VIVAGEPRESS Where Quality Life Management and Piñon Management Intersect QUALITY HEALTH PARTNERS

FROM THE CEO

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LEADING POST-ACCUTE CARE MANAGEMENT AND CONSULTING

ooking Toward the Future By Jay Moskowitz | CEO, Vivage - Quality Health Partners

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Just the other day I was sitting in a meeting and someone asked me "Jay, how do you feel about the progress of VIVAGE a year and one-half after the merger?" And "If you had the chance to do it all again would you?" I sat back for a minute and began to think about all of the challenges and successes we have faced during this time and without hesitation my answer was "yes". I am amazed at what VIVAGE has become: Our strengths, growth, vision, quality care, person-centered care and all of the positive things we have done as an organization. I can remember when the two organizations first merged; it was always the QLM or Piñon way, now a year and one-half later it is the VIVAGE way. Whether it is our specialized programs, meeting the specialneeds of our residents, reaching out to family members or staff retention, this is what Jeff and I built our two organizations on.

What about tomorrow? Healthcare is rapidly changing. Affordable Care Act is definitely here to stay. How do we deal with these challenges? I firmly believe we are better prepared today to meet those challenges. The State's economy is looking up even with some of the Federal Government's shortfalls. Today we look at VIVAGE and ask ourselves "what does tomorrow look like"? "How do we put aovernment issues aside and continue to grow"? We have been extremely successful in operating a number of communities throughout the State of Colorado and outlying states. In addition, we have made major investments into our existing communities, so our residents have a homelike environment. VIVAGE'S Strategic Team is looking toward the future and focused on new growth. We are looking at new development and management of facilities in a multi-state region. We will continue to broaden our many consulting projects throughout the country.

Finally, to meet the growing needs of our communities we are working with a hospice organization to develop transitional care services and continue our care coordination work with our hospital partners. This new service will help transition residents from our skilled facilities back to their communities and provide a care coordination model to manage their care for the first 30 days. We are very excited about working on this project with our future care transitions partners.

Many of the VIVAGE communities were remodeled to address the growing needs of guests visiting our communities. For example, in 2012 we invested over one million dollars each into Christopher House and Amberwood to build private suites that include flat screen televisions, phones, and internet access. Additionally, state-of-the-art therapy gyms and lounges were built; for short-term therapy guests. We have done the same type of renovations with our communities in Westminster, Wheat Ridge, Pueblo and Denver. We are transforming several buildings into primary rehabilitation facilities to meet the need of our short-term rehab. quests, with a focus on their wellness and a return back to the community. At the same time residents who need longer stays can remain within the VIVAGE facilities. We have established coordinated services with home care and other ancillary services to best serve our guests who stay with us.

Today's challenges are not easier, just more exciting. It is because of our great array of staff members at VIVAGE that we are able to adapt to change and meet the needs of our residents. The quality of care our residents receive in our VIVAGE communities is the best in the nation. Thank you all for your hard work and dedication.

The Missing Piece in Leadership

By Doug Krug | Guest Editorial, e.l. Solutions, Author

Doug Krug is a nationally recognized consultant, thought leader, and author in creating high-performance organizations. Doug and his team at e.l. solutions recently held a fiveday transformational performance retreat with the Vivage leadership team. We met Doug as a result of his dear friend residing in a Vivage community. Doug has written three books on the power of transformational thinking and has been an executive consultant to the CDC, FBI, VA, and top leadership of CMS Medicare/Medicaid.

Within 20 seconds of walking in the door of Brookshire House Rehabilitation and Care Community, I knew I was in a special place. I had been asked by a dear friend to help her with the very difficult decision of choosing a long-term care facility for her husband.

Having evaluated several nursing homes in the past, my main objective was to observe how the staff treated the patients. What I soon discovered, was the new model of patient interaction implemented by Brookshire's parent company, Vivage, was part of a larger vision that is being expanded to their many senior living facilities. To be asked to support Vivage in taking what they are already doing so well to the next level is an honor.

What is unique about the Missing Piece approach verses the traditional problem solving approach, we help leadership teams build on their strengths and successes to better ensure the realization of their company's vision.

There seems to be two options for the future of long-term care. The first is to keep doing it the way it has always been done. The second option is to step out and lead by example, creating a model of what long-term care will look like in the future.

Key in creating the future, is the understanding that doing what hasn't been done before takes a different way of thinking than the thinking that created even the best of the past.

Supporting organizations in generating those essential shifts has been our work for nearly 30 years. Because of my personal experience with Vivage, I am thrilled to have been asked to be part of creating that future for people that I have so much respect for.

Maximizing the Value of Post-Acute Care

By Nancy Schwalm | Chief Business Development Officer

Many hospitals and health systems across the country are focused on establishing preferred provider networks for post-acute care (PAC). With the importance of effectively managing patients discharged from the hospital and significantly reducing 30-day avoidable readmissions, it is more important than ever for hospitals to partner with the right PAC operators. It is also a critical time for post acute providers to maximize their value as part of evolution in health care.

Today, patients typically require a diverse array of services to treat major health episodes, manage chronic disease, and retain optimal healthy living. Post-acute care serves to support patients who may require ongoing medical management, therapeutic, rehabilitative or skilled nursing care. PAC providers fall into four main categories: long-term acute care hospitals (LTACHs), inpatient rehabilitation facilities (IRF's), skilled nursing facilities (SNF's) and home health agencies (HHA). A study conducted by the American Hospital Association in 2009, showed that among the four post-acute care settings, skilled nursing facilities were treating patients at a high level of severe illness above the level of IRF settings, and with significantly higher complexity of care than home health agencies. The study divided complexity into four levels with Level 4 being the most severe. Of the four levels, SNF's had 54.3% of their patients at Level 3 or Level 4, while IRF's had a 45% severity scale, followed by 32% for home health care.

Skilled nursing homes also have been able to provide cost effective care to Medicare beneficiaries as compared to other PAC providers. Based on a MedPAC March 2012 report, the following average costs per similar disease episode were identified:

- Long Term Acute Care Hospital ("LTACH"): \$38,600/case
- Inpatient Rehabilitation Facility ("IRF"): \$15,200/case
- Skilled Nursing Facility ("SNF"): \$11,000/case

Source: MedPAC March 2012

CONTINUED FROM PAGE 2 Maximizing the Value of Post-Acute Care

As a skilled care provider, Vivage has vigorously pursued being the seamless transition PAC provider for all major hospital systems. Vivage has INTERACT systems in place in our SNF's, and has implemented comprehensive metrics tracking systems to evaluate quality outcomes and proactively address potential hospital admissions. This has resulted in Vivage SNF's achieving a well below average readmission rate than state and national averages.

In Colorado, Vivage has worked with hospitals and community agencies to be an early adopter and partner with many of Colorado and Metro Denver's care coordination initiatives. These include: Community Based Care Transition Program (CCTP) Grant led by Denver Regional Council of Governments, attending Care Coordination committee meetings for Health Care Policy and Finance, and signing the pledge for Healthy Transitions Colorado led by Center for Improving Value in Health Care (CIVHC). Nationally, Vivage is a member of the National Transitions of Care Coalition (NTOCC), the CMS Partnership for Patients and are sharing our readmission data as part of Colorado Foundation for Medical Care Transitions QIO work.

As a forward-thinking post-acute operator, Vivage embraces the opportunity to be a part of the larger care continuum and promote successful community transitions for those we serve. We continue to partner daily with hospital case managers to serve medically complex patients offering excellent nursing staff, expert competencies and access to primary care. We believe the transformation of volume-based health care to value-based will include top SNF operators who embrace change, build strategic acute care and primary care partnerships, and offer person-centered care coordination services...all to achieve better health, better care and lower costs. **VIVAGE IS READY!**

Operational Outcomes for the Future of Vivage By Amy Phipps | Director of Clinical Reimbursement

As Vivage joins the ranks of countless healthcare organizations focused on the triple aim of better health, better care and lower costs, Vivage has developed a core team of clinical, operational and reimbursement experts to address the opportunities to lead in these areas.

A key part of Vivage's triple aim focus is to evaluate outcomes in all key performance areas. Whether it is utilizing innovative strategies for increased rehabilitation services for all stages of dementia care which increase independence and quality of life, or our high level balance and fall programs from admission through discharge and beyond into outpatient care continuums.

Vivage has found itself as a lead operator with outcomes boasting 65% of all admissions discharging home regardless of payor type and diagnosis. In addition, we have put numerous resources into not only rehabilitation, but our restorative nursing programs to increase carryover of all skill sets for increased independence and longevity. Restorative nursing has been proven to act as a therapy extension allowing for not just maintenance, but improving functional outcomes and creating a seamless referral team within our communities. Our long- term care residents in our homes are demonstrating increased tolerance and function in ADLs, range of motion, strengthening, coupled with a decrease in our need for medications traditionally used for pain and depression.

The changes to our Medicaid rates with the 2% sequestration has forced numerous companies to make tough decisions regarding Medicaid and the management of these cuts. Vivage has responded with an increased team approach by looking at our case mix management and ADL coding and compliance. Through education and training along with increased consultant support, we have mitigated these cuts. Our teams work harder than ever to ensure we have a true picture of those we serve and accurately capture all the hands on care that they provide. Our Clinical Reimbursement Team has increased their presence and training within each of the communities triple check processes for audit compliance both clinically and for accurate billing practices.

The operational focus as we move into the final quarter of this year will be solidifying the transition to our new EHR and billing software. Bringing our clinical and financial systems together will position us for growth both internally and externally as we build our capacity.

VIVAGE News and Upcoming Events, Special Recognition

We are pleased to announce that Vivage Quality Health Partners was ranked "Number 46" out of the Top 50 largest nursing homes in 2013 by Provider Magazine, the American Health Care Association magazine.

Congratulations, Vivage team!

Vivage was a proud participant in CHCA Education Foundation Scholarship Program's Annual Golf Tournament

This event enables staff in long term care to improve their skills and knowledge by offering scholarships for career enhancement. Congratulations to the Vivage Team – Jeanne Wolf, Amy Phipps, Robyn Herman and Jenny Noble - for taking first place in the 2013 Colorado Health Care Association golf tournament.

VIVAGE Home to Receive National AHCA Quality Award

Christopher House is the recipient of the 2013 American Health Care Association Bronze National Quality Award. The winning nursing homes will receive their awards at this year's American Health Care Association (AHCA). The conference is to be held in Phoenix, AZ October 6 -9, 2013. The AHCA Quality Award is a distinction given to AHCA member organizations for applying and demonstrating the principles of continuous quality improvement. Applicants are evaluated based on criteria adapted from the Malcolm Baldrige National Quality Award (MBNQA) Health Care Criteria. These criteria provide a standard of quality for organizations seeking the highest levels of performance and competitiveness. In their totality, the criteria address all of the key requirements that long-term care organizations must address to achieve excellence.

Vivage Speakers Showcased at the 2013 PIONEER NETWORK ANNUAL CONFERENCE

We are extremely proud to have Vivage's own Jeff Jerebker, Nancy Fox, and Sandy Ransom as featured presenters at the August 2013 Annual Pioneer Network Conference in Bellevue, Washington.

Leaders in Dementia Care Training

VIVAGE Quality Health Partners hosted a one day training on Wednesday, June 5, 2013 for Leaders in Dementia Care Certification. Our own Evy Cugelman is a leader in dementia care.



Vivage Team at *Walk to End Alzheimer's* Event Saturday, September 21st.

Vivage is sponsoring a booth at the Denver walk and we would like to see great participation from all of the Vivage corporate staff. We expect to see a strong presence from the Vivage homes at various walks around Colorado and especially from the communities here in Denver. Teams in the Vivage homes are beginning to form and are organizing their efforts. Our goal here at the office is to raise \$500 and to reach that goal we will be having various fundraisers happening in August and September.

Vivage Quality Health Partners Joins COHRIO

VIVAGE Quality Health Partners, has joined the Colorado Regional Health Information Organization (COHRIO), signing on to utilize PatientCare 360 ® COHRIO's web-based HIE tool.

An Eggstrordinary Evening

Vivage will again be a proud sponsor of the 2013 3rd Annual HACOL Eggstrordinary Evening. This event features artist who have created beautiful and uniquely creative pieces of art from Ostrich and Emu Eggs.

Eden Leadership Training

VIVAGE hosted Eden Leadership training August 28-29, 2013 at the VIVAGE office located at 12136 W. Bayaud Avenue, Suite 200, Lakewood. Contact Evy Cugelman for more information on upcoming Eden educaton.

VIVAGE 5K Fun Run/Walk to be held

On Sunday, September 8th, VIVAGE Quality Health Partners hosted the 4th Annual 5K Run/Walk. The walk was held at Sloan's Lake with a 9:00 am start time. Funds from the walk will benefit the Denver Rescue Mission, Dental Lifeline Network, and the residents' activity funds in our communities.

Sponsorship opportunities are available for 2014. If you are interested in participating in the walk, being a sponsoring or for more information please call Shelly Warnsholz at 303-588-2826 or email at swarnsholz@VIVAGE.com



On Feb. 08, 2013 Colorow Care Center held a *Groundbreaking Ceremony*. They invited staff, families, elders and the community. Great advancements have been made! Please visit their Facebook page to watch the progress.

A HUGE Thank You

To all of you who joined us or contributed in any way to Jodi's Race for Awareness. Vivage's "Jodi's Angels" Team was at Denver Civic Park Saturday, June 1st for the 4th Annual Jodi's 5K Race for Awareness. Your fundraising, and race entries paired with Vivage's \$2500 sponsorship certainly helped us raise several thousand dollars for the Colorado Ovarian Cancer Alliance. Let's keep alive Jodi's Dream for Ovarian Cancer Awareness!





Vivage Moves to the Cloud and Chooses an EHR System

By Drew Filchak | Chief Administrative Officer

Two new electronic service programs are in the works for Vivage communities as well as the corporate office. The two programs are a 'cloud-based' contract management software and an electronic health record and financial solution. The contract management system is TractManager (also called MediTract) which allows users throughout the company (with appropriate security credentials) to access service contracts from their desktops and receive timely advanced alerts for contract renegotiations or termination. The software is geared toward connecting users within the individual communities with hands-on access to the 'legal aspects' of running their businesses. An additional feature of TractManager is the inclusion of supporting contract or vendor documents. This feature will allow for the recording and tracking of things like vendor insurance certificates, license and DORA verifications, and contract negotiation notes. It's an exciting, full-service program offering for our community and corporate staff.

An initial scanning effort has been completed and there are currently 1,150 contracts scanned with another 900 supporting documents included in the contract subfolders. Twelve of the sixteen metro area communities brought in their contract books during the initial scan effort. Beginning in August 2013 the remaining communities will be able to scan their contracts as well. The program is set to go live sometime in mid-August. Again, this is an exciting development! The second electronic program Vivage is a rolling out in 2013 is PointClickCare to meet the electronic health record needs of all of our communities. The software program will include all aspects of the health care delivery system. Laptops on med carts will replace current MAR and TAR paper records at the same time that kiosks (or touch screens) on the hall walls will allow for electronic entry of resident ADL data from the CNAs. The coordination and training rollout will begin October 1.

What's Up In Vivage Facilities? A Clinician's View

By Dr. Gahm | Medical Director

Most Americans recognize how hard it is to keep up with all of the changes in Health Care recently. The complexity of systems and options, new programs, regulations and recommendations from every 'expert' are simply overwhelming. Elsewhere, in somewhat of a paradox, "No Smoking" laws are rapidly spreading while many Coloradans want to know why they can't smoke marijuana in facilities and out in public...As a measure of how well pharmaceuticals market to consumers and physicians, Americans have been mislead into believing there is a pill for every ailment that simply has no side effects...If you are confused, welcome to the masses. So what is happening at Vivage with this as a backdrop? Here are just a few things...

 Antipsychotics – are a type of medication designed to treat schizophrenia. Once a dangerous, formidable condition, these drugs have been a major breakthrough allowing many persons to lead almost normal lives. Unfortunately, because they work by manipulating chemicals in the brain, they also carry many very serious side effects, including an increased risk of diabetes and death when used in populations for whom they were never intended. The most significant group where they are misused is in persons with dementia displaying symptoms that are similar to those seen in schizophrenia. Sadly, when studied meticulously, they are no better at 'fixing' these behaviors than placebos (sugar pills), but along the way they increase the risk for diseases, injury and death and cost a fortune. CMS has mandated that all nursing homes work diligently to reduce this unnecessary use. Vivage facilities are among the leaders in this effort.

• <u>Marijuana</u> – is still illegal. In a baffling constitutional legal situation, Federal laws still consider possession, use or distribution of it a crime. All institutions regulated by or receiving funding from the Federal government

must not knowingly condone criminal activity, which would include banks handling money (loans, accounts) from marijuana dispensaries or nursing homes allowing residents to use it (just because Colorado and Washington state decided it was 'legal'). Constitutionally, Federal laws trump state laws where the two conflict on common topics.

• **Smoking** – it has been almost 50 years since the Surgeon General declared tobacco dangerous – the single biggest preventable cause of disease (leading to 450,000 excess deaths in the US alone every year). Despite that, the movement to limit its use in teens and in public places has only made significant strides in the past 3-5 years. Denver County declared it off limits on their hospital campuses several years ago and Colorado expanded areas 2 years ago. Many nursing homes – considered health care facilities as well as residences – are beginning to follow suit. Vivage homes are considering limitations facility-by-facility at this point, though rumor has it that there are restrictive regulatory requirements that may even eliminate it in our facilities right around the corner.

Enough for now. Next time we'll lay out what we are trying to do in regard to...

- Decreasing the number of hospital readmissions
- Building Relationships with Hospitals
- Decreasing use of Unnecessary Medications

such as is often the case with...

- o Antibiotics
- o Sleeping pills
- o Pills for excess acid / heartburn
- o High Blood Pressure medications
- o Many, many others

If you want more information on any of these topics, do not hesitate to ask!



Paving the Road Through Life Enhancement

By Nancy Fox | Chief Life Enhancement Officer

The road to deep and sustainable person-centered care in long-term care has yet to be mapped. We have the guiding principles. We have some mileposts. And we know in what direction to head. We have enjoyed the creativity and energy and passion of great leaders willing to take risks to discover a new world. They have endured many bumps and hurdles in pursuit of their dreams. But few, if any, care communities have made the journey to its sustainability.

With the courage and commitment of some great leaders, the wisdom of many people at Vivage, and the generous support of the Colorado Culture Change Accountability Board, The Vivage Life Enhancement Team has envisioned and brought to life two new tools for the person-centered journey that will pave the road into the future of a sustainable person-centered model of care.

Those coming after will stand on the shoulders of these giants who have devoted their careers to paving the person-centered road.

NEIGHBORHOOD GUIDES

The first is the Neighborhood Guide Curriculum, designed to grow managers into Guides of self-managed work teams. Using the tools we have provided them, 10 Vivage communities have begun the journey away from a top-down hierarchy and the outdated management practice of the division of labor and are journeying toward cross-functional self-directed neighborhood teams. The early results of this initiative are very encouraging.

At Parkview Care Center, hands-on staff is conducting a root-cause analysis following every resident incident and putting into place action plans for minimizing the risk of that incident occurring again. At Christopher House, the managers and handson staff joined together and resolved ongoing supply issues. At Cambridge Care Center, the neighborhood teams brought together people from both the nursing and dietary departments who are now understanding and helping each other. At Highline, focus groups on each neighborhood are uncovering and addressing unresolved issues. At Fairacres, there are reports of personal growth in many employees as conflict resolution is becoming a way of life. At Rowan Community, staff retention has reached 81% for the year. At Summit, the year-to-date average Readmission to the Hospital is at 6.2%. But even more importantly, the residents are benefiting through interdisciplinary discussions designed to better know each person and elevate the art of caregiving.

In all our communities undertaking this journey, we have measured the Well-Being of Staff and Residents using the Eden Alternative Well-Being Tools. Every domain of well-being has improved in both residents and staff since the commencement of the project. This curriculum has now been licensed to the Eden Alternative and is being taught around the world.

We Stand on the Shoulders of Giants

Another important tool has been developed to help administrators make the leap from the institutional model to a personcentered model of care. This effort, like everything we do at Vivage, has been a true team effort. Drawing on the knowledge and experience of many different administrators and members of the Vivage Strategic and Operations Teams, we have developed an Administrator's Guide for Person-Centered Care. Although this tool has yet to be incorporated into practice, as it is in its final stages of editing, we are hopeful that it will become an important resource to help many administrators understand the Vivage way of person-centered care and to sustain our philosophy for years to come. Generously giving of themselves, many Vivage administrators have come together to identify how to incorporate person-centered thinking and behaving into the daily practice of every area of responsibility that an administrator must oversee. Identifying best practices, as well as the thinking shifts and behavior shifts, an administrator must make in a person-centered model of care, the Guide will support the growth of administrators in a new way. Those coming after will stand on the shoulders of these giants who have devoted their careers to paving the person-centered road.

These types of tools for organizational redesign and leadership development will position Vivage homes for a future of true person-centered care that will lead to better quality outcomes, improved quality of life for our residents and quality of work life for our staff, as well as the flexibility and creativity we will need to respond to the demands of a changing healthcare system.



Vivage - Quality Health Partners

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Where Quality Life Management and Piñon Management Intersect



