

Oneida Business Committee Meeting Agenda Request Form

Deadlines

Instructions

1. Meeting Date Requested: 09 / 10 / 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:

Other - type reason

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):

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 3
April, May, June 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.
- Health Professionals contracts are being amended per BC recommendations
- The Annual unused vacation payout policy exception was provided by the OBC for 2014 with a recommendation for HRD/OCHD Management to come up with a recommended proposal for a long term solution.
- The flexible policy/process in place for the past 20+ years for OCHD providers has been a win-win-win for Oneida Health with increased net revenues, improved patient access for our patients and increased provider flexibility with their schedules resulting in enhanced provider morale.
- The HR/OCHD Mgmt team have 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.
- This proposal is currently under review of the HRD team and the CFO
- Dr. Szabo and Pat Delwiche, NP left employment at Oneida in June.
- Dr. Neitzel will be leaving Oneida at the end of July
- Dr. Paul Sumnicht and Carol Finucan, PA will be starting employment at Oneida in July, 2014

- 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.
- We continue to work with the Veterans Office to facilitate the VA certification of our AJRCCC. At this point the contract has been reviewed and approved by our law office and is in the final stage of approval and sign off.
- 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 census is on average 41-44 as of June, 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 expansion of our existing Finance Coordinator position 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.
- The finalization of the PT,OT, SP contract is complete and scheduled to begin in July, 2014.
- 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

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 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 are in the process of implementation of the **GE Patient Portal** solution.
- Plans for communication to the community and patients have been put into place with an introduction to the Patient Portal being submitted to the Kaliwisaks. Follow up articles will be forthcoming.
- **Electronic Signature Capture** (demonstrations were conducted in 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.
 - 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 has been 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 and are in the review and implementation stages.

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 an 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 July, we have received notification of reimbursement to CHS of \$300,737.
- Dental was upgraded to the Meaningful Use version of Dentrux.
- 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**

- Accreditation Kick-off is planned for the July QA meeting. We have added an additional hour each month to the QA meeting time to accommodate for the necessary time to address only issues related to accreditation on a monthly basis.
- Initial planning is taking place on creating a reporting structure for the additional Health Division Committees i.e. Pharmacy and Therapeutics, Infection Control etc to report their meeting minutes to the QA team.
- Begin working on AAAHC Standards
- 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.

- Decision Making process and team purpose-Clarity/explanation of items that the Mgmt Team needs to review and approve from the committees
- QA representation on the Mgmt Team meetings by the Safety/QA Coordinator
- Safety/QA becoming part of the Mgmt Team or coming on a monthly basis to present to the Mgmt Team is a decision the Mgmt Team will need to make
- Suggestion box items not acted upon by the supervisors in those critical areas that need to offer input.
- Ergonomic assessments – Did a walk through at behavioral health to evaluate amount of chairs needed for staff. 9 are needed for staff, 5 for empty/ screening rooms. I will order an additional 3 for OCHC replacement purposes. Additional chairs will need to be ordered when the IHS training area is decided on.
- Car seats –65 seats with education was provided. 31 old seats were recycled. We have partnered with Green Bay Safe Kids to recycle car seats instead of throwing them away.
- Recordable Incidents (Lost time, Medical treatment) – There were a total of 2 employee incident reports filled out – neither was a serious injury. There was 1 patient incident report, also not serious.
- The staff sweatshirts were received and distributed.
- Several safety hazards have been corrected outside through the work order process. A few signs had been broken with nails and sharp edges sticking up and out of the ground. Wires were coming up through the ground. Signs were faded and unreadable. All have been fixed in a quick turn around time.

ENHANCE OUR WORKFORCE

Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT

➤ Number As of 08/01/14 Comprehensive Health Division Employees: 290

- **** (1st quarter 2014-292, 2nd quarter 2014-289**

95 Oneida Enrolled

23 American Indian/Alaskan

4 Black/African American

1 Asian

2 Hispanic/Latino

165 Caucasian/other

Positions recently filled and/or in process as of 07/01/14:

- **The following positions are in process and/or have been finalized during this quarter reporting period:**
 - Dental Patient Account Representative
 - Optical Technician
 - Substance Abuse Counselor
 - Dual Diagnosis Therapist
 - Youth Adolescent Social Worker
 - Dental Supervisor
 - CHS Specialist
 - Physical Therapy Patient Account Representative
 - CHN- RN
 - CHN-Social Worker
 - CHN-Title Reassignment
 - Medical Record Technician
 - LTE Finance Coordinator-AJRCCC

Vacancies as of 07/01/14 :

- **OCHC Medical Clinic**
 - Diabetes Supervisor
 - Certified Medical Assistant
 - Physician Internal Medicine
 - Physician Family Practice (2)
 - Registered Nurse
 - Pediatrician
 - Nurse Practitioner
- **Dental**
 - Dental Hygienist
 - ET Dental Assistants
 - Dental Assistant-Interviews 06/02/14
 - Dental PAR
 - Dental Supervisor
- **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 an integrated case management system. The case management system is moving forward and the various parts of the system are being to come together. The Tribe received a \$14,000 grant. The Money Follows the Person grant 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.

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" in the next two weeks. Meanwhile we are continuing to work with the State on Family Care issues.

FINANCIALS

YTD FINANCIAL Revenue REPORT AS OF 6/30/2014										
	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health			15,801,342	13,308,222	9,375	36,583	16,613,921	14,356,803	32,424,638	27,701,608
Anna John Nursing Home	1,146,761	618,909					1,307,191	2,182,794	2,453,952	2,801,703
Employee Health Nursing	478,815	449,366							478,815	449,366
Misc Grants	189,798	94,485	1,347,000	1,309,994					1,536,798	1,404,479
TOTAL	1,815,374	1,162,760	17,148,342	14,618,216	9,375	36,583	17,921,112	16,539,597	36,894,203	32,357,156
* NOTE: From Infinium Report DIVSUMHLT Budget and Actual Report										
Annual TC Funding			T/C		On a Year-To-Date basis:					
Consolidated Health	1,915,971	44.18%	Tribal Contribution lags the budget by 652,614							
Anna John Nursing Home	1,529,018	35.26%	Grants lag the budget by 2,530,126							
Employee Health Nursing	638,427	14.72%	Other Income exceeds the budget by 27,208							
Misc Grants	253,060	5.84%	External Sales lags the budget by 1,381,515							
TOTAL	4,336,476	100.00%	Cons Hlth Tribal Contribution remains unspent 1,436,978							
Note: TC for Cons Hlth does not appear on the DIVSUMHLT Report										

SUCCESSES 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.

- Congregate Meal site continues to increase the number of meals served daily to 90-100
- Pharmacy continues to have peaks of over 1000+ per day.
- Work is progressing on the remodel with hopes to begin construction by mid-November.
- Bi-monthly updates continue to be successful with the Oneida Business Committee on improving communication and the Committee members verbalized appreciation for the updates and open communication as well as encouraging all the committee members to participate in these updates.

- AJRCCC- Average occupancy fluctuates between 40-44 with full capacity at 48 beds. Valley Bay Therapy for Occupational Therapy and Speech Therapy with a back-up for Physical Therapy which is scheduled to begin in July, 2014.
- Share the Care Cancer Prevention Conference was a huge success May 7-9, 2014. There was a total of 130 people in attendance. The next conference will be held in Hayward, WI and planning has already begun.
- Reorganization of the Community Health Nursing Area and movement forward toward Case Management was approved by the BC and positions posted.
- Operations Director provided a presentation at the Wisconsin Center for Nursing "Addressing Health Disparities in Wisconsin Communities on May 19, 2014
- Operations Director provided a presentation to the Wisconsin State Medical Society on Health Care in the Oneida Community and Cultural Sensitivity.
- 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!
- Although it was sad to say goodbye, the three providers who are leaving were honored at the BC and presented with gifts from the OCHD.
- OBC support for the provider retention initiative proposal
- Hired 2 new providers, Dr. Paul Sumnicht and Carol Finucan, PA.

Patient Complaints Tracking log

Date Reported	Date of Occurance	Department	Complaint Type	Resolution Positive	Resolution Negative
4/1/2014	4/1/2014	Dental	Refusal to Prescribe Medicine	x	
4/1/2014	4/1/2014	Diabetes/Nursing	Cancelled apt. w/o calling pt.	x	
4/4/2014	4/4/2014	Family Practice/Nursing	Rude	x	
4/16/2014	4/16/2014	Internal Medicine/Providers	Dr. won't change Rx as Pt. requested	x	
4/18/2014	4/18/2014	Patient Registration	Rude	x	
4/22/2014	4/22/2014	Other	Various RE: privacy, unprofessional, new Dr. wanted	x	
4/28/2014	4/28/2014	Pharmacy	Did not get all prescriptions	x	
5/8/2014	5/8/2014	Internal Medicine/Providers	Not getting medications	x	
5/9/2014	5/9/2014	Triage	Rude	x	
5/13/2014	5/13/2014	Family Practice/Providers	Upset about pain contract	x	
5/15/2014	5/15/2014	Family Practice/Providers	Requesting Different Rx	x	
5/27/2014	5/27/2014	Lab	Pregnancy Test Error	x	
5/30/2014	5/30/2014	Other	Communications forgot to send flowers to a funeral	x	
6/2/2014	6/2/2014	Family Practice/Providers	Rude	x	
6/16/2014	6/16/2014	Triage	Too long to wait for scheduled appt.	x	
4/811	4/11/2014	Pediatrics/Providers	Long wait for Appointment	x	

Dental	1
Diabetes/Nursing	1
Internal Medicine/Nursing	0
Internal Medicine/Providers	2
Family Practice/Nursing	1
Family Practice/Providers	3
Lab	1
Patient Registration	1
Pediatrics/Providers	1
Pharmacy	1
Pharmacy PAR	0
Triage	2
Other	2
TOTALS	16

.114% All Departments

100% Patient Satisfaction

On Call Nurse	
Total calls 4/1-6/30	777
Triage	
Total calls 4/1-6/30	11,107
Daily Avg calls	171
PATIENT VISITS 4/1-6/30	
Lab	4,348
Medical	7,535
Contract Health Referrals	1,792
Physical Therapy	397
Total Medical Clinic Side	14,072