



HEALTH SERVICES COMMITTEE
Wednesday, January 11, 2017 at 8:00 a.m.
Rock Haven Conference Room

AGENDA

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – December 14, 2016
4. Introductions, Citizen Participation, Communications and Announcements
5. Information Item: Review of Payments
6. **Action Item:** Budget Transfers
7. Finance – Joanne Foss
8. Old Business
 - a. Information: Code Alert System
9. New Business
 - a. Information Item: Resident Council Minutes - November
 - b. Information Item: Annual State Survey
 - c. Information Item: Nurse Practitioner
 - d. Information Item: Semi-Annual Report – Attendance at Conventions/Conferences
 - e. **Action Item:** Quality Assurance and Performance Improvement
10. Information Item: Reports
 - a. Census
 - b. Activities
 - 1) Staff Education for January 2017
 - a. CPR – Assigned Nurses
 - b. Prevention of Accident and Incident Fall
 - c. Quality Assurance Performance Improvement

2) Resident Council Meeting – January 17, 2016 at 10:15 am.

11. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, February 8, 2017 at 8 A.M. in the Rock Haven Conference Room of the Village Commons.

12. Adjournment

SP/ML

*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

COMMITTEE REVIEW REPORT
FOR THE MONTH OF DECEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
32-3250-0000-64904	SUNDRY EXPENSE	P1600425	11/22/2016	LIVING DESIGN INC	287.22
				ROCK HAVEN PROG TOTAL	287.22
32-7260-7400-62171	AMBULANCE	P1600435	11/18/2016	PARATECH AMBULANCE SERVICE INC	613.20
32-7260-7400-62176	LABORATORY	P1600112	11/30/2016	MERCY HEALTH SYSTEM	2,457.39
32-7260-7400-62179	PHARMACY	P1600126	11/30/2016	OMNICARE PHARMACIES OF	9,101.93
32-7260-7400-62180	PHYSICAL THERAPY	P1600113	11/30/2016	MJ CARE INC	17,083.36
32-7260-7400-62185	OCCUP.THERAPY	P1600113	11/30/2016	MJ CARE INC	12,986.51
32-7260-7400-62186	SPEECH THERAPY	P1600113	11/30/2016	MJ CARE INC	3,484.34
32-7260-7400-62189	OTHER MED SERV	P1600416	11/23/2016	DEAN HEALTH SYSTEMS	181.99
		P1600429	11/30/2016	MOBILEXUSA	803.39
		P1603351	11/28/2016	HEALTH DRIVE PODIATRY GROUP	25.92
				RH CONTRACT SERVICES T-18 PROG TOTAL	46,738.03
32-7500-7350-64300	REC THERAPY	P1600114	12/31/2016	CHARTER COMMUNICATIONS	765.06
		P1603167	12/31/2016	CHARTER COMMUNICATIONS	980.23
				RH-PROGRAM SERVICE ADMIN. PROG TOTAL	1,745.29
32-8000-8100-63100	OFC SUPP & EXP	P1603186	11/21/2016	JP MORGAN CHASE BANK NA	919.19
32-8000-8100-63109	OTHER SUPP/EXP	P1600439	11/21/2016	ROCK COUNTY HEALTH CARE	73.75
		P1600440	12/22/2016	ROCK COUNTY HEALTH CARE	33.71
		P1602432	11/30/2016	GORDON FOOD SERVICE	434.51
32-8000-8100-64000	MEDICAL SUPPLIES	P1600404	11/30/2016	MEDLINE INDUSTRIES INC	2,973.62
		P1600436	11/18/2016	PATTERSON MEDICAL	1,042.44
		P1600443	11/29/2016	SUPPLY WORKS	241.65
		P1600477	11/30/2016	PROFESSIONAL MEDICAL INC	1,690.25
		P1600668	11/16/2016	MCKESSON MEDICAL SURGICAL MN S	4,925.04
		P1602119	11/21/2016	PROFESSIONAL MEDICAL INC	643.00
		P1602432	11/30/2016	GORDON FOOD SERVICE	289.40
		P1603310	12/01/2016	DIRECT SUPPLY EQUIPMENT	131.83
32-8000-8100-64003	OXYGEN SUPPLIES	P1602118	11/30/2016	SPECIALIZED MEDICAL SERVICES	539.75
32-8000-8100-64408	DISPOSABLES	P1600668	11/09/2016	MCKESSON MEDICAL SURGICAL MN S	4,612.64

COMMITTEE REVIEW REPORT
FOR THE MONTH OF DECEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
SUPPORT SERVICE MATERIALS PROG TOTAL					18,550.78
32-8000-8200-62104	CONSULTING SERV				
		P1600126	11/30/2016	OMNICARE PHARMACIES OF	831.25
32-8000-8200-63109	OTHER SUPP/EXP				
		P1600126	11/30/2016	OMNICARE PHARMACIES OF	187.46
		P1600668	12/01/2016	MCKESSON MEDICAL SURGICAL MN S	528.34
SUPPORT SERVICE PHARMACY PROG TOTAL					1,547.05
32-8000-9100-63109	OTHER SUPP/EXP				
		P1600411	11/23/2016	SYSCO FOODS OF BARABOO LLC	590.49
32-8000-9100-64102	DAIRY				
		P1600407	11/21/2016	COUNTRY QUALITY DAIRY	4,015.64
		P1600411	11/23/2016	SYSCO FOODS OF BARABOO LLC	623.58
32-8000-9100-64105	GROCERIES				
		P1600410	11/22/2016	PAN-O-GOLD BAKING CO	684.49
		P1600411	11/23/2016	SYSCO FOODS OF BARABOO LLC	6,069.76
		P1602432	11/23/2016	GORDON FOOD SERVICE	7,998.08
		P1603145	11/23/2016	TROPIC JUICES INC	2,109.15
		P1603180	12/17/2016	PAN-O-GOLD BAKING CO	356.60
32-8000-9100-64107	MEAT				
		P1600409	11/23/2016	GORDON FOOD SERVICE	1,303.54
		P1600411	11/23/2016	SYSCO FOODS OF BARABOO LLC	3,052.94
		P1602432	11/30/2016	GORDON FOOD SERVICE	1,994.94
32-8000-9100-64109	SUPPLEMENT				
		P1600411	11/23/2016	SYSCO FOODS OF BARABOO LLC	831.45
		P1602119	11/21/2016	PROFESSIONAL MEDICAL INC	1,806.90
SUPPORT SERVICE FOOD SERVICE PROG TOTAL					31,437.56
32-8000-9200-62420	MACH & EQUIP RM				
		P1600312	11/28/2016	BATTERIES PLUS LLC	35.90
		P1600443	11/23/2016	SUPPLY WORKS	153.46
		P1600450	12/15/2016	DIRECT SUPPLY EQUIPMENT	530.97
		P1600459	11/11/2016	HOBART SALES AND SERVICE	487.14
		P1600465	11/16/2016	LAND AND WHEELS	242.92
		P1600467	11/16/2016	MC MASTER-CARR SUPPLY COMPANY	157.27
		P1600471	12/01/2016	SELECT SOUND SERVICE INC	13,033.35
32-8000-9200-62450	GROUNDS IMPR R&M				
		P1600468	11/20/2016	MENARDS	1.86
32-8000-9200-62460	BLDG SERV R&M				
		P1600473	11/29/2016	TAS COMMUNICATIONS INC	39.50
		P1603043	11/30/2016	HOOPER CORP	896.00
32-8000-9200-62463	FIRE ALARM				
		P1603386	12/01/2016	PROTECTION TECHNOLOGIES	2,907.00
32-8000-9200-62470	BLDG R & M				
		P1600312	12/06/2016	BATTERIES PLUS LLC	655.04
		P1600455	11/15/2016	FIRST SUPPLY MADISON LLC	1,085.36

COMMITTEE REVIEW REPORT
FOR THE MONTH OF DECEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
		P1600464	12/15/2016	LA FORCE HARDWARE AND	192.00
		P1603019	11/11/2016	FERGUSON ENTERPRISES INC	157.15
		P1603026	12/07/2016	HALVERSON CARPET CENTER LTD	350.00
32-8000-9200-63109	OTHER SUPP/EXP				
		P1600447	12/19/2016	AARONS LOCK AND SAFE INC	9.95
		P1600456	12/05/2016	HD SUPPLY	53.93
		P1600457	11/09/2016	HOH WATER TECHNOLOGY INC	1,010.00
		P1600460	11/29/2016	HOME DEPOT/GECF	177.53
		P1600462	11/30/2016	JACK AND DICKS FEED AND GARDEN	345.24
		P1600468	11/30/2016	MENARDS	438.78
		SUPPORT SERVICE MAINTENANCE PROG TOTAL			22,960.35
32-8000-9300-62163	LAUNDRY				
		P1600105	11/25/2016	ARAMARK UNIFORM SERVICES INC	6,508.36
32-8000-9300-62164	DISPOSAL SERV				
		P1600104	11/30/2016	ADVANCED DISPOSAL SERVICES	1,077.72
		P1600433	11/29/2016	OFFICE PRO INC	7.72
32-8000-9300-63109	OTHER SUPP/EXP				
		P1600427	11/29/2016	MENARDS	68.33
32-8000-9300-63111	PAPER PRODUCTS				
		P1602545	11/30/2016	PROFESSIONAL MEDICAL INC	1,490.00
32-8000-9300-63404	JANITOR/CLEANING				
		P1600115	12/06/2016	NORTH AMERICAN CORPORATION	897.58
		P1600406	11/29/2016	SUPPLY WORKS	1,053.07
		SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL			11,102.78
32-8000-9500-64200	TRAINING EXP				
		P1600106	11/17/2016	JP MORGAN CHASE BANK NA	587.98
		P1603312	11/28/2016	MED PASS INC	115.61
32-8000-9500-64415	PROVIDER TAX				
		P1600122	12/01/2016	WISCONSIN DEPARTMENT OF	21,760.00
32-8000-9500-64424	EMPLOYEE RECOGN.				
		P1600441	12/15/2016	SENTRY FOODS INC STORE #375	122.28
		P1603331	12/16/2016	BASICS NATURAL FOOD MARKET	273.94
		P1603403	12/14/2016	SYSCO FOODS OF BARABOO LLC	149.74
32-8000-9500-67161	CA \$5,000/MORE				
		P1603361	12/01/2016	PIEPER ELECTRIC INC	1,395.00
		SUPPORT SERVICE ADMINISTRATION PROG TOTAL			24,404.55
32-8000-9700-62174	INTERNIST				
		P1600437	12/05/2016	RAMSEY MD,H R	3,500.00
		P1603182	11/30/2016	WEST MD,WILLIAM PETER	13,730.00
		SUPPORT SERVICE MEDICAL STAFF PROG TOTAL			17,230.00
32-9000-9920-62201	ELECTRIC				
			12/09/2016	ALLIANT ENERGY/WP&L	17,153.56
32-9000-9920-62203	NATURAL GAS				

COMMITTEE REVIEW REPORT
FOR THE MONTH OF DECEMBER 2016

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
			12/08/2016	ALLIANT ENERGY/WP&L	1,045.02
				GENERAL SERVICES UTILITIES PROG TOTAL	18,198.58
32-9000-9940-61920	PHYSICALS				
		P1600432	11/28/2016	OCCUPATIONAL HEALTH CENTER	373.68
				GENERAL SERVICE EMP BENEFITS PROG TOTAL	373.68

I have reviewed the preceding payments in the total \$194,575.87

Date: _____ Dept _____

Committee _____

**Rock Haven
RESIDENT COUNCIL MEETING
November 15, 2016**

Members Present:

Sheila Tabbert
Beulah Rudolph
Gladys Johnson
Richard Woodliff
Sharon Barnes
Larry Stevens

Rose Leuzinger
Lillian Frayer
Pat Linneman
Shirley Olson
Lynn Gibson
Steven Page

Phyllis Williams
Marian Longman
Marjorie Woodman
Char Bellakoff
Tom Hahn

Others:

Mary Frusher

Vera Polglaze, ADC

Meeting called to order – Pat Linneman, Resident Council President

Pledge of Allegiance Recited – All Members

Reading of Last Meeting Minutes – Tom Hahn. There were no additions or corrections and the minutes stand.

Treasurer's Report – was tabled as Treasurer was not available and NHA would be discussing this topic. * See below.

1. Old Business:

- Residents inquired whether departments would be available for meeting with.
- Discussion regarding time of announcements in their home. Home-like environment discussed. They feel the majority would be awake at 8:15 AM and that it would not intrude on their day and that it would help them plan their day. They felt it would be nice if during the holidays the extra activities could be mentioned as reminders. Taken to a vote. Passed-no opposed. They also asked for a soothing type voice. Agreed to trial of 12/1/16 starting date.

2. New Business

- Vera reviewed the additions to activities; card club weekly and on occasion twice weekly, introduced the new volunteers, discussed the new library program and took ideas from the Residents. Also discussed is the plan for a boutique. Discussion included making it more of a snack shop as that is the desire of the majority. Writer explained I would take that back to Administration and maybe it could be more of a General Store as it is driven by the Residents.
- Staff spoke positively about the Housekeeping and Activity Departments.

- Voting for Resident Council Officers took place by private printed ballots provided by Activities. Officers for 2016-2017 are as follows:
- President: Pat Linneman
- Vice President: Richard Woodliff
- Secretary: Tom Hahn
- Treasurer: Sharon Barnes
- Sue Prostko, NHA came in to discuss the Treasurer's Report. The money that has been used in the account has come straight from Activity ledger and is not a reflection of any fundraising or participation on the part of the council. To align ourselves with the bylaws we discussed that any money going in or out of the account must be voted on by the Council. It was discussed and agreed that \$300.00 of that amount would be there for the Residents and costs and expenditures would now come out of the Activity budget proper. There was discussion, and agreement and passed with no opposed.

The meeting was adjourned by Pat Linneman

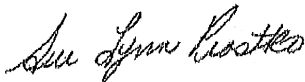
Next meeting: Tuesday, December 20 @ 10:15 am –in the Social Room & Officers will meet on Friday, December 16 in the Social Room @ 10:00 am

Minutes taken by Vera Polglaze CC: Dave Hayes, Dave Froeber, Michael Howell, Sue Prostko, Theresa Talbert, Gail Sullivan, Michelle Lynch & Nursing Supervisors.

MEMORANDUM

To: Health Services Committee
From: Sue L. Prostko
Date: January 3, 2017
RE: Semi- Annual Report- Attendance at Conventions/Conferences

There was no attendance at any training, convention or conference that exceed that exceeded total costs of \$1,000 per event , per employee during the period Of July 1, 2016 to December 31, 2016.



SLP/MLL

cc Josh Smith

ROCK COUNTY, WISCONSIN



Rock Haven
P.O. Box 920
Janesville, Wisconsin 53547-0920
Phone 608-757-5076
Fax 608-757-5026

Quality Assurance Performance Improvement

ROCK HAVEN

Mission:

To enhance the quality of life, health, safety, and trust of all citizens by providing top quality public services through a creative and responsive team committed to excellence, integrity and respect.

Core Values: Honesty, Integrity, and Respect

Purpose:

The purpose of Quality Assurance Performance Improvement in our organization is to take a proactive approach to continually improve the way we care for and engage with our residents, caregivers, and other partners so that we may realize our mission to provide to quality services through creative and responsive teams committed to excellence, integrity, and respect. To do this, all employees will participate in ongoing QAPI efforts which support our core values, of honesty, integrity and respect for our clients.

Guiding Principles #1:

Rock Haven uses our Quality Assurance and Performance Improvement to help guide the facility in making decisions for the day to day operations of our facility.

Guiding Principles # 2:

The outcome of QAPI in our organization is to improve the quality of care and the quality of life of our residents.

Guiding Principles #3:

At Rock Haven QAPI includes all employees, all departments, and all services provided.

Guiding Principle #4:

The Plan for QAPI at Rock Haven is to focus on systems and process, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.

Guiding Principle #5:

Rock Haven will make decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.

Guiding Principle #6:

Rock Haven will make set goals for performance and will measures progress towards those goals.

Guiding Principle #7:

Rock Haven supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.

Scope:

The scope of the QAPI program encompasses all segments of Rock Haven, including resident/family feedback, individualized resident care plans, information technology, facility maintenance plan, staff participation and QAPI.

Clinical Care Services	We provide comprehensive clinical care to residents with acute and chronic disease, rehabilitative needs, as well as end of life care. All care is resident – centered and is to be focused around choice and individualized care plans. Rock Haven strives to meet each residents goals of care, including developing and executing a transitional plan for discharge back to the community or a lessor restrictive environment.
Dietary	We provide nutritional meals under the supervision of a licensed dietician. Rock Haven considers resident choices and preferences by providing several options for meals and embraces resident choice on meal times and preferences.
Pharmacy Services	We provide supervision and collaborate with the medical and nursing team at Rock Haven by reviewing, dispensing, and monitoring medication effectiveness to ensure therapeutic goals are maintained for each and every resident
Maintenance and Engineering	Rock County provides comprehensive building safety, repairs, and inspections to ensure all aspects of safety are enforced, assuring the safety and wellbeing for each resident, visitor, and staff who enters Rock Haven.
Housekeeping	We provide and ensure that all health, sanitation and OSHA requirements are met through regular cleaning, disinfection and sanitation of all aspects of the building.
Administration	We align all business practices to ensure every resident has individualized care, and we work to support the providers of care with the resources and equipment to meet the care goals of those we care for.

Aspects of service and care are measured against established performance goals. Key monitors are measured and trended on a minimum quarterly basis. The QAPI Steering Committee analyzes performance to identify and follow up on areas of opportunity. Rock Haven continually identifies opportunities for improvement and uses the following criteria to prioritize opportunities such as.

- Aspects of care occurring most frequently or affecting large numbers of residents.
- Diagnosis associated with high rates of morbidity, disability, or change in condition if not treated in accordance with acceptable standards of care.
- Issues identified from local demographic and epidemiological data.
- Access to care post-discharge
- Resident/family expectations
- Regulatory requirements
- Availability of data
- Ability to impact the problem and available resources.
- Critical incidents

Important aspects of service and care monitoring:

Specific aspects of service and care monitored through the QAPI program are listed in the QAPI Work Plan. QAPI activities are imbedded in all Rock Haven core processes. Services provided to residents are implemented at the interdisciplinary team level, ensuring that the individual resident needs are met. Specific metrics are established in the QAPI Work Plan, which can be updated throughout the year to reflect progress on QAPI Activities and input from the health care delivery process.

Data trends are efforts related to improvement actions that are reported to the Quality Assurance Committee and the Health Services Board, in quarterly reports and the Annual QAPI work Plan Evaluation. If a performance goal is not being met, Rock Haven conducts root cause analysis and develops a Performance Improvement Project, utilizing Plan, Do, Study, Act cycles to meet the goal by an established date. The results of those actions are also reviewed.

Performance Improvement Projects:

The QAPI Committee annually prioritizes activities, endorses or re-endorses policies and procedures, and continually monitors for improvement through the use of a QAPI self – assessment. In addition, the QAPI Steering Committee will implement any PIP topics indicated by data analysis. Quality improvement activities are also developed in collaboration with the support of providers, residents, families, and staff. PIPs are implemented in accordance with CMS protocol for conducting PIPs, including:

1. Measurement of performance using objective quality indicators
2. Implementation of system interventions to achieve improvement in quality
3. Evaluation of the effectiveness of the interventions
4. Plan and initiation of activities for increasing or sustaining improvement'

Implementation of new PIPs or any significant changes proposed to existing PIPs will be subject to approval. As such, reports reflecting new or changing PIPs will be submitted to the Quality Assurance Steering Committee and the Health Services Committee.

Reviews:

Rock Haven monitors provider and facility adherence to quality standards via review of quality measures, complaints, adverse effects, and outcomes. Rock Haven performs reviews of systems, clinical practice, administrative policies and procedures and clinical records against industry standards, supports adherence to timely access to care requirements, and implements administrative practices for the purpose of monitoring compliance with state and federal requirements, and improving the quality of care provided to residents. Follow-up reviews measure progress on corrective actions if needed until the goal is met.

Scope:

Rock Haven will utilize the number the principles of QAPI to align all business and clinical care decisions creating a model of care that centers its core values on individualized care and resident choice.

The staff will utilize data from industry standards to quantify and benchmark all aspects of performance improvement whenever possible. Any negative trends in data will be addressed utilizing root cause analysis and quality improvement methodologies. The leadership and staff will embrace evidence based strategies and utilize **Plan Do Study Act** cycles until the desired change is effective and the desired goals are achieved and sustained.

Governance and Leadership

As required by CMS guidelines for QAPI, oversight of the QAPI program is provided through a Committee structure that is accountable to Rock Haven Executive Leadership. The Rock Haven Health Services Board fully delegates responsibility for oversight of the QAPI program to Rock Haven's Steering Committee who will make quarterly reports to the governing committee on the status of the QAPI program. The Steering Committee will also provide an annual report on the Quality Assurance Performance Improvement program to the Rock Haven Health Services governing board committee.

The Rock Haven Leadership team and QAPI Steering Committee have the responsibility for planning, designing, implementing, and coordinating consumer care and services and selecting QAPI activities to meet the needs of residents.

The Executive Leadership Team will assure that time and resources are provided to the designated persons that participate on the QAPI Steering Committee or any other associated work groups. Minutes of meetings will reflect membership and attendance of those participating and will be reported quarterly in the QAPI summary report to the governing

Health Services Committee. In addition, annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and amendments to any PIPs.

Compliance will be monitored formally through incident reports, tracking and trending, discussion, staff meetings, brainstorming activities, employee input and PDSA cycles.

The QAPI Steering committee will meet quarterly at a minimum and will record the minutes on the designated QAPI template. The minutes will be shared with staff during meetings and posted on the designated QAPI boards for staff to review after every meeting.

The Executive Leadership team will advise and oversee the duties and responsibilities of the QAPI Steering Committee in the following capacities:

- Approve the Nursing Home Administrators recommendations of staff members to serve on the QAPI Steering Committee
- Ensure plans and goals are being carried out and communicated to staff by placing them on the QAPI boards, and posted into the departmental communication books.
- Share all data and information on QAPI progress both vertically and horizontally within the facility.

Medical Oversight

The Medical Directors oversight, direction and involvement plays an essential role in the QAPI process. The Rock Haven Medical Director is the designated senior practitioner and advisor for all aspects of the QAPI program related to clinical care and safety. The Medical Director is accountable for providing leadership for, and is actively involved in the implementation of the QAPI program. Performance accountabilities for the Medical Director include, but are not limited to, the following:

- Ensuring that all quality management initiatives pertaining to the delivery and management of care are clinically sound, promote resident safety, and are based on current best practices.
- Co-Chairing the QAPI Steering Committee
- Participating in and providing support to other committee for the development of appropriate assessment and evaluation efforts, intervention strategies, and corrective action plans.
- Involving providers and representatives of medical delivery systems in reviewing and planning the QAPI program's core activities.

Feedback, Data, and Monitoring:

Rock Haven will establish performance indicators for all QAPI- designated goals. These indicators can be a combination of process and outcome measures. All data will utilize internal and external benchmarking. Performance thresholds will be set to show gradual trends for improvement. On a quarterly basis, data will be collected and reported to the QAPI Steering Committee from the following areas.

- Input from caregivers, residents, families, and others.
- Adverse events
- Performance Indicators
- Survey findings
- Complaints

The Executive Leadership team will approve annual performance indicators and any other indicators added during the QAPI annual cycle as recommended by the Facility Management Team. These measures will be collected and reported in quarterly updates to the Rock Haven Governing Health Services Committee. In addition, a report of the performance indicators and progress toward achieving the QAPI goals will be shared with the staff and resident council, a minimum of once a year.

Performance Improvement Projects (PIP's)

Rock Haven Executive Leadership and QAPI Steering Committee will conduct an environmental scan of facility systems utilizing the QAPI self – assessment on an annual basis. Data sources include, but are not limited to, the following areas

- Input for caregivers, residents, families and others
- Adverse events
- Performance indicators
- Survey findings
- Complaints

The committee will consider and prioritize both external and internal elements affecting the long –term care industry and facility when selecting priorities of focus for the coming year. The recommendations for proposed PIPs will be submitted in an annual report to the Governing body.

Once the PIP has been established the QAPI Steering Committee will establish a QAPI PIP, and allocate staff and resources to launch the PIP.

PIP team members will be selected based on scope of the work, considering such factors as time commitment and expertise. Whenever applicable, the facility should consider a resident / family advisor be appointed to the team. Meeting minutes will be recorded and shared with the QAPI Steering Committee, executive leadership and staff.

Systematic Analysis and Systematic Action:

Rock Haven will use data at every QAPI Steering Committee to ensure performance measures are meeting QAPI Goals. PSDA cycles will be utilized to improve existing processes. Data specific to the PSDA interventions will be collected and monitored at the end of each cycle. Since PSDA cycles are dynamic and current, data collected during these intervention periods will be analyzed on a frequency designated by the PIP team and or QAPI Steering Committee that would be useful for making mid-cycle adjustments.

The PSDA cycle outcomes will be reported to the QAPI Steering Committee at least quarterly; however, more frequent monitoring may be required for rapid cycles of change to capture the impact of the change once the intervention is spread across the facility.

Communication:

At a minimum, the Executive Leadership will report annually on the status of the current QAPI Plan as well as the proposed QAPI plan and goals for the coming year. This report will be made available to:

- Governing Health Service Committee
- Entire management team of Rock Haven
- Staff
- Resident council
- Other Stakeholders as designated

At a minimum, the QAPI Steering Committee will report the progress on the established QAPI goals PSDA cycles and the current data to the following:

- Executive Leadership
- Entire management team
- Staff
- Resident council

Evaluation:

At a minimum, the Executive Leadership and Facility Management teams, along with the assistance of the QAPI Steering Committee will conduct a facility wide systems utilizing the QAPI Self-Assessment

The Team will thoughtfully and thoroughly consider the progress made in the last year toward achieving the designated QAPI goals and current status of measurement in meeting and sustaining the performance indicators. Other factors to consider will be current trends in the long term care industry as well strategic goals for the facility.

Gaps in systems and processes will be identified and addressed in the coming year's QAPI plan.

2016 Patient Revenues for Rock Haven November

Limestone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$60,078	\$140,992	-\$80,914	-57%	\$582,468	\$1,574,415	-63%
Hospice	\$16,744	\$9,572	\$7,172	75%	\$151,468	\$106,884	42%
Medical Assistance	\$194,246	\$229,722	-\$35,476	-15%	\$2,370,331	\$2,565,231	-8%
Private Pay	\$114,448	\$67,995	\$46,453	68%	\$1,121,066	\$759,283	48%
Total	\$385,516	\$448,282	-\$62,766	-14%	\$4,225,333	\$5,005,813	-16%

Sandstone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$60,078	\$51,270	\$8,808	17%	\$613,283	\$572,514	7%
Hospice	\$16,227	\$12,182	\$4,045	33%	\$114,896	\$136,035	-16%
Medical Assistance	\$194,763	\$292,374	-\$97,611	-33%	\$2,697,182	\$3,264,840	-17%
Private Pay	\$114,448	\$49,238	\$65,210	132%	\$1,202,159	\$549,826	119%
Total	\$385,516	\$405,064	-\$19,548	-5%	\$4,627,520	\$4,523,215	2%

Total Rock Haven							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$120,156	\$192,262	-\$72,106	-38%	\$1,195,751	\$2,146,929	-44%
Hospice	\$32,971	\$21,754	\$11,217	52%	\$266,364	\$242,919	10%
Medical Assistance	\$389,009	\$522,096	-\$133,087	-25%	\$5,067,513	\$5,830,072	-13%
Private Pay	\$228,896	\$117,234	\$111,662	95%	\$2,323,225	\$1,309,109	77%
Total	\$771,032	\$853,346	-\$82,314	-10%	\$8,852,853	\$9,529,028	-7%

