



# Report to the Joint Fiscal Committee

In Response to Sec. E.342 of Act 172 of 2016

Melissa A. Jackson, BSW, LNHA | Chief Executive Officer | November 2016

## Sec. E.342 of Act 172 of 2016 Vermont Veterans' Home - care and support services

The Chief Executive Officer shall provide a written report to the Joint Fiscal Committee in November 2016 that provides information on the overall census, the call out rate, use of overtime for State employees, and the use of temporary employees and contractors for State fiscal year 2016 compared to fiscal year 2015, and a status update on these issues for fiscal year 2017 to date.

### EXECUTIVE SUMMARY

Over the past few years concerns about the census, call-out rate, overtime and use of temporary and contracted employees have been voiced by the administration of the Home, the State Legislature and the Vermont Employees Association.

The census has slowly improved since FY 2015 and the facility has seen an increase in our ability to admit Veterans, their spouses and Gold Star Parents to our Home. This is due to the fact those applying to the facility have adequate payor sources to cover the cost of their care.

The call-out rate has increased from FY 2015 from 8.84% to 9.52%. Based on the first three months of 2017 it is anticipated that the call out rate will continue to increase. The staff at the home has expressed concern over the nursing department schedule and many iterations of this schedule have been attempted to meet their needs. A new scheduling model was recently implemented in September. It is too soon to determine if this will have a positive impact on the call-out rate.

Temporary and contracted staff use has also increased over the past two fiscal years. This is related to the call-out rate, use of FMLA and high rate of worker's compensation use.

VVH continues to take steps to address each of these issues in an attempt to increase our overall census, decrease the call-out rate, and use of temporary and contracted staff.

### BACKGROUND

#### CENSUS

VVH's census has remained consistent during FY 2015 and FY 2016; the average daily census for FY 2015 was 119.66 and for FY 2016 120.50. For the first three months of FY 17 the average daily census has been 120.50. When reviewing the average daily census one must also look at the average number of discharges that took place during each of the

respective fiscal years. A discharge is defined as a Veteran or Member who no longer resides at VVH due to death or permanently moving to another living environment such as their home, assistive living or other nursing home. For FY 2105 the average monthly discharge rate was 3.75, for FY 2016 this rate was 7 and for the first three month of F& 2017 the rate is 7.66.

## CALL-OUT RATE

VVH defines a call out as an employee who was scheduled to work on any given day/shift and notifies the facility they will not be able to work. A call out does not include those employees with planned vacation/time off, those on extended leave i.e. FMLA, administrative leave or other long term absences. For FY 2015 the average monthly call-out rate was 8.84%, FY 2016 9.52% and for the first 3 months of FY 2017 8.03%

The majority of the call outs can be classified as FMLA, currently 15% of the facility's staff has some form of FMLA, and the vast majority is intermittent FMLA. Intermittent FMLA is defined as "Intermittent/reduced schedule leave may be taken when medically necessary to care for a seriously ill family member or because of the employee's serious health condition" ([www.dol.gov/whd/regs/compliance/1421.html](http://www.dol.gov/whd/regs/compliance/1421.html)). Absences related to FMLA are "protected"; meaning the employee cannot face disciplinary action for any time away from work that is related to their FMLA qualifying condition.

## OVERTIME

In FY 15 VVH staff used 23,832.11 hours of overtime resulting in \$681,879.28. In FY 2016 22,575.15 hours of overtime were used resulting in a cost of \$702,221.21. For the first three month of FY 2017 5306.13 hours of overtime have been used at a cost of \$ 170,893.99.

For FY 15 and 16 the biggest contributing factor to overtime use was the call-out rate. Recently the increased number of employees on light duty due to work related injuries has increased the overtime use. Additionally, we have had difficulty recruiting to fill some open positions in our Nursing Department on 2<sup>nd</sup> shift, 2pm to 10:30pm, and 3<sup>rd</sup> shift 10:00pm to 6:30am.

## TEMPORARY/CONTRACTED EMPLOYEES

VVH defines temporary employees as individuals who are not full-time classified or exempt employees, and do not work more than 1560 hours in a calendar year. In FY 15 VVH utilized 38511.22 hours of temporary employees at a cost of \$515,661.70; in FY 16 25118.09 hours of temporary employees at a cost of \$315,987.87 were utilized. For the first

three month of FY 17 6653.15 hours of temporary employees were used at a cost of \$102,719.01

Contracted employees are defined as staffing provided by a staffing agency; VVH utilizes a staffing agency to help fulfill our nursing department staffing needs. In FY 15 VVH utilized 625.5 hours of contracted employees at a cost of \$26,545.47; in FY 16 6,874.72 hours of contracted employees at a cost of \$308,290.25 were utilized. For the first three months of FY 17 7848.85 hours of contracted employees were used at a cost of \$ 312,506.45

Temporary and contracted employees are used to help ensure we meet the regulatory requirements for average care hours per patient per day as outlined by the State of Vermont, Agency of Human Services Department of Aging and Independent Living in "Licensing and Operating Rules for Nursing Homes December 15, 2001". These regulations have established the following staffing requirements:

"7.13 Nursing Services

(b) The facility must designate a licensed nurse to serve as a charge nurse on each tour of duty

(c) Registered Nurse

(1) The facility must use the services of a Registered Nurse for at least 8 consecutive hours a day, 7 days a week.

(2) The facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs.

(1) At a minimum nursing facilities must provide:

(i) no fewer than 3 hours of direct care resident per day, on a weekly average, including nursing care, personal and restorative nursing care, but not including administration or supervision of staff; and

(ii) of the three hours of direct care, no fewer than 2 hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNA or equivalent staff and not including meal preparation, physical therapy or at the activities program."

IN FY 15 VVH provided 3.87 hours of nursing care per patient per day, In FY 16 3.90 hours and for the first three months of FY 17 3.93 hours.

## ACTIONS TAKEN

### CENSUS

VVH has reviewed our marketing efforts and are focusing on Rutland County as it has the 2nd highest county Veteran Population. Our outreach efforts include:

- Becoming members of the Rutland Chamber of Commerce. They have offered assistance with marketing of VVH. This includes advertisements in their monthly newsletter as well as radio and TV advertisements.
- Weekly visits to the hospital discharge planners at Rutland Regional Medical Center.
- Participation in Rutland Continuum of Care. This organization works closely with Rutland county Veterans and has a Veteran focused meeting the 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Thursdays of each month.
- Rutland's VA Community Based Outpatient Clinic and Veterans' Outreach. Both were provided information on the facility and discussions were held on holding Rutland County Veteran focused events. The Outreach will help us build our Veteran mailing list and keep us up to date on Veteran events around the state.

The marketing efforts will also be implemented in Chittenden County, which also has a high Veteran population. We continue to have strong name recognition and referrals from Bennington County but we have made some additions to our marketing efforts here as well. Our Assistant Director of Nursing is making frequent visits to the Southern Vermont Medical Center's Discharge Planners daily meetings. At these meeting potential discharges are discussed and local nursing facilities are able to make admission offers as appropriate.

We have seen a steady upward trend in the number of admission referrals we have received as well as those that we are able to admit. In FY 15 we had 191 referrals and 77 resulted in admission, in FY 16 we had 214 referrals with 82 being admitted, and for the first three months of FY 17 we have had 85 referrals and 21 admissions. In the past payment for admissions was a concern; those admitted are thoroughly vetted and payment for their care is secured prior to admission.

## CALL-OUT RATE

VVH has worked closely with our nursing department staff and representatives from the VSEA to develop a new nursing schedule. This schedule has each nursing neighborhood staff developing their own schedule within parameters agreed upon by VVH management, staff, and VSEA. We refer to this scheduling model as “self-scheduling”. The first attempt at this schedule took place in September.

Staff reported that if they had more personal control over their schedule they would be less likely to call-out. Since this schedule was just recently implemented it is too early to tell if the call-out rate has/will decline.

## OVERTIME, TEMPORARY/CONTRACTED EMPLOYEES

Overtime, the use of temporary and contracted employees is all tied to open positions, use of FMLA, and employees on limited/light duty or out of work due to a work related injury.

VVH recently held a Licensed Nursing Assistant (LNA) class at the facility. This allowed us to train 6 individuals who took the state licensing test, and passed, to become LNAs. The six graduates of this class filled our 6 open LNA positions. We plan to hold another class in the spring and have received numerous phone calls from those interested in participating in the next class.

Additionally, VVH hired a worker’s compensation consultant in May of this year. This consultant conducted an in-depth review of our employee accidents and injuries and made suggestions on how to improve our program. This included:

- Designating an employee at VVH to monitor all workers’ compensation claims. Prior to this all our claims were managed through the State’s Worker’s Compensation Office in Montpelier.
- Identify a local physician for our employees to see when they are initially injured. The Home is working with Occupational Health at our local hospital. Prior to these implementation employees saw a physician they chose. Many did not have our employees job descriptions or access to the light duty opportunities that were available to staff. This resulted in many employees being removed from work.
- In-depth accident reviews are being conducted at the facility including witness statements, root cause analysis, and identification of education and equipment needs to prevent reoccurrence.

Since VVH implanted this program the State transitioned to a third party administrator for our Worker's Compensation Claims. This organization is implementing state wide what VVH has already applied with our consultant. As of October 25, 2016 the facility has gone 70 days without a lost time claim. In the past, it was not uncommon to have a lost time claim 2 or 3 times a month. In addition to having a positive impact on or overtime, we are anticipating seeing a decrease in our Worker's Compensation costs in the next year.