



CALUMET COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Courthouse, 206 Court Street, Chilton, WI 53014

Human Services

Phone: (920) 849-1400
Fax: (920) 849-1468

From Appleton: (920) 989-2700

Public Health

Home Health and Hospice

Phone: (920) 849-1432
Fax: (920) 849-1476

Crisis Line: (920) 849-9317; (920) 832-4646

**Aging & Disability
Resource Center**

Phone: (920) 849-1451
Fax: (920) 849-1635

Website: www.co.calumet.wi.us

Child Support

Phone: (920) 849-1454
Fax: (920) 849-1484

Regular Meeting of the Health and Human Services Board

DATE: Monday, March 12, 2018
TIME: 8:30 a.m.
PLACE: Room – 017 Courthouse Basement

AGENDA

- 1) Was the meeting properly announced?
- 2) Roll Call and Introductions
- 3) Pledge of Allegiance
- 4) Approval of March 12, 2018, Health and Human Services Board Agenda
- 5) Approval of February 12, 2018, Health and Human Services Board Minutes
- 6) Public Participation/Public Comment
- 7) Report of Committee Members
 - a) Reports of Official Meetings Held in Past Month
 - b) Upcoming Events
 - i.) WCHSA Eastern Regional Board Member Meeting-April 20, 2018, at 10:00 a.m. located at Fox Valley Technical College of Appleton
 - ii.) Wisconsin Association of Local Health Departments and Boards (WALHDAB) Northeast Regional Meeting-May 10, 2018, 9:30 a.m. – 2:30 p.m. at Liberty Hall in Kimberly, WI.
- 8) Report of the Health and Human Services Department
 - a) Staffing Update/Introductions
 - b) Child Welfare recruitment and retention efforts
 - c) Family Court Services and Co-parenting class
 - d) Juvenile Corrections changes
- 9) Items for Action or Discussion from Health and Human Services Department
 - a) Complaint Policy-Attachment 1
 - b) Medical Supervision and Physician Orders-Attachment 2
- 10) The next regular meeting date for Health and Human Services Board will be April 9, 2018, at 8:30 a.m.
- 11) Adjournment

So as not to disturb the meeting, all cell phones must be placed on vibrate and all calls taken outside the meeting room.

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the Health and Human Services Department at 920-849-1400 at least twenty-four (24) hours before the scheduled meeting time so appropriate arrangements can be made.

This is a public meeting. As such, all members or a majority of the members of the County Board may be in attendance. While a majority of the County Board members, or the majority of any given County Board Committee may be present, only the above committee will take official action based on the above agenda.

CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
BOARD MEETING
February 12, 2018

Board/Committee Members Present: Dietrich, Connors, Gentz, Hartl, Koenig, Schreiner, Schwalenberg, Stecker, Weinberger

Board/Committee Members Excused:
Board/Committee Absent:
Staff: Behnke, Brenner, Dewhurst, Kolbe, Mallmann, Mueller, Paulow, Romenesko, Schwobe, Smith, Zahn

Guests: Mariah Wipperman-student from Concordia

1. CALL TO ORDER: Meeting was called to order at 8:30 a.m. by Chairperson Schwalenberg.
2. ROLL CALL AND QUORUM: It was determined the meeting was properly announced and a quorum was present.
3. PLEDGE OF ALLEGIANCE: Schwalenberg asked all present to join her in repeating the Pledge of Allegiance to the Flag.
4. APPROVAL OF AGENDA: Motion by Dietrich, seconded by Hartl to approve the agenda. MOTION CARRIED UNANIMOUSLY.
5. APPROVAL OF HEALTH AND HUMAN SERVICES BOARD: Motion by Weinberger, seconded by Hartl to approve the December 11, 2017 Health and Human Services Board and Aging and Disability Resource Center/Long Term Support Advisory Committee Minutes. MOTION CARRIED UNANIMOUSLY.
6. Mariah Wipperman, a student at Concordia, introduced herself.
7. PUBLIC PARTICIPATION: None.
8. REPORT OF COMMITTEE MEMBERS:
 - A. Report of Meetings Held In Past Month: None.
 - B. Upcoming Events:
 - i. WCHSA Eastern Regional Board Member Meeting – February 16, 2018 at 10:00 am at Fox Valley Technical College, Appleton.
 - ii. Wisconsin Association of Local Health Departments and Boards (WALHDAB) Northeast Regional Meeting – March 8, 2018, 9:30 am at Liberty Hall, Kimberly.
9. REPORT OF THE HEALTH AND HUMAN SERVICES DEPARTMENT:
 - A. Brenner provided staffing updates. The following staff introduced themselves to the Board: Shirley Zahn, Bernadette Mueller, Nicole Smith, and Melissa Paulow. Zahn, Mueller, Smith and Paulow excused themselves from the meeting.
 - B. Kolbe gave an overview of Hospice QAPI data and an update on the performance improvement projects. Kolbe shared the two signs that were created to help with falls prevention. Discussion was then held on a new performance improvement project relating to the Hospice Quality Reporting data on the Hospice Compare website.
 - C. Ellis provided an update on REACH projects.
 - D. Dewhurst provided information on local Memory Cafés and upcoming events.

10. ITEMS FOR ACTION OR DISCUSSION:

- A. Schwobe presented the Voluntary Medical Advisor Policy and Procedure. Motion made by Weinberger, seconded by Hartl to approve the policy. Discussion held. MOTION CARRIED UNANIMOUSLY.
- B. Kolbe presented the Comprehensive Assessment Policy and the Patient Discharge or Transfer Policy for Home Health Care and Hospice. Motion by Weinberger, seconded by Gentz to approve both policies. Discussion held. MOTION CARRIED UNANIMOUSLY.

11. The next Health and Human Services Board meeting will be held on March 12, 2018 at 8:30 a.m.

12. ADJOURNMENT: Motion to adjourn the meeting at 9:25 a.m. by Weinberger, seconded by Hartl. MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

Bonnie Mallmann
Recording Secretary

- This was declared a \$60 meeting.
- These are UNAPPROVED minutes.



SUBJECT: Complaint policy

Approved by: Health and Human Services Board

Date approved: March 12, 2018

PURPOSE: To support and respect patients' rights to have concerns/grievances about their care and/or services heard, reviewed and if possible, resolved, thereby promoting positive patient outcomes.

To promote positive patient outcomes and meet patient/family needs for quality care and services.

To provide an efficient and effective complaint resolution process.

POLICY: All patients serviced by Calumet County Home Health Care are informed verbally and in writing prior to the initiation of service/care of their rights to participate in decisions regarding their care and/or services without coercion, discrimination, reprisal and/or unreasonable interruption of services.

PROCEDURE:

1. The following steps may be taken by the patient if they have complaints/grievances regarding the agency care or services (listing does not necessitate order of sequence):
 - a. Discuss problem directly with home health care RN or other agency personnel
 - b. Contact Health Division Manager or Home Health Care Supervisor (Clinical Manager) in person, via phone call, or in writing.
 - c. Submit home health complaint directly to the Wisconsin Division of Health Services using the home health complaint report or calling the home health hotline number provided on the home health admission.
 - d. If a patient has Medicare coverage; a complaint can be directly filed with KEPRO, the quality improvement organization (contact information provided with home health admission forms).
2. Complaint resolution:
 - a. Complaints that are received are documented on the agency complaint form.

- b. If the case manager RN is able to resolve the complaint, the complaint and its resolution are documented on the complaint form and submitted to the HHC/Hospice Agency Supervisor or Health Division Manager.
 - c. If the case manager RN is not able to resolve the complaint, the RN completes the intake portion of the complaint form and then submits it to and discusses it with the HHC/Hospice Supervisor OR the Health Division Manager within 48 hours of the complaint.
 - d. The HHC/Hospice Supervisor or the Health Division Manager will investigate the complaint and follow-up with:
 - 1. Patient/family or individual filing the complaint. Resolution will be pursued.
 - 2. Discuss complaint with named agency staff. Resolution will be pursued.
 - 3. Schedule a joint conference of complainant and named staff personnel PRN. Resolution will be pursued.
 - e. Complaints received by Health and Human Services Board members, County Board members, the County Administrator, or the general public regarding service recipients will be acted upon by the Home Health Care/Hospice Supervisor or the Health Division Manager.
 - f. The HHC/Hospice Supervisor or Health Division Manager will utilize the Corporation Counsel, County Administrator, Health and Human Services Director, the Professional Advisory Committee or the Personnel Director to help resolve complaint issues as needed.
 - g. The agency will not discontinue services based upon receipt of a complaint regarding personnel or services offered.
 - h. The complaint form will be retained in the complaint log file.
3. If the complainant files a complaint with the State Division of Quality Assurance or with KEPRO, home health care agency staff will cooperate with the investigation of the complaint.

Reviewed		Reviewed		Revised		Revised	
Date	Initials	Date	Initials	Date	Initials	Date	Initials



Title: Medical Supervision and Physician Orders for Home Health Care

Date effective: March 2, 2018

PURPOSE:

To ensure that physician orders are obtained in accordance with applicable law and regulation.

POLICY:

Physician orders will be obtained when indicated by the patient's medical condition and applicable laws and regulations.

PROCEDURE:

1. Physician orders will be taken only by licensed personnel in accordance with laws and regulations. (Registered Nurses and Therapists).
2. Verbal orders may be accepted from an authorized agent of the physician.
3. After receipt of the verbal order, the nurse or therapist will record the order either using the Electronic Health Record (EHR) software's or using the "physician telephone orders fax form" Recorded verbal orders will be signed, dated and timed with the date and time of receipt by the registered nurse or qualified therapist and then sent to the physician for signature. Physician signature is required within 20 days of the order date.
4. The unsigned copy of the order will be filed in the patient's v-chart and copied into the plan of care.
5. The signed copy of the order is to be filed in the patient's EHR upon return and the unsigned copy is to be removed.
6. Faxed orders are accepted. All faxed orders must be date stamped. No stamped signatures are allowed. Electronic physician signatures are accepted.
7. Physician orders are generated for any change in the patient's medications, treatments, as well as changes in frequencies of visits or with the addition of a new service. Changes involving medication must include frequency, route, and duration, if applicable. Changes in

discipline orders would include a frequency and duration. This agency operates under a calendar week, which begins on Sunday, for frequency purposes.

8. Orders for therapy services include the specific procedures and modalities to be used and the frequency and duration.
9. PRN visits may be ordered only where they are qualified in a manner that is specific to patient's potential needs. Both the nature of the services and the number of PRN visits to be permitted for each type of service must be specified.

PLAN OF CARE:

Each patient must receive the home health services that are written in an individualized plan of care that identifies patient specific measurable outcomes and goals, and which is established, periodically reviewed, and signed by a doctor of medicine, osteopathy, or podiatry acting within the scope of his/her state license, certification, or registration.

1. A plan of care, including physician's orders, shall be established for every patient accepted for care and shall be incorporated in the patient's EHR. An initial plan shall be developed within 72 hours of acceptance. The total plan of care shall be developed in consultation with the patient, representative (if any), caregiver (if any), home health agency staff, contractual providers, all physicians issuing order for the plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the home health agency. The plan of care shall be signed and dated by the physician within 20 working days following the patient's admission for care.
2. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the home health agency anticipates will occur as a result of implementing and coordinating the plan of care.
3. The individualized plan of care must include the following:
 - a. All pertinent diagnoses; (all pertinent diagnoses means all known diagnoses)
 - b. The patient's mental, psychosocial, and cognitive status;
 - c. The types of services, supplies, and equipment required;
 - d. The frequency and duration of visits to be made;
 - e. Prognosis;
 - f. Rehabilitation potential;
 - g. Functional limitations;
 - h. Activities permitted;
 - i. Nutritional requirements;
 - j. All medications and treatments;
 - k. Safety measures to protect against injury;

- l. A description of the patient’s risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors.
 - m. Patient and caregiver education and training to facilitate timely discharge;
 - n. Patient-specific interventions and education; measurable, time specific outcomes and goals identified by the home health agency and the patient with benchmark dates for review;
 - o. Information related to any advanced directives; and
 - p. Any additional items the agency or physician may choose to include
4. The plan of care must be reviewed and signed by the physician (doctor of medicine, osteopathy, or podiatry) who established the plan of care, in consultation with the home health care registered nurse, at least every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same home health agency during the 60-day episode. Each review of the patient’s plan of care must contain the signature of the physician and the date of review.
5. Any revision to the plan of care due to a change in the patient’s health status must be communicated to the patient, representative (if any), caregiver (if any), and all physicians issuing orders for the plan of care.
6. Any revisions related to plans for the patient’s discharge must be communicated to the patient, representative, caregiver, all physicians issuing orders for the plan of care, and the patient’s primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the home health agency (if any).

Reviewed		Reviewed		Revised		Revised	
Date	Initials	Date	Initials	Date	Initials	Date	Initials