HOME HEALTH AND HOSPICE CARE, INC.
Board of Directors Compliance and Quality Committee Meeting Minutes
Quarterly Summary April-June 2025
Corporate Office-Virtual
August 11, 2025 at 5:30pm

Attendance: Shirley Harkey, Lauren Carr Wiggs, Jennifer Whitley, Kristy Grady, Jamie Simmons, Darrell Brown, Stephanie Harris
Absent: Donna Lake, Nicole Frost, Jay Carraway, Greg Eloshway

1. **Summary of the Meeting Opening**
    a. S. Harkey called the meeting to order at 5:30 pm.
    b. The meeting was conducted virtually via Microsoft Teams.
    c. Documents were sent to the Committee for review prior to the meeting.
    d. S. Harkey presented the May 12, 2025 Meeting Minutes and made a motion to approve the minutes.
    e. L. Wiggs made a 2nd motion to approve the meeting minutes as presented.
    f. Agenda items were reviewed and discussed as noted.

2. **Complaints/Allegations/Hot Line Call Summary**
    a. There were no hotline calls. The hotline was tested this quarter and is working properly.
    b. Investigations:
        i. 1 external concern/investigation.
            1. Alleged theft
            2. Daughter accused aide of taking cash, HSA card and EBT card from patient.
            3. Internal Investigation
            4. Report to DHHS
            5. Unsubstantiated
            6. Further discussion of 3HC protocol that any patient/caregiver who suspect theft is asked to notify the police. In this case, the patient/caregiver declined to notify the police of the allegation.

3. **Regulatory Updates/What's New**
    a. EVV-October 1, 2025
    b. OASIS All Payer Submission-July 1, 2025
    c. 2026 HH Proposed Rule:
        i. Payment- Projects a **6.4% net reduction**
        ii. Adjustment of PDGM Case-Mix Weights
        iii. Home Health Face to Face Encounter
        iv. Quality Reporting and Value Based Purchasing Changes (VBP)
        v. Further VBP changes

4. **Internal/External Compliance Audits and Review**
    a. Cycle 8 GB currently at 99% with 1,192 submissions thus far.
    b. April-June-no finals non-affirmed for RCD
    c. 3 Medicare HH ADRs
    d. 3 UHC ADRs (HH)
    e. 3 Humana ADRs (HH)
    f. Hospice ADRs continue to be a risk

5. **Quality Improvement Updates HH**
    a. SHP Data (current data)
        i. Oasis Data: April-June 2025
        ii. Claims Data: Jan-March 2024
        iii. Patient Satisfaction (HHCAHPS): Jan-March 2024
    b. **"*Compared to*"** July Home Health Compare Refresh Preliminary Preview Reports (old data)
        i. Oasis Data: January 2024-December 2024
        ii. Claims Data: January 2024-December 2024
        iii. Patient Satisfaction (HHCAHPS): January 2024 through December 2024
    c. HH Value Based Purchasing Interim Performance Report-July Release

The time frame of the July VBP IPR:	
OASIS-based Measures*	April 1, 2024 to March 31, 2025
Claims-based Measures	January 1, 2024 to December 31, 2024
HHCAHPS Survey-based Measures	January 1, 2024 to December 31, 2024

    d. Summary of Goldsboro Home Health Quality Reporting Scores
        i. Outcome measures 5/5 Less than National
        ii. Discharge Function Score Less than National
        iii. Potentially Preventable Hospitalization Better than National
        iv. Discharged to Community Better than National
        v. Timely Initiation of Care Less than National
        vi. HHCAHPS better than National 4/5
    e. Highlights of the Home Health Data
        i. *Outcome measures were all less than national, but all improved from last quarter except Discharge Function Score which decreased slightly.
        ii. *GV, Clinton, Kinston, and Wilson all exceeded National in 1 or more outcome measure and Wilson had 5 Royal OASIS outcome measures!
        iii. *Discharge to Community was better than National by 2.1%.
        iv. *TIOC % has trended back up in a positive way and we are just under national by 2.7%.
            1. Further discussion by the group regarding Timely Initiation of Care. L Carr asked what were the biggest barriers. S Harris explained barriers of documentation (if it wasn't documented, it wasn't done) and weekend start of care moves per patient request and it being difficult to contact the physician for this change.
        v. *Kinston exceeded National with a TIOC % rate of 97.2% .
        vi. *Pollocksville and Smithfield where very close to National TIOC with PV being within 0.7% and Smithfield within 1.1%
        vii. *Potentially Preventable Hospitalizations (PPH) was better than national by 2.6%.
        viii. *There were 90 surveys returned (a huge increase from last quarter) and patient satisfaction scores are all better than National except the measure, overall rating of 9 or 10, which was slightly less than National by 0.9%
        ix. *Goldsboro Branch was 100% royal on their patient satisfaction scores.
    f. CMS Refresh Home Health
        i. 4 stars patient satisfaction
        ii. 2.5 stars quality
    g. Value Based Purchasing
        i. 18.416 per July Report (a slight decrease from April)
        ii. Cohorts 33.569
        iii. The final 2025 VBP score will impact the 2027 Medicare Payments

    h. HH Results/Risk Areas from Record Review/Ride Alongs

Top 5 Risk Areas GB HH CCN Quarter 2
All drug interactions are resolved appropriately by a nurse according to severity level
Progress/patient response documented each visit
POC followed – orders match care provided including reporting to MD values outside of parameters (VS, weights, FSBS, pain)
Med profile is accurate and complete when compared to documentation, including oxygen, IV, ointments, special wound cleansers, OTC meds.
Documentation shows progress toward goals
***Wound documentaton remains a priority

i. Actions to improve HH Quality/Outcome Scores:
   i. Timely Initiation of Care Audits
   ii. Weekly POD Meetings
   iii. Focus on OASIS outcomes
   iv. Quarterly Quality Meetings with staff
   v. Clinical Record Review and Mock Survey
   vi. One on One with staff
   vii. Five Star Formula (Home Health and Hospice)

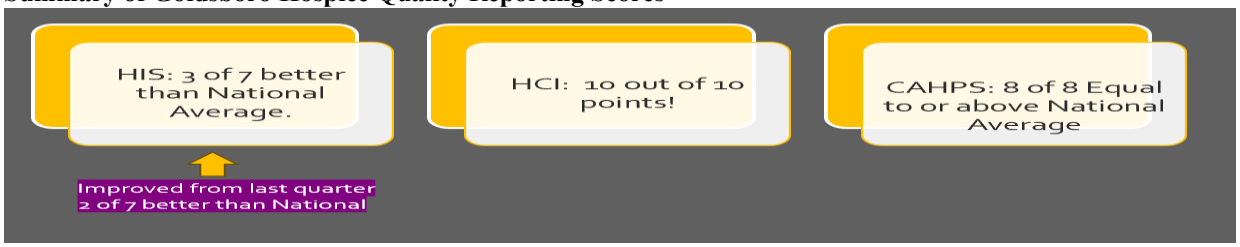
j. HH PIP Teams (ongoing focus areas):
   i. Medication Accuracy
   ii. Hospitalization Interception Team (HIT)
      1. Discussion by the group. Do hospitals provide patients with CHF with scales. Jamie Simmons shared that in some cases they do, but when they don't 3HC will provide the scales purchased through Medline.
   iii. Wound Documentation PIP Team
      1. Shared that there was a recent fun project in which boards were placed in all the clinical offices, including the inpatient units. Nurses had the opportunity to measure wounds and enter a contest for a gift card.

6. <u>Quality Improvement Updates Hospice</u>

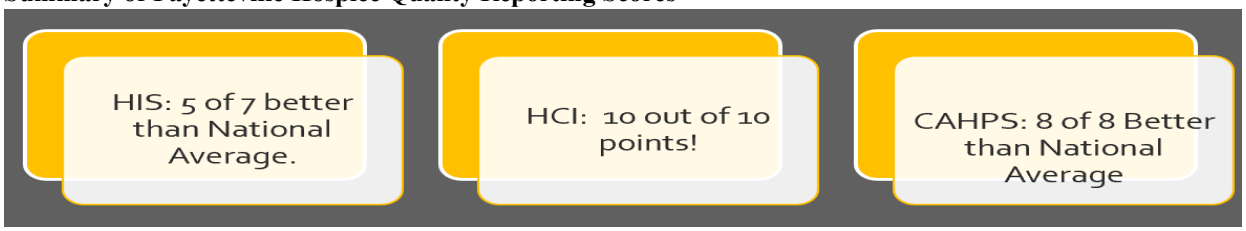
a. SHP Data (current data)
   i. HCI: January 2022-December 2023
   ii. HIS: April-June 2025
   iii. Patient Satisfaction: October-December 2024

"Compared to" May Compare Refresh Preview Reports (old data)
   i. HCI: January 1, 2022-December 31, 2023
   ii. HIS: October 1, 2023-September 30, 2024
   iii.Patient Satisfaction: October 1, 2022-Sept.30, 2024

Summary of Goldsboro Hospice Quality Reporting Scores



Summary of Fayetteville Hospice Quality Reporting Scores



Goldsboro Hospice will refresh at 4 stars for Patient Satisfaction. No score on CMS for Fayetteville.

b. Hospice Results/Risk Areas from Record Reviews and Ride Alongs
   i. Hospice Eligibility
   ii. Underuse of LINK messaging (shows interdisciplinary communication)
   iii. Weekly Wound Measurements
   iv. Documentation of Infections
   v. Med Profile Accuracy
   vi. Transition from HIS to HOPE-October 1, 2025

c. Actions to improve Hospice Quality/Outcome Scores:
   i. Combined Home Health and Hospice Model
   ii. New Sr Director of Home Health and Hospice
   iii. Five Star Formula

d. Hospice PIP Teams
   i. STANDING MEDICATION ORDERs
   ii. Wound (Agency wide)

7. **Other PIPS**
   a. 21ish Active Change Management Teams
   b. Improve processes, gain efficiencies, improve customer experience, adapt to industry changes.
   c. Example: HIS HOPE

8. **Miscellaneous**
   a. Staff Compliance Committee Meeting was held July 16, 2025
      i. Compliance Work Plan updated.
      ii. Next meeting July 10, 2025
      iii. Compliance education-HR Director-FMLA

9. **Other Items of Business**
   a. 2025Annual Agency Evaluation
      i. Review/Seeking approval to BOD September meeting
      ii. S Harkey recommended approval to be presented to the Board in September.
      iii. Seconded by L Wiggs
      iv. Discussion and request for Jennifer Whitley to include updates to the strategic plan with the presentation of the annual agency evaluation to the BOD in September.
      v. The 2025 Annual Evaluation will be presented to the BOD in September.

vi. S Harkey also recommended the Annual Agency Evaluation review be incorporated into BOD orientation.

b. 2025 Emergency Preparedness Plan
   i. Review/Seeking approval to BOD September meeting
   ii. S Harkey recommended approval to be presented to the Board in September.
   iii. Seconded by L Wiggs
   iv. Discussion by the group to consider social media as a notification system which would better suit current times that radio/television. Note, 1st method is emergency response system, Informacast. S. Harris has shared this information with Risk Management Infection Control QI Coordinator.
   v. Discussion around emergency preparedness if event occurs in home or a facility. Daryl Brown discussed that in the case of a facility, it would be acceptable to follow the facility protocol. Have confirmed this is how it is stated in the EP plan. Risk Management Infection Control QI Coordinator will review Bomb Threat specifically to ensure no changes need to be made.
   vi. The 2025 EP plan will be presented to the BOD in September.

10. Loss/Run-Closed Session

a. S Harris will provide D Lake with Root Cause Analysis discussed by the group.

11. Other Discussion?

a. Jennifer Whitley suggested a copy of the CAHPS surveys be distributed at the upcoming BOD meetings. This has been done in the past, but would be beneficial to provide again.

12. Closing

a. Date of Next Committee November 10, 2025, at 5:30pm.
b. A summary of the minutes will be distributed at the upcoming Board of Directors meeting in September 2025.
c. The meeting was adjourned by S Harkey at 6:45 pm.

Respectfully Submitted,

Stephanie Harris Date 8/12/2025

Stephanie Harris, BAHCM, RN
Sr Director of Quality, Regulation, & Compliance