



2011

Annual Report

**Margaret T. Haroff
Administrator**

February 15, 2011

The Annual Report of the Wayne County Nursing Home for the year ending December 31, 2011 includes an overview of the highlights of the year and a summary of statistical information that has been presented to the Health and Medical Committee during the course of the year.

The year-end financial report will be submitted upon its completion by the auditing firm of The Bonadio Group. If you have any questions regarding this report please do not hesitate to contact me at 946-5673 or MTHaroff@co.wayne.ny.us

The following areas are addressed in the report:

Overview

Accomplishments of 2011

Financial Operations

Annual Department of Health Survey

Compliance & Quality Improvement

Marketing activities

Nursing Report

Maintenance Report

Overview

The Wayne County Nursing Home has continued on its path in providing a resident-directed model of care focusing on assisting residents to utilize their potential. The focus is on the resident as a whole person as opposed to focusing on individual health conditions or limitations. This requires a cultural change in every aspect of the organization that ultimately enhances the lives of residents.

The standard of practice at the Wayne County Nursing Home is the provision of quality services while maintaining financial stability. The balance of quality service and fiscal responsibility is achieved through the Quality Assurance Program. The County residents and County taxpayers deserve the highest quality we can achieve while being fiscally responsible. Oversight of the Nursing Home Quality Assurance program is the responsibility of the Executive QA Committee comprised of the Administrator, Assistant Administrator/Compliance Officer, Medical Director, Director of Nursing, Director of Food and Nutrition, County Administrator and Board members. This Committee meets on a quarterly basis. The facility QA Committee meets monthly and is chaired by the Assistant Administrator/Compliance Officer with representatives from each of the Nursing Home departments.

The result of having key management staff in place for the entire year, progress was accomplished in enhancing the operations. In March 2011 Greater Rochester Nursing Home Quality Consortium (GRNHQC) received a grant for Quality Improvement to address improving the quality of transitional care and reducing nursing home resident readmissions to hospitals. Through the HRSA Technology Grant in January 2011 we received a videoconferencing profile and Movi cameras and software. This equipment was installed and used for tele-education. The Bullis Fund Telehealth Grant provided funds to purchase telemedicine videoconferencing equipment. The introduction of tele-health services at the nursing home commenced with geriatrics, psychology and psychiatry. These services have been a great addition in caring for the residents and will be expanded into other specialty areas in 2012.

Medical direction under the leadership of Cheryl Morrow, MD for the last six years prepared for the transition at year end to be turned over to Scott Schabel, MD of the Rochester General Hospital Physician Group effective January 2012. Attending physician services continued during 2011 via contract with Rochester General Hospital this included the resumption of a full time nurse practitioner effective January 25, 2011.

In 2010 a limited review Certificate of Need (CON) application was filed with the New York State Department of Health to de-certify the two respite beds and convert them to skilled nursing beds. At the end of 2011 the Department of Health requested that instead of the limited review a Full CON application must be filed. This request is now pending in 2012.

The Nursing Home has established key goals to guide staff in the performance of their responsibilities.

These goals are:

- **Maintain Highest Level of Resident Centered Care**
- **Sustain & enhance Financial Viability**
- **Ensure Safety and Security**
- **Promote Community Involvement**
- **Foster Employee Development**
- **Promote Marketability**

The major accomplishments of 2011

- **The County cash contribution remained at 0 for 2011.**
- **Occupancy was 96.3% with 358 admissions**
- **An excellent annual DOH survey**
- **Introduction of the Abaqis tool for Quality Improvement**
- **Instituted Tele-health services – equipment provided via Grant**
- **Instituted videoconferencing – equipment provided via Grant**
- **Implemented integrated care planning**
- **Additional staff trained in Lean Six Sigma process**
- **Audit by Sodexo that resulted in reduction of energy costs in kitchen**
- **Virginia Majewicz, Cook was recognized as an “2011 - Employee of Distinction” by Leading Age of NY**
- **Volunteers provided 7247 hours of service to WCNH and 117 new volunteers were recruited.
An average of 33 volunteers provide service weekly**

Financial Operations Report – 2011

The Wayne County Nursing Home maintained a positive cash position at the end of 2011. The Enterprise Fund functioned without any cash subsidy from the County for operations. The Nursing Home received retroactive rate adjustments for Medicaid in July 2011 which allowed the Nursing Home Enterprise Fund to repay the cash advances from the County General Fund received in June. Another payment of the Inter-Governmental Transfer (IGT) provided the Enterprise Fund to have \$4M cash balance at December 31, 2011.

We have seen a reduction in our Medicaid rate per day in 2011. The State's new reimbursement methodology of regional rates will continue to be a challenge to maintaining a positive cash balance in the future.

Our Medicare and commercial insurance revenue has seen an increase of about 20% from 2010. This is due to the diligent work of our admissions team, nursing and the rehab department. They have worked on ensuring we have the proper care and the documentation to increase daily amount of our billable days. Our average for Medicare was \$405 per day and other Medicare insurance was \$455 per day. Our billing office has worked well in negotiating rates for our non-Medicare based insurances. We have also been working on processes to improve our Medicare billing process. We have reduced the billing time by one month. This has produced an increase in our cash receipts cycle.

The Nursing Home has continued to review expenses and ways to reduce costs to meet or come under budgeted amounts. We have decreased expenses such as, drugs, medical//nursing supplies, janitorial supplies, laundry supplies. Our overall decrease in Contractual Expense is approximately \$30K from 2010.

We are currently working to create more analytical reports for nursing to assist with the reduction in over time costs and the reduction of Agency Nursing usage.

We are working on procedures to have a just-in-time inventory process for our supplies. We have a full time purchasing clerk who is monitoring our usage and costs. Our goal is to reduce our on hand stock levels. This will increase space and also reduce waste as many of our products have expiration dates. We want to maintain proper levels so we are not caught short and not have too much inventory on the shelves that they may expire before use.

The business office continues to monitor all accounts to insure they are current. We have decreased the time that aged accounts are sent to our collections attorneys. We currently have approximately \$700K reserved for bad debts. One half of this amount is for one resident. The admissions team has taken great steps in receiving financial information prior to admission. We believe having this information up front will lessen the burden we face when accounts are uncollectible.

Judith L. Seier, CPA
Comptroller

Annual Survey

The Nursing Home did meet its goal for a “no G level deficiency” from the Department of Health during its 2011 annual survey. The number of deficiencies –four- was well below the State average for surveys conducted under the new Federal QIS Survey process. All citations were corrected immediately. In 2010 the Nursing Home was cited for the gas fireplace in the Canal Pub not meeting the current codes. An appeal to CMS was submitted and subsequently denied in 2011. The operation of the gas fireplace in the Canal Pub was shut down.

In December 2008 the Centers for Medicare & Medicaid (CMS) implemented the Five Star Rating System of nursing homes. This system was suspended for most of 2011 until CMS collected sufficient data from the new MDS 3.0 that was instituted in October 2010. The ratings were recently released by CMS and Wayne County Nursing Home improved its overall rating from 2 Star to a 3 Star rating.

In accordance to regulations, we notify the Department of Health when there is the potential of an incident being the result of abuse, mistreatment or neglect. See Quality Assurance Report below.

The Abaqis Program was obtained and implemented in 2011 to assist in the preparation for the new Federal QIS survey process.

The food service operation in 2011 received deficiency free inspections from: Government food, Commission of Corrections, Local Health Department, New York State Department of Health, State Education, National Safety Foundation and the Immigration Department.

COMPLIANCE AND QUALITY IMPROVEMENT

EMPLOYEE TRAINING (Initial and Annual Compliance, Ethics, Compliance Related Trainings, # of employees completing)

Annual Compliance - 262

Orientation Compliance - 65

Resident Bill of Rights - 284

Abuse Prevention -284

Incident Investigation for Supervisory staff -75

Gifts and Gratuities policy review -250

Donations policy review -111

Diversity Training -34

Elder Justice Act -16

Plan of Correction Education -80

Regulatory Updates for Management (OMIG and CMS) -49

CREDENTIALING AND EXCLUSIONS (Activities to monitor process and correction of issues)

Credentialing is managed by the Administrative Assistant. A revised credentialing packet was created in 2011. Exclusions are reviewed monthly as checked by IT – no exclusions identified. Licensure/certification is verified at hire and annually. During transition of Senior Clerk position to new employee, some CNAs were not recertified within the required timeframe. This employee is now familiar with the process and no additional recertification's have been missed or delayed.

COMPLIANCE MONITORING ACTIVITIES (Tasks done to identify potential non-compliance: Hotline calls, Risk assessment, Utilization Review, Quality Concerns, Investigations; findings; and corrective action.)

Hotline calls are monitored weekly by Assistant Administrator and Evening Receptionist. WCNH participated in the county wide Risk Assessment that was conducted in 2011. The subcommittee doing the assessment was led by the Assistant Administrator. A Utilization Review process is not required. 110 Quality Concerns were reported over the year. 64% of these were about staff, 10% were family related, 13% were resident related and the other 7% were facility/equipment concerns. All of these were addressed within 2011. Investigations are conducted for any injury of unknown origin or suspected abuse/neglect/mistreatment. 871 incident reports were filed - this is a 7% decrease in incidents. 117 investigations were conducted resulting in 21 reports to the Department of Health alleging abuse/neglect/mistreatment. Three (3) reports resulted in disciplinary action against employees. Two (2) reports resulted in deficiencies for the facility. The plan of correction for these deficiencies has been accepted and implemented. An additional 8 investigations were conducted on Employee Complaints of policy violations. Staff has been counseled individually in response to these complaints and Diversity training was mandated for all staff related to one incident.

INTERNAL AUDITS (# of audits, areas audited, findings, corrective action)

Employee Satisfaction Survey: 67% overall satisfaction. Improved employee performance completion, working on addressing employee job related computer skills.

Resident Satisfaction Survey: 94% satisfaction overall. Areas of focus include dental services and activities. Meeting with dental provider has improved service. Activities improvement plan is extended to 2012.

Missing Article: QA Committee began receiving quarterly reports to track increased reports of missing cash. Sheriff notified when pattern emerged. No formal charges at this time. Have worked with residents and families to either reduce cash on hand or increase security measures.

Physician Visit Compliance: 92% overall compliance achieved, consistent system of tracking appointments and change in management on 1 unit have corrected this issue.

Medication Errors: 99.99% compliance maintained. 3 adverse drug reactions reviewed during the year. 1 med error reported to Department of Health (see incident reporting).

Dietary Compliance (weights, diet, hydration): Compliance at desirable levels for all areas except Weight data collection. Nursing revised practice to reduce number of places the weights are being captured and focus on recording in EMR.

Restraint Use: compliance continues to fluctuate between 60% - 95% on regulatory requirements. Deficiencies are corrected at time of audit. Multiple corrections put in place. Continue to monitor.

Social Work Charting: 90% or better compliance was achieved and maintained.

EXTERNAL AUDITS (# of audits, areas audited, findings, corrective action)

OMIG review/audit of NAMI (resident's share of Nursing Home charges). This resulted in \$53,109.42 payback on 7/25/11 to OMIG for the period 3/1/06 – 2/28/10. New financial policies have been implemented.

Annual Financial Audit: See Report from Bonadio.

Inspection by Department of State – Hoods on stoves not Type I rated and do not have automatic fire suppression. All 4 stoves were disconnected. A new menu was instituted when stoves were disconnected.

OMIG review of initial 2005 rate setting for new building was begun in December, 2011 and results will be completed in 2012.

MANDATORY REPORTING (Overpayments of Medicaid/Medicare, Reportable Incidents made to NYS, corrective action)

No overpayments over \$5000 were discovered and therefore, did not require reporting. Identified overpayments were corrected by billing at the time the information became available.

22 Reportable Incidents were made to the Department of Health (21 resident related, 1 facility loss of service due to installation of new call bell/ phone system).

EMPLOYEE DISCIPLINE (Disciplinary action related to non-compliance, including intimidation/retaliation)

1 employee verbal counseling for violation of Workplace Violence Policy

1 employee verbal counseling for violation of Standard of Conduct Policy

1 employee termination during probation with allegations of policy non-compliance

QUALITY IMPROVEMENTS

During 2011, Wayne County Nursing Home has relied on internal quality measures while CMS has revised and developed new Quality Measures that will be used to establish our Star Rating on Nursing Home Compare. Through Equip we are able to benchmark with other homes in NY and in the fourth quarter have identified Urinary Tract Infections as an area for improvement. We have continued to work on reducing Pressure Ulcers and have made some progress on the reduction of Pressure Ulcers acquired while residing at Wayne County Nursing Home (from 68% to 44%). Implemented use of Quick Rounds software to better manage pressure ulcer documentation and supplies and assigned a nurse responsibility for Skin Care Oversight. Restraint Use has remained stable but below benchmark. Performance Evaluation completion has increased to 86% in 2011 from 43% in 2010 and 15% in 2009. Stock Medications procedure revised after cost analysis to reduce stock medication expenses. Stock supplies and stocking procedure were reviewed using Lean Six Sigma and in-house stock has been reduced by over \$20,000. New procedure to keep stock on each unit will further reduce need for central stock.

GRANTS

AMDA Pfizer QI Award: Participated in grant funded study with Greater Rochester Nursing Home Quality Consortium and University of Rochester School of Nursing on the reduction of readmissions to the hospital from a nursing home. Pilot implementation began 1/4/12. Goal is 50% reduction in number of readmissions resulting in better quality of life for residents, reduced loss of revenue due to bed vacancies, and healthcare cost savings due to fewer unnecessary hospital admissions.

HRSA Technology Grant: Received Tandberg Profile and Movi cameras and software for videoconferencing for training. WCNH participated in 4 video conference trainings and over 30 meetings by videoconference.

Bullis Fund Tele-health Grant: Received \$13,000 grant from Bullis Fund to purchase telemedicine videoconferencing equipment. WCNH began telemedicine appointments in September with psychology, psychiatry, geriatrics, and plastic surgery (wounds), with 70 – 100 appointments per month.

OTHER ADMINISTRATIVE PROJECTS

Abaqis implementation: Abaqis software is used to evaluate, determine areas of improvement, and identify issues using the same criteria and tool that the Department of Health uses for annual survey. Stage 1 reviews fully implemented. Mandatory reviews done for 2 quarters. Stage 2 triggered reports to be fully implemented in 2012.

COMPLETED BY: Catherine Chabrier, Asst. Administrator

DATE OF REPORT: 2/14/12

**WAYNE COUNTY NURSING HOME
STATISTICAL REPORT**

	2011 Dec-11	2011 YTD	2010 Totals	2009 Totals	2008 Totals	2007 Totals	2006 Totals
TOTALS	35	358	330	287	295	284	255
ADMISSIONS:							
From							
Adult Care Homes	0	1	1	1	0	8	2
Albany Medical Center	0	0	0	0	0	0	2
Assisted Living	0	3					
Auburn Memorial Hospital	1	3	3	3	0	0	1
Canandaigua V.A. Hospital	0	2	0	0	0	0	0
Cayuga Medical Center	0	0	0	0	1	0	0
CSH	3	37	37	30	44	42	59
Eastern Niagara Hospital	0	0	1	0	0	0	0
Crouse-Irving Memorial - Syr.	0	0	0	1	1	0	0
Elmira Psychiatric Center	0	0	0	0	0	1	0
Evangelical Comm. Hsp. - PA	0	1					
F.F. Thompson	1	5	7	6	11	7	8
Geneva General Hospital	1	15	20	10	11	12	7
Highland Hospital	2	12	12	8	11	6	10
Home	5	37	36	19	29	28	25
Nursing Homes	1	10	8	14	4	8	14
Park Ridge Hospital	0	2		0	1	5	1
RGH	4	41	33	60	43	46	25
SCCI Hsp. PA	0	0	0	0	0	0	1
Soldier's & Sailors Hospital	0	0	0	0	0	0	1
SMH	0	9	18	14	13	14	18
Syracuse University Hospital	1	1	4	3	1	0	0
Syracuse V.A.	0	0	1	1	0	0	0
Via Health - Newark	16	175	147	115	124	107	77
United Memorial Med. Ctr.- Batavia	0	0	0	1	0	0	0
Upstate Medical - Syracuse	0	1	0	1	0	0	0
Unity Hospital - Rochester	0	3	2	0	0	0	0
WCNH Respite	0	0	0	0	1	0	4
MAILING ADDRESS							
Clyde	3	26	36	19	20	25	12
Lyons	4	63	42	47	46	54	46
Macedon	2	21	11	7	19	15	10
Marion	2	9	14	13	13	6	11
Newark	9	112	98	58	53	48	44
Ontario	0	3	3	5	1	5	6
Palmyra	5	18	35	27	14	23	28
Red Creek	1	2	1	3	3	3	2
Rose	2	9	9	10	10	18	10
Savannah	4	25	14	15	24	9	9
Sodus	0	11	2	11	12	12	12

South Butler	0	0		1	0	1	0
Walworth	0	2	3	1	4	4	9
Williamson	0	2	6	7	6	6	9
Wolcott	2	15	11	17	25	17	8
Out of County	1	40	45	46	35	38	39

**WAYNE COUNTY NURSING HOME
STATISTICAL REPORT**

	Dec-11	2011 YTD	2010 Totals	2009 Totals	2008 Totals	2007 Totals	2006 Totals
DEATHS:	2	73	70	71	86	76	78
DISCHARGES:	20	289	237	218	211	203	181
HOME	11	160	148	146	140	134	124
Via Health - Newark	6	84	60	55	55	43	27
Geneva General Hospital	0	5	7	2	1	6	3
Grand'Vie Adult Care	0	1	0	0	0	0	0
Highland Hospital	0		0	0	0	0	0
CSH	2	9	4	4	3	12	12
SMH	0	2	3	2	0	1	2
Syr. VA Medical	0		0	1	0	0	0
The Terrace at Newark	0	10	2	0	0	0	0
Armstrong Living Center	0		1	0	0	0	0
RGH	1	15	9	7	12	4	2
Nursing Homes	0	3	2	1	0	2	10
Hospice	0		1	0	0	1	1
TOTALS	22	362	307	289	297	279	259
% of Occupancy	95.62%	96.30%	97.25%	97.87%	97.70%	97.48%	97.66%
VACANT DAYS	258	2,564	1,905	1,480	1,600	1,774	1,626
RESIDENT DAYS	5,632	66,786	67,445	67,870	67,940	67,576	67,725
BED HOLDS	18	136	130	154	104	122	162
RESPITE CARE	0	169	58	22	124	88	177
SHORT TERM ADMITS	25	266	228	244	217	210	
From:							
Auburn Memorial Hospital	1	3	3	3	0	0	
Cayuga Medical Center	0	0	0	0	1	0	
Eastern Niagara Hospital	0	0	1	0	0	0	
CSH	1	31	31	25	38	38	
Evangelical Comm. Hsp. - PA	0	1					
F.F. Thompson	1	2	7	6	11	5	
Geneva General Hospital	1	14	20	10	11	11	
Highland Hospital	2	12	11	8	10	5	
Nursing Home	0	6	1	1	1	1	
Park Ridge	0	2	0	0	1	5	
RGH	3	36	27	55	35	42	

SMH	0	8	17	10	8	14
Crouse-Irving Mem. - Syr.	0	0	0	1	0	0
Syracuse University Hospital	1	1	3	1	1	0
Syracuse Upstate Medical	0	1	0	3	0	0
United Memorial Med. Ctr. - Batavia	0	0	0	1	0	0
Unity Hospital - Rochester	0	3	2	0	0	0
Via Health - Newark	13	134	125	101	96	80
Home	2	11	6	4	4	9
OOC Short term admits	0	1	0	0	0	0

**WAYNE COUNTY NURSING HOME
STATISTICAL REPORT**

	Dec-11	2011 YTD	2010 Totals	2009 Totals	2008 Totals	2007 Totals
SHORT TERM DISCHARGES	13	215	217	202	169	171
To:						
Home	8	140	136	140	112	124
Hospital	4	64	66	67	57	47
Other	1	10	3	1	0	0

VACANT REHAB DAYS 192 1875 1388

Rehab % of occupancy 71.85%

Admin. leave days lost (LOA) 1 12

**LOS - in-house residents as of
date of report - for full house** 2.59yrs.

Date of report:
1/9/2012

Wayne County Nursing Home
 Personnel Report
 1/1/07 – 12/31/11

POSITIONS	2007	2008	2009	2010	2011
Full Time	222	222	223	224	225
Part Time	56	56	56	54	49
Sub	3	3	3	3	3
Temp	0	0	7	11	11
Total	281	281	289	292	288
Total Turnover	65	35	38	42	61
% Turnover	23.1	12.5	13.1	14.4	21.2
Full Time	35	18	23	23	47
% Turnover	15.8	8.1	10.3	10.3	19.9
Part Time	29	15	12	16	13
% Turnover	51.8	26.8	21.4	29.6	26.5
Sub	1	2	3	3	1
% Turnover	33.3	66.7	100	100	33.3

Changes in 2011

Jan 2011 – created Assistant Administrator. 2/18/11: CNA/FT. 5/17/11 created 2 RN,FT. 12/2011 created Purchasing Clerk
 Removed: Rehab Aide, Housekeeper, 1 FSH/FT & 2 FSH/PT; 3 RN, PT, Stock Attendant

mw/H:/Positions/PR 2011

Annual Report 2011- Admission Coordinator

Report on Goals/Accomplishments for 2011:

- **Training for Ellen Powell to cover as interim Admission Coordinator began on February 13, 2011.**
 - Molly Chapin retires March 3, 2011. Ellen Powell continues as interim Admission Coordinator, drawing on Admission Nurse, Sharon Allen's experience and training, as well as that of the Business Office, Joy Busco and Alice Early.
 - June 2011, met with IT, Matt Burghdorf and Student Intern, Torrey Scheer to develop NH Admission program – with a goal to increase efficiency and decrease redundancies.
 - August/September 2011, IT completes program. New program up and running. Decreases time, paper and redundancies in the admissions process. In addition, keeps running statistics needed for monthly reports.

- **Committee Work**
 - **Marketing Rehab – in/out patient**
 - March 2011, attended informational meeting at the Ramada Inn, Geneva with Cathie Chabrier, Assistant Administrator regarding Radio advertising.
 - Met with Matt Burghdorf, IT and Cathie Chabrier regarding Web Design. Reviewed and made updates as appropriate to the Wayne County Nursing Home Web Site. Website reviewed quarterly by Admission Coordinator. Changes recommended as needed.
 - Visits to NWCH, Clifton Springs Hospital and FF Thompson Hospital made, to familiarize discharge planners with new Admission Coordinator.
 - Wayne County Fair – week of meeting and greeting the public.
 - See attached Marketing Activities

- **Discharging earlier in the week to reduce # of vacant bed days over the weekend**
 - 49% of discharges from ST Rehab occurred on Sun/Mon/Tues/Wed; 51% of discharges occurred on Thurs/Fri/Sat (break-down as follows: Thurs 23%, Fri 21%, Sat 8%.)
 - In 2010, discharges were 48% in the beginning of the week and 52% occurred at the end of the week. There is still room for improvement.
 - Changes being implemented in the beginning of 2012 in an effort to reduce the number of Friday discharges. It is also hoped that these changes will support discharges earlier in the day, increasing the chances of back filling rehab beds on the same date and reducing vacant bed days on rehab.

- **Keep occupancy up, especially in rehab unit**
 - For 2011 *overall* occupancy was 96.30%, down from 97.25% in 2010. It should be noted that 2011 was the first full year of the new Medicaid Bedhold rules, the negative impact is not unexpected.
 - For the rehab unit, occupancy was 76.78%. The figure for 2010 was higher at 82.69%.
 - 54% of admissions to the rehab unit were discharged home, a decrease compared to 55% in 2010.
 - Number of rehab referrals in 2011 was up 6.44%.

- **Recertify respite beds to SNF for LT use**
 - This project continues to need follow up
 - Respite bed usage in 2011 was up significantly, 189 days or 25% capacity vs. 2010, 72 bed days or 10% capacity. If bed are recertified, we could continue to meet the needs of respite/short term stays as well as use beds for LT or rehab.

- **Report on new responsibilities for Admission Coordinator**
 - Insurance verification, pre-certifications and additional written acknowledgements for insurance coverage is going well. As well as acquiring financial information prior to admission. The business office continues to provide support; answering questions as needed. The Department of Social Services has also been a great asset, answering questions regarding Medicaid eligibility prior to admission to the Nursing Home.
 - Checking the cost of Medication prior to admission is also going well. Being able to have an approximate cost of medication per day for a new referral has been a valuable tool in an attempt to keep costs down.
 - Primary responsibility for clinical screening of referrals is going well. The Admission Nurse, the Rehab Director and the Director of Nursing have been incredibly supportive and available to answer questions.

- **Maintain or increase the number of Medicare and Third Party Billable Days**
 - Occupancy and rehab admissions are important components of the facility's financial health, billable days, however, are critical. The Business Office as well as Rehab Department should have details on these figures compared to last year.

Ellen Powell, Admission Coordinator
February 2012

Marketing Activities 2011

- Sharon Allen, RN no longer goes on rounds at NWCH on a weekly basis, NWCH cancelled this meeting in effort to streamline their process.
- Packets of WCNH brochures for LT and Rehab services were given to Admission Coordinator and supervisory staff to distribute.
- Vacancy availability continues to be emailed to referral sources on a daily basis.
- WCNH brochures were distributed to NWCH, Clifton Springs Hospital, and Geneva General Hospital.
- Marketing Committee is meeting on a regular basis; marketing through radio, newspaper ads, billboards and mail.

The Nursing Home was fortunate to have Tim Maggio, a student Communications Major intern, for the months of June, July and part of August. With his energy and organizational skills the following occurred;

- The new, improved, revised website was implemented.
- A free WCNH profile was added to Senior Home Connections, an online referral source for families seeking LT, ST Rehab and Respite Care.
- The WCNH publicity board for the Wayne County Fair was updated.

August 2011

- Represented the Wayne County Nursing Home at the Wayne County Fair for a couple of hours on 2 afternoons. Give hand-outs at the Fair that included, mugs, bags, pens, magnets and brochures.
- Met with new staff from Parkwood Heights in Macedon, toured the facility and also brought WCNH Brochures.

October 2011

- Display Vendor at the Macedon Senior Health and Wellness Expo.
- Participated in the Annual Caring for the Caregiver Conference in Geneva.

November 2011

- Lori Carr, ADON, display vendor in Red Creek during Senior Health and Wellness Expo with Wayne County Public Health

December 2011

- Met new Administrator for The Terrace at Newark, distributed WCNH brochures.

**By: Ellen Powell
Admissions Coordinator
February 2012**

NURSING DEPARTMENT - 2011

1. Restorative Nursing:
 - 2011 – A Restorative Nursing Program was established and coordinated by Judy Blaszczak, Nursing Supervisor. Documentation has been challenging.
 - 2012 – Goal - To continue to improve documentation to better reflect nursing care and enhance reimbursement.
2. Behavioral Intervention:
 - 2011 – The Life Enrichment Group continued with exercise groups on the units, however, the positive cognitive stimulation anticipated it did not occur.
 - 2012 – Goal - The Life Enrichment Group was revised to include the use of a separate room for resident to interact with staff and other residents in a small group setting to improve cognition and decrease behaviors.
3. Nursing Skill Levels:
 - 2011 – Skill levels of our nursing staff have increased. In addition, there seems to be more positive teamwork and communication between the nurse managers.
 - 2012 – Goal - We would like to continue to see a further increase in teamwork and communication among all staff, CNAs, LPNs and RNs and between all shifts. The hiring of a 3-11 Supervisor will assist with this as currently it is being filled by agency staff and/or overtime.
4. Supplies:
 - 2011 – The issue of one unit “borrowing” from another unit when they needed supplies which created outages. Supplies in the store rooms would expire or be depleted. This occurred more frequently after the retirement of stock attendant and the position eliminated. Revised the process where the night shift staff complete supply requests and this information is forwarded to the individual assigned to handle supplies for the day. The Lean Six Sigma process was commenced to address this issue.
 - 2012- Goal - A full-time Purchasing Clerk was appointed. All requests for supplies are handled through this clerk. In addition, the Stream-line agreement with Buffalo Hospital is scheduled to commence which will result in supplies being delivered directly to the various units as needed.
5. Skin Care Committee:
 - 2011 – Donna Forjone, RN, and Kathy Welkley RN, Education, are now responsible for skin rounds that are done weekly on each unit and tracking areas of concern.
 - 2012 – Goal - To continue to monitor skin issues using the Quick Rounds System with positive outcomes.
6. Nursing leadership:
 - 2011 – Our goal of timely evaluations and performance appraisals has increased significantly.
 - 2012 –Goal – Continued improvement of completion rates of employee evaluations and performance appraisals.

7. Fall Reduction:

- **2011 – Lean Six Sigma (LSS) Falls Committee continues to meet regularly. Discussion of behaviors, alarms and frequent fallers continues. Resident room surveys were conducted; ½-hour checks were done. There does not seem to be a particular pattern for falls.**
- **2012 – LSS Falls Committee to continue to meet. The goal with the implementation of LEGS it will decrease the amount of falls that occur. We continue to have an average of 7.5 falls per week. A Stop-and-Watch early training tool was started in January to teach/train staff to recognize the early signs of resident changes.**

8. Services offered at WCNH:

- **2011 - The level of complex nursing services provided to residents such as advanced wound therapy, PICC lines, IV Therapy and rehabilitation care continued through 2011. The nursing department works closely with the Admissions Department to review referrals made to the NH to determine if they are appropriate for admission. When new therapies or medical devices are identified in a referral, the nursing department determines if the nursing home can provide appropriate care for the applicant before a bed is offered.**
- **2012 – Goal -Management of behavioral issues exhibited by some residents continues. Development and adherence to care plans designed to address these issues has helped improve the resident’s quality of life, and made it easier for staff to interact with them. It is anticipated that an improvement in resident behaviors will occur with the continuation of the LEGS Group.**
- **2011 – Tele-health – Equipment was installed and is being used for in-house appointments for gerontology and psychiatric visits. In addition to having these services there should be a savings in transportation costs to the residents.**
- **2012 – Goal – Continuation of additional services being added to the Tele-health service.**

9. Nursing and Staff Education:

- **2011 –Start up of ABAQIS – WCNH initiated ABAQIS which allows comprehensive assessments of quality of care and quality of life in a facility. These assessments help reflect resident/family satisfaction, clinical reviews and record reviews that are currently being performed as part of a QA. In turn, these reviews help to save us time by effectively focusing QA resources on areas with significant improvement opportunities and areas of compliance that have the highest likelihood of in-depth investigations during a QIS survey. This is the same system the Department of Health uses when doing their annual survey.**
- **2012 – Goal - We will continue using the ABAQIS system and educating staff on its use. We continue to learn more options that are available with our Sigma Care program and we would like to have our new nurse managers attend advanced training with Sigma and MDS.**
- **2011 – The Nursing Home switched from the RONCO wireless phone system to ASCOM from Syracuse Time. We have 64 new phones that were distributed throughout the facility. Staff was educated on their use and availability. Our goal is to stop all overhead paging (except in emergencies) to promote a home-like atmosphere.**

- 2012 – Goal – It is scheduled that a new wander guard system will be implemented. This is to tie in with the Syracuse Time phone system. The Elpas2 is an infrared locating device which we will be able to safely monitor our wandering residents
 - 2011 – In conjunction with the Greater Rochester Nursing Home Quality Consortium we implemented using the tool INTERACT on Canal Side. This will be used to identify opportunities to improve the identification, evaluation, and management of changes in resident condition and other situations that commonly result in transfers back to the hospital, and when feasible and safe, to prevent transfers to the hospital. This tool is then intended to be completed retrospectively after the transfer to look back and identify opportunities for improvement in reducing preventable transfers.
 - 2012 – This project will continue into 2012.
 - 2011-2012 - Reduction of alarms was addressed on all units. Studies have found that alarms do not prevent falls. Therefore, many were discontinued throughout the facility. We will continue to reduce the amount of alarms used if possible.
10. Human Resource Management:
- 2011 – Open communication with nursing staff continued. Monthly meetings were held on units.
 - 2012 – The DON continues to hold bi-weekly meetings with the Nurse Managers and Supervisors. Information from these meetings is then passed on to the nursing staff during their monthly meetings with their managers. The DON has an “open-door policy” to encourage communication with employees, and works closely with the Compliance Officer to resolve quality issues.
11. Labor Relations:
- 2011 - DON/ADON continued to participate in the Labor/ Management Committee. Effective and positive relationships have been established with representatives for CSEA. CSEA representatives have been helpful in supporting employees during disciplinary actions and interpreting the Union Contract with us.
 - 2012 – Labor/Management committee continues to meet. Mandating for licensed staff is only used in an emergency situation. Our goal is to decrease overtime and the use of Agency. All LPN vacancies have been filled at the beginning of 2012.
12. Position Management:
- 2011 – Most positions were filled quite easily. Open RN positions still remained an issue.
 - 2012 – Open positions include: Three (3) GN, FT, Temps, three (3) GPN, FT, Temps, Three (3) FT RNs for 7-3, One (1) RN, PT Supervisor for 11-7, and Two (2) RN, FT, Supervisors for 3-11.
2012 - An additional Clerk Typist position in 2012 was authorized. This person will work closely with the ADON as a “Staffer”; who will address adequate staffing needs, time sheets and other duties as needed. This will free more time for the ADON to address Infection Control and Employee Health and have the present RN (Pat Metcalf) assume duties on the unit as well as assisting with investigations and QAs. We continue to look for ways to increase the incentives for staff to complete their nursing education.

13. Regulatory Compliance:

- 2011 – Only minor deficiencies were found on our Annual Investigation Survey and a Plan of Correction was implemented immediately.
- 2012 – Our goal for 2012 is no “G” deficiency by the DOH.

14. Financial Management:

- 2011 - Implementation of Quick Rounds to track wound care and order supplies. We trialed different companies to assess quality and cost. Care protocols changed accordingly.
- 2012 – We changed suppliers for wound and skin care from Smith and Nephew products to Remedy which is a Medline product. As staff completes their Quick Rounds, they put in their order with Buffalo Hospital Supply for wound care. BHS now delivers directly to the unit that requested the product. Care protocols change accordingly. We continue to use our electronic tracking system for Quick Rounds.

Respectfully submitted,

**Lori Carr, RN
Assistant Director of Nursing
Wayne County Nursing Home
February 14, 2012**

Food and Nutrition Accomplishments for 2011

Customer Service:

- **Resident Special Events Conducted by Food and Nutrition**
 - Monthly Federal Heritage Meals
 - 20 Year Anniversary Golden Olympics
 - Spring Fling
 - 2nd Annual State Fair
 - Cooking Class
 - Haunted House
 - Weekly Chef Center
 - Foundation Car Show
 - Holiday Parties and Meals
- **Outside Catering**
 - Open House New Public Health Building
 - GINNA Functions
 - Fire Training
 - Other County Buildings

Sodexo Programs:

- Healthier Snack Menu
- New summer and Winter Menu
- Quality Assurance Program-Weight, Skin, Hydration, Tube Feeding
- Gold Check Audit-Received a Gold Award from Sodexo
- EBC Program-Program uses real food to increase calories and protein reduced high cost supplements
- Nutrient Analysis for Summer and Winter Menu
- Splash Program-Sodexo Hydration Program
- Chef Stage Center
- Articles Published in Sodexo Heartbeat Magazine
- Cares Awards-Nominated staff for Sodexo Care award all received
- National Safety Foundation conducts Audits on Safety Program
 - 98% Physical
 - 100% Food
- Monthly Safety In-services
- Food Management Process-Sodexo FM allows us to track Food from the time we order to the end of service
- Pattern of Management
- Sodexo Employee Survey
- Sodexo Resident Survey
- Safety Program
- National Nutrition Month
- In Season Program
- Client For Life Program
- Audit Conducted to Reduce Energy Costs-
 - Implemented a Start Up and Shut Down Schedule
 - Installed a strip Curtain on walk-in
 - Ice Machine on Timer
 - Fixed all Leaks

Human Resources:

- **Sodexo Training**
 - Addressing Emotions at the Work Place
 - Disability Training

Reasonable Accommodations of Disabilities
Food Management Process
Sensitivity Training
EEO Training
Safety Training
Understanding and Maximizing Personal Leads
Leadership Management Communication
Managing Employee Performance
Preventing Workplace Harassment
Financial Training
Focus On Service

- **Other Training:**
Lean Six Sigma

- **Conducted Training for Other departments:**
Trained House Hold Coordinator
New Management on Safety CEMP
Aspiration Precautions
Meal In-service
Safety
Orientation to all new staff

- **Awards**
Employee of Distinction-Virginia Majewicz
Spirit of Sodexo-Lori Nudd
Gold Award
Cares Awards
Sodexo Nominated GM for Account of the Year

- Evaluations Completed for all Food and Nutrition Staff

- Managed HHA in Absence of Management

- **Staff Changes**
1 Full timer went to Part time-to get Nursing Degree
1 Part timer went to Full Time
1 part time staff

Inspected and Deficiency Free

- New York Health Department Long Term Care
- Meals on Wheels Local Health Department
- IEC Review-Immigration for Jail
- Correction of Commissions
- Government Surplus Food

**Prepared by: Lori Nudd
Director Food & Nutrition**

NURSING HOME MAINTENANCE ACOMPLISHMENTS FOR YEAR 2011:

Heat in resident rooms and areas:

We continually monitor the temperature of the resident rooms and areas with the heating /cooling coils mounted at the ceiling level of the room. We have had periodic complaints of cold rooms and have found that with no heat in the resident bathrooms they leave the door to the bathroom open and the thermostat is behind the main door to the room. The room temp is usually higher or lower than the thermostat states. Could possibly be from lack of insulation in the walls? We have found some drafts coming from behind the thermostat. We have also experienced plugged water lines for the hot water to the coils. We have also been working with Pasco on pin holes in the side of some of the valve bodies for the heating/cooling coils; we would like to get them replaced under warranty?

Exhaust problems:

We are still experiencing exhaust fumes entering the building at the front doors, more so during the cold weather. We have had a visit from the Department of Health and have followed all the recommendations that they specified. We have installed signage to shut off engines when parked under the overhang, but that did not seem to work very well. We have instructed all the drivers to shut off the engines when parked in this area and some do and some don't. We have gone as far as to shut off the engines ourselves and leave a note to help us out and please turn off your engine. We believe this is a design issue with the front of the building and we need to get an engineer involved with our concerns as we still experience the exhaust fumes periodically. There is money put into the budget capital projects for 2012.

Generator add-ons:

We are looking to add more circuits to the existing generator we currently have. When we run a monthly full load generator test we are using approx. 28% of the full load. We are proposing to change over the complete building onto the generator. The rooms have only one duplex outlet (2 plugs) available when we are running the monthly generator load test and some rooms require an outlet for the bed, the bed alarm and the O2 concentrator. We have run a couple of mock power outages to see what would be critical to us during a power outage of any length of time and believe the whole building should be on generated power. Just to make everyone aware we are also down to 1 elevator and we have no cooling in the building at this time. We have had Engineers and Vendors tour the facility in the past but have not received any proposals to date. This is a budgeted item on the capital projects for 2012.

Nursing Home Storage:

The 3 bay garage is full of supplies and storage materials. We had to remove the storage loft from the garage due to not having a permit and had to dispose of numerous supplies due to the lack of storage. We had a wing in the basement of the New Nursing Home deleted from the original construction phase and we do miss having the space dearly. I would still like to explore the possibilities of building a new garage/ storage building on the service road to the south of this facility and the possibility of a larger pavilion on the south fire lane. We have heard the Sherriff's Dept. is interested in obtaining both of the older buildings for storage? Money has been budgeted for capital projects for 2013.

Wireless Phones:

We have been working with Syracuse Time and the IT Department on the upgrade of our wireless phone system for Nursing. We are still working out a few glitches, but the system is up and running quite well.

Ceiling Lifts:

We have set up an annual ceiling lift program as a budgeted item to install ceiling lifts in Resident rooms and common rooms used by the Residents to reduce injury to Staff when lifting Residents.

Respectfully Submitted,
Rodney Bliss
Sr. Maint. Mechanic
February 2012