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November 18, 2013

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410.347.7362 / Fax: 443.263.7562

VIA EMAIL

Kevin McDonald, Chief  
Certificate of Need Division  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Offices In:  
Maryland  
Washington, D.C.  
Virginia

Joel Riklin, Program Manager  
Certificate of Need Division  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: St. Mary's Long Term Care, LLC  
Blue Heron Nursing and Rehabilitation Center  
Matter No. 13-18-2348

**Response to Completeness Questions**

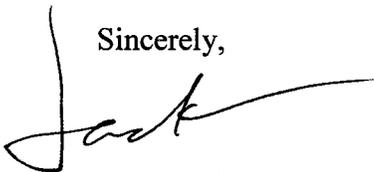
Dear Kevin and Joel:

With this letter we are submitting the response to the Completeness Questions regarding the above-referenced project. As discussed with Ms. Ruby Potter, ten copies will be hand-delivered tomorrow.

A copy of this response is also being forwarded to the appropriate local health planning agency, as noted below.

Thank you.

Sincerely,



John J. Eller

JJE/tjr  
Enclosures

Kevin McDonald, Chief  
Joel Riklin, Program Manager  
November 18, 2013  
Page 2

O B E R K A L E R

cc: Paul Parker, Director  
Suellen Wideman, Assistant Attorney General  
Ms. Ruby Potter  
Health Facilities Coordination Office  
Meenakshi Brewster, Health Officer  
St. Mary's County  
Mr. Mark Fulchino  
Melissa Warlow, Vice President  
Fundamental Administrative Services, LLC  
Mr. Andrew L. Solberg  
Howard L. Sollins, Esquire

**Blue Heron Nursing and Rehabilitation Center  
Responses to Completeness Questions Received 10/21/13  
And Project Modification**

**PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION**

- 1. Identify the owners of St. Mary's Long Term Care, LLC ("SMLTC") and St. Mary's Healthcare Realty, LLC. Also identify the ownership of Fundamental Administrative Services, LLC and Fundamental Clinical and Operational Services, LLC. If there is any affiliation between these organizations, please explain this relationship and provide an organizational chart or diagram to illustrate this relationship.**

Please see Exhibit 1.

- 2. Regarding Question 11, please respond to the following:**
  - a. Are any other State and local land use approvals needed before construction can commence, such as site plan approval? If yes, specify the approvals that will be required, specify the current status of efforts to obtain the approval, and the timetable for obtaining each.**

The plan at this point has what is called a Concept Plan Approval by the St. Mary's County Land Use Office. All various county agencies, St. Mary's Sediment Control, State Highway, Metropolitan Comm., Health Dept. Planning and Zoning all have looked at it and have approved it conceptually. The County Commissioners have approved this also. While this concept plan was approved for the proposed Point Lookout facility at the same site, the approvals are still valid for BHNRC. The next step is to do a Final Engineered Site Plan for all agencies to approve. Time frame for this should be about 6 months, State Highway approval may take 6 to 8 months.

- b. Regarding Project Location and Site Control provide evidence that St. Mary's Healthcare Realty, LLC has control of the site by title or land lease or that it has an option to purchase or lease**

**the site.**

St. Mary's Healthcare Realty, LLC entered into an Agreement of Sale and Purchase dated October 28, 2013 with St. Mary's Nursing Home, LLC, the current owner of the site.

**3. Regarding the Project Description, please provide the following information:**

- a. A description of the site work that is required to prepare the site for construction of the facility and the site work that will be performed to prepare the facility for occupancy.**

Site work to be done, Stake out, MDE preconstruction meeting, sediment control, clearing, cut and fill, building pads, State Highway Entrance work, Water and sewer work, curb and guttering, parking lot construction, paving , site concrete, site lighting, top soil and seeding, final inspections

- b. A description of the building construction including the materials to be used inside and out.**

Many natural elements indigenous to the area will be utilized to give the facility a warm and inviting feel on the interior and exterior of the facility. A combination of brick, stone, stucco, and siding may be used on the exterior to create an appealing approach to the facility while ensuring the facility will complement the local architecture. The focus will be to maximize the exterior aesthetics and minimize long term maintenance. The building will be wood-frame construction with pitched rooflines and sheetrock walls and ceilings. FAS have and will continue to work closely with the architects and engineers to ensure exterior and interior views are appealing. Lush landscaping native to St.

Mary's County will surround the facility. The interior courtyards will be designed based on a resident centered approach to allow residents to enjoy outdoor activities as much as possible. The courtyards will receive the landscaping treatment in addition to thoughtful design on outdoor living. The interior spaces will utilize a variety of materials such as granite, solid surface, and laminate countertops as well as vinyl plank, carpet, ceramic tile, and other flooring. This variety helps create a luxurious combination of hospitality and home-like atmosphere. The halls will have ceiling height changes, light coves, and richly patterned carpet. Artwork will adorn the halls. Common areas boast a variety of upholstered furniture along with artwork, sculptures and other decorations. The resident rooms have decorative vinyl plank flooring. Resident bathrooms will have ceramic tiled floors and showers. Every aspect of the interior design will help the resident feel at home in the facility.

- c. **Please identify the officers and management team for both FAS and FCOS, and include information that describes the types of administrative support services that FAS provides and the type of clinical support services that FCOS provides to its various clients and health care facilities.**

Key officers of FAS are Mark Fulchino – President, Sean Nolan, Chief Financial Officer and Bronz Peterson – Senior Vice President

Key officers of FCOS are Scott Hillegass – President and Fran Chapman – Senior Vice President

FAS services include the services listed on Exhibit 2.

FCOS services include the services listed on Exhibit 3.

- d. **Please be specific as to the type of administrative support services that the applicant will contract with FAS to provide to St. Mary's Long Term Care, LLC. What will be the terms of this contract, such as the length of the contract, amount paid monthly and annually, causes for ending the contract by either party, etc.? Who pays the employees' salaries and benefits FAS or SMLIC?**

Please see Exhibit 2 and Exhibit 3 for the services that will be provided to SMLTC.

The initial term of the FAS contract will be 1 year. The contract will renew annually unless terminated by either party with 30 days notice. SMLTC will pay FAS on a monthly basis a fee of 4% of the net operating revenue of the facility. FAS employees' salaries and benefits are an expense of FAS. SMLTC employees' salaries and benefits are an expense of SMLTC.

- e. **Clarify the role of FCOS staff and SMLIC staff in the operation of the clinical program for Diabetes, the Medical Specialty Unit, the Physical Medicine Department, and Your Choice 365 program. Identify whether FCOS will provide any additional services for SMLTC. If so, be specific as to the additional clinical support services that FCOS will provide. With respect to the contract between SMLIC and FCOS, what will be the terms of this contract, such as the length of the contract, amount paid monthly and annually, causes for ending the contract by either party, etc.? Will staff be employees of FAS or SMLTC? Who pays the FTEs salaries and benefits?**

FCOS will provide guidelines as well as policies and procedures for implementing and maintaining each of these programs. FCOS staff will provide operational support to the facility related to these specific programs. SMLTC staff will be responsible for implementing the programs.

With respect to our Diabetes program:

The disease known as Diabetes is reaching epidemic proportions in the United States. We are seeing exponential increases in diabetes in many segments of the US population including the elderly. The FCOS Diabetes programs addresses this disease on two fronts; short-stay diabetic patients who flow through our facilities for rehabilitation and long-term residents whose end-of-life care we are entrusted with. These programs (Diabetes Specialty Facility and Diabetes Centers of Excellence) are unique in the Long Term Care industry and have a foundation based on enhanced disease state education for FCOS nurses and nursing assistants; enhanced patient monitoring; disease state goal setting; increased patient and caregiver awareness; patient and caregiver education; primary care physician involvement and community outreach. The FCOS diabetes programs are supported by NovoNordisk with materials and on-site training for facility clinical staff. The mandatory nurse education has a two-pronged approach: a 16 hour online diabetes course produced by the University of Pittsburgh and monthly or quarterly in-facility training on diabetes. Each facility is required to have 2 nurses on staff who have completed the University of Pittsburgh program. These individuals serve as the on-site mentors for the facility. In addition, the Pharmacy Services Team and the Clinical Nursing team at Fundamental conduct Facility Training, Clinical Support and Compliance Monitoring.

Short-stay Rehab Patients: Our program focuses on increasing patient / caregiver awareness regarding diabetes. Once admitted into an FCOS facility, a patient assessment is completed that highlights how disease state improvements

can decrease long-term risks of micro-vascular complications of diabetes (stroke/blindness/amputations/kidney disease). The assessment report outlines how improving specific health outcomes (e.g. smoking cessation; blood pressure, lipids) along with better glycemic control can reduce the potential complications from their disease. This report is reviewed with the resident and/or caregiver and shared with their primary care physician to promote continuity of care in the healthcare continuum. The next phase for our program is to develop a “real world” patient education tool on how a diabetic should select foods at a grocery store. This is a huge challenge for elderly diabetics who struggle financially and who also lack the understanding as to which foods are best for them.

**Long-Term Residents:** Once a resident is with an FCOS facility long term, the program shifts to enhanced disease state monitoring; goal setting (patient-specific) and ensuring that diabetic residents are free from the complications of diabetes. We continue to assess and increase patient and caregiver awareness regarding diabetes and focus on treatment changes promoting the use of newer therapies and eliminating sliding scale insulin therapies. Disease state assessments are completed every six months and reviewed with the resident and/or responsible party.

Our goal is to provide the best clinical outcomes for our residents whether they are with us short-term or long-term.

**With respect to our Medical Specialty Unit (“MSU”):**

- All MSU Teams must complete a full business plan and submit to MSU Committee (President, SVP Clinical Services, SVP MD Relations, DVP of Operations, DVP of Marketing and VP of Rehabilitation: FCOS employees) who review business plan,

provide feedback and approve application or request additional development. If all necessary elements are sufficiently addressed in business plan (Program Criteria) application is approved.

- At inception, the facility MSU Team participates in an initial MSU 'Kick Off' training provided by the MSU Committee. The kick off meetings usually span 2 or more days and provide a review of all key MSU materials, assist the MSU team to initiate the MSU workplan (Workplan template), delineate duties to key facility leadership (Break Out Session Action Plans) and establish other key program elements/ processes.
- MSUs are supported in hiring an MSU Clinical/ Administrative Program Manager who specifically oversees MSU program development and an MD MSU Program Manager who assists in program management and direct clinical oversight of patients in MSU.
- After initial inception MSU Team is required to submit an updated monthly work plan to MSU Committee members and participate in a monthly workplan review call with MSU Committee members/ other regional support staff. Workplans are reviewed and feedback provided by all participants.
- MSU Team is required to have regular team education/ development meetings throughout development and on a long term basis to enhance specialty knowledge (Staff Education Protocol). FCOS has subscribed to Medline/Cinahl/Dynamed, an institutional clinical research database, that allows for the provision of ongoing educational material for these meetings or for any other research/education/competency related needs. MSU Committee members participate as requested/ needed.
- When MSU Team has made substantial progress on their workplan the MSU Committee schedules an MSU scorecard visit (MSU Scorecard Template) to provide on site assessment and consultation.
- MSUs that achieve a passing score on scorecard graduate to Recover You program status (Specialty Programming Rules of Participation) and transition to a quarterly report/ call format where MSUs continue program development in a more independent fashion but continue to submit a quarterly report (Quarterly Program Evaluation Meeting Protocol) to MSU Committee and continue to participate in quarterly call with MSU

Committee members who provide ongoing feedback on outcomes and program development.

- All MSUs, upon achievement of Recover You status, are expected to develop additional MSUs and/ or pursue JCAHO or CARF accreditation (Specialty Programming Rules of Participation).
- All MSU Committee members continue to engage with MSU Teams throughout process. National rehabilitation therapy providers also provide support and play an integral role in staff and program development.
- All MSU Teams are held to the highest, and continually verified, standards of performance (Specialty Programming Rules of Participation) from program inception forward.

With respect to our Physical Medicine Department:

- FCOS provides various clinical consultants for facilities who consult on all aspects of clinical service provision - specifically for Physical Medicine to include Vice President of Rehabilitation Services who liaises with National Providers and other FCOS staff (see # 4) 2. FCOS provides various oversight and consultative services, boards, committees, and other facility work groups that directly engage with physical medicine team members (Medical Director Advisory Board, Medical Review Department, Strategic Planning Committee) 3. A clinical scorecard is completed yearly for each discipline involved in providing clinical services related to physical medicine services (i.e. therapy, social services, activities, nursing etc.).
- All Rehabilitation services are contracted with a national therapy services provider who provides complete rehabilitation management services/ oversight.

The initial term of the FCOS contract will be 1 year. The contract will renew annually unless terminated by either party with 30 days notice. SMLTC will pay FCOS on a monthly basis a fee of 1% of the net operating revenue of the facility. FCOS employees' salaries and benefits are an expense of FCOS. SMLTC employees' salaries and benefits are an expense of SMLTC.

## YOUR CHOICE 365 PROGRAMMING

The goal of the Your Choice 365 program is to create an environment that honors residents' choices and preferences. In terms of new construction projects, FCOS and the Your Choice 365 has contributed ideas to the facility design to incorporate person-centered care programming (PCCP) concepts, such as spas, wellness centers, wi-fi internet cafes for residents, culinary enhancements, and common areas to better encourage resident gatherings and interactions.

In terms of programming, FCOS has a well-developed program that supports the facility Administrator to create and maintain a culture of resident-focused care and programming. The core values of the Your Choice 365 Program are: choice, respect, purposeful living, traditions, dignity, self-determination, community and customs.

To support the Your Choice 365 Program:

- FCOS has a Your Choice 365 Committee that includes multi-disciplinary members of FCOS' leadership team. This committee convenes on a monthly basis and more often as necessary to support facility programming efforts and enhance the overall programming.
- FCOS supports the facility Administrator in forming its own internal multi-disciplinary Your Choice 365 team. This facility team is to meet on a regular basis (that is, weekly meetings during the first 6 months and monthly as a minimum thereafter).
- FCOS provides a Your Choice 365 Manual, which includes educational information and resources, step-by-step instructions to implement culture change and PCCP concepts, and easy-access tools to implement the program.
- FCOS offers collateral materials to promote the Your Choice 365 Program to residents, staff and larger community about the Your Choice 365 Program. A variety of posters are also available.

- Facility Administrators are provided an orientation about the Your Choice 365 Program.
- An on-site facility orientation and strategic planning meeting (referred to as the Your Choice 365 Kick-Off Meeting) is led by FCOS. This meeting lasts 1 ½ days and includes key facility staff at all levels as well as Your Choice 365 Committee members and additional FCOS consultants who will provide ongoing support on these efforts.
- FCOS provides a Your Choice 365 PowerPoint presentation which is used for orientation but is also used to educate the community and key constituents.
- A Self-Assessment and Development Tool is used by the facility Administrator and his/her team to identify current programming and physical plant status, then to identify opportunities to create or improve – and prioritize – its Your Choice 365 programming. This tool is also used by the FCOS consultants during the Your Choice 365 Kick-Off Meeting mentioned above. Administrators are encouraged to use this tool as often as every 6 months to continue to help their program evolve.
- A Your Choice 365 Scorecard is used by FCOS consultants to measure program compliance. It is also used by the Administrators to self-monitor their efforts.
- Another tool offered is a Your Choice 365 Program Outcomes and Effectiveness Indicators report. It allows the facility Administrator and FCOS consultant to measure the effectiveness of the program and adjust efforts as indicated.
- The facility Administrator incorporates the PCCP and Your Choice 365 education in its general facility orientation. FCOS offers several tools, such as the PowerPoint presentation and other printed materials.
- Each quarter, the facility Administrator joins a conference call to review its programming efforts. FCOS consultants and the Your Choice 365 Committee members participate on these calls along with other facility Administrators who can offer insights and suggestions.
- FCOS hosts a Your Choice 365 website that provides resources and tools in electronic format for their efforts to customize. It also includes links to related materials, including links to other PCCP websites and resources.

Exhibit 4 includes policies, procedures, and other documents related to these responses.

- f. Regarding your Project Description, it states on p. 10 that the "MSU is designed for short-term stay patients that require comprehensive, complex care and rehabilitation services." The information on Table 1 indicates that the ALOS for the 77 admissions in the first year of operation and the 130 admissions in the second year of operation is 364 and 365 days, respectively. Please reconcile your statement on short term lengths of stay on the MSU with the data from Table 1 that indicates each patient admitted to BHNRC will have a length of stay of approximately 365 days.**

Table 1 was completed as average daily census and has been updated to show number of admissions. The number of Admissions were calculated from start up assuming that the long term care population would have an average length of stay of 365 days or greater and that the short turn lengths of stay would average out to 33 days.

- g. Regarding your Project Description, you state on p. 10 that MSU model of care uses Nurse Practitioners, but Table 6 does not indicate you will have a Nurse Practitioner either as an employee or on a contractual basis. Explain this apparent discrepancy.**

The Nurse Practitioner was included in the RN hours.

- h. With respect to the Physical Medicine Department discussed on p. 11-12, the Manpower Information on Table 6 only indicates 2.3 FTE therapy aides will be employed. Who will employ the licensed Physical Therapist to provide supervision?**

The 2.3 FTE therapy aides on Table 6 are Restorative Aides. All therapists are included in Contract Professional Services.

- i. Who will employ the registered dietician for the Your Choice 365 program and where are the expenses reflected on Table 3?**

The registered dietician will be employed by BHNRC, the expenses are reflected on 2.a. Salaries, Wages and Professional Fees.

- 4. Regarding question 15, project drawings, the drawings submitted in Exhibit 1 do not meet the standard for architectural schematic drawings required. The drawing needs to show an actual schematic design of the proposed facility with bathrooms, nursing support areas, lobby, all corridors including those providing access to support areas, etc. It should be accompanied by three sets of larger scale drawings. The site plan should show parking.**

Because this response also includes a modification of the project which involves changes to the facility design, drawings of the revised design are included as Exhibit 5. BHNRC recognizes that the drawings may still not provide the detail to be considered "schematic drawings" by the Commission. BHNRC anticipates that schematic drawings will be available within a few weeks, and BHNRC will forward them to the Commission as soon as they are available.

- 5. Regarding Chart 1, please specify the wall height for the first floor and explain why no utility costs are specified.**

Exhibit 6 includes a corrected Chart 1. Please note that Exhibit 6 reflects the modified size of the facility.

- 6. Show the location of the three (3) Porte Cocheres on Exhibit 1, Project Drawings.**

Please see Exhibit 5.

## **PART II - PROJECT BUDGET**

- 7. Please provide the following:**
  - a. An explanation of how the \$500,000 in Contingency Costs was calculated.**

Typically in all General Contractor Proposals, there is a cost set aside for change orders as it pertains to a specific building project and for any unforeseen issues associated with a development project. The cost associated with change orders can usually range between 5-10% of the building construction costs and is labeled a contingency.

Examples of contingencies include:

1. Soil issues resulting in the need to dig a deeper foundation.
2. Electrical or cabling issues or new requirements by code.
3. Wiring changes or new requirements.
4. Life Safety code changes which results in overall change in the building design, etc.

**b. Specify the nature of the \$10,000 in Other Capital Costs.**

Other capital typically includes security cameras, locks, door controls, etc.

**c. An explanation of how the \$400,000 in Inflation was calculated.**

For budgeting purposes, we typically factor in an inflation cost factor of approximately 2-3% of total cost which takes into account any increases in the cost of materials, equipment, etc.

**d. An explanation of how the \$400,000 in Capitalized Construction Interest was calculated.**

Capitalized construction interest is a function of the interest charged per the loan agreement multiplied by the outstanding loan balance during the development of the project. With interest rates increasing the loan was projected at 6.5% multiplied by an average outstanding loan balance during the life of the project of approximately \$6.2 million factoring in timing of draws.

**e. An explanation of how it was determined that there will be a need for \$1.0 million in Working Capital Startup Costs.**

We have developed many facilities nationally and our experience shows that it takes approximately 6-7 months for a new facility to ramp up census and occupancy. The facility will, during that period, incur significant operating working capital startup costs, both fixed and variable. The fixed costs include insurance, tax, utilities, overhead, cost of capital, maintenance and housekeeping, while the variable costs include salaries, wages, rehab therapy, pharmacy, occupational and speech therapy, laundry, food, etc. Although some of these costs are regarded as variable, they do not all fluctuate with census or occupancy, i.e., an Administrator's and DON's salary are required immediately. The estimated total cost of working capital startup costs for a 140 bed facility is estimated at \$1.0M.

**PART III - CONSISTENCY WITH GENERAL REVIEW CRITERIA AT COMAR 10.24.01.08G(3)**

**Response to State Health Plan for Facilities and Services: Nursing Home and Home Health Agency Services, COMAR 10.24.08**

- 8. Regarding COMAR 10.24.08.05A(3), please provide examples of the handouts that BHNRC will distribute to prospective residents regarding community based services.**

Please see Exhibit 7.

- 9. Regarding COMAR 10.24.08.05A(6), please provide the name of the public water system that will serve BHNRC and document that it has the capacity to serve the facility.**

The St Mary's Metropolitan Commission is the water and sewer agency for the County. Please see Exhibit 8 stating that the site has adequate capacity.

**10.Regarding the response to COMAR 10.24.08.05A(7) on pages 29 and 30, please respond to the following:**

- a. Provide more specific information on the types of residents that SMLTC proposes to serve at BHNRC.**

Each FAS/ FCOS facility is equipped to provide comprehensive clinical services across a variety of diagnostic categories and can work collaboratively in managing the patient transition of care process with any primary, secondary or tertiary care professional, service and/or institution. In addition to the foundational knowledge, skills and support to provide a sound platform of general care each FAS/ FCOS facility is provided with the autonomy and intellectual resources to evolve within each respective community based on its unique healthcare needs.

More specifically each FAS/ FCOS facility is able to provide complete post-acute inpatient and discharge follow up care for the following (and other related) condition types:

- Musculoskeletal (traumatic/ non traumatic/ post-surgical/ chronic) - to include fracture, joint replacement, amputation, spinal surgery, pain management, polyarthritis, osteomyelitis.
- Cardiopulmonary (acute/ surgical/ chronic) - to include post-surgical cardiothoracic, acute onset/ exacerbation of heart failure/ pneumonia/ myocardial infraction, respiratory failure.
- Neurological (traumatic/ non traumatic/ degenerative/ behavioral) - to include stroke, post-surgical neurological, dementia, Parkinson's disease, amyotrophic lateral sclerosis, multiple sclerosis, neuropathy, neuropsychiatric conditions.
- Genitourinary (acute/ chronic) - to include post-surgical genitourinary, acute kidney failure, chronic kidney disease.
- Other general medical conditions - to include liver disease, post-surgical/ general gastrointestinal, infectious disease, endocrine

disorders, chronic wounds.

**b.Explain how natural light and nature will be brought into the building.**

The layout of the facility will allow for the maximum number of windows to the outside. All patient rooms will have large exterior windows. The multiple dining, living, and common areas will have multiple windows to bring the outside light into these living and dining spaces. The dining rooms have been strategically placed to allow for more than one wall of windows into these spaces. The Therapy Gym will incorporate a wall of windows along one entire wall. Outside of the Therapy Gym, there will be a Therapy Courtyard that will allow residents to continue their rehabilitation in a more natural outdoor setting. There will also be multiple interior courtyards which will provide additional light as well security for residents who want to be outside more frequently. Outdoor gardens and walking trails will be incorporated into the plan. The exterior landscaping will include native plantings and annuals that will be changed out seasonally. Residents will be able to participate in landscape activities such as planting in flower boxes.

**c. Specify the materials, fabrics, textures and designs that appeal to various senses and how these design features will meet the needs of the types of residents to be served.**

The facility will include a wide variety of material, fabrics, textures and designs that will help stimulate the senses while providing the residents a home-like experience. Hallways will have offsets, recesses, and undulations as much as possible to eliminate the long institutional hallway feel. The patterned carpet

hallways will have a smooth transition into the vinyl-plank resident rooms. From the resident room, there will be a smooth transition into the tiled resident bathrooms. Safety will be the first priority, but the aesthetic beauty and accessibility of all surfaces will also be considered. The living rooms will be decorated with a variety of patterned upholstery, artwork, books, and other decorations. There will be fireplaces and flat screen televisions in many of the living and dining areas. Each space is designed to invite residents to interact with each other and with loved ones. Multiple dining rooms will allow for a more intimate dining experience as opposed to the large institutional dining rooms of the past. There will be serving kitchenettes in each dining room to bring the cooking and dining experience closer together and allow the residents to have a greater voice in their food selection. We feel this enhances the dining experience by integrating all of the sensory aspects (smell, visual, etc.). The Therapy Gym and Wellness center are designed to provide ample space for the state-of-the-art rehabilitation and wellness equipment. The wellness concept continues outside with the Therapy Courtyard. The Therapy Courtyard is designed to include steps, ramps, and other uneven walking surfaces within its walkways while leaving the natural feel intact.

- d. Explain how physical plant elements are designed from a citizen's perspective including the bed, the bathrooms, the hallways around patient rooms, the rehabilitation gym, the nurse's station and the entrance to and exit from the unit or facility.**

From the wide entrance and exit drives, to the multiple entry points with

covered porte-cocheres, to the game room with game tables and big screen television, to the more intimate sitting rooms, to the Salon and Spa offering haircutting and styling as well as manicures and pedicures similar to a resort style spa, BHRNC is designed to meet the needs of its residents and their families. FAS and FCOS focus their designs on meeting the individual needs of the facility residents while providing spaces conducive to improved clinical efficiencies. Nursing stations have been designed to offer maximum viewing of resident corridors while trying to recess some of the working functions within alcoves at the nurses' station to minimize the work being seen from the common areas. A full electronic medical record is planned for the facility to ensure maximum clinical efficiencies while minimizing the impact on the hospitality feel of the common areas. In wall piped in Oxygen and Medical Vacuum is planned for many rooms to decrease the use of unsightly oxygen concentrators and portable suctioning machines. All passage doors will meet or exceed ADA requirements. Each resident room will have its own en suite bathroom with full shower. There are many components of the building design that positively impact the residents and visitors. From the moment residents and visitors enter the facility they will be impressed with the welcoming and inviting lobby. Residents, families, and employees will enjoy the wellness center. The light and open space provides an atmosphere to help motivate its users towards a faster recovery. The facility's two dining areas consist of walls of windows, high ceilings, and views of the courtyards. There are adjustable tables to accommodate various resident needs. There will be

family style dining as well as 2-4 seat tables for a more-restaurant feel. The chef-guided menu produces pleasing aromas and visually appealing meals to enhance the dining experience. Our serving kitchenettes will enable capable residents to enjoy a more intimate experience with a self-serve buffet station. There are snacks and a concierge station available on each nurses' station 24 hours a day. The wide hallways with high ceilings encourage the residents to move around the facility individually, with a family member, or with a caregiver. The facility will also include a media rooms with cool and soothing color palettes to ensure that any resident will feel like they are at home. There are bookshelves, fire places, and flat screen televisions, and many other amenities to ensure the residents are comfortable and enjoy their stay. The facility will include an Internet café encouraging residents to learn about and interact with the world outside the facility. There will be an activity den specialized for the long term care residents. BHNRC will include a Physician's lounge and treatment room which will offer physicians a comfortable space to interact with the residents, family members, and caregivers. Another special feature of this design is the transitional room. This room contains a home like bed, a kitchenette, and many other amenities similar to the home setting. This allows the resident to spend 1-2 nights transitioning before they return home. Family members are welcome to spend the night with the resident during this time. This room helps ensure residents are ready and confident about returning to their homes.

The resident rooms are also designed with the individual resident in

mind. Beds will all be electric single beds to allow for handicap access. The facility is designed to offer a maximum number of private rooms. Each bedroom will have a private bathroom with shower and large sinks. Each bedroom will allow for an individual closet, chest of drawers, night stand, and chair for each resident. Pillow speakers and remote for TV will be integrated into the nurse call system to minimize the number of devices needed in each room. Each resident will have his/her own telephone and TV. WiFi will be provided throughout most of the building.

- e. **Where on the floor plan are the areas that allow for small group activities, quiet area for reflection, private areas for family or care giver gatherings, and areas for independent pursuit of leisure activities.**

There are multiple areas within the facility that allow for activities, a quiet place to relax or an intimate setting to spend time with loved ones. These day rooms and other activity centers are shown on the plans included as Exhibit 4. The activity rooms are equipped with a Wii gaming system, a kitchenette with the granite countertop, large screen TV, popcorn machine, pool table, and other amenities. Each utilizes a soft palette and comfortable seating to provide an ideal space for reading a book, having a quiet moment, sitting with a loved one, or participating in facility activities.

11. **Regarding COMAR 10.24.08.05A(8), have any of the principals of St. Mary's Healthcare Realty, LLC, F AS or FCOS ever pled guilty to, or been convicted of a criminal offense in any way connected to the ownership, development, or management of a health care facility? If yes, specify who and the facility involved.**

No.

**12.Regarding COMAR IO.24.0S.0SA (9), please provide evidence of the progress by BHNRC and FAS in establishing collaborative relationships with the providers that were identified.**

Mark Fulchino has met with Christine Wray, President of the Medstar St. Mary's Hospital and with Dr. Shah, a prominent local physician ([http://shah-associates.com/?page\\_id=5](http://shah-associates.com/?page_id=5)). They were both supportive of the project and have submitted letters of support. Copies of these letters are attached as Exhibit 9. FAS will continue to work with local healthcare providers to establish collaborative relationships.

**13.Regarding COMAR 10.24.08.05B(1)(a), please provide evidence to support your statement at the top of page 35 that "there is evidence that either St. Mary's County residents' use of Comprehensive Care may be suppressed for some reason or that residents are having to travel outside of the County for care."**

As discussed on page 35, MHCC Public Use data for FY 2011 (when divided by Maryland Department of Planning population data age 65+) show that the statewide 2011 "use rate" was 12.4, compared to 8.3 for St. Mary's County. Table 1 below shows the patient days in nursing homes in each jurisdiction divided by that jurisdiction's 2011 population age 65 and older. The data show that St. Mary's County had the fourth lowest patient days/population of all of the jurisdictions in the state.

**Table 1**  
**Comprehensive Care Patient Days By Jurisdiction, 2011,**  
**Divided By That Jurisdiction's 2011 Population Age 65 And Older**

Jurisdiction	Total Pt. Days Comp.	2010 Pop 65+	2011 Pop 65+	2015 Pop. 65+	2010-2015 CAGR	Pt. Days/ Pop 65+
Howard	144,401	29,050	30,685	38,200	0.0563	4.71
Queen Anne's	35,565	7,140	7,407	8,580	0.0374	4.80
Harford	234,735	30,560	31,799	37,280	0.0406	7.38
St. Mary's	93,714	10,780	11,244	13,310	0.0431	8.33
Anne Arundel	557,127	63,660	66,117	76,930	0.0386	8.43
Talbot	85,686	8,960	9,233	10,410	0.0305	9.28
Calvert	95,382	9,680	10,142	12,220	0.0477	9.40
Charles	142,550	13,850	14,541	17,670	0.0499	9.80
Prince George's	936,974	81,510	85,572	103,950	0.0498	10.95
Cecil	136,236	11,880	12,390	14,660	0.0430	11.00
Montgomery	1,447,161	119,770	124,316	144,290	0.0380	11.64
Dorchester	74,357	5,770	5,874	6,310	0.0181	12.66
Frederick	346,971	25,910	27,168	32,840	0.0485	12.77
Carroll	294,132	21,810	22,744	26,900	0.0428	12.93
Caroline	63,675	4,410	4,484	4,790	0.0167	14.20
Baltimore	1,797,969	117,480	120,339	132,490	0.0243	14.94
Kent	69,166	4,400	4,532	5,100	0.0300	15.26
Washington	369,479	21,100	21,636	23,920	0.0254	17.08
Baltimore City	1,289,665	72,810	73,867	78,250	0.0145	17.46
Somerset	66,375	3,660	3,726	4,000	0.0179	17.82
Garrett	104,653	5,230	5,358	5,900	0.0244	19.53
Wicomico	278,658	12,850	13,202	14,710	0.0274	21.11
Allegany	302,135	13,400	13,575	14,300	0.0131	22.26
Statewide	9,092,292	707,640	732,419	840,520	0.0350	12.41

Sources: Pt. Day Data from MHCC 2011 Public Use Data Base; 2010 and 2105 Population from MDP Website [http://www.mdp.state.md.us/msdc/S3\\_Projection.shtml](http://www.mdp.state.md.us/msdc/S3_Projection.shtml); accessed 11/8/13

BHNRC is not stating that the cause of the low “use rate” is definitely or solely caused by it being suppressed for some reason. BHNRC suggested that it may be suppressed, just as BHNRC suggested that the cause may be because residents have to travel outside the county for care. The MHCC Comprehensive Care Bed Need Projection methodology, itself, includes a provision that, under certain circumstances, if the retention rate in a jurisdiction is less than 80

percent, an adjustment is made to the need in that jurisdiction in order to allow more residents to access beds locally. The MHCC does not publish those jurisdictions for which such an adjustment has been made, so BHNRC can only surmise the reasons for such a low use rate at existing facilities in St. Mary's County. However, given the MHCC's most recent projected need for 192 beds in St. Mary's County, it is reasonable for BHNRC to assume that this may be a factor.

**14.Regarding COMAR IO.24.0S.05B(5), Quality, provide evidence as to the quality of care that both Fundamental Administrative Services, LLC ("F AS") and Fundamental Clinical and Operational Services, LLC ("FCOS") has provided to its family of health care companies across 12 states.**

See Exhibit 10.

**Need, 10.24.01.08G(3)(b)**

**15.Is the expected service area St. Mary's County? If it is a smaller or larger area, please identify the expected service area by zip code and provide population numbers, demographic and socioeconomic data to indicate the size and type of population that BHNRC will serve.**

Given the rural nature of St. Mary's County and the fact that there will only be three Comprehensive Care facilities, BHNRC believes that the service area will include the entire county.

**16.Regarding Table 1, please provide utilization projections for the third year of operation. Please explain the basis for the projected admissions and patient days for each year. Specify the assumptions made in preparing these projections including assumptions regarding the average length of stay.**

Table 1 has been updated to include third year utilization projection.

Please see Exhibit 11.

**Availability of More Cost-Effective Alternatives, 10.24.01.08G(3)(c)**

**18. Please provide support for your statements on page 48 that the cost per square foot for adding space to either of the existing nursing homes in the County would be comparable to the cost per square foot of the proposed facility, and that if one of the existing facilities chose to replace its existing facility the costs would be higher.**

BHNRC based these statements on the assumption that the MVS benchmark reasonably represents the general cost of construction per square foot and does so for all nursing home construction. Hence the cost per square foot would be comparable, whether it is being applied to the construction of BHNRC or expansion of the existing facilities.

As to the costs of replacing one of the existing facilities, including an expansion to meet the bed need, potentially being higher than the costs proposed by BHNRC, it is important to consider what BHNRC said in the CON Application.

As kitchen and other facilities would need to be expanded to accommodate 192 additional beds, BHNRC suggests that the cost of construction per square foot would be comparable, no matter who is the applicant. If one of the existing facilities had chosen to replace their existing structures, as well, the project costs would have been even higher.

The first sentence refers to the “cost of construction per square foot.” The second sentence referred to “project costs.” BHNRC meant that if one of the existing facilities decided to both add the additional beds to accommodate the projected additional bed need and replace their existing facility, it would result in a

much larger new facility than BHNRC is proposing. Therefore, the total capital costs of such a project would be higher than those proposed by BHNRC.

**19.Regarding the MVS analysis, explain and justify the adjustment for canopy.**

On Chart 1, canopies are referred to as "Porte-cocheres." On the bottom of Section 15 page 26 of the MVS book, it identifies that the cost of canopies can be estimated in other sections of the book. They are not included in the Base Costs shown by class and type (quality) of building. (In the case of BHNRC, a Class D, Good quality building, the Base Cost is \$158.79.)

**Viability of the Proposal, COMAR 10.24.08G(3)(d)**

**20.Regarding Exhibit 5, please provide financial information such as audited financial statements or documents that show the financial resources for St. Mary's Long Term Care, LLC and St. Mary's Healthcare Realty, LLC, or the parent companies that operate these two organizations. Submit the financial information that was used by Kevin Howell, F & M Bank, in stating F & M Bank is interested in providing financing to St. Mary's Health Realty, LLC for up to \$13,600,000.**

Please see Exhibit 12.

**21.Regarding Exhibit 6, please name the aforementioned entity referred to by Stephanie Lubitz, Greenspring Consulting Services, LLC in stating that the entity has sufficient liquidity to invest the proposed equity of approximately \$1.6 million. Submit the financial information that was used by Ms. Lubitz to determine there is sufficient liquidity for \$1,600,000 in equity for the proposed project.**

The response to this question would entail divulging very personal financial information for principals of the entity, which they are understandably

quite reluctant to provide as a public document, and which, in our view, would be unnecessarily intrusive, as contrasted with disclosure of publically available information pertaining to an entity that would ordinarily be provided. Historically, the Commission has accepted letters from CPAs attesting to the availability of funds for a project, as the directions in the CON application directs applicants to submit. The CPA's letter previously provided is based on the actual knowledge of the CPA and the CPA's familiarity with the financial information of the principals who will be providing the equity contribution, and is now being supplemented with further explanatory information in Exhibit 13. There have been no CON-approved projects of which we are aware that have failed to be implemented because of the inability to provide the equity contribution that had been promised and documented by a CPA's attestation of the availability of funds. CPAs are highly regulated and credentialed. They are licensed and certified to engage in public accounting, and held to the highest standards of a Code of Professional Conduct that reflect integrity, accuracy and competence. Their attestations have routinely been accepted as sufficient documentation of available equity. Under these circumstances, we respectfully request that the Commission reconsider the need for financial information beyond the CPA documentation that has been furnished.

**22. Please provide evidence that the applicant can obtain a \$1.0 million working capital loan for this project.**

Please see Exhibit 14. St. Mary's Long Term Care, LLC is a Borrower

under the Credit Agreement.

**23. Regarding Table 3, please provide projected Revenue and Expenses for the third year of operation.**

Table 3 has been updated to include third year Revenue and Expenses.

Please see Exhibit 15.

**24. Submit all assumptions used in projecting the revenues and expenses including but not limited to the following:**

- a. Detailed calculation of projected revenue showing the calculation of Medicaid rates and the assumptions regarding the rates that would be paid by other payers, if the facility were open in the current year.
- b. Assumptions regarding bad debts in each year and why they are reasonable.
- c. Assumptions regarding Contract Services including identification of the services included and the basis for the estimated expenses in each year.
- d. Assumption regarding the amount and costs of supplies in each year.
- e. Identify the three highest cost items included in other expense line (line 2j), specify the cost for each of these items in each year and the basis for the estimated cost.

The responses for a - e are included in Exhibit 16.

**25. Submit Revenue and Expense projections for St. Mary's Healthcare Realty, LLC along with assumptions including an amortization schedule for the mortgage, a depreciation table, and the basis for any other expenses.**

Please see Exhibit 17.

**Impact on Existing Providers, IO.24.01.08G(3)(t)**

**26. Please provide information and analysis of the potential impact of the opening of BHNRC on the financial condition of the other nursing home in St. Mary's County especially the potential impact on payer mix and associated facility revenues.**

Please see Exhibit 18.

**27. Regarding Table 6, MHCC staff calculations of projected salary using the average salary rates and number of FTEs found many discrepancies from your calculations some of which could be attributed to rounding, but others of more significance as displayed in the attached spreadsheet. The result of MHCC staff calculations is Total Salaries of \$5,160,027 and Benefits of \$945,059 compared to the totals reported in the application of \$4,865,961 in Total Salaries and \$891,214 in Benefits. Please review your calculations and revise information reported in Table 6 as necessary. Explain any remaining discrepancies.**

The FTE's were rounded to the nearest tenth of an FTE. In addition, the MHCC calculation included contracted services and associated benefits in the totals. These should not be included in the Total Salaries and Benefits. Please see Exhibit 19 with Table 6 showing a higher level of detail and explanatory notes in response to the question above.

**PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND RELEASE OF INFORMATION, AND SIGNATURE**

**28. Regarding Question 1, please provide the following additional information and clarifications:**

- a. Who is Bronz Peterson? Does he work for FAS? If yes in what capacity? What is his authority and responsibility for implementing the project?**

Bronz Peterson is the Senior Vice President of FAS. He is an employee of FAS and is responsible for overseeing the development and implementation of new projects.

- b. Provide the names of the officers for St. Mary's Long Term Care, LLC and St. Mary's Healthcare Realty, LLC. Respond to questions 3 through 5 with respect to each of the owners and officers of these entities.**

Officers of St. Mary's Long Term Care, LLC

Kam McGavock      President, Secretary, Treasurer

Question 3: No

Question 4: No

Question 5: No

Officers of St. Mary's Healthcare Realty, LLC

Murray Forman      President and Chief Executive Officer

Kenneth Tabler      Vice President and Secretary

Question 3: No

Question 4: No

Question 5: No

- 29. Regarding question 2 provide a list of the facilities that Bronz Peterson and FAS have been involved with as owner, developer, or management. This list must include the name and address of each facility and the dates of involvement.**

Over the past four years, Bronz Peterson and FAS have supported the development of the following facilities:

- Canton Oaks: Canton Oaks, TX – new SNF opened August 2011
- Corinth Rehabilitation Suites: Corinth, TX – new SNF opened July 2012
- Hillside Heights: Amarillo, TX – new SNF opened July 2013
- Bridgecrest Rehabilitation Suites: Houston, TX – new SNF anticipated opening November 2013
- Mira Vista Court: Fort Worth, TX – new SNF anticipated opening December 2013
- The Pavilion at Glacier Valley: Slinger, WI – new SNF anticipated opening December 2013

- Creekside Terrace Rehabilitation: Belton, TX – new SNF anticipated opening June 2014
- The Courtyards at Mansfield: Mansfield, TX – new SNF anticipated opening November 2014
- Woodlands Place: Denison, TX – new SNF anticipated opening October 2014
- Spring Valley SNF: Las Vegas, NV – new SNF anticipated opening September 2014
- Wigwam SNF: Henderson, NV – new SNF anticipated opening August 2014

**30. Provide the name of the person that signed the affidavit for this CON application and the source of the authority to sign for each applicant.**

Kam McGavock, President of St. Mary's Long Term Care, LLC

Please see Exhibit 20. Ken Tabler, Manager of St. Mary's Healthcare Realty, LLC, has signed the affidavit.

NOTE: This submission includes a modification to the original application in regard to design, square footage, and the Project Budget. The corrected Chart 1 (Exhibit 5) reflects this change. Exhibit 21 includes a revised Project Budget. Exhibit 22 includes a revised MVS analysis.

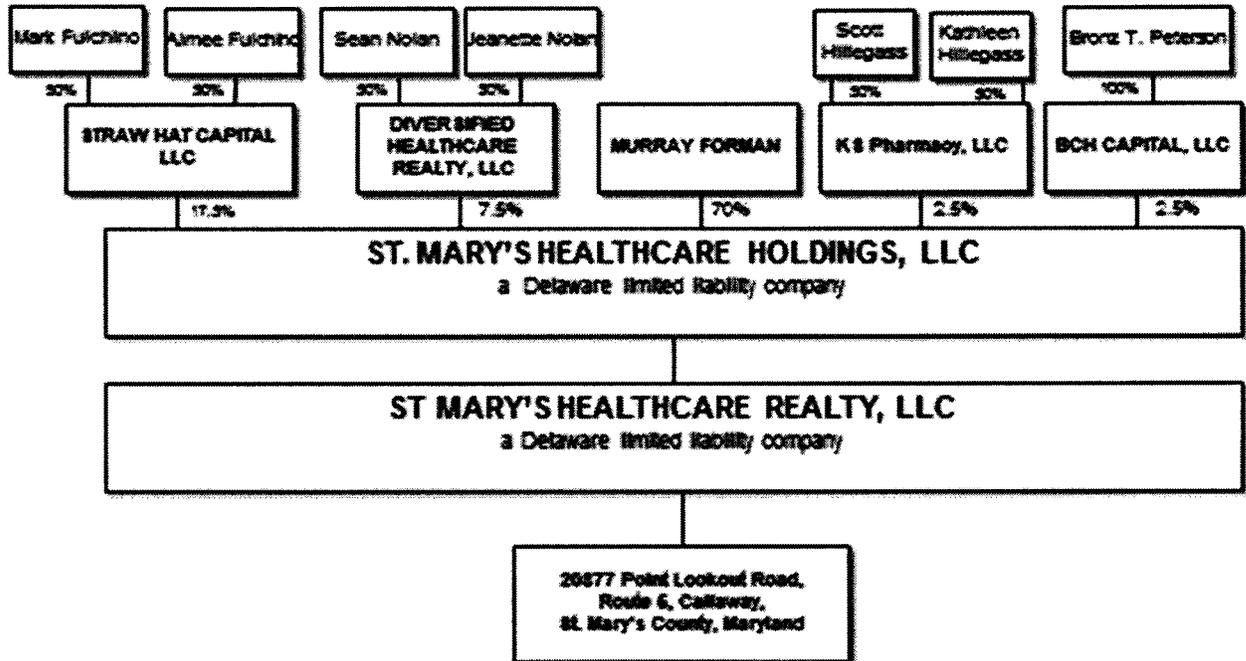
## **Exhibits**

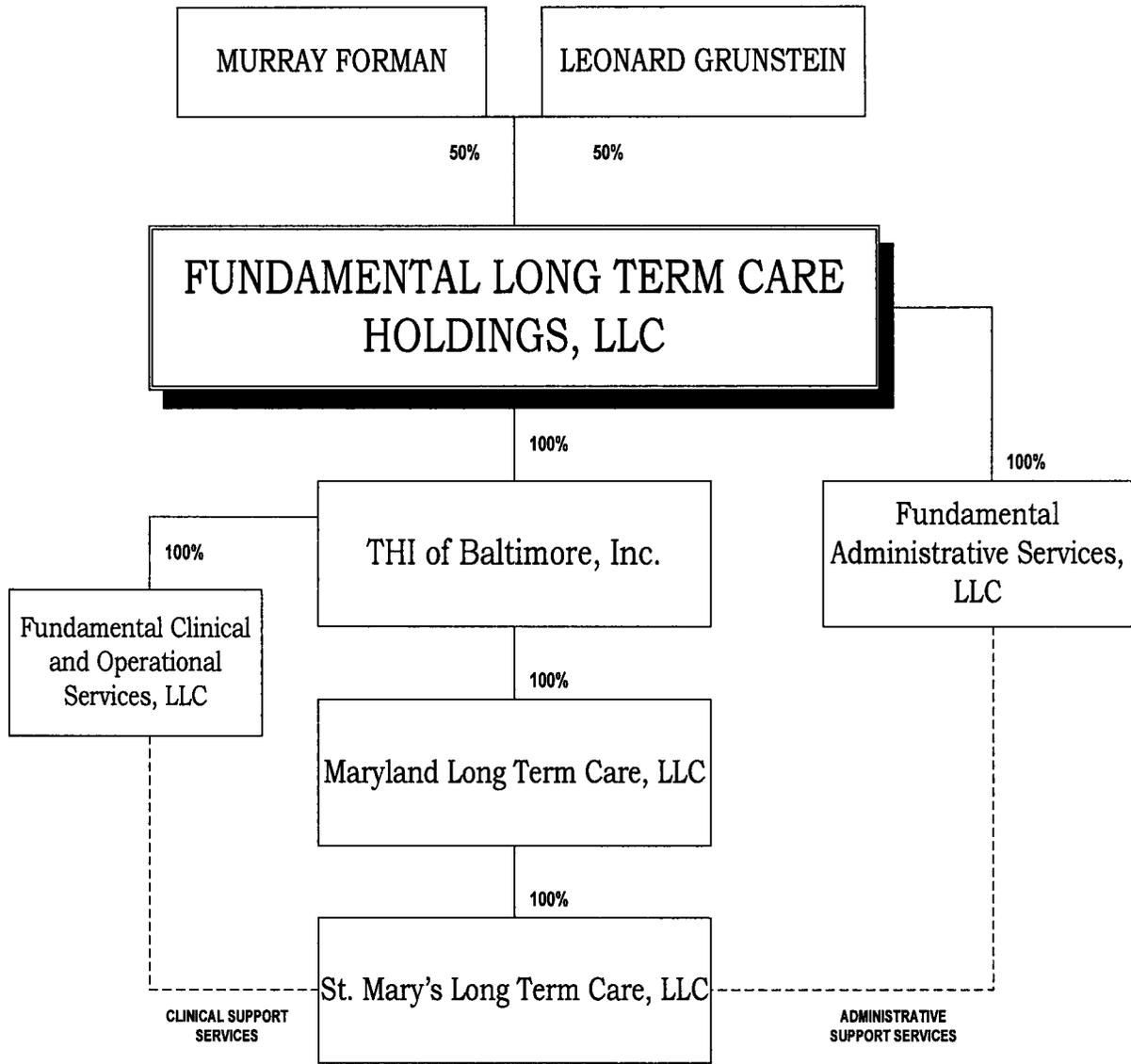
1. Ownership of SMLTC and Fundamental
2. FAS Services
3. FCOS Services
4. Policies, Procedures, and Other Documents Related To Diabetes, MSU, and Other Programs
5. Project Drawings
6. Corrected Chart 1
7. Example of Prospective Resident Handout
8. St Mary's Metropolitan Commission Letter
9. Letters of Support
10. Evidence of Quality
11. Updated Table 1
12. Evidence of Financial Resources
13. Evidence of Liquidity
14. Credit Agreement
15. Updated Table 3
16. Assumptions
17. Projected Revenue & Expenses for St. Mary's Healthcare Realty
18. St. Mary's County, MD Market Impact
19. Updated Table 6
20. Tabler Signature Page
21. Revised Project Budget
22. Revised MVS Analysis

## 23. Affirmations

**Exhibit 1**  
**Ownership of SMLTC and Fundamental**

# Organizational Structure of St. Mary's Healthcare Realty, LLC





**EXHIBIT 2**  
**FAS Services**

## **FAS Services**

(a) Provide the following payroll and personnel services to the Manager: administration of Employee payroll matters; administration and design of Employee benefits programs; management of a human resources program relating to Employee recruiting and retention; training of Employees; advice on Employee relations and related issues; management and design of the Employee incentive and bonus plans and other compensation programs; and establishment and management of retirement plans.

(b) Provide or secure from third party contractors all necessary telephones, computers, faxes, communications, intranet, internet, computer services, software systems, and other central network services and systems.

(c) Provide bookkeeping, accounting and related administrative support, budgeting, forecasting, financial analysis and reporting and maintaining separate books, records and accounts for the Manager reflecting its own revenues and expenses.

(d) Assist in securing insurance.

(e) Assist in connection with regulatory reporting and preparation of cost reports.

(f) Provide billing and collection services.

(g) Provide in-house legal counsel and related support, and assist in securing outside counsel as needed.

(h) Assist in obtaining and maintaining licensure and certification.

(i) Provide accounts payable services.

(j) Provide access to national contracts and other purchasing services.

(k) Provide advice regarding the Health Insurance Portability and Accountability Act.

(l) Assist in the preparation and filing of tax returns.

(m) Provide such other services as shall be mutually agreed upon by the Manager and Contractor.

**EXHIBIT 3**  
**FCOS Services**

## **FCOS Services**

(a) Assist Facility in complying with Facility's clinical policies, procedures and guidelines, and federal and state law.

(b) Provide an operational support team.

(c) Provide Interim Leadership teams (i.e. Interim Administrators and Directors of Nursing) for Facility when necessary. Individuals shall be appropriately licensed and shall act in an independent capacity when serving in an Interim role.

(d) Pursuant to 42 C.F.R. §483.75(d), provide an individual who will serve as a member of Facility's governing body. Individuals shall have the appropriate experience for the role and shall act in a capacity independent from his/her employment with Contractor.

(e) Provide such other services as shall be mutually agreed upon by Contractor and Manager.

**Exhibit 4**  
**Policies, Procedures, and Other Documents Related To Diabetes, MSU, and**  
**Other Programs**

## **MEDICAL SPECIALTY UNIT PROTOCOLS AND PROCEDURES**

**SUBJECT** Specialty Clinical Programming (Independent Clinical Enhancement, MSU, Recover You, CARF Accreditation)

### **PROTOCOL**

The Medical Specialty Unit (MSU) Development Team will provide an administrative structure through which facilities wishing to develop specialty programming, participate in the MSU program, graduate to the MSU Recover You status and/ or pursue CARF accreditation will be required to meet standardized criteria in order to enter into such endeavors and to be certified accordingly.

### **PROCESS**

1. Facilities wishing to develop clinical programming independent of the MSU program in order to work in collaboration with physician leadership and/or local healthcare providers may do so at the direction of their RVP/DVP. Facilities not pursuing programming under the MSU structure should not refer to their programs as specialty units/ programs and should not utilize MSU program materials to promote their clinical enhancements. When the clinical enhancements have proven to be viable and further programmatic development is indicated the facility should apply for acceptance into the MSU program. Facilities pursuing clinical development initiatives that include Orthopedic, Cardiopulmonary, Neurological or Renal program elements must do so under the MSU program structure as a formally recognized MSU facility.
2. Facilities applying to, or selected to participate in, the MSU program must submit a complete business plan to the MSU Development Team prior to initiation of MSU planning and development activities.
3. Facilities selected into the MSU program will be identified as an MSU Program Facility when they have initiated their work plan, have made material progress in each work plan domain and are a participant on the monthly MSU work plan review calls.
4. Facilities identified as an MSU Program Facility will continue to be identified as an MSU Program Facility until they have completed their work plan and have requested a Final MSU Scorecard completion visit from the MSU Development Team; at which time they will be identified as a Recover You Program Candidate Facility.
5. Facilities identified as a Recover You Program Candidate Facility will be identified as a fully certified Recover You Program Facility when they have achieved a score of 75% or above on the Final MSU Scorecard with no individual scorecard domain score below 50%.
6. Facilities wishing to pursue CARF accreditation should communicate their intent to their RVP/DVP who will then convey facility intent to MSU development team for evaluation and approval.

### **PROCEDURES**

1. Facilities pursuing clinical enhancements outside of the MSU structure should do so at the direction of the RVP/DVP in collaboration with FCOS Consultants as needed.
2. Facilities must submit MSU Business Plan to their respective RVP/DVP prior to initiating MSU work plan/ related development activities.
3. Facilities must demonstrate material progress in their work plan monthly, as discussed on the monthly MSU work plan review calls.
4. Facilities must complete the MSU work plan within 6 months of MSU work plan initiation.
5. Facilities must complete, or be in the process of completing, one full quarter of program level data collection and program level data analysis prior to requesting a Final MSU Scorecard completion visit from the MSU Development Team.
6. Facilities will be scheduled for a Mid-Term MSU Scorecard by the MSU Development Team as close as possible to the mid-point of program development.
7. Facilities must request a Final MSU Scorecard completion visit no later than 10 months after work plan initiation.
8. Facilities requesting approval to pursue CARF accreditation must communicate their intent to their RVP/DVP who must then communicate intent to the MSU Development Committee for consideration.
9. Facilities may only request approval to pursue CARF accreditation after they have successfully completed the MSU process and have achieved Recover You status.
10. Facilities not working within the formal MSU structure must not promote their independently pursued clinical enhancements as a medical specialty unit/ program.
11. Facilities working within the formal MSU process must not promote their program externally as a medical specialty clinical program until material progress has been made in their work plan, as discussed on the monthly MSU work plan review calls, and as permitted by their respective RVP in consultation with MSU Development Team members.
12. Facilities must not promote their program externally as a Recover You program, nor use Recover You program materials until their Final MSU Scorecard visit has been completed and they have achieved the minimum score as identified above and have received permission from the MSU Development Team.
13. Facilities not achieving the minimum score on the Final MSU Scorecard must demonstrate compliance in deficient areas within 3 months of scorecard date. Method of compliance verification will be determined by the MSU Development Team in consultation with facility administrator and facility RVP/DVP.
14. MSUs not initiating their MSU work plan and/or not participating in the monthly MSU work plan review calls within 45 days of notice of acceptance into the program may have their MSU status suspended and/ or be removed from the MSU program. Facilities suspended and/ or removed from the program will be required, at the direction of their DVP/RVP, to re-apply to the MSU program or demonstrate compliance with deficient elements.
15. MSUs not completing their MSU work plan within 6 months of work plan initiation or not requesting a Final MSU Scorecard Completion visit within 10 months of work plan initiation may have their MSU status suspended and/ or be

removed from the MSU program. Facilities suspended and/ or removed from the program will be required, at the direction of their DVP/RVP, to re-apply to the MSU program or demonstrate compliance with deficient elements.

16. MSU/ Recover You programs not submitting their quarterly reports to the MSU Development team in an ongoing, consistent and complete fashion may have their Recover You status suspended and/ or be removed from the MSU program. Facilities suspended and/ or removed from the program will be required, at the direction of their DVP/RVP, to re-apply to the MSU program or demonstrate compliance with deficient elements.

## **MEDICAL SPECIALTY UNIT PROTOCOLS AND PROCEDURES**

**SUBJECT**     Staff Education

### **PROTOCOL**

The medical specialty unit will establish an ongoing educational program for all specialty unit team members that allows for the advancement of individual and team skills as well as the establishment of the specialist unit identity in the community.

### **PROCEDURES**

1. Specifically the staff education program should allow for the following:
  - Independent team member research/ self education.
  - Regular team review/ discussion of current topics in chosen specialty area.
  - Networking with available community experts/ resources.
  - Collaboration with other specialty units in the Fundamental family of facilities.
2. Independent Education
  - a. Establish educational resource room for staff.
  - b. Acquire specialty specific association membership/ journals/ resources.
  - c. Acquire specialty specific textbooks and other clinical guides.
  - d. Encourage specialty specific certifications/ training for key team members.
3. Team Education
  - a. Establish regular (at least biweekly) team education sessions (i.e. Lunch and Learns, Journal Review Group, Physician lead in-services).
  - b. Select presenters for each session and determine session topics.
  - c. Establish and distribute education calendar.
  - d. Invite physician staff.
4. Community Education
  - a. Establish regular (monthly/ quarterly) community education sessions.
  - b. Select presenters from internal clinical team members, physician staff or vendor contacts.
  - c. Establish and distribute education calendar.
  - d. Invite community members to include sister facilities, referral sources, key vendors and previous patients/ families.
5. Fundamental Network
  - a. Invite other Fundamental specialty unit teams to participate in education programs.
  - b. Participate in other Fundamental specialty unit's educational programs.
  - c. Share information/ resources/ contacts and success stories with other Fundamental specialty units.

## **MEDICAL SPECIALTY UNIT PROTOCOL AND PROCEDURES**

**SUBJECT**     Quarterly Program Evaluation Meeting and Quarterly Reporting

### **PROTOCOL**

The Medical Specialty Unit will hold a quarterly program evaluation meeting to discuss patient satisfaction outcomes, clinical outcomes and ongoing program development. The outcomes reviewed and the programmatic items discussed will be communicated to all relevant internal stakeholders to include the Medical Specialty Unit Development Committee.

### **PROCEDURES - General**

1. At least quarterly the Medical Specialty Unit team or designated program evaluation committee team members should meet to analyze and evaluate program outcomes, program development, staff development, community relations and physical plant/ equipment related items.
2. At least quarterly, and no later than 30 days after the last day of each calendar quarter (April 30, July 30, October 30, January 30), the Medical Specialty Unit program manager or designee should submit (via email) to all internal stakeholders, a quarterly program evaluation report based on the data collection, data analysis, discussion, action planning and required follow up from the quarterly meeting and as described in #3 and #4 below.
3. Data collection, data analysis and data dissemination should be performed according to the Clinical Outcome Management Protocol and the Patient Satisfaction Measurement Protocol contained in the Medical Specialty Unit Program Manual.
4. Data should be consolidated, analyzed, summarized and disseminated using the Clinical Outcome Tracking Excel spreadsheet, the Customer Satisfaction Tracking Excel spreadsheet and the Quarterly Program Evaluation Meeting Minutes template contained in the Medical Specialty Unit Program Manual.

### **PROCEDURES – Data Tracking Tools/ Minutes Template**

1. The data tracking tools should be used to track:
  - a. Patient satisfaction surveys received in the respective quarter reported.
  - b. Patient clinical outcomes for patients discharged in the respective quarter reported.
2. Data entry and analysis instructions are contained in the spreadsheet and are indicated by a red triangle in the top right corner of a cell. Holding cursor over the cell will reveal specific instructions.
3. All green areas of spreadsheet require facility entry of information (if not already entered) or patient specific data entry.

**MEDICAL SPECIALTY UNIT  
PROTOCOL AND PROCEDURES**

**SUBJECT**    Quarterly Program Evaluation Meeting and Quarterly Reporting

**PROCEDURES – Data Tracking Tools/ Minutes Template** Continued

4. All blue areas of spreadsheet contain formulas or pre-entered values and are protected. These areas should not be modified unless approval is received from Medical Specialty Unit Development Committee.
5. Note tabs at bottom of the Excel workbook. Data should be separated per quarter. Actual program data should not be entered on the example tab.
6. On the Clinical Outcomes Tracking spreadsheet:
  - a. Functional outcomes will be included for all specialty units but the tool, scale and descriptors used will vary depending on therapy contract provider used and/ or the Functional Outcome Measurement Tool used and must be entered or updated as necessary.
  - b. The two other Medical Outcome domains will be specific to each specialty unit and should reflect the chosen specialty unit specific outcomes selected for program evaluation.
7. On the Customer Satisfaction Tracking template:
  - a. Customer satisfaction surveys will be used by all specialty units but the tool, scale and descriptors will vary depending on the survey used and must be entered or updated as necessary.
8. On the Program Evaluation Meeting Minutes template:
  - a. The specialty unit secretary should maintain accurate and detailed notes of all discussion occurring at the quarterly meeting. These notes should be entered into the minutes template in the appropriate sections.
  - b. Any items requiring follow up should be carried forward to next meeting under old business. Items listed as old business should continue to be carried forward in subsequent meetings until items have been resolved, tabled or dismissed.

# FUNDAMENTAL MEDICAL SPECIALTY UNIT SCORECARD

System	Raw Score	%
Communication	0	0
Clinical Program	0	0
Marketing	0	0
Physical Plant	0	0
Continuing Education	0	0
Outcome Measure	0	0
Staffing	0	0
Equipment	0	0
<b>Result</b>	<b>0</b>	<b>0.0</b>

**Facility:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Reviewer:** \_\_\_\_\_  
**Reviewer:** \_\_\_\_\_

**Result Key**

800-1000/ 90-100%	Excellent Systems/ Unit Readiness, Minor Recommendations Made
750-890/ 75-89%	Very Good Systems/ Unit Readiness, Minor Adjustments Required
600-740/ 60-74%	Fair Systems/ Unit Readiness, Moderate Adjustments Required
510-590/ 51-59%	Poor Systems/ Unit Readiness, Substantial Adjustments Required
<500/ <50%	Substandard Systems/ Unit Readiness, Widespread Adjustments Required

**MSU Leadership Team**

NHA:	
MD:	
DCN:	
BOR:	
OTHER:	

System	Specific Findings	Date Due	Person Responsible
Communication			
Clinical Programming			
Marketing			
Physical Plant			
Continuing Education			
Outcome Measurement			
Staffing			
Equipment			

System	Points	Met/Y/N	Actual	Points	Met/Y/N
<b>Communication</b>	<b>25</b>	<b>Met/Y/N</b>	<b>0</b>	<b>25</b>	<b>Met/Y/N</b>
1. Is business plan complete and accurate	15			15	
2. Is the specialty unit scope of care clearly identified	10			10	
3. Is a Charter of Patient Rights/ Mission statement clearly identified	10			10	
4. Has the MSU Readiness Checklist been utilized to verify/ assess team readiness	15			15	
5. Has the workplan been updated regularly and communicated internally/ externally	15			15	
6. Is the facility conducting regular team planning and program development meetings/ calls.	15			15	
<b>Total Points Possible/ Actual</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>0</b>

System	Points	Met/Y/N	Actual	Points	Met/Y/N
<b>Marketing</b>	<b>15</b>	<b>Met/Y/N</b>	<b>0</b>	<b>15</b>	<b>Met/Y/N</b>
1. Has a marketing plan been established and implemented	15			15	
2. Does the plan include customer service training for all employees	15			15	
3. Does the plan address the facility physical plant and aesthetic	15			15	
4. Does the plan incorporate elements of program branding (program name, signage, promotional materials)	15			15	
5. Does the plan include advertising and promotional elements (brochures, leave behinds)	15			15	
6. Does the plan include initial public relations events and activities (physician lunch, open house)	15			15	
7. Does the plan include market research activities (physician satisfaction, community needs etc)	15			15	
8. Does the plan include ongoing community outreach (health fairs)	15			15	
9. Does the plan include ongoing medical community outreach (utilization of outcomes, patient satisfaction)	15			15	
<b>Total Points Possible/ Actual</b>	<b>135</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>0</b>

System	Points	Met/Y/N	Actual	Points	Met/Y/N
<b>Continuing Education</b>	<b>20</b>	<b>Met/Y/N</b>	<b>0</b>	<b>20</b>	<b>Met/Y/N</b>
1. Have physician staff in-services/ training been established	20			20	
2. Have peer lead staff in-services/ training been established	20			20	
3. Have vendor/ supplier lead in-services/ training been established as appropriate/ needed	20			20	
4. Have clinical team leaders initiated pursuit of/ obtained program specific certification as available	20			20	
5. Has a staff education/ resource room been established	20			20	
6. Has the facility encouraged/ facilitated self directed clinical development	20			20	
<b>Total Points Possible/ Actual</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>0</b>

System	Points	Met/Y/N	Actual	Points	Met/Y/N
<b>Outcome Measurement</b>	<b>40</b>	<b>Met/Y/N</b>	<b>0</b>	<b>40</b>	<b>Met/Y/N</b>
1. Has the facility established a system of data collection for key clinical program outcomes	25			25	
2. Has the facility established a system data collection for key patient satisfaction outcomes	25			25	
3. Has the facility established a system of data collection for referral source satisfaction outcomes	25			25	
4. Has the facility established a system of data collection for key post discharge outcomes	25			25	
5. Has the facility established a format for utilizing outcomes obtained for program improvement	25			25	
6. Has the facility established a format for sharing outcomes data and analysis int/ externally	20			20	
<b>Total Points Possible/ Actual</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>0</b>

## FUNDAMENTAL MEDICAL SPECIALTY UNIT SCORECARD

	Total Points Possible/ Actual	Points	Met/YN	0	Total Points Possible/ Actual	Points	Met/YN
<b>Staffing</b>							
1. Does the unit have an identified physician team leader with rehab specific credentials/ experience		20					
2. Does the unit have an identified nursing team leader with rehab specific credentials/ experience		20					
3. Does the unit have an identified therapy team leader with unit specific experience		20					
4. Does the unit have dedicated nursing staff with unit specific experience and documented competencies		20					
5. Does the unit have appropriate consulting staff per the FCOS Clinical Care Map		20					
6. Does the unit have appropriate resources and external supports per the FCOS Clinical Care Map		20					
<b>Total Points Possible/ Actual</b>		<b>120</b>		<b>0</b>		<b>160</b>	<b>0</b>

**Equipment**

1. Does the facility have a clearly established equipment inventory and needs list							
2. Has the facility prioritized the equipment needed based on an objective assessment process							
3. Has the facility conducted equipment specific training with competencies							
4. Has the facility obtained equipment specific input from all key stakeholders							
<b>Total Points Possible/ Actual</b>		<b>80</b>		<b>0</b>		<b>80</b>	<b>0</b>

**General Comments**

## **Program Criteria**

The MSU, although a distinct program line with distinct programming and staffing, shall be integrated into the overall structure of the standing facility from a regulatory, compliance and general Fundamental clinical, operational and support structure standpoint. All local, state, federal and Fundamental requirements and guidelines also apply to the MSU. The program requirements listed below are the MSU specific requirements and are the essential minimum requirements expected in the unit.

### **General Program Requirements**

#### **Physical Plant**

1. A distinct and separate unit within the facility with a separate means of entry and exit that do not require extensive co-mingling of patients, caregivers and staff with general facility population.
2. Patient accommodations that are fresh, innovative, private, spacious and aesthetically pleasing.
3. Rehabilitation gym and treatment areas that are spacious, well equipped and effectively designed to allow for the provision of comprehensive treatment programs ranging from pre operative/ preadmission teaching programs through to follow up clinics and out patient therapy services.

#### **Marketing**

1. Separate marketing materials and promotional items that promote the MSU and its programming to the medical community and the general public.
2. MSU specific program/ unit name with effective internal and external signage.

#### **Staffing**

1. Physician oversight by a physician with rehabilitation specific experience and formal training or experience in a rehabilitation related field (physiatry, orthopaedics, neurology).
2. Dedicated staff that have advanced skills in the area of specialty.
3. 24 hour registered nurse oversight.
4. Designated nursing program manager with CRRN certification or eligibility for CRRN certification.
5. Availability of full complement of Rehabilitation personnel (PT/OT/SLP)
6. Availability of social worker, registered dietician, respiratory therapist.
7. Availability through consultation as needed the services of neuropsychology, psychology, vocational rehabilitation counselor, chronic disease management specialist and smoking cessation counselor.

8. Availability through consultation as needed the services of durable medical equipment and specialty rehabilitative equipment vendors and specialists.
9. Clinical staff certified in basic life support (BLS), and other certifications depending upon the clinical indications of the unit (i.e. ACLS).
10. Staff competency evaluation and staff education programs.
11. MSU program development team comprised of key team leaders, administrator, marketing professional, staff development coordinator and the MSU consultation team (FCC team members).

#### Program Composition

1. Pre-operative/ pre admission teaching programs/ clinics in cooperation with key referring physicians.
2. Focused patient and caregiver facility orientation and materials.
3. Comprehensive rehabilitation therapy and nursing programs guided by carefully designed and population specific care maps/ clinical protocols.
4. Comprehensive risk factor modification and comorbidity management program that addresses patient's primary risk factors and barriers to general health and wellness.
5. Patient and caregiver community resource materials.
6. Patient and caregiver support group services.
7. Outpatient rehabilitative services as necessary for specific population.
8. Weekly physician rounds and case conferencing.
9. Weekly / monthly staff education programs and educational resource availability.
10. Clinical outcome measurement system capable of capturing key clinical outcomes and generating consolidated reports for marketing and program development.
11. Customer satisfaction tool that is capable of measuring customer satisfaction in the MSU population and generating consolidated reports for marketing and program development.
12. Customer 90 day follow up tool and system for administering (via phone call or letter) that is capable of assessing patient status post discharge from facility and system to consolidate this data for outcomes analysis and program development.

# Medical Specialty Unit Work Plan

Date work plan initiated: \_\_\_\_\_

TOPIC	DISCUSSION	% COMPLETE	RESPONSIBLE PARTY/DUE DATE	STATUS/UPDATE
<b>Organizational</b>				
Business plan completed and shared with team				
Target Date for Completion:	(Recommended Target Date for Completion: Prior to work plan initiation as part of business plan)			
Target patient population/ program focus (Scope of care) identified with accompanying patient admission criteria established				
Target Date for Completion:	(Recommended Target Date for Completion: 7 days post work plan initiation)			
Program mission statement / patient charter established				
Target Date for Completion:	(Recommended Target Date for Completion: 7 days post work plan initiation)			
Team goals established				
Target Date for Completion:	(Recommended Target Date for Completion: 7 days post work plan initiation)			
Weekly MSU Team Meeting Date/ Time and Call in number established (for consulting staff)				
Target Date for Completion:	(Recommended Target Date for Completion: 7 days post work plan initiation)			
<b>Physical Plant</b>				
Room renovations completed				

<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 90 days post work plan initiation)</b>	
Rehabilitation gym renovations completed			
<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 90 days post work plan initiation)</b>	
Unit entrance/facility entrance, lighting/ nursing station renovations completed			
<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 90 days post work plan initiation)</b>	
Patient / family multimedia/ education room established			
<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 30 days post work plan initiation)</b>	
Facility internal / external signage reviewed and redesigned			
<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 60 days post work plan initiation)</b>	
Regulatory/ compliance/ licensure specific requirements identified/ discussed and addressed			
<b>Target Date for Completion:</b>		<b>(Recommended Target Date for Completion: 14 days post work plan initiation and/ or prior to renovation plan finalization)</b>	
<b>Equipment</b>			
Therapy assessment, treatment and teaching equipment (as identified for specific specialty population)			

identified, ordered, installed.					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)					
Nurse/ RT assessment, treatment and teaching equipment (as identified for specific specialty population) identified, ordered, installed.					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)					
Physician assessment, treatment and teaching equipment (as identified for specific specialty population) identified, ordered, installed.					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)					
Social Services, Psychology, Dietary and other discipline specific assessment, treatment and teaching equipment (as identified for specific specialty population) identified, ordered, installed.					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)					
<b>Staffing</b>					

MSU program manager identified/ in place					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 14 days post work plan initiation)</i>				
Nursing program manager for MSU identified/ in place					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 7 days post work plan initiation)</i>				
Rehabilitation director identified/ in place					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 7 days post work plan initiation)</i>				
Physician medical director identified/ in place and provided with clear role expectations					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 30 days post work plan initiation)</i>				
Dedicated unit clinical staff identified/ in place and participating in MSU development					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 30 days post work plan initiation)</i>				
Other specialty staff/ consultants identified and available (Vocational Rehabilitation, Psychology, RT)					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 30 days post work plan initiation)</i>				
<b>Marketing</b>					
Program name established					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 30 days post work plan initiation)</i>				
Physician / medical staff promotional					

brochures developed				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)				
Patient/ community promotional brochures developed				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)				
Program promotional items (pens/ mugs etc) selected/ ordered				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)				
Key community physicians/ hospital systems identified				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 30 days post work plan initiation)				
Office visits/ lunches scheduled for above identified physicians/ hospital systems				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 90 days post work plan initiation)				
Program operational, clinical and/or individual patient success data available and in 'marketable' format				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 30 days post program inception)				
Unit opening/ open house scheduled with invitations sent to key community medical staff and				

promotion within community completed					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 180 days post work plan initiation)					
Ongoing community outreach/marketing activities discussed/planned					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: Quarterly frequency initiated within 90 days of program inception)					
Customer service training program established for team members to include customer relations and medical field professionalism/communication					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 30 days post work plan initiation)					
<b>Clinical Education</b>					
Weekly team educational meetings scheduled to review specialty specific clinical material (journal review/ lunch and learns/ case studies/ guest presenters etc)					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 30 days post work plan initiation)					
MSU Module materials (care maps, program outlines etc)					

reviewed and used to identify challenge areas or areas requiring further team education or program growth					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 45 days post work plan initiation)					
Specialty specific staff certifications identified/ researched and arranged for					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 90 days post work plan initiation)					
Key vendors of specialty specific equipment/ services contacted for education/ training opportunities					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 120 days post work plan initiation)					
Contact with sister facilities and key regional/ FCC team members established for support as needed					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 60 days post work plan initiation)					
Contact established with local and national specialty specific support groups					
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 90 days post work plan initiation)					
Association/ disease specific journal subscription(s) established for					

ongoing team education				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 90 days post work plan initiation)				
Designated MSU staff competency evaluation program implemented				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 120 days post work plan initiation)				
<b>Clinical Programming</b>				
Core specialty specific program elements and/ or staff competencies identified (i.e. services that are to differentiate unit and establish identity as specialty specific unit)				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 14 days post work plan initiation)				
Top three specialty specific disease processes (by volume and/ or physician designation) to be treated identified.				
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 14 days post work plan initiation)				
Clinical care maps established (based on templates in MSU module)/ approved by physician program director for each of three primary disease processes identified above				

<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 90 days post work plan initiation)			
Specialty specific preadmission/ admission and discharge teaching materials developed			
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 120 days post work plan initiation)			
Top three specialty specific comorbidity disease processes (by volume and/ or physician designation) to be treated identified.			
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 30 days post work plan initiation)			
Comorbidity treatment tracks established (based on templates in MSU module)/ approved by physician program director for each of three primary disease processes identified above			
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 150 days post work plan initiation)			
Discipline specific protocols established for specialty specific assessment and treatment practices			
<b>Target Date for Completion:</b> (Recommended Target Date for Completion: 120 days post work plan initiation)			
Top five specialty specific patient education topics			

(based on research/physician direction) identified					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 30 days post work plan initiation)</i>				
Patient and caregiver support/education group established to provide education on specialty specific topics identified above at a frequency that is determined, in part, by average patient LOS.					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 90 days post work plan initiation)</i>				
Team conference/patient rounding process established					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 150 days post work plan initiation)</i>				
Specialty specific documentation forms and methods developed/identified.					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 90 days post work plan initiation)</i>				
<b>Outcomes Management</b>					
Key clinical patient level outcomes for measurement/collection established (i.e. physical function, pain, anxiety, QOL)					
Target Date for Completion:	<i>(Recommended Target Date for Completion: 60 days post work plan initiation)</i>				



**Break Out Session– Social Services**

<u>DISCUSSION</u>	<u>ACTION ITEMS</u>
<p>1. Review role of Social Services specific to MSU.</p>	
<p>2. Review key clinical elements of MSU model to be facilitated by Social Services.</p> <ul style="list-style-type: none"> <li>• Lifestyle modification/ behavior change</li> <li>• Social support/ community integration</li> <li>• Chronic disease self-management</li> <li>• Post discharge follow up</li> </ul>	
<p>3. Review key outcome measures to be managed by Social Services.</p> <ul style="list-style-type: none"> <li>• Patient satisfaction</li> <li>• Quality of life</li> <li>• Anxiety/ depression</li> </ul>	
<p>4. Review educational topics to be provided by Social Services (staff/ patients).</p> <ul style="list-style-type: none"> <li>• Psychosocial model of healing</li> <li>• Stress/ depression/ anxiety management</li> <li>• Coping mechanisms in disability</li> <li>• Spirituality in physical medicine</li> <li>• Chronic disease self-management</li> </ul>	
<p>5. Review patient comorbidity tracks to be developed/ facilitated by Social Services.</p> <ul style="list-style-type: none"> <li>• Anxiety/depression</li> </ul>	

**Break Out Session – Nursing**

<u>DISCUSSION</u>	<u>ACTION ITEMS</u>
<p>1. Review role of Nursing specific to MSU.</p> <p>2. Review key clinical elements of MSU model to be facilitated by Nursing. In collaboration with physician medical director:</p> <ul style="list-style-type: none"> <li>• Primary/ secondary condition management</li> <li>• Medication management/ adherence</li> <li>• Condition specific risk factor/ life style modification</li> <li>• Condition specific patient self-management</li> <li>• Comorbidity management</li> <li>• Caregiver education</li> </ul>	
<p>3. Review key outcome measures to be managed by Nursing.</p> <ul style="list-style-type: none"> <li>• Primary condition resolution/ stabilization (% success/ rate of recovery)</li> <li>• Patient knowledge of condition/ comorbidities/ risk factor modification/ condition self-management</li> <li>• Re-hospitalizations</li> <li>• Acquired conditions / complications post admission</li> </ul>	
<p>4. Review educational topics to be provided by Nursing (staff/ patients).</p> <ul style="list-style-type: none"> <li>• Medication management/ pharmacology</li> <li>• Condition presentation, symptoms, complications, signs of exacerbation, acute condition management</li> <li>• Vitals/ lab value/ diagnostic testing result</li> </ul>	

<p>interpretation and management</p> <ul style="list-style-type: none"> <li>• Comorbidity condition presentation, symptoms, complications, signs of exacerbation, management</li> <li>• Pain Management</li> </ul>	
<p>5. Review patient comorbidity tracks to be developed/ facilitated by Nursing.</p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Diabetes</li> </ul>	

Break Out Session – Therapy

DISCUSSION	ACTION ITEMS
<p>1. Review role of therapy disciplines specific to MSU.</p> <p>2. Review key clinical elements of MSU model to be facilitated by therapy disciplines.</p> <ul style="list-style-type: none"> <li>• Functional impairment management</li> <li>• Exercise prescription/ cardiovascular re-conditioning</li> <li>• Community reintegration</li> <li>• Lifestyle modification/ compensatory strategies</li> <li>• Adaptive equipment prescription</li> <li>• Caregiver education</li> <li>• Environmental modification/ home evaluation</li> <li>• Problem solving/ executive function</li> </ul>	
<p>3. Review key outcome measures to be managed by Therapy.</p> <ul style="list-style-type: none"> <li>• Functional limitation resolution (% success/ rate of)</li> <li>• Cardiopulmonary conditioning/ activity tolerance</li> </ul>	
<p>4. Review educational topics to be provided by Therapy (staff/ patients).</p> <ul style="list-style-type: none"> <li>• Condition specific activity prescription/ precautions</li> <li>• Community reintegration</li> <li>• Breathing mechanics/ control of breathing</li> <li>• Energy conservation/ lifestyle adaptation</li> <li>• Patient mobilization/ mobility training techniques</li> </ul>	

	<ul style="list-style-type: none"><li>• General health and wellness/ lifestyle modification</li></ul> <p>5. Review patient comorbidity tracks to be developed/ facilitated by Therapy.</p> <ul style="list-style-type: none"><li>• Debility/ sedentary lifestyle</li><li>• Obesity (in collaboration with dietary)</li></ul>	
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**Break Out Session – Respiratory Therapy**

<u>DISCUSSION</u>	<u>ACTION ITEMS</u>
<ol style="list-style-type: none"> <li>1. Review role of Respiratory Therapy specific to MSU.</li> <li>2. Review key clinical elements of MSU model to be facilitated by RT.                             <ul style="list-style-type: none"> <li>• Advanced respiratory condition medical management (in collaboration with Nursing and Physician MSU Director)</li> <li>• Respiratory medication management/ adherence (in collaboration with Nursing and Physician MSU Director)</li> <li>• Bronchial hygiene</li> <li>• Oxygen therapy</li> <li>• Ventilator/ tracheostomy management</li> <li>• Risk factor modification and exacerbation prevention</li> <li>• Comorbidity management</li> <li>• Caregiver education</li> <li>• Smoking cessation</li> </ul> </li> <li>3. Review key outcome measures to be managed by RT.                             <ul style="list-style-type: none"> <li>• Primary condition resolution/ stabilization (% success/ rate of recovery)</li> <li>• Patient knowledge of respiratory condition/ comorbidities/ risk factor modification/ condition</li> </ul> </li> </ol>	

<p>self-management</p>	<p>4. Review educational topics to be provided by RT (patients/ staff).</p> <ul style="list-style-type: none"> <li>• Respiratory medication management/ pharmacology</li> <li>• Respiratory condition presentation, symptoms, complications, signs of exacerbation/ decline, acute condition management</li> <li>• Respiratory specific vitals/ lab value/ diagnostic testing result interpretation and management</li> <li>• Oxygen therapy</li> <li>• Bronchial hygiene</li> <li>• Ventilatory mechanics/ gas exchange/ control of breathing/ dyspnea management</li> <li>• Respiratory equipment</li> </ul> <p>5. Review patient comorbidity tracks to be developed/ facilitated by RT.</p> <ul style="list-style-type: none"> <li>• Nicotine addiction</li> </ul>
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**Break Out Session – Dietary**

<b><u>DISCUSSION</u></b>	<b><u>ACTION ITEMS</u></b>
<p>1. Review role of Nutrition/ Dietary specific to MSU.</p>	
<p>2. Review key clinical elements of MSU model to be facilitated by Nutrition/ Dietary.</p> <ul style="list-style-type: none"> <li>• Condition specific nutritional assessment</li> <li>• Diet/ nutrition prescription</li> <li>• Caregiver education</li> <li>• Nutrition specific lifestyle modification/ behavior change</li> </ul>	
<p>3. Review key outcome measures to be managed by Nutrition.</p> <ul style="list-style-type: none"> <li>• Patient knowledge of role diet plays in primary condition management/ comorbidity management/ risk factor modification</li> <li>• Follow up weight management/ BMI outcomes</li> </ul>	
<p>4. Review educational topics to be provided by Dietary.</p> <ul style="list-style-type: none"> <li>• Condition specific diet and nutrition</li> <li>• Lifestyle modification/ behavior change related to nutritional health</li> </ul>	
<p>5. Review patient comorbidity tracks to be developed/ facilitated by Nutrition/ dietary.</p> <ul style="list-style-type: none"> <li>• Obesity</li> </ul>	

**Break Out Session – Program Manager**

<u>DISCUSSION</u>	<u>ACTION ITEMS</u>
<p>1. Review role of MSU Program Manager – See Job Description</p> <p>2. Review key elements of MSU model to be facilitated by Program Manager</p> <ul style="list-style-type: none"> <li>• Work plan</li> <li>• Clinical program map/ discipline specific elements</li> <li>• Project delegation</li> <li>• Weekly MSU team planning/ development meeting</li> <li>• Monthly team educational in services/ calendar</li> <li>• Weekly patient education/ support group meeting</li> <li>• Weekly clinical team patient review meeting/ rounds</li> <li>• Clinical care map use</li> <li>• Equipment/ resource needs</li> <li>• Program evaluation measures</li> <li>• Customer satisfaction measurement</li> <li>• Post discharge patient contact method</li> <li>• Community outreach initiatives</li> <li>• Business development liaison</li> <li>• Outcome tracking method</li> </ul>	

<ul style="list-style-type: none"> <li>• Program evaluation method</li> </ul>	
<p>3. Review key outcome measures to be managed by Program Manager</p> <ul style="list-style-type: none"> <li>• Core clinical measures</li> <li>• Patient/ referral source satisfaction</li> <li>• MSU census/ occupancy</li> </ul>	
<p>4. Review educational topics to be provided by program manager (staff)</p> <ul style="list-style-type: none"> <li>• Education/ staff development</li> <li>• Cardiac and pulmonary rehabilitation</li> <li>• Customer service</li> <li>• Outcomes management/ analysis</li> </ul>	
<p>Notes/ Other:</p>	



**Diabetes Specialty Facility  
"DSF" Criteria**

**Diabetes Center OF Excellence  
"DCOE" Criteria**

**Program Elements**

**DSF Criteria**

DSF # 1 HgbA1C Monitoring

Every Resident has a HgbA1C Goal; HgbA1c Monitored every 6 months  
Document A1C Goal on General Diabetes Flow Sheet. Document Clinical Interventions and Clinical Approach in Care Plan as how to achieve A1C goal

**DCOE Criteria: Differences are Underlined**

A1C Monitored every 3 months  
Every Resident has an A1C Goal  
Every Resident is at Goal (or actively pursued). Must document clinical plan in Care Plan to maintain A1C goal.

DSF # 2 BP Monitoring

Daily first 3 days of a Custodial Stay  
and as ordered by MD

Same as DSF

DSF # 3 Comprehensive Eye Exam

Annual

Same as DSF

DSF # 4 Lipid Monitoring

Annual

Same as DSF

DSF # 5 GFR - Nephropathy Assessment  
(GFR or CrCl)

Annual

Same as DSF

DSF # 6 Foot Exam

Annual Neurological Exam by Qualified Medical Professional  
Nursing Assessments (refer to Flow Sheet)  
- Circulatory Foot Exam (upon admission and qtrly)  
- Visual Foot Exam (upon admission and qtrly)  
Document all results on Flow Sheet and in Care Plan

Same as DSF

DSF # 7 Facility Education

All new Nursing hires receive Insulin Pen Training during orientation.  
Two nurses must complete Univ of Pitts Diabetes Course and serve as Trainers/Program Directors (Facility must always have 2 nurses who have completed the course on staff)  
Quarterly Training (Calendar Qtr) for Facility Clinical Staff on Diabetes (30 minutes minimum)

Monthly Training (Calendar Month) for Facility Clinical Staff

DSF # 8 General Diabetes Flow Sheet  
(NovoNordisk)

Completed for all new diabetic admissions and incorporated into Care Plan  
Share findings with short-stay residents e.g. need for an eye exam or better foot care after discharge. Consider providing NovoNordisk "Map Your Course" handout along with General Diabetes Flow Sheet for rehab discharges.  
Flow Sheet is updated regularly and signed off Quarterly by Physician

Same as DSF

DSF # 9 Modifiable Health Risk  
Assessment (NovoNordisk)

Completed for all new diabetic admissions. Updated every 6 months and reviewed with resident  
Updated upon discharge if completed > 30 days previously. Copy provided to resident / responsible party upon discharge to educate resident of benefits of managing their diabetes and to share with their physician

Same as DSF

DCOE Specific

DCOE Specific Element: Long Term Residents are free of "avoidable" Hypoglycemic Events

DCOE Specific

DCOE Specific Element: Quarterly Community Outreach

Updated: January 2013 - supersedes all previous versions  
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**Program Elements**

**DSF Criteria for Rehab Facilities**

DSF # 1	HgbA1C Monitoring	Document A1C results on General Diabetes Flow Sheet. A1C value from preceding hospital stay is acceptable. If no A1C is found, order upon admission. Meet with Resident and Physician to set an A1C goal and suggest that they monitor every 3 months if unstable or below goal, every 6 months if stable or at goal.
DSF # 2	BP Monitoring	Daily for the first three days of stay and then as ordered by MD
DSF # 3	Comprehensive Eye Exam	Document date of last comprehensive eye exam and recommend yearly exams
DSF # 4	Lipid Monitoring	Document lab values of last lipid levels and recommend yearly labs. Lab values from preceding hospital stay are acceptable. If no lipid labs are found, order upon admission.
DSF # 5	GFR - Nephropathy Assessment (GFR or CrCl)	Document lab values of last GFR and/or CrCl and recommend yearly labs (order GFR or CrCl. Lab values from preceding hospital stay are acceptable. If not found, order upon admission.
DSF # 6	Foot Exam	Nursing Assessments to be completed during Rehab Stay (refer to Flow Sheet) - Visual Foot Exam - Circulatory Foot Exam Document all results on Diabetes Flow Sheet and in Care Plan. Educate resident on value of regular foot care. Recommend Annual Neurological Foot Exam by Qualified Medical Professional
DSF # 7	Facility Education	Two nurses must complete Univ of Pitts Diabetes Course and serve as Trainers/Program Directors (Facility must always have 2 nurses who have completed the course on staff) Quarterly Training for Facility Clinical Staff on Diabetes (30 minutes minimum) Monthly Condensed / Refresher Training for Clinical Staff (5 - 10 minutes) Incorporate Insulin Pen Training into Nursing Orientation
DSF # 8	General Diabetes Flow Sheet (NovoNordisk)	Completed for <u>all</u> new diabetic admissions and incorporated into Care Plan. Share findings with rehab residents e.g. need for an eye exam or better foot care after discharge. Provide resident with a copy of NovoNordisk "Map Your Course" document as an educational tool. Amend BP monitoring on document to state "monitor BP regularly".
DSF # 9	Modifiable Health Risk Assessment (NovoNordisk)	Completed for <u>all</u> new diabetic admissions. Copy provided to resident / responsible party upon discharge to educate resident of benefits of managing their diabetes and to share with their physician
DSF # 10	Resident Take-Aways upon Discharge	(1) NovoNordisk General Diabetes Flowsheet (2) NovoNordisk "Map Your Course" Handout (3) NovoNordisk Modifiable Health Risk Assessment