Oneida Business Committee Meeting
Agenda Request Form

1. Meeting Date Requested: 1 / 14 / 15

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:

Agenda Header (choose one): Report

Agenda item title (see instructions):

Comprehensive Health Division 1st Quarter Report

Action requested (choose one)

☒ Information only

☐ Action - please describe:

3. Justification

Why BC action is required (see instructions):

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): Melinda J. Danforth, Tribal Vice Chairwoman

Requestor (if different from above): Dr. Ravi Vir, Medical Director/Debra J Danforth, Operations Director

Name, Title / Dept. or Tribal Member

Additional signature (as needed):

Name, Title / Dept.

Additional signature (as needed):

Name, Title / Dept.

1) Save a copy of this form in a pdf format.
2) Email this form and all supporting materials to: BC_Agenda_Requests@oneidanation.org

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 1
OCTOBER, NOVEMBER, DECEMBER, 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 2014-2015 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, 2015.

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. Wage stagnation continues to be a hindering factor in retention for many of the clinical staff.
    - The HR/OCHD Mgmt team has been meeting to develop a Recruitment and Retention Plan and have requested assistance of the CFO in reviewing the financial feasibility of such a proposal to be presented to the BC. This group will regroup after the holiday season.
- Dr. Dzubinkski, Psychiatrist resigned and his last day is 1/25/15.
- Dr. Hillary Wynn, Adolescent and Adult Psychiatrist started on October 1, 2014
- Actively Recruiting for Primary Care Physician, Psychiatrist, Psychologist and other various positions within the Comprehensive Health Division remains ongoing.
- Access to Care in Behavioral Health remains an ongoing challenge in order to meet the needs of the community without hiring of additional staff and maintaining a full staff. We are interviewing in January for the Youth Social Worker, Clinical Substance Abuse and Psychotherapist positions.
- One of the AODA Counselors has accepted the Dual Diagnosed Therapist position, which leaves us with another vacancy in AODA.
- We have one person that has been hired as an Emergency Temp for the Youth Social Worker position due to the Coordinated Service Team (CST) grant requirements.
- The (CST) Coordinated Service Team grant that will allow us to have dollars available in building the collaboration with the schools and any other youth service that the family may be using.
- We attended Advanced Training Trauma Focused Cognitive Behavioral Therapy (TF-CBT) collaboration with Outagamie County and are now building a team of professionals that are working with youth in our community. This is an ongoing initiative.

- OBH has been working with the School and community members to develop a concept proposal for the development of a State wide Adolescent Wellness Center. This concept was presented to the Oneida Business Committee in December and has received their support to present the concept at the Year-end State Consultation session. This will determine if there is enough support from the remaining Tribes to move the concept forward. This has been a discussion point that has been on the table with many of the Tribes for a number of years and the need for a Youth Adolescent Wellness Center for treatment of our troubled youth.

- **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.
  - VA Contract status: as of this report, all financial information has been submitted to the VA to their satisfaction. The final process is to complete their on-site inspection of the facility which they requested by scheduled after the holidays. This date has not been finalized yet.
  - The following positions continue to be filled through the use of 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 census is on average 40-44 as of December, 2014. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs. However, staff continues to work on reduction of OT and use of agency.
  - The AJRCCC revenues are steadily improving due to the addition of the LT Finance Coordinator. Having two people working on the Finances has helped tremendously to improve our ability to enhance our revenue streams within the AJRCCC through third party reimbursements.
  - AJRCCC has been working the Oneida Vets Depart on a different Veterans Program and we have had one community veteran that has been able to enhance his VA benefits that cannot be counted as income or towards his stay at AJRCCC. This benefits the AJRCCC revenues as it enables the Veteran to be able to pay towards their unpaid balances.

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. The Clinic continues ongoing review and updating of the system as we need quarterly upgrades to this system as a whole. Every update requires numerous testing and implementation to assure that all the kinks are worked through before going live each quarter. The most recent upgrade was made to Centricity Practice System (CPS-Version 12).
- We went live with the **GE Patient Portal** solution "My Health Oneida" on 12/31/14.
    - Revised communication has been ongoing in the Kalihwisaks informing patients that the patient portal is coming and when. Now the communication will be informing patients how to sign up and is included on our Tribal Website.
    - Patients who sign up for the Patient Portal will have access to view past and future appointments, see completed Lab results, and update addresses and phone numbers.
- **Electronic Signature Capture** has been installed and we are now in the process of looking at hardware that we will be using when implementing the Signature capture. This is currently scheduled for the first week of January 2015. Plans for communication will be forthcoming.
- **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.
- The EMR Team has been working with GE (our electronic medical record vendor) to determine what potential content is available for Physical Therapy. The specific templates that our Physical Therapy (PT) 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. There has been some discussion with the AJRCCC on the need to have PT notes listed within the AJRCCC Record System. This system is American Data Electronic Charting System (ECS). This is still being worked on at this time.
- 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 and are in the review and implementation stages.
    - Some of the SOP's required legal review and discussion with the law office which is in process at this time.
- The EMR Team is in the process of updating the original project plan and revising timelines and/or closing out items on the project list that have been completed. The next phase of the EMR will be to begin moving toward Stage 3 requirements for Meaningful Use. (Meaningful use is divided into three stages. Stage 1, which began in 2010, focused on promoting adoption of Electronic Healthcare Records. Stage 2, finalized in late 2012, increases thresholds of criteria compliance and introduces more clinical decision support, care-coordination requirements and rudimentary patient engagement rules. Stage 3, which the Centers for Medicare & Medicaid Services (CMS) rule makers are writing from late 2014 through early-to-mid 2016, will focus on health information exchange as well as other more fully formed meaningful use guidelines introduced in earlier stages.)

- We are currently using Clinical Quality Reporting (CQR) systems for our MU reporting.
- There are still clinical departments that require access to the Electronic Medical Record. However, we are finishing getting the remainder of these areas access. These include the School Nurse, Community Health Nursing, Nutrition, Health Promotion, Physical Therapy and Home Care services which will soon be added.

CONCERNS and/or ACTIONS NEEDED BY THE OBC:
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 Clinical Applications Coordinators and the Link logic manager roles in the Medical and Behavioral Health environment. The Health information technology area remains under resourced resulting in potential risk for the division and the organization. These services are currently being provided through a combination of MIS resources and Oneida Comprehensive Health Division resources.

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. Our staff continues to work with Emedapps in ensuring the data submitted is accurate. Some of the problems include errors with the member identifications not coming through successfully. We are working to resolve these issues as quickly as possible. This module will allow us to assure our Medicaid population is recorded properly in our patient insurance files.
- We continue to use Encore as our Contract Health Services base software. In addition, we are upgrading our Medicare Like Rate software with our vendor and the new version should be available by calendar year end.
- We finished the FY 2014 with CHEF reimbursements of $348,255. New CHEF cases can be submitted within the next couple of months. This funding is competitive nation-wide, therefore it is even more critical that our claims be submitted timely as soon as the window for submission opens.
- Dental was upgraded to the Meaningful Use version of Dentrix. No Change for this quarter
- Optical was upgraded to the Meaningful Use version of Compulink.
- 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 have installed CPS version 12 which is Meaningful Use (MU) compliant. Due to the CMS changes, we earned a reprieve for MU reporting for FY 2013 due to all the revisions that were done for nationwide health reporting programs.

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No formal action required, just continued awareness and support. Resources – human and financial resources for this project under satisfactory thresholds for both MIS and Clinical are an ongoing need. We are working cooperatively with Oneida Management Information Technology (MIS) for long term sustainability of our needs for the Division as a whole, however lack of adequate resources may eventually impact our ability to maximize our revenues due to the inability to keep our systems upgraded.

CONTINUOUS QUALITY IMPROVEMENT

Initiatives: Accreditation

- Accreditation is currently on hold as of this report. The additional wage approved for the combining of the QA and Safety Coordinator positions ended at the beginning of December per HR. The position has not been finalized to make this a permanent title change and completed wage analysis as of this report.

ENHANCE OUR WORKFORCE

Initiative: Optimizing our staffing processes

- **HUMAN RESOURCE MANAGEMENT**
- **Number As of 12/31/14 Comprehensive Health Division Employees: 294**
  - ****(4st quarter 2014-292)**
  - **98 Oneida Enrolled**
  - **25 American Indian/Alaskan**
  - **4 Black/African American**
  - **1 Asian**
  - **2 Hispanic/Latino**
  - **164 Caucasian/other**

- **Vacancies as of 12/31/14 :**

- **OCHC Medical Clinic**
  - Diabetes Supervisor
  - Certified Medical Assistant-on hold until after January, 2015
  - Physician Internal Medicine
  - Physician Family Practice (2)
  - Pediatrician
  - Nurse Practitioner

- **Dental**
  - Dental Hygienist
  - ET Dental Assistants
  - Dental Assistant

- **Behavioral Health**
  - Clinical Psychologist
  - Youth Adolescent SW
  - Dual Diagnosis Therapist (2)
  - Psychiatrist

- **Operations**
  - Administrative Assistant III-Filled with ET until after January, 2015

- **Pharmacy**
  - Pharmacist-posted but will not be filled until February/March, 2015

- **Optical**
  - Optometric Technician-posted but will not be filled until February/March, 2015

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 and non-competitive wages. The ability to continue to fill critical vacancies will be crucial throughout the remainder of 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.
- Use of Overtime is our only alternative to meeting patient needs in the absence of our ability to fill positions.
- As agreed upon following our last Quarterly update in December, we have posted the following positions and will not fill these positions until February 1 and March 1, 2105 due to cost containment. These positions are critical to the operations and we have made provisions within the personnel areas to allow for overtime to assure safe practice and patient care is provided:
    - **Pharmacist #09014**
    - **Optometric Technician #01319**
    - **2-Emergency Temp Dental Assistants-currently posted but not able to fill**

CASE MANAGEMENT/LONG TERM CARE:

Oneida Comprehensive Health Division has been working with Governmental Services Division to create an integrated case management system. The case management system is moving forward and the various parts of the system are beginning to come together. The Tribe received a $14,000 The Money Follows the Person grant which is intended to help Tribes administer their own Long Term Care Support System. Elder Services has posted a position for an ADR Specialist. The Tribal ADRC office will be composed of staff from Oneida Comprehensive Health Division, Elder Services and Income Maintenance. This office will work with both the Brown and Outagamie ADRC's. There will need to be some staff reorganization required in order to meet the federal requirements of the ADRC. The case management system is preparing for the Family Care expansion that will happen in 2015. The Tribe will move to Family Care at the same time as Brown County which is expected to be sometime in June, 2015.

Separately all of the Tribes are working on a Tribal option with the State that would allow the Tribes to run their own Long term Care system and not have to be involved with Family Care. This option requires approval from CMS and the time table and approval are uncertain at this time. There are three meetings scheduled with the State and CMS regarding the "Tribal Option". Meanwhile we are continuing to work with the State on Family Care issues.

FINANCIALS

YTD FINANCIAL Revenue REPORT
AS OF 11 /30/2014

	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health	10	(30,509)	3,279,170	2,747,615	4,590	4,935	3,535,130	2,369,562	6,818,900	5,091,603
Anna John Nursing Home	102,373	102,066					631,690	666,054	734,063	768,120
Employee Health Nursing	134,347	0							134,347	0
Misc Grants	42,130	40,086	348,364	267,100					390,494	307,186
TOTAL	**278,860**	**111,643**	**3,627,534**	**3,014,715**	**4,590**	**4,935**	**4,166,820**	**3,035,616**	**8,077,804**	**6,166,909**

* NOTE: From Infinium Report DIVSUMHLT Budget and Actual Report

Annual TC Funding*	T/C	
Consolidated Health		0.00%
Anna John Nursing Home		0.00%
Employee Health Nursing		0.00%
Misc Grants		0.00%
TOTAL	**0**	**0.00%**

*Annual Tribal Contribution Budget not approved by GTC at this time.

SUCCESSES OR CELEBRATIONS:

- Pharmacy continues to have peaks of over 1000+ per day.
- Bi-monthly updates have been implemented with the committee. Scheduling has been somewhat sporadic primarily due to the holiday scheduling and budget needs but with the coming new year, scheduling should become more consistent.
- AJRCCC- Average occupancy fluctuates between 40-44 with full capacity at 48 beds. AR is steadily improving resulting in enhanced revenues for the facility.
- Valley Bay Therapy for Occupational Therapy and Speech Therapy patients have been steadily improving as well as the reimbursements.
- Completed development of new Mission Statement for Community Health Nursing- Population Based Programming.
- HPDP Just Move It Oneida events continue to grow exponentially due to the RAS points that Employees are earning as well as the community's desire to improve their health and well-being!
- Dr. Hillary Wynn, Adolescent and Adult Psychiatrist began October 1, 2014.
- 1615 employees completed their Health Risk Assessments (HRA) through Employee Health Nursing
- Completion of e-learning for standard, droplet, and contact precautions for all Comprehensive Health Division employees. Previously this training was completed face to face. The success of e-learning will save time and efficiency for the Division.