

Oneida Business Committee Meeting Agenda Request Form

[Deadlines](#)

[Instructions](#)

1. Meeting Date Requested: 6 / 11 / 14

2. Nature of request

Session: Open Executive - justification required. See instructions for the applicable laws that define what is considered "executive" information, then choose from the list below:

Agenda Header (choose one): Report

Agenda item title (see instructions):

Comprehensive Health Division quarterly report

Action requested (choose one)

Information only

Action - please describe:

3. Justification

Why BC action is required (see instructions):

Quarterly reporting

4. Supporting Materials

[Instructions](#)

Memo of explanation with required information (see instructions)

Report Resolution Contract (check the box below if signature required)

Other - please list (**Note:** multi-media presentations due to Tribal Clerk 2 days prior to meeting)

1.

3.

2.

4.

Business Committee signature required

5. Submission Authorization

Authorized sponsor (choose one): Debra Danforth/Dr. Vir, Division Director

Requestor (if different from above):

Name, Title / Dept. or Tribal Member

Additional signature (as needed):

Name, Title / Dept.

Additional signature (as needed):

Name, Title / Dept.

**Oneida Comprehensive Health Division
 Oneida Community Health Center
 Behavioral Health Services
 Anna John Resident Centered Care Community
 Employee Health Nursing**



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

PO Box 365



Oneida, WI 54155



UGWA DEMOLUM YATEHE
 Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

**ONEIDA COMPREHENSIVE HEALTH DIVISION
 DR. RAVINDER VIR MEDICAL DIRECTOR
 DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR
 DIVISION UPDATE QUARTER 2
 January, February, March, 2014**



Executive Management Team:

Division Dir-Operations, Debra Danforth RN, BSN,	869-4807
Division Dir-Medical, Ravinder Vir, MD,	869-4808
Asst. Operations Director, Judi Skenandore,	869-4809
Executive Assistant, Mercie Danforth	869-4810
Business Operations Director, Jeff Carlson,	869-4805
Ancillary Services Director, Dave Larson,	869-4820
Director of Nursing-OCHC, Sandra Schuyler,	869-4906
Behavioral Health Manager, Mari Kriescher,	490-3737
Employee Health Manager, Mary Cornelissen	405-4492
AJRCCC Nursing Home Administrator, Nola Feldkamp,	869-2797
Public Health Officer, Eric Krawczyk,	869-4812



THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:

*Oneida Community Health Center (OCHC)
Anna John Resident Centered Care Community (AJRCCC)
Oneida Behavioral Health (OBH)
Employee Health Services (EHS)*

VISION:

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

VALUES:

Responsive Leadership: *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

Culturally Sensitive: *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

Continuous Improvement: *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

Communication: *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

Safety: *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

Respect: *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

OUR 2013-2016 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Access to care across the Health Division
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

OUR 2013-2014 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by September 2015 through team work, leadership and commitment.
2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 20, 2014.

****Initial meeting was held on January 23, 2014 with HR Manager and a team has been formed to continue to work on this initiative.**

IMPROVE ACCESS TO CARE ACROSS THE HEALTH DIVISION

Initiatives: Optimizing staffing processes and Accreditation

- Improving access to care by ongoing recruitment. Recruitment and retention of qualified healthcare professionals continues to be challenging in an environment of a nationwide shortage of healthcare providers. With the resignation of three providers, the issues of remaining competitive with physician wages has come to the forefront and will be addressed with the Business Committee to retain the existing providers and to develop a formal recruitment and retention plan with the collaboration of HRD.
- Actively Recruiting for Primary Care Physician, Psychiatrist, Psychologist and other various positions within the Comprehensive Health Division remains ongoing.



- **ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC)
UPDATE:**



- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM.
- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- AJRCCC received a 5 star rating by the Center for Medicare and Medicaid (CMS) and was listed by U.S. News as one of the top one hundred nursing homes in the country.
- We continue to work with the Veterans Office to facilitate the VA certification of our AJRCCC.
- Physical Therapy moved from the Health Center to the AJRCCC in February, 2014.
- We are currently pursuing the addition of both occupational therapy and speech therapy services which are scheduled to be on board as of Mid-June, 2014. The addition of these services will significantly add to our ability to generate third party revenue as well as increase the level of care that we can provide to community members.
- We continue to work with Zyquest for our MIS positions to fill the void within AJRCCC and OCHD.
- The following positions continue to be filled through the use of Stat Agency staff to be in compliance with the State license requirements based upon patient acuity and number of admissions: Certified Nursing Assistants and some Nursing positions.
- Current admissions are 37 as of March, 2014. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.
- We will be initiating a request for Expansion of our Workforce in the following areas: Nursing (RNs, LPNs, and CNAs) and an LTE position for an Accounts/Receivables Billing Specialist for enhancement of our billing and ability to collect revenues. Our goal is to reduce dependency upon agency staff in Nursing and to provide A/R assistance to our business office.
- We have been meeting with Purchasing to initiate the FY 2015 bidding process for vendors for the following services:
 - Staffing agencies, including Nursing and PT, OT, ST.
 - Pharmacies

- AJRCCC DON and Administrator will be meeting with NWTC and CMN to explore the possibility of hosting Nursing Assistant Clinical classes within AJRCCC in addition to the current RN and LPN nursing students. This may give us a better opportunity to recruit those students once they graduate.

OPTIMIZE TECHNOLOGY

Initiatives: Advancing Technology and Accreditation

ELECTRONIC MEDICAL RECORD (EMR):

The EMR continues its work within the Oneida Community Health Center and Oneida Behavioral Health every Thursday. The Clinic has completed its full implementation process, but, much work is needed ongoing as we need quarterly upgrades to this system as a whole. The most recent upgrade is to occur late Spring, Centricity Practice System (CPS-Version 12). Oneida has been requested by GE/CPS to act as a Beta-site/Early Adopter Program (EAP) Group, which has allowed us the opportunity to gain a greater understanding of the upgrade before it is turned on to go-live with all GE/CPS customers.

- We have sent out a formal Request for Proposal (RFP) for the consideration of potential vendors for: **Patient Portal** solution (GE Vendor selected) and **Electronic Signature Capture** (demonstrations pending for June/July).
- Immslink-the selected vendor is assisting us with our interface with the Wisconsin Immunization Registry (WIR), which is waiting for the State to complete these processes.
- Behavioral Health has been included in this year's life cycle. All OBH computer work stations has been installed.
- The EMR Team and Physical Therapy, Community Health, Nutrition and Health Promotions are gradually being worked on concurrently into the EMR project plan.
- The EMR Team is working with GE to determine what potential content is available for Physical Therapy. The specific templates that our Physical Therapy Providers, which are currently in use for evaluations of Extremities, Cervical Spine, Thoracic Spine, Lumbar Spine will need to be built to corresponding Centricity Clinical Content (CCC) Forms.
- We have compiled a spreadsheet that contains all the HIPAA Security Policies/Procedures that are required for compliance. Some of these we already have, or we have templates for.

CONCERNS and/or ACTIONS NEEDED BY THE OBC:

No action requested at this time, however, there remains a lack of future allocation of funding for ongoing resources & support of EMR. Oneida Comprehensive Health Division's (OCHD) Management recommends the long-term need for additional Clinical Applications Coordinator and the Link logic manager roles in Medical and Behavioral Health environment once the EMR project becomes fully operational.

PATIENT MANAGEMENT SYSTEM (PMS)

- The Batch Eligibility process which determines coverage for patients with insurance, initially, with Wisconsin Medicaid/Forward Health and ultimately with other 3rd party carriers remains in progress.
- We continue to use Encore as our Contract Health Services base software.

- Checks and balance processes have been put into place to incorporate monthly reporting on the Catastrophic Health Emergency Funds (CHEF) claims to ensure they are submitted in a timely manner. This funding is competitive nation-wide, therefore it is even more critical that our claims be submitted timely.
- There are currently 13 active CHEF cases being monitored and submitted to the Bemidji Area office who reviews and then determines if the cases are forwarded to the Headquarters office in Rockville, MD.
- Of the 13 active as of April, 4 have been submitted to Headquarters and we have received reimbursement to CHS of \$46,244.
- Testing is being completed to determine the go-live dates for the Compulink upgrades to the Meaningful Use version of their software scheduled for June.
- Dental interface has yet to be created, this is pending adequate IT resources and staffing however, they are also being upgraded to the Meaningful Use version of Dentrix.
- Server configurations remain ongoing for our testing environment. This is necessary to assure an update which seems ready for production is tested before it goes live.
- We continue to work with Zyquest as an outsource for additional IT support.

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No formal action required, just continued awareness and support . Will need approval of the IT positions when submitted through MIS for the Comprehensive Health Division.

Resources – human and financial resources for this project under satisfactory thresholds for both MIS and Clinical. We are working cooperatively with Oneida IT for long term sustainability of our needs for the Division as a whole.

CONTINUOUS QUALITY IMPROVEMENT

Initiatives: Accreditation

- One major accomplishment was obtaining the approval of the Additional duties for the Safety Coordinator position which was approved by the Business Committee!
- Accreditation preparation remains ongoing through the work of the Quality Assurance Team, and the Infection Control Teams.
- Patient Satisfaction Survey was completed in March which indicated an average wait time throughout the clinical areas of 6.9 minutes per visit.
- We received 304 total surveys
- 276 answered yes to; Were you greeted in the department you visited?
- 285 answered yes to; Were you treated with respect?
- 278 answered yes to; Were you satisfied with your visit?
- We had an overall good response.
- We are currently addressing complaints of long wait times at Pharmacy, Optical and Dental.
- Articles are being worked on for the Kaliwisaks informing patients that on certain days, the wait times may be longer.
- The implementation of the electronic buzzer system has made a tremendous improvement in the patient satisfaction for new prescriptions.

ENHANCE OUR WORKFORCE
Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT

➤ **Number As of 05/31/14 Comprehensive Health Division Employees: 291**

- **** (1st quarter 2014-292)**
 - **94 Enrolled Oneida**
 - **1 Asian**
 - **4 Black/African American**
 - **164 Caucasian/other**
 - **2 Hispanic/Latino**
 - **26 American Indian/Alaskan Native**

Positions recently filled and/or in process as of 05/30/14:

- Dental Assistant
- LPN AJRCC – 1
- Certified Nursing Assistant 5
- Pharmacist – sub-relief
- RN-Employee Health-Title Reassignment
- Certified Pharmacy Technician-2
- Medical Records Clerk-1
- ET Contract Health
- RN Community Health Manager-Title Reassignment

Vacancies as of 05/30/14 :

- **OCHC Medical Clinic**
 - Diabetes Supervisor
 - Certified Medical Assistant pending Review
 - Physician Internal Medicine
 - Physician Family Practice (2)
 - Registered Nurse
 - Pediatrician
 - Nurse Practitioner
- **Dental**
 - Dental Hygienist-Pending wage negotiations
 - ET Dental Assistants
 - Dental Assistant-Interviews 06/02/14
 - Dental PAR
 - Dental Supervisor-Offered/Negotiations
- **Behavioral Health**
 - Clinical Psychologist
 - Psychiatrist
 - Youth Adolescent SW
 - Dual Diagnosis Therapist (2)
 - Clinical Substance Abuse Counselor
- **Contract Health**
 - Contract Health Specialist

- **Community Health**
 - Registered Nurse
- **Operations**
 - Administrative Assistant III

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No formal action required at this time. Continued support and awareness of the need to continue to fill vacancies as they occur. Competitive wages continue to be a concern across the Division.

- The critical vacancies that will need to continue to be filled to achieve our Strategic Plan are all Direct Care Providers which are identified as Revenue generating.
- The need to remain competitive with wages is becoming more critical as we move into FY 2015. We are already beginning to have difficulties in filling positions and retaining positions due to wage stagnation. The ability to continue to fill critical vacancies will be crucial throughout the remainder of FY 2014 and FY 2015 with the approval of the OBC.
- Use of Agency Staffing for AJRCCC continues to be a concern. If we are not able to utilize Agency staff, then we will be unable to fulfill the needs of our residents based upon our acuity levels which could jeopardize patient safety and patient care as well as our licensure for the AJRCCC.

CASE MANAGEMENT:

Oneida Comprehensive Health Division has been working with Governmental Services Division to create a Personal Care Agency as part of the integrated case management system. We were on schedule to have the Personal Care Agency ready for certification in January 2014, but this date has been delayed due to cost containment. However, we are moving successfully forward with the approval of stage one which includes the positions within Community Health.

The case management system will allow us to effectively align and leverage resources to provide services in a sustainable manner across divisions. Aligning and coordinating services in this manner allows us to:

- Identify best support services to meet client needs
- Promote efficient use of funding streams, reducing the need for Tribal
- Contribution
- Reduce/promote operational efficiency
- Deliver services in a manner that is kind to the client

The funding aspect can be illustrated in the following two examples:

- Case 1
 - Client needs med set & monitoring
 - Native Client, Medicare eligible

- Community Health RN does set-up, service billed to Medicare thru Home Health Agency
- Case 2
 - Client needs med set & monitoring
 - Native client, not Medicare eligible, no payment source
 - Community Health RN does set-up, service funded by IHS thru the annual funding agreement

In both examples client services are met, staff are effectively resourced and reimbursement is received. The key difference being that Medicare was billed in the 1st case preserving IHS funding. In the 2nd case IHS funding is utilized to meet the gap.

We will continue to move forward with Stage 2 as the approved positions are filled.

LONG TERM CARE STUDY GROUP

The State submitted the Money Follows the Person Tribal Initiative (MFP-TI) grant has been approved and is moving forward into the implementation stage. The next scheduled meeting of the State Long Term Care Committee occurred in mid- April in Wausau.

The proposal included planning for a service delivery structure which includes a set of administrative functions delegated by the State Medicaid Agency to Tribes or Tribal Organizations and the following objectives.

- *Develop Tribal Home Health or Personal Care Agencies*
 - Provide technical assistance for interested Tribes to become personal care or health agencies.
- *Develop Tribal Infrastructure supporting the delivery of Long Term Care services to Tribal members*
 - Develop the infrastructure and mechanisms for Tribes to provide comprehensive Long Term Care services.
 - Increase community provider capacity; include Information Technology systems changes and training, to achieve a sustainable model of long term supports.
 - Develop the needed infrastructure and processes when a Tribe is interested in working with a Managed Care Organization to provide Long Term Supports to Tribal Members.
- *Develop Improved, Affordable, Accessible Community-Based Housing for Tribal Members*
 - Increase access to adequate, accessible housing for Tribal elders and younger members with disabilities to transition or continue to live in the community.
 - Increase access to available state or federal funds to enhance housing capacity.

SUCCESSSES OR CELEBRATIONS:

Division wide-the cost containment measures that have been put into place due to federal funding issues earlier in the fiscal year continue. We are very proud of our staff who have overcome these challenges presented to them and still continue to provide the same level of care through doing more with less.

AJRCCC:

- Congregate Meal site continues to increase the number of meals served daily to 90-100
- Received a FIVE STAR rating by the Center for Medicare and Medicaid (CMS) and was listed by U.S. News as one of the top one hundred nursing homes in the country.

Pharmacy:

- Pharmacy continues to have peaks of over 1000+ per day.
- Work is progressing on the remodel with hopes to begin construction by mid-June.

FINANCIALS

YTD (October 1, 2013-March 31, 2014)

	Budgeted	Actual
TOTAL	\$24,596,093	\$21,528,103
Tribal Contribution Only	\$1,210,242	\$914,205

Total includes: Tribal Contribution (TC), Grants, External sales, and Other Income.

Consolidated Health budget goal is to reduce TC to Zero. Over the years the amount has decreased significantly due to the diligence of the recovery of third party revenue.

	FY 2007	FY 2014 YTD
TC	\$11,006,257	\$0
Patient Visits	162,515	154,005
TC per visit	\$67.72	\$0

Patient Complaints Tracking log

Date Reported	Date of Occurrence	Department	Complaint Type	Resolution Positive	Resolution Negative
3/24/2014	3/24/2014	Triage	Being "nosey"	x	x
3/25/2014	3/25/2014	Family Practice/Providers	Rude	x	x
1/14/2014	1/14/2014	Pharmacy	Too long of a wait	x	x
1/16/2014	1/16/2014	Against Patient	Yelling at staff	x	x
1/31/2014	12/31/2013	Women's Health	Was left alone undressed for too long	x	x
1/24/2014	1/24/2014	Contract Health	Referral bill not paid in a timely manner	x	x
1/20/2014	1/20/2014	Triage	appointment booked not soon enough	x	x
2/7/2014	2/17/2014	Against Patient	WIC Check Fraud	x	x
2/27/2014	2/27/2014	Pharmacy PAR	Rude	x	x
2/20/2014	2/20/2014	Family Practice/Providers	Was not given RX for pain medication	x	x
3/18/2014	3/13/2014	Pharmacy	Was not given all Rxes	x	x
3/10/2014	2/1/2014	Contract Health	Referral was not processed in a timely manner	x	x
3/14/2014	3/14/2014	Women's Health Nurse	Pt. info was given to staff they didn't want knowin	x	x
3/12/2014	3/12/2014	Pharmacy	Meds not filled in a timely manner	x	x

Department Complaints		PATIENT VISITS	
Against Patient	2	Dental	3,416
Contract Health	2	BHS	3,630
Dental	0	Optical	2,466
Internal Medicine/Nursing	0	Registered Dietitian (WIC)	40
Internal Medicine/Providers	0	Physical Therapy	485
Family Practice/Nursing	0	Contract Health	
Family Practice/Providers	2	Lab	3,751
Patient Registration	0	Family Medicine	3,593
Podiatry/Nursing	0	Internal Medicine	1,153
Podiatry/Providers	0	Diabetes	670
Pharmacy	3	Women's Health	436
Pharmacy PAR	1	OBGYN	551
Triage	2	Pediatrics	812
Women's Health	1	Podiatry	322
Women's Health Nurse	1	Radiology	13
WIC/Nutrition	0	Audiology	1
TOTALS	14	TOTALS	21,339

PHARMACY	
Rx total 1/1 - 3/31/14	53,953
Avg Rx per day	599
TRIAGE	
Total calls 1/1 - 3/31	10,898
Avg calls per day	121
ON-CALL NURSE	
Total calls 1/1 - 3/31/14	936
Avg calls per day	10