



The Nathaniel Witherell
TOWN OF GREENWICH
CONNECTICUT

**Board of Directors Meeting Minutes
June 24, 2019**

Present: Laurence B. Simon, Chairman; Louise Puschel, Secretary; Suzanne Hogan; Nisha Hurst; Richard Kaplan; Joan Merrill; Nirmal Patel, MD MPH

Absent: none

Staff: Allen Brown, Executive Director; Jack Hornak, Facilities Director; Linda Marini, Assistant to Executive Director; Elizabeth Mungai, MDS Coordinator, Short Term; Scott Neff, FNW Executive Director; Edward Omondi, Deputy and DON; Justine Vaccaro, Director of Social Work; Dr. Frank Walsh, Medical Director

Guests: Suzanne Brown; Sharon Shisler, RTM Appointments Committee; Paul Scholtes, Family Council; Ellen Wolfson, Commission on Aging

Mr. Simon opened the meeting at 5:31 PM in the TNW Board Room and noted that a quorum was present.

Medical Director's Report – presented by Dr. Frank Walsh

Dr. Walsh reported that Dr. Ostroff, Board Certified Geriatrician, has resigned from our Medical Staff. Dr. Walsh has assumed the care of her patients (13-15 residents). Another member of the Medical Staff, Dr. Edelmann, may also resign due to increased electronic medical record reporting responsibility. Dr. Edelmann has just 1-3 patients here at NW.

Mr. Omondi noted that we are tracking the physician's progress with their electronic record keeping, and will be updating them shortly (via email and mail) of the status of their patient records.

Review/Approval of Minutes of April 22, 2019

A motion to approve the minutes of April 22, 2019 was made by Ms. Hurst, seconded by Ms. Puschel, and the minutes were approved by a vote of 7-0-0.

Finance Committee Report - presented by Nisha Hurst

Ms. Hurst reported that the Finance Committee met on Friday, June 21, 2019.

Ms. Hurst reported that May was basically a good month. May 2019 YTD Revenues were \$1,985,252 under Budget. We will miss our Revenue budget by approximately \$2M for the year, which was previously projected.

YTD May 2019 Expenses ran slightly over by \$30,221. Ms. Hurst noted that we've run over in Overtime expense each month this year; Budgeted at \$1.3M, Overtime expense will likely finish the year around \$1.8M.

The Census for May 2019 was at 92.2% compared to the Budget of 93.1%. The trend is in the right direction.

May 2019 YTD Capital expenditures were (\$1,167,257) compared to the Budget of (\$1,481,990) resulting in a variance of \$314,734.

May 2019 YTD Net Revenues were (\$5,097,954) compared to the Budget of (\$3,427,285) resulting in a variance of (\$1,670,669).

Executive Director's Report – presented by Allen Brown

Mr. Brown referenced the photographs that accompanied his written report, which was distributed with the Board meeting materials:

- 1) photos of the new boilers, fully installed and working
- 2) photos of the renovations to the short term rehab rooms, where wall coverings are being installed to avoid damage from recliner chairs and beds
- 3) The Tower Renovations are complete and have been approved by CT State Department of Public Health. The State was impressed with the quality of the work and the appearance of the facility.

The May 2019 Resident Satisfaction Survey results were also attached to Mr. Brown's written report. Mr. Brown noted that these are among the most positive results generated since we started surveying last October 2018.

Patient Driven Payment Model, PDPM

Mr. Brown reported that this October 2019, the new Medicare reimbursement program will go into effect. PDPM reimbursement will include a per-diem assumption that covers all operating and capital costs that facilities are expected to incur to furnish most SNF services, excluding certain high-cost, low probability services that will be paid separately under the consolidated billing exclusions. Therefore, Rehab dollars will be pre-programmed into a per diem base rate, as follows:

<u>Nursing</u>	<u>NTA</u>	<u>PT</u>	<u>OT</u>	<u>SLP</u>	<u>Non-Case Mix</u>
\$106.64	\$80.45	\$61.16	\$56.93	\$22.83	\$95.48

NTA – non-therapeutic ancillaries (i.e. medical supplies, oxygen, x-rays, lab work, etc)

PT – physical therapy

OT – occupational therapy

SLP – speech, language pathology

Non-Case Mix – related to aspects of a patient’s care that involves “hands on” from a staff member (i.e. heavy assistance with ADLs; receiving special services related to anxiety/depression)

Based on the primary reasons for admission, diagnosis codes will initially determine a case mix index (CMI) factor that will be applied to each of the programmed reimbursement rates. Diagnoses are intended to code diseases that have a direct relationship to a resident’s current functional status, cognitive status, mood or behavior status, medical treatments, nurse monitoring requirements, and risk of death. Other factors will also contribute to case mix index determinants of reimbursement.

Considering and documenting all of these factors, a CMI adjustment will be made to each of the 6 base rates to determine the per diem reimbursement from Medicare. These case mix adjustments can have substantial impact, potentially, doubling/tripling (or more) the base rate structure of PDPM.

Mr. Brown introduced Elizabeth Mungai, Short Term Rehab Coordinator. He explained that she will be one of the critical staff members making sure that we are paid what we earn as it relates to taking care of patients.

Witherell has 2 full-time MDS coordinators and 3 part-time MDS nurses. They, along with the PCCs and department managers (therapy, social work, recreation, dietary) who contribute to the development of an MDS submission for each Medicare patient, have been preparing for the October 1st implementation of PDPM.

As discussed in the last Board meeting, Mr. Omondi reviewed again the importance of positioning ourselves properly for PDPM, and determining the things that we should be focusing on. Such as, creating a sub-acute unit to handle sicker patients. This will require expanding our APRN and physician coverage; retraining existing staff for patient assessment; review of existing staffing models for all departments. Mr. Omondi stated that Friday, June

21st, 3 GHA physicians (internist; PhD SLP; Critical Care Director) will be holding a session here at NW to train key nurses.

Dr. Patel requested that Mr. Omondi provide the Board with a check list itemizing the diseases/diagnoses being focused on, along with the skills necessary for each, and what has been accomplished with regard to each one.

Presentation by Richard Kaplan on ISNP

Mr. Kaplan discussed a potential opportunity involving our long-term residents, which could provide them with additional nursing services, and change the thought process on how we care for the long term resident.

Institutional Special Needs Plan (ISNP) is a Medicare Advantage Plan for residents in a Skilled Nursing Facility who are eligible for Medicare (Part A & B) and who have resided in a nursing facility for more than 100 days; basically our long term residents who call Witherell 'home'. It provides an opportunity to bring some managed care activities to those residents.

The model of care is to treat in place, in collaboration with SNF staff, Primary Care Physician (PCP), and a nurse practitioner (NP). The model also emphasizes coordinating care with the resident, family members, PCP, and staff, with the goal of maintaining maximum function, comfort and quality of life. It initiates prevention strategies to improve clinical outcomes and prevent unnecessary hospitalizations, which is certainly beneficial to our residents, as well as financially beneficial to our facility. It also stresses the importance and assists in the completion of advance care planning.

The object of an ISNP is to help nursing homes provide a higher level of care for their long-term residents. Benefits include decreased hospitalizations; helping residents remain in their home by providing evidence-based preventive and focused care; improved occupancy rates for the facility; increased reimbursement using incentive payments.

Building Committee Report - presented by Louise Puschel

The TNW Building Committee met at 4:30 today, June 24, 2019, and discussion included the following:

- Tower renovations: The Tower renovations are complete and have been approved by the CT State Department of Public Health. The Town of Greenwich has issued a Certificate of Occupancy.
- Rehab Expansion: This project has been awarded and TOG Purchasing is working on the necessary paperwork; estimated start date of this project will be August or September 2019.
- Boiler Replacement: all new domestic hot water boilers have been installed and are working; this project was on time and under budget.
- Chapel – The Chapel ceiling is scheduled to be replaced August 2019.

Mr. Hornak provided an update on Capital Projects for 2019:

- Purchased 18-19 AC units for the Tower, currently being installed
- All kitchen capital has been spent except for \$9K, which will carry-over to next year
- Purchased 23 resident beds; the bed replacement program is complete
- Hot water boiler project is complete
- General Capital: all capital funds were allocated for this building; Pavilion - carrying over capital to carpet common areas (after abatement)
- All nursing capital has been spent
- Mr. Simon noted that out of a Budget of \$849K, we've spent all but \$9K; and he is noted that the projects were executed very well.

Marketing - presented by Suzanne Hogan

The April and May 2019 Harrison Edwards marketing reports were distributed as part of the Board packet; hardcopies were also available at the meeting.

Available at tonight's meeting are publicity items; coverage of Dr. Walsh's dinner; marketing photos, press releases, and various ads produced and being published.

Ms. Hogan reported that there is a great deal going on in terms of communicating about NW. There have been questions about whether or not we are adjusting targets given the new requirements, and what's being done in that regard. There is some discussion that we are more than a medical facility, we're also a "professional services firm". As such, we should be promoting ourselves as 'thought leaders' and 'advisors'.

Two years ago, there was a meeting where positioning strategy was discussed. At that time, it was decided to delay positioning strategy until NW's business plan was evaluated. Had it not been delayed, it would have rolled over into a precise communications strategy as well as a brand image program.

While we have relationships with hospitals Ms. Hogan sees other opportunities for us to enhance our relationship management strategy.

Ms. Hogan explained that the communication we do is two-pronged: 1. Maintaining awareness and brand image among those who are prospects (including families), and 2. Communicating with "feeders", i.e. the medical community. This could be accomplished through regular business discussions – NW to become a 'trusted advisor'; focus not only on our expertise but on the business value of using NW; conduct seminars on-site and off-site; produce thought pieces, etc.

Ms. Hogan also suggested exploring, and if deemed necessary, plan for an "identity refresh".

Ms. Hogan noted that although we don't have a large marketing budget, it is being used extremely effectively.

Mr. Simon commented that over the next three months NW will see significant changes, and when the Board meets again in September our direction will be clearer. He believes there is a lot of misperception about the Witherell in the community. He wants to expand our community outreach. He believes we have a lot of assets as an institution that we don't leverage properly. If we treat people more rapidly, we can increase admissions. He believes we need to educate the hospitals in the services we provide. We want to become the "trusted advisor" in our business community.

Friends of Nathaniel Witherell (FNW) – presented by Scott Neff

Mr. Neff reported that the next FNW fundraiser will be a luncheon event at the Greenwich Country Club. This event will be held on Thursday, November 7, 2019, and will feature New York Times Personal Health columnist, Jane Brody. Ms. Brody will speak on the topic of 'Brain Health & Cultivating a Young Brain'.

The annual Good Humor Ice Cream event, sponsored by an FNW donor, will be held on Thursday, August 22nd, 2 PM, at the front entrance of the building.

Resident Life – presented by Edward Omondi

For current events, Mr. Omondi referred everyone to the monthly activities calendar that Carissa Ronish, Therapeutic Recreation Administrator, develops and posts on the website.

He also reminded everyone that the resident barbecue is held each Wednesday at noon in the Rose Garden. Board members are welcome.

In anticipation of his retirement, effective August 1, 2019, Mr. Simon expressed his thanks to Jack Hornak, on behalf of the Board of Directors. Having been a part of Nathaniel Witherell for nearly 13 years, Mr. Hornak has put a great deal of his time and energy into the NW building. Mr. Simon stated that "the place looks significantly better for you having been here", and expressed his appreciation for all that Mr. Hornak has done. Best wishes, Jack !

A motion was made by Mr. Kaplan to adjourn the meeting, seconded by Ms. Puschel, and Mr. Simon adjourned the meeting at 7:02 PM.

Respectfully Submitted,
Linda Marini for Louise Puschel, Board Secretary
June 30, 2019