanliness	4.00	4.38	0.38	9.5%	4.40	(0.02)	(0.5%)
Individual Needs	3.64	4.29	0.65	17.9%	4.29	0.00	0.0%
Laundry Service	3.73	3.64	(0.09)	(2.4%)	4.16	(0.52)	(12.5%)
Communication	4.08	4.21	0.13	3.2%	4.23	(0.02)	(0.5%)
Response to Problems	4.29	4.14	(0.15)	(3.5%)	4.29	(0.15)	(3.5%)
Dignity and Respect	4.21	4.38	0.17	4.0%	4.59	(0.21)	(4.6%)
Recommend to Others	3.88	4.32	0.44	11.3%	4.31	0.01	0.2%
Activities	4.17	3.86	(0.31)	(7.4%)	4.35	(0.49)	(11.3%)
Professional Therapy	4.20	4.25	0.05	1.2%	4.52	(0.27)	(6.0%)
Admission Process	4.50	4.45	(0.05)	(1.1%)	4.52	(0.07)	(1.5%)
Safety and Security	4.42	4.42	0.00	0.0%	4.50	(0.08)	(1.8%)
Combined Average	3.96	4.11	0.15	3.8%	4.29	(0.18)	(4.2%)

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

*Quarterly Pinnacle Scores*

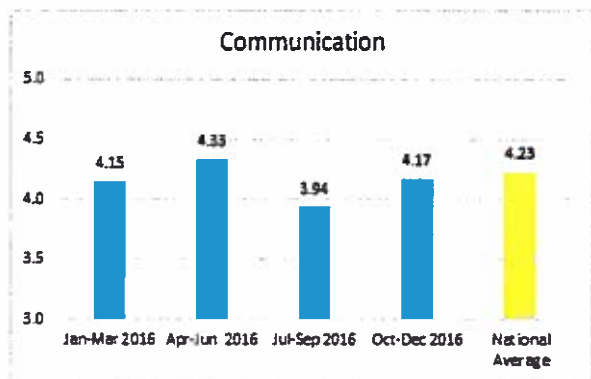
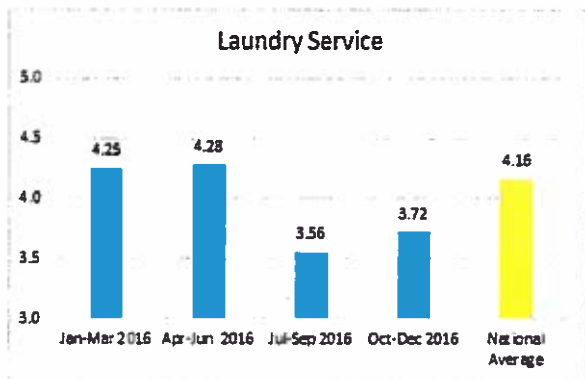
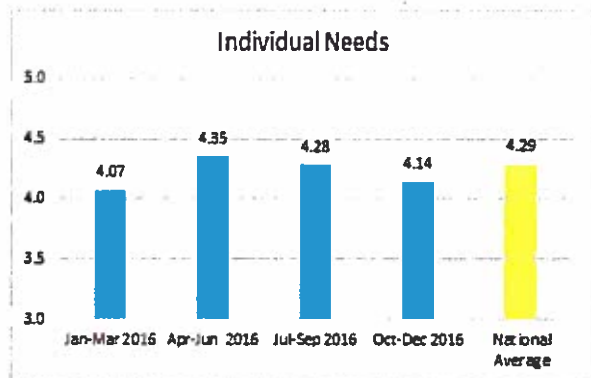
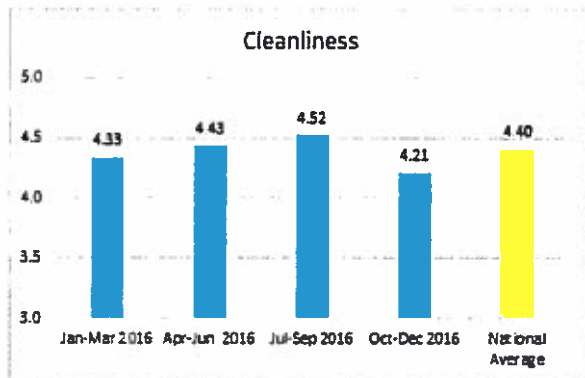
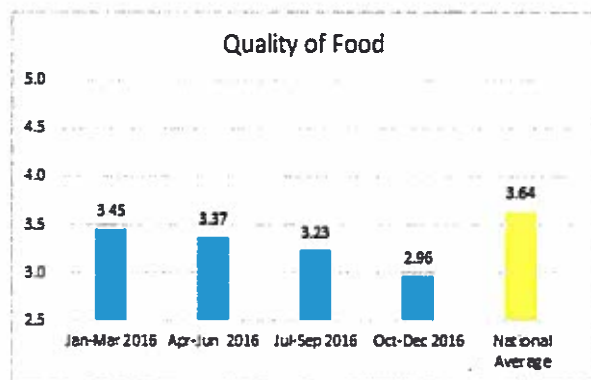
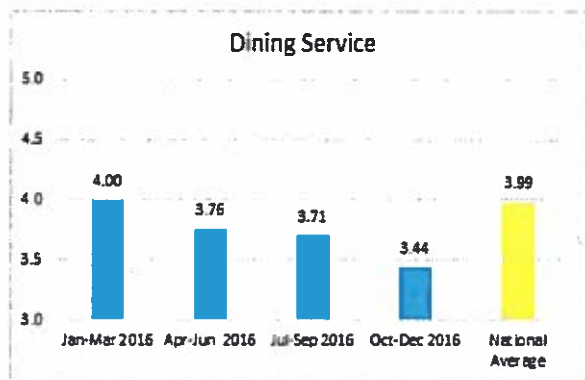
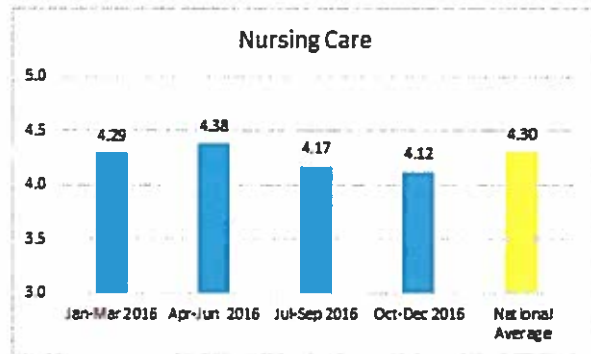
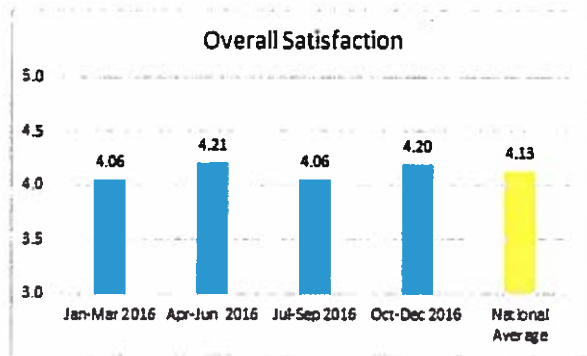
The accompanying charts summarize the Pinnacle scores using a rolling four-quarter history between January 2016 and December 2016. Four scores have trended positively – overall satisfaction, individual needs, communication and response to problems. 12 scores declined. Double digit declines were seen with dining service, quality of food and laundry service.

Fifteen of the sixteen measures for the most recent quarter (fourth quarter of 2016) have scores below the national average. Double digit percentage differences were seen with dining service, quality of food, and laundry service.

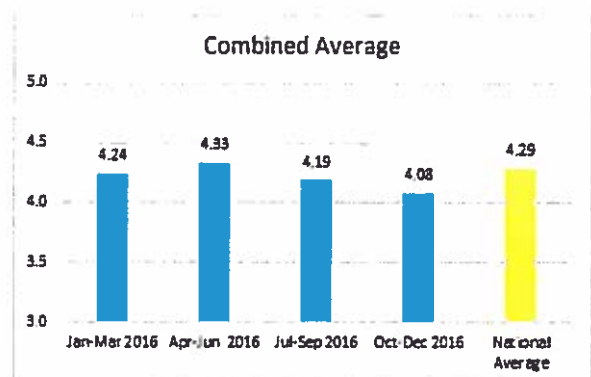
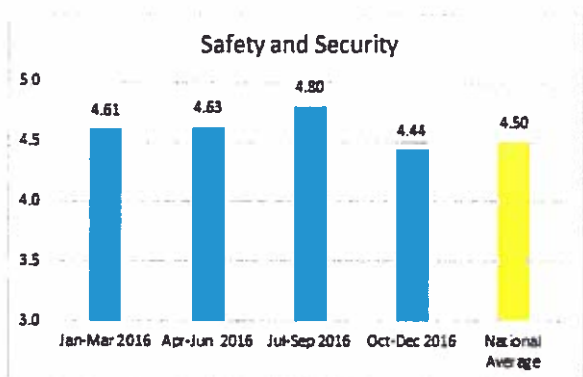
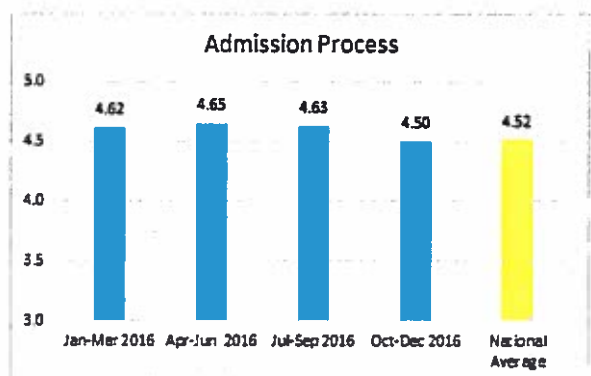
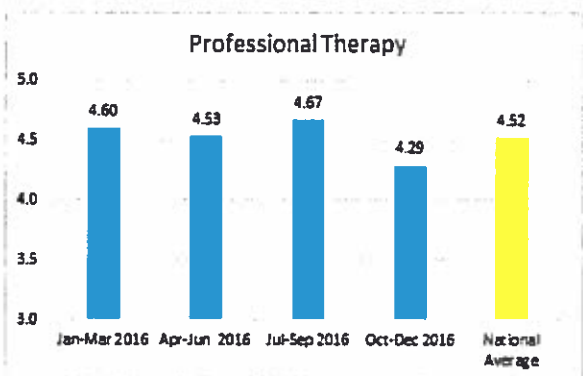
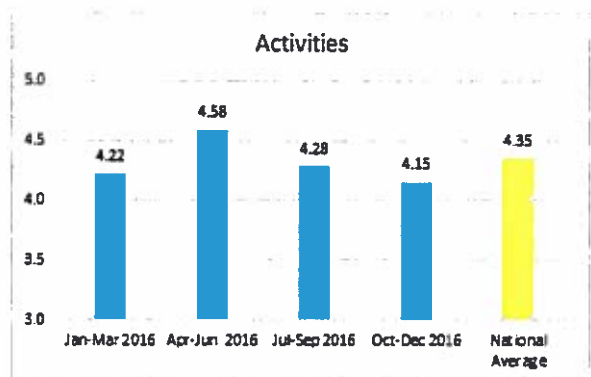
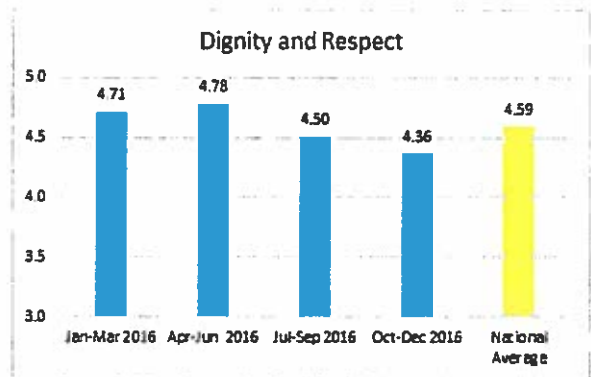
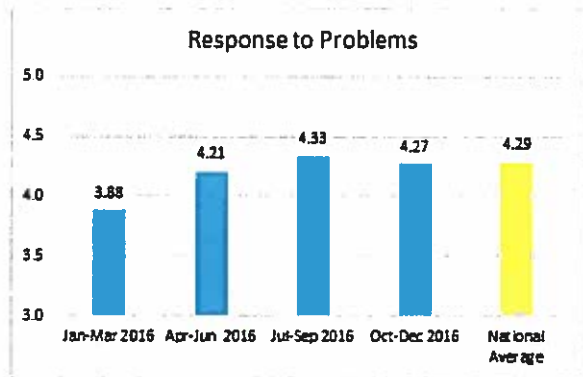
**Quarterly Pinnacle Scores**  
**January 2016 to December 2016**

	Jan-Mar 2016	Apr-Jun 2016	Jul-Sep 2016	Oct-Dec 2016	Change	% Change	National Average	Diff From National Avg.	% Diff From National Avg.
Overall Satisfaction	4.06	4.21	4.06	4.20	0.14	3.4%	4.13	0.07	1.7%
Nursing Care	4.29	4.38	4.17	4.12	(0.17)	(4.0%)	4.30	(0.18)	(4.2%)
Dining Service	4.00	3.76	3.71	3.44	(0.56)	(14.0%)	3.99	(0.55)	(13.8%)
Quality of Food	3.45	3.37	3.23	2.96	(0.49)	(14.2%)	3.64	(0.68)	(18.7%)
Cleanliness	4.33	4.43	4.52	4.21	(0.12)	(2.8%)	4.40	(0.19)	(4.3%)
Individual Needs	4.07	4.35	4.28	4.14	0.07	1.7%	4.29	(0.15)	(3.5%)
Laundry Service	4.25	4.28	3.56	3.72	(0.53)	(12.5%)	4.16	(0.44)	(10.6%)
Communication	4.15	4.33	3.94	4.17	0.02	0.5%	4.23	(0.06)	(1.4%)
Response to Problems	3.88	4.21	4.33	4.27	0.39	10.1%	4.29	(0.02)	(0.5%)
Dignity and Respect	4.71	4.78	4.50	4.36	(0.35)	(7.4%)	4.59	(0.23)	(5.0%)
Recommend to Others	4.20	4.30	4.23	4.11	(0.09)	(2.1%)	4.31	(0.20)	(4.6%)
Activities	4.22	4.58	4.28	4.15	(0.07)	(1.7%)	4.35	(0.20)	(4.6%)
Professional Therapy	4.60	4.53	4.67	4.29	(0.31)	(6.7%)	4.52	(0.23)	(5.1%)
Admission Process	4.62	4.65	4.63	4.50	(0.12)	(2.6%)	4.52	(0.02)	(0.4%)
Safety and Security	4.61	4.63	4.80	4.44	(0.17)	(3.7%)	4.50	(0.06)	(1.3%)
Combined Average	4.24	4.33	4.19	4.08	(0.16)	(3.8%)	4.29	(0.21)	(4.9%)

# Pinnacle Survey – Quarterly Scores January 2016 through December 2016



# Pinnacle Survey – Quarterly Scores January 2016 through December 2016



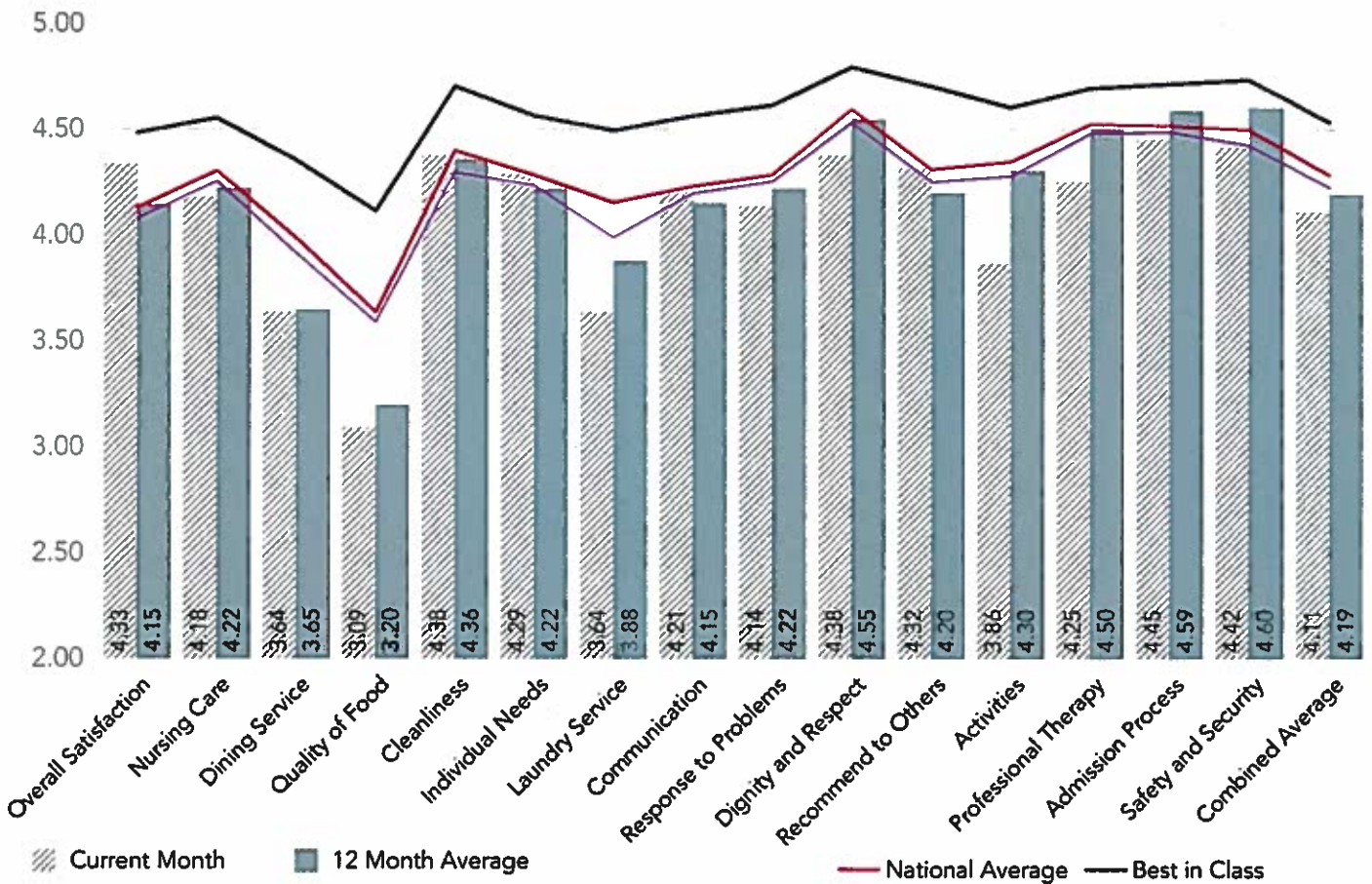


CUSTOMER SATISFACTION  
BENCHMARKS

CHAMPAIGN COUNTY NURSING HOME

December 2016

— Illinois State Comparison





## DASHBOARD - CHAMPAIGN COUNTY NURSING HOME

The following report displays the average score for the last month, last 3 months, and last 12 months. The variance shows the difference from the National Average. The National Average, Best in Class Level and Company Average (if applicable) are listed for comparative purposes. Quarterly averages are rolling quarters. The arrows indicate if the recent quarter is above or below the average of the previous three quarters. The report also shows the percentages of positive responses (4s and 5s) and negative responses (1s and 2s).

	AVERAGES				BENCHMARKS			QUARTERLY AVERAGES				RESPONSE PERCENTAGES					
	Dec 16	Last 3 Months	Last 12 Months AVG	Variance	National AVG	Best in Class	Corp. AVG	Oct-Dec	Jul-Sep	Apr-Jun	Jan-Mar	Top 2 Satisfied			Bottom 2 Dissatisfied		
												Month	QTR	Year	Month	QTR	Year
Overall Satisfaction	4.33	4.20	4.15	0.02	4.13	4.49	-	↑ 4.20	4.06	4.21	4.06	92%	89%	84%	8%	6%	4%
Nursing Care	4.18	4.12	4.22	-0.08	4.30	4.56	-	↓ 4.12	4.17	4.38	4.29	73%	76%	82%	9%	6%	3%
Dining Service	3.64	3.44	3.65	-0.34	3.99	4.36	-	↓ 3.44	3.71	3.76	4.00	45%	44%	54%	18%	22%	15%
Quality of Food	3.09	2.96	3.20	-0.44	3.64	4.12	-	↓ 2.96	3.23	3.37	3.45	27%	32%	39%	27%	39%	30%
Cleanliness	4.38	4.21	4.36	-0.04	4.40	4.71	-	↓ 4.21	4.52	4.43	4.33	83%	81%	85%	0%	6%	2%
Individual Needs	4.29	4.14	4.22	-0.07	4.29	4.57	-	↓ 4.14	4.28	4.35	4.07	83%	82%	82%	0%	6%	3%
Laundry Service	3.64	3.72	3.88	-0.28	4.16	4.50	-	↓ 3.72	3.56	4.28	4.25	55%	53%	70%	9%	7%	8%
Communication	4.21	4.17	4.15	-0.08	4.23	4.57	-	↑ 4.17	3.94	4.33	4.15	75%	69%	76%	8%	6%	7%
Response to Problems	4.14	4.27	4.22	-0.07	4.29	4.62	-	↑ 4.27	4.33	4.21	3.88	82%	80%	79%	9%	3%	4%
Dignity and Respect	4.38	4.36	4.55	-0.05	4.59	4.80	-	↓ 4.36	4.50	4.78	4.71	92%	89%	93%	8%	6%	3%
Recommend to Others	4.32	4.11	4.20	-0.11	4.31	4.71	-	↓ 4.11	4.23	4.30	4.20	82%	76%	82%	0%	6%	7%
Activities	3.86	4.15	4.30	-0.04	4.35	4.61	-	↓ 4.15	4.28	4.58	4.22	73%	78%	86%	18%	7%	4%
Professional Therapy	4.25	4.29	4.50	-0.02	4.52	4.70	-	↓ 4.29	4.67	4.53	4.60	83%	88%	93%	17%	6%	4%
Admission Process	4.45	4.50	4.59	0.07	4.52	4.72	-	↓ 4.50	4.63	4.65	4.62	100%	100%	96%	0%	0%	0%
Safety and Security	4.42	4.44	4.60	0.10	4.50	4.74	-	↓ 4.44	4.80	4.63	4.61	83%	88%	94%	0%	0%	0%
Combined Average	4.11	4.08	4.19	-0.07	4.29	4.54	-	↓ 4.08	4.19	4.33	4.24	75%	75%	80%	8%	8%	6%

Total Respondents: December: 12 Last 3 Months: 36 last 12 months: 102





**KEY DRIVERS & IMPROVEMENT BENCHMARKS**

The following Key Drivers are the areas that directly impact your Recommend to Others score. The drivers are listed in order of importance, 'Dignity and Respect' is the strongest driver.

Reaching or surpassing the Improvement Benchmarks in each of the five areas will give you the best chance of achieving the targeted recommendation rate. All numbers showing are percentages of respondents who gave a 4 or 5.

For a full explanation, please visit: [pinnacleq.com/reports/keydrivers](http://pinnacleq.com/reports/keydrivers)

**90% RECOMMENDATION RATE**

This target is based off a nationwide goal to reach a 90% recommendation rating

Key Driver	Actual	Benchmark
Dignity and Respect	92.7%	96.2%
Nursing Care	82.1%	90.1%
Individual Needs	81.9%	90.1%
Response to Problems	79.2%	89.9%
Communication	76.0%	87.9%
<b>Recommend to Others</b>	<b>82.1%</b>	<b>90.0%</b>

**85% RECOMMENDATION RATE**

This additional target is based off your current 'Recommend to Others' score

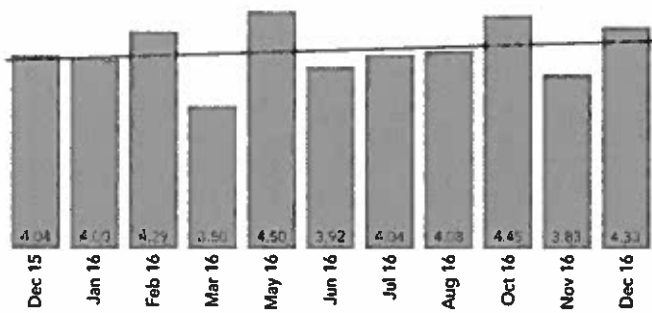
Key Driver	Actual	Benchmark
Dignity and Respect	92.7%	94.3%
Nursing Care	82.1%	87.1%
Individual Needs	81.9%	86.0%
Response to Problems	79.2%	85.4%
Communication	76.0%	84.2%
<b>Recommend to Others</b>	<b>82.1%</b>	<b>85.0%</b>



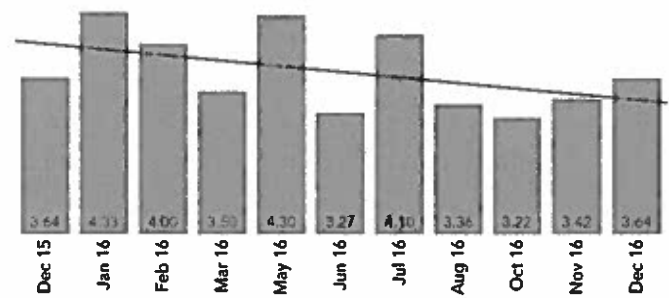
**CUSTOMER SATISFACTION**  
MONTHLY TREND

**CHAMPAIGN COUNTY NURSING HOME**  
December 2016

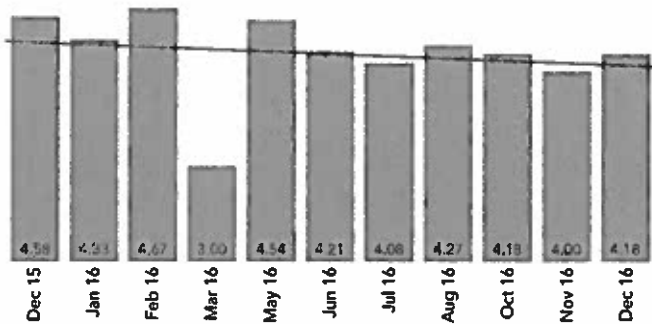
**Overall Satisfaction**



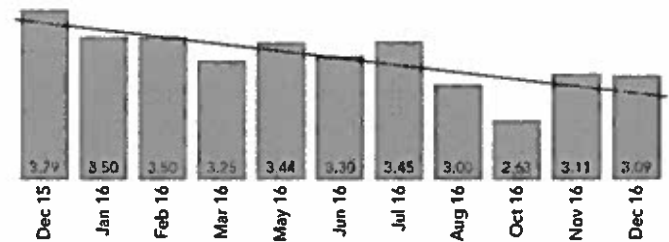
**Dining Service**



**Nursing Care**



**Quality of Food**



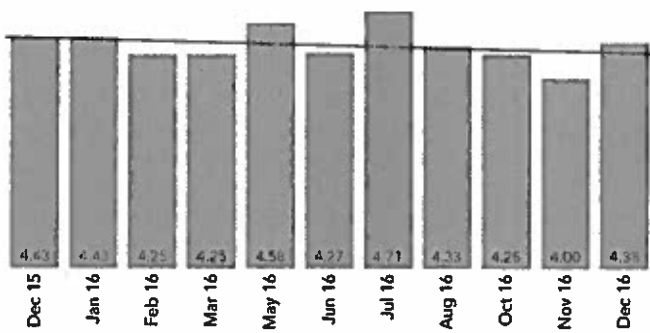


CUSTOMER SATISFACTION  
MONTHLY TREND

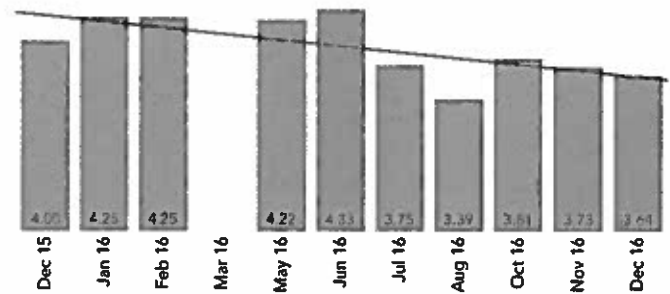
CHAMPAIGN COUNTY NURSING HOME

December 2016

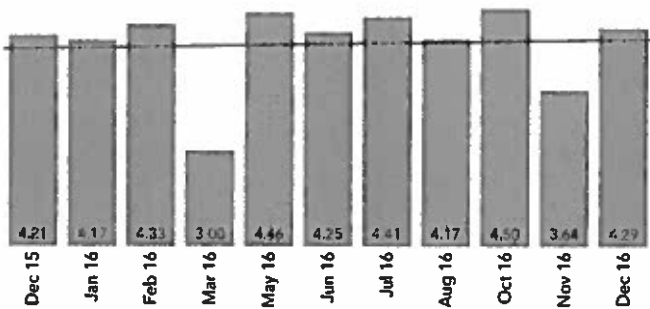
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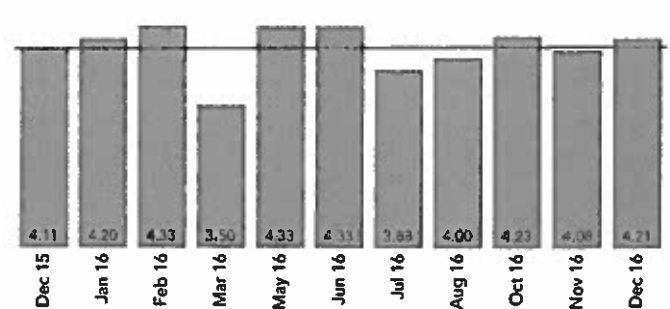
Laundry Service



Individual Needs



Communication



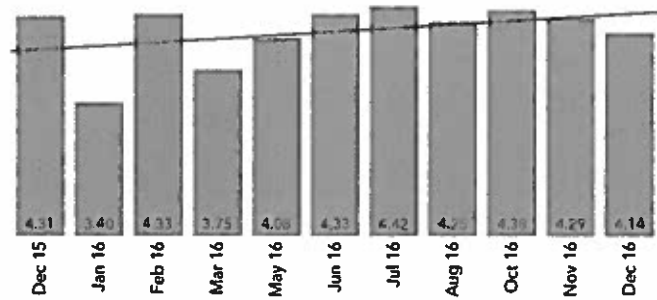


**CUSTOMER SATISFACTION**  
MONTHLY TREND

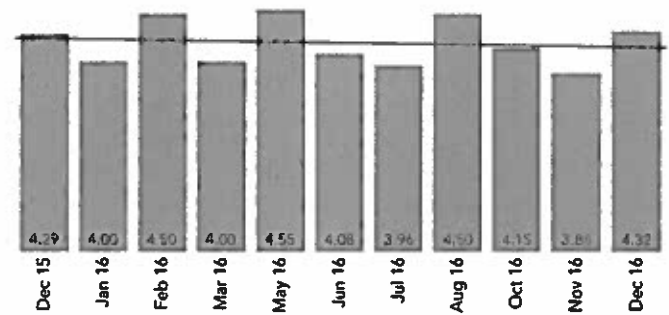
**CHAMPAIGN COUNTY NURSING HOME**

December 2016

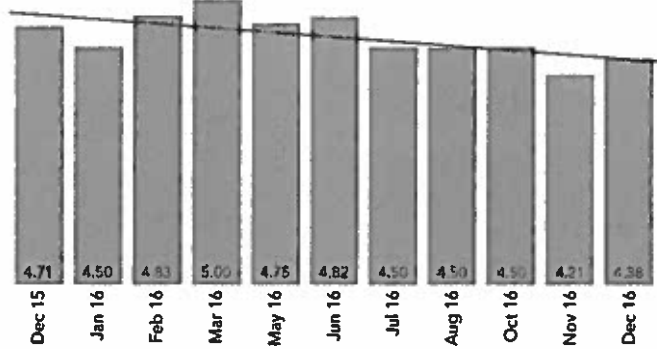
**Response to Problems**



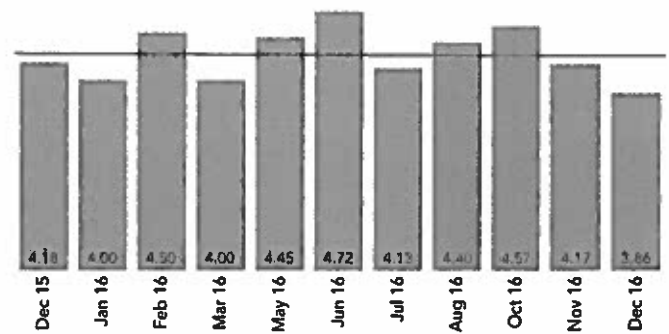
**Recommend to Others**



**Dignity and Respect**



**Activities**



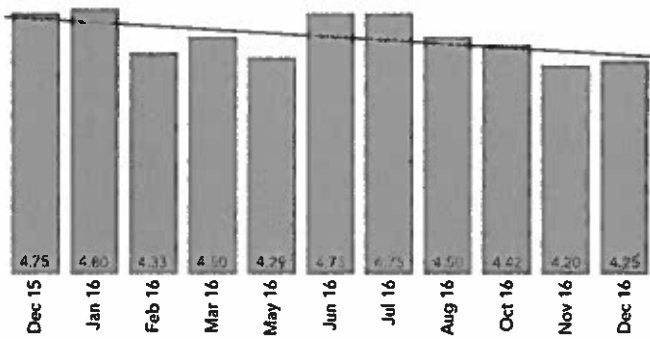


CUSTOMER SATISFACTION  
MONTHLY TREND

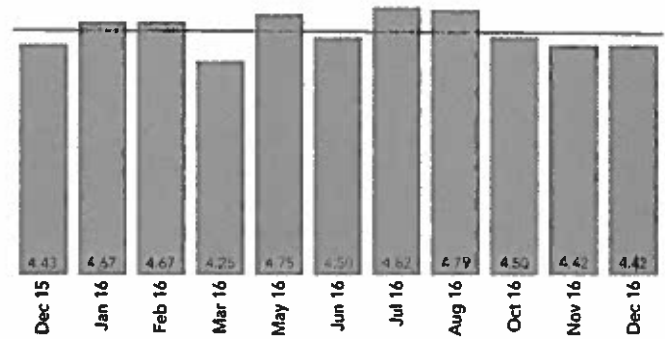
CHAMPAIGN COUNTY NURSING HOME

December 2016

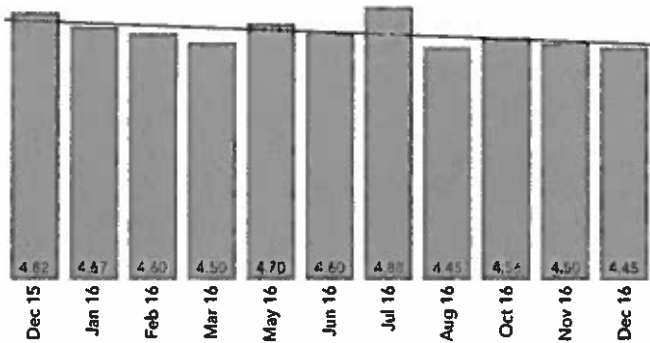
Professional Therapy



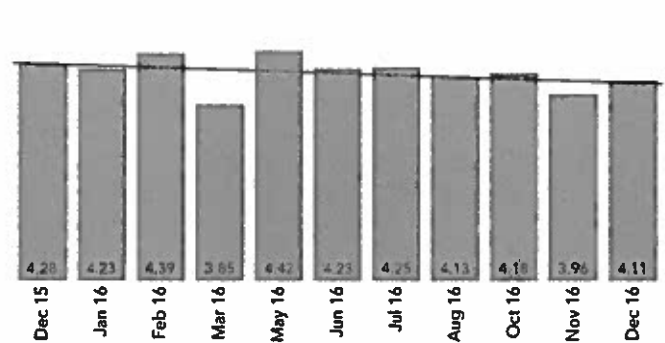
Safety and Security



Admission Process



Combined Average





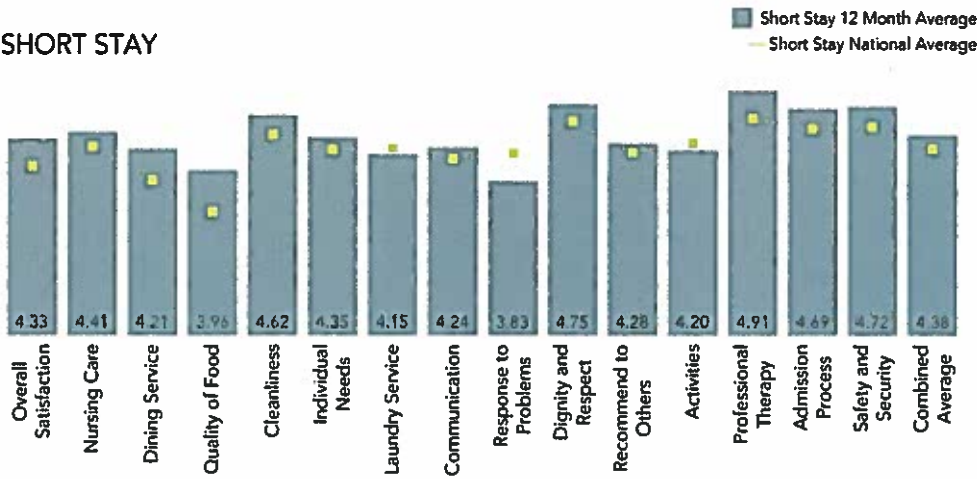
**CUSTOMER SATISFACTION**  
SHORT STAY vs. LONG TERM

**CHAMPAIGN COUNTY NURSING HOME**

December 2016

<http://pinnacleq.com/reports/shortstay>

**SHORT STAY**



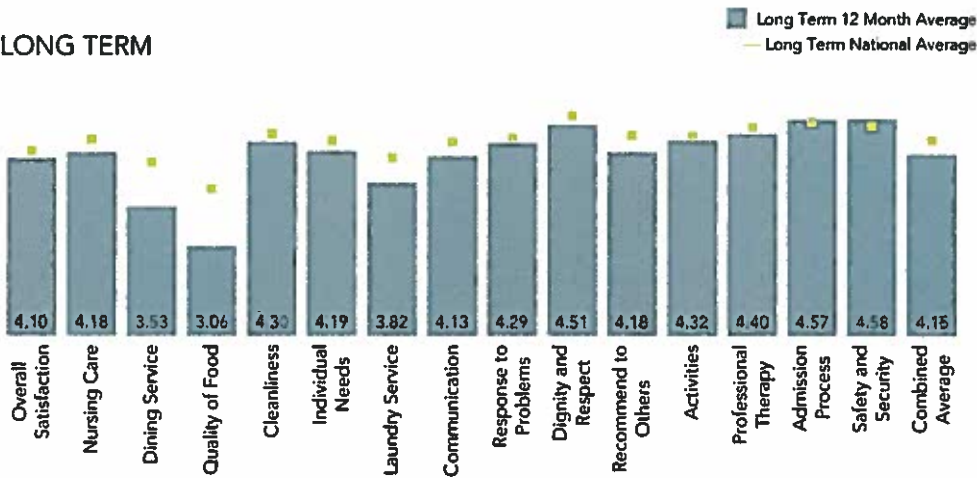
**SHORT STAY SATISFACTION RATE**

percentage that rated  
Recommend to Others as a 4 or 5.

**83.3%**

84.0% National Average

**LONG TERM**



**LONG TERM SATISFACTION RATE**

percentage that rated  
Recommend to Others as a 4 or 5.

**81.8%**

79.7% National Average



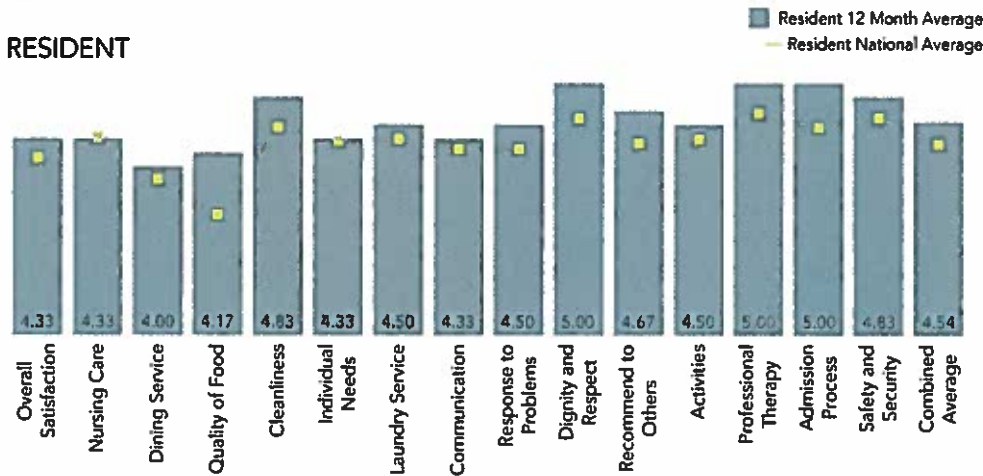
**CUSTOMER SATISFACTION**  
RESIDENT vs. RESPONSIBLE PARTY

**CHAMPAIGN COUNTY NURSING HOME**

December 2016

<http://pinnacleqi.com/reports/resident>

**RESIDENT**

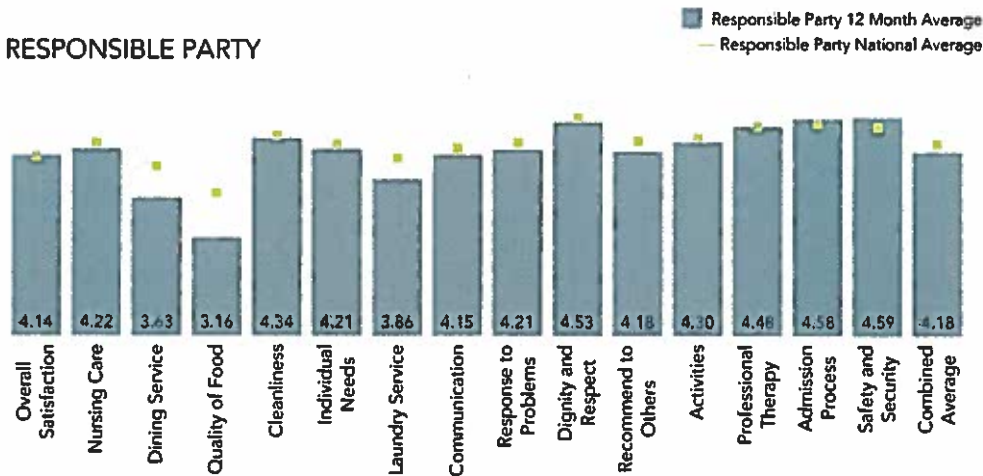


**RESIDENT SATISFACTION RATE**  
percentage that rated  
Recommend to Others as a 4 or 5.

**100.0%**

73.9% National Average

**RESPONSIBLE PARTY**



**RESPONSIBLE PARTY SATISFACTION RATE**  
percentage that rated  
Recommend to Others as a 4 or 5.

**81.5%**

82.3% National Average

**Champaign County Nursing Home  
Strategic Objective Metrics – Issue 3  
Updated January 31, 2017**

<b>Medical Management Metric</b>	<b>Status</b>
<i>Carle Clinic and Christie Clinic</i>	
Carle Clinic – maintain 3 physicians and 2 full-time nurse practitioners	Carle has recruited a FT NP, who started in mid-February. Carle had added an additional part-time NP to the existing 2 full-time NP's.
Christie Clinic – maintain current level of care (one physician and one nurse practitioner)	Maintained
Implement QA with NPs monthly	Meetings have been discontinued. Ongoing issues are now being addressed without the need for a monthly meeting.
<i>Expanded Specialized Services</i>	
Establish pulmonary clinic by July 1, 2015	Dr. Sheik's caseload continues to fluctuate between 8-12 residents with bi-weekly visits to CCNH.
Current wound/pain caseload is 8 residents.	<p>10 currently on caseload. 10 wound/0 pain. 76 residents have healed and have been taken of the caseload.</p> <p>Tracy Rhone LPN was wound care certified in June and is managing caseload and rounds with Dr. Li</p> <p>Dr. Li is currently on FMLA and patients are being referred to the Carle Wound Clinic.</p>
Establish outpatient rehab program by July 1, 2015.	<p>Case load of 3.</p> <p>Amber Reed (ADC Director) is actively marketing the outpatient rehab program to all Rehab to Home discharges. Marketing to area agencies and other senior providers is also ongoing.</p>



**Champaign County Nursing Home  
Strategic Objective Metrics – Issue 3  
Updated January 31, 2017**

Non-Financial Metrics	Status																										
<i>Medicare 30-Day Readmission Rate</i>																											
<p>The national average rate is 19.8 percent. The 25th percentile is 14.8 percent The 75th percentile is 23.4 percent.</p> <p>Source: MedPac Report to Congress: Medicare Payment Policy, March 2013. (Data is from 2011).</p> <p>CCNH will have a current baseline readmission rate by January 1, 2014.</p>	<p>Interact Data</p> <table border="0"> <tr><td>Jan 2016 (2/6)</td><td>33%</td></tr> <tr><td>Feb (3/6)</td><td>50%</td></tr> <tr><td>Mar (1/6)</td><td>16.6%</td></tr> <tr><td>April (1/4)</td><td>25%</td></tr> <tr><td>May (3/5)</td><td>60%</td></tr> <tr><td>June (0/3)</td><td>0%</td></tr> <tr><td>July (3/6)</td><td>50%</td></tr> <tr><td>August (0/3)</td><td>0%</td></tr> <tr><td>September (0/2)</td><td>0%</td></tr> <tr><td>October (4/8)</td><td>50%</td></tr> <tr><td>November (2/5)</td><td>40%</td></tr> <tr><td>December (0/4)</td><td>0%</td></tr> <tr><td>January (1/2)</td><td>50%</td></tr> </table>	Jan 2016 (2/6)	33%	Feb (3/6)	50%	Mar (1/6)	16.6%	April (1/4)	25%	May (3/5)	60%	June (0/3)	0%	July (3/6)	50%	August (0/3)	0%	September (0/2)	0%	October (4/8)	50%	November (2/5)	40%	December (0/4)	0%	January (1/2)	50%
Jan 2016 (2/6)	33%																										
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<i>Pinnacle Survey Scores</i>																											
<p>Meet or exceed national average scores, which are shown below. There are 16 separate survey scores. The summation of all surveys conducted in 2012 resulted in two out of 16 scores exceeded the national average. The metric goal is to have four score exceeding the national average for 2013 and six scores for 2014.</p>	<p># of measures that met or exceeded the national average.</p> <table border="0"> <tr><td>Jan 2016</td><td>7 out of 16</td></tr> <tr><td>Feb</td><td>13 out of 16</td></tr> <tr><td>Mar</td><td>1 out of 16</td></tr> <tr><td>April</td><td>no data</td></tr> <tr><td>May</td><td>14 out of 16</td></tr> <tr><td>June</td><td>8 out of 16</td></tr> <tr><td>July</td><td>11 out of 16</td></tr> <tr><td>August</td><td>11 out of 16</td></tr> <tr><td>September</td><td>no data</td></tr> <tr><td>October</td><td>7 out of 16</td></tr> <tr><td>November</td><td>1 out of 16</td></tr> <tr><td>December</td><td>3 out of 16</td></tr> </table>	Jan 2016	7 out of 16	Feb	13 out of 16	Mar	1 out of 16	April	no data	May	14 out of 16	June	8 out of 16	July	11 out of 16	August	11 out of 16	September	no data	October	7 out of 16	November	1 out of 16	December	3 out of 16		
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November	1 out of 16																										
December	3 out of 16																										
<i>CMS 5 Star Rating</i>																											
<p>Increase overall rating from one star to two star by the end of 2014</p> <p>New nursing home compares V3.0 started with the Jan 31 2015 report</p>	<p>One star</p>																										

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

No CMS update from last month's quality measure report.

**Quality Measures that are Included in the QM Rating**

	Provider 145364					Rating Points <sup>1</sup>	State	National
	2015Q2	2015Q3	2015Q4	2016Q1	4Q avg		4Q avg	4Q avg
<b>MDS 3.0 Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	5.6%	7.0%	7.3%	7.5%	6.8%	20.00	3.3%	3.3%
Percentage of residents who self-report moderate to severe pain <sup>2</sup>	5.2%	2.5%	3.5%	2.7%	3.5%	80.00	6.7%	8.2%
Percentage of high-risk residents with pressure ulcers	2.3%	2.2%	1.6%	3.4%	2.4%	100.00	6.3%	5.8%
Percentage of residents with a urinary tract infection	2.8%	2.7%	3.1%	3.8%	3.1%	80.00	4.8%	4.8%
Percentage of residents with a catheter inserted and left in their bladder <sup>4</sup>	5.3%	2.8%	0.0%	1.8%	2.6%	60.00	3.8%	3.0%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.8%	0.8%
Percentage of residents whose need for help with daily activities has increased	19.5%	27.7%	42.7%	34.1%	30.4%	20.00	15.7%	15.4%
Percentage of residents who received an antipsychotic medication	14.4%	12.1%	13.0%	12.7%	13.0%	60.00	20.3%	17.3%
Percentage of residents whose ability to move independently worsened <sup>2,3</sup>	16.1%	26.2%	34.8%	29.2%	25.8%	10.00	17.8%	18.2%
<b>MDS 3.0 Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>2,3</sup>	57.2%	47.7%	68.7%	92.2%	66.6%	30.00	60.1%	63.0%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	7.7%	7.3%	10.9%	20.8%	12.1%	80.00	15.3%	16.7%
Percentage of residents with pressure ulcers that are new or worsened <sup>2</sup>	1.4%	0.0%	0.0%	0.0%	0.3%	75.00	1.5%	1.2%
Percentage of residents who newly received an antipsychotic medication	2.0%	2.2%	0.0%	2.1%	1.6%	60.00	2.4%	2.2%

Time period for data used in reporting is 7/1/2014 through 6/30/2015	Provider 145364				State	National
	Observed Rate <sup>4</sup>	Expected Rate <sup>5</sup>	Risk-Adjusted Rate <sup>6</sup>	Rating Points <sup>1</sup>	Risk-Adjusted Rate	Risk-Adjusted Rate
<b>Claims-Based Measures</b>						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community <sup>2,3</sup>	43.2%	49.0%	50.8%	20.00	51.5%	54.2%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>2,3</sup>	30.9%	22.6%	29.5%	10.00	22.9%	21.1%
Percentage of residents who had an outpatient emergency department visit <sup>2,3</sup>	21.0%	11.5%	20.2%	10.00	12.1%	11.5%

**Total Quality Measure Points**

Total QM points with new quality measures weighted 50% for Provider 145364	815.00
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## **Issue 4**

### **Food Service Improvement**

Implementation of the induction tables started on February 7th in both dining rooms that serve units 1 and 3 and units 2 and 4. Food service for Unit 5 (dementia unit) and adult day care will continue with tray service from the kitchen. CCNH managers are providing additional oversight in the dining rooms and kitchenettes during the rollout. In the first two days, the new service has been going well.

Additional issues that were addressed prior to the rollout include the following:

- 1) Dietary and nursing staff coordination during meal service. A review of all residents that require staff assistance with feeding was completed for each unit. Nursing work flow is being adjusted to improve staff availability during meal service. This will improve the ability for nursing and dietary to work together to coordinate meal service as residents arrive to the dining rooms.
- 2) Adjusting dietary staff daily tasks to ensure that the kitchenettes are fully stocked
- 3) An inventory of adaptive equipment needs was completed. Additional adaptive items have been ordered and will be made available in the dining rooms.

Follow up on the napkins was completed after last month's board meeting. Despite a recent order of napkins in December, the supply of napkins was found to be extremely low. Napkins are being lost through the trash. Additional napkins were ordered and are now in place. Specifically colored bags are being used for the collection of soiled napkins to hopefully reduce the loss of napkins in the trash.

HCSG has placed a new manager at CCNH and a new regional manager, who is based in central Illinois. She has been in place for a since mid- December. The change has resulted in an increased on-site presence.

HCSG has placed a new dietary manager Roy Burgess. Ray has been at CCNH for 3 weeks. In addition to the induction table rollout, his initial priority is in setting expectations for staff, evaluation of dietary work flow and implementation of changes to the work flow as deemed necessary. Additional items being evaluated and addressed include a daily task checklist for all staff, audits address sanitation items, temperature logs, time and temperature specific tasks such as cooling logs, and kitchenette tasks such as proper labeling and dating of stored items.

Scheduling has been a focus in discussions with the new regional manager. The HCSG regional manager is now providing additional oversight of the schedule with the Human Resources Director. In recent weeks, the scheduling has improved resulting a more consistent daily staffing levels.

Staffing has improved, especially in the last two months. Separations have been reduced from a high of 4 in the months of July and August. Separations have been reduced to 2 in the months of September and October, one in November and December and zero separations in January. Call-in's have also improved over the past two months.

**Champaign County Nursing Home  
Strategic Objective Metrics – Issue 4  
Updated January 31, 2017**

Dietary	Status
Meals will be delivered within 15 minutes of scheduled meal times.	With the rollout of the induction tables, this metric is no longer needed.
The Pinnacle food quality score will meet or exceed Pinnacle national average of 3.67.	2014 annual average was 3.43. The rolling 12 month average is 3.27 (Dec) Sept 3.39 Oct 2.94 Nov 3.44 Dec 3.79 Jan 16 3.50 Feb 3.50 Mar 3.25 (based on 2 surveys) Apr no data May 3.44 June 3.30 July 3.45 Aug 3.20 Sept no data Oct 2.63 Nov 3.11 Dec 3.09
The Pinnacle dining service score will meet or exceed national average of 4.19	The 2014 annual average was 3.43. The rolling 12 month average is 3.72 (Decr) Aug 3.32 Sept 3.29 Oct 3.44 Nov 3.67 Dec 3.64 Jan 2016 4.33 Feb 4.00 Mar 3.50 (based on 2 surveys) Apr no data May 4.30 June 3.27 July 4.10 August 3.36 Sept no data Oct 3.32 Nov 3.42 Dec 3.64

**Issue 5**  
**Resident Services Programming**

No updates

**Issue 6**  
**Contract Management**

No updates

To: Nursing Home Board of Directors  
Champaign County Nursing Home

From: Scott Gima  
Manager

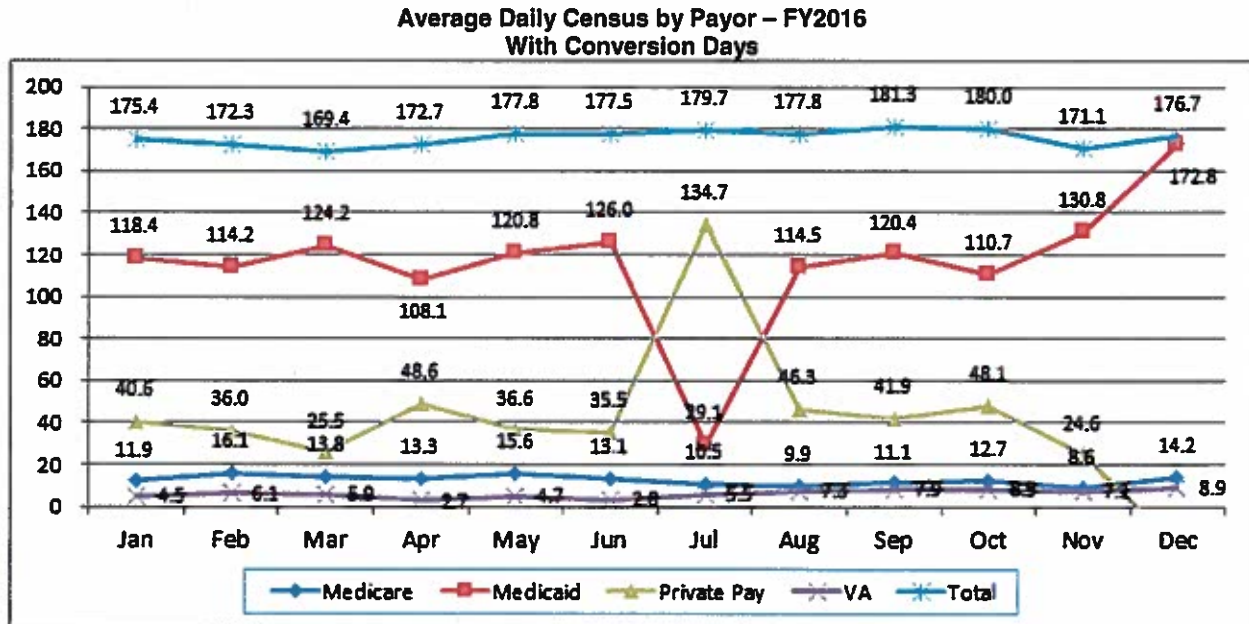
Date: February 9, 2017

Re: December 2016 Financial Management Report

The December financials are reviewed below.

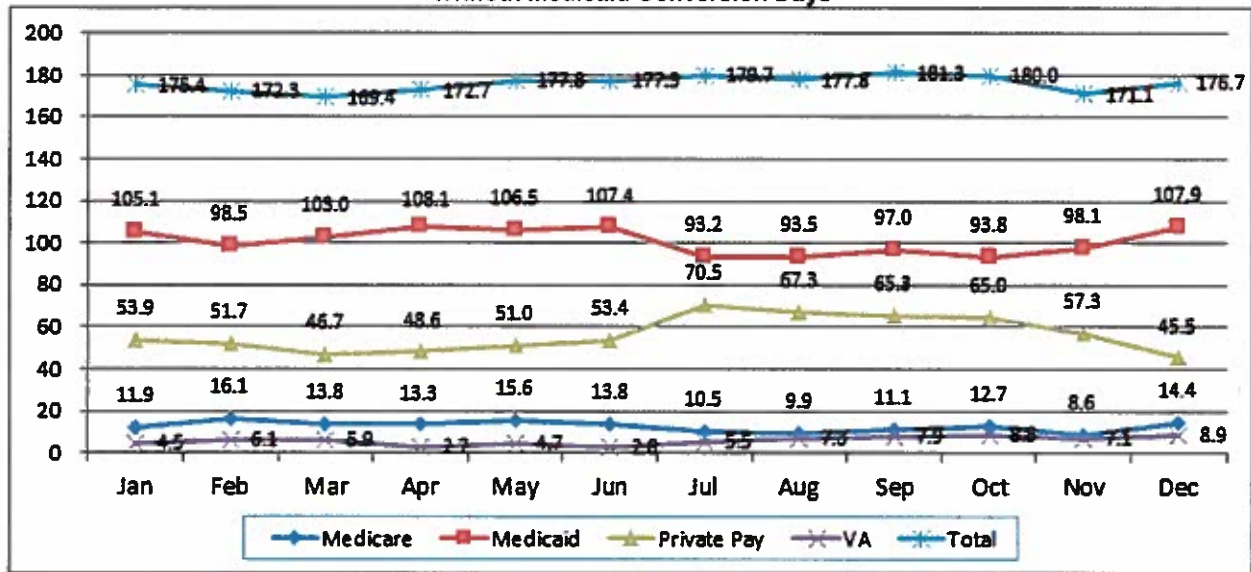
### Statistics

December's census was 176.7 with 14.2 Medicare and 8.9 VA. Medicare census averaged 8.6, and VA census was 7.1. There were 2,007 Medicaid conversion days in December. A clear sign of a significant increase in Medicaid application approvals.



The table below summarizes the census without Medicaid conversion days and provides a clearer picture of the mix of residents actually in the facility each month.

**Average Daily Census by Payor – FY2016  
Without Medicaid Conversion Days**



The preliminary census for January is not good. Census dropped down to 166.7, with 11.3 Medicare 11.3, and 8.6 VA.

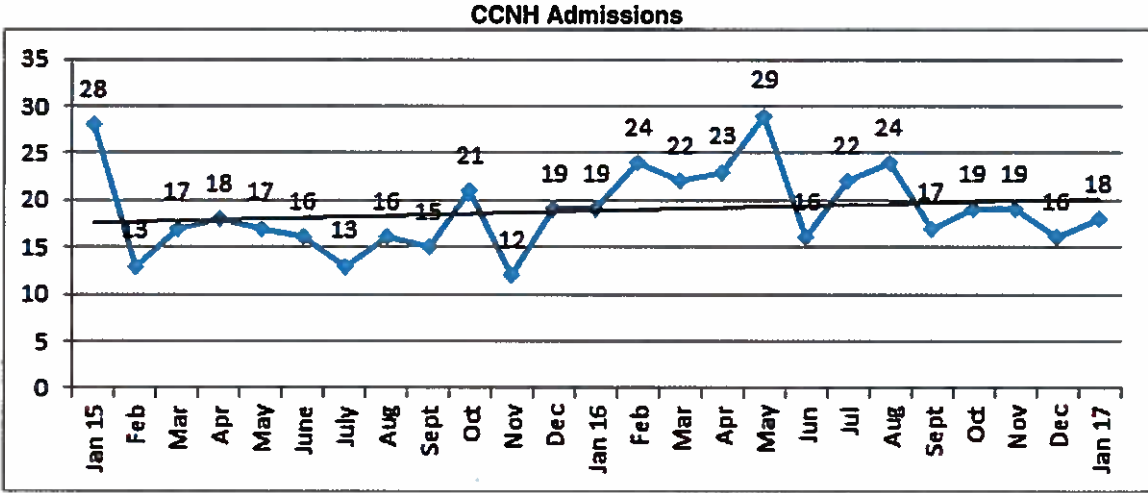


January admissions totaled 18 with 9 Medicare admissions. Medicare Part A account for the majority of the Medicare admissions. Medicare Advantage admissions has dropped significantly. We are seeing a high percentage of possible Medicare Advantage referrals that end up going home from the hospital.

**Admissions and Discharges  
January 2015 to December 2016**

	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
Jan 16	12	7	19	15	7	22
Feb	18	6	24	13	6	19
Mar	10	12	22	18	8	26
Apr	12	11	23	20	4	24
May	19	10	29	11	8	19
June	8	8	16	15	5	20
July	7	15	22	17	6	23
Aug	13	11	24	10	7	17
Sept	5	12	17	12	7	19
Oct	9	10	19	18	6	24
Nov	11	8	19	14	5	19
Dec	10	6	16	11	10	21
Jan	9	9	18	15	6	21

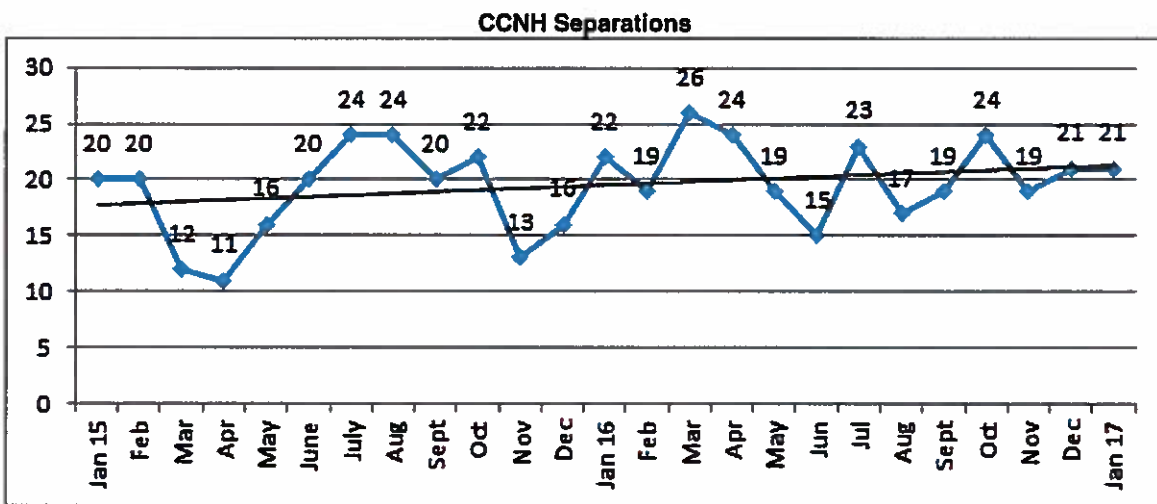
The chart below summarizes the monthly admissions. Admissions so far in 2016 show improvement from 2015 monthly admissions. The 2015 average is 16.4. The 2016 average is 20.8.



The table below summarizes the average number of admissions per month since 2012.

Admissions per Month	
Year	Average Monthly Admissions
2012	22.2
2013	25.5
2014	22.9
2015	16.4
2016	20.8

The next chart summarizes separations. The 2015 average was 17.6. For 2016, the annual average is 19.8, which is higher rate but falls below the average number of separations seen prior to 2015.

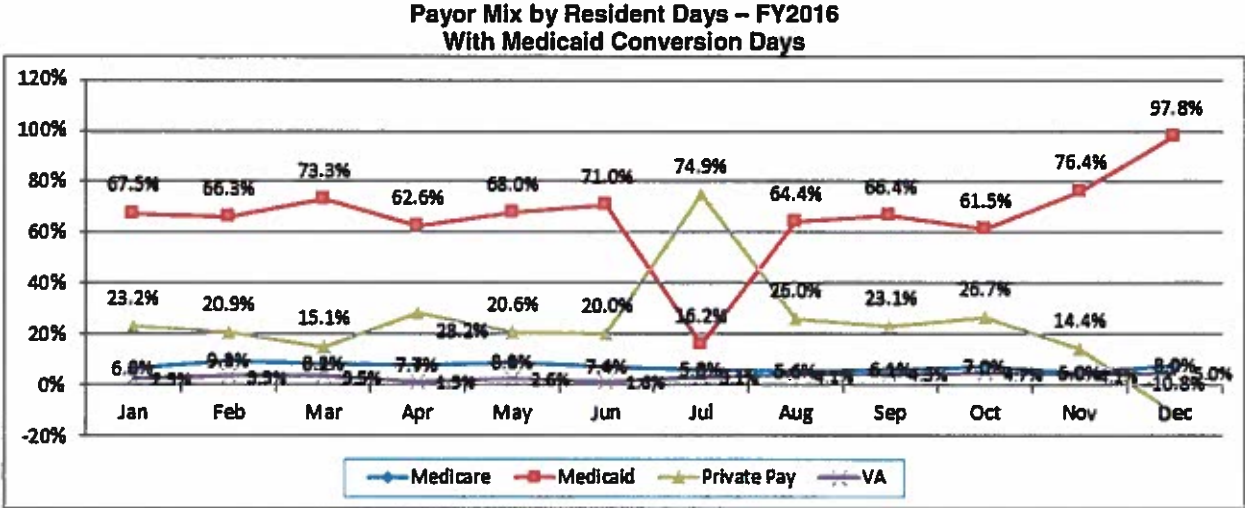


The table below summarizes the average number of discharges per month since 2012.

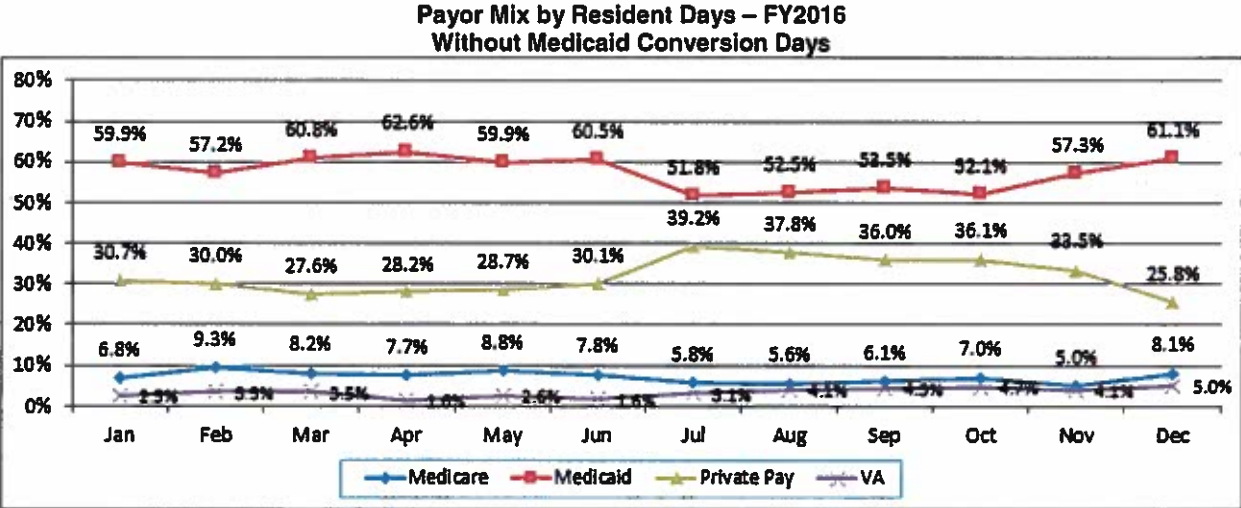
Discharges per Month	
Year	Average Monthly Admissions
2012	23.5
2013	28.1
2014	23.4
2015	17.6
2016	20.7

The FY2013 payor mix was Medicare – 8.7%, Medicaid – 56.3% and Private pay 35.0%. The 2014 payor mix for the year was Medicare – 7.5%, Medicaid – 58.3%, Private pay – 32.8%, and VA – 1.3%. For 2015, the 12 month payor mix is Medicare – 6.1%, Medicaid – 70.1%, Private pay – 22.8%, and VA – 1.0%. As of December 2016, the year-to-date payor mix is Medicare – 7.1%, Medicaid – 65.8%, Private pay – 23.7%, and VA – 3.4%.

The payor mix for December is significantly skewed due to the 2,007 conversion days.



The 2015 payor mix without conversion days is Medicare – 6.1%, Medicaid – 57.2%, Private pay – 35.8% and VA – 1.0%. Through Decemberr, the 2016 payor mix is Medicare – 7.2%, Medicaid – 57.4%, Private pay – 32.0% and VA – 3.4%.



## Net Income/(Loss) & Cash from Operations

The December income statement shows a net loss of -\$135,779 and a cash loss from operations of \$73,189. The YTD net loss is -\$553,938. Adding back depreciation, cash from operations totals \$196,301.

### Revenues

- Operating revenues totaled \$1.132 million, up from \$1.007 million in November. Medicare revenue jumped from \$177,250 to \$310,904. However, the net impact of the 2,007 conversion days was a revenue reduction of about \$82,000, which significantly dampened the increase in census and Medicare census.

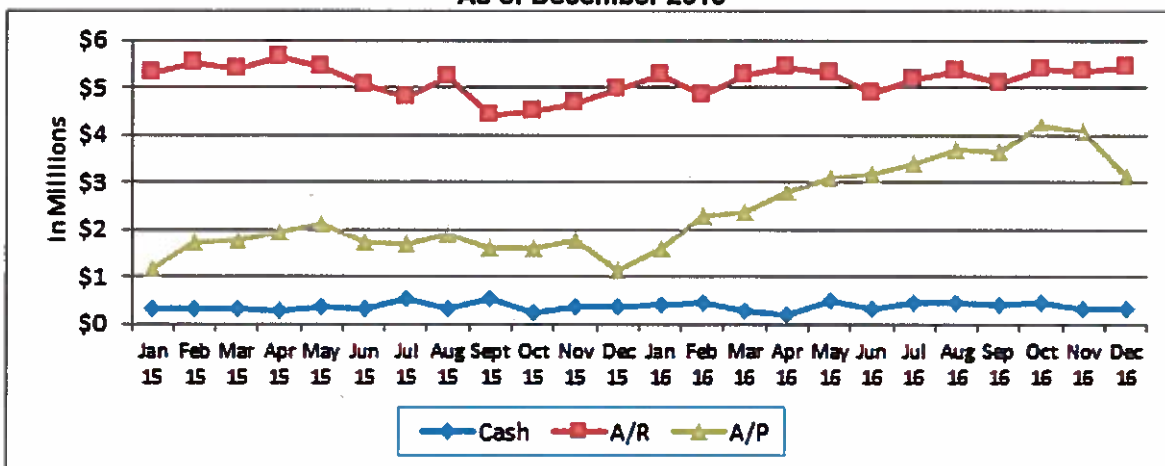
### Expenses

- Expenses increased from \$1.242 million in November to \$1.338 million in December.
- Wages totaled \$596,962 in December, up from \$550,160 in November. Wages per day increased from \$107.20 to \$108.95.
- Non-labor expenses increased from \$544,186 in November to \$599,803 in December. Non-labor costs per day increased from \$106.02 to \$109.47.

### Cash Position

The month ending cash balance in December was \$310,939. Accounts receivable increased from \$5,345,229 to \$5,417,286. Accounts payable fell from \$4,073,460 in November to \$4,133,014 in December. The drop is a result of the tax anticipation warrant monies which were used to reimburse the county for IMRF and FICA obligations from 2016.

**Cash, Accounts Receivable & Accounts Payable  
As of December 2016**



The following is a cash summary for November and December plus projected cash summaries for the months of January and February.

The following are approximate or average figures: payroll - \$260,000 per payroll; benefits/taxes - \$87,000 per month; payables - \$555,000 per month. As more cash comes in, the more can be used to pay vendors. However, the monthly cash used for vendor payments changes based on payroll and other needs.

Projected cash receipts do not include any assumptions for any increases due to approval of Medicaid application. In other words, the Medicaid receipts estimate is based on current payments only.

November's Accounts Payable includes estimating the full payout to vendors of the \$282,802 Loan from the County for the Home's Boiler replacements.

**November**

Beginning Cash				\$445,527
November	Cash In (Includes Boiler Loan)		\$1,075,767	
	Cash Out			
	Payroll	\$511,486		
	Accounts payable	\$691,288		
			(\$1,202,774)	(\$127,007)
Ending Cash				\$318,520

December's cash in includes Tax Anticipation Warrant funds of \$1,021,757 being used to reduce IMRF and FICA amounts in Accounts Payable. The Bond Payment of \$262,115 is not shown as being paid by the Home (paid by County).

**December**

Beginning Cash				\$318,520
December	Cash In		\$2,091,255	
	Cash Out			
	Payroll	\$557,380		
	Accounts payable	\$1,563,853		
			(\$2,121,233)	(\$29,978)
Ending Cash				\$288,541

**January (Projected)**

Beginning Cash				\$288,541
January	Cash In		\$908,106	
	Cash Out			
	Payroll	\$516,686		
	Accounts payable	\$402,258		
			(\$918,944)	(\$10,838)
Ending Cash				\$277,703

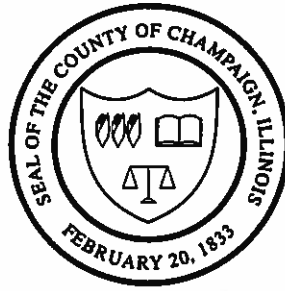
February's cash projection includes \$45,000 in December Medicaid claims. It does not include funds from Medicaid Pending Accounts.

**February (Projected)**

Beginning Cash				\$277,703
February	Cash In		\$1,003,407	
	Cash Out			
	Payroll	\$520,000		
	Accounts payable	\$550,000		
			(\$1,070,000)	(\$66,593)
Ending Cash				\$211,110

**C. Pius Weibel**  
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**Giraldo Rosales**  
Vice-Chair



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1776 East Washington Street  
Urbana, Illinois 61802  
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Fax (217) 384-3896

**Office of  
County Board  
Champaign County, Illinois**

**CHAMPAIGN COUNTY NURSING HOME BOARD of DIRECTORS**  
**2017 CALENDAR OF MEETINGS**

**All Meetings held in the In-Service Classroom, Champaign County Nursing Home,**  
**500 Art Bartell Drive, Urbana, IL**

- January 9, 2017 - 6pm
- February 13, 2017 - 6pm
- March 13, 2017 - 6pm
- April 10, 2017 - 6pm
- May 8, 2017 - 6pm
- June 12, 2017 - 6pm
- July 10, 2017 - 6pm
- August 14, 2017 - 6pm
- September 11, 2017 - 6pm
- October 9, 2017 - 6pm
- November 13, 2017 - 6pm
- December 11, 2017 - 6pm

***Calendar of Nursing Home Board of Directors Presentations to the County Board***  
***QUARTERY REPORTS:***

- February 23, 2017 - 6:30pm - for the quarter ending 12/31/2016***
- May 18, 2017 - 6:30pm - for the quarter ending 3/31/2017***
- August 24, 2017 - 6:30pm - for the quarter ending 6/30/2017***
- November 21, 2017 - 6:30pm - for the quarter ending 9/31/2017***