

# Oneida Business Committee Agenda Request

**1. Meeting Date Requested:** 7 / 22 / 15

## 2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:

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Agenda Header: Reports

Reports
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☒ Accept as Information only

☐ Action - please describe:

### 3. Supporting Materials

☒ Report      ☐ Resolution      ☐ Contract☐ Other:

1. \_\_\_\_\_

3.

2. \_\_\_\_\_

4.

☐ Business Committee signature required

#### 4. Budget Information

☐ Budgeted - Tribal Contribution      ☐ Budgeted - Grant Funded      ☐ Unbudgeted

## 5. Submission

Authorized Sponsor / Liaison:

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Primary Requestor:

Dr. Ravi Vir, Medical Director-Comprehensive Health Division

\_\_\_\_\_  
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Debbie Danforth, Operations Director-Comprehensive Health Division

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

Quarterly Comprehensive Health Division Report.  
Deferred from the 7/8/15 Business Committee meeting.

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf *OR* print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto: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 3  
April, May, June, 2015**



**Executive Management Team:**

<b>Division Dir-Operations,</b> Debra Danforth RN, BSN,	869-4807
<b>Division Dir-Medical,</b> Ravinder Vir, MD,	869-4808
<b>Asst. Operations Director,</b> Judi Skenandore,	869-4809
<b>Executive Assistant,</b> Mercie Danforth	869-4810
<b>Business Operations Director,</b> Jeff Carlson,	869-4805
<b>Ancillary Services Director,</b> Dave Larson,	869-4820
<b>Director of Nursing-OCHC,</b> Sandra Schuyler,	869-4906
<b>Behavioral Health Manager,</b> Mari Kriescher,	490-3737
<b>Employee Health Manager,</b> Mary Cornelissen	405-4492
<b>AJRCCC Nursing Home Administrator,</b> Nola Feldkamp,	869-2797
<b>Public Health Officer,</b> 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 2016 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, 2015.

### **IMPROVE ACCESS TO CARE ACROSS THE HEALTH DIVISION**

#### **Initiatives: Optimizing staffing processes and Accreditation**

No show rates continue to be high and we continue to educate the community on the importance to keep their appointments. We have developed a new no show policy in the Medical Clinic which is ready to be implemented.

- Routine appointments are currently booking **4-6 weeks out for the Medical Clinic**
- Routine appointments are currently booking **6-8 weeks out for Behavioral Health**
- Routine exams are booking **5 months out for Optical**
  - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
  - Optical also sees emergencies as needed
- Routine exam & filling appointments are currently booking **1-2 weeks out for Dental Clinic**
- Dental Clinic **cleaning appointments, are 24 weeks (6months) out**
  - Patients are called to come in sooner if there are cancelations in the schedules
- Dental has started a new process of paging internally within the OCHC when there is a dental opening as well as sending out notices Tribal wide to fill vacancies within the schedules.
- Access to care remains sub optimal across the Health Division.
- We continue to recruit for vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- The HR/OCHD Management team have been meeting to develop a Recruitment and Retention Plan and have requested assistance of the Chief Financial Officer in reviewing the financial feasibility of such a proposal to be presented to the Business Committee
- Recruitment and retention of Health Care Providers and professionals continues to be a challenge
- Lack of dedicated Information Technology (MIS) resources continues to be major risk for continued operations in an environment where all records are now electronic. We have only

one security officer for the whole organization! Our Electronic Medical Records policies have been difficult to complete/finalize due to lack of dedicated resources

- Not providing market competitive compensation to healthcare professionals poses a challenge in retaining dedicated staff and morale is low throughout the Division
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available

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



- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.
- We are awaiting “official” approval of the VA certification. All site visits have been completed and follow up paperwork submitted.
- Current census is on average 39-40 as of May, 2015. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.
- The following positions have decreased 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 due to the hiring of Tribal hired staff.
- Work began in March for the bathroom floors that are having issues with improper drainage. There has been extensive research completed by the staff in conjunction with the Planning department and Engineering to determine the correct and least costly approach to fix the problem. At this point, it is anticipated that 15 bathrooms will need to be repaired. The shower floors are in process of being completed with anticipated completion date by Mid-July.
- The Finance Coordinators have been doing an excellent job in submission and recoupment of third party revenues for the facility and have made tremendous progress in collections. There will be a request coming forward to support the expansion of the AJRCCC work force for the permanent hiring of an additional Finance Coordinator position.



## **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 on a quarterly basis. 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 12.06). Update This happened on 5/30/15 12.0.8.1732
- My Health Oneida (GE) Patient Portal went live in December of 2014. The portal allows patients to be more involved in their healthcare. Communication to the community and patients has been an ongoing effort. The registration staff have been issuing Portal Personal Identification Numbers (PIN) to all patients who desire to have access. There is information on the website under Comprehensive Health, and follow up articles in the Kalihwisaks. We strongly encourage all our patients to check out the portal. The OCHC went live with requesting appointments mid-June for some of the providers: Dr. Sumnicht, Ann wells and Susan Katuin.
- Electronic Signature Capture is in process. We have had the software installed and continue to work on the departmental workflows, project plan rollout and choosing the technical hardware that will be used with the Electronic Signature Capture once it is implemented. We have started to build the BH registration documents, this will be the first area that we will be going live. We do not have a go live date yet due to not having the technical hardware chosen.
- HIPAA Security Policies/Procedures are in the process of being completed through the coordination of Administration, MIS and the Law Office. The next step will be education of the staff on all policies and procedures. We are creating an E Learning for all of the staff to be trained on all of our new EMR SOP's and our yearly HIPAA training. We are anticipating to have it go out to the CHD employee's in August.
- Immslink- is the selected vendor and is assisting us with our interface with the Wisconsin Immunization Registry (WIR). We are still in the development stages of this upgraded interface. We have upgraded to the latest version that supports Meaningful Use Stage 2 in our Development Site. We sent an initial batch of data to the state and have verified the errors with corrections. We will continue to work through a comprehensive testing phase and additional submissions to the state. We will pursue training to end users and upgrade our production site in next 4 to 6 weeks.
- ICD-10 Project Team has been developed and meets weekly. Representation from all areas. Kick off meeting has been held. Project Plan has been developed. Completion date is August 31, 2015.
- Meaningful Use and Physician Quality Reporting System for CMS: AIU and Attestation for Stage 1 Year 1 for Meaningful Use and PQRS required reporting continues to be a main focus for year 2015. Providers and staff continue to work on meeting measures for Meaningful Use. We have met the deadline for PQRS enrollment as Group Practice Reporting Option organization. We will continue to work in all areas to meet measures and with vendors to be able to submit criteria in first quarter of 2016 prior to CMS deadlines.
- Nutrition has completed their integration with their outpatient visit documentation in the EMR. Access to other areas are implemented as the need arises.

## **PATIENT MANAGEMENT SYSTEM (PMS)**

- Batch Eligibility- Emedapps 271 Submission files have been going through successfully as well as the remittance files. The remittance files are being converted to PDF files with all the eligibility data successfully also. Review of the PDF eligibility files have been reviewed and approved with Lavina Summers from the PAR area. The RFS has been submitted for Mark Osterberg, MIS Programmer to now start bringing in the PDFs to the individual patients in Centricity Dev. Once that is tested and good to go, we can get this all to work within Centricity Production. Tentative go-live with this process is 8/1/15 depending on ability to get the PDFs to the right patient ids.
- Contract Health Services base software-the upgrades for the Medicare Like Rate software and the fees have been completed by MIS.
- No CHEF cases have been submitted to date, we have not received authorization from Bemidji to begin submissions.
- Optical is continuing to test the Meaningful Use version of Compulink V12. There are still a number of errors that Compulink must fix before the new version install can be completed for production.

## **CONTINUOUS QUALITY IMPROVEMENT**

### **Initiatives: Accreditation**

#### **Accreditation of the Health Division**

- We have added an additional hour each month to the Quality Assurance (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.
- Continuing to work on Accreditation Association for Ambulatory Health Care (AAAHC) Standards

#### **Public Health Accreditation**

- Conducted our "90 Day Review" Supervisory Committee meeting on our department strategic plan.
- We sent in our "Statement of Intent" (SOI) to the Public Health Accreditation Board (PHAB) communicating our commitment to working towards achieving status of a nationally recognized public health department.
- Public Health Accreditation. Goal is December of 2016.
- To continually keep our Community Health Services Department web-page updated and accessible to the community.
- Working on next steps for direction stated in our tentative Performance Management Plan.
- Working on next steps for our Public Health Core Competency Assessment.
- To obtain involvement from various tribal partners who are on our planning and work-teams for accreditation.
- Community Health's two main focus areas are on Public Health Accreditation and the development of our Family Care and Personal Care agency.
- Reviewing of all policies and procedures within Community Health as part of the Accreditation process.



- Public Health Accreditation Advisory Team continues to be a part of the Oneida Comprehensive Health Division Quarterly Report as we move towards the Accreditation of Public Health.
- Public Health Accreditation requires that specific standards are met similar to AAAHC accreditation.

## **ENHANCE OUR WORKFORCE**

**Initiative: Optimizing our staffing processes**

### **HUMAN RESOURCE MANAGEMENT**

- **Number As of 06/01/15 Comprehensive Health Division Employees: 299**
  - **\*\* ( 1<sup>st</sup> quarter 2015-291, 2<sup>nd</sup> quarter 2015-294,)**
    - 99 Oneida Enrolled**
    - 24 American Indian/Alaskan**
    - 3 Black/African American**
    - 1 Asian**
    - 2 Hispanic/Latino**
    - 170 Caucasian/other**
- **AJRCCC: (37)**
  - 8 Oneida Enrolled**
  - 4 American Indian/Alaskan**
  - 1 Asian**
  - 24 Caucasian/other**

### **LONG TERM CARE:**

- We had a meeting with Camille Rodriqueuz. Camille is taking over the Tribal waiver from Beth Wroblinski. At this time the State is anticipating submitting the Tribally Operated Waiver to CMS about August 1st.
- The new draft is not completed yet. We will be able to operate the current COP program for a maximum of three (3) years after the roll out to the northeast district begins in this month.
- Camille was going to set up three (3) meetings to meet with Oneida, however to date we have not heard from her so in the interim, a request was recently sent from the Vice Chairwoman's office requesting to meet with Ms. Rodriguez and the Oneida Tribe.
  - The first meeting will be an in-depth discussion regarding how all of the money has to work. This will include FQHC, 100% FMAP, enhanced reimbursements for the Tribe and the difference between in-house services vs. purchased and referred care (formerly contract health). Camille is going to arrange to have the financial people from Medicaid access and accountability (Brett Davis's former division) and a DHS attorney at the meeting.
  - The second meeting will include the Dept. of Managed Care. They are in charge of Family Care and contracting with the MCO's. This meeting may or may not include the MCO's. The purpose of this meeting is to discuss the changes that we will need to make to the contract between the State and the MCO's.

- The third meeting will center around the provider and payment changes that will be needed to bring all long term care services and all primary/acute services under a single model. This is what the Governor has proposed in his budget. More importantly, it is in line with both CMS and the healthcare environment as a whole. ACO formation has drastically increased nationwide in the past 15 months (although not in Wisconsin yet). We are also starting to see a large consolidation the insurance industry. CMS has tentatively moved the target date for converting Medicare from a fee for service to a Pay for performance type model by the end of 2017.
- Oneida Comprehensive Health Division continues to work with Governmental Services Division on implementation of 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 case management system has been preparing for the Family Care expansion, however with the confusion of what will occur due to the unknown with the proposed State Budget for 2016 it has been a challenge. The Tribe is planning to move to Family Care and/or some form of Family Care at the same time as Brown County.
- Discussion is currently taking place at the CMS Tribal Technical Advisory Group (TTAG) meeting on proposed changes to the Qualified Health Plan Indian Addendum to accommodate the need for the Managed Care concerns.

## **SUCSESSES OR CELEBRATIONS:**

- Community Health Team Meetings include plan of care discussions on each patient seen every 60 days. RN staff has started to switch from hard copy plan of care to the new electronic template in Santrax. The CHR plan of care template is in development and we hope to start transition in next quarter.
- Structure of documentation and software data entry being adjusted to support Personal Care Working Model of care and billing.
- Creation of CHN CM Marketing & Patient handouts to be updated in the form of: Patient Handbook, Brochure & on Oneida Website.
- Integration of Social Worker into CHN Services to support the complex nature of client needs in addressing long term health and personal care needs.
- Long Term Care / Comprehensive Case Management meetings with ONCOA members, Elder Services, Governmental Services and OCHC are occurring every 2-3 weeks to exchange information to improve opportunity to continue to receive this funding.
- CHN Social Worker completed all necessary functional screens to eliminate the waiting list for the Community Options Program. There were 50-60 names on the waiting list.
- Start of Electronic Care Planning.
- Staff are up to date on Mandatory trainings and are utilizing additional E-learning without complications.
- RN's have increased their efficiencies with Medication Sets and have increased their average number of case management clients.
- Public Health Accreditation is our main focus right now.
- Personally working on Domain number one, "Assessment" and Domain #10, Public Health Law.
- Performance Management Plan and logging/tracking sheets are nearing completion.
- Working with Oneida management strategic team on reorganizational structure of division.
- Working on evaluations of mid-level supervisors
- Assessing strengths and weaknesses of our department as it relates to being a Family Assistance Center for PH emergencies.

- Continue to mentor Mid-America Regional PH Leadership Institute Team from WI on succession planning.
- Assessing ramifications of our grants as it pertains to new funding and reporting guidelines with our accounting division.
- Developing a short Oneida specific video for Public Health accreditation with our Oneida Communications Department.
- A new visual field analyzer was purchased through the diabetic grant. All staff were trained and started using the new unit in April. The clarity of the testing results is much easier to review.
- After a year's worth of testing, we were finally able to upgrade to the newest version of Compulink on 5-7-15 with no problems or issues!
- Elizabeth Webster new Certified Medical Coder started 5/2015 in Medical Records
- Provided monthly Just Move It-Oneida non-competitive physical activity opportunities. All events included Health Screening for Diabetes by Oneida Community Health Nursing.
- April 2015, Spring Into Action Walk: Total Participants = 163 – 56 new, 107 returning. 1-3 mile non-competitive walk event which included kid's activities, health screening. CHN provided health screening & interviewed community about public health.
- May 2015, Onyoteaka Lake Opening & JMIO Walk: Total Participants = 259 - 86 new, 173 returning. This event was a collaboration between Health Promotion, Environmental Health & Safety, Conservation, and Experiential Education. The grand opening of Oneida Lake included: 1-3 mile walk along the lake, canoe/kayak instruction & demonstration, release of fish by OBC members, food, and give-a-ways.
- June 2015, Keep on Moving It: Total Participants = 115 – 47 new, 68 returning. 1-3 mile non-competitive walk on the Duck Creek Trail. Kids activities were provided along with a lunch box meal.
- AJRCCC- Average occupancy fluctuates between 39-42 with full capacity at 48 beds.
- Completed "Speed of Trust" Leadership training with management team and HRD.
- All Supervisors and Directors of the division are scheduled to begin "Speed of Trust" Leadership training in July.
- Significant progress is being accomplished with regard to the current and retro billing of our Accounts Receivable for the AJRCCC
- Awareness Group Presentations for the RAS program by Behavioral health
- Celebration of 29 years of service on 4.07.2015 for Dr. Bill Stempiski
- Celebrated National Laboratory Week April 20-24 and National Nurses Week May 6-12, 2015
- All storage and clinical staff relocated for pending Pharmacy re-model which started first week in June.
- Job-Share of Nurses between OBH and OCHC was successful during An OBH medical leave and an educational time.
- AJRCCC- Valley Bay Therapy for Occupational Therapy and Speech Therapy with a back-up for Physical Therapy continues to demonstrate very positive reimbursements. The AJRCCC as a whole has been doing very well with the AR and the justification for the LTE Finance Coordinator has certainly justified the need to continue and make this a permanent position moving forward with making this a permanent position.
- CHS is now known as Purchased and Referred Care PRC
- Pharmacy Remodel is underway-Impacts patient flow scheduled completion date is August
  - Registration for Pharmacy has temporarily shifted to the Main registration area due to the construction.
  - New Pharmacist started in May- Sarah Lynn Peterson
- Dental has been working hard on reducing their lost revenues due to broken appointments and have implemented a new process and protocol when they have an

opening in their schedules. They are sending out emails and announcing openings over the PA system in-house.

- This has resulted in an increase in the numbers of completed treatment plans and an increase in the number of patients seen per month.
- They are also maintaining a list of patients who wish to be on a cancellation list and are willing to come in ASAP if there is a cancellation.
- OCHD has been working with HRD and are nearing finalization of a formal plan to address the issues related to the provider vacation payout. This will be presented to the committee June 24 following presentation to the providers for any additional input they may have.
- A team has been developed to address the GTC action of 06/01/15. The first meeting was held on 06/09/15 to address the initial charge of analyzing the Customer Satisfaction of Dialysis centers. There will be a focus group survey conducted with Dialysis patients on July 14, 2015. We will then begin to look at the second GTC charge of the potential partnership and/or development of a Dialysis program for presentation to the GTC in January of 2016.
- The Health Careers Fair was a huge success with an attendance of 75 students from the various surrounding school districts.